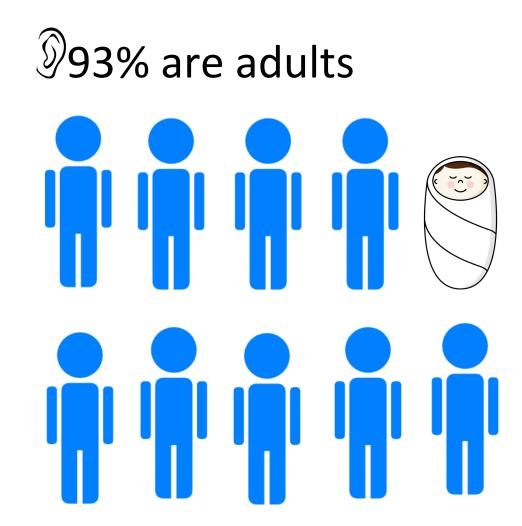


Sensitivity and Specificity of the Pure Tone Screening Component of the NUS Adult Hearing Screening Protocol



9466 million individuals have disabling hearing impairment





Background

Aim

Methods

Results

Early identification and treatment



Background

AIIII

IVIELITOUS

RESUILS

DISCUSSION

©Community Hearing Screening









Background

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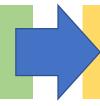
Results

Determine the validity of the pure tone hearing screening in reference to the pure tone tone threshold results for an elderly population in a community setting.

Participant Characteristics

Convenience sample of 21 Elderly (42 Ears)62 to 88 years old

Pure Tone Screening



Pure Tone Threshold











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Procedures

Pure Tone Screening

- Trained Hearing Screeners
- Screened at 0.5, 1, 2 and 4 kHz
 - ❖25 dB HL and 40 dB HL
 - **❖** MPANLs was 75 dBA

Pure Tone Threshold

- Threshold seek down to 0 dB HL
 - Modified Hughson-Westlake
 - ❖1, 2, 4 and 0.5 kHz
- MPANLs in octave band in dB SPL

Frequency (Hz)

52.6 43.1 42.8 47.0

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Disorder

No Disorder

Positive Test

Result

Sensitivity = TP/(TP+FN)

Specificity = TN/(TN+FP)

PPV = TP/(TP+FP)

NPV = TN/(FN+TN)

Negative Test

Result

True Positive (TP)	False Positive (FP)
False Negative	True Negative
(FN)	(TN)

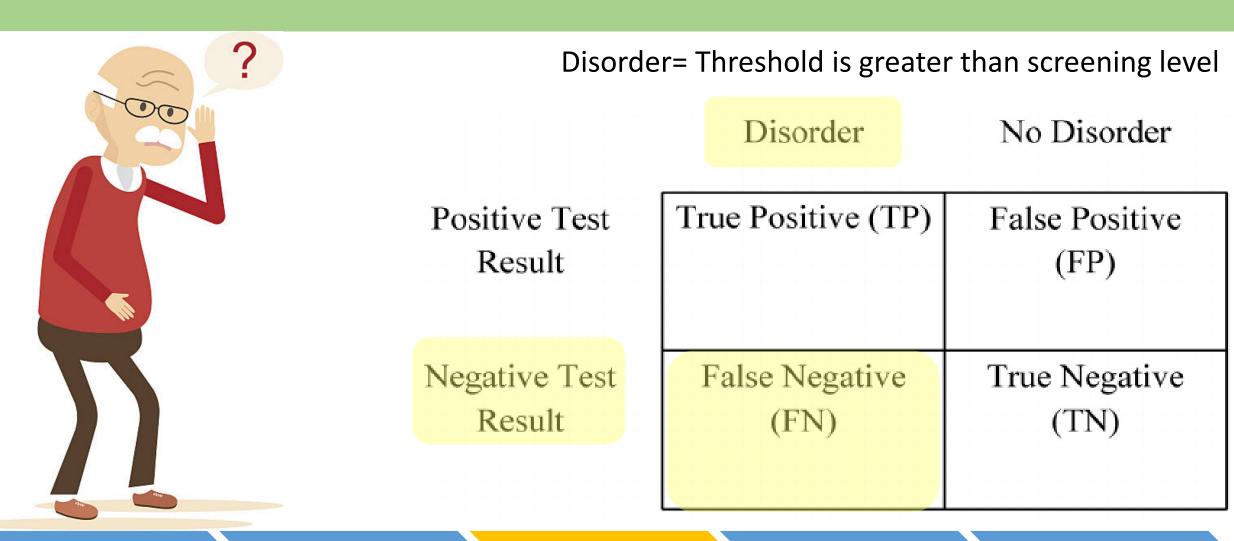
Background

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- ❖ 40 dB HL screening at 500 Hz= Responded (screened negative)
- ❖ 500 Hz Threshold= 45 dB HL



Background

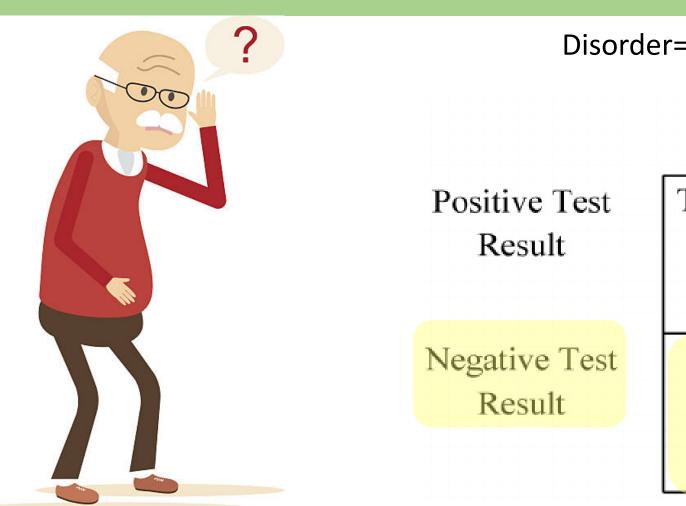
Aim

Methods

Results



- ❖ 40 dB HL screening at 500 Hz= Responded (negative results)
- ❖ 500 Hz Threshold= 45 dB HL (40 dB HL?)



Disorder= Threshold is greater than screening level Disorder No Disorder True Positive (TP) False Positive (FP) True Negative False Negative (TN)

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40 dB HL Screening

			Predictive Values		
Screening at 40 dB HL	Sensitivity	Specificity	Negative	Positive	
Fail at any frequency	86.2	100.0	76.5	100.0	
Failure by specific					
frequency					
500 Hz	85.7	91.4	97.0	66.7	
1000 Hz	100.0	97.1	100.0	88.9	
2000 Hz	93.8	100.0	96.3	100.0	
4000 Hz	84.6	87.5	77.8	91.7	

Background Aim Methods Results Discussion

25 dB HL Screening

			Predictive Values		
Screening at 25 dB HL	Sensitivity	Specificity	Negative	Positive	
Fail at any frequency	100.0	-	-	100.0	
Failure by specific					
frequency					
500 Hz	100.0	87.5	100.0	97.1	
1000 Hz	97.1	100.0	88.9	100.0	
2000 Hz	100.0	100.0	100.0	100.0	
4000 Hz	100.0	-	-	100.0	

Background Aim Methods Results Discussion



Negative

Undetected Hearing Loss

Late Diagnosis

Delayed Intervention

False



Positive

Resource Wastage

Unnecessary Emotional Anxiety

↓ Confidence in Screening Credibility

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FALSE NEGATIVE CHANCE EVENT?

- Only one reliable response is required to be screened negative.
- The same order of testing \rightarrow learning effect for listening.

 Tone presentation: Duration \rightarrow Too long? Rate \rightarrow Rhythn
- Tone presentation: Duration → Too long? Rate → Rhythmic?

FALSE NEGATIVE



Background

Aim

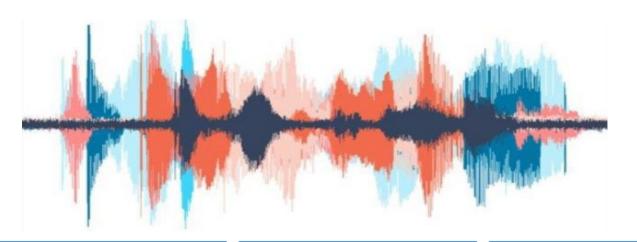
Methods

Results

FALSE POSITIVE

Masking of stimulus by ambient noise. Using an A-weighted level could potentially underestimates the effects of low frequency noise.

Inadequate ear tip insertion.





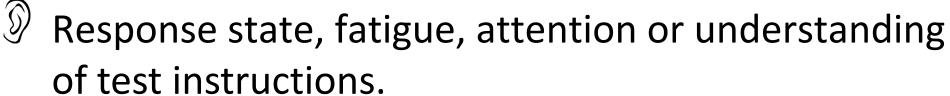
Background > Aim

Methods

Results

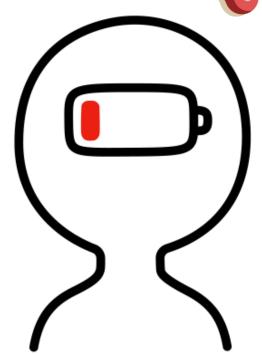
Why?

FALSE POSITIVE



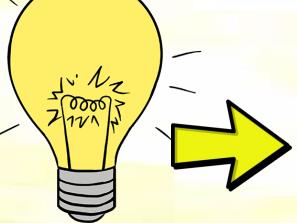
- Reverse earphones placement.
- Visual distractions.







RECOMMENDATION



Initiate an immediate rescreen after a referred result has been obtained with the participant re-instructed and the insert earphones repositioned.

Background

Aim

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Results



Pure Tone Screening

				ning @ 25 d R = NO RE				
	Ri	ght			Left			
500 Hz	1000 Hz	2000 Hz	4000 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	
				ning @ 40 d R = NO RE				
Right				Left				
500 Hz	1000 Hz	2000 Hz	4000 Hz	500 Hz 1000 Hz 2000 Hz 4000 Hz				
omments:								

Pure Tone Threshold Testing

Age:		Gender (Gender (please circle):				
Date and Time of Testing:	Study Site:						
Tester:							
Pure Tone Audiometric Result:							
Right Ear		Frequency (Hz)					
Threshold (dB HL)	500	1000	2000	4000			
Left Ear		Frequenc	y (Hz)				
	500	1000	2000	4000			
Threshold (dB HL)							
Comments/otoscopy:							