

February 2013

Hearing Loss Association of America

North Shore Chapter of Long Island

Meeting Location

Long Island Jewish Hearing & Speech Center is located on the grounds of the Long Island Jewish Medical Center.

Enter the grounds from LAKEVILLE ROAD and it is the first building on your left. Free parking is available behind the hearing and speech building; first entrance to parking lot after building. DO NOT go into the main parking building. Go to the Conference room on the Lower Level
270-05 76th Avenue
New Hyde Park, NY
11040.

If you are in doubt as to whether there is a meeting, or if you'd like further information, please call Sal: 718-479-1098.

FYI

Assistive Listening Devices (ALD) are provided at our meetings. Headphones are available in the back. This room is Looped, so those who have hearing aids/cochlear implants can put on their T-coil switch.

Meeting News February 20, 2013

Refreshments and Social Time begins 6:30pm

Meeting begins 7:00pm

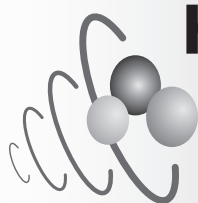
Topic: "What Is Lipreading/ Speechreading?"

Speaker: Dr. Susan Antonellis

"Speechreading" is often used with the term "Lipreading." It is when you use the sense of vision in addition to your auditory sense to communicate. It includes reading ones lips, facial expressions and eyes. It is the ability to take in all contextual cues given to you so that you may be a better communicator. Phone conversation can be particularly difficult for a hard of hearing person due to the fact that there is the lack of a face to "read." Everyone, even those with so-called "normal" hearing, uses visual cues in face-to-face situations.

Our next speaker, Dr. Susan Antonellis, will elaborate on this subject. Dr. Antonellis has been practicing for over 25 years and is currently the Clinical Coordinator of Audiology at St. John's University Speech and Hearing Center and is part of the LI Au.D. Consortium. She is also the immediate past President of the Long Island speech Language Hearing Association, the largest regional Association in the U.S.

She has spoken to our group previously in her role as an Audiologist, and she has graciously agreed to come back and enlighten us on yet another subject..Speechreading..and what it can do to make your life better. This promises to be another exciting evening.



Hearing Loss Association of America

North Shore Chapter of Long Island

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Our Chapter

If you missed our last meeting (January 16th), you missed something special. We have had many wonderful speakers at our meetings, but this was the best of the best. Our speaker, Richard Einhorn, a world renowned composer, told of his sudden hearing loss and the steps he has taken to cope with it.

Being a tech person, he is able to reach out to cutting-edge technology for information and devices to enable him to hear as well as possible. He relies heavily on the iPhone, with added devices for many hearing applications.

Richard's story is truly a classic self-help journey into what people can do when they don't just sit back, but attack the problem head-on.

There are many things he touched on in his Powerpoint presentation - much too many for me to go into here. If you go to our web site www.hearingloss-long-island.org and read the January newsletter, you will find almost all of the information Richard covered in his presentation. There are also the New York Times articles and the HLAA Magazine articles about him.

Try not to miss any meetings if you can. You never know when the information presented is on target for you. Information is something that is a valuable tool in dealing with hearing loss or any other issue you may have.

If you have a specific topic you would like presented at a meeting let me know and we will try to line up a speaker on the topic.

We had CART (real-time captioning) at the meeting and it was a huge success. It is very costly for us (\$240.00) to have it at every meeting. Occasionally a member will sponsor it and we are grateful for that.

We are extending an invitation to anyone who would like to join in helping out at the chapter. We need a few people to spend a little time to help the chapter improve and go forward into the future. Just see me at a meeting or email me at sturiale@verizon.net and we can discuss how a little help can go a long way.

Sal Sturiale

Sensory Hair Cells Regenerated, Hearing Restored In Noise-Damaged Mammal Ear

By Sciencedaily.com, Jan. 9, 2013

Hearing loss is a significant public health problem affecting almost 50 million people in the United States alone. Sensorineural hearing loss is the most common form and is caused by the loss of sensory hair cells in the cochlea. Hair cell loss results from a variety of factors including noise exposure, aging, toxins, infections, and certain antibiotics and anti-cancer drugs. Although hearing aids and cochlear implants can ameliorate the symptoms somewhat, there are no known treatments to restore hearing, because auditory hair cells in mammals, unlike those in birds or fish, do not regenerate once lost. Auditory hair cell replacement holds great promise as a treatment that could restore hearing after loss of hair cells.

In the Jan. 10 issue of *Neuron*, Massachusetts Eye and Ear and Harvard Medical School researchers demonstrate for the first time that hair cells can be regenerated in an adult mammalian ear by using a drug to stimulate resident cells to become new hair cells, resulting in partial recovery of hearing in mouse ears damaged by noise trauma. This finding holds great potential for future therapeutic application that may someday reverse deafness in humans.

"Hair cells are the primary receptor cells for sound and are responsible for the sense of hearing," explains senior author, Dr. Albert Edge, of Harvard Medical School and Mass. Eye and Ear. "We show that hair cells can be generated in a damaged cochlea and that hair cell replacement leads to an improvement in hearing."

In the experiment, the researchers applied a drug to the cochlea of deaf mice. The drug had been selected for its ability to generate hair cells when added to stem cells isolated from the ear. It acted by inhibiting an enzyme called gamma-secretase that activates a number of cellular pathways. The drug applied to the cochlea inhibited a signal generated by a protein called Notch on the surface of cells that surround hair cells. These supporting cells turned into new hair cells upon treatment with the drug. Replacing hair cells improved hearing in the mice, and the improved hearing could be traced to the areas in which supporting cells had become new hair cells.

"The missing hair cells had been replaced by new hair cells after the drug treatment, and analysis of their location allowed us to correlate the improvement in hearing to the areas where the hair cells were replaced," Dr. Edge said.

This is the first demonstration of hair cell regeneration in an adult mammal. "We're excited about these results because they are a step forward in the biology of regeneration and prove that mammalian hair cells have the capacity to regenerate," Dr. Edge said. "With more research, we think that regeneration of hair cells opens the door to potential therapeutic applications in deafness."

Funding sources: This work was supported by grants RO1 DC007174, R21 DC010440 and P30 DC05209 from the National Institute on Deafness and other Communicative Disorders (NIDCD); by the Tillotson Corporation, the Shulsky Foundation, and Robert Boucai; by the Mochida Memorial Foundation for Medical and Pharmaceutical Research; and by Grants for International Activities in Life Sciences and Medicine, Keio University Medical Science Fund.

Sound Bites

By Katherine Bouton

The New York Times - August 2, 2012

"NO one told me it was going to be this noisy," says a young woman who is going deaf in Nina Raines's play "Tribes." If you have a hearing aid, the world is, paradoxically, far noisier than it is for a person with normal hearing. The human ear is a miraculous thing. It can filter out the roar at Madison Square Garden while homing in on the voice of the person in the next seat. A hearing aid can't do that. The only way to really filter out noise is simply to turn it off.

Americans are increasingly aware of the dangers of noise, the single largest cause of hearing loss, but we are less aware of the way it further handicaps those of us who already have hearing loss.



I began to lose my hearing in my early 30s, for reasons no one has been able to determine. My hearing loss is progressive, and in 2002 I finally gave in to the inevitable and got hearing aids. I bought new ones — at \$3,000 apiece, with little or no insurance reimbursement — every two or three years as my hearing deteriorated. Three years ago, when a hearing aid no longer helped in my worse ear, I got a cochlear implant, the height of hearing technology. I hear well enough now that I'm unlikely to get run over by a car coming up behind me. But, like the hearing aid in my other ear, the implant is nowhere near as good as a human ear — either for hearing or for filtering out what I don't want to hear.

In a noisy environment like a restaurant, a person with normal hearing will still be able to hear his companion. But in that same environment, a hearing-impaired person will hear chairs scraping, dishes clanking, waiters shouting, all of it bouncing off the high ceilings, the bare walls, the chic metallic tables and chairs — an anxiety-provoking wall of noise. Worst of all is the restaurant's background music, sometimes competing with a different sound track throbbing in the kitchen.

Earlier this week I had dinner with my husband and sister (both with normal hearing) and my daughter, son and niece, all 20-somethings, in a popular Brooklyn restaurant. It was my birthday and I had a great time, enjoying my family and the good food, but I didn't hear one word said at the table. My daughter occasionally texted me a shorthand version of the conversation.

When my hearing loss was more moderate, I'd simply take off my hearing aid if it got too loud, setting it on the edge of the plate or on the table. But that can lead to unfortunate results. The ex-husband of a friend once popped his into his mouth, thinking it was a piece of bread. The best solution is to eat with just one or two other people, both facing you, so that you can supplement the sounds you hear with what you see. That's enough to keep a social conversation going. If I really must hear what the other person is saying, I schedule the meeting in an office or at home.

Even for those with normal hearing, dining and talking are becoming mutually exclusive. Noise is the second most common complaint about restaurants, according to Zagat, following poor service. The first thing that anyone asks me when I say I'm writing a book about hearing loss is whether I can recommend a quiet restaurant. Booths, tablecloths and carpeted floors are a good start. A corner table helps. Sit with your back to the wall.

Continued on Page 5

Noise causes hearing loss, and hearing loss itself is bad for your health. There are 48 million hearing-impaired Americans, over 15 percent of the population. Those affected include teenagers (nearly 20 percent of whom experience some level of hearing loss), people ages 19 to 44 (the most common period for the onset of hearing loss), and the elderly. Hearing loss is itself associated with depression, dementia and even heart disease.

Some researchers speculate that what we think of as age-related hearing loss is merely the accumulated damage of a lifetime of noise. Studies in Sudan and Easter Island in the '60s and '80s, respectively, have found populations where age-related hearing loss seemed nonexistent or limited. Though there may be genetic explanations, there was a marked difference between the hearing of Easter Islanders who had lived only on the island and those who had spent some years on the industrialized mainland.

I'm the first to acknowledge that noise has its place. What would "Bring In da Noise, Bring In da Funk" have been without the percussive clatter of those tapping feet? Who wants to go to a sports event where the crowd is silent? The stomp of a tyrannosaurus in Sensurround, the excited din of a good party, the bustle of a popular restaurant, the audible energy of a city. Noise is an integral part of any of these. But it can still be noisy without being literally deafening.

We need to quiet things down a bit for everyone, but especially for those who are already deafened. Webster's defines noise as sound "that lacks agreeable musical quality or is noticeably unpleasant." That's a subjective definition. What's music to your ears is almost always noise to mine.

Katherine Bouton, a former editor at The New York Times, is the author of the forthcoming book "Shouting Won't Help: Why I — and 50 Million Other Americans — Can't Hear You"

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