



Something's Different, Should I Be Concerned?

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Why is this important?

- Proper diagnosis
- Only 16% of seniors report getting regular cognitive visits with Dr. visits
- We must advocate
- Find the right care, the right support in the right setting
- Untreated temporary concerns increase the risk of developing dementia

Normal Aging vs. Not Normal



Signs of Something



NORMAL Aging

- Can't recall a word. Describe the word to get it to pop up.
- Give people time to process information. Go more slowly.
- Slower to think.
- Slower to do.
- May hesitate more.
- More likely to look before they leap.
- Will know the person, but not find the name.
- May pause when word finding
- New data reminds me of old data

NOT Normal Aging

- Unable to think the same
- Unable to do as before
- Unable to get started on a task
- Will get stuck in a moment of time
- Unable to think things out
- Unable to successfully place a person
- Words won't come even with visual, verbal, or touch cues
- Confused between past and present
- Personality and/ or behaviors will be different



If You Notice Changes...

- You Should
- ✓ Get an assessment
 - ✓ Go see the doctor

Mimics of Dementia Symptoms



Depression

- can't think
- can't remember
- not worth it
- loss of function
- mood swings
- personality change
- change in sleep

Delirium

- swift change
- hallucinations
- delusions
- on & off responses
- infection
- toxicity
- dangerous



Alzheimer's Disease

- Young Onset
- ·Late Life Onset

Vascular Dementias (Multi-infarct)

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Lewy Body Dementia

Fronto-Temporal Lobe Dementias

Other Dementias

- Genetic syndromes
- Metabolic pxs
- •ETOH related
- •Drugs/toxin exposure
- •White matter diseases
- Mass effects
- •Depression(?) or Other Mental conditions
- •Infections BBB cross
- Parkinson's

Dementia: What is It?



•It is BOTH

a chemical change in the brain

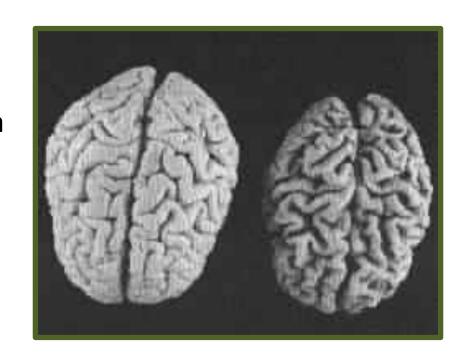
AND

- a structural change in the brain
- •This means...
 - It may come and go.
 - "Sometimes they can and sometimes they can't."



Brain Atrophy

- The brain actually shrinks
- Cells wither then die
- Abilities are lost
- With Alzheimer's area of loss is fairly predictable
- BUT the experience is individual...



Available Workshops



Hand-Under-Hand™



Teepa's Senior Gems™





HEARING LOSS AND DEMENTIA

Presenter: Mary Bauer | Deaf and Hard of Hearing Specialist

Deaf and Hard of Hearing Services Division

OLDER ADULTS AND HEARING LOSS

One out of three people between ages 65 and 74 has a hearing loss.

One out of two people age 75 and older has a hearing loss.

SOME SIGNS OF HEARING LOSS (page 1):

- May not realize you are talking to them unless they can see you
- Cups their ear indicating they are having difficulty hearing
- May seem to be staring at you (watching your face)
- Doesn't always respond when spoken to or responds with an answer that seems "off"

SOME SIGNS OF HEARING LOSS (page 2):

- Frequently responds with a smile and a nod without further comments
- Seems to withdraw from social situations (or doesn't attend at all)
- Has greater difficulty understanding women and children's voices
- Complain that others mumble

SOME SIGNS OF HEARING LOSS (page 3):

- Often asks you to repeat (What? Huh?)
- Turns volume up loudly when watching television or listening to the radio
- Has difficulty hearing the doorbell or telephone ring or other environmental sounds (or cannot hear them at all)
- Often misunderstands similar sounding (or looking) words

IS IT ALZHEIMER'S OR IS IT HEARING LOSS?

SYMPTOM ANALYSIS & COMPARISON BETWEEN MODERATE ALZHEIMER'S DISEASE AND UNTREATED HEARING LOSS		
Late Onset Alzheimer's	Untreated Hearing Loss	
Depression, anxiety, disorientation	Depression, anxiety, social isolation	
Reduced language comprehension	Reduced speech discrimination	
Impaired memory (esp. short-term)	Reduced cognitive input to memory	
Inappropriate psychosocial responses	Inappropriate psychosocial responses	
Loss of ability to recognize (agnosia)	Reduced mental scores (cognitive dysfunction)	
Denial, defensiveness, negativity	Denial, defensiveness, negativity	
Distrust, suspicion of other's motives	Distrust, paranoia (e.g., belief that others are talking about them)	
Chartrand, Max Stanley: "Undiagnosed Pre-Existing Hearing Loss in Alzheimer's Disease Patients?" December 2005		

STUDIES HAVE LINKED UNTREATED HEARING LOSS TO

- Significantly higher rates of social isolation depression, and anxiety (National Council on Aging)
- Cognitive abilities decline 30-40% faster & increased risk of developing dementia (Johns Hopkins and the National Institute on Aging)
- Higher risk of falls (Finland Hearing as a Predictor of Falls and Postural Balance in Older Female Twins)
- 32% more admissions to the hospital; 36% more likely to have stretches of illness or injury lasting more than 10 days (Johns Hopkins)



The Health Impacts of Age-Related Hearing Loss

HERE'S A 3-STEP PLAN TO ADDRESS HEARING LOSS

1. Get an Accurate Diagnosis

Choose the <u>Right Assistive</u>
 <u>Technology</u>

3. Develop Communication Strategies

1. GET AN ACCURATE DIAGNOSIS

You should get:

- Verification of hearing loss
- Description of the hearing loss (cause, type, and degree of loss)
- Evaluation of the impact of the hearing loss
- Recommendation of appropriate treatment, coping strategies and/or auxiliary aids

AUDIOLOGIC ASSESSMENT FOR PATIENTS WITH DEMENTIA – RECOMMENDATIONS FROM ASHA (page 1)

In the early stages of dementia, traditional hearing testing is generally successful. Modification may be needed, such as —

- simplifying directions
- using pulse tones
- slowing presentation of speech stimuli
- providing reminders to respond
- allowing a "yes" response instead of raising a finger/hand or pressing a button

AUDIOLOGIC ASSESSMENT FOR PATIENTS WITH DEMENTIA – RECOMMENDATIONS FROM ASHA (page 2)

During the later stages of dementia, more objective tests (e.g., otoacoustic emissions or auditory steady state response) may be necessary to obtain estimated thresholds.

AUDIOLOGIC ASSESSMENT FOR PATIENTS WITH DEMENTIA – RECOMMENDATIONS FROM ASHA (page 3)

The audiologist can gain valuable information from the individual with dementia, including:

- impact of changes on functional communication and life participation
- contexts of concern (e.g., social interactions, work activities)
- goals for continued functional communication and life participation

AUDIOLOGIC ASSESSMENT FOR PATIENTS WITH DEMENTIA – RECOMMENDATIONS FROM ASHA (page 4)

The audiologist can gain valuable information from family members and caregivers. This may include:

- observations of cognitive changes
- impact of changes on individual's functional communication and ability to participate fully in everyday activities
- impact of changes on individual's safety and safety awareness
- contexts of concern (e.g., social interactions, family discussions and decision making)

2. ASSISTIVE TECHNOLOGY

- Alerting Devices
- Amplified or Captioned Telephones
- Closed Captioning
- Hearing Aids / Assistive Listening Devices

ALERTING DEVICES

Multiple Alerts





Dual Alerts



Single Alerts













A WORD ABOUT PILL REMINDERS...





Many devices with alarms are not loud enough for a person with a hearing loss. They may need one with a tactile (vibrating) alert or one that flashes a light.

TELEPHONES

Amplified phone with programmable picture buttons.



Amplifies incoming voice up to 18dB.



Amplifies incoming voice up to 40dB.

HEARING AIDS



Rechargeable Hearing Aids



Loss Prevention

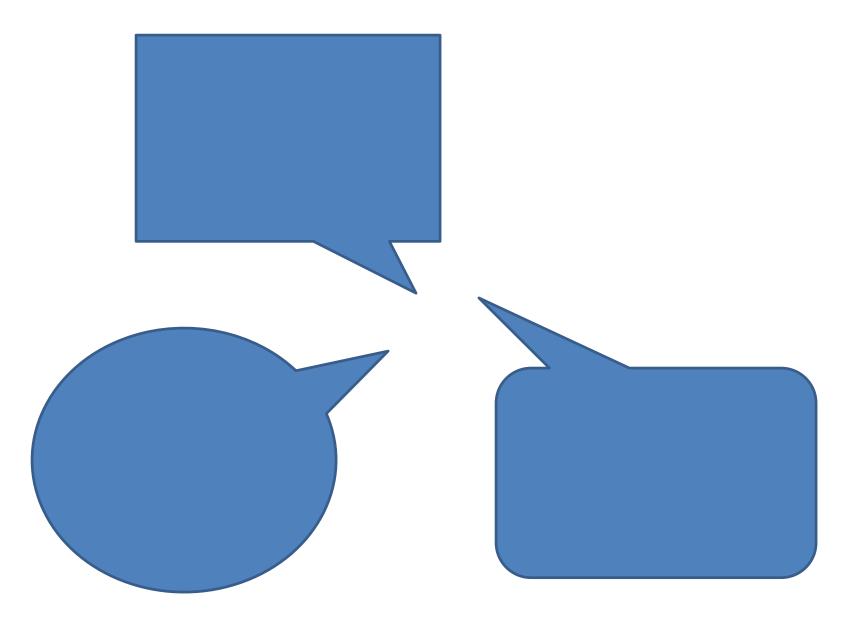
ASSISTIVE LISTENING DEVICES







3. DEVELOP COMMUNICATION STRATEGIES



COMMUNICATION STRATEGIES

Dementia	Hearing Loss
Get the person's attention before you start.	Get the person's attention before you begin talking.
Make sure you're in a good place to talk - quiet, with good lighting and without too many distractions.	Face the person you are talking to. Don't try to converse from a different room or with your back turned. Try to eliminate background noise when having a conversation.
Position yourself where the person can see you as clearly as possible.	
Speak clearly and calmly.	Clear Speech is when the speaker attempts to express every word and sentence in a precise, accurate and fully formed manner.
Speak at a slightly slower pace, and allow time between sentences for the person to process the information and respond.	Try not to talk too fast. <i>Clear Speech</i> is characterized by pauses between all phrases and sentences.
Avoid speaking sharply or raising your voice.	You don't need to shout.
Rephrase rather than repeat, if the person doesn't understand what you're saying.	If you are having trouble being understood, try rephrasing your sentence rather than just repeating yourself.
Include the person in conversations with others. This may be easier if you adapt what you say slightly.	When you are in a group, take turns at talking, and try not to interrupt each other. If the conversation changes suddenly, try to inform the person with the hearing loss.
Sources: "Communicating" by Alzheimer's Society — UK, "Communication is a Two Way Street" by Oticon and "Hearing Loss Communication Tips" by American Speech-Language-Hearing Association (ASHA)	

CLEAR SPEECH

- 1. Accurate and fully formed.
- 2. Naturally slower (this happens automatically when you attempt to be clearer).
- 3. Naturally louder (your voice automatically increases in volume when you attempt to be clearer).
- 4. Lively, with a full range of voice intonation (tone) and stress on key words.
- 5. Characterized by pauses between all phrases and sentences.

Avoid using contractions.

From Oticon (A Hearing Aid Manufacturer)
COMMUNICATION is a Two Way Street

CHANGING OLD COMMUNICATION HABITS (page 1)

- Did you know that the opposite of *Clear Speech* is *Conversational Speech*? *Conversational Speech* is as "natural" to the person as breathing is to them.
- When family members have to change how they communicate with their loved one who has a hearing loss, they may start out with good intentions and use Clear Speech, but quickly go back to their "normal" way of talking – Conversational Speech.

CHANGING OLD COMMUNICATION HABITS (page 2)

- If the person with dementia is able to tell family members to "talk clearer" so they can understand them – great! If not, family members may need to remind each other (and it can be a non-verbal signal so it doesn't interrupt the flow of conversation).
- Hopefully, with the use of assistive listening devices /
 hearing aids; communicating in a listening
 environment with little to no background noise; and
 using Clear Speech, family members (and their loved
 one with dementia) experience less frustration while
 conversing.

SOME HEARING LOSS RESOURCES FOR YOU

- Deaf and Hard of Hearing Services (DHHSD) <u>mn.gov/dhs/deaf-hard-of-hearing</u>
 - Telephone Equipment Distribution Program (TED)
 mn.gov/dhs/ted-program
- Hearing Loss Association of America (HLAA) www.hearingloss.org
- American Academy of Audiology (AAA) <u>www.audiology.org</u>
 - Minnesota Academy of Audiology (MAA)
 www.minnesotaaudiology.org
- American Speech-Language-Hearing Association (ASHA) www.asha.org
- Better Hearing Institute (BHI) <u>www.betterhearing.org</u>
- Hearing Health Foundation (HHF)
 https://hearinghealthfoundation.org/

FOR MORE INFORMATION OR IF YOU HAVE QUESTIONS

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Questions

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