I am 66 years old and have noticed that I do not hear as well as I used to. I am also aware of a ringing in my ears at times. Is total deafness inevitable? Is there any hope as far as treatment is concerned?

There are various causes of deafness. If the problem is associated with the conduction of sound from the outer ear to the inner ear, it is called a conductive deafness (failure of the sound to get to the nerve cells responsible for hearing). Patients with this problem may also complain of a feeling that the ear is full or blocked. A professional examination is essential to establish the cause, and to ensure that the deafness is not the result of wax buildup—which is easily remedied!

If the deafness is related to nerve or inner ear (cochlear) damage, we speak of sensor neural deafness. Patients with this kind of deafness often have difficulty in hearing speech when there is background noise. Loud speech may also be unpleasant to them under these circumstances. Low tones are more easily heard than high-frequency tones. Sounds are commonly distorted.

The ringing in the ear is called tinnitus. It can be disturbing and irritating to the patient. It can occur in any kind of hearing loss described above, including obstruction of the external ear canal, e.g., by wax. Certain medications can cause tinnitus, including aspirin in excessive (toxic) doses and high doses of quinine, as used in the treatment of malaria. Under these circumstances the tinnitus usually stops on withdrawal of the drug, and is reversible.

The hearing loss commonly associated with advancing age is called presbycusis and usually affects both ears. This condition reflects the effects of aging on the auditory (hearing) system. High tones are affected first.

Another condition associated with deafness is otosclerosis. In this condition the delicate bones responsible for conducting sound are immobilized (or frozen). A family history is present in approximately 50 percent of these patients. Most patients notice hearing loss between the ages of 11 and 30.

Excessive fluid in the inner ear, Ménière’s syndrome, may result in hearing loss that comes and goes. Dizziness and unsteadiness may be present in these patients. Tinnitus may be present as well.

Certain tumors may cause deafness and tinnitus.

Certain drugs may cause permanent or reversible hearing loss.

With this background, the answer to your question is that total deafness is not inevitable—it depends on the cause. You need to have your hearing evaluated by a specialist, and have the appropriate examinations and tests performed. These findings will determine the treatment.

Wonderful advances in hearing aids have taken place; cochlear implants may help patients with nerve deafness. Removal of excessive earwax may make a significant difference.
harmonies of music, nature, and the human voice enhances life; get an evaluation and the appropriate treatment as soon as possible. This is advice worth hearing!

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