

# Editorial

## First-Fit versus Programmed Fit: Is There Quantifiable Benefit in the Custom Fitting of Hearing Aids?

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**T**his month we are featuring a report from Washington University by Dr. Michael Valente and his colleagues. A goal of this investigation was to put to rest the question of whether patients would realize a quantifiable benefit wearing a hearing aid whose prescription was customized (i.e., customized for the patient's hearing loss using NAL-NL2) compared to a hearing aid programmed using the manufacturer's proprietary first fit program. There were many differences in the two prescriptions including a reduction in gain at 4000 Hz. The subject sample was 24 adults, all of whom had a moderate-to-severe sensorineural hearing loss. None of the subjects had previous experience with amplification. The investigators used a double-blind randomized crossover design. The order of the two types of fittings was randomized and counterbalanced. Each subject was given four weeks to acclimatize to the settings before the performance measures were recorded. The performance measures included CNC word lists, HINT, APHAB, and SSQ.

This is as comprehensive assessment of the question of first-fit versus programmed fit (using NAL-NL2) that

you will ever find. The results were very interesting at the 35,000 ft level. The investigators reported that, with few exceptions, the results of the performance measures favored the fitting programmed to NAL-NL2. In fact, of the 24 subjects, 19 or 79% of the subjects preferred the programmed fit over the first-fit. Of the five remaining subjects, two eventually demonstrated a preference for the programmed fit hearing aids. Of the total that preferred the programmed fit hearing aids, 67% purchased the hearing aids at a reduced cost. It still is surprising to me (and to the investigators of this investigation) that even though the use of real ear measures has been recommended as a best practice in the fitting of amplification by both ASHA and AAA that "...70–80% of dispensed hearing aids are not routinely verified and programmed using REM."

This is another in a series of outstanding and scholarly reports from Dr. Michael Valente and his colleagues at Washington University. Enjoy!

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