



# Annual Health Check Information for GPs

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## Ear and Hearing Issues

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**Below is Down's syndrome specific information. The information is for GPs and is to be used alongside DSA's Adult Health Book.**

### **Sensory neural hearing loss - Early onset presbycusis**

Early onset age-related hearing loss (early onset presbycusis) is common in individuals with Down syndrome (DS) and easily overlooked. The hearing loss may start in early adulthood. A yearly hearing assessment will detect the onset of the hearing loss. Consideration should be given to provision of hearing aids when the hearing thresholds are significant enough to disrupt daily activity, for example repeated requests to turn up the volume on the TV, radio or personal audio devices or difficulty to hear in the presence of background noise.

### **Chronic ear perforations /discharge**

The majority of individuals with DS will have had otitis media with effusion (glue ear) in childhood which may have required treatment with ventilation tubes (grommets). In many the glue ear issues resolves in their adolescent years however in a small proportion of individuals resultant perforations of the ear drums may persist. Perforations may be difficult to detect. They may be dry and cause little problems apart from mild to moderate conductive hearing loss. However the perforations may become repeatedly infected resulting in an intermittent discharge or persistent discharge from the ear.

The ears of individuals with DS should be examined at the yearly health check for the evidence of perforations. If a perforation is noted this should be highlighted in the Health Book and the audiologist made aware of the perforation. The presence of a perforation may affect the type of hearing aid provided.

If the individual's ear has a discharge, this indicates the presence of an infection which should be managed. A culture swab should be taken before commencing treatment. It is best to prescribe a course of antibiotic ear drops which are not ototoxic for example Ciprofloxacin (eye) drops [sold in the UK as Ciloxan Eye Drops]. The drops could be combined with a course of oral antibiotics once

the swab culture result is known. If the discharge has not settled after two weeks of treatment, a referral to the local ENT department should be made.

## **Wax accumulation**

As a result of narrow external auditory canals which are associated with DS, wax accumulation can obstruct the ear canal. The build-up of wax can interfere with the function of hearing aids which will whistle from feedback. Regular dewaxing with a round ended probe or micro-forceps can keep the canal open. If facilities are not available in the GP practice then referral to the ENT department is required for micro scope dewaxing.

## **Hyperacusis**

Hyperacusis is an increased sensitivity to sounds. It means that individuals may feel pain or discomfort when they hear sounds that most people are able to tolerate. Hyperacusis is more prevalent in individuals with DS. It may affect individuals in different ways for example refusal to go to large indoor areas e.g. shopping centres or hyperacusis to certain sounds for instance rattle of cutlery. Hyperacusis may be difficult to manage in individuals with DS. A referral to a specialist in audiological medicine or local audiology department is recommended. They will try to determine a cause for the hyperacusis, and advice on the most appropriate treatment. The individual may need specialised advice on how to manage their hyperacusis – this will usually come from a hearing therapist or specialised audiologist. A clinical psychologist or behavioural therapist may be needed to help manage anxiety, phobia, stress and avoidance that are associated with hyperacusis and can make it worse. Auditory desensitisation and behaviour modification programme may need to be instituted to help the individual.

## **Further information**

Action on Hearing Loss | Ears and ear health

<https://www.actiononhearingloss.org.uk/supporting-you/factsheets-and-leaflets/ears-and-ear-health.aspx>

## **Balance**

Balance problems are not common but enquiry should be made. Individuals with DS may suffer from any of the balance disorders of the typical population.

## **Recommendations**

Inspection of the ears at the annual health check  
Annual Hearing assessment by audiologist  
Individualise follow-up if a hearing or ear related problem is found  
Referral to ENT department if  
(a) persistent hearing problems reported, (b) recurrent or persistent ear discharge is present.

## **Further information**

Action on Hearing Loss | [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

**The Down's Syndrome Association (DSA)** is the only organisation in England, Wales and Northern Ireland which supports people with Down's syndrome at every stage of life.

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