

## Landmark International Consensus Paper Published on Cochlear Implant Treatment for Adult Hearing Loss

- The world's first *International Consensus Paper on Adult Cochlear Implantation* was published on 26<sup>th</sup> August in *JAMA Otolaryngology* recommends “minimum international standards of care for cochlear implantation,” including diagnosis, referral, treatment and aftercare for adults living with severe to profound sensorineural hearing loss<sup>1</sup>.
- A global panel of 31 leading ear, nose and throat surgeons and audiologists, and seven international consumer and professional advocacy organizations, call for improved standards in adult hearing care.
- EURO-CIU works to raise awareness of hearing loss as a serious public health issue and advocates for better access to cochlear implant treatment.

**Luxembourg, Europe – September 1th, 2020:** The world's first *International Consensus Paper on Adult Cochlear Implantation* discusses treatment for adults living with severe to profound sensorineural hearing loss was published today in *JAMA Otolaryngology*.<sup>2</sup> The paper was authored by 31 hearing experts on cochlear implant treatment. The work of the authors was assisted by a Consumer and Professional Advocacy Committee (CAPAC) of international cochlear implant user and professional advocacy organizations to ensure the voice of users and those who might benefit from cochlear implants was heard throughout the process.

According to EURO-CIU, the publication is a major step forward in clarifying when cochlear implants are a treatment option for adults in Europe. This publication is an authoritative call to government policymakers, funding bodies and health professionals to understand the importance of providing accurate information, referral pathways and access to cochlear implant treatment for adults whose lives could be transformed. The Consensus Paper can also empower consumers, providing them with the right questions to ask their health care practitioners, when they are not getting information about treatment options that could help them.

According to the World Health Organization (WHO), disabling hearing loss prevalence is on the rise with aging populations a major cause. Yet in Europe, most adults do not have their hearing assessed as part of regular health checks. Of those who receive hearing checks and are diagnosed with severe to profound hearing loss (hearing loss severe enough to have great difficulty hearing and taking part in conversations in noisy environments), few are referred to a hearing specialist to examine whether cochlear implants could be the most beneficial treatment option.<sup>3 4</sup>



<sup>1</sup> Buchman CA et al. Unilateral Cochlear Implants for Bilateral Severe, Profound, or Moderate Sloping to Profound Sensorineural Hearing Loss. *JAMA Otolaryngology* 2020. Epub ahead of Print.

<sup>2</sup> Cohen SM, Labadie RF, and Haynes DS. Primary care approach to hearing loss: the hidden disability. *Ear Nose Throat J* 2005;84:26.

<sup>3</sup> Raine C, Atkinson H, Strachan DR, et al. Access to cochlear implants: Time to reflect. *Cochlear Implants Int* 2016;17 (Suppl 1):42–6.

<sup>4</sup> Gaylor JM, Raman G, Chung M, et al. *JAMA Otolaryngology Head Neck Surg*. 2013;139(3):265-272.

Although cochlear implants are an effective medical treatment for many adults living with severe to profound sensorineural hearing loss<sup>5</sup> conservative estimates suggest that no more than 1 in 20 adults worldwide who could benefit from a cochlear implant has one.<sup>6</sup> According to Professor Craig Buchman, chair of the Steering Committee, “This paper outlines the first global consensus on how we can optimize care for adults with severe to profound hearing loss.”

To view the consensus paper, including the full methodology and consensus statements, visit [jamanetwork.com/journals/jamaotologyngology](http://jamanetwork.com/journals/jamaotologyngology) or [www.adultheating.com](http://www.adultheating.com).

The consensus paper includes 20 statements covering seven categories for adults with severe, profound, or moderate sloping to profound hearing loss in both ears. Each statement was agreed upon by the panel members following consultation with a Consumer and Professional Advocacy Committee (CAPAC). Categories include:



1. Level of awareness of cochlear implants
2. Best practice clinical pathway for diagnosis
3. Best practice guidelines for surgery
4. Clinical effectiveness of cochlear implants
5. Factors associated with post-implantation outcomes
6. The relationship between hearing loss and depression, cognition and dementia
7. Cost implications of cochlear implants.

### About the consensus process<sup>1</sup>

The consensus process began with a systematic literature review to identify relevant studies in the subject area. These were used to inform the development of evidence-based draft consensus statements. The draft statements then entered the Delphi voting process, which involved three anonymous voting rounds.

All members of the Steering Committee and the Delphi consensus panel, except the chair, were able to vote as part of the Delphi process. Voting on the draft consensus statements took place in three rounds. Consensus was defined as agreement by a least 75% of respondents.

The Delphi process and medical writing have received funding support from Advanced Bionics, Cochlear Ltd., MED-EL and Oticon Medical. The funding organizations did not contribute to the design, facilitation or content of the Delphi consensus process.

Check EURO-CIU ADULT COCHLEAR IMPLANTATION videos on our website [www.eurociu.eu](http://www.eurociu.eu)

Do health professionals need greater knowledge about cochlear implants and the benefits for adults?



<sup>5</sup> Sorkin D. Cochlear implantation in the world's largest medical device market: utilization and awareness of cochlear implants in the United States. *Cochlear Implants Int* 2013;14(Suppl 1):S1.

<sup>6</sup> De Raeve L. Cochlear implants in Belgium: Prevalence in paediatric and adult cochlear implantation. *Eur Ann Otorhinolaryngol Head Neck Dis* 2016;133(Suppl 1):S57–60.