

FIT AND FOLLOW-UP: *Key Components in Hearing Device User Satisfaction*

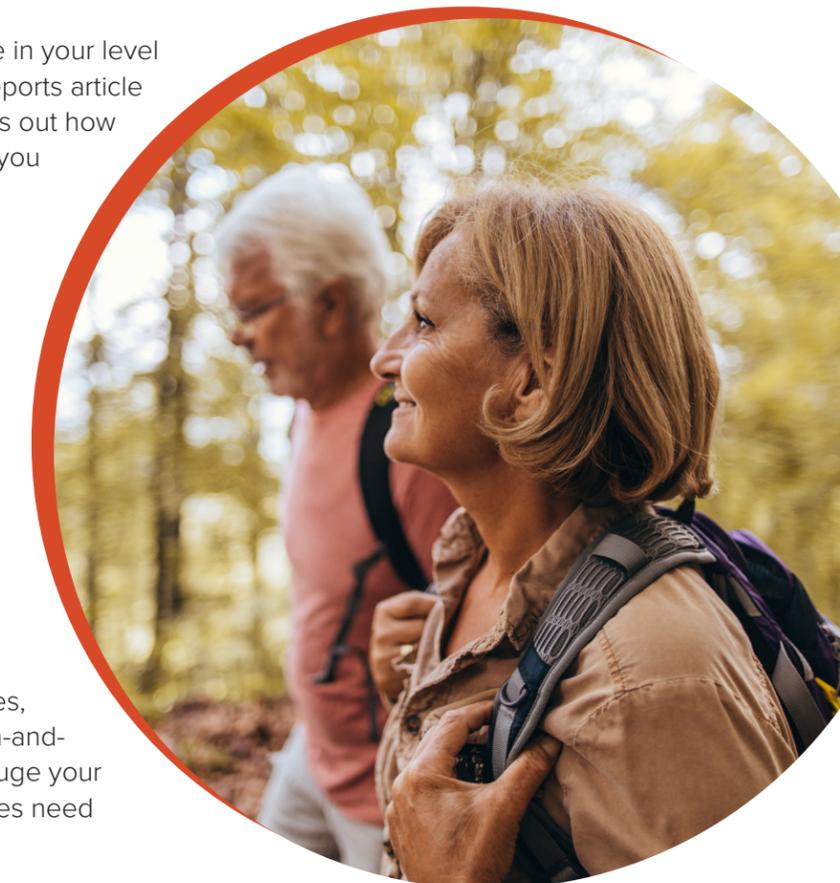
Buying hearing devices isn't like buying a flat-screen TV. Hearing devices are not just electronic devices but rather a rehabilitative treatment requiring long-term commitment to their use. Understanding this fact—and that fit and follow-up are equally as important as the hearing device itself—will go a long way toward increasing your satisfaction with your purchase. That is why the hearing professional you choose is so important. Their skills at programming, fitting and follow-up counseling are crucial to your successful adjustment to hearing devices.

Fitting: The programming of your new hearing devices should reflect your audiogram, the specific size and shape of your ear canal, the amount of movement of your eardrum, and also your personal preferences to ensure your hearing is natural sounding and optimal. Tests such as Real-Ear measurements should be completed during the fitting phase to verify that the hearing device user is receiving a precise level of amplification across the frequency range for soft, moderate and loud speech sounds. This is the gold standard used to ensure hearing aids are programmed accurately in order to provide the most benefit for understanding speech.

Follow-up: Follow-up care plays a crucial role in your level of satisfaction. In the July 2009 Consumer Reports article "Hear Well in a Noisy World," the author points out how critical it is that the audiologist explains what you should expect during the adjustment period. They should also:

- Demonstrate how to insert and remove the battery.
- Review how to clean and store the device.
- Help you practice putting the aid into your ear.
- Help you practice using all switches and controls.
- Help you practice using the telephone while wearing it.

Additionally, your audiologist should set a follow-up appointment within a few weeks of receiving your hearing devices and outline a routine care and maintenance schedule. This maintenance schedule should include clearly defined daily cleaning processes, suggestions for extending battery life, six-month clean-and-check appointments and an annual hearing test to gauge your hearing health and whether or not your hearing devices need to be reprogrammed.

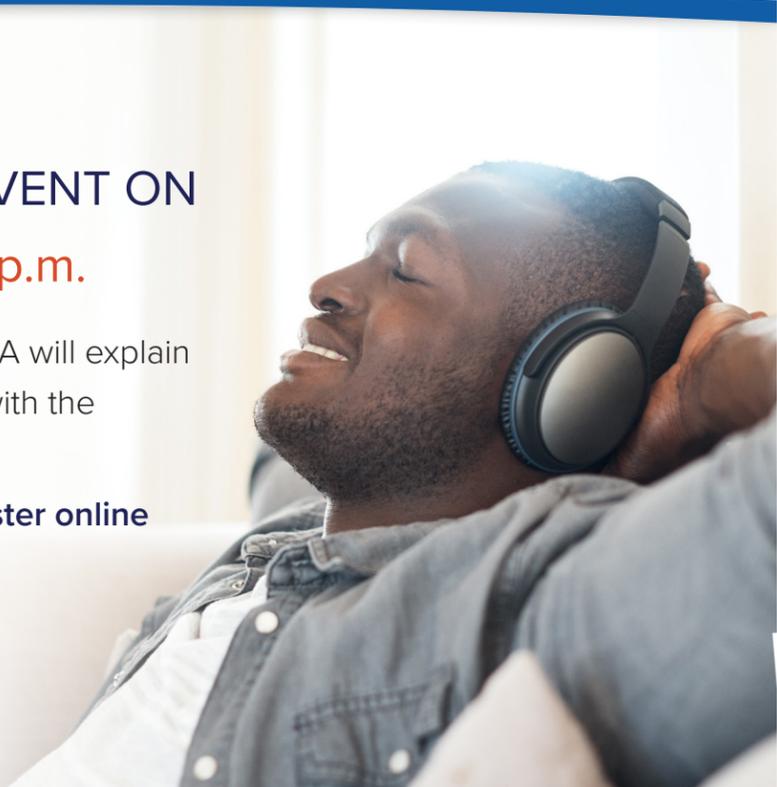


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HEARING LOSS: Separating Facts From Fiction

NEW STUDY REVEALS Hearing Aids Slow Cognitive Decline

#1

MYTH EXPOSED: The most common cause of hearing loss is advancing age.

The truth is that exposure to loud noise is the number one cause of hearing loss, though hearing loss does increase with age. Hearing loss affects all age groups. According to one study, hearing loss was detected in 6% of adults between the ages of 35 and 44, nearly 11% of adults 45 to 54, more than 25% of adults 55 to 64 and over 40% of adults 65 and older.¹ Hereditary factors and health conditions like heart disease, high blood pressure, diabetes and other circulatory problems also cause hearing loss, along with certain medications like aspirin, some antibiotics and chemotherapy drugs.



MYTH EXPOSED: Only people with serious hearing loss need hearing devices.

The need for hearing amplification is dependent on your lifestyle, your degree of hearing loss and your need for a more sophisticated level of hearing. If you are a teacher or a lawyer, for example, refined hearing is necessary to understand the nuances of communication. Therefore, you may not be able to tolerate even a mild level of hearing loss. On the other hand, if you live alone or in a rural area and seldom socialize, then your tolerance level for moderate hearing loss may be higher.



MYTH EXPOSED: If I had a hearing loss, my family doctor would have told me.

Incorrect. Evidence shows that only 20% of physicians routinely screen for hearing loss.²



MYTH EXPOSED: Hearing devices will make me look “older.”

It is not the hearing devices that make one look older; it is the fact that you cannot hear, understand and communicate normally with others that make you look older.



MYTH EXPOSED: Hearing devices aren't worth the expense.

Recent research has found that 87% of hearing aid users believe that the quality of their life has improved with hearing devices.³ Overall satisfaction with one-year-old hearing devices is now 86%, which is close to satisfaction ratings for most consumer electronics.³

A RECENT STUDY published in the Journal of the American Geriatrics Society further supports existing evidence that wearing hearing aids can help slow cognitive decline in elderly patients.¹ There are generally two schools of thought when it comes to the relationship between hearing and cognition:

- » The common cause hypothesis states that hearing loss and cognitive decline both involve age-related problems, such as tissue degeneration of the central nervous system.
- » The cascade hypothesis theorizes that over time, untreated hearing loss results in inadequate brain stimulation, leading to cognitive decline.

The study referenced above involved 2,040 hearing aid users who self-reported symptoms over 18 years. Results showed that while episodic memory did decline with age for most users, the rate of cognitive decline was slower for patients who used hearing devices. These results were adjusted by researchers to account for overall health, socioeconomic status and other demographic characteristics.

The results of this study support the cascade hypothesis; researchers state that hearing aids provide individuals with improved auditory input, which delays cognitive decline “by preventing the adverse effects of auditory deprivation or facilitating lower levels of depression symptoms, greater social engagement and higher self-efficacy.”

The key takeaways of the study include the following:

- » While hearing aids do not prevent cognitive decline, mounting evidence suggests that they can slow it down.
- » Patients who wear hearing aids are less likely to be depressed and more likely to be socially engaged and self-confident in their communication abilities. Social engagement and physical activity help stave off cognitive decline and dementia.
- » Hearing aids fitted by an expert audiologist should be recommended for patients, even those in the early stages of hearing loss.

¹ Maharani, A., Dawes, P., et al. (2018). Longitudinal relationship between hearing aid use and cognitive function in older Americans. Journal of the American Geriatrics Society. <https://pubmed.ncbi.nlm.nih.gov/29637544/>

² McCook, A. (2011, February 21). 1 in 9 people aged 45-54 is hearing impaired. Study. Reuters. <https://www.reuters.com/article/us-hearing-study/1-in-9-people-aged-45-54-is-hearing-impaired-study-idUSTRE71K5SJ20110221>

³ Bettger, J., Dolor, R., Witsell, D., Dubno, J., Pieper, et al. (2020, May 11). Comparative implementation-effectiveness of three strategies to perform hearing screening among older adults in primary care clinics: Study Design and Protocol. BMC Geriatr. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7216720/#:~:text="](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7216720/#:~:text=)

³ Picou, Erin M. (2020 February). MarkeTrak 10 (MT10) Survey Results Demonstrate High Satisfaction with and Benefits from Hearing Aids. Seminars in Hearing. <https://europepmc.org/article/med/32047346>

