



Research Paper

Assessment of rock musician's efferent system functioning using contralateral suppression of otoacoustic emissions



Prawin Kumar ^a, Vibhu Grover ^a, Sam Publius A ^a,
Himanshu Kumar Sanju ^{b,*}, Sachchidanand Sinha ^c

^a Department of Audiology, All India Institute of Speech and Hearing, Mysuru 6, Karnataka, India

^b Department of Audiology and Speech-Language Pathology, Amity Medical School, Amity University, Gurgaon, Haryana, India

^c Department of Speech and Hearing, Sri Aurobindo Institute of Medical Science, Indore, Madhya Pradesh, India

Received 18 May 2016; accepted 29 November 2016

Available online 23 December 2016

KEYWORDS

Rock musicians;
Contralateral
suppression;
Efferent pathway

Abstract *Objective:* Contralateral suppression of oto acoustic emission (OAE) is referred as activation of efferent system. Previous literature mentioned about the importance of contralateral suppression of OAEs as a tool to assess efferent system in different groups of population. There is dearth of literature to explore the efferent system function in experienced musicians exposed to rock music using TEOAEs and DPOAEs.

Methods: Two groups of participant (14 rock musicians and 14 non-musicians) in the age range of 18–25 years were involved in the study. Contralateral suppression of TEOAEs and DPOAEs were measured using ILO (Version 6) in both groups.

Results: Descriptive statistics showed higher suppression of TEOAEs and DPOAEs in rock-musicians at most of the frequencies in comparison to non-musicians. For DPOAE measures, Mann Whitney *U* test results revealed significantly greater DPOAE suppression only at 1 kHz and 3 kHz in rock-musicians compared to non-musicians. For within group comparison, Kruskal Wallis test results revealed there were significant difference observed across most of the frequencies i.e. at 1 kHz, 3 kHz and 6 kHz. For TEOAE measures, Mann Whitney *U* test results revealed that only at 2 kHz, TEOAE suppression in rock-musician was significantly greater compared to non-musicians. Similarly, Kuskal Wallis test results revealed that within group

* Corresponding author.

E-mail address: himanshusanjuaiish@gmail.com (H.K. Sanju).

Peer review under responsibility of Chinese Medical Association.



Production and Hosting by Elsevier on behalf of KeAi

there were no significant differences observed for most of the frequencies except 2 kHz.

Conclusions: Based on the above finding, present study concludes that rock musicians are having better efferent system compared to non-musicians. No suppression effect at few frequencies probably indicates more vulnerability at those frequencies. Contralateral suppression of DPOAE shows more significant finding in comparison to contralateral suppression of TEOAEs in present study.

Copyright © 2016 Chinese Medical Association. Production and hosting by Elsevier B.V. on behalf of KeAi Communications Co., Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

The auditory efferent system consists neural pathways that transmit information from the lower brainstem to the cochlea.¹ The medial component consists of large, myelinate fibres that originate around the medial nuclei of the superior olivary complex and terminates beneath the outer hair cells (OHCs) of the organ of corti.^{1,2} Some medial olivocochlear neurons project ipsilaterally and some project contralaterally, with most OHCs having binaural input.³ On acoustic stimulation, the medial olivocochlear system (MOCS) inhibits activity of OHCs which can be seen by a decrease in the level of OAEs in normal hearing individuals.^{4,5} The amount of suppression can be measured by subtracting the level of emission in presence of the suppressor stimulus from the level of emission in absence of suppressor stimulus.

The function of MOCS is not completely understood by the researchers but in attempts to further understand its function, various psychoacoustic measures such as loudness adaptation and ability to understand speech in presence of noise have been studied in relation to MOCS.^{6,7} The other approach to uncover its functionality has been to study MOCS differences among different subject population.

Studies very clearly mentioned about the importance of contralateral suppression of OAEs in different groups of population.^{8–12} Since suppression of emissions is referred as activation of efferent system which indicated the amount of protection exists with the individuals. It is well known fact that measuring emissions is less time consuming, non-invasive and precise measures due to which many researchers preferred to use it for evaluating efferent system using this technique. In spite of wide application, there is a dearth of literature to explore the efferent system function in experienced musicians exposed to rock music using TEOAEs and DPOAEs. Though, it has been reported in other electrophysiological studies that musicians have enhanced perceptual skills compared to the non-musicians,^{13–17} combination of TEOAEs and DPOAEs suppression effects is not widely explored in rock musicians. Hence, present study is formulated to measure the functioning of efferent system in experienced rock musicians to know about the role of OCB in these individuals over non-musicians. The aim of the present study is to assess the functioning of efferent system in experienced rock musicians in comparison to non-

musicians using contralateral suppression of TEOAEs and DPOAEs.

Material and method

Participants

Two groups of participant (experimental & control group) in the age range of 18–25 years were involved in the study. Experimental group includes 14 rock musicians (28 ears) (Mean age of 23.3 ± 1.3 year) who had minimum professional experience of 5 years of rock music exposure (Mean duration of 8.4 years), practicing minimum of 15 h per week (Mean = 19.3 h/week). They had started musical training after the age of 10 years. Further age matched 14 participants (28 years) (Means age of 24.7 ± 2.1 years) who were not having any formal training of any kind of music and never participated in any musical related activities strictly served as non-musicians, in the control group. All the participants had pure tone thresholds less than 15 dB HL in both ears, which indicated normal peripheral hearing system in both ears. They had no indication of middle ear pathology on the day of testing as per immittance evaluation. They were ruled out based on structured case history for any history of diabetes mellitus, hypertension, any neurological disorders, smoking, and consuming alcohol. It was insured that participants were not having illness on the day testing.

All procedures performed in studies involving human participants were in accordance with the ethical standards of the All India Institute of Speech and Hearing ethical committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Written Informed consents was taken from all participants of this study.

Instrumentation

A calibrated Grason-Stadler Incorporated-61 (Grason-Stadler, Eden Prairie, United State of America) dual-channel audiometer with Telephonics TDH-50P supra-aural headphones, housed in MX-41/AR ear cushions, was used for obtaining air-conduction thresholds. The same audiometer with Radioear B-71 bone-vibrator was used for obtaining bone-conduction thresholds. A calibrated Grason-Stadler Incorporated Tymptstar (Grason-Stadler, Eden Prairie, USA)

immittance meter, with default probe assembly and contralateral earphone, was used for tympanometry and reflexometry. ILO (Version 6) was used for OAEs tests.

Test environment

The testing was carried out in an acoustically sound treated room with ambient noise levels within permissible limits as per ANSI S3.1 (1991). Pure-tone audiometry was carried out in a two-room set up while tympanometry and OAEs tests were administered in a single room suite.

Procedure

The detailed structured case history was obtained from each participant to meet the above subject selection criteria. Pure tone thresholds were obtained using modified Hughson and Westlake procedure at different octave frequencies in between 250 Hz and 8 kHz for air conduction thresholds and for bone conduction thresholds in between 250 Hz and 4 kHz. Tympanometry was done on all participants using 226 Hz probe tone frequency and acoustic reflexes were measured at 500 Hz, 1 kHz, 2 kHz and 4 kHz for both ipsilateral and contralateral measures.

TEOAEs and DPOAEs absolute thresholds as well as contralateral suppression of TEOAEs and DPOAEs were measured using ILO (Version 6). A standard TEOAE/DPOAE probe tip was positioned in the individual's ear canal. For DPOAEs recording, throughout the measurement the ratio (f_2/f_1) was kept constant i.e. 1.22. The stimulus intensity levels were also held constant at $L_1 = 65$ and $L_2 = 55$ dB SPL. The levels of the $2f_1-f_2$ DPOAE were depicted as a function of frequency as a DPgram in between 1000 Hz and 6000 Hz. TEOAE/DPOAE were considered to be present when they were at least 3 dB above the corresponding noise level.¹⁸ The contralateral broad band noise was generated by the Grason-Statler Incorporated-61 diagnostic audiometer at 60 dB SPL and presented in contralateral ear as it does not evoke the middle ear reflex.

Results

Descriptive statistics of DPOAEs and TEOAEs suppression amplitude in musicians at all frequencies in comparison to

non-musicians shown in Tables 1 and 2 respectively. In addition, Kruskal Wallis test was used within group comparison across frequencies and Mann Whitney *U* test was done to check the significant differences between two groups for each test.

For DPOAE measures, Mann Whitney *U* test results revealed that there were significant differences between two groups for DPOAE suppression at 1 kHz ($Z = -2.276$, $P < 0.05$), 3 kHz ($Z = -2.00$, $P < 0.05$). However, significant differences were not observed at 1.5 kHz ($Z = -0.253$, $P > 0.05$), 2 kHz ($Z = -0.184$, $P > 0.05$), 4 kHz ($Z = -0.667$, $P > 0.05$) and 6 kHz ($Z = -0.664$, $P < 0.05$). For within group comparison across frequencies, Kruskal Wallis test results revealed there were significant difference observed for the frequencies i.e. at 1 kHz ($Z^2 = 7.23$, $df = 1$, $P < 0.05$), 3 kHz ($Z^2 = 10.85$, $df = 1$, $P < 0.05$) and 6 kHz ($Z^2 = 6.80$, $df = 1$, $P < 0.05$). However, significant differences were not noticed at 1.5 kHz ($Z^2 = 2.15$, $df = 1$, $P < 0.05$), 2 kHz ($Z^2 = 2.17$, $df = 1$, $P < 0.05$) and 4 kHz ($Z^2 = 1.67$, $df = 1$, $P < 0.05$). Mean amplitude and standard deviation for contralateral suppression of DPOAE among rock-musicians and non-musicians is given in Table 1.

For TEOAE measures, Mann Whitney *U* test results revealed that the suppression was not statistically significant at all frequencies except 2 kHz ($Z = -2.114$, $P < 0.05$). For within group comparison across frequencies, Kruskal Wallis test results revealed that there were no significant differences observed for most of the frequencies except 2 kHz ($Z^2 = 8.47$, $df = 1$, $P < 0.05$). Mean amplitude and standard deviation for contralateral suppression of TEOAE among rock-musicians and non-musicians is given in Table 2.

Discussion

Present study aimed to assess the functioning of efferent system in experienced rock musicians in comparison to non-musicians using contralateral suppression of TEOAEs and DPOAEs. Contralateral suppression of TEOAEs and DPOAEs were measured in rock musicians and non-musicians. Descriptive statistics showed higher suppression of TEOAEs and DPOAEs in musicians at most of the frequencies in comparison to non-musicians. For DPOAE measures, Mann Whitney *U* test results revealed significantly greater DPOAE suppression at 1 kHz and 3 kHz in musicians compared to

Table 1 Contralateral suppression of DPOAE at different frequencies between rock-musicians and non-musicians group (dB, Mean \pm SD).

Group	1 kHz	1.5 kHz	2 kHz	3 kHz	4 kHz	6 kHz
Rock musicians	4.84 \pm 3.96	3.80 \pm 5.67	3.74 \pm 3.82	3.17 \pm 2.17	3.75 \pm 3.22	3.22 \pm 4.19
Non-musicians	2.30 \pm 2.65	2.72 \pm 4.33	3.05 \pm 3.57	1.00 \pm 3.27	2.80 \pm 2.81	1.84 \pm 1.83

Table 2 Contralateral suppression of TEOAE at different frequencies between rock-musicians and non-musicians group (dB, Mean \pm SD).

Group	1 kHz	1.5 kHz	2 kHz	3 kHz	4 kHz
Rock musicians	2.53 \pm 2.32	4.01 \pm 3.21	3.30 \pm 2.62	2.47 \pm 2.24	1.83 \pm 2.08
Non-musicians	3.54 \pm 3.37	3.13 \pm 2.50	1.18 \pm 2.87	1.68 \pm 1.73	1.32 \pm 1.15

non-musicians. However, significant differences were not observed at 1.5 kHz, 2 kHz, 4 kHz and 6 kHz. Kruskal Wallis test results revealed there were significant difference observed across most of the frequencies i.e. at 1 kHz, 3 kHz and 6 kHz. However, significant differences were not noticed at 1.5 kHz, 2 kHz and 4 kHz.

For TEOAE measures Mann Whitney *U* test results revealed that though there were higher suppression (better MOC system) for musicians in comparison to non-musicians it was not statistically significant at all frequencies except 2 kHz. When comparisons were made between two measures, DPOAE shows more of frequencies with significant difference in comparison to TEOAEs in present study. Probably DPOAEs could be able to tap the minimal differences observed between experienced musicians versus non-musicians.

Outcome of the present study is in consonance with previous literature.^{7,19–21} Micheyl et al.⁷ in 1995 investigated suppression of TEOAEs under contralateral acoustic stimulation in musicians and non-musicians. The result showed that the musicians showed on average a greater reduction in TEOAE amplitude under contralateral acoustic stimulation, suggesting a stronger medial efferent feedback on the auditory periphery in these subjects. Similarly, Perrot et al.¹⁹ in 1999 compared contralateral suppression of OAEs between professional musicians and non-musicians. They also reported stronger bilateral cochlear suppression, suggesting larger efferent influences in both ears, in musicians. Micheyl et al.²⁰ in 1997 also reported that musicians showing greater amplitude reduction of evoked otoacoustic emission upon contralateral noise stimulation than non-musicians. On similar line, Brashears et al.²¹ in 2003 studied contralateral suppression of TEOAEs on orchestra musicians using binaural broad band noise in a forward masking paradigm. Result revealed orchestra musicians to have significantly more suppression compared to non-musicians. The probable reason for the higher suppression effect explained as sound conditioning stimulus and music could be the mechanism for strengthening central auditory pathways. Sound conditioning has been shown to ameliorate the damaging effect of noise trauma in various animal models.^{22,23} MOC is well known as protective functional role appeared to share by "toughening" of OHCs themselves.²⁴ Further, present study finding such as more suppression effect in rock musicians could be explained as constant dose of low level noise exposure in the form of music may be conditioning the musician ears and thus increased ability to suppress otoacoustic emissions. The differences across frequencies in terms of suppression effects could be explained as more/less vulnerable auditory system to the noise in musicians. The results of the present study revealed higher suppression effect across frequencies in musicians though not significant, which probably indicate better protection to the auditory system across different frequencies in these individuals. However, no suppression effect at most of the frequencies probably indicates more vulnerability at those frequencies. Based on the above finding, present study concludes that musicians are having better efferent system but needs to be validated on larger population and with more experience of music training.

Conclusion

The results of the present study revealed higher suppression effect across frequencies in musicians, which probably indicates better protection to the auditory system across different frequencies in these individuals. However, no suppression effect at few frequencies probably indicates more vulnerability at those frequencies. Based on the above finding, present study concludes that rock musicians are having better efferent system compared to non-musicians.

Conflicts of interest

None.

Acknowledgement

We want to acknowledge director of AIISH, Mysuru-6, India and HOD of Department of Audiology, AIISH, Mysuru-6, India for allowing us to carry out this study. We also want to acknowledge all participants of our study.

References

1. Warr WB, Guinan Jr JJ. Efferent innervation of the organ of corti: two separate systems. *Brain Res.* 1979;173:152–155.
2. Warr WB, Guinan JJ, White JS. Organization of the efferent fibres: the lateral and medial olivocochlear systems. In: Altschuler RA, Hoffman DW, Bobbin RP, eds. *Neurobiology of Hearing: The Cochlea*. New York: Raven Press; 1986:333–348.
3. Liberman MC. Response properties of cochlear efferent neurons: monaural vs. binaural stimulation and the effects of noise. *J Neurophysiol.* 1988;60:1779–1798.
4. Collet L, Kemp DT, Veuillet E, Duclaux R, Moulin A, Morgon A. Effects of contralateral auditory stimuli on active cochlear micro-mechanical properties in human subjects. *Hear Res.* 1990;43:251–261.
5. Hood LJ, Berlin CI, Hurley A, Cecola RP, Bell B. Contralateral suppression of transient-evoked otoacoustic emissions in humans: intensity effects. *Hear Res.* 1996;101:113–118.
6. Micheyl C, Collet L. Involvement of the olivocochlear bundle in the detection of tones in noise. *J Acoust Soc Am.* 1996;99:1604–1610.
7. Micheyl C, Carbonnel O, Collet L. Medial olivocochlear system and loudness adaptation: differences between musicians and non-musicians. *Brain Cogn.* 1995;29:127–136.
8. Katbamna B, Homnick DN, Marks JH. Contralateral suppression of distortion product otoacoustic emissions in children with cystic fibrosis: effects of tobramycin. *J Am Acad Audiol.* 1998; 9:172–178.
9. Sanches SG, Carvallo RM. Contralateral suppression of transient evoked otoacoustic emissions in children with auditory processing disorder. *Audiol Neurootol.* 2006;11:366–372.
10. Clarke EM, Ahmmed A, Parker D, Adams C. Contralateral suppression of otoacoustic emissions in children with specific language impairment. *Ear Hear.* 2006;27:153–160.
11. Garinis AC, Glattke T, Cone-Wesson BK. TEOAE suppression in adults with learning disabilities. *Int J Audiol.* 2008;47: 607–614.
12. Geven LI, Wit HP, de Kleine E, van Dijk P. Wavelet analysis demonstrates no abnormality in contralateral suppression of

- otoacoustic emissions in tinnitus patients. *Hear Res.* 2012;286:30–40.
13. Parbery-Clark A, Skoe E, Kraus N. Musical experience limits the degradative effects of background noise on the neural processing of sound. *J Neurosci.* 2009;29:14100–14107.
 14. Kraus N, Chandrasekaran B. Music training for the development of auditory skills. *Nat Rev Neurosci.* 2010;11:599–605.
 15. Parbery-Clark A, Strait DL, Anderson S, Hittner E, Kraus N. Musical experience and the aging auditory system: implications for cognitive abilities and hearing speech in noise. *PLoS One.* 2011;6:e18082.
 16. Parbery-Clark A, Anderson S, Hittner E, Kraus N. Musical experience offsets age-related delays in neural timing. *Neurobiol Aging.* 2012;33:1483.e1–1483.e4.
 17. Polat Z, Ataş A. The investigation of cortical auditory evoked potentials responses in young adults having musical education. *Balkan Med J.* 2014;31:328–334.
 18. Moulin A, Collet L, Duclaux R. Contralateral auditory stimulation alters acoustic distortion products in humans. *Hear Res.* 1993;65:193–210.
 19. Perrot X, Micheyl C, Khalfa S, Collet L. Stronger bilateral efferent influences on cochlear biomechanical activity in musicians than in non-musicians. *Neurosci Lett.* 1999;262:167–170.
 20. Micheyl C, Khalfa S, Perrot X, Collet L. Difference in cochlear efferent activity between musicians and non-musicians. *Neuroreport.* 1997;8:1047–1050.
 21. Brashears SM, Morlet TG, Berlin CI, Hood LJ. Olivocochlear efferent suppression in classical musicians. *J Am Acad Audiol.* 2003;14:314–324.
 22. Eldredge DH, Covell WP, Gannon RP. Acoustic trauma following intermittent exposure to tones. *Ann Otol Rhinol Laryngol.* 1959;68:723–732.
 23. Miller JD, Watson CS, Covell WP. Deafening effects of noise on the cat. *Acta Otolaryngol Suppl.* 1963;176:1–91.
 24. Kujawa SG, Liberman MC. Long-term sound conditioning enhances cochlear sensitivity. *J Neurophysiol.* 1999;82:863–873.

Edited by Xin Jin