

U.S. Preventive Services Task Force Opportunities for Public Comment

The U.S. Preventive Services Task Force (USPSTF) is taking a new step as part of its ongoing effort to keep its work and methods more useful to primary care providers and clear to the public it serves. To do this, the USPSTF is sharing drafts of its Recommendation Statements on clinical preventive services for public comment. In addition, in partnership with AHRQ's Effective Health Care (EHC) Program, the USPSTF also offers opportunities for public comment on key questions (questions that tell researchers what to focus on in their review of the evidence) and EHC research reports that are related to the USPSTF's work.

<http://www.uspreventiveservicestaskforce.org/tfcomment.htm>

Screening for Hearing Loss in Older Adults: U.S. Preventive Services Task Force Recommendation Statement

<http://www.uspreventiveservicestaskforce.org/draftrec2.htm>

Reopened Public Comment

- [Screening for Hearing Loss in Older Adults](#)
November 30–December 13, 2011

1. How could the USPSTF make this draft Recommendation Statement clearer?

The way in which the current recommendations are structured makes interpretation problematic. It would help if there was a more uniform flow to the information – the background, relevance/significance and available data, followed by their recommendations. Even the part that includes the latter has data about the clinical considerations and then presents gaps before providing the more comprehensive evaluation of the literature they reviewed.

2. What information, if any, did you expect to find in this draft Recommendation Statement that was not included?

The review stopped at 2010 so there are newer data supporting a stronger relationship between hearing loss and cognitive functioning and that is not included. They also do not include data on the impact of hearing loss on partners/spouses and relationships which is a very important aspect to consider. They also do not note that the screening that's done is usually not standardized and since hearing is poorly screened in primary care settings, there is limited data available on which to judge impact.

We agree that there is less than adequate data. We would like to see more data; this type of research needs better support. Emphasizing the need for good data is valuable. Emphasizing the importance of standardized approaches to screening would also be valuable.

3. Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions? Please provide additional evidence or viewpoints that you think should have been considered.

The assessment is difficult to counter, given the lack of data. However, this review did not include the impact of hearing loss on others and on the work potential of individuals or the impact on families. Those age 50 and over are often still in the work force and data are available about the impact of hearing loss on hiring practices, communication on the job, income and potential to advance within the organization. Because individuals are working longer, there is a need to assess the value of screening for working adults.

4. What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

A standardized approach to screening using the key types of screening strategies noted; e.g. standardized whisper test and finger rub test and a standard single item question (or two since it may be important to also ask if anyone had told them they had a hearing loss vs. just asking if they feel they have a hearing loss).

5. The USPSTF is committed to understanding the needs and perspectives of the public it serves. Please share any experiences that you think could further inform the USPSTF on this draft Recommendation Statement.

More data should be included on the impact of hearing loss on relationships and on community participation. Since active engagement is one of the key aspect of healthy aging, it's important to include this kind of information. Also, there is no indication that issues related to the mis-identification of cognitive impairment because of hearing loss has been looked at.

There should be more emphasis on the need for additional data. Anecdotal information leads us to believe that most people are reluctant to proactively seek evaluations for hearing loss unless their hearing loss is sudden, the result of trauma, or the result of family pressure. Because of that screening could be very valuable to those people who have not yet sought a full evaluation.

In addition, the impact of aural rehabilitation has not been addressed here. There is no indication that the impact of education and aural rehabilitation on successful use of hearing aids and other assistive listening devices has been assessed. Therefore, it's difficult to say that individuals will not accept or adapt to hearing aids when we don't know whether they have received appropriate education and assistance to adapt to their hearing loss.

6. Do you have other comments on this draft Recommendation Statement?



We would like to see a stronger statement of support for greater research in this area. At Hearing Loss Association, we hear daily from individuals who are struggling with their hearing loss. We strongly believe that many people would benefit from having hearing loss identified with screenings at an earlier stage. It is frustrating to us to see that this body makes no recommendation about screenings that could be immensely valuable to large numbers of people simply because the data isn't available. If the stumbling block is the lack of data, there should be strong support for getting that data in place.

HLAA Comments submitted 12/7/2011

Thank you for your comments on the U.S. Preventive Services Task Force draft Recommendation Statement. Your insights are appreciated and will help make this document more useful to primary care providers and others who are interested.

At the present time, the USPSTF can not provide individual responses to comments. However, your comments are an important part of this process and will be fully considered. We anticipate publishing the final Recommendation Statement in several months. You will find the final Recommendation Statement on the Web site at www.USPreventiveServicesTaskForce.org.

The U.S. Preventive Services Task Force