

# Audiology Newsletter

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Winter / Spring 2010

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## Social Interaction Page

I would like to make this newsletter more personal and interactive and one thought on how to do this would be to start a 'social' page on my website. This would mean that clients could go to my website and to the relevant page link and be able to share information and provide support with other clients. For example, people might have recommendations about restaurants that aren't noisy, or specific music that provides tinnitus relief. This site could take many forms—be it a bulletin board or something more interactive such as a twitter or blog site where people can instantly communicate with one another (*like having a conversation on the telephone, only in writing on the internet*). For those that don't have access to the internet, they could post recommendations to Bronwen and in my newsletter I could provide a summary of written and internet tips. I believe this site would also benefit family and friends of people with hearing loss as "*when someone in the family has a hearing loss, the entire family has a hearing problem*".

If people are interested in having this 'social site' please let Bronwen know and if there is enough interest I will update my website. Any suggestions on what to call our social site would be most welcome!

## Audiology Australia (ASA) XIX National Conference

Three main themes emerged from the ASA conference in Sydney in May this year. They were:

1. Hearing Loss Prevention;
2. Cochlear Implants—ongoing research findings; and
3. Genetics and Hearing Loss

### 1. Hearing Loss Prevention

A large gap exists in public health between '*what we know and what we do not know*'. Another important gap is the one between '*what we already know and what we actually do in practice*' (the *know-do* gap). Researchers believe their challenge is to minimise both gaps. This challenge is very relevant to hearing loss prevention. For example, people's awareness of health risks (such as loud noise damages hearing) versus their actual behaviour (listening to MP3 and i-pods at excessive noise levels). It is important that media campaigns do not make the public 'anti i-pod', but rather make people understand they can enjoy their music for longer if they use their i-pod sensibly. Similarly, they can go to night clubs but wear hearing protection—this would ensure club goers avoid the "*hearing hangover*" (that is, tinnitus or ringing in the ears). Media campaigns need to appeal to music lovers as a way to get them to change their behaviour—turn down the volume so you can enjoy your music *forever*. Foam ear plugs that protect hearing (known as ER20 plugs) should come with a case that people can attach to house or car key rings so people can protect their hearing when they find themselves in loud environments (e.g. rifle ranges, construction sites, nightclubs, mowing, etc).

A new report was launched at the ASA conference called "*Binge Listening*". This report is to become the centerpiece of a new federal government media campaign educating people about leisure-related hearing loss. Previous dental care prevention and skin cancer prevention campaigns / public education programs have been very successful, and now hearing loss prevention is hoped to follow their success.

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## 2. Cochlear Implants

The simultaneous use of a cochlear implant (CI) in one ear and a hearing aid (HA) in the other ear is becoming routine in the clinical management of clients who receive a CI and have residual hearing in the other ear. The 'bimodal' benefits are:

- better speech perception;
- enhanced music appreciation;
- localisation of sound; and
- consonant recognition.

Another key CI research finding presented at the conference was that rather than the focus being selecting the most appropriate ear for cochlear implantation, a more important focus may be the recipient's *cognitive function* as the most important determinant of a successful outcome and not the better ear, or years of hearing loss, etc.

## 3. Genetics

At least 60 percent of hearing loss is genetic. Hearing loss is associated with more than 400 syndromes, but 70 percent of hearing loss is non-syndromic. Over the past 10-15 years more than 80 hearing loss genes have been described and genetic testing for some of these genes is available. Most cases (more than 70 percent) of childhood hearing loss are non-syndromic with an autosomal recessive pattern of inheritance, and mutations in the gene (GJB2). Genetic hearing loss is not always present at birth; in some cases age of onset is in adulthood.

When you know what causes the hearing loss it can help with prognosis and therefore the management of hearing loss—especially for parents of newborns, it can take away a lot of the unknown and allows them to prepare and manage.

Because of the accumulating knowledge about genetic causes of hearing loss and the sophisticated auditory testing that is available, partnerships between audiologists and geneticists greatly enhance precise diagnosis and appropriate management of individuals with hearing loss.

## Does Hearing Impairment Affect Older People's Ability to Drive? (Hickson, Wood, Chaparro, Lacharez, Marszalek, The University of Queensland, 2010)

Driving is a complex everyday activity that is particularly difficult for some older people. However, driving is seen as being very important for autonomy and independence. Importantly, the driving environment and, in particular, the in-vehicle environment are becoming increasingly complex, with vehicle's being equipped with sophisticated navigation and entertainment systems which may add to the driver's attentional burden, distracting them from their primary task.

Visual impairment and its impact on driving ability has been well studied. Now hearing loss (*audiology*) is being combined with optometry study to investigate the effects of hearing loss and distractibility on older people's driving ability. These studies are being assessed under real-world conditions.

The results of the most recent study showed a significant interaction between hearing impairment—such that people with severe hearing impairment had significantly poorer driving performance in the presence of distractors than those with normal or mild hearing impairment. That is, older adults with poor hearing have greater difficulty with driving in the presence of distractors than older adults with good hearing. When there are no distractors people with hearing loss' driving ability is the same as those with normal hearing. In contrast, when there are *either* visual or auditory distractors, people with hearing loss' driving ability is worse than people with normal hearing.

Audiometry results were the best predictor of driving performance. That is, good hearing results correlated with good driving and poor hearing results correlated with bad driving.

This is BIG news BUT hearing loss needs to be at least of *moderate* loss before impacting on driving.

This research finding needs to be communicated with people with severe hearing loss.

The next big research question is '*can we eliminate this finding IF ALL people with hearing loss wear hearing aids*'? (only 20 percent of people in Australia with hearing loss actually take up audiology services).

The authors of this study are NOT discouraging people from driving; they are very much aware of driving and it's role in allowing people to maintain their independence. They are saying for now we need to:

- Educate people with severe hearing loss and ensure they wear their hearing aids when driving; and
- Minimise auditory and visual distractors.

**Please note, there were NO gender effects; that is, there were no differences in driving performance between men and women!**

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## Hearing Aid Insurance

There is now a company dedicated solely to insuring hearing aids. Insuring hearing aids through home and contents policy can be expensive and typically does not cover accidental loss or damage, when outside the home or traveling.

*Hearing Insurance* offers the following:

- Covers all hearing aids, cochlear implants and accessories;
- Low excess from \$100
- Covers accidental loss and damage;
- New for old replacement or repair;
- Australia-wide cover;
- Worldwide cover up to 28 days per trip;
- Flexible terms from 1 to 3 years;
- 48 hour claims turnaround;
- Underwritten by global insurer Chubb

The cost of the insurance premium will depend on the value of your hearing aids and your policy. Typically, an annual premium is less than 5 percent of the value of your hearing aids.

You may be able to claim a medical expense tax rebate for hearing aid insurance.

**Please note, *Hearing Insurance* is NOT associated with Bronwen Hofmeister Audiologist Pty Ltd.**

If you want to inquire about hearing aid insurance please contact Hearing Insurance directly on 1800 792 449 or go to their website [www.hearinginsurance.com.au](http://www.hearinginsurance.com.au) or email them on [quote@hearinginsurance.com.au](mailto:quote@hearinginsurance.com.au)

## Queensland State Budget (JUNE, 2010)

In the Queensland State Budget for the 2010—2011 financial year, it was announced that \$16.5 million over four years will be allocated to enhance hearing services for children by increasing the number of cochlear implants and access to follow up therapy.

## Ageing Mind Initiative (Queensland University)

The University of Queensland has a research centre dedicated to ageing—the *Ageing Mind Initiative* (AMI).

AMI has an extensive array of new projects for 2010—from paying attention to language in stroke patients, investigating the influence of exercise in people suffering from prostate cancer and examining the issues associated with older adults using Queensland's enduring powers of attorney (EPA) and advance health directive (AHD) forms.

An international research team have come together to better understand older adults and their attitudes towards ageing and themselves. "Attitudes are really quite a powerful phenomenon" Dr Pachana notes. "They can have a profound effect on an individual's cognitive functioning, emotional health and even physical functioning through things like diet and exercise. Now that research shows how powerful attitudes can be in determining the health outcomes of individuals, the potential for improving quality of life through attitude-targeted interventions is immense".

*If you are interested in assisting this research, please contact Matthew Taylor at [attitudes.to.ageing@gmail.com](mailto:attitudes.to.ageing@gmail.com)*

Music therapy is recognised as a therapy that can assist people with dementia to recall special memories and events, which can be used to improve meaningful communication and interaction with other people, especially between couples. Music can affect mood and facilitate the release of tension and stress that couples may experience.

One AMI project is investigating the effectiveness of a home-based music program on the quality of life and well-being of couples where one partner has dementia.

*If you are interested in assisting this research, please contact Dr Felicity Baker at [f.baker1uq.edu.au](mailto:f.baker1uq.edu.au) or ph (07) 3365 3740*

There are many more AMI research projects seeking volunteers. For additional information please contact Dr Nancy Pachana at School of Psychology, The University of Queensland, ST LUCIA Qld 4072  
Ph (07) 3365 6832

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## New PERMANENT Location

Bronwen Hofmeister Audiologist Pty Ltd has made a permanent commitment to the Wesley Hospital and is now located on **LEVEL 4 SUITE 79** in the Sandford Jackson Building. This is the same building that I have always worked from—simply a new Floor and Suite number. My phone number, fax number and website address all remain the same.

I welcome any feedback you have and look forward to our future endeavours.

Warmest Regards,

*Bronwen*

**PLEASE NOTE THE FOLLOWING CLOSURE DATES:**

**Workshop (Melbourne)**

Tuesday 10th August—Friday 13th August

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