

MAY 2013 HEARING SOLUTIONS MEETING

ANNOUNCEMENTS:

- Instructions were provided for the use of the Annex Looped sound system for t-coil activated hearing aids and special t-coil listening devices for those who have hearing loss with no hearing aids or hearing aids without t-coils.
- There will be no meetings during the summer vacation period of June, July and August.

ABOUT THE MEETING:

This meeting was the second most attended meeting this year with more non-members than any meeting in recent memory. Attendees were almost entirely Veterans and spouses.

INTRODUCTION:

Nelda introduced Dr. Gerry Brunette (AuD), Audiology Clinic, Central Texas, Department of Veterans Affairs, Temple, Texas. Dr. Brunette is resident of Georgetown, a former marine with a service related hearing loss as a jet engine plane captain and currently retiring from a distinguished career as an Audiologist with the Veteran's Administration.

PRESENTATION:

HUMAN HEARING MECHANISM:

Dr Brunette began his presentation by describing the human hearing mechanism as "complex". Trouble with any part of the mechanism is considered a hearing problem. The mechanism includes:

- Ear and Outer Canal naturally created to pick up sound signals and present them to the middle ear. To protect the canal the body produces Cerumen (ear wax) which contains lubricating and antibacterial properties. Earwax is produced in the outer third of the canal and moves outward by the motions of chewing and other jaw movement until it reaches the outside of the ear and flakes off. It is not uncommon



to experience blockages for various reasons and the VA has a Cerumen management team for removal of blockage.

- Middle Ear which starts inside the eardrum and contains three tiny bones that osculate as sound waves move the eardrum. The result of this interaction changes the sound wave to a mechanical vibration. Typical problems with the Middle Ear involve ruptured eardrum, infections and Otosclerosis (calcification). The Eustachian tube connects the Middle Ear to the back of the throat and acts as a pressure release valve for fluid buildup.
- Inner Ear is where the Cochlea is located and who's function is to convert the mechanical vibrations into electrical signals and present them to the brain via the auditory nerve. Typical problems in this area are (1) hereditary (2) age degeneration and (3) damage from loud sounds. Various ototoxic medications create balance and sensorineural hearing loss. The VA monitors and studies how these medications affect hearing.

MINIMIZING HEARING LOSS:

Dr. Brunette described how loud noises like guns and explosives with sudden very loud spikes or constant loud noise over 80 dB like lawn mowers, and power tools that cause damage over time. He urged the selective use of protection in these situations.

STRATEGIES FOR COMMUNICATION WITH PEOPLE THAT HAVE HEARING LOSS:

Emphasis was placed on common sense things that are frequently ignored but make a huge difference when conversing with individuals with hearing loss.

These things include:

- Not covering your lips
- Turning away from the person with hearing loss
- Speaking across the room
- Slurring your words

- Speaking rapidly
- Talking in a frequency where loss is greatest (usually in the higher pitches)

The KEY to better hearing is the spouse or others attempting to converse with the person with the hearing loss NOT the person who is struggling to hear the spoken words.

Dr. Brunette mentioned what he referred to as the “Ten Commandments” as a useful tool and reminder for those desiring to communicate with a person with a hearing loss. (SEE FORUM TOPIC TITLED “GOLDEN RULES”)

BALANCE SYSTEM:

Problems with balance is quite common, increases with age and ranges from mild to intense. The main symptom is a sensation that the room is moving or spinning. This sensation can cause nausea and vomiting.

Balance problems are typically referred to as “Vertigo” of which there are two basic types:

Peripheral Vertigo emanates from the inner ear that controls balance.

- Difficulty focusing the eyes
- Dizziness
- Hearing loss in one ear
- Loss of balance (may cause falls)
- Ringing in the ears

In this case tiny particles floating in the inner ear glob together. There are exercises that are employed to shake the particles apart like you would see when shaking a snow globe.

Central Vertigo is a problem in the brainstem.

- Difficulty swallowing
- Double vision
- Eye movement problems
- Slurred speech
- Weakness of the limbs

HEARING AIDS AND THE VA

The VA has been in the hearing aid business for a very long time. In the early days hearing aids were analog sound amplifiers that were adjusted with a screw driver.

The modern hearing aid is a programmable complex digital circuit with research and development ongoing by manufacturers. The biggest challenge to manufacturers is understanding words in background noise and only minimal success has been achieved.

The VA contracts with nine different manufacturers and obtains hearing aids at a very low cost including a variety of accessories.

A Veteran must be eligible to get VA services which include hearing aids.

The VA has priority groups or categories based on degree of disability, financial need determined by income and whether or not a hearing loss was service related.

Disability in other areas would automatically qualify a Veteran for hearing aids if a hearing loss was diagnosed, regardless of whether or not the loss was service related.

Tinnitus could also be an automatic qualifier.

Other automatic qualifiers are WWI Veterans, POW's, and Purple Heart recipients.

A Veteran must have a VA primary care provider (PCP) regardless of the fact that the Veteran has a PCP in the private sector. It is the PCP that is responsible for referring the Veteran to the Audiology Department.

The VA has three Texas clinics: Austin-Waco-Temple.

After the Veteran applies the VA will contact the Veteran for an initial evaluation and if the Veteran is considered a good candidate after testing is done, the Audiology Department will take an impression of the outer ear canal and order hearing aids.

The next phase is the process of fitting.

Hearing aids are ordered from the Manufacturer "pre-adjusted" based on a furnished Audiogram.

A Real Ear Measure is taken to verify and program the hearing aids for the best fit.

If the Veteran has not previously worn hearing aids a formula is used to introduce the Veteran to normal sound in steps.

The Veteran is shown how to clean and care for the hearing aids and given a free initial supply after which the Veteran can order additional batteries as needed.

Follow-up visits are scheduled to confirm usage (the hearing aids contain a log that provides usage data for the Audiologist), deal with problems and make changes/repairs as needed.

Hearing aid warranty is two years for repairs/replacement.

The VA used to consider the average life of hearing aids to be six years but it is now considered four years due to the rapid changes in technology.

Q & A:

Q: I am forty years out of service. How would you determine if my hearing loss was connected to my time in service?

A: You would need to talk to a counselor, file for compensation, schedule an interview and have your hearing loss evaluated. The Veteran would be asked to provide whatever historical information might be available (there was very little data documented 40 years ago and any testing that was done amounted to the "whisper test" in which someone got behind you and whispered "can you hear me?". In current times there is a great deal of data in your military file and testing is annual). Of particular use would be documentation you might have as to what you did in the service, where it occurred and specifically your exposure to loud and/or constant noise. There are certain service occupations that are generally considered "no brainers". The backlog of applicants is great at this time.

Q: What would be the time line for processing an application?

A: Two to three months. An attempt is being made to streamline this process.

Q: What is the relationship with hearing loss and balance problems and can the VA prescribe something that will help with canal trauma?

A: Yes. The VA actually does it rather than prescribing it. They have the equipment to do repositioning and some other things including special training.

Q: Would you explain means testing?

A: This amounts to income guidelines based on a formula.

Q: Has any research been done on water proof hearing aids?

A: Several manufacturers claim water resistant aids and nano coat the electrical components.

Q: Can hearing loss be the only service related disability?

A: Yes. Also, if a Veteran has at least a 10% disability of another nature and the hearing loss is not related to the time in service they are still eligible for aids.

Q: With products from 9 manufacturers what is the decision making process for choosing the make and model of hearing aid for a Veteran?

A: Some Audiologists try to spread the available products around equally. Others try to match the hearing aid features to the particular degree of loss or life style of the Veteran. Manufactures give presentations to describe and demonstrate their product features and benefits. Manufacturers also give two day workshops. The degree of loss is the most important factor and lifestyle and dexterity are secondary factors. Directional microphones is the newest feature. Patient vanity plays a roll in dispensing in-the-canal aids although the aids have the disadvantage of having only one microphone and increased risk of clogging due to wax. The VA has Health Technicians and four Walk In Clinics that do fixes and return of aids to manufacturers for repair. These clinics also perform Cerumen Management. The VA has a lot of pressure to see more Veterans and in less time so the Audiologists are no longer able to take much time with each patient.

Q: Would you describe wax management and is there any brand of softener or ear wax flushing product recommended?

A: First we should only be dealing with the outer third of the outer canal and only when the human self cleaning system is disrupted or ineffective. Some Veterans have no problem and others have a lot. Wearing hearing aids tend to increase wax production. Using cue tips tend to push wax beyond the outer third of the canal where it can't be eradicated in the normal manner. It will then likely become hardened and very difficult to remove. It will often require the use of softening agents, flushing and sometimes use of surgical picks which is always dangerous. The skin beyond the outer third only is one layer thick and very sensitive to heat, cold and the ear drum is easily ruptured which affects its functionality and compounds hearing loss. There is no product recommended. Hydrogen Peroxide is often utilized by Veterans because of the foaming action but we caution against using it too much as it can damage the sensitive skin. Dr. Brunette personally uses 2 drops of alcohol after showering to dry the canal. Home irrigation kits are available on the market that basically are ½ vinegar and

1/2 distilled water. It is important to make sure the temperature of such liquids used in the ear is at body temperature. Cold water can affect the balance system and induce vertigo that can get intense.

Q: I have VA BTE dispensed aids and the left one falls out. What do you recommend?

A: The plastic canal lock is supposed to prevent this occurrence.

Q: Do you have a recommendation for hearing amplifier headphones for TV?

A: No. These devices are just a basic sound amplifier some of which have volume controls and consist of a microphone, amplifier and speaker.

Q: Is there a web site where applications and other documents can be downloaded to get started?

A: Google "VA benefits" or contact a VA counselor for a starting package.