

# COGNITIVE HEALTH

June 2019



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## Special Edition: Ask the Doctor!

Working with patients at high risk for developing memory loss, cognitive decline and dementia means spending a lot of time answering questions about the mind-robbing diseases. Below are some of the most common questions and answers that many patients ask.

### What is the difference between Alzheimer's and dementia?

The word dementia is used to describe a set of symptoms. Symptoms of the different forms of dementia can vary a great deal, and can include problems with memory, decision-making, planning, orientation, communication, confusion, changes in mood and behavior, and hallucinations and delusions.

Dementia can be caused by a number of different diseases, with Alzheimer's disease being the most common. Other causes of dementia include vascular dementia, dementia with Lewy bodies and frontotemporal dementia. In some cases, a person's dementia is caused by more than one disease, such as Alzheimer's disease and a stroke. You might hear this called mixed dementia.

### I seem to forget more than I used to... do I have dementia?

Most of us forget things every day, like people's names or where we put our keys, but this is not necessarily a sign of dementia. In dementia, memory loss is more serious than forgetting things every now and then. It is memory loss that starts to interfere with everyday life, for example getting lost when going to the local shop.

There are many reasons why people become forgetful. Some medicines and drugs can affect memory. Depression, anxiety, stress, vitamin deficiency, infections, and thyroid problems can also make people forgetful, so it's important to get the right diagnosis.

### What is a 'risk-factor' for developing dementia?

A risk factor is something that increases your likelihood of getting a disease. Your risk can be affected by something you do, such as smoking. However, risk can also be due to things that you can't change, like age.

Several risk factors for developing dementia include age, family history, history of **smoking, and hearing loss**. The older you are, the more likely you are to develop the condition, but dementia is not an inevitable part of aging.

### How can I reduce my risk of developing dementia?

A recent report from the European Dementia Commission found that nearly 33% of all cases of dementia are preventable. This commission also published a list of modifiable lifestyle factors that can help to reduce the risk of dementia, including:

- the early treatment of hearing loss
- stop smoking
- keep active and exercise regularly
- control blood pressure
- maintain a healthy weight

Many studies focused on preventing dementia stress the importance of addressing the above lifestyle factors in mid-life to maintain positive cognitive health and reduce your risk.



## Ask One of the Clarity Specialists

**Q:** Can I reduce my increased risk of developing dementia by treating my hearing loss?

**A:** As I discuss the relationship of hearing loss and dementia with my patients, each seems to have the same follow up question for me: "Doc, if I treat my hearing loss, can I prevent or reduce my risk of developing dementia?"

Thankfully, the data appears to be trending toward a resounding "Yes!" Recent reports have found a significant positive impact of treating hearing loss on cognitive health.

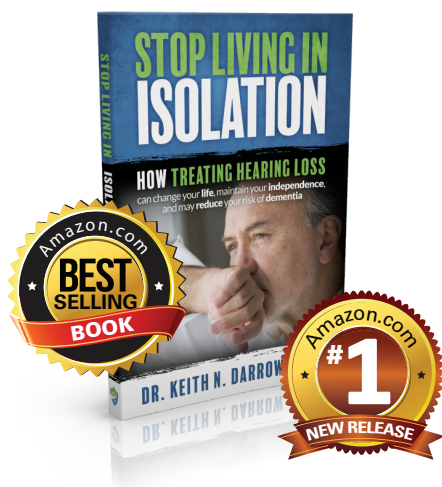
### **Treating Hearing Loss and the Impact on Risk of Developing Dementia**

Since 2011, multiple long-term studies have provided strong evidence that treating hearing loss may eliminate the increased risk of developing dementia. **Dr. Lalwani at Columbia University noted that treating hearing loss... may offer a simple, yet important, way to prevent or slow the development of dementia by keeping adults with hearing loss engaged in conversation and communication.**

Perhaps the most definitive report comes from the Lancet Commission, which presented a new life-course model documenting potentially modifiable risk factors for dementia. The Commission's report suggests that treating hearing loss is the **single most effective modifiable factor to preventing dementia**. Other modifiable factors include reducing depression, increasing physical activity and reducing social isolation – each of which is positively impacted by treating hearing loss.

## From the DOCTOR'S DESK

Patients frequently ask the same questions before, during, and even after treatment. These questions are very important to know and understand before seeking medical treatment for hearing loss. Last summer, in between traveling to 13 cities speaking on Cognitive Aspects of Hearing Loss I wrote a book that answer these, and many other, questions for those who may be in need of a guide on choosing an audiologist and treatment. "Stop Living in Isolation" will thoroughly answer your questions and prepare you and your loved ones to make the best medical decision for you, your family, and your overall health.



## HEARING HEALTH CARE NEWS

Tinnitus (tin-i-tus or tin-night-us) is estimated to plague nearly 50 million American adults, and it is **not** a coincidence that nearly 50 million older adults also live with hearing loss. For most people the two (tinnitus & hearing loss) come together. Tinnitus is simply described as the experience of hearing a sound in your ears, sometimes in your head, and is experienced by approximately 80% of people living with hearing loss. Some only notice their tinnitus in a quiet room, whereas many others experience the sound all day long, and it can interfere with daily life. The sound can cause depression, anxiety and affect concentration.

Nearly every patient with tinnitus is seeking the answers to '**why**' they have the ringing and '**how**' they can get rid of it! These are not the easiest questions to answer. However, in the vast majority of cases, tinnitus is the result of hearing loss (that causes a breakdown in neural connections within the brain) and **yes** there are very effective treatments available. The initial cause of the hearing loss can vary, be it from aging, noise exposure, certain medications, virus, etc., but the result is nearly the same – ringing in the ears/head that can be treated in most patients.

A smaller percentage of tinnitus cases are the result of other medical conditions that include:

- hypertension (high blood pressure)
- thyroid disease
- vascular disorder

- temporomandibular joint (TMJ) disorder.

In some patients, prescription and over-the-counter drugs can result in damage to the auditory system and cause or exacerbate tinnitus. Several hundred drugs listed in the Physician's Desk Reference ("PDR") cite tinnitus as a side effect! In some, but very few of these cases, the tinnitus may reduce or disappear when the prescribed medication is discontinued.

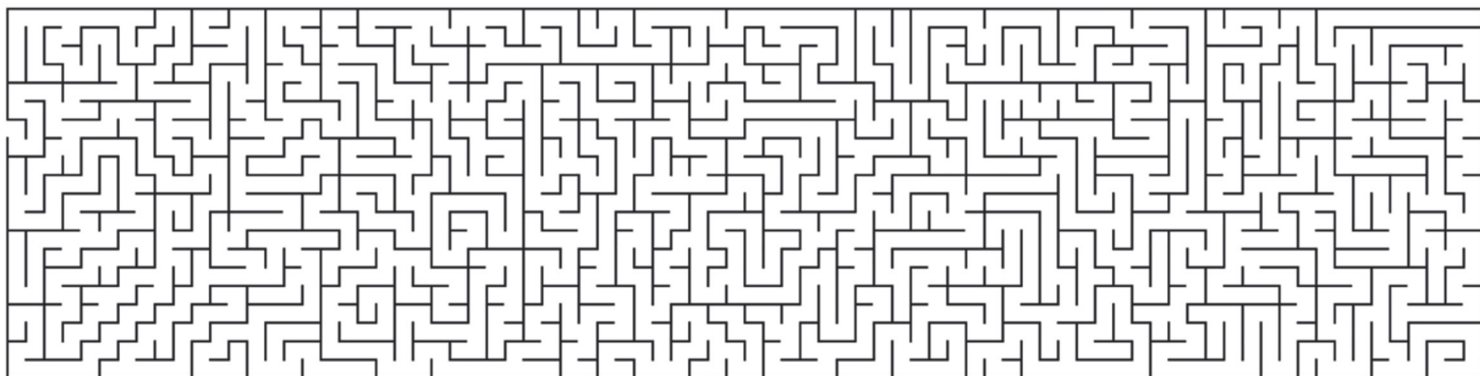
**The Theory of Tinnitus:** Tinnitus is most often the result of a 'central gain' in neural activity that occurs when there is a loss of proper neural stimulation from the ear (i.e. after there is damage to the hair cells and nerves connecting the ear to the brain). More simply - when the brain is not properly stimulated in individuals with hearing loss (even a mild hearing loss), the brain will increase activity to make up for the missing input.

Our ears do not have traditional 'pain receptors', rather the perception of 'pain' that results from damage to the ear is perceived as a 'phantom sound' (i.e. tinnitus). As the brain tries to adapt to the lack of proper stimulation from the ears, it will begin to experience a gain of activity that results in our perception of sound.

There is still significant research to be done in this area - there needs to be new exercises and improvements to the existing set—but seeing brain plasticity in patients with tinnitus is a great start!

## COGNITIVE GAME OF THE MONTH

**Maze** Instructions: Find your way through the maze.





### Slow Roast Stuffed Chicken

Many people are surprised to hear that chicken has brain health benefits. But chicken is a great dietary source of vitamins B6 and B12, as well as choline—all of which play an important role in brain health and neuroprotection.

#### ■ INGREDIENTS

- ¼ cup butter, divided
- 1 onion, chopped
- 1 tsp ground allspice
- 1/3 cup basmati rice
- 1/3 cup pecans, chopped
- 2 Tbsps pine nuts
- ½ cup sultanas (golden raisins)
- ½ cup + 2/3 cup chicken stock, divided
- 1 whole 5 lb chicken
- ¼ tsp freshly ground black pepper
- ½ tsp salt

#### ■ DIRECTIONS

##### STEP 1

Put 2 tablespoons butter into a large frying pan and melt it over medium heat. Add the onion and cook for 5 minutes until the onion is translucent and soft. Stir in the allspice.

##### STEP 2

Add the rice and nuts to the pan, and then cook for 2-3 minutes over medium-high heat. Add the sultanas, ½ cup of the chicken stock and ¼ cup of water. Bring to boil, then reduce the heat and simmer for 8-10 minutes, until the water is absorbed. Set aside to cool.

##### STEP 3

Preheat the oven to 285 degrees F. Rinse the cavity of the chicken with cold water and pat dry inside and out with paper towels.

##### STEP 4

Spoon cooled stuffing into the cavity. Truss the chicken with string, then place in a deep baking dish. Rub salt and pepper into the skin with your fingertips.

##### STEP 5

Melt remaining 2 tablespoons of butter and pour over the chicken, then add remaining 2/3 cup stock to the pan. Roast for 2 hours and 30 minutes, basting every 30 minutes with juices from the pan.

##### STEP 6

Increase the oven's temperature to 350 degrees F, and cook for 30 minutes more to brown the chicken thoroughly.



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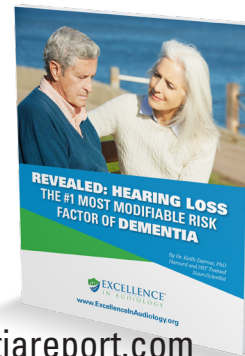
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