

Measuring the objective and subjective limens for speech intelligibility benefits

David McShefferty, William M. Whitmer & Michael A. Akeroyd

Medical Research Council / Chief Scientist Office
Institute of Hearing Research – Scottish Section



INTRODUCTION

The inability to provide appreciable speech-in-noise benefits can lead to the non-use of hearing aids (McCormack & Fortnum, 2013). Non-use can come from unmet expectations (i.e., benefits without satisfaction; Demorest 1984) manifest as meaningless benefits or simply undetectable benefits. Here we look specifically at objective and subjective speech intelligibility benefits based on changes in signal-to-noise ratio (SNR) when the signal is speech.

Based on the premise that a meaningful benefit should be a reliably discriminable benefit, we measured, using multiple procedures, what is a **discriminable benefit**: the just noticeable difference in SNR.

But a JND is a psychophysical benchmark. How large does a change in speech in noise need to be for it to be meaningful to someone? What is meaningful and clinically significant is often applied to service-wide treatments; here, we look at what could induce intervention-seeking behaviour for an individual. That is, how much subjective value do patients ascribe to discriminable speech intelligibility benefits?

Using the same stimuli as examples of pre- and post-benefit situations, we also measured what is a **meaningful benefit**: the minimum SNR change necessary to spur someone to seek out a clinical intervention (e.g., a new or adjusted hearing aid).

SUMMARY

We presented paired examples of speech and noise, one at a reference SNR and the other at a variably higher SNR, to examine what are discriminable and meaningful speech intelligibility benefits

The threshold for a **discriminable benefit** was 3 dB

The threshold for a **meaningful benefit** was 6–8 dB

At least 6 dB – more in less noisy situations – is necessary to motivate participants to seek an intervention based solely on changes in speech and noise levels.

There is no wow in demonstrable SNR benefits.

STIMULI

The same stimuli were used across experiments.

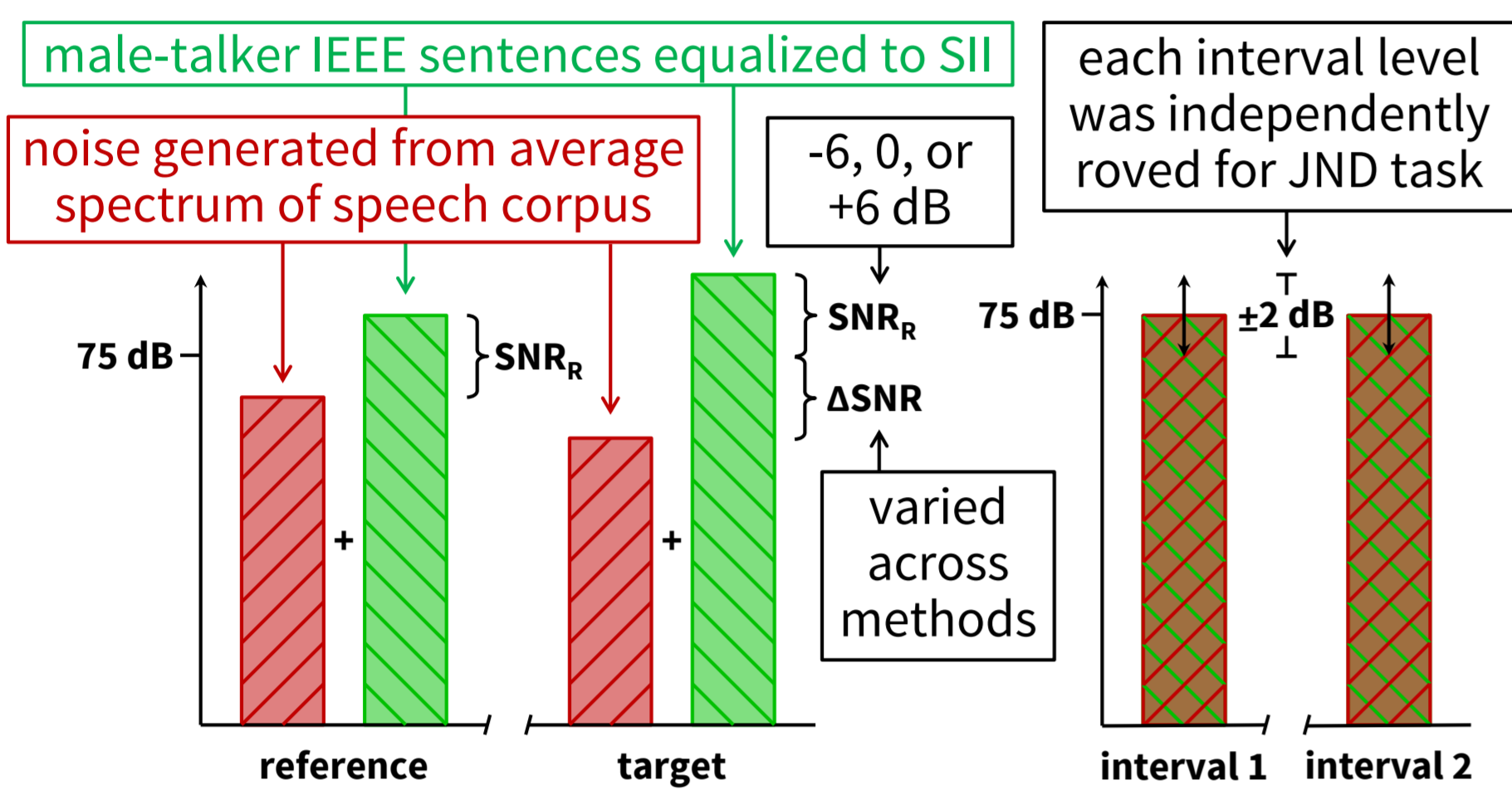


FIGURE Schematic of stimulus generation. Speech signals were recorded at 22.05 kHz sample rate (Faulkner & King 2006), equalized to match SII standard spectrum for normal vocal effort (i.e., flat to 500 Hz then -9 dB/oct). A random sentence was chosen for each trial.

APPARATUS

Participants were seated in a sound-proof audiometric booth. Stimuli presented diotically through circumaural headphones. Touch-screen monitor recorded responses.

DISCRIMINABLE BENEFIT

2AFC task

- Which one was clearer?
- Compare speech and noise levels in each interval

Adaptive track procedure

- 3↓/1↑ ⇒ 79% estimate
- Starting ΔSNR of 12 dB
- Ref SNRs (SNR_R): 0 & +6 dB
- √3, √2 & √1.5 multiplicative step sizes; reversals of 2, 2 & 4
- Geometric mean of last 4 reversals ⇒ threshold
- Average best 2 of 3 thresholds

Fixed-level procedure

- ΔSNRs: 0.5, 1, 2, 3, 4, 6 & 8 dB
- SNR_R of 0 dB only
- Total of 40 trials @ each ΔSNR
- 79% estimate using MLE logistic

Results: 3 dB SNR JND

	+6 dB ref mean (σ)	0 dB ref mean (σ)
Adaptive (n = 44)	3.5 (1.5)	2.9 (1.3)
Fixed-level (n = 25)	3.3 (1.3)	3.0 (1.0)

TABLE Summary of SNR JND results for adaptive and fixed-level procedures. There was a significant difference (*) between SNR_R although the n² was small. Excluding two listeners as outliers (i.e., JNDs ≥ 3σ), fixed and adaptive results were equivalent (~3 dB).

Issues

- Level roving to eliminate level cues may have been inadequate (underestimate)
- Order effects: 12% increase when better SNR in 2nd interval
- Possible sign that JND may be (partly) an intelligibility JND

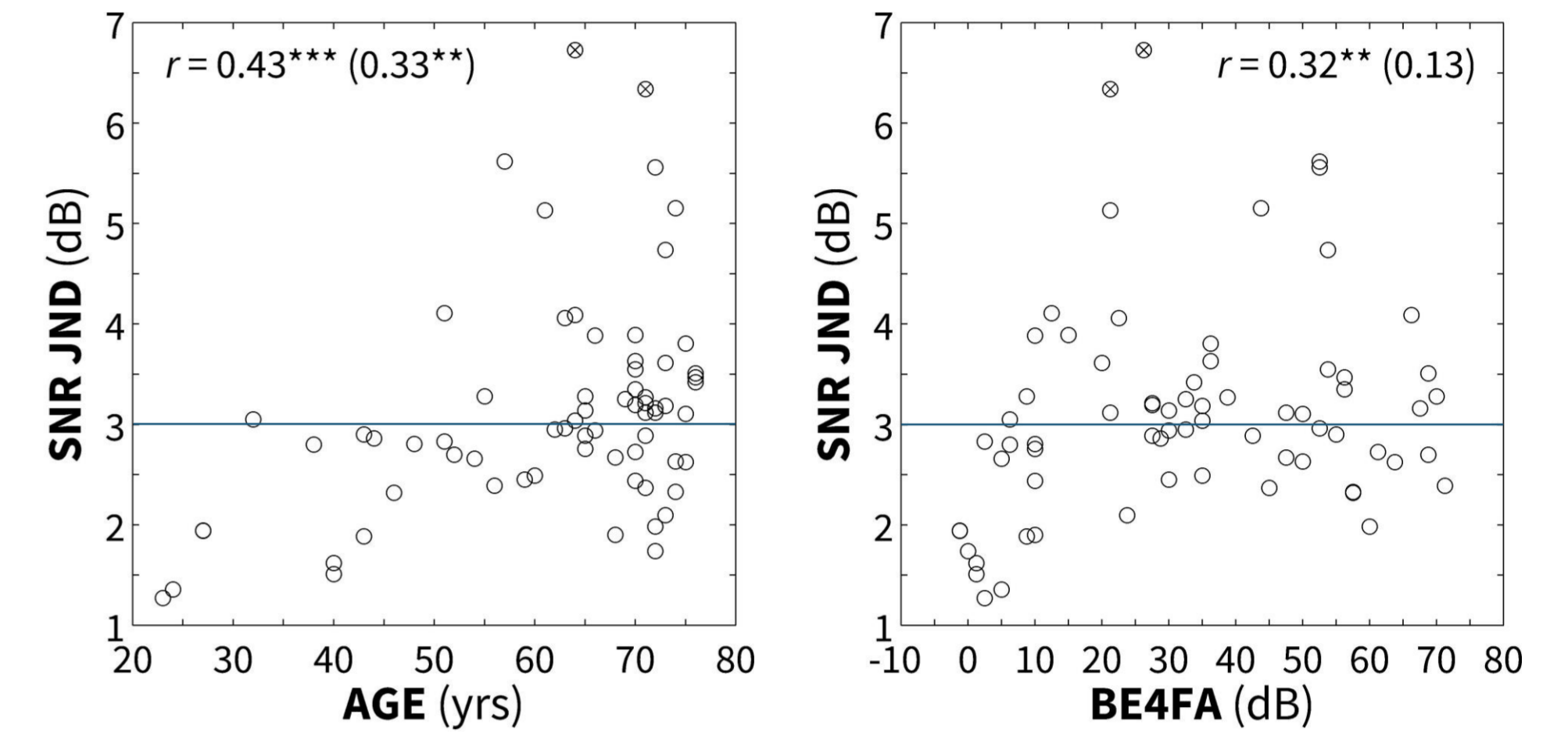


FIGURE Individual discriminable SNR results for 0 dB SNR reference as a function of age (left panel) and better-ear four-frequency average (BE4FA) hearing loss (right panel). Outliers from the fixed-level method (with means 3σ greater than the group mean) are shown with crosses. Line shows mean SNR JND excluding outliers.

SNR JND (~3 dB) > Level JND (~1 dB)

- Task difficulty of simultaneous + sequential comparison
- Potential source of correlation between JND and age
- Glimpsing of speech envelope in “steady” noise background
- JND possibly less for single talker, most likely more for real scenarios (multiple distractors, reverberation)

MEANINGFUL BENEFIT

Multiple subjective-comparison tasks using SNR_R and SNR_R + ΔSNR pairs as examples of situations to measure meaningful SNR change.

- RATING** [±5] How much better/worse is the change in SNR
- SWAP** [Y/N] If they would swap a current device (SNR_R) for a different device (SNR_R + ΔSNR)
- CLINICAL SIGNIFICANCE** [Y/N] If they would be willing to go to the clinic for the given SNR increase (benefit) or decrease (deficit)

2) SWAP

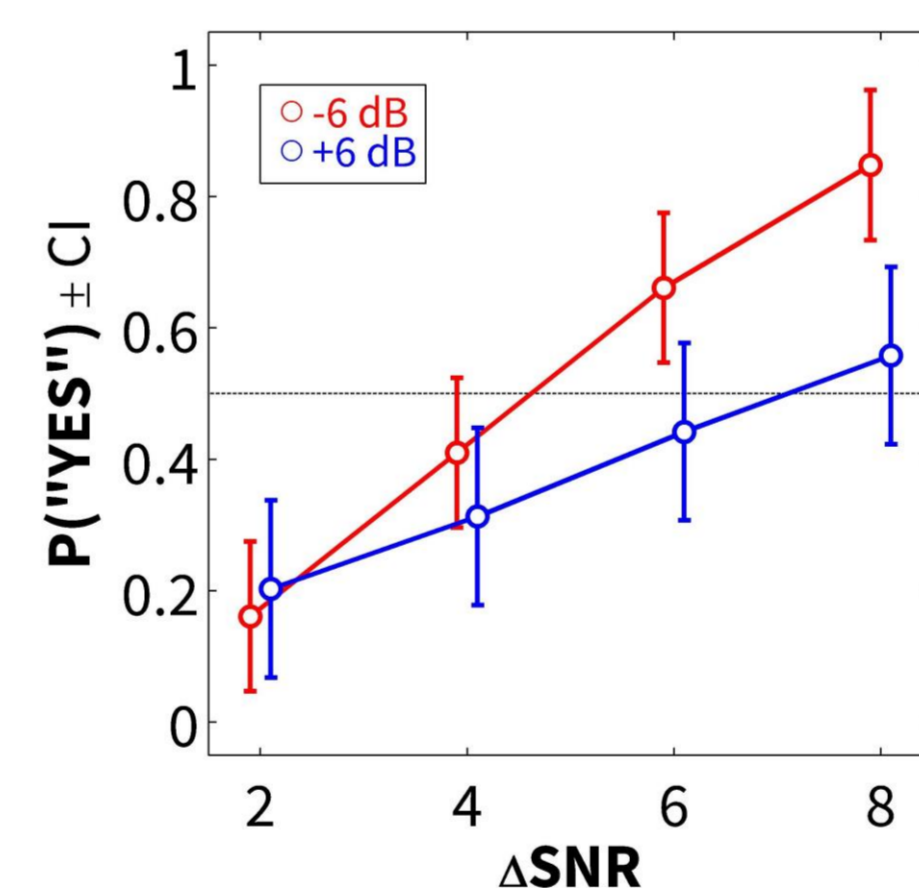
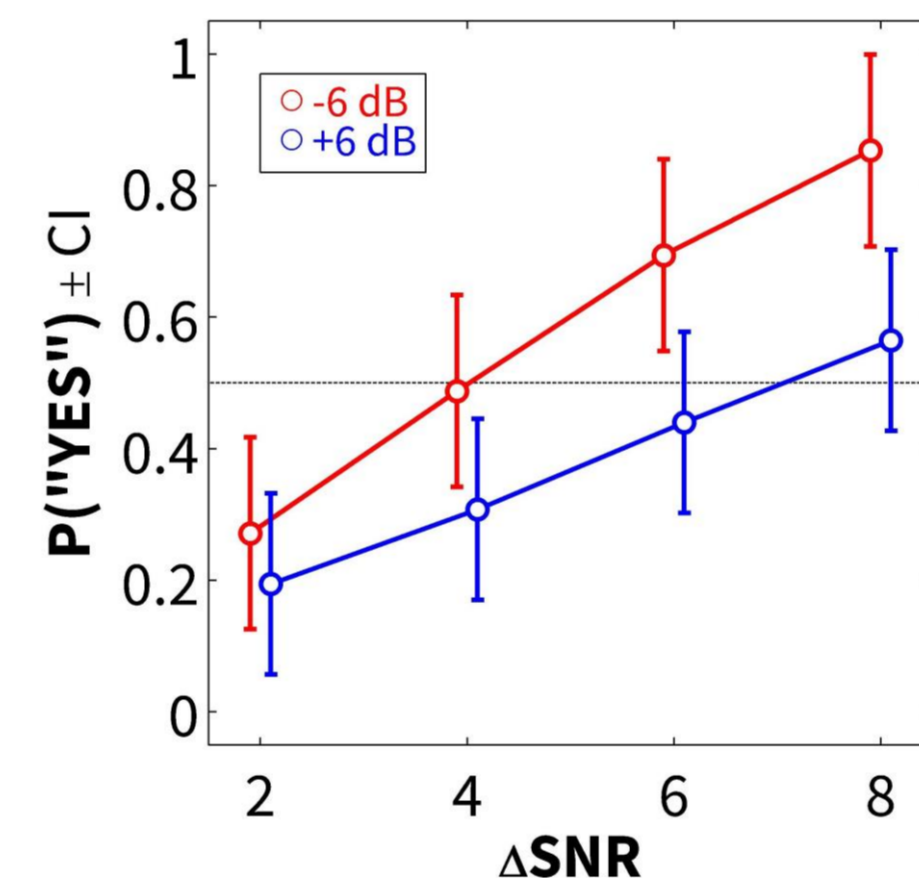
Would you swap your current device for a different one?

- 35 HI adults
- Using P(YES) > chance (0.5) as threshold for willingness to swap devices

Effect of SNR_R:
6 dB ΔSNR @ -6 dB
8+ dB ΔSNR @ +6 dB

- Examining participant subset who at least tried hearing aids (n = 23) did not change results

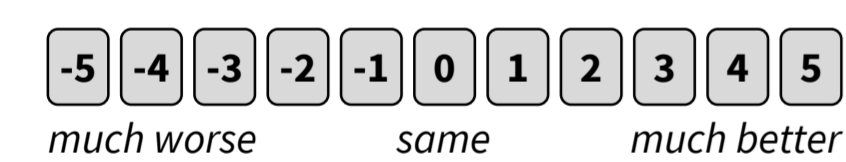
- Used questionnaires of general health and hearing status to examine variability
- Correlation between QoL & individual P(Y) @ ΔSNR = 4 (r = -0.44*)
- No correlations between P(Y) & HA benefit, duration of use or background-noise annoyance



FIGURES Results of swap task for all participants (top panel) and only those participants that reported via questionnaire to have at least “tried” hearing aids (bottom panel). Willingness to swap did not exceed chance until 6 dB SNR change in -6 dB SNR condition.

1) RATING

How was the second example compared to the first?



- 33 HI adults
- SNR_R: 0 dB

Clear order effect (positive vs. negative change)

- Positive > 1 @ 4 dB ΔSNR
- Negative > |1| @ ~8 dB ΔSNR
- Possible sign of increased intelligibility with repetition

But what does a unit change represent?

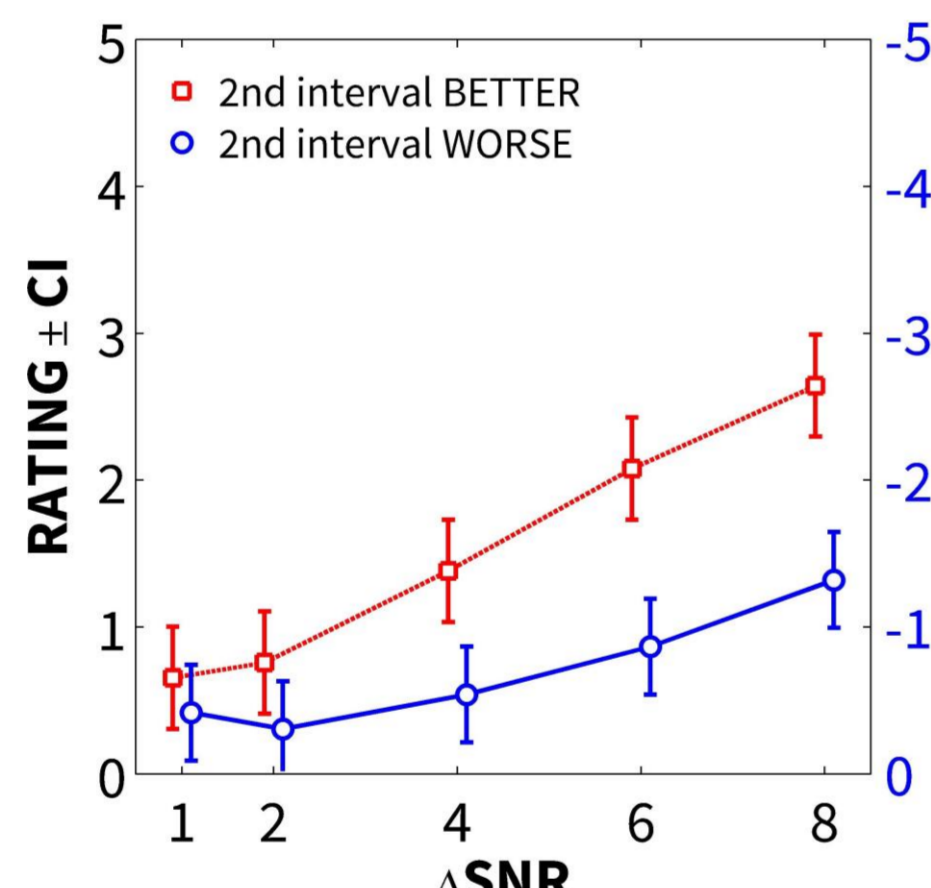


FIGURE Results of rating task for all participants showing mean better (□) and worse (○) rating as a function of SNR change; error bars show 95% within-subject CIs.

3) CLINICAL SIGNIFICANCE

Would you go the clinic if it made the first sound as clear as the second?

- 21 HI adults
- Using P(YES) > chance (0.5) as threshold for willingness to seek intervention

Effect of SNR_R:
6 dB ΔSNR @ -6 dB & 0 dB
8+ dB ΔSNR @ +6 dB

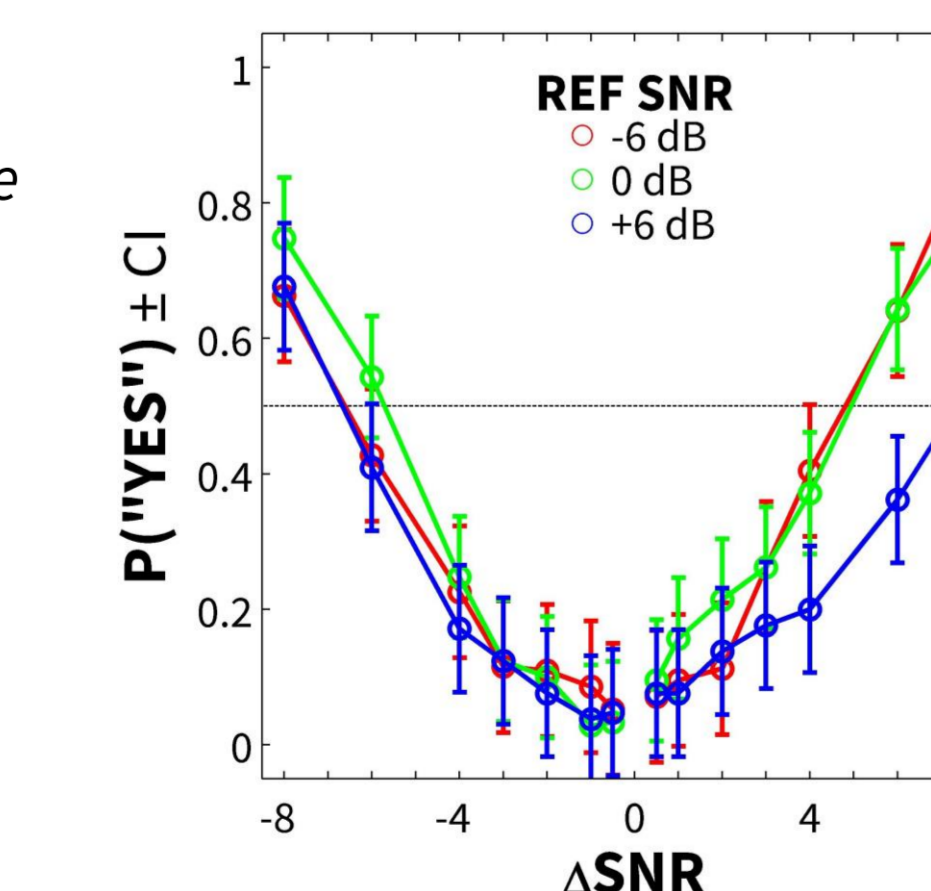


FIGURE Proportion “yes” responses in clinical significance task as a function of SNR change; error bars show 95% within-subject CIs.

- Six additional participants (22%) were unresponsive and excluded – task-length issue?

- Repeated task with less conditions + SNR JND task
- 35 HI adults

Similar results without clear SNR_R interaction:
6 dB ΔSNR @ -6 dB
8+ dB ΔSNR @ +6 dB

- No correlations with SNR JND

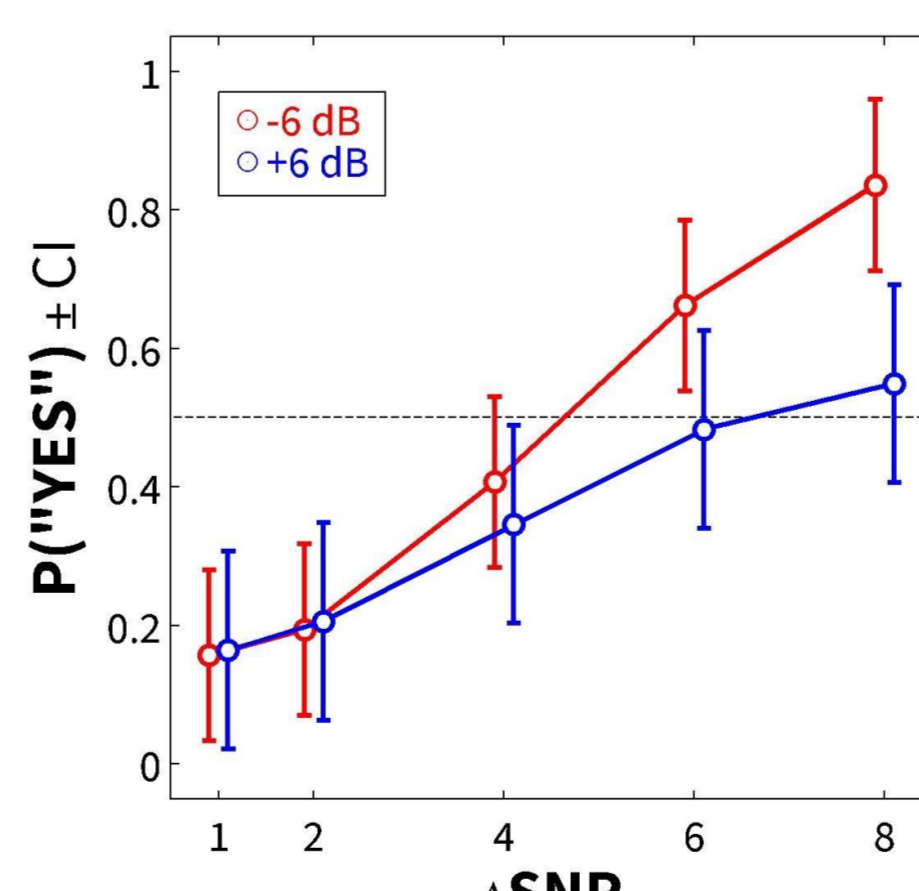
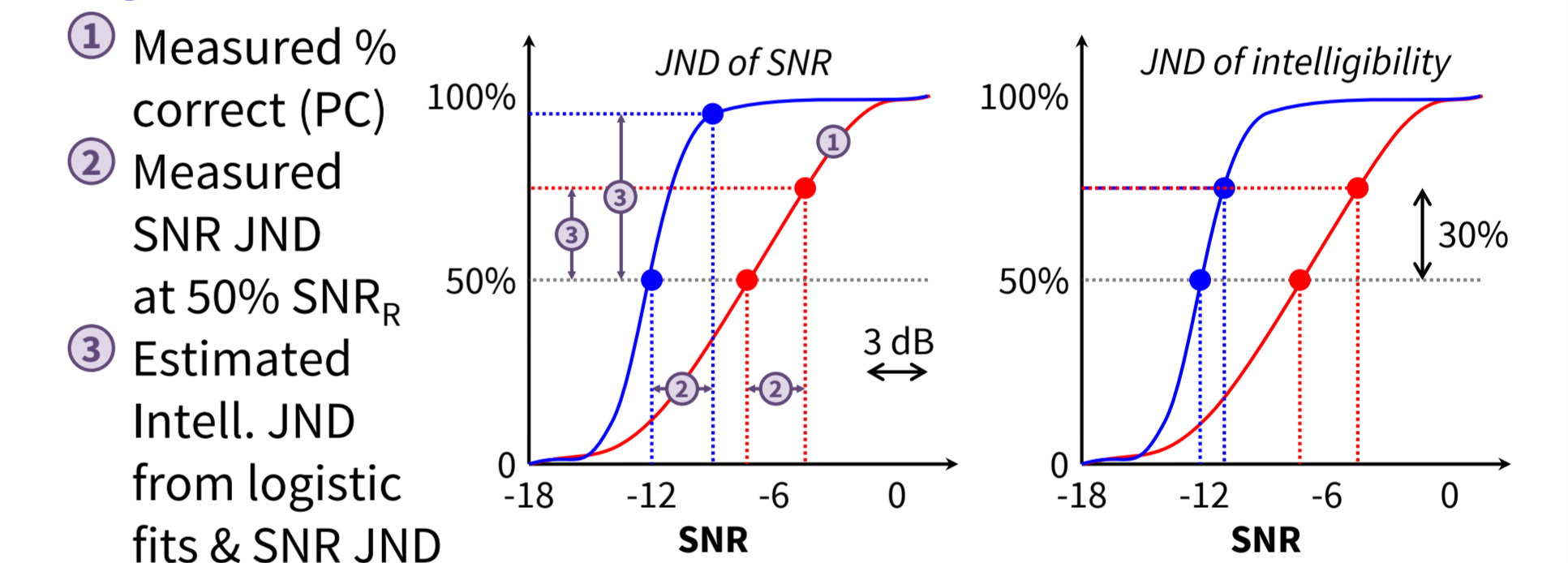


FIGURE Results of clinical significance task. Willingness to swap devices for a better SNR was only shown at ΔSNRs ≥ 6 dB.

SNR VS. INTELLIGIBILITY

Have we measured a JND of SNR or intelligibility?

- Used two signal/noise pairs with different psychometric functions: digit triplets/white noise & IEEE sentences/LTASS noise



- SNR vs. Intelligibility JND: Which is (more) constant across stimuli?

RESULTS (in progress)

Stimulus JND absolute difference: 0.4 dB (σ 0.5) / 11.8% (σ 4.5)

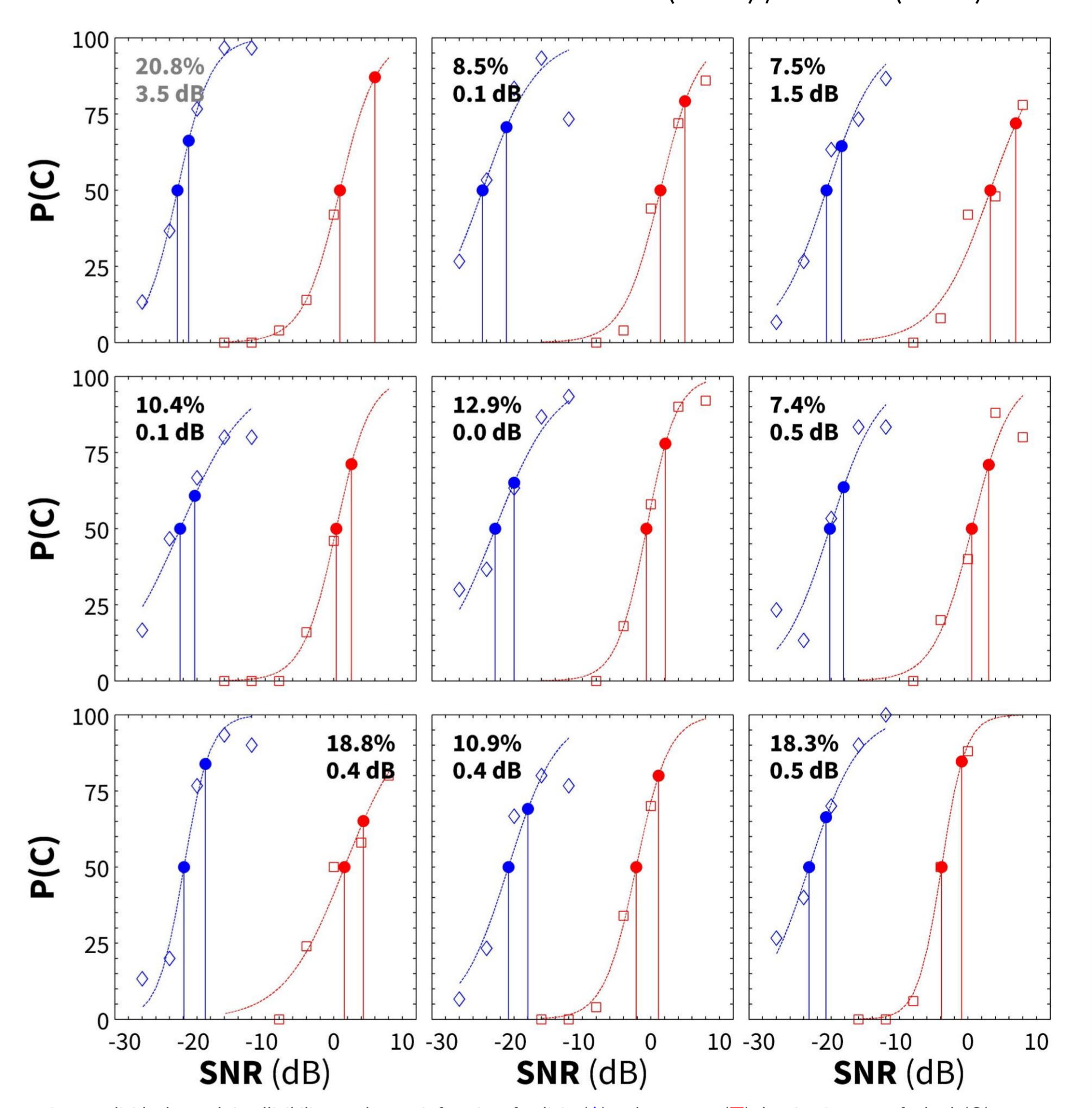


FIGURE Individual speech-intelligibility psychometric functions for digits (○) and sentences (□) showing SNR JNDs for both (●).

ACKNOWLEDGMENTS

Thanks to Patrick Howell, Kay Foreman & Jack Holman for helping collect the experimental data. Thanks also to Dr. Michael Stone for the stimuli and Dr. Alexandra Macpherson for guidance.

REFERENCES

Demorest, M. 1984. Techniques for measuring hearing aid benefit through self-report. In J. Pickett, ed., *Symposium on hearing aid technology: Its present and future*, Gallaudet, Washington, DC.
Killion, M. 2004. Myths about hearing in noise and directional microphones. *Hear Rev*, 11, 14-19, 72-73
McCormack, A & Fortnum, H. 2013. Why do people with hearing aids not wear them? *Int J Audiol*, 52, 360-368.

CONTACT

MRC/CSO Institute of Hearing Research – Scottish Section
New Lister Building, Glasgow Royal Infirmary
10-16 Alexandra Parade, Glasgow G31 2ER UK
+44 (0)141 201 8755
david@ihr.gla.ac.uk