

A Pilot Study to Investigate the Hearing Profile of Stroke Patients

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PI: Dr Jenny Loo Hooi Yin

Co-investigator: Hazel Yeo Kai Hui

Research Project Oral Presentation

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Why hearing and strokes?



26.5% have at least a mild hearing loss in one ear!

11.9% suffered from strokes in 2012

(Division of Epidemiology & Disease control, 2010)



(C. S. Tan et al., 2015)

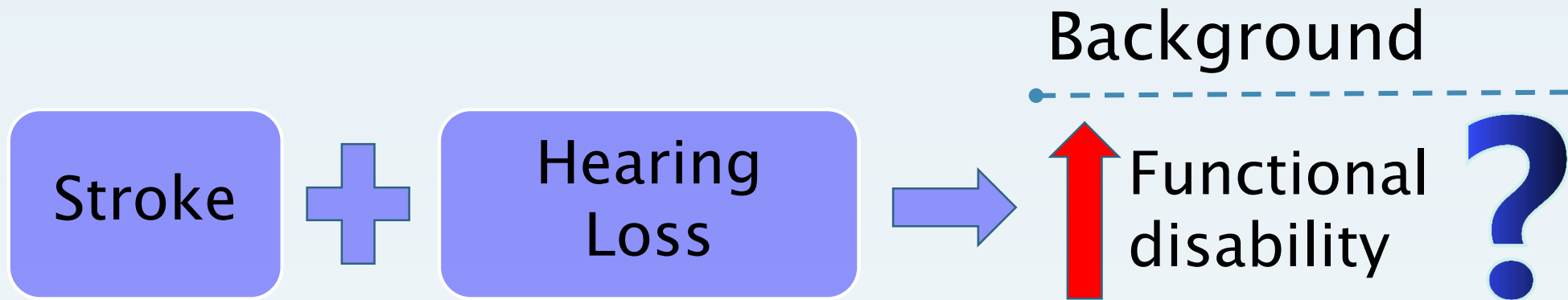
Singapore Burden of Disease Study 2010

Disease burden

Table 2.1: Twenty leading specific causes of DALYs by sex, Singapore 2010

Rank	Overall (DALYs = 399,675)	% of Total	Males (DALYs = 210,267)	% of Total	Females (DALYs = 189,408)	% of Total
1	Ischaemic heart disease	10.4	Ischaemic heart disease	12.6	Diabetes mellitus	10.6
2	Diabetes mellitus	10.4	Diabetes mellitus	10.1	Ischaemic heart disease	8.0
3	Stroke	6.8	Stroke	7.4	Stroke	6.2
4	Vision disorders	4.4	Lung cancer	4.4	Breast cancer	5.8
5	Alzheimer's & other dementias	3.9	Vision disorders	4.0	Vision disorders	4.9
6	Lung cancer	3.4	Chronic obstructive pulmonary disease	3.2	Alzheimer's & other dementias	4.9
7	Adult-onset hearing loss	3.0	Alzheimer's & other dementias	2.9	Rheumatoid arthritis	3.3
8	Lower respiratory tract infection	2.8	Colon & rectum cancer	2.8	Adult-onset hearing loss	3.2
9	Breast cancer	2.7	Adult-onset hearing loss	2.7	Lower respiratory tract infection	3.0
10	Schizophrenia	2.7	Lower respiratory tract infection	2.7	Schizophrenia	2.9

DALYs:
Disability-
Adjusted
Life Years



Higher prevalence of hearing loss among stroke patients

(Formby *et al.*, 1987)

Stroke patients with hearing impairment are 1.83 times as likely to suffer from functional decline compared to controls

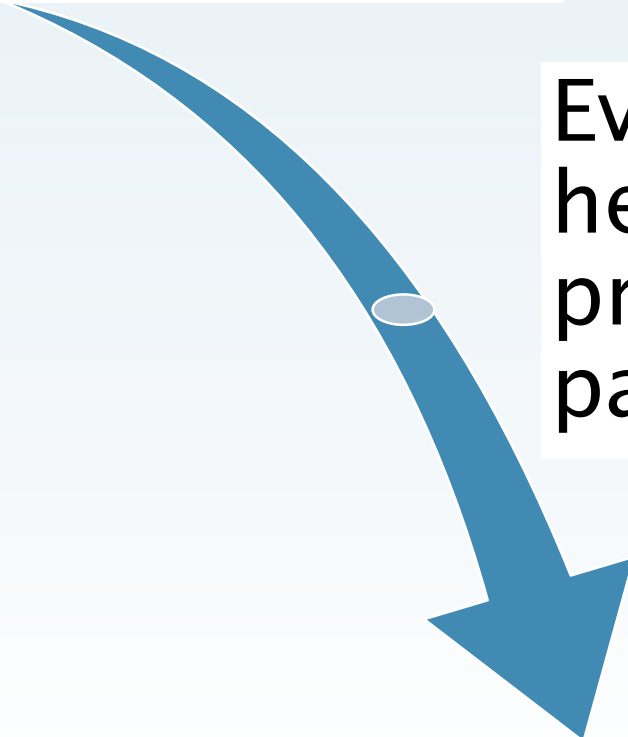
(Landi *et al.*, 2006)

Lack of locally relevant data on hearing and strokes

Yet, in Singapore...

Evidence to implement hearing screening procedures for stroke patients

Identify and intervene for hearing impairment among stroke patients



Hypotheses and Aims

Primary

High prevalence of hearing loss among stroke patients



To determine the *peripheral hearing levels* of stroke patients

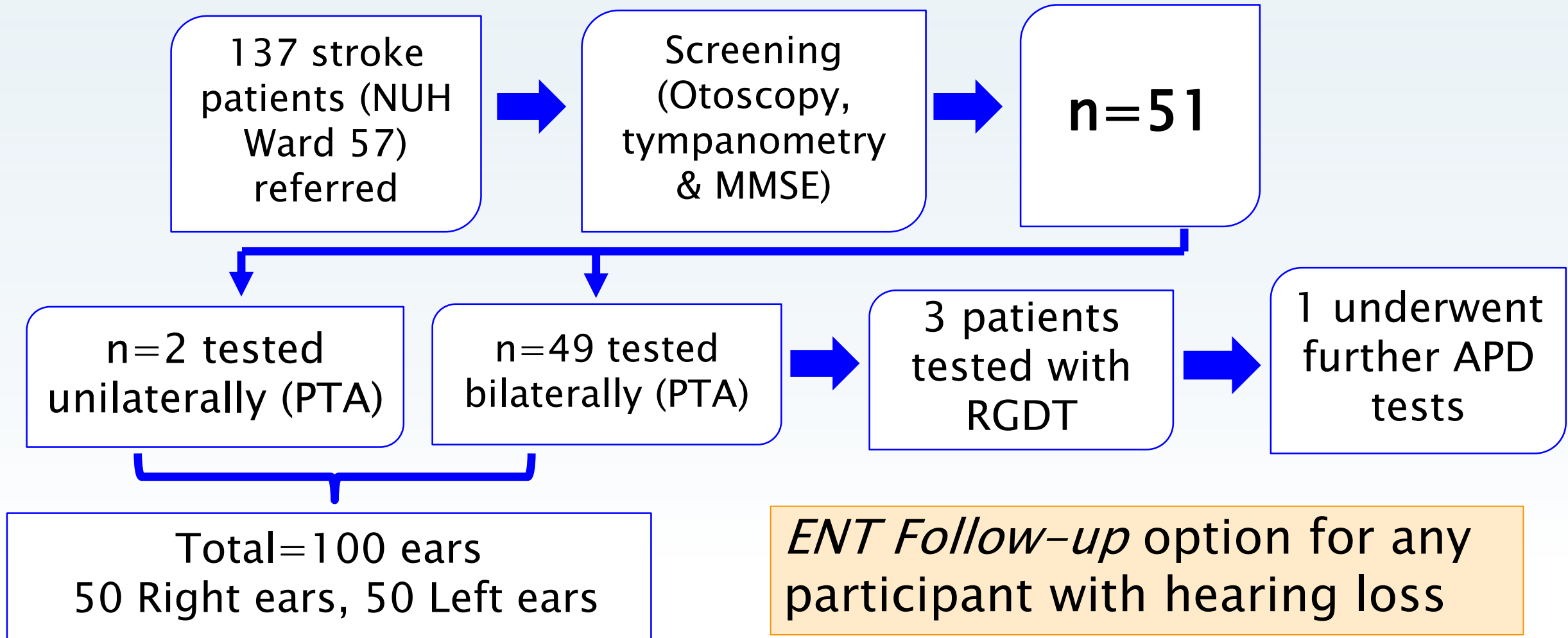
Secondary

Auditory processing ability of stroke patients with normal hearing is affected

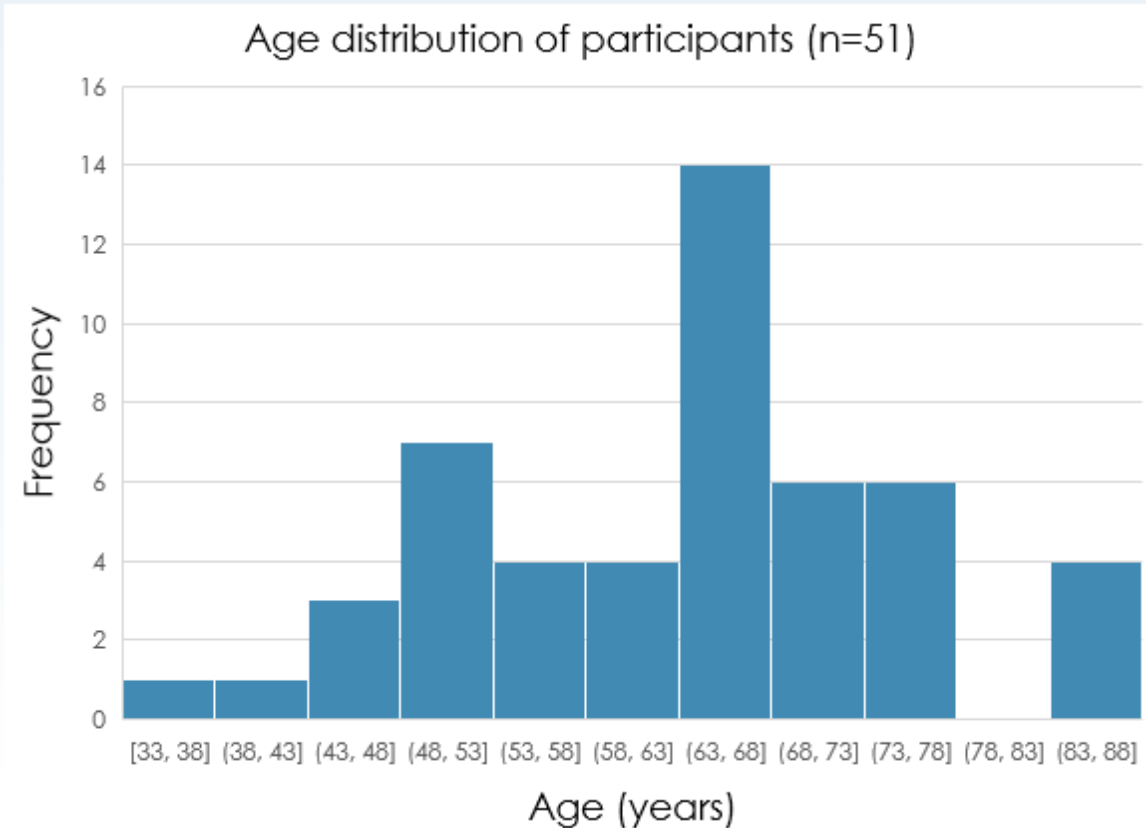


To determine the *Auditory Processing ability* of stroke patients with normal hearing

Methodology

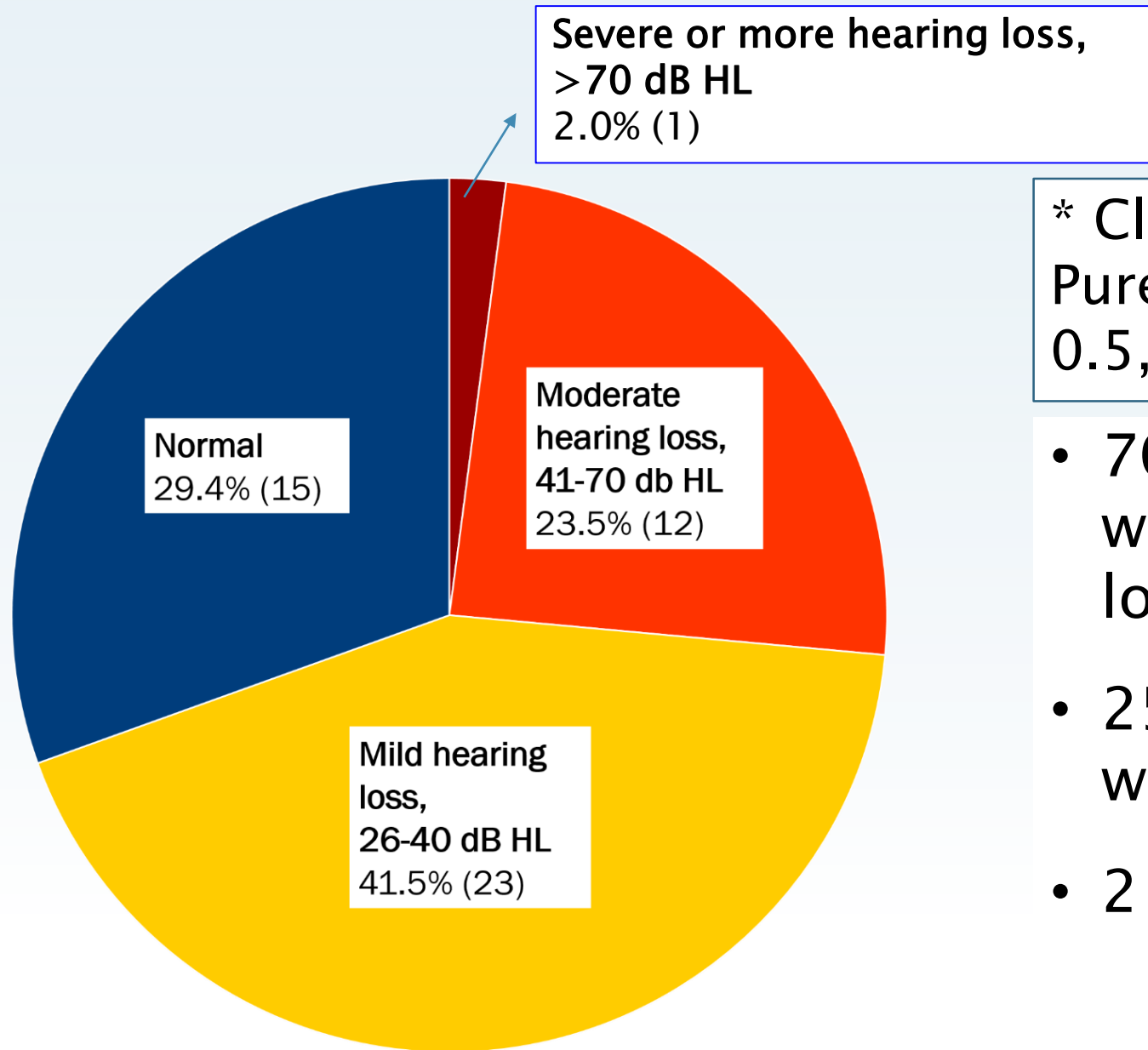


Participants



- Age range=33 to 86 years old
- Mean age (SD)=63.6 (12.0)
- 38 Males (74.5%)
13 Females (25.5%)

Results (1)–PTA



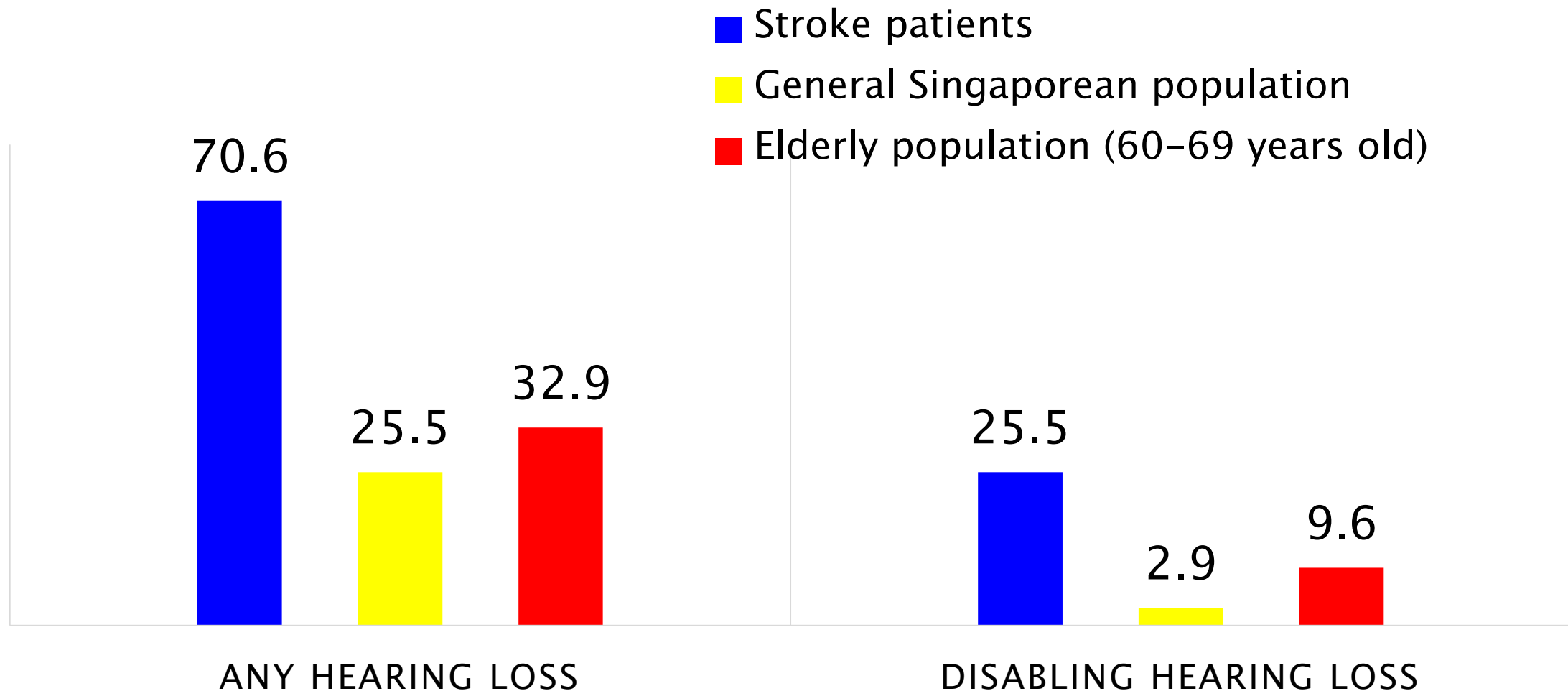
* Classification of hearing loss: Pure tone audiogram average of 0.5, 1, 2, and 4 kHz in better ear

- 70.6% (36) of participants with at least a mild hearing loss
- 25.5% (13) of participants with disabling hearing loss
- 2 wearing hearing aids

Figure 1. Peripheral hearing levels of stroke patients.

Comparison with general Singaporean and Elderly groups

Discussion (1)–PTA



Results (2)–APD tests

- RGDT: Results within normal limits for 3 patients
- 1 went for further APD tests
 - Deficits in binaural integration and separation (Right ear)

Table 1. APD test results for participant 016

Test	Skill assessed	Results (% correct)		P-value ¹
		Right	Left	
Dichotic Digits	Binaural integration	57.5	92.5	<0.001
Competing Sentences	Binaural separation	20	97.5	<0.001
Frequency patterns	Temporal patterning	100	100	–

Discussion (2)– APD tests

- Patient complained of unclear speech on the right ear
- Dichotic speech test results suggest damage to the left auditory area
(Niccum & Rubens, 1983; Tervaniemi & Hugdahl, 2003)
- Left Middle Cerebral Artery (MCA) stroke
- BUT, normal results bilaterally on frequency pattern test and random gap detection test:
 - Suggest that both brain hemispheres are unaffected by stroke
- Postulated that higher order auditory attention affected by stroke resulting in right spatial neglect
(Blini et al., 2016)

Results (3)- ENT follow-up

- 23 out of 46 participants identified with any hearing loss declined ENT follow-up
- Main reason:

“I do not find hearing loss an issue.”

Discussion (3)– ENT follow-up

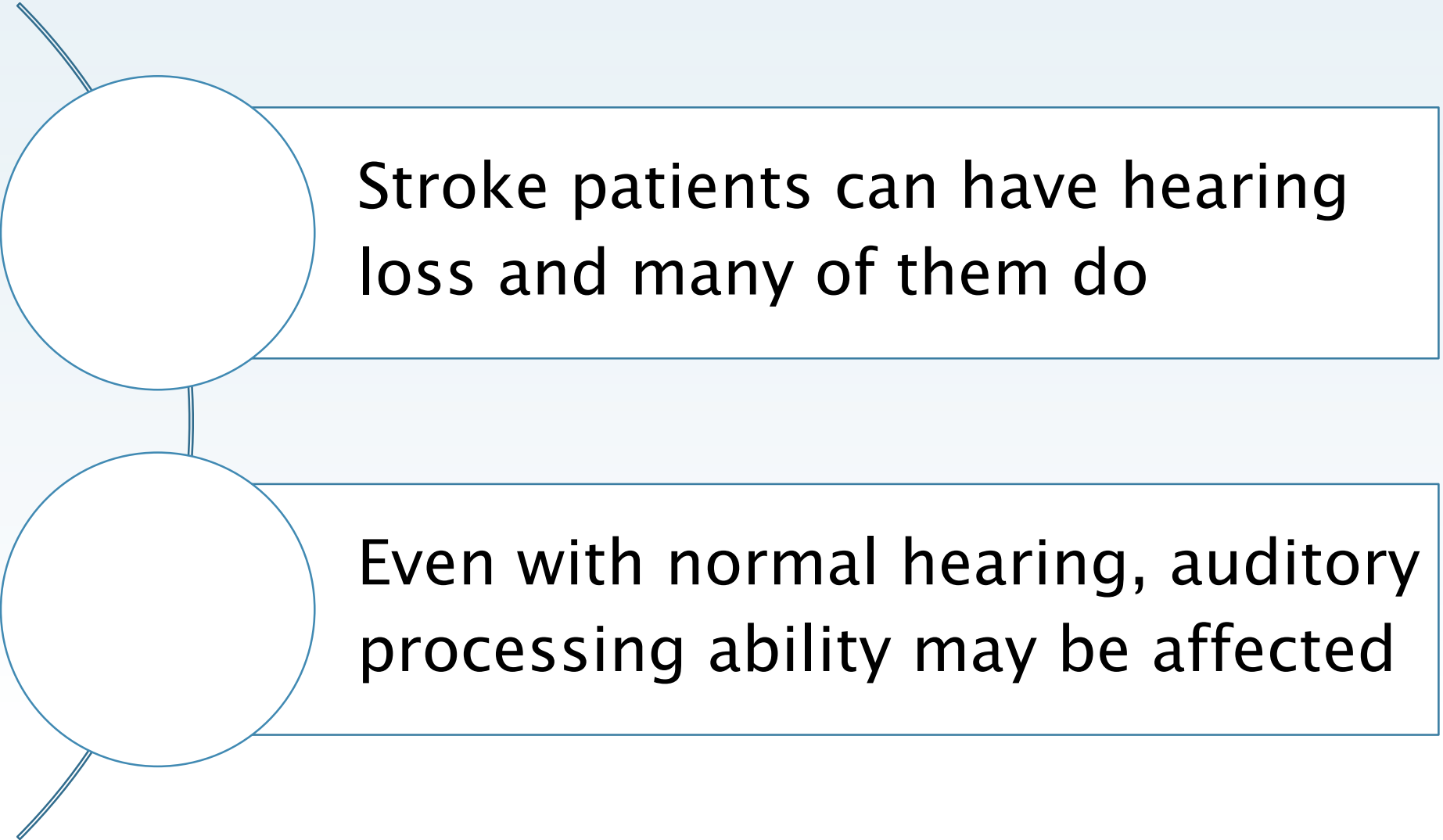
- Other reasons given:
 - ‘Mild hearing loss.’
 - ‘Would like to focus on other health problems’
- Possibly due to poor awareness of hearing loss among patients and attending doctors

(Milstein and Weinstein, 2002; Chou, Dana, Bougatsos, Fleming, & Beil, 2011; Matthews, 2014)

Limitations & Future work

- Small sample size especially for APD testing
 - Cautious interpretation of results
 - **Future work:** Focus on AP in stroke patients
- Only acute stroke patients included
 - Cannot generalize results to chronic stroke patients
 - **Future work:** Study recruiting chronic stroke patients

Please
remember...

A diagram consisting of two white circles with blue outlines, connected by a vertical line. Each circle is connected to a white rectangular text box with a blue border. The top circle is connected to the top box, and the bottom circle is connected to the bottom box. The top circle has a thin blue line extending from its top-left edge, and the bottom circle has a thin blue line extending from its bottom-left edge. The text boxes contain the following text:

Stroke patients can have hearing loss and many of them do

Even with normal hearing, auditory processing ability may be affected

Recommendations

- Healthcare providers need to be mindful of hearing impairment as an issue in patients
 - Can use personal sound amplifiers to ensure better communication
- Need to increase awareness of hearing impairment among patients and doctors
 - Public outreach events
 - Workshops for doctors

Acknowledgements

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Collaborator: Dr Raymond Seet

Faculty members: Edmund Choo, Sebastian Ser

All my classmates 😊

The End 😊
Thank you!

References

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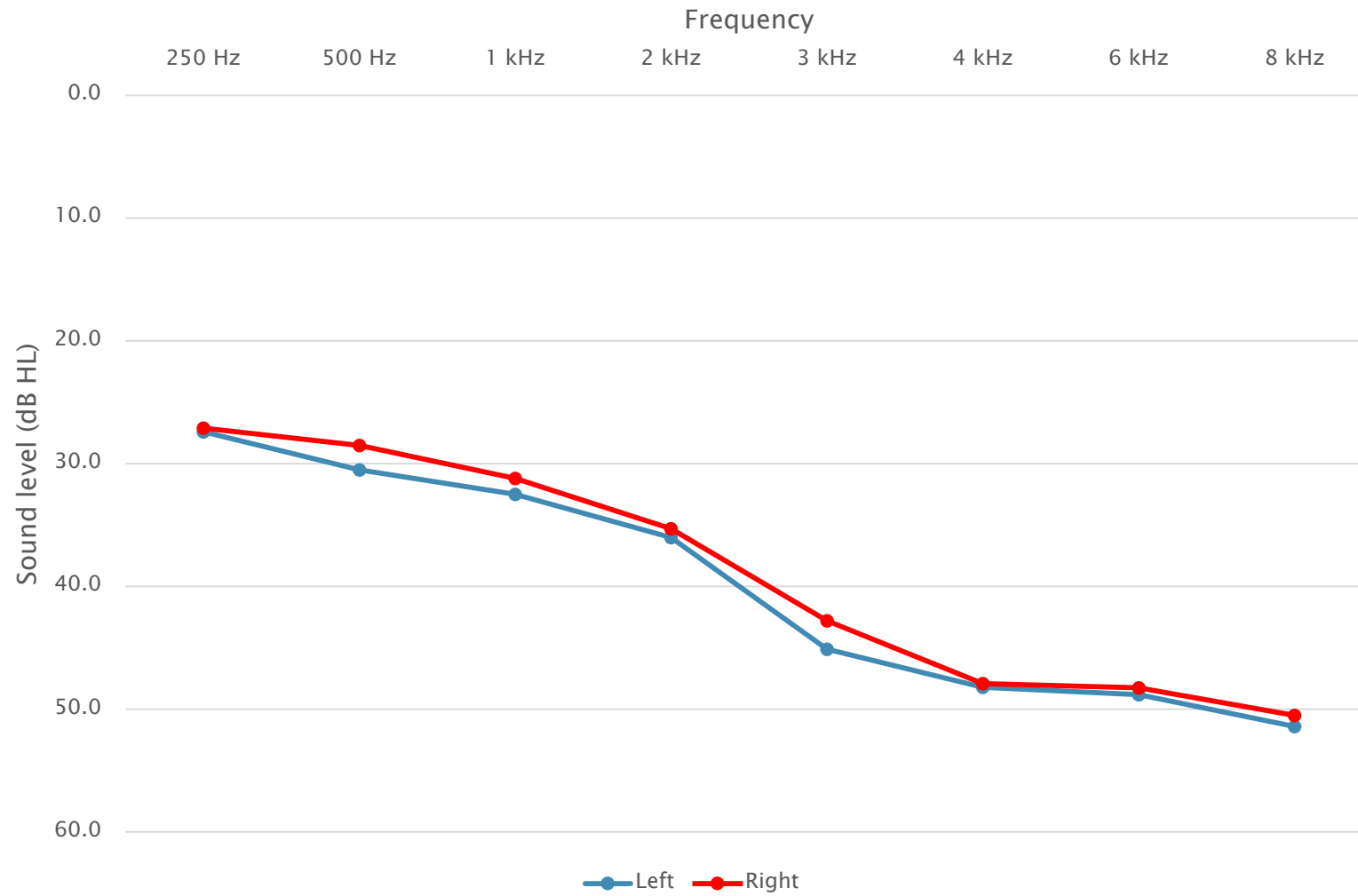
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Additional slides

Table 2. Reasons given for declining ENT referral (n=14)

Reason	Number of respondents
Do not find hearing loss an issue	7
Mild hearing loss	4
Would like to focus on other medical conditions E.g. stroke rehabilitation	3
Already on ENT (hospital/private) follow-up for other issues	3
Already seen ENT previously	2
Inconvenient to go for ENT follow-up	1
No reason given	3

Additional slides-PTA



- Downward sloping hearing configuration

Figure 2. Average hearing thresholds in dB HL at each frequency for each ear