WHY DO HEARING AIDS FAIL TO RESTORE NORMAL AUDITORY PERCEPTION?

UC

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HEARING LOSS

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Death, taxes ... and hearing loss



HEARING LOSS

Communication problems, social isolation, and more ...



Hearing loss linked to increased:

- Cognitive decline (Lin et al., 2013)
- Dementia (Lin et al., 2011)
- Mortality (Contrera et al., 2015)

Associated costs in the US expected to exceed \$50 billion annually by 2030 (Stucky, 2010)





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Hearing aids help, but not in noisy environments

% correct 100 Larson et al., 2000 Woods et al., 2015 100% 80% Normal w/o aid 50 Aided 60% Impaired 40% Quiet (52 dB SPL) Loud (74 dB SPL) 0 high low High Low High Low **Background noise level** Background noise level

Two studies of speech recognition performance

"I can hear you, but I can't understand you"

OVERVIEW

Part I:

What does the ear do? The simple answer ... What is hearing loss? The simple answer ...

What do hearing aids do?

Part II:

What does the ear do? The real answer ... What is hearing loss? The real answer ...

What should hearing aids do?

WHAT DOES THE EAR DO?

The simple answer: frequency analysis and amplification/compression



WHAT DOES THE EAR DO?

The simple answer: frequency analysis and amplification/compression



The simple answer: a decrease in sensitivity

Hair cell pathologies in older people



From UCL Ear Institute

- OHCs more vulnerable than IHCs
- Base (high freq.) more vulnerable than apex (low freq.) •

OHCs

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The simple answer: a decrease in sensitivity



The simple answer: a decrease in sensitivity



The simple answer: a decrease in sensitivity



WHAT DO HEARING AIDS DO?

The answer: restore sensitivity ... but not much else



- Most modern hearing aids implement frequency-dependent 'wide dynamic range compression'
- Other bells and whistles speech enhancement, frequency lowering, directional microphones – provide little real-world benefit

Hearing loss is much more than just a sensitivity problem



... it is a profound distortion of the signal from ear to brain

... that hearing aids fail to correct



The real answer: complex, nonlinear signal processing



The real answer: a profound distortion of the signal from ear to brain



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The real answer: a profound distortion of the signal from ear to brain



The real answer: a profound distortion of the signal from ear to brain

Impaired Normal ■ 120 ■ 105 ■ 90 ■ 75 ■ 60 ■ 45 ■ 30 · 15 F3 1.1 1 $\overrightarrow{F2}$ frequency (kHz) F1 -11 :..:::: 1 F1 f_{F2} place place F1 F2 F3 0.1 1.0 10.0 0.1 1.0 10.0 best frequency (kHz) best frequency (kHz)

Population representation of $/\epsilon/$

Hearing loss also arises from changes to the changes to the AN itself



Problem: high-threshold AN fibers are particularly vulnerable

Hearing loss also arises from changes to the changes to the AN itself



Hidden hearing loss decreases differential sensitivity at high levels

Hearing loss also arises from changes to the changes to the AN itself



Sound with increasing level in quiet environment

Homeostatic response to hearing loss causes "loudness recruitment"



Central changes result in rapid growth of loudness with level ... leaving little dynamic range for hearing aids **BRAIN PLASTICITY**

Hearing loss causes cortical map reorganization

Thresholds before and after noise trauma $\hat{\vec{B}}_{70}^{80}$



Age-related hearing loss causes a decrease in temporal acuity



Neural activity in inferior colliculus

Old

mouse

CHANGES IN E-I BALANCE

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Hearing loss causes a decrease in inhibition

Mapping synaptic inputs



V_{hold}= 0mV Inhi



Normal

Hearing impaired w/ gap detection deficit



Hearing loss is a profound distortion of the signal from ear to brain

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... that hearing aids should aim to correct



How can the necessary transformation be identified?



Challenges:

- f, f_{imp}, g highly nonlinear and complex, but machine learning to the rescue?
- Huge data requirements, but large-scale recordings can meet them

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