Hear Ye, Hear Ye
Safeguarding the Health of Your Hearing

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have you ever thought of getting an audiologist evaluation for your pre-school child? Perhaps not, but there are thousands of children in the U.S. who have hearing loss. Hearing is critical to speech and language development, communication, learning, and literacy. Childhood hearing loss can be congenital, delayed onset, acquired or progressive in nature. An early hearing evaluation may be a way to prevent any later problems.

About Our Children consulted Patricia E. Connelly, PhD, a pediatric audiologist at The Valley Hospital, Kireker Center for Child Development, and Donna Szabo, AuD, director of audiology at Innovative Hearing Solutions, for their expertise.

AOC: Why would a child see an audiologist?
Patricia Connelly: Delayed speech or language development, that is, not meeting the developmental milestones for producing the sounds of speech, making words, using or understanding words in meaningful ways; for listening issues; if the child exhibits behaviors that seem to be related to hearing; for ear infections; and with issues having to do with academic performance.

AOC: When would they be referred to a medical doctor?
Patricia Connelly: Test results should always be discussed with a child’s pediatrician or primary care provider. However, a referral to an otolaryngologist (ear, nose, throat doctor) is indicated when the hearing test results demonstrate any kind of hearing loss, transient or permanent, if examination of the ear canals reveals drainage, blood in the ear canal, excessive wax build-up or a foreign body.

Donna Szabo: Children should always see an ENT first who would recommend a hearing test. If they see an audiologist first and hearing loss is detected then they should be referred to an ENT. Some children who get ear infections or swimmers ear should always be referred to an ear specialist.

AOC: What are the most common hearing problems faced by the pediatric population?
Patricia Connelly: Persistent fluid in the middle ear from allergies, ear infections or problems with the adenoids, transient hearing loss from middle ear fluid.

Donna Szabo: Conductive hearing loss due to ear infections is very common in pediatrics. We are also seeing teenagers as well as adults in our office who experience hearing loss accompanied by tinnitus from listening to loud music. Hearing loss in children is not limited to these causes. Hearing loss from head trauma, ear injuries such as a punctured ear drum or congenital losses are also a concern for the pediatric population.

AOC: How can a parent safeguard their child’s hearing?
Donna Szabo: Parents should limit the volume and the time a child spends listening to music with earphones. Avoid loud music or use earplugs when in noisy environments such as parties, bar mitzvahs and weddings.

Patricia Connelly: Practice and reinforce safe lis-
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A specialist who will inquire about family history and perform exams to rule out other health-related issues. Parents will be asked a series of questions regarding the child’s lifestyle and behaviors. Teachers and other significant caregivers will be consulted too. Information gleaned will be evaluated alongside other criteria such as developmentally appropriate behaviors, how long symptoms have persisted and if they appear in one or more of the three subtypes before age 7. Doctors will then use a rating scale to determine degree of impairment.

Although Schumacher didn’t know where to go for help with Cody, the boy’s grandparents were friends with the head of a local hospital and so consulted him. “He brought in a team of experts to evaluate Cody [and later Tyler] and he was diagnosed with ADHD, combined type,” says Schumacher. “When we found out we were relieved; now we could work on fixing the problem. Cody felt better too because he could finally understand why he behaved the way he did.”

Andrew’s disorder wasn’t addressed so quickly. As he got older, Marchman continued to create strategies to help her son succeed, both at home and at school. Then five years later while attending an academic workshop, she was clued in. “The speaker was talking about ADD and learning disabilities when the light bulb went on, ‘That’s Andrew! I immediately called the pediatrician and asked for an evaluation. By fifth grade the diagnosis was made and an IEP [individual education plan] was in place to help him succeed in school,” says Marchman.

If parents suspect their child has ADHD, they should talk with their pediatrician, says Walkup. “Equally important is to read up on the condition and go to reliable sources for information. There is a number of websites that have false data and if parents take that advice, it can keep their child from getting help.”

That was one of the first things we did—educate ourselves,” says Schumacher. “We joined CHADD [Children and Adults with Attention Deficit Disorder]; they have a wealth of information so parents can stay on top of the issue and learn how to help their child at various stages of development. Another thing that’s important is to find someone you can trust to care for your child.”

After Cody’s diagnosis, the psychiatrist started the process of finding medication that would allow him to function without affecting his personality. “It took about a year before we found the right combo,” says Schumacher, who states they took the same route with Tyler. “In addition to the meds, we created charts to help the kids to stay on task. We also learned how to interact with them to bring about positive rather than negative responses.”

Marchman didn’t experience the same success with medication and opted to stick with non-prescription strategies to control Andrew’s disorder. “In addition to visuals and other techniques we use at home, we also work closely with the school to maintain balance in the classroom,” she says. “There are good days and bad days, but overall it’s working well.”

Indeed it is. This past spring Andrew graduated from high school with above-average grades and is now attending a local community college. Cody and Tyler are flourishing too.

“Some people equate ADHD with IQ but there’s no correlation,” says Kros. “In fact, some of the most accomplished people in the United States have or are believed to have had severe cases of ADHD—Bill Gates, Michael Phelps, Steven Spielberg, even Abraham Lincoln—yet they have all gone on to live successful lives.”

Denise Morrison Yearian is the former editor of two parenting magazines and the mother of three and grandmother of four.