

THE HEARING AID CENTER

NEWS CORNER



Spring 2016

Working Together to Help You Stay Connected

MESSAGE OF APPRECIATION

The Hearing Aid Center would like to say thank you to our patients for trusting us with all your hearing needs. We are dedicated to providing you with an outstanding level of care and service.

We at The Hearing Aid Center are deeply committed to improving the lives of people with hearing loss and restoring their connection to those around them. We love what we do and we feel blessed to be able to help you improve your quality of life through better hearing. **Thank you again for voting us "Best of the Best in 2015!"**

Voting "Best of the Best" for 2016 starts in early May. You can vote online at www.auburnjournal.com or you may use the tear out version in the Auburn Journal. This award adds to the spirit of our wonderful Auburn community and is always a great honor for the recipient. We hope you will remember us when voting.

CONSTANT RINGING IN YOUR EARS? HEARING AIDS OFFER HOPE



If it seems like your ears ring constantly, it's probably not your imagination or the economy . . . and you're not alone. You may have tinnitus, an inner ear ailment that affects between 25 million to 50 million Americans -- with about 12 million people experiencing such severe symptoms it affects their daily lives.

The good news is treatment, including hearing aids, can offer relief to some suffering the persistent ringing, buzzing or humming associated with tinnitus, says the Better Hearing Institute.

Tinnitus can be intermittent or constant. Causes range from ear infections and overexposure to extremely loud noises, to underlying health problems like allergies or heart and blood pressure problems. Often, sufferers are unable to pinpoint the cause of their tinnitus.

"Tinnitus can have a direct impact on a person's emotional well being," says Dr. Sergei Kochkin, BHI's executive director. "Not only can their hearing be affected but also their ability to sleep and to concentrate."

Kochkin and Dr. Richard Tyler, a professor in the University of Iowa's otolaryngology and communication sciences and disorders departments and editor of *The Consumer Handbook on Tinnitus* (Auricle Ink, 2008), published an article in the December 2008 *Hearing Review* on their survey of 230 hearing health professionals in the United States and Canada. Their survey found that six out of 10 patients reported some tinnitus relief when using hearing aids and two out of 10 reported major relief.

The symptoms of tinnitus "influence basic life functions such as socialization and relaxation," the duo wrote. "In severe cases it can interfere with the individual's ability to perform adequately on the job, or contribute to psychological disorders such as depression, suicide ideation, post-traumatic stress disorder, anxiety and anger."

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**Providing you with a comfortable, personalized experience
and the best hearing healthcare available.**

CONSTANT RINGING IN YOUR EARS? HEARING AIDS OFFER HOPE *CONTINUED...*

Although tinnitus is actually common and can cause major life disruptions, the number of sufferers who seek treatment for the problem is relatively small. One reason may be that they mistakenly believe their condition is untreatable. Unfortunately, many doctors are also unaware of the latest treatment option, BHI says. Patients may think they simply have to learn to live with the noise.

"No one should ever ignore persistent tinnitus," Kochkin says. "Not only is every individual entitled to a chance to regain his or her quality of life, but in rare cases tinnitus also can be a symptom of a more serious health issue that could demand medical intervention. What's more, nearly everyone with tinnitus has hearing loss as well."

In a recent large-scale survey by the Better Hearing Institute of the American hearing impaired population, 39 percent (more than 9 million adult Americans) indicated they had not sought help for their hearing loss specifically because they also had tinnitus. "Research shows that untreated hearing loss has its own negative social, psychological, cognitive and health effects on the individual suffering from it," Kochkin adds. "So the individual with both untreated tinnitus and untreated hearing loss suffers an even more diminished quality of life than individuals with just tinnitus or just hearing loss."

While hearing aids are not a cure for tinnitus, they may be able to help tinnitus patients by:

- Improving communication and reducing stress, which makes it easier to cope with the condition.
- Amplifying background sounds, which can make tinnitus seem less loud and prominent.

A new type of hearing aid, called the open fit hearing aid, may be particularly useful in alleviating tinnitus. The open fit hearing aid can reduce the effects of the tinnitus ringing sensation while still allowing sounds from the outside to pass into the ear.

If you think you have tinnitus have your hearing evaluated by a hearing health professional and to explore the use of hearing aids to alleviate tinnitus. The American Academy of Otolaryngology (AAO-HNS) and the American Tinnitus Association recommends these additional tips for minimizing the effects of tinnitus on your health:

- Avoid exposure to loud sounds and noises.
- Get your blood pressure checked. If it is high, get your doctor's help to control it.
- Decrease your intake of salt. Salt impairs blood circulation.
- Avoid stimulants such as coffee, tea, cola, and tobacco.
- Exercise daily to improve your circulation.
- Get adequate rest and avoid fatigue.
- Eliminate or reduce some stress in different parts of your life; stress often makes tinnitus worse.
- Experiment by eliminating other possible sources of tinnitus aggravation, e.g. artificial sweeteners, sugar, alcohol, prescription or over-the-counter medications. *(Do not stop taking medications without consulting with your health care professional about the possible ototoxic impact of your medications.)*

Better Hearing Institute

ANNA'S FAVORITE RECIPES

Oatmeal Raisin Cookies

These cookies are truly worth trying. My dear friend brought me a batch of these when I injured my knee. It was the tastiest gift I had received in awhile. I brewed a pot of my favorite chamomile tea and enjoyed my new favorite treat. I hope you enjoy these cookies as much as my family and I do.

Ingredients

- 1 1/2 cups pecans
- 1/2 pound (2 sticks) unsalted butter, at room temperature
- 1 cup dark brown sugar, lightly packed
- 1/2 cup of granulated sugar
- 2 extra-large eggs, at room temperature
- 2 teaspoons pure vanilla extract
- 1 1/2 cups all-purpose flour
- 1 teaspoon baking powder
- 1 teaspoon ground cinnamon
- 1 teaspoon kosher salt
- 3 cups old-fashioned oatmeal
- 1 1/2 cups raisins

Directions

Preheat the oven to 350 degrees F.

Chop the pecans very coarsely.

Beat the butter, brown sugar, and granulated sugar together until light and fluffy. Then, add the eggs, one at a time, and the vanilla.

Sift the flour, baking powder, cinnamon, and salt together into a medium bowl. Slowly add the dry ingredients to the butter mixture. Add the oats, raisins, and pecans and mix just until combined.

Bake for 12 to 15 minutes, until lightly browned. Transfer the cookies to a baking rack and cool completely.

HOW HEARING LOSS IS DIFFERENT THAN LOSING YOUR VISION

It's a common misconception. If you can buy a pair of readers from the drugstore for your vision, why can't it be that simple for your hearing?

Truth be told, although hearing and vision are both senses, that's where the similarity ends. In other words, losing your hearing is much different than losing your vision — and here are the reasons why.

Correcting hearing loss is complex

Vision loss can often be corrected to a normal level with eyeglasses while hearing devices cannot restore hearing to normal. In other words, you can't expect to have "20/20" hearing from wearing hearing aids like you can with your vision from wearing eyeglasses.

According to the CDC, refractive disorders — such as nearsightedness, farsightedness and astigmatism — are the most frequent eye problems in the United States, affecting as many as 11 million Americans aged 12 years and older. The good news? In these cases, eyesight can be corrected back to normal vision with the correct prescription eyeglasses, contact lenses or corrective eye surgery.

As for your hearing, although hearing device technology has improved substantially in the last 10 years, hearing aids can't repair the damage to the hair cells of the inner ear. These hair

cells do not regenerate, so when they die or are damaged, the brain has a harder time interpreting the signals they send. Hearing devices are great at amplifying the sound coming into your auditory system; however, it is inherently more difficult for them to pick out the signal of interest than it is for your brain. Digital hearing aids have made great strides in this area — hearing aids today are very good at processing complex sounds to pick out the useful signals. Unfortunately, the average person waits several years to get their first hearing aids, reducing the stimulation of the auditory portion of the brain during this time. When the hearing aids are finally fitted, the first time user often needs to retrain the brain to grow accustomed to the wide range of sound stimulation again.

The auditory system is more difficult to access

Eye surgery can correct a variety of vision problems while most hearing loss cannot be surgically corrected. Modern medical science has discovered how to replace and reshape the lens of the eye to correct problems such as nearsightedness, farsightedness and astigmatism. Additionally, cataracts, which are the leading cause of vision loss in the United States, can be surgically removed. The CDC estimates 20.5 million Americans age 40 and older have cataract in one or both eyes and 6.1 million have had their lens surgically removed. Photorefractive keratectomy (PRK) surgery corrects myopia and laser in situ keratomileusis (LASIK) surgery corrects those who are either nearsighted

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JOIN US FOR OUR SPECIAL EVENT!

Please accept this limited time offer exclusive for our newsletter readers!

PLEASE JOIN US...
MAY 19TH & 20TH



PLEASE JOIN US AND AUDIOLOGIST, DOROTHY MUTO-COLMAN FROM RE SOUND, FOR A TWO DAY EVENT, MAY 19TH & 20TH, TO TRY THE LATEST DIGITAL HEARING INSTRUMENTS FROM RE SOUND, ONE OF OUR MOST TRUSTED MANUFACTURERS.

WE ARE OFFERING UP TO \$500 OFF A PAIR OF PREMIUM RE SOUND HEARING AIDS*!

*Promo is on series 7 & 9 premium hearing aids.



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David Gibson
Licensed Hearing
Aid Dispenser

SPECIAL EVENT INFO INSIDE!

HOW HEARING LOSS IS DIFFERENT THAN LOSING YOUR VISION

CONTINUED...

or farsighted. All of this is made possible by the surgeon's easy physical access to the eyes.

Those with conductive hearing loss may be able to have their hearing restored, as this condition is typically associated with an obstruction in the ear — such as excess earwax, an ear infection or damage to the bones of the middle ear. Unfortunately, it's not the same for those with sensorineural hearing loss, which accounts for as much as 90 percent of all hearing loss. Those with this type of hearing loss have damage to the inner ear or the nerve that runs from the ear to the brain, or even the brain itself. The location of the inner ear, deep within the temporal bone, makes it difficult to access the structure for repair, even if we could repair or regrow those delicate hair cells of the inner ear.

Here's the bottom line

Both your vision and your hearing are important senses which should be evaluated on a regular basis. According to an article

on vision loss on MedicineNet.com, nearly half of Americans worry more about going blind than losing their memory or their ability to walk or hear, yet 12.2 million adults who require vision correction don't use any. And 48 percent of parents with children under 12 have never taken their child to an eye care professional.

The statistics aren't much better when it comes to hearing. Research indicates the average person diagnosed with hearing loss waits an average of seven to 10 years before seeking treatment. During that time, other medical and social problems such as an increased risk of developing Alzheimer's disease and dementia as well as anxiety, depression and social isolation can result. Hearing healthcare professionals recommend having a baseline hearing test at age 50, with follow up exams annually after the age of 55.

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