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How Hearing Loss is Different than Losing Your Vision

Continued...

loss. Those with this type of hearing loss have damage to the inner ear or the nerve that runs from the ear to the brain, or even the brain itself. The location of the inner ear, deep within the temporal bone, makes it difficult to access the structure for repair, even if we could repair or regrow those delicate hair cells of the inner ear.

Here's the bottom line

Both your vision and your hearing are important senses which should be evaluated on a regular basis. According to an article on vision loss on MedicineNet.com, nearly half of Americans worry more about going blind than losing their memory or their ability to walk or hear, yet 12.2 million adults who require vision correction don't use any. And 48 percent of parents with children under 12 have never taken their child to an eye care professional.

The statistics aren't much better when it comes to hearing. Research indicates the average person diagnosed with hearing loss waits an average of seven to 10 years before seeking treatment. During that time, other medical and social problems such as an increased risk of developing Alzheimer's disease and dementia as well as anxiety, depression and social isolation can result.

Eye care professionals recommend adults have their vision tested every two years, while hearing healthcare professionals recommend having a baseline hearing test at age 50, with follow up exams annually after the age of 55. Naturally, if you experience any difficulty with either your vision or hearing, you should seek medical treatment immediately.

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How Hearing Loss is Different than Losing Your Vision

It's a common misconception. If you can buy a pair of readers from the drugstore for your vision, why can't it be that simple for your hearing?

Truth be told, although hearing and vision are both senses, that's where the similarity ends. In other words, losing your hearing is much different than losing your vision — and here are the reasons why.

Correcting hearing loss is more complex

Vision loss can often be corrected to a normal level with eyeglasses while hearing devices cannot restore hearing to normal. In other words, you can't expect to have "20/20" hearing from wearing hearing aids like you can with your vision from wearing eyeglasses.

According to the CDC, refractive disorders — such as nearsightedness, farsightedness and astigmatism — are the most frequent eye problems in the United States, affecting as many as 11 million Americans aged 12 years and older. The good news? In these cases, eyesight can be corrected back to

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Addressing Hearing Loss Sooner Brings Many Benefits

Why is it better to treat hearing loss sooner rather than later?

Identifying and addressing hearing loss early brings many benefits. From enhancing your quality of life, to helping protect against several health consequences linked to unaddressed hearing loss, the case for early treatment is strong.

Perhaps the most compelling reason to never put off a hearing test and treatment, however is simply this: We "hear" with our brain, not with our ears. When we have a hearing loss, the connections in the brain that respond to sound become reorganized.

Fortunately, for many people, hearing aids can provide the sound stimulation needed for the brain to restore the normal organization of connections to its "sound center" so it can more readily react to the sounds that it had been missing and cognitively process them.

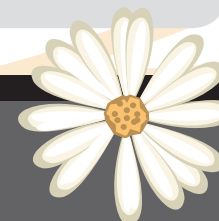
In fact, the vast majority of people with hearing loss can benefit from hearing aids. And dramatic new technological advances have completely transformed hearing aids in recent years, making them more effective, comfortable, and easy to use. So the sooner you identify hearing loss and start using professionally fitted hearing aids if recommended by a hearing healthcare professional, the sooner you'll begin to reap the rewards of better hearing.

The benefits of early treatment on quality of life and health

For many years, experts have known the positive impact that addressing hearing loss has on quality of life. Research shows that many people with hearing loss who use hearing aids see an improvement in their ability to hear in many settings; and many see an improvement in their relationships at home and at work, in their social lives, and in their ability to communicate effectively in most situations. Many even say they feel better about themselves and life overall.

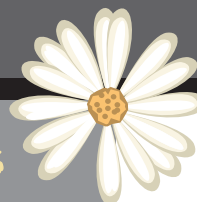
More recently, however, researchers are discovering a significant link between hearing loss and other health issues, such as cognition, dementia, de-

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Addressing Hearing Loss Sooner Brings Many Benefits

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pression, falling, hospitalization, mortality, and overall physical and mental health. To get a fuller sense of why it's so important to treat hearing loss sooner rather than later, just consider the latest research on hearing loss and these seven health issues:

1. Cognition: According to Brandeis University Professor of Neuroscience, Dr. Arthur Wingfield, who has been studying cognitive aging and the relationship between memory and hearing acuity, unaddressed hearing loss not only affects the listener's ability to "hear" the sound accurately, but it also affects higher-level cognitive functioning. Specifically, it interferes with the listener's ability to accurately process the auditory information and make sense of it. For instance, in one study, Wingfield and his co-investigators found that older adults with mild-to-moderate hearing loss performed poorer on cognitive tests than those of the same age who had good hearing. According to Wingfield, "The sharpness of an individual's hearing has cascading consequences for various aspects of cognitive function. Even if you have just a mild hearing loss that is not being treated, cognitive load increases significantly. You have to put in so much effort just to perceive and understand what is being said that you divert resources away from storing what you have heard into your memory."

2. Risk of dementia: A study by researchers at Johns Hopkins and the National Institute on Aging found that seniors with hearing loss are significantly more likely to develop dementia over time than those who retain their hearing. Another study, by hearing experts at Johns Hopkins, found that older adults with hearing loss are more likely to develop problems thinking and remembering than older adults whose hearing is normal.

3. Brain shrinkage: Results of a study by researchers from Johns Hopkins and the National Institute on Aging found that although the brain becomes smaller with age, the shrinkage seems to be fast-tracked in older adults with hearing loss. Another study, conducted by Brandeis University Professor of Neuroscience, Dr. Arthur Wingfield, along with colleagues at the University of Pennsylvania and Washington University in St. Louis, has used MRI to look at the effect that hearing loss has on both brain activity and structure. Their study found that people with poorer hearing had less gray matter in the auditory cortex, a region of the brain that is necessary to support speech comprehension. Wingfield has suggested the possibility that the participants' hearing loss had a causal role. He and his co-investigators hypothesize that when the sensory stimulation is reduced due to hearing loss, corresponding areas of the brain reorganize their activity as a result.

4. Risk of falling: A Johns Hopkins study showed that people in middle age (40-69) with even just mild hearing loss were nearly three times more likely to have a history of falling. The intensive listening effort demanded by unaddressed hearing loss may take cognitive resources away from what is needed for balance and gait, experts have suggested.

5. Increased hospitalizations: A Johns Hopkins study found that older adults with hearing loss were 32 percent more likely to have been admitted to a hospital than their peers with normal hearing. The study also found that older adults with hearing loss were 36 percent more likely to have prolonged stretches of illness or injury (lasting more than 10 days).



6. Mortality: One National Institutes of Health-supported study of older people even found that hearing loss is tied to greater risk of dying for older men from any cause and particularly from cardiovascular causes. The same study found that men and women who used hearing aids, although they were older and had more severe hearing loss, had significantly lower mortality risk compared with hearing impaired men and women who did not use hearing aids.

7. Depression: Several studies have found a link between depression and hearing loss. A Johns Hopkins study found that older adults with hearing loss were 57 percent more likely to have deep episodes of stress, depression or bad mood than their peers with normal hearing. Another study showed that hearing loss is associated with an increased risk of depression in adults of all ages, but is most pronounced in 18 to 69 year olds. Another study, conducted in Italy, looked at working adults—35 to 55 years of age—with untreated mild to moderate age-related hearing loss and found that they were more prone to depression, anxiety, and interpersonal sensitivity than those with no hearing problems.

Better Hearing Institute

How Hearing Loss is Different than Losing Your Vision

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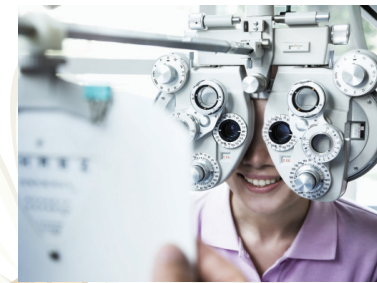
normal vision with the correct prescription eyeglasses, contact lenses or corrective eye surgery.

As for your hearing, although hearing device technology has improved substantially in the last 10 years, hearing aids can't repair the damage to the hair cells of the inner ear. These hair cells do not regenerate, so when they die or are damaged, the brain has a harder time interpreting the signals they send. Hearing devices are great at amplifying the sound coming into your auditory system; however, it is inherently more difficult for them to pick out the signal of interest than it is for your brain. Digital hearing aids have made great strides in this area — hearing aids today are very good at processing complex sounds to pick out the useful signals. Unfortunately, the average person waits several years to get their first hearing aids, reducing the stimulation of the auditory portion of the brain during this time. When the hearing aids are finally fitted, the first time user often needs to retrain the brain to grow accustomed to the wide range of sound stimulation again.

The auditory system is more difficult to access

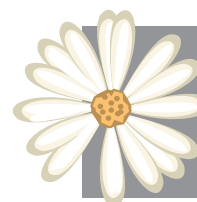
Eye surgery can correct a variety of vision problems while most hearing loss cannot be surgically corrected.

Modern medical science has discovered how to replace and reshape the lens of the eye to correct problems such as nearsightedness, farsightedness and astigmatism. Additionally, cataracts, which are the leading cause of vision loss in the United States, can be surgically removed. The CDC estimates 20.5 million Americans age 40 and older have cataract in one or both eyes and 6.1 million have had their lens surgically removed. Photorefractive keratectomy (PRK) surgery corrects myopia and laser in situ keratomileusis (LASIK) surgery corrects those who are either nearsighted or farsighted. All of this is made possible by the surgeon's easy physical access to the eyes.



Those with conductive hearing loss may be able to have their hearing restored, as this condition is typically associated with an obstruction in the ear — such as excess earwax, an ear infection or damage to the bones of the middle ear. Unfortunately, it's not the same for those with sensorineural hearing loss, which accounts for as much as 90 percent of all hearing

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