

Learning Outcomes

After this course, participants will...

- Identify the impact of health conditions on hearing loss.
- Describe the relationship between hearing loss and cognition.
- Describe how improving audibility with modern technology can impact overall wellbeing and satisfaction.

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Outline

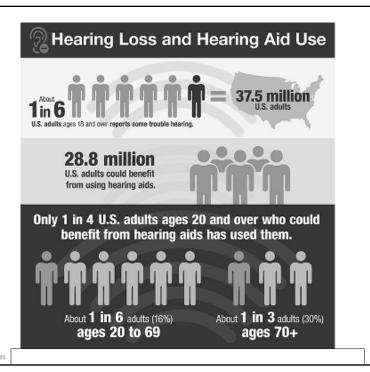
- Introduction of hearing loss
- Possible causes of hearing loss and their epidemiology
- Health impact on hearing thresholds
- · Hearing loss impact on health
- · Relationship between cognition and hearing
- Research and evidence of treating hearing loss on outcomes of health and wellbeing
- Summary

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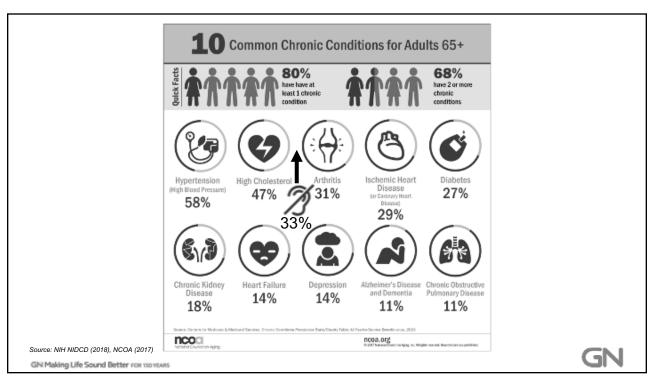
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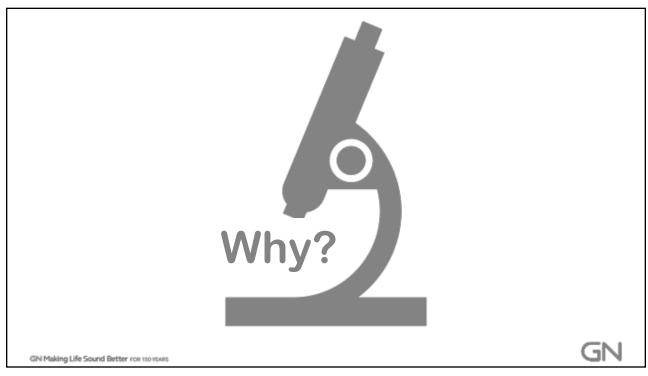
By The Numbers



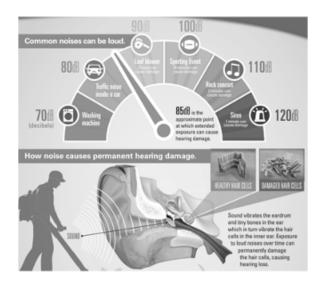
Source: NIH NIDCD (2015)
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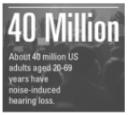




Noise-induced Hearing Loss







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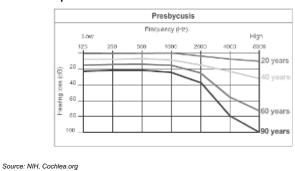
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Age-related Hearing Loss

Presbycusis

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- Gradually occurs in most of us as we grow older
- Accelerated by previous noise exposure



New Study of Hearing Loss Among U.S. Adults Aged 20 to 69

Who has hearing loss?

14% of adults aged 20 to 69 in 2011–2012

Prevalence of hearing loss has declined slightly from about 16% in 1999–2004.

Who is most at risk for hearing loss?

Older Age Groups

Men

AGED 40–49

8%

AGED 50–59

23%

AGED 50–59

23%

Men are about twice as likely as women to have hearing loss.

Men are about twice as likely as women to have hearing loss.

National Institute on Bestman and Other Communication Disorders Institute of the Communication Institute of the Communicat

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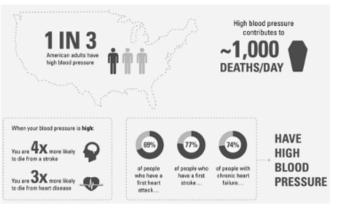
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Health impact on hearing thresholds

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High Blood Pressure



Connection between Hypertension and Hearing loss

- Patients with hypertension have greater increase in hearing loss compared to those without
- Hearing system susceptible to vascular changes



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Source: NIH, Agarwal et al., 2013

Sleep apnea is linked to:

High blood pressure

✓ Atrial fibrillation

Sudden cardiac death

✓ Heart failure

More than

18 MILLION

Americans have it.





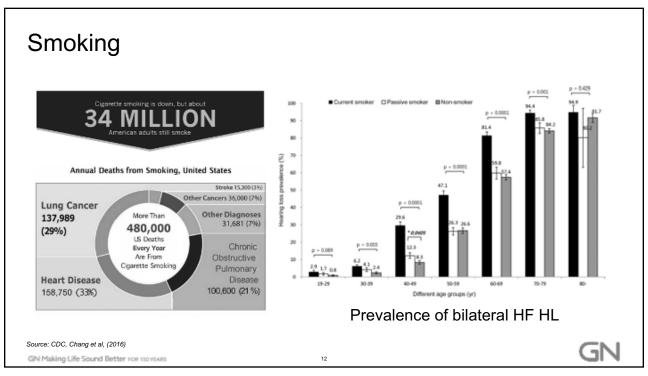
Connection between Sleep Apnea and Hearing loss

- 31% increased risk of HF HL
- 38% increased risk of any HL
- 90% increased risk of LF HL

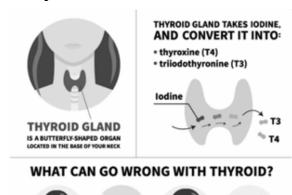


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Hypothyroidism

- lodine is essential for thyroid function
 - Thyroid hormone needed for auditory system maturation
- HL is more than twice as high for those with low iodine levels (ped)

Hyperthyroidism

- Propylthiouracil (Rx)
 - Cytoplasmic antibodyassociated small-vessel vasculitis

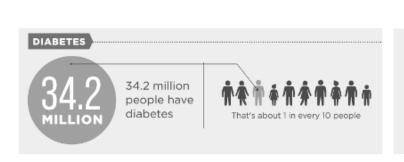
Source: St. Clair Hospital, Sano et al (2014), Scinicariello and Buser (2018)

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Hearing loss is twice as common in adults with diabetes compared to those who do not have the disease



People who have diabetes are at higher risk of serious health complications:

BLINDNESS KIDNEY HEART STROKE LOSS OF TOES, FEET, OR LEGS

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Ototoxicity

>200

OTC and Rx Meds

Common examples:

- · Salicylates Aspirin
- · Antibiotics Aminoglycosides,
- · Loop Diuretics Lasix, Edecrin, Bumex
- · Chemotherapeutic Agents Cisplatin, Nitrogen Mustard, Vincristine
- · Nonsteroidal Anti-inflammatory Drugs (NSAIDS) - Advil, Aleve, Motrin





18%

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Source: NIH NIDCD (2018), NCOA (2017)

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Obesity **Connection with Hearing loss** • 21.5% rate of SNHL Increased incidence of • 13.44% in non-obese 1.73-fold increase in odds of SNHL Stroke Sleep apnea and snoring Heart disease Lung disease • Diabetes Asthma Abnormal lipid profile Pulmonary blood clots High blood pressure Source: CDC, Kohnberg et al., 2018 GN Making Life Sound Better FOR 150 YEARS

Covid-19 (Coronavirus)



Current infection rate: US

10,804 per 1M

- Reduced TEOAE and HF hearing (Mustafa, 2020; Karimi-Galougahi et al., 2020)
- Some balance symptoms noted (Karimi-Galougahi et al., 2020)
- Possible impact
 - · Viral infection impact on hair cell function
 - · Hypoxia respiratory illness
 - · Ototoxic medication (Ciorba et al., 2020)
 - azithromycin, favipiravir, remdesivir, lopinavir, and hydroxychloroquine

Hospitalizations were 6 times higher and deaths 12 times higher for COVID-19 patients with reported underlying conditions*

MOST FREQUENTLY REPORTED UNDERLYING CONDITIONS

CARDIOVASCULAR
DISEASE

DIABETES

CHRONIC LIUNG
DISEASE

OSEASE

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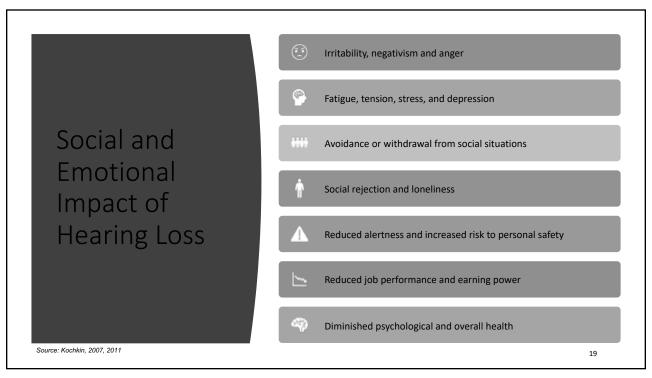
Source: Stokes et al., 2020; CDC.gov; Mustafa, 2020; Karimi-Galougahi et al., 2020; Ciorba et al., 2020

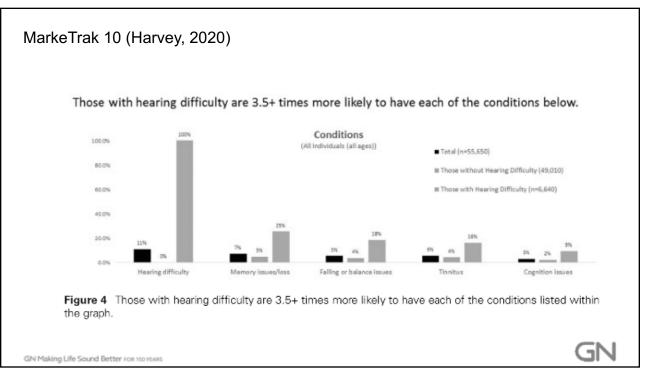
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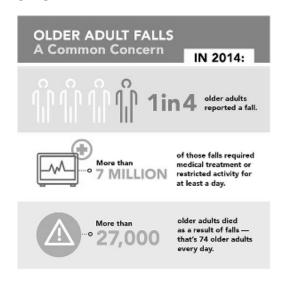
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Hearing loss impact on health





Falls



- People with a 25-decibel hearing loss, classified as mild, were nearly 3X more likely to have a history of falling
- Every additional 10-decibels of hearing loss increased the chances of falling by 1.4-fold





Source: CDC

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Health care burden and Hospitalizations

Uncorrected hearing loss may raise the risk of mental and physical health problems and leads to higher hospitalization rates and <u>health care costs</u>.

- Analysis of health data from more than 150,000 people 50 and older reporting age-related hearing loss and no evidence of hearing aid use
- Untreated hearing loss is associated with a greater risk of
 - Depression (41% greater risk over 10 years)
 - Dementia (52% greater risk over 10 years)
 - · Heart attack
 - Falls (30% greater risk over 10 years).
- 50% more hospital stays, and a 44% higher risk of being readmitted to the hospital within 30 days (over a 10-year period)

JAMA (Reed et al., 2018)

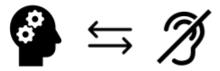
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Relationship between cognition and hearing loss

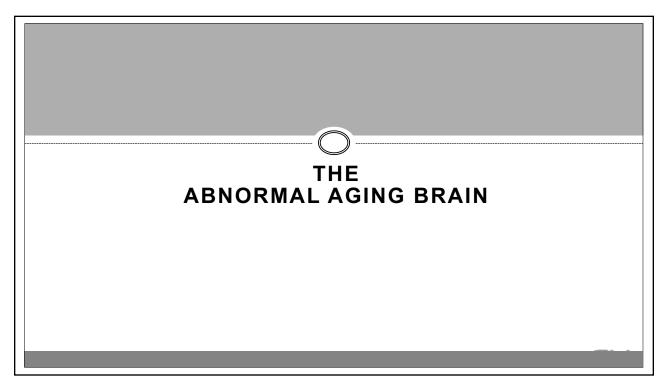
Cognition and hearing loss



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Dementia Epidemiology – Worldwide*

- 35.6 million estimated 2010 (24.2M 2001; 4.6M new cases/yr)
 - 46% Asia
 - 30% Europe
 - 12% North America
- Doubling ~ every 20 years
 - 65.7M 2030; 115.4M 2050
- Majority (57.7%) live in low- and middle-income countries
 - 40% increase Europe over next 20 yrs
 - 63% ↑ North America
 - 77% ↑ southern Latin America; 134-146% rest of Latin America
 - 89% ↑ Asia Pacific; 117% East Asia; 107% South Asia
 - 125% ↑ North Africa and Middle East
- \$315 B (2005 US \$) costs for dementia care/yr worldwide
- * Alzheimer's Disease International World Report, 2009 www.alz.co.uk/worldreport; Ferri et al., 2005; Wimo et al., 2003

Slide courtesy of Angela C. Roberts, PhD

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All-Cause Dementia - NIA and AA (McKhann et al., 2011)

 Revised version of NINCDS-ADRDA (McKhann, et al. 1984; Sensitivity 81%, Specificity 70%)

Cognitive or behavioural (neuropsychiatric) symptoms that:

- 1. Interfere with ability to function at work or usual activities
- Represent a decline from previous levels of functioning and performing
- 3. Are not explained by delirium or major psychiatric disorder
- 4. Cognitive impairment detected and diagnosed through:
 - a. History from client and knowledgeable informant
 - Objective cognitive assessment (mental status or neuropsychological testing)

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All-Cause Dementia - NIA and AA (McKhann et al., 2011)

- 5. Cognitive or behavioural impairment involves a minimum of two of the following.
- · Impaired:
 - ability to acquire and to remember new information (e.g., repetitive questions or conversations, misplacing personal items, forgetting events or appointments, etc.)
 - b. reasoning and handling of complex tasks (e.g., poor understanding of safety risks, poor-decision making, inability to manage finances, etc.)
 - visuospatial abilities (i.e., agnosia and apraxia) (e.g., inability to recognize faces, common objects, or environment; inability to operate simple implements or orient clothing to body

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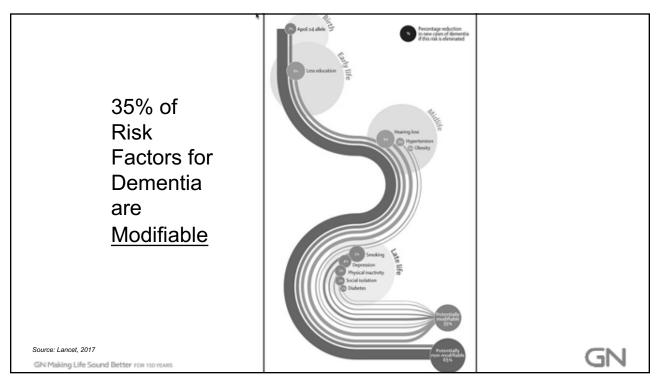
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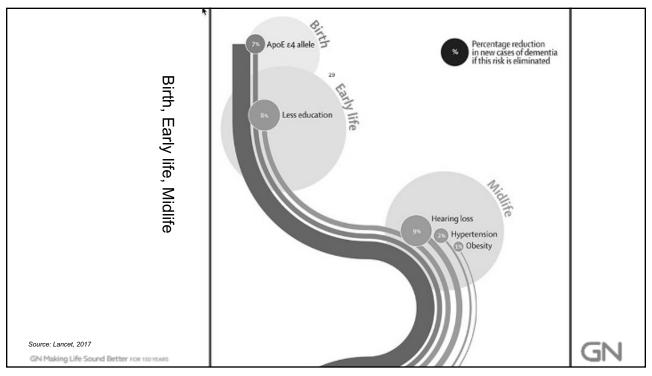
All-Cause Dementia – NIA and AA (McKhann et al., 2011)

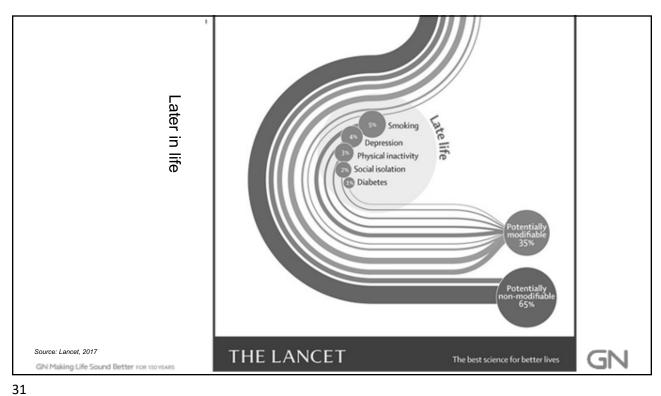
- d. Impaired language functions (e.g., speaking, reading, writing difficulty thinking of common words while speaking, hesitations; speech, spelling and writing errors)
- e. Changes in personality, behaviour or comportment (e.g., uncharacteristic mood fluctuations agitation, impaired motivation and initiative, apathy, loss of drive, social withdrawal, decreased interest in previous activities, loss of empathy, compulsive or obsessive behaviours, socially unacceptable behaviours)

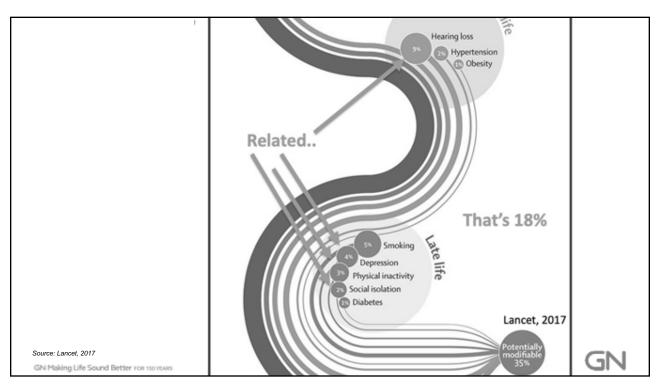
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Relationship between Hearing Loss and Cognitive Decline

Greater cognitive decline in individuals with Alzheimer's who had HI at baseline compared with individuals with AD and NH (Uhlmann et al., 1986)

Correlation between the amount of hearing loss and the severity of cognitive impairment

Every additional 10 dB of hearing loss over a 25 dB hearing loss, 20% increase in risk of developing dementia (Lin et al., 2011)

Pichora-Fuller et al.,2013

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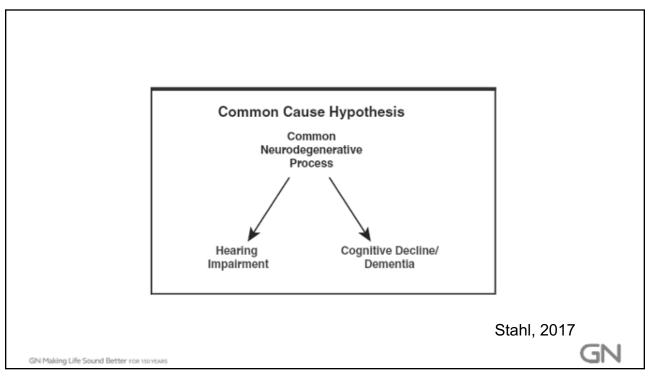
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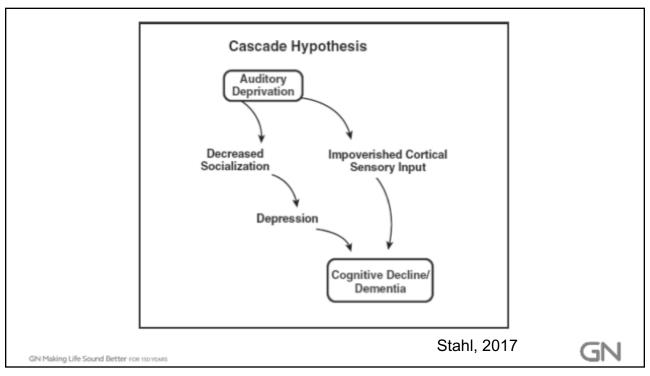
How are hearing and cognition decline related?

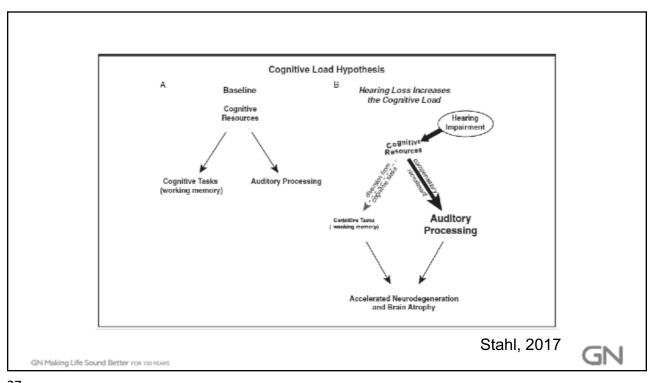
No definitive answers yet, but possible theories are...

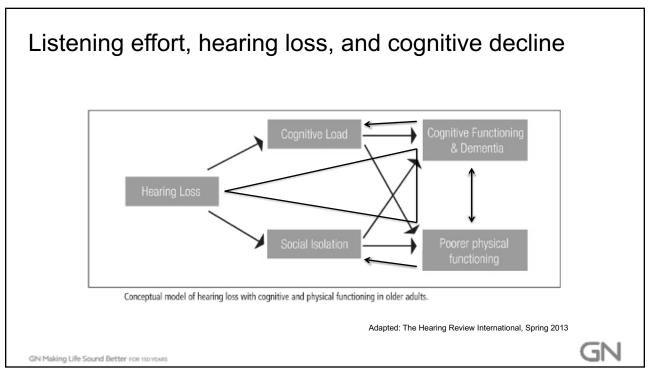
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How to reduce listening effort?

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Optimize Technology and Communication

Hearing aids

- · Remediation of hearing loss
- · Can improve signal-to-noise ratio
- Reduce listening effort (Picou et al., 2013)

Remote Microphone Systems

• Improve signal-to-noise ratio

Therapeutic Intervention

- · Communication Strategies
- AR Classes
- Self-advocacy

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There is hope!

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PROTECT (Brooker et al., 2019)

Poster presented at American Alzheimer's Association Conference

- PROTECT is an innovative online UK based study for cognitively healthy adults aged 50 and over
- Participants were invited to perform a range of cognitive tests, up to three times over seven days. They also self-reported current problems with their hearing and use of hearing aids.
- 4372 participants reported hearing loss, of whom 1557 used a hearing aid and 2815 did not
- Measures of attention and working memory showed higher cognitive performance in individuals using hearing aids at baseline
- Measures of attention, working memory and episodic memory showed a significantly worse trajectory over three years in participants who did not use hearing aids.

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Multi-site study (Frank Lin et al.)

- ACHIEVE The Aging and Cognitive Health Evaluation in Elders (ACHIEVE) study
 - Investigating two different treatments that may promote healthy aging and cognitive health in older adults.
 - Treatments include a successful aging education program and a hearing loss program.
 - Study participants will be randomly selected to either receive the successful aging education or the hearing program.
 - Post baseline, participants will be followed semi-annually for 3 years.
 - At the end of the study, participants can then get the other program if they wish.

https://clinicaltrials.gov/ct2/show/NCT03243422

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Death, Depression, Disability, and Dementia Associated with Self-Reported Hearing Problems: A 25 Year Study

Table 4. Estimated Hazard Ratios of Self-reported Hearing Loss at Baseline on the Risks of Death, Depression, Disability, and Dementia Stratified According to Hearing-Aid Use: PAQUID Study

| | Events n (%) | HR* | 95% CI | p-Value |
|--|--------------|------|-----------|---------|
| Death (n = 3,588) | | | | |
| No hearing trouble reported | 2,025 (88.1) | | | |
| Self-reported hearing trouble with no hearing aids | 1,038 (93.3) | 0.99 | 0.92-1.07 | .81 |
| Self-reported hearing trouble with hearing aids | 164 (93.2) | 1.03 | 0.87-1.21 | .75 |
| Depressive symptoms ($n = 3,080$) | | | | |
| No hearing trouble reported | 324 (15.8) | | | |
| Self-reported hearing trouble with no hearing aids | 163 (18.6) | 1.18 | 0.97-1.44 | .09 |
| Self-reported hearing trouble with hearing aids | 20 (13.6) | 1.05 | 0.66-1.65 | .85 |
| Disability in ADL ($n = 2,857$) | | | | |
| No hearing trouble reported | 547 (29.4) | | | |
| Self-reported hearing trouble with no hearing aids | 301 (34.8) | 1.28 | 1.11-1.48 | <.01 |
| Self-reported hearing trouble with hearing aids | 27 (20.3) | 0.81 | 0.55-1.20 | .30 |
| Disability in IADL ($n = 2,185$) | | | | |
| No hearing trouble reported | 979 (64.6) | | | |
| Self-reported hearing trouble with no hearing aids | 395 (69.4) | 1.13 | 1.00-1.27 | .05 |
| Self-reported hearing trouble with hearing aids | 64 (64.0) | 1.09 | 0.84-1.41 | .53 |
| Dementia ($n = 3,588$) | | | | |
| No hearing trouble reported | 556 (24.2) | | | |
| Self-reported hearing trouble with no hearing aids | 291 (26.2) | 1.21 | 1.05-1.40 | .01 |
| Self-reported hearing trouble with hearing aids | 29 (16.5) | 0.86 | 0.59-1.26 | .45 |

Notes: ADL = Activities of daily living; CI = Confidence interval; HR = Hazard ratio; IADL = Instrumental activities of daily living,

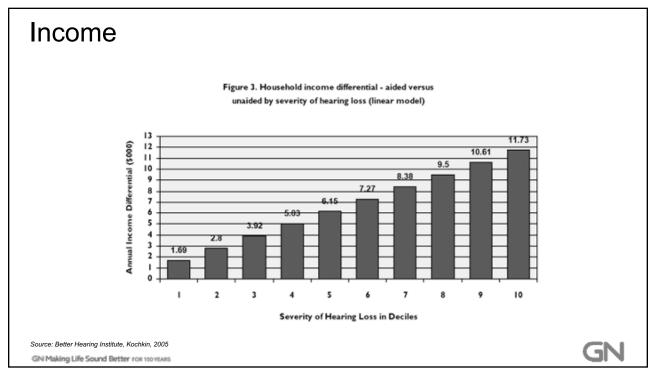
*Adjusted for age, gender, education, and comorbidities.

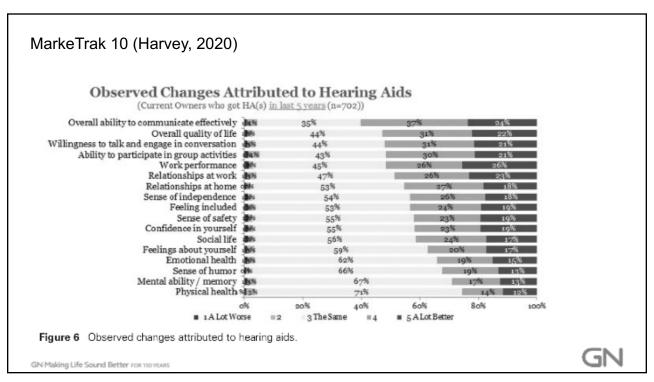
Source: Amieva et al., 2018

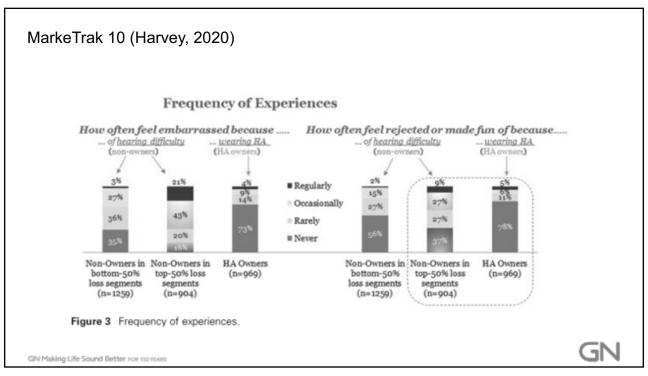
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Hospitalizations Table 2. Unadjusted Data of Nationally Representative Health Care Costs and Use Outcomes Among Older People With Self-reported Hearing Loss^a Hearing Aids Difference (95% CI) Patient Characteristic Total Without With No. of patients 1336 734 602 Total cost, mean (SD), \$ Health care 12839 (20478) 12 254 (20 254) 13 435 (20 082) 1181 (-1247 to 3609) Out of pocket 1727 (4448) 1463 (4792) 1997 (4098) 534 (94 to 973)b Medicare 8293 (16950) 8269 (17000) 8317 (16793) 48 (-1928 to 2024) Any hospitalization, % 21 (19 to 24) 21 (17 to 24) 22 (18 to 26) 1 (-4 to 6) (95% CI) Any ED visits, % (95% CI) -1 (-7 to 4) 26 (23 to 29) 26 (22 to 31) 25 (21 to 30) Any office visits, % (95% 95 (93 to 96) 93 (90 to 95) 98 (95 to 99) 5 (2 to 7)b Abbreviation: ED, emergency Health care intervention, No. (SD) department. a Source: The 2013-2014 Medical Hospitalization 1.60 (7.00) 1.80 (8.85) 1.39 (4.82) -0.41 (-1.16 to 0.34) Expenditure Panel Survey, ED visits 0.45 (1.21) 0.47 (1.35) 0.42 (1.07) -0.05 (-0.18 to 0.08) Household Component Files.²² Office visits 14 (17.61) 13 (19.20) 15 (15.86) 2.71 (0.86 to 4.57)b b Significant at α = .05. Source: Mahmoudi et al., 2018 GΝ GN Making Life Sound Better FOR 150 YEAR

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Take Home Message

- · Several different medical or health-related issues may impact hearing thresholds
- · Untreated hearing loss may impact different aspects of health or well-being
 - Social / emotional
 - Falls
 - Cognition
 - Hospitalizations
 - Income
- Data shows that hearing aids may reduce the prevalence of several of the above items
- People are more likely to feel embarrassed because of hearing difficulties than of hearing aids

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