

Availability and Use of Assistive Listening Devices with Older Patients

H. Smyth, A. O'Connor, S. O'Connor, D. O'Neill

Department of Medical Gerontology, Trinity College Dublin.

Age-related hearing loss is common with over one third of older adults in Ireland reporting hearing loss, increasing to over 50% in those aged over 75¹. Hearing loss is a risk factor for cognitive impairment, dementia and depression², and associated with increased risk of medical error, social isolation, loneliness and decreased quality of life. It is particularly problematic in hospital care where hearing is essential to effective care and communication. This challenge is particularly acute for patients living with dementia and other cognitive disorders, where hearing loss is the most common co-morbidity. The current Covid-19 pandemic has further highlighted the problem due to the compulsory use of masks preventing lipreading and facial visual cues to assist with communication.

A very broad range of approaches to improving communication with patients with a hearing impairment, and in particular those with dementia, have been proposed³. Practical solutions, amongst others, include visual aids, signs, well-lit consultation rooms with minimal noise and distractions, writing, hearing aids, sign language. However, on acute hospital wards or in the emergency department, it can be very difficult to minimise noise to communicate with patients with hearing impairment. Assistive listening devices (ALDs) or hearing amplifiers can help in a variety of acoustic environments especially those with excessive noise such as hospitals or when social distancing is required between speaker and listener. ALDs are inexpensive personal technologies facilitating one-to-one conversations through a handheld microphone and headphones which amplify the sound that needs to be heard while filtering some background noise.

We conducted an online cross-sectional survey amongst consultant geriatricians and geriatric medicine trainees in Ireland to examine the practice of geriatricians caring for older patients with hearing loss and the availability of ALDs in hospitals. Of 54 geriatric consultants and trainees responding (25% response rate), over 90% (n=49) reported very often looking after older patients with hearing impairment. Alternative communication methods used included writing (90%, n=48), speaking louder (80%, n=43), assistive listening devices (46%, n=25), organising hearing aids (26%, n=14) and deferring a conversation (17%, n=9). Assistive listening devices have been used and found useful by 42 (78%) respondents. These devices were unavailable or available with difficulty in 74% of hospitals and 67% of geriatric medicine wards. Geriatricians refer patients with hearing impairment to audiology services routinely (15%) or occasionally (50%).

This survey highlighted that most geriatricians find ALDs helpful but that these devices are not readily available putting older patients at a high risk of breakdown in healthcare communications. The low rate of referral to audiology services is a matter of concern. These findings represent a lack of appropriate attention in a global context for such low-cost and effective supports – even audiology and ENT services in the UK report low availability of ALDs⁴. Overall, more screening, strategies and support (such as ready availability of ALDs and referral to audiology) are needed to identify and overcome barriers associated with age-related hearing loss due to its prevalence, associated risks, and evidence of effective strategies to support those affected³.

Corresponding Author:

Dr Hannah Smyth,
Department of Medical Gerontology,
Trinity Centre for Health Sciences,
Tallaght University Hospital,
Dublin D24 NR0A.
E-Mail: hmsmyth@tcd.ie

References:

1. McGarrigle C, Donoghue O, Scarlett S, Kenny RA (eds). Health and Wellbeing: Active Ageing for Older Adults in Ireland - Evidence from The Irish Longitudinal Study on Ageing. Dublin, The Irish Longitudinal Study on Ageing, 2017.
2. Maharani A, Pendleton N, Leroi I. Hearing Impairment, Loneliness, Social Isolation, and Cognitive Function: Longitudinal Analysis Using English Longitudinal Study on Ageing. *Am J Geriatr Psychiatry*. 2019 Dec;27(12):1348-1356
3. Littlejohn J, Bowen M, Constantinidou F, Dawes P, Dickinson C, Heyn P, et al. International Practice Recommendations for the Recognition and Management of Hearing and Vision Impairment in People with Dementia. *Gerontology*. 2021 Jun 4:1-15.
4. Jama GM, Shahidi S, Danino J, Murphy J. Assistive communication devices for patients with hearing loss: a cross-sectional survey of availability and staff awareness in outpatient clinics in England. *Disabil Rehabil Assist Technol*. 2020 Aug;15(6):625-628.