



POLICY BRIEF

PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT

Speech- and lip-reading training and adjustment counseling help the elderly with hearing impairment

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CONTEXT

Disability from degenerative diseases is on the rise as life longevity increases. Approximately one out of three individuals aged over 65 years are affected by disabling hearing loss¹. Hearing impairment distresses the elderly as it affects their quality of life. Other particular effects that have been documented include being more prone to accidents² and miscommunication that can lead to withdrawal to future discussions³ and social isolation. Hearing loss is now a recognized modifiable risk for developing dementia⁴. Interventions such as hearing aids, amplifying systems, and cochlear implants are expensive and not affordable to Filipinos. One viable non-technology-based intervention and cheaper alternative is speech and lip reading and adjustment counselling.

A study funded by the Philippine Council for Health Research and Development investigated the effects of speech- and lip-reading training and adjustment counseling (SLRAC) among Filipino elderly aged 60 to 80 years old with mild to moderate sensorineural hearing loss without the use of hearing aids. In this trial, participants and their family members in an intervention group which received 12 weekly sessions of SLRAC from a multidisciplinary team or a control group which did not receive any type of intervention.



KEY FINDINGS

Average Hearing Handicap Inventory for the Elderly score at 12-weeks or end of study in the intervention group was significantly lower than the baseline. This suggests significant reduction in the hearing handicap of the participants who underwent SLRAC. In the control group, no significant changes were observed. Percent change was significantly better relative to the control group.

Caregiver Hearing Hassle (CHH), Geriatric Depression Scale (GDS), functional status, and communication efficiency decreased in the intervention group but not in the control group; while Quality of Life (QOL) scores were higher than baseline in the intervention group.

Mean percent change in scores on all outcome measures was compared between the two groups. The difference was positively significant for the intervention group in terms of CHH, GDS, as well as in functional status and efficiency in communication. The two groups, on the other hand, did not differ significantly with respect to QOL.



CONCLUSION

The study demonstrated that SLRAC significantly reduced hearing handicap among the participants. It also improved the quality of life of participants. Improvement in functional status and communication was observed even without the use of a hearing aid. In terms of relationship with family and caregivers, the study also showed that families and caregivers were less hassled and reported significantly lower distress.



RECOMMENDATIONS

For DOH policymakers, this study supports the provision of SLRAC as audiologic rehabilitation to the elderly with mild to moderate hearing loss even in the absence of a hearing aid. Health counseling by allied health professionals to devote practice and training specifically for clients who suffer from hearing loss are recommended to be subsidized by health insurance. A manual of instructions, both in print and in audio video, is recommended to be developed. Such training provides better standardization and adeptness that will optimize conduct of SLRAC.

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Project Information

Project title:

The impact of speech and lip-reading training and adjustment counseling on the elderly individual's ability to cope with mild to moderate sensorineural hearing loss

Principal Investigator:

Dr. Jacqueline C. Dominguez
Institute for Neurosciences
St. Luke's Medical Center



Research Information, Communication, and Utilization Division
Philippine Council for Health Research and Development
Department of Science and Technology



<http://www.pchrd.dost.gov.ph>



@dostpchrd



Saliksik Building, DOST Compound,
Gen. Santos Ave., Bicutan, Taguig City

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