



Effects of hearing aid venting and reverberation on narrowband localization in free field: a study of young normal hearing listeners fit with low-gain, linear amplification

A. C. Diedesch* and G. C. Stecker

Department of Hearing and Speech Sciences, Vanderbilt University

*current address: National Center for Rehabilitative Auditory Research, Portland VA Medical Center / Oregon Hearing Research Center, Oregon Health & Science University

VANDERBILT

Data Collection - Acoustic Recordings

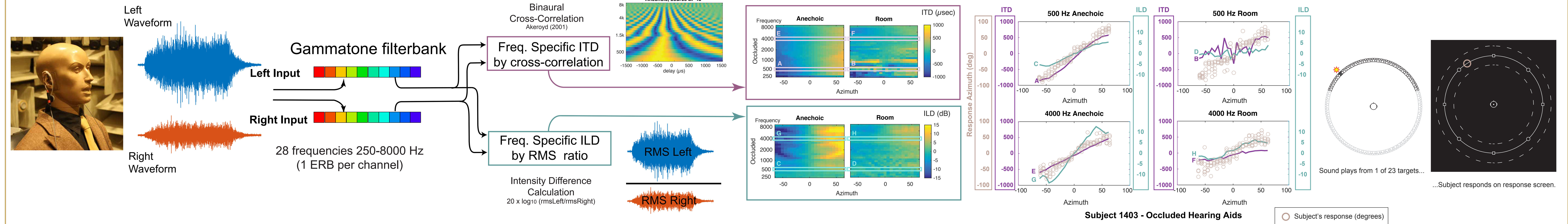
Pre-processing

Analysis - Acoustic Recordings

Results - Acoustic Recordings

Results - Measured ITD & ILD vs Sound Localization

Sound Localization Task



INTRODUCTION

Echoes and reverberation distort interaural time (ITD) and level (ILD) difference cues needed for localization in the horizontal plane. Hearing aid venting, such as with open-fit amplification, may further contribute to distorted interaural cues due to interactions between acoustic and processed sound.

Here, we measured frequency specific interaural cues using probe-tube microphones and compared acoustic recordings to sound localization performance for narrowband noises (500 & 4000 Hz) across hearing aid and room conditions.

Ideally, as interaural cues become distorted in rooms or by open-fit hearing aids, listeners should be able to alter their interaural cue-weighting to the more stable cue. Interaural cue ratio (ICR) may be a useful measurement to track cue-weighting across test conditions and clinical populations.

METHODOLOGY

Participants

- 10 young normal hearing adults
2 males, mean age 28 (7.1 SD)
- KEMAR

Test Conditions

Rooms

- Anechoic
-Vanderbilt University's Anechoic chamber
-23 target locations $\pm 61^\circ$ azimuth

Simulated Room

- four virtual walls ($\alpha=0.5$)
- 5m left/right, 6.67m front, 3.33m behind
- image method (Allen & Berkley, 1979)
- simulated 13 orders of lateral reflection

Hearing Aids

- Occluded foam tip
- Open-dome
- Unaided

- Siemens Motion 700 BTEs
- Linear, low-gain amplification
- Noise reduction, microphone directionality, and feedback suppression turned off

Stimuli

- Broadband noise (Acoustic Recordings)

- 500, 4000, 500+4000 Hz Narrowband noise (Behavioral Testing)

RESULTS

Acoustic Recordings

- Anechoic \rightarrow Simulated room
 - reduced ILD
 - erratic ITD across frequency
 - Across hearing aids
 - differences were less clear
- Diedesch & Stecker (2016a, 2016b)

Sound Localization

- Localization error
 - Occluded > Open-fit > Unaided
 - Room > Anechoic
 - 500 Hz > 4000 Hz > 500+4000 Hz
 - Localization gain
 - 500 Hz - expanded (slope > 1)
 - 4000 Hz - compressed (slope < 1)
 - 500+4000 Hz - accurate (slope = 1)
- Diedesch & Stecker (2016c)

Interaural Cue Ratio

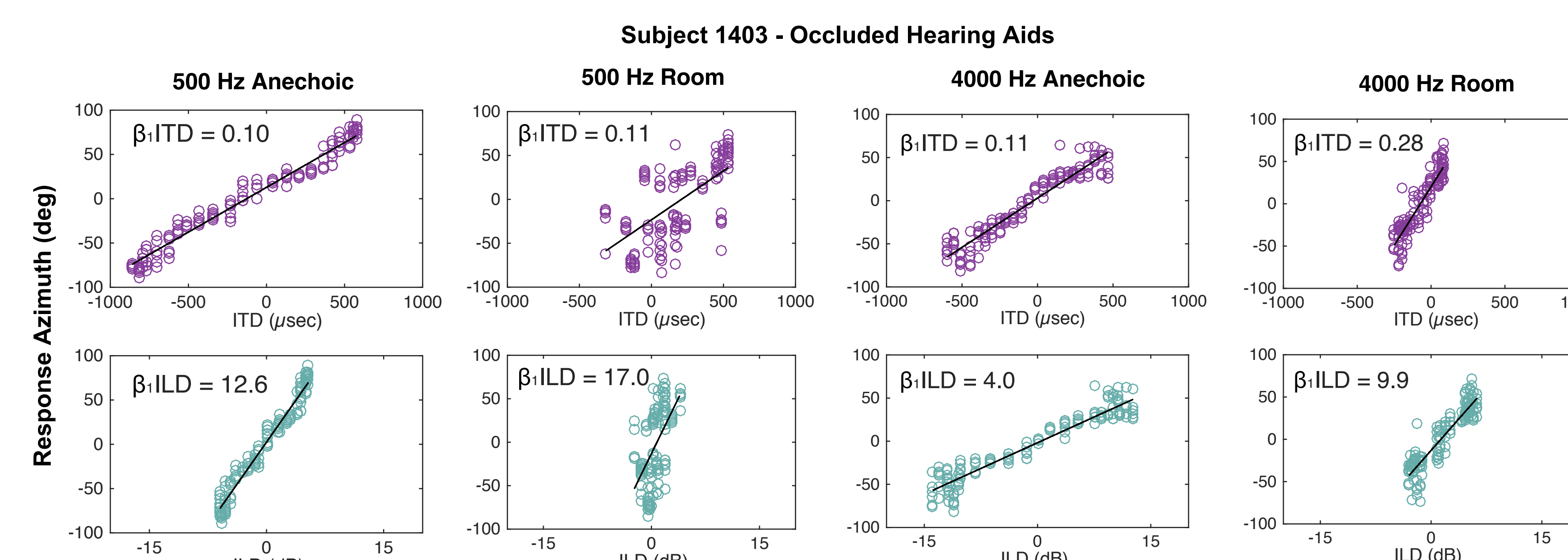
- Across rooms - for some listeners:
 - Room > Anechoic
 - As ITD became erratic, increased weight on ILD
- Across Stimulus:
 - 500 Hz > 4000 Hz
- Across Hearing aids:
 - Differences were less clear

Multiple Linear Regression

ITD (μsec) vs Behavioral Thresholds

ILD (dB) vs Behavioral Thresholds

Interaural Cue Ratio ($\mu\text{sec}/\text{dB}$)



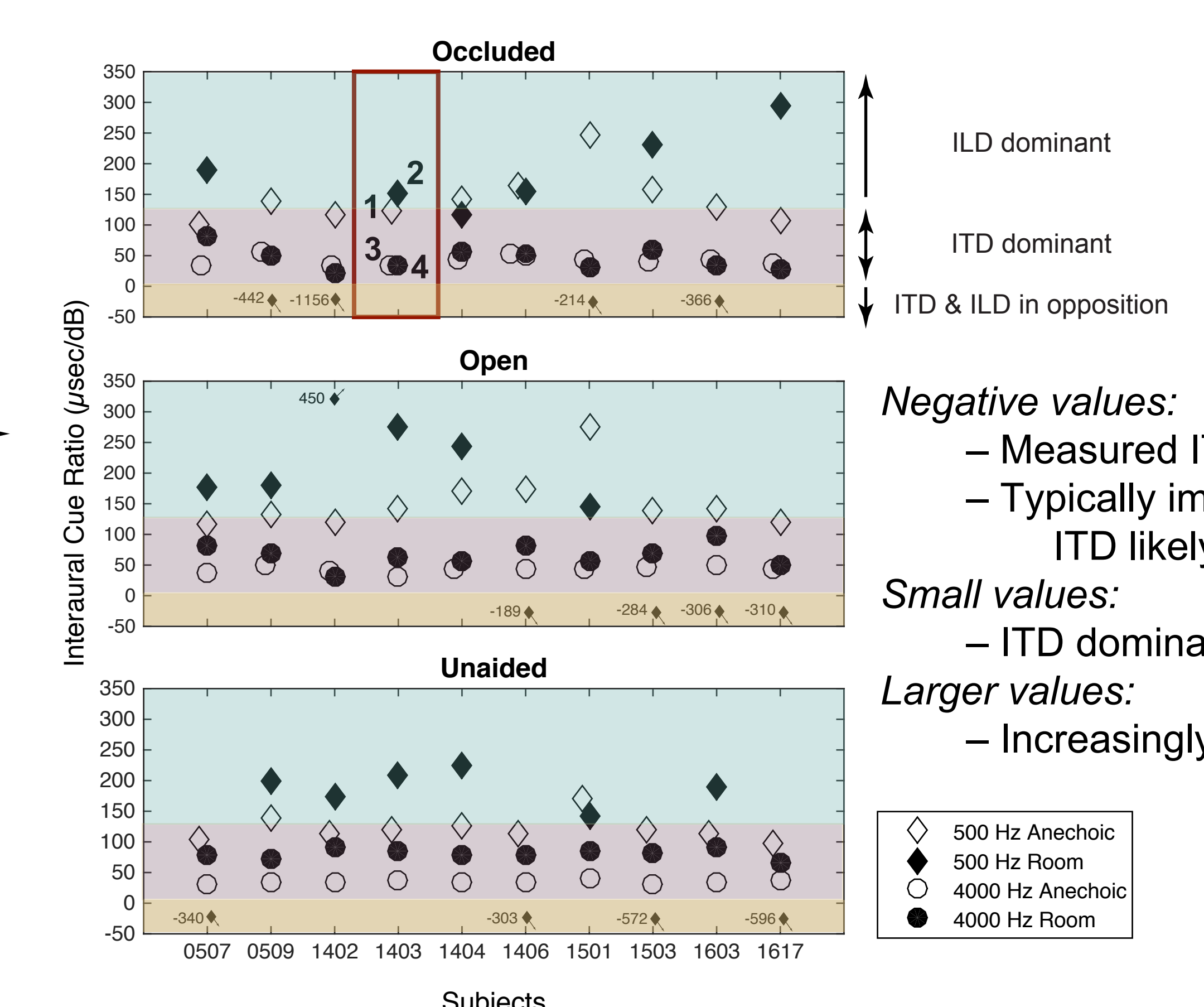
1. ICR = 124.3 $\mu\text{sec}/\text{dB}$
2. ICR = 152.1 $\mu\text{sec}/\text{dB}$
3. ICR = 34.8 $\mu\text{sec}/\text{dB}$
4. ICR = 35.6 $\mu\text{sec}/\text{dB}$

Multiple linear regression was used to evaluate behavioral responses as predicted by measured ITD and ILD. Regression coefficient β_1 (slope of linear fit), represents $\text{deg}/\mu\text{sec}$ ($\beta_1\text{ITD}$) and deg/dB ($\beta_1\text{ILD}$).

Here, data were evaluated for interaural cue ratio (ICR) to describe changes in $\mu\text{sec}/\text{dB}$ across azimuth for each stimulus, room, & aided condition:

$$\text{ICR} = (\beta_1\text{ILD} / \beta_1\text{ITD})$$

Interaural Cue Ratio - Results



- Negative values:
 - Measured ITD & ILD in opposition
 - Typically implausible, ITD likely discounted by listeners
- Small values:
 - ITD dominant
- Larger values:
 - Increasingly ILD dominant

FUTURE DIRECTIONS

The interaural cue ratio (ICR) shows individual differences in binaural cue-weighting across independent variables: hearing aids, simulated reverberation and stimuli. This may be a useful tool to predict localization performance with open-fit hearing aids in reverberant scenes.

In the future, ICR will be used to evaluate interaural cue weighting across clinical populations (i.e. aging and hearing impaired populations).

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References:

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- Allen & Berkley (1979), JASA 65(4)
- Diedesch & Stecker (2016a), ARO, abs 39
- Diedesch & Stecker (2016c), JASA, 139(4)
- Diedesch & Stecker (2016b), AAS, 41(1)