Are hearing and olfaction disorders more common in older patients with diabetes? Are hearing loss and olfactive disfunction a risk factor for progression of functional decline and disability?

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1. RECOMMENDATIONS

A. All geriatric DM patients should undergo audiological and audiometric examinations, followed by annual/twice-yearly check-ups.
B. More attention should be given to auditory rehabilitation programs, with prescription of appropriate hearing aids, to improve quality of life and cognitive functioning.
C. If concerns arise about a patient’s hearing status, they should undergo pure tone audiometry, but also speech audiometry (including a measurement of speech recognition thresholds, preferably in both quiet and noise), which tries to reproduce daily life condition and to assess actual speech comprehension in a daily life-like condition.
D. All geriatric DM patients should undergo screening to evaluate olfaction and taste functioning, with regular follow-ups to assess any potential impact on nutritional status.

2. STRENGTH OF THE RECOMMENDATIONS

The quality of the evidence is moderate. Recommendations are supported by published evidence and best practice (supported by expert opinion).

3. SUPPORTING EVIDENCE

See appendix.

4. AREAS OF UNCERTAINTY AND FUTURE PERSPECTIVES

Many studies on hearing performance have been conducted on middle-aged T2DM patients, but there is less clarity in geriatric patients, possibly because they start to develop also age-related hearing loss. Further studies are needed to clarify whether decline in olfaction and taste is a result of ongoing neurodegenerative disease or whether it directly contributes to causing or accelerating cognitive decline.
HEARING LOSS

2 Stahl SM. Does treating hearing loss prevent or slow the progress of dementia? Hearing is not all in the ears, but who’s listening? CNS Spectr 2017;22:247-250. https://doi.org/10.1017/s1092852917000268
Hearing and olfaction alterations


### SMELL AND TASTE


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<tr>
<th>This statement is:</th>
<th>Quality of the evidence (in the case of recommendation):</th>
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<tbody>
<tr>
<td>✗ Recommendation (supported by published evidence)</td>
<td>✗ Low</td>
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<td>✗ Best practice (supported by expert opinion)</td>
<td>✗ Moderate</td>
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