

Setting the Research Agenda for Co-existing Dementia & Hearing Conditions: A James Lind Alliance Priority Setting Partnership

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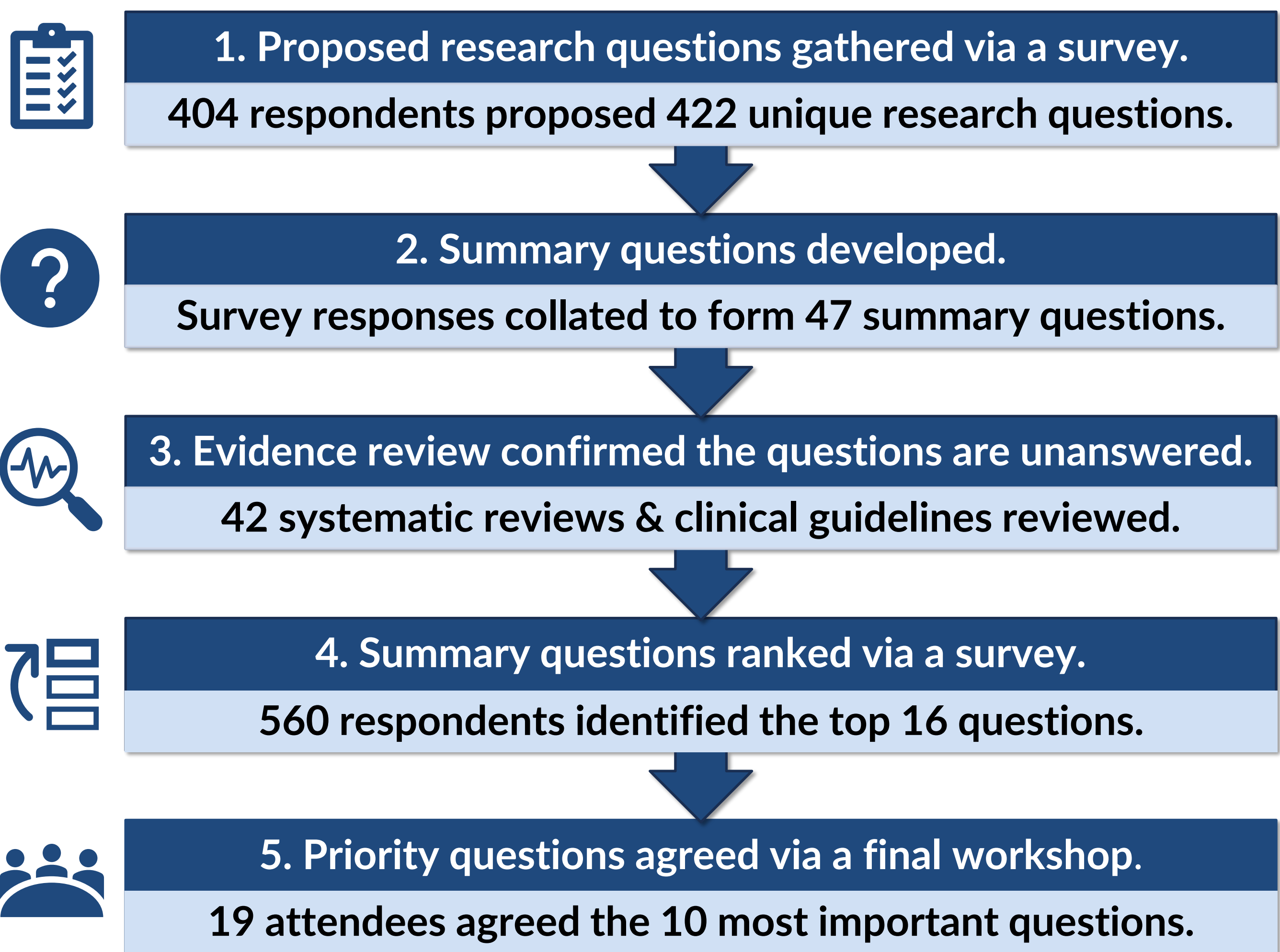
1. Introduction

- Dementia and hearing conditions (e.g., hearing loss, tinnitus, vestibular disorders) are major public health concerns and often co-occur (1).
- Livingston et al. (2024) reported that hearing loss in midlife is a potentially modifiable risk factor for the development of dementia (2).
- There are many unanswered questions about co-existing dementia and hearing conditions, including questions about the mechanisms underpinning the link between dementia and hearing, and questions about optimal assessments and interventions for this co-morbidity.
- We launched a James Lind Alliance (JLA) Priority Setting Partnership (PSP) to identify and prioritise unanswered questions about co-existing dementia and hearing conditions to be addressed by research.
- JLA PSPs bring together patients and clinicians on an equal footing to agree priority research questions for selected health conditions and health areas (3, 4).
- Priority Setting Partnership Aim:** To enable people with lived experience and clinicians to identify the most important unanswered research questions about co-existing dementia and hearing conditions, including questions about risk reduction, diagnosis, and treatment.

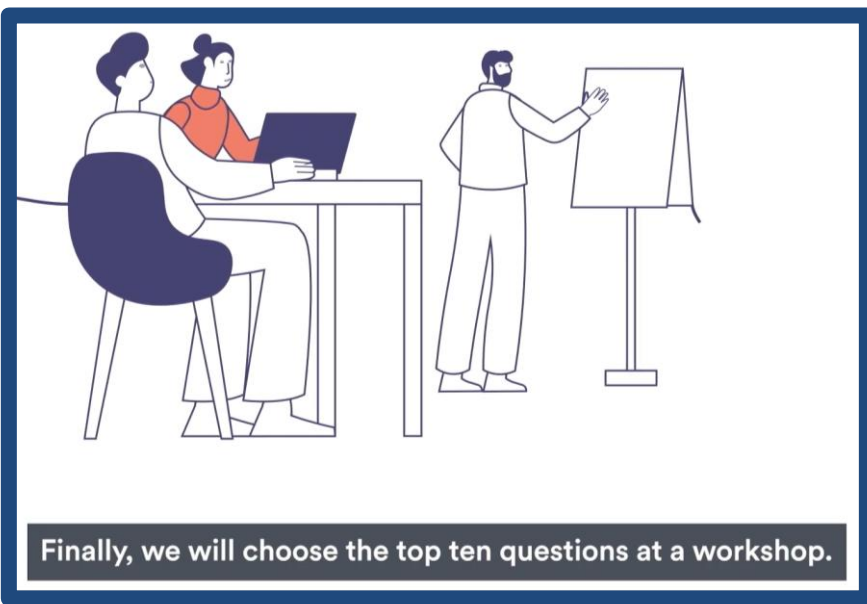


2. Methods

- The PSP entailed consensus building with people living with dementia and/or hearing conditions, supporters (e.g., relatives, carers), and clinicians through a five-stage process (3, 4):



- The surveys and workshop were translated into British Sign Language (BSL).
- BSL videos and animated videos provided accessible information about dementia, hearing conditions, and the PSP process.



3. Results: Top 10 Questions

- What actions can people who have hearing loss take to reduce their risk of developing dementia?
- Can the early detection & management of cognitive or hearing difficulties for people lead to better outcomes or treatments?
- Does hearing loss increase dementia risk, & if so, what are the underlying mechanisms or causes (e.g. vascular disease)?
- What training would help health professionals provide appropriate support & communicate effectively with people living with both dementia & hearing conditions?
- Is the link between hearing loss & dementia risk impacted by other factors (e.g. personality, lifestyle, social isolation)?
- Does dementia impact hearing, or does hearing impact dementia?
- Can auditory & cognitive training be used by people with hearing loss to improve cognition and/or reduce dementia risk?
- Should routine health checks in adults assess hearing & cognition?
- Are there hereditary/genetic factors that increase the likelihood of developing co-existing dementia & hearing conditions?
- What is the best way for primary care professionals to support the assessment of dementia & hearing conditions & to improve their understanding of the link between them?

4. Conclusion

- This novel JLA PSP was the first to bring together two different health conditions.
- The results will help to ensure that future dementia and hearing studies address questions that are important to the 'end users' of research: people with lived experience and clinicians.

5. Website & References

- Ray et al. (2019). Dementia and hearing loss: A narrative review. *Maturitas*, 128:64-69.
- Livingston et al. (2024). Dementia prevention, intervention, & care: 2024 report of the Lancet standing Commission. *The Lancet*, 404:572-628.
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- JLA (2021). JLA Guidebook. <https://www.jla.nihr.ac.uk/>

Visit the website for the full results & BSL top 10.



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