

# Adult-onset hearing loss: How general practitioners play a role

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Adult-onset, permanent sensorineural hearing loss is one of the most common health problems facing older adults<sup>1,2</sup>. It is a chronic condition that typically develops slowly over time and is often overlooked. However, it impacts not only communication, but is also a risk factor associated with dementia<sup>3</sup>, fall risk<sup>4</sup> and poorer overall health<sup>5</sup>. The average person waits years, sometimes more than a decade, to seek treatment after first becoming aware of a hearing loss<sup>6,7</sup>.

General practitioners (GP) play a major role in the hearing health of older adults<sup>8</sup>. Hearing loss is typically managed by a hearing care professional (HCP), such as an audiologist or otolaryngologist, but many patients first discuss hearing difficulties with their GP – as many as seven in ten, according to a recent survey of adults with self-reported hearing loss<sup>9</sup>. Three quarters (75%) of adults from the same survey believed that their GP should screen their hearing at annual checkup appointments<sup>9</sup>. These patients reported their GP's advice was the #1 factor in determining if they did anything to address their hearing problems, including try hearing aids<sup>9</sup>.

## WHY IS TREATMENT FOR HEARING LOSS SO IMPORTANT?

Hearing aids are commonly recommended as treatment for sensorineural hearing loss, but less than one in five people who are candidates for hearing aids use them<sup>10</sup>. Most hearing aid users – as many as 94% – notice improvements in their lives from hearing aids<sup>9</sup>. Hearing aids improve communication first and foremost, but they also are associated with improvements in overall health and well-being<sup>11</sup>. Some of the benefits include:

- 62% of hearing aid users report their communication is better with hearing aids<sup>9</sup>.
- Hearing aid users with moderate to severe hearing loss are half as likely to report feeling mentally exhausted at the end of the day compared to non-users of hearing aids with the same degree of hearing loss<sup>9</sup>.
- Hearing aid users report a 36% lower incidence rate of depression compared to those with untreated hearing loss, and report less feelings of nervousness and irritability and better overall emotional health<sup>12</sup>.

- Improvements in cognitive functions have been measured with hearing aid use, such as memory<sup>13,14</sup> and executive function<sup>15</sup>.
- Hearing aid users are less likely to visit the emergency room or be admitted to the hospital than those with untreated hearing loss. When they are admitted, they experience shorter hospital stays by 0.46 days compared to people with untreated hearing loss<sup>16</sup>.
- 56% of hearing aid users and 66% of their family members report healthier relationships at home due to hearing aid use by the person in the home with hearing loss<sup>9,12</sup>.
- 85% of hearing aid users report that hearing aids are useful while on the job, and half of those respondents feel their relationships at work improve with hearing aid use<sup>9</sup>.

Untreated hearing loss also impacts a person's health by reducing the effectiveness of healthcare services they receive. They can struggle to understand directions for managing their health conditions or taking medication<sup>17</sup>. They experience preventable adverse events during hospital stays at a greater rate than people without communication issues<sup>18</sup>. Patients with hearing loss, even mild hearing loss, rate their healthcare experience as suboptimal<sup>17</sup>. In today's movement towards value-based and evidence-based care, patient satisfaction influences physician reimbursement. Better hearing means better health outcomes and greater satisfaction with the services they receive.

## ADDRESSING BARRIERS TO HEARING AID USE

People who feel their hearing isn't 'that bad' are likely to refuse treatment with hearing aids<sup>9</sup>. They can communicate in some situations without realizing they must use extra cognitive effort to follow the conversation or rely on asking others to repeat or interpret what is said. They may be unaware of the link between hearing loss and poorer physical health, mental health and quality of life. GPs can be the first healthcare professional to educate patients and their families on these facts and the importance of hearing loss treatment.

Helping patients overcome the stigma surrounding hearing aids can still be a challenge. Many people don't realize that today's hearing aids are available in a wide variety of sizes and styles, most of which are much smaller than the big, clunky models of the past. Three out of four hearing aid users rate their hearing aids as comfortable and are satisfied with how visible they are to other people<sup>9</sup>.

Another barrier to hearing aid use is the high cost. It's true that hearing aids can be expensive. However, data collected on perceived value suggests that patients find hearing aids are worth it, if they are obtaining benefit from them<sup>19</sup>. The key is to balance cost and to maximize benefit to ensure high value. One of the top factors related to patient satisfaction with hearing aids is how good they sound, especially in noisy, complex listening environments<sup>19</sup>. Today, over 70% of hearing aid users are satisfied with the sound quality of their devices<sup>9</sup>. Another way to improve listening in noisy situations with little to no additional financial investment is the use of wireless listening accessories and smartphone apps that work directly with the hearing aids. These accessories can provide substantial improvements in speech understanding while in noise<sup>20</sup>, give the user more personalized control over their devices and even allow them to receive telehealth services from their HCP without the need for in-office appointments.

## **A NOTE ON MILD HEARING IMPAIRMENT**

Patients presenting with mild hearing loss have reported that they are often told not to seek further evaluation or try hearing aids until their hearing worsens<sup>9</sup>. Milder hearing loss, while less disabling overall, can still have an impact on a patient's health and everyday life<sup>21</sup>. It's linked to a twofold increase in the incidence of dementia<sup>3</sup> and a threefold increase in fall risk over the previous year<sup>4</sup>. If hearing loss is left untreated, patients can struggle to benefit from hearing aids once the hearing loss has become more severe. Note that what may appear to be little to no hearing difficulties in a quiet, well-lit exam room may become much more problematic in more typical communication environments, such as over the phone or in a social gathering with lots of background noise.

Patients with mild hearing loss do seek treatment. When their GP recommended further evaluation, nearly all patients with mild hearing loss followed this advice<sup>9</sup>. Those that do try hearing aids report similar benefits<sup>21</sup> and wear time<sup>22</sup> as those people using hearing aids who have more hearing loss. Consider too, that 71% of hearing aid users state they wish they had gotten their hearing aids sooner, and that waiting as long as they did meant they missed out on a better social life, better mental health and experienced more fatigue<sup>9</sup>.

## **ADDRESSING HEARING DIFFICULTIES WITH YOUR PATIENTS**

These tips can help you learn more about a patient's hearing and make communication easier with any patient who has hearing difficulties:

- Include questions about how well your patient is hearing when completing an intake or case history. This can be as simple as asking "Do you have a hearing problem now?" which has been shown to have a high sensitivity to measurable hearing loss<sup>23</sup>.
- Start off the conversation by ensuring your patient is paying attention - begin by saying their name.
- Ensure the source of light in the room is directed towards your front and that you are facing the patient directly, so they can take advantage of lip reading and non-verbal cues.
- Speak slightly louder than normal, without shouting (shouting distorts speech and makes it harder to understand).
- Speak slightly slower than normal and more importantly, add longer pauses in between statements. This allows the patient's processing to "catch up" with what you said before moving on to a new sentence.
- Don't change context of the conversation too quickly. If changing the subject, you can announce the change in topic before beginning.
- Ask patients to repeat back in their own words any instructions or information you've told them. This can help you determine if the patient truly understands or needs further clarification from you. This is especially important when following up with a patient over the phone, since it is usually more difficult to hear over the phone than face-to-face.

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