AGING DEAFNESS

(PRESBYACUSIS)

With age the great majority of the population will exhibit loss of hearing. Presbyacusis derives from Greek roots: “presbys” (elders) and “akousis” (hearing). The loss is due to degenerative wear and tear damage to the hair cells of the inner ear and has no other health implications.

The losses often have genetic origins, but may be exacerbated by general medical conditions, including high blood pressure, diabetes, obesity, smoking, and high cholesterol levels. In a few cases the losses may emerge at relatively young ages, but generally in middle or later age. The male population is more prone, and the problem evidently affects the urban populations more than those in quiet rural situations. A small minority are excepted, retaining excellent hearing into advanced age.

Presbyacusis: the deafness of aging produces a bilateral symmetrical high frequency hearing loss
Characteristics

The deafness emerges as subtle high frequency reduction, slowly progressive over many years. The hearing loss is very symmetrical, into the high frequencies.

Tinnitus may accompany the losses, also slowly progressive; this aspect may be worsened by the reduced external ambient noise as the hearing drops.

Speech discrimination is generally initially good, deteriorating with the advance of the condition. There are generally few other symptoms, although irritability to loud noise (recruitment) may become evident, hence the “don’t shout, I’m not deaf!” scenario. Generally the onset is insidious, family irritation being the prompt for assessment.

Treatment

Treatment for aging losses is by conventional aiding (hearing aids), using either in the ear or behind-the–ear air conduction aids. However, in some cases the losses become so advanced that hearing aids are impractical, as the ability to discriminate speech is lost. This group benefits greatly from cochlear implantation (Cochlear Implants), which restores communication and reduces isolation.