

Hearing Loss, Dementia, and Cognitive Decline: What's the Connection?

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Our ability to hear and process auditory information is part of the cognitive process. But what happens when people begin to lose their hearing as they get older?

It's a topic of study that's gained mounting attention in the last decade as the population ages and more people lose their hearing acuity. Understanding the connection between hearing loss and cognition can provide important insights as skilled nursing facilities strive to provide resident-centered quality care and enrich the lives of seniors. Importantly, this understanding enhances their ability to support residents who have memory care issues while managing the challenges.

What's the link between hearing loss and dementia?

A groundbreaking 2011 epidemiologic study by Johns Hopkins and the National Institute on Aging suggested that seniors with hearing loss are significantly more likely to develop dementia over time than those who retain their hearing.¹ Subsequent research has added support. A recent analysis uncovered that the prevalence of dementia among older adults with moderate-to-severe hearing loss is 61% higher than among those with normal hearing.² In total, about two-fifths of older adults with dementia report difficulty hearing.³

How does hearing loss affect the brain?

The causal link between hearing loss and cognitive decline remains uncertain. Experts suspect several possibilities:

- The social isolation and depression associated with hearing loss may take a toll on cognition.
- Effortful listening may create strain and a heavier cognitive load, drawing resources away from higher-level cognitive tasks needed for memory.
- Both hearing loss and dementia may be independently related to unknown factors, such as an aging nervous system.⁴
- Age-related hearing loss may trigger or add to degenerative changes in the brain seen in dementia. Some investigators theorize that atrophy of the auditory cortex somehow fuels the neuropathologic changes of Alzheimer's disease and related dementia.⁵

What can skilled nursing facilities do?

Both hearing loss and dementia pose challenges to communication and effective care. And hearing loss can worsen common dementia-related behavioral symptoms. At the same time, improved communication can bolster quality of life for aging adults. It therefore benefits skilled nursing facilities to determine and monitor the hearing status of residents.

Performing routine onsite checkups and delivering ongoing care helps identify and address resident hearing issues. Reversible causes of hearing loss, such as ear wax buildup, can be readily treated. The onsite team also can evaluate the potential benefit of hearing aids and other devices capable of reducing the cognitive effort required to understand speech.

Hearing aids may be a major factor in dealing with dementia. A 2023 NIH-funded study found that hearing aids reduced the rate of cognitive decline in older adults at high risk of dementia by almost 50% over a three-year period and that treating hearing loss may be a safe way to lower the risk of dementia in vulnerable populations.⁶ Another analysis of dementia patients looked at the combination of a simple amplification device, screening for hearing loss, and instruction on basic communication strategies. Participants who had significant symptoms showed improvement in depression and neuropsychiatric measures one month after these interventions. What's more, families and friends said the patients were more engaged, laughed more, told more stories, asked more questions, and showed greater patience.⁷

Beyond hearing aids, skilled nursing facility staff can ease daily listening stress for residents by reducing background noise from radios and TVs and by setting up subtitles. Efforts as simple as facing the individual can help communication. Absolutely, engaging residents to prevent social isolation is vital.

A commitment to lending support

The implications of unrecognized and unaddressed hearing loss are considerable. Likewise, the growing body of evidence that links hearing loss and dementia is extremely relevant to skilled nursing facilities that provide care to seniors. Aria Care Partners can be an instrumental ally in delivering compassionate, collaborative, and convenient audiology services onsite to help protect the total well-being of all residents. Such coordinated efforts can go far in managing the memory care demands found in skilled nursing environments.

References

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