

## Patients' hearing loss may mean poorer medical care

August 24 2017, by Steven Reinberg, Healthday Reporter

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(HealthDay)—Many seniors may not hear everything their doctors tell

them, new research suggests, and that could raise the risk of medical errors.

"In our study of 100 patients 60 and older, 43 reported mishearing a doctor or nurse in an inpatient or community health care setting, lending vulnerability to unintended error," said researcher Simon Smith, from the University College Cork School of Medicine, in Ireland.

Earlier research has found that improved communication between doctors, nurses and families could prevent 36 percent of [medical errors](#), Smith added.

The problem is not just a matter of doctors speaking louder. "The ability to separate speech from [background noise](#) is more intricate than volume alone," he explained.

Often hearing tests don't capture the complexity of how patients process medical information, and [hearing aids](#) may not be the answer, Smith said.

The process that leads to miscommunication that starts with [hearing loss](#) needs more study to help patients better understand what's being told to them and to help find ways for doctors to better communicate, he said.

The report was published online Aug. 24 in the journal *JAMA Otolaryngology—Head & Neck Surgery*.

According to Dr. Darius Kohan, director of otology/neurotology at Lenox Hill Hospital in New York City, "This article brings into focus a major problem that patients and families and [health care providers](#) share in common: the flow of communication among the parties involved."

After 60, a significant number of men and women start to have [hearing](#)

[problems](#), which can hamper communication, he said.

"This is even more of a problem in the medical field," Kohan pointed out.

"Often in the medical care setting there is background noise impeding hearing, the content is often technical and unfamiliar to patients and families, and the setting is stressful on patients who may already be in distress due to their medical condition," he explained.

In addition, doctors and other health care providers may also suffer from hearing loss and not always hear patients' concerns.

Part of the solution could be quiet rooms in hospitals and clinics "where the flow of medical information between health care providers and patients and families can occur in private," Kohan suggested.

"The hard-of-hearing must have means available to facilitate hearing and communication among clinicians and patients," he said.

"Although this study is on a very small patient population, one can extrapolate their results to the rest of the medical community," he added.

In the study, Smith and his colleagues found that 57 of the 100 seniors had some degree of hearing loss and 26 used a hearing aid. Moreover, 43 participants said they had misheard a doctor, nurse or both in a primary care office or hospital.

The main types of mishearing included misunderstanding what was said to them, not correctly hearing a doctor's diagnosis or advice, and general breakdown in doctor-to-patient communication, Smith said.

One geriatric specialist said loss of hearing among older adults is a

problem she encounters every day.

"It's important that we assess hearing and treat hearing loss, because hearing loss also affects our memory and our brain stimulation. So when we lose that sensation of hearing we also lose information access and that can cause slowing of our mental function," said Dr. Maria Torroella Carney. She is chief of the division of geriatric and palliative medicine at Northwell Health, in New Hyde Park, N.Y.

Many people have hearing loss, but don't get a hearing aid. Hearing aids are often not covered by insurance, Carney noted.

"Hearing aids cost thousands of dollars, so patients don't pursue it until absolutely necessary," she said.

With some patients, Carney uses a hearing amplifier, which is a simple device that can help some patients hear better by increasing the volume of sound directly in their ear.

"That's a tool we use regularly with our patients," she said. "It's remarkable when we bypass the hearing deficit. You don't really appreciate how much they were missing until you use a device like that. It helps [you] communicate much better, especially when you have to communicate important information."

For example, Carney recently used the amplifier with a patient who was then able to describe pain in detail, when before the patient did not understand the questions she was asking.

The device also helps patients understand medication instructions, she said. "If patients aren't hearing everything, they don't understand and they are not going to ask clarifying questions," she said.

Carney added that hearing loss can make patients feel isolated and affect their quality of life.

It's important to test older patients' hearing and find the best ways to help, because restoring [hearing](#) can keep [patients](#) mentally alert, she said.

**More information:** Simon Smith, BSc, MSc, School of Medicine, University College Cork, Ireland; Maria Torroella Carney, M.D., chief, division of geriatric and palliative medicine, Northwell Health, New Hyde Park, N.Y.; Darius Kohan, M.D., director, otology/neurotology, Lenox Hill Hospital, and Manhattan Eye, Ear and Throat Hospital, New York City; Aug. 24, 2017, *JAMA Otolaryngology—Head & Neck Surgery*, online.

For more on age-related hearing loss, visit the [U.S. National Institute on Deafness and Other Communication Disorders](#).

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Citation: Patients' hearing loss may mean poorer medical care (2017, August 24) retrieved 23 June 2024 from <https://medicalxpress.com/news/2017-08-patients-loss-poorer-medical.html>

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