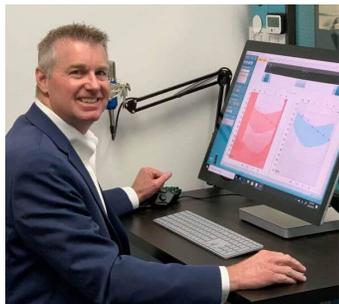


January Chapter Meeting



**Dr. David
DeKriek**

**What's new
with
Bluetooth?**

Can all Bluetooth devices communicate with other devices? David DeKriek, our Professional Advisor, will speak on this and other aspects of Bluetooth and hearing aids.

**Thursday January 13 at 6:30 pm
on Zoom**

[Register in advance for this meeting](#)

Canadian researchers discover first otosclerosis gene responsible for late-onset hearing loss

December 12, 2021, *Hearing Health Matters.org*
[Article edited for space]

Canadian researchers recently published their discovery of FOXL1, the first causative gene for otosclerosis, a common cause of conductive and mixed hearing loss in adults.

The researchers identified a causative gene, FOXL1, for autosomal dominant otosclerosis in an extended family in the province of Newfoundland and Labrador, Canada. The same mutation was also identified in an unrelated case of otosclerosis in the province of Ontario, Canada.

Gene discovery challenge

Inherited otosclerosis is an adult-onset dominant condition, which makes it trickier to chase down genetically. The challenge is finding a single gene mutation passed down through one parent, rather than a pair of mutations inherited from both parents, as occurs with recessive forms of hearing loss.

(continued on last page)



PRESIDENT'S MESSAGE

from **Gail Morrison**

Happy New Year!

It's that time of year when we make plans for the New Year. At the top of the list is for us to be back together again, meeting at Weingart!

At our December Holiday Celebration, Katie and Miryam led us in some fun games: a holiday-themed Jeopardy game and "Name That Christmas/Holiday Carol." It was good to be together even by Zoom! Jason Keller of CaptionCall showed us plans for their Hearing Screening Kiosk, to be placed in pharmacies. A free screening takes five minutes, is fast, easy, and accurate—with instant results by email!

The Board is busy working on simplifying the PA and Loop system for our meetings at Weingart.

Did you know that our Board meetings are open to chapter members? Join us at our next meeting Wednesday, January 26 at 12 Noon! Email Miryam to request a link to join us on Zoom: mzmimm@gmail.com

Lip Reading classes, led by Linda DeGuire, continue to meet Wednesday mornings at 9:30 a.m. at the Weingart Center.

This year's Walk4Hearing is scheduled for Sunday, June 5 in Long Beach, and the National HLAA Convention will be June 23-25 in Tampa, Florida. Member Ellen Mathis will be going, as her son has moved to Tampa!

As you can see, we are alive and well and have been busy working hard to help you and others to have an easier journey to hear!

We hope to see you soon! Stay well!



Will this medication harm my hearing?

Shari Eberts. December 12, 2021

I was recently prescribed a new medication by my doctor but before I began taking it, I wanted to understand if it could harm my hearing. I already have a moderate progressive hearing loss, so I do everything I can to protect the hearing I still have.

“I have hearing loss so am wondering if this drug is ototoxic?” I asked the prescribing doctor. “I don’t think it is a problem,” she said, “but I’m not certain. You should check with your internist or audiologist.”

I called my primary care doctor and asked the same question. “The prescribing doctor should be able to tell you,” she said. “It is probably OK, but I’m not sure. You could also try asking your audiologist.”

Today I visited my audiologist, hoping I would finally have the answer, but his reply was no more certain. “The ingredients look fine to me, but I can’t be sure. Have you asked the prescribing doctor or your primary care doctor? What about an ear, nose and throat (ENT) doctor?”

Finding medical information about hearing loss is difficult

Heavy sigh. Nobody on my current healthcare team seemed to know the answer. Perhaps this is because hearing loss is not always taken seriously by the broader medical community. Hearing loss is often seen as a normal part of aging rather than the life-altering disability it is. Another reason could be a lack of relevant information. Even in 2021, there is still very little known about the biological causes and treatments for hearing problems.

Disappointed, I turned to Dr. Google. Here I found information about ototoxic drugs which I share below, but nothing definitive about my medication. One study linked my proposed treatment to a higher risk of hearing loss, while an equally reliable study found the opposite result. Each said that additional research is needed.

Searching the Internet for medical information is not always wise or accurate. One alarming find was American Tinnitus Association’s 2013 list of Prescription Medications, Drugs, Herbs & Chemicals Associated with Tinnitus. Almost everything is on there.

What Is an Ototoxic Drug?

Medicines that damage the ear, causing hearing problems, tinnitus, or vertigo, are referred to as ototoxic drugs. According to American Speech-Language-Hearing Association (ASHA), there are more than 200 known ototoxic medications (prescription and over-the-counter) on the market today.

Commonly used medicines that may cause hearing loss include:

- Aspirin in large doses
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen
- Certain antibiotics, especially aminoglycosides
- Loop diuretics used to treat high blood pressure and heart failure
- Medicines used to treat cancer

The first sign of an ototoxic drug is often tinnitus or ringing in the ears. Balance problems can also result. Sometimes hearing problems caused by an ototoxic drug can be reversed if you stop taking it, but other times the damage is permanent.

IMPORTANT ADVICE: *If you are taking a new medication and experience any changes in your hearing, balance or notice ringing in your ears, call your doctor immediately. A sudden drop in hearing is a medical emergency and can sometimes be reversed with steroid treatment. Do not delay.*

Next Steps

Where does this leave me?

I will reach out to an otolaryngologist or ENT doctor to see if I can learn more, but most likely I will simply need to move slowly—trying out the new prescription as I keep a careful watch on any changes in my hearing or tinnitus. Fingers crossed that vigilance will be enough to prevent long-lasting harm.

The inner ear is a sensitive place, and little is known about the causes of hearing loss, balance problems, vertigo, and tinnitus, even among the medical profession. More research is needed to help people with hearing loss navigate this challenging environment.

https://hearinghealthmatters.org/findhearing/will-this-medication-cause-hearing-loss/?fbclid=IwAR380bHGihQYoftRatgl_xig2i-UzQdYOGiygEtgZcA-YMdkO1p5BvrYLEAY

Chapter Calendar

January 26 at Noon

Board meeting on Zoom

February 10 at 6:30 on Zoom

Brandon Waldron from CaptionCall

February 23 at Noon

Board meeting on Zoom

Lip reading: Wednesdays at 9:30 a.m.,
at Weingart Senior Center in Lakewood

Some good news, for a change (in New York City)

Katherine Bouton, December 28, 2021

It's nice to be able to end this generally awful year with some good news.

On December 15th, New York's City Council passed a bill that requires movie theaters to provide daily showings of movies with open captions.



Goodbye Gooseneck!

That means no more struggling with individual cupholder-anchored, gooseneck caption screens, or with captioned glasses that weighed heavily on your nose. Once the bill is signed into law, you will be able to see which movies are showing with open captions and at what time. You can walk into the theater, sit down with your popcorn, and watch a movie with captions running right on the screen.

Details are yet to be worked out, but the law requires that every theater offer every movie with open captioned showings on weekdays, weekends and in evenings. The ratio will probably be one out of every four showings.

You probably won't be able to see captioned trailers or ads, but that might change eventually. I've always wondered why ads on TV don't have captions—don't the advertisers realize that people who use captions also have money to spend? Why do they ignore such a relatively large market?

If neither the outgoing mayor, Bill De Blasio, nor Eric Adams, incoming, gets around to signing the bill, it becomes law on January 15, 30 days following its passage. Theaters then have 120 days to begin complying with the open-captioned regulations.

The bill was co-sponsored by outgoing City Council Member Helen Rosenthal, who has been behind a number of bills supporting the interests of people with disabilities over her eight-year (term-limited) tenure. Thank you CM Rosenthal.

Supporters of the bill, including HLAA members who testified at the City Council hearing where the bill was debated, point out that captions benefit far more people than simply the deaf and hard of hearing. Jerry Bergman, of HLAA, who has been working with theater owners on open captioning, said: "We believe that open captioning will benefit seniors with moderate age-related hearing loss, children learning to read, and immigrants for whom English is a second language."

In the movie "True Grit" (2010) actor Jeff Bridges was so difficult to understand that parodies appeared suggesting various hilarious interpretations. Think how much even those with perfect hearing would have gained by actually understanding Bridges, who was nominated for an Academy Award in spite of his mumbling. The winner, ironically, was Colin Firth for "The King's Speech," in which King George VI learns to overcome a speech impediment.

<https://katherinebouton.com/2021/12/28/some-good-news-for-a-change/>

For more information about our chapter, visit hlaa-lb-lakewood.org

Questions? Contact us by email at info@hlaa-lb-lakewood.org or phone Katie Wright (323) 205-6794

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late onset hearing loss gene

(continued from page 1)

Through traditional gene mapping and newer sequencing methods, however, a large family with autosomal dominant otosclerosis was identified, and their DNA analyzed to find the segment with a unique DNA sequence only present in those with the condition.

Another complication for gene discovery was the delayed onset of this condition, which typically appears between the third and fifth decades of life. A conservative diagnosis of the disease was also necessary in order to hone in on those who definitely had otosclerosis, instead of other forms of adult hearing loss. Being able to work with the founder population of Newfoundland, with large families and many affected adult family members provided a significant advantage.

Clinical impact

In otosclerosis, bone growth causes the stapes, one of the tiny bones in the middle ear, to become fixed in place. As a result, it cannot vibrate and conduct sound waves to the inner ear, resulting in hearing loss. In some individuals with more severe otosclerosis, the bone surrounding the inner ear can also be involved.

There is no current cure for otosclerosis, but many patients use hearing aids or have surgery to replace the stapes bone with a prosthesis. The surgery does not always work to restore hearing, however, and the condition gets worse over time.

“Discovering a gene responsible for otosclerosis will help us to understand the biology of this bone disease, and will pave the way to finding new

drugs and therapies to treat and potentially prevent otosclerosis”

–Dr. Susan G. Stanton

“I think in terms of basic research, the mutated FOXL1 gene encodes the first identified protein involved in the repression of bone remodelling in the ear. This will potentially have a huge impact now that scientists know the biological pathways involved in bone remodelling specifically in the pathology of otosclerosis” said Dr. Young. Down the road, the research could lead to therapies that target the specific proteins affected.

Finding a causative gene for the condition also paves the way for a genetic test, so those at risk of developing this type of otosclerosis could be identified early, even before their hearing declines significantly, which could be important as new treatments become available.

Further research

The research team is currently looking for other genes related to hearing disorders, including otosclerosis, in other families, in hopes of mapping them with the same techniques used in this study. Families with a history of otosclerosis, or other types of hearing dysfunction, who are interested in participating in future research can reach out to Dr. Young or Ms. Griffin at Memorial University in Newfoundland, or Dr. Stanton at Western University in Ontario.

“The more families, the better,” Dr. Young said.

<https://hearinghealthmatters.org/hearingnewswatch/2021/canadian-researchers-otosclerosis-gene/?fbclid=IwAR0iRQ0ZqnqpZW5QR9NHj1Q0UZWDvQt7NvqcZdMgNRwYvVTOj9xxcbzhiM>



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