

Limitations of Speech Reception Threshold (SRT) as an outcome measure in hearing-aid research

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Why the fuss?

- Harvey Dillon, IHCON 2006 summing-up
 - *"Look forward to a time when performance differences between HA systems are consistently characterised in dB. That will give us a common basis for comparisons"*
- HA systems becoming increasingly non-linear
 - increasingly important to do the right measurement
- Spread of convenient & standardised SRT procedures
 - increasingly easy to do the (wrong) measurement



Plan

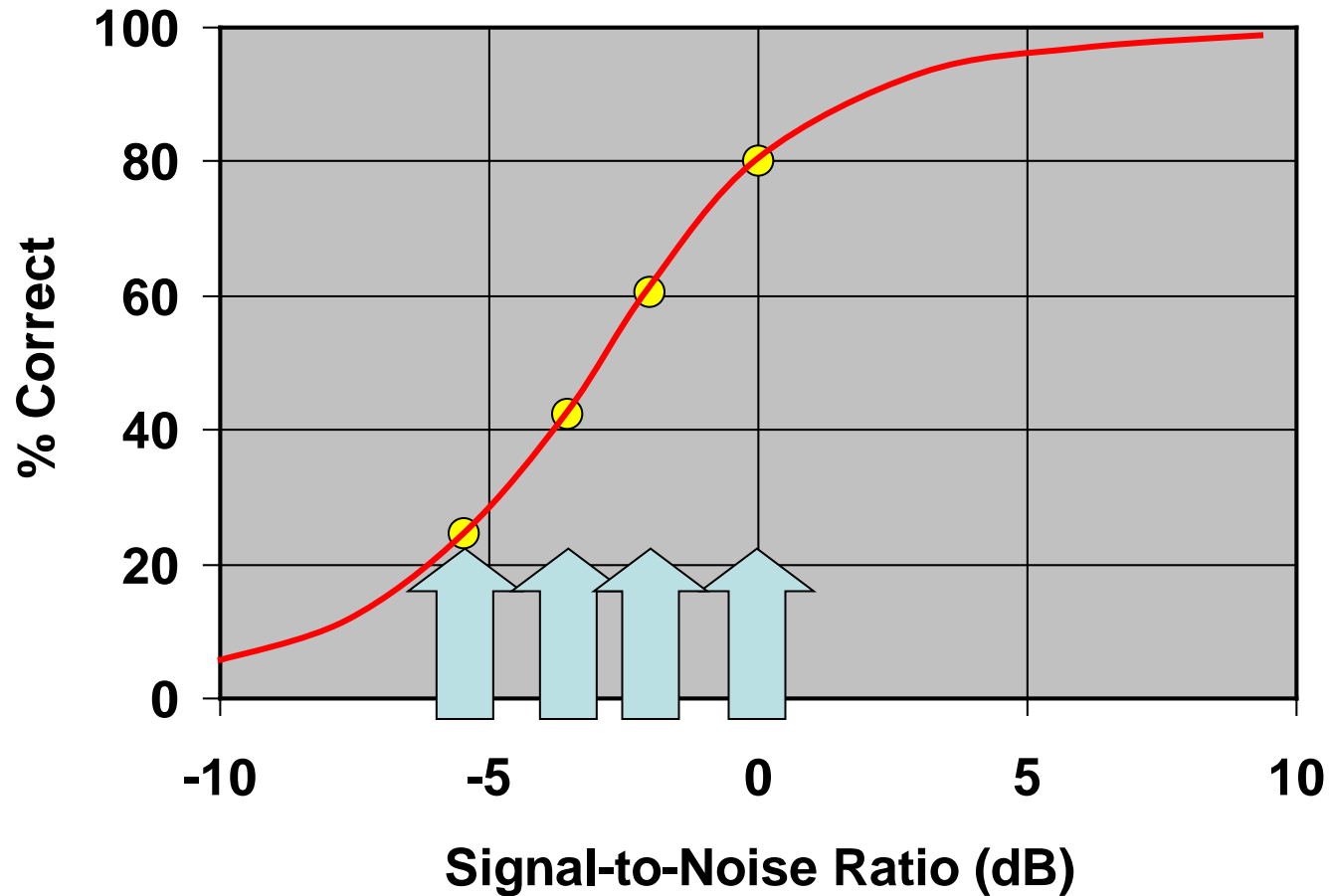
- What "SRT" am I talking about?
- Factors affecting SRT (unaided)
- Potential consequences for SRT (outcome)
- Non-linear hearing aid (HA) systems
- Why is SRT nevertheless so attractive?
- What to do?

SRT as a diagnostic measure

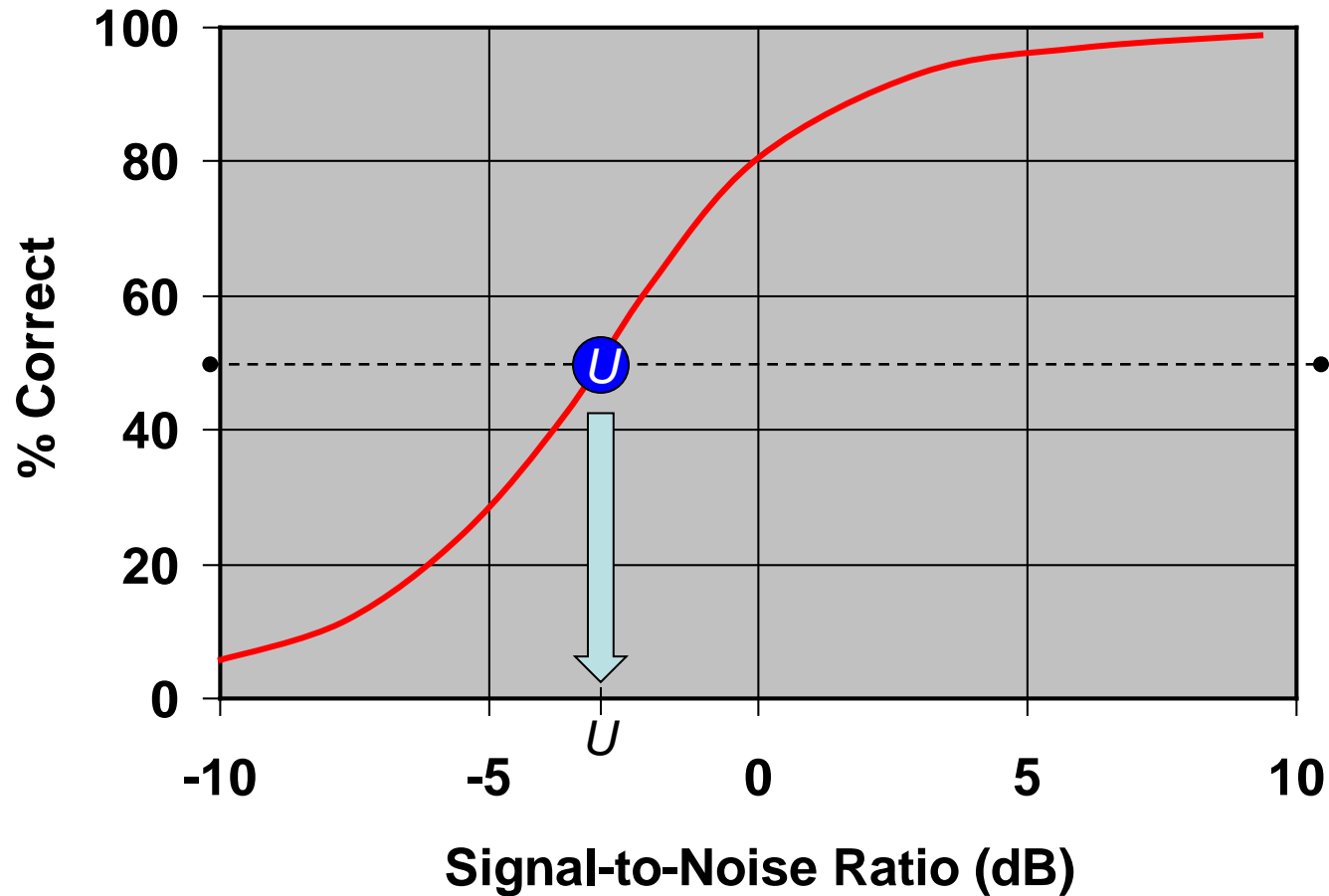
- dB SPL or dB SNR ?

**dB
SNR**

SRT determination (unaided)

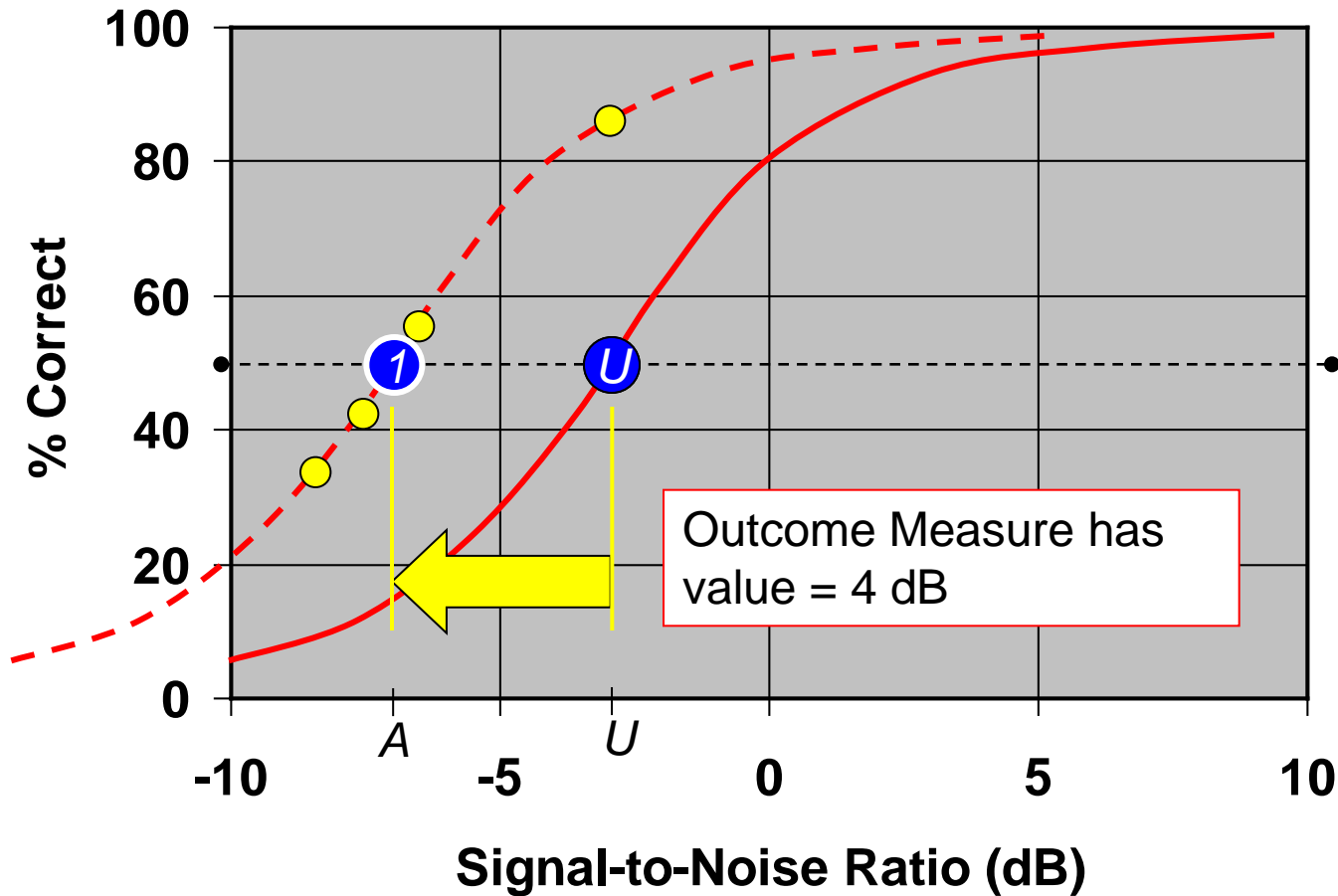


SRT determination (unaided)

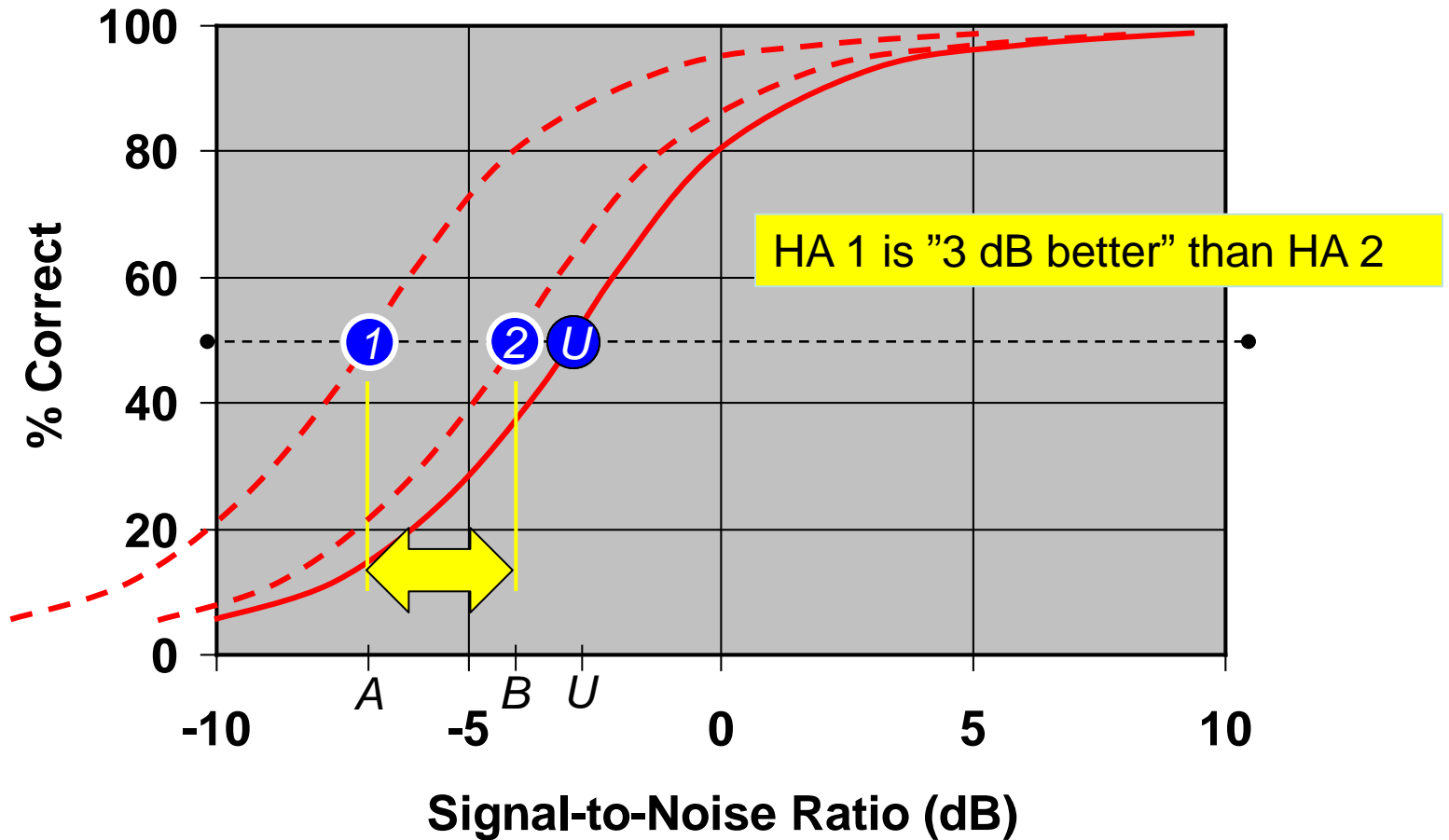


SRT as an outcome measure

The aided SRT outcome for HA 1

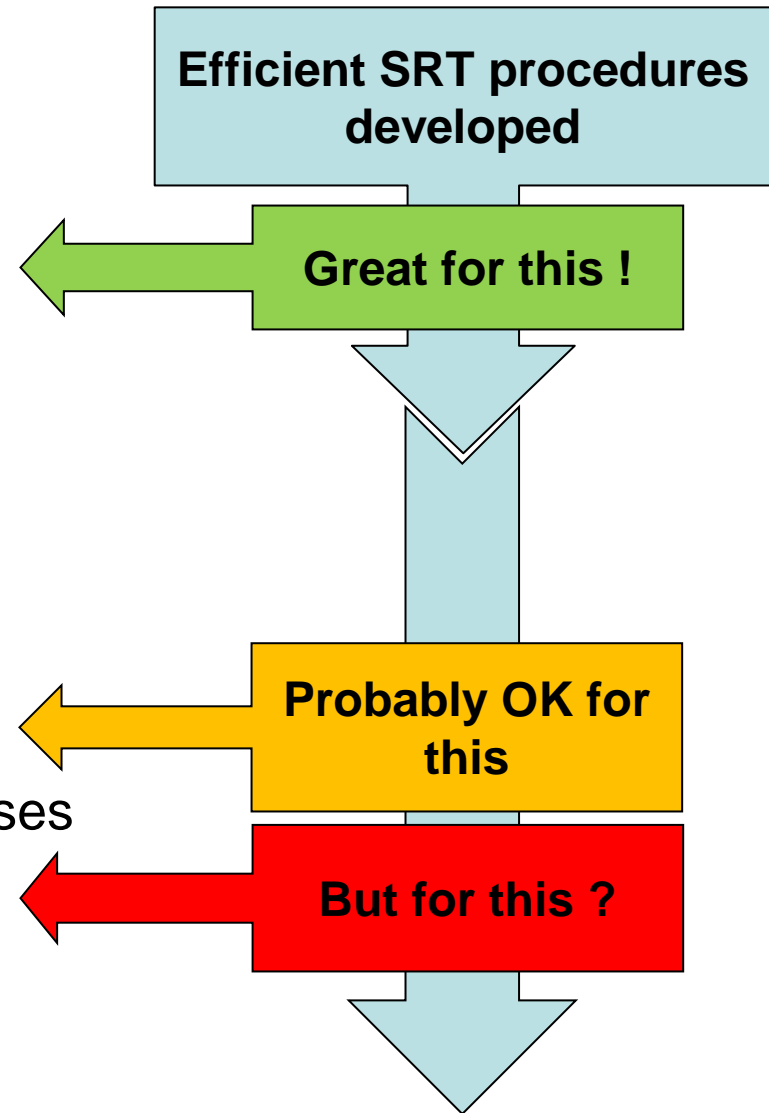


Comparing HA 1 vs. HA 2



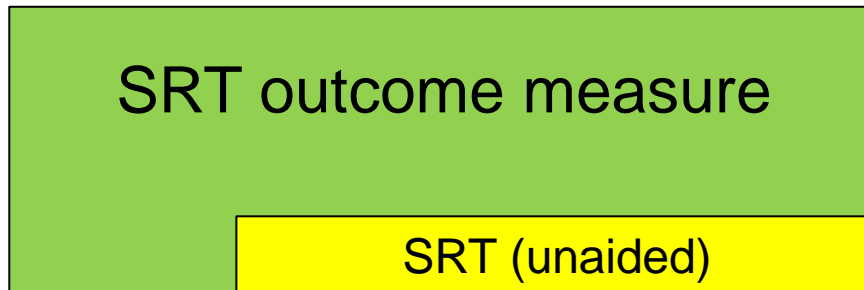
SRT in different arenas

- Unaided ('diagnostic') SRT
 - Pre-intervention indicator of
 - degree of disability
 - likelihood of benefit with HA
- SRT as outcome measure
 - Aided vs. unaided
 - Quality control of clinical processes
 - Comparison between HAs
 - Obvious idea



Plan

- What "SRT" am I talking about?
- Factors affecting SRT (unaided)



Effects of some parameters "orthogonal"



Article X: Stated

"Changing factor Y in the test protocol has the effect of moving the SRT over a range of Z dB"

(Easily interpreted as)

"The underlying psychometric function is shifted by Z dB".

Potential consequences for SRT (outcome)

- SRT obtained for a given HA system may be

- determined more by the lab's habitual protocol than by the phenomenon being studied



OR

- as desired, by adjusting the protocol.



Effects of some parameters

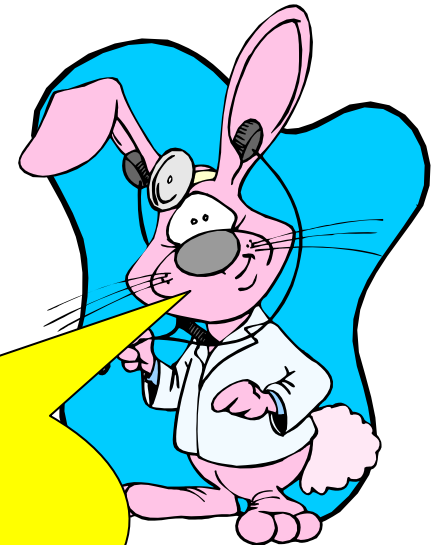
Parameter	Choices				Effect (dB)
<i>Scoring</i>	Sentences	Words	...		3
<i>Criterion %</i>	50 %	80 %	...		4
<i>Masker type</i>	Steady	Mod.	Talker ♀♂	Talker ♀♀	10
<i>Target language</i>	Native	Second			6
<i>Sentence context</i>	High	Low			5
<i>Target talker intellig.</i>	High	Low			1
<i>Room</i>	Dead	Reverb			6
<i>Target/Masker location</i>	Co-located	Separated			7
<i>Response set size</i>	4	32	1000	...	6

You must be joking !

These parameters are "orthogonal", so we can add the effects ...

How can that be ?

- Changing parameters is **NOT** equivalent to a parallel shift of an 'underlying PMF'
 - $f(a,b,c,\dots) \neq g(a) \cdot h(b) \cdot j(c)\dots$
 - 'listening' task changes with listening conditions



If you're lucky, the SRTs *might* turn out to be in a relevant range

Hmm! Well, taking the difference (Δ SRT) to compare devices A & B is still OK, isn't it?

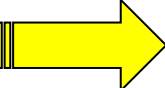
- As we move along the SNR axis ...
 - The listening task changes character



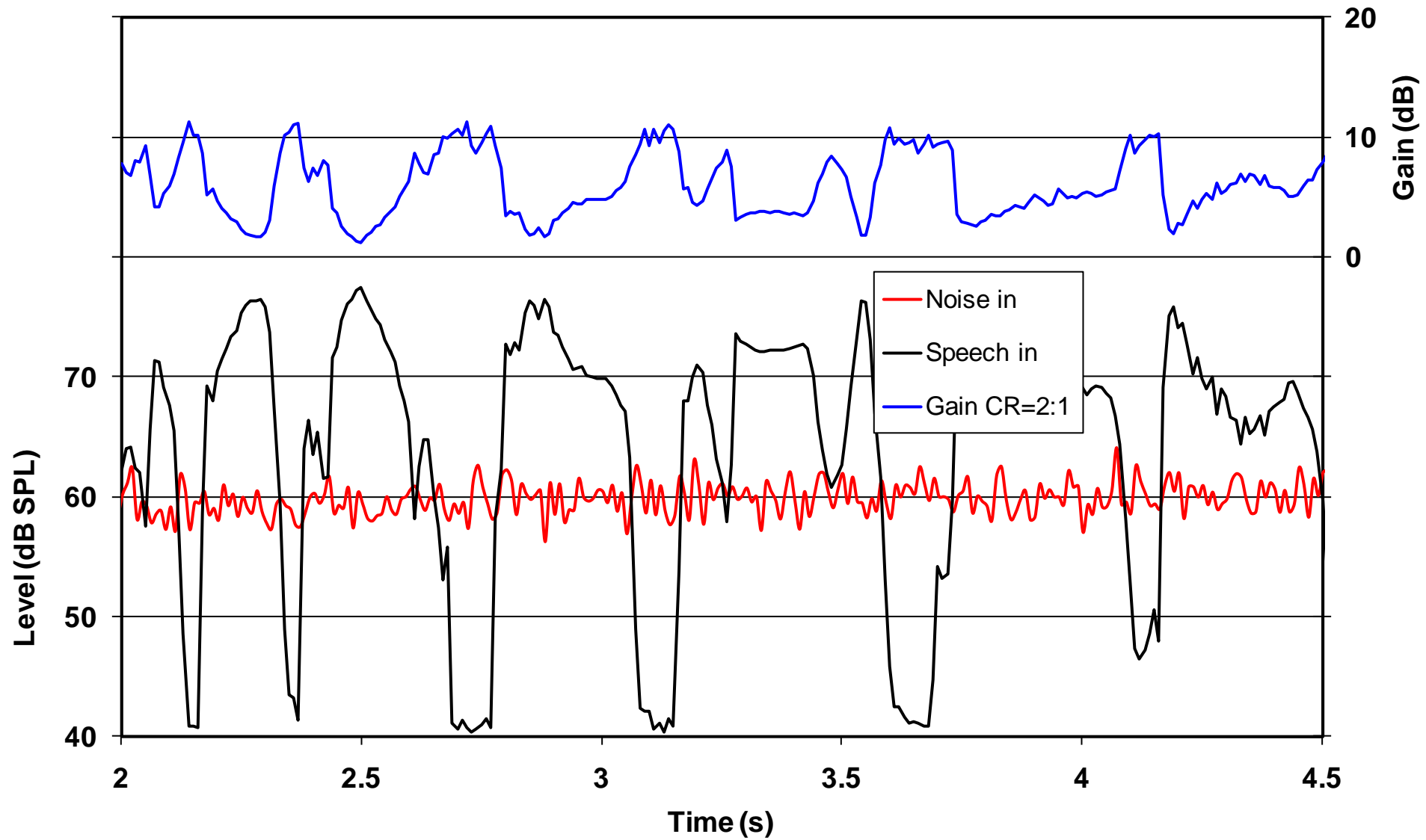
Plan

- What "SRT" am I talking about?
- Factors affecting SRT (unaided)
- Potential consequences for SRT (outcome)
- **Non-linear hearing aid (HA) systems**

Non-linear hearing aids

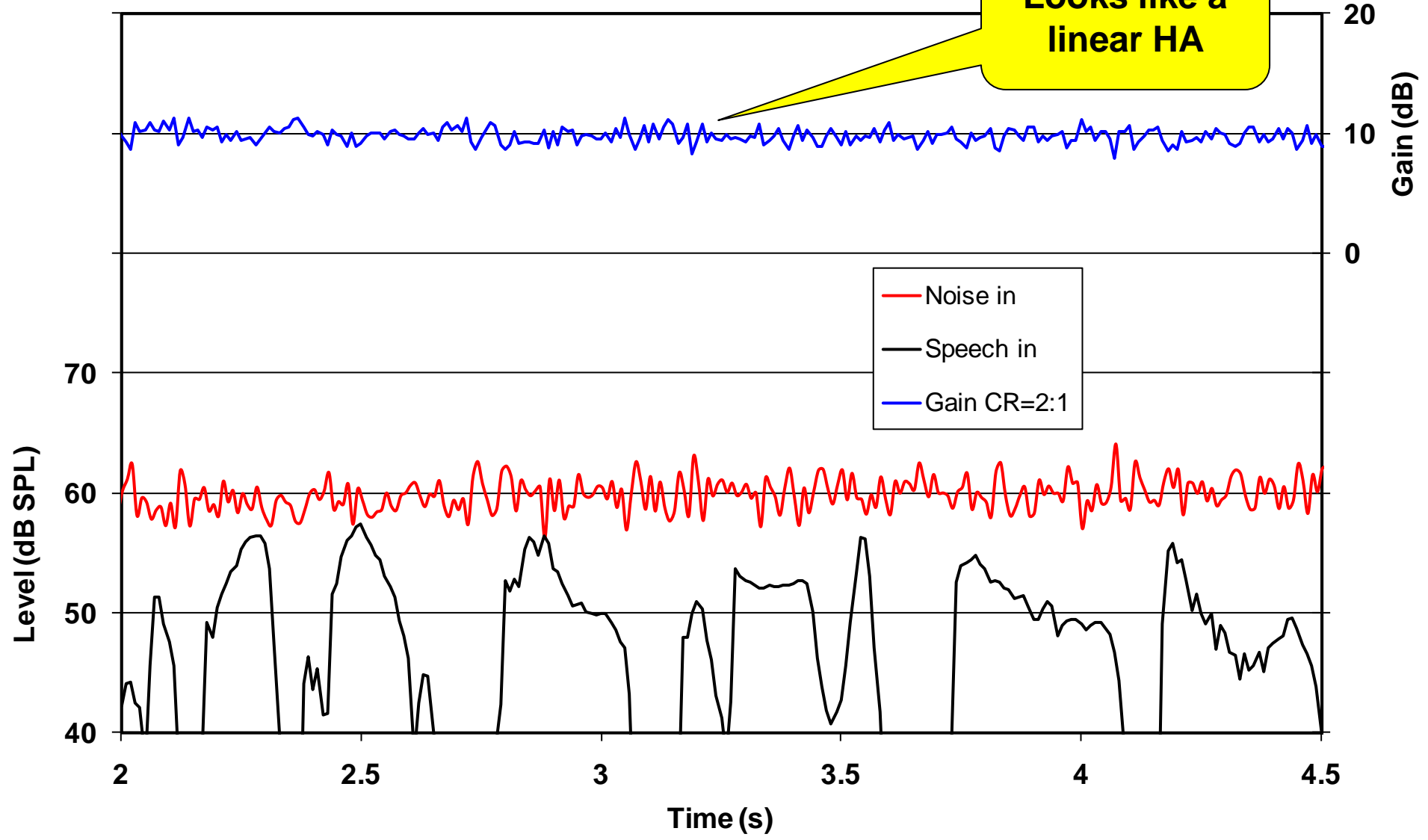
- Behave differently depending on input signal
 - thus behaviour depends on SNR at input
- Types of nonlinearity (examples)
 - Noise Reduction
 - controlled by modulation-based estimate of Voice-to-Noise Ratio
 - Steering of directional processing
 - based on Direction-Of-Arrival estimation
 - Binary Masks
 - based on SNR estimates in Time x Freq cells
 - Dynamic range compression
 - Example: fast-acting WDRC at +10 and -10 dB input SNR 

SNR at HA input = +10 dB



SNR at HA input = -10 dB

Looks like a linear HA



So far, so ...

- Problems, problems
 - Untenable assumption of 'underlying PMF'
 - Non-linearity of HAs
- It matters what SNR we test at
- This is not really news to anyone ...
 - but we still go on using SRT without constraining the SNR.

Why is SRT so attractive, despite these problems?

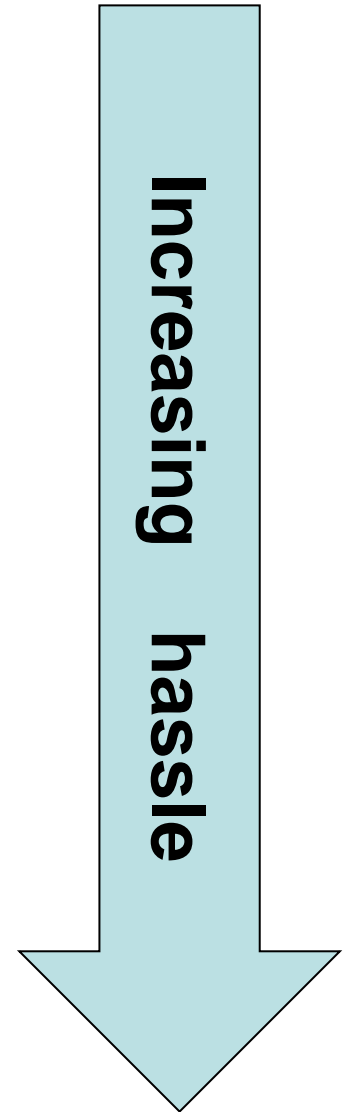
- Always gives a result with convenient statistical properties
- Can be made relatively fast for a given repeatability
- Nobody has told us what SNRs we should be designing HA systems to work in
 - so guilty conscience does not kick in
- No catastrophic wrong conclusions documented so far
 - but there may be some candidates ...

Plan

- What "SRT" am I talking about?
- Factors affecting SRT (unaided)
- Potential consequences for SRT (outcome)
- Non-linear hearing aid (HA) systems
- Why is SRT nevertheless so attractive?
- **What to do?**

What to do?

- Carry on using SRT ... with care
 - Appropriate respect for the SNR confound



What to do?

- Carry on using SRT ... with care
- Find out what SNRs really occur in what HA use situations, and use this to
 - (a) specify HA feature operation during design and
 - (b) prescribe SNR ranges for testing the feature
 - Pearsons et al 1977 NOT adequate basis

What to do?

- Carry on using SRT ... with care
- Find out what SNRs really occur in what HA use situations
- “Constrained SRT testing”
 - manipulate protocol to ensure operation at appropriate SNR for reference condition: then Δ SRT is probably an OK measure for a comparison
 - (maybe) do it for each individual listener
 - manipulations of protocol must not be of a sort which will affect the HA system operation, e.g.
 - Response set size
 - Repetitions of stimulus
 - Scoring rules, etc. etc.

What to do?

- Carry on using SRT ... with care
- Find out what SNRs really occur in what HA use situations
- “Constrained SRT testing”
- **Accept or deal with ceiling/floor effects**
 - manipulate protocol to ensure operation at appropriate SNR for reference condition: then measure $\Delta\%$ -correct for test condition instead of ΔSRT
 - 100% is 100%
 - Two HA systems yielding 100% (or 0%) *are equally good* within the domain of the speech test being used.

What to do?

- Carry on using SRT ... with care
- Find out what SNRs really occur in what HA use situations
- “Constrained SRT testing”
- Accept or deal with ceiling/floor effects
- **Measure complete PMFs (per individual listener)**
 - Overkill ?

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Summing up

- Good methods for 'diagnostic SRT'
 - may be risky to use as Outcome Measures
- Assumption of // underlying PMF is faulty
 - absurd range of apparently possible SRTs
- Nonlinear HAs
 - behave differently at different input SNRs
- We need to be deciding what SNR range to test at ***before testing***
 - some suggestions (no ready solutions)
- Work needed to chart real-life SNRs.

End

Effect of %-age criterion

- Realistically we wouldn't vary over whole 0 <-> 100
 - conservative, 50 .. 80 %
 - Pichora-Fuller 1995: 5 dB
 - Wagener & Brand 2005: 2 dB
 - Say 3.5 dB

Sentence context

- changing from high-context to low-context sentences = 5 dB (Pichora-Fuller 1995)

Scoring words vs. sentences

- Low-context sentences (e.g. Oldenburg)
 - $P_s = P_w^{**} 3.96$ (Bronkhorst W & B 2002, Boothroyd & Nittrouer 1988)
 - 50% words = 6% sentences (!!)
 - 50% sentences = 84% words
 - 50% words -> 50% sentences requires 4 dB
 - for corpus with steep pmf (Wagener, Jovassen et al 2003)
- Less for higher-context sentences
- Say 3
- ?? what about scoring phonemes

Changing talker

- highly-intelligible to a less-intelligible talker
 - ca. 20% (Cox et.al. 1987a)
 - $= 20/12 = 1.7$ dB (Cox et.al. 1987b)

Noise type

- Steady-state vs. modulated
 - (Wagener & Brand 2005, many others ???refs),
 - Controversy
 - "no effect" -> "???" dB" vs. "depends on SNR"
 - take your pick! Bernstein & Grant 2009
 - Conservative = 0
- ... vs. N talkers
 - Gender (7..11 dB, Festen & Plomp 1990)

Language

- Bilinguals
 - in s/s noise,
 - 9 dB (Stuart et al 2010)
 - 3 dB (Nilsson et al 1992)
 - babble, 6 dB (Mayo et al 1997)

Acoustics of setup

- Monotic vs. diotic vs. dichotic
- Co-located S & N vs. spatially separated
 - Neher ISAAR 2007 NH 10 dB, HI 7 dB (LR) sp-on-sp
 - Bronkhorst & Plomp 1990 6.5 dB s/s noise 1 masker
 - Marrone ISAAR 2007 NH 10 dB, HI 4 dB (LR) sp-on-sp
 - say 7
- Reverberation
 - Arweiler ISAAR 2007 ca. 4 dB
 - Plomp 1976 6-10 dB
 - say 6

Response set size

- 32 vs. 1000 ca. 6 dB (Bernstein pers. comm.)