

Advisers urge easier access to treatment for hearing loss

June 2 2016, by Luran Neergaard

Hearing loss is a growing public health problem that can leave older adults socially isolated and even increase their risk for dementia—yet getting treated is a pricey hassle, declares a prestigious government advisory group that's calling for change.

One proposal: Allow some simple devices for mild hearing problems to be sold over the counter to people who can't afford or aren't ready to make the leap to full hearing aids.

Only a fraction of older adults who might benefit from hearing aids use them, and one reason is the price—averaging about \$4,700 a pair including all the fitting services, the National Academies of Sciences, Engineering and Medicine reported Thursday. Most patients largely cover the costs out of pocket, as insurance coverage is very limited and standard Medicare doesn't pay for hearing aids, just the diagnostic tests.

"Hearing loss has been relegated to the sidelines of health care," said Dr. Dan Blazer of Duke University, who chaired the academies' committee. "We need to provide more affordability and accessibility to hearing health care."

About 30 million Americans have hearing loss, a problem that increases as people pass middle age—and the population is graying rapidly. It's not just the annoyance of asking speakers to repeat themselves, or a spouse nagging that the TV is too loud. Untreated, hearing loss affects people's physical health, too. It's linked to falls, depression, social isolation,

cognitive dysfunction and dementia.

How could hearing loss be related to dementia?

"Your brain constantly has to deal with more garbled sound," explained Dr. Frank Lin, an otolaryngologist at Johns Hopkins University, a co-author of Thursday's report.

That extra work by the brain "comes at the expense of our thinking skills," and the reduced audio input may even lead some parts of the brain to shrink, said Lin, who has long studied the link and is preparing to study the bigger question—whether treating hearing loss reverses that risk.

Among the committee's recommendations:

—Medicare should evaluate options to provide coverage for a range of hearing loss treatments and services, including hearing aids.

"We know this is a reach," Blazer said. Congress has long refused to remove Medicare's restriction on hearing aid coverage, and the program doesn't cover most eyeglasses or dental work either. But, "Medicare needs to have this on their radar screen," he said.

—Just as consumers can choose between drugstore reading glasses or prescription bifocals, the Food and Drug Administration should allow over-the-counter sales of wearable devices for mild hearing problems. There are consumer electronic products that can amplify sound in various ways—costing from \$50 to \$500—but the FDA hasn't considered them hearing treatments.

—Hearing tests aren't part of routine check-ups, and they should be, including the Medicare annual wellness visit.

—Many providers offer fixed prices for hearing aids that include both the devices and all the professional services to fit and adjust them, but "unbundling" or providing those prices separately would allow better consumer decision-making.

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