



The 8th International Conference on Hyperacusis and Misophonia

Location: Hanover, Germany

Dates: 14–16 October 2026

Scientific Tracks at ICHM8: Purpose and Rationale

Scientific tracks are structured thematic areas used to organise the content of a scientific conference. Each track groups together presentations, posters, symposia, and discussions around a specific topic or domain of research. This allows for greater coherence, easier navigation of the programme, and clearer thematic focus for attendees and presenters alike.

At ICHM8 (8th International Conference on Hyperacusis and Misophonia), the use of scientific tracks reflects the growing complexity and interdisciplinarity of the field. By creating distinct yet interlinked tracks, we aim to:

- Highlight the breadth and depth of current research across audiology, neuroscience, psychology, medicine, and the arts.
- Foster dialogue between clinicians, researchers, patients, and allied professionals with shared interests.
- Ensure that emerging areas — such as cultural, developmental, or philosophical perspectives — receive equal visibility alongside clinical and neuroscientific domains.
- Encourage targeted submissions and focused symposia that build momentum in key areas of inquiry.

This approach helps make ICHM8 a landmark event that reflects both scientific rigour and clinical relevance, while supporting the development of a truly integrative understanding of sound intolerance conditions.

Track 1: Neural Mechanisms and Cognitive-Affective Neuroscience

This track explores the neural underpinnings of hyperacusis and misophonia across cortical, subcortical, and network levels. Emphasis will be placed on excitatory-inhibitory balance, limbic and salience network engagement, and how neurobiological markers relate to perceptual, cognitive, and emotional disturbances. Contributions from imaging, electrophysiology, and experimental psychology are welcomed, alongside genetic and neurodevelopmental insights. This track aims to foster an integrated understanding of brain-based mechanisms and their role in symptom severity, individual variability, and targets for neuromodulation or behavioural intervention.

- Cortical hyperexcitability, disinhibition, and network connectivity
 - Limbic involvement, emotion regulation, and threat processing
 - Cognitive control, attention, and executive function in sound intolerance
 - Brain imaging: fMRI, EEG, MEG, and electrophysiological biomarkers
 - Genetics, neurodevelopment, and sensory gating mechanisms
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Track 2: Audiological Interventions and Service Innovation

This track focuses on the role of audiologists in diagnosing and managing hyperacusis and misophonia. It covers both traditional and emerging sound-based interventions, remote service models, and innovations in care delivery. Presentations may address hearing aids, sound generators, digital therapy platforms, audiologist-led CBT, and collaborative care strategies. The track also invites contributions on service design, implementation science, and training frameworks that empower audiology professionals to lead interdisciplinary solutions for sound intolerance.

- Hearing aids, sound generators, and tinnitus retraining adaptations
 - Sound therapy and modified desensitisation for misophonia/hyperacusis
 - Digital service delivery: remote, iCBT, smartphone-based programs
 - Audiology-led protocols and clinical practice models
 - Integrated care pathways and interprofessional service design
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Track 3: Medical, Pharmacological, and Surgical Approaches

This track addresses biomedical perspectives on hyperacusis and misophonia, including ENT, neurological, and pharmacological management. Topics include middle and inner ear surgery, case reports on medication outcomes, neurotological workup, and novel therapies such as neuromodulation or bimodal stimulation. The aim is to establish diagnostic clarity, safety, and effectiveness of interventions delivered by medical professionals, as well as fostering cross-disciplinary discussion with audiologists and psychologists.

- Surgical interventions: stapedotomy, round/oval window reinforcement
- Pharmacological treatments and case studies (e.g., SSRIs, neuromodulators)
- Multisensory, neurological, and systemic comorbidities

- ENT and neuro-otological evaluations and differential diagnosis
 - Bimodal and neurostimulation-based interventions
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Track 4: Children, Adolescents, and Neurodevelopmental Conditions

This track highlights research and clinical approaches to hyperacusis and misophonia in paediatric and neurodivergent populations. Contributions may explore prevalence in autism, ADHD, and APD; impacts on education, language development, and family routines; and interventions tailored to children and adolescents. Multidisciplinary perspectives involving audiology, occupational therapy, psychology, and speech-language therapy are encouraged.

- Sound intolerance in autism, ADHD, and sensory processing disorders
 - Impact on development, learning, and family life
 - OT-informed and adapted CBT interventions
 - Screening, diagnostic tools, and school-based accommodations
 - Developmental trajectories and early intervention frameworks
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Track 5: Psychological and Multimodal Therapies

This track invites research on psychological and behavioural interventions for hyperacusis and misophonia. It covers CBT (delivered by audiologists, psychologists, or via digital platforms), mindfulness-based therapies, and integrative or transdiagnostic models. Submissions may also examine therapy mechanisms, treatment resistance, and outcomes across settings. Emphasis is placed on innovation, personalisation, and adaptation for different clinical populations.

- CBT protocols: audiologist-led, psychologist-led, and internet-based
 - ACT, DBT, and mindfulness-based interventions
 - Group therapy, family-based treatments, and hybrid models
 - Emotion regulation, anger management, and cognitive restructuring
 - Mechanisms of change and transdiagnostic applications
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Track 6: Sociocultural, Philosophical, and Patient Perspectives

This track focuses on the lived experience and broader sociocultural framing of sound intolerance. Papers may explore patient narratives, disability models, stigma, healthcare access, and how culture, art, and philosophy inform our understanding of misophonia and hyperacusis. It also invites critical perspectives, including ethical questions, advocacy, and how to integrate patient voices into research and care.

- Patient narratives, lived experience, and qualitative studies
- Disability frameworks and quality of life assessments
- Sociological and anthropological approaches to sound intolerance

- Cultural depictions, art, and philosophical interpretations of noise aversion
 - Advocacy, stigma, and identity in misophonia and hyperacusis
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Track 7: Diagnostic Profiles and Psychoacoustic Assessment

This track covers the tools and procedures used to assess hyperacusis and misophonia, supporting accurate diagnosis and subtyping. Topics include psychoacoustic testing, loudness discomfort levels (ULLs), questionnaires, audiological profiling, and sensory differentiation. It invites work on developing, validating, and applying new instruments, including those used in both clinical and research settings.

- Loudness discomfort levels (ULLs), dynamic range, and auditory thresholds
 - Psychoacoustic testing protocols for hyperacusis and misophonia
 - Questionnaire development, validation, and factor analysis
 - Differentiation from APD, tinnitus, and auditory neuropathy
 - Sound identification, emotional reactivity, and test–retest reliability
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Track 8: Noise Sensitivity, Environmental Factors, and Public Health

This track explores population-level phenomena related to sound intolerance, such as noise sensitivity, auditory defensiveness, and environmental noise exposure. It invites work from public health, epidemiology, occupational health, and urban planning. Broader contextual influences on misophonia and hyperacusis—including sensory overload, noise pollution, and acoustic ecology—are welcome.

- Noise annoyance, noise sensitivity, and environmental sound exposure
- Auditory defensiveness and sensory over-responsiveness
- Urban noise policies and occupational health implications
- Epidemiological surveys and population prevalence studies
- Acoustic ecology and restorative soundscapes