Hearing Rehabilitation of Adults with Auditory Processing Disorder (APD): A Systematic Review and Meta-analysis of Current Evidence-Based Interventions



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INTRODUCTION

Adults with APD can have difficulty processing speech and non-speech signals causing wide ranging communication difficulties¹. Practice guidelines, whilst suggesting suitable treatments, acknowledge a need to establish efficacy in the target population². With increased interest in this field and no systematic reviews written on the effectiveness of interventions in adults, there is now an urgent need to establish the current extent of knowledge.

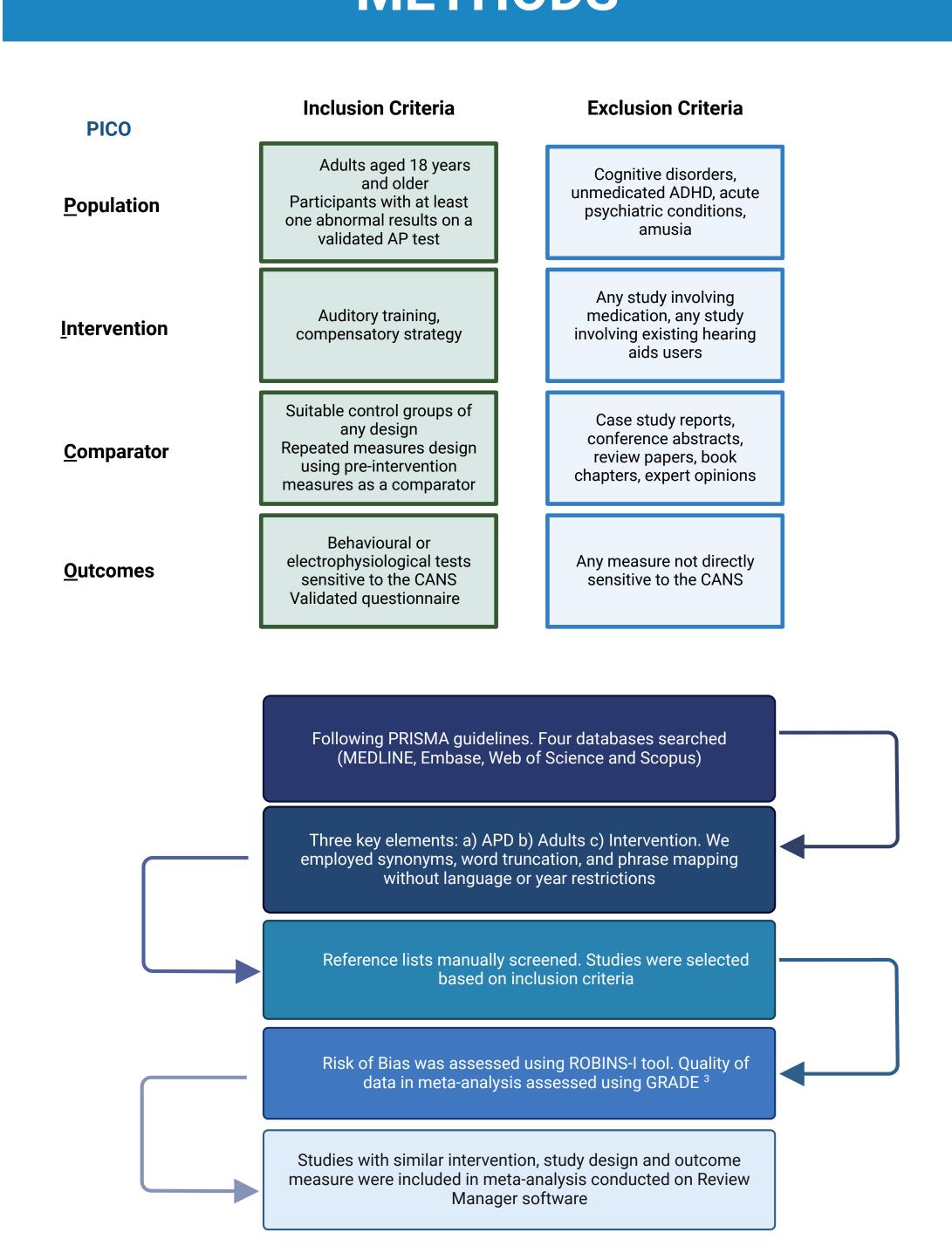
Aim

To systematically identify and critically evaluate evidence of the effectiveness of treatments for adults with documented AP difficulties and to highlight issues that are hindering progress in this field.

Research question

How effective are the various interventions in treating APD in adults?

METHODS



RESULTS

- Thirteen studies met inclusion criteria
- Studies grouped into four intervention categories (A,B,C,D)
- Two types of 'real world' outcome measures were analysed:
 - Monaural low redundancy speech testing
 - Subjective listening ability

RESULTS

A) Auditory Training

(n=7)

- Varied training methods and durations; no meta-analysis possible
- Mixed evidence for AT improving speech intelligibility in adults with APD
- 5/6 studies show SIN improvement; 1 study found no subjective listening improvement
- Evidence quality: low to moderate

B) Low-Gain Hearing Aids (LGHAs)

(n=2)

- Meta-analysis found 'very large' effect for SIN and subjective listening (Fig. 1)
- Open fit LGHAs, with directional mics and noise reduction, may enhance speech intelligibility in adults with likely TBI and APD
 - Evidence quality: low

Intervention Groups

C) Personal Remote Microphone Systems (PRMS)

(n=5)

- All studies found speech improvement with PRMS (p<0.05).
- Meta-analysis (Fig. 2) showed 'very large' effect, but diverse neurological populations
 - 2 listening ability studies, both reported improvements
- Evidence quality: low to moderate

D) PRMS in Conjunction with Auditory Training and Standard Care

(n=1)

- No evidence combining interventions improves speech intelligibility beyond the use of PRMS alone
- Evidence only from one study

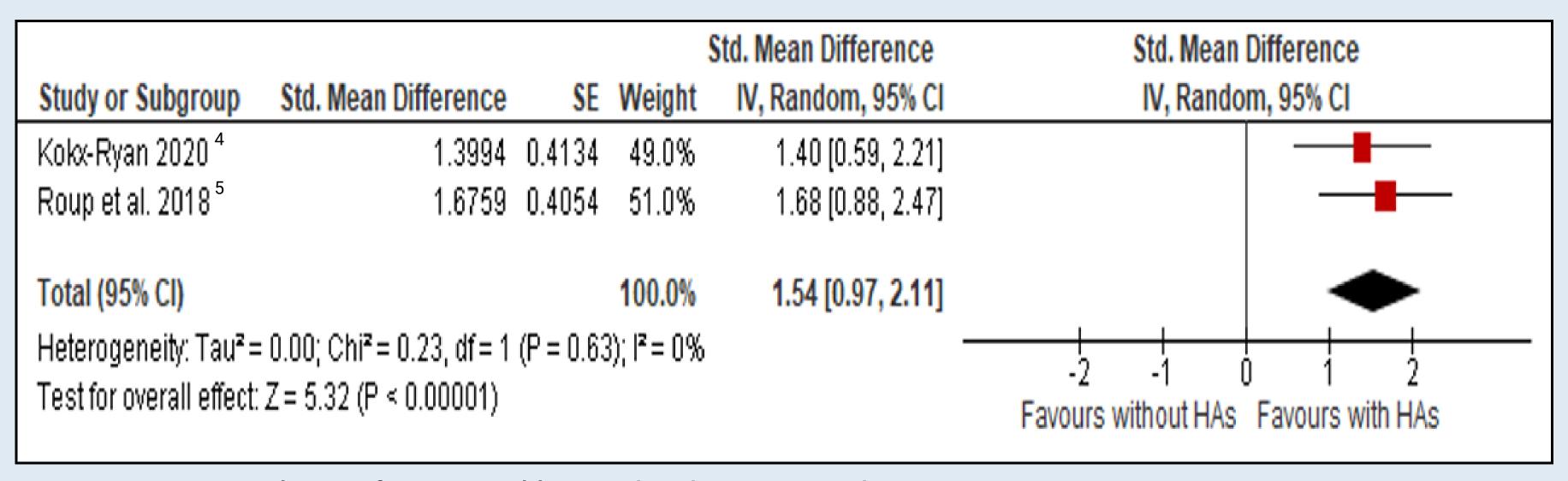


Figure 1 Meta-analysis of monaural low redundancy speech testing results, with LGHAs vs. unaided, SMD plotted with 95% CI

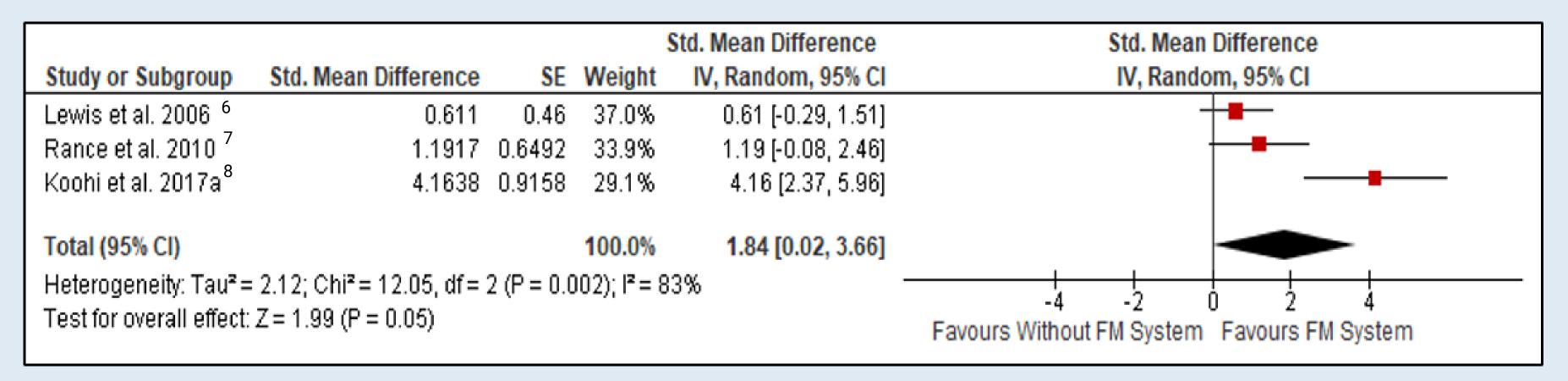


Figure 2 Meta-analysis of monaural low redundancy speech testing results, with PRMS vs. unaided, SMD plotted with 95% CI

CONCLUSION

While acknowledging limitations such as reliance on data from small-scale studies and the use of Standardized Mean Difference (SMD) data, which can result in exaggerated and imprecise effect sizes, this analysis still provides some evidence supporting the efficacy of PRMS and suggests potential benefits of LGHAs, albeit with low-quality evidence. However, it is important to note that there is insufficient evidence to definitively establish the effectiveness of the interventions discussed in this review. The presence of high heterogeneity among the studies and suboptimal study design have hindered progress in this field.