

Top priorities named in hearing loss research

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Experts have published a list of the most urgent priorities for researching a debilitating condition that affects more than 10 million people in the UK.

Published in *The Lancet*, the top 10 research priorities for tackling mild to moderate [hearing loss](#) aims to re-focus future studies on areas which could potentially have the greatest impact in furthering understanding of the condition and developing successful new treatments.

Co-author Dr Helen Henshaw, a University of Nottingham academic based at the National Institute for Health Research (NIHR) Nottingham Hearing Biomedical Research Unit, said: "Although hearing loss is not deadly, it can have a profound impact on people's ability to maintain relationships, lead a normal life and go out to work.

"With such a huge proportion of the population affected by this condition, it is vital that hearing research funding is prioritised for the questions which are most important to them."

Despite being one of the six health priority areas for the NIHR, significantly less is spent on hearing research - just £47 per one lost year of healthy life compared to other priority conditions such as sight loss (£99) and diabetes (£399).

Currently, evidence which underpins clinical practice is typically provided by researchers in universities that are far-removed from frontline clinical services and which often does not take into account the

views and experiences of key stakeholders.

The list of Top 10 hearing loss priorities were identified by an innovative partnership, the James Lind Alliance, which brings together patients, carers and clinicians to identify the unanswered questions about the effects of treatments that they agree are the most important.

It canvassed the views of more than 460 people on what they believed were the most significant treatment uncertainties before asking them to rank the importance of more than 80 research questions connected to these areas on a scale of importance. The top 30 ranked questions were then taken forward to a final prioritisation workshop, which then narrowed these down to the final top 10 based on consensus from a group of patients, family, friends and clinicians.

The final top 10 includes questions about the prevention (or cure), diagnosis and treatment, with the majority of treatment questions concerned with aspects of hearing aid provision.

All of the uncertainties identified by the James Lind Alliance Priority Setting Partnership, including the top 10, will be uploaded to the Database of Uncertainties About the Effects of Treatments to be made widely to the public, the research community, research commissioners and research funders.

More information: *The Lancet*, [\(15\)01048-X/abstract](http://www.thelancet.com/journals/lan...)

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