



Francis Slabber & Associates

Registered Audiologist

"Professionals who Care about your Hearing"

THE HEARING CLINIC

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Newsletter Spring 2012



When its more than "Just a bit of Hearing Trouble"

According to the World Health Organization, the world is preparing for an epidemic increase in hearing loss due to the growing number of older people. In addition to this it is expected that there will be an unprecedented surge in the prevalence of dementia in the same population. As audiologists we are often the first to come across patients who are not only in the early stages of age related hearing loss but also experiencing the early stages of dementia.

Research indicates that one in three people over the age of 65 has a hearing loss and dementia affects 5-8 percent of those. After 65, the likelihood of developing dementia increases by 18% per year, roughly doubling every 5 years. It eventually affects 50% of those over 85.

Dementia is the insidious loss of memory, logic and language that interferes with daily living. In addition to these typical symptoms, it may be accompanied by a loss of attention and a decline in problem solving skills, spatial skills, judgement, planning and organization. Other symptoms include decreased motor skills, failure to recognize objects or sounds and a lack of ability to plan or think abstractly.

According to the literature, it is a miscategorization to describe hearing as normal for one's age, and the same to suggest that there is such a condition as normal age related cognitive decline. Although hearing loss and dementia is extremely common in later life, it is not part of normal aging. The two conditions have much in common, in that both are of slow onset, progressive and both probably started many years before identifiable symptoms started showing. Both conditions have multiple, longstanding and devastating impacts on the person, their family and friends and their quality of life. Since audiologists interact with and observe their patients on a more routine basis and over longer periods of time, they may be privy to changes that may not be noticed by others. Symptoms may not be recognized by the patients, not known, minimized or disregarded by family members and everyday carers. The Audiologists' background as communication specialists make them suitable to detect subtle language, attention and comprehension symptoms that often accompany cognitive decline.

Even 10 years ago, it was quite rare to consult with a patient over the age of 90, but these days we see one almost daily. Fact is that we live and stay physically healthier for longer, making it possible, and it's expected, to participate in society for longer. However, the occurrence of conditions such as Dementia is not slowing, even with the advances in medical treatment and dietary consciousness. Also, the typical symptoms associated with hearing loss and auditory processing disorders are often very similar to those associated with dementia and telling them apart becomes challenging and misdiagnosis does occur.

A sure way to avoid misdiagnosis is through accurate testing. If there is a hearing loss, make sure that they receive appropriate amplification. With a lack of hearing will come a lack of comprehension and interpretation. Auditory processing disorders must be addressed through auditory training to ensure that communication strategies and skills are applied. A detailed case history may indicate a predisposition to dementia and through a close trusting relationship with the audiologist, they may be referred sooner for dementia screening.

It has also been documented that the risk of developing dementia with mild hearing loss is twofold; with moderate hearing loss, threefold; and with severe hearing loss, fivefold. It is uncertain as to why this is but the belief is that it has to do with the effects of hearing loss on cognitive load, social isolation and auditory deprivation. Therefore, the timing for hearing aids and other assistive listening devices is crucial. There may be a time when it's too early to act, but there is definitely a time when it is too late.

(Audiology Today, Jul 2012)

Please check the replacement value of your hearing aids annually and specify them on your all risks insurance for loss or damage!

Motivated by our association with Fanie du Toit (NCPDPSA), we are compiling a library of resources with reference to Living with Disability and Self Help Tools. Included is a DVD on Fanie's life as a hearing impaired person and the challenges he has faced and conquered. Please forward any suggestions to us, or visit the Tokai rooms to see what we have so far. All media is available on loan and who knows, maybe we will eventually be able to collect some Audio Books for loan too, which by the way, is a fantastic self-help tool to improve auditory processing skills.

The Hearing Clinic has always donated to a variety of charities, but in future we will choose a particular charity to support every year, allowing us to donate more significantly. This year it is HearUs, an NPO which assists deaf children to obtain a cochlear implant, allowing them to learn speech and become a part of the hearing world.

Thingymagigs, Goodygads and Gadgets

Hearing aids involve more than just shoving a gismo into your ear and forgetting about it. Except for the basics like changing batteries regularly, there are bits and bobs to keep your best friend working effectively. We often have people asking for the goodygads to stick on the aid, or the thingy to dry it with or the whatsamecallit for the phone.

☺ Good quality batteries are important. These have to keep your hearing aid running, so make sure you buy decent stock and keep them as directed by your audiologist. Prices vary, but we sell them for R38 for a 6 pack.

☺ Waxguards are used to keep earwax away from the works of a hearing aid. They're used where there are electronic components that fit into the ear canal and have to be replaced regularly to avoid costly damage to the hearing aids. There are many different kinds but only one type will fit your particular hearing aid. There will be cleaning tools included in your kit for easy cleaning of your hearing aids. Replacements are available from us.

☺ Dry kits are silica filled tablets which reduce moisture build-up in hearing aids. Moisture is a common problem in hearing aids, mostly due to the humidity levels we live in and condensation that occurs when instruments are worn. Typical issues are that the aids cut out, batteries run out sooner and instruments sound dull. Dry kits should be used routinely but for severe cases we use electronic units that dry instruments overnight and control condensation.

☺ Tubes and domes are fitted to hearing aids that have most of their parts behind the ear. The sound must still travel into the ear and usually does this via a small plastic tube with a mould/dome at the end of it. Keep these clean because a blocked tube/dome will not allow sound through. They should be replaced every 6 months and you can DIY it or come for assistance when needed. They are sized per ear, so bring the old ones when you come in.

☺ Remote controls are available with almost every type of hearing aid these days but they do require a certain amount of technical know how. Some hearing aids require remotes for any adjustment to be made to the aids where others are used to assist with a loss of dexterity. Ask your audiologist for advice regarding your adjustment needs.

☺ Telephone & TV gadgets are often unique to particular hearing aids but there are generic products available. These can be seen/tried at our Tokai Rooms at our resource centre for all things amplified, including systems designed to give you more control over what or who you are listening to, like FM systems and induction loops.

☺ Assistive living devices are products that are geared toward enhancing independent living. They are meant to allow you to feel safer in your home, alerting you when the phone or doorbell rings, when the alarm goes off and of course waking you up when your hearing aids are nowhere near your ears. These are also on display at Tokai.

We generally figure out what the "round skirty things" and "wax picker sticks" are, but when in doubt, we may ask you to show us what you mean.

In the Practice

Spring is in the air and so, as we've done for the past few years, we are introducing another new baby to the growing gang. Nadine is now the proud mother of Adam and will be on maternity leave until the end of January. We have been grooming Beth, our new Audiologist, since July to fill her shoes and once Nadine is back, Beth will stay on. She makes it possible for us to consult more in Fish Hoek as well as expand our Auditory Training Clinic. She has a particular interest in Auditory Brainstem Response Testing – ask her about it – and communication facilitation. This is when adults in the workplace are assisted with communication where needed due to their hearing losses. We hope not to only teach her, but to learn from her too! For now, our hours will stay the same:

<i>Wynberg</i>	<i>35 Waterloo Rd</i>	<i>Monday to Friday</i>	<i>8h30 - 17h00</i>	<i>021 - 797 7948</i>
<i>Tokai</i>	<i>Tokai Village</i>	<i>Tuesday & Thursday</i>	<i>8h30 - 16h30</i>	<i>021 - 715 5623</i>
<i>Claremont</i>	<i>19 Belvedere Rd</i>	<i>Monday & Wednesday</i>	<i>9h00 - 14h00</i>	<i>021 - 797 7948</i>
<i>Fish Hoek</i>	<i>Valyland Centre</i>	<i>Mon, Wed & Fri</i>	<i>8h30 - 16h00</i>	<i>021 - 782 3322</i>
		<i>Tuesday & Thursday</i>	<i>8h30 - 13h00</i>	

Francis Slabber

Nadine Jooste

Elisha Berridge

Celeste Leveson

Beth Cockcroft