

Is Hearing Loss in Older Adults Predictive of Later Development of Dementia and Does Hearing Care Modify Dementia Risk?

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Marshall Chasin, AuD

I know that this may sound like a coincidence but the title of this editorial happens to be exactly the same title as our cover article by Kathy Pichora-Fuller! But, on second thought, I suppose that it is not so surprising. Following is Dr. Pichora-Fuller's first paragraph and the caution is clear:

“We would all love to know the answers ... about [the relation between] hearing and cognition, but so far there is only limited evidence and we need to know what we do not know as well as what we do know. When considering changes in clinical practice, audiologists must proceed with caution, remain alert for emerging research, critically appraise emerging claims, and keep asking questions, especially when evidence is based on correlations. For now, one question leads to another question and then to more questions. We are compelled to ask the second question “Does hearing care modify dementia risk?” only if “yes” is the answer to the first question “Is hearing loss in older adults predictive of later development of dementia?” To answer these questions, we must apply the principles of evidence-based practice (EBP) whereby the best currently available research evidence is integrated with clinician expertise to shape person-centered care that aligns with the values and needs of individual patients Crucially, we must strive to optimize the trio of research evidence, clinician expertise and patient perspectives ... within a healthcare context that is rapidly evolving.”

The various trade magazines in our field (and our email in-boxes) have many ads (and some articles) from companies marketing cognitive decline therapies and assessment tools. Given the current state of affairs, these may be useful, but at best, may only be “chicken soup”- not helpful, but tasty nevertheless. To date, the research is merely correlative where a relation is demonstrated either between a threshold measure or a suprathreshold measure, and performing more poorly on a cognitive assessment tool. But a correlation is not necessarily a causative relation where the underlying mechanism(s) may be able to explain the relationship. Long-term, large-scale studies would need to be part of the determination of any underlying mechanism. As such, at least in 2023, we should be clinically cautious about how we convey this information to our clientele.

Related to this (or possibly not?) the next article in this issue of CanadianAudiologist is Dr. Samara Anderson's Mysteries of the Hearing Brain where she addresses the issue of whether “Auditory training may partially restore temporal processing abilities in older listeners”. While this may be useful in the development of future auditory training programs, Dr. Anderson notes that many other non-auditory factors can affect success in auditory training such as enjoyment and perceived benefit.

Other contributions to this issue of Canadian Audiologist include a well-thought-out CAA position statement on over-the-counter (OTC) hearing aids; an issue that we are all being asked about by our clients, an article entitled “Educational Audiology- in the trenches” by Krista Yuskow, and one of our regular contributions, Striking the Right Balance with a glimpse into the history of vestibular testing.

I hope that you all enjoyed the holiday season and are now recharged.

Marshall Chasin, AuD.,