



AUDINEWS

The Newsletter of the International Society of Audiology

Foundation of

FALL, 2003

“*WWHearing*-World-wide hearing care for the developing world” at the World Health Organization

At the end of August a meeting was held at the WHO headquarters in Geneva of people involved in the development of a program for the provision of affordable hearing aids for the developing world. This group was called after an earlier meeting in 1998 at the headquarters of the Christoffelsen Blinden Mission (CBM). At the CBM meeting the initiative was taken to start a working group for the provision of affordable hearing aids for the developing world. This resulted in the publication of the WHO guidelines for hearing aids and services for developing countries. This program can be downloaded from www.who.int/pbd/pdh/Docs/hear_aids_guidelines.

Hans Verschuure
Secretary-General

The guideline contains a description of minimum specifications of hearing aids and a model for the delivery of services. It has been discussed in earlier issues of this newsletter. At the time of publication WHO called on the private sector to provide affordable hearing aids.

The goal of this year’s meeting was to take some positive steps toward making hearing-aid services available worldwide. The importance of the five “A”s was stressed: Programs should be Appropriate, Affordable, Available and Accessible, and Awareness about them should be established. These five “A”s should be applicable in every local situation given local circumstances.

The meeting also considered other important matters:

1. Surveys have shown that the estimate of the number of hearing-impaired people worldwide is an underestimate. The statisticians at the WHO now estimate 250 million people are hearing impaired, more than double the old number. At the meeting a number of presentations were given from surveys in different parts of the world, all indicating that the percentage of people with more than moderate hearing losses is about 6% of the population. This does not seem to vary much from country to country. Perhaps this is because in countries where people die younger, the number of people affected by the consequences of otitis media added to the number of people suffering from presbycusis is equal to the number of hearing impaired in the more developed countries where the consequences of otitis media are less, but more people live much longer. If people with slight losses are included (it is quite clear that they experience hearing problems in some situations) the percentage increases 10 to 12 %.
2. The burden of hearing loss on social life is far more serious than thought earlier. If expressed in Disability Adjusted Life Years or years of healthy life lost due to premature death and years lived with disability (DALY), hearing loss with an adult onset is in the top-twenty list of diseases affecting quality of life; it held 15th place in 2000. WHO statisticians also calculated and presented rankings for each region of the world for the top 20 diseases affecting quality of life. Hearing loss, when calculated in terms of DALYs ranked 11th in Southeast Asia, 10th in the Western Pacific, 13th for the Eastern Mediterranean

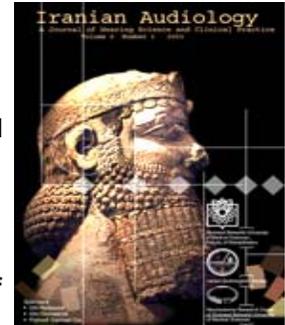
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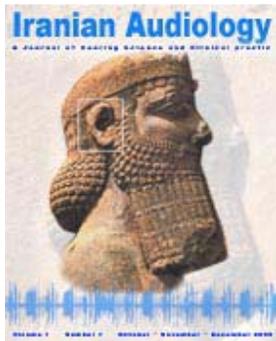
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NEW AUDIOLOGY JOURNAL IN IRAN: *IRANIAN AUDIOLOGY*

The Iranian Journal of Audiology (*Iranian Audiology, IA*) is an independent scientific journal committed to promoting and disseminating the development of hearing science, audiology and otology in Iran and Asia. The main goal of this journal is to create a scientific and productive atmosphere for hearing and those in related fields in this part of the globe. The IA is published twice a year. Samples of the journal will be sent to universities, hearing-related organizations, and research centres in the Americas, Europe, Asia and Africa.



Hashir Aazh, Editor of the new journal has indicated that because Iran is one of the largest countries in the Middle East, *Iranian Audiology* could be useful in developing future global hearing care strategies and as a source of knowledge about hearing problems. The journal could help to identify critical hearing health care needs as well as communication disorders, and become a vehicle to propose priorities of care as well as mechanisms to prevent and treat problems. The journal will include any and all topics relevant to audiology. For



example, the editors anticipate receiving material about epidemiological studies of hearing loss and ear infectious diseases in the Middle East; sound processing systems for hearing aid research, auditory neuroscience, DPOAE protocols, programmable and digital hearing aids, etc.

Aazh said, "We are excited about our wonderful profession and all that audiology can do to help people who have hearing impairment. We are willing to do our best to establish a scientific journal, not only about the work in Iran, but also to help and to learn from the rest of the world. The international editorial board, whose generosity of time and effort, includes Jack Katz, Richard Salvi, Brian C.J. Moore, Dafydd Stephens, Jerry Punch and 60 other professors who will help us in the peer review process".

Iranian Audiology is coordinated by Ali Asghar Peyvandi (Chairman), Hashir Aazh (Editor-in-chief), and Associate Editors: Ali Asghar Danesh, Kianoush Sheykholeslami, Sasan Hamzavi, Arash Bayat, and Sepideh Sheikh Hasani, with the guidance of a Consultant Board of professionals. It enjoys the scientific support of both the Rehabilitation Faculty and the Neuroscience Research Centre of Shaheed Beheshti University of Medical Sciences, as well as the Iranian Audiologists' Society. The journal has the financial support of Pishraft-Darman, GN resound, and GN Otometrics Companies. The editors would like to extend an invitation to ISA members to participate in the scientific and editorial efforts of *Iranian Audiology*. A mutual international network in Audiology will benefit everyone.

XXVIIth International Congress of
Audiology
26-30 September 2004
Phoenix, AZ USA

On the net at www.dawsongroup.net/isa



Verschuure "WHO WWHearing Care....continued from page 1

and the Americas, and 6th for Europe. It was not ranked in the top 15 in Africa, probably because of the issue of so many life threatening diseases present on that continent.

Overall, if expressed in Years Lived with Disability (YLD), in which mortality is not included, hearing loss with an adult onset ranks number 2 throughout the world. This places it after unipolar depressive disorders but before alcohol use disorders, osteoarthritis, schizophrenia and perinatal disorders.

3. Some initiatives have shown that a basic hearing aid can be produced for about \$50. Solar battery chargers are currently marketed by Godisa for a few dollars. It seems that problems of less expensive hearing aids can be solved. However, the major stumbling block is not cost, but rather the organization of services in remote areas. It will be necessary to start training programs for village health workers and to establish further high-quality services at regional or national centers. Training of people abroad does not work very well as those trained often do not return to the country that has spent money on their training. It is necessary to start training programs in the developing world with the help of instructors from the developed world serving as trainers. An exchange program should be started. This is the idea from the group organizing the Humanitarian Audiology Committee of ISA (Dr. Jackie Clark of Dallas, Texas) and the soon to be seen Humanitarian Audiology pages on the ISA website (www.isa-audiology.org).

At the end of the meeting it was decided that because the group represented both developmental and professional organisations as well as the WHO, it should be granted status as a WHO consultative group with the task of setting up programs in a number of countries. There will be formal meetings annually in Geneva in September. A small group of people will be approached by CBM to serve as an action group to organize support for programs and to actually get programs started. This group will function under the name *WWHearing-World-wide hearing care for the developing world*.

The mission of the group is to promote better hearing through the provision of hearing aids and services in underserved countries within the framework of the guidelines published by WHO in July, 2001. The mandate of the group is: hearing aid services should be appropriate, acceptable, affordable, available and accessible, and awareness about them should be established. Barriers causing lack of these five "A"s should be removed.

The task of the group is to draft an action plan including:

- Reaching the objectives
- Identifying resources(using outside expertise, local expertise, financial and official support)
- Developing meaningful use of resources
- Facilitating market development in terms of per capita use of hearing aids
- Supporting model pilot projects, which will be country specific and may change according to circumstances

This is an important task. ISA is playing a significant part in organizing these initiatives. While we don't have the funds to make a significant monetary contribution, we do have the people who can make a difference. We can help in the provision of affordable hearing aids. We can help train people to provide appropriate and accessible services. We can help raise awareness in all populations of the consequences of unrehabilitated hearing loss.

If you have ideas on this topic, don't hesitate to contact me. If you want to help by training people in the developing countries or by working in a developing country as a qualified audiologist, please contact Dr. Jackie Clark (jlark@utdallas.edu).

EDUCATIONAL PROGRAM FOR PARENTS OF DEAF CHILDREN IN LATIN AMERICA

Pedro Berruecos, MD and Lilian Flores, M Ed



Latin American countries have a surface equivalent to almost 14% of the earth. Within a combined population of over 500 million, it is estimated that 50 million have a hearing handicap, and 1 million have a profound SNHL. Knowing that parents play a very important role in the prevention, early diagnosis and intervention of these disorders; and taking into account that many disorders can be prevented and/or detected quite early, a program was established to integrate the objectives of the Audiology and Phoniatics Department



(APD) of the General Hospital of México (GHM) and the John Tracy Clinic (JTC) of the United States. We have organized a special parent-centered course offered free of charge throughout Latin America. The main objectives are to share our knowledge of auditory disorders, diagnostic and therapeutic procedures, and, to provide support, guidance and encouragement to parents of deaf children.

The first program was offered in Mexico. JTC supported the course by sending the speakers and providing a wide distribution of information. GHM supported it by making facilities available to more than 500 persons and providing audiovisual personnel and equipment as well as the printing of needed materials. GHM also focused on mass media and newspaper promotion of the program and provided administrative and security personnel.

THE EDUCATIONAL MODEL

The Faculty was integrated with both Tracy Clinic and GHM Audiology and Phoniatics Department personnel. The program, administered through 12 modules (80 hours) between May 2000 and February 2001 was attended by 520 parents from 17 of the 32 States of Mexico. Before and after each module, the same 20 multiple-choice questionnaire was applied. It centered on the themes of the course: Anatomy, Physiology and Pathology of the Auditory System; Prevention, Diagnosis and Treatment of auditory disorders; Hearing Aids, Cochlear Implants; Psychopedagogical Assessment, Therapeutical methods and Psychoemotional Issues of Parents, Siblings and Children. The easy conversion of answers on the questionnaire into percentages, facilitated our analysis of the parent's acquisition of knowledge. This was evaluated in terms of the educational level of the family. Prior to training the average number correct on the 20 multiple choice question inventory was 8.29. After training the parents average correct score was 16.12, demonstrating the success of the program.

Because of the success in Mexico, the model was adopted and adapted to other Latin American countries. It was presented in Venezuela (March 2000), under the coordination of Lilian Flores, JTC representative for Latin America. From that program, a "Network of Coordinators" for other Latin American countries was created. Consequently, other courses and programs followed. The countries and coordinators were: 1) Mexico (Mexico City, Culiacán, Monterrey, León & Hermosillo)/Lilian Flores; 2) Venezuela/Carolina Abdala; 3) Colombia/Silvia Campos & Clemencia Barón; 4) Brazil/Cercilia Bervilacqua & Adriana Mortari; 5) Paraguay/Teresita Mansilla; 6) Guatemala/Sandra Sosa. It is important to note that the population of 350 million in the six countries involved in the program besides Mexico, corresponds to the 75% of the area. Additionally, it is also significant that in a multicenter effort, the same protocol and evaluation system as used in Mexico was utilized with the results consistently demonstrating an important improvement in the parent's acquisition of knowledge.

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Remember to check the ISA Website for the latest information

WWW.ISA-Audiology.Org

Report from Stig Arlinger, Editor International Journal Of Audiology

Manuscripts received during the period 2002.01.01 - 2002.12.31 (only full papers; 2 letters to the editor and 2 book reviews not included):

Number of manuscripts submitted: 146

Number of manuscripts accepted 65 = 44 %

Number of manuscripts rejected 47 = 32 %

Number of manuscripts withdrawn 22 = 15 %

Number of manuscripts still in revision 12 = 8 %

Submitted manuscripts have come from the following countries:

Australia	Israel	Taiwan
Austria	Italy	Turkey
Brazil	Japan	UK
Canada	Netherlands	USA
China	Norway	
Croatia	Oman	
Czech Republic	Poland	
Denmark	Russia	
Finland	Saudi Arabia	
France	South Africa	
Germany	Spain	
Greece	Sweden	
Hong Kong	Switzerland	

Brazilian Academy of Audiology Announces Meeting

The Brazilian Academy of Audiology would like to invite all ISA members to participate in an International gathering to be held in Bauru city, State of São Paulo, from April 29th to May 2nd, 2004. This is one of the most important events for the Brazilian Audiology in 2004 as there are many invited speakers coming from different countries including Frank Musiek (USA), Ted Glatke (USA), Warren Eastabrooks (Canada), Norma Pallares de Garcia and Nora Neustadt (Argentina), Jose Barajas (Spain), Maria Consuelo Oramas (Colombia) and Lilian Flores (México). In addition, many Brazilian audiologists will present their masters or doctorate theses, as well as free papers and posters. There is always a high level of scientific relevance to this meeting, the 19th organized by the group. The e-mail address of the Brazilian Academy of Audiology is: audiologiabrasil@uol.com.br. Their website is: www.audiologiabrasil.org.br.

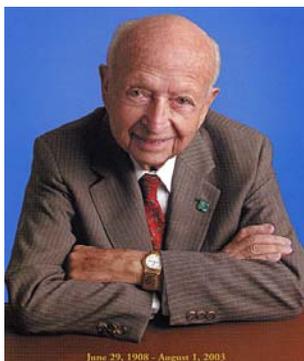
Berruecos and Flores: Educational Programs for Parents.....continued from page 4

CONCLUSIONS

GHM and JTC developed a new model that benefited, in a very short time, more than 4,000 parents of hearing handicapped children, through the transmission of knowledge, support and encouragement. The perspectives of the program for the future are:

- Development of similar programs in other countries
- Establishment of satellite broadcast in the bigger countries as in Brazil: (transmission to Bauru, Bahia, Curitiba, Rio and Brasilia)
- Development of parent's associations
- Involvement of official and private organizations
- Change of laws to include benefits for deaf persons
- Links with UNESCO for support to similar programs

Finally, it is important to know that in addition to the courses discussed here, the John Tracy Clinic organized Summer Sessions in Los Angeles with an integrated faculty from the APD and the Colegio Superior de Neurolingüística.. The sessions were attended by families from Argentina, Bolivia, Colombia, Dominican Republic, Ecuador, Guatemala, México, Perú and Venezuela. We are sure that our efforts have had, and will continue to have, a positive impact on parents, on the lives of hearing impaired children, and on public and private organizations.



The Passing of a Pioneer - Dr. Howard House

The International Society of Audiology joins the world of otologists, audiologists, hearing scientists and people with hearing loss who mourn the passing of Dr. Howard Payne House, founder of the House Ear Institute. Dr. House passed away on August 1, 2003 of heart failure in Los Angeles, California at the age of 95.

Dr. House practiced otology in Los Angeles for over 60 years. Dr. House perfected the wire loop technique to replace the stapes and developed procedures to reconstruct the middle ear. Under his leadership, the House Ear Institute was the first medical organization to adapt movie cameras and accessories for use with a surgical microscope to create professional medical training films. Ear surgeons from all over the world have spent time training at the House Ear Institute. In 1947, Dr. House was appointed Chair of the Subcommittee on Noise and directed a national study of industrial noise that set the Occupational Safety and Health Administration (OSHA) hearing conservation standard in use today. He was supportive of the work of his colleague the late Dr. Aram Glorig who was one of the founders of the International Society of Audiology. During the memorial for Dr. House at the Crystal Cathedral in Southern California 1000 mourners heard from celebrities and colleagues in praise and memory of Dr. House and his career. Dr. House was a compassionate physician and a gentleman.

ISA's Ad Hoc Committee of Humanitarian Audiologists

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ISA's Ad Hoc Committee of Humanitarian Audiologists is gearing up to make an impact in all parts of the world where there are underserved hearing impaired individuals. As the Committee continues to take form with audiologists and health care professionals from all over the world, including members from Switzerland, Botswana, Canada, Netherlands, and the United States, there are some specific areas of interest being developed. Some of the areas include: student liaison; webpage access; concerns of audiology and hearing health professional concerns; manufacturer and industry liaison; liaison with other professional groups; electronic newsletter/alerts for travel, projects, and related topics. As the committee members move forward, there are still opportunities for others to join these worthwhile pursuits by contacting Committee Chair, Dr. Jackie Clark (jclark@utdallas.edu). Stay tuned to Audinews and ISA's webpage (www.isa-audiology.org) for updates from the Committee of Humanitarian Audiologists.

Tinnitus



William Noble, Ph.D., School of Psychology, Univ. of New England, Australia

The greatest proportion of research and clinical effort worldwide is devoted to impairment of hearing, understood as loss of hearing sensitivity often in combination with distortions of various kinds — for example, reduced frequency selectivity or compression of loudness growth. But a common further distortion is tinnitus. A recent review by Preece et al reported various population surveys of tinnitus incidence. Statistics varied considerably, mainly because different definitions of tinnitus severity were used from one study to another. The overall outcome is that noticeable tinnitus is observable in about 10% of the population to age 50, and increases to at least 15% among those older. Of those with noticeable tinnitus, about 1- 2% find it intolerable and distressing. What is it about tinnitus that causes such distress? Reasons vary, but ranking high is the sheer fact that tinnitus is the intrusion of something unwanted and uncontrollable. Further, it is distracting, it induces fear because it may represent something more sinister, and it interferes with sleep and rest.

With gradual loss of hearing, sounds become fainter or inaudible, and oftentimes the person is unaware of what they are missing. Indeed, others in the family complain to and about the person whose hearing is declining, and there is usually a lengthy period — anything up to 5, 10, even 20 years — before steps are taken to seek help. Loss of hearing is essentially interpersonal in its consequences. Tinnitus is the very opposite. It is essentially personal, complaints can only come from the person who experiences it, and often others in their entourage do not take those complaints very seriously.

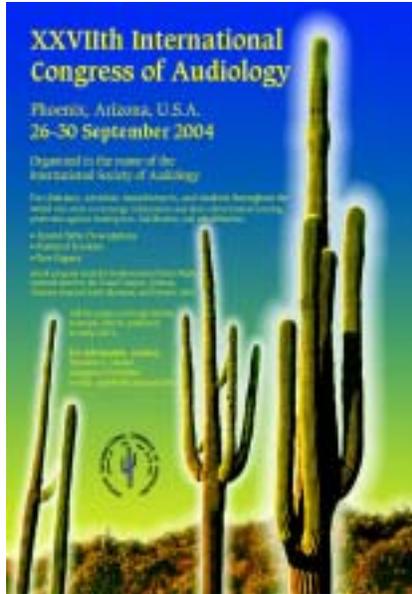
There is no known cure for tinnitus, and this increases the risk that remedies will be offered and sought more on the basis of faith than evidence of effectiveness. The proffered remedies go across a range of pharmaceutical, physical, acoustic, and behavioural interventions, with either no evidence or no supporting evidence available for any of them. Given the absence of remedy, the obvious path to take is effective management of the problem. On that front, there is one promising line of attack.

A very useful analogue for tinnitus is chronic pain. On this model a management procedure, using Cognitive-Behavioural Therapy (CBT), that has been shown to benefit chronic pain sufferers, has been adapted for tinnitus management. Several independent studies, using appropriate forms of control, converge on a conclusion that, at least for a majority of clients, this type of intervention can help reduce the annoyance and distress due to tinnitus. The benefit from CBT is variable, and on average can only be described as modest. But at least there is a procedure that can help to give tinnitus clients hope. Much further work is needed to determine how CBT may be further developed and refined in an effort to improve the response of tinnitus sufferers to this distressing problem. Delivery of CBT is best undertaken by those qualified in the discipline of Clinical Psychology. As with much else in the area of aural rehabilitation, combining the skills of Clinical Audiology with those of Clinical Psychology shows promise in addressing the several problems endured by people with hearing disorders and by those with whom they live and work.

TIME TO RENEW YOUR MEMBERSHIP!

ISA has taken over its membership lists. We hope to be in much more frequent contact with members and to increase the benefits offered to you. For some of you, it may be time to renew your membership! Some of you have been contacted by e-mail and others by post. If you have not heard from us, and are in doubt, please contact us immediately. Membership renewal can be completed at our website (www.isa-audiology.org). To continue all benefits, including the journal, newsletters and discounts at various meetings (including our World Congress in September) it is necessary to complete your renewal by January 31. If we do not have a current e-mail address for you, please send it to gtmisa@yahoo.com.

INTERNATIONAL CONGRESS OF AUDIOLOGY 2004 ISA-AMPLIFON STUDENT SCHOLARSHIP



The Executive Board of the International Society of Audiology is pleased to offer three (3) student scholarships sponsored by the Amplifon Foundation to the XXVII International Congress of Audiology to be held September 26-30, 2004 in Phoenix, Arizona.

The scholarship includes:

- Registration fees for the ICA
- Housing with local families during the Congress

The scholar is responsible for:

- Transportation from home country to the Phoenix Congress. It is hoped that the student can raise this money through innovative ideas, such as sponsorships or fundraising.
- Food, local transportation and other incidental needs while at the Congress

REQUIREMENTS:

Students must be a full time student in an institution of higher learning taking courses in audiology and preferably working towards a degree in audiology or hearing science. Graduates who

will complete their degree in 2004 may apply. The student will submit an abstract and 2 to 3 page description of original research, either clinical or basic science together with a letter of recommendation from the research advisor. The Scientific Committee of ISA will judge each entry and determine the final scholars. Research will be presented in poster format at the Congress.

SELECTION:

The Scientific Committee of the International Society of Audiology will judge the applications. An effort will be made to select scholars representing the worldwide make-up of the Society.

SUBMIT APPLICATIONS TO: E-mail: sfujikaw@uci.edu or Fax: (01) 714-456 6908

Mail to: Dr. Sharon Fujikawa, ISA President

UCI Medical Center

101 The City Drive South

Neurodiagnostics, Bldg 22C, Rte 13

Orange, California, USA 92868

DEADLINE FOR RECEIPT OF SUBMISSIONS IS DECEMBER 15, 2003. SCHOLARS WILL BE NOTIFIED BY FEBRUARY 1, 2004.



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