

Screening for Hearing Loss in Older Adults

The U.S. Preventive Services Task Force (Task Force) has issued a **final** recommendation on *Screening for Hearing Loss in Older Adults*.

This recommendation is for men and women ages 50 and older. It does not apply to people who notice and are concerned about possible changes in their hearing. They should discuss their symptoms with a health care professional.

The Task Force reviewed research studies on the use of screening tools to identify older adults who

might have hearing loss. The recommendation summarizes what it learned about the potential benefits and harms of this screening: There is not enough evidence to determine whether screening helps people who are not aware of hearing loss or who think their hearing is worse but have not chosen to talk to a health care professional about it.

This fact sheet explains the recommendation and what it might mean for you.

What is hearing loss in older adults?

Hearing loss can be caused by various factors. The most common cause is getting older. When a person gets older, special cells in the ear begin to work less well. This kind of hearing loss progresses slowly over time and usually affects both ears. Hearing problems can make it hard to talk to other people and carry out daily activities.

Screening for Hearing Loss

About 20 to 40 percent of adults older than age 50 and nearly 80 percent of adults older than 80 have some hearing loss. Many adults do not choose to get screened or treated for this condition. They may not realize they have hearing loss because it is mild or is getting worse very slowly. Some know they have some hearing loss, but are not bothered by it. Others may have other medical problems that prevent them from realizing they have hearing loss.

Health care professionals use several screening tests to find out whether a person has hearing loss:

- **Testing with soft sounds.** Can a person hear whispering, fingers rubbing together, or a ticking clock?
- **Asking questions.** A doctor or nurse may ask, “Do you have difficulty with your hearing?” or ask you to fill out a questionnaire with several questions about your hearing.
- **Hand-held audiometer.** This instrument measures the ability to hear sounds at different pitches and volumes.

If hearing loss is identified, it often can be treated with a hearing aid. However, only a small number of older adults with hearing loss use a hearing aid. Some may not want or be able to wear a hearing aid because of cost or comfort. Others may not want people to know they have a hearing problem or may have difficulty using a hearing aid.

Potential Benefits and Harms

Screening attempts to detect disease in people who do not know that they have the condition. In the case of hearing loss, screening could lead to earlier detection in people who are not aware that their hearing is changing. It also may detect hearing loss in people who think their hearing may be getting worse but who have not chosen to talk to a health care professional about it. One potential benefit of detecting hearing loss early may be to prevent additional hearing loss through early treatment. Another possible benefit may occur if people who have not recognized their hearing loss or who have not wanted to talk to a health care provider about it discover – after they have been diagnosed and receive a hearing aid – that the untreated hearing loss was having a significant negative effect on their daily life. In both cases, the Task Force did not find enough evidence to prove or disprove that screening would result in these potential benefits.

The Task Force also found little evidence on potential harms. However, it is unlikely that there are important harms associated with screening and treatment for hearing loss, including the use of hearing aids.

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

Here is the recommendation on screening for hearing loss in older adults. The recommendation has a letter grade. The grade is based on the quality and strength of the evidence about the potential benefits and harms of the screening test. It also is based on the size of the potential benefits and harms. Task Force evidence grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge potential benefits and harms, the Task Force does not make a recommendation for or against—it issues an I Statement. The Notes next to the recommendation helps to explain key ideas.

Visit the Task Force Web site to read the [full recommendation statement](#) on screening for hearing loss in older adults. The statement explains the evidence that the Task Force reviewed and how it decided on the grade. An [evidence report](#) on this topic provides more detail about the studies the Task Force considered.

- 1 The Task Force concludes that the current *evidence is insufficient* to assess the balance of benefits and harms of screening for hearing loss in *asymptomatic adults* age 50 years and older. **I Statement**

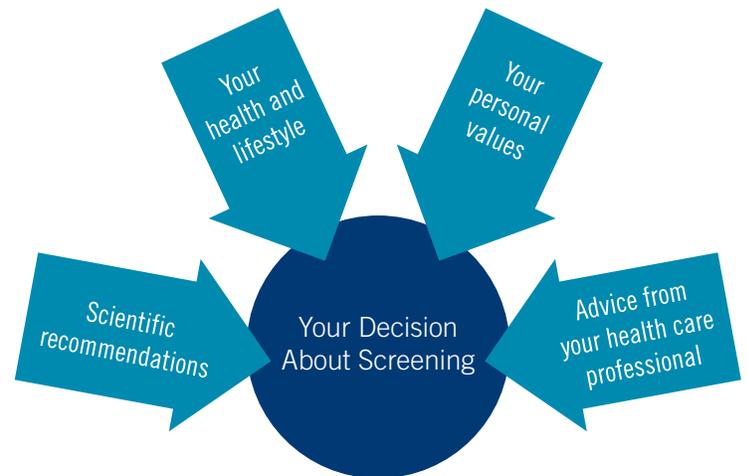
Notes

- 1 *evidence is insufficient*
The Task Force did not find enough information on screening for hearing loss to determine potential benefits and harms.
asymptomatic adults
People who have not noticed changes in their hearing or people who are not already visiting a health care professional about hearing loss.

Should You Be Screened for Hearing Loss?

Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medicines to get and when to get them. Many people don't get the tests or counseling they need. Others get tests or counseling they don't need or that may be harmful to them.

Task Force recommendations can help you learn about screening tests, counseling services, and preventive medicines. These services can keep you healthy and prevent disease. The Task Force recommendations do not cover diagnosis (tests to find out why you are sick) or treatment of disease.



How should you decide whether to be screened for hearing loss?

Consider your own health and lifestyle. Think about your personal beliefs and preferences for health care. Talk with your health care professional if you are concerned about your hearing or think your hearing may be getting worse. And consider scientific recommendations, like this one from the Task Force. If you do get a screening test, talk with your health care professional about the results of your test and next steps you may need to take.

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

The Task Force is an independent 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, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed. Recommendations only address services offered in the primary care setting or services referred by a primary care clinician.

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 Web site](#).

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 and Screening Tests for Hearing Loss](#)

Hearing Loss and Older Adults
(National Institute on Deafness and Other Communication Disorders)

Age Page: Hearing Loss
(National Institute on Aging)

Presbycusis
(National Institute on Deafness and Other Communication Disorders)

Audiometry
(Medline Plus)