

# Children at Risk for Fluctuating Hearing Loss

## What Caregivers and Practitioners Should Know About Otitis Media

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### Abstract

Children learn spoken language through listening, thus fluctuating hearing loss can affect their ability to listen reliably. Understanding risk factors and supportive strategies will help parents and professionals support learners with transient hearing loss. This presentation identifies risk factors for otitis media and recommendations for hearing loss prevention. The role of collaboration is critical to manage hearing status and promote language development for learners with fluctuating hearing loss. The identification of the symptoms of otitis media, risk factors, and strategies to use in intervention for children with transient hearing loss are important for professionals to support learner's language development.

### Prevention and Treatment

It is important to collaborate with other professionals in order to maintain the child's hearing status and communicate about any changes. Team members may include audiologists, speech-language pathologist, teachers, family members, ENT, etc.

Routine ear exams are important for children at risk for transient hearing loss starting in the first 6 months of life continuing through adolescence (American Cleft Palate Association, 2009).

Children under 3 years old with increased risk (children with Down Syndrome or cleft palates) should be screened for HL and OME twice a year (Colella, 2019).

Treatment of middle ear infections depending on the severity can include: (American Cleft Palate Association, 2009)

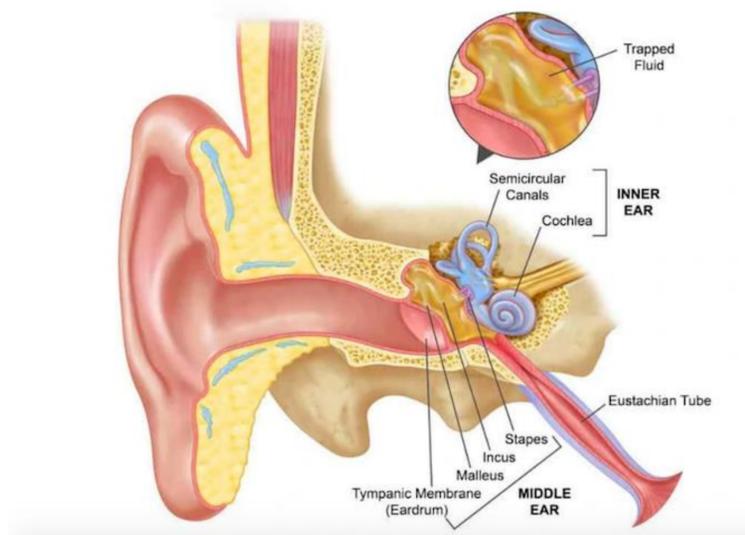
- Tympanostomy tubes to drain fluid
- Antibiotics
- Tympanoplasties
- Removal of cholesteatoma
- Mastoidectomy

### What is Otitis Media? & Risk Factors

Otitis media is an inflammation in the middle ear. Otitis media with effusion (OME) includes the presence of fluid in the middle ear space. Frequent build up can cause infection of the fluid. Hearing can be temporarily affected until the fluid clears up, but chronic infections can lead to more permanent conductive hearing loss due to damage to the ossicles or the tympanic membrane.

Risk Factors for OME and conductive hearing loss: (ASHA, 2019)

- Autism spectrum disorder, Down Syndrome, and other syndromes associated with craniofacial anomalies
- Low set ears: horizontal eustachian tube makes it more difficult to drain fluid
- Cleft palate: soft palate raises to open the eustachian tube, and fluid can build up easier without this opening.
- Stenotic ear canals (narrow)
- Inability to express discomfort of OM due to communication difficulties can lead to a longer duration of infection and possible spreading of the infection



### Signs of OME (ASHA, 2019)

- Changes in attentiveness
- Wanting the television or radio louder than usual
- Misunderstanding directions
- Unexplained irritability
- Pulling or scratching at the ears
- Decreased speech intelligibility

### Impact on Intervention

Children may be missing out on auditory information at the critical language acquisition ages in their first few years of life if otitis media remains undetected. The conductive hearing loss can make speech recognition and sound localization more difficult, especially in a noisy environment.

It is especially important to be aware of the risk factors for children that have existing communication needs to prevent additional communication difficulties and treat the infection as soon as possible.

Strategies to support children with transient hearing loss: (ASHA, 2002, 2019).

- Visual cues- use images to aid in learning,
- Face the child when speaking
- Good acoustics- limit background noise
- Preferential seating- have source of sound close as possible to reduce changes in sound quality from propagation.
- Use personal listening devices (DM devices) to eliminate distance

### References



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