

The Role of Speech-Language Pathologists and Audiologists in Dementia Care

Position Statement

It is the position of Speech-Language & Audiology Canada (SAC) that speech-language pathologists and audiologists are integral to the care of people living with dementia, as well as to their families and caregivers, and must be part of the dementia care team.

[Speech-language pathologists](#) (S-LPs) identify communication disorders and [dysphagia](#) (swallowing difficulties) associated with dementia. S-LPs provide interventions that help maximize communication and swallowing function and improve quality of life. [Audiologists](#) identify and treat individuals with auditory disorders such as hearing loss, tinnitus (ringing in the ears) and hyperacusis, as well as vestibular and balance disorders. Audiologists also help mitigate the impact of auditory disorders on cognitive health. Additionally, S-LPs and audiologists participate in prevention, advocacy, education and research in dementia care.

Background

As Canada's population ages, the number of people diagnosed with dementia is expected to double within a generation. In 2017, Canada passed the *National Strategy for Alzheimer's Disease and Other Dementias Act* to address the overwhelming scale, impact and cost of dementia. SAC's position statement aims to raise awareness regarding the important role of S-LPs and audiologists in dementia care.

Communication difficulties and dysphagia are common in dementia. Speech-language pathology assessments contribute to accurate diagnosis, especially when speech and language deficits are prominent in the early stages of dementia. Recently revised guidelines for diagnosis of Alzheimer's disease explicitly reference impaired language functions (McKhann et al., 2011). In addition, speech and language disorders characterize the different types of frontotemporal dementia (Cupit et al., 2017; Duffy, Strand, & Josephs, 2014; Gorno-Tempini et al., 2011; Josephs et al., 2012; Marcotte et al., 2014). All individuals with dementia experience increasing difficulty communicating and interacting socially. Communication difficulties affect personal relationships and safety, are associated with

behaviour issues and contribute to caregiver burden (De Boer et al., 2007; Murray, Schneider, Banerjee, & Mann, 1999; Savundranayagam, Hummert, & Montgomery, 2005; Small, Geldart, & Gutman, 2000).

Hearing loss is also highly prevalent among individuals with dementia (Lin, Ferrucci, et al., 2011; Yamasoba et al., 2013) and has a negative impact on communication and cognition (Lin, Yaffe, Xia, et al, 2013). In some studies certain interventions for hearing loss, such as hearing aid use, have been shown to reduce problem behaviours in people with dementia (Palmer et al., 1999). Hearing loss can affect the validity of cognitive assessments; therefore, hearing should be evaluated in advance and appropriate accommodations implemented to optimize the accuracy of cognitive tests. The individual's auditory status must be considered when results of cognitive testing are interpreted.

S-LPs and audiologists provide person-centered, evidence-informed care that helps people with dementia and their caregivers communicate as effectively as possible. In addition, management of dysphagia by S-LPs reduces the risk of complications such as pneumonia and optimizes quality of life, particularly in the later stages of the disease and at [end of life](#) (Sura, Madhavan, Carnaby, & Crary, 2012; Wirth et al., 2016).

SAC recommends consultation with both professions in the development of Canada's national dementia strategy and inclusion of speech-language pathology and audiology in dementia care services in each province and territory. Audiology and speech-language pathology researchers in Canada make substantial contributions to the evidence-base for dementia care. Further investment in this research, as a component of Canada's national dementia strategy, will ensure continued advancement in dementia care practices.

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