

Untreated hearing loss linked to dementia

An elderly woman sits at a family gathering, smiling and nodding as she listens to the conversation buzzing around her. But she doesn't join the discussion or offer an opinion.

No, she's not holding back out of politeness. It's because she's faking it.

She's trying to look like she's involved, but the truth is: She can't hear what people are saying.

It's a bad enough problem, but what most people don't realize is that untreated hearing loss can actually damage the brain.

"Hearing is 10 percent ear and 90 percent brain," explains John Salisbury, a licensed doctor of audiology and president of Clifton Springs Hearing Center. "When the brain doesn't get enough input, it gets lazy. It's similar to muscle atrophy."

The result, he said, can be the start of dementia. Medical professionals refer to it as "cognitive decline." Researchers at Johns Hopkins reported in 2013 that older adults with hearing loss are more likely to develop problems thinking and

remembering than older adults whose hearing is normal.

There are several theories about why this happens. A few include:

- Constant straining to listen causes stress to the brain.
- Hearing loss causes the brain to process information differently — think of it as re-wiring — which then creates other problems.
- People with hearing loss can become socially isolated, which is a known risk factor for dementia.

What's more, the Hearing Health Foundation reports that one in three people between the ages of 65 and 74 have hearing loss; after age 75, the number increases to one in two people. In addition, people with hearing loss typically wait seven years before seeking help.

That's a big problem, says Dr. Salisbury.

"In our practice, we see patients who know they've had hearing loss for 20 to 30

years. When the brain has gone that long without proper stimulation, it takes more time to bring them back," he explains. "The brain has to relearn how to listen and process information."

Dr. Salisbury says that people resist treatment with hearing aids for several reasons, ranging from vanity ("I'm not old enough for hearing aids!") to concerns about cost.

But these aren't your grandmother's hearing aids. Many of today's sophisticated high-tech devices are so small that they can barely be seen in the ear. Newer products do a better job than the hearing aids Aunt Mabel left in a drawer, too. Today's options can differentiate between, say, the sound of a fan and a human voice.

And while full-fledged hearing aids cost more than over-the-counter options that include sound amplifiers, the risks of not being tested and treated appropriately are significant. Unaddressed hearing loss can lead to social isolation, and hearing loss has been linked with diabetes and heart disease.

"It's a real public health problem when you consider that at least 34 million people in this country have hearing loss, but only a small fraction of them seek help," says Dr. Salisbury.

If you suspect that you or someone you know might have hearing loss, get tested by a professional who can not only assess the situation but also guide you through options now and in the future. Just as a primary care physician tracks your health and monitors progress, an independent audiologist can make adjustments or offer new options over time.

And whatever you do, don't wait. "Good hearing isn't just something nice to have," says Dr. Salisbury. "It's an essential part of health care as we age."



◀ John R. Salisbury, Au.D

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