



Clinical Diagnostic and Management of Early Signs of Hearing Loss, in partnership with NAL

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*Moderator: Christy Huynh, AuD, Managing Editor,
AudiologyOnline*

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Clinical diagnostic and management of early signs of hearing loss

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Disclosures

Presenter Disclosure: Financial: Joaquin Tomas Valderrama-Valenzuela is employed by NAL. Non-financial: Joaquin Tomas Valderrama-Valenzuela has no relevant non-financial relationships to disclose. In lieu of honorarium, a donation has been made to the NAL student internship program.

Content Disclosure: This learning event does not focus exclusively on any specific product or service.

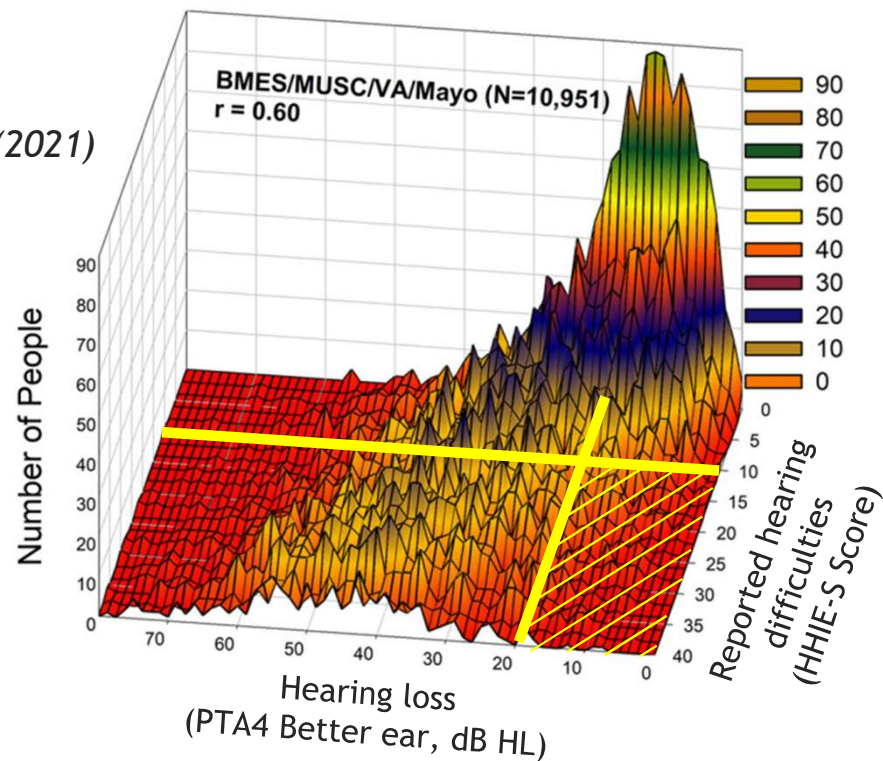
Sponsor Disclosure: This course is presented in partnership with NAL and Continued.



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

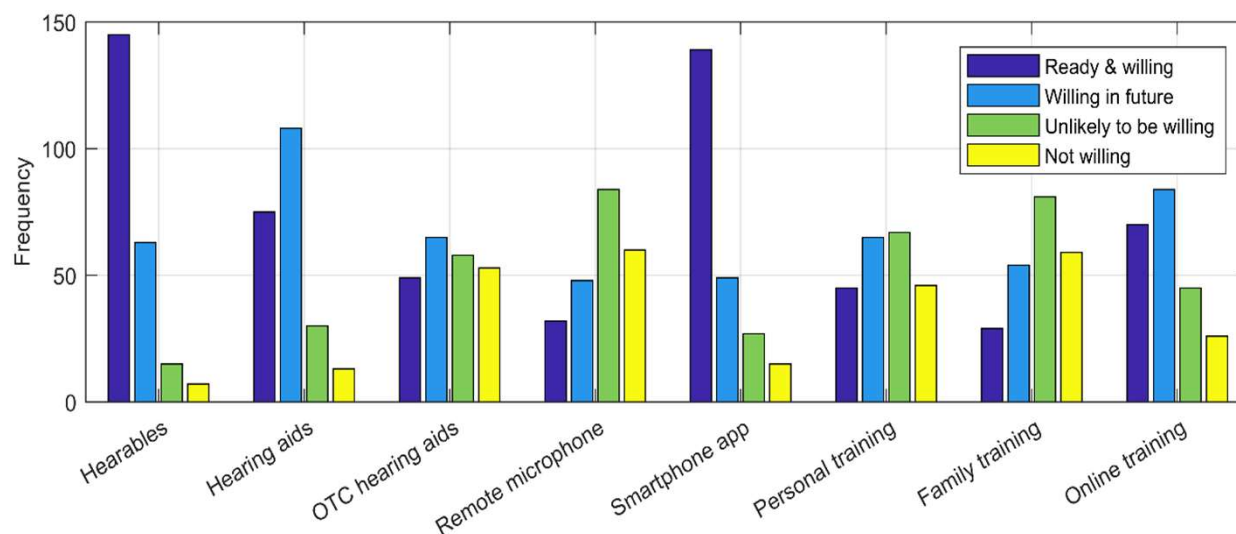
Learning outcomes

After this course, participants will be able to:

1. Characterize the functional and emotional impacts of early signs of hearing loss, both on clients with these hearing difficulties and on the clinicians who treat these patients.
2. Identify and describe four neurophysiological pathologies plausibly involved in these hearing difficulties.
3. Evaluate the efficacy of hearing aids and hearables to when attending to the unique hearing needs of the population experiencing early signs of hearing loss.

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.



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

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.

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

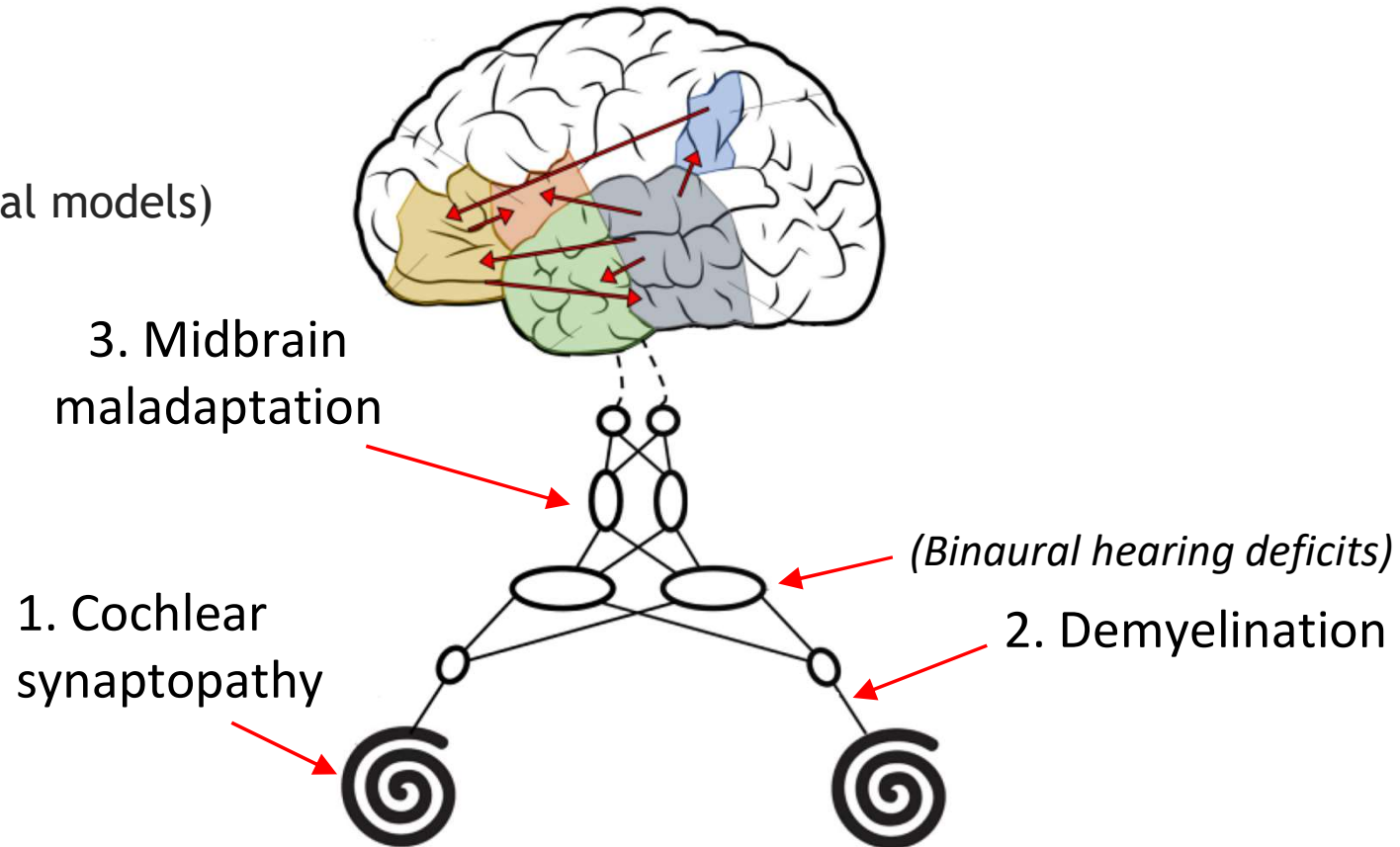
Part 2 - Underlying mechanisms (animal models)

Part 3 - Diagnostic of HHL

- ✓ Existing biomarkers
- ✓ Forthcoming research

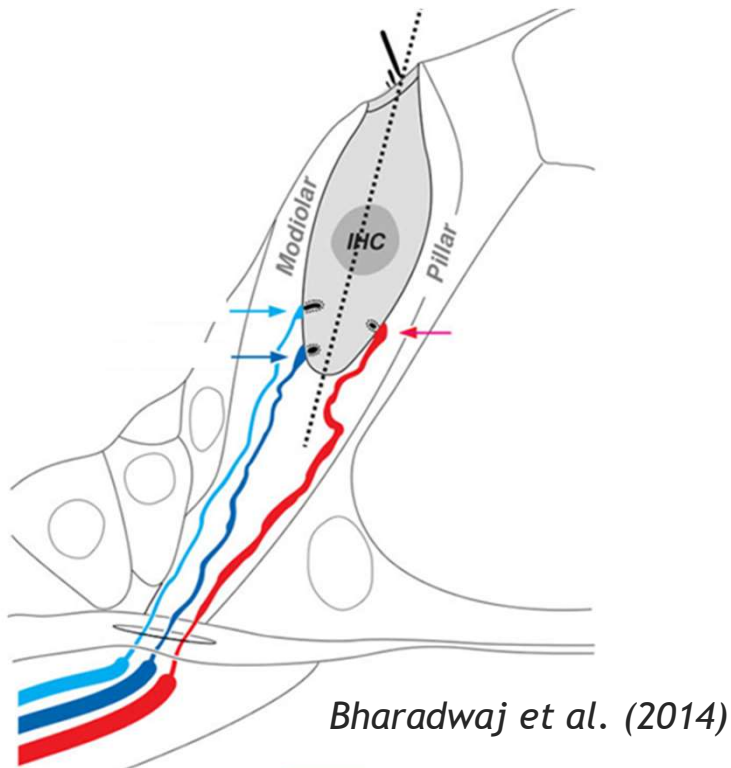
Part 4 - Clinical management

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

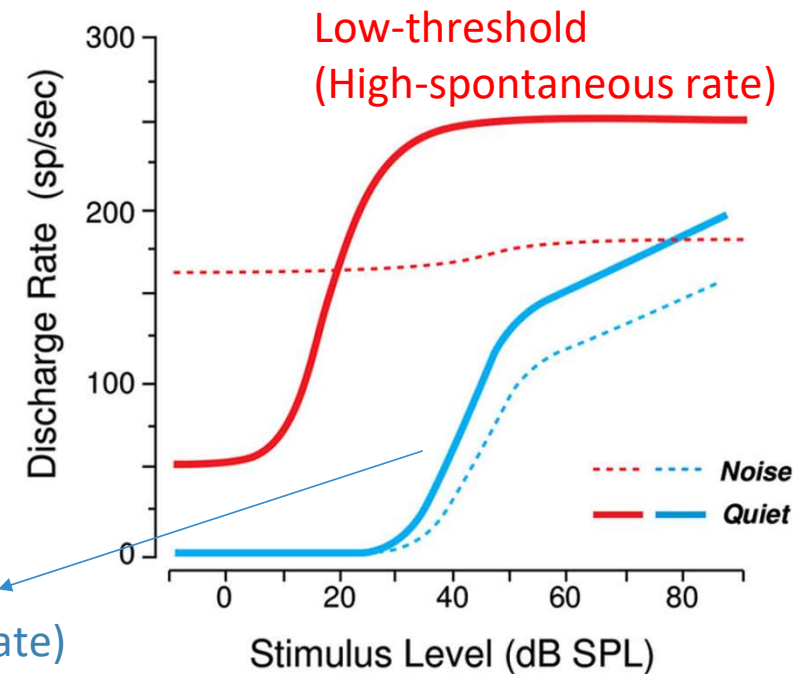


Pathology 1 – Cochlear synaptopathy

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



High-threshold
(Low-spontaneous rate)



Bharadwaj et al. (2014)

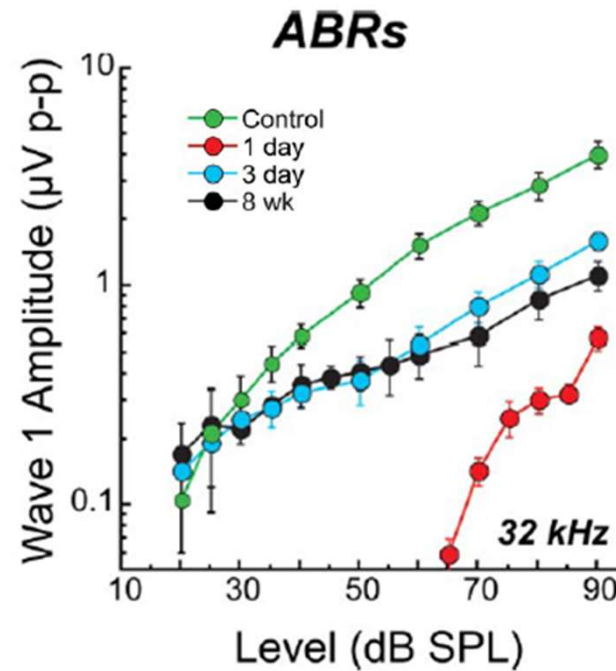
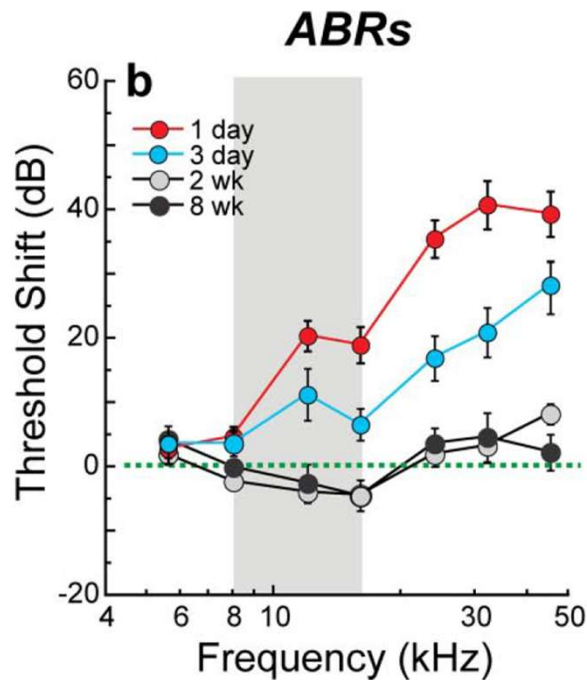
HT fibres (LSRs) play an important role in speech perception in noise

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

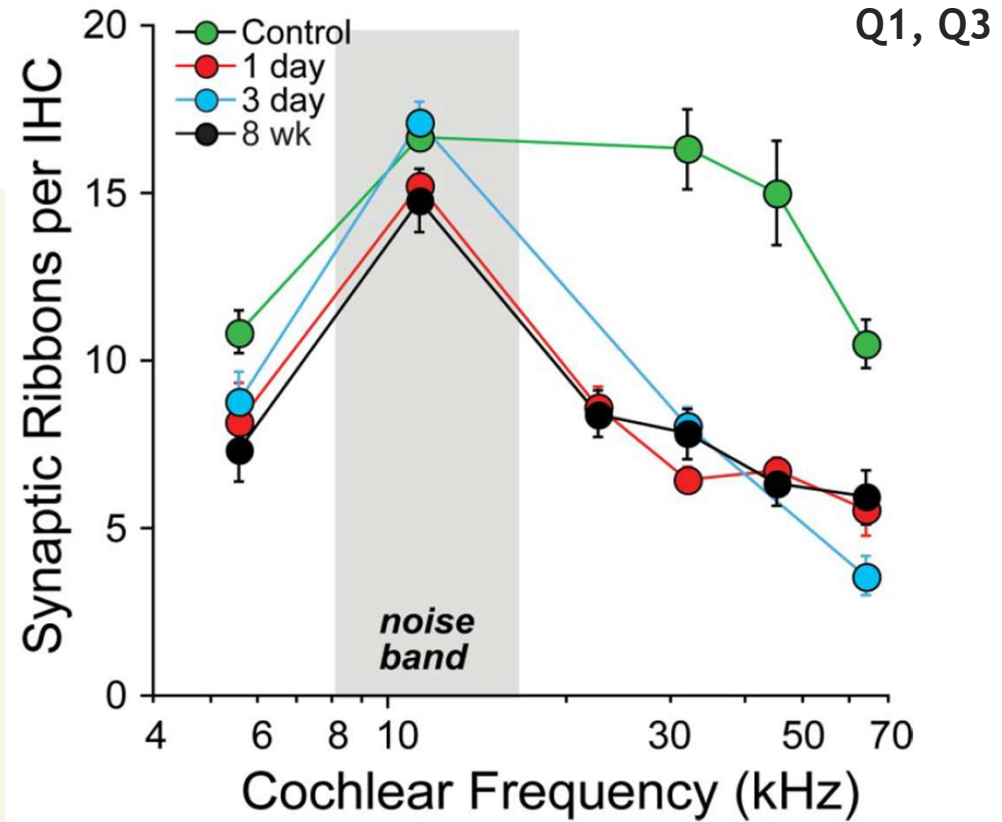
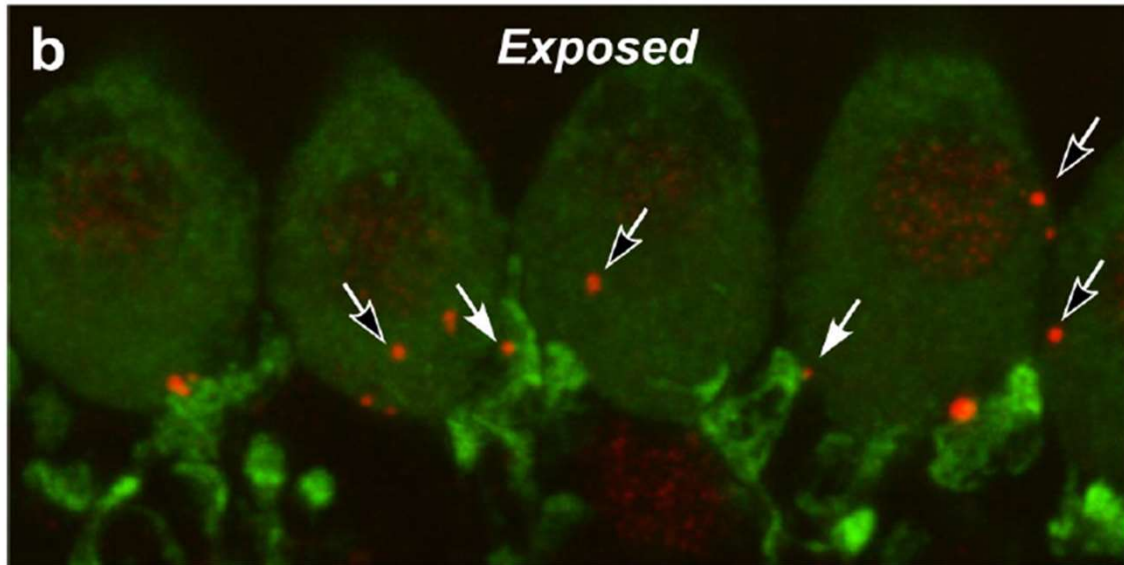
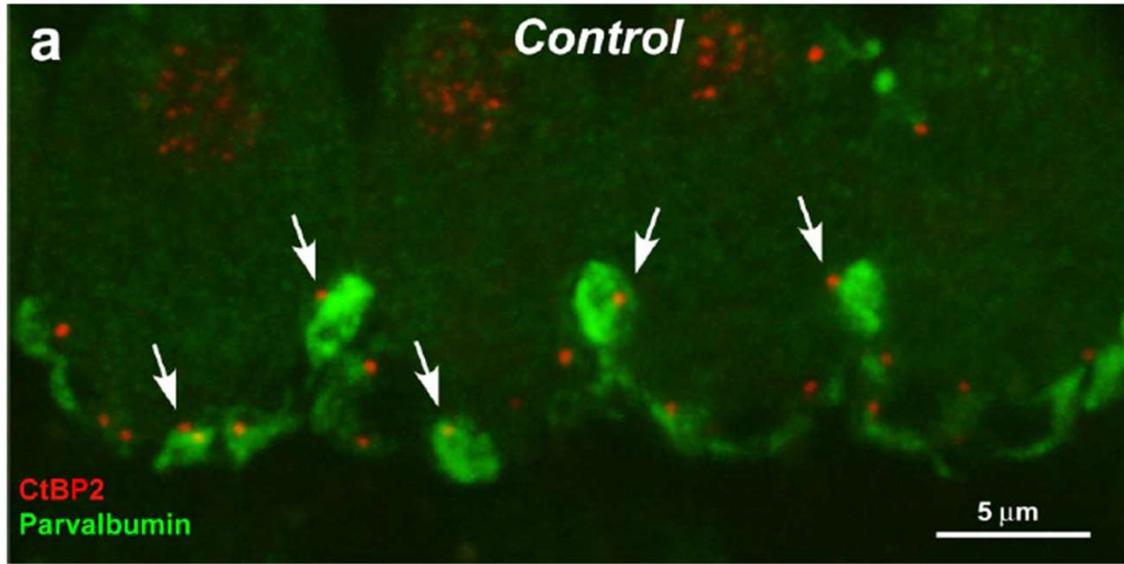
Sharon G. Kujawa and M. Charles Liberman

The Journal of Neuroscience 2009

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



Noise damaged HT fibers



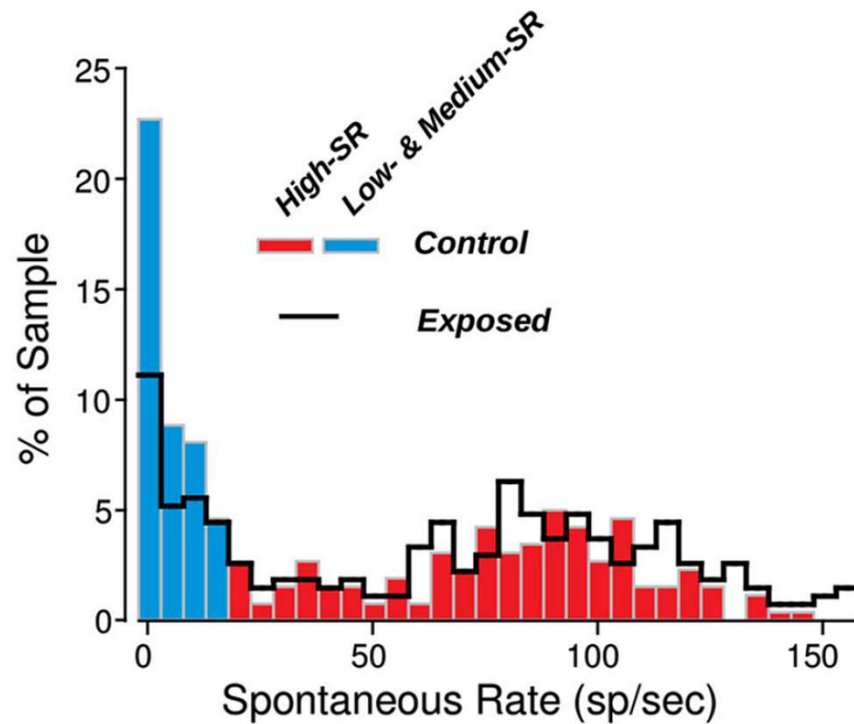
Auditory nerve / of vesicles

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, Sharon G. Kujawa, M. Charles Liberman

Journal of Neurophysiology 2013



Noise exposure affects HT-ANF

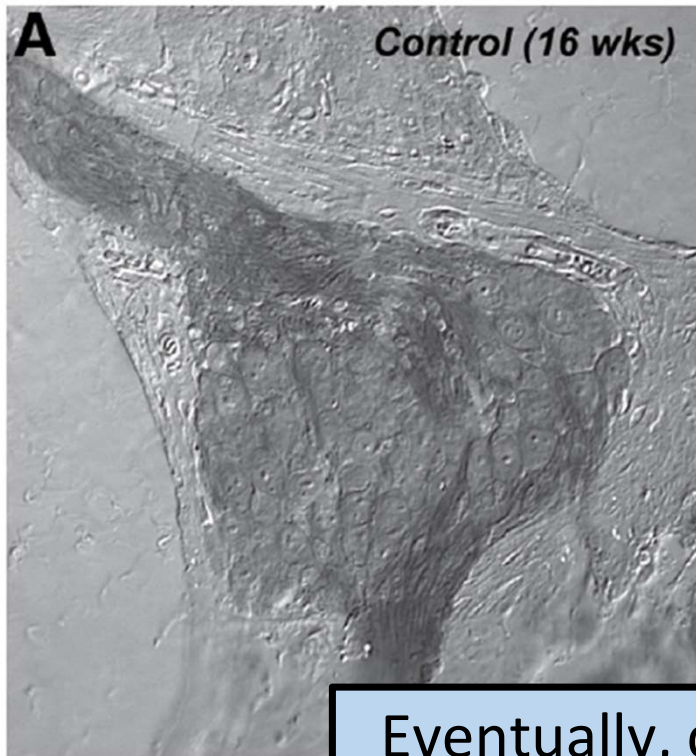
UNOFFICIAL

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

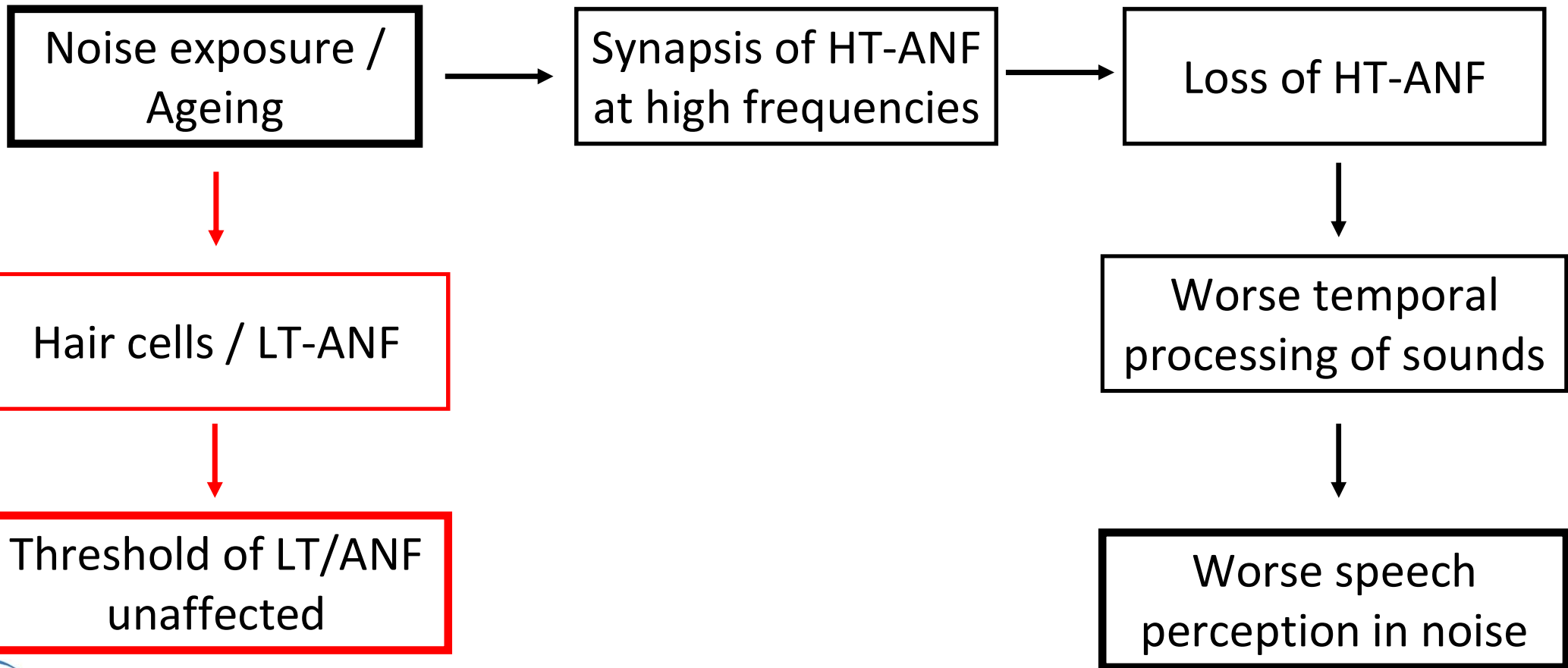
Q1, Q3

Katharine A. Fernandez, Penelope W.C. Jeffers, Kumud Lall, M. Charles Liberman, Sharon G. Kujawa

The Journal of Neuroscience 2015



Animal model for cochlear synaptopathy

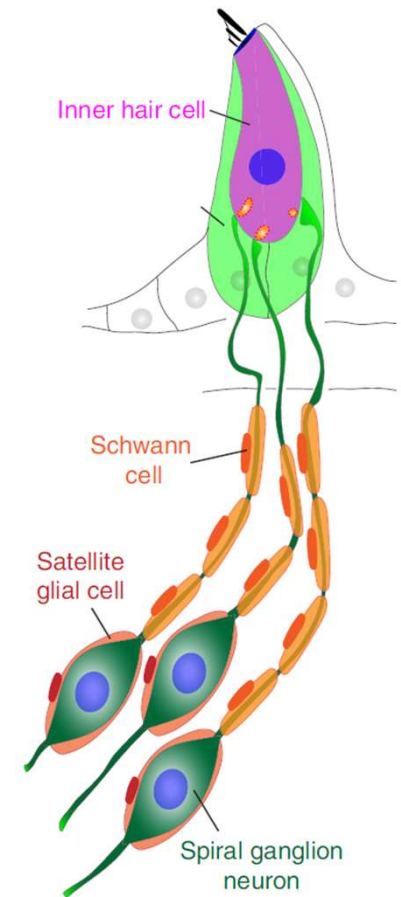
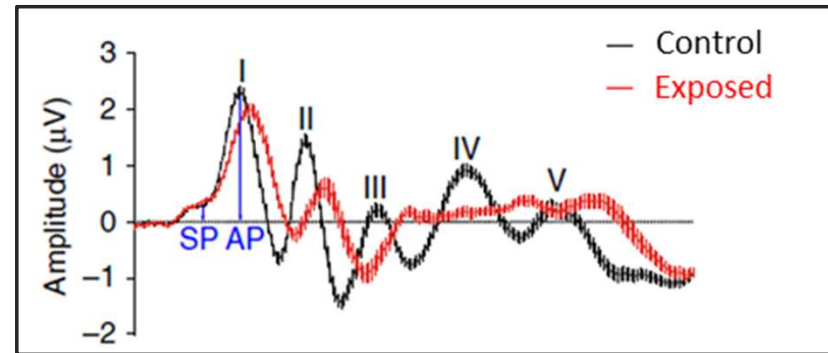
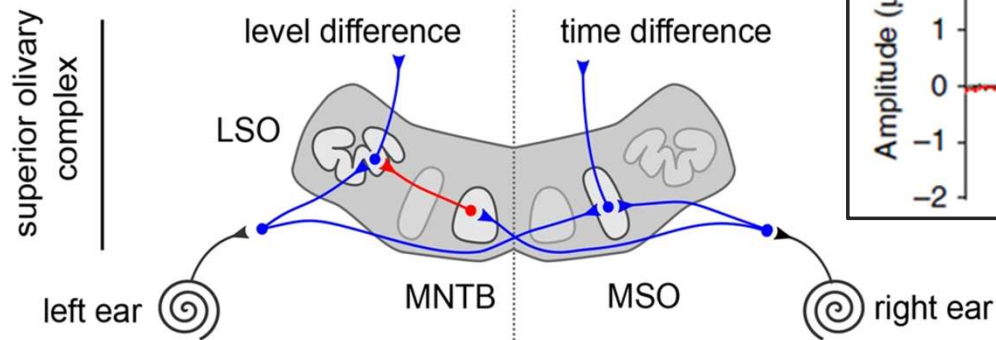


Pathology 2 – Auditory nerve demyelination

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

Wan, G., & Corfas, G. (2017).

Nature communications, 8(1), 1-13.

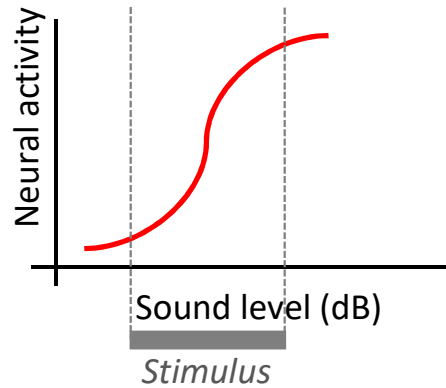


Pathology 3 – Midbrain maladaptation

Rapid Neural Adaptation to Sound Level Statistics

Isabel Dean, Ben L. Robinson, Nicol S. Harper, David McAlpine

The Journal of Neuroscience 2008

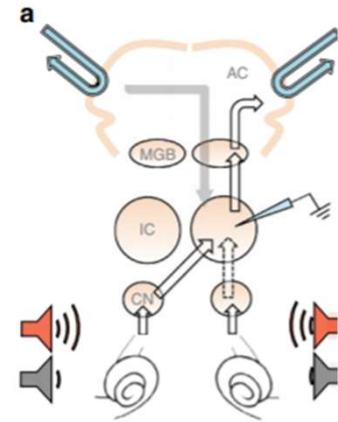
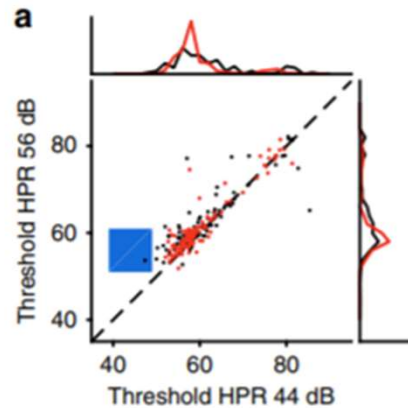


The neural activity **adapts** to the statistics of the stimulus to optimise the neural encoding of acoustic information

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

Warren Michael Henry Bakay, Lucy Anne Anderson, Jose Alberto Garcia-Lazaro, David McAlpine & Roland Schaette.

Nature Communications, 2018



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)

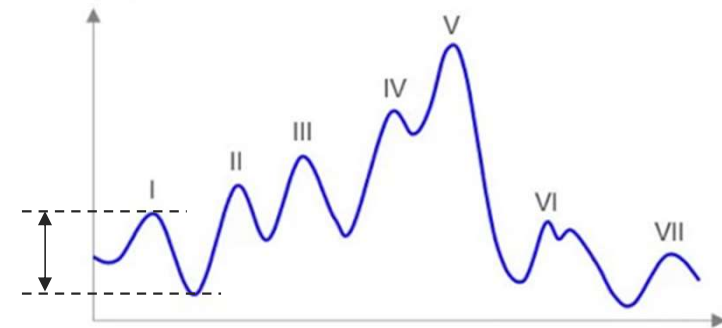
Part 3 - Diagnostic of HHL

- ✓ Existing biomarkers
- ✓ Forthcoming research

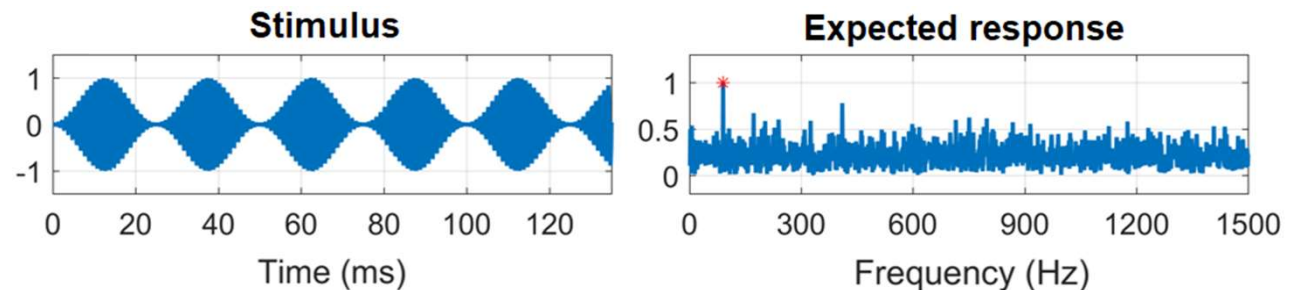
Part 4 - Clinical management

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

Biomarker 1. ABR wave I amplitude



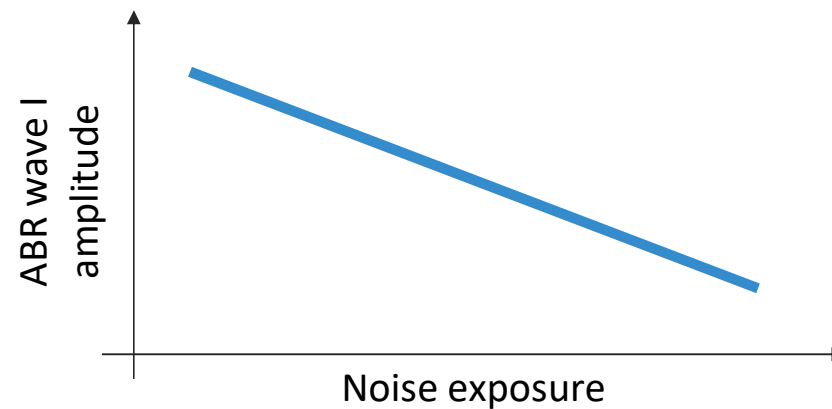
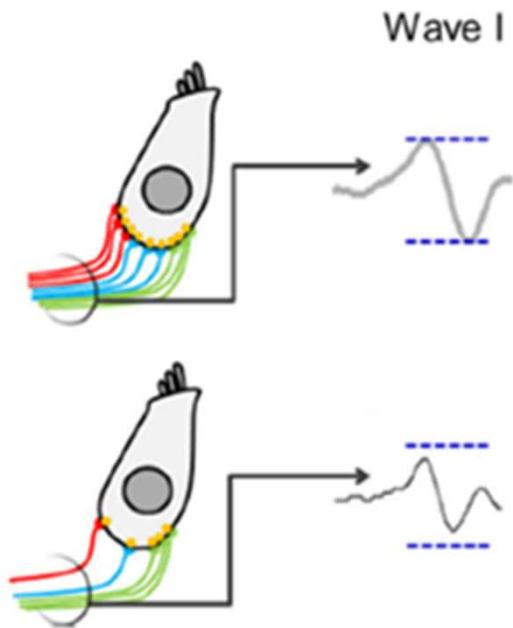
Biomarker 2. Envelope Following Response (EFR)



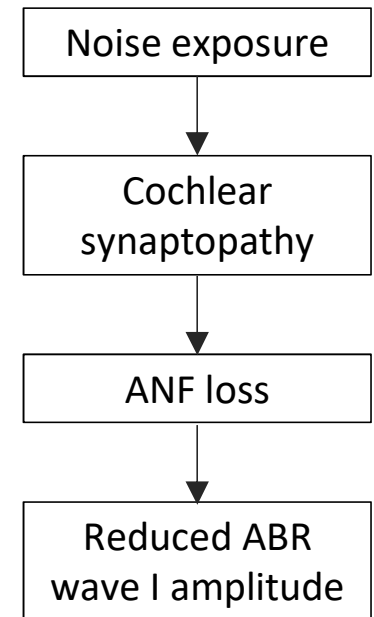
Biomarker 1 – ABR wave I amplitude

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

Stamper and Johnson, *Ear and Hearing* 2014

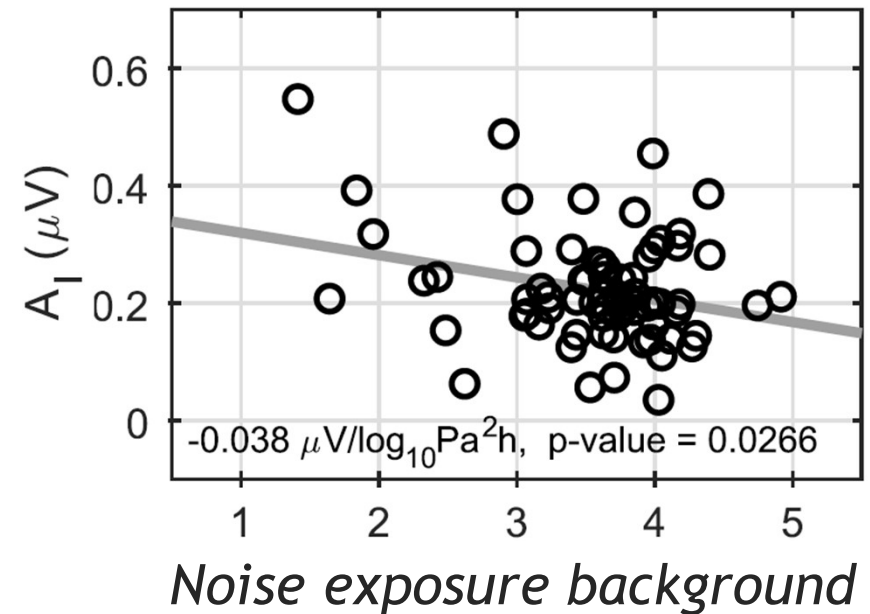
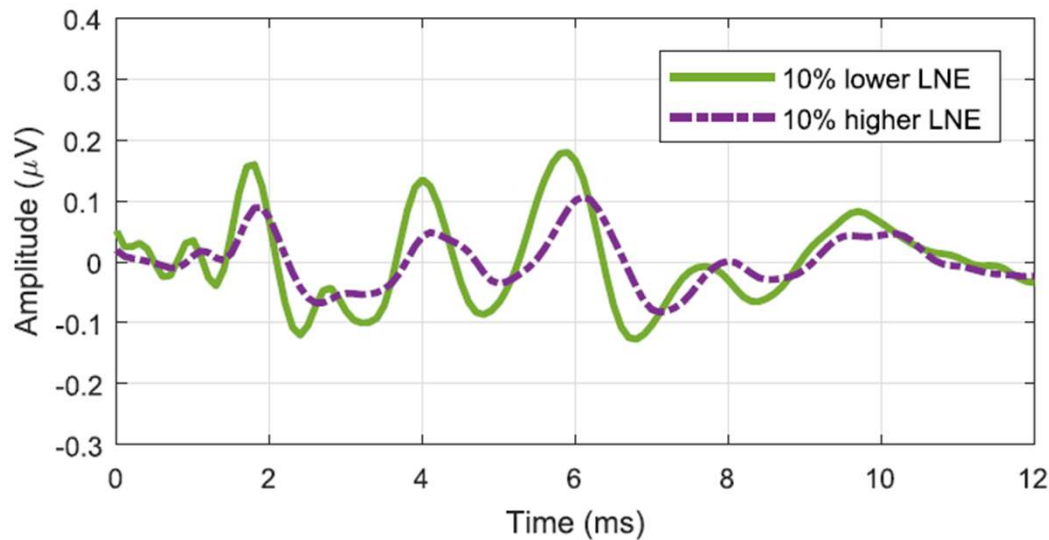


Negative correlation between noise exposure and the amplitude of the ABR wave I



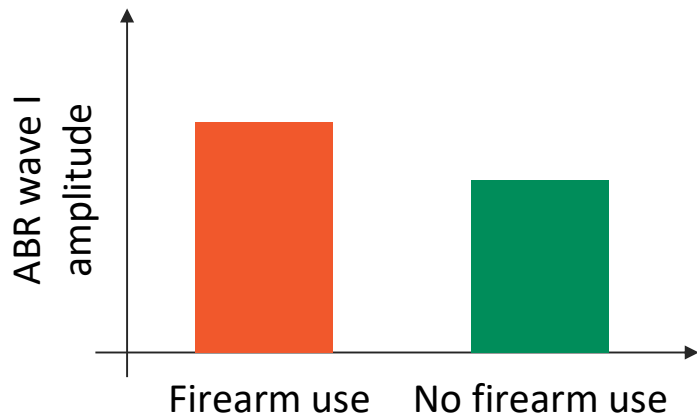
Effects of lifetime noise exposure on the middle-age human auditory brainstem response, tinnitus and speech-in-noise intelligibility.

Joaquin T Valderrama, Elizabeth Francis Beach, Ingrid Yeend, Mridula Sharma, Bram Van Dun, Harvey Dillon
Hearing Research, 2018.

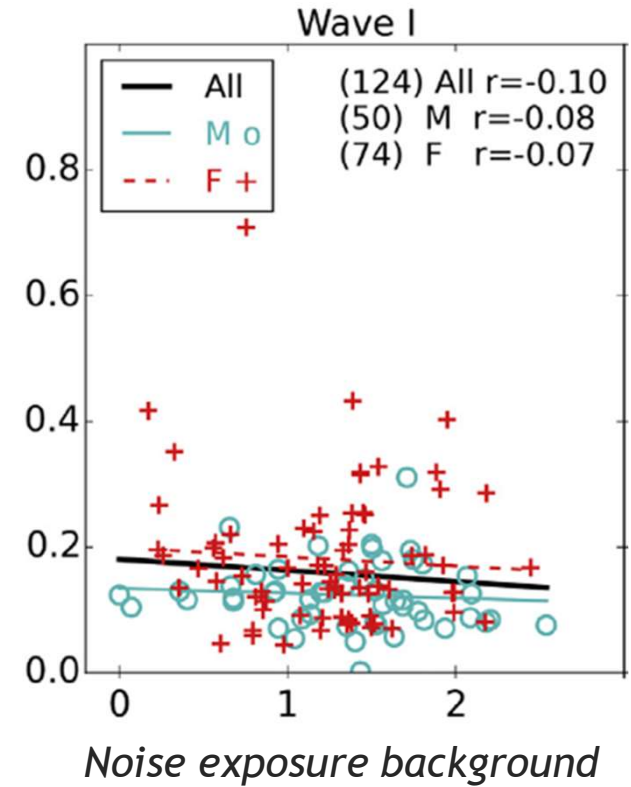


Auditory Brainstem Response Altered in Humans with Noise Exposure Despite Normal Outer Hair Cell Function

Naomi F. Bramhall, Dawn Konrad-Martin, Garnett P. McMillan, Susan E. Griest
Ear and Hearing 2017



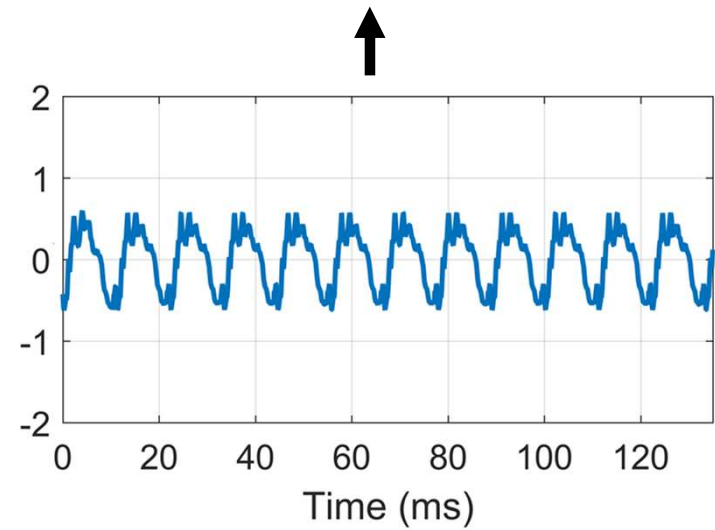
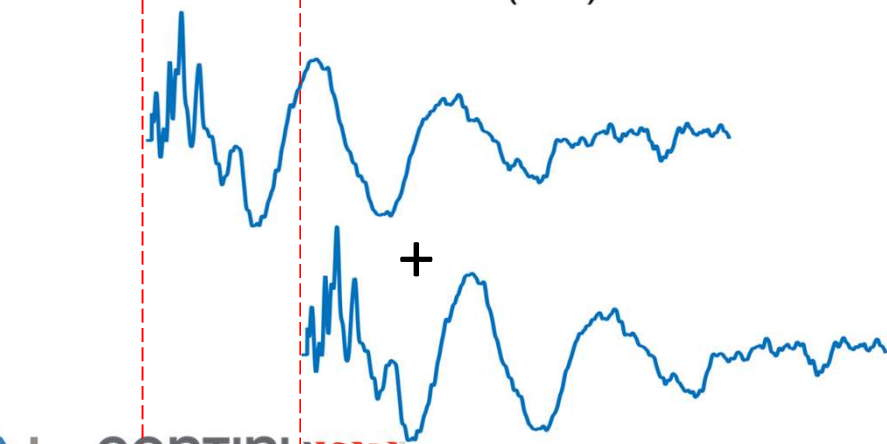
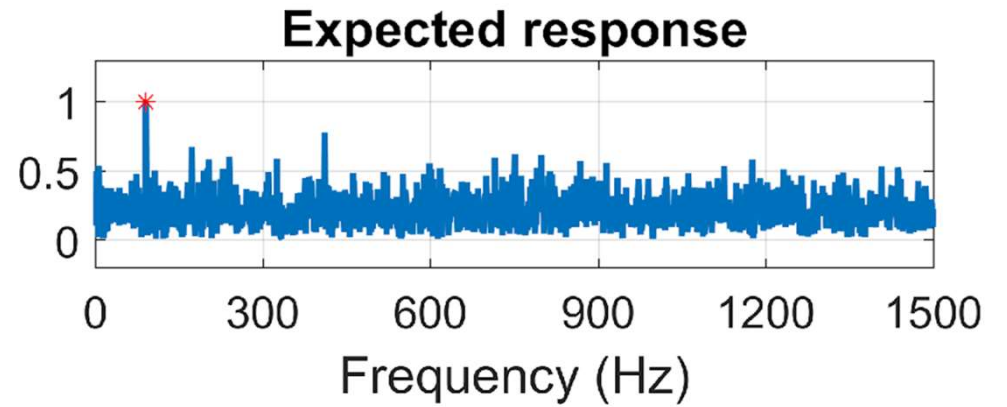
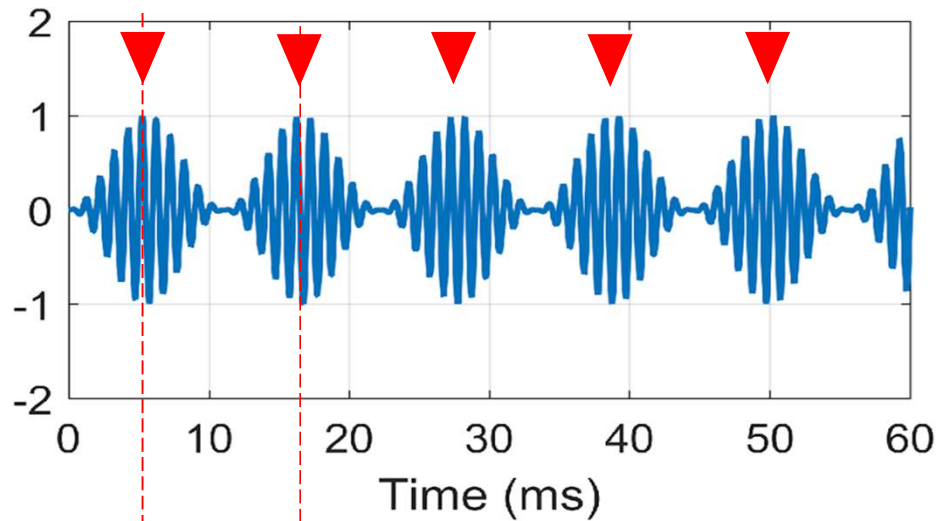
- RELEVANT FACTORS**
- Humans vs animals
 - Noise exposure estimates
 - Inter-subject variability

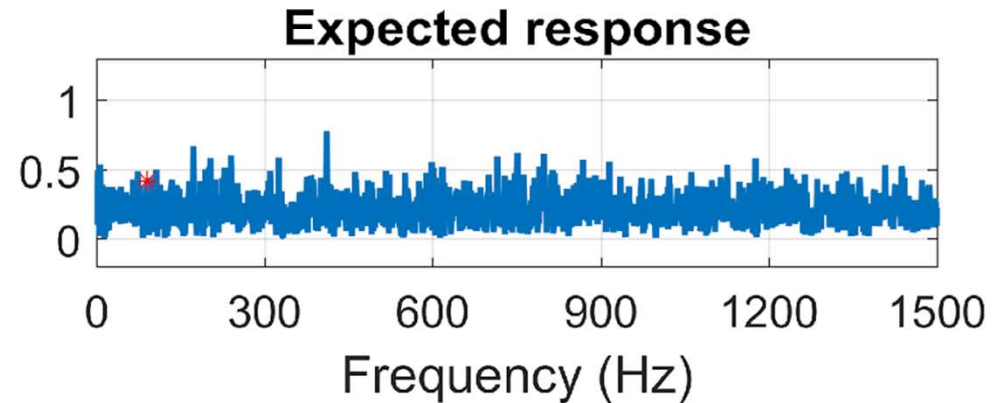
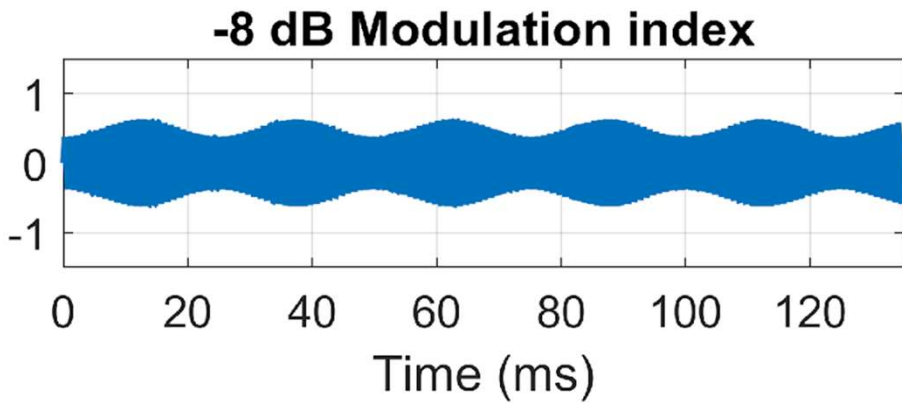
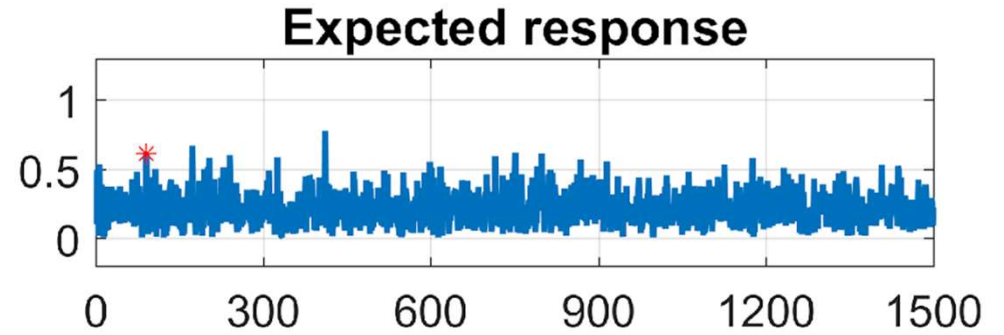
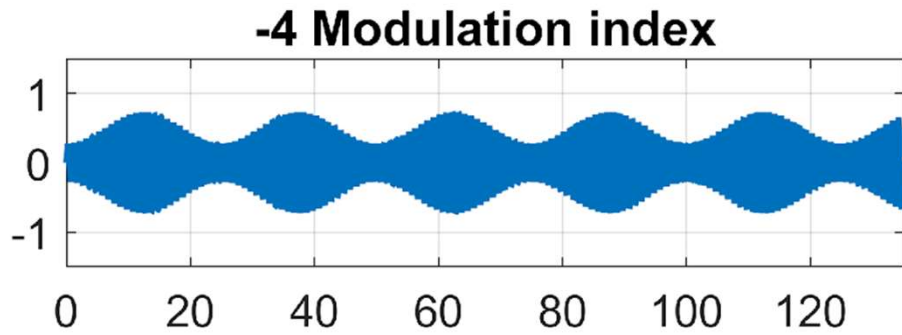
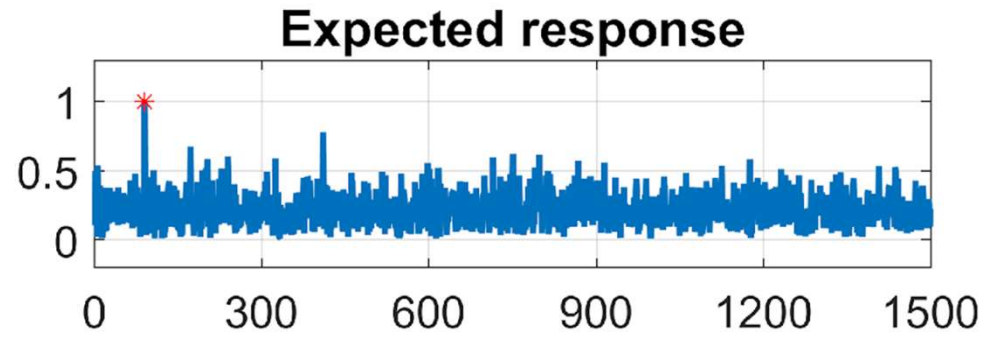
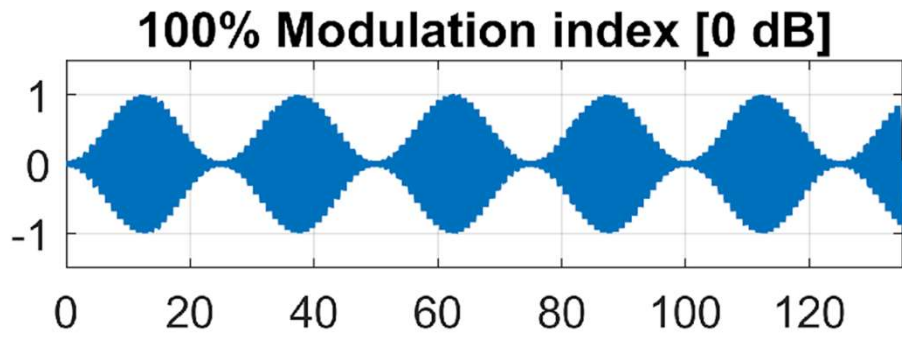


Effects of Noise Exposure on Young Adults with Normal Audiogram I: Electrophysiology

Garreth Prendergast, Hannah Guest, Kevin J. Munro, et al.
Hearing Research 2016

Biomarker 2 – EFR / ASSR

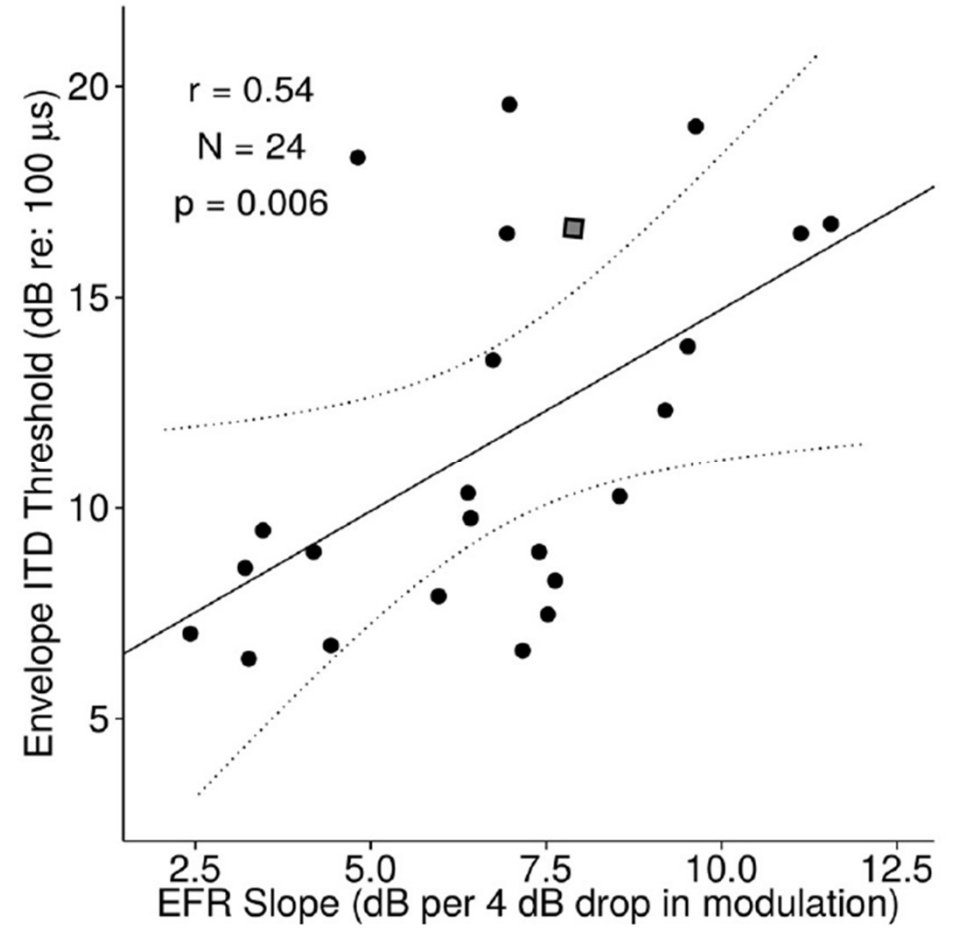
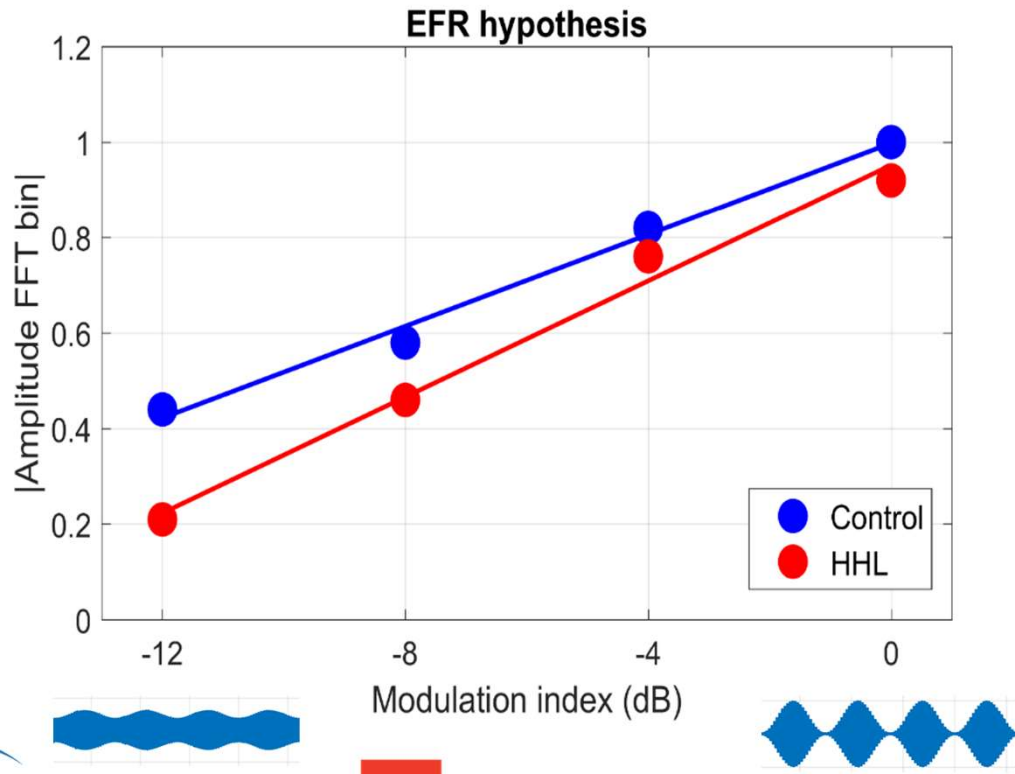




Individual differences reveal correlates of hidden hearing deficits.

Bharadwaj, H. M., Masud, S., Mehraei, G., Verhulst, S., & Shinn-Cunningham, B. G.

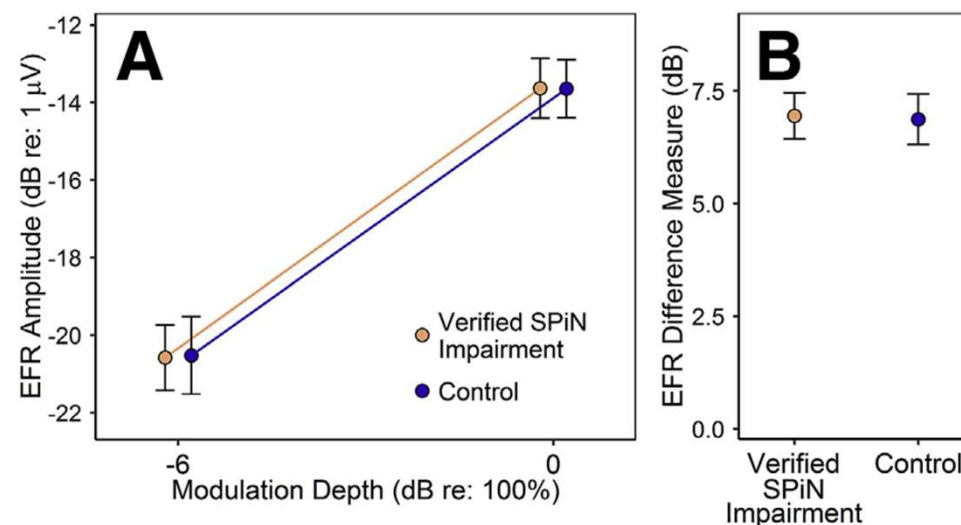
Journal of Neuroscience, 2015.



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

Guest, H., Munro, K. J., Prendergast, G., Millman, R. E., & Plack, C. J.

Hearing Research, 2018



EFR not associated with speech-in-noise hearing performance

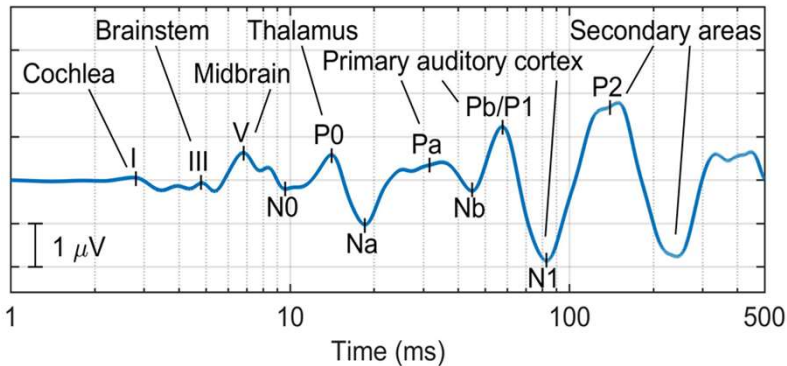
Future trends

BARRIERS

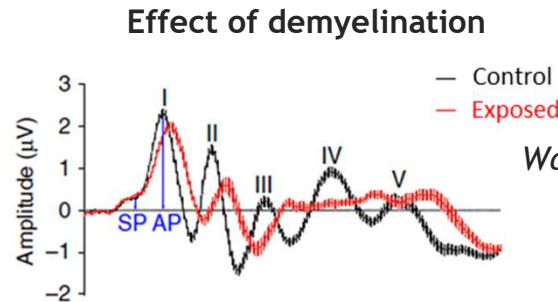
1. Focus on cochlear synaptopathy
2. Low sensitivity to SiN problems
3. Large inter-subject variability

POSSIBLE SOLUTIONS

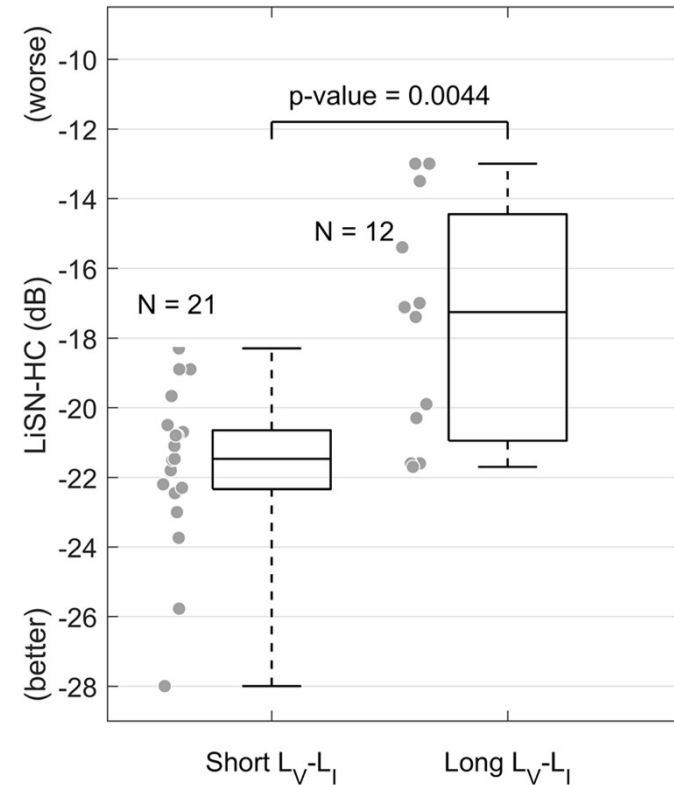
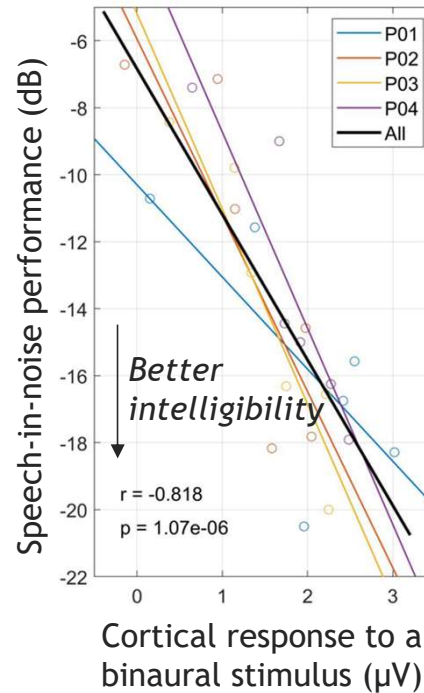
1. Target multiple pathologies
2. Increase sensitivity to SiN
3. Reduce inter-subject variability



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



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

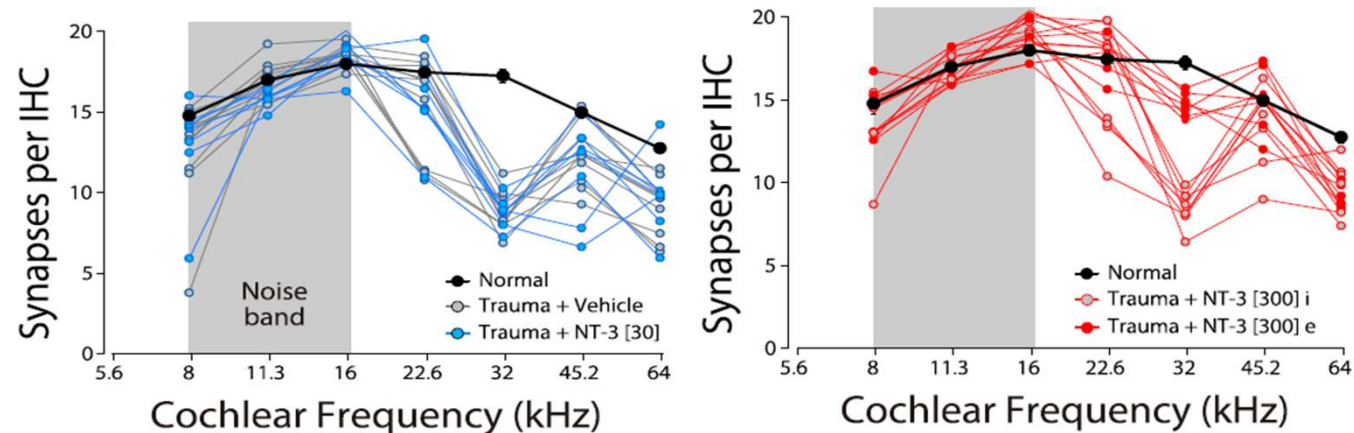
Round-window delivery of neurotrophin 3 regenerates cochlear synapses after acoustic overexposure

Received: 11 January 2016

Accepted: 04 April 2016

Published: 25 April 2016

Jun Suzuki^{1,2,3}, Gabriel Corfas⁴ & M. Charles Liberman^{1,2}



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



NAL Study 1 – Mild-gain hearing aids

Manuscript in preparation



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NAL



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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

Start



- SSQ-Unaided

- HA fitting

- SSQ-Aided
- SADL
- Open-ended Q

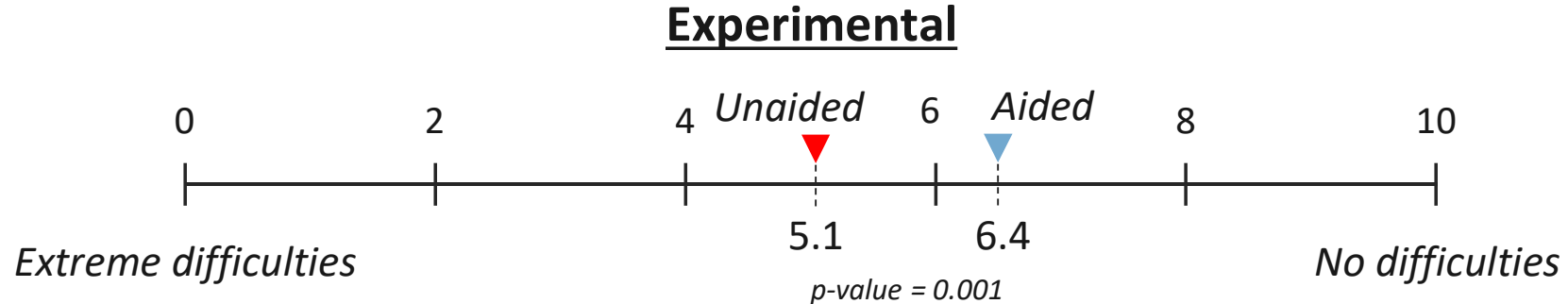
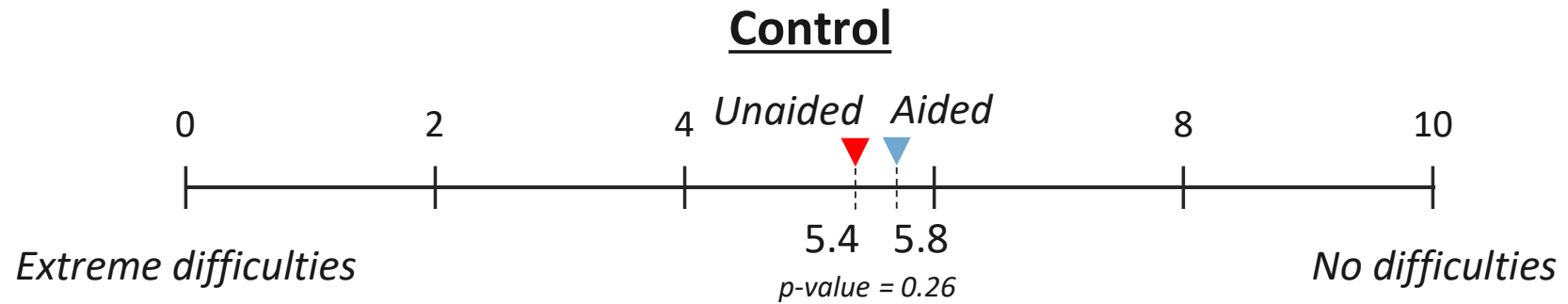


NEMA surveys

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

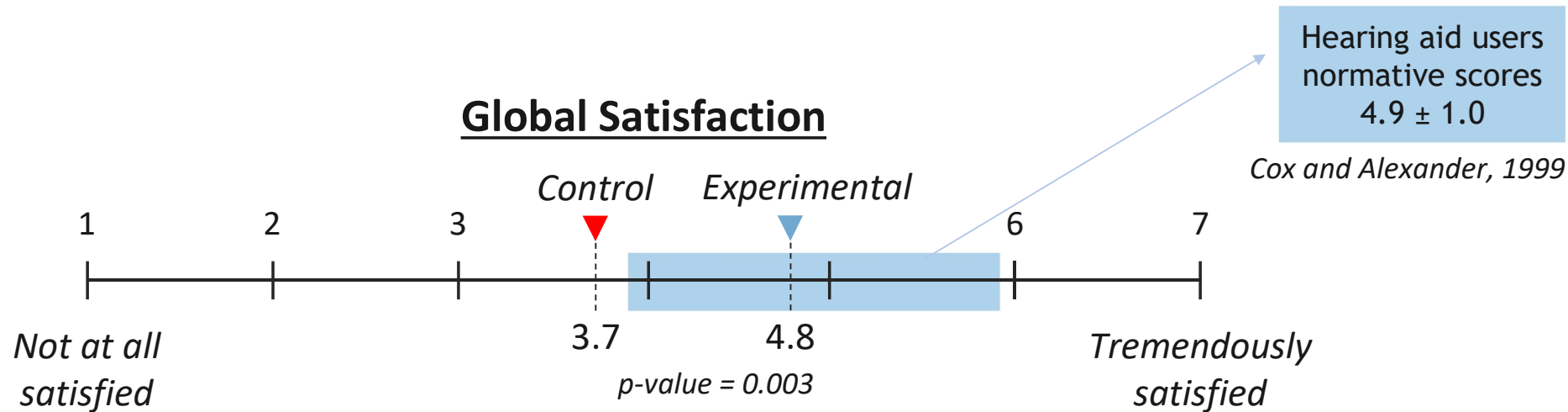


Self-perceived hearing difficulties (SSQ)



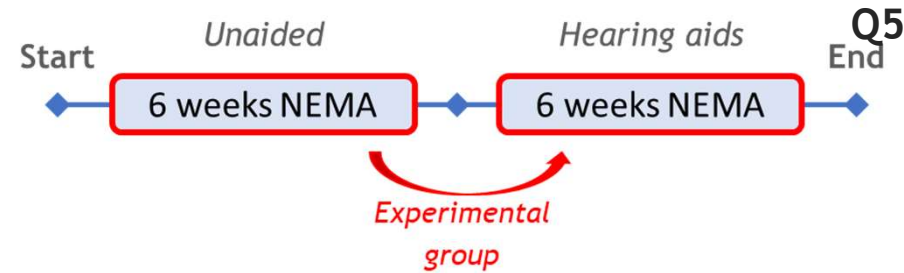
Low-gain hearing aids reduced self-reported speech-in-noise hearing difficulties

Hearing aids satisfaction (SADL)



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

Real-life assessment (NEMA)



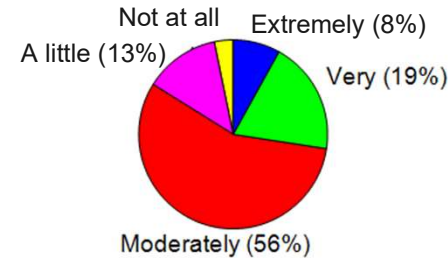
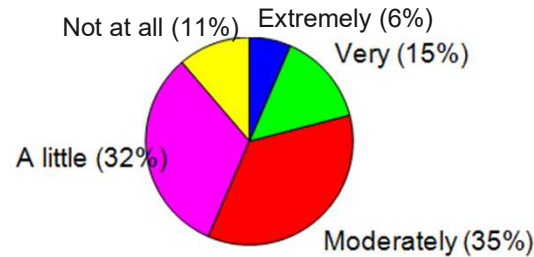
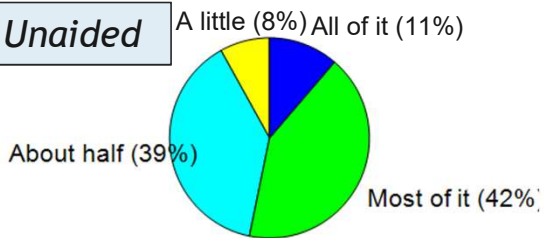
Understanding

Frustration

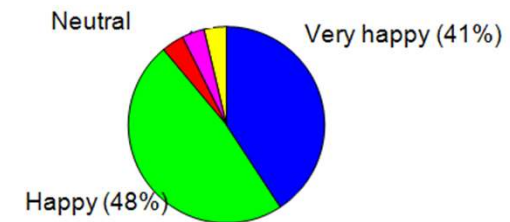
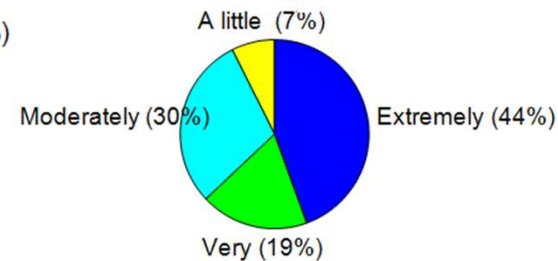
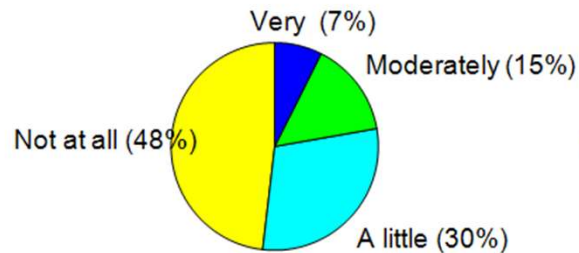
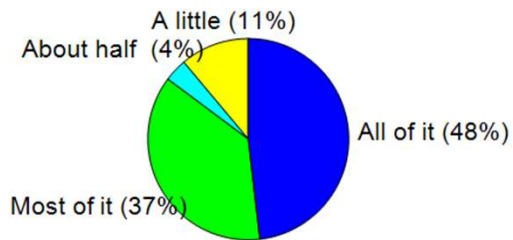
Participation

Mood

Unaided



Hearing aids



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

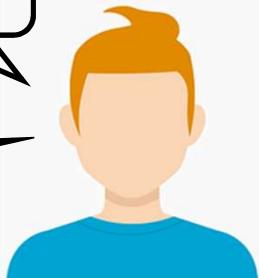
Would you continue using the hearing aids?

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

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

No. They don't really help

No



Control

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

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

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

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

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



Experimental

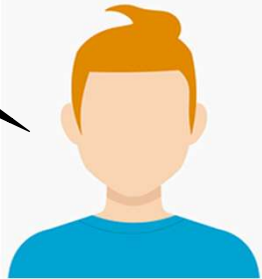
No because **I don't think I need them at this stage** and they're a bit awkward (slightly itchy, tickly and make it harder to change glasses especially if also wearing a mask and earrings). I don't like hearing myself eat

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

No

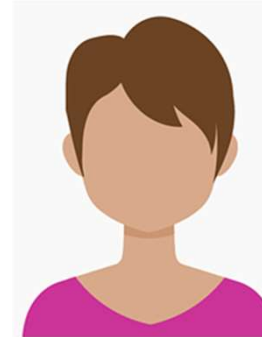


No. I don't feel any improvement in my hearing ability

Control

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. Too much money!



Not for that price

Experimental

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
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 23 Word count: 8,500 words.
 24 Number of figures: 5 figures.
 25 Number of tables: 1 table.



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Methods



iOS 15 features

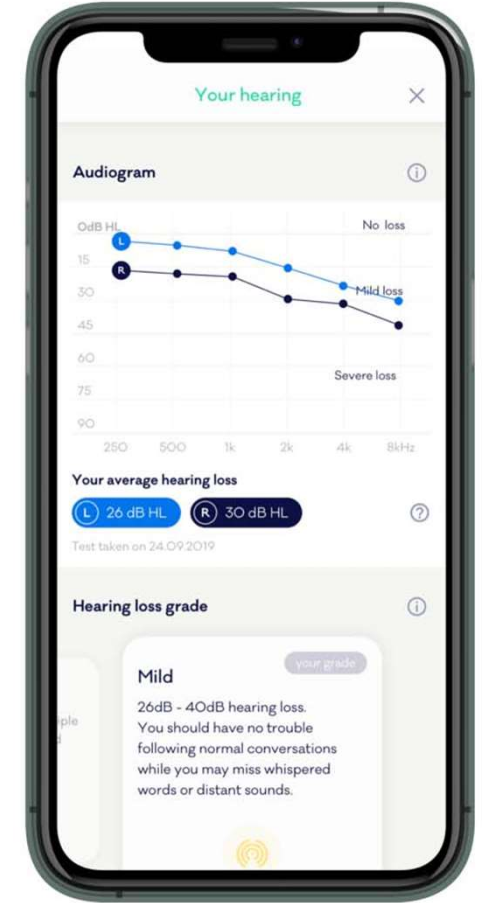
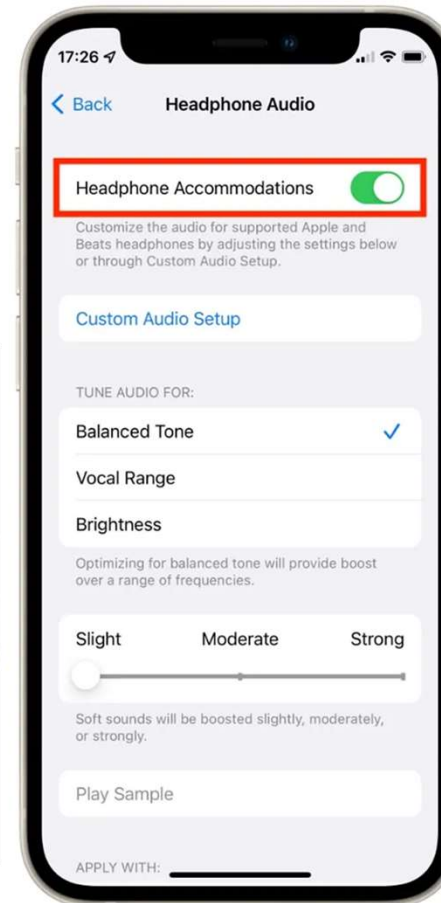
- Headphone Accommodations
- Conversation Boost
- Ambient Noise Reduction



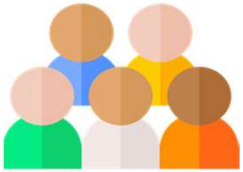
Exploring Apple AirPods Pro as hearing devices

NAL Soundbites
May 2022

Nicky Chong-White, PhD
PRINCIPAL ENGINEER



Methods

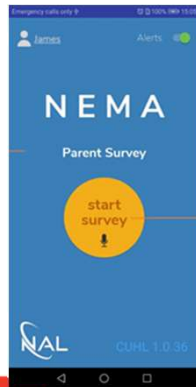


- 17 participants
- 21-59 years
- 9 females



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

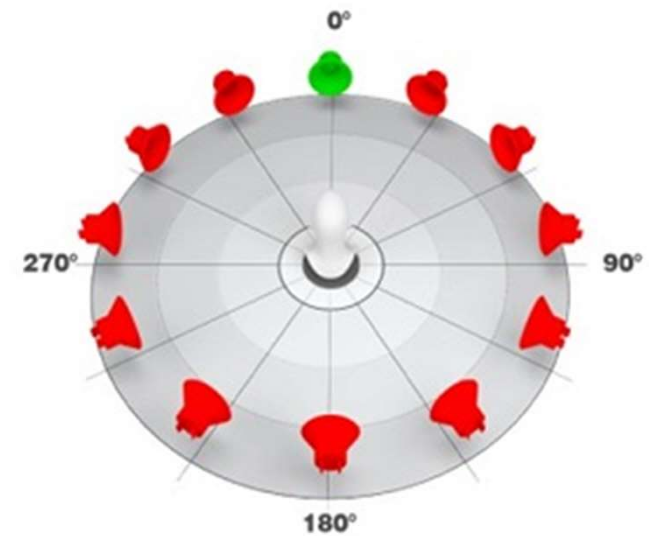
Real-life measures



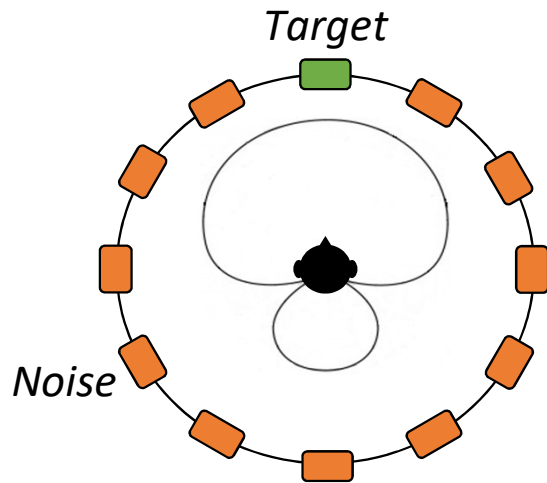
Questionnaires



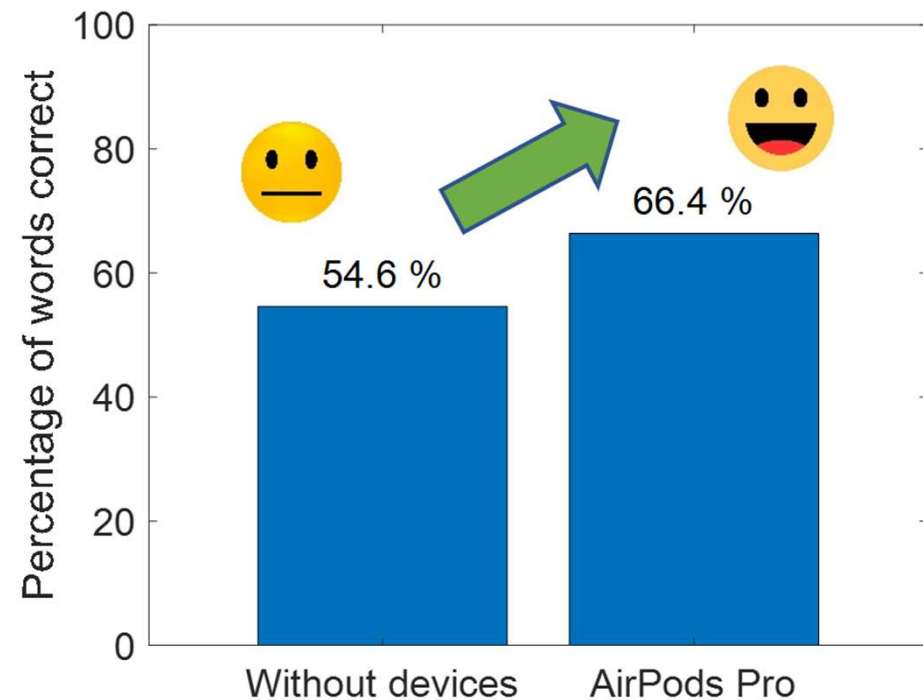
Speech-in-noise performance



Speech-in-noise performance

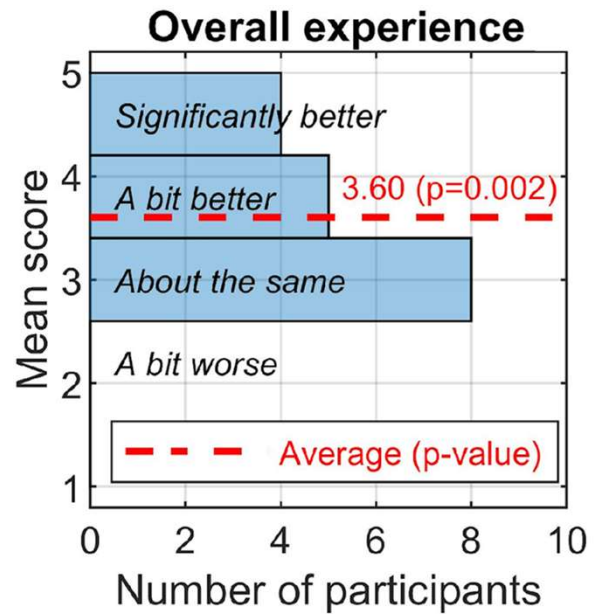


- 16 speakers array, 2.7 m diameter
- Target speech: BEST test (Best et al. 2014, 2018)
- Diffuse noise multi-talker speaker, 65 dB SPL
- SNR corresponding to 50% intelligibility
- Participants *unaided* and *wearing AirPods Pro*

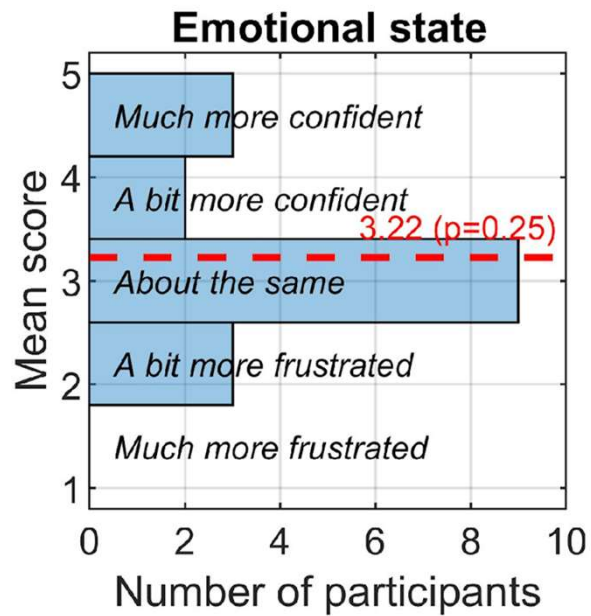


AirPods Pro provided around 11% speech-in-noise intelligibility improvement

Real-life assessment (NEMA)

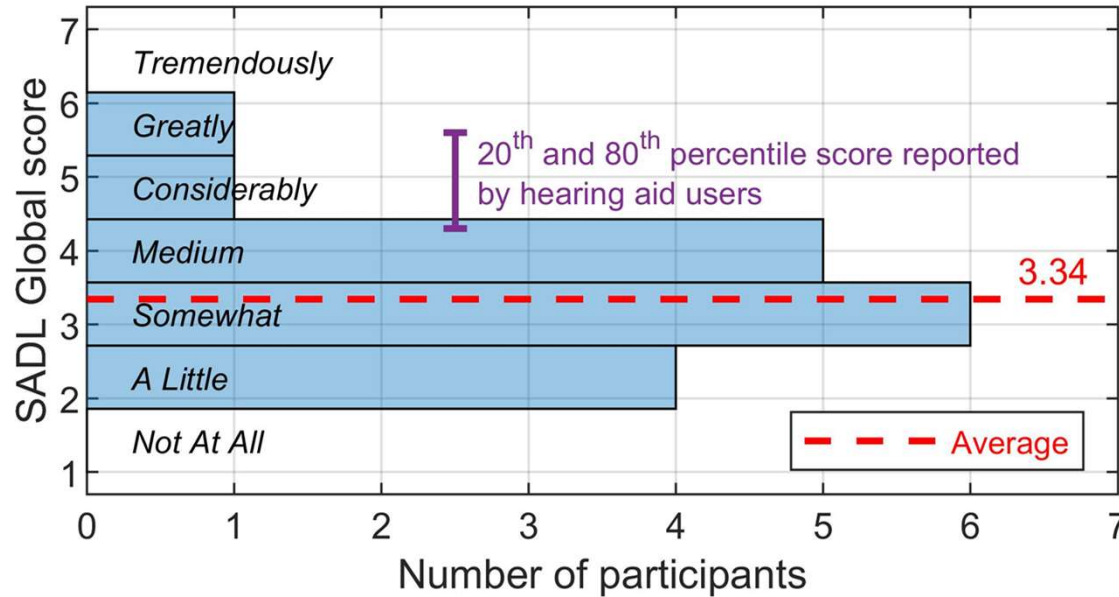


Real-life assessment (NEMA)

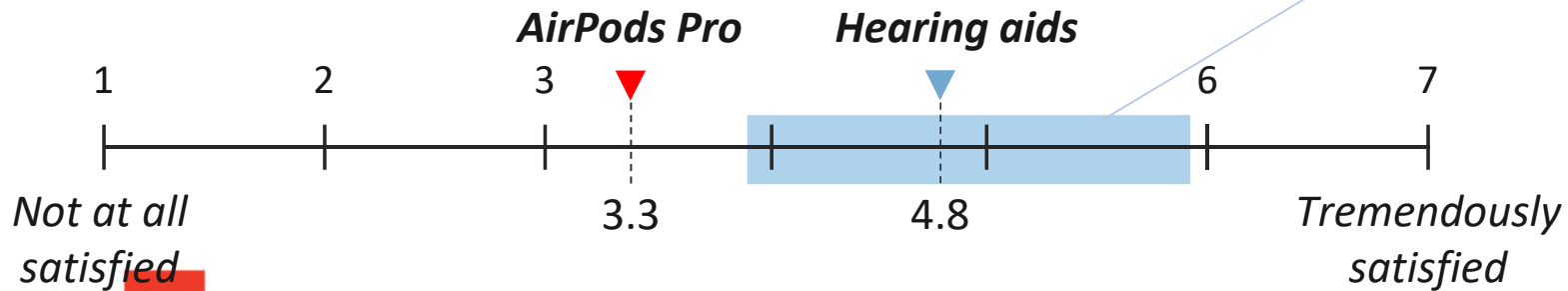


	Surveys
Limited hearing benefit	55
Uncomfortable to wear	35
Feeling embarrassed	27

Satisfaction with the devices (SADL)



Hearing aid users normative scores
4.9 ± 1.0



End-of-study questionnaire

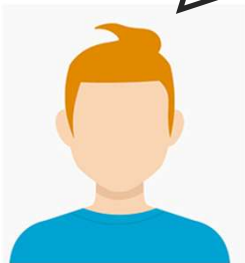
To what degree do AirPods Pro improve your hearing experience in noisy places?

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.

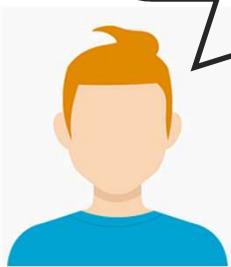


End-of-study questionnaire

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 non-invasive biomarkers 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.



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Q&A

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