



Information for Health Professionals

Acquired hearing loss and
its impact on health and wellbeing
in adults in Ireland.



Chime
The National Charity for
Deafness and Hearing Loss

Key Facts

- > Hearing Loss is the third most common health condition in adults, and the most common in older people.
- > It has a major impact on population health and is the fourth leading cause of years lived with a disability.
- > 300,000 adults in Ireland have a moderate or greater hearing loss but only 1 in 5 have hearing aids.
- > People wait an average of ten years before seeking help with a hearing loss.
- > Hearing loss has been rated as having a greater impact on quality of life than cancer or heart disease.
- > Those who delay seeking treatment for their hearing loss are more likely to experience social isolation, loneliness, depression and cognitive decline.

Primary Issues

1. Hearing loss is the third most common health condition in adults, and the most common in older people. Due to the impact on those affected and the large number involved, it has a major impact on population health and is the fourth leading cause of years lived with a disability (Global Burden of Disease, 2013).
2. Eight percent of the adult population need audiological support (HSE, 2011) and this equates to 300,000 people. Only one in five people with significant hearing loss in Ireland have hearing aids, and those with medical cards are twice as likely to have them (TILDA, 2017). This means that one in three medical card holders with hearing loss have hearing aids, compared to one in seven non medical card holders.
3. TILDA (2017) noted that many Irish people only get hearing aids 'as a last resort'. In the UK, where they dispense twice as many hearing aids per head of population (BIHIMA, 2016), it has been noted that people wait on average ten years before seeking treatment for their hearing loss (Davis, 2007). Lack of awareness, social stigma and cost of hearing aids contribute to this delay.
4. The impact of hearing loss on quality of life is considerable. One large American study found that hearing loss had a stronger negative influence on quality of life than most comorbidities such as heart problems, diabetes, hypertension, or arthritis. The authors concluded that 'understanding the impact of hearing impairment on quality of life relative to other common chronic conditions may help to increase physician awareness about the importance of screening for hearing problems' (Hawkins et al, 2012). In the UK, the majority of hearing aid users got them following a recommendation from their GP or an ENT (Anovum, 2018).

5. The economic costs of untreated hearing loss are very significant. The World Health Organisation estimate the annual global costs to be US\$750 billion, consisting of health, educational and societal costs and loss of productivity (WHO website).

6. The Lancet Commission (2017) estimated that over one third of dementia cases were 'theoretically preventable' through nine modifiable risk factors, including education, cessation of smoking, physical activity and early treatment of hearing loss. People with mild to severe hearing loss were found to have 2–5 times the rate of dementia compared to hearing peers (Lin, 2011) and up to 40% faster rates of cognitive decline (Lin, 2013). Early treatment of hearing loss was the most significant modifiable risk factor, and potentially could prevent 9% of dementia cases.

7. A number of recent studies have indicated that the use of hearing aids largely eliminates the increased risk of cognitive decline associated with hearing loss. A longitudinal French study spanning 25 years found that those with a hearing loss had lower cognitive scores than hearing controls, but that 'subjects with hearing loss using a hearing aid had no difference in cognitive decline' (Amieva et al, 2015).

8. Modern digital hearing aids are an effective intervention for most people with hearing loss. In the UK, a survey found that 74% of hearing aid owners are satisfied with their hearing aids, while 94% state that their hearing aids improve their quality of life at least sometimes (Anovum Research, 2018).

Areas for Action

- ➔ Increase awareness among the public of the importance of seeking treatment for hearing loss at an early stage.
- ➔ Support GPs and other key health professionals to recognise hearing loss symptoms in patients and encourage them to have their hearing checked.
- ➔ Lobby government and health agencies to make hearing aids more affordable for non-medical card holders and to provide hearing screening opportunities for those who suspect they have hearing loss.

References & Sources:

BIHIMA (British Irish Hearing Instrument Manufacturers Association). [Market Statistics 2016](#).
Anovum Research. [Eurotrak UK 2018](#).
Amieva, H. et al. [Self-Reported Hearing Loss, Hearing Aids, and Cognitive Decline in Elderly Adults: A 25-Year Study](#). *Journal of American Geriatrics Society* 2015 Oct;63(10):2099–104.
Berg, A. I. and Johansson B. [Personality Change in the Oldest-Old: Is It a Matter of Compromised Health and Functioning?](#) *Journal of Personality* 82:1, 2014.
Davis, A. et al. [Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models](#). *Health Technology Assessment*, Vol. 11: No. 42, 2007
Deal, J. A. et al. [Hearing Impairment and Cognitive Decline: A Pilot Study Conducted Within the Atherosclerosis Risk in Communities Neurocognitive Study](#). *American Journal of Epidemiology* 2015; 181 (9): 680–690
World Health Organisation, [Global Burden of Disease, Study 2013](#)
Hawkins, K. et al. [The prevalence of hearing impairment and its burden on the quality of life among adults with Medicare Supplement Insurance](#). *Quality Life Research*, 21:1135–1147, 2012.
HSE National Audiology, [Review 2011](#)
Lin, F. R. et al. [Hearing Loss and Incident Dementia](#). *Archives of Neurology*, Vol 68 (No. 2) 2011
Lin, F. R. et al. [Hearing Loss and Cognitive Decline in Older Adults](#). *Internal Medicine*, 2013;173(4):293–299.
Saito H. et al. [Hearing Handicap Predicts the Development of Depressive Symptoms After 3 Years in Older Community-Dwelling Japanese](#). *Journal of American Geriatrics Society* 2010 Jan;58(1):93–7.
TILDA (The Irish Longitudinal Study on Ageing). [Health and Wellbeing: Active Ageing for Older Adults in Ireland](#). Dublin 2017.



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