

Turn it down
Why our youth is at increased risk



Staying prevalent
The unique concerns facing seniors

**MEDIA
PLANET**

April 2012

HEARING HEALTH



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A WORLD OF POSSIBILITY

“The Amazing Race” contender Luke Adams shares his story of identifying as Deaf

PHOTO: THE CANADIAN HEARING SOCIETY - SHAWN MCPHERSON PHOTOGRAPHY

Overexposed: Battling loud noise in a modern world

Noise-induced hearing loss (NIHL) is the fastest growing type of hearing loss today. When the delicate inner ear hair cells are exposed to loud noise for too long a period, they break down. Over time, this can result in a permanent and irreversible hearing loss.

A ticking time bomb

The louder a sound is, the less time we can listen to it safely. The maximum “safe” decibel noise level of 85 decibels (dB)—such as the sound

of a vacuum cleaner—is tolerable without hearing protection for eight hours. But for every three-decibel increase, the safe exposure time is cut in half! The 88dB forklift is safe for four hours and a lawn mower, at 91dB, for two hours. A typical school dance or snowmobile is 100dB, and poses a danger after only 15 minutes. Most people today own an MP3 player which, at a maximum output of 106dB, is unsafe after four minutes and popular concerts, at 115 decibels, are safe for less than one minute!

Yet NIHL is also preventable; we can protect our hearing simply by reducing our exposure to loud noise and by wearing hearing protection in noisy situations.

The knowledge gap

Very few of the general public understand the connection between noise exposure and hearing loss—similar to ignorance about the link between

smoking and cancer 30 or 40 years ago. Children and young people are especially vulnerable—they are inundated with noise through their entertainment choices such as digital audio players, smartphones, gaming consoles, car stereos, concerts, dance clubs, etc.—all of which can contribute to permanent noise damage.

A recent study by the American Medical Association revealed that a staggering one in five teens now have some degree of hearing loss, a 30 percent increase over the preceding decade. Given that ear infections in children have dropped by 30 percent over the same decade, exposure to noise seems to be a significant factor to this extraordinary and unprecedented incidence of hearing loss in teenagers and young adults.

The risk of exposure

Noise damage can also cause tin-

nitus, a perception of sound in the head or ears that has no external sound source. More than 360,000 Canadians experience the ringing, buzzing and clicking of tinnitus, which can occur on an occasional, intermittent or continuous basis. For many, the condition has a significant impact on quality of life; for some, tinnitus is incapacitating.

As NIHL is largely preventable, the solution lies with education. We need to educate Canadians parents and the general public of the dangers of excessive noise exposure and how to prevent permanent damage. Much like the anti-smoking campaigns of the last 30 years, successful education campaigns will inevitably require a partnership between hearing health non-profit organizations and governments, both federal and provincial.

Protecting Canada's ears

For its part, in 2006 the Hearing Foundation of Canada launched its Sound Sense program, teaching children in elementary schools how to avoid noise induced hearing loss and “save their hearing for the music”. Last year alone, this award winning program reached over 14,000 children, as well as their families, in almost 400 schools across the country. But there is a long way to go before we achieve the essential government and non-profit partnership that will allow us to reach every child and every parent with the message that hearing is a precious gift that must be safeguarded for life.

In this report, you will find that message and education. Understanding our daily risks and identifying our solutions, this report aims to help you with insight into hearing related issues as well as strategies on how you can protect yourself and the hearing of your loved ones.



Dino Sophocleous
President,
Hearing
Foundation of
Canada



helpmehear.ca

Association of Hearing Instrument Practitioners of Ontario

CHALLENGES



A GROWING CONCERN
Two thirds of people in their 70s experience some form of hearing loss.

UNTREATED HEARING LOSS CAN LEAD TO FEELINGS OF ISOLATION



WE RECOMMEND



The patient journey
What to expect, from consultation to treatment.

PAGE 5

“With advancements in technology, we see a lot more people coming in and willing to confront their hearing loss.”

Catch it early p. 6
Why infant screening is vital.

Continued care p. 7
Patient prevalence is key to effective treatment.

Make hearing loss diagnosis a top priority

Hearing loss in aging adults is a top priority of the Ontario Hearing Healthcare Initiative lead by the Canadian Hearing Society. While hearing loss can occur at any age, it is well known that acquired hearing loss is more likely as we age and is experienced in two thirds of people by their 70s.

People in their 50s and 60s may find it difficult to hear conversation in noisy restaurants, feel that people seem to be mumbling, and often turn up the volume on the TV. As hearing loss deepens, this can lead to social isolation and can cause loneliness, anxiety, relationship breakdown and even depression. The good news is that hearing aids, FM amplification systems, counselling programs and some non technical solutions can help people and their



“As hearing loss deepens, this can lead to social isolation and can cause loneliness, anxiety, relationship breakdown and even depression.”

Jean Holden MSC, MBA
The Canadian Hearing Society

families.

Struggling without sound

Communication is needed everywhere in our lives. Sometimes an older person who has lost the ability to hear and has not learned other ways to communicate effectively “appears” to be disconnected, disinterested or worse, mentally incompetent. Research shows a significant relationship between preventable medical undesired effects and patients who had communica-

tion challenges (including hearing loss). In clinics, hospitals, at home and in long term care residences, it is important to ensure that hearing aids are working and overall hearing healthcare needs (e.g. checking for ear wax) are managed. Face the person you are speaking with and when needed, use hand-held amplification systems to improve the communication. TV-to-headset systems can help to reduce isolation and loneliness for those without hearing aids. Hearing should be checked before

a patient enters a health education program.

Recognizing increased risks

There is a need to screen for hearing loss, which has a higher prevalence in those who have diabetes, chronic kidney disease and cardiovascular disease. Considering that social isolation and sensory loss are reported as contributors to admission to long term care facilities, the management of hearing loss is an important preventive measure. It would be beneficial if healthcare system policies would integrate screening and management of hearing loss into standard programs such as family practice annual check ups and chronic disease management and prevention for aging adults.

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AWARENESS



Empowering seniors to speak up about their hearing loss

Seniors are the fastest growing segment of the Canadian population: the 2006 Census revealed that out of our population of close to 31 million, over four million are over 65. Eighteen percent of Canadian seniors have declared that they have a hearing-related disability, described by the Census as “difficulty hearing another person talking (either face to face or on the telephone).” (Source: Government of Canada’s Federal Disability Report, 2011).

Experienced hearing aid users will tell you that being open about your hearing loss and vocalizing what you need is best, like asking people to look at you when they speak, to not speak while chewing, or to move the conversation to a quieter environment. Life is so much easier when we are open and transparent about our needs, and respectful and responsive to the needs of others.

There are also many people out there who care and carry an empowering message in the way they live their lives and in the way they help people they meet communicate.

Self-help is the key and you can meet a Canadian Hard of Hearing Association volunteer who can help you help yourself across over 50 branches across Canada. Check out the website at www.chha.ca or attend the CHHA National Conference, May 17 to 19, 2012 in Ottawa.

CAROLE WILLANS
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Life’s noisy soundtrack takes a toll

Hearing loss may be a natural part of growing older but an increase in the decibel level of daily life risks accelerating the process.

Kate Dekok, chief audiologist at ListenUP! Canada, asserts that excessive noise levels are a key factor in age-related hearing loss. “We live in such a noisy world,” she says. “It’s not very common for us to be in a very quiet space for any extended period of time.” In addition to noise in the work environment, she credits “the sirens and traffic around us, the hustle and bustle of life, the music we listen to and ear-level devices” with pumping up the volume of modern life.

Monitoring noise levels, protecting your ears or just unplugging your audio gadgets to give your ears a much-needed rest may slow hearing loss but unfortunately, aging is inevitable. According to The Hearing Foundation of Canada, over half of Canadians over 65 experience hearing loss. An increase in noise-



Kate Dekok
Chief Audiologist,
ListenUP! Canada

“We live in such a noisy world... It’s not very common for us to be in a very quiet space for any extended period of time.”

induced hearing loss in teenagers also worries Dekok. She cites an American Medical Association study conducted two years ago that “attributed [the trend] to the fact that we have more ear-level devices and that kids are tuned in at earlier ages.”

As with the rest of the human body, over time, the ears show signs of wear and tear. With age and the impact of noise, the tiny but essential hair cells that vibrate and send signals to your brain begin to break. “Thankfully, we have thousands of hair cells so we can lose some without noticing too much of a problem,” Dekok says. “But, the more you lose, the less fine-tuned things sound. That hearing loss is permanent and, for the most part, and irreversible.”

Irreversible but not untreatable

For many people, innovations like open-fit hearing aids have put an end to the days of strapping on an unwieldy, unattractive beige device that plugs up the ear. “Many clients will be pleasantly surprised at what hearing aids look like,” Dekok says. She describes an open-fit hearing aid as a small, lightweight device “that sits on top of the ear and comes in a wide variety of colours.” A wire only slightly thicker than a stray hair drops

down over the ear. “It’s very, very discreet and, because these hearing aids don’t plug up the ear, the sound is more natural.” While no device can restore lost hearing, the right device can greatly improve it. Dekok also mentions Bluetooth-enabled hearing aid technology that routes cell phone conversations to both ears. Devices that make watching TV with loved ones possible “are really quite slick and straightforward to use,” she says.

To ensure that gradual hearing loss is not eroding your quality of life, Dekok encourages people to see a qualified audiologist or Hearing Instrument Specialist. “Often people don’t come in to see us until there’s quite a significant hearing loss.” She recommends that adults, ideally over the age of 40 but certainly those over 50, have their hearing verified every couple of years.

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AUDIOLOGIST REGULATIONS

ENSURE YOU RECEIVE THE BEST CARE POSSIBLE

The College of Audiologists and Speech Language Pathologists of Ontario (CASLPO) stands for ensuring that the public receives high quality care from those practicing in Ontario as Speech Language Pathologists and Audiologists. Members of these professions are the people who make assessments and offer treatments concerning communication disorders.

Audiologists treat patients with hearing problems. Only an audiologist or a physician is allowed to pre-

scribe hearing aids. Audiologists also assess and test a person’s hearing and dispense and fit hearing aids and other assistive devices, and train people how to use them.

As what they can do has a potential risk of harm for patients, SLPS and Audiologists are among the 30 health professions in Ontario who are self-regulated under provincial legislation. Each year they must register with the College in order to be licensed to provide services to you. We ensure they have the appro-

appropriate education and skills and that they maintain them at a high level of quality service. However, if you have a complaint about the services which they provide, please contact us at 416-975-5347 or 1-800-993-9459.

Self-regulation is a privilege and we take our work very seriously. We regulate in the public interest to ensure that you receive the best possible care when you see an Audiologist or Speech Language Pathologist. We are here for you.

The Council of the College is com-

posed of nine professionals, elected by their peers, two academics and seven members appointed by the Provincial Government to represent the public. The Council regulates its 3,500 members in the public interest, ensuring that practitioners observe strict professional and ethical standards in their practices.

BRIAN O’RIORDAN
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INSPIRATION

Luke Adams, third-place winner of the 14th season of reality show “The Amazing Race”, isn’t afraid to tackle a challenge head-on. After all, he has faced—and conquered—communication and identity barriers from childhood.

SELF
EMPOWERMENT
STARTS WITH
COMMUNICATING
ABOUT
YOUR NEEDS

Accomplishing nothing short of amazing

LEADER TO LEADER

Luke Adams is a charismatic and energetic young man, full of passion, sincerity and quick wit.

You may know him as the third place winner of the 14th season of “The Amazing Race”. The first Deaf participant in the show’s history and the youngest gay participant to make it to the final three, he teamed up with his mother, Margie, to be a reality show globe trotter.

His parents discovered Luke was Deaf when he was about one month old. On July 4th, the family attended an Independence Day celebration. “My mom first realized it when all the other babies woke up, startled and crying, from the fireworks display. I didn’t react at all.” Adams explains.

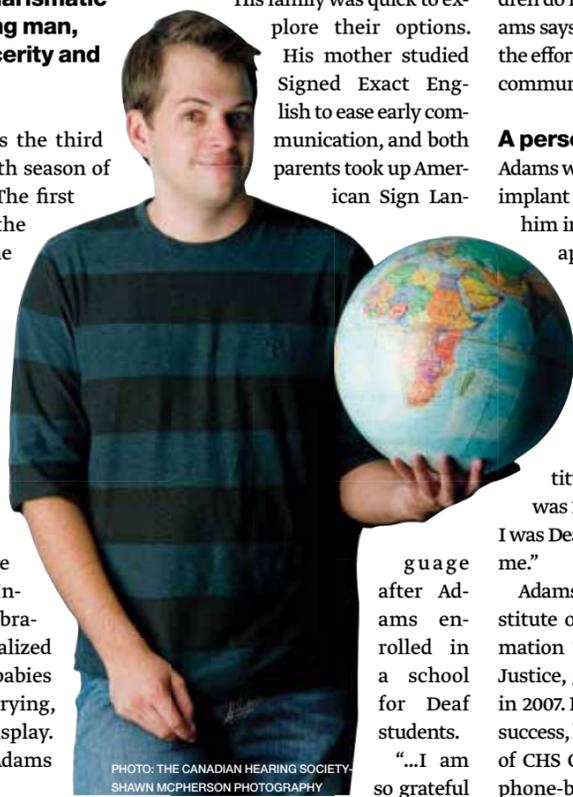


PHOTO: THE CANADIAN HEARING SOCIETY
SHAWN MCPHERSON PHOTOGRAPHY

Adapting to unique challenges

His family was quick to explore their options. His mother studied Signed Exact English to ease early communication, and both parents took up American Sign Lan-

guage after Adams enrolled in a school for Deaf students. “...I am so grateful

that they did as later on I learned that many hearing parents of Deaf children do not know sign language,” Adams says. “I was glad my parents made the effort and as a result we are able to communicate effortlessly.”

A personal journey

Adams was also fitted with a cochlear implant at a young age, which thrust him into the world of speech therapy. “This was an intense time and required a lot of dedication,” he says. “It was also at a time where issues around speaking, signing, and identity were dividing the Deaf community. “I struggled with my identity. A pivotal time was when I was 14 years old; I decided for me, I was Deaf, and my mother supported me.”

Adams attended the Rochester Institute of Technology, first in Information Technology, then Criminal Justice, graduating with his degree in 2007. Following his Amazing Race success, he is also the honorary chair of CHS Quest—an accessible smartphone-based scavenger hunt and

CHS’s annual fundraising event—this May across Ontario.

Conquering the small screen—and beyond

His love of “The Amazing Race” started with the first season. Intrigued by the challenges, locations and strategies, he never missed a season. Luke asked his mom about forming a team and applying to go on the show. Despite initial rejection, the team persevered, finally receiving a callback in March 2008, and were flown to Los Angeles for casting interviews.

“During the casting interviews many of the teams were talking to each other, but I decided I did not want to sign in front of them. It wasn’t until the final selection process when the producers came with an interpreter to make the announcement of who was going to be on the show that the other team members realized—I was Deaf!”

A special bond

Being on the show helped foster the bond between Adams and his mother. He recalls a challenge in China when she experienced newfound under-

standing of his world. “She said she felt so isolated when everyone around her was speaking a foreign language and she was not able to understand or participate; she said she really felt left out. That experience was a takeaway for her and of course it brought us even closer.”

The impact of their relationship on viewers was overwhelming. Emails poured in from many who said they were moved by Margie’s ability to sign. Other comments came from parents who wished they could sign with their children.

“We received positive feedback from so many people, and especially from the Deaf community, that was very supportive. They celebrated her efforts of communicating with me.”

Adams is proud to have conveyed the message that Deaf people can do anything. “I think being on the show, we were able to highlight all the possibilities of what Deaf people can do. But it was also the impact my mom had on hearing parents of Deaf kids that was really strong.”

KELLY MACKENZIE

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With more than 5,800 members, the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) is the national professional association representing speech-language pathologists, audiologists and supportive personnel.

To find a professional near you or for regular news, updates, articles and resources related to communication disorders, visit www.speechandhearing.ca, or follow @CASLPA on Twitter at <http://twitter.com/CASLPA> or on Facebook at <http://tinyurl.com/caslpaonfacebook>.

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Find A Professional

Database of speech-language pathologists and audiologists searchable by location, profession, area of interest and age group serviced.



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INSPIRATION

EXPERIENCING HEARING LOSS: THE PATIENT JOURNEY

Aside from the physical reality, hearing loss takes a significant psycho-emotional toll.

For Jeffrey Switzer, an audiologist at Global Hearing Aid Clinic in Toronto, and Gail Maron and Elka Gold, audiologists and partners at HearCare Audiology and Hearing Aid Clinic in Etobicoke, facilitating the patient's journey forms a central part of treatment. And key to their approach is active listening.

Affected on a personal level

Left with moderately severe hearing loss in one ear from infancy, Switzer experienced firsthand the psychological effects as he entered young adulthood. Gold witnessed the disturbing effects of hearing loss on her grandmother. For Maron, an interest in the psychology of hearing prepared her for a career in audiology. The long list of impacts, she says, includes depression, uncertainty, frustration, stress, anger and the deterioration of relationships.

Coming in for an initial consultation may involve putting denial aside, a personal process sometimes reinforced by family or friends. At that point, Switzer says, "We help them sort out what the issue really is, educate them about their hearing loss, educate them about their limitations with and without hearing aids and, also, their abilities with and without hearing aids, and move forward from there." He stresses that age is never a determining factor when it comes to needs. Personality and lifestyle play a much more important role.



CONFRONTING YOUR CONDITION Visiting an audiologist for a hearing test is the first step—and can put aside initial feelings of denial.

The acute need for awareness

Sadly, and surprisingly in this day and age, Maron says, "there are people who truly do not know that they have hearing loss. Often their first inkling that something is wrong is when they come and have a hearing test, and have the results explained to them."

The good news is that stigmas attached to hearing loss may soon be a thing of the past. According to Gold, digitalization and miniaturization technology has put to rest many of

the negative associations people have with hearing loss. "With advances in technology, we see a lot more people coming in and willing to confront [their hearing loss]."

Each patient's journey is unique. While a clear diagnosis of hearing loss may be painful, for many patients just having the fact of the loss confirmed provides a great sense of relief. As a patient struggles to regain autonomy and peace of mind, the support of an audiology professional committed to actively listening to the patient's concerns and needs makes each journey

easier.

Success stories confirm the effectiveness of the trio's treatment approach. Gold recalls a device demonstration that brought a skeptical patient and self-avowed music lover to tears. Maron describes a reclusive patient who, because of his hearing loss, never ventured out unaccompanied. Fitted with a hearing device, he delightedly braved public transit on his own.

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EAR CLEANING TIPS



CANAL CAUTION Keep cotton swabs out of the inner ear—insertion can cause serious risk to the eardrum.

Healthy ears start with hygiene

To clean the outer ear, use a damp soft wash cloth, alcohol based wipes, or a cotton swab such as a Q-tip. You should ONLY use the Q-tip for the outer ear. If inserted, it may push wax further into the canal causing impaction. Do not use household objects or anything sharp such as car keys, pens or toothpicks to clean the ear.

A small amount of ear wax is healthy to have in the ear canal. Ear wax is naturally produced to protect your eardrum from potential hazards such as unwanted bacteria, insects and water. Sometimes excessive build-up can occur. Softeners such as baby oil, mineral oil or olive oil can be used safely to help loosen the wax. If this proves ineffective, an appointment with your hearing specialist or physician to have the excess wax removed should be made.



Brittany Randall
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Our work makes a difference to Canadians through:

- Funding researchers in Canadian universities and hospitals
- *Sound Sense* – an elementary education program on the prevention of noise-induced hearing loss
- Advocating for awareness of hearing protection and other issues to governments, media and the general public

For more information, please visit our website at www.hearingfoundation.ca or you can reach us at (416) 364-4060 or toll free at 1-866-HEAR YOU (432-7968).



PREVENTION

Catch it early: Why screening your baby is vital

Question: Why is it vital to check the hearing health of your newborn?

Answer: Undiagnosed conditions that can cause developmental delays can be avoided with screening.

Hearing loss is one of the most common conditions present at birth and occurs more than any other condition for which newborn screening programs already exist.

The prevalence of hearing loss in newborns ranges from one to three per 1000; equal to approximately 1100-1200 new cases in Canada per year. In children with high-risk factors for hearing loss such as prematurity or low birth weight, the prevalence of hearing loss can be as high as one in 100.

Hearing loss can affect a child's understanding and use of language as well as many other aspects of his or her development. Research shows that communication development in children with hearing loss is delayed compared to children with normal hearing. There is clear evidence that early identification of hearing loss can significantly reduce these negative consequences; which is why organizations like the Canadian Association of Speech-



VITAL TO DEVELOPMENT
Infants should be screened by one month of age. Should hearing loss be confirmed, appropriate intervention should be in place by six-months-of-age.

Language Pathologists and Audiologists (CASLPA) and VOICE for Hearing Impaired Children are working hard to make universal newborn hearing screening (UNHS) a reality across Canada.

A new standard of care

Technological advances have made hearing screenings quick, easy, painless and cost-effective. As a result, UNHS is a standard of care in many countries includ-

ing the United States, the United Kingdom and most of Canada, with the exception of Alberta, Saskatchewan, Manitoba and Newfoundland. A program is currently being implemented in Quebec.

Catching it early

"It is important that screening be done by one month of age, hearing loss confirmation by three months of age with appropriate intervention initiated by six months of age," says Chantal Kealey, Doctor of Audiology and the Director of Audiology for CASLPA. "newborn hearing screening will ensure that we detect hearing loss early; however alone, it is not enough. Additional supports are needed and families must follow up if their baby does not pass the screening," she added.

What is the impact of delayed diagnosis?

The first months and years of a baby's life are very important for developing language. Hearing loss, when undetected, is one of the causes of delayed language development. Delays in language development may result in behavioral and emotional problems as well as later difficulties in school. Most deaf and hard of hearing children whose hearing loss is identified early, and who receive the support they need, will develop appropriate communication and will be able to develop to their full potential alongside their hearing peers.

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DID YOU KNOW?

Babies who are Deaf babble for a few months and then stop.
Newborns can be tested for hearing loss and fitted with hearing aids.

Specialized testing used with neonates is non-invasive and can assess hearing in each ear.
If diagnosis is delayed it will result in delayed language.

Shop smart when purchasing a hearing aid

For the average consumer, sorting through the plethora of hearing aid advertisements—and coming to terms with their unexpectedly high cost—is a lot to absorb. The entire process, known as a hearing aid evaluation, can be confusing and overwhelming

After the audiologist reviews the results of your hearing test, practicalities need to be discussed such as: if you need one or two hearing aids, styles, sizes, color preferences, batteries, volume control issues, options for using the telephone, remote controls and any other buttons. Some decisions about cosmetics will be driven by the amount of hearing loss you have and if you experience any dexterity or visual challenges.

You should be asked specific ques-



Rex Banks
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Canadian Hearing
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tions about your communication, lifestyle and what you want the hearing aids to accomplish in terms of listening goals. Once the audiologist understands your goals, they will let you know what's realistic and will make recommendations about the level of technology that's required to meet your needs. Today's hearing aids are digital and have computer chips inside that process sounds and speech. Depending on the complexity of the chip, the hearing aid will have access to different functions and options to assist with communication in various environments, including noisy ones.

Assessing your needs

There are three levels of technology: entry, mid-range and advanced. Pricing varies from about \$1000 to \$3000 per hearing aid. Based on all of the information you've discussed leading up to this point, the audiologist will advise as to which level of technology would work best for you.

Test it out

You should also receive information about the warranty and trial period. It is mandatory that you have at least a 30-day trial period for your hearing aids. In the event things don't work

out as planned, you have the option of returning them, less a nominal fee.

There are three factors to being successful in buying a hearing aid. First, you have to be motivated to address your hearing loss and its challenges. Secondly, the hearing aid has to be the right match with the appropriate features. Finally, the audiologist has to be someone you connect with and has the tools to help you. If all three of these things fall into place, your hearing aid purchasing experience should run smoothly and set the stage for a positive outcome.

NAVIGATING THE OPTIONS Selecting a hearing aid can be overwhelming. An audiologist plays a key role in guiding a consumer to their best fit and style.



WHAT'S UP DOC?

Otolaryngologist (ENT doctor)

→ An Otolaryngologist is a surgeon who specializes in the diagnosis, management and treatment of diseases and conditions of the ear, nose, throat (ENT) and structures of the head and neck. An ENT doctor can manage conditions such as abnormalities in the outer ear canals or the middle ear bones, ear infections, rare tumours on the hearing and balance nerves and would be the doctor to perform cochlear implant surgery. Audiologists or Hearing Instrument Practitioners will recommend a visit to your family doctor to make a referral to an Otolaryngologist if there is a potential ear-related medical condition.

Audiologists and Hearing Instrument Practitioners (HIPs)

→ For most people experiencing hearing loss, amplification with hearing aids, assistive listening devices (ALDs) and counseling on how to manage hearing loss with and without technical assistance are the only solution and available from Audiologists and Hearing Instrument Practitioners (HIPs). Some variability exists in regulations governing the dispensing of hearing aids across Canada, therefore specific information for each province or territory should be sought.

Specialized training

HIPs include Hearing Instrument Specialist H.I.S and Hearing Instrument Dispensers H.I.D and generally hold a two-to-three-year diploma from a college or university. They must complete a 1000-hour internship and successfully complete the International Licensing Exam. They learn assessment of, care for, and the dispensing of hearing aids and ALDs to adults. HIPs provide communication strategies and counsel on how to manage hearing loss. A Hearing Instrument Dispenser H.I.D. performs all the function noted with the exception of hearing testing and assessment.

Audiologists in Canada have a bachelor's degree and a masters and/or doctoral degree(s) in communication sciences and disorders. Aside from assessing and managing hearing loss in adults, Audiology training includes specialty areas such as assessing for cochlear implant candidacy and post surgical device management. Audiologists use specialized equipment for detecting hearing loss in those who are difficult to test, such as newborn babies. They also use special techniques to assess young children and fit hearing devices on infants and children through to adulthood. Helping people of all ages to manage ringing/buzzing in the ear (tinnitus) and also assessing and managing balance disorders related to the inner ear are other specialties in Audiology. Audiologists can also help when sounds are not being processed correctly by the nerves and brain (auditory processing disorder). Audiologists provide counseling for the entire family, throughout the lifespan, on living well with hearing related conditions.

VICTORIA LEE AU.D., RAUD, RHIP

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Canadian Academy of Audiology
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*Sweetow & Henderson Sabes (2010) 'Zen as a Sound Stimulator & for Relaxation' JAAA

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INSIGHT

The benefits of diagnosing hearing loss early extend beyond the health of your ears. **The clear link between proper hearing and the onset of dementia** is reason for seniors to remain prevalent.

PROTECT YOUR HEARING FOR PEACE OF MIND

Hearing aids don't just amplify sound, they amplify quality of life and keep you mentally sharp. Not many of us are in a big hurry to have our hearing tested or purchase hearing aids, but maybe we would be if we realized all of the health benefits treating hearing loss can provide.

On average a person that is having difficulty hearing will wait seven years before they do anything about it. Over the course of these seven years, precious time is being lost. Not only are they missing out on conversations but there is research indicating that delaying the use of hearing aids can lead to a degradation of word recognition. An ear that hasn't been stimulated due to untreated hearing loss loses some of its ability to understand speech even with amplification. If you are someone who has been sitting on

the fence for a few years, do not despair—the same research indicates that this degradation may be reversible in some cases once treated with hearing aids.

Listening to your body

Hearing loss is linked to several chronic diseases. There is a higher prevalence of hearing loss with chronic health conditions such as diabetes, chronic kidney disease and cardiovascular disease. Individuals that have been diagnosed with any of these health issues would be wise to make a hearing test part of their yearly physical examination. Research has also found a link between hearing loss and dementia although this relationship is a bit different. The above diseases may increase the risk of developing hearing loss, whereas untreated hearing loss may result in an accelerated decline in cognitive ability. Participants that presented with a hearing loss at



Lisa Simmonds Taylor
Hearing Instrument Specialist

“There is a higher prevalence of hearing loss with chronic health conditions such as diabetes, chronic kidney disease and cardiovascular disease.”

the beginning of the study were far more likely to develop dementia and the risk increased with the severity of the hearing loss. This suggests

that hearing loss could be an early warning sign of dementia. Most importantly, the study also found that fitting a person with hearing aids might delay the onset.

It affects everyone

Untreated hearing loss can also lead to relationship issues. Communication with family and friends can be very frustrating for both parties. The strain of actively listening all day results in increased irritability, fatigue and stress. None of these feelings are good for our relationships or our health. In fact people living with untreated hearing loss are more likely to report depression, anxiety, and paranoia and are less likely to participate in organized social activities, compared to those who wear hearing aids.

Hearing loss can have a negative effect on your life at any age. The consequences of undiag-

nosed or untreated hearing loss can include reduced job performance and earning power, reduced alertness and increased risk to personal safety, impaired memory and ability to learn new tasks as well as diminished psychological and overall health. If you suspect your hearing sensitivity has dropped, have your hearing tested no matter what your age.

Acquired hearing loss can develop overnight (if it does, head straight to the hospital) but in most cases it is a slow and subtle decline. As a result, it is difficult for someone to perceive the true extent to which hearing loss is impacting their lives. The consequences of leaving hearing loss untreated are serious and completely under-estimated. Education is one way to raise awareness and change attitudes. Help spread the word. Hearing aids are good for you!

Continued care: The key to effective treatment

GET CHECKED!

Treatment of hearing loss requires an accurate aural assessment to establish a baseline and to identify the device best-suited to a patient's needs. An effective hearing health strategy, however, depends on continued care.

Screening steps

Tracy Saunders, an audiologist at the Cloverdale Mall Clinic of Hearing Solutions, describes a typical first appointment. “The patient is seated in a sound-isolating room. They would have earphones to undergo a series of tests. We test the volume and the quality of their hearing.” Saunders stresses the importance of testing at various frequencies. “Someone could have mild or even normal hearing in, for example, the low frequencies but have a severe

hearing loss in the high frequencies.” Unlike vision loss, described with a well-known if not well-understood numeric value, hearing loss is harder to describe, a reality which according to Saunders might frustrate some patients.

Get outfitted

Once the assessment is completed, an audiologist will identify the device that will best address the client's needs. Fitting that device also plays an important role. Saunders notes, however, that the new technologies make comfortable fit easier to achieve. Typically, continued patient care focuses on device performance. In the weeks immediately following the first appointment and fitting, a patient might return once or twice so that the audiologist can evaluate performance and make any necessary adjustments.

In addition to device performance, the patient's adjustment to improved hearing represents an important challenge. “It's learning how to hear that really takes time,” Saunders says. “You need to be flexible, motivated and committed to the process. When the hearing aids give you the sounds back that you've been missing, your brain has to become re-adjusted to that. They've heard all the sounds before but they have forgotten what the world sounds like. To get [sounds] back in a one-hour fitting appointment can be a little bit overwhelming.”

Checking in

After the initial appointment and follow-ups, hearing needs to be tested annually so that the device can be adjusted to compensate for any new hearing loss. Thanks

to digital technology, a patient no longer needs to buy a new hearing aid; an audiologist can simply reprogram the device. Devices also come equipped with a tracking functionality so that audiologists can verify if a patient is using the device according to the continued care strategy.

Recognizing the value

For the most part, Saunders says, convincing patients' of the importance of continued care is not a hard sell. Two key factors—improved hearing and the cost of hearing aids—serve to motivate most adult patients. To ensure that children benefit fully from a hearing health strategy, parents need to get involved and ensure that proper use of the hearing device is integrated into the daily routine. Robust technology

paired with kid-friendly warranties also facilitates effective continued care for children.

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Tracy Saunders
Audiologist, Hearing Solutions



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Know your rights

Assist those you care for by learning more about communication disorders. Know your rights should you encounter problems.

Visit CASLPO's website, or call toll-free to speak with one of CASLPO's staff members.

Vicky Papaioannou, President
Brian O'Riordan, Registrar



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