
Hearing Loss and Treatment Explained Loud and Clear

By Gigi Reed, MD August 27, 2026

Hearing loss is common, especially with aging, but the remedy is often not simply a matter of “turning up the volume.” There are many causes, can come in several forms, and may be reversible, manageable, or treated with hearing technology and rehabilitation.

In the United States, disabling hearing loss affects about 10 % of adults ages 55 to 64, doubled to over 20 % of those ages 65 to 74, and affects more than half of those ages 75 and older! Even though, hearing loss can occur at any age, including in newborns!

The two main forms are “conductive” and “sensorineural” hearing loss. Conductive hearing loss occurs when sound is blocked from reaching the inner ear efficiently. Common causes include impacted earwax, fluid behind the eardrum, ear infection, a perforated eardrum, or problems with the tiny hearing bones of the middle ear.

Sensorineural hearing loss is the more common form in adults. It results from injury or loss of the microscopic sensory hair cells in the cochlea- (where the sound waves- turned fluid waves transmit the information onto the auditory nerve)—or from damage to the auditory nerve itself. Aging and repeated exposure to loud noise are major causes. So are genetic conditions, certain infections, head injury, some autoimmune or vascular disorders, and medications that can damage the inner ear.

Mixed hearing loss has features of both types—for example, an older adult may have age-related inner-ear loss as well as wax buildup or chronic middle-ear disease. Another important category is sudden sensorineural hearing loss: a rapid loss of hearing, often in one ear, that develops over hours to a few days. This is an otologic urgency. Prompt evaluation, usually including a hearing test and assessment by an ear specialist, is important because early treatment may improve the chance of recovery.

For many people, hearing loss is gradual. Early signs include difficulty understanding speech in restaurants or groups, frequently asking others to repeat themselves, hearing people speak but not being able to distinguish words, turning up the television, relying on subtitles, or withdrawing from conversations. Tinnitus—ringing, buzzing, hissing, or roaring in the ears—often occurs alongside hearing loss and deserves evaluation when persistent, one-sided, pulsatile, or accompanied by new hearing changes.

Prevention remains important. Limit the total dose of loud sound: lower the volume, step farther away from loudspeakers or machinery, take quiet breaks, and use earplugs or earmuffs in noisy settings. Occupational

noise remains an important preventable risk.

Treatment depends on the cause. Wax, infection, fluid, and some middle-ear conditions may be treatable or reversible. Treatment might include wax removal, treatment of infection or fluid, or, in selected cases, surgery. Hearing aids are usually the first option for permanent sensorineural hearing loss. They amplify sound and tailor it to the person's hearing pattern, but they cannot replace damaged inner-ear hair cells. Today's devices may improve speech detection, reduce some background noise, and connect to phones and televisions.

Cochlear implants are different from hearing aids. A hearing aid makes sound louder so a damaged ear can detect it. A cochlear implant bypasses much of the damaged cochlea. Its external processor converts sound into coded electrical signals, and a surgically implanted electrode array stimulates the auditory nerve directly. Cochlear implants are considered for people who receive limited benefit from appropriately fitted hearing aids—often those who can hear that someone is speaking but cannot understand the words. Implant recipients require surgery, device programming, and listening rehabilitation, and improvement commonly continues over months.

Neither hearing aids nor cochlear implants restore the inner ear to normal. However, prompt diagnosis, medical treatment when appropriate, modern hearing technology, captioning and other assistive devices, and communication strategies can greatly improve safety, independence, relationships, and quality of life. Anyone with new or worsening hearing difficulty should consider a formal hearing evaluation; sudden loss, one-sided loss, severe dizziness, facial weakness, ear drainage, or neurologic symptoms warrant urgent medical attention.

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