

Audiologist to Patient Speaking Pointers

Al Turri, Au.D.

General Communication When All Green

“The good news is your results indicate good cognitive ability, which means so far, it appears you’ve been able to compensate for your hearing loss and it has not affected your memory function yet. However, studies have shown that with even mild hearing loss, you are using more cognitive resources for listening than you should be, which is making your brain work harder. By treating your hearing loss and giving your brain more understandable information, your brain will not need to use as much effort for listening, which will free up those cognitive resources to help preserve or possibly improve your memory.”

[review audiogram and move to your hearing solution process]

Al Turri, Au.D.
When There Is Only 1 Yellow

"Your cognitive screening results look good and the only concern I see is: _____.

Memory: *As hearing loss becomes more severe, your risk of not storing information properly increases, which could make it more difficult to retrieve information.*

Visuospatial: *Visuospatial impacts your risk of falling and the research shows that correcting your hearing loss reduces your risk of falling.*

Executive Function: *Executive Function impacts your ability to hear in noisy or group situations.*

Processing Speed: *Processing Speed impacts your ability to follow rapid conversation and follow multiple talkers, as well as your ability to respond quickly to questions and comments.*

Reaction Time: *Reaction Time impacts your ability to follow rapid conversation and follow multiple talkers, as well as your ability to respond quickly to questions and comments.*

However, your hearing assessment shows a significant hearing loss. Addressing that with the right hearing devices will deliver a much clearer signal to your brain, allowing your brain to receive information better and easier. Hearing devices not only improve your hearing, but over time the improvement in the brain stimulation and clarity of the signal makes it easier for your brain to receive information, so your brain doesn't need to work as hard to hear the signals, which we suspect will help preserve your cognitive resources. And it has been shown that using hearing devices can, over time, improve your memory.

So, after 60 days and at 6-months, I will have you come back to repeat the cognitive assessment to see how we moved the needle from treating your hearing loss. We may see improvement or we may not. If not, then even though you will be communicating better and protecting against further auditory deprivation, with your permission, I'll send the screening results to your Primary Care Physician to see if they want to do further evaluation. But first, let's see how much improvement we can get with treating your hearing loss."

[Review audiogram and move to your hearing solution process. If they already have hearing devices, we talk about technology upgrades, re-evaluations, and brain training programs to make sure we are stimulating the brain correctly.]

Heidi Hill, Au.D.
When There Is > 1 Yellow

“Your cognitive screening results are not as strong as they could be, but your hearing loss could be a contributing factor. Addressing your hearing loss with the right hearing devices will deliver a much clearer signal to your brain allowing your brain to receive information better and easier. Hearing devices not only improve your hearing, but over time the improvement in the brain stimulation and clarity of the signal makes it easier for your brain to receive information, so your brain doesn’t need to work as hard to hear the signals, which we suspect will help preserve your cognitive resources. And it has been shown that using hearing devices can, over time, improve your memory.

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Heidi Hill, Au.D.
When There Is ≥ 1 Red

If the patient has poor cognitive function, then this information may be difficult for them to process. And if they have poor Executive Function ability, they may not be making good decisions, so you may want to make sure there is a family member in attendance.

Depending on the patient, you may choose to give the results to the patient's family members instead of reviewing with the patient. You may find some elderly patients are very anxious, and providing them with these results may derail the purpose of your appointment, which is to focus on hearing.

Hearing treatment looks different for a patient who is all or mostly red. Your goals may be focused on better engagement in conversations, comfort in noise, and you may include Aural Rehabilitation in addition to hearing devices.

"Remember, this is just a cognitive screening and it is not a diagnosis, but the red does suggest poor cognitive ability. This information is valuable in developing your hearing treatment plan, and with your permission, I will send these results to your Primary Care Physician for them to determine if further evaluation is needed."

Do these results surprise you? How did you feel taking the screening?

Remember, this is a screening, not a diagnostic test, so the results are important to me as an audiologist to help better understand and correct any hearing loss that may be contributing to your poor cognitive function.

There are several factors that could have contributed to you current screening results. As I mentioned, I will focus on the hearing impairment part. Let's work on that and then do another screening 3-months from now and see if it had any impact. Is it OK to share these results with your primary care physician? Whatever makes you most comfortable."

[At the fitting, remind the patient you'll repeat the cognitive assessment in 3-months]

Note

Clinical studies have proven Cognivue eliminates bias and provide superior test-retest reliability. You should **not** suggest to the patient that since they are now familiar with the test that they will score significantly higher the next time they take the test.