

CLINICAL PRACTICE GUIDELINE

PATIENT INFORMATION

Frequently Asked Questions (FAQs) About Age-Related Hearing Loss

WHAT IS AGE-RELATED HEARING LOSS?

Age-related hearing loss (ARHL) is a type of hearing loss that occurs over time as you age. It is the most common sensory disorder in the older population. ARHL develops gradually and symmetrically, meaning it affects both ears similarly. It is caused by both genetic and environmental factors. This includes exposure to loud noises, medication that can harm the ears, cigarette smoking, and alcohol consumption.

HOW DOES AGE-RELATED HEARING LOSS AFFECT ME?

The impact of ARHL goes beyond just limiting your ability to communicate. It is linked to issues such as dementia, depression, heart problems, and falls. People with hearing loss might also face challenges like lower income, unemployment, and feeling isolated. Despite this, ARHL remains an underdiagnosed and undertreated condition.

WHO SHOULD GET SCREENED FOR HEARING LOSS?

It is recommended that all patients aged 50 and above should be screened for hearing loss. Your health care provider may ask questions related to your hearing or administer a screening test. There are also a variety of self-administered tests and smart phone applications that you can take on your own. Detecting hearing loss is a crucial part of monitoring your overall health and can help minimize its negative effects.

WHAT SHOULD I DO IF MY SCREENING SUGGESTS I HAVE HEARING LOSS?

Before managing ARHL, your health care provider should have your ears examined. This is done to identify issues that need medical or surgical treatment. Some causes of hearing loss can be fixed such as excessive earwax. Other types may need further evaluation.

WHAT TESTS SHOULD I TAKE FOR HEARING LOSS?

If you have ARHL, your health care provider should order or refer you for an audiometric evaluation. This is used to determine the type and severity of your hearing loss ensuring you receive the proper treatment. Pure tone audiometry is considered the best way to identify your hearing loss. It is used to identify the pattern, degree (mild, moderate, severe, or profound), and configuration of your hearing loss. If a PTA is not available, there are alternative options such as online computer-based hearing screenings and smartphone applications.

WHAT ARE MY OPTIONS FOR MANAGING AGE-RELATED HEARING LOSS?

For mild to moderate hearing loss, amplification is considered as the first-line approach. Amplification refers to when the perception of sound is restored across different pitches and input levels. It can come in various forms such as:

- Prescription hearing aids
- Over-the-counter hearing aids
- Simple amplifiers
- Assistive listening devices

Choosing the right type of technology depends on your specific needs and preferences. You should discuss your options with your health care provider to decide on what works best for you.

WHAT ARE BEST PRACTICES FOR COMMUNICATING WITH SOMEONE WHO HAS ARHL?

Along with amplification, speaking and listening techniques can aid with successful communication. Examples of communication strategies include:

- Facing the person you are talking to on the same level (sitting vs standing) in good lighting
- NOT talking as you walk away or from another room
- Speaking clearly, slowly, distinctly, but naturally
- Getting the person's attention before starting to talk. This gives the listener a chance to focus attention.
- Avoiding complex sentences when communicating complicated information
- Keeping your hands away from your face while talking.
- Minimizing extraneous noise (TV, water running, other sound sources)
- Rephrase rather than repeating if the message is not understood
- Having the individual repeat the instructions if time, date, or medication information is being provided
- Providing important information and instructions in writing
- Taking turns speaking and not speaking over each other

WHAT IF I HAVE TROUBLE HEARING EVEN WHEN USING HEARING AIDS?

When hearing loss is severe enough, hearing aids may be insufficient in improving speech understanding. In this case, your health care provider should discuss cochlear implantation (CI) as a treatment option. CI are surgically implanted devices that directly stimulate the sensory nerve essential for hearing. Studies have demonstrated their safety and efficacy in improving communication. Your health care provider can evaluate your candidacy for CI and determine if you qualify.

WHEN AND HOW SHOULD I REEVALUATE MY HEARING LOSS

If you have hearing loss, it is recommended to get a hearing test at least every 3 years. This is important as hearing loss is shown to worsen over time. This process can happen gradually and often goes unnoticed. Additionally, questionnaires can be used to evaluate your hearing-related health and overall quality of life. They can help check how hearing loss impacts your life and if interventions, like hearing aids, are making a positive difference.



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