OPTUMHealth™ Education

Q&A Summary

Promoting Hearing Health in Older Adults

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Available On-Demand:
optumhealtheducation.com/hearing-health-2019

1. What is the name of the cognitive assessment that is more appropriate for those with hearing loss?

There isn't one single cognitive assessment that is more appropriate for persons with hearing loss. The example given was that the MMSE (Mini-Mental State Examination) requires oral communication, which places persons with hearing loss at a disadvantage because they can't access the test questions. Therefore, their MMSE scores may reflect the impact of hearing loss (i.e., because they are unable to hear the questions) rather than underlying cognitive capacity. Using a test that doesn't require oral communication, with instructions given visually (i.e., written), can help mitigate this impact.

2. As a care manager who only has phone contact with individuals, what questions can be asked to assess quality of hearing by phone?

Unfortunately, there isn't a perfect question about hearing loss. However, it may be better to use questions with a scale of answers rather than yes/no questions. Moreover, it may be helpful to consider something like the Hearing Handicap Inventory (HHI) to get a picture of the impact of hearing loss on a person's life. Although, because the HHI is long (there is a screen version), I would try to present this via a monitor (i.e., computer screen). Alternatively, hearing screeners are increasingly available via smartphones and over the internet. AARP even has a phone-based hearing screener (https://www.aarp.org/health/conditions-treatments/info-2016/free-hearing-test-aarp.html).

3. Do you have an educational pamphlet we can use to educate our patients on these various effects of hearing loss?

Unfortunately, no, I do not have something readily available, but our website, www.jhucochlearcenter.org, does have a few animations about hearing loss.

4. Is it just social isolation that creates the increased depression in individuals who have hearing loss?

It is highly possible that the potential connection between hearing loss and depression is mediated by social isolation. However, it is likely other factors are at play. Poor communication, loneliness, cognitive decline and neural changes from hearing loss could all contribute to depression. I highly recommend Dr. Bret Rutherford's article "Sensation and Psychiatry: Linking Age-Related Hearing Loss to Late-Life Depression and Cognitive Decline" in the *American Journal of Psychiatry*.

5. How is it best to speak to someone who uses hearing aids (not necessarily to speak louder but to slow down your rate of speech and enunciate better)?

Speaking louder usually doesn't help and can actually make things worse when someone is wearing hearing aids. Rather, speak slower and clearer. Importantly, ensure that you're facing the person and that they can see you well. Also, if there is a communication breakdown, don't repeat the same words/phrase over and over again; rather, it is best to rephrase and use different words.

6. Until Medicare considers covering hearing aids, how can we support our patients with hearing aids they cannot afford?

To obtain hearing aids, there are need-based charities such as the Lions Club and Hear Now from the Starkey Foundation. Over-the-counter hearing aids may also reduce the price of hearing aids. Nonetheless, there are few options, and it underlines why we need initiative to improve access and affordability.

7. Is there truth to the thought that it takes time for a person with hearing loss to "get used" to using a hearing aid with respect to the brain and internal structures of the ear (e.g., cilia), which would indicate that the person needs to use it regularly to get used to it and train the brain?

There is a general consensus that it takes time to acclimate to hearing aids and become accustomed to devices. This makes a lot of sense when given some thought. Hearing loss occurs slowly over time, and we barely notice it. Persons become accustomed to listening to the world with hearing loss, and when the world is amplified, it can be almost overwhelming. Consider that someone with hearing loss may no longer hear the buzz of electronic equipment. When they wear hearing aids, they are able to perceive that buzz again and need to get used to it so that their brain “ignores” it as persons with normal auditory function would. General clinical consensus is that more time wearing the hearing aids will help.

8. Is there anything older people can do to slow down hearing loss?

Unfortunately, age-related hearing loss is most strongly associated with nonmodifiable factors such as age, race and sex. Noise exposure also causes hearing loss, and protecting one’s ears from loud sound can prevent noise-induced hearing loss and preserve hearing as long as possible. I say “as long as possible” because there is no stopping hearing loss from the natural process of aging.

9. Will use of hearing enhancement devices decrease cognitive decline?

As noted in the presentation (slide 22), we don’t know the answer yet because no randomized, controlled trials have taken place.

10. My understanding is that Medicaid in some states is now paying for hearing aids. Is this true?

Yes, approximately half the states in the US have some form of Medicaid coverage for hearing aids. I recommend Michelle Arnold’s piece “Medicaid Hearing Aid Coverage for Older Adult Beneficiaries: A State-by-State Comparison” in *Health Affairs*.

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