Our hearing affects how we observe and understand the world around us. For most of us, hearing is part of our everyday communication, activities, and independence. Therefore, hearing loss can have harmful effects on our health and well-being. Older people have more hearing loss. Among adults ages 20-29, approximately 0.5% have hearing loss. However, this goes up to 6.5% for adults who are 40-49. That number almost doubles for each decade through age 79. About 81.5% of adults age 80 and over have hearing loss (Goman & Lin, 2016). For many of us, it is hard to notice hearing loss as we get older. This is because hearing loss does not typically happen overnight; it gets a little bit worse each day. Most hearing loss cannot be cured, but audiologists can make it better.

**Comorbidity** is when we have two or more diseases or conditions at the same time. Comorbid conditions are more likely the older we get.

**Chronic** conditions or diseases are those that last longer than 3 months. Hearing loss is the third most common chronic condition found in older adults in the U.S. Examples of chronic conditions that are often comorbid include diabetes, heart disease, and hearing loss. Knowing your health conditions is important. Some health conditions may be risk factors for hearing loss. This means that you might be at risk for developing or worsening hearing loss. Other conditions might be a consequence of a hearing loss. This means hearing loss may play a role in the development or worsening of these conditions. The following chart lists those connections. Hearing loss is in the middle. On the top are some potential risk factor conditions for hearing loss. On the bottom are some potential conditions that might be the consequence of a hearing loss.

**Which comorbid conditions are potential risk factors for hearing loss?**

These conditions increase your risk for hearing loss:
- sleep apnea
- diabetes
- high blood pressure
- high cholesterol
- cardiovascular disease

Exercising, eating healthy food, drinking water, and getting rest helps your heart and overall health. This may prevent some hearing loss. Other times, the treatment for chronic health conditions or diseases can affect hearing. For example, many cancers are treated with the chemotherapy drug cisplatin. Cisplatin is expected to cause hearing loss in about 50% of people treated.
Which comorbid conditions might be a consequence of hearing loss?

If you have a hearing loss, you might have a higher risk of developing some health conditions. This is especially true for untreated hearing loss. Hearing loss limits our ability to understand speech and communication. Hearing loss is associated with health conditions such as:

- social isolation
- depression
- anxiety
- falls and other injuries
- cognitive decline and dementia

Prevention

It is important for you to get an annual checkup by your physician at least once a year, especially if you have chronic, comorbid health conditions. Schedule an appointment with an audiologist if you think you have a hearing loss or have risk factors for a hearing loss. Existing hearing loss typically cannot be prevented but it often can be treated.

Hearing loss that gets worse may increase the risk for bad health outcomes. Sharing information about healthy hearing and steps to take to prevent further loss can help.

Content contributed by ASHA member Kelly M. Reavis, PhD, MPH, CCC-A.

References:

Notes:

For more information and to view the entire Audiology Information Series library, visit www.asha.org/aud/pei/.

For more information about balance problems, preventing falls, hearing loss, hearing aids, or referral to an ASHA-certified audiologist, contact:

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