



**HEARING IN SOUTH AUSTRALIA :
DISABILITY, IMPAIRMENT AND QUALITY-OF-LIFE**

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TABLE OF CONTENTS

LIST OF APPENDICES	6
LIST OF FIGURES	7
LIST OF TABLES	8
ABSTRACT	10
STATEMENT	12
ACKNOWLEDGMENTS	13
1. BACKGROUND TO THE STUDY	15
2. INTRODUCTION AND SCOPE OF THE STUDY	19
2.1 Assessment of the Prevalence of Hearing Disability and Impairment In Australian and Other Populations	20
2.2 The Need for an Epidemiological Approach to Measuring Hearing Impairment	24
2.3 Impact and Severity of Hearing Impairment	26
2.4 The Notion of Severity	28
2.5 Functional Limitations of Hearing Impairment	33
2.6 Summary and Research Objectives	41
3. QUALITY-OF-LIFE	42
3.1 Quality-of-Life: The Concept	43
3.2 Approaches To Measuring Quality-of-Life	44
3.3 Quality-of-Life and Hearing Impairment	47
3.4 Choosing a Quality-of-Life Instrument	50
3.5 Hearing Studies That Have Used Quality-of-Life Measures	53
3.6 Other Australian Studies That Have Used Quality-of-Life Measures	56
4. STUDY METHOD	61
4.1 The Health Omnibus Survey	62
4.2 Survey Method	63
4.3 Sample Selection	65
4.4 Sample Size Calculations	68
4.5 Data Collection	74
4.6 Variables in the Self-Completion Questionnaire	76

4.7 Audiological Methods	79
4.8 Equipment	81
4.9 Ethics Approval	81
4.10 Re-weighting of the hearing data set	81
4.11 Variance Estimation	85
5. STUDY RESULTS	88
5.1 Introduction	89
5.2 Prevalence of Hearing Impairment	90
5.3 Comparison of descriptive characteristics of the Hearing Impaired and Non-impaired	97
5.4 Results	98
5.5 Discussion	99
6. LEVEL OF AGREEMENT BETWEEN REPORTED HEARING DISABILITY AND MEASURED HEARING IMPAIRMENT	110
6.1 Introduction	111
6.2 Method	111
6.3 Descriptive Study Method	115
6.4 Results	117
6.5 Discussion	121
7. QUALITY-OF-LIFE ANALYSES	124
7.1 Introduction	125
7.2 The SF-36 Health Survey Questionnaire	125
7.3 Method	129
7.4 Results	134
7.5 Discussion	144
7.6 Postscript to Chapter 7	152
8. CONCLUSIONS & RECOMMENDATIONS	155
APPENDICES	162
BIBLIOGRAPHY	199

ABSTRACT

Hearing is a function at the very core of human existence affecting our ability to communicate with and relate to others. Despite this importance, and the potential affect that hearing impairment may have on people's lives, we know very little about hearing ability for the Australian population. To date there have been few well designed population studies and none that have assessed hearing threshold levels, and related disability and impairment, from a representative population sample. This study reports on the prevalence of hearing impairment and the quality-of-life of hearing impaired adults in South Australia. The study group comprised of a representative population sample of n=926 South Australians aged 15 years or older who were recruited to an audiological study through the South Australian Health Omnibus Survey. Hearing threshold levels (0.5, 1, 2, 4, 6 & 8 kHz) were established for the sample by a team of audiologists. Hearing impairment was measured at ≥ 21 dBHTL and ≥ 25 dBHTL averaged across the frequencies 0.5, 1, 2, 4kHz. The first of these levels is the level conventionally used by South Australian audiologists to report a hearing impairment. The second level conforms with that used to report the prevalence of hearing impairment in the Medical Research Council's Institute of Hearing Research's National Study of Hearing in the United Kingdom and provides a useful reference point for the South Australian study. At this second level the prevalence of hearing impairment in South Australia was found to be 22.2%. This compares with 26.1% for the British population using the same criteria.

Previous estimates of hearing ability in Australia have largely been based on self-reported disability. A second dimension of the study was, therefore, to compare measured hearing threshold levels of hearing impairment with self-reported prevalence estimates of hearing disability. The level of agreement between the two estimates of prevalence was declared to be slight. This finding seriously questions the value of previous Australian hearing studies based on self-report.

The study also measured the quality-of-life of the hearing impaired across the eight health dimensions of the SF-36 (short form) questionnaire. The quality-of-life scores for the hearing impaired were compared firstly, with the quality-of-life scores for people suffering other chronic conditions (asthma and diabetes). A second comparison was made with a control group who reported none of the chronic diseases and had hearing levels within the normal range, and a third comparison was made with the quality-of-life

population norms for the South Australian population. The results of the study show that the severe hearing impaired group had quality-of-life scores below that of the control group and the norm for the population. In addition, a mild/moderate hearing impaired group who believed their hearing was worse than their measured threshold level had one of the lowest quality-of-life scores of any hearing impaired group on the summary physical health scale. The impact on the quality-of-life of this mild/moderately impaired group compared with that of the asthma group on the quality-of-life physical summary dimension. These findings are of considerable interest given that hearing impairment has a very low public health priority in Australia, compared with other chronic diseases, and that few resources are available to deal with the rehabilitative needs of a large segment of the population.