



# Associated Hearing PROFESSIONALS



## Sudden Hearing Loss is a Medical Emergency

### A personal message from Tina: This happened to me!

According to the National Institute on Deafness, sudden sensorineural hearing loss (SSHL), commonly known as sudden deafness, occurs as an unexplained, rapid loss of hearing—usually in one ear—either at once or over several days. It should be considered a **medical emergency**.

Sometimes people put off seeing a doctor because they think their hearing loss is due to allergies, a sinus infection, earwax, or other common conditions. However, delaying SSHL diagnosis and treatment may decrease the effectiveness of treatment.

People with sudden deafness often become dizzy, have ringing in their ears (tinnitus), or both.

About half of people with SSHL will recover some or all of their hearing spontaneously, usually within a week or two. Eighty-five percent of those who receive treatment will recover some of their hearing.

Only 10-15% of patients diagnosed with SSHL will have an identifiable cause, most commonly, infectious disease, head trauma, medication, vascular problem, viral, or a tumor pressing on the nerve that connects the ear to the brain.

The first week of May I experienced a sudden profound sensorineural hearing loss in my right ear. It was likely coming on for a couple of days, but became obvious with roaring tinnitus and the very significant hearing loss.

I knew to immediately go to an otologist (medical doctor who specializes in ears). I received a steroid injection

in my eardrum and was prescribed a course of oral steroids as well. My MRI was normal.

This was quite an experience for me, considering that I am an audiologist. Even with one completely normal hearing ear, I encountered difficulties I often discuss with my patients. Localizing the direction sounds were coming from was problematic, as it seemed as if everything was coming from the left side. As my hearing began to improve, everything heard in the right ear was terribly distorted. I was extremely frustrated at a Cinco de Mayo party, as the noise was so loud and speech so distorted in the right ear. The only way I could understand anything was to aim my good left ear at the speaker. Eventually I gave up trying and just nodded my head or laughed when the rest of the group did! I went

home with such a headache!

If I was sleeping with my good ear to the pillow, I did not hear my alarm. If I turned the alarm louder but sleeping with my bad ear to the pillow, I about had a heart attack when the alarm went off. I found it difficult to monitor the volume of my own voice. I experienced “recruitment” or an abnormal sensation of loudness. For example, plates touching the ceramic counter top were almost painfully loud. If I was driving, I could not hear the passenger talking.

My outcome has been excellent in that my hearing recovered to normal, I do have the residual tinnitus. Just remember, **SSHL is considered a medical emergency!**

## Gatesworth Presentation

Our team recently presented a seminar at the Gatesworth. Margaret and Tina spoke about “Your Hearing and Your Health. What you Should Know and What you Should Do About It.”

They spoke about hearing loss, hearing aids, difficult listening situations, the psychological impact of hearing loss, as well as health concerns such as diabetes, cardiovascular

disease, cognitive decline, falling risk, and depression.

The evening also included information about the “Happiness-Hearing Connection”, the latest tech-

nology, and assistive devices.

**If you know of a group that would be interested in a presentation, please give us a call.**



**Congratulations to LESLEY!!**

**Lesley is now a licensed Hearing Instrument Specialist! After working with the hearing impaired for 18 years, Lesley has now completed her Associate's degree and all of the requirements for the state of Missouri to be licensed as a Hearing Instrument Specialist!**

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## Similarities between Alzheimer's Disease and Untreated Hearing Loss

### Alzheimer's Disease

1. Depression, anxiety, disorientation
2. Reduced language comprehension
3. Impaired memory (esp. short term memory)
4. Inappropriate psychosocial responses
5. Loss of ability to recognize (agnosia)
6. Denial, defensiveness, negativity
7. Distrust and suspicion regarding others' motives

### Untreated Hearing Loss

Depression, anxiety, feelings of isolation  
Reduced communication ability  
Reduced cognitive ability  
Inappropriate psychosocial responses  
Reduced mental scores  
Denial, heightened defensiveness, negativity  
Distrust and paranoia (e.g. belief that others may be talking)

***Remember, hearing loss can be treated and the treatment could change your life!***

## Washington University Students

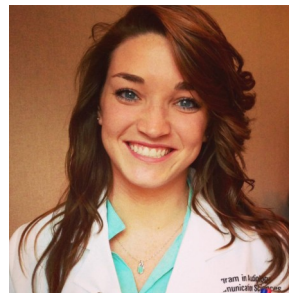
### CaptionCall

***Ask for a demonstration of the Caption Call telephone at either office.***

***It's a free system paid for by your tax dollars!***



A'ja Neal has completed her full-time externship year with us and will be graduating this month with her Au.D. from Washington University. She will be taking some well-deserved time off traveling and planning her wedding before beginning her career as a Doctor of Audiology. Though we will miss her professional skill, genuine warmth with our patients, and beautiful smile, we expect her to be an exceptional audiologist.



Bryn Spejcher just finished her third year as an audiology doctoral student. She completed her B.A. in Communication Science and Disorders at Augustana College, where she performed flute in the Symphonic Band and played club sports.

As a student and long-term experienced hearing aid user, she truly enjoyed learning from and connecting with each patient at AHP, even if they were Blues and Cardinals

fans!

Bryn will be moving back to her hometown of Chicago to complete her fourth year externship at Loyola Medical Center.

***We now have full time hours at the Clayton office. Someone is available at each location Mon-Thurs 9:00 am-5:00 pm Fri 9:00 am-4:00 pm Sat by appointment (Chesterfield only)***