t Battery Study #	Study	Speech Tests (listing by committee member)	Subject sample (age, number, groups)	Age effects/speech test	hrg loss effects/speech test	cognitive effects/speech test	possible confounding/speech test	Other observations	
	Study Jerger, J., Jerger, S., Oliver, T., & Pirozzolo, F. (1989). Speech understanding in the elderly, Ear and Hearing, 12,	Speech Tests (Itsing by committee member) PAL-PB 80 word rest. SSI test. SPN test. DSI test: presentation level for PB, SSI, and SPN were 50 dB SL re- tablet threshold of each ear; for SSI, MCR = 0 dB, for SPNN, SBR = 48 dB, and DSI - intensity level to each ear was 50 dB HL. Abnormal real: PB-SSI > 20%. SPN test abnormal if performance < 2s.d. below mean: DSI: difference between ears > 16%.	Tested 130 community-dwelling, nonclinical subjects, ranging in age from 51-91 years.	CAPD defined as abnormal performance on ore or more of 3 speech metasures, and this was, 20%. Tested only elderly subjects so no comparison group Presumably, possible CAPD results reflect age effects. Or 65 subjects with abnormal speech results 16 and Phe-SS1 dff. 5 had abn SPN + PA-SS1, and 26 had abn DS1 + SPN and/or PA-SS1 dff. Age as to c-variate was not explicitly examined; the focus was on CAP and cognitive status.	accommodated by presenting signal level at 50 dB SL re: babble threshold and selecting subjects with PTA (.5, 1, 2k Hz) < 50 dB HL in either ear. hearing sensibility mild-to-moderale sloping an hearing loss. Thus, results could be confounded by significant high- frequency sensitive states.	cognitive effects/speech test Neuropsychological battery administered. MMPI, WAIS-R, Wechster Memory Scale, Boston Naming Test, Spatial Orientation Memory Test, Burschke Selective Reminding Test, Simple Auditory and Simple RT tests, and 4-choice Vasau RT test; subjects classified as Nommal or Nonormal; In total - 41% classified as Ahonmari, of the 65 % with abnormal CAPD status, 35 % also had abnormal complies tatus.	Of 130 tested, 23% classified as CAPD with normal cognitive status; however, these could have had	The largest category of abnormal findings resulting in a classification of CAPD is multiple findings (DSI +	
	Speech understanding in the elderly, Ear and Hearing, 12, 103-109.	presentation level for PB, SSI, and SPIN were 50 dB SL re: babble threshold of each ear; for SSI, MCR = 0 dB, for SPIN,	in age from 51-91 years.	Tested only elderly subjects so no comparison group.	SL re: babble threshold and selecting subjects with PTA (.5, 1, 2k Hz) < 50 dB HL in either ear. hearing	WAIS-R, Wechsler Memory Scale, Boston Naming Test, Spatial Orientation Memory Test, Burschke	cognitive status; however, these could have had some confounding due to high frequency hearing loss. Not broken down by test; of 130 tested, 27% classified as CAPD with abnormal cognitive status - clearly had shormal cognitive findings and also may have had hearing loss.	a classification of CAPD is multiple findings (DSI + SPIN and/or PB-SSI difference).	
		SBR = +8 dB, and DSI - intensity level to each ear was 50 dB		Presumably, positive CAPD results reflect age	sensitivity mild-to-moderate sloping sn hearing loss.	Selective Reminding Test, Simple Auditory and Simple DT tests, and 4 shairs Visual DT tests	loss. Not broken down by test; of 130 tested, 27%		
		performance < 2s.d. below mean; DSI: difference between		16 had PB-SSI diff, 5 had abn SPIN, 12 had abn.	frequency sensorineural loss.	subjects classified as Normal or Abnormal; In total -	clearly had abnormal cognitive findings and also may		
		ears > 16%		DSI, 6 had abn SPIN + PB-SSI, and 26 had abn DSI + SPIN and/or PB-SSI diff. Ann as a co-variate was		41% classified as Abnormal; of the 65 S's with abnormal CAPD status, 35 S's also had abnormal	have had hearing loss.		
				not explicitly examined; the focus was on CAP and		cognitive status			
				cognitive status					
1	Stach, B., Spretniak, M., & Jerger, J. (1990). The	SSI and PAL PB-50 word lists: established PI-PB functions in	Retrospective analysis of data from 700 clinical patients.	Prevalence of central presbycusis increased with age	because hearing increased with age, conducted a substudy to control for hearing loss with 20 Sthaft decade, matched for degree of hearing loss based on PTA, even when degree of hearing loss controlled, prevalence of central prestynacias increased with age. But greater prevalence of CAPD in hearing loss group compared to non-clinical group (suggests confound)	not measured.	hearing loss and cognitive decline. However, authors	Significance of individual measures - unknown.	
	Stach, B., Spretnjak, M., & Jerger, J. (1990). The prevalence of central presbycusis in a clinical population. Journal of the American Academy of Audiology, 1, 109-115.	SSI and PAL PB-50 word lists; established PI-PB functions in quiet, SSI presented at 0 dB MCR. Central presbycusis defined as : SSI rollover > 20%, PB scores - SSI scores >	aged 50 years +, with 100 subjects/half age decade (5-54, 55	- (17%, 50-54 yrs to 95%, 80+ yrs) (not broken down	substudy to control for hearing loss with 20 S's/half-		hearing loss and cognitive decline. However, authors mention that their methods of identifying CAPD are relatively immune to the effects of hearing loss.		
	Southar of the American Academy of Abdiology, 1, 105-115.	20%, or absolute SSI score lower than normative boundary with same degree of hearing loss.	subjects (20/age group described above)	by test measure)	PTA; even when degree of hearing loss controlled,		Didn't specify if S's were native speakers of English.		
		with same degree of hearing loss.			prevalence of central presbyacusis increased with are But greater prevalence of CAPD in bearing loss				
					group compared to non-clinical group (suggests				
2					confound)				
	Cooper, J.C. Jr., & Gates, G.A. (1991). Hearing in the elderlythe Framingham cohort, 1983-1985: Part II.	PIPB functions for CID W-22, SSI-ICM (SSI presented at 50 dB HL at MCRs of +10, 0, -10, -20 dB; SSW test at 50 dB SL re: PTA. Abornami results: PB rollover > 20%, PB-SSI > 20%; SSW: moderately and severely abnormal (and over- mented interaction for the TCC methods) (and over-	n = 1018 from the Framingham cohort who provided sufficien data.	1 4% of subjects failed PI-95 rollower test (CAPD), 18.1% subjects failed PI-95 rollower test (CAPD), 18.1% subjects failed PI-95 rollower and were subject and the rollower and rollower and Statistication results: task control of PI-90 rollower and Statistication results: task control of PI-90 rollower and the rollower and Accounted for -18 for mere analysis of the age. Accounted for -18 for mere analysis of the rollower and the considered a dominant factor in etiology of CAPD	not assessed directly, but assumed it was minimal	not assessed	cognitive decline, high frequency hearing loss (not reported). Didn't specify if subjects were native speakers of English.	Prevalence of CAPD in a nonclinical population was 23% among those > 63 yrs	
	Prevalence of central auditory processing disorders. Ear and Hearing, 12, 304-311.	re: PTA. Abnormal results: PB rollover > 20%, PB-SSI > 20%, SSW moderately and example abnormal (and over		classified as CAPD; 10.7% showed abnormal SSW			speakers of English.		
	and rearing, 12, 004011.			22.6%; abnormal performance increased with age.					
		condition error scores)		Accounted for ~15% of the variance and not considered a dominant factor in etiology of CAPD					
3									
	Jerger, J., Jerger, S., & Pirozzolo, F. (1991). Correlational analysis of speech audiometric scores, hearing loss, age, and cognitive abilities in the elderly	Speech tests identical to those described for #1 above (Jerger et al., 1989), but derived five speech scores (PB, SSI, SPIN-high, SPIN-low, DSI) by averaging the individual ear	n = 200 subjects, 50-91 yrs (same as subject recruitment in #1)	For SSI, hearing loss and age significantly contributed to performance. For other measures, age was not a significant predictor variable contributing to performance.	Predictor variable of hearing loss was significantly associated with PB (58% variance accounted for	For DSI, hearing loss and digit symbol score (speed of mental processing) accounted for 43% of variance.	Appears that hearing loss was a variable contributing to most of performance among this group.	Considerable variance was not accounted for, for each of the tests. If younger subjects were tested to compare to the older subjects, might have been possible to state that there were age effects (so pure age effects could not really be assessed, because it was an older group of participants). Of data reported inderge of bearion beas was strongest	
	and cognitive abilities in the elderly	SPIN-high, SPIN-low, DSI) by averaging the individual ear	,	age was not a significant predictor variable	VAF) and SPIN-Low scores 61% VAF), addition of			compare to the older subjects, might have been	
		scores		contributing to performance.	other variables accounted for only 3-6% additional variance. For SSI, hearing loss (42% VAF) and age			possible to state that there were age effects (so pure age effects could not really be assessed, because it	
					(another 12% VAF) significantly contributed to			was an older group of participants). Of data	
					VAF). For DSI, hearing loss (30% VAF) and digit			reported, degree of hearing loss was strongest predictor variable for the 4 monotic speech measures, but accounted for less variance for the	
1				1	Predictor variable of hearing loss was significantly associated with PB (8%) variance accounted for, VAP) and SPI-VAP was once 61% VAP), addition of other variables accounted for only 3-6% additional variance. For SSI hearing loss (25% VAP) and age performance: for SPIN-high-only hearing loss (34% VAF). For OSL hearing loss (30% VAP) and age accounted for 13% of variance) accounted for 43% of variance.			measures, but accounted for less variance for the	
					accounted for 13% of variance)) accounted for 43% of total variance.	1		dichotic speech measure (DSI)	
						1			
4	van Rooij, JCGM, & Plomp, R. (1992). Auditive and	reduced battery to SRT in Q and N, memory enan and	85 S's, 53-94 yrs; healthy volunteers, otoscopically inspected	None	Canonical correlations: Threeholde - 63% yer M	Canonical correlations: Divit error and marcon-			
	cognitive factors in speech perception by elderly listeners III.	reduced battery to SRT in Q and N, memory span and I. processing speed. Tests administered on computer in S's home (NOT in the lab)	uniteers, otoscopically inspected		Canonical correlations: Thresholds - 63% var, HL slope - 11% var	Canonical correlations: Digit span and memory scanning - 10% var			
1	cognitive factors in speech perception by elderly listeners III. Additional data and final discussion. JASA, 91, 1028-1033.	home (NOT in the lab)		1					
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	Humes, L.E., Watson, B.U., Christensen, L.A., Cokely, C.G., Hallion, D.C., & Lee, L. (1994). Earlour resociated with	CUNY NST, CID W-22 in unshaped (W-22U) and spectrally shaped (W-22S) noise, R-SPIN; presentation level for all speech materials 70 and 90 dB SPL; SNR = +7 dB (using	n = 50, 63-83 yrs; air-conduction thresholds show a mild-to- moderately severe hearing loss (on average)	Canonical analyses revealed that age was part of the real of predictor variables to predict speech scores at	Canonical analyses identified hearing loss as the largest predictor variable to account for variation in a set of criterial variables (esp. the first speech variable: Speech scores at lower presentation level)	Canonical analyses showed that all cognitive variables were part of the set of predictor variables to predict speech scores (cspecially CoG 5 - measures from WAIS-R), but low weights. Little or no additional	accounted for through PCA and Canonical	PCA's second speech component reflects speech perception in noise at a high signal level that was not	
	Halling, D.C., & Lee, L. (1994). Factors associated with individual differences in clinical measures of speech recognition among the elderly. Journal of Speech and	speech materials 70 and 90 dB SPL; SNR = +7 dB (using	inductionary service meaning loss (on average)	the lower presentation level (although weight was	set of criterial variables (esp. the first speech	predict speech scores (especially COG 5 - measures	sources. Didn't specify if subjects were native	accounted for by audibility (accounts for about 7 % of variance); source not identified	
	recognition among the elderly. Journal of Speech and Hearing Research. 37, 465-474.	speech-shaped noise) [total of 20 mesures of speech recognition: 5 tests x 2 presentation levels x 2 noise		weak)	variable: Speech scores at lower presentation level)	from WAIS-R), but low weights. Little or no additional variance accounted for by cognitive or auditory-	speakers of English.	variance); source not identified	
	including residential, bit, 400-474.	conditions (Q & N)			among the elderly subjects. Canonical correlations: HL, 70-75% VAF	processing measures.			
6									
	Humes, L.E., Coughin, M., and Talley, L. (1998). Evaluation of the use of a new compact disc for auditory perceptual assessment in the elderly. Journal of the American Academy of Audiology, 7, 419-427.	n Dichotic nonsense syllables (simult and 90 ms lag), dichotic digits, DSI, dichotic CV segments (voice in one ear- consonant in the other ear), binaural NUB with high and low- pass filtering, NUB with 45 and 65% TC; all presented at 90 dB SPL	n = 38 elderly subjects and 40 young adults; young adults had normal baseing: elderly subjects had bearing ranging	Age effects observed on Dichotic CVs (2 levels), vowels in 1 ear- consonants in the other, and NU6 -	hearing loss was signif for 5/10 tests: dichotic digits, DSI, NU6 filtered, NU6-45% and 65%TC; no effect	not assessed	Didn't specify if subjects were native speakers of English	Observed questionable test-re-test reliability for dichotic NS and DSI; recommend 2 speech tests for auditory perceptual evaluation of elderty (at 90 dB SPL): VIOECITO (vowels in one ear consonants in	
	assessment in the elderly. Journal of the American	consonant in the other ear), binaural NU6 with high and low-	from normal to moderate sloping high-frequency sn hearing	filtered. NOTE: little association between scores on	of age was observed for Dichotic Digits, DSI, and		English.	auditory perceptual evaluation of elderly (at 90 dB	
	Academy of Audiology, 7, 419-427.	pass filtering, NU6 with 45 and 65% TC; all presented at 90	loss; elderly subjects divided into 2 subgroups: ENH (13) and	filtered. NOTE: little association between scores on dichotic digit and DSI with high frequency PTA up to 50 dB HL.; PCA showed that age was associated	NU6-45% TCR. NOTE: the 3 measures involving			SPL): VIOECITO (vowels in one ear consonants in the other) and dichotic nonsense-syllables with 90	
		ub arc	Eni (25)	with dichotic-competition skills and auditory-	of age was observed for Dichotic Digits, DSI, and NU6-45% TCR. NOTE: the 3 measures involving NU6 were strongly correlated with high freq/y PTA; DESPITE presentation level of 90 dB SPL. HFPTA			ms lag.	
1				pattern/temporal sequencing factor.	strongly negatively associated with general speech understanding (PCA Factor 1)				
7									
	Divenyi, P., & Haupt, K.M. (1997). Audiological correlates of	f SRT, CCT at 50 dB SL re PTA with contral white noise o-masking at + 30 dB SNR, low-pass filtered speech at .75 and 1-kHz, rapid alternating speech (RAS), MRT in reverberation	n = 45 elderly subjects (60-81 yrs), pure-tone thresholds < 50	Following ANCOVA to remove hearing loss effects,	hearing loss effects seen on SSI, Contral competing	not assessed	Didn't specify if subjects were native speakers of	Robust age effects for reverberant speech, SPIN in spatial separation, sentence context-based	
	-moderate hearing loss. I. Age and lateral asymmetry	1-kHz, rapid alternating speech (RAS), MRT in reverberation	control subjects.	RAS, CCT, TC30, RT .45 and .85 sec, and SPIN	sentence tests, TC 60, MRT without reverberation and in1.2 sec reverberation and some of the SPIN		Languan.	spatial separation, sentence context-based facilitation of speech intelligibility (HP vs. LP SPIN)	
	leffects. Ear and Hearing, 18(1) 42-61.	a t = 04585. and 1.25 sec reverberation time. SSI-ICM		spatial separation measures	spatial non-spatial measures. (that is, different scores between young and eld before ANCOVA and				
		binaural, NU6 with TC30 and TC60, SPIN at +4 dB SBR -			differences were not preserved after ANCOVA)				
		monaural and 3 spatial conditions							
8a									
	Divenyi, P., & Haupt, K.M. (1997). Audiological correlates of speech understanding deficits in elderly listeners with mild-to moderate hearing loss. II. Correlation analysis. Ear and		same as 8a, without young control group	Age was expressed as the linear combin. of 4	observed a high canonical r between hearing	not assessed	Didn't specify if subjects were native speakers of	hearing loss acounts for 2/3 of variance in speech	
	-moderate bearing loss II Correlation analysis Far and	f Same as 8a		predictor variables: pure tone slope. SPIN 36 mono			English.		
		f Same as 8a o		Age was expressed as the linear combin. of 4 predictor variables: pure tone slope, SPIN 36 mono (SPIN 360 deg High + Low minus SPIN Monaural	observed a high canonical r between hearing sensitivity measures and 6 measures of speech understanding in non-optimal conditions (mostly		English.	measures; believe the remaining variance must be due to central mechanisms (esp. for babble-related	
	Hearing, 18(2) 100-113.	f Same as 8a D		predictor variables: pure tone slope, SPIN 36 mono (SPIN 360 deg High + Low minus SPIN Monaural High + Low), SSI, and bilateral competing sentence test (but only accounted for 31 5% of variance): where			English.	and other interference measures and reverb); thus,	
1	Hearing, 18(2) 100-113.	f Same as 8a D		predictor variables: pure tone stope, SPIN 36 mono (SPIN 360 deg High + Low minus SPIN Monaural High + Low), SSI, and bitateral competing sentence test (but only accounted for 31.5% of variance); where hearing loss removed, age predicted by CCT, SPIN CDT hul and Audience SPIN for Mona 2015			english.	and other interference measures and reverb); thus, ability to perceptually segregate one speech signal from another - still a factor in older people when	
	Hearing, 18(2) 100-113.	f Same as 8a O		predictor variables: pure tone slope, SPIN 36 mono (SPIN 360 deg High + Low minus SPIN Monaural High + Low), SSI, and bilateral competing sentence test (but only accounted for 31.5% of variance); wher hearing loss removed, age predicted by CCT, SPIN SPT H+L and Auditory Fitter Width (53.4% VAF)	sensitivity measures and 6 measures of speech understanding in non-optimal conditions (mostly SPIN measures with and without spatial sep) and speech in reverberation; and between hearing sensitivity and 7 measures of speech understanding in distortion or interference		engilsn.	and other interference measures and reverb); thus,	
85	Hearing, 18(2) 100-113.	f Same as 8a O		predictor variables: pure tone slope, SPIN 38 mono (SPIN 30 dep High + Low micus SPIN Monaural High + Low), SSI, and biateral competing sentence test (but only accounted for 31 K/s of variance); wher hearing loss removed, age predicted by CCT. SPIN SPT H+L and Auditory Filter Width (53.4% VAF)			engusn.	and other interference measures and reverb); thus, ability to perceptually segregate one speech signal from another - still a factor in older people when	
8b	Hearing, 18(2) 100-113.	l Name as Ra	same as 8s with control group	High + Low), SSI, and biateral competing sentence test (but only accounted for 31 SNS of variance), wher hearing loss removed, age predicted by CCT, SPIN SPT H+L and Auditory Filter Width (53.4% VAF) PCA extracted 6 factors, with the largest factor.		not assessed	Didn't specify if subjects were native speakers of	and other interference measures and reverb); thus, ability to perceptually segregate one speech signal from another - still a factor in older people when auditory sensitivity is controlled. re-affirmed importance of evaluating perceptual	
8b	Hearing, 18(2) 100-113.	l Name as Ra		High + Low), SSI, and biateral competing sentence test (but only accounted for 31 SNS of variance), wher hearing loss removed, age predicted by CCT, SPIN SPT H+L and Auditory Filter Width (53.4% VAF) PCA extracted 6 factors, with the largest factor.	SPIN measures with and without spatial sep) and speech in reverberation; and between hearing sensitivity and 7 measures of speech understanding in distortion or interference	not assessed		and other interference measures and reverb); thus, ability to perceptually segregate one speech signal from another - still a factor in older people when auditory sensitivity is controlled.	
8b	Hearing, 18(2) 100-113.	l Name as Ra		High + Low), SSI, and bilateral competing sentence test (but only accounted for 31.5% of variance); wher hearing loss removed, age predicted by CCT, SPIN SPT H+L and Auditory Filter Width (53.4% VAF)	SPIN measures with and without spatial sep) and speech in reverberation; and between hearing sensitivity and 7 measures of speech understanding in distortion or interference	not assessed	Didn't specify if subjects were native speakers of	and other interference measures and reverb); thus, ability to perceptually segregate one speech signal from another - still a factor in older people when auditory sensitivity is controlled. re-affirmed importance of evaluating perceptual	
8b 8c	Hearing, 18(2) 100-113. Diversyl, P. & Haupt, K.M. (1997). Autological correlates of speech understanding deficits in objevy istences with mild-to- moderate hearing iss. III. Factor representation. Ear and Hearing, 18(3) 189-201.	/ Kame as 8a P	same as fa with control group	High Lou, SSI, and billard isometing sentimou, hearing loss removed, app protocide by COT. SPIN SPT H-L and Auditory Filter Width (S3.4% VAF) PCA extracted 6 factors, with the largest factor integrated as speech understanding with interference. 2nd factor is hearing sensitivity (dirit really talk about "age effects" per se)	SPN measures with and without spatial sep) and spatial sector of the spatial sep of the spatial sector of the spatial in distortion or interference 2nd factor extracted was hearing sensitivity in PCA	net assessed	Didn't specify if subjects were native speakers of English.	and other interference measures and reverb); hus, significity perceptation separation are perception signal auditory sensitivity is controlled. re-affirmed importance of evaluating perceptual segregation of simultaneous speech stimuli	
8b 8c	Hearing, 18(2) 100-113. Diversyl, P. & Haupt, K.M. (1997). Autological correlates of speech understanding deficits in objevy istences with mild-to- moderate hearing iss. III. Factor representation. Ear and Hearing, 18(3) 189-201.	/ Kame as 8a P	same as fa with control group	High + Low, ISSI, and billater al competing sentinces that plut only accounted for 31.5% of valuence), where SPT H-L, and Auditory Filter Width (S3.4% WF) PCA extracted 6 factors, with the largest factor interpretod as speech understanding with interference. 2nd factor is hearing sensitivity (didn't really liak houd: large effects per action of the 6	SPN mesures with and without spatial seg) and speech in reverticention, and between the hearing interaction or interference and distortion or interference 2nd factor extracted was hearing sensitivity in PCA co-varied with the speech measures, hearing loss	not assessed	Daint specify if subjects were native speakers of English Daint specify if subjects were native speakers of	and other inforference measures and reverb); hus, those of the second second second second second second measures and the second second second second second auditory sensitivity as controlled. re-affirmed importance of evaluating perceptual segregation of simultaneous speech stimuli gender differences noted on decline in speech	
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86 8c	Hearing, 18(2) 100-113. Diversyl, P. & Haupt, K.M. (1997). Autological correlates of speech understanding deficits in objevy istences with mild-to- moderate hearing iss. III. Factor representation. Ear and Hearing, 18(3) 189-201.	P Same as 8a P NULL SSI R XPRX concreted P1 fra for NULL and SSI for	same as fa with control group	High Loop, SS, and bidard comprising settinov, hearing loss memory, app neided by UCCT. SPN SPT In-L and Audiony Filer Weth (SJ 4% WF) PCA estraded 6 factors, with the largest factor metherance, and factor is teering settinely (dia't really luik about the effects on any of the 6 speech measures, across the 5 definite page factors for ITA and an effects on any of the 6 speech measures, across the 5 definite page factors appendix and the speech measures and the factors of the 6 speech measures, across the 5 definite page factors the ITA, age effects on any of the 6 speech measures, across the 5 definite page factors of the 6 speech measures.	SPN measures with and without spatial sep) and spatial sector of the spatial sep of the spatial sector of the spatial in distortion or interference 2nd factor extracted was hearing sensitivity in PCA	not assessed	Daint specify if subjects were native speakers of English Daint specify if subjects were native speakers of	and other inforference measures and reverb); hus, those of the second second second second second second measures and the second second second second second auditory sensitivity as controlled. re-affirmed importance of evaluating perceptual segregation of simultaneous speech stimuli gender differences noted on decline in speech	
85 8c	Hearing, 18(2) 100-113. Diversyl, P. & Haupt, K.M. (1997). Autological correlates of speech understanding deficits in objevy istences with mild-to- moderate hearing iss. III. Factor representation. Ear and Hearing, 18(3) 189-201.	/ Kame as 8a P	same as fa with control group	High + Low, ISSI, and billater al competing sentinces that plut only accounted for 31.5% of valuence), where SPT H-L, and Auditory Filter Width (S3.4% WF) PCA extracted 6 factors, with the largest factor interpretod as speech understanding with interference. 2nd factor is hearing sensitivity (didn't really liak houd: large effects per action of the 6	SPN mesures with and without spatial seg) and speech in reverticention, and between the hearing interaction or interference and distortion or interference 2nd factor extracted was hearing sensitivity in PCA co-varied with the speech measures, hearing loss	not assessed	Daint specify if subjects were native speakers of English Daint specify if subjects were native speakers of	and other inforference measures and reverb); hus, those services and reverb; hus, those services and the service measures and the service service service when auditory sensitivity is controlled. re-affirmed importance of evaluating perceptual segregation of simultaneous speech stimuli gender differences noted on decline in speech	
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Dian't specify if subjects were native speakers of English. Dian't specify if subjects were native speakers of English.	and other indeference measures and envelop. Thus, them another - still adort in other people when auditory sensitivity is controlled. re-affirmed importance of evaluating perceptual segregation of simultaneous speech stimul gender differences noted on decline in speech recognition that were not accounted for by hearing annaholity. Not audients aboved to PI -091 rollower results measures and the second structure of auditory processing in the story may reflect individual differences in cognitive function. To this needs to be reflect with a parallel tasks in efficient modelses recommend testing for LAM attemmatiy and parallel tasks in efficient modelse. Recommend testing for LAM attemmatiy and effects on dicholic measures seen for LE and less for RE	
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Sequencing versus nonsequencing working memory in the trained sequencing versus nonsequencing working memory in the trained memory in	Same as 8a NUE, SSI, R-SIPRE generated PF Tris for NUB and SSI. for SSI, KLM, KLR Wei, GB, SPR premote in standard mol, SPR-PL, and GB, SPR premote in standard mol, SPR PL, and SPIN FS (h. hand) for specify Re-Da worl tas, SSI DSI, et 2:3 SPI4 (ID, Ro, 100) DSI with free epoin (PR) and directed report (DR) PI functions, to determine PI-PIP rotover, dichotic CVs with 00 min tag, NAB at 40% TCR Manual SSI MASSI, Macquire DSI (MDSI/PI accose, derived CAP test outcomes that were + to CAPP, poore finan appointing PIP Rest, Macquire DSI (MDSI/PI accose, derived CAP test outcomes that were + to CAPP, poore finan appointing PIP Rest, Macquire DSI (MDSI/PI accose, derived CAP test outcomes that were + to CAPP, poore finan appointing PIP Rest, Macquire DSI (MDSI/PI accose, derived CAP test outcomes that were + to CAPP, poore finan appointing PIP Rest, Macquire DSI (MDSI/PI accose, derived CAP test outcomes that were + to CAPP, poore finan appointing PIP Rest, Macquire DSI (MDSI/PI accose, derived CAP test outcomes that were + to CAPP, poore finan appointing PIP Rest, Macquire DSI (MDSI/PIP accose, derived CAP test outcomes that were + to CAPP, poore finan appointing PIP Rest, Macquire DSI (MDSI max, Lath	same as Ba with control group ~ (10) groups with an intering loss (55.44, rg), indexted resolution 10 year age ranges with regulated thresholds (56.44, 65.47, 76.41), final sample was 125 prope; 230 ears) ~ 100 olden) S1x - 60 hearings with high-frequency semithinity loss (11, 21, and 44.91) > 15 dB HL, normal source on MMDE (241) 213 delays subjects, 60 AB rys, cancel and formalies), blait. The subject of 24 properties (compared performance to yearing norms) n = 1192 participants, 54-89 yrs, PTA = 50 dB HL and no ear asymmetry	High Loop, SS, and Baland composing electron hearing loss moves, app needed by QCC. 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Processing Beder accounted for 18 % of versions, and Beder accounted for 18 % of versions.	Dian't specify if subjects were native speakers of English. Dian't specify if subjects were native speakers of English. Dian't specify if subjects were native speakers of English.	and other indeference measures and envelop. Thus, them another - still adort in other people when auditory sensitivity is controlled. re-affirmed importance of evaluating perceptual segregation of simultaneous speech stimul gender differences noted on decline in speech recognition that were not accounted for by hearing annaholity. Not audients aboved to PI -091 rollower results measures and the second structure of auditory processing in the story may reflect individual differences in cognitive function. To this needs to be reflect with a parallel tasks in efficient modelses recommend testing for LAM attemmatiy and parallel tasks in efficient modelse. Recommend testing for LAM attemmatiy and effects on dicholic measures seen for LE and less for RE	

	Monotic auditory processing disorder tests in the older adult population. Journal of the American Academy of Audiology.	ICM at MCRs of +10, 0, -10 and -20 dB, Time-compressed	In = 45 doler adults: 14 oder normal, 15 with high frequency hearing loss, 15 with no and high frequency hearing loss (PTA < 50 dB HL through 4000 Hz); 3 groups similar in cognitive measures	Only TC Speech at 60% in the hearing loss group (Nilvoi) would be considered + 6 rok APC (scores < 2 s.d. from norms), age did not emerge as an imp. factor in APD performance	Hearing was a signif ME for TC sentences and words, LPFS: In MUR beg analysis - sp. Frequency hearing measures significantly predicted LPFS, SSI (- 10 MCR), TC sent and words (60% TCR), high frequency hearing loss NOT a signif predictor	cognitive measures were negligible in analyses; verbal ability was a significant predictor for TC words only		hearing loss in the speech range played an imp, role in APD performance, but age half like effect, the only speech APD test that was not degraded by peripheral hearing loss was 0-SNI & BUT SSNI KOM, LFFS, and TC sp - influenced by peripheral hearing loss (but mostly when there is hearing loss in low + high frequency range in mild to moderate category)	
14	Gates, G.A., Feeney, M.P., & Mills, D. (2008). Cross-	W-22 at 90 dB HL or max comfort level.SSI-ICM (0 dB MCR).			not examined but adjusted age regressions for PTA		doesn't indicate if native language was English	concludes that CAPD dysfunction, beyond changes	
15	sectional age-changes of hearing in the elderly. Ear and	W-22 at so do PL dr max comot revel.SS-H-UA (do B MC-R), DSI-free report, DDT (Dicholo: Digits Ted) - free peopl. SSI, DSI, and DDT presented at 50 dB SL re PTA Tested until asymptotic performance	screen) PTA < 47 dB HI word rec > 70%	SSI-RUM scores adjusted for FIA declined itom also (JA%)rd depending on ear and gender: DDT showed small age effect after adjustment for PTA in men (RE; 3yr) and women (LE;52y)	not examined but adjusted age regressions for PTA	not examined, but 5.5 were screened for cognitive function	ooesn tinoicate if native language was English	concludes that LAPL bystanticton, beyond changes in peripheral input is a major component in prestrycusis in people >70 yrs. SSI-ICM showed more rapid decline with age than the two dicholic tests; thus, recommend routine clinical assessment of CAP with SSI-ICM test (but need to have adequate memory)	
	George A. Gates; Melissa L. Anderson; M. Patrick Feeney;	CID W-22 at 90 dB HL, SSI-ICM (d dB MCR), DSI, DDT	n = 313 volunteers; 3 groups: controls without memory loss,		two memory groups had poorer hearing than control	adjustment for pure tone thresholds and age was	doesn't indicate if native language was English	findings suggest strong association between memory	
	Susafi M. McCuriy, Frie B. Larson. (2008) Central Auditory Dysknickion in Okler Persons Wir Memory Impairment or Akzheimer Dementia. Arch Otolaryngol Head Neck Surg. 134, 771-777.	(same as study #15 above)	Individuals with mild memory loss without dementa, riemory- impared individus with dementa; herwise, criteria are same as in study #15 above (Gates et al., 2008)	group, hence, age was factored out of analyses		used in evaluating group scores; DSI test showed largest difference between the 3 groups control s- mild memory -> dementia dementia groups; SSI-ICM showed largest difference between mild memory and dementia groups (SSI may be sensitive to progression in memory impairment)		loss and tests of central auditory function. Not a surprising result (yon DS) stresses memory and uses free report as the mode of response selection; tests of perception should minimize memory and motor components of the task.	
	Vaughan, N., Storzbach, D., & Furukawa, I. (2008).	IEEE sentences and anomalous sentences - TC at 0. 40. 50.	n = 225 native speakers of English, 50-75 vrs, pure tone	PCA results not adjusted for age showed 3	hearing loss + age accounted for 28% of variance in	sequential WM - significantly correlated with		total variance accounted for by age, hearing loss.	
17	adults in audiology clinics. Journal of the American Academy of Audiology. 19, 533-541.	tests, speed of proc tests, and tests of attention; presented at 90 dB SPL		components: nonsequential VM, exquential VM, and Processing Speed (61% VAF): sentence PCA with 2 sentence types at 60% and 60% TC-> 1 component (80% VAF)		performance on the compressed sentence tasks; highest i's with compressed specific were for LNS, full-scale IQ and verbal IQ (when controlling for age and hearing loss); approximately 13% of total variance in compressed speech was attributable to cognitive variables, especially LNS		and cognitive measures was 41.6% (< half of sentence score variance).	
	Gates GA, Obbons L, McCurry S, Crane P, Feerny MP, Larson E. (2010). Executive Dystanches and Preshycusis Older Persons with and without dementia. Cognitive and Behavioral Neurology. 23, 216-23.	SSHOM, DSI free mode; DDT (as described in #15 above)	memory loss, individuals with mild memory loss without dementia; memory-impaired individuals with dementia;	among control group with normal cognitive function, observed ahommatulis ni 40– 45%. Reported as controlled, but not assessed as a separate factor.		derived an exec function score from neuropsych tests: tail making, took drawing. Storego color and word test: Executive function score was associated in PTA after controlling for sex, ags, and educ, using the executive function of the executive with all CAP speech tests: Executive function explained worces DBJ and BiV waitore of worse DDT (lower for better ear). Trails B was most strongly associated with auditory outcomes		confirm an associate between CAPD in sping and cognino (LCAP test require short-term memory, task- shifting, and attention-to-task); recommend that defeny patients with substantial CAPD be referred for neuropsych eval.	