



Published in final edited form as:

Arch Intern Med. 2011 November 14; 171(20): 1851–1852. doi:10.1001/archinternmed.2011.506.

Hearing Loss Prevalence in the United States

Frank R. Lin, MD, PhD^{1,2}, John K. Niparko, MD¹, and Luigi Ferrucci, MD, PhD³

¹Department of Otolaryngology-Head & Neck Surgery, Johns Hopkins School of Medicine, Baltimore, Maryland ²Center on Aging and Health, Johns Hopkins Medical Institutions, Baltimore, Maryland ³Longitudinal Studies Section, Clinical Research Branch, National Institute on Aging, Baltimore, Maryland

To the Editor

The prevalence of hearing loss in the U.S. population has been estimated from self-reported data¹ or in age-restricted cohorts². These estimates may not accurately reflect the true burden of hearing loss in the U.S. We estimated the overall prevalence of audiometric hearing loss among all individuals in the U.S. 12 years using data from a nationally-representative dataset and with a definition of hearing loss recommended by the World Health Organization (WHO).

Methods

We analyzed data from the 2001–2008 cycles of the National Health and Nutritional Examination Surveys (NHANES), an ongoing epidemiological survey designed to assess the health and functional status of the civilian, non-institutionalized U.S. population³. Air-conduction pure tone audiometry was administered to all participants 12–19 years from 2005–8 (n=3143), a half sample of all participants 20–69 years from 2001–4 (n=3630), and all participants 70 years from 2005–6 (n=717). Audiometry was performed in a sound-attenuating booth according to established NHANES protocols. A speech-frequency pure-tone average (average of hearing thresholds at 0.5, 1, 2, and 4 kHz) of greater than 25 dB HL in both ears was defined as hearing loss per WHO criteria⁴, and this is the level at which hearing loss begins to impair communication in daily life. Hearing loss prevalence was estimated by age decade, sex, and the three largest categories of race/ethnicity (non-Hispanic white [white], non-Hispanic black [black], and Mexican-American or other Hispanic [Hispanic]). There were insufficient individuals from other racial/ethnic groups to derive reliable age-stratified estimates. However, individuals from all racial and ethnic categories were included in estimates of overall prevalence. U.S. population counts were estimated using the midpoint of population totals in each cycle and averaged across combined cycles when appropriate. We accounted for the complex sampling design in all analyses by using sample weights according to National Center for Health Statistics (NCHS) guidelines.

Results

We estimate that 30.0 million or 12.7% of Americans 12 years had bilateral hearing loss from 2001–2008, and this estimate increases to 48.1 million or 20.3% when also including

Address correspondence, reprint requests, and proofs to: Frank R. Lin, Johns Hopkins Center on Aging & Health, 2024 E. Monument St., Suite 2-700, Baltimore, MD 21205. Telephone: (443) 287-6509, Fax: (410) 502-6713, flin1@jhmi.edu.

Financial disclosures: None

individuals with unilateral hearing loss (Table). Overall, the prevalence of hearing loss increases with every age decade. The prevalence of hearing loss is lower in women than in men and black versus white individuals across nearly all age decades.

Comment

For individuals 12 years and older in the U.S., nearly 1 in 8 has bilateral hearing loss, and nearly 1 in 5 has a unilateral or bilateral hearing loss. These are the first national estimates of hearing loss in the U.S. population based on audiometric data and a large, well-characterized representative sample. Previous national estimates based on self-reported data¹ and age-restricted cohorts² have been lower, in a range of 21–29 million. Other estimates of hearing loss prevalence have come from population-based cohorts⁵ that are not representative of the U.S. population. While the overall risk of hearing loss may be decreasing over time^{6, 7}, the prevalence of hearing loss is expected to rise because of the aging of the population. Research is needed to understand the impact of hearing loss on cognition⁸ and other functional domains and the role of aural rehabilitative strategies in possibly mitigating these effects.

Acknowledgments

Author contributions: Dr. Lin had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Lin, Niparko, Ferrucci

Acquisition of data: Lin

Analysis and interpretation of data: Lin, Niparko, Ferrucci

Drafting of the manuscript: Lin

Critical revision of the manuscript for important intellectual content: Lin, Niparko, Ferrucci

Statistical analysis: Lin, Ferrucci

Obtained funding: Lin

Study supervision: Lin

Funding/Support: This work was supported by K23DC011279 from the National Institutes of Health.

Role of the Sponsor: The funding organization had no role in the design and conduct of the study; in the collection, analysis, and interpretation of the data; or in the preparation, review, or approval of the manuscript.

References

1. Ries PW. Prevalence and characteristics of persons with hearing trouble: United States, 1990–91. *Vital Health Stat.* Mar 10.1994 188:1–75.
2. Agrawal Y, Platz EA, Niparko JK. Prevalence of hearing loss and differences by demographic characteristics among US adults: data from the National Health and Nutrition Examination Survey, 1999–2004. *Arch Intern Med.* 2008; 168(14):1522–1530.
3. Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; <http://www.cdc.gov/nchs/nhanes.htm/>
4. World Health Organization Prevention of Blindness and Deafness (PBD) Program. Prevention of Deafness and Hearing Impaired Grades of Hearing Impairment. http://www.who.int/pbd/deafness/hearing_impairment_grades/en/index.html

Arch Intern Med. Author manuscript; available in PMC 2013 February 05.

5. Nash SD, Cruickshanks KJ, Klein R, et al. The Prevalence of Hearing Impairment and Associated Risk Factors: The Beaver Dam Offspring Study. *Arch Otolaryngol Head Neck Surg.* Feb.2011
6. Zhan W, Cruickshanks KJ, Klein BE, et al. Generational differences in the prevalence of hearing impairment in older adults. *Am J Epidemiol.* 2010; 171(2):260–266. [PubMed: 20008889]
7. Hoffman HJ, Dobie RA, Ko CW, Themann CL, Murphy WJ. Americans hear as well or better today compared with 40 years ago: hearing threshold levels in the unscreened adult population of the United States, 1959–1962 and 1999–2004. *Ear Hear.* Dec; 2010 31(6):725–734. [PubMed: 20683190]
8. Lin FR, Metter EJ, O'Brien RJ, Resnick SM, Zonderman AB, Ferrucci L. Hearing loss and incident dementia. *Arch Neurol.* Feb; 2011 68(2):214–220. [PubMed: 21320988]

Table

Prevalence and Number of Individuals in the United States with Hearing Loss, NHANES 2001–2008, n = 7490

| Age, years | Prevalence of Hearing Loss ^d > 25dB (Bilateral) % (95% CI) ^b | | | | | | Total | | Prevalence of Hearing Loss ^d > 25dB (Bilateral & Unilateral) % (95% CI) ^b | |
|--|--|------------------|-----------------------------|------------------|------------------|--------------------|------------------------------------|--------------------|---|--|
| | Sex | | Race/Ethnicity ^c | | | Overall Prevalence | Number with Hearing Loss, millions | Overall Prevalence | Number with Hearing Loss, millions | |
| | Female | Male | White | Black | Hispanic | | | | | |
| 12–19 | 0.42 (0–0.91) | 0.20 (0–0.41) | 0.26 (0–0.66) | 0.48 (0.11–0.85) | 0.43 (0.04–0.82) | 0.31 (0.04–0.57) | 0.10 | 2.3 (1.5–3.1) | 0.76 | |
| 20–29 | 0.35 (0–0.79) | 0.48 (0–1.4) | 0.43 (0–1.3) | 0.63 (0–1.9) | 0.35 (0–0.90) | 0.42 (0–0.97) | 0.16 | 3.2 (1.4–5.1) | 1.2 | |
| 30–39 | 0.79 (0–1.8) | 2.5 (0.14–4.9) | 1.8 (0–3.8) | 1.7 (0–3.9) | 1.6 (0.22–3.1) | 1.6 (0.23–3.1) | 0.68 | 5.4 (3.3–7.6) | 2.3 | |
| 40–49 | 4.5 (0.94–8.1) | 8.7 (5.0–12.4) | 7.4 (4.5–10.3) | 1.3 (0–3.3) | 7.3 (2.0–12.5) | 6.5 (4.1–8.8) | 2.8 | 12.9 (9.8–15.9) | 5.6 | |
| 50–59 | 6.1 (3.6–8.6) | 20.3 (14.5–26.2) | 14.5 (9.9–19.2) | 7.1 (3.0–11.2) | 13.8 (6.4–21.2) | 13.1 (9.4–16.8) | 4.4 | 28.5 (23.3–33.7) | 9.6 | |
| 60–69 | 16.8 (12.1–21.5) | 39.2 (31.7–46.8) | 26.6 (21.1–32.1) | 15.9 (9.8–22.1) | 28.9 (17.0–40.8) | 26.8 (22.3–31.4) | 5.7 | 44.9 (40.9–48.9) | 9.5 | |
| 70–79 | 48.5 (38.5–58.5) | 63.4 (56.2–70.5) | 55.8 (47.6–63.9) | 39.0 (26.2–51.7) | 66.8 (52.3–81.2) | 55.1 (48.0–62.2) | 8.8 | 68.1 (61.2–75.1) | 10.8 | |
| 80+ | 75.6 (69.7–81.5) | 84.6 (79.0–90.3) | 81.5 (78.5–84.5) | 54.8 (40.6–69.0) | 60.7 (34.8–86.6) | 79.1 (76.0–82.2) | 7.3 | 89.1 (86.1–92.0) | 8.3 | |
| Estimated Total Number of Individuals with Hearing Loss, millions | | | | | | 30.0 ^d | | 48.1 | | |

^aHearing defined by the average of hearing thresholds at 0.5, 1, 2, and 4 kHz tones presented by air-conduction.

^bAll values represent percent prevalence except for the column titled “Number with hearing loss, millions” which represents the number of prevalent cases.

^cPrevalence estimates by race/ethnicity are only presented for the three largest racial/ethnic groups. Individuals from all racial/ethnic groups are included in the overall prevalence.

^dNumbers do not sum to group total because of rounding.