

Lately, 'malignant' external otitis has been reported as a potential complication that can follow ear syringing. Rubin and Yu reported that the forceful syringing of an ear canal with non-sterile tap water, which may contain *Pseudomonas aeruginosa*, might precipitate malignant external otitis - concluding that aural irrigation may play a predisposing role in the onset of malignant external otitis in high-risk populations.¹⁰

Similarly, Ford and Courtney-Harris reported a case of malignant external otitis, which occurred in a healthy 72-year-old non-diabetic, non-immuno-compromised man after ear syringing.¹¹ The infection was treated with oral ciprofloxacin for eight weeks with complete resolution.

The incidence of complications could be reduced by greater awareness of the potential hazards, and increased numbers of personnel receiving instruction and training.

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Audiological Rehabilitation in Brazil

AN AUDIOLOGICAL REHABILITATION PROGRAMME FOR THE ELDERLY IN BRAZIL

Iêda Chaves Pacheco Russo
PhD

Clinical Audiologist and Full Professor
Catholic University
São Paulo
Brazil

Email: irusso@terra.com.br

Introduction

Of all the disabilities that affect the aged, the inability to communicate with others due to hearing impairment can be one of the most frustrating and can result in other psychosocial problems. The sensorineural hearing loss experienced by older adults is the third major cause of disability among the elderly population in Brazil, and has dramatic effects on communication, often being associated with hearing disability, which restricts the quality of life.¹

Hearing aids alone are not the total solution to the communication problems caused by hearing loss. According to the American Speech-Language-Hearing

Association (ASHA), it is very important to assist elderly individuals with auditory disabilities to realise their optimal potential in communication, which is possible through an audiological rehabilitation (AR) programme.²

Audiological Rehabilitation Programme

The AR programme consists of five items including:

1. Holistic evaluation.
2. Hearing aid and assistive listening devices fitting and orientation.
3. A detailed explanation of the hearing process, the audiogram and a review of the auditory and visual nature of speech.
4. Counselling.
5. Teaching communication strategies.

Holistic Evaluation

The AR process begins at the diagnostic evaluation. As hearing impairment in the elderly is not a single disorder, Kricos and Lerner, have developed an holistic assessment mode, including the following aspects:³





Explaining the function of the ear

Photo: Ieda Russo

knowledge. It promotes independence, improves the performance in daily life activities, making easier the acceptance of a hearing loss and encourages effective hearing aid use, based on trust. Counselling is based on a short-term well-being model, without a need for reorganisation or

reinterpretation of personality. It aims to increase the well-being of individuals - to help them in solving problems; stimulate and motivate them to succeed well in rehabilitation; improve self-image and increase social interaction. Further, it helps patients and their families make practical changes in their lives, helping them to develop a more positive approach to their own disabilities, and providing information about technological assistance available to help them with the residual communication difficulties they may still experience. The main advantage of counselling is to develop a structure for continuing education related to new technologies and products as well as to preparing patients to be responsible for their own hearing care.^{5,6}

Auditory and Visual Nature of Speech

The content should address the following topics:

1. The human ear and the hearing process.
2. Nature and the consequences of a hearing loss.
3. Audiogram explanation, especially in terms of familiar sounds and speech perception.
4. Variables influencing speech perception: the speaker, the environment and the listener.
5. Active listening training to recognise the meaning of the message itself, rather than individual sounds.
6. Teaching communication strategies.

In order to improve communication strategies, it is essential to have family members, friends and significant others. The communication model must include repair strategies such as, repeat, rephrase, summarise or simplify, gesture, confirmation, and listening strategies.

Conclusion

I started working with the AR programme in 1990, which increased my patient's satisfaction, and I would like to emphasise the main qualities the audiologist must have in order to succeed well with the elderly patient. The first one is to have a genuine respect for older people, as well as a deep sense of care for the elderly. The second is to know how to listen and how to accept the feelings that they may express. Another is the ability to encourage older people to challenge many myths about old age. A combination of art and science is needed to provide the older person with the best quality of life and communication. Realise that old people are just little boys and girls who have lived a little bit more!

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Hearing Aid Fitting and Orientation

'In-The-Ear' is commonly the easiest hearing aid model to turn on and off and to insert and remove. Directional microphones and binaural hearing aids are used in order to improve speech recognition in noise. We also consider the use of telephone amplifiers and assistive listening devices (ALDs). Instruction in the use and care of hearing instruments – to instil realistic expectations about the limitations and benefits should be provided. A hearing aid trial period must be offered to the patient, before the decision to buy the instruments. This should begin with a review of the client's device management skills, practising insertion, removal and manipulation of the hearing aid.⁴

Counselling

Counselling is the gathering of data through careful listening, the conveying of information, and the making of adjustments in one's strategies based on that