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# The Evaluation of a 2000Hz Audi t or y St eady St at e Response (ASSR) Newbor n Hear i ng Scr eeni ng Pr ocol

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# Outline of Presentation

- Current NHS techniques
- Clinical application of ASSR
- ASSR in NHS
- Aims
- Procedure
- Results
- Conclusion



# Current Newborn Hearing Screening Methods

- Automated Auditory Brainstem Response (AABR) and Evoked Oto-Acoustic Emissions (EOAE)
- Joint Committee of Infant Hearing (JCIH, 2007)
  - 100% Sensitivity & 95% Specificity
  - <4% Referral rate
  - Mild loss detection
  - Time efficient
- Limitations

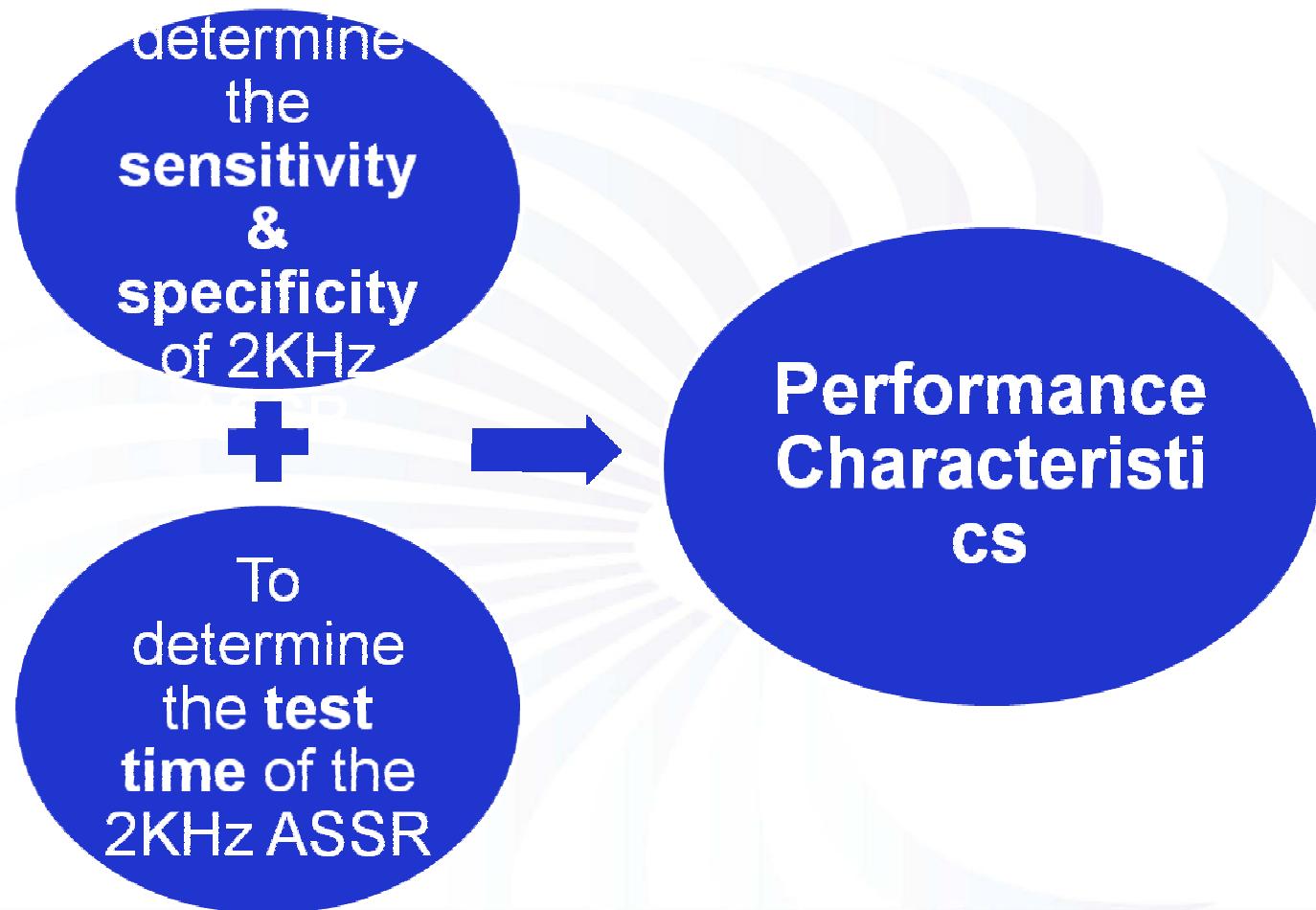
# ASSR

- Diagnostic validity of ASSR
  - Severe to profound hearing losses
  - Difficult to test populations
- An objective electrophysiological hearing testing technique that record responses related to activity at the brainstem level (Stach, 2002), by presenting continuous tones modulated in amplitude at specific modulation frequencies (Hall & Swanepoel, 2010).
- "... electrophysiological response to a rapid auditory stimuli to create an estimated audiogram" (Beck et al., 2012).

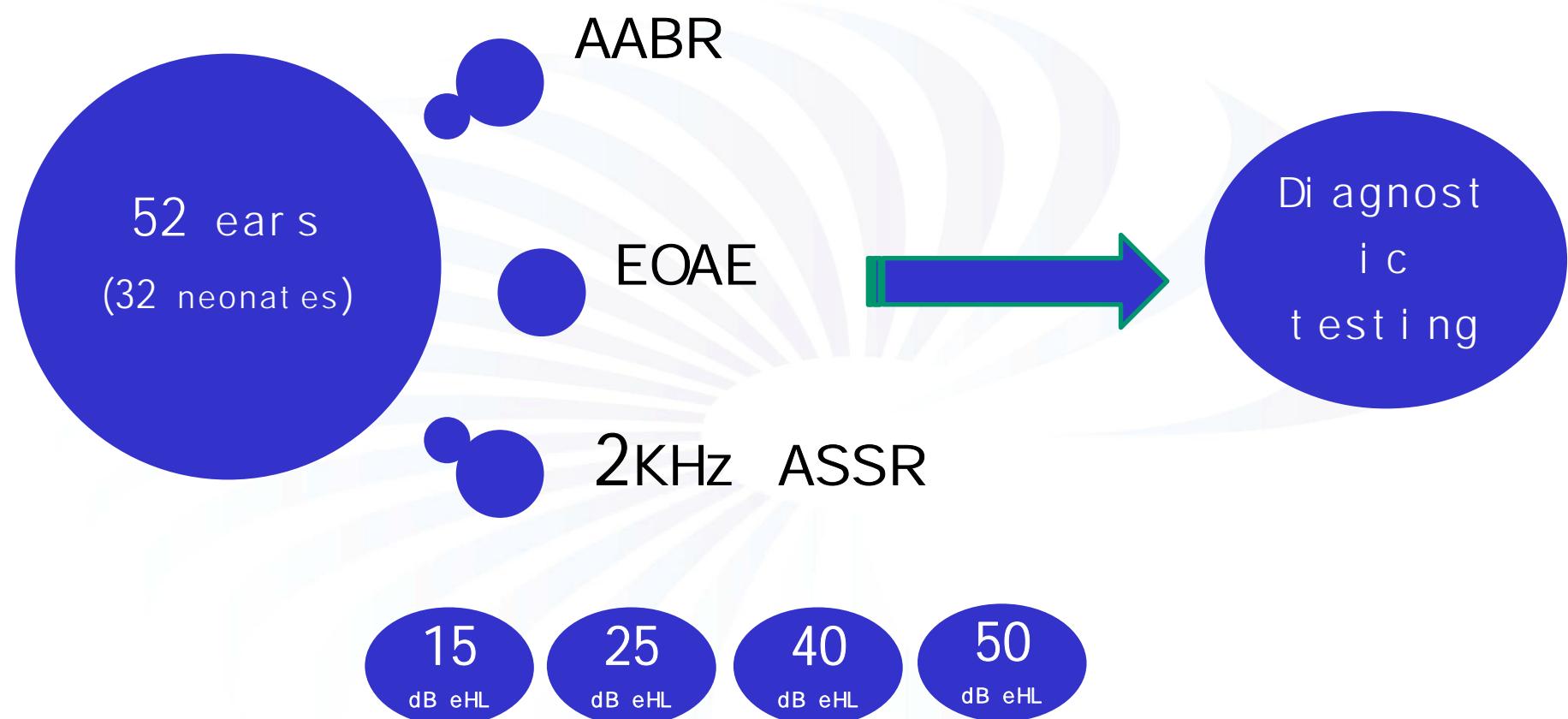
# Application of ASSR in NHS

- Cone-Wesson, Rickards et al., 2002
  - ASSR's ability to detect residual hearing due to 120dB output
  - Not sensitive to middle ear ailments
  - 2000Hz's mean threshold closest to actual hearing threshold
- Cuban Neuroscience Centre (Perez-Abal o et al., 2009)
  - First M-ASSR semi-automated device called Baby Screen
  - 100% sensitivity, 96% specificity
  - Screening time 2.6 minutes
- Possible screening application:
  - Objective
  - Frequency specific
  - No subjective waveform interpretation

## Aims



# Procedure



## Results One: ASSR Intensity Levels

ASSR Intensity Level (dB nHL)	n=	Sensitivity	Specificity	Referral Rate (ears)
ASSR 30	49	100%	25%	76%
ASSR 40	52	100%	55%	46%
ASSR 50	51	100%	80%	14%
ASSR 60 *	49	100%	94%	8%
ASSR 80	77	100%	77%	0%

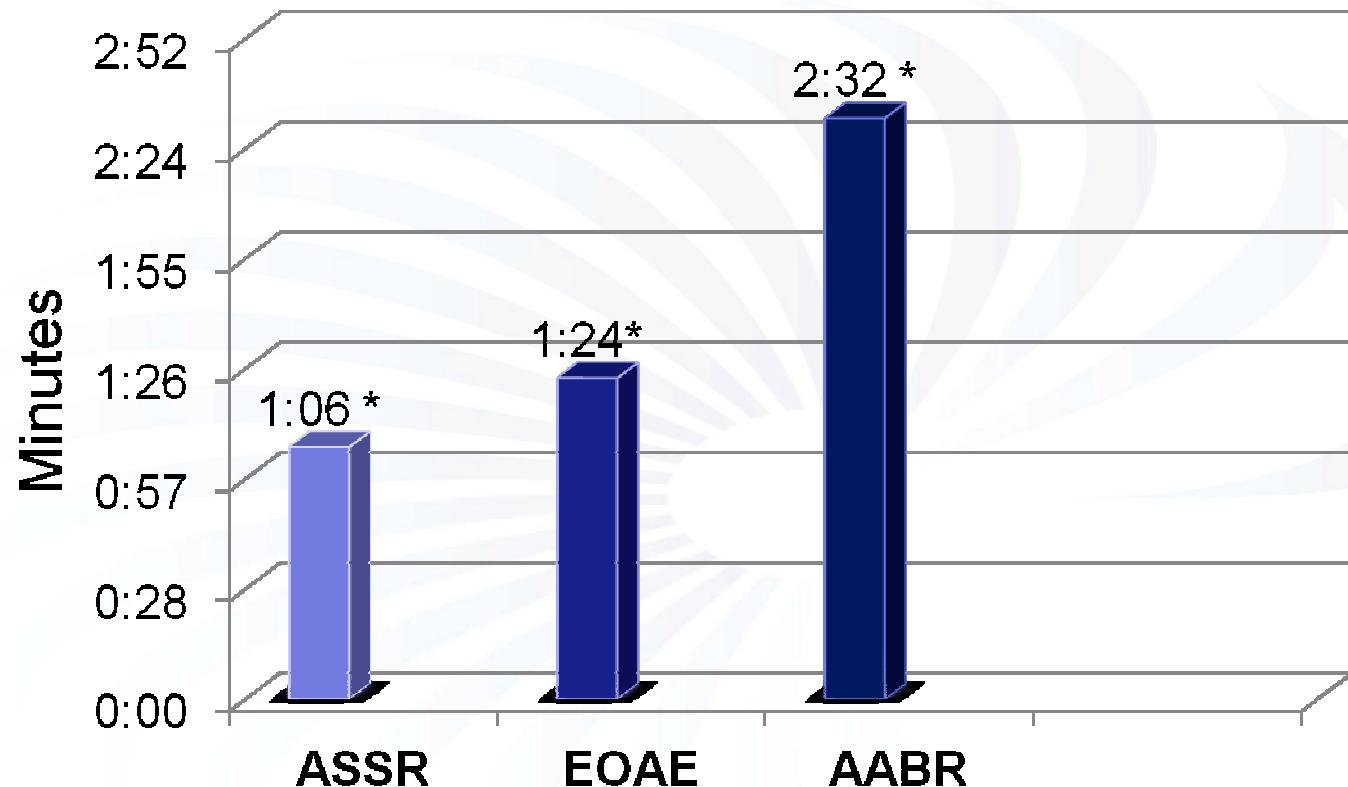
\* Closest to performance characteristics specified by JCIH (2007)

## Results Two: Performance Characteristics

ASSR Intensity Level (dB nHL)	n=	Sensitivity	Specificity	Referral Rate (ears)
ASSR 60 *	49	100%	94%	8%
ASSR 50	51	100%	88%	14%
AABR	52	100%	80%	21%
EOAE	52	100%	65%	37%

\* Closest to performance characteristics specified by JCIH (2007)

## Result Three: Median Test Times (per ear)



\* $p<0.0001$

## Conclusion

- Suggested ASSR screening protocol
  - 2000Hz is feasible
  - 50dB nHL has equivalent characteristics to AABR & EOAE in detecting borderline mild hearing losses
  - Significantly shorter screening time
- Future direction
  - Neuronal effect
  - Device automation
- Results promising



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*Thank you*

