

Clinical Tidbits

...for Physicians

February 2015

Tough Choice: Better Hearing or Save Money?

Using World Health Organization (WHO) criteria, there are about 48 million hearing impaired people in the US. This translates to about 1 hearing impaired person for every 5 people over the age of 18. When you consider that only about 1 in 5 of those hearing impaired actually owns hearing aids, it begs the question “why the low adoption rate?”

While the upfront cost may be the most obvious reason, there are other even more important factors. The following information is for caregivers and healthcare professionals to pass on to patients, clients and their families.

While many might think it is only cost, there is much more to the story. Hearing impaired people who are at or below the poverty line often can't afford healthcare of any kind, and Medicaid does not cover hearing aids. Second, even in other segments of the population, hearing impaired people often don't get them because their insurance plans (including Medicare) may not cover them. Third, even people who can afford them often don't because others have said that aids are frustrating and don't work very well. Finally, while physicians and caregivers are in an ideal position to educate others about some key facts, only a small fraction do according to the Better Hearing Institute. The lack of awareness in hearing impaired is creating a looming crisis in healthcare.

Recent clinical studies have proved that the hearing impaired have up to 500% higher risk of memory impairment, dementia and Alzheimer's. They also have up to 300% higher risk of falls (with broken bones) and depression (references below). These data, plus the knowledge that poor hearing results in emotional isolation, points to the need for informing everyone you talk with.

Here are the two most important things to remember when talking with others about hearing:

- I. The real reason hearing aids don't “work right” is not the fault of the aids. The problem is that they were not correctly prescribed and adjusted in the first place. National hearing aid stores often employ “hearing instrument specialists” with only high school diplomas and minimal training. They are not Doctors of Audiology with over 8 years of academic training and clinical experience in a medical school. Audiologists conduct audiometric exams in a sound booth and use Real Ear Measurements, which is the *only* way to accurately prescribe and customize aids to the exact needs of the patient.
- II. While the upfront cost of hearing aids might seem expensive, in fact they may be the most cost-effective health protection available. Considering that two \$2200 hearing aids have an average lifespan of 5 years, the daily cost is only a cup of coffee. With that small investment, the patient greatly improves their quality-of-life, and helps reduce the risk of memory issues and dementia.

1. Hearing Loss & Cognitive Decline Among Older Adults. Lin, et al. *Journal American Medical Association Intern Med.* Feb 25, 2013;
2. Primary Care Approach to Hearing Loss: the Hidden Disability. Cohen, et. al. *Ear, Nose and Throat.* January, 2005



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