# Pediatric and Adult Hearing Loss



New Mexico Medical Society
NOON ZOOM

Karen Hawley, MD Jacob Kahane, MD

University of New Mexico Otolaryngology
Head and Neck Surgery

### Hearing loss for the primary care setting

- Karen Hawley, MD
  - Pediatric Otolaryngology Head and Neck Surgery

- Jacob Kahane, MD
  - Otology Neurotology

#### Pediatric Hearing Loss

- Congenital hearing loss effects about 1-2/1,000 births
- 90% of children born with a hearing loss are born to hearing parents



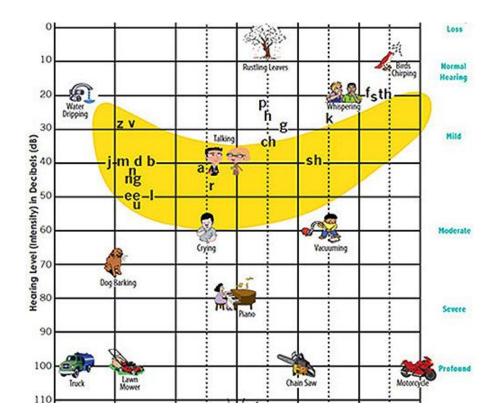


- Delay in diagnosis ~ \$400,000 in special education and early intervention during school year
- Every \$1 spent on hearing care services = \$16 return on investment!

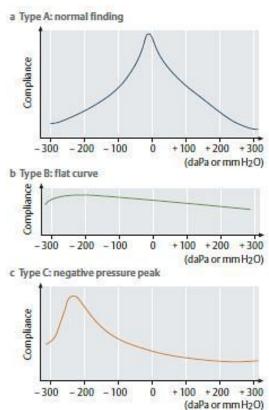
## Audiogram Pure Tone Thresholds

#### ANSI S3.6 2004 PTA:23.3 PTA:48.3 -10 dB HL 0 10 20 30 40 50 80 100 110 kHz 120 1.5 2 .125 .25 .75 1

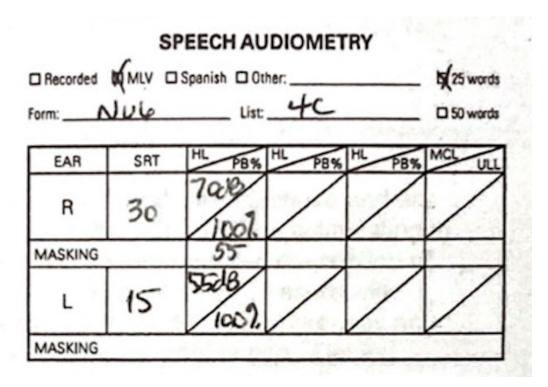
#### Speech Banana



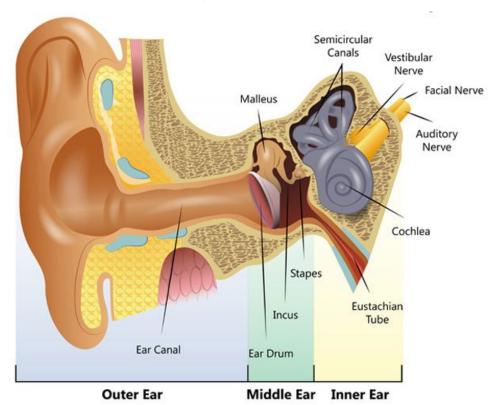
## Audiogram Tympanograms



#### Speech testing



#### Types of Hearing Loss



Conductive Hearing Loss

Sensorineural Hearing Loss

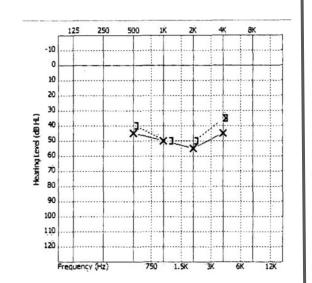
Mixed Hearing Loss

#### A tale of two kids with hearing loss...

Presented at age 5 with severe language delay

Grew up in Hobbs

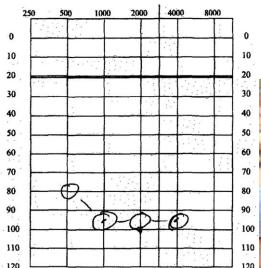
Spanish speaking family



Subtest	Standard Score	Percentile Rank	Interpretation
Listening Comprehension (AC)	58	0.3	Below normal limits
Oral Expression (OE)	40	<0.1	Below normal limits
Total Language Score	46	<0.1	Below normal limits

Age 9 years

\* Scores are based on a mean of 100 and a standard deviation of +/-15.



Cochlear Implant age 11 mo

From Roswell, NM

Excelling in the 2nd grade!



#### **KEY POINT**

**Earlier diagnosis and management** of children with any level of hearing loss can greatly benefit speech and language outcomes, educational performance, and quality of life measures

#### Access to Hearing Aids and Early Intervention

Children who are diagnosed with HL and receive amplification by 6 months of age...

...better language outcomes at 2, 3, 4, 5 and 6 years of age when compared to peers who were amplified later



#### 1 - 3 - 6 Guidelines: EHDI

• 1 month of age: Screening

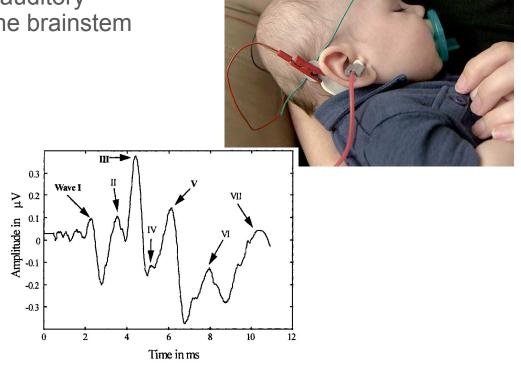
• 3 months of age: Diagnosis

• 6 months of age: Early Intervention



## Diagnostic ABR - auditory brainstem response

- Assesses the integrity of the auditory pathway: cochlear nerve to the brainstem
- Creates an "audiogram"
- Baby must be asleep
  - O Birth-5ish months
- Sedated: >5-6 months
  - ONLY at UNMH and Pres





#### Diagnostic ABR: Audiologists

- 4- Clinics in ABQ
- 1- Clinic in Ruidoso
- 1- Clinic in Alamogordo

## How is NM doing?

	2020	2019	National avg 2020
Live Births (reported to EHDI)	20,508	21,562	3,587,350
%age of babies screened	92.3%	96.1%	98.2
Loss to follow up	6.8%*	.1%*	.6%*

### New Mexico 2019 data

- 20,750 Babies received a hearing screening in the hospital
  - 533 referred (2.6%)

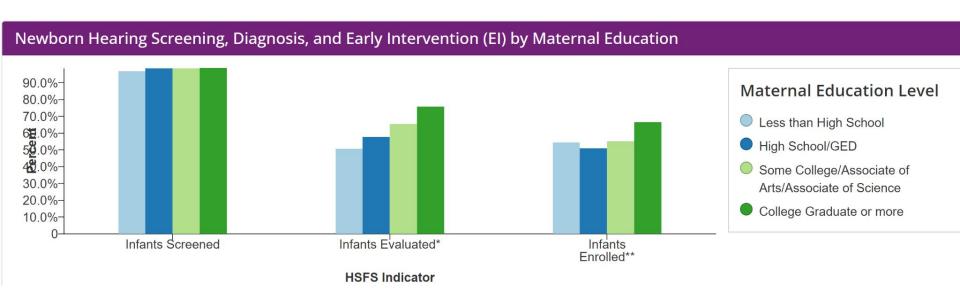
- 53.8% normal hearing
- 5.8% permanent hearing loss

	New Mexico	USA
% Diagnosed	78%	72.5%
% Dx'd by 3 month	55%	79%

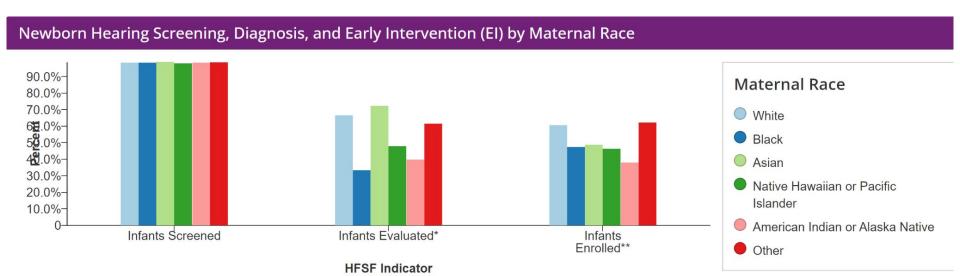
## **Enrolled in Early Intervention**

	2020	2019	National Avg 2020
Enrolled in El	64.7%	61.3%	61.4%
Lost to f/u	8.8%	16.1%	19.5%

#### 2019 Demographic Info



#### 2019 Demographic Info



## Early Intervention/Hearing Aids step 2...

Diagnosis is step 1...

That is just the beginning!

#### Management/Work-Up SNHL

- Diagnostic hearing test; audiogram/ABR
- Refer to Otolaryngology Need a "hearing aid clearance"
- Hearing aid fitting
- Medical Work Up/Referrals
  - Genetics
  - Ophthalmology
  - Consider labs/ECG
- School Support 504/IEP
- Speech therapy/sign support





#### The Albuquerque Sign Language Academy

children. family. community. possibility.





#### Management of Hearing Loss: SNHL vs CHL









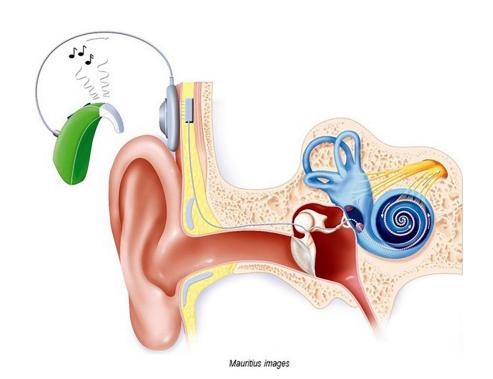






#### Cochlear Implantation: Peds

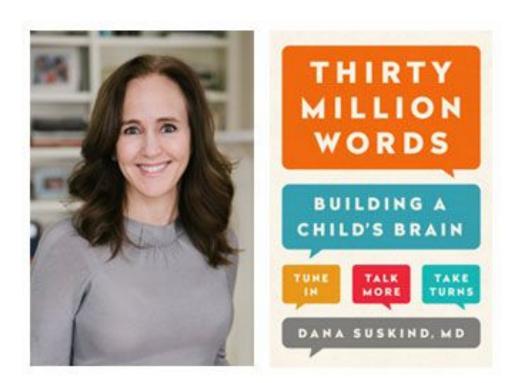
- 9 months of age (Bilateral SNHL)
- Severe to profound SNHL
- Lack of benefit from hearing aids
- Speech/word rec <60%</li>
- Single sided deafness (age 5)



## Auditory, Speech, Language Therapy

- SLPs and Deaf Educators that are trained in working with children with hearing loss
  - Listening and Spoken Language
    ■ PEI/UNMH
  - American Sign Language (ASL)
    - **NMSD**







Hart B, Risley T. Meaningful differences in the everyday experience of young american children. 1995

#### Risk Factors in Delay of Diagnosis

- Public insurance
  - Nearly twice the time to get diagnostic testing than private insured
- Non-white race
- Lower birth weight
- Live outside a metropolitan area
- Mother with lower level of education
- Mother who is < 25 years of age</li>



#### Access to Hearing Aids and Early Intervention

- Children who live in rural areas are at increased risk for delay in receiving amplification
- Insurance type
  - Mixed findings: may depend on state coverage for Medicaid
- Lower levels of maternal education and ethnic minority are associated with delays in HA fitting and/or access to EI

#### What do we do?

#### EHDI suggests we address these 4 factors/gaps to improve "lost to follow up"

- Lack of service system capacity
  - Access access access
  - Partnerships Audiology EHDI Team
  - Telehealth
  - Mobile Outreach
  - PCP help with hearing aid clearance?
- Lack of provider knowledge
  - We are here! Spread the word!
  - Project ECHO
  - NMMS "noon zoom"
- Challenges to families obtaining services
  - o Travel, childcare, insurance/finance
- Information gaps
  - Family resources NBHS, dx of hearing loss, technology
  - Schools!

Karen Hawley, MD

<u>kahawley@salud.unm.edu</u>

<u>pedsENT@salud.unm.edu</u>

505-272-4598

