

## **Meniere's disease and hearing aids**

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During festive seasons people become more aware of their lack of hearing but difficulties to hear well in social gatherings is not quickly fixed just buying a hearing aid.

Hearing loss from Meniere's disease can be vastly improved with hearing aids and cochlear implants, but it requires expertise and perseverance. There are various positive effects of being well adjusted to hearing devices, regardless of what caused the hearing loss; from improving and repairing relationships breaking down for lack of communication, to preventing cognitive decline like dementia.

Hearing aids come in different shapes, sizes, colours and prices. They are now readily available online and at retail outlets such as big-box supermarkets and optical franchisers, with tempting low-cost options. Some with Meniere's disease may be attracted to price and convenience but, because of a poor understanding of the idiosyncrasies of their fluctuating hearing loss, the hearing aids may end up in the drawer.

Unfortunately, there are still too many people just putting up with the inconvenience of their hearing loss and tinnitus. Research shows that hearing aids not only improve hearing but also provide a solution to alleviate tinnitus and to improve overall balance and spatial localization for those with Meniere's disease. Another positive side-effect of improved hearing is the reduction of stress caused by poor communication, hence also helping to minimize the impact of all the other unpleasant symptoms of the disease.

We know that someone with unilateral Meniere's disease has a chance to develop the disease on the other ear in an unpredictable future, leading to hearing loss in both ears. Even greater is the chance of developing further hearing loss of other more common causes such as age-related, noise-induced and chemicals from medicines and other exposures. Early intervention is key to avoid major life disruptions in the unlucky event of a sudden loss of hearing on the good ear.

Even when the hearing loss affects one ear only, the longer it is ignored the more difficult it becomes to adjust to a hearing aid or a cochlear implant. The hearing processing areas in the brain need constant stimulation to maintain its function long term. Use it or lose it!

Sadly, to this day, I still see patients coming to my clinic who had been led to believe that hearing aids are not a necessity nor would help with their Meniere's symptoms. Lack of professional expertise and costs seem the main deterrents for many to engage in a successful hearing rehabilitation program. Meniere's disease is not very prevalent compared to other hearing disorders hence lack of understanding and interest in this area.

Hearing rehabilitation may be expensive if you are not eligible to any subsidy. The cost is not of the hearing aid only but also associated with the audiologist's time, equipment, administration, IT, disposable materials, selection of an appropriate device, postage & handling, assembling, fitting, programming and verification of performance. These costs also include the time spent by the

audiologist to prepare and provide individualised counselling to maximise patients' benefits and to improve their hearing ability with auditory training and communication strategies.

Traditionally, fees and services are bundled with the price of the hearing aid. The bundling pricing model charges a flat fee that includes the hearing aids and all associate costs plus unlimited visits to the clinic for adjustments and repairs for at least 12 months. This bundling model of pricing is calculated on the assumption that optimal results with a hearing aid require an average of 3 sessions with the audiologist. This assumption is true for most hearing losses but not for Meniere's.

Fitting hearing aids for Meniere's is very different and likely to require many sessions depending on the stage of the disease. It is not uncommon for these patients to return to the clinic several times during the initial process. The hearing aid may sound OK for a while but suddenly it becomes too loud, or too muffled, or too distorted, giving no help to improve hearing or reduce tinnitus. This can trigger mixed feelings to both the audiologist who promised unlimited pre-paid services assuming 3 sessions and the patient who sometimes give up on the hearing aid out of embarrassment for returning so many times with complaints.

An unbundled structure of pricing seems more appropriate for patients with Meniere's disease. The unbundled model is more transparent as it completely separates the price of the hearing aid from fees and services.

Some independent audiology clinics like mine, use the unbundled pricing model. We sell and service hearing aids from all reputable international manufacturers and also program, adjust and repair hearing aids purchased elsewhere. We have access to all software and hardware required to program each different hearing aid regardless of model and age.

It should be noted that some of the more discounted hearing aid brands sold at supermarkets and optical franchises can only be programmed using their exclusive dedicated software which is not accessible to other clinics.

If you have Meniere's disease and decide to buy a hearing aid from one of these popular sources, make sure the hearing aid brand you chose have the software and parts readily accessible by other clinics because you are sure to need several adjustments and it may not always be convenient or desirable to go back to where you first bought it. I have encountered a few people who ended up purchasing another hearing aid as their less expensive model even though appropriate could not be re-programmed elsewhere.

Also, when you buy a hearing aid online, remember you still need to pay for the expertise of an audiologist to successfully program the aids for your unique hearing condition. Although programming and adjusting the hearing aids by the patients themselves is the goal of hearing rehabilitation of fluctuating hearing loss as in Meniere's disease, this can only become viable following the initial guidance of an experienced audiologist.

Some hearing aid models have proved better than others but when it comes to Meniere's disease there is still no scientific evidence to justify one brand over another in terms of hearing outcomes. The differences lie on ease of use and programming expertise. Providing you choose a hearing aid from a reputable manufacturer the brand is irrelevant as most can be effectively adapted and adjusted to almost any hearing loss.

Each person with Meniere's disease is unique. The aim of hearing rehabilitation for this population is to provide them with the independence to properly adjust their own hearing aids as hearing fluctuates. Rehabilitation starts by understanding the frequency and extent of the individual's

hearing fluctuation to select the best hearing solution to address adjustments either via a remote control, phone app or computer. The process may take several visits to the audiologist at the beginning, moving to regular visits every 6 or 12 months depending on individual needs.

Although evidence suggests that face-to-face consultation is still the choice for most, remote online services may be a necessity for others. Latest hearing aids have the facility to be programmed and adjusted remotely. If you have a wireless hearing aid which is less than 3 years old, chances are you can access these services from home using your mobile phone or tablet to connect your hearing aid with the audiology clinic's computer. Available technology means no one needs to put up with the disruptions of a hearing loss.

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