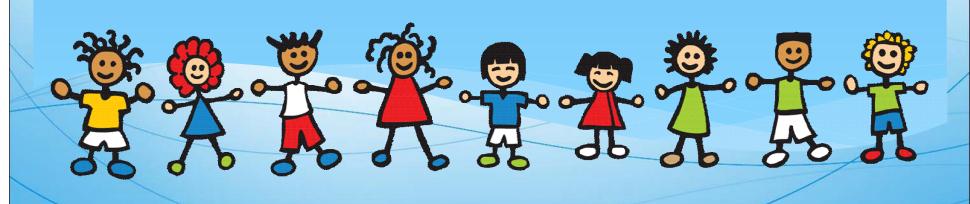
Paediatric Hearing-related Quality of Life:

Singapore context

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Background & significance

Background

Significance

UNHS: **4 per 1000** born with hearing loss²



Considerable incidence of childhood hearing loss²

Dire consequences of hearing loss on child's overall development and family functioning^{3,6}



•Identify and manage children and families with poorer perception of well-being^{1,4}

Lack of current measures and research 5,6



- •<u>Functional assessments</u> **do not** assess <u>quality of life</u> (QOL)⁶
 - **1st**of such study done in Singapore

Peadiatric QOL measures

Background

Significance



Paediatric QOL measures needed in Singapore



Hearing-specific measure



Hearing-related QOL



Generic measure



Health-related QOL

Objectives

Hearing-related QOL

Health-related QOL

* 1. To investigate
hearing-related QOL
ratings for
Singaporean hearingimpaired children using
hearing aids (HAs)

and/or cochlear

implants (CIs).

* 2. To investigate healthrelated QOL ratings for both normally hearing (NH) and hearingimpaired (HI) Singaporean children and their families.

Hypotheses

1. NH vs. HI

NH group will have better child health-QOL scores

5. HI groups

Health vs. hearingrelated QOL:

No significant correlation

2. HA vs. CI

Health and hearing-QOL scores between groups: significantly different

4. NH & HI

Parent-child responses:

significant correlations

3. HI groups

Child hearing-QOL scores and audio+demo variables:

significant relationships

Methods

Cross-sectional study

80 families

44 NH families

22 HA families

14 CI families

			HA(n=22)		CI(n=14)		NH(n=44)	
			М	SD	M	SD	M	SD
Age (years)			10.2	4.4	8.0	4.4	7.4	3.7
Experience (months)	with	НА	55.8	40.0	43.8	46.1	-	-
Experience (months)	with	CI	-	-	34.2	32.0	-	-

Subject criteria:

- •Children between 2 to 18 years old, born and raised in Singapore.
- •No significant medical problems and/or developmental delays.
- •HI children worn hearing device for ≥6 months.

Methods (questionnaires)

Hearing-related QOL

Cochlear*

Children using Hearing Device(s) QOL (CuHDQOL)⁵

Parent-reported

80 families

44 NH families

22 HA families

14 CI families

Health-related QOL

PedsQL

- 1. Generic Core Scales (**GCS**)¹
- 2. General Well-being Scale (**GWS**)¹
- 3. Family Impact Module (**FIM**)¹

•Parent-reported
•Child self-reported GCS and GWS (child 5-18 years)

- •Questionnaires took **<20 minutes** to complete.
- Recall time: 1 month

Results (Hypothesis 1)

1. NH vs. HI

NH group will have <u>better</u> child health-QOL scores

NH vs. HA

Multiple linear regression

NH vs. CI

	PedsQL questionnaire	NH vs. HA		s. HA		PedsQL questionnaire		NH vs. CI	
L	Subscale &total	Вр		р		Subscale &total		В	р
	GCS (parent-reported)					222	rted)		
	Emotional Social	-9 -1:	HI	childre	n had poorer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Social	-13.4	0.033
	School Total	•		their hea	alth and over	all well-being	∌d) Physical	-13.0	0.005
ł	GWS (parent-reported)		than their NH peers .		Social	-16.8	0.031		
	Well-being Health	-1 ¹ -24				ۇرىي ئارىي	Total (rted)	-11.8	0.018
	FIM (parent-reported) Total FIM	-10	6	0.023		(ралоно горо	Health	-19.4	0.039
1	Total health QOL				FIM (parent-reported)		40.7	0.000	
1						Total	Total FIM health QOL	-16.7 -16.1	0.003 0.005

Hypothesis 1 supported

Results (Hypothesis 1)

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1						Total	Total FIM health QOL	-16.7 -16.1	0.003 0.005

Hypothesis 1 supported

Results (Hypothesis 2)

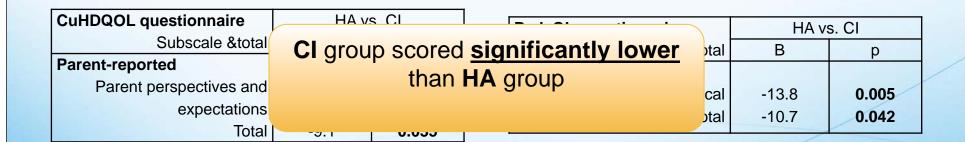
2. HA vs. CI

Health and **hearing-QOL** scores between groups: significantly different

Hearing-related QOL

HA vs. CI

Health-related QOL



Hypothesis 2 supported

Results (Hypothesis 3)

3. HI group

Child hearing-QOL scores and audio+demo variables:

significant relationships

Significant predictor of hearingrelated QOL scores (p=0.015, 16.2% variance)

Age of 1st fitting

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Hypothesis 3 supported

Stepwise regression

Maternal education

Hearing device configuration

Results (Hypothesis 4)

4. NH & HI

Parent-child responses: significant correlations

			Pearson	correlation	
	r value/ sig. (2-tailed)		NH HA		CI
	Physical	0		nt child	0.25/0.27
	Emotional	0.	Parent-child agreement: NH group higher than HI groups.		-0.004/0.99
5	Social	0.7			0.38/0.31
	School	(0.39/0.30
	Total score	0.6			0.28/0.46
2	Well-being	0.	47 */0.045	0.44/0.13	0.10/0.82
S S S	Health	-0.36/0.88		0.56 */0.048	0.16/0.70

Hypothesis 4 partially supported

Results (Hypothesis 5)

5. HI group

Health vs. hearing-related QOL:

No significant correlation

 Parent-reported total GCS scores and total CuHDQOL scores were compared.

Pearson correlation

• Significant positive moderate correlations were observed:

Hypothesis 5 not supported

Conclusion

	Significantly better ratings			
Study groups	Health-related QOL	Hearing-related QOL		
NH		N.A.		
HA		<u></u>		
CI				

	Significant correlations					
Study groups	Parent-child responses	Health and hearing-related QOL				
NH		N.A.				
HI						

Family income: only SES predictor of hearing-related QOL.

Clinical recommendations

- parent and child-reported,
- hearing-specific and general-health QOL
 measures to compliment functional measures
 to provide more individualised and better
 informed clinical care.

Future research (Singapore context)

- Child-reported hearing-related QOL measures
- National level paediatric hearing-related QOL study
- Cross-cultural comparison of hearing-related QOL outcomes

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