Optimizing outcomes with hearing aid verification

Ryan McCreery, Ph.D.

Ryan.McCreery@boystown.org



@ryanwmccreery



Who am I?

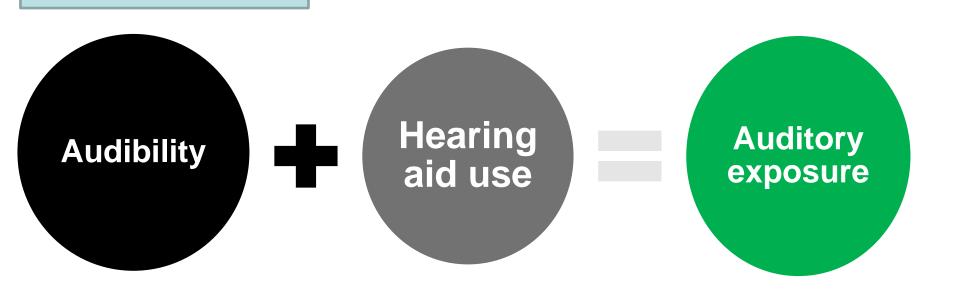


- Director of the Research
- Director of the Audibility, Perception, and Cognition Laboratory



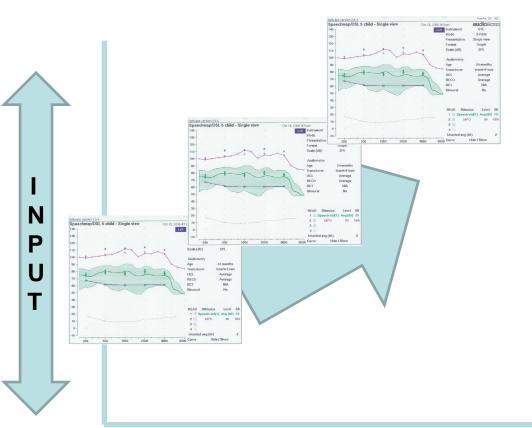
Three components of auditory experience

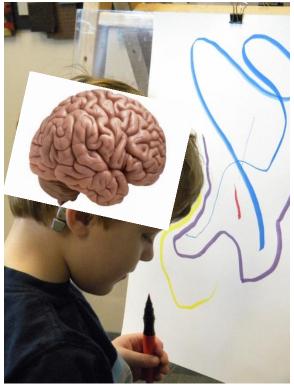
Language input





Cumulative Auditory Experience







GOAL

- To provide early and appropriate amplification to support communication development
 - Make speech information audible
 - Support parents and caregivers
 - Information
 - Emotional support



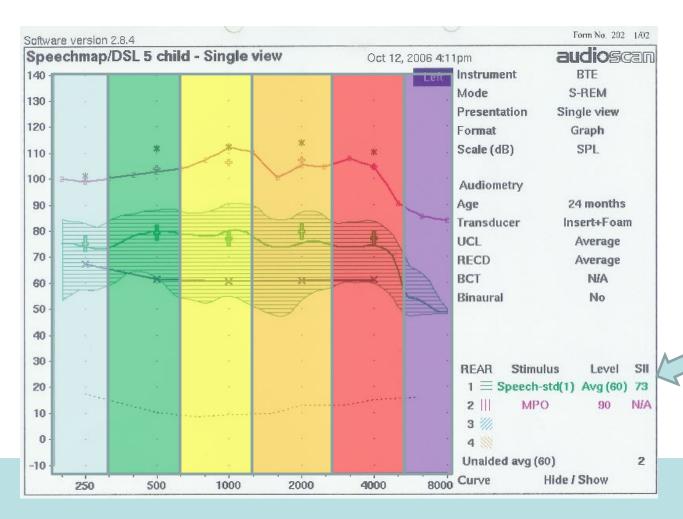
Audibility

- How well we can hear a specific sound
- Children can only develop what they hear
- Determined by:
 - Hearing thresholds
 - Level and location
 - Noise
 - Device (if present)





SPL-o-gram SII Snapshot

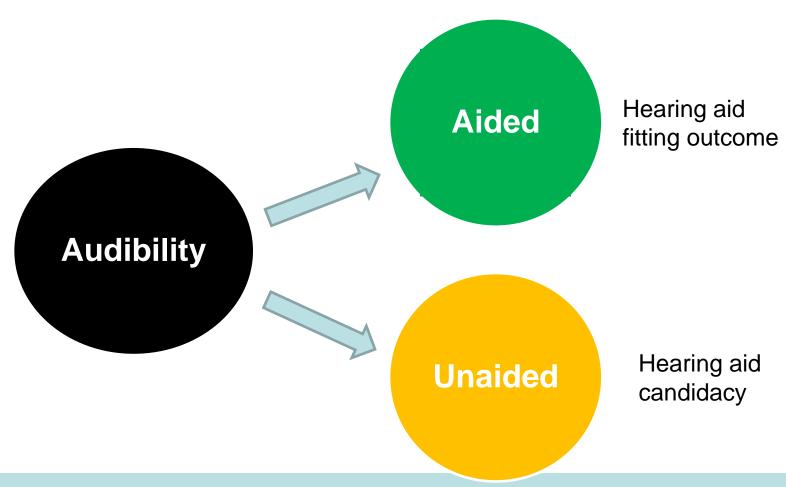


For each band – Audibility x FIW = weighted audibility

SII = Sum of weighted audibility of all frequency bands

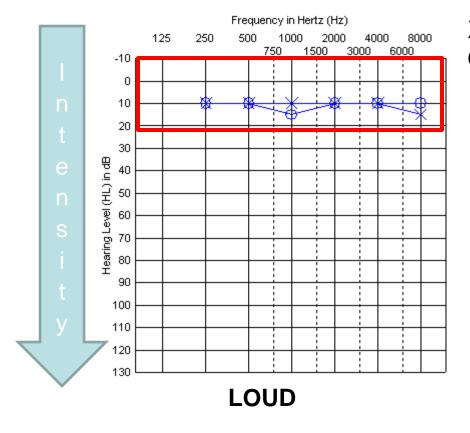


Audibility





Audiogram

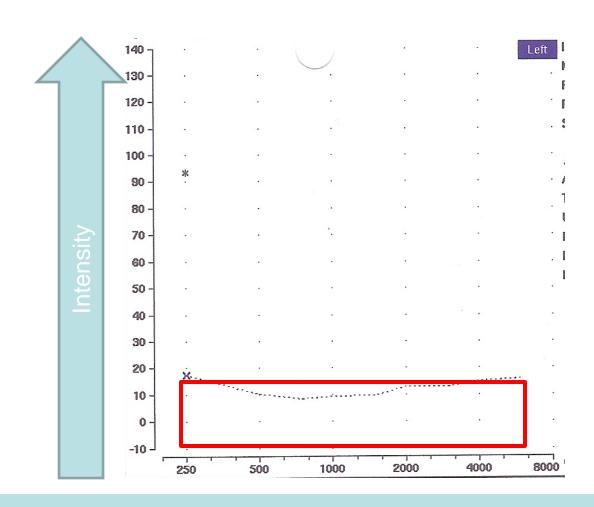


X – Left ear

O – Right ear

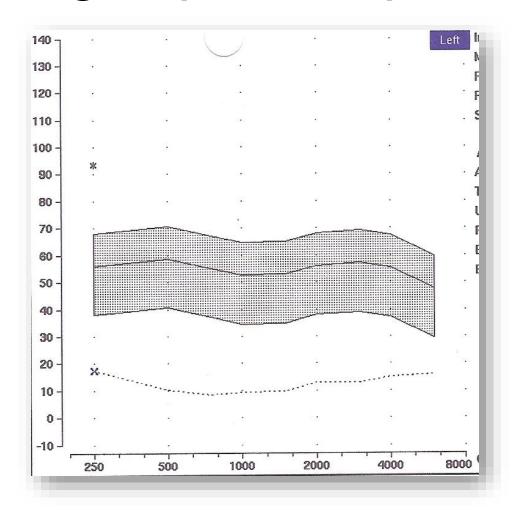


SPL-o-gram





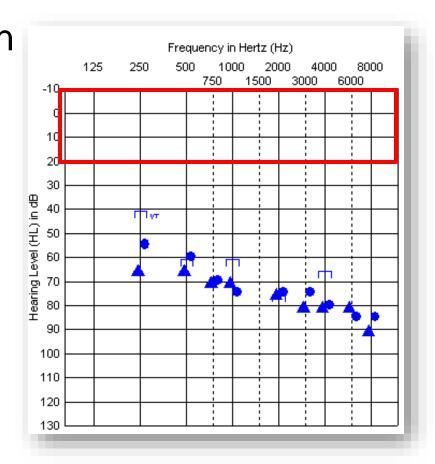
Average speech spectrum





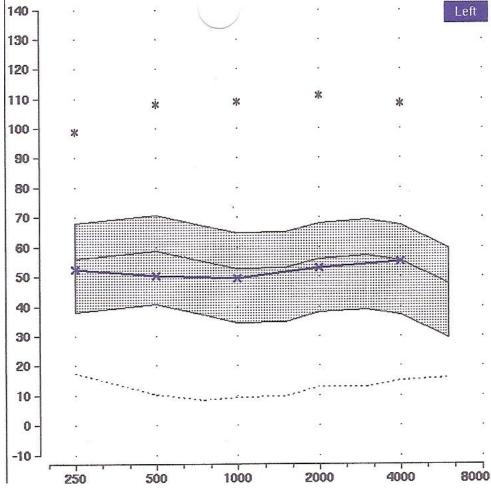
Hearing Thresholds

- Hearing loss results in loss of audibility for speech and other important sounds.
- Greater hearing loss
 = more limited
 audibility



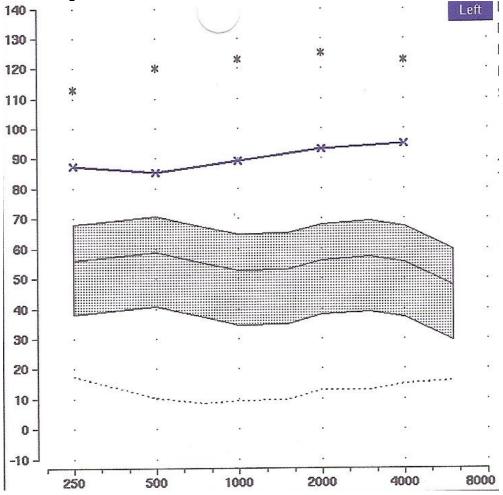


Audibility with Mild Hearing Loss



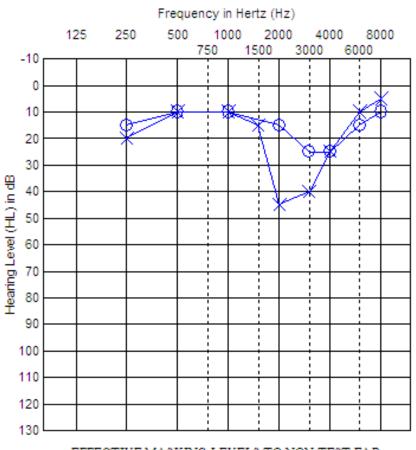


Audibility with Severe Hearing Loss





Candidate for amplification?

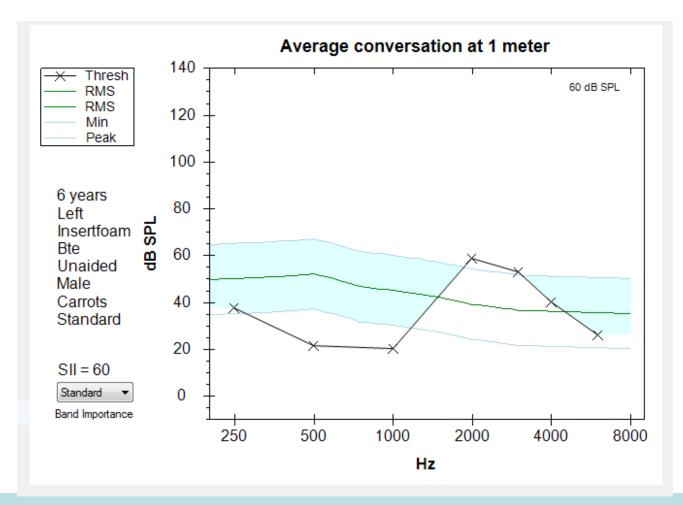


- 6 year-old
 - 100% PBK in quiet
 - BKB-SIN + 2 dB SRT
- No difficulties in classroom or parent concerns

EFFECTIVE MASKING LEVELS TO NON-TEST EAR

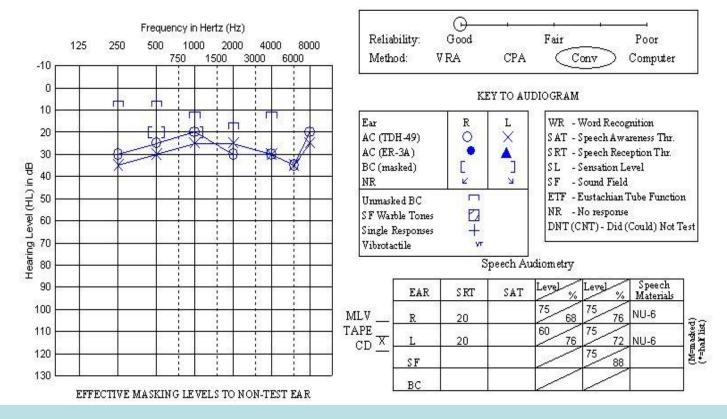


Unaided audibility



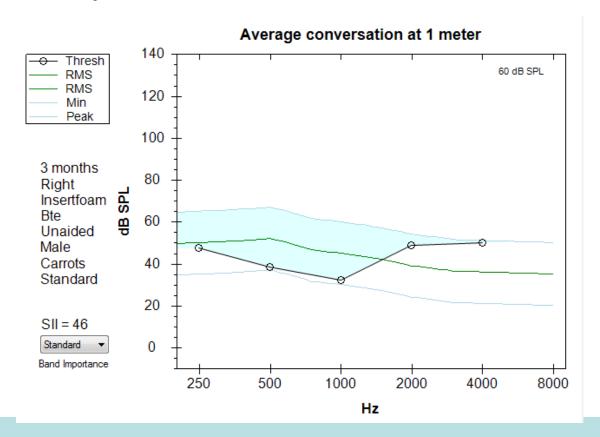


Audiogram method



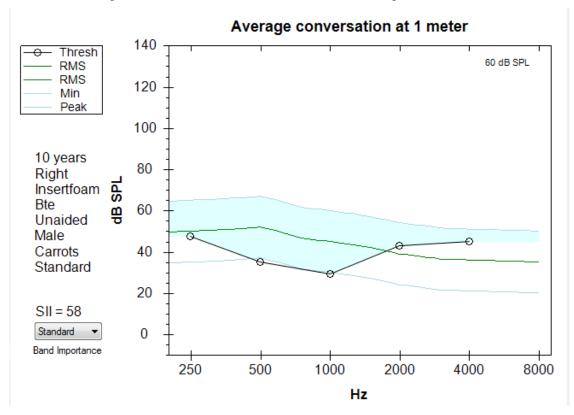


Audibility method – 3 month-old





Audibility method – 10 year-old





Audibility

How does ear canal acoustics influence diagnostic assessment?

How does the hearing loss impact audibility?



Goals of Pediatric Amplification

- Promote speech and language development
- Ensure audibility of speech
- Provide early intervention
- Minimize error
 - Not eliminate



How do we fit hearing aids for children?

- Verification
 - Measuring the output of the hearing aid in the child's ear to estimate audibility for speech.
- Prescriptive formulae
 - Desired Sensation Level (DSL; Scollie et al.)
 - Developed to maximize audibility regardless of hearing loss
 - Provides frequency-specific targets for speech based on degree of hearing loss

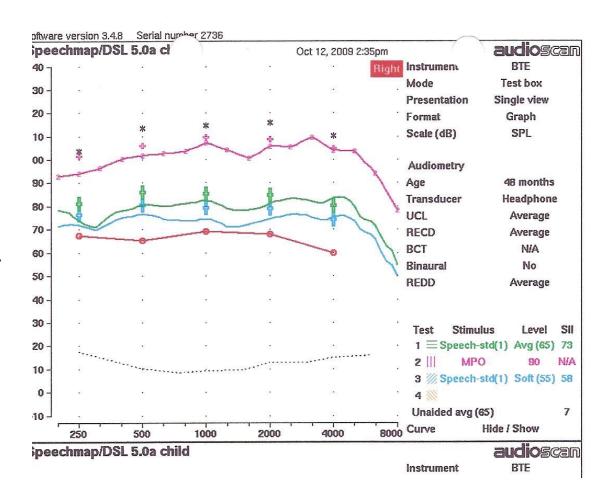


Desired Sensation Level

DSL has targets for multiple input speech levels

Soft – 50/55 dB SPL Average – 60/65 dB SPL Loud – 70/75 dB SPL

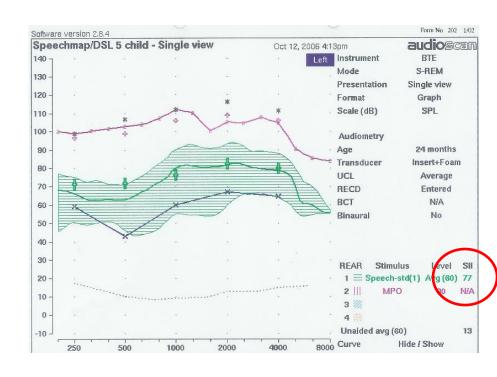
Maximum Power Output (MPO) - Safety - 90 dB





Is matching prescriptive targets enough?

- Goal is audibility
- What about the speech intelligibility index (SII)?
 - SII objective measure of speech audibility
 - Number between 0 and 1 or percentage/proportion



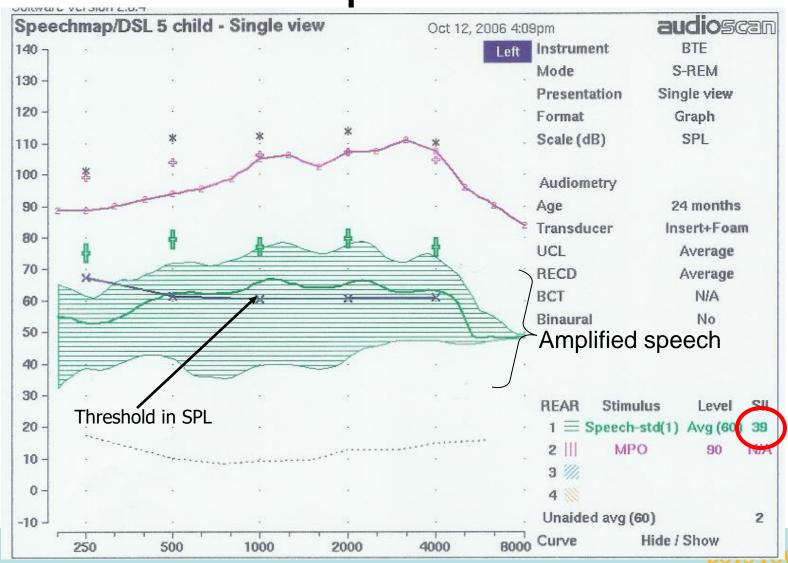


How do we interpret SII?

- More is obviously better!
- What number is the goal?
- What do we do when we don't have a good SII?

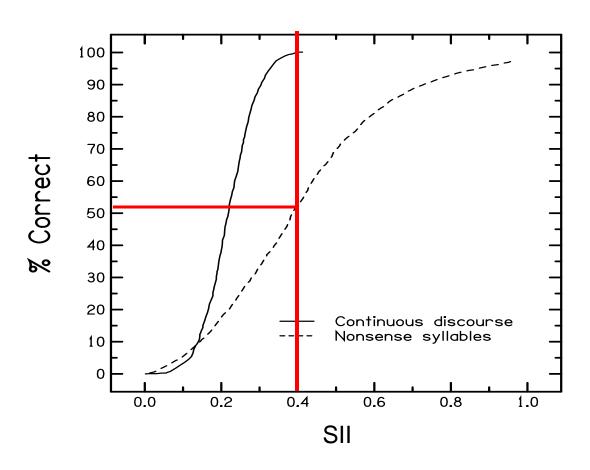


Example Patient



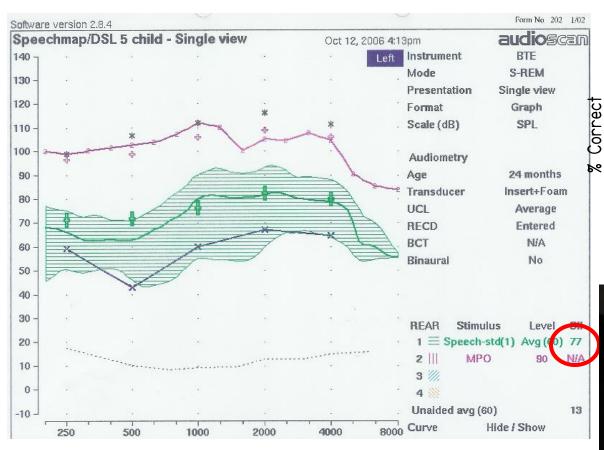
National Research

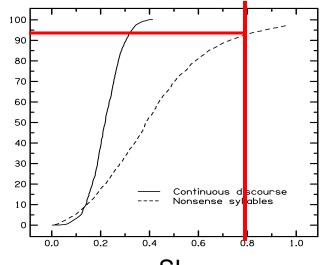
Audibility?





Adjustments?

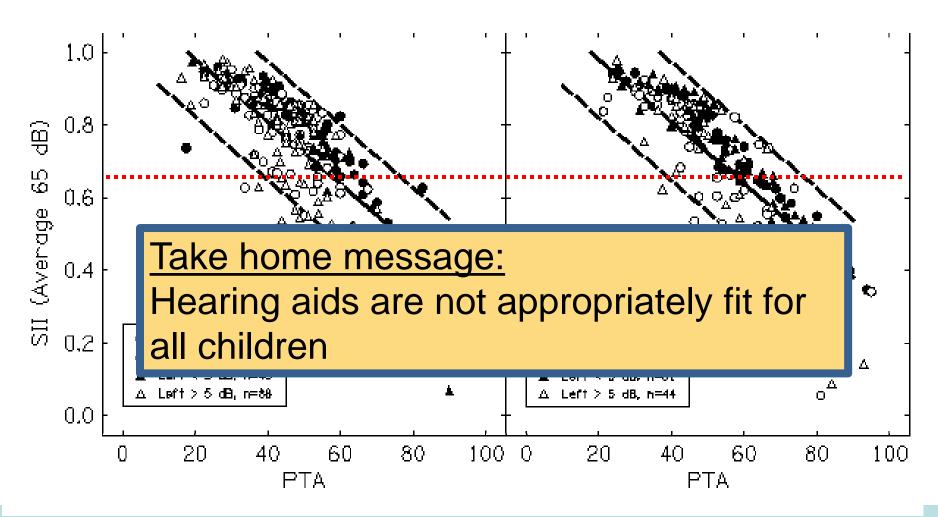






Hospital |

Actual Hearing aid fit quality



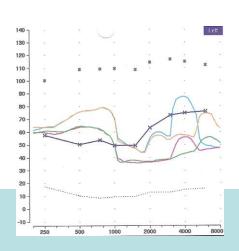
Summary SII

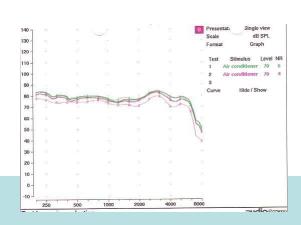
- SII is a useful tool:
 - May predict outcomes (e.g. Stiles et al. 2012)
- Use normative SII range from PedAMP
- Predictions of speech recognition for kids
 - Model using low context materials (nonsense syllables)
 - Measure empirically
 - Lots of variability

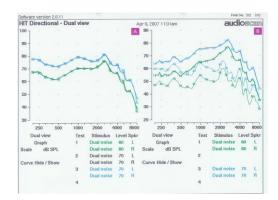


Verification Master Class

- Basic verification of audibility
- Advanced Verification
 - Frequency lowering (Sound Recover 2)
 - Directional microphones
 - Digital Noise Reduction











Thank you!

