

Effect of Frequency-Place Mapping on Speech Intelligibility: Implications for a Cochlear Implant Localization Strategy

²⁾ ENT-Department, Vienna University Hospital, Austria

Matthew J. Goupell¹, Bernhard Laback¹, Piotr Majdak¹, and W. D. Baumgartner² ¹⁾ Acoustics Research Institute, Austrian Academy of Sciences, Austria

CIAP 2007

Conference on Implantable Auditory **Prostheses**

Granlibakken Conference Center Lake Tahoe, CA

INTRODUCTION

Sound localization is mostly performed by two sets of cues: interaural cues (time and level differences) for the horizontal plane and spectral cues (peaks and notches) for the vertical plane. The spectral localization cues have higher frequencies (4-16 kHz) than the most important speech information (<4 kHz).

To implement spectral cues in a localization strategy, several problems in cochlear implants (CI) must be overcome:

- Much poorer frequency resolution (12-20 channels in the best cases)
- Limited frequency range (upper frequency boundary ~10 kHz)
- Reduced sensitivity to spectral peaks and notches (see Poster D30)

Implementation of a sound localization strategy should not hinder the primary function of a CI, which is to return speech understanding to the deaf or profoundly hearing-impaired. Superimposing spectral peaks and notches on speech may cause a degradation in speech understanding. However, it may be possible to keep the speech information separated from spectral localization information by presenting them to different electrodes.

The main purpose of this study is to find if there is EXTRA speech information or EXTRA electrodes used in current CI stimulation strategies. If so, altering the frequency-to-place mapping may allow for the inclusion of spectral cues without hindering speech understanding.

METHODS

1. Processing

- The frequency-to-place mapping was altered by varying the upper frequency boundary (M) while holding the lower frequency boundary fixed at 300 Hz (see Fig. 1). The number of electrodes (N) was covaried.
- \blacktriangleright Upper frequency boundary (M) : 4 = 0.9 kHz, 6 = 1.6 kHz, 8 = 2.7 kHz, 12 = 8.5 kHz, 14 = 16 kHz
- \blacktriangleright Number of electrodes (N) : 4, 6, 8, 10, 12
- 18 conditions tested (see Fig. 2)



2. Subjects

3. Conditions

• Four SNRs: quiet, +10 dB, +5 dB, and 0 dB

4. Procedure

- adjective, object)
- 90 sentence blocks
- \succ 10 warm-up in quiet
- \succ 20 × 4 SNRs = 80
- Random order

RESULTS

1. Matched Conditions (M = N): Fig. 3



Corresp. Author: Matthew Goupell, Acoustics Research Institute, Austrian Academy of Sciences, Wohllebengasse 12-14, A-1040 Wien, Austria http://www.kfs.oeaw.ac.at **E-Mail:** matt.goupell@gmail.com

- (with 2 exceptions for NH listeners).
- not hold the lower frequency boundary fixed (e.g. Baskent and Shannon, 2004)
- effect. CI data does not show this interaction.
- than adding spectral content or electrodes.



- **3.** Extended frequency range $(M_{14}N_{12})$
- This condition contains frequencies up to 16 kHz, important for localization cues
- Significant decreases for CIs, not NHs. Reason for decrease in CIs? (Insert your explanation here.)
- Octave shift for most basal electrode is -0.88 octaves, just greater than -0.77 octaves shown to not give significant decreases for other unmatched conditions
- For CI listeners, frequencies up to 14.5 kHz could be used, which yields spectral shifts of not more than 0.77 octaves

Table 1: Results for extended frequency range conditions.

CI	M ₁₂ N ₁₂		M ₁₄ N ₁₂			
SNR (dB)	Average	Stand. Dev.	Average	Stand. Dev.	Difference	p-value
Quiet	90.57	8.79	79.29	13.50	11.29	0.047*
+10	87.86	9.19	72.14	15.14	15.71	0.020*
+5	76.86	15.94	61.86	22.14	15.00	0.087
0	56.86	16.22	36.43	26.44	20.43	0.056
NH	М	₁₂ N ₁₂	М	₁₄ N ₁₂		
NH SNR (dB)	M Average	₁₂ N ₁₂ Stand. Dev.	M Average	14N12 Stand. Dev.	Difference	p-value
NH SNR (dB) Quiet	M Average 98.50	12N12 Stand. Dev. 1.76	M Average 98.67	14N12 Stand. Dev. 1.03	Difference -0.17	p-value 0.846
NH SNR (dB) Quiet +10	M Average 98.50 98.00	12N12 Stand. Dev. 1.76 1.55	M Average 98.67 97.83	14N ₁₂ Stand. Dev. 1.03 1.17	Difference -0.17 0.17	p-value 0.846 0.838
NH SNR (dB) Quiet +10 +5	M Average 98.50 98.00 96.67	12N12 Stand. Dev. 1.76 1.55 3.01	M Average 98.67 97.83 95.17	14N12 Stand. Dev. 1.03 1.17 4.45	Difference -0.17 0.17 1.50	<u>p-value</u> 0.846 0.838 0.511
NH SNR (dB) Quiet +10 +5 0	M Average 98.50 98.00 96.67 85.33	12N12 Stand. Dev. 1.76 1.55 3.01 4.08	M Average 98.67 97.83 95.17 88.33	14N ₁₂ Stand. Dev. 1.03 1.17 4.45 3.98	Difference -0.17 0.17 1.50 -3.00	<u>p-value</u> 0.846 0.838 0.511 0.227

• 7 CI listeners and 6 NH listeners using a CI simulation

• OLSA Sentences: 5 word German nonsense sentences (name, verb, number,



• Saturation in performance with increasing N (p = 0.05 level)

 \blacktriangleright High-performance CIs: N = 8 all SNRs (upper left panel Fig. 3)

Low-performance CIs: performance variable (bottom panels Fig. 3)

 \blacktriangleright NHs: N = 8 in quiet, N = 10 for 10, 5, 0 dB SNRs (upper-right panel Fig. 3)

• Eight channels agrees with Garnham et al. (2002) that holds both upper and lower frequency boundaries fixed and Baskent and Shannon (2005) that holds the upper frequency boundary fixed. Thus, number of necessary channels seems independent of type of spectral manipulation.

• NH data corresponds well with speech intelligibility index (SII)

- **3.** These results seem promising for some electrodes can be used as "speech electrodes" and the others as "spatial electrodes" in a Cl sound localization strategy. This will be very important if there is an interaction between spectral cues and speech understanding.

REFERENCES

- 1. Garnham, C., O'Driscoll, M., Ramsden, R., and Saeed, S. (2002). "Speech understanding in noise with a Med-El COMBI 40+ cochlear implant using reduced channel sets," Ear Hear. 23, 540-552.
- 2. Baskent, D., and Shannon, R. V. (2005). "Interactions between cochlear implant electrode insertion depth and frequency-to-place mapping," J. Acoust. Soc. Am. 117, 1405-1416.
- 3. Baskent, D., and Shannon, R. V. (2004). "Frequency-to-place compression and expansion in cochlear implant listeners," J. Acoust. Soc. Am. 116, 3130-3140.

We thank Mr. M. Mihocic for running experiments. We also thank the CI listeners for their enthusiastic participation in this study. The equipment for direct electrical stimulation was provided by MED-EL Corp. This research was supported by the Austrian Science Fund (Project P18401-B15) and the Austrian Academy of Sciences.