

# Evidence Regarding the Effectiveness of Hearing Solutions in Older Adults

*Larry E. Humes*

*Department of Speech & Hearing Sciences*

*Indiana University*

*Bloomington, IN USA*



# Overview

- Types of Hearing Aid Outcome Measures
- Dimensions of Hearing Aid Outcome
- Explaining Individual Differences in Outcome
- Influence of Technology on Outcomes

# Do Hearing Aids Help?

- Yes, but how can this be demonstrated—for the field and for individual patients?
  - “Hearing Aid Outcome Measures”
    - Used to demonstrate or document the benefits of hearing aids to consumers, clinicians, HA manufacturers, and various third-party payers

# Hearing-Aid Outcome Measures

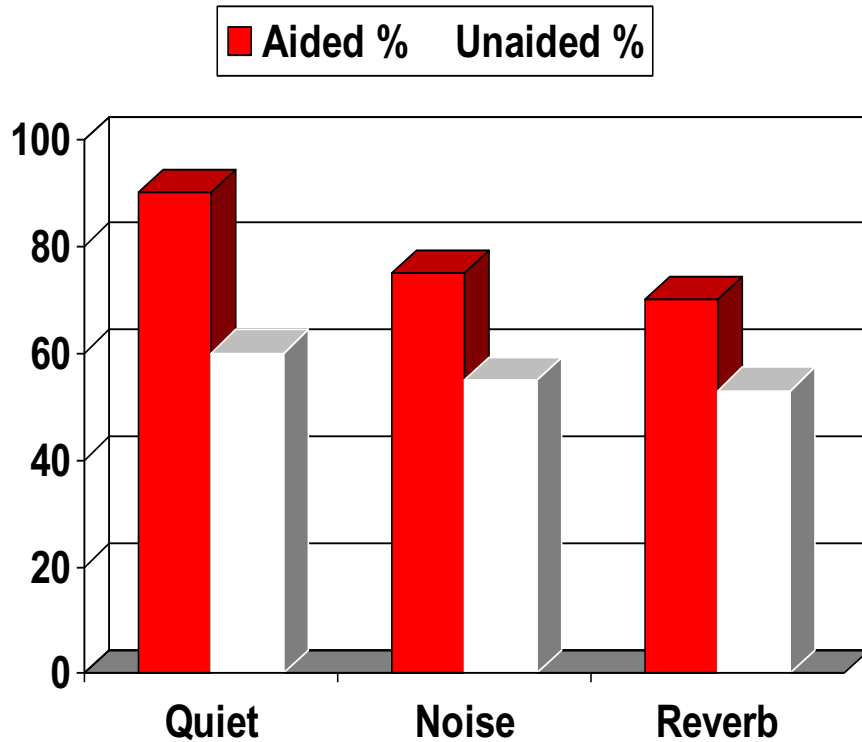
Objective Performance and Benefit

Subjective Benefit

Satisfaction

Usage

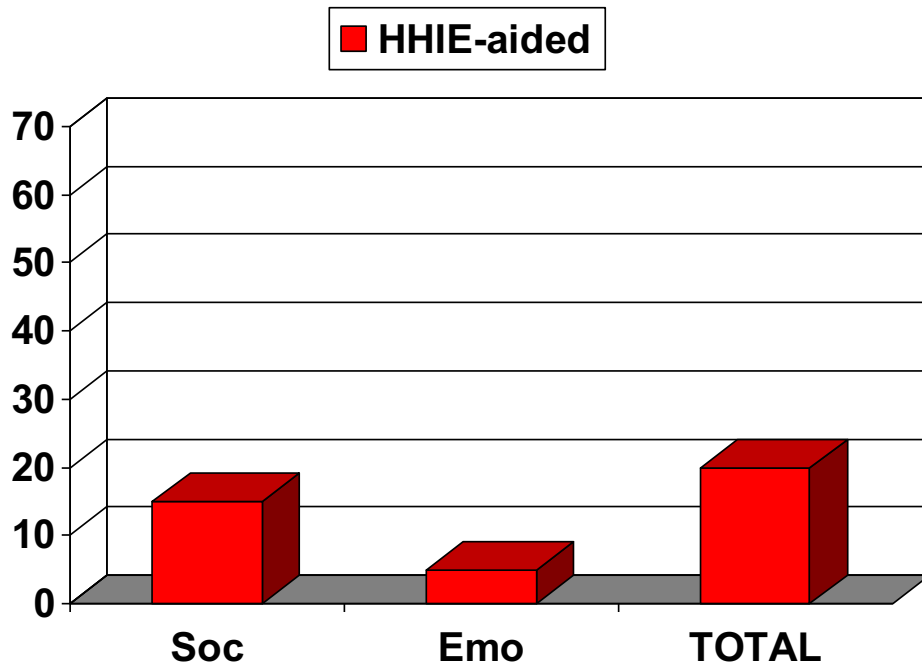
# Objective Performance and Benefit



## Aided and Unaided Speech Recognition

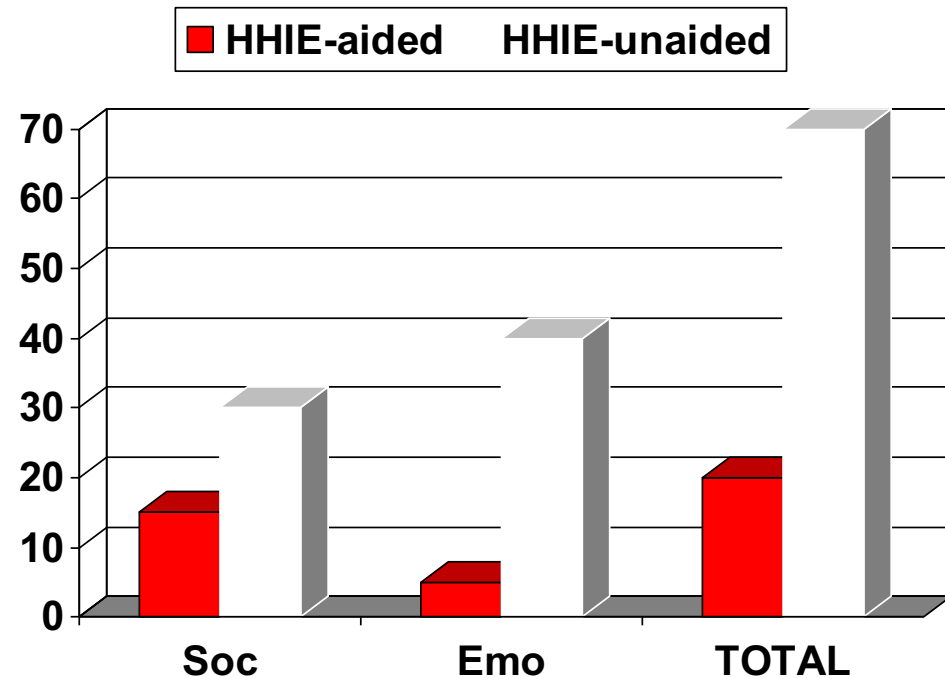
- Materials
  - Syllables, words, sentences
- Listening Conditions
  - Speech Level
  - Background
  - Azimuth

# Subjective Performance



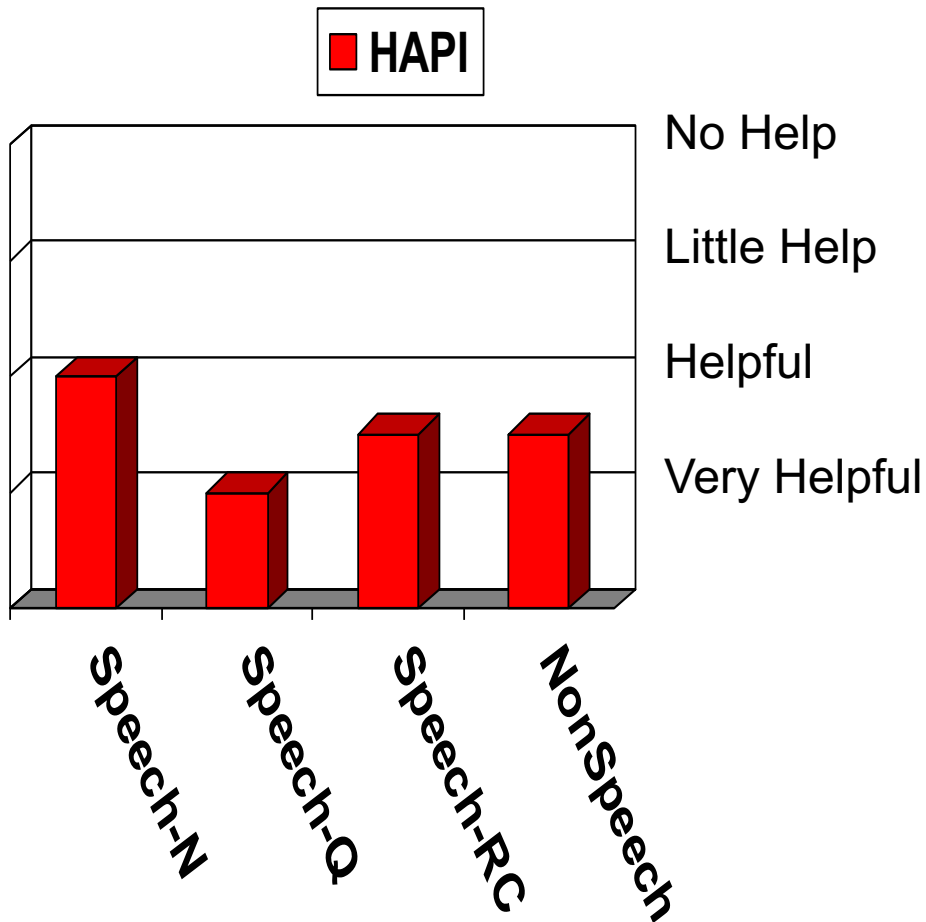
- Subjective Scales
- Aided Assessment
- Examples
  - Sound Quality
    - Gabriellson et al.
  - Aided Performance
    - PHAP (Cox & Alexander)
  - Hearing Handicap
    - HHIE (Weinstein)

# Subjective Benefit



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

# Subjective Benefit



- Self-Report Scales
- Assessment of *CHANGE* from Unaided to Aided or “helpfulness” of HA
- Example
  - HAPI, Hearing Aid Performance Inventory



# Example (HAPI)

- You are in a large business office talking with a clerk.  
There is the usual office noise (e.g., typing, talking, etc.)
- In this situation, my hearing aid is...

very helpful	helpful	very little help
no help	hinders performance	N/A

# 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

**MarkeTrak series, S. Kochkin**

# 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

# Overview

- Types of Hearing Aid Outcome Measures
- **Dimensions of Hearing Aid Outcome**
- Explaining Individual Differences in Outcome
- Influence of Technology on Outcomes

# 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 11 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
  - Bilateral fits
  - Same core team of clinicians in same clinic



**Audiology  
“Best  
Practices”**

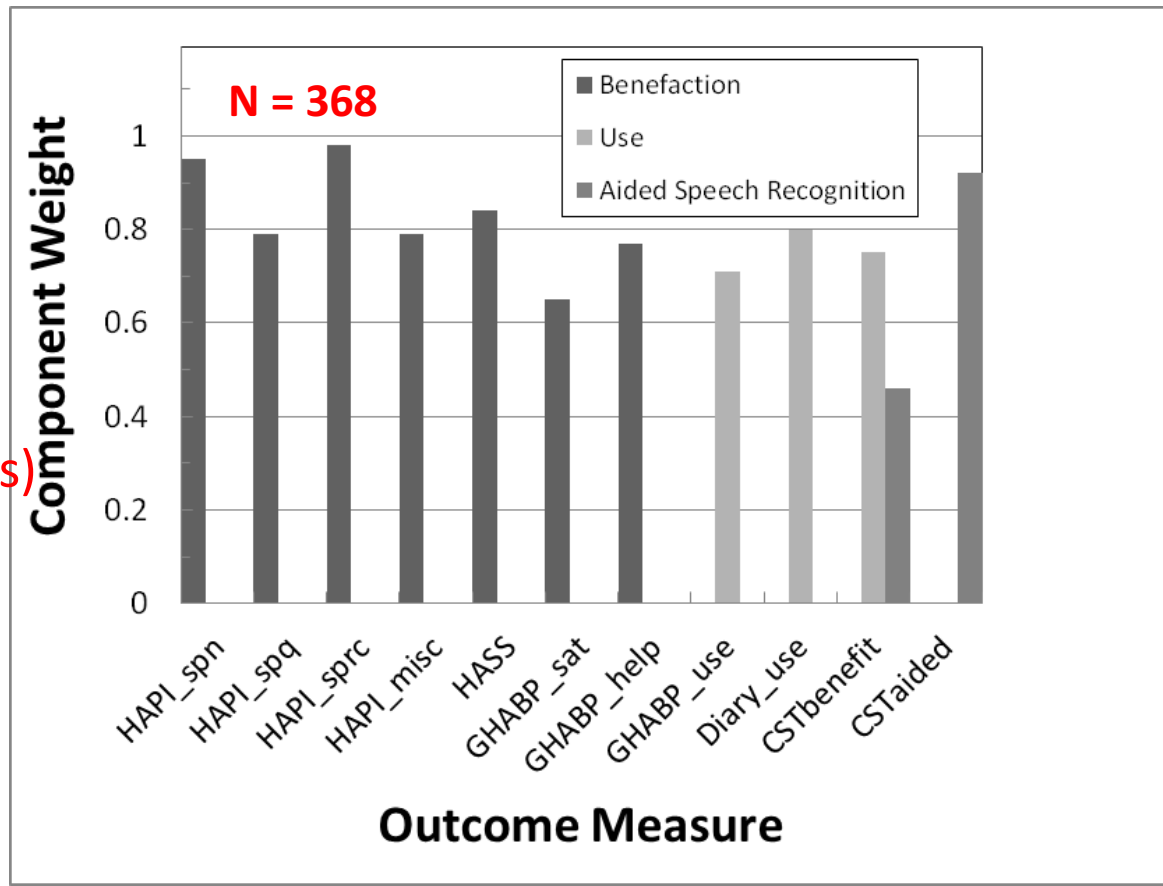


# Dimensions of Hearing Aid Outcome

Are all measures needed? NO  
(11 measures >>> 3 dimensions)

Relies on correlations  
and factor analysis

Large subjects/variables  
ratio needed (e.g., 368/11)



Humes & Krull (2012)

# Overview

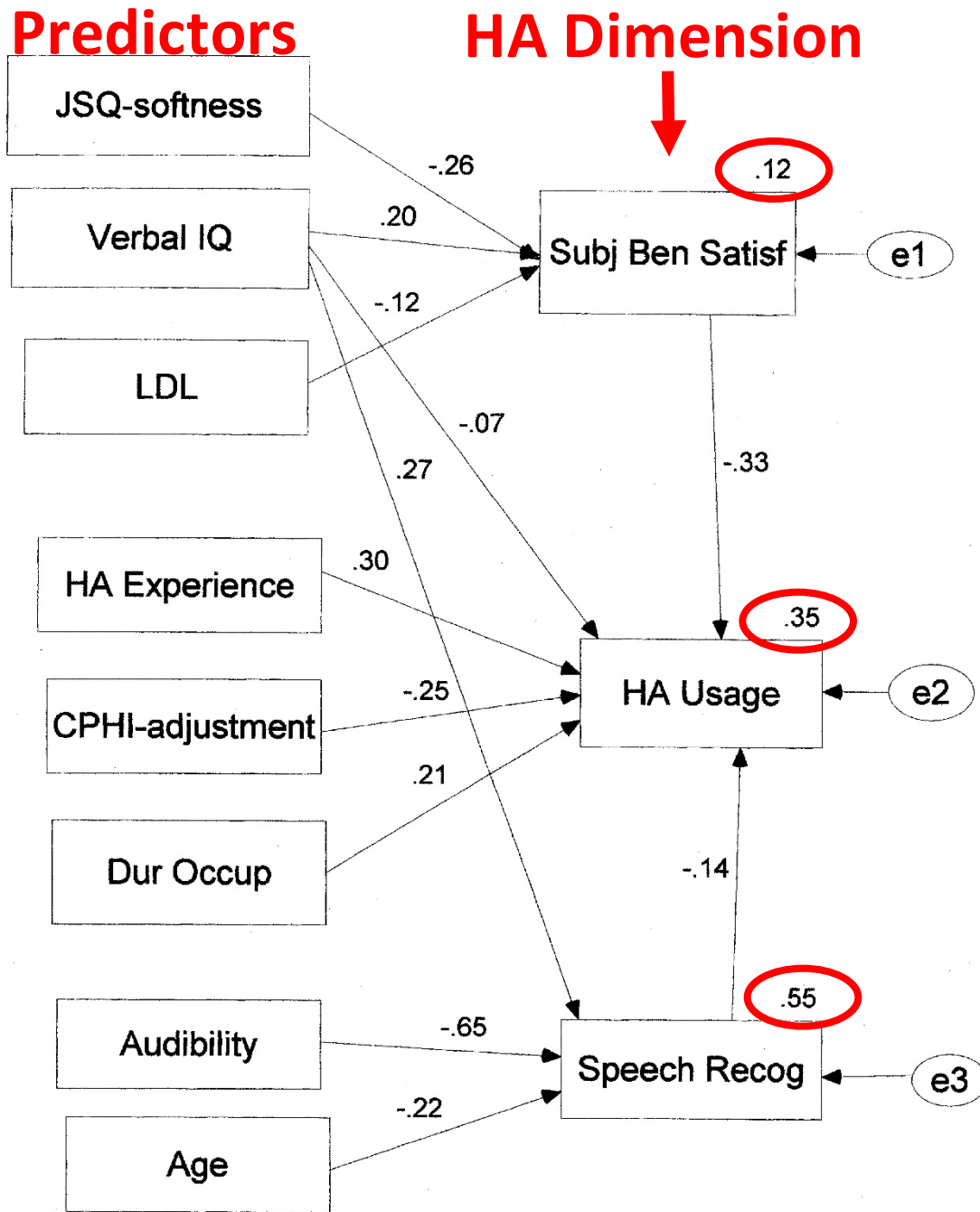
- Types of Hearing Aid Outcome Measures
- Dimensions of Hearing Aid Outcome
- **Explaining Individual Differences in Outcome--*Why* do listeners differ in performance?**
- Influence of Technology on Outcomes

SEM  
Results

IU-1  
Study

N=173

Humes (2003)



# Re: “Benefaction”: Thorough Reviews in Recent Years

- Wong, Hickson & McPherson (2003)
- Knudsen et al. (2010)
- Singh, Lau & Pichora-Fuller (2015)
  - In addition to review, added two substantial studies of factors related to satisfaction

# Singh et al. (2015)

- Study 1: 173 older adults, 55.5% using hearing aids for at least 5 years
- Study 2: 161 middle-aged adults, 35.4% using hearing aids for at least 5 years
- Some minor differences in variables, both predictor and outcome, across studies

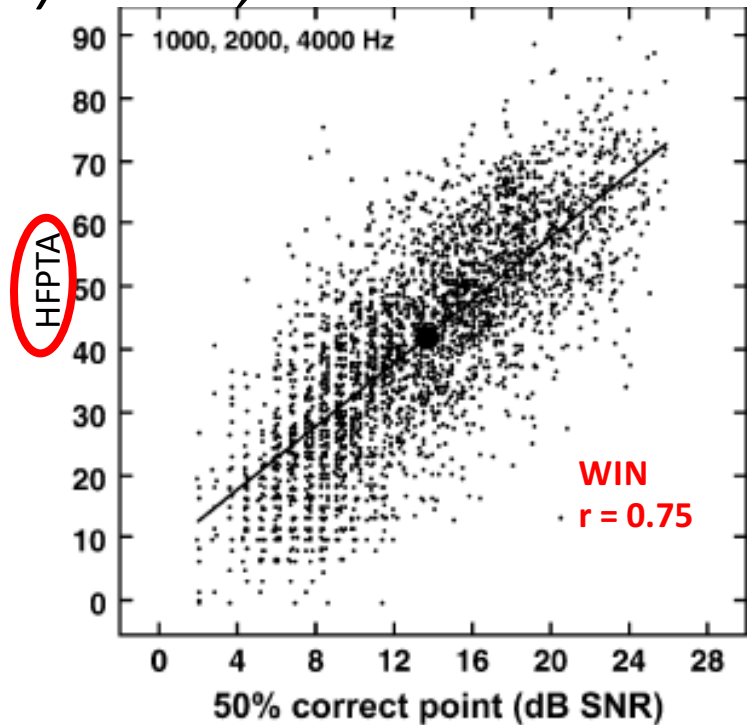
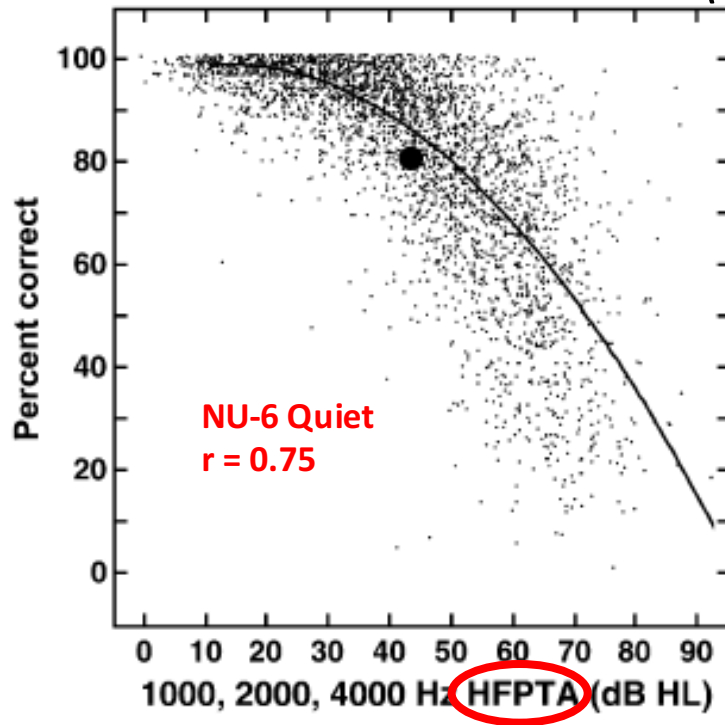
# Singh et al. (2015)

- Best predictor in both samples was perceived social support (DUFSS)
  - S1: Total variance explained by DUFSS
  - S2: Total variance explained by DUFSS
- AP... included in S2 and correlation with SADL was  $r = 0.46$  – “benefaction” (incl. as predictor in S2)

**Despite wide range of variables examined, still only able to account for about 10-25% of variance in benefaction measures**

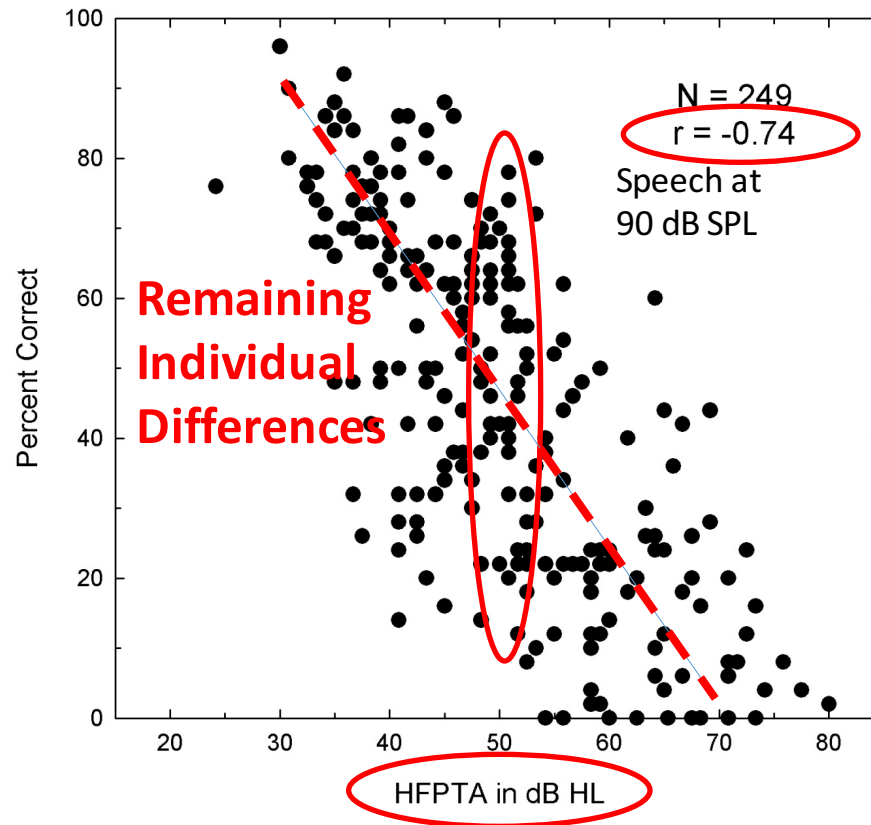
# *Explaining* Individual Differences in Speech Understanding— Unaided and Aided

*Unaided Speech Recognition:  
Wilson (2011) N = ~3,200*



# Explaining Individual Differences

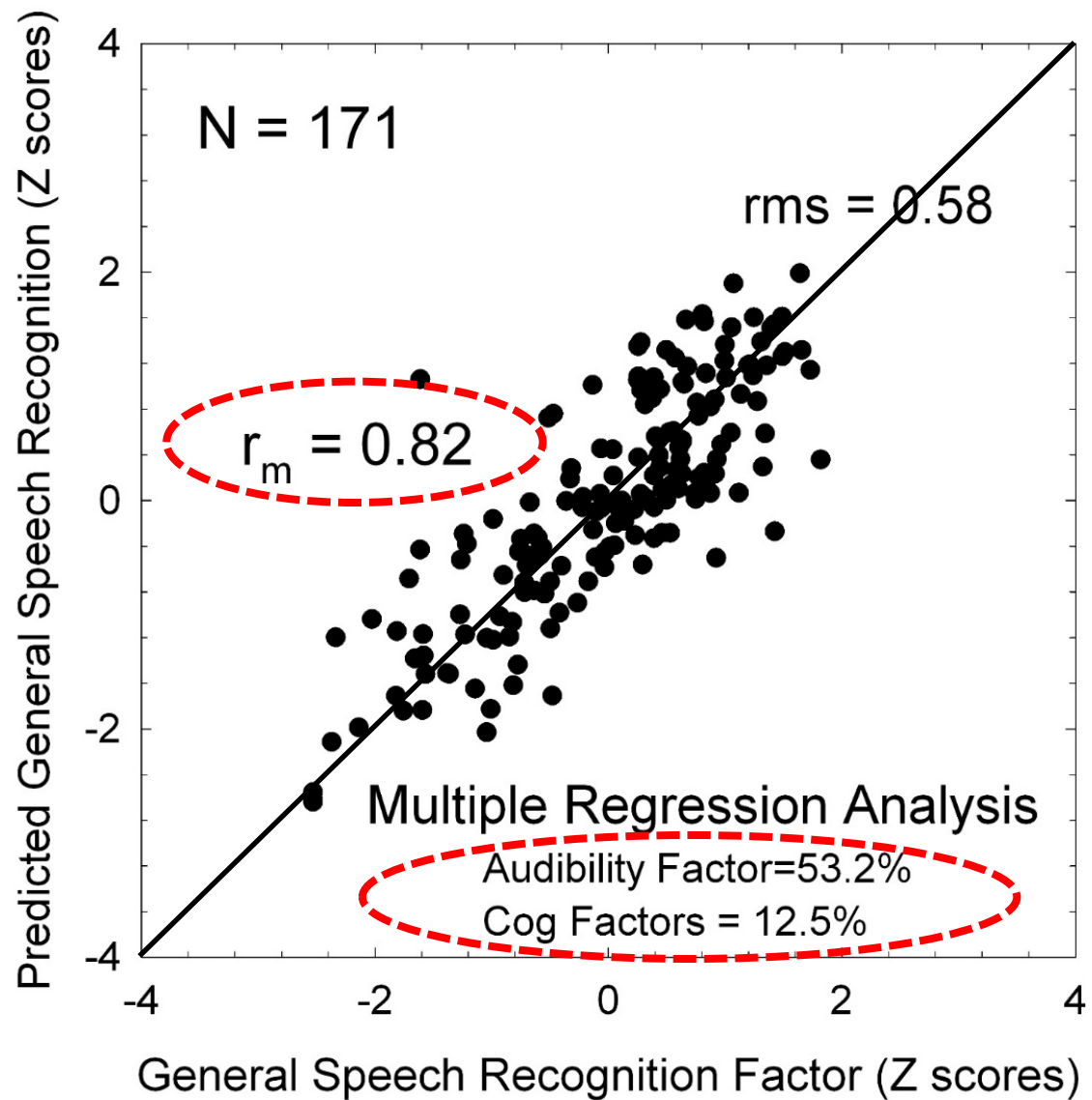
Unaided Speech Recognition--Humes (2005)  $N = 249$



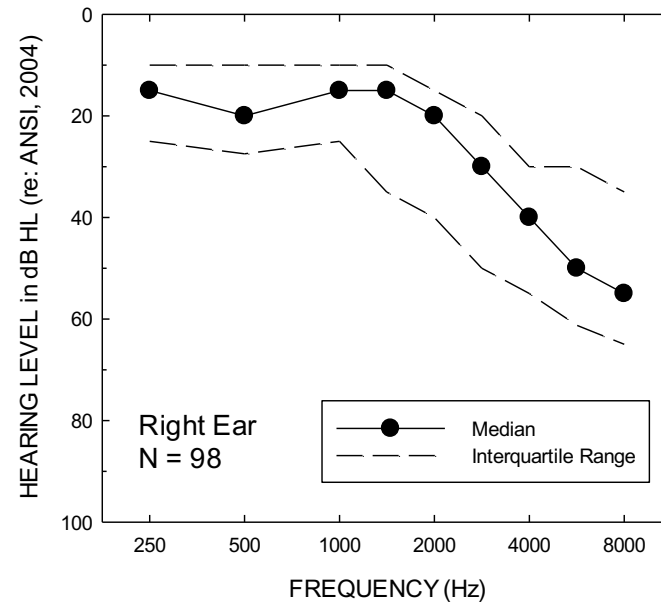
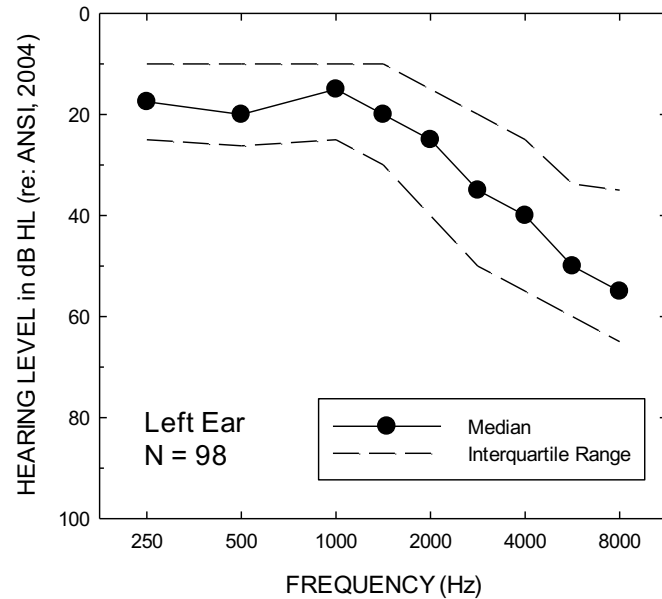


# Explaining Individual Differences:

## AIDED Speech Recognition



# Our Most Recent Study of Individual Differences in Aided Speech Recognition (Humes, Kidd & Lentz, 2013)



AGE: M = 69.2 y, 60-86 y  
50 females;  
91 right ears tested;  
91 not current HA users (88 never)

# Potential Predictor Variables

- Cognitive/Linguistic Measures  
(all tests made use of **visual** stimuli)
  - 3 Measures of Verbal Processing Speed (AQT)
  - 3 Measures of Working Memory Capacity
  - Text Recognition Threshold (TRT)—using text of SPIN-PH sentences

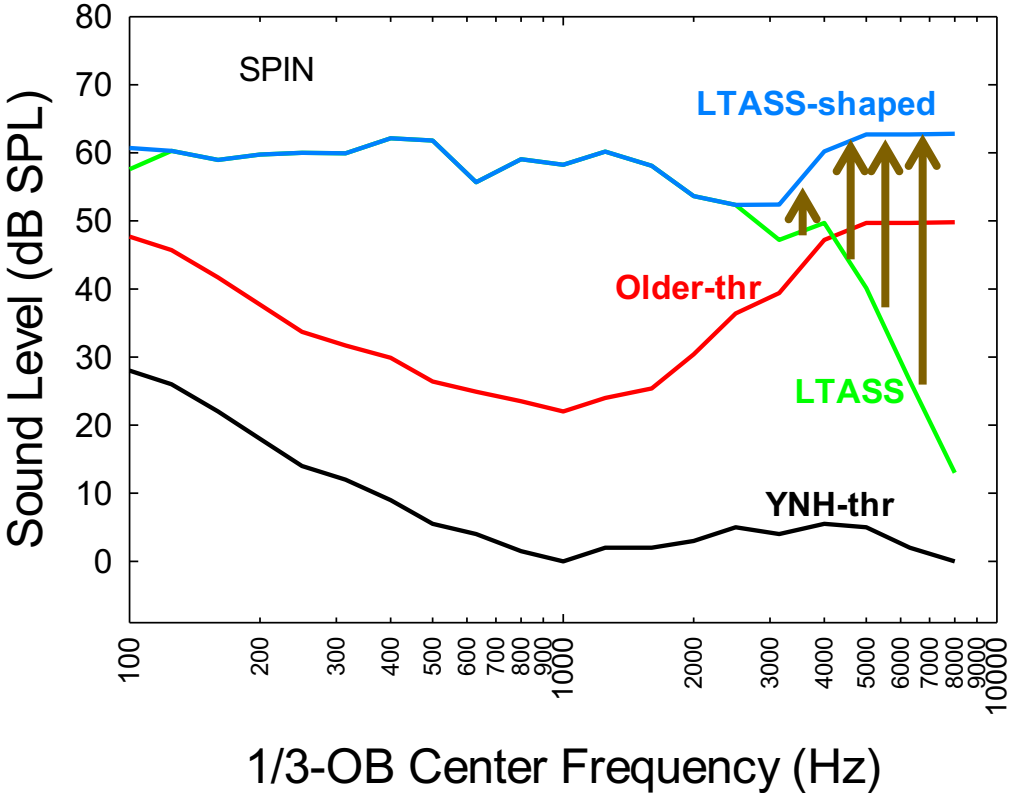
# Potential Auditory Predictor Variables

- Psychophysical Measures (14 measures)
  - Modulation Detection and MDI (5)
  - Dichotic Pure-Tone Masking (2)
  - Stream Segregation (3)
  - Informational Masking (“multi-burst masking”) (2)
  - Anisochrony (1)
  - Harmonic Mistuning (1)
  
  - Except for stream segregation, standard-2AFC, adaptive tracking-7 reversals each, 5 estimates averaged
- Environmental Sound Identification (ESI)

# Speech-Understanding Measures

- Coordinate Response Measure (CRM)--85 dB SPL
  - Simultaneous (same target & competing talker, 0-dB SNR)
  - 6 ST Fo separation
  - 6 ST Fo sep, reversed
- Speech Perception in Noise (SPIN)—85 dB SPL
  - Interrupted (8, 19-38 ms “glimpses” per target word; 50% proportion or duty cycle)
  - Babble (+8 dB SNR)
  - Time compressed (50% time compression; PL items only)
- Dichotic Syllable-Sequence Task

# Spectral Shaping Applied--SPIN



# Quick Summary of Group Differences

- Group means for YNH subjects were generally consistent with prior studies
- In the vast majority of cases (~80%), for auditory measures, older adults did not perform significantly worse than YNH subjects (*including speech understanding*)

# Multiple-Reg & Dominance Analysis

- Regression analysis performed

- Independent Variables (Predictors)

- Age
- TRT
- ESI
- Cognitive Function
- Modulation Detection
- Dichotic Masked Threshold
- Stream Segregation
- Informational (Multi-Burst) Masking
- Hearing Loss

**How do differences  
in THESE measures**

- Dependent Measures

- Aided Speech Understanding

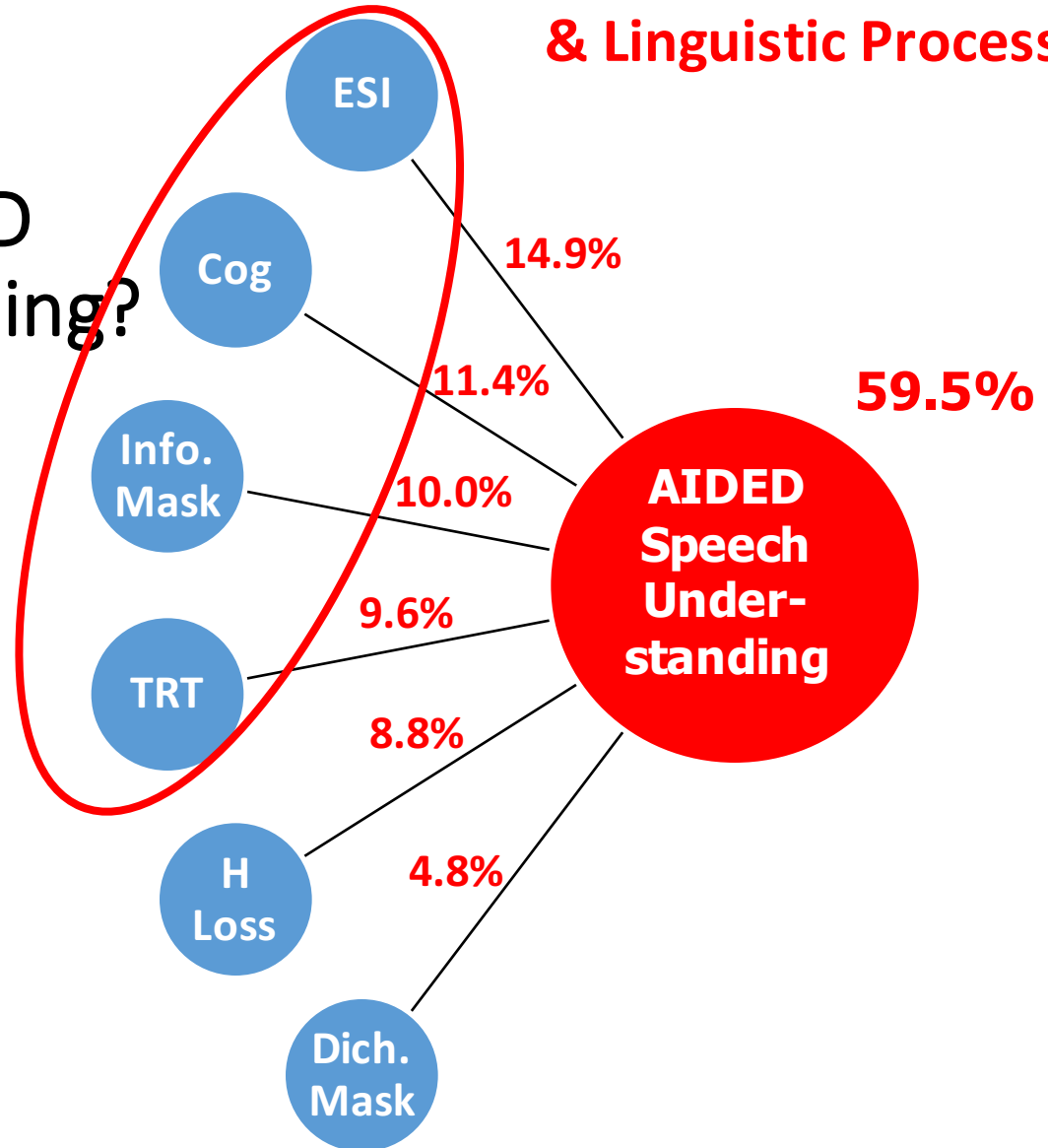
**Explain differences  
in THIS measure**



# Regression Analysis:

## Why Individual Differences in AIDED Speech Understanding?

**Higher Level Cognitive & Linguistic Processes**



Variables NOT Entering:

- Mod Detection
- Stream Segregation
- Age

# Overview

- Types of Hearing Aid Outcome Measures
- Dimensions of Hearing Aid Outcome
- Explaining Individual Differences in Outcome
- **Influence of Technology on Outcomes**

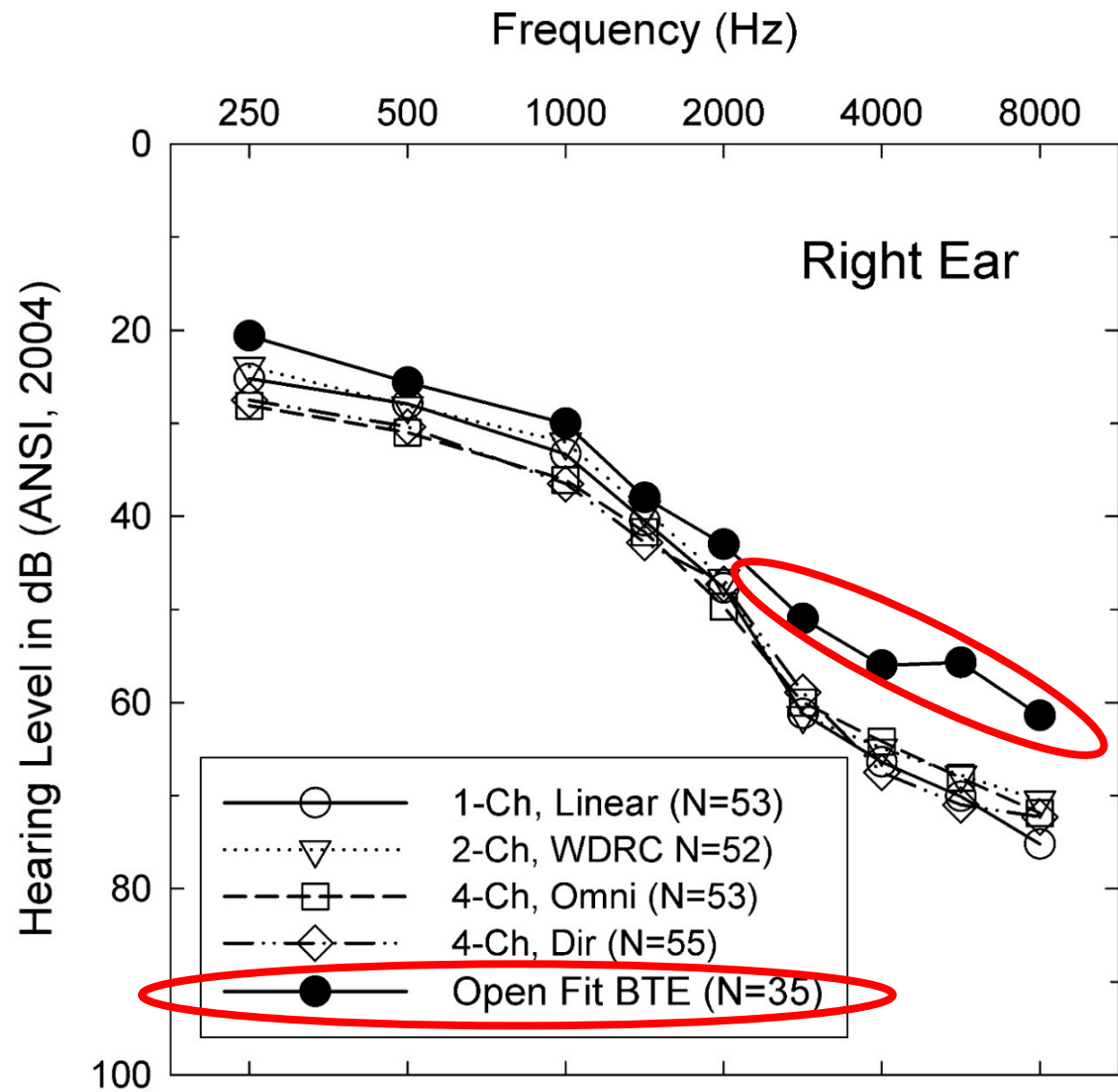
# Subject & Technology Characteristics

<b>GROUP</b>	<b>N</b>	<b>AGE (M, sd)</b>	<b>BHFPTA*</b>	<b>%MALE</b>	<b>%NEW users</b>
<b>1-Ch, Linear</b>	<b>53</b>	<b>74.0 (6.7) y</b>	<b>48.4 dB HL</b>	<b>66</b>	<b>74</b>
<b>2-Ch, WDRC</b>	<b>52</b>	<b>74.6 (7.0) y</b>	<b>48.3 dB HL</b>	<b>66</b>	<b>74</b>
<b>4-Ch, Omni</b>	<b>53</b>	<b>75.4 (6.4) y</b>	<b>50.3 dB HL</b>	<b>60</b>	<b>67</b>
<b>4-Ch, Dir</b>	<b>56</b>	<b>74.5 (7.6) y</b>	<b>50.9 dB HL</b>	<b>71</b>	<b>71</b>
<b>Open Fit BTE**</b>	<b>35</b>	<b>73.6 (8.0)y</b>	<b>44.0 dB HL</b>	<b>51</b>	<b>80</b>

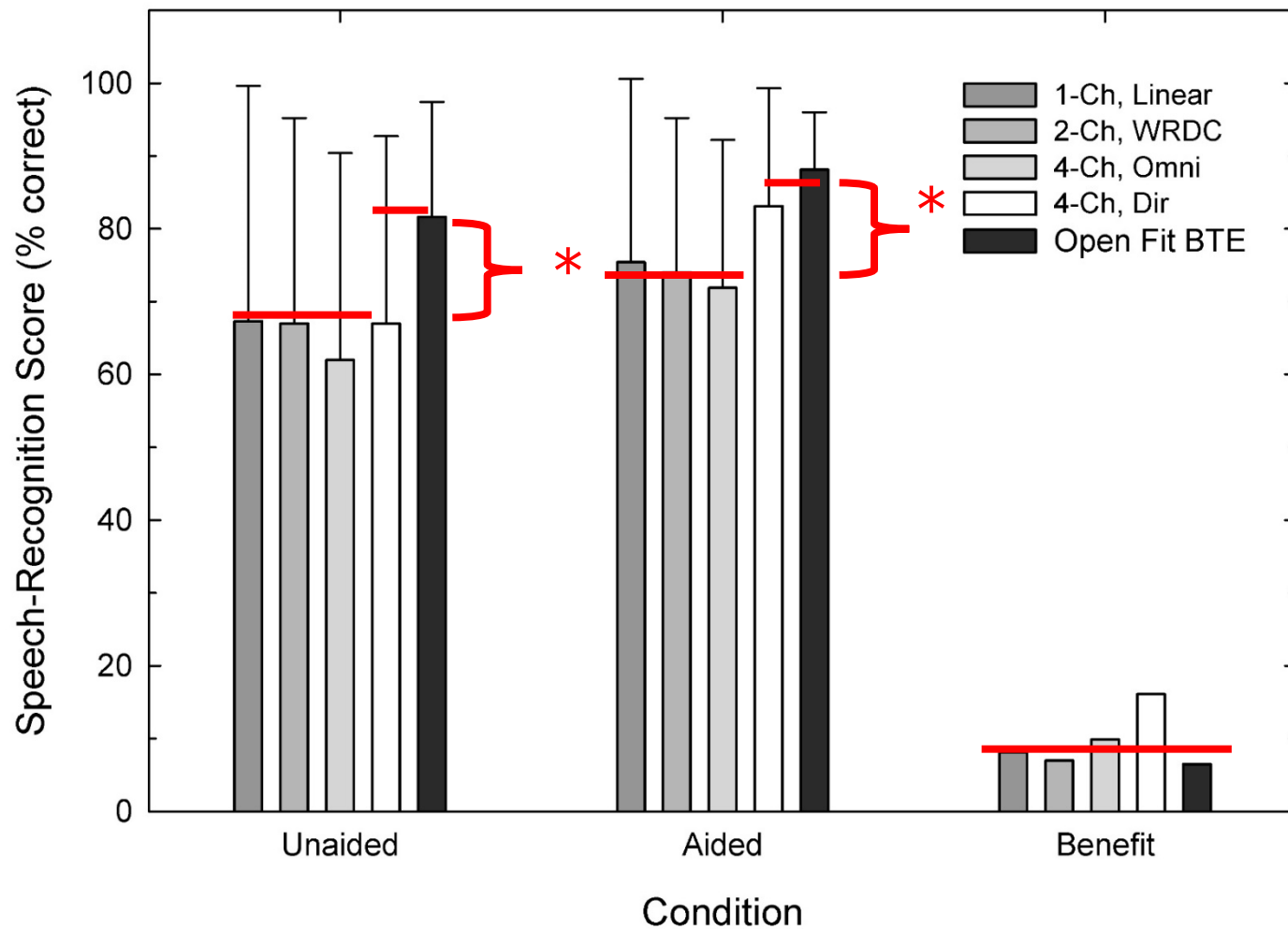
\*BHFPTA = Bilateral pure-tone average at 1000, 2000 and 4000 Hz

\*\*6-channel, WDRC, Directional mic

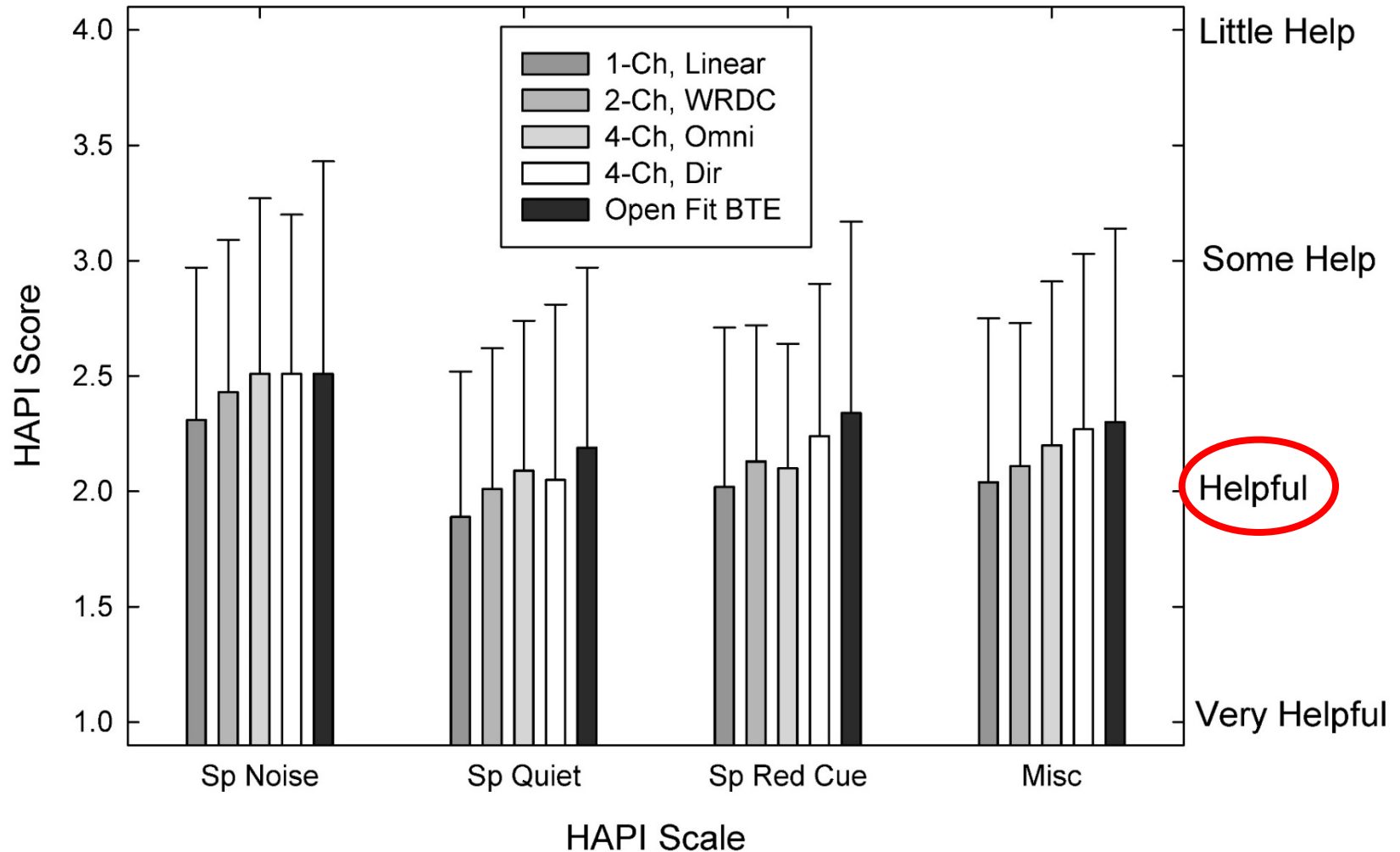
# Audiograms



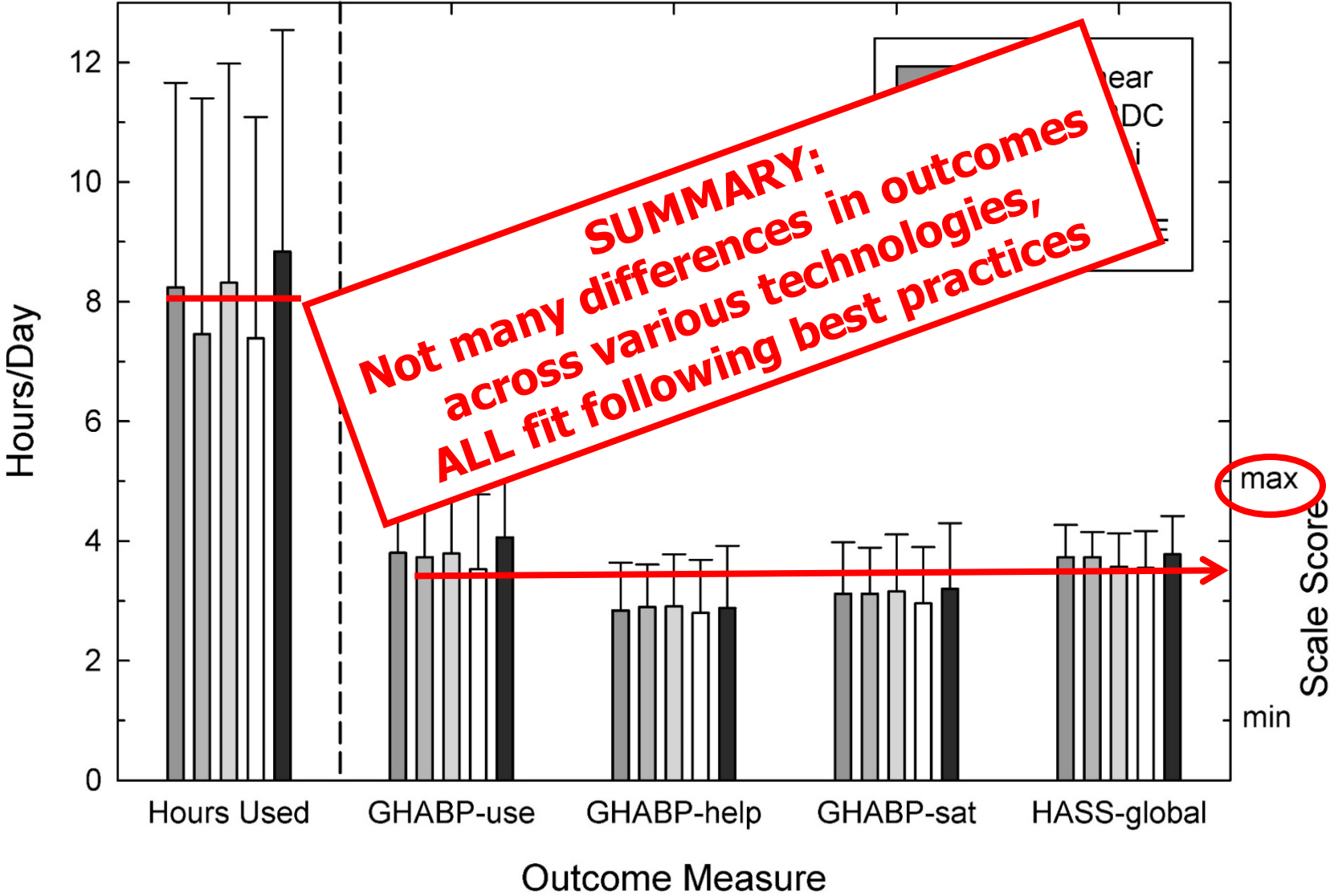
# Speech-Recognition Performance (CST)




# Hearing Aid Performance Inventory



# Benefaction and Usage



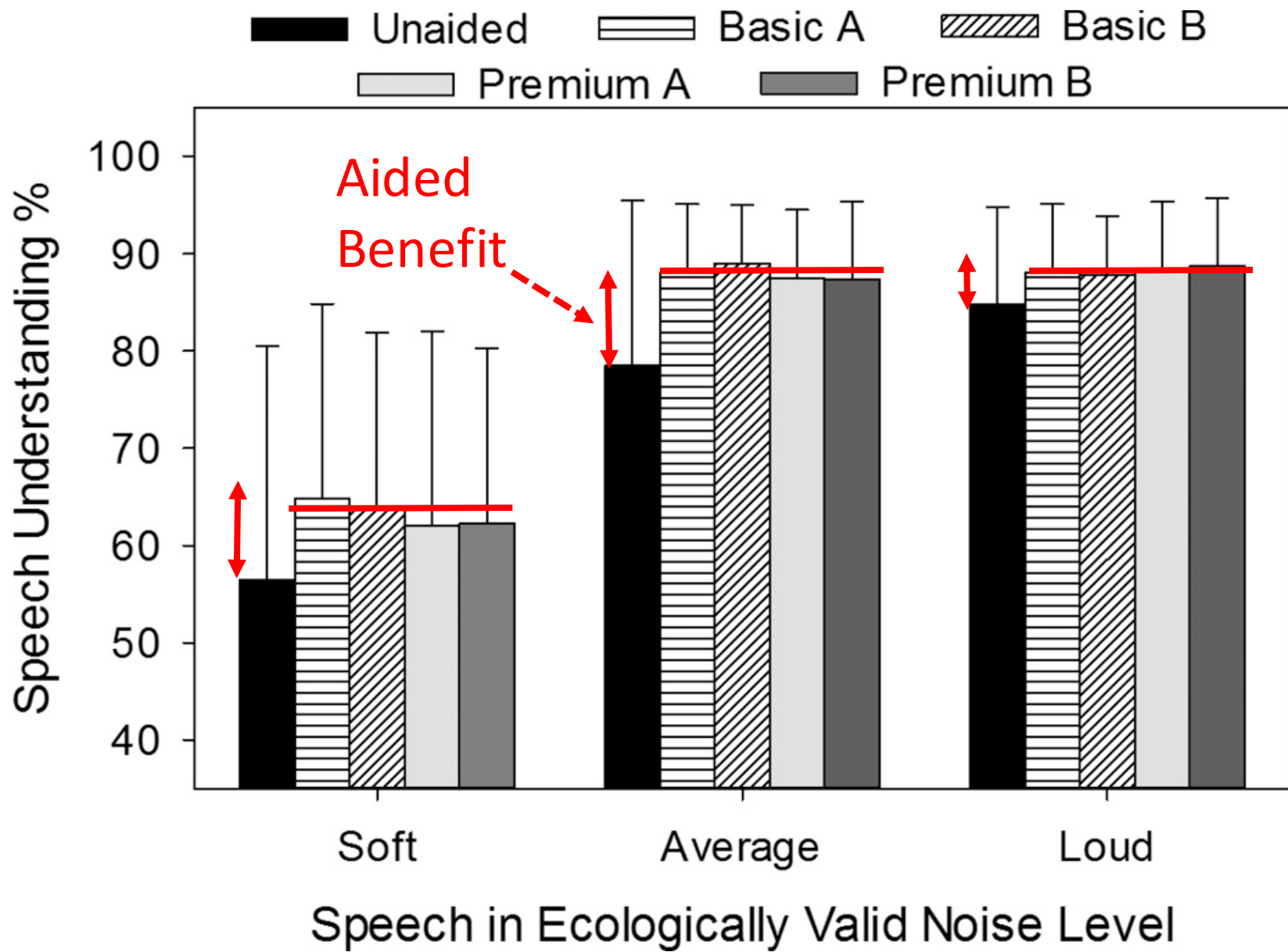
# Johnson, Xu & Cox (2015)

- Outcome domains for lab tests and questionnaires (as used in daily life) from 45 older adults
  - Speech understanding 
  - Listening effort
  - Localization
  - Sound acceptability
- Hearing aid fittings
  - Bilateral, with appropriate coupling
  - Fitted using best-practice protocols, starting with NAL targets
  - Features set to manufacturers' recommendations
- Compared “basic” to “premium” technology—2 brands



## Hearing Aids

Feature	Premium A	Basic A	Premium B	Basic B
Number of compression channels	16	8	20	6
Directional Microphone	Automatic multi-channel adaptive	Automatic single-channel adaptive	Automatic multi-channel adaptive	Automatic single-channel adaptive
Environmental adaptation	more	less	more	less
Binaural data streaming	yes	no	yes	no
Automatic learning of preferred volume	yes	no	yes	no



# Influence of Technology on Outcomes

- When audiology best practices followed, differences in outcomes across technologies are relatively small.
- This appears to be true across a wide range of technologies.
- Shared aspects of “best practices” across studies:
  - Bilateral fits
  - REM used to match Rx targets
  - Counseling and HA orientation included

# Acknowledgements

- Special thanks to the hundreds of participants in these projects
- This research was supported, in part, by NIH research grant R01 AG008293.

