



# Type, Degree, and Configuration of Hearing Loss

Hearing loss is explained in three ways: **type**, **degree**, and **configuration** of hearing loss.

## TYPES OF HEARING LOSS

There are three types of hearing loss: conductive, sensorineural, and mixed.

**Conductive hearing loss** occurs when sound is not sent easily through the outer ear canal to the eardrum and the tiny bones (ossicles) of the middle ear. Conductive hearing loss makes sounds softer. This type of hearing loss can often be corrected medically or surgically. Some possible causes of conductive hearing loss are as follows:

- fluid in the middle ear from colds or allergies
- ear infections (otitis media)
- poor function of the **eustachian tube** (a narrow tube that connects your middle ear to your throat)
- hole in the eardrum
- too much earwax (cerumen)
- swimmer's ear (external otitis)
- object stuck in the ear canal
- structural differences of the outer ear, ear canal, or middle ear

**Sensorineural hearing loss (SNHL)** happens when there is damage to the inner ear (cochlea) or to the nerve pathways from the inner ear to the brain. Most of the time, SNHL cannot be medically or surgically corrected. This is the most common type of permanent hearing loss. Even when speech is loud enough to hear, it may still be unclear or muffled.

Some possible causes of SNHL are as follows:

- medications that are toxic to hearing
- hearing loss that runs in the family (genetic or hereditary)
- aging (also known as **presbycusis**)
- head trauma
- malformation of the inner ear
- exposure to loud noise

**Mixed hearing loss** occurs when conductive and SNHL are both experienced. In other words, there may be damage in the outer or middle ear and in the inner ear (cochlea or auditory nerve). An example would be if an individual who typically has SNHL experienced a middle-ear infection, which could then lead to a mixed hearing loss.

## DEGREE OF HEARING LOSS

**Degree of hearing loss** refers to the severity of the loss. The table below shows one of the more commonly used classification systems. The numbers are representative of the patient's hearing loss range in decibels (dB HL).

Degree of hearing loss	Hearing loss range (dB HL)
Normal	-10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately severe	56 to 70
Severe	71 to 90
Profound	91+

Source: Clark, J. G (1981). Uses and abuses of hearing loss classification. *ASHA*, 23, 493–500.

## CONFIGURATION OF HEARING LOSS

The **configuration**, or shape, of the hearing loss refers to the degree and pattern of hearing loss across frequencies (tones) as illustrated in a graph called an **audiogram**. For example, a hearing loss that affects only the high tones would be described as a **high-frequency loss**. Its configuration would show normal hearing in the low tones and hearing loss in the high tones. However, if only the low frequencies were affected, the configuration would show poorer hearing for low tones and better hearing for high tones. Some hearing loss configurations are **flat**, indicating the same amount of hearing loss for low and high tones. For more information on how to read an audiogram, refer to [The Audiogram](#).



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## **OTHER HEARING LOSS TERMS**

**Bilateral versus unilateral.** *Bilateral hearing loss* means hearing loss in both ears.

*Unilateral hearing loss* (UHL) means that there is normal hearing in one ear but there is hearing loss in the other ear. UHL can occur in both adults and children. Approximately 1 out of every 10,000 children is born with UHL, and nearly 3% of school-age children have UHL. Children with UHL are at higher risk for having academic, speech-language, and social-emotional difficulties than their peers without hearing loss. This may be because UHL is often not identified, and the children do not receive intervention.

## **Symmetrical versus asymmetrical.**

*Symmetrical hearing loss* means that the degree and configuration of hearing loss are the same in each ear. *Asymmetrical hearing loss* means that the degree and configuration are different in each ear.

## **Progressive versus sudden hearing loss.**

*Progressive* means that hearing loss becomes gradually worse over time. *Sudden* means that the loss happens quickly. Sudden hearing loss requires immediate medical attention to determine its cause and treatment.

## **Fluctuating versus stable hearing loss.**

*Fluctuating* means hearing loss that changes over time—sometimes getting better, sometimes getting worse. *Stable hearing loss* does not change over time and remains the same.

**Consult with an audiologist for a hearing evaluation and to help with your individual hearing needs. [Find a certified audiologist on ASHA ProFind online directory.](#)**

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For more information and to view the entire Audiology Information Series library, visit [www.asha.org/aud/pei/](http://www.asha.org/aud/pei/).

For more information about balance problems, preventing falls, hearing loss, hearing aids, or referral to an ASHA-certified audiologist, contact:



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**Symmetrical versus asymmetrical.**  
*Symmetrical hearing loss* means that the

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