Sensorineural Hearing Loss (SNHL)

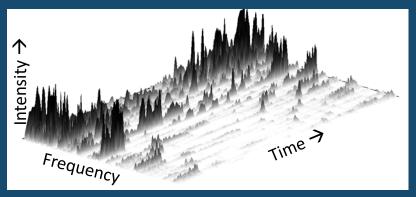
Externally-Led Patient-Focused Drug Development Meeting

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Hearing depends on peripheral auditory encoding and central auditory decoding



Sensorineural Hearing Loss (Cochlear impairment)

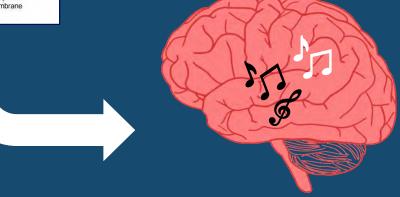


Decreased sound sensitivity & distortion in sound encoding





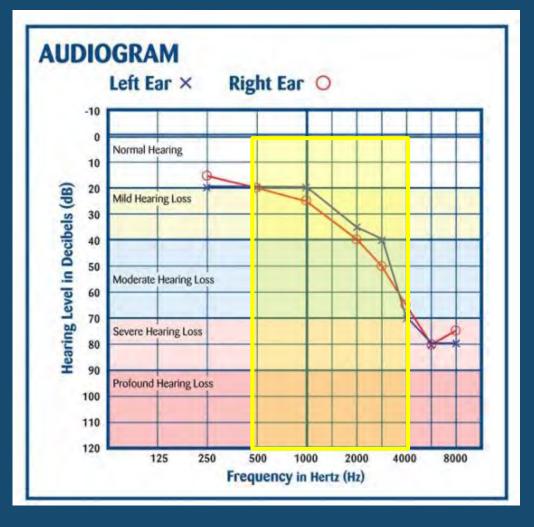
Peripheral auditory transduction (encoding)



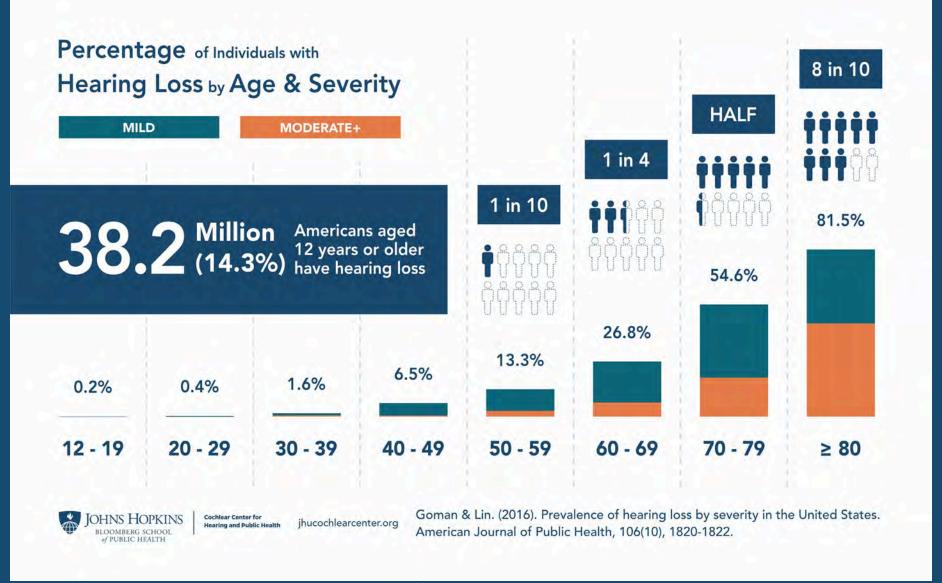
Central auditory processing (decoding)

Sensorineural hearing loss and the status of the cochlea is most commonly measured with pure tone audiometry (but many other measures exist as well)

Pure tone average (PTA) of 0.5, 1, 2, & 4 kHz tones in the better-hearing ear



Prevalence of Hearing Loss by Age Decade

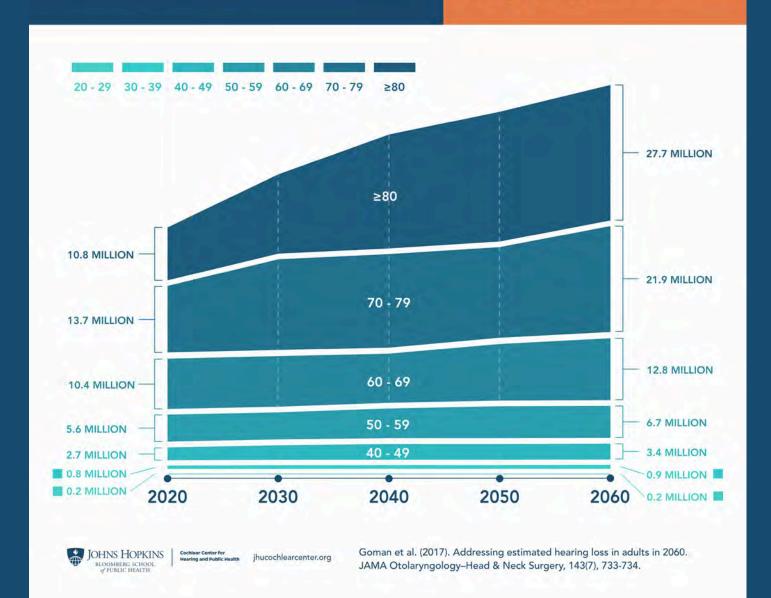


Hearing loss defined as a better-ear pure tone average of 0.5-4kHz tones > 25 dB

Estimated Number of Individuals with Hearing Loss by Age

73.5 Million

American adults are expected to have hearing loss in 2060

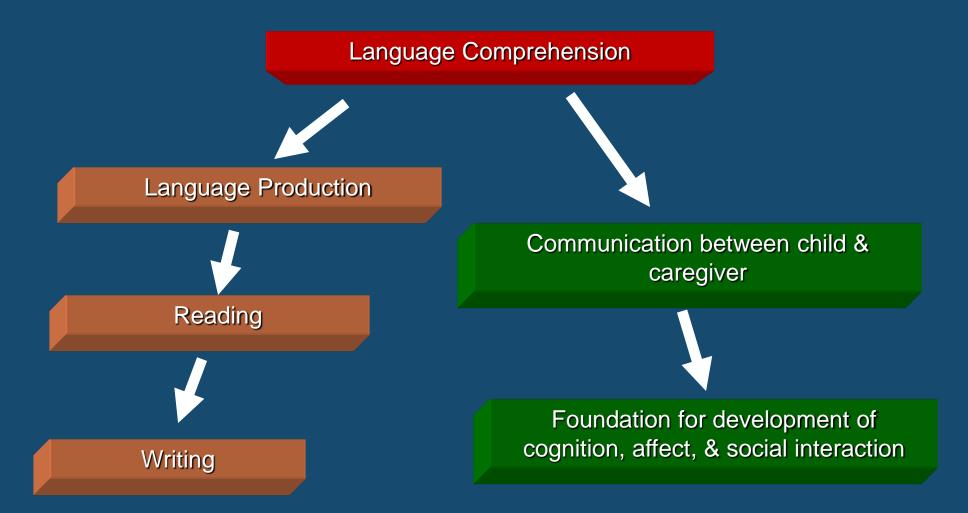


Implications of Pediatric Hearing Loss

Hierarchy in Language Learning

Opening higher Comprehension levels of processing depends on earlier Identification critical period experience. Recognition Discrimination Detection

Hierarchy of Language and Child Development



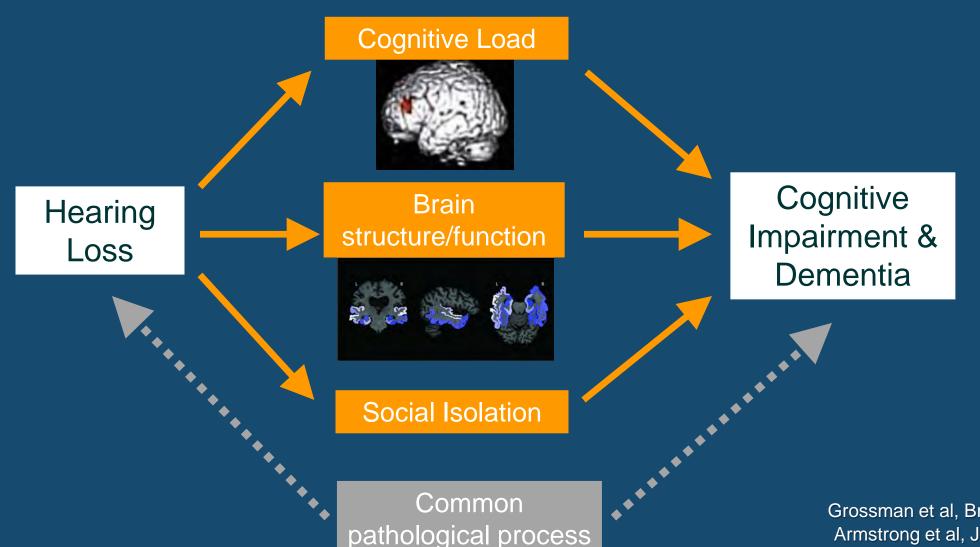
Implications of Adult Hearing Loss

 Increasingly identified as an independent risk factor for dementia, brain aging, healthcare expenditures, and impaired physical functioning in epidemiological studies

 Hypothesized mechanisms include effects of hearing loss on social engagement, brain structural change, loss of environmental sound cues, and cognitive load

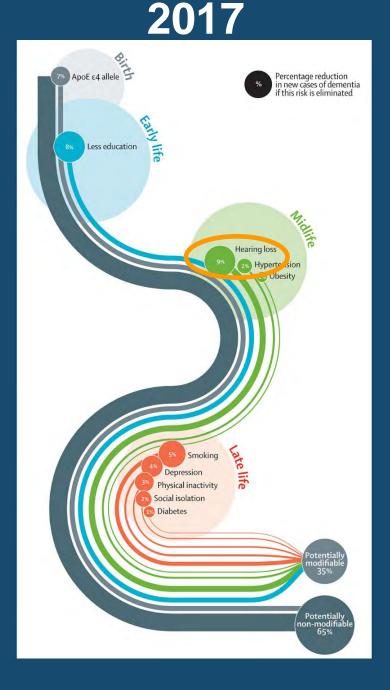
Hearing Loss & Dementia

Common Cause or Modifiable Risk Factor

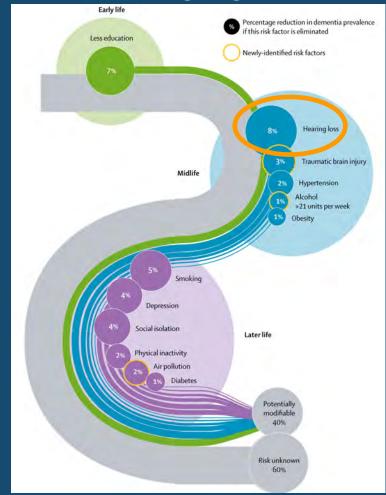


Grossman et al, Brain Lang, 2002 Armstrong et al, JAMA Oto, 2019 Lin et al, Aging & Mental Health, 2014 Lancet
Commission on
Dementia
Prevention,
Intervention &
Care

Potentially Modifiable
Risk Factors for Dementia

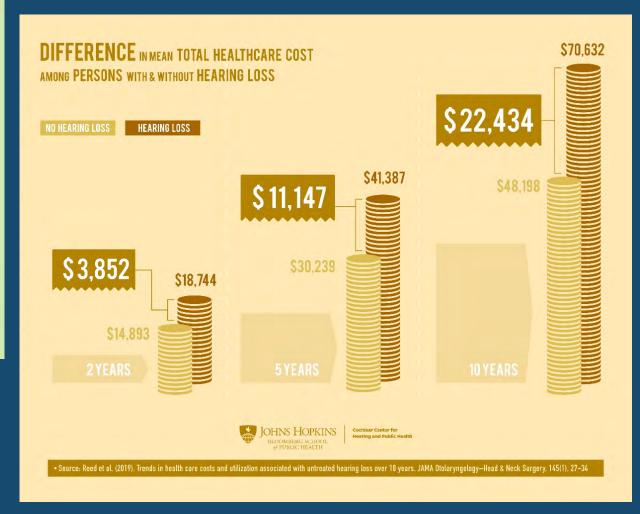


2020

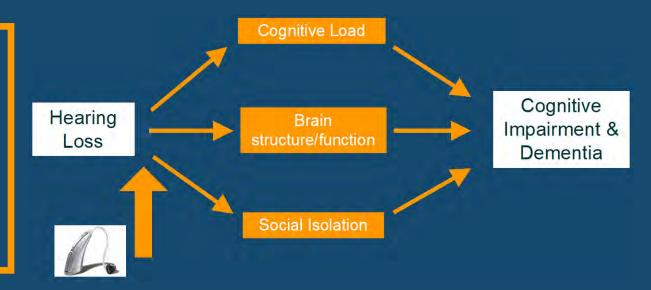


Hearing loss in mid & late life identified as the largest potentially modifiable risk factor for dementia

HEALTHCARE UTILIZATION AMONG PERSONS WITH & WITHOUT HEARING LOSS Increased Rate of HOSPITALIZATION Over 10 Years, persons with hearing loss had Days Longer During HOSPITAL STAYS Increased Risk of 30 DAYS READMISSION 17% Increased Risk of EMERGENCY DEPARTMENT VISIT JOHNS HOPKINS Cochlear Center for Hearing and Public Health . Source: Reed et al. (2019). Trends in health care costs and utilization associated with untreated hearing loss over 10 years. JAMA Otolaryngology-Head & Neck Surgery, 145(1), 27-34



HL treatment could have potential positive effects on both short-(social function) and longer-term (dementia risk, health care costs) outcomes



- Definitive effects of HL treatment cannot be established through observational studies despite strong suggestive evidence of positive impact of HL treatment
- Ongoing NIH-funded randomized trial (ACHIEVE, n ~1000 adults 70-84 yrs) set to finish in 2023
 - Will provide definitive RCT evidence of impact of HL treatment with hearing aids on risk of cognitive decline/dementia, brain aging, social and physical function, and health care costs

Management of Sensorineural Hearing Loss

Current management

- Clinic-based auditory rehabilitation (auditory needs assessment, communication strategies, etc.) & sensory management with hearing aids and other assistive technologies
- Cochlear implantation evaluation for those with severe or greater HL

Novel approaches to hearing loss treatment

- Alternative service delivery models → e.g., telehealth, community health workers, etc.
- Direct consumer access to OTC hearing aids (pending release of legislatedmandated FDA regulations)
- Innovations in amplification strategies & signal delivery

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