

# Importance of Early Intervention in Cases of Unilateral Hearing Loss

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# Objectives



- Define different types of unilateral hearing loss in children
- Identify possible adverse effects of unilateral hearing loss in children
- Compare early intervention and management options for unilateral hearing loss

# Unilateral Hearing Loss



## Sensorineural Hearing Loss:

- Aidable hearing thresholds
  - Mild to moderately-severe hearing loss thresholds
- Limited usable hearing unilaterally (LUHU)/Single Sided Deafness (SSD)
  - Severe to profound thresholds
  - Limited word understanding

## Conductive Hearing Loss:

- Congenital conductive hearing loss
  - Microtia/atresia
  - Ossicular abnormalities
- Acquired conductive hearing loss
  - Chronic ear infections
  - Surgeries
  - Trauma



# Incidence of Unilateral Hearing Loss

- Hearing loss occurs in 1-3 per 1000 births
  - 30-40% of all cases of hearing loss are unilateral hearing loss cases
  - 3-8.3% of the general population

Microtia/ atresia occurs in 1.55 per 1000 births

20% of congenital SSD cases have cochlear nerve aplasia or severe hypoplasia

50% of children with UHL showed progression in one or both ears over time

# Challenges with Unilateral Hearing Loss

- Spatial hearing/localization
- Speech in noise
- Listening from a distance



# Challenges with Unilateral Hearing Loss

- Spatial hearing relies on the integration of binaural cues
  - Binaural cues: signals from both ears
  - Access to binaural cues is important for:
    - Identifying where in the environment a sound is coming from
    - Improving the signal to noise ratio
    - The ability of the brain to separate sound from spatially separated sources
    - Increasing sensitivity to differences in sound intensity and frequency

# Effects of Unilateral Hearing Loss

- **Speech and language delays**
  - Lower language scores compared to normal hearing siblings
  - 2.5 times more likely to receive speech and language therapy
  - 4-9 times more likely to be delayed in auditory and pre-verbal vocalization

# Effects of Unilateral Hearing Loss

- Speech and language delays
- Cognitive delays
  - Lower IQ scores (6.4 point difference on average)



# Effects of Unilateral Hearing Loss

- Speech and language delays
- Cognitive delays
- Worse academic performance
  - 22% to 35% rate of repeating at least one grade
  - 12% to 41% receiving additional educational assistance
  - More likely to require an Individualized Education Plan (IEP)
  - Listening fatigue

# Effects of Unilateral Hearing Loss

- Speech and language delays
- Cognitive delays
- **Worse academic performance**
- **Psychosocial impacts**
  - Lower quality of life scores

# Neuroplasticity

- Cross-modal reorganization
  - A sensory modality (for example: vision or hearing) may recruit another sensory system as compensation for deficits in the deprived/inactive modality
  - May explain why children with unilateral hearing loss have limited benefit from devices if implemented past the critical time frame
- Cross-modal reorganization can occur even with mild hearing losses
- Children with SSD have exhibited evidence of decreased activation of attention networks, as well as other abnormalities in brain activity associated with executive function, cognition, and language comprehension

# Neuroplasticity - Cross-Modal Reorganization

- Case Study completed by Sharma et al 2016:
  - 9-year-old girl
  - Progressive SSD (severe to profound hearing loss in the right ear)
    - Idiopathic hearing loss beginning at age 5
  - Underwent a trial with a CROS and FM system
  - Denied approval for a bone conduction device by insurance
  - Testing completed pre- and post- cochlear implantation completed at age 9

# Neuroplasticity - Cross-Modal Reorganization

- Pre CI implantation:
  - Findings indicated age-appropriate development of the central auditory pathway in the normal hearing ear
  - Delayed responses in the affected ear suggesting immature development of the pathway
  - Found to have overall increased listening effort and cognitive load
  - Evidence of cross-modal reorganization
    - Visual area of the brain was found to be more active
    - Somatosensory area of the brain was found to be more active

# Neuroplasticity - Cross -Modal Reorganization



- Post CI implantation results indicated:
  - Decrease in overall listening effort
  - More typical development of binaural auditory pathways post implantation
  - Less reliant on the visual part of the brain than pre-implant
  - Complete reversal of the recruitment of the somatosensory part of the brain
- Behavioral testing:
  - Speech perception scores improved significantly
  - Sound localization improved to just outside the normal range for typically hearing adults

# Children's *Hearing Program*

## OUR TEAM



## AUDIOLOGISTS



## PSYCHOLOGISTS



## SOCIAL WORK

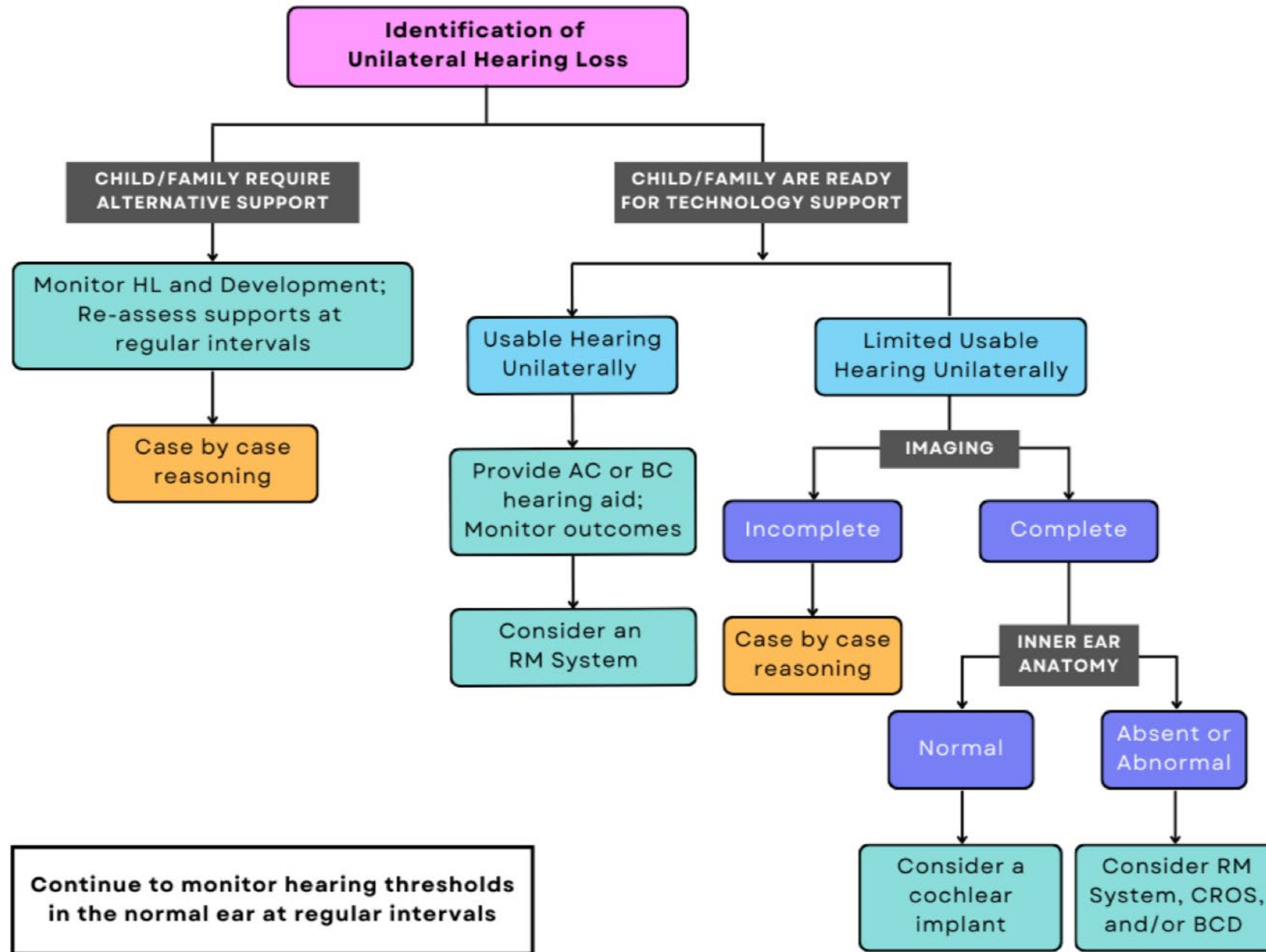


## AUDITORY VERBAL THERAPISTS



## DEAF EDUCATION

# Current Guidelines:



Continue to monitor hearing thresholds in the normal ear at regular intervals



# Air Conduction Hearing Aids

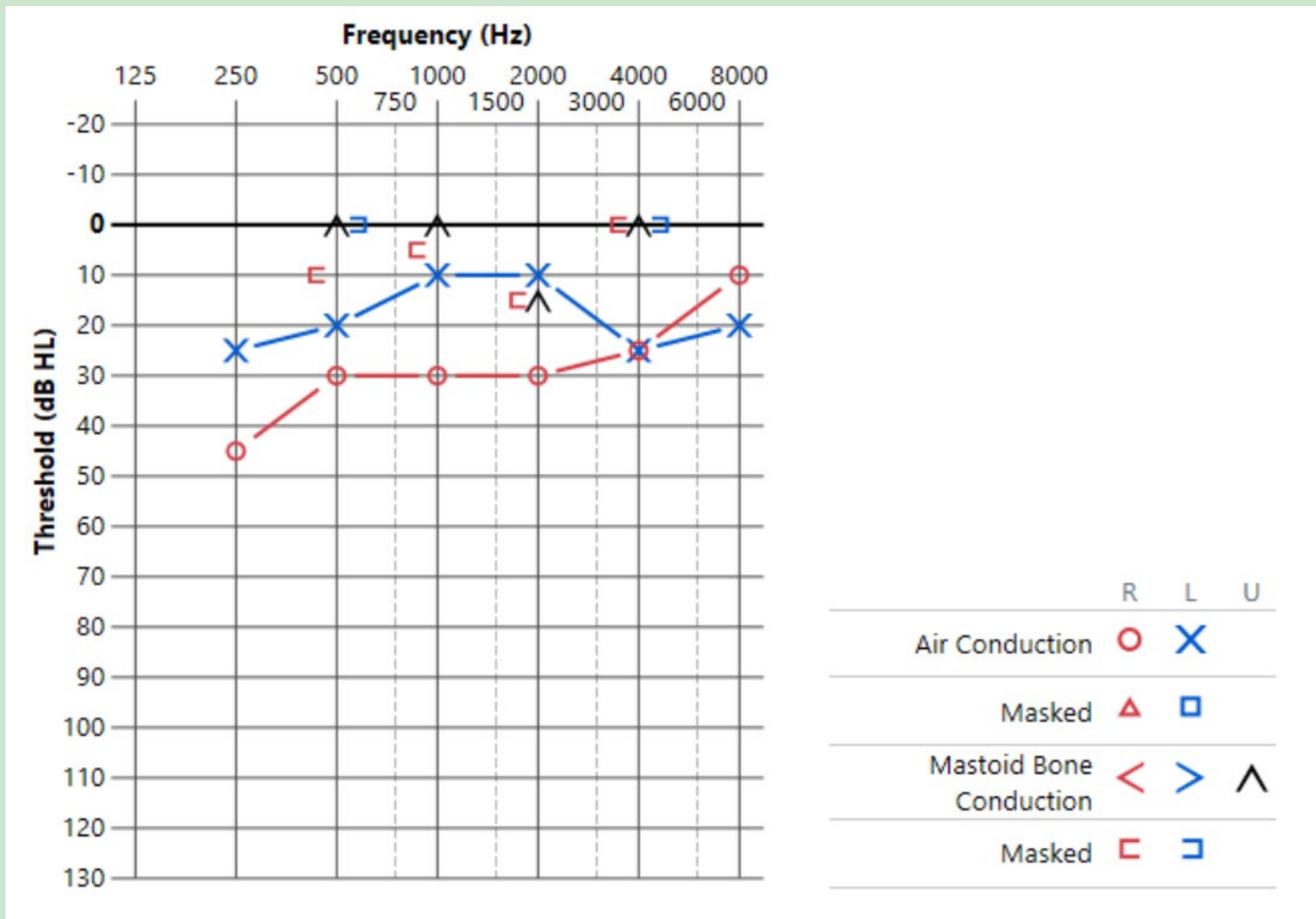
- Hearing aids are an option when hearing thresholds are within an aidable range and a child has word understanding ability



# AC Hearing Aids - Case Study

- 6-year-old girl, wears right hearing aid
- Hearing loss secondary to tympanic membrane perforation

Functional testing scores:  
Speech in noise testing (BKB-SIN)



Mild to moderate conductive hearing loss rising to normal peripheral hearing sensitivity in the right ear



No hearing aid: Moderate SNR loss (6.5 dB)



Hearing aid: Responses within the normal range (-1 dB SNR)

# Bone Conduction Device (BCD)

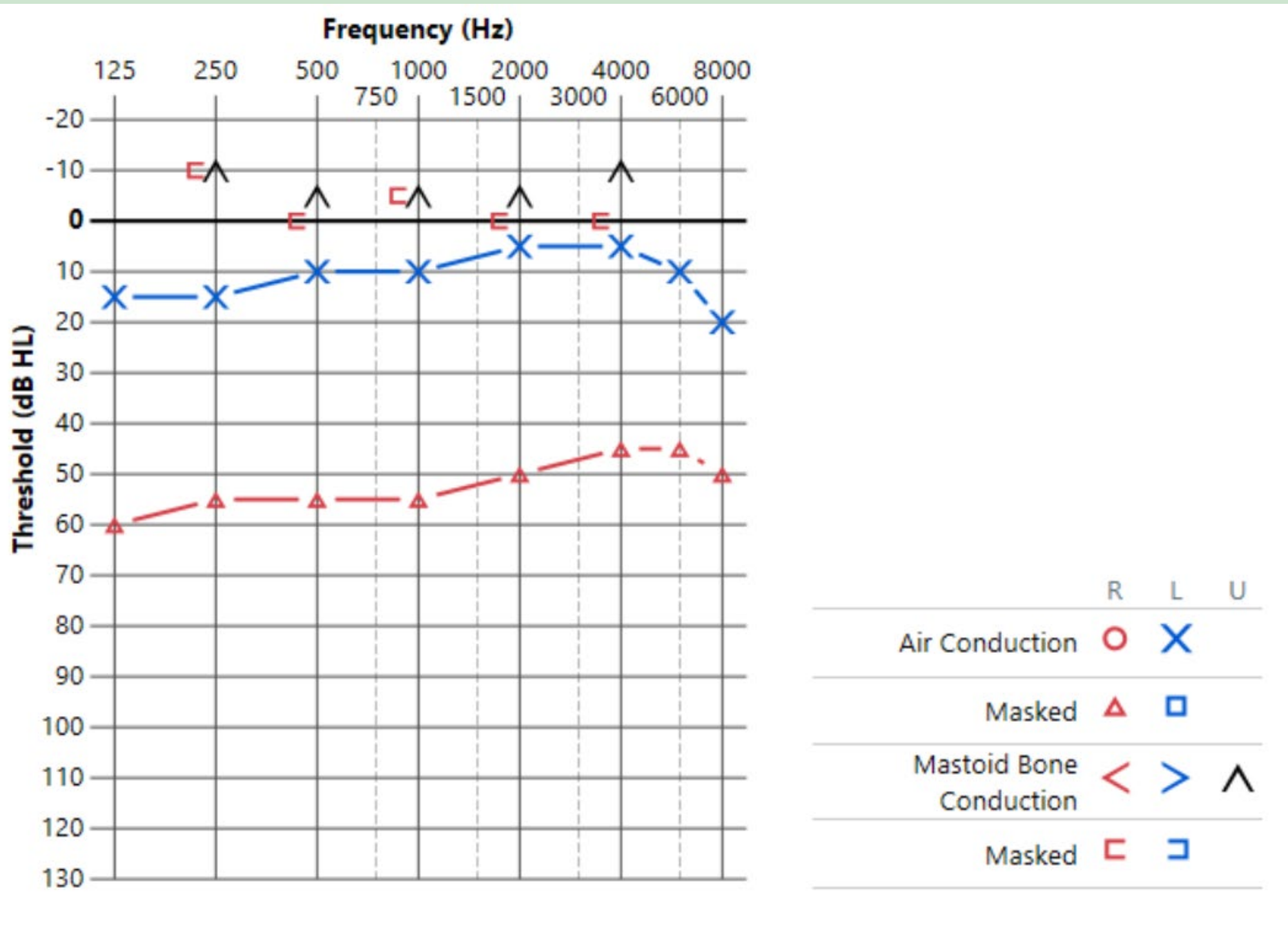
- An option if a child has a conductive or mixed hearing loss
- A rerouting option for children with SSD



# Bone Conduction Device- Case Study

- 6-year-old boy with right sided microtia/atresia
- Wears a BAHA 6 Max on a softband

Functional testing scores:  
Speech in noise testing (Spanish HINT)



No BCD: 4% words correct

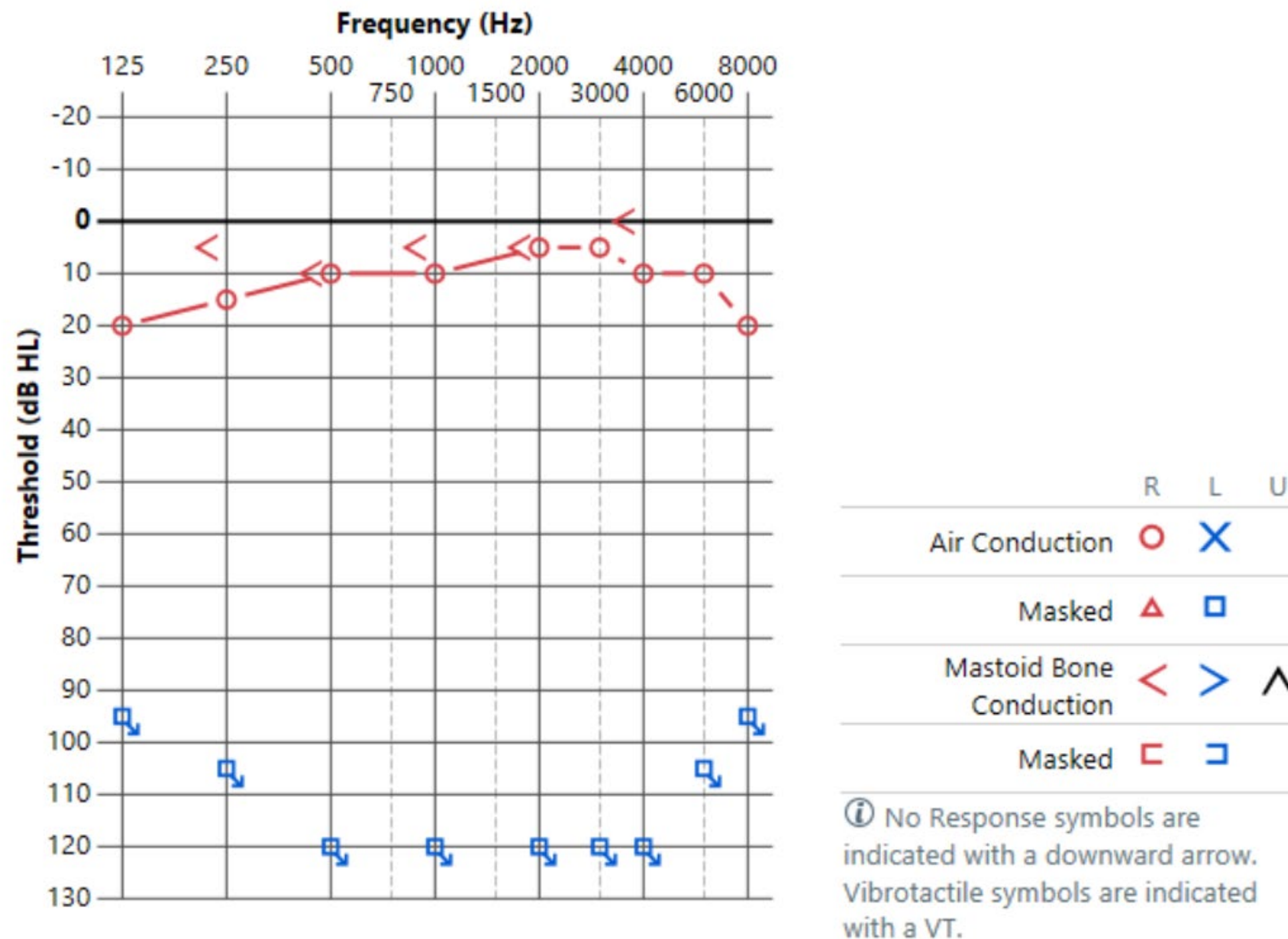


With BCD: 73% words correct

Moderate to moderately-severe conductive hearing loss in the right ear

# Bone Conduction Device- Case Study

- 5-year-old boy with left SSD secondary to cochlear nerve hypoplasia
- Wears a BAHA 6 Max on a softband



Profound sensorineural hearing loss in the left ear

Functional testing scores:  
Speech in noise testing (BKB-SIN)



No BCD: Responses within the normal range (3 dB SNR)



With BCD: Also within the normal range (1 dB SNR) however improvement is noted

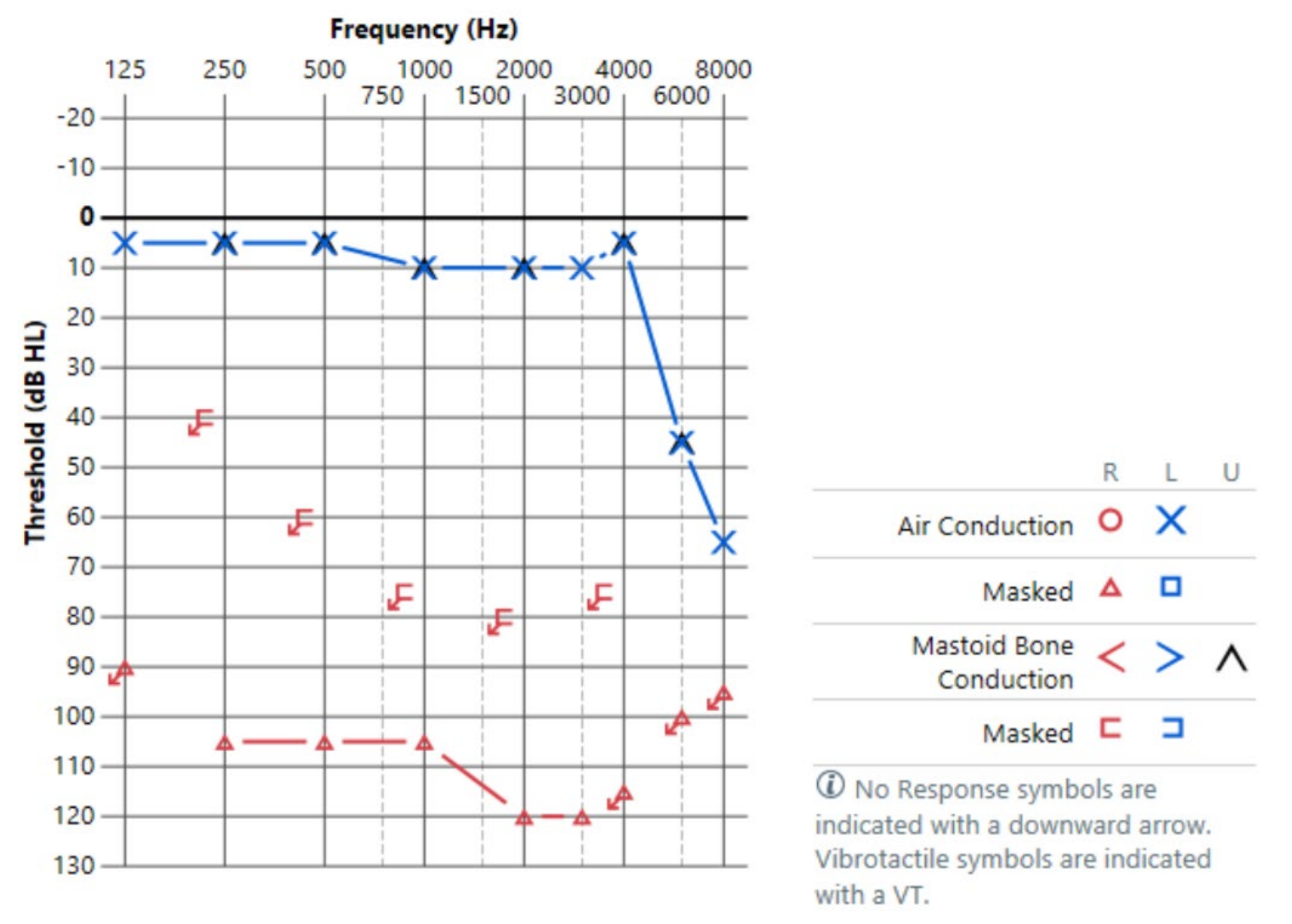
# Contralateral Routing of Signals (CROS)

- Does not stimulate ear with hearing loss
- Takes information from hearing loss side and sends it to the hearing ear



# CROS - Case Study

- 12 year-old-girl
- Hearing loss secondary to bacterial meningitis



Profound sensorineural hearing loss in the right ear  
 Progressive sensorineural hearing loss in the left ear

## Functional testing scores: Speech in noise testing (BKB-SIN)



No CROS: Responses within the normal range (2.4 dB SNR)



With CROS: Also within the normal range (1.9 dB SNR) however improvement is noted

# Cochlear Implant (CI)

- Direct stimulation of ear with hearing loss
  - severe to profound hearing loss
  - poor word understanding

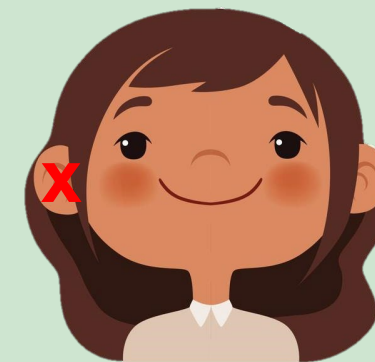




# Cochlear Implant - Case Study

- 10-year-old girl
- Congenital SSD

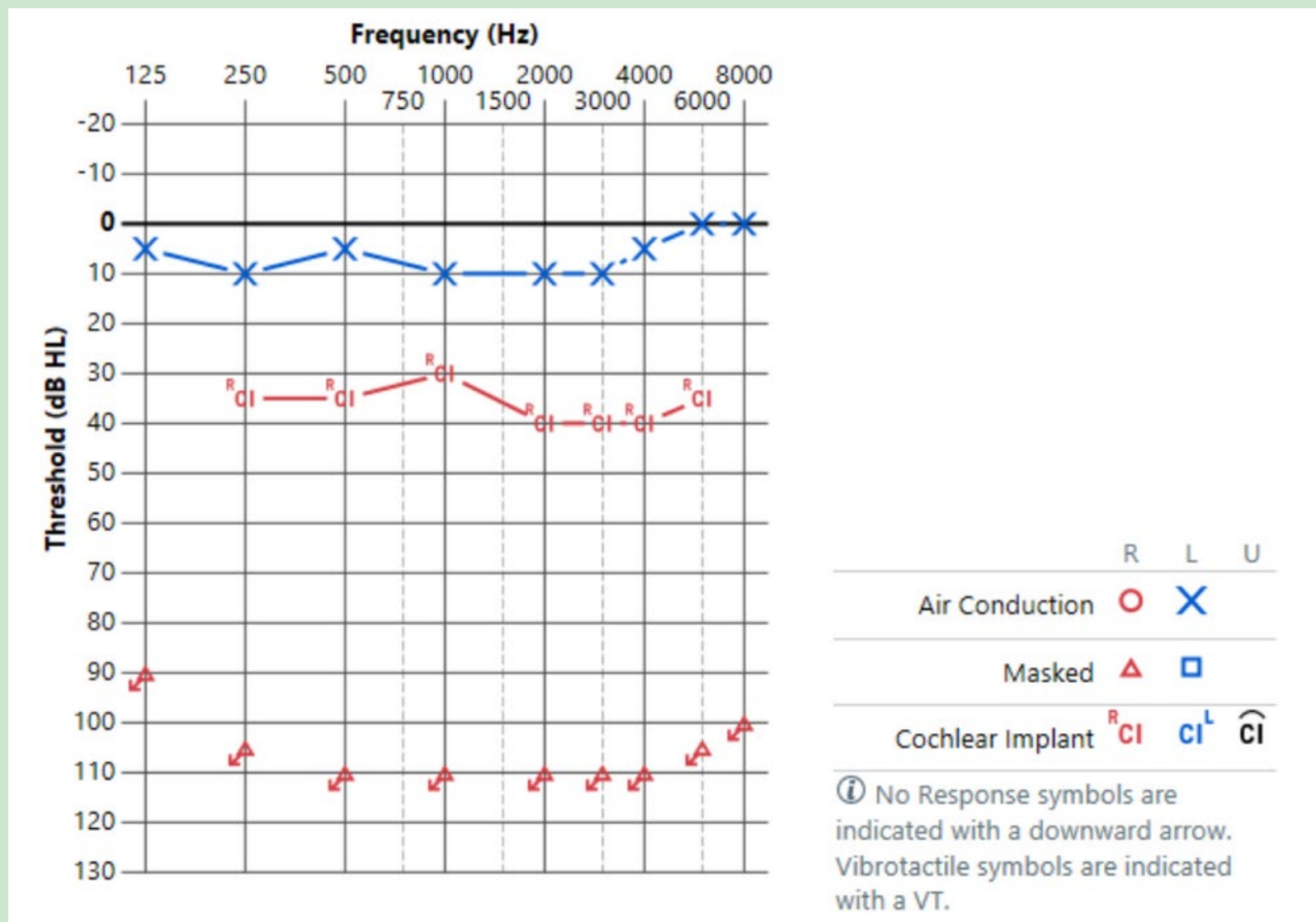
Functional testing scores:  
Speech in noise testing (BKB-SIN)



No Cochlear implant: Mild SNR Loss  
(4.2 dB SNR)



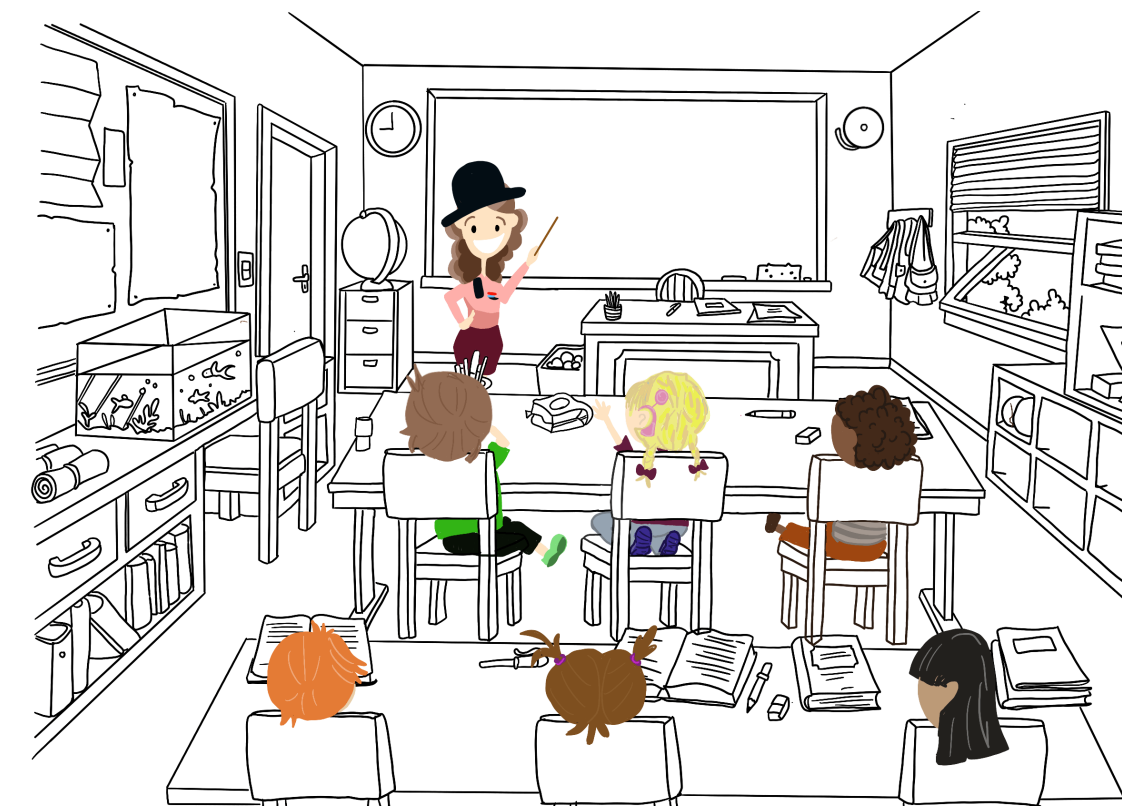
With Cochlear Implant: Responses  
within the normal range (2 dB SNR)



Profound sensorineural hearing loss in the right ear

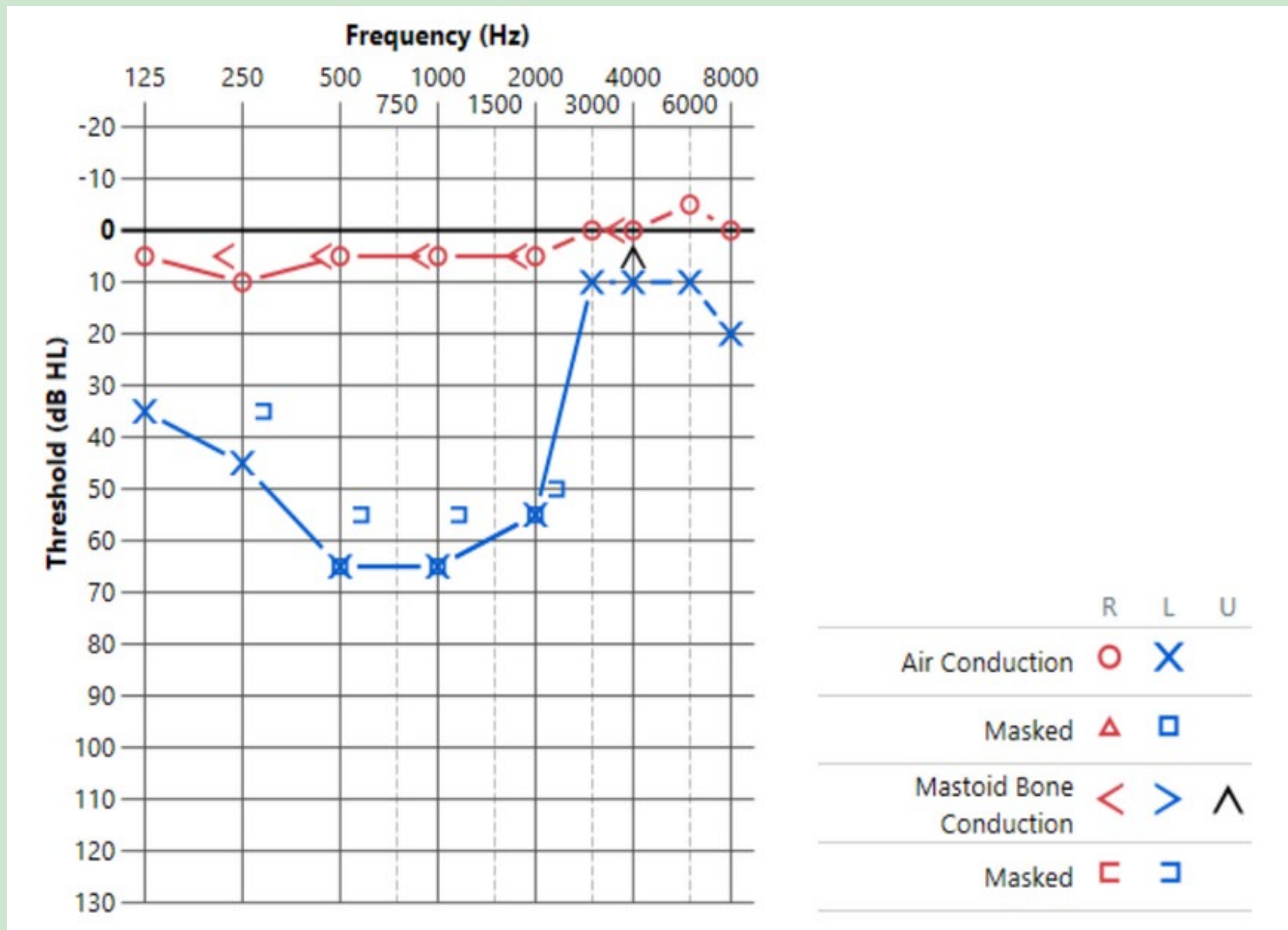
# Hearing Assistive Technology

- No amplification
- Teacher wears a microphone
- Student wears an ear level transmitter so that the teacher's voice is audible in their normal hearing ear
- Improves speech in noise and listening at a distance



# Sometimes, devices don't always improve outcomes

- 9-year-old girl
- Abnormal vestibular anatomy
- Long time hearing aid user

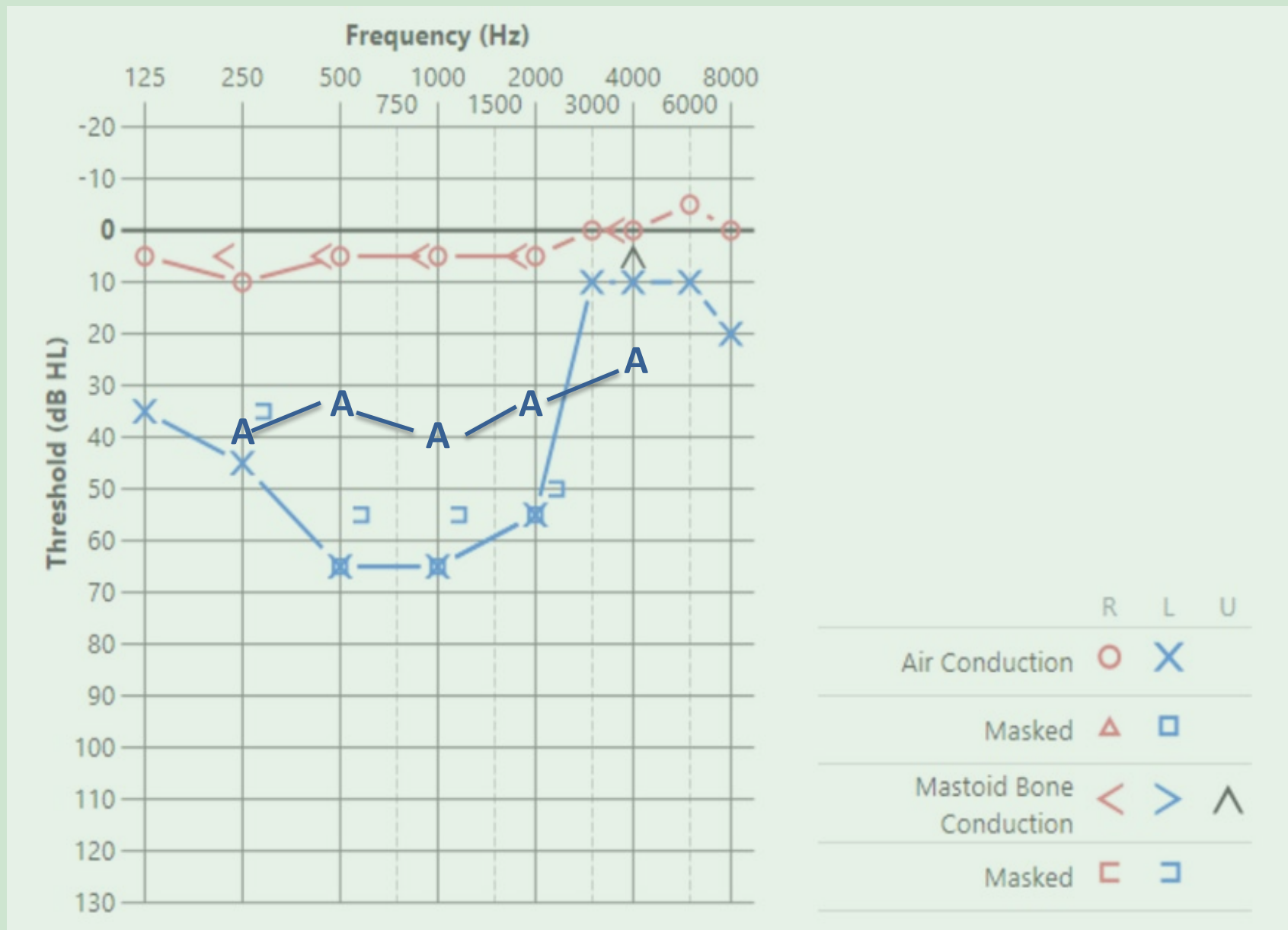


Left sensorineural hearing loss

# Sometimes, devices don't always improve outcomes

- 9-year-old girl
- Abnormal vestibular anatomy
- Long time hearing aid user

Functional testing scores:  
Speech in noise testing (BKB-SIN)



Left sensorineural hearing loss



No hearing aid: Responses within the normal range (-0.8 dB SNR loss)

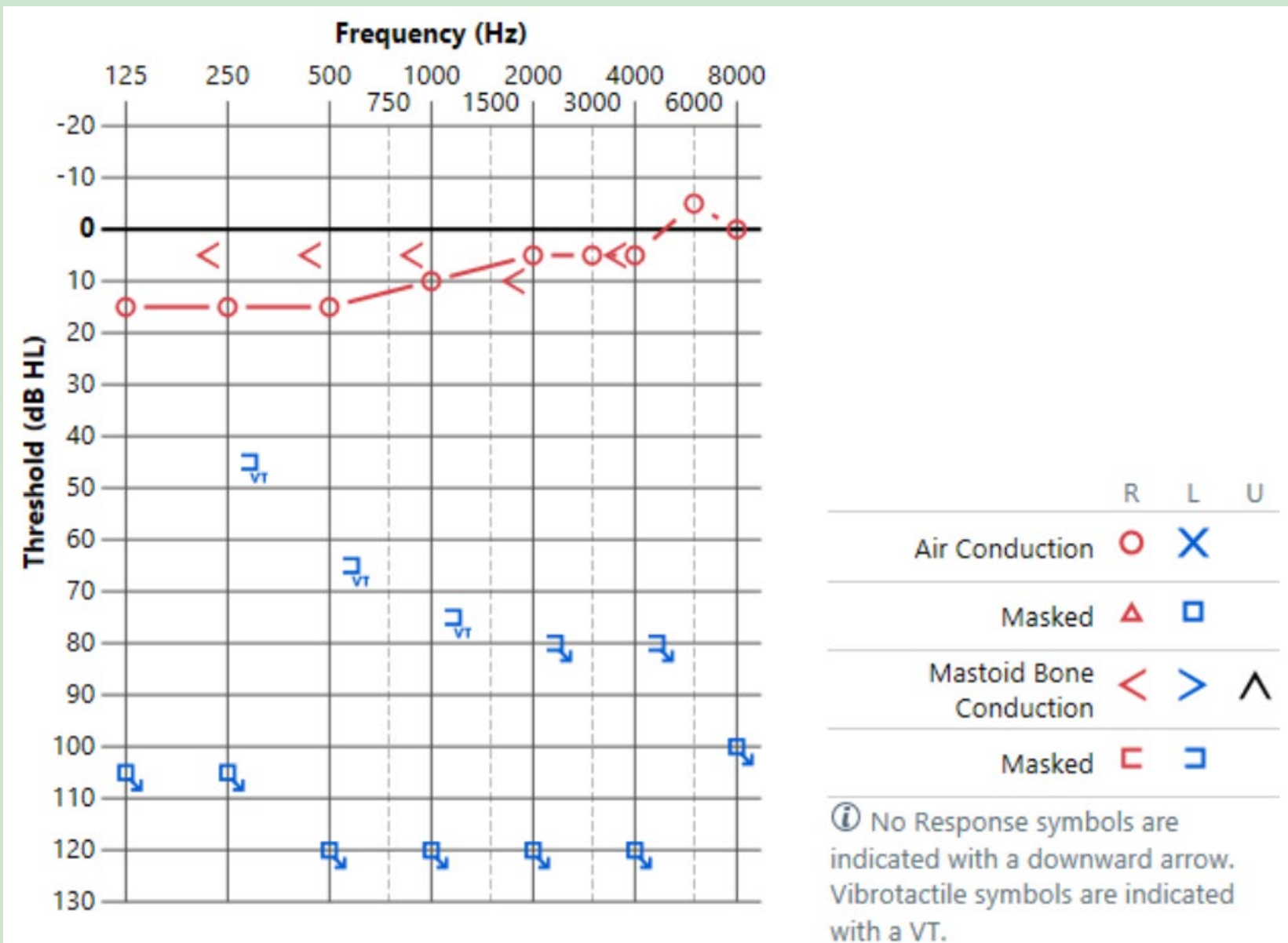


With hearing aid: Also within the normal range (0.2 dB), however it is noted to be worse

# Sometimes, devices don't always improve outcomes

- 13 year-old-girl
- SSD since childhood, no newborn hearing screening

Functional testing scores:  
Speech in noise testing (BKB-SIN)



Left profound sensorineural hearing loss



No CROS: Moderate SNR loss (13.4 dB SNR)



With CROS: Moderate SNR Loss (13.5 dB SNR)

# No Devices

Devices do not work for every individual, especially if implemented  
on in life.

If a family elects to not move forward with a device for a UH,  
monitoring is **IMPERATIVE**



# Monitoring

Audiometric thresholds

Academic  
performance

Speech and language  
milestones

Socioemotional  
outcomes

# Classroom Accommodations

- Hearing assistive technology (HAT)
  - Ear-level
  - Soundfield
- Preferential and Strategic seating
  - Better hearing ear away from background noise and towards teacher
  - Close to the front
- Repetition
- Visual cues
- Note taker





# Conclusion

Unilateral hearing loss size does not fit all!

Early diagnosis and intervention are imperative for improved outcomes




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# THANK



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