# Advancing Auditory Processing Disorder Management in Adults: A Systematic Review and Meta-analysis of Intervention Efficacy

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## **BACKGROUND & AIM**

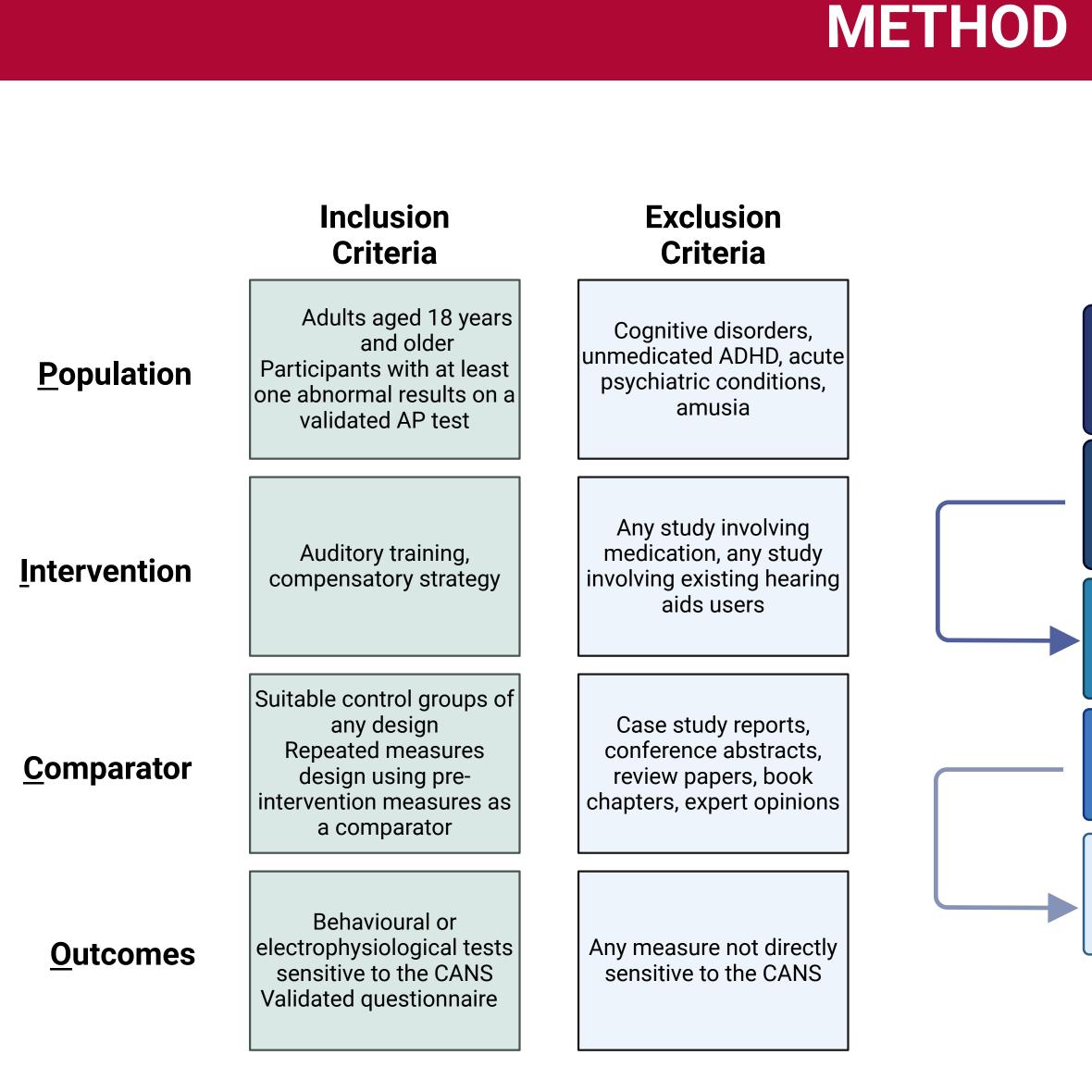
Adults with APD can have difficulty processing speech and non-speech signals causing wide ranging communication difficulties<sup>1</sup>. Practice guidelines, whilst suggesting suitable treatments, acknowledge a need to establish efficacy in the target population<sup>2</sup>. With increased interest in this field and no systematic reviews written on the effectiveness of interventions in adults, there is now an urgent need to establish the current extent of knowledge.

## Aim

To systematically identify and critically evaluate evidence of the effectiveness of treatments for adults with documented AP difficulties and to highlight issues that are hindering progress in this field.

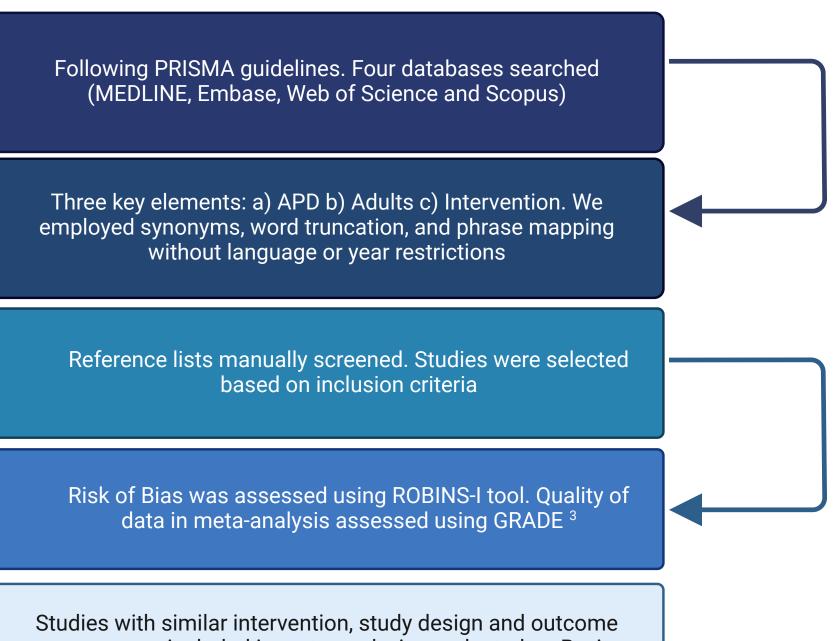
## **Research question**

How effective are the various interventions in treating APD in adults?



### REFERENCES

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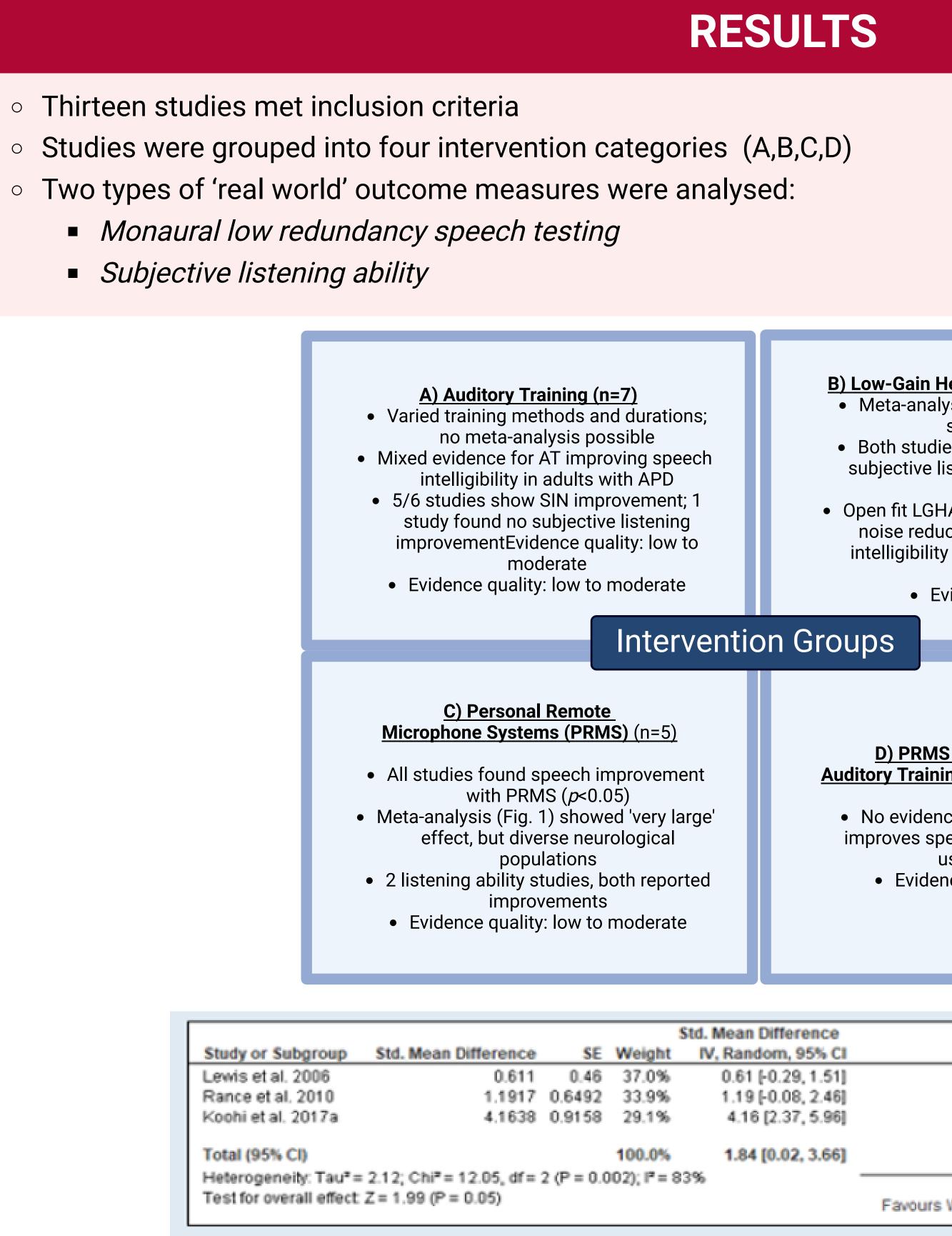


measure were included in meta-analysis conducted on Review Manager software

Figure 1 Meta-analysis of monaural low redundancy speech testing results, with PRMS vs. unaided, SMD plotted with 95% CI

While acknowledging limitations such as reliance on data from small-scale studies and the use of Standardised Mean Difference (SMD) data, which can result in exaggerated and imprecise effect sizes, this analysis still provides some evidence supporting the efficacy of PRMS and suggests potential benefits of LGHAs, albeit with low-quality evidence. However, it is important to note that there is insufficient evidence to definitively establish the effectiveness of the interventions discussed in this review. The presence of high heterogeneity among the studies and suboptimal study design have hindered progress in this field.





## CONCLUSION











earing Aids (LGHAs) (n=2) sis not possible with only 2		
studies included.		
es found significant SIN and stening ability improvements ( <i>p</i> <0.05)		
As, with directional mics and ction, may enhance speech		
in adults with likely TBI and APD		
idence quality: low		
in Conjunction with		
ng and Standard Care (n=1)		
ce combining interventions eech intelligibility beyond the		
se of PRMS alone ce only from one study		
Std. Mean Difference IV, Random, 95% CI		
	-	
-4 -2 0 2 4		
Without FM System Favours FM Syste	m	



