



SUBMISSION:

National Dementia Action Plan 2023-2033

February 2023

Audiology Australia (AudA) welcomes the opportunity to provide a response to the shared development of the National Dementia Action Plan 2023-2033 (the Action Plan) between the Australian Government and state and territory governments of Australia. We strongly support the development of the ten-year Action Plan and acknowledge the significant and growing health and aged care challenges presented by dementia, and the impacts of dementia on the health and quality of life of people living with the condition, as well as their families and carers.

AudA is the peak professional body for the profession of audiology, representing over 3,400 practising audiologists across Australia and 95 per cent of all practising audiologists in the country. Audiologists are hearing health practitioners who provide hearing services and supports to people across their lifespan to help them preserve, manage, and improve their hearing and balance, and their ability to process and understand sounds. This includes the provision of diagnostic hearing assessments and hearing rehabilitation services to people living with hearing loss and cognitive decline and dementia, including older Australians in residential aged care facilities.

As outlined in [AudA's Hearing Health and Dementia Position Statement](#) (2022), we strongly consider that audiologists have an important professional role in the context of hearing loss and cognitive decline and dementia, including providing clinical services to assist in the timely identification of hearing loss in people with cognitive decline and/or dementia, and the management of hearing loss for those with cognitive decline and dementia that optimises for communication and social engagement.

Our submission response addresses Objectives 3, 4 and 6 of the Action Plan which aligns with the following immediate priority areas as outlined on page 15 of the [National Dementia Action Plan Public Consultation Paper](#):

- *timeliness of diagnosis/detection of dementia*
- *better coordinated post-diagnostic care (immediately following a diagnosis) but noting this need is ongoing*
- *increased dementia capability of the health and aged care workforce*

In particular, our submission focuses on the importance of addressing the hearing health needs of older Australians, with attention placed on the growing body of research linking age-related hearing loss with cognitive decline and dementia. Please refer below.

National Dementia Action Plan Objective 3: *Improving dementia diagnosis and post-diagnostic care and support*

3.1 *Recognising and acting on early signs and symptoms*

AudA highlights that emerging evidence has provided new insights into hearing health as a key component of healthy ageing, with preliminary research findings indicating a link between hearing loss and cognitive decline. As outlined in the National Dementia Action Plan Consultation Paper, one of the proven ways for a person to reduce the risk and/or delay the onset of dementia is to look after their hearing. Studies published by Livingston et al. (2017, 2020) in the *Lancet Commission Report* indicate that unmanaged hearing loss in mid-life (45-65 years) and late-life (older than 65 years) may account for up to nine per cent of preventable dementia cases worldwide and is one of the most potentially modifiable risk factors for dementia.

In the *Lancet Commission Report*, Livingston and colleagues sought to estimate a combined population attributable factor (PAF) for known modifiable risk factors for dementia. PAF is the percentage reduction in new cases over a given period of time if a particular risk factor is completely eliminated. AudA notes that peripheral hearing loss was identified as a potentially modifiable risk factor for dementia, in addition to the risk factors of diabetes, mid-life hypertension, mid-life obesity, physical inactivity, smoking, depression, low educational attainment and social isolation (Livingston et al., 2017). In calculating a PAF for hearing loss, the researchers concluded that the risk of hearing loss for dementia is higher than the risk from any other modifiable risk factor in mid-life, including hypertension and obesity. We note that further studies also support the association between hearing loss and a higher dementia risk, including studies by Michalowsky et al. (2019), Liu and Lee (2019), and Lamb and Archbold (2019).

In addition, we highlight that the loss of hearing can have the most significant impact on persons with dementia in terms of quality of life. This is due to the fact that dementia can worsen the effects of sensory changes by altering how a person perceives external stimuli, such as noise and light. As hearing is linked to balance, this can also lead to a greater risk of falls either through loss of balance or through an increase in disorientation as a result of a person trying to orientate themselves in an environment that is over-stimulating and noisy (Hayne & Fleming, 2014).

With a growing ageing population, the Australian Institute of Health and Welfare (AIHW) predicts that the number of Australians with dementia will more than double – from 386,200 in 2021 to 849,300 in 2058 (AIHW Report *Dementia in Australia*, 2022).

Furthermore, in 2019-20, over half of people living in permanent residential aged care had dementia (about 132,000 residents) (AIHW, 2022).

In light of the emerging evidence and research findings that indicate a link between hearing loss and cognitive decline and dementia, we suggest that hearing protection, screening, and treatment be considered for use as strategies to address the risk of cognitive decline and dementia and to assist in the timeliness of diagnosis and detection of dementia in the Australian population. In particular, we strongly recommend that a hearing screening program be introduced as part of an aged care assessment process for all aged care residents to enable for the early detection and management of hearing loss, which can help reduce the effects of sensory changes and improve the quality of life for aged care residents living with dementia.

Recommendation 1:

That a hearing screening program be introduced as part of an aged care assessment process for all aged care residents to enable for the early detection and management of hearing loss, which can help to reduce the effects of sensory changes and improve the quality of life for aged care residents living with dementia.

National Dementia Action Plan Objective 4: *Improving treatment, coordination and support along the dementia journey*

4.1 *Quality care and ongoing support as a person's needs change*

AudA strongly considers that the audiology profession has an important professional role in the context of supporting a person with a dementia diagnosis. This includes providing clinical services to assist in the timely identification of hearing loss in people diagnosed with dementia and providing hearing rehabilitation to optimise for communication and social engagement.

The American Speech Language Hearing Association (ASHA) has identified the important professional role that audiologists have in the assessment and care of persons with dementia. The following roles identified by ASHA are strongly supported by AudA, as follows:

- Providing information to individuals and groups at risk for hearing loss and educating them on the link between hearing loss and dementia.
- Educating other professionals, third-party payers, and legislators on the needs of persons with dementia and hearing loss.
- Screening individuals with possible hearing loss and determining the need for further assessment.
- Conducting a comprehensive audiologic assessment and diagnosing hearing loss when present.
- Recognising behaviours (e.g., cognitive and memory changes) associated with dementia and helping to determine if these behaviours may be related to the individual's hearing loss.
- Screening for cognitive impairment (e.g., memory function) and determining the need for further assessment by other professionals as appropriate.
- Counselling persons with dementia and their families regarding the impact of hearing loss on communication.
- Providing audiologic treatment to individuals with dementia that optimises communication and social engagement throughout the course of the disease.
- Serving as an integral member of an interdisciplinary team to ensure comprehensive services and continuum of care for individuals with dementia and their families/caregivers.
- Providing indirect intervention through the individual's caregivers, and recommending environmental modifications and other techniques to facilitate communication.
- Remaining informed of research in the area of hearing loss and dementia, and helping advance the knowledge base related to the nature and treatment of these conditions.

In addition, AudA notes that a recent review, [*Hearing Assessment and rehabilitation for People Living With Dementia*](#), published by Dawes and colleagues (2022) outlines best practice recommendations for the assessment and rehabilitation of hearing impairment for persons with dementia with reference to the current evidence base. The recommendations have been written by audiology, psychology, speech-language, and dementia nursing professionals and includes practical recommendations for adapting audiological procedures and processes for the needs of persons with dementia.

Furthermore, we highlight that aged care services in residential aged care facilities are an important resource for older Australians, particularly for older Australians living with dementia who require ongoing care and have specific needs relating to their dementia condition, including cognition and communication issues (AIHW, 2022). It will be important to ensure that coordinated post-diagnostic dementia care, which may include hearing health care, can be readily accessed by residents at these facilities.

National Dementia Action Plan Objective 6: *Building dementia capability in the workforce*

6.1 *A skilled dementia aware health and aged care workforce*

AudA considers it fundamental that the health and aged care workforce have the skills to communicate with people living with dementia and hearing difficulties and can provide care and maintenance of hearing health care equipment, such as hearing aids. We note that this will require a commitment to ongoing hands-on training on hearing loss and hearing devices, including practical demonstrations and the opportunity for staff to learn to troubleshoot problems.

A recent study by Bott et al. (2020) indicates that care staff at residential aged care facilities do not always know how to support the hearing needs of residents with dementia or use evidence-based communication strategies when interacting with them. The study also indicates that care staff do not routinely refer residents with dementia and hearing concerns to hearing services. As people living in residential aged care facilities are more likely to have hearing loss and dementia, we strongly recommend that education and training opportunities be provided to aged care staff in the management of hearing loss and dementia.

Our members have provided the following strategies to help address the hearing health needs of aged care residents.

- Using individual hearing and communication plans for residents with hearing difficulties.
- Consulting and educating staff and carers on a resident's abilities and needs, and communicated in a way that is clear and easy to understand and enables residents to exercise choice.
- Adopting a common routine for the care and maintenance of hearing aids. For instance, AudA members provided examples of nursing homes that use the

strategy of removing hearing devices at bedtime and storing them centrally and labelling with a form of identification.

- Having a staff member coordinate services and support for residents with hearing.
- Having evaluation mechanisms to gauge the success of hearing health care treatment and support.

Recommendation 2:

That education and training opportunities be provided to aged care staff in the areas of hearing loss management and dementia, including the use of evidence-based communication strategies and the provision of care and maintenance of hearing health equipment, to better support the hearing health needs of aged care residents living with dementia.

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