This clinical practice guideline (CPG) aims to guide clinicians regarding the identification and management of ARHL as a recognized risk factor affecting health outcomes and quality of life in the aging population. The goals of this CPG are to use the best available published scientific and/or clinical evidence to educate clinicians and patients and to improve access to hearing health care while reducing sociodemographic and socioeconomic barriers. The target patient for the CPG is anyone at least 50 years old, regardless of whether they have been diagnosed with hearing loss. This CPG makes specific recommendations about screening, hearing testing, and indications for referrals to an appropriate hearing health specialist.

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>ACTION</th>
<th>STRENGTH</th>
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<tbody>
<tr>
<td><strong>KAS 1: Screening for Hearing Loss</strong></td>
<td>Clinicians should screen patients, age of 50 years and older, for hearing loss at the time of a healthcare encounter.</td>
<td>Recommendation</td>
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<tr>
<td><strong>KAS 2: Ear Exam and Other Ear Conditions</strong></td>
<td>If screening suggests hearing loss, clinicians should examine the ear canal and tympanic membrane with otoscopy or refer to a clinician that can examine the ears for cerumen impaction, infection, or other abnormalities.</td>
<td>Recommendation</td>
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<td><strong>KAS 3: Sociodemographic Factors and Patient Preferences</strong></td>
<td>If screening suggests hearing loss, clinicians should identify sociodemographic factors and patient preferences that influence access to and utilization of hearing health care.</td>
<td>Recommendation</td>
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<td><strong>KAS 4: Hearing Test</strong></td>
<td>If screening suggests hearing loss, clinicians should obtain or refer to a clinician who can obtain an audiogram.</td>
<td>Strong recommendation</td>
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<td><strong>KAS 5: Identifying Conditions other than ARHL</strong></td>
<td>Clinicians should evaluate and treat or refer to a clinician who can evaluate and treat patients with significant asymmetric hearing loss, conductive or mixed hearing loss, or poor word recognition on diagnostic testing.</td>
<td>Recommendation</td>
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<td><strong>KAS 6: Patient Education and Counseling</strong></td>
<td>Clinicians should educate and counsel patients with hearing loss and their family/care partner about the impact of hearing loss on their communication, safety, function, cognition, and quality of life.</td>
<td>Recommendation</td>
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<td><strong>KAS 7: Communication Strategies and Assistive Technologies</strong></td>
<td>Clinicians should counsel patients with hearing loss on communication strategies and assistive listening devices.</td>
<td>Recommendation</td>
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<td><strong>KAS 8: Amplification</strong></td>
<td>Clinicians should offer, or refer to a clinician who can offer, appropriately-fit amplification to patients with age-related hearing loss.</td>
<td>Strong recommendation</td>
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<td><strong>KAS 9: Candidacy for Cochlear Implants</strong></td>
<td>Clinicians should refer patients for an evaluation of cochlear implantation candidacy when patients have appropriately fit amplification and persistent hearing difficulty with poor speech understanding.</td>
<td>Strong recommendation</td>
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<td><strong>KAS 10: Assessing Goals and Improvement</strong></td>
<td>For patients with hearing loss, clinicians should assess if communication goals have been met and if there has been improvement in hearing-related quality of life at a subsequent healthcare encounter or within one year.</td>
<td>Recommendation</td>
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<td><strong>KAS 11: Retesting</strong></td>
<td>Clinicians should assess hearing at least every 3 years in patients with known hearing loss or with reported concern for changes in hearing.</td>
<td>Option</td>
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