

CROS Hearing Devices for Adults and Children

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4:15PM-5:10PM





Disclosures

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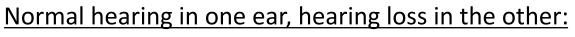
Learning objectives

- 1) Describe potential consequences of unilateral hearing loss for school-aged children
- 2) Discuss the potential benefits of CROS systems for school-aged children
- 3) Describe potential consequences of unilateral hearing loss for adults
- 4) Discuss the potential benefits of CROS systems for adults





Today's spotlight



Unaided-able

Severe-profound in degree

Poor speech recognition performance

Marked intolerance to loud sounds



Single-sided deafness (SSD)

or

Limited useable hearing unilaterally (LUHU)



Meet Jake*

11 years old

6th grader at local public school

Profound unilateral hearing loss in the right ear following ATV accident 12 months ago

Mom is noticing some behavior changes

- Inattention at home
- Quality of schoolwork
- Energy at the end of the day





Learning Outcome 1

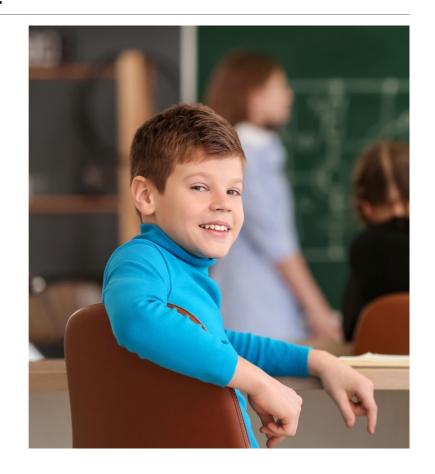
Describe potential consequences of unilateral hearing loss for school-aged children





Assumption #1

"Normal hearing in one ear is enough they'll be fine!"





Unilateral hearing loss and speech recognition

Localization and less spatial release from masking *Corbin et al.* (2021). J Speech Lang Hear Res, 64, 4495-4512

Monaural indirect conditions (speech directed toward ear with hearing loss; *Ruscetta et al. (2005) Int J Ped Otorhinolaryngol 69, 771-779*

Spatially separated speech and noise *Reeder et al., (2015) Audiology and Neurotology, 20, 31-37*

Poor signal-to-noise ratios *Bess et al. (1986). Ear and Hearing, 7, 20-26*

Complex noises Corbin et al (2017). Ear and Hearing, 38, 223 - 235



Unilateral hearing loss consequences

Increased listening-related fatigue *Bess et al.* (2020) Language, Speech, and Hearing Services in Schools, 51, 84-97

Reduced passage comprehension *Lewis et al (2015) Ear Hear, 36, 136* - 144

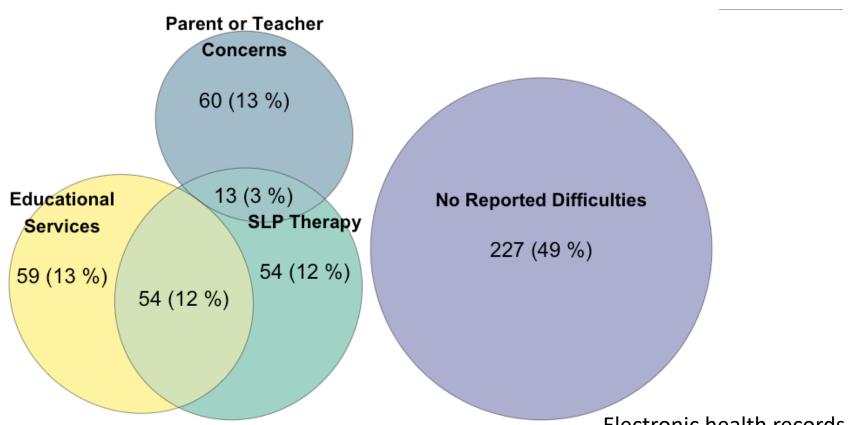
Poorer speech and language outcomes *Lieu (2004) Arch Otolaryngol Head Neck Surg, 130, 524-530*

Risk of academic failure

- 35% repeat a grade Bess & Tharpe (1986) Ear Hear, 7, 14-19
- 10x more likely to fail a grade Oyler et al (1988) LSHSS, 19, 201-210



About half of students with unilateral hearing loss demonstrate speech, language, or academic difficulties

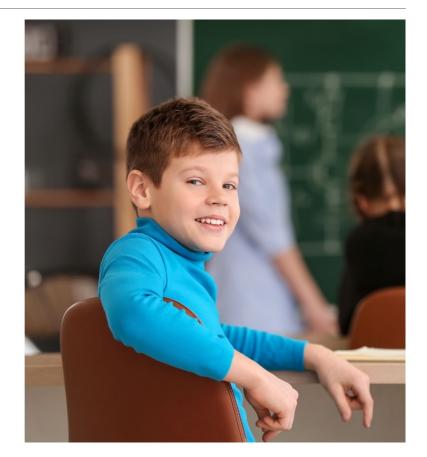


Electronic health records search
Automated and manual searches
No co-existing educationally-significant conditions



Emerging reality #1

"Unilateral hearing loss increases the risk of speech, language, and academic difficulties"





<u>Learning</u> Outcome 2

Discuss the potential benefits of CROS systems for schoolaged children





Meet Jake*

11 years old

6th grader at local public school

Profound unilateral hearing loss in the right ear following ATV accident 6 months ago

Mom is noticing some behavior changes

- Inattention at home
- Quality of schoolwork
- Energy at the end of the day





What would you do?

If you were Jake's audiologist, which of the following would you consider? (more than one can apply)

- A. Cochlear implant evaluation
- B. Preferential seating
- C. Remote microphone system (RMS)
- D. Contralateral routing of signals (CROS)
- E. Bone conduction hearing aid
- F. Watch and wait





What would you do?

If you were Jake's audiologist, which of the following would you consider? (select all that apply)

- A. Cochlear implant evaluation
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- E. Bone conduction hearing aid
- F. Watch and wait

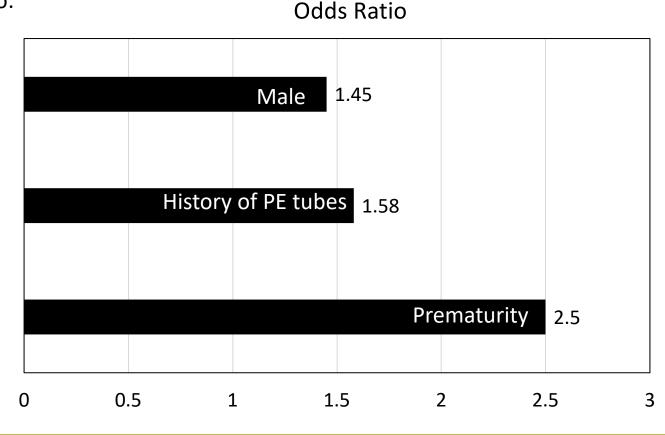




Difficult to predict who will exhibit difficulties

Difficulty **NOT** related to:

- Degree of loss
- Laterality





What would you do?

If you were Jake's audiologist, which of the following would you consider? (select all that apply)

- A. Cochlear implant evaluation
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- D. Contralateral routing of signals (CROS)
- E. Bone conduction hearing aid
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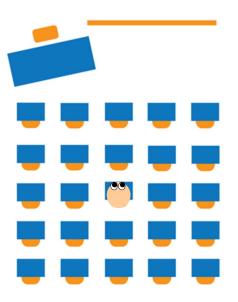


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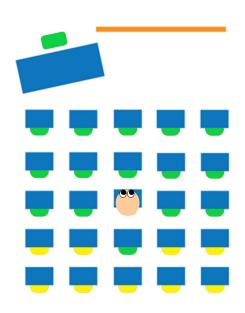
Classrooms include diverse talker locations



Rows/Columns

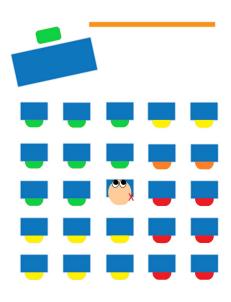


Rows/Columns



Normal hearing bilaterally

Rows/Columns

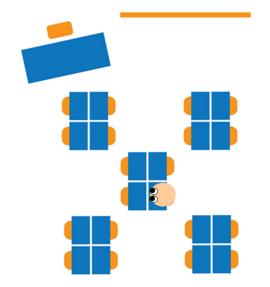


Right unilateral loss

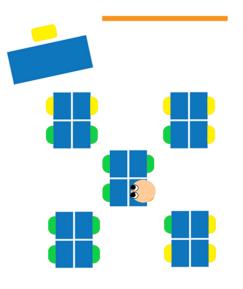


Modern classrooms have diverse seating arrangements

Clusters

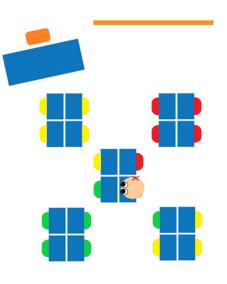


Clusters



Normal hearing bilaterally

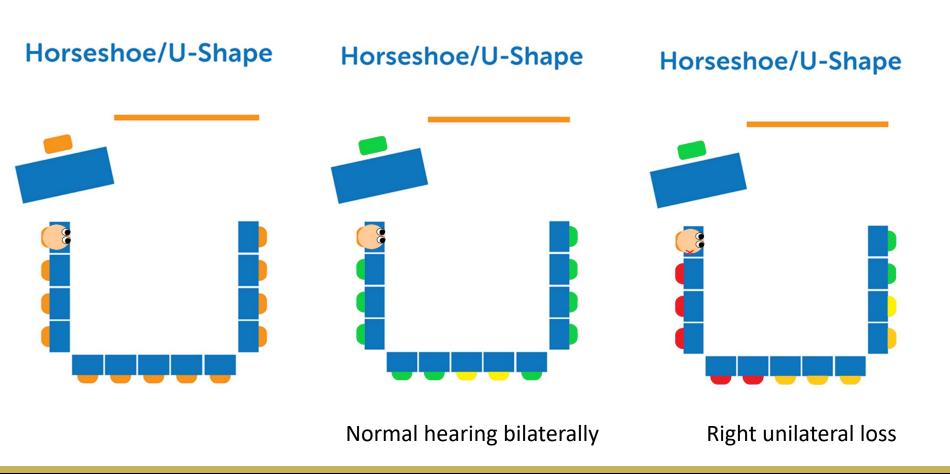
Clusters



Right unilateral loss



Modern classrooms have diverse seating arrangements



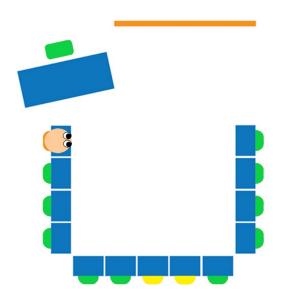


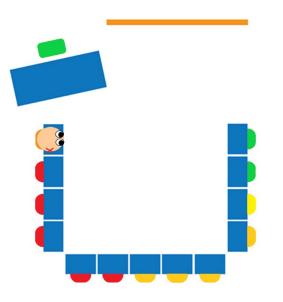
Seat assignment makes a difference

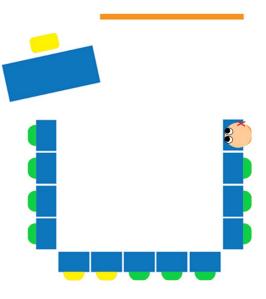
Horseshoe/U-Shape

Horseshoe/U-Shape

Horseshoe/U-Shape







Right unilateral loss

Right unilateral loss



What would you do?

If you were Jake's audiologist, which of the following would you consider? (select all that apply)

- A. Cochlear implant evaluation
- B. Preferential seating
- C. Remote microphone system (RMS)
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Assumption #2

"Remote microphone systems are the preferred option for classrooms and CROS systems make things worse"





Consensus statements and advice from professional organizations

American Academy of Audiology (2013). Clinical Practice Guidelines: Pediatric Amplification.

 "with the wireless remote microphone receiver coupled to the open, good ear may be preferable to a CROS configuration in classroom situations"

Lieu (2015) Otolaryngologic Clinics of North America, 48, 1011-1026.

"the CROS hearing aid may offer some benefit, although children may not take to these
devices because the perceived benefit may be low; they do not aid in sound localization and
they may make speech perception worse in noise"

McKay, Gravel & Tharpe (2008). Trends in Amplification, 12, 43-54.

"CROS amplification may not be beneficial in the classroom, where children are in assigned seating arrangements because of the introduction of noise to the normal hearing ear via the microphone on the impaired side"



Brief orientation

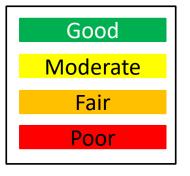
The student...



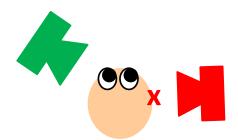
The speaker...



The legend...

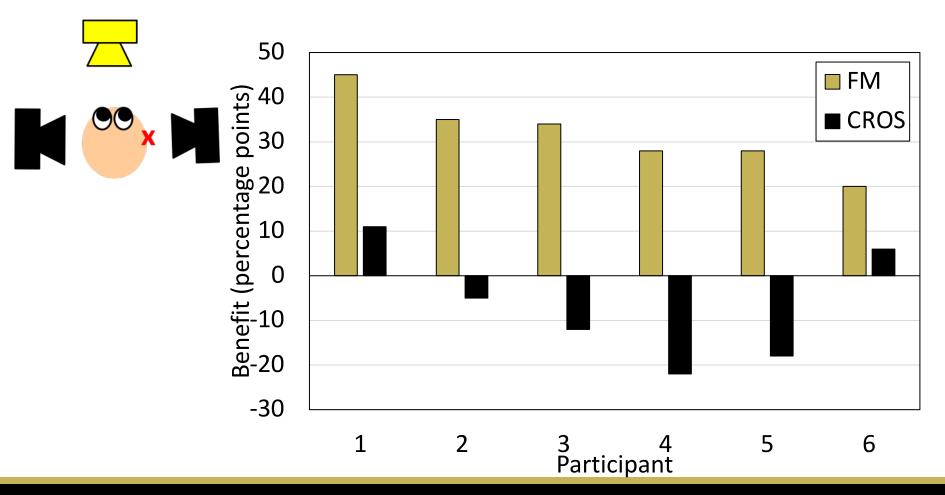


The result...



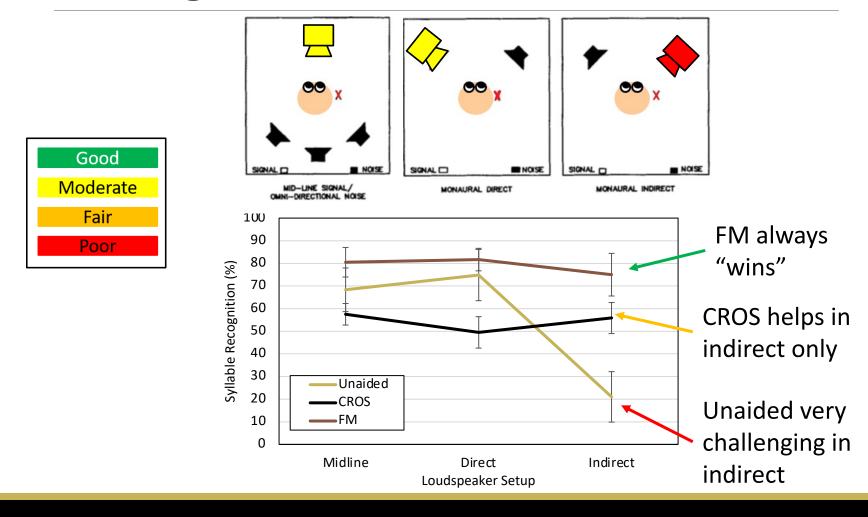


Previous work suggests FM systems are the best option





CROS benefits depend on configuration





Review of available literature for CROS / RM for school-aged children

SURVEY STUDIES



Miller (1967) J Speech Hear Dis

 Teachers and parents reported favorable adjustment to body worn CROS



Purcell et al (2016)

 CROS retention rates nearly 70% for children with LUHU



Shapiro (1977)

 7 of 8 participants reported favorable CROS benefits

LABORATORY STUDIES

Kenworthy et al (1990)

 RM provides the most consistent benefits and CROS only provides benefits in monaural indirect conditions



 RM improved speech recognition in noise and CROS can make speech recognition worse





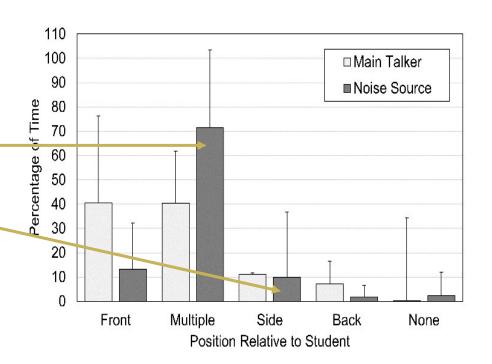
Would we expect those situations in contemporary classrooms?

Modern classrooms are complex and dynamic

 Noise is present approximately 80% of the time

Crukley, J., S. Scollie & V. Parsa (2011). *J Educ Audiol*, *17*, 23-35

- Noise primarily surrounds a student
 Ricketts et al (2017) JSLHR, 60, 263 275
- Noise rarely direct to the side





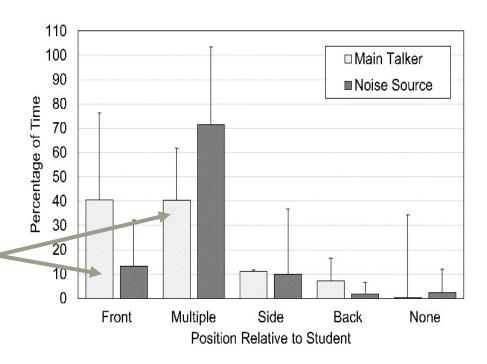
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- Noise primarily surrounds a student
 Ricketts et al (2017) JSLHR, 60, 263 275
- Noise rarely direct to the side
- Talkers of interest could be anywhere, but are often from the front or in multiple locations





Limitations of previous findings

30-year-old technology

Remote microphone always near the talker of interest

Signals originated from front hemisphere

Directional noises

Static head position

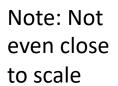
Focus on speech recognition

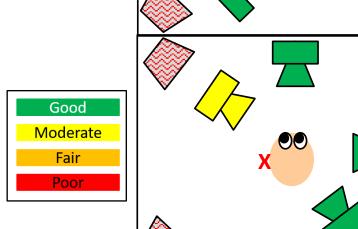


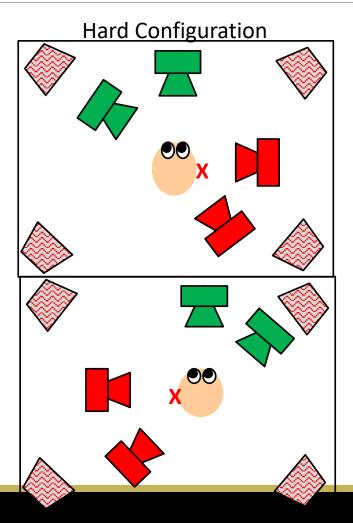


Complex setup in different configurations

Easy Configuration







Story comprehension and sentence recognition test environment



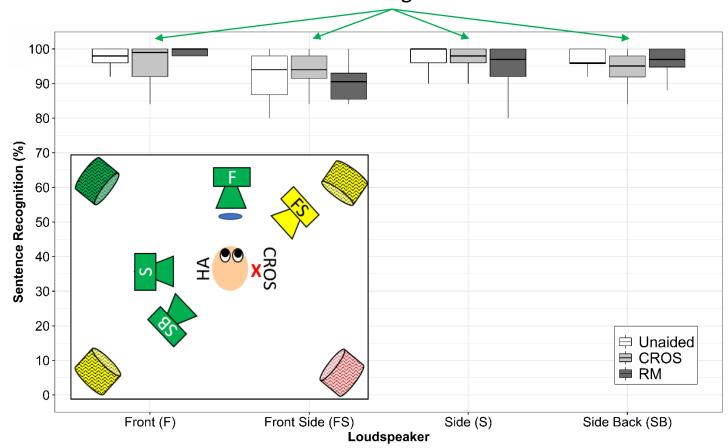
Remote microphone





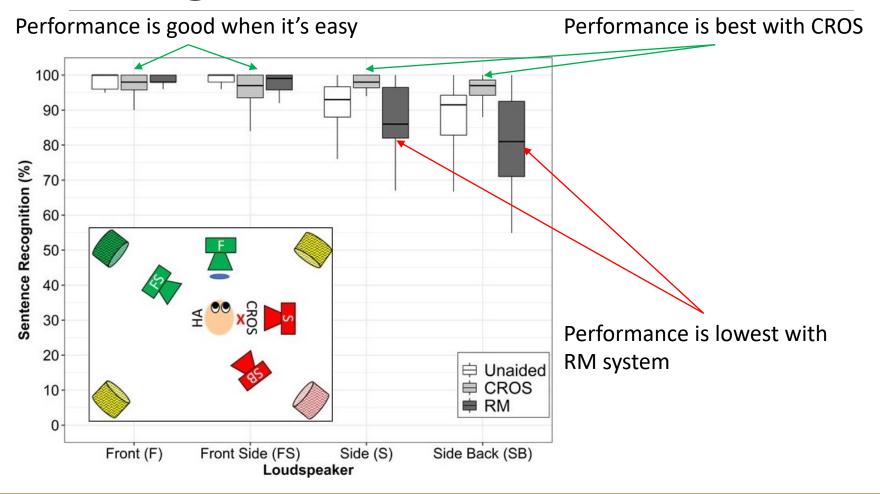
None of the interventions affect performance when it's easy

Scores are near ceiling for all conditions



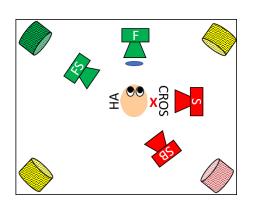


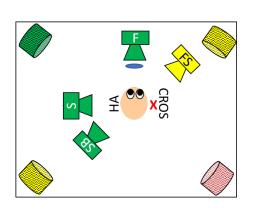
CROS helps sentence recognition in noise

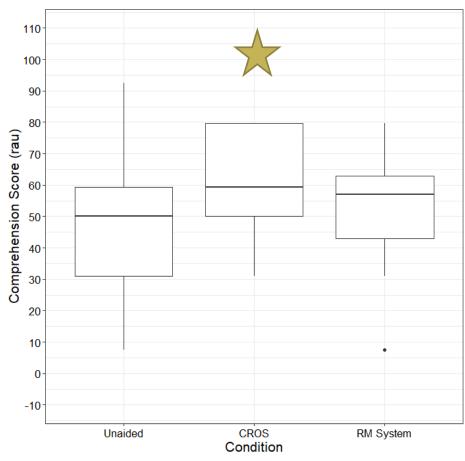




CROS helps comprehension in both configurations







In dynamic classrooms, the balance of direct/indirect talkers might not matter for CROS –

Re-routing sound is beneficial



CROS aids can improve recognition and comprehension in classrooms



CROS aids CAN improve MEDICAL CENTER TO CROSS aids CAN improve MEDICAL CENTER

CROS benefits largest in the "hard" situations, which are loaded towards the patient's bad side

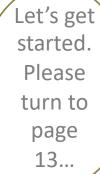
Collapsed across all configurations and tasks, CROS aids provide small, but consistent, benefits

Limited evidence that CROS makes things worse, even for monaural direct loudspeaker locations





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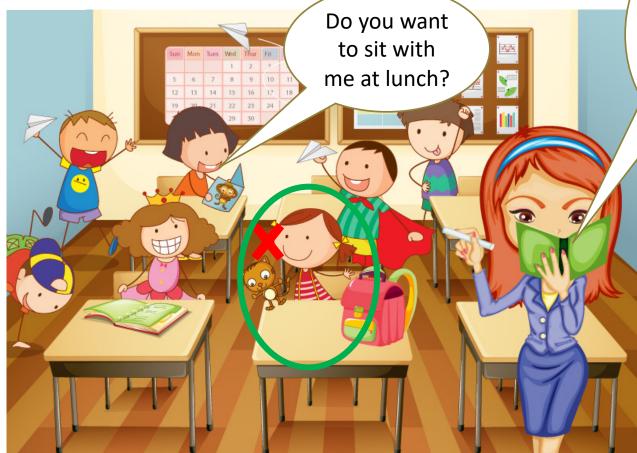
Let's get started.
Please turn to page 13...





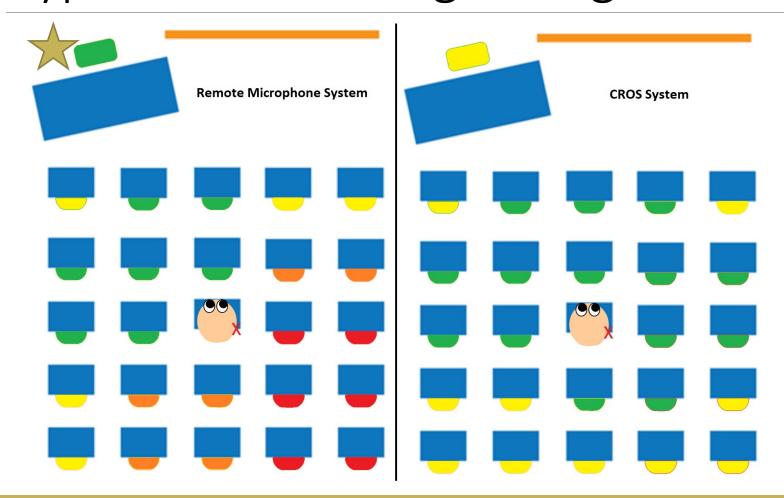
Let's get started.
Please turn to page 13...







Applying laboratory data to hypothetical seating arrangement





Can CROS help in actual classrooms?

Evidence from the Vanderbilt Classroom Listening Assessment Survey (V-CLASS)

FRONT

I am eating lunch at school; my friend across the table is telling a story **BEHIND**



I am in a quiet room talking to my friend who is studying behind me

LOCALIZE

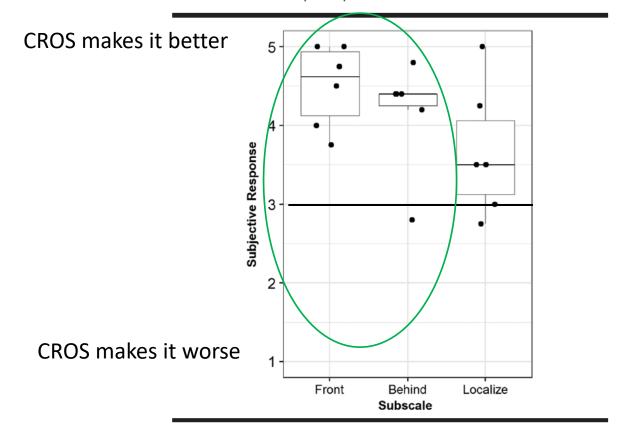


I am hanging out with my friends. Someone's phone starts to ring and I want to figure out where the ringing is coming from.



Scores on questionnaire also demonstrate CROS benefits

Figure 5. Subjective ratings for each subscale of the questionnaire. Lines indicate medians, and boxes indicate lower and upper quartiles. Data from individual participants are indicated with black dots.



Review of available literature for center CROS / RM for school-aged children

SURVEY STUDIES

Miller (1967) J Speech Hear Dis

 Teachers and parents reported favorable adjustment to body worn CROS

Purcell et al (2016)

 CROS retention rates nearly 70% for children with LUHU

Shapiro (1977)

 7 of 8 participants reported favorable CROS benefits

Picou et al (2020)

 Report benefit for 'front' and 'behind' listening situations from 6 established CROS users

LABORATORY STUDIES

Kenworthy et al (1990)

 RM provides the most consistent benefits and CROS only provides benefits in monaural indirect conditions

Updike (1994)

 RM improved speech recognition in noise and CROS can make speech recognition worse

Picou et al (2019, 2020)

 CROS improved speech recognition and comprehension in a dynamic environments













Emerging reality #2

"CROS systems can be beneficial in realistic, dynamic classrooms"





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Do we need to take RM systems out of the classroom?

No. These data demonstrate small, but consistent, benefits in a contrived listening situation

- Equal weight to teacher and peer
- Specific speaker configuration

Do consider CROS as a possible solution for students in classrooms, especially if

- Peer input is important
- Student is older
- Student rejects a RM system

RM systems are best for

- Situations with a single talker (structured lecture, play)
- Younger children who don't position themselves



Summary for school-aged children

Consequences of unilateral hearing loss for school-aged children

- Difficulties understanding speech in noise
- Increased academic fatigue
- Academic difficulties

Variety of non-surgical interventions available for classrooms (which are diverse and challenging listening situations)

- Choose preferential seat carefully considering all talkers
- RM system with a single microphone can only address one talker at a time
- CROS systems have the potential to improve auditory access for the most talkers in classrooms



Meet Jon*

42 years old

Active realtor

Jake's father

Profound unilateral hearing loss in the right ear (same ATV accident as Jake)

Wife notes some concerns

- Inattention at home
- Fatigued at the end of the day
- Difficulty localizing potential buyers in large homes





<u>Learning</u> Outcome 3

Describe potential consequences of unilateral hearing loss for adults





Assumption #3

"Normal hearing in one ear is enough – they'll be fine!"





Unilateral hearing loss in adults

Highly prevalent

- 3% of school-aged children Bess et al (1998) Ear Hear, 19, 339-354
- 7% of adults Golub et al (2018) Laryngoscope, 128, 1681-1686

Difficulty localizing sounds in space *Douglas et al (2007) Laryngoscope,* 117, 1648-1651

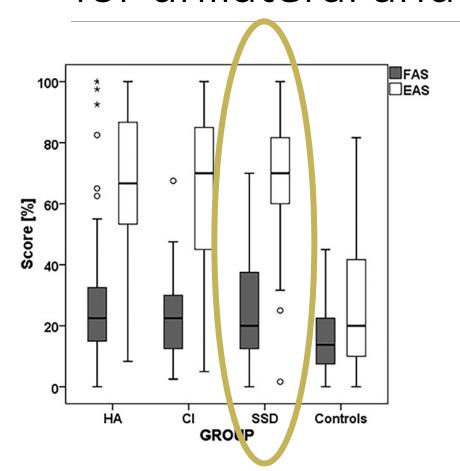
Difficulty understanding speech in noise *Vannson et al (2017) Neuropsychologia, 102, 135-143*

Increased psychosocial effects (loneliness, poor health) *Pierzycki et al* (2021) Ear Hear, 42, 520-530

Reduced quality of life *Wie et al (2010) Ann Otol Rhinol Laryngol, 119, 772-781*



Listening-related fatigued similar for unilateral and bilateral losses



Compared to a control group with normal hearing, all three groups reported similar degrees of increased effort and more fatigue

- HA mild-moderate loss and 6 months of hearing aid experience
- CI cochlear implant user for at least 6 months
- SSD LUHU due to acoustic neuroma removal and normal hearing in the other ear



Emerging Reality #3

"Unilateral hearing loss increases the risk of lower reported quality of life and listening difficulties"





Learning Outcome 4

Discuss the potential benefits of CROS systems for adults





Meet Jon*

42 years old

Active realtor

Jake's father

Profound unilateral hearing loss in the right ear (same ATV accident as Jake)

Wife notes some concerns

- Inattention at home
- Fatigued at the end of the day
- Difficulty localizing potential buyers in large homes





What would you do?

If you were Jon's audiologist, which of the following would you consider? (select all that apply)

- A. Cochlear implant evaluation
- B. Preferential seating
- C. Remote microphone system (RMS)
- D. Contralateral routing of signals (CROS)
- E. Bone conduction hearing aid
- F. Watch and wait





Why are adults different than school-aged children?

Less classroom listening time

Less likely to use RM system

More established conversational patterns (?)

More experienced at orienting themselves

More knowledge and context to support communication







Lessons learned from research with students

Disconnect between laboratory results and real classrooms

Downsides of CROS in "real world" might not be as significant due to:

- Diffuse noise
- Multiple talkers of interest
- Modern technology



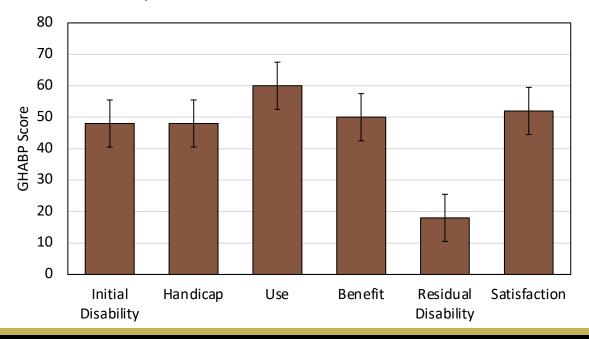


Recent evidence suggests benefits with modern CROS

Evaluated adults with CROS or bone conduction experience

Glasgow Hearing Aid Benefit Profile

- High benefit, use, and satisfaction scores with CROS
- Low residual disability scores with CROS





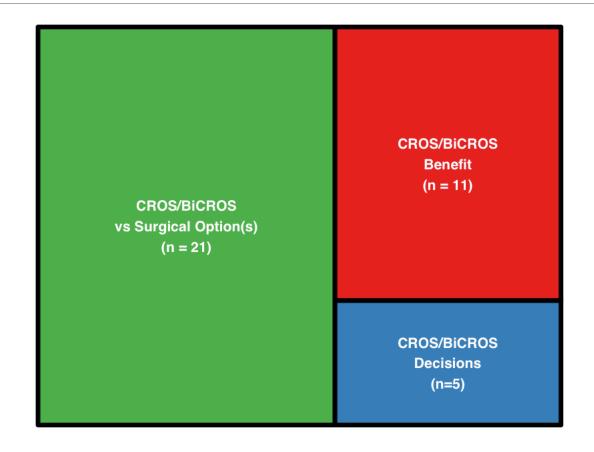
Assumption #4

"Bone conduction devices are more beneficial than CROS devices"





Evidence-base supporting CROS decisions in adults





Expected CROS and BAI benefits similar

Evaluated adults with CROS or BAI experience

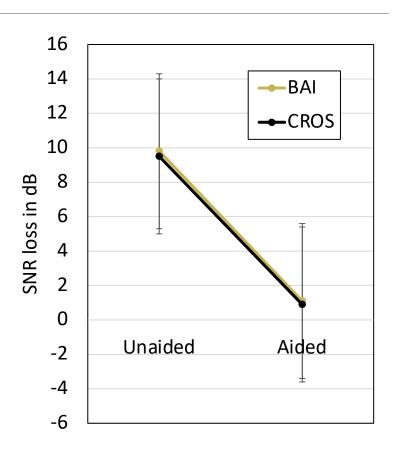
Localization

- No device benefit
- Large localization errors

Speech recognition in noise

Similar benefits for CROS and BAI







Emerging reality #4

"CROS offers similar benefits to bone conduction devices, without the surgery, and can improve speech recognition and reduce residual disability."





Recommendations from peer-reviewed research for CROS fitting in adults

Ensure patients have adequate trial period

Variability in acceptance and use

Fit modern technology

Benefits more robust for modern CROS systems

Activate noise reduction

Improves subjective outcomes

Fit advanced directionality

Ensure microphones are adaptive and can change with the situation

Provide accessible on/off switch with appropriate counseling

 Can improve benefit and make the system aids more appropriate in a variety of listening situations







Learning Outcomes

1. Describe potential consequences of unilateral hearing loss for schoolaged children

Difficulties academically, with speech and language, with quality of life

2. Discuss the potential benefits of CROS systems for school-aged children

Benefits with multiple talkers, diffuse noise, and modern technologies

3. Describe potential consequences of unilateral hearing loss for <u>adults</u>

Difficulties with speech and language, with fatigue, with general health

4. Discuss the potential benefits of CROS systems for adults

Benefits with multiple talkers, diffuse noise, and modern technologies



Managing unilateral hearing loss: How can CROS aids help?

School-aged children

- Multiple talker scenarios
- Diffuse noise
- Prefer to not use RM system
- Older children

Adults

- Multiple talker scenarios
- Diffuse noise
- Prefer not to use companion microphone system
- Situations where bone conduction aids are being considered
- Better with an on/off switch
- Not surgical candidate





Applying laboratory data to hypothetical seating arrangement

