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Vision and Hearing Loss in the Older Adult - "Double Trouble"

Paige Berry

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Educational Objectives

1. How to recognize age related vision and hearing loss.
2. How the loss of both vision and hearing affect the individual's day to day functioning.
3. Services and technology available to assist the professional in better meeting the needs of the individual who is experiencing a vision and hearing loss.

Background

It is not uncommon for an older person to experience both a vision and a hearing loss. Persons with this combined sensory loss are often referred to as individuals who are Deaf-Blind. For terminology clarification, Deaf-Blindness does not always mean a total loss of vision and hearing. The combined loss, however, can make everyday tasks difficult. This article will focus on those individuals who are hard of hearing and visually impaired, not those who are Deaf-Blind and rely on American Sign Language as their primary means of communication.

As professionals working in the areas of gerontology, rehabilitation or habilitation it is important to understand age related hearing and vision loss. Because vision and hearing loss increase in prevalence as age increases, professionals who work with older adults will encounter people with a wide range of difficulties with their vision and hearing. Meeting the communication needs of these individuals requires that professionals be able to recognize sensory losses, accommodate for them and help their clients to understand and cope with them.

Difficulty in communication is often seen as an inability to function predictably and rationally. When behavior changes are noticed in an older adult, loss of vision and/or hearing should always be considered as a possible contributing factor. Older people worry that their families believe they have lost the ability to function independently and to handle their own affairs. Other feedback and reactions may cause older adults to begin to doubt their own abilities. They may also be concerned that certain responsibilities may be taken away from them (Hull, 1982). Confusion, inappropriate responses to questions and apparent disorientation may all result from age-related

hearing and vision losses. Because these losses often develop slowly, a problem may not be recognized until a great deal of vision or hearing is lost. Slow development of sensory losses contributes to related behavior changes being misunderstood and inappropriate assumptions made about those behavior changes. Being sensitive to behavioral change and ruling out a sensory problem before assuming a mental problem will prevent needless loss of functioning and quality of life (Bagley, 1989).

Age and Hearing Loss

A variety of medical conditions places all older adults at risk for hearing loss. They include: vascular disease (hypertension and cerebrovascular arteriosclerosis), metabolic disease (renal disease and diabetes), and infections. In addition, many of the drugs commonly used by older adults are ototoxic, in other words, toxic to the auditory system (Hughes & Koegel, 1985).

Age and Vision Loss

The leading causes of new blindness among older adults are macular degeneration, glaucoma, cataracts, and diabetic retinopathy (Swanson, 1994).

Functional Implications of a Hearing Loss

The common characteristics of age-related hearing loss are: inability to hear high frequency sounds (particularly "th" and "f"), reduced speech discrimination (regardless of the degree of hearing loss) particularly in noisy or acoustically poor environments, distortion of speech (despite loudness), and bilateral hearing loss. The most difficult problem facing the older adult with an age-related hearing loss is reduced speech discrimination resulting in the complaint, "I can hear you but I can't understand you." (Mascia, 1994).

Functional Implications of Vision Loss

Presbyopia, the age-related vision change that is considered normal, includes: increased sensitivity to glare, dryness of the eyes, increased need for light, slower distance accommodations, slower adjustment to different light conditions, reduced depth perception, reduced contrast sensitivity, and reduced hue discrimination.

Behavioral Signs of Hearing Loss

Behavioral responses to a hearing loss will vary with the individual. The following behavior changes might indicate that an older person is having difficulty hearing:

- Changes in the volume of the television, or radio, especially an increase in volume and sitting closer than usual,
- Leaning closer to the speaker during conversations, or cupping the hand over the outer ear,
- Difficulty understanding speech on the telephone,
- Difficulty understanding conversations in a noisy environment, such as a restaurant,
- Inappropriate responses to questions or comments unrelated to the general discussion,
- Repeated requests to speak louder, or

-Difficulty in the ability to hear high pitched sounds like door bells, a ringing telephone, a smoke detector or the inability to locate the source of a sound.

Behavioral Signs of Vision Loss

Behavioral indicators of a vision loss will also vary with each individual. The following behavior changes might indicate that an older individual is having difficulty seeing:

- Changes in viewing habits, like holding material very close to the face or at an "odd" angle, squinting or sitting unusually close to the television.
- Changes in the ability to recognize familiar faces.
- Changes in grooming habits, like stains on clothing, mismatched clothes, uncombed hair.
- Changes in orientation or increased confusion especially in familiar areas.
- Hesitancy in movement, stumbling, a shuffling gait or dragging the feet or changes in stance.
- Changes in the ability to locate "small" objects, such as jewelry, or keys.
- Changes in eating habits due to increased difficulty in preparing food. The anxiety caused by difficulties in seeing food on the plate or on a table may lead an individual to eat less, appear less interested in food, or prefer to eat alone.

Accommodating for Sensory Losses

If you suspect that your client is experiencing a vision and/or hearing loss, the client should have his/her hearing tested by a certified audiologist, and vision tested by an optometrist or an ophthalmologist. Once hearing and vision loss are identified, adaptations and accommodations can be made to make communication and visual tasks easier for the older adult. The individual can utilize a wide variety of devices and adaptive techniques. Among these devices might be: hearing aids or assistive listening devices to improve the discrimination of sounds and speech; amplified doorbells; amplified voice and telephone ringers; vibro-tactile alerting devices for the door, telephone, smoke alarm, and other sound sources; as well as large print or braille telecommunication devices (TTY). Magnifiers or other low vision devices might assist the individual in reading print. Distance devices such as telescopes may be useful for viewing television and spotting objects at more than reading distance. Tactile markers for appliances, clothing, and cooking utensils may be utilized. Environmental adaptations such as color contrast and lighting may also be beneficial.

Case Study

Mrs. Jones is 75 years old and has just learned that she has age-related macular degeneration. She has not had her hearing tested. She lives alone in a small apartment near her son and his family. Mrs. Jones is having trouble setting stove dials, deciding if her clothes are clean and locating small objects in her home. She cannot read books, mail, or her own handwriting. She has no trouble hearing on the phone. However, visitors must knock several times before she comes to the door and the TV volume is always very loud. Although she visits a senior center several days a week, the noise bothers her and makes it difficult to hear other people. She has decided that, rather than embarrass herself because she cannot always understand what others are saying, she will stop going to the senior center.

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Study Questions

1. As a service provider, how would you identify problems that might indicate that your client has a vision and/or hearing loss?
2. What medical and rehabilitation assessments would be appropriate for Mrs. Jones?
3. What are the leading causes of blindness in older adults?

To obtain additional information about services for and adaptive techniques used by individuals who have both a vision and hearing loss, you may contact DeafBlind Services at the Virginia Rehabilitation Center for the Blind and Vision Impaired at 1-800-622-2155 V/TTY; the Virginia Department for the Deaf and Hard of Hearing at 1-800-552-7917 V/TTY; Deaf and Hard of Hearing Community Counseling Services at 804-762-9671 Voice, or 804-346-3043 TTY; or the Coordinator of the Older Adult Program at the Helen Keller National Center at 804/827-0920 V/TTY.