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# **Auris Insights:** ENT Edition



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- ✓ Cover Story: Dual Sensory Loss & Cognitive Decline
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  (Kuo et al., 2021) |
- ✓ Depression & Functional Decline (Doherty et al., 2014)
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### **Dual Sensory Loss: A Catalyst for Cognitive Decline**

*July is Healthy Vision Month*—and an opportunity for ENTs to explore the intersection of vision and hearing in aging adults. **Dual Sensory Loss (DSL)**—the combined reduction in vision and hearing—is increasingly recognized as a driver of **cognitive**, **functional**, and **emotional decline**.

Emerging research suggests that DSL more than doubles the risk of dementia, increases the likelihood of falls, and dramatically reduces a patient's ability to function independently. Yet DSL often goes unrecognized or is misattributed to aging, depression, or mild cognitive impairment.

# Research Summaries: Clinical Evidence on Hearing, Vision & Brain Health

DSL and Dementia Risk

Kuo et al., 2021 – JAMA Network Open

 A U.S. longitudinal cohort found that older adults with dual sensory impairment had a 50% higher risk of developing dementia over 7 years compared to those without sensory loss (adjusted HR 1.50, 95% CI 1.12–2.02)

#### Continued from page 1

### The Urgency of Early Identification and Intervention

Patients over 65 frequently present with mild or moderate deficits in both vision and hearing. When these losses occur together, they amplify cognitive load, increase the risk of falls and depression, and contribute to faster functional decline—impacting independence and long-term quality of life.

**ENTs have a unique opportunity to act.** A comprehensive intake process that screens for both

auditory and visual impairments can flag high-risk patients early, initiating timely interventions.

Case Example: Mrs. J, 72, experienced falls and confusion. ENT referral identified a moderate bilateral hearing loss, and optometry confirmed macular degeneration. After hearing aid fitting and low-vision support, her cognition stabilized, and her mood improved within three months.

#### **Clinical Action Steps for ENTs**

- ◆ Screen for both hearing and vision in patients over 65— especially those reporting memory, balance, or communication difficulties. A simple intake question can prompt meaningful follow-up.
- ◆ Refer for diagnostic audiologic testing promptly when hearing loss is suspected. Avoid delaying testing until the patient is "ready" for hearing aids—diagnosis is medically necessary on its own.
- ◆ Coordinate with the PCP or ophthalmologist if dual sensory loss is suspected. Cross-specialty collaboration improves functional outcomes in older adults.
- ◆ Integrate diagnostic audiology into routine patient flow using team-based protocols. Whether remote or onsite, increased access reduces delays in treatment.
- ◆ **Document sensory status** in patient records—especially before making decisions about surgical candidacy, fall risk, or cognitive decline workup.

#### **Dual Sensory Loss by the Numbers**

- Adults with both hearing and vision loss are 8 times more likely to experience functional decline compared to those with no impairment.
   Maharani A, et al. JAMA Otolaryngol Head Neck Surg. 2020;146(6):553–560.
- ◆ Dual sensory loss increases risk of depression by over **2.5 times** and is strongly associated with **reduced cognitive function**. *Shukla A, et al. JAMA*. 2020;324(12):1175–1177.



Connon's
Corner
Scaling Diagnostic Capacity
Without Adding FTEs

Dual sensory loss is a critical clinical indicator—and yet ENT practices often lack the capacity to evaluate hearing loss quickly enough to intervene.

MaestroAuD™ was built to solve this. By embedding remote diagnostic audiologists into ENT practices, we ensure that every patient flagged by a physician can be seen within days—not weeks or months.

That speed matters. It enables a full diagnostic workup before the next follow-up visit and prevents patients from falling through the cracks.

MaestroAuD™ also frees up onsite audiologists to conduct hearing aid evaluations and fittings—getting treatment started faster. Amplification is not just a matter of comfort—it's a pathway to improved cognition, function, and emotional health.

Every MaestroAuD™ provider is a **Certified Dementia Practitioner (CDP®)** trained in recognizing and responding to cognitive decline. DSL patients need that level of insight and urgency. With MaestroAuD™, ENT clinics deliver both.

#### About J. "Connon" Samuel

CEO & Co-Founder, Auris Practice Solutions, LLC

Connon brings extensive experience in **business strategy**, **practice management**, **and audiology integration** within ENT settings. As the **CEO of Auris Practice Solutions**, he focuses on optimizing audiology services through **innovative models like MaestroAuD**™, helping ENT practices enhance patient care while improving operational efficiency.

#### **Final Thoughts**

With DSL on the rise and audiology capacity strained, ENTs are in a critical position to reshape patient access. Early intervention is not optional—it's essential. Models like MaestroAuD™ help ENT practices deliver care that supports hearing, cognition, and independence.

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# Research Summaries: Clinical Evidence on Hearing, Vision & Brain Health

### Mental Health & Functional Decline

- Doherty et al., 2014 Frontiers in Public Health
- A multi-country survey showed DSL is significantly associated with higher depression scores and difficulties in activities of daily living (ADLs) and instrumental ADLs

#### **Increased Mortality Risk**

- Gopinath et al., 2013
   PLOS ONE (Blue Mountains Eye Study)
- Older adults with DSL had a 62% increased 10-year all-cause mortality risk compared to unimpaired peers (HR 1.62, 95% CI 1.16– 2.26)

