

Clinical Tidbits

...for Physicians

September 2014

Hearing Loss Linked to Major Health Issues

Most physicians and other healthcare providers are surprised when they first learn that hearing impaired people have up to five hundred percent (500%) higher risk of dementia (including Alzheimer's). Although surprised, they quickly say it makes sense because of the lack of CNS stimulation. They then want more information because medical schools don't teach much about hearing. On top of that, patients don't often mention hearing issues because they think there are no viable options. Hearing tests and hearing improvement is not a high priority for patients or their doctors, which can have adverse consequences.

Here is quick summary about the prevalence and consequences of hearing loss:

- 20.1% of all Americans cannot pass a 25 dB hearing screening in either one or both ears using the World Health Organization (WHO) standard hearing-screening regimen.
- At age 65, 1 in 3 people have hearing loss, and over fifty percent (50%) of people over 80 have hearing loss.
- People with hearing loss have up to 500% higher risk of dementia (including ALZ), falls with broken bones, emotional isolation and clinical depression.
- Only 1 in 6 hearing impaired people purchase hearing aids, because of financial constraints and the poor reputation of hearing aids and hearing aid dealers.
- There are stand-out differences between Doctors of Audiology and hearing aid "dealers". National chains like Costco, Audibel, Miracle Ear and Beltone employ dealers with only a high school education and one-year apprenticeship to get a state license. They are not trained nor licensed to do the same procedures and diagnostics performed by audiologists. Audiologists have 8 years of academic training and clinical experience at leading medical schools.
- The principal reason digital hearing aids don't work as advertised is not the fault of the aids per se. It is because they were incorrectly prescribed, and do not account for the patient's ear canal acoustics and the patient's psychoacoustics. These parameters can vary widely from patient to patient and must be accounted for with advanced fitting and programming technologies. That is the only way to ensure the hearing aids meet the patient's exact needs, and make the aids worth the money.

References

- 1: Frank Lin, et.al Hearing Loss and Incident Dementia. Arch Neurol. Feb 2011; 68(2): 214-220.
2. Frank Lin, et.al. Hearing Loss Prevalence and Risk Factors among Adults in the United States. J Gerontol A Biol Sci Med Sci. 2011 May; 66A(5): 582-590.



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