

Dementia and Communication

Arlene A. Pietranton, PhD, CAE

Chief Executive Officer

American Speech-Language-Hearing Association

About ASHA

The American Speech-Language-Hearing Association (ASHA) is a national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Affiliated Networks:

- Council of State Association Presidents
- Global Rehabilitation Alliance
- International Association of Logopedics and Phoniatrics
- International Communication Project
- Pan American Health Organization

Dementia: Cognition and Communication

- Cognitive and communication (speech, language & hearing) skills are highly interrelated
- All types of dementia present with some type and extent of communication impairment
 - Expressive (speaking/writing) and receptive (listening/reading) language
 - Pragmatics (social communication)
 - Speech fluency
- Can ultimately lead to:
 - Decreased or loss of functional communication
 - Increased “responsive” behaviors
 - Increased caregiver burden

(Swan et al., 2018)

Dementia: Impact on Cognition and Communication

Deficits in

- Attention
- Learning & Memory
- Reasoning & Executive Functioning
- Perceptual Abilities
- Language
- Behavioral & Psychosocial

Dementia: Hearing

- High co-morbidity of dementia and hearing loss
- Hearing loss is a potentially modifiable risk factor for dementia
- Persons with dementia may need increased support for hearing aid use
- Responsive behaviors may be improved with use of amplification

(Weinstein, 2018; Daviglius et al., 2010; Livingston et al., 2017; National Institute of Health and Care Excellence, 2015)

Dementia: Hearing

- Research does not conclusively state that treatment of hearing loss can postpone dementia onset, however:
 - Available data suggests by partially restoring hearing and communication abilities, hearing treatments may help people to remain socially engaged and enable participation in cognitively stimulating activities (Amieva et al., 2015; Dawes et al., 2015)
 - Hearing care positively impacts overall communication and home safety which has positive outcomes for persons with dementia, as well as their families, and caregivers. (Weinstein, 2018)

Dementia: Hearing and Risk of Falls

- Hearing loss impacts safety and fall risk:
 - 1.4-fold increase in odds of a fall for every 10 dB decrease in hearing ability (Lin and Ferrucci, 2012)
- Persons with dementia + history of falls = 5x more likely to be institutionalized (compared to those with dementia with no history of falls)

Speech-Language-Hearing Services That Can Benefit Persons with Dementia

- Screening & Assessment
 - Comprehensive, culturally and linguistically relevant
- Rehabilitation Services
 - Maintaining highest functional levels over time
- Advising
 - Assisting persons with dementia, family and caregivers about ways to maximize reliable and effective communication
- Helping to Inform
 - Other professionals, third-party payers, and legislators

Early diagnosis and intervention

- Mild Cognitive Impairment
 - Modest decline from previous levels of function
 - Deficits do not interfere with independence in everyday activities

(Bennett et al., 2006; Amieva et al., 2005)
- Relationship between early fitting of hearing aids with retention of cognitive function
 - More consistent baseline hearing testing needed during early adulthood for threshold tracking as individual's age

The Goal of Treatment

The goal of treatment for persons with dementia is to maximize the individual's **quality of life** and **communication success**, using whichever approach or combination of approaches meets **the needs and values of that individual.**

Functional and Person-Centered

- What is most important to this person? Who are the most important people in their life?
- How can he or she best communicate; where does communication breakdown?
- What are their typical daily routines?
- How can we honor this person's values and identity?
- How can we ensure that the person and family/caregivers have a voice?

Treatment Approaches

- Compensatory:
 - *Examples:* external memory aids, environmental modifications, cognitive stimulation therapy, simulated presence, validation therapy
- Restorative:
 - *Examples:* assistive technology, hearing assistive technology systems, montessori for aging and dementia, spaced retrieval
- Advising:
 - Persons with dementia and those with whom they interact how to maximize reliable and effective communication

International Classification of Functioning, Disability and Health (ICF)

Framework developed by the World Health Organization to address functioning and disability related to a health condition within the context of the individual's activities and participation in everyday life.

How can it be applied to the work of audiologists and SLPs when working with individuals with dementia?



<https://www.asha.org/uploadedFiles/ICF-Dementia.pdf>