




Hear life again.

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Tuesday: 9:00am - 5:00pm
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GLENWOOD SPRINGS, CO
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Glenwood Springs, CO 81601
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CALL: 970.945.7575

Rocky Mountain Audiology

DID YOU KNOW?
Most medical insurances cover an annual audiogram with a physician referral?

Rocky Mountain Audiology would love to provide your patients with a diagnostic hearing evaluation. Whether you suspect a patient may have a hearing condition or they have already been previously diagnosed if you provide your patients with a referral it helps with medical coverage. As a participating provider with most major health insurance plans, our staff can assist patients in determining if their plan has hearing healthcare coverage.

Hearing Healthcare
A Newsletter from Rocky Mountain Audiology



Daria Stakiw, Au.D.
BOARD CERTIFIED
DOCTOR OF AUDIOLOGY

Our mission is to deliver superior customer service, while respecting the needs of our patients, helping them maintain healthy hearing throughout their life.

Untreated hearing loss is shown to contribute to **DEMENTIA** and **MENTAL DECLINE**, yet statistics show that only **25%** of people who actually need hearing aids own them.

Rocky Mountain Audiology is proud to serve patients in our 2 convenient locations. Dr. Daria Stakiw has been practicing audiology in hospitals, clinics and the educational setting for over 13 years in the Vail and Roaring Fork Valleys. She has experience in diagnostic hearing and balance evaluations, dizziness treatment, hearing aid fitting & repairs as well as tinnitus management.

Dr. Stakiw is committed to ongoing continuing education, providing the latest in hearing technology, and serving patients with compassion and understanding.

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DIABETES AFFECTS...

nearly 30 million people in the U.S. while Hearing loss affects an estimated 34.5 million.

According to a study conducted by an epidemiologist at the National Institute on Deafness and Other Communication Disorders, those with diabetes are twice as likely to have some form of hearing loss when compared to those who are not diabetic.

The connection between diabetes and those experiencing hearing loss has long been suspected. In June 2008, a study by the U.S. National Institutes of Health (NIH) published in the Annals of Internal Medicine, found a strong and consistent link between impaired hearing and diabetes. Studies also revealed, when diabetes was not controlled, 30% more women than men suffered from hearing loss.

Even with this “compelling evidence” there are no firm conclusions on how this disease is related. It’s possible that the high blood glucose levels associated with diabetes cause damage to the tiny blood vessels in the inner ear, similar to the way in which diabetes can damage the eyes and the kidneys. This inner ear damage can impact the ability to understand speech. Further supporting this theory, statistics show that of the 86 million adults in the US who are pre-diabetic there was a 30% higher rate of hearing loss compared with people with normal blood glucose.

Although we may not know why people with diabetes have a higher rate of hearing loss it’s important to include hearing test as part of diabetes management. While it’s not possible to reverse Hearing loss, correcting it with hearing aids or other devices will impact other aspects of your patients life by keeping them socially engaged.



Photo: Alisha Vargas (flickr)



HIGH RISK FACTORS TO HEARING LOSS

- Heart Disease
- Thyroid Problems
- High Blood Pressure
- Multiple Sclerosis
- High Cholesterol
- Exposure to Loud Noises
- Diabetes
- Ototoxic & Herbal Medication
- Family History
- Tinnitus

TINNITUS & HEARING LOSS

Tinnitus can be the first sign of hearing loss.



TINNITUS is a common, yet irritating and often debilitating symptom of an underlying condition in the auditory system.

Tinnitus sufferers complain of perceived sounds in one or both ears. The effects of tinnitus are intrusive for patients. Tinnitus can impact the ability to concentrate, disrupt sleep, increase anxiety and depression with mood swings and irritability, as well as fatigue and sound sensitivity.

Tinnitus often accompanies hearing loss but the loss is undetected due to the patient’s emphasis on the internal sounds. Various treatment strategies exist to help patients manage tinnitus symptoms. Treatment plans often include rehabilitation, sound masking technology, hearing aids and addressing any underlying hearing loss. Doctors should refer patients to an ENT physician & audiologist for a hearing evaluation and a thorough medical assessment. Results will indicate which treatment plan will work best for each patient.

When patients address underlying hearing issues, tinnitus symptoms are frequently abated in 80% of cases after 6 months.

We are an elite, medical based Audiology Clinic which provides all physicians a professional medical discount on the purchase of new hearing aid technology.

LET US KNOW IF WE CAN HELP YOU!
Appointments are always timely, discreet & convenient.

Western Colorado’s HEARING & TINNITUS experts!

Dr. Daria always takes the time to listen and the knowledge to help.

Susan, Edwards, CO

I almost cried the first time I wore my new hearing aids! I just couldn’t believe how much I was missing.

Carmen, Avon, CO

MEDICATIONS THAT CAN POTENTIALLY CAUSE TINNITUS:

Antibiotics including polymyxin B, erythromycin, vancomycin and neomycin, gentamicin, tobramycin, streptomycin, bleomycin4

Cancer Medications: including mechlorethamine, vincristin and platinum-based antineoplastics

Water Pills: (diuretics) such as bumetanide, ethacrynic acid or furosemide

Certain Antidepressants: may worsen tinnitus

Aspirin, taken in uncommonly high doses (usually 12 or more a day)

Rocky Mountain Audiology is proud to accept medical insurance for hearing healthcare.

The rate of dementia is expected to double every 20 years. By 2050, 1 in 85 individuals, or over 100 million worldwide, will be living with dementia.¹

If your patients have health insurance let them know they can utilize their benefits at our clinic.

¹ CP Ferri, M Prince, C Brayne, et al. “Global Prevalence of Dementia: a Delphi Consensus study” 2005, Lancet, 366:2112-2117.

