

Is the problem a priority? Do the desirable effects outweigh the undesirable effects?

One-third of older people aged 65 years and over live with some degree of hearing loss. In older people, hearing loss is strongly associated with reduced functional ability, social isolation, depression, cognitive decline, poor quality of life, and need for formal and informal care services. Therefore, provision of screening and adequate services at primary care or community setting is essential.

There is very limited, low quality evidence that suggests that case-finding for hearing loss improves the use of hearing aids among older people with hearing loss. One randomized controlled trial that enrolled 2 305 participants found that screening was associated with a significant increase in hearing aid use at one year compared with no screening. There is limited low quality evidence on the effectiveness of case-finding through targeted screening and provision of hearing aids for older adults with hearing loss. Two trials that investigated the immediate provision of hearing aids, after screening for hearing loss, found significant and considerable improvements in hearing-related outcomes. However, these findings came from studies that recruited mostly Caucasian male veterans. Participants in the intervention groups qualified to receive free hearing aids. There is limited low quality evidence to suggest that a self-management support intervention is effective in improving uptake or use of hearing aids in older adults with hearing loss. However, the effect sizes were small and not clinically significant, and the overall sample size was small. We identified no studies on the harms associated with the screening or provision of hearing aids

for hearing loss in older people. Harms are unlikely to be greater than minimal because screening and confirmatory testing are non-invasive and treatment with hearing aids is not associated with significant harms.

Hearing loss has a dramatic impact on both the quality of life and ability to function in older adults. Case-finding and provision of care, and supportive education interventions to promote the use of hearing aids may have a positive impact on older people who adhere to the use of hearing aids. Therefore, the GDG believes that this recommendation is likely to be valued by older people with hearing loss and stakeholders.

Most of the interventions evaluated in the trials were resource intensive. Screening and provision of hearing aid technology require economic and human resources (training) that might not readily available in all countries. No data were obtained on the rates of hearing aid use in low- and middle-income countries where access to hearing aid technology presents more of a challenge. The GDG believes that it is feasible to implement community case-finding and provision of hearing aids at primary care or community level.

The provision of, or prescription for, hearing aids already exists in clinical practice in most countries. However, in low- and middle-income countries there is a large service gap among older people because many of them have difficulties in accessing the hearing health services. The GDG firmly believe that promoting community case-finding and immediate provision of hearing aids is likely to reduce inequality in care services.

Fuente:

World Health Organization. (2017). Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. World Health Organization. <http://www.who.int/iris/handle/10665/258981>.