

## Major Causes and Management of Hearing Aid Device

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### DESCRIPTION

Partial or complete hearing loss results in losing the ability to hear. Hearing loss can develop later in life or be present at birth. One or both ears may experience hearing loss. Hearing issues in adults can make it difficult to communicate socially and at work, just as they can hinder children's ability to learn spoken language. Both temporary and permanent hearing loss is possible. Due to the loss of cochlear hair cells, hearing loss associated with ageing typically affects both ears. Hearing loss can make some people feel lonely, especially older people.

### Management

Corticosteroids may be used to treat sudden hearing loss brought on by a nagging nerve condition. The majority of hearing loss, including that brought on by ageing and noise, is progressive and irreversible, and neither licenced nor advised treatments exist at this time. here are several specific types of hearing loss that can be treated surgically. In other situations, underlying diseases are treated, but any resulting hearing loss may be irreversible. Hearing aids, cochlear implants, middle ear implants, assistive technology, and closed captioning are a few management choices. This decision is influenced by the type, severity, and personal preferences of the hearing loss. Applications for hearing aids are one of the alternatives for managing hearing loss. It is unclear whether bilateral hearing aids (hearing aids in both ears) are preferable to a unilateral hearing aid for patients with bilateral hearing loss (hearing aid in one ear).

### Causes

Ageing, genetics, prenatal issues, and acquired causes including noise and disease are just a few of the many factors that contribute to hearing loss. The underlying cause of several types of hearing loss may be deemed unknown. Presbycusis, a progressive loss of high frequency hearing with age, is common. This can begin for men as early as 25 and for women at 30. It is a

typical side effect of ageing and is distinct from hearing impairments brought on by noise exposure, chemicals, or disease agents, despite being genetically varied. High blood pressure, diabetes, and the use of certain ear-harming drugs are common factors that can raise an aged person's risk of hearing loss. Although everyone loses hearing as they age, the degree and nature of the loss might vary.

The most common symptom of noise-induced hearing loss (NIHL), also known as acoustic trauma, is an increase in hearing thresholds (i.e. less sensitivity or muting). Approximately 50% of cases of hearing loss are brought on by noise exposure, which affects 5% of the world's population in some way. The main cause of hearing loss is noise exposure, not ageing. Noise standards are established by numerous governmental, commercial, and standards bodies. Many people are not aware of the dangers of ambient sound or the decibel level at which it becomes dangerous. Car stereos are a common source of loud noise that can be harmful.

The danger of noise harm must be evaluated by taking into account all potential sources of damage. 12.5% of children in the US between the ages of 6 and 19 have permanent hearing loss as a result of exposure to loud noises. According to the World Health Organization, using loud personal audio devices puts half of people between the ages of 12 and 35 at danger. Adolescents' hearing loss may be brought on by loud toys, headphone music, concerts, or other events.

Hearing loss may run in families. Seventy-five to eighty percent of all these cases are inherited by recessive genes, twenty to twenty-five percent by dominant genes, one to two percent by X-linked patterns, and less than one percent by mitochondrial inheritance. When a person has Usher syndrome, Stickler syndrome, Waardenburg syndrome, Alport's syndrome, or neurofibromatosis type 2 in addition to deafness, it is said to have syndromic deafness. When a person has nonsyndromic deafness, there are no additional symptoms or health issues connected to their deafness.

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