



Accent Hearing
EXCELLENCE IN LISTENING



The Listener

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Winter Edition - 2021

Grafton - Glen Innes - Inverell

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Welcome to the Winter 2021 edition of Accent Hearing's Newsletter *The Listener*. Here we explore helpful hearing tips and news on all hearing matters.



COVID - Associated with hearing loss, tinnitus and vertigo!

Analysis of pooled data, published in the **International Journal of Audiology**, reveals that 7%-15% of adults diagnosed with COVID-19 report audio-vestibular symptoms. The most common symptom is tinnitus (ringing in the ears) followed by hearing difficulties and vertigo.

In the first few months of the pandemic, a rapid systematic review of COVID-19 and hearing difficulties revealed a possible link between COVID-19 and audio-vestibular symptoms (hearing loss, tinnitus and vertigo). However, both the quantity and quality of the early studies were low. Now that the pandemic has been with us for over a year, more studies have been published and researchers have been able to estimate how common these symptoms might be.

Interestingly, there are reports that tinnitus is a common symptom of long COVID, which is where symptoms last weeks or months after the infection has gone. Tinnitus is a common condition, affecting around 17% of all adults. Most people with tinnitus also have hearing loss, suggesting a close link between the two. In fact, tinnitus is often the first warning that, for instance, exposure to loud noise or drugs that are toxic to the ear has damaged the hearing system.

There are also strong links between tinnitus and stress. If people lie awake at night, stressed and anxious because of an impending deadline, financial concerns or bereavement, it is not uncommon that they will find themselves attending to noises in their ears.

This usually becomes less bothersome when the source of the stress and anxiety is removed. Surprisingly, there are no clinical tests that can diagnose tinnitus, so hearing specialists rely on self-reports.

Hearing difficulties associated with COVID-19 have been reported across a wide age range and COVID-19 severity, ranging from mild (and managed at home) to severe (requiring hospitalisation). Another commonly reported symptom of COVID-19 is dizziness. It can be quite difficult to differentiate this from the rotatory vertigo that is characteristic of damage to the balance system in the inner ear. However, the best estimate is that rotatory vertigo occurs in around 7% of COVID-19 cases.

Ibrahim Almuftarij & Kevin J. Munro (2021). One year on: an updated systematic review of SARS-CoV-2, COVID-19 and audio-vestibular symptoms, International Journal of Audiology, DOI: 10.1080/14992027.2021.1896793

Do you think you have hearing loss?

It takes an 'average' person with hearing loss an 'average' of 7 to 10 years to seek treatment for their struggles!

Who wants to be 'Average'?

Why not be 'Excellent'!



Hearing aids are very discreet now!



Have your hearing assessed now!

Are you a Government Pensioner?



Australian Government Department of Health

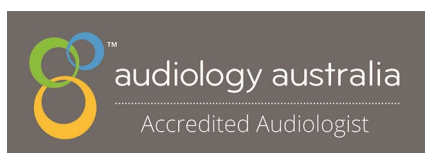
If you are an Australian Government or DVA Pensioner, you are entitled to a 'complete hearing assessment' and hearing devices (should you qualify) at no cost to yourself, however, should hearing aids be fitted, may include a small battery and maintenance fee agreement of under \$50.00 per year. This small payment is an incentive to wear and use the devices on a daily basis as instructed by your Audiologist and is known to be one of the best hearing rehabilitation schemes in the world.

Never be enticed or persuaded to put large sums of money towards the Government devices. You can if you wish for them to have Bluetooth connectivity to your mobile, car, or iPad etc., however you are always entitled to the 'free hearing devices' if you qualify for them.

If you are being told the 'free ones are no good' then it would be advisable to get a second opinion. As an Australian Government Pensioner, you can choose any provider you like and are not restricted to wherever your GP sends you too, just because they have a referral pad in front of them. You can also transfer to another hearing clinic if you wish at no expense.

Accent Hearing Clinics are Accredited to provide hearing care health services to Australian Government Pensioners (conditions apply) through the Hearing Services Program (HSP) and has a Medicare Accredited Clinician. Accent Hearing is very well-known as a GP or ENT (Ear Nose & Throat) trusted and preferred practice for carrying out full diagnostic hearing assessments and successful hearing rehabilitation programs. This stems from Accent Hearing's history of constant integrity, quality assurance of assessments and effective rehabilitation programs over the last 9.5 years of practice.

Unfortunately, the hearing industry is not regulated and anyone can call themselves an Audiologist. Look for the following accreditation logos if you are not sure to find an Accredited Audiologist.



Causes of Hearing Loss & Deafness

Although these factors can be encountered at different periods across the life span, individuals are most susceptible to their effects during critical periods in life.

Prenatal Period

- Genetic factors - Include hereditary and non-hereditary hearing loss
- Intrauterine infections – such as rubella and cytomegalovirus infection

Perinatal period

- Birth asphyxia (a lack of oxygen at the time of birth)
- Hyperbilirubinemia (severe jaundice in the neonatal period)
- Low-birth weight
- Other perinatal morbidities and their management

Childhood and adolescence

- Chronic ear infections (chronic suppurative otitis media)
- Collection of fluid in the ear (chronic nonsuppurative otitis media)
- Meningitis and other infections

Adulthood and older age

- Chronic diseases
- Smoking
- Otosclerosis
- Age-related sensorineural degeneration
- Sudden sensorineural hearing loss

Factors across the life span

- Cerumen impaction (impacted ear wax)
- Trauma to the ear or head
- Loud noise/loud sounds
- Work related chemicals / Ototoxic medicines
- Nutritional deficiencies
- Viral infections and other ear conditions
- Delayed onset or progressive genetic hearing loss



Why do people delay addressing their hearing loss?

Despite the difficulties this causes, many people take a long time before they actually decide to address their hearing loss. There are a number of reasons for this. **Firstly, there's denial. Then there are many problems with objective self-assessment, due to the gradual nature of hearing loss. And finally, there is pride.**

Ironically, people choose not to address their hearing loss for fear of being "perceived" as old. Yet their symptoms can be substantially improved with a sophisticated hearing solution, making them feel younger and more confident!

Choosing the right Hearing Aids.

There are a range of hearing devices (hearing aids) on the market today to suit the varying needs and budgets of every Australian. Hearing aids today are totally different from the hearing aids from the "old days" of 30 years ago (you know the, 'big beige bananas' hanging off the back of people's ears).



These type of hearing aids (circa 1957 pictured alongside), did help you with some hearing problems, however they were very basic amplifiers that could not really sort out speech sounds from background noise very effectively due to the technology. Many people still wore them, getting on with life.

However, the stigma of hearing loss and having to wear something like this has stuck in the minds of people for many years, even today. It's not until they start doing some research, i.e. having their hearing assessed that they realise technology has come a very long way in the size and speech processing abilities in the compact, discreet hearing aids we have today.

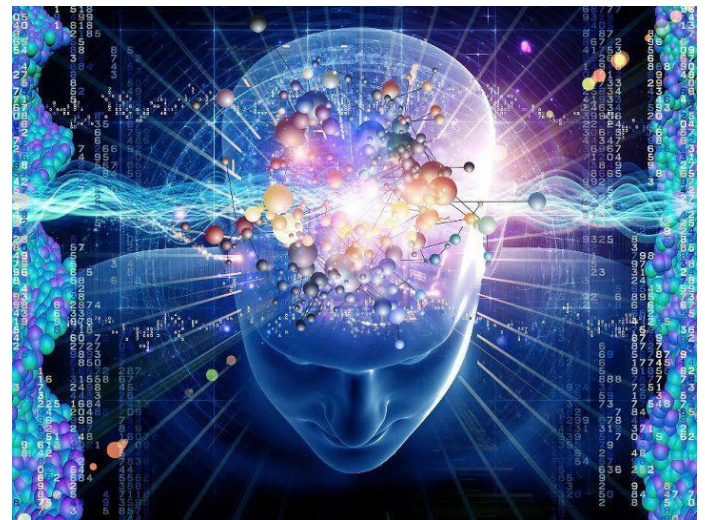
One Hearing Aid or Two?

The use of two hearing aids will assist you to focus your hearing on the sounds you wish to hear, especially in background noise. In a group situation you should be able to hear the people sitting on either side of you, equally effective. Listening with one ear is physically tiring and can be stressful. You can hear quiet sounds better using both ears and will find loud sounds less jarring.



Today's style of Hearing Aids

Safety is a big factor also with hearing loss. By wearing binaural (two) hearing aids, you will more effectively be able to distinguish where sounds are coming from (localization), in that locating the direction a bus coming your way before you step out off the curb. How many times have you seen older people step off a curb and have not heard a car coming up behind them. You wouldn't only get one lens in your new glasses if both eyes needed to be corrected.



Most mammals (Humans) are born with two ears for a reason. Both ears funnel sound from the outer ear (*Pinnae*) into the middle ear (the tiniest bones in the body) for binaural processing.

If you have a hearing loss in both ears but only chose to aid the one ear, the brain will gradually lose its ability to make sense of sounds from the unaided ear. By constantly wearing your hearing aids, both ears stay active without any form of 'auditory deprivation'. This is much the same if you have hearing loss but chose to ignore it, as by the time you get towards 80 years old and fitted with hearing aids, it will take you much longer to get used to them, rather than if you had them fitted in your 60's or early 70's.

A nice way to put this is the term 'neural slowing' - we are not as sharp as we once were with cognition playing a big role in hearing rehabilitation; the earlier you receive help, the better your brain and dexterity issues will cope enjoying life to the max!

Can you hear your car indicator?



If you can't read street signs, or have noticed the words on a page are a little fuzzy, would you seek help? Our guess is yes!

However, hearing loss isn't as easy to detect because people will often blame the other person for mumbling.

If you have worked in excessive noise all your life, tinkered down in the back shed with loud hand tools, or have renovated houses not using hearing protection, chances are you may have lost some of the higher pitched 'clarity' sound receptors in the cochlea. Once these hair cell receptors or 'cilia' have been obliterated from having been exposed to excessive loud noise over many years, they do not grow back or can be helped with current medicine practices.

The only way you will know if you have hearing loss, is if you physically have your hearing assessed. Most forms of hearing loss are treatable, whether that may be from the use of antibiotics, surgery or hearing devices.

Should hearing devices be suitable, the quicker you get to using them, the better you will cope with them in your senior years. If you wait too long and do nothing about it, research is starting to tell us that the brain may utilize some parts in the area of the brain we use for hearing for another sensory organ, such as sight or touch.

The term '**use it or lose it**' can be used here, as it may become more difficult for a person with hearing loss to accept the challenge whilst using hearing devices for the brain to adapt, 'acclimatize' or 'rewire itself' to most of the softer sounds again, (e.g. a car indicator) something a person with normal hearing thresholds will usually hear.

Slow cooker or dash cam?

Getting a free gift is unethical behaviour in the health care profession and is a ploy to sign Pensioners up to the Hearing Services Program 'for extra sales'. Adding money to your 'free hearing devices' is also encouraged through this type of marketing. All hearing care clinics have the Hearing Services Program available to pensioners, so be weary if you see this type of activity. You would never see this activity at your GP clinic, so why would you expect it at another health care practice. Remember you came for a hearing assessment not a free gift.

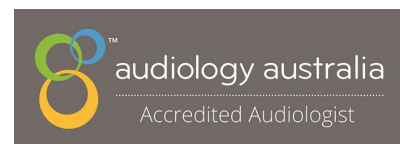


Physical Activity & Hearing Loss

In a cross-sectional study, analysing hearing loss and physical activity among US adults aged 60-69s, those with hearing loss had a poorer physical activity profile, including less moderate-to-vigorous physical activity, less light-intensity physical activity, more sedentary behaviours and more fragmented physical activity pattern. Further research is needed to explore the underlying mechanism and investigate whether intervention targeting hearing loss could improve physical health profiles.



JAMA Netw Open. 2021;4(4):e215484. doi:10.1001/jamanetworkopen.2021.5484



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- **GRAFTON** | L5 'The Link' 50 Prince Street, Grafton Shopping World, Grafton NSW 2460 (PO Box 1500).
- **GLEN INNES** | Glen Innes Chiropractic Centre, 113 Meade Street, Glen Innes NSW.
- **INVERELL** | Inverell Hospital Community Health, 41 Swanbrook Road, Inverell NSW.

Accent Hearing is independent and is locally owned. Our clinician Dr Greg Butcher is an Accredited University trained Doctor of Audiology; a full CCP Member of Audiology Australia & Independent Audiologists Australia; and a qualified Government & Medicare Services Provider.