

The Effect Of Subway Station Noise Exposure On Commuter Hearing



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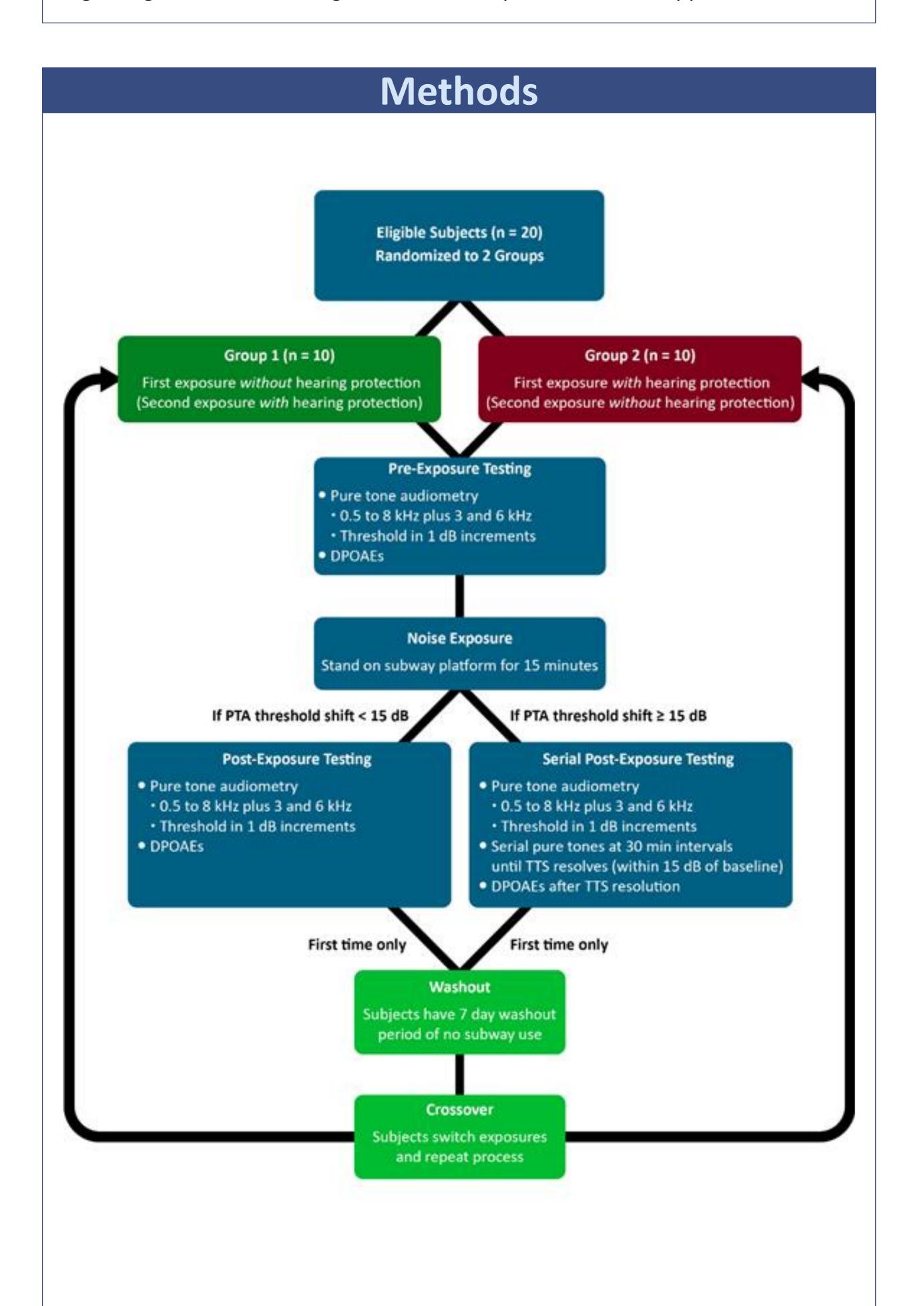
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Introduction

The New York City (NYC) subway is the 7th busiest worldwide and carries 5.7 million riders on an average weekday. Unfortunately, for all their utility, subways are notoriously noisy. In NYC, subway noise averages 80-90 A-weighted decibels (dBA) and reaches peaks of 104-121 dBA. These peak subway noise levels raise concern for noise-induced hearing loss (NIHL). Above 105 dBA, recommended noise exposure limits are on the order of minutes. Excessive noise exposure risks NIHL as well as other adverse medical and quality of life issues.

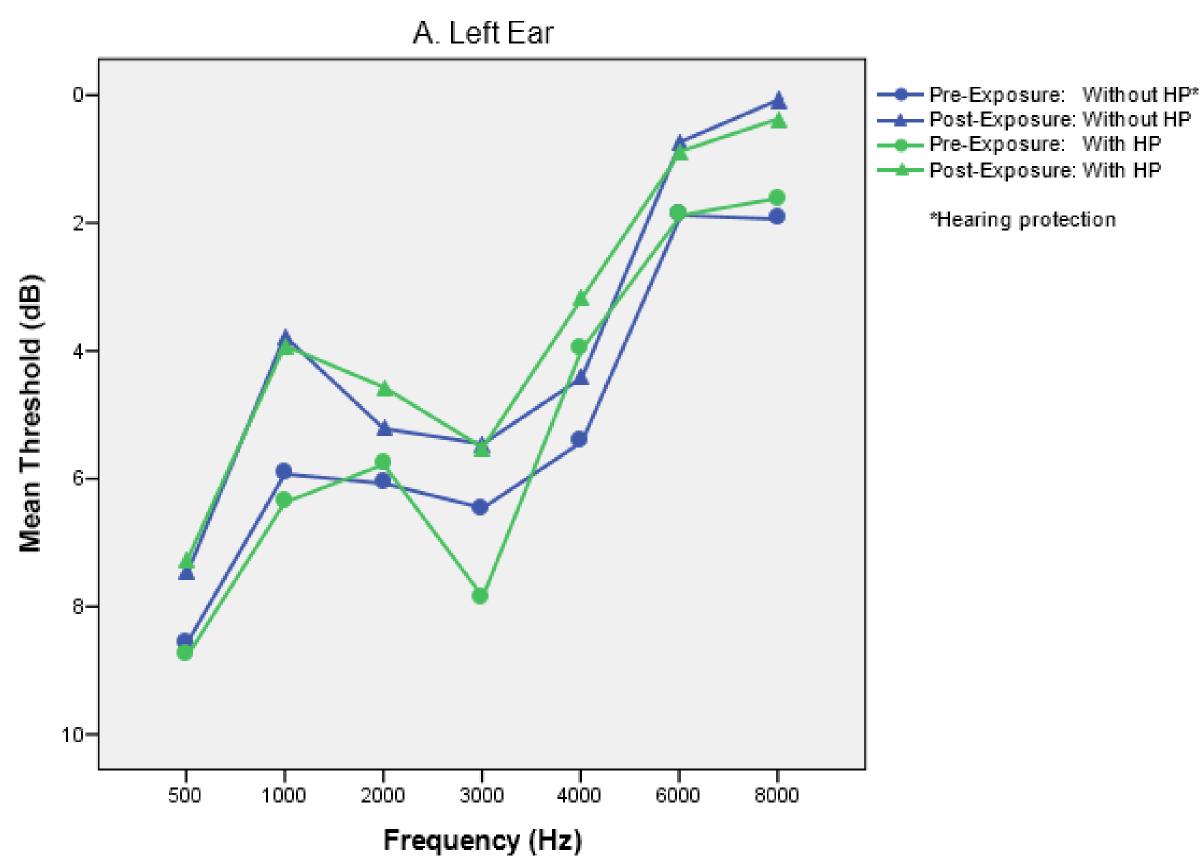
Although these data have clear implications for employees, who are required to wear hearing protection by occupational safety regulation, the impact of subway noise on the hearing of daily commuters has yet to be studied. 3.9 Screening for temporary threshold shift (TTS) is a promising way to potentially identify those at risk for developing NIHL. 12 In addition, although the typical subway commute does fall within federal standards of allowable daily noise exposure (Table 1),2.5.6 Kujawa and Liberman's work demonstrating the progressive consequences of noise exposure on hearing alerts us to the hidden risks of a seemingly temporary threshold shift (TTS) in hearing. 13.14

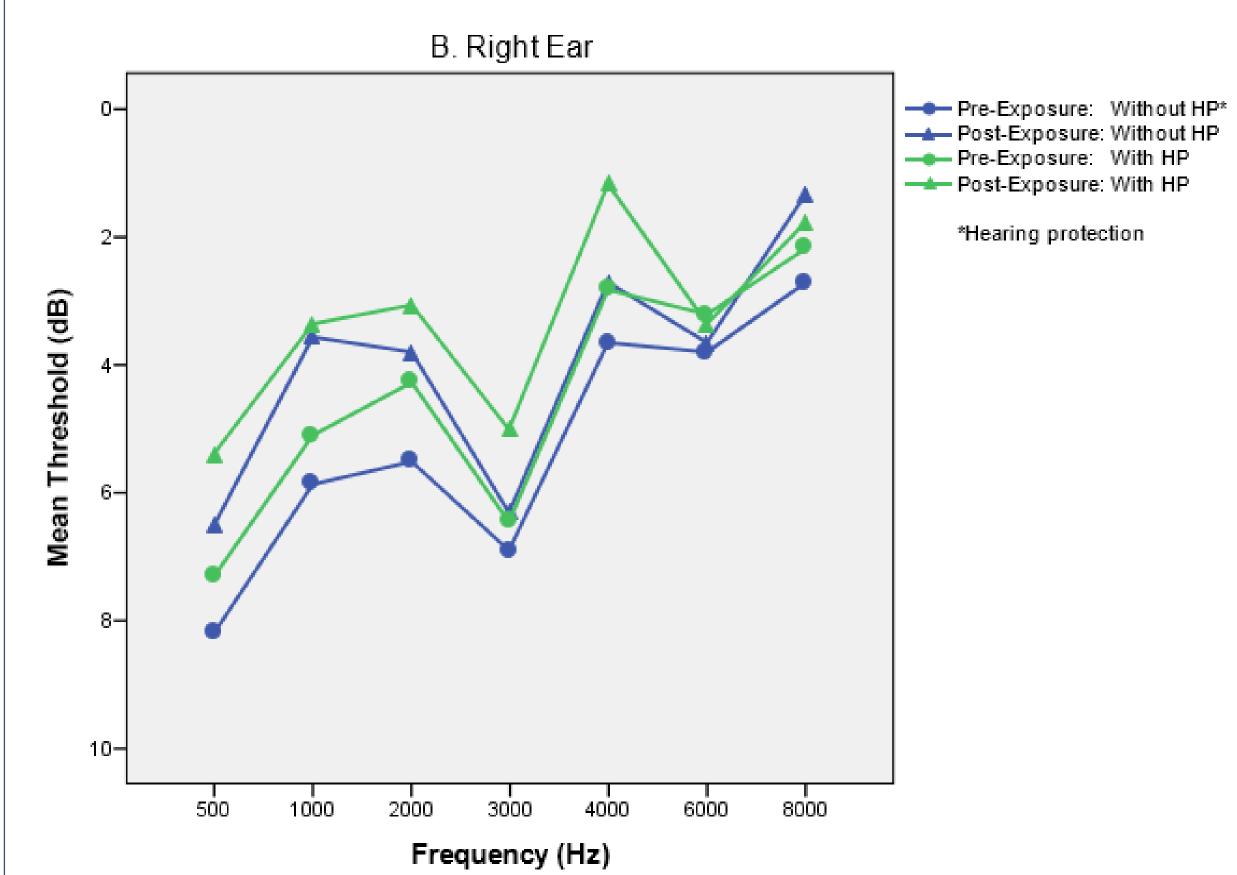
In this study, we evaluate subjects for TTS after subway noise exposure with and without hearing protection, using both pure tone audiometry (PTA) and distortion product otoacoustic emissions (DPOAEs). We aim to better understand the chronic effects of repeated short-term noise exposure, beginning with whether single short term exposures lead to appreciable TTS.



Results







- A statistically significant improvement in PTA thresholds after subway noise exposure was identified, for subjects with and without hearing protection (p<0.001).
- For exposure without hearing protection, the mean threshold was 5.19 dB pre-exposure and 3.91 dB post-exposure (decrease of 1.28 dB; 95% CI, 0.82 1.74).
- For exposure with hearing protection, the mean threshold was 4.81 dB preexposure and 3.47 dB post-exposure (decrease of 1.34 dB; 95% CI, 0.89 – 1.79). Thresholds returned to baseline during the washout period.

Conclusions

- Subjects exposed to subway noise did not experience detrimental temporary threshold shift during the assessment time period.
- Rather, subjects demonstrated a small but statistically significant sensitization in hearing on pure tone audiometry and distortion product otoacoustic emissions after subway noise exposure.
- Larger studies assessing subway commuter hearing over time would provide a more thorough understanding of the long-term auditory consequences of daily subway noise exposure.
- Still, due to the potential for hidden hearing loss and other adverse effects associated with excessive noise, designing future stations to mitigate commuter noise exposure remains an important public health goal.

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References

New York City Transit Authority. Facts and Figures: Subways. 2016; http://web.mta.info/nyct/facts/ffsubway.htm. Accessed August 1, 2016.
 Shah RR, Suen JJ, Cellum IP, Spitzer JB, Lalwani AK. The influence of subway station design on noise levels. The Laryngoscope. Aug 31 2016.
 Gershon RR, Neitzel R, Barrera MA, Akram M. Pilot survey of subway and bus stop noise levels. Journal of urban health: bulletin of the New York Academy of Medicine. Sep 2006;83(5):802-812.
 Neitzel R, Gershon RR, Zeltser M, Canton A, Akram M. Noise levels associated with New York City's mass transit systems. American journal of public health. Aug 2009;99(8):1393-1399.
 National Institute for Occupational Safety and Health Administrations (NIOSH). Criteria for a recommended standard. In: U.S. Department of Health and Human Services, ed. Occupational Noise Exposure, Revised Criteria 1998. Cincinnati, OH 1998:33-35.
 U.S. Occupational Safety and Health Administration (OSHA). Occupational Noise Exposure: Hearing Conservation Amendment; Final Rule. In: U.S. Department of Labor: Occupational Safety and Health Administration (OSHA).

6. U.S. Occupational Safety and Health Administration (OSHA). Occupational Noise Exposure: Hearing Conservation Amendment; Final Rule. In: U.S. Department of Labor: Occupational Safety and Health Administration, ed. Washington, DC 1983:9738-9785.

7. Hammer MS, Swinburn TK, Neitzel RL. Environmental noise pollution in the United States: developing an effective public health response. *Environmental health perspectives*. Feb 2014;122(2):115-119.

8. van Kempen EE, Kruize H, Boshuizen HC, Ameling CB, Staatsen BA, de Hollander AE. The association between noise exposure and blood pressure and ischemic heart disease: a meta-analysis.

Environmental health perspectives. Mar 2002;110(3):307-317.

9. Moshammer H, Kundi M, Wallner P, Herbst A, Feuerstein A, Hutter HP. Early prognosis of noise-induced hearing loss. Occupational and environmental medicine. Feb 2015;72(2):85-89.

10. Kujawa SG, Liberman MC. Acceleration of age-related hearing loss by early noise exposure: evidence of a misspent youth. The Journal of neuroscience: the official journal of the Society for Neuroscience. Feb 15 2006;26(7):2115-2123.

11. Kujawa SG, Liberman MC. Adding insult to injury: cochlear nerve degeneration after "temporary" noise-induced hearing loss. The Journal of neuroscience: the official journal of the Society for Neuroscience. Nov 11 2009;29(45):14077-14085.