Hearing loss is one of the most common conditions that develops with ageing. Signs of age-related hearing loss, or presbycusis, can begin to present between 40 and 50 years of age but many people will either be unaware of their hearing loss or choose to ignore it. It is estimated that around one in six people in the UK have hearing loss and that less than half of those who would benefit from using a hearing aid actually use one (Bit.ly/HearingLossFigs). While ageing is one of the most common causes of hearing loss, there are many conditions and pathologies that may result in it at any age. Some people may experience hearing loss from birth, whereas others may have it due to excessive noise exposure, viral infections such as measles or meningitis, head trauma or ototoxic medications such as chemotherapy drugs, cisplatin and carboplatin.

Hearing loss may be acute or temporary, but for many it will be permanent: people will need to make adjustments to their ways of communicating and receive appropriate support.

Different patient categories
When it comes to hearing loss, there are several categories of patients to consider: those who identify as deaf, those who identify as hard of hearing, those who use hearing aids, those who choose not to, those who do not realise they have a hearing problem and many other categories. People who identify as deaf have a profound hearing loss and will not use a hearing aid; instead, they will use sign language to communicate. As such, it is important to arrange for an interpreter to attend all medical appointments. People who have hearing loss may benefit from using a hearing aid but for many it will be permanent: people will need to make adjustments to their ways of communicating and receive appropriate support.

Author Alice Davies is senior lecturer in audiology, College of Human and Health Sciences, Swansea University.

Abstract Hearing loss is a common condition that affects as many as one in six people in the UK. It is often age-related. People may not know they have a hearing problem, so it is important to be aware of hearing loss and know the signs that may reveal it. Patients with suspected hearing loss need to be checked for earwax and infection before being referred to an audiologist. This article provides nurses with clear advice and handy tips to guide their management of, and improve communication with, patients who have hearing loss.

For people in the other categories, hearing aids may be useful. However, in some cases, even a hearing aid will not improve hearing enough to allow the person to easily follow a conversation. This might be due to factors such as a poor underlying level of hearing, a fault with the hearing aid, further reduction in hearing levels or impacted earwax – or a combination of the above. You will need to mindful of this when communicating with the person.

**Signs of hearing loss**

When someone has a hearing problem, they commonly mishear what you say. They might give you a slightly odd answer to a question, or their part of the conversation might go into a different direction than yours. In my experience, one of the most commonly misheard questions is: ‘what is your address?’ I have had female patients explaining to me what they are wearing and strange looks from male patients – all had mistaken the word ‘address’ for ‘dress’.

“It is easy to see how hearing loss might be mistaken for dementia and vice versa”

If you experience a similar situation, do not point out their mistake but repeat what you have said using different words (for example, in this case, ‘where do you live?’). If you don’t think hearing loss may be a problem for the person, you need to get their attention. If you have exhausted all communication strategies and paraphrasing for dementia and vice versa. With both conditions, it is crucial to get the correct diagnosis so the appropriate management strategy can be implemented. For patients who have both dementia and hearing loss, hearing aids can be useful to improve communication, and have an overall positive impact on care (Gregory et al, 2017).

**Communicating with patients**

Hospital admissions and medical appointments can be very stressful for people with hearing loss. It is important that all health professionals have excellent deaf awareness and communication skills. Once you have read this article, you may want to reflect on your current practice and explore how you could improve it.

**Get the patient’s attention**

Before starting a conversation with a patient, you need to get their attention. If they are not expecting you to speak to them, they may not hear you. This applies to all areas of healthcare and all situations, whether you are asking a patient on your ward if they would like a cup of tea or calling someone sitting in the waiting area for their appointment. I have witnessed, on too many occasions, health professionals not even leaving the treatment room to call in the next patient. Best practice is to walk into the waiting area and call the patient in a loud, clear voice. The approach taken should be slightly different for a conversation with an inpatient on your ward: to get their attention, it is not advisable to stand in the middle of the ward and call their name loudly; instead, gently place your hand on their shoulder, or give them a visual signal, before you start talking to them.

**Visual cues**

Once you have your patient’s attention, you need to make sure your face is visible at all times, as many deaf people rely on lip reading. Speak clearly, but not too loudly or too slowly – this will distort the shape of your lips and impede communication. It is sometimes necessary to elevate your voice, but shouting is never required.

If possible, avoid standing in front of light sources such as windows; this will ensure light is on your face, not behind you. Also, avoid moving around too much while talking so the patient does not lose sight of your face. Where possible, it might be useful to reduce background noise so your voice can be heard more clearly.

**Written communication**

Never give up! The worst thing you can say to someone who does not hear what you are saying is: “Don’t worry, it doesn’t matter”. If you have exhausted all communication strategies and paraphrasing options, you can always resort to written communication. Simply writing the odd keyword on a piece of paper can be helpful.

**Listening devices**

There are various listening devices available, such as conversation amplifiers, which may be used with or without a hearing aid. If your patient does not have a hearing aid, you can ask them to use the headphones provided with conversation

---

**Box 1. Communicating with someone with hearing loss**

- Gain their attention before you start speaking to them
- Speak clearly but do not shout or speak very slowly
- Make sure they can see your face
- Make sure your face is well lit
- Try not to move around too much during conversation
- Be aware that you may need to repeat what you say a few times, using different words or strategies
- If nothing else works, resort to written communication

**Box 2. Resources**

- Action on Hearing Loss: actiononhearingloss.org.uk
- Hearing Link: hearinglink.org
- National Deaf Children’s Society: ndcs.org.uk
- Deafblind UK: deafblind.org.uk
amplifiers. It could be useful for your surgery, department or ward to have one or two listening devices available to patients with hearing loss, particularly if they do not have a hearing aid or in case their hearing aid is not working.

Listening devices can be purchased from the charity Action for Hearing Loss, whose website is listed in Box 2 with other useful organisations.

**When to refer patients**

Whenever hearing loss is suspected, the patient should be referred for audiological assessment (National Institute for Health and Care Excellence, 2018). It is essential to have their ears checked for excessive earwax or signs of infection before making the referral. This will ensure they are referred to the correct specialist. A doctor or nurse practitioner working on your ward or in your surgery may be able to do this.

If the ears appear healthy, the patient can usually be directly referred to the audiology department for a hearing assessment. If their ears exhibit signs of infection or excessive earwax, this will need to be treated first.

If a patient reports a sudden onset of hearing loss, rapid deterioration of hearing or hearing loss in one ear associated with facial droop, they should be immediately referred to an ear, nose and throat (ENT) specialist to be seen within 24 hours (NICE, 2018). Patients with these symptoms of sudden deafness – also described as idiopathic sudden sensorineural hearing loss – may require treatment with a range of medications. A high dose of corticosteroids has been found to be most effective if they are administered immediately (Anyah et al, 2017).

Immunocompromised patients with earache and ear discharge, who have not responded to treatment within 72 hours, must also be immediately referred to the ENT department to be seen within 24 hours. It is likely that patients with these symptoms have an ear infection. Ear infections in these patients require optimal treatment to prevent the infection from spreading to surrounding tissues in the head and neck, which may result in additional medical issues (Dannatt and Jassar, 2013).

Before making a referral, it is best to speak to the audiology team to check the local referral procedure. Once hearing tests have been carried out, the audiologist will discuss management options with the patient, which may include the prescription of hearing aids, communication advice and/or referral to other specialist services.

Fig 1 shows a decision flowchart in cases of suspected hearing loss.

**Conclusion**

Hearing loss is a common condition that is often overlooked in busy hospital wards or GP surgeries. It is important to ensure your patient is able to hear you as well as possible. If a patient has a hearing aid, make sure they are wearing it and it is working. You can also use a conversation amplifier to improve communication. People who communicate using sign language might need an interpreter. The patient or their family will be able to advise you about the most appropriate communication method.

Suspected hearing loss should be investigated as soon as possible but, before referring patients to audiology, you will need to have their ears checked for impacted earwax or infection. Sudden-onset hearing loss, rapid deterioration of hearing and hearing loss in one ear associated with facial droop must be referred immediately to the ENT department for attention within 24 hours.

It is essential that you have excellent deaf awareness and use best-practice communication strategies in your conversations with patients who have hearing loss. This will result in better patient outcomes and an improved experience during what is likely to be a worrying time in their lives. NT

**References**


**For more on this topic online**

- Earwax impaction: why it needs to be treated in primary care. Bit.ly/NTEarWax