

Information for Physicians

The Audiologist's Scope of Practice:

Audiologists provide services for the identification, assessment, prevention and treatment of persons who have hearing and balance disorders. Audiologists hold graduate (masters or doctorate) degrees– Master of Science, Master of Arts, Au.D. or Ph.D.– from accredited universities. In Missouri, audiologists are licensed by the state, requiring them to meet rigorous professional and educational standards.

At Northland Hearing Associates, our mission is to help people communicate. We are committed to informing and educating the public about all hearing **health care** issues and provide a full-range of hearing services, including:

- Comprehensive hearing evaluations for all **children** two and older as well as adults.
- Evaluating, fitting and dispensing **hearing aids** and hearing assistive technologies.
- Providing recreational and occupational audiology services, including:
 - Making and fitting custom earplugs and noise protectors for individuals exposed to high levels of noise (such as pilots, musicians, hunters, security officers, etc.).

Hearing Loss: The Physician's Role

Hearing plays an important role in the mental, emotional and physical well-being of your patients. You can be an important source of information for your patients who are hearing impaired. The more you know about hearing loss and its effects on your patients' lives, the better you will be able to assist your hard of hearing patients in making decisions that will allow them to live their lives more fully.

As a physician, your role starts by asking hearing-related questions as part of the case history interview and by screening your patients' hearing.

Hearing Loss: A Health Problem

Hearing loss is among America's leading chronic health problems, with about 1 out of 10 people, or approximately 36 million people affected. It is especially common in persons 60 years of age or older. 30% of persons in this age group have hearing loss. Hearing loss is the third most common chronic health condition affecting the **aging** population after arthritis and high blood pressure, and the numbers are increasing in younger populations as well.

In some cases, hearing loss is a symptom of a more serious medical problem warranting intervention. In most of your patients, however, hearing loss is a chronic, non-pathological degenerative process that can be properly managed with hearing aids and other hearing assistive technologies.

Recent research has demonstrated that hearing loss can have dramatic adverse effects on both emotional well-being and on interpersonal and marital relationships. According to the National Council on the Aging (1999– see below), untreated hearing loss can result in negative emotional consequences including depression and paranoia.

Hearing Loss: Early Signs

A few simple questions regarding common early warning signs of hearing loss can help you determine whether your patient needs a hearing screening:

- Does he or she ask others to repeat, especially women and children?
- Do others complain that he or she turns the **TV** or radio volume too loud?
- Does he or she have difficulty understanding speech in groups and/or noisy places?

- Does he or she have trouble hearing at a distance?
- Does he or she complain of ringing in either or both ears?
- Does he or she hear better in one ear than the other?
- Does he or she complain that others mumble?

Hearing Loss: Brief Overview of Causes and Types

The site of lesion for about 95% of all hearing losses is the cochlea, resulting in “sensorineural hearing loss”—what many people call “nerve deafness.” In sensorineural hearing loss, damage occurs to the cilia, or hair cells, in the inner ear, resulting in irreversible hearing loss. The most common causes of sensorineural hearing loss are noise exposure, aging and hereditary predisposition. Fortunately, the vast majority of persons with this sensorineural hearing loss respond very well to amplification.

Only 5% of hearing losses are “conductive,” resulting from structural or mechanical damage to the outer ear and/or middle ear. In many of these patients, medical or surgical treatment can result in partial or complete reversal of the hearing loss. Some common causes of conductive hearing loss are wax impaction, eardrum perforation, middle ear fluid, cholesteotoma and congenital problems.

Consequences of Untreated Hearing Loss

Aside from the embarrassment caused by the inability to hear environmental sounds and to maintain communication, research reveals that hearing loss also adversely affects hearing-impaired persons’ quality of life. Adverse effects on family relationships, enjoyment of social activities and work performance have all been carefully documented. Danger from failure to hear warning signals and even doctor’s instructions regarding medications have also been reported.

The 1999 National Council on Aging report showed that persons with untreated hearing loss experience feelings of depression, paranoia, anger and frustration at a significantly greater rate than do hearing aid users. Those who use hearing aids also report significantly higher social involvement, less worry, and more positive interpersonal relationships.

Additionally, Untreated Hearing Loss Can:

- Cause social isolation.
- Cause or worsen emotional disorders.
- Strain interpersonal relationships.
- Be mistaken for:
 - Inattentiveness.
 - Memory disorders.
 - Mental slowness.

Identifying Hearing Loss in Your Office

Ideally, all patients should be screened regularly. Our audiologists can provide self-assessment forms for your patients to complete in the waiting room (for example, see our Five-Minute Hearing Test), and those patients who report hearing problems can be screened and referred for a complete audiological evaluation if indicated. Additionally, patients who are at risk for hearing loss— including those over age 50 and those who present observable symptoms— should be checked.

Other symptoms and reports that warrant immediate medical attention and referral to an audiologist for evaluation include:

- Active ear drainage.
- Pain or discomfort in the ear.
- Progressive hearing loss within the previous 90 days.
- Sudden onset of loss in one ear.
- Acute or chronic dizziness.
- Tinnitus.

Of special importance is the understanding that a quiet exam room may allow you to miss hearing loss if it is based strictly on observation. Additionally, the typically gradual onset of hearing loss may result in the patient being unaware (or in denial) of a problem– family members and significant others are much more likely to notice and report the problem.

Facts About Hearing Aids

Following the completion of a comprehensive evaluation, hearing aids may be recommended. Many factors are considered in making a specific recommendation, including the patient’s hearing loss, communication needs, lifestyle and preferences.

For most people with hearing loss in both ears, using hearing aids in both ears offers significant advantages, including improvement in speech understanding in both quiet and noisy situations and better ability to localize sound sources.

Most importantly, patients who have “nerve deafness” and high-frequency hearing loss can and do benefit from the use of hearing aids in most cases. Over 95% of patients with hearing loss can successfully wear hearing aids. There is no age limit to when someone can begin using hearing aids successfully– no one is ever too old or too young to enjoy the benefits of better hearing!

At Northland Hearing Associates, we provide a 75-day trial period to allow for necessary fine-tuning and adjustments as our experience indicates this is an appropriate period for acclimating and rehabilitating to the use of hearing aids. You can aid in this acclimation by helping your patients understand that, in the same way that glasses do not “cure” vision deficits, hearing aids do not “cure” hearing loss. However, hearing aids can provide a dramatic difference in both your patient’s life and the lives of their family and significant others.

Conclusion

For reasons both known and unknown, only about 20% of all hearing-impaired persons choose to do something about their hearing loss. Your medical recommendation is the most important motivating factor for patients to seek help. Early detection is a major determinant in the success of any treatment effort.

One convenient way that we can be a resource for your office is by contacting us for information and arrange for a meeting with our audiologist who can provide information and answer any of your questions about hearing health care.

To learn even more about how physicians can help their hearing-impaired patients, please visit the Better Hearing Institute or National Council for Better Hearing website.