

Hearing health of the elderly in the Basic Attention.

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Abstract

The amount of elderly people who reported having some difficulty hearing according to the last Census in 2010 exceeds 21,6% (9.717.328 individuals). The impact of a hearing loss resulting from the aging process may prevent the elderly from fully exercising their daily living activities, their autonomy, the ability to communicate, it also affects family and social relationships and can lead to isolation. The purpose of this study was to discuss hearing health in the face of aging in Primary Care. It was an action research with quanti-qualitative analysis. The sample consisted of elderly individuals, users of a health center, in the city of Campinas-SP. The instruments used in the research were 3 questionnaires. In addition, the elderly underwent inspection of the external acoustic meatus - meatoscopy and the holding of five group meetings to discuss topics related to hearing. Twelve elderly people participated in the study. The ages ranged from 61 to 78 years old. One subject was referred for auditory evaluation following the flow of the auditory health network of the township and two for removal of wax stopper in the care unit. There was evolution in the medical records of all the subjects who participated in the research. Five 30-minute meetings were proposed and held, with specific themes at each meeting. The questionnaires used enabled the referrals to other services. It was possible to sensitize the family health team about how hearing corroborates the quality of life of the elderly people.

Key words:

elderly, primary health care, hearing.

Introduction

The ageing population involves changes in the health of individuals and commitment of biopsychosocial functions¹. The amount of elderly people who reported having some difficulty hearing according to the last Census in 2010 exceeds 21,6% (9.717.328 individuals)². Hearing loss in the elderly, presbycusis, compromise your ability to communicate it also affects family and social relationships and can lead to isolation³. It is up to the speech therapist diagnose environmental problems and detect changes, develop promotional activities and health protection in general [...] organize groups of health prevention and promotion (newborns, elderly, children) [...]⁴. The speech therapist committed to public health, seeks to qualify their attendances, in your family health teams showing the importance of your performance⁵. The purpose of this study was to discuss hearing health in the face of aging in Primary Care.

Results and Discussion

It was an action research with quanti-qualitative analysis. The sample consisted of elderly individuals, users of a health center, in the city of Campinas-SP. It was used an album made by the researchers with images of parts of the ear, hearing and operation models of hearing aids, as well as in addition to the proposed questionnaires: Questionnaire with hearing issues contained in the Project Saúde, Bem Estar e Envelhecimento (SABE); Three survey questions only about self referred to hearing loss in adults, validated by Ferrite et al. (2011); Escala Visual Analógica (EVA) for the subjects who reported tinnitus. The research was approved by the CEP/FCM by the number 1.720.703. Twelve elderly people participated in the study, 11 women (91,7%) and a man (8,3%). The ages ranged from 61 to 78 years old, with an average age of 67,7 years. When evaluating the answers we find subject referring to hearing good or excellent, in the SABE, however, also refer to difficulty talking on the phone. Five 30-minute meetings were proposed and held, with specific themes at each meeting. The subjects who reported hearing reduction,

greater note in the scale EVA and/or some found in meatoscopy were referred to hearing evaluation and/or doctor. One subject was referred for auditory evaluation following the flow of the auditory health network of the township and two for removal of wax stopper in the care unit. Wow to perform the questions about hearing directly interferes in the responses of the subject. To put examples of day-to-day respondents responded differently and there is greater understanding of the subject.

Conclusions

Was possible guided the subject hearing health in the elderly and there was active participation of these. The questionnaires used enabled the referrals to other services. It was possible to sensitize the family health team about how hearing corroborates the quality of life of the elderly people.

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¹Mondelli, M. F. C. G.; Souza, P. J. S. Quality of life in elderly adults before and after hearing aid fitting. *Braz. j. otorhinolaryngol.*, São Paulo, v. 78, n. 3. 2012, p. 49-56.

²Brazil. Secretariat of Human Rights of the Presidency of the Republic (SDH/PR). National Secretariat of Promotion of the Rights of Person with Disabilities (SNPD). *Live without Limit – National Plan on the Rights of the Disabled Person*. Brasília, 2013. 177p.

³Netto, A. J. Psychosocial aspects of aging. In: Russo, I. P. *Speech therapy intervention in old age*. Rio de Janeiro: Bookstore Revinter LTDA; 1999. p. 13-24.

⁴Lipay, M. S.; Almeida, E. C. Speech therapy and your inclusion in public health. *J. Med. Scien.*, Campinas, 2007, 16(1):31-41.

⁵Penteado, R. Z.; Servilha, E. A. Speech therapy in public health/collective: understanding prevention and health promotion paradigm. *Communication Disorders*. São Paulo, abril /2004.