

Hearing loss and modifiable dementia risk factors in adults aged 50+ in Tasmania, Australia

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INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
➤ Adult-onset hearing loss is a major modifiable risk factor for dementia. ➤ The relationship between hearing loss and other dementia risk factors is not well understood. ➤ Hearing loss can be either corrected (e.g., with hearing aids) or uncorrected. ➤ This study investigated how hearing loss relates to other modifiable dementia risk factors. ➤ It focused on Tasmanian adults aged 50 years and older, comparing corrected and uncorrected hearing loss.	➤ A cross-sectional online survey was conducted within the ISLAND (Island Study Linking Ageing and Neurodegenerative Disease) project. ➤ Participants were grouped into no hearing loss (No-HL), corrected hearing loss (HLcorrected), and uncorrected hearing loss. ➤ Corrected hearing loss included individuals using hearing aids or other listening devices. ➤ Logistic regression was used to estimate the likelihood (log-odds) of higher risk categories. ➤ Analyses were adjusted for confounding factors including age, gender, and education.	➤ The study included 8,387 participants (mean age 63.6 years; 76% female) grouped into no hearing loss, hearing loss, and corrected hearing loss. ➤ Participants with corrected hearing loss were less likely to be in higher-risk alcohol consumption categories than both other groups. ➤ The corrected hearing loss group also showed lower odds of higher-risk cholesterol and diabetes compared to the no-hearing-loss group. ➤ Overall, corrected hearing loss was associated with reduced risk in several health-related domains compared with uncorrected or no hearing loss.	➤ After adjusting for age, gender, and education, the HLcorrected group had lower odds of being in higher-risk categories for diabetes, alcohol consumption, and cholesterol compared to those without hearing loss. ➤ This suggests that corrected hearing loss is associated with healthier outcomes in several key risk areas. ➤ Individuals using hearing correction may also engage in healthier lifestyle behaviours. ➤ These behaviours may contribute to a reduced risk of dementia.	➤ WHO. <i>World report on hearing</i>. 2021. ➤ Lin FR, et al. Hearing intervention and cognitive decline (ACHIEVE trial). ➤ <i>Lancet</i>. 2023;402:786–97. Livingston G, et al. Dementia prevention report.<i>Lancet</i>. 2024;404:572–628. ➤ Akinpelu OV, et al. Diabetes and hearing loss: systematic review. <i>Laryngoscope</i>. 2014;124:767–76. ➤ Shukla A, et al. Hearing loss, loneliness, and isolation: review. <i>Otolaryngol Head Neck Surg</i>. 2020;162:622–33. CONTACT  Scan the QR code to get in touch. 