

Our senses deteriorate with age, and age-related hearing loss normally starts at around 60 years of age. Hearing loss is caused by the loss of sensory cells in the cochlea, which is part of the inner ear. The sensory cells that receive high-frequency sounds deteriorate first. Hearing loss can reduce quality of life and contribute to social isolation, depression, loss of self-esteem, and even the development of dementia.

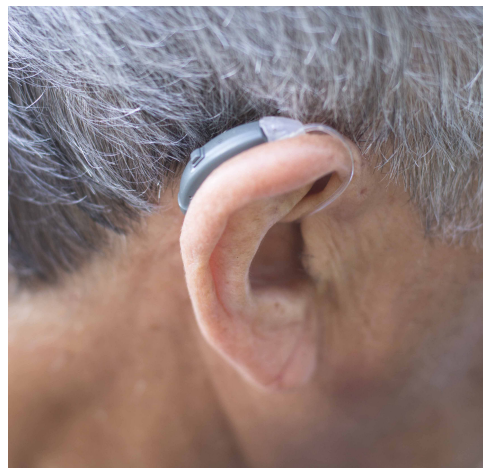
Background

Aids can compensate for loss of hearing and help to improve people’s quality of life. If hearing loss is suspected, it is important, particularly in the case of elderly people, to have their hearing tested so that necessary measures can be implemented.

Funding for hearing aids as assistive technology devices is a right under the National Insurance scheme that is administered by the Norwegian Labour and Welfare Administration (NAV), while fitting and follow-up are the responsibility of the specialist health service.

Hearing aids fitted in hospital or by a specialist (ENT specialist) in private practice under a public funding contract co-located with an audiologist in a private audiologist clinic are reported to the Norwegian Patient Registry (NPR), and these data form the basis for this analysis.

Activities at private audiologist clinics are not reported to NPR and are therefore not included in this analysis.



Results

In 2015, just over 17,000 elderly patients had a new hearing aid fitted. The proportion of women is 54%, and the average age is 82.8 years.

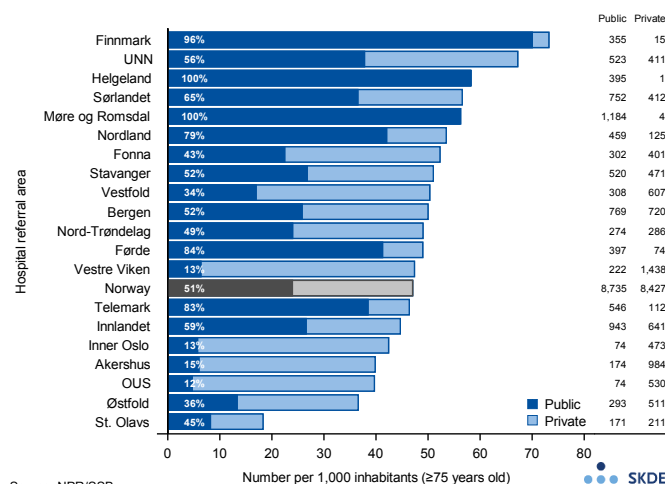
Four times as many residents of Finnmark hospital referral area have hearing aids fitted as residents of the St. Olavs area. If we choose to disregard St. Olavs, which has significant, but unknown, privately funded use, nearly twice as many residents in Finnmark have hearing aids fitted as in Østfold.

Comments

About half of the patients are served by public hospitals and half by specialists in private practice under public funding contracts. There is great variation between hospital referral areas in terms of whether the fitting of hearing aids is carried out by the public or private sector. Patients in the South-Eastern Norway RHA region mostly have their hearing aids fitted by specialists in private practice under public funding contracts.

Private audiologist clinics also fit hearing aids, but these activities are not reported to NPR. The number of private audiologist clinics is highest in St. Olavs hospital referral area, which can partly explain the low number in this area. If we choose to disregard St. Olavs hospital referral area due to the uncertainty associated with the number of hearing aids fitted by private audiologist clinics, twice as many elderly patients in the Finnmark area have hearing aids fitted as in the Østfold area. Even when the St. Olavs area is excluded, the variation in hearing aid fittings is greater than can be explained by random variation, and can be characterised as moderate.

Patients who have hearing aids fitted at private audiologist clinics will have the cost of the actual hearing aid reimbursed just like patients who have their hearing aids fitted at public hospitals or by specialists in private practice under public funding contracts, but they must cover the full costs of fitting and follow-up (starting at approx. NOK 4,000) themselves. This means that these patients have to pay more for the service than patients who have their hearing aids fitted at public hospitals or by specialists in private practice under public funding contracts.



Source: NPR/SSB

Hearing aids, number of patients per 1,000 population, adjusted for gender and age. Broken down by public and private service providers, number of publ. and priv.