



Using cortical responses to inform management

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HEARing CRC

National Acoustic Laboratories (NAL)

With thanks to John Seymour, Suzanne Purdy, Maryanne Golding, Hsiuwen Chang

So baby, how does it sound?

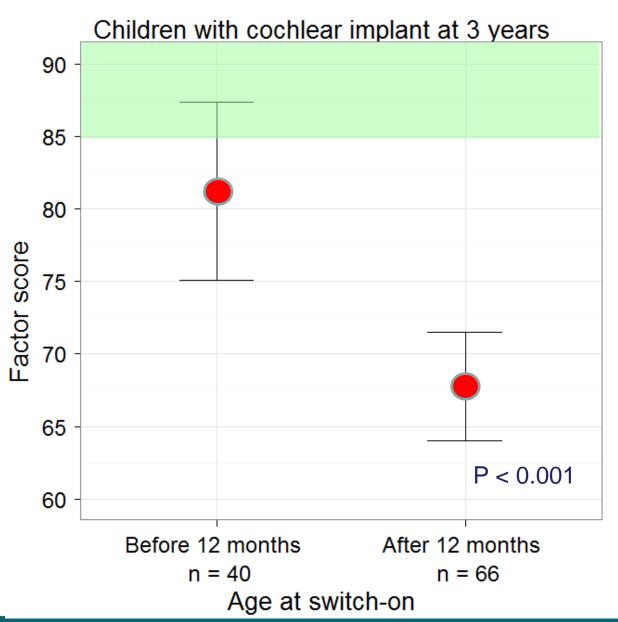
Objective hearing aid evaluation for:

- young infants
- difficult-to-test people



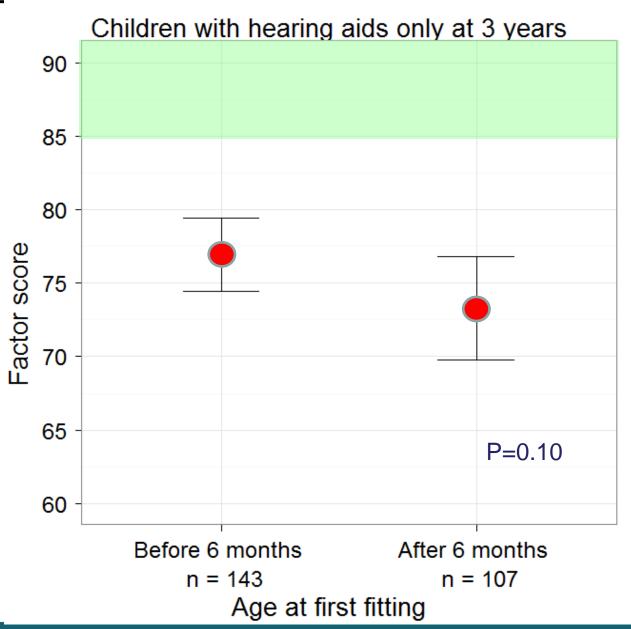










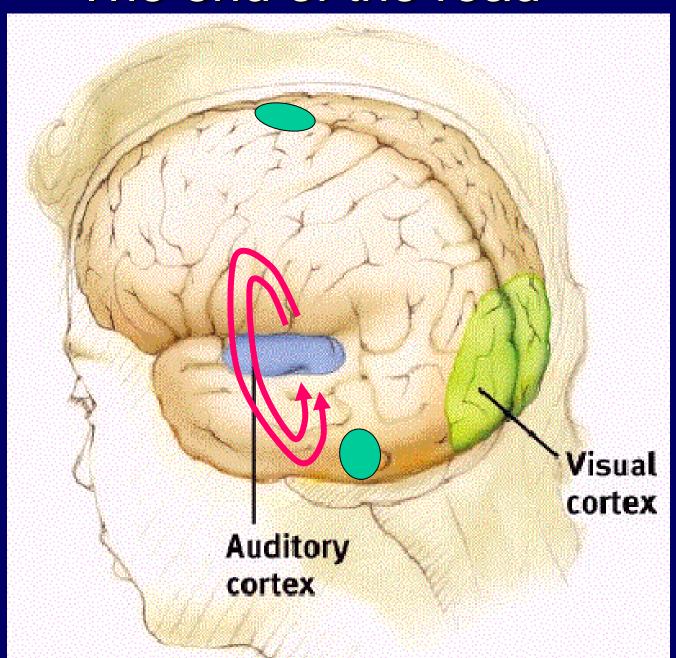


Why cortical responses to evaluate hearing aid fitting in infants?

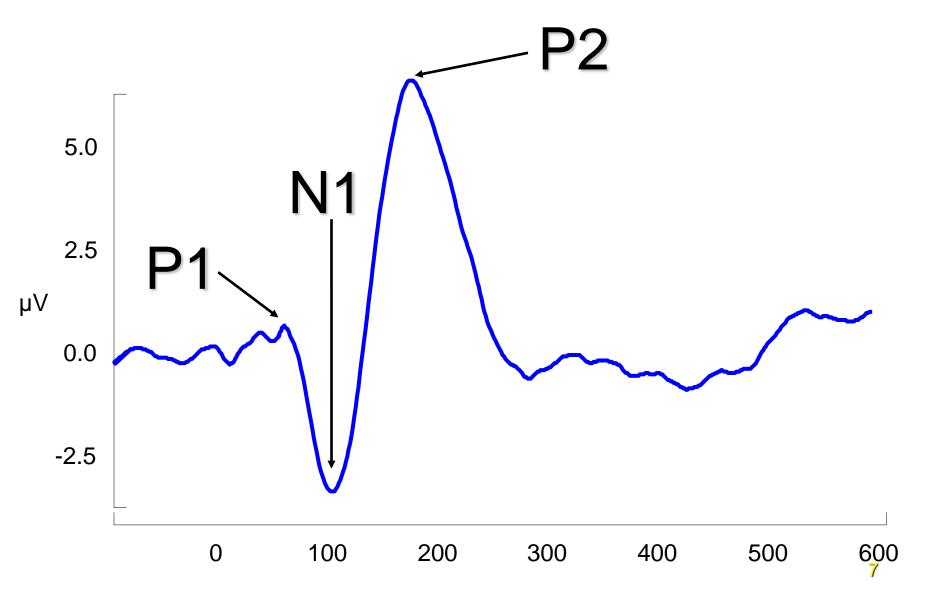
- Reliably present in awake young infants
- More likely to correlate well with perception
- Can be elicited by a range of speech phonemes – close to desired outcomes
- Stimuli handled reasonably by hearing aids
- Can be very frequency specific if needed



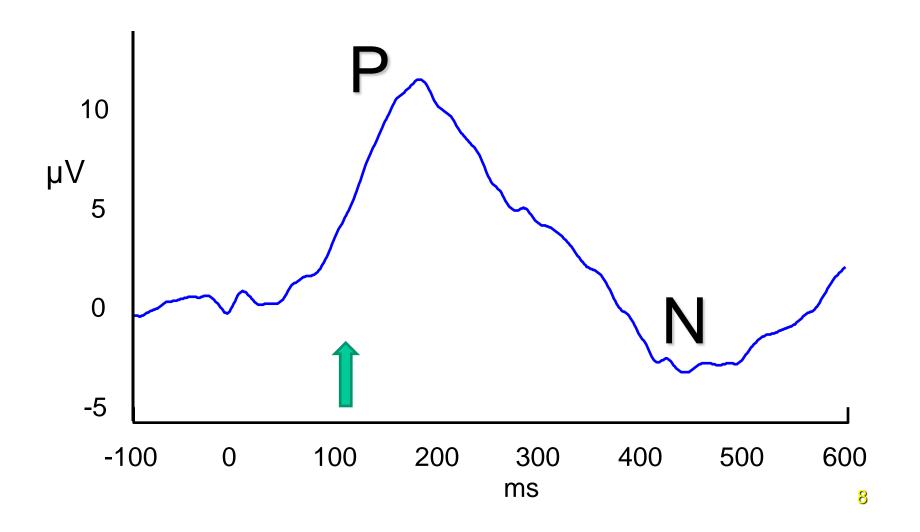
The end of the road



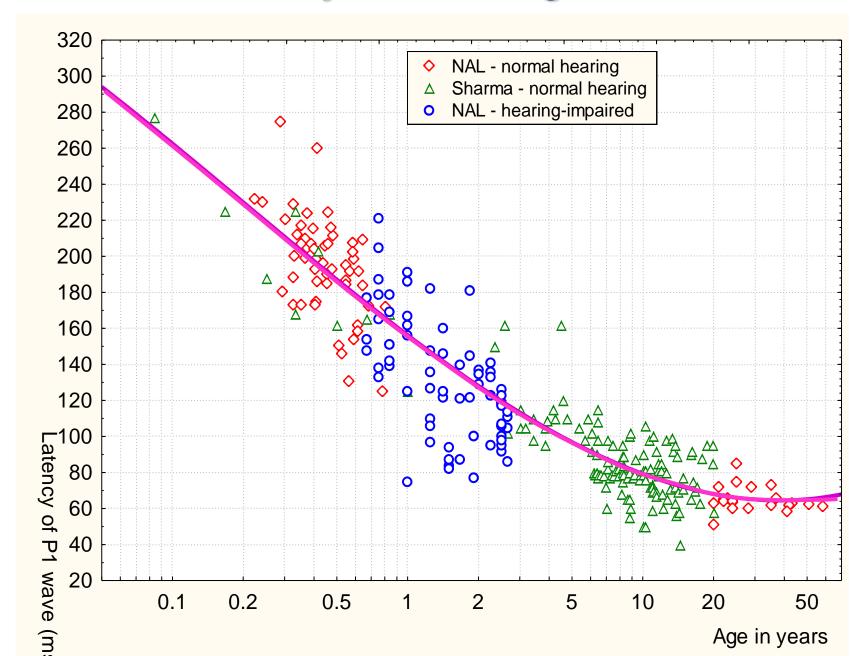
Adult



Infants



Latency versus age



A practical system for infants





Practical implementation of cortical testing: HearLab

Disclosure: NAL will get a royalty for each unit sold.

<u>Thank you:</u> The HearLab development team – Teck Loi, Barry Clinch, Isabella Tan, Ben Rudzyn, Lyndal Carter, Dan Zhou, Scott Brewer



Innovations

- Automatic response recognition
- Residual noise level monitoring
- Active on-scalp electrodes
- Interspersed presentation of speech stimuli
- Auto-calibration of room and speaker

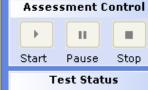
Active electrodes











File Main Assessment Tools Help

Acceptance Ratio

Type /m'/

Level 65 dB SPL

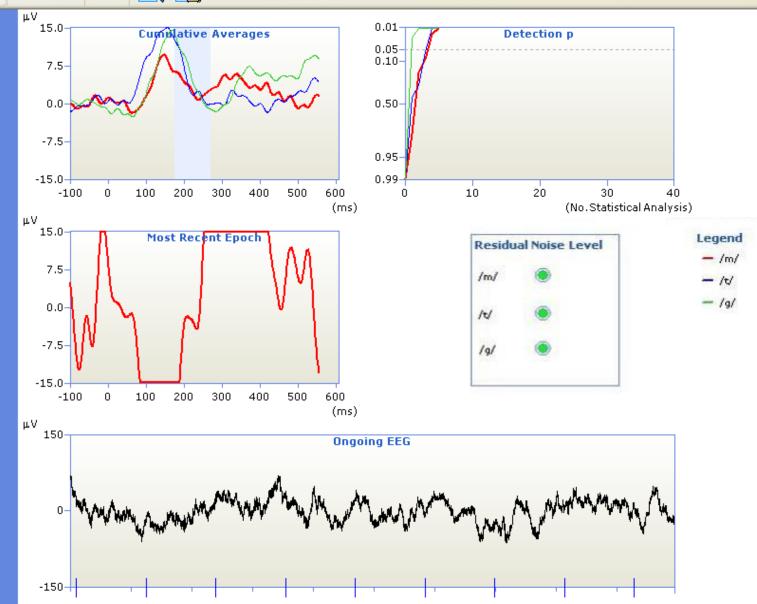
Epochs Obtained

Stim	Accept	Reject
/m/	117	3
/t/	120	5
/g/	117	8

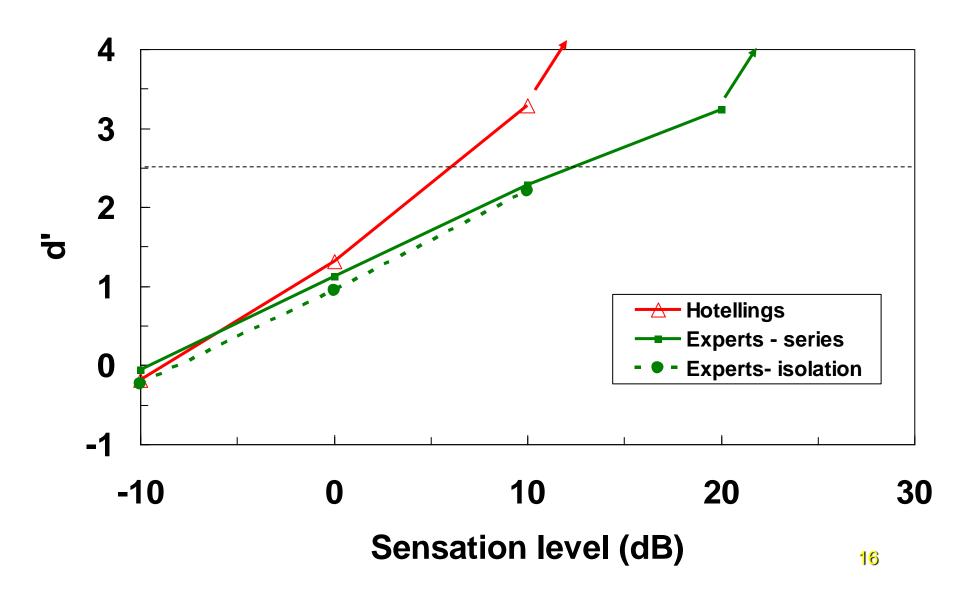
p Values Obtained

/m/	0.011
/t/	0.000
/g/	0.000
/m/ vs /t/	0.663
/m/ vs /g/	0.030
/t/ vs /g/	0.078

Time Elapsed for Run 8 (min)

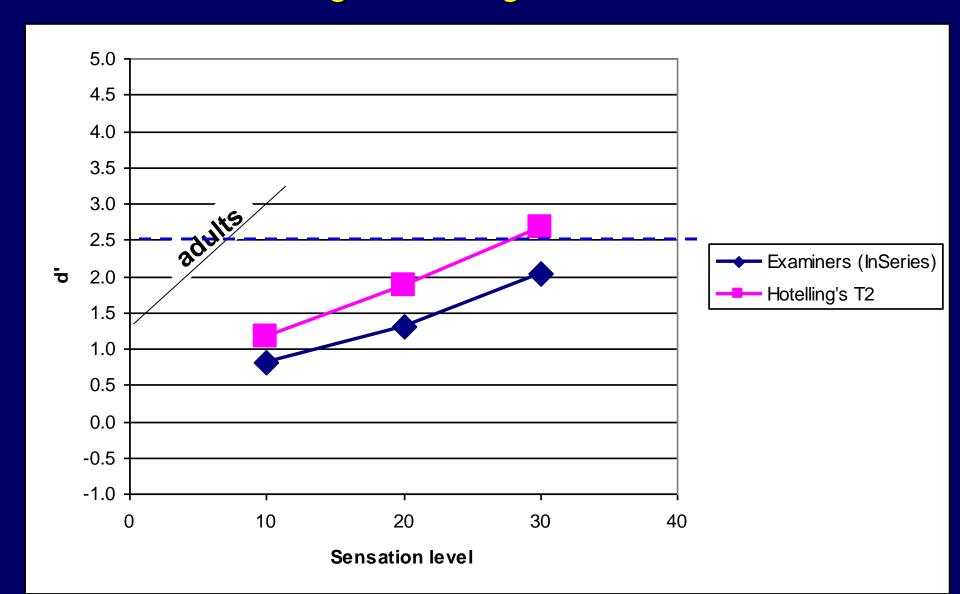


d' results - for 200 stimuli



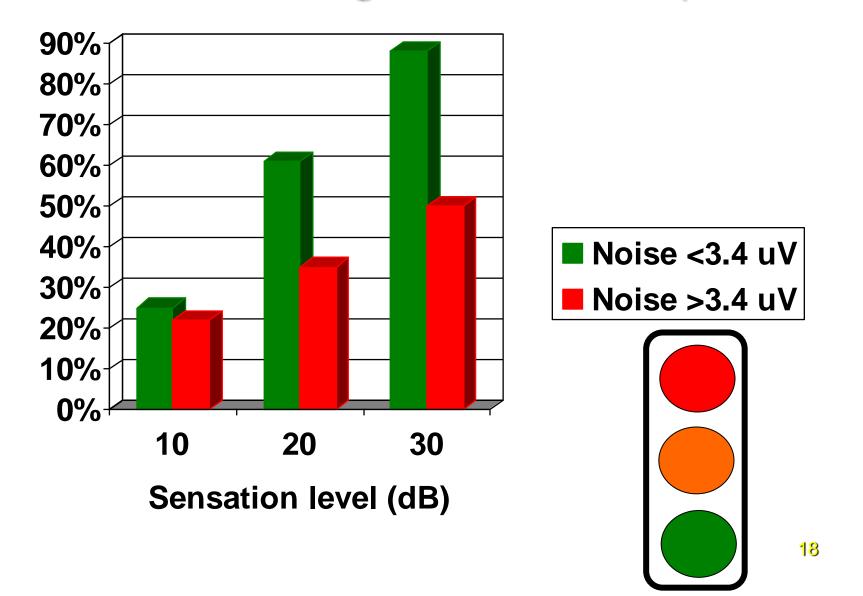
Infants: Hotellings versus experts

Normal hearing infants aged 7 to 16 months

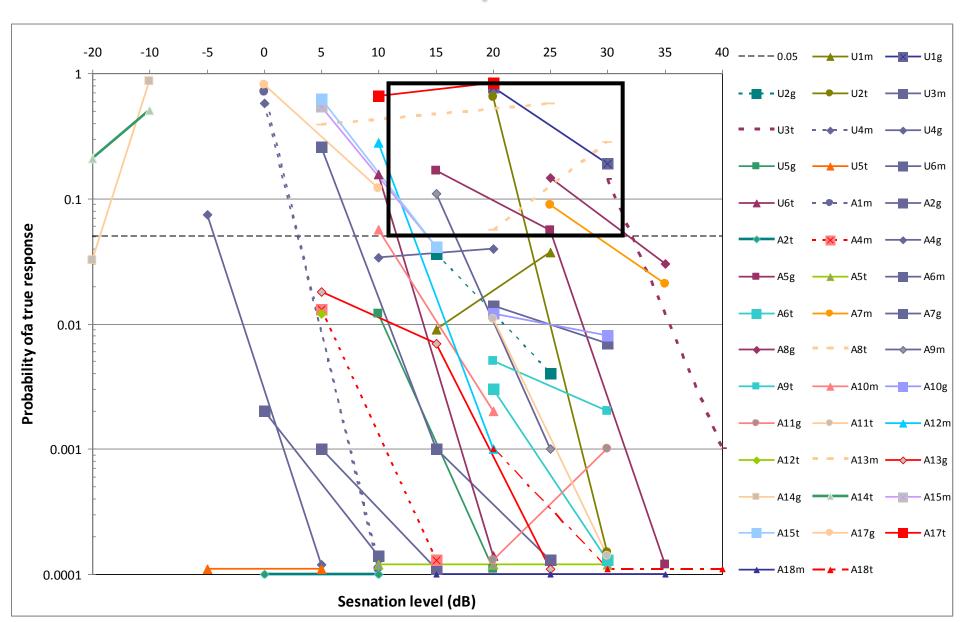


Proportion with responses present (p<0.05)

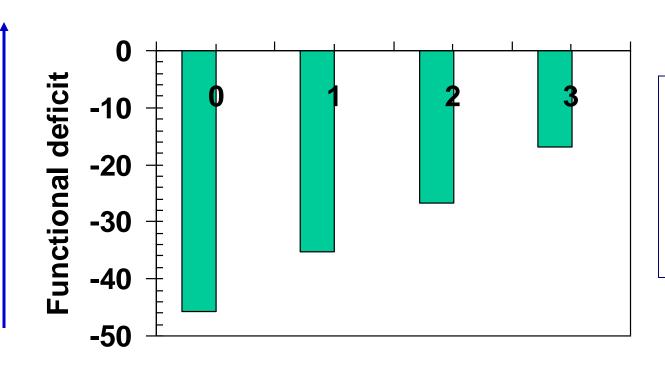
normal hearing infants; 100 epochs



Detection of speech sounds



Functional deficit vs number of cortical responses present



Behavioiural better

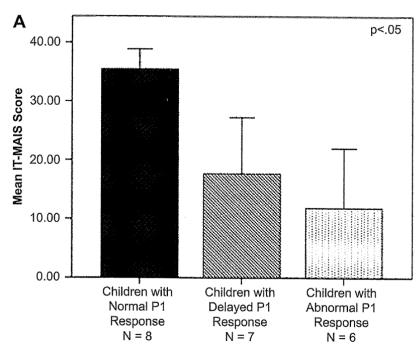
N = 24; p = 0.001

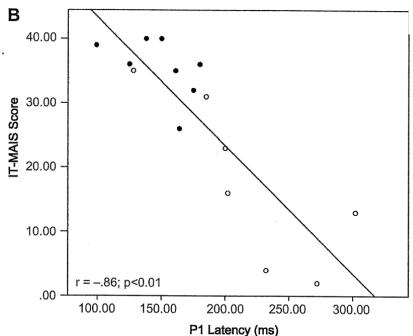
12 sensorineural

7 auditory neuropathy

5 multiply disabled

Number of corticals present





Children with auditory neuropathy

Sharma et al. (2011) Int J Audiol

Figure 5. A: Mean IT-MAIS scores for children with normal, delayed, and abnormal P1 responses. B: IT-MAIS scores vs. P1 latency for children with normal (filled circles) and delayed (unfilled circles) P1 responses.

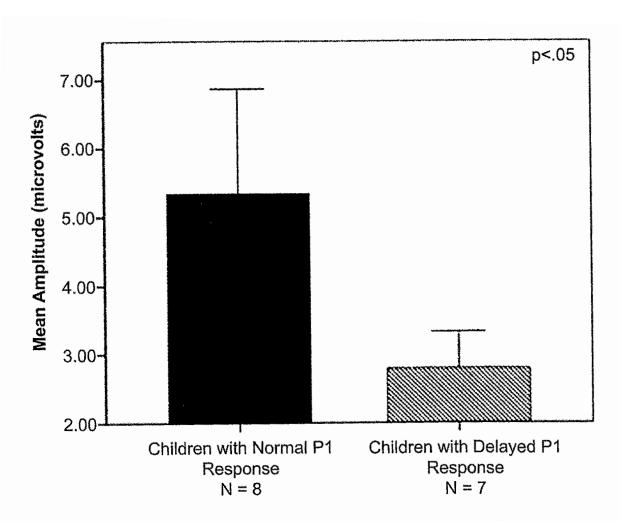


Figure 3. Mean P1 response amplitudes for children with normal P1 latency and delayed P1 latencies.

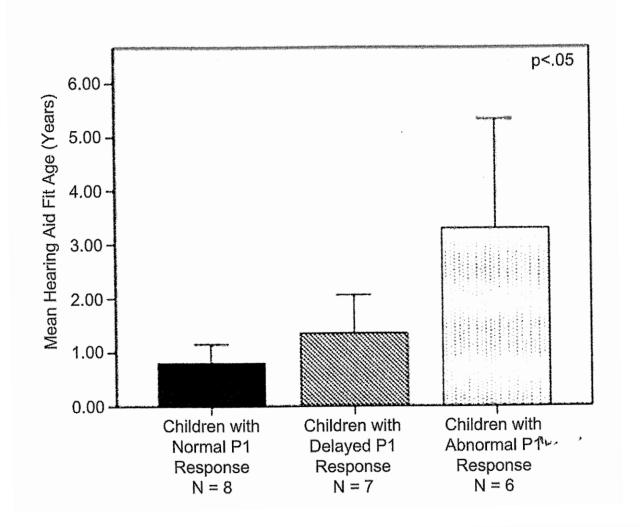


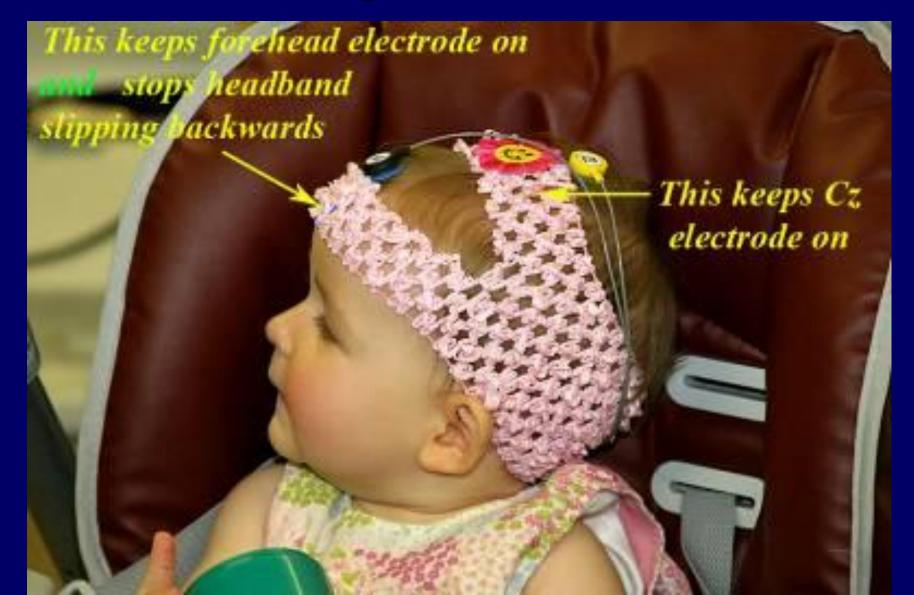
Figure 4. Mean ages of hearing-aid fittings for children with normal, delayed, and abnormal P1 responses.

Modes of operation

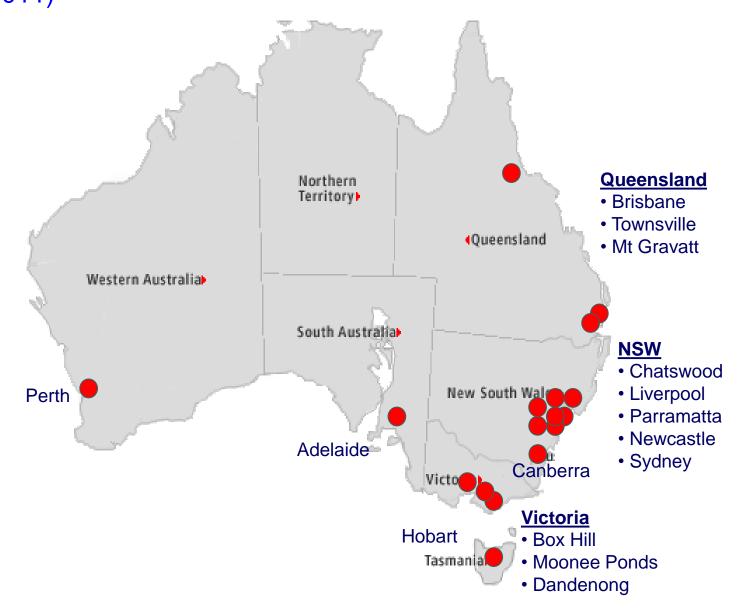
- Speech stimuli /m/, /g/, /t/ delivered in the sound field
- Tonal stimuli (50 ms long) delivered over insert earphones or boneconductors



Keeping electrodes on the baby using a headband



Australian Hearing Centers with HearLab (Sep 2011)



CASE STUDIES

Case 1

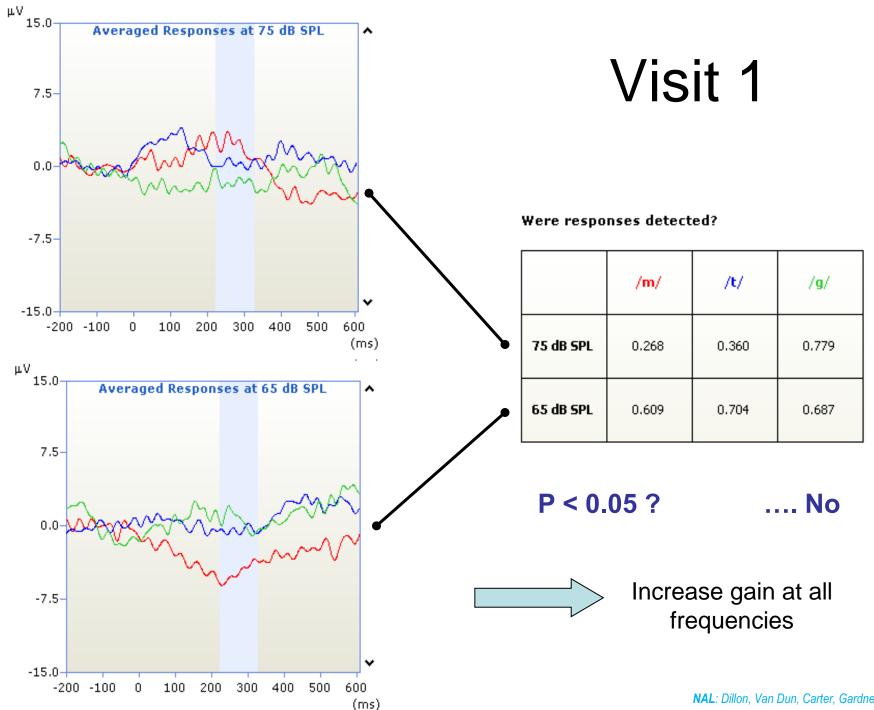
No cortical responses, and the results helped the parents accept the need for cochlear implants

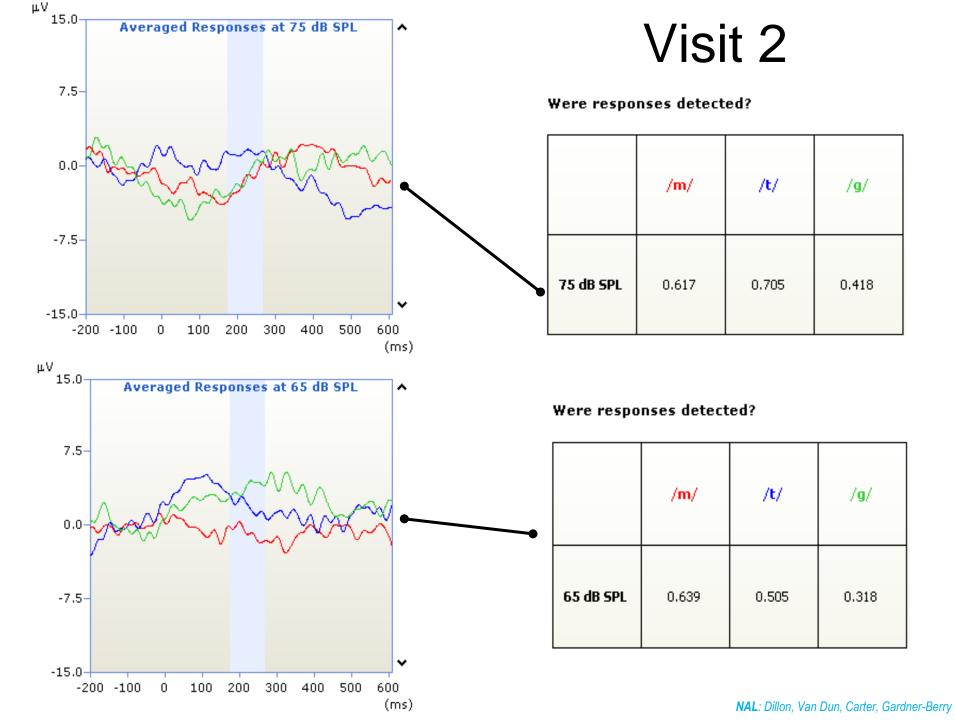
- Age at aided cortical testing
 - Visit 16 weeks old (Initial hearing aid fitting day)
 - Visit 23 months old

Tone-burst ABR (Estimated levels in dB nHL)					
	500 Hz	1000 Hz	2000 Hz	4000 Hz	
Right	>95	>95	>95	>95	
Left	>95	>95	>95	>95	

Estimated Audiogram (dB HL) at Visit 1					
500 Hz 1000 Hz 2000 Hz 4000 Hz				4000 Hz	
Right	85	90	95	95	
Left	85	90	95	95	

Estimated Audiogram (dB HL) at Visit 2					
500 Hz 1000 Hz 2000 Hz 4000 H				4000 Hz	
Right	90	100	105	105	
Left	90	100	105	105	





 The infant received bilateral cochlear implants at 5 months of age.

 Email from the baby's parents ~
 "Thank you so much for the information you gave us on the previous testing as it helped us with our decision to proceed with the implants."

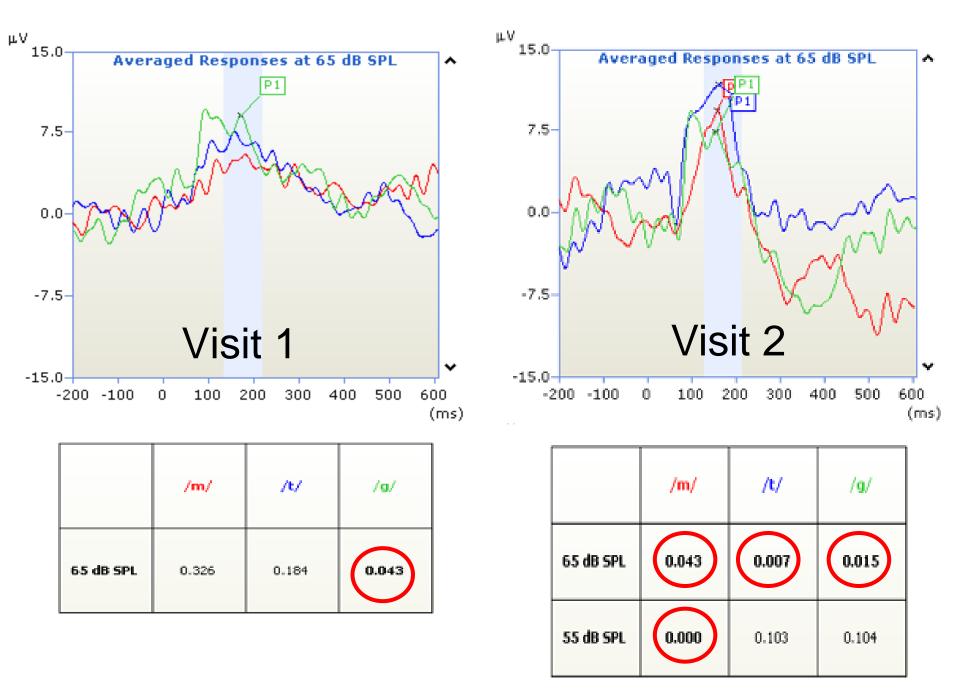
Case 4

Too few significant cortical responses, and the aid gain was increased, resulting in more cortical responses

- Hearing aid fitting at 9 weeks of age
- Age at aided cortical testing
 - Visit 18 months old
 - Visit 29 months old
- Hearing aids have been increased in gain two weeks before the second visit.

Estimated Audiogram (dB HL) at Visit 1					
	500 Hz	1000 Hz	2000 Hz	4000 Hz	
Right	45	50	55	55	
Left	45	55	65	55	

Estimated Audiogram (dB HL) at Visit 2				
500 Hz 1000 Hz 2000 Hz 4000 Hz				4000 Hz
Right	55	50	55	55
Left	55	55	65	55

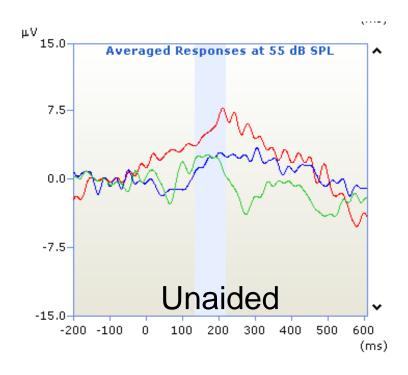


Case 6

A case where the unaided /m/ was present but the aided /m/ was absent.

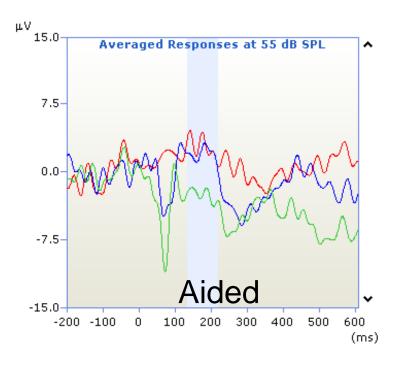
 Cortical testing at 8 months of age, nine days after the initial hearing aid fitting

Estimated Audiogram						
	500 Hz	1000 Hz	2000 Hz	4000 Hz		
Right	40	35	40	45		
Left	40	35	40	45		





	/m/	/t/	/g/
65 dB SPL	0.001	0.000	0.000
55 dB SPL	0.046	0.424	0.015



Were responses detected?

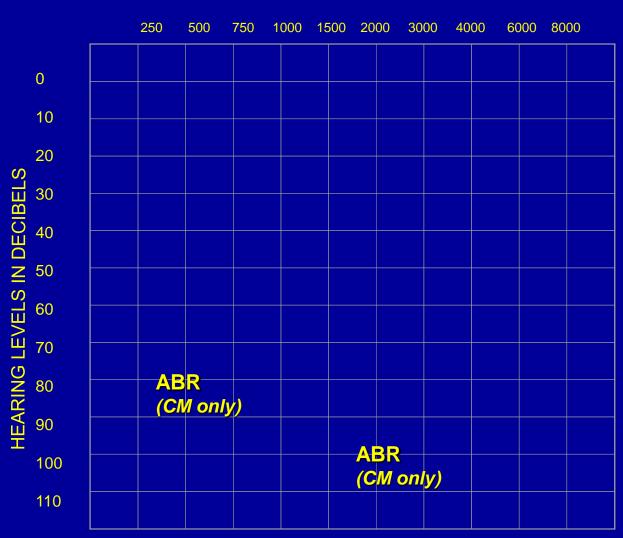
	/m/	/t/	/g/
65 dB SPL	0.066	0.000	0.000
55 dB SPL	0.528	0.004	0.092

Hearing Aid Coupler Gain at 65 dB SPL Input 250 Hz 500 Hz 1000 Hz 2000 Hz 4000 Hz <0 0 15 20

^{*} Both hearing aids are set the same.

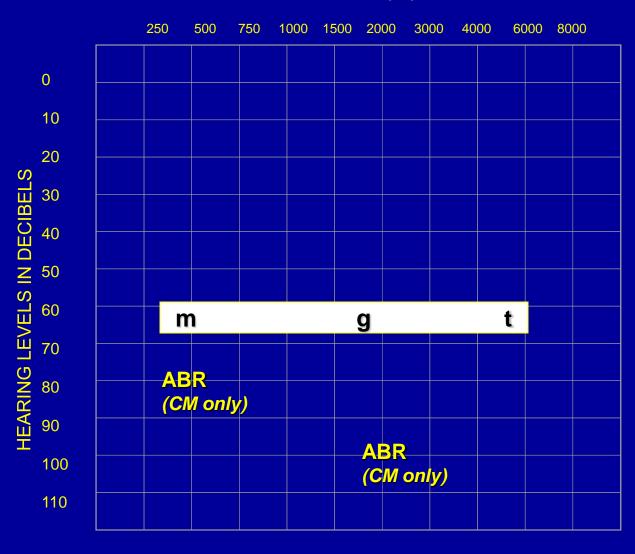
Case 7: ANSD

FREQUENCY (Hz)



ABR 28/8/03 - NR

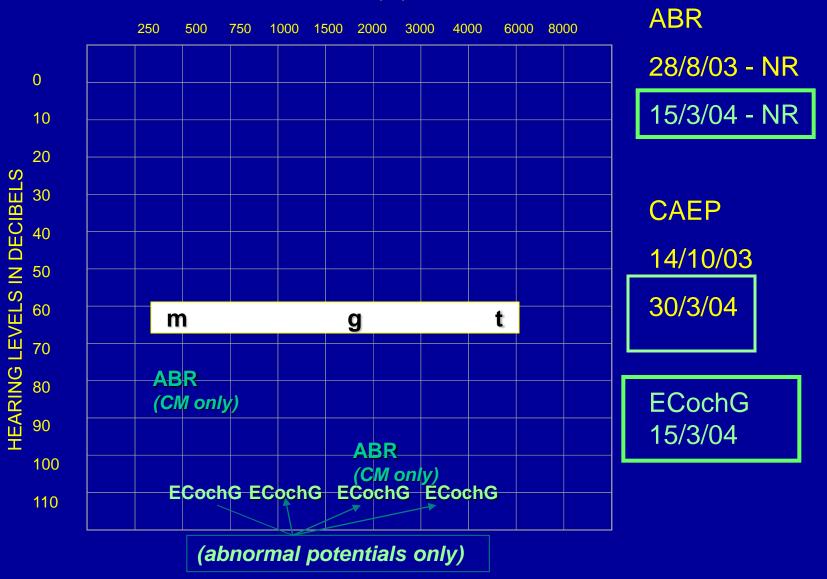
FREQUENCY (Hz)



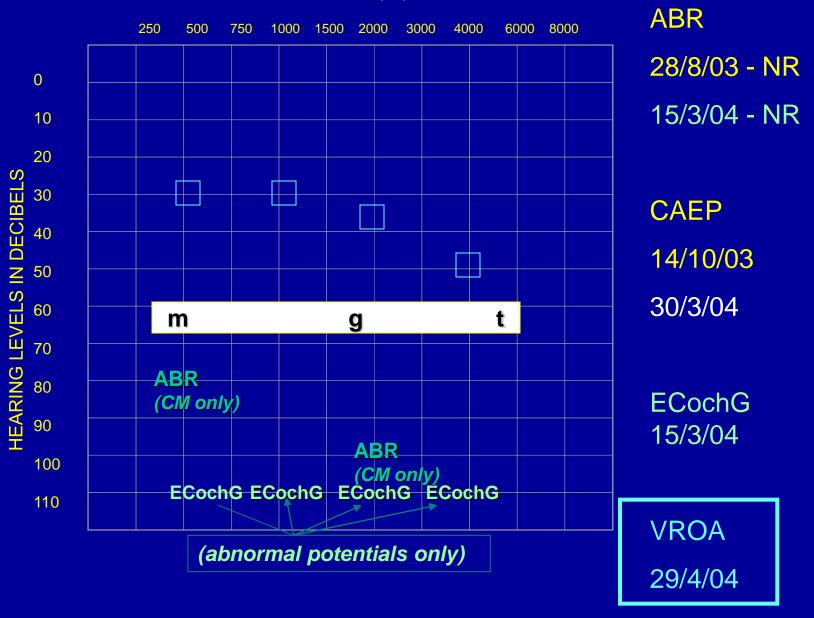
ABR 28/8/03 - NR

CAEP 14/10/03

FREQUENCY (Hz)



FREQUENCY (Hz)



Case 11 - verifying speech audibility with a softband BAHA



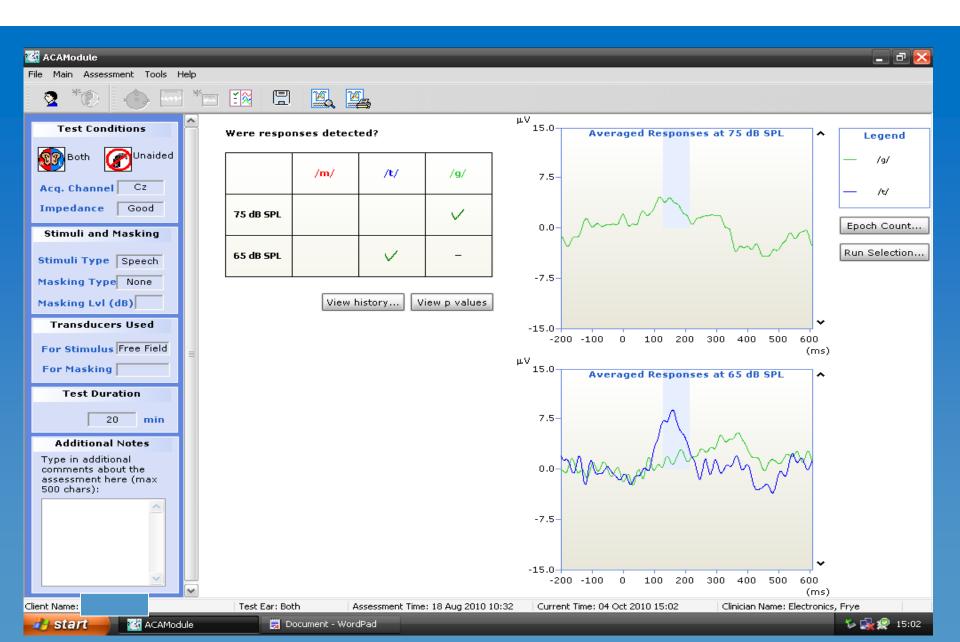
- Child has a right sided cleft lip and palate and developmental delay.
- 8 weeks old bilateral asymmetrical moderate to severe conductive hearing loss, confirmed using ABR.
- 9 weeks fitted with softband BAHA
- 9 months old unable to obtain reliable behavioural data due to developmental delay
- Child recently discovered BAHA as a new toy! Parents finding BAHA difficult to manage.
- Unable to verify benefit of BAHA





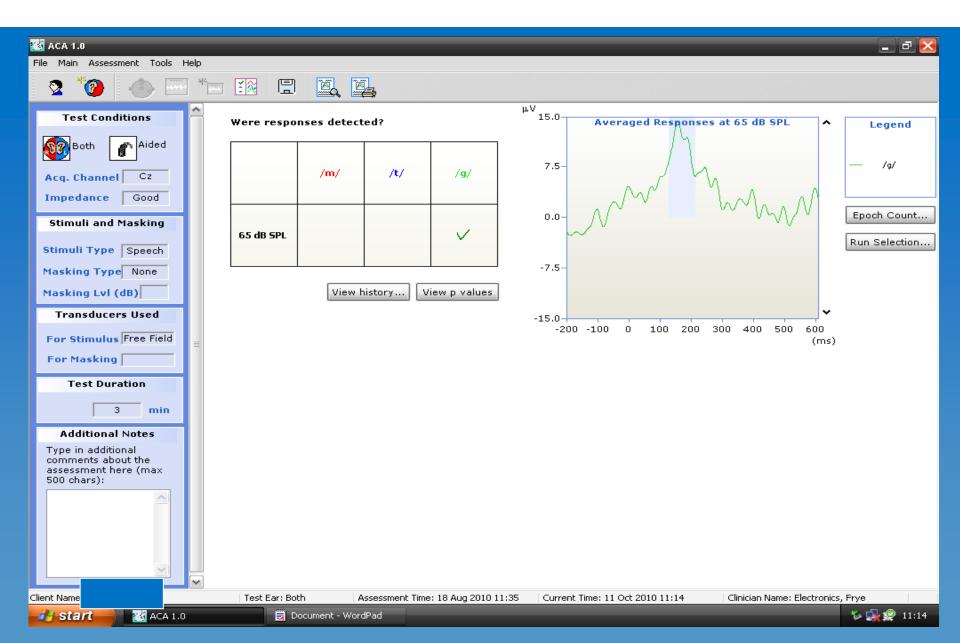
Case 11 - unaided CAEP results





Case 11 - aided CAEP results





Case 11 - outcome



- Without BAHA
 - CAEPs present for /t/ at 65 dB
 - CAEP was not present for /g/ at 65 dB but present at 75 dB.
- With BAHA
 - CAEP present for /g/ at 65 dB
- Conclusion
 - The BAHA provides significant benefit by making a wider range of speech sounds audible at average conversational level.
- Parents were reassured and encouraged by results -both unaided and aided.
- Subsequent VRA behavioural assessment confirmed a bilateral moderate upward sloping conductive hearing loss

Case 12 - verifying speech audibility with hearing aids



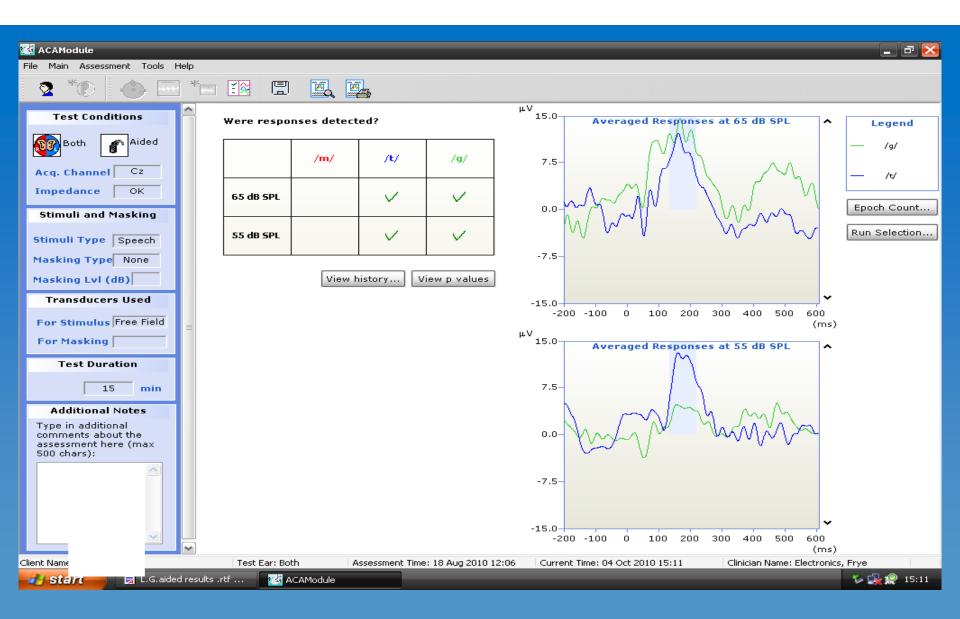
- 7 weeks old- bilateral moderate to severe sloping sensorineural hearing loss confirmed using ABR
- 9 weeks fitted with Nios Micro hearing aids using sound recover
- 8 months reliable behavioural assessment confirmed ABR levels were accurate and stable
- Required confirmation that full range of speech sounds were audible





Case 12 – Aided CAEP results





Case 12 – outcome



- CAEP was present for /g/ and /t/ at 65 and 55 dB with hearing aids in place.
- Conclusion Hearing aids are maintaining the audibility of speech at soft and louder levels in both mid and high frequencies.
- Child 2's parents 'we're pleased to know his hearing aids are doing their job. It's reassuring to see that he can hear speech'.

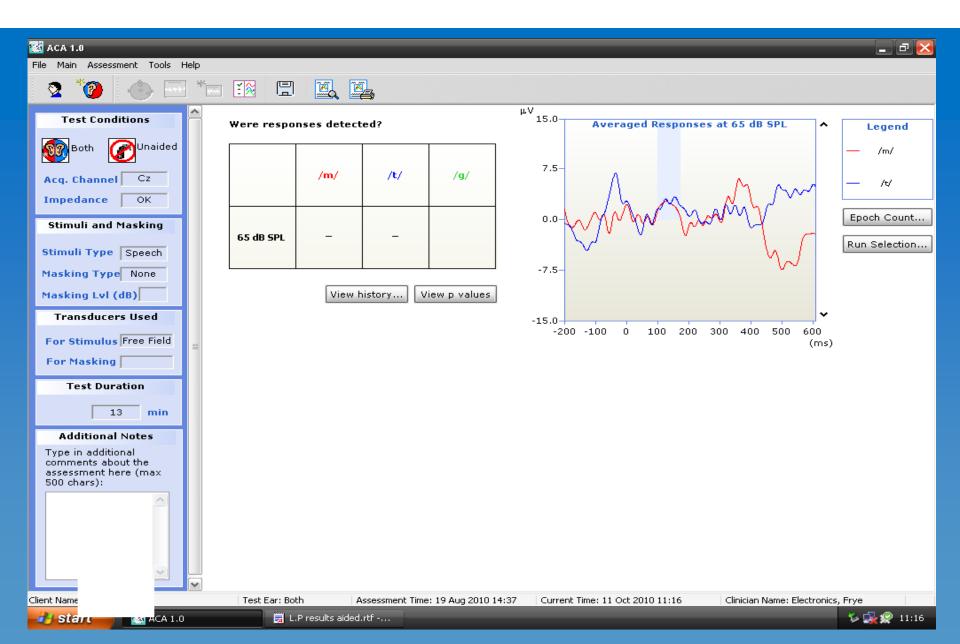
Case 14 – verifying hearing aid prescription



- Child has Downs syndrome
- 8 months diagnosed with bilateral moderate mixed hearing loss using ABR and fitted with bilateral hearing aids
- 21 months unable to obtain any reliable behavioural information.
- Child recently removing aids.
- No up to date behavioural information to verify hearing aid prescription

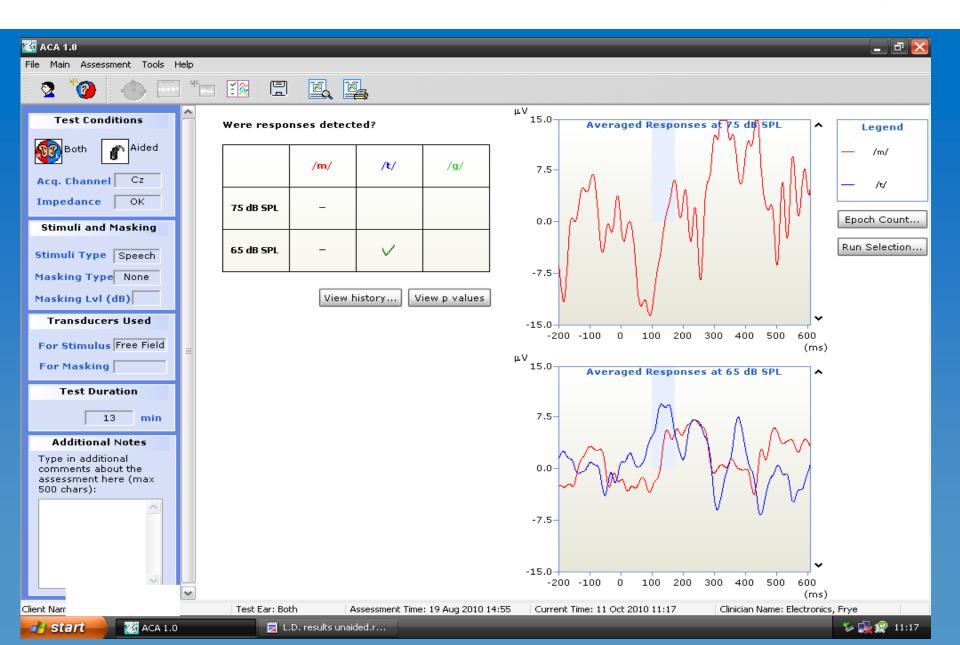
Case 14 – unaided CAEP results





Case 14 – aided CAEP results (1)





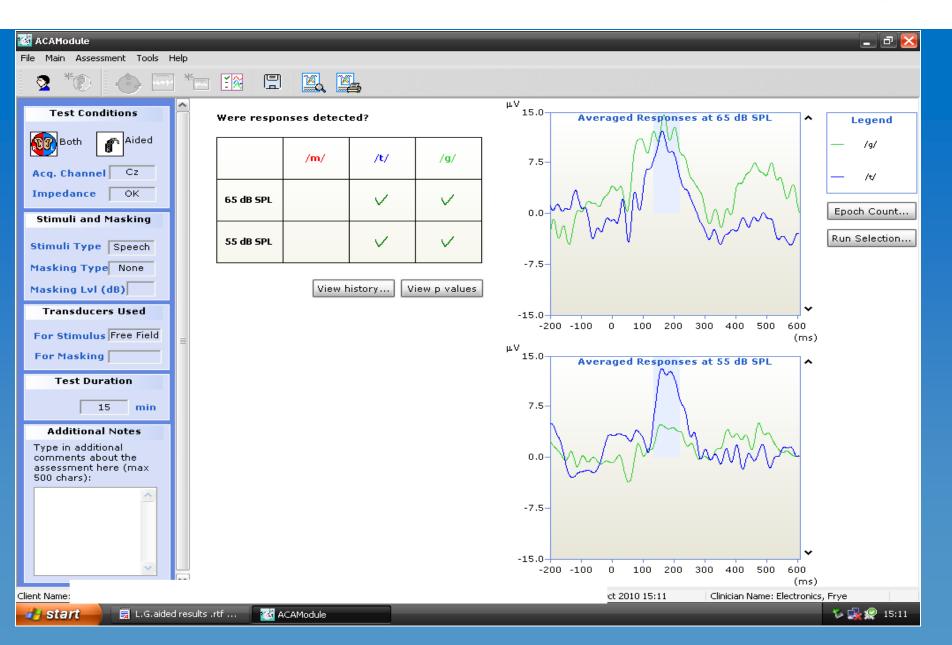
Case 14 - outcome



- Unaided
 - CAEP absent using /t/ and /m/ 65 dB
- Aided 1
 - CAEP absent for /m/ at 65 dB and 75 dB,
 - Present for /t/ at 65dB
- Response seen only to high frequency stimulus with current hearing aid prescription.
- Changed hearing aid prescription to increase gain in low frequencies.
- Aided 2
 - CAEP present for /t/ at 65dB
 - CAEP absent for /m/ at 65dB
- ABR repeated and showed a deterioration in hearing thresholds particularly in low frequencies. Hearing aid prescription altered and CAEP now present for both low and high freq speech at quiet and conversation speech sounds.

Case 14 – Aided results (2)





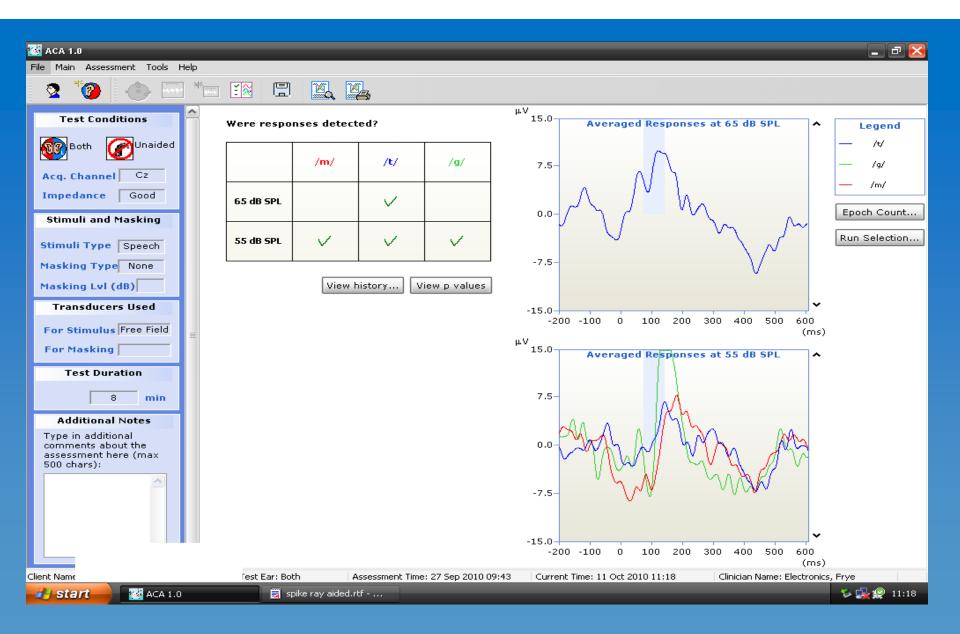
Case 16 - Is speech audible?



- 3 years 9 months
- Developmental delay including delayed speech production
- Recent MRI confirmed brain damage
- Behavioural assessments inconsistent but indicate an overall high frequency severe sensorineural hearing loss.
- DPOAEs present bilaterally.
- Can she hear high frequency speech?
- Does she need a hearing aid?

Case 16 – Unaided CAEP results





Case 16 – conclusion

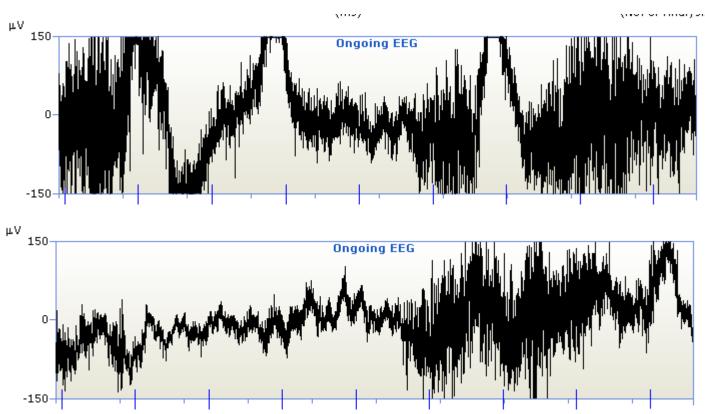


- CAEP present to /t/ and /m/ at 65 and /t/, /g/ and /m/ at 55 dB
- High frequency speech is audible at average and quiet conversational levels.
- Parents reassured
- Hearing aid not indicated
- ? Implications for neurologist re. cortical activation.

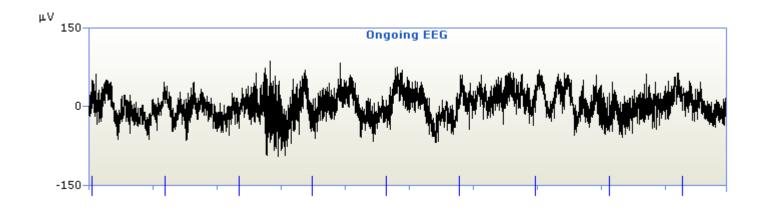
A case where cortical testing was not possible

- Age at testing: 4.5 years
- Multiple disabilities
- A reliable behavioural audiogram has not yet been obtained.

• She was moving all the time.



At her quietest state, but this only lasted for a few seconds.



- 18 years old
- Hx of tuberous sclerosis and left temporal lobe removed several years ago
- Developmental delay and uncontrolled epilepsy
 - Family history of hearing loss
 - Under the care of specialist including neurologist
- Recent MRI normal except for indications of earlier surgery

- Presented with:
 - A virus (cough/cold) whilst o/seas and 2 weeks later suddenly complained she was unable to hear
 - Bilateral flat profound SNHL (3FAHL R=95 and L=100)
 - Normal ABR but large CM
 - Behaviourally not her usual sociable self, communicating visually but knows signs as well
 - Mother doubts it is non-organic as does not believe daughter could sustain this long.

- Hearing aids recommended based on family concern of hearing and the client genuine distress of not being able to communicate
- At fitting appointment cortical threshold estimation (CTE) was arranged.
- 500, 1, 2 and 4 kHz were tested for the left and right ear via inserts.
 - Results: hearing within normal limits bilaterally

Non-organic Hearing Loss?

For more information

HearLab.NAL.gov.au