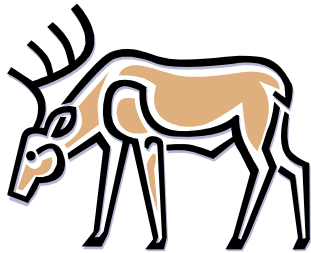


Hearing and Balance Centers *at the Elks*

IDAHO ELKS REHABILITATION HOSPITAL



Hear the News!!!

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Dizziness and Traveling

With the holidays approaching, many people travel to visit family or go south for the winter. Frequently, the question arises: Will flying make me dizzy? or should I travel at all? Usually you can travel successfully with some awareness and coping strategies.



One of the most common ear complaints with traveling is rapid altitude or pressure changes, often experienced with taking off or landing in an airplane. People with middle ear problems may experience pain and have difficulty equalizing ear pressure. You can help to equalize the pressure by some of the following techniques:

- Use decongestants, approved by your physician
- Do not ride in an unpressurized aircraft
- Stay awake during the flight, especially during descent so you can take action
- Chew gum or yawn

If you have a cold, sinus infection, or acute allergies, you should consult your physician prior to traveling. You may experience dizzy symptoms if you have a diagnosis of Meniere's disease or perilymph fistula, and should consult your physician, audiologist, or physical therapist for assistance. Benign Paroxysmal Positional Vertigo (BPPV), a very common inner ear disorder, is not usually affected by change in elevation.

If you tend to become dizzy with busy visual environments, such as grocery stores, then plane and train stations may also be problematic. Some tips to help navigate these situations include:

- Use an assistive device, or hang on to the extended handle of your suitcase for added support.
- Travel with someone to help you navigate.
- Minimize the sensory input, by wearing ear plugs to block noise, and wearing a brimmed hat, visor, or sunglasses to help block light.

Given the expense of traveling, many people may be driving to their destination this holiday season. People who experience motion sickness or motion sensitivity may benefit from the following suggestions:

- Sit in the front seat and look out the front window to focus on the horizon.
- Driving and being in control of the car is often helpful.
- Avoid reading, working on a computer, doing crafts or puzzles while riding in the car.
- Frequent breaks are helpful to stop motion and feel grounded.

If you have other questions or concerns about your dizziness and holiday travel, feel free to discuss questions with one of our physical therapists or audiologists at any site.

What about Purchasing Hearing Aids on the Internet???



We are all always looking for the best deal. As we all know, what seems like a “deal” may not always be the best use of time and resources. Hearing aids are an investment in yourself and your relationship with others. The success of a patient being fit with hearing aids depends as much or more on the relationship they have with their audiologist. Consumers are misled frequently by pricing. There really is no such thing as a good \$400.00 (or cheaper) hearing aid and patients should not be paying \$10,000.00 (over priced) for hearing aids either. Recently many patients have asked about purchasing hearing aids through the internet. The following are things to consider and may clear up some misconceptions about internet hearing aid sales.

Internet hearing aids are sold by "Middle-men" who have little or no stake or concern about a patient's welfare or long term success. They simply purchase hearing aids (new and used) in bulk and resell them. They have little or no overhead. They do not have to employ licensed professionals or purchase hearing testing equipment, nor do they have to lease space. Therefore, they can pass through the hearing aids as less cost than what you might find the same hearing aid for locally. However, other than the hearing aid, you get nothing for your purchase. Most often, internet hearing aids do not come programmed to a patient's prescription. If something goes wrong with the hearing aid, the consumer is left to their own resources to find someone locally to troubleshoot, clean, adjust or honor the warranty or hassle with someone long distance who can't fix the problem because they are not here. This generally costs the consumer additional expense. In most cases, the consumer ends up finding someone locally to do "the work" and this ends up costing them as much or more than it would have if they had simply gone to someone locally to begin with. In many instances, the consumer simply quits wearing the hearing aids altogether because they become frustrated.

Every ear has a unique hearing loss, shape, size, and texture which has to be taken into consideration when fitting a hearing aid. Each patient has a unique lifestyle and listening needs that should also be taken into consideration when choosing and fitting a hearing aid. Today's hearing aids have very sophisticated technology with many features. These features need to be constantly assessed and activated or set at different levels during the fitting process. This cannot be done over the internet. All of these factors have a huge impact on a successful outcome. When looking at "deals" or "cost savings," take in to consideration what it will save you in the long run to have a long term relationship with an audiologist locally who can attend to all of your needs.

Diabetes and Hearing Loss

New research has shown that hearing loss is twice as common in adults with diabetes compared with those who do not have the disease. A recent study by the National Institutes of Health (NIH) tested 399 people with diabetes. The study found that 21% had at least a mild hearing loss in the low and mid-frequency range, and 54% had hearing loss in the high-frequency range. Compare that to the large adult group *without* diabetes (4,741). Only 9% of those had low and mid-frequency hearing loss, and 32% had high frequency hearing loss. The researchers found the link between diabetes and hearing loss even when age, noise exposures, medications, etc. were accounted for. Even adults with pre-diabetes with higher than normal blood glucose levels, had a 30% higher rate of hearing loss compared with those with normal blood sugar.

Diabetes may lead to hearing loss by damaging the nerves and blood vessels of the inner ear. If you or someone you know has diabetes or pre-diabetes, consider having a hearing test.

Reference: <http://www.medicalnewstoday.com>



The History of Digital Hearing Aids



Digital technology is the “here and now” of hearing aids, providing more accurate and improved sound quality than previous analogue technology. “Traditional”, “non-digital”, “digitally-programmable” or “analogue” hearing aids merely convert sound into electrical waves which then are amplified as it passes through the circuitry and is limited in its capabilities. Digital hearing aids on the other hand, convert sound waves using exact mathematical calculations which produce an exact duplication of sound. They can do this 40+ million times per second. As a result, the sound quality and processing capability of a digital hearing aid allows for a more appropriate and satisfactory fitting for the individual with hearing loss.

The first digital hearing aids, developed 25 years ago, were very different from today’s digital aids. The road to the digital hearing aid began in the 1960’s. Bell Telephone Laboratories was one of the first to develop methods for analyzing and processing sound including speech and other audio signals; only they needed a very large main frame computer. This early digital technology, used only for research, was extremely slow and processing the speech signal took much longer than the actual signal’s duration: not exactly consumer-friendly. In the 1970s and 1980s, the development of digital chips dedicated to high-speed digital signal processing was the focus. These chips were fast enough to process sound in real time but were large (at least as big as your microwave today) and consumed great amounts of power. This type of hearing aid was described by someone as “a good hearing aid, but you’ll need a friend with a wheelbarrow to carry the instrument.”

1987 brought the introduction of the first commercial digital hearing aid. This hearing aid consisted of a processor worn on the body with wire connections to the earpiece. The hearing aid still was not meeting consumer expectations, but it sparked interest in the hearing aid companies. In 1996, the first commercially successful digital hearing aid was introduced. Research continued and further advances in digital technology have brought new and improved methods of processing and amplifying audio signals. The digital hearing aids of today are far more sophisticated than the first in 1960, or even compared to 1996, and will only continue to improve. Due to the digital technology available today, hearing aids are capable of the following benefits to you, the user:

- better sound quality;
- automatic volume control;
- ability to reduce unwanted noise;
- ability to provide more power for more severe hearing losses;
- less feedback or loud whistling;
- smaller size;
- wireless link capabilities to other communication systems.

From: The ASHA Leader December 26, 2007; Digital Hearing Aids, Wheelbarrows to Ear Inserts; by Harry Levitt

New Developments at the Hearing and Balance Center at the Elks

Currently, HBC has three- 4th year Au.D. residents: Kari Paynter in the Boise office, Rob Summers in the Meridian office, and David Ness in the Nampa office.

HBC Vestibular Support Group begins on January 20, 2009, in Meridian. Please contact Dayna Olson, Physical Therapist in Meridian at 489-5999, for more information.

David Ness, 4th year Au.D. resident, became a proud father of a baby girl on November 20, 2008.

Andrea Koval, clinical support staff, was chosen as the HBC employee of the quarter.

Nici Green has joined our clinical support staff in Nampa.

Debbie Baerlocher, Au.D., will be leaving on maternity leave with her second child in December.

A Little Story: From Do You Hear Me, Pub: Harris Communications

I was in the kitchen one day, reading a newspaper and trying to carry on a conversation with my wife at the same time. Impossible! She's say something and I'd ask her to repeat it; when she did, I'd reply, hoping it was the right answer and that if it weren't, she'd be a sport about it and forgive me. And so it went.

At one point there was a long lull, and then she spoke up again. I didn't understand her but I mumbled something to appease her, just enough to allow me to continue reading the paper. This went on for a bit until she distinctly changed her tone. This time I figured it was important enough to warrant putting down the paper. I looked up in order to read her lips and was shocked!

She wasn't in the kitchen!!

She had left the room after turning on the dishwasher and I had been carrying on a conversation with the d*** machine as it changed cycles. It was producing pretty much the same sounds as my wife had been making!
