

Hearing Loss

The Silent Risk for Psychiatric Disorders in Late Life

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KEYWORDS

- Hearing loss • Schizophrenia • Depression • Hearing aids • Red flag conditions
- Ototoxicity • Neurocognitive disorders

KEY POINTS

- Hearing loss is a silent epidemic among older adults. Nearly 30 million Americans experience hearing loss, and the prevalence increases dramatically with age.
- Hearing loss is associated with many psychiatric disorders, including depression, anxiety, schizophrenia and other psychoses, and cognitive impairment.
- Psychiatrists are in an excellent position to identify hearing loss given that when they administer a mental status examination the older adult may expose the disorder through answers that suggest the question was misunderstood.
- Knowing the services available to those with hearing loss is key to a proper referral and follow-up of older adults identified as experiencing the problem.

INTRODUCTION

Hearing loss in later life is among the most common impairments experienced and among the most easily underdiagnosed and unappreciated in terms of the potential for significant risk of both physical and psychiatric problems.¹ The loss can be gradual or acute (usually gradual for older adults) and can lead to problems with communication, quality of life issues such as increased isolation, and significant financial challenges. Despite the problems associated with hearing loss, many older adults do not seek hearing health care, and when they do, they find the care to not be optimal. A pair of hearing aids (which are not covered by Medicare) cost on average around \$4700, including professional services.^{1(p207)} In addition, these devices are often not deemed useful to older adults once purchased, so they are relegated to a bureau drawer.

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A most understudied area is the risk for psychiatric disorders and emotional stress related to hearing loss. This article provides some background into the world of hearing loss and hearing health care providers, the current literature on the association of hearing loss and psychiatric disorders, the expanded horizons of assistance provided for hearing health care, and the role of geriatric mental health care workers in assuring the best possible treatment for hearing problems in older adults (**Table 1**).

EPIDEMIOLOGY OF HEARING LOSS IN LATER LIFE

Determining the prevalence of hearing loss must not be based solely upon self-report. The Centers for Disease Control and Prevention (CDC) report that 1 in 4 US adults who report excellent-to-good hearing already experience hearing damage.³ Prevalence and incidence studies typically measure severity by the decibels (dB) that can be

Table 1	
Definitions	
Deaf	A community and culture of individuals with shared language (American Sign Language) and cultural values and priorities. The deaf are not discussed in this article.
Hearing Loss	Hearing function that is poorer than normal in the general population and applied to persons who were not born with hearing impairment. Loss usually begins in middle or late life and progresses over the years. It can range from difficulty in hearing quiet sounds such as a whisper to profound loss that totally eliminates effective communication except through adaptations such as lip reading. ¹
Hearing Health Care	All forms of care provided to persons with hearing loss ranging from devices for individuals such as hearing aids and training by audiologists in practices to improve comprehension to environmental provisions (such as loop technology, which connects hearing aids with microphones in an auditorium). ¹ When hearing loss is profound and cannot be corrected, cochlear implants are a last resort approach to care and can be remarkably effective.
Otolaryngologists	Physicians trained in ear, nose and throat conditions. They roughly can be divided into those who focus on hearing loss, including surgery, treatment of infections of the ear, removal of cerumen, as well as inserting cochlear implants, and those who engage in other disorders (such as tumors of the head and neck). About 10,000 practice in the United States. ¹
Audiologist	Nonphysician health care professionals trained in the assessment treatment and prevention of hearing, balance, and related disorders. They usually have attained a doctoral degree in audiology and are licensed by states. Around 12, 250 audiologists practice in the United States. ¹
Hearing Instrument Specialists	Individuals trained to identify individuals with hearing loss, fit individuals with hearing aids, and educate persons and their families who experience hearing loss. Relatively short training period followed by an internship. Licensed by states. About 5570 practice in the United States. ¹
Red Flag Conditions	Several conditions are signals of serious or readily treatable causes of hearing loss according to the FDA. These include: active drainage from the ear, sudden-onset or rapidly progressing hearing loss, acute or chronic dizziness, sudden or rapidly progressive hearing loss in 1 ear, visible evidence of significant cerumen within the ear canal, and pain or discomfort in the ear. ²

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