



New gel can potentially protect children from the side effects of chemotherapy

About half of children who survive cancer will have some degree of permanent hearing due to toxic effects of chemotherapy drugs. New research will test the effectiveness of a nano-gel that is injected into the ear before chemotherapy to prevent the possible side effect of cancer treatment among children.



Minister visits Hearing Australia and NAL

Bill Shorten, Minister for NDIS and Government Services met with the Hearing Australia executive and inspected National Acoustic Laboratories in Sydney.



Does Aphasia affect sign language?

Researchers studied six cases of stroke in deaf people who use sign language to communicate. Those who sustained damage in the left hemisphere of the brain had trouble forming language. But people who had damage on the right hemisphere did not.



Hearing loss, depression and social participation of older adults

When facing an aging society, improving the hearing status of older adults should be considered by policymakers. More efforts should be made to help older adults cope with depression.

Newborn hearing and COVID

Babies whose mothers had COVID-19 during pregnancy should be evaluated for cochlear function, regardless of whether their mothers were symptomatic at the time of the disease.

Currently **one in six** Australians suffer from some form of hearing loss. This may increase to one in four by 2050. *Access Economics 2006*

Deafness Forum Australia is a Voice for All. It is the peak body representing the views and interests of the 4 million Australians who live with hearing loss, have ear or balance disorders, people who also communicate using Australian Sign Language, and their families and supporters. Our mission is to make hearing health & wellbeing a national priority in Australia.

New nano-gel to protect children receiving chemotherapy from hearing loss



PERTH: Researchers will test a new nano-gel they have created to protect children receiving chemotherapy treatment from the common side effect of hearing loss, as part of a new project with Ear Science Institute Australia and supported by funding from the Channel 7 Telethon Trust.

Lead researcher Associate Professor Hani Al-Salami, from the Curtin Health Innovation Research Institute (CHIRI) based at Curtin University, said 90 per cent of children survive cancer but about half will have some degree of permanent hearing due to toxic effects of chemotherapy drugs.

"There is currently no proven prevention or cure for this hearing loss, so this new research will test the effectiveness of a nano-gel that is injected into the ear before chemotherapy to prevent the possible side effect of cancer treatment among children," Associate Professor Al-Salami said.

"The bile acid-based nano-gel has been developed at Curtin by a group of clinicians, pharmaceutical scientists, ENT (ear, nose and throat) surgeons, cochlea physiologists and synthetic chemists using cutting-edge technologies.

"Human bile extract is put through specialised systems to produce a gel, which is capable of being injected into the human ear and can potentially protect children from the side effects of chemotherapy, which targets and destroys cancer tissues and can also kill other healthy tissues resulting in problems including hearing loss.

Ear Science Institute Australia CEO Sandra Bellekom said it was a very exciting time for ear and hearing medical research in Western Australia.

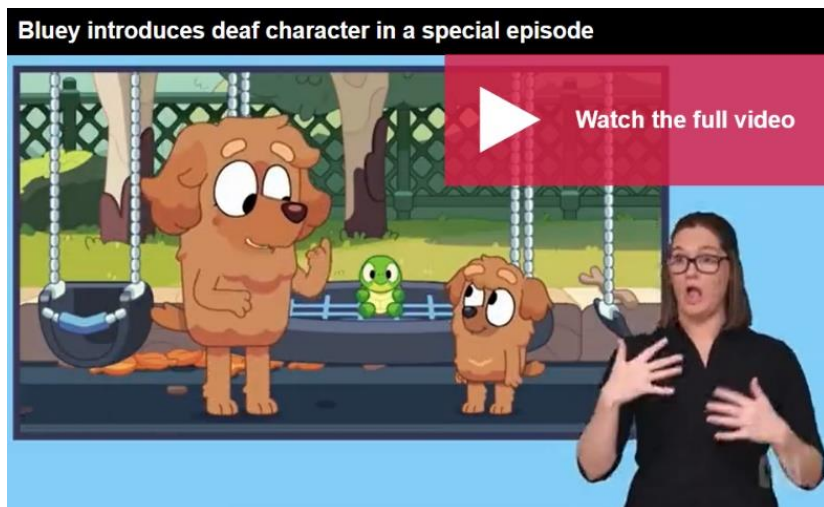
"The Telethon grant will allow Ear Science to further develop an established and proven nano-gel, improving efficacy and making it safer for use in our children," Ms Bellekom said.

Associate Professor Al-Salami is involved in several other new projects also funded by Telethon and led by scientists at Ear Science Institute Australia and Lions Eye Institute, to develop an inner ear cell culture system that will benefit children with Usher syndrome, a scaffold to repair perforated eardrums in children and new systems for eye drug and gene delivery.

From [My Science](#)

The problem with Bluey's new Deaf character

By A. James for [Daily Mail Australia](#)



The ABC's much-loved animated children's TV series Bluey introduced its first character, a little dog Dougie, who uses Auslan to communicate with his mother.

But viewers pointed out on social media that Auslan uses five fingers to sign - Dougie, being a dog, only has four.

The producers say Dougie only uses simple signs that can be made with either four or five fingers, and can be easily understood by Auslan users.

Fans of the show gave moving accounts on Facebook of how the introduction of Dougie had made a positive impact on their family.

One mother with a profoundly deaf son posted also posted: 'I started crying at the inclusion of Auslan.

"I looked at my son and he was grinning from ear to ear! At the end he came and gave me a hug."

I was so excited and touched to see that Auslan was incorporated into this episode. (Yes I shed a little tear). As a Mum of a child who is deaf in one ear we have been learning Auslan as a family and it is so lovely to see this represented in one of our favourite family shows aka Bluey

Thank you so much to everyone involved in making this episode. It truly touched my heart! 💜

Like Reply 4h Edited



Congratulations on this beautiful episode. Representation matters and you nailed it today! 🍷

Like Reply 4h



Love this.. I'm profoundly deaf mother with 3 year old daughter and we are fan of blueys. I've been thinking and hoping that u could include sign language and others in the new episodes so thank you as I find it so cute. I also told my daughter that the other family is using sign language. She has been learning sign language slowly. ❤️

Like Reply 3h



Professor Louise Hickson, who is recognised internationally as a leader in audiology, has been appointed a Member of the Order of Australia (AM) for her significant service to tertiary education and audiology associations.



Professor Hickson is Associate Dean (External Engagement) for the Faculty of Health and Behavioural Sciences at University of Queensland. She has completed ground-breaking work on the effects of hearing impairment on people’s everyday lives, and strategies and interventions to help improve the uptake of hearing rehabilitation.

“I feel incredibly honoured to receive this award,” Professor Hickson said.

“Hearing loss affects one in six people and the consequences of untreated hearing loss are severe, affecting people’s ability to communicate and connect with those around them.

“My work with so many audiology associations has been about advocating for the needs of people with hearing loss and working with them to alleviate the impacts of the condition.”

Professor Hickson was also recently appointed as the new President of the International Society of Audiology.

Transport Standards reforms



Registrations are open for public consultations events for Stage 2 Reforms of the Disability Standards for Accessible Public Transport 2002.

People with disability, their families and carers, and advocacy groups are invited to provide feedback on the proposed Stage 2 Reform options through upcoming public consultation events.

There are several opportunities to get involved, including webinars, online community workshops and online written discussion boards. Further information including registration details can be viewed [here](#).

Sign Language and Aphasia



Aphasia is an impairment of language, affecting the production or comprehension of speech and the ability to read or write. Aphasia is always due to injury to the brain—most commonly from a stroke, particularly in older individuals. But brain injuries resulting in aphasia may also arise from head trauma, from brain tumours, or from infections.

One of the first questions I asked when learning about aphasia was if aphasia affects sign language. Meaning, is manual language affected in the same way as spoken or written communication? Moreover, can people use sign language to communicate after a brain injury?

Lauren Marks tackles this idea in her new book, [A Stitch of Time](#). Lauren writes about starting signing classes at the recommendation of her speech therapist. Her teacher is deaf, the students are not. She writes,

The first day was full of fumbling. She passed around worksheets with the American Sign Language alphabet, instructing the class to try asking and answering questions while practicing their fingerspelling. She communicated by writing on the blackboard, though all of us struggled with her rule of not asking questions aloud, especially with her back turned. The protocol made perfect sense, but took a little getting used to.

Lauren muddles through the questions, fingerspelling to her teacher that she is there to learn the language due to aphasia after an aneurysm. Over time, she begins to get more proficient in fingerspelling and sign, coming to understand “that language and gesture had a lot in common”.

The Journal of Deaf Studies and Deaf Communication has an interesting article on what is happening in the brain when [a person is learning or using sign language](#). It contains an important question:

We have noted that patients with damage to Broca’s area can often gesture communicatively. Does this mean that a visual–gestural language may be unaffected, if there is brain damage to this region?

It comes down to the location of the brain injury. [Researchers studied six cases of stroke](#) in deaf people who use sign language to communicate. Those who sustained damage in the left hemisphere of the brain had trouble forming language. This is similar to those with Broca’s aphasia. Those with damage to the left temporal lobe had difficulty understanding language. This is similar to those with Wernicke’s aphasia. But people who had damage on the right hemisphere did not experience trouble understanding or using sign language.

From [National Aphasia Association](#)

Emeritus Professor Linda Worrall has been recognised for her service to speech pathology through aphasia research and advocacy with her appointment as a Member of the Order of Australia.

Professor Worrall, a leader of UQ's aphasia research for many years, has authored more than 300 scientific papers and has devoted her professional life to aphasia, founding the Australian Aphasia Association and the Australian Aphasia Rehabilitation Pathway.



"I am incredibly proud of this achievement because it shines a light on the plight of people, such as actor Bruce Willis who announced his retirement from acting because of aphasia."

"University of Queensland has been at the forefront of aphasia research for decades and has partnered with Metro North to form the recently launched [Queensland Aphasia Research Centre](#).

"This honour also goes to those who have worked with me over the years and my family and friends who have supported me.

"I'm also amazed that a girl from a sugar mill estate near Ayr in North Queensland can receive this prestigious honour."



From Hearing Australia's Facebook page

We had the privilege of welcoming the Hon Bill Shorten MP, Minister for NDIS and Government Services, and Jerome Laxale MP, Member for Bennelong, to Hearing Australia and the National Acoustic Laboratories.

They met with Hearing Australia Managing Director, Kim Terrell, our Chair, Elizabeth Crouch AM, and NAL Director, Dr Brent Edwards. During their visit they learnt more about our services and technology and how we help more than 11,000 Australians every week stay connected to their family, friends and communities.

10th national deafness sector summit

The 2022 National Deafness Sector Summit will be held in Sydney on Tuesday 11 October.

The conference theme will be

A Noisy World - Hearing Loss Prevention

Noisy classrooms

Workplace noise

Noise in recreation

This theme aligns with the World Health Organization's Safe Listening Program and international guidelines, the Australian Roadmap for Hearing Health and Australia's National Preventive Health Strategy - all of which are supported in our country by the Deafness Forum Australia.



Help us create a great conference program

We are very keen to hear everyone's views on the topics to be included in each of three sessions and who should present them.

You can nominate yourself or your own organisation. All suggestions will be considered.

Contact me at steve.williamson@deafnessforum.org.au



Novel in-ear technology could allow chewing to replace the batteries in hearing aids

To understand the problem with hearing aids, consider the daily life of Clara, a 24-year-old architecture student, who has been wearing hearing aids since she was eight years old.

When the battery that powers her prosthesis runs out, Clara loses hearing and is cut off from the world.

A part of her brain is constantly on alert to make sure she has a spare box of batteries on hand. In addition to this hassle, the battery is an economic burden. Considering her battery consumption and the price per battery, Clara estimates that in 15 years, the batteries cost more than purchasing a new hearing aid.

The same goes for the cost to the environment. The [rare metals](#) used in batteries are not recyclable at this time, and many batteries end up in landfills.

Rechargeable batteries are now widely used for wireless headphones, making it surprising that hearing aids have not embraced this technology. It might sound strange to compare wireless earphones with hearing aids, but in terms of sophistication, the only advantage earphones have over hearing aids is the audio amplifier, which makes it possible to increase sound volume in the ear.



Hearing aids are used by many people with hearing loss, but their energy supply is a weak point in their design. (Shutterstock)

The big difference is price. A single hearing aid costs \$1,000-2,000 compared to \$100-300 for a pair of headphones. [The business model, which involves manufacturers, medical insurers, hearing care professionals and consumers, keeps the price high.](#)

In short, it's fair to say that Clara's financial and environmental balance sheets are not positive. But the revolution is coming! She may soon be able to power her hearing aids with the movement of her jaw.

Our ear canals create energy

Here's a small experiment: insert your little finger in your ear, then open and close your mouth. Do you feel the pressure change on your fingertip? Jaw movement compresses the tissues around the ear canal, changing its shape. Researchers propose converting this deformation inside the ear into electrical energy.

Several studies have evaluated the amount of energy that comes from this deformation, and have obtained encouraging results. The [most recent study](#) reports that up to 22 per cent of the [energy needed for the daily operation of a hearing aid](#) can be generated during a 10-minute lunch break.

In other words, the action of eating for 50 minutes would be enough to generate all the energy necessary for a day's use of the hearing aid. For this experiment, the researchers placed an earplug filled with water in the ear of the participants. They then measured the pressure in the earplug created by the jaw movements. Finally, they translated these pressure variations into deformations of the ear canal.

The human body still holds many surprises. For one, it is a sustainable source of energy available at any time. Just as photovoltaic panels use solar energy, there are now technologies that harvest energy from the human body. This is the case with automatic watches that use the kinetic energy produced by wrist movements.

In search of the ideal converter

One question remains unanswered: How can the harvested energy be converted and stored? The deformations in the auditory canal are mechanical energy, and the energy can only be stored in a battery after it has been transformed into electric energy.

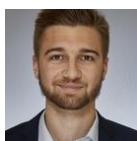
To solve this problem, researchers have placed [ribbons of piezoelectric materials along the perimeter of the earplugs](#). These materials create an electric signal when they are deformed.

Unfortunately, the prototypes tested so far do not yet convert enough energy. Some devices come close to the target amount, but they are not small enough to be integrated into a hearing aid. The development of flexible printed circuit boards that can adjust to shapes will make self-powered medical implants possible. With these advances, more efficient converters will begin to emerge.

If the earplugs of Clara's hearing aids could convert the deformations of her ear canal into electrical energy, Clara would be able to go about daily life without worrying about recharging her devices. She would know that in case of a power failure, all she has to do is chew gum or hum her favourite song.

This technology could also help reduce the cost of hearing aids.

What's more, this technology could be extended to all technologies that are worn near or inside the ear, such as wireless headphones or earpieces, digital hearing protectors, in-ear sensors or augmented reality glasses. It doesn't cost anything to dream!



by [Michel Demuynck](#), [The Conversation](#)

Can COVID affect the hearing of their newborns

The COVID-19 pandemic has caused over 500 million confirmed cases worldwide.

Recently, hearing status in newborns born to mothers with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection has received attention.

A new systematic review outlines the current knowledge regarding the effects of maternal SARS-CoV-2 infection during pregnancy on newborn hearing.



Intrauterine SARS-CoV-2 might have a greater influence on hearing loss in newborns during the second and third trimesters of pregnancy.

Therefore, all newborns whose mothers had COVID-19 during pregnancy should be evaluated for cochlear function, regardless of whether their mothers were symptomatic at the time of the disease. However, the understanding of this issue is not consistent and remains controversial.

The study concludes that since early identification and intervention of congenital HL are crucial to the language development of newborns, newborns should be provided with audiological evaluation by various approaches, including Tele-audiology, in the COVID-19 era.

[National Library of Medicine](#). [Xiangming Meng](#), [Kangxu Zhu](#), [Jing Wang](#), [Pan Liu](#) DOI: [10.1016/j.amjoto.2022.103523](#)

Hi! I am Boaz, a PhD student at Flinders University who is working with Prof Raj Shekhawat on the topic "Human Centred Design and Telerehabilitation: Transforming the Future of Hearing Care in Australia".

I am conducting a research project which aims to understand how teleaudiology is perceived by hearing healthcare stakeholders including the general public, clinicians, Audiology students, academics, and industry partners. I have developed a short (15 minutes) online survey for each stakeholder group. I would like to know what they think about teleaudiology, why would/wouldn't they try it, and their experience with teleaudiology if they have used it. Previous experience with teleaudiology is not compulsory to participate in this study and everyone is welcome to complete the survey.

Here is the link for the survey: https://qualtrics.flinders.edu.au/jfe/form/SV_eb5iJfkAIPoGBjE

This research study has been approved by the Flinders University Human Research Ethics Committee (Project ID: 2857).

New Teleaudiology Guidelines ready to roll

For the past eighteen months, Ian Rimes - a member of the NSW Central Coast branch of Better Hearing Australia – has been a Consumer Advocate on the Teleaudiology Guidelines Working Group that was writing the Teleaudiology Guidelines. Ian sent us this report:

It was decided from the start that the document would be guidelines rather than rules because of the difficulty to regulate their use. As the hearing health provider may choose to communicate with their client in a variety of ways e.g. phone, tablet, computer, email, SMS, websites and videoconferences it was decided not to specify particular programs or platforms in the Guidelines but instead let the market, which is constantly evolving, provide suitable programs. The Guideline document is designed to assist hearing health providers in delivering remote services and includes numerous links to additional information. For the consumers they will receive person centred care and allow others (e.g. EN&T, speech therapist) to join the consultation. The remote consultation will not cost the consumer any more than an in-person consultation and there is the benefit of the client not having to travel to the health provider's practice.

I am pleased to inform you that the Guidelines have now been written, thoroughly tested by over 350 practitioners both here in Australia and overseas and proofread by Deafness Forum of Australia. To finalise the project on the 7th June the Teleaudiology Guidelines Working Group approved the final version of the guidelines and then on the 10 June the Federal Department of Health signed off on the contract with Audiology Australia. Now the Guidelines are ready and available to be put into practice commencing with a webinar launch on the 27 July.

Even though teleaudiology has been used in Australia for some time now, some teething problems are to be expected. There is a cost for hearing practices to set up for teleaudiology, buying manufacturers software, training staff etc. which has been raised with the government as costs were outside the contract. Another is that the client must have good reliable internet connection and a mobile phone able to load their hearing device software. With this in mind teleaudiology may not be for everyone so it is suggested that you talk to your audiologist first. In discussions we had it was said that it would be beneficial for consumers to have a relationship with their trusted hearing health provider before using teleaudiology. Also be aware that hearing health providers are not compelled to follow the Guidelines so where instances of this happens it should be reported to Audiology Australia.

As the Guidelines were developing Audiology Australia created a micro website to inform stakeholders of the progress. It has now been decided to maintain this [website](https://teleaudiologyguidelines.org.au/) <https://teleaudiologyguidelines.org.au/> as a source of information for the next year. There will be a page for consumers containing an explanation of teleaudiology, Q & A, and videos explaining teleaudiology in a simple way. Audiology Australia is also organising webinars to assist/educate the hearing health providers who take up teleaudiology.

Where to from here? It is planned to have articles about the Guidelines survey findings published in various audiology magazines in Australia and overseas. To keep the Guidelines relevant Audiology Australia will review them every two years.

Communication equals Life



Hearing loss is a known contributor to isolation, depression, anxiety, dementia, Alzheimer's disease and reduced productivity.

The Read Our Lips Australia online course is an important tool to help people with hearing loss to understand conversations, have better comprehension, and improve their ability to communicate with confidence.

Read Our Lips Australia is a self-paced e-learning platform. Each of the 8 lessons includes a warm up zone, a teaching Lesson, Word Practice, Sentence Practice, and a chance to test your skills.

It was made possible by funding from the [Department of Social Services](#).

Learn more about lipreading and Read Our Lips Australia at www.readourlips.com.au.



The new **NDIS** [Plan Implementation Directory](#) supports participants and their families and carers to find the right information needed to make the best use of their NDIS plans. You can use the Directory to:

- understand your plan
- start your plan
- use your plan
- work with providers
- know what to do when something goes wrong.

Learn to apply PCC in your clinic

Looking for ways to be more person-centred in your audiology clinic's interaction with clients, but unsure how to go about it?

This free course [login required] provides helpful guidance, based on the Calgary-Cambridge Guides and the Four Habits model.

[Find out more here](#)



New research



[Hearing loss, depression and social participation of older adults: Evidence from the China health and retirement longitudinal study.](#)

Hearing loss and depression in older adults are associated with a lower social participation rate. However, few studies have thoroughly analysed the relationship between them.

Compared with older adults without hearing loss, persons with hearing loss engaged in significantly fewer types of activities and at a lower frequency. Depression significantly existed in the relationship between hearing loss and social participation.

The findings of this study suggest that when facing an aging society, improving the hearing status of older adults should be considered by policymakers. More efforts should be made to help older adults cope with depression.

Other research

- [Analysis of Health Disparities in the Screening and Diagnosis of Hearing Loss: Early Hearing Detection and Intervention Hearing Screening Follow-Up Survey](#)
- [Association between childhood hearing loss and self-reported peer victimisation, depressive symptoms, and self-harm: longitudinal analyses of a prospective, nationally representative cohort study](#)
- [Behavioural and Neural Assessments of Auditory Skill Development After Hearing Instrument Fitting in Children: Case Reports and Clinical Implications](#)
- [Community-based assessment and rehabilitation of hearing loss: A scoping review](#)
- [Efficacy of Auditory Training and Combined Auditory-working-memory Training in Improving Communication in Older Adults](#)
- [Evaluation of Anxiety Sensitivity, Anxiety, Depression, and Attention Deficit Hyperactivity Disorder in Patients with Tinnitus](#)
- [From Bench to Booth: Examining Hair-Cell Regeneration Through an Audiologist's Scope](#)
- [Longitudinal auditory data of children with prelingual single-sided deafness managed with early cochlear implantation](#)
- [Population-based study for the comorbidities and associated factors in Meniere's disease](#)
- [Tinnitus Seems to Be Somehow Linked to a Crucial Bodily Function, Studies Hint](#)



It's the time of year when you can make a donation to a charity and claim it back soon after when you do your next tax return. Would you please consider making a tax-deductible donation to Deafness Forum Australia before 30 June?

Our mission is to improve the quality of life for people who are deaf, have a hearing loss or a chronic ear disorder. Your donation will also help us to continue providing the national One in Six newsletter into the future. You can [donate here](#).

If you would prefer to make a donation to a local support group in your state or territory, please get in touch with us via hello@deafnessforum.org.au and we can connect you to one of our worthy consumer representative organisation members listed [here](#).

Sensory care plans to address medically fragile infants' unique vulnerabilities

By [Evan Murphy](#), [Kelly Baroch](#), [Amy Grosnik](#) for [The ASHA LeaderLive](#)

Hearing and sensory processing issues are common among medically complex hospitalised infants. It further impedes these children's ability to organise environmental stimuli they already find overwhelming and abrasive in a loud, fluorescent-lit, frenetic hospital setting.

Modifications to the environment can enhance development, while decreasing the likelihood of the infants developing an aversion or intolerance to medical care. Because hospital admissions often extend into the first months or even years of these infants' lives, early intervention is key.

America's Cincinnati Children's Hospital Medical Center (CCHMC) created a program designed to address the hearing and overarching sensory needs of the youngest, most fragile patients.

The CCHMC Inpatient Audiology Program provides access to hearing health care during hospital stays, focusing on early identification of hearing loss associated with the medical diagnosis and/or treatment. All infants with hearing loss immediately receive a bedside sensory-care plan that offers ways to interact with the infant using various modes of sensory input.

The sensory care plan helps to spread awareness across disciplines about an infant's sensory impairment and encourages care providers to cater their approach in support of other sensory systems. For example, infants with isolated hearing loss should be provided with more opportunities to use their vision and sense of touch during care routines.

Developing a sensory care plan begins with a discussion of the family's goals for their child and choice of communication modality. Audiology works with speech-language pathology, occupational therapy, and child life teams to support development of receptive and expressive language skills.

For families who wish to pursue manual or total communication (a blend of all modes), they incorporate sign language into therapy sessions. The health team developed a core sign language vocabulary and each family is encouraged to choose additional signs. For patients with multisensory deficits who rely on tactile input, they also introduce touch cues to improve environmental awareness and sensory integration.



Device introduction

When families elect oral/aural communication for their child, the team works with physicians and nurse practitioners to gauge the patient's medical stability and readiness for a hearing device. By improving access to sound for these very young patients, the program strives to enhance parental bonding experiences, optimise therapeutic outcomes, and enhance infants' understanding of their daily routines.

Research has found that soothing auditory stimuli such as lullabies, parental voices, and recorded music are associated with benefits to hospitalised infants, including improved oxygen saturation, sleep, weight gain, respiratory and heart rates, and autonomic stability.

Staff education

Introducing hearing devices to an inpatient's already-complex care regimen can be challenging. To meet that challenge, the program provides frequent hospital-wide training sessions for nursing and allied health staff on sensory development, hearing loss, and hearing-device management.

Bedside signage, customised for each type of hearing device, augments these policies with instructions for device use, maintenance, and battery safety. Clinicians encourage quality (using devices during social interactions) over quantity (full-time use).

Once patients are cleared for hospital discharge, clinicians work with the hospital's care coordination specialists to ease the transition into outpatient follow-up. They provide a discharge checklist that includes hearing health care continuity.

Hearing Loss and Lyme Disease

By [Danielle Guth](#) for [Hearing Like Me](#)

Lyme disease is an infection you get from the bite of an infected tick. At first, Lyme disease usually causes symptoms such as a rash, fever, headache, and fatigue. But if it is not treated early, the infection can spread to your joints, heart, and nervous system. Lyme disease can affect many organs and systems in the body. One of those systems is the sensory system for hearing.

There isn't one way hearing loss can be affected by Lyme disease. It's different for everyone and rather complex. It depends on the stage of Lyme disease one might have. On the other hand, some Lyme patients may not even develop hearing loss at all. However, it's too common not to address.

It can be easy to feel overtaken by the other host of debilitating symptoms that Lyme can cause. These symptoms include crippling pain and fatigue, brain fog, neurological symptoms, mobility challenges, and much more. As a result, hearing loss can become secondary and overlooked.

Hearing loss in general can feel overwhelming, especially when it comes to medical settings, communication, and so forth. When a medical condition can be a contributing factor in your hearing loss, it can become even more overwhelming. Trying to grasp all of the different information that comes with a Lyme diagnosis or treatment plan in general is a lot to take in and process. With hearing loss, processing that information will be much harder. It can lead you to feel as though you're missing out on critical information about your health and condition.

Therefore, it's crucial for doctors and patients to understand the implications that Lyme has on hearing loss. This way adjustments can be made whether it's interpreters, clear communication, hearing assistive technology, etc. This way patients have equal access to the care they need and can focus on their condition at hand.

If you suspect you could have Lyme disease, consult your doctor. You don't have to have the common bulls-eye rash associated with Lyme to have the disease. It can also occur years after being bit by a tick, even if you don't recall that you have been. A full list of symptoms can be found at [The National Institute of Allergy and Infectious Diseases](#) and [Lyme Disease Association](#).

And for those struggling with this debilitating disease, whether you're struggling to get a diagnosis or manage the overbearing symptoms, nothing is impossible if you believe.

Know someone who deserves their own copy of One in Six?

Drop us a line to hello@deafnessforum.org.au

Contact us to receive this publication in an alternative file type.

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