Comparative Analysis Of Auditory Profile Of Individuals With Infratentorial Superficial Siderosis And With Age-Related Hearing Loss Using Patient-Reported Outcome Measures: A Case-Control Study

N Kharytaniuk^{1,2}, AA Mazaheri³, M Pavlou⁴, N Koohi^{5,6}, DJ Werring^{6,7}, DE Bamiou^{1,2}

1. UCL Ear Institute, London; 2. NIHR UCLH BRC (Deafness and Hearing Problems Theme), London; 3. UCL Queen Square Institute of Neurology, London; 4. UCL Department of Statistical Science, London; 5. Department of Clinical and Movement Neurosciences, UCL, London; 6. Comprehensive Stroke Service, National Hospital for Neurology and Neurosurgery, Queen Square, London, 7. Stroke Research Centre, Department of Brain Repair and Rehabilitation, UCL Queen Square Institute of Neurology, London, United Kingdom



12.54

0.001**

INTRODUCTION

Infratentorial superficial siderosis (iSS) is a rare neuro-otological disorder. It results from chronic extravasation of blood into cerebrospinal fluid (often from dural defects) and deposition of iron-degradation product hemosiderin on the surfaces of CNS structures including 8th cranial nerves.^{1,2}

iSS is likely to affect individuals in their 2nd half of life.

its most common feature is progressive hearing loss (HL).

Pure-tone audiometry (PTA) often shows high-frequency sensorineural HL resembling age-related hearing loss (ARHL) pattern³

Hearing-specific patient reported outcome measures (PROMs) have been used to identify the auditory profile in various patient groups (such as with auditory-processing disorder, stroke or ARHL).⁴

AIM To compar

To compare the auditory profile of individuals with iSS and with ARHL using hearing-specific PROMs

METHODS

- Study received permission from UCL Research Ethics Committee (UCL REC 17413/001)
- We conducted anonymous online case-control study using Research Electronic Data Capture platform REDCap for survey delivery
- **Recruitment:** we contacted relevant charities, organisations and patient groups inviting individuals ≥18 years old with diagnosis of iSS or ARHL to participate in the survey, between 20/4/2020 and 31/7/2021
- Following consent, eligible individuals were provided with study-specific questions and PROMs (**Table 1**)
- Statistical analysis was performed using SPSS (v26-28, IBM Armonk NY)

	mAIADH ⁵	SSQ ⁶	ERSA ⁷	TFI ⁸
Domains	5	3	3 (+1)*	8
	Intelligibility of speech:	Speech	Effect of hearing on:	Intrusiveness
	in quiet	Spatial	 Quality of life 	Sense of control
	in noise	Other Qualities of	 Personal life 	Cognitive effect
	Sound:	hearing	 Social life 	Sleep
	 detection 		 Occupational life 	Auditory function
	 recognition 			Relaxation
	 localisation 			Quality of life
				Emotional distress
Items	28	49	15+5*	25
Outcome	Total score	Total score	Total score /150*	Total score
measures	Domain sub-scores	Domain sub-scores	Domain sub-scores	Domain sub-scores
Value range	0 to 3 (average score)	0 to 10	0 to 50 (domain)	100 to 0
(worst-best)	0 to 84 (sum)		0 to 150 (total)*	

Table 1. Characteristics of PROMs used. Legend: mAIADH modified Amsterdam Inventory for Auditory Disability and Handicap; SSQ Speech, Spatial and other Qualities of hearing; ERSA Evaluation du Retentissement de la Surdité chez l'Adulte (Evaluation of the Impact of Hearing Loss in Adults); TFI Tinnitus Functional Index. *'Occupational life' domain not included in the total score due to low completion rate.

RESULTSParticipant demographicsiSS group (n=47)ARHL group (n=30)Gender (males, %)28 (60)12 (40)Age at survey (median, IQR), years59 (15)75 (10)Age at onset of hearing problems (median, IQR), years47 (21)61 (11)Duration of hearing problems (median, IQR), years9 (12.5)10 (11.3)

Table 2. Participant demographics.

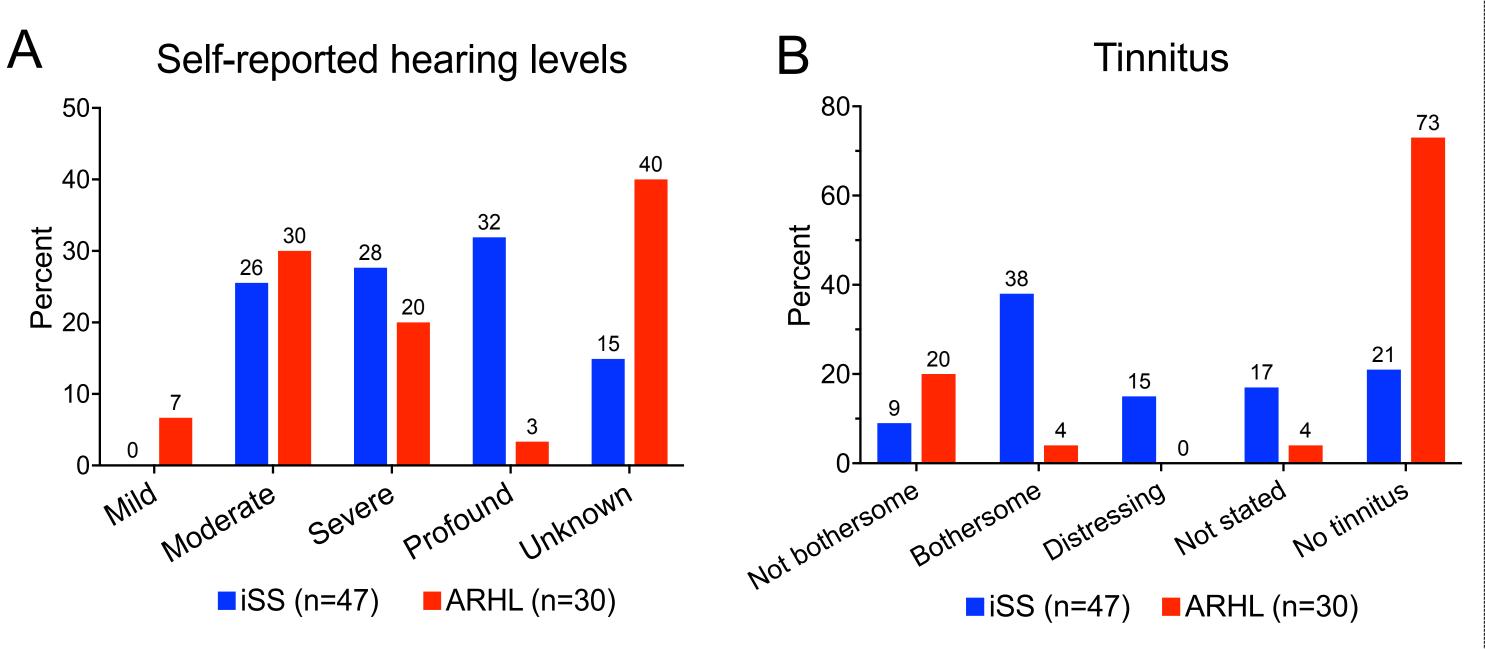


Figure 1. Participant-reported hearing levels (A) and tinnitus (B).

Participant characteristics	Mean ranks iSS group	Mean ranks ARHL group	Z-value	p-value
Age	32.3	49.4	3.27	0.001**
Duration of hearing symptoms	36.5	40.3	0.74	0.458
Hearing levels	33.6	20.5	-2.88	0.004**
Tinnitus severity	20.7	9.4	-2.69	0.007**

Table 3. Between-group comparison of participant characteristics using non-parametric Mann-Whitney U test; alpha level set at 0.05. **p-value significant at <0.01.

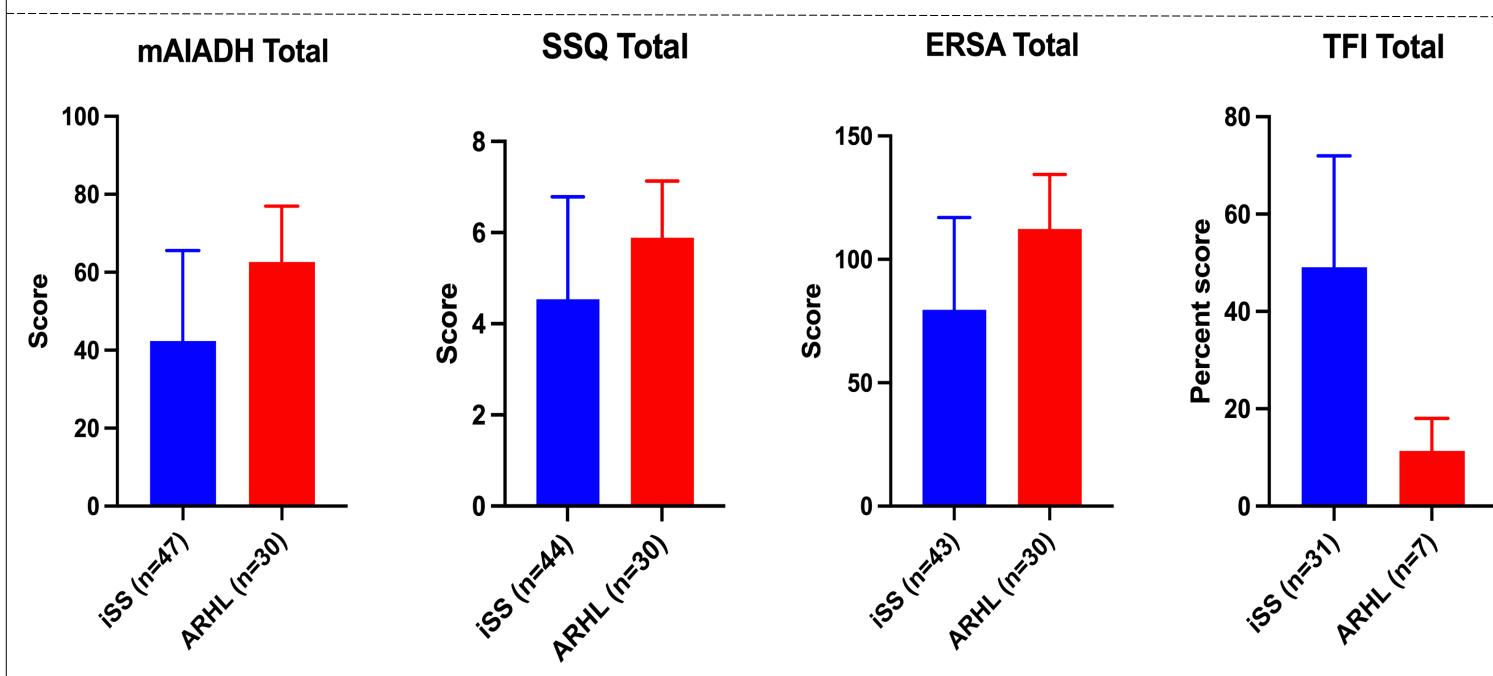


Figure 2. Box plot charts with error bars for iSS and ARHL groups with total scores for each PROM. Mean and standard deviation provided.

	Quade ⁶	's ANCOVA	666	Quade's ANCOVA			
mAIADH	F-score	p-value	SSQ	F-score	p-value		
Speech in noise	1.07	0.307	Speech	0.523	0.473		
Speech in quiet	1.88	0.176	Spatial	0.999	0.322		
Sound localisation	4.182	0.046*	(Other) Qualities	0.439	0.511		
Sound recognition	19.09	<0.001**	TOTAL	1.115	0.296		
Sound detection	2.90	0.094		Quade's	Quade's ANCOVA		
TOTAL	3.18	0.080	TFI	F-score	p-value		
			Intrusiveness	11.67	0.002**		
			Sense of control	7.30	0.011*		
EDCA	Quade's ANCOVA		Cognitive	4.0	0.053		
ERSA	F-score	p-value	Sleep	13.99	0.001**		
Quality of life	8.24	0.006**	Auditory	10.70	0.002**		
Personal life	0.97	0.330	Relaxation	6.96	0.012*		
Social life	4.78	0.033*	Quality of life	6.343	0.017*		
Occupational life	8.17	0.014*	Emotional distress	1.92	0.175		

Table 4. Between-group comparison of participant scores, using non-parametric Quade's ANCOVA controlling for hearing levels. Alpha level set at 0.05; *p-value significant at 0.01.

TOTAL

CONCLUSION

TOTAL (/150)

Our study demonstrated that:

- individuals with iSS-related HL are likely to be younger than with ARHL
- iSS-related HL is likely to be worse and of earlier onset than ARHL

0.028*

- Hearing impairment in both groups is affected by presence of noise, reflected in low scores in mAIADH Speech-In-Noise domain
- iSS-related hearing impairment in mAIADH domains of Sound Localisation and Sound Recognition appears worse in individuals with iSS and may be a distinguishing feature of iSS-related HL as compared to ARHL
- Tinnitus appears more prevalent and of greater severity in individuals with iSS, likely to be reflected in worse TFI scores (than for ARHL group)
- Negative impact of hearing impairment on personal life and social life was indicated by low scores in both groups for these domains (ERSA)

References

- 1. Fearnley JM, Stevens JM, Rudge P. Superficial siderosis of the central nervous system. Brain. 1995;118 (Pt 4):1051-66.

 2. Wilson D, Chatterjee F, Farmer SF, Rudge P, McCarron MO, Cowley P, et al. Infratentorial superficial siderosis: Classification, diagnostic criteria, and rational investigation pathway. Ann Neurol. 2017;81(3):333-43.
- 3. Sydlowski SA, Levy M, Hanks WD, Clark MD, Ackley RS. Auditory profile in superficial siderosis of the central nervous system: a prospective study. Otol Neurotol. 2013;34(4):611-9.
- 4. Bamiou DE, Iliadou VV, Zanchetta S, Spyridakou C. What Can We Learn about Auditory Processing from Adult Hearing Questionnaires? Journal of the American Academy of Audiology. 2015;26(10):824-37.
- 5. Meijer AG, Wit HP, TenVergert EM, Albers FW, Muller Kobold JE. Reliability and validity of the (modified) Amsterdam Inventory for Auditory Disability and Handicap. Int J Audiol. 2003;42(4):220-6.
- 6. Gatehouse S, Noble W. The Speech, Spatial and Qualities of Hearing Scale (SSQ). Int J Audiol. 2004;43(2):85-99. 7. Ambert-Dahan E, Laouenan C, Lebredonchel M, Borel S, Carillo C, Bouccara D, et al. Evaluation of the impact of hearing loss in adults: Validation of a quality of life questionnaire. Eur Ann Otorhinolaryngol Head Neck Dis. 2018;135(1):25-31. 8. Henry JA, Griest S, Thielman E, McMillan G, Kaelin C, Carlson KF. Tinnitus Functional Index: Development, validation, outcomes research, and clinical application. Hear Res. 2016;334:58-64.

