

Motivation

- Phenotyping Alzheimer's Disease (AD) and other Neurological Disorders (NDs) can be crucial to providing personalized treatment.
- Most digital biomarker studies focus on a single modality.
- Multimodal biomarkers are not deeply studied.
- Most studies use high-precision equipment (HPE) to obtain digital biomarkers.
- We need to analyze if more usable Portable Integrated Equipment (PIE) can provide good precision.

Goals

- To obtain new digital multimodal biomarkers using HPE and PIE from:
 - Extraocular Movement (EOM)
 - Voice and Speech (V&S)
 - Handwriting (HW)
- To evaluate the precision and AUC of biomarkers to distinguish AD from several control groups.

ADPIE: Deep phenotyping of people with AD using portable integrated equipment Laureano Moro-Velazquez, Ankur Butala, Yuzhe Wang, Anna Favaro, Haroon Burhanullah JH AITC AD/ADRD Focus Pilot Core

Pilot Project Highlights



Portable Integrated Equipment (PIE)

Fig. 1. HPE vs PIE used in this study.

Materials and methods

- Participants are recorded **performing neuropsychological tests**, including verbal fluency, word recall, video description, history recall, pro- and anti-saccades, smooth pursuit, memory guided saccades, cube and clock drawing, sentence writing, etc.
- More than 60 participants have been recorded so far, including people with AD, Parkinson's Disease (PD), and cognitively normal controls.
- Uni-modal and multimodal metrics (>100) are obtained using signal processing and machine learning.





Some results



Fig. 3. Percentage of equivalent features, mean of MAE%, and mean of Kullback-Leibler Divergence (KLD) between metrics obtained with HPE vs PIE across all subjects for EOM.

Conclusions

- Multimodal and unimodal metrics can provide deep characterization of AD, in comparison to traditional neuropsychological tests.
- PIE can provide similar precision for all V&S and HW metrics and for most EOM metrics.

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