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Frequency Compression Technology

in Hearing Aid Fitting in Children

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Speechspectrum

Identification/Intelligibility of high frequency sounds



Severe Hearing loss:

Difficulty in recognizing high frequency speech sounds like: /f/, /s/, /sh/

- Grammatical Information:
- Plurality of pronouns
- Possessive pronouns

Pat Stelmachowicz et al., 2000 – 2004, Boys Town

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JGU UNIVERSITĀTSmedizin. Medical School Mainz, Department for Communication Disorders

Speechspectrum

/S/ male, female, child speaker





Hearing instruments

More gain in high frequencies?

- Increased risk of feedback
- More high frequency gain is often considered uncomfortable – too loud, too shrill, too sharp
- Dead Regions "off frequency listening"

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Hearing Impairment

Dead Regions

"... regions in the cochlea with no or few functioning inner haircells and /or neurons"

(Moore 2004)



Frequency compression (FC) = SoundRecover





Frequency Compression (FC)



Original signal



Simulated high frequency hearing loss



Non-linear frequency compression

Launer, Chicago 2007



Frequency Compression (FC)

- Cut-off frequency between 1.5 and 6 kHz
- Compression ratio between 1.5:1 and 4:1
- Compression is only applied to frequencies above the cut-off frequency

Launer, Chicago 2007





Some studies on Frequency Compression

Glista et al., 2009a, Int J Audio1-13, DOI: 10.1080/14992020902971349 Glista et al., 2009, Hearing Review, 16 (12): 20-24

- FC improves detection/recognition (group vs individual)
- Significant candidacy factors (hearing loss, age group)

Wolfe et al., 2009, The Hearing Journal 2009 62(9): 32-35 Wolfe et al., 2010, J Am Acad Audiol 21 (10): 618-628 Wolfe et al., 2011, Int J Audiol 2011 50, 396-404

- FC improves audibility for sounds and speech recognition in quiet
- FC offers improvement in recognition in noise

Bohnert et al., 2010, Eur Arch Otorhinolaryngol, DOI 10.1007/s00405-009-1170-x

• FC improves speech recognition in quiet and in noise



Pediatric Fitting Method for FC

- Protocol developed by
- ⇔⇒ Glista & Scollie Audiology Online 2009
- ⇒⇒ Scollie, Glista, Bagatto, Moodie
 - Ontario Infant Hearing Program 2011

Frequency-Lowering Hearing Aids Protocol Addendum and Support Document



Fitting Method for FC (pediatric)

- 1. Frequency response should be based on DSL 5 *m* [i/o] child
- 2. Fit to target with FC *disabled*

Provide audibility of high frequency cues as good as possible Measure with speech shaped signal / ISTS

- 3. <u>Enable</u> FC
- Measure with speech shaped signal / ISTS <u>and</u> with filtered high frequency speechband stimuli
- 5. Life voice /s/ and /sh/

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Verification

- Speech shaped signal / ISTS Signal (International Speech Test Signal)
- Filtered high frequency speech band signal







Verification

Filtered high frequency speech band signal (Speechsignal)





FC disabled / enabled

Filtered high frequency speech band signal (Speechsignal)





FC disabled / enabled

Filtered high frequency speech band signal (Speechsignal)





FC settings

- Software provides default setting for FC
- Cut off frequency / Compression ratio set to audiogram better ear
 Speechmap/DSL 5.0a Kind Sep 27, 201
- Verificate audibility of /s/ and /sh/
- Fine-tune if necessary....!!!!!!!



Default setting





FC settings

- Software provides default setting for FC
- Cut off frequency / Compression ratio set to audiogram better ear
 Speechmap/DSL 5.0a Kind Sep 29, 20
- Verificate audibility of /s/ and /sh/
- Fine-tune if necessary....!!!!!!!







Fine tuning hints for FC setting

FC is too weak – not audible enough

- High frequency cues are not audible
- No improvement, neither in measurements nor in verbal reports





Fine tuning hints for FC setting

FC is too strong - overlapping

- /s/ and /sh/ cannot be distinguished
- Patient hears him/herself lisping
- Everything sounds sharp, shrill, too loud
- Issues may occur mainly with female voices (start with weaker settings and let acclimatize)





Fine tuning hints for FC setting

FC well adjusted:

- Difference between /s/ and /sh/ is audible
- Patient perceives everything a bit "softer"
- Speech is perceived as clearer
- Patient may hear sounds not heard before





Two examples.....



10 y, good speech development Traditional HI = Eleva 411

Traditional HI = Siemens Artis P

8 y, good speech development



Two examples.....

Sub A steep loss



Traditional HI

NLFC HI



Two examples.....

Sub B flat loss



Traditional HI

NLFC HI



Case studies

Speech Scores open and closed sets

Open set words	Trad HA	Freq Comp T2	Freq Comp T5	Open set words	Trad HA	Freq Comp T2	Freq Comp T5
55 dB	30 %	50 %	60%	55 dB	0 %	0 %	40%
65 dB	60%	70 %	90%	65 dB	10 %	40%	70%
Closed set quiet 65 dB SRT	36 dB	32 dB	27 dB	Closed set quiet 65 dB SRT	56 dB	42 dB	42 dB
Closed set noise 65 dB SNR	2 dB	-5 dB	-3,5 dB	Closed set noise 65 dB SNR	9 dB	7,7 dB	3 dB

Subj A

Subj B

T2 = 1 week / T5 = 6 months



Case studies

Subject A

Hears new sounds, birds etc.

More relaxed after school

Rather relaxed facial expression

Trivial sounds are recognized earlier

TV set to normal volume

Speaks with clearer voice – more self confident

Subject **B**

Teacher can be heard with less effort

More relaxed after school

Audio books can be heard with normal volume

More open-minded – takes part in holiday camps with 50 children

Does not accept everything in conversation, but argues



Summary

Several studies showed significant improvements in.....

- Aided sound detection
- Speech recognition in quiet and in noise
- Subjective benefit
- For mild to moderate, severe and profound HL
- Acclimatization effects for newly audible HF sounds



Summary

✓ Viable and robust technology for all hearing losses

✓ It does need to be individually and carefully fitted

Respect the protocols for

fitting Lowering Technologies!!





Clinical implications - future questions....?

We still need to learn more......for example:

- Cochlear implant candidacy
- Asymmetrical hearing loss
- Auditory neuropathy disorders
- Bimodal fittings



Clinical implications - future questions....?

- ✓ Test results may be not always consistent
- ✓ Do we have the right tests to show all effects of modern technology?

We should always listen to our children.....



