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## Unheard Concerns: Tackling the hidden weight of hearing impairment in senior citizens

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### Abstract

One common chronic illness affecting older adults is hearing loss, which has a major effect on their ability to communicate, feel emotionally, interact with others, and think clearly. Because of its subtle onset, symptom normalization, stigma, lack of awareness, and failure to incorporate hearing screening into standard geriatric practice, it goes undiagnosed or untreated despite its high prevalence, especially in low-resource areas like rural India. Many elderly people decide not to use hearing aids or do not disclose the issue because of the cost, difficulty, or social embarrassment. Untreated hearing loss is associated with loneliness, depression, and social isolation. This article clarifies these complex issues and serves as a reminder of the importance of early discovery and comprehensive management. Interventions recommended include community education, regular hearing screening, enhanced access to audiological services, reduction in stigma, subsidization of hearing aids, and follow-up care. A multidisciplinary and culturally appropriate approach is necessary to counteract the effects of hearing loss and enhance the general well-being and quality of life among the elderly.

**Keywords:** Unheard concerns, tackling, elderly, hearing impairment, senior citizens, culturally appropriate

### Introduction

Hearing loss happens when someone can't hear sounds clearly in one or both ears, either partially or completely. It can happen because of problems in different parts of the ear or the nervous system that helps with hearing. Older people are most likely to experience hearing loss, and when it happens in older adults, it's called Presbycusis. Presbycusis is the second most common type of hearing loss in people. Hearing loss in older adults can affect how they communicate, interact with others, and enjoy their daily lives.

According to a survey by the World Health Organization in 2021, 65% of people over the age of 60 have some kind of hearing loss. This shows that hearing loss is a common issue among older adults. A study from 2012 by Kasturi and others found that 66.9% of older people have some level of hearing problem. Out of these, 24.6% of the elderly population has disabling hearing loss, which affects their daily communication. This study indicates that the prevalence of disabling hearing loss among the geriatric population is high, and hence, there is a significant need for early identification and intervention of hearing loss in the elderly population.

Even though the prevalence rate of hearing loss among the elderly population is high, most of the older people are not identified and treated because of poor awareness, social stigma, and/or poor access to health care services.

### Diagnosis and Intervention of Hearing Impairment

Diagnosis of hearing loss is made by obtaining a thorough case history and a series of evaluation procedures. The test battery used in the diagnosis of hearing loss includes.

- **Pure tone audiometry:** To obtain the severity and type of hearing loss.
- **Speech Audiometry:** To identify one's ability to recognize and discriminate speech and thereby provide an estimate of the benefit one will get when fitted with an amplification device.
- **Tympanometry:** To rule out the functioning of the middle ear, especially to check for any conductive pathologies.

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- **Otoacoustic emissions (OAE):** To rule out the functioning of the inner ear.
- **Auditory Brainstem Response (ABR):** To check whether there is any neural cause of hearing loss.

Once the evaluation is complete, the professional will interpret the severity and type of hearing loss. The severity of hearing loss can range from mild to profound. The type of hearing loss can be conductive, sensorineural, or mixed. Presbycusis is usually characterized by bilateral sensorineural hearing loss.

Intervention is based on the severity and type of hearing loss. Hearing loss due to conductive pathologies like middle ear infections is mostly reversible. Hence, medications and surgical management are mostly effective for conductive hearing loss.

However, there are no medications or surgical treatments that are effective for the management of sensorineural hearing loss that is caused due to damage to hair cells and/or the auditory nerve. Hence, the recommended treatment options for sensorineural type of hearing loss are hearing aids/cochlear implants.

Hearing aids are amplification devices that capture the sound in the environment, amplify it, and transmit it to the ear. Various models of hearing aids are available that suit different severities of hearing loss. Cochlear implants are surgically placed devices that bypass the inner ear and electrically stimulate the auditory nerve. Cochlear implants are expensive and have surgical complications, especially in the elderly population. Hence, professionals often recommend the use of hearing aids as a treatment option for Presbycusis.

Solely relying on hearing aids may not work for the elderly population, especially when there is neural hearing loss. Hence, they have to use communication strategies like speaking face to face, lip reading, asking the speaker to speak slowly, etc. Amplification devices, along with the use of these communication strategies will help individuals to manage with hearing difficulties and improve social interaction.

### Factors affecting early identification and intervention in the elderly population

Many factors hinder the early identification and intervention of the elderly population. Some of these factors include:

- Age-related hearing loss (presbycusis) develops slowly, frequently without the subjects even realizing it. Since it occurs slowly, most elderly persons may normalize the effects or rationalize them as a part of aging and not a medically treatable condition (Wallhagen, 2010) <sup>[8]</sup>. Normalization lowers the chances of help-seeking or symptom-reporting during routine medical consultations.
- Notwithstanding the significant prevalence of hearing impairment in elderly persons, routine screening of hearing is not routinely incorporated into geriatric care, particularly within primary care (Gates & Mills, 2005) <sup>[21]</sup>. Within most health systems, such as that in India, hearing is not screened as much as vision or blood pressure, thus resulting in underdetection.
- Most older individuals have poor knowledge of hearing loss and its treatment options, like hearing aids. There is also social stigma attached to wearing hearing aids, which are seen as indicators of aging or disability. This

results in denial or delayed recognition of the issue (Southall *et al.*, 2010) <sup>[8]</sup>.

- Older adults can underreport symptoms because of communication problems, cognitive impairment, or not wanting to "trouble" healthcare professionals. Bainbridge and Ramachandran (2014) <sup>[4]</sup> conducted a study in which numerous elderly participants did not self-report hearing loss despite audiometric data indicating severe impairment.
- Audiology services are not available in many areas, especially in rural or low socioeconomic environments. For instance, in India, the diagnosis and treatment of hearing loss are severely limited by a shortage of qualified audiologists and inadequate infrastructure in rural areas. Financial limitations also deter older adults from undergoing diagnostic testing or from buying hearing aids.
- In older adults, the presence of other underlying medical conditions like dementia, stroke, or depression can overpower or overrule the diagnosis of hearing loss. These comorbid symptoms render it more challenging for clinicians to distinguish auditory deficits unless hearing loss is specifically evaluated (Mener *et al.*, 2013) <sup>[6]</sup>.

### Challenges of hearing loss in the elderly: Social, Emotional, and Cognitive Consequences

Hearing loss, especially in later life, has a profound influence on the general well-being of an individual beyond the sensory component itself. It pervasively influences communication, emotional well-being, and social functioning.

- **Communication Issues:** Difficulty in communication is one of the most direct and significant effects of hearing loss. People with hearing loss may have difficulty understanding conversations, particularly in noisy or group settings. This may cause repeated misunderstandings, frustration, and avoidance of verbal communication. The World Health Organization (2021) reports that untreated hearing loss disrupts effective communication, both personal and professional. A study by Mick, Kawachi, and Lin (2014) <sup>[11]</sup> highlights that hearing loss affects the processing of sounds in speech, particularly high-frequency consonants, resulting in serious communication impediments. Among older adults, communication issues brought about by hearing loss tend to be mistaken for cognitive impairment (Wayne & Johnsrude, 2015) <sup>[12]</sup>, adding to the problem.
- **Emotional Isolation and Loneliness:** Hearing loss has the potential to cause emotional and social isolation. If communication is challenging, people tend to avoid social contact altogether. Such withdrawal on their part enhances the feelings of loneliness. It was reported by a study conducted by Strawbridge *et al.* (2000) <sup>[13]</sup> that hearing-impaired elderly individuals were significantly more likely to complain of loneliness than those with normal hearing. Further revealed that those with hearing impairment were at increased risk for social isolation, which, in turn, was related to a low quality of life. Isolation can become self-sustaining as diminished social interaction results in limited chances to rehearse communication and preserve social relationships.
- **Psychological and Emotional Problems:** Hearing

impairment has been steadily associated with psychological distress, as well as anxiety and emotional exhaustion. Difficulty hearing conversations can be emotionally draining and make people feel embarrassed, ashamed, or powerless. Hearing impairment impacts emotional health and results in low self-esteem, irritability, and frustration, as Ciorba *et al.* (2012) <sup>[15]</sup> describe. These emotional issues can also be caused by perceived stigma or the stigma of appearing "old" or "disabled", especially when dealing with hearing aids (Southall, Gagné, & Jennings, 2010) <sup>[7]</sup>.

- **Depression:** There exists a strong correlation between hearing loss and clinical depression, especially among older persons. Depression, in this case, is frequently underdiagnosed since its symptoms are blamed on aging or any other condition. A meta-analysis by Lawrence *et al.* (2020) <sup>[16]</sup> demonstrated that hearing-impaired adults are over two times more likely to be depressed than those with no hearing loss. Lin and Ferrucci (2012) <sup>[17]</sup> reported that even mild hearing loss was linked with a serious increase in depressive symptoms, and the risk worsened with increasing loss. Depression may also accelerate cognitive decline and lower the motivation to obtain assistance or participate in rehabilitation interventions such as hearing aid use.
- **Cognitive Decline and Dementia Risk:** Growing evidence indicates that hearing loss could be a standalone risk for cognitive decline and dementia. The mechanisms are not yet known, but social isolation, lower cognitive stimulation, and higher cognitive load during listening tasks are all potential factors. Lin *et al.* (2011) <sup>[18]</sup> stated that those with hearing loss experienced a 30-40% faster rate of cognitive decline than their peers with normal hearing. Hearing loss was identified by Livingston *et al.* (2020) <sup>[19]</sup>, in The Lancet Commission on dementia prevention, as one of the greatest modifiable risk factors for dementia.

### Managing Hearing Loss in Older Adults: Solutions and Support

Tackling these challenges that elderly people with hearing loss face requires a team-based approach that not only focuses on the medical aspects but also the psychological, emotional, and social aspects. A few strategies that can be used to overcome the challenges faced by the elderly population are:

- Creating awareness among the elderly and the public through communication education programs. Awareness programs should focus on changing the view of the public as seeing hearing loss not just as a normal part of the ageing process but also as a treatable medical condition.
- Implementation of routine screening camps, especially in community-based health care centres, promotes identification of hearing loss. Hearing screening also should be done along with routine monitoring of blood pressure or a vision test.
- Expanding audiological services to rural areas will help in improving accessibility to audiological services. Tele-audiology services can help in offering remote consultations, hearing-aid fittings, and follow-ups.
- Changing stigma and attitudes towards hearing loss diagnosis and the use of hearing aids needs to be changed through public education programs,

counselling, and psychological support. Here, family members play a major role in providing emotional and psychological support to the elderly.

- Government subsidisation of hearing aids for the elderly or schemes to cover the cost of hearing aids should be implemented. Hearing aids should be made user-friendly for the elderly, making them easier to manage.
- Continuous follow-ups need to be done by the professionals to ensure that the elderly are using hearing aids correctly and to make finer adjustments in the hearing aids as and when required. Appropriate demonstration sessions must be carried out by professionals to educate older persons on the care and maintenance of hearing aids. Home visits by audiologists can be done to monitor the usage of hearing aids.
- Facilitating social interaction among the elderly population by introducing senior clubs or church services with proper acoustics and communication practices. It is also important to teach communication strategies like facing the speaker, reducing background noise, and using visual cues that would help improve daily interactions and reduce frustration for both the speaker and the listener
- Comorbid conditions like dementia, alzheimers disease can further complicate the intervention of hearing loss. Hence, it is equally important to provide treatment for the associated conditions as well, along with auditory rehabilitation.

### Conclusion

Older adults' hearing loss is much more than a sensory deficit it is a condition with far-reaching impacts on physical well-being, emotional functioning, and social engagement. Though age-related hearing loss is widespread, it is not an irreversible or intractable feature of aging. Late detection and avoidance of treatment frequently because of stigma, denial, and care system weaknesses exacerbate the stigma and burden of hearing loss for older adults. Yet, by targeted interventions like public education, regular screening, increasing audio logical services, stigma reduction, and affordable access to hearing aids, the systemic hurdles in hearing care can be removed. No less crucial is the delivery of ongoing follow-up and support, particularly in addressing comorbidities and enhancing communication outcomes. A holistic, integrated, and culturally responsive approach is needed to enhance the quality of life of older adults with hearing loss so that no one remains unheard in their golden years.

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