

## Cognitive and auditory factors underlying the ability to understand speech-in-noise: clinical implications for diagnosis and rehabilitation

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# **Early Indicators of Noise Injury**



### STUDY DESIGN

Behavioural	Electro- physiology	Hearing Experiences		
<ul> <li>122 participants</li> <li>Online survey</li> <li>Audiometry</li> <li>Auditory processing</li> <li>Cognitive skills</li> </ul>	<ul> <li>62 participants</li> <li>Five tests [CAEP's, IRN, speech ABR, click ABR, EFR]</li> <li>Designed to support behavioural measures</li> </ul>	<ul> <li>52 participants</li> <li>Interviews &amp; online survey</li> <li>Exploring listening difficulties, impacts and strategies</li> </ul>		

## **Results**



## BEHAVIOURAL

## ELECTROPHYSIOLOGY

- X No clear link between participants' lifetime noise exposure and performance on auditory processing (AM, TFS, TEN) or speech-in-noise tasks (LISN-S, NAL-DCT).
- Musical training *was associated* with better performance on the auditory processing tasks, but *not* on the speech-in-noise tasks.
- The results indicate that:
  - sentence closure skills (TRT)
  - working memory (RST)
  - attention (TEA)
  - extended high frequency hearing thresholds
  - medial olivocochlear suppression strength
- are related to speech-in-noise performance.

• Noise exposure and ABR amplitude



## HEARING EXPERIENCES

- Inconvenience, self consciousness,
- Online communication training

## **Objectives**

### THE PROBLEM / OUR MOTIVATION



- Which factors predict the ability to understand speech in noise?
- Can we develop a clinical tool for predicting / confirming which normal hearing adults will experience difficulty understanding speech in noise?



# Composite speech-in-noise score (CSS) **AL**

#### SELF REPORT PLUS TWO SPEECH-IN-NOISE MEASURES



# Composite speech-in-noise score (CSS) **AL** S MACQUARIE

### LOW AND HIGH PERFORMING GROUPS

## No differences

- = Education
- = Exposure to ototoxic chemicals
- = Noise exposure
- = Musical training
- = Amplitude modulation (4 Hz)
- = MOCR strength
- = Non-verbal intelligence

## **Significant differences**

- ✓ Age
- ✓ Gender
- ✓ Hearing level (LF, HF, EHF)
- ✓ Temporal fine structure (TFS1)
- ✓ Amplitude modulation (90 Hz)
- ✓ TRT
- ✓ Attention
- ✓ Working memory

## **Results**



### EXTENDED HIGH FREQUENCIES & WORKING MEMORY

## **Multiple regression weights**

Variable	Low Performing		High Performing			
	Mean	SD	Mean	SD	Composite Speech Score	
					b	p value
Age	48.47	6.65	42.33	4.79	-0.02	0.05
Gender (%)	♀: <b>37</b>	-	₽: 63	-	-0.21	0.05
LF hearing	7.67	4.29	5.10	3.84	-0.01	0.47
HF hearing	14.53	8.35	8.58	6.14	-0.01	0.54
EHF hearing	36.96	19.96	11.06	9.57	-0.01	0.0062
TFS	66.65	44.04	36.46	25.36	-0.0023	0.08
AM90	-22.93	4.31	-25.11	3.91	-0.01	0.53
TRT	61.00	2.70	58.59	3.21	0.0004	0.06
Attention (TEA)	7.13	2.05	8.35	2.03	-0.01	0.70
Working memory (RST)	44.82	10.47	55.68	8.98	0.02	0.0006

Model Strength ( $r^2 = .46, p < .001$ )

# **Preliminary diagnostic criterion**



### TRANSLATING OUR RESULTS TO THE CLINIC



Low performers:

- 12.5 kHz threshold  $\geq$  25 dB HL
- Reading span score below mean

## High performers:

- 12.5 kHz threshold  $\leq$  25 dB HL
- Reading span score above mean

## Individual case



#### WHY IS THIS PARTICIPANT A LOW PERFORMER?



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# **Rehabilitation options**

## DEVICES AND/OR WORKING MEMORY TRAINING

- No action
- Training
  - easy to do & achievable
  - feedback
  - sustainable
- Devices
  - extended bandwidth,
  - assistive listening, smart phone apps
- Reduce the noise source





https://www.flickr.com/photos/buckaroobay/3721809183



# Thank you for listening!

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