



# Noise, Noise, Everywhere... Can You Hear It?

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**It is a noisy world.** There is so much hustle and bustle around us, do we just tune it out, or can we even hear it? We do not realize that so many people struggle with hearing loss, specifically the elderly population. In fact, recent studies estimate nearly 63% of people over the age of 70 with 80% of those over the age of 80 in the United States experience some level of hearing loss. We know that the incidence of hearing loss increases with age and as our population continues to age, the prevalence of hearing loss is also expected to rise. Hearing loss in the elderly is due to presbycusis or Age-Related Hearing Loss but may also be a result of noise damage and cerumen impaction as the more common reasons.

## HEARING LOSS:

**63%**

of people over age 70

**80%**

of people over age 80



Hearing loss can be more impactful to elderly as there is a direct relationship to issues with communication, further social isolation, loneliness, depression as well as cognitive decline and safety. There is a direct correlation with multiple co-morbidities in particular, the relationship that appears between ARHL and dementia and the impact this may have on the patient's life. The burden of hearing loss in the elderly creates a significant financial stress on families and to skilled nursing facilities caring for these people. It is estimated more than three billion dollars in excess medical expenditures per year in the United States alone.



We must also acknowledge the impacts of Social Determinants of Health on hearing health, especially in our elderly. Where someone lives, their income, education level, and access to quality healthcare impact all aspects of their overall health, including hearing health. Hearing loss affects African Americans and Hispanic Americans at a higher rate than non-Hispanic white Americans potentially a result of these same SDOH.

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Preferred Therapy Solutions provides solutions to identify and treat hearing loss in the elderly:

**ASSESSMENT:** may include pure-tone audiometry using a tuning fork or a simple gross hearing exam using the finger rub test as well as assessment of understanding and perception of speech. An otoscope exam for blockage or a referral to an audiologist or otolaryngologist may also be necessary.



**TREATMENT:** should be individualized to promote communication, safety, and quality of life. Treatment options may include:

- 1 Hearing aids:** ensuring they still meet the needs of the patient and are clean and available for daily use. Determining whether the patient can manage the hearing aid or will need assistance.
- 2 Assistive listening devices:** this may include personal amplifiers, close captioning, or earphones.
- 3 Communication strategies:** this may include speaking clearly and in the language the patient prefers, facing the patient, using gestures, or moving towards visual assistance such as dry erase boards or tablet devices or phones.
- 4 Cochlear implants:** this is a small electronic device implanted surgically when hearing aids do not provide the clarity of sound needed to understand speech and spoken language.
- 5 Patient/caregiver education:** about the possible treatments and interventions. Caregivers or family may also play a crucial role, as their understanding may be important in patients receiving fully delivered care. Family and caregivers can help create a more conducive environment for speech comprehension by making concerted efforts to face the person when speaking, speaking clearly, and decreasing background noise.

- 6 Follow-up:** Ensuring patients have adequate transportation for follow-up as an outpatient or access when remaining as a long-term resident.  
With May's recognition as National Better Hearing & Speech Month, we need to reflect on the hearing health among the elderly population and those we serve every day. Take a moment to have a conversation and to observe signs of hearing loss as indicated below:
  - When a person asks for a question to be repeated.
  - The individual is not following the conversation.
  - In appropriate responses to questions that are asked.
  - The volume of their television is significantly higher than normal.
  - The person may develop self-isolation especially at mealtime.

There may be patients you are already thinking about or patients that are starting to show cognitive decline because of slow hearing loss. Regardless, turn to your speech language pathologists for further assessment as they are the experts in your facilities, and they are skilled at helping those with hearing loss.

To learn more about the Preferred Therapy Solutions and how our Speech Therapy Programs can assist your facility, contact Jim MacManus, Director of Business Development, at [jmacmanus@preftherapy.com](mailto:jmacmanus@preftherapy.com).  
#itsallaboutthepatient.

**ABOUT PREFERRED THERAPY SOLUTIONS**

*Preferred Therapy Solutions is a full-service rehabilitation management organization dedicated to providing state-of-the-art clinical, management, billing, and information technology solutions to the post-acute and long-term care industry. Preferred Therapy Solutions is able to assist in developing a strategic road map designed to increase SNFs market share by identifying potential referral targets and providing useful information on competitor's performance. Preferred Therapy Solutions abilities significantly enhance the quality, productivity, scope, and efficiency of any facility's rehabilitation department while maintaining a focus on achieving high levels of patient satisfaction and providing excellent customer service.*

