INFORMATION

Inflammatory Neuropathy Support Group of Victoria Newsletter

26 Belmont Road, Glen Waverley
Victoria, 3150, Australia

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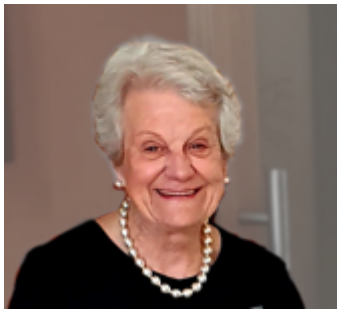
Newsletter of the 'IN' Group: THE INFLAMMATORY NEUROPATHY SUPPORT GROUP OF VICTORIA INC., supporting sufferers from acute Guillain-Barre` Syndrome (GBS), Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) CIDP), Multifocal Motor Neuropathy (MMN) and other Inflammatory neuropathies. ABN: 77 954 503 188 Reg. No: A0025170R

NEXT MEETING

Sunday 18th May 2025 2pm

Ashburton Library, 154, High Street, Ashburton



PRESIDENT'S MESSAGE

The IN Group has provided personal support to many people over the years and recently I was glad to be able to refer a father, whose 2 year old boy was hospitalised with GBS, to Scott Earle who provided some telephone support and encouragement. This is one of the reasons why the IN Group was established, to help ease the confusion and bewilderment experienced when a GBS or CIDP diagnosis is made.

You will recall information in the last newsletter about Associate Professor Andrew Kornberg's proposed flying trip around Australia to help raise $4.5 million, in partnership with the Live Life Foundation, to establish a dedicated centre for gene therapies at the Royal Childrens Hospital. This centre will help transform the lives of children with neuromuscular conditions like spinal muscular atrophy and pave the way for future generations. Doug and I were fortunate to be guests of the RCH at a recent function promoting this research where we met a little boy with spinal muscular dystrophy who would be one individual to benefit greatly from any positive treatments coming out from it. There are so many conditions these days all needing support and we are grateful to know that the funds donated by the IN Group are directed to that area of continued research into new treatments and therapies for GBS/CIDP.

And last but not least, membership subscriptions are due on 1st July and as an early reminder, we have included a membership form for 2025/2026 on the back page.

Margaret Lawrence
President

Email: **info@ingroup.org.au**
Website: **www.ingroup.org.au**

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HEARING 16th March 2025

Written from notes of a recording taken at the presentation.

Yien Ching Ang
Audiologist
Master of Clinical Audiology

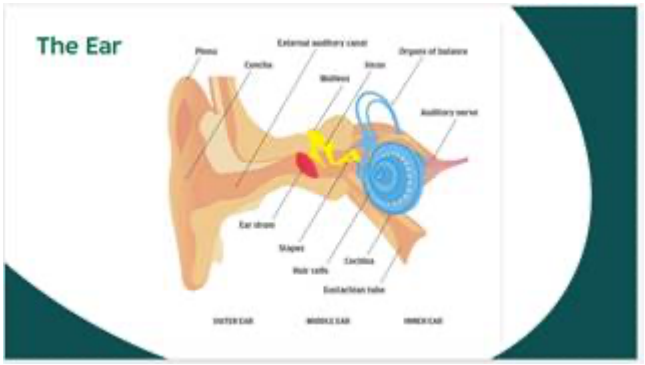
Yien graduated with a Master of Clinical Audiology from the University of Melbourne in 2009.

She commenced her working life as a chemist in the area of drug quality control but was attracted to the issues of hearing loss and how the conditions may be treated which led to her completing her degree in clinical audiology. She currently works at *The Glen Specsavers*, Glen Waverley.

Yien said how pleased she was to be speaking to the IN Group again and remarked that it was an opportune time as March is hearing awareness month.

Information is so easily available across the internet today, but the best advice still comes from a professional person. She mentioned that *Specsavers* has been providing hearing care services for eight years, first in Berwick, then Frankston and Glen Waverley until now most stores provide these services.

To many people, ear problems are the least important aspect of our wellbeing, but being able to hear properly is vitally important to our physical and mental wellness.



The human ear consists of three parts - the outer ear collects sound waves, the middle ear amplifies and transmits them to the inner ear, and the inner ear converts vibrations into electrical signals sent to the brain.

The outer ear includes the pinna and ear canal, the middle ear contains the eardrum and auditory ossicles (3 tiny bones), and the inner ear houses the cochlea. The cochlea contains 30,000 hair cells connected to 30,000 nerve endings which transform the vibrations into electrical impulses that then travel along the auditory nerve to the brain. The inner ear also contains the organs of balance.

What can go wrong with the outer ear?

The most common complaint would be the build-up of wax. Usually, the wax moves out of the ear naturally without you really realising this happens but sometimes may move too slowly. In these cases, it is not a good idea to try to clean it out with cotton buds as this only serves to push the wax back into the ear. The best way is to do nothing, allowing the ear to resolve the problem. However,

if it becomes more bothersome then seeking medical attention is the better action. Treatment can take the form of flushing out the ear, however this could damage the ear drum, and micro suction is the better option. For routine maintenance on a weekly basis, a drop of oil in each ear before you shower is the recommendation.

What can go wrong with the middle ear?
Wax moving along the Eustachian tube too slowly or building up, stops sound passing to the cochlea and this type of blockage requires surgery.

What can happen with the inner ear?
The hair cells in the cochlea can wear out, losing frequency and/or pitch and if the nerves cannot send sound waves to the brain, our hearing becomes indistinct.

Excepting trauma, change in hearing is usually gradual over years and as you age this is a good reason to implement an annual hearing check as part of your usual health review.

An examination of your ears will first involve checking to ensure the ear is free of wax.

Then a test to show how loud different sounds need to be for you to hear them is conducted in a silent room where you will be asked to indicate when you hear sound.
The audiologist will make the sounds softer and softer and record the softest sound you can hear.

This measures your hearing in 2 ways:

- Air conduction — the sound is played through headphones into your ear, testing how well sound travels through your ear canal and middle ear.
- Bone conduction — a small vibrating device is put on the bone behind your ear. The test measures how well the device sends the sound directly through the bone to your inner ear.

The results of these tests are marked on a graph called an audiogram. The audiologist uses this graph to determine the degree of your hearing loss.
Level of hearing is measured in decibels as follows:
0-20 decibels normal hearing; 20-40 decibels mild impairment; 40-60 decibels moderate impairment; 60-80 decibels severe impairment and 80 + decibels profound impairment.

It is found that generally - 1 in 6 people suffer from hearing loss, or 1 in 4 if you include young people and in the aged, 1 in 3 experience hearing issues.

Increasingly, young people are seeking audiology consultations. Many complaining of ringing in the ears which is hyperactivity of the nerves and can usually be attributed to attending loud concerts and with the use of mobile phones now, continually listening to loud sound through earbuds and/or earphones. In the first instance these people would be advised to rest their ears, decrease their mobile phone usage and lower the volume. An easy volume check is that if the person next to you can hear what you are listening to the volume is too high.

Other types of ringing or noise in the ears where damage has occurred to the hair cells is not treatable but we can learn to manage it to the point where it is no longer a problem.

The impact of hearing loss can be a hidden health issue which is not always obvious and can take a toll in different ways:
Physically – If you are not able to hear clearly, the need to continually concentrate more to hear can cause an added level of coping stress.
Dementia – Preserving nerve health stimulation is imperative, otherwise the auditory brain will shrink which affects memory and processing information. People with unmanaged moderate or severe hearing loss may be at a higher risk of developing dementia.

Balance and hearing are intimately connected, the inner ear controls our balance. Hearing loss can affect us making it harder to maintain balance and co-ordination so it is essential to maintain good ear health.

It seems that 1 in 5 Australians have some reticence about seeking treatment for hearing loss, perceiving it as a stigma. Reasons why people resist taking a hearing test and/or wearing a hearing aid include "hearing aids do not always work properly", "hearing aids are too expensive", "don't have a hearing problem". Perhaps legitimate concerns but seeking information about types of aids and the cost along with any concessions available can alleviate these objections.

It is advisable for people over age 50 years to include an annual hearing check in their regular health maintenance schedule.

Middle ear problems would usually be referred to an ENT Specialist, but otherwise, being fitted for a hearing aid is really the only way to resolve hearing difficulties. It may be that with a cochlea problem the option would be for clarity rather than amplification say. They are very hi-tech these days with options to choose from many types and costs.

Hearing aids are available in three different levels:
The standard aid is for people who are mainly at home perhaps listening to the radio, watching TV and conversing with family members.
The premium aid is the next level for more active people out and about.
The elite aid is more appropriate for people working and with an active lifestyle, and this standard includes better noise cancelling properties.
Hearing aids can also now be set up to manage through your mobile phone.

Expectations
People have high expectations when fitted with a hearing aid and some will find their expectations are not immediately met and some might say that the aids make no difference. They should understand that hearing through an aid is not natural, it is like listening through a microphone, so the brain needs to be trained how to adapt to it.

The best way to do this is to trial wearing the aids for 3-4 hours a day at home in a relaxed atmosphere, to get the nerves stimulated to send the frequency messages again, gradually using them in outdoor and other situations. A 3 month trial should be adequate to assess the suitability.

How to assist people who refuse to wear a hearing aid.
Someone with high frequency loss say may not be able to hear consonants so choosing different words may help them to better determine the conversation. Purchase of TV headphones can also alleviate the problem of volumes too loud for natural hearers. Being aware that there is more noise in the middle of a room or group and any conversation will be easier around the perimeter. Just a couple of examples

Questions from members mainly centred on batteries and the need to establish a regular re-charge routine and comments on the small size of the batteries making them difficult to handle.

Yien ended her presentation with some general comments about the different style of assisted hearing which the different hearing aid brands may provide so that members should not be inhibited in investigating which one is suitable for their needs.

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Is Audiology as a profession regulated?

When deciding which Audiologist to consult, it is always useful to know what qualifications they must have and under what regulations they may practise. Audiologists are not required to be registered as other health professionals are, by the Australian Health Practitioner Regulation Agency, but to practise audiology and receive government funding through Medicare, HSP and NDIS an audiologist must hold a recognised post graduate qualification and is required to be an accredited member of a professional practitioner body, either *Audiology Australia* or the *Australian College of Audiology Incorporating HAASA*.
To find an accredited audiologist look-up https://audiology.asn.au or https://www.acaud.com.au

Newsletter Contributions

We always welcome contributions for the newsletter. If you have a suggestion or an article which you think would interest members, please email it to info@ingroup.org.au or send by post to 26 Belmont Road, Glen Waverley Vic 3150

UP-COMING MEETING DATES TO REMEMBER

Sunday 17th August 2025	2.00pm	Ashburton Library	**AGM** **Speaker:**
Sunday 14th December 2025	12noon	Ashburton Library	**Malcolm Levy Pharmacist** **Christmas Lunch**

The Inflammatory Neuropathy Support Group of Victoria Inc.

Membership 01.07.2025 – 30.06.2026

Name:	
Address:	
Suburb:	
Postcode:	
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NOTE: The IN Group's preferred communication is by email.

If you wish to have your Newsletter sent in hard copy please tick here: ☐

ITEM	EACH	PAYABLE
Annual Subscription (due 1st July each year)	**$15**	
Donation to support Medical Research ($2 or more is tax deductible)		
Tick here if a receipt is required →		
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