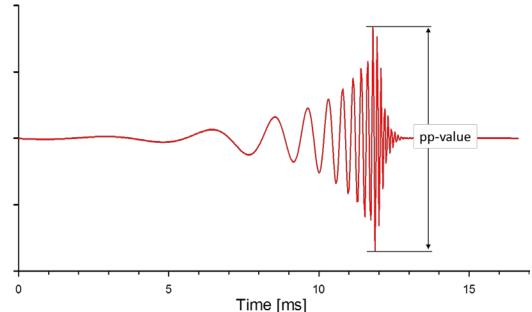
#### *Technology Advances to Meet the Needs of Pediatric Electrophysiologic Assessments: The Use of CE-Chirp Stimuli for Pediatric Electrophysiology*

#### A Sound Foundation Through Early Amplification 2016

7th International Pediatric Audiology



Yvonne Sininger PhD Professor Emeritus UCLA Consultant, C&Y Consultants, Santa Fe New Mexico ysininger@cnyconsult.com





### Introduction



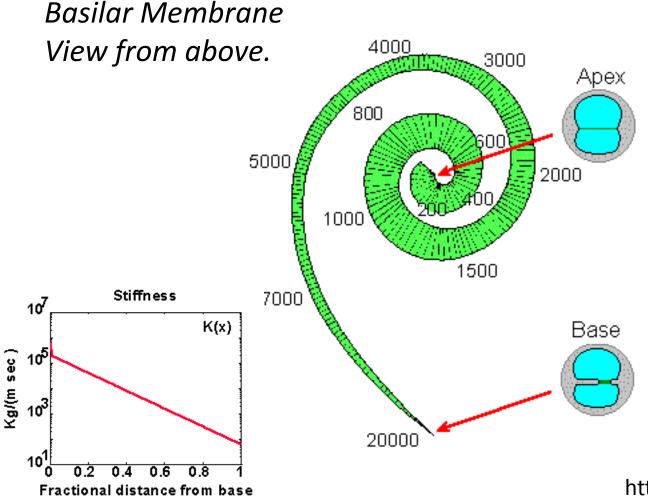
#### Manny Don Claus Elberling Curtis Ponton Jos Eggermont

## The Miracle CE-Chirp

- Stimulus that reorganizes timing of spectral stimulation to synchronize cochlear response.
- Produces response (ABR, ASSR,...) with up to 2X amplitude of traditional stimuli of same level
- Enhances response detection
- Reduces time to automated detection (Huge need)
- Lowers threshold of response detection



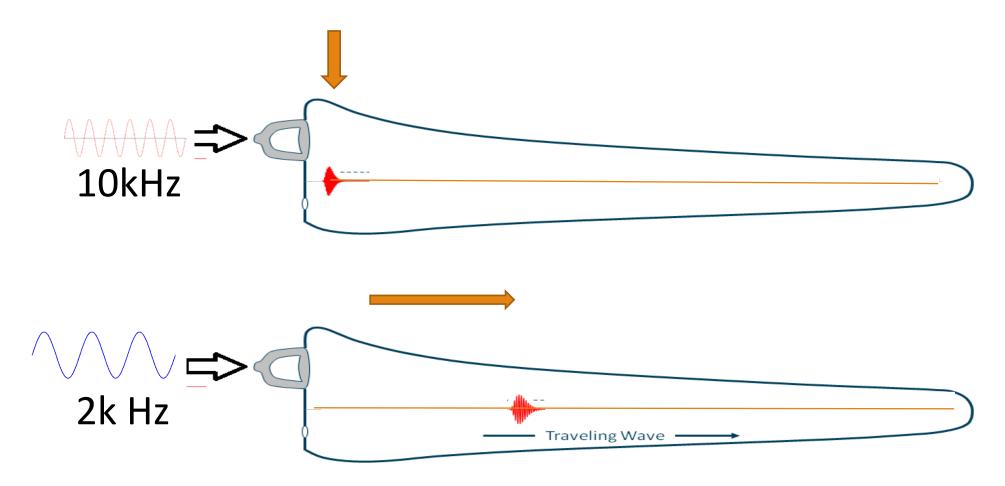
#### **REVIEW OF COCHLEAR FUNCTION**



- Sound (vibration) enters the cochlea through the oval window at the base.
- The energy must travel through the fluids from base to apex until the region registering the sound frequency is reached.
- This is the traveling wave and it slows the activation of the lower frequency regions.

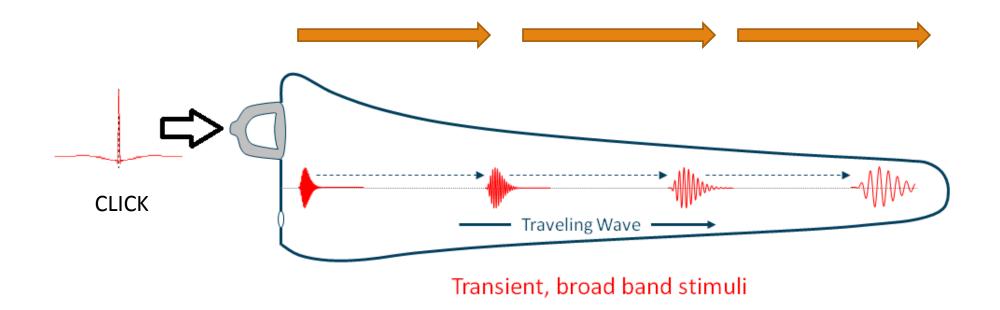
http://www.youtube.com/watch?v=dyenMluFaUw

## TONAL STIMULUI WILL ACTIVATE THE BASILAR MEMBRANE AT THEIR POINT OF RESONANCE.



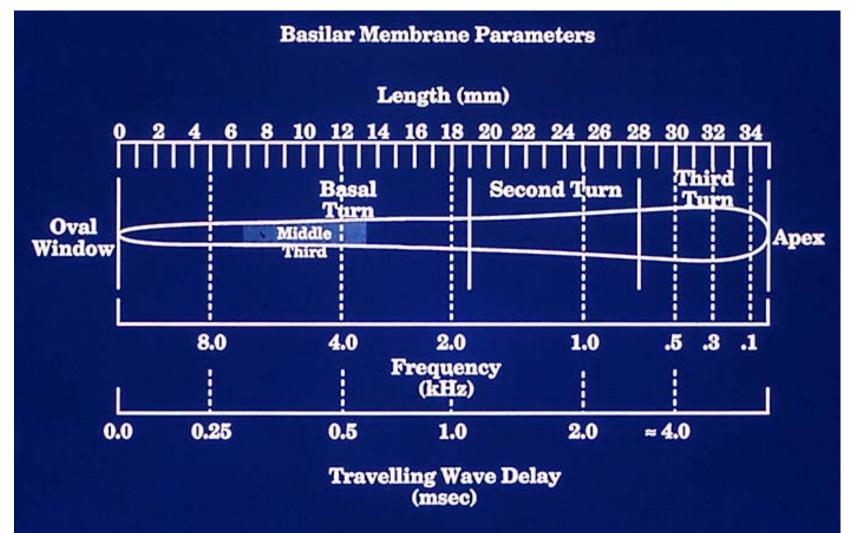
#### A CLICK WILL *PROGRESSIVELY* ACTIVATE THE ENTIRE LENGTH OF THE BASILAR MEMBRANE

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#### Curtis Ponton estimates delay to 500 Hz as 4 ms

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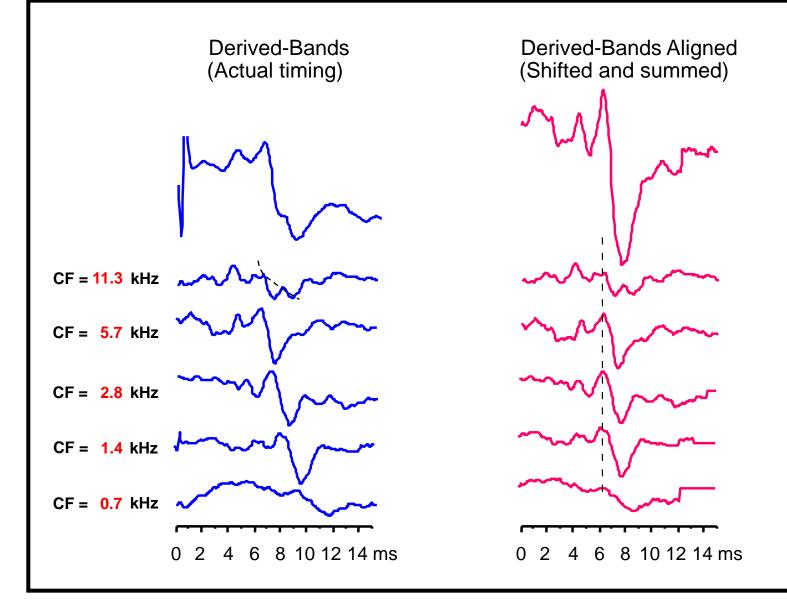


From Curtis Ponton

#### Stacked ABR: Removing the Wave V delay from Frequency change- produces a much bigger component

response!

M. Don – House Ear Institute, 2002



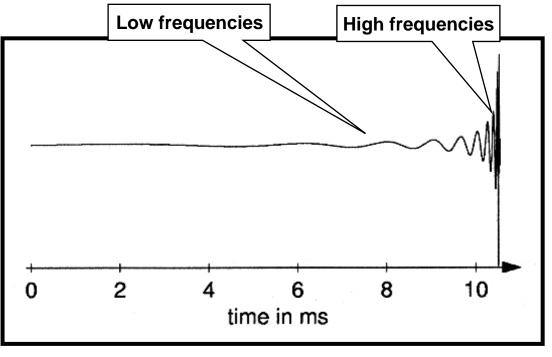
# Chirps are stimuli created using "input" compensation for traveling wave delay.

Instead of compensating at the response level a chirp compensates at the stimulus.

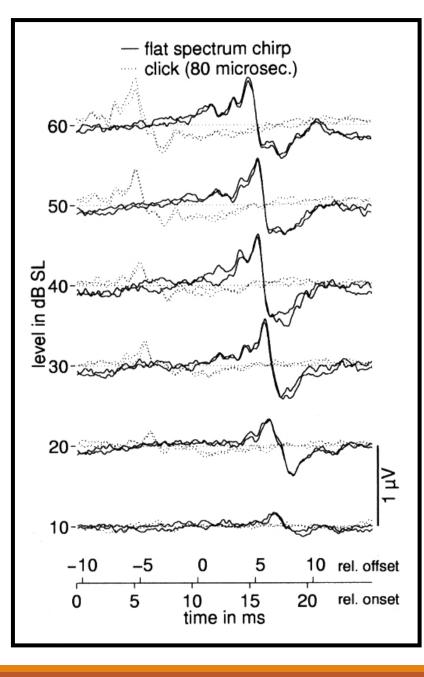
The click is broken into component frequencies. The low-frequencies are presented before the high-frequencies in a progressive manner. (Like starting the slow runners in a race first, staggering the runners by speed so they all cross the finish line together.)

A *chirp-evoked ABR* is significantly larger than a click ABR (even though they have the same spectral energy) for the same reason that the stacked ABR is bigger.

## **Chirp vs Click-Evoked ABR**

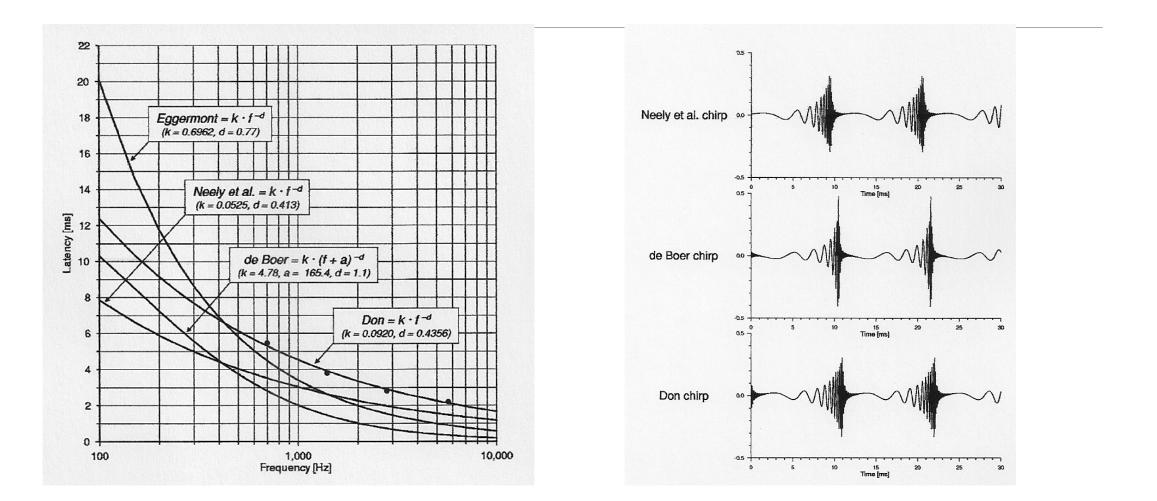


**Chirp stimulus** 

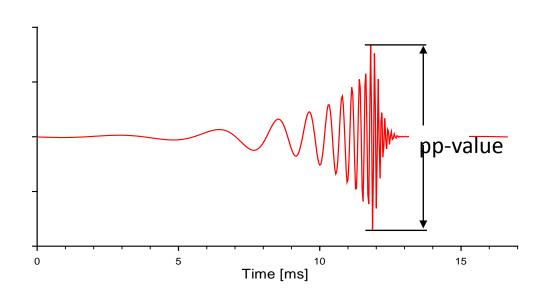


## Many models of cochlear travel time have been used to develop different Chirps

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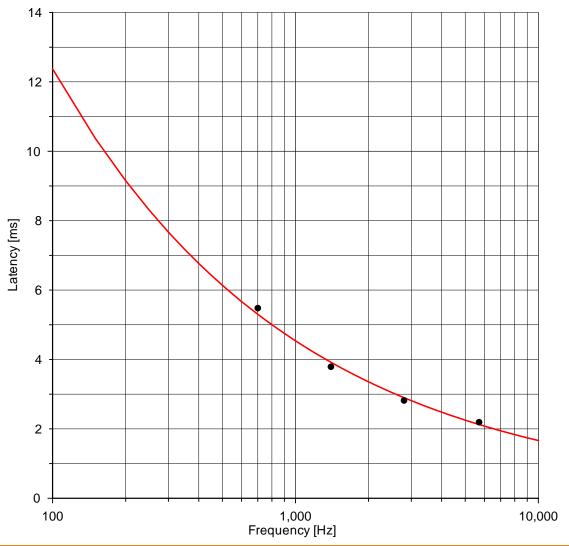


#### **CE-Chirp delay functions derived from narrow-band ABR latencies based on data from M. Don**



**CE=Claus Elberling** 

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Why Use the *CE*-Chirp?

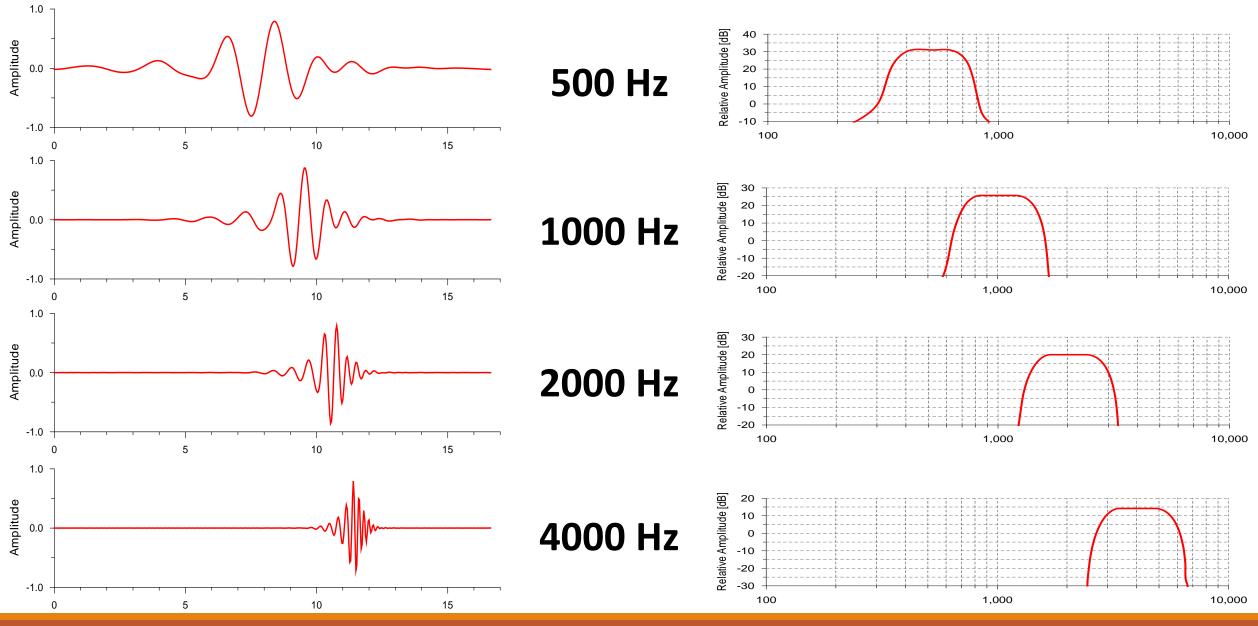
Studied most extensively

Narrow Band CE-Chirps

**Developed Level-Specific Chirps** 

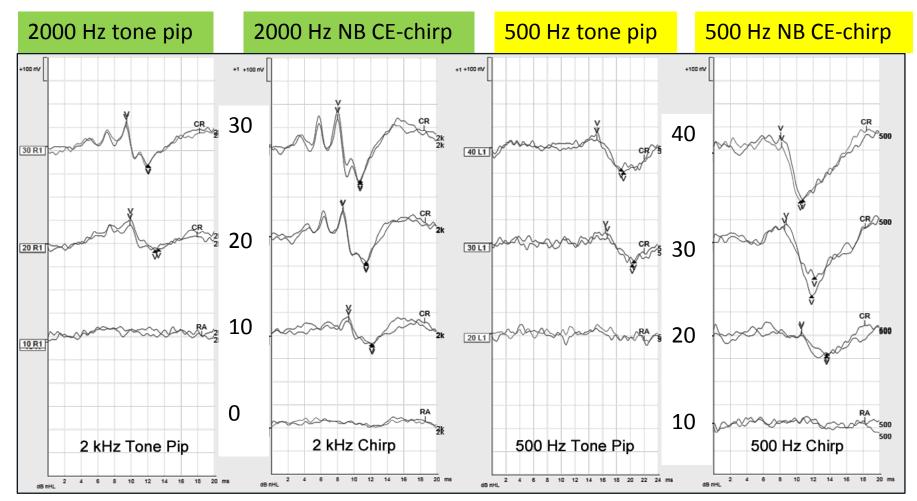
Onset timing adjusted to maximize clinical use

Narrow band CE-Chirps for Clinical Audiology

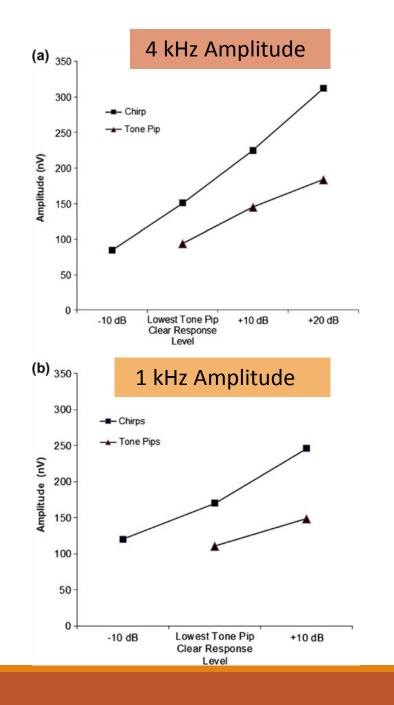




#### Lake Como Poster filled in .5 and 2k Hz Results



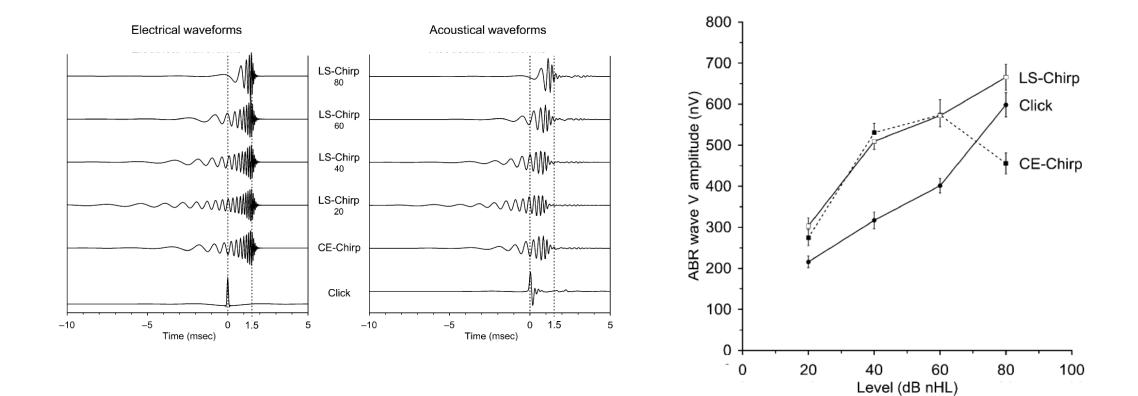
Inga Ferm\* and Guy Lightfoot **Amplitudes, test time and estimation of hearing threshold using frequency specific chirp and tone pip stimuli in newborns**. HEAL 2014, Lake Como, Italy



*"4 kHz difference equates to an average chirp threshold advantage of 5.2 dB, whilst at 1 kHz the chirp advantage is 6.2 dB"* 

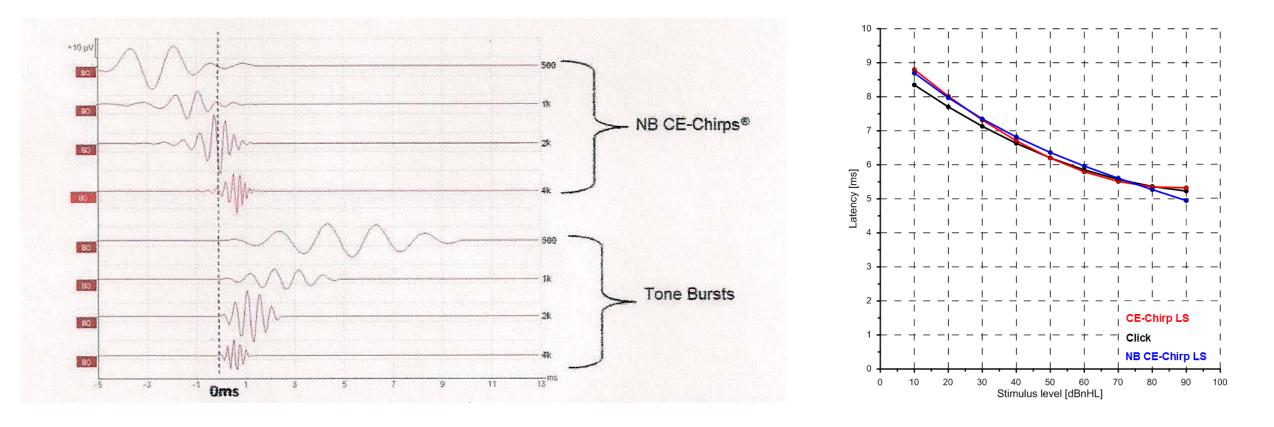
"The mean NB CE-chirp response amplitude was approximately 50% larger than that of a pip at 2 kHz and approximately 30% larger at 500 Hz. Fmp values were typically double for NB CE-chirps."

#### Level Specific CE-Chirps Maintain Amplitude Advantage at High Levels



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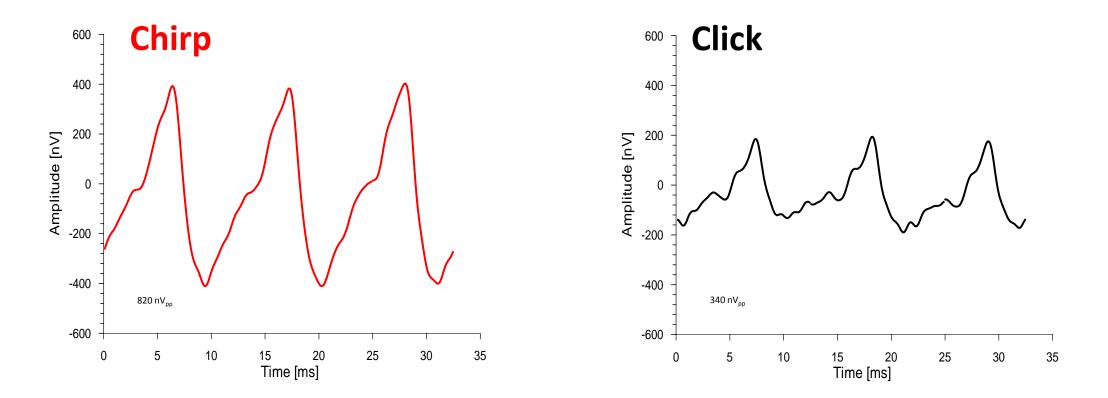
#### After EP4.4 Latency Norms for WB and NB CE-Chirps are as expected for Clicks



## **CE-Chirps also enhance ASSR amplitude!**

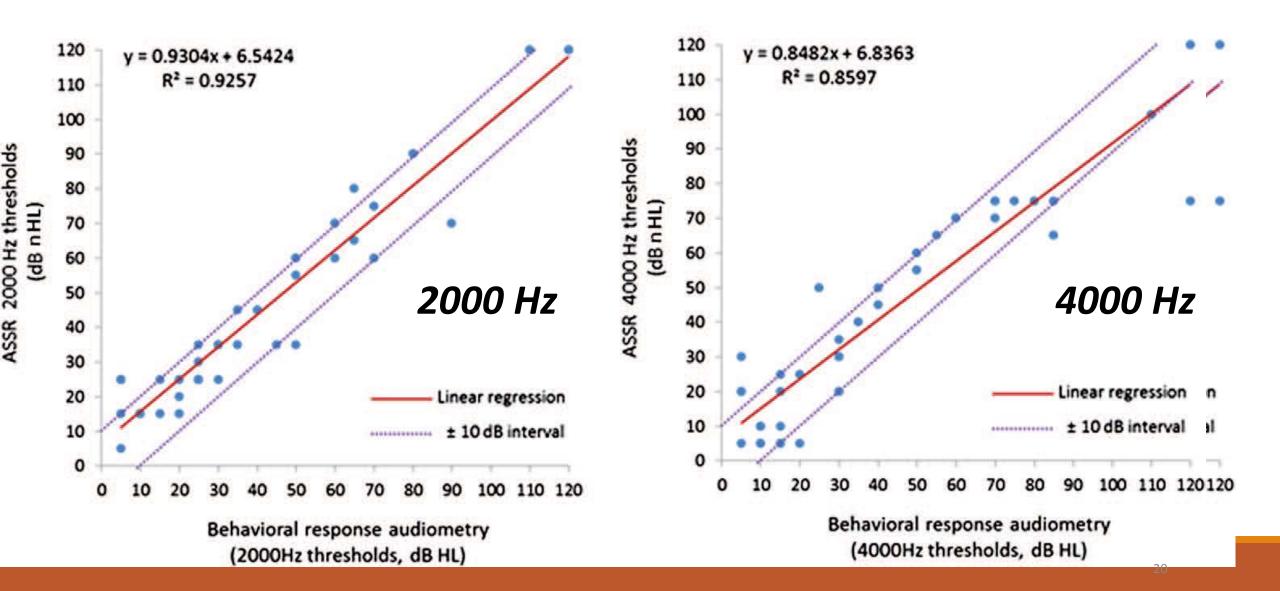
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50 dBnHL

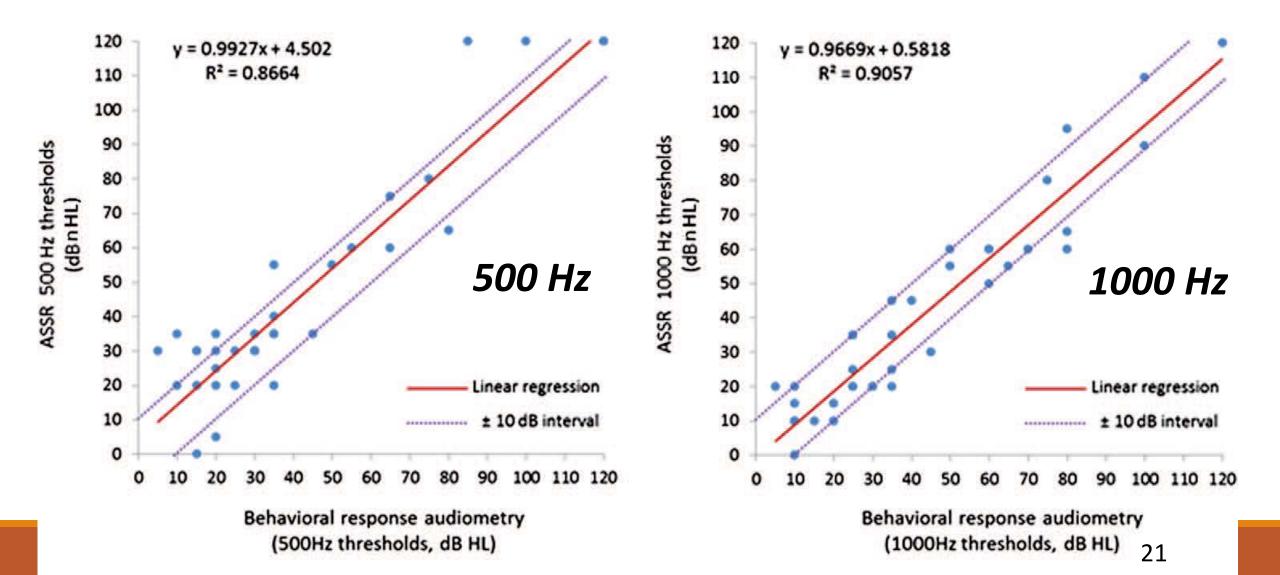


*F. Venail et al. Narrow band CE-Chirps evoked ASSR in Children* International Journal of Audiology 2014; Early Online: 1–8

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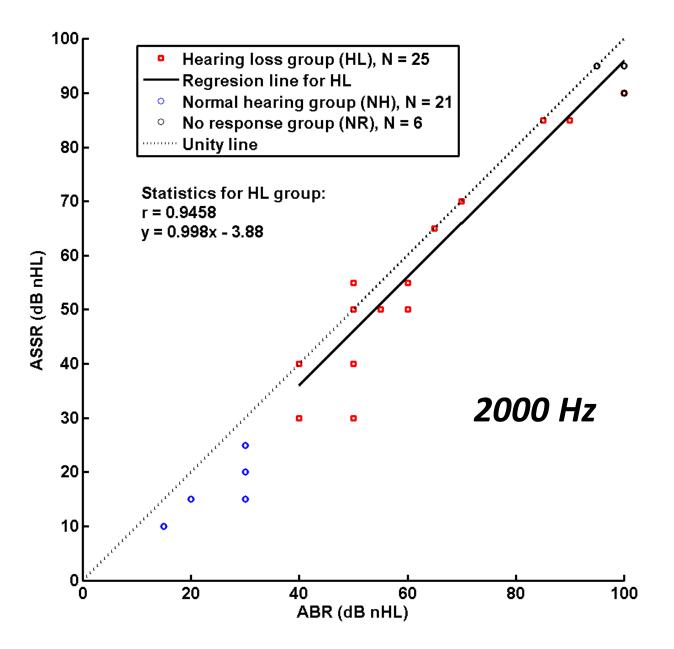




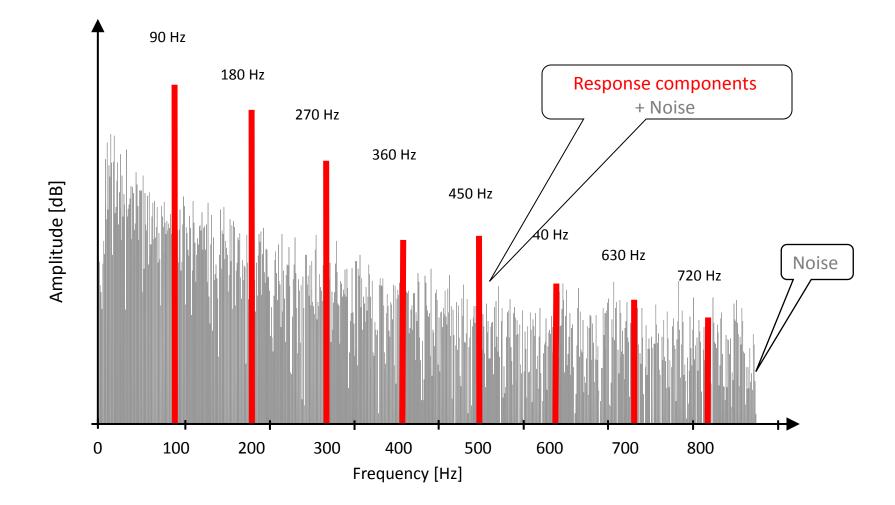


Comparison of threshold estimation in infants with hearing loss or normal hearing using Auditory Steady-State Response evoked by narrow band CEchirp and ABR evoked by tone pips: results for 2000 Hz

Franck Michel, Audiology Clinic, Department of Otorhinolaryngology, Aarhus University Hospital, Denmark



#### In Addition to use of CE-NB Chirps- New ASSR uses Enhanced Detection Algorithm



## Amplitude Advantage = Test Time Reduction

When response amplitude is doubled, it will take ¼ of the averaging time to achieve the same signal to noise ratio!

When using a SNR-based stopping rule for determining response presence/absence, such as Fmp for ABR or automated detection in ASSR, one can see dramatic decreases in test time when using CE NB Chirps .

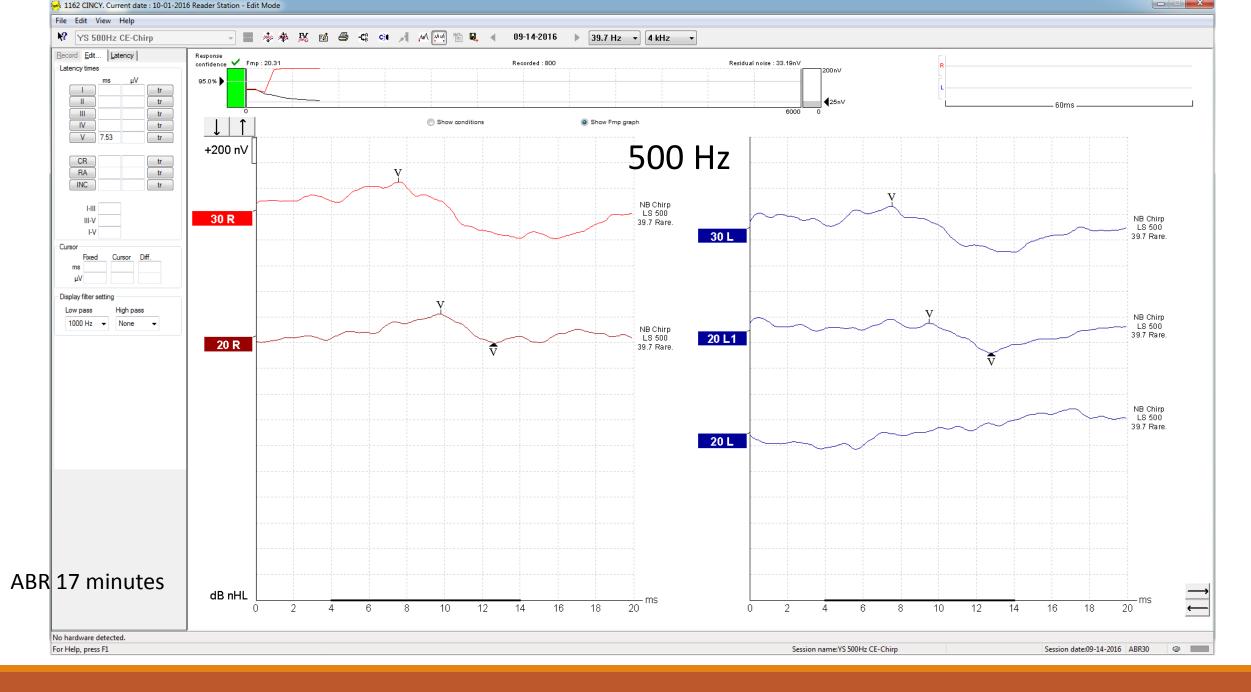
## Test Time Using Chirps: *Time to Achieve 8 Thresholds*

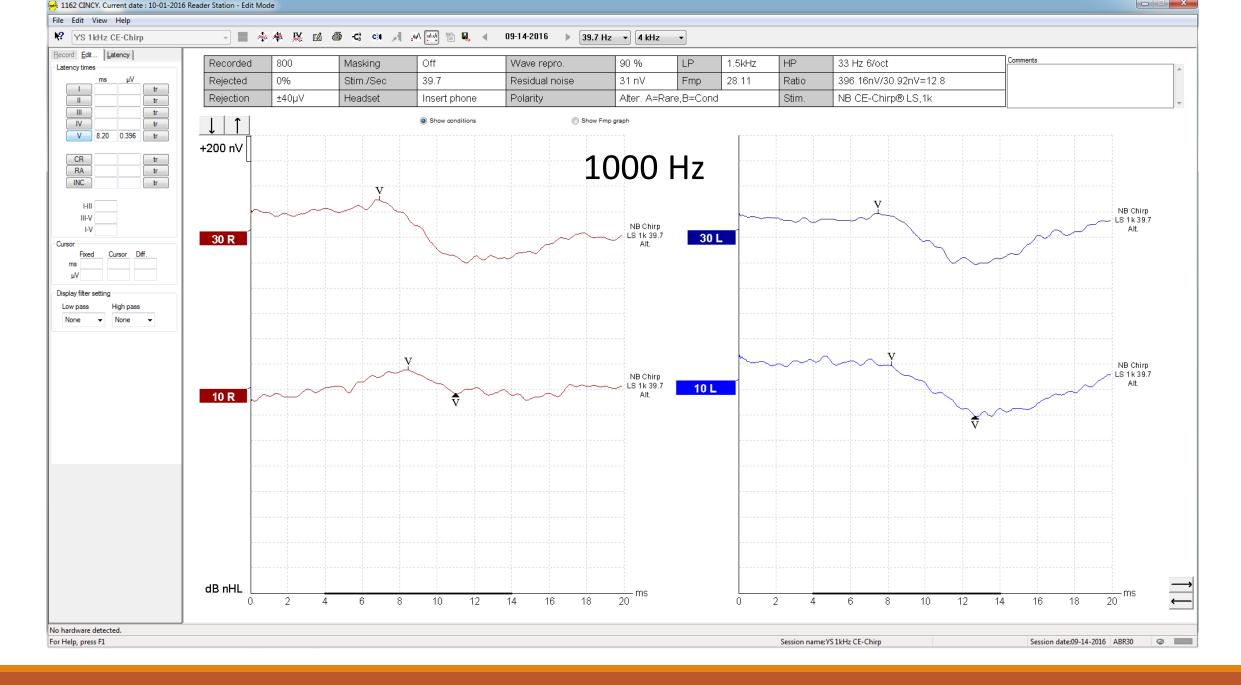
	Mean Minutes	Median Minutes	10 <sup>th</sup> Percentile	90 <sup>th</sup> Percentile
ABR	24.76	25.00	13.00	41.00
	P=0.002			
ASSR	18.20	14.80	8.25	32.79

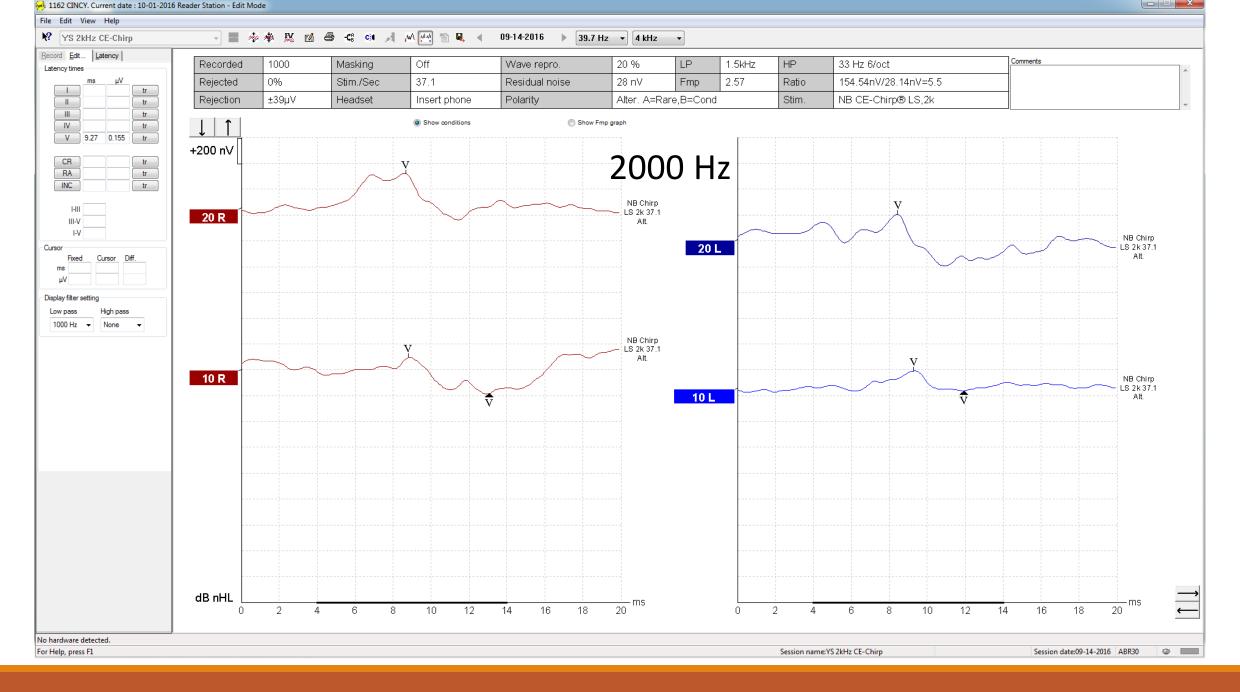
Preliminary Data from 29 Cases of Infants & Toddlers, mostly natural sleep; many with normal hearing. Air conduction 500, 1k, 2k & 4k Hz in both ears.

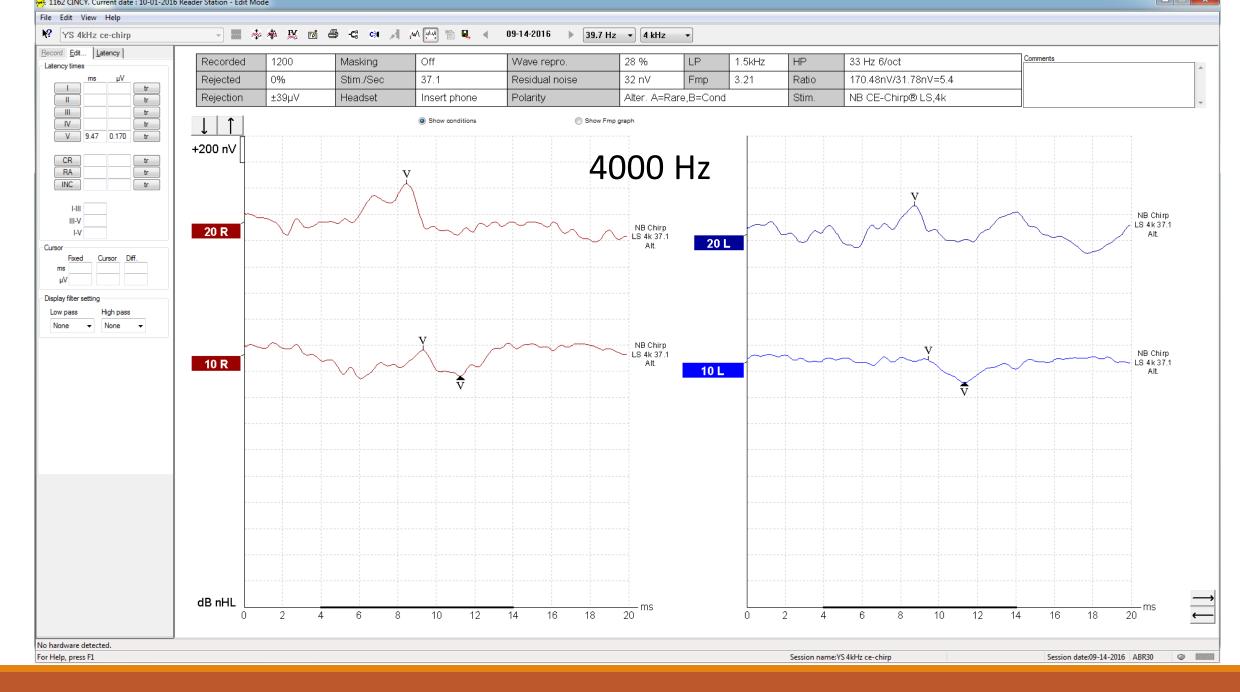
#### Case Example: 3-month old Natural Sleep, Normal Hearing

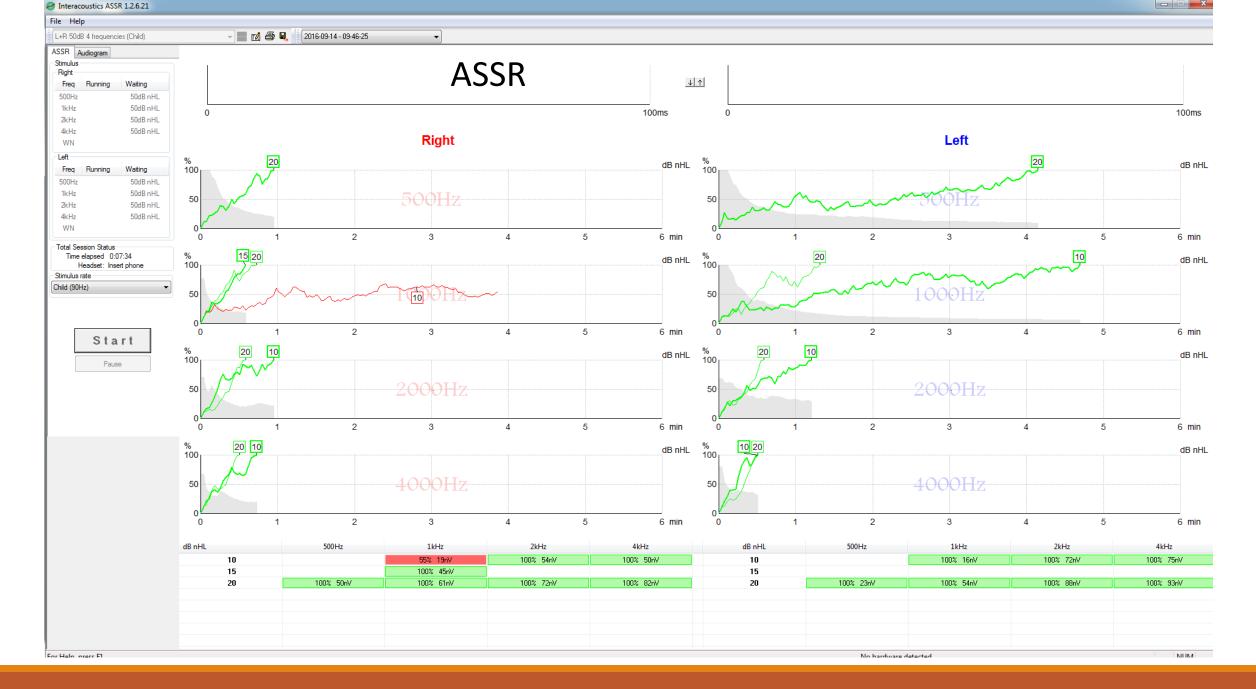


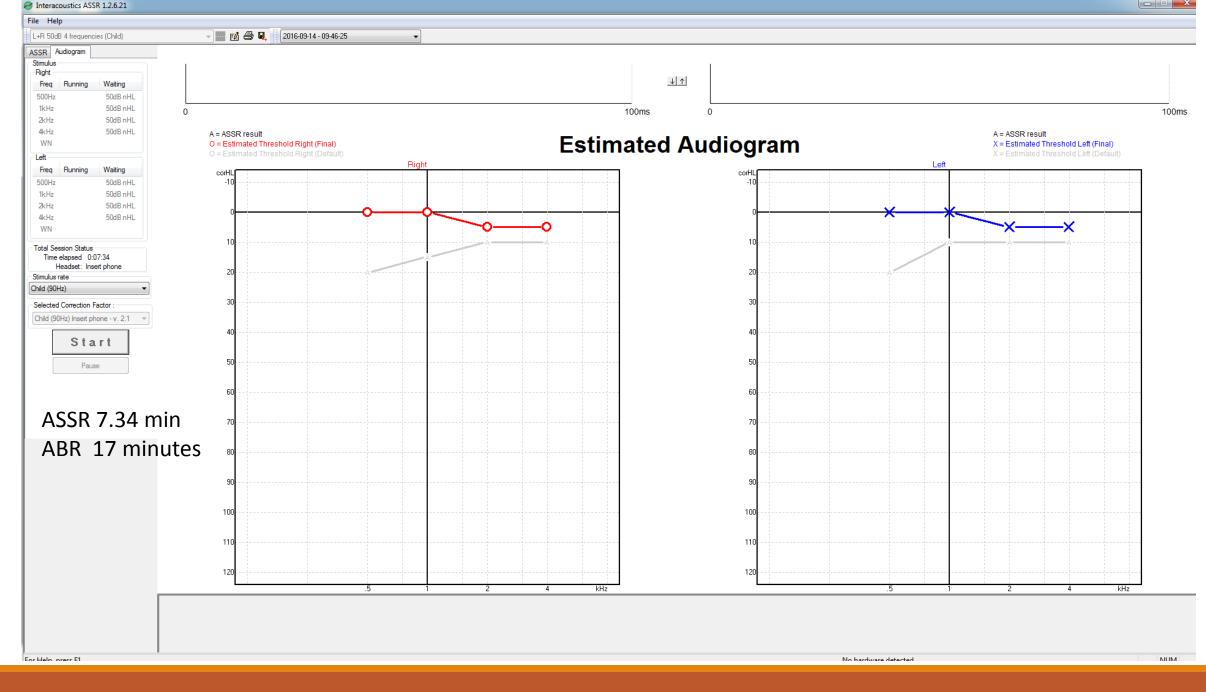














## Try em- You will like em!

#### We've Come a Long Way in Hearing Evaluation



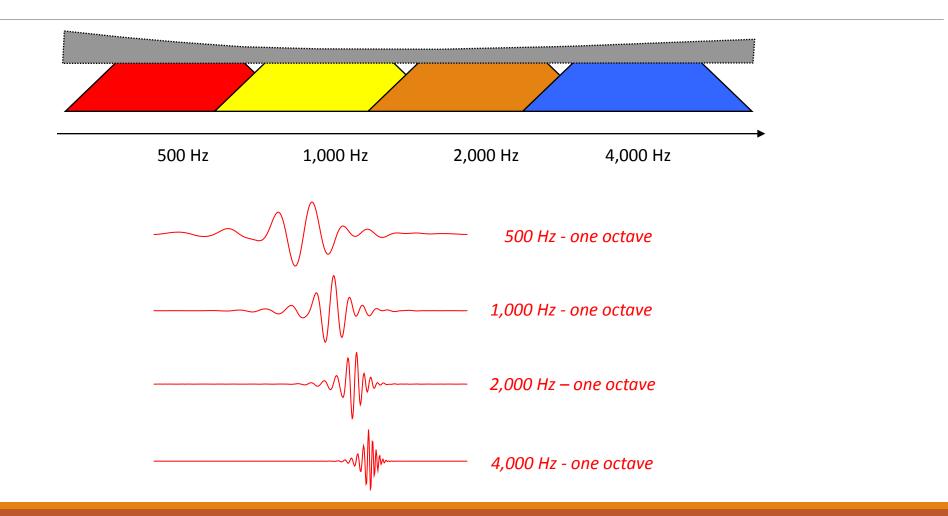
## Amplitude Adv ABR FS Amplitude/Accuracy using ASSR Amplitude -> Time Advantage

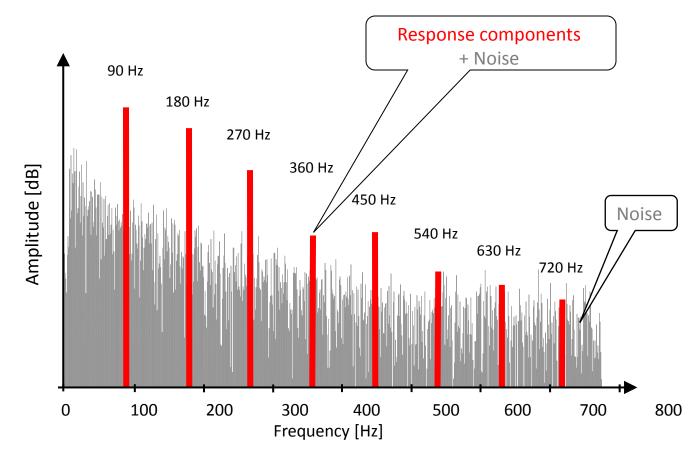
## CE-NB Chirps Achieve Lower Thresholds than Traditional Tone Bursts.

Using linear extrapolation the 4 kHz difference equates to an average chirp threshold advantage of 5.2 dB, whilst at 1 kHz the chirp advantage is 6.2 dB.

We propose that the ABR nHL threshold to eHL correction for NB CE-Chirps should be approximately 5 dB less than the corrections for tone pips at 2 kHz and 500 Hz, in line with NHSP guidance at 4 & 1 kHz.

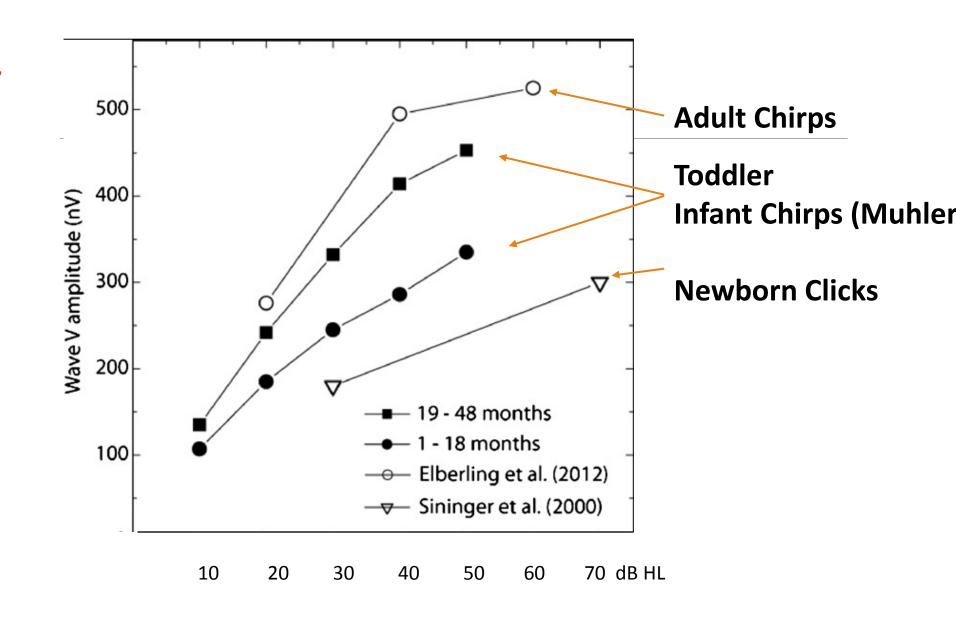
### *Simultaneous multi-frequency ASSR-testing* Band-limited Chirps



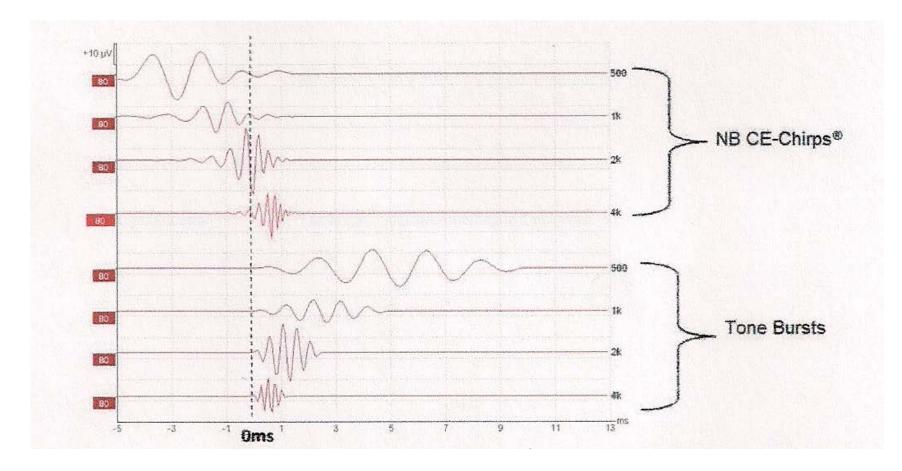


### Amplitude spectrum of the ASSR

*Amplitude Comparisons WB Chirps and Clicks* 



Adjustment of start of recording time re stimulus onset is implemented.



The NB CE-Chirp response is less likely to have interference from stimulus artifact.
Important to use alternating TB stimuli to avoid artifact and CM.

•Response window will be consistent across stimuli for the NB CE-Chirps which is convenient for setting the response detection window.

# Calibration Standards for CE-Chirps are Published

#### **Specifications**

The EPx5 version 4.3 by Interacoustics contains a novel series of brief stimuli:

- Click (wave-click)
- CE-Chirp<sup>®</sup> (also referred to as broadband CE-Chirp®)
- Narrow Band CE-Chirp<sup>®</sup> (also referred to as NB CE-Chirp<sup>®</sup>)

#### **Calibration nHL**

- Click stimuli are presented in nHL following the ISO standard 389-6 for peRETSPL to nHL<sup>2</sup>.
- NB & CE-Chirp® family stimuli are not specified in the current international standard and are calibrated to nHL on the basis of two studies, PTB in Germany 2008 and DTU (Gøtsche-Rasmussen et al., 2012).<sup>3</sup>

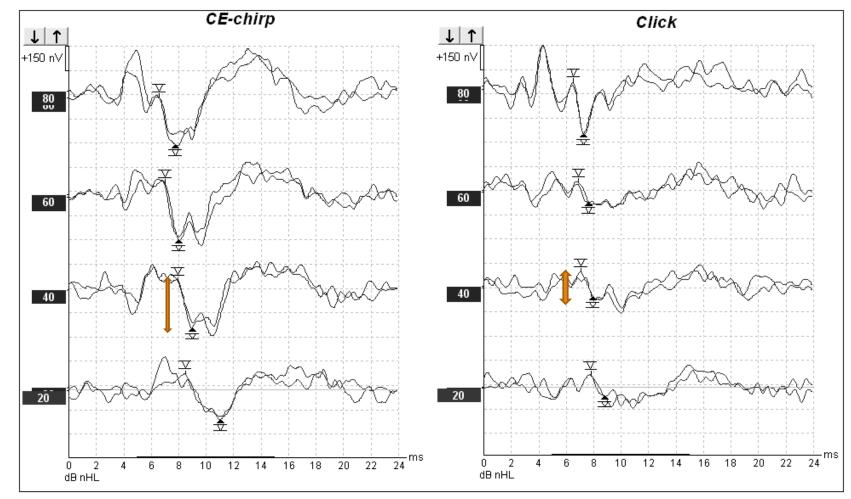
Please refer to section Calibration in the Eclipse ABR operational manual for more details.

# Free Lunch

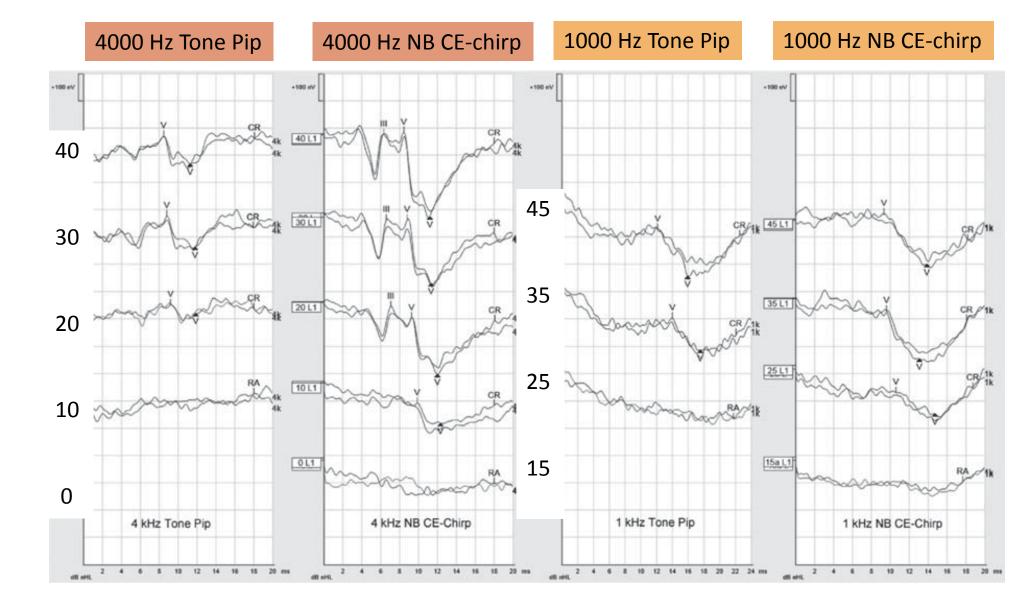
Using a chirp is no more work that using a click or a tone burst. There is no change in procedures otherwise.

## **ABRs from RE of Full Term Newborn**

Gabriela Ribeiro Ivo Rodrigues \*, Nata´ lia Ramos, Doris Ruthi Lewis Comparing auditory brainstem responses (ABRs) to toneburst and narrow band CE-chirp1 in young infants International Journal of Pediatric Otorhinolaryngology 77 (2013) 1555–1560



Amplitudes from Chirps are significantly larger at low stimulus levels (did not use LS)!

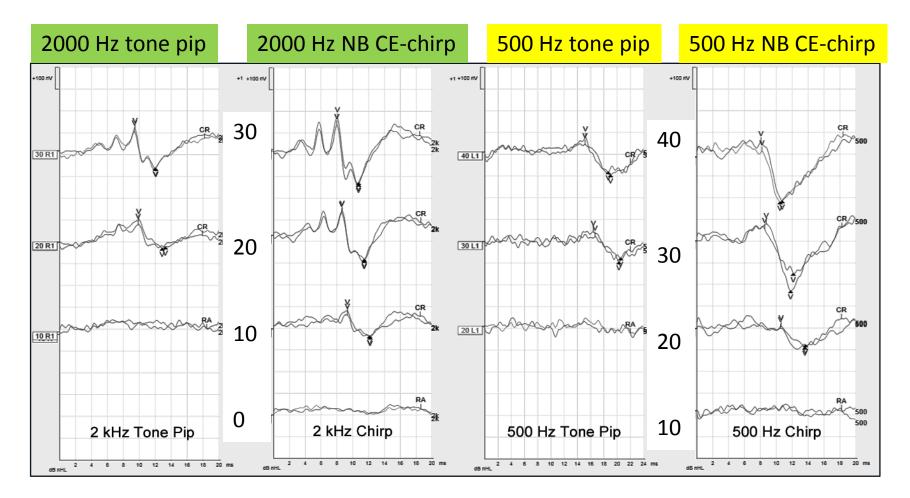


Ferm, Lightfoot & Stevens International Journal of Audiology 2013;

"4 kHz difference equates to an average chirp threshold advantage of 5.2 dB, whilst at 1 kHz the chirp advantage is 6.2 dB ".

## Lake Como Poster filled in .5 and 2k Hz Results

The mean NB CEchirp response amplitude was approximately 50% larger than that of a pip at 2 kHz and approximately 30% larger at 500 Hz. Fmp values were typically double for NB CE-chirps.



Inga Ferm\* and Guy Lightfoot **Amplitudes**, test time and estimation of hearing threshold using frequency specific chirp and tone pip stimuli in newborns. HEAL 2014, Lake Como, Italy

- Screening:
  - Click (40 dBnHL) and Chirp (35 dBnHL)
  - two groups of newborns (each of about N = 1,800)

### • Chirp - 35 dBnHL

maximum test time:

180 s

0.1%

1833

96.3 %

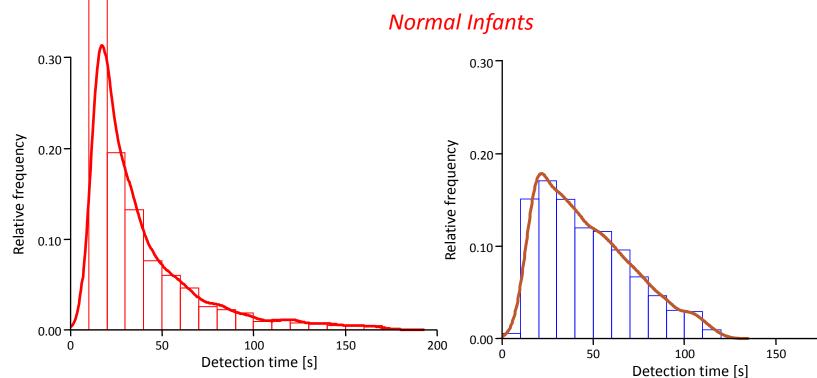
28 s (median)

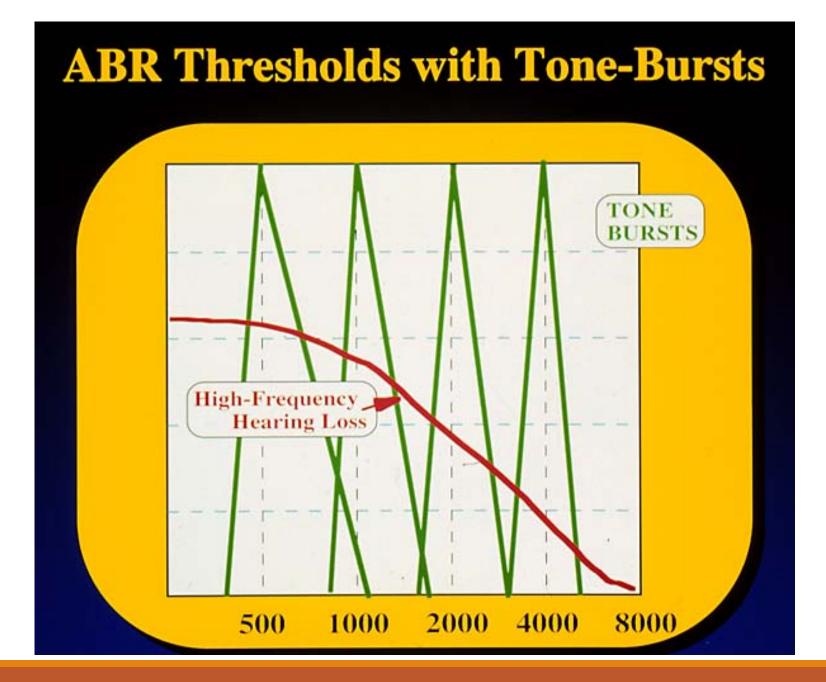
38 s (mean)

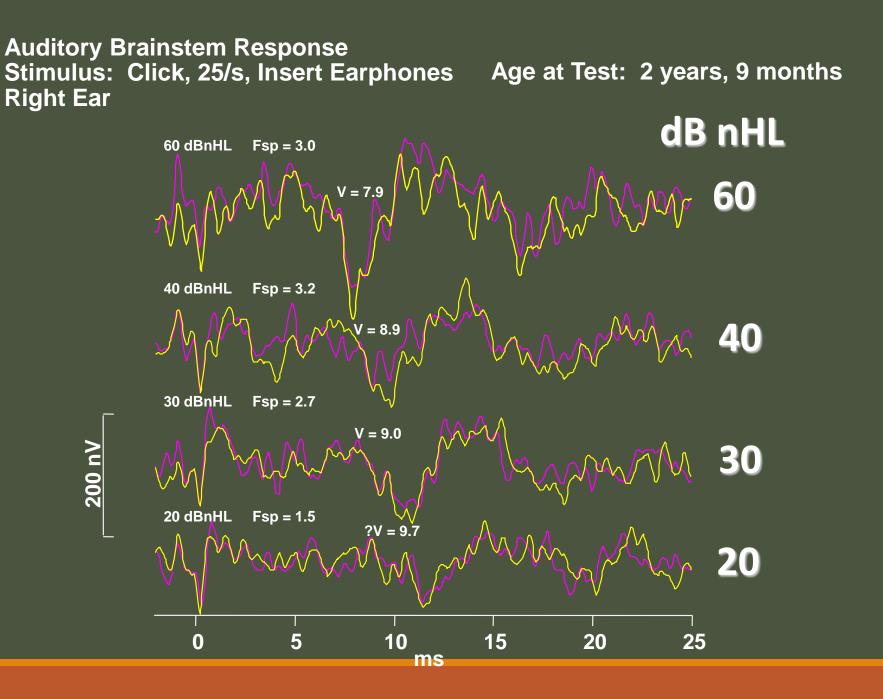
- detection criterion:
- number of ears:
- detection rate:
- detection time:

### • Click - 40 dBnHL

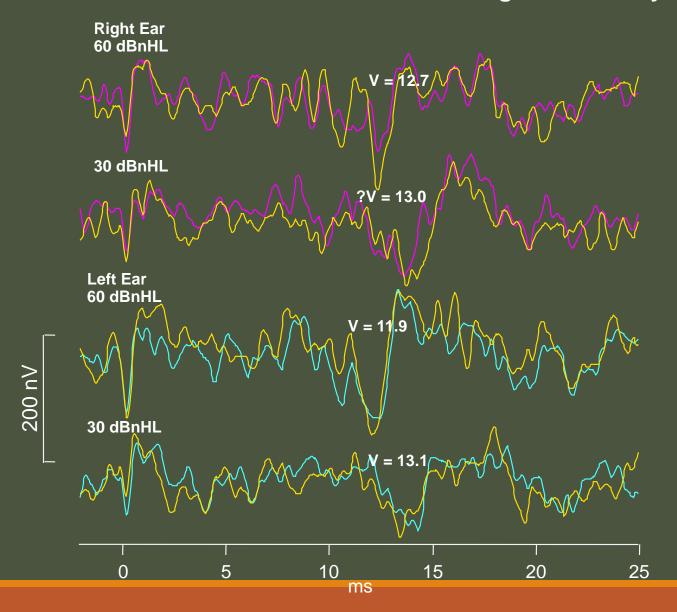
maximum test time:	120 s
detection criterion:	0.1 %
number of ears:	1744
detection rate:	95.4 %
detection time:	42 s (median)
	47 s (mean)







### Auditory Brainstem Response Stimulus: 500 Hz Tone Burst, Insert Earphones Age at Test: 2 years, 9 months



Patient: ES Age at Test: 2 years, 9 months

