

Whispers

the joy of
HEARING



DECEMBER 2022

Newsletter of Better Hearing Australia [Sydney] Inc

Dear Members, Supporters
and Friends of BHA,

Welcome to our last edition
of Whispers for 2022.

This has been another
difficult year with COVID-19
continuing to impact our
daily lives and the lives of our friends and
families. Even though many people appear to
have given up trying to avoid COVID, we need to
remain vigilant and take adequate precautions
whenever necessary.

As advised previously, our AGM was held via
ZOOM on Friday, 25th November 2022 at 12.00
noon. The Committee considered whether to
hold a combined face-to-face/hybrid meeting
but unanimously agreed that it would be
prudent to hold the meeting by ZOOM.

I'm pleased to advise there were 12
members present and/or by proxy, which
constituted a quorum.

My thanks to fellow Committee of Management
members, Gina Carovigno, Harold Sharp OAM,
Trish Wetton OAM and Malcolm Minter for
agreeing to continue on the committee and
for their ongoing support and contributions
throughout the year.

I also extend my appreciation and thanks to
Brad Cooper who indicated his intention to step
down as Treasurer but will thankfully continue
as Office Manager. Malcolm Minter has agreed
to assume this role, which he has undertaken
previously.

I'm delighted to welcome long-time Sydney
member and former President of BHA WA
and National President of BHA Inc., Elizabeth
Ellis, who is joining our committee. As you can
see from the attached article, she has been
busy working with NextSense, sharing her



experiences and giving advice to potential
Cochlear implantees.

For members who are interested, World Hearing
Day will be held on 3rd March 2023, with the
theme, "Ear and Hearing Care for All" and
will highlight the importance of integrating
ear and hearing care within primary care, as
an essential component of universal health
coverage.

On this day, WHO will launch a new training
manual – **Primary ear and hearing care
training manual for health workers and
general practitioners**. The manual will be
accompanied with trainer's handbook and
other community resources.

VALE: We have been saddened by the passing of
members Richard Thomson, Lorraine Lysaght
and former members Annette Biddlecombe
and Patricia Quinn-Boas. Patricia was President
of BHA Sydney branch from 1982-1984. Our
sincere condolences to their respective families
and friends.

My grateful thanks to all our members, partners,
teachers and volunteers involved in running the
Sydney branch. Without your contributions, our
branch would not be able to function.

Following the recent upsurge in COVID activity,
we have reluctantly decided to again postpone
our regular volunteer Christmas *function*
this year.

May I wish you and your families warm wishes
for a wonderful Christmas and a happy and
safe New Year.

Best wishes
John

*NB The office will close from Tuesday, 13th
December 2022 and re-open on Monday, 9th
January 2022.*

How Elizabeth overcame her fear of surgery

Elizabeth knew a cochlear implant could address her hearing loss but was reluctant to have one. What changed her mind?



As a nurse, Elizabeth Ellis has had plenty of exposure to surgery. But when it came to her own health and the prospect of addressing her hearing loss, she was reluctant to be a surgical patient.

Although back in 2008 her audiologist suggested cochlear implant surgery, she elected to continue on with her hearing aids, even though they were becoming less and less powerful.

‘I was worried about the risk of rejection or it not working, and because at the time, I was managing. I always said I will never have anything done until there’s no other option,’ Elizabeth says.

But her hearing continued to deteriorate, and ultimately, she found that hearing aids were no longer enough.

‘Eventually, there was nothing I could do—there were no hearing aids strong enough. The biggest challenge was the phone. I was using a telecoil and struggling. Lots of times I couldn’t manage,’ she says.

So, in 2013, Elizabeth decided to go ahead with a cochlear implant on her right side. By that time, she wasn’t nervous, because ‘I knew I needed to have it’.

She underwent the procedure at a WA private hospital. The surgery went smoothly, and she was out of the hospital the next day.

Once her cochlear implant was switched on, Elizabeth threw herself into listening exercises and quickly began to adjust to the new sounds.

‘It was far better than I ever imagined. You don’t know any different when you have struggled all your life. I didn’t realise what strain I had put myself under by not having it [the cochlear implant],’ she says.

Elizabeth has had hearing loss all her life. As a teenager, she underwent bilateral stapedectomies and began to intermittently use hearing aids as her career began.

As a nurse, she used her lived experience to support others with hearing loss to have a better quality of life. She applied her knowledge and skills by becoming President of Better Hearing Australia, teaching lip reading, and working with an audiologist and an ear nose and throat surgeon.

But over the years Elizabeth noticed she was finding it harder to hear, despite upgrading her hearing aids frequently.

After her cochlear surgery, Elizabeth functioned well for several years by relying on a combination of her cochlear implant on the right ear and a hearing aid on the left. But then, as her hearing on the left side began to deteriorate and she could not hear on the phone, Elizabeth knew it was time to get a second implant.

In 2019, then living in Wollongong NSW, Elizabeth was referred to NextSense. After a series of tests, surgeon Associate Professor Jonathan Kong implanted her second device.

‘It worked wonderfully. Life is a breeze now. I can hear without concentrating on listening,’ she says. ‘I can now follow the TV and be doing

something else at the same time and still understand what they're saying.'

Her NextSense audiologist, Paul Jevelle, says the sound from cochlear implants can take time and practice to get used to, but that 'Elizabeth's realistic expectations combined with her diligence for listening and practising have allowed her to get the most out of her cochlear implants.'

Elizabeth's results continue to improve as she recognises even more sounds. For the first time, she can now hear the ocean from her home.

Article from NextSense reproduced with permission of Elizabeth Ellis

'I used to think, who's running their air conditioner at 5:00 am? Then I realised, wow, it is actually the ocean.'

She now shares her story and advice with others considering or getting cochlear implants at the NextSense Discover Hearing Aids events in Wollongong.

'I now have confidence with my hearing,' she says. 'My advice would be to look into it earlier rather than later because many people put it off, just like I did. Gather the information and seek out whether you're suitable or not.'

Have sleep apnea? You might have hearing loss, too

Hearing loss, tinnitus and Meniere's disease are all linked to obstructive sleep apnea

Contributed by Joy Victory, managing editor, Healthy Hearing

If you've been diagnosed with sleep apnea, you may want to schedule an appointment to see a hearing care professional, too.

While researchers are still studying the relationship between the two, hearing loss and sleep apnea appear strongly linked, according to several studies published in the past few years.

People with sleep apnea are 21% more likely to have hearing impairment, according to a 2022 observational study of close to 7,000 older adults in Europe. The results were published in the journal *Clinical Otolaryngology*.

Based on the results, the study authors recommend that all people with obstructive sleep apnea receive screening for hearing loss.

Another study of nearly 14,000 people found that hearing impairment was more common among those who had a higher body mass index, snored and had severe sleep apnea. Study participants received in-home sleep apnea studies and on-site audiometric testing.

Another, much smaller study found that among people with severe obstructive sleep apnea, those with the lowest oxygen levels were much more likely to have hearing impairment.

What is sleep apnea?

There are several types, but the most common is obstructive sleep apnea (OSA). This type of sleep apnea arises when the muscles and tissues around a person's airway relax and block breathing. This causes a person to snore and frequently wake up, out of breath. Symptoms include snoring, gasping or choking while sleeping, daytime sleepiness, morning headaches, irritability, learning or memory problems, mood swings, and dry throat upon waking in the morning. Sleep apnea should be treated, since it not only leads to exhaustion, it strains the heart and increases the risk of heart disease. It affects roughly between 10-20% of all adults, and is more common in men and people who are overweight.

How does sleep apnea affect hearing loss?

It's not known for sure if sleep apnea directly causes hearing loss. However, sleep apnea reduces blood flow to the ears, which require a healthy supply of blood to work properly. Also, years of loud snoring may permanently damage ears' sensitive hair cells, resulting in sensorineural hearing loss, the most common type of permanent hearing loss.

Hearing health professionals have known for some time that circulatory issues can

cause hearing loss. Research indicates those with heart disease are more than 50 percent more likely to have some type of hearing impairment. According to the American Diabetes Association, patients with diabetes are twice as likely to have hearing loss as those who do not. Smokers are more likely to develop hearing loss because the habit depletes oxygen levels in the inner ear. Untreated high blood pressure can also contribute to hearing loss as well as tinnitus, which is also known as ringing in the ears.

Both can negatively impact relationships

In addition to increasing your risk of many different types of health disorders, both hearing loss and sleep apnea can have a profoundly negative impact on your personal relationships. Bed partners are often the first to realize a person has sleep apnea, and the snoring and restlessness causes them to lose plenty of sleep, too. Add hearing loss to the mix, and you have a recipe for lots of frustration and poor communication.

What about tinnitus and sleep apnea?

It's well known that tinnitus, or ringing in the ears, can make it hard to sleep and trigger insomnia. But what about its relationship to sleep apnea? There hasn't been a lot of research on sleep apnea and hearing loss in general—and even less so when it comes to tinnitus. However, a 2017 case-control study in Taiwan did specifically look at the issue and found that “the risk of tinnitus was found to be significantly higher” in middle-aged and older people “with sleep disturbances, especially with sleep apnea.” It's not known if one causes the other, or if other factors, such as genetics or lifestyle choices, increase a person's risk for both disorders. We do know that treating sleep apnea increases the chance of a good night's sleep, thereby reducing exhaustion and stress in a person's life—which is always a good thing for tinnitus sufferers.

Vertigo (dizziness) and sleep apnea

Recent research from Taiwan also found a link between sleep apnea and vertigo, especially among women. They noted that among patients diagnosed with vertigo and sleep apnea, many were not regularly using the preferred treatment for OSA, which is wearing a continuous positive airway pressure (“CPAP”)



machine at bedtime. This may play a role in worsening vertigo, given the value of sleep on quality of life and brain health.

What about Meniere's disease?

Among people with Meniere's disease, the risk of also having obstructive sleep apnea is about 15%, according to an article published in the journal *Case Reports in Otolaryngology*. Middle-aged women are at particular higher risk. Because untreated hearing loss can cause a person with Meniere's to take medications that may worsen their symptoms, it's very important that a person uses CPAP to reduce the need for sleep medications, the authors noted.

Meniere's disease causes ear fullness, dizziness, tinnitus and hearing loss, all of which can fluctuate.

Treatment is available

If you suspect you have sleep apnea, schedule an appointment with your doctor. Treatment may include lifestyle changes such as weight loss, smoking cessation, use of a CPAP machine or oral breathing devices to wear at night, medicine to help you stay awake during the day, and/or surgery to correct a blockage.

Meanwhile, a hearing healthcare professional can check your hearing, and if needed, provide hearing aids to help you hear better. Many hearing care professionals also can help with tinnitus.

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