

The Southside Scene

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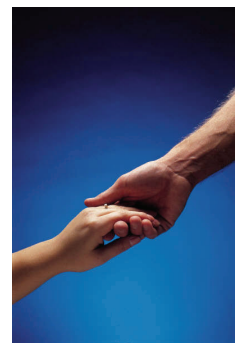
**In the Livingston Health
Services Building**

Welcome to our newsletter! We hope you will find the information it contains to be helpful, and encourage you to pass it along to friends or family members who might also benefit from it. Please feel free to suggest topics for further newsletters – call us or let us know at your next visit!

“Discovering the Human Touch in Hearing Technology”

Perhaps you have taken note of Southside Hearing Center’s slogan...”Discovering the Human Touch in Hearing Technology”... Admittedly it is not the most catchy slogan, it’s long, it doesn’t rhyme, and you usually don’t find yourself repeating it. So why then is it our slogan?

This slogan is actually based on data that has been collected throughout the industry. In general, studies have shown that only 20% of all people who could be wearing hearing aids actually wear hearing aids. The unfortunate thing about this is that this number has not increased in over a decade despite the introduction of new technologies and products. This strongly suggests that the missing link between hearing aid usage and success is not the product, but the service.



Unfortunately there are two schools of thought about hearing aids. One school of thought is that hearing aids are retail items and considered equivalent to the purchase of cars or household appliances, with little or no rehabilitative efforts. This school of thought remains active today much to the dismay of many audiologists. A popular offshoot of this school of thought, especially during the early 1970s, was the audiologist testing for physicians for medical reasons. If hearing aids were appropriate, patients were sent elsewhere to purchase the hearing aid, and then followed with the rehabilitation efforts back with the audiologist after the hearing aid was fit elsewhere. Not surprisingly, patients were tired of going from here to there and then back again. The follow-up, or rehabilitation, quickly went by the way-side.

Audiologists have known that rehabilitation is THE KEY to successful hearing aid usage. The profession of audiology came about after WWII when our soldiers were returning from war either deaf or hard-of-hearing. The military did not know how to rehabilitate these soldiers. Voila...the audiologist was born. However, it was not until the late 1970s that audiologists were allowed to dispense hearing aids. This introduces the second school of thought about hearing aids...Hearing aids are medical devices that require appropriate fitting and rehabilitation (especially for new users). This takes time, energy and commitment from the patient and the professional. In fact, studies show us that the brain can take 6 months or more to re-train itself to hear sounds that it has been lacking for (in many cases) years. This phenomenon is known as plasticity and can happen for young and old alike; though it may take the older brain longer to reconfigure. Also, the longer the brain has been deprived of sounds (even of mild degrees), the longer it may take to re-train.

Knowing the time it may take to “get used” to hearing again, the commitment it takes to rehabilitate hearing efforts, and include the advancements of new technology, audiologists are again finding their roots in rehabilitation. The goal is to reach more than just 20% of the population in a professional and rehabilitative manner. In essence...(Re)Discover the Human Touch in Hearing Technology! Hence, Southside Hearing Center proudly uses this lengthy, non-rhythmic, and difficult to remember slogan as the foundation of the philosophies we promote daily! ■

Inside this Issue:

“Discovering the Human Touch in Hearing Technology”	1
Sue Says...Diabetes, Hearing Loss and Hearing Aids	2
Technology Update...Southside Hearing Center to Introduce Real-Life Assessments	3
Special Points of Interest	3
Our Mission Statement	4

As you may recall, Sue was out of the office on several dates over the past few months, in order to attend a few very valuable seminars. It is part of our mission (see our Mission Statement on page 4!) to provide the most state-of-the-art services available. These sessions allow Sue to keep informed as to the latest technology, and enable her to bring them to you, our valued patients! Most of what you will see in this issue is information from those training sessions.



"Dr. Sue" seen here with her husband, Timm

Sue Says...

Diabetes, Hearing Loss, and Hearing Aids

The disease Diabetes is a familiar term to most people. Many know of people that have been afflicted by the disease, or have the disease themselves. Simply put, it is a blood sugar disorder with complications that may affect the heart, kidneys, general circulation, general neuropathy, and eyes (retinopathy). According to the Centers for Disease Control, approximately 17 million Americans have diabetes. The incidence of diabetes has risen exponentially in the past five years. It is considered the sixth leading cause of death in the U.S.

Diabetes can also affect ears and hearing. Otologically speaking, a person with diabetes can be quite susceptible to problems within the ear canal. The protective layer of the ear canal, called Keratin, often becomes thin or degraded in a person that has diabetes. Keratin's job is to keep the skin of the canal moist and pliable; and to prevent invasion of bacteria, fungi, and viruses. With degraded keratin, a person's ear canal is now open to infection (especially fungal.) Unfortunately daily habits can often contribute to the deterioration of the keratin layer within the ear canal. The most common habit is use of cotton swabs. The keratin layer is broken down from their use, and full repair of this layer is prevented with continued use. A person with diabetes is often unable to fight infection easily, and healing is much slower than normal due to the poorer circulation.

Recent studies show strong correlation between diabetes and hearing health (Katz, 2001; Fausti, 2003). Although one cannot predict the degree, onset, or type of hearing loss, there is a clear clinical trend of hearing loss presented by diabetic patients (Chartrand, 2003). Many patients not only present with peripheral hearing loss, but often show significant signs of auditory neuropathy and central processing disorders. A peripheral hearing loss is one that presents itself in the soundbooth as not hearing the tones without extra volume. However, once extra volume is achieved, the clarity of sound is generally maintained. Physiologically speaking, the hearing loss is in the cochlea (the actual organ that does the hearing). With auditory neuropathy and central auditory processing problems, the clarity of speech—especially in background sound—can be extremely poor despite making sounds loud enough. Additionally, the tempo of speech is often considered to be too rapid. One can liken the experience of hearing sentences in this situation to reading a sentence without spaces between the words. These problems often originate from problems within the vascular support of the cochlea (the stria vascularis), and/or the neurological transmission of the information (what the brain does with the sounds it hears.) One could easily conclude that since diabetes effects circulation, and the ear is a very vascular organ requiring very rich blood nutrients, the ear can be quite vulnerable to

even the slightest alterations in blood chemistries resulting in hearing loss and reduced auditory function. Since diabetes can also effect neurological transmissions, the actual processing of sounds, even with the most minimal hearing loss, is slower, less efficient and incongruent with other processing efforts. Of course the combination of a peripheral hearing loss together with auditory neuropathy and auditory processing problems is more typical than not - considering the general population afflicted by diabetes.

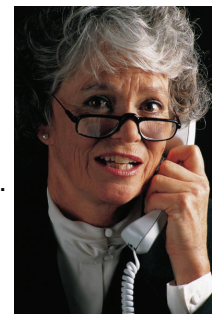
The management of hearing loss for those who have diabetes can be quite successful, (but not without effort) as long as the limitations of the disease are understood. As described above, clarity will be an issue. Even with the best hearing aids, the ear cannot do the job required of it to perform perfectly. Therefore, comprehensive rehabilitative efforts are required, especially those focused on limitations of hearing and effective management approaches in addition to the hearing aid. More advanced technologies that help one hear in background sound, as well as "non-linear" (think digital) technology is often suggested since a person with diabetes often experiences an abnormal intolerance to loud sounds (called recruitment). Acrylic or other hard materials without dye are encouraged to prevent breakdown of the keratin layers and the pulling of the skin creating open sores. Earmolds and hearing aids that allow the ear canal to breathe are highly recommended to prevent fungi. Of course, the status of hearing should be monitored regularly since it is known that those with diabetes, even when under control, will experience a more rapid deterioration in hearing levels than the general population. ■

Technology Update: Southside Hearing Center to Introduce ReaLife Assessments

What is ReaLife?

ReaLife is a unique video/calibrated audio software that is based on the actual world we live in. A patient will view and listen to video clips featuring scenes one might encounter in daily life. Responses to the questions associated with these clips will help create a custom profile of specific hearing abilities. By combining this assessment with the comprehensive audiological evaluation, Dr. DeBruyne can determine which hearing solutions can be effective for a patient's needs.

ReaLife is widely used in the European Hearing Healthcare Industry and is considered Gold Standard in determining patient hearing needs. In fact, the reports that the audiologists share with the physicians tend to be centered around the ReaLife assessment rather than the results of the hearing evaluation.



Dr. DeBruyne expects to have ReaLife up and running very soon. The goal is to use this as part of the Hearing Aid Introduction, and for post-fit verification of the fit of hearing aids. It is important to note that not all audiological practices are privy to the ReaLife equipment. This is truly a unique system that will lead to the success of hearing aid usage!

SPECIAL POINTS OF INTEREST

- **Tax Credit for Hearing Aids** is now being considered by Congress! Should this legislation pass, you may be allowed to deduct up to \$500 per hearing aid, once every five years, from your income tax for money spent on hearing aids. You can help ensure this legislation is passed by writing to your local congressmen. For more information, including sample letters and contact information, go to <http://www.audiologyonline.com>.
- Tired of going to the store to get hearing aid batteries? **Join our Battery Club**, and we'll mail them to you when you need them! Call us for details.
- Some **Preferred Care Gold** contracts now offer **\$600 toward the purchase of new hearing aids or the repair of existing hearing aids**, renewing every 3 years.....call Preferred Care to see if you have this benefit available!



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Technology*

WE'RE ON THE WEB!

WWW.SOUTHSIDEHEARINGCENTER.COM

Our Mission Statement

Southside Hearing Center, its owner, audiologists and staff are committed to the advancements of hearing healthcare. The Center will provide the most ethical and comprehensive services in Audiology using the most state-of-the-art equipment, procedures and techniques. The Center will provide these services in a clean, healthy and comfortable environment.

Education is at the center of this facility. Southside Hearing Center is committed to educating the patient regarding hearing healthcare issues. Southside Hearing Center is committed to the profession of Audiology, and educating the public that the audiologist is the highest qualified professional in hearing care. Southside Hearing Center will ensure that its staff is equally committed to these causes.

Southside Hearing Center will provide appropriate business in compliance with state and federal laws. Fair business will be this Center's business.

Above all else, Southside Hearing Center will provide THE HUMAN TOUCH to the overwhelming world of hearing impairment.