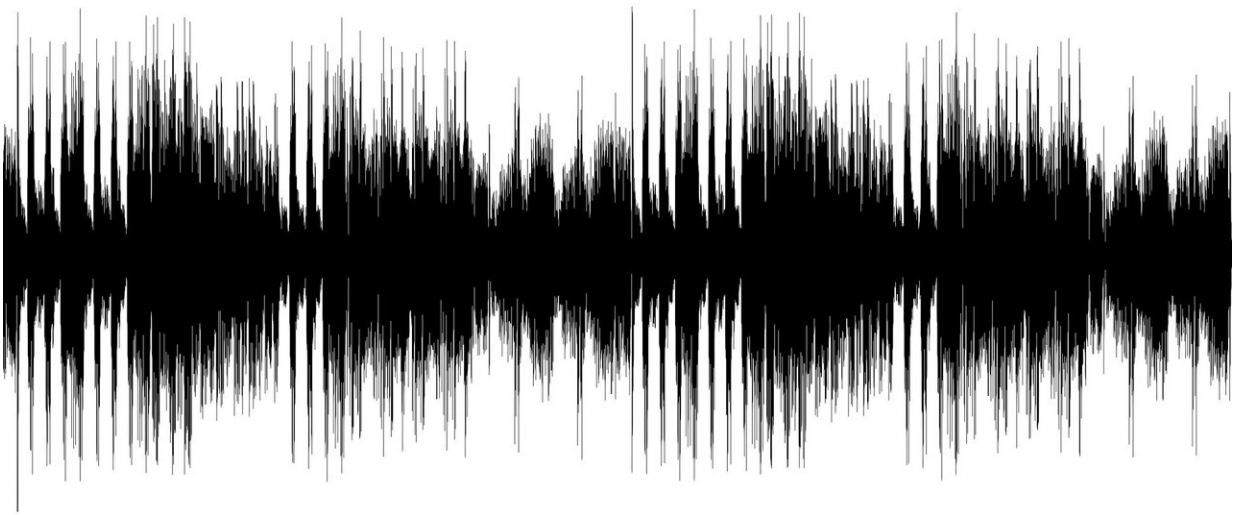


Self-reported hearing loss linked to increased risk of dementia

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A six-year study of older Australians in CHeBA's Sydney Memory and Ageing Study has uncovered an Australian-first association between the impact of hearing loss on cognitive abilities and increased risk for dementia.

In Australia, hearing loss affects 74% of people aged over 70. International studies estimate that people with severe hearing loss are

five times more likely to develop dementia. Addressing midlife hearing loss could prevent up to 9% of new cases of dementia—the highest of any potentially modifiable risk factor identified by a commissioned report published in *The Lancet* in 2017.

A [research collaboration](#) between the Center for Healthy Brain Ageing (CHeBA), UNSW Sydney and Macquarie University's Center for Ageing, Cognition and Wellbeing has confirmed significant associations between self-reported hearing loss and cognition, as well as increased risk for mild cognitive impairment or dementia.

The research, published in *Ageing, Neuropsychology and Cognition*, used data from 1037 Australian men and women aged 70-90 years enrolled in CHeBA's Sydney Memory & Ageing Study from 2005-2017.

Individuals who reported moderate-to-severe hearing difficulties had poorer cognitive performances overall, particularly in the domains of Attention/Processing Speed and Visuospatial Ability. They also had a 1.5 times greater risk for MCI or dementia at the 6 years' follow up.

While hearing loss was independently associated with a higher rate of MCI it did not show this in people with dementia. This likely resulted from the number of people with dementia at six years' follow-up being too small to demonstrate a statistically significant effect.

Lead author at Macquarie University's Department of Cognitive Science, Dr. Paul Strutt, said the findings provide new hope for a means of reducing risk of cognitive decline and dementia in individuals with hearing loss.

"The presence of hearing loss is an important consideration for neuropsychological case formulation in [older adults](#) with cognitive impairment," said Dr. Strutt.

"Hearing loss may increase cognitive load, resulting in observable cognitive impairment on neuropsychological testing."

Co-Director of the CHeBA and co-author, Professor Henry Brodaty, said the study was the first of its kind to identify the relationship between hearing loss and risk for [mild cognitive impairment](#) or dementia in a large Australian-based study of older adult men and women.

"The findings contribute to the [evidence base](#) providing support for a study looking at the effect of hearing devices on cognitive function," said Professor Brodaty.

"Studies are now emerging that hearing aids may reduce this risk. Large, multi-center trials examining the wide-ranging benefits of [hearing](#) interventions in older adult populations with [hearing loss](#) could determine the potential for risk reduction associated with this significant and modifiable risk factor for MCI and dementia in older age," he said.

More information: Paul A. Strutt et al. Hearing loss, cognition, and risk of neurocognitive disorder: evidence from a longitudinal cohort study of older adult Australians, *Aging, Neuropsychology, and Cognition* (2020). [DOI: 10.1080/13825585.2020.1857328](https://doi.org/10.1080/13825585.2020.1857328)

Provided by CHeBA

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