

Walking Aid Reminder Device for Dementia Patients

Bangor Health Clinic Group

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Chapter 1

Topic

Within this chapter we will detail the problem our project aims to solve along with the limitations that could effect our project and an analysis of the current solutions our project would have to compete with. We will provide some background research on dementia patients and their issues with forgetting their walking aids when moving and how wearable devices can have a psychological impact on them. Finally, we will detail our current progress consisting of two initial meetings with our client, and our takeaways from these meetings.

1.1 Background

1.2 The Problem

Upon completion of our initial meeting with the client, we clarified the motivation behind this project and the problem that we are working together to solve. That problem is to develop a solution that detects when a dementia patient is moving without their walking aid, and reminds the patient (with a recorded message by a friend or a relative) to take their walking aid with them. Initial discussions between ourselves and the client identified current issues with dementia patients feeling uncomfortable in being forced to wear foreign objects, meaning we would need to take this into account when developing our solution. We also clarified that dementia patients get easily alarmed and frightened by generic alarms, often associating them with danger notifying alarms such as fire alarms, with the client suggesting that we facilitate a recording feature within our solution that would allow recognisable voices to the dementia patient to remind them to use their walking aid.

1.2.1 Similar Solutions

Current solutions include the use of locator systems that allow dementia patients to easily track down valuables such as keys or a wallet. Such systems include the Tile ecosystem which allows a dementia patient to attach a Tile device to their valuables and then use a smartphone app to fire an alarm from the Tile device that notifies the patient of the location of their valuable. As previously mentioned, dementia patients can get frightened and disorientated by the sounds of alarms often associating them with danger rendering these forms of solutions unsuitable for our problem. This is without considering how difficult a dementia patient mind find navigating through a smartphone device to open an application and request their Tile device to ring an alarm to help them identify the location of their valuable. Other more old fashioned systems that carers may use to notify themselves that their patient is moving include hanging items from door frames that clatter together when the patient walks through the door, or adding pressure pads under door mats that sound an alarm when the patient steps on the door mat. But what we are trying to expand upon with our solution is the protection of dementia patients that are alone and wanting to move around their home or ward. Meaning that door mat pressure pad solutions and methods for alarming a carer would be insufficient.

1.2.2 Limitations

Our main limitation for our project is that we need to develop a discrete device that will not make the dementia patient feel uncomfortable in any way. Early plans for the device lean towards a watch style device that the patients can wear on their wrist to track their movement. But if we are to create a wrist wearable device then we would need to ensure that the footprint of device is small enough to be worn on a wrist. This limits the hardware that we can feasibly use for our project. We also need to consider the number of devices being used and how they can all be fit within a wrist device. The head of the Embedded Systems module within our department has kindly offered to supply us with ESP32 based TinyPICO devices which would be suitable for this project due to its small form factor. We would need to consider how an accelerometer could be attached to the TinyPICO to allow both devices to fit within a watch casing. Other limitations for the wrist device part of the system is that it should not contain any LEDs, vibration motors or alarms to avoid startling the dementia patient. Avoiding the use of LEDs would actually be of benefit to us here as it would allow the watch device to save battery during operation. On the topic of saving battery, another limitation to the watch device is that it would need to be power efficient in order to avoid the dementia patient needing to

frequently charge the device to create a more user friendly experience for them. The ESP32 chips included on the TinyPICO boards utilise a system called 'deep sleep', which effectively powers down certain modules connected to the board. We could theoretically create a system here that fires an interrupt when the accelerometer detects movement, then forcing the ESP32 to wake up and handle the interrupt. Thus meaning that when the patient is static, the device can be in a 'deep sleep' state to save battery.

Limitations for the device being fitted to the walking aid are far less. With this device, we do not need to consider a small form factor as it is not being worn, but will be using a TinyPICO for this device too for consistency. Our limitations with this device is to also disble the use of LEDs to avoid startling th patients, and to include a speaker and microphone in order to allow a relative or carer to record a voicenote which will be played to remind the patient to take their walking aid with them when moving. The TinyPICO boards include a very minimal amount of storage space and so we may need to include an sd card to store the voice notes on. We will also be limited to the budget of £150 that we have been assigned, and must ensure that all the devices needed to build the system can be purchased within our budget.

1.3 Current Work

As stated earlier in this chapter, we have held initial meetings with the client where we have clarified the problem they aim to solve with this project and outlining the project scope. On the 18th of Novemeber we held an introductory meeting with the client where we gained an understanding of what the problem is and what kind of system the client was expecting to be produced. We clarified that we would need to gain our supply of hardware ourselves and that a budget of £150 would be allocated to us to aid with the procurement of the necessary hardware devices. However, within this initial meeting we failed to identify the final direction the client wanted the project to head down and instead came away with the option of either developing a wearable device that would detect when the dementia patient was moving, or to use a non-wearable device such as a pressure blanket that would detect when the patient had got up from where they were static. We agreed with the client that we would schedule a second meeting for the 25th of Novemeber and within that time analyse the advantages and disadvantages to each method of developing the solution. We then agreed that we would return with a solution that we thought would best suit the design brief and that would best suit the development talent available to us within our team.

Within our own intra-team meeting we decided upon building and developing a wearable

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device solution over a non-wearable solution due to the extra features that could be included into a wearable device such as a fall detection system, a system recommended to be included by the client. We felt that despite a non-wearable device being a plausible route to take the project down, that factors such as a dementia patient moving off a pressure pad without actually standing up and walking would diminish the effectiveness of our solution.

On the 25th of November we hosted our second meeting with the client and established the team's preferred route for the development of this project. The client was content with this and agreed that the solution should be developed as a wearable device. We finalised the £150 budget with the client and agreed that our next steps would be to complete our milestone 1 document, including user requirements, and compiling a list of necessary hardware to develop the project. Our next meeting with the client is scheduled for December 16th where we will finalise the user requirements and compile a list of hardware to be purchased with the budget made available to us.

Chapter 2

Requirements

In this section, we will detail the project's functional and non-functional requirements, which will be broken down to higher-level user requirements as well as lower-level specifications that will detail the process our team will go through to ensure the user requirements are met.

2.1 Functional Requirements

Table 2.1: A table of functional requirements split into user requirements and their relevant specifications needed to meet those user requirements.

Code	User Requirement	Specification
FREQ1	The wearable device should detect when a patient has walked more than 1 metre before sounding an alarm if the walking aid is not moving.	We can use a tri axial accelerometer here to detect the acceleration of the device and in which direction. Using the equation of distance = speed * time, we can deduce from this a distance walked before deciding to fire an alarm to the patient.
FREQ2	Patients should be alerted with the voice of friend, carer or relative to avoid startling them.	The device to be attached to the walking aid should include a microphone and speaker that will allow the user to record a voice note and store it on the device. We may need to include an SD card within this device that will store the voice note if need be.

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Code	User Requirement	Specification
FREQ3	The wearable device should include a solution for deaf people that still reminds them to take their walking aid with them without the need for an audio alarm.	The wearable device could use a vibration motor here that vibrates to remind the user to use their walking aid. We can also utilise the LEDs on board the TinyPICOs to flash to remind the user also. There are issues here with potentially startling the patient with the use of vibration and LEDs, however we feel this is most feasible method for meeting this user requirement.
FREQ4	If development time allows, the system should include fall detection as a 'nice-to-have' feature.	Using the tri axial accelerometer mentioned in the specification of FREQ1, we could detect acceleration and movement along the negative side of the y-axis in attempt to detect when the patient has fallen. An alert system can be used in accordance to alert a nearby carer or relative.
FREQ5	The wearable device should communicate to the walking aid device to let it know when it's started moving.	There are a few options we could use to meet this user requirement. The obvious option would be to use bluetooth to communicate between the 2 TinyPICO devices. Other options include using web sockets and WiFi to communicate between the 2 devices, but this requires a WiFi connection to work. Lastly, we could utilise LoRa modules to communicate between the 2 devices. However, using LoRa modules would consume more of our budget than using the built in bluetooth technology on the TinyPICO board.

Bibliography