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The CAA Annual Conference Was Great Except for One Thing…

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This year’s CAA conference was a great success. Congratulations to the organizers who managed to bring together a well-balanced range of topics of interest to practicing audiologists. There were, of course, many sections devoted to hearing aid technology, including technical innovations and

marketing strategies. Strangely, however, there was not one single session related to cochlear implantation. I found this to be conspicuously absent, especially given the importance of audiology involvement in this field. Maybe this area is no longer novel, and we have moved on to new flavours-of-the-month. At this years meeting, two of these flavours were “tinnitus,” and “hidden hearing loss,” and indeed we had some really excellent sessions on these topics.

I think that the presentations on hidden hearing loss were particularly relevant for clinicians. It is very important to understand that noise exposure and other cochlear insults can, in the long term, affect more central neural regions of the auditory pathways. The challenge for audiology is that such deficits are not revealed by audiometric threshold testing. Audiologists in the future will have to pay much more attention to this, and routinely use additional clinical tests to identify these problems. Speech-in-noise tests will be a good start, but we really need some new objective tests, perhaps based on direct recording of electrical potentials from the cochlea (electro-cochleography). It is of some importance to discover and develop these new diagnostic tools.

Tinnitus is another hearing problem that most often has a peripheral initiation, but progresses (or re-emerges later on) as an intrusive central sound percept. At the meeting we had excellent sessions on new ideas relating to the causes of tinnitus and possible treatment strategies. It was interesting to note that the initiation of some types of tinnitus could relate to similar mechanisms that are responsible for hidden hearing loss. This is the concept that degeneration of cochlear inner haircell synapses could lead to disruption of activity levels at the level of the cochlear nucleus and from there a further imbalance in resting neural activity at the cortical level. In the discussions of both hidden hearing loss and tinnitus, more questions emerged than were answered; that is normal in science.

If you missed this years CAA conference, then you should know that you missed a good opportunity to get up-dated on some of the important new issues in audiology. Perhaps you should consider attending the conference next year!