

The Value of Audiologists During the Hearing Aid Fitting Process: Real-Ear Measurement (REM)



Verifying a Hearing Aid Fitting with REM Administered by an Audiologist Improves Communication and Hearing Aid Outcomes.

})) Speech Intelligibility

Individuals who received a REM-verified fitting, compared to default settings, experienced improvement in...

- Speech intelligibility performance in quiet [SMD = 0.59],¹
- Speech recognition scores using CNC words (15%) and phonemes (7.7%),² and
- The average signal-to-noise ratio (6.6 dB).³

Why do audiologists perform REM?

- Considered best practice when fitting a hearing aid.
- Measures the loudness of the hearing aid within the ear canal.
- Confirms that the hearing aid is providing the maximum benefit (audibility, comfort, and effectiveness) to the user.

Self-Reported Listening Ability and Communication Experience

Individuals who received a REM-verified fitting, compared to default settings, experienced increased...

- Self-perceived listening ability [SMD = 0.22, p= .0005],¹
- Overall communication outcomes [F(1, 21) = 4.69, p = .042],⁴ and
- Self-perceived understanding of speech in background noise (4.2%).²

C) Patient Satisfaction and Perception

With a REM-verified fitting, individuals reported...

- Significantly higher satisfaction with hearing aid services for both experienced [x2 (1, N) = 8.33, p < .05] and first-time hearing aid users [x2 (1) = 14.54, p < .001],⁵
- A preference for verified hearing aid settings (67%-79% of patients),^{2, 6} and
- Increased patient perception that the professional services and hearing aids solved their problem or fulfilled their needs (1.8-3.3 point improvement in response ratings).⁵



Tinnitus Symptoms

 Individuals with REM-verified hearing aids experienced significantly reduced tinnitus distress [x2 = 5.48, p = .02] and tinnitus loudness [x2 = 21.5, p < .00001].⁷



- Devices verified using REM more closely matched prescriptive targets (within 1.5–2.5 dB) compared to default levels (underfit by 7–10 dB).⁸
- Individuals who received REM-verified hearing aids were more likely to keep their devices compared to those who received unverified hearing aids (81%-83% versus 55%).⁹

References

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⁵ Amlani, A. M., Pumford, J., & Gessling, E. (2016). Improving patient perception of clinical services through realear measurements. *Canadian Audiologist*, 4(5).

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⁷ Waechter, S., & Jönsson, A. (2022). Hearing aids mitigate tinnitus, but does it matter if the patient receives amplification in accordance with their hearing impairment or not? A meta-analysis. *American Journal of Audiology*, *31*(3), 789-818. <u>doi: 10.1044/2022_AJA-22-00004</u>

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