Age-Related Hearing Loss

What is it?

Age-related hearing loss (medical name = presbycusis) is a common problem which affects millions of older Americans. People can begin having some hearing loss at any age, but most people with this condition do not start noticing a problem until their 50's or 60's. People with a strong family history of hearing loss may develop the problem earlier in life.

Age-related hearing loss is caused by a problem with the inner ear hearing receptors and the nerve which transmits hearing signals to the brain. A general name for this type of hearing loss is sensorineural hearing loss (SNHL). In most older people, the hearing loss is thought to be caused by a combination of age-related degenerative changes and cumulative damage from loud noise exposure over a person's entire life. Loud noise exposure from many years before can cause hearing loss in older age.

Demographics

It is unclear exactly how many older Americans have hearing loss since many just live with the problem and never report it to their doctor. Recent estimates are that 1 out of 3 adults aged 65-74 has hearing loss and 1 out of 2 adults over the age of 75 has hearing loss. These numbers include all hearing loss, from mild impairment to complete deafness. There is no difference between Americans of different races or genders.

Causes

By far the most common known causes of age-related hearing loss are genetic predisposition (usually several older relatives also had hearing problems) and loud noise exposure in the past (very common in veterans, former factory/warehouse/machine workers, and musicians).

There are many other known causes of SNHL in patients of all ages. These include head injuries, side effects from medications (especially certain iv antibiotics, chemotherapy drugs, and diuretics), autoimmune diseases, diabetes, genetic syndromes, benign and cancerous tumors, infections, and other problems.

Typical patient complaints

Most patients will describe a slow worsening of hearing over several years. Sometimes the change is so slow that the patient will not notice anything wrong but their spouse or relatives will. Needing to turn the TV louder, having trouble hearing voices on the phone, difficulty hearing voices of women and children (higher pitched sounds), and trouble distinguishing voices in a loud or crowded room are all very common complaints from patients with age-related hearing loss.

Patients also might have common related problems including tinnitus (ringing or other sound in the ears), a sense of fullness or pressure in the ears, and dizziness or imbalance.
Testing/Diagnosis

Usually a complete history, physical exam, and comprehensive hearing test (audiogram) is enough to clearly diagnose age-related hearing loss. I send my patients to a local audiologist for the hearing test.

The common pattern of age-related hearing loss is worse hearing in the high pitches than the low pitches. Many patients will have normal hearing in the low to middle pitches but will “drop off” in the high pitches. Some patients will have bad hearing in the low pitches which slopes down to even worse hearing in the high pitches.

Another common test finding is that patients will be able to hear the sound of words but will not be able to distinguish all the actual words. This particular test is called “speech discrimination” and is part of the complete hearing test. Patients will be asked to repeat back a series of 2 syllable common words.

Most patients do not need blood tests or any radiologic studies. A major exception is patients who have asymmetric hearing loss (i.e. one ear is substantially worse than the other). These patients should have a MRI scan to check for a benign tumor pressing on the hearing nerve inside the skull. Fortunately these tumors are rare, but it is important to check for them, especially in younger and healthier patients.

Natural course of disease

For most patients with age-related hearing loss, their hearing will continue to get slowly worse over time. The large majority of patients will never come close to becoming completely deaf. It is also unusual to have abrupt drops in hearing, though this can possibly happen. The best way to protect your hearing is to stay away from loud noise and to wear ear plugs if you are near anything loud.

Treatment options

The best thing patients can do for age-related hearing loss is prevention. Take care to avoid loud noise and to wear ear protection if loud environments cannot be avoided.

Patients diagnosed with age-related hearing loss should have their hearing checked every 1-2 years routinely and sooner if they notice any sudden change in hearing.

Unfortunately for age-related hearing loss (and indeed any type of sensorineural hearing loss), there is no medication or surgery that can be routinely used to “cure” the problem.

The best treatment for age-related hearing loss is a set of hearing aids. There are many options in all shapes, sizes, and price range. Some insurance companies are starting to pay for hearing aids, but not all of them. For patients who are interested, I will have them see the audiologist to discuss hearing aid options.

It is also perfectly reasonable for patients to decide not to buy hearing aids, especially patients with mild hearing impairment. Ultimately, it is a quality of life decision, not a life-or-death decision. Also, patients can always opt for hearing aids in the future if their hearing worsens or they change their mind. Call (512) 550-0321 if you have any questions!