



Sound Source

Physician Newsletter | September 2024

The Link Between Hearing and Cognition

UNTREATED HEARING LOSS IS THE LARGEST MODIFIABLE RISK FACTOR FOR DEMENTIA

Hearing loss affects a person's physical, emotional and intellectual health. According to the 2020 Lancet Commission report on dementia, when untreated, it accounts for 8% of the attributable risk for dementia.



BRAIN CHANGES: The brains of people with hearing loss show structural changes including a faster pace of shrinkage or atrophy due to sensory deprivation



ISOLATION AND REDUCED SOCIAL ENGAGEMENT: Because of difficulty with communication, people with hearing loss often avoid family, friends and community participation. This may lead to loneliness, depression, and lack of social stimulation.



INCREASED COGNITIVE LOAD: Straining to hear and understand speech places a burden on an individual's cognitive reserves. This effort may come at the expense of other thinking and memory processes.



BALANCE DIFFICULTY AND FALL RISK: People with mild hearing loss are 3 times as likely to fall. That risk increases as hearing loss increases. The fear of falling and instability may discourage older adults from participating in physical activity and social activities.

TREATING HEARING LOSS

Recent evidence suggests that treating hearing loss may improve cognitive outcomes in older adults and possibly reverse the neuroplastic changes associated with it. Because hearing loss has a prevalence of more than 30% in people over the age of 50, regular audiological evaluations and effective hearing treatments are essential components of health care for the older adult.

Treating hearing loss also enhances quality of life. Better hearing improves communication and increases social engagement. Connecting with others helps the brain stay younger longer and adds fun to life!

CONSIDERATIONS FOR TREATING HEARING LOSS IN OLDER ADULTS

- 👂 Hearing devices should be carefully selected based on the patient's comfort with technology, dexterity, and interest.
- 👂 Devices other than hearing aids should be considered including assistive devices and pocket talkers.
- 👂 Audiological testing may require modification based on patient needs.
- 👂 Communication strategies that can be used with or without amplification should be discussed with patients and their families.
- 👂 Time should be allotted for hands-on practice of hearing technology.
- 👂 Patients should be provided with written instructions for any technology dispensed.
- 👂 Patients may want to invite a family member or significant other to their appointments for support.



Resources

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