

Hearing impairment may lead to depression, isolation, dementia

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If you've ever found yourself repeating parts of a conversation for an

older person or walking into a room where they've turned the TV up full blast, you might have discovered more than just a typical byproduct of aging.

You might have found an opportunity to slow a deadly illness like Alzheimer's disease.

Some [hearing loss](#) is a natural part of getting older, said Dr. Leah Ross, a physician in the Division of Geriatric Medicine at Penn State Health Milton S. Hershey Medical Center. But left unchecked, the loss can lead to lead to [social isolation](#) and depression—two conditions proven to hasten dementia.

Plenty of people leave their hearing impairment unchecked. It's the third most common chronic condition faced by older adults, Ross said, but only 20% of adults have had a hearing test in the past five years, according to the American Speech-Language-Hearing Association. More than half of adults say they have hearing problems, yet only 11% have sought treatment.

The silver lining? "It is a modifiable risk factor," Ross said. "There's something we can do about it."

Suffering in silence

A large portion of Ross's patients deal with both hearing loss and dementia. "It's something I counsel patients on—even my healthy patients who want to know how they can age in place," she said. "A lot of times, people are suffering with hearing impairment for years before they even say anything to their doctors."

What's often missed is what losing hearing can actually become, Ross said. A classic example Ross has seen: An older adult with hearing loss

who attends [social events](#) and family functions discovers their hearing has declined to a point where they have trouble understanding conversations. They become frustrated and begin to turn down invitations. They begin to stay at home, their world closes in on them and they become depressed.

"There are a lot of hearing-impaired people who aren't depressed," Ross said. "But even taking that into consideration, it's still a risk factor for dementia."

A physiological connection between dementia and hearing loss might also exist, but research is ongoing. Other kinds of sensory loss that occurs with age—vision, for example—seem to point less directly to dementia as do auditory issues, Ross said.

What can you do?

A National Institutes of Health study in 2023 found that participants with dementia and hearing loss saw an almost 50% reduction in their rate of cognitive decline as a result of wearing hearing aids.

That doesn't necessarily mean you should rush out and buy a hearing aid for a loved one facing similar challenges. Instead, Ross suggests scheduling an appointment with a doctor and obtaining formal testing.

All hearing impairment is not the same, Ross said, and doctors can help diagnose the cause and the right course of action. Depending on the type of hearing impairment, surgery could be an option to repair the loss. Cochlear implants, for example, can help some people who are hard of hearing or deaf hear sound via a tiny, implantable device.

If hearing aids are the best option, "the more often they wear it, the better," Ross said. "I have a number of patients who have hearing aids

and they don't wear them."

A common misconception is that all hearing aids are expensive. It's true, some varieties cost thousands of dollars—money some patients must pay out-of-pocket because it isn't covered by insurance.

However, "a lot of changes have happened in recent years," Ross said. Some [hearing aids](#) that can be purchased over-the-counter or online no longer cost as much as in years past. "It's worth getting tested because those might be an option," she said.

In the meantime, protect your hearing. For some older patients, damage they did in their younger years can't be undone, and some age-related declines in auditory ability can't be helped. But the old advice still holds. For example, don't listen to headphones cranked all the way up, Ross suggests.

In any case, don't take it lightly, she said.

"That's the big thing I have to battle in clinic," she said, "People aren't connecting seriousness of hearing impairment because it's so common. People don't connect the downstream effects of what can happen."

Provided by Pennsylvania State University

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