Inter-professional teamwork and hearing care for older adults with cognitive loss

There is growing awareness that hearing loss is linked to dementia [1]. The average 65-year-old hearing aid user is about 70 years old. By this age, approximately 1 in 2 people have hearing loss and 1 in 5 have cognitive loss. There are increasing needs for hearing healthcare professionals (HHCPs) to increase their own understanding of how these losses combine. So, the lives of older people and those with co-morbidities need to be taken into account. HHCPs can strengthen inter-professional teamwork by working with other healthcare professionals to achieve the following:

- **Factor hearing loss into cognitive assessments**

Primary care professionals are often the first to be consulted regarding concerns about cognition and/or hearing. All too often, the importance of hearing loss may be discounted because hearing problems are considered to be simply age-related. Sometimes complaints about hearing difficulties receive little attention because hearing problems are considered to be "normal" for older people. HHCP need to deliver the message to other clinicians that hearing loss can influence many aspects of health because it harnesses communication and social interaction, which are key areas of an active and healthy lifespan [2]. Indeed, hearing loss can increase the risk and exacerbate the functional consequences of other age-related health conditions, in particular dementia. It may be difficult for clients, family members, primary care providers, or even geriatricians to distinguish the effects of hearing loss from the effects of cognitive loss because both can affect high-level individual functioning in everyday life and also how well they perform on cognitive screening tests.

- **Strategies to accommodate hearing loss include optimising the environment, using appropriate technology, and/or adopting communication behaviour to facilitate speech understanding**

Make healthcare hearing accessible

Hearing accessibility is important for all healthcare settings so that clients who are hard of hearing benefit as fully as possible from information that is given by clinicians. Hearing accessibility is also important to ensure that test results are not compromised by difficulty hearing instructions or test items [eg, repeated words in a memory test]. HHCPs should encourage other clinicians to increase hearing accessibility by adopting strategies to optimise communication when services are delivered to individuals with suspected and/or identified hearing loss. Strategies to accommodate hearing loss include optimising the environment, using appropriate technologies, and/or adapting communication behaviour to facilitate speech understanding.

A quiet environment will make listening easier by minimising masking and distortion by competing sounds. A well-lit environment will make speechreading easier and improve comprehension. Clinicians can actively promote good communication by encouraging the client to use their sensory aids (hearing aids, glasses). Basic hearing aid troubleshooting skills and a supply of spare batteries may be helpful if a client has a hearing aid that does not sound as good as it should [eg, the speech signal is unclear]. Perhaps most importantly, clinicians can learn to improve communication by altering their own communication behaviours, including speaking slowly and clearly, keeping sentences short and simple, using plain language, providing supplemental visual materials, and verifying that information was correctly understood by the client. Asking for it to be repeated. Clinicians should face the client, speak at their physical level (ie, don't talk down to individuals in a wheelchair), maintain eye contact, and use appropriate body language.

Staying on topic and providing clear transition statements between topics (eg, "Now I am going to test your eyesight") will boost comprehension by helping the listener to stay oriented and reduce expectations. Scheduling more frequent but shorter appointments and involving a family member/carer may also ease communication (eg, by reducing the volume of information overload). In general, these tips for enhancing communication could be used with any client, and they are particularly useful for ensuring a client's full hands of hearing, especially if they may also have cognitive loss. However, accommodation must be individualized rather than simply applying age-related stereotypes ("elderspeak") during communication [11]. HHCPs can play an important role in coaching other clinicians to use appropriate communication techniques for specific individuals by including relevant information about the client's auditory processing needs in referrals, reports, and when sharing information verbally or in written entries in clinical charts.

References