







Technology to Advance Assessment & Interventions for Dementia

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Contemporary Assessment

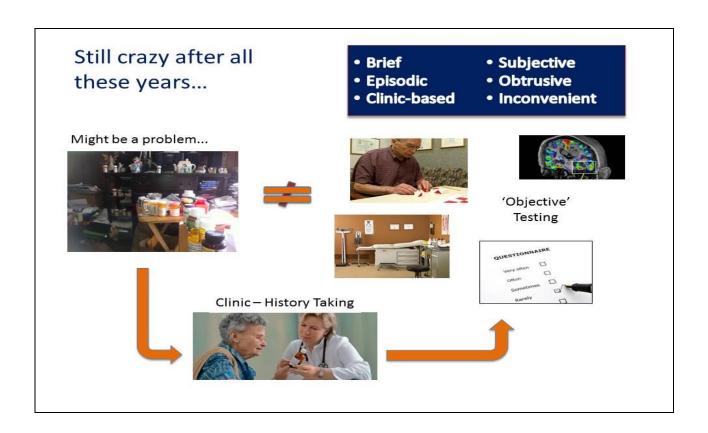
"How long have you been here? She seems to be trying to remember. Three weeks. What is this? I show her a pencil. A pen. A purse, key, diary and cigar are identified correctly. ... When objects are shown to her, she does not remember after a short time which objects have been shown..."

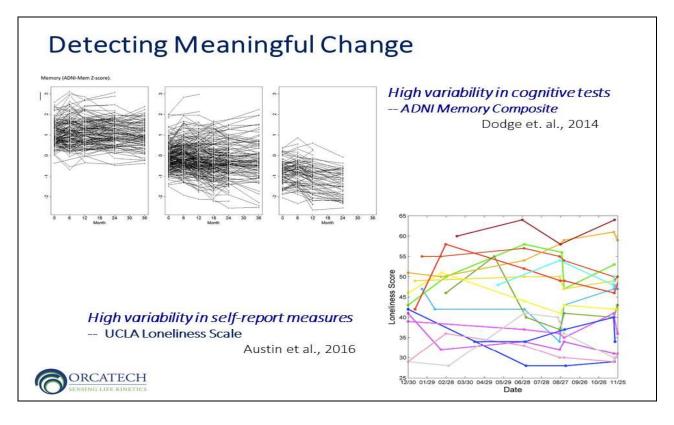
--- A. Alzheimer, Nov. 6, 1901

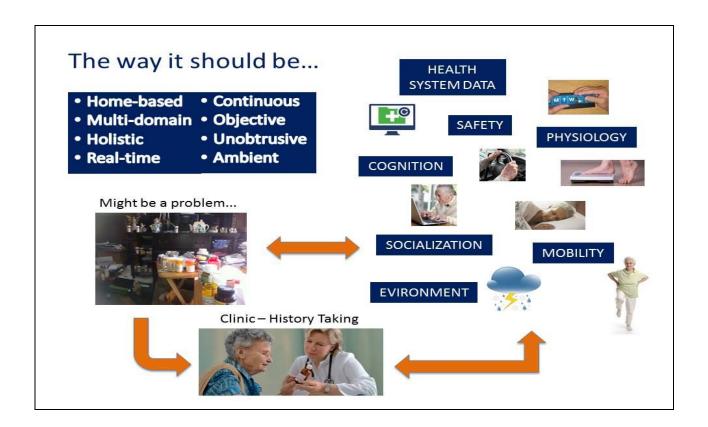




Figure 2: Auguste D's handwriting

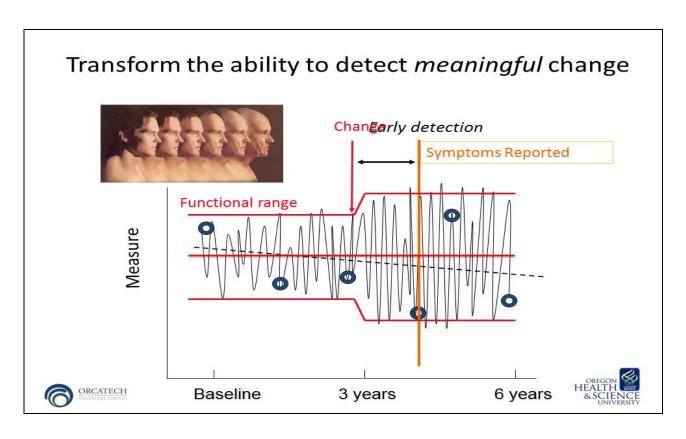


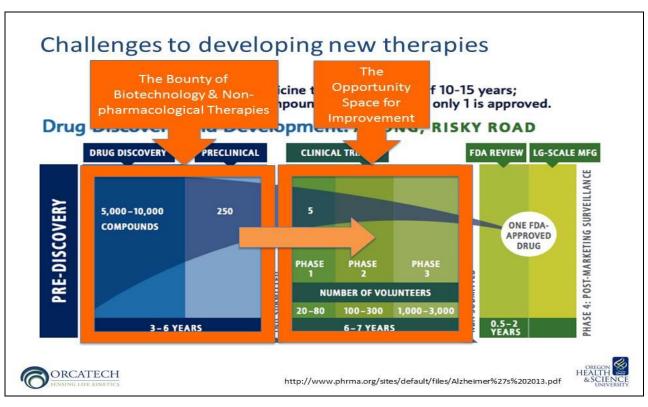




Pervasive Computing Technologies

- Transform the ability to detect meaningful change
- Increase the speed or efficiency of clinical trials and dementia research in general
- Provide new fundamental insights into human biology and behavior





Increase the *speed or efficiency* of clinical trials and dementia research in general

MCI Prevention Trial – Sample Size Estimates

	Current Method	Continuous Measures		
	LM Delayed Recall*	Computer Use**	Walking Speed**	
SAMPLE SIZE TO SHOW 50% EFFECT	688	10	94	
SAMPLE SIZE TO SHOW 30% EFFECT	1912	26	262	
SAMPLE SIZE TO SHOW 20% EFFECT	4300	58	588	

- Reduces required sample size and/or time to identify meaningful change.
- Reduces exposure to harm (fewer needed/ fewer exposed)
- More precise estimates of the trajectory of change; allows for intra-individual predictions.
- Provides the opportunity to substantially improve efficiency and inform go/nogo decisions of trials.

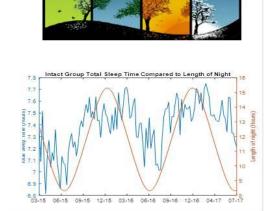
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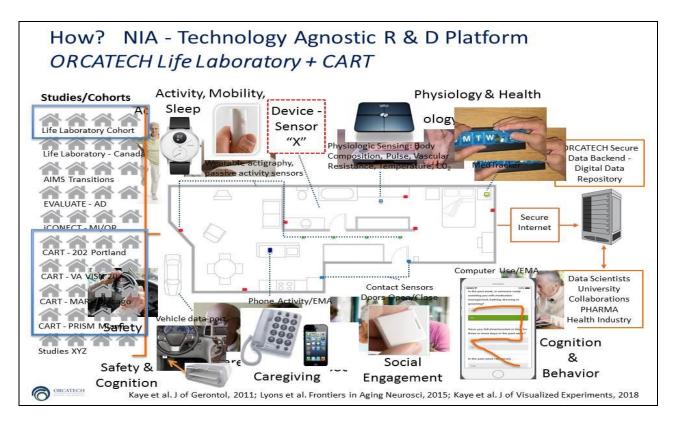


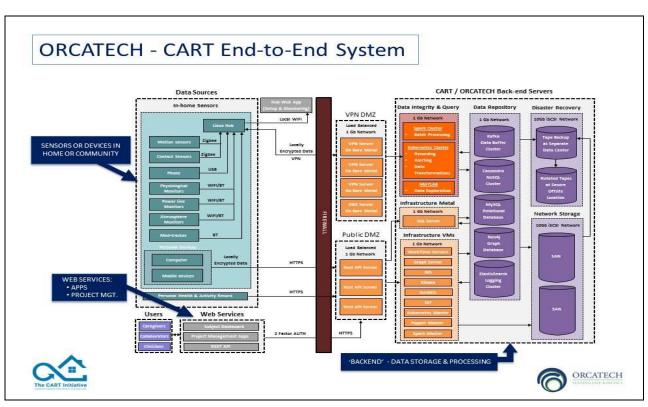
Dodge, et al., PLoS One, 2015

Provide *new insights* into human biology and behavior

Disrupted Infradian Rhythms in MCI Reynolds, et al., 2017







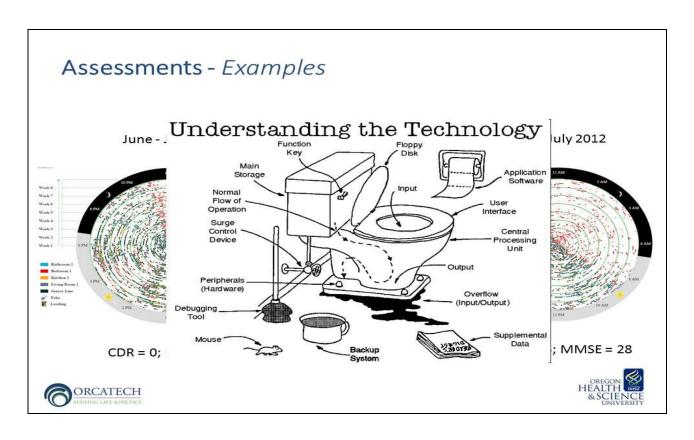


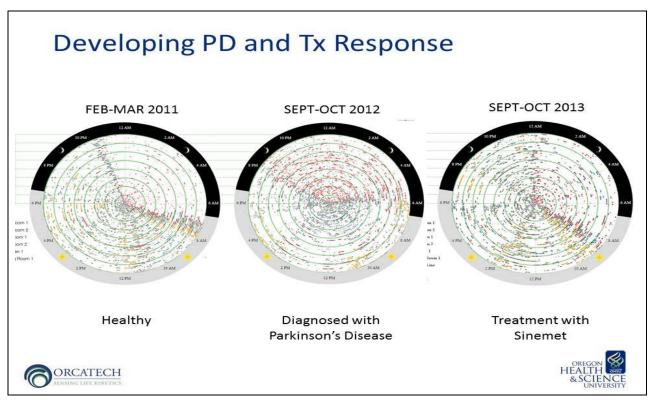
CART - Collaborative Aging Research Using Technology www.carthome.org

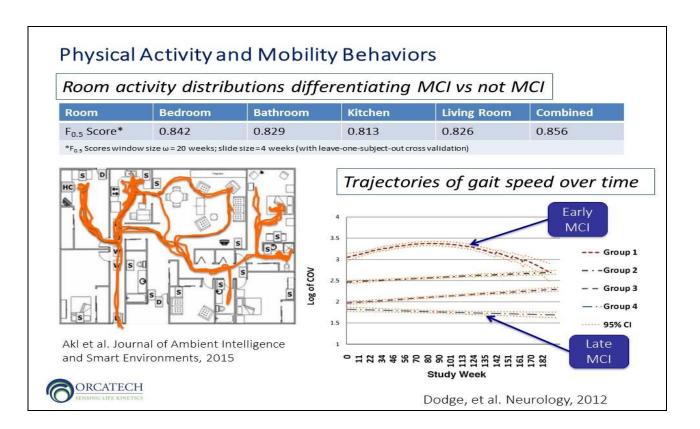


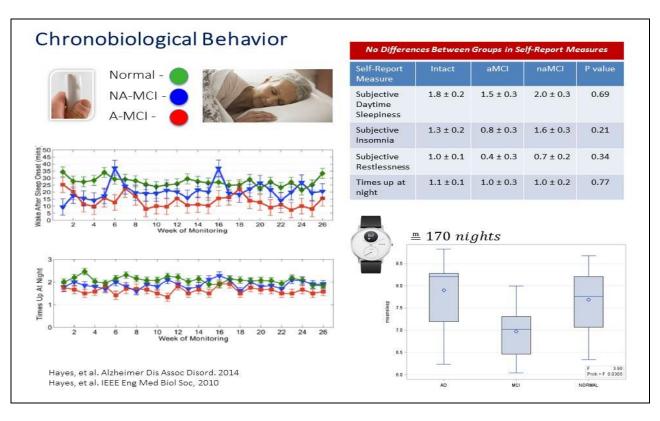
- Established to address needed research capability for evidence building (facilitated by technology) in aging research.
- Goal: Design and implement a scalable, disseminated technology system ('platform') for more effective aging research, ultimately deployable to 10,000+ homes
- Focus on diversity, technology agnosticism, "future-proofing", use case flexibility, sustainability, facilitating secure data sharing.
- Interagency U2C (U2CAG054397) with NIH (NIA, NIBIB, NCI, NINDS, NINR, NCATS, OBSSR,) and VA
- Research Team: PI, Jeffrey Kaye, ORCATECH/Oregon Health & Science University; Nina Silverberg, NIA; Collaborators: Intel, U. Miami, Cornell, Rush, OSU, U. Penn, VA VISN 20

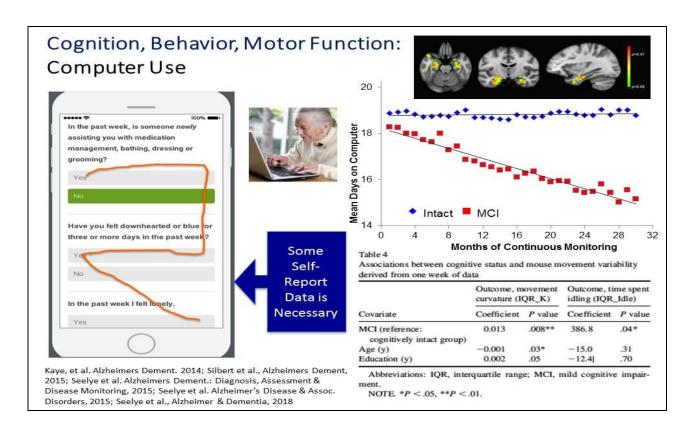
CART + ORCATECH Sites/Homes in U.S. and Canada 203 Households 387 Participants 10,000 Households 10,000 H

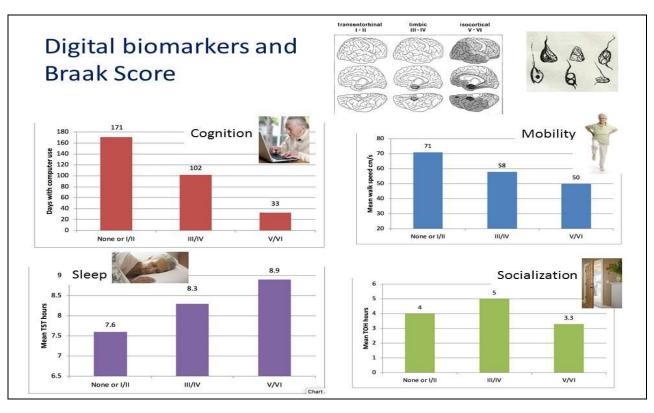


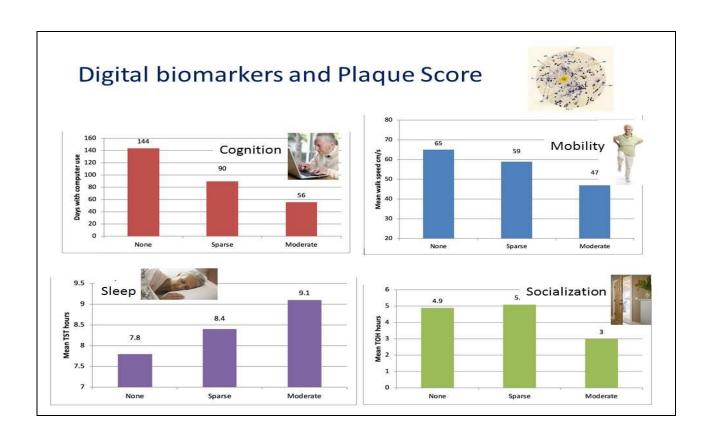


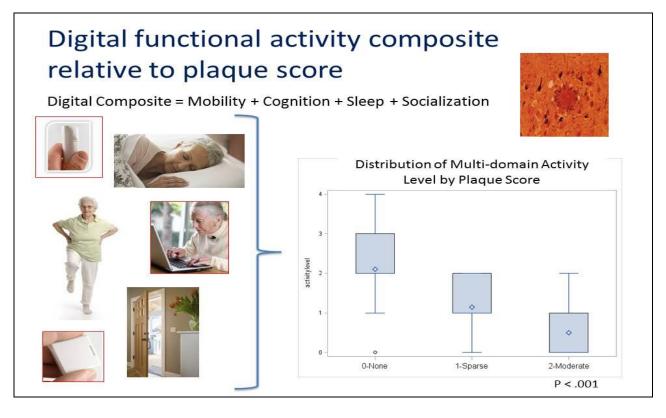






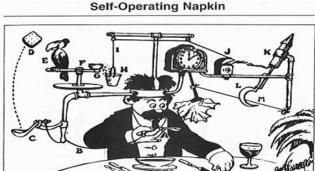






Technologies advancing dementia intervention research - *Examples*









Ambient Independence Measures (AIMS) for Guiding Care Transitions (R01AG042191)



During the three years of study - low staff engagement:

- 11/26 consented staff members logged in at least once to the activity dashboard.
- Staff "page views", that is, number of pages of data looked at, ranged from 4-211 over the duration of data collection.
- Mean seconds spent on a particular page view was 36 (range, 1-750)
- Across 5 monthly email surveys, response rate of 31% (23/73).

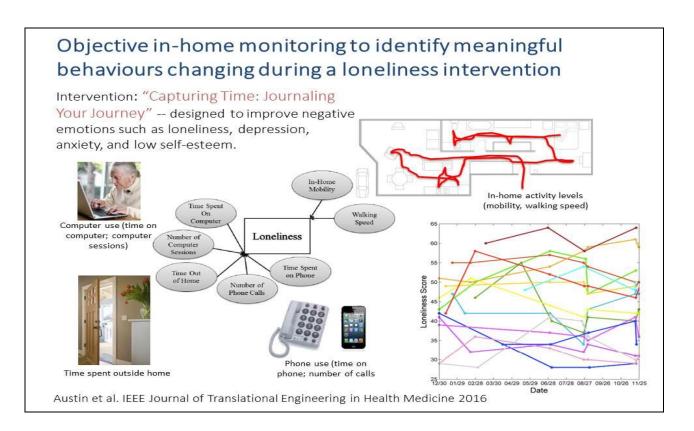
Ambient Independence Measures Guiding Care Transitions

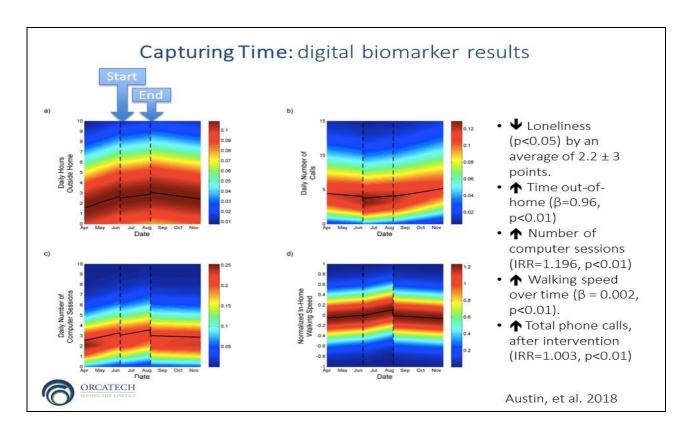
Bottom Line:

- Technology worked well with unique metrics acting both as assessment and intervention
- Inconclusive results despite high engagement and enthusiasm at entry and booster sessions, inadequate engagement of staff across 7 communities
- · Care system designed for crisis intervention
- Realizing proactive action on trend data is an unmet need











The "Social Engagement Study" (H. Dodge, PI)

Active, Frequent Assessments & Interventions Delivered Everyday - an RCT to Increase Social Interaction in MCI Using Home-based Technologies

- 6 week RCT of daily 30 min video chats using Internet connected personal computers with a webcam vs. weekly brief phone interview
- N = 86; 80.5 ± 6.8 years; MCI & Normal Cognition
- 89% of all possible sessions completed;
 Exceptional adherence no drop-out





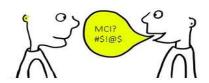


Dodge et al. Alzheimer's & Dementia: Translational Res. & Clinical Interventions, 2015 Dodge et al., Current Alzheimer's Disease, 2015





Computer Use: Social Markers of Cognitive Function

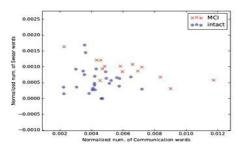




- MCI participants generate a greater proportion of words (2985 vs. 2423 words on average) out of the total number of words during the conversation sessions (p=0.03).
- Logistic regression models showed the ROC AUC of identifying MCI (vs. normals) was 0.71 (95% Confidence Interval: 0.54 – 0.89) when average proportion of word counts spoken by subjects was included in the model.

LIWC cat.	Communication	Swear	Anger	Fillers	Family
Avg. num. in MCI	46.4	7.14	37	101.5	31.14
Avg. num. in intact	38.7	4.8	49.8	141.6	41.8
p-value	0.002	0.005	0.054	0.067	0.08

Table 4: Average number of words grouped into LIWC categories



Dodge et al. Current Alzheimer Res. 2015 Asgari et al. Alzheimer's & Dementia: Translational Research & Clinical Interventions, 2017

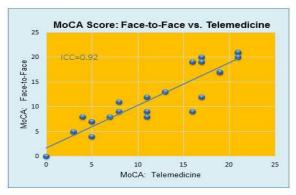


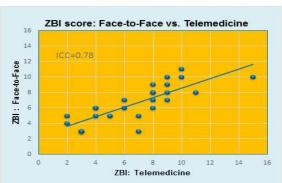
Teledementia Care: Direct to Home Assessment & Care

 Alzheimer's Care via Telemedicine --Establishing the Reliability of Telemedicinebased Measures



STAR-C Adapted Telemedicine Intervention





Lindauer et al. Dementia Care Comes Home: Patient and Caregiver Assessment via Telemedicine. Gerontologist, 2017.











EVALUATE - AD

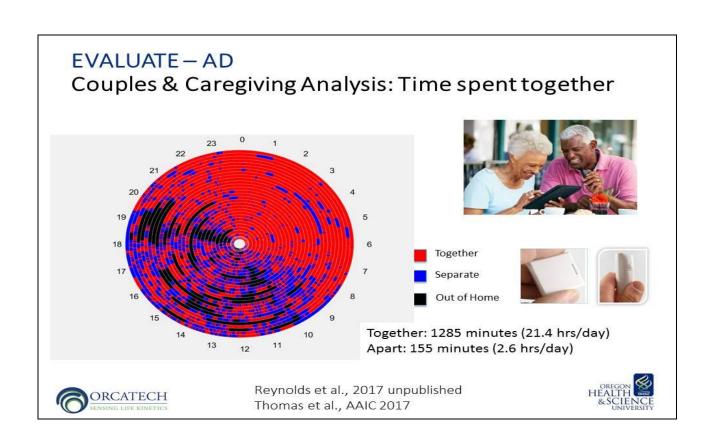
Ecologically Valid, Ambient, Longitudinal and Unbiased Assessment of Treatment Efficacy in



Alzheimer's Disease

- Longitudinal naturalistic observational cohort study spanning up to 18 months
- Goal: New Trial Paradigm -Establish Digital Biomarkers that are sensitive to clinical change associated with conventional ADTXs
- ORCATECH platform
- Sixty subjects: 30
 patients/30 care partners
 (30 households)
- · NIA / Merck Funding

Week	0	13	26	39	52	65	78	
Visit Type	Screening	Online	Phone	Online	M12	Online	M18	
Consent	X							
Personal & Family History Questionnaire	×				×		×	
MMSE	X				X		X	
ISAAC Technology Use Survey	X				X		X	
Tech & Computer Experience and Proficiency Questionnaires	×				×			
Geriatric Depression Scale Short Form (GDS-SF)	×				×		×	
Zarit Burden Interview (ZBI-12)	X	X	X	X	X	X	×	
Functional Assessment Questionnaire (FAQ)	×	х	×	х	×	×	X	
Neuropsychiatric Inventory Questionnaire (NPI-Q)	×	x	×	х	x	x	х	
Pittsburgh Sleep Quality Assessment (PSQA)	×				х		×	
ORCATECH Health & Life Activity Form	Weekly for duration of study							
Caregiving: Time out of home/Time alone in home/Time in same room with partner/Time together in bathroom	Assessed continuously							
Physical capacity/ Mobility: Total daily activity/Mobility/Step count/Walking speed/Time in locations	Assessed continuously							
Sleep: Time up/Time In Bed/Times Up at Night/Restlessness/Sleep Duration	Assessed daily							



Digital Biomarkers in Later Stage Dementia Interventions

ADCS PEACE-AD RCT: Prazocin for Agitation in AD RCT (Pis: Peskind & Raskin; Lim, Reynolds, Kaye)



Digital Agitation Assessment -

Activity levels monitored continuously during entire 12wk titration study using wrist actigraphy. Continuous monitoring critical as study employs a flexible dose titration schedule, and the use of rescue medication.

MODERATE - Monitoring
Dementia-related Agitation using
Technology-assisted Evaluations Multiple sensors used to examine the effects of
environment on dementia-associated
behaviors.



