

A multimodal digital biomarker of functional deficits in early stage of Alzheimer's disease

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Scan the QR code to learn more about the RADAR-AD study

GOAL OF THE RADAR-AD STUDY

Identification of individual or combinations of Remote Monitoring Technologies (RMTs) that can be effectively used for early detection of Alzheimer's Disease

PARTICIPANTS	GROUP	AMYLOID	CDR	MMSE	N	Female n(%)	Age	Education years
	Healthy control	Negative	0	>=28	69	34 (54%)	67 (8)	15 (4)
	Preclinical AD	Positive	0	>=27	39	17 (68%)	71 (6)	16 (3)
	Prodromal AD	Positive	0.5	24 - 26	65	13 (37%)	70 (8)	15 (5)
	Mild to moderate AD	Positive	>=1	18 - 23	56	12 (44%)	70 (9)	14 (4)

Employed machine learning (ML) pipeline to assess performance in binary classification tasks (HC vs. PreAD, HC vs. ProAD, HC vs. MildAD, PreAD vs. ProAD, and ProAD vs.MildAD).

Algorithms used: XGBoost

Performance estimation: repeated nested crossvalidation (see Figure 2)

Feature used: Demographics: age, sex, education;

RMT: Altoida, Fibit, Axivity, Mezurio speech tasks, Gait

assessments; IADL: Instrumental activities of daily

living; NP: Neuropsychological tests

Figure 2. Analytics pipeline

RESEARCH QUESTIONS

- How accurately do RMTs help identify functional deficits in early stages of AD ?
- Can combining multiple RMTs enhance their performance in detecting functional deficits across all syndromic stages of AD?

Among the RMTs, Altoida distinguishes PreAD from HC with a mean AUC of 0.60 and ProAD from HC with a mean AUC of 0.71. In addition, Altoida does distinguish PreAD from ProAD with a mean AUC of 0.77. Combining RMTs does increase the discriminative ability of

- Combining RMTs does increase the discriminative ability of distinguishing PreAD from HC (0.78 (combined RMTs) vs 0.71 (Altoida))
- Addition of IADL and NP data streams to RMTs increase the discriminative ability to distinguish ProAD and MildAD from HC.

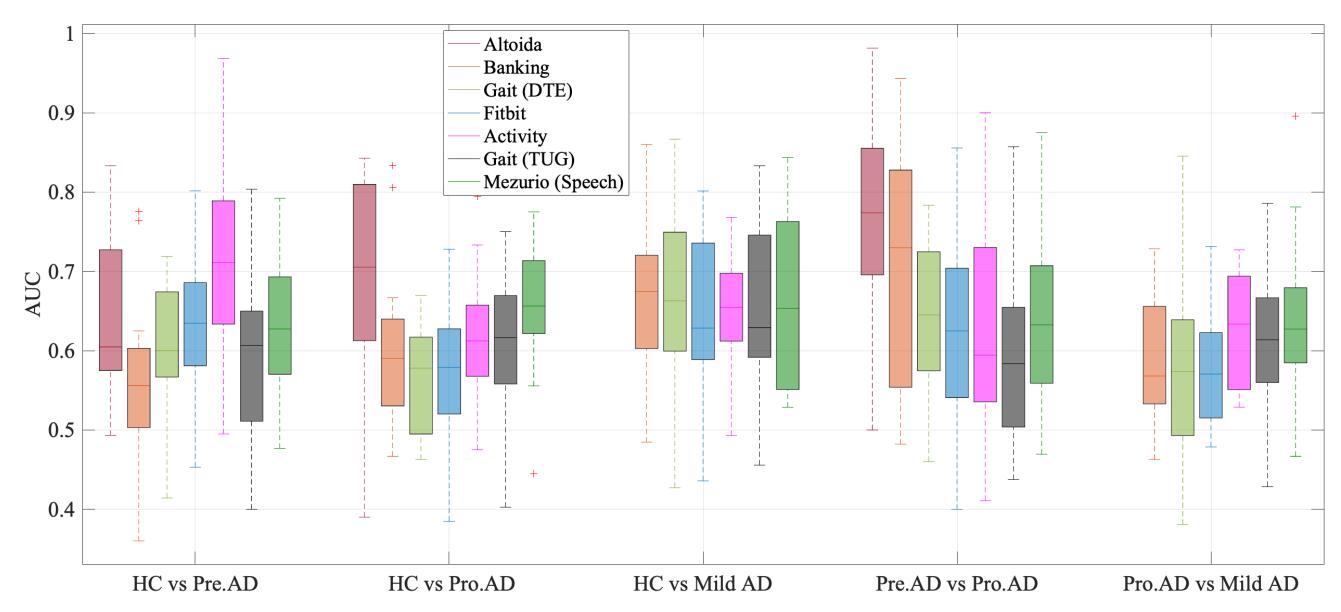
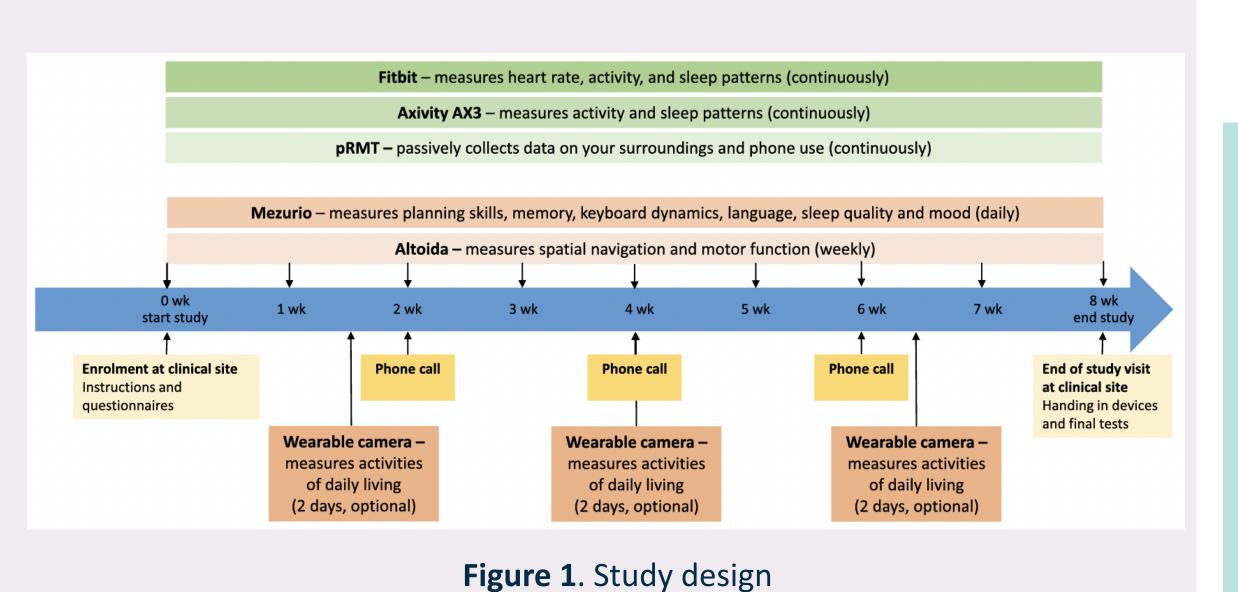


Figure 3. Discrimination ability (Area under the ROC) for different RMTs





functional deficits in the early stage of AD.
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• In particular, in prodromal and mild AD patients, a combined signal shows much more strength compared to individual tests.

Our results highlight the advantage of combining RMTs to identify

Future research should focus on further fine graining algorithms

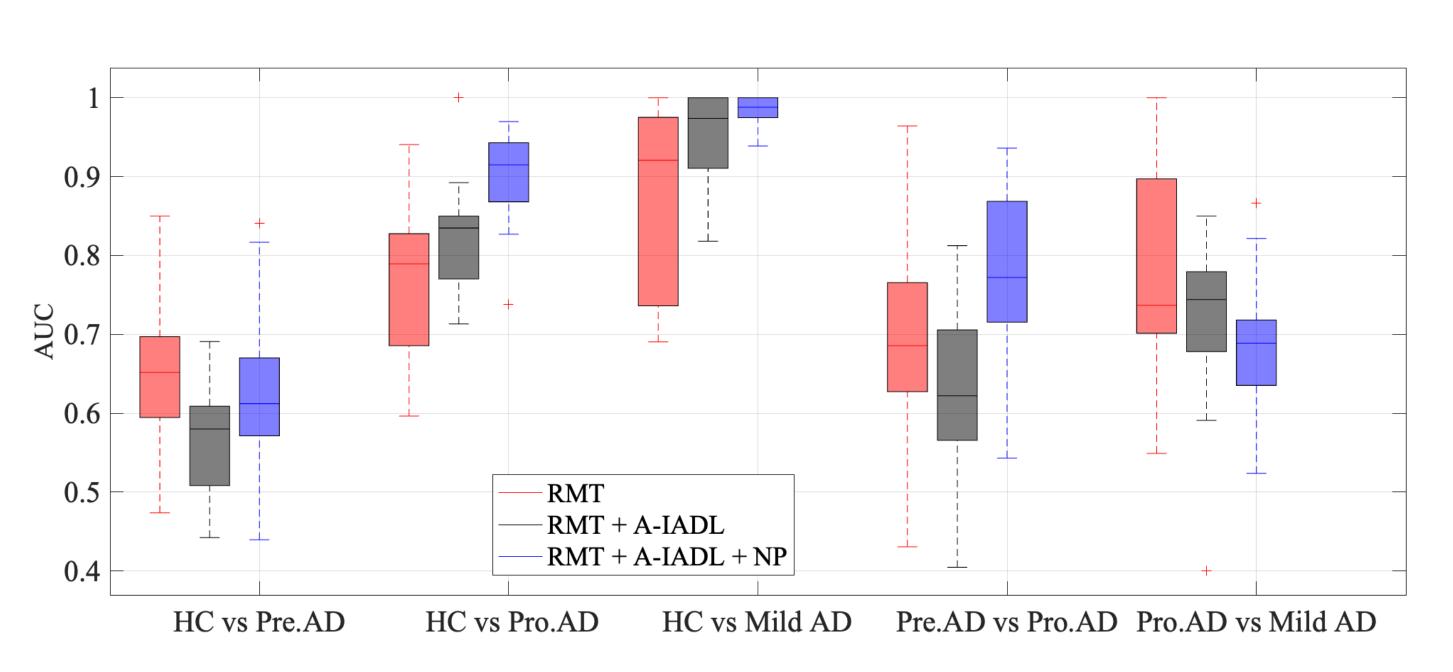


Figure 4. Discrimination ability (Area under the ROC) for multimodal combination of RMTs