

Analysis of the current state of knowledge on the prevention and care of older people with hearing loss from an interdisciplinary perspective

Análisis del estado de la cuestión en la prevención y atención a la persona mayor con sordera desde una perspectiva interdisciplinaria

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ABSTRACT

Age-related hearing loss is a public health problem that, despite its high prevalence and significant impact on the quality of life of older people, continues to be under-detected and socially normalised. In Spain, although presbycusis affects a high percentage of the population over the age of 65, the lack of systematic hearing screenings and standardised protocols hinders early diagnosis and delays access to effective solutions.

Scientific evidence demonstrates that untreated hearing loss is associated with a greater risk of cognitive decline, depression, unwanted loneliness, and social isolation, falls and dependency, as well as a significant increase in both health care and social care expenditure. Conversely, early detection and appropriate treatment, through hearing aids/prostheses and rehabilitation interventions, generate functional, cognitive, emotional, and social benefits, in addition to being cost-effective.

This document analyses the current state of prevention and care for older people with hearing loss, identifies structural shortcomings in the healthcare and social care system, and formulates priority action proposals from different professional disciplines.

FIAPAS is driving this analysis with the aim of promoting the implementation of systematic hearing screenings, improving coordination between levels of care, and guaranteeing the participation, accessibility, and rights of older people with hearing loss.

KEY WORDS

Hearing loss; presbycusis; older people; early detection; hearing screening; healthy aging.

RESUMEN

La pérdida auditiva asociada al envejecimiento constituye un problema de salud pública que, a pesar de la elevada prevalencia y gran impacto en la calidad de vida de las personas mayores, continúa siendo infradetectada y normalizada socialmente. En España, aunque la presbiacusia afecta a un alto porcentaje de la población mayor de 65 años, la ausencia de cribados auditivos sistemáticos y de protocolos homogéneos de actuación dificulta el diagnóstico precoz y retrasa el acceso a soluciones eficaces.

La evidencia científica demuestra que la hipoacusia no tratada se asocia a un mayor riesgo de deterioro cognitivo, depresión, soledad no deseada y aislamiento social, caídas y dependencia, así como a un incremento significativo del gasto sanitario y social. Por el contrario, la detección temprana y el tratamiento adecuado, mediante prótesis auditivas e intervenciones rehabilitadoras, generan beneficios funcionales, cognitivos, emocionales y sociales, además de ser coste-efectivos.

Este documento analiza la situación actual de la prevención y atención a la persona mayor con sordera, identifica carencias estructurales del sistema sanitario y sociosanitario, y formula propuestas prioritarias de actuación desde diferentes disciplinas profesionales.

FIAPAS impulsa este análisis con el objetivo de promover la implantación de cribados auditivos sistemáticos, mejorar la coordinación entre niveles asistenciales y garantizar la participación, la accesibilidad y los derechos de las personas mayores con pérdida auditiva.

PALABRAS CLAVE

Pérdida auditiva; hipoacusia; presbiacusia; personas mayores; detección precoz; cribado auditivo; envejecimiento saludable.

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1. INTRODUCTION

The World Health Organisation (WHO) warns in its *World Report on Hearing* (2021) that hearing loss constitutes a public health problem requiring a decisive response from governments and society as a whole. Presbycusis or age-related hearing loss is currently the **third most common chronic condition** among older people and the **leading cause of years lived with disability (YLD)** in people aged 70 and over.

Despite its high prevalence, hearing loss in older people continues to be **under-detected and normalised**, wrongly perceived as an inevitable consequence of ageing. This perception hinders early diagnosis and delays access to effective solutions. In Spain, according to the EuroTrak study (Anovum, 2023), while hearing loss affects approximately **80% of people over 75 years of age**, only **35.8% of them recognise themselves as having hearing loss**, which shows a significant gap between real and perceived hearing loss.

This under-detection is compounded by the **absence of systematic hearing screening** at different levels of care: primary care, geriatrics or residential care settings, as well as the lack of standardised protocols for action. Even among those already diagnosed, significant barriers persist to access and continued use of hearing devices, stemming from stigma, economic difficulties and regional inequalities. In fact, only 39% of those who recognise themselves as having hearing loss (35.8%) use hearing aids (Anovum, 2023).

This lack of structural response contributes to the fact that hearing loss in older people is relegated to the background of other ageing-related conditions. However, scientific evidence is conclusive in identifying untreated hearing loss as a **modifiable risk factor** for cognitive impairment, depression, social isolation and unwanted loneliness. Similarly, numerous studies show significant improvements in cognitive, emotional

and social function with the use of hearing devices, even in people with mild to moderate cognitive impairment.

Beyond its clinical dimension, undetected or untreated hearing loss has important consequences beyond the healthcare setting. The effective exercise of essential rights, such as the right to health, the right to access information and communication, and the right to participation in social life on an equal footing, is put at risk. This impact is especially relevant at a vital stage of life when personal autonomy and community participation are high on the public agenda. This approach is consistent with the rights and principles enshrined in the International Convention on the Rights of Persons with Disabilities, signed and ratified by Spain. It urges States to take measures to ensure access to health care services and inclusion and participation in the community.

In this framework, age-related hearing loss is a condition clearly aligned with the goals of the **1st National Plan for the Healthy Well-being of People with Disabilities**. This plan is promoted by the Ministry of Social Rights, Consumer Affairs and 2030 Agenda. The plan establishes as a priority, the **implementation of screening in conditions of high prevalence in the population over 50 years of age**, as well as reinforcing early detection as a key tool to prevent disability, dependence and health inequalities.

In this context, FIAPAS remains committed to defending the rights of older people with hearing loss and their families. Within this framework, it implements the **Programme for the Defence of Rights and Promotion of Participation and Active Life of Older People with Hearing Loss**, funded by the Ministry of Social Rights, Consumer Affairs and 2030 Agenda, under the 0.7 subsidy, and co-financed by the ONCE foundation.

Early detection of hearing loss in older people is not only a clinical intervention, but a measure aimed at

guaranteeing the exercise of rights and preventing avoidable situations of dependence, isolation and social exclusion.

FIAPAS is therefore promoting this document as a tool for analysis and political impact. Its main aim is to **promote the implementation of systematic hearing screening among the ageing population**, in line with the prevention and early detection priorities established in public policies. This analysis offers an interdisciplinary perspective from primary care, geriatrics, otorhinolaryngology, audiology and the voluntary sector. Its purpose is to highlight the impact of undetected hearing loss and to provide a basis for specific proposals for action.

2. INCIDENCE OF HEARING LOSS IN OLDER PEOPLE

According to the WHO, by 2050, almost 2.5 billion people are expected to have some degree of hearing loss and more than 700 million will require rehabilitation. Similarly, 11% of the population in Europe lives with a hearing loss ≥ 35 dB, that is, 57 million people.

According to data from the Spanish Society of Otolaryngology (SEORL, 2022), **presbycusis** affects approximately **30% of the general population between the ages of 65 and 70, reaching 80% of the population over the age of 75**. Due to noise pollution and lifestyle factors, the SEORL also warns that these age-related hearing problems are now occurring at an earlier age, **at around 50 years of age**.

On the other hand, according to the *Survey on Disability, Personal Autonomy and Situations of Dependence* from the National Statistics Institute (2020), in Spain there are:

- **1,233,400 people with some type and degree of hearing disability.**
- **918,700 people over 65 years of age with some type and degree of hearing disability** (corresponding to 75% of all people with a hearing disability).
- **More than 97% communicate in oral language.**
- **60% are women.**

3. CONSEQUENCES AND IMPACT OF HEARING LOSS IN OLDER PEOPLE

3.1. Functional, cognitive and social impact of untreated hearing loss in older people

Numerous studies show that untreated hearing loss in older people has a significant impact on quality of life, affecting physical, cognitive, emotional and social spheres. The EuroTrak study (Anovum, 2023) estimated that **10.6% of the general population has some form of hearing impairment, of varying type and degree**, which makes it difficult to understand speech in a normal tone of voice. This prevalence that increases with age is expected to rise in the coming years.

Presbycusis (Manrique, 2023), as well as impairing the perception of sound and the comprehension of language, can lead to a range of consequences: balance disorders, falls, social isolation, depression, sleep disturbances and cognitive decline.

1. Balance disorders and falls

Hearing loss can lead to postural instability and falls, especially in older people, with the consequent risk of domestic accidents and disorientation. A recent study (de Lima et al., 2024), conducted with more than 700 adults over 55 years of age, identified a direct relationship between the severity of hearing loss, feelings of instability and poorer performance on balance tests.

2. Unwanted loneliness and social isolation

Hearing is the fundamental bridge in social relations. When a person starts to lose their hearing, they may stop taking part in group conversations, community activities or family gatherings. This leads to a gradual decline in social life, particularly in noisy environments.

Hearing loss thus has a significant impact on the

socio-affective sphere (Borel, 2020; Manrique, 2021), making communication difficult and limiting participation in social activities.

According to the WHO, one of the most prominent effects of untreated hearing loss is loneliness, especially in older people. Data from the study by Tuñón et al. (2025) reveal that 64.1% of people over 65 experience unwanted loneliness, a percentage that is exacerbated by untreated hearing loss. In fact, older people with hearing loss are 2.2 times more likely to experience loneliness than those with normal hearing (Shukla et al., 2020).

The *Study on Health, Ageing and Retirement* in Europe (SHARE, 2004-present); with more than 33,000 participants aged 50+, shows that self-perceived loneliness coupled with hearing loss may accelerate cognitive decline (Lampraki et al., 2025), reinforcing the need for early detection and intervention strategies.

3. Depression

When someone has difficulty hearing, everyday conversation becomes exhausting. This overload, coupled with frustration at not understanding and fear of "getting in the way", increases emotional vulnerability.

Hearing loss in older people has been associated with a significantly increased risk of depression. In fact, studies (Bigelow et al., 2020; Lawrence et al., 2020) show that people with hearing loss are 1.5 times more likely to suffer from depression.

This vulnerability includes lower psychological well-being (Humes et al., 2020), reduced social interaction and loss of meaningful activities, creating a vicious circle between isolation and depressive symptoms.

4. Insomnia and anxiety

Untreated hearing loss is associated with higher levels of anxiety and poorer sleep quality, as well as increased daily exhaustion. The constant effort to un-

derstand speech and navigate communicative environments with multiple speakers and noise generates stress, hyperarousal and a feeling of insecurity, which can negatively affect night-time rest and general emotional well-being (Kuo et al., 2025; Yeo et al., 2022).

5. Cognitive impairment

Untreated hearing loss is associated with an increased risk of cognitive impairment. This means that hearing loss affects both cognition and brain structure and there are several hypotheses that explain this association (Lassaletta et al., 2020):

- Cognitive load: people with hearing loss devote more mental resources to understanding speech, which may contribute to accelerated cognitive impairment.
- Common cause: hearing loss and cognitive impairment are consequences of age-related brain ageing.
- Domino effect: social isolation resulting from hearing loss accelerates cognitive decline.
- Overdiagnosis or “omen hypothesis”: hearing loss can be confused with symptoms of cognitive impairment.

The risk of dementia increases by 16% for every 10 dB of hearing loss (Chern et al., 2022; Yu et al., 2024). Furthermore, hearing loss is considered to be one of the main potentially modifiable risk factors in the prevention of dementia in people over 60 years of age (Griffiths et al., 2020; Livingston et al., 2017; 2020). In fact, treating hearing loss can reduce the risk of developing dementia by up to 8%.

Hearing loss, along with other factors, may account for up to 40% of dementia cases globally (Livingston et al., 2020).

Evidence of improvement following treatment for hearing

There is scientific evidence (Calvino et al., 2022a, 2022b; Lassaletta et al., 2020) concerning improvement after treatment for hearing. Studies show that, after one year of using a cochlear implant in people aged 55 and over, improvements are observed in quality of life, cognitive performance, speech intelligibility, self-perceived hearing disability and sound quality.

Early detection, the use of hearing aids or hearing implants and appropriate rehabilitative intervention are essential to reduce the risk of cognitive impairment and improve quality of life.

In short, untreated hearing loss in older people has a direct effect on balance, emotional health, sleep quality, social life and cognitive functioning. Scientific evidence is clear: early detection and treatment of hearing loss are essential to prevent or mitigate its functional, psychological and cognitive consequences. Appropriate audiological intervention reduces isolation, improves social participation and contributes significantly to the prevention of cognitive impairment and dementia.

In addition, if hearing loss is not diagnosed in time, it can delay the diagnosis of other systemic conditions such as high blood pressure, diabetes, lupus or multiple sclerosis (Caballero-Borrego and Andújar-Lara, 2025; Galarza-Delgado et al., 2025; Jin et al., 2025; Mirmosayyeb et al., 2022).

3.2. Economic impact of untreated hearing loss in older people

Untreated hearing loss not only affects the quality of life of the older person, but also has a major economic impact, generating significant financial burdens on health care systems and national economies. According to the *World Report on Hearing*

(WHO, 2021), the global costs of untreated hearing loss amount to US\$980 billion annually. This is due to lost productivity, increased care needs and psychosocial effects. Of this amount, \$224.5 billion per year is attributable to the European Region (costs calculated in US dollars in 2015 taking into account hearing losses ≥ 35 dB).

These figures justify the consideration of age-related hearing loss as a public health priority in the context of an ageing population. The lack of hearing screening is a missed opportunity for cost-effective prevention.

3.2.1. Healthcare and social impact with economic repercussion

Failure to treat hearing loss is associated with:

- Additional costs due to comorbidities (depression, anxiety, loneliness, falls, etc.).
- Increased risk of institutionalisation and dependency due to associated functional, cognitive and social impairment.
- Poorer management of chronic conditions due to lower treatment adherence.
- A higher likelihood of clinical errors due to communication difficulties.
- Increased burden for carers who have to cope with both communication difficulties and limitations in daily life.
- Difficulties at work that can lead to job loss or hinder career advancement.

These effects lead to increased use of healthcare and social services.

3.2.2. Costs in Europe

The annual costs associated with the loss of quality of life due to untreated hearing loss (hearing loss of ≥ 35 dB, taking into account hearing aid ownership rates from the EuroTrak-Anovum study, 2023) in Europe amount to €236.269 billion (Shield, 2019).

Specifically, in Spain, the cost of untreated hearing loss of ≥ 35 dB amounts to €16.627 billion. Spain is therefore the country with the fifth-highest expenditure in the European Union, after Germany, France, the United Kingdom and Italy.

3.2.3. Return on investment

Evidence shows that investing in hearing health not only improves quality of life, but is also highly cost-effective. With an investment of US\$1, the estimated return over 10 years would be almost US\$16 for every dollar invested (WHO, 2021).

For all these reasons, expanding access to hearing care—screening, diagnosis and rehabilitation—is a cost-effective and necessary measure to improve the quality of life of older people and to reduce the economic burden on individuals, families and the State.

4. CURRENT SITUATION

4.1. Detected needs and shortcomings

Despite the high incidence of hearing loss among older people and the significant consequences that this has, both for quality of life and for the sustainability of the healthcare and social care system, **there are currently no protocols or systematic hearing screening programmes in Spain** that allow early detection of this condition in the older population. The absence of a structured preventive strategy plays a key role in the **under-detection of hearing loss**, delaying intervention and exacerbating its functional, cognitive, emotional and social impact.

This structural shortcoming exists despite the fact that it is a **highly prevalent, progressive and treatable condition**. Furthermore, it contradicts available scientific evidence and public policy guidelines on prevention, healthy ageing and the promotion of personal autonomy.

In this context, the following **gaps and priority needs** are identified, which are particularly relevant in relation to the prevention and early detection of hearing loss in older people:

Key structural shortcoming

- The **under-detection of hearing loss** in older people, due to the lack of **systematic hearing screening**.

Healthcare and social care system shortcomings

- The lack of **common, coordinated protocols** between Primary Care, Geriatrics and Otolaryngology for the early detection of hearing loss.
- The **lack of standardised referral and follow-up procedures** following the detection of possible hearing loss.

- Poor integration of auditory information in **electronic medical records**, which limits continuity of care.
- The persistence of **barriers to hearing accessibility** in healthcare and social care settings that hinder communication and participation among older people.

Social, cultural and educational shortcomings

- The lack of **awareness-raising and training programmes** for healthcare and social care professionals.
- The **widespread view** that hearing loss is an inevitable consequence of ageing, which contributes to the low uptake of hearing tests.
- The **stigma** associated with wearing hearing aids, perceived as a symbol of old age or disability.
- The **functional, cognitive, emotional and social consequences** of undetected hearing loss, including social isolation, unwanted loneliness and risk of cognitive impairment.

4.2. Priority proposals for action

In view of the situation described, the following courses of action are proposed, aimed at reinforcing the prevention and early detection of hearing loss in the older population, as the central pillar of the response by the healthcare and social care system:

Priority interventions

1. **Introduce and standardise systematic hearing screening and follow-up** in the older population, incorporating it permanently into healthcare programmes for older people.
2. **Develop common protocols for early detection** of hearing loss in Primary Care and Geriatrics, following agreed models based on scientific evidence.

3. **Establish clear referral and follow-up procedures** following the detection of possible hearing loss, ensuring continuity of care.
4. **Integrate auditory information into electronic medical records**, facilitating clinical decision-making and longitudinal monitoring.

Additional support measures

5. Strengthen interdisciplinary coordination between Primary Care, Geriatrics, Otorhinolaryngology, Audiology and other professional areas involved.
6. Improve the training for healthcare and social care professionals in the early detection of hearing loss and in communication guidelines for older people with hearing loss.
7. Devise awareness-raising programmes aimed at the general public, older people, families and carers to encourage hearing tests and reduce stigma.
8. Ensure hearing accessibility, and access to information and oral communication, for people with hearing loss in all healthcare, social and cultural environments.
9. Promote acoustically healthy environments in residential facilities, day centres and community spaces (cinemas, theatres, socio-cultural centres, etc.).
10. Incorporate hearing health as an essential component of active and healthy ageing policies.

4.3. Feedback from various professional sectors

The implementation of these measures requires coordinated action among the various professional sectors involved in the care of older people:

- **Primary Care:** identification of risk factors, initial hearing screening, basic follow-up and referral to specialist services where appropriate.
- **Geriatrics:** a move towards a comprehensive, interdisciplinary and person-centred model that systematically incorporates the assessment and screening of hearing health, recognising its impact on the functional ability, cognition and independence of older people.
- **Otorhinolaryngology:** comprehensive diagnostic assessment; recommendation and delivery of medical and, where appropriate, surgical treatment; advanced clinical decision-making; evaluation of the suitability of various hearing rehabilitation options (hearing aids, cochlear implants or other solutions); clinical monitoring of functional outcomes and the patient's progress; and coordination with other relevant healthcare professionals.
- **Audiology:** support for early detection, specialist advice and follow-up care following the diagnosis of hearing loss, in coordination with other professionals.

4.4. Regulatory framework

The response to hearing loss in older people must be placed within the regulatory and strategic framework that guides healthcare, ageing and disability policies in Spain, in the European Union and even worldwide. Various legal and strategic instruments recognise the need to promote early detection, prevention of situations of dependency and accessibility in the exercise of the right to healthcare. This provides a solid foundation for promoting public policies that incorporate hearing health as a priority.

4.4.1. International standards

UN Convention on the Rights of Persons with Disabilities (UN, 2006)

Article 25 (Health) requires States to provide the healthcare services needed by persons with disabilities, including early identification and intervention to prevent the onset of new disabilities. The Convention explicitly recognises **older people within this area of protection**, which places age-related hearing loss as a priority area.

European Strategy on the Rights of Persons with Disabilities 2021–2030 (European Commission, 2021)

This takes into account the increasing prevalence of disability with age, promotes a cross-sectoral approach that addresses the specific barriers faced by persons with disabilities in vulnerable situations. It also recognises that older people with disabilities need special care. Furthermore, it highlights the need to ensure accessibility as a key tool for personal autonomy, whilst promoting independent living.

Decade of Healthy Ageing 2020-2030 (WHO, 2020)

This global framework drives the creation of integrated and accessible healthcare systems, promoting:

- Early detection and care of common chronic conditions.
- Reducing health inequalities.
- Social participation of older people.

4.4.2. Regulatory and strategic framework in Spain

1st National Plan for the Well-being of People with Disabilities 2022–2026 (Ministry of Social Rights and the 2030 Agenda, 2023)

This plan takes a preventive and lifelong approach to promoting health, identifying the following as a priority:

- **Implement screening programmes for diseases or causes of disability that are highly prevalent among people aged over 50.**
- Improve social and healthcare coordination.
- Promote support services and assistance technologies.
- Prevent dependency by promoting active and healthy ageing.

Hearing health in older people fits perfectly into this framework, given its high prevalence and its direct impact on independence and social participation.

Portfolio of Common Services of the National Health System (Ministry of Health and Consumer Affairs, 2006)

Care for older people includes a duty to carry out preventive measures and early detection, “with a particular focus on screening for hearing loss”, but **there is as yet no standard national protocol for hearing screening for adults and older people.**

This regulatory gap justifies the need to **develop a national programme for systematic hearing screening.**

State Strategy for a new model of care in the community (2024-2030) (Ministry of Social Rights, Consumer Affairs and the 2030 Agenda, 2024)

Acknowledges:

- The importance of reducing unwanted loneliness.
- The value of intervening before support needs arise.
- The need to step up efforts to prevent dependency.

Undetected hearing loss is a factor that exacerbates loneliness, accelerates functional decline and increases the burden of care; therefore, this area must be incorporated into policies aimed at preventing dependency.

Action Plan for Primary and Community Care (2025-2027) (Ministry of Health, 2025)

Approved by the Inter-regional Council of the National Health System, it aims to strengthen the role of primary care as the cornerstone of the healthcare system, with a particular focus on prevention, care for older people, and addressing the needs arising from an ageing population and chronic conditions.

Its strategic priorities include **expanding and updating the range of services**, strengthening the **problem-solving capacity of primary care teams**, improving **continuity of care** and promoting a **community-based and preventive** approach to healthcare. This framework is particularly relevant to hearing health, given that age-related hearing loss is a highly prevalent, progressive condition that has a significant impact on autonomy, mental health and social participation.

4.4.3. Scientific initiatives and national consensus

Protocol for the early detection and management of hearing loss in adults in Primary Care and Geriatrics (2025)

This protocol is a consensus of experts from various scientific societies such as SEMERGEN, SEMG, semFYC, SEGG and SEORL-CCC (Morales Escobar et al., 2025).

This professional consensus highlights the following:

- Recognition of under-detection of hearing loss.
- Recommendations for screenings in older people.
- It proposes referral and follow-up procedures.
- It highlights the social and healthcare costs of inaction.

Its existence provides a basis of technical legitimacy for a public policy of systematic screening.

5. PREVENTION AND EARLY DETECTION OF HEARING LOSS IN OLDER PEOPLE

The prevention and early detection of hearing loss in older people are key to reducing its functional, cognitive, communicative, social and emotional impact, as well as to promoting active and healthy ageing. Available scientific evidence highlights that early intervention helps to minimise the consequences of hearing loss and optimise the outcomes of subsequent interventions.

5.1. Prevention of hearing loss

The prevention of hearing loss is structured across three levels – primary, secondary and tertiary – which should be understood as complementary strategies within a comprehensive approach to hearing health in older people.

Primary prevention

Primary prevention aims to reduce the risk of hearing loss and involves the following measures:

- **Noise protection:** avoid prolonged exposure to loud noise in the workplace, in the environment or during leisure activities by using hearing protection and limiting exposure times. It is also recommended that electronic devices be used responsibly, following the 60/60 rule (keeping the volume below 60% of the maximum level and not using headphones for more than 60 minutes at a time), and taking regular breaks from listening (Núñez-Batalla et al., 2025).
- **Appropriate use of medication:** consult with healthcare professionals before using potentially ototoxic drugs.
- **Proper ear hygiene:** avoid inserting objects into the ear canal and ensure the outer ear is kept clean to prevent infections.

- **Management of cardiovascular and metabolic risk factors:** high blood pressure, diabetes, dyslipidaemia and other factors can have a negative impact on hearing.
- **Appropriate treatment of otological pathologies:** early management of otitis, earwax blockages and other ear conditions.

Whilst these measures are important from a public health perspective, their impact on older people is limited unless they are accompanied by effective strategies for the early detection of existing hearing loss.

Secondary prevention

Secondary prevention focuses on early detection, diagnosis and **treatment** of hearing loss in apparently healthy individuals. In the context of ageing, this level of prevention takes on a particularly relevant role, given the progressive and often undetected nature of presbycusis.

Tertiary prevention

Tertiary prevention is aimed at avoiding complications and improving the quality of life of people with hearing loss through adherence to treatment, including the proper use of hearing aids, regular check-ups and access to hearing and speech rehabilitation services.

5.2. Early detection of hearing loss

Early detection of hearing loss is the **fundamental tool** to minimise the impact of presbycusis in older people. Early identification of hearing loss facilitates timely intervention, improves functionality and communication, and reduces the risk of associated consequences such as social isolation, depression or cognitive impairment.

Unlike neonatal hearing screening, implemented in Spain since 2011, **there is currently no systematic hearing screening programme for the adult population**, despite the high prevalence of hearing loss in older people and the availability of simple and validated tools for its detection.

Key elements of early detection include:

- **Hearing screening tests:** available evidence supports the need to establish screening programmes for older people.
- **Regular check-ups for adults:** screening tests are recommended from the age of 50, especially in people with a family history of hearing loss. According to the model proposed by Lammers et al. (Lammers et al. (2025)), an initial questionnaire and screening are recommended every five years for people aged between 50 and 65, and annually from the age of 65 onwards, in line with the WHO model.
- **Identifying warning signs:** an increase in the volume of electronic devices (television, radio, telephone, etc.), difficulty understanding conversations in person or over the phone, lack of response to sounds at close range, the presence of tinnitus, or avoidance of social activities.
- **Medical consultation if symptoms are suspected:** if warning signs are present, it is recommended that you visit Primary Care or an ENT specialist for a full assessment and audiological tests.
- **Integration of screening into healthcare programmes:** including a specific hearing-related item in routine check-ups, using simple questionnaires and, where possible, objective tests such as the *hearWHO* app recommended by the WHO.

5.3. Protocols and consensus documents for early detection

Several scientific societies have made progress in defining a common framework to improve the detection of hearing loss in older adults. The *Protocol for the early detection and management of hearing loss in adults in Primary Care and Geriatrics* (Morales Escobar et al., 2025) highlights that the lack of coordination between levels of care can lead to additional costs and have a negative impact on the well-being of those affected.

This protocol proposes **two levels of prevention** and sets out a plan for their **gradual implementation** across healthcare services, incorporating standardised screening tools, referral criteria and a model for coordination between primary care, geriatrics and otorhinolaryngology. It also highlights the importance of raising awareness of the risks associated with noise, carrying out regular check-ups and managing chronic conditions as key strategies for delaying the onset of hearing loss or preventing its progression.

6. DIAGNOSIS AND TREATMENT OF HEARING LOSS IN OLDER PEOPLE

The diagnosis and treatment of hearing loss in older people requires a **comprehensive clinical approach** that combines medical, functional, cognitive and social assessments. This approach is particularly relevant in older age groups, where hearing loss often coexists with comorbidities and conditions of frailty that influence both its impact and the therapeutic response.

Early detection of hearing loss is the essential starting point to ensure proper diagnosis and effective treatment. In this sense, coordination between Primary Care, Geriatrics, Otorhinolaryngology and Audiology is essential to ensure continuous care, tailored to the needs of each person and aimed at maintaining their quality of life.

6.1. Comprehensive diagnosis

The diagnostic process for hearing loss in older people should be carried out in a structured manner and take the following factors into account:

1. **Classification of the type and degree of hearing loss**, using established audiometric criteria, in order to guide the appropriate therapeutic approach.
2. **Specialist medical assessment**, carried out by an ENT specialist, including: detailed medical history, physical examination of the ear, audiological tests, and, where indicated, additional tests (imaging, genetic studies or other tests), with the aim of ruling out structural, hereditary or potentially treatable causes.
3. **Functional, cognitive and social assessment**, which is particularly important for older people, to understand the real impact of hearing loss on daily life, communication and social participation.

This assessment enables the treatment plan to be tailored to the individual's overall situation.

This comprehensive approach facilitates more accurate decision-making and prevents belated or inappropriate interventions resulting from incomplete diagnoses.

6.2. Medical, prosthetic and rehabilitative treatment

Treatment for hearing loss should be tailored to the **individual**, taking into account the cause, type and degree of hearing loss, as well as the needs, preferences and life context of the older person. The therapeutic approach may include medical treatment, fitting of a hearing aid and hearing and speech therapy.

- **Otorhinolaryngology (ENT):** The prescription of hearing devices (hearing aids or cochlear implants) is the responsibility of the ENT specialist, based on clinical and functional criteria, following confirmation of the diagnosis.
- **Primary Care:** plays a key role in the long-term care of older people with hearing loss, taking into account associated comorbidities (frailty, cognitive decline, sleep disorders or mood disorders) that may affect hearing aid performance, adherence to treatment and self-care.
- **Geriatrics:** helps to assess the functional, cognitive and emotional impact of hearing loss and its treatment, as well as to monitor the correct use of hearing aids and patient adherence.
- **Audiology:** provides individual advice on the selection, fitting and adjustment of hearing aids, as well as regular check-ups.
- **Speech therapy:** focuses on auditory training and speech rehabilitation, providing communication strategies tailored to the individual's needs.
- **Psychosocial approach:** especially relevant in

situations of social isolation, depression, dependence or communication difficulties. This includes emotional support, training in communication strategies and coordination with the family and social environment (Spanish Confederation of Families of Deaf People-FIAPAS, 2025).

7. PARTICIPATION AND INCLUSION IN THE COMMUNITY

7.1. The family: essential support for hearing loss in older people

Hearing loss in adulthood is usually progressive and in many cases goes unnoticed for years. When not detected and addressed early, the impact on older people is not limited to them alone but extends significantly to their family environment, affecting communication, family life and participation in everyday life.

Often, older people themselves and their families focus their efforts on addressing other needs associated with ageing, such as mobility, physical health or personal independence, whilst treating hearing loss as a secondary concern. This is partly due to a lack of awareness of its true scope and consequences. This situation is exacerbated by the lack of systematic early detection mechanisms that would enable hearing loss to be identified at an early stage and provide appropriate guidance to the individual and those around them.

The lack of an early diagnosis places an unfair burden on families. It forces them to adapt to increasing communication difficulties without adequate tools and support. In this context, hearing screening for older people is not only a public health measure, but also a **strategy to support families**. This screening enables the problem to be identified at an early stage, reduces uncertainty and allows for the planning of a supported intervention.

The FIAPAS Family Association Movement plays a key role in raising awareness of these issues and in supporting older people and their families. Through reliable information, specialist guidance and empowerment initiatives, the member organisations help ensure that hearing loss is not met with resignation, but rather with knowledge and the assertion of rights. However, this effort is insufficient unless backed by public policies that guarantee the early detection of hearing loss.

7.2. Hearing accessibility, access to information and to oral communication

The full participation of older people with hearing loss in their social, cultural and community environment is closely linked to hearing accessibility, access to information and oral communication. However, when hearing loss has not been detected or recognised, barriers to accessing information and oral communication tend to accumulate and become chronic. This contributes to situations of social isolation, unwanted loneliness and progressive withdrawal (Spanish Confederation of Families of Deaf People, 2022).

Places frequented by older people – healthcare centres, day centres, residential homes, shops, cultural and leisure facilities – often lack hearing accessibility, access to information and communication, and adequate acoustic design. This makes it difficult to understand and communicate effectively, particularly in the absence of a diagnosis that would enable reasonable adjustments to be put in place. The lack of early detection of hearing loss also prevents accessibility measures from being implemented in a timely and planned manner.

Hearing devices and products to support assistive listening and oral communication, such as hearing loops, FM systems or subtitling, are essential tools

for inclusion. However, their effectiveness depends to a large extent on early identification of hearing loss and appropriate treatment and follow-up. Similarly, hearing accessibility, access to information and communication, in both face-to-face and non-face-to-face settings, requires that the hearing needs of the older person have been previously recognised.

In this sense, early detection of hearing loss is a prerequisite for ensuring hearing accessibility, access to information and oral communication. Early detection therefore makes it possible to identify needs, provide support in advance and adapt environments before difficulties become entrenched and limit social participation.

7.3. Relevant administrations

The situations described above show that difficulties in participation and inclusion of older people with hearing loss are neither inevitable nor exclusively attributable to ageing. These difficulties are closely linked to the **lack of structural responses in public policies**, in particular with regard to early detection.

The introduction of systematic hearing screening in the older population requires the coordinated involvement of various administrative levels. At **State level**, the Ministry of Health plays a key role in defining public health strategies and developing common indicators, including early detection of hearing loss in the context of care for older people. Furthermore, the Ministry of Social Rights, Consumer Affairs and the 2030 Agenda is promoting plans and strategies aimed at well-being and healthy ageing, including the promotion of screening for the most common diseases and causes of disability among people aged 50 and over.

In turn, **Autonomous Communities** are responsible for planning and implementing healthcare and

social-care protocols, as well as for the effective roll-out of screening programmes, the training of the professionals involved, and ensuring that services for older people are accessible. Coordination through the Inter-regional Council of the National Health System is essential to ensuring regional equity and the coherence of the system.

In this context, early detection of hearing loss in older people is an **inescapable institutional responsibility**, with a direct impact on social participation, inclusion and quality of life, both for older people with hearing loss and for their families.

8. CONCLUSIONS

Hearing loss in older people is a public health problem that is both widespread and has a significant impact, yet it continues to be underestimated at both a social and institutional level. The available scientific evidence consistently shows that undetected and untreated hearing loss is associated with significant consequences across many aspects of older people's lives. These consequences include cognitive impairment, social isolation, unwanted loneliness, depression, increased risk of falls and reduced quality of life.

Despite this impact, there is still a widespread social perception that hearing loss is an inevitable consequence of ageing, which delays consultation, diagnosis and intervention. This situation is exacerbated by the **lack of systematic hearing screening programmes** at the various levels of care – primary care, geriatric care and residential care – which contributes to under-detection and leads to late diagnoses, by which time the functional and social consequences have already taken hold.

Scientific evidence places hearing loss as one of the main potentially modifiable risk factors for cognitive impairment and dementia. This reinforces the importance of its early detection and prompt intervention. It has also been found that appropriate treatment, including the use of hearing aids, brings cognitive, communicative, emotional and social benefits, particularly when it is provided in the early stages of hearing loss.

From a sustainability perspective, untreated hearing loss generates a significant economic impact for the healthcare and social care system. This is due to increased dependency, greater use of care services and institutionalisation, as well as a loss of productivity. In this context, investment in hearing health programmes and hearing screening is a cost-effective measure, with social and economic returns clearly exceeding its initial cost.

All of this highlights the fact that **the early detection of hearing loss through systematic screening is the key** to improving care for older people with hearing loss. It also enhances their social participation, ensures accessibility and eases the burden currently placed on families. It is not only about optimising healthcare resources, but also about avoiding preventable situations of social exclusion.

National and international regulatory and strategic frameworks recognise older people's right to early detection, accessibility and participation on an equal footing. However, this recognition must not remain merely a formal statement: it must be translated into coherent, consistent and measurable public policies that incorporate hearing health as a central pillar of healthy ageing.

Against this backdrop, FIAPAS, in line with its commitment to defending the rights of deaf people and their families, is promoting this document as a tool for analysis and advocacy. It seeks to promote structural, sustained and coordinated responses that place hearing and older people at the heart of public policy planning. Guaranteeing older people's right to hear is key to healthy ageing and to ensuring their social participation.

9. RECOMMENDATIONS

9.1. Priority recommendations

1. **Introduce systematic hearing screening in care for older people**, with standardised protocols including regular check-ups from the age of 50 (every 5 years) and more frequent screenings from the age of 65 (every year).
2. **Develop and implement standard protocols for early detection, diagnosis and follow-up**, coordinated between Primary Care, Geriatrics, Otorhinolaryngology and Audiology, guaranteeing clear procedures for referral and treatment.
3. **Integrate hearing health indicators into electronic medical records and healthcare information systems**, facilitating follow-up and continuity of care, as well as clinical decision-making based on comprehensive information.
4. **Make hearing health a strategic priority in ageing policies**, ensuring its inclusion in national, regional and local plans for the care of older people and the prevention of dependency.
5. Ensure **equitable access to hearing devices** and appropriate follow-up care.

9.2. Additional recommendations

6. Implement measures to improve hearing accessibility, access to information and oral communication in healthcare, social and community settings, including hearing aids and the promotion of acoustically healthy environments.
7. Train and raise awareness among healthcare and social care professionals, carers and families regarding communication guidelines for people with hearing loss, as well as the basic use and maintenance of hearing aids and assistive devices.
8. Promote public awareness campaigns aimed at older people, families and society in general, with a view to reducing the stigma associated with the use of hearing aids and encouraging early consultation.
9. Promote inclusive active ageing, by incorporating hearing health as an essential component of public policies aimed at promoting independence, participation and community life.
10. Strengthen the participation of families and community organisations, recognising their role in providing emotional, communicative and social support to older people with hearing loss.

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