People with Down’s syndrome should have regular hearing tests.

People with Down’s syndrome are particularly prone to problems with their ears and hearing. These range from treatable problems such as wax occlusion or middle ear fluid, to early onset of permanent hearing loss. It is important that this group have access to good quality Audiology and Ear, Nose and Throat services, who can provide monitoring, treatment and management.

Audiology departments should monitor the hearing of children with Down’s syndrome on at least an annual basis. The Royal College of General Practitioners advise referral to Audiology every two years for adults with Down’s syndrome over the age of 30.

Depending on the cause of the hearing loss, medical management may be suitable. Hearing aids are an excellent option for many people with Down’s syndrome and hearing loss.

Know your local referral pathways

There are several ways to refer an individual for a hearing test and local areas may have different pathways. In some areas there is an initiative called ‘Any Qualified Provider’ (AQP), which allows NHS hearing aid services to be provided in community locations and on the high street. AQP is for adults aged over 55 years with age related hearing loss. AQP providers offer routine hearing assessment pathways. Though some adults with learning disabilities may be successfully assessed on such a pathway, many individuals will not and it is the responsibility of the referrer to ensure an appropriate pathway is chosen.

If an AQP pathway is not appropriate, the individual should be referred via a non-AQP pathway; usually hospital based. Such pathways are open to adults of any age. Some hospitals accept non-AQP referrals directly to Audiology and have specialised clinics for people with learning disabilities or other complex needs. Others do not have specialised clinics, do not have Audiology direct referral and require the individual to be referred to an Ear, Nose and Throat Department first. I am part of a group of professionals who are writing guidelines for the audiological management of people with learning disabilities and we will be advocating for specialised services in Audiology.
If you are unsure, it is worth contacting your local Audiology department to ask about referral pathways and services available. Some services accept paper referrals, others use an electronic system called Choose and Book, where an individual can choose the provider they wish to be referred to.

Generally speaking, if there are hearing concerns only, a referral to Audiology is most appropriate. If there are medical concerns regarding the ears (nose or throat) such as pain or infections, then a referral should be made to ENT. Within a hospital, there should be good communication between the two departments and it should be possible for referrals to pass between them.

Maximise the impact of the annual health check

Annual health checks were first recommended in 2006 by the Disability Rights Commission, to reduce the health inequities faced by people with learning disabilities. However, concerns have been raised by Mencap and others over their coverage and consistency.

Although hearing issues are covered in the health check, a piece of research I completed suggested that this is not adequate for hearing.

What were the issues?

- The prevalence of hearing loss was significantly underestimated.
- The levels of known hearing loss were much lower than expected.
- GPs and practice nurses over-emphasised wax as a cause of hearing loss and did not consider sensorineural hearing loss.
- Professionals were unsure how to ask about hearing concerns.
- Even if a hearing loss was suspected, negative value judgements were made about the worth of a referral to Audiology.

What needs to be done?

Improved communication between professional groups is important. In our local area we have a multidisciplinary team for Ears and Hearing to raise awareness and share good practice.

It is important to be aware that adults with learning disabilities can have their hearing assessed successfully and can be excellent hearing aid users.

Misconceptions and assumptions should not be a barrier to referral.

Improved hearing can change a person’s quality of life dramatically.