

Pros and Cons of Inexpensive Hearing Aids Called PSAPs

New Devices Cost Much Less, but Often Come Without Professional Guidance

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Do you need a hearing aid, or a PSAP?

That's short for "personal sound amplification product," a device that's challenging traditional hearing aids and changing how people navigate the marketplace for hearing help.

For decades, that process has involved a bundle of services from an audiologist or a licensed technician—getting a hearing test, selecting a hearing aid, going back for adjustments, buying and replacing batteries—and paying as much as \$3,000 for each device. Now, PSAPs, which are available online, compete at a fraction of the price (about \$100 to \$600 each) but without the other services.

The changes are raising new questions and concerns: Is it smart to deal with hearing problems yourself? How good are the devices available in big-box stores or online? When is it a good idea to begin by consulting a professional?



Neil DiSarno: 'People are starting to self-diagnose.' Photograph by Getty Images

For some answers, we spoke with Neil DiSarno, an audiologist and chief staff officer of audiology at the American Speech-Language-Hearing Association in Rockville, Md. Here are edited excerpts:

Boomer Bubble

WSJ: Why are we seeing these changes—new products, new approaches to treatment of hearing loss?

DR. DISARNO: Entrepreneurs realize that there's a large bubble coming—baby boomers now getting to the age where they're noticing that they may have hearing loss. So there's a market, and people are trying to fill that market with advertising, new products, pricing strategies, certainly different kinds of dispensing strategies.

WSJ: All of which sounds good.

DR. DISARNO: There's good and bad. I think what's better is there's more information out there. People are more aware of the effects of hearing loss on relationships, and because there's so much more advertising they realize they aren't alone. People may respond sooner than they typically have—waiting seven or eight years after first noticing a hearing problem.

When an Earful Is Too Much

About 36 million adults in the U.S. suffer from hearing loss, and about 10 million of those cases are attributed to noise-induced hearing loss. A safe sound level is 85 decibels for eight hours a day. Go beyond that in volume or duration and you risk damage to your hearing.

CONTINUOUS DECIBELS	PERMISSIBLE EXPOSURE TIME	SOME COMMON DECIBEL LEVELS	
85 dB	8 hours	Quiet wilderness	10 dB
88 dB	4 hours	Watch ticking	20 dB
91 dB	2 hours	Normal conversation	60 dB
94 dB	1 hour	Vacuum cleaner	80 dB
97 dB	30 minutes	Leaf blower	90 dB
100 dB	15 minutes	Chain saw	100 dB
103 dB	7.5 minutes	Basketball game crowd noise	120 dB
106 dB	Less than 4 min.	Jet takeoff	130 dB
109 dB	Less than 2 min.	Pain threshold	140 dB
112 dB	About 1 minute		
115 dB	About 30 sec.		

Source: dangerousdecibels.org

The Wall Street Journal

WSJ: And the downside?

DR. DISARNO: People are starting to self-diagnose and self-treat. Some of the marketing suggests you can do this and don't need a professional. But you wouldn't do that with a lot of other sensory deficits that you may have. However, when marketing is based on price points, people think, "If I can get this done at a much lower price than what my professional is asking, maybe I should look into it."

WSJ: What are PSAPs, and who might benefit from them?

DR. DISARNO: PSAPs are mostly off-the-shelf amplifiers for people with normal hearing who need a little boost in volume in certain settings, like listening to TV or going to a show. Hearing aids contain a much higher level of technology prescribed to treat a diagnosed hearing loss. In either case, an audiologist should make that determination.

I think some PSAPs can and should be provided by audiologists to a person who realizes

he has a mild hearing deficit and wants to work with a professional who will be monitoring his progress.

WSJ: When a person with hearing loss is searching for help, is it always necessary to start with a professional?

DR. DISARNO: In my opinion, yes, whether that's your family physician or an audiologist. After taking a look in your ear, they evaluate the sensitivity of your hearing. An audiologist tests your hearing within the range of frequencies that encompass the speech signal.

The whole emphasis is, what's your hearing like now and how might that impact your ability to hear conversational speech?

In-Store Model

WSJ: Can you buy that kind of service in a big-box store—say, at Costco?

DR. DISARNO: Costco has to hire as the dispenser either an audiologist or a licensed hearing-aid specialist. You may see someone with extensive experience, or you may see someone with extremely limited experience. It's hard to know unless you ask: How long have you been doing this?

I won't say the Costco model is a bad model, but it may not be the right model for everyone.

WSJ: What changes are ahead in the hearing-aid business?

DR. DISARNO: I expect to see a change in the established models of service delivery.

The relationship between audiologists and their patients is built on trust. The unbundling of hearing-aid costs and greater transparency can strengthen that trust. The variety of providers may increase, forcing many to explain and demonstrate to patients the high value, best practices and professional services that they provide, and separating those who do from the rest.

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