

# **The Neurogram**

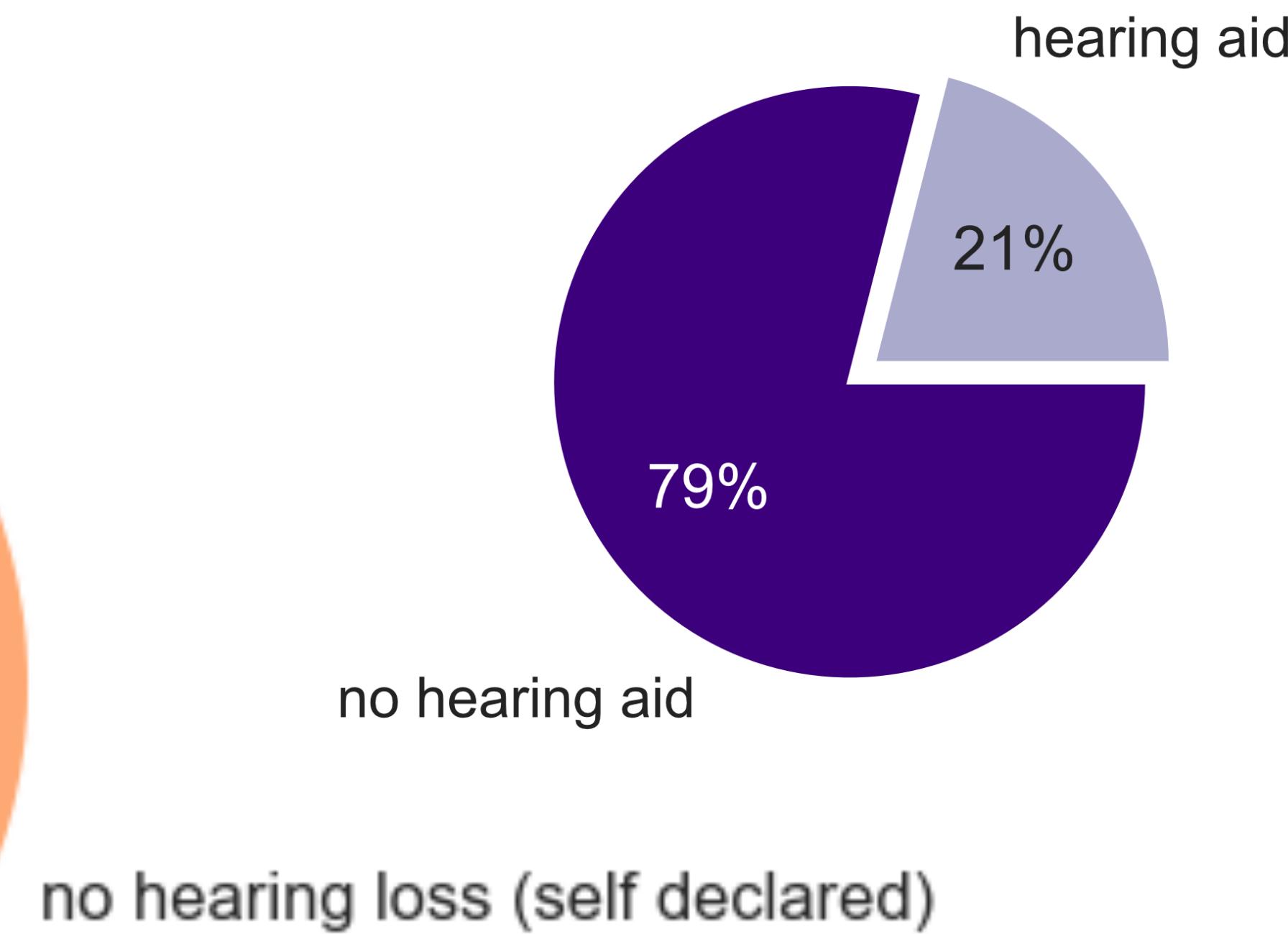
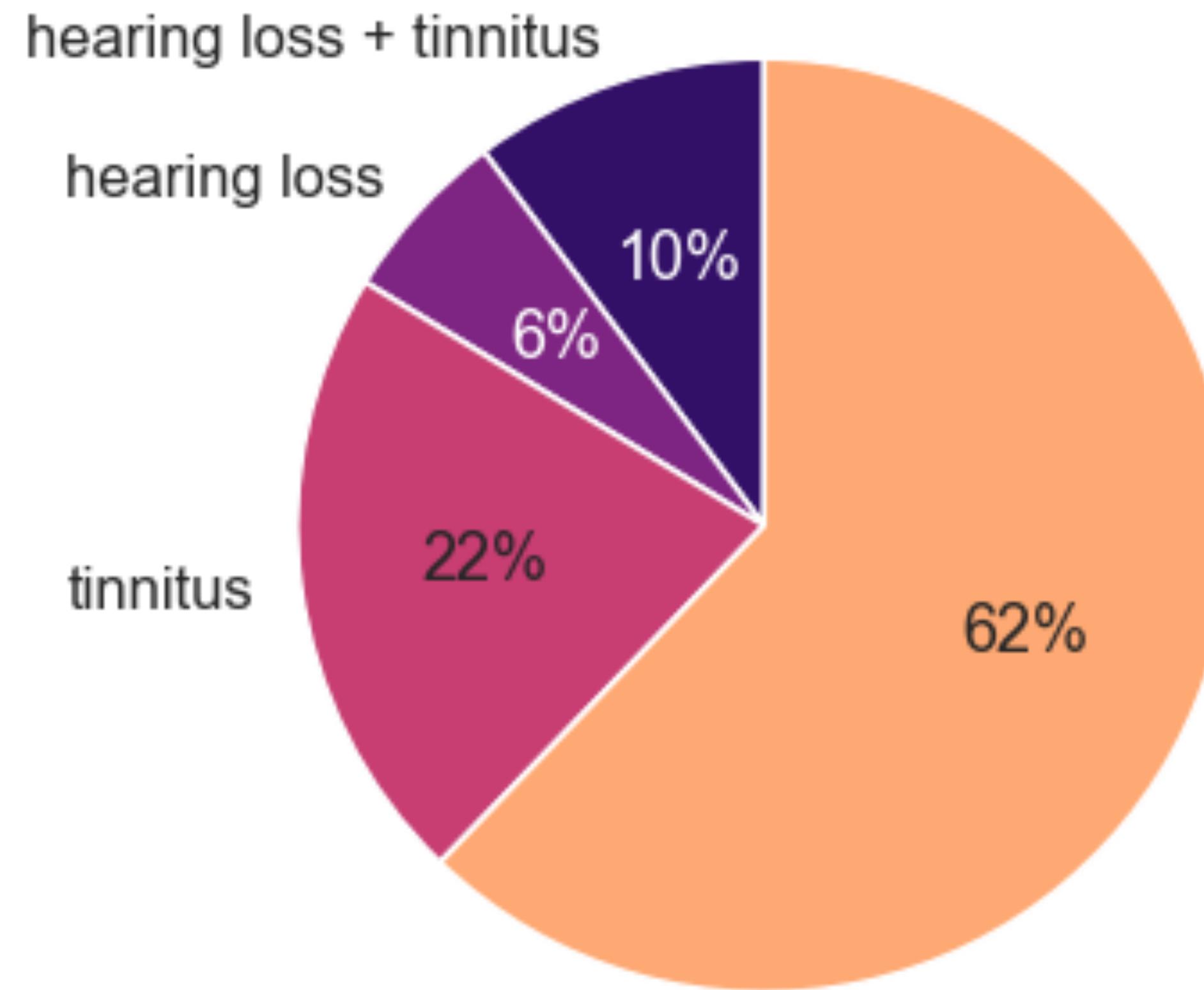
**A quantification of real-life hearing impairments using  
electrophysiology**



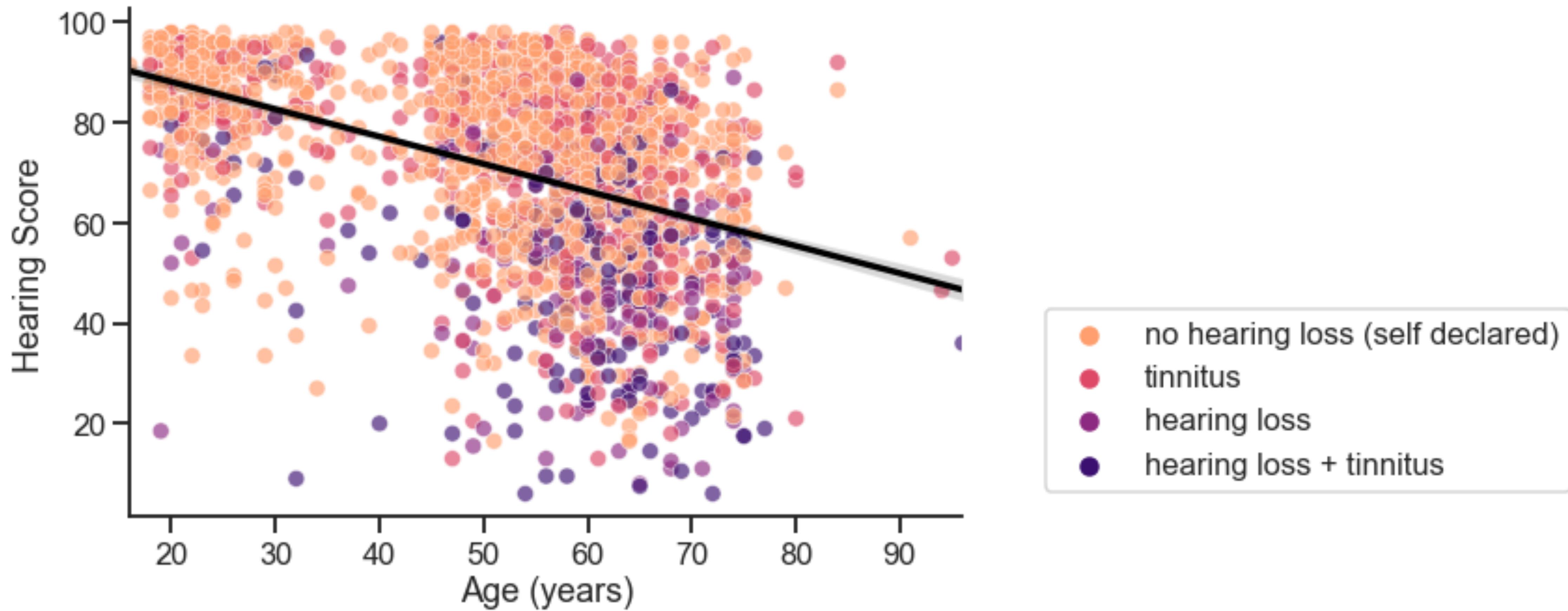
# Wie hört Salzburg?

Assessing the prevalence hearing impairments in the population of Salzburg

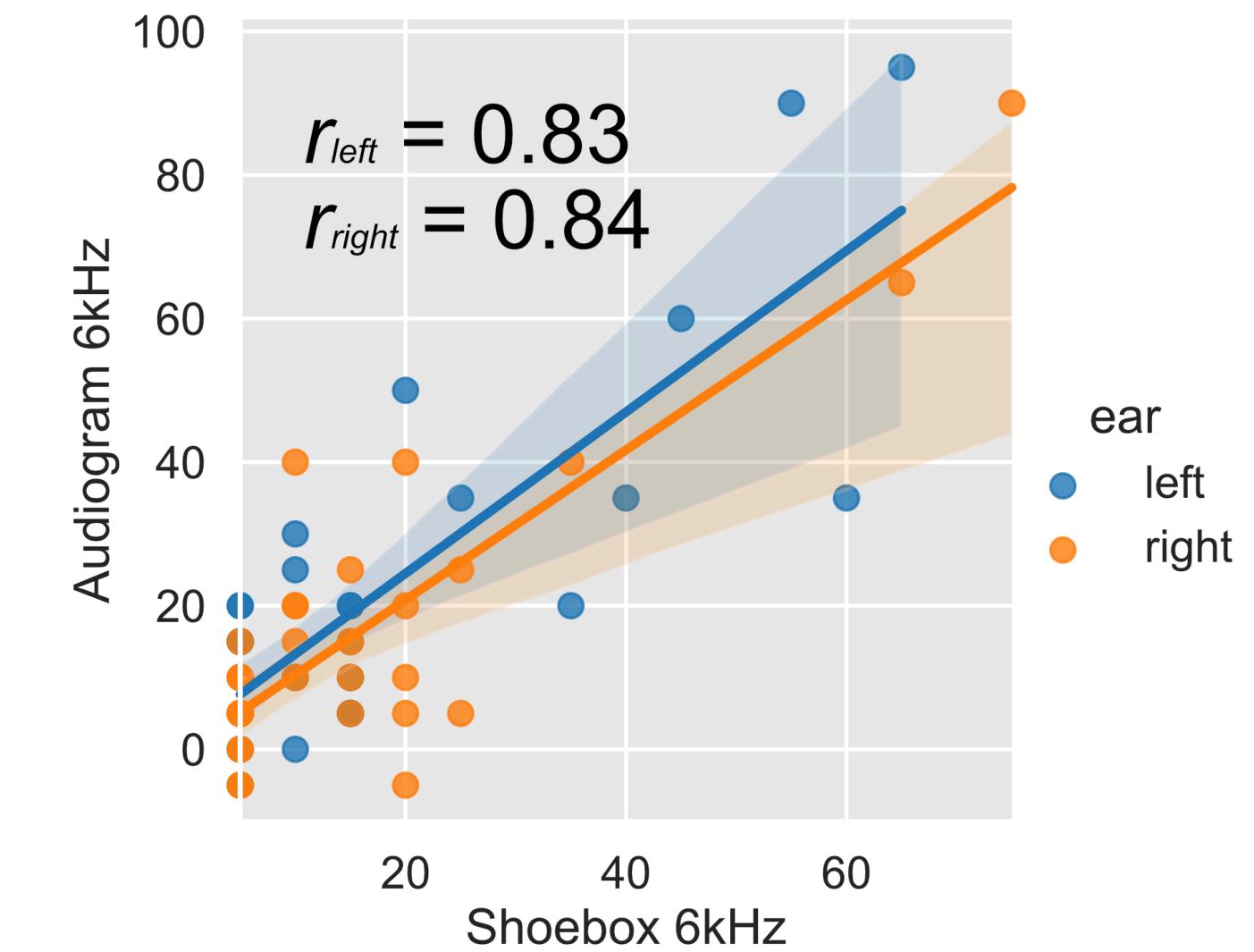
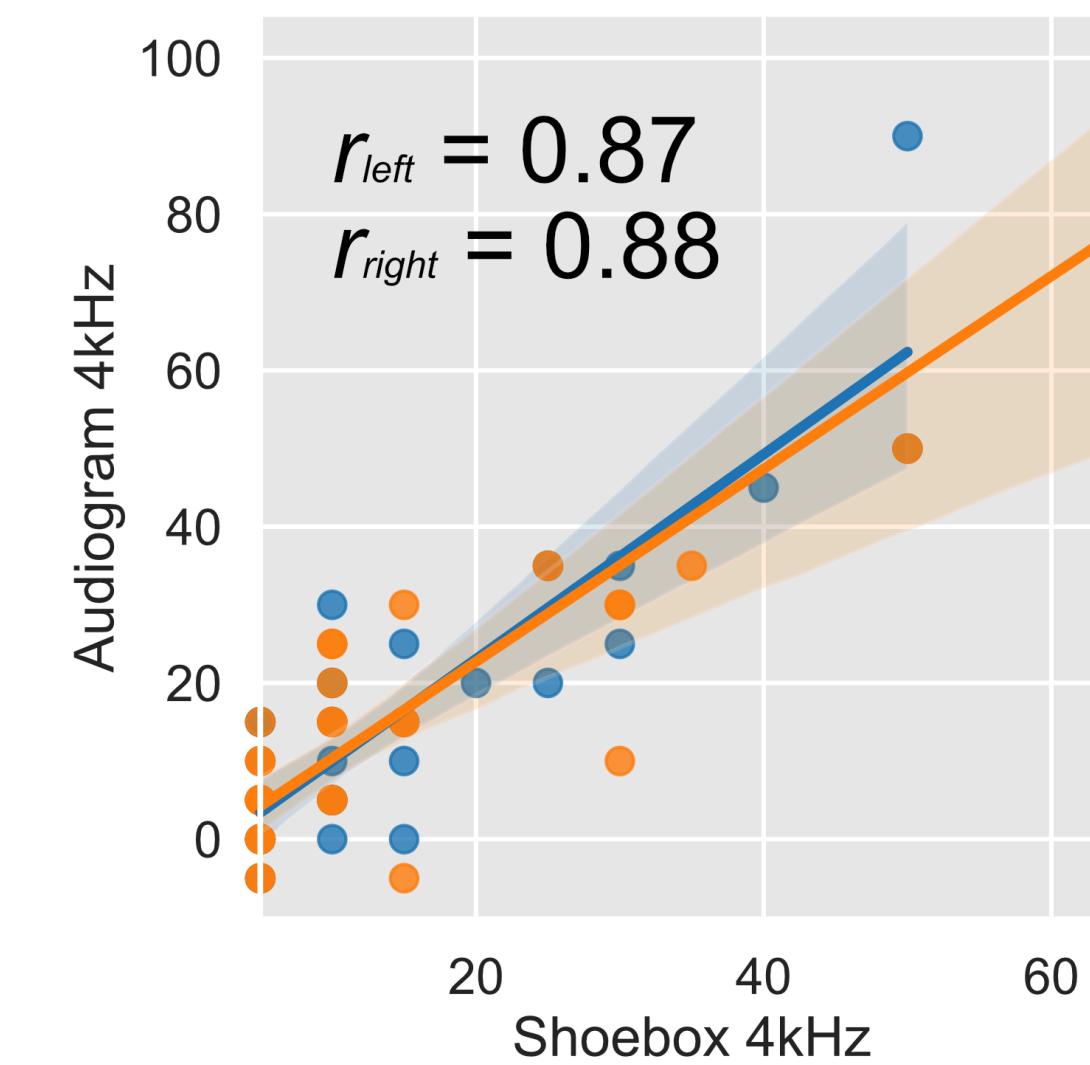
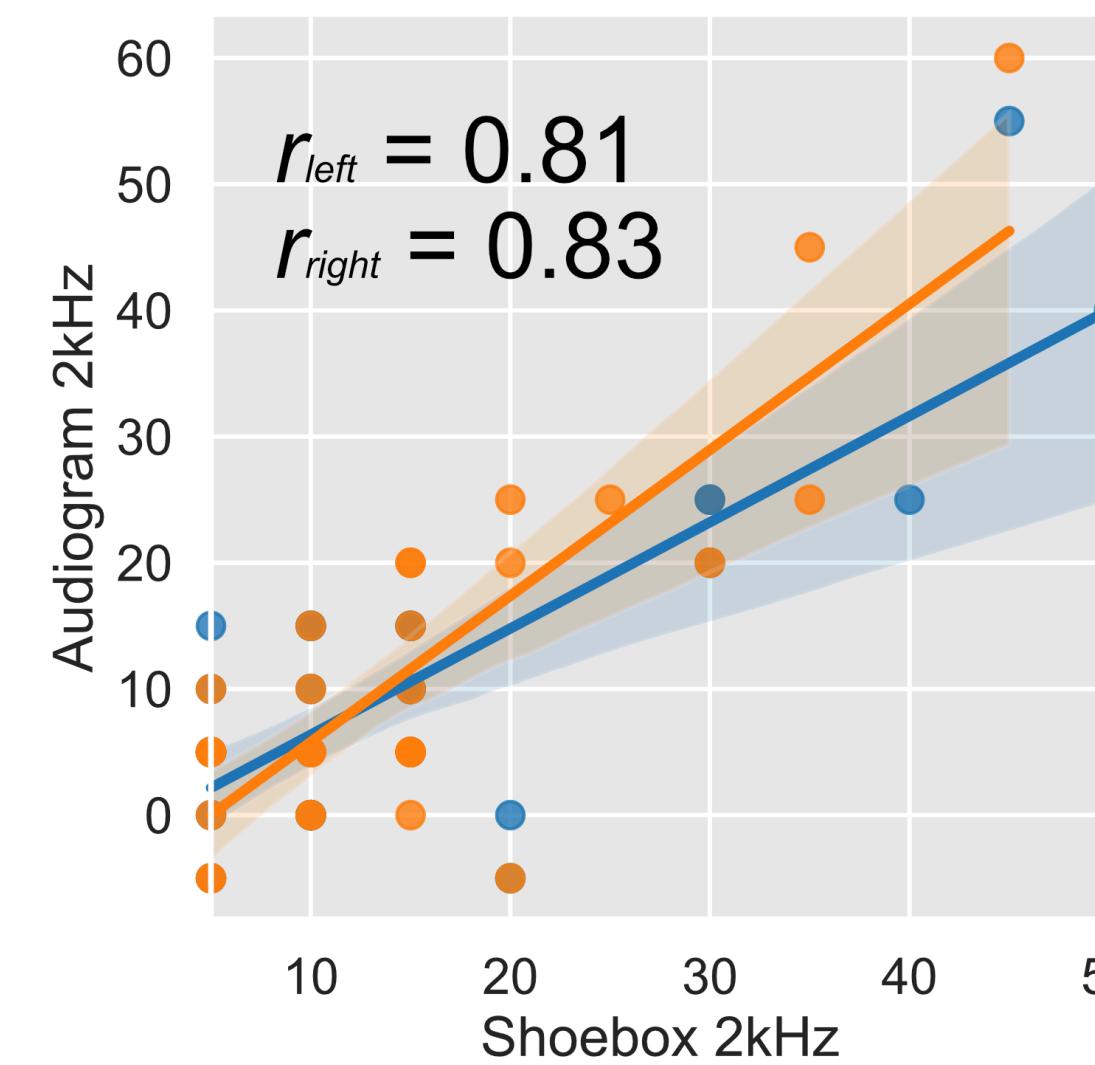
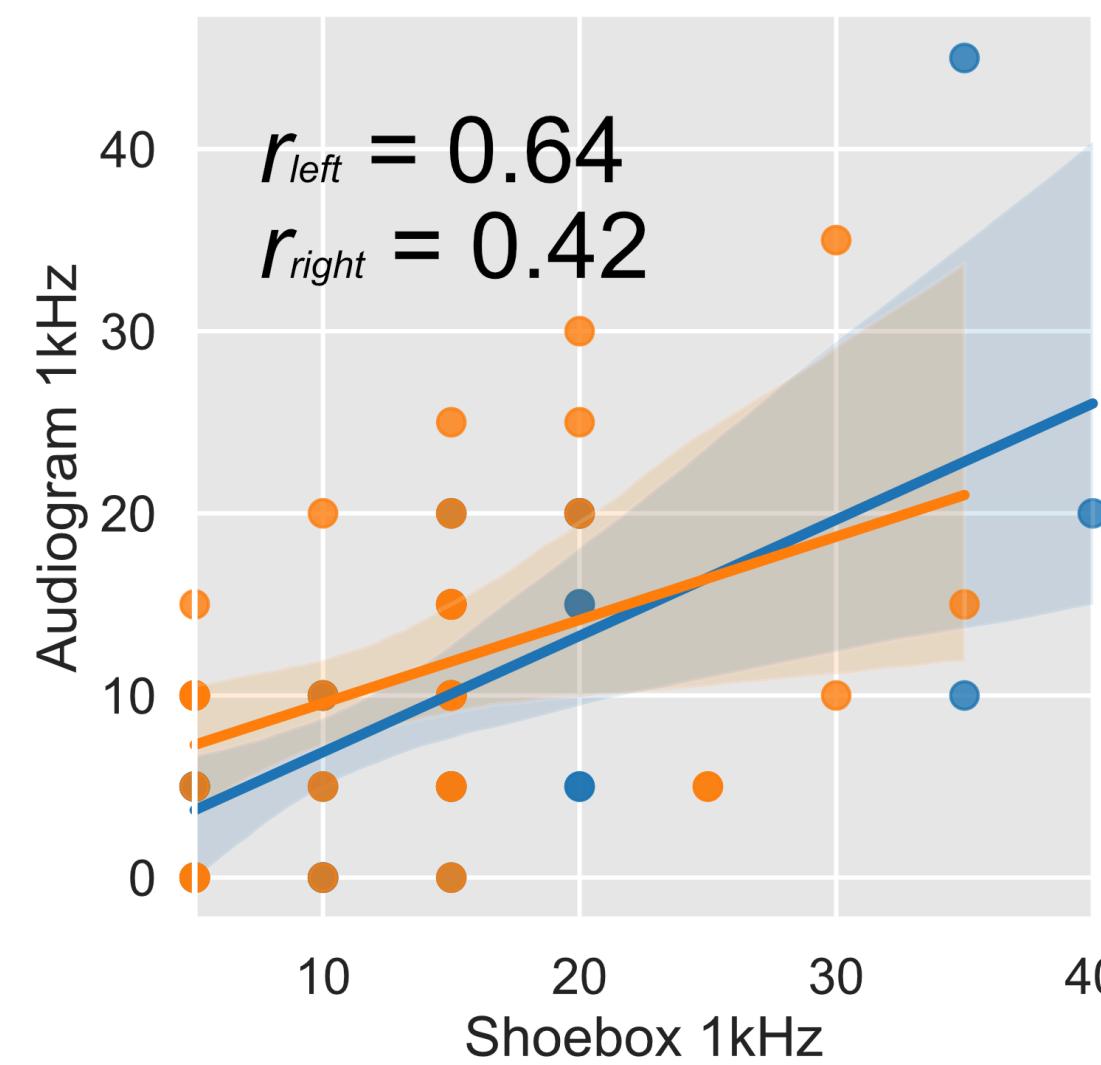
# The state of hearing in Salzburg...



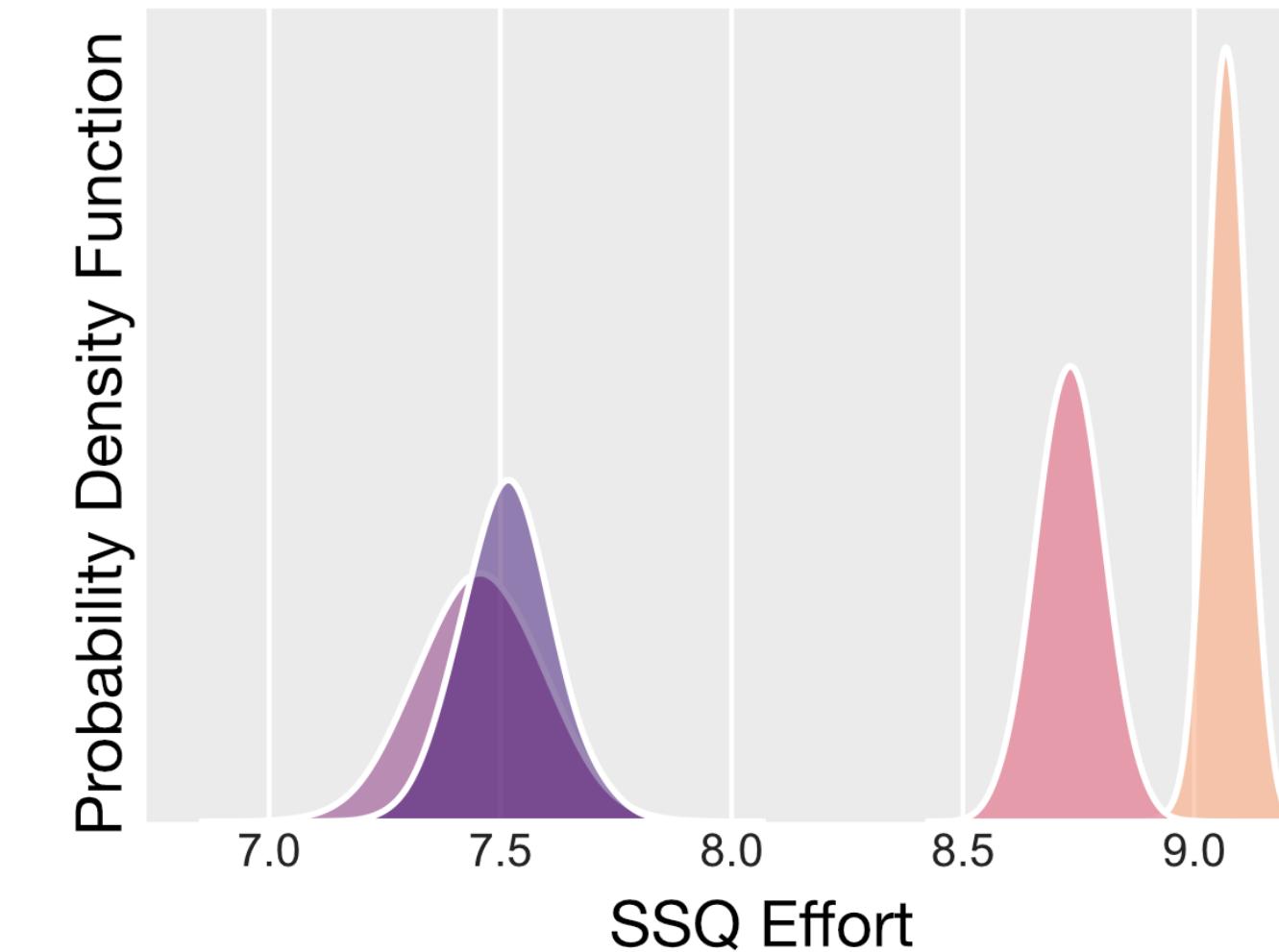
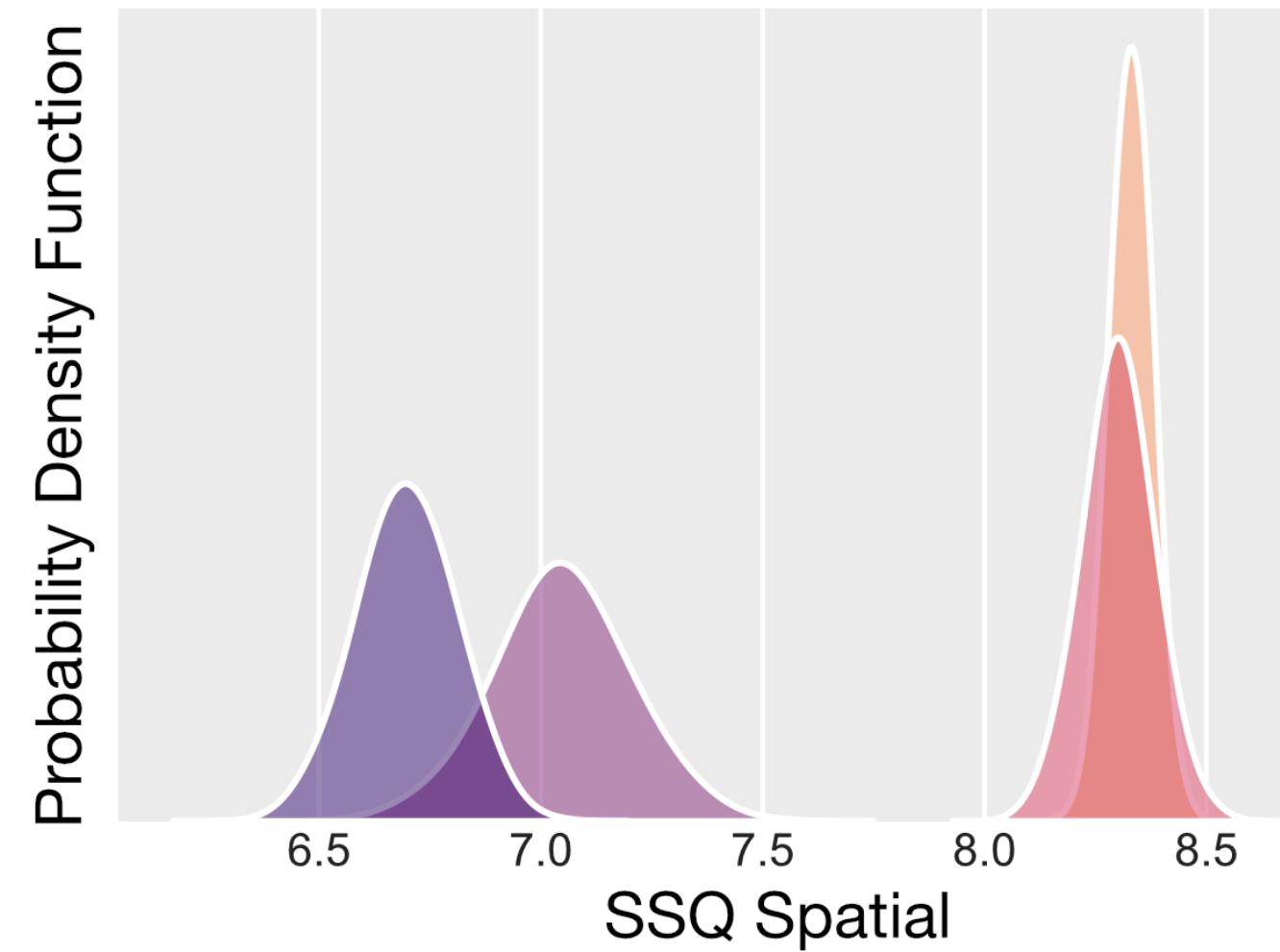
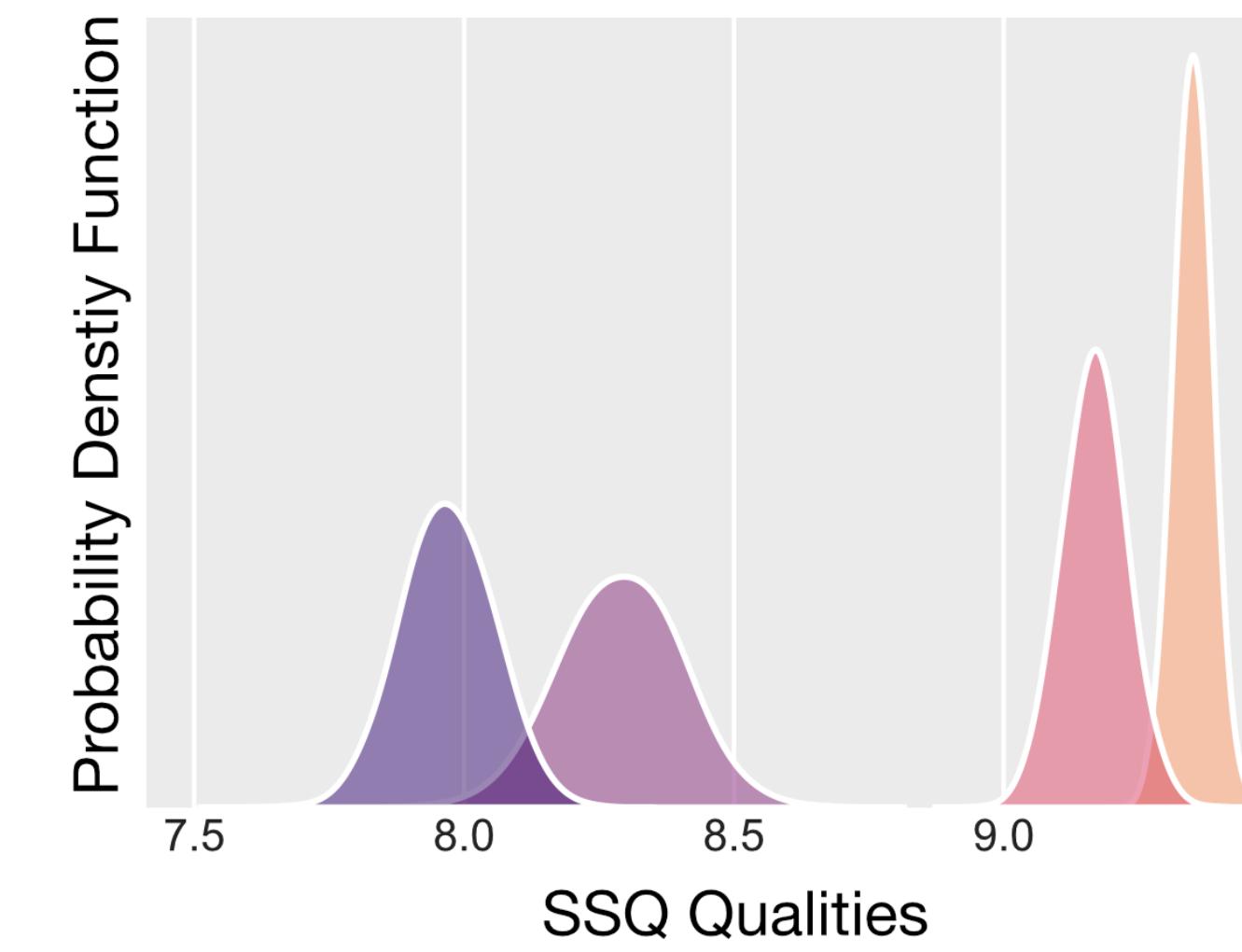
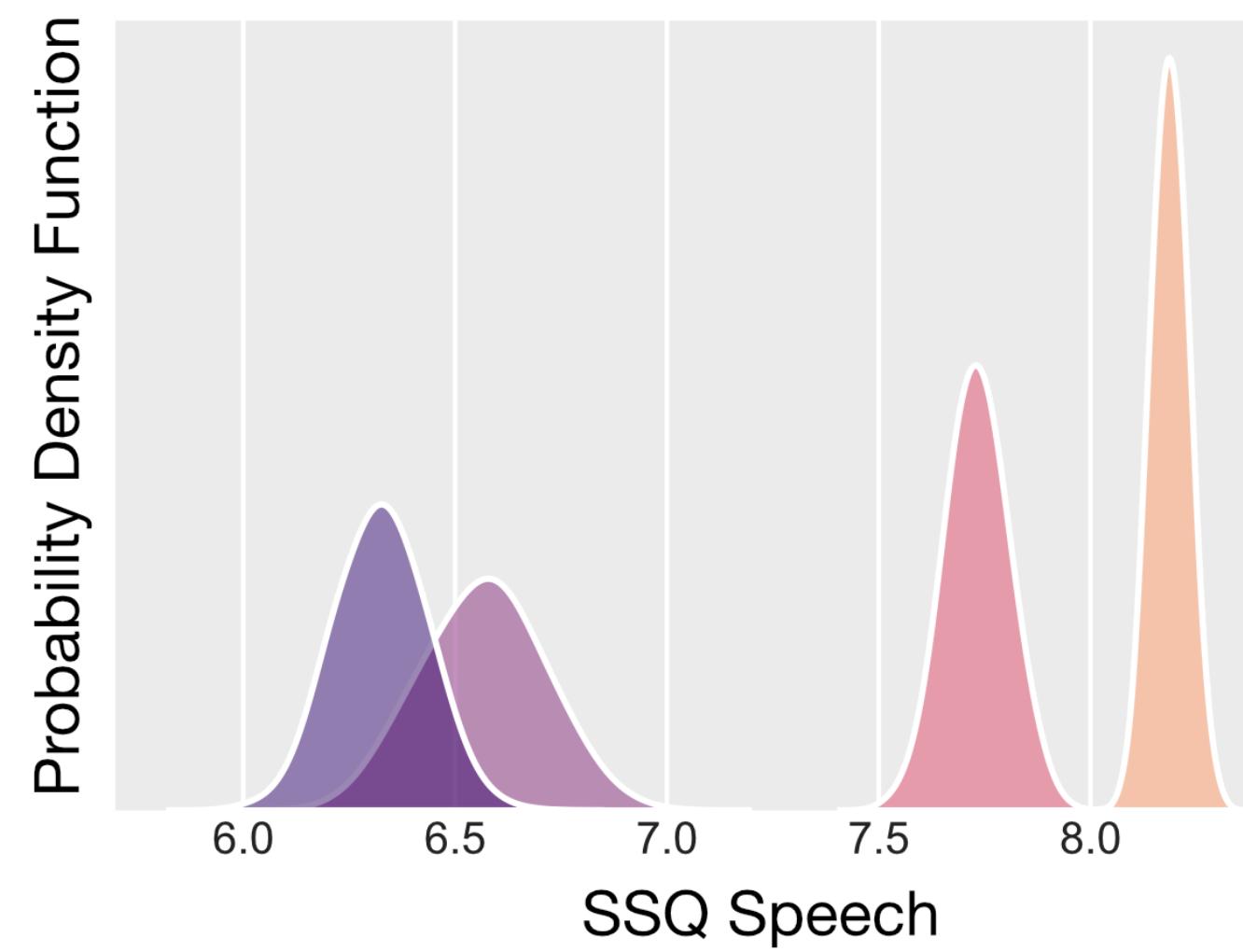
# Hearing ability decreases with age



# Hearing assessed online relates to standard pure-tone audiometry

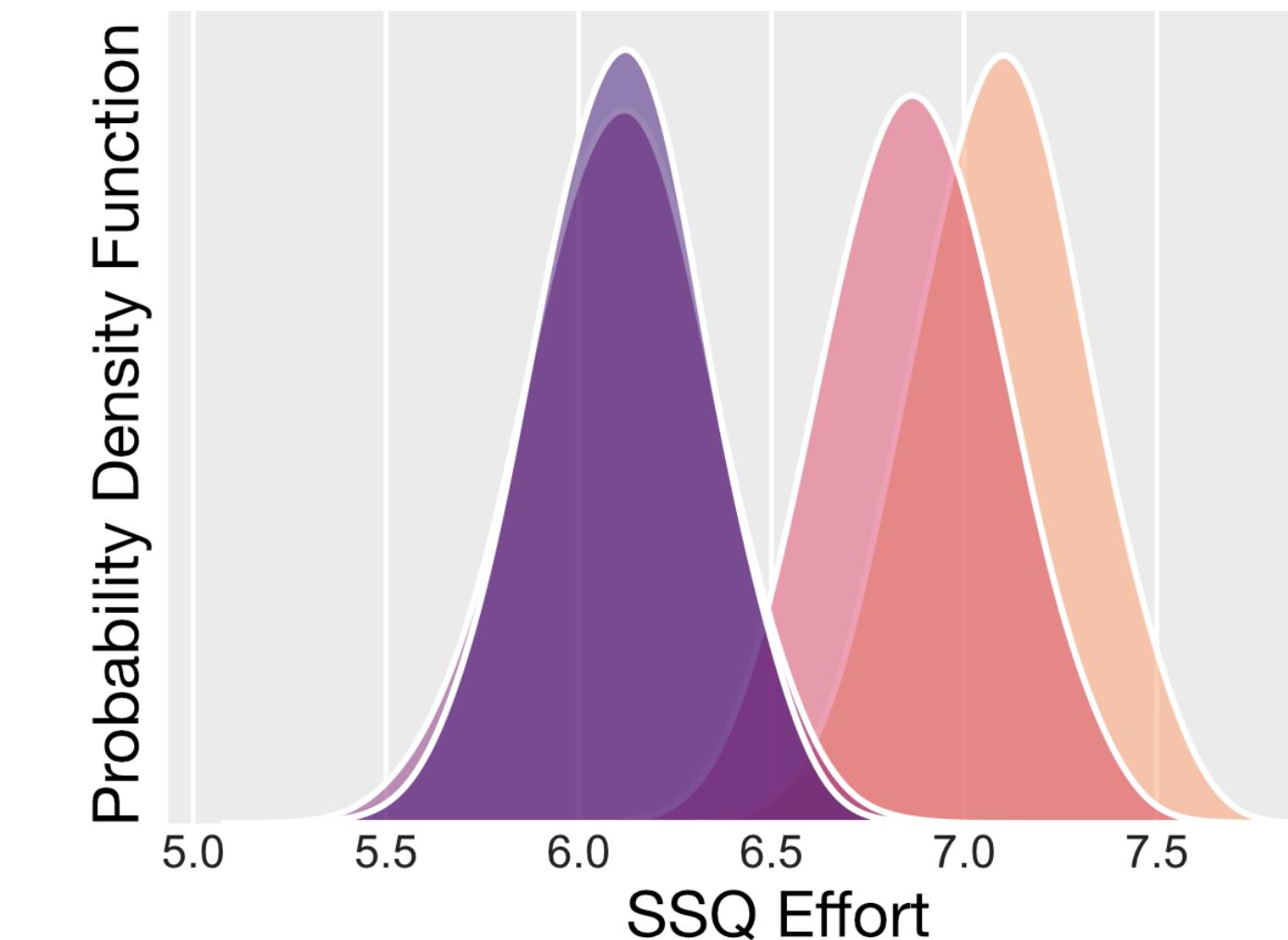
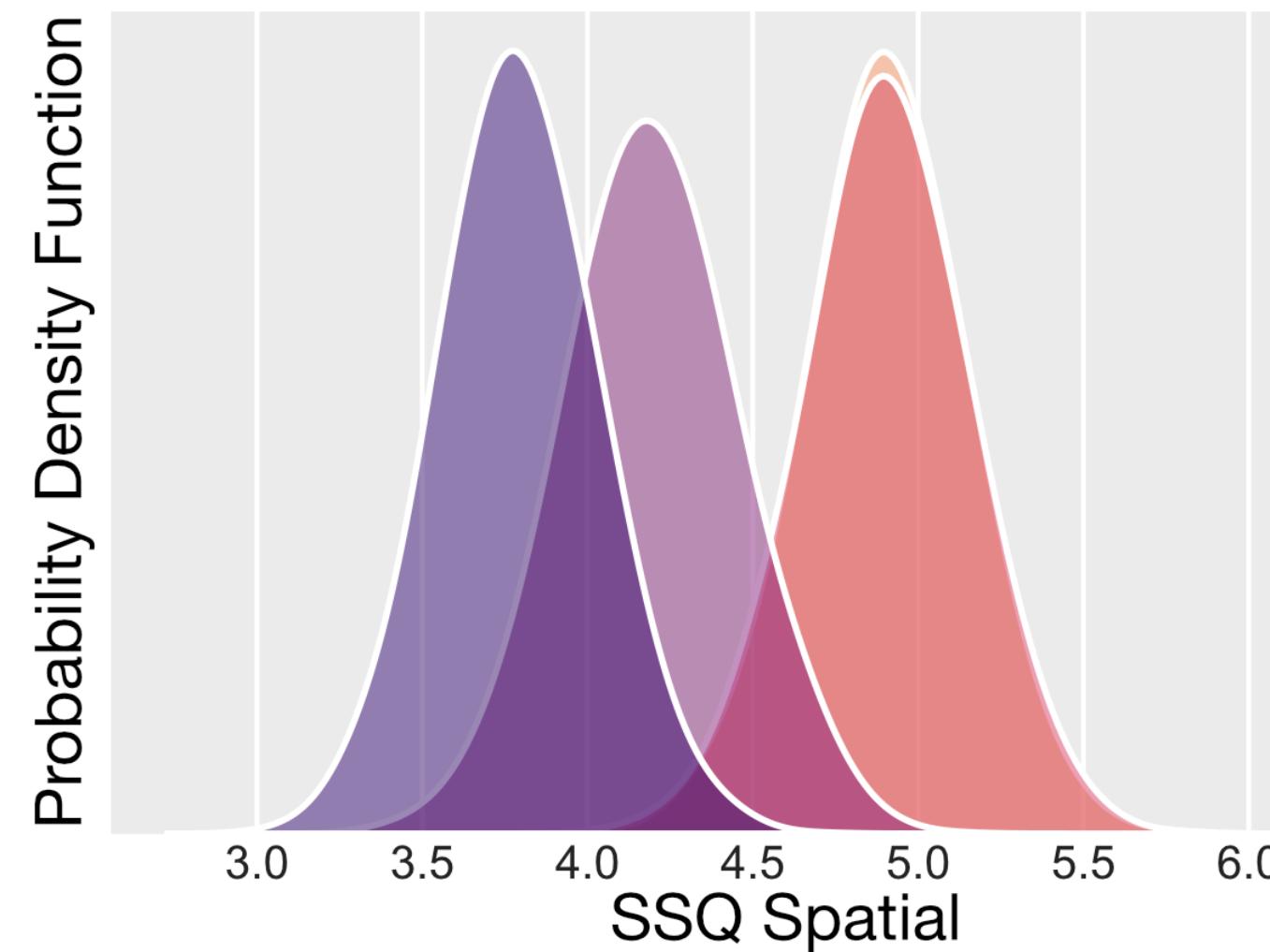
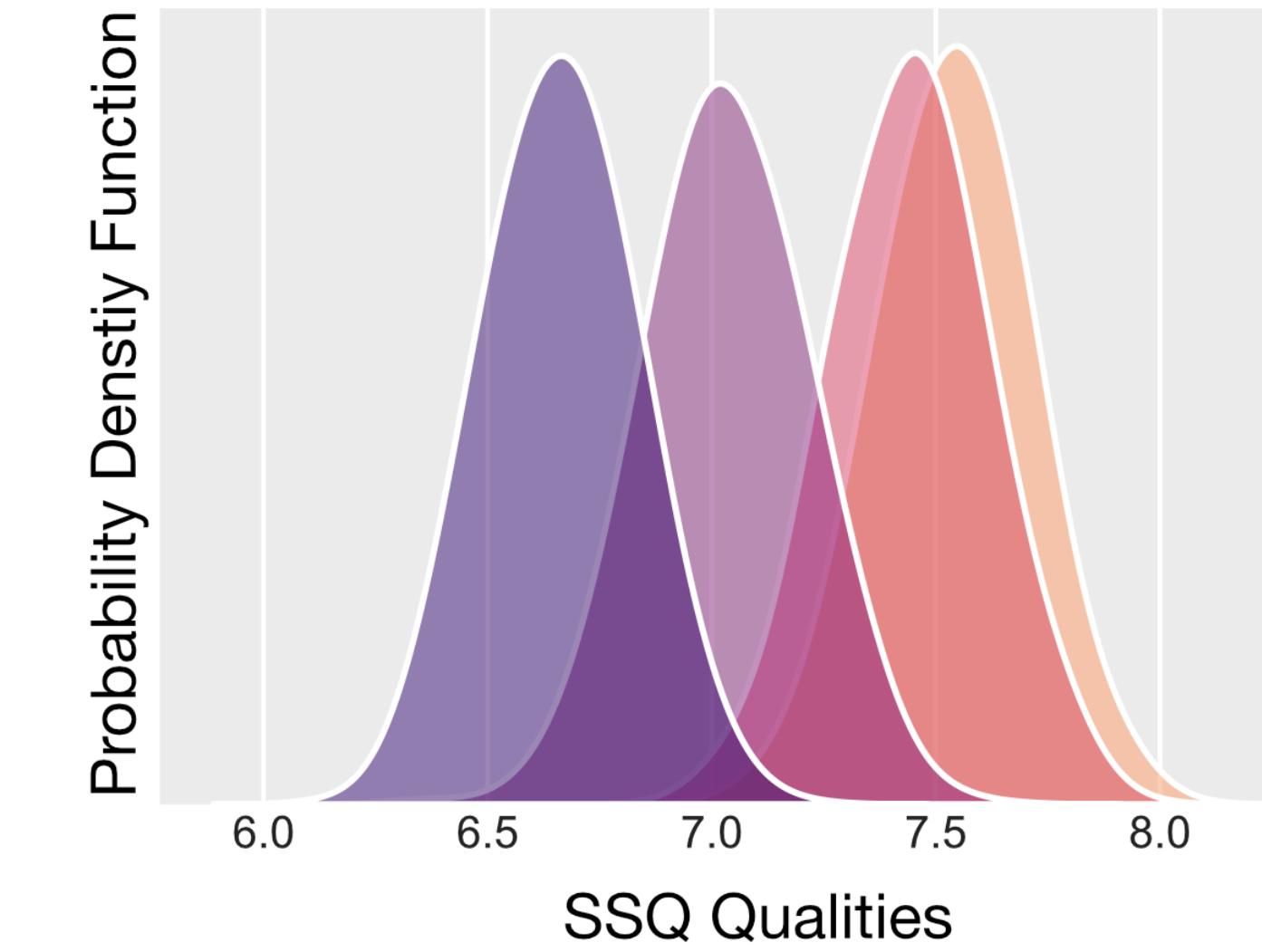
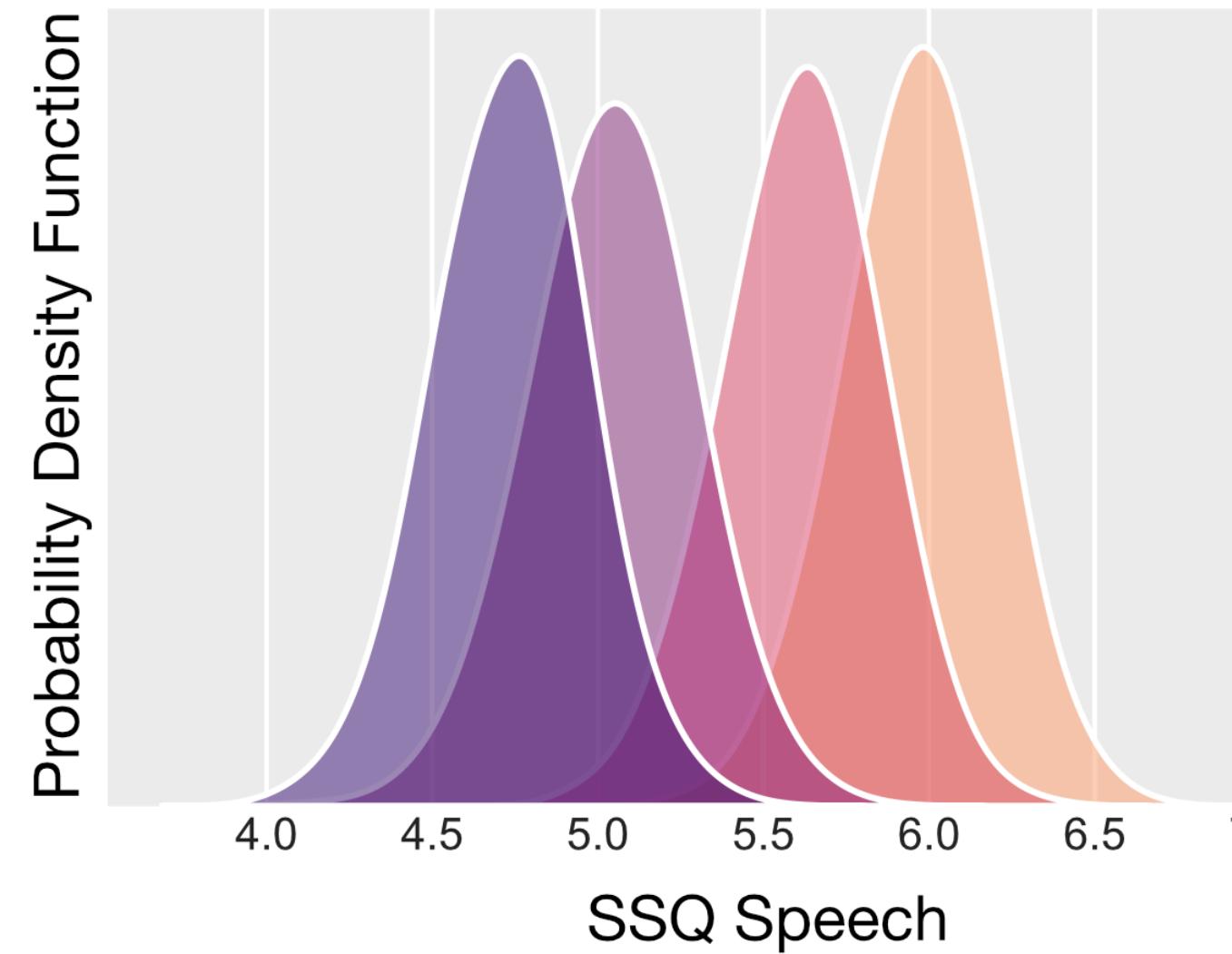


# Differences in subjective listening reports across different hearing profiles



- no hearing loss (self declared)
- tinnitus
- hearing loss
- hearing loss + tinnitus

# Differences in subjective hearing reports are not explained by Age and acoustic thresholds



- no hearing loss (self declared)
- tinnitus
- hearing loss
- hearing loss + tinnitus

# Pure Tone Audiometry

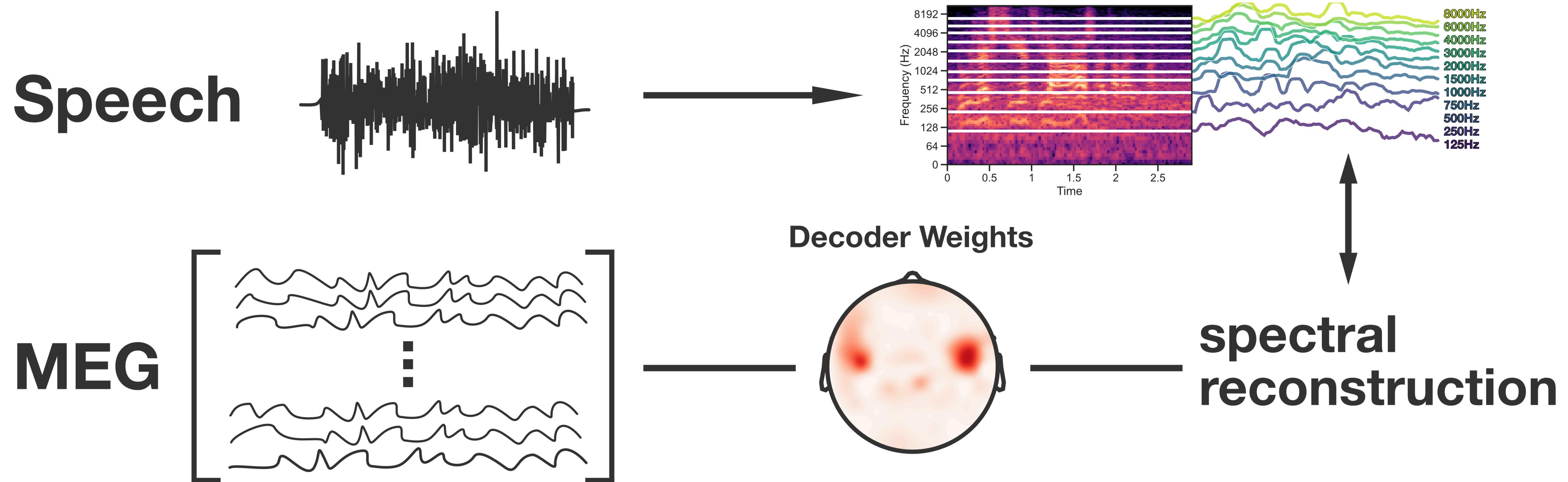
## Problem:

- Artificial pure-tones do not reflect real-life listening situations (e.g. cocktail party)
- Supra-threshold hearing loss (i.e. hidden hearing loss) is not captured using PTA
- pure-tone audiometry is not affected until 80–90% of spiral ganglion cells have degenerated (Wu et al. 2019)

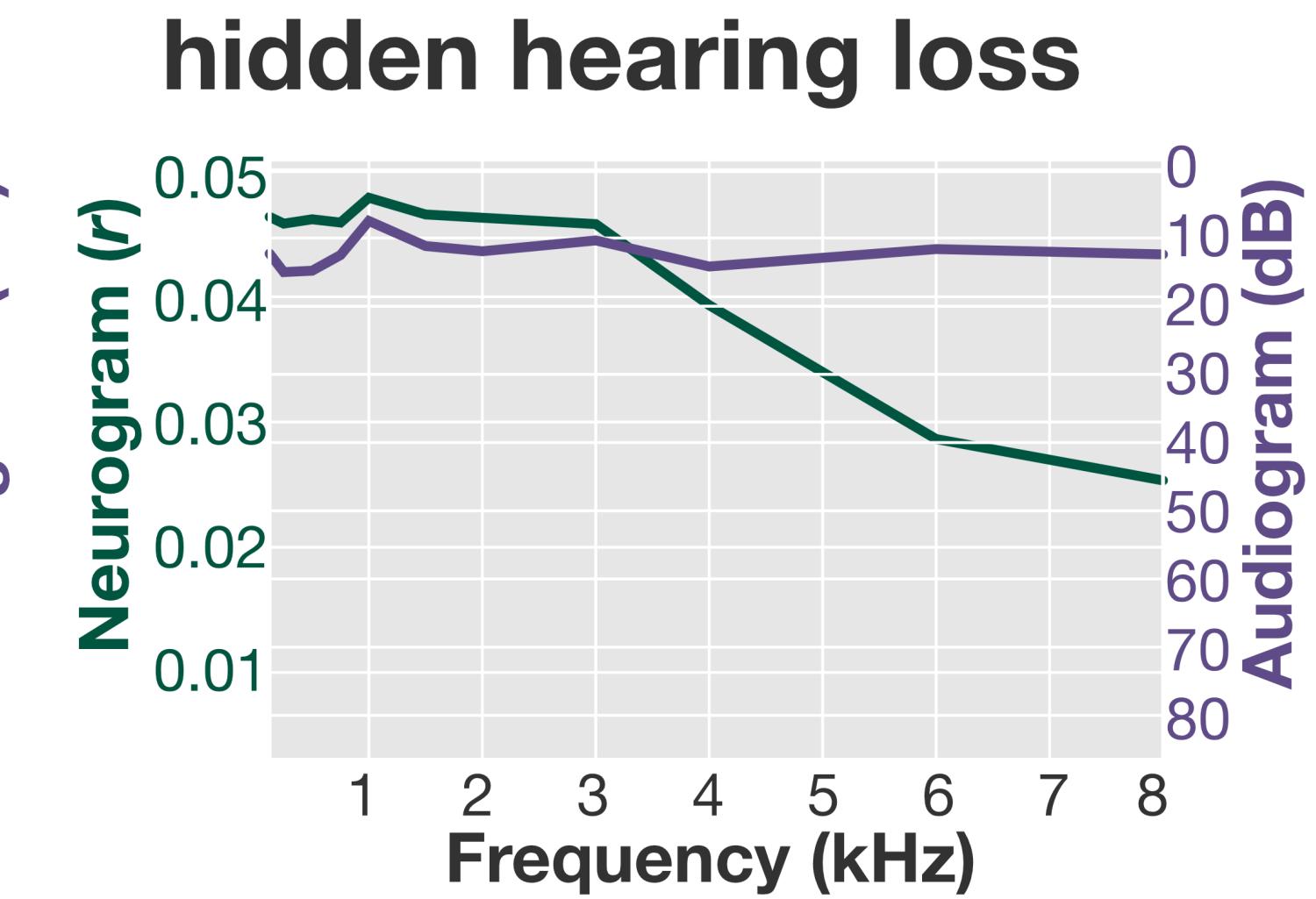
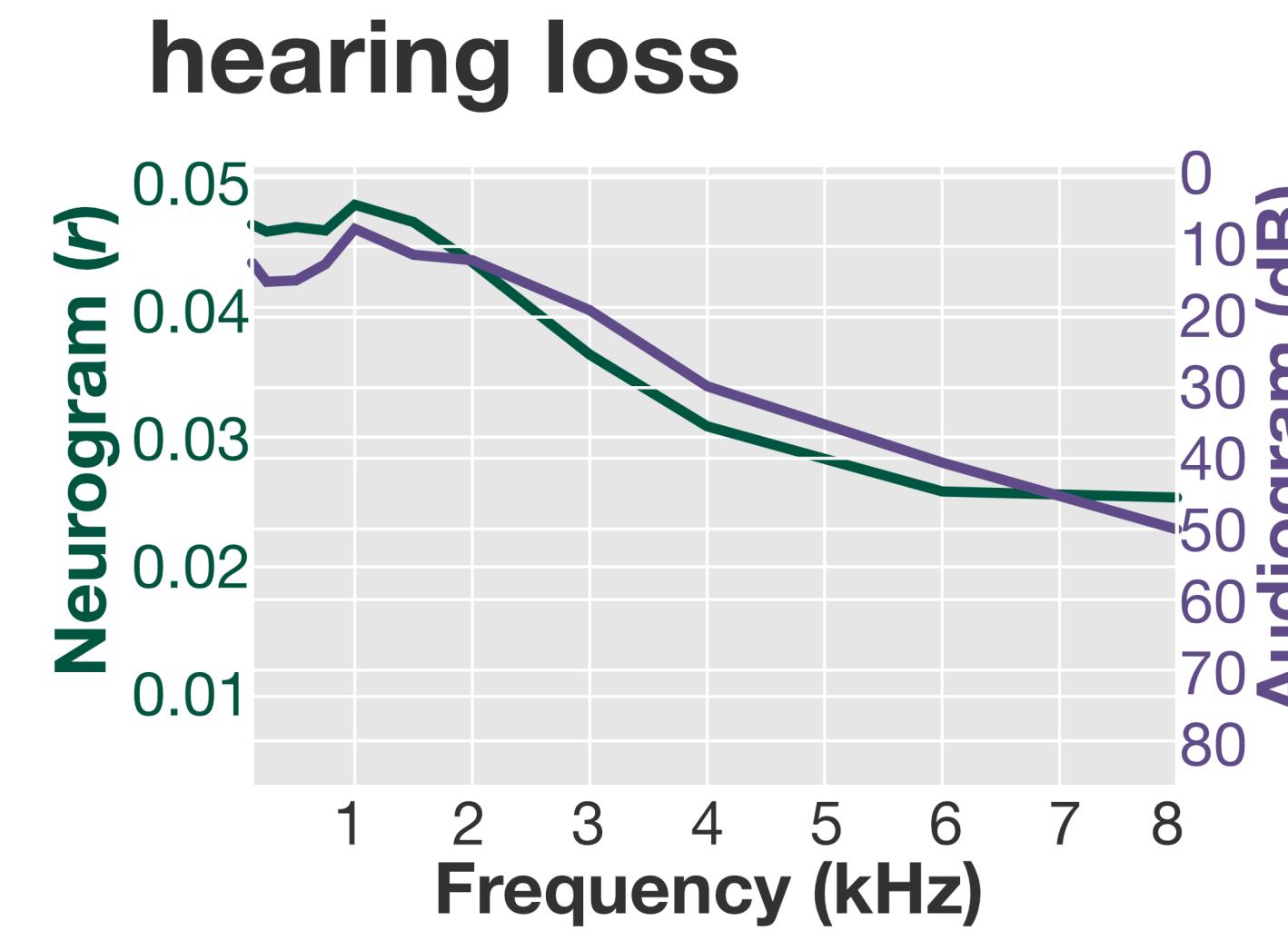
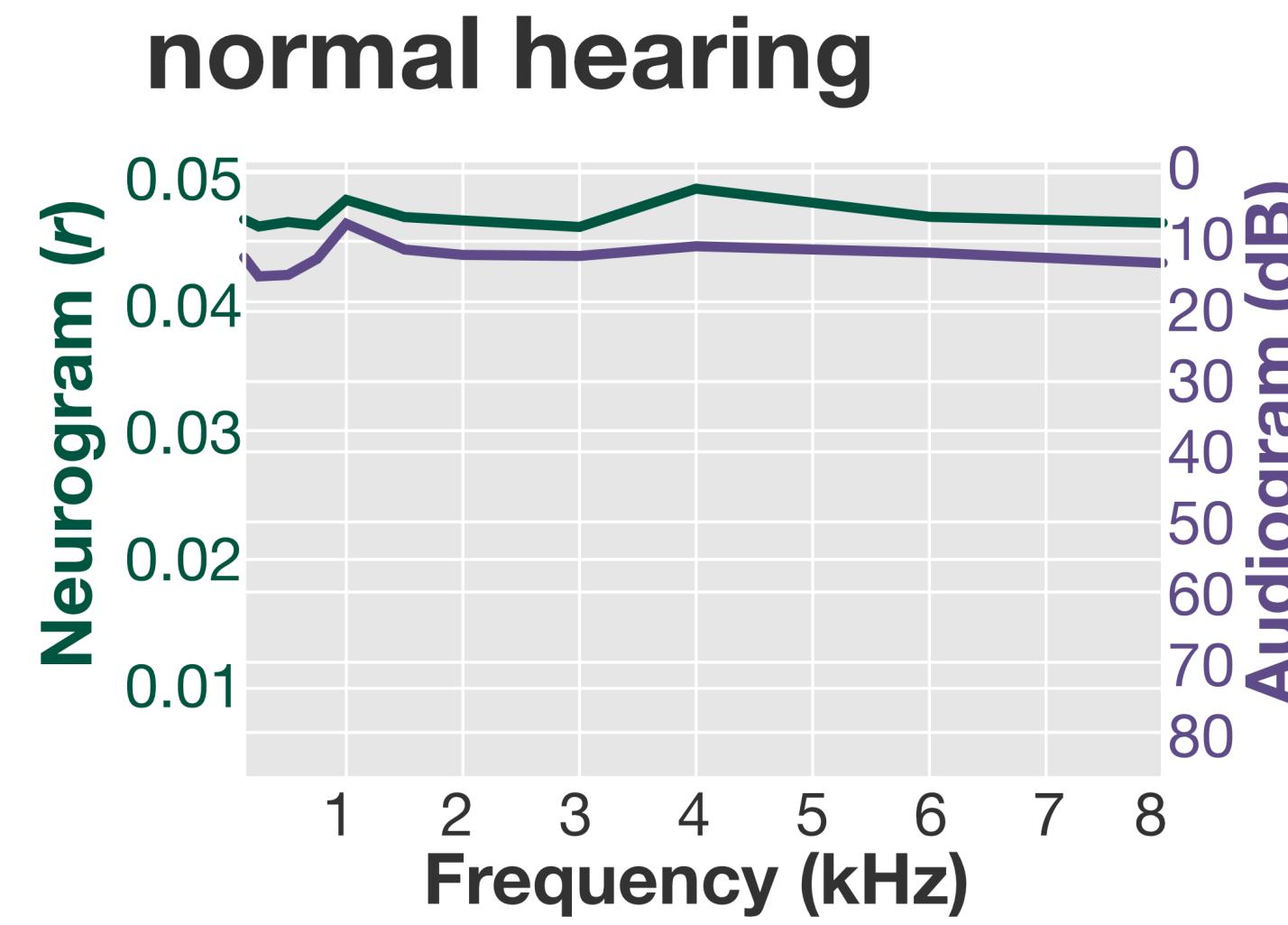
# **The Neurogram**

**A quantification of real-life hearing impairments using  
electrophysiology**

# Predicting acoustic signals from brain activity to estimate hearing loss



# The Neurogram – expected outcomes



# Study design & demographics

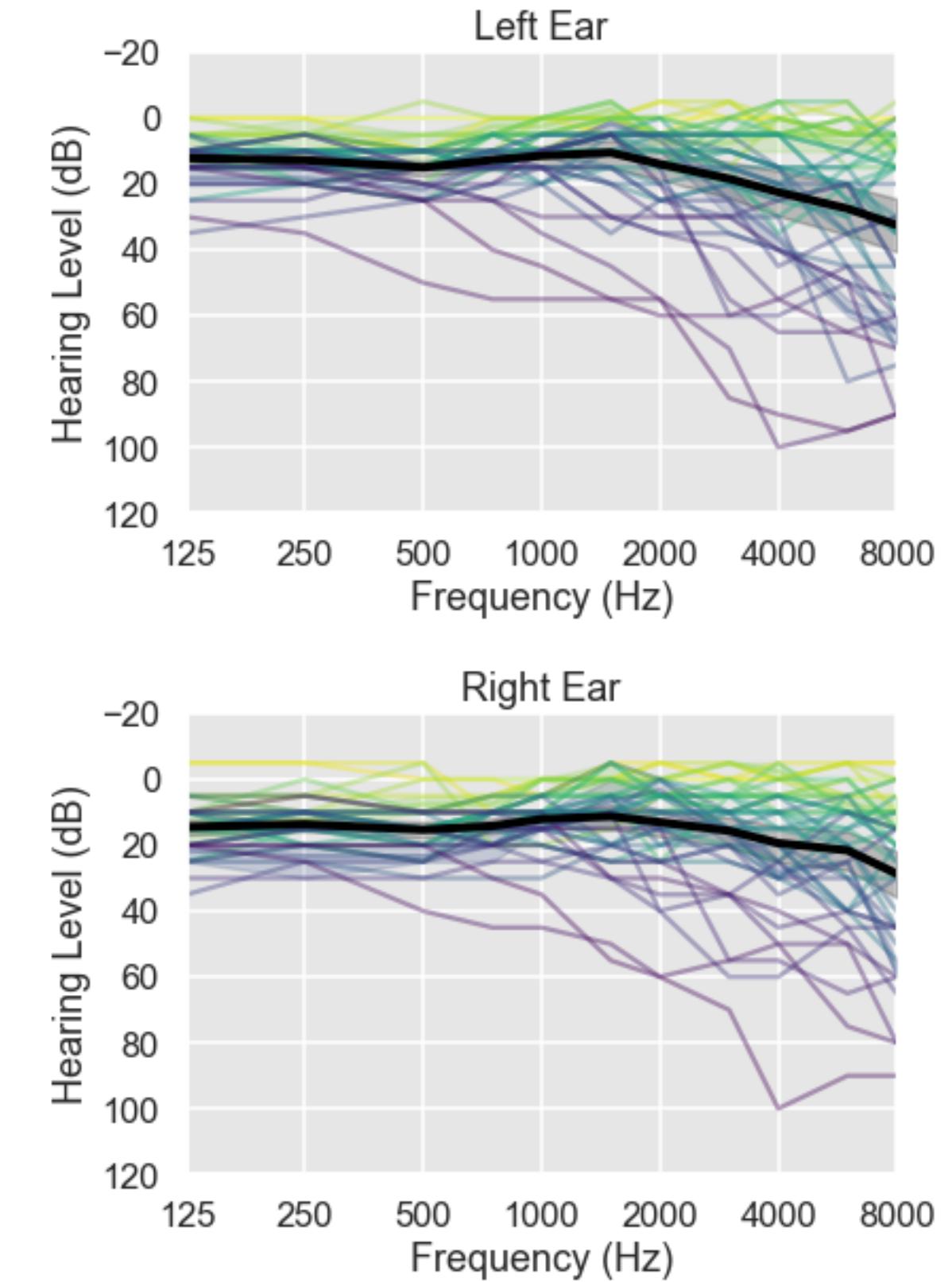
## Subjects

- $N=43$
- Age (years):  $M=43.5$ ;  $SD=18.1$

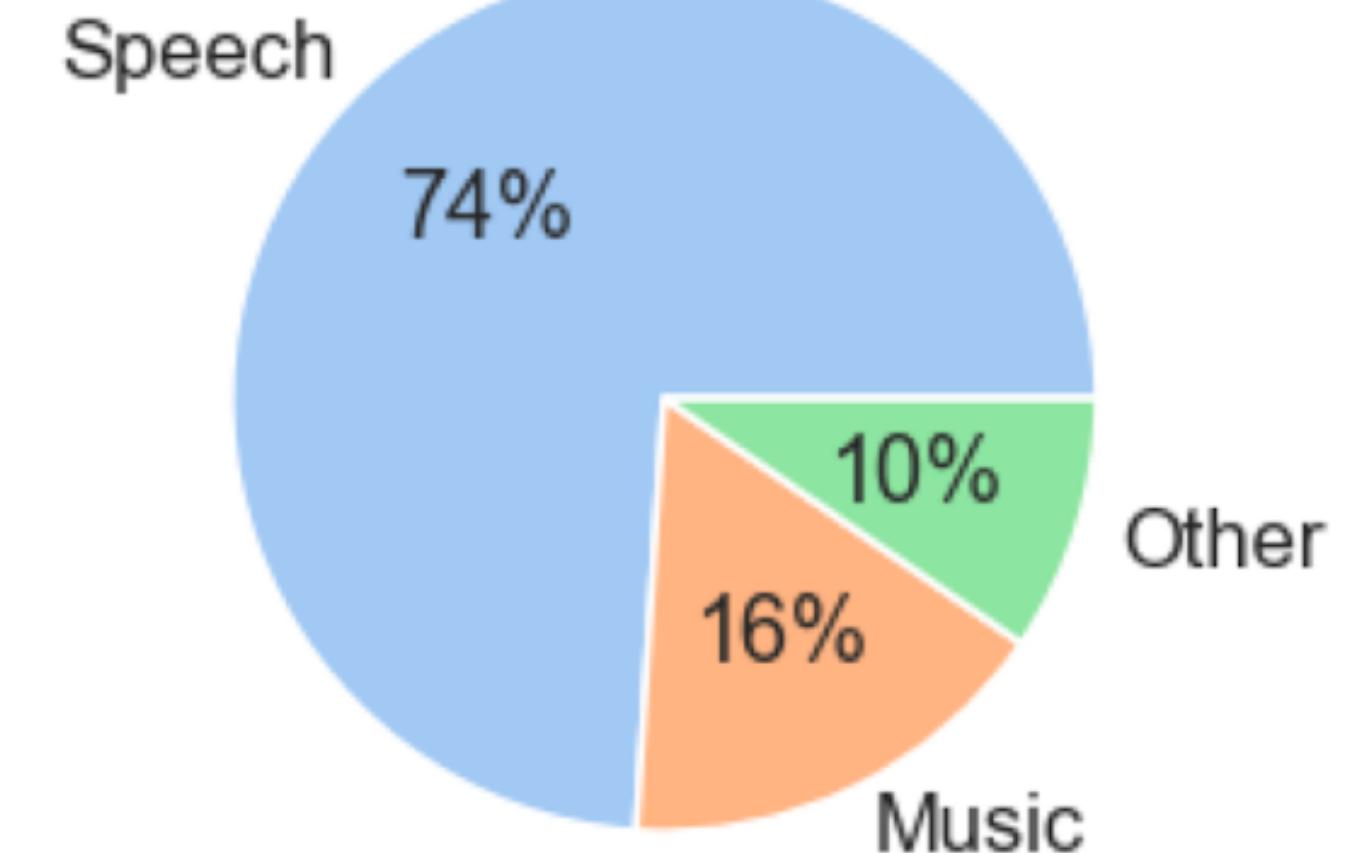
## Design

1. Online Hearing Assessment
2. Pure-Tone Audiometry
3. Radio play

## Pure-Tone Audiometry



Radio play (~20min)



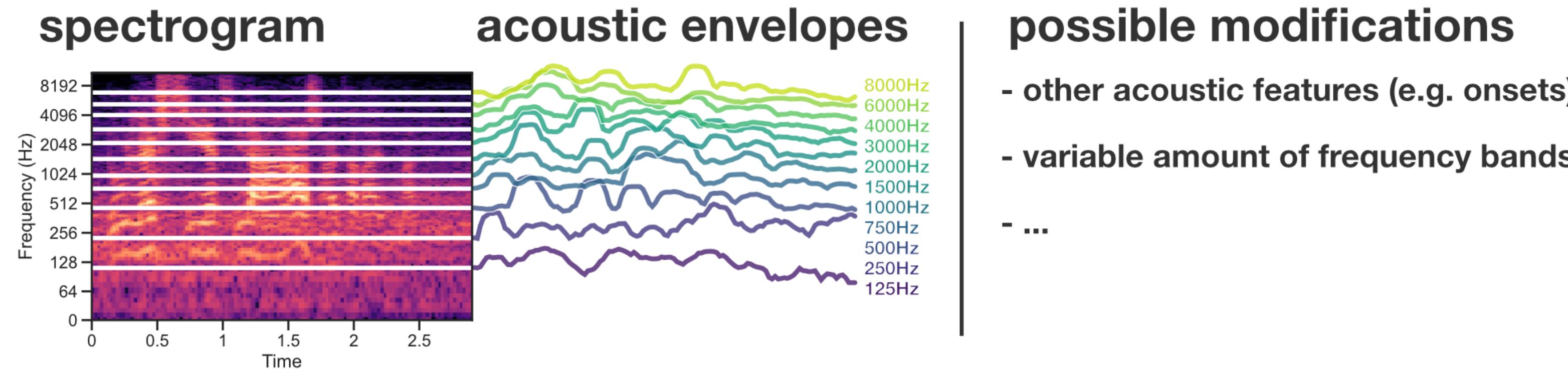
# Brain activity measured using magnetoencephalography (MEG)



- Measures..
  - the magnetic field of electric currents in the brain
  - with millisecond time resolution

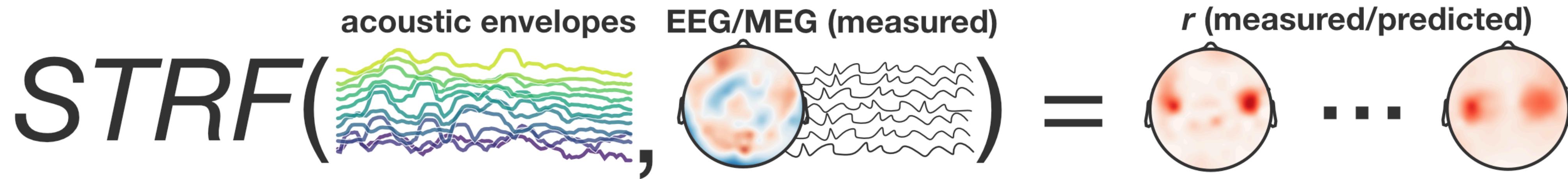
# Neurogram analysis procedure

## 1) Acoustic Feature Extraction



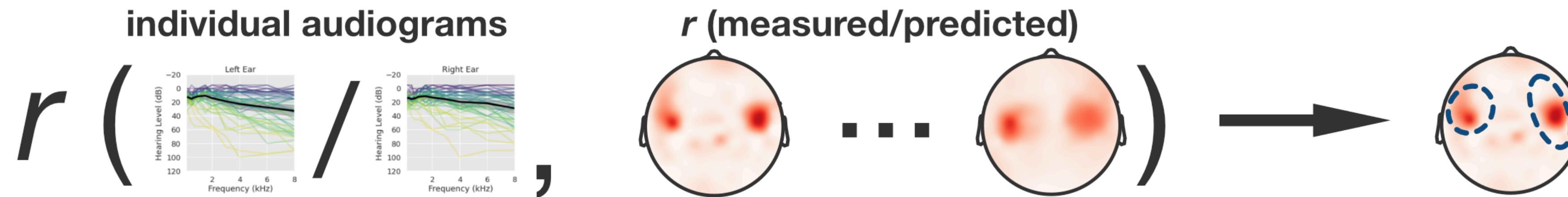
# Neurogram analysis procedure

## 2) Encoding Model



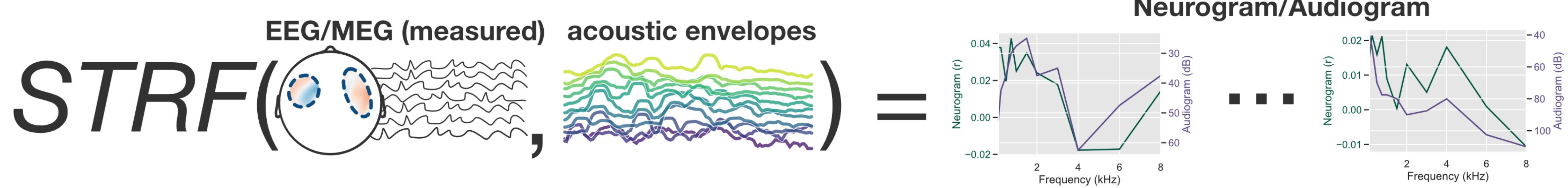
# Neurogram analysis procedure

## 3) Audiogram | EEG/MEG Prediction

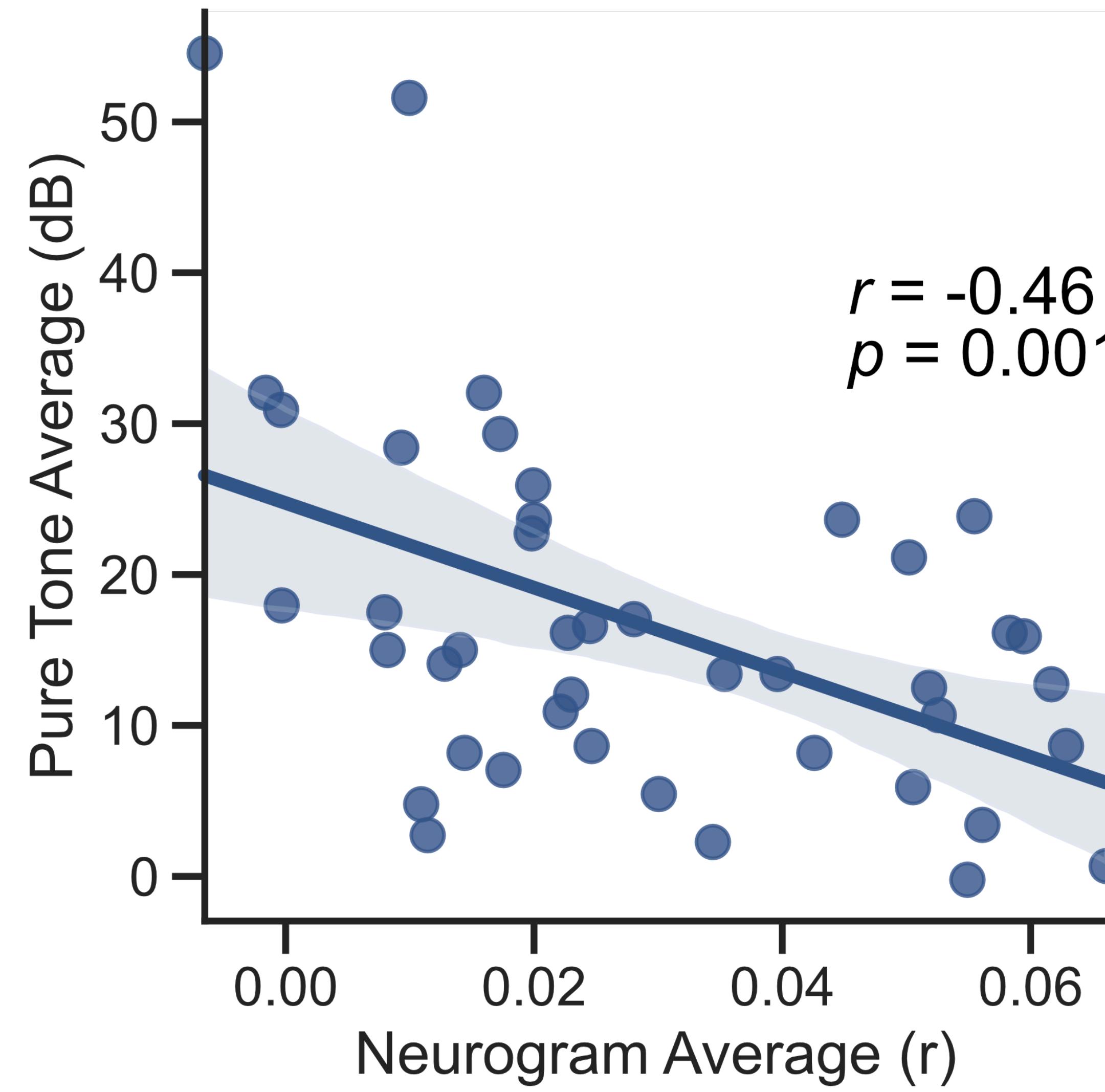


# Neurogram analysis procedure

## 4) Decoding Model

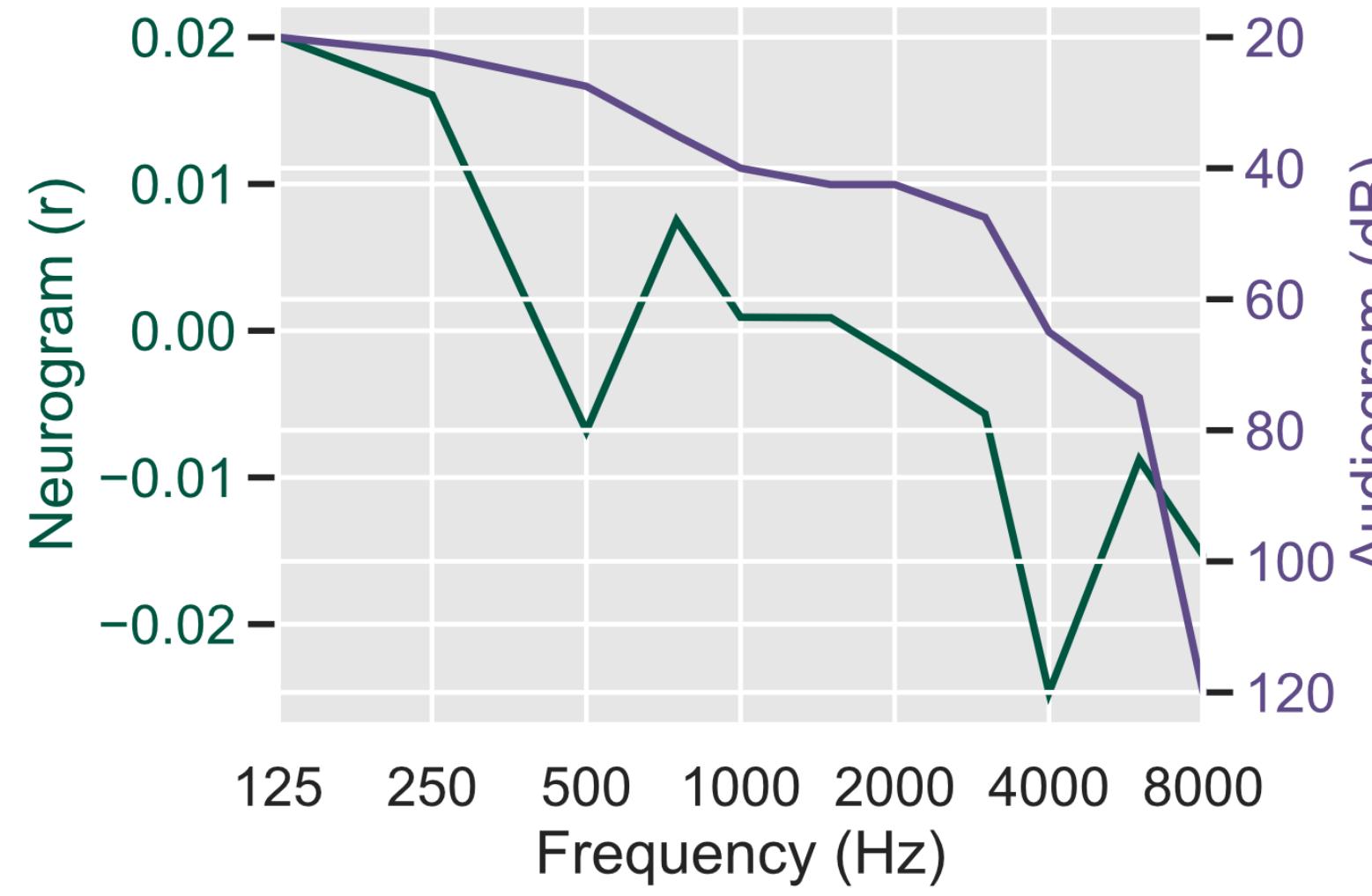


# Neurogram averages are related to Audiogram averages

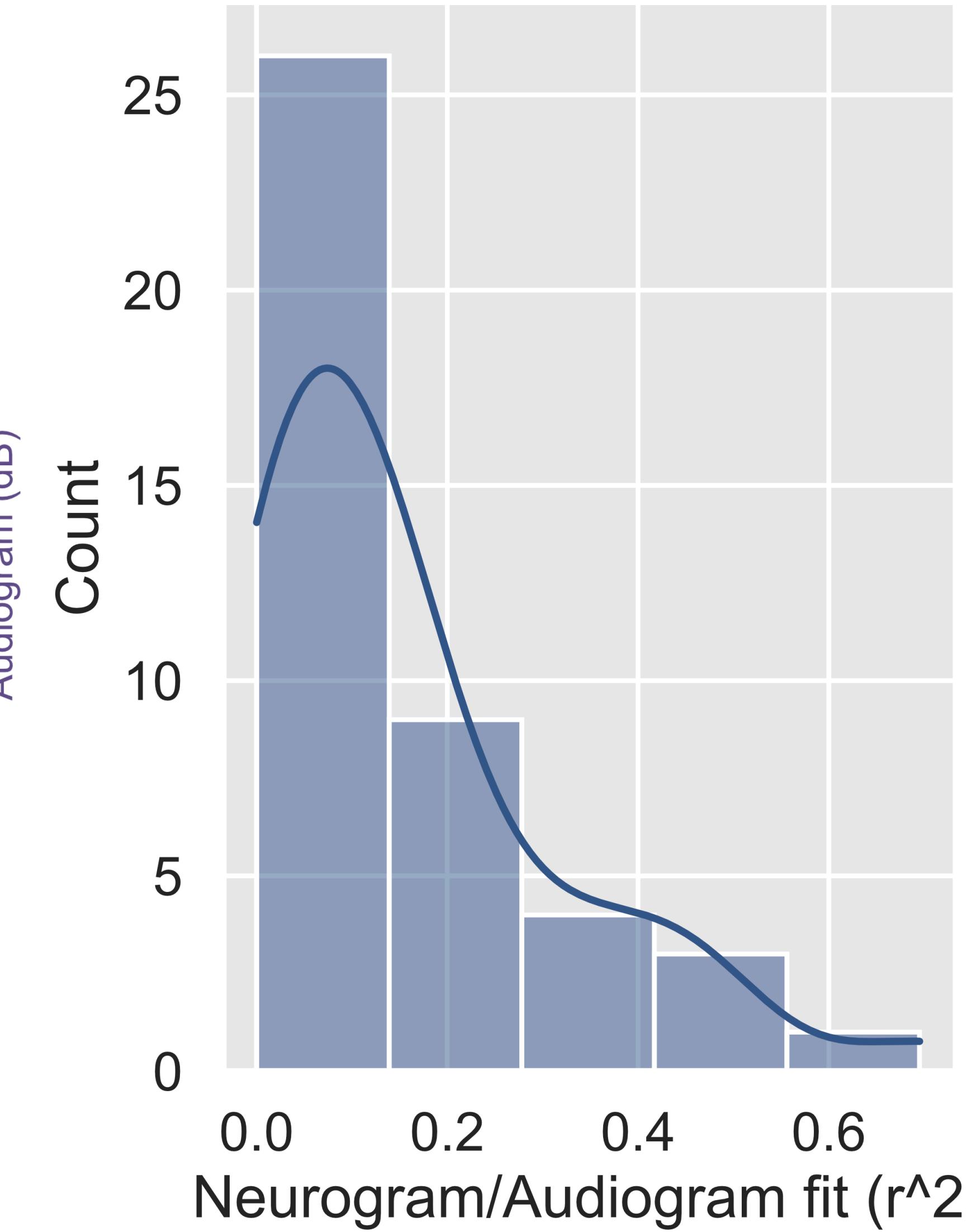
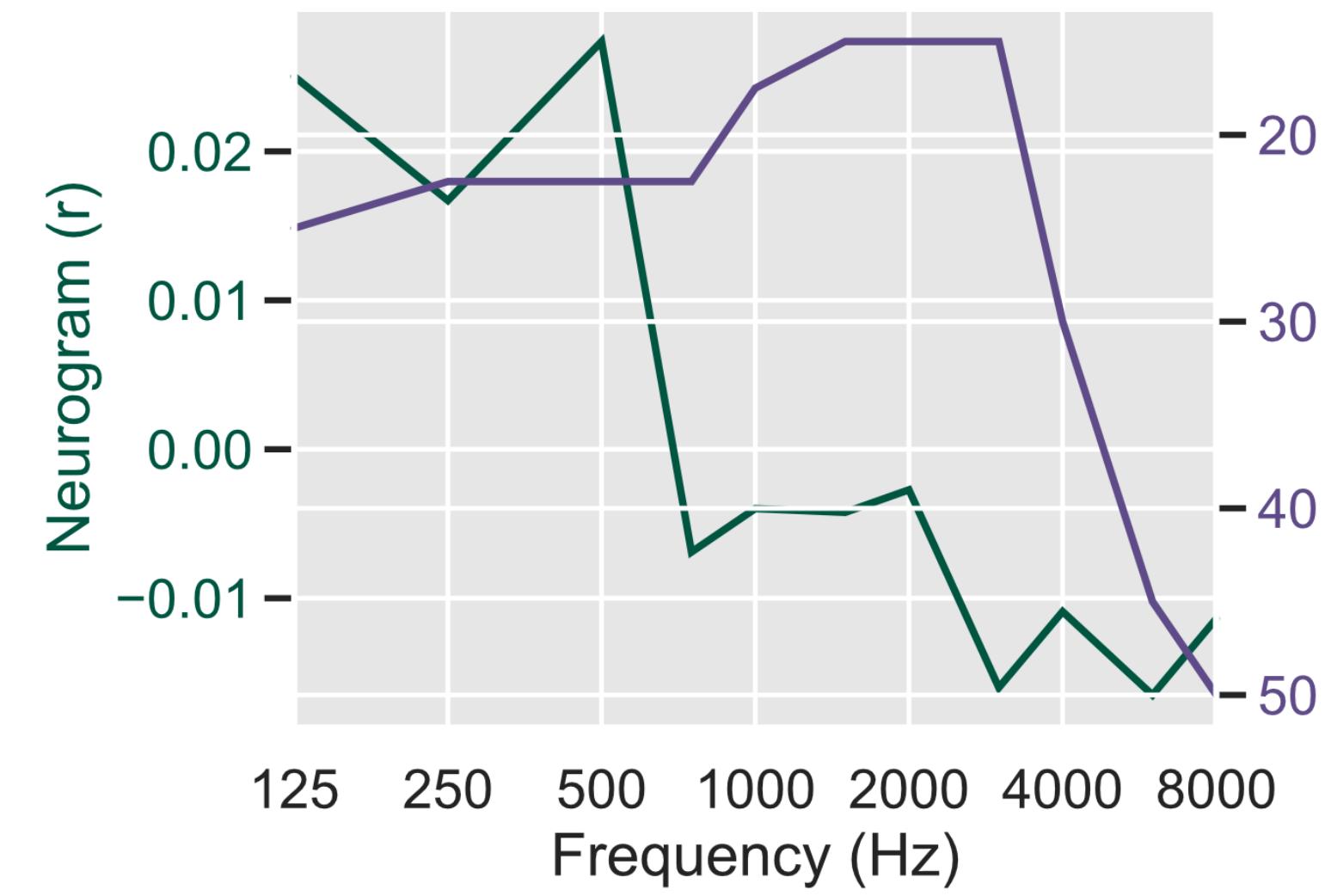


# Discrepancies between Neurogram and Audiogram

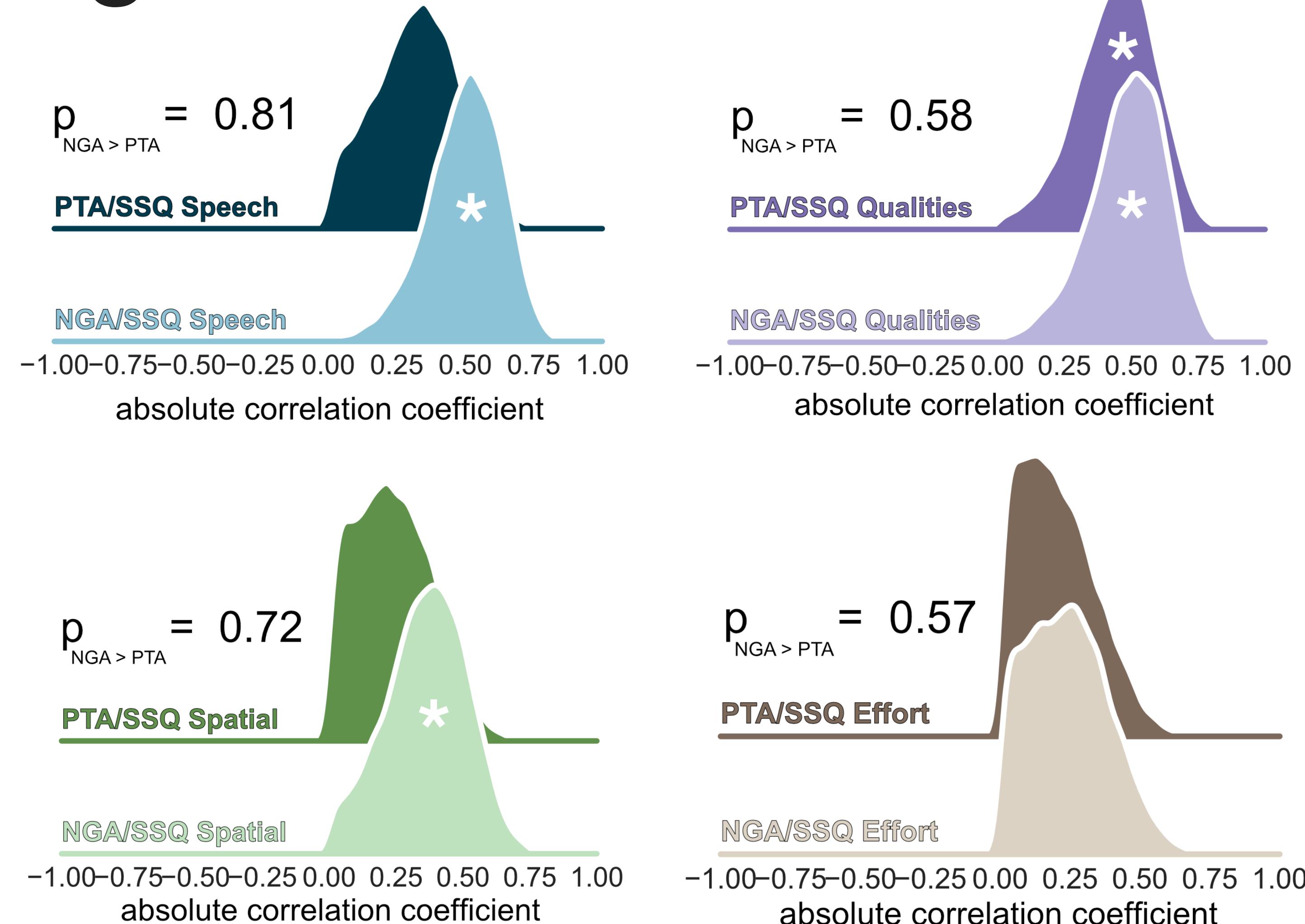
Subject 8



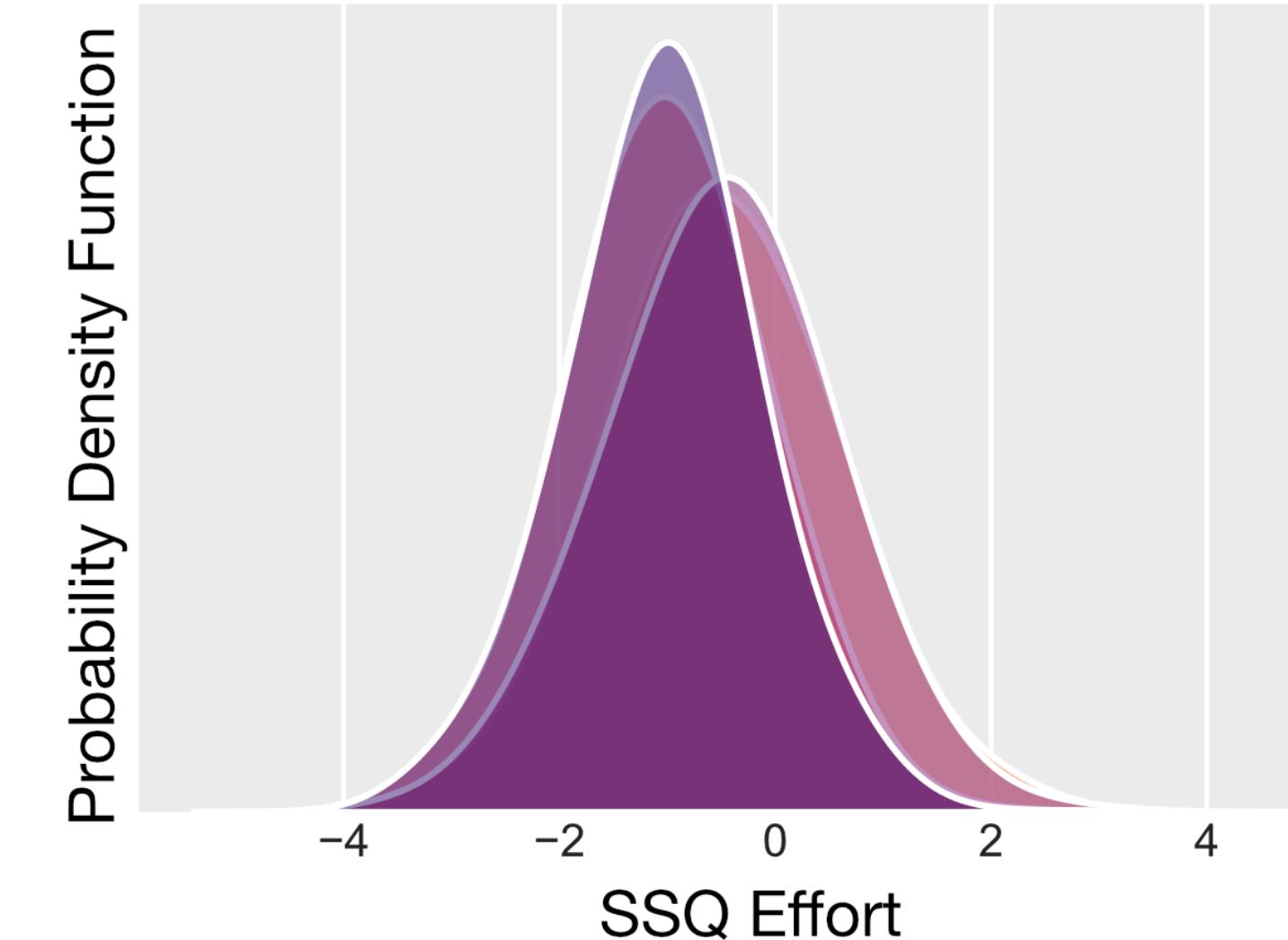
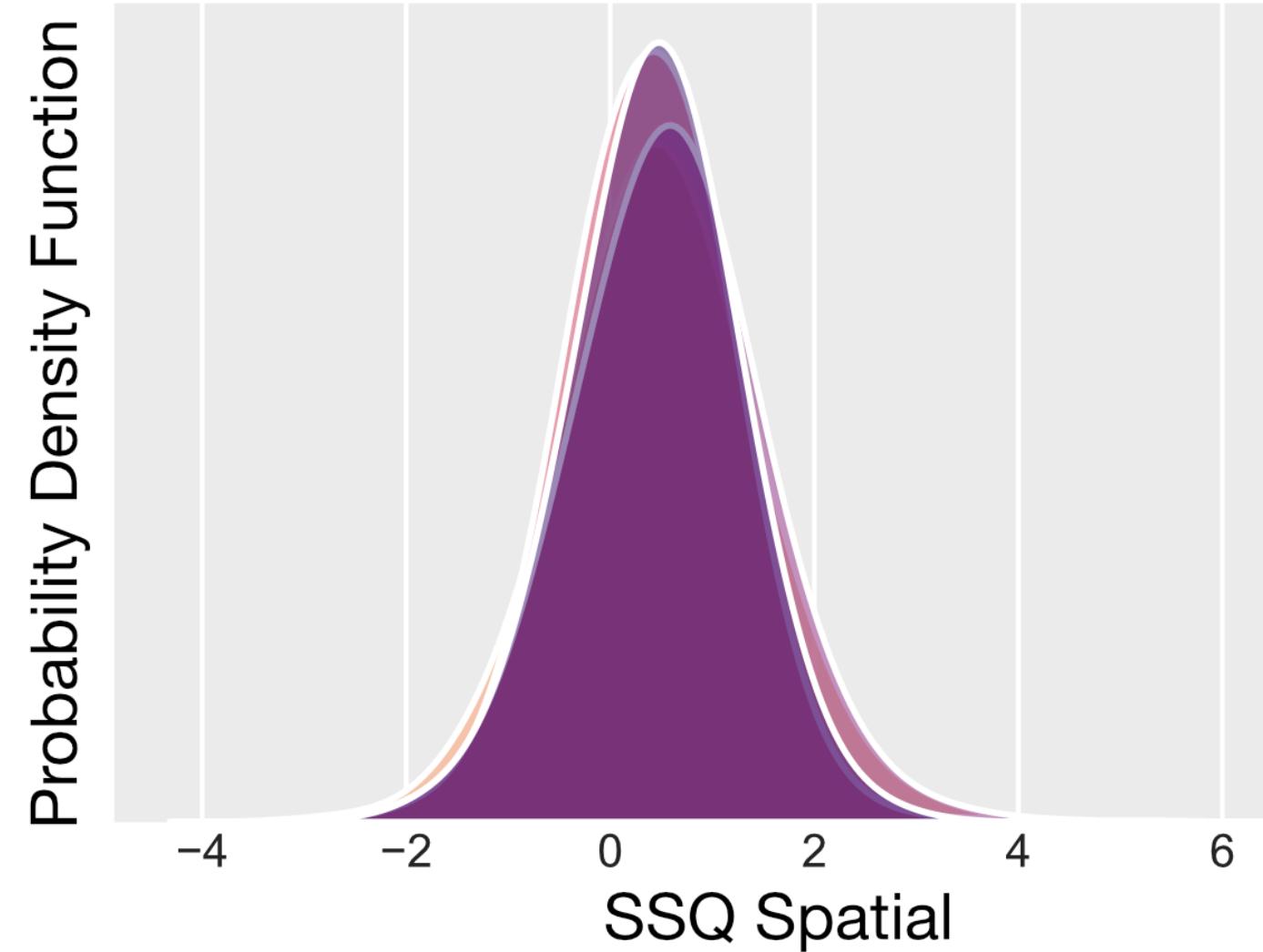
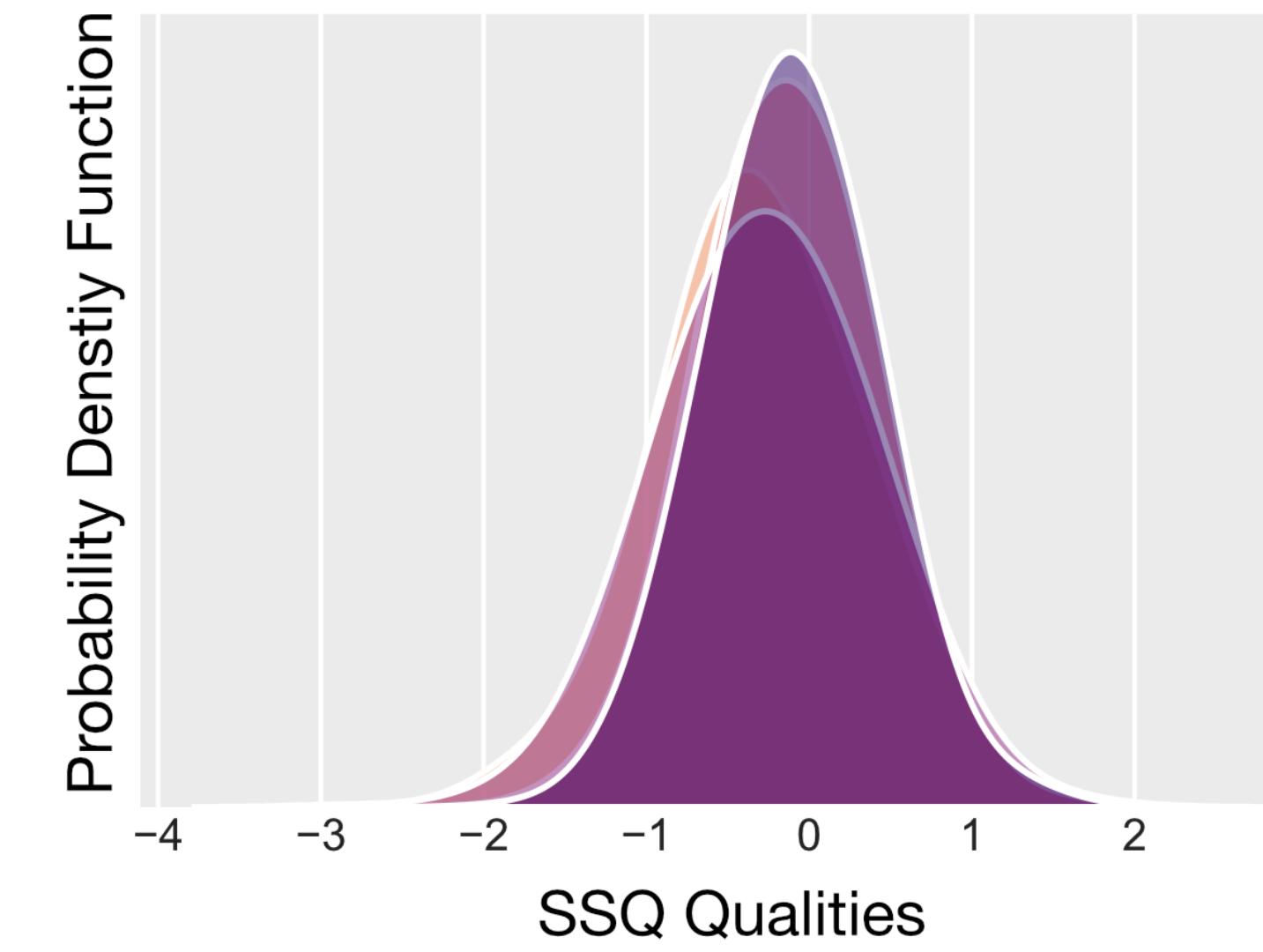
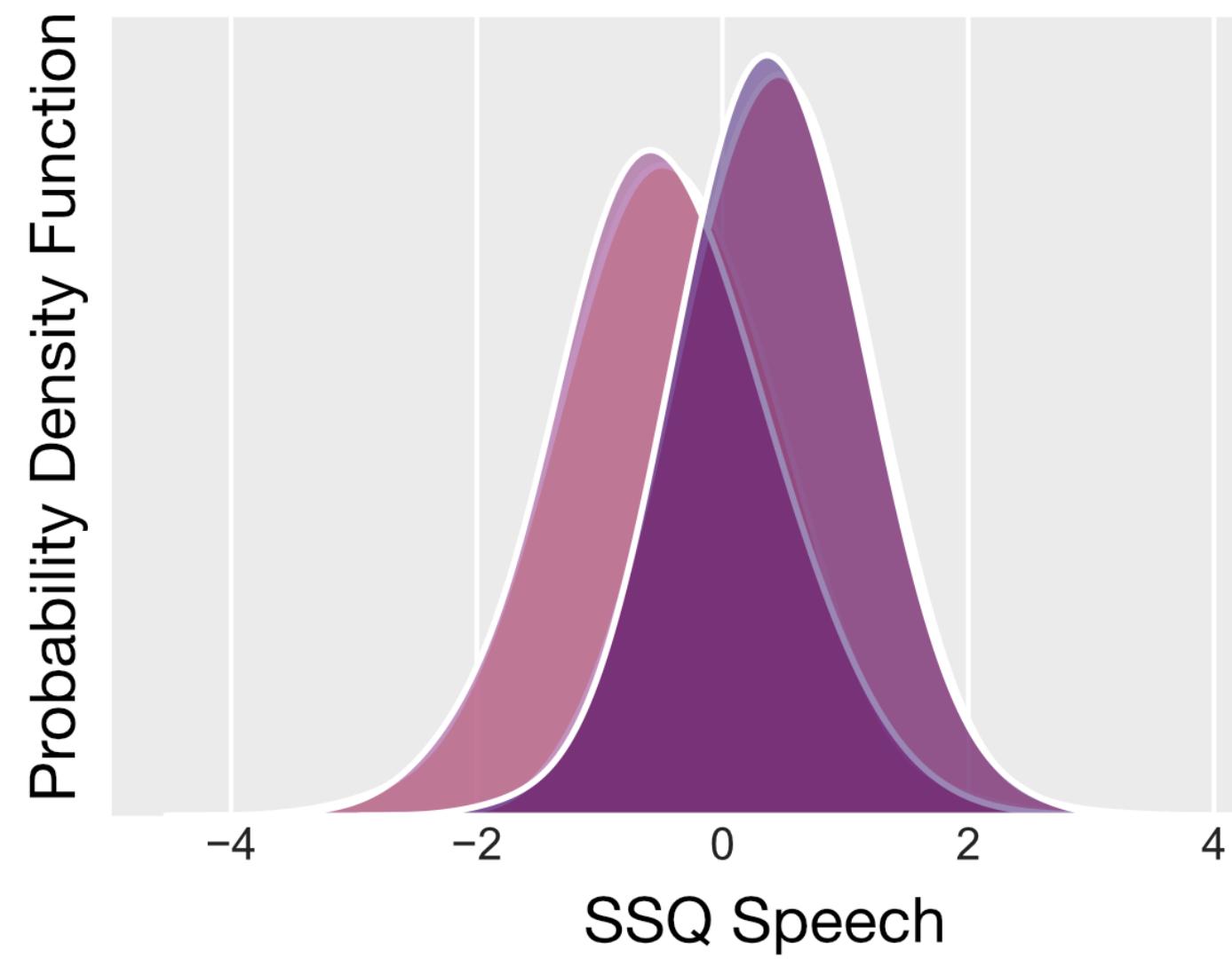
Subject 9



# Neurogram scores are more strongly related to subjective reports of hearing impairment than audiogram scores



# Closing the gap between reported and “measurable” hearing problems



- no hearing loss (self declared)
- tinnitus
- hearing loss + tinnitus

# Acknowledgements

Ronny Hannemann



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Patrick Neff

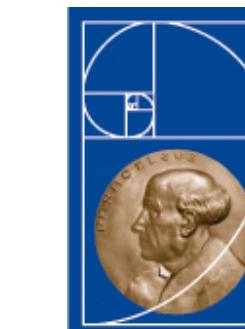


WSAudiology



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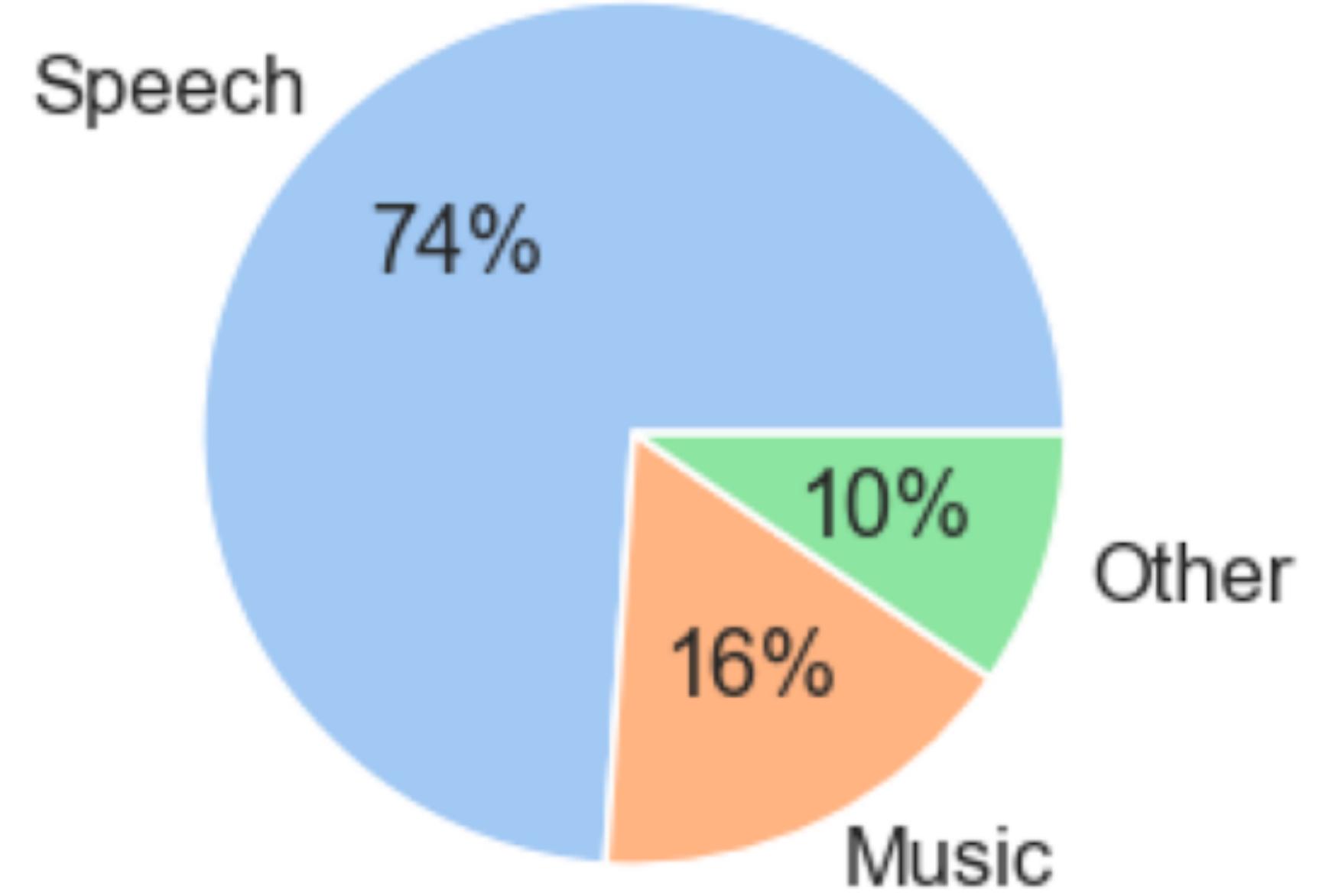
Auditory Neuroscience Group  
Salzburg Brain Dynamics Lab

CCNS  
Centre for Cognitive Neuroscience

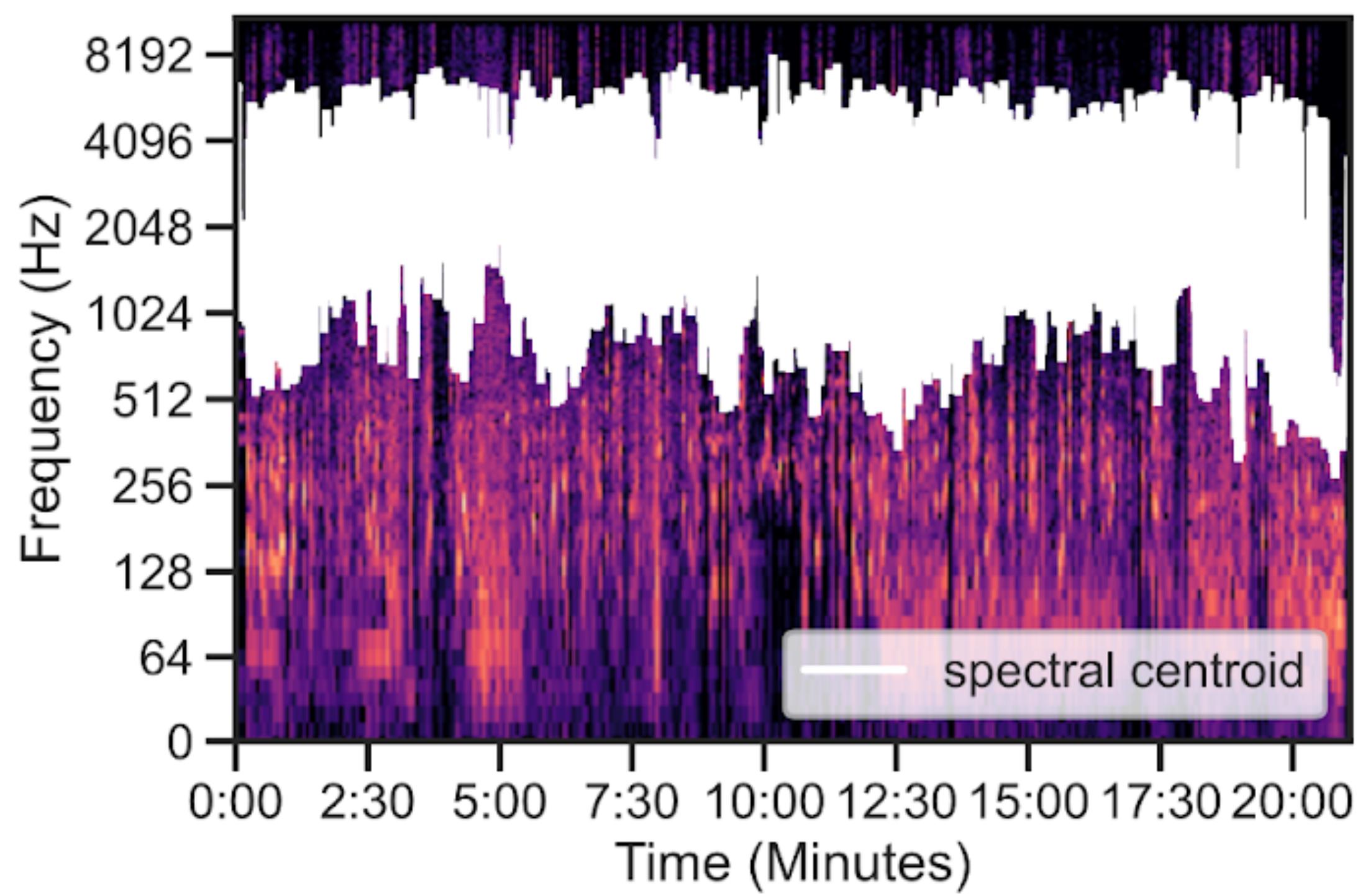
# **Supplementary Information**

# Radio Play audio information

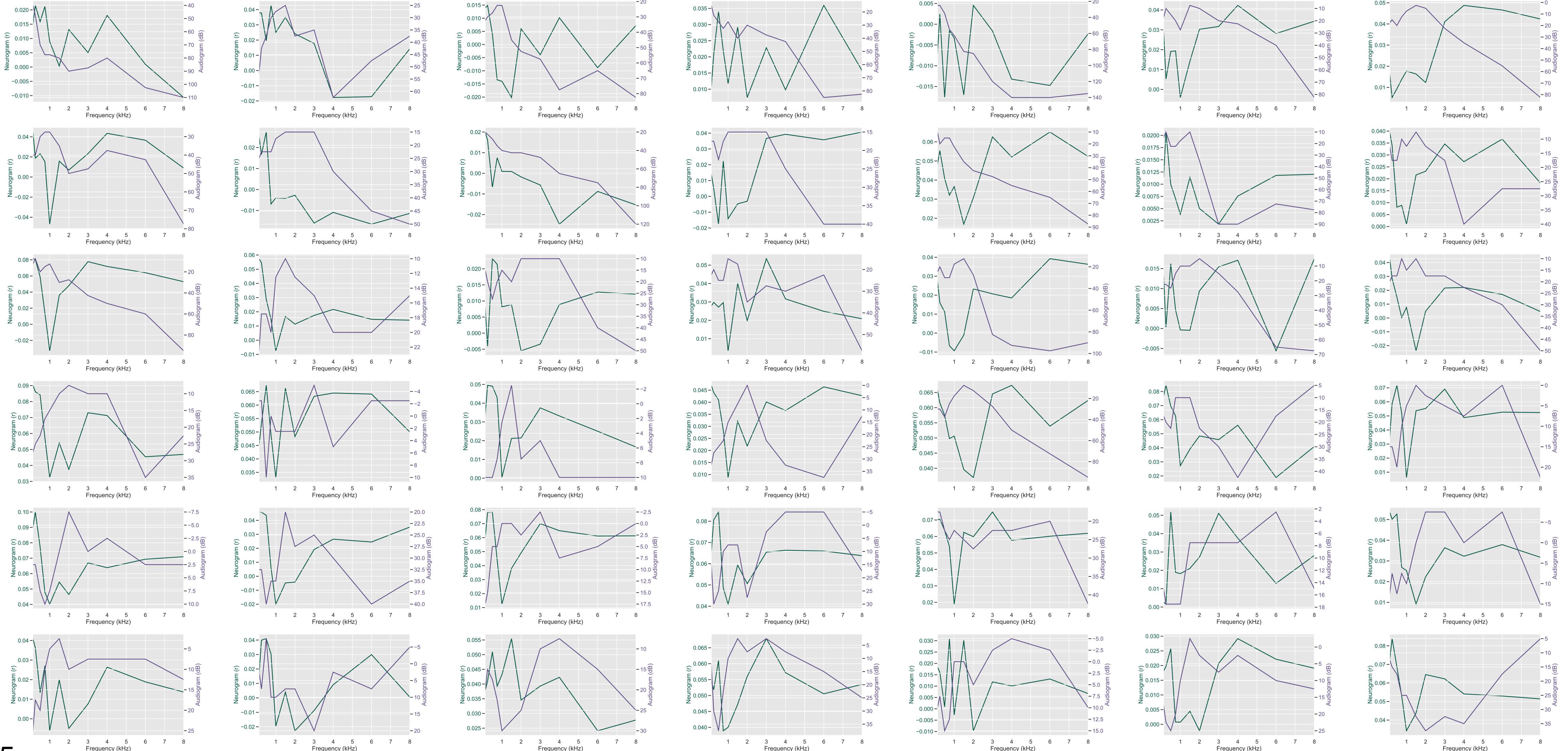
A)



B)



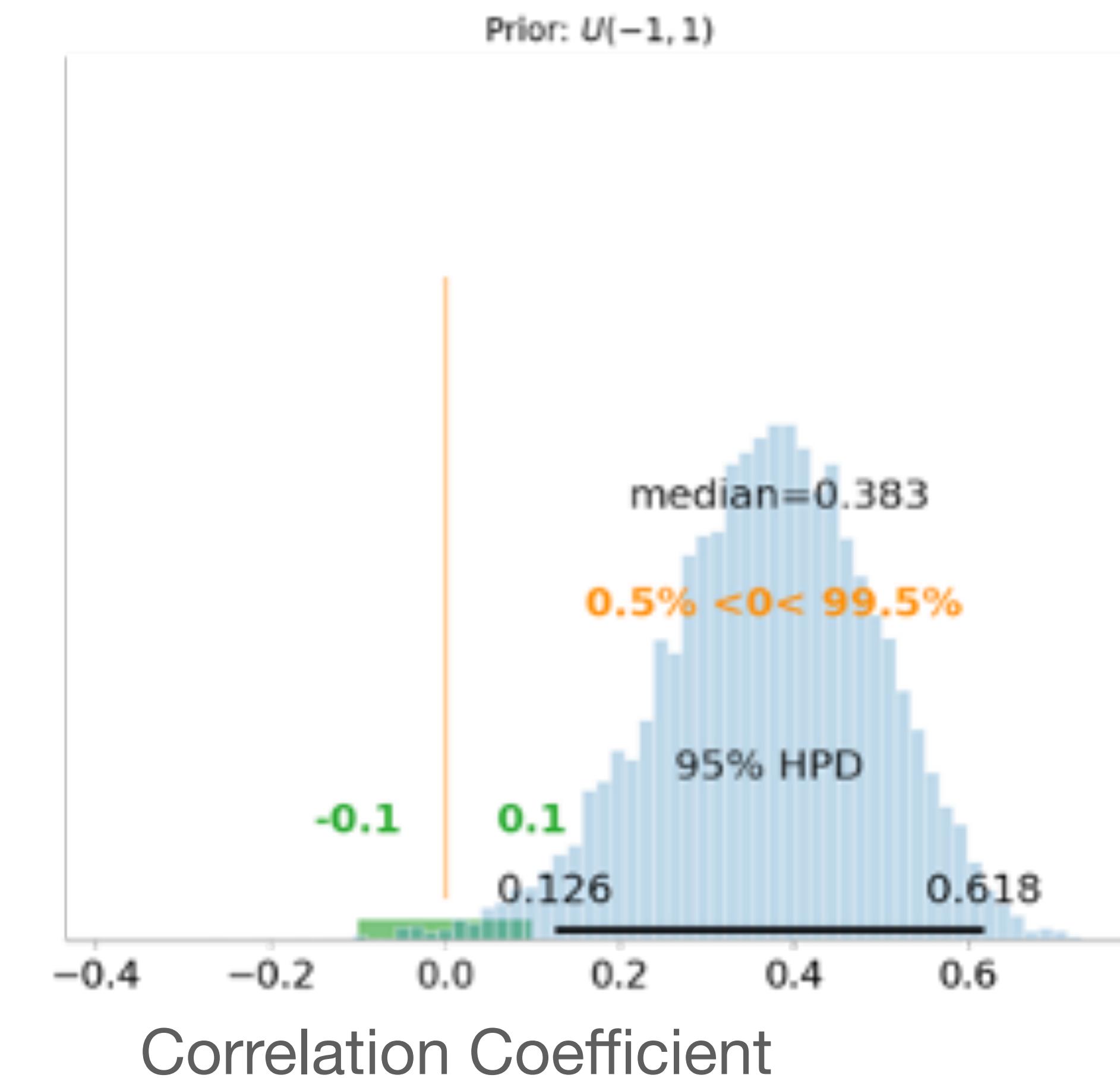
# All Audiograms/Neurograms



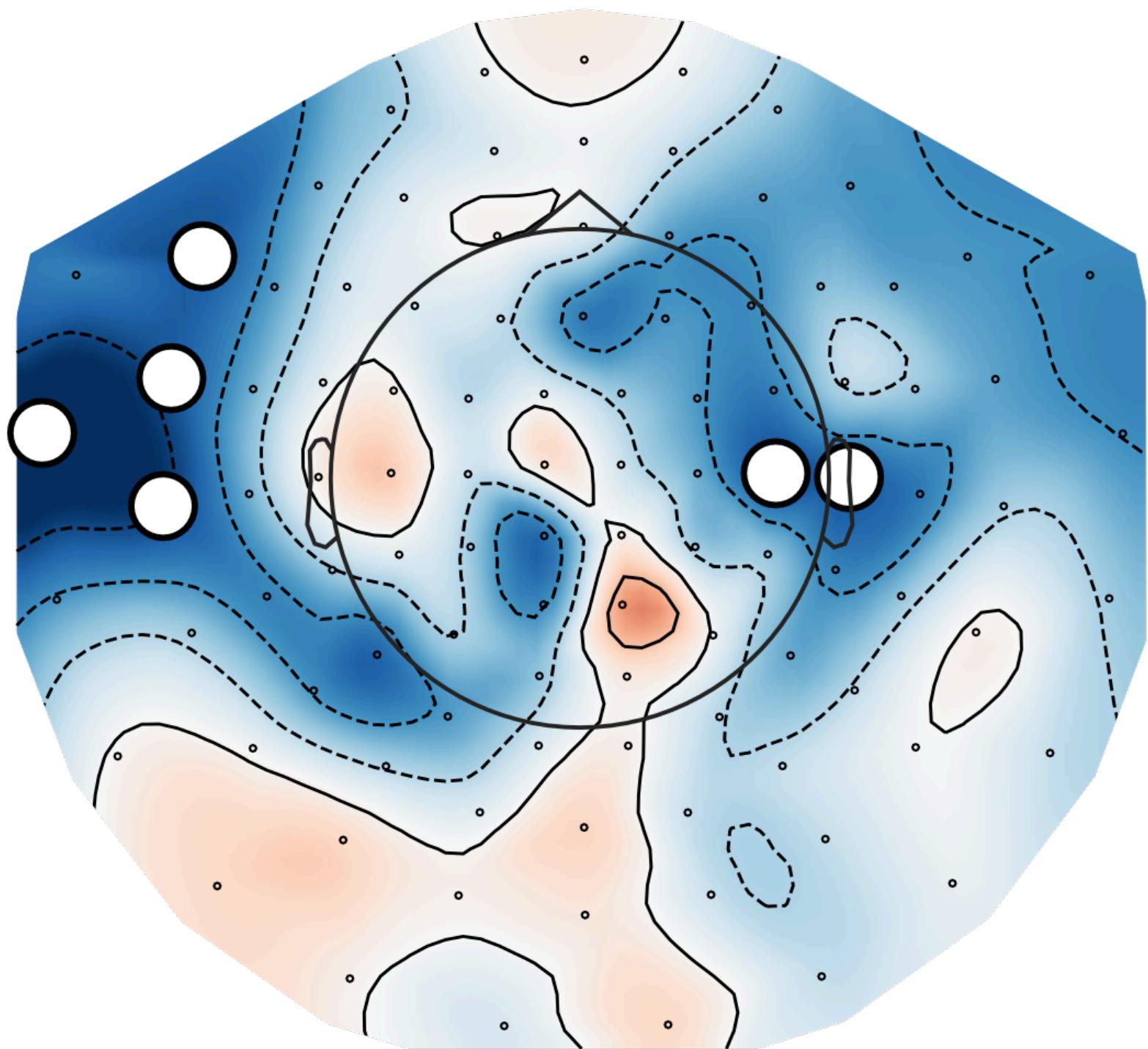
# Primer: Bayesian parameter estimation

- Estimating an unknown parameter  $\theta$
- $\theta$  = Any parameter that we care, but are uncertain about at (e.g. Correlation coefficient, mean, regression coefficient...)

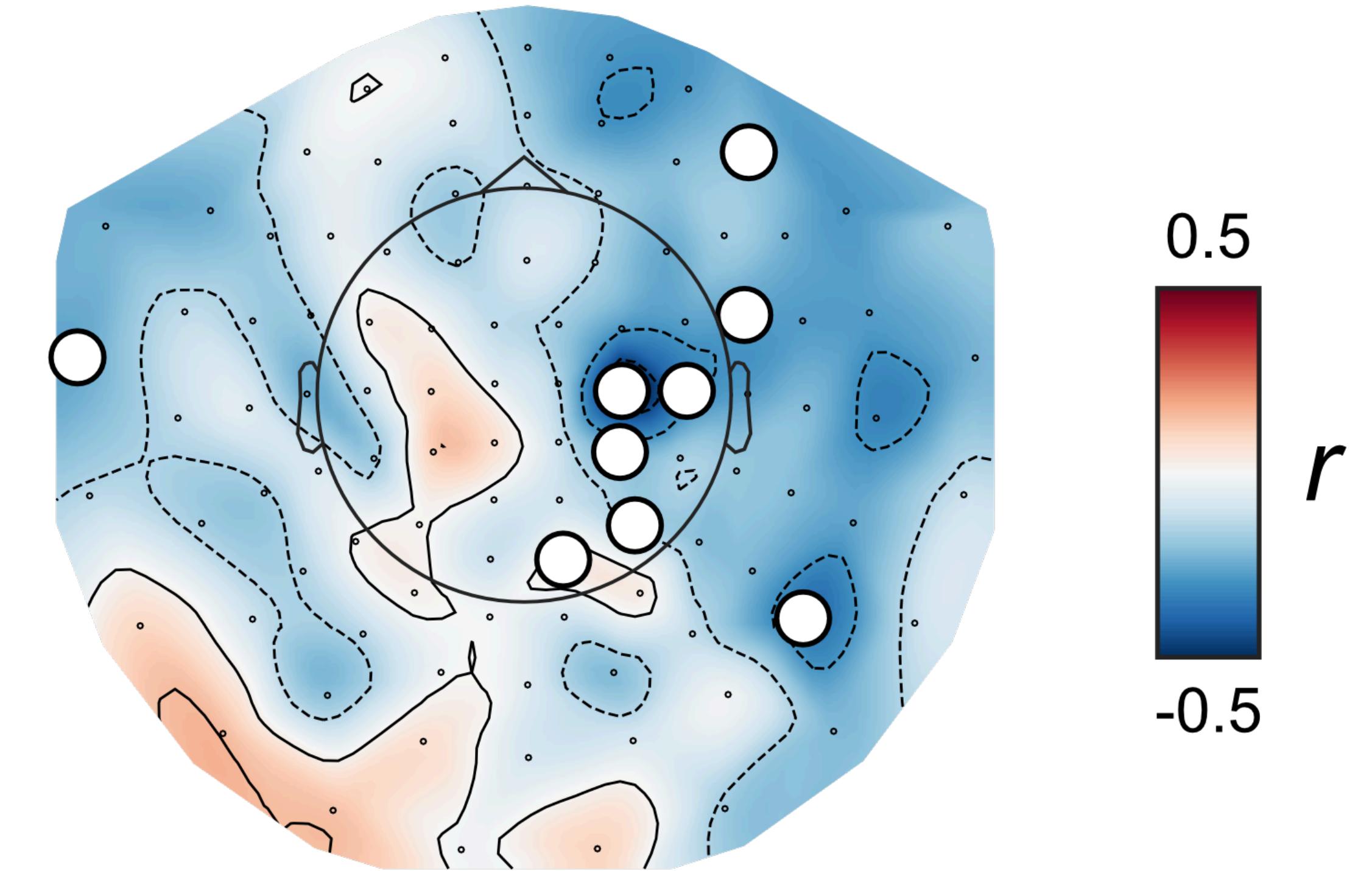
$$P(\theta|D) = \frac{P(D|\theta)P(\theta)}{p(D)}$$



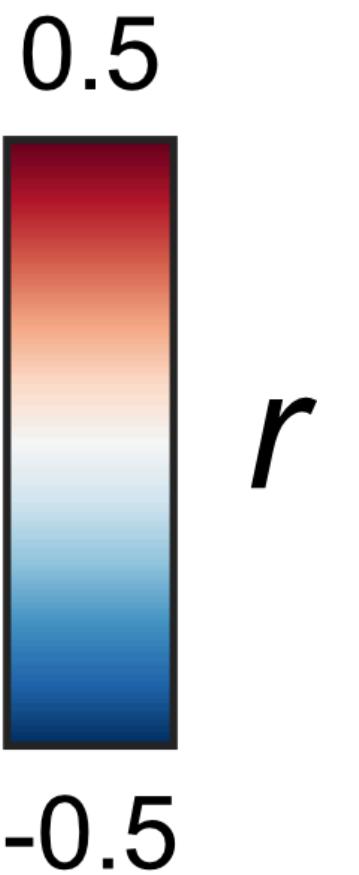
# Spectrogram reconstruction accuracy at selected channels can be related to individual hearing levels



Magnetometers



Gradiometers



# What predicts a strong relationship between Neurogram and Audiogram

- High variance in goodness of fit ( $R^2$ ) between Neurogram and Audiogram across subjects
- Using several predictors (SSQ Scores, Age etc.) to explain the goodness of fit
- Goodness of Neurogram/Audiogram fit is explained best by subjective reports of spatial hearing abilities

