



Mountain Ear

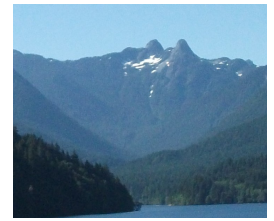
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From the Desk of the President

by Hugh Hetherington

As we move into 2023, we are now attempting to get things back to normal for our branch. At the top of my mind is getting back to re-establishing in-person meetings for our monthly Sound Advice sessions. We now have our last Monday Silver Harbour Sound Advice meetings in-person and so far this year attendance has been building each month. January saw 11 people in attendance and 4 or 5 were there for the first time. We are always happy to welcome new attendees and they are given the first chance to get their questions answered.

Going totally back to in-person meetings has presented its own problems. Over the Covid-19 years when we moved our meetings to Zoom on-line, we have gathered a significant following of people who do not live on the North Shore. We don't want to abandon this group so it seems some Zoom meetings are still necessary. Word about our Sound Advice meetings seems to have spread far and wide and we have people attending the sessions from Vancouver, Fraser Valley, Interior of B.C. and as far away as Alberta and Washington state.

At the moment, we are in discussions with West Vancouver Seniors' Activity Centre about going back to in-person meetings. We don't have the resources to start up a new special Zoom session so we are looking into the possibility of making the first Friday at West Vancouver into a hybrid model with both in-person and Zoom attendees at the same meeting. As you can imagine this may not be as straight forward as it seems and will take a bit of planning. I will keep you posted on the outcome of this venture.

I also want to mention here that we have a website that you should check frequently for any updates. Meeting

information is posted regularly about any changes happening. Visit it at www.chha-nsb.com.

One change that took place that you should be aware of is the following. Bowen Tang, Engagement Manager for Cochlear Canada was scheduled to speak at the February evening meeting but had to cancel at the last minute. He was replaced with a presentation by Lisa Dillon Edgett, Instructor at Vancouver Community College. She spoke on the topic "Filling Your Communication Toolbox: Tips, Tools and strategies for communicating." Bowen's talk has been rescheduled for our April 17th evening meeting.

You will also notice that we are now including a few more articles, as well as, guest speakers on the subject of cochlear implants (CI,s). Some of our members and meeting attendees have recently qualified for or are looking into getting a CI. When you reach a point in your hearing loss where hearing aids are no longer able to help you communicate, you should talk to your audiologist about getting referred to the CI program at St. Paul's Hospital for an assessment. There is help beyond hearing aids. Rick Waters who runs a support group similar to our Sound Advice sessions for CI recipients or those wishing to know more about the process, has been kind enough to provide some articles recently. If you are interested in finding out more about CI's you can attend our April meeting as mentioned in the previous paragraph.

You can also help us. If you know of any subjects or issues people are having with hearing loss, or any interesting speakers on the subject of hearing loss, let us know so that we can make any arrangements to get the information to our members.

That's it for now. Till next time,

Hugh

Summerhill November Meeting Recap

by Hugh Hetherington

On November 21st our guest speaker for the evening was Neil Bauman, Ph.D., owner of the website hearinglosshelp.com. Dr. Neil, as he is often referred to as, spoke of the topic “Don’t Let Ototoxic Drugs Flip Your World Upside Down”. Neil is the author of numerous books on many topics related to hearing loss. He is also a researcher and frequent guest speaker at both CHHA meetings and conferences, as well as many in the USA at HLAA (Hearing Loss Association of America) meetings and conferences.

Although the word ototoxic is often pronounced as “AWE-to-tox-ik” the correct pronunciation is actually “OH-to-tox-ik”. The meaning of ototoxic is “the property of being injurious to the ear”. This definition is taken from the Stedman’s Medical Dictionary. The drugs in question are generally pharmaceutical drugs but other chemicals and herbal products may also have ototoxic effects on the ear.

Dr. Neil stated, of the top 300 prescription drugs used in America in the year 2017, representing more than 2.9 billion prescriptions, more than 96% of them are known to be ototoxic. He cautioned us to watch out for all side effects. A typical drug may have between 150 and 300 side effects, but the package insert typically only lists a few of them. Never assume that this is a complete list of side effects. Ototoxic side effects are seldom listed on such inserts. The truth is that drugs are not as safe as you may think. According to the Public Citizen—Worst Pills, Best Pills News: June 2020: Each year in the USA, around 100,000 people die from adverse drug reactions. And a whopping 2,000,000 people are seriously injured. When it comes to prescription drugs—you are the guinea pig! 51% of the FDA approved drugs released in the past few years have had serious side effects that had not been detected at the time of their release to the public. It took many years after certain drugs were released before they were noted to be ototoxic, for example:

1. Erythromycin 20 years
2. Vicodin 21 years
3. Amoxicillin 41 years
4. Acetaminophen 117 years

Ototoxic Substances are shockingly numerous. There are at least 1,306 drugs, herbals and chemicals that are ototoxic, including: 1116 drugs, 41 herbals, and 149 chemicals.

There are at least 30 different ototoxic side effects used in drug listings that can be lumped under 5 headings:

1. Cochlear Side Effects
 - a. Tinnitus (966)
 - b. Hearing Loss (863)
 - c. Auditory hallucinations (514)
 - d. Loudness Hyperacusis (274)
2. Vestibular Side Effects
 - a. Dizziness (1165)
 - b. Vertigo (1010)
 - c. Ataxia/Gait disturbance (1000)
 - d. Nystagmus (456)
 - e. Labyrinthitis (280)
 - f. Oscillopsia (35)
3. Middle Ear Side Effects
 - a. Ear Pain (Otagia) (659)
 - b. Otitis media (529)
 - c. Eustachian tube dysfunction (285)
4. Outer Ear Side Effects
 - a. Otitis externa (378)
 - b. Ceruminosis (excess ear wax) (326)
 - c. Perforated eardrum (189)
5. General/Unspecified Side Effects
 - a. Ear disorder unspecified (409) or Ototoxicity (165)
 - b. Meniere’s disease (250)

Drug side effect reporting is woefully lacking. According to former FDA commissioner David Kessler, only about 1% of serious side effects are ever reported to the FDA. In a Rhode Island study researchers looked at 26,000 side effects in doctor’s patient files. How many of these side

effects do you think the doctors reported to the FDA like they are supposed to? The shocking truth is doctors only reported 11 side effects. A minuscule 1/25th of 1% American drug policy is apparently: “A pill for every ill.” And “A drug for every bug”.

Go easy on drugs says Dr. S Wolfe, M.D. “Drugs are often prescribed unnecessarily, especially in older adults.” Make your doctor justify any drugs he prescribes for you, and make sure the supposed benefits far outweigh all the potential side effects.

Reduce your risk. Use non-drug solutions to treat your underlying problems:

1. Diet
2. Exercise
3. Herbal and dietary supplements
4. Naturopathic doctors (ND)
5. Chiropractors and Massage therapists

Take prescription drugs as a last resort, NOT as your first line or attack. Fly under the ototoxic drug radar by following these three rules of thumb:

1. Take the least ototoxic drug that will do the job
2. Take the lowest dose that will do the job
3. Take the drug for the shortest time that will do the job.

It’s all about choices. Knowledge is power. You don’t have to let ototoxic drug side effects drive you buggy. When it comes to drugs, you do have a choice. Don’t let ototoxic drugs flip your world upside down.

Much of this information in this presentation is based on the 3rd and the upcoming 4th edition of Neil’s book “**Ototoxic Drugs Exposed**” which can be purchased on his website using the following link: <https://hearinglosshelp.com/shop/ototoxic-drugs-exposed/> For more information Neil Bauman, Ph.D. can be contacted at:

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April Presentation
Monday, April 17, 2023
7:00 pm via Zoom

Guest Speaker
Bowen Tang
Engagement Manager, Cochlear Canada, Inc.

Topic:
“When Hearing Aids are Not Enough”

Are you or a loved one struggling with your hearing? You are not alone. If you interested in learning about how to manage hearing loss and the available technology-how they work, candidacy and more, we can help.

During this seminar, we will:

- Share common signs of hearing loss in adults: what to look for and how to address it
- Share the steps you take to address your or your loved one’s hearing loss
- Explain the different types of hearing loss and what solutions may be right for you.

The meeting is open to the public and there are no restrictions on the number of people who attend. The meeting is expected to last one hour: a presentation followed by questions & discussion.

For information call:

604-926-5222

To request an invitation to join this Zoom meeting, please email:

chhansb475@gmail.com

CHHA National News

CHHA National is excited to officially announce the dates for our National Conference. The event will be primarily held as a virtual webinar. Mark the dates on your calendar and stay tuned for more program details. When: May 31st to June 2nd, 2023

Fixing a Broken Chain

by Rick Waters

There is no question that hearing loss has some major negative implications. There is some evidence that hearing loss is correlated with increased risk of dementia, that hearing loss leads to social isolation, and as anyone with hearing loss can attest, hearing loss leads to feelings of extreme frustration.

Frustration trying to hear others in social situations, frustration trying to hear movies or the television, frustration hearing on the telephone, frustration communicating with loved ones, particularly grandchildren. And I'm sure, if you have hearing loss, you can add to this list.

Fortunately, there are some solutions to these problems, and first to mind are the very sophisticated hearing aids available today. These aids are able to analyse the sound environment, and focus on the speaker you are trying to hear. They also come with accessories to help in noisy restaurants, or to hear the television. For people with mild to moderate hearing loss, they make a substantial contribution to the quality of life.

But, as hearing loss progresses, as it unfortunately often does, those hearing aids may no longer be adequate in some situations. As hearing loss becomes severe or profound, and your audiologist can no longer tweak the programming to help you hear in noisy situations, or at the theatre, or while watching television, they may suggest that you are a candidate to receive a cochlear implant, and ask if you'd like to be referred to the cochlear implant program at St. Paul's Hospital.

You may ask why, if hearing aids don't do an adequate job, will a cochlear implant do anything more for me? Good question. The answer lies inside your head, in the inner ear to be precise. You see, most hearing loss is the result of damaged hair cells inside the cochlea, that pea-sized snail-like part of your ear that is filled with fluid, containing millions of tiny hair cells which respond to sound vibrations by sending electrical impulses to your brain. Once the hair cells are damaged this process no longer works as nature intended. Think of this as a sort of chain, with the outer ear, the ear drum, the three little bones in the middle ear, and finally the cochlea as the links. If any of the "links" in the chain are damaged, your hearing will suffer.

A hearing aid takes the sounds in our environment, amplifies them, and sends them into the chain. This helps, but does not overcome severe or profound loss for most people. In particular, speech, critical in everyday life, may still be muffled, and hard to understand. This is because in the cochlea the cells which respond to the higher frequencies are the frequencies of the consonants in our language typically suffer the greatest damage. Think of "f", "sh", "t", "c", "ch" etc. If you miss these sounds, you may very well miss the entire word.

In contrast, a cochlear implant bypasses the chain, and instead, sends electrical impulses directly into the cochlea, where they are received by the auditory nerve, and sent directly to the brain. And, because of the "design" of the cochlea, a cochlear implant does much better with those high frequency sounds we mentioned above. The consonants become much easier to hear, and consequently speech is much easier to understand. And, because there is no "receiver" inside your ear, feedback, that annoying whistling sound, is non-existent.

Today's cochlear implants have most, if not all, of the features of the latest hearing aids. They can focus on sounds in front of you, or even to the side where someone is talking; they have multiple program capability, to allow for different programming for music, or noisy situations for example; they have bluetooth connectivity, to allow use with wireless accessories and cellphones; and they are designed to work in conjunction with hearing aids, or a second implant. You could think of them as hearing aids, with a major advantage: they bypass the weakest link in your hearing.

Today's cochlear implants are very small, the newly-announced Nucleus 8 from Cochlear Corporation, the pioneer in the field, is about the size of a modern behind-the-ear hearing aid. It uses a small, rechargeable battery that typically lasts for one or two days before requiring a recharge, and has a suite of accessories for listening to TV or a music system, and for hearing people in very noisy situations.

They are provided free of charge by the BC Government, and the recipients are entitled to an upgrade every 6 years, with a \$600 upgrade fee. The implanted component of a cochlear implant is there for life, and does not require upgrading.

The process starts with a referral to the program from an

audiologist or your GP. The staff at St. Paul's will evaluate your hearing and your life situation, and either approve you for an implant or not. If you are approved, you will be put on the wait list for surgery. Wait times vary, but you can ask to be put on a "cancellation" list if you are able to go in on short notice. The surgery is a day surgery procedure, and is minimally invasive, which generally means you are up and at it a day or so later. About five weeks after surgery, you will be activated. The audiologist at St. Paul's will program your implant, and do some testing to see how well you are hearing. At "switch on" you'll have some simple oral testing done by the audiologist, then sent out into our very noisy world to hear all over again, which for some, means a period of rehabilitation. Initially, the program, usually called a map, will be adjusted a few times, and afterwards you will go in for a once-a-year checkup. In the end, hearing is not about sounds, it's about life, and for those with severe or profound hearing loss, a cochlear implant can figuratively fix the broken chain, and give you your life back.

Living Successfully with Hearing Loss

by Lisa Dillon Edgett

Living Successfully with Hearing Loss (LSWHL) is an enjoyable and effective course with a goal of understanding hearing loss, developing skills and strategies, and communicating more effectively. As the instructor, I have so many great things to say about it. I have seen the impact it has on those who participate.

However, I would like to share the perspectives from two of last term's students who really captured the impact for them:

"It has changed my life in that I am happier and more confident as I don't feel so hopeless and helpless about staying connected to others."

"When I began level one I felt isolated and incompetent because I missed so much, especially with Covid's extra restrictions. Through all the incredible resources, peer sharing and Lisa's wisdom and support, I've learned and expanded my confidence, sense of adventure, and feeling of functioning more independently and usefully in the world. Level two really extended and enhanced the foundation to this new mind set that was initiated in level

one."

These Vancouver Community College (VCC) courses continue to be offered **online**, a format which is accessible and opens the opportunity to those who cannot travel or live further away. We provide a course website to preview the weekly materials as well as a **weekly Zoom** with small, manageable groups. The course lasts for 12 weeks.

The course runs three times per year. The next sessions will begin in April. Level 1 has an afternoon or evening Zoom option on Tuesdays. The Level 2 course has an afternoon or evening option on Wednesdays. The cost of the course is about \$295. While a senior tuition waiver is no longer widely offered, we do have a limited number of waivers for those in need and an Adult Upgrading Grant for those with low-income status. Please get in touch to see if you qualify. Your friends and family members are also welcome (and encouraged!) to register.

LSWHL Level 1: 3 Zoom options 90minutes

Tuesday afternoons: 1pm from April 4 to June 21

Tuesday evenings: 7pm from April 4 to June 21

Wednesday afternoons: 1pm from April 5 to June 22

LSWHL Level 2: 1 Zoom option 90 minutes

Wednesday evenings: 7pm from April 5 to June 22

Find out more about the Level 1 course here:

<https://www.vcc.ca/coursese/dhhe-0618/>

Do you want to ask questions about the course? Discuss whether the course would be appropriate for you? Do you want to do a trial on Zoom to see how it would work? Please email me. I would love to chat with you! Contact me soon to confirm your spot.

If you would like to attend an online information session at 1pm on March 8th, use this link to register:

<https://www.vcc.ca/applying/apply-now/info-sessionstours/living-successfully-with-hearing-loss/>

Lisa Dillon Edgett, Ph.D., RAUD, Aud(C)

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Pocketalkers and Their Uses
by Hugh Hetherington

A pocketalker is a portable personal amplifier that can reduce background noise by bringing the voice of the speaker close to the listeners ears. It is not a replacement for hearing aids but is useful for someone who doesn't have them and finds it difficult to hear in some specific situations. Like many hearing devices the pocketalker was a rather bulky device but has evolved into a smaller, less cumbersome product with additional features. It can be used with earbuds, headphones, and neckloops if your hearing aids have telecoils.

It can be used in a number of settings. One of the most important uses is in hospital. Hospitals need to be quiet places and the staff or visitors may need to speak softly. Sometime the patient cannot wear his/her hearing aids. The patient has a strong interest in understanding the communication to get the best outcome. This is also important for the healthcare provider. The pocketalker fills this need and avoids having to shout or speak loudly. It can relieve the stress on both the patient and the healthcare provider by eliminating the need to repeat instructions over and over to get the message across.

Other uses include care homes, ER, hospices, small group discussions, listening to the TV, and in one-on-one discussions. The pocketalker can help people who are unable to afford prescription hearing aids or not yet ready to go that route.

A reasonably priced pocketalker is easy to obtain and can be purchased from your audiologist although their services are not required to purchase one. They can be purchased through some electronic stores, on websites like ALDS.com or the Wavefront Centre in Vancouver, B.C.



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.

Sound Advice

Presented by:

The Canadian Hard of Hearing
Association
North Shore Branch

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

Subjects to be addressed include:

Technology;

Speech Reading;

Coping Strategies;

Improving Hearing Environments

West Vancouver Seniors' Centre
Sound Advice sessions will be held as **online Zoom** meetings on the First Friday of each month at 10:00 AM. To receive an invitation to join the meetings, please send an email to chhansb475@gmail.com to be added to the list.

Silver Harbour sessions will be held as **in-person** meetings on the last Monday of each month at 10:00 AM. Silver Harbour Centre is located at 144 22nd Street in North Vancouver. There are no meetings in July & August

For Information call:
604-926-5222