

# AUDIENS



The Newsletter of the  
British Association of Paediatricians in Audiology

Issue No. 41

April 2008



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# AUDIENS

*The Newsletter of the British Association of Paediatricians in Audiology*

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### **AUDIENS EDITOR:**

*Dr. Jeanette Nicholls*  
*Email: jeanettenicholls2004@yahoo.co.uk*

### **BAPA SECRETARIAT:**

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## Editorial

Welcome to this my second editorial, we have a lot to stimulate the neurones and so I would suggest this is not bedtime reading!! Since the last edition in which we looked at the Quality Assurance Assessments in Newborn Hearing Screening more of us will have had our visit and so will be looking at making the appropriate changes to our services in light of the recommendations made. Locally, the timing of the diagnosis following testing was highlighted. So, in the future, I as the Community Paediatrician will no longer be informing the parents of their child's hearing loss.

Having been on the receiving end of the NHS, over the last 4 months, waiting for the outcome of investigations has I'm sure increased the number of my grey hairs, and been a cause of stress to my family. That experience has reinforced my agreement with the local recommendations and NDCS guidelines, whilst it will lead to a change in where I as a Community Paediatrician am involved with the patient pathway, parents will no longer need to wait a week or so until an appointment can be made to attend one of my clinics but will be informed by the Audiological Scientist on the day. There is still a role to be played with the aetiological investigations and monitoring of the children as they progress through schooling.

Cytomegalovirus infection is one of the causes of Permanent Childhood Hearing Impairment, and has been the topic of presentation at the last 2 BAPA London Study Days, an

interview with Dr. Simone Walter reveals more about this on going work and the team involved. We also have the opportunity to review Carmen Burton's presentation.

Computers have changed the way that we work and also manage much of our communication at home, in this day and age we all have at least one e-mail address for use at work and many also have private addresses. Our regional reps are requesting that you all ensure that they have active e-mails that they can use to disseminate information regarding local meetings. So please spend a few minutes tapping away on the old keyboard, so that they can keep you informed. Once we have the new website active with the protected area for members only you will be able to update your membership details as necessary.

Apologises for the confusion in the last edition regarding the rules for the BAPA Prize, which were incorrectly titled the BAPA Research Prize, the rules for which are now available so get the thinking caps on and send in your suggestions.

Finally, money, time and space saving devices are amass in the glossy magazines, might I suggest a space saving CD of Audiens 1995-2005, this would enable you to dispose in an environmentally friendly way with your paper copies (produced from forests sustainably managed) and yet still retain the opportunity to review articles. There are a number still available at a cost of £6 and I would be happy to post them out to you. Please contact me via e-mail.

## List of Officers

*Jeanette Nicholls*

### EXECUTIVE COMMITTEE MEMBERS

<i>Chairman</i>	<i>Dr. Adrian Dighe</i>	<i>adrian.dighe@mspct.nhs.uk</i>
<i>Immediate Past Chairman</i>	<i>Dr. Susan Rose</i>	<i>susan.rose@sash.nhs.uk</i>
<i>Vice Chairman</i>	<i>Dr. Jane Lyons</i>	<i>irajlyons@btinternet.com</i>
<i>Honorary Secretary</i>	<i>Dr. Veronica Hickson</i>	<i>veronica.hickson@gwent.wales.nhs.uk</i>
<i>Treasurer</i>	<i>Dr. Ken Abban</i>	<i>ababio@ic24.net</i>
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<i>BAAP Representative</i>	<i>Dr. Deirdre Lucas</i>	<i>deirdre.lucas@royalfree.nhs.uk</i>
	<i>Dr. John Irwin</i>	<i>john.irwin@nhs.net</i>
<i>BACCH Representative</i>	<i>Dr. Daniela Lessing</i>	<i>daniela.lessing@ealingpct.nhs.uk</i>

### REGIONAL REPRESENTATIVES

<i>Midlands</i>	<i>Dr. Mahadeva Ganesh</i>	<i>m.ganesh@telfordpct.nhs.uk</i>
<i>North West</i>	<i>Vacant</i>	
<i>Scotland</i>	<i>Dr. Ruth Mackay</i>	<i>ruth.mackay@nhs.net</i>
<i>South East</i>	<i>Dr. Roshan Ansari</i>	<i>roshan.ansari@thpct.nhs.uk</i>
	<i>Dr. Keith Stewart</i>	<i>keith.kpas.lineone.net</i>
<i>East Anglia</i>	<i>Dr. Janice McCreadie</i>	<i>janmcc@doctors.org.uk</i>
<i>North East</i>	<i>Dr. Sally Wade</i>	<i>sally.wade@cddah.nhs.uk</i>
<i>Wales</i>	<i>Vacant</i>	
<i>Yorkshire</i>	<i>Dr. Kathleen Coats</i>	<i>kathleen.coats@nhs.net</i>
<i>South West</i>	<i>Dr. Alison Hooper</i>	<i>alison.hooper@ubht.swest.nhs.uk</i>
<i>Northern Ireland</i>	<i>Dr. Esther Harper</i>	<i>esther.harper@western.hscni.net</i>

## *Chairman's Report for Audiens, April 2008*

As my two years as Chair, firstly of BACDA and now BAPA, draw to a close I reflect on the numerous activities with which the Organisation has been involved and feel privileged to have worked with such an energetic and dedicated Executive Committee. There have, of course, been the internal organisational issues to address including the name change, new logo and website, the census, amended constitution as well as the drawing up of detailed “duties and responsibilities” for each of the Committee posts to help the transition for new incumbents. Then there have been the successful Study Days, representation at NICE Consultations on Cochlear implants and OME as well as the National Action Plan for Audiology, the gaining of Special Interest Group status within the RCPCH, ongoing work with the Audiovestibular Medical Federation and representation on UKFPHB and BACCH. Much more is already in the pipeline for next year!

All the above reflects the hard work of the Committee Members supported by Pam Williams and each deserve a special thank you for his/her particular contribution. In particular, I wish to thank Ken Abban for managing our accounts so calmly and efficiently, Veronica Hickson for coping with so many organisational tasks and my trusty Vice and Past Chair, Adrian Dighe and Ann Mackinnon, for being so personally supportive. I am also very pleased to welcome Jane Dalzell who was appointed as our new Meetings Secretary this autumn – I’m sure you will agree she has made an excellent job of organising today’s events. She has been shown the ropes by Keith Stewart, a previous Meetings Secretary, current South East Rep and a loyal friend to BACDA/BAPA.

### **Logo and Website**

The feedback I have received so far about the new logo has been very positive. I think it gives a clear modern image to the Organisation – and I hope it will soon feel as familiar to you as the former BACDA “rattle” logo. Adrian Dighe has been working with a website designer on the logo, stationary and the new website – and the logo was launched at the London Conference.

### **RCPCH Meeting in York (14th -18th April 2008)**

For the first time, BAPA as the College’s Special Interest Group, has been invited to organise a session at the annual Spring Meeting in York. At the time of writing the programme is still to be finalised but is likely to include aetiological investigations of permanent hearing impairment, vision care for deaf children, patient/parent information (a visit to the Hearing Clinic) and an update on CMV. We hope this varied programme will be of interest to paediatricians whether or not they are directly involved

in audiovestibular services. The date is Thursday 17th April. Hopefully many of you will have been able to attend (We will not be holding a separate BAPA Northern/York Study Day this year).

### **Vestibular Training Course, Cambridge 9th - 11th July 2008**

The BAPA Committee and Development Group have long recognised the need for a training course for BAPA members combining both theoretical and practical aspects of vestibular assessment. Particular thanks go to Adrian Dighe and Sarita Fonseca for finally getting this course off the ground. Attendees will be expected to prepare for the course with recommended background reading. The course will consist of lectures by eminent practitioners followed by small group workshops where techniques can be practised and discussed. The aim is for attendees to feel confident in undertaking a proficient assessment in a community/2nd tier setting and to be able to identify the small number of children who require specialist/tertiary referral. Historic and beautiful, Clare College, Cambridge is the venue – and I recommend early booking as this is bound to prove popular. Look out for further details.

### **Audiovestibular Medical Federation**

The work of the Federation continues and I have greatly valued the wise counsel provided by firstly Susan Snashall and now Deirdre Lucas (current President of BAAP) together with John Irwin (current Vice President of BAAP)) at our Executive Committee Meetings. I consider that both BAPA and BAAP continue to benefit significantly from the collaborative working. This is particularly important in relation to educational issues as progress towards formal recognised training for paediatricians in audiovestibular medicine is frustratingly slow. It is important, therefore, that the Organisations work together to promote and support standards of clinical practice and share educational activities.

The 2008 BAAP Annual Conference in early April was held at the Marriott Airport Hotel, and in the autumn, on 17th October 2008 BAAP have their Audit and Hallpike meeting. Further details are available from: [janet@janetmills4.wanadoo.co.uk](mailto:janet@janetmills4.wanadoo.co.uk).

### **Audiens**

I am sure you will agree that the transition of newsletter editor from Jane Lyons (surely our longest-serving Committee Member – and we don’t plan to let her escape yet!)- to Jeanette Nicholls has been managed seamlessly. I very much enjoyed reading the latest edition – and thanks go to both for all their hard work over the past year.

## Research Award

The Executive Committee considered it appropriate to mark the inaugural year of BAPA with a new financial award of £500, open to any BAPA member, to facilitate an original piece of research, audit or governance related to Paediatric Audiology. The closing date for applications will be 30th September 2008 (page 21).

## BAPA Prize 2007

I am delighted to announce that we have two very worthy recipients of the BAPA prize this year. You will remember that we widened the categories for which the Prize can be awarded in 2007 to include either a report or presentation prepared and submitted by a candidate, themselves. Alternatively candidates can now be proposed by any full member of BAPA by submission of a citation. This year we had a successful candidate under each category

Firstly, Dr. Nedat Sattar, Associate Specialist in Child Health and Audiology, East Lancs. Hospital Trust submitted a paper entitled "Central Hyperacusis in 100 Children". (Page 16) The paper spans over six years work to include one hundred children referred to her with intolerance to certain sounds and having normal hearing on audiometry. It makes fascinating reading and the paper was judged by the Panel of Assessors as being well-researched and referenced. They were unanimous in their decision to award Dr. Sattar the BAPA Annual Prize.

Secondly, Dr. Lesley Batchelor, Consultant in Paediatric Audiology, Macclesfield was proposed for the Prize for her outstanding contribution to Paediatric Audiology by submission of a citation by Dr. Ann Mackinnon. The Executive Committee and indeed most of the membership will be aware of Lesley's endless endeavours – from her work on the BAPA Executive Committee and Development Group, to her tireless work within the RCPCH which resulted

in Paediatric Audiology becoming a Special Interest Group of the College – and so much more. Indeed, Lesley also submitted a paper for the Prize entitled "A World of Difference: Impressions of a first visit to Uganda". The Panel of Assessors considered that her paper supplemented the evidence in the citation and unanimously judged that Dr. Batchelor should receive the BAPA Annual Prize for her outstanding contribution to Paediatric Audiology. (Page 18)

## And finally...

The last 2 years have seen significant developments in Paediatric Audiology Services in the UK, most notably the roll-out of universal newborn hearing screening to include all areas of the country. In addition there has been the introduction of the NHSP Quality Assurance Programme in England which hopefully will act to raise standards and improve equity of service. Over this period the number of paediatricians working in audiology services has reduced and our role is being refined. Nonetheless, I believe our input remains important not just to the holistic care of deaf children and their families but also to the assessment of the many children with communication disorders and other complex needs. What seems crucial is for services to develop strong multi-disciplinary working with recognition of the expertise brought to the Team by all the different professionals – and retaining a good sense of humour helps too!

Personally, since turning 50, I've resorted to Terry Wogan for the morning drive. With his regular contributions from Michael Esterol, Chlodagh Rubbish and Luke Honda Brightside – somehow the chaos of the workplace seems more bearable!!

I am delighted to be handing the BAPA baton on to Adrian Dighe. He has already proved himself to be full of innovative ideas and I am sure the Organisation will flourish under his Chairmanship.

*Susan Rose, BAPA Chair*

## *Treasurer's Report Financial Year Ended 30<sup>th</sup> November 2007*

It is my pleasure to present the first BAPA Treasurer's Report for the year to fulfil our obligation to the Charity Commission. We are a small organisation and it is important to have a solid financial structure to enable us to pursue the programmes we have on our agenda.

It was a busy year but we managed to restrain our expenditure in order to manage our programmes cost effectively.

It is with regret to say, the Association's Accounts are still with our accountants, Hallidays Ltd. Due to unforeseeable circumstances they have been unable to prepare (audit) the accounts to be ready for the AGM.

On my last count, before the documents were handed over to Hallidays Ltd, our net assets were £45,000 but this figure is likely to improve once the annual interests are added. I will make a detailed official report available to the Association

as soon as I have them.

BAPA membership recruitment is still slow. It is important, therefore, that we endeavour to recruit new members as the Association has so much to offer.

The balance sheet continued to strengthen during the year and provided confidence in the planning and the provision of our educational and research programmes

May I take this opportunity to thank Mrs Pam Williams, our Secretarial Secretary who, as always, has been most helpful in making the running of the association possible.

Finally, I would like to thank the Executive Committee Members, the Trustees and all of you for helping me keep the accounts in a healthy state of affairs.

*Ken Abban, 22 January 2008*

*BAPA Newsletter April 2008*

# AUDIEMS

## BRITISH ASSOCIATION OF PAEDIATRICIANS IN AUDIOLOGY

### Balance Sheet as at 30 November 2007

	2007	£	£	2006	£
<b>Fixed Assets</b>					
<b>Computer and Printers</b> at cost	2400			2400	
Deduct Depreciation to date	<u>2390</u>	10		<u>2390</u>	10
<b>Office Equipment</b> at cost	301			301	
Deduct Depreciation to date	256	45		241	60
<b>Audiology Equipment</b> at cost	113			113	
Deduct depreciation to date	<u>52</u>	<u>61</u>		<u>41</u>	<u>72</u>
		116			142
<b>Current Assets</b>					
Prepaid expenses				869	
Cash at National Savings Bank	6257			5871	
Cash at bank: Deposit Account	30061			29246	
Cash at bank: Current Account	14936			12945	
Cash at bank: Area Branches	5457			5457	
Cash in hand	<u>300</u>			<u>300</u>	
	<u>57011</u>			<u>54688</u>	
<b>Current Liabilities</b>					
Creditors Area	344			746	
Branches Accrued	5457			5457	
Accrued expenses	<u>1549</u>			<u>1314</u>	
	7350			7517	
<b>Net Current Assets</b>		49661			47171
<b>Net Assets</b>		49777			47313
<b><u>Accumulated Fund</u></b>					
Balance as at 30 November 2006	47313			42981	
Excess of income for the year	1263			3713	
Bank interest	1201			619	
	-	<u>49777</u>		<u>47313</u>	

These accounts are approved, all records and information for their preparation having been made available.

**Dr. K ABBAN** Treasurer

*British Association of Paediatricians in Audiology*

*Unaudited Financial statements for Year ended 30th November 2007*

**Hallidays Limited, Chartered Accountants, Portland building, 127-129 Portland street, Manchester M1 4 PZ**

### Income and Expenditure Account for the year ended 30 November 2007

	2007	£	£	2006	£
<b>INCOME:</b>					
Subscriptions	8910			8910	
Clinical meetings: Delegates fees	12360			12360	
Advertisements and exhibitors	3800			3800	
BAPA Seminar Day	536				
Sale of Coasters and CDs				572	
Other	-			-	
	<u>20666</u>			<u>25642</u>	
<b>EXPENDITURE:</b>					
Room hire and refreshments	7207			6813	
Meetings: Committee	4106			3524	
Research group	-			65	
Training group	-	-		-	
Other	1331			1834	
Lecturers fees and expenses	876			902	
Newsletters	2761			3091	
Postage	116			537	
Stationery	20			924	
Telephone and fax	80			195	

# AUDIT

Secretarial	52		600
Subscriptions	121		40
Accountancy	1469		1234
Bank charges	349		382
Prize	-		-
Web site registration			-
Cd & coaster expenses	890		860
Electoral Reform Services	-		662
Donations	-		30
General expenses	(i)		203
Depreciation	26	<u>19403</u>	33 <u>21929</u>
<b>Excess of Income</b>		1263	3713
Bank interest received		1201	619
Transfer of Funds from South Wales		-	-
		<u>2699</u>	<u>4332</u>

## Analysed Income and Expenditure Account for the year ended 30 November 2007

	Clinical Meetings		Newsletter	General
	January	June		
	£	£	£	£
<b>INCOME</b>				
Subscriptions				8770
Clinical meetings: Delegates fees	8050			160
Advertisements			1800	
Exhibitors	1150			200
BAPA Seminar Day				536
Other				-
<b>Total Income</b>	<u>9200</u>		<u>1800</u>	<u>9666</u>
<b>EXPENDITURE</b>				
Room hire and refreshments	1181			6026
Meetings: Committee				4106
Research				-
Other				1331
Lecturers fees and expenses				876
Newsletters			2761	-
Postage				116
Stationery				20
Telephone and fax				80
Secretarial				52
Subscriptions				121
Accountancy				1469
Bank charges				349
CD & Coaster expenses				890
Electoral reform services				-
Donations				-
General				(1)
Depreciation				26
<b>Excess of Income (Expenditure)</b>	<b>1181</b>		<b>2761</b>	<b>(15461)</b>
<b>Other meetings</b>				
BAAP		396.20		
Federation Day		299.75		
BACDA Development Group Meeting		289.24		
National Action Plan Meeting		62.50		
BACDA Southeast		34.60		
Mental Health & Deafness		77.69		
		<u>171.00</u>		
		<b>1330.98</b>		

### Membership

Ann MacKinnon (Chair),  
Jane Lyons,  
Lesley Batchelor (Training Lead),  
Wanda Neary,  
Sarita Fonseca (Research Lead),  
Gillian Painter,  
Esther Harper,  
Dolores Umpathy,  
Sebastian Hendricks,  
Susan Rose

Members of the Development Group have been working on a number of different areas on behalf of the BAPA membership over the course of the last year. Sarita Fonseca continues as the lead for research matters, and Lesley Batchelor, as convenor for the RCPCH Paediatric Audiology Special Interest Group, is the training lead.

### Research

For a variety of reasons progress with the proposed Study on Unilateral Sensorineural Hearing Impairment (SUSHI) has been slow during 2007. Finding appropriate funding required before the ethical approval forms can be submitted is proving challenging. The Development Group are currently reviewing the SUSHI proposal and considering alternative ways of approaching the study which may improve our opportunities for obtaining the financial support required.

### Training

#### Vestibular course.

Good progress has been made with preparations for the Vestibular Course. This is to take place in Cambridge from 9th-11th July. We are grateful to Adrian Dighe and Sarita Fonseca who are continuing to work hard to ensure that this will be an excellent opportunity to develop the skills to enable you to undertake a proficient assessment in a community/2nd tier setting and to be able to identify the small number of children who require specialist/tertiary referral.

#### Effective Communication with Families.

The Development Group are currently exploring the possibility of organising a course centred round sharing the diagnosis of a significant sensorineural hearing loss with families. Such a course would involve the use of actors and interactive role play sessions. More details in the future.

#### Other courses.

If there is a particular topic that you feel BAPA could consider organising a training course on please pass this on to any member of the Development Group.

### Royal College of Paediatrics and Child Health

Lesley Batchelor, the Convenor for the RCPCH Paediatric Audiology Special Interest Group, is continuing to raise awareness, within the college, of Paediatric Audiology matters. Hilary Cass, RCPCH Registrar, has worked very closely with Lesley to look at ways of bringing the status of Paediatric Audiovestibular Medicine to subspecialty level. This work has in some ways been linked to the RCP document "Hearing and Balance Disorders: Achieving Excellence in Diagnosis and Management", which contains ideas about future training of paediatricians in Audiovestibular medicine. Sadly, to date, the RCPCH has declined to ratify this document.

Hilary Cass also wrote an article published in the September 2007 BACCH News "The case for Paediatric Audiovestibular Medicine as a subspecialty of Paediatrics" which I would recommend you to read if you have not already done so.

BAPA would like to take this opportunity to thank Dr Cass for the support she has shown the organisation and for all the help and guidance she has given us in dealing with the College.

### Workforce Review Team (WRT) Meetings

BAPA are continuing to highlight our concerns with the WRT and the RCPCH regarding the impending crisis in Paediatric Audiovestibular Medicine.

The Development Group is keen to have input from the wider BAPA membership. If you have any contribution that you can make to the work of the group please get in touch with any of the group members.

*Ann MacKinnon*

## Scottish BAPA Study Day Early Days - Dilemmas and Decisions

This was our 6th meeting for a multidisciplinary audience from Audiology, Education, Paediatrics, Speech and Language Therapy, Social work and Voluntary agencies.

As a veteran organiser I tried to console myself that “it would be alright on the night” in spite of the usual panics especially not having any contact from the main speaker with less than a week to go. Registration was slow as usual and the numbers of 60-70 a little down on previous years perhaps reflecting the very wide spread of the programme. On the day there was a panic of more sponsors than expected (good for BAPA coffers) and also unregistered delegates, however the Stirling Royal Infirmary conference centre coped admirably with our last minute demands.

We were extremely fortunate in the quality of our speakers, who all gave excellent presentations. The programme ran to time with plenty of time for discussion although I felt there was not so much audience participation as there might have been. Pauline Campbell’s talk on Diagnostic Dilemmas was particularly challenging and, although perhaps technically above some of the audience, all the issues she raised were very relevant. The update on cochlear implantation was clear and relevant. Elizabeth Tyszkiewicz’s talk on working with families and babies was fascinating and very stimulating with beautiful videos. BAPA members gave case presentations to illustrate the difficulties in diagnosis and management to tie in with the talks.

Feedback was very positive with 99% feeling the organisation was very efficient, communication was effective and presentations were excellent or very good. 81% felt the meeting was very relevant to their educational needs and 83% learned a great deal. We hope to continue our 2 yearly formats.

Donald MacAskill, Head of Audiology Services, Forth Valley Health Board. From an Audiologists point of view, any study day that will increase people’s knowledge or update it is very welcome and should be supported. The venue at Stirling Royal Infirmary was a good one, although parking there is never easy. The lecture theatre is comfortable and there were a good number of sponsors for the day showing their wares.

The first lecture from Pauline Campbell was not a comfortable one to be part of. There were many points made that made the delegates think and this is always worthwhile. There were however, some generalisations about services being provided that would have been more accurate had the speaker actually visited the departments she seemed so eager to criticise. I found comments suggesting randomised control trials for newborn hearing screening interesting as

it allowed me to question how this could ever be ethical, and maybe this was the point. Controversial statements may make us disagree, but they do make us consider what happens at present.

An update on Implants from Agnes Allen was very timely as I was unsure what are present criteria or current thinking on age of implantation and bilateral implantation. I certainly hope this is an indication of future sharing of information for departments so that they can perhaps become more involved in the process.

The highlight of the day was Elizabeth Tyszkiewicz. Auditory Verbal Therapy may not be everyone’s cup of tea, however this talk was of the highest quality and I only wish she was given longer to demonstrate the approach and the outcomes. There are very few AVTs within the NHS, however with the introduction of the new certificate from Aston University, this may increase as we try and cope with the messiness that comes from such early identification of deafness.

The day was well attended although not by many Audiologists. Whether this was a result of the cost or knowledge of the day I don’t know, but Scottish Audiology need more days like this.

Reflections from a Teacher of the Deaf.

- A well balanced programme with significant relevance to our work
- Elizabeth Tyszkiewicz was extremely inspirational and the content of her presentation will inform our practice
- Diagnostic Dilemmas... Raised a number of questions and gave good references which can be used to stimulate discussion about our approach to working practices.
- Some statistics and the presentation of case studies are of less relevance to us as teachers

Thank you for the invitation.

*Ruth Mackay, Chairperson BAPA Scotland*

## Reports from the Regions

### **BAPA South East Region**

The South-East has held one meeting this year: on 22nd June 2007, a group of SE regional members met at Urswick Medical Centre, Dagenham. The excellent postgraduate facilities were kindly made available by Indira Mohan's husband (the local GP Tutor). We were pleased to have some local audiology staff and the teacher of the deaf present by invitation.

The theme was the NHSP Quality Assurance Programme. Keith Stewart outlined the structure of the programme and its objectives and then gave an overview of what was involved in preparation for a local site visit. Janet Lowe then expanded on the Quality Standards and the way the visiting team would seek to verify the information submitted in advance from the local site. She also gave some idea of how the reports are constructed and how uniformity of the process is beginning to be achieved across site visits and the composition of each site visit team.

After saying farewell to the guests, the business meeting accepted Ros Aylett's resignation and Roshan Ansari was elected to be the new SE Representative. Keith Stewart will continue to serve as the other Rep until another new one can be found. He retired from his NHS appointment at the end of September.

Would all SE group members please send their up to date email addresses to either or both:

roshan.ansari@thpct.nhs.uk  
keith.kpas@lineone.net

A meeting will be arranged in June 2008 but the only contact with you will be by email.

*Keith Stewart*  
*South East Representative*

### **BAPA South West region**

Our meeting was in July and we had a very interesting afternoon hearing about assisted communication devices. Numbers attending were relatively small as it seems very hard to find a suitable day for members across the area, perhaps reflecting that many of the group have other work commitments besides Audiology.

Consideration is being given to whether it would be appropriate to join with another region and I would value any feedback from SW members.

*Alison Hooper. alison.hooper@ubht.swest.nhs.uk*  
*South West Representative*

### **BAPA East Anglia Region**

This covers a wide area and unfortunately it has not been possible to arrange any recent events. The group is still running and if anyone is interested in putting together a programme, please contact Janice McCreadie at JanMcC@doctors.org.uk

*Janice McCreadie*  
*East Anglian Representative*

### **BAPA South Wales Region**

There is no regional representative for Wales at present. However Wales has not been altogether forgotten at the Committee as Dr Ken Abban (treasurer) and Veronica Hickson (secretary) attend in their respective roles.

It is hoped that someone may come forward to lead the region in the near future, please e-mail the Committee with up to date contact e-mails and to raise any interest.

### **BAPA Yorkshire Region**

We did not manage any "free-standing" meetings of our own this year, but were asked by the Leeds BACCH group to provide the audiology part of a study day on sensory impairments.

This turned out to be a very useful day largely due to the efforts of Dr Florence McDonagh in finding & co-ordinating the speakers, and in fact there was more on audiology than any other senses.

Speakers included, Dr Chris Bennett, Consultant in Clinical Genetics at Leeds, Dr J Gillespie, Consultant radiologist at Manchester, Mr. Vernon Long Consultant Paediatric Ophthalmologist at Leeds, Doris Bamiou from Great Ormond St, and Melanie Ferguson who is researching into auditory processing disorders at the Queens Centre. Dr Steve Williams Consultant Paediatrician at North Staffs spoke about establishing a clinical data base.

We hope that 2008 will be more productive.

Please can I have emails of any Yorkshire members who may be reading this? I do have some already but by no means everyone's, and it is the easiest way of communicating.

My contact email address is kathleen.coats@nhs.net

*Kathleen Coats*  
*Yorkshire Area Representative*

## **BAPA Scottish Region**

We have had 2 well attended members meetings and one national meeting this year.

For the members meetings the mornings are spent on "business" matters e.g. Updates on NNHS and School screen etc. Interestingly there is now only one area in Scotland still carrying out the school screen. Planned quality inspections have also been on the agenda as well as general networking and advice. 6 sites in Scotland have had an Audit of Paediatric Audiology and associated Universal Neonatal screening, Medical, Early Intervention and Family Support services with the intention to revisit those sites and the other sites in 1-2 years.

We are also trying to make representation to the Scottish Parliament on the lack of legislation for acoustics in schools.

The Scottish government is going to appoint an Audiology Services Manager (including Paediatrics) and this will hopefully identify a need to appoint a person to oversee all aspects on UNHS.

For CPD we have had a session from our local friendly Radiologist showing us the intricacies of MRI scans etc.

In June we had a very stimulating session on speech acoustics including a quiz on matching what sounds a child

would hear on a given audiogram. This was rather taxing for some of us but very useful in understanding the impact of impaired hearing.

In November we held our national multidisciplinary meeting in Stirling, "Early Days-Dilemmas and Decisions". This was well attended by a wide mix from education, health and voluntary agencies. (See separate report) We were fortunate in the quality of the speakers who provided very stimulating talks around diagnosis, management and therapy. There are still more questions than answers!

*Ruth Mackay  
Scottish Representative*

## **BAPA Northern Ireland Region**

Dr Esther Harper has recently taken over as the representative for Northern Ireland and will be contacting members to arrange a programme of meeting. Please contact her if you have not as yet been approached.

Esther.harper@westerntrust.hscni.net or telephone 028 777 67991

There were no reports from:

BAPA North West Region  
BAPA North East Region  
BAPA Midlands Region

## *Interview with Dr. Simone Walter, Specialist Registrar*

Simone most of us know of you following your presentation on CMV at the London conference in 2007, but-

### **How did you come to be working on the CMV Project?**

In autumn 2004, Professor Paul Griffiths and Dr Mike Sharland gave a talk to the South Thames Audiology Audit and Governance Group about congenital cytomegalovirus (CMV) infection. They asked Dr Susan Snashall if she knew anyone who might like to do a project in the field of congenital CMV and hearing loss. I had just started my MSc in Audiovestibular Medicine, so she put me in touch with Mike. Armed with my initial literature search, I also met with Paul and virologist Claire Atkinson and tried to understand some of the virology. The epidemiological studies show congenital CMV to be an important but under-diagnosed cause of childhood sensorineural hearing loss (SNHL). By the time the SNHL is diagnosed it is difficult to prove antenatal exposure to CMV. Barbi et al (2003) showed the usefulness of detecting CMV DNA on the Guthrie card dried blood spot in children with unexplained SNHL, and I knew that this test was already being used as an aetiological investigation for SNHL at the Nuffield Hearing and Speech



*Photo of Mrs Carmen Burton, Chair of the Congenital CMV Association, and Dr Simone Walter, (right) SpR in Audiovestibular Medicine, taken at the BAPA Conference 25<sup>th</sup> January 2008.*

Centre in children who tested positive for IgG to CMV.

Kimberlin et al's (2003) randomised controlled trial of ganciclovir in neonates with symptomatic congenital CMV showed that early antiviral treatment with ganciclovir may have a protective effect on hearing. Therefore, it was important not only to improve methods of diagnosis, but also to try to identify infants most at risk of SNHL, in case it may be preventable by antiviral therapy. A link between higher amounts of virus ('viral load') and SNHL had been reported for urine and blood samples. Paul's virology centre had developed a method of measuring viral load on the Guthrie card dried blood spot by quantitative polymerase chain reaction. I asked to look at the relationship between SNHL and viral load on dried blood spots. Previous groups had tested whether CMV DNA was detected or not, but nobody had measured *viral load* in Guthrie cards before. In the UK, Guthrie cards are stored side by side and at room temperature. So we made mock CMV negative and CMV positive Guthrie cards and stored them side by side at room temperature in the laboratory to look for decrease in viral load over time and cross contamination between cards.

#### **What were you involved with before this?**

I went to Newcastle Medical School and did my house jobs in the North East. Then I moved straight into paediatrics.- first in Norwich and then at Chelsea and Westminster. I worked in general paediatrics, neonatology, community paediatrics, and paediatric oncology and obtained MRCPCH in 1998. I joined Audiovestibular Medicine in 1999 as a flexible SpR. I had a career break (with a retainer scheme) so that I could look after my children when they were very young. In January 2004, I returned to part-time SpR training in Audiovestibular Medicine; first at the Royal National Throat Nose and Ear Hospital, moving to St George's Hospital in September that year.

#### **What skills do you think you brought with you to the project?**

I had some previous experience of research from working on a study entitled 'energy balance and growth in sickle cell disease' at the MRC Sickle Cell Centre in Jamaica. This gave me an idea of basic research methodology: formulating a hypothesis, study design, and use of statistics, but I was very keen to get more research experience from the MSc course.

I have always enjoyed team-work and problem-solving and these skills were necessary for this project because it involved so many different professionals who worked at seven different trusts. I needed to liaise with parents, clinical staff, staff in different newborn (biochemical) screening centres, and with Claire and Paul at the virology centre.

I had to be fairly well organised to submit applications for ethical, research and development approval and for honorary contracts, and to arrange site visits and note retrieval from the seven sites on time, whilst juggling the MSc and clinical work.

#### **The Porto conference in 2007 was beneficial to the CMV research, but in what way?**

The Porto conference 2007 was the 25<sup>th</sup> Annual Meeting of the European Society of Paediatric Infectious Diseases (ESPID). It was a great honour for the CMV in Hearing Impaired Children (CHIC) Study to be chosen for an oral presentation out of so many entries. It went on to win the award for best scientific presentation. We donated the €500 award to the CMV research fund. There was much interest shown in the project from clinicians at the conference. Now congenital CMV has been selected as a top priority for new treatment trial applications by ESPID to the European Union for funding. We hope that funding for a European study of antiviral therapy will be granted.

#### **This is clearly a team project, what are the backgrounds of the other team members?**

Yes it was very much a team project.

**Dr Mike Sharland** is a Paediatric Infectious Diseases (PID) Consultant who leads the PID Unit at St George's Hospital, London. He acted as Chief Investigator for the project and was also project supervisor. Mike plays a major role in developing postgraduate teaching in PID in the UK and he was appointed to be the lead for PID training in Europe in 2005.

Mike has a long-standing interest in the development and best use of paediatric antimicrobials, including antibiotics, antivirals and antifungals. Much of his early work was in the field of paediatric antiviral medication for children with HIV. He has had a clinical and research interest in congenital CMV infection for many years, working with Professor Paul Griffiths. He has treated many children with congenital CMV, and is working on developing United States and European collaborations on new drug treatment for children with congenital CMV.

**Professor Paul Griffiths** is head of the Virology Centre at the Royal Free Hospital. He supervised the virological aspects of the project. He has worked extensively on CMV. He has developed laboratory methods to detect virus in body fluids, to quantify the amount of virus present and to look at how well the immune system is responding to CMV. Paul has also been collaborating in clinical trials of antiviral drugs and vaccines to determine how well they inhibit CMV and how this can ultimately lead to reduction of some of the symptoms caused by CMV.

**Claire Atkinson** is a Biomedical Scientist and Section Manager within the Royal Free Virology Centre. She performed all the virological testing (dried blood spot, blood and urine) for the CHIC study participants. She specialises in molecular diagnostics and she has an interest in congenital CMV diagnosis. Claire is working on retrospective diagnosis of CMV from dried blood spots and is registered with the University College, London as a PhD student.

**Dr Raglan**, Consultant Audiovestibular Physician, was my second MSc project supervisor, who provided valuable

advice and supervision, especially regarding the audiological aspects of the project. She is a lead Consultant at St George's and Great Ormond Street Hospitals, Audiological Medicine MSc Course Tutor, and BAAP secretary. Her many achievements in neuro-otology, and her efforts to promote the specialty of audiovestibular medicine, are widely recognised.

**Mrs. Carmen Burton** is Chair of the Congenital CMV Association. The Association provides information and support for families, aims to spread awareness of congenital CMV, and helps professionals carrying out CMV research. Carmen kindly reviewed the project from the parent's perspective.

Before her daughter was born, Carmen did voluntary work at her local Deaf School, studied British Sign Language and then worked as an Educational Care Officer in a Special School supporting children with a wide range of severe learning and physical disorders.

Her daughter, who was born with many of the side effects of congenital CMV, including profound Deafness, had a cochlear implant and Carmen is also Coordinator of the Midlands Cochlear Implanted Children's Support Group. Carmen now works for her father as a part time engineer.

(See the article below for her presentation of the various problems experienced by children with congenital CMV from her audit of the membership. First presented to BAAP in April 2007)

### **What prompted your move from St George's Hospital to Great Ormond Street Hospital?**

I was lucky to spend three happy (part-time) training years at St George's Hospital and it was time to move on for my training needs as an SpR in Audiovestibular Medicine. Our training needs are assessed at our annual Record of In-Training Assessment ('RITA') meeting and we rotate according to the programme director's recommendations.

### **What does the future hold for the work?**

Mike and Paul's collaborative research network aims to determine the optimal treatment of congenital CMV

infection and conduct studies on the clinical, virological and immunological responses to treatment. They have helped launch the European Congenital CMV Initiative (ECCI): a network of professionals based throughout Europe with a united interest in congenital cytomegalovirus (CMV) infection whose aim is to promote awareness of congenital CMV and support and encourage research initiatives (see [www.ecci.ac.uk](http://www.ecci.ac.uk)). Dr Sue Luck, who is a paediatrician and CMV research fellow under Mike and Paul's supervision, has developed a treatment register, linked to the ECCI website, to record the outcomes for all children with congenital CMV treated with antiviral drugs. She is also studying viral load in different body fluids, immunology, and response to treatment in congenital CMV.

A follow-up study to CHIC involves collaboration with Professor Adrian Davis to pilot integration of CMV tests with newborn hearing screening. We would like to study into the relationship between viral load and hearing loss further, including the site(s) of auditory pathology, prospectively in CMV-related SNHL. We would also like to pilot saliva testing by mouth swab, as this would be an easier sample to collect than urine. Ethical approval has been obtained but funding has not yet been granted. Also we are discussing plans for:

1. a randomised double-blind placebo-controlled trial of the oral antiviral agent 'valganciclovir' for infants over 1 month of age with CMV-related SNHL in collaboration with the American-based Collaborative Antiviral Study Group
2. a European randomised double-blind placebo-controlled trial of valganciclovir for infants with symptomatic congenital CMV.

Research is also needed into CMV-related vestibular disorders, CMV as a cause of auditory neuropathy/dysynchrony and auditory processing disorders, and whether there may be a role for other medical treatments in progressive CMV-related SNHL.

## *Is it CMV or Just the Way She Is? Carmen Burton and the UK Congenital CMV Association*

Brief Editorial report from the presentation given by Carmen Burton at the First London Conference of BAPA January 2008

Carmen has been the voluntary coordinator of the UK Congenital CMV Association since early 2006, having been set up in 1986. Her daughter, Natalie, was born with symptomatic congenital CMV in 1993. This has left her with many issues, but Carmen remarks not as severely as many other children are affected. Carmen is also the Midlands

region coordinator for the Cochlear Implanted Children's Support (CICS) Group. Carmen outlined what she saw as the aims of the Congenital CMV Association

### **Aims**

- To support families and facilitate parent to parent contact
- Assist professionals with research
- To begin to gather statistics and info from families affected by CMV

# ADVENTS

To spread awareness of CMV in the general and medical populations

To provide support and information to nurseries with CMV children

Posters

Posters are soon to be available for display in GP surgeries and other notice boards to highlight the condition, which may present itself in two ways. 10% of babies are symptomatic at birth and display any combination of abnormalities of the ears; eyes, nervous system, and the other 90% are asymptomatic and may later develop hearing loss.

Membership of the association stood at 58 families with a total of 62 affected children at the time of Carmen completing a review of the problems that the children faced. She was able to obtain full information on 36 of the children which included four sets of twins. 24 of these children were symptomatic whilst 9 of the remainder had possible symptoms.

### Questions posed by Carmen.

Are asymptomatic children “just” deaf?

How many asymptomatic children are being missed?

From her involvement with CICS Carmen discussed that prematurity is often identified as the cause of the child’s hearing loss but went on to present the findings of her review of the asymptomatic group of Congenital CMV, see table 1.

Interestingly the parents all reported that their children were deaf from birth. (This may reflect that children were not subject to initial neonatal screening, so whether or not hearing loss was present at birth cannot be confirmed.)

Table 1 shows the possible symptoms that were present at birth of the reportedly asymptomatic group. (5 and 6 identical twins, 9 and 10 non-identical twins)

Carmen went on to present the issues that affected the “asymptomatic group” as they grew up (table 2). Interestingly identical twins 5 and 6 have developed very differently, one being bilaterally deaf with a cochlear implant, chronic lung disease and was tube fed via a gastrostomy until she was 9, whilst her sibling has unilateral hearing loss, cannot sit still, and has visual perception, memory and organisational problems.

We were briefly introduced to Natalie in the PowerPoint presentation

Carmen’s review suggests that Congenital CMV children who are initially asymptomatic appear to have a variety of identified difficulties as they grow up, other than their sensorineural hearing loss, and that further reporting in this group would be of ben

This could be something that is done in collaboration with BAPA and would no doubt be eligible for submission for one of the BAPA prizes in due course!

For further information on the work of the CMV Association visit their website.

Website: [www.cmvsupport.org](http://www.cmvsupport.org)

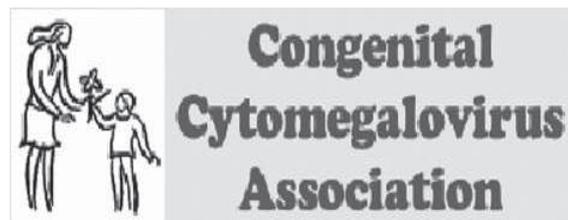
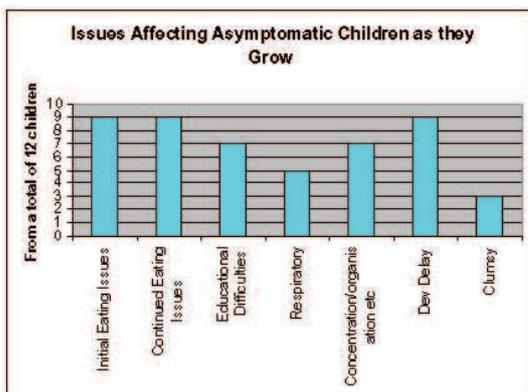
Email: [congenitalcmv.association@ntlworld.com](mailto:congenitalcmv.association@ntlworld.com)

Phone: 01332 365528

Table 1

child	1	2	3	4	5	6	7	8	9	10	11	12
Prem/small for dates	*				*	*		*				
Microcephaly		*		*							*	
Jaundice	*											
Low blood count	*											
Calcification	*								*			*
Visual problems		*										
Seizures		*										
Abnormal muscle tone		*						*	*		*	*
deafness			*	*	*	*	*	*	*		*	*

Table 2



## Central Hyperacusis in 100 Children

Nedal Sattar

Associate Specialist in Child Health & Audiology, East Lancashire Hospitals Trust

### Introduction:

Since the late nineties, there has been a significant increase in the number of children presenting with intolerance to certain sounds (12). This observation is shared by others both in the UK and across the Atlantic (6, 7, 8).

The prevalence of this condition in children is unknown but thought to be around 6% (5). Some estimates put it as high as 46% when symptoms were reported using questionnaire (4). However, this seems to be an over-exaggeration.

The triggers seem to be specific sounds which suggest that it is probably the frequency of the sounds rather than the loudness that causes the distress. Most children with hyperacusis react to the same triggers. Some of the typical sounds are; Vacuum cleaner's noise, electrical machines e.g. drills & food processors, loud music, heavy vehicles traffic, people shouting, dogs barking and fireworks. The typical response of the children is covering the ears with their hands, sometimes crying, screaming, behaving erratically and leaving the room in some instances. Parents usually describe the difficulty they encounter using the Hoover when the child is around.

Hyperacusis in William's syndrome and other conditions were reported (10, 11) and the phenomenon of recruitment in some children with sensori-neural hearing loss was well recognised. However, the frequent referral of young children with this phenomenon without any pre-recognised condition became particularly evident at the turn of this century.

The results of the first 17 cases were presented in 2002 (12). The current total number of children is 150 cases, however because of the time lag needed for the analysis, this paper reports the results of 100 cases only.

### Method:

The first 100 patients seen by the author between January 2000 and April 2006 with no hearing losses were included. Twelve of the 100 cases were among the 17 cases presented in an earlier study.

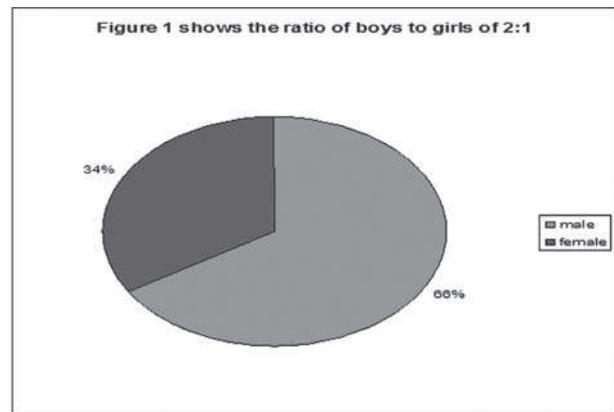
Audiological assessment included hearing thresholds, tympanometry in all cases and Transient Evoked Oto-Acoustic Emission (TEOAE) test whenever possible.

There is no definitive test to diagnose this condition but decreased Loudness Discomfort Level (LDL) is usually used as an indicator of hypersensitivity to sounds (2, 4, and 6). LDL measurement was reported to be feasible in children as young as 6 years old (7). As the majority of children in this study are younger than 6 years and most of them have associated conditions that made even routine testing difficult, LDL was attempted only in a minority of cases.

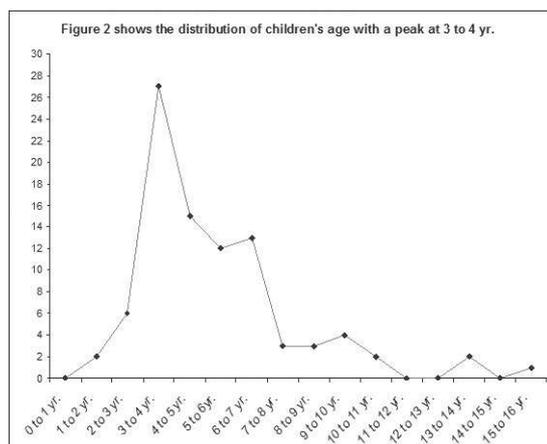
### Results:

All cases have no significant hearing loss and normal tympanometry. In the majority (56%), where TEOAE test was possible, emissions were present confirming normal cochlear function.

The male to female ratio is 2:1 (Fig. 1).



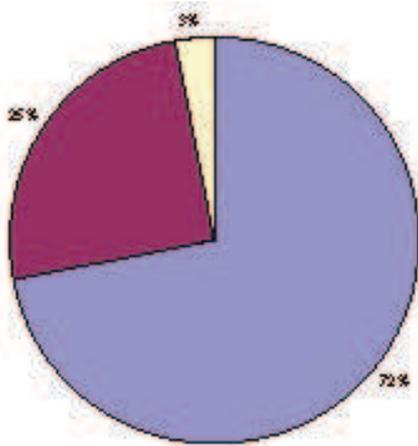
The majority of children presented at a young age (Fig. 2) and the symptoms seem to ameliorate with time. Follow-up of cases for a few years after presentation showed that hyperacusis was less of a problem after the age of 5-6 years.



Seventy two cases were referred because of Hyperacusis with different presentations. In a quarter of cases, concern about hearing, speech or behaviour was the main reason for referral (Fig. 3)

# ADDRES

Figure 3 shows the different reasons for referral

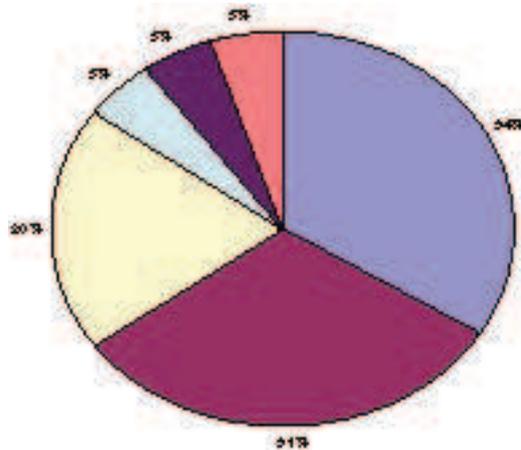


Hyperacusis 72%, Speech/Hearing/Behavioural 25%, Delayed development 3%

In some cases, there was no obvious link between the reaction of the child and sound. For example, a 5 year old girl was referred to the school doctor because of concern about her behaviour during drama and dancing lessons. Another child (diagnosed later with Autism) thought to be crying on watching Asian movies on video because of the sad story line!

Health visitors and parents were again the largest source of referral contributing to 65% of cases (Fig.4). This is probably due to the fact that the majority of cases were pre-school children.

Figure 4 shows the sources of referrals



HV 34%  
 Parent 31%  
 Comm.Paed. 20%  
 Hosp. Paed. 5%  
 SN 5%  
 Others 5%

The table below shows the different pathologies in the majority of cases. Some patients have more than one pathology. The commonest is Autistic Spectrum Disorder (ASD) and its co-morbidities.

The HAH (Hyperacusis, Asperger, Hyperactivity) triad was prevalent in these cases.

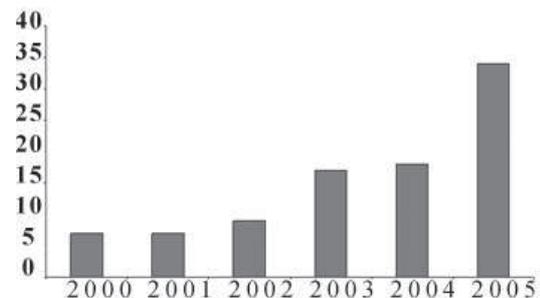
There is a documented or presumed insult to the brain at the perinatal period in a significant number of children. However, in sixteen cases there was no obvious pathology and in two cases the medical history (Ventricular Septal Defect, Gestational Diabetes) did not seem to be relevant.

ASD (confirmed & suspected) + co-morbidities	45
ADHD (confirmed & suspected)	18
Epilepsy / Migraine	12
Perinatal problems usually associated with prematurity	12
Meningitis / Encephalitis / Septicaemia / Head injury	10
Family history of significant relevant illnesses	10
Parental drug abuse	6
Dysmorphism ( including recognised syndromes e.g. Down's syndrome)	5
No obvious pathology	16

## Discussion:

The results of this larger sample of 100 cases are very similar to the published results of 17 cases (12). The longer period of study (> 5 years) showed that the number of children presenting with hyperacusis has been on the increase (Fig.5).

Figure 5 demonstrates the increasing trend of Hyperacusis in the last 6 years



The pathophysiology of hyperacusis is unknown but thought to be due to loss of inhibitory function of the efferent auditory pathways, central auditory processing disorder specific to perception of sounds or combination of both (1, 9, 10).

Follow-up of cases seen in the earlier years demonstrates improvement in the symptoms. This could be due to delayed maturation of the CNS or as a result of the management tactics employed or both.

The increasing awareness of the variable presentations in the at risk group of children led to a diagnosis at a much earlier age (two cases < 2 year old.) Also, children presented with hyperacusis as an overt sign of a more complex disorders at a young age. A definite diagnosis of ASD, ADHD, ... etc. usually took one to two years after the provisional diagnosis by the author. In some cases, the presence of hyperacusis was one of the factors contributing to the definitive diagnosis.

The common theme in a significant number of these cases is the presence of an insult to the brain (see table above) usually at the stage when the brain cells are still developing. In addition, the fact that all cases included showed no evidence of peripheral auditory lesion, suggest strongly that these cases of hyperacusis are central in origin, probably due to imbalance in brain transmitters.

Serotonin (5-HT), suggested by Marriage & Barnes in 1995, seems to be the most likely transmitter involved in this phenomenon. The strong association of hyperacusis with other conditions e.g. ASD & ADHD in which some research also suggested Serotonin as a key factor in its pathophysiology(3), adds weight to this argument. However,

currently there is very little known and certainly there is the need for more research in this field of audiology.

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## Citation for BAPA Prize

Citation from Ann MacKinnon for the BAPA Prize awarded to Lesley Batchelor at the BAPA London Conference January, 2008

### BAPA Annual Prize Nomination

I would like to nominate Dr Lesley Batchelor for the inaugural BAPA Prize.

Lesley has for many years promoted the aims of BAPA both during her day to day work and in the many commitments she has undertaken on behalf of not only BAPA (BACDA) but also the National Deaf Children's Society, RCPCH and BAAP.

Lesley has served BAPA (BACDA) for many years and continues to do so. In 1995 Lesley took over as meetings secretary, a post she held until becoming Vice Chair in 1999. During her term as meetings secretary Lesley organised many excellent meetings both in Manchester and London.

Lesley served just one year as Vice Chair before taking over the Chair in January 2000. She led BACDA successfully into the millennium. She played a lead role in initiating dialogue with the Royal College of Paediatrics and Child Health, allowing for initial discussions about workforce issues and the training needs for paediatricians working in the field of audiology. Despite things moving extremely slowly with the college Lesley has never given up hope of eventually persuading the college that Paediatric Audiovestibular Medicine should be a subspecialty in its own right. A major milestone was achieved when, thanks to Lesley's continued efforts BACDA was given Special Interest Group Status within the RCPCH.

During her time as Chair Lesley initiated discussions with BAAP which have led to much closer links between the organisations and the eventual formation of the Audiovestibular Medical Federation.

# ADVENTS

During all Lesley's years on the BACDA Executive she has been actively involved in initially the Research Committee and the Training group, which have in recent years merged to form the Development Group.

Lesley made a significant contribution to the BACDA Syllabus, published in 1999, which was developed to provide a structured, learner centred framework for trainees and trainers in paediatric audiology. She was then involved in a small working group which developed core competencies in audiology for basic specialist training in paediatrics. Despite disappointment that these competencies appeared in the final document produced by the RCPCH in a rather watered down form, her enthusiasm and determination to raise the profile of audiology within the RCPCH was not diminished and she went on, within another small working group to produce Competencies in Paediatric Audiovestibular Medicine for Paediatric Higher Specialist Training (HST), which have now been added to the Community Child Health HST as an appendix. Lesley has also been very involved in the Royal College of Physicians' working party on Audiological Medicine when she ensured that the specific needs of children and their families, and the differing training needs of audiovestibular physicians working with children were kept high on the agenda and appropriately dealt with.

Lesley, as convenor of the Audiovestibular Special Interest Group within the College continues to have the lead role in promoting the workforce concerns and training needs of paediatricians working in audiovestibular medicine.

Lesley has promoted paediatric audiology through her work with the newborn hearing screening programme, being actively involved in the development of the development of the aetiological guidelines for investigation of hearing loss, which she has presented at several different meetings.

Although the proposed research project considering investigations into unilateral hearing loss has not progressed as quickly as Lesley would have liked the huge amount of work that Lesley has put into developing and collating all the appropriate paper work for this project (data collection forms, family information sheets, professional information sheets etc) should be acknowledged. Lesley and the research subgroup involving both BAPA and BAAP members are hopeful that this project will progress once COREC

approval has been obtained. Lesley has been instrumental in keeping this project going when many others would have given up.

Not content with all the work that she has done and continues to do on behalf of BAPA, Lesley has now taken on the remit of Meetings Secretary for BAAP.

Lesley continues to be an active member of the North West Audit Group.

Over the past 2 years Lesley has been very involved in a small multidisciplinary group that has been writing Quality Standards for Paediatric Audiovestibular Medicine.

In all aspects of Lesley's work, both her clinical responsibilities in Macclesfield and the extensive committee and development work she undertakes, Lesley always promotes the multidisciplinary nature of paediatric audiovestibular medicine and the importance of keeping the child and family at the heart of everything we do.

Lesley has for many years, and continues to do so, worked tirelessly to promote, further develop, and ensure the sustainability of all aspects of paediatric audiovestibular medicine. Although extremely busy in her clinical post, Lesley has always been willing to take on additional responsibilities on behalf of the paediatricians working within the specialty. Lesley has provided invaluable advice and support to those that have followed her onto the BAPA (BACDA) Executive. Because of Lesley's persistence the Royal College of Paediatrics and Child Health are now at least acknowledging the importance of having appropriately trained and experienced paediatricians working within audiovestibular medicine. They are now actively exploring possible training routes and career pathways.

I feel that Lesley's ongoing commitment, hard work and sheer determination has been an outstanding contribution to Paediatric Audiovestibular Medicine. Because of Lesley I feel we can now look with some hope to the future for this specialty. Lesley's drive to move things forward has never been for personal gain but has always been based on her conviction that all children with a known or suspected hearing or balance problem have a right to receive the best possible care.

## *The BAPA Annual Prize Rules*

1. The award is named the BAPA Annual Prize
2. Any BAPA member (Full, Associate or Retired) will be eligible for the award apart from members of the Panel (see below)
3. The award will be given for work that promotes the aims of BAPA, which are:
  - (a) The promotion of standards in both training and professional qualifications of paediatricians working in audiovestibular medicine and to contribute to the training of other professionals working in related disciplines.
  - (b) The promotion of multidisciplinary working for the benefit of children and their families.
  - (c) The promotion of multidisciplinary working by maintaining and developing links with other professional bodies.
  - (d) The holding of meetings, lectures and discussions in various regions and the publication at regular intervals of a newsletter for members.
4. This work can be in the form of:
  - (a) a report or publication
  - (b) a presentation to an educational or audit meeting
- (c) an outstanding contribution to service development and/or multi-disciplinary working.
5. Candidates can themselves apply for the Prize by submitting a report or presentation. Alternatively candidates can be proposed by any full member of BAPA by submission of a citation.
6. The Awards Panel will comprise three assessors, two of whom are BAPA members (one of whom is a committee member) and one non-BAPA member who is actively involved in children's hearing services. The Panel will be nominated annually by the Committee.
7. Submissions should be sent to the Secretariat or Chairman by 30<sup>th</sup> September each year for consideration by the Panel. If the Panel agrees to make an award this will be presented at the next BAPA Annual General Meeting. If the recipient is unable to attend, the award will be presented in absentia.
8. The award will be in the form of tokens of the recipient's choosing. The value of the award is currently £250.

## ***British Association of Paediatricians in Audiology Research Award***

### **What is the BAPA Research Award?**

This financial award of £500 will be given to the successful BAPA member to facilitate an original piece of research, audit or governance related to Paediatric Audiology. Although intellectual ownership will be the author's, BAPA should be acknowledged in any publications and presentations of the work's findings.

### **Who can apply?**

The applicant will be a BAPA member.

### **How to apply?**

Complete an application form, accessed from the website. It should be emailed to the current Chairman of BAPA, Dr Veronica Hickson, [veronica.hickson@gwent.wales.nhs.uk](mailto:veronica.hickson@gwent.wales.nhs.uk) by the 30th September, 2008. The application will be sent to the research awarding committee (two BAPA members and one doctor actively involved in paediatric audiology; all elected by the Executive Committee of BAPA) and the applicant will be notified about the outcome following the Executive meeting in December.

### **When will funds become available?**

A lump sum of £500 will be paid to the successful applicant within four weeks of the notification of success.

### **What will happen next?**

A six-monthly progress report must be submitted to the current Secretary of BAPA. The completed work should be presented to the current Secretary of BAPA by 30th September, 2010. This will be forwarded to the research awarding committee for scrutiny. The committee will report to the Executive Committee of BAPA at the December meeting (2010). A paper of the work must be provided by the author (before 14th August, 2011) to the Editor of Audiens for publication.

### **Will I receive any guidance and support during the grant period?**

Members of the BAPA Development group would be happy to support the successful applicant and offer advice during the grant period.

### **Can the work be eligible for other awards?**

Winning of the BAPA Research Award does not preclude the author from submitting the work for the BAPA Annual Prize.

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### Disclaimer

The views expressed in this newsletter are not necessarily the views held by the British Association of Paediatricians in Audiology



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15th August 2008 and 15th February 2009.

Articles, letters or adverts etc. to the editor by those dates please.

All submissions must at least be typewritten, and preferably on disc or by Email.

### Change of address or other changes?

**If any of your details have changed, please let BAPA know by sending your details to Ann Mackinnon : [ann.mackinnon@nhs.net](mailto:ann.mackinnon@nhs.net)**

Please be sure to let her have the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_

Preferred Email address \_\_\_\_\_

Home tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

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