

Audiology Newsletter

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Winter—Spring 2008

Issue 14

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Northern Territory Emergency Response

I had the fortune of being selected in the Federal Government's Northern Territory Emergency Response (NTER) Hearing Program, and so volunteered in remote communities around Alice Springs in April. The Hearing Program is part of the Phase II initiative of the NTER. Phase I (June 2007) involved child health checks and addressing drug and alcohol abuse. Phase II is essentially about dealing with the outcomes of the health checks. That is, the child health checks identified three major needs; (1) Hearing & Ear Surgery, (2) Dental & Oral Health, and (3) Primary Health Care. Hearing and dental accounted for the highest percentage of diseases in the community and therefore are being dealt with separately from all other diseases and referrals (now termed Primary Health Care). Phase III is designed to achieve sustainability of services to remote communities.

Fit-outs have commenced for 69 shipping containers being made into accommodation and mobile hearing and dental units. There is also a fleet of buses placed on permanent standby to ferry the children to surgery. There are hundreds of people volunteering their services throughout Phase II, including ENT surgeons, audiologists, dentists, clinical nurses, police, Centrelink staff, and Alcohol & Drug officers. The dedication from people is phenomenal.

It is difficult to summarise my experiences, discussions and expectations from just a fortnight's involvement in the program. The saying "no one person can change the world, but one person can change the world for one person" is what I hoped to achieve. What seems to have consensus is that even with perfect primary health care, rates of severe ear infection (which jeopardise learning and long term education achievement), may remain high unless we address the extreme poverty, the paucity of educational opportunities, and high unemployment in remote Aboriginal communities. This will require substantial investment in to a range of services that include health, education, housing, transportation and recreation.



Bronwen with a darling little girl from one of the remote communities near Alice Springs

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XVIII Audiology Australia Conference

I attended the Australian Audiology Conference in Canberra, where an enormous number of research papers and posters were presented and many hearing aid manufacturers had trade displays showcasing their latest products. There were three streams of papers presented concurrently each day —e.g. hearing aids, electrophysiology and paediatrics—with papers of 15 minutes duration. So, perhaps it is best to summarise the conference by stating what I felt were key themes for now and future directions:

- Potential massive changes for health industry funding—e.g. GP Superclinics; COAG health reform priorities; 2008 budget earmarked \$500 million dollars in health savings with the detail of how this will be done yet to be provided.
- Health & Ageing: approaches and difficulties
- Remote Health needs
- Focus on outcome measures
- Wireless technology benefits (eg Bluetooth attachments to hearing aids for use with mobile phones, TVs and MP3s)
- *Neuromonics* tinnitus treatment success / validation

I believe the next future trend in hearing aid fittings will be synchronised hearing aids. Manufacturers have introduced wireless technologies that enable the right and left hearing aids to be linked and work together in a synchronised system (*bilateral linked hearing aids*). Presently, however, this feature is only available in the most expensive and physically larger aids but if continues to show success will become more readily available in other price ranges and styles.

Telephone Hearing Test

One in six people in Australia has some degree of hearing loss, and with our ageing population, this statistic is expected to increase to one in four Australians by the year 2050 (*Australian Hearing, Annual Report 2007*). To assist with hearing loss diagnosis, Australia now boasts the most advanced diagnostic telephone hearing system in the world.

An Australian government initiative means all Australians are now able to determine whether they have a hearing loss by calling a toll-free telephone number and responding to a series of sounds played down the line. The system, called Telscreen II, uses computer-generated noise that obscures speech to determine whether a person is suffering from hearing loss. The test is aimed at the very elderly and rural people who may find it inconvenient to attend face-to-face testing in clinics.

At the end of the telephone service, the caller is told whether their hearing is within or outside the normal range.

The service can be accessed by calling 1800 826 500 toll-free and following the voice prompts.

Bagpipes (The Australian, April 21, 2008)

BRUSSELS: Bagpipers will have to adhere to strict volume limits from this month or risk breaking European Union health and safety laws. Bands have been ordered to tone down or wear earplugs to limit noise exposure to 85 decibels.

Humans Versus Animals (Hear the World, 2008)

Were we not all of the opinion that animals have better hearing than humans? Now it has transpired that our hearing is far more sensitive than we all thought.

Neurologists at the Hebrew University of Jerusalem have discovered that the human sense of hearing can actually only be beaten by that of bats, according to an article in *Nature* magazine. The researchers implanted an electrode in four patients' brains and played them music and film recordings. The results indicated that we are able to differentiate between sounds which differ by only one tenth of an octave. Cats, by contrast, can only detect one octave, rats a third of an octave.

This frequency differentiation is probably connected to our linguistic development, our memory and our learning ability. Unfortunately in terms of our sight and sense of smell, we still seem to be at a disadvantage compared to parts of the animal kingdom.

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Earplugs ‘new disco fashion item’ (Reuters, 6th March, 2008)

Earplugs may not be the most glamorous fashion item around, but a charity for the deaf has asked designers to pitch suggestions to make them hip enough for young clubbers at risk of long-term hearing damage. The Royal National Institute for the Deaf (RNID) has launched a competition to find a look that will dispel the prevailing feeling that earplugs look to “medical”, aesthetically unappealing and socially unacceptable. “Because of Bluetooth headsets and iPods, people are getting more used to the idea of putting things in their ears that are fashionable”, said a spokeswoman. The winning designers will get internships with firms with the aim of putting their earplugs into production.

UQ Graduate Australia’s First Audiologist with a Cochlear Implant (University of Queensland, December 2007)

This year, Bill Raymond became the first cochlear implant recipient to become an audiologist in Australia. This is an incredible achievement for the 24 year old, who was born with a severe hearing disability.

A cochlear implant is a surgically implanted device which transforms sound into electrical impulses, which are then transmitted to the brain for decoding.

Mr Raymond received the implant when he was 13, after his hearing deteriorated and he was no longer assisted by hearing aids.

“I was extremely unhappy. I felt very isolated. I had been doing quite well at school, but now the teachers didn’t bother talking to me. I just read a book in the corner and my friends got sick of repeating the punch line to their jokes. I stopped going to their houses and was painfully shy”, he said.

Mr Raymond described the experience of receiving the implant, which in 1996 involved numerous interviews with health professionals, a two hour operation (now performed via keyhole surgery), sickness from the anaesthetic and the first overwhelming attempts to turn on the implant, as “an ordeal”.

“The first time the implant was turned on, Mum spoke to me. Her voice should have been the most natural sound in the world, but it sounded like breaking glass and I cried” Mr Raymond recalls.

But very quickly, the implant enabled his brain to make sense of sounds coming via this new source.

“Within a month or two I was going to friends’ houses again. Just in that short amount of time! It was pretty spectacular”.

Mr Raymond’s achievements since then have been no less spectacular. Mr Raymond finished school as Captain of Pittsworth State High School and an OP of 3. He had already decided to study audiology at the University of Queensland, and completed his Masters in Clinical Audiology in December 2007.

Audiology and Acting Head of UQ’s School of Health & Rehabilitation Sciences, Professor Louise Hickson, said Mr Raymond’s determination to become an audiologist and success in graduating from the Master of Audiology program was inspiring. “Being hearing impaired himself, Bill knows the daily struggles of a deaf person living in a “hearing world”. He’ll make a great contribution to the audiology profession”, Professor Hickson said.

“I don’t pretend I’m the ‘be all and end all’. I’m a fair example of what you can accomplish. I’m proud, but I know I’ve been fortunate to have people around me who supported me, particularly my family—especially my mother—and good friends. I was also lucky to be born in an age where the technology is available” Mr Raymond said.

Mr Raymond began work as an audiologist at the Hear & Say Centre, in Brisbane, in January, with which he has had a long association. He works with cochlear recipients aged from infants to teenagers.

Everytime Mr Raymond meets with children and their parents, this beautifully spoken young man will be paying forward the gift of hope he received as a 13 year old boy.

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Internet Sites

If anyone would like more information regarding the ear health of Indigenous Australians, I would recommend the following website:

www.earinfonet.org.au

One of the most referenced and visited audiological websites is:

www.audiologyonline.com

It covers all aspects of hearing health, hearing loss and rehabilitation.

If anyone would like any particular issue addressed in this newsletter, or would like to contribute ideas themselves, please contact Bronwen.

Warmest Regards,

Bronwen

PLEASE NOTE THE FOLLOWING CHANGE:

1st July, 2008

As from the 1st July, 2008, the clinic will be open Monday—Thursday from 8am—4.30pm. Friday by appointment.

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