

Hearing Health Matters!



Ontario Association of Professional Audiology Clinics

Your Hearing Deserves An Audiologist

What you should know about Sudden Sensorineural Hearing Loss

Sudden Sensorineural Hearing Loss (SSHL) or Idiopathic Sudden Sensorineural Hearing Loss (ISSHL) is a condition in which one has a reduction in hearing typically in one ear that occurs suddenly (within 72 hours) and with significant impact on inner ear function. Causes may include infectious diseases, head trauma, vascular issues such as insufficiency, immunologic, viral, and other.

The primary presenting symptom of SSHL is a full or blocked ear. Because this is such a common and nonspecific symptom, both patients and physicians are not sufficiently frightened or worried by it.

New onset of ear blockage/fullness can be a symptom of potentially serious conditions and warrants prompt evaluation.

The typical first diagnosis for this condition is that it is an ear infection and antibiotics and/or nasal sprays are prescribed. Routinely prescribed, but NOT recommended by American Academy of Otolaryngology, are antivirals, thrombolytics, vasodilators, vasoactive substances, or antioxidants.

Since SSHL is often misdiagnosed as an ear infection, proper evaluation and treatment are often delayed. The aural fullness may not resolve in the following days or even weeks. Benefits of treatment may be restricted or even worse, already lost.

Prompt and accurate diagnosis is required. Sensorineural hearing loss should be distinguished clinically from conductive hearing loss.

Symptoms: aural fullness; sudden loss of hearing on one side; severe difficulty localizing sound; tinnitus; vertigo; difficulty hearing and understanding soft voices in background noise and reverberant rooms.

Diagnosis and Treatment

- Otoscope examination to rule out impacted cerumen.
- Immediate referral to an Audiologist is warranted. The Audiologist will determine the nature of the loss by conducting diagnostic pure-tone air and bone-conduction testing.
- Once diagnosed correctly, a patient should be seen by an ENT within 24 to 48 hours.
 - Corticosteroids taken orally or injected intratympanically may be an initial treatment. Recovery can be spontaneous but also may be aided through intervention occurring primarily in the first two weeks after onset.
 - Hyperbaric oxygen therapy within 3 months of diagnosis (referrals can be made to Hamilton Health Sciences).

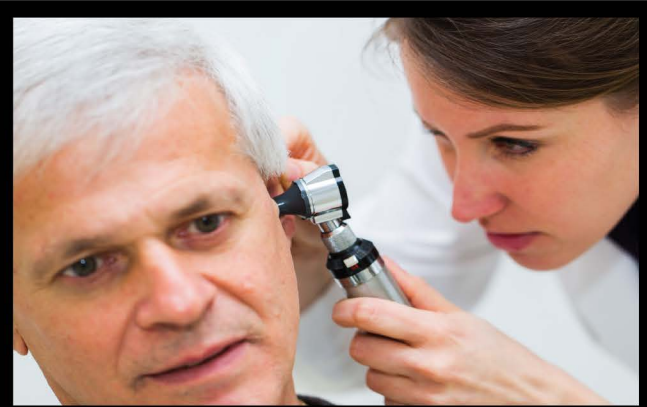
References

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- <http://www.masseyeandear.org/for-patients/patient-guide/patient-education/diseases-and-conditions/sudden-deafness>
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- http://www.audiologytalk.com/news/news_show.php?id=194

With so many places to refer your patients, it becomes difficult to choose what is best for your patient.

"As independent practices, we are not limited. When your patient has a permanent and irreversible hearing loss, we can prescribe from 10 different hearing aid manufacturers."

**Greater emphasis is being placed on hearing health
May is Hearing Awareness Month**



"Prompt recognition and management of SSNHL may improve hearing recovery and patient quality of life."

(AAO-HNSF; Otolaryngol Head Neck Surg 2012;146:3[suppl]S1-S35)

The Ontario Association of Professional Audiology Clinics (OAPAC) represents independent audiology practices in Ontario.

Like Physicians, Audiologists of OAPAC

- ✓ Own and manage their practice
- ✓ No quotas, no franchises, no conflict of interest
- ✓ Assess and make appropriate recommendations
- ✓ Share the licensed Act to prescribe hearing aids
- ✓ Offer full scope of practice to all ages
- ✓ Are regulated...No misleading advertising, no testimonials

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1-844-41-2-HEAR (4327)**



Audiologists spend 7 to 9 years in University. The minimum requirement to practice in Ontario is a Masters Degree in Audiology or equivalent.

Sudden hearing loss? Call us immediately!

1-844-41-2-HEAR (4327)

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