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SENSORY

Vision and Hearing Loss

Sensory Impairment and Dependency

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Overview

Vision and hearing are the two senses through which most human independence flows. When one fails, adaptation is difficult but usually possible. When both fail together — dual sensory impairment — the risk of falls, cognitive decline, social isolation, and dependency rises dramatically.

Approximately 68% of U.S. adults over age 70 have measurable hearing impairment, and roughly one in three adults over 65 has a vision-impairing eye disease such as age-related macular degeneration, glaucoma, or diabetic eye disease. Dual sensory impairment affects an estimated 5.5% of adults globally and is projected to rise 27% by 2050.

The 2024 Lancet Commission on dementia prevention identified hearing loss as the single largest modifiable risk factor for dementia — accounting for roughly 7% of dementia cases — with vision loss adding another 2%, making sensory screening one of the highest-yield preventive activities in later life.

68% of U.S. adults over 70 have measurable hearing impairment	1 in 3 adults over 65 has a vision-impairing eye disease	36% higher fall risk with dual sensory impairment
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How It Leads to Dependency

Sensory impairment drives dependency through several distinct pathways: elevated fall risk (a 36% increase with dual impairment, and roughly double the hip fracture risk), accelerated cognitive decline, social isolation and depression as communication becomes exhausting, and driving cessation that limits access to medical care and social life.

Each 10-decibel worsening of hearing is associated with a 16% increase in dementia risk, and a 25-decibel hearing deficit corresponds to cognitive decline equivalent to about 6.8 years of aging — making untreated hearing loss a much larger contributor to functional decline than most families realize.

Diagnosis & Early Warning Signs

Vision assessment includes routine eye exams for visual acuity, intraocular pressure (glaucoma), and dilated retinal exams to catch macular degeneration and diabetic eye disease early, when treatment is most effective.

Hearing assessment through audiometry is recommended on a regular schedule for older adults, particularly because hearing loss develops so gradually that patients and families often don't notice

until it is quite advanced.

Typical Care Needs

Practical needs include transportation to frequent appointments (anti-VEGF eye injections for wet macular degeneration may be needed every 4 to 8 weeks initially), device management (hearing aid batteries, cleaning, eyeglasses), and careful medication management given the difficulty reading small labels or distinguishing similar-looking eye drop bottles.

Communication adaptation is a distinct and often overlooked caregiving skill: facing the person directly, reducing background noise, and rephrasing rather than simply repeating unheard sentences all meaningfully improve daily interaction.

The Realistic Cost of Care

Sensory impairment care combines ongoing device costs (hearing aids, which are largely not covered by Medicare) with a substantial and often underappreciated rehabilitation and home-modification component.

5.5% of adults globally have dual sensory impairment, rising with age	36% higher fall risk associated with dual sensory impairment	3x higher post-discharge fall risk versus single-sense impairment alone
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- Hearing aids remain largely excluded from traditional Medicare coverage, though over-the-counter hearing aids (legal since 2022) have lowered the cost barrier for mild-to-moderate hearing loss.
- Anti-VEGF injections for wet macular degeneration and other retinal conditions require frequent, ongoing office visits that accumulate significant cost and caregiver transportation time over years.
- Home safety modifications — improved lighting, contrasting tape on stair edges, visual and vibrating smoke alarms — are a modest but important cost that meaningfully reduces the elevated fall risk from sensory impairment.

THE CAREGIVER BURDEN

Getting the diagnosis and the technology — glasses, a hearing aid, a cochlear implant — is only half the work. The second half, using the technology effectively and rebuilding communication patterns, is what actually determines whether treatment restores function.

Planning Considerations

These considerations are general and educational. They are not financial or legal advice, and no specific product or provider is endorsed here.

- Because hearing loss is the single largest modifiable dementia risk factor identified by the Lancet Commission, treating it early is a meaningful cognitive-health intervention, not just a convenience.
- Arranging a driving evaluation before vision or hearing loss makes driving unsafe — rather than after an incident — allows time to arrange alternative transportation without a sudden loss of independence.
- Simple home modifications (lighting, contrast, alert systems) offer a strong return relative to their cost given the sharply elevated fall risk associated with sensory impairment.

Sources & Further Reading

1. NIH National Eye Institute — <https://www.nei.nih.gov/>
2. NIDCD — Hearing Loss and Older Adults — <https://www.nidcd.nih.gov/>

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