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Preamble to *"Fundamentals of screening for mild cognitive impairment and/or dementia"* and *"Managing older adults with cognitive health worries"*

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The January issue of Canadian Audiologist began with reflections on auditory-cognitive associations in an article *"Is hearing loss in older adults predictive of later development of dementia?and does hearing care modify dementia?risk?"* A key point was that cognitive tests developed to screen for dementia are not interchangeable with the types of auditory-cognitive testing that would be the most useful for informing person-centered audiologic rehabilitation planning and intervention for older adults. Papers in the May issue continue to elaborate on these two distinct types and purposes of cognitive testing in the context of audiological practice. These papers highlight how, regardless of audiometric or cognitive status, recommendations for healthy aging can be integrated into hearing healthcare for older adults.

Importantly, cognitive screening for dementia is contra-indicated for older adults who are not symptomatic for cognitive impairment according to their own report, the report of significant others, or clinical observation. Cognitive screening is also unnecessary for those who have already been diagnosed with cognitive impairments or dementia. Nevertheless, procedures other than cognitive screening for dementia can be very useful in audiologic rehabilitation. The paper by Barbara Weinstein *"Fundamentals of Screening for Mild Cognitive Impairment and/or Dementia"* provides guidance on when audiologists should or should not screen for dementia, detailed information on how to informally and formally screen for dementia, and communication tips for working with people who are living with dementia.

	No Audiometric impairment	**Audiometric impairment**

No cognitive impairment	A. Promote healthy aging; CAP?	B. Standard AR
Cognitive impairment	C. Screen hearing; CAP?	D. Adapt AR

Table 1. A Simple Categorization of Hearing and Cognitive Status Considerations for Care

Table 1 shows simple categories of hearing and cognitive status. In contrast to tests designed to screen for dementia, the paper by Dany Pineault on "*Managing Older Adults with Cognitive Health Worries*" provides excellent examples of available auditory-cognitive tests that are well suited to addressing the rehabilitative needs of older adults depending on their auditory and cognitive status. Older individuals who have no symptoms of cognitive impairment and no audiometric impairment may have age-related difficulties understanding speech in noise (Central Auditory Processing; CAP) that warrant counselling or rehabilitation targeting supra-threshold auditory processing and listening (Category A). Most older adults seeking help for hearing problems have audiometric hearing loss that would warrant consideration of standard audiologic rehabilitation including the use of hearing aids and/or other technologies and they likely experience typical age-related declines in cognitive performance that are exacerbated in challenging listening situations (e.g., in noise or when multi-tasking), but with no clinically significant mild cognitive impairment (MCI) or dementia (Category B). Audiologic management for those with cognitive impairment but no audiometric impairment may include more frequent hearing screening and CAP rehabilitation (Category C), whereas standard AR for those with both cognitive and audiometric impairments will likely need to be adapted to the cognitive abilities of the older adult and their care partners (Category D).

Both papers provide a wealth of valuable suggestions for cognitive screening when indicated and for inter-professional teamwork and information sharing to optimize assessment and rehabilitation for those who may have MCI or dementia. Beyond honing knowledge in skills to enhance healthy aging, perhaps an even more critical message for audiologists is that "*It is time to change our message about hearing loss and dementia*." (Also see this issue's Editorial about an excellent commentary by Blustein, Weinstein, & Chodosh, 2023).

Reference

Blustein, J., Weinstein, B. E., & Chodosh, J. (2023). It is time to change our message about hearing loss and dementia. Journal of the American Geriatrics Society, DOI: 10.1111/jgs.18323