

## DEVELOPMENT OF HEARING PERCEPTION IN SUBJECTS WITH COCHLEAR IMPLANT

Vesna Lazarovska

Hearing, Speech and Voice Rehabilitation Center- Skopje, Faculty of Medicine, Ss. Cyril and Methodius University in Skopje, R. North Macedonia

### Abstract

Development of speech is a highly integrative process which has to incorporate harmonic functioning of many aspects such as anatomical, physiological, auditory, mental, emotional and social. Anatomical-physiological bases of hearing have been well studied. Cochlear implant is recommended in subjects who do not have any significant increase of the sound through the individual hearing amplifiers or have small benefit and also in subjects whose impairment is over 90dB to 500, 1000, 2000 and 4000 Hz.

The aim of this study was to estimate the development of hearing perception in subjects with prelingual hearing impairment who used cochlear implant with regards to perception and identification of sounds from external environment.

The results of the Test for development of hearing perception showed progression during the follow-up period at 6, 12 and 24 months. It was concluded that the longer the cochlear implant was used, the better results were achieved.

**Keywords:** impaired hearing, cochlear implant, hearing perception, speech development

### Introduction

The beginning of hearing perception means beginning of individual processing of speech sound stimulation which the organism accepts and processes by its own functional structures [1].

What is the influence of the hearing over our life speaks the fact that speech hearing takes 45% of each individual's time, speaking 30%, reading 16% while writing takes 9% of the time [2]. Many studies have been made to analyze the connection between hearing and the speech [3-6].

The revolutionary change of cochlear implant technology made in 1990 had influence on the clinical approach to cochlear implantation as well. The improvement of implants, particularly of the strategy for speech encoding enabled much bigger range in the choice of candidates for cochlear implantation [7-13]. Development of cochlear implants began with the investigations led by Djourno and Euries. In 1982 the first implant system was used clinically for the first time [14-19].

More than thirty different cochlear implants have been developed in the last fifteen years. All hearing implants are distinguished by the design of the parts they are made of and the way they are created. The revolutionary change in cochlear implant technology happened in 1990 resulting in new clinical approach to cochlear implantation. Cochlear implantation has become a standard procedure for rehabilitation of subjects with impaired hearing.

The modern technology has enabled reduction in their size. The latest models from the last generation of implants are very small sized compared to the previous ones. Efforts are put on further development and improvement of the design and the site of implantation of electrodes in order to secure as closer contact of electrodes with the inner wall of scala tympani as possible by which the threshold of stimulation is decreased and the dynamic range and selectivity for the appropriate stimulus are increased [20-21].

### Materials and methods

The investigation was realized at the Hearing, Speech and Voice Rehabilitation Center in Skopje and at the University Clinic for Ear, Nose and Throat in Skopje. The subjects were monitored in the period of at least 6, 12 and 24 months. The age of the subjects ranged from 6 to 32 years, and the mean age was  $13 \pm 6.2$  years.

The mean age at which cochlear implantation was performed was  $100.4 \pm 75.1$  months. The youngest age at which cochlear implantation was performed was 10 months while the oldest was 327 months.

Test for development of hearing perception was used in this study for estimation of recognition and identification ability of environmental sounds. (For the estimation 3-grade scale was used: 0 - never, 1 - sometimes, 2 - always). The test was conducted in subjects with cochlear implant before and after placing

the hearing amplifier and after the cochlear implant was inserted in order to see the development of the hearing perception. The following statistical methodologies were used:

- Numerical data were presented with central tendency measures (average/ratio) and variability measures (standard deviation);
- Attributive data were presented with absolute and relative frequency;
- For determining the significance of the differences in the analyzed tests among the subjects before and after the hearing amplifier was placed and after the cochlear implant was inserted as well as in subjects with inserted cochlear implant after 6, 12, 24 months of the implantation, non-parametric tests were used for two or more than two dependent parameters (McNemar's test and Cochran's Q test);

The values of  $p < 0.05$  were considered statistically significant.

## Results

This study presents the results obtained by statistical analysis of data from 31 subjects with prelingual sensorineural hearing disorder with inserted cochlear implant.

**Table 1.** This table shows the results of the test for development of hearing perception in three groups of subjects in relation to recognition of environmental sounds. The sound of ambulance or police siren was recognized by all subjects with cochlear implant, by not any subject without hearing amplifier and 25 (80.7%) with hearing amplifier. The sound of plane was recognized by half of the subjects without hearing amplifier, 30 subjects with hearing amplifier and with cochlear implant. The sound of footsteps was not recognized by any of the subjects without or with hearing amplifier, while in 7 subjects with cochlear implant the test was positive. The bird song was not recognized by none of the subjects without or with hearing amplifier while it was recognized by 15 subjects with cochlear implant.

**Table 1.** Test for development of hearing perception

Outside	Without hearing amplifier	With hearing amplifier	With cochlear implant/detection	P
<b>Siren (ambulance/police)</b>				
No	31(100%)	6(19.3%)	/	
Yes		25(80.7%)	31(100%)	
<b>Airplane</b>				
No	15(48.4%)	1(3.2%)	1(3.2%)	*0,0005
Yes	16(51.6%)	30(96.8%)	30(96.8%)	**0,0005 ***0,48
<b>Automobile horn</b>				
No	26(83.9%)	6(19.3%)	31(100%)	*0,00002
Yes	5(16.1%)	25(80.7%)	/	
<b>Footsteps</b>				
No	31(100%)	31(100%)	24(77.4%)	
Yes	/	/	7(22.6%)	
<b>Bird song</b>				
No	31(100%)	31(100%)	16(51.6%)	
Yes	/	/	15(48.4%)	
<b>Dogs' barking</b>				
No	27(87.1%)	7(23.3%)	31(100%)	*0,00002
Yes	3(9.7%)	23(76.7%)	/	

\*p-tested differences among groups without hearing amplifier/with hearing amplifier

\*\*p-tested differences among groups without hearing amplifier/with cochlear implant

\*\*\*p-tested differences among groups with hearing amplifier/with cochlear implant

**Table 2.** This table illustrates the results of the Test for development of hearing perception obtained from the group of subjects without hearing amplifier, with hearing amplifier and with cochlear implant with respect to the ability for identification of environmental sounds.

The subjects with cochlear implant in comparison with the subjects without and with hearing amplifier had significantly better ability for identification of siren sound, automobile horn, footsteps, bird song and dogs' barking.

The difference in the ability for identification of sound of airplane among subjects with hearing amplifier and with cochlear implant was statistically not significant.

**Table 2.** Test for development of hearing perception

Outside	Without hearing amplifier	With hearing amplifier	With cochlear implant/identification	P
<b>Siren (ambulance/police)</b>				
No	31(100%)	6(19.3%)	31(100%)	
Yes		25(80.7%)		
<b>Airplane</b>				
No	15(48.4%)	1(3.2%)	4(12.9%)	
Yes	16(51.6%)	30(96.8%)	27(87.1%)	**0,0098***0,37
<b>Automobile horn</b>				
No	26(83.9%)	6(19.3%)	31(100%)	
Yes	5(16.1%)	25(80.7%)	/	
<b>Footsteps</b>				
No	31(100%)	31(100%)	12(38.7)	
Yes	/	/	19(61.3%)	
<b>Bird song</b>				
No	31(100%)	31(100%)	13(41.9%)	
Yes	/	/	18(58.1%)	
<b>Dogs' barking</b>				
No	27(87.1%)	7(23.3%)	31(100%)	
Yes	3(9.7%)	23(76.7%)	/	

\*\*p-tested differences among groups without hearing amplifier/with cochlear implant

\*\*\*p-tested differences among groups with hearing amplifier/with cochlear implant

The results obtained from the Test for the development of hearing perception regarding recognition of human sounds demonstrated that none of the subjects without or with hearing amplifier recognized speaking and yawning while the cochlear implant enabled detection of the speaking sound in 17 subjects and yawning sound in one subject.

A statistically significant difference was registered among the three groups of subjects both in recognition of coughing and smiling sound (Table 3).

**Table 3.** Test for the development of hearing perception

Human sounds	Without hearing amplifier	With hearing amplifier	With cochlear implant/detection	P
Speaking				
No	31(100%)	31(100%)	14(45.2%)	
Yes	/	/	17(54.8%)	
Yawning				
No	31(100%)	31(100%)	30(96.8%)	
Yes	/	/	1(3.2%)	
Coughing				
No	29(93.5%)	12(38.7%)	1(3.2%)	*0,00024
Yes	2(6.5%)	19(61.3%)	30(96.8%)	**0,00000 ***0,0026
Laughing				
No	31(100%)	29(93.5%)	5(16.1%)	***0,00000
Yes	/	2(6.5%)	26(83.9%)	

\*p-tested differences among groups without hearing amplifier/with hearing amplifier

\*\*p-tested differences among groups without hearing amplifier/with cochlear implant

\*\*\*p-tested differences among groups with hearing amplifier/with cochlear implant.

The subjects with cochlear implant identified speaking, yawning and smiling significantly better than those without and with hearing amplifier while the difference was not significant in subjects with hearing amplifier for identification of coughing sound (Table 4).

**Table 4.** Test for the development of hearing perception

Human sounds	Without hearing amplifier	With hearing amplifier	With cochlear implant/identification	P
Talking/speaking				
No	31(100%)	31(100%)	9(29%)	
Yes	/	/	22(71%)	
Yawning				
No	31(100%)	31(100%)	26(83.9%)	
Yes	/	/	5(16.1%)	
Coughing				
No	29(93.5%)	12(38.7%)	5(16.1%)	**0,00000 ***0,096
Yes	2(6.5%)	19(61.3%)	26(83.9%)	
Laughing				
No	31(100%)	29(93.5%)	8(25.8%)	***0,00003
Yes	/	2(6.5%)	23(74.2%)	

\*p-tested differences among groups without hearing amplifier/with hearing amplifier

\*\*p-tested differences among groups without hearing amplifier/with cochlear implant

\*\*\*p-tested differences among groups with hearing amplifier/with cochlear implant.

## Discussion

Over the last 30 years more than 200,000 people worldwide have been implanted with cochlear implant [22].

Early diagnosis of the hearing impairment is the most significant step in undertaking successful rehabilitation in people with impaired hearing along with decreasing the age at which the cochlear implantation has been made [23].

The evaluation of hearing and speech perception in all subjects in this study was conducted in three phases: without hearing amplifier, with hearing amplifier and with cochlear implant. The Test for the development of hearing perception was made and different sounds were used, such as sounds from musical instruments, environmental sounds, home sounds, sounds of certain objects and differentiation of human sounds.

The results obtained have shown that after cochlear implantation subjects presented a significantly better reaction to all environmental sounds (80.7%) in comparison with the period when subjects did not wear the hearing amplifier (6.5%), but the difference was significant regarding the ability that they had when using the hearing amplifier (54.8%).

Our results are in agreement with those presented in another study [24] where hearing and speech development after cochlear implantation a series of cases was presented.

In our study, none of the subjects without hearing amplifier reacted to the music at home, while 1 subject with hearing amplifier and 12 (38.7%) with cochlear implant identified the music sounds. Ringing of the phone was differentiated by 3 (9.7%) of the subjects with hearing amplifier, a significantly larger number of subjects with hearing amplifier – 32.3% and a highly significantly larger number of subjects with cochlear implant – 77.4%.

In 2007, Lassaletta L. *et al.* [25] conducted a study, which confirmed that even 52% of 65 subjects with cochlear implants expressed pleasant feelings while listening music. Regarding the perception of mobile and fixed telephones, the studies have shown important and beneficial outcome after cochlear implantation, which is consistent with our results [26]. One such study of international character conducted in 10 countries and including 196 subjects has demonstrated that 71% of patients postoperatively could use fixed telephones and 54% mobile telephones [27]. Similar results have been presented in other studies of this type.

Results have shown that cochlear implants improve the ability of speech production to the degree that is not possible to be achieved with the conventional hearing amplifiers. This is to be expected since the hearing device emphasizes the sound stimuli in the low frequency area alone, which is not sufficient for creating an acoustic picture of all sounds and voices and consequently the possibility to develop verbal communication is very small [28].

The benefit of the cochlear implant in comparison with the conventional hearing aids has been confirmed in another study realized in 2001 by Szuchik J. *et al.* [29].

In 1995 [30], a very important multicenter study was conducted in children with cochlear implant by using the test for development of auditory perception.

The study was realized in 35 clinics during the period from 1996 to 2009. A total of 765 children were assessed in different intervals: preoperatively, after the first fitting at 1, 3, 6 and 12 months and annually thereafter, up to a maximum period of 5 years.

The results showed a significant improvement of auditory perceptual skills to all sounds. Significantly better results were obtained after 3, 6 and 12 months. These findings are in concordance with the results obtained in our study.

## Conclusion

There was a hearing reaction immediately after activating the implant in all subjects. The results from the first test for development of hearing perception showed progression during the examined period at 6, 12 and 24 months.

The results obtained in relation to recognition and identification of certain words with different complexity showed progress as time went on. The longer the cochlear implant was used, the better results were achieved.

Cochlear implant in prelingual hearing disorder enables enormous increase of hearing threshold and rehabilitation of hearing-speaking treatment leads to development of acoustic picture for all voices.

The hearing and verbal perception in subjects with prelingual hearing impairment was statistically significantly better in comparison to the results obtained in the same subjects when they used hearing amplifiers.

The hearing and verbal perception in subjects with prelingual hearing impairment with cochlear implant improved with the duration of the rehabilitation treatment and it was in proportion with the duration of postoperative rehabilitation, that is, the longer cochlear implant was used, the better results were achieved.

## References

1. Sherman PW, Wolfenbarger LL. Sensory biases and the evolution of sensory systems: A reply. *Trends Ecol Evol.* 1995; 10:489.
2. Hays WL. A measure of predictive association. In: Hays WL, editor. *Statistics for the social sciences.* 2nd ed. New York: Holt, Rinehart and Winston, Inc.; 1973. pp. 745–749.
3. Gold T. City University of New York Graduate Center; NY: *Speech and hearing: A comparison between hard of hearing and deaf children.* 1978.
4. Vygotsky L. *Mind in society: The development of higher psychological Processes.* In: M. Cole, V. John-Steiner, S. Scribner, & E. Souberman, Eds. Cambridge, Massachusetts: Harvard University Press; 1978.
5. Luria AR. *Osnovi neurolingvistike.* Beograd: Nolit; 1983.
6. Luria AR. *Cognitive development: Its cultural and social foundations.* Cambridge: Harvard University Press; 1976.
7. Vasic S. *Razvojni stupnjevi artikulacije, problem glasa u artikulaciji glasova.* Beograd: Institut za pedagoska istrazivanja; 1985.
8. Vasic S. *Psiholingvistika.* Beograd: Institut za pedagoska istrazivanja; 1994.
9. Skinner MW, Clark GM, Whitfort. Evaluation of new spectral peak coding strategy for the nucleus 22 Channel cochlear implant system. *Am J Otol.* 1994; 15-27.
10. Wilson SJ, Rebscher SH, Kim SJ. Design for a simplified cochlear implant system. *IEEE Trans Biomed Eng.* 2007; 54:973–982.
11. Zeng FG. Trends in cochlear implants. *Trends Amplif.* 2004; 8:1–34.
12. Balkany T. Nucleus freedom north american clinical trial. *Otolaryngol Head Neck Surg.* 2007; 136: 757–762.
13. Koch DB, Osberger MJ, Segel P, Kessler D. HiResolution and conventional sound processing in the HiResolution bionic ear: Using appropriate outcome measures to assess speech recognition ability. *Audiol Neurootol.* 2004; 9: 214–223.
14. Clark GM, Hallworth RJ. A multiple electrode array for cochlear implantation in deaf patients. *Med Prog Technol.* 1976; 5:127.
15. Clark GM. The University of Melbourne Nucleus multielectrode coclear implant. *Adv Otol Rhinol Laryngol.* 1987; 38:1-129.
16. Clark GM. A multiple electrode array for cochlear implant. *J Laryngol Otol.* 1976; 90: 623-627
17. Clark GM. A multiple electrode intracochlear implant for children. *ArchOtorhinolaryngol.* 1977; 113:825-828
18. Clark GM. Design and fabrication of the banded electrode array. *AnnNew York Acad Sci.* 1983; 405:191-201
19. Patrick JF, Clark GM. The Nucleus 22-channel cochlear implant system. *Ear Hear.* 1991; 12[Supp11]:S3-S9.
20. Hartmann R, Shepard R, Heid S, Klinke R. Response of the primary auditory cortex to electrical stimulation of the auditory nerve in the congenitally deaf white cat. *Hearing Res.* 1997;112:115–133.
21. Klinke R, Hartmann R, Heid S, Tillein J, Kral A. Plastic changes in the auditory cortex of congenitally deaf cats following cochlear implantation. *Audiology Neurootol.* 2001; 6:203–206.
22. Stelzig Y, Jacob R, Mueller J. Preliminary speech recognition results after cochlear implantation in patients with unilateral hearing loss: a case series. *J Med Case Reports* 2011;5:343.
23. Vlastarakos P, Proikas K, Papacharalampous G, Exadaktylou I, Mochlouslis G, Nikolopoulos T. Cochlear implantation under the first year of age-the outcomes. A critical systematic review and meta-analysis. *Int J Pediatr Otorhinolaryngol* 2010;74:119-126.

24. Rubenstein JT. How Cochlear Implants Encode Speech. *Curr Opin Otolaryngol Head Neck Surg.* 2004, 12:444-448.
25. Lassaletta L, Castro A, Bastarrica M. Does music perception have an impact on quality of life following cochlear implantation? *Acta Otolaryngol.* 2007;127(7):682-684.
26. Tait M, Nikolopoulos TP, Archbold S, O'Donoghue GM. Use of the telephone in prelingually deaf children with a multichannel cochlear implant. *Otol Neurotol.* 2001; 22:47-52.
27. Anderson I, Baumgartner WD, Boheim K. Telephone use: what benefit do cochlear implant users receive? *Int J Audiol.* 2006;45(8): 446-53.
28. Davceva Cakar et al.;. (2014). *Slušni aparati; Osnovi na audiologija.* Skopje: Medicinski fakultet 2014. str. 212-216
29. Morera C, Sainz M, Cavalle L, Dela Torre A. Colaboradores: Anderson I, D'Haese P. understanding in post-lingual adults with cochlear implants. *Acta Otorhinolaryngol Esp.* 2004; 55: 201-5.
30. Esser-Leyding, Anderson I. EARS (Evaluation of Auditory Responses to Speech): An internationally validated assessment tool for children provided with cochlear implants. *ORL.* 2012; 74: 42-51.