

# COMMUNICATION: HEARING PROBLEMS

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This pamphlet is part of a series on dementia-related diseases prepared by Kenneth Hepburn, Ph.D., Geriatric Research, Education and Clinical Center (GRECC) of the Department of Veterans Affairs Medical Center, Minneapolis, Minnesota.

**G**ood communication depends a great deal on being able to hear well. Learning if a person has a hearing problem can be hard. Many people may not hear clearly what is being said. Still, they do not ask you to repeat yourself or to make clearer what you mean. Often enough, these people do not themselves know that something is wrong with their hearing. Also, many people, not just those with some hearing loss, "fill in the gaps" of a conversation. They interpret facial expressions and other gestures and read lips.

**P**oor hearing makes communication harder. It also increases the risk of chance injury (due to not hearing an oncoming car, for instance). Hearing loss combined with the effects of an illness like Alzheimer's disease will make communication even harder. The disease itself isolates the person from you and from the world. Over time, the person has a harder and harder time making sense out of things. Such a situation poses special problems for you, the caregiver.

**W**hat if you suspect that the person in your care has a hearing problem? You will need to observe the impaired person carefully. Seek help to get a good evaluation of the person's hearing and to correct problems that might respond to treatment.

**P**roblems may remain which cannot be corrected. As a caregiver, you will have to develop coping techniques that work for you and the person in your care.

## **Observation and diagnosis**

**Y**ou may have noticed that the impaired person seems removed from what is going on around him or her. The person may seem distracted or not attentive. Or the person may ask you to repeat what you say.

**K**eept track of the problems you notice and try to answer the following questions. Discuss this information with the doctor or nurse. What you observe and recall about the person's hearing can greatly help the doctor in making a diagnosis and in setting up a plan to deal with the problem. The doctor will check to see if the impaired person's hearing is failing. The doctor will try to decide if the problems arise from a source other than hearing loss, such as side effects from drugs or the course of the disease itself.

Questions:

- What problems of hearing or attending is the impaired person having?
- When did you first notice the problems?
- Do you see any pattern to the problems? (For instance, does the impaired person seem to have more trouble at certain times and to do better at other times?)
- Has the person ever used a hearing aid? (If so, bring it along with you when you visit the doctor.)

## **Treatment and management**

**Y**ou may find that the problem is partly due to a correctable hearing loss. In this case a hearing aid may help. Try to keep in mind, however, that hearing aids do not correct hearing the way glasses correct vision. Hearing aids make all sounds louder. So background noises, like the hum of a refrigerator or the sound of traffic (which people with normal hearing "tune out") are also made louder. These noises can irritate and confuse. People who need and can benefit from hearing aids often object to them at first because background noises become so loud. If this is the case with the person in your care, try using it for just a part of each day at first.

**Y**ou may learn that a hearing problem exists but that the problem will not respond to treatment. Or you may learn that the impaired person may hear perfectly well and yet still not be able to act appropriately. Communication problems, in this case, result from the disease itself rather than from hearing loss. The disease has made the person's brain unable to understand or recall what the person hears.

**I**n these cases, the problem will have to be managed rather than cured. Your care goals might simply be to keep the person out of harm's way and to help him to act on his own as much as he can. Goals like these promote the person's own sense of well-being and keep your care tasks within reason.

*Note:* Even if the doctor is unable to find any correctable hearing problem, report any new problems. The doctor or nurse can help you understand

what is happening and suggest coping techniques. Also, you want to be sure that any new problem is promptly identified and treated.

## **Coping techniques**

**H**ere are some tips to help you communicate with a hearing-impaired person. Your doctor or nurse may have specific ideas for coping with the special problems you may be having. Support groups may be a resource to you. Other members may have suggestions, based on their own experiences, for managing the problems you face.

**A**nticipate problems and be prepared to take extra time. If the impaired person doesn't hear or understand well, you may have trouble even with routine activities. Allow extra time to explain and reassure. Always give yourself extra time when you take the person out of the setting he or she knows well.

**M**ake sure the person can see you well. Approach the person from the front, and face the person directly. Sit close enough for the person to see your face and mouth. Keep your hands away from your mouth while you are speaking. Make sure no bright light is shining in the impaired person's face to distract him or her.

**G**et and keep the person's attention. Work at getting and keeping the person's attention. Wait to begin what you want to say until the person is focused on you (as much as he or she can). Keep in mind that attention span will be short. Try to get and keep eye contact with the person. Sometimes a gentle touch on the arm or hand, if allowed, will help you make eye contact. Physical contact is a powerful form of communication.

**F**ind out how the person hears best. Perhaps the person has one good ear. If so, you will want to speak on that side. If the person uses a hearing aid, check to be sure it works and is turned on and loud enough.

**B**e alert to distracting background noises. Turn off the radio or television, for example.

**P**lan how to express yourself. Think ahead about how to express what you want to say. Short, simple words and sentences will be understood most easily.

**S**peak slowly, clearly and distinctly without shouting. A shrill or loud voice will make you sound upset or angry. The person may react by becoming too upset to focus on what you are saying. If your words run together, the person may not be able to keep up with what you are saying. If you speak slowly, it will be easier to pronounce your words more clearly. Lowering the tone of your voice often helps.

**B**e prepared to repeat yourself. You will no doubt have to repeat yourself many times. Try to keep in mind that the person is not doing this on

purpose. On the other hand, don't deny your own feelings. This can be frustrating.

**U**se gestures to support what you say. If the impaired person can still interpret a nod of the head or shrug of the shoulders, these may be better ways of communicating than words.

**C**heck regularly to see if the impaired person understands. Watch to see what the impaired person does, rather than trusting what he or she says. Impaired people often become very skillful at concealing the fact that they can't understand. If the person doesn't seem to understand, try to find a new, simpler way to say the same thing.

## **Living with the problem**

If the person in your care has a hearing loss, communication and your caregiving tasks become harder. Managing the day-to-day routine takes more time and effort. You may, as a safety measure, need to keep closer watch over the person's activities.

**H**ow well you structure the impaired person's day (and your own) becomes important. A regular routine will be easier for both of you. You especially need to build in time for yourself to take a break. You also need to find helpers who can give you occasional respite from your caregiving duties. Family members and friends can help, or you might want to consider hiring help if you can.

**T**ake care of yourself Keep in mind that you need to take care of yourself, too. Caregiving can be tiring, frustrating and irritating. Don't deny your fatigue or your feelings. You may not want to show your feelings of frustration to the impaired person because that might trigger a reaction that could make things worse. Still, you do need to find a way to let feelings like that come out.

**T**alk with others. Talking with others in similar situations can be extremely helpful. You may want to join a support group. (The Alzheimer's Disease and Related Disorders Association may be able to help you locate a support group near you. Or ask your health care providers or a local hospital for a referral.) Sharing with others might help you keep in mind that the problems you face do not result from the patient's deliberate refusal to cooperate or from your inadequacy as a caregiver. The problems are part of the disease itself and of the caregiving role.