



*Accent Hearing*  
EXCELLENCE IN LISTENING



# The Listener



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## Summer 2025-2026

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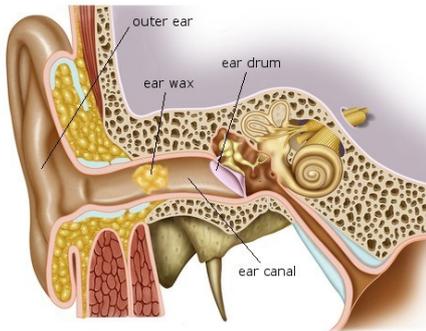
Welcome to the Summer 2025/26 edition of *The Listener*. We explore helpful hearing tips on all hearing matters.

## Earwax May Help Detect Parkinson's Disease

A recent study suggests that earwax may hold the key to a new, noninvasive way to diagnose Parkinson's disease (PD). Researchers found that specific odours in earwax, which come from **volatile organic compounds (VOCs)**, can differentiate individuals with PD from those without.

In a study of 209 participants (108 with PD), scientists identified four key VOCs including; ethylbenzene, ethyltoluene, pentanal and dioxolane, that were present in significantly different amounts. These compounds could serve as potential biomarkers for the disease.

The researchers used an artificial intelligence (AI) olfactory system to analyse the chemical composition of the earwax samples. The AI system was remarkably accurate, identifying people with PD with 94% accuracy. The study also noted that individuals with PD had 196 distinct VOCs in their earwax, compared to 168 in those without the disease.



While promising, this was a small-scale, single-centre study. The researchers emphasise the need for larger, multi-centre studies that include a variety of ethnic groups to determine if this method has broader practical application.

*Earwax Secretions May Help Detect Parkinson's Disease - Medscape - July 01, 2025.*



## Key Findings from MarkeTrak2025

The overall adoption rate for all hearing aid devices and categories has risen to over **43%**.

**This increase is driven by a few key trends.**

**1. OTC vs. Traditional Users:** There are distinct differences between users of over-the-counter (OTC) hearing aids and traditional ones. **Traditional hearing aids** are most popular with people **65 and older**, while **OTC devices** are most popular with those **34 and younger**. This is reflected in first-time buyers: **70%** of OTC users are new to hearing aids, compared to just **58%** of traditional users.

**2. Professional Assistance & Satisfaction:** While OTC users are less likely to seek professional help, **nearly 60% of those who didn't get assistance felt it would have been beneficial**. Overall satisfaction with hearing aids is high at **82%**, but it's even higher for those who received professional assistance.

*"Hearing care professionals are highly valued for their expertise, good service, and help with fitting and programming, not to mention on-going care & maintenance issues!"*

**3. Patient Journey & Usage:** The time it takes for a person to address their hearing loss has decreased to an average of **3 years**, down from 4 years in 2022. **Traditional hearing aid** owners wear their devices for over **10 hours a day**, while **OTC owners** have lower daily usage at **55%**.

**4. Device Reliability:** The durability of hearing aids is improving, with the repair rate dropping from 1 in 3 to approximately 1 in 5 owners over the last five years. Over **80%** of owners are satisfied with their device's reliability.

*Dobyan, B. (2025). 20Q: Interpreting the hearing health landscape through MarkeTrak - from insight to impact. AudiologyOnline, Article 29350. Available at [www.audiologyonline.com](http://www.audiologyonline.com)*

# Sudden Sensorineural Hearing Loss (SSNHL):

## An Overview for Primary Care

**Sudden sensorineural hearing loss (SSNHL) is an urgent medical condition!**

It is characterized by a rapid, often immediate, onset of hearing loss in one ear. While spontaneous recovery can occur in about one-third of cases, early recognition and treatment are crucial for the best possible outcome. **The most common symptoms of SSNHL are a feeling of aural pressure or fullness and tinnitus (ringing in the ear). Dizziness or vertigo can also occur in a significant number of cases.**



Before diagnosing SSNHL, a physical exam is important to rule out other causes of hearing loss, such as earwax impaction or middle ear infections. The diagnosis of SSNHL is often made based on the patient's symptoms and a normal ear examination, with a formal audiometry test confirming the hearing loss. In most cases, the exact cause of SSNHL is never identified.



**Immediate treatment with systemic corticosteroids is recommended, ideally within the first 48 Hours of symptom onset! GET TO A GP FAST!!**

This is often started empirically, without a confirmed cause, due to the urgency of the situation. Common steroid options include prednisone, methylprednisolone, or dexamethasone, typically for a period of 7-14 days before being tapered.

**Early follow-up with an Audiologist or ENT** (ear, nose, and throat specialist) is recommended for further evaluation and management. This allows for monitoring of hearing thresholds, discussion of additional treatment options and consideration of long-term solutions like hearing aids. In cases where initial steroid treatment is not effective, ENTs may recommend **intratympanic steroid injections** directly into the middle ear. Some specialists are even combining these injections with oral steroids for primary treatment.

**The primary message for GPs is to have a high index of suspicion and to start high-dose corticosteroid therapy promptly, as early intervention can significantly improve the chances of hearing recovery.**

**DO NOT WAIT TO GET MEDICAL TREATMENT - You require treatment within 48 Hours, not 6 weeks later when you get around to it!! If you believe it's not wax in your ear, please insist and tell reception staff at your GP Clinic this is an emergency and you need treatment straight away! Accent Hearing has heard of so many people who have been turned away because the receptionist has no idea how urgent this situation is!**



## Introducing Dr Vinsky, *The Sheltie Hearing Doctor!*

Dr Vinsky says "Please have your hearing checked regularly and don't wait!". On average, it takes 7 to 10 years from detection of a hearing loss before a person seeks the necessary treatment.

Lack of awareness, denial about hearing impairment, reluctance in adopting a hearing aid, and apprehension about undergoing a hearing test all contribute to nearly a decade of missed laughter, conversations and I love you's from family & friends!

# Hearing Loss Shrinks Your Brain Faster than Ageing!

Untreated hearing loss increases dementia risk by 500%. Yet 80% of people who need hearing aids don't wear them. Here's why fixing your hearing might be the most important thing you do for your brain: **when hearing declines, your brain works harder to process unclear sounds. Cognitive resources get diverted from memory to decode speech.**

## The research:

- ✓ Mild hearing loss: **2x** higher dementia risk
- ✓ Moderate hearing loss: **3x** higher dementia risk
- ✓ Severe hearing loss: **5x** higher dementia risk, but hearing aids cut dementia risk by 42%.

## How hearing loss damages your brain:

### Cognitive overload

- ✓ Brain exhausts itself trying to decode sounds
- ✓ Less mental energy for memory and thinking
- ✓ Accelerates cognitive decline

### Social withdrawal

- ✓ Difficulty following conversations
- ✓ Avoiding social situations
- ✓ Loneliness increases the dementia risk independently

### Brain atrophy

- ✓ Unused auditory processing areas shrink
- ✓ Speech and memory regions affected
- ✓ Changes visible on brain scans

### The early warning signs:

- ✓ Asking "what?" more frequently
- ✓ Difficulty hearing in noisy restaurants
- ✓ Turning up TV volume
- ✓ Feeling exhausted after social events

Most people wait 7-10 years before getting help. By then, significant brain changes have occurred.

## Why people avoid hearing aids:

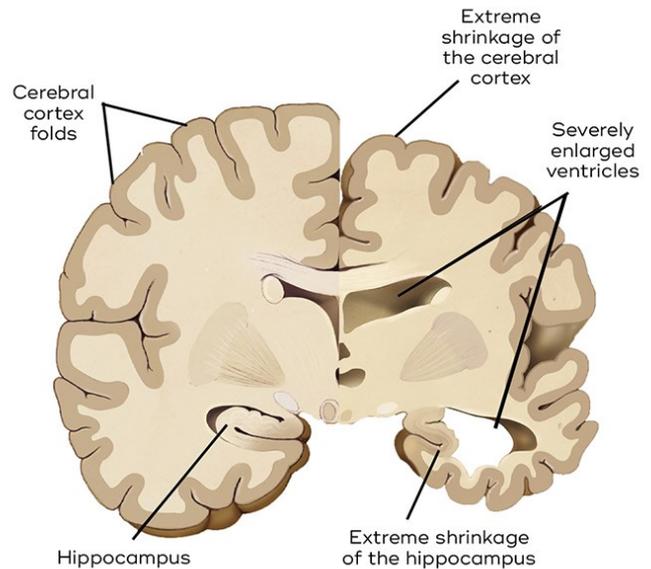
**Stigma:** Modern hearing aids are nearly invisible and smartphone-connected.

**Cost:** Many options are now available to suit all budgets.

**Adjustment:** Takes 2-3 months to adapt, but most people who persist are satisfied.

## The protection hearing aids provide:

- ✓ **Reduces cognitive load on brain**
- ✓ **Maintains social engagement**
- ✓ **Keeps auditory processing active**
- ✓ **Slows age-related brain changes**



**NORMAL**

**SEVERE**



## What we tell patients:

Get your hearing tested if you're over 50, even if you think it's fine. Hearing loss is gradual and your brain compensates until it can't. Don't wait for "significant" hearing loss. Early intervention provides the most brain protection. The best hearing aids are fit properly by an audiologist, adjusted to your specific pattern, and worn consistently.

### Keep ears healthy:

- ✓ Protect from loud noises
- ✓ Clean wax buildup safely
- ✓ Treat infections promptly
- ✓ Monitor medications that affect hearing.

Your brain depends on clear auditory input to stay sharp. Don't let hearing loss steal your cognitive future. If you're struggling to hear, you're not just missing sounds - you're missing opportunities to keep your brain healthy.

*Reza Hosseini Ghomi, MD, MSE for evidence-based cognitive protection strategies Citations: Livingston et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. Lancet. 2020; Mahmoudi et al. Can hearing aids delay time to diagnosis of dementia, depression, or falls? JAMA Otolaryngol Head Neck Surg. 2019.*

## What Is the Association Between Music-Related Leisure Activities and Dementia Risk? A Cohort Study

Key points were that always listening to music was associated with a 39% reduced dementia risk and better global cognition and memory scores. Playing an instrument was associated with a 35% reduced dementia risk, but no significant association with CIND (cognitive impairment no dementia) risk or changes in cognitive test scores over time.



Regularly engaging in both music listening and playing was associated with a 33% decreased risk of dementia and 22% decreased risk of (CIND).

Music engagement benefits were strongest in those with higher education (16+ years) but showed inconsistent results in the middle education group (12–15 years). This large prospective cohort study of 10,893 people suggests music activities may be an accessible strategy for maintaining cognitive health in older adults, though causation cannot be established.

*“What Is the Association Between Music-Related Leisure Activities and Dementia Risk? A Cohort Study” by Emma Jaffa et al. International Journal of Geriatric Psychiatry*



### Please note:

All clinics will be closed from 3:00pm Tuesday 23 December and will re-open at 23 Queen St on Monday 9:00 am 12 January 2026.

### Business Hours for 2026:

9:00am to 4:00pm Monday - Thursday  
9:00am to 3:00pm Friday

**Please call in or ring for batteries now if you require them over the holidays.**

**All Staff at Accent Hearing wish you a Merry Christmas and a Happy New Year over the Festive Season.**



## Tips for helping loved ones learn to lip read



If you're in the position of caring for someone who is deaf, hard-of-hearing or learning to lip read themselves, there are many steps you can

take to ensure your communication is as effortless as possible.

- **Speak clearly at a moderate pace**
- **Maintain eye contact and avoiding moving your body or covering your mouth while speaking**
- **Use facial expressions including gestures to complement your speech**
- **Repeat or rephrase if the person is having trouble understanding**
- **Regularly check in and ask for feedback on your communication strategies**



### **Accent Hearing Clinics - 1300 859 828**

- **GRAFTON** | 23 Queen Street, Grafton NSW.
- **GLEN INNES** | Glen Innes Chiropractic Centre, 113 Meade Street, Glen Innes NSW.
- **INVERELL** | Inverell Hospital Community Health, 41 Swanbrook Road, Inverell NSW.

*Accent Hearing is independent and is locally owned. Our clinician Dr Greg Butcher is a University trained Doctor of Audiology; a fully Accredited Member of Audiology Australia and Independent Audiologists Australia; and a qualified Medicare Hearing Services Provider.*