



COGNITIVE DECLINE

Those with untreated hearing loss experience a 30-40% greater decline in thinking abilities compared to those without hearing loss.

TINNITUS

Tinnitus affects 1 in 5 people, and most often occurs when someone has hearing loss.



SAFETY & BALANCE

People with hearing loss are 2.4 times more likely to have a history of falling.

MENTAL HEALTH

Hearing loss increases a person's risk of developing psychological distress, loneliness, anxiety and depression.



HEART HEALTH

A history of heart disease and high blood pressure is associated with hearing loss.

EYE HEALTH

Decreased vision increases the difficulty in detecting the direction of sound for those with hearing loss, and can also make handling hearing aids more difficult.



OBESITY

Higher body mass index (BMI) and larger waist circumference are associated with increased risk of hearing loss, especially in women.

YOUR HEARING HEALTH IS IMPORTANT TO YOUR OVERALL BODY HEALTH

SMOKING

Smokers have a 70% higher risk of developing hearing loss than non-smokers.



OSTEOPOROSIS

Many studies have linked osteoporosis and hearing loss. Demineralisation of the three middle ear bones and cochlear may contribute to a conductive hearing impairment.

DIABETES

People who are pre-diabetic are more likely to have hearing loss in mid-life compared to those who are not.



ISOLATION

People with untreated hearing loss often avoid social situations, stay silent or become excluded from social events, leading to social and emotional isolation.

OTOTOXICITY

There are more than 700 medications on the market today that are toxic to ears and known to cause hearing loss.



Hear Well. Live Well.

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Sources: COGNITIVE DECLINE: Lin FR, et al., Hearing loss and cognitive decline in older adults. JAMA Internal Medicine. 2013;173(4):293-299. | TINNITUS: Shargorodsky J, et al. Prevalence and characteristics of tinnitus among US adults. The American Journal of Medicine. 2010;123:711-718. | MENTAL HEALTH: Lawrence BJ, et al. Hearing loss and depression in older adults: A systematic review and meta-analysis. The Gerontologist. 2020;60(3):e137-154. | EYE HEALTH: Vreeken HL et al. Dual sensory loss: A major age-related increase of comorbid hearing loss and hearing aid ownership in visually impaired adults. Geriatrics and Gerontology International. 2014;14(3):579-576. | SMOKING: Cruickshanks KJ, et al. Cigarette smoking and hearing loss: the Epidemiology of Hearing Loss Study. Journal of the American Medical Association. 1998;279(21):1715-1719. | HEART HEALTH: Tan HE, et al. Associations between cardiovascular disease and its risk factors with hearing loss—A cross-sectional analysis. Clinical Otolaryngology. 2018; 43(1):172-181. | DIABETES: Sommer J, et al. A population-based study of the association between dysglycemia and hearing loss in middle age. Diabetic Medicine. 2017;34(5): 683-690. | OTOTOXICITY: Lee CA, et al. Otolitic side effects of drugs. The Journal of Laryngology & Otology. 2005;119(4):267-271. | ISOLATION: Mick P, et al. The association between hearing loss and social isolation in older adults. Otolaryngology-Head and Neck Surgery. 2014;150(3):378-384. | OSTEOPOROSIS: Upalaab S, Rattanawong P, Vutthikraivit W, Sanguankeo A. Significant association between osteoporosis and hearing loss: a systematic review and meta-analysis. Brazilian Journal of Otorhinolaryngology. 2017; 83(6):646-652. | OBESITY: Dhanda N, Taheri S. A narrative review of obesity and hearing loss. International Journal of Obesity. 2017;41:1066-1073. | SAFETY AND BALANCE: Jiam NT-L et al. Hearing loss and falls: A systematic review and meta-analysis. The Laryngoscope. 2016;126(1):2587-2596.