

Cochlear implant outcomes for older adults

Jaime Leigh, PhD

Audiologist | Cochlear Implant Clinic, Royal Victorian Eye & Ear Hospital Research Fellow in Cochlear Implants | University of Melbourne



Overview of the RVEEH Cochlear Implant Clinic

- Assist people who have a significant hearing loss in finding suitable options for improving their hearing
- Suitable options may include cochlear implants (CI), bone conduction implants, middle ear surgery etc.
- Established in 1982 following the successful research trial the multichannel cochlear implant by Graeme Clark and his team
- Provide ongoing support to 3500+ CI recipients
- Multidisciplinary team; ENT surgeons, Audiologists & Speech Pathologists
- Services provided through public and private funding options
- Strong focus on research and evidence-based practice

How is a CI recommendation made?

- Evaluation for cochlear implant
 - comprehensive case history, including motivation and social support
 - assessment hearing and communication
 - type and degree of hearing loss
 - aided speech perception
 - hearing related quality of life
 - vestibular function (if warranted)
 - anatomy and health of ears
 - general health and development
- Results considered by multi-disciplinary team
- Recommendation given to patient/family

Audiological guidelines for recommending Cl

Consider option of cochlear implantation for adults if:

POST-LINGUAL hearing loss

- Moderate-to-severe hearing loss or worse
- 55% or worse aided phoneme score in worse hearing ear

PRE-LINGUAL hearing loss

- Moderate-to-severe hearing loss or worse
- Evidence that auditory cues assist communication

Medical & developmental guidelines

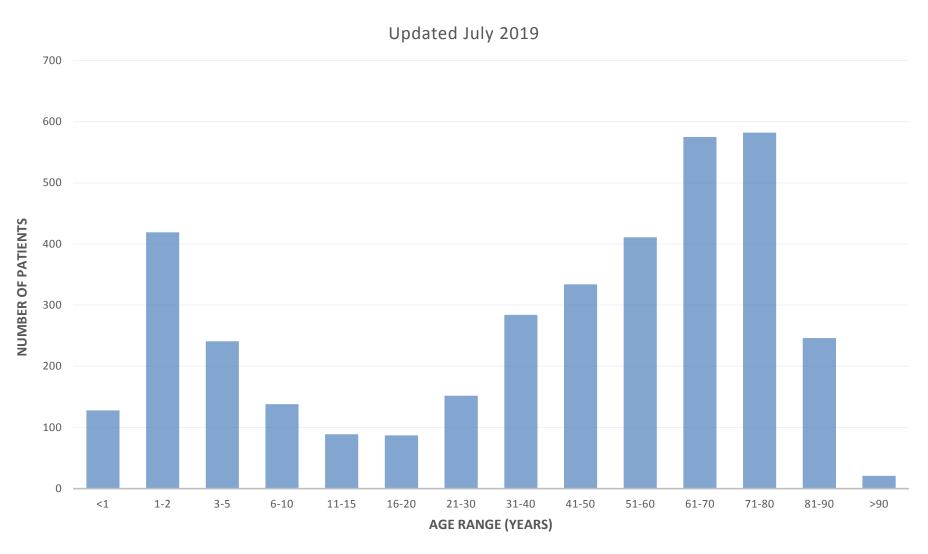
Consider option of cochlear implantation for people if:

- Evidence that an auditory nerve is accessible by an implant
- The surgical procedure can be performed with minimal risk to the patient
- Evidence that the patient has sufficient cognitive ability that they can respond to external stimuli

How we measure CI outcome

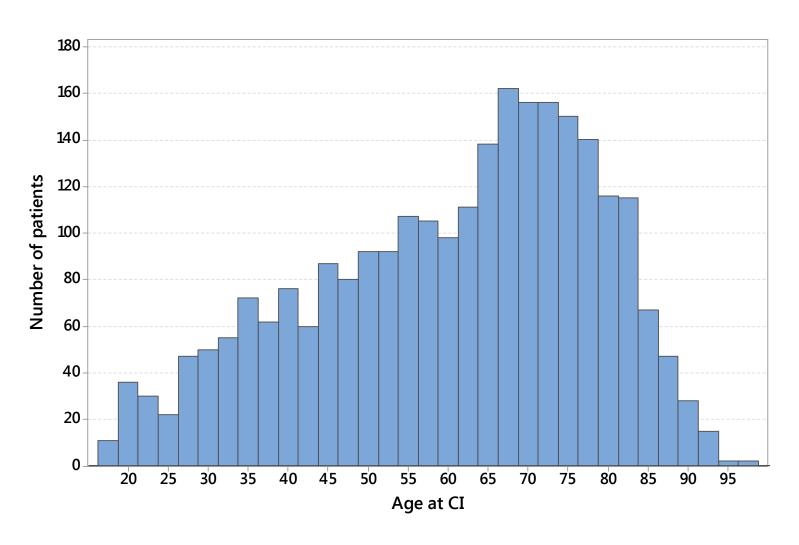
- Speech perception assessment
 - Audition alone unilateral CI performance
 - Audition alone binaural condition
 - Monosyllabic words in quiet
 - Sentences in adaptive noise (SRT)
- Quality of Life
- Satisfaction with outcome

Age range of CI recipients





Age at CI for adults



Highlights from consensus statements

- Consensus on standard of care in CI treatment for adults
 - Age alone should not be a limiting factor to cochlear implant candidacy, as
 positive speech recognition and quality of life outcomes are experienced by older
 adults as well as younger adults
 - Adults who are eligible for cochlear implants should receive the implant as soon as possible to maximize post-implantation speech recognition

Background

- Factors shown to affect cochlear implant outcome in adults*
 - Duration of severe-to-profound hearing loss prior to CI
 - Age at onset of bilateral hearing loss (i.e. prelingual vs postlingual onset)
 - Age at cochlear implant
 - Pre-implant residual hearing
 - Hearing aid use

Aim of the study

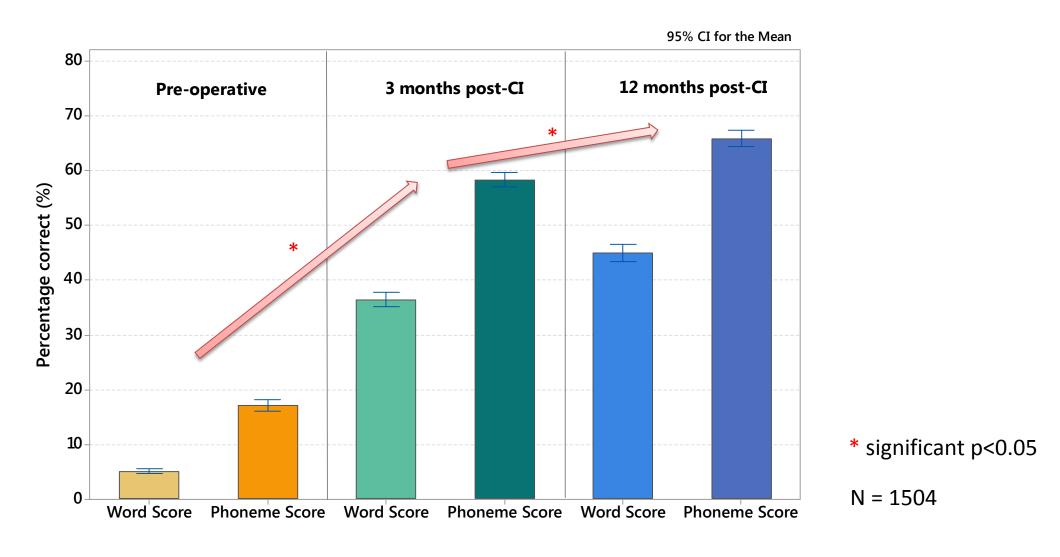
- Evaluate the speech perception outcomes after cochlear implantation for older adults with post-lingual hearing loss
- Compare the speech perception outcome for different age groups

Participants and method

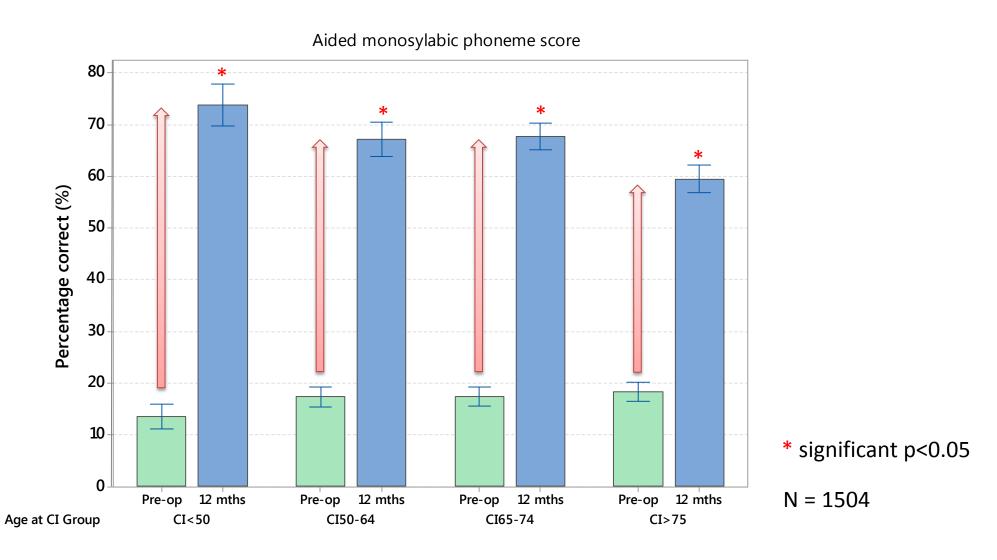
- Adults with post-lingual onset of hearing loss who received a CI at RVEEH between 2001 and 2019 (N=1504)
- Assessed using a monosyllabic word test, aided in quiet

| Group | N | Mean Age at Cl (years) | Pre-operative aided speech perception scores | | | | Duration of |
|-----------------|------|------------------------------|--|------------|-------------|--------------------|-------------------------|
| | | | Ear to be implanted | | Best Score | | binaural ≥severe |
| | | | Words | Phonemes | Word | Phoneme | hearing loss (years) |
| All | 1504 | 66 | 5% (0-60) | 17% (0-76) | 24% (0-100) | 44% (0-100) | 12.4 (0-70) |
| (1) CI <50yrs | 225 | 38 | 4% (0-40) | 13% (0-61) | 20% (0-100) | 35% (0-100) | 10.7 <i>(0-50)</i> |
| (2) CI 50-64yrs | 356 | 57 | 5% (0-46) | 17% (0-72) | 25% (0-100) | 43% (0-100) | 12.0 <i>(0-60)</i> |
| (3) CI 65-74yrs | 457 | 70 | 5% (0-60) | 17% (0-76) | 28% (0-100) | 48% (0-100) | 12.0 <i>(0-70)</i> |
| (4) CI ≥75yrs | 466 | 81 | 6% (0-50) | 18% (0-74) | 23% (0-95) | 44% <i>(0-97</i>) | 13.8 (0-70) |

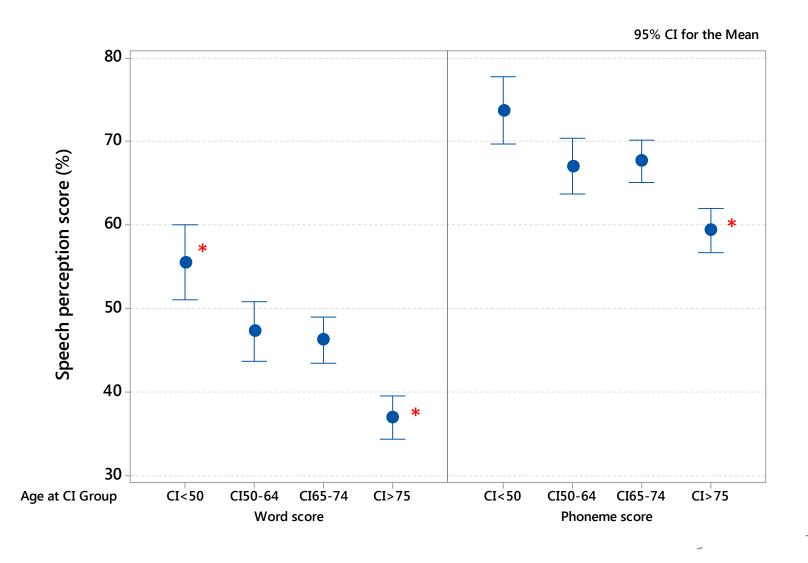
Results: Speech perception score for all patients



Results: Speech perception benefit by age group



Results: Speech perception outcome by age group



* significant p<0.05

N = 1504

Summary

- Cochlear implant provides significant improvement in speech perception outcome for adults with post-lingual hearing loss of all ages
- Average improvement in score for CI ear ranged from 42-60% for the age groups
- Those who received CI<50 year achieved the greatest post-operative benefit on speech perception testing
- Those who receive CI between 65-74 years of age achieve equivalent speech perception performance to those who receive a CI at a younger age
- While those who received CI>75yrs performed poorer on average compared to all other groups, they showed a significant post-operative improvement

Considerations for older adults

- Family support
- Social isolation
- Medical complications, including balance
- Cognitive status

Conclusion

- Earlier the better but later is better than never...
- Funding is not a barrier to access to CI in Australia





Feel free to get in touch

COCHLEAR IMPLANT CLINIC

Royal Victoria Eye & Ear Hospital

Ph: +61 3 9929 8624

Fax: +61 3 9929 8625

Email: cic@eyeandear.org.au or jaime.leigh@eyeandear.org.au