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 insuffient.

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 device solution over a non-wearbale 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.

Bibliography