

Note on Presbycusis in Adults and Geriatrics

Robert Heinlein*

Department of Audiology, Valdosta State University, Georgia, United States

DESCRIPTION

The third most frequent ongoing condition among older adults is loss of hearing. Presbycusis is referred to the gradual loss of age-related hearing in both ears. It is commonly seen in geriatrics. Presbycusis is a most common type of sensorineural hearing loss which occurs due to damage in inner ear. One in three people over the age of 65 experience hearing loss [1]. Only 20 to 25 percent of the people could benefit from amplification devices and portable amplifiers. Loss of hearing can lead to greater chances of dementia.

Inheritance, illness, ageing, and noise are all risk factors for hearing loss. Damage in sensory hair cells in ear also leads to loss of hearing as they are responsible for auditory function [2]. Some of the causes include aging, various health conditions such as heart disease or diabetes or may be due to side effects of medications such as aspirin and certain antibiotics. Vascular degeneration, atherosclerosis, diabetes, hypertension, etc. also causes the loss of hearing.

The symptoms of presbycusis (age-related hearing loss) include difficulty in understanding conversations, tinnitus (ringing in the ears) may occur in one or both ears, having feelings of depression and low self-esteem, isolating from people due to difficulty in hearing, etc. Abnormal growth of bones (malleus, incus, stapes) in ear also leads to loss of hearing in adults [3].

Medical caregivers can play a crucial role in improving appropriate care for people with HL and granting admission to those who require listening equipment. A medical professional who specializes in the diagnosis and treatment of illnesses of the ear, nose, throat, and neck is known as an otolaryngologist. An otolaryngologist, also known as an ENT, will investigate the cause of your hearing loss and provide treatment choices. The audiologist verifies the frequency of hearing by using audiogram.

Otoscope is a small instrument used by the healthcare professional to examine the ear if it is having any eardrum damage or inflammation or infection. Tympanometry is a process in which evaluation of the tympanic membrane (or

middle ear) is done by using the instrument tympanometer. Assistive-listening devices, mobile apps, alerting devices, and cochlear implants can help some people with hearing loss [4]. A cochlear implant is a small, complicated digital tool that could assist to offer an experience of sound to someone who's profoundly deaf or seriously hard-of-hearing. They don't work for all types of hearing loss. Telephonic amplifiers are those which convert the speech to the text form through which the communication is performed.

Over-the-Counter (OTC) listening to aids are a brand new class of regulated hearing devices that adults with mild-to-moderate loss of hearing can be taken from the pharmacies without prescription. OTC hearing aids are predicted to end up in stores and online in the following years. Age-related hearing loss cannot be treated permanently but symptoms can be reduced [5]. It can be done by limiting the prolonged exposure to loud noises, should not smoke, should take care from ear infections, removal of excess amount of ear wax, etc. Anti-oxidants, anti-inflammatory drugs may reduce the loss of hearing. Stem cell therapy is also used to treat hearing loss.

REFERENCES

1. Salami A, Mora R, Dellepiane M, Manini G, Santomauro V. Water-soluble Coenzyme Q10 Formulation in the Treatment of Presbycusis. *Acta Otolaryngol.* 2010;130(10): 1154-1162.
2. Ackah H, Selena K. A combination antioxidant therapy prevents age-related hearing loss in C57BL/6 mice. *Otolaryngol Head Neck Surg.* 2010; 143(3): 429-434.
3. Hwan I, Lee K, Hoon J, Choon D. Hearing Loss as a Function of Aging and Diabetes Mellitus: A Cross Sectional Study. *PLOS ONE.* 2010; 9 (12): e116161.
4. Kody J, Dona MP, Friedland, Peter L. Impact of Aging on the Auditory System and Related Cognitive Functions: A Narrative Review. *Front Neurosci.* 2018; 12: 125.
5. Iwai H, Inaba M. Fetal Thymus Graft Prevents Age-related Hearing Loss and up Regulation of the IL-1 Receptor Type II Gene in CD4(+) T Cells. *J Neuroimmunol.* 2010; 250: 1-8.

Correspondence to: Robert Heinlein, Department of Audiology, Valdosta State University, Georgia, United States, E-mail: robertheinlein@gmail.com

Received: 03-May-2022, Manuscript No. JPAY-22-17720; **Editor assigned:** 05-May-2022, PreQC No. JPAY-22-17720 (PQ); **Reviewed:** 19-May-2022, QC No. JPAY-22-17720; **Revised:** 26-May-2022, Manuscript No. JPAY-22-17720 (R); **Published:** 06-Jun-2022, DOI: 10.35248/2471-9455.22.8.176.

Citation: Heinlein R (2022) Note on Presbycusis in Adults and Geriatrics. *J Phonet Audiol.*8: 176.

Copyright: © 2022 Heinlein R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.