Technology and Dementia

Ramin Nilforooshan

Professor In Psychiatry

Dementia Research Institute

Care Research & Technology Centre (CR&T)

















Disclaimer

I have received honorarium for consultancy for the following companies; Janssen, Roche, Biogen, Lilly

I am the clinical lead for Care Research and Technology Centre

Current dementia care

- Family and friends
- Charity and voluntary organisations
- Health care services
- Day centres
- Social service care
- Paid carer (part time or full time)
- Day canters
- Care homes

Smart home

Smart lighting Electrical appliance use monitoring GPS location and tracking devices **Smart Heating** Door sensors and safety Amazon Halo, Alexa, Google Home ... Home cameras Social media, YouTube, Twitter ... Reminder messages Therapeutic robot PARO (comPAnion Robot)

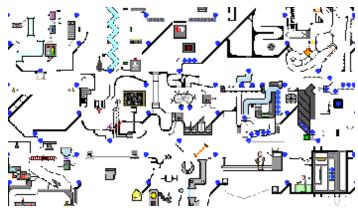
Gerontechnology

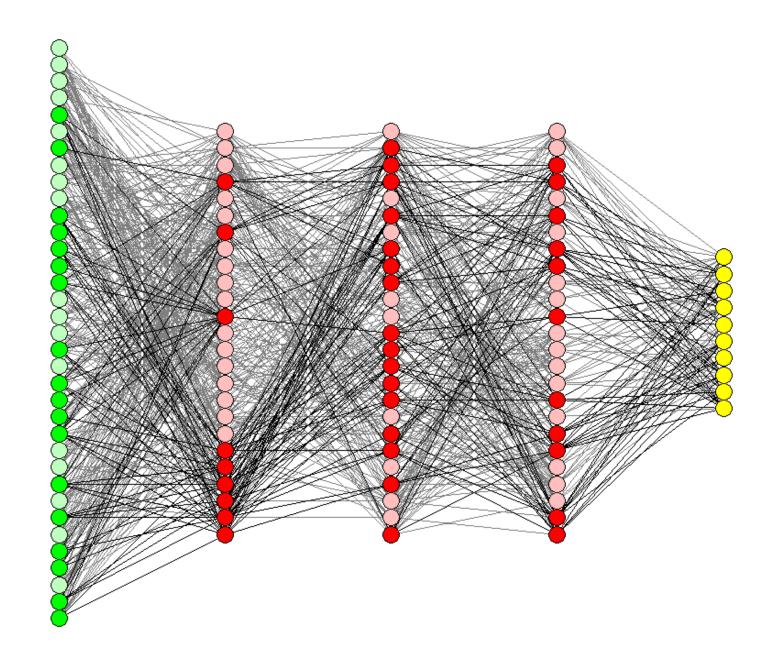
Designing technology and an environment to promote independent living autonomy of older person with Strengthening the support of their network

Human mind

- Needs constant training
- Everyone is different
- Not able to compare many variables
- Only look for predicted signs that we are comfortable with it
- Not able to link all the information





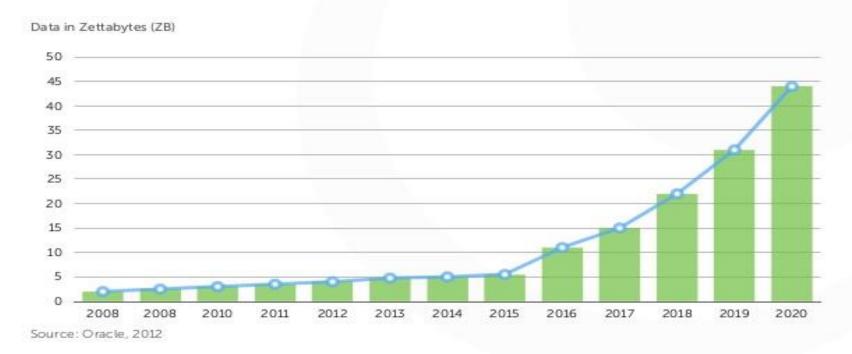


Data

BIG DATA IS GROWING AT 40% ANNUALLY



Data is growing at a 40 percent compound annual rate, reaching nearly 45ZB by 2020



Actionable Insights From Big Dat

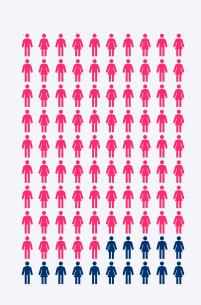
≅BIG DATA F GROUP

Dementia Research Institute

Care Research and Technology Centre (CR&T)



Mission: To transform dementia care through the use of new technology



85%

would prefer to live at home for as

long as possible



Care is limited by lack of real world data

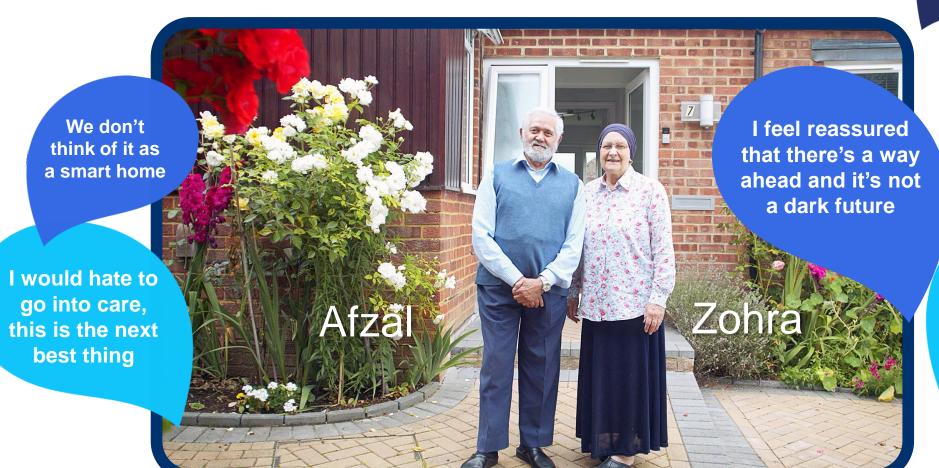
Opportunities from the integration of new technologies for home monitoring with machine learning/Al

Holistic approach to major real-world problems

- Personalised intervention
- Sleep disturbance
- Infections
- Agitation/aggression
- Social isolation

Our participant's perspective

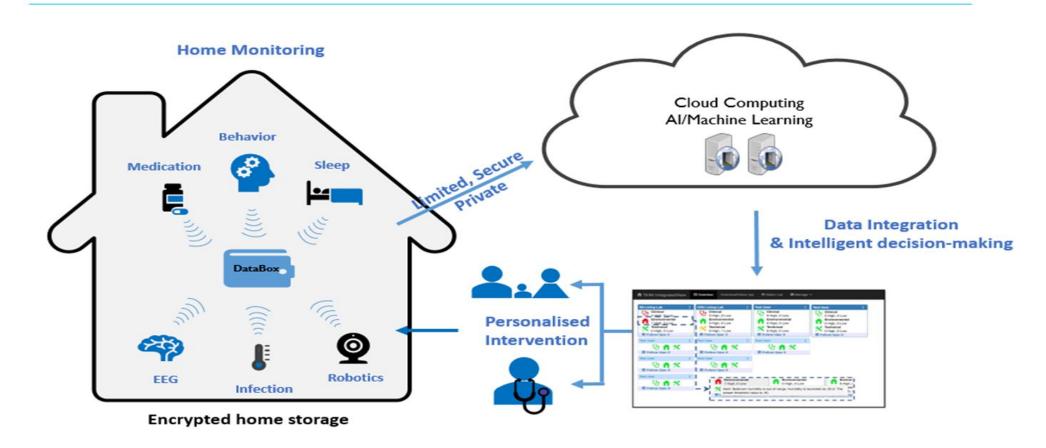




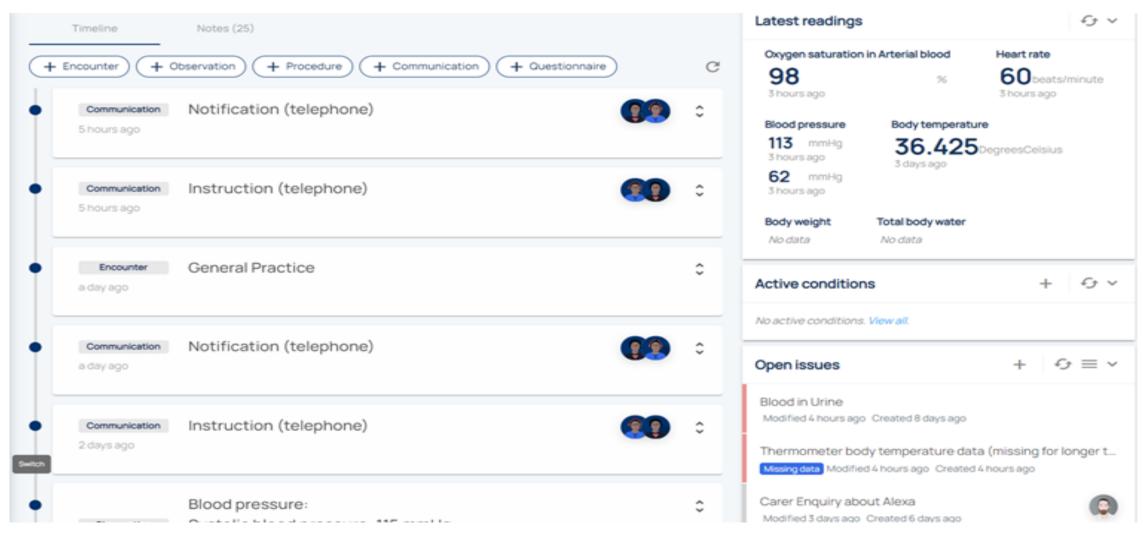
It is invisible support for carers

it takes the scary bits away; it means I'm not on my own

Dementia Research Institute Healthy Home

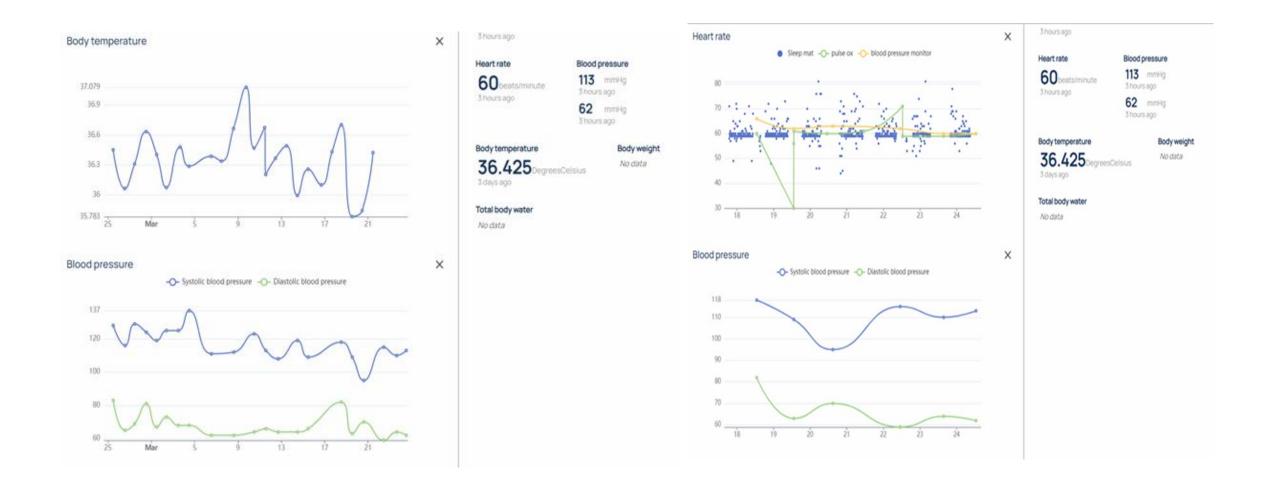


Digital platform - Minder



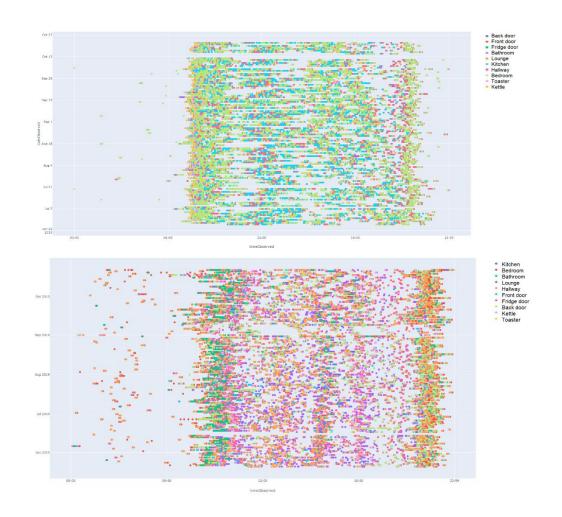


Integrated view- Patient 101





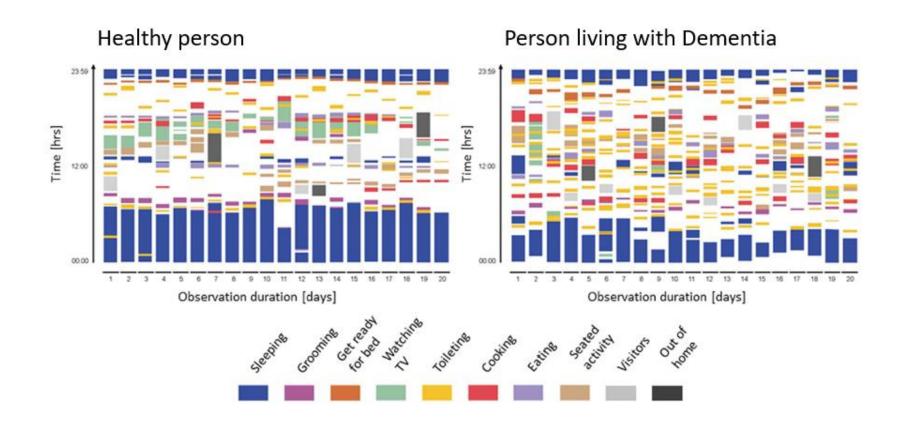
Daily activity pattern analysis



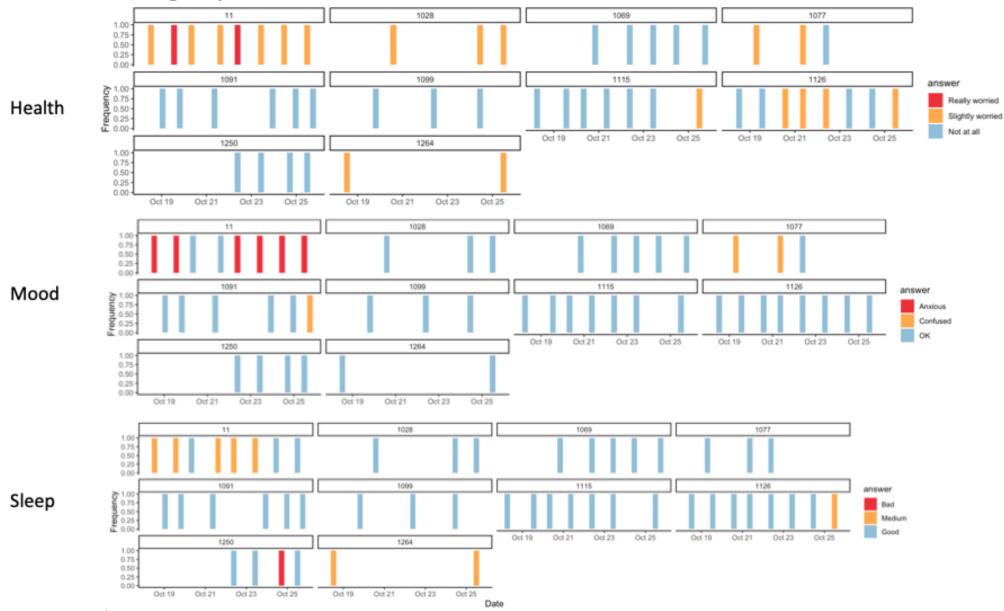




Monitoring behaviour in the home

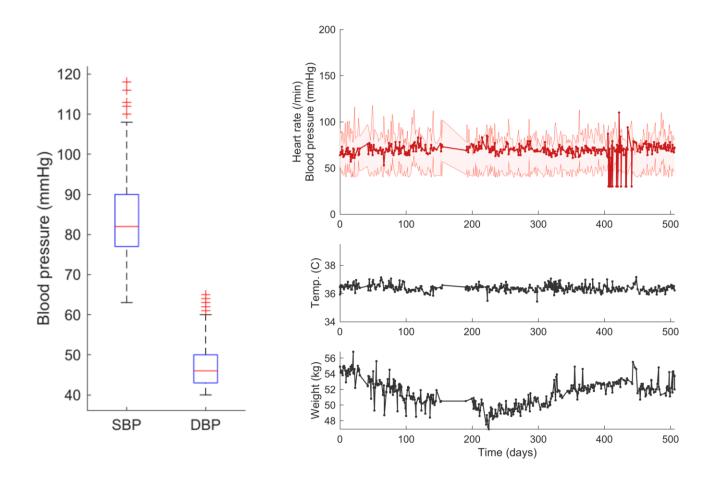


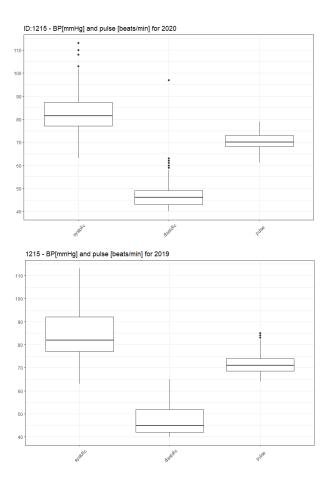
Wellbeing questionnaire



Care home 2021 - 1215

• Persistent hypotension in the context of dementia in PD





ID: TU11

Diagnosis: Dementia in AD, atypical or mixed type

Gender: F Age: 81

Medication:

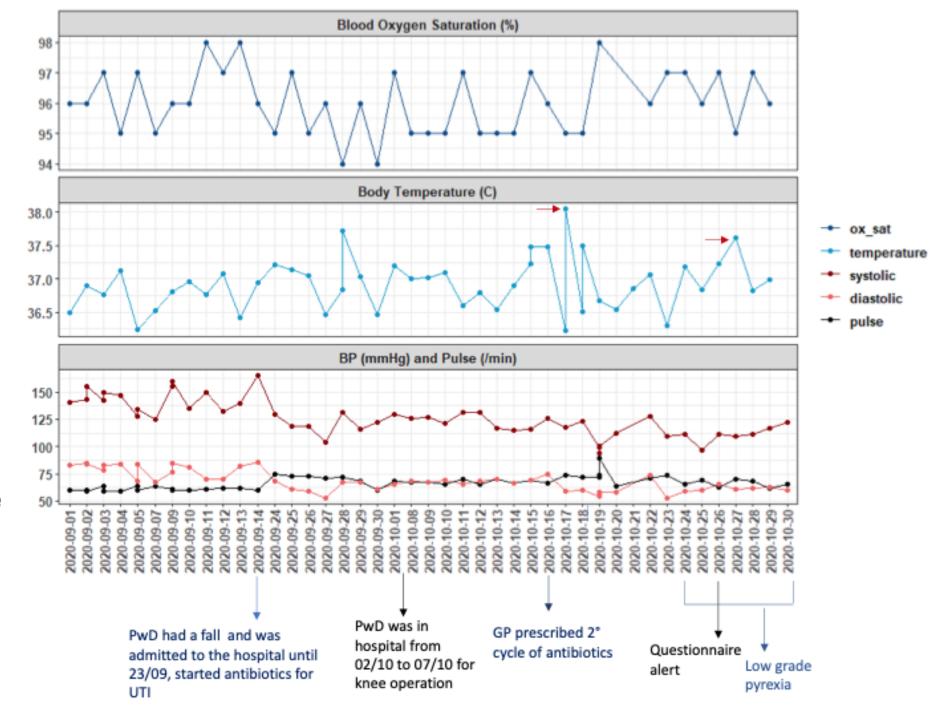
- Galantamin 4mg (2016)
- Mometasone 50mg (2015)
- Atorvastatin 10mg (2015)
- Losartan 50mg (2015)

Health Conditions:

- · Diet controlled tablets
- Raised Cholestrol

Action:

Temp alert - On threshold, CMT to monitor and to phone if increased temperature persists



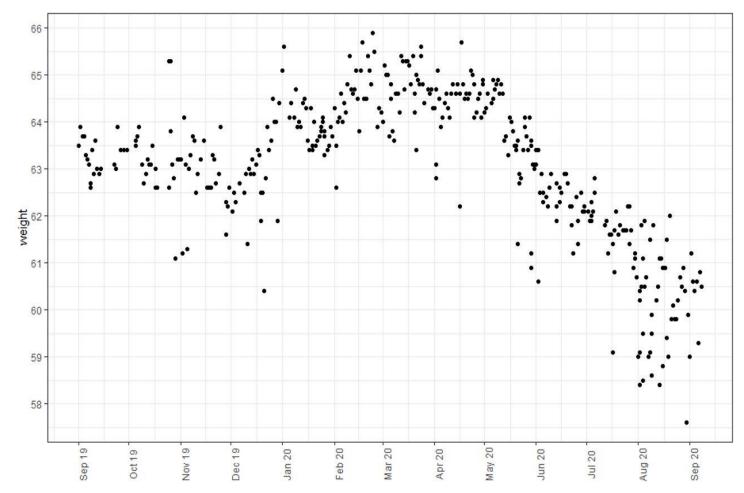
ID 1126 – weight loss

NPI - Appetite and eating behaviours

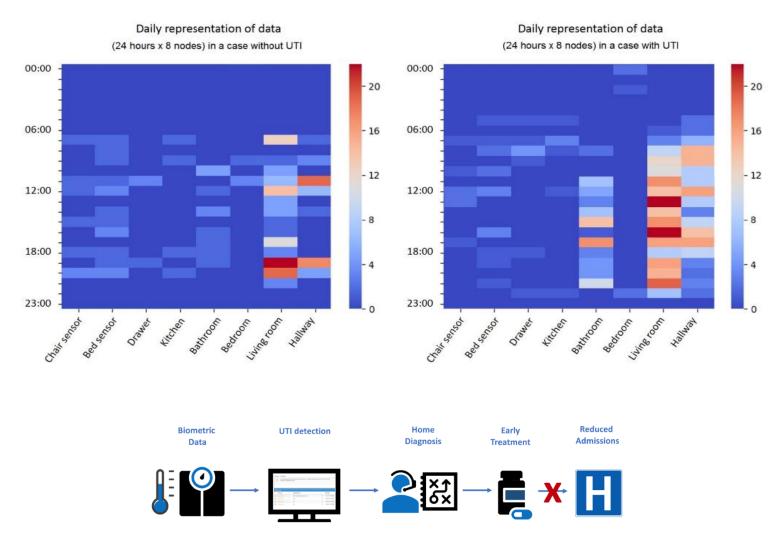
June:

Frequency3, severity 1, carer distress fro m 0

July: frequency 2, severity 2, distress 2 July 2020: no change in appetite, weight or eating habits Alert on 09/2020: 5% body weight loss since last two months's average. Recorded weight loss of 3.64kg. Last two months's average weight was 63.06kg.



Urinary Tract Information risk analysis





New service for people with dementia

- Integrated data of primary, secondary and social services
- Live data
- Environmental and passive data
- Predictors of relapse alerts
- Monitoring service (flow charts for every alerts)
- Clinicians use alerts to prioritise the workload
- Visit people at home when it is required
- Risk assessments based on real data

Thank you

Ramin.Nilforooshan@sabp.nhs.uk