

INTRODUCTION

NOISE EXPOSURE

Some people with normal audiograms report difficulty understanding speech noisy environments, a condition known as hidden hearing loss (1).

This may be caused by the vulnerability of synapses in inner hair cells and type fibers with low spontaneous firing rates. The loss of these synapses, known as cochlear synaptopathy, affects speech encoding in noisy settings (2, 3, 4). While this theory is supported by animal studies, evidence in humans is limited. There are currently no diagnostic tools for cochlear synaptopathy (5, 6).

Research has suggested that the Frequency Following Response (FFR) could detect this condition, as noise exposure reduces FFR amplitude in mice (4).

Aim: The aim of this study is to investigate a possible association between occupational noise exposure and poorer encoding of speech sounds at the brainstem level in young adults with normal hearing thresholds.

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Sample: 44 male participants not older than 40 years, exposed to occupational noise (>85dB A) and 44 male participants without noise exposure (>80 dB A) from Zhejiang province, China were included. All participants presented with Type A tympanogram, norm hearing thresholds (≤20 dB HL from 0.25 to 8 kHz), and presence of DPOAEs (amplitude > -20 dB SPL and SNR > 3dB) in the right ear.

Pure-tone audiometry: Hearing thresholds at 0.25, 0.5, 1, 2, 3, 4, 6, 8, 9, 10, 11.2, 12, and 14 kHz were obtained, bilaterally. PTA₄: average of 0.5, 1, 2, 4 kHz and PTA_{HF}: average of 9 to 14 kHz were calculated for analyses purposes.

Complex-auditory brainstem response (cABR): Surface electrodes placed at Fz (positive), Fpz (ground) and on the mastoid (M2) were used for all recordings. cABR was elicited by a 40-ms synthesized /da/ syllable provided by the IHS SmartEP module at 80 dB SPL alternating polarity at a rate of 10.9/sec. A grand average from 6000 sweeps was obtained for the right ear. cABR peaks were manually marked and then corrected with the MATLAB-based Brainstem toolbox (8). The FFR recordings were off-line filtered with a 70-200 Hz bandpass and then analyzed with the Brainstem toolbox. The spectral encoding was analyzed using Fast Fourier Transform (FFT) Fundamental frequency (F₀)103-120; higher frequency formant (F₁) 455-720; higher frequency formant (F_{HE}) 721-1154 Hz). The root mean square (RMS) amplitude of the FFR was calculated to obtained the SNR. Finally, the stimulus-to-response (SR) correlation was used to obtain the Pearson's correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation was used to obtain the Pearson's correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r (SR corr) and the temporal delay when the signal is maximally correlated with the response (SR) correlation coefficient r Lag).

Statistical analysis: Group comparisons were conducted using a Mann-Whitney test for age, BKB score, and FFR SNR. Group comparisons were conducted using a two-way ANOVA with repeated measures followed by a post hoc Student t-test with Bonferro correction for audiometric thresholds, DPOAE SNR, cABR peak latency, FFT results, and SR results. A correlation matrix was performed including age, BKB, FO amplitude, PTA₄, PTA_{HF}, DPOEA_{mean}, FFR SNR, SR corr, SR Lag, and cABR peak C latency. Finally, a multivariable regression model was constructed with the aim to investigate the association between group category (exposed versus non-exposed) and peak-C latency controlling for covariates.

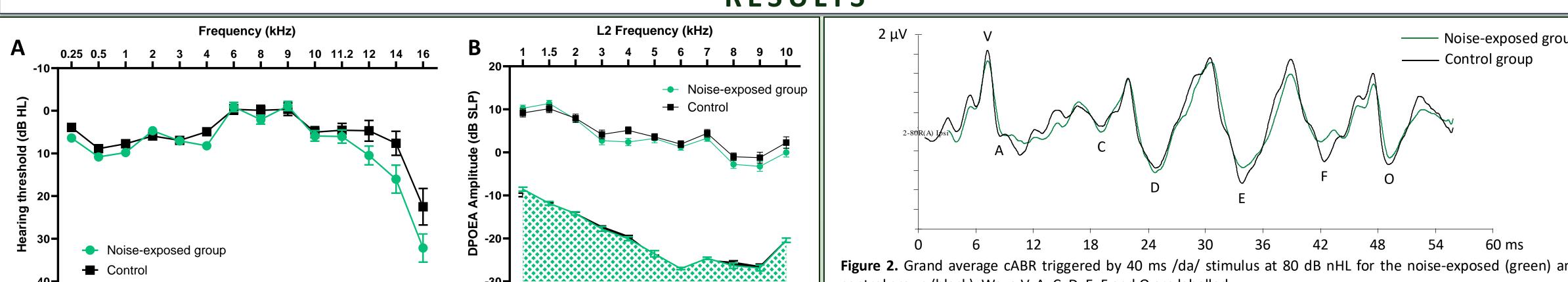


Figure 1. (A) Pure-tone audiometric thresholds in dB HL at the right ear from 0.25 to 16 kHz in the noise-exposed (green and control group (black). (B) DPOEA amplitudes (line) and noise-floor (area fill) in dB SPL at the right ear for L2 frequency from 1 to 10 kHz in the noise-exposed (green) and control group (black). Error bars represent the standard error. No significant differences between groups are observed.

Α.	BKB	PTA ₄	PTA _{HF}	Amp F0	DPOEA _{mean}	SNR	SR corr	SR Lag	Age	C Latency	CNE
ВКВ	•	0.270	-0.082	0.157	-0.006	0.021	0.234	-0.049	0.014	-0.019	0.528 ***
PTA ₄			0.090	0.286	-0.252	0.013	-0.129	-0.157	-0.036	-0.318 *	0.239
PTA _{HF}	•			0.127	-0.092	0.142	-0.191	0.009	0.106	0.044	-0.028
Amp F0	•				-0.169	0.392 **	-0.225	-0.007	-0.074	-0.480 ***	-0.121
DPOEA _{mean}	•				•	0.112	-0.342 *	0.000	-0.171	0.057	-0.024
SNR					•		-0.091	-0.063	-0.006	0.004	-0.020
SR corr					•			0.056	0.310 *	0.183	0.024
SR Lag					•				-0.109	0.119	0.006
Age					•					0.099	0.035
C Latency					•						0.143
CNE											
<u>В.</u>	BKB	PTA ₄	PTA _{HF}	Amp F0	DPOEA _{mean}	SNR	SR corr	SR Lag	Age	C Latency	
ВКВ		0.044	0.030	0.226	0.100	0.164	-0.100	0.016	-0.541 ***	0.303	
PTA ₄		•	0.380 *	0.181	-0.070	0.005	0.021	-0.045	0.373	0.068	
РТА _{нғ}				0.077	-0.434 **	0.107	0.372 *	-0.095	0.263	0.009	
Amp F0		•			-0.161	0.747 ****	0.101	0.213	-0.034	0.045	
DPOEA _{mean}		•				-0.049	-0.230	-0.035	-0.198	0.031	
SNR							0.190	-0.092	-0.050	0.009	
SR corr		•						-0.284	0.184	0.209	
SR Lag									0.216	-0.397 *	
Age										-0.531 ***	
C Latency											
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Table 1. (A) Correlation coefficients (Spearman) between BKB, PTA₄, PTA_{HF}, Amp FO, DPOEA_{mean}, measures of the FFR, age, peak latency and cumulative noise exposure (CNE) for the noise-exposed group. (B) Correlation coefficients (Spearman) between BKB, PTA₄, PTA_{HF}, Amp FO, DPOEA_{mean}, measures of the FFR, age and C peak latency for the control group.* p < 0.05; ** p < 0.01; *** p < 0.001 ; **** p < 0.0001

The association between occupational noise exposure and speech perception in young adults Lucile Lacomme¹, Wei Qiu², Adrian Fuente¹

MATERIALS & METHODS

Mandarin Bamford-Kowal-Bench sentence test (Mandarin BKB): Speech recognition in noise was tested in the right ear. An SNR-50% was obtained for each participant.

RESULTS

control group (black). Wave V, A, C, D, E, F and O are labelled.

	Nois	e-e	xposed g	r oup		C	ontrol		
	Mean	±	SD	(n)	Mean	±	SD	(n)	P-value
A. Age and auditory outcomes									
Age	27.14	±	04.03	(44)	23.39	±	5.13	(44)	<0.0001 ****
PTA ₄	8.35	±	3.59	(44)	6.85	±	3.39	(44)	0.744
PTA _{HF}	7.46	±	9.46	(44)	4.30	±	10.07	(44)	>0.999
BKB score	0.14	±	3.59	(44)	0.28	±	3.03	(44)	0.584
B. C-ABR Latency (ms)									
Peak V	7.44	±	0.45	(43)	7.35	±	0.28	(39)	>0.999
Peak A	8.92	±	0.91	(43)	8.55	±	0.46	(39)	0.170
Peak C	18.96	±	0.82	(42)	18.15	±	1.54	(39)	0.036 *
Peak D	23.98	±	0.98	(43)	23.85	±	1.17	(41)	>0.999
Peak E	33.43	±	1.21	(43)	33.23	±	1.54	(42)	>0.999
Peak F	41.89	±	1.47	(43)	42.32	±	1.45	(42)	>0.999
Peak O	49.21	±	0.60	(43)	48.95	±	0.78	(42)	0.588
C. FFR Spectral analyse (µV)									
SNR	3.411	±	2.38	(44)	4.192	±	3.24	(42)	0.237
F ₀	123.93	±	186.572	(44)	189.10	±	325.41	(42)	0.810
F ₂	8.61	±	3.984	(44)	09.07	±	5.50	(42)	>0.999
F _{HF}	2.45	±	0.747	(44)	2.54	±	0.79	(42)	>0.999
D. Stimulus-to-response (SR) correlation									
SR corr. (r)	0.14	±	0.04	(44)	0.13	±	0.05	(42)	>0.999
SR Lag (ms)	7.18	±	0.80	(44)	7.45	±	01.02	(42)	0.124

Table 2. Mean, standard deviation (SD) and group comparisons for: (A) age and auditory outcomes such as PT/ PTA_{HF} and BKB score; (B) cABR latency for waves V, A, C, D, E, F and O; (C) FFR spectral magnitude measures including SNR, amplitudes of the fundamental frequency (F_0), first formant (F_1) and higher frequency formant (F_{HF}) in μV ; (D) SR correlation of the FFR, Pearson's r of the maximum SR correlation and SR Lag of the correlation in ms. * p < 0.05; **** p < 0,0001.



- **DPOAEs:** Two primaries (L1, L2) were used with f2 at 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 kHz, with 65/55 dB SPL (L1/L2) and 1.22 ratio (f1/f2). Measured noise floor, amplitude, and SNR were obtained. DPOEA_{mean}: average SNR of all frequencies was calculated for analyses.

	MAIN RESULTS
р	 A positive correlation between BKB scores and measures of occupational noise exposure in the noise exposed group.
	 In the noise-exposed group, c-wave latency was significantly longer than in the control group. However, th proposed multivariable linear regression model did not explain the variations in C-wave latency
	DISCUSSION & CONCLUSION
	 In this study, we observed a significant increase in C-peak latency in the noise-exposed group. In a previou study, the increase in C-peak latency was observed when the stimulus was presented along with background noise (9).
nd	 For participants in the noise-exposed group, the greater the exposure to occupational noise, the greater the difficulty in understanding speech in noise.
	 We evaluated native Mandarin speakers using the syllable /da/, rather than a characteristic stimulus of the language. Previous studies have shown that language experience (native vs. non-native speakers) influence sound encoding strength, which may explain the minimal differences observed in FFR between both group (10).
	 A study indicated that the BKB is less sensitive to the recognition of speech in background noise than test like WIN and QuickSIN. However, such tests are limited in Mandarin (11).
	 Important to note is that we may have introduced a selection bias by including only participants with normal hearing thresholds and otoacoustic emissions at all frequencies despite their noise exposure history. We probably selected people with "tough" ears, who might not have presented evident signs of cochlea synaptopathy (12).
	 Based on these results, we cannot conclude that the FFR is an effective diagnostic tool for detecting cochlear synaptopathy in humans.
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