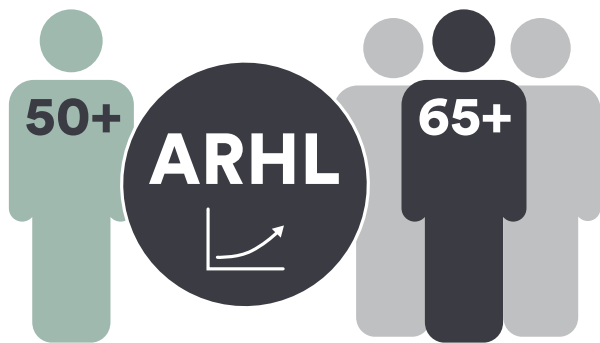


Age-related hearing loss clinical practice guidelines¹

Age-related hearing loss (ARHL) is a common sensory impairment in people over 50. It is frequently underdiagnosed and undertreated. Caused by both genetic and environmental factors, **1 in 3 adults experience hearing loss between the ages of 65 and 74.**²



The recently published Age-Related Hearing Loss (ARHL) guideline offers evidence-based recommendations for identifying and managing ARHL.

Why managing hearing loss matters:

-  Affects 466 million people worldwide.³
-  Projected to reach 630 million by 2030 and 900 million by 2050.⁴
-  Impacts communication and is associated with depression, heart disease, dementia and falls.¹
-  Linked to lower income, unemployment and greater social and emotional isolation when undiagnosed.⁵
-  Creates an economic burden on the healthcare system when untreated.⁶
-  Taking certain medications can impact hearing.⁷



Learn more

Scan to review the [CPG: Age-Related Hearing Loss - American Academy of Otolaryngology-Head and Neck Surgery](#)



Guidelines for optimal hearing health



Essential guidelines:

- ✓ Refer patients for a hearing test if screening indicates hearing difficulties.
- ✓ Refer patients to a professional who can correctly fit hearing aids.
- ✓ Refer patients to a cochlear implant specialist if they have poor speech understanding with hearing aids.

Clinical practice guidelines:

- ✓ Screen patients age 50+ for hearing loss during health visits.
- ✓ Examine the ear for wax, infection or abnormalities.
- ✓ Consider sociodemographic factors and patient preferences for access to hearing health care.
- ✓ Refer patients with significant differences in hearing between right/left ears, middle ear involvement or poor word recognition.
- ✓ Educate and counsel families on how hearing affects communication, safety, cognition and quality of life.
- ✓ Inform patients and families about communication strategies and assistive devices. Find more resources via the QR code on the front page.
- ✓ Use questionnaires found via the QR code on the front page to track communication goals and improvements.

Ongoing reminders:

- ✓ Apply clinical judgment and flexibility.
- ✓ Rescreen every 3 years or sooner if needed.
- ✓ Consider patient preferences in decisions.

If your patient is struggling to hear with hearing aids:

- Patients should receive a cochlear implant evaluation,⁸ as it may offer significant quality of life improvements.
- Providers should understand the benefits and process of educating patients during referrals.
- When referring, it is important to:
 - Educate patients on safe and effective treatment to improve communication and quality of life.
 - Ensure hearing aids are properly fitted.
 - Refer patients for a cochlear implant evaluation if their hearing loss average is 60dB and their ability to understand words is 60% or less.⁹
 - Know approval is suitable for all age groups.

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