# Minimal Hearing Loss, Grade Failure, and Cognitive Testing in Children

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National Early Hearing Detection & Intervention Conference.
Washington, D.C. February, 2006





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## Purpose

- Estimate the prevalence of unilateral & slight—mild bilateral HL among a nationally representative sample of school-aged children in the U.S. (using working definition).
- Evaluate the relationship between unilateral and mild bilateral hearing loss & grade failure & standardized cognitive tests.





## Background

- NHANES-III (1988-1994): national population-based cross-sectional survey
  - Household interview
  - Laboratory exam
  - Physical exam, including tympanometry & audiometric testing
  - Cognitive testing
- Sample
  - Child version 6908 6-19 years
  - Current study: 5326 6–16 years
  - (cognitive tests normed 6–16 years)





## **Audiological Testing**

Air Conduction 0.5–8 kHz

Tympanometry

Limitation: No bone conduction

# Case Definition for Mild Bilateral Hearing Loss (BHL)

PTA: 0.5, 1, 2 kHz 20–40 dB HL

-OR-

PTA: >25 dB HL at ≥ 2 frequencies
 >2 kHz (i.e. 3, 4, 6, 8 kHz)





# Case Definition Mild Unilateral Hearing Loss (UHL)

- PTA: 0.5, 1, 2 kHz ≥ 20 dB HL
- PTA in good ear < 16 dB</li>

-OR-

- PTA: >25 dB HL at ≥ 2 freq. above 2 kHz
- PTA in the good ear ≤ 25 dB

# Case Definition for Slight Unilateral & Bilateral

#### <u>Unilateral</u>

- PTA: 0.5, 1, 2 kHz 16–19 dB HL in affected ear
- PTA <16 dB HL in normal ear</li>

#### **Bilateral**

PTA: 16–19 dB HL in both ears





### Participants (Mild)

- Age: 6–16 years
- All children with failed tymps. excluded
- Controls: <16 dB PTA both ears</li>N = 5088
- Total with Mild hearing loss: N = 238
- Mild UHL (low & hi freq): N = 194
- Mild BHL (low & hi freq): N = 44





### **Participants**

- UHL Mild (low freq): N = 138
- UHL Mild (high freq): N = 56
- Bilateral Mild (low freq): N = 29
- Bilateral Mild (high freq): N = 15
- UHL (slight low freq) N = 139
- Bilateral (slight low freq) N = 15





# Prevalence for children in the general U.S. population aged 6–16 years (weighted proportions)

- Total MHL: 4.10% (95% CI: 3.03%— 5.42%) ~1.7 million
- Unilateral (hi & low): 3.40% (95% CI: 2.46–4.64) ~1.4 million
- Bilateral (hi & low): .70% (95% CI: .40–1.12) ~284,000





# Prevalence for children in the general U.S. population aged 6–16 (weighted proportions)

- Unilateral (low): 2.35% (95% CI: 1.54 3.58) ~994,000
- Unilateral (high) 1.00% (95% CI: .67 1.58) ~434,000
- Bilateral (low): .40% (95% CI: .23 .80)
   ~181,000
- Bilateral (high) .20% (95% CI: .10 –.57) ~103,000



# Prevalence for children in the general U.S. population aged 6–16

(weighted proportions)

- Total Slight (low): 2.7% (95% CI: 2.1–3.5)
   ~1.14 million
- Unilateral Slight (low): 2.5% (95% CI: 1.96–3.4) ~1.0 million
- Bilateral Slight (low) .20% (95% CI: .08–.37) ~73,400





### **Outcome Variables**

- Failed at least one grade
- Wechsler Intelligence Scale for Children-Revised (WISC-R)
  - Block Design
  - Digit Span
- Wide Range Achievement Test-Revised (WRAT-R)
  - Reading
  - Math





#### Results: WISC-R & WRAT-R

- All analyses controlled for:
  - Sex
  - Age (6-11 years/12-16 years)
  - Rural/Urban code
  - Race (Black/White/Other)
  - Test Language (English/Spanish)
  - Poverty

## Proportion of Children with Mild Hearing Loss who Failed at Least One Grade

Controls	Unilateral	Bilateral
16.80 14.37–19.45	24.89 16.37–35.94	N too small, Standard Errors too large





# Odds Ratios for Proportion of Children with Mild Hearing Loss Who Failed at Least One Grade

Unilateral Mild	Bilateral Mild
VS.	VS.
Controls	Controls
OR = 1.65	N too small,
.97–2.79	<b>Standard Errors</b>
P<.10	too large





## Proportion of Children with Slight-Mild Hearing Loss who Failed at Least One Grade

Controls	Slight-Mild Unilateral	Slight-Mild Bilateral
16.8	22.1	15.5
14.4–19.6	15.1–30.5	4.9–39.7





# Odds Ratios for Proportion of Children with Slight-Mild Hearing Loss who Failed at Least One Grade

Unilateral Mild	Bilateral Mild
vs.	vs.
Controls	Controls
OR = 1.40	OR = .91
.83-2.35	.25-2.72
P<.23	P<.88



# Proportions & Odds Ratios for Children with Mild Hearing Loss > 2 SD Below Test Norms

 Estimates were too unstable to interpret due to small Ns and large Standard Errors





# Proportion of Children with Mild Hearing Loss >1 SD Below Test Norm

	Controls	Unilateral Mild	Bilateral Mild
Block	15.70	30.98	2.26
Design	13.84–17.76	19.94–44.72	.47–10.13
Reading	31.55	38.60	17.40
	28.81–34.43	28.33–49.99	7.13–36.64
Math	29.23	33.08	15.78
	26.82–31.75	22.80–45.28	13.90–17.87





## Odds Ratios for Proportion of Children with Mild Loss >1 SD Below Test Norm

	<b>Unilateral Mild</b>	Bilateral Mild
	VS.	VS.
	Controls	Controls
	OR = 2.41	N too small,
Block Design	1.38–4.21 P<.01	Standard Errors too large
Reading	OR = 1.36 .85-2.18 P<.18	N too small, Standard Errors too large
Math SERVICES CASE	OR = 1.20 .74-1.92 P<.43	N too small, Standard Errors too large



# Proportion of children with Slight-Mild Hearing Loss >1 SD below test norm

	Controls	Unilateral Mild	Bilateral Mild
Block	15.70	26.10	33.16
Design	13.84–17.76	17.86–36.45	16.96–54.64
Reading	31.55	36.90	39.57
	28.81–34.43	27.36–47.58	20.95–61.80
Math	29.23	35.35	39.14
	26.82–31.75	27.90–43.59	20.42–61.72





## Odds Ratios for Proportion of Children with Slight–Mild Loss >1 SD Below Test Norm

	Unilateral Mild vs.	Bilateral Mild vs.
	Controls	Controls
Block Design	OR = 1.90 1.17-3.07 P<.02	OR = 2.65 1.09-6.48 P<.07
Reading	OR = 1.41 .58-3.42 P<.43	OR = 1.36 .85-2.18 P<.18
Math	OR = 1.32 .95–1.85 P<.10	OR = 1.55 .60-4.00 P<.37



## **Discussion**

- There are ~1.7 million children in the U.S. aged 6-16 with mild unilateral or bilateral HL according to the working definition used in this study.
- There are an additional ~1.14 million children in the U.S. aged 6-16 with slight unilateral or bilateral HL





### **Discussion**

- Children (6-16) with UHL or slight-mild bilateral HL may be at higher risk to score 1SD below the norm on the Block Design subtest of the WISC
  - Subtests that require visual & auditory processing may require different administration





### Conclusion

- Some children in this sample may have underlying deficit(s) related to etiology (analyses to be done).
- Testers should be aware child has HL
- Defining a profile of children with UHL or slight-mild bilateral HL who are at risk for failure on standardized tests could be an important focus for clinicians and researchers





## **Future Studies**

- Future studies will compare the prevalence and cognitive test results using two different definitions of hearing loss.
- These results will demonstrate the influence of the case definition in hearing loss research.
- Implications for research and practice will be discussed.





## **Questions?**

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**Thank You!** 



