

## HOW TO LOCATE A QUALIFIED AUDIOLOGIST

All Members of the Audiological Society of Australia (ASA) are University Graduates bound by a Professional Code of Ethics and Standards of Practice and have access to postgraduate education programs. Look for the letters MAudSA (CCP) after the audiologist's name to ensure that you are consulting a qualified audiologist who has completed the ASA Certificate of Clinical Practice (CCP).

TO OBTAIN A FREE DIRECTORY OF CLINICS WHERE QUALIFIED AUDIOLOGISTS WORK VISIT:

[www.audiology.asn.au](http://www.audiology.asn.au)

or contact us on  
(03) 9416 4606



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Your local qualified Audiologist is:

ASA\_IC007

VALID TO 31/12/08

## AUDIOLOGY

and Otitis Media



Your Hearing Health Professionals



## WHAT IS OTITIS MEDIA?

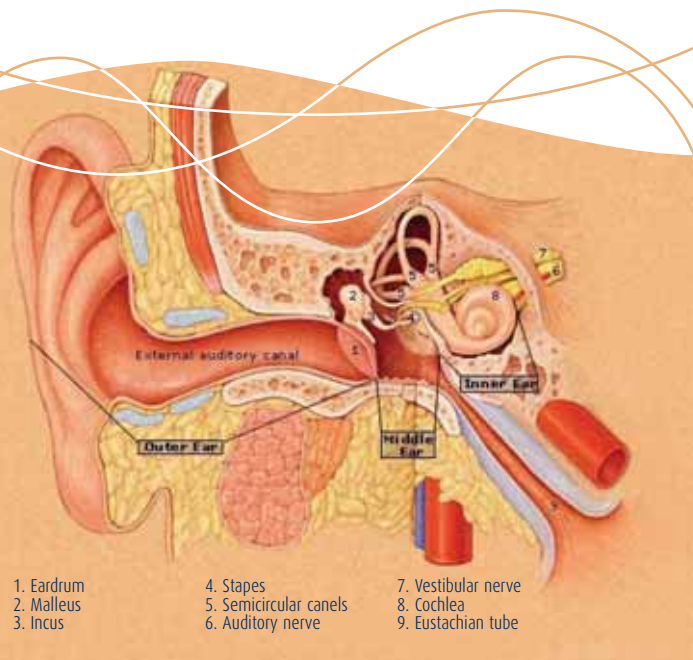
Otitis media is the most common cause of temporary hearing problems in babies and young children. Otitis media conditions are usually caused by bacterial or viral infections affecting the upper respiratory tract, problems with the tonsils and adenoids, allergies, or genetic conditions. Otitis media associated with middle ear infection is labelled Acute Otitis Media.

Inflammation occurs when bacteria becomes trapped in the Eustachian Tube or Middle Ear cavity. The inflammation may cause mucous to be secreted into the middle ear. Sometimes, the fluid becomes trapped behind the eardrum, in the middle ear cavity, in a condition known as otitis media with effusion or more commonly, "glue ear". The pressure from the fluid build up may cause the eardrum to rupture and the fluid to discharge from the ear canal.

Most children will experience at least one episode of otitis media by the time they start school. Hearing loss resulting from middle ear disorders may fluctuate, resulting in inconsistent listening behaviour.

## HOW THE MIDDLE EAR WORKS

The middle ear is connected to the back of the nose by the Eustachian tube. This tube opens to allow pressure in the middle ear to equalise. If the Eustachian tube is not working properly, or is blocked, fluid is secreted into the middle ear space. Over time, this fluid can become thick, like egg-white, in the condition commonly called "glue ear".



## EFFECTS ON HEARING

When the middle ear becomes blocked, it is unable to effectively transmit sound vibrations to the inner ear. The type of hearing loss this causes is referred to as CONDUCTIVE because sound is prevented from being properly "conducted" through the middle ear space.

Middle ear problems can cause varying degrees of hearing loss up to a moderate degree of loss. If the fluid does not disperse without medical intervention a referral to an Ear Nose and Throat specialist may be warranted.

The hearing loss may impact on speech and language development, behaviour, and learning, if it is not treated.

## RECOGNISE THE SYMPTOMS OF OTITIS MEDIA?

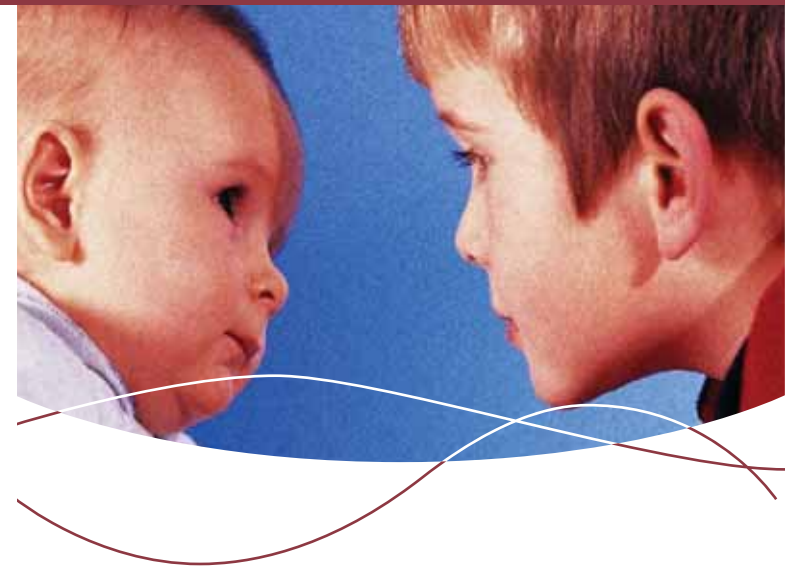
A child with ongoing otitis media may display the following signs:

- Recurrent ear infections
- Pain associated with the ear
- Pulling or scratching at the ears?
- Frequent colds or upper respiratory problems.
- Breathing through the mouth
- Appears to ignore, or is less responsive to sound
- Irritability or behavioural problems
- Delayed speech and language development
- Clumsiness, balance problems
- Tiredness
- Concentration/learning difficulties at school
- Poor attention, daydreaming
- Speaks loudly, shouts
- Does not like very loud sounds
- Turns TV/stereo volume up
- Watches peoples faces intently, and asks for repeats

## HOW CAN AUDIOLOGISTS HELP?

Audiologists are University graduates with specialist training at post-graduate level in the non-medical management of hearing and hearing loss in infants and children. An audiologist may use some of the following tests to check for middle ear problems and hearing loss in young children.

- **VISUAL REINFORCEMENT AUDIOMETRY (VRA)**  
A fun test using puppets that checks a toddlers hearing acuity 9months to around 3yrs



- **PLAY AUDIOMETRY**  
A listening game to check hearing acuity. 3yrs+
- **IMPEDANCE AUDIOMETRY**  
A quick and painless measure of the function of the middle ear system. From 6mths onwards (standard equipment). From birth (specialised equipment required).
- **OTOACOUSTIC EMISSIONS (OAE)**  
A very quick test of the cochlea or inner ear function which does not require any behavioural responses from the child.
- **AUDITORY BRAINSTEM RESPONSE (ABR) & AUDITORY STEADY STATE RESPONSE (ASSR)**  
A test of the transmission of sound along the auditory nerve and brainstem performed whilst the infant/child is asleep. From birth (specialised equipment required).

## MANAGING OTITIS MEDIA

Management can depend on the symptoms and severity of the condition. This should be discussed with your GP.

Treatment may include:

- Antibiotics – treatment of bacterial infections
- Pain relief – appropriate analgesics as recommended by your GP.
- Antihistamines/Decongestants – Reduce swelling of the Eustachian Tube to allow fluid to drain
- Corticosteroids – Act directly to reduce inflammation
- Ventilation Tubes/Grommets – Inserted into the ear drum to allow the fluid to drain via the ear canal while the Eustachian Tube is not functioning adequately.