Quality of Life in People with Hearing Loss: A Study of Patients Referred to an Audiological Service

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Abstract : Background: Hearing loss (HL) affect people of all ages and stages in life. To author's best knowledge, if patients with an HL have reduced Generic Quality of life (QoL), has yet not been answered. Aim: The aim of the present study was to investigate the relationship between HL and generic and disease-specific Health Related Quality of Life (HRQoL) in adult patients (aged 18-78 years) with an HL, seeking Hearing Aid (HA). Material and Methods: 158 adult (aged 18-78 years) patients with HL, referred for HA fitting at Haukeland University Hospital in western Norway, participated in the study. Both first-time users, as well as patients referred for HA renewals, were included. First-time users had been pre-examined by an Ear Nose and Throat specialist. The questionnaires were answered before the actual HA fitting procedure. The pure-tone average (PTA; frequencies 0.5, 1, 2 and 4 kHz) was determined for each ear. The generic European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire general part and a shortened version of the Abbreviated Profile of Hearing Aid Benefit (APHAB) were answered. In addition, EORTC HRQoL answers from a general population and patients with former head and neck cancer served as comparison. Results: In general, no lowered HRQoL scores were determined among HL patients compared to the general population. Patients with unilateral HL to some extent showed lower HRQoL than those with bilateral HL (social function and fatigue). The APHAB scores correlated significantly with the EORTC HRQoL scores. By stepwise linear regression analysis, the APHAB scores were scored secondary to PTA (best ear), cognitive and physical function. Conclusion: HRQoL scores in HL patients, in general, seems to be at the population level, but the unilateral HL patients scored to some extent lower than the bilateral HI patients. APHAB and generic QoL scores levels are associated. Both HRQoL and APHAB scores are generated more complexly than anticipated.

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