NORTHEAST HEARING AND SPEECH CENTER BULLETIN

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The ACHIEVE Trial:

What the Latest Evidence Means for Your Patients

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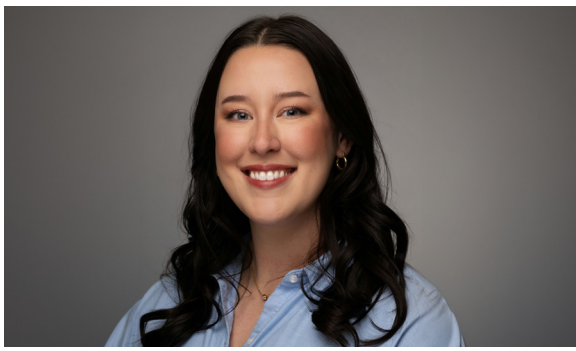

One of the most significant developments in hearing health over the past few years has been the continued follow-up from the ACHIEVE study – the largest randomized controlled trial ever conducted to examine whether treating hearing loss can reduce cognitive decline in older adults.

With updated analyses now available, the findings offer important guidance for community-based clinical practice.

What the ACHIEVE Study Found

The ACHIEVE trial enrolled nearly 1,000 adults aged 70 to 84 across four US sites.

Participants had untreated mild-to-moderate hearing loss and no substantial cognitive impairment. They were randomized to either a hearing intervention—audiological counselling and provision of hearing aids—or a health education control. Cognitive function was assessed every six months over three years.

When the full cohort was analyzed together, the hearing intervention did not significantly outperform the control in slowing cognitive decline. However, this overall finding masked an important subgroup effect.

Among participants who were already at elevated risk for cognitive decline—older individuals with more cardiovascular and metabolic comorbidities—the hearing intervention slowed cognitive deterioration by 48% over three years.

"Hearing loss is very treatable in later life, which makes it an important public health target to reduce risk of cognitive decline and dementia." — Dr. Frank Lin, Johns Hopkins University, ACHIEVE co-primary investigator

A 2025 Secondary Analysis Adds Nuance

A secondary analysis published in Alzheimer's & Dementia in 2025 developed a predictive risk model to identify which patients are most likely to benefit from hearing intervention.

The analysis confirmed that adults with multiple overlapping risk factors for cognitive decline—elevated blood pressure, metabolic dysfunction, lower physical activity and social isolation—showed the greatest cognitive benefit from treating their hearing loss.

Less than 20% of Americans who would benefit from hearing aids currently use them. The ACHIEVE findings suggest that hearing care is not a peripheral issue. For patients in their 60s, 70s or 80s who have existing cardiovascular risk, diabetes, social withdrawal or early cognitive concerns, a hearing assessment and appropriate intervention may be one of the most impactful referrals a physician can make.

The Simple Ask

If any of your patients over 60 describe difficulty following conversations, report fatigue after social events or have family members expressing concern about communication, it is worth asking about hearing. A comprehensive hearing evaluation is a low-risk, evidence-supported step in protecting long-term cognitive health.

We are here to support you with timely assessments and evidence-based management.

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Over-the-Counter Hearing Aids: Three Years In

In October 2022, the US Food and Drug Administration established a new category of over-the-counter (OTC) hearing aids for adults with perceived mild-to-moderate hearing loss.

More than three years on, early research and real-world data help form a clearer picture of what OTC hearing aids can and cannot offer – and where professional care remains essential.

What the Early Evidence Shows

Randomized clinical trials have suggested that self-fitting OTC hearing aids can produce outcomes comparable to audiologist-fitted devices for some individuals with mild-to-moderate hearing loss over short follow-up periods.

The 2025 MarkeTrak survey—the most comprehensive US-based hearing aid adoption study since 1989—found overall hearing aid adoption rates have now reached 39%, up from 30% a decade ago. Of this group, approximately 5.7% were using OTC devices specifically, and OTC aids appear to be reaching younger, first-time buyers who might otherwise have gone without any amplification.

Where the Limits Lie

Despite this progress, the US Government Accountability Office noted in 2024 that it remains too early to have robust data on whether OTC availability has meaningfully improved population-level access.

Cost remains a barrier, with some OTC devices still priced above $1,000 per pair. And critically, OTC devices are not appropriate for all presentations.

Patients with moderate-to-severe hearing loss, asymmetric loss, sudden hearing changes, tinnitus, drainage, pain, or a history of ear surgery should be directed to a hearing care professional – not an OTC shelf.

Without a comprehensive hearing evaluation, patients cannot know the degree or type of their hearing loss, whether there is a medically treatable cause, or whether a self-fit device is actually addressing their specific pattern of loss. Research also suggests that professionally fitted hearing aids, combined with ongoing audiological support, produce superior long-term outcomes – particularly for complex listening environments.

A Practical Framework for Physicians

When a patient asks about OTC hearing aids, three key questions are worth considering:

Has the hearing loss been formally evaluated?

Has the change been sudden or asymmetric?

Are there associated symptoms such as tinnitus, dizziness, or discharge?

If the answer to any of these is yes, a referral for a professional hearing evaluation is the right first step.

We welcome referrals and are happy to advise on the most appropriate course of care.

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Who is Northeast Hearing & Speech Center

Since 1924, Northeast Hearing & Speech Center has been providing speech language pathology and audiology services, as well as the latest hearing aid technology for people of all ages.

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