



AGE-RELATED HEARING LOSS

This newsletter is for your general information and is not a substitute for medical advice. You should contact your doctor with any questions about your health, treatment or care.

We have all experienced a degree of temporary hearing loss. This may have occurred as a result of an ear infection, wax impaction or travelling in an aeroplane. Permanent hearing loss, however, is a more worrying concern and may occur due to a condition or due to the ageing process. All persons over the age of 60 should have their hearing tested.

Age-related hearing loss, also called presbycusis, comes on gradually as a person grows older. Multiple factors influence the rate at which hearing loss occurs with this condition, including a lifetime of noise exposure, genetics, medication and infections. Hearing loss typically appears during your 60s and usually affects both ears. Common complaints associated with presbycusis include the inability to hear or understand speech in a crowded or noisy environment, difficulty understanding consonants and the inability to hear high-pitched voices or noises. Presbycusis may make it hard for a person to tolerate loud sounds or to understand what others are saying. It usually occurs in both ears, affecting them equally. Because the loss is gradual, people with presbycusis may not realise they have lost some of their ability to hear.

What are the causes of hearing loss?

Age-related hearing loss (presbycusis): It seems to run in families and may occur because of changes in the inner ear and auditory nerve, which relays signals from the ear to the brain.

Conductive hearing loss: This is caused by conditions that impair the movement of sound waves. These include infections, congenital malformations, ear canal conditions and tumours.

Sensorineural hearing loss: This is due to poor conversion of sound waves into a nerve impulse that should be sent to the brain. These may be caused by chronic conditions, medication, noise exposure and the ageing process (presbycusis).

Mixed hearing loss: This is a combination of conductive and sensorineural hearing loss.

What to do if your hearing seems impaired

Hearing loss with ageing can have a great impact on quality of life, causing low self-esteem, isolation, depression and may be a factor in dementia. Screening for hearing loss is therefore recommended for all persons over the age of 60. You should schedule an appointment with your doctor or family physician, who will do an examination and refer you to an audiologist for hearing tests.

Make use of your Society benefits

SERVICE	BENEFIT (Subject to annual limits)	ANNUAL LIMITS	CONDITIONS OR REMARKS
IN-HOSPITAL AUDIOLOGY	PMB*: 100% of cost Non-PMB: 100% of Society rate	Subject to overall annual limit	Subject to pre-authorisation
OUT-OF-HOSPITAL AUDIOLOGY AND AUDIOMETRY	80% of Society rate	Limits: M R7 860 M + 1 R10 510 M + 2 R13 100 M + 3 + R15 770	Only treatment or procedures to be paid from this benefit Consultations are to be paid in accordance with benefits defined in 3.2 on page 30 of the 2023 Member Guide Where the service is deemed to be clinically appropriate and medically necessary by the Society's designated agent, an additional benefit may be granted by the Trustees in excess of the limit, provided that application is made for the additional benefit prior to the service being rendered.

*Prescribed minimum benefits (PMBs) are a set of limited conditions which medical schemes are legally required to cover in terms of its diagnosis, care, treatment and medication.

Degree of hearing loss and what can be done to treat it

Degree of hearing loss refers to the *severity* of the loss. It is sometimes incorrectly referred to as a 'percentage'. Apart from the normal hearing range, there are **five broad categories**:

Hearing range	Severity of hearing loss	Symptoms and function
0 to 20 decibels	Normal hearing	No impairment.
1. 21 to 40 decibels	Mild hearing loss	Some patients may have difficulty in following speech, mainly in noisy situations.
2. 41 to 55 decibels	Moderate hearing loss	Some patients may have difficulty in following speech without a hearing aid. They may also have great difficulty in noisy situations, but they may find both a hearing aid and lip-reading skills helpful, although in a group situation they may find difficulty with background noise picked up on their hearing aid.
3. 56 to 70 decibels	Moderate to severe hearing loss	
4. 71 to 90 decibels	Severe hearing loss	Many people may have difficulty in following speech, even with a hearing aid. In these cases, lip-reading is very important and written information also becomes very helpful.
5. 91 and more decibels	Profound hearing loss	Hearing aids may be of little to no help, so most people in this group will depend heavily on lip-reading. Some will learn and use sign language if they have been deaf from birth or early childhood. Writing may be the only way for them to communicate.

Hearing aids

Hearing aids serve to amplify sound and improve the user's ability to understand speech, even in noisy environments, but do not provide normal hearing. Hearing aids mainly benefit moderate to severe hearing loss. The decision to use a hearing aid is determined by the cause of the hearing loss, results of audiological testing and motivational factors. These issues will be explained to you by the audiologist.

SERVICE	BENEFIT (Subject to annual limits)	ANNUAL LIMITS	CONDITIONS OR REMARKS
HEARING AIDS Includes repairs to hearing aids	100% of cost Non-PMB: 100% of Society rate	Limited to R24 160 per beneficiary per two-year cycle	A cycle is a two-year period that at present runs from 2023 to 2024

Sources

Momentum Health Solutions
US Department of Health & Human Services

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