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The Magic of Direct Drive:

- What is it that makes the sound quality of direct drive hearing aids so good?

Drew Dundas, Ph.D.

Speaker & Disclosures

- Vice President, Audiology & Product Strategy at Earlens Corporation
- Ph.D., Audiology & Biomedical Engineering, Vanderbilt University
- Research interest: Quantification of listener perceived benefit

- Original research presented was funded in part by Earlens corporation

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Learning Objectives

- Identify and define the various approaches to direct drive of the middle ear system.
- Identify advantages and disadvantages of middle ear implants and acoustic hearing aids.

Why bother with Direct Drive?

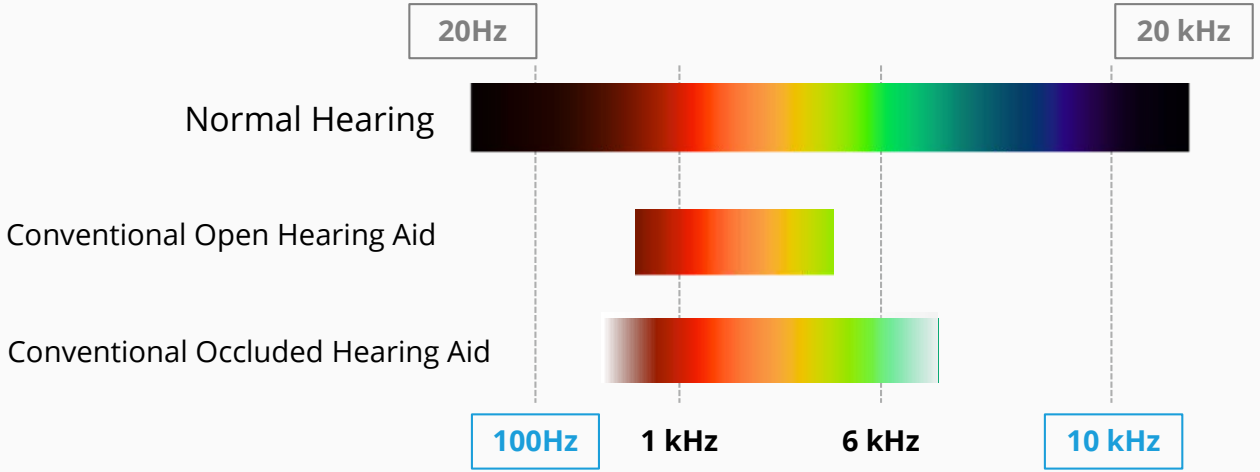
- Air conduction hearing aids (ACHA) have limitations that adversely impact the listening experience
- Severely limited low frequency response when vented
- Limited audibility and headroom in the high frequencies due to receiver roll off and feedback
- Users of direct drive hearing devices report:
  - Very natural and superior sound quality,
  - Superior performance in challenging listening situations,
  - Superior ability to hear soft sounds
  - Superior comfort for loud sounds

e.g., Kraus et al. 2011, Luetje et al. 2002, Jenkins et al. 2008 , Levy et al. 2016

”It doesn’t sound natural”

- Air Conduction devices cause distortion in the output signal
  - Harmonic Distortion
  - Intermodulation distortion
  - Comb Filtering
  - Spectral Ripples
  - Signal processing purposely distorts the signal to create audibility of high frequency speech cues
- Limited audible bandwidth and dynamic range
- At high levels, the TM creates distortions in the signal at the stapes due to anisotropic properties

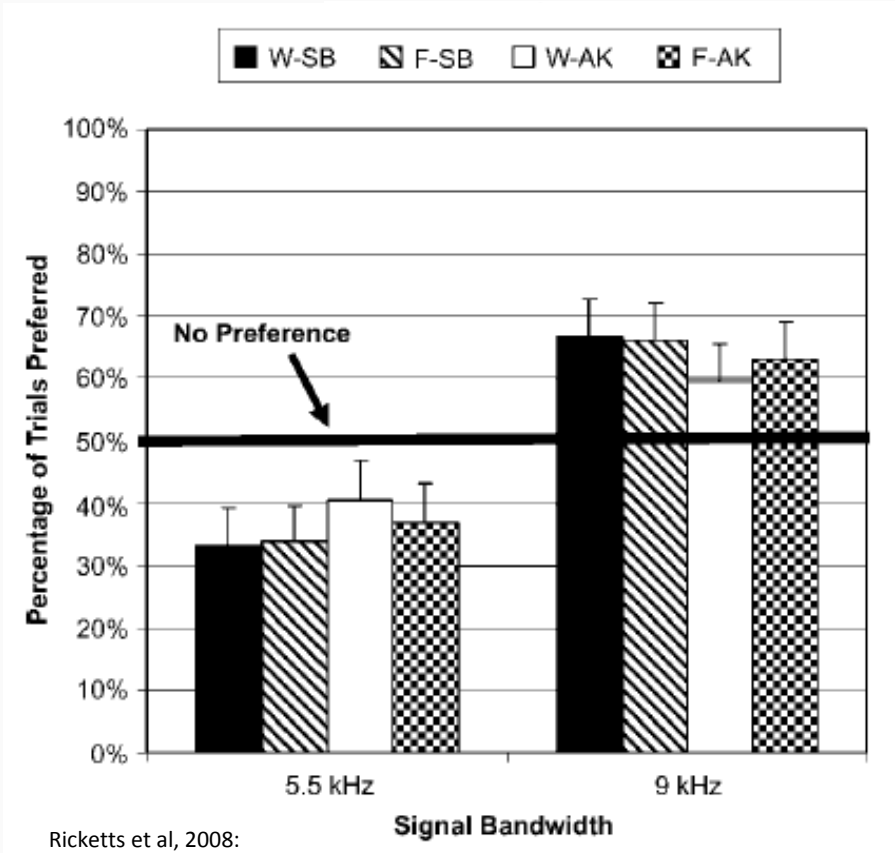
Relative Audible Bandwidth – Mild to Mod SNHL



Increased Bandwidth Enhances Sound Quality

- If tolerable, extended high frequency amplification is beneficial

- Rated 'Naturalness'
  - Increases with bandwidth
- Rated Preference
  - Increases with bandwidth

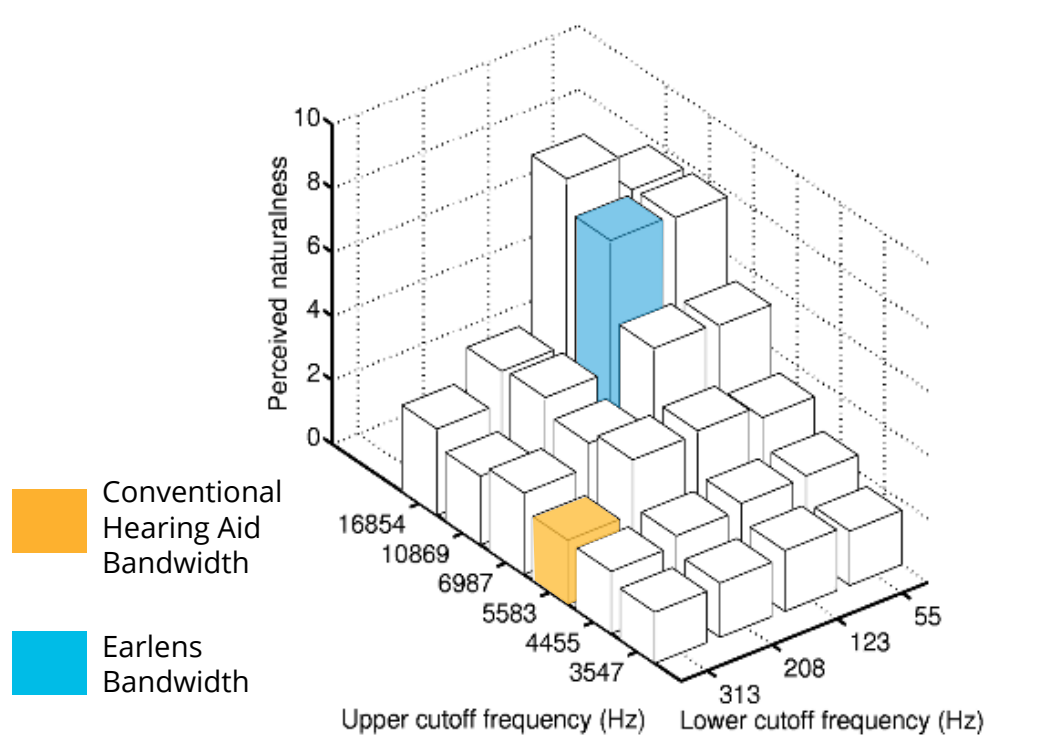


Ricketts et al, 2008:

Moore and Tan, 2003; Ricketts et al, 2008; Brennan et al, 2014

High Frequency Audibility Is Not Enough

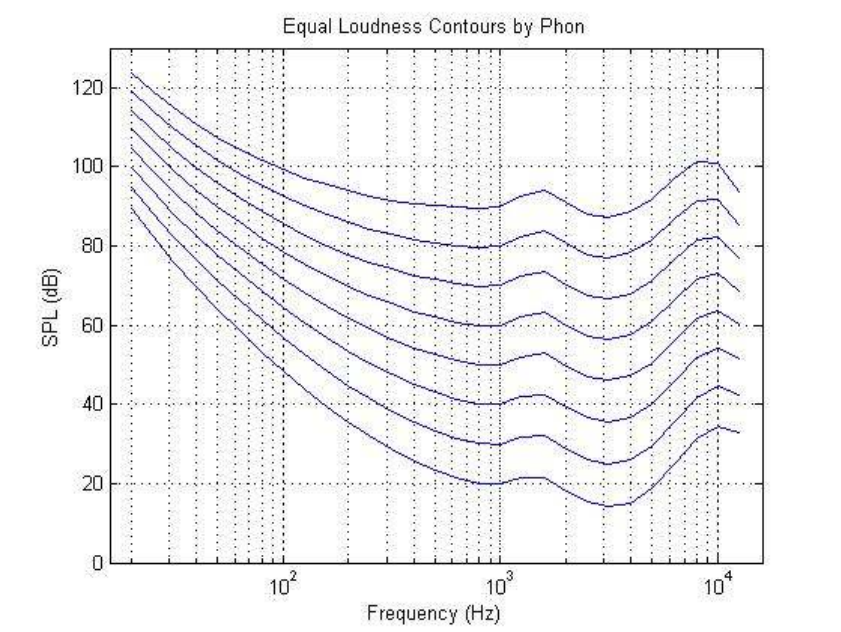
- Merely amplifying a narrow region can sound harsh and tinny
- If balanced with additional lows, providing MORE highs doesn't sound tinny, it sounds more natural[5]



Moore & Tan, 2003

Direct Drive Advantage

- Direct coupling to the ossicular chain overcomes the impedance mismatch that limits energy transfer from the air into the ear



ISO 226 Equal-Loudness-Level Contour

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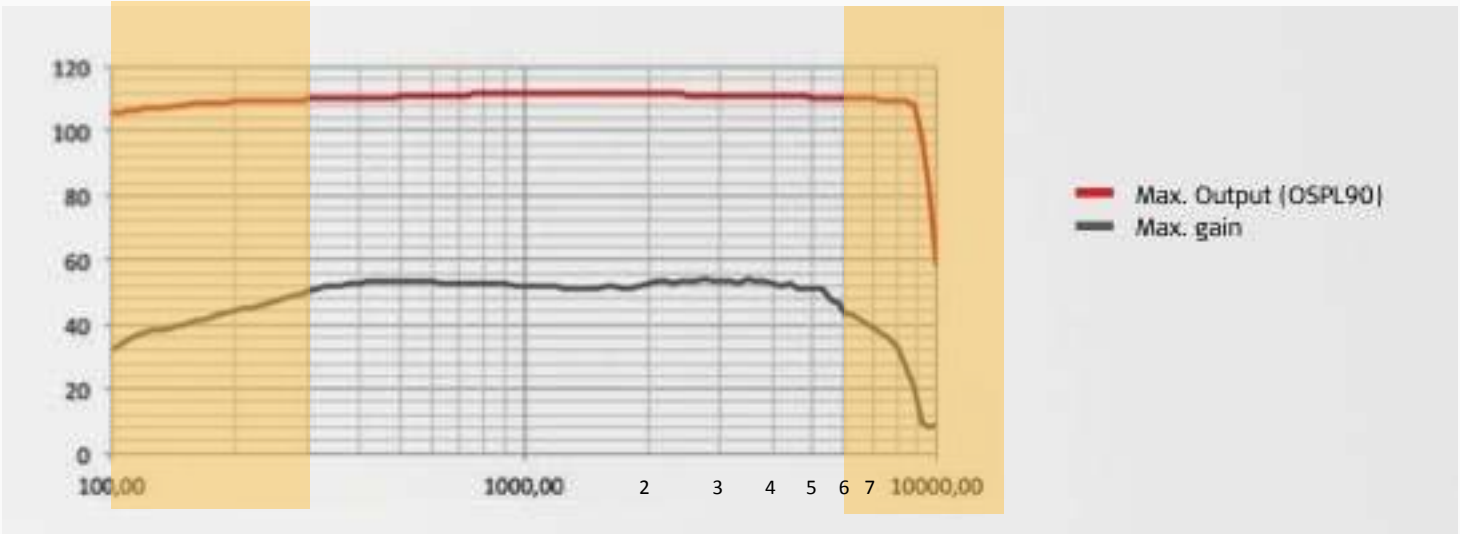
However…

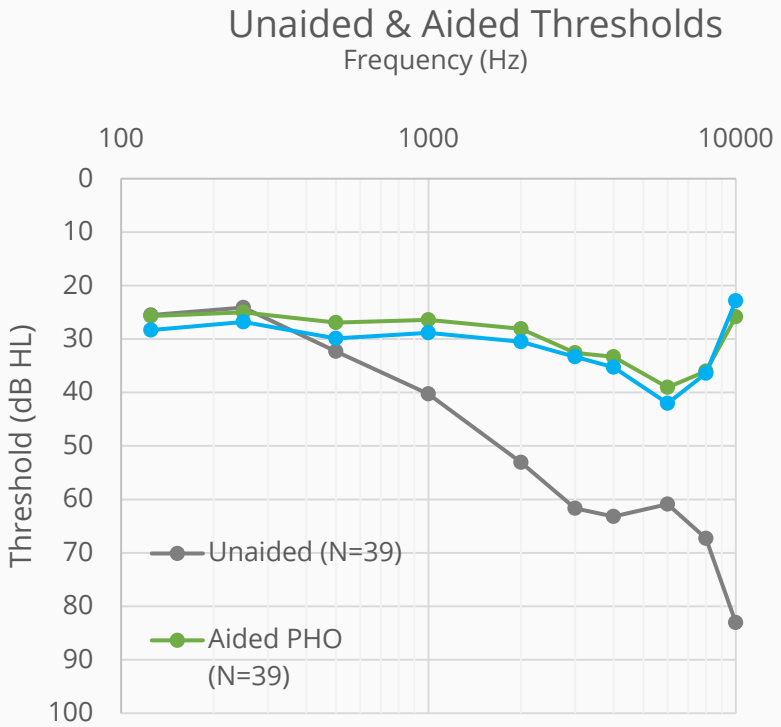
- Implantable devices have limited audible bandwidth due to gain limitations, transducer drive efficiency (effective mass) and power budget considerations



Retrieved from: https://s3.medel.com/pdf/VSB_relaunch/28477_10_FactsheetVSBSystem_en_.pdf

Exception: Earlens

- Consistently produces 100-10,000Hz audible bandwidth
- Maximum output increases smoothly from 500-10KHz, allowing for exceptional audibility even with steeply sloping loss

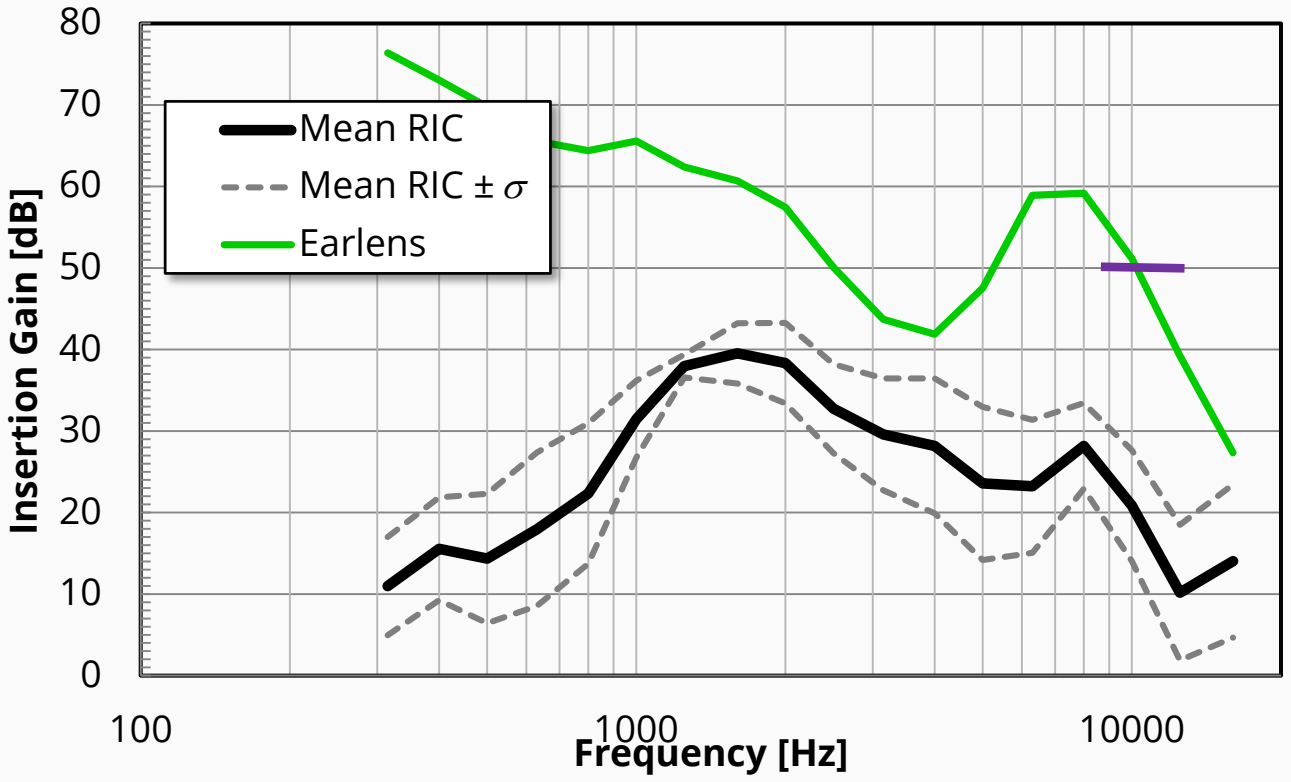


*data on file at Earlens

High Gain Margin *without Trade-offs*

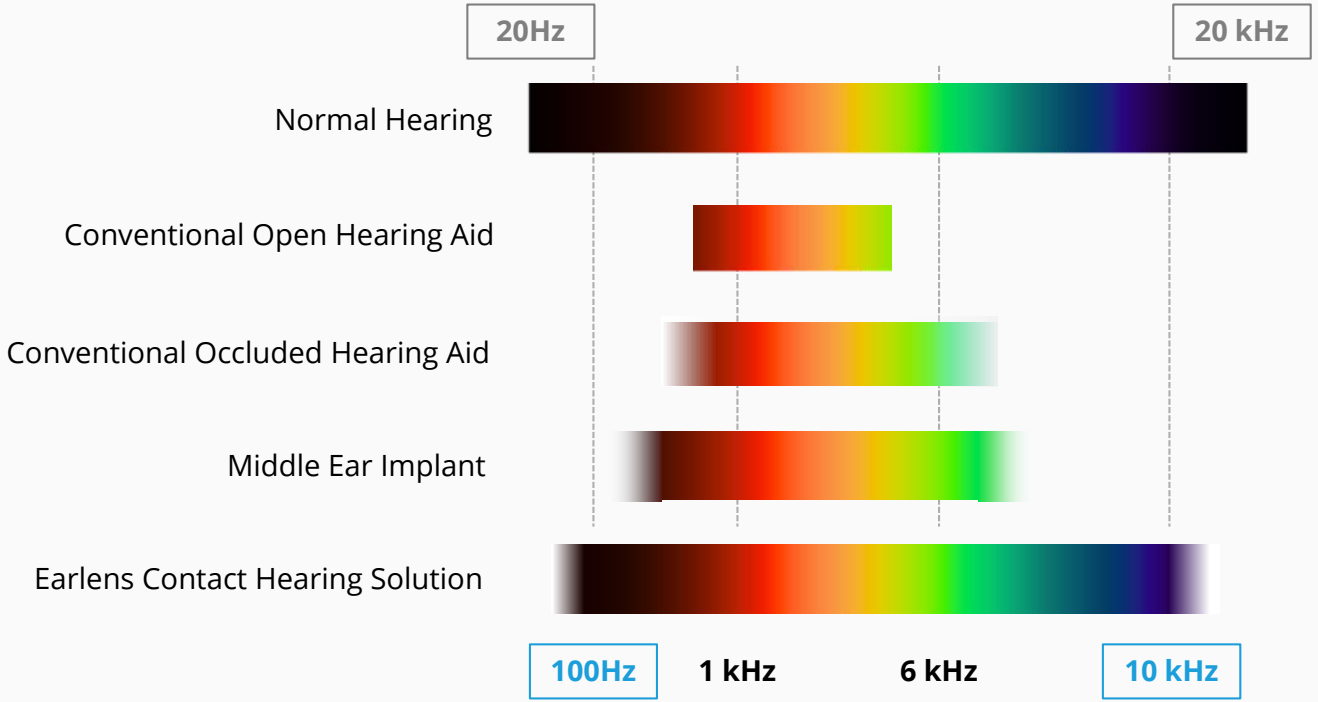
With direct vibration instead of acoustic transmission:

- High gain margin with open fit
- Sound quality preserved without use of feedback cancellation at all in some cases
- Broad spectrum audibility without the annoyance of feedback



Struck & Prusick 2017

Relative Audible Bandwidth – Mild to Mod SNHL



Treatment of SNHL

ACHA vs. Direct Drive Approaches

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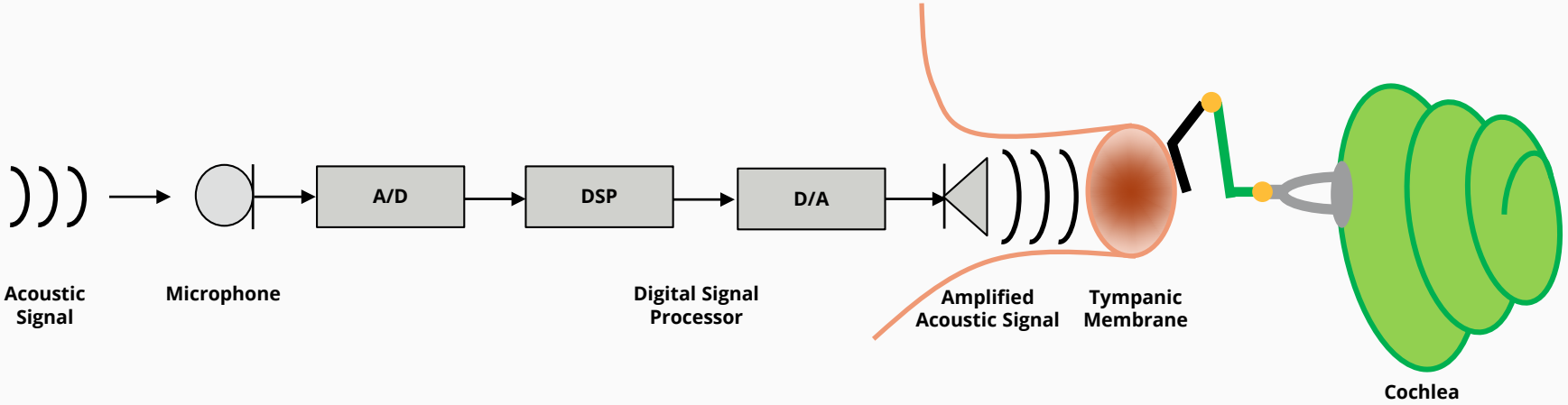
Approaches

- Fully Implantable
  - e.g., Esteem (Med El)
- Partially Implantable
  - e.g., Soundbridge (Med el)
  - e.g., Maxum (Ototronics)
- Non-implantable
  - e.g., Earlens
- Conventional Acoustic Hearing Aids

How it works - Conventional HA



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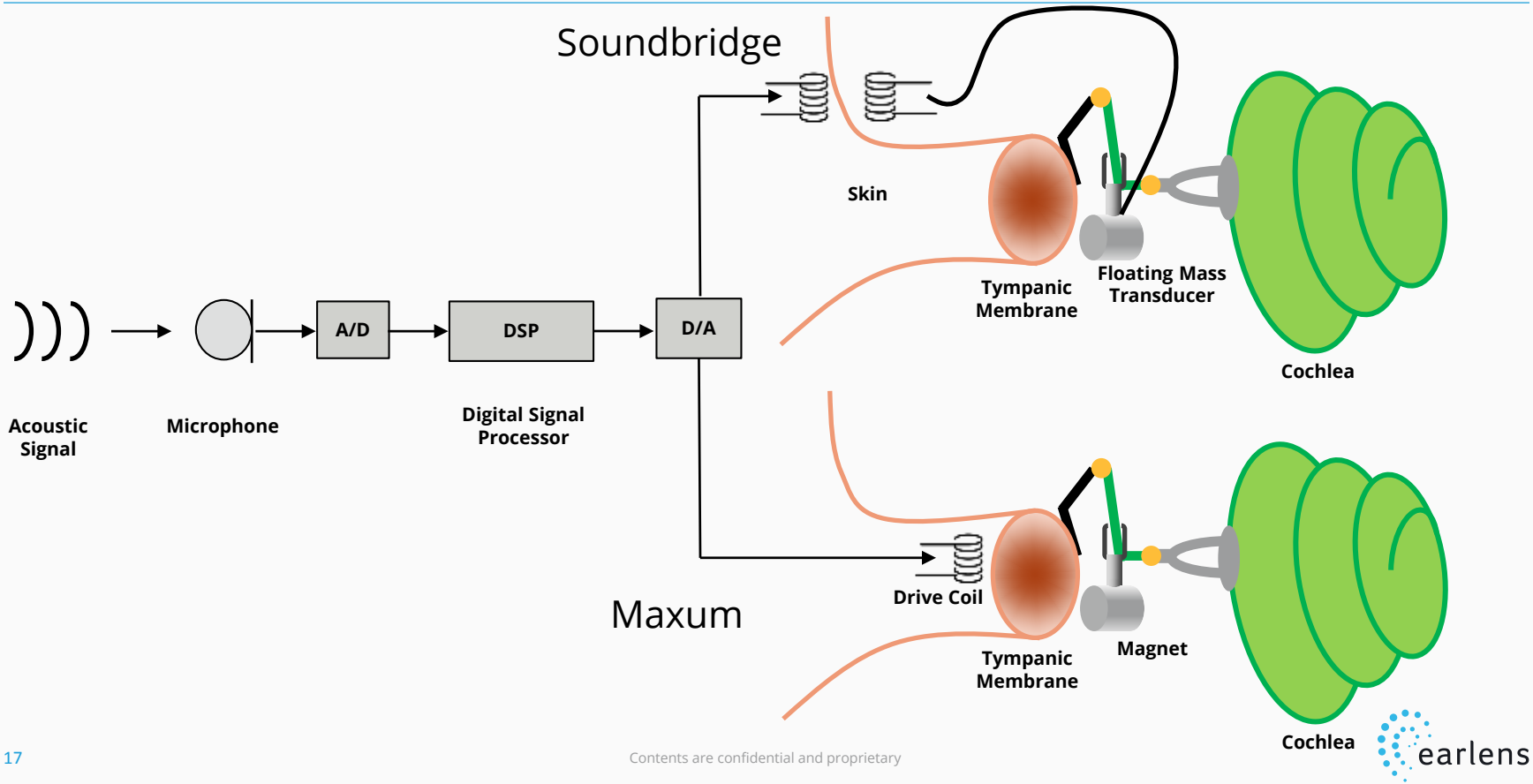
How it works – Partially Implantable



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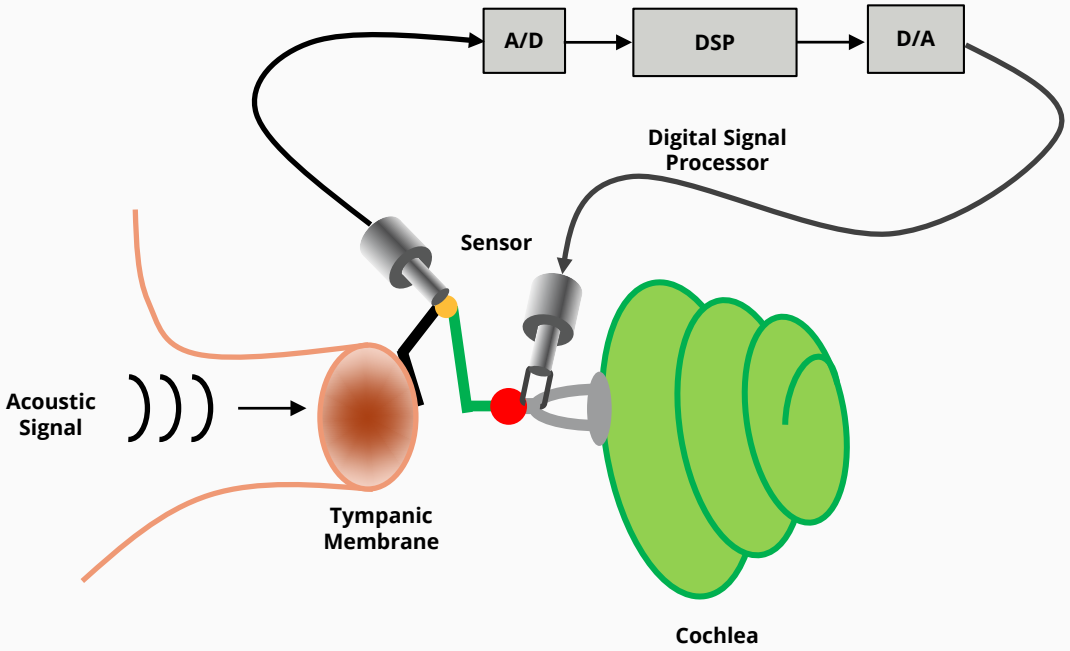
How it works – Fully Implantable



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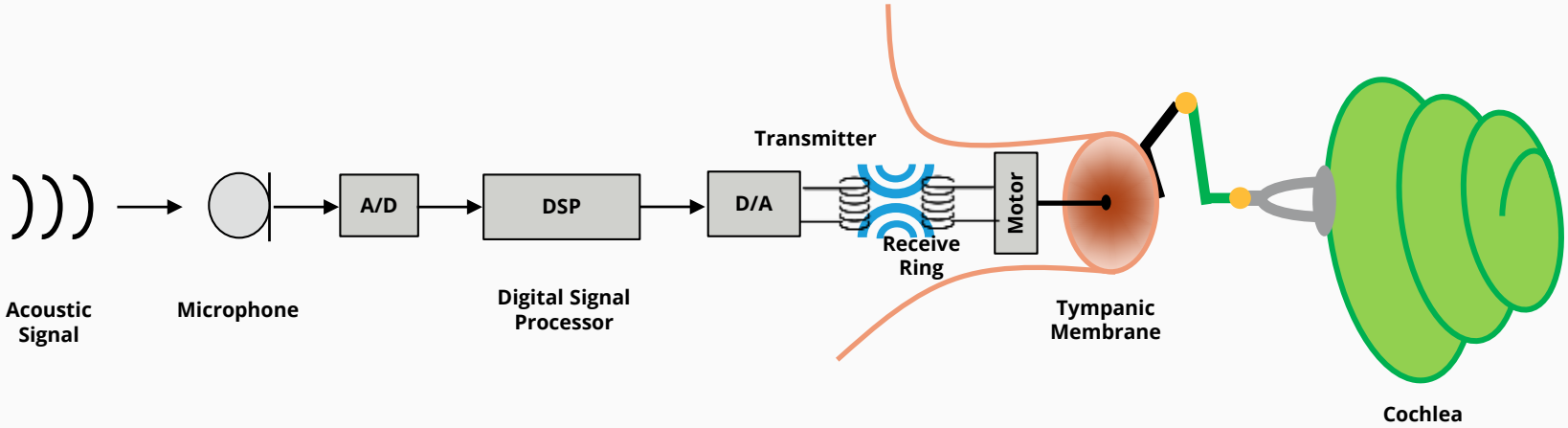
How it works – Contact Drive



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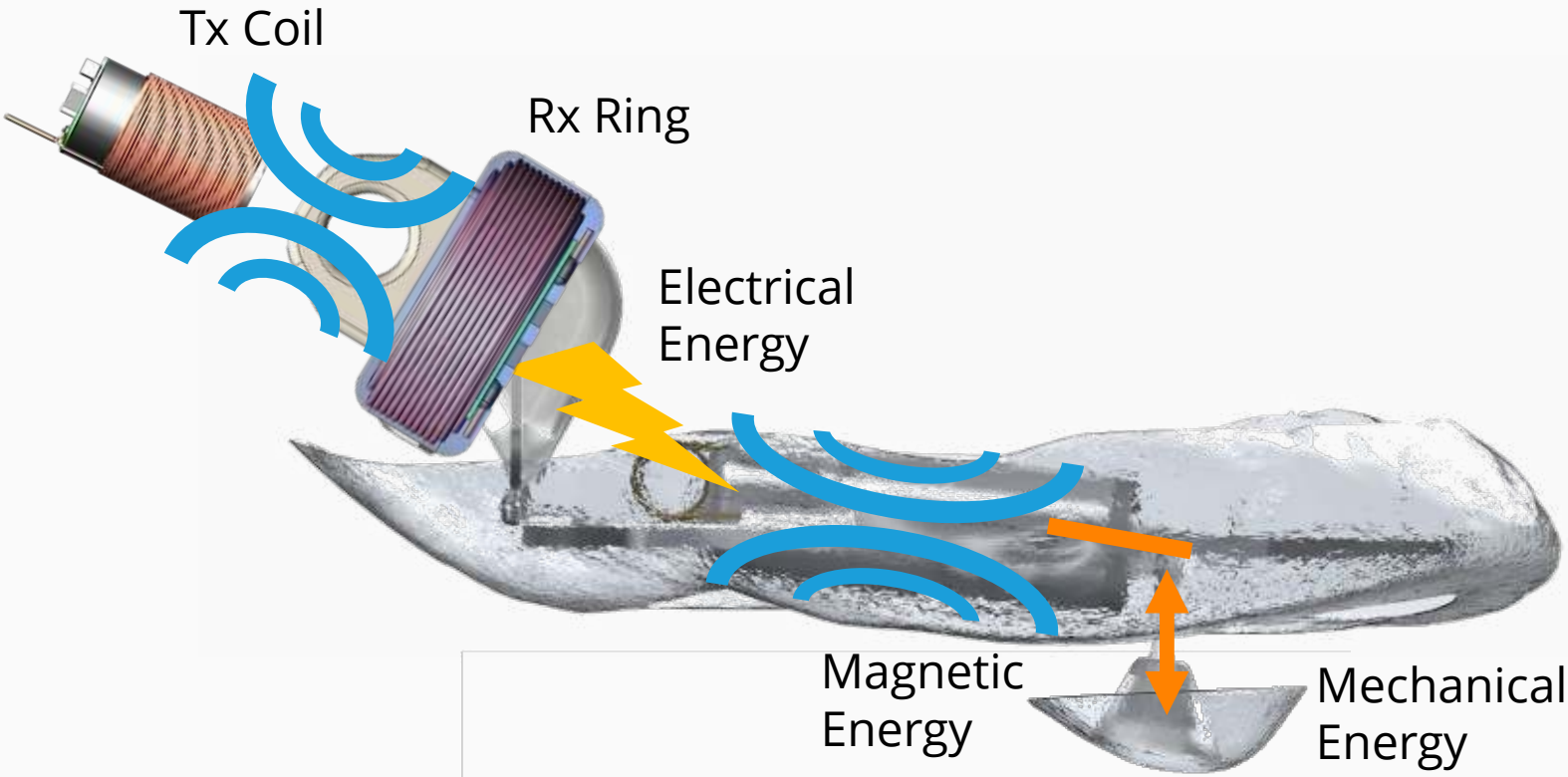
Earlens Contact Hearing Solution



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Research Question

- Relative to acoustic stimulation, what is different about the signal transmitted to the stapes footplate via direct drive?

Experiment

...

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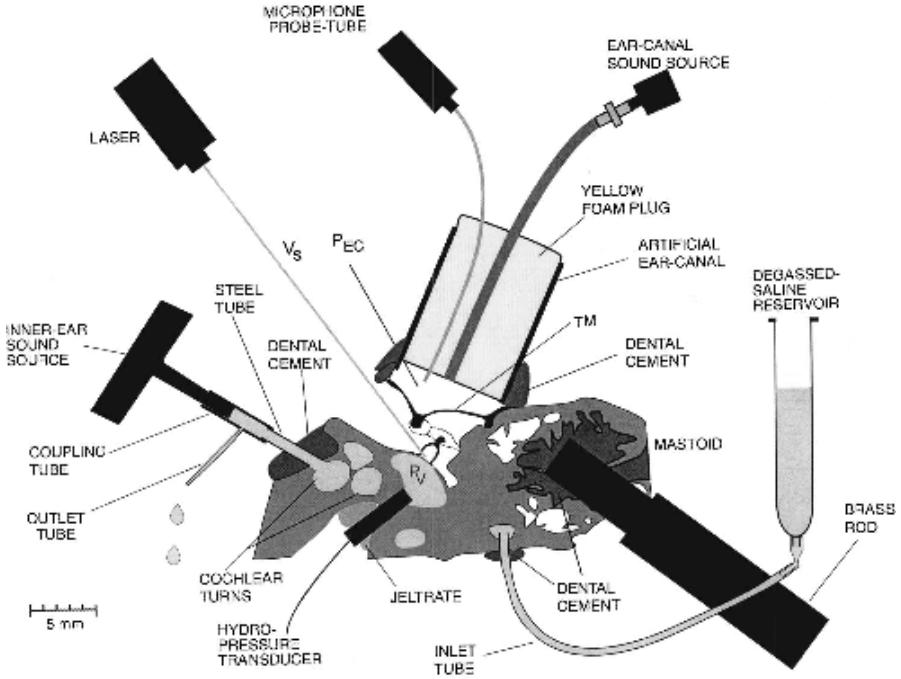
Hypotheses

- Direct Drive of the ossicular chain generates a signal at the stapes footplate that is free of distortions to the input signal
- The calibration gain/damping effect of the direct drive mechanism prevents comb filtering

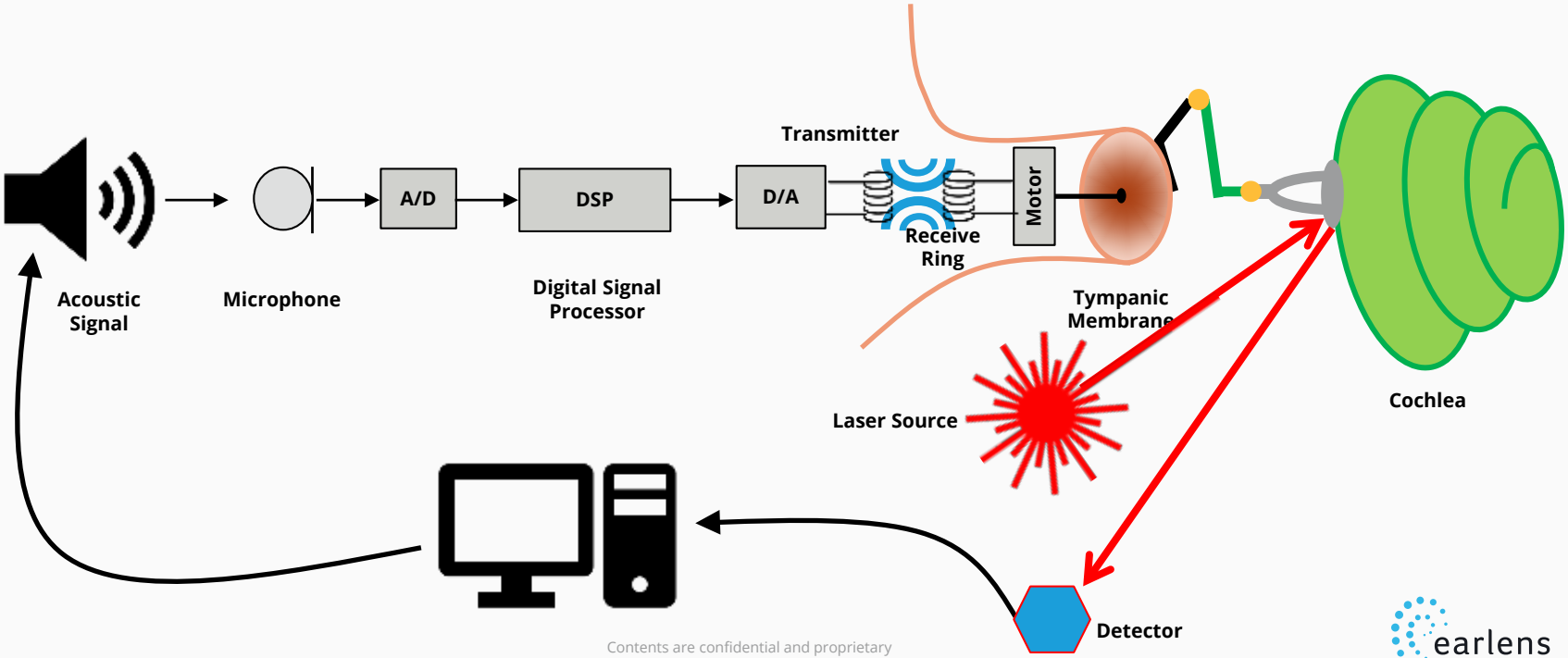
Methods

- In donated cadaver temporal bones:
- Compared stapes footplate responses achieved via:
  - Acoustic stimulation
  - Direct drive with Earlens Contact Hearing Solution
- Measured acceleration of stapes footplate using laser doppler vibrometry
- Derived frequency & phase responses to high level chirp signal

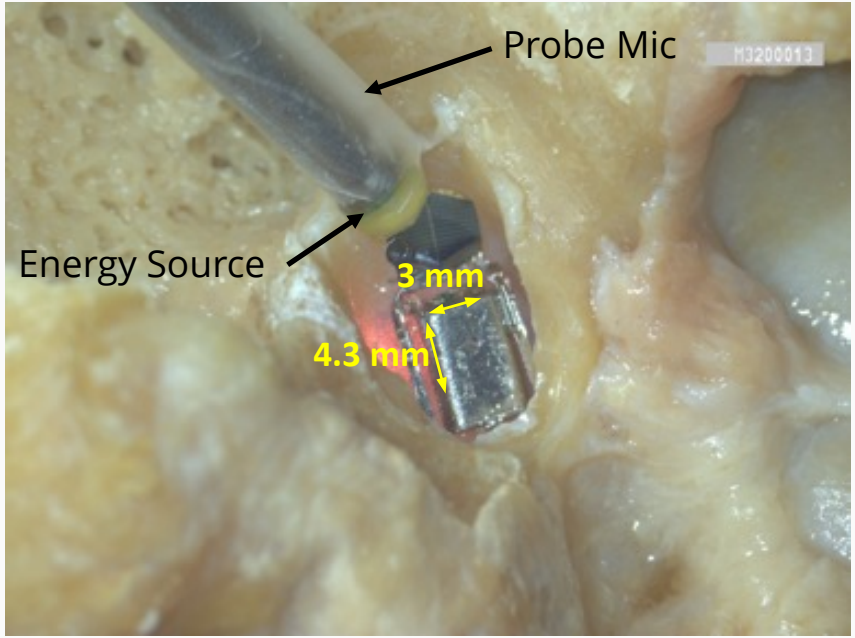
Experimental Setup



Experimental setup – Block Diagram



Measurement Setup



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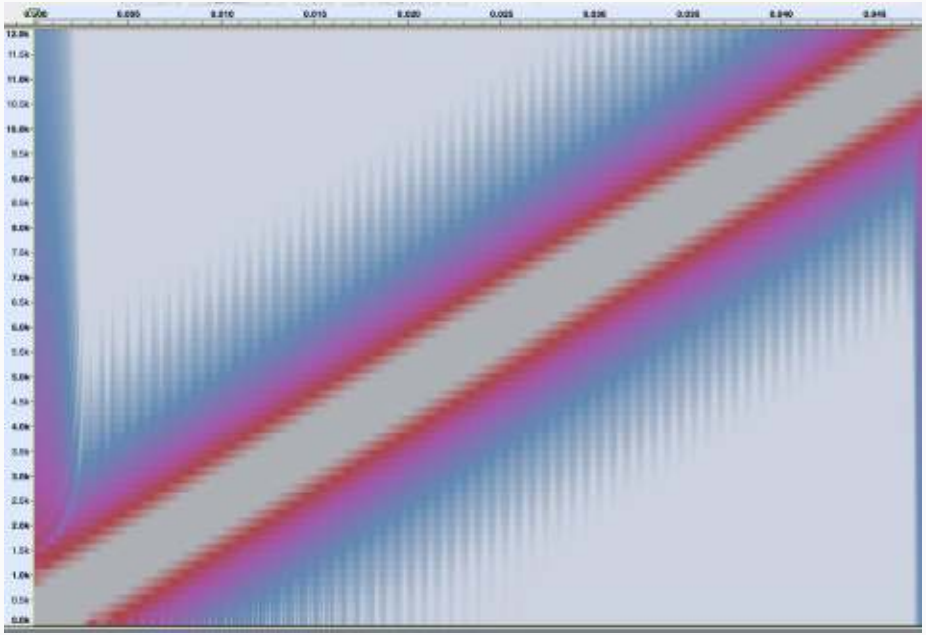
Stimulus

- 50ms Chirp
- 24.4 - 25,000Hz

- Repeated and averaged 160-180x



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Signal Capture and Analysis

- Hardware: NI USB-4431 data-acquisition module (National Instruments, Austin, TX) with a maximum sampling rate of 96 KHz.
- Software: LabVIEW based synchronous-averaging measurement software (Gottlieb et al., 2016).
  - Sampling rate: 48KHz,
  - Fast Fourier Transform (FFT) length: 4096
  - Runs averaged/temporal bone: 10

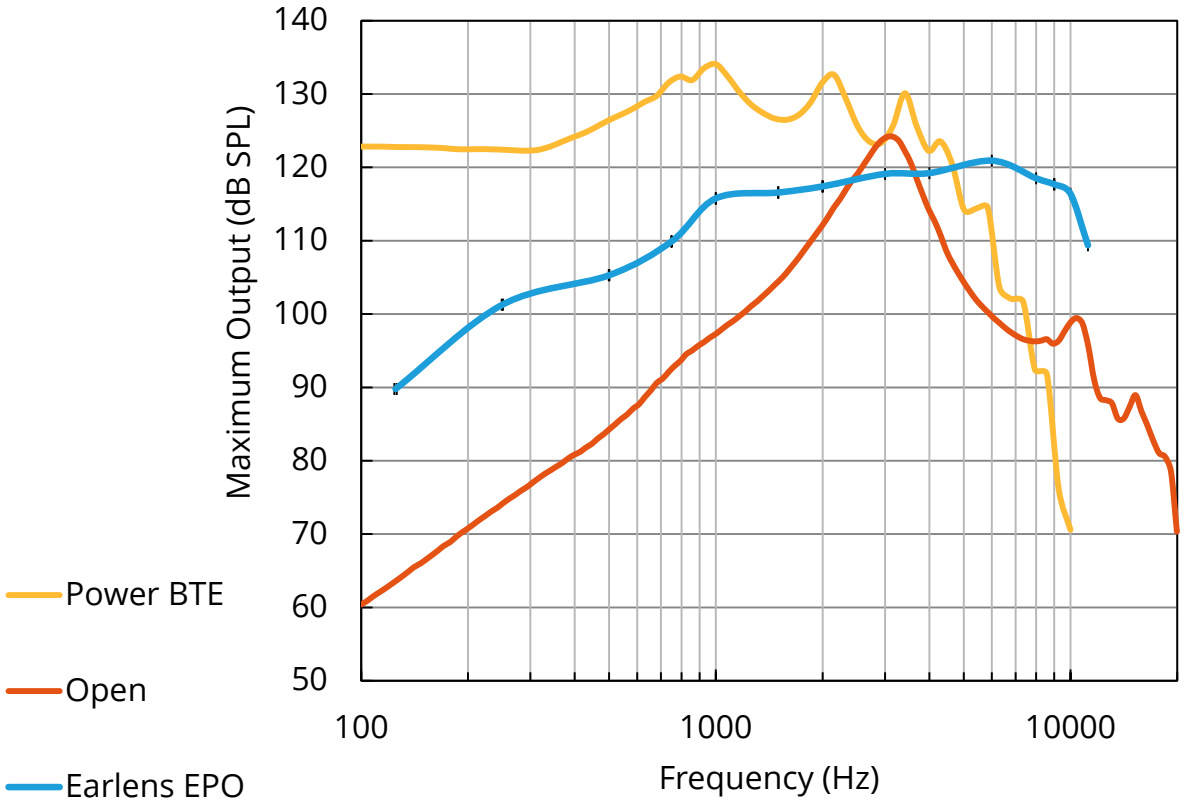
- From the measurements of stapes velocity (VST) and ear canal pressure (PEC), the following quantities are calculated:
  - The baseline sound-driven stapes transfer function without the Tympanic Lens on the TM.
  - The equivalent pressure output of the direct drive system

Results

- At the stapes footplate,
  - Acoustic drive condition demonstrated:
    - Minor comb filtering
    - Spectral Ripples
    - Phase shift with frequency
  - Contact direct drive demonstrated:
    - Smooth, flat spectral response
    - Consistent phase relationship

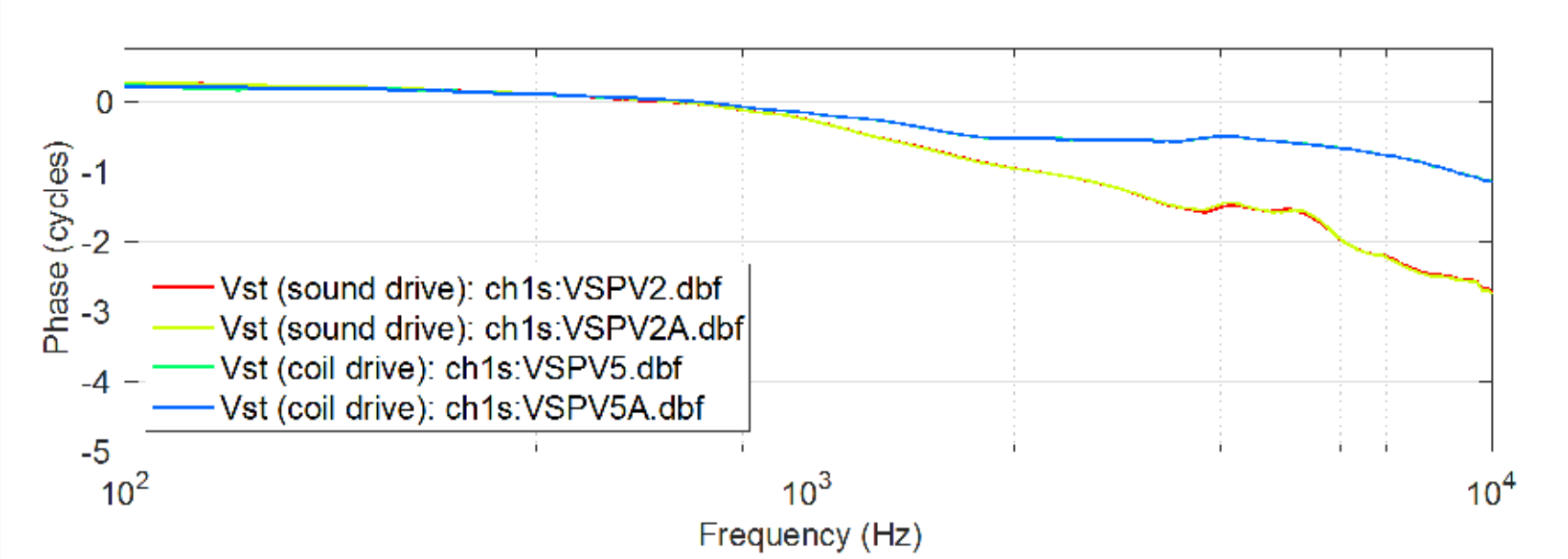
Results

- Spectral ripples minimized with direct drive
- Superior audible bandwidth to both low and high frequencies



Results

- Phase relationship preserved with direct drive



Conclusions

- Substantial differences in transmitted signal quality are observed between acoustic and direct drive modalities
- Direct drive exhibits:
  - Superior effective bandwidth to both low and high frequencies
  - Smooth spectral shape and no induced ripples
  - Preserved phase relationship between input and output signals
  - Minimal group delay
  - Superior stable gain margin

Next Steps

- Investigation of direct/amplified path interaction effects on stapes signal with open fittings
  - Output SNR
  - Comb filtering effects

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References

1. Struck CJ, Prusick L. (2017) Comparison of real-world bandwidth in hearing aids vs Earlens light-driven hearing aid system. *Hearing Review*. 24(3):24-29.
2. Moore BCJ, Tan CT (2003). Perceived naturalness of spectrally distorted speech and music. *J Acoust Soc Am*. 114:408-419.
3. Turner CW, Henry BA (2002). Benefits of amplification for speech recognition in background noise. *J Acoust Soc Am*. 112:1675-1680.
4. Hornsby, BW, Ricketts, TA (2003). The effects of hearing loss on the contribution of high- and low-frequency speech information to speech understanding. *J Acoust Soc Am*. 113:1706-1717.
5. Plyler PN, Fleck EL (2006). The e_ects of high-frequency amplification on the objective and subjective performance of hearing instrument users with varying degrees of high-frequency hearing loss. *J Sp Lang Hear Res*. 49:616-627.
6. Moore BCJ, Füllgrabe C, Stone MA (2010). E_ect of spatial separation, extended bandwidth, and compression speed on intelligibility in a competing-speech task. *J Acoust Soc Am*. 128:360-371.
7. Ahlstrom JB, Horwitz AR, Dubno JR. (2014) Spatial separation benefit for unaided and aided listening. *Ear Hear*. 35:72-85.
8. Levy SC, Freed DJ, Nilsson M, Moore BC, Puria S. (2015) Extended high-frequency bandwidth improves speech reception in the presence of spatially separated masking speech. *Ear Hear*. 36:e214-e224.
9. Puria S., (2013), "Middle ear hearing devices", In "The Middle Ear: Science, Otosurgery, and Technology". Edited by Puria, S., Popper, A.N., and Fay, R.R. *Springer Handbook of Auditory Research Series.*
10. Fay JP, Perkins R, Levy SC, Nilsson M, Puria S. (2013) "Preliminary evaluation of a light-based contact hearing device for the hearing impaired." *Otol Neurotol*. Jul;34(5):912-21.
11. Gantz BJ, Perkins R, Murray MT, Levy SC, & Puria S (2017) Light-Driven Contact Hearing Aid for Broad Spectrum Amplification: Safety and E_ectiveness Pivotal Study. *Otol Neurotol*. Mar;38(3):352-359
12. McElveen J, Gantz BJ, Perkins R, Murray M, Syms CA, Chen DA, Arriaga M, Mehta R, & Levy SC (2017), High-frequency Gain Is Better Provided By A Light-driven Hearing Aid: A Comparative Study, COSM, San Diego.
13. Khaleghi M, and Puria S (2017). Attenuating the ear canal feedback pressure of a laser-driven hearing aid. *J Acoust Soc Am*., 141(3), pp.1683-1693.
14. Maier H, Muller M, Salcher R, Lenarz T, (2016) "Improved e_ciency in round window stimulation by controlled pretension with the Hannover coupler," IHCON 2016 conference, 2016.
15. Grossohmichen M, Busch S, Waldmann B, Lenarz T, Maier H. (2016) "Validating a method to characterize the effciency of implantable middle ear hearing devices in cadaver ears by intracochlear pressure," ARO midwinter meeting.
16. Kraus EM, Shohet, JA, & Catalano PJ (2011). Envoy Esteem totally implantable hearing system: Phase 2 trial, 1-year hearing results. *Otolaryngology – Head and Neck Surgery*, 145(1), 100–109.
17. Luetje CM, Brackman D, Balkany TJ, Maw J, Baker RS, Kelsall D, Backous D, Miyamoto R, Parisier S, & Arts A (2002). Phase III clinical trial results with the Vibrant Soundbridge implantable middle ear hearing device: A prospective controlled multicenter study. *Otolaryngology – Head and Neck Surgery*, 126(2), 97–107.

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