Addressing Hearing and Cognition: 10 Recommendations for HCPs

Presenters: Erika Porter, AuD, Haley Butler, AuD

Hello, everyone. Thank you so much for joining us today. We are very excited to have you and to share some exciting new recommendations for hearing care professionals on addressing cognition and hearing in the workplace.

Just to start off with introductions, my name is Haley Butler. I'm a clinical trainer employed by Phonak and I have no other financial or non financial disclosures. And I am Erika Porter. I am a senior audiology manager at Phonak and we are delighted to be with you today. You'll see the risks and benefits.

They're in your handout, so we won't spend time on this. We'll move on.

All right. And here you can see the learning outcomes today. After this course, you'll be able to list the adjustments that you can make to your practice or process to better support patients who have cognitive decline, explain why patient and family centered care is important, and describe appropriate ways to discuss the relationship between hearing loss and cognition. So with that, let's go ahead and dive in. Now, if we look at people in the United States, dementia affects an estimated 2.4 to 5.5 million people.

And its prevalence continues to increase with age. If we look at adults between the ages of 65 to 74 years, dementia affects approximately 3.2% of adults. Those who are 75 to 84 years, it affects about 9.9% of adults. And those who are 85 years or older, we can see that number jump to 29.3% of adults. Now, when we think about globally, looking by the year 2050, the number of adults older than 65 will double and the number of older adults older than 80 will triple.

And so this makes sense why the kind of increased attention to this matter is quite prevalent. And so, as healthcare providers serving this aging population, it's a very important topic for us to talk about and to understand, especially because hearing and cognition have a dynamic and bidirectional relationship.

Hearing loss can lead to reduced communication, increased cognitive load, and social isolation, all of which can contribute to cognitive decline. Conversely, cognitive impairment can affect an individual's ability to process auditory information, making that effective communication more challenging. And these interwoven effects can make defining this relationship challenging.

And so we have a responsibility to provide clear and accurate information to those that we serve in our communities. So to help with that, we're going to start by reviewing some commonly used terms when describing the relationship between two things.

The first term we'll look at is risk. And risk is something that increases your chance or probability of something happening. So, for example, I know that if I lay outside and don't use sunscreen and I get a sunburn, my risk of developing skin cancer will increase. It doesn't necessarily mean that I will get skin cancer, but I've increased my chances. And we know in research that with untreated hearing loss there is a risk of developing dementia.

It is important to know that this risk is from a population perspective and that an individual's risk can really vary depending on multiple other variables. The next term we'll look at is association. Association quantifies the statistical relationship between an exposure and disease outcome. So in this case, the exposure is untreated hearing loss and the outcome is dementia. We know that there is a strong association between these two, but we also again, know that there are many other variables at play here, which leads me to this third term, causation.

Causation is when we know that the exposure produces the effect. So, for example, we know based on all of the literature that too much exposure to loud noise or loud noises can cause noise induced hearing loss. This is a direct cause and effect relationship. While we don't have enough research yet to say that untreated hearing loss can causes dementia, there is some newer research that shows hearing intervention may help prevent cognitive decline. So let's take a look at that.

We are able to say that evidence suggests hearing aid usage may decrease the risk of cognitive decline and dementia. And in the landmark randomized control trial, the Achieve trial, it was demonstrated that comparable comprehensive hearing intervention with the hearing. Excuse me, the fitting of hearing aids, the fitting of assistive devices, providing holistic audiological care, including counseling and education. It showed that cognitive declined in some, but not all participants. So while there is more research yet to be completed to provide some additional clarity and insights, that should not stop us from moving forward with providing exceptional care for our patients.

So to help you with that, the Cognition Advisory Board, which consists of experts in the field on hearing loss and cognition, recently published an article in the Hearing Review. And this article outlines 10 different recommendations for you as hearing care professionals. So today we're going to walk you through these recommendations, and they fall within four primary categories, Assessment and intervention, or, excuse me, assessment and evaluation, intervention, communication and ethics, and care coordination and policy. And then at the end, Erica and I will share some available resources for you.

So first off, let's start with the assessment and evaluation section. And that leads us to our first recommendation, integrate best practices for recognizing cognitive changes in your patients. We are in a very unique position because as hearing care professionals, we often see our patients regularly, and that gives us the Ability to observe and recognize cognitive and functional changes in our patients. Now, aging, we know, is different for everyone. So you all tested the reactions earlier.

I know they're working. I want you to give me a thumbs up if you've ever had a patient who maybe was a very young 90 year old, or maybe you've had a patient who was a very old 70 year old. Right. We all age differently. And that is from genetics, that is from lifestyle, that is from exercise and all of the choices that we make on a daily basis.

Yeah, getting a lot of thumbs up here. Right. So this figure here is a simplified and general illustration of normal aging versus pathological aging in cognition. So pathological simply meaning that it involves or is caused by disease. And here I'm going to use the term dementia.

So in normal, healthy aging, we would expect that as a person gets older, there's going to be some diminishing cognitive functions. So this upper solid green curve shows a fairly slow decline in cognitive functioning as we age. It's important to note, though, that these individuals with normal healthy aging can still perform their daily activities independently.

Conversely, with dementia here we see the decline of cognitive function occurs at a much faster and to a much greater extent compared to that with normal aging. Over time, these changes can impair the ability to perform basic activities of daily living. Now, in the space between, we have conditions involving mild cognitive impairment shown with this gray middle curve. Now, mild cognitive impairment involves cognitive difficulties beyond those that we expect based on a patient's age or education, but they're still not significant to significant enough to interfere with the ability to independently perform everyday tasks. With mild cognitive impairment, we can see that there is the chance for it to develop into dementia, but that's not always the case.

In some cases, we can actually see mild cognitive impairment revert to normal, healthy aging. In some cases, it can be reversible. For example, maybe someone has cognitive difficulties due to medications or due to sleep deprivation. And when making the appropriate changes, we can see an improvement in those symptoms. Now, it's important for you to remember two things here.

For most of your patients, healthy aging is going to be kind of the general case. That's what you're going to see the majority of the time. And the second, not everybody that has mild cognitive impairment is going to develop dementia. So let's look next at some examples of the differences between cognitive

changes that we typically see with normal aging and those that can be warning signs for dementia.

So let's say, for example, your patient John reports forgetting the name of someone that he hasn't seen in a year. That is common with normal aging. However, if you see John and he forgets the name of his spouse, Pamela, that could be a warning sign for dementia. The specific symptoms a person living with dementia experiences can depend upon what parts of the brain are affected and or the specific disease that is causing their dementia. In general, some symptoms that you might see include loss of memory, maybe difficulty finding the right word or understanding what people are saying, being confused even in familiar places, difficulty performing routine tasks, maybe some personality or mood changes, or difficulty solving problems or making decisions.

So in our roles, it's important that you feel comfortable differentiating between, again, these signs of normal aging that you see at the top versus the warning signs that may indicate a form of dementia. These can really help us to recognize when cognitive factors may be impacting a patient's assessment or treatment outcomes, and also to know when to refer to other professionals for further evaluation. Now, observation plays an important role, but you can also incorporate a more straightforward inquiry. For example, you can explicitly ask a screening question like this, during the past 12 months, have you experienced confusion or memory loss that is happening more often or getting worse? So this comes from the Gerontological Society of America in 2020.

A screening question like this does not take much time. It's very easy to include in your established case history, whether that be on your intake form or just kind of oral discussion. It really creates an opportunity in the conversation for patients and family members to be able to share any concerns that they have.

And as we're discussing the assessment and evaluation phase of an appointment, I do want to share a quick word of caution when it comes to cognitive screenings. Although cognitive screening may be

within a clinician's scope of practice, it's important to note that the formal screening of asymptomatic adults is not recommended as there is not enough, there's not enough evidence that shows that it improves patient or even caregiver outcomes. Likewise, conducting cognitive screenings before or after hearing intervention is also not recommended. As we know, cognitive performance fluctuates over time and it depends on many factors, not only hearing or cognitive ability.

Now, if hearing care professionals have concerns about suspected cognitive decline in patients, again, you should refer to other professionals who are dementia specialists and extensively trained in these areas, which Erica will elaborate on a little bit later.

Moving on to the second recommendation, adopt a holistic hearing health approach during the assessment. Now, we know that threshold testing is a very important piece of the puzzle when we complete a hearing assessment, but we can't just stop There, routine assessment should extend beyond pure tone audiometry to include hearing and communication symptom questionnaires, speech and noise testing, and hearing related psychosocial health measures. If we look at a recent report from the National Academies of science and medicine in 20, this also addresses which measures should serve as the standard ways to measure these core outcomes. So just as a little background here, the committee judged each of the proposed measures and tests. They looked at different questionnaires and they looked at a variety of criteria such as reliability, validity and feasibility of administering these in practice.

Ultimately, for measuring an individual's understanding of speech in complex listening situations, the committee recommends the AFAB Global Score, so AFAB standing for the Abbreviated Profile of Hearing Aid benefit. They also recommend the Words and Noise test or wind test to measure hearing related psychosocial health. The committee recommends the Revised Hearing Handicap Inventory. Now, during testing you'll want to make sure to consider the cognitive demand of the different auditory

assessments and make sure that you're interpreting those results appropriately.

So to recap the first two recommendations within assessment and evaluation, you want to make sure that you're integrating best practice for recognizing change changes in your patients using a combination of observation and discussion. And be sure to document in the patient chart those observations that you see over time. And secondly, adopt a holistic hearing health approach going beyond pure tone audiometry to have a very well rounded view of the patient's status. Next, I'm going to pass it over to Erica for the second section.

Thank you, Haley.

So after the assessment is complete, next we come into intervention. And this brings us to Recommendation three Talk about the proven benefits of Hearing Intervention. We have so much rich information in this area and we recognize there are many things that we don't yet know about the relationship between hearing and cognition. What we can do is rather than using the unsubstantiated claims about dementia prevention, we can talk about what we do know. The article authors highlight that the importance of hearing health to brain health should not be ignored, but also should not be the leading recommendation for hearing intervention uptake.

Specifically, never use the association between hearing loss and dementia to encourage hearing aid use for patients or to say that that's why they need it could be a professional ethics issue. Instead, discuss the proven benefits and limitations in a balanced manner without causing unnecessary fear or anxiety. There is no need for scare tactics when there are so many positive outcomes that we can share. Discuss the evidence supporting the benefits of hearing intervention from multiple dimensions. We see some of them listed here on the screen.

Now with your reactions, give Me, an emoji, a thumbs up, a heart. If you have watched or attended one of our webinars on, for example, the Science behind Ultra or Infinio or Understanding Listening Effort. These are available on audiology online. If you haven't had the chance to do it yet, I see some of you have. And so those of you that have know that we really have as much evidence as anyone could want.

So I'm not recreating those webinars today due to our limited time. Instead, I'm going to restrict myself to just a few highlights. And we'll start with some things that tend to improve with amplification. The first of those obviously being speech intelligibility. Now, while speech intelligibility is a benefit that we often take for granted, I do want to just showcase that at Phonak, we really try to tax the system to see just what our technology is capable of.

So we don't do just simple testing. Recent testing comparing spheric speech clarity. So you'll know that that is our advanced DNN processing that extracts the speech from noise, enhances it and integrates it back into the signal. And we compared that to stereozoom, which is our binaural directionality that provides the highest directional benefit on the market today. But we did it looking at overlapping voices and speech from different locations.

So both of those conditions we face in day to day life and both of them are quite challenging. Phonak is committed to providing real world benefit to patients. And we see that here in dynamic group conversations, patients can understand more of the speech they want to hear with spheric speech clarity.

Next we have overall communication and this one comes from the Achieve study and the secondary analysis. What they saw was that self reported communicative function. It was measured for both the hearing intervention and the control group. And they did it using the Hearing Handicap Inventory elderly screening version. Now, at the start, nearly 70% of the total participants had clinically significant impairment.

So an HHI score of greater or equal to 10 and it was pretty balanced between the groups. So balanced starting groups to start with. They then looked at six months and then one, two and three years and what they saw is six months. The proportion of participants with that communicative impairment was lower for the hearing intervention compared to the control group. And that improvement was maintained at the 1, 2 and 3 year follow ups.

So not only from testing do they see improvement, but also communication in daily life tied into that a little bit. They also looked at social engagement. So Achieve looked at three aspects of social networks Again, measured at baseline, six months, one, two, and three years. And they found that participants had, on average, those in the intervention group, one more person in their network compared to the control group. They had more varied social roles, and they stayed engaged across more social domains.

So these findings suggest that hearing intervention helped to maintain social networks. Now, I highlight these because they show not only what is happening, but also some indications of the impact that has on daily life looking at, again, communication and social engagement.

Now, on the flip side, there are certain things that we want to see go down, and amplification shows some benefits here as well. First out of the gate is cognitive load. We have multiple studies showing the decrease in listening effort both in quiet with speech enhancer and in noise with stereo zoom and spheric speech clarity. The study that I want to highlight today is a test that was done using fnirs. And I picked this one because it's an objective physiologic measure.

What it does is it looks at oxygenated blood flow in the brain. So if there's more oxygenated blood flow in the brain, then that means the brain's working harder a little bit. How? Like if you're working out and using your muscle, it needs more blood flow. And this study looked comparing when listening with

spheric speech clarity to without.

And what they saw is that there is a significant reduction in that blood flow in the left lateral prefrontal cortex, which may ring a bell with some of you. And they did it to compared to without spheric speech clarity. And so what that. See what we see, Excuse me, What that means seeing that reduced blood flow is that the brain isn't having to work as hard. So we're seeing physiologically the effects of that reduced listening effort.

And just as a little tidbit, that change in oxygenation was specific to this area. So it wasn't just overall. So it really gives us confidence that this is tied and linked to listening effort. Now, on this slide here, you'll see the brain activation patterns. So you can see pretty clearly that in that right image, when the DNN was active, there's that significant reduction in blood flow.

And I picked this because having the physiologic results to go along with the subjective results that we've been seeing over the years really just helps us as providers, confidently assert with our patients that hearing technology frees up cognitive resources. And when we're thinking about changes in cognitive processing, that's huge. The other two studies, or the other two outcomes shown on the screen come from secondary analyses from the achieve and that's regarding loneliness and the risk of falls. So the hearing intervention group showed a modest reduction in loneliness compared to the control group. And looking at self reported falls, they found that the intervention group had a 27% reduction in falls over the three year study period and that the results were consistent whether it was the intervention group that were at higher risk or lower risk.

Now, in both of these areas, the researchers recognize that there were some study limitations and the results remain to be confirmed in future studies. So things like it being self reported and Covid being part of it, but ultimately any improvement in reducing loneliness and risk of falls is a gain for patient quality of life.

The bottom line is that there is so much that we can talk about when it comes to benefits of treating hearing loss. What's going to be important for you is to really listen to your patients, see what their priorities are so that you can pull from the available information and really relate what ties into their needs. And you'll find that you'll develop your own talk track for how you like to highlight these for patients. But we took the opportunity to ask some of your colleagues how they discuss the benefits of treating hearing loss.

So we have a video here and we're going to show you how several providers share how they explain the cognitive benefits of treating hearing loss. Now I have a little homework for you. As you're watching. I want you to listen for phrases and analogies that you can adopt and bring into your talk tracks. And afterwards I'm going to ask you what stood out to you.

So we'll have you type that in the chat afterwards. But here we go.

Many research studies have shown the sooner you get hearing aids, the better your brain is going to do with them. And that input. I talk a lot with my patients about healthy aging. And it's not just one pill you take every day to be healthy into old age. There's a lot of things we have to do to keep these bodies moving and hearing.

Treating hearing loss is just one of those things. Treating hearing loss is a health decision. It's a decision to keep those hearing centers stimulated and used. It's a risk factor that can be modified. And increasing sound access causes the brain to have less fatigue and it improves our potentially our ability to remember things.

We're going to be more emotionally happy because we can be more socially connected. The brain is craving auditory information to make sense of the world around it. We need to give the brain a clear and

complete signal, even from the beginning. So if we can improve that auditory Signal. We're going to improve cognition, we're going to decrease the cognitive load, decrease the chance of cognitive decline.

It kind of comes back to our two main focuses with treating hearing loss. We want to improve your communication, but long term. We want to provide proper brain health, proper stimulation, and give it complete access to the sound around it. I say it's just like eating well and exercising. The more you do that early on in life, the better your body is going to be set up for the aging process.

This is a positive thing that we can do to reduce our risk, to help us connect better to people and to things around us, to lessen the load that our brains are feeling, that there is no reason not to try, and that I'm going to partner with them to help them in any way.

Okay, time to report in with your homework. Open up your chat and tell me in the chat what resonated with you. Now, you won't see each other's answers, so I'll read some of them out as they come in. But tell me in the chat what resonated with you as you were watching. What some of your peers like to say.

The brain craves auditory information. Yes. The exercise analogy. Hearing loss is a risk factor that we have control over. Not all risk factors we have control over.

Exactly. Darlene says healthy aging, long term benefit. It's a decision we make to support our brain health. And I like the analogy of eating and exercising. Try, try, try.

Less fatigue, less cognitive load.

General concepts of how hearing aids can provide a contribution to overall hearing.

It's a health decision, One of many tools to help the brain. Yeah, so many great, so many great things to pull from. And if we're doing it right, these conversations are happening not only with the patient, but with other important people in their life as well.

So still within the intervention category, we have recommendation number four, and that is to provide comprehensive best practice, patient and family centered care. And really, when looking at the intervention, we want it to be guided by the functional and communication needs assessment that includes the family and communication partners as much as possible. So we want to get input from all of those sides. Louise Hickson and colleagues found that participants who had greater support from significant others were more likely to be successful hearing aid owners. And Singh et al.

Provided evidence to suggest that perceived social support is a significant predictor of satisfaction with hearing aids. Involving the family is essential for setting your patient up for success. And part of the comprehensive best practice is opening our view up. Beyond simply providing audibility, it's important to develop a comprehensive intervention plan that includes both technological solutions as well as what are sometimes called therapeutic solutions. Now, I find that as providers we're typically pretty good about the technological solutions specifically and especially for hearing aids.

What I would encourage you today is I would say don't limit yourself when working with patients with cognitive decline. You may need to look at things more creatively. Maybe app use becomes connecting the patient's aides to an app on a family member's phone so that you can complete an at home follow up appointment with remote support with that family member. Facilitating. Think about how that could be more convenient for everybody involved, especially for those with more advanced stages.

Or maybe it looks like providing instruction on how a TV connector can be linked to the TV in the lounge at the memory care facility so that the patient is automatically tuned in when they join the group to watch Wheel of Fortune every afternoon. And beyond technology, think about what communication

education, counseling and self management training would be most meaningful to the family that you're working with. Think about what your patient can functionally do and how you can support this. And this leads us to recommendation number five Adapt Audiology Services for Patients with Cognitive Impairment. We have lots of experience on this webinar.

I know that you've all been working with patients like this before, so let's learn from each other in the chat. Tell me what modifications do you use when treating a patient with cognitive decline and I'm going to be quiet for about 15 seconds to give you a chance to think and type it in the chat and then I'll start reading them. So again, what modifications do you use when testing or treating a patient with cognitive decline?

Okay, they're starting to come in. Jennifer says visuals Elizabeth Involving family if able, having them sit in for the entire appointment. Use of visuals as well as audio verbal simplify everything, user controls, number of programs, etc. Include written instructions, extra labeling of the charger and visual aids. Make sure I do not use jargon and explain strategies at a level the person can understand.

Reinstruction, lots of redundancy, lots of written instructions using live voice during testing, using short instructions breaking the evaluation up into multiple sessions. Involve a spouse. Automate the hearing aids so they don't need to make adjustments when testing. I allow them to respond in whichever way is most comfortable for the patient. Verbal responses or raising their hand tends to be easier with advanced cognitive decline.

I 100% agree with you. Sometimes I felt I could get a better test. Having a patient say yes, I hear it. Yes, I hear it. Nope, that's too soft than with patients trying to push a button.

Absolutely. Simplify my message. Have family members and appointments Pair the instructions with visuals. Involve the main caregiver to help explain. Keep it on automatic.

Don't use volume control. Help keep them relaxed when learning. Thank you so much for your responses. Those are great and what I heard really aligns with what we see in best practice. What I heard were great ideas for involving family and caregivers, for adjusting test procedures, for providing visuals and support cues.

Also keep in mind there may be times where objective testing is needed, certainly OAEs or maybe at some points ABRS to help get the information you need. So Wrapping up this Intervention section We know that effective intervention is a critical section as we serve our patients and what we can do is we can talk about the proven benefits of hearing interventions. We can provide that best practice care and adapt our audiology services to the needs of the patients and families. Now I'll hand it back to Haley for some important considerations when we're communicating with our patients.

Thanks Erica.

So next is recommendation number six Tailor communication and clinical recommendations based on patient and family factors. We know that not all patients and or families need to discuss cognition with their hearing care professional, so it's really important that you meet the patients where they are recognizing that auditory and cognitive factors can vary greatly based on age, sex, race, ethnicity and education level. So this really requires individualized approaches for patients asking about hearing and cognition concerns. Providers can indicate that conclusive evidence is not yet available to answer questions about how hearing intervention impacts a specific patient's cognition, cognition or dementia risk. However, it can be shared that the existing evidence indicates that hearing intervention for patients with multiple risk factors including older age, physical function limitations and other comorbidities, may yield the greatest benefits.

So for these conversations specifically about cognition and hearing, it's important to use appropriate evidence based language. So on the left hand side you'll see we want to avoid statements like hearing loss causes dementia or hearing aids will prevent you from acquiring dementia. As we discussed earlier, current evidence does not support these statements at this point in time, but there is evidence in population based studies and clinical trials associating hearing care and brain health. So instead on the right you'll see some statements that we do recommend like hearing aids can help you hear and communicate better, all of which can encourage many positive health benefits. Again, discuss the benefits of treating hearing loss beyond hearing better.

Taking action to hear better can support healthy aging and overall well being. Let patients know that they'll also benefit from person centered goal setting and counseling that using hearing aids helps to maintain those social connections and to keep the brain stimulated. Now, one topic that may arise during these discussions of brain health is memory.

So give me a thumbs up emoji if you've ever been asked, will hearing aids help my memory? I feel like when I was in clinic this came up quite often. And so, yeah, seeing a lot of thumbs, thumbs up here. So let's hear how one of your peers response to this and feel free to type in the chat how you might respond. As Erica mentioned earlier, we can learn from each other.

So let me go ahead and play this video here.

I respond with I hope so. Just like I hope that not eating junk and getting out and moving my body every day will keep me sharp and healthy as well. I hope all those things too. Again, hearing. Treating hearing loss is just part of the toolbox of things I'm going to be trying to do to go into older age healthy.

Yeah. So again, feel free to put in the chat how you might respond to that. I personally like putting puzzles together and I think it's safe to say that some of our elderly patients probably enjoy that activity

as well. And I always say the more puzzle pieces you have, the more of the puzzle that you put together, the easier it's going to be for your brain to piece that piece together and kind of make sense of the communication. And that's just going to better help your memory as well.

I see here you have more to work with when using hearing aids. Yeah. Good info in, better info out. I love that. Hearing aids will help you keep you connected to your world and you need to hear and comprehend the words in order to remember.

Exactly. That's just like putting those puzzle pieces together. Yes. Thank you all for sharing. Now, what you display in your office can have a very powerful effect, just as powerful as what you may say.

So this brings us to recommendation number eight. You want to make sure that your marketing materials are evidence based. So just like in our verbal conversations, marketing materials for hearing aids and services must not indicate any causative association between hearing loss and dementia and must not promote hearing aids as dementia prevention tools. All communication should be grounded in evidence and neither over nor understated. Now, the good news is Phonak has available resources to help you with this.

So starting from the left, you'll see our cognition kit that has a hearing aid replica and a fun little squishy green braid. And this display also has a place to hold brochures, which leads me to. In the middle, you'll see we do have updated cognition brochures. This has simple, easy to understand language that explains what we know about the ear and brain connection and some of the benefits from treating hearing loss. And then on the right hand side you'll see that we have a new display stand that highlights how hearing is closely tied to overall wellness and explains the connection to other comorbidities like depression, diabetes and hypertension.

This is a really great one to have in the waiting room as well as in the exam room as it encourages individuals to schedule a hearing evaluation. So we have a little QR code down at the bottom right that also takes them to a video about healthy aging and hearing. And on the next slide we're going to that video for you.

According to the World Health Organization, advancements in healthcare technology and healthier lifestyles have significantly increased global life expectancy. With the world's population currently at 8 billion and projected to reach nearly 10 billion by 2050, the number of older adults continues.

As populations age, maintaining overall health, including a strong foundation of auditory wellness, can make a meaningful difference throughout a person's lifetime. Imagine sitting with the people you love, smiling and nodding while parts of the conversation quietly pass you by. The laughter at the dinner table, the subtle tone and a loved one's voice. The conversations that keep your mind engaged and alive. Hearing loss doesn't just affect the ears, it affects the brain.

Taking care of your hearing isn't just about today. It's an investment in your future, your mind, and the moments that you don't want to miss. Hearing aids aren't about turning up the volume. They're about helping you stay connected to life. A groundbreaking study analyzing hearing aid use in older adults revealed that for adults who are already at higher risk for cognitive decline, treating hearing loss made a profound difference.

Participants who are fit with hearing technology experienced a 48% less decline in thinking and memory over three years. When the brain struggles to hear, it works harder just to keep up. Restoring hearing helps the brain stay stimulated and engaged to relationships, to memories, to yourself. Taking care of your hearing is one of the simplest ways you can take toward protecting your brain and your future.

Curious about your hearing? Talk to your hearing care professional to discuss. Discuss the next steps that are right for you.

Got a little heart emoji? Yes. I love that video. I feel like it is so relatable. So many of those scenes are scenes similar to probably what we experienced this past weekend with the 4th of July with our loved ones.

And I absolutely love the the phrase invest in your future, invest in your mind I think it's, it's one of the best steps we can take healthy aging. So I encourage you, if you're interested in this, reach out to your marketing specialist and if you don't know who that is, reach out to your account manager and they can provide you with this video, which is a great thing that you could play even in your waiting rooms as patients are waiting for their appointment.

So in summary, as you're communicating with patients and their families, whether that be verbally or through displayed material throughout the office, we encourage you to use appropriate evidence based language and tailor it to the individual. And here Erica is going to take us through the last section.

In this section we're going to zoom out just a little bit and talk about care coordination and policy. So instead of a specific patient, we're going to look more in general and recommendation number nine talks about establishing multidisciplinary care pathways. The needs of individuals with dementia are extensive, often requiring care beyond the traditional bounds of medical practice. And more on the integration of therapies from a wide range of health providers and community professionals. An integrated multidisciplinary approach to diagnosing and managing it is highly recommended because no single healthcare specialty has the expertise to deal with the complex range of cognitive, physical, social and emotional challenges associated with dementia.

Multidisciplinary teams involved in dementia can vary. It may look a little bit different based on where you live, but team members often include professionals like neurologists, geriatricians, neuropsychologists, nurse practitioners, physical and occupational therapists, obviously audiologists, nutritionists, social workers. So again, I want to learn, have us learn from each other. So tell me in the chat, what kinds of number two things, what kinds of professionals have you established networks with? And even almost more important is how did you establish those networks care pathways.

So what did you do? How were those care pathways established? So have you, who have you initiated connections with and how did you go about it? Let's see here. PCP and service coordinators at assisted living facilities, nursing homes, senior adult living.

Did a health fair neurologist when asking patients about their PCP ent. I have a friend that's working there. Having those connections and networking is a great way to do it. Neurologists, long term care facilities. When seeing professionals, myself and discussing what I do for a living, I love that.

A great way to help promote the care that you can provide. Health fairs, senior living facilities, rehab hospital where I work with adult Sunday school talks. Yeah, let the patients talk about themselves as well. Having a great PCP relationships PCP make recommendations family members we attend a monthly meeting to network with other professionals who each give programs on these subjects. We in turn present love that professional networking so that you really can feel empowered to make those recommendations.

Now as I mentioned, they may vary. These teams may vary in composition. They may be structured formally or informally, and it really depends often on the resources available, including time, availability, finances and geographic location. It may look a little different in rural New Mexico than it does in urban New York, but regardless of structure, successful teams are characterized by shared commitment to quality care and an appreciation for the contributions of each team member. So it really is everyone

working together for the good of their patient.

Our last recommendation is really for the benefit of the entire field and this is number 10 advocate for policy change and joint development of practice standards. Given the magnitude of the health benefits of hearing interventions, really, this is our opportunity to support policy that addresses hearing loss. Hearing intervention and treatment of hearing loss are essential for overall healthy aging and even more so for older adults with multiple risk factors that impact physical and cognitive health. Hearing care professionals with memberships and professional organizations can support that request for their organizations to participate in the development of formal practice guidelines and position statements to further guide clinical practice on the interconnected hearing and cognition relationship. So again, just keep in mind what can we do as a professional field to move forward and that rounds out the 10 recommendations for providers when it comes to addressing hearing loss and cognition.

Today we've discussed strategies and recommendations for truly every stage of the patient interaction and experience from assessment and intervention, assessment and evaluation to intervention to communication and ethics, and then care coordination and policy. I want to pause for just a second before we get into resources and give you a chance to think about what are you going to use in your practice. Go ahead and make a note of it so that you don't forget. You don't no need to include all 10 all at once, but pick a starting place. Where are you going to?

What are you going to start working into in your practice as you're working with these patients and their families and their caregivers.

All right, so moving on to support with that, as we conclude we do want to share some additional resources with you. Perfect. So earlier I had mentioned some patient focused resources like you see here on the left, but we also have a nice resource for you. So on the right is a quick guide about bringing cognition into the conversation and it provides some frequently asked questions and some

potential answers that you could provide to supplement your communication. You can scan the QR code shown here and download a copy or or Erica may be putting the link in the chat for you.

Perfect.

We also have online online resources available, so if you go simply to phonak.com cognition you'll find links to the Achieve and the enhanced study website. So if you really want to get into all of the details, that's where you can find also has additional resources there as well. And so that you can do that. Your patients could certainly also do that if you had a patient that wanted to get to that level.

And if you found it helpful to hear how other providers approach these questions with their patients. We have a new Cognition playlist on the Phonak YouTube channel. So if you go to Phonak's YouTube channel, you'll see one now that is cognition. Also in that list is the video that Haley showed earlier. That healthy aging and hearing video is also part of that playlist as well.

So that's going to wrap it up for us today. We really want to thank you for your time and your willingness to participate in the chat. We had some really great involvement and thank you for sharing your insights so we can all learn from each other. This QR code that you see on this screen will take you to the original article from the Hearing Review if you would like that for your records as well. If you have any additional questions, as always, please feel free to reach out to your Phonak team.

We are always happy to help because we recognize that together we change lives. Thank you everyone and have a great rest of your day.