



# HEARING MATTERS AUSTRALIA

*Support from real life experience*

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## 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, and by the age of eighty almost one in two will have significant loss. Hearing loss is reported almost as often as arthritis, which is the most common disability in Australia.

So, if you have difficulty hearing, you are not alone – it is estimated that between 3 and 4 million Australians have difficulty hearing. The good news is that something positive can be done to manage hearing loss. Hearing Matters Australia (HMA) is here to support you and address the challenges of living with hearing loss?

## 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 workplaces or entertainment venues, 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, but 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.

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Information sheets are shared by HMA as a service to members and those in the community who have an interest in hearing loss. Every effort has been made to ensure the accuracy of the information provided, however HMA accepts no responsibility for any adverse consequences arising from the contents of these sheets.

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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 hearing, in most cases, is slow and it may be a number of years before the person with the hearing loss realises how much their hearing has changed. The television volume may have crept gradually up and up. The number of missed or misunderstood words may increase. Social situations may become too tiring and difficult. It is easy to become withdrawn, isolated and lonely as a result of difficulty hearing.

### WHERE TO GET HELP

Hearing care is important for your health. The services of well qualified professionals is a good start.

Your General Practitioner can help to check if your ears have a build up of wax. They may refer you to an ear, nose and throat (ENT) specialist. If no further medical or surgical procedures are recommended, ask to be referred to a qualified audiologist as a professional who specialises in the non-medical treatment of hearing loss.

Visiting an audiologist may be funded (sometimes in part) by Medicare or by a private health fund. Audiology services are available in some major public hospitals as well as audiologists in private practice and commercial providers employing qualified audiologists and/or audiometrists.

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 hearing services through the Commonwealth Government’s Hearing Services Program.

Those under 65 years of age may be eligible for support from the NDIS.

### FIRST STEPS TO MANAGING HEARING LOSS

1. Adopt a positive attitude towards managing your hearing loss – support is available.
2. Do not delay consulting a qualified professional for assessment and guidance.
3. If hearing devices are recommended, consider them as part of a rehabilitation program and allow time to adapt and adjust to them and learn appropriate communication strategies.
4. Ensure that you learn to use the features of any hearing device that you need
5. Learn and use effective communication strategies.
6. Become an informed consumer of hearing rehabilitation, including hearing devices.