



Practitioner's Notebook

As busy practitioners, you often need to have important clinical information at your fingertips. For this reason, **Practitioner's Notebook** each month provides a one-page summary of useful audiologic information on a specific topic, presented in an easy-to-use, large-print, clip-and-save format.

About auditory deprivation

In this special issue of The Hearing Journal, we have reviewed some recent research on the topic of auditory deprivation. If this is a new topic for you, here's a quick summary, which might be helpful when you discuss this phenomenon with your patients:

What it probably is:

- ❖ It is referred to as “late-onset auditory deprivation” and is used to explain reduced word-recognition scores in the unaided ear following a period of monaural hearing aid use.
- ❖ The long-term effects might not be reversible.
- ❖ It is a concern for any individual fitted monaurally who had two aidable ears.

What it probably is not:

- ❖ It is not the general reduction of speech understanding, which occurs as part of the normal aging process.
- ❖ It is not clear what or where the mechanism for auditory deprivation is. Speculation and some data relate the phenomenon to changes in the allocation of tonotopic presentation in the auditory cortex, while others suggest that it may be simply an adaptation to reduced signal level.
- ❖ Neither deprivation nor recovery is consistent across individuals and it is difficult to predict who can be expected to suffer from a late-onset auditory deprivation and who may recover from it after binaural amplification.

What to do:

- ❖ Recommend that all new patients receive binaural amplification unless there is a medical and/or audiologic reason not to (e.g., unaidable ear due to profound hearing loss, draining ear, etc.). Even if deprivation is not an issue, localization, audibility, and hearing in noise will be enhanced through appropriate binaural amplification.
- ❖ For current monaural users, encourage a trial period with a second hearing aid and counsel the patient that it will take time for the newly fitted ear to “participate” in enhancing communication. Be willing to accept that the patient may never accept the second hearing aid (especially if the person has a long history of monaural-only use), but that many will accept it and wonder why they weren't fitted with two hearing aids in the first place!
- ❖ Counsel all patients who do not pursue binaural hearing aid fittings concerning the possible long-term problems related to monaural amplification.