HEARING HEALTH AT 50+

# Check Your Hearing

*Healthy hearing supports healthy aging*

**THE BOTTOM LINE**

**Start screening for hearing loss at age 50.** Repeat at least every 3 years, or when you notice a change in hearing.[1]

## Why Screening Starts at Age 50

Age is the single strongest predictor of hearing loss. Because it usually develops gradually, many people do not notice it happening. That is why routine screening should begin at 50 years of age.[1]

### PREVALENCE OF HEARING LOSS BY AGE

| 15% | 33% | 60% | 80% |
|---|---|---|---|
| Of adults of all ages[1] | Of adults ages 65-74[1] | Of adults by age 75[1] | Of adults by age 85[1] |

## What Is Age-Related Hearing Loss?

Age-related hearing loss (presbycusis) is a slow, usually equal hearing decline in both ears. It often begins with difficulty hearing high-pitched sounds and speech in noisy places, then gradually affects more sounds over time. It is different from sudden hearing loss or a single loud-noise injury, although lifetime noise exposure can be a contributing factor.[1]

### COMMON EARLY CLUES

- **High-pitched sounds are harder to hear**
- **It seems like people are mumbling**
- **It is increasingly difficult to carry on a conversation in background noise**

## What Causes Age-Related Hearing Loss?

A variety of factors can work together over time to diminish hearing:[1]

| | | |
|---|---|---|
| **GENETICS**<br>~50% of risk may be inherited[1] | **NATURAL AGING**<br>Inner-ear hair cells wear down[1] | **HEALTH CONDITIONS**<br>Diabetes, high blood pressure, high cholesterol can affect hearing[1] |
| **SMOKING**<br>Active and secondhand exposure[1] | **NOISE EXPOSURE**<br>Loud working environments, sporting events, fireworks, concerts, gunfire, etc.[1] | **MEDICATIONS**<br>Some drugs can damage hearing[1] |

***This fact sheet is for general education and does not replace advice from your physician or audiologist.***

HEARING & HEALTH

# Why Untreated Hearing Loss Matters

## Untreated hearing loss is linked to risks across health, safety, relationships, and quality of life.[1]

| Modifiable risk factor for dementia[1] | Increased risk of social isolation and depression[1] | Increased risk of falls[1] | Increased cardiovascular disease risk[1] | Linked to higher unemployment and lower wages[1] |
|---|---|---|---|---|

**WHAT THE RESEARCH FOUND**

In the ACHIEVE trial, audiologic treatment and well-fitted hearing aids reduced cognitive decline by nearly half over 3 years among older adults already at higher risk.[2]

Treating hearing loss can help promote social connection and reduce social isolation among older adults.[3]

## What Happens at a Hearing Screening?

**Screening is quick, painless, and low risk. Here is what to expect:[1]**

| 1 | 2 | 3 |
|---|---|---|
| **Screening** | **Visual ear inspection** | **Audiologist exam** |
| Your healthcare provider will conduct a short questionnaire, and/or brief audiometric screen | Your healthcare provider may do a visual inspection of your ear using an otoscope | If screening suggests possible hearing loss, your healthcare provider will refer you to an audiologist for a diagnostic hearing evaluation |

**Re-screen at least every 3 years, or sooner if you notice a change.[1]**

**YOUR NEXT STEP**

Ask for a hearing screening at your next healthcare visit. If you are 50 or older, ask even if you do not think you have a problem.[1] Visit www.audiologist.org to find an audiologist near you.

### Sources


1 Tsai Do BS, Bush ML, Weinreich HM, et al. Clinical Practice Guideline: Age-Related Hearing Loss. Otolaryngology-Head and Neck Surgery. 2024;170(S2):S1-S54. AAO-HNSF. https://doi.org/10.1002/ohn.750

2 Lin FR, Pike JR, Albert MS, et al. Hearing intervention versus health education control to reduce cognitive decline in older adults with hearing loss in the USA (ACHIEVE): a randomised controlled trial. Lancet. 2023;402(10404):786-797, as cited in Tsai Do et al., 2024.

3 Reed NS, Chen J, Huang AR, Pike JR, Arnold M, Burgard S, Chen Z, Chisolm T, Couper D, Cudjoe TKM, Deal JA, Goman AM, Glynn NW, Gmelin T, Gravens-Mueller L, Hayden KM, Mitchell CM, Mosley T, Oh ES, Pankow JS, Sanchez VA, Schrack JA, Coresh J, Lin FR; ACHIEVE Collaborative Research Group. Hearing Intervention, Social Isolation, and Loneliness: A Secondary Analysis of the ACHIEVE Randomized Clinical Trial. JAMA Intern Med. 2025 Jul 1;185(7):797-806. doi: 10.1001/jamainternmed.2025.1140. PMID: 40354063; PMCID: PMC12070280.