Anterior Insula and Frontal Operculum Support Word Recognition in Younger and Older Adults KI Vaden, SE Kuchinsky, SL Cute, JB Ahlstrom, JR Dubno, MA Eckert Department of Otolaryngology-Head and Neck Surgery Medical University of South Carolina, Charleston, SC HEARING RESEARCH PROGRAM MUSC COLLEGE of MEDICINE

Introduction

Speech recognition is difficult for older adults, especially in adverse listening conditions [1]. The degree to which attention systems support speech recognition in older adults is unclear.

Our ability to adapt behavior in challenging environments is supported by neural systems that monitor performance and sustain attention. For example, the cinguloopercular system is thought to monitor task performance because of its responsiveness to errors and has been linked to increased response latencies on trials that follow errors in young adults [2,3]. Older adults increasingly engage the cingulo-opercular system [4,5,6], which suggests that error monitoring is important **Results** for maintaining performance with age.

The current experiment tested the hypothesis that the cingulo-opercular system supports speech recognition, particularly in older adults. We examined the contribution of the cingulo-opercular system to performance on subsequent trials (post-error and post-correct).

Method **Participants**

45 participants [19-85 years, m = 45.4, sd = 18.3; 24 females; native English speakers; right-handed distribution (m = 70, sd = 58.9; [7]); normal hearing to moderately sloping sensorineural hearing loss]. Mean pure tone thresholds (250 Hz to 8000 Hz) were correlated with age, r = 0.79, p < 0.001. Design

Task: listen, then repeat the word aloud, or say "nope" if it was not recognizable.

- Stimuli: 120 consonant-vowel-consonant words in multi-talker babble.
- Multi-talker babble: 82 dB SPL and speech: 85 dB SPL (60 words, +3 dB SNR).
- Multi-talker babble: 82 dB SPL and speech: 92 dB SPL (60 words, +10 dB SNR). SNR conditions: words in alternating SNR-blocks of 4-6 trials, 60 trials per epoch.



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Imaging Protocol

Anatomical: T1weighted, 1mm³ voxels.

Functional: 180 T2*weighted images, 25 min 48s; TR = 8.6s; 3 mm³ voxels.

Analysis

Preprocessing. Functional images were realigned, co-registered, and smoothed (8mm FWHM). Linear Model of the Global Signal [8] was used to detrend the images, which were aligned using diffeomorphic normalization parameters from co-registered T1 images [9]. Analysis. The General Linear Model included separate event types for babble-only and words+babble trials, with percent correct as a parameter. Group level tests were performed to identify activity that occurred with word recognition errors. The General Linear Mixed Model [10] was used to predict word recognition, which included normalized BOLD activity (AR-1 corrected) from the preceding TR within each voxel and across subjects. Separate analyses were performed for trials that followed either correct or incorrect responses.



response to errors.

Conclusions

increased response caution [13]).

Citations

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Error detection is important for adapting behavior in challenging task conditions, even in the absence of explicit feedback. Cinguloopercular responses to error or difficulty have been linked to behavioral adjustments including slower response latencies ([11, 12], i.e.,

Word recognition improved following errors in the +3 dB SNR condition. Activity in the cingulo-opercular system increased with error and a rise in activity was directly related to word recognition on the next trial. Elevated ACC activity was also associated with performance for the post-correct trials. Performance monitoring can support speech recognition throughout the adult lifespan.

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