

Know the types of hearing loss to find the right treatment

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The solution for hearing loss isn't just to turn up the volume on the TV—and the treatments available largely depend on the type of hearing loss a patient is experiencing.

"Our hearing involves the outer ear, middle ear, inner ear, hearing nerve, and the brain," says Stephanie Lockhart, director of audiology in UC's Department of Otolaryngology–Head and Neck Surgery. "[Hearing loss](#) can be caused by a problem in any of these areas, resulting in different types of hearing loss.

"A hearing test done by audiologist can determine whether hearing loss is present. Just as important, a hearing test can find out the type and degree of hearing loss that a patient has. This is the first step toward treatment."

As part of Better Hearing and Speech Month, UC Health audiologists will offer free hearing screenings Thursday, May 19, and Friday, May 20, at both the West Chester and Clifton offices.

The screenings begin with a few questions about the patient's hearing health, says Lockhart. Next, the audiologist performs a visual examination of the external auditory canals and eardrum with an otoscope. Finally, the patient puts on a pair of headphones and is asked to respond to some beeping noises at various pitches, or frequencies.

"A hearing screening will determine whether there is some degree of

hearing loss present,” says Lockhart. "If the patient fails the screening, we recommend a complete audiological evaluation.”

A full evaluation can detect the degree of hearing loss as well as the type, generally divided into two categories:

Conductive Hearing Loss: This type of hearing loss results from a problem with the structures of the ear: the ear canal, eardrum, and/or the three bones connected to the eardrum. This causes a mechanical (conductive) blockage, preventing the full sound from reaching a patient’s inner ear. Excess wax in the ear canal or fluid behind the eardrum can lead to conductive hearing loss, as well as poor Eustachian tube function or infections in the ear canal.

Sensorineural Hearing Loss: This hearing loss results from damage to the cochlea or auditory nerve, either from the natural aging process and/or noise exposure. It also can be caused by certain medications, head trauma, systemic illness or infection, or genetic factors. In sensorineural hearing loss, faint sounds may be unclear or sound muffled. Patients can also be sensitive to loud noises.

Patients also can have elements of both types of hearing loss, called mixed hearing loss.

The majority of hearing losses are sensorineural, says Lockhart, with treatment often involving hearing aids or other assistive listening devices. While most sensorineural hearing losses are not medically treatable, certain cases require the attention of an otolaryngologist. Cases in which, for example, the loss is present in only one ear or is worse in one ear would warrant a consultation with an otolaryngologist to rule out a serious medical problem.

Conductive hearing losses, says Lockhart, always warrant a visit to an

otolaryngologist because often these losses are treatable with medication or surgery.

Signs of hearing loss include asking for frequent repetition, turning up the television louder than usual, feeling as if people mumble, ringing in the ears and difficulty hearing in background noise.

Signs of a more serious ear problem include ear pain, drainage, hearing loss in only one ear, ringing or buzzing that is very loud or only in one ear, dizziness and sudden hearing loss. Patients experiencing any of these symptoms should see an audiologist and an otolaryngologist for a more thorough exam.

There are a variety of treatments available for both types of hearing loss, from hearing aids, assistive listening devices and tinnitus maskers to medications or surgery,” says Lockhart. "But the first step toward treatment is an accurate diagnosis.”

More information: www.entnet.org/AboutUs/betterHearingSpeechMonth.cfm

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