Podcast Introduction and Hearing Health Overview

The average person with hearing trouble waits about eight years to get hearing aids, and that is an issue that I'm going to try to drive home fairly hard today in this podcast.

There's a lot of reasons not to wait. The main one being that it's easier to accommodate hearing aids if you start earlier, before there's been more damage and you need a more sophisticated or intensive kind of therapy.

And that pertains to your brain as well as the structures within your ear that we've already discussed. Have you made it past menopause, or are you going through it now?

I'm Dr. Pat McShane, and on the Women's Health Span Voices podcast, I'll guide you through the health challenges of the menoppausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hi, I'm Dr. Pat McShane, and this is Women's Health Ban Voices. The purpose of my podcast is to give you hints about how to live the longest, healthiest life you can as a post-menopausal woman, predominantly.

Quick question for you, how many have you have thought about your hearing today? Unless you're having trouble, you probably haven't thought of it at all, but I'm going to challenge you to think that it's really important for your overall health and well-being.

And we'll talk today about hearing loss related to aging and menopause per se, and then some of the other possible causes.

How Hearing Works and Early Signs of Loss

So let's just dive in on that. To review quickly, what is the mechanism of hearing? Well, this part of your outside ear leads up to the ear canal, the eardrum rather, and that ear can now can be filled with wax, so that's one of the things if you're having hearing difficulty, to rule out that there's wax in there and yourself at home, a friend, family member, or by your physician if you know that that's your problem.

So for most of us, we have our sound coming in the ear canal, the eardrum. Then we the middle ear, which is several bones that connect over to the inner ear or the cochlea and the vestibular system.

And you probably remember about the Vestibula system that tells us where we are in space, our balance, the three semicircular canals. That's not so much involved in our hearing, but it's right next to that part that is most of where our hear comes from, which is the Cochleae.

Inside the cochlear structure are little hairs and those are very susceptible to damage and they don't apparently regenerate, at least not as we currently understand it and can control that system.

Then the signals coming from those little hair cells go into the auditory nerve and go up to our cortex of our brain. So this is a little bit of a complicated system that undoubtedly has evolved over many, many eons of time.

And it's quite spectacular if you think about what we can hear, the softest to the loudest sound, and our brains accommodate this and interpret it for us.

So, why should we be worried? Well, it turns out that about a third of us in our 50s and as many as two-thirds of our 60s have some hearing loss if tested with sensitive testing.

And the early signs of hearing-loss are usually the high-frequency sounds, which is voice among others. And what happens is we lose our discrimination of the sound.

The sound is there, but we can't pick up what is specifically being said. So I'm gonna come back at the end and talk a little bit about how to deal with somebody with hearing loss to try to accommodate their losses.

But one thing is don't shout at that person. Loud sound doesn't help at this stage of early hearing lost. So you may be having trouble understanding other people, let's say in a party or a restaurant setting where there's a lot of ambient sound.

You may have kind of a ringing in your ears or just some sound distortion that's unfamiliar to you that you haven't had before.

Menopause, Aging, and Medical Causes of Hearing Loss

We're going to talk in a little bit of detail about some of the various diseases and medications that can cause hearing loss, but let's talk for a moment about the impact of estrogen.

And as we've talked many times before in these podcasts, Throughout the body, there are receptors in our cells and tissues for the hormone of estrogen, which we lose predominantly during our menopause.

And our hearing structures are no different than that, no exception to that. And estrogen is very helpful in maintaining good blood flow that supports the little hairs in our inner ear and the nerve structures that communicate through our air and into our brain.

So that's one of the fundamental mechanisms by which menopause may worsen hearing in many, many people. Certainly diabetes, which impacts on both the blood vessels and the nerves, can have a very similar impact as well as high blood pressure and heart disease.

So for sure, the people with those diagnoses may have increased risk of hearing loss. There are some medications that are taken for different reasons at different times in your life that may impact on hearing.

Antibiotics is one of them. And even acetaminophen to some extent may affect on the hearing, acetamine being Tylenol in the U. S. and genetics. So if everybody in you family has hearing loss, you may be set up for that situation as well.

What about lifestyle issues? Of course, we always talk about that here on my podcasts. And the main one probably is exposure to loud sound over chronic timeframe.

That might be work-related or concerts or sporting events. Sometimes even an episodic exposure too high sound can impact on your hearing. So that's something to be aware of.

especially going forward if you're starting to have some hearing loss, be very mindful of that. One of the main reasons that I wanted to talk about hearing lost is dementia, and there seems to be a pretty strong link between the situation of having hearing and developing dementia.

And as with most of these studies, unless it's a controlled trial, we can't tell which came first. So it may be that people with dementia may experience hearing loss rather than that.

People with hearing laws may experienced dementia, but the association seems to be pretty strong. and the correction of the hearing loss by the use of hearing aids appears to reduce the risk of dementia, and we'll talk about hearing aides a little bit later in this podcast.

It's unclear what that mechanism may be.

Hearing Loss, Dementia, Depression, and Falls

But one thing is what I read as brain strain, which is your brain is trying to focus on hearing and putting together the thoughts from the sounds that you have heard.

And the memory consolidation that is part of the loss of Alzheimer's may take a back seat to the brain's attempt to put together. The meaning of sounds you've heard, so that's one possible mechanism.

Another mechanism may be social isolation, which is known to be associated with the risk of dementia, because people who don't hear well tend to more socially isolated and often suffer from loneliness compared to people with normal hearing.

And then just the auditory cortex itself may become diminished or kind of underutilized with the presence of fewer sound impulses, and that may contribute in some fashion to dementia.

So the mechanisms aren't really well worked out, but the association seems to be there, nevertheless. Hearing loss may also contribute to depression, which is definitely a major risk factor in our older years as in, our younger years for that matter, and one of the top 10 issues in the World Health Organization listing of diseases that we may suffer.

Falls is another one that's huge as probably most of you are aware Falling can contribute substantially to our loss of mobility, our lost of independence, and sometimes even mortality.

Hip fractures being the major one that we're mostly familiar with. And again, people who don't hear well may be struggling to think about what they're hearing rather than the environment that they find themselves in.

And that may contribute to them not noticing a step or a curb or something of that nature. They may be preoccupied with something that the've been trying to focus on because they were having trouble hearing and not concentrating on their movements.

Again, the mechanisms here aren't totally well understood. People with hearing problems may not hear an approaching vehicle, for example, or someone on a bicycle, and that can contribute to a fall or an injury.

And falls are the major cause of injury-related deaths in older women in particular. A quick word on tinnitus or buzzing and rumbling, roaring, various kinds of abnormal sounds that are heard continuously in the absence of an actual stimulus, and that affects about 50 million people in And there are some various therapies for tinnitus.

So if that's something that you're experiencing with or without hearing loss, it's, uh, something to catch up with the practitioner and discuss that with them because there certainly are treatments out there and tennitus can be extremely disturbing to people.

On these podcasts, we seldom get away without talking about lifestyle issues. Smoking is associated with hearing loss. Again, acetaminophen and even aspirin use may be associated and inactivity.

Tinnitus and Lifestyle Factors

And again, these may be on a vascular basis that anything that impacts your vessels or inflammation can in some people affect the vessels and the nerves in their inner ear and and auditory nerve.

And on the positive side, fish consumption may be protective against hearing loss. So that's another reason to have that serving of salmon or your favorite fish this week.

We talked a little bit earlier about factors that may increase the risk of hearing lost and loud concerts, sporting events, and having too much sound in your environment, if you can control it, the television or other noise boxes that you may have around, to limit those as much as possible.

And there's a thing called the 60-60 rule, which is if your wearing earbuds or listening to something with headphones, you should be at about 60% max sound for no more than 60 minutes and give your ears a chance to rest.

So let's say you have determined that you hearing loss and it's not related to earwax, which can be removed. And you're now trying to decide what to do about it.

Well, again, the best recommendation is to have hearing tests in your 60s because the incidence goes up so dramatically. But in you primary care office, you can get a simple evaluation.

Your practitioner can tell you what their level of suspicion is that you have hearing loss, but if you're noticing things that don't come up in that visit, you can certainly insist upon having a hearing test.

The average person with hearing trouble waits about eight years to get hearing aids, and that is an issue. That I'm going to try to drive home fairly hard today in this podcast.

There's a lot of reasons not to wait.

Testing, Hearing Aids, and Treatment Options

The main one being that it's easier to accommodate hearing aids if you start earlier, before there's been more damage and you need a more sophisticated or intensive kind of therapy.

And that pertains to your brain as well as the structures within your ear that we've already discussed. The other thing, of course, is if you have been noticing social isolation or you're just not willing to do things that you used to enjoy doing because you feel silly, if can't hear what's going on, or if people don't want to talk to you because they know that your not comprehending what they're saying, that is sometimes irreversible.

It's hard to get out from that, especially if your still working and your losing capability in your work tasks. It's a good thing to jump on that sooner rather than later and lose ground that you're not going to recover.

There's been some good news regarding hearing aids recently. In 2022, the law for payment was that, you don't have to go through an audiologist to get I think it still makes sense to go to an audiologist for hearing testing, but there are now over-the-counter hearing aids available.

And a quick word, it does take some time to get used to hearing aides, and you need to have a commitment to learning to live with them. But they can be fixed as well if they're not working for you.

A word of caution, using hearing aids definitely is a commitment, and you have to put in the time and sometimes get them adjusted if they're not working properly for you.

But most people will be able to come up with a good solution. If you've dementia already, it becomes harder. So again, that's another reason to do it sooner rather than later.

And there are some other alternatives. There's some amplifying devices that you can use instead of a hearing aid per se. And, there's a device called a pocket talker that, you, can, use to amplify your speech to so other people can hear you.

and there, are devices called cochlear implants that are used for people with very, mostly very severe, moderate to very nominally underused, apparently, for some reason.

I'm not sure why. Maybe it just hasn't gotten enough press. So put that out there if you or someone you know is having severe hearing loss and it's not being addressed by the structures that are in place already.

And again, just a final word about dealing with someone who has hearing loss or whether they're wearing hearing

aids or not, how to communicate with them, which may be your spouse or close friend or family member.

One thing is make sure that you're facing the person with the hearing loss so they can see your lips and have the best shot at hearing what you're saying.

Communicating with Someone Who Has Hearing Loss

Try to avoid being backlit if possible. So make sure there's reasonable lighting. And again, typically, especially early on, volume is not what the personal is missing.

It's more discrimination because their hearing sounds in a distorted fashion. speak a little slower and more clearly if possible. So those are some hints for the other side of the fence here, if that's what's going on in your life.

There's much more information about this on the National Council on Aging and other websites that deal with hearing loss. I encourage you to look at those things to give a bit more background to what we've been talking about today.

And if this is the kind of information that you value, wonderful, great to have you on board. Please like and tell your friends and we'll see you again soon.

Thanks for being with me.