Depression and Hearing Health

A growing body of research indicates that people with untreated hearing loss may be at an increased risk of depression.

Depression is a serious, common, and complex illness that affects an estimated 121 million people worldwide, according to the World Federation for Mental Health. In the United States alone, major depression affects 15 million American adults, or approximately 5 to 8 percent of the adult population in a given year, the National Alliance on Mental Illness (NAMI) reports. What’s more, depression frequently co-occurs with a variety of other physical illnesses. Other illnesses may come on before depression, cause it, or be a consequence of it.

Unfortunately, like hearing loss, depression often goes unrecognized and untreated.

National Depression Screening Day (NDSD) gives people the opportunity to take a free, anonymous questionnaire assessing their risk for mood and anxiety disorders and provides referral information for treatment. People can visit www.HelpYourSelfHelpOthers.org to find a local organization offering depression and anxiety screenings or take a screening online today.

The Better Hearing Institute (BHI) provides a quick and confidential online hearing test at www.hearingcheck.org to help people determine if they need a comprehensive hearing check by a hearing professional.

The Link Between Hearing Loss and Depression

The link between unaddressed hearing loss and depression is compelling. A large-scale study by the National Council on Aging (NCOA) found that people 50 and older with untreated hearing loss were more likely to report depression, anxiety, anger and frustration, emotional instability and paranoia, and were less likely to participate in organized social activities than those who wore hearing aids. The degree of depression and other emotional or mental health issues also increased with the severity of hearing loss.

A survey released by Australian Hearing also found that people who suffer from hearing loss may be at increased risk of developing the debilitating effects of depression. The survey found that 60 per cent of those with hearing loss had displayed symptoms associated with depression. And almost 20 per cent demonstrated at least three key symptoms of depression.

An Italian study, published in Acta Otorhinolaryngologica Italica, involved working adults aged 35 to 55 who were affected by mild to moderate hearing loss in both ears. In this study, those with hearing loss reported higher levels of disability and psychological distress—and lower levels of social functioning—than a well-matched normal control population. The hearing-impaired individuals experienced reduced ordinary social activities, increased relational problems with family and friends, and greater emotional difficulties at work. They also showed higher levels of anxiety, depression, phobic anxiety, interpersonal sensitivity, and hostility.

Hearing Loss Facts

- Despite the fact that the vast majority of those with hearing loss could benefit from hearing aids, hearing loss remains one of the most commonly unaddressed health conditions in America today.
- When individuals expend so much energy on hearing accurately, their ability to remember spoken language suffers as a result. And their cognitive function suffers. Recent studies even suggest that hearing loss may be a risk factor for dementia.
- More than 34.5 million Americans have some degree of hearing loss—approximately one in 10 individuals.
- Among Americans ages 46 to 64, about 15 percent already have hearing problems.
- Sixty percent of people with hearing loss are below retirement age.
- Sixty percent of people with hearing loss are male.
- Only 15 percent of physicians today screen their patients for hearing loss during physical exams.
How Hearing Aids May Help

Studies show that when people with hearing loss use hearing aids, they experience significant improvements in quality of life and decreased depressive symptoms; have significantly higher self-concepts compared to individuals with hearing loss who do not wear hearing aids; and experience significant improvement in their functional health status.

A study published in the *Archives of Gerontology and Geriatrics* examined the effects of hearing aids on cognitive function and depressive signs in people 65 and older. Researchers found that after three months of using a hearing aid, all patients showed significant improvement in their psychosocial and cognitive conditions. The study concluded that due to the significant improvements shown in psychological state and mental functions, for elderly people with age-related hearing loss, hearing aids are a good solution for helping to improve their life conditions.

In a recently published study, the Better Hearing Institute (BHI) examined the impact of hearing aids on specific quality of life factors that affect mental and emotional well-being. More than half of the more than 1,800 hearing aid owners surveyed said they attributed their use of hearing aids to improvements in their relationships at home, their ability to join in groups, and their social life. Close to half said they saw improvements in their self confidence, sense of safety, feelings about themselves, and sense of independence, while one third indicated their mental and emotional life improved.

**About Depression**

*Source: The World Federation for Mental Health*

Many people have days or even weeks that go by when they may be feeling down, unhappy or even depressed. People often talk about having the “blues.” But unlike the blues, depression doesn’t just go away. It usually gets worse. Depression is a serious medical condition that affects the body, mind and behavior. It affects the way you eat and sleep, the way you feel about yourself, the way you think about things. It can also affect your physical health.

Depression is a brain disorder that can affect people of all ages, races, religions, and incomes worldwide. Depression can come in many forms, with varying symptoms and experiences with the illness.

**Types of Depression**

Depression is a brain disorder that can take many different forms. Some people will experience one episode of depression in their lifetime; others will have recurrent bouts of depression; and others may be chronically depressed. Some episodes of depression can begin suddenly with no apparent cause while others may be associated with a difficult life situation, such as a death in the family.

Clinically, there are three primary types of depression, with very specific diagnostic criteria. Major depression, also known as unipolar depression; minor depression, often known as dysthymia, a less severe and often chronic depression; and bipolar disorder, also known as manic depression, where periods of depression cycle with periods of mania.

**The Signs and Symptoms of Depression**

*Source: National Institute of Mental Health*

People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness.

Signs and symptoms include:

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
• Thoughts of suicide, suicide attempts
• Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

How to Help Yourself

*Source: National Institute of Mental Health*

If you have depression, you may feel exhausted, helpless, and hopeless. It may be extremely difficult to take any action to help yourself. But as you begin to recognize your depression and begin treatment, you will start to feel better.

**To Help Yourself**

• Do not wait too long to get evaluated or treated. There is research showing the longer one waits, the greater the impairment can be down the road. Try to see a professional as soon as possible.
• Try to be active and exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed.
• Set realistic goals for yourself.
• Break up large tasks into small ones, set some priorities and do what you can as you can.
• Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself, and let others help you.
• Expect your mood to improve gradually, not immediately. Do not expect to suddenly "snap out of" your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
• Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
• Remember that positive thinking will replace negative thoughts as your depression responds to treatment.
• Continue to educate yourself about depression.

**Where to Get Help**

*Source: National Institute of Mental Health*

If you are unsure where to go for help, ask your family doctor. Others who can help are listed below.

• Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
• Health maintenance organizations
• Community mental health centers
• Hospital psychiatry departments and outpatient clinics
• Mental health programs at universities or medical schools
• State hospital outpatient clinics
• Family services, social agencies, or clergy
• Peer support groups
• Private clinics and facilities
• Employee assistance programs
• Local medical and/or psychiatric societies
• You can also check the phone book under "mental health," "health," "social services," "hotlines," or "physicians" for phone numbers and addresses. An emergency room doctor also can provide temporary help and can tell you where and how to get further help.