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Assessment and management of hearing loss in older people in Belgium, Portugal and Turkey



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ABSTRACT

Hearing loss, usually due to presbycusis, is frequent in old age and goes often undetected or untreated. Older subjects with hearing loss have increasing communication problems, reduced quality of life, isolation, depression and also feelings of frustration and discouragement. Hearing loss is also linked to cardiovascular problems, depression and dementia. Despite its relevance, country-level epidemiological data on age-related incidence and prevalence of presbycusis are limited, and no specific data in different geriatric settings are usually available. Population screening programs similar to those in infants are not widely implanted, although both primary care providers and geriatricians have incorporated strategies to detect hearing loss. No guidelines are available on when and how to screen and manage hearing loss in old age. Management of presbycusis is usually directed by ENT specialists, in cooperation with audiologist. These may be hospital-based or work in for profit centres, depending on the country. Funding of hearing aids by health care providers is limited, so some patients do not have access to them due to their high cost. Attitudes towards hearing loss, including considering it an inevitable age-related problem, may also limit access to care. Cochlear implants are still anecdotal in older patients in most countries. There is still a long way to go in the detection and management of hearing loss in older people. Systematic screening, careful assessment and treatment guidelines will have to be developed and implemented, both at country and European level.

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1. Introduction

Hearing loss is a global problem: over 5% of the world's population (around 360 million people worldwide) is estimated to suffer from disabling hearing loss. Almost 328 million of them will be adults. The fact that the majority of the people with hearing loss live in low and middle-income countries makes this issue more important, as the problem can be prevented with effective interventions. Device, like hearing aids, assistive device and cochlear implants; sign language training, educational, and social support can be useful to address hearing loss, but current hearing aids only covers 10% of the global demand [1].

As the World Health Organization explains, a large number of the people with hearing loss may benefit from early detection and intervention at young ages. In old ages, to lessen the disability

burden of hearing loss, secondary and tertiary prevention approaches are more important compared to primary prevention [2]. Presbycusis, or age-related hearing loss, is the most frequent cause of hearing loss in old age, and is caused by degeneration of sensory cells [1]. The frequency of presbycusis changes as age increases in different regions of the world [3], but usually it is reported in around 16–46% of older subjects [4–6].

Hearing loss does not only limit interpersonal communication, but it also leads to feelings of frustration and discouragement, limits previously enjoyed activities, strain family relations and compromise safety and independence. In addition to possible isolation and depression [7], current evidence suggests that hearing loss is associated with cardiovascular diseases [8], and it may be an early sign and a contributor to dementia. Given the high prevalence of dementia among older adults, and the high prevalence of hearing loss, it is likely that the two disorders will co-occur in a large proportion of older individuals. Therefore, unrecognized or untreated hearing loss may delay the diagnosis

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of dementia and exacerbate the behavioural symptoms of demented individuals.

This paper explores how hearing loss in older subjects is addressed in three different European countries, trying to highlight its links with geriatric practice.

2. Epidemiology

What is the prevalence of hearing loss in older adults in different health care settings (community, nursing homes) in each country? Are there local epidemiological studies? Are there relevant studies on the links of hearing loss and other geriatric syndromes (dementia, depression...)?

2.1. Belgium

Epidemiological data about hearing loss in older people in Belgium are very scarce, nearly non-existing. In the registry of diseases used in primary care practices in Flanders (*Databank registratienetwerk Intego*), the prevalence of presbycusis and deafness in people over 75 years is extremely low: only 2.54 to 5.61%. This is probably due to several factors. First, people with hearing problems often do not consult the primary care physician with the complaint of hearing loss. Second, older people are not systematically screened for hearing problems in primary care or in hospital care. Third, there is an underreporting of hearing problems in medical notes. However, when geriatricians are asked to estimate the prevalence of hearing problems in hospitalized older people (mean age more than 80 years), the prevalence of hearing problems in them averaged 60%, which is compatible with systematically recorded international data [9].

We found no studies on the links between hearing loss and other geriatric syndromes. In a European multicentre study looking at medical risk factors contributing to age-related hearing impairment (healthy volunteers – nine hearing centres across Europe, 4083 subjects between 53–67 years) two centres from Flanders were involved that included 1162 patients (Antwerp) and 338 patients (Ghent). A dose-dependent significant association between smoking and high-frequency hearing loss was reported [10]. It was concluded that hearing loss might not be an inevitable part of aging but a healthy lifestyle (no smoking, low BMI, regular to moderate alcohol consumption) could be beneficial for hearing conservation at higher ages.

2.2. Portugal

Hearing loss seems to be a common problem of older people in Portugal. However, clinical assessment of hearing problems in large populations is a costly and time-consuming process, hence, there are no national epidemiological studies concerning the prevalence of hearing loss in older populations and its impact on the quality of life.

Nevertheless, data from the National Statistical Institute (2011) revealed that 19% of older people self-reported hearing loss. The prevalence of self-reported hearing loss increased with age (65–69 years old: 9%, 70–74 years old: 13%, 75–79 years old: 19%, 80 years old and older: 35%) [11]. Previous data from the 4th National Health Survey (2005–2006) revealed that 17% of persons from 65 to 74-year-old and 34.8% of those older than 74 years old self-reported hearing loss [12]. Therefore, the prevalence (or awareness) of hearing loss has been increasing in the last years. The same study revealed that the prevalence of hearing loss in older people is higher in men than in women, in the Northern region of Portugal and in the low-education group. A small cross-sectional study performed in a Portuguese Medicine ward revealed

that 54% of very old patients self-reported hearing impairment [13].

2.3. Turkey

There are no specific studies conducted in the Turkish aged population focusing on the epidemiology of hearing loss [2]. However, according to the data from the Turkish Statistical Institute the overall prevalence of hearing loss is 1.1% in the general population, and as high as 15.6% in the older population. However, this number is lower than the expected prevalence of hearing loss found in clinical studies, which is reported to be around 60% [9]. As mentioned earlier, assessing hearing loss in older people is time-consuming and costly. Older people tend to neglect their hearing loss and doctor visits for hearing loss are not frequent. These are all contributing factors for this rather low prevalence of identified hearing loss.

3. Screening and assessment

Is hearing loss systematically screened in the older population? Is assessment of hearing loss usually included in comprehensive geriatric assessment in geriatric care settings? What questionnaires or instruments are used to screen older people?

3.1. Belgium

No publications are available concerning screening of hearing loss in older people in Belgium, in contrast to the screening of hearing loss in other age-groups: more than 98% of 6-week-old babies are screened for hearing disorders and people at increased risk of noise-induced hearing loss, such as employees working daily in noise levels above 80 dB receive regular hearing screening.

In a short survey among geriatricians, no systematical screening is reported. However, more than 50% of them will ask for hearing disorders when doing a comprehensive geriatric assessment. Usually they will explore the following aspects:

- if the patient has any hearing problem;
- if he/she is able to use the telephone;
- if he/she is able to follow a discussion with/without background noise, but no formal questionnaires or other screening tests are performed (own survey – unpublished data).

There is however wide awareness that hearing problems can contribute to social isolation and depression and they are a risk factor for functional decline and delirium in hospitalized patients [14].

3.2. Portugal

As Geriatrics is still underdeveloped in Portugal, care of older people is mostly provided by General Practitioners and Internists. Although several clinical procedures of screening, assessment and management are well established by the national organization that regulates the health care (Directorate-General of Health–Health Ministry), no procedures concerning hearing loss in older people have been published, while hearing impairment screening in children is well organized. Nevertheless, the National Program for the Health of the Elderly (2004) recognized the importance of this problem.

Consequently, hearing loss is not systematically screened in the older population, neither in the primary care setting nor in the hospital. Suspicion of hearing impairment usually is raised by patient, family or caregiver complaints about hearing difficulty; during the clinical assessment, doctors might also recognize

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