



# Current trends in *hidden* hearing loss

---

Joaquin T. Valderrama, PhD

*Senior Research Scientist, National Acoustic Laboratories*

*Honorary Research Fellow, Macquarie University*

[Joaquin.Valderrama@nal.gov.au](mailto:Joaquin.Valderrama@nal.gov.au)

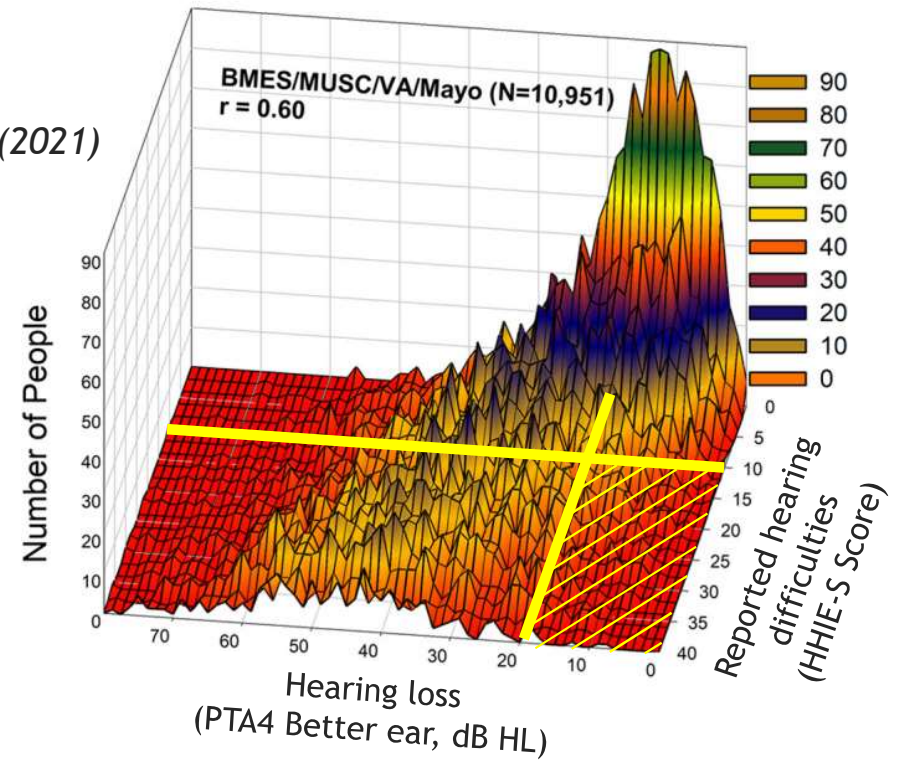
16<sup>th</sup> October 2022, Audiology Australia NSW Chapter Conference, Sydney



# The cocktail-party problem



Humes (2021)



# Structure

---

Part 1 - [*NAL Study 1*] Problem statement

Part 2 - Underlying mechanisms (animal models)

Part 3 - Diagnostic of hidden hearing loss

- ✓ Existing biomarkers
- ✓ Forthcoming research

Part 4 - Clinical management of HHL hearing difficulties

- ✓ Therapeutics interventions
- ✓ [*NAL Study 2*] Low-gain hearing aids
- ✓ [*NAL Study 3*] AirPods Pro hearables

# Part 1 – [NAL Study 1] Problem statement

AJA

Research Article

## Discovering the Unmet Needs of People With Difficulties Understanding Speech in Noise and a Normal or Near-Normal Audiogram

Kiri Mealings,<sup>a</sup> Ingrid Yeend,<sup>a</sup> Joaquin T. Valderrama,<sup>a,b</sup> Megan Gilliver,<sup>a</sup> Jermy Pang,<sup>a</sup> Jason Heeris,<sup>a</sup> and Pamela Jackson<sup>a</sup>



Kiri Mealings



Ingrid Yeend



Joaquin Valderrama



Megan Gilliver



Jermy Pang



Jason Heeris



Pamela Jackson

We used *design thinking* strategies to **identify the unmet needs** of people with speech-in-noise hearing difficulties (NH-MHL) and the clinicians who treat them



### Methods

- ✓ Questionnaires from 233 NH-MHL and 49 clinicians
- ✓ Personal interviews from 21 NH-MHL and 8 clinicians



# Relevant findings

**Hearing performance was not checked uniformly** across participants. While most of them reported to have done an audiogram (94%), only 33% of them did a speech-in-quiet test, and 22% did a speech-in-noise tests.

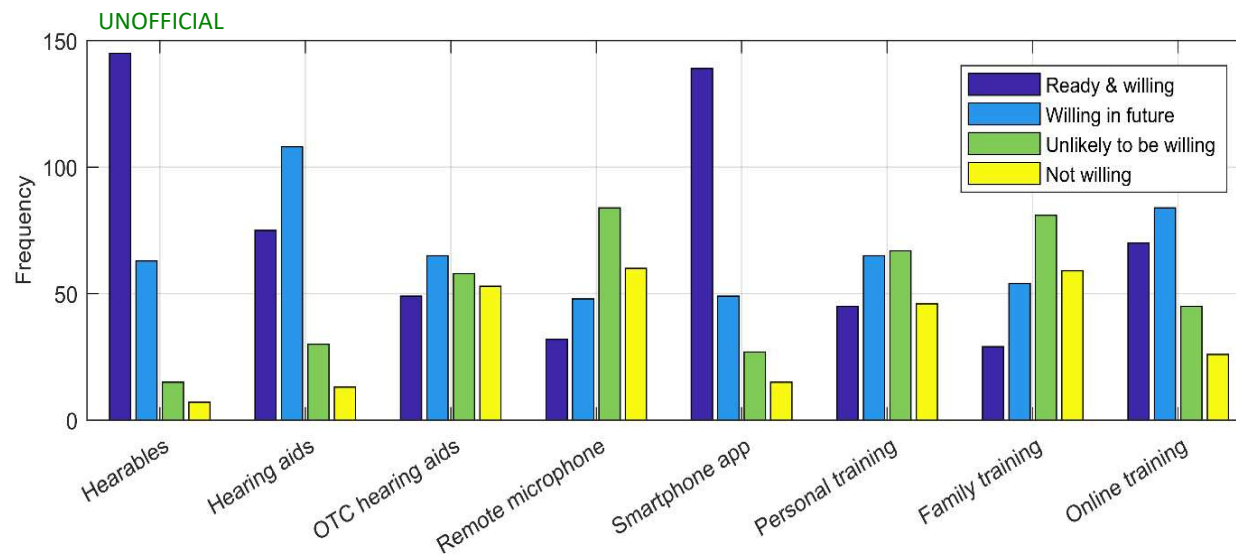
**76% did not receive any type of treatment** option from their audiologists

**79% were not offered a follow-up** appointment

72% of participants were **only 'partially satisfied' or 'not satisfied'** with the appointment.

They complained that:

- (1) they received very **limited help**, advice or treatment options;
- (2) they found the **cost** of hearing aids prohibitive;
- (3) the **testing was not sufficient** to describe their difficulty or seemed biased to the interpretation of the audiologist;
- (4) the options provided **did not solve the problem** or would not help them long-term;
- (5) they felt that the audiologist was pushing to **sell hearing aids**; and
- (6) they were told they had good hearing but, still, they had issues with their hearing.



Most participants were **willing to try** hearing aids and hearables

# In their own words

---

## About their hearing difficulties

<<I think that **other people must be able to filter that background noise** and put it down to a lower level so that they can focus on conversation, so I must have a problem because I can't do that.>>

## Impact on their quality of life

<<I **have to try harder to hear**. I can't always hear what they're speaking to me about, or questions. It takes a lot of concentration>>

## Change of behaviour

<<It **just makes me feel disinclined to go out**, and when I do go I tend to avoid restaurants and cafes and anything which is likely to be a crowd of people, unfortunately.>>

## Frustration and anxiety for potential misinterpretation

<<I **think that people feel I am rude** because sometimes you nod and smile at the wrong point because you're not following what's happening.>>

## What they would love to have

<<Something **easy, attractive and unobtrusive** which **enhances my hearing**.>>

# Unmet needs

---

**Need 1.** A way to **improve the communication experience** in groups of people with substantial background noise.

**Need 2.** A way to improve and standardize **assessment protocols** to enable the provision of rehabilitation procedures and options tailored to each individual.

**Need 3.** A way to **evaluate different treatment options** to provide clinicians with evidence-based information about their effectiveness.

**Need 4.** A way to understand the population's insights about the **acceptability of technological solutions** to provide industry with guidelines for creating less stigmatized and more comfortable solutions.

# Part 2 – Underlying mechanisms

Part 1 - Problem statement

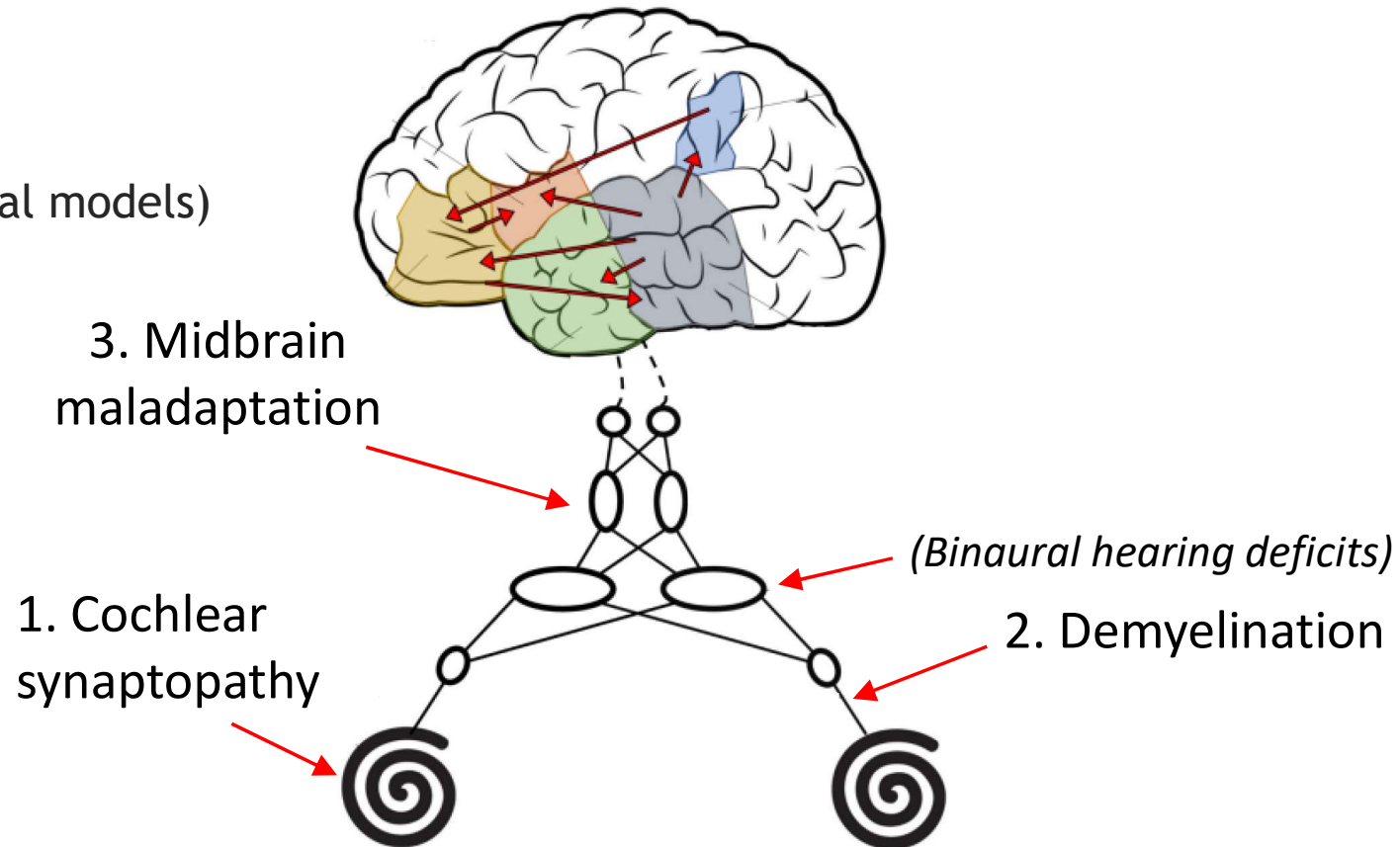
Part 2 - Underlying mechanisms (animal models)

Part 3 - Diagnostic of HHL

- ✓ Existing biomarkers
- ✓ Forthcoming research

Part 4 - Clinical management

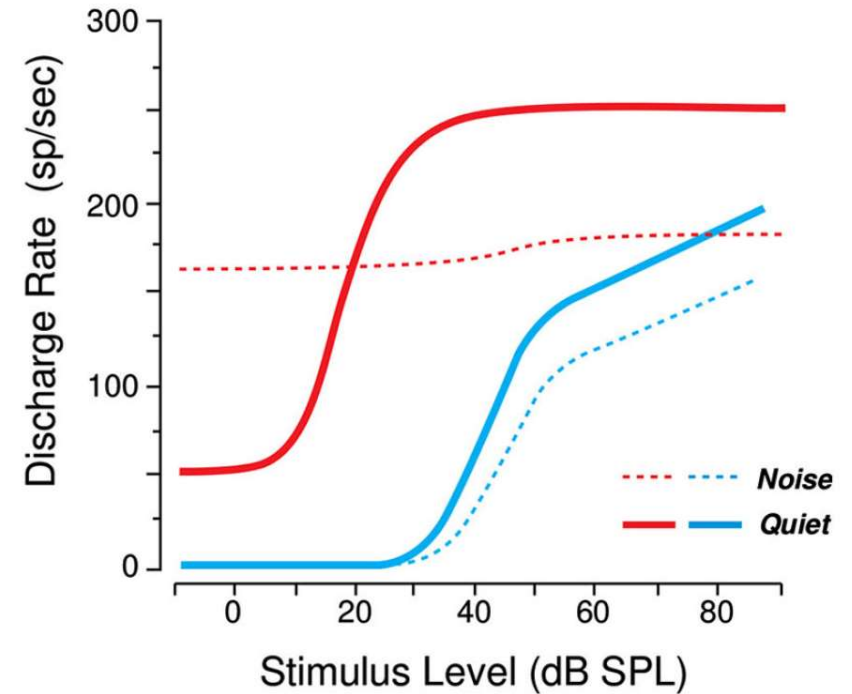
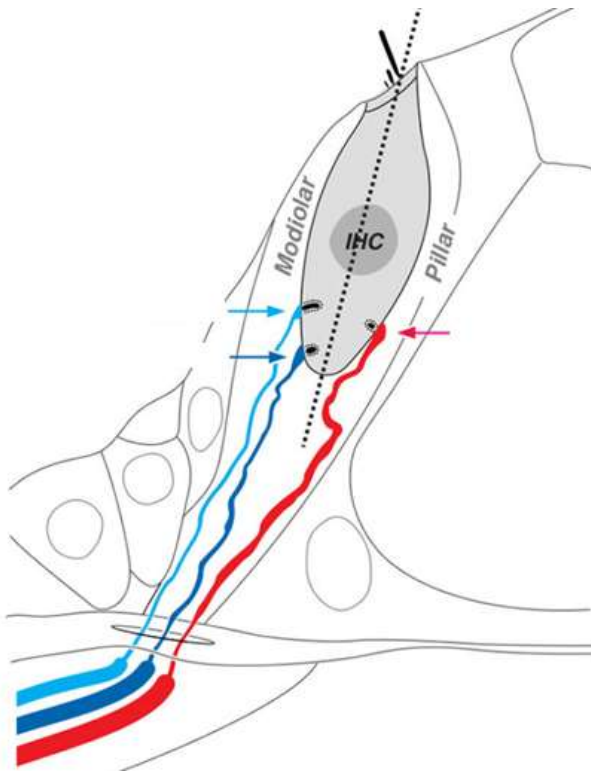
- ✓ Therapeutics interventions
- ✓ Low-gain hearing aids
- ✓ AirPods Pro hearables





# Pathology 1 – Cochlear synaptopathy

- 120 dB  $\rightarrow I_{\max} = 1,000,000,000,000 \cdot I_{\min}$

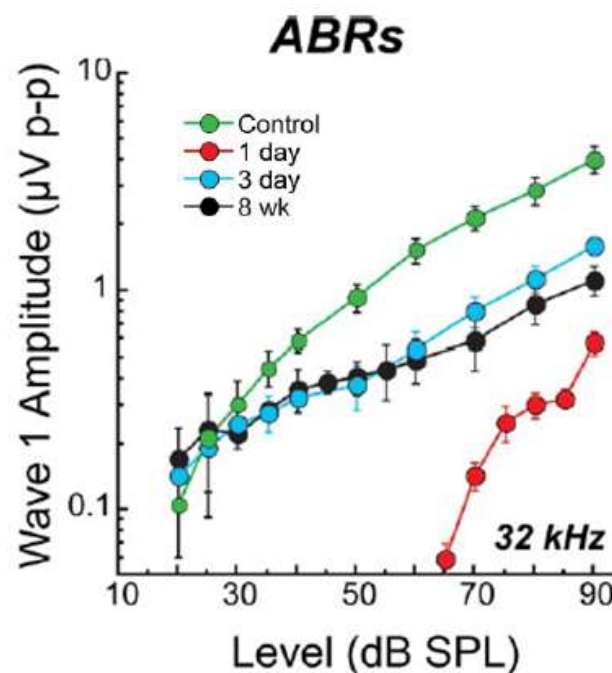
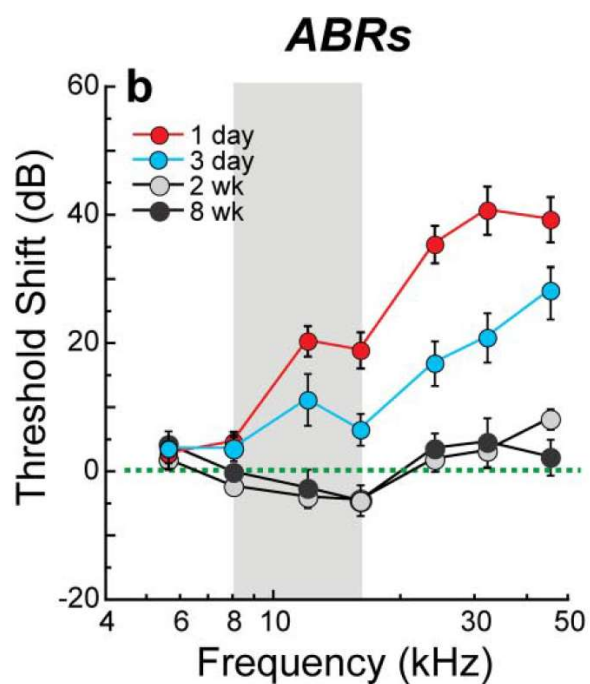


HT fibres (LSRs) play an important role in speech perception in noise

# Adding Insult to Injury: Cochlear Nerve Degeneration after “Temporary” Noise-Induced Hearing Loss

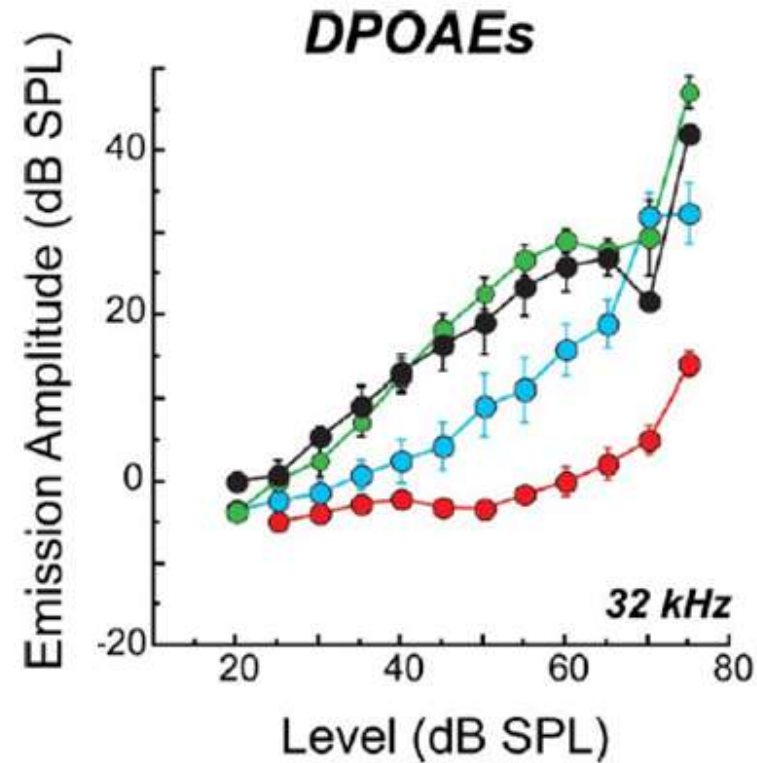
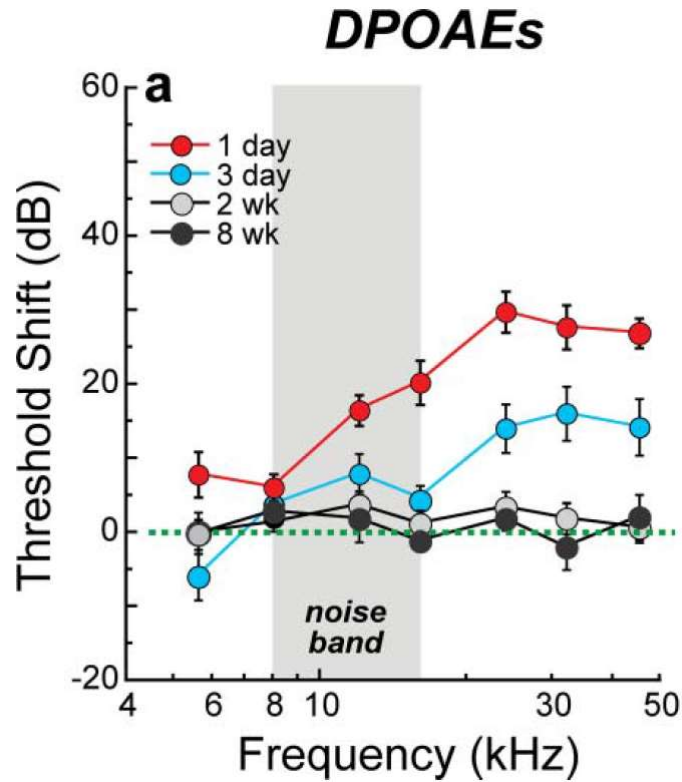
Sharon G. Kujawa<sup>1,2,3,4</sup> and M. Charles Liberman<sup>1,2,4</sup>

- Anaesthetized mice
- 8-16 kHz noise
- 2 h, 100 dB SPL

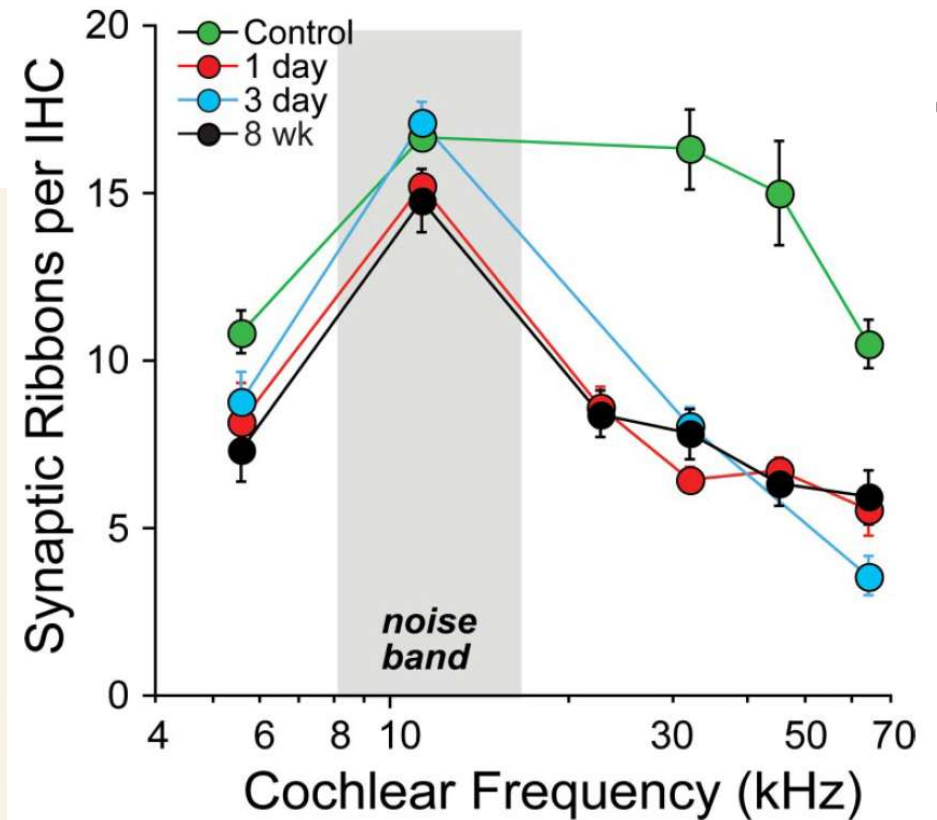
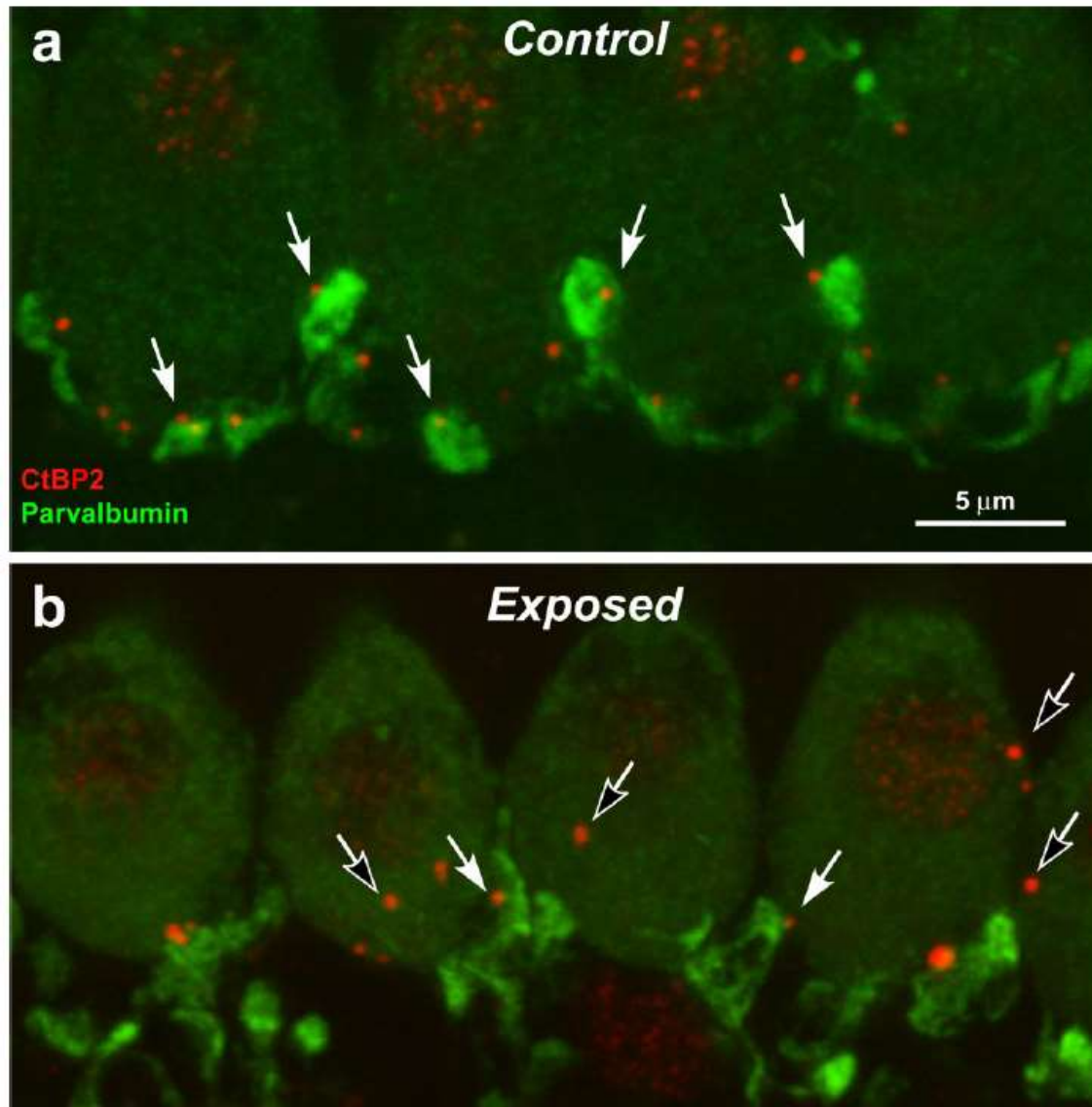


Noise damaged HT fibers

# Were hair cells affected?



Noise exposure did not damage outer hair cells



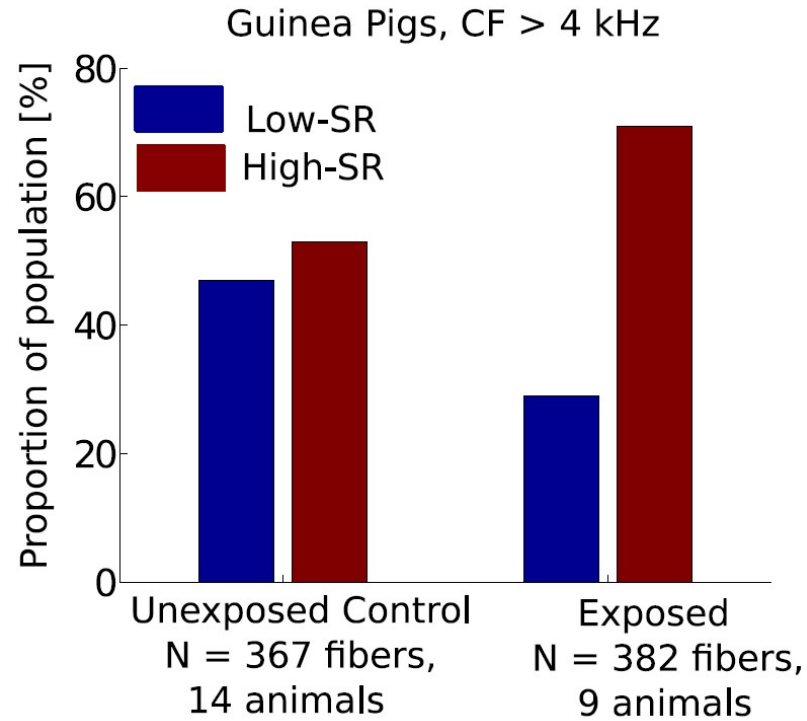
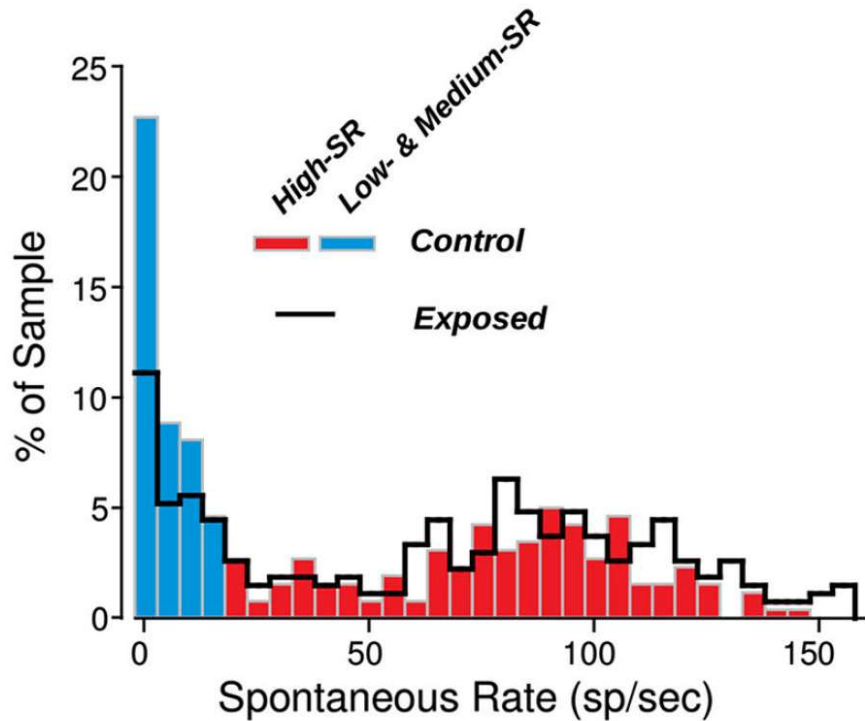
Noise-exposure “disconnects” hair cell synaptic ribbons from cochlear nerve terminals



# Noise-induced cochlear neuropathy is selective for fibers with low spontaneous rates

Adam C. Furman,<sup>2,4</sup> Sharon G. Kujawa,<sup>1,3,4</sup> and M. Charles Liberman<sup>1,2,4</sup>

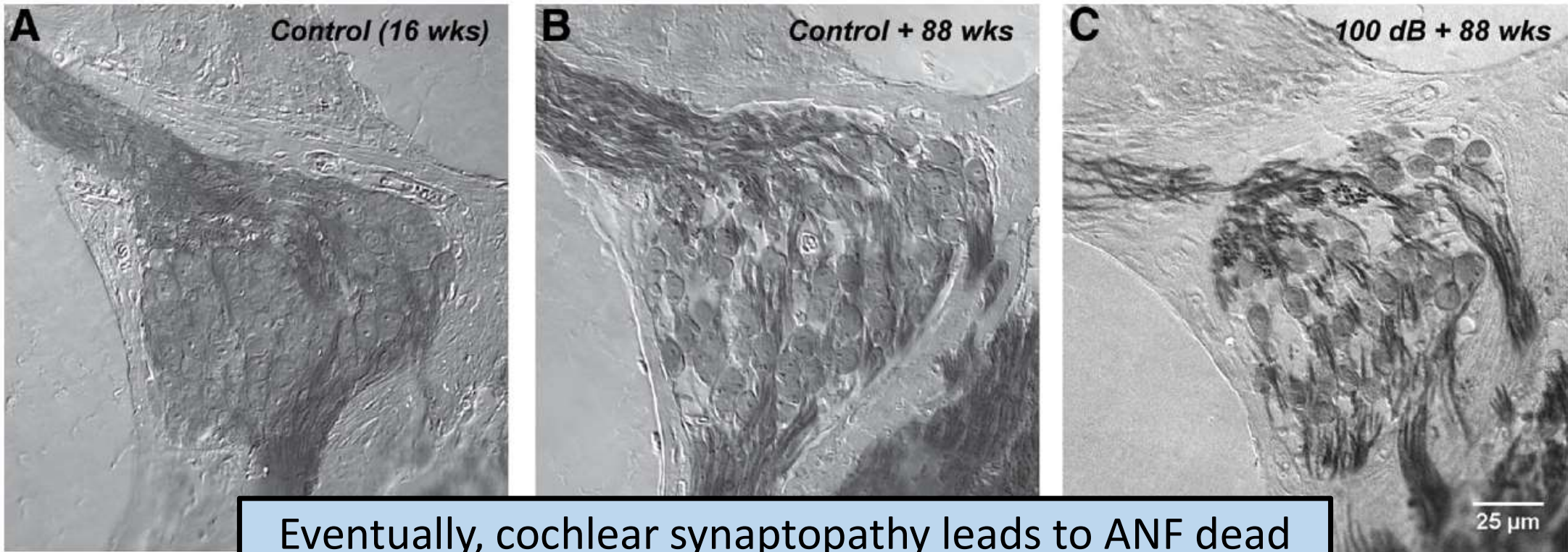
Noise exposure affects HT-ANF



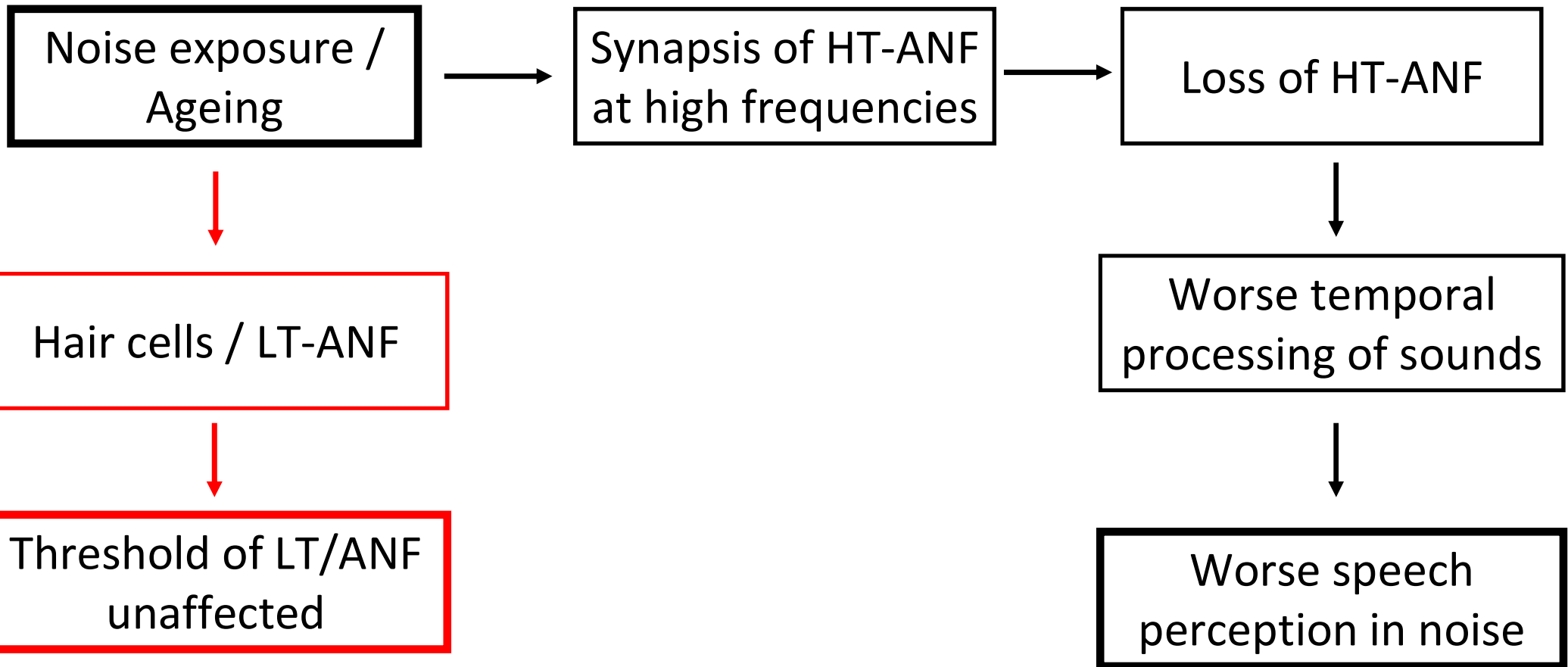


# Aging after Noise Exposure: Acceleration of Cochlear Synaptopathy in “Recovered” Ears

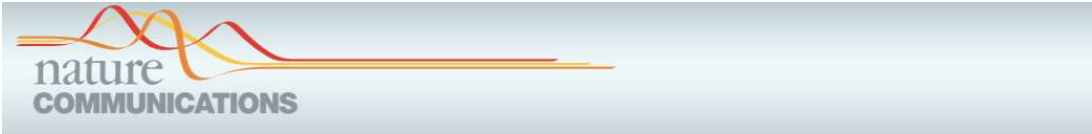
Katharine A. Fernandez,<sup>1,2</sup> Penelope W.C. Jeffers,<sup>2</sup> Kumud Lall,<sup>1,2</sup> M. Charles Liberman,<sup>1,2</sup> and Sharon G. Kujawa<sup>1,2,3</sup>



# Animal model cochlear synaptopathy



# Pathology 2 – Auditory nerve demyelination



ARTICLE

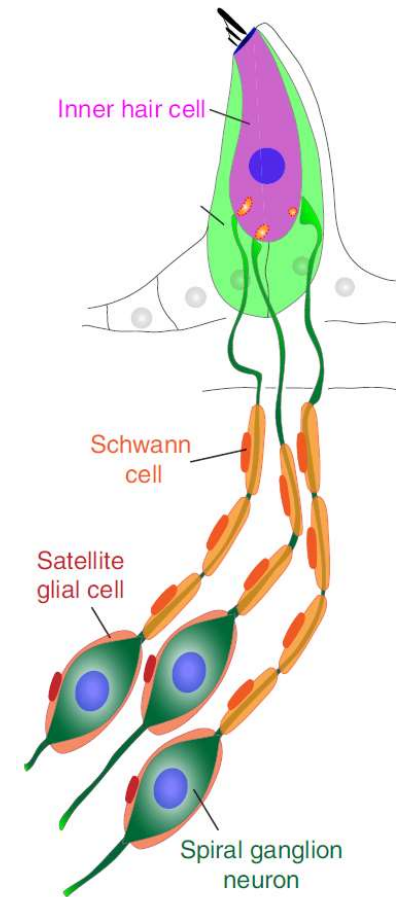
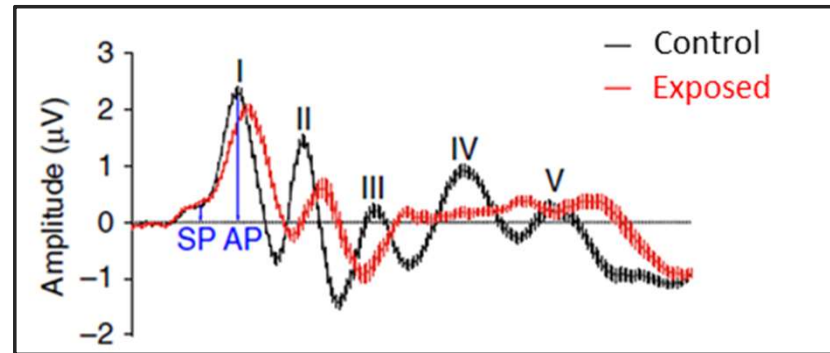
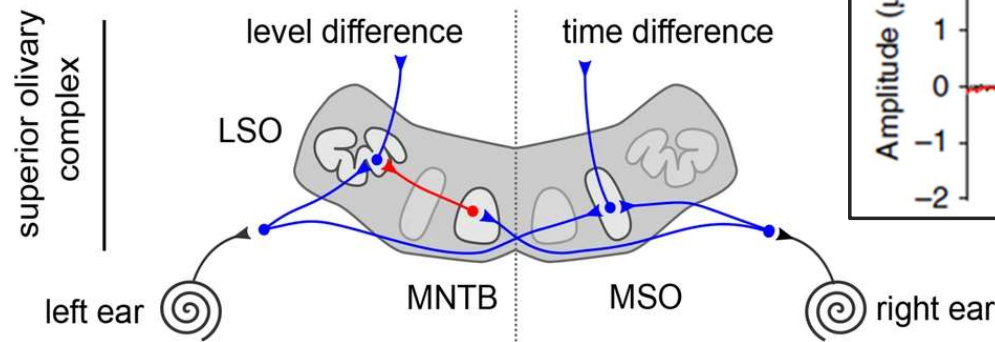
Received 23 Nov 2016 | Accepted 4 Jan 2017 | Published 17 Feb 2017

DOI: 10.1038/ncomms14487

OPEN

## Transient auditory nerve demyelination as a new mechanism for hidden hearing loss

Guoqiang Wan<sup>1,2</sup> & Gabriel Corfas<sup>1</sup>



# Pathology 3 – Midbrain maladaptation



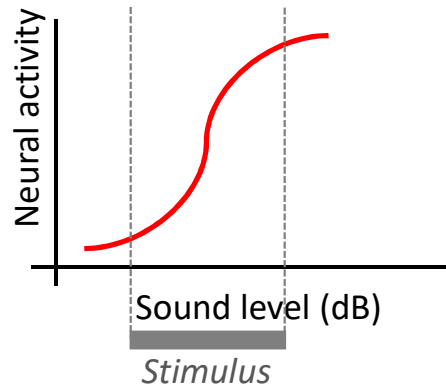
6430 • The Journal of Neuroscience, June 16, 2008 • 28(25):6430–6438

Behavioral/Systems/Cognitive

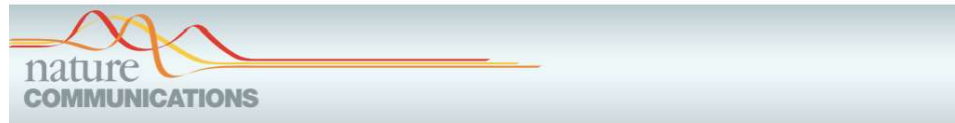
## Rapid Neural Adaptation to Sound Level Statistics

Isabel Dean,<sup>1</sup> Ben L. Robinson,<sup>1</sup> Nicol S. Harper,<sup>1,2</sup> and David McAlpine<sup>1</sup>

<sup>1</sup>University College London Ear Institute and <sup>2</sup>CoMPLEX, University College London, London WC1X 8EE, United Kingdom



The neural activity **adapts** to the statistics of the stimulus to optimise the neural encoding of acoustic information

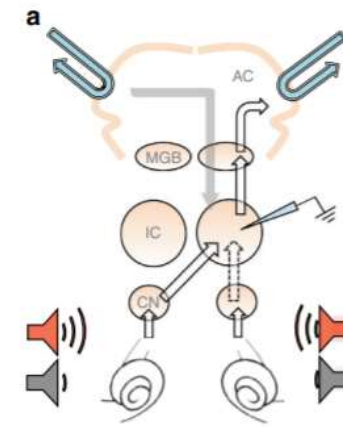
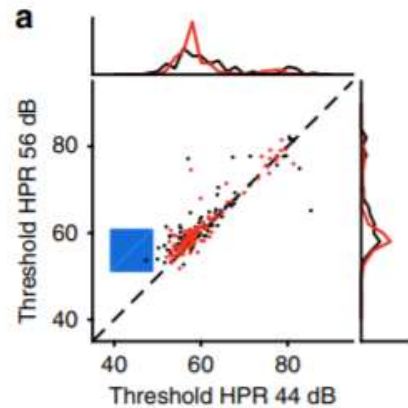


ARTICLE

DOI: 10.1038/s41467-018-06777-y OPEN

## Hidden hearing loss selectively impairs neural adaptation to loud sound environments

Warren Michael Henry Bakay<sup>1,2</sup>, Lucy Anne Anderson<sup>1</sup>, Jose Alberto Garcia-Lazaro<sup>1</sup>, David McAlpine<sup>1,3</sup> & Roland Schaette<sup>1</sup>



Noise exposure **impairs the neural adaptation** to loud sound environments



# Part 3 – Diagnostic of HHL

Part 1 - Problem statement

Part 2 - Underlying mechanisms (animal models)

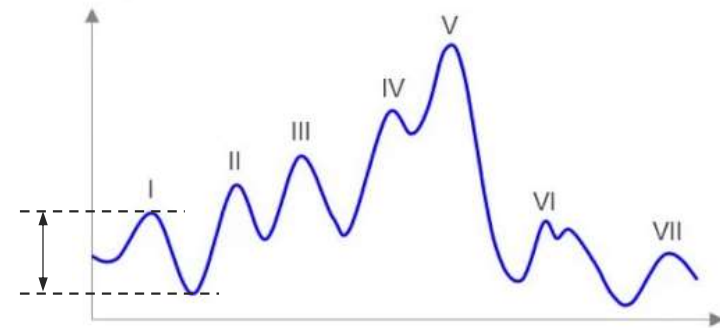
Part 3 - Diagnostic of HHL

- ✓ Existing biomarkers
- ✓ Forthcoming research

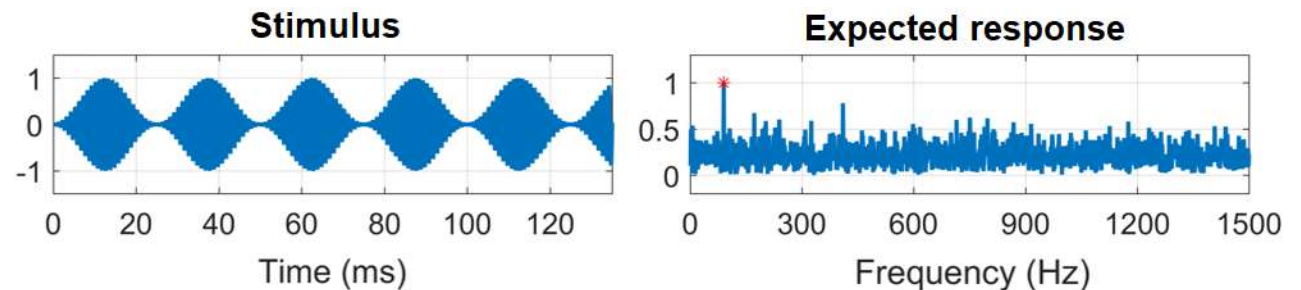
Part 4 - Clinical management

- ✓ Therapeutics interventions
- ✓ Low-gain hearing aids
- ✓ AirPods Pro hearables

Biomarker 1. ABR wave I amplitude



Biomarker 2. Envelope Following Response (EFR)

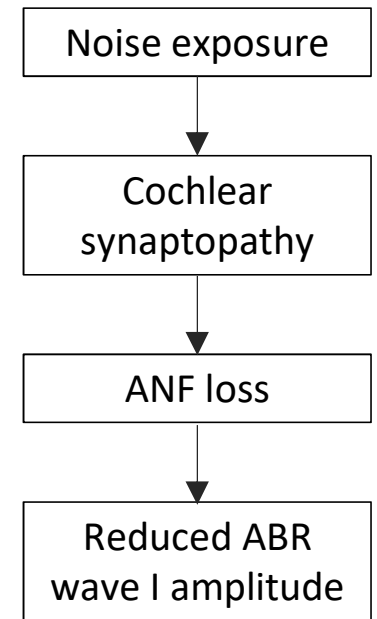
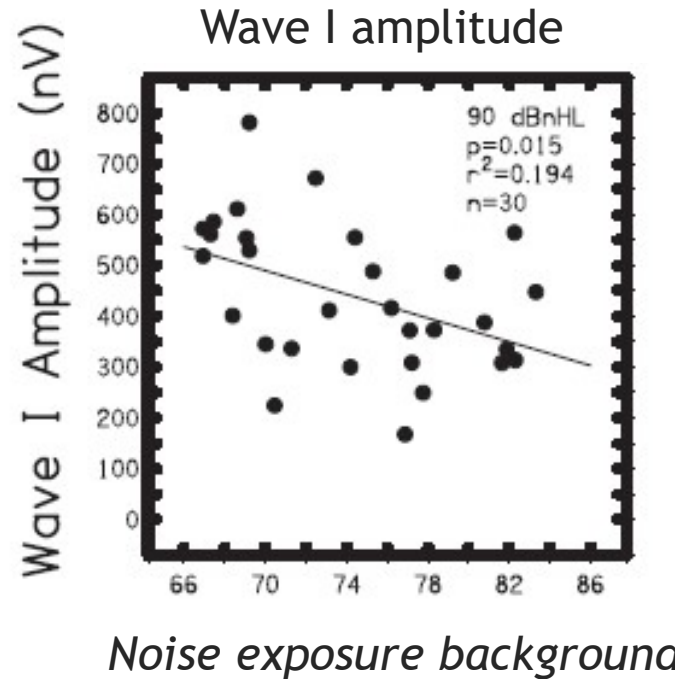
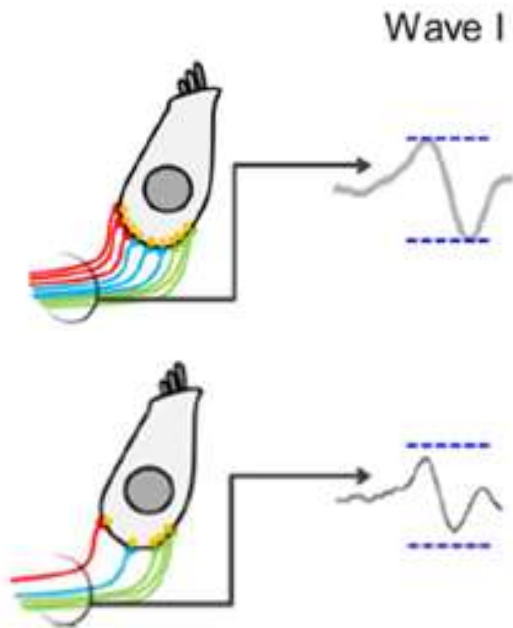




# Biomarker 1 – ABR wave I amplitude

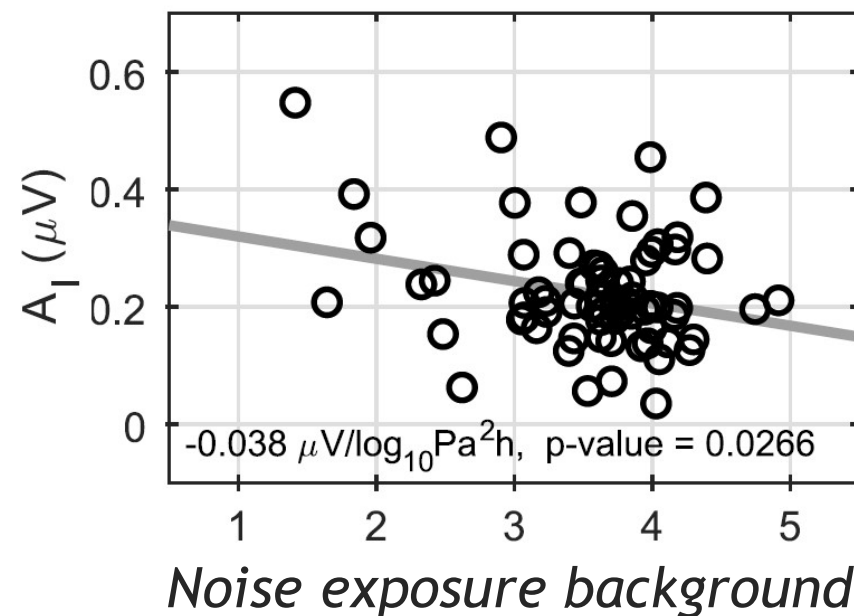
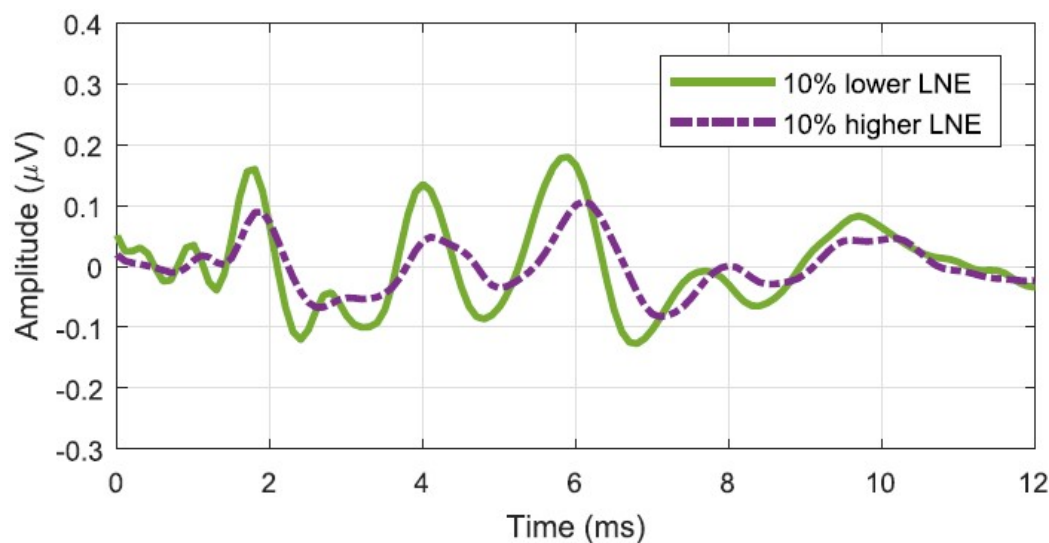
STAMPER AND JOHNSON / EAR & HEARING, VOL. 36, NO. 2, 172–184

## Auditory Function in Normal-Hearing, Noise-Exposed Human Ears



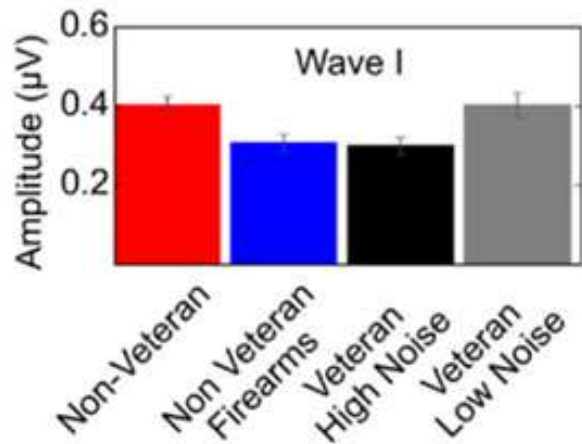
# Effects of lifetime noise exposure on the middle-age human auditory brainstem response, tinnitus and speech-in-noise intelligibility

Joaquin T. Valderrama <sup>a, b, c, \*</sup>, Elizabeth Francis Beach <sup>a, c</sup>, Ingrid Yeend <sup>a, b, c</sup>,  
Mridula Sharma <sup>b, c</sup>, Bram Van Dun <sup>a, c</sup>, Harvey Dillon <sup>a, c</sup>



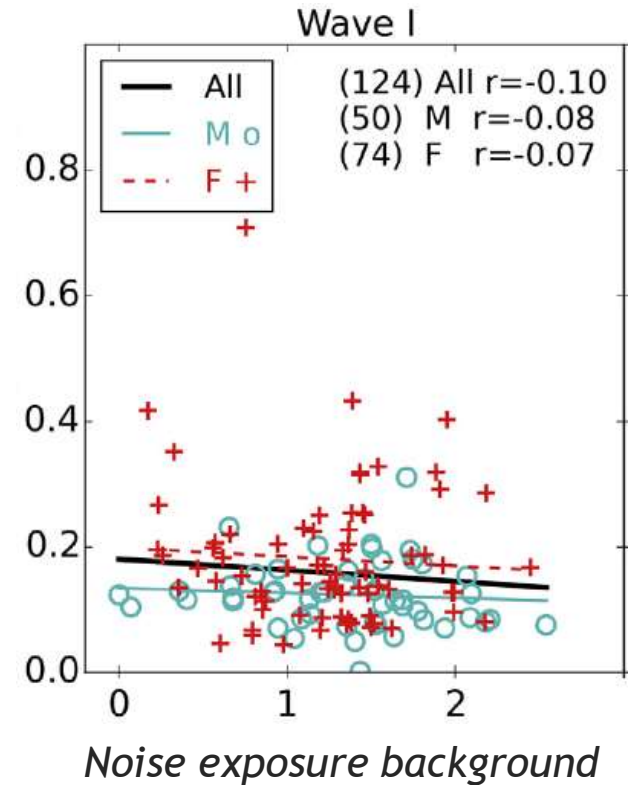
# Auditory Brainstem Response Altered in Humans With Noise Exposure Despite Normal Outer Hair Cell Function

Naomi F. Bramhall<sup>1</sup>, Dawn Konrad-Martin<sup>1,2</sup>, Garnett P. McMillan<sup>1</sup>, and Susan E. Griest<sup>1,2</sup>



**RELEVANT FACTORS**

- Humans vs animals
- Noise exposure estimates
- Inter-subject variability

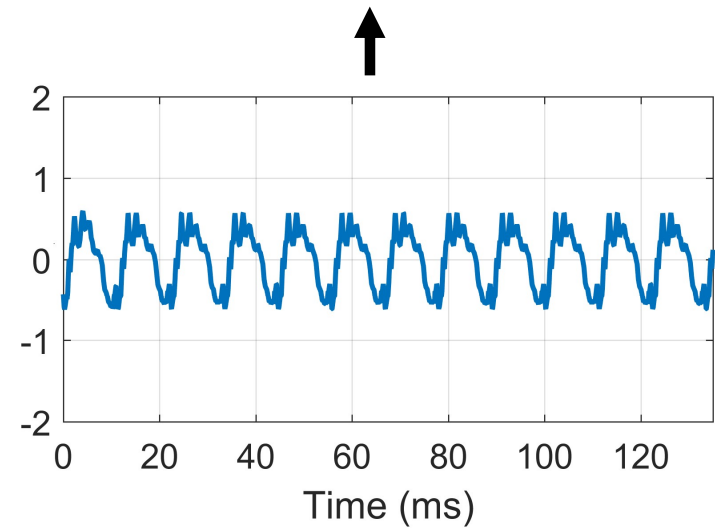
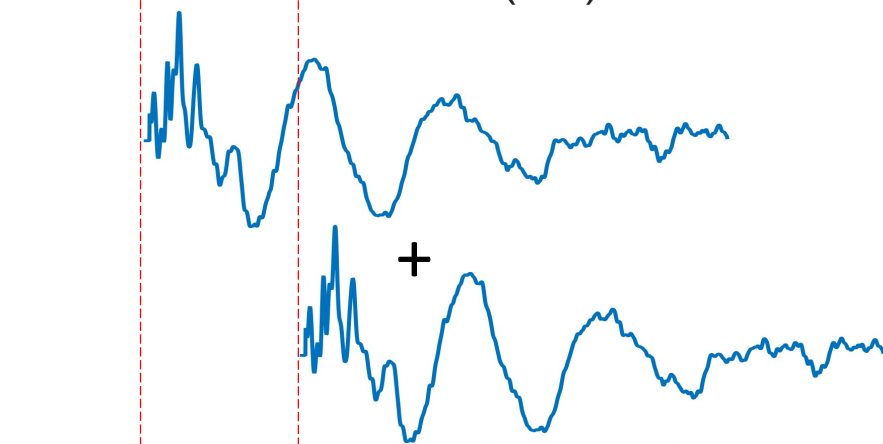
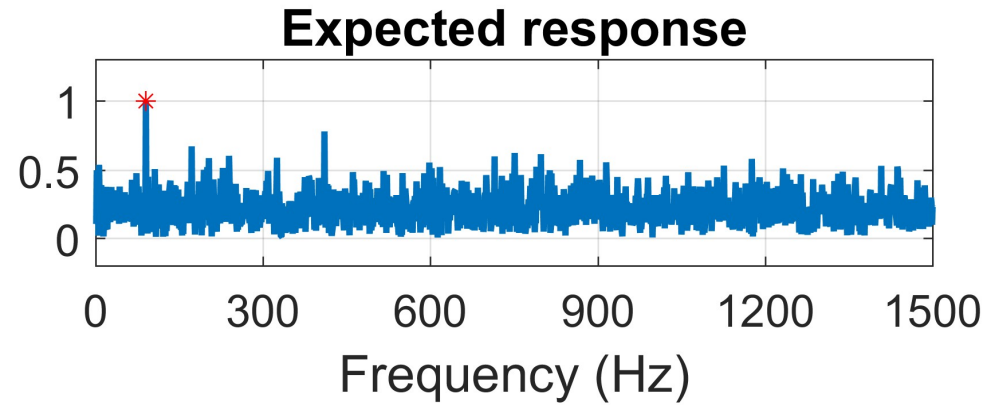
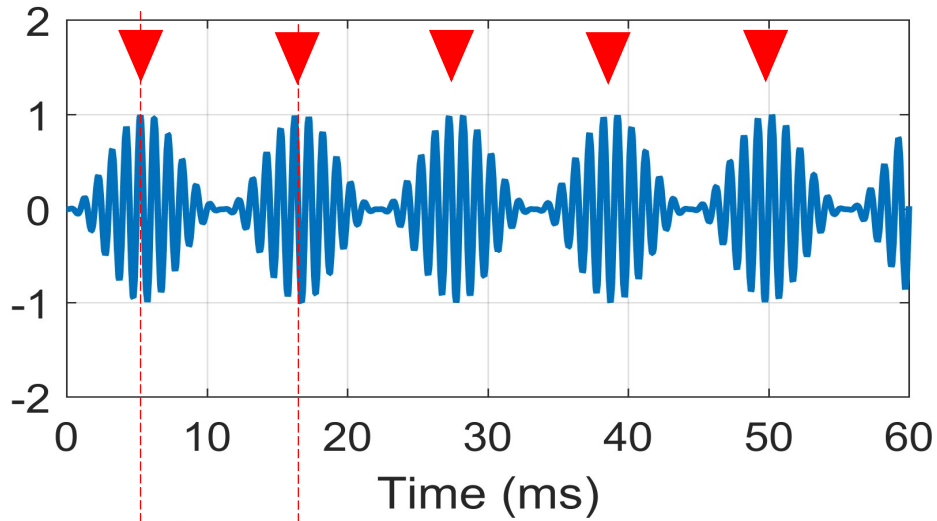


Research Paper

Effects of noise exposure on young adults with normal audiograms I: Electrophysiology

Garreth Prendergast<sup>a,\*</sup>, Hannah Guest<sup>a</sup>, Kevin J. Munro<sup>a,b</sup>, Karolina Kluk<sup>a</sup>, Agnès Léger<sup>a</sup>, Deborah A. Hall<sup>c,d</sup>, Michael G. Heinz<sup>e</sup>, Christopher J. Plack<sup>a,f</sup>

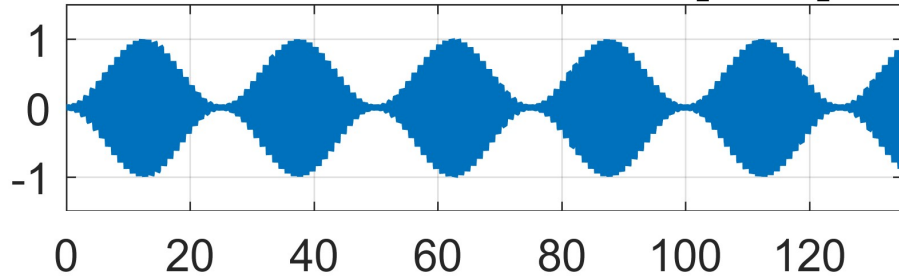
# Biomarker 2 – EFR / ASSR



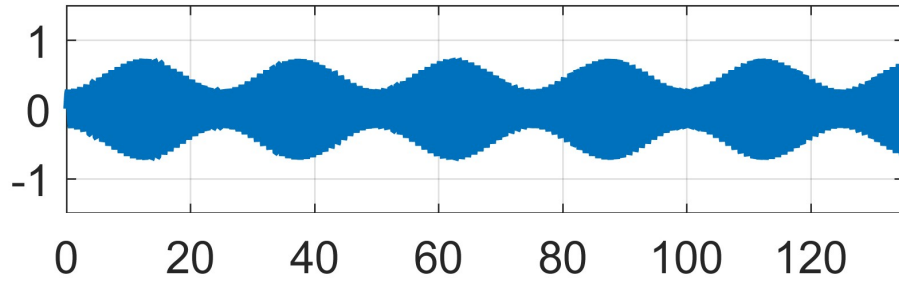


UNOFFICIAL

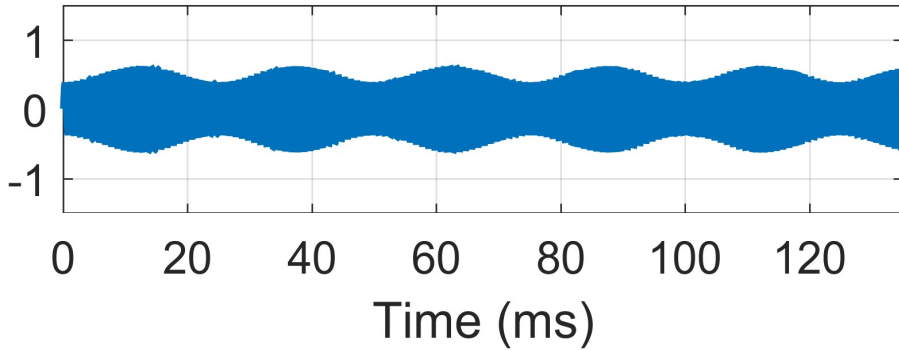
**100% Modulation index [0 dB]**



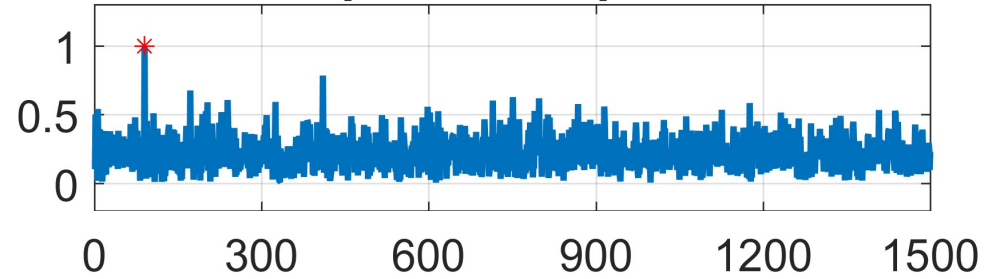
**-4 Modulation index**



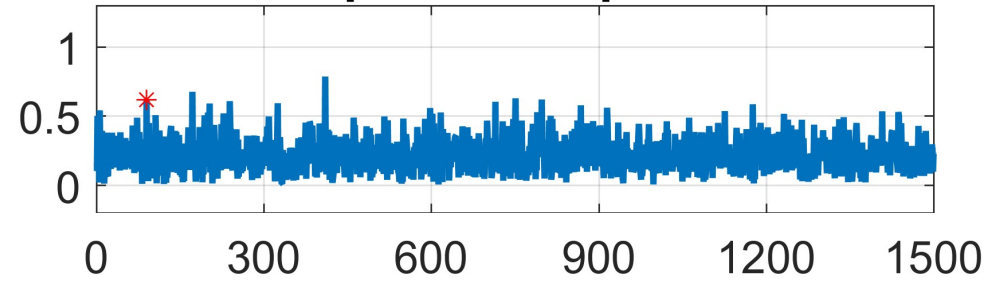
**-8 dB Modulation index**



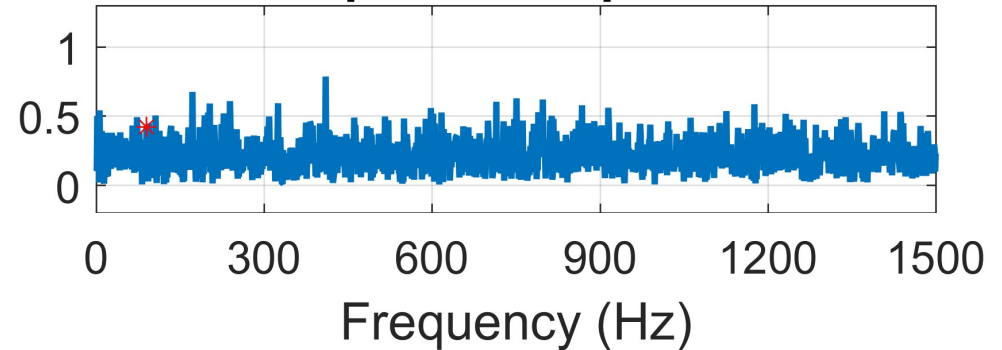
**Expected response**



**Expected response**



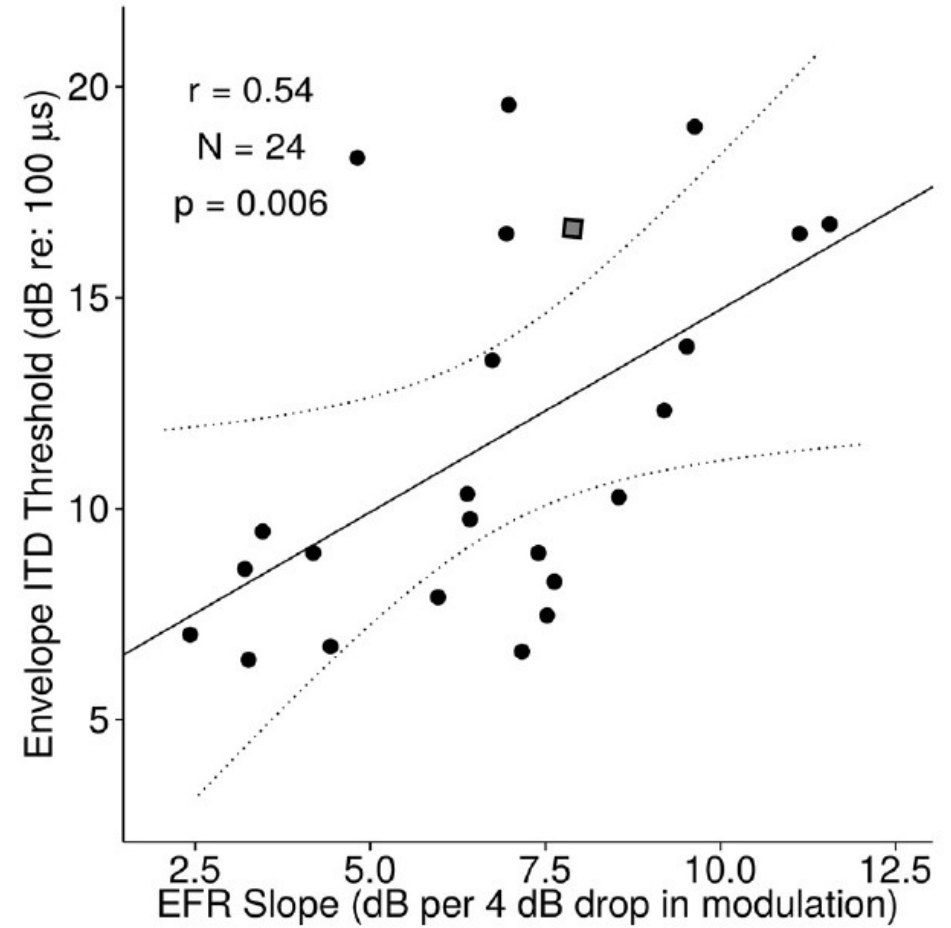
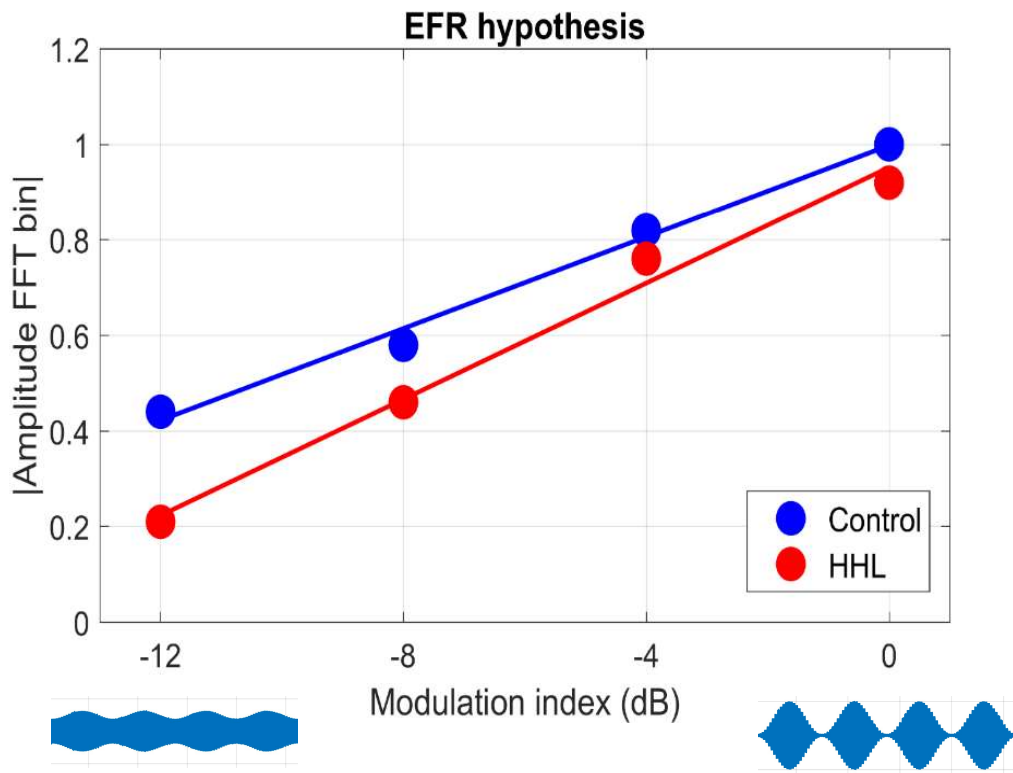
**Expected response**





# Individual Differences Reveal Correlates of Hidden Hearing Deficits

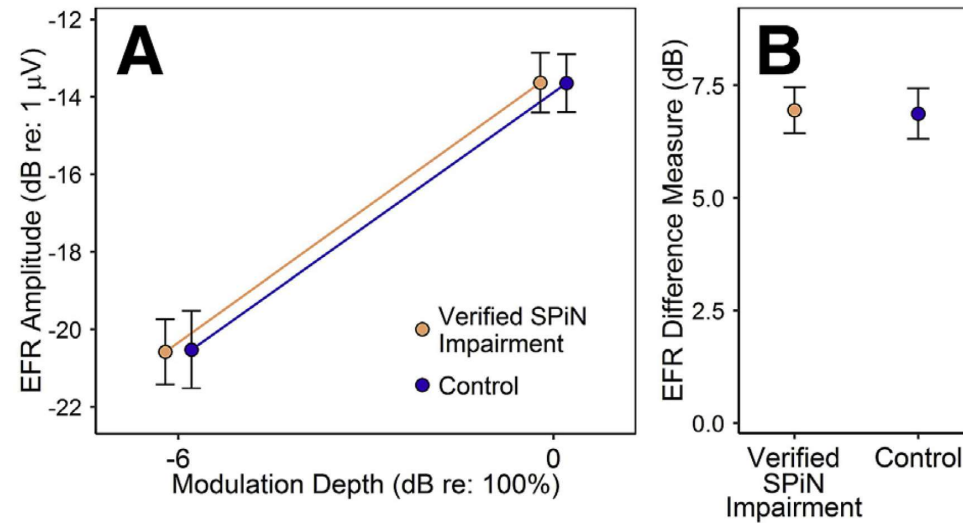
Hari M. Bharadwaj,<sup>1,2</sup> Salwa Masud,<sup>1,2</sup> Golbarg Mehraei,<sup>1,3</sup> Sarah Verhulst,<sup>1,4</sup> and Barbara G. Shinn-Cunningham<sup>1,2</sup>



Research Paper

# Impaired speech perception in noise with a normal audiogram: No evidence for cochlear synaptopathy and no relation to lifetime noise exposure

Hannah Guest<sup>a, b, \*</sup>, Kevin J. Munro<sup>a, b</sup>, Garreth Prendergast<sup>a, b</sup>, Rebecca E. Millman<sup>a, b</sup>, Christopher J. Plack<sup>a, b, c</sup>



EFR not associated with speech-in-noise hearing performance

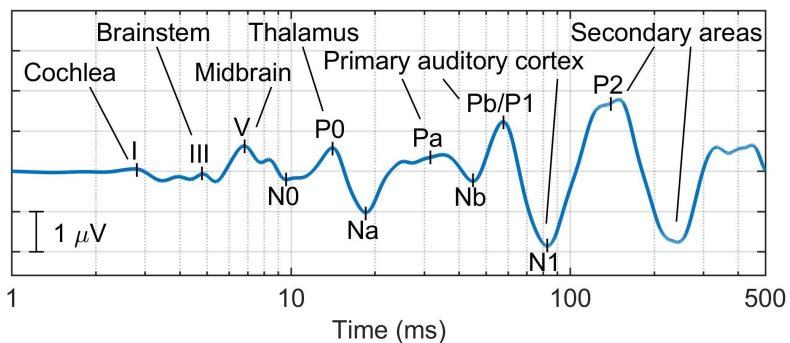
# Future trends

## BARRIERS

1. Focus on cochlear synaptopathy
2. Low sensitivity to SiN problems
3. Large inter-subject variability

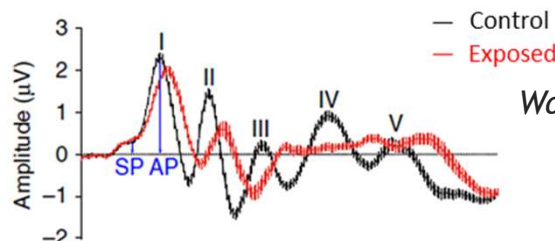
## POSSIBLE SOLUTIONS

1. Target multiple pathologies
2. Increase sensitivity to SiN
3. Reduce inter-subject variability

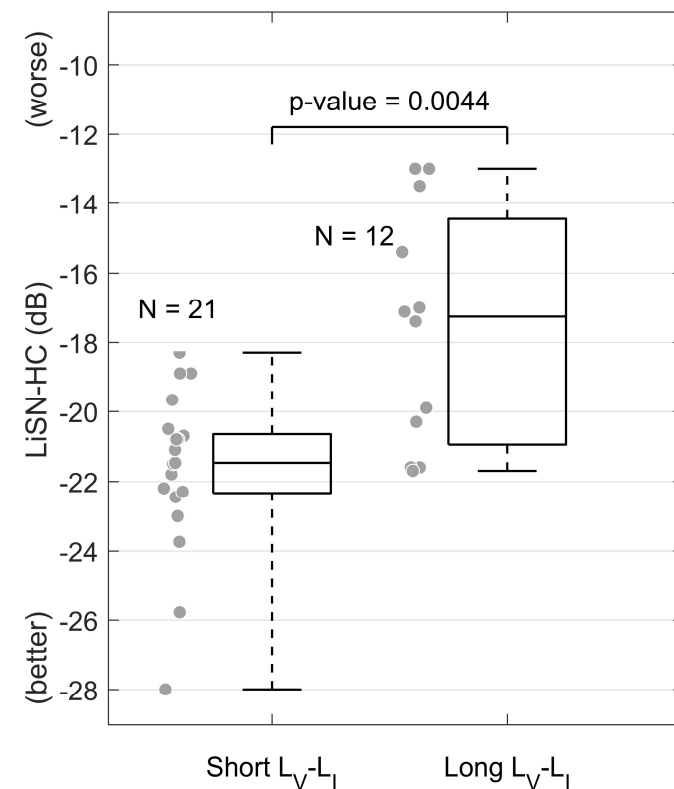
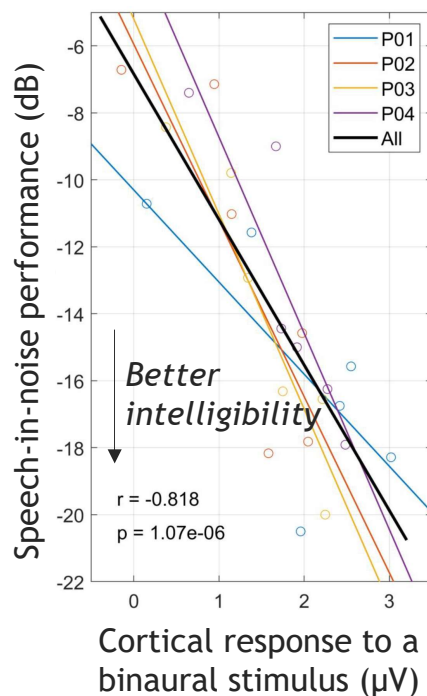


Full-range AEP  
de la Torre, Valderrama et al. (2019)

## UNOFFICIAL Effect of demyelination



Wan and Corfas (2017)



Inter-peak latencies  
Valderrama et al. (2018)



# Part 4 – Management of hearing difficulties

## SCIENTIFIC REPORTS

Part 1 - Problem statement

Part 2 - Underlying mechanisms (animal models)

Part 3 - Diagnostic of HHL

- ✓ Existing biomarkers
- ✓ Forthcoming research

Part 4 - Clinical management

- ✓ Therapeutics interventions
- ✓ Low-gain hearing aids
- ✓ AirPods Pro hearables

OPEN

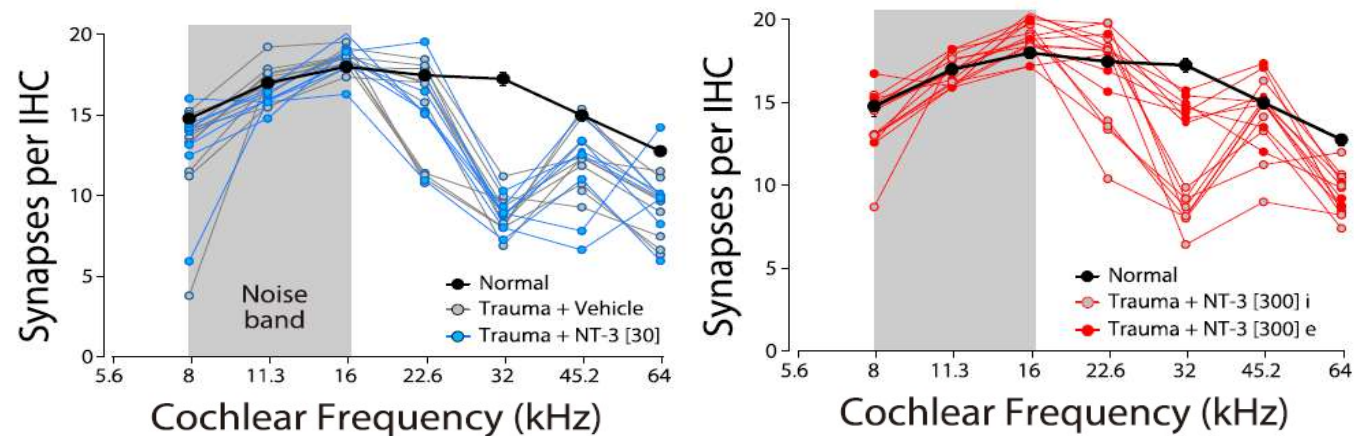
### Round-window delivery of neurotrophin 3 regenerates cochlear synapses after acoustic overexposure

Received: 11 January 2016

Accepted: 04 April 2016

Published: 25 April 2016

Jun Suzuki<sup>1,2,3</sup>, Gabriel Corfas<sup>4</sup> & M. Charles Liberman<sup>1,2</sup>





# Relevant questions

- To what extent these devices improve the hearing experience of their users?
- What are the listening scenarios in which devices perform best/worse?
- What proportion of users benefit when using these devices in challenging venues?
- What are the characteristics of those who benefit from these technologies?
- What are the main barriers that would discourage users from using the devices?



NAL Study 2. Mild-gain hearing aids  
*Phonak M50*

NAL Study 3. Hearables  
*Apple AirPods Pro*



UNOFFICIAL



# NAL Study 1 – Mild-gain hearing aids

Manuscript in preparation



Joaquin  
Valderrama  
NAL



Jorge Mejia  
NAL



Kiri Mealings  
NAL / Macquarie University



Ingrid Yeend  
NAL / Macquarie University



Vivian Sun  
Hearing Australia



Elizabeth F Beach  
NAL



Brent Edwards  
NAL Director



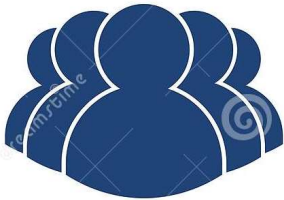
# Methods



A double-blinded randomised controlled trial

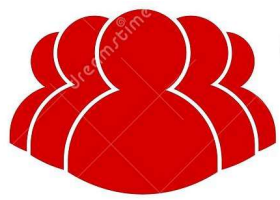


## Control

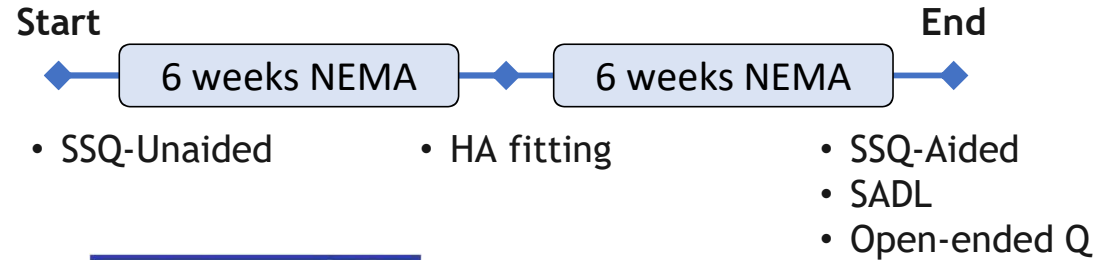


- 14 participants
- 9 females
- [19,63] yr
- Mean = 40.8 yr
- 0 dB gain

## Experimental



- 13 participants
- 8 females
- [31,63] yr
- Mean = 44.8 yr
- +8 dB gain

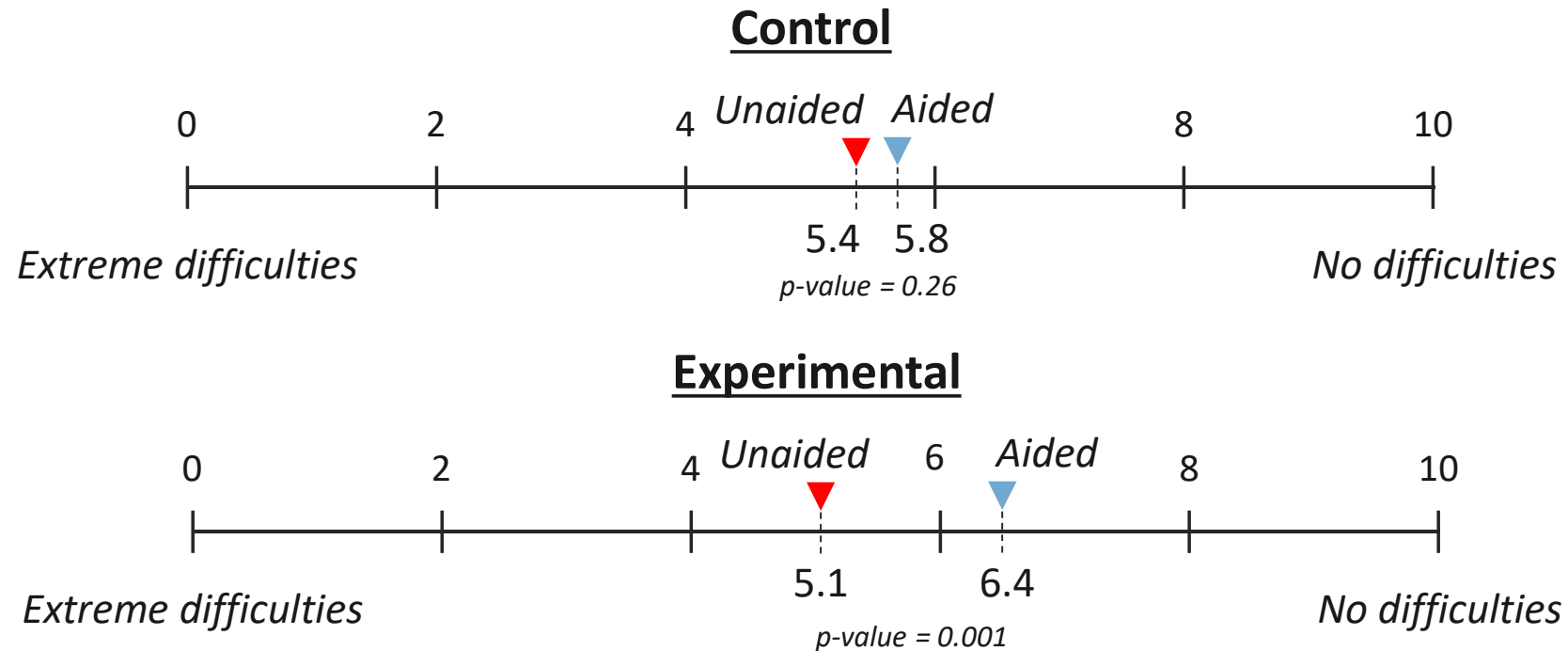


## NEMA surveys

- Understand
- Participate
- Frustration
- Benefit
- Satisfaction
- Noise level



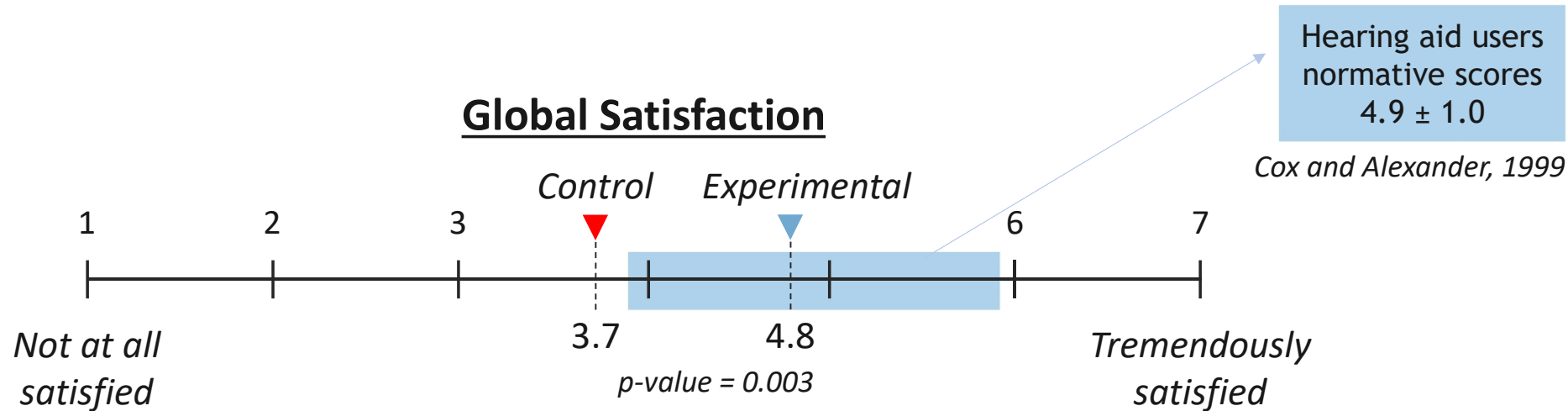
# Self-perceived hearing difficulties (SSQ)



Low-gain hearing aids reduced self-reported speech-in-noise hearing difficulties

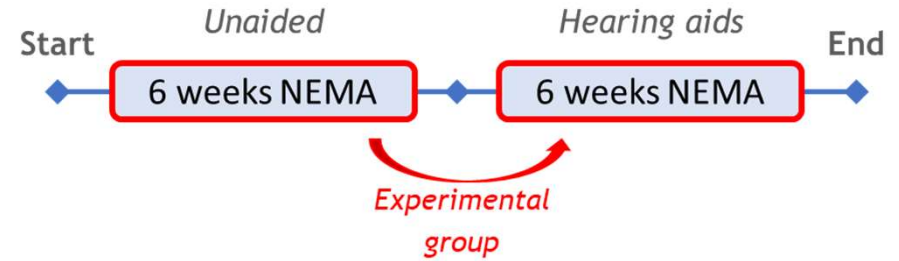


# Hearing aids satisfaction (SADL)

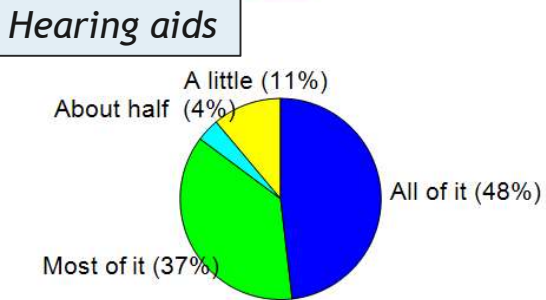
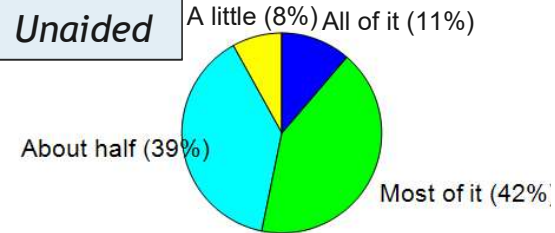


Providing a mild gain increases global satisfaction from 'medium satisfied' to 'considerably satisfied'

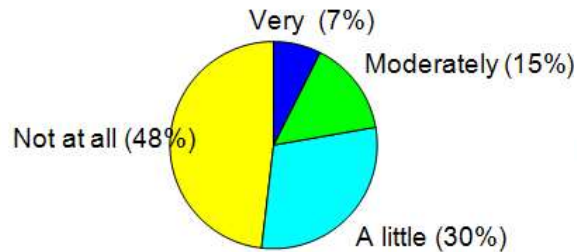
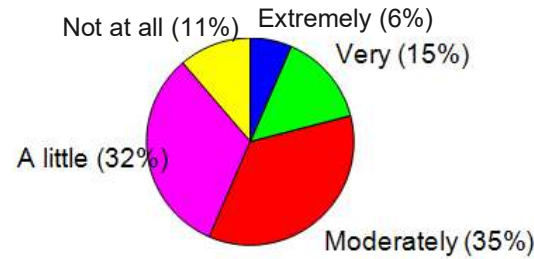
# Real-life assessment (NEMA)



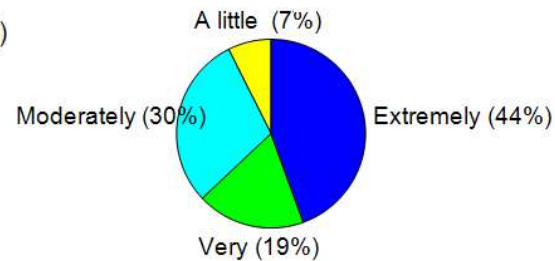
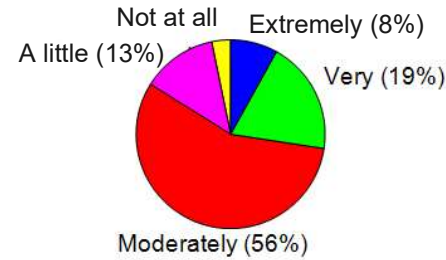
## Understanding



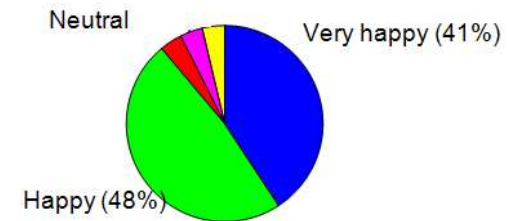
## Frustration



## Participation



## Mood



Low-gain hearing aids helped participants to understand more, participate more in conversations, reduce their frustration, and improve their mood in real-life noisy conversations

# Would you continue using the hearing aids?

Control: 9/14 NO  
Experimental: 8/11 YES

**No.** Unnoticeable benefit, for the slight administrative burden (batteries management, fitting comfort, etc.)

I would consider it **if my hearing loss gets a lot worse**, but at this stage the cons outweigh pros

**No.** They don't really help

**No**

**No,** I don't feel it has been a distinctive change enough for me



Control

I would only want to wear them **in particular environments** requiring a lot of listening - this would help reduce fatigue and frustration

**Yes,** the benefit that I gain from them is too great to not use them

**Yes** but they do appear to have improved my condition

**Yes,** would be a useful option to have when going into noisy social/talking environments

**Yes** I would in social situations. It makes engaging in conversations easier



Experimental

**No** because **I don't think I need them at this stage** and they're a bit awkward (slightly itchy, tickly and make it harder to change glasses especially if also wearing a mask and earrings). I don't like hearing myself eat

# Would you purchase the hearing aids?

Control: 14/14 NO  
Experimental: 11/11 NO

**Not at this stage** as it is too expensive, but I would if my hearing impacts my ability to work

At a cost of \$5000 I would personally **not be investing** in hearing aids as I find my unaided hearing to work well, even if I sometimes struggle in a noisy environment to understand speech clearly

**No**



Control

**No.** I don't feel any improvement in my hearing ability

**No.** Too much money!



Experimental

**Not** for that price



# NAL Study 1 summary

---

- Low-gain hearing aids improve the hearing experience of individuals with normal audiograms but with speech-in-noise hearing difficulties
- Participants fitted with +8 dB gain hearing aids could understand more in noisy venues, participate more in conversations, and reduce their frustration
- The elevated cost is a barrier for the adoption of hearing aids for this population



# NAL Study 2 – AirPods Pro hearables

Manuscript under review

1 The value of Apple AirPods Pro ~~on the management of~~ for managing speech-in-noise hearing  
2 difficulties ~~reported by~~ of individuals with ~~a~~ normal audiograms  
3 [Names] Joaquin T. [Surname] Valderrama<sup>a,b,\*</sup>, [Name] Jorge [Surname] Mejia<sup>a,c</sup>, [Name] Angela  
4 [Surname] Wong<sup>a</sup>, [Name] Nicky [Surname] Chong-White<sup>a,c</sup>, [Name] Brent [Surname] Edwards<sup>a,b</sup>  
5 <sup>a</sup> National Acoustic Laboratories, Sydney, Australia.  
6 <sup>b</sup> Department of Linguistics, Macquarie University, Sydney, Australia.  
7 <sup>c</sup> School of Computing, Macquarie University, Sydney, Australia.  
8 \* Corresponding author  
9 Joaquin T. Valderrama  
10 National Acoustic Laboratories  
11 Australian Hearing Hub  
12 Level 5, 16 University Avenue  
13 Macquarie University NSW 2109  
14 Sydney, Australia  
15 Phone: +61 2 9412 6878  
16 Email address: [joaquin.valderrama@nal.gov.au](mailto:joaquin.valderrama@nal.gov.au), [joaquin.valderrama@mq.edu.au](mailto:joaquin.valderrama@mq.edu.au).  
17 ORCID codes:  
18 Author 1: 0000-0002-5529-8620  
19 Author 2: 0000-0002-9624-2842  
20 Author 3: 0000-0002-1292-0256  
21 Author 4: 0000-0001-5114-2429  
22 Author 5: 0000-0003-0111-1899  
23 Word count: 8,500 words.  
24 Number of figures: 5 figures.  
25 Number of tables: 1 table.



Joaquin Valderrama  
NAL



Jorge Mejia  
NAL



Angela Wong  
NAL



Nicky Chong  
NAL



Brent Edwards  
NAL Director

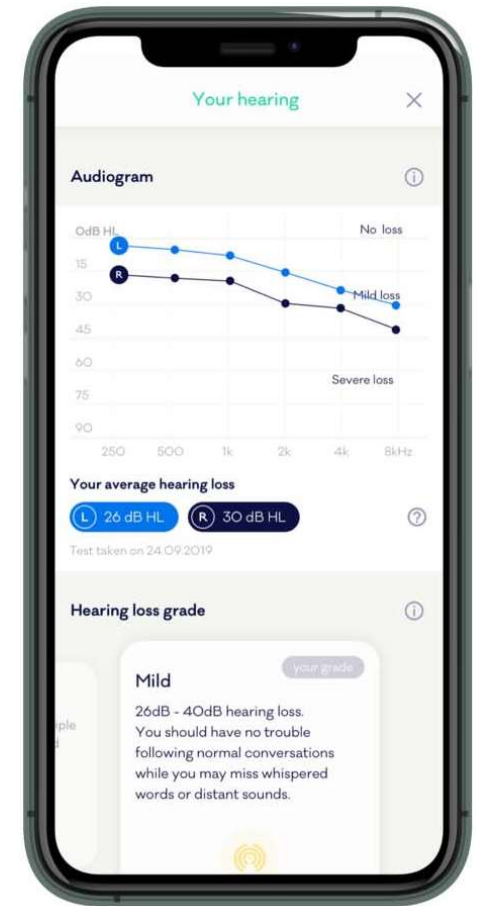
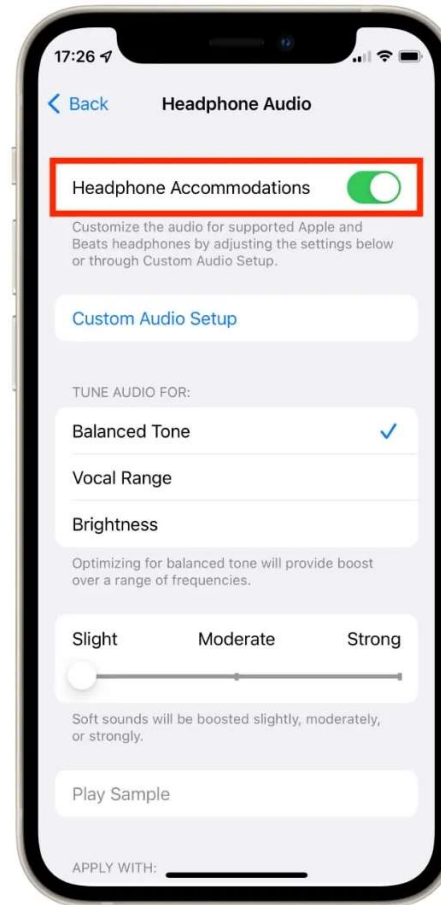


# Methods



## iOS 15 features

- Headphone Accommodations
- Conversation Boost
- Ambient Noise Reduction



## Exploring Apple AirPods Pro as hearing devices

NAL Soundbites  
May 2022

Nicky Chong-White, PhD  
PRINCIPAL ENGINEER



# Methods

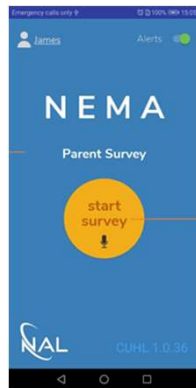


- 17 participants
- 21-59 years
- 9 females



- Personalized audiograms
- Ambient Noise Reduction MAX
- Conversation Boost ON

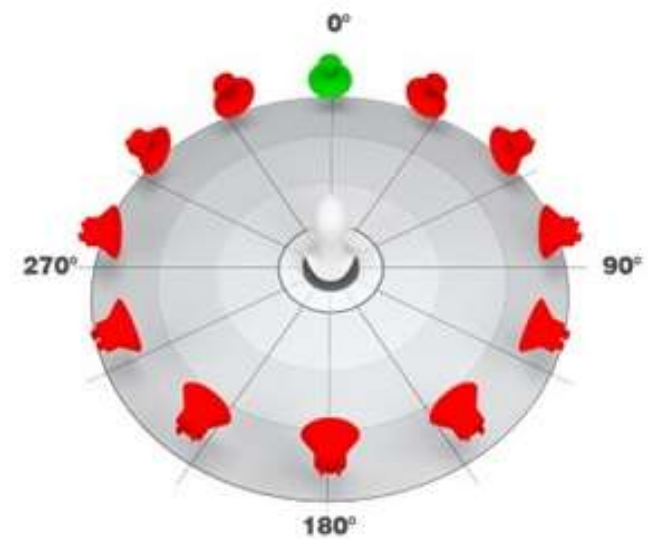
## Real-life measures



## Questionnaires

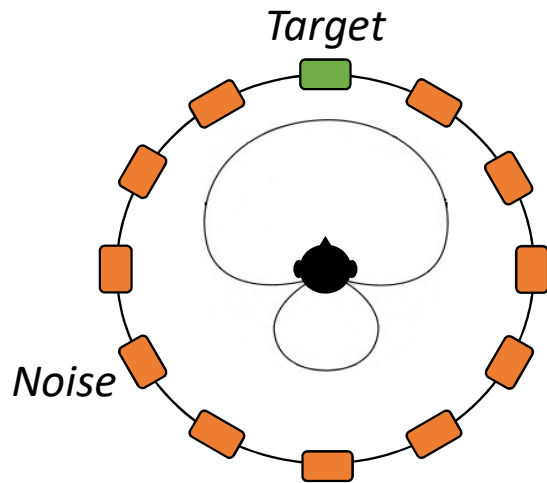


## Speech-in-noise performance

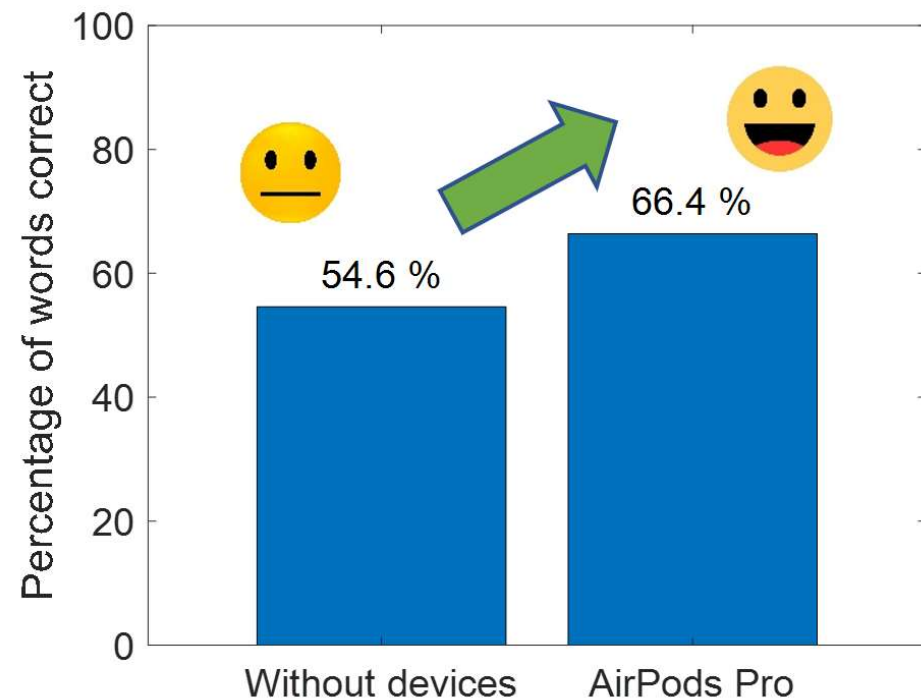




# Speech-in-noise performance

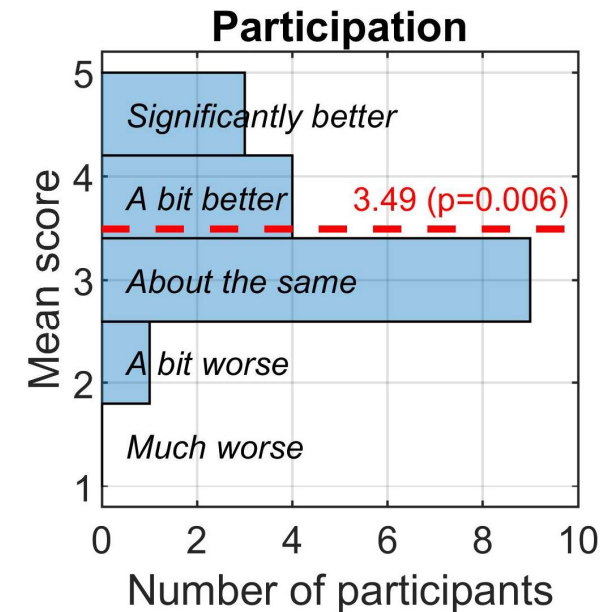
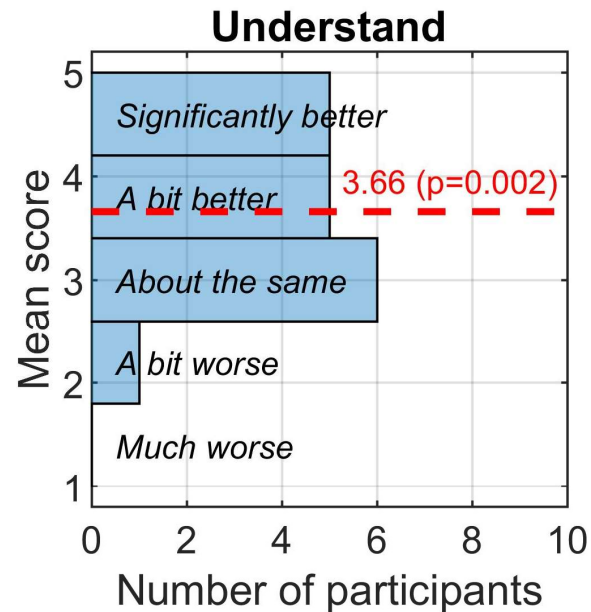
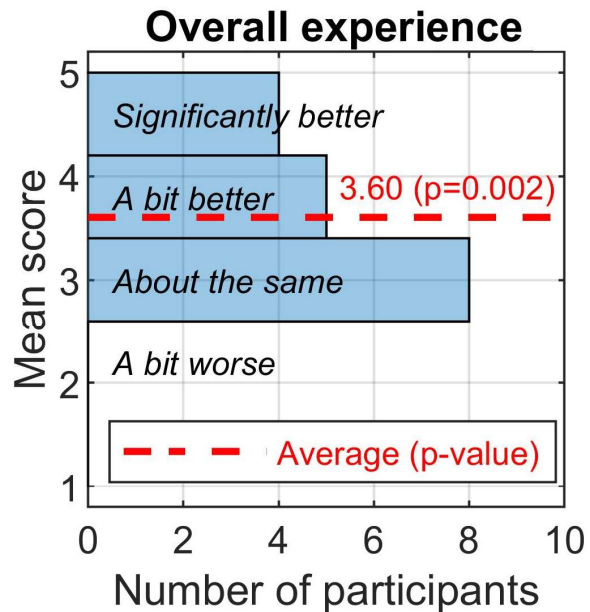


- 16 speakers array, 2.7 m diameter
- Target speech: BEST test (Best et al. 2014, 2018)
- Diffuse noise multi-talker speaker, 65 dB SPL
- SNR corresponding to 50% intelligibility
- Participants *unaided* and *wearing AirPods Pro*

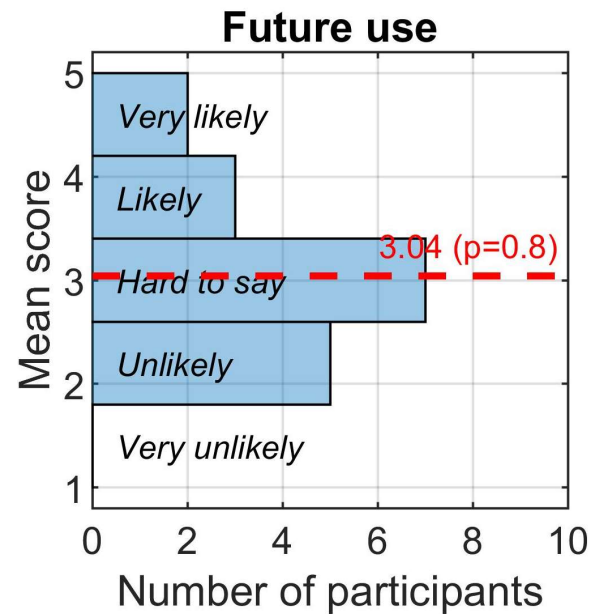
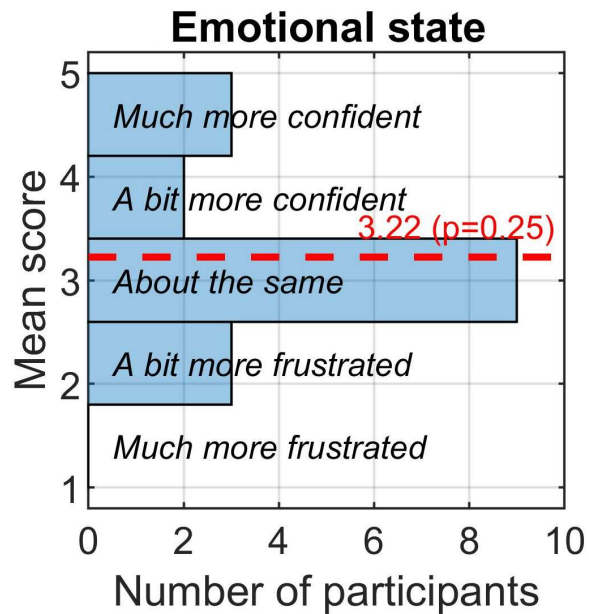


AirPods Pro provided around 11% speech-in-noise intelligibility improvement

# Real-life assessment (NEMA)



# Real-life assessment (NEMA)

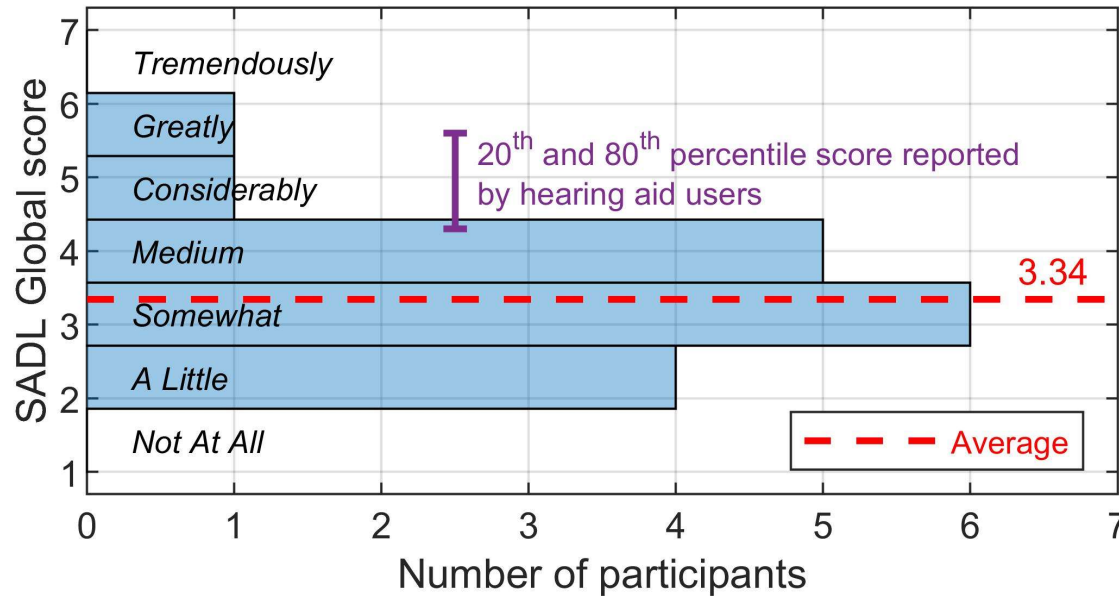


## Barriers

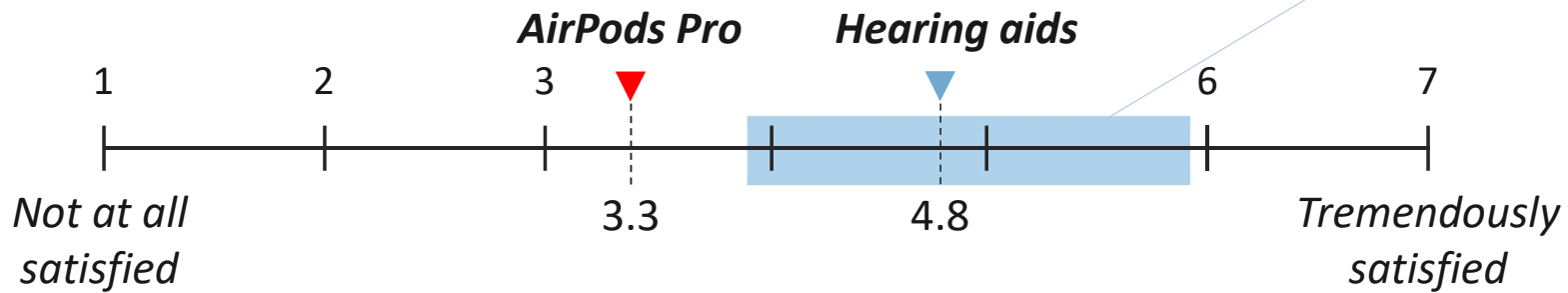
## Surveys

Limited hearing benefit	55
Uncomfortable to wear	35
Feeling embarrassed	27

# Satisfaction with the devices (SADL)



Hearing aid users normative scores  
 $4.9 \pm 1.0$



# End-of-study questionnaire

To what degree do AirPods Pro improve your hearing experience in noisy places?

7/17 (41%) - Not much

7/17 (41%) - Depended on the ambient sound

3/17 (18%) - Positive experience

**There is some improvement but it is minimal.** When it is windy (e.g. for outside events) the AirPods Pro actually make the wind noisier and negatively impact your conversations.



**My experience was inconsistent.** In one on one situations they performed better compared to group gatherings. In other occasions, sounds like the rubbing of my hair against the AirPods Pro and the sound of my chewing were amplified, whereas other background sounds were not.



I could hear voices much more clearly in close proximity as well as some distance away. **I felt more engaged in the conversations** because I could hear better. The ability to hear people at the dinner table at a noisy restaurant is probably the most beneficial.





# End-of-study questionnaire

## Positives

Comfortable to wear

Long battery life

Easy pairing with iPhone

Beautiful design

Inexpensive

Small and unobtrusive

Multi-purpose

## Negatives

Hearing their own voice,  
walking or chewing

Limited hearing-in-noise  
benefit

Uncomfortable for  
long-time use

Unnatural amplification of  
background and wind noises

Societal and stigma - they are not perceived  
by others as assistive listening devices

I did not feel at all embarrassed wearing them, but **a few people asked me about them and why I was wearing them**. In the trial it was easy to explain the scientific nature of the trial, but this might become irritating if long term use. It was potentially perceived by others that you were listening to music or doing other things whilst in a group or conversation. Also, **I don't think their hearing correction worked so well outside**, in a loudish area on a beach with plenty of ambient environmental noise.



# End-of-study questionnaire

Would you continue using AirPods Pro in similar situations in the future?

5/17 (30%) - Yes

**I would continue using AirPods with family and friends** in group environment and / or work mates and associates in a work environment who know the purpose of the AirPods. Explaining the purpose of the AirPods would be problematic for me in most other environments with people I am not directly associated with.



12/17 (70%) - No

**I would not use them in conversations.** People think that you are ignoring them if they see you using them and the impact on the quality of the conversation is not significant.

- Limited benefit
- Comfort
- Societal - stigma



# Take-home messages & Acknowledgments

- HHL affects a significant proportion of the population, with important implications in the quality of life of people who experience these difficulties and their clinicians.
- Animal models show that different pathologies could be involved in HHL in humans, including cochlear synaptopathy, auditory nerve demyelination and neural maladaptation.
- Currently, the search for a non-invasive biomarker of HHL in humans continues. Several methodological challenges need to be addressed, including the large inter-subject variability of existing metrics and their low sensitivity to speech-in-noise hearing problems.
- Intervention options based on low-gain hearing aids and hearables provide some degree of hearing benefit, but barriers such as cost, comfort, stigma, and not enough hearing benefit are preventing a widespread adoption of these technologies.



## Principal collaborators



**Brent Edwards**  
NAL Director



**Jorge Mejia**  
Head of Engineering  
NAL



**David McAlpine**  
Director of Hearing Research  
Macquarie University



**Angel de la Torre**  
Dpt of Signal Theory  
University of Granada



**Mridula Sharma**  
Macquarie University



**Australian Government**  
**Department of Health**

[Joaquin.Valderrama@nal.gov.au](mailto:Joaquin.Valderrama@nal.gov.au)