

Addressing Cognition and Hearing: 10 Recommendations for HCPs

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Key Takeaways

Key Takeaway	Clinical Implication
Recognize cognitive change early	Watch for informal warning signs (e.g., mood changes, repeating stories) and use the GSA screening question; formal cognitive screening of asymptomatic adults is not recommended.
Adopt a holistic hearing health approach	Extend assessment beyond pure-tone audiometry using tools such as the APHAB global score, the Words in Noise (WIN) test, and the Revised Hearing Handicap Inventory (RHHI).
Talk about proven benefits of hearing intervention	Discuss quality of life, social/physical/cognitive well-being, ease of listening, audibility, and speech intelligibility using current evidence.
Provide patient- and family-centered care	Social support from significant others predicts hearing aid success and satisfaction; extend intervention plans beyond hearing aids to therapeutic solutions.
Adapt services for cognitive impairment	Involve family and caregivers, adjust test procedures, use visual supports and cues, and rely on objective testing.
Tailor communication to patient and family factors	Individualize communication and clinical recommendations based on each patient's and family's needs.
Use appropriate evidence-based language	Avoid causal claims (e.g., "hearing loss causes dementia"); frame hearing care as supporting healthy aging and overall well-being.
Ensure marketing materials are evidence-based	Confirm that patient-facing materials and messaging align with the current evidence base.
Establish multidisciplinary care pathways	Coordinate with neurologists/geriatricians, case managers, social workers, nurse practitioners, pharmacists, psychologists, therapists, and nutritionists.
Advocate for policy change	Support the joint development of formal practice guidelines and position statements on hearing and cognition.

Course Content

Learner Outcomes

- List adjustments they can make to their practice or process to better support patients with cognitive decline
- Explain why patient- and family-centered care is important
- Describe appropriate ways to discuss the relationship between hearing and cognition

Background: The Hearing-Cognition Connection

An estimated 2.4 to 5.5 million people in the United States have dementia: 3.2% of adults aged 65 to 74, 9.9% of adults aged 75 to 84, and 29.3% of adults aged 85 or older.

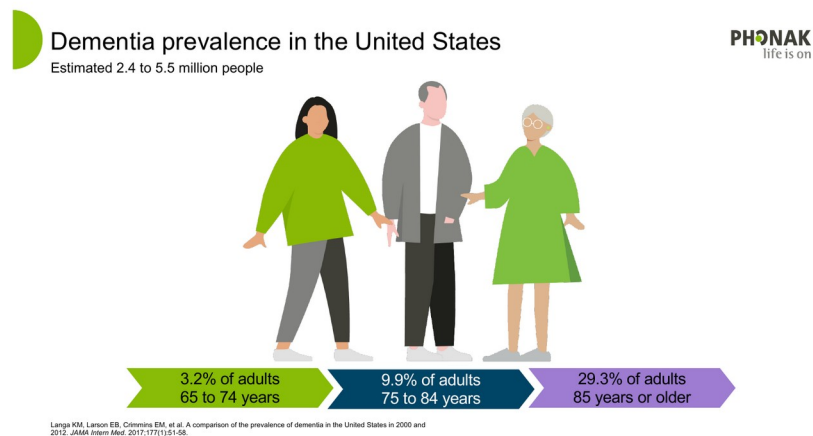


Figure 1. Dementia prevalence in the United States by age group.

Hearing and cognition have a dynamic relationship: hearing loss can lead to reduced communication and increased cognitive load and social isolation, while cognitive impairment can affect an individual's ability to process auditory information, making effective communication more challenging.

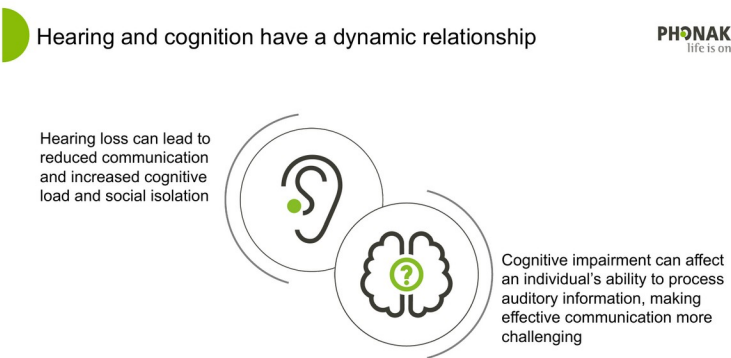
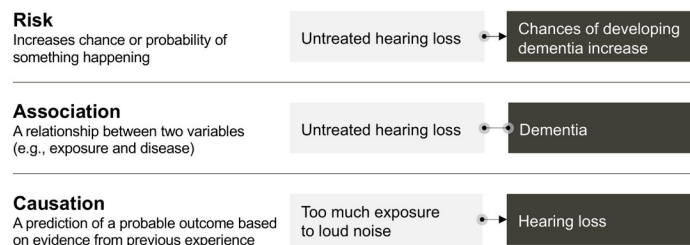


Figure 2. Hearing and cognition have a dynamic, bidirectional relationship.

Understanding the Evidence

Term	Definition
Risk	Increases chance or probability of something happening (e.g., untreated hearing loss increases the chances of developing dementia).
Association	A relationship between two variables, such as exposure and disease (e.g., untreated hearing loss and dementia).
Causation	A prediction of a probable outcome based on evidence from previous experience (e.g., too much exposure to loud noise causing hearing loss).



National Institutes of Health (NIH, 2016). Understanding health risks: Improving your chances of good health. Retrieved from <https://www.nih.gov/health-topics/2016/2016-understanding-health-risks>
The Britannica Dictionary Online. Retrieved from <https://www.britannica.com/dictionary/understanding-and-causation>.

Figure 3. Understanding the evidence: risk, association, and causation.

Evidence suggests hearing aid use may decrease the risk of cognitive decline and dementia, and comprehensive hearing intervention slowed cognitive decline in some, but not all, individuals in the ACHIEVE trial.

I. Assessment & Evaluation

1. Integrate Best Practices for Recognizing Cognitive Change

Dementia develops over time and is preceded by cognitive impairment and normal aging.

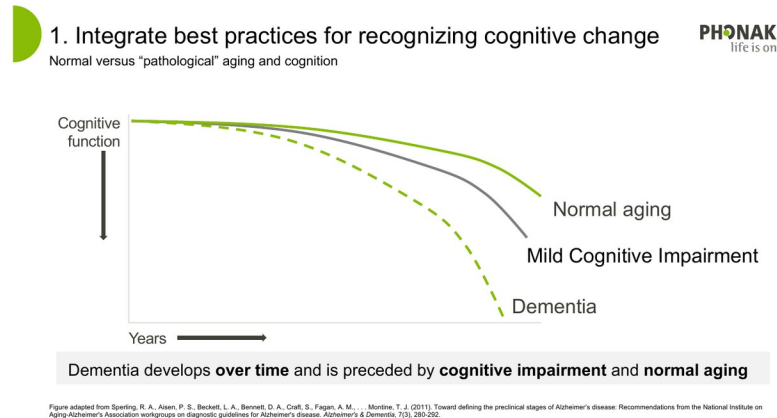


Figure 4. Dementia develops over time, preceded by cognitive impairment and normal aging.

Differentiating normal aging from warning signs of dementia:

- Normal aging: briefly forgetting parts of an experience; forgetting the names of people they rarely see; not putting things away properly; changes in their interest; mood changes in response to an appropriate cause.
- Warning signs of dementia: forgetting the names of people close to them; forgetting things more often than they used to; repeating phrases or stories in the same conversation; decreased interest in activities and difficulty making changes; unpredictable mood changes.

Q1

Quiz Hint: Behavioral and mood changes — such as unpredictable mood changes — can be a sign of cognitive decline, distinct from normal aging patterns like briefly forgetting parts of an experience.

The Gerontological Society of America (2020) suggests asking: “During the past 12 months, have you experienced confusion or memory loss that is happening more often or getting worse?”

A Word of Caution on Cognitive Screening

Formal screening of asymptomatic adults is not recommended. Conducting cognitive screenings before and after hearing intervention is also not recommended. Refer to other professionals who are dementia specialists and are extensively trained in these areas.

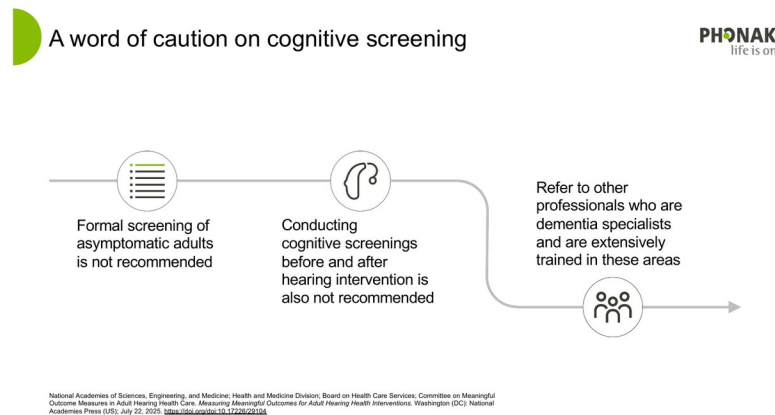


Figure 5. A word of caution on cognitive screening.

2. Adopt a Holistic Hearing Health Approach to Assessment

Extend beyond pure-tone audiometry:

- Understanding of speech in complex listening situations — Abbreviated Profile of Hearing Aid Benefit (APHAB) global score; Words in Noise (WIN) test.
- Hearing-related psychosocial health — Revised Hearing Handicap Inventory (RHHI).

II. Intervention

3. Talk About Proven Benefits of Hearing Interventions

Proven benefits span audibility, speech intelligibility, ease of listening, and cognitive, physical, and social well-being — all contributing to overall quality of life.

- Speech intelligibility: in dynamic group conversations, patients can understand more of the speech they want to hear with Spheric Speech Clarity.
- Overall communication: self-perceived communication function improved within six months of hearing intervention and was sustained through 3 years.
- Social engagement: those in the hearing intervention group retained a larger social network, more varied social roles, and engaged across more social domains.

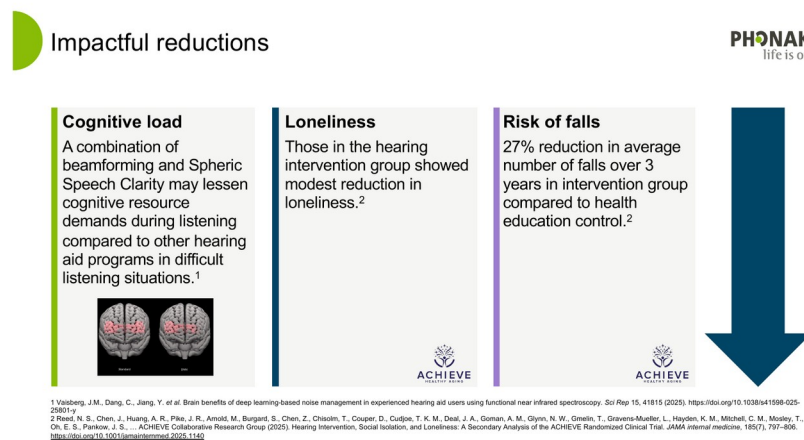


Figure 6. Impactful reductions in cognitive load, loneliness, and risk of falls.

Q2

Quiz Hint: Well-established benefits of hearing intervention include improved quality of life, improved communication, and reduced listening effort.

Discussion question: How do you explain the cognitive benefits of treating hearing loss?

4. Provide Comprehensive Best-Practice Patient- and Family-Centered Care

- Participants who had greater support from significant others were more likely to be successful hearing aid owners.
- Perceived social support is a significant predictor of hearing aid satisfaction.

A comprehensive intervention plan extends beyond hearing aids:

- Technological solutions: hearing instruments, accessories, apps.
- Therapeutic solutions: communication education, counseling, self-management training.

Q5

Quiz Hint: Patient- and family-centered care matters because auditory and cognitive factors vary between individuals, patients have individual hearing goals and priorities, and it is important to meet patients “where they are.”

5. Adapt Audiology Services for Patients with Cognitive Impairment

Discussion question: What modifications do you use when testing or treating a patient with cognitive decline?

Use various strategies to meet patient and family needs, including:

- Involve family and caregivers.
- Adjust test procedure.
- Visual support and cues.
- Use objective testing.

Q3

Quiz Hint: Using visual supports and cues is a useful adaptation when testing or treating patients with cognitive impairment.

III. Communication & Ethics

6. Tailor Communication and Clinical Recommendations Based on Patient and Family Factors

Individualize communication style and clinical recommendations to reflect each patient's and family's specific needs and circumstances.

7. Use Appropriate Evidence-Based Language

Avoid	Instead
Hearing loss causes dementia	Hearing aids can help you hear and communicate better, all of which can encourage many positive health benefits.
Hearing aids will prevent you from acquiring dementia	Taking action to hear better can support healthy aging and overall well-being.

Q4

Quiz Hint: Evidence-based language frames hearing care as supporting healthy aging and overall well-being — avoid stating that hearing loss causes dementia or that hearing aids will prevent or cure it.

Discussion question: How do you respond when patients ask, “Will hearing aids help my memory?”

8. Ensure Marketing Materials Are Evidence-Based

Patient- and provider-facing materials — including pamphlets, display stands, and kits — should reflect the current evidence base on hearing and cognition.

IV. Care Coordination & Policy

9. Establish Multidisciplinary Care Pathways

Effective dementia care often involves a multidisciplinary team:

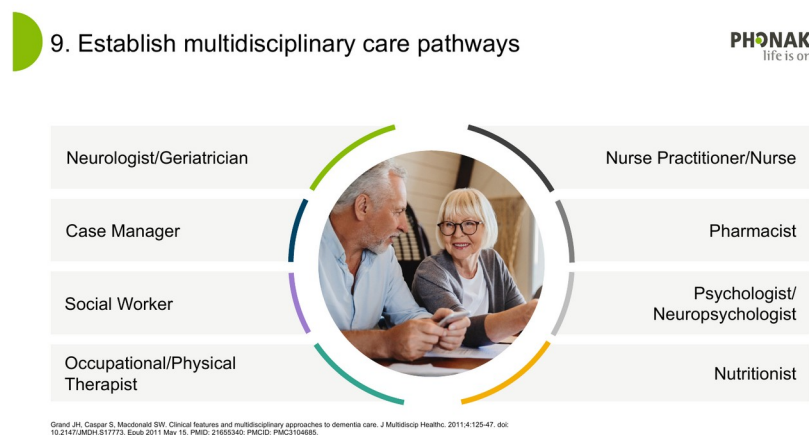


Figure 7. Multidisciplinary care pathways for patients with cognitive impairment.

Discussion question: How have you initiated connections to other multidisciplinary professionals?

10. Advocate for Policy Change & Joint Development of Practice Standards

- Formal practice guidelines.
- Position statements.

Additional Resources

- Patient-focused and provider-focused handouts to support conversations about hearing and cognition.
- [Phonak.com/cognition](https://phonak.com/cognition) — evidence page summarizing the ACHIEVE and ENHANCE studies.
- A dedicated cognition playlist is available on Phonak's YouTube channel.

Conclusion

- Hearing and cognition have a dynamic, bidirectional relationship that HCPs can address through informed assessment, evidence-based intervention, patient- and family-centered communication, and multidisciplinary collaboration.
- Together, these practices support better outcomes and quality of life for patients navigating hearing loss and cognitive change.

Quiz Summary

The following quiz hints appeared throughout the course content. Use this section as a quick study reference.

Q1

Quiz Hint: Behavioral and mood changes — such as unpredictable mood changes — can be a sign of cognitive decline, distinct from normal aging patterns like briefly forgetting parts of an experience.

Q2

Quiz Hint: Well-established benefits of hearing intervention include improved quality of life, improved communication, and reduced listening effort.

Q3

Quiz Hint: Using visual supports and cues is a useful adaptation when testing or treating patients with cognitive impairment.

Q4

Quiz Hint: Evidence-based language frames hearing care as supporting healthy aging and overall well-being — avoid stating that hearing loss causes dementia or that hearing aids will prevent or cure it.

Q5

Quiz Hint: Patient- and family-centered care matters because auditory and cognitive factors vary between individuals, patients have individual hearing goals and priorities, and it is important to meet patients “where they are.”

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Additional Information

Presenter Bio

Erika Porter

Erika Porter, AuD, is dedicated to building practical confidence. She earned her MS from Arizona State University and AuD from A.T. Still University. After 16 years as a dispensing audiologist in private practice, Erika joined the clinical training team at Phonak. She now fills the role of Senior Audiology Development Manager. She loves seeing the “aha” moments when providers discover ways they can improve their patients’ quality of life.

Haley Butler

Haley Butler is an Audiologist and Clinical Trainer for TN, AL, KY, and IN. She joined Phonak in January 2023 and is currently based in Nashville, TN. Haley received her B.S. in Hearing, Speech, and Language Sciences from Ohio University and her Au.D. degree from the Northeast Ohio AuD Consortium. Prior to joining Phonak, she worked as a clinical audiologist at Vanderbilt University Medical Center for nine years. Her previous clinical experiences included adult diagnostics, tinnitus evaluation/treatment, vestibular evaluations, and amplification/assistive device fittings.

Presenter Disclosure

Erika Porter, AuD

- Financial: Erika Porter is employed by Phonak US.
- Non-financial: Erika Porter has no relevant non-financial relationships to disclose.

Haley Butler, AuD

- Financial: Haley Butler is employed by Phonak.
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