

CLINICAL PRACTICE GUIDELINE

AGE-RELATED HEARING LOSS

SUMMARY OF GUIDELINE KEY ACTION STATEMENTS

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.

STATEMENT	ACTION	STRENGTH
KAS 1: Screening for Hearing Loss	Clinicians should screen patients, age of 50 years and older, for hearing loss at the time of a healthcare encounter.	Recommendation
KAS 2: Ear Exam and Other Ear Conditions	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.	Recommendation
KAS 3: Sociodemographic Factors and Patient Preferences	If screening suggests hearing loss, clinicians should identify sociodemographic factors and patient preferences that influence access to and utilization of hearing health care.	Recommendation
KAS 4: Hearing Test	If screening suggests hearing loss, clinicians should obtain or refer to a clinician who can obtain an audiogram.	Strong recommendation
KAS 5: Identifying Conditions other than ARHL	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.	Recommendation
KAS 6: Patient Education and Counseling	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.	Recommendation
KAS 7: Communication Strategies and Assistive Technologies	Clinicians should counsel patients with hearing loss on communication strategies and assistive listening devices.	Recommendation
KAS 8: Amplification	Clinicians should offer, or refer to a clinician who can offer, appropriately-fit amplification to patients with age-related hearing loss.	Strong recommendation
KAS 9: Candidacy for Cochlear Implants	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.	Strong recommendation
KAS 10: Assessing Goals and Improvement	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.	Recommendation
KAS 11: Retesting	Clinicians should assess hearing at least every 3 years in patients with known hearing loss or with reported concern for changes in hearing.	Option

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