

Deep Learning in Mild Cognitive Impairment Diagnosis using Eye Movements and Image Content in Visual Memory Tasks

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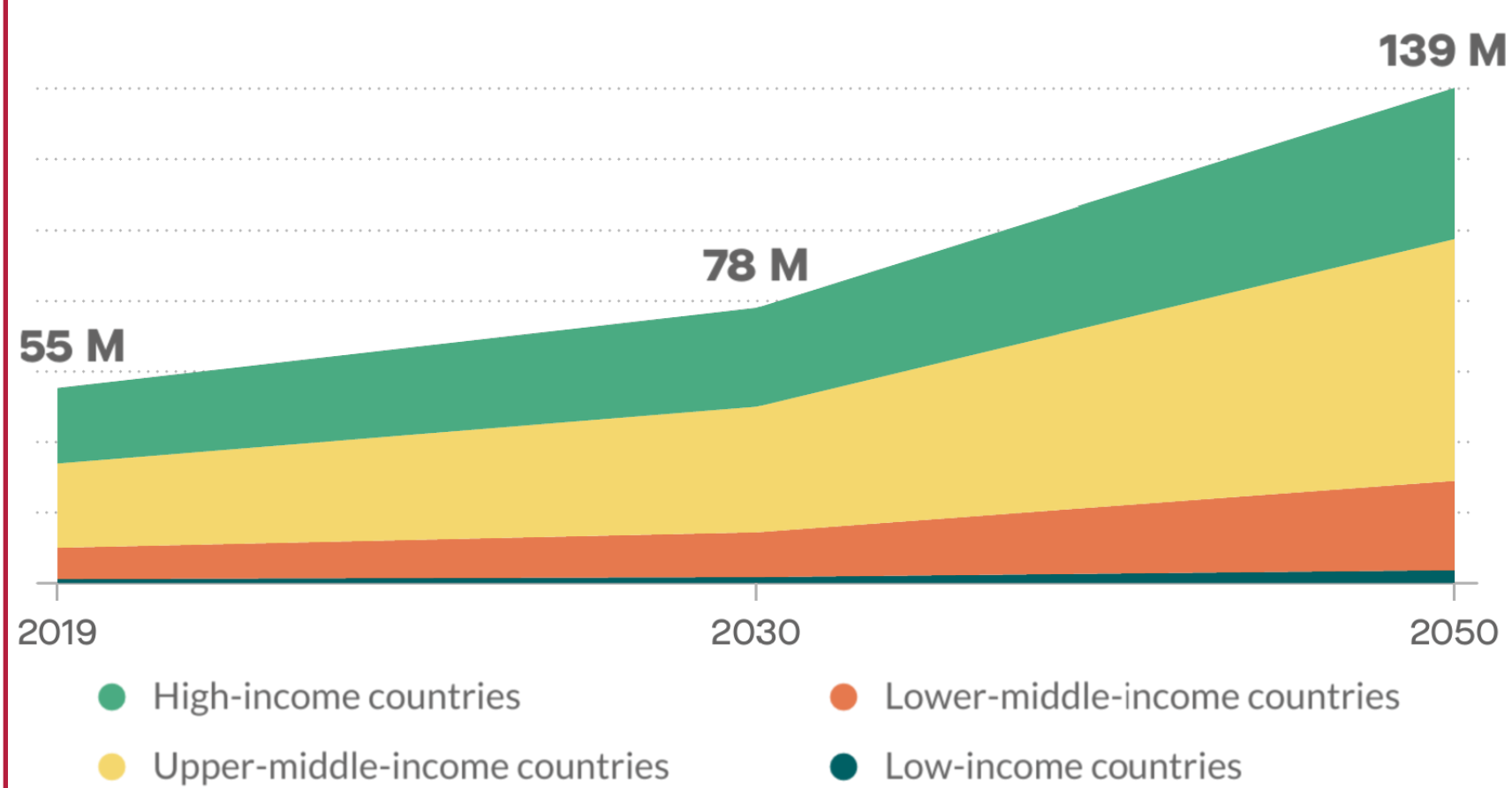
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Introduction

“Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life”, which includes conditions such as Alzheimer’s Disease.

Alzheimer’s Association [1]

Number of people living with dementia in 2019, 2030 and 2050 (in million) by country income group



WHO [2]

What precedes Dementia? [3]

Mild Cognitive Impairment (MCI)

- Impairment of one or more cognitive domains
- Daily living activities are still preserved, contrary to dementia patients.

How is MCI Diagnosed? [4]

Pen and Paper tests and Neuroimaging

- Require Specialized professional
- Delayed symptom recognition
- Not applicable at a large scale
- Late diagnosis

How can we solve this problem?

Digital Tests

- Cost effective
- Practical

Biometric Data

- Extra relevant data
- No additional time cost

Deep Learning

- Easier to analyse data

Eye Movements

- Early indicators of MCI

New diagnosis applicable at a large scale with comparable results?

Methodology

Data from **Coco et al. [5]** and data acquired by **us** in MCI patients and healthy controls (HCs) performing 2 similar tasks.

Coco et al.

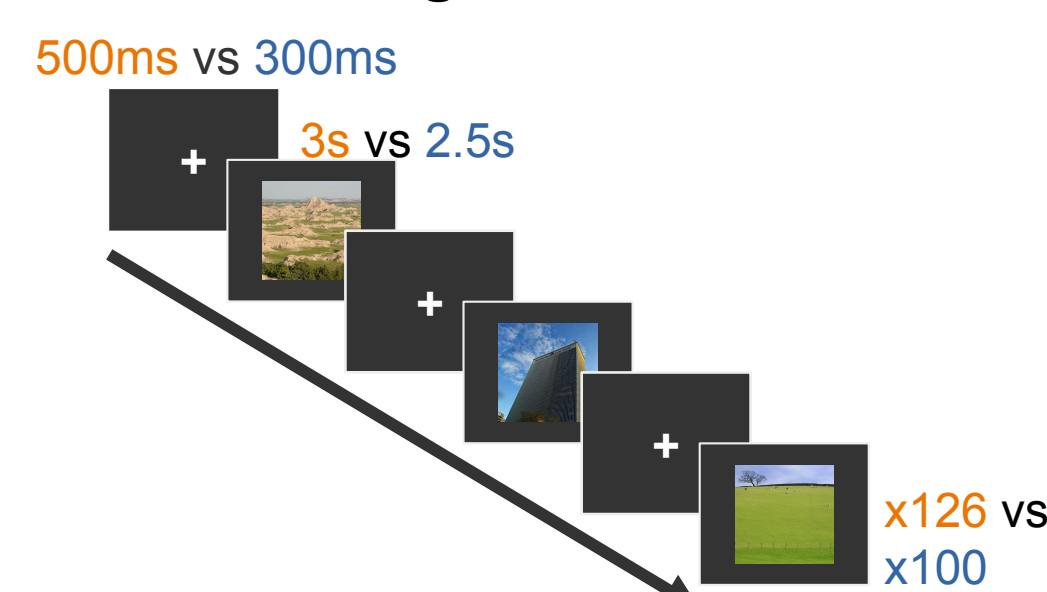
- 44 participants (30Hz)
- 24 MCI
- 20 HCs

Us

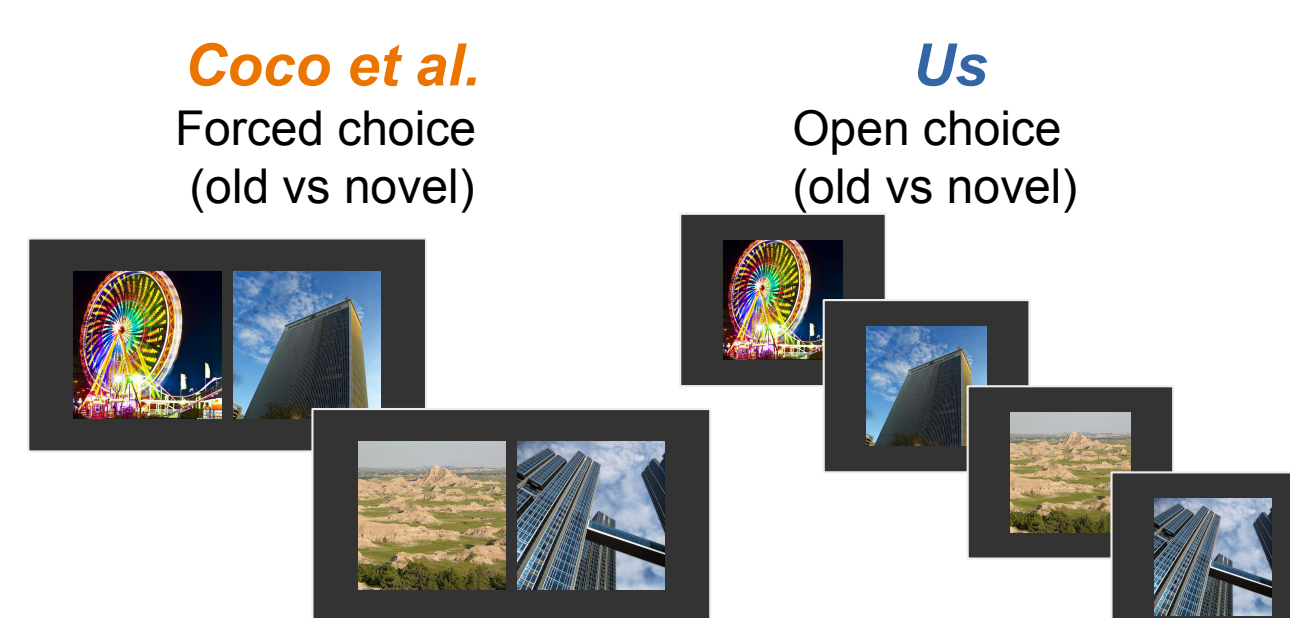
- 21 participants on going (150Hz)
- 12 MCI
- 9 HCs

Task

Encoding Phase

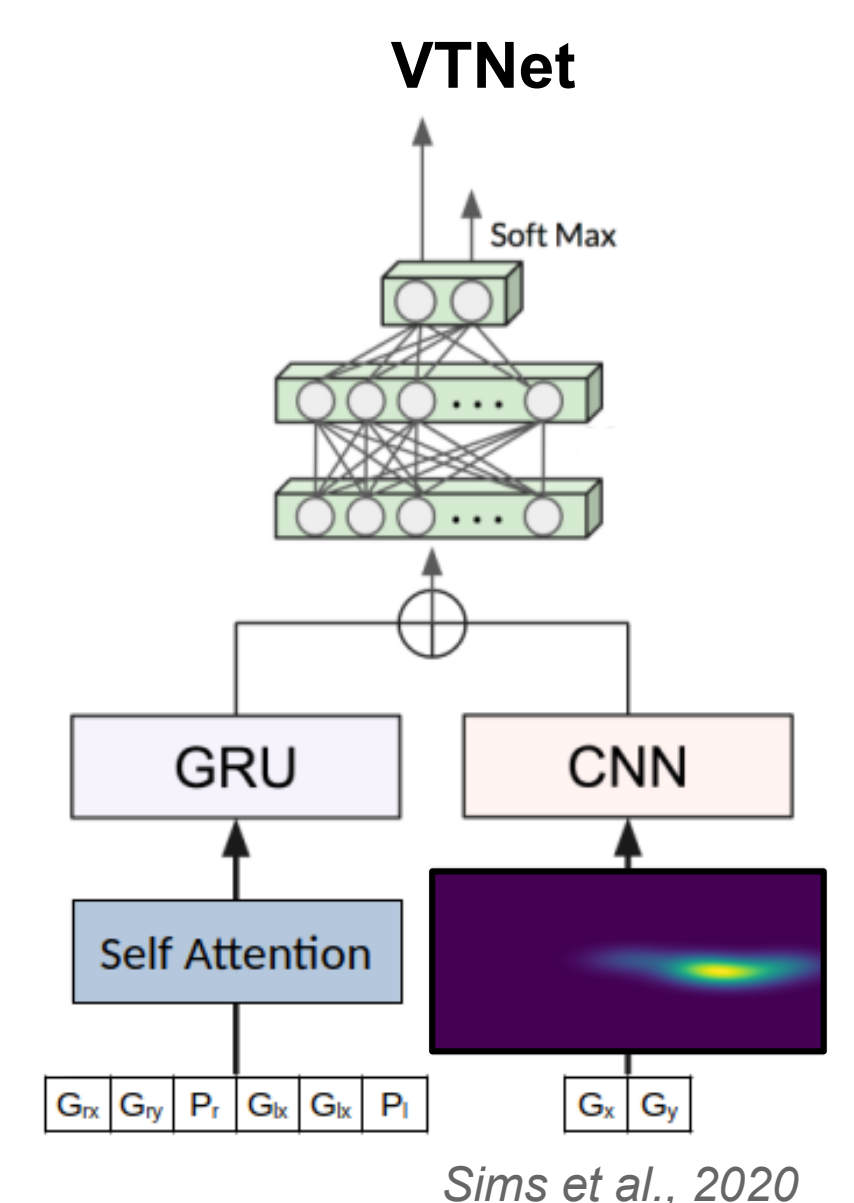


Recognition Phase



Architecture [6]

- Low amount of data
- Hard to train data heavy architectures (i.e. transformers)



Sims et al., 2020

Results

Tab. 1. Models sensitivity and specificity (mean \pm standard deviation) for Sriram et al., using Alzheimer’s disease patients and Scanpaths, and our results using MCI patients and gaze heatmaps.

	Sriram et al. [7]	Ours
Sensitivity	70 \pm 0.02	68.42 \pm 27.26
Specificity	72 \pm 0.02	76.47 \pm 27.64

- Model trained only on *Coco et al.* data.
- Achieved comparable results in harsher conditions (Alzheimer’s patients vs MCI patients)
- High standard deviation – small dataset

Conclusion

- The initial results show promising results
- Tackling high standard deviation:
 - Increase dataset
 - Use methods such as Bootstrap aggregation [8]

Future Possibilities

- Use regular laptops and cameras – Increase scalability and reach of the diagnosis

References

- [1] Alzheimer’s Association. (2024). What is Dementia?
- [2] WHO. (2021). Global status report on the public health response to dementia., p.31
- [3] Wolf, A., et al. (2023). Eye-tracking paradigms for the assessment of mild cognitive impairment. *Fpsyg*, 14
- [4] Sideman, A. B., et al. (2022). Facilitators and barriers to dementia assessment. *Front. Neurol.*
- [5] Coco, M. I., et al. (2021). Semantic interference mechanisms. *Neuropsychology*, 498–513
- [6] Sims, S. D., et al. (2020). Detecting user confusion in eye-tracking data. *ICMI ‘20* (pp. 15–23).
- [7] Sriram, H., et al. (2023). Classification of Alzheimer’s disease. *ICMI ‘23* (pp. 104–113).
- [8] Vourlaki, I., et al. (2019). Bootstrap clustering approaches for organization of data. *Biomedical Signal Processing and Control*, (pp. 263–273)



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