

Sunday, May 7, 2023

# Health Talk



## AUDIOLOGY

**Dr. Jane Kukula, AuD**

**Q:** How do hearing aids work with the telephone?

**A:** Hearing aids work by using Bluetooth wireless technology to connect to other devices such as smartphones, tablets, and TVs. The hearing aids are equipped with a Bluetooth chip that allows them to communicate wirelessly with other Bluetooth-enabled devices.

The hearing aids can stream audio directly from the device to the hearing aids, allowing for a more seamless listening experience.

Bluetooth hearing aids can also be controlled and customized using a smartphone app. This app allows users to adjust volume, switch between listening programs, and adjust other settings.

Overall, Bluetooth hearing aids offer greater flexibility and convenience for users who want to stay connected to their digital devices while also enhancing their hearing experience.

### The Hearing Center Advanced Audiology Concepts

8897 Mentor Avenue  
Mentor, 44060  
440-205-8848



## LASIK, CATARACTS & LENS IMPLANTS

**Michael E. Rom, M.D.**

**Q:** What are cataracts and what causes them?

**A:** Cataracts are the clouding of the lens in the eye, which can lead to vision impairment. They are often caused by aging, but other factors such as diabetes, smoking, and excessive sun exposure can contribute to their development. Symptoms of cataracts include blurry or cloudy vision, increased glare, difficulty seeing at night, and frequent changes in eyeglass prescription.

The primary treatment for cataracts is surgery, which involves removing the clouded lens and replacing it with an artificial one. In some cases, eyeglasses or contact lenses can be prescribed to correct vision problems caused by cataracts.

There are elective Premium Lens Options for patients undergoing cataract removal. These include:

- Multifocal lenses: These lenses can correct both distance and near vision, reducing the need for glasses after cataract surgery. Multifocal lenses have several focal points, which

allows the patient to see clearly at different distances.

- Accommodative lenses: These lenses work like the natural lens in the eye, adjusting their shape to focus on objects at different distances. They can provide clear vision at various distances, but may not eliminate the need for glasses entirely.

- Toric lenses: These lenses are designed to correct astigmatism, a common condition where the cornea is irregularly shaped, causing blurry or distorted vision. Toric lenses can correct astigmatism and provide clearer vision after cataract surgery.

- Extended depth of focus (EDOF) lenses: These lenses provide a continuous range of clear vision from near to far without the gaps in vision that can occur with multifocal lenses. EDOF lenses can be a good option for people who want to reduce their dependence on glasses.

It's essential to discuss your specific needs and preferences with your eye doctor, who can help you determine which premium lens option is best for you. It's also worth noting that premium lenses may not be covered by insurance and can be more expensive than standard lenses.

**Michael E. Rom, M.D.**

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## SHOULDER ARTHROSCOPY

**Eric M. Parsons, M.D.**

**Q:** I was told that I have a torn labrum in my shoulder and that I might require surgery. Can you explain what this means?

**A:** The glenoid labrum is a rubbery fibrocartilage ring that encircles the socket of the shoulder and provides increased depth and stability to the shoulder joint. Labrum disorders generally come in two forms, those related to the wear and tear effects of normal shoulder use and aging, and those that occur as a result of acute injury.

The labrum can be injured anywhere throughout its course but chronic overuse injury most commonly occurs

in the superior aspect where it is termed a superior labrum anterior and posterior (SLAP) tear. SLAP tears are quite common in those of middle age or older and in this setting may not need surgery. SLAP tears that exist as the result of an injury or that are clearly impairing shoulder function are more likely to require surgical repair. SLAP tears can be elusive to identify even with the use of imaging such as MRI scan and the ultimate diagnosis involves a combination of clinical history, physical examination and imaging tests.

The labrum is also injured in cases of acute traumatic shoulder dislocation where the ball becomes separated from the socket. Remarkably, the labrum and the ligaments that attach to it heal adequately following some dislocations and a percentage of patients never require surgical treatment. In many cases, however, the healing of the labrum and shoulder ligaments is incomplete or improperly positioned and surgical repair of the labrum and ligaments is necessary to restore shoulder stability.

Labrum repair is performed arthroscopically through small incisions with the aid of video technology. The technical aspects of instability repair involve placing small screws in the socket where the labrum normally attaches. The screws are called suture anchors and are made from a special form of biodegradable plastic that the body will naturally absorb over time. The suture anchors are armed with high strength sutures that are then placed through the torn capsule and labrum tissue, and through a variety of pulley-type techniques the tissue is returned back to the bone at the location of the anchor.

To view a video of labrum repair visit [ohioshouldercenter.com](http://ohioshouldercenter.com).

**Eric M. Parsons, M.D.**

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## BEHAVIORAL HEALTH

**Anthony McMahon, Ph.D.**

**Q:** In my last session with my therapist, they cut me off and told me that it would not be a good idea for us to talk about the thing that I was bringing up. I was kind of surprised, a little confused, and actually a bit hurt. Is this normal? Should I bring my feelings up to them?

**A:** To answer the last question first—absolutely! Whenever there is something happening in therapy that is causing you to feel these things, it is a wise idea typically to address them so that it doesn't interfere with your treatment (e.g., it is hard to talk about sensitive things with your therapist if you aren't sure if they are able or willing to talk about it!).

As for "is it normal?" the answer also is yes, at least much of the time. While therapists are people and can make mistakes just like anyone else, usually there is an important reason for therapist interrupting and setting a limit. As an example, I have at times had to stop certain conversations in the moment not because I did not care or because I could not handle the subject matter, but rather to ensure that my patient was not about to delve into a topic that would be detrimental to their well-being for the day's session; this kind of limit-setting is common in trauma work where it is extremely important to be mindful of if and how to talk about acute stress events.

PBHS offers a variety of services including individual psychotherapy, neuropsychological evaluations, medication management, and Intensive Outpatient Programming (IOP). If you believe that these services could help, please call us to schedule an appointment.

**Anthony McMahon, Ph.D.**  
**Clinical Psychologist/  
Director of Adult Services  
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## Did You Know?

Even though cataracts primarily affect aging individuals, children are not immune to them. Cataracts in children may be present at birth, and doctors will determine if children have congenital cataracts, advises the American Academy of Ophthalmology®. But cataracts also can be acquired as an infant or young child. There are several causes for pediatric cataracts, and they may include an eye injury, diabetes, complications from eye problems, steroid use, and radiation treatment. The only treatment for cataracts is to remove them. Identifying pediatric cataracts early on can help children enjoy healthy vision.



Sunday, May 14, 2023

# Health Talk



## LASIK, CATARACTS & LENS IMPLANTS

**Michael E. Rom, M.D.**

**Q:** What is diabetic retinopathy and who is at risk?

**A:** Diabetic retinopathy is a diabetes-related complication that affects the retina, the light-sensitive tissue at the back of the eye. It occurs when high blood sugar levels cause damage to the blood vessels in the retina, leading to swelling, leakage, or abnormal growth of new blood vessels. Over time, this can result in vision loss or even blindness.

People with diabetes are at risk for diabetic retinopathy. The risk increases with the duration of diabetes and poor control of blood sugar levels. Other factors that can increase the risk of developing diabetic retinopathy include:

- Type of diabetes: Both type 1 and type 2 diabetes patients are at risk, but the risk is generally higher for those with type 1 diabetes.
- Duration of diabetes: The longer a person has diabetes, the higher the risk of developing diabetic retinopathy.
- Poor blood sugar control: Consistently high blood sugar levels increase the risk of diabetic retinopathy.
- High blood pressure: Hypertension can further damage the blood vessels in the retina, increasing the risk of retinopathy.
- High cholesterol: Elevated cholesterol levels can contribute to blood vessel damage in the retina.
- Kidney disease: Diabetic nephropathy, a complication of diabetes that affects the kidneys, can increase the risk of retinopathy.
- Pregnancy: Pregnant women with diabetes have a higher risk of developing diabetic retinopathy.
- Ethnicity: People of African, Hispanic, and Native American descent are at a higher risk of diabetic retinopathy compared to Caucasians.

Regular eye examinations and good management of diabetes, blood pressure, and cholesterol levels can help minimize the risk of developing diabetic retinopathy or slow its progression.

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## BEHAVIORAL HEALTH

**Brianna Babyak, M.Ed., LPC, NCC**

**Q:** About a year and half ago my grandfather who I was very close to passed away. I have been very depressed since then and cannot seem to get over the loss. What should I do?

**A:** Hello there, thank you for reaching out. I am sorry to hear about your grandfathers passing. Losing a loved one can be debilitating and it is normal to experience a mixture of emotions. Typically, the insufferable feelings associated with grief tend to begin to subside within one-year therefore, based on what you are describing it sounds like you are experiencing symptoms associated with what is called Complicated Grief. Individual counseling services and/ or being involved in one of our mental health intensive outpatient programs (IOP) will provide you with the support you need. Please do not hesitate to call us to schedule your initial appointment and to receive additional information on the services we offer.

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## AUDIOLOGY

**Dr. Jane Kukula, AuD**

**10 Fun facts about ears and hearing**

Earlobes are constantly growing. Its interesting that we are uncertain as to what the purpose of earlobes. Some scientists believe they help with blood flow to the inner ear. They have an amazing array of blood vessels that support this theory.

The roar of the seashell held to your ear is the sound of your blood surging through the veins in your ears.

Did you know that your ears do not stop hearing while you sleep? Unlike your eyes, when you close them for sleep, the ears are always open and hearing.

You can determine your dog's level of interest by the tilt of his ears. When they are pulled forward, he is engaged. Pulled backwards, he's friendly.

Snakes hear through their jaw bone, fish hear through the ridges on their scales and grasshoppers hear with their legs.

Sound travels at the speed of 1130 feet per second.

Your ears are self-cleaning. The hairs in the ear canal work like a conveyor belt, moving the wax out of your ears. Most people simply need to clean wax by wiping their ears when showering. When the wax is "knocked" off the conveyor belt, it can build up in the canal causing a decrease in hearing.

The number one cause of hearing loss is exposure to loud sound (85 decibels or higher).

When you notice a decrease in hearing or experience a mumbling or muffling of words it's a sign of hearing loss. Have a hearing evaluation. Call 440-205-8848 to schedule an appointment. Life Sounds Great!

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**Have your problems addressed by medical professionals in "Health Talk"! Send your question to: [advertising@news-herald.com](mailto:advertising@news-herald.com)**

Sunday, May 21, 2023

# Health Talk



## SHOULDER ARTHROSCOPY

**Eric M. Parsons, M.D.**

**Q:** I have been diagnosed with a rotator cuff tear and am contemplating surgery. What can I expect in terms of outcome if I have the surgery versus leaving the tear untreated?

**A:** There has been ample research examining the natural progression of a rotator cuff tear and how patients fare should they choose to neglect the tear and avoid surgery. While the shoulder pain and weakness that accompany a rotator cuff tear can be temporarily improved with nonsurgical methods such as physical therapy and judicious use of pain relieving injections, the best available medical evidence consistently shows superior outcomes in patients who elect to have rotator cuff repair surgery.

A study published by Jain et al. out of Vanderbilt University was published in the November 2019 issue of The American Journal of Sports Medicine. It compared two groups of patients diagnosed with a rotator cuff tear. One group received a standard nonoperative approach of physical therapy, the other group underwent rotator cuff repair surgery. The results of the study demonstrated that the surgical repair group had consistently superior results in terms of pain relief and shoulder function at 3, 6, 12, and 18 months following the initiation of treatment.

This research adds to the growing body of literature drawing the same conclusion. Namely, should you be diagnosed with a rotator cuff tear you are generally best served by having it fixed surgically. When factoring in that neglecting a rotator cuff tear for a period of time also can have deleterious effects on the outcome of later surgery, being proactive in these cases is advisable.

To learn more about rotator cuff repair surgery visit [ohioshouldercenter.com](http://ohioshouldercenter.com)

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## BEHAVIORAL HEALTH

**Alyson Phelan, MA, TRCC**

**Q:** If I start therapy, will I need to go forever?

**A:** This is a common question for those who consider seeking help for common behavioral health challenges like depression, anxiety and addiction. It's intimidating to start something new when you struggle with a mood disorder and even more daunting to think of opening up about deeply personal things to a person you don't know. Add on top of that the fear that once you start there's no end in sight and it's enough to turn you off the process altogether.

It is impossible to say exactly how long a person will need to engage in behavioral health services as every situation is unique and every person's needs are different. Here at PBHS, we understand that the relationships we build with our patients are one of the most meaningful and important relationships of a lifetime. We also understand that collaboration is meant to be only as long as needed to achieve the goal of helping you create a life worth living. With that in mind, we create a treatment plan with you that is customized to your personal goals and objectives and we discuss just how long it may take to get you where you want to go.

If you believe you would benefit from behavioral health services, please reach out to me. Together we will talk and design a treatment plan that meets your behavioral health needs and gets you back to the business of living your life in the most effective, and the quickest way possible.

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## AUDIOLOGY

**Dr. Jane Kukula, AuD**

**Q:** I was told I have presbycusis. What is it?

**A:** Presbycusis (prez-bee-KU-sis) is hearing loss related to aging. It commonly starts in people in their 40's or 50's. As you age, the hearing nerves (haircells) in the inner ear, begin to collapse causing gradual decrease in hearing ability. Presbycusis typically runs in families. If your parents had hearing difficulty later in life, you may also.

There are about 15, 000 haircells in each ear. These neural fibers are pitch sensitive and are responsible for transferring sound from the ear to the brain. When they collapse or are damaged, the ear no longer transmits sound correctly. At first, high pitched sounds are affected resulting in a decrease in high frequency hearing causing words to not sound clear. Speech becomes mumbled. Over time more and more haircells collapse, causing greater and greater difficulty understanding speech. This slow gradual decrease in hearing ability creates the sense that it's not you, but that it's the way others talk. Some of the symptoms of presbycusis include muffled speech, difficulty hearing soft talkers and difficulty understanding in noisy places.

Hearing instruments can and do help. They are tuned to match your hearing ability providing amplification specific to your needs. You will likely experience a natural sound quality and clearer speech in quiet and noise. Most hearing devices are small and sleek, and the extended wear aid is invisible when in your ear. When you notice yourself making excuses for mishearing, such as people mumble or talk softly, it's time for a hearing evaluation. Call 440-205-8848 to make an appointment. You will be glad you did. Life Sounds Great!

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## LASIK, CATARACTS & LENS IMPLANTS

**Michael E. Rom, M.D.**

**Q:** What is glaucoma and what are the different types?

**A:** Glaucoma is a group of eye conditions that can lead to irreversible vision loss and blindness due to damage to the optic nerve, which is responsible for transmitting visual information from the eye to the brain. Several factors can increase the risk of developing glaucoma:

- **Age:** The risk of developing glaucoma increases with age, especially for those over 60 years old. For certain ethnic groups like African Americans, the risk increases even earlier, around the age of 40.

- **Ethnicity:** People of African, Asian, and Hispanic descent have a higher risk of developing certain types of glaucoma compared to those of European descent.

- **Family history:** Individuals with a family history of glaucoma are more likely to develop the condition.

- **Elevated intraocular pressure (IOP):** High pressure inside the eye is a significant risk factor for glaucoma, although not everyone with elevated IOP will develop the condition.

- **Medical conditions:** Certain conditions like diabetes, hypertension, and heart disease can increase the risk of developing glaucoma.

- **Eye anatomy and conditions:** Thin corneas, extreme nearsightedness or farsightedness, and previous eye injuries or surgeries can also contribute to an increased risk for glaucoma.

- **Use of corticosteroids:** Long-term use of corticosteroid medications, especially in the form of eye drops, may elevate the risk of developing glaucoma.

It is essential to have regular eye examinations, especially if you have any of these risk factors. Early detection and treatment can help slow down or prevent vision loss from glaucoma.

Treatment options for glaucoma include eye drops, laser surgery, and traditional surgery. Early detection and treatment are essential to prevent vision loss.

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Sunday, May 28, 2023

# Health Talk



## BEHAVIORAL HEALTH

**Brianna Babyak, M.Ed., LPC, NCC**

**Q:** My husband recently lost his job. He has been extremely depressed since it happened. He is lashing out at me and it's affecting our relationship. What can I do to help him? He is not motivated to seek other employment.

**A:** Hello, thank you for your question. Unemployment stress may have a very negative impact on the household. Your husband may benefit from mental health services to help him process his emotions during this difficult time. It is normal to experience feelings of grief when losing a job. Many individuals seek out counseling during life transitions. You may be of support to your husband by suggesting individual counseling services to help him navigate this time of uncertainty. Benefits of being involved in therapy include a reduction in symptoms, improved mood, improved daily functioning, improvement in relationships, skill building and acquisition, and ability to cope with stressors.

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## AUDIOLOGY

**Dr. Jane Kukula, AuD**

**Q:** How long does a hearing aid last?

**A:** The average life of a hearing aid is 4-5 years. This varies due to the conditions under which they are used in and how well you care for them. Plus, hearing aid technology changes rapidly, while seven years may not seem very long to you, with hearing aids that is old. While old aids can sometimes be repaired, there are several reasons why it may be wise to consider new ones.

Hearing aids are not designed to last indefinitely. They are worn in a dark damp environment, are expected to perform 10-16 hrs. a day 7 days a week. All this takes a toll on the devices. By giving them proper care: keeping them clean, changing wax guards and avoiding moisture, they can work well for you over their life.

Often, paying to repair older technology is a poor investment. When old hearing aids are discontinued and the spare parts are use up, aids are repaired with used parts, requiring the aids to need repair more often.

As computer technologies and software change, old software becomes incompatible with the new. As a result, we are not able to adjust old aids when you have changes in your hearing.

If you're satisfied with your old aids and aren't sure if you're ready to invest your in new instruments, discuss it with your audiologist. We work to support your hearing goals, including maximizing the life or your current aids and balance that with maximizing your hearing ability. Life Sounds Great!

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## LASIK, CATARACTS & LENS IMPLANTS

**Michael E. Rom, M.D.**

**Q:** What is age-related macular degeneration and who is at risk?

**A:** Age-related macular degeneration (AMD) is a progressive eye condition that affects the macula, the central part of the retina responsible for sharp, central vision. As the name suggests, the primary risk factor for developing AMD is age, with the condition typically affecting people over the age of 50. It is a leading cause of vision loss in older adults.

There are two types of AMD: dry AMD and wet AMD. Dry AMD is the more common form, characterized by the gradual thinning of the macula due to the accumulation of drusen, small yellow deposits beneath the retina. Wet AMD is less common but more severe, caused by the growth of abnormal blood vessels under the macula, which can leak fluid or blood and lead to rapid vision loss.

Risk factors for developing AMD include:

- **Age:** The risk increases with age, particularly for individuals over 50.
- **Genetics:** A family history of AMD increases the risk of developing the condition.
- **Race:** Caucasians are more likely to develop AMD compared to other racial groups.
- **Smoking:** Smoking increases the risk of AMD and can accelerate its progression.
- **Obesity:** A higher body mass index (BMI) is associated with a greater risk of AMD.
- **Diet:** Diets high in saturated fat and low in antioxidants and zinc may contribute to AMD risk.
- **Cardiovascular disease:** Conditions that affect the heart and blood vessels, such as high blood pressure, may increase the risk of AMD.

While some risk factors, like age and genetics, cannot be modified, adopting a healthy lifestyle, including not smoking, maintaining a healthy weight, exercising regularly, and consuming a balanced diet rich in fruits, vegetables, and fish, can help reduce the risk of AMD and its progression. Regular eye exams are also essential for early detection and management of the condition.

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## Did You Know?

Cancers affect many different parts of the body and are named according to where in the body they originated. Cancers that begin in the bones and in the soft, connective tissues are called sarcomas. According to the Mayo Clinic, there are more than 70 types of sarcoma. Sarcomas also can form in fat, muscle, blood vessels, nerves, tendons, and the lining of the joints. Sarcomas can develop anywhere from the top to the bottom of the body. However, 40 percent occur in the lower extremities (legs, ankles, feet) and 30 percent occur in the trunk, chest wall, abdomen, and pelvis. Sarcomas in the upper extremities as well as the head and neck are not as common. The Cleveland Clinic says that sarcomas generally form when immature bone or soft tissue cells have changed their DNA, and they develop into cancer cells and grow unregulated. People who have been exposed to certain chemicals like arsenic or radiation or individuals who have lymphedema or inherited genetic conditions like Gardner syndrome are at an elevated risk of developing sarcoma.