



# HEARING MATTERS AUSTRALIA

*Support from real life experience*

Ground Floor, Suite 600, The Australian Hearing Hub  
16 University Ave, Macquarie University NSW 2109

Phone: (02) 9878 089

Email: [admin@hearingmattersaustralia.org](mailto:admin@hearingmattersaustralia.org)

Website: [www.hearingmattersaustralia.org](http://www.hearingmattersaustralia.org)

## Information Sheets

HMA's Information Sheets are provided as a service to members and those in the community at large who have an interest in hearing impairment. While every effort has been made to ensure the accuracy of the information provided, HMA accepts no responsibility for any adverse consequences arising from the contents of these sheets.

If you wish to reproduce the Information Sheets, you may do so for personal use only, and only if the entire document is copied. No partial copying or editing of them is permitted. Should you have any questions about them, please contact HMA,

## Information Sheet Number 1

### **FIRST STEPS TO MANAGING HEARING LOSS**

**Do people seem to mumble when they speak to you?**

**Do they complain that your television is too loud?**

**Do you get strange looks when you answer to what you thought you heard?**

One in seven Australians suffers a degree of hearing loss. The ratio increases to one in three at the age of sixty... by the age of eighty almost one in two will have significant loss. Next to arthritis, hearing loss is the second most commonly reported disability in Australia.

So if you have difficulty hearing, you are not alone –it is estimated that between 3-4 million Australians share your problem and frustration. The good news is that something positive can be done to manage with hearing loss- provided you accept the challenge.

### **UNDERSTANDING HEARING LOSS**

Hearing loss has many causes. You may have an inherited condition. Disease, certain medications, excessive noise or injury may also be a factor. You may suffer a temporary loss of hearing due to an accumulation of wax in the ear canal; this can be removed by your doctor. There may be a condition in the middle ear, due to

infection or disease, which prevents sound from reaching the inner ear. This is known as a conductive hearing loss and can usually be treated either medically or surgically.

In older people, the ageing process itself often causes a progressive deterioration in the organ of hearing in the inner ear, the cochlea. This results in a loss of sensitivity to some sounds. Prolonged exposure to high levels of noise as in some work places, or exposure to sudden loud noise may also cause damage in the cochlea. This is 'noise induced hearing loss' or 'industrial deafness'.

A loss of hearing which is due to deterioration in the inner ear is known as sensorineural loss or 'nerve deafness' and, in general, is beyond the scope of medication and surgery. For some people, a cochlea implant may be possible; additional information on this is available on [www.cochlea.com](http://www.cochlea.com).

For most people the answer lies in audiology: the non-medical management of hearing loss. We all know the importance of volume – how loud a sound is – in our ability to hear. The part played by frequency – whether a sound is high or low pitched – is less well understood. Hearing loss seldom occurs equally for all frequencies. Generally there will be an uneven pattern – you will hear some frequencies less well than others.

For most of those in the older age group, the higher frequency sounds are the first affected. Many speech sounds – the consonants and those such as 's' and 'sh' fall into this high frequency range. If you cannot hear them, some words will not be clear and you will have difficulty making sense of what is said. Although you may "hear" them, you may not be able to tell the difference between two questions. "Do you sleep well?" and "Do your feet swell?". And "Three seats" may sound like "Free seats". We are often accused of hearing when we want to; the reality is, we hear when we can.

### **THE EFFECTS OF HEARING LOSS**

Deterioration of your hearing, in most cases, has been slow and over a number of years and you may not have been aware of it. The television volume has crept gradually up and up. The number of missed or misunderstood words has increased. Because of the embarrassment of giving inappropriate replies, you may well have decided to avoid social situations. It is easy to become withdrawn and, whether you admit it or not, you become isolated and lonely.

***Unless YOU are prepared to make an effort, you may soon find that others will not take that extra time and patience needed to communicate with you.***

## **WHERE TO GET HELP**

Hearing care should be regarded as part of overall health care and you should seek the services of well qualified professionals. Be wary of advertising claims and offers of 'special deals' made by some hearing aid suppliers – no matter what your income or financial circumstances the services of fully qualified professionals are available to you.

Your local doctor will clear any build-up of wax and check for any condition which may respond to medical or surgical treatment. You may be referred to an ear, nose and throat (ENT) specialist. If no further medical or surgical procedures are recommended, you should seek the services of a qualified Audiologist or Audiometrist as professionals who specialise in the non-medical treatment of hearing loss. Do not just accept or assume that there is nothing that can be done to help you.

If you receive a Social Security pension with a Pensioner Concession Card or you hold a Veterans Affairs Repatriation Health Card, you may be eligible for free hearing services through the Commonwealth Government's Hearing Services Program. Assessment and hearing aids are provided at no cost, and a small annual payment covers ingoing maintenance and batteries. Phone 1800 500 726 for information.

There are also audiology services in some major public hospitals as well as Audiologists in private practise and commercial providers employing qualified Audiologists and/or Audiometrists.

For more details see HMA Information Sheet 3: *"How do I Get a Hearing Aid?"*

## **HEARING ASSESSMENT**

A qualified Audiologist or Audiometrist will make a thorough assessment of your hearing. Testing should place in a sound treated booth where you will be asked to wear headphones and respond to tones presented over a range of frequencies (pitches). The softest sounds you can hear at each frequency will be marked on a graph called an Audiogram. Your ability to hear and understand speech will also be tested and the results discussed with you, including whether you would benefit from the use of a hearing aid.

## **A WORD ABOUT HEARING AIDS**

In previous generations, deafness was often equated with impaired mental ability or senility. Happily we live in more enlightened times. For some people, however, a loss of hearing may still cause feelings of embarrassment and a wish to hide their loss. Our aim at HMA is to help overcome these attitudes, and to foster a positive

approached to acceptance and good management of hearing loss. Every year, more than 100,000 Australians choose to be fitted with a hearing aid.

### **WHAT TYPE OF HEARING AID?**

All hearing aids amplify sound and deliver it directly to the ear. But all aids are not the same. Just like spectacles, aids are prescribed for the requirements for each individual wearer – you and your provider together must choose and program an aid to match your particular hearing loss and lifestyle needs.

All aids are battery powered and respond to sounds received through a small inbuilt microphone. Some aids also include a Telecoil that allows the aid to pick up sound from an audio induction loop. This can be a great advantage when using the telephone. It also provides options for using a range of assistive listening devices – especially useful when listening to TV. Many public halls, churches and cinemas now have installed induction loop systems to benefit people who are hearing impaired.

HMA strongly recommends that you ask your provider about a Telecoil. There should be little or no additional cost to have such a switch programmed into your hearing aid when you are first fitted, and many more useful options will then be available to you. For more information see HMA Information Sheet 8 *“What is a Telecoil?”*

With advances in technology, new ranges of hearing aids offering such features as multiple programs, noise reduction, remote controls and directional microphones are readily available. You should always be guided by a competent professional as to what features will be of benefit to you with your particular hearing loss and needs. You must always remember that as a consumer you must think carefully about your own circumstances when deciding whether special features warrant the extra expense. In all cases, whether you receive a hearing aid with a voucher from the Government Program or purchase it independently, the basic hearing aid you receive should help you to manage your hearing loss if you are prepared to put in the effort into learning how to use it properly. The nature and degree of your hearing loss will determine the type of aid that is suitable; sometimes you will have a choice. For most people the options will be either: A Behind-The-Ear Aid (BTE) or an In-The-Ear Aid (ITE).

#### **BTEs – Behind the Ear Aids**

These are composed of two sections. The aid itself is worn behind the ear and the amplified sound is fed through tiny flexible tubing to the ear mould worn in the ear. This type of aid is suitable for all levels of hearing loss from mild to profound. It is available with Telecoil.

### **ITEs – In the Ear Aids**

There are suitable for those with mild to moderate loss. They may have a Telecoil but, because of space limitations. The effectiveness of the Telecoil may be limited. Small controls may prove difficult if fingers are no longer nimble. In some ITEs the Telecoil facility is only available by use of a remote control unit.

### **Other types of hearing aids include:**

**Canal Aid** – This is the smallest type of hearing aid; it fits completely into the ear canal and may be adequate for those with mild to moderate loss. It is unlikely that a Telecoil will be available and volume may not be adjustable by the wearer. Handling of these very small aids requires good dexterity and may be difficult for older folk with thick or arthritic fingers.

**Body-Worn Aids** – Available for those profoundly deaf people who are unable to gain sufficient amplification for BTE aids. The amplifier is worn in a pocket, or attached to clothing, and is connected by a fine cable to an earpiece. This aid will generally have a Telecoil.

**Bone Anchored Aid (BAHA)** – Conducts sound from the deaf side through the bone of the skull to the hearing ear. The brain is able to distinguish the sound it receives through the hearing ear via the BAHA device from the sound that it receives directly from the hearing ear. This results in the sensation of hearing from the deaf side.

### **WHEN SELECTING A HEARING AID**

- You would be wise to indeed consider the aids potential for giving you the very best hearing help rather than its cosmetic appeal.
- Beware of suppliers advertising 'miraculous' results from very small and inconspicuous aids.
- While many commercial suppliers provide a competent and satisfactory service, the ethics of the advertising tactics and sales promotions of some firms must be questioned. As a consumer you must seek information and be realistic and take care of your own interests.
- Always remember that your loss of hearing, in most cases, has been gradual; you have become used to increasingly muffled sounds over the years. It will be a change to hear the distinct, sharper sounds that a hearing aid delivers. And we do not always like change! You will have to allow yourself a period of adjustment. It takes time to learn to manage a hearing aid well and to learn good listening tactics. It will also take **patience, perseverance and practise!**

## **ASSISTIVE LISTENING DEVICES**

With a correctly prescribed and well-fitted aid you can hope to manage well in most listening situations. But even the best hearing aids have limitations and there are some listening environments which hearing aid wearers find difficult. There will be times when the use of an appropriate assistive listening device to supplement your hearing aid will make life easier for you and for those around you.

For more information, see HMA Information Sheet 9: *“Assistive Listening Devices”*

## **WHAT ABOUT LIPREADING**

Most of us tend to watch faces to get extra clues when we talk to others. As our hearing deteriorates, we find we rely on this more and more. If your hearing loss is more severe you can develop this skill further as well as learning to make the best use of your existing hearing. Lipreading – more properly called “Speechreading” – will not help you use the telephone, to listen to a lecture, or to hear an important public announcement, but it will be invaluable at a noisy social occasion. Contact Better Hearing Australia, Sydney Branch on (02) 9744 0167 for information about lipreading classes in metropolitan and country areas.

## **THERE ARE MANY EXCELLENT SERVICES TO HELP YOU HEAR BETTER, WHY NOT USE THEM?**

THE SIX SIGNIFICANT STEPS TO MANAGING HEARING LOSS ARE:

1. Adopt a positive attitude towards your hearing loss – only YOU can do something about it.
2. Consult the best qualified professional for assessment and guidance.
3. Select the hearing aid that best suits your needs – not because of the way it looks.
4. Insist on the inclusion of a Telecoil for access to future options
5. Learn and use good listening tactics.
6. Become an informed consumer – whether you select hearing aids or an assistive listening device. In this way you will be satisfied with your purchase because you understand what you have bought.