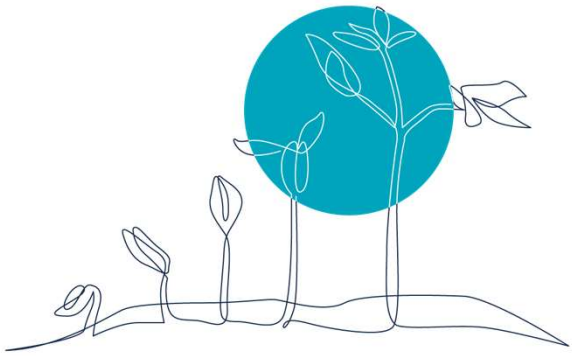
RECOGNIZING AND RESPONDING TO HEARING LOSS IN ADULTS: WHAT EVERY PRIMARY CARE PROVIDER NEEDS TO KNOW

April 9, 2026 | 6:30-8:00PM PT



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TERRITORIAL ACKNOWLEDGMENT

We acknowledge that we work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Sə̓lílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

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FUNDING ACKNOWLEDGMENT

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Canadian Hard of Hearing Association British Columbia Chapter

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LEARNING OBJECTIVES

1. Identify and implement strategies for optimal communication with patients who have hearing loss
2. Describe roles of primary care providers, hearing healthcare providers, and otolaryngologists in patient hearing healthcare
3. Screen for hearing loss
4. Use tools in Pathways BC to support patients' hearing health

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DISCLOSURES

Presenters

- **Kaishan Aravinthan:** nothing to disclose
- **Gael Hannan**: member of Canadian Hard of Hearing Association, BC Chapter; receives payment from various organizations for speaking engagements. F**inancial relationships have not influenced the content of this webinar.**
- **Mark Hansen**: received payment from Helix Hearing as shareholder for office space owned by a numbered company. Generic names of products will be used. **There is no conflict of interest**.
- **Sukhwant Jassar**: nothing to disclose
- **Tracy Monk:** receives payment from Pathways non-profit FPSC as medical director. **Financial relationships have not influenced the content of this webinar**.
- **Nardia Strydom:** nothing to disclose
- **Chris Morrow (moderator):** nothing to disclose

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DISCLOSURES

Planning Team

- **Jennie Barrows:** nothing to disclose
- **Lorienne Jenstad:** nothing to disclose
- **Allison Macbeth:** nothing to disclose
- **Brenda Poon:** receives payment as employee of Wavefront Centre for Communication Accessibility. Wavefront will not be discussed during this webinar. **Financial relationships hve not influenced the content of this webinar.**
- **Caldon Saunders:** nothing to disclose
- **Brian Westerberg:** nothing to disclose

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CASE STUDY:

- 73 year-old male, describes himself as active and independent - he travels, sits on an Advisory Board, walks regularly and reports good overall health
- Up-to date with cancer screenings and regular check-ins
- To date, the PCP has not raised the issue of hearing screening and, as far as the PCP knows, the patient has not had an assessment of his hearing
- During the PCP's assessment of the patient's complaint (unrelated to hearing) the PCP had to repeat their questions to him.
- Patient seems not to notice that the PCP had to repeat their questions to him.

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CASE STUDY:

Concerns from this interaction:

1. The possibility of hearing loss and/or cognitive changes
2. Difficulty of conducting the appointment within the available time, given the added time needed for communication repairs.

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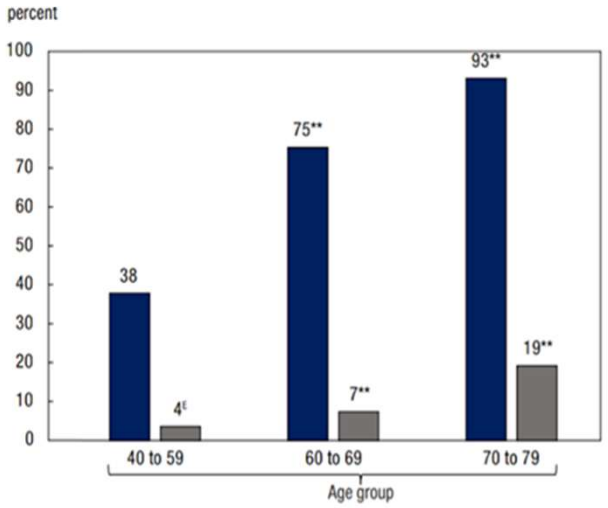
Prevalence of hearing loss

- More than 75% of those over the age of 70 have hearing loss that affects speech understanding (Feder et al., 2015)
- 77% do not realize they have hearing loss (Ramage-Morin et al., 2019)
- ***After recognizing hearing loss, people wait on average 7-10 years to seek help*** (Davis et al., 2007)

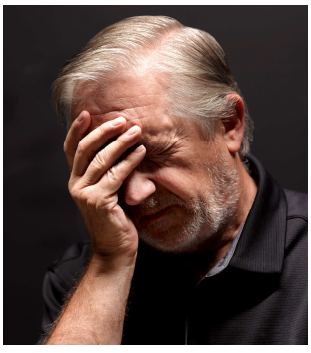
Figure 1: Prevalence of audiometrically measured hearing loss and self-reported hearing impairments by sex and age group, household population aged 40 to 79, Canada excluding territories, 2012 to 2015



Adapted from: Ramage-Morin et al., 2019

Impacts of Untreated Hearing Loss

- Social withdrawal, disengagement, loneliness (Lawrence et al., 2020; Shukla et al, 2020)
- Untreated hearing loss is strongly correlated with cognitive decline (Utoomprurkporn et al., 2020)
- Decreased mental and physical health (Hogan, 2009)
- Increased risk of 30-day hospital readmission (Reed et al., 2019)
- Increased risk of falls (Lin et al., 2012; Criter & Gustavson, 2020)
- Increased medical costs (Reed et al., 2019)



Treatment of Hearing Loss can help!

- Hearing aids improve quality of life: reduce social and emotional effects of hearing loss (Chisolm et al, 2007)
- May reduce social isolation and depressive symptoms
- May reduce risk of falls

Breaking Barriers: Empowering Primary Care Providers to be Instigators of Change in Hearing Health Care Practice

WAVEFRONT CENTRE FOR COMMUNICATION ACCESSIBILITY

vancouver foundation

Michael Smith Health Research BC

UBC THE UNIVERSITY OF BRITISH COLUMBIA

Team

Project Co-Leads

Brenda Poon, PhD

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Research Assistant

Danielle Lafleur

Partner and Community Engagement Coordinator

Craig Stevenson

Project Purpose

How can we support primary care providers to ensure their patients with hearing concerns access hearing health care and commit to treatment?

Why primary care?

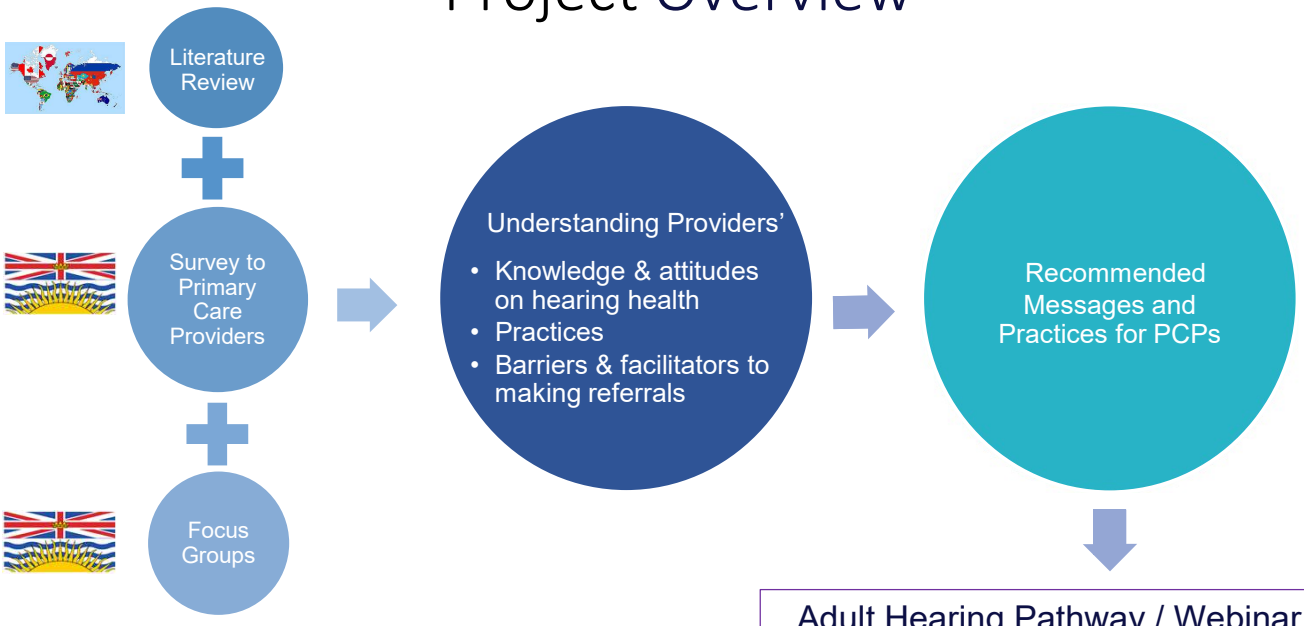
Primary care providers:

- A *first point of contact* for health concerns
- Refer about 50% of their patients who have hearing concerns
- Expected by patients to play a key role in hearing health decisions

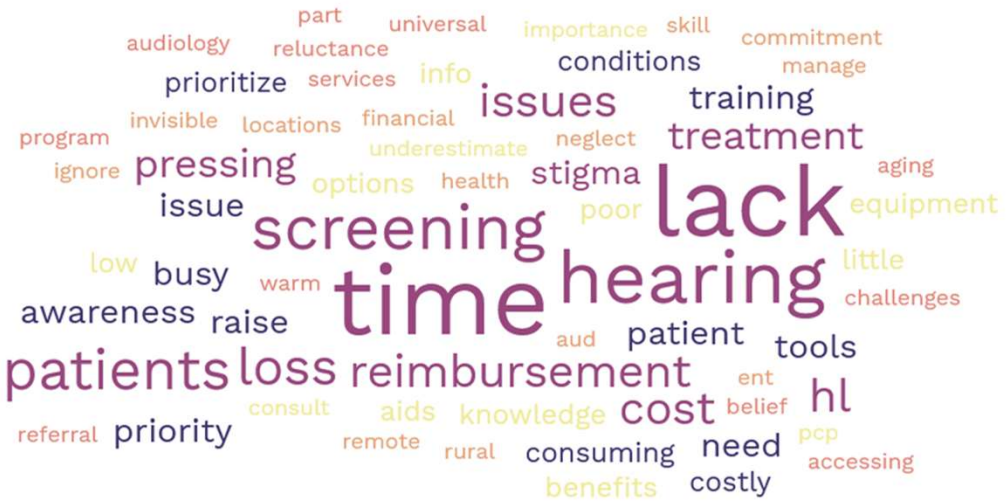
"…the most important social influencer with respect to seeking hearing help"

Sources: Holliday, Jenstad, et al. 2015; Strom, Beck et al., 2020; Wallhagen & Strawbridge, 2017

Project Overview



Barriers



Facilitators

ROLE OF THE PRIMARY CARE PROVIDER

1. Recognize and screen for hearing loss
2. Determine when to refer to ENT for medical follow-up and when to recommend an audiologist for hearing assessment and intervention
3. Optimize communication with patients with hearing loss

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HEARING LOSS PRESENTATION IN PRIMARY CARE

- 73-year-old male presenting with unrecognized hearing loss

First steps

- Discuss with patient if they have concerns surrounding their hearing
- Involve family members

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HEARING LOSS PRESENTATION IN PRIMARY CARE

- Receive patient consent for further testing
- Check for cerumen impaction
- Collaborate with the care team
  - i.e. nursing staff, to complete ear flushes for cerumen impaction
  - **If identified**: Hearing Loss Questionnaire and MOCA if applicable

HEARING LOSS QUESTIONNAIRE

Revised Hearing Handicap Inventory - Screening (RHHI-S)

INSTRUCTIONS: The purpose of this scale is to identify the problems your hearing loss may be causing you. Please select YES, SOMETIMES, or NO for each question. Do not skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear without the aid. To obtain a total score, add up the YES (4 points), SOMETIMES (2 points), and NO (0) responses. If the score is equal to or greater than 6, we recommend a referral to an audiologist for a full hearing evaluation.

	YES (4)	SOMETIMES (2)	NO (0)
Does a hearing problem cause you difficulty when listening to TV or radio?	☐	☐	☐
Does a hearing problem cause you difficulty when attending a party?	☐	☐	☐
Does a hearing problem cause you to feel frustrated when talking to members of your family?	☐	☐	☐
Do you feel handicapped by a hearing problem?	☐	☐	☐
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	☐	☐	☐
Does a hearing problem cause you to feel left out when you are with a group of people?	☐	☐	☐
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	☐	☐	☐
Does a hearing problem cause you to feel uncomfortable when talking to friends?	☐	☐	☐
Does a hearing problem cause you to avoid groups of people?	☐	☐	☐
Does a hearing problem cause you to visit friends, relatives or neighbours less often than you would like?	☐	☐	☐

Clear Form Save Form

TOTAL SCORE: RHHI-S 0

Refer to audiologist if score is equal to or greater than 6.

HEARING LOSS PRESENTATION IN PRIMARY CARE

Hearing loss is identified – are there red flag or orange flag symptoms?

RED FLAG CONDITIONS	ACTION
Sudden sensorineural hearing loss	URGENT referral to ENT Offer treatment with oral corticosteroids (prednisone 1 mg/kg/d, with a maximum dose of 60 mg/d for 10–14 d (ref CMAJ Jan 2025)
Active drainage or bleeding from ear canal in the last 90 days	Refer ENT
Facial nerve paralysis	Assess for Bell's palsy vs Stroke vs Ramsay Hunt
Unilateral or pulsatile tinnitus	Refer ENT

ORANGE FLAG CONDITIONS	ACTION
Chronic or acute dizziness	Consider ENT referral
Visible and unexplained abnormality of the external ear	Consider ENT referral
Ear pain or discomfort	Consider ENT referral

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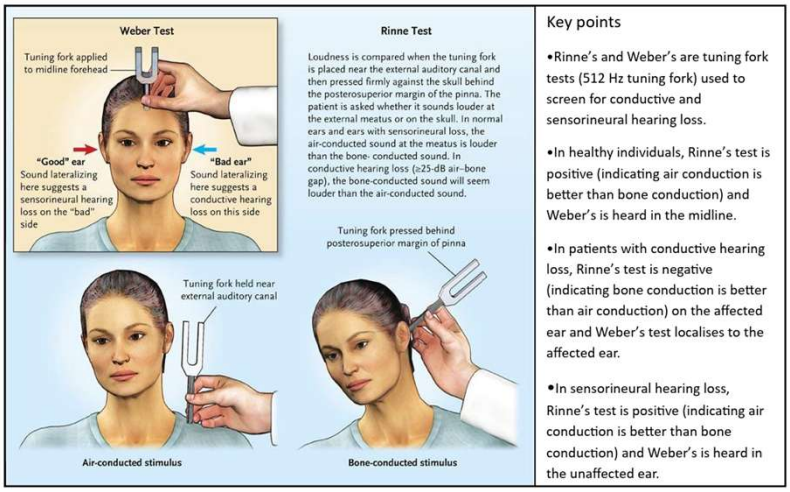
HEARING LOSS PRESENTATION IN PRIMARY CARE

Sudden hearing loss: Weber and Rinne Testing



Key points

- Rinne's and Weber's are tuning fork tests (512 Hz tuning fork) used to screen for conductive and sensorineural hearing loss.
- In healthy individuals, Rinne's test is positive (indicating air conduction is better than bone conduction) and Weber's is heard in the midline.
- In patients with conductive hearing loss, Rinne's test is negative (indicating bone conduction is better than air conduction) on the affected ear and Weber's test localises to the affected ear.
- In sensorineural hearing loss, Rinne's test is positive (indicating air conduction is better than bone conduction) and Weber's is heard in the unaffected ear.

HEARING LOSS PRESENTATION IN PRIMARY CARE

Red Flags: Refer to ENT

No Flags (hearing loss is the only issue): Refer to Audiology

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Patient Resources

- HealthLinkBC (multilingual)
- WorkSafe BC
- Balance & Dizziness Canada

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SUSPECTED HEARING LOSS

If the patient answered 'no' above to hearing loss awareness, and is reluctant to pursue hearing screening or a referral to a hearing care provider:

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Discuss impact on patient's life

- How they are doing at family dinners, or social events?
- Have they noticed difficulty hearing in a situation that has been important to them?
- Are they still participating in important events or have they changed their behaviour in any way?

If "yes," **encourage hearing assessment.**

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COMMON REASONS FOR NOT PROCEEDING WITH A HEARING ASSESSMENT

“My friends say hearing aids do not work”

Response:

- It’s ok to go for a hearing assessment without proceeding to hearing aids
- Hearing loss is treatable and should never be ignored.
- Audiologists are government regulated in BC
- Hearing aids will likely improve the patient's quality of life so they can stay engaged and connected with family and friends.

COMMON REASONS FOR NOT PROCEEDING WITH A HEARING ASSESSMENT

“Hearing care providers charge too much for hearing aids”

Response:

- Hearing aids are no more expensive than any other medical device
- Includes professional fitting services

“I don’t know where to go to see a hearing care provider”

Response:

- Refer to Pathway to find a hearing care provider and share with your patient

SUDDEN SENSORINEURAL HEARING LOSS

- Ears are hard for everyone. Try to simplify things when it comes to otologic emergencies
- Clinical approach to hearing loss:
  - Sudden vs Gradual
  - Conductive vs Sensorineural
  - Unilateral vs Bilateral
  - What are the associated symptoms? (Vertigo/Tinnitus/Pain)

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SUDDEN SENSORINEURAL HEARING LOSS

- 55 year old female presents with hearing loss in the left ear with over the last 24-48 hours
- URTI the week before
- Tinnitus in the left ear

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Sudden loss / unilateral / no pain or drainage

Think SSNHL

Physical Exam to confirm

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SUDDEN SENSORINEURAL HEARING LOSS

- Normal Otoscopy
- Weber lateralizes to right ear
- Air conduction is greater than bone conduction

Exam and History fit with SSNHL

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SUDDEN SENSORINEURAL HEARING LOSS

Interpretation of Rinne & Weber tests		
	Rinne result	**Weber result**
Normal	AC > BC in **both** ears	Midline
Conductive hearing loss	BC > AC in **affected** ear, AC > BC in **unaffected** ear	Lateralizes to **affected** ear
Sensorineural hearing loss	AC > BC in **both** ears	Lateralizes to **unaffected** ear, **away** from affected ear
Mixed hearing loss	BC > AC in **affected** ear, AC > BC in **unaffected** ear	Lateralizes to **unaffected** ear, **away** from affected ear
AC = air conduction; **BC** = bone conduction.		

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SUDDEN SENSORINEURAL HEARING LOSS

Therapy	When to Start	Role
Oral steroids	**Day 0–14** (ideally <72 hrs)	**First-line treatment** (e.g., prednisone 1 mg/kg/day × 7–14 days, then taper)
IT dexamethasone	**Day 0–14**	**Can be given in parallel with oral steroids,** or as primary treatment if steroids contraindicated
HBOT	**Day 0–14**	Adjunct to steroids in **severe/profound SSNHL** or as **salvage** if limited steroid response

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SUDDEN SENSORINEURAL HEARING LOSS

Keep it simple:

- Is it a sudden loss? (History)
- Is it sensorineural? (Tuning forks)
- Normal otoscopy? (Exam)

Refer to ENT

Confirm diagnosis with audiogram

Consider starting oral steroids

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WHILE WAITING FOR ENT

1. Patient can see an audiologist for strategies other than hearing aids (e.g., communication strategies, assistive listening devices)
2. Patient can join peer support groups like CHHA – BC and local chapters
3. PCPs - Watch for new patient handouts coming soon to Pathways with communication tips and other strategies to support listening and hearing.

THANK YOU!

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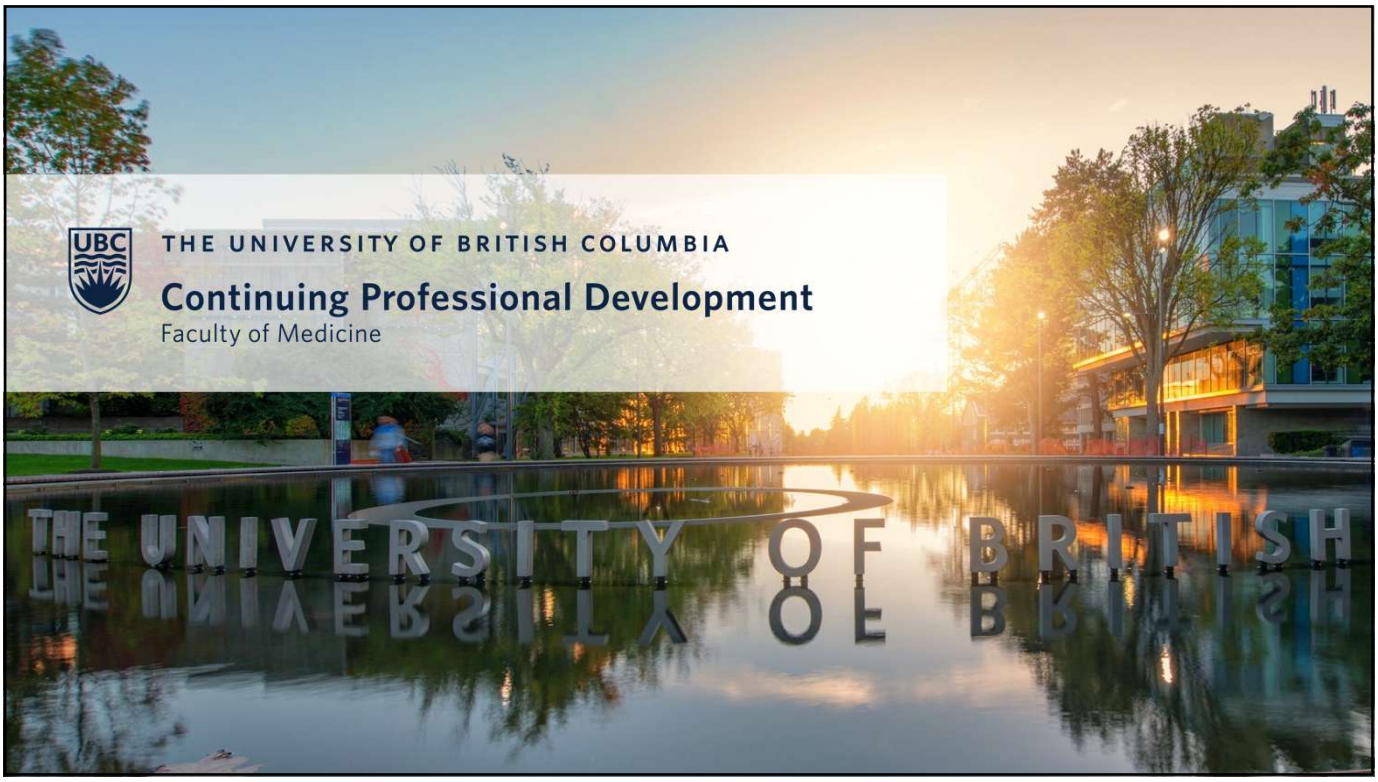
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