

## Audiologic Case Example

**Date:** March 5, 2017

**Name:** Nick O. Time

**DOB:** 9/7/1957

<b>History</b>	<p>60-year-old male, married with two adult children, diagnosed with diabetes, high blood pressure, high cholesterol, obesity, and atrial fibrillation. Recent complaints of sleep disorder, anxiety, and joint pain.</p> <p>Prescribed daily medications:</p> <ul style="list-style-type: none"> <li>• Warfarin (5 mg po daily)</li> <li>• Metformin (850 mg po tid)</li> <li>• Hydrochlorothiazide (25 mg po daily)</li> <li>• Atorvastatin (10 mg po daily)</li> </ul> <p>OTC daily medications:</p> <ul style="list-style-type: none"> <li>• Aspirin (joint pain)</li> <li>• Gingko biloba (anxiety)</li> <li>• Melatonin (sleep disorder)</li> <li>• Orlistat (obesity)</li> </ul>
<b>Reason for Audiologic Consult, Concerns</b>	<ul style="list-style-type: none"> <li>• Fear of losing job. His boss called him on carpet because he is missing important information at meetings and making mistakes at work. He does not want to lose his job.</li> <li>• Knows he has hearing loss (HL) but has been in denial for several years.</li> <li>• Decided to have his hearing tested in hopes of keeping his job.</li> </ul>
<b>Audiology History</b>	<ul style="list-style-type: none"> <li>• Noise exposure—served in military 30 years ago, attended many rock concerts in youth.</li> <li>• Tinnitus—has lived with non-debilitating tinnitus for many years.</li> <li>• During work meetings, he has been misunderstanding words and often cannot understand speech at a distance.</li> <li>• He cannot understand speech in background noise at gatherings with family and friends. He is starting to withdraw from social gatherings.</li> <li>• Patient and family are frustrated. Wife complains that TV volume is too loud; kids complain that their dad does not hear well. Patient has been ignoring these complaints.</li> <li>• Observation—audiologist noticed unsteady gait and asked if the patient was having discomfort in his feet. Patient stated that he has been experiencing tingling and numbness in feet (may be due to diabetic neuropathy).</li> </ul>
<b>Audiologic Results With Diagnosis</b>	<p>Otoscopic inspection—Within normal limits</p> <p>Pure-tone thresholds—Bilateral mild to severe sloping sensorineural hearing loss</p> <p>Immittance:</p> <ul style="list-style-type: none"> <li>• Type A tympanogram R and L (normal)</li> <li>• Acoustic reflex thresholds (normal range for HL at 500, 1000, and 2000 Hz)</li> <li>• No evidence of acoustic reflex decay (normal)</li> </ul> <p>Otoacoustic emissions (OAEs) absent (R and L)</p> <p>Fair word recognition scores (72% R ear, 76% L ear) at normal conversation speech levels (40–60 dB HL)</p> <p>Speech in Noise test results indicate moderate speech-in-noise ratio (SNR) loss</p>

