



# Canadian Hard of Hearing Association

## North Shore Branch

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Editor: Hugh Hetherington

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## Mountain Ear

### President's Message Something Worth Protecting



*May is designated hearing awareness month. We are now in June and my thoughts are that hearing awareness is something that should concern all of us, all year round.*

When I empty my husband's pockets on laundry day, do you know what I often find? A pair of earplugs.

At any time of the day, Doug reaches for a pair of earplugs when the sounds around him are too loud. It could be at a construction site, at the theatre, on the street, in an airplane, or even when the music our teenage boys have on is too loud.

Doug has a couple of good reasons for keeping earplugs handy at all times. First, he knows first hand the effects of a hearing loss because he lives with me and my severe to profound hearing disability. Doug does not want to have a hearing loss!

Another reason for the earplugs is that some days Doug has severe tinnitus in one ear. When that happens, sounds around him are amplified and even cause painful discomfort to him. Even everyday noise we all take for granted, like the mixer or traffic noise, can be painful for him. The earplugs muffle the noise, and are easily removed when things quiet down again.

It is often said that people today are so accustomed to noise that they don't realize that their hearing is slowly deteriorating. It is after many years of this noise exposure that they will look back and say, "That noise at work is probably affected my hearing" or, "I suppose all that music I listened to was too loud...".

It really should not take having a hearing disabled family member or sensitive hearing to make us change our ways, should it? What can be done about this?

We could speak up! When we meet people who are exposing themselves to dangerously loud sound levels, we could ask them if they want to have a hearing loss. After their reply, we could tell them that their hearing is worth protecting.

Another thing we could do is give them a pair of earplugs.

Til next time,

Flo

## Special May Meeting Report

On May 14<sup>th</sup> at 7:00 PM a special meeting was held at the Summerhill in North Vancouver. By special arrangement, we delayed our usual 3<sup>rd</sup> Monday in April meeting to coincide with a visit to the Vancouver area by Neil Bauman, Ph.D. Neil was born in Port Moody and now lives in Stewartstown, Pennsylvania, where, he is the Executive Director of the Center for Hearing Loss Help. As a hearing loss coping skills expert, Neil is a lecturer and author of many books on the subject of hearing loss. He runs a website, [www.hearinglosshelp.com](http://www.hearinglosshelp.com) on which you will find many articles of interest, hearing products, and his numerous books.

On this evening, Neil spoke to an audience of over 50 attendees about the Eerie World of Tinnitus, Phantom Voices, Ethereal Music and Other Spooky Sounds. This was the subject of his latest book which is available for sale on his website.

Neil started his presentation by saying he was going to talk about the auditory hallucinations so many hard of hearing people experience, but seldom talk about. He explained that hallucinations are where your brain perceives something is happening even though your five senses have not received any stimulus. Hallucinations can be seeing, hearing, smelling, tasting or feeling sights, sounds, odors, tastes, or sensations that no one else nearby perceives. He also explained there are actually two kinds of auditory hallucinations—psychiatric and non-psychiatric auditory hallucinations. The type we are concerned with are non-psychiatric hallucinations. Non-psychiatric auditory hallucinations have nothing whatsoever to do with mental illness, but indicate something is not working quite right in the auditory circuits of our brains. They are the kind of auditory hallucinations that happen to “normal,” and mostly hard of hearing, people.

In talking about tinnitus he explained that it comes

in a wide variety of sounds, and we perceive it in a wide range of volumes. However, the key to understanding whether you are experiencing tinnitus or some other non-psychiatric auditory hallucination is that all tinnitus sounds are single, unmodulated (simple) and generally unformed sounds. For example, many people describe their tinnitus as a ringing or buzzing sound in their ears. These are just two of the more common tinnitus sounds. In addition, tinnit-

us may sound like a roaring, beating, clicking, banging, drumming, pulsating, fluttering, hissing, humming, chirping, clanging, sizzling, whooshing, rumbling, whistling or dreadful shrieking noise. To some people, tinnitus sounds like rushing water, breaking glass, owls hooting or chain saws running.

Tinnitus is very common. Approximately 50 million Americans have tinnitus. In Canada, about 5.6 million Canadians have tinnitus. However, there is a big difference between having tinnitus and suffering from tinnitus. Of these large numbers who experience tinnitus, only about 12 mil-

lion Americans and 1.3 million Canadians suffer from tinnitus severely enough that they seek help. Of these, about 2 million Americans and approximately a quarter million Canadians suffer from tinnitus so severely that they cannot function normally. The good news is that about 75% of the people who have tinnitus do not suffer from it. For them, it is simply just there. The fancy word for this is called becoming habituated to your tinnitus.

Neil explained that there are many causes of tinnitus and cited a number of these:

- Noise**—The most common cause of tinnitus is exposure to loud noise. This accounts for about a quarter of all tinnitus cases. When you expose your ears to loud sounds, your ears ring. This indicates that you are beginning to damage your ears. Sometimes this happens over days, months or years. At other times it is instantaneous.

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Neil Bauman, Ph.D.

**2. Drugs**—There are more than 450 drugs identified in his book “Ototoxic Drugs Exposed” that can cause tinnitus. Some drugs cause permanent tinnitus; others result in temporary tinnitus while you are on the drug and go away in a few days after you stop taking the drug. For example, ototoxic anti-inflammatories such as Aspirin and Ibuprofen generally cause temporary tinnitus, whereas tinnitus from antibiotics is more likely to be permanent.

**3. Hearing Loss**—Tinnitus often accompanies hearing loss. In fact, about 70% of people with hearing loss have tinnitus. It is now thought that the brain tries to make up for the lack of normal sounds by producing tinnitus to fill the void.

**4. Stress, Anxiety & Depression**—Many people don’t realize the tremendous role that negative emotions such as stress, anxiety and depression have on tinnitus. Not only do these negative emotions predispose people to tinnitus in the first place, they also are significant in determining who will suffer from tinnitus and who will just experience it.

**5. Other Causes**—Acoustic neuromas, allergies, certain foods and spices, alcohol, high, or low blood pressure, Meniere’s Disease, operations on or around the ear, and otosclerosis.

To conclude the part of his talk on tinnitus, Neil explained what you can do about your tinnitus to break its hold on you. Tinnitus research is more and more revealing that tinnitus suffering is an emotional brain phenomenon. It is becoming clear that a person’s state of mind is inextricably linked to the distress they experience from their tinnitus, so trying to treat tinnitus without also helping the person improve their state of mind is not going to work. Having said that, there are many different ways to treat tinnitus, but there is no single “best” method. There are a number of good methods—and you have to see which one will work the best for any given person. He gave these suggestions:

1. Learn as much as you can about your tinnitus
2. Stop focusing on your tinnitus
3. Seek medical treatment
4. Reduce your stress
5. Treat your anxiety and depression
6. Avoid tinnitus-producing drugs

7. Add sound to your environment

- Hearing aids
- Background sound
- Tinnitus masking

8. Protect your ears from loud sounds

9. Investigate various tinnitus treatments

- Tinnitus retraining therapy
- Lidocaine therapy
- Low level laser therapy
- Homeopathy

You may never eliminate your tinnitus completely, but by following these tips, you should be able to bring your tinnitus under control so it no longer bothers you.

### **Phantom Voices, Ethereal Music and Other Spooky Sounds.**

In the second part of his talk, Neil explained that there were other phantom sounds for which he had coined a new term, Musical Ear Syndrome. This term now seems to be in general use in audiological circles.

The general public immediately associates hallucinations with mental illness. For example, if I say I hear non-psychiatric auditory hallucinations, typically you will zero in on two of the four words—“psychiatric” and “hallucinations”. This is why so few people are willing to talk about their phantom sounds. Thus, we needed a new name that did not have the bad association of terms containing the words “psychiatric” and “hallucinations.” That new name is Musical Ear Syndrome. Not only does it not have any negative connotations, it almost sounds like it is something good to have—like having a good ear for music or something.

In explaining what Musical Ear Syndrome is like, he said that sometimes the phantom sounds we hear are vague and indistinct. One lady described hers as, “like the wind blowing, but with a musical quality, as if someone off in the distance was singing without words.” Another lady said, “I’ve never heard a tune

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that I could identify. It sounds more like an orchestra warming up.” And a man described his as, “some song that sounds for all the world like it belongs as a theme song for PBS, but I can’t place it.” Other people have weirder experiences.

Neil explained that Musical Ear Syndrome is much more common than anyone seems to realize. He said, “When I speak to groups of hard of hearing people like you this evening, I often ask how many of them have heard such things. Invariably, several hands go up. Sometimes, it is about one-third of those present. I have personally received hundreds and hundreds of emails from people regarding hearing such phantom sounds. This alone tells you that it is quite common.”

In summing up, he talked about some of the causes of Musical Ear Syndrome. There are a number of symptoms which when taken together form a syndrome. Typically, but not always, there is a group of 5 symptoms that seem to predispose people to hearing Musical Ear Syndrome sounds. These include:

### **1. Constellation of symptoms**

- ◆ Often the person is elderly.
- ◆ Generally, the person is hard of hearing.
- ◆ Often the person lacks adequate auditory stimulation.
- ◆ Almost always the person has tinnitus.
- ◆ Often the person is either anxious, stressed or depressed.

**2. Other causes** include prescription drugs, brain abnormalities, constant background sounds, and cochlear implant surgery.

It was by all accounts a very interesting evening and Dr. Neil took the time to answer a lot of questions from the audience. Judging by the interest shown in the subject, we could have gone on for the rest of the evening. The evening ended, however, with refreshments provided by members Marion Ladkin and Joan Gouws. Thank you Neil, for taking the time to stop off in Vancouver and share your vast knowledge with us.

**For more information, visit Dr. Neil’s website at:  
[www.hearinglosshelp.com](http://www.hearinglosshelp.com)**

## Understanding Hearing Loss

By Hugh Hetherington

To begin with, hearing takes place in the brain. The ear itself is a mechanical-electrical device not unlike a microphone. It receives the sound vibrations from around us and converts them via a multi-stage process into electrical signals that are conveyed to the brain via the auditory nerve. It is a complex system that works synergistically with all of our other senses and provides us with the ability to interpret the world around us.

This complex process, even in the most difficult listening situations give us remarkable abilities to suppress noise, focus on sounds of interest, recognize voices of people we know, and identify an humongous catalogue of sounds that have been filed away in our brains beginning from the time we were born and perhaps even before. It does all of this in fractions of a second.

Unfortunately, hearing loss impairs some of these abilities and affects individuals differently depending upon many factors. Hearing loss can happen at any age and from a wide variety of causes. Congenital hearing loss in children can delay the development of speech and can result in social and educational difficulties. Hereditary hearing loss can show up at any age as can other causes, such as, excessive noise exposure, head trauma and inner ear damage from infections or taking ototoxic medications.

When hearing loss occurs relationships can begin to suffer. There is frequently a misunderstanding about hearing loss, not only by most hearing persons, but by those who suffer from the disability. It is often interpreted as being rude, unfriendly, or even a sign of mental confusion or dementia. It can be called an “invisible disability” and, as such, family, friends and co-workers do not understand the impact it has on the life of the hearing impaired individual. Consequently, they do not know what is needed to make communication easier. To complicate the matter further, many in the early stages of hearing loss fail to recognize what is happening. They are said to be in denial. Can you deny something you don’t know you have? Just asking! The problem generally becomes noticeable at work or when a family member or

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friend complains about the difficulty in communicating.

Common misconceptions are that hearing aids restore normal hearing or that louder is better. In cases of mild hearing loss this may be partially true, however, in the moderate to severe cases of sensorineural hearing loss, cochlear damage has taken place and making them louder does not restore the missing sounds. Clarity is the issue and appropriately fitted hearing aids along with the right attitude, learned coping strategies and use of other assistive listening devices can help to manage the hearing loss and improve the quality of life for the hearing impaired person and those around them.

How a person feels about their hearing loss and how well they manage their needs are the keys to being successful. The first step is acceptance that there is a problem. This needs to be recognized by all concerned. Communication is a two way process. Patience and understanding are necessary. Certain accommodations are also necessary. Don't try to communicate from different rooms. Get the attention of the hearing impaired person before beginning to speak. Ensure that you are facing each other. When necessary, make sure that the environment is conducive to good communication by getting away from noise and ensuring adequate lighting. Courtesy, patience and understanding on both sides will lead to less stress and a more enjoyable life.

To learn more about how we hear, hearing loss, hearing aids, assistive devices, coping strategies and speech reading, you can enroll in the North Shore Branch's Managing Your Hearing Loss course or attend our free Sound Advice workshops at the West Vancouver Seniors' Activity Centre. **See the notices on page 6 in this newsletter.**

Reprinted from: MedIndia, May 30, 2007

## Hearing Loss Becoming an Epidemic in Canada

Hearing loss is becoming an epidemic in Canada, researchers warn. "People are starting to lose their hearing 20 years earlier than in the past," said Heather Ferguson, president of the Hearing Foundation of Canada in Toronto. "I believe we're on the

verge of noise induced hearing loss becoming a Public health crisis."

Due to the prevalence of noise in today's society, the number of people with hearing loss is expected to grow faster than the rate of increase of the senior population itself.

A Canadian Hearing Society Awareness survey indicated five years ago that 25 per cent of people with hearing loss are under 40, and 70 per cent are under 60.

The average age of those experiencing hearing loss was 51. And 16 per cent of 6 to 19 year olds have early signs of hearing loss at the range most affected by loud sounds. And it's only going to get worse. Victoria McLeod, an audiology manager with Re-Sound Canada in Toronto, said she is seeing a definite change in the numbers. "Ten years ago most people coming in were in their 70s. Now it's people in their 50s and 60s - some are even in their 30s." She added that studies have indicated that untreated hearing loss can also lead to a number of long-term side-effects, including depression and accelerated dementia.

The fact is, listening to any sound at 85 decibels or higher for a prolonged period of time can cause permanent damage to hearing. The maximum safe exposure time to 120 decibels is eight seconds. The problem is there is a raft of activities in our everyday lives that exceed those noise levels.

For example, an average conversation takes place at around 60 decibels. Standing on a downtown street corner in rush hour, you're probably exposed to about 85 to 90 decibels. While using an electric hair dryer or pushing a gas lawnmower, you're well into the danger zone at 90-plus decibels. At peak levels, iPods can hit volumes of 120 decibels, which is louder than a chainsaw or jackhammer. Music in dance clubs can peak as high as 150 decibels. Ian Murray, a hearing instrument specialist at the Robillard hearing Aid Centres in Ottawa, said that even 30 seconds at a venue at 100 decibels – well below the level created by a single leaf blower, let alone a stack of high-powered speakers - can cause permanent hearing loss.

Since avoiding noise is not always an option in this day and age, what can people do to stop the spiraling trend to high frequency hearing loss? It's all pretty

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**Managing Your Hearing Loss Course**  
**Eight Mondays Beginning September 17, 2007**  
**1:00 PM to 3:00 PM**

**(Exception: Course will be held on the  
 Tuesday Oct. 9 the day after Thanksgiving)**

**West Vancouver Seniors' Activity Centre**  
**695 – 21st Street, West Vancouver**  
**Course Fee \$36.75 includes Text Book**  
**For Registration contact West Vancouver**  
**Seniors' Activity Centre 604-925-7280**

easy, said Murray. Plug your ears. If you're working with a skill saw, lawn mower or leaf blower, just go to your local hardware store first and buy a \$15 pair of cheap sound-blocking ear protectors, said Murray. "You might just be doing a few cuts, but with hearing loss, the damage is cumulative. Each half hour of extreme noise adds up."

As Ferguson notes that when it comes to earplugs, there's a disconnect between what we know, and what we are willing to do. "Musicians on stage will be wearing specially designed earplugs, but the fans aren't. A parent will wear hearing protection in an occupational setting and then use a leaf blower or go to a concert and not wear a thing." When you're using an iPod or other personal music player, keep the volume levels reasonable. The informal rule of thumb is the 60/60 rule: volume should be at no more than 60 per cent for more than 60 minutes at a time.

Make sure children are appropriately protected from nearby sounds, too. The effects are cumulative for them, too. Also, don't be afraid to get your hearing checked regularly. There are now retail outlets and kiosks that provide hearing testing services. If you find an infection is affecting your hearing, get to a doctor right away. In some cases, a steroid treatment can fix the problem before hearing loss sets in.

And if you are diagnosed with hearing loss, don't wait years to get hearing aids. Murray said it can take people years after diagnosis to take the plunge. But given the slick, new high-tech hearing devices that are now available – including Bluetooth-enabled headsets that allow you to use cell phones and music players – there are no more excuses for not hearing the world around you properly.

**You can visit the Medindia website at:**  
**[www.medindia.com](http://www.medindia.com)**

**Sound Advice**

**Presented by:**

**The Canadian Hard of Hearing Association**  
**North Shore Branch**

**The group meets on the first Friday of each  
 month from 10:00 AM to 12 Noon**

(Holidays excepted) at the West Vancouver  
 Seniors' Activity Centre's Learning Studio,  
 695 21st Street in West Vancouver.

**(No Meeting in July and August)**

When we meet, we discuss topics and issues  
 dealing with hearing loss.

We look forward to seeing you there.

Bring a friend, a family member,  
 they are welcome too.

Subjects to be addressed will include:

Technology; Coping Strategies;

Improving Relationships;

Improving Hearing Environments

**For Information call: 604-926-5222**

**CHHA – North Shore Branch**

**June Meeting**

**Monday, June 18, 2007**

**Time: 7:00 PM**

Place: The Summerhill

135 West 15<sup>th</sup> Street

North Vancouver

**Spratt Family Presentation**

**I Know Someone  
 With a Hearing Loss.  
 How Do I Help?**

**Invite Your Hearing Family Members**

**And Friends. This session will help**

**to acquaint them with your needs.**



Meetings are Hearing and Wheelchair  
 Accessible



All opinions expressed in this newsletter are those of the contributors and not necessarily those of the Canadian Hard of Hearing Association or CHHA – North Shore Branch.