Editorial

Two Ears, Two Aids? Well, Yes and No!*

In a memorable scene from Alice's Adventures in Wonderland, the Knave of Hearts is on trial for the theft of tarts. The King of Hearts asks the jury for its verdict, but the Queen of Hearts objects. "No, no!" she says, "Sentence first – verdict afterwards." In the arena of binaural hearing aids, many audiologists echo the stance of the irascible queen. Sentence first (two aids for everyone), verdict afterwards (are two aids really better than one for this patient?).

In this issue of JAAA, authors Strouse Carter, Noe, and Wilson suggest that this simple formula may not apply to all users of amplification. In the article "Listeners Who Prefer Monaural to Binaural Hearing Aids," they summarize findings on four individuals who preferred monaural to binaural amplification. Despite symmetric audiometric thresholds and word recognition scores in quiet, none were able to use binaural amplification effectively. "After several months of hearing aid use, each listener reported that the hearing aids were not satisfactory, especially in the presence of background noise, and that they performed better using one hearing aid rather than two."

Using the one-, two-, and three-pair dichotic digits test, the authors found that, in each case, there was a marked left-ear deficit in both the free-recall and directed-recall modes. In all cases, left-ear deficits were dramatic. For the three-digit pairs, ear differences in the directed-recall mode ranged from 45 to 73 percent. The authors then evaluated four different amplification strategies on the four individuals. In all cases, word recognition in the presence of background competition was better when only the right ear was aided than when both ears were aided. Only an FM system with remote microphones resulted in better binaural than monaural performance.

These findings should be sobering to all audiologists engaged in the fitting and dispensing of amplification systems. They argue against the blanket application of slogans and simplistic solutions based on the assumption that all hearing-impaired persons are alike. It is the audiologist's responsibility to determine what form of intervention is most appropriate for each individual client.

*For a more complete development of this concept, see Jerger J, "Two Ears, Two Aids? Well, Yes and No," on Audiology Online (www.audiologyonline.com).

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