Minister for Health announces enhancement to funding CI’s for adults

The NSW Minister for Health, recently shared in the excitement of the switch on of Kate Locke. Kate’s blog http://katelocke.wordpress.com/ has captured the emotion and her outcomes since that day in July. SCIC appreciate Kate allowing the Minister to take part in this significant event.

The Minister for Health announced that recurrent adult funding has been enhanced by 15 from the commencement of the 09/10 Financial Year. This follows a one-off enhancement of 9 devices received in early June. Of the 299 total cochlear implants performed by SCIC last financial year, 44 were public adults. The new recurrent funding will reduce the current waiting list by approximately 3 months.

CICADA UPDATE

25th October 10:30am Kate Locke will be the guest speaker at the CICADA AGM to be held at SCIC Gladesville on the 25th October. Kate will share her experiences working as a mentor for hearing impaired adolescents and young adults as part of the “Hear for You” organization. Members, family and friends are invited to the meeting which will be followed by a barbecue lunch.

20 years with your CI? For those who will be celebrating 20 years with a cochlear implant next year, please contact Judy Cassell, to let her know. Email address: jcassell6@bigpond.com. Plans for celebration will be in the next newsletter.

SCIC Canberra Lady Fairfax AM Centre

David Lovell, father of Ava captured the importance of establishing the Canberra centre as he recounted the stress involved with weekly visits to Sydney whilst his daughter Ava received a cochlear implant at the age of 6 months and a bilateral cochlear implant at the age of 9 months. Ava’s cochlear implants are now managed locally at the new Centre.

For new families and adults considering cochlear implantation in the region, the Canberra centre is well equipped to support the process at a local level. Audiologists Anne-Marie Crowe and Janet Kenyon, are well supported by Di Wright in the administrative role. Habilitation services are provided through the use of videoconferencing and monthly visits by SCIC Auditory Verbal therapist Kylie Chisholm. SCIC is presently recruiting for a permanent habilitationist for the Centre.

SCIC is grateful for the extreme generosity of Lady (Mary) Fairfax AM, whose support has enabled the establishment of SCIC Canberra centre: SCIC Canberra – Lady Fairfax AM Centre, officially opened on 21st July by the Honourable Barry O’Keefe AM QC (Trustee for Lady Fairfax AM) and the ACT Deputy Chief Minister and ACT Minister for Health Katy Gallagher. Ms Gallagher acknowledged the funding for 12 public cochlear implants per year for residents of the ACT and surrounding NSW residents. Distinguished guests included the Chief Executive of ACT Health, Mark Cormack, local surgeon Peter Chapman, Mr Steve Grundy, CEO of Australian Hearing, Mr Mark Salmon, Vice-President Asia Pacific Cochlear, Professor Graham Reynolds Neonatologist, the Canberra Hospital, representatives of CICADA Canberra and hearing support groups, many professionals and recipients and their families.

David Lovell, father of Ava captured the importance of establishing the Canberra centre as he recounted the stress involved with weekly visits to Sydney whilst his daughter Ava received a cochlear implant at the age of 6 months and a bilateral cochlear implant at the age of 9 months. Ava’s cochlear implants are now managed locally at the new Centre. For new families and adults considering cochlear implantation in the region, the Canberra centre is well equipped to support the process at a local level. Audiologists Anne-Marie Crowe and Janet Kenyon, are well supported by Di Wright in the administrative role. Habilitation services are provided through the use of videoconferencing and monthly visits by SCIC Auditory Verbal therapist Kylie Chisholm. SCIC is presently recruiting for a permanent habilitationist for the Centre.

CICADA UPDATE

25th October 10:30am Kate Locke will be the guest speaker at the CICADA AGM to be held at SCIC Gladesville on the 25th October. Kate will share her experiences working as a mentor for hearing impaired adolescents and young adults as part of the “Hear for You” organization. Members, family and friends are invited to the meeting which will be followed by a barbecue lunch.

20 years with your CI? For those who will be celebrating 20 years with a cochlear implant next year, please contact Judy Cassell, to let her know. Email address: jcassell6@bigpond.com. Plans for celebration will be in the next newsletter.
Over the past few months, SCIC has been represented at various conferences around the world. Team members share their experiences:

**12th Symposium on Cochlear Implants in Children, Seattle, Washington, USA**

I recently had the privilege of representing SCIC at the ‘12th Symposium on Cochlear Implants in Children’ from June 17th to 20th in Seattle, Washington, USA. I had never visited the United States before and to go there in a professional capacity and ‘rub shoulders’ with the world’s leaders in the field of paediatric cochlear implantation was a real thrill. Over one thousand clinicians, surgeons and researchers from around the world attended the Symposium.

It was very reassuring to find that I had real contributions to make to discussion sessions looking at best practice for working with children with cochlear implants and that SCIC clinical standards really are up there with the very best in the world. In particular, SCIC is well ahead of the pack when it comes to working with specialised groups of young patients such as those with auditory neuropathy spectrum disorder (ANS), very young infants and children with multiple special needs.

I presented a paper discussing the outcomes for a group of teenage SCIC patients who were using signed communication at the time of receiving their cochlear implants. This is a group that I have really enjoyed working with over my years at SCIC and I can say that I have learned a lot from them. There are many parts of the world where older children using sign language are not considered as cochlear implant candidates. This is a group whose outcomes vary enormously and for whom success is often measured in terms of, for example, improved environmental sound awareness or increased enjoyment of music or television rather than ability to hear speech that can be measured with traditional speech tests. With lack of appropriate support, this group of young people are at risk of becoming non-users of their cochlear implants; however our research shows that most genuinely enjoy using their implants on a daily basis.

Hot topics at the Symposium included bilateral implantation (do it wherever possible and clinically appropriate), music appreciation (the next great sound frontier that CI’s are yet to conquer – but watch this space) and hair cell regeneration (a very long way off being a replacement for cochlear implants). There were also some interesting presentations looking at new applications for existing electrophysiological (objective) tests and also on the changing criteria for cochlear implant candidacy.

Please feel free to contact me at SCIC on jane.brew@scic.nsw.gov.au or on ph (02) 9844 6809 if you would like to find out more about any of the topics mentioned above or for more information on my presentations.

**Jane Brew, Paediatric Audiologist, SCIC**

**European Paediatric Symposium on Cochlear Implants, Warsaw, Poland, May 2009**

Over 1700 delegates from all around the world were registered for this symposium hosted by one of the largest cochlear implant centres in Europe, the Institute of Physiology and Pathology in Hearing. Professor Henryk Skarjynksi played host to the conference where over 580 papers, posters and symposiums were presented.
The main topics that were discussed at the conference included:

- early detection of congenital hearing impairment in children
- methods for early diagnosis of the current eligibility criteria for children's implants
- treatment of partial deafness with cochlear implants
- safe surgery techniques for auditory implants
- binaural implantation bimodal stimulation - acoustic and electric
- middle ear implants
- modern radiological imaging techniques for the field of cochlear implants
- intraoperative studies and how to set parameters at implant stimulation
- assessment of quality of life of children implanted
- psychological aspects of the use of implants, hearing aids
- educational issues of children with hearing impairments

The topics covered by Kylie Chisholm and Colleen Psarros from SCIC included the following:

Speech and language outcomes in school aged children receiving sequential bilateral cochlear implants.

Traditionally, bilateral benefits include improvements in speech perception in noise and localisation. Outcomes of school aged children receiving a sequential bilateral (second side) cochlear implant are quite variable when measuring speech perception. In some cases, device compliance is quite poor and this population is at risk of rejecting their second implant due to perceived lack of benefit. Potential benefits that have not traditionally been assessed include speech and language. This study hypothesised that increased access to directionality and orientation with bilateral cochlear implantation would improve the pragmatic (practical) performance of school aged children. A speech and language assessment, investigating expressive and receptive language, vocabulary and phonology, was performed on school aged children prior to their second side cochlear implant. These children aged 7-12 years had their second side cochlear implants on average 6-11 years after their first. Preliminary results of the 4 children in this study revealed all children showed an improvement in at least one area of language evaluated, which mirrored or in some cases exceeded the age expected level of development.

**PPVT - Growth score values**

*Figure 1: In the Peabody Picture Vocabulary Test, the Growth Score Value can be used to assess whether the progress made is deemed to be a statistically significant difference. This is the case if there is a growth of more than 8 points. This was the case for all subject except subject 4.*

Longitudinal outcomes of early implantation in children with auditory neuropathy spectrum disorder (ANSD)

Auditory Neuropathy Spectrum Disorder (ANSD) has been identified in 12 of the 75 children who received a cochlear implant at SCIC following identification through newborn infant screening. ANSD is a term used now to cover previously used terms such as auditory neuropathy and auditory desynchrony which have been associated with abnormalities of the auditory nerve or firing of hair cells. The longitudinal outcomes of 5 of these children with ANSD who have thin or absent auditory nerves were discussed with attention to the preoperative and postoperative management and factors impacting on their results along with the implications for future management of children with ANSD were addressed.

**IT-MAIS scores at pre and post operative test intervals**

*Figure 2: Functional listening results measured on the Infant Toddler-Meaningful Auditory Integration Scale then the Meaningful Auditory Integration Scale at the 5 yr post operative interval show that all children have obtained functional auditory benefits from using their cochlear implants.*

Overall, group data supported that some children with ANSD who have compromised auditory nerves implanted under the age of 12 months can show development of spoken speech and language however, as they are not receiving a clear signal compared to children with robust auditory nerves, generally a delay is evident compared to their normal hearing peers.

Electrophysiology revisited – implications for paediatric maps

Results from the electrophysiological measurements carried out during cochlear implant surgery have been gathered for the past 18 years at the Sydney Cochlear Implant Centre (SCIC). These tests provide information on the location of the implant in the cochlear, how well the implant works, the ability of the auditory nerve to transfer information from the cochlear implant along the brainstem and information required for setting the map in the initial stages following switch on. This information enables the surgeon to counsel the client/family of the success of the surgery and the cochlear implant clinician to potentially optimise the recipients map from the time of switch on.

Following the introduction of the Freedom cochlear implant in 2005, data for 100 adult cochlear implant recipients was analysed to determine average electrophysiological thresholds for electrical auditory brainstem response (EABR) and neural response telemetry (NRT) using both the Contour Advanced (CA) and the Straight (ST) electrode arrays. These were correlated with the actual threshold levels and comfort levels measured during mapping at time of initial activation, one month post, 6 months post and at 12 months post activation. Data revealed a statistically significant correlation between electrophysiological measures and comfort levels over time. An additional analysis of paediatric data examined the impact of behavioural methodology used on the psychophysical levels obtained in the maps, demonstrating statistically significant differences. Results enabled the cochlear implant clinicians at SCIC to optimize their device mapping based on the new features
Over the past few months, SCIC has been represented at various conferences around the world. Team members share their experiences:

Continued from previous page

of the Freedom implant such as new microchip technology and the ability to make measurements of the auditory nerve and the functioning of the implant called telemetry.

Contour CH11 - Children

![Graph showing current data from 2009 and data from 10 years ago. The NRT and EABR recordings made at the time of surgery are very similar now than when they were compared 10 years ago. Further, the comfort levels obtained after 1 month of using the cochlear implant are very similar to the intraoperative NRT and EABR showing that these are good guides for setting comfort levels and making sure that levels are optimal from a very early point in the switch on of the cochlear implant.]

Figure 3: The top graph showing current data from 2009 and the lower graph showing data from 10 years ago. The NRT and EABR recordings made at the time of surgery are very similar now than when they were compared 10 years ago. Further, the comfort levels obtained after 1 month of using the cochlear implant are very similar to the intraoperative NRT and EABR showing that these are good guides for setting comfort levels and making sure that levels are optimal from a very early point in the switch on of the cochlear implant.

AG Bell Listening & Spoken Language Symposium

Recently I attended the AG Bell Listening & Spoken Language Symposium in St. Louis, Missouri. It brought together leading experts in the fields of psychology, cognitive sciences, and speech and hearing who presented on the impact of Executive Function on education and developmental outcomes, in children and adults who are deaf or hard of hearing. Executive Function is the ability to coordinate a number of skills to effectively monitor thoughts, manage behaviour and solve problems. Research has shown there is a great deal of variance in language outcomes for children with cochlear implants and are investigating if some of the cognitive processes involved in EF are contributing to this.

For example, it is known that children with normal hearing do better with digit-span memory, novel word learning and use verbal rehearsing to a greater degree than children with hearing impairment. Questions posed include these: Is some of the variance explained by differences in working memory? What effect does degraded auditory input have on development of memory? Is cognitive load reduced when someone has two implants? It was fantastic to be a part of this symposium and in particular to see the cross fertilization of ideas from different disciplines – which will impact on our practice in clinical and educational settings.

Andrea Gibbon, Habilitationist

Accessible Cinema trials Rear Window Captioning at Sydney Film Festival

ACCESSIBLE ARTS promotes full inclusion, access and opportunities in the arts for people with disabilities. Rear Window Captioning (RWC) uses a reflective panel mounted on a flexible stalk that sits adjacent to the viewer’s seat. A large LED display is mounted on a rear wall of the cinema or theatre that displays caption characters in mirror image. Viewers move the panels into position, below the movie screen, so they can read the reflected captions and watch the movie.

ACCESSIBLE ARTS arranged the first Australasian use of RWC at the Sydney Film Festival in June 2009. They are hoping that more cinemas across Australia will start to use this form of captioning. Sue Walters reports that the RWC reflector is easy to use and a great way to view captions. See www.aarts.net.au for more info on captioning of cultural and arts events.

STAFF UPDATES

We welcome back Paula Berkley two days per week following her maternity leave.

Monica Bray and Halit Sanli have both returned from long service leave. Monica travelled extensively around the world and attended numerous conferences. We welcome both of them back.

Carol Amos has just completed another successful stint in a play “Lords and Ladies” with the Holroyd Musical and Dramatic Society. Carol is involved in several productions throughout the year either as director or acting.
Music and cochlear implants SCIC Seminar Series August 2009

Guest presenter: Geoff Plant, OAM from the Hear Rehabilitation Foundation.

Geoff Plant has a long and distinguished career in hearing rehabilitation working with severe and profoundly deaf children and adults for more than 30 years, initially in Australia and since 1992 in the USA and Europe. In recent years he has been engaged in a number of music – related projects. One of these undertaken in conjunction with the Dept of Music at Edinburgh University in Scotland.

In his discussion, Geoff described the therapy, resources and outcomes for these projects. Geoff presentation was divided into working with adults and working with children.

**Adults:**
For appreciation of music with adults Geoff noted 4 key points

1. Simple music is best. For example, ‘stories with a beat’ – country and folk music good for this
2. Familiar music allows the cochlear implant recipient to fill in the gaps with their auditory memory, especially if the words of the songs are provided
3. Rhythmic music is important as tempo and rhythm are well transmitted by CI’s
4. Auditory-visual music such as live performances, concert DVD’s are great as you can see the musicians. Lyrics are also important most can be find on youtube.com by typing in the name of song/band and words “lyrics”

Other observations made by Geoff were that adults with bilateral cochlear implants reported that ‘music sounds so much better’ with two cochlear implants rather than just one CI irrespective of the type of cochlear implant that they are using.

He also said the more you listen the better music sounds. All his clients musical appreciation improved with listening practice.

**Children:**
When discussing music with children who have CI’s the following key points were made

1. He talked about the importance of pitch for ‘normal sounding speech’
2. Nursery rhymes are great for helping to teach speech rhythm and rhyme | (NOTE: rhyme is also a very important pre-reading skill)

Geoff has developed a lot resources for use with children that can be found by checking MedEl.com

References: www.medel.com

Review the newsletters called “Listen Hear!” the following issues have lots of info on this topic of music for children with CI’s - 3/2007 and 4/2007.

A further note for recipients and their families is that music appreciation has also been reportedly enhanced by the use of a hearing aid in the contralateral ear. A hearing aid can provide access to the low frequency information that provides the timbre and pitch resolution needed to appreciate music, that cannot be provided by the cochlear implant alone. Although the hearing aid may not provide actual benefit to speech perception, it can in certain cases provide the information required for improving music appreciation.

Cochlear Ltd Announcement


With some older speech processors incorporating components that are no longer commercially available, Cochlear is finding it increasingly difficult to provide for their service and repair and as a result SCIC has been advised that it is necessary to obsolete these processors.

The following speech processors are in the process of becoming obsolete:

- Mini Speech Processor (MSP)
- Spectra body worn speech processor
- ESPrit and ESPrit 22 behind-the-ear speech processors

These processors are no longer available for purchase. Cochlear will phase out guaranteed repairs from 31st December 2009. If you currently use one of these processors, please contact SCIC to discuss your hearing options, such as taking the opportunity of special offers for upgrading to the Freedom.

Cochlear will phase out the processors as follows:

**End of guaranteed repair services**
From 31 December 2009, Cochlear will no longer guarantee its ability to repair these devices.

Service requests will be evaluated individually.

**End-of-product life date.**
From 31 March 2010, the products will be classified as having reached end-of-life. Service repairs will not be available, however specific needs will be evaluated for any support that can be provided.

Cochlear is committed to providing recipients with access to the latest speech processor technology. If you currently use one of these processors, please contact SCIC to discuss your hearing options, the benefits of upgrading to Freedom, and the special offers that are currently available.

Veterans Affairs approve funding for bilateral cochlear implants

The Dept of Veterans Affairs have recently announced that they will provide funding for all DVA Gold card holders to have a sequential bilateral (second side) cochlear implant. Whilst DVA have supported some bilateral surgeries this has been on a case by case basis. All DVA Gold card holders who are considering a bilateral cochlear implant should discuss this with their SCIC audiologist. White Card Holders require application to DVA and this should be discussed with your SCIC Audiologist.
PhD study
SCIC collaboration with Sweden and Canada

I am Isabelle Boisvert, an Audiologist from Canada in Sydney to complete my PhD at Macquarie University, in collaboration with SCIC and under the supervision of Dr Catherine McMahon. In Canada, I have worked for the Quebec Cochlear Implant Programme which implants more than 100 hard-of-hearing individuals per year.

Research Topic:
My research question stems from working with people who had used only one hearing aid for a long time and therefore had a “deprived ear” which we suspect might lose its ability to understand speech clearly. The final decision about which ear to implant differs from one clinic to another. There are two arguments:

1. Implant the stimulated ear; because this ear has been consistently stimulated, it will give better outcomes with the implant.
2. Implant the deprived ear; although we might obtain poorer outcomes with the implant, we do not risk losing the residual hearing in the continuously stimulated ear. Then we can maintain the use of the hearing aid together with the implant on the other side.

My research project aims at understanding the outcomes of cochlear implant in a long term sound deprived ear when the other ear was stimulated.

Initial findings (a preliminary study from Canada):

Results from 17 individuals in Canada were variable. I noted that individuals obtaining the best speech scores with their implant were receiving good stimulation with their hearing aid in the opposite ear before implantation. This suggested that the outcomes seem to be influenced by the length of significant hearing loss in the stimulated ear. We assume that this relates to the brain’s ability to perceive and recognise speech sounds from at least one ear.

I will be in Sydney, Canada and Sweden for the next three years, conducting various clinical evaluations with people who have been implanted in either a deprived or non-deprived ear. This research is very exiting and promising and could lead to new ways of understanding and predicting outcomes with cochlear implants.

I will send invitation letters home to potential individuals that I would like to include in my research and I would be very happy to arrange flexible times for assessments. If you have any questions or comments, please send me an e-mail: isabelle.boisvert@ling.mq.edu.au or contact the staff at SCIC and I would be happy to return your call at a convenient time.

SCIC Seminar Series

October 20th
Navigating the journey of cochlear implantation in children

This seminar will draw the expertise of leading researchers and professionals to discuss the factors that assist in the cochlear implant decision making process and the support that is available for families during that time.

Kirsty Gardner-Berry (member of the National Hearing Screening Committee) will overview current practices in universal newborn hearing screening across Australia. Longitudinal outcomes of babies who underwent early cochlear implantation following screening will be highlighted.

Kerrie Castle from SCIC will describe the process and the support that is provided by SCIC throughout the cochlear implant journey. Anne Porter from Aussie Deaf Kids and Kate Kennedy from Parent Council for Deaf Education (PCDE) will demonstrate how their respective organizations support families with deaf children.

Dr Renee Punch from Griffith University will discuss the outcomes from a multicentre study which compared ‘Anticipated Benefits and the Personal, Educational and Social Outcomes of Cochlear Implantation in Deaf Children’. Recommendations from this study will be highlighted.

Finally a panel of parents will share their insights and recommendations on ways professionals can help families in the future.

Arrive for pre seminar networking at 6pm. Seminar will commence at 6:30pm and conclude at approx 8:30pm. Premium endorsed CPD points for ASA members.

Dec 8th
“Where are they now?” and SCIC Christmas drinks (Gladesville site only)

Recommendations for Air Travel for Cochlear Implant Recipients Airport security

Some cochlear implant recipients may experience a distorted sound sensation when passing through or being near one of these devices. The strong electromagnetic fields used may interfere with the microphone input of the sound processor and cause sound disturbances.

The materials used in the cochlear implant also may activate metal detection systems.

To avoid a distorted sound sensation when passing through the security barrier or being near one of these devices.

In the case that the cochlear implant activates the detector, recipients should carry the Cochlear Implant Patient Identification Card with them at all times.

X-raying the external equipment can be done without any harm to the device.

Recently Qantas have updated their on line information for deaf or hearing impaired using their airlines http://www.qantas.com.au/travel/airlines/deaf-or-hearing-impaired/global/en

This site provides comprehensive information and covers all aspects of your travel such as:
- Making a booking eg options for making your booking, taking your hearing dog on board, and what hearing devices can be taken on board
- At the airport eg advising staff of your preferred communication mode, assistance getting on board
- on the aircraft eg access to loops, subtitles and text messages. The need for individual briefing on safety requirements
- on arrival eg assistance with transfers and baggage collection

In flight

All electronic devices emit electromagnetic fields. These fields could potentially interfere with aircraft systems. Airlines therefore may ask for specific electronic equipment not to be used during the flight.

Instructions of airline personnel must be followed. Flight attendants should be notified of the hearing impairment so they can alert the CI recipient individually to safety measures.

In small aircrafts, relying on magnetic direction finding compasses, CI recipients should not occupy a front seat. When using such an aircraft, inform the pilot about the magnet in your CI system. Advise the airline staff and follow their recommendations.
Combining teaching, learning and holidaying.

I was fortunate to take long-service leave this year and also celebrate a significant birthday in the company of my mother who still lives in Brazil. I took the opportunity of attending conferences as well as enjoying short holiday breaks along the way, which concluded in glorious Greece, swimming in the sparkling Aegean sea, courtesy of good friends. My trip started in Denmark, and then included Brazil, Italy and France. Here are a few snapshots of the conferences I attended.

**Denmark:** I was an invited guest speaker at the Danish Biennial Cochlear Implant Symposium to talk about our adult and elderly experience. In Denmark there is a focus on paediatric implantation and less so on adults and elderly. The given reason is the prioritisation of funding for children and the lack of an integrated process of rehabilitation for adults, as the role of the audiology technicians is limited to the programming of the device. The size of our adult, and in particular our elderly implant recipient population, was greeted with surprise. Many hearing care specialists were astonished to learn that the procedure can be so successful for the ageing recipients.

**Brazil:** World Congress of Ear Nose and Throat Specialists which counted with 6000 participants. My presentation on single and bilateral cochlear implant outcomes for the elderly was again met with great interest. Many specialists did not consider the elderly as potentially successful candidates for the cochlear implant, which means that my survey on the experiences of recipients and their spouses gave first-hand evidence of how satisfactory this intervention can be for their sense of wellbeing and overall happiness. Several specialists indicated an interest for SCIC to help establish clinics with a focus on adults in every state in Brazil, and in particular, I was approached to be a keynote speaker at the next South and Central American ENT conference to be held in Bolivia (especially in view that I could present my speech in Portuguese).

**Italy:** Tinnitus Research Conference. We have a couple of implant recipients who suffer dreadfully from tinnitus. I attended this conference hoping to hear about new lines of intervention that could be helpful. Current research streams concentrate on managing tinnitus in line with chronic pain, which means that it not only includes identifying specific neurological systems within the brain that generate the phantom sounds, and in turn developing targeted medication to soothe those brain areas, but also a strong psychological management component to deal with the neuro-psychological distress and consequent behaviours which perpetuate the vicious cycle of the affliction. There was much discussion about which assessment procedures and treatment protocols would be best, but the final consensus was that there are probably many types of tinnitus which require a group of diverse and individualise treatment approaches. The work continues.

**France:** International Conference on Gerontology and Geriatrics. I was not lucky enough to present my elderly outcomes paper, but was granted a poster presentation instead; one of 4000, no less. There were again 6000 delegates at this conference. Incredible as it might seem, there was virtually nothing said about deafness in the elderly, but much about isolation and cognitive decline, as if deafness was not part of the equation. There were 3 papers on blindness and deafness, and the only paper concentrating on hearing loss from Scandinavia concluded that hearing aids are not effective for the elderly! I was floored. So I decided to conduct an in-promptu survey. I surveyed 50 delegates at random, asking them about their awareness about cochlear implants (minimal to none) and if their patients’ deafness affected their ability to perform their consultation and treatment (“certainly, most of them said. They are all old and deaf!”). I have yet to write up a report on my findings, but gerontologists and geriatricians showed an overwhelming lack of awareness of cochlear implants for the severely hearing impaired elderly population, despite the technology being available for the last 30 years. If they did have some knowledge they assumed it was mostly for children. Given that the current estimate by the World Health Organisation predicts an increase of 50% of people over the age of 60 in the next 40 years in the developed regions, and a four-fold increase in those aged over 85 (also known as “oldest old”), it seems we need to start preparing right now to ensure that people are able to maintain their independence and minds active through communication, as an integral part of healthy ageing. But it all starts with awareness that a solution is available, and we need to work on making it accessible to those who will benefit.

Monica Bray
ALL ITEMS CAN BE ORDERED ON-LINE: www.scic.org.au

Card A
(silver, green & red foil baubles)
10 for $10.00 GST inclusive

Card B
(blue, silver and green)
10 for $10.00 GST inclusive

Card C
(blue/white with silver baubles)
10 for $10.00 GST inclusive

Card D
(blue/green with silver)
10 for $10.00 GST inclusive

Card E
(silver, green and blue)
10 for $10.00 GST inclusive

Card F
(gold, green and blue)
10 for $10.00 GST inclusive

SCIC pens - a handsome gunmetal and gold finish pen engraved with the SCIC logo. $10.00 each

ORDER FORM - thank you for your support!

Please send me

- packets of card A
- packets of card B
- packets of card C
- packets of card D
- packets of card E
- packets of card F
- packets of mixed cards (while stocks last)

Postage: Orders to $50 add $5.00. Orders between $50 - $80 add $7.50. Orders over $80 add $12

Sub total:
- packets of cards @ $10.00
- pens @ $10.00 plus $2.00 postage
- total postage

Total

Dr/Mr/Mrs/Ms:
Address:
Enclosed is my cheque for $ made payable to SCIC, OR debit my Amex / Mastercard / Visa card for $.

Name on card: __________________________ Signature: __________________________

Number: ______________________ / _______________ / _______________ / _______________ Expiry Date: ______ / ______

CCV No: __________________________ (last 3 or 4 digits of security number front or back of card)

Post order to: SCIC, PO Box 188, GLADESVILLE NSW 1675
Fax order to: 02 9844 6811 Order on-line: www.scic.org.au