



Cheyllle Wyatt, *Hearing Health Matters*
September 6, 2016

At a recent meeting of my local chapter of the Hearing Loss Association of America (HLAA), Susan Naidu, an audiologist at the University of Utah, spoke about auditory fatigue, also called listener fatigue or cognitive energy fatigue. According to Susan, this “real condition is not discussed or researched enough.” It isn’t clinically recognized but many professionals are familiar with it—and those of us with hearing loss certainly experience it on a regular basis.

Some people with hearing loss feel stupid when they don’t get all that’s said; they start tuning out. But the culprit can be auditory fatigue which occurs because of the “energy it takes to fulfill the complexity of listening, to help the brain comprehend what you’re listening to.” In his piece on ‘concentration fatigue’, Ian Noon wrote on Limping Chicken, “I went to a great conference today. It was riveting and I was hooked on pretty much every word. And then I got home and collapsed on the sofa. I’m not just tired, I’m shattered. I’ve had to turn my ears off to rest in silence and my eyes are burning. I’ve also had about 3 cups of tea just to write this paragraph.”

Susan introduced us to Kathleen Pichora-Fuller’s work on hearing loss and cognitive energy. In the abstract, Kathleen asks: “How can audiologists better understand and find ways to counteract the factors underlying why listeners may decide to quit participating in activities because it takes too much effort to listen? How can audiologists help listeners to strategically deploy their available cognitive capacity in situations where it is hard to listen? How can audiologists prevent listeners from avoiding

Join us on March 9 for our monthly social meeting

Join our monthly social meeting at the Los Altos Hof’s Hut. We’ve reserved space on the patio, away from street noise. Patio heaters are available if it’s chilly.

Bring your news, questions, or concerns about hearing loss, or just come to eat and socialize. We hope to see you!

4:00 pm, Thursday, March 9

Hof’s Hut, 2147 Bellflower Blvd., LB

Free parking in the lot behind the restaurant

Chapter Calendar

March 9 at 4:00 In-person socializing at Hof’s Hut

March 22 on Zoom Board meeting noon to 12:45, immediately followed by Bylaws meeting from 12:45 to 1:30

Lip reading: Wednesdays, 9:00-11:30 a.m. at Weingart Center.

situations and withdrawing from social participation because it is too hard to listen?

It has often been stated that we hear with our ears, but we listen with our brains. In this consensus article, we build on the importance of auditory-cognitive connections by adding ‘and when and how much effort we expend during listening in everyday life depends on our motivation to achieve goals and attain rewards of personal and/or social value.’”

Listening takes effort. We have to pull all the components together, including our hearing, to communicate properly. We must be able to understand language, generate an appropriate response and keep the conversation going back and forth. ‘Hearing’ people can do this while multitasking (washing the dishes, watching TV) but for people with hearing loss, listening requires more focus and effort, because we’re also visually

(continued on page 3)



PRESIDENT'S MESSAGE

from **Gail Morrison**

There's lots in the works for spring!

At our **February 9 meeting** at Hof's Hut, we were delighted to see nine members: Gail, Miryam, Ellen, Bob Cohen, Linda DeGuire, Katie Wright, Bonnie Strutin, Teri Breier and Helene Dozier! Bonnie passed out lovely Valentine's chocolate heart-shaped candies to everyone! We had a marvelous time! Katie and Bob showed us how to access RTT (Real Time Text), a free captioning feature built into our smartphones! We plan to meet again at Hof's Hut on Bellflower on March 9 at 4 p.m.

Our Board is in need of a **Recording Secretary**. The main task of this position is to record the minutes of monthly Board meetings, held on Zoom. Since the Board meetings are recorded, the Secretary can take minutes during the live meeting, or from the recording provided afterwards. Katie has agreed to take minutes until June. Please contact me if you'd like to do this!

Linda DeGuire's **Lip Reading** class continues to meet every Wednesday at Weingart Center from 9:30 to 11:30 a.m. Some members lead the group when Linda is traveling, and Miryam is learning lip reading!

Board members are beginning the task of reviewing our **bylaws**, and will bring their recommendations for revisions to the March 22 Board meeting.

New Programs are underway with the idea of adding Zoom Chapter meetings with speakers, as many other Chapters are doing. We will let you know when this happens. Upcoming speakers/programs are: September/October – Michael Harvey, Ph.D, Clinical Psychologist who spoke at our National HLA A Convention in Tampa, Florida in June. In the meantime, Dr. Cliff videos will be explored, and Dr. DeKriek will be a guest speaker. The last time he spoke, there were many questions from the audience! Another idea is to have presentations by our members. Linda DeGuire will speak on accommodations for HOH on her numerous trips that she and Sharon enjoy. Let any of us know if there is a topic that you'd like to speak on or hear about!

We look forward to seeing you **Thursday, March 9th** at Hof's Hut, 2147 Bellflower Blvd., Long Beach at 4 p.m. Bring your questions there!

Register for Zoom meetings from our sister HLA A chapters

HLAA Diablo Valley Chapter

Falls, Research and Hearing Loss

Saturday, March 4, 10:00 am - Noon pacific

Bryn Griswold, Au.D. Research Audiologist
Stanford Univ. School of Medicine Dept. of Otolaryngology
Research study: use hearing aids to assess fall risk and improve speech understanding.

[Pre-register for online meeting](#)

HLAA Indianapolis Chapter

Musicians with Hearing Loss

Saturday, March 4, 8:00 am - 11:00 pm pacific

Zoe Nutt (singer, songwriter and producer) and Wendy Cheng (amateur violist and founder of Adult Musicians with Hearing loss) discuss their musical journey with hearing loss.

[Join the Google Meet meeting here](#)

HLAA Peninsula Chapter

Our Identity as a Person with Hearing Loss by Dr. Michael Harvey

Monday, March 6, 1:30-3:00 pm pacific

Dr. Michael Harvey provides navigation tools in the life journey to strengthen our identity in a hearing world

[Pre-register for Zoom meeting](#)

HLAA Morris County Chapter

Hear All About HLA A's Advocacy Initiatives

Wednesday, March 8, 3:00-4:00 pm pacific

With speaker Lise Hamlin, HLA A's Director of Public Policy

Contact annmpic53@optimum.net for Zoom log in information

WIDEX - Sound Like No Other

Tuesday, March 14, 11:00 am

Dr. Jodi Sasaki-Miraglia, Au.D. presents
- New and exciting updates in tinnitus education
- Support options
- Sound therapy tools
- New hearing instrument technology innovations, including A.I.

[Pre-register for Zoom meeting](#)

auditory fatigue

(continued from page 1)

decoding the message with speechreading and quickly trying to fill in blank spots in words and conversations. Our mental process is “I’m not hearing well enough. I have to do something and physically push the brain to listen better.” And after an hour (or less) of this, we are tired and experience discomfort, pain and numbness.

Noise makes listening even more difficult; it’s the number one complaint from Susan’s clients. Trying to filter and ignore noise is a challenge for anyone, but especially so for people with hearing loss. Even with modern hearing technology such as directional microphones and noise reduction programs, noise remains a problem in situations like restaurants, traffic and group conversations.

Spending this extra cognitive energy affects our ability to remember things; with so much going on in the mind, it’s tough to find a place to stash the information. (And if we can’t recall a name, we may not have caught it completely in the first place.) In meetings, we are so intent on understanding the words as they are said, that we may not retain of the meeting’s information. Because of this intense concentration, some hard of hearing employees end up taking more sick days. The mental stress affects them to the point of illness. Workers may also recuperate by avoiding evening and weekend social activity. To avoid auditory fatigue, it’s tempting to avoid going to that party, the play or lecture and stay home and watch TV with captions.

In his study, *Effort and Displeasure in People Who Are Hard of Hearing*, Mohan Matthen at the University of Toronto looks at why some hard of hearing people are more successful at socializing than others, and suggests that audiologists should focus on training their clients to pursue listening enjoyment to reduce stress and difficulty. Make the reward “I will understand.”

What helps combat auditory fatigue?

Understanding and advocating for what is needed is important. What do you need to make this meeting better? Live captioning (CART)? Sitting closer to the presenter? Assistive listening devices? One speaker at a time? Don’t talk while multitasking? Plan ahead to put strategies in place.

- Think about the environment, talk to the event coordinators, find out if the venue has assistive

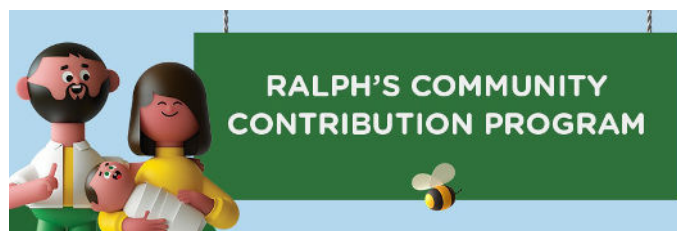
listening devices such as the CaptiView at theaters or live captioned performances.

- Express your listening needs: face me, speak up, slow down, etc.
- Develop speechreading skills to help reduce fatigue.
- Talk with only one or two people at a time.
- Speak in a quiet room with family members at large gatherings.
- Ask for background noises (music or TV) to be turned down or off.
- At work, avoid noisy employee environments.
- Take hearing breaks—read instead of watching TV.
- Arrange for hand signals when conversation needs to be slowed down or when wanting someone to talk louder.

I don’t often shy away from social situations unless I’m already tired. From experience, I know I won’t have the necessary energy to make the best of the situation. Knowing when to stay home has saved me a few meltdowns. I also know when I need CART and when assistive devices will work (or not).

Advocating for myself has made a tremendous difference in reducing auditory fatigue and increasing my social pleasure.

<https://hearinghealthmatters.org/hear-in-private-practice/2016/auditory-fatigue-hohs-fade-fast/>



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Why are my hearing aids whistling?

Debbie Clason, *Healthy Hearing*
January 25, 2023

Today's hearing aid technology makes it possible for many with hearing loss to enjoy their favorite sounds again. Whether it's hearing the laughter of loved ones, a favorite melody or the sounds of nature, hearing devices can have a dramatic impact on our quality of life.

Why hearing aids whistle

Ever heard the sound when a microphone gets too close to a speaker? Better known as "feedback?" That's exactly what's happening when you experience the same sound when wearing hearing aids.

Unfortunately, these technological wonders aren't without their social stigmas—one of which is hearing aid feedback. No one wants to wear something that calls attention to itself by emitting a high-pitched squeal or whistling sound.

If that's what's keeping you from treating your hearing loss, read on. Today's hearing devices are much less likely to produce feedback.

And when they do, it's often very simple to fix the problem.

Why hearing aids whistle

Hearing aid feedback is what happens when the acoustic signal—or sound wave—escapes the ear canal and hits the hearing aid microphone. It can sound like a squeal, screech, whistle, loud buzz or hiss.

"It's been around in hearing aids since the dawn of time," Soriya Estes, owner of Texas-based Estes Audiology said. "The more severe your hearing loss, the greater the chances for potential feedback, simply because of the power and size of the sound wave."

Hearing aid feedback problems less likely with newer devices

The likelihood of hearing aid feedback occurring has decreased in recent years because today's digital processors are designed to control it, Dr. Estes said.

"Feedback with the new technology rarely happens in mild to moderate hearing loss cases," she said. "If the device is working properly, fits well and the sound waves are going into the eardrum, then you won't have that problem."

What causes feedback in hearing aids?

There are three main types of hearing aid feedback: acoustical, mechanical or electronic.

Acoustical feedback happens when the amplified sound produced by the hearing aid speaker is picked up by the hearing aid microphone. This often happens when the device doesn't fit properly or when there is significant wax buildup in the ear canal.

Mechanical feedback is caused by vibrations created when the hearing aid speaker comes in contact with the hearing aid casing.

Electronic feedback occurs when there is a problem with the electrical circuits in the hearing device.

Hearing aid static

If your hearing aid produces static, take it in for a check up. When a hearing aid produces this crackling sound, it usually means it needs service. It could be as simple as a low battery or build up of moisture or dirt.

Troubleshooting hearing aid feedback

Although hearing aid feedback noise isn't harmful, it can be annoying and embarrassing. If the feedback is acoustical in nature, there are a few things you can try to fix the problem.

"First, make sure your hearing aid is seated properly," Dr. Estes advises, meaning make sure it fits in your ear correctly. If repositioning your dome or earmold doesn't work, she advises flushing your ear canal with an over-the-counter ear wax kit available at most drugstores or online.

Removing excess ear wax opens up the ear canal so sound waves can travel unobstructed to the eardrum. (While you're at it, you should also make sure your hearing aids are free of wax and give them a good cleaning.)

If you're still experiencing feedback after you've tried these tips, see your hearing healthcare professional. They can check the device to see if there are any mechanical or electronic issues that need to be addressed, make sure the device fits properly and examine your ears to make sure they are clear of obstructions. In rare cases, you may need different devices, or new earmolds, since ear shapes can change with time, affecting how the hearing aids fit.

(continued on page 5)

whistling hearing aids

(continued from page 4)

Don't let fear stop you from seeking treatment

Above all, Dr. Estes emphasizes not allowing the fear of hearing aid feedback keep you from seeking treatment for your hearing loss. Left untreated, hearing loss puts you at risk for a variety of other physical and psycho-social issues, including dementia, depression and social isolation.

If you believe hearing loss is affecting your quality of life, make an appointment for a hearing evaluation as soon as possible. Our [online directory](#) of consumer-reviewed hearing clinics can help you find a qualified professional in your community.

<https://www.healthyhearing.com/report/10142-Guide-to-coping-with>

Quick Tips for fixing hearing aid feedback

- First, try **repositioning** your hearing aid dome or earmold so it fits in your ear better.
- If that doesn't help, flush your ear canal with an ear wax kit and **thoroughly clean** your hearing aids.
- If feedback persists, see your hearing care provider for a **hearing aid check-up**.



Medicare widens access to Shingrix vaccine, which lowers risk of complications

Shingles and hearing loss:

What we know

Linda Childers, Healthy Hearing
January 17, 2023

When most people think of shingles, they envision a painful and itchy body rash, yet the shingles virus also can affect hearing and balance, and in some cases, lead to hearing loss.

When shingles does affect hearing and balance, it typically presents as one of two different disease pathways:

- **Labyrinthitis**, an infection of the inner ear that affects hearing and balance, or
- **Ramsay Hunt syndrome**, which affects the facial nerve near the inner ear and can damage hearing.

“Not everyone with shingles gets hearing loss,” says Dr. Angela Shoup, PhD, FAAA, FNAP, executive director of The Callier Center for Hearing Disorders at The University of Texas at Dallas and past president of the American Academy of Audiology. “Ramsay Hunt syndrome can occur as a complication of shingles that causes facial weakness and paralysis, a rash around the ear, and hearing loss or dizziness.”

Vaccination dramatically lowers risk

Contracting shingles as an adult isn't inevitable and according to Shoup, getting vaccinated with the shingles vaccine, Shingrix, provides protection against both shingles and its complications.

The Centers for Disease Control and Prevention (CDC) notes immunity from the Shingrix vaccine stays strong for at least seven years after vaccination. Two doses provides more than 90% protection against shingles and postherpetic neuralgia, a complication. In adults with weakened immune systems, the vaccine was 68%-91% effective in preventing shingles.

Shingrix now available at no cost to Medicare Part D recipients

Adults ages 50 and older should get two doses of Shingrix, two to six months apart. In the past, the cost of the vaccine was a barrier for some people. The good news? As of January 1, 2023, Shingrix is now free for almost everyone.

While patients with private health insurance typically pay no out-of-pocket costs for the vaccine, people

(continued on page 6)

shingles

(continued from page 5)

with Medicare Part D coverage also will be able to get the shingles vaccine at no charge, thanks to the Inflation Reduction Act of 2022.

What is shingles?

Shingles is a serious viral infection that affects adults ages 50 and over. Shoup says the virus is caused by the varicella-zoster virus, the same virus that causes chickenpox. The disease can remain dormant for many years in those who experienced chickenpox as a child. People who were vaccinated against chickenpox as children can also get shingles.

It's common, too. According to the CDC, 1 out of every three people in the U.S. will develop shingles in their lifetime.

Shingles symptoms

Typically, shingles will develop as a painful rash on one side of the body or face in the first 4-5 days of the onset of infection. It usually takes 3-5 weeks to recover, which may vary from one person to the next.

Many people experience pain, tingling, or itching, several days before the shingles rash appear, the CDC notes. In addition to a rash, other symptoms of shingles include fever, chills, headache, and an upset stomach. Other symptoms can include dizziness and vertigo (a feeling that your surroundings are spinning or moving) and tinnitus (hearing abnormal sounds).

However, the disease sometimes can be tricky to diagnose: Some patients have nerve pain, but not the signature shingles rash. Shingles without a rash is known as internal shingles. This nerve pain can linger for a long time, known as postherpetic neuralgia.

Complications from shingles

Shoup says that immunocompromised patients are at a higher risk of developing shingles complications such as Ramsay Hunt syndrome (herpes zoster oticus). Other factors that increase the chances of developing Ramsay Hunt include stress, chemotherapy, infection and malnutrition.

While Ramsay Hunt isn't contagious, Shoup says reactivation of the varicella-zoster virus can cause chickenpox in those who previously haven't had the virus, as well as those who haven't been vaccinated.

"For this reason, people with an active case of shingles should avoid being around those who

are immunocompromised or who haven't had chickenpox," she says.

Shingles is one of many viruses infections that can lead to hearing damage. Other examples include mumps, the common cold, and even COVID-19. As with shingles, many of these infections are preventable with vaccination.

Timely treatment is key

Shoup says patients who experience shingles, along with a painful red rash and blisters on or around one ear, facial paralysis, vertigo, or hearing loss, should consult their doctor within three days of the onset of symptoms.

"Facial paralysis and a rash affecting the ear don't always occur at the same time," Shoup cautions. "For this reason, those with shingles experience hearing problems either with or without facial paralysis, should see a doctor.

She notes that Ramsay Hunt syndrome is treatable with antiviral medication and anti-inflammatory drugs to relieve pain. In more severe cases, patients may be prescribed steroids.

Shingles and hearing loss

While Shoup says most cases of hearing loss associated with Ramsay Hunt syndrome are temporary, patients may experience permanent muscle weakness or hearing loss in cases where they don't seek prompt medical care. The hearing loss is usually in just one ear.

If Ramsay Hunt syndrome results in permanent hearing loss, hearing aids can improve hearing in those with sensorineural hearing loss, caused by damaged nerves. One study found that patients with Ramsay Hunt experienced hearing loss that was more severe in the high-frequency range than in the low-frequency range and that hearing loss was more severe in patients with vertigo.

According to the National Organization for Rare Disorders, Ramsay Hunt affects 5 out of every 100,000 people, although Shoup says the number may be higher, since some cases aren't reported. One study found that rates of shingles may be underreported, due to the difficulty of diagnosis in patients who don't develop a rash.

<https://www.healthyhearing.com/report/53422-Shingles-hearing-loss-balance-ramsay-hunt-labyrinthitis-shingrix>

Aging, genetics and noise exposure all play a role

Causes of sensorineural hearing loss (SNHL)

Debbie Clason, Healthy Hearing
January 23, 2023

When it comes to hearing loss, there are three main types: sensorineural, conductive and mixed. Sensorineural is the far more common type of hearing loss, affecting roughly 9 out of 10 people with hearing loss.

Having sensorineural hearing loss means there is damage either to the tiny hair cells in your inner ear (known as stereocilia), or to the nerve pathways that lead from your inner ear to the brain. It normally affects both ears. Once you develop sensorineural hearing loss, you have it for the rest of your life. It can be mild, moderate, severe or profound.

What causes sensorineural hearing loss (SNHL)?

The causes of this type of hearing loss are generally sorted into two categories: acquired or congenital. Most people have acquired hearing loss.

Acquired sensorineural hearing loss

Acquired means the hearing loss develops after a person is born, usually later in life. Causes can include:

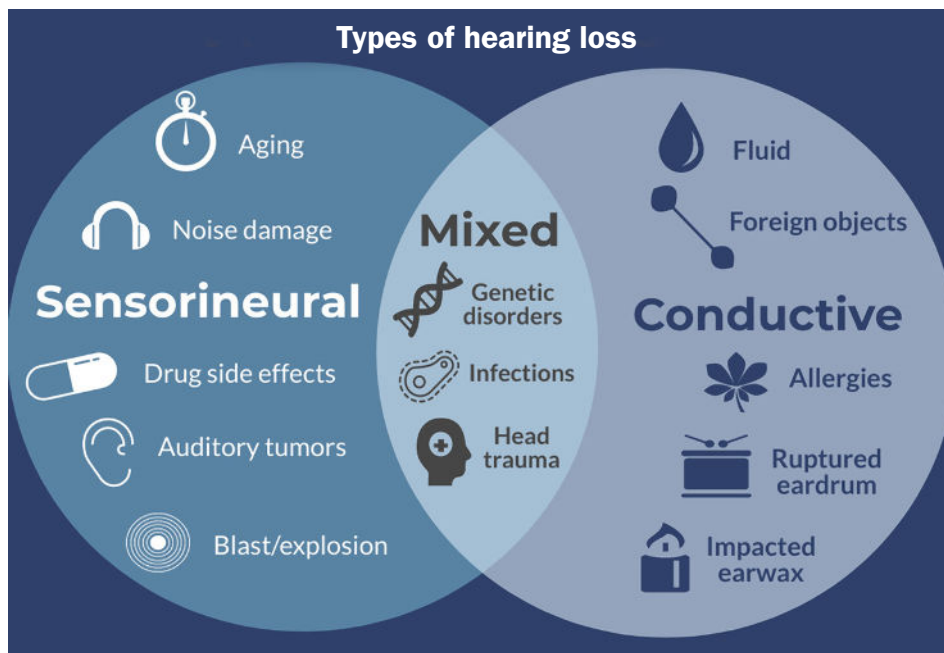
- **Aging:** One of the most common conditions of growing older is presbycusis, or age-related hearing loss, affecting one in three Americans between the ages of 65-74. Because this type of loss occurs over time, typically in both ears, it's sometimes difficult to notice.
- **Noise:** Noise-induced hearing loss (NIHL) can be caused by exposure to a one-time loud noise, such as an explosion or gunfire, or from sounds louder than 85 decibels (dB) over an extended period of time. If you have to shout to be heard or your ears ring after attending a live concert or ballgame, your hearing health is at risk.
- **Disorders and infections:** Viral infections—including measles, meningitis and mumps—can cause sensorineural hearing loss. So too can autoimmune disorders like lupus and thyroiditis.
- **Head or acoustic trauma:** Damage to your inner ear also can be caused by a blow to the head or exposure to extremely loud noise, such as an explosion. Many veterans suffer from sensorineural

hearing loss due to time they spent around firearms, artillery and jet engines.

- **Tumors:** Examples of common tumors that can affect hearing include acoustic neuroma and cholesteatoma, an abnormal skin growth in the middle ear.

- **Medications:** More than 200 medications and chemicals are ototoxic, or damaging to your hearing health. Some of those known to cause permanent damage include certain types of antibiotics, anti-inflammatory medications and cancer chemotherapy drugs.

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For more information about our chapter, visit hlaa-lb-lakewood.org

Questions? Contact us by email at info@hlaa-lb-lakewood.org or by phone at (562) 549-3086

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sensorineural hearing loss

(continued from page 7)

Congenital sensorineural hearing loss

Congenital sensorineural hearing loss happens during pregnancy. It's far more rare. Some causes include prematurity, maternal diabetes, lack of oxygen during birth, genetics, and infectious diseases passed from the mother to child in the womb, such as rubella.

Thanks to newborn screening, some children born with hearing loss are diagnosed right away and treated with hearing aids or cochlear implants as soon as possible to help with language development.

What about sudden sensorineural hearing loss?

Most of the time, acquired sensorineural hearing loss occurs gradually. However, in rare cases, people can develop sudden sensorineural hearing loss, leading to sudden deafness in one ear. If this happens to you, it's important to seek medical care right away.

How does it affect how you hear?

Sensorineural hearing loss affects both the loudness and the clarity of the sounds you hear. You may also experience a reduced range of sounds you find comfortable. Meaning, soft and normal sounds are too soft, but loud sounds very quickly get too loud and may really bother you. (In audiological terms, this is known as "recruitment.")

Sensorineural hearing loss can affect all ranges of hearing. For people with age-related hearing loss, however, it's typical to experience what's known as high-frequency hearing loss, which results in the reduced ability to hear high-pitched sounds.

Many people with sensorineural hearing loss report that they can hear but struggle to understand speech. This is especially true in the presence of background noise, and it can be frustrating and exhausting to deal with. Ringing in the ears, or tinnitus, is common when a person has hearing loss.

Treatment for sensorineural hearing loss

Most often, the recommended treatment is hearing aids programmed to your unique hearing loss. Simply amplifying all sounds won't help you hear better because some sounds would still be distorted. Proper testing and fitting is vital.

In some cases—especially if hearing loss is severe or profound—a cochlear implant may be the better option.

If you suspect you may have sensorineural hearing loss, the first step to better hearing is to have a thorough hearing examination from a qualified hearing healthcare professional. They can work with you to determine the cause and extent of your hearing loss, as well as develop an individualized plan to treat it. To find a hearing professional at a clinic in your area, visit our directory of consumer-reviewed clinics.

<https://www.healthyhearing.com/report/50276-Common-causes-of-sensorineural-hearing-loss>



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