

# Sound News

January 2017

Volume 30 Number 1

## CAN YOU HEAR ME NOW?

### How to prevent – or deal with – hearing loss

By Bonnie Liebman

*Nutrition Action HealthLetter*, December 2016, pages 3-6

Age takes a toll on your ears. A quarter of people in their 60s, and two-thirds of those aged 70 and up, have trouble hearing. That works out to 30 million of us...and counting. But hearing loss isn't inevitable. Here's what may protect your hearing...and what new devices can help when it's hard to hear.

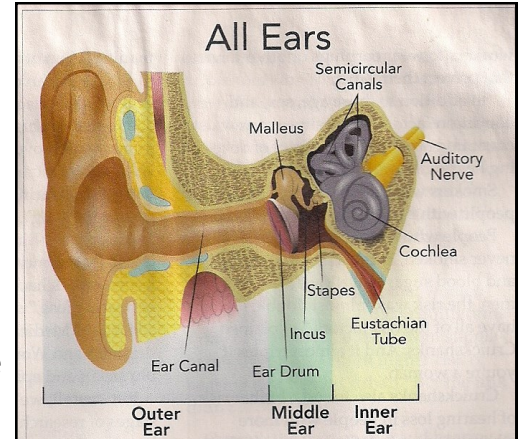
#### **Hearing 101**

"Hearing depends on two basic processes," says Frank Lin, associate professor of otolaryngology at the Johns Hopkins University School of Medicine.

The first step occurs in the cochlea, a cavity in the inner ear that looks like a snail shell (see "All Ears"). "The cochlea takes in sound vibrations and converts them into a neural signal," explains Lin. Then the auditory nerve sends those signals to the brain for decoding. "When we talk about hearing loss as we age, we're talking about damage to the cochlea over time," says Lin. The cochlea starts to fail, and no one has figured out how to repair it.

"That doesn't necessarily mean you can't hear," notes Lin. "It means that instead of sending this crystal clear signal, the cochlea sends a much more garbled signal to the brain." So you can hear someone talking, but you have trouble detecting the words. "It's as though you're trying to have a conversation on a cell phone while walking down a busy street," says Lin. "You may still make out what is being said, but it doesn't sound as clear."

Some people don't even realize that their hearing is on the fritz. "People will say things like, 'I don't have hearing loss—my wife mumbles all the time,'" says Lin. "That's what it sounds like, so it's very easily ignored."



#### **Clues to Protect Ears**

What intrigues researchers is that although hearing loss is common, it's not universal. "When we started our studies in the early '90s, people thought this was a normal part of aging—that is was inevitable, and that everyone would experience these problems as [they got] older," Karen Cruickshanks, a professor at the University of Wisconsin School of Medicine and Public Health, told students in a September lecture. "Over the course of the work here in Wisconsin, we've discovered how not true that is." Cruickshanks is a leader of both the Epidemiology of Hearing Loss Study and the Beaver Dam Offspring Study, which examine a total of roughly 7,000 participants every five years for changes in hearing, vision, memory, and more.

On average, in the two studies, hearing declined with age. But that average "is made up of two populations—a group that does really well over time and a group that has clinically significant hearing loss," said Cruickshanks. That led her to ask: If hearing loss "is not normal aging, then what's causing that decline in function over time?" So her team started to look at what distinguished people who lose their hearing from those who don't. Among her findings: male ears are at greater risk.

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## Editors' Notes

The January general meeting is our annual meeting to approve the budget.

Please let us know if you find errors so we can provide accurate information.

October / November was a difficult time for us as both of our mothers passed within three weeks of each other. Coping with hearing loss can be an added stressor in these circumstances.

Lesley and Tim

**Available at the Eugene Public Library!**

## New Survivor's Manuals FREE to Anyone



They keep 2 copies to check out on the second floor. We supply the free ones.

*Donations appreciated.*  
Cost to mail copies is:

\$4 each or 20 for \$35  
PO Box 22501, Eugene, OR 97402

## Out and About



Nothing to report this month!

## Tinnitus—Home Treatment

www.WebMD.com

The following tips may help you reduce symptoms of tinnitus:

- Cut back on or stop drinking alcohol and beverages containing caffeine.
- Stop smoking and stop using smokeless tobacco products. Nicotine use makes tinnitus worse by reducing blood flow to the structures of the ear.

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## Annual Meeting / Board Elections in January

The January general meeting is also our chapter annual meeting. The current general members attending the meeting usually elect people to be Directors on the chapter board from a ballot created by the current board. A person cannot be nominated without their consent.

- ⇒ A board director must be a member of both the chapter and the national organization.
- ⇒ The term of office is 3 years.
- ⇒ Basic computer skills are required.
- ⇒ Training will be provided to willing learners.



The board is supposed to have *at least* seven people according to the chapter by-laws.

At this time there are *only five active* directors.

The current Directors have not been able to find members that are willing and able to serve on the local chapter board despite multiple requests for volunteers.

### **As a result we have no slate of officers for election.**

Anyone who would like to consider being on the board should contact either Andrea Cabral or Clark Anderson (see below for e-mail addresses).

Members: if you have **changed your e-mail** address please notify Karin Smith of the change at: [karinsm@efn.org](mailto:karinsm@efn.org)

Hearing Loss Assoc.-Lane County Oregon information calls are taken by Linda Diaz, 541-790-1290

**Sound News** is published monthly for members of Hearing Loss Association of America Lane County Oregon Chapter. Annual chapter fee of \$10.00 can be mailed to HLAA-LC, PO Box 22501, Eugene, OR 97402.

## Officers

President	-----
Vice President	-----
Treasurer	Clark Anderson
Secretary	Tim Bergquist
Meetings/Program	Donna (on sabbatical '2017) Andrea
Meeting Room Setup	Arnie Goodman
Database	Karen Swezey
Hospitality	Brenda Holman
Publicity	Roseana Perry
Community Outreach	-----
Newsletter Mailing	Pat Reilly
Past President	Andrea Cabral

## Board Members

Board Members	Phone	E-mail
Clark Anderson	541-736-4804	clarkoa@msn.com
Lesley Bergquist	541-461-2693	lesleyb@earthlink.net
Tim Bergquist	541-461-2693	timber49@earthlink.net
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Arnie Goodman	458-205-8968	arniegood@yahoo.com
Donna Veal (on sabbatical '2017)	541-988-1117	doveal4@gmail.com

**Article Deadline: Second Thursday each month**  
**Newsletter Editors** Lesley & Tim Bergquist  
**Typesetting & Design** Lesley & Tim Bergquist

**National website:** [www.hearingloss.org](http://www.hearingloss.org)  
**Oregon website:** [www.hlaa-or.org](http://www.hlaa-or.org)  
**Chapter website:** [www.hearinglosslane.org](http://www.hearinglosslane.org)

## CAN YOU HEAR ME NOW? (continued)

“Men are about twice as likely to develop hearing impairment as women, and they get it a little bit earlier,” said Cruickshanks. “Women have six more years of healthy hearing than men do.” Years in school also matter. “If you had less education, you were more likely to develop a hearing loss,” she explained.

Noise on the job didn’t seem to matter, even though loud noise can damage the cochlea. (see “How Loud is Too Loud?”) However, people are less exposed to noise at work than they were 50 years ago, thanks to a shift from blue collar to white collar jobs and regulations that require workers to wear earplugs or other devices that protect their ears.

“In addition to those age, sex, and education factors, adiposity—your waist circumference—was a predictor of developing hearing loss,” noted Cruickshanks. “Smokers were also at higher risk, as were people with poorly controlled diabetes. People who were highly educated, never smoked, and had normal weight and blood sugar had a lower risk. But for men, the risk was “almost double if you have all of the risk factors,” explained Cruickshanks. And it almost triples if you’re a woman.

Cruickshanks also found a higher risk of hearing loss in people with more atherosclerosis (artery clogging) in their carotid (neck) arteries. “If you had plaque, a more severe manifestation of atherosclerotic disease,” said Cruickshanks, the risk rose by 16 percent for each plaque site.

People with higher levels of low-grade inflammation over long periods of time were also at increased risk. In an Australian study, hearing declined faster in people with high blood pressure. And in the Nurses’ Health Studies, “we found that women who walked at least four hours a week had a 15 percent lower risk of hearing loss,” says Sharon Curhan, a Harvard Medical School and Brigham and Women’s Hospital physician and epidemiologist.

But overall, we’re in the early aspects of research into hearing loss. Until more studies track people over time, these findings are still a work in progress.

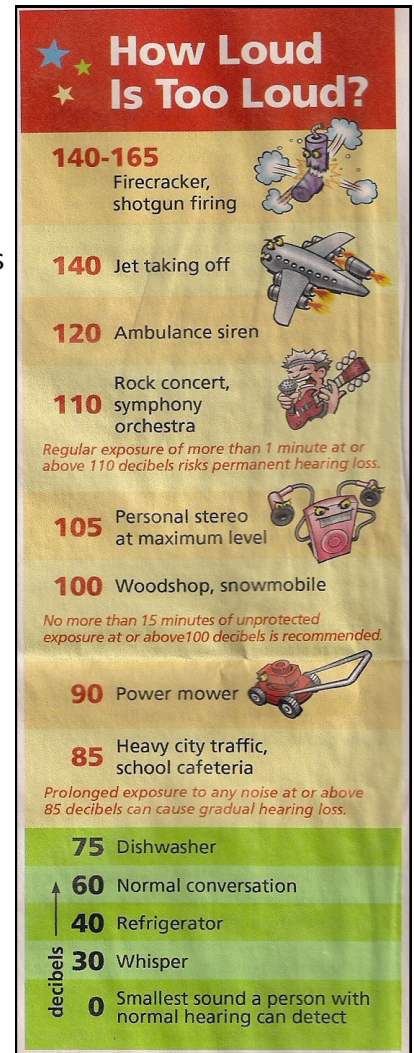
### Diet

Could certain foods or nutrients affect your hearing? Only a handful of studies have looked, but they offer some tantalizing clues:

**Folate.** “In our studies, people who had higher intakes of folate over time had a lower risk of hearing loss,” says Curhan. That’s backed by a Dutch study that gave 728 older men and women either a high dose of the B vitamin (800 micrograms a day) or a placebo for three years. “Individuals who received the folate had a slower decline in their hearing sensitivity,” says Curhan, who is a leader of the Conservation of Hearing Study (CHEARS). However, the Dutch food supply wasn’t fortified with folic acid, like ours is. “It’s much harder to find people in the U.S. who have very low intakes of folate,” says Curhan. (Fruits, vegetables, and beans are rich in folate. Since 1998, the B vitamin has been added to most breads, cereals, pasta, and other foods made with refined grains. That fortification has cut the risk of spina bifida and other neural tube birth defects by nearly 30 percent.)

**Omega-3 fats.** Curhan’s team also found that nurses who reported eating fish two to four times a week had a 20 percent lower risk of hearing loss than those who ate less than one serving a month. The omega-3 fats in fish may explain why. “A higher intake of omega-3 fats may improve blood flow to the cochlea,” suggests Curhan. “The cochlea is highly metabolically active, so it is critically dependent on having an adequate blood supply.” What’s more, she adds, “omega-3 fats help stabilize cell membranes so they

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## CAN YOU HEAR ME NOW? (continued)

become less vulnerable to injury, and they may help protect against inflammation and blood clots.” Still, says Curhan, “it’s hard to disentangle what’s due to omega-3s and what’s due to fish, which is a rich nutritional package.”

**Carotenoids.** Among women—but not men—those who consumed the most beta-carotene and beta-cryptoxanthin had a lower risk of hearing loss. Both carotenoids are found in fruits and vegetables. Why might they matter? “The ear works so hard, and it has such a metabolic rate, that it can generate byproducts of metabolism that can be potentially toxic,” explains Curhan. “Beta-carotene and beta-cryptoxanthin are effective antioxidants that may help prevent that damage.”

**Vitamin C.** “We found that women who consumed at least 1,000 milligrams a day of vitamin C, mostly from supplements, had a 22 percent higher risk of hearing loss,” says Curhan. But the link didn’t show up in men.

Overall, the data on diet and hearing loss is still emerging. “For a long time, hearing loss was considered an inevitable part of aging,” says Curhan, “but it’s becoming more and more clear that there may be things that we can do to prevent or delay it.”

### **Hearables**

In the meantime, if you’re having trouble, you’re not alone. “By the time we get to 70 and above, two out of every three Americans has a clinically meaningful hearing impairment,” says John Hopkins’ Frank Lin. “But the rate of hearing aid use is phenomenally low—about 15 percent of those who need one.” That’s partly because Medicare and most insurance plans don’t cover hearing aids. So consumers have only one option: pay out of pocket for hearing aids that are bundled with services. “You plunk down a bunch of money for upfront costs and for visits back and forth to an audiologist or a technician trained to fit hearing aids,” explains Lin. “And the average cost is \$4,000 to \$5,000, which is absurd. That model is good for people who have more complicated kind of hearing loss, so they need a lot of customization. But many others don’t.” Take a 60-year old who has trouble hearing only in noisy settings, says Lin. “They don’t want to go through the whole process just to get a hearing device that they need only part of the time.”

That’s where over-the-counter personal sound amplifiers may help. The problem: many are junk. “The vast majority of devices you see in the back of magazines—the ones that say ‘\$50 miracle device!’—are complete garbage,” Lin cautions. “They just make everything louder. The sound quality is terrible. Those companies are just out to make a buck.” In contrast, he notes, “a few are excellent, but consumers don’t know which are good and which are bad.” Lin recently served on a National Academy of Medicine Committee on Accessible and Affordable Hearing Health Care for Adults. One of its recommendations: The Food and Drug Administration should create a category of over-the-counter “wearable hearing devices” that meet basic standards.

“If you buy a pair of reading glasses at a drugstore, you know they’re going to work to a certain degree,” says Lin. Once the FDA sets benchmarks for personal sound amplification products (PSAPs), big box stores might carry them, and people could shop for the best. “It would be like buying a new phone,” says Lin. “You’d see a plethora of ratings in places like *Consumer Reports*.”

### **Bottom Line**

- Avoid loud noises.
- Don’t smoke.
- Keep a lid on your blood sugar.
- Lose (or don’t gain) excess pounds.
- Aim for 30 to 60 minutes a day of exercise like brisk walking.
- Fill half your plate with fruits and vegetables.
- Eat fish twice a week.



## Tinnitus—Home Treatment (con't)

- Limit your use of aspirin, products containing aspirin, and other nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or naproxen.
- Exercise regularly. Exercise improves blood flow to the structures of the ear. But avoid extended periods of exercise, such as bicycle riding, that keep your neck in a hyperextended position.

While waiting to see whether tinnitus goes away, or if your doctor has advised you that your tinnitus will be present for a long time, try these methods to cope with the constant noise:

- Limit or avoid exposure to the noises you suspect are causing your tinnitus. Wear protective earplugs or earmuffs.
- Try to ignore the sound by directing your attention to other things.
- Practice relaxation techniques, such as biofeedback, meditation, or yoga. Stress and fatigue can make tinnitus worse.
- Quiet rooms can cause tinnitus to seem more distracting. Background noise may reduce the amount of noise you hear.
- Try the herbal supplement ginkgo biloba.

**Join National!** - They advocate for us on a national level. Annual membership in HLAA is \$20 student, \$35 individuals, \$45 couple/family, \$60 professional. It includes the award-winning bi-monthly magazine, *Hearing Loss*. Write HLAA, 7910 Woodmont Ave., Ste. 1200, Bethesda, MD 20814; 301-657-2248 (Voice); 301-913-9413 (Fax) or [www.hearingloss.org](http://www.hearingloss.org).

### Hearing Loss Assoc. of Lane County Chapter Fee and National Membership Form

Please fill out this form /survey and turn in at the general meeting or mail to HLAA - Lane Co., PO Box 22501, Eugene, OR 97402.

I have enclosed: **Chapter fee** \_\_\_\_\_ \$10.00 per person,

Chapter Donation of \$ \_\_\_\_\_

**National dues** \_\_\_\_\_ \$35.00 (regular), \_\_\_\_\_ \$20 student, \_\_\_\_\_ \$45 couple, \_\_\_\_\_ \$60 professional\*

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation (*former occupation if retired*): \_\_\_\_\_

Why are you joining us? \_\_\_\_\_

What most interests/puzzles you about hearing or hearing devices? \_\_\_\_\_

Are you interested in volunteering? What would you like to do? \_\_\_\_\_

How did you learn about us \_\_\_\_\_?

Would you like to be on our e-mail news list: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Donations to either the national organization or our local chapter are always welcome and are tax deductible. (We do not share our information lists with anyone else. Receipts will gladly be provided.)

## Disclaimer

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**Our chapter will follow the same guidelines for canceling the general meetings as the Eugene 4J school district. If the schools are closed that day or close early we will not have a general meeting.**

### Memorial/Honorarium or Special Donations

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Lane County Oregon Chapter

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**HLAA-LC  
General Meeting!  
7-9 pm**

**January 12, 2017**

**2580 Hilyard St., Eugene, OR**



Lane County Oregon Chapter

# THE PATIENT'S GUIDE TO TINNITUS

Webinar - with Douglas L Beck, Au.D.



Audiologists and other health professionals evaluate and manage tinnitus daily and can provide effective and useful management for up to 90% of all tinnitus patients. Although for some people with unrelenting tinnitus, it may be a chronic and disabling condition.

Taming tinnitus begins with a complete history and audiologic evaluation, and may involve multiple health care professionals – depending on the findings. In this webinar, we'll detail the types of tests which are useful to diagnose and manage the tinnitus patients (audiometric tests as well as questionnaires, medical consultations, radiographic studies and more), tinnitus classifications (subjective versus objective findings), treatments (medical, audiologic, psychological and more) and the vast multitude of wallet-biopsies, scams, snake-oil and “take the money and run” approaches found in newspapers, airline magazines, food stores and pharmacies.

Due to scheduling conflicts with the Hilyard Community Center, we are **NOT** changing the monthly general meeting time for the coming year—it will remain from 7 to 9 pm.

For more information, contact: [lesleyb@earthlink.net](mailto:lesleyb@earthlink.net). Please put "HLAA-LC Meeting" in the subject line.

General membership meetings are currently the 2nd Thursday of the month at 7 pm. They are accessible for all degrees of hearing loss by amplification - loop assistive listening systems.

**Real time captioning by CC Reporting  
(Debby, Chris, Jan and Sara)**

# Calendar

## January Board Meeting

January 3,

3:30 to 5 pm

## Members Welcome

Hilyard Community Ctr.

2580 Hilyard St Eugene