

Prevalence of Misophonia Across the Lifespan: A Scoping Review

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Introduction

What is Misophonia?

- Definition:** Misophonia is a sound tolerance disorder marked by intense emotional and physiological reactions to common everyday sounds (e.g., chewing or slurping) (Swedo et al., 2022)
- Impact:** Misophonia can lead to significant negative emotional, behavioral, and physical reactions (Schröder et al., 2013; Kumar et al., 2017).
- Prevalence Uncertainty:** While awareness is growing, prevalence estimates vary significantly between different studies and populations.
- Demographic Gap:** There is currently less clear understanding of how the condition's prevalence changes across different age groups.

AIM:

To investigate existing literature on misophonia prevalence across the lifespan in order to identify patterns across age groups and evaluate gaps in current research.

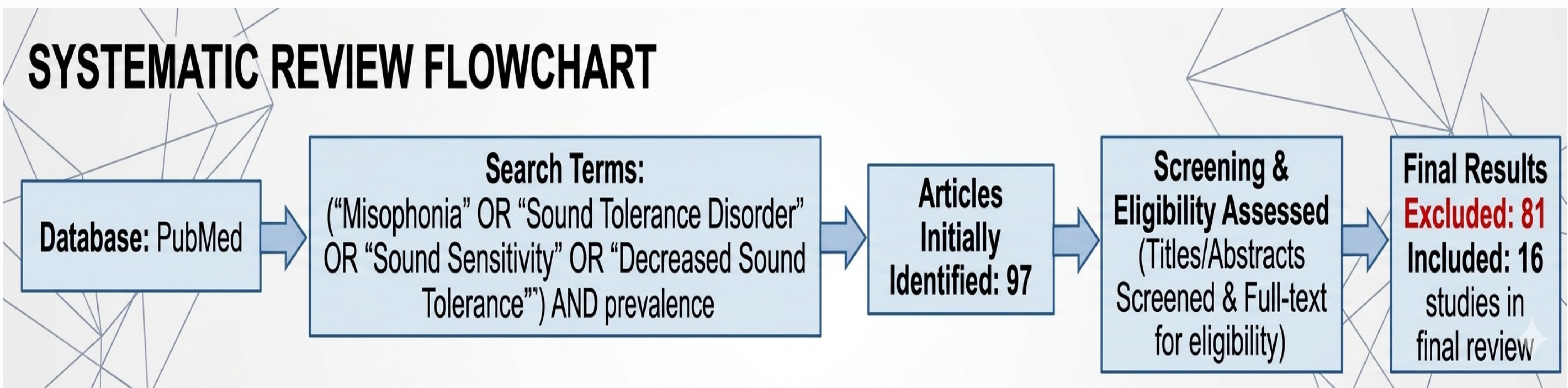
Methods

Literature Search

A systematic review of published studies was conducted:

- Database: PubMed
- Search terms: ("Misophonia" OR "Sound Tolerance Disorder" OR "Sound Sensitivity" OR "Decreased Sound Tolerance") AND prevalence
- 97 articles initially identified
- Titles and abstracts screened
- 16 studies included in final review

Methods (Contd.)



Results

Children & Adolescents (<18 years)

- 2 studies included
- Prevalence: **7.9% – 12.9%**
- Includes populations with auditory processing disorders

Young Adults (18–40 years)

- 5 studies included
- Primarily college/university samples
- Prevalence: **8% – 23.8%**

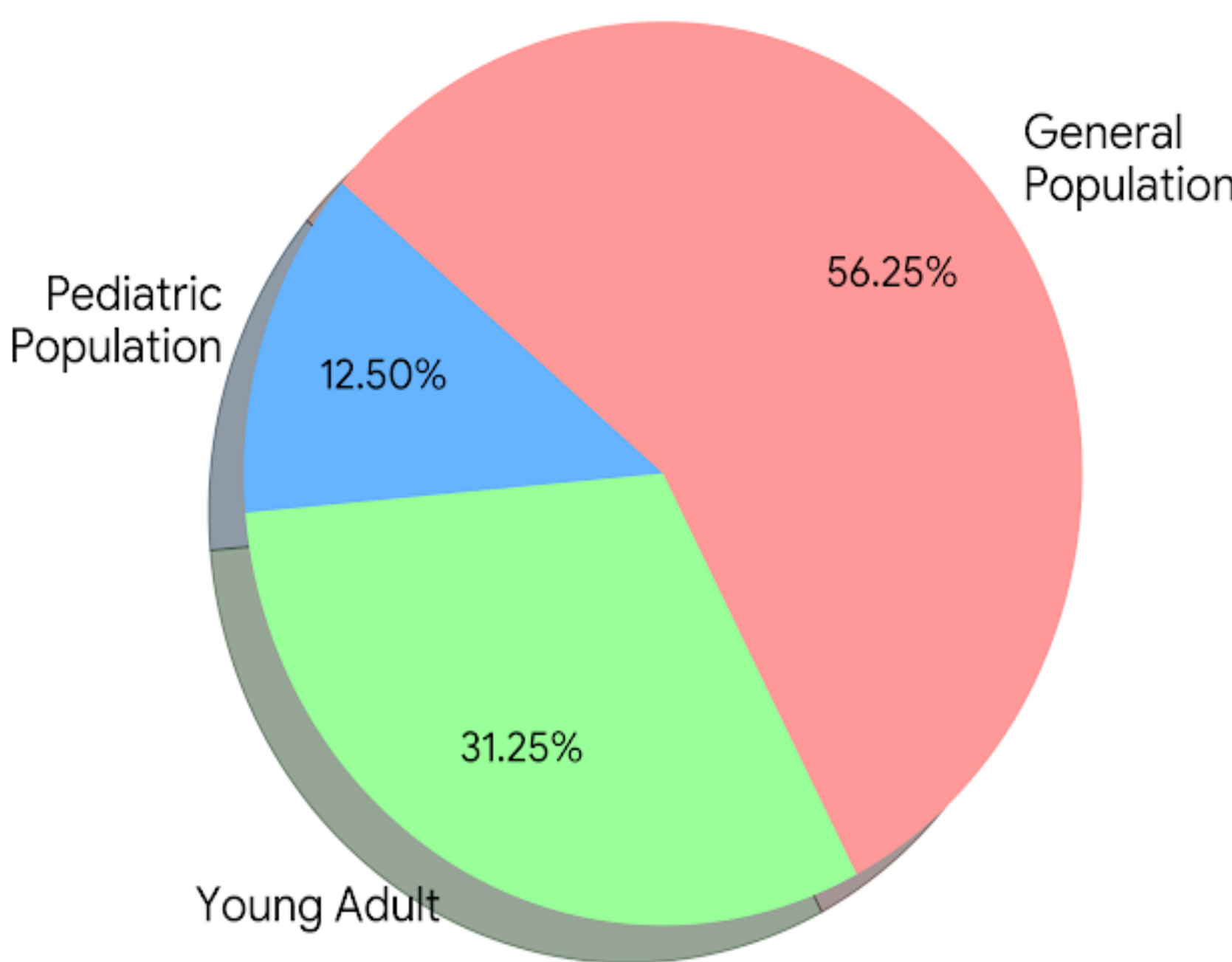
General Adult Populations

- 9 studies included
- Ages ~18–70 (median ~46)
- Prevalence: **4.6% – 19%**

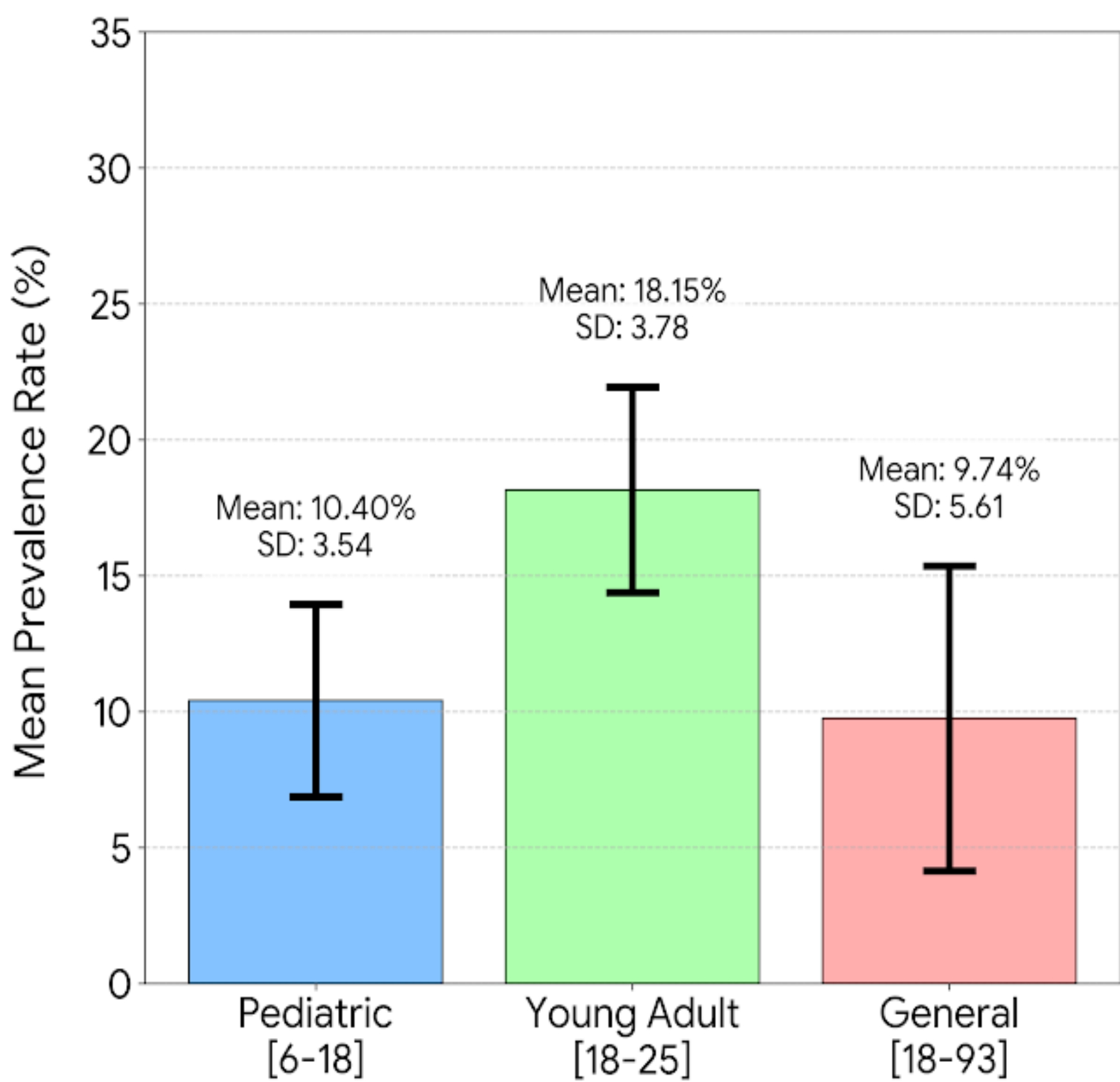
Overall Findings

- Misophonia occurs across the lifespan
- Prevalence varies significantly depending on population and methodology

Distribution of Research Studies



Mean Prevalence Rates by Age Group



Conclusion

- Misophonia is present across the lifespan; however, variability in study methods and limited data prevent clear conclusions about age-related prevalence differences.
- Higher prevalence in young adults may reflect: Sampling bias, increased awareness, differences in reporting

Implications for future research

- Break Down "Adult" Categories:** Move beyond the broad 18–65 "bucket" to see how prevalence shifts in middle and late life. It is also important to Determine if high prevalence in young adults is a developmental "peak" or a permanent, lifelong trait.
- Conduct Longitudinal Studies:** Track individuals over decades to see if symptoms improve, worsen, or evolve with age.
- Analyze Comorbid Overlap:** there should be more Investigation on how prevalence changes in populations with ADHD, OCD, or Anxiety.
- Standardize Global Tools:** Use of consistent diagnostic scales across all age groups to ensure pediatric and adult data are truly comparable.
- Account for multi-cultural and multi-linguistic contexts

Acknowledgments and citations

