Hearing Loss & the Experienced American: Navigating Communication with Your Patient

Presented by: Abbye Callender, AuD, CCC-A
Clinic Director & Staff Audiologist
Pacific University

Quality of Life

- As people age, their functions decline and, as a result, they oftentimes lose their independence.
  - This can be very emotional for them and can potentially lead to: depression, anxiety, isolation, etc.
  - It is up to us as their healthcare professionals to make sure that our seniors get the best care possible so that they continue to enjoy their lives in spite of these setbacks!
  - ***"I don't care whether or not you make me live longer, but can you help me live better?"***
    - The answer? YES!!! They are ***worth it***! ☺

Prevalence

- **"Hearing loss affects approximately one-third of adults 61 to 70 years of age and more than 80 percent of those older than 85 years. Men usually experience greater hearing loss and have earlier onset compared with women. The most common type is age-related hearing loss."**

ANNE D. WALLING, MB, ChB, and GRETCHEN M. DICKSON, MD, MBA
University of Kansas School of Medicine—Wichita, Wichita, Kansas
Am Fam Physician. 2012 Jun 15;85(12):1150-1156.

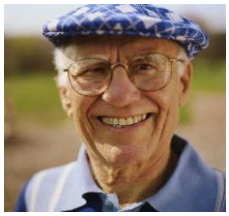
Hearing loss may correlate with cognitive decline in older adults

- "Our results demonstrate that hearing loss is independently associated with accelerated cognitive decline and incident cognitive impairment in community-dwelling older adults," the authors comment. "The magnitude of these associations is clinically significant, with individuals having hearing loss demonstrating a 30 percent to 40 percent accelerated rate of cognitive decline and a 24 percent increased risk for incident cognitive impairment during a six-year period compared with individuals having normal hearing."
- Frank R. Lin, M.D., Ph.D., of The Johns Hopkins Center on Aging and Health, Baltimore, studied 1,984 older adults (average age about 77 years) enrolled in a prospective observational study that began in 1997-1998.

(JAMA Intern Med. Published online January 21, 2013. doi:10.1001/jamainternmed.2013.1868.)

Causes of Hearing Loss

- ***Aging (presbycusis)***
- Exposure to loud sounds
- Heredity and genetics
- Ototoxic medications
- Physical trauma
- Illness and disease



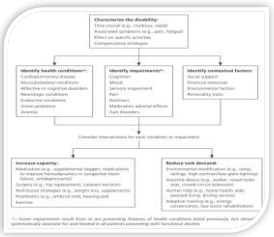
Impairment of Hearing Loss

- These folks may report:
  - Lack of speech understanding and clarity
    - "It sounds like people are mumbling"
    - "If people would speak clearly, I could hear them"
    - "Kids these days don't know how to speak"
  - Difficulty following conversation in background noise or with multiple talkers
  - Trouble localizing sounds

Symptoms of Hearing Loss

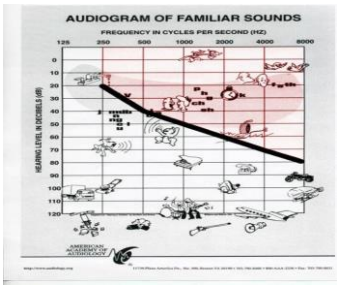
- Asking "What?" frequently
- Not responding when addressed in conversation
- Puzzled expressions
- Answering questions or responding inappropriately (sometimes it's rather humorous)
- Isolating themselves from larger groups because they cannot keep up with conversation
- Exhibit exhaustion after conversations
- Smiling and nodding frequently (and sometimes inappropriately)

Assessing Symptoms



If you have concerns about the hearing of a senior citizen, *please* refer the patient for a comprehensive hearing evaluation (hearing test)!

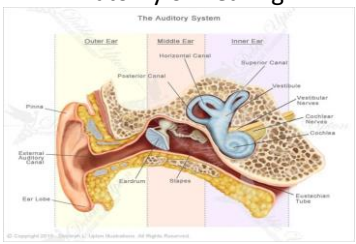
CATHLEEN S. COLÓN-EMERIC, MD, MHS; HEATHER E. WHITSON, MD, MHS; JULIESSA PAVON, MD; and HELEN HOENIG, MD, Duke University Medical Center, Durham, North Carolina
Am Fam Physician. 2013 Sep 15;88(6):388-394.



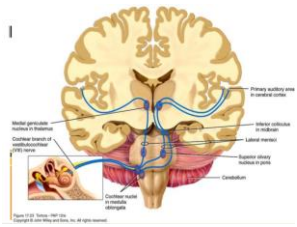
Everything in the red shaded region are sounds that are NOT heard by the individual.

Voiceless consonants = ***clarity*** is lost in speech (i.e., "s", "sh", "t", "th", "c/k", "ch", "h")

Anatomy of Hearing



Brain Hearing – The Neural Pathway



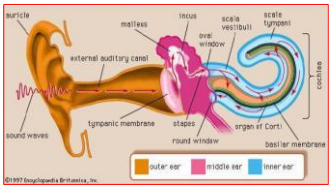
3 Types of Hearing Loss

- Sensorineural
  - The site of lesion is in the organ of hearing and/or hearing nerve
- Conductive
  - The site of lesion is in the outer ear, ear canal, eardrum and middle ear space
- Mixed
  - The loss is a combination of both sensorineural and conductive

Types of Hearing Loss

- Conductive
  - The hearing organ (cochlea) and nerve are intact
  - Sound energy is not passing through the outer and/or middle ear
  - Often treatable with surgery or medication
  - Common causes: fluid in middle ear space, ear wax in ear canal, middle ear bones are fused or damaged, hole in eardrum, birth defect of outer ear

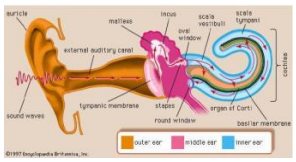
Conductive Hearing Loss



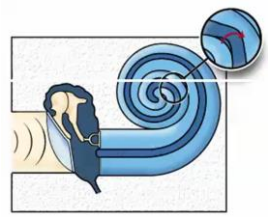
Sensorineural Hearing Loss

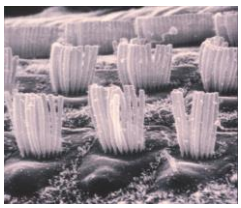
- The outer and middle ear function normally
- The deficit is within the cochlea (sensori) or the hearing nerve (neural)
- Usually permanent and not medically treatable
- Hearing aids are typically the best treatment
- The most common type of hearing loss in the aging population

Sensorineural Hearing Loss



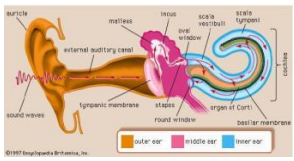
The Hearing Organ (Cochlea)





Mixed Hearing Loss

- A combination of a conductive hearing loss component and a sensorineural hearing loss component



Impact of Hearing Loss

- **Physical**
  - Fatigue
  - Headaches
  - Muscle tension
  - Difficulty sleeping
  - High blood pressure

Impact of Hearing Loss

- **Emotional and Psychological**
  - Stress
  - Anxiety
  - Embarrassment
  - Frustration
  - Depression
  - Long-term cognitive and memory issues

Impact of Hearing Loss

- **Social**
  - Isolation
  - Withdrawal
  - Avoidance
  - Decreased interest
  - Others become frustrated

What can we do as healthcare professionals?

Audiologists can help! ☺

- If fit properly, and with necessary and consistent follow-up care, **hearing aids** can make a **HUGE positive impact** in a senior patient's quality of life!

No hearing aids? No problem!

Utilize a PockeTalker Pro!
Approximately $150

https://www.williamssound.com/pocketalker

Assistive Technology

- https://captioncall.com
- http://captel.com/
  - Request a FREE amplified phone with closed-captioning capabilities!

Communicating with Individuals with Hearing Loss

- Provide visual cues
- Hearing impaired people rely on facial expression, body language, and informal speech reading
- Keep hands away from face/mouth
- Face the listener
- Get the listener's attention first
- Say their name, tap them on shoulder
- Make sure they are looking at you
- Keep in mind that if the listener is tired or not feeling well, he/she may have even *more* difficulty than usual

Communicating with Individuals with Hearing Loss

- **Speak slower, not louder**
  - Slowing your rate of speech forces you to articulate (be careful not to use a "sing-song" or "child-like" rate of speech as it may be perceived as condescending)
  - Talking louder distorts speech
- **Repeat and then rephrase**
  - Think of a different way to say it
- **Positioning and background noise**
  - Turn off TV, music
  - Sit away from noise sources
  - Position listener and talker facing each other

Communicating with Individuals with Hearing Loss

- **Encourage self-advocacy**
  - Make frequent communication partners aware of hearing loss
- **Encourage family members to take an active role (advocacy)**
  - Recommend effective communication strategies

Checklist for Communicating with Seniors

- Do I as a clinician:
  - ❑ Adapt to the visual needs of seniors?
  - ❑ Limit background noise to enhance the patient's ability to hear?
  - ❑ Provide or encourage the use of sensory or communicative assistive devices?
  - ❑ Use oral and written communication that is well-constructed and in plain language?
  - ❑ Speak clearly with natural volume & intonation?
  - ❑ Monitor my own nonverbal communication to avoid showing frustration or impatience?
  - ❑ Offer extra time and prepare to repeat or rephrase?
  - ❑ Keep an "adult-focused" attitude during all interactions?
  - ❑ Encourage seniors and families to ask questions and offer comments?

School of Audiology

Thank You!

Feel free to contact me with any questions! ☺

Abbye Callender, Au.D.
Clinic Director & Staff Audiologist| Pacific EarClinic
School of Audiology| Pacific University
333 SE 7th Ave, Suite 4454 | Hillsboro, OR 97123-4157
(503) 352-2661 | abbye.callender@pacificu.edu

School of Audiology