ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Hearing

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Contents

Introduction to the Guide

This Facilitator Guide is part of the material developed to support training programmes on the WHO Integrated Care for Older People (ICOPE) approach. This guide serves as a roadmap for trainers and facilitators, helping them navigate through the session on hearing loss in older people, while ensuring that key topics are covered. The guide includes tips, potential challenges, and suggested ways to handle different situations that may arise during the session.

Session structure

This Facilitator Guide is organized around four core facilitation actions that you will use throughout the session. These actions are represented by icons and indicate how you should guide participants through the content.

You will see these actions repeated across all slides and modules, providing a consistent structure for facilitation.

Show: The slides

This indicates the slide you should present from the slide deck. When you see the Show, display the corresponding slide to participants.

Say: What you explain

This provides a suggested narrative outline for you to explain the slide content. The text is intended as guidance rather than a fixed script. You may adapt the wording to suit your facilitation style, experience and the needs of your participants, while keeping the key messages intact.

Ask: Questions to prompt dialogue

This prompts you to ask questions and encourage dialogue with and among participants.

The discussion associated with these questions should generally take 2 to 5 minutes. However, you should use your best judgment to decide how much time to dedicate to such interactions, considering factors such as participant engagement, availability of time, and/or relevance of the topic.

Do: Actions to facilitate learning

This prompts you to carry out an action, such as guiding an activity, managing group interaction or providing instructions to participants.

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. As explained, the 'Say' sections are simply indications; you can use them as a script when you feel the need to, but you can and

should adapt them to suit your natural training style. Add your personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your good judgement to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

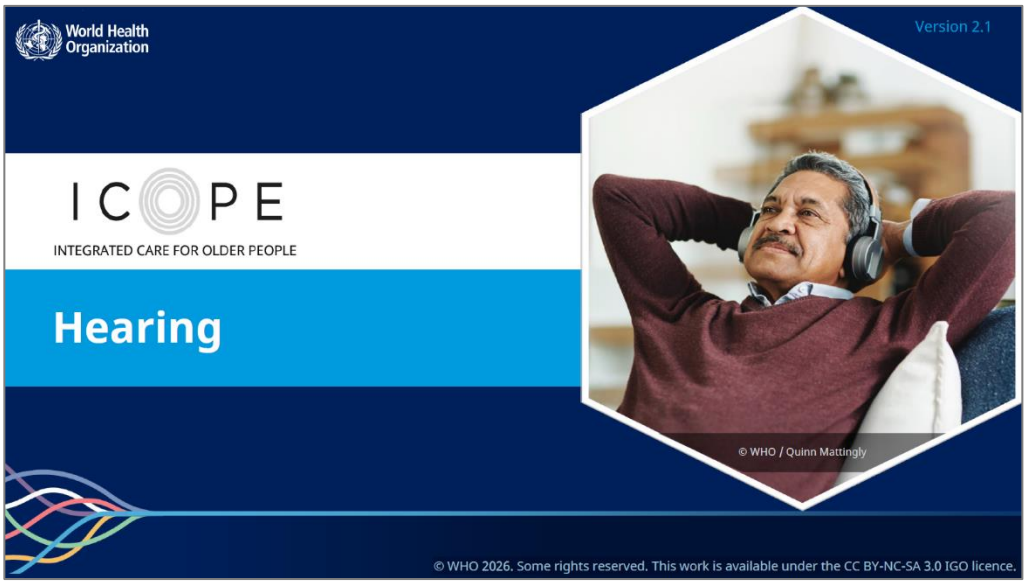
You are going to be great at conducting this training.

Hearing

Do:

- *Formal welcome*
- *Introduction of the facilitator*

Show: Slide 1



Say:

Welcome to the 'Hearing' module. Today, we will explore the significance of hearing and its impact on our health, especially as we age.

Hearing loss is common in older people and can lead to communication issues and social isolation. It is linked to cognitive decline, dementia, depression, poor balance, falls, hospitalizations and early death.

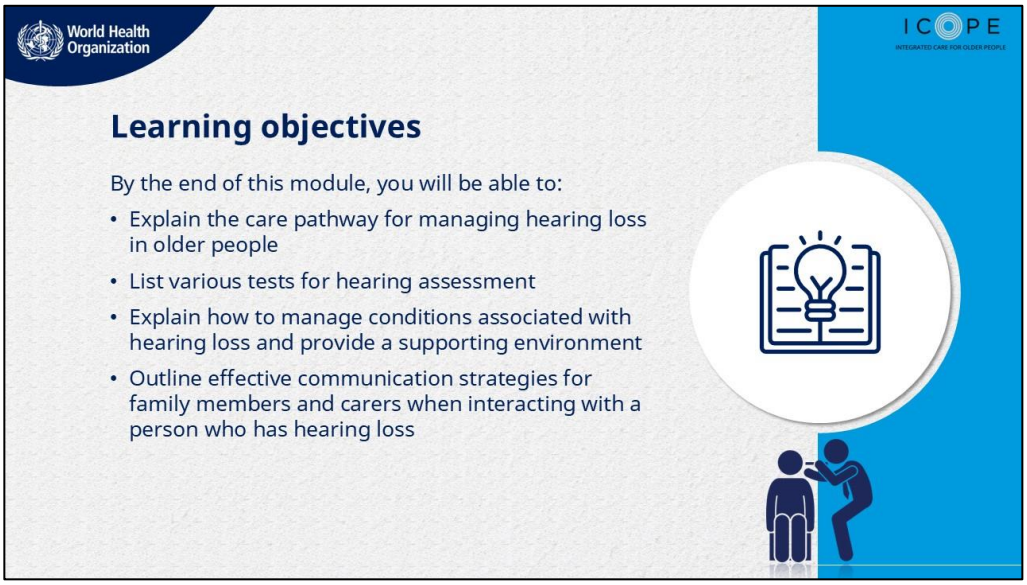
Assessing hearing is crucial for monitoring older people's health and social care needs. This session will take approximately 10 minutes.

You will find more details on this topic in Chapter 9 of the ICOPE handbook.

Let us get started.

Learning objectives

Show: Slide 2



Say:

Let us review the learning objectives for this module on hearing. By the end of this module, you will be able to:

- Explain the care pathway for managing hearing loss in older people
- List various tests for hearing assessment
- Explain how to manage conditions associated with hearing loss and provide a supporting environment
- Outline effective communication strategies for family members and carers when interacting with a person who has hearing loss

These objectives will guide our discussion and help us focus on key areas to support hearing health in older people.

Understanding hearing loss

Ask:

Let us start with a quick question: How many of you know someone who has experienced hearing loss as they have aged?

Show: Slide 3

Say:

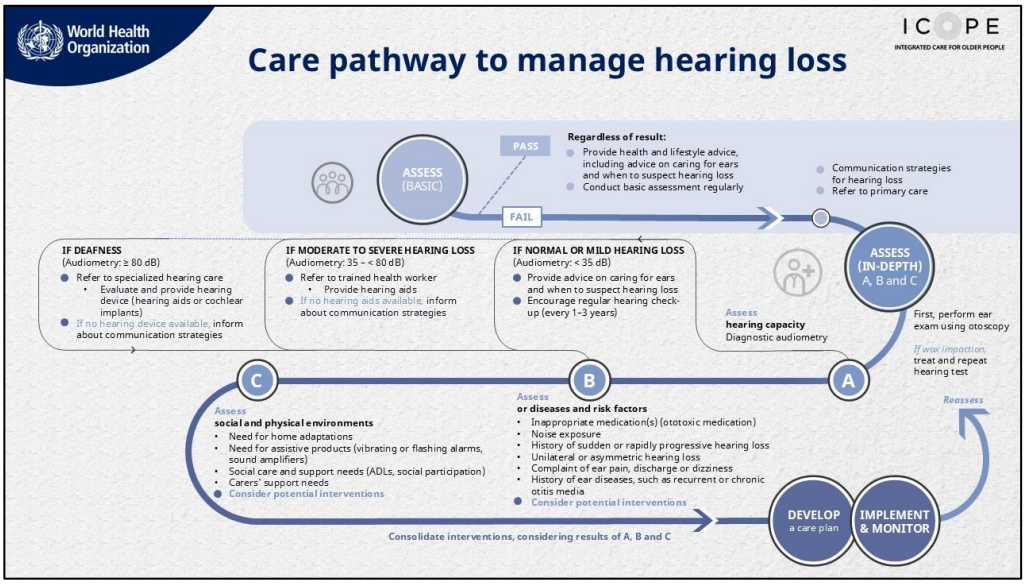
Hearing impairment is one of the most common sensory loss in older people, which often goes untreated. When hearing loss is not addressed, it can severely interfere with communication, leading to social isolation and loneliness.

Beyond communication difficulties, untreated hearing impairment can be associated with various other health issues, such as cognitive impairment, depression, anxiety and even balance disorders. These associations increase the risk of adverse events for older people, such as those due to misunderstandings in the care prescriptions or limited adherence to interventions.

Today, we will explore the impacts of hearing loss, discuss the importance of early detection and review strategies for effective intervention.

Care pathway to manage hearing loss

Show: Slide 4



Say:

Let us explore the care pathway for managing hearing loss.

The pathway begins with the ICOPE basic assessment, which is conducted at the first contact with the older person. Simple screening questions or tools can be used to identify individuals who may be experiencing hearing difficulties. This step is essential for early detection, particularly in community or primary care settings.

If hearing loss is suspected following this first step, an in-depth assessment is recommended. First, it is important to perform an ear exam using otoscopy.

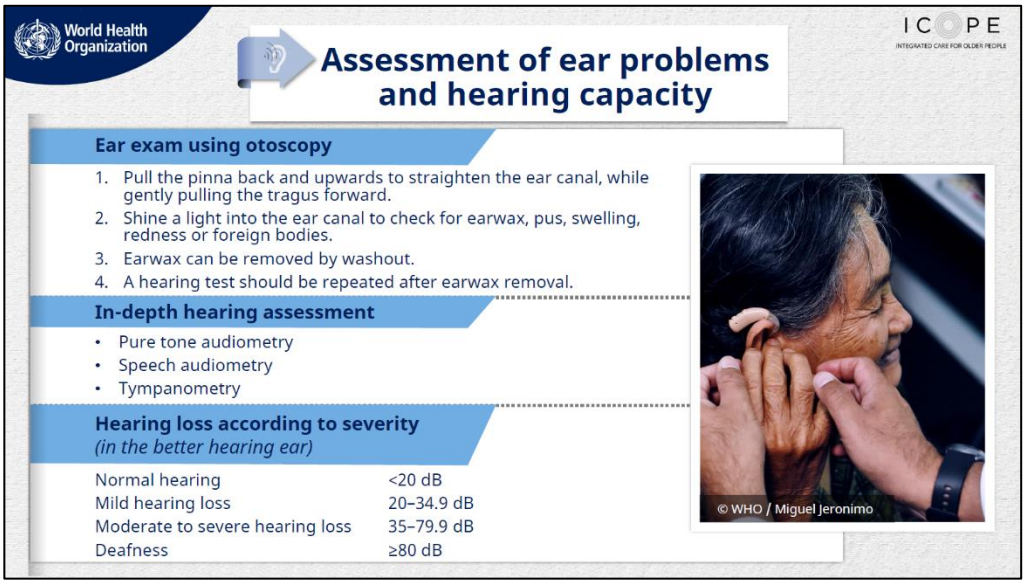
The in-depth assessment involves a detailed evaluation of hearing function to determine the type and severity of hearing loss and identify any underlying causes. According to the different levels of detected hearing loss, specific interventions will be considered, from advice and preventive strategies to the provision of hearing aids, information on communication strategies, and referral to specialized hearing care.

Aligned with the ICOPE generic care pathway, the in-depth assessment also includes the assessment of underlying diseases and risk factors, as well as the social and physical environment. It is thus important to assess whether the individual takes inappropriate medications, is exposed to noise, or presents potential "red flags" requiring urgent, specialized care. Potential needs to reduce social and physical barriers (e.g., home adaptations, assistive devices, social care and support, carer support) should be explored.

As is emphasized in other ICOPE care pathways, it is important to implement and monitor interventions. Regular follow-up and reassessments ensure that the care plan remains effective and responsive to the individual's changing needs.

Assessment of ear problems and hearing capacity

Show: Slide 5



Say:

To assess ear health and hearing capacity, an ear exam using otoscopy can be used. To conduct it, we need to gently pull the pinna back and upwards to straighten the ear canal while simultaneously pulling the tragus forward. We then shine a light into the canal, checking for earwax, pus, swelling, redness, or foreign bodies. If earwax is present, it can be gently washed out.

The hearing test should be conducted after earwax removal, as earwax can affect results.

In-depth hearing assessments, typically conducted by audiologists or ENT specialists, include:

- Pure tone audiometry for measuring hearing thresholds
- Speech audiometry for understanding speech at various volumes
- Tympanometry to evaluate middle ear and eardrum function

The slide also presents a classification of hearing loss severity based on the better-hearing ear's threshold. This classification helps determine appropriate interventions, from hearing aids to specialist referrals or rehabilitation services.

Health and lifestyle advice

Show: Slide 6

Say:

Now, let us explore some health and lifestyle advice to help preserve hearing capacity. There are general ear care recommendations suitable for all older people, such as:

- Clean only the outer ear with a soft cloth; never insert objects like cotton swabs into the ear canal.
- Avoid exposing your ears to contaminated water, as this can lead to infections.
- Refrain from sharing earphones or earplugs, since this can spread bacteria.
- Protect your ears from loud noises by using earplugs in noisy environments.
- Most importantly, get regular hearing check-ups and seek medical attention for any pain, discharge, or hearing difficulties.

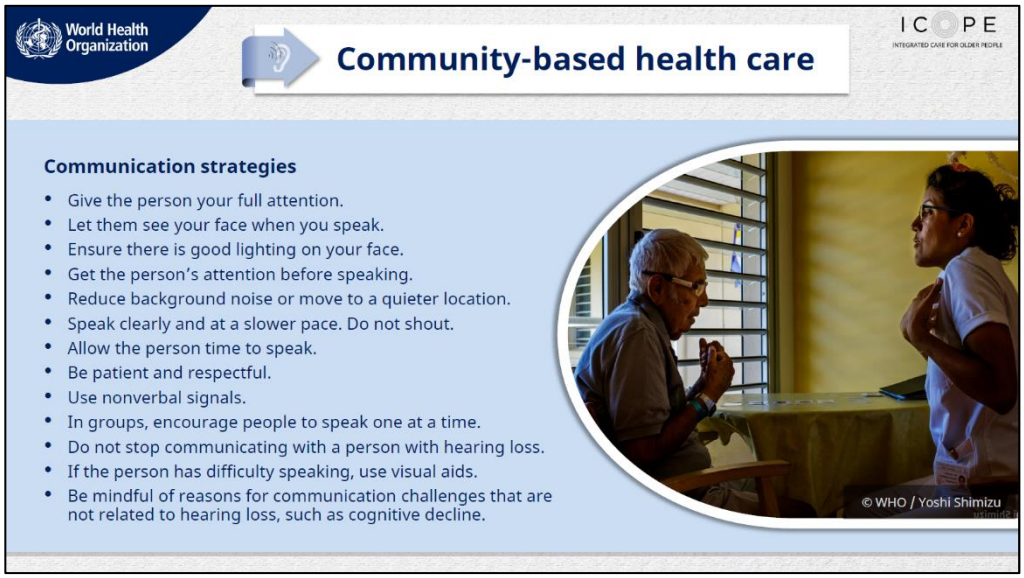
The slide also highlights several signs that may indicate hearing loss and suggest referral to a healthcare professional. These signs include:

- Frequently asking others to repeat themselves
- Increasing the volume on TVs or phones
- Struggling to follow conversations in noisy settings
- Having difficulty understanding phone calls
- Experiencing ringing in the ears (tinnitus)
- Missing everyday sounds like doorbells or alarms
- Being told you speak loudly without realizing it

These signs can be subtle and may be dismissed as a normal part of ageing. However, early recognition and intervention can make a significant difference.

Community-based health care

Show: Slide 7



Say:

This slide presents a set of practical communication strategies aimed at facilitating effective interactions with older people who may experience hearing loss or other communication challenges.

For efficient communication, presence and attention are critical. Always provide the person with your full attention and ensure they can see your face when you speak. Good lighting on your face enhances lip reading and helps with recognizing facial expressions.

Before speaking, it is beneficial to gain the person's attention; a gentle touch on the arm or calling their name can help prepare them to listen. Additionally, try to reduce background noise or move to a quieter space to minimize distractions.

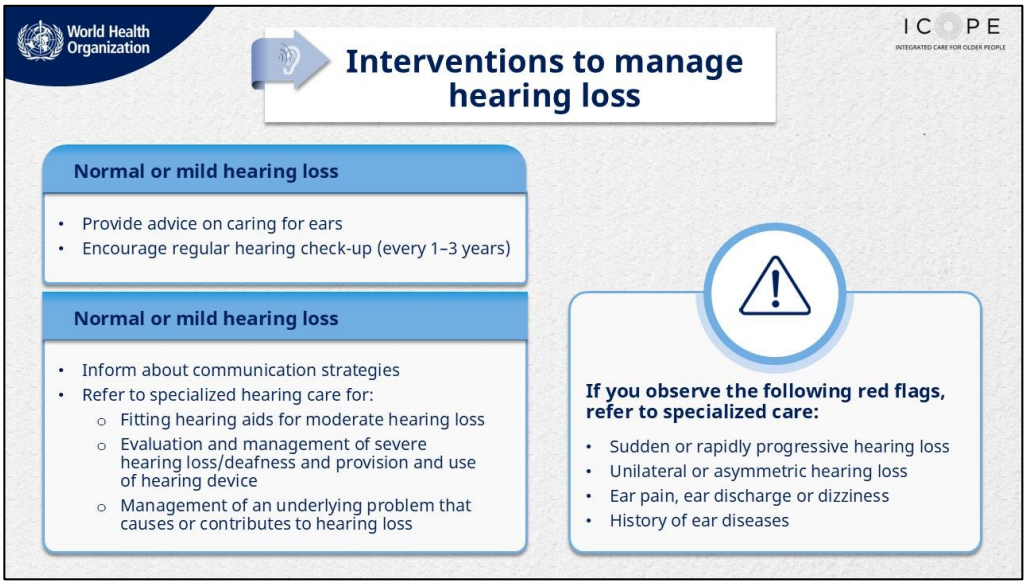
When speaking, use a clear and slower pace. Avoid shouting, as this can distort speech. Allow time for the individual to respond, and be patient and respectful throughout the conversation. Incorporating nonverbal signals, such as gestures or facial expressions, can also reinforce your message.

In group settings, encourage only one person to speak at a time to help those with hearing difficulties follow the conversation more easily. Importantly, never cease communication with someone simply because they have hearing loss. If they have trouble speaking, consider using visual aids or written communication.

Lastly, be aware that not all communication challenges stem from hearing loss. Cognitive decline, for example, may also affect how someone processes or expresses information.

Interventions to manage hearing loss

Show: Slide 8



Say:

What interventions can we consider for managing hearing loss?

Interventions should be defined based on the severity of the condition.

In individuals with normal or mild hearing loss, the emphasis should be on prevention and early detection. It is important to encourage regular hearing check-ups every 1 to 3 years, particularly for older people or those exposed to risk factors such as loud noises or ototoxic medications. Additionally, basic ear care advice should be provided, including the recommendation to avoid using cotton swabs inside the ear and to protect ears from loud sounds.

For older people with moderate to severe hearing loss or deafness, it is important to guide them toward appropriate specialized hearing care. Trained professionals can assess the degree of hearing loss, fit hearing aids for moderate hearing loss, and evaluate or manage severe hearing loss or deafness, including the provision and use of hearing devices. They can also identify and treat any underlying problems that may be contributing to the hearing loss.

Alongside referral, it is essential to inform individuals and their families about communication strategies. Speaking clearly, reducing background noise, using visual cues, or incorporating sign language or other supportive methods can make communication more effective and comfortable for the older person.

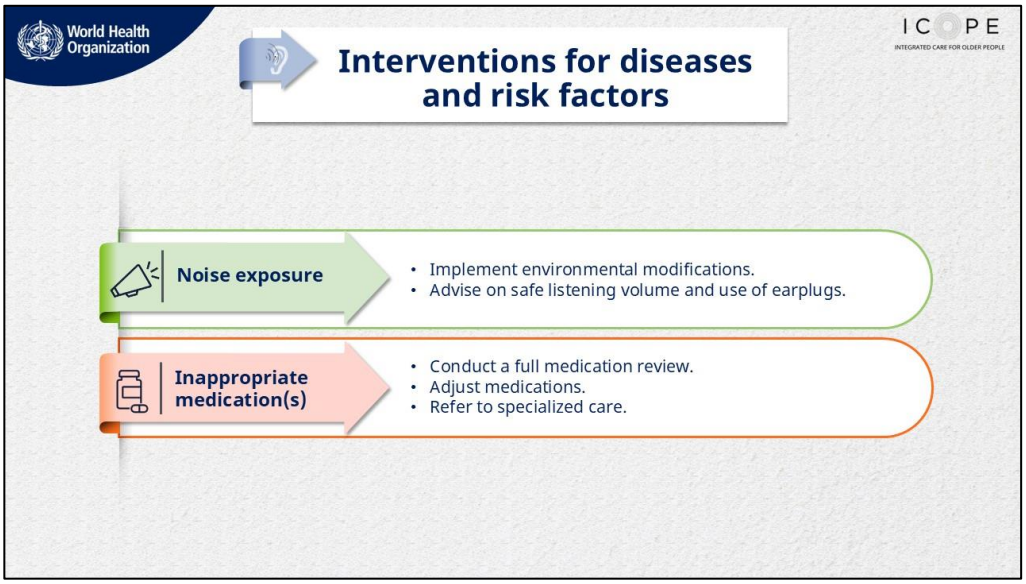
Be aware of red flags warranting urgent attention and referral to specialized settings:

- Sudden or rapidly progressive hearing loss
- Unilateral or asymmetric hearing loss

- Ear pain, discharge, or dizziness
- A history of ear diseases.

Interventions for diseases and risk factors

Show: Slide 9



Say:

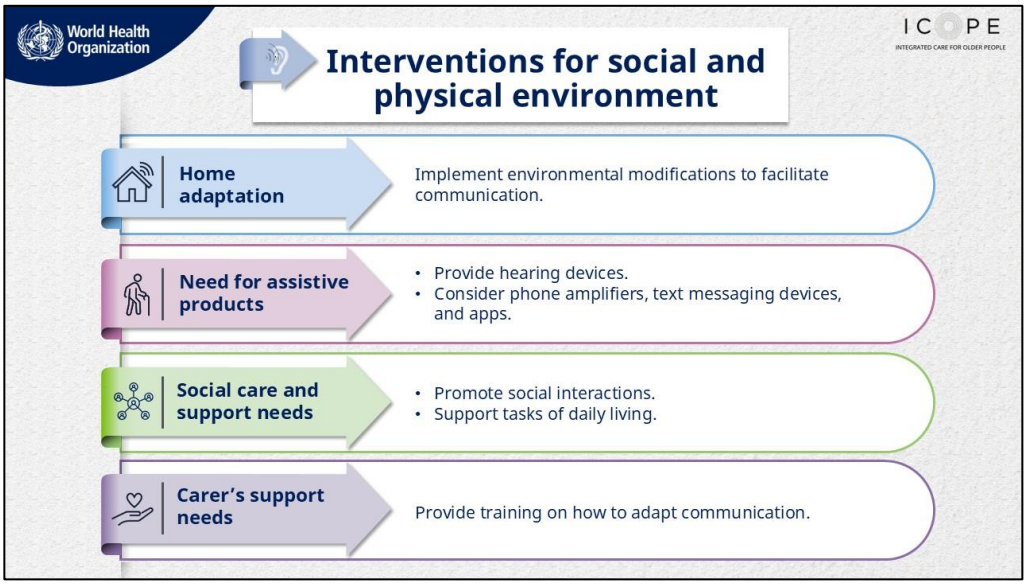
Always consider interventions that can address underlying diseases and risk factors potentially affecting hearing capacity.

First, it is crucial to consider noise exposure, a common yet often underestimated cause of hearing damage. Interventions in this area include modifying environments to reduce exposure to loud sounds, whether at home, in the workplace, or in the community. Individuals should also be advised on safe listening practices, such as keeping volume levels moderate when using headphones and wearing earplugs in noisy settings like concerts or construction zones.

Another critical issue involves the use of inappropriate medications. Certain medications, known as ototoxic drugs, can damage the inner ear and impair hearing. Therefore, a comprehensive medication review is essential. Adjustments to medications should be made as necessary, and in complex cases, referral to specialized care, such as a pharmacist or otolaryngologist, may be required.

Interventions for the social and physical environment

Show: Slide 10



Say:

Adaptation of both the physical environment and social support systems should be considered for individuals with hearing loss.

Home adaptations, such as improving lighting for lip reading, reducing background noise, and using visual alert systems (like flashing doorbells), can enhance accessibility and minimize frustration.

Assistive products are also key in managing hearing loss. Besides hearing aids, tools like phone amplifiers, text messaging devices, and specialized mobile apps can aid communication.

Addressing social care is essential, as hearing loss can lead to isolation. Promoting social interaction and assisting with daily tasks—such as organizing group activities in hearing-friendly environments—can help.

Finally, carers should receive training on effective communication strategies, such as speaking clearly and using gestures or written notes. This support not only improves communication but also strengthens the caregiver relationship.

Summary

Show: Slide 11

Do:

Go through the slides and recap the points discussed during the session.

Say:

To summarize this session, we have focused on practical approaches to reducing the impact of hearing loss in older people in primary care and in the community. We explained how to conduct an in-depth assessment of the older person with hearing loss, and indicated several interventions that can be considered. We highlighted the importance of ensuring that hearing devices are provided by trained health workers in line with local regulations. We also identified situations where specialist referral is required, including severe hearing loss or deafness, and the presence of red flags such as sudden or rapidly worsening hearing loss, unilateral or asymmetric loss, ear pain or discharge, dizziness, or a history of ear disease.

Finally, we emphasized the role of community support in addressing hearing loss.

Together, these actions help reduce barriers to communication, support early identification and referral, and improve the quality of life for older people with hearing loss.

References

Show: Slide 12

Say:

Here are some useful links and citations for your reference. Thank you for your time and participation.