

Evidence Regarding the Effectiveness of Hearing Aids in Older Adults

Larry E. Humes
Department of Speech & Hearing Sciences
Indiana University
Bloomington, IN



Do Hearing Aids Help?

- Yes, but how can this be demonstrated?---
What is the EVIDENCE that they do?
 - “Hearing Aid Outcome Measures”
 - Used to demonstrate or document the benefits of hearing aids to consumers, clinicians, HA manufacturers, and various third-party payers

Overview of Today's Talk

- Brief review of types of hearing-aid outcome measures
- Review of research on types of outcomes to measure
- What does the evidence say re: HA outcome measures identified?

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Hearing-Aid Outcome Measures

Objective Performance and Benefit

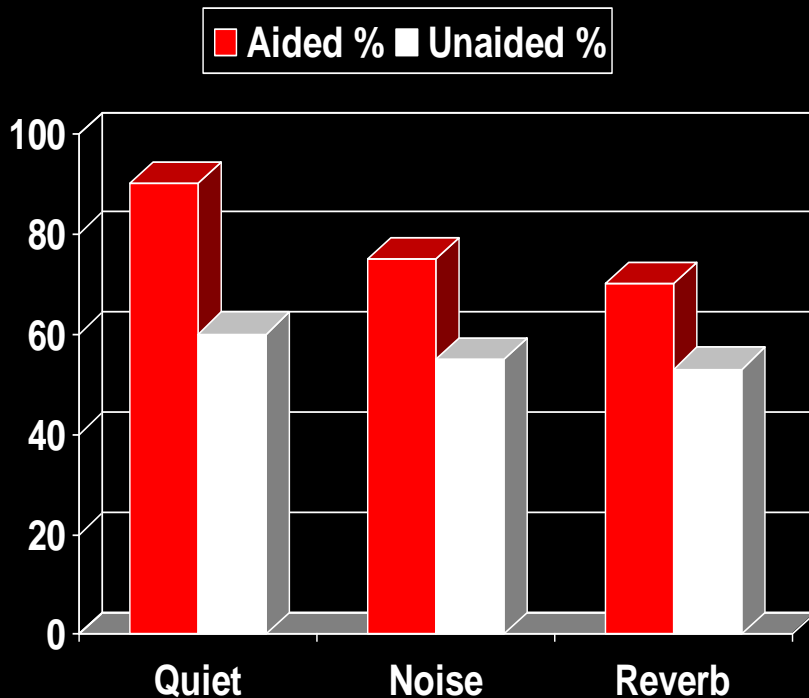
Subjective Benefit

Satisfaction

Usage

Objective Performance and Benefit

Aided and Unaided Speech Recognition



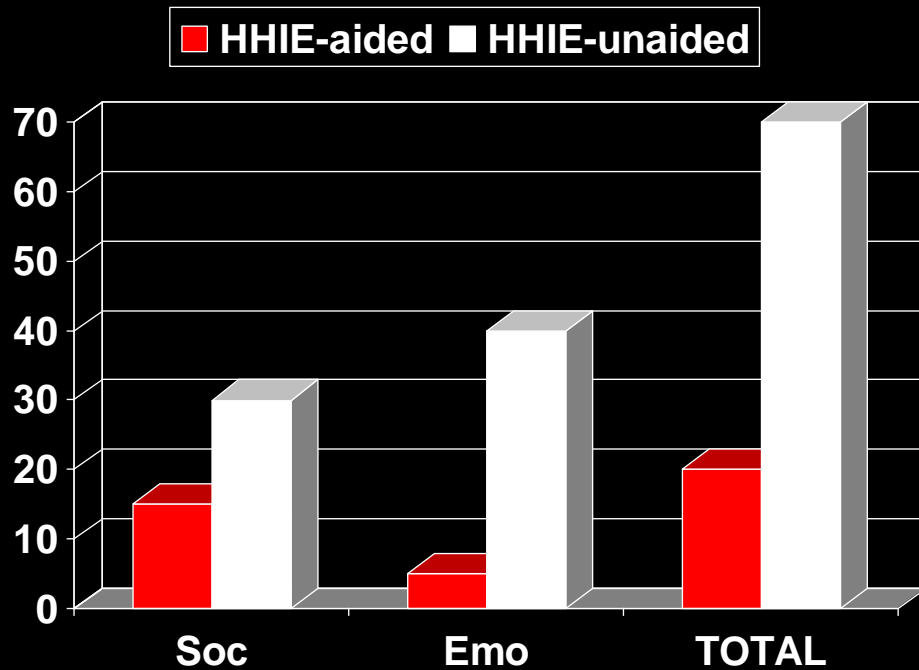
– Materials

- Syllables, words, sentences

– Listening Conditions

- Speech Level
- Background
- Azimuth

Subjective Benefit



- Subjective Scales
- Assessment of *CHANGE* from Unaided to Aided
- Examples
 - HAPI or SHAPIE
 - Benefit Profiles
 - PHAB, APHAB, COSI
 - Hearing Handicap
 - HHIE

Hearing Aid Satisfaction

Rate your satisfaction with the following **HA features** (VS,S,N,D,VD)

- Overall fit/comfort
- Hearing aid size
- Visibility to others
- Ease of adjusting volume
- Whistling/feedback
- Clearness of sound

Rate your satisfaction with the HA in the following **listening situations**

- Conversation with 1 person
- In small groups
- Outdoors
- In large groups
- Watching TV
- On the telephone

Hearing Aid Usage

- Objective Measures
 - “Datalogger”
 - Battery weight
- Subjective Measures
 - single reports of “typical usage”
 - diaries or use “logs”
 - average hours used per day vs. recommended hours

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Many Outcome Measures



- How are they related?
- Do they all measure the same thing?
- Do they interact in a simple or complex manner?
- Are some more important than others?
- ?????

Our Approach to Sorting this Out

- Obtain multiple measures of hearing-aid outcome from large numbers of hearing aid wearers at the same time
- Examine associations (correlations) among measures
- Determine if the large set of outcome measures can be reduced to a smaller set (factor analysis)



The IU Studies *(IU-1 to IU-4)*

KEY COLLABORATORS:

Nathan Amos

Amy Arthur

Nancy Barlow

Gretchen Burk

Carolyn Garner

Lisa Goerner

Dana (Wilson) Kinney

Elizabeth Thompson

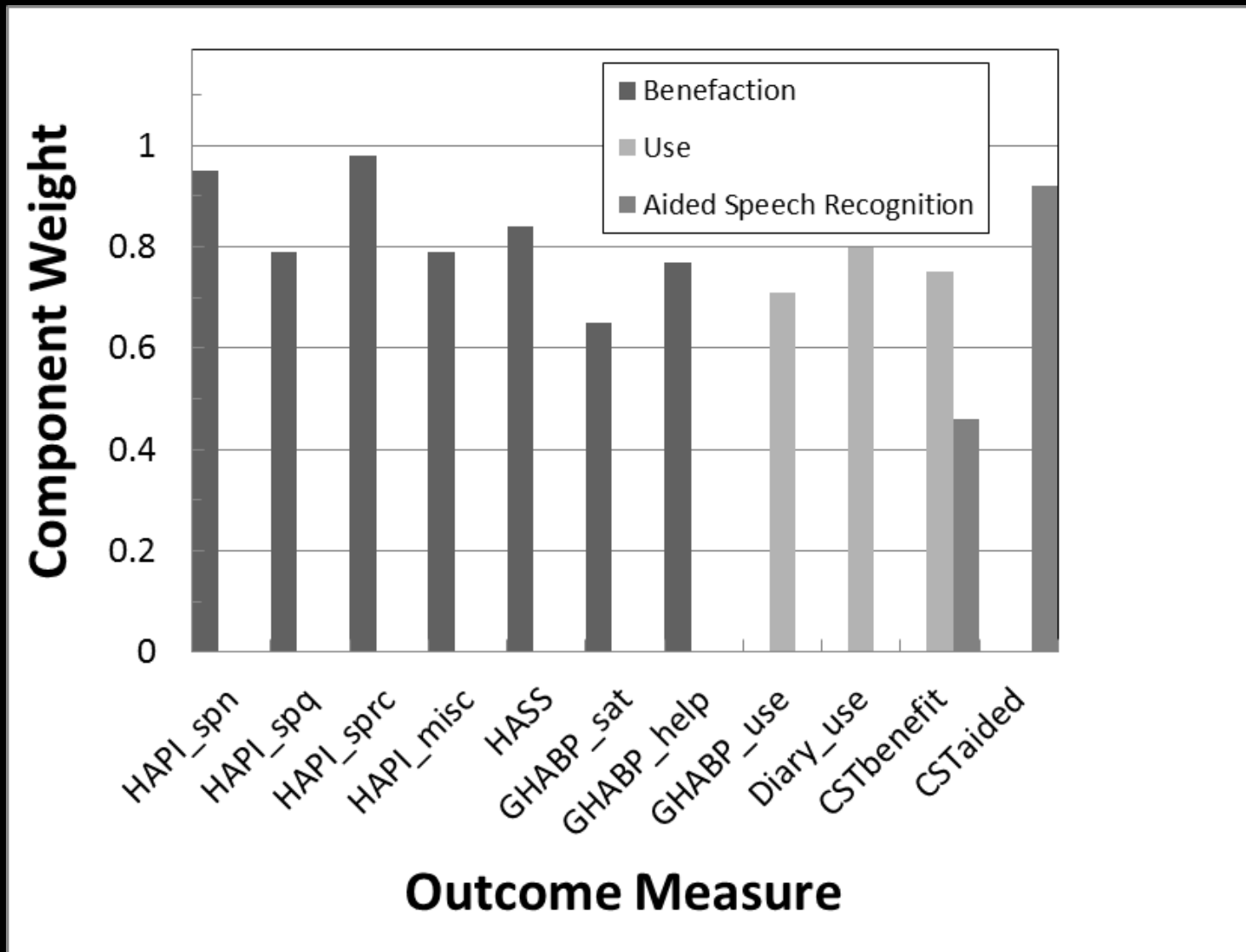
+ many students!



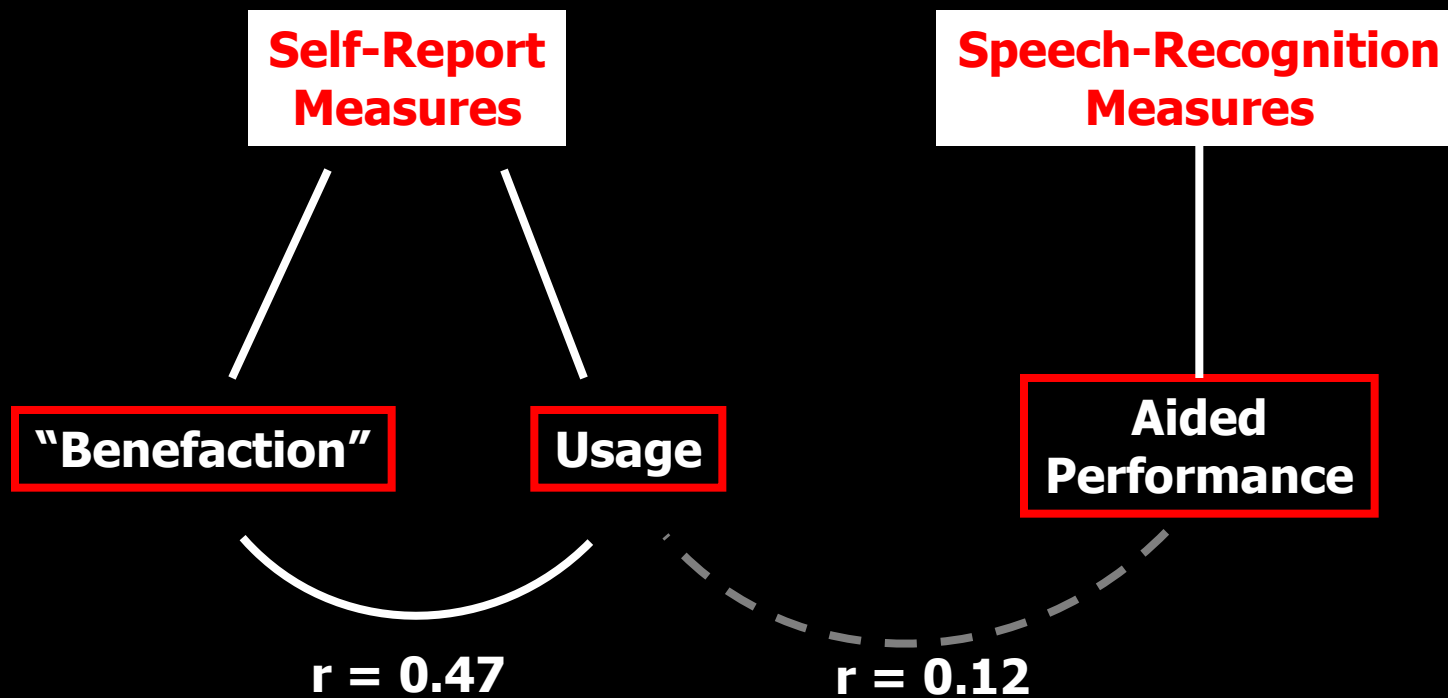
Common Features across IU Studies

- Shared set of 12 outcome measures
- Outcome measures completed at 4-6 weeks post-fit
- Strict protocol followed in each study, with many common features across studies
 - Older adults with typical bilateral sloping hearing loss as participants
 - Similar gain targets and real-ear verification
 - Same core team of clinicians in same clinic

Three Outcome Factors Emerged



Hearing Aid Outcome Measures Factor Analysis Results (N=368)



Three factors emerged; % variance = 74.6

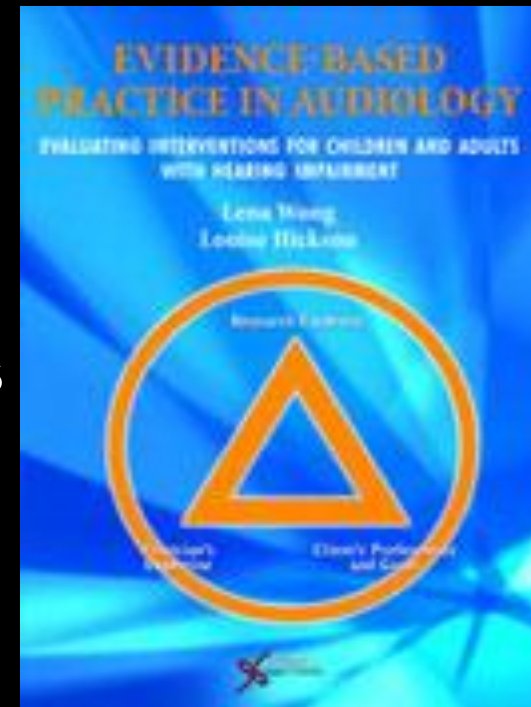
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Evidence about Effectiveness of Hearing Aids in Older Adults

(Humes & Krull, 2012)

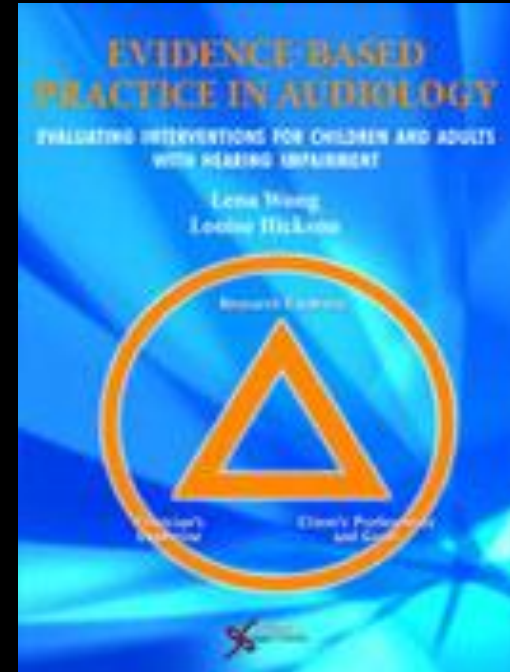
- Conducted Medline/PubMed search
 - Keywords: hearing aid, outcomes, adults
 - Restricted to articles published >1990 in English
- 783 articles identified on first pass
- Initial review of titles reduced pool to 165
- Review of 165 abstracts resulted in 33 articles reviewed and analysed (1 randomized controlled trial)



Evidence about Hearing Aids

(Humes & Krull, 2012)

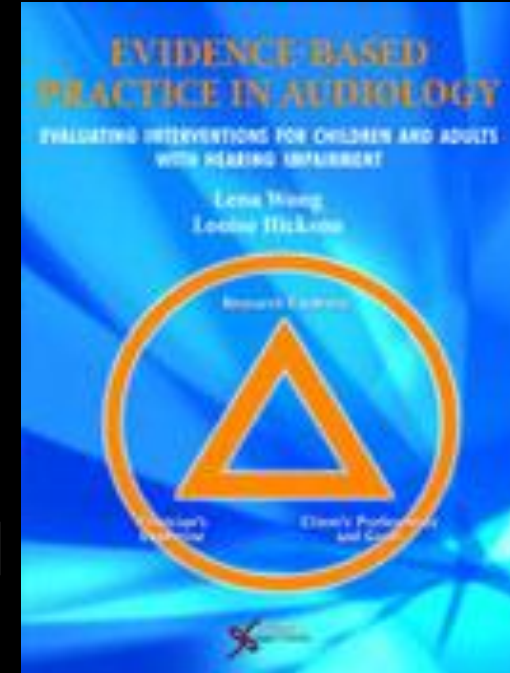
- Of the 33 articles reviewed
 - 27 studies of some aspect of benefaction
 - 12 studies of usage
 - 8 studies used the IOI-HA
 - 9 studies of aided (and unaided) speech recognition
- ALL STUDIES were performed with older adults typically having mild-to-moderate sloping sensorineural hearing loss and fitted bilaterally with real ear measurements used to verify the fitting



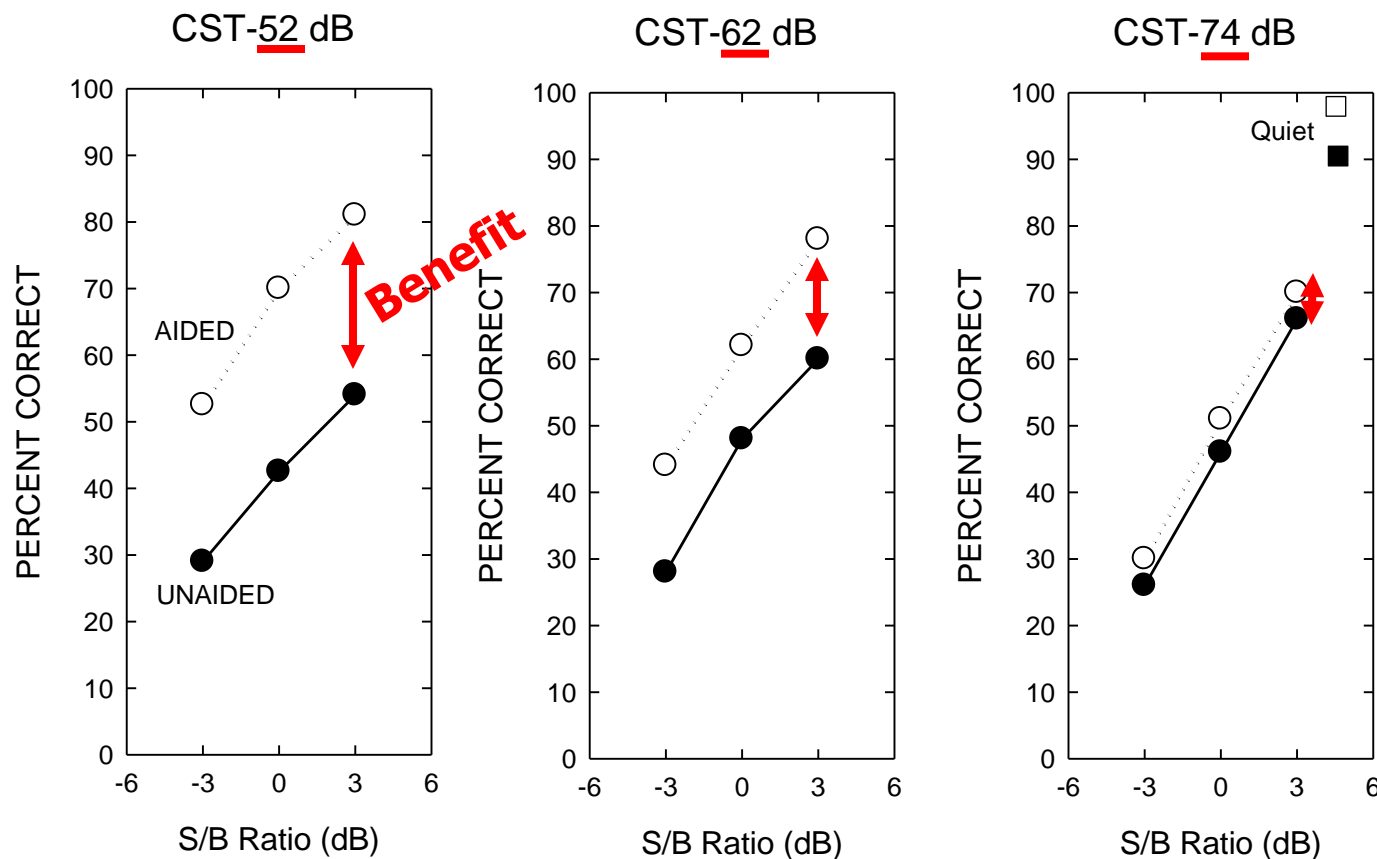
Evidence about Hearing Aids

(Humes & Krull, 2012)

- Overall, POSITIVE outcomes observed across studies
 - Reductions in activity limitations and participation restrictions
 - Typical ratings of ‘satisfied’ and ‘helpful’
 - Typical aid use of ‘about three quarters of the time’ or ‘4-8 hrs/day’
 - Significantly better aided than unaided speech understanding

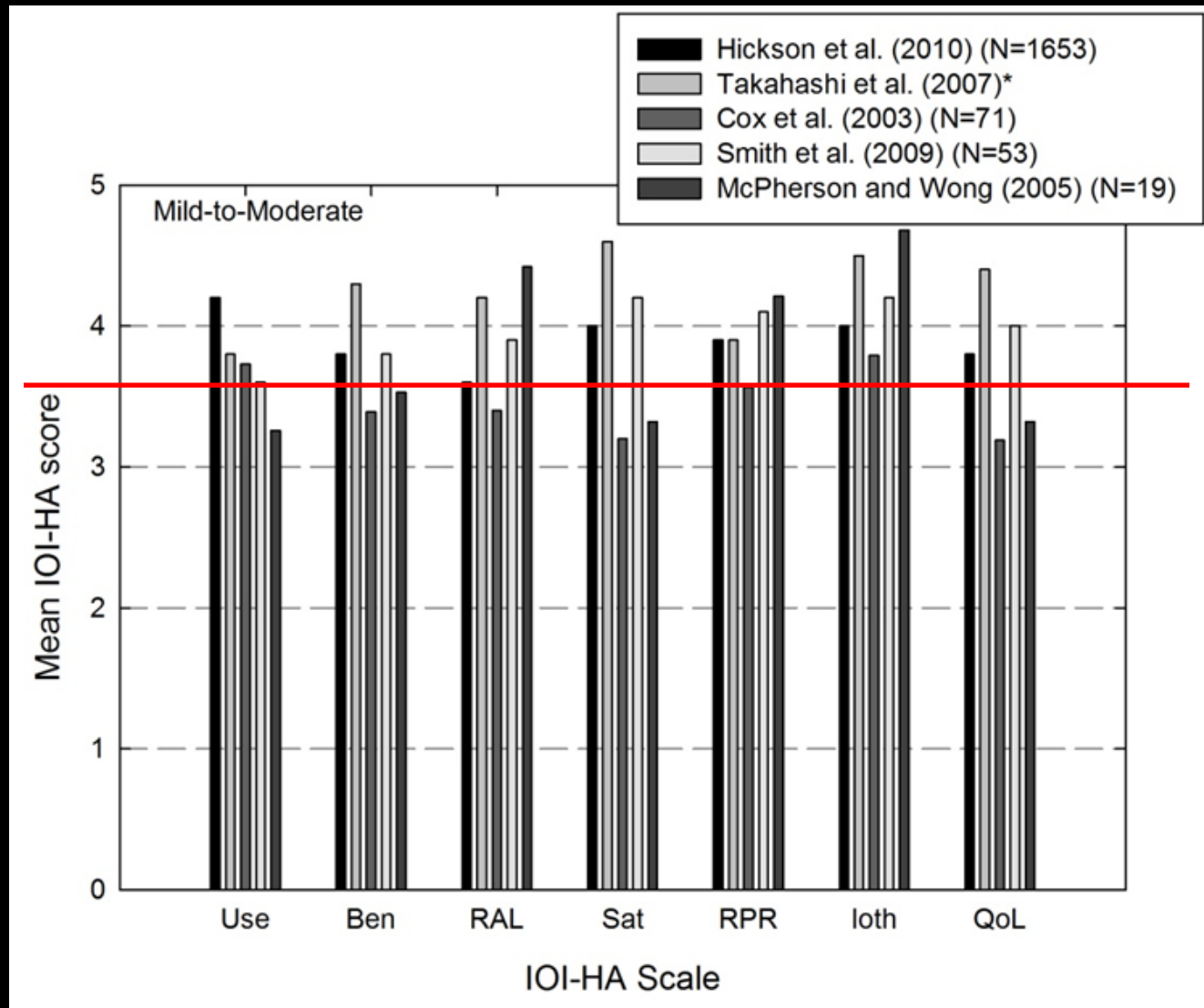


EXAMPLE: NIDCD/VA Study—Aided and Unaided Speech-Recognition Performance



NIDCD/VA Study (Larson et al., 2000), N = 320

EXAMPLE: Analysis of IOI-HA (Mild-Moderate Hearing Loss)



Good News, but Some Caveats

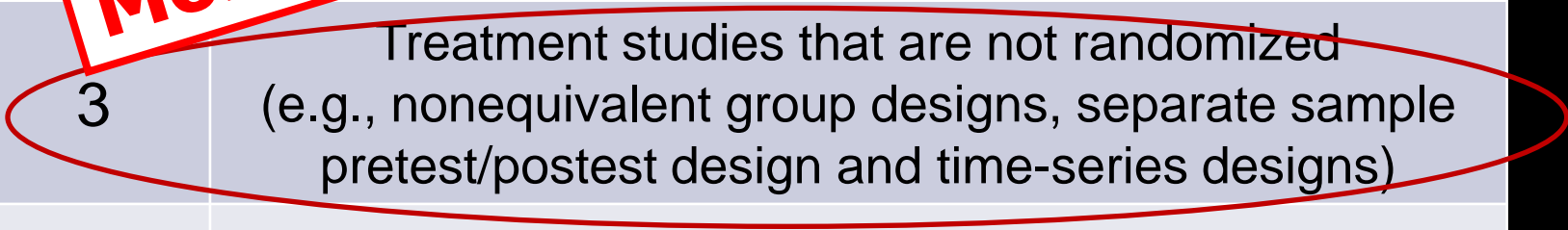
- In all studies reviewed
 - Older adults with primarily mild-to-moderate sensorineural hearing loss
 - Bilateral fits for hearing aids
 - REM used for verification
- Cannot generalize positive findings to other patients or practices (i.e., young adults, severe hearing loss, monaural fits, no verification with REM)

Another Caveat: Evidence is mostly Level 3

Hierarchies of Evidence (adapted from Cox, 2005)

| Level | Type of Evidence |
|-------|--|
| 1 | Systematic reviews and meta-analyses of studies of high-level or controlled trials (RCT) |
| 2 | Well-designed RCT |
| 3 | Treatment studies that are not randomized (e.g., nonequivalent group designs, separate sample pretest/posttest design and time-series designs) |
| 4 | Non-treatment studies (e.g., cohort studies, case-control studies, cross-sectional studies, and uncontrolled experiments) |
| 5 | Case studies |
| 6 | Expert comments |

More clinical research is needed!



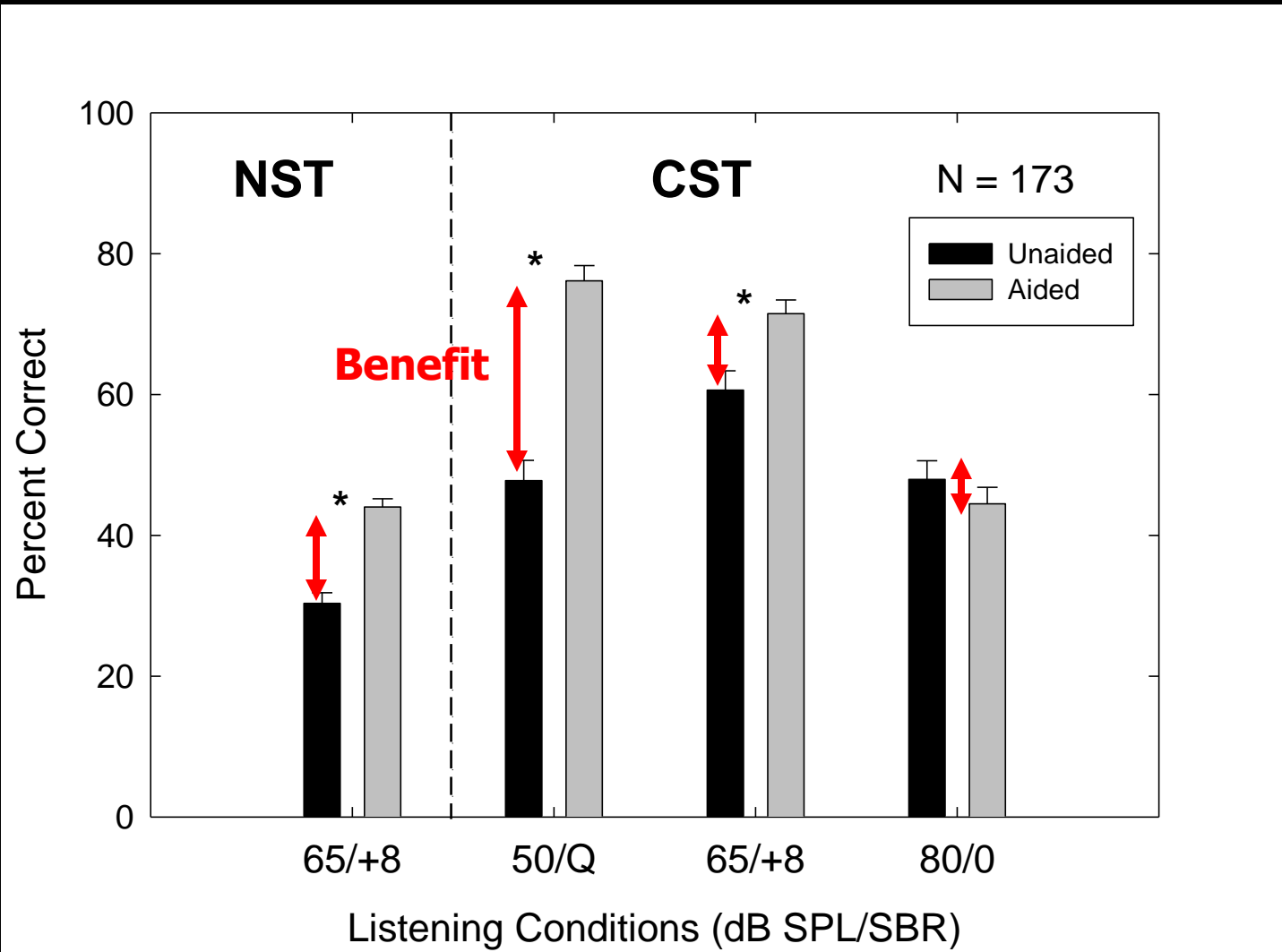
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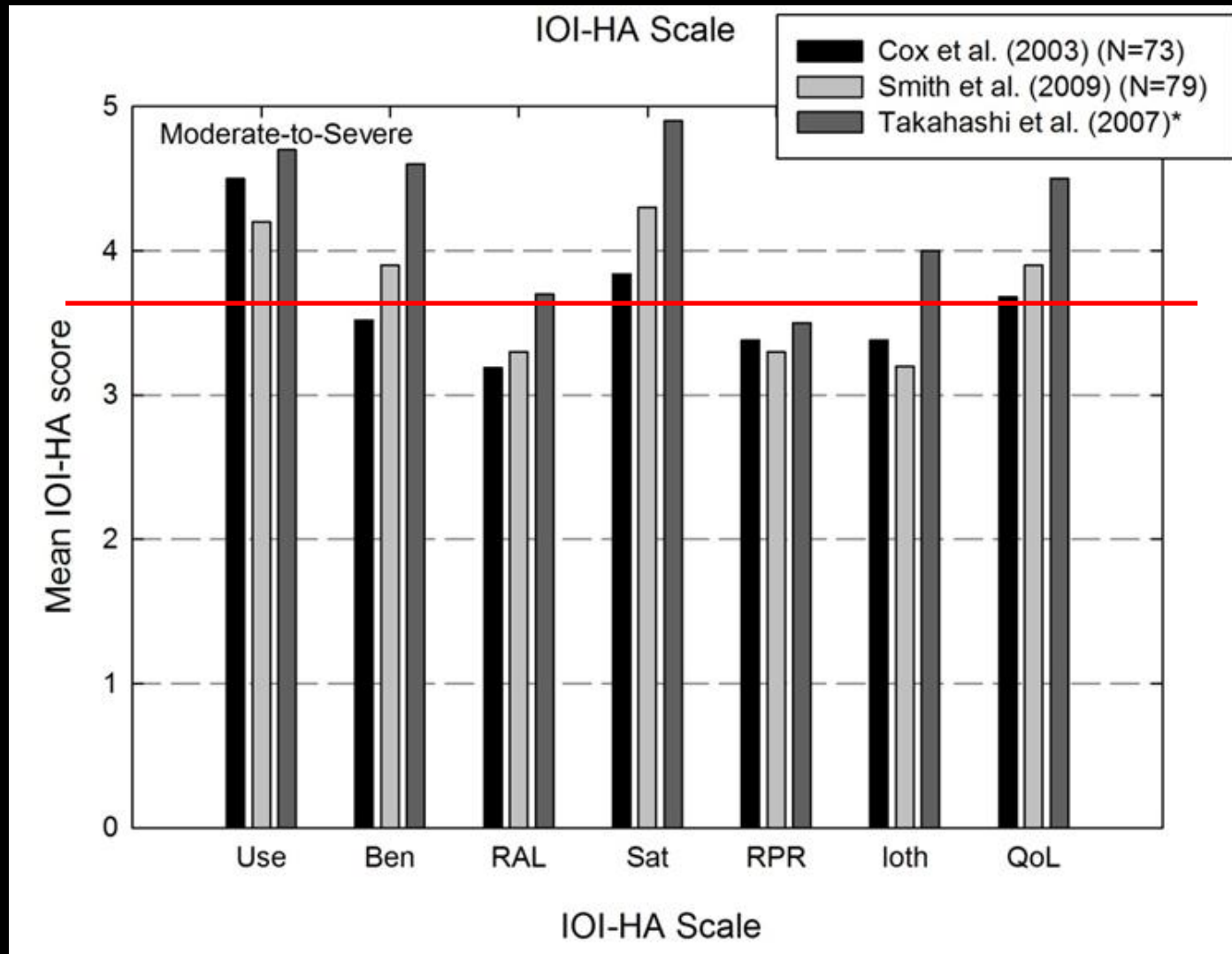
EXAMPLE: NIDCD/VA Study

- N = 320-330 elderly adults
- Binaural fit of ITE's with 3 different circuits (crossover design)
 - Linear with PC
 - Linear with OLC
 - Single-channel WDRC
- Multiple measures of outcome obtained (especially speech recognition and subjective benefit)

EXAMPLE: Humes et al. (2001)-Aided and Unaided Speech Recognition



EXAMPLE: Analysis of IOI-HA (Moderate-Severe Hearing Loss)



EXAMPLE: Humes et al. (2001) –HA Satisfaction

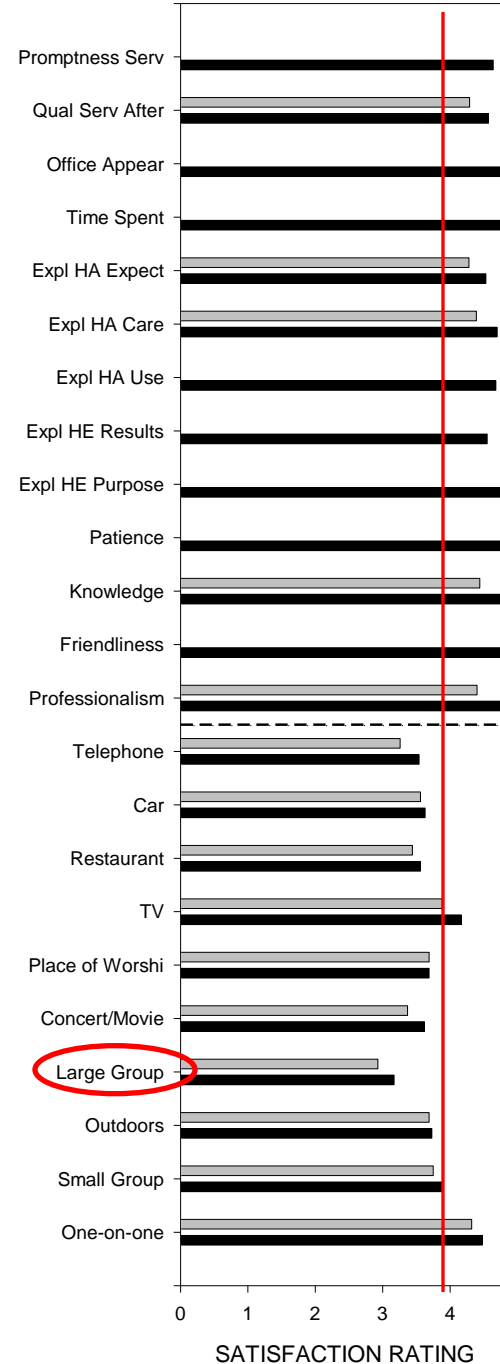
“Satisfied”

“Satisfied”

Hearing Aid Features

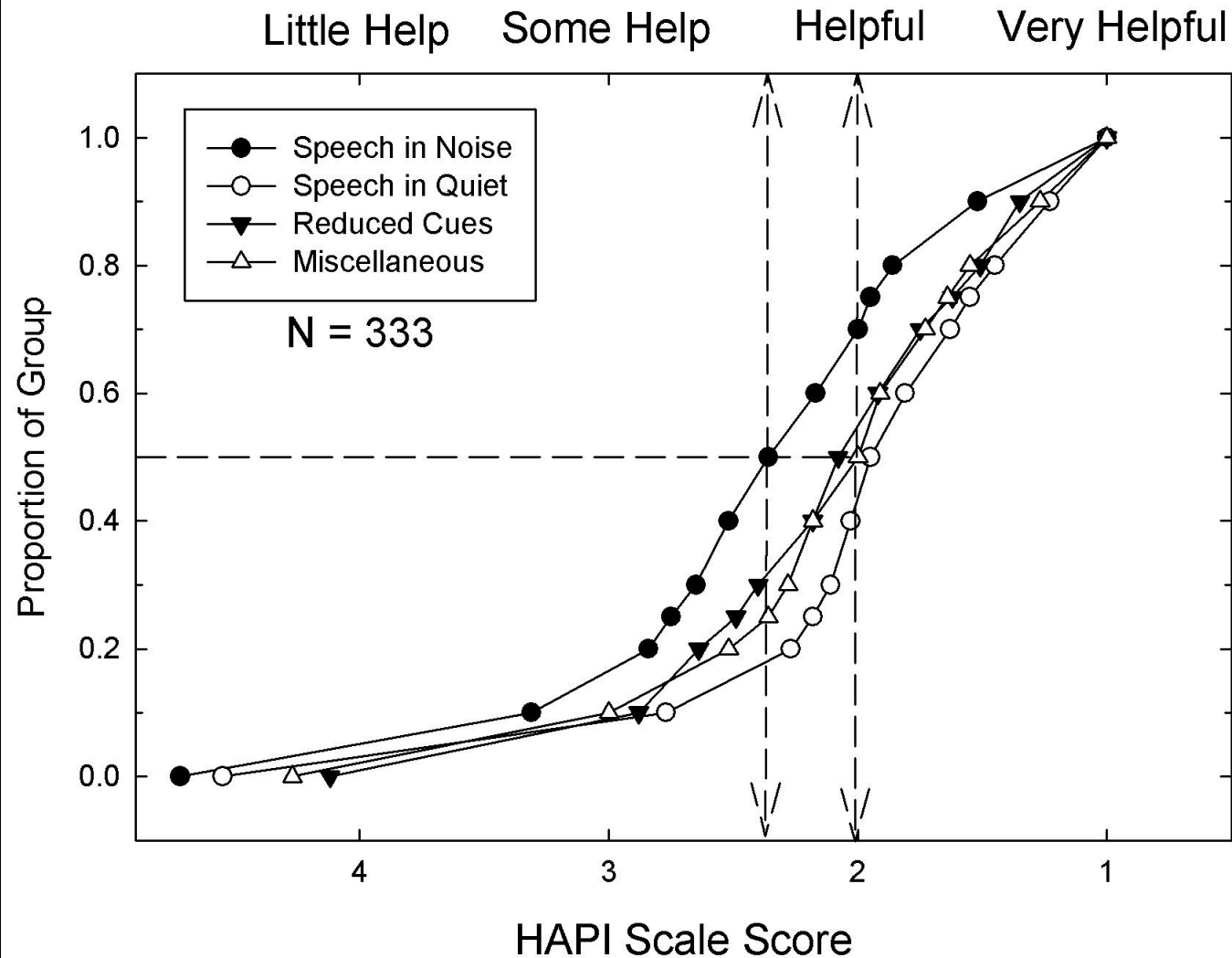


Dispenser Factors



Listening Situations

Norms (Humes et al., 2009)



Norms (Humes et al., 2009)

