



May is Better Hearing & Speech month

At University of Washington Speech and Hearing Clinic, we believe that "Speech is Worth Hearing!"



STUDENT CORNER

IMPOSTER SYNDROME (CLANCE AND IMES, 1978)

Impostor syndrome is a term for people who believe that they are frauds, despite the years of hard work they have put in to get themselves where they are. This term perfectly encapsulated how I felt during my first quarter as a graduate student clinician at UW Speech and Hearing.

I had just started learning how hearing aids worked in my first amplification class, so I approached every clinic encounter with trepidation. I had been raised to believe that clinicians had all the answers but here I was, a student clinician who plainly did not. As I progressed through my experience, I found every patient warm, welcoming and even forgiving of the times I misspoke and had to correct myself. After one evaluation, I had a patient say to me "thank you for your help, and God bless."

The patients here have patience; it was that patience that allowed me to learn as much as I did. This clinic helped me learn to build relationships and partnerships with my patients. As student clinicians, our patients teach us everyday. Every person who comes into the clinic has a story as well as a hearing loss.

Every encounter teaches us how to appreciate the cultural and personality differences of each patient we see and how to adapt to the situation, while putting care above all else.

Grace C, Class of 2018



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CARDIOVASCULAR DISEASE & HEARING LOSS

The likelihood of most of us developing hearing loss as we age is well established. The number of Americans with some degree of hearing impairment reached nearly 48 million last year; nearly 25% of those with hearing loss are between the ages of 65 and 74. Fifty percent of those 75 years and older have some form of hearing loss. In fact, hearing loss is the third most common chronic health condition in the elderly, exceeded only by arthritis and cardiovascular disease. While the precise cause of age-related hearing loss is unknown, multiple risk factors like noise exposure and family genetics are proven to play a role. Cardiovascular disease affects nearly 71% of those between 60 and 80 years of age and 85% of those over 80. Since cardiovascular disease and hearing loss are so common among Americans and because the ear relies on blood for oxygen and nutrients, it seems likely there could be a link between heart disease and hearing loss.

Over the years, numerous scientists have worked to figure out if there is a relationship between cardiovascular health and the health of the auditory system. Indeed, a correlation has been identified by numerous studies. While the exact mechanism is unclear, the general hypothesis is that insufficient blood supply to the cochlea disrupts the chemical balance of the inner ear, the hair cells and the activation of the auditory nerve.

Does this mean we can use hearing loss as a predictor of cardiovascular health? Unfortunately, more research is needed to utilize hearing loss as a screening tool for heart health. What about the reverse, can good cardiovascular fitness lead to better hearing health? A few studies have shown that cardiovascular fitness as well as a lower percentage of body fat and physical activity may lead to fewer instances of temporary hearing loss after noise exposure. This research may hint to a positive relationship between cardiovascular fitness and hearing, which could lead to new guidelines for hearing health.

Susan Anderson, AuD



BACON, HAM AND HEARING: WHO makes these decisions?

Dr. Kelly Tremblay experienced firsthand how the World Health Organization (WHO) makes its recommendations. For those who might not know, the WHO is a specialized agency of the United Nations (UN) that is concerned with international public health. Its role in public health is as follows:

- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
- Setting norms and standards and promoting and monitoring their implementation
- Articulating ethical and evidence-based policy options
- Monitoring the health situation and assessing health trends

Alongside representatives from Italy, Kenya, India and other countries, Dr. Tremblay was invited to serve as the USA member of the WHO's guideline development group (GDG). Instead of talking about bacon and its link to cancer, the group met in Geneva, Switzerland to review the scientific evidence on various topics pertaining to aging and health care. To do this, the GDG reviewed the quality of evidence available on these topics so new WHO guidelines could be made. For Dr. Tremblay and the rest of the GDG, the challenge was to assess the quality of existing evidence related to a number of health services and practices for seniors around the world—respite care, exercise, vision and hearing.

Dr. Tremblay was challenged with the task of determining if there was evidence to recommend hearing screening and the provision of hearing aids/assistive listening devices for older people with hearing loss. On the surface, most clinicians would not think this is an issue to debate because the benefits are often seen firsthand. However, from a policy standpoint there must be scientific evidence, usually in the form of randomized control studies, to show there are significant benefits.

Stay tuned because the process to develop international guidelines takes time. However, knowing that the University of Washington has a role in creating global policies speaks to the quality of education our students receive firsthand.





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Special Offer

Schedule a demonstration with
new technology and receive

5 FREE PACKS OF BATTERIES

(VALID THROUGH AUGUST 1, 2016)

Battery Tip: There are many styles of hearing aids available, but they have at least one thing in common: they all need batteries to function. Did you know that battery manufacturers recommend that you wait 1-2 minutes after removing the tab, before placing the battery in your hearing aid?

Ask your audiologist for details.



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