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Profile and prevalence of hearing complaints in the elderly[☆]

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KEYWORDS

Hearing loss;
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Abstract

Introduction: Hearing is essential for the processing of acoustic information and the understanding of speech signals. Hearing loss may be associated with cognitive decline, depression and reduced functionality.

Objective: To analyze the prevalence of hearing complaints in elderly individuals from Rio Grande do Sul and describe the profile of the study participants with and without hearing complaints.

Methods: 7315 elderly individuals interviewed in their homes, in 59 cities in the state of Rio Grande do Sul, Brazil, participated in the study. Inclusion criteria were age 60 years or older and answering the question on auditory self-perception. For statistical purposes, the chi-square test and logistic regression were performed to assess the correlations between variables.

Results: 139 elderly individuals who did not answer the question on auditory self-perception and 9 who self-reported hearing loss were excluded, totaling 7167 elderly participants. Hearing loss complaint rate was 28% (2011) among the elderly, showing differences between genders, ethnicity, income, and social participation. The mean age of the elderly without hearing complaints was 69.44 (± 6.91) and among those with complaint, 72.8 (± 7.75) years. Elderly individuals without hearing complaints had 5.10 (± 3.78) years of formal education compared to 4.48 (± 3.49) years among those who had complaints. Multiple logistic regression observed that protective factors for hearing complaints were: higher level of schooling, contributing to the family income and having received health care in the last six months. Risk factors for hearing complaints were: older age, male gender, experiencing difficulty in leaving home and carrying out social activities.

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PALAVRAS-CHAVE

Perda Auditiva;
Estudo
Epidemiológico;
Idoso

Conclusions: Among the elderly population of the state of Rio Grande do Sul, the prevalence of hearing complaints reached 28%. The complaint is more often present in elderly men who did not participate in the generation of family income, who did not receive health care, performed social and community activities, had a lower level of schooling and were older.

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Perfil e prevalência de queixa auditiva em idosos**Resumo**

Introdução: A audição é essencial para o processamento de eventos acústicos e emissão e compreensão dos sinais de fala. A perda auditiva pode estar associada ao declínio cognitivo, depressão e redução da funcionalidade.

Objetivo: Analisar a prevalência de queixa auditiva em idosos do Rio Grande do Sul e descrever o perfil dos participantes com e sem queixa auditiva.

Método: Participaram do estudo 7315 idosos entrevistados em suas residências, em 59 cidades gaúchas. Os critérios de inclusão adotados foram ter 60 anos ou mais de idade e terem respondido à questão sobre autopercepção auditiva. Para fins estatísticos foi realizado o teste Qui-quadrado e regressão logística para avaliar as correlações entre as variáveis.

Resultados: Foram excluídos 139 idosos sem resposta à autopercepção auditiva e 9 por autorreferirem surdez, totalizando 7167 idosos participantes. A frequência de queixa de perda auditiva foi de 28% (2011) dos idosos, apresentando diferença entre gêneros, etnia, renda, participação social. A média de idade dos idosos sem queixa auditiva foi de 69,44 ($\pm 6,91$) e com queixa 72,8 ($\pm 7,75$) anos. Os idosos sem queixa auditiva apresentaram 5,10 ($\pm 3,78$) anos de estudo comparado a 4,48 ($\pm 3,49$) anos dos com queixa. A regressão logística múltipla observou que foram fatores protetores para a queixa auditiva maior escolaridade, contribuir na renda familiar e ter recebido atendimento de saúde nos últimos seis meses. Fatores de risco para a queixa auditiva foram idade mais avançada, sexo masculino, apresentar dificuldade de sair de casa e realizar atividades sociais.

Conclusões: Na população idosa do Rio Grande do Sul a prevalência de queixa auditiva atingiu 28%. A queixa está mais presente em idosos homens, sem participação na renda familiar, não receberam atendimento de saúde, realizavam atividade social e comunitária, com menor escolaridade e maior idade.

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Introduction

Hearing is essential for the processing of acoustic information and for the production and understanding of speech signals. The consequences of hearing loss vary according to its type, degree and age of onset. In adults and elderly individuals, one generally observes isolation, with diminished participation in social and family life, sometimes due to the fear of becoming the target of ridicule or contempt.¹ Hearing loss can also be associated with cognitive decline, depression and reduced functional status.²

Because of the increase in the numbers of the elderly, it is appropriate to understand the factors related to aging and frailty, especially factors related to becoming incapacitated.³ These can be characterized by the interaction between the individual's dysfunction (organic and/or structural), restrictions in social participation and environmental factors that may interfere with the performance of individual activities.⁴

Therefore, it is important to evaluate the functional capacity of the elderly in order to correlate it with the practical aspects of personal care in the maintenance and performance of the basic and complex activities of daily living.⁵ Among the factors to be assessed is hearing, which is one of the major sensory alterations⁶ that can change the daily habits of the elderly.

Hearing loss diagnosis and rehabilitation should be carried out early after recognition, regardless of the individual's age. However, in many cases the hearing loss occurs gradually, with a slow progression that is not noticed or is neglected.¹ Thus, hearing screening should be a standard procedure, aiming at the early diagnosis to avoid the adverse effects of auditory deprivation.⁷ Previous studies have indicated that the complaint of difficulty hearing may be a good predictor of an existing loss,⁸ with a greater sensitivity and specificity of the predictive value of the self-reported hearing loss in elderly individuals compared to other ages.⁹

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