
**Learner Outcomes**

Each reader of this article should be able to:

- Explain challenges that Ménière’s syndrome presents in the fitting and use of hearing aids.
- Identify two types of hearing aids that have been proposed for management of fluctuating hearing loss that accompanies Ménière’s syndrome.
- State the rate of success that individuals with Ménière’s disease demonstrated in programming their own hearing aids to accommodate fluctuating hearing loss.

1. Ménière’s syndrome is defined as:
   a. congenital hearing loss affecting only one ear
   b. conductive hearing loss with dizziness and nausea
   c. fluctuating hearing loss, tinnitus, ear fullness, and vertigo
   d. all of the above

2. In the past, hearing aids were not recommended for clients with Ménière’s syndrome due to:
   a. excellent speech recognition
   b. unilateral hearing loss
   c. widened dynamic range
   d. middle ear disease

3. Fitting hearing aids to clients with Ménière’s syndrome is challenging because:
   a. one ear is normal
   b. hearing loss fluctuates
   c. amplified sounds are distorted
   d. clients do not return for follow-up due to vertigo attacks

4. McNeill et al (2002) found hearing aid fittings successful for individuals with Ménière’s syndrome:
   a. when the accompanying hearing loss was unilateral
   b. when speech recognition was normal
   c. in the third stage of the disease (“burnt out” stage)
   d. hearing aid fittings were rarely successful

5. The portable hearing aid system provided to subjects of this study for measuring their own hearing levels and reprogramming their aids was:
   a. adapted from a system designed for the clinician
   b. commercially available using an infrared connection
   c. activated via telephone
   d. commercially available using blue tooth technology

6. In this study, fluctuation of hearing loss for Ménière’s syndrome was determined by:
   a. bringing subjects to the clinic every day for a hearing test
   b. asking subjects’ spouses to measure their hearing with a portable audiometer
   c. asking subjects to keep a diary of their levels of hearing
   d. fitting a hearing aid and providing a portable hearing aid programmer, which allowed subjects to measure their own hearing at home.

7. Subjects in this investigation were instructed to measure their hearing levels and reprogram their hearing aids three times a day for eight weeks. The range of hearing measurements provided by participants was:
   a. 25–380
   b. 75–400
   c. 125–170
   d. 260–740

8. The authors found fluctuating hearing loss recorded in this investigation:
   a. more variable than reported previously in the literature
   b. predictable from routine audiologic assessments that could be performed in the clinic
   c. gradually decreased over the eight week hearing aid trial
   d. prevented accurate measurement with the hearing aid programming system

9. Giving patients the ability to record their own hearing levels helps them to:
   a. better understand their condition
   b. come to terms with the hearing loss
   c. correlate changes in their lifestyle such as diet and stress with changes in their hearing levels
   d. all of the above

10. The percentage of patients with fluctuating hearing loss who continued to measure their hearing and program their hearing aids after the investigation was:
    a. 15
    b. 32
    c. 53
    d. 70
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CE Topic: Amplification