

## **RECOMMENDATIONS FOR THE ASSESSMENT AND MANAGEMENT OF CO-EXISTING DEMENTIA AND HEARING LOSS WITHIN UK AUDIOLOGY SERVICES**

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**Introduction:** Dementia and hearing loss (HL) are becoming increasingly prevalent in society and commonly co-exist. People living with concurrent conditions have complex needs and face additional barriers to diagnosis and management. There is a paucity of research regarding the current and optimal management of HL in people living with dementia.

This research aimed to: (1) examine the current clinical provision for people living with HL and dementia within UK audiology services, and (2) explore recommendations for the management of co-existing HL and dementia from professionals and people living with these conditions.

**Methods:** This was an online, qualitative study with three stages: (1) open-ended survey of 37 audiologists, (2) semi-structured interviews with 13 audiologists, and (3) semi-structured workshops with seven people with lived experience of HL and/or dementia.

**Results:** Audiologists used various adapted and additional hearing assessments for people with dementia. Audiological interventions for people with dementia included adapted hearing aids, alternative interventions/devices, and involvement of other services/professions. Approaches to ongoing audiological care for people with dementia included providing frequent follow-ups and face-to-face, rather than remote, follow-ups. Overarching approaches to audiological care for this population involved patient-centredness, specialist training, increased carer involvement, and adjusted appointment duration. However, there are no standard procedures/guidelines relating to dementia in UK audiology services. Recommendations included enhanced training in dementia and HL across health and social care, improved multidisciplinary collaboration, appropriate carer involvement, and greater personalised care.

**Conclusions:** Currently, there is no standard practice for assessing and managing HL in people with dementia in UK audiology services. Although this study identified several beneficial strategies and approaches, there remain significant areas for improvement. The study results could be used in the future to produce national guidelines and training programmes for the assessment and management of HL in people with dementia, which would reduce disparities in care.