

Hard of Hearing? It May be Time for a Senior Moment With an Audiologist



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A friend tells his buddy, "I just got a new hearing aid and it only cost me \$200.00."

"That's a great price. What kind is it?"

The friend looks at his watch. "12:30."

Ah, yes, people love to joke about their hearing. Perhaps it's a way to forestall the truth about their own hearing, about how they tend to put the blame on other people's speech patterns: you're talking too fast, you're talking too low, you should enunciate better, etc., etc.

Of all the important things I haven't done in my life to date---that's almost 78 years down the road---getting a hearing test is one. Like all seniors, I had been getting "pestered" by mailed flyers offering no-obligation testing which could alter my life. They promised to enlighten me about insidious changes in

my physical nature that have gradually caused me to miss out, for example, on important bits of conversation or movie or TV dialogue.

It's not that I didn't have warnings around me. My wife started to wear a pair of aids in 2007. (Her father, two uncles, two brothers and a sister needed them. Heredity was revealing a family dysfunction, for sure.)

However, the fine instruments my wife received (complete with lifetime batteries) proved insufficient over time. If indeed it was heredity, then her heredity problem was about to trump all the other family members' hearing troubles.

By early 2013, her right ear was deteriorating faster than her left ear. Her doctor at ENT and Allergy ordered a cat scan and other tests, but they confirmed that no tumor or other abnormality was present. Still, the loss was over 65 per cent, and it was time to begin the next line of defense.

She was fitted with a single-aid unit called a cross-over, in which the sound from the right ear is transmitted to the left ear. The cross-over proved to be more problematic than her previous aids. Several visits to ENT were required to re-calibrate the unit. Beyond that, it has been up to my wife to "ride out" the adjustments, to adapt gradually to the cross-over.

She has pointed out to me several times---and this would hold true for everyone getting devices---"The key to hearing aids is to put them in and leave them in during the day." In other words, patience is vital to successful adaptation.

This is her current status. For an individual with a very active lifestyle, this aural adjustment has been a big challenge to her coping mechanisms. It also highlights for me and all those who know her the importance of getting expert advice.

A VISIT TO ENT AND ALLERGY

After experiencing a close-up look at a serious hearing loss, I find it surprising that it took me six years to have myself tested.

I had options, of course. I could go to Beltone or Miracle Ear, the huge commercial enterprises, for a free test. As a vet, I could go to a veterans' hospital for free testing and free aids, if I needed them. I could even buy a cheap aid in an electronics store or on-line.

Then there was the ENT and Allergy option.

My reasoning: if, like my wife, I was on my way to a long-term relationship with ear experts, I wanted a medical organization which knew my history intimately, and where I could go for consultations, hearing aid adjustments, advice about the latest aural innovations, and other advantages.

I liked the professional treatment ENT offered my wife, so I chose them.

At ENT, Megan, the audiologist, put me in a booth and guided me through a battery of high- and low-frequency tests, as well as word recognition tests. Later, the results were presented to Dr. Eric Munzer, an otolaryngologist, whose expertise is not only the ear (his special domain) but also the nose and throat, as well as surgery in those domains.

Megan's graph of my hearing had revealed "mild to moderate" loss in the higher frequencies, a commonly observed condition in older patients. Sensitivity to those frequencies could be boosted with hearing aids, but I opted for a yearly check-up and no immediate further action.

I followed this with a conversation with Dr. Munzer, a man familiar with a multitude of reasons for hearing loss, including abnormal buildup of wax in the ear canal (see below); a perforated eardrum; fluid in the middle ear; damaged or defective middle ear bones; inner ear hair cell damage.

When interviewing seniors, he has this to say: "I ask people, have you had any exposure to loud noises? Those in decade seven or decade eight are all people who went through industrialization---loud noises in factories, working on construction,

military service in World War 2, Korea, Vietnam. They may well have had 'trauma through acoustics.'"

He added, "Age absolutely plays a role. Our skin, our hair, our vision, our sense of smell, our hearing---unfortunately, everything doesn't work as well. Hearing will absolutely get worse the longer we live."

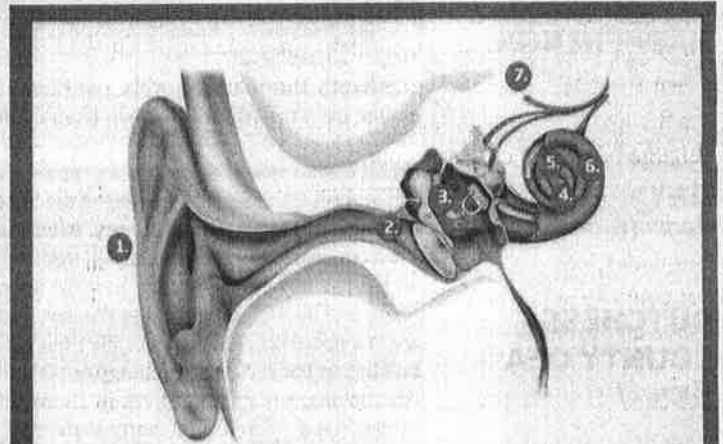
"Thirdly, there is also a genetic component. If there is a family history of loss, it might well affect you. These losses can be fixed surgically."

On a more mundane level, I asked about ear wax and probing the ear canal with, say, Q-Tips or a hair pin. His comment: "Ear wax (called cerumen) is a way for the ear canal to clean itself. Wax creates an environment that is supposed to be anti-bacterial. So if we remove the wax, we dry up the skin in the canal. Bacteria enters, and an infection follows....People should leave the wax alone."

"As for hearing aids," he added, "people have predetermined notions about the horrible things the devices will bring into their lives. That's why we want people to come in to see what's available in the latest technology, put the devices in their ears, let them try them out, without any commitment, not having to buy anything."

"Folks are walking around with assumptions," he noted. "They're all assumptions. I think that the most important thing people don't realize in their older years is, you're not working, you're retired, let's say, or you do some volunteer work---so that all you really have is your interactions with people, with your TV shows, with your friends at the community center or on the walks you take with them, the mahjong nights, the poker nights.

"If you're not getting the most out of these because you can't hear, what are you doing to yourself? The amount of money it would cost you to maximize your interactions with your friends and loved ones in your golden years is priceless. Even if you have out-of-pocket expenses, it's all you've got---interacting with people."



How sounds travel through the ear

The anatomy of the ear is precisely shaped to capture sound waves and amplify them. Every 'station' has a precise function. This is how it works:

1. Sound waves are picked up by the outer ear, and travel down the ear canal.
2. Sound is channeled to the eardrum, which vibrates when the sound waves touch it.
3. The vibrations are picked up by three tiny bones known as the hammer, anvil and stirrup, which create a bridge from the eardrum to the inner ear.
4. The vibrations move on to the cochlea—a spiral-shaped capsule housing a system of fluid-filled tubes.
5. When the sound waves reach the fluid it begins to move, setting thousands of tiny hair cells in motion.
6. The movement of the hair cells are transformed into electric impulses that travel along the auditory nerve to the brain.
7. The brain decodes and interprets the electronic impulses, turning a stream of speech sounds into separate, recognizable words.