ReSound

For people with Cochlear Implants

Autumn 2020 Issue 68

Autumn / Christmas edition

Manchester Cicada — a charity supporting implant patients

This newsletter has been produced on behalf of the Manchester CICADA Charity

contents

Editorial

Welcome to the Autumn issue of Resound.

At the closing stages of a very difficult year it is hard to come to terms with the massive changes that have come about, not only within CICADA and charities and support organisations all around the world but in our daily lives.

A noticeable change in our Charity of course is the fact that for the first time in nearly 30 years we have not been able to run a single event where we can get together. Even the AGM was cancelled at the very beginning of the pandemic.

In this changed environment which we all now live in, communications and support for each other has undergone seismic changes, a lot of which I suspect will carry on into the future once this pandemic is over.

In this issue we have included an article about the use of technology but despite these developments allowing us to use alternative ways of getting in touch with each other, nothing can replace the reality of getting together.

This magazine and the lockdown letters are our means of keeping you up to date and I encourage all of you who can to send any item which you think may be able to help others such as the article that Norah Clewes has written.

On behalf of the EC and the whole of the charity we wish you and all of yours the very best for Christmas and a new year in which many things will improve.

Kevin Williams

Editor

What are you doing for Christmas?

by John Newton

It seems an innocuous question but one which, this year will have all sorts of resonance for some people.

The unluckiest will be worrying not only whether they will be able to meet up with family and friends but whether they will even be able to pay for the turkey and Christmas tree.

My heart goes out to people who, because of the virus, have lost their income, a group which at the moment can include the normally prosperous in their nice cars as well as the less well off on the bus and of course some will also be coping with recent bereavement too.

It's a dreary prospect for many.

The good news is that we celebrate the Christian festival at midwinter because the early church very sensibly chose to adopt the existing secular festivals which took place at that time.

Those earlier revels probably originated in pagan beliefs that nature needed to be placated to make sure that the sun would come back again in the Spring but continued to be popular because some fun and feasting was exactly what was needed to raise the spirits when things were (literally) at their darkest.

So, I am optimistic.

For many, this year, Christmas may be a little quiet, we won't spend so much and we will not be getting together in crowds so much, some of us will not be eating and drinking so much, (CICADA will not be having a Christmas dinner for members) but none of these things are the essence of the festival. And the news about the vaccines is encouraging.

Spring will return both literally and figuratively when we begin to see an end to this frightening pandemic.

Unlike our medieval ancestors and thanks to modern technology we can see and talk with friends and family without them having to be physically present.

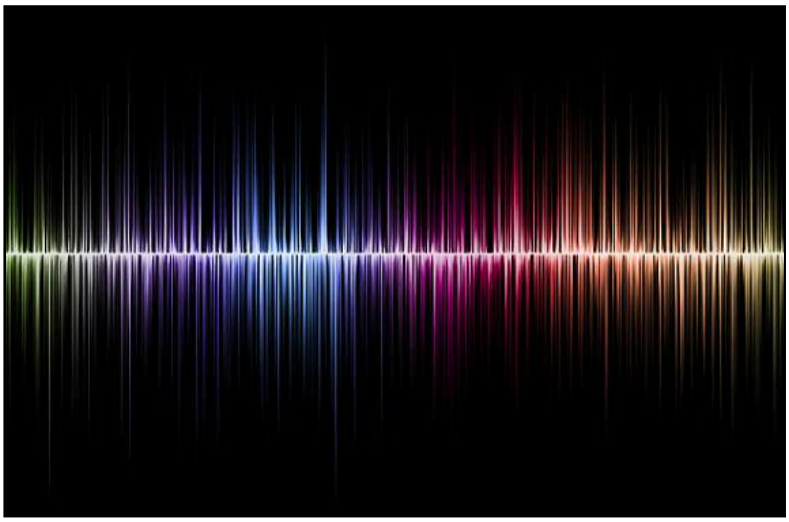
I hope we will remind ourselves that Christmas is about love and friendship, caring for others and, even for the non-religious, celebrating what's good about our lives.

We will enjoy it in spite of our worries and problems.

Merry Christmas and a Happy (and healthy) New Year!

Technology lets clinicians objectively detect tinnitus for first time

A technology called functional near-infrared spectroscopy (fNIRS) can be used to objectively measure tinnitus, or ringing in the ears, according to a new study published November 18 in the open-access journal PLOS ONE by Mehrnaz Shoushtarian of The Bionics Institute, Australia, and colleagues.



Tinnitus, the perception of a high-pitched ringing or buzzing in the ears, affects up to 20% of adults and, when severe, is associated with depression, cognitive dysfunction and stress. Despite its wide prevalence, there has been no clinically-used, objective way to determine the presence or severity of tinnitus.

In the new study, researchers turned to fNIRS, a non-invasive and non-radioactive imaging method which measures changes in blood oxygen levels within brain tissue.

The team used fNIRS to track activity in areas of the brain's cortex previously linked to tinnitus. They collected fNIRS data in the resting state and in response to auditory and visual stimuli in 25 people with chronic tinnitus and 21 controls matched for age and hearing loss. Participants also rated the severity of their tinnitus using the Tinnitus Handicap Inventory.

fNIRS revealed a statistically significant difference in the connectivity between areas of the brain in people with and without tinnitus. Moreover, the brain's response to both visual and auditory stimuli was dampened among patients with tinnitus.

When a machine learning approach was applied to the data, a program could differentiate patients with slight/mild tinnitus from those with moderate/severe tinnitus with an 87.32% accuracy. The authors conclude that fNIRS may be a feasible way to objectively assess tinnitus to assess new treatments or monitor the effectiveness of a patient's treatment program.

The authors add: "Much like the sensation itself, how severe an individual's tinnitus is has previously only been known to the person experiencing the condition.

We have combined machine learning and non-invasive brain imaging to quantify the severity of tinnitus. Our ability to track the complex changes that tinnitus triggers in a sufferer's brain is critical for the development of new treatments."

Story Source:

Materials provided by PLOS. Note: Content may be edited for style and length.

COVID-19 is making tinnitus worse, new study finds

New research reveals that tinnitus, a common condition that causes the perception of noise in the ear and head, is being exacerbated by COVID-19 -- as well as the measures helping to keep us safe.

The study of 3,103 people with tinnitus was led by Anglia Ruskin University (ARU), with support from the British Tinnitus Association and the American Tinnitus Association. The study involved participants from 48 countries, with the vast majority coming from the UK and the US.

Published in the journal Frontiers in Public Health, the research found that 40% of those displaying symptoms of COVID-19 simultaneously experience a worsening of their tinnitus.

Although the study focused on people with pre-existing tinnitus, a small number of participants also reported that their condition was initially triggered by developing COVID-19 symptoms, suggesting that tinnitus could be a 'long COVID' symptom in some cases.

Tinnitus affects an estimated one in eight adults in the UK and is associated with reduced emotional wellbeing, depression, and anxiety.

The new study also found that a large proportion of people believe their tinnitus is being made worse by social distancing measures introduced to help control the spread of the virus. These measures have led to significant changes to work and lifestyle routines.

UK respondents reported this to be a greater issue compared to people from other countries, with 46% of UK respondents saying that lifestyle changes had negatively impacted their tinnitus compared to 29% in North America.

Internal worries such as fear of catching COVID-19, financial concerns, loneliness and trouble sleeping have contributed to making tinnitus more bothersome for 32% of people overall, with external factors such as increased videocalls, noisier home environments, home schooling and increased coffee and alcohol consumption also cited by respondents. Females and the under-50s found tinnitus significantly more bothersome during the pandemic.

The study noted that as well as increasing the severity of tinnitus symptoms, the COVID-19 pandemic has also made it more difficult for people to access healthcare support for the condition. This could further increase emotional distress and worsen tinnitus symptoms, creating a vicious cycle. Before COVID-19, more than eight out of 10 UK patients were already unhappy with the treatment options available from their health professional.

Lead author Dr Eldre Beukes, a Research Fellow at Anglia Ruskin University (ARU) in Cambridge, England, and Lamar University in Texas, said: "The findings of this study highlight the complexities associated with experiencing tinnitus and how both internal factors, such as increased anxiety and feelings of loneliness, and external factors, such as changes to daily routines, can have a significant effect on the condition.

"Some of the changes brought about by COVID-19 appear to have had a negative impact on the lives of people with tinnitus

and participants in this study reported that COVID-19 symptoms are worsening or, in some cases, even initiating tinnitus and hearing loss. This is something that needs to be closely examined by both clinical and support services."

David Stockdale, Chief Executive of the British Tinnitus Association and a co-author of the study, said: "With the second wave of COVID-19 and the resulting national lockdown likely to increase feelings of stress and isolation, it's vital that we don't see the same mistakes as before when it comes to community health provision for people with tinnitus.

"Poor treatment of tinnitus in the early stages often leads to much worse cases and severe tinnitus can have a huge impact on mental health. With this in mind, as the COVID-19 second wave takes hold, the healthcare system needs to ensure that anyone who develops tinnitus or experiences a worsening of their condition can access the professional healthcare support they need as quickly as possible."

Story Source:

Materials provided by Anglia Ruskin University. Note: Content may be edited for style and length.

Pandemic paves the way for increased use of integrated hearing tech

The British Irish Hearing Instrument Manufacturers Association (BIHIMA), predicts an increase in the use of hearing technology due to Coronavirus pandemic.

It suggests that older people in particular will increase in their use of hearing technology and its integration with smart phones and tablets.

More than 70% of people over the age of 70 live with hearing loss. As an age group, they have been encouraged to isolate for much of this year due to increased vulnerability to Covid-19 and technology is providing a lifeline.

Many older people, who may not have previously chosen to use technology in their everyday lives, have been forced to embrace it to combat isolation during the pandemic, using iPads and smart phones to communicate with loved ones and carry out essential tasks such as online shopping and contacting GPs.

However the Association says that some people with hearing loss, especially those who are older and less digitally literate, may find the use of smart technology difficult.

Mike Padgham, Chair of the care provider organisation, The Independent Care Group (ICG), said: "Hearing loss and poor hearing can be a great handicap to older and vulnerable adults, often robbing them of understanding and full participation in what is going on around them, as well as general communication. Trying to explain the use of smart technology to people who aren't used to it and are struggling to hear, is a

challenge in many care homes as we implement measures for Covid-safe ways of communicating with families. There are very few positives to come out of Coronavirus but one of them may well be that people have become more accustomed to using technology and less afraid of it, which bodes well for them making greater use of it in the future."

BIHIMA Chairman, Paul Surridge, added: "2020 has been a challenging year for all, especially for older and vulnerable people who are at increased risk of mortality due to Covid-19. A high percentage of people isolating are also affected by hearing loss. BIHIMA's members continue to innovate and advance hearing instruments to address such challenges and improve ease of use for smart technology integration."

For more information about hearing technology, visit the webpage.

Which speaker are you listening to? Hearing aid of the future uses brainwaves to find out

In a noisy room with many speakers, hearing aids can suppress background noise, but they have difficulties isolating one voice -- that of the person you're talking to at a party, for instance. KU Leuven researchers have now addressed that issue with a technique that uses brainwaves to determine within one second whom you're listening to.

Having a casual conversation at a cocktail party is a challenge for someone with a hearing aid, says Professor Tom Francart from the Department of Neurosciences at KU Leuven: "A hearing aid may select the loudest speaker in the room, for instance, but that is not necessarily the person you're listening to. Alternatively, the system may take into account your viewing direction, but when you're driving a car, you can't look at the passenger sitting next to you."

Researchers have been working on solutions that take into account what the listener wants. "An electroencephalogram (EEG) can measure brainwaves that develop in response to sounds. This technique allows us to determine which speaker someone wants to listen to. The system separates the sound signals produced by different speakers and links them to the brainwaves. The downside is that you have to take into account a delay of ten to twenty seconds to get it right with reasonable certainty."

Artificial intelligence to speed up the process

A new technique makes it possible to step up the pace, Professor Alexander Bertrand from the Department of Electrical Engineering at KU Leuven continues: "Using artificial intelligence, we found that it is possible to directly decode the listening direction from the brainwaves alone, without having to link them to the actual sounds."

"We trained our system to determine whether someone is listening to a

speaker on their left or their right. Once the system has identified the direction, the acoustic camera redirects its aim, and the background noise is suppressed. On average, this can now be done within less than one second. That's a big leap forward, as one second constitutes a realistic timespan to switch from one speaker to the other."

From lab to real life

However, it will take at least another five years before we have smart hearing aids that work with brainwaves, Professor Francart continues. "To measure someone's brainwaves in the lab, we make them wear a cap with electrodes. This method is obviously not feasible in real life. But research is already being done into hearing aids with built-in electrodes."

The new technique will be further improved as well, PhD student Simon Geirnaert adds. "We're already conducting further research, for instance into the problem of combining multiple speaker directions at once. The current system simply chooses between two directions. While first experiments show that we can expand that to other possible directions, we need to refine our artificial intelligence system by feeding the system with more brainwave data from users who are also listening to speakers from other directions."

Story Source:

Materials provided by KU Leuven. Note: Content may be edited for style and length.

MED-El News

Free to enter ideas4ears competition 6 – 12 year olds

ideas4ears is a yearly contest that since the first competition in 2017, has had over 757 entries submitted from children from 38 different countries worldwide.

This competition invites children to create an invention to improve the quality of life for people with hearing loss.

We want to celebrate children's creativity whilst improving the understanding of the challenges associated with hearing loss and deafness as well as the benefits of treatment. Entries can be sent via a video, drawing, or sculpture, but the most important factor is for young people to think big and channel their ideas to support those who cannot hear.

Parents interested in the competition should visit www.ideas4ears.org/enter to submit their child's entry and view the terms and conditions. The closing date for entries is midnight on Kids Inventors' Day, Sunday 17 January 2021. Winners will be notified on 31st January 2021 by email.

Win fabulous prizes!

With prizes being awarded for 1st, 2nd and 3rd place winning entries, the winners of ideas4ears UK will each win individual educational resources to support their learning e.g. notebooks or tablets. All ideas are welcome, from the crazy to the conventional; the only criteria are the inventions need to have the potential to help improve the lives of people with hearing loss at any age. Good luck to all children who enter and let's help raise awareness of hearing loss whilst challenging our next generation of inventors!

MED-EL Music Grant Winners 2020

We were blown away with the sheer number of recipients who applied for this year's MED-EL Music Grant. It was extremely difficult to choose from the wonderful applications but after a long debate from the panel we are pleased to announce winners of the 2020 Music Grant…

Congratulations to Chloe Ring from Exeter, who is our under 19's winner who has chosen to have singing lessons. Chloe was registered blind and profoundly deaf from birth and received her bilateral cochlear implants in 2009 just after her first birthday. Speaking to Chloe's mum Jane, who told us "Chloe loves singing at home and making up songs. Her MED-EL cochlear implants have given her access to sound and enabled her to take part in most things alongside her peers." Jane added that when she gave Chloe the news she was jumping for joy and said, "I am so happy, I love singing so much and can't wait to have someone who can help me." Chloe has commenced singing lessons with her tutor, Laura, who has reported to us that they are going well.

An update from our 2019 Music Grant Winners

Ed was chosen as our Under 19's music grant winner and up until the COVID-19 lockdown Ed was attending guitar lessons once a week with his teacher, Greg. We caught up with Ed's Dad, Richard who provided us with an update on his progress. "Ed has been inspired by our family's favourite film School of Rock, and has been learning to "rock out", with famous riffs from a host of songs. Lockdown has provided the opportunity for some great family jam sessions, with Sam (Ed's older

brother) on drums and me on keys. Ed is excited to resume his lessons in due course and is hoping to get involved with musical life at secondary school. Learning the electric guitar has been an incredible opportunity for Ed and we are extremely grateful that MED-EL has offered him this chance."
Robert was delighted to be told that he had won the 19's and over category of the MED-EL Music Grant back in 2019, but unfortunately, he has had to cease his singing lessons due to ill health – we wish Robert a speedy recovery.
The application process is now open for the 2021 Music Grant, please visit our website to apply, find more information and view our terms and conditions:
http://go.medel.com/MusicGrantUK

Here at MED-EL we want to provide our users and caregivers access to information, resources and services in one convenient place. Introducing the myMED-EL Portal – your personal access to everything MED-EL!

From the myMED-EL Portal, our users and caregivers can access the myMED-EL Shop for all their accessories and spares as well as the MED-EL Academy to learn more about their devices and about MED-EL.

Not only that, from 2021, you'll also have access to your very own Download Centre, which will provide you with resources on software updates and new product information wherever you are!
Registering for a myMED-EL account is easy. Simply sign-up at https://my.medel.com/ and fill in your details. You'll receive a confirmation email within 2 working days once your details have been verified.

You can then simply log in to access your bespoke portal and resources.

Already a registered user of myMED-EL Shop?
The myMED-EL Shop has joined the suite of applications on the new myMED-EL Portal. With a new design and login, it's now easier than ever to browse and shop for your favourite MED-EL spares and accessories.

Simply re-register using your existing myMED-EL Shop details at:

https://my.medel.com/
If you have any questions about the myMED-EL Portal, please email our dedicated Customer Service team at customerservice@medel.co.uk

First ever surgeries in Europe with a totally implantable cochlear implant (TICI)

Totally implantable cochlear implants will be the most innovative and sophisticated technology in the field of hearing solutions.

The TICI contains all the internal and external components of a cochlear implant system in one device placed underneath the skin, including the audio processor, microphone and power supply.

It was implanted by Prof. Dr. Philippe Lefebvre, head of the ENT Department of the CHU of Liège and Professor at the University of Liège in Belgium, as part of a feasibility study on 24 September 2020.

With this implantation MED-EL sets another revolutionary milestone in its long-standing history of technological innovations, as a totally implantable cochlear implant is the most innovative and sophisticated technology in the field of hearing loss solutions.

The TICI contains all the internal and (hitherto) external components of a cochlear implant system in one device placed underneath the skin, including the audio processor, microphone, and power supply.

The TICI is expected to give users great hearing with even more comfort and convenience. However, it will take several years before it receives market approval and in the meantime we continue to provide severe/profoundly deaf children and adults excellent outcomes with our Synchrony 2 cochlear implant and choice of processors – the SONNET 2 behind the ear model; and the RONDO 3, our third generation single unit, off the ear audio processor, with wireless recharging.

Both processors feature our advanced ASM3.0 plus FineHearing sound coding, along with a comprehensive set of connectivity options, and optional smartphone remote control.

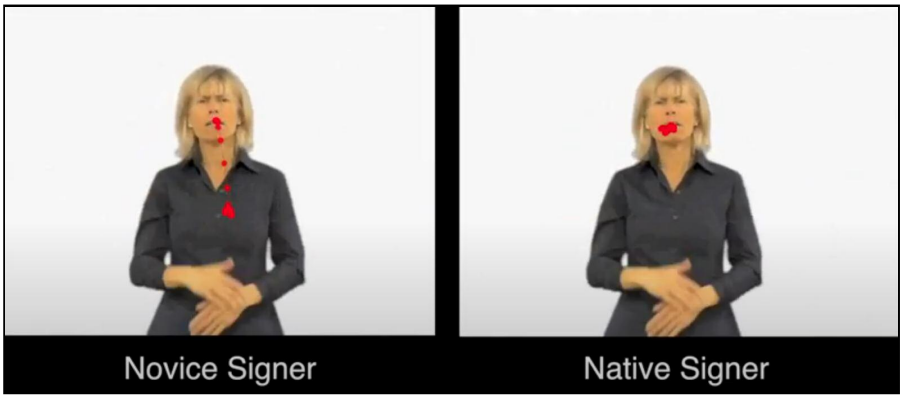
Over the years as more milestones are achieved in advancing our TICI towards market approval and general availability, we will share news, as it becomes available.

Further information on all MED-EL products and services can be found at www.medel.com

How deaf and hearing people watch sign language

Eye gaze movements tell how well a person can understand sign language

A recent study has shown that readers' eye gaze behaviors are strong indicators of words that are unexpected, new, or difficult to understand. The study by Rain Bosworth, an assistant professor and researcher in the Center for Sensory, Perceptual, and Cognitive Ecology (SPaCE Center) at Rochester Institute of Technology's National Technical Institute for the Deaf, explores the unknown qualities of gaze behavior for "sign watching" and how these are affected by a user's language expertise and intelligibility of the sign input.



According to Bosworth's study, published in the Journal of Deaf Studies and Deaf Education, with NTID graduate Adam Stone, gaze behaviors can provide an index of cognitive effort and knowledge in signers. This study provides the first evidence that novice and fluent signers have different eye gaze behaviors.

Bosworth and her team recorded gaze behaviors in 52 deaf and hearing adults while they watched signed narratives. Highly fluent signers primarily kept a steady gaze on the face and used peripheral vision to perceive the signers' moving hands. The researchers then showed the participants videos of signed stories played backwards. Bosworth said that people who learned American Sign Language earlier in life are better equipped to understand difficult video-reversed narratives. Fluent signers tended to focus strongly on the face when sign watching, even for low intelligibility conditions.

"These low intelligibility conditions simulate what happens in real-world settings when trying to watch live signers on phones with small displays or with weak internet signals," explained Bosworth.

Novice signers, who scored lower on measures of story comprehension, showed a very different gaze pattern.

"Gaze behavior is more scattered for people who recently learned sign language, and this scatter increased for low-intelligibility conditions, probably because observers are looking directly at the moving hands," Bosworth said. "This fits with what we know about research that shows that

signers have very good peripheral vision, especially from the lower visual field. Expert signers look at the face and utilize their peripheral vision for catching the fine details of moving handshapes."

But, there is some good news for non-signers. According to Bosworth, it doesn't take long for signers to develop "expert-like" gaze patterns during sign comprehension. Hearing signers who have been signing for at least five years often show steady gaze behavior on the face just like fluent deaf signers.

A video illustration of the results is available at this link: https://tinyurl.com/y49wlbte

Thoughts and experiences with my CI

by Norah Clewes

I lost all my hearing when I was sixteen. Forty years later in 1996 I had given up all hope of ever hearing again but thanks to the wonderful implant team in Manchester I received my first multi-channel cochlear implant.

Some of that implant team are still at Manchester – Martin O'Driscoll and Anne Stockbridge I remember well. Deborah Mawman, recently retired, was there when I had my first appointment with my surgeon Professor Ramsden in 1996 and twenty-four later again when I had my appointment with Mr Freeman in March! Ellen Giles was another in the team who helped me so much but later moved to continue her work in New Zealand.

That implant was a great success as I gradually learnt to hear again. I think this was some of the happiest times of my marriage to David. He was my great support as we shared my journey to hearing again. As I was able to converse easily and follow meetings and church services using a loop system he did no longer had to make notes or lip-speak for me. As music "grew on me" we enjoyed listening to Classic FM in the car and on the radio and CDs.

We joined Cicada and enjoyed the social events organised by Gordon Ledward. We made many friends and found great support from those who

shared our experiences as an implant user and partner. We also took over responsibility for ReSound and David again was a great help in the production of the magazine helping with the editing and the desk top publishing, picking up copies from the printers and delivering to Manchester.

That was until Hedy and Kevin Williams took over with great success.

Norah and Edna Clayton on Lake Windemere

Then last year (2019) my Cochlear Nucleus 22 implant partially failed. The implant team had to turn off two channels though I could still hear quite a lot, including music. I managed OK but my speech tests results were very low and I was offered the chance to have the implant removed and replaced by the latest N7. Encouraged by another Cicada member, Roy Leeming who had the same operation with great results I decided to go for it. The operation was booked for March but of course it was postponed due to Covid 19.

Sadly my very dear, caring husband died suddenly in July. In August I was offered the chance to have the new operation. It was a very difficult time for me but it seemed to be a case of now or never so I went into self–isolation straight after the funeral then had the operation at the end of August. The operation was very successful thanks to Mr Freeman, with only an overnight stay and no problems at all.

The four weeks waiting for switch-on were very difficult, living on my own and missing David and his support so much. I had always relied on him being able to hear especially at night. During that time I was entirely dependent on text messages on my mobile phone for communication.

Then came my switch-on and although the sound was so different at first it has proved a great success in speech recognition and I am finding it very easy to have hearing conversations on my mobile phone, which is really wonderful

Our son Peter who lives near took over my food shopping and is in my bubble and continues to support me, taking me to all my appointments in Manchester. Unfortunately our son Tim has been locked down in Sheffield and not able to visit since October though was able to stay and help after the funeral. I have also had tremendous support from David's many friends in Chester U3A and from our church friends and the vicar of David's church and my parish priest. Both shared the funeral service, as David was active in both churches.

Cicada friends and members of the National Association of Deafened people also help me with emails and messages. Two members of our U3A Creative Writing group wrote a tribute to David mentioning how they enjoyed his writing and humour and I had many messages and cards saying how kind he was to others, not just to me. I will always treasure all those words.

Norah Clewes

Xmas meal memories

We may not be able to get together this year for a meal but here are some items from the past going all the way back to 2009 at Prestwich. We remember all who are now not with us.

Daresbury-2018

Liverpool-2017

Warrington-2015

Chester-2014

Chester-2014

Chester-2013

Chester-2013

Prestwich-2009

Notes

As these are exceptional circumstances and as a result of the current virus situation we do not have events to remind people of.

However we thought that if we could give you links/contact details then you would not be short of someone to ask if you need assistance or advice.

The key to getting through all this is to follow advice, and if you encounter a situation that causes you risk then don't hesitate to shout for help.

Our website has a dedicated page for the Clinic, so, in no particular order:-

CICADA

Website:www.manchestercicada.org.uk

Facebook group:
https://tinyurl.com/y5tr8p2o

Secretary direct contact:Text 07533217730

Main contacts for cicada listed at the bottom of this page.

Manchester Implant Centre

The Richard Ramsden Centre for Auditory Implants,Peter Mount Building, Manchester Royal Infirmary, Oxford Road,Manchester, M13 9WL
Main Contact Details:
TeL: 0161 701 6931 (Appointments)
TeL: 0161 276 8079 (repairs and spares)

* Please check the website regularly for updates on what the clinic are doing in the light of the virus outbreak.

http://www.manchestercicada.org.uk/implant-clinic/

National Support organisations

British Tinnitus Association:
https://www.tinnitus.org.uk/
Hearing Link:
https://www.hearinglink.org/
RNID (Action on Hearing Loss):
https://www.actiononhearingloss.org.uk/
Disabled Travel Advice:
http://www.disabledtraveladvice.co.uk/
Meniere's Society:
http://www.menieres.org.uk/
National Deaf Children's Society:
http://www.ndcs.org.uk/
National Association of Deafened People (NADP): http:// www.nadp.org.uk/

Equipment Suppliers for Deaf People

Sarabec: https://www.sarabec.com/
Connevans: http://www.connevans.co.uk
Hearing Link UK: https://www.hearinglink.org/
RNID (Action on Hearing Loss):
https://www.actiononhearingloss.org.uk/

COVID-19 information link

(Just some official ones which you can subscribe to to get updates)
Main government website which has links to information and also a facility to be on a mailing list for updates which is handy.

https://www.gov.uk/coronavirus

Most local council websites now have a coronavirus section to tell us what they are doing and what services may be affected.

If you need help for other things during the duration of the virus then contact social services in the first instance.

Chairman	**Honorary Treasurer**	**Hon Secretary**
John Newton	Alan Corcoran	Kevin Williams
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Derbyshire	Manchester	Cheshire
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