

Hearing and Cognition: The Importance of Hearing Rehabilitation for the Elderly

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Editorial

Hearing impairment may cause a number of changes within social and family environments at any stage in life, however it mainly affects the elderly. Amongst these changes are the initiations or the worsening of a withdrawal of inter-relationship situations due to great communication difficulties caused by a decrease in hearing.

Combining individual hearing amplification for the elderly, with a rehabilitation process and information exchange with a therapist, this may produce very satisfactory results. It should be highlighted that hearing rehabilitation in this age group aims to enable effectiveness in communication and minimize hearing difficulties that they may experience, as well as reducing the biopsychosocial impact generated by hearing loss.

The adaptation of a hearing aid is a thorough and delicate process and should be done by qualified personnel, in this case the Audiologist. It demands a period of learning and adjustment in which the brain adapts to a new form of hearing and, in most cases, patients require assistance to appropriately adapt to these new conditions. Studies have shown that, nowadays, the time needed for this adaptation may take between 3 to 6 months so, there is a need to establish short-term goals based on an appropriate therapeutic evaluation and planning according to each patient's specific needs.

Unfortunately, many patients view the usage of hearing aids negatively, causing resistance in using them. Nevertheless, our current technology provides us with advanced and nearly imperceptible devices, although patients and their families still take, in average, six years to seek help or take action on this matter due to a lack of information or prejudice. Such behavior causes significant damage to the cognition process making rehabilitation even more difficult.

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In recent years, scientific evidence has revealed the consequences in brain damage caused by hearing loss, amongst them we can list an increase of the risk of future dementia, Alzheimer, depression and other mood-related alterations. Latest findings reveal that patients who complain of hearing loss but have never used hearing aids present a greater decline in their cognitive capacities compared to the average abilities of patients without hearing complaints. On the other hand, the mental capacities of those who use hearing aids remained unaltered when compared to patients without signs of deafness.

Hearing Rehabilitation is based on the assumption that audition is not an exclusively auditory ability, but it is also a Cognitive due to its direct and indirect relations with the Central Nervous System, as well as the processing of auditory information and its correlations with areas of Language. For these reasons we should consider audition a cerebral activity. Hearing aids or cochlear implants should no longer be considered "an option" in elder patients. When we restore the best possible auditory conditions with hearing aids and/or cochlear implants, besides improving their hearing and speech understanding abilities, we also promote the maintenance of brain functioning.