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Perspective of an Older Adult who Lives with Hearing Loss

"When you are hard of hearing you struggle to hear; When you struggle to hear you get tired; When you get tired you get frustrated; When you get frustrated you get bored; When you get bored you quit.

-- I didn't quit today."



Avoid by withdrawal from social interaction!

Audiograms and Age (ISO 7029)



- HF audiometric threshold elevation
 - OHC (also noise-induced hearing loss)
 - Endocochlear potentials ~ stria vascularis
- Neural loss of synchrony (Mills, Schmeidt, Schulte, & Dubno, 2006)

Speech Understanding in Noise

(CHABA, JASA, 1988)

Little problem in ideal listening conditions

- Quiet
- One talker
- Familiar person, topic, situation
- Simple task, focused activity



Difficulty in challenging listening conditions

- Noise
- Multiple talkers
- □ Strangers, accents, new topic, novel situation
- Complex task, many concurrent activities
- Fast pace
- Hearing aid
- Health care encounters?







More than Pure-tone or Speech Thresholds

(Banh, Singh, Pichora-Fuller, JAAA, 2012)



Speech, Spatial and Qualities of Hearing Scale (Gatehouse & Noble, 2004)
Conversing in adverse environment
Focusing, switching attention (group conversation)

Speech Perception in Noise (Pichora-Fuller, Schneider, Daneman, JASA, 1995)

- 8 lists: 50 sentences in babble
 - Half low-context

John did not talk about the spoon.

- Half high-context
 Stir your coffee with a <u>spoon</u>.
- Repeat last word of sentence
- Vary S:N (signal-to-noise ratio)
- (Sometimes also recall test)
- Old need 3 dB better S:N
- Context helps old 3 dB more



Effect of Simulated Auditory Aging

(Pichora-Fuller et al., Hearing Research, 2007)



Cognitive Aging

(Pichora-Fuller, IJA, 2008; Brown & Pichora-Fuller, Canadian Acoustics, 2000)

Gains:

Knowledge is preserved and context is helpful

Losses:

- Processing declines
- Working memory
- □ Slowing
- Attention/Inhibition



MoCA Repeat & Recall

(Dupuis et al., under revision)



Good Hearing – Hearing Loss

NOT modality specific!



Good Hearing









(Pichora-Fuller, Danielsson, & Dupuis, GSA, 2013)

Summary

HL: diagnosed medically, experienced socially

Ear-brain networks are plastic

- Compensation (short term)
- Deterioration (long term)
- Social interactions are influenced by and may influence change
- Everyday environments challenge communication accessibility

Health implications

- Promotion of healthy active aging
- Prevention of adverse events
- Self-management of various chronic health issues
- Adherence and benefit from various interventions pivoting on communication in care or life contexts

 Solutions encompassing auditory, cognitive, social, environmental approaches

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WHO International Classification of Functioning (ICF, 2001)



Paradigm Shifts in Practice

Impairment

Diagnosis

- Disability (Activity)
 Rehabilitation
- > Handicap (Participation) Accessibility
- Biophysical to socio-environmental view of health

Age and Modality Issues

MoCA total score

□ ~ PTA(W) .000

□ ~ age .051

Correlations (p <.0005)
 MoCA DR x Aud FR .378
 MoCA DR x Vis FR .419
 Aud FR x Vis FR .454



ANOVA for FR: Good vision only (N = 122)

- *Group (NH, HL): F*(1,108) = 5.66, *p* = .019
- *Modality (A,V): F*(1,108) = 10.66, *p* = .001
- *Group x Modality: F*(1,108) = .53, *p* = .47

Negative Views of Aging, Self-perceptions and Memory and Hearing Performance

(Chasteen, Pichora-Fuller, Dupuis, Singh, & Smith, in preparation)

