Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Weekdays from 8 a.m. to 5 p.m., call the Nurse Voice Mail Line at 206-598-7535. Your call will be returned as soon as possible.

For help setting up a consultation with an otologist, call the Otolaryngology clinic at 206-598-4022.
Hearing loss is our most common chronic health condition and our most common communication disorder. Even people with normal hearing may have a hard time communicating in some situations such as noisy places, when many people are talking at once, when someone has an unfamiliar accent, or in rooms with echoes. Add to this even mild hearing loss, and it is easy to see how misunderstandings occur.

This booklet gives practical tips to help people communicate better in spite of hearing loss.

**Communication**

To communicate, both the speaker and the listener must make sure messages are received and understood. When someone has a hearing loss, everyone must work harder to communicate.

Speaking is not our only way to communicate, but the ability to speak and hear language is the basis for most of our communication.

**Challenges to Spoken Communication**

Some things that may interfere with spoken communication are:

- Hearing loss
- Not paying attention to what is said
- Distractions and background noise
- Echoes
- More than 1 conversation going on at the same time
- Distance between the speaker and listener

**To Learn More**

To learn more about hearing loss and communication, visit these websites:

- University of Washington's Virginia Merrill Bloedel Hearing Research Center
  [http://depts.washington.edu/hearing](http://depts.washington.edu/hearing)
- American Academy of Otolaryngology – Head and Neck Surgery
  [www.entnet.org/healthinformation/ears.cfm](http://www.entnet.org/healthinformation/ears.cfm)
- Deafness Research Foundation (DRF)
  [www.drf.org](http://www.drf.org)
- National Institute on Deafness and Other Communication Disorders
  [www.nidcd.nih.gov](http://www.nidcd.nih.gov)
- American Speech-Language-Hearing Association
  [http://asha.org](http://asha.org)
- American Academy of Audiology
  [www.audiology.org](http://www.audiology.org)

The information in this booklet is adapted from "Eight Steps Toward Better Communication" by the Virginia Merrill Bloedel Hearing Research Center, in cooperation with the Otolaryngology – Head and Neck Surgery Clinic at University of Washington Medical Center, Seattle, Washington.

The Virginia Merrill Bloedel Hearing Research Center brings together an interdisciplinary group of researchers to study hearing, hearing loss, and related communication disorders. Their goal is to help those with hearing loss hear. The center is a place for scientists to share ideas and information to advance auditory science and patient care.
• **Severe:** the inability to hear sounds softer than 71 to 90 decibels. A vacuum cleaner is about 80 decibels. Truck traffic is about 90 decibels.
• **Profound:** the inability to hear sounds softer than 91 decibels. A chain saw is about 110 decibels. A jet plane taking off is about 120 decibels.

**Presbycusis:** the most common type of hearing loss. It is caused by aging, but noise exposure and many other causes of hearing loss can add to presbycusis over time. Usually, presbycusis begins with a loss of sensitivity to high-frequency sounds. It often gets worse with age.

**Sensorineural:** hearing loss that occurs from damage to the inner ear or to the nerve pathways from the inner ear to the brain. This type of hearing loss involves both a reduced ability to hear sounds and a decreased ability to hear clearly. It is permanent and cannot be corrected by medicines or surgery.

**Speech understanding:** a complex process that uses the brain to translate sounds into meanings. Speech understanding requires speech to be loud enough to stimulate the inner ear.

High-frequency hearing loss, such as the hearing loss that occurs in early presbycusis, affects speech understanding by making it hard to hear some consonant sounds (such as ch, d, f, k, p, ph, s, and t). For example, “some day” and “some pay” might sound the same to someone with a high-frequency hearing loss.

**Tinnitus:** ringing in the ears, a common symptom of hearing loss. Tinnitus is the result, not the cause, of the hearing loss. Talk with an audiologist or otologist for more recommendations for coping with tinnitus.

**Word recognition test:** a way to measure the ability to understand speech. It tests the ability to hear and repeat 1-syllable words such as “mat,” “cat,” “cap,” and “add.”

**Hearing Loss**

Mild hearing loss may cause only minor problems in communication, but severe hearing loss can make spoken communication seem impossible.

No matter what degree of hearing loss is present, following the “7 Steps for Better Communication” can improve your ability to communicate with your loved one who has hearing loss. These steps begin on page 5.

Some people with hearing loss may also find it helpful to use hearing aids or assistive listening devices. A **cochlear implant** may be prescribed for people with severe or profound hearing loss (see page 10).

**Presbycusis**

Hearing loss at any age can deprive us of our most precious human gift – being in touch with others. This can be especially hard on older people.

As we age, our hearing ability may slowly get worse. Age-related hearing loss is called **presbycusis.** It is the most common type of hearing loss. There is no cure for presbycusis, and hearing problems can be **genetic.** This means they tend to run in families.

But, there are some things we can do to lessen the hearing loss or delay its onset. Two of these are staying healthy and protecting our ears from loud noises.

Another problem that occurs with age is that our nervous system slows and our brains cannot process information as quickly as when we were young. This further complicates the hearing problems of presbycusis.

Many older people who cannot hear well stop taking part in social activities. They can become isolated from their friends and family, which often leads to depression and poor health. These side effects of hearing loss can be avoided.
Stages of Presbycusis

Presbycusis begins sooner for some people than others. Usually, presbycusis first affects the ability to hear high-pitched sounds. This means that consonants, which are high-pitched speech sounds, cannot be heard clearly or at all.

Understanding speech is often the main problem caused by presbycusis. People with presbycusis often say that they cannot understand what is being said, not that they cannot hear the person speaking. To them, it may seem that everyone is mumbling.

People with presbycusis may not realize that their hearing is the source of the communication problem. They may blame others for not speaking clearly enough, which can cause serious relationship problems.

It can take a while for people who are hard of hearing to accept the fact that their ears, not other people, are the problem. They are likely to go through all the usual stages of grief when faced with the loss of hearing: denial, anger, sadness, and, finally, acceptance.

The family and friends of someone who is losing their hearing may also have emotional reactions. Some of these may be annoyance, frustration, anger, and avoidance. If they are not dealt with, these feelings may lead to separation and isolation.

Shouting: A Common Mistake

One thing that people often do when they communicate with someone who is hard of hearing is to shout in their ear. This does not work because:

- Shouting does not make words clearer.
- Loud sounds may also be too loud for the hard of hearing person.

helps to accept the hearing loss. This is the first step toward better communication. As the hearing-impaired person learns the new communication skills, they will be rewarded with better and richer communication with their loved ones. And, these skills will soon become new habits and feel more natural over time.

If you are hearing-impaired:

- Let others know that you have hearing loss. Do not try to hide it – family and friends already know!
- Obtain hearing aids or other assistive devices, and use them. It may be an adjustment at first, but it will become easier over time.

Definitions

Cochlear implant: a surgically implanted device. It has an internal nerve stimulator and external microphone, speech processor, and battery. A cochlear implant is suitable for babies and adults with severe to profound hearing loss that is not helped by hearing aids.

Decibel: a measure of sound level.

Hearing aid: a sound amplifier that is worn in or on the ear and runs on batteries. Hearing aids come in a wide variety of brands, shapes, and sizes. An audiologist can advise you on options and help you make the best choice for your needs.

Levels of hearing loss:

- **Mild**: the inability to hear sounds softer than 26 to 40 decibels. A whisper is 20 to 30 decibels. The hum of a refrigerator is about 40 decibels.
- **Moderate**: the inability to hear sounds softer than 41 to 70 decibels. Normal conversation is about 60 decibels.
- People with profound hearing loss may choose to get a cochlear implant (see page 11).

- Assistive listening devices, such as FM systems, are another option for improving hearing or for hearing in specific situations, such as watching TV or attending a performance or religious service.

Remember, investing in these devices means investing in improved communication and better relationships!

6. Get Creative

Be creative as you figure out ways to meet the needs of the person with hearing loss. Find other ways to communicate besides speaking. Writing can work very well. And sometimes, just giving the person a pat on the back or a hug can tell them what you want to say.

You can also think of creative ways to improve the communication environment. Ask for a table in a quiet location when you go to a restaurant. And, choose a seat nearest the speaker at a meeting or the pastor at church.

If you are someone who hears well and you know a person with hearing loss, imagine yourself in various situations and come up with ideas of how you might handle communication in those settings. Good communication habits help everyone.

7. Accept the Hearing Loss

Hearing loss and communication problems affect people of all ages and from all backgrounds.

While it may be difficult not to mourn the hearing that is lost, it

Instead of shouting, follow these “7 Steps to Better Communication”:

7 Steps to Better Communication

Good communication takes work, even when hearing is perfect! Remember to take your time and stay calm. Here are some specific things you can do to help improve your communication:

1. Get Close

Communication works best when the speaker and listener are near each other and in a quiet area with plenty of light. Being able to see each other clearly makes it easier for both the speaker and the listener. It improves understanding by providing better volume of speech as well as visual information from the speaker’s face and gestures. Face-reading helps us understand some words, and it also lets us know how the speaker is feeling. Whether you call it lip-reading, speech-reading, or face-reading, using your eyes helps your hearing.

Also, voices sound louder in small rooms than they do in large rooms. This is because sound waves spread out as they move through space. In a small room, the sound waves are more focused because they do not spread out as much.

Develop a touch signal, such as touching the hand or shoulder of the person with hearing loss. If they are doing a noisy activity, get close, and then use your touch signal to let them know you want to talk with them.
2. Get Quiet

One of the biggest obstacles to clear communication is background noise. “Noise” is any sound other than the message. It can be other people talking, music, animals, traffic, or the sound from a radio, TV, or household appliance.

Reducing noise and distractions can help you hear and be heard. It may help to move to another room or to a quiet place in the same room.

3. Get Clear

For the speaker:

Think of ways to help the other person understand what you are saying.

Do:

- Get to the point. Do not say more than the listener needs to be able to understand your message.
- Be specific.
- Speak a little more slowly than normal.

Do not:

- Shout – it is not necessarily loudness, but speaking clearly, that counts.
- Mouth words too much – it disrupts the natural flow of speech and may make communication harder.

For the listener:

Tell the speaker if you are not hearing them clearly. Be specific about how they can help you. You may want to ask them to speak more slowly, more loudly, or to move their hand away from their mouth.

You might say something like, “I didn’t understand you. Please speak just a little slower.” This helps the speaker know how to help you get the message.

4. Get Closure

The listener should repeat back the main points of the message so that both people know what communication really took place.

Getting closure in this way helps complete the communication loop and avoid misunderstandings.

5. Get Help

Anyone with a hearing loss should set up a hearing test with an audiologist (hearing specialist). An audiologist can also recommend and fit hearing devices. A person with hearing loss may also talk with an otologist (a doctor who specializes in the ear and diseases of the ear) to learn more about hearing loss and hearing devices.

If a hearing loss is diagnosed, there are many options for improving the ability to hear sounds. When choosing a hearing aid or assistive listening device, make sure to get a device that is best for the type of hearing loss, fits well, and meets other specific needs.

- Hearing aids are made for all degrees of hearing loss. Options range from basic hearing aids to the latest in digital technology. Often, devices with more features will cost more.
- Implantable hearing aids are an option for certain types and degrees of hearing loss, or for people who have problems wearing standard hearing aids.