



From EAR to Eternity:

Hearing Loss & Tinnitus in the Geriatric Patient Population

Meghan K. Spriggs, Au.D., CCC-A

Associate Clinical Faculty, Audiology

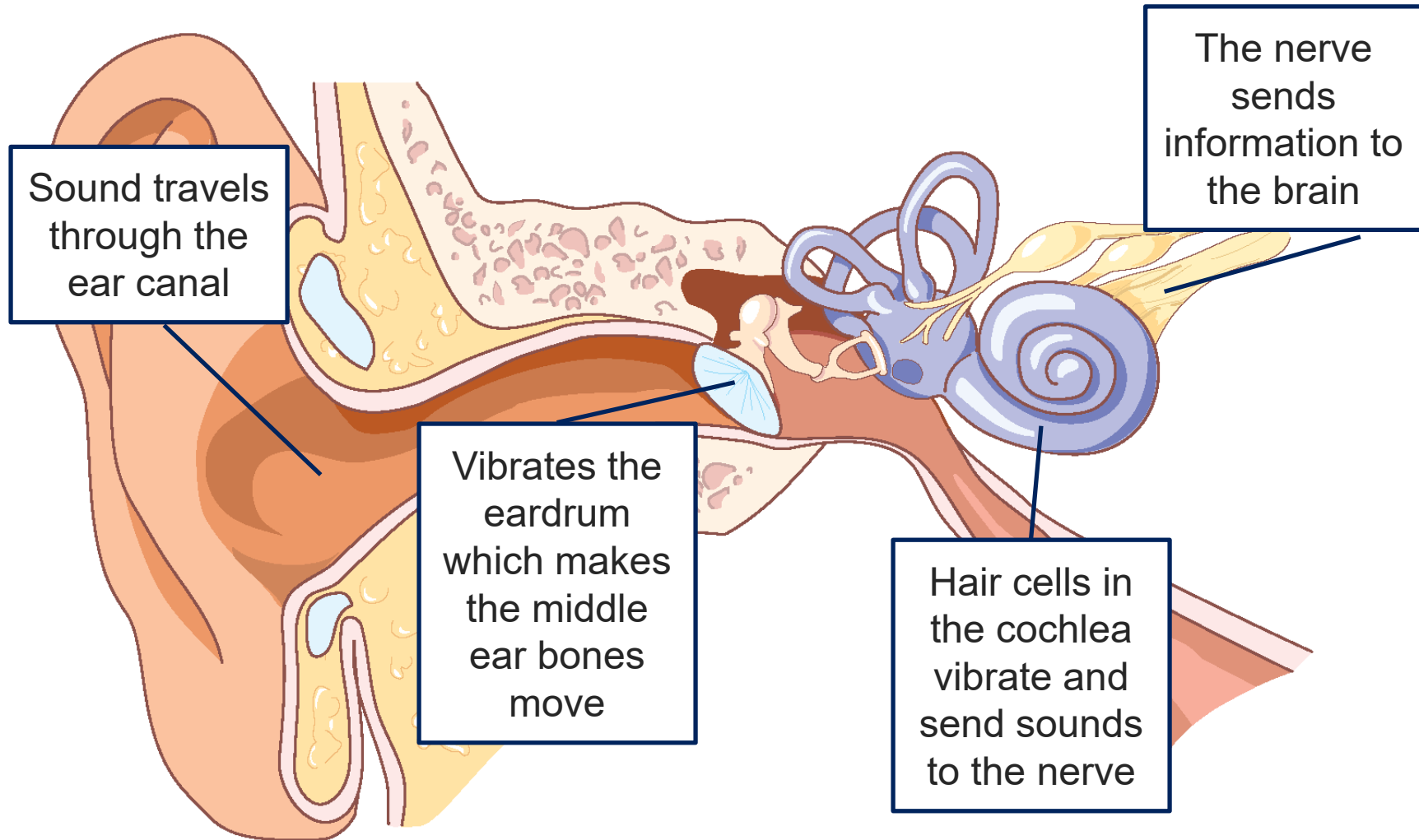
UCSD Otolaryngology/Head & Neck Surgery

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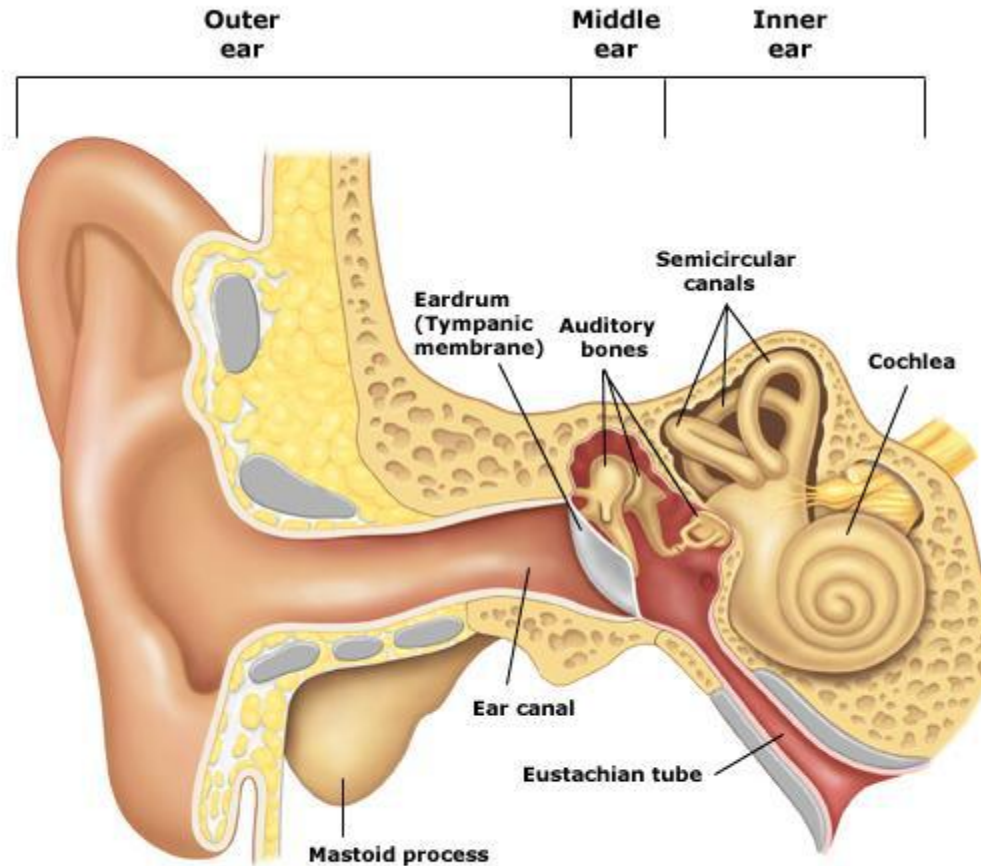
Overview

- Types of hearing loss
- Hearing loss technologies
 - Hearing aids, cochlear implants, ALDs
- Communicating with patients who have hearing loss
- Tinnitus
- Local resources

How Does the Ear Work?



Outer, Middle and Inner Ear



3 kinds of hearing loss:
Conductive, Sensorineural, & Mixed

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Hearing Loss

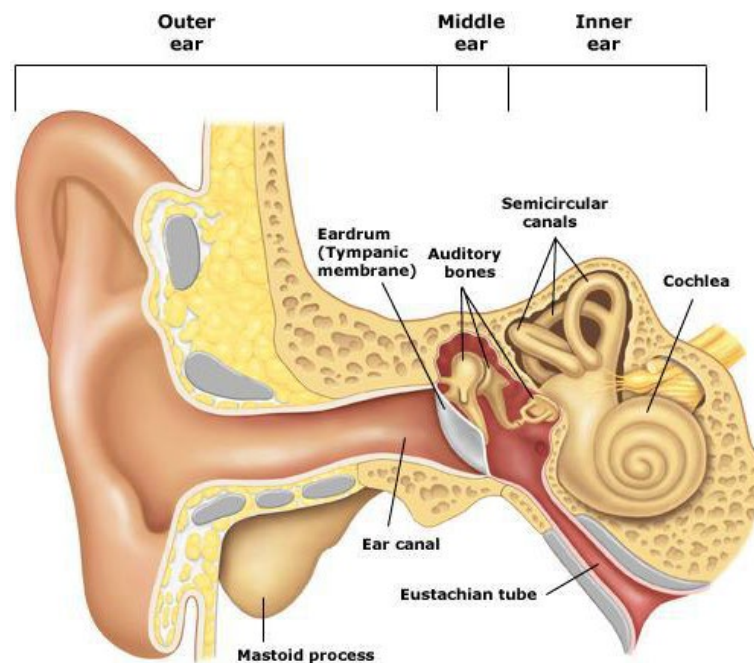
18% of American adults 45-64 years old

30% of adults 65-74 years old

47% of adults 75 years old or older

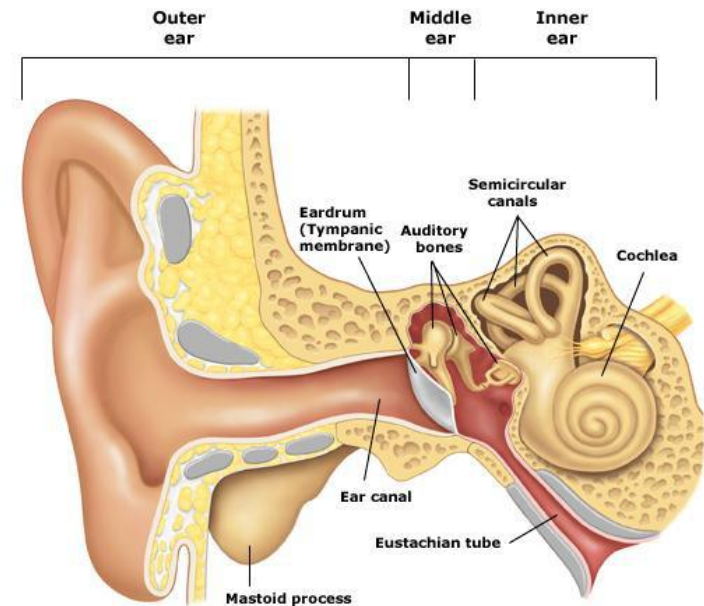
Conductive Hearing Loss

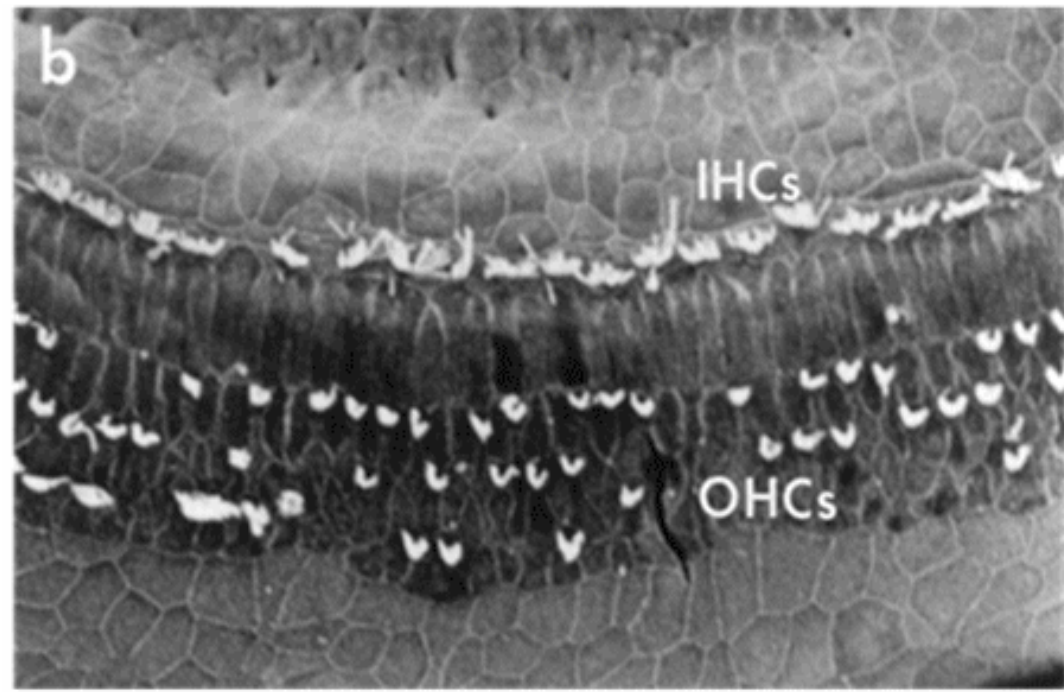
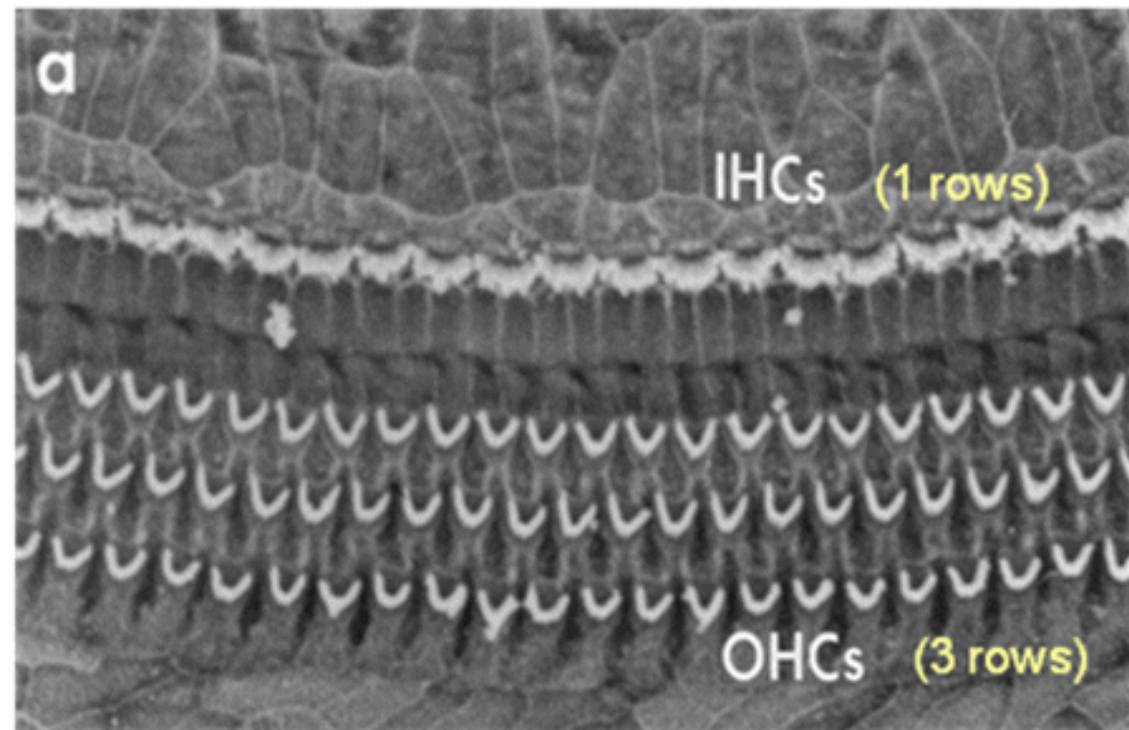
- Occurs from problems with outer or middle ear
- A few potential causes:
 - Cerumen
 - Tympanic membrane perforation
 - Otitis media
 - Otosclerosis
- Can often be treated with medication or surgery



Sensorineural Hearing Loss

- Problems with the inner ear (cochlea) or hearing nerve
- A few potential causes:
 - Noise exposure
 - Some medications
 - Genetics
 - Aging (presbycusis)
- Can often be helped by hearing aids or cochlear implants





Common Signs of Hearing Loss in Adults

(Patient may not always disclose they have a hearing loss!)

- Asking for repetition
- Misunderstanding information
- Increasing TV/radio volume
- Difficulty understanding on the telephone
- Increased volume of own voice
- Feeling that “everyone else mumbles”
- Increased reliance on visual cues
- Tinnitus

Possible Effects of Hearing Loss

- Compromised awareness & safety
- Increased fatigue, irritability, tension, & stress
- Decreased ability to process, retain, & act on information
- Lower self-esteem
- Sense of isolation
- Increased risk of depression and cognitive decline
- Decreased quality of life

Hearing Aids

- Make sound louder
 - Help with speech understanding
 - Help with environmental sound awareness
 - Minimize listening effort/stress
- Individually programmed for pt's specific hearing needs
- Sometimes covered by insurance
- Only 1 in 5 people who could benefit from a hearing aid actually wears one

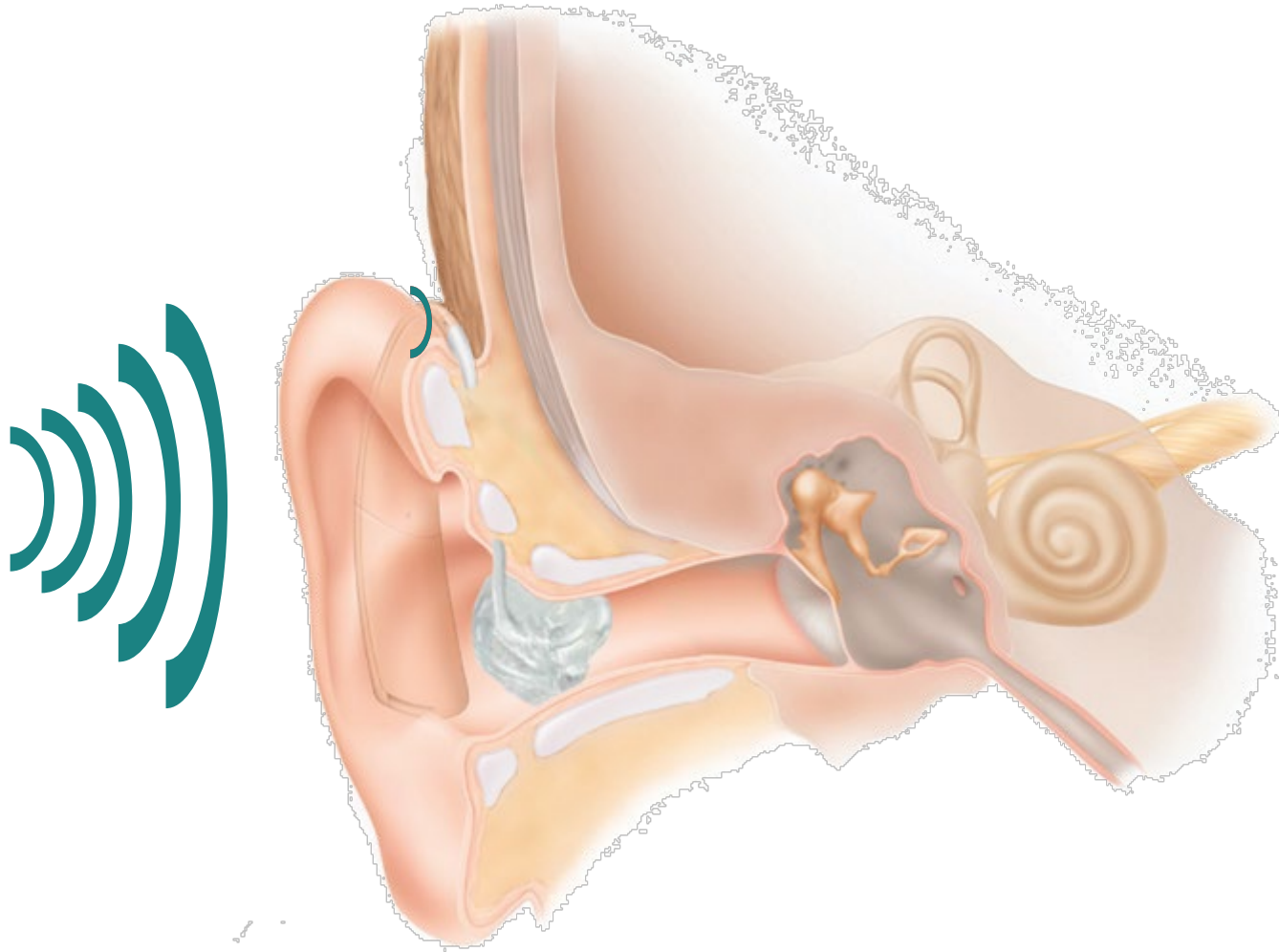
(National Institute on Deafness and Other Communication Disorders, 2014.
<http://www.nidcd.nih.gov/health/statistics/Pages/quick.aspx>)

- California law: patients entitled to minimum 45-day trial period



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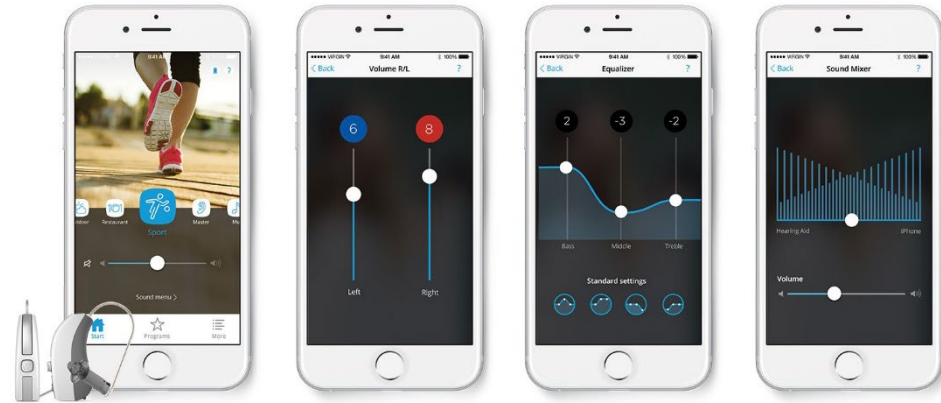
How a Hearing Aid Works



Advances in Hearing Aids

They're not what they used to be!

- Feedback control
- Compression
- Bluetooth connectivity & MFi
- Directional microphones & noise management
- Smaller and smarter
- Rechargeable

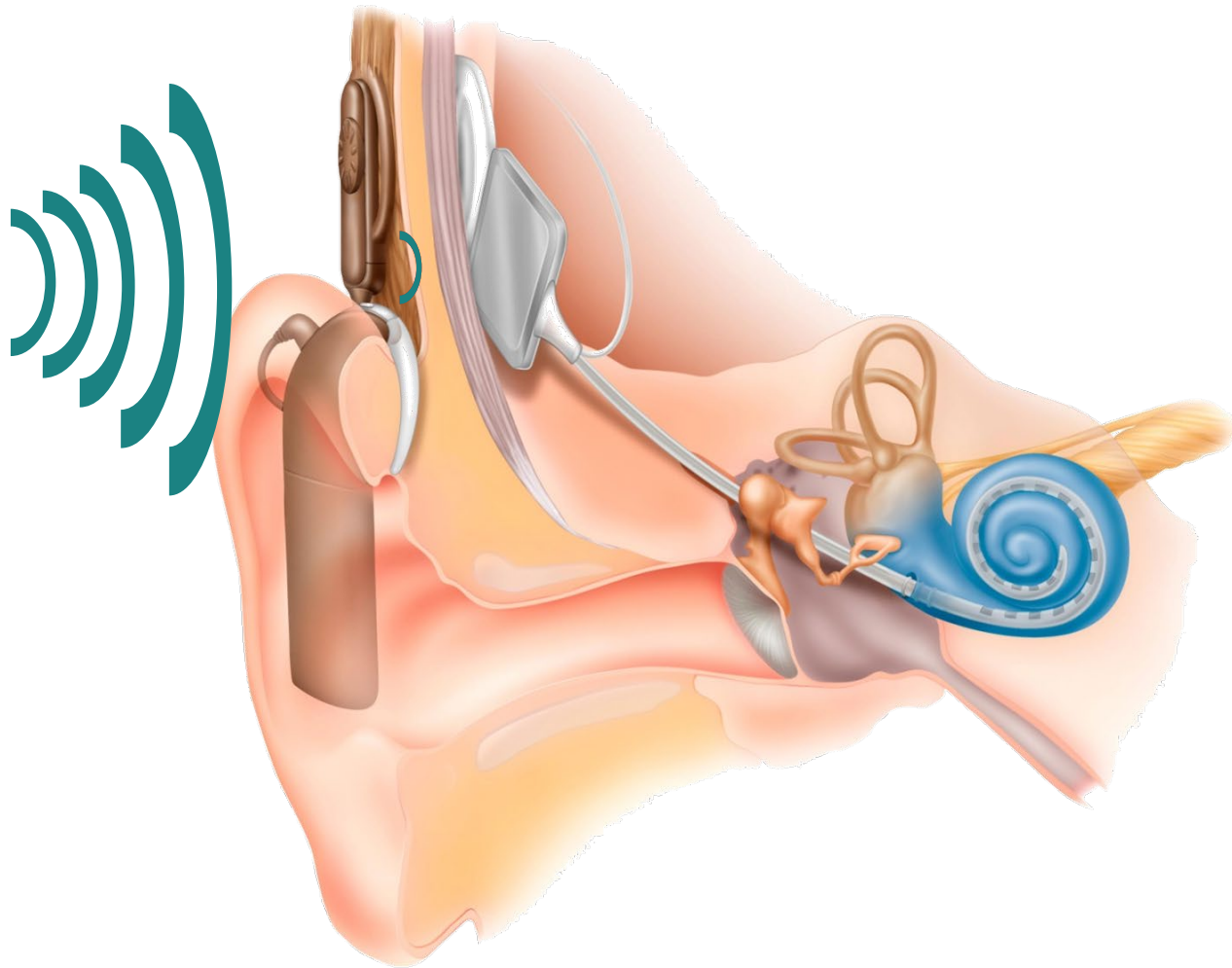


Cochlear Implants

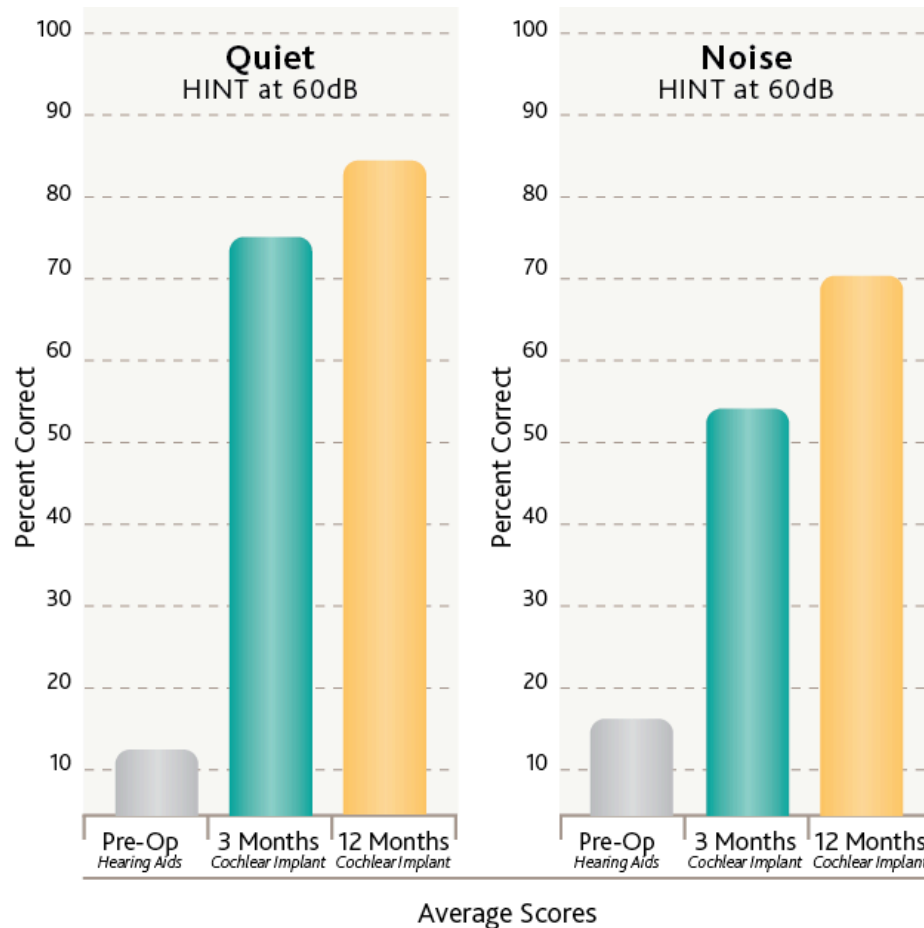
- For severe hearing loss
- Bypasses damaged hair cells and stimulates hearing nerve directly
- Surgery: 2-3 hour outpatient
- Covered by insurance, Medicare, Medicaid



How Does a Cochlear Implant Work?



Hearing With a Cochlear Implant



Implant performance as compared to best aided condition

Improved hearing performance over time

- pre-op (with hearing aids)
- 3 months
- 12 months

FDA post-market surveillance study of Nucleus Freedom recipients.⁸

Personal Sound Amplifiers

- Increase volume
- Often available over the counter
- Not programmed specifically for patient's hearing loss



Other Assistive Listening Devices



Communicating With Patients Who Have Hearing Loss

- **Face-to-face**. (Consider: masks, gum, pen, hands, facial hair, computer)
- Slower, not necessarily louder
- Minimize background noise
- Proximity
- Get attention first
- Consider captioning/typing (or voice-to-text apps)
- ID Badge
- If repeating, rephrase
- Be aware of tendency to agree without comprehending
- Written summary/recommendations

Utilizing ASL Interpreters

- Timing
- Positioning
- Address the patient



Tinnitus



Tinnitus

- Hearing ringing or buzzing sounds when no sound is present
- One or both ears
- 33% adults experience tinnitus at some point in their lives
- Many potential causes:
 - Hearing loss
 - Noise exposure
 - Medications
 - Ear wax blockage
 - Migraines
 - Cardiovascular health
 - TMJ disorder
 - Stress

Tinnitus Evaluation

- Determine if there may be a specific underlying cause
 - Evaluation by ENT (ear, nose, & throat doctor)
 - Evaluation by audiologist (hearing testing)
- Considerations
 - When did it start?
 - Have you noticed any times it becomes better or worse?
 - Is it constant, or does it come and go?
 - What does it sound like?
- Address the underlying cause:
 - Related to a specific medication or dosage?
 - Related to a circulatory condition? (High blood pressure, narrowed arteries)
 - Related to TMJ disorder?
 - Related to hearing loss?

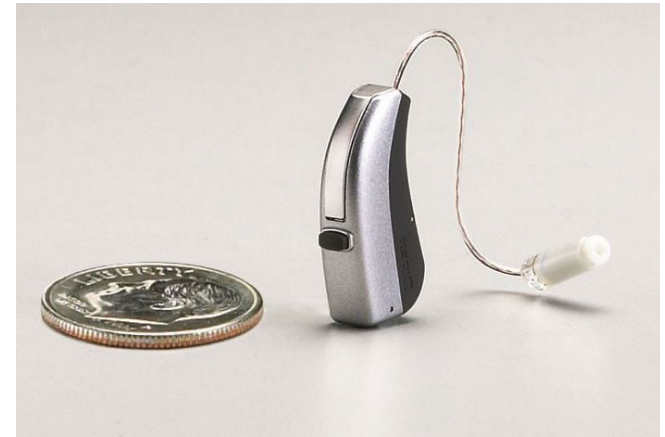
Tinnitus Solutions

- Treating underlying cause
- Counseling & stress management
 - Cognitive behavioral therapy, mindfulness-based meditation
- Dietary and lifestyle changes
 - Minimize caffeine
 - Minimize alcohol
 - Quit smoking or using products with nicotine
 - Nutrition & exercise to improve cardiovascular health
- Noise suppression
 - White noise machine
 - Hearing aids
 - Masking devices (ear-level, produce continuous low-level white noise)
 - Tinnitus retraining devices (programmed tonal music to help you get accustomed to the tinnitus)

Tinnitus Masking



Neuromonics



Specialized Hearing Aid



Environmental Sound Generators

Local Resources

- Hearing Loss Association of America: San Diego Chapter
 - <http://www.hearinglosssandiego.org/>
 - Meets monthly in Mission Valley
- California Phones
 - <http://www.californiaphones.org/>
 - Provides free amplified/captioned phones
 - Application form can be signed by MD, PA, AuD, SLP, DoR counselor, HA dispenser, or optometrist
- The Lions Club Hearing Foundation (Ear of the Lion):
 - <http://earofthelion.org/>
 - Provides hearing aids at reduced cost for patients in need
 - Takes donations of unused hearing aids

UCSD Audiology Clinic

- Hearing tests
- Hearing aids
- Cochlear implants
- Bone conduction devices
- Tinnitus assessment & technologies
- Vestibular testing



Locations

La Jolla

(Perlman Medical Offices)

9350 Campus Point Drive

858-657-8590



Hillcrest

200 West Arbor Drive

619-543-5683

