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(54) AUTOMATED ASSESSMENT AND ADJUSTMENT OF TINNITUS-MASKER IMPACT ON SPEECH INTELLIGIBILITY DURING FITTING

AUTOMATISCHE BEURTEILUNG UND ANPASSUNG DER TINNITUS-MASKENWIRKUNG AUF DIE SPRACHVERSTÄNDLICHKEIT WÄHREND DER ANPASSUNG

ÉVALUATION ET AJUSTEMENT AUTOMATISÉS DE L'IMPACT D'UN MASQUE D'ACOUPHÈNE SUR L'INTELLIGIBILITÉ DE LA PAROLE LORS DU MONTAGE

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Description

TECHNICAL FIELD

5 **[0001]** This document relates generally to hearing assistance systems and more particularly to automated assessment and adjustment of tinnitus-masker impact on speech intelligibility during fitting.

BACKGROUND

10 **[0002]** Hearing assistance devices, such as hearing aids, are used to assist patients suffering hearing loss by transmitting amplified sounds to ear canals. In one example, a hearing aid is worn in and/or around a patient's ear.

[0003] Tinnitus is a condition in which a patient perceives sound in their ear in the absence of corresponding external sound. While ringing of the ears is associated with tinnitus, other types of sounds can be perceived and can be sporadic, intermittent or continuous. Tinnitus can be caused by a number of conditions or injuries, but regardless of cause can be debilitating and decrease a patient's quality of life. A tinnitus-masker is a function of a hearing assistance device that can be used to provide therapy to a patient suffering from tinnitus.

15 **[0004]** There is a need in the art for improved mitigation of tinnitus-masker impact on speech intelligibility. US2005069162 (A1) discloses a hearing-aid system including a first channel which includes a directional unit for receiving the acoustic input signal and providing a directional signal. A correlative unit receives the directional signal and provides a noise reduced signal by utilizing correlative measures for identifying a speech signal of interest in the directional signal. US2016337769 (A1) discloses fitting a hearing device to a hearing device user performed by a fitting system operatively connected to but remote from the hearing device.

SUMMARY

25 **[0005]** The invention provides a method and a fitting device for fitting a tinnitus masking hearing device for a patient as defined in the appended claims.

[0006] Disclosed herein, among other things, are apparatus and methods for automated assessment and adjustment of tinnitus-masker impact on speech intelligibility during fitting. In various embodiments, a method of fitting a tinnitus-masker device for a patient is provided. The method includes using a speech intelligibility model to predict impact of therapy provided by the tinnitus-masker device on speech understanding of the patient, including computing a first speech intelligibility score with the therapy and a second speech intelligibility score without the therapy and computing a difference between the first and second intelligibility scores. A parameter of the tinnitus-masker device is automatically adjusted during fitting to reduce the impact of the therapy provided by the tinnitus-masker device on speech understanding of the patient, according to various embodiments.

35 **[0007]** Various aspects of the present subject matter include a fitting device for fitting a tinnitus masking hearing device for a patient. The fitting device includes a communication transceiver configured to communicate with the tinnitus masking hearing device, and a processor connected to the communication transceiver. In various embodiments, the processor is programmed with instructions to perform a method of fitting the tinnitus masking hearing device. A speech intelligibility model is used to compute a first speech intelligibility score for speech without a tinnitus masking therapy provided by the tinnitus masking hearing device. The speech intelligibility model is used to compute a second speech intelligibility score for speech with the tinnitus masking therapy provided by the tinnitus masking hearing device. A difference is computed between the first speech intelligibility score and the second speech intelligibility score. If the difference exceeds a programmable threshold, a parameter of the tinnitus-masker device is adjusted to reduce the impact of the therapy provided by the tinnitus-masker device on speech understanding of the patient, in various embodiments.

45 **[0008]** Various aspects of the present subject matter include a non-transitory computer-readable storage medium that stores instructions for execution by processing circuitry of a fitting device to perform operations to fit a tinnitus masking hearing device to a patient. The operations include using a speech intelligibility model to compute a first speech intelligibility score for speech without a tinnitus masking therapy provided by the tinnitus masking hearing device, and using the speech intelligibility model to compute a second speech intelligibility score for speech with the tinnitus masking therapy provided by the tinnitus masking hearing device. The operations further include computing a difference between the first speech intelligibility score and the second speech intelligibility score, and, if the difference exceeds a programmable threshold, adjusting a parameter of the tinnitus-masker device to reduce the impact of the therapy provided by the tinnitus-masker device on speech understanding of the patient, in various embodiments.

55 **[0009]** This Summary is an overview of some of the teachings of the present application and not intended to be an exclusive or exhaustive treatment of the present subject matter. Further details about the present subject matter are found in the detailed description and appended claims. The scope of the present invention is defined by the appended claims and their legal equivalents.

BRIEF DESCRIPTION OF THE DRAWINGS

[0010] Various embodiments are illustrated by way of example in the figures of the accompanying drawings. Such embodiments are demonstrative and not intended to be exhaustive or exclusive embodiments of the present subject matter.

FIG. 1 illustrates a block diagram of system for limiting tinnitus-masker impact on speech intelligibility, according to various embodiments of the present subject matter.

FIG. 2 illustrates a block diagram of a system for programming or fitting a hearing assistance device such as a tinnitus-masker, according to various embodiments of the present subject matter.

FIG. 3 illustrates a table showing levels of tinnitus masking and speech at select frequencies, according to various embodiments of the present subject matter.

FIG. 4 illustrates a flow diagram of a method for fitting a tinnitus-masker for a patient, according to various embodiments of the present subject matter.

FIG. 5 illustrates a flow diagram of a method for automated assessment and adjustment of tinnitus-masker impact on speech intelligibility during fitting, according to various embodiments of the present subject matter.

DETAILED DESCRIPTION

[0011] The following detailed description of the present subject matter refers to subject matter in the accompanying drawings which show, by way of illustration, specific aspects and embodiments in which the present subject matter may be practiced. These embodiments are described in sufficient detail to enable those skilled in the art to practice the present subject matter. References to "an", "one", or "various" embodiments in this disclosure are not necessarily to the same embodiment, and such references contemplate more than one embodiment. The following detailed description is demonstrative and not to be taken in a limiting sense. The scope of the present subject matter is defined by the appended claims, along with the full scope of legal equivalents to which such claims are entitled.

[0012] The present detailed description will discuss hearing assistance devices using the example of hearing aids with tinnitus-maskers. Other hearing assistance devices include, but are not limited to, those in this document. It is understood that their use in the description is intended to demonstrate the present subject matter, but not in a limited or exclusive or exhaustive sense.

[0013] Tinnitus is a condition in which a patient perceives sound in their ear in the absence of corresponding external sound. While ringing of the ears is associated with tinnitus, other types of sounds can be perceived and can be sporadic, intermittent or continuous. Tinnitus can be caused by a number of conditions or injuries, but regardless of cause can be debilitating and decrease a patient's quality of life.

[0014] A common clinical solution for tinnitus involves listening to a continuous sound, aka 'tinnitus-masker', generated by a hearing aid or by some other device. The overall volume and in some cases the spectral shape of the masker are adjusted individually based on the patient's audiometric characteristics and/or listening preferences. In selecting these parameters, an important consideration is that the tinnitus masker does not interfere with the perception of external sounds of interest, such as speech. The present subject matter facilitates the selection of a tinnitus-masker that does not interfere substantially with the perception of speech. In various embodiments, this is achieved by using a speech-intelligibility model to automatically compute speech-intelligibility scores for different candidate tinnitus-maskers, and automatically adjusting the masker overall level and/or spectrum to keep the speech-masking effect under some pre-defined level.

[0015] Wearers of hearing assistance devices undergo a process called "fitting" to adjust the hearing assistance device to their particular hearing and use. In such fitting sessions a wearer may select one setting over another. Other types of selections include changes in level, which can be a preferred level. Hearing assistance device settings may be optimized for a wearer through a process of patient interview and device adjustment.

[0016] Currently, clinicians who wish to offer their patients a tinnitus-masker adjust parameters of the masker during fitting such that they are adapted to the individual. Minimally, the clinician adjusts the overall level, or volume, of the masker, so that the masker is neither too faint, or having no effect on tinnitus, nor too loud to cause too much masking of relevant external sounds, such as speech. Clinicians may also adjust the spectrum, or level per frequency-band, of the masker, and possibly other parameters such as the modulation rate. In fitting a tinnitus masker, an important consideration is that the selected masker does not interfere with speech intelligibility. Previous tinnitus-masker generation systems do not include a mechanism for checking that the selected masker will not interfere with speech understanding. The present subject matter includes a speech-intelligibility prediction stage in tinnitus-masker fitting software, and uses the results of this modeling stage for automatically adjusting the overall level and/or spectrum of the tinnitus masker, so as to limit disruptions of speech understanding to a pre-defined level.

[0017] In various embodiments, the present subject matter uses a model of speech intelligibility (e.g., the speech-

intelligibility index, or 'SII'), modified to account for hearing loss, to compute a speech-intelligibility score for normal or conversational-level speech with, and without, a tinnitus-masker. The difference between these two scores is computed, and it is used to determine whether the tinnitus masker is acceptable, or whether it is likely to disrupt speech intelligibility by more than a pre-defined acceptable amount, in various embodiments.

[0018] In one embodiment, if the tinnitus-masker's impact on speech intelligibility is acceptably small, nothing is done. However, if the tinnitus-masker's impact on speech intelligibility is too large to be accepted, an option is offered to the clinician to automatically adjust the overall level or spectrum or other parameter of the tinnitus masker, so as to limit the impact of the tinnitus-masker on speech intelligibility to an acceptable level, in various embodiments. In further embodiments, the option could be offered to the patient, if the tinnitus-masker fitting is performed by the patient him/herself. The adjustment of tinnitus masking parameters is done automatically, in various embodiments.

[0019] FIG. 1 illustrates a block diagram of system for limiting tinnitus-masker impact on speech intelligibility, according to various embodiments of the present subject matter. In various embodiments, the tinnitus-masker spectrum 102 as defined by the clinician or the patient is used as input, along with the patient's audiogram 104, to a speech-audibility estimation model 106. Based on the results, speech-intelligibility scores 108 are computed for normal conversational (approximately 65 to 70 dB SPL) speech with, and without, the tinnitus masker. If the speech-intelligibility score 108, or the speech audibility, with the masker is too low taking into account the speech-intelligibility score without the masker, an option is offered 110 to automatically adjust the masker spectrum to limit the impact on speech intelligibility, in various embodiments.

[0020] In various embodiments, the spectrum of the proposed tinnitus masker ($M[f]$) and pure-tone audiogram ($T[f]$) of the patient are input into a speech-intelligibility model to estimate the audibility ($A[f]$) of a normal conversational (65 to 70 dB SPL) speech signal ($S[f]$) in different frequency bands (denoted by the index, f) with the tinnitus masker ($A_m[f]$) and without the tinnitus masker ($A_n[f]$). The computed audibility data are used to compute a global speech-intelligibility score (SI) with the masker (SI_m) and without the masker (SI_n). These two scores are used to compute a "corrected" score (SI_c), as follows: $SI_c = SI_m + g((1-SI_n)*a)$, where a is a correction factor and g is a nonlinear transformation function (e.g., a scaled sigmoid function), in various embodiments.

[0021] According to various embodiments, if the corrected score (SI_c) is lower than a predefined threshold (SI_{crit}), an option is offered to the user for automatically adjusting the proposed tinnitus spectrum, so as to limit the impact of the tinnitus masker on speech intelligibility. Formally, the adjusted tinnitus spectrum ($Ta[f]$) is computed as:

$$Ta[f] = T[f] - T[f] * h(1 - z(A_m[f], A_n[f], f))$$

where h and z are two non-linear functions. While the details of these two functions may vary, generally the level of the tinnitus masker is reduced in a frequency-dependent manner, so that masker levels tend to be more attenuated for frequency bands that contribute more to reducing speech audibility/intelligibility than for frequency bands that contribute less to reducing speech audibility/intelligibility. Moreover, the function, z , includes a regularization term, whereby attenuations applied to adjacent frequency bands are "coupled", or "smoothed" to avoid large differences in the attenuations applied across adjacent frequency bands, which could create undesirable artifacts related to the presence of sharp "spectral edges" between adjacent bands.

[0022] In various embodiments, the computation of the predicted speech- intelligibility score contains a 'proficiency' variable. This variable influences the shape of the relationship between the computed audibility of the speech signal and the predicted speech intelligibility. The selection of the proficiency factor can be advantageously informed by the results of perceptual and/or cognitive tests, resulting in improved predictions of speech-intelligibility scores for different types of speech materials in hearing-impaired listeners - compared to predictions obtained without taking into account such additional information. For example, thresholds for the detection and/or discrimination of spectral, temporal, or spectro-temporal modulation, or the measured completion time for a Trail-masking B test obtained in a listener could be used to estimate the 'proficiency' factor for that listener.

Definition of variables:

[0023]

f : frequency-band index

$M[f]$: level per band (dB SPL) of the proposed tinnitus masker

$S[f]$: average level per band (dB SPL) of a normal (65 to 70 dB SPL) speech signal

$T[f]$: pure-tone threshold (dB SPL)

[0024] FIG. 2 is a block diagram illustrating an embodiment of a hearing assistance system 210 for programming and/or fitting a hearing assistance device, such as a device with a tinnitus-masker. In the illustrated embodiment, system 210 includes a programmer or fitting device 212, a hearing assistance device 222, and a communication link 220 providing for communication between programmer 212 and hearing assistance device 222. In various embodiments, programmer 212 and hearing assistance device 222 may each include one or more devices. For example, programmer 212 may include a computer or a computer connected to a communicator, and hearing assistance device 222 may include a single device or a pair of devices such as a pair of left and right hearing aids or tinnitus-maskers. Communication link 220 may include a wired link or a wireless link. In one embodiment, communication link 220 includes a Bluetooth wireless connection.

[0025] Programmer 212 allows for programming of hearing assistance device 222. In various embodiments, programmer 212 may include a computer or other microprocessor-based device programmed to function as a programmer for hearing assistance device 222. Examples of such computer or other microprocessor-based device include a desktop computer, a laptop computer, a tablet computer, a handheld computer, and a cell phone such as a smartphone. Programmer 212 includes a user interface 202, a processing circuit 214, and a communication circuit 224. User interface 202 represents an embodiment of user interface 102. In various embodiments, user interface 202 includes a presentation device including at least a display screen and an input device. In various embodiments, the presentation device may also include various aural and/or visual indicators, and the user input device may include a computer mouse, a touchpad, a trackball, a joystick, a keyboard, and/or a keypad. In one embodiment, user interface 202 includes an interactive screen such as a touchscreen functioning as both the presentation device and the input device. Communication circuit 224 allows signals to be transmitted to and from hearing assistance device 222 via communication link 220. Hearing assistance device 222 includes a processing circuit 216 and a communication circuit 226. Communication circuit 226 allows signals to be transmitted to and from programmer 212 via communication link 220.

[0026] In general, previous tinnitus masking stimuli include a broadband noise with a flat spectrum and an overall level set to 10 (for closed fits) or 20 dB (for open fits) above the patient's average pure-tone hearing threshold (across 500, 1000, and 4000 Hz) in dB SPL. In addition, the patient can alter the overall level and spectral shape of the stimulus using. One shortcoming of this approach is that there is currently no automated procedure in for checking that the selected tinnitus noise does not interfere substantially with speech intelligibility. In one example, with pure-tone thresholds at 500, 1000, and 4000 Hz in a tinnitus patient are as follows: 25, 35, and 80 dB HL. The average pure-tone threshold across these three frequencies corresponds to approximately 47 dB SPL. Accordingly, the overall level of the tinnitus masker will be set to 57 dB SPL for a closed fit. This corresponds to a per-band level of approximately 45 dB SPL. Even when taking into account the amplification of the speech signal applied by the hearing-aid, the level of the resulting tinnitus masker exceeds the level of a normal conversational speech signal (approximately 65 to 70 dB SPL), especially at low frequencies (below 2-3 kHz), which are critically important for good speech intelligibility.

[0027] FIG. 3 illustrates a table showing levels of tinnitus masking and speech at select frequencies, according to various embodiments of the present subject matter. Per-band levels of a 65 dB SPL speech signal (after hearing-aid amplification) and of the tinnitus stimulus in critical bands with center frequencies of 500, 1000, and 2000 Hz. The levels per band of the normal speech signal are taken from Table 1 of ANSI S3.5-2007. As shown in the present example, the present subject matter verifies that the tinnitus stimulus generated by a hearing-aid or some other tinnitus-sound generator does not interfere with speech audibility and intelligibility.

[0028] While clinicians can perform such verification themselves, either by performing the same calculations as above or by checking that the patient can still understand speech well when the tinnitus stimulus is playing, and patients may adjust the level of the tinnitus stimulus to avoid speech-understanding difficulties, neither of these two solutions is satisfactory - clinicians have drastic time constraints, and patients cannot be trusted to optimally adjust the volume of their tinnitus sound.

[0029] Various embodiments of the present subject matter can be part of a tinnitus-stimulus fitting software. In addition, the present subject matter can be used on its own, or as part of a tinnitus-masker fitting procedure. The present subject matter enhance tinnitus-fitting software and leads to a better solution for the automatic generation of tinnitus stimulus.

[0030] FIG. 4 illustrates a flow diagram of a method for fitting a tinnitus-masker for a patient, according to various embodiments of the present subject matter. The method includes using a speech intelligibility model to predict impact of therapy provided by the tinnitus-masker device on speech understanding of the patient, 402. A parameter of the tinnitus-masker device is adjusted during fitting to reduce the impact of the therapy provided by the tinnitus-masker device on speech understanding of the patient, 404, according to various embodiments. The present subject matter includes a non-transitory computer readable medium to store instructions including the method, and a processor to perform the instructions, in various embodiments.

[0031] According to various embodiments, adjusting a parameter of the tinnitus-masker device includes adjusting volume, spectral shape, or modulation rate of an output of the tinnitus-masker device. The method further comprises using the speech intelligibility model to compute adjustments of the parameters of the tinnitus-masker device during fitting, in various embodiments. In one embodiment, using a speech intelligibility model to predict impact of therapy

provided by the tinnitus-masker device on speech understanding of the patient includes using a proficiency factor incorporating a relationship between computed audibility of speech signals and predicted speech intelligibility. Various embodiments include estimating audibility of conversational speech in different frequency bands. The method includes using the estimated audibility of conversational speech to compute speech intelligibility scores with and without the therapy provided by the tinnitus-masker device, in an embodiment. In various embodiments, computing a corrected speech intelligibility score using a measured or estimated proficiency factor of the patient. The method includes comparing the corrected speech intelligibility score to a predefined threshold, and providing an option to a user to adjust the parameter of the tinnitus-masker device if the threshold is exceeded, in an embodiment.

[0032] FIG. 5 illustrates a flow diagram of a method for automated assessment and adjustment of tinnitus-masker impact on speech intelligibility during fitting, according to various embodiments of the present subject matter. A speech intelligibility model is used to compute a first speech intelligibility score for speech without a tinnitus masking therapy provided by the tinnitus masking hearing device, 505. The speech intelligibility model is used to compute a second speech intelligibility score for speech with the tinnitus masking therapy provided by the tinnitus masking hearing device, 510. A difference is computed between the first speech intelligibility score and the second speech intelligibility score, 515. If the difference exceeds a programmable threshold, a parameter of the tinnitus-masker device is adjusted to reduce the impact of the therapy provided by the tinnitus-maker device on speech understanding of the patient, 520, in various embodiments. The present subject matter includes a non-transitory computer readable medium to store instructions including the method, and a processor to perform the instructions, in various embodiments.

[0033] According to various embodiments, adjusting a parameter of the tinnitus-masker device includes providing an option to a user of the fitting device to adjust the parameter of the tinnitus-masker device. Adjusting a parameter of the tinnitus-masker device includes automatically adjusting the parameter of the tinnitus-masker device, in various embodiments. The method includes using an audiogram of the patient to compute at least one of the first and second speech intelligibility score, in an embodiment. In one embodiment, the first and second speech intelligibility scores are computed at approximately 65 to 70 dB for normal conversational speech level. Adjusting a parameter of the tinnitus-masker device includes adjusting volume, spectral shape and/or modulation rate of an output of the tinnitus-masker device, in various embodiments.

[0034] Hearing assistance devices typically include at least one enclosure or housing, a microphone, hearing assistance device electronics including processing electronics, and a speaker or "receiver." Hearing assistance devices can include a power source, such as a battery. In various embodiments, the battery is rechargeable. In various embodiments multiple energy sources are employed. It is understood that in various embodiments the microphone is optional. It is understood that in various embodiments the receiver is optional. It is understood that variations in communications protocols, antenna configurations, and combinations of components can be employed without departing from the scope of the present subject matter. Antenna configurations can vary and can be included within an enclosure for the electronics or be external to an enclosure for the electronics. Thus, the examples set forth herein are intended to be demonstrative and not a limiting or exhaustive depiction of variations.

[0035] It is understood that digital hearing assistance devices include a processor. In digital hearing assistance devices with a processor, programmable gains can be employed to adjust the hearing assistance device output to a wearer's particular hearing impairment. The processor can be a digital signal processor (DSP), microprocessor, microcontroller, other digital logic, or combinations thereof. The processing can be done by a single processor, or can be distributed over different devices. The processing of signals referenced in this application can be performed using the processor or over different devices. Processing can be done in the digital domain, the analog domain, or combinations thereof. Processing can be done using subband processing techniques. Processing can be done using frequency domain or time domain approaches. Some processing can involve both frequency and time domain aspects. For brevity, in some examples drawings can omit certain blocks that perform frequency synthesis, frequency analysis, analog-to-digital conversion, digital-to-analog conversion, amplification, buffering, and certain types of filtering and processing. In various embodiments of the present subject matter the processor is adapted to perform instructions stored in one or more memories, which can or cannot be explicitly shown. Various types of memory can be used, including volatile and non-volatile forms of memory. In various embodiments, the processor or other processing devices execute instructions to perform a number of signal processing tasks. Such embodiments can include analog components in communication with the processor to perform signal processing tasks, such as sound reception by a microphone, or playing of sound using a receiver (i.e., in applications where such transducers are used). In various embodiments of the present subject matter, different realizations of the block diagrams, circuits, and processes set forth herein can be created by one of skill in the art without departing from the scope of the present subject matter.

[0036] It is further understood that different hearing assistance devices can embody the present subject matter without departing from the scope of the present disclosure. The devices depicted in the figures are intended to demonstrate the subject matter, but not necessarily in a limited, exhaustive, or exclusive sense. It is also understood that the present subject matter can be used with a device designed for use in the right ear or the left ear or both ears of the wearer.

[0037] The present subject matter is demonstrated for hearing assistance devices, including hearing assistance de-

vices, including but not limited to, behind-the-ear (BTE), in-the-ear (ITE), in-the-canal (ITC), receiver-in-canal (RIC), invisible-in-canal (IIC) or completely-in-the-canal (CIC) type hearing assistance devices. It is understood that behind-the-ear type hearing assistance devices can include devices that reside substantially behind the ear or over the ear. Such devices can include hearing assistance devices with receivers associated with the electronics portion of the behind-the-ear device, or hearing assistance devices of the type having receivers in the ear canal of the user, including but not limited to receiver-in-canal (RIC) or receiver-in-the-ear (RITE) designs. The present subject matter can also be used in hearing assistance devices generally, such as cochlear implant type hearing devices. The present subject matter can also be used in deep insertion devices having a transducer, such as a receiver or microphone. The present subject matter can be used in devices whether such devices are standard or custom fit and whether they provide an open or an occlusive design. It is understood that other hearing assistance devices not expressly stated herein can be used in conjunction with the present subject matter.

[0038] This application is intended to cover adaptations or variations of the present subject matter. It is to be understood that the above description is intended to be illustrative, and not restrictive. The scope of the present subject matter should be determined with reference to the appended claims.

Claims

1. A method of fitting a tinnitus-masker device for a patient, the method comprising:

using a speech intelligibility model to predict impact of therapy provided by the tinnitus-masker device on speech understanding of the patient, including computing (505, 510) a first speech intelligibility score with the therapy and a second speech intelligibility score without the therapy and computing a difference between the first and second intelligibility scores; and

if the difference exceeds a programmable threshold, automatically adjusting (520) a parameter of the tinnitus-masker device during fitting to reduce the impact of the therapy provided by the tinnitus-masker device on speech understanding of the patient.

2. The method of claim 1, wherein adjusting a parameter of the tinnitus-masker device includes adjusting volume, spectral shape, or modulation rate of an output of the tinnitus-masker device.

3. The method of claim 1 or claim 2, comprising using the speech intelligibility model to compute adjustments of the parameters of the tinnitus-masker device during fitting.

4. The method of any preceding claim, wherein using a speech intelligibility model to predict impact of therapy provided by the tinnitus-masker device on speech understanding of the patient includes using a proficiency factor incorporating a relationship between computed audibility of speech signals and predicted speech intelligibility.

5. The method of any one of claims 1 to 3, wherein using a speech intelligibility model to predict impact of therapy provided by the tinnitus-masker device on speech understanding of the patient includes estimating audibility of conversational speech in different frequency bands.

6. The method of claim 5, comprising using the estimated audibility of conversational speech to compute speech intelligibility scores with and without the therapy provided by the tinnitus-masker device.

7. The method of any preceding claim, comprising computing a corrected speech intelligibility score using a measured or estimated proficiency factor of the patient.

8. The method of claim 7, comprising comparing the corrected speech intelligibility score to a predefined threshold, and providing an option to a user to adjust the parameter of the tinnitus-masker device if the threshold is exceeded.

9. A fitting device (212) for fitting a tinnitus masking hearing device (222) for a patient, the fitting device comprising:

a communication transceiver configured to communicate with the tinnitus masking hearing device; and a processor connected to the communication transceiver, the processor programmed with instructions to perform:

using a speech intelligibility model to compute a first speech intelligibility score for speech without a tinnitus

masking therapy provided by the tinnitus masking hearing device;
 using the speech intelligibility model to compute a second speech intelligibility score for speech with the
 tinnitus masking therapy provided by the tinnitus masking hearing device;
 computing a difference between the first speech intelligibility score and the second speech intelligibility
 score; and
 if the difference exceeds a programmable threshold, adjusting a parameter of the tinnitus-masker device
 to reduce the impact of the therapy provided by the tinnitus-masker device on speech understanding of the
 patient.

10. The fitting device of claim 9, wherein adjusting a parameter of the tinnitus-masker device includes automatically
 adjusting the parameter of the tinnitus-masker device.

11. The fitting device of claim 9 or claim 10, further comprising using an audiogram of the patient to compute at least
 one of the first and second speech intelligibility score.

12. The fitting device of any one of claims 9 to 11, wherein the first and second speech intelligibility scores are computed
 at approximately 65 to 70 dB for normal conversational speech level.

13. The fitting device of any one of claims 9 to 12, wherein adjusting a parameter of the tinnitus-masker device includes
 adjusting volume of an output of the tinnitus-masker device.

14. The fitting device of any one of claims 9 to 12, wherein adjusting a parameter of the tinnitus-masker device includes
 adjusting spectral shape of an output of the tinnitus-masker device or adjusting modulation rate of an output of the
 tinnitus-masker device.

15. A computer-readable medium carrying instructions for execution by a processor of a fitting device to configure the
 fitting device according to any one of claims 9 to 14.

Patentansprüche

1. Verfahren zum Anpassen einer Tinnitus-Masker-Vorrichtung für einen Patienten, wobei das Verfahren Folgendes
 umfasst:

Verwenden eines Sprachverständlichkeitsmodells, um eine Wirkung einer von der Tinnitus-Masker-Vorrichtung
 bereitgestellten Therapie auf ein Sprachverstehen des Patienten vorherzusagen, einschließlich eines Berech-
 nens (505, 510) einer ersten Sprachverständlichkeitsbewertung mit der Therapie und einer zweiten Sprachver-
 ständlichkeitsbewertung ohne die Therapie und des Berechnens einer Differenz zwischen der ersten und der
 zweiten Verständlichkeitsbewertung; und
 wenn die Differenz einen programmierbaren Schwellenwert überschreitet, automatisches Einstellen (520) eines
 Parameters der Tinnitus-Masker-Vorrichtung während des Anpassens, um die Wirkung der von der Tinnitus-
 Masker-Vorrichtung bereitgestellten Therapie auf das Sprachverstehen des Patienten zu verringern.

2. Verfahren nach Anspruch 1, wobei das Einstellen eines Parameters der Tinnitus-Masker-Vorrichtung das Einstellen
 einer Lautstärke, einer spektralen Form oder einer Schrittgeschwindigkeit einer Ausgabe der Tinnitus-Masker-Vor-
 richtung einschließt.

3. Verfahren nach Anspruch 1 oder 2, umfassend ein Verwenden des Sprachverständlichkeitsmodells, um Einstellun-
 gen der Parameter der Tinnitus-Masker-Vorrichtung während des Anpassens zu berechnen.

4. Verfahren nach einem der vorhergehenden Ansprüche, wobei das Verwenden eines Sprachverständlichkeitsmo-
 dells, um die Wirkung der von der Tinnitus-Masker-Vorrichtung bereitgestellten Therapie auf das Sprachverstehen
 des Patienten vorherzusagen, das Verwenden eines Leistungsfaktors einschließt, der eine Beziehung zwischen
 einer berechneten Hörbarkeit von Sprachsignalen und der vorhergesagten Sprachverständlichkeit berücksichtigt.

5. Verfahren nach einem der Ansprüche 1 bis 3, wobei das Verwenden eines Sprachverständlichkeitsmodells, um die
 Wirkung der von der Tinnitus-Masker-Vorrichtung bereitgestellten Therapie auf das Sprachverstehen des Patienten
 vorherzusagen, ein Schätzen der Hörbarkeit von Gemeinsprache in unterschiedlichen Frequenzbändern einschließt.

6. Verfahren nach Anspruch 5, umfassend das Verwenden der geschätzten Hörbarkeit von Gemeinsprache, um Sprachverständlichkeitsbewertungen mit und ohne die von der Tinnitus-Masker-Vorrichtung bereitgestellten Therapie zu berechnen.
- 5 7. Verfahren nach einem der vorhergehenden Ansprüche, umfassend das Berechnen einer korrigierten Sprachverständlichkeitsbewertung eines gemessenen oder geschätzten Leistungsfaktors des Patienten.
8. Verfahren nach Anspruch 7, umfassend das Vergleichen der korrigierten Sprachverständlichkeitsbewertung mit einem vordefinierten Schwellenwert und Bereitstellen einer Option an einen Benutzer, um den Parameter der Tinnitus-Masker-Vorrichtung einzustellen, wenn der Schwellenwert überschritten wird.
- 10 9. Anpassungsvorrichtung (212) zum Anpassen einer Tinnitus-Masker-Hörvorrichtung (222) für einen Patienten, wobei die Anpassungsvorrichtung Folgendes umfasst:
 - 15 einen Kommunikationssendeempfänger, der konfiguriert ist, um mit der Tinnitus-Masker-Hörvorrichtung zu kommunizieren; und
 - einen Prozessor, der mit dem Kommunikationssendeempfänger verbunden ist, wobei der Prozessor mit Anweisungen programmiert ist, um Folgendes durchzuführen:
 - 20 Verwenden eines Sprachverständlichkeitsmodells, um eine erste Sprachverständlichkeitsbewertung für Sprache ohne die von der Tinnitus-Masker-Hörvorrichtung bereitgestellten Tinnitus-Masker-Therapie zu berechnen;
 - Verwenden des Sprachverständlichkeitsmodells, um eine zweite Sprachverständlichkeitsbewertung für Sprache mit der von der Tinnitus-Masker-Hörvorrichtung bereitgestellten Tinnitus-Masker-Therapie zu be-
 - 25 rechnen;
 - Berechnen einer Differenz zwischen der ersten Sprachverständlichkeitsbewertung und der zweiten Sprachverständlichkeitsbewertung; und
 - wenn die Differenz einen programmierbaren Schwellenwert überschreitet, Einstellen eines Parameters der Tinnitus-Masker-Vorrichtung, um die Wirkung der von der Tinnitus-Masker-Vorrichtung bereitgestellten
 - 30 Therapie auf das Sprachverstehen des Patienten zu verringern.
10. Anpassungsvorrichtung nach Anspruch 9, wobei das Einstellen eines Parameters der Tinnitus-Masker-Vorrichtung das automatische Einstellen des Parameters der Tinnitus-Masker-Vorrichtung einschließt.
- 35 11. Anpassungsvorrichtung nach Anspruch 9 oder 10, ferner umfassend das Verwenden eines Audiogramms des Patienten, um die erste und/oder die zweite Sprachverständlichkeitsbewertung zu berechnen.
12. Anpassungsvorrichtung nach einem der Ansprüche 9 bis 11, wobei die erste und die zweite Sprachverständlichkeitsbewertung bei ungefähr 65 bis 70 dB für einen normalen Gemeinsprachepegel berechnet werden.
- 40 13. Anpassungsvorrichtung nach einem der Ansprüche 9 bis 12, wobei das Einstellen eines Parameters der Tinnitus-Masker-Vorrichtung das Anpassen der Lautstärke einer Ausgabe der Tinnitus-Masker-Vorrichtung einschließt.
14. Anpassungsvorrichtung nach einem der Ansprüche 9 bis 12, wobei das Anpassen eines Parameters der Tinnitus-Masker-Vorrichtung das Anpassen der spektralen Form einer Ausgabe der Tinnitus-Masker-Vorrichtung oder das Anpassen der Schrittgeschwindigkeit einer Ausgabe der Tinnitus-Masker-Vorrichtung einschließt.
- 45 15. Computerlesbarer Datenträger, der Anweisungen für eine Ausführung durch einen Prozessor einer Anpassungsvorrichtung trägt, um die Anpassungsvorrichtung nach einem der Ansprüche 9 bis 14 zu konfigurieren.

Revendications

1. Procédé de montage d'un dispositif masqueur d'acouphènes pour un patient, le procédé comprenant :
 - 55 l'utilisation d'un modèle d'intelligibilité de la parole pour prédire l'impact d'une thérapie fournie par le dispositif masqueur d'acouphènes sur la compréhension de la parole du patient, comportant le calcul (505, 510) d'un premier score d'intelligibilité de la parole avec la thérapie et d'un second score d'intelligibilité de la parole sans

la thérapie et le calcul d'une différence entre les premier et second scores d'intelligibilité ; et
si la différence dépasse un seuil programmable, l'ajustement automatique (520) d'un paramètre du dispositif
masqueur d'acouphènes pendant le montage afin de réduire l'impact de la thérapie fournie par le dispositif
masqueur d'acouphènes sur la compréhension de la parole du patient.

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2. Procédé selon la revendication 1, dans lequel l'ajustement d'un paramètre du dispositif masqueur d'acouphènes
comporte l'ajustement du volume, de la forme spectrale ou du taux de modulation d'une sortie du dispositif masqueur
d'acouphènes.

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3. Procédé selon la revendication 1 ou la revendication 2, comprenant l'utilisation du modèle d'intelligibilité de la parole
pour calculer des ajustements des paramètres du dispositif masqueur d'acouphènes au cours du montage.

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4. Procédé selon l'une quelconque des revendications précédentes, dans lequel l'utilisation d'un modèle d'intelligibilité
de la parole pour prédire l'impact d'une thérapie fournie par le dispositif masqueur d'acouphènes sur la compré-
hension de la parole du patient comporte l'utilisation d'un facteur de compétence incorporant une relation entre
l'audibilité calculée des signaux de parole et la prédiction d'intelligibilité de la parole.

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5. Procédé selon l'une quelconque des revendications 1 à 3, dans lequel l'utilisation d'un modèle d'intelligibilité de la
parole pour prédire l'impact de la thérapie fournie par le dispositif masqueur d'acouphènes sur la compréhension
de la parole du patient comporte l'estimation de l'audibilité de la parole conversationnelle dans différentes bandes
de fréquences.

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6. Procédé selon la revendication 5, comprenant l'utilisation de l'audibilité estimée de la parole conversationnelle pour
calculer des scores d'intelligibilité de la parole avec et sans la thérapie fournie par le dispositif masqueur d'acouphè-
nes.

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7. Procédé selon l'une quelconque des revendications précédentes, comprenant le calcul d'un score d'intelligibilité de
la parole corrigé à l'aide d'un facteur de compétence mesuré ou estimé du patient.

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8. Procédé selon la revendication 7, comprenant la comparaison du score d'intelligibilité de la parole corrigé à un seuil
prédéfini, et la fourniture à un utilisateur de la possibilité d'ajuster le paramètre du dispositif masqueur d'acouphènes
si le seuil est dépassé.

9. Dispositif de montage (212) pour monter un dispositif auditif de masquage des acouphènes (222) pour un patient,
le dispositif de montage comprenant :

un émetteur-récepteur de communication configuré pour communiquer avec le dispositif auditif de masquage
des acouphènes ; et

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un processeur connecté à l'émetteur-récepteur de communication, le processeur étant programmé avec des
instructions pour effectuer :

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l'utilisation d'un modèle d'intelligibilité de la parole pour calculer un premier score d'intelligibilité de la parole
sans thérapie de masquage des acouphènes fournie par le dispositif auditif de masquage des acouphènes ;
l'utilisation d'un modèle d'intelligibilité de la parole pour calculer un second score d'intelligibilité de la parole
avec thérapie de masquage des acouphènes fournie par le dispositif auditif de masquage des acouphènes ;
le calcul d'une différence entre le premier score d'intelligibilité de la parole et le second score d'intelligibilité
de la parole ; et

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si la différence dépasse un seuil programmable, l'ajustement d'un paramètre du dispositif masqueur
d'acouphènes pour réduire l'impact de la thérapie fournie par le dispositif masqueur d'acouphènes sur la
compréhension de la parole du patient.

10. Dispositif de montage selon la revendication 9, dans lequel l'ajustement d'un paramètre du dispositif masqueur
d'acouphènes comporte l'ajustement automatique du paramètre du dispositif masqueur d'acouphènes.

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11. Dispositif de montage selon la revendication 9 ou la revendication 10, comprenant en outre l'utilisation d'un audio-
gramme du patient pour calculer au moins le premier et/ou le second score d'intelligibilité de la parole.

12. Dispositif de montage selon l'une quelconque des revendications 9 à 11, dans lequel les premier et second scores

d'intelligibilité de la parole sont calculés d'environ 65 à 70 dB pour un niveau de parole conversationnelle normale.

5 **13.** Dispositif de montage selon l'une quelconque des revendications 9 à 12, dans lequel l'ajustement d'un paramètre du dispositif masqueur d'acouphènes comporte l'ajustement du volume d'une sortie du dispositif masqueur d'acouphènes.

10 **14.** Dispositif de montage selon l'une quelconque des revendications 9 à 12, dans lequel l'ajustement d'un paramètre du dispositif masqueur d'acouphènes comporte l'ajustement d'une forme spectrale d'une sortie du dispositif masqueur d'acouphènes ou l'ajustement du taux de modulation d'une sortie du dispositif masqueur d'acouphènes.

15. Support lisible par ordinateur portant des instructions à exécuter par un processeur d'un dispositif de montage pour configurer le dispositif de montage selon l'une quelconque des revendications 9 à 14.

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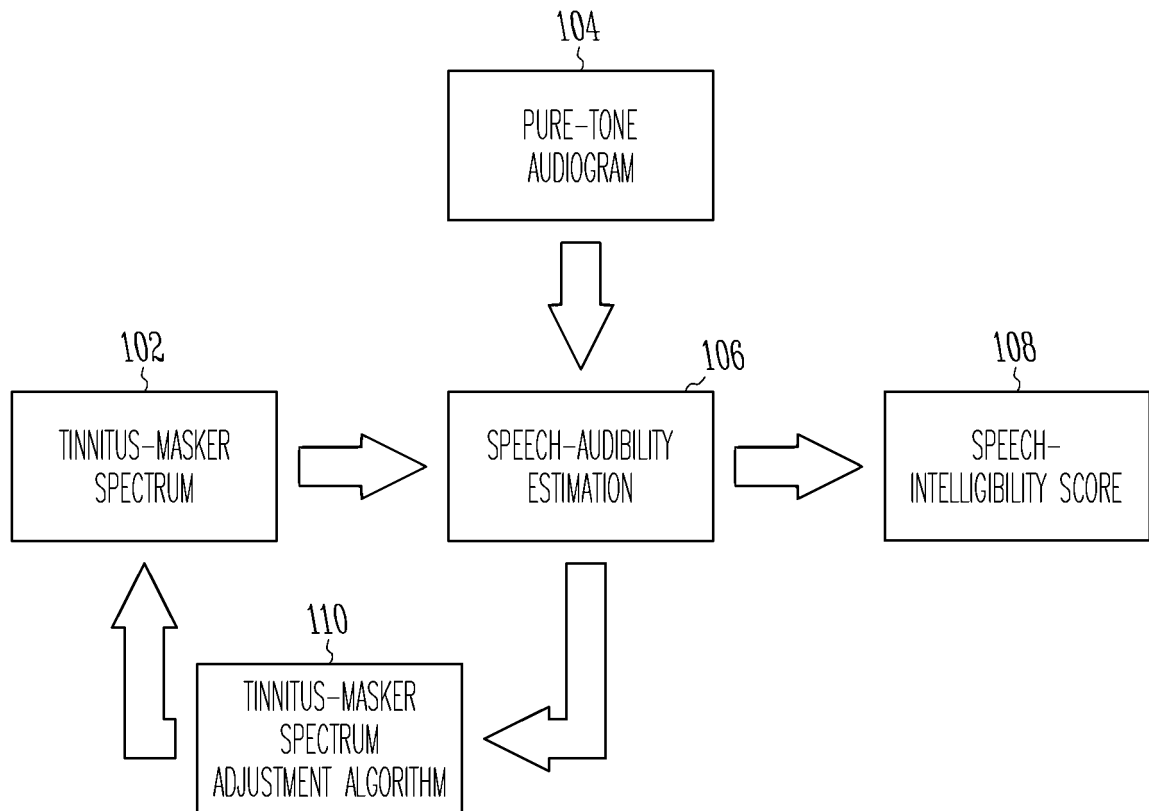


Fig. 1

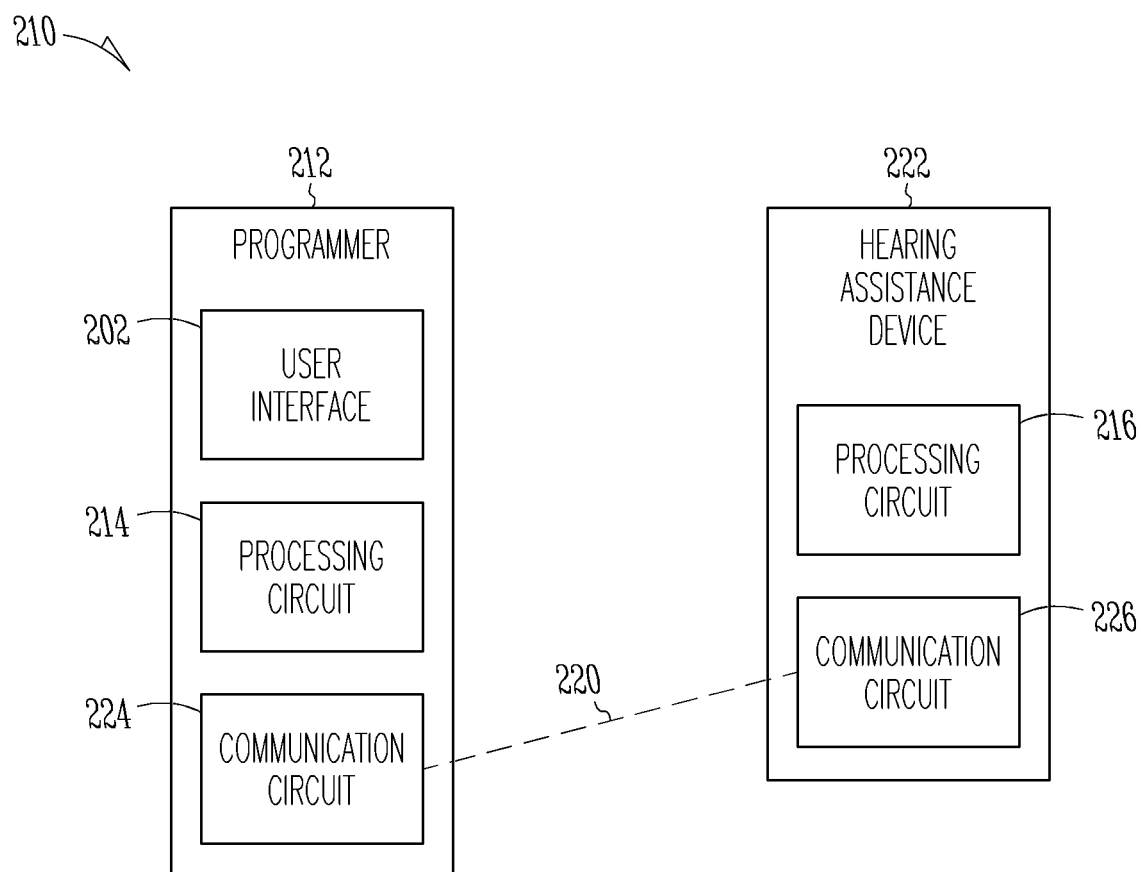


Fig. 2

FREQUENCY (Hz)	500	1000	2000
TINNITUS STIMULUS LEVEL (dB SPL)	34.0	32.5	32.3
NORMAL SPEECH LEVEL (dB SPL)	38.4	39.3	42.6
DIFFERENCE (dB)	-4.4	-6.8	-10.3

Fig. 3

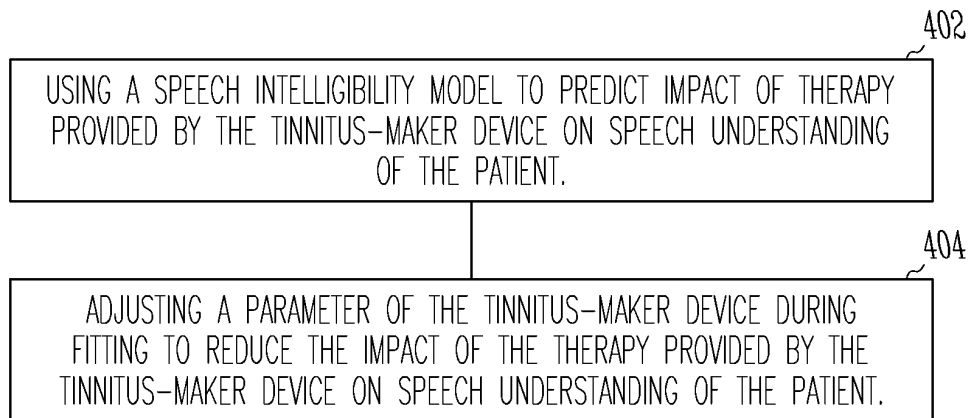


Fig. 4

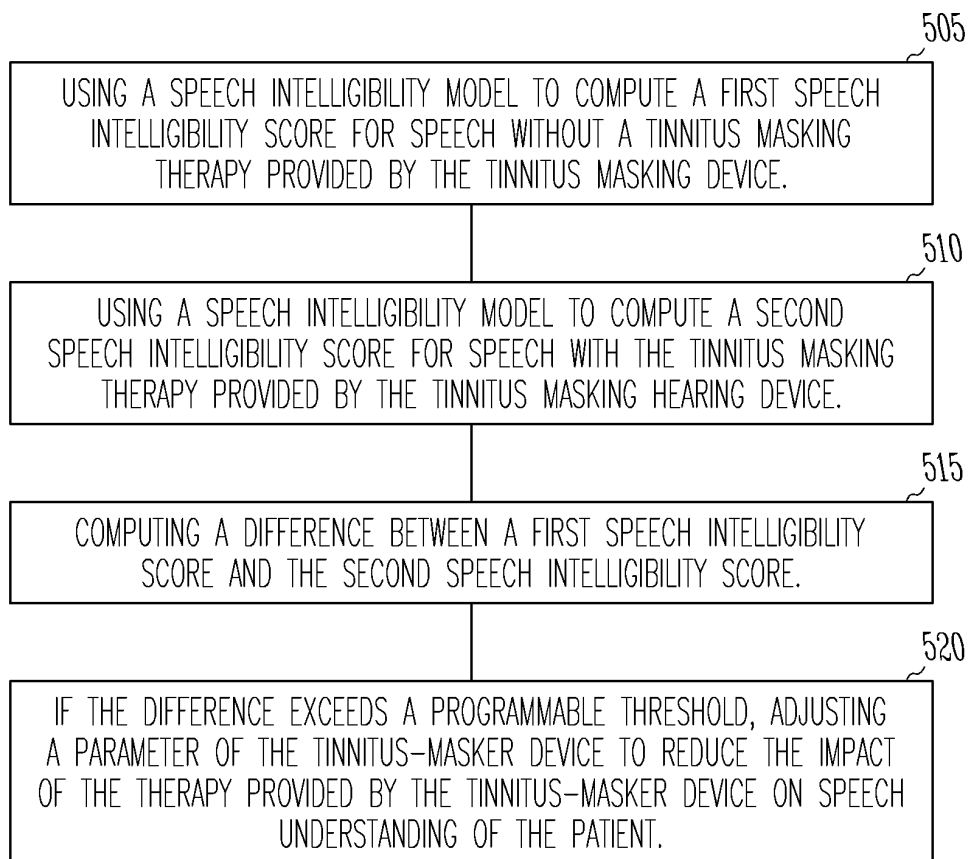


Fig. 5

REFERENCES CITED IN THE DESCRIPTION

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专利名称(译)	调整期间可口性效果的自动评估和调整		
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优先权	15/475965 2017-03-31 US		
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外部链接	Espacenet		

摘要(译)

除其他事项外，本文公开了用于自动评估和调节耳鸣掩蔽器对装配期间语音清晰度的影响的装置和方法。在各种实施例中，提供了一种为患者安装耳鸣掩蔽装置的方法。该方法包括使用语音清晰度模型来预测由耳鸣制造者设备提供的治疗对患者的语音理解的影响。根据各种实施例，耳鸣掩蔽装置的参数在装配期间被自动调节以减少由耳鸣制造装置提供的治疗对患者的语音理解的影响。

