

Letters to the Editor

A Thought on “Self-Reported Hearing Difficulties”

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In their fine article, Roup et al (2018) found that patients who complained of hearing difficulty (HD) despite normal pure-tone thresholds had decreased central auditory processing abilities. The authors concluded that patients with such complaint may need more extensive testing.

This writer’s experience (Peck, 2011) with a small number of patients aligns with that of Roup et al, as well as with the literature and obscure auditory disorder. However, there are patients whose HD, whether or not due to a central auditory processing disorder, may have an additional explanation. They complain credibly of difficulty understanding speech, yet they are easily tested, display normal sensitivity, and have no explanatory history. They tend to be female, young adults, and achievement oriented. Their hearing complaint goes back months or a few years, and arose during a difficult time in their lives. They feel considerable stress, expect much of themselves, and know or suppose that others have high expectations of them, too. They are also dealing with much sadness.

It seems unlikely that people with a central auditory processing disorder would function well through the first two decades of life with no academic difficulties or unusual trouble understanding in noise. Moreover, these patients’ HD had an onset that coincided with a terrible stress and/or sorrow in their lives. Tellingly, some had unexplained bowel complaints.

The key element here is the time line. As with any complaint, a clinician must ask when did it start, but in such cases as these, it is important also to ask what else was going on at the same time. People with HD may need further auditory testing, but they may also need consideration of psychological issues.

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Response to Letter to the Editor from Peck

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We would like to thank Dr. Peck for his comments regarding our recent publication “Mild-Gain Hearing Aids as a Treatment for Adults with Self-Reported Hearing Difficulties” (Roup et al, 2018). Dr. Peck’s observations regarding a potential psychological etiology for hearing difficulties among young adults represent an important avenue for consideration. Although psychological distress was not a factor considered in our study, it does represent a needed area of investigation among this population. Indeed, past research has reported associations between hearing difficulties in normal-hearing adults and symptoms of depression (Higson et al, 1994; Saito et al, 2010; Tremblay et al, 2015), high levels of anxiety (Saunders and Haggard, 1989), and emotional distress (Gopinath et al, 2012). We concur with Dr. Peck’s assertion that patients who present clinically with normal hearing and complaints of hearing difficulty should receive a thorough evaluation including a careful case history. As with any patient, it is incumbent on the audiologist to consider all factors associated with adults who present with hearing difficulties and to refer to the appropriate professional for further evaluation when necessary.

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