

Silent Crisis: The Overlooked Link Between Untreated Hearing Loss and Dementia in Kenya



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Abbreviations: KNBS: Kenya National Bureau of Statistics; WHO: World Health Organization; ADOK: Alzheimer's and Dementia Organization Kenya; MMUST: Masinde Muliro University Study

Introduction

In Kenya, the conversation around dementia is slowly gaining momentum. Yet one of its most silent contributors remains overlooked: untreated hearing loss. Too often dismissed as a natural part of aging or a minor inconvenience, hearing loss is now recognized as a powerful risk factor for dementia, including Alzheimer's disease. As Kenyans live longer - with life expectancy now around 66 years World Bank [1] the connection between hearing and brain health has never been more urgent.

The Growing Burden of Hearing Loss in Kenya

Hearing loss affects people of all ages but is especially common in older adults. According to the Kenya National Bureau of Statistics KNBS [2], more than 5% of Kenyans over 50 report difficulty hearing. The true figure is likely higher due to stigma, lack of screening, and limited access to hearing care. Globally, the World Health Organization WHO [3] estimates that 430 million people live with disabling hearing loss - a number projected to rise to 700 million by 2050. Yet in Kenya, hearing health remains under-prioritized.

Understanding Dementia in the Kenyan Context

Dementia is a progressive decline in memory, reasoning, and other cognitive abilities that interferes with daily life. Alzheimer's disease accounts for 60-70% of cases WHO [3]. In Kenya, the Alzheimer's and Dementia Organization Kenya ADOK [4] estimates that more than 150,000 people are currently living with dementia

- a number set to rise sharply as the population ages. Many remain undiagnosed due to stigma, poor awareness, and limited health infrastructure. What is often overlooked is that hearing loss is one of the largest preventable risk factors for dementia.

The Evidence: Hearing Loss and Dementia

The Lancet Commission on Dementia Prevention [5] identified midlife hearing loss as the single biggest modifiable risk factor for dementia, responsible for up to 9% of cases worldwide. A Masinde Muliro University study MMUST [6] found that older Kenyans with hearing difficulties had nearly twice the risk of cognitive decline compared to those with normal hearing. Similarly, Lin et al. [7] at Johns Hopkins University reported that adults with moderate hearing loss were three times more likely to develop dementia.

Why Hearing Loss Leads to Dementia

Scientists have identified several pathways that may explain this link:

a) **Cognitive Overload:** When the brain struggles to interpret sound, fewer resources remain for memory and decision-making Lin et al. [7].

b) **Social Isolation:** Hearing difficulties often push people out of conversations, church services, and community events. In Kenya, where social gatherings are central to life, this isolation fuels depression and loneliness - both risk factors for dementia.

c) Brain Shrinkage: Imaging studies show that hearing loss accelerates shrinkage in brain regions linked to memory and speech.

d) Shared Health Risks: Chronic conditions such as diabetes, hypertension, and heart disease - common in Kenya - affect both hearing and cognition.

Why This Matters for Kenya

Kenya's healthcare system is already stretched by infectious and chronic diseases. As the country ages, dementia will add a heavy economic and caregiving burden. Yet access to hearing care remains limited:

- I. Fewer than 50 trained audiologists serve a population of more than 50 million ADOK [4].
- II. Routine hearing screening for adults is virtually nonexistent, particularly in rural areas.

Hope Through Early Intervention

The good news is that treating hearing loss can preserve brain health. Hearing aids, for example, were shown in a 2023 study in The Lancet Healthy Longevity to lower the risk of cognitive decline by 48% compared to non-users The Lancet Healthy Longevity [8]. For those with profound hearing loss, cochlear implants provide another option, though cost remains a barrier. Some partnerships in Kenya are helping subsidize these procedures. Community education programs, such as those run by Doctors of Hearing - Kenya, are raising awareness through innovative approaches - including competitive races featuring deaf cyclists - helping reduce stigma and encouraging early diagnosis and treatment.

What Kenya Must Do

To address this silent crisis, a multi-pronged national approach is needed:

- a. National Screening Programs:** Include routine hearing checks for adults over 50 in public hospitals.

- b. Public Education Campaigns:** Normalize hearing aid use and reduce stigma around hearing loss.

- c. Training and Investment:** Expand the number of audiologists and equip community health workers to screen for hearing loss at the grassroots level.

- d. Affordable Access:** Include hearing care in the NHIF benefits package to make devices and services affordable.

Final Thoughts

In a society where hearing is central to communication and connection, losing it silently erodes identity, relationships, and even memory. Untreated hearing loss is not a minor inconvenience - it is a public health issue with profound cognitive consequences. As Kenya strives for a healthier, age-inclusive society, hearing health must be placed at the forefront. Early detection and treatment offer one of the most effective - and overlooked ways to prevent dementia and protect the dignity of our aging population. We must not wait until silence becomes the first signal of something far more serious.

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