

# Ear Care and Audiology bulletin

Spring 2013

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## TWO MAJOR HEARING LOSS RESEARCH CHARITIES MERGE:

### [The two charities; Action on Hearing Loss & Deafness Research UK have merged](#)

Both charities are known for their ground-breaking work in biomedical research, with Action on Hearing Loss currently funding UK and international work into treatments and cures for hearing loss and tinnitus, and Deafness Research UK focusing on UK research.

The merger will raise the profile of biomedical research, which will in turn boost funding for further programmes. Biomedical research into hearing loss and tinnitus is currently significantly underfunded when compared with other medical conditions.

Chief Executive for Action on Hearing Loss, Paul Breckell said: "Both charities believe that a merger is the most positive way forward for the future of biomedical research into hearing loss and tinnitus. For most of the 10 million people in the UK with hearing loss, and the six million people who suffer with tinnitus, effective treatments and cures cannot come soon enough."

Personal music players and hearing:

### [EU Standards](#)



### [Tinnitus report](#)



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## New research into listening habits of young people

A large survey of 1551 young people under the age of 34 set out to find out more about their listening habits, and their views on new EU standards which mean that from February 2013 all personal music players sold in the EU – including mobile phones – are expected to have a sound limit of 85 decibels (dB).

The research showed that over 92% of young people surveyed listen to music on a personal music player or mobile phone. 95% said they were aware of the dangers of listening to music too loud, but nearly 40% said they would override the new default setting on their music devices. 79% of young people surveyed are unaware of new standards coming into force this month. [Read the key findings from the research](#)

## [A pilot scheme has commenced to identify a way forward for the development of tinnitus services in Northern Ireland.](#)

Following the publication of the tinnitus research report 'What's that Noise' in 2010, and the establishment of a professional working group on tinnitus, the pilot scheme has been established to improve services for people with tinnitus.

### **The scheme**

The pilot, lasting for a period of 6 months, will provide regular information and support sessions for people with tinnitus, both in a group setting, and on a one to one basis, and will raise awareness of tinnitus among the deaf community and professionals working with people with hearing loss. It will also measure the impact of training for professionals and intervention for people who are distressed by their tinnitus.

Action on Hearing Loss Tinnitus Support Worker Christine Martin explains: "We plan to work in partnership with all five Health and Social Care Trusts to deliver training to social workers on how to support people with tinnitus, and provide help directly to people with tinnitus. We aim to support people through their journey towards achieving a manageable level of noise, with the use of relaxation techniques, TRT, information and equipment."

The Health and Social Care Board, which has responsibility for planning and commissioning health and social care services in Northern Ireland, has provided funding to Action on Hearing Loss for some exploratory work with social workers, audiologists and people with tinnitus.

People with tinnitus in the Southern Trust area have already benefitted from Action on Hearing Loss support at a series of five week courses held across the Trust in 2012-2013. Participants reported very positive outcomes as a result of the intervention.

### **The impact**

A formal evaluation of the impact of the pilot scheme will take place later in the year and it is hoped that this, combined with the recommendations from the professional working group on tinnitus, will provide compelling evidence of the need for Government investment in the development of tinnitus in Northern Ireland.

### **For more information**

For further information on tinnitus please contact Christine Martin on 028 9023 9619

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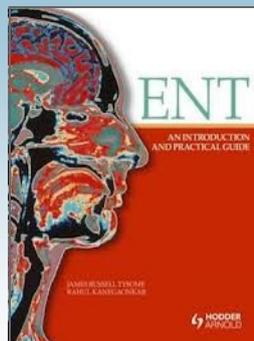
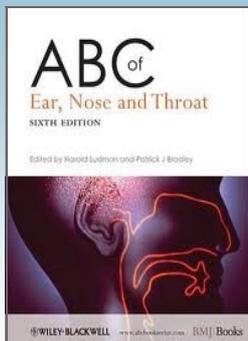
## [Access all areas?](#)

### Charity calls for improved GP communication

A report into the experiences of people with hearing loss when accessing healthcare.

Ten million people in the UK have hearing loss. It is vital that these people have the same level of access to healthcare as hearing people. A survey was conducted of over 600 people with different levels of hearing loss to explore the experiences they have when accessing healthcare. The survey asked a range of questions regarding experiences when contacting their GP surgery, consultations with medical staff and access to pharmacies.

[Access all areas?](#) presents the findings of that survey.



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## Latest research

### **Does olive oil prevent earwax build-up? An experimental study.**

*Practice Nursing, Apr 2013, vol. 24, no. 4, p. 191-196*

*An experimental study was conducted to determine whether daily lubrication of the external ear canal with olive oil enhances the normal expulsion of earwax. Method: Fifty people over the age of 50 years with bilateral occlusive earwax were recruited from 483 people attending ear care exhibitions in Essex and South Yorkshire. Earwax was initially removed from all ears following an immediately prior spray of olive oil. Each participant sprayed a controlled dose of olive oil 0.05 ml into the same ear each night for 24 weeks. The other ear was cared for in the individual's normal way and served as the control. Ears were examined at 8, 16 and 24 weeks using video otoscopy. Pre- and post-experiment interviews were conducted. Results: Nightly olive oil lubrication increased occlusion of the ear canal demonstrated through video otoscope image capture. The olive oil did not enhance the normal expulsion of earwax; on the contrary, the addition of olive oil increased the ear canal contents. This was confirmed by the median weight of ear canal contents removed at 24 weeks from the treated ears being 99.5% greater than the median weight of ear canal contents removed from the control ears. However, rather than using the olive oil for an extended period before earwax removal, it was found that all the earwax could be easily removed at first presentation by a spray of oil into the ear canal immediately before the earwax is removed. Conclusions: Regular olive oil lubrication increased the ear canal contents. However, olive oil sprayed into the ears immediately before removing wax enabled total wax removal. There is a need for further research to provide improved evidence for ear care.*

### **Addressing adult hearing loss in primary care**

*Journal of Advanced Nursing, Apr 2013, vol. 69, no. 4, p. 896-904*

*Aims. To (a) determine the extent to which primary care providers screen adults for environmental or occupational hearing loss during the primary care visit and (b) determine what techniques are used to screen for hearing loss in the adult primary care patient. Background. Although the prevalence of hearing loss is high, the frequency and techniques of screening for hearing loss among primary care providers are unknown. According to the United States Preventative Task Force, hearing screening promotes early detection, adequate treatment, and improved quality of life. Design. It is a retrospective audit. Methods. Thirty client records were randomly selected from two clinics in 2009 for this retrospective patient record audit. Results/findings. Physical assessment of the structure of the auditory system was completed in all cases selected. Hearing acuity in all cases was determined by patient self-assessment, as indicated on patient-completed history forms; there was no documentation of objective assessment of auditory function. Conclusion. Given the low correlation between perceived and measured hearing ability, assessment of hearing ability by patient report alone may result in failure to detect hearing loss. Research into the nature and extent of barriers to hearing assessment in primary care needs to be explored, and criteria for screening of adults in the primary care setting should be established.*

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## Latest research

### **Psychological comorbidity in patients with chronic tinnitus: analysis and comparison with chronic pain, asthma or atopic dermatitis patients**

*Quality of Life Research, Mar 2013, vol. 22, no. 2, p. 263-272*

*Purpose: To determine the prevalence and severity of psychological comorbidity in patients with chronic tinnitus in comparison with other chronic illnesses, namely chronic pain, chronic asthma and atopic dermatitis. Methods: Psychological diagnoses were done according to ICD-10 Chapter V(F). Subjective impairment was evaluated using 5 psychometric questionnaires: tinnitus questionnaire, Berlin mood questionnaire, sense of coherence (SOC-L9) and perceived stress questionnaire. Sleep disturbance was measured by the subdomain 'exhaustion' of the Giessen physical complaints inventory. Results: Somatoform or affective disorders were most frequent in all disease groups. Patients with chronic tinnitus had a stronger SOC and better subjective mood, stronger commitment, and less anger and anxious depression than the patients with chronic pain, chronic asthma or atopic dermatitis. However, in patients with higher tinnitus annoyance, psychological comorbidity was similar to that found in patients with other chronic diseases. Conclusions: Besides collecting medical and social history, special psychometric instruments should be used for the diagnosis of tinnitus patients. Based on relative high frequency of psychological comorbidity, we recommend interdisciplinary cooperation between otorhinolaryngologists and other specialists (psychosomatic medicine, psychology or psychiatry) during the treatment of tinnitus patients, especially when high degree of tinnitus annoyance is involved.*

### **Measuring patient satisfaction: The future is now**

*Audiology Today, 01 March 2013, vol./is. 25/2(20-24)*

### **Infant Hearing Screening and the Role of New Technologies.**

*Journal of the American Academy of Audiology, 01 January 2013, vol./is. 24/1*

### **Which Risk Factors Predict Postnatal Hearing Loss in Children?**

*Journal of the American Academy of Audiology, 01 March 2013, vol./is. 24/3, p. 205-213*

*Targeted surveillance using a risk factor registry is the recommended method to detect hearing loss following the newborn screening period. However, currently, there is limited evidence linking some of the risk factors listed on the Joint Committee on Infant Hearing registry to postnatal hearing loss. Purpose: The goal of this study was to investigate the risk factors that were most likely to predict the occurrence of postnatal hearing loss using formal analysis of a large cohort.*

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## Latest research

*Research Design: A retrospective study of children referred to the targeted surveillance program in Queensland, Australia. Study Sample: This study involved children who were born in Queensland, Australia, between September 2004 and December 2009, had received a bilateral "pass" result during newborn hearing screening, had one or more risk factors identified during screening that triggered a referral to the targeted surveillance program, and had completed their follow-up audiology appointment series according to Queensland's diagnostic audiology protocols. Data Collection and Analysis: Data for the cohort was extracted from the state-wide data management system Oz Systems eScreenerPlus (eSP). Results: During the study period, 2107 children met the inclusion criteria and were included in this study. Of these, 56 children (2.7%) were identified with a postnatal hearing loss. Statistical analysis revealed that two risk factors, family history (odds ratio [OR]: 1.92; 95% CI: 1.04-3.56), and craniofacial anomalies (OR: 2.61; 95% CI: 1.19-5.70) predicted the occurrence of postnatal hearing loss in children. In contrast, the risk factor of low birth weight (LBW) (OR: 0.14; 95% CI: 0.05-0.39) did not. Conclusion: This study suggests that children with the risk factors of family history and craniofacial anomalies should have their hearing monitored throughout early childhood, whereas children with the risk factor of LBW should not. Two additional risk factors, syndrome and prolonged ventilation, indicated favorable results for monitoring; however, a full analysis was unable to be completed due to statistical limitations. There was insufficient evidence within this study to support monitoring of children with the remaining risk factors of severe asphyxia, congenital infection, bacterial meningitis, professional concern, and hyperbilirubinemia. Further research with large cohorts of children with and without risk factors needs to be completed to further understand the relationship between risk factors and postnatal hearing loss.*

### **Removal of impacted cerumen in children using an aural irrigation system.**

International Journal of Pediatric Otorhinolaryngology, December 2012, vol./is. 76/12

*Impacted cerumen in the ear canal is a common problem that can cause discomfort or prevent assessment. Cerumen removal can have deleterious side effects if performed improperly. We created an aural irrigation system which is currently not available on the market to provide a continuous flow of water at a regulated pressure and temperature. The purposes of this study were to (1) evaluate the safety and efficacy of this aural irrigation system in children and (2) determine the success rate of cerumen disimpaction when used by an allied health professional. METHODS: The following were evaluated in a nurse-run clinic: (1) referral patterns; (2) extent of canal occlusion; (3) cerumen consistency; (4) peak water pressure used; (5) patient discomfort; (6) efficacy of removal. Each ear was recorded as a separate event. RESULTS: 302 procedures were performed on 244 children (mean age 7.6 +/- 4.1 years (range 0.5-18.3 years)). Patients were most commonly referred by an Otolaryngologist (63%), parent (17%), hearing aid provider (10%) or audiologist (9%). The most common reasons for referral were difficulty seeing the tympanic membrane (42%), fitting a hearing aid (20%) or performing an audiogram (11%). Prior to irrigation, 98% of canals were partially or fully occluded. After irrigation (mean peak pressure=488.21 +/- 18.61 mm Hg (range 390-590 mm Hg)), 92% of canals were completely free of cerumen (99% clear enough for evaluation or treatment). There was mild or no discomfort in 99% of patients and there were no incidences of trauma. CONCLUSIONS: An aural irrigation system can be effective at clearing impacted cerumen from pediatric ear canals with minimal discomfort and no trauma and can be successfully employed in a completely nurse-run clinic.*

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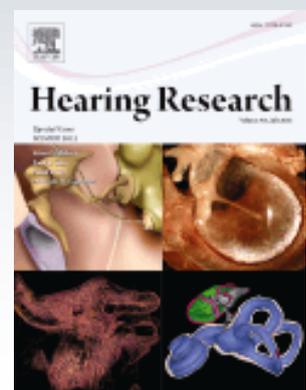
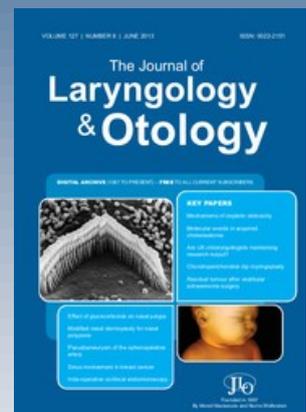
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