





## Hearing is important for biopsychosocial models of dementia. Here are some facts researchers in each CCNA team should know...

Nicole Grant B.Sc. (Hons). Trainee at CCNA Team 17. Interventions at the Sensory and Cognitive Interface: Implications for Quality of Life

#	Team Topic	Fact
Theme 1: Prevention		
1	Genetics	Shared regions of the genome are involved in inflammation in hearing loss and Alzheimer's disease (1).
2	Inflammation	Those with hearing loss and Alzheimer's disease have similar pathophysiological alterations (e.g.,chronic inflammation) (2).
3	Protein Misfolding	Early formation of neurofibrillary tangles can be found in the auditory system of those with early Alzheimer's disease (3).
4	Mechanisms of Dementia	Shared metabolic dysfunction may underlie the association between age-related hearing loss and Alzheimer's disease (4).
5	Diet	Pro-inflammatory foods (e.g., sugar) are associated with prospective age-related hearing loss and dementia risk (5).
Theme 2: Treatment		
6	Sleep	Hearing loss is associated with altered sleep architecture (6).
7	Vascular	Hypertension and other cardiovascular risk factors are associated with hearing loss (7).
8	Lewy Body Disorders	People with hearing loss are at greater risk for falls, an area of concern in Lewy Body disorders and Parkinson's disease (8).
9	Biomarkers	Alterations in serum metabolic profiles are associated with hearing loss in those with Alzheimer's disease (4).
10	Cognitive Intervention	People with hearing loss may need accommodation to engage in cognitive interventions and more active lifestyles (9).
11	Neuropsychiatry	Treatment with hearing aids may reduce neurocognitive symptoms (10).
12	Mobility	Auditory and vestibular function are important for balance and mobility.
13	Frontotemporal Dementia	Frontal-lobe activity is important for listening to speech in noise.
Theme: Quality of Life		
14	Multi-Morbidity	Hearing loss is the modifiable risk factor with greatest potential to reduce dementia risk (11).
15	Rural Care	Many hearing services are now available on e-health to improve access to care in rural communities.
16	Driving	Driving performance can be reduced by hearing loss (12).
18	Indigenous	There are gaps in hearing health care services available in rural indigenous communities.
19	Health Care System	Hearing loss can influence quality of care, patient-clinician communication and access to health care services (13).
Cross-cutting Themes		
Sex	, Gender, and Dementia	Hearing loss (often from noise exposure) starts earlier in men than women (possible effects of estrogen changes) (14).
Social Inclusion and Stigma		Fewer than 25% of those who need hearing aids get them, with stigma being a main barrier (15).

- 1.Mitchell et al. 2020.DOI: 10.1002/dad2.12108 2.Ruan et al. 2018. https://doi.org/10.3389/fnagi.2018.00098
- 3. Sardone et al. 2019. https://doi.org/10.3389/fnins.2019.00619
  4. Llano et al. 2020. https://doi.org/10.3390/cells9122556
  5. Sardone et al. 2020. https://doi.org/10.3390/nu12020426
  6. Clarke et al. 2019. https://doi.org/10.1044/2019\_AJA-19-0026
  7. Tan et al. 2018. DOI: 10.1111/coa.12936

- 8. Borda et al., 2019. DOI: 10.1159/000496537

- 9. Panza et al. 2018 https://doi.org/10.1177/2040622318811000 10. Glick & Sharma. 2020. https://doi.org/10.3389/fnins.2020.00093
- 11. Livingston et al.2020 https://doi.org/10.1016/S0140-6736(20)30367-6 12. Edwards. 2017. DOI: 10.1093/geront/gnw009 13. Weinstein et al. 2015 DOI: 10.1044/2015\_AJA-15-0055

- 14. Huang et al. 2015 DOI: 10.1177/1533317519871167 15. Gregory et al. 2020 https://doi.org/10.1177/2050312120904572