

RESOLUTION

Subject: Expanding Recommendations for Routine Hearing Screenings in Asymptomatic Adults
Submitted by: Emma Higgins, Naiya Sims (Medical Student Section)
Referred to: Reference Committee

WHEREAS, age-related hearing loss (presbycusis), a progressive and often bilateral condition, affects approximately one-third of adults between 65 and 74 years old, which can lead to difficulties with communication, personal safety, and physical and mental health¹; and

WHEREAS, a scoping review of 26 studies across 12 countries found that there is a statistically significant association between age-related hearing loss and cognitive impairment (OR 2.00, 95% CI 1.39-2.89 for cross-sectional studies; OR 1.22, 95% CI 1.09-1.26 for prospective cohort studies) and dementia (OR 2.42, 95% CI 1.24–4.72 for cross-sectional studies; OR 1.28, 95% CI 1.02-1.59 for prospective cohort studies)²; and

WHEREAS, current guidelines state that hearing loss at or below 25 dB is considered “normal” hearing, but even subclinical hearing loss (under 25 dB) has been linked to cognitive and mental health decline, and subclinical hearing loss can onset decades prior to age 65, which is often the age when routine hearing loss screening exams are recommended³; and

WHEREAS, the Lancet Commission identified hearing loss to be the most prevalent (31.7%) modifiable risk factor in adults aged 45-65 years old and with the highest associated relative risk for dementia (1.9, 95% CI 1.4-2.7), with even subclinical levels of hearing loss to be associated with cognitive decline, and that hearing aid use is protective against developing dementia⁴; and

WHEREAS, hearing loss screening is non-invasive with little to no identified adverse effects of screening⁵; and

WHEREAS, the US Preventive Services Task Force’s recommendations regarding screening for asymptomatic age-related hearing loss before age 50 is listed as an “I” recommendation, stating insufficient evidence, but the American Academy of Otolaryngology recently reduced their screening guidelines from age 60 to age 40, notably despite the US Preventive Services Task Force’s decree of insufficient evidence^{6,7}; and

WHEREAS, considering the new evidence linking hearing loss to dementia, the American Medical Association (AMA) has urged the US Preventive Services Task Force to reassess its guidelines for not recommending hearing loss screening for asymptomatic adults under 65, as well as expressed support for physician and patient education on this matter⁸; now, therefore, be it

RESOLVED, that KMA encourage physicians to educate patients on age-related hearing loss, and advocate for and support the AMA's effort to expand hearing loss screening guidelines.

References:

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4. Livingston, G., et al. (2020, July 30). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *Lancet*, 396(10248), 413-446. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7392084/>
5. US Preventive Service Task Force. (2021, March 23). Screening for Hearing Loss in Older Adults. *JAMA*, 325(12), 1196-1201. <https://jamanetwork.com/journals/jama/fullarticle/2777723>
6. U.S. Preventive Services Task Force. (2021, March 23). *Final Recommendation Statement: Hearing Loss in Older Adults: Screening*. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hearing-loss-in-older-adults-screening>
7. Do, B.S.T., et al. (2024, April 29). Clinical Practice Guideline: Age-Related Hearing Loss Executive Summary. *Otolaryngology–Head and Neck Surgery*, 170(5), 1209-1227. <https://aao-hnsfjournals.onlinelibrary.wiley.com/doi/10.1002/ohn.749>
8. AMA Policy Finder. (2024). *Hearing Aid Coverage H-185.929*. [https://policysearch.ama-assn.org/policyfinder/detail/hearing%20loss%20health%20insurance?uri=%2FAMADoc%2FHO D.xml-0-1107.xml](https://policysearch.ama-assn.org/policyfinder/detail/hearing%20loss%20health%20insurance?uri=%2FAMADoc%2FHO%20D.xml-0-1107.xml)