

On Matters of Cognition and Audition (April 6, 2024).

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I will respectfully weigh-in on a few of the questions and observations posted here and in related posts. Regarding ACHIEVE...as I see it, (perhaps I am wrong) there was no actual control ("untreated") group. It appears there were two treatment groups (1- experimental hearing aid group and 2- control health education group)? One might argue that the outcome data indicates both treatments had the same impact; that is, perhaps the two treatments were both beneficial (or both were equally impactful) in which case no changes would be visible, but it doesn't actually mean there were no benefits, it might mean they changed in-tandem.

Also, not curing something doesn't mean we should not do our best to manage or treat it...we cannot cure many cancers, but we treat them. We cannot cure tinnitus, but we treat it. We cannot cure diabetes, but we treat it etc...

Dr Searchfield already addressed his very important recent publication, in which the authors compared simple to standard fittings and concluded ..."The results reinforce findings indicating hearing aid benefits for the elderly and that they improve cognition."

Retractions are unfortunate, but to my knowledge they happen. They happen a lot! And once they happen no one should continue to use the retracted information. NATURE (Dec 12, 2023. Richard Van Noorden) reports that more than 10,000 science papers were retracted in 2023... it happens, and in some respects that is a wonderful thing because it helps assure a "better late than never" quality control.

If you have not read Julia Z Sarant and colleagues reports on amplification and cognition, they are excellent. In their 2023 article titled "Cognitive Function and Hearing Loss..." they report that after 36 months of hearing aid use most participants remained stable regarding their cognitive ability, and some improved, suggesting not only do hearing aids help delay cognitive decline but they may also improve cognitive function..." In their 2024 report of the ENHANCE study they concluded "hearing aid users demonstrated significantly better cognitive performance to 3-years post-fitting, suggesting that hearing intervention may delay cognitive decline/dementia onset in older adults..."

We cannot promise excellent or even good results for everyone or anyone, nor can we do that anywhere in medicine or surgery. More than 90% of stapes surgeries are successful, but some are not. Most cases of true BPPV can be managed/cured with re-positioning maneuvers, but nobody would promise a cure or guarantee success to any patient....Most cases of otitis will resolve just fine with time, antibiotics, maybe PE tubes etc, but some may not.

As such, I believe no responsible audiologist (or other professional) would or should promise cognitive outcomes for anyone using or trying professionally fitted hearing aids, but certainly hearing aids may help some people (or many people, see above references).

I have not heard or found a responsible hearing care professional promise a cognitive panacea to anyone. I don't doubt it has happened, but I think that is a rarity and has been overblown. I am not seeing that protocol at all in the mainstream.

It seems to me we should all primarily address hearing and listening abilities and the extraordinary treatment outcomes and benefits we have known for decades; such as Kochkin and Rogin (January 2000, The Hearing Review). They reported the National Council of the Aging results of some 4000 people, half treated with amplification, half not treated....their short list of amplification benefits included users of amplification were more socially active, had less depression, worried less, were less paranoid, less insecure....and family members were more likely to notice the benefits than were the actual patients....and BTW, they heard better, too.

Thanks for letting me weigh-in.

---DLB