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## COMMUNICATION HEALTH AND AGING: CARING FOR OLDER ADULTS

### Abstract

Communication disorders affect people of all ages, but older adults are particularly at risk of developing speech, language, swallowing, hearing and other auditory and balance disorders. Hearing and communication disorders (collectively referred to as “communication disorders” throughout the article) in the elderly are frequently the result of stroke, certain cancers, head injury, neurodegenerative diseases (e.g., dementia, Parkinson’s disease, amyotrophic lateral sclerosis), noise exposure, certain medications or are part of the normal aging process. It is important for those who care for seniors to understand the impact, signs and symptoms of communication disorders.

Early referral to a speech-language pathologist or audiologist for assessment and treatment is essential, since early intervention for hearing and communication disorders can significantly reduce their impact on a patient’s quality of life. This article provides readers with strategies and resources for caring for older adults with a variety of communication disorders, focusing on hearing loss and dementia.

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Les troubles de la communication affectent les personnes de tout âge, mais les personnes âgées sont particulièrement à risque de développer des atteintes de la parole, du langage, de la déglutition, de l'ouïe et de l'équilibre. Les troubles auditifs et de la communication (collectivement appelés «troubles de la communication» tout au long de l'article) chez les personnes âgées sont souvent la conséquence d'accidents vasculaires cérébraux, de certains cancers, de traumatismes crâniens, de maladies neurodégénératives (par exemple, la démence, la maladie de Parkinson ou la sclérose latérale amyotrophique), de l'exposition au bruit ou de certains médicaments, ou sont tout simplement la conséquence du processus normal de vieillissement. Il est important pour les intervenants auprès de personnes âgées de bien comprendre l'impact, les signes et les symptômes des troubles de la communication. La référence précoce en orthophonie ou en audiologie pour l'évaluation et le traitement des troubles de la communication est essentielle, puisqu'une intervention précoce peut réduire considérablement leur impact négatif sur la qualité de vie des patients. Cet article fournit aux lecteurs des stratégies et des ressources dans le but de mieux prendre soin des personnes âgées souffrant de divers troubles de la communication, avec un accent particulier sur la perte de l'audition et la démence.

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### Key points

1. Nearly all patients with a neurodegenerative disease, such as dementia, Parkinson's disease and ALS, will experience difficulty communicating. Communication challenges are among the most difficult for families to cope with during the course of these diseases.
2. Patients with hearing loss are more likely to develop dementia.<sup>4,5</sup>
3. Identification of and intervention for a communication disorder early on can make a significant difference to a patient's treatment outcomes, quality of life and the impact of a disease.
4. Patients should be referred to a speech-language pathologist or audiologist as soon as possible if they show signs of a communication disorder. Patients should also be referred to an audiologist if they have never had an audiological assessment.
5. Health care professionals can use this [printable questionnaire](#) to know when to make a referral and refer to the resources provided in this article to improve interactions with patients with communication disorders.

### Introduction

Communication disorders can have a far-reaching impact on an individual's life. The ability to communicate is directly linked to a person's physical, emotional, social, vocational and financial well-being, but many seniors may not know how to recognize a communication disorder or where to go for help when they suspect a problem.

Since the risk of hearing loss and neurodegenerative disease increases with age, it is important for health care professionals who care for seniors to be aware of the signs and symptoms of hearing and communication disorders. Patients are more likely to benefit from rehabilitative and compensatory strategies and experience improved quality of life when referred to a speech-language pathologist or audiologist for assessment and treatment early on. Caregivers also benefit from counselling and education regarding their loved ones' communication and hearing difficulties.

Some of the most common symptoms of neurodegenerative disease (e.g., dementia, Parkinson's disease, amyotrophic lateral sclerosis) are communication and swallowing impairments. Ensuring that patients can hear and understand directions, and that their hearing aids are working properly, improves the validity of cognitive testing as well as patients' understanding of and ability to participate in health care discussions (thereby improving health literacy and adherence to medical recommendations). Speech-language pathologists, audiologists and communication health assistants - known collectively as communication health professionals - are integral members of health care teams that treat patients with these and many other conditions.

Communication health professionals provide services to individuals with hearing, communication and swallowing difficulties. [Speech-language pathologists](#) are professionals who work with people of all ages to assess and treat speech, language, voice, swallowing and cognitive communication disorders. [Audiologists](#) are professionals who work with people of all ages to assess and treat hearing loss, tinnitus (ringing in the ears), other auditory disorders and balance disorders. [Audiologists are distinct from hearing instrument practitioners](#). [Communication health assistants](#) are employed in a role supporting the delivery of speech-language pathology and/or audiology services and work under the supervision of speech-language pathologists and audiologists.

## Caring for Patients with Communication Disorders

Patients who have difficulty communicating may require extra assistance when visiting your office, clinic or hospital. [Speech-Language and Audiology Canada](#) (SAC) has two tip sheets to help health care professionals and members of the public communicate with patients who have a speech and language disorder or a hearing or other auditory disorder. Download the [speech and language disorder tip sheet](#) and [hearing and other auditory disorder tip sheet](#) and see below for additional information regarding interacting with patients with hearing loss and dementia.

If you suspect that a patient may have a communication disorder, it is important that you refer that patient to an audiologist and/or speech-language pathologist early on and throughout the progression of age-related conditions such as neurodegenerative diseases. **Please use this [printable questionnaire](#) to help you decide when to make a referral.**

In addition to being aware of local speech-language and audiology services, health care professionals can use the [Find a Professional Directory](#) on the SAC website to find a speech-language pathologist or audiologist. You can also print copies of SAC's [Communication Health and Aging brochure](#) for your waiting room.

### Case

Jack and his wife Maria knew about the early signs and symptoms of dementia. They consulted their family doctor when Jack began to have difficulty remembering things and participating in meaningful conversations. Following an assessment, he was diagnosed with Alzheimer's disease. As time passed, Jack's illness became increasingly demanding both physically and emotionally; however, the biggest challenge for Jack and Maria was communication.

Though Jack already had hearing aids, he had not been wearing them regularly and was overdue for an appointment to see his audiologist. An assessment revealed that Jack's hearing had declined significantly. The audiologist recommended hearing aids that would provide the amplification Jack needed, in a [hearing aid style](#) that he could easily manipulate given his reduced dexterity.

The audiologist counselled Jack and Maria about the importance of wearing the hearing aids, attending necessary follow-up visits and offered [aural rehab classes](#)<sup>1</sup> - which can benefit both patients with cognitive decline and their caregivers<sup>2</sup> - to help maximize Jack's communication potential. The new hearing aids helped Jack to better participate in conversations, follow instructions and be aware of his surroundings and potential safety hazards. Maria felt like she had a piece of her husband back.

Maria also arranged for Jack to be assessed by a speech-language pathologist, who determined that Jack understood written communications better than verbal ones. Maria began using notes to help Jack through his daily routine. Maria also attended group [communication training classes](#) for caregivers where she learned [strategies](#) for improving interactions with Jack, and came away with a new [support network](#).

The speech-language pathologist also asked Maria about how Jack was eating and drinking. Jack had been steadily losing weight and was coughing at mealtimes. The speech-language pathologist provided strategies to help him swallow more safely and eat and drink more efficiently, and counselled Maria that Jack's swallowing function might progressively decline as his dementia progressed. Maria was also advised to check with Jack's physician to assess if his [medications](#), such as his [cholinesterase inhibitor](#), were contributing to his weight loss. Together with an inter-professional health care team, the speech-language pathologist helped Jack and Maria make advanced care decisions.<sup>3</sup>

Throughout the course of Jack's illness both Jack and Maria benefited from the services provided by the [speech-language pathologist](#) and [audiologist](#), including their involvement on his end-of-life care team.

### ***Patients with Hearing Loss***

Follow these tips when communicating with people with hearing loss:

1. Get the person's attention before you start talking.
2. Speak clearly and loudly enough to be heard, but do NOT shout. Shouting distorts speech sounds.
3. Be patient and provide the person with extra time to respond.
4. Avoid putting anything around your face and mouth when you are speaking (e.g., pens, phones, hands). People with hearing loss use visual cues to help them understand the message.
5. Create an ideal listening environment: move away from noise sources and choose a place with good lighting.
6. Position yourself across from the listener and look at the person while talking.
7. During group discussions, ensure that only one person speaks at a time.

In addition to using the above tips for communicating with someone who has a hearing disorder, you should be aware of the technology that may be used by your patient. There are many [styles of hearing aids](#) that have a wide variety of features, ranging from remote-controlled programs for different listening environments to Bluetooth capability and cell phone compatibility.

### ***Hearing Aid Troubleshooting***

If you suspect your patient's hearing aids are not working properly, try the following:

1. Cup the hearing aid in your hands to induce feedback or squealing. If there is no feedback, there could be something wrong with the hearing aid. (You can also cup your hand to the patient's hearing aid in his/her ear to check for feedback.)
2. Visually inspect the hearing aid. Is there wax or debris covering one of the sound openings? If so, try removing the buildup by gently wiping the device with a soft cloth. Is the casing cracked? If the hearing aid has a tube, is it blocked or cracked?
3. Check the battery. Is it working? Is the battery inserted properly? Confirm that the "+" sign is in line with the "+" sign on the cover. Make sure the battery door is fully closed.

For more troubleshooting tips, [read this brief orientation to hearing aids](#).

### ***Patients with Dementia***

Follow these tips when communicating with people with dementia:

1. Be patient and give the person time to respond.
2. Situate yourself in front of your patients to make it easy for them to look at you. Use their names to get their attention.
3. Use actions to convey what you are asking them to do (e.g., show them the gown you would like them to put on).
4. Speak in a calm, soft tone to show them you care and have empathy. Being confrontational reduces the likelihood they will cooperate.
5. Watch patients' reactions (e.g., body language, facial expressions) for non-verbal cues as to how they are feeling about your interactions.
6. Give simple, one-step directions and be prepared to repeat your instructions, either verbatim or in a different way (e.g., if "Turn on the water" does not work, try "Turn the tap on").
7. Tell your patients what you are going to do before doing it.
8. Reassure and praise them for what they are doing well.

### **Additional Dementia Resources**

- [Information about dementia in other languages](#) (for families whose first language is not English.)
- [Strategies for managing dysphagia \(swallowing disorders\) in individuals with dementia](#) (Note: A thorough communication/swallowing assessment and follow-up by a speech-language pathologist is necessary to make appropriate recommendations.)

### **Summary**

Health care professionals can improve their patients' overall health, function and quality of life by referring to a speech-language pathologist or audiologist at the first sign of a communication disorder. Identifying and treating speech, language, swallowing, hearing, other auditory disorders and balance disorders early on may significantly slow an inevitable decline or, in reversible conditions, increase a person's chances of improvement.

For more information about communication disorders, please see [Speech-Language and Audiology Canada's website](#). We encourage health care professionals to download our [information sheets](#) and [Communication Health and Aging brochure](#) for further information about the prevalence of communication disorders and what communication health professionals do, and invite them to read our peer-reviewed, open-source academic journal, the [Canadian Journal of Speech-Language Pathology and Audiology](#).

### **Did You Know?**

- 1 in 6 people in Canada has a speech, language or hearing disorder.<sup>6</sup>
- A [study](#) released in 2015 revealed that 47% of Canadians aged 60-79 were significantly more likely to have hearing loss compared with younger adults. However, about 70% of these patients did not realize that they had a hearing problem.<sup>7</sup>
- Among adults with hearing loss aged 70 and older who could benefit from hearing aids, fewer than one in three (30%) has ever tried them.<sup>8</sup> Only 1 in 4 adults who need a hearing aid actually uses one.<sup>9</sup>
- Studies suggest that individuals with hearing loss are 2 to 5 times more likely to develop dementia<sup>10</sup> and there is evidence that the use of hearing aids may slow the progression and impact of cognitive decline.<sup>11,12,13,14</sup>
- The incidence of language impairment in dementia is estimated to be between 88% and 95% and is close to 100% in Alzheimer's disease.<sup>15</sup>
- Dysphagia (swallowing impairment) affects up to 68% of elderly nursing home (long-term care) residents, up to 30% of elderly admitted to the hospital, up to 64% of patients after stroke and 13% to 38% of seniors who live independently.<sup>16</sup>
- Since communication disorders have proven to be among the strongest predictors for discriminating among dementia subtypes, speech-language pathologists can contribute to the accuracy of dementia diagnoses.<sup>17</sup>
- There is evidence that [communication skills training](#) with caregivers and health care professionals improves the quality of life and well-being of patients with dementia. Such training also has the added effect of improving behavioural issues and improving interactions with caregivers.<sup>18,19</sup>
- Speech-language pathologists play a key role in end of life care. For example, they are part of teams who counsel patients with severe dementia and their families regarding artificial hydration and nutrition.
- Both audiologists and speech-language pathologists can facilitate communication for patients with hearing impairments and nonverbal patients, sometimes using high- or low-tech communication devices.

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