

Clinical Pathways for Patients with Mild Cognitive Impairment or Dementia in UK Audiology Services: A Qualitative Study

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Introduction

- Hearing loss (HL) is extremely common amongst people living with mild cognitive impairment (MCI) and dementia and can exacerbate the difficulties they experience (e.g., communication and concentration problems)¹.
- The impact of hearing aid (HA) use on cognitive decline remains unclear. Some studies have suggested a positive relationship between HA use and cognitive improvements^{2,3}, while other studies found no evidence of such an association⁴.
- Nevertheless, HAs can substantially improve quality of life⁵ and HL treatment can also alleviate many burdensome dementia symptoms⁶.
- Further research is needed to understand and optimise audiological care for this growing population, including supporting people living with MCI or dementia to obtain and use hearing aids.

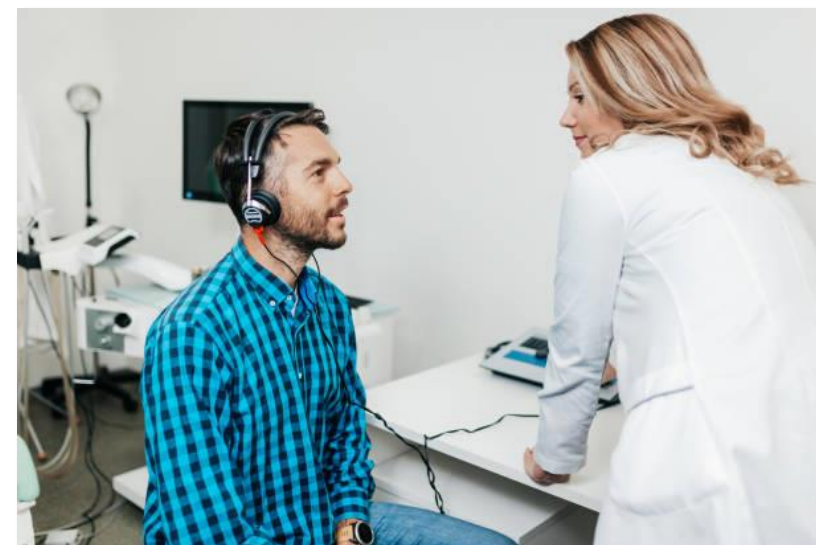
Research Aim: To examine stakeholder experiences and views regarding current and optimal clinical service provision for patients living with MCI or dementia in UK audiology services.



Methods

This study comprised **two** stages:

- Qualitative survey** with UK audiologists (N=39) to examine clinical service provision for patients living with MCI/dementia in their audiological services.
 - Semi-structured, one-to-one interviews** with audiologists who had completed the above survey (N=14) and **two semi-structured workshops** with patient and carers (N=7) to facilitate an in-depth exploration of their experiences and perspectives on this topic.
- Purposeful sampling** was used to recruit participants with relevant expertise and diverse demographic characteristics (e.g., region, gender).
 - They were recruited via audiology conferences and societies, social media, an internal participant database, and the Dementia Engagement and Empowerment Project (DEEP).
 - The audiologists ranged in dementia expertise from those who specialised in dementia care to those who had little or no dementia training and expertise.
 - The data were analysed using NVivo software in accordance with an established **reflexive thematic analysis** procedure⁷.



Results

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1. Adapted approaches for providing audiological care to people living with MCI or dementia.

Adaptations made by audiologists to provide care to people living with MCI or dementia include:

- ❖ Collaborating with other services such as memory clinics and dementia charities.
- ❖ Adapting HA settings and altering HA features to make them more dementia friendly (e.g., flashing lights when the battery is low).
- ❖ Providing alternative hearing loss interventions, like using cochlear implants.

2. Challenges of providing audiological care to people living with MCI or dementia.

Numerous challenges impact audiological care for people living with MCI or dementia, which are either addressed or unaddressed:

- ❖ Some challenges have been addressed, such as adapting hearing tests (e.g., testing fewer frequencies) or using alternative tests (e.g., objective tests) to overcome the difficulty of assessing the hearing of people with MCI or dementia.
- ❖ Challenges that have been identified, but are difficult to address, include ensuring patients can maintain their HAs and limited Deaf awareness in primary care and social care.

3. Re-imagining audiological care for people living with MCI or dementia in the future.

Adaptations that audiologists would like to offer in the future, as they have the potential to improve audiological care for people with MCI or dementia in audiological pathways include:

- ❖ Providing easy self-adjustable HAs.
- ❖ Providing more durable HAs.
- ❖ Having more domiciliary visits.

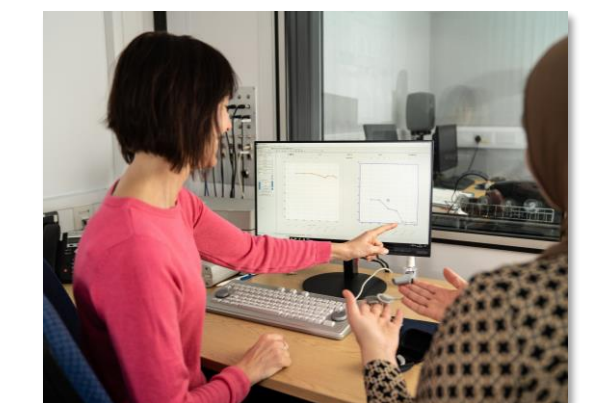
4. Overarching principles for providing audiological care to people living with MCI or dementia.

General approaches that should be used across the audiological pathway to support people with MCI or dementia include:

- ❖ Person-centered care, including providing patients with free replacement HAs.
- ❖ Carefully involving carers/relatives to make patients feel comfortable, yet not undermined.
- ❖ Specialist pathways for patients and specialist training for staff.

Conclusion

- This study provided novel insights about the **clinical approaches taken and challenges faced** by UK audiologists when assessing and managing hearing loss in people living with MCI or dementia, in addition to **recommendations for future practice**.
- The results suggest that there is no standard practice for assessing and managing hearing loss in people with MCI or dementia across UK audiology services at present.
- The study highlighted the importance of patient-centred care, involvement of carers, collaboration with other services, adaptations to hearing assessments and HAs, and specialist dementia pathways and training.
- Challenges remain for audiologists, including identifying the best ways to ensure that patients with MCI or dementia can maintain HAs and to ensure that other services, particularly primary care and residential care, understand the importance of addressing hearing loss in people with MCI or dementia.
- The findings could inform the development of national guidelines and training programmes about MCI and dementia for audiologists.



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