Hearing conservation in the elderly: a universal screening proposal

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INTRODUCTION

Hearing is essential to human communication. The presbyacusis, hearing impairment with age, is inherent to aging of the organism. Hearing loss in the elderly contributes to social isolation and increases the number of diagnoses of mental disorders, like depression. Hearing loss associated with many factors assumes particular importance in aging and mortality includes: poor posture, and especially the neurosensory imbalance, bias to falls and traumas with yours potential complications. Compared to universal screening of babies, efforts to trace and prevention of hearing loss in the elderly is still insufficient or absent, especially when it focuses on the prevention of health problems of this population booming in our country. Research on the prevalence of disabling hearing loss conducted in the city of Juiz de Fora (Brazil), in 2009, detected a prevalence in the elderly estimated at 30%.

OBJECTIVES

Performing screening of disabling hearing loss (DHL) in the elderly population. Detect elderly people with hearing loss without diagnosis and rehabilitate them.

METHODS

This was a cross-sectional population screening (Screening), followed by therapeutic intervention. Among the 70,000 elderly individuals approximately 21,000 are potential carriers of DHL. It is believed that around 12,000 elderly people need some kind of rehabilitation. The work consists of a municipal campaign for early diagnosis of DHL in elderly patients with conducting audiometric tests in all patients over 60 years. In 01 years 250 audiometric / month examinations followed by ENT consultation and survey applications were performed at the elderly health city council program. Of these, 65 were candidates for hearing aid per month. Totaling 780 patients benefited per year. Statistical analysis was performed using descriptive and exploratory techniques of data.

CONCLUSION

This project is unprecedented in Brazil, which will enable the screening of DHL in the elderly and performing actions in resolving primary, secondary and tertiary levels. We expect an improvement in the quality of life of elderly patients with decreased mortality associated.

REFERENCES
