partners. This symposium presents the latest evidence on the impact of sensory impairment in dementia and efforts to integrate sensory health into the care of persons with dementia. This symposium will cover emerging evidence of the impact of hearing loss and vision impairment on persons living with dementia, specifically around neuropsychiatric symptoms, disability, and cost. In moving toward solutions, we will discuss new approaches to provide vision and hearing care for persons with dementia in diverse settings, from audiology to specialized memory clinics to home-based care. This discussion will include findings from a systematic review of telehealth in dementia care, which highlights the limitations of existing literature on accounting for the sensory needs of persons with dementia and their care partners. Finally, we will share new international practice recommendations on vision and hearing impairment among persons living with dementia. The symposium highlights the large, yet often unrecognized, sensory health needs of persons with dementia and the multi-prong approach required to identify and support sensory health and, ultimately, healthy aging among persons with dementia.

NEUROPSYCHIATRIC SYMPTOMS AND HEARING LOSS IN DEMENTIA: UNMET NEED AND OPPORTUNITY FOR INTERVENTION

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Hearing loss is one of the most common comorbidities among persons with dementia, with prevalence of 60->90%. Most go untreated and disparities exist. However, sensory impairment may influence the health of individuals and care partners. We will share findings from a clinic-based cohort of persons with dementia (n=101). Controlling for demographic and clinical factors, we found that every 10 decibel increase in hearing loss was associated with nearly an additional neuropsychiatric symptom (b = 0.7 per 10 dB; p = 0.01) and 1.3-point increase in severity (b = 1.3 per 10 dB; p = 0.04). These findings provide the first estimates that utilize objective audiometry. Furthermore, hearing aid use appeared to be protective. Hearing care may represent an additional, but underutilized, non-pharmacological intervention. We will discuss these findings in the context of the epidemiology of hearing loss in dementia and highlight new opportunities for managing hearing loss through community-based approaches.

VISION IMPAIRMENT IN DEMENTIA CARE

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Epidemiological evidence indicates that 3-4% of community-dwelling adults over age 65 years old have functionally limiting deficits in both vision and cognition. The comorbidity prevalence is higher in older age strata and in long-term care. Seniors with co-occurrence of vision impairment and dementia have six times higher odds of disability and higher average annual Medicare fee for service costs ($13,655 [95% confidence interval: $9,931-$18,798], compared to peers with dementia alone ($8,867 [95% confidence interval: $7,360-10,683]) or neither condition ($4,518 [95% confidence interval: $4,360-$4,682]). This talk will review evidence that people with early dementia and vision problems can experience improved function through appropriately tailored vision rehabilitation interventions. The talk will provide recommendations for unbiased cognitive assessment in visually impaired people. The session will outline research opportunities regarding the question of whether preventing or treating vision impairment may improve cognitive trajectories and neuropsychiatric symptoms in people with dementia.

CONSIDERING THE TECHNOLOGICAL AND SENSORY NEEDS OF PATIENTS WITH COGNITIVE IMPAIRMENT IN THE ERA OF TELEHEALTH

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During the COVID-19 pandemic, telehealth has become an important means of delivering memory care. Telehealth that is responsive to the technological abilities and preferences as well as the sensory needs of persons living with dementia is critical to advancing access to care. We conducted a systematic review to investigate the use of telehealth among older adults with cognitive impairment. The search yielded 3,551 titles and abstracts that led to 17 full-text articles. Studies showed that telehealth can be used for routine care, cognitive assessment and telerehabilitation with good efficacy and satisfaction. Three studies investigated telemedicine delivery in the home and 16/17 studies relied on support staff and care partners to navigate technology. No studies reported adaptations to account for sensory impairments and 5/17 studies excluded individuals with sensory impairments. This talk will review barriers and facilitators totelehealth for older adults with cognitive impairment and adaptations to address sensory needs.

CARING FOR PERSONS WITH DEMENTIA IN AUDIOLOGY

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While hearing loss is highly prevalent among patients with dementia, it frequently goes unidentified and unmanaged. It has been a commonly-held belief that older adults with dementia are unable to benefit from hearing rehabilitation, but recent evidence shows that many individuals with dementia can successfully use amplification, helping to improve communication, social interaction and quality of life for these individuals and their caregivers. This presentation will describe how modifications to practice led to successful outcomes for