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HIV/AIDS-Related Communication, Hearing, and Swallowing Disorders: Interview with De Wet Swanepoel, PhD

Douglas L. Beck, AuD speaks with Dr. Swanepoel co-editing his book, *HIV/AIDS-Related Communication, Hearing and Swallowing Disorders*.

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Academy: Hi, De Wet. Thanks for meeting with me today.

Swanepoel: Hi, Doug. Good to speak with you again.

Academy: De Wet, I was very impressed with your new book, co-edited by Brenda Louw (chair at the department of Communicative Disorders at East Tennessee State University) on HIV/AIDS. I thought the two of you did an excellent job addressing communication disorders. This is very useful, as these same patients often have more than one communication issue. In other words, a book addressing just the audiology-related issues, or just the speech-language issues would be nice, but the spectrum of experiences the HIV/AIDS patient experiences typically go beyond either professional's scope of practice.

Swanepoel: Exactly. This is the issue with many HIV/AIDS patients. They often have, or will have, multiple symptoms and co-morbidities that impact their quality of life and their ability to live within a communication-dependent community. That is, hearing, speech, language, balance, and swallowing disorders are a significant concern for these patients, and so we thought a comprehensive text made good sense.

Academy: And I should note, the book goes even further, addressing diagnosis and management, pathogenesis, infection control, ethics, specific issues related to pediatrics and HIV/AIDS, and more. So let's get started. How many people across the globe have HIV/AIDS?

Swanepoel: Of course the exact number is unknown, but according to the World Health Organization, we've likely got just less than about 40 million people across the world. This means there are more people living with HIV/AIDS globally than the entire Canadian population. And, Doug, as you and I have discussed, the prevalence of HIV/AIDS is highest in Sub-Saharan Africa.

Academy: Yes, and it is significantly higher there. For example, in your book you note there are some 22.5 million people in that region with HIV/AIDS, which includes some 5 percent of the adults living there. But looking at this region from the worldview, which means about half of all people infected with HIV/AIDS live in Sub-Saharan Africa.

Swanepoel: Absolutely right. And another way of thinking about this is that HIV/AIDS within the Sub-Saharan region there are 4,700 newly infected people daily—and some 4,400 HIV/AIDS related deaths daily.

Academy: The numbers are staggering. And to contrast that to the United States, also using the data from your book, in North America, we have 1.3 million people infected with HIV/AIDS, which means 130 new infections daily, as well as 60 deaths daily. What about the impact of anti-retroviral (ARV) medicines? I know that during the George Bush presidency, he committed significant U.S. resources to specifically helping people with HIV/AIDS in Africa with educational materials and ARVs through the President's Emergency Plan for Aids Relief (PEPFAR).

Swanepoel: Yes, PEPFAR and ARVs have made a huge difference. Quite literally, PEPFAR has helped millions of people and supplied ARVs to hundreds of thousands of people, perhaps millions, and has benefitted more than a dozen countries.

Academy: Well, that's very impressive, and I am glad to see you mentioning that. We won't get into politics per se, but I appreciate your mentioning President Bush and the significant contributions from the United States to help those with the greatest need. One of the many interesting and enlightening statements in the book said HIV/AIDS has changed from a fatal condition to a chronic condition. Of course, this is why it's so important to review the associated communication disorders, as we are starting to address the issues of communication disorders associated with long-term HIV/AIDS infection, which were frankly a lesser issue prior to ARVs.

Swanepoel: Exactly. And so we have to think in terms of people aging with HIV/AIDS. And as we said earlier, this impacts more than one system and we need to address the whole person and their entire communication system and abilities, needs and desires.

Academy: De Wet, what is the most common audiometric finding associated with HIV/AIDS?

Swanepoel: Well, that's an interesting question because there is so much variation. Of course we see sensorineural hearing loss (SNHL) with HIV/AIDS and, of course, significant balance issues, but perhaps the most common finding is otitis media (OM), which may often lead to complications such as cholesteatoma. But HIV/AIDS is also typically associated with secondary infections due to the compromised immune response. As a result, opportunistic infections associated with hearing loss, such as CMV, Toxoplasmosis, Herpes zoster, otosyphilis, and meningitis. Also, significantly, one out of every three people in South Africa with HIV/AIDS has TB, and the drug-resistant strains are typically treated with severely ototoxic medications such as streptomycin. Of course, HIV/AIDS also has other opportunistic relationships, such as with pneumonia, and we will see OM there, too. So perhaps the number one manifestation is OM, because of the reduced immune response in children and adults. And as you might have guessed, there are potential ototoxic effects from ARV treatment and as I mentioned, from TB treatments. And there is some evidence of direct central auditory cortex effects too, from HIV itself.

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Academy: So HIV/AIDS potentially impacts the entire spectrum from sensorineural to conductive to central hearing loss, and includes mixed-losses, ototoxic effects and all degrees of hearing loss from mild to profound and vestibular signs and symptoms, too?

Swanepoel: Right. And again, that's why we decided to gather the content in the book across multiple disciplines such as audiology, medicine, speech-language pathology, nursing, ethics and so on. The impact of HIV/AIDS is global with respect to the planet, and global with respect to the human body, too.

Academy: De Wet, if you don't mind, I would like to point out one extraordinarily pragmatic chapter in the book, authored by my good friend, Aukse Bankaitis, PhD, which addresses infection control. This is so critically important for the maintenance of good health among non-infected people, and to prevent the spread of HIV/AIDS as well as other viruses, fungal infections and bacteria's....it really should be mandatory reading for all students and practitioners!

As she points out, when dealing with cerumen, one simply cannot determine its composition (blood, mucous, viral, bacterial, fungal agents etc) by simply looking at it, and we are therefore wise to treat all hearing instruments, cleaning tools, and instruments as well as all other products that come in contact with the body as if they are contaminated—simply because they might be, and our goal is to prevent the spread of infection through effective use of gloves, masks, eye protection, hand washing, cleaning and disinfecting of surfaces and sterilization and appropriate disposal.

Swanepoel: I'm sure Aukse will be delighted to read this. But you're exactly right—when we maximally impact prevention, we're less likely to get involved with treatment! And Aukse's chapter refers to the Centers for Disease Control (CDC) and World Health Organization (WHO) guidelines and even specifies when to wash hands such as before the initial contact with the patient, at the beginning and end of the appointment, after taking off the gloves, before and after eating, drinking, smoking or applying lotion or makeup, of course before and after using the washroom and more...these steps are basic, easy, and certainly help prevent the spreading of disease.

Academy: I know we've gone over the allotted time already, but I also want to highlight the chapter called "Balance Disorders Associated with HIV/AIDS," by Hofmeyr and Baker.

Swanepoel: Yes, thanks for making mention of that. That chapter addresses general and specific findings in the dizzy patient who has HIV/AIDS. For example, they go into details on the Romberg Test, The Fukuda Stepping Test, Gait Testing, Spontaneous and Gaze-Evoked Nystagmus, Smooth Pursuit, and Saccadic testing and the expected results from people with HIV/AIDS. They also address Head Shake Nystagmus, Positional and Positioning Nystagmus, and more.

Academy: Yes, I recall they go onto rotary chair (RC), vestibular-evoked myogenic potentials (VEMP) and of course electronystagmography as well as videonystagmography. So their chapter is very valuable and offers a wealth of information. As you noted, balance disturbances are common in HIV/AIDS patients and may be related to the disease, and sometimes related to the treatment.

Swanepoel: Yes, that's correct.

Academy: Okay, De Wet, thanks so much for your time, and thanks for an excellent state-of-the-art book.

Swanepoel: My pleasure Doug, thanks for your interest—we certainly hope that this book will ultimately benefit the millions of patients living with HIV/AIDS and improve their hearing and communication outcomes and quality of life.

De Wet Swanepoel, PhD, is an associate professor in the Department of Communication Pathology, University of Pretoria, South Africa and an adjunct professor at the University of Texas at Dallas, Callier Center for Communication Disorders. He is also co-editor of HIV/AIDS Related Communication, Hearing and Swallowing Disorders, published by Plural Publishing.

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