



EUROPEAN ASSOCIATION OF HEARING AID PROFESSIONALS

RECOMMENDATION

Hearing Aids for Elderly Dependents

BIAP Recommendation 06/14

With the approval of the board of the International Bureau for AudioPhonology BIAP the European Association of Hearing Aid Professionals AEA adopts the above mentioned Recommendation into the list of AEA Recommendations.

The adoption of this document was accepted and approved by the Board of the BIAP on the 18th of November 2017 and by the Board of the AEA on the 19th of October 2017.

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BIAP Recommendation 06/14: Hearing Aids for Elderly Dependents

Foreword

This document presents a Recommendation by the International Bureau for Audiophonology BIAP.

A BIAP Recommendation provides a reference standard for conducting an audiological or phonological intervention that represents, to the best knowledge of BIAP, the evidence base and good practice concerning the stated methodology and scope of the document at the time of publication.

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Comments on this document are welcome and should be sent to the Secretary General of the International Bureau for Audiophonology BIAP. The address can be found on the BIAP website at www.biap.org.

Introduction

An unaddressed hearing impairment in an elderly person can result in negative effects on cognitive function and wellbeing. The potential benefit offered by hearing correction is well-demonstrated.

In elderly dependents, who are affected by loss of autonomy in various activities of daily living, managing hearing aid use may present a number of difficulties. Depending on their level of dependency, various measures must then be implemented.

Recommendation

Identification of Dependent Patients

A hearing aid specialist must identify the loss of autonomy in his/her patients during the initial appointment or follow-up appointment, as the status of dependency may change over time. This identification must specify the level of dependency, the problems, that already exist, measures already taken and a list of hearing devices, that are used by the patient in daily life.

The identities and roles of the various people involved in the patient's care must be researched, which will enable the hearing aid specialist to contact them and specially design a form of involvement for each of these people.

Hearing Aid Specificities

The level of help with the hearing devices, that is suggested, must be customized to the physical, cognitive, and environmental specificities of each patient, including medical history, hearing aid fitting, audiometric tests, selected hearing devices, fitting strategy, hearing aid education, effectiveness of follow-up visits,

In exchanges with the people involved in the patient's care, tools for analyzing hearing aid use (like: data logging, etc.) must be used to the benefit of the patient.

The advantage of implementing technical equipment and further hearing devices in addition to the hearing aid (adaptations to television, telephone, audio systems, etc.) must be evaluated. If equipment is adapted, its proper use and operation must be monitored at regular intervals.

The patient's autonomy in managing his/her hearing aid independently on a daily basis must be evaluated: this helps to identify autonomy issues and to customize the aid to be provided (BIAP Recommendation 06/13).

Instituting an Individualized Follow-up and Support Plan

Based on analysis of the patient's status and the hearing aid components, an individualized follow-up plan must be instituted in direct connection with the people and structures involved (including residential care facilities and home-care providers).

This plan, the goal of which is effective and efficient hearing aid use, must enable specialists to tailor care to the patient's status, particularly with regard to:

- Ongoing consideration of the patient's proper multidisciplinary care (ENT physician, geriatrician, general practitioner, speech therapist, hearing aid specialist, etc.). When necessary, the patient must be directed toward the relevant professionals.
- Day-to-day management of the hearing aid; specifically, ensuring that the professionals involved are able to help the patient with tasks for which he/she lacks autonomy.
- Ability of people in contact with the patient to create the necessary conditions for optimal or at least functioning communication (like a quiet environment, lip-reading, ...).
- Quality of hearing aid follow-up and of the exchanges between the hearing aid specialist and the patient's caregivers.

Instituting a Plan with residential care facilities and care providers for Dependent Persons

The hearing aid specialist must know the precise level of care required by the patient and the aid provided by residential care facilities or home-care agencies.

A contact person must be designated within these structures to be a permanent and reliable liaison for the hearing aid specialist. The modalities for exchanges (like: telephone numbers, email contact, regular visit by the hearing aid specialist, ...) between the hearing aid specialist and these teams must be customized to ensure proper transmission of information relating to the patient.

The hearing aid specialist must institute training for all persons involved in the patient's care (Recommendation 06/15).

This training must enable trained personnel to have good communication with the patient, provide daily support for managing the hearing aid + additional hearing devices, and take appropriate actions when problems occur (like doubts as to whether the hearing aid is operating, breakdown, difficulties in wearing the device, poor or decreasing benefit or effectiveness, etc.).

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This recommendation was created and approved in multidisciplinary cooperation between professionals of all audiophonologic disciplines, which are medicine, pedagogy, speech therapy, psychology and hearing instrument audiology.

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