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Prevalence of disabling hearing loss in the elderly

Introduction: Disabling hearing loss refers to hearing thresholds superior than 40 dB in the better ear in the adults. The main cause of hearing loss in the elderly is the age-related hearing loss, also called presbycusis. This type of hearing impairment occurs as individuals grow older and is usually sensorineural hearing disorder greater for high-pitched sounds and affects both ears equally. It is estimated that 466 million people worldwide have disabling hearing loss, one third of which are over 65 years old.

Objective: To analyze the prevalence of disabling hearing loss in the elderly of Juiz de Fora. Methods: Cross-sectional study with 122 patients. Pure tone audiometry was performed after meticulous physical examination of the external ear.

Results: Out of 122 older adults, 85 (69,6%) presented disabling hearing loss.

Conclusion: Hearing loss, specially disabling hearing loss, is a frequent condition in the elderly and has a big impact on their quality of life. For that it should be promptly diagnosed so treatment can be initiated.

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Feasibility study on the evaluation of the effect of narrow-band CE-Chirp ASSR in the hearing field after hearing aid in hearing-impaired children

Objective Study: Whether the narrow-band CE-Chirp ASSR test in the sound field is an objective evaluation method for the hearing aid compensation effect, and whether there is a difference in children with different hearing loss levels.

Methods: 39 children (67 ears) wearing full digital hearing aids with good rehabilitation effect and ability to cooperate with behavioral audiometry were selected. The narrow-band CE-Chirp ASSR test group in the sound field was set as the experimental group, and the sound field behavioral audiometry after hearing aid was set as the control group. According to the degree of hearing loss, it was divided into moderate hearing loss group, severe hearing loss group and extremely severe hearing loss group. The difference between test results of experimental group and control group was compared.

Results: There were no significant differences between the experimental group and the control group in the moderate hearing loss group and the extremely severe hearing loss group at 0.5, 1, 2, and 4kHz ($P > 0.05$). The results of the experimental group and the control group in the severe hearing loss group, There was no significant difference at 0.5, 1, 2kHz ($P > 0.05$), there was a significant difference at 4kHz ($P < 0.05$), and the mean difference was - 6.4dB HL. When the degree of hearing loss was not grouped, there was no significant difference between the experimental group and the control group at 0.5, 1, 2kHz ($P > 0.05$), 4kHz was significantly different ($P < 0.05$), and the mean difference was -3.2dB HL.

Conclusion: It is clinically feasible to evaluate the hearing aid compensation effect of the narrow-band CE-Chirp ASSR in the hearing-impaired children. The grouping according to the degree of hearing loss can be more accurate in evaluating the hearing aid compensation effect. The narrow-band CE-Chirp in the sound field of children with moderate and very severe hearing loss ASSR results can be directly used to assess the hearing aid compensation effect, while children with severe hearing loss need to apply correction values at 4kHz.

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Topical Management of chronic rhinosinusitis - A literature review

Chronic rhinosinusitis (CRS) is an inflammatory condition involving nasal passages and the paranasal sinuses for 12 weeks or longer [1]. It can be subdivided into three types: CRS with nasal polyposis (CRS with NP), CRS without nasal polyposis (CRS without NP), and Allergic fungal rhinosinusitis (AFRS). To diagnose CRS we require at least two of four of its cardinal signs/symptoms (nasal obstruction, mucopurulent discharge, facial pain/pressure, and decreased sense of smell). In addition, direct visualization or imaging for objective documentation of mucosal inflammation is required. CRS therapy is aimed to reduce its symptoms and improve quality of life as it cannot be cured in most patients. Thus, the goals of its therapy include the following: