Cochrane Corner

Whisper test is a good screen test for hearing

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The best test in this review was the whispered voice test with a sensitivity of 0.98 and a specificity of 0.84. Thus there are very few false negatives but a reasonable number of false positives in the usual primary care setting. In other words if you get negative test (i.e the patient correctly answers the questions) you are unlikely to miss someone who is truly deaf. The commentator in the evidence-based medicine reviews said he stands at arm's length behind the patient, folds the tragus inward and rubs the tragus slowly (I rub a piece of paper over the ear). He then fully exhales and whispers up to six letters and numbers with different types of sounds, e.g. b, 6, k, 2, m, 9. It is hard to do in very young children, but with older children and adults I find it invaluable. This test was taught to me as a medical student by Dr Pat Eisdale-Moore (now Sir Pat, a retired ENT surgeon) and I often wondered how good it was. It seemed to be a pretty good test and this review confirms this.

	Success	Evidence	Comment
Hindley D[1] **Whisper hearing test**	Sensitivity = 0.98 and specificity 0.84	Diagnostic validity study and systematic review of tests	This test has good validity

References

1. Review in Evidence Based Medicine 2006; 11:116. Review: Self report of hearing loss and the whispered voice test are useful for screening for hearing impairment. Hindley D, Galloway G, Murray J et al JAMA 2006; 296:416–28.

All people residing in New Zealand have access to the Cochrane Library via the Ministry website www.moh.govt.nz/cochranelibrary

Beyond critical appraisal

'Critical appraisal uses techniques for analysing the validity of published evidence, however it is far less attuned to the soundness of that evidence. A solution to this problem is to pay greater attention to the context in which data are generated, but it seems unlikely that this will fall within the scope of most busy practising clinicians.

We believe that some simple rules can help prevent general medical readers from being misled by unreliable evidence.

These include:

- *not changing practice on the basis of single trials or trials from a single research centre*
- *sourcing information from trials that have been registered at their inception*
- *seeking expert opinion and commentary from content specialists as well as 'critical appraisal' specialists*
- *remaining aware of the possibility of biased original data.'*

Lowe MP, Hayhow BD. Australian Prescriber. 2006; 29:122-124.