



EAN Congress: Hearing aid use linked to 23% lower dementia risk in people with both epilepsy and hearing loss

Descrizione

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GENEVA, June 27, 2026 /PRNewswire/ - Adults with both epilepsy and hearing loss who use hearing aids may have a 23% lower risk of developing dementia than those who do not, according to new research presented at the European Academy of Neurology (EAN) Congress 2026.

Hearing loss is widely recognised as the largest modifiable risk factor for dementia. Yet whether hearing aids can reduce dementia risk remains debated.

To explore this, researchers from University Hospital Zurich and the University of Liverpool analysed electronic health records from more than 250 million patients in the TriNetX network.

They compared adults with hearing loss who used hearing aids with closely matched adults who did not. The analysis included the overall hearing-loss population as well as people living with epilepsy, stroke, type 2 diabetes, chronic kidney disease, heart failure, migraine and osteoarthritis.

No significant association was found between hearing aid use and dementia risk in the overall population with hearing loss, nor among people with stroke, migraine, type 2 diabetes, chronic kidney disease, heart failure or osteoarthritis.

However, among adults with both epilepsy and hearing loss, hearing aid use was associated with a 23% lower risk of dementia. This corresponded to an absolute risk reduction of 2.7 percentage points over five years, equivalent to one fewer case of dementia for every 37 people using hearing aids.

The researchers believe the findings may be explained by differences in cognitive reserve - the brain's ability to continue functioning effectively despite age-related changes or damage caused by disease.

Lead author Dr Carolina Ferreira-Atuesta explained: "Most people with hearing loss have enough cognitive reserve to absorb the extra effort caused by hearing impairment, so correcting it may not have

a large effect on dementia risk. Epilepsy is different because cognitive reserve is often already reduced, meaning that removing one additional source of strain may have a greater impact.â?•

â??There are several biologically plausible reasons why we might see this effect in epilepsy. The condition is associated with accelerated cognitive decline, temporal lobe epilepsy affects areas of the brain involved in hearing and some anti-seizure medications may worsen hearing,â?• added Dr Ferreira-Atuesta.

The findings have important implications for clinical practice, according to the researchers. Since people with epilepsy are already in regular contact with healthcare services, hearing assessments could be readily incorporated into routine care.

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