Hearing Loss in Baby Boomers

**Professional solutions for domestic problems**

By Alyssa Banotai

It's a familiar household scenario that's often played for laughs. While watching TV, one spouse steadily increases the volume, while the other sits incredulous and agitated at the ear-splitting noise. The comedic potential aside, hearing loss can increase tension and cause hard feelings between spouses who find it harder and harder to communicate, particularly among baby boomers.

Two recent surveys explored the issue of hearing impairment in the generation of individuals born between 1946 and 1964. Hearing loss can be the cause of some serious emotional friction between spouses, particularly when one is reluctant to acknowledge the problem, one survey found. A lack of knowledge about hearing health issues and the risks linked to noise-induced hearing loss don't seem to play a role, thanks largely to public awareness efforts by audiologists. However, both studies noted certain stigmas linked to hearing loss, that uniquely affect the boomer population.

"The word is out there, but the problem with the baby boomers is they don't want to grow old. It's worse with them than it is with other populations," stated Michael Glasscock, MD, founder of the Ear Foundation, which conducted the second survey in partnership with Clarity, a division of Plantronics Inc. in Chattanooga, TN. The extensive study examined the attitude of the baby boom generation toward hearing loss. A patient can be in denial about hearing loss even in the audiologist's office. "The majority of people say, 'Well, doctor, I'm sitting here hearing you right now.' I tell them, 'If you can keep the world six feet away in a quiet area, then you won't have any problems at all,'" said Bary Williams, AuD, CCC-A, national spokesperson for the "Keep Going, Live Healthy" campaign at Energizer Battery Inc., of St. Louis, MO, which conducted the other survey.

The identification of a hearing loss can begin with an observant, and often frustrated, spouse. Nearly half of the 1,065 respondents to the Energizer survey felt their marriage had suffered as a result of a spouse's hearing loss. Denial of the loss can play a major role in that sentiment, Dr. Williams told *ADVANCE*. "We found almost 60 percent of the spouses believed that their significant other was in denial about their hearing loss, and that's huge. The problem is that hearing loss many, many times causes extremely hard feelings between spouses, as another part of our survey showed. It's literally impossible to talk loud and not sound mad."

Dr. Glasscock, who is now retired from private practice, recalled the usual domestic scenario that played out in his office. A determined and exasperated wife would bring in a reluctant and irritated husband for a hearing test, complaining of the spouse's "selective hearing."

"I considered myself somewhat of a marriage counselor when I was in practice," he said. "I would say, 'Look, if you're just sitting at the kitchen table and having a cup of coffee, he's going to hear everything you say because it's quiet and you're in an intimate situation. If you get up, turn your back to him, go to the sink, and turn on the water, he's not going to understand a word you say.'"

He told couples that conversations occurring in front of the television should take place only after someone pushes the mute button on the remote control. Conversations cannot take place across two separate rooms of the house.

"You have got to work together to make this work," he counseled patients. "Even with a hearing aid, if you don't do those things and follow certain rules, the patient is not going to do well. They're going to get angry, and they're going to put the hearing aid in a drawer somewhere."

Loss of understanding also can be a severe communication hindrance between spouses. Many hearing aid patients still hear portions of the frequency range relatively well, Dr. Williams stated. However, "they're not hearing the speech regions. Consequently, they'll hear words even if they miss one syllable. My wife might say, 'Boy, it's a windy day today,' and I'll say, 'No it's not, it's Thursday.' That one syllable threw the entire meaning of what I thought was going on, and that's the kind of thing that happens in hearing loss, particularly high-frequency hearing loss, which is the vast majority of cases we deal with."

While over 50 percent of the nearly 500 baby boomer respondents interviewed for the Clarity/Ear Foundation survey admitted to some degree of hearing loss, less than half of those who had a severe impairment wore hearing aids, despite a professional recommendation to do so. This is where the audiologist can step up to help patients understand how hearing aids can help, Dr. Glasscock said. "Unless the hearing aid is fit really well, the person is not going to be happy with it sometimes, so they end up not wearing it."
Patients need to be made aware of what a hearing aid specifically can and cannot do and how to adjust their life to optimize its performance. They need to understand that the device is battery-operated and when batteries need to be changed. They must be told to take it out when they shower and, most importantly, to get used to having it in their ear.

Audiologists also need to prepare patients for how the hearing aids will affect them outside the home, particularly in social situations. Dr. Glasscock, who wears hearing aids for a high-frequency hearing loss, drew on his own experiences to prepare patients.

"If I go into a noisy restaurant or bar, it's almost impossible to hear anybody talking to you unless you're looking right at them," he explained. "With a hearing aid you can cut out that background noise, but you're still going to have problems in a noisy restaurant, so you have to explain that to people or they get discouraged."

He recommended a patient, gradual approach to hearing aid use for new patients. If they are having a difficult time adjusting to their hearing aids in a social setting, they should take out the hearing aids until they are in a more stable auditory environment, he advised. "It's very important that a patient has a realistic attitude. Hearing aids are not like glasses. If you have a vision problem, they can fit glasses to you, and you'll be able to see 20/20 most of the time. Hearing aids simply do not do that. They will not bring somebody with a severe nerve loss back to a normal situation."

Glasses also have a better marketing track to baby boomers than hearing aids, he noted. "The optician and people who make glasses have gotten very clever over the years and made glasses a fashion statement. You can't do that with a hearing aid, so it's a bit of a problem."

The fact that many people begin wearing glasses or contacts at a young age also helps to lessen the stigma of vision problems. Audiologists should not dismiss the aesthetic concerns patients may have about hearing aids.

"Over the last 30 years I've heard a lot of normal hearing practitioners tell patients, 'It shouldn't bother you that people see you wearing hearing aids,'" said Dr. Williams, who has worn hearing aids since age 5. "I always thought, 'I understand what you're saying, but that's easy for you to say.' I was self-conscious about wearing them. Nobody knows what us hard-of-hearing folks feel like."

In addition to the aesthetic factor, the spotty history of hearing aids contributes a great deal to patient resistance, he said. "Previous to the digital era, the overall performance of hearing aids never really measured up for a lot of people. The stigma is 'that's a lot of money, and I don't want to make a mistake.' A lot of people know a lot of people who have spent a lot of money buying hearing aids that have never done well with them."

This sticking point is an opportunity for audiologists to make improved patient satisfaction with hearing aids a profession-wide goal, he said. "If you look at the history of our industry, less than one in five of the people who have hearing loss and could use hearing aids actually get help. Out of those who do get help, the satisfaction rate historically has been in the 60 to 70 percent range. We have to take control of our own message going out in advertising."

In addition, audiologists need to become the gatekeepers to the hearing aid industry, Dr. Williams believes. "Now that audiology is moving toward the doctorate level, we need to take a hard look at the delivery system. It's going to have to change over time."

Clinicians need to be able to gain patient trust about the importance of hearing health and the benefits that hearing aids can offer while ensuring patient satisfaction. "We've got to do a more effective job of telling them we've got a system and a program to assure your satisfaction and we won't let you fail," he said.

What is the bottom line of better hearing health awareness? "It's all about keeping the peace in the home," Dr. Glasscock noted. "The wife gets frustrated because she's nagging all the time, and the husband gets frustrated because he can't hear what people are telling him."

Untreated hearing loss can have serious psychological repercussions. People with hearing loss tend to feel less connected to their family and loved ones and to withdraw at family gatherings, according to a study by the National Council on Aging that involved more than 2,000 people with hearing loss and nearly 2,000 family members. Commenting on the findings, Dr. Glasscock said, "They became paranoid, and they felt left out all the time. When they were fitted with hearing aids, they did much better. Hearing is how we communicate with people around us. If you've got a severe hearing loss, it's very difficult to feel connected."

The loss of hearing and understanding is a quality-of-life issue, Dr. Williams stated. Raising awareness among patients and fellow medical practitioners about the importance of hearing health, including yearly hearing screens, should be a priority for audiologists.
"It's the overlooked aspect of our industry and the entire medical field," he said. "The modern field of audiology is a viable, stand-alone entity that needs to come to the forefront of health care and be accepted at the same level as primary care, general care and everything else."

References


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