

## On Hearing Loss and Healthy Aging

by Barbara E. Weinstein, PhD

While there is no universally agreed upon definition of healthy aging, the World Health Organization (WHO) provides a working framework: Healthy aging is the ability of people to live a healthy, safe, and socially inclusive lifestyle ([bit.ly/WHO-Aging](http://bit.ly/WHO-Aging)). To do that, the capacity to understand others is key (Proc Natl Acad Sci USA 2013;110[15]:5797-5801).

Hearing impairment is a leading cause of years lived with disability and is among the most common chronic conditions of aging. Since prevalence doubles with every age decade, nearly two-thirds of adults 70 year of age and older have a clinically significant hearing impairment (Arch Intern Med 2011; 171[20]:1851-1852). The majority of adults older than 85 have moderate to severe hearing loss, yet most do not own or use hearing aids.

The more severe the hearing loss, the greater the reliance on community support services (Age Aging 2010; 39[4]:458-464). Hearing loss hinders the ability to engage with caregivers; accelerates the onset of selected disabilities, including cognitive dysfunction and mobility dysfunctions, elevates risk of falls, and is independently associated with hospitalizations and burden of disease (*J Clin Epidemiol* 2012;65[7]:764-777; *JAMA* 2013;309[22]:2322-2324).

A threat to independence, safety, and healthy aging, age-related hearing loss (ARHL) is underreported, under-identified, and undertreated.

### EMPHASIZE THESE FACTS

While hearing aid use is associated with improved quality of life and reductions in social isolation and depression, penetration rates remain low. Similarly, cochlear implantation improves quality of life for older adults with severe to profound hearing loss.

Clinically meaningful benefits are quickly achieved with hearing healthcare interventions and the communication ability afforded by improved speech understanding is one of the cornerstones of healthy aging. These two facts

should be emphasized to stakeholders with whom audiologists work.

The high prevalence and disabling effects of hearing loss, coupled with the continuum of available interventions, underscore the need for aggressive hearing healthcare wellness programs. These programs should include hearing screening component to identify untreated hearing loss, and eliminate it as an indirect threat to all-cause mortality and direct threat to healthy aging (*Ann Epidemiol* 2010;20[6]:453-459; *J Clin Nurs* 2009;18[21]:3037-3049).

In addition to age, the key predictors of hearing aid utilization are the presence and acknowledgement of hearing loss. As such, education about symptoms and correlates of untreated hearing loss should be integral to hearing healthcare wellness programs (*Ann Epidemiol* 2011;21[7]:497-506).

Communication breakdowns associated with hearing impairment hinder the ability to remain socially engaged. Give the importance of social network size and quality of social interactions, removing barriers posed by hearing impairment has the potential to promote healthy aging.

Conversations about hearing loss should “focus on the gain from social interactions, family connections, and workplace productivity” as Charlotte Yeh, chief medical officer of AARP Services, said during a presentation at the Institute of Medicine (IOM) and National Research Council (NRC)’s workshop on hearing loss and healthy aging in January ([bit.ly/IOM-NRC](http://bit.ly/IOM-NRC)).

Hearing loss “is not a stand-alone disability,” she added. “It is integral to everything we do every single day.”

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