

Published August 1st, 2012

Hearing Loss is Prevalent, and No Laughing Matter

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Lafayette resident Marilyn Finn understands the challenges of hearing loss. Photo provided

"Can You Hear Me Now?" is amusing when parodied in a cell phone commercial, but there's nothing funny when an audiologist asks that question in real life, especially when the answer is "no." Hearing loss is a genuine problem in our community and across the nation, and it is not just a result of aging.

According to the Hearing Loss Association of America (HLAA), while one out of three people aged 65 or older have hearing problems, approximately two to three children out of every 1,000 are hard of hearing or deaf. Roughly 36 million adult Americans report "some degree of hearing loss" with 60 percent of those "either in the work force or in educational settings."

So prevalent, it is now the third most common physical condition after arthritis and heart disease, and can be caused by exposure to noise, infection or earwax buildup, structural changes that occur due to aging or injury, and even as a side effect of a medication.

Lafayette resident Marilyn Finn's hearing impairment was first diagnosed 60 years ago, at age 14. "My youngest brother already had a significant loss due to a high fever as an infant. Bob and I were given lip reading lessons in high school. Later, I lost a significant amount of hearing with the birth of each child."

Finn developed what is often referred to as "nerve deafness" - a profound sensorineural hearing loss in both ears. Following total knee replacement surgery in February, she says, "I noticed very loud tinnitus noises almost immediately, louder than I have experienced before, waking me up in the night. During the day, I was constantly missing

things that I should have been able to hear." Following additional testing, she learned that she had lost an additional 30 percent of her residual hearing with the surgery. "I was told that many older people do experience a loss in hearing with surgery and that it comes back in many cases within six months to a year. I am not there yet."

Certain drugs can also permanently or temporarily damage hearing. According to various sources, there are currently more than 200 over-the-counter and prescription medications available which may be ototoxic, including certain antibiotics and the beta blocker Propranolol. The first sign of a problem may be tinnitus - a ringing in the ears.

In speaking to a study underway since 1986, researchers from Brigham and Women's Hospital, Harvard and Vanderbilt universities, and the Massachusetts Eye and Ear Infirmary, also pointed to the regular use of the nonsteroidal anti-inflammatory drug (NSAID) ibuprofen, as well as acetaminophen and aspirin. Reported in "Pain Medications Tied to Hearing Loss in Men" - a March 2010 "Arthritis Today" article, researchers observed that, for men 50 and younger, regular acetaminophen use "nearly doubled the likelihood of hearing loss. Regular aspirin use increased the chances of hearing loss by 50 percent, and regular NSAID use made hearing loss 61 percent more likely."

How Do I Know if I Have a Hearing Loss?

"If you have a hearing loss, sounds may seem loud enough, but not clear. People may seem to be mumbling or talking too quickly," writes Donna S. Wayner, Ph.D., in "An Overview of Hearing Loss - Its Signs, Causes, Implications and Solutions." Wayner goes on to say that you "may hear some people's voices better than others" or "find that facing the speaker helps you to hear better." Another sign is having difficulty making out snippets of conversation in the midst of background noise.

If you think you or a loved one may have a hearing problem, talk to your physician about arranging for an appointment with an otolaryngologist (ear, nose and throat doctor) or an audiologist. You may be required to sign a waiver if you choose to go to an audiologist first before seeing your doctor, due to current FDA (U.S. Food and Drug Administration) regulations.

Your doctor may be able to determine whether or not you have a problem and its likely cause; however, if your physician does not find a cause and fails to refer you for further testing, make the appointment yourself. Research your options and have an audiogram done as part of a full evaluation by a qualified hearing professional.

HLAA issues this sound piece of advice: "If anyone, doctor or someone else, tells you that nothing can be done about your hearing loss and you should just learn to live with it, seek another opinion."

The following resources offer more information about hearing loss:

American Speech-Language-Hearing Association: www.asha.org/

Hearing Loss Association of America:
www.hearingloss.org/

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