

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for hearing loss in older adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from September 8, 2020 to October 5, 2020. The Task Force welcomes your comments.

Screening for Hearing Loss in Older Adults

The Task Force issued a **draft recommendation statement** on *Screening for Hearing Loss in Older Adults*. The Task Force determined that there is not enough evidence to recommend for or against screening for hearing loss in adults age 50 and older who do not have

recognized signs or symptoms of hearing loss. This draft recommendation statement does not apply to adults who already report symptoms of hearing loss or currently have hearing loss.

What is hearing loss?

Hearing loss is a gradual decline in the ability to hear high-frequency tones. Increasing age is the most important risk factor for hearing loss, and it is very common among older adults. There are several causes of age-related hearing loss, but the most common cause is a result of the breakdown of hair cells in the ear.

Facts About Hearing Loss

Hearing loss becomes more common as people get older. In the United States, more than 40 percent of people 70 years or older and almost 20 percent of people aged 40 to 69 report hearing loss.

Hearing loss can negatively affect a person's quality of life and ability to function independently. Older adults with hearing loss are at increased risk of social and cognitive decline. It is important that people who have noticed problems with their hearing talk to their doctor to get the care they need.

Facts About Screening for Hearing Loss

There are several screening tests that can detect hearing loss including the whispered voice, finger rub, and watch tick tests. The whispered voice test involves standing behind the patient and whispering a combination of numbers and letters to see what the patient can hear and repeat back. The finger rub test involves the clinician rubbing their fingers together near the ear to test if the sound is heard. Similarly, the watch tick test involves holding a ticking watch near the ear. Clinicians can also use an audioscope, a handheld screening instrument for hearing loss.

To know whether someone has recognized hearing loss, clinicians can ask one question such as, "Do you have difficulty with your hearing?" They can also ask additional questions.

Potential Benefits and Harms

The Task Force found the evidence is not clear about whether or not it is helpful to identify hearing loss in people who do not have recognized issues with their hearing. People who do not recognize they have any issues with their hearing may not be willing to use a hearing aid or think that it is helpful. Since we don't know whether they would benefit from identifying their hearing loss before they have reported symptoms, the Task Force could not determine the balance of benefits and harms. More research is needed.

The Task Force notes it is important that people who have noticed problems with their hearing talk to their doctor to get the care they need.

The Draft Recommendation on Screening for Hearing Loss in Older Adults: What Does It Mean?

Here is the Task Force's draft recommendation on screening for hearing loss in older adults. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues an **I Statement**, it means the current evidence is insufficient to assess the balance of benefits and harms of the service.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

1 The USPSTF concludes that the current *evidence is insufficient* to assess the balance of benefits and harms of *screening for hearing loss in older adults*. **(I Statement)**

Notes

1 *evidence is insufficient*
There is not enough information to make a recommendation.

screening for hearing loss
The way to assess someone's ability to hear. Examples include the whispered voice, finger rub, and watch tick tests.

older adults
Adults age 50 and older.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Hearing Loss in Older Adults

-  **Ageing Changes in the Senses**
(MedlinePlus)
-  **Age-Related Hearing Loss**
(National Institute on Deafness and Other Communication Disorders)
-  **Hearing Loss: A Common Problem for Older Adults**
(National Institute on Aging)
-  **It's Loud Out There: Hearing Health Across the Lifespan**
(Centers for Disease Control and Prevention)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between September 8, 2020, and October 5, 2020.



All comments will be considered for use in writing final recommendations.