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Commentary Open Access

Identifying People with Hearing Issues and Optimizing Communication: A Pharmacist's Point of View

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Commentary

For the average person, hearing loss can be a gradual condition that occurs over time and usually becomes more prevalent as people age. It is estimated that 15% of all American adults have hearing loss ranging from mild to severe [1,2]. The incidence can increase to 50% of the population in people over the age of 75. The primary treatment for hearing loss is hearing aids, but due to the expense, lack of insurance coverage, the stigma created when using them, and the process to obtain hearing aids, only about 1/3 of eligible adults 70 years or older in the United States use them compared to 16% of 20 to 69-year-olds. When patients do not hear well and are undertreated, the impact can be a poor quality of life, less earning potential, increased morbidity, and mortality [3].

Causes of hearing loss include sensorineural and conductive damage [4]. Most people may not know or understand the etiology of their condition, however they understand how hearing loss impacts their daily lives. When health care providers interact with these people, it is important for these providers to be aware of an individual's specific pathology. This allows the health care provider the ability to help explain the patient's current condition, potential treatment options, and if the underlying cause is reversible or permanent. Common conditions that can cause hearing loss include noise, work environments, past injuries, family history, medications, ear wax and medical conditions including diabetes [4-7].

Some consequences of hearing loss are anxiety, depression, social isolation, and a decrease in cognition [8]. This is due to these individuals avoiding events or social situations, especially if there are many people or if the environment is loud. When they are in these types of situations, they may feel left out, misunderstood, uncomfortable, and even embarrassed [9].

Currently in the United States, the U.S. Preventative Service Task Force does not endorse routine screening for hearing loss in asymptomatic adults, who are 50 years of age or older [10]. This is similar to the recommendation from the American Academy of Family Physicians [11]. They do not have a conclusive recommendation on screening asymptomatic patients over the age of 50 due to insufficient evidence. The recommendation from the American Speech-Language-Hearing Association differs, since this organization encourages screening for hearing loss once per decade and every three years after the age of 50 [12]. However, for someone to have a further work-up and ultimately be referred for hearing aid devices, screenings need to be performed. A recent publication titled Hearing Health Care for Adults also touches on the importance of identifying patients and ensuring these patients receive the necessary treatment that is required [13]. One of the specific goals is to "promote hearing health care in wellness and medical visits," and refer patients when appropriate. The document also contains position statements and recommendations for this specific patient population.

There are several easy screening methods, but someone needs to either perform the screening or recognize that an individual would benefit. Screenings do not need to be done by a physician, but any community health care provider could initiate this type of service. One option is the Hearing Handicap Inventory for the Elderly [14]. This 10-question assessment is usually given to non-institutionalized patients and performed face-to-face. A higher score assessing the social and emotional aspects of hearing indicates that the person should be referred for further testing by a hearing specialist.

When patients require a referral regarding their hearing, there are several appropriate health care providers that patients can see for further assessment of their hearing status [13]. Who the patients can see may be determined by the patient's individual insurance. Appropriate providers are an audiologist, a physician or a non-physician medical practitioner (physician assistant or nurse practitioner). A good resource to find a local certified audiologist is through the American Speech-Language-Hearing Association website (www.asha.org/profind) [15]. If a person would like access to further information regarding hearing, the National Institute on Deafness and Other Communication Disorders has a website that contains multiple topics highlighting diseases and conditions, information for parents, communication methods and devices for people with hearing loss, and how to protect hearing [16]. An on-line version of The Hearing Handicap Inventory for Adults is also available on this website and provides recommendations based on individuals scores.

For people with hearing loss or suspected hearing loss, there are communication techniques that can be utilized by health care providers including pharmacists to help improve communication. This encompasses individuals with or without hearing aids. First speak to them in a normal tone, since loud sounds may increase sensitivity [17]. Second, ask open-ended questions and make sure that the person can see your lips when you speak. Further assessment of their hearing can be deduced once the person responds to the question. Scenarios that may demonstrate hearing issues exist include that the question needs to be restated, the question is not answered appropriately, or the person relies on others for assistance. These may be reasons to also refer for further hearing assessments. Another technique is to determine if the person is able to restate important information back to the health care provider. This includes information that contains numbers or words that can sound the same. If the person does not demonstrate a clear understanding then use different words or phrases to relay the same information to see if this improves their interpretation [18].

When counseling or educating either an individual or a group of people with hearing loss, making sure everyone comprehends the

correct message can also be a challenge. For a group educational session, it is helpful to limit the class size and have the attendees sit in a circular configuration. This allows everyone to see each other, and attendees can follow the conversations more easily. When discussions occur among participants, ensure that the facilitator paraphrases comments. This helps the participants especially if someone misses information or if the dialogue is hard to follow. For all patients, it is also helpful to use handouts, whiteboards or poster boards, and highlight the key points at the end. Ultimately make sure to always use simple language, provide information in lists, utilize handouts that have pictures, and ask people how they prefer to receive information [17].

Since not all people, who experience hearing loss, are easily identified or diagnosed, healthcare providers including pharmacists should utilize methods in their normal work routine to try to identify these individuals. If someone has hearing loss noted through interactions or screenings, it is imperative that these patients be referred for further testing to an appropriate provider, since routine screening may not have occurred. Whether or not these people seek further testing or receive a hearing aid, various communication techniques can be utilized in either one-on-one interactions or in group situations. Also as health care providers, it is important for national standards to be followed to ensure that all individuals can obtain the care and resources that are available to improve hearing for all patients [13]. Assisting people, who have hearing loss, not only helps them emotionally, but it can also improve their overall health status.

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