TAHOMA CLINIC FOUNDATION

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Aldosterone for Hearing Loss, Research Update

The Aldosterone Research Study was designed to assess the relationship between aldosterone and hearing loss in volunteers with age-related hearing loss (presbycusis) or sensorineural hearing loss. Volunteers were recruited for the study based upon demonstrated hearing loss on audiology testing, favorable results on 24-hour urinary aldosterone assessment, and with no uncontrolled or co-morbid health conditions.

The results at time of this writing are as follows:

Total qualified for study	30
Total enrolled in study	28
Total interviewed	45
6 rejected for health issues (usually high blood pressure)	
1 declined participation	
3 failed to send in test results/hearing test	
7 had aldosterone test results too high for study	
Drop outs from study (minor side effect noted by volunteer)	1
Participants who mailed in aldosterone test	28
Participants who completed first and only follow up visit to date	11
Participants to date completing follow-up test results	10
Complete improvement	0
Most significant improvement (30%)	1
Slight improvement (5%)	1
Improvement noted with increased dose of aldosterone	1
Improvement noted with decreased dose of aldosterone	1
Subjective improvement noted by participant and others	2
No subjective improvement noted but improvement noted on hearing test	2
No subjective improvement noted and none observed on hearing test	2

Potential study follow up

During this study, several observations have been made that suggest further study would be warranted.

1.Low adrenal function.
Many participants show evidence of low adrenal function, suggesting a possible connection between hearing loss and adrenal insufficiency.

2.Length of study.
Several participants showed evidence of improvement late in the study and on hearing tests, despite no subjective report of improvement. This suggests that aldosterone may need to be used longer than 3 months to achieve results.

3.Dose of aldosterone to achieve results.
In two cases, volunteers achieved improvement in hearing loss after taking either more or less aldosterone than the study was designed to use. This raises the possibility of achieving improvement in hearing loss with different doses than those used during the study.

4.Other factors affecting aldosterone.
This factor could be described as the "Dr. Wright factor," since improvement in hearing loss has been observed in many of Dr. Wright's patients using aldosterone and who have also had improvement in other aspects of their health. Health issues that may affect hearing loss include hormone imbalance, systemic inflammation, insulin resistance and adrenal insufficiency. Perhaps aldosterone should be incorporated into a healthcare regimen after some of these other health issues have been addressed for early and lasting improvement of hearing loss.

5.Stigma of hearing loss and benefit to slowing the process of hearing loss.
During the interview and follow up process, it became clear that hearing loss has had a major effect on quality of life for many volunteers in this study. If aldosterone could be shown to slow the progression of hearing loss, it would provide a valuable treatment option for those affected, even if it did not dramatically reverse or improve hearing.

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