

The role of the GP in the management of hearing loss

Jordan Bishop, Clinical Audiologist, Ear Science Institute
Australia

Learning Objectives

By the end of this activity, participants should be able to:

- 1) Discuss the impact of hearing loss on social, emotional and physical health
- 2) Identify at least 3 risk factors for hearing loss
- 3) Confidently refer patients for hearing assessment
- 4) Describe the referral pathway for tinnitus and vertigo
- 5) Accurately identify and refer patients at risk of sudden sensorineural hearing loss
- 6) Explain the function and benefit of hearing aids to their patient

Hearing Therapeutics

Brain and Hearing team



- Pursuit for a cure
- Cellular research & therapies
- Device development



- Hearing services & devices
- Tinnitus treatment
- Paediatrics

Full audiological services through the Lions Hearing Clinics

Independent advice

Clinical services backed by research



- 100% of donations to appeal
- Supporting research
- Helping those in need



- Cochlear implants
- Surgery and rehabilitation
- Balance

GP Hub



- Hearing health awareness
- Regional ear health
- Global Hearing Aid Bank

- Clinical training
- Audiological training
- Surgical skills training



Topics for today

- **Prevalence and impact of hearing loss**
- **Identifying hearing loss**
- **Referral for hearing loss, tinnitus and vertigo**
- **Funding for hearing services**
- **Solutions for hearing loss**

Over 70% of people over the age of 70 have hearing loss

Table 3.1: Prevalence rates from Access Economics (2006), better ear

Age/gender	Males	Females	Persons
Males			
0-14	0.26%	0.3%	0.3%
15-50	7.7%	2.5%	5.1%
51-60	42.7%	16.3%	29.5%
61-70	63.8%	53.1%	58.4%
71+	87.7%	63.8%	74.0%
Total	21.0%	13.9%	17.4%

Source: Access Economics (2006)

Hearing loss and chronic conditions



Hearing loss and mental health and well-being

Anxiety, depression and stress

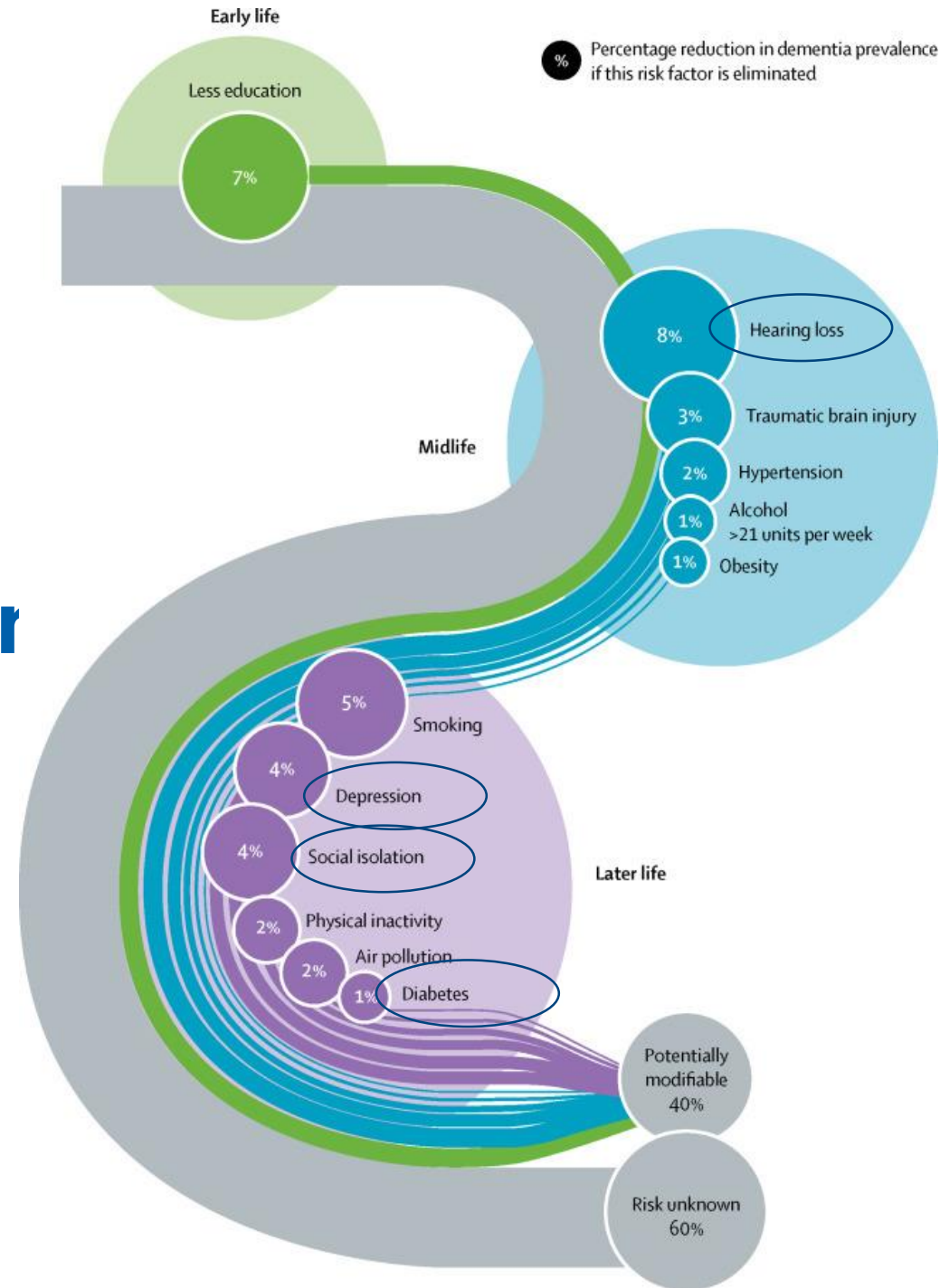


Hearing loss and mental health and well-being

Social isolation and loneliness



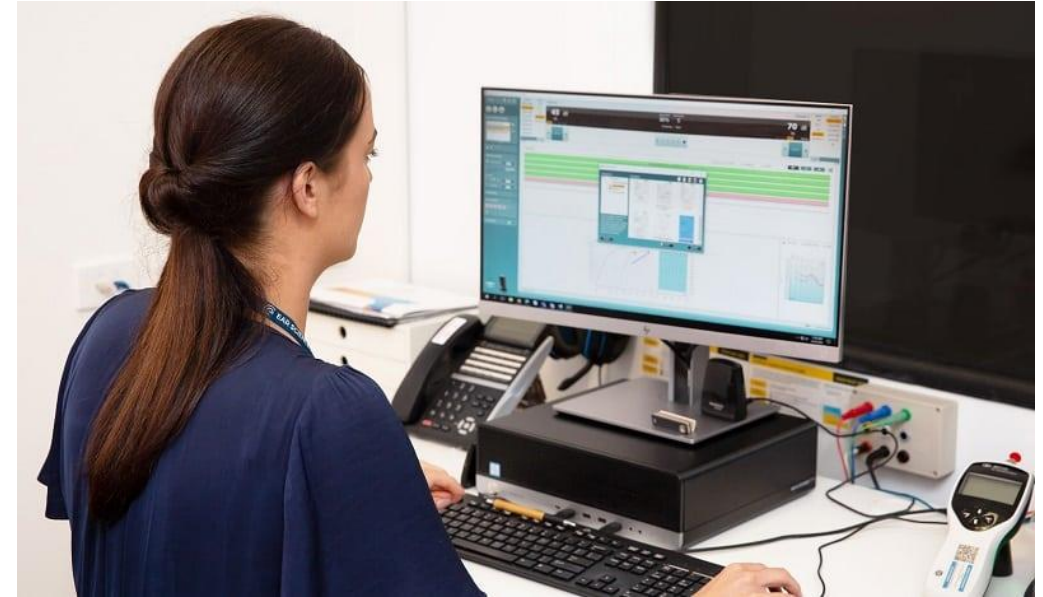
Hearing loss and cognitior



Hearing healthcare is part of holistic management of older adults

The role of the GP

1. Identifying hearing loss



“When was your last hearing check?”

Check your hearing

There are lots of ways to check your hearing. The most accurate and comprehensive tests are in the clinic, but you can also use this quick hearing questionnaire to get started. Using this tool is easy. Each statement will have an answer of 'Yes' (2), 'Sometimes' (1) or 'No' (0). Simply circle the number that best reflects your experience, to see if a full hearing test is recommended.

Your 5 minute hearing check	Yes	Sometimes	No
My hearing makes me feel embarrassed when meeting new people	2	1	0
My hearing makes me feel frustrated when I talk to family	2	1	0
My hearing leads to arguments with family	2	1	0
My hearing makes it hard to hear when someone whispers	2	1	0
My hearing makes me feel disadvantaged	2	1	0
My hearing causes difficulty when visiting friends, relatives or neighbours	2	1	0
My hearing leads to me attending less large events	2	1	0
My hearing causes difficulty when listening to the TV or radio	2	1	0
My hearing limits or hampers my personal or social life	2	1	0
My hearing causes difficulty when I'm in a restaurant	2	1	0
SUB-TOTAL SCORE (sum of each column) =			+
TOTAL SCORE (sum of all columns) =			+

Life is noisy. Here's your 5 minute hearing check.

What does my score mean?

0-4 no difficulty
You are experiencing minimal or no difficulty hearing in all listening environments. **Yearly hearing checks recommended.**

4-6 mild difficulty
You may have mild difficulty hearing in more complex listening situations. Try our simple strategies to help communicate more easily and enjoy social situations more. **Hearing assessment recommended.**

6-20 moderate to severe difficulty
You are having problems hearing in a number of listening situations. You may feel tired or overwhelmed in some conversations, and might be withdrawing from larger social gatherings. **Hearing assessment strongly recommended.**

lionshearing.org.au
or call 1800 054 667

ANZAC House (Perth CBD) | Bunbury | East Victoria Park | Gwelup | Hillarys | Joondalup
Mandurah | Midland | Mt Lawley | Nedlands | Subiaco | Winthrop

Part of
Ear Science
Institute Australia



Who needs a hearing test?

- +55 years
- Dizziness, tinnitus
- History of noise exposure
- Patients being treated for chronic conditions
- Exhibiting signs of hearing loss



Signs of hearing loss

- Constant requests for repeats
- Complaints that other people are mumbling
- Unexplained lethargy
- Reduced social activity and withdrawal
- Domination of conversation
- Confusion and miscommunication
- Unexplained sadness and depression
- Needing the TV volume louder than your family



The role of the GP

2. Referral for hearing loss

Don't let your patient wait 7 years!
Encourage and facilitate the uptake of hearing services

Patient Referral Form

Lions Hearing Clinics provide a full range of evidence-based hearing services that are delivered by commission-free, qualified clinicians. Part of the Ear Science Institute Australia.

Name	DOB	
Address		
Telephone	Email	
Pension No	DVA No	Private Health Fund

Appointment Required

Hearing and Tinnitus

- Hearing Assessment
- Hearing and Tinnitus Assessment

Hearing Implants

- Cochlear Implant Assessment
- Other Hearing Implant Assessment

Balance (Subiaco only)

- Diagnostic Vestibular Assessment
- Vestibular assessment + BPPV

Children

- Hearing Assessment (from 7 months)
- Auditory Processing Assessment (from 6 years)

Hearing Aids

- New / Replacement
- Hearing Aid Adjustment

WorkCover Assessment

- Baseline
- Full Audiological

Other Services

- Wax Removal
- Noise Protection
- Musician Ear Plugs
- Swim Plugs
- Headphones

Medicare, Hearing Services Program and DVA funding available. Call us for eligibility information.

Referring Doctor	Symptoms and Comments
Provider number	
Address	
Telephone	Date

How to book your appointment

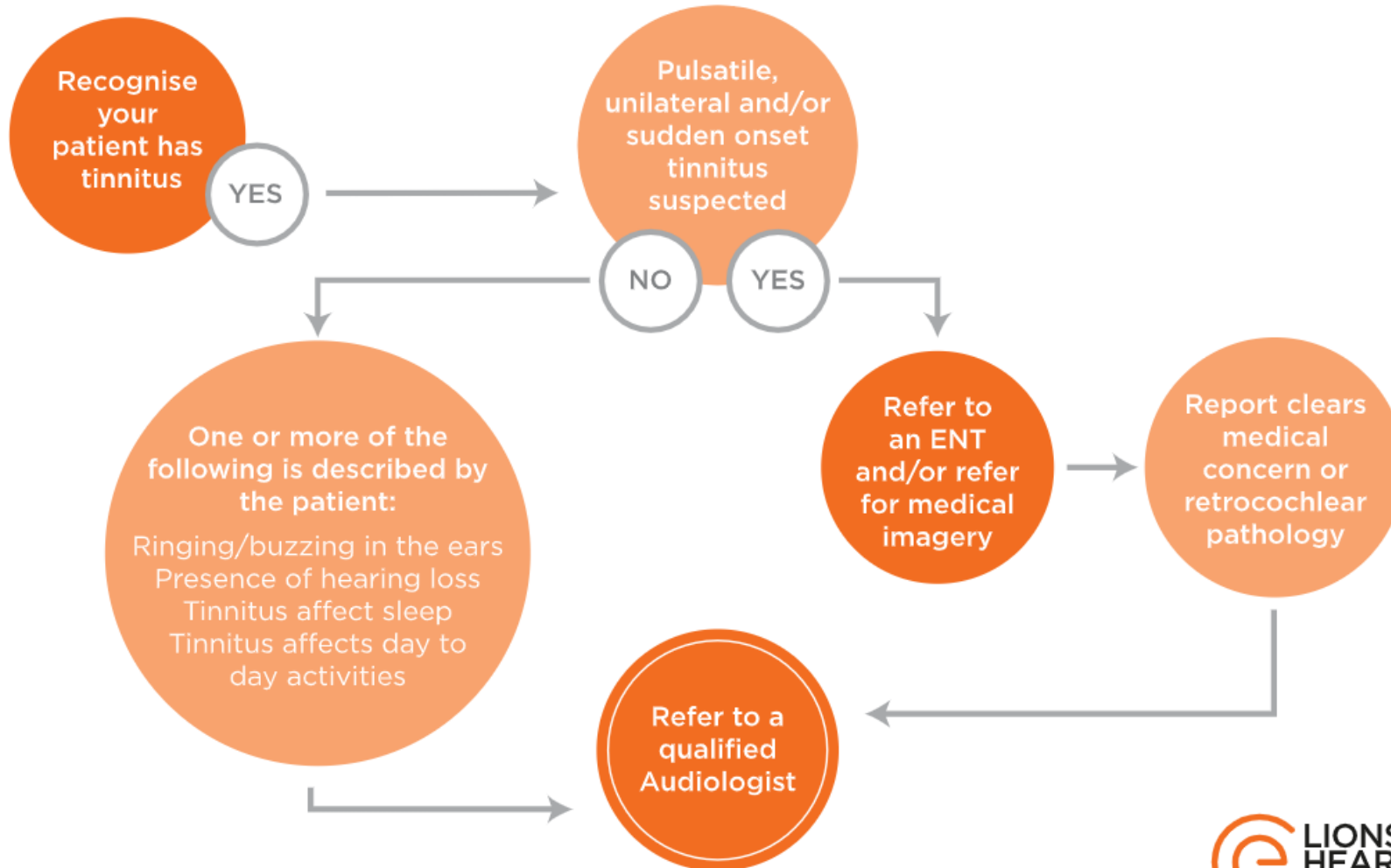
CALL 1800 054 667 **ONLINE** lionshearing.org.au **EMAIL** book@lionshearing.org.au

Sudden Sensorineural Hearing Loss: a medical emergency

- Onset over 72hrs
- Cases must be assessed straight away – same day audiology available
- Many present with ‘blocked ear’
- After 4-6 weeks, recovery is limited
- Audiology cannot refer for ENT/imaging



Tinnitus: the role of the GP



- GP refers all patients with tinnitus for hearing assessment.
- GPs facilitate appropriate onward referral where needed— ENT, imaging, psychology
- GPs review medical history/ medication list



Tinnitus | Understanding The Ringing In My Ears

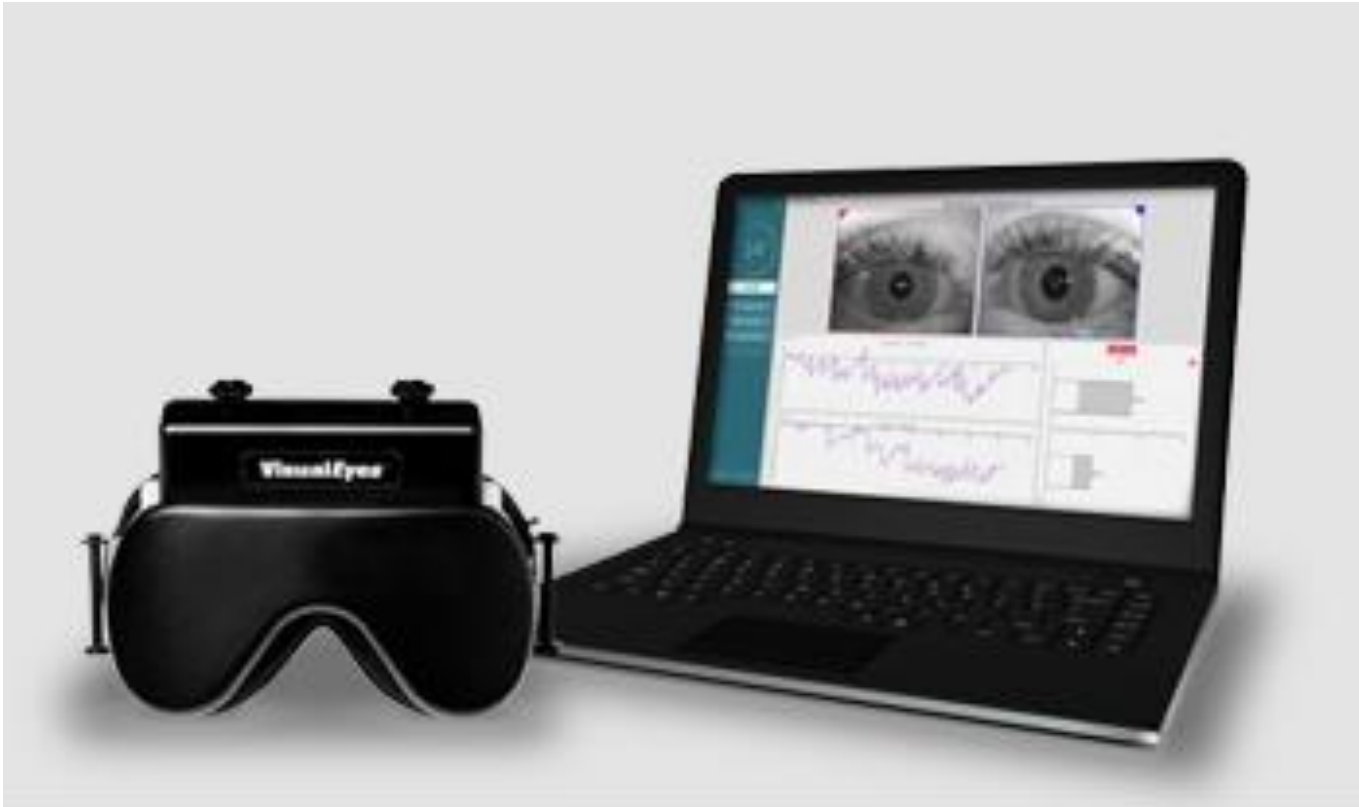
Season 1 | Episode 3

In this episode, Qualified Audiologist & tinnitus specialist Sasha Benatar helps us understand this common condition.

What it is, what causes it and how can it be treated?

[LISTEN NOW >](#)

Vertigo: the role of the GP



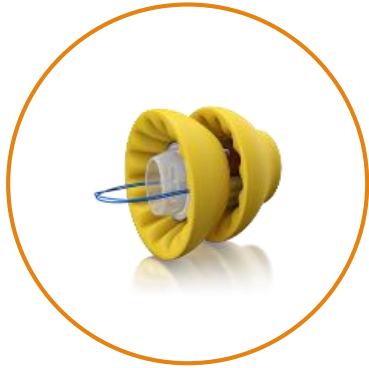
Videonystagmography (VNG) record eye movements and tests peripheral and central vestibular system, including preliminary tests for central lesions.

Electrophysiological testing, inc. (VEMP) which test the function of the otolith organs is used in the diagnosis of semicircular canal dehiscence.

Caloric irrigation and Video head impulse testing (vHIT) to assess function of all six canals, helping to better localise peripheral lesions.

Hearing aids

- Hearing aids are a versatile and effective intervention for a range of hearing losses.
- Device selection needs to be personalised and a trial period offered
- Hearing aids needs to be fit to a client's hearing loss by a qualified clinician
- Hearing aid technology has progressed
- Early intervention is linked with better outcomes



Lyric



IIC
(Invisible in the
canal)



IIT
(In the ear)

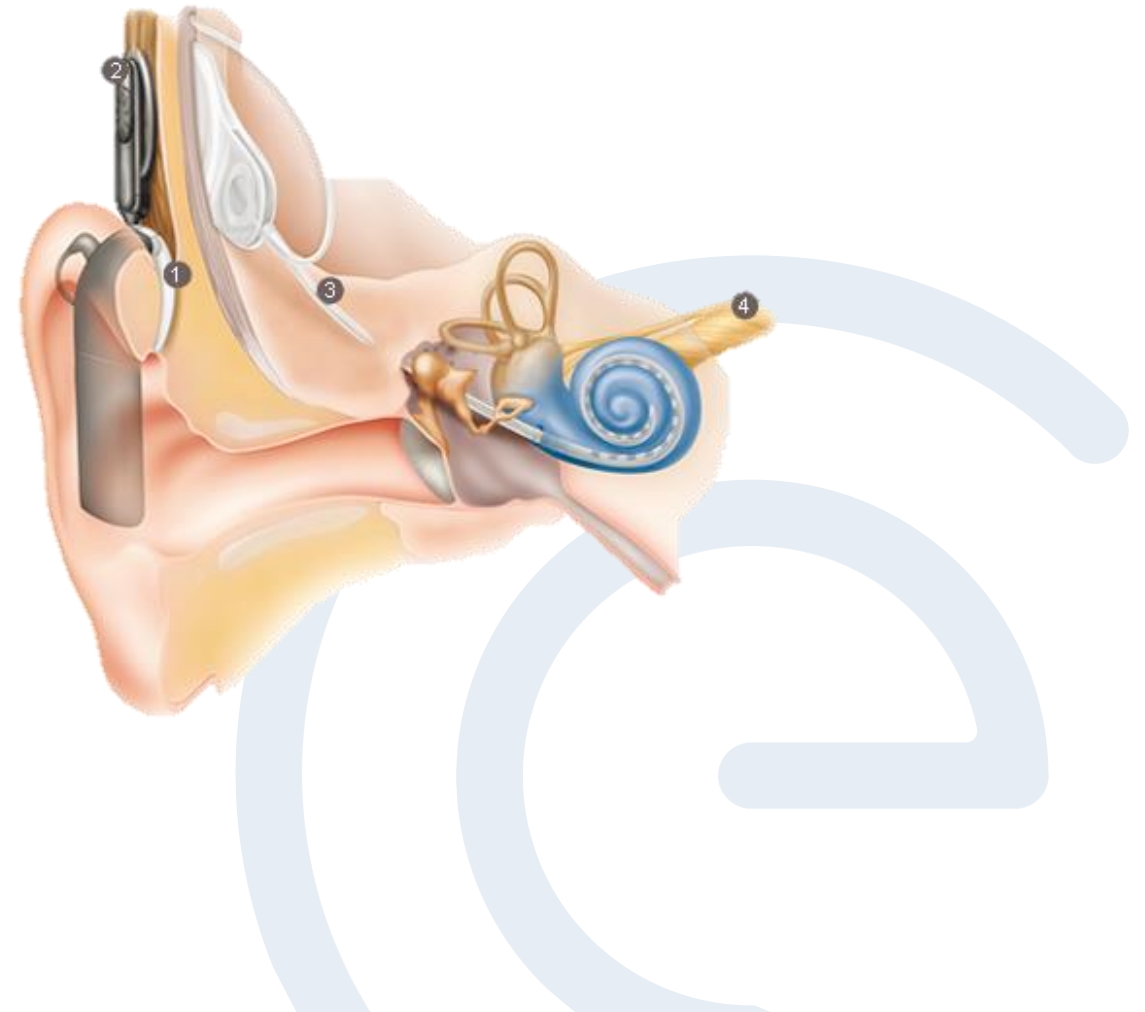


RIC
(Receiver in canal)



BTE
(Behind the ear)

Cochlear Implants



The Science of Healthy Hearing



Featuring
Ronel Chester-Browne
Senior Implant Audiologist

Myth Busting Cochlear Implants: Rare and radical or routine treatment for severe hearing loss?

Season 1 | Episode 5

Senior Implant Audiologist Ronel Chester-Browne will share with us her knowledge and insights into Cochlear Implants.

This miraculous Australian invention was once considered quite a rare and radical intervention, these days **Cochlear Implants** are routinely recommended for clients who Audiologists identify would benefit from one.

[LISTEN NOW >](#)

Funding for hearing services

- Pensioners
- Medicare rebates under GP management plan
- Veterans
- Private health (for hearing devices)

Hearing, Balance & Tinnitus Services

Comprehensive Adult Hearing Assessment

75-minute appointment | \$100

Includes diagnosis of the type of hearing loss, a full discussion with a clinician about appropriate referral and rehabilitation, and an Audiology report to referring GP.

Fully subsidised for Pension cardholders. Medicare rebate for all ENT referred Hearing Assessments

Comprehensive Paediatric Hearing Assessment

60-minute appointment | \$98

Available in Joondalup & Nedlands. Complete test of hearing for children from 7 months of age.

\$49 with a health care card

Hearing Aid Discussion

30-minute appointment | \$55

Complete hearing aid discussion that includes all styles of hearing aids from a variety of manufacturers. Device and fitting schedules are individualised to each client's needs.

Subsidies available for Pension cardholders

Hearing Aid Adjustment

30 to 60-minute appointment | \$55 - \$112

Optimise hearing aid performance for patients with existing devices.

Fully subsidised for Pension cardholders

Hear Well. Live Well

Tinnitus Assessment & Management

2-hour appointment | \$260

Includes individualised sound enrichment program and counselling with or without the inclusion of Hearing Devices.

Subsidised for Pension cardholders

Hearing Implant Candidacy Assessment

2-hour appointment | \$150

Available at Subiaco & Bunbury

Cochlear implants, bone conduction implants, middle ear implants and brain stem implants.

Comprehensive hearing assessment, including speech perception testing to identify suitability for hearing implants.

Diagnostic Vestibular Assessment

2-hour appointment | \$220

Available at Subiaco.

Includes an audiogram, oculomotor evaluation, video head impulse testing (vHIT), cervical vestibular evoked myogenic potential (cVEMP) & bithermal caloric testing.

Additional testing is available for Benign paroxysmal positional vertigo (BPPV) and Superior Semi-circular Canal Dehiscence (SSCD) | \$60 per test.

\$150 for Pension cardholders

Diagnostic Vestibular Assessment + ECochG

2.5-hour appointment | \$280

Available at Subiaco.

A full diagnostic vestibular assessment with electrocochleography - a valuable tool in diagnosing early-stage Meniere's disease.

\$210 for Pension cardholders

Communication strategies for you and your patients

Simple strategies for you:

- Face the person you are speaking with. Position your back to any background noise. Ideally, position them with their back to a quiet surface (like a wall).
- Make sure the speaker's face is well lit and watch for visual cues and gestures from the speaker.
- Move closer to the speaker.
- Follow the topic of conversation, it is easier to fill in missed words if you have context.
- Reduce background noise, where possible. E.g. turn off the TV during dinner.
- Look for environments with soft furnishing, such as carpets or rugs. Rooms with lots of hard surfaces allow the sounds to bounce around and make hearing more difficult.
- Be open and assertive about your hearing loss, it allows others to make a conscious effort to face you when speaking, and helps them understand how they can help you.

Simple strategies for your loved ones:

- Speak clearly and naturally. Maintain a speed that is easy to follow.
- Do not shout. Shouting can cause sound distortion and discomfort.
- Get the attention of the listener before talking to them.
- Do not try and have a conversation from another room. Being able to see one's face gives cues which may help improve speech understanding.
- Rephrase. If you have repeated what you said and they still cannot understand you, think of a different way to say the same thing.
- Be open. Ask if there's anything you can do to help improve the listening situation.
- Be patient. Hearing loss is not easy. It can be tiring to have to concentrate in order to engage in conversation. People with hearing loss can often experience fatigue.

The role of the GP

The GP is crucial to the early identification and timely referral for hearing loss

- Hearing loss, tinnitus and dizziness are highly prevalent conditions and are very common presenting concerns in a GP setting
- Hearing loss impact social, emotional, cognitive and physical health.
- Help seeking for hearing loss is often delayed, GPs are in a good position to facilitate and encourage early intervention for hearing loss.
- Early intervention is linked with better outcomes when it comes to hearing aids and cochlear implants
- Hearing aids and cochlear implants are effective interventions for hearing loss that can improve quality of life.

Thankyou

