

Head injury tied to olfactory dysfunction in older adults

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There appears to be an association between a history of head injury and

olfactory dysfunction in older adults, according to a study published online July 21 in *JAMA Otolaryngology-Head & Neck Surgery*.

Andrea L.C. Schneider, M.D., Ph.D., from the University of Pennsylvania Perelman School of Medicine in Philadelphia, and colleagues examined associations between prior head injury, number of prior head injuries, and head injury severity with subjective and psychophysical olfactory function in [older adults](#). The analysis included 5,951 participants in the Atherosclerosis Risk in Communities Study (2011 through 2013).

The researchers found that 28.0 percent of participants had a history of head injury, which was associated with an increased likelihood of reporting subjective olfactory dysfunction (24 percent versus 20 percent with no head injury) and having objective anosmia (15 percent versus 13 percent with no head injury). When adjusting for sociodemographics and medical comorbidities, including cognitive status, participants with a history of prior head injury, particularly individuals with two or more prior head injuries and more severe head injuries, were more likely to self-report subjective [olfactory dysfunction](#) and were more likely to be found to have objective anosmia versus participants with no history of head injury.

"The findings also suggest that [individuals](#) with prior head injury were more likely to both under-self-report and over-self-report deficits compared with objective olfactory testing; therefore, it may be important to consider objective olfactory testing in this patient population," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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