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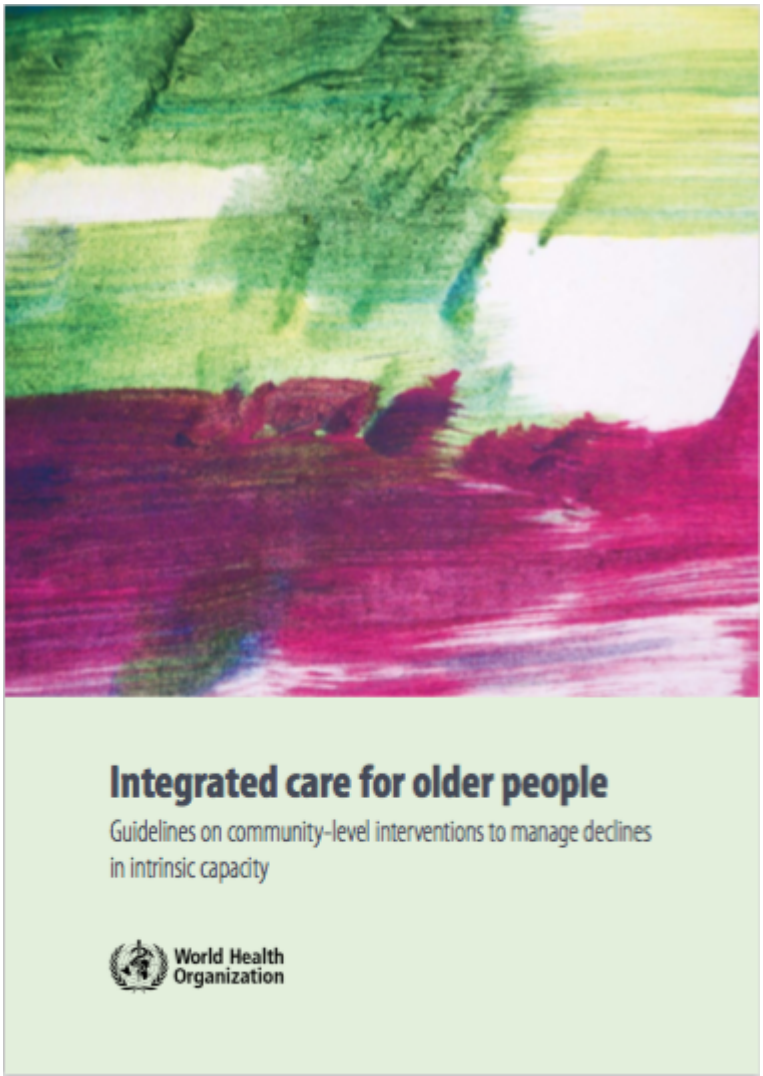
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World Health Organization's Guidelines on Integrated Care for Older People (ICOPE)

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You would think that the use of hearing aid amplification for the treatment of age-related hearing loss would be an obvious and familiar solution to improving audibility, correct? At least I thought so... until I sat at a table in Geneva last year to help craft the World Health Organization's Guidelines on Integrated Care for Older People (ICOPE).



The ICOPE Guidelines are put in place to guide countries on how to improve the health and well-being of their older populations, and to move closer to the achievement of universal health coverage for all at all ages. They recently published their evidence-based recommendations for health care professionals to prevent, slow or reverse declines in the physical and mental capacities

of older people http://www.who.int/ageing/publications/guidelines-icope/en/. The contribution of sensory loss (vision and hearing loss) has been largely ignored in the past, but is now included and recognized as a significant contributor to the quality of life of older people.

In this meeting, the Guideline Development Group (GDG) was charged to identify evidence in support of hearing aid use for the management of age-related hearing loss. Surprisingly to me, the GDG decided there was little evidence to argue that hearing assessment, followed by the provision of hearing aids, should be offered to older people for the identification and management of hearing loss. Despite the quantity and quality of evidence being described as low, my fellow audiology colleague (from Kenya) and I were able to convey the importance of amplification so that the recommendation of amplification would not be dismissed entirely.

So how is it possible that an organization like the WHO, might not see the value of providing amplification devices to older adults with hearing loss? Well, there are rigorous rules that are followed when searching for published evidence. In as much as we might think a published peer-review study should be sufficient to demonstrate the benefits of hearing aid amplification, it's not that simple. Think about the conflicting conclusions that appear in journals on any one topic (e.g. nutrition). What holds the most weight are (1) randomized control studies (RCT), and (2) systematic/Cochrane reviews and scoping studies. For example, the purpose of a systematic review is to wade through all of the published literature on a topic to determine if there is a consistent finding.

Scientists are therefore turning their efforts to these types of investigations and one recent example is a study by Ferguson et al.1 Their Cochrane review included five RCTs involving 825 participants, carried out in the USA and Europe, between 1987 and 2017. Supporting what audiologists' have long supposed, Ferguson et al.'s Cochrane review concludes that hearing aids are effective at improving hearing-specific health-related quality of life, general health-related quality of life and listening ability in adults with mild to moderate hearing loss. Moreover, the evidence is compatible with the widespread provision of hearing aids as the first-line clinical management in those who seek help for hearing difficulties.

References

Ferguson MA, Kitterick PT, Chong LY, et al. Hearing aids for mild to moderate hearing loss in adults. Cochrane Database Syst Rev. 2017 Sep 25;9:CD012023. doi: 10.1002/14651858.CD012023.pub2. [Epub ahead of print] Review. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012023.pub2/full