

## Device-based Assessment in the Luxembourg Parkinson's Cohort

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THE NATIONAL CENTRE OF EXCELLENCE IN RESEARCH (NCER)
IS AN INITIATIVE OF THE LUXEMBOURG NATIONAL RESEARCH FUND



#### **Parkinsonism**

is the combination of

#### **Motor symptoms**

- Bradykinesia
- Rigidity
- Tremor
- (postural instability)

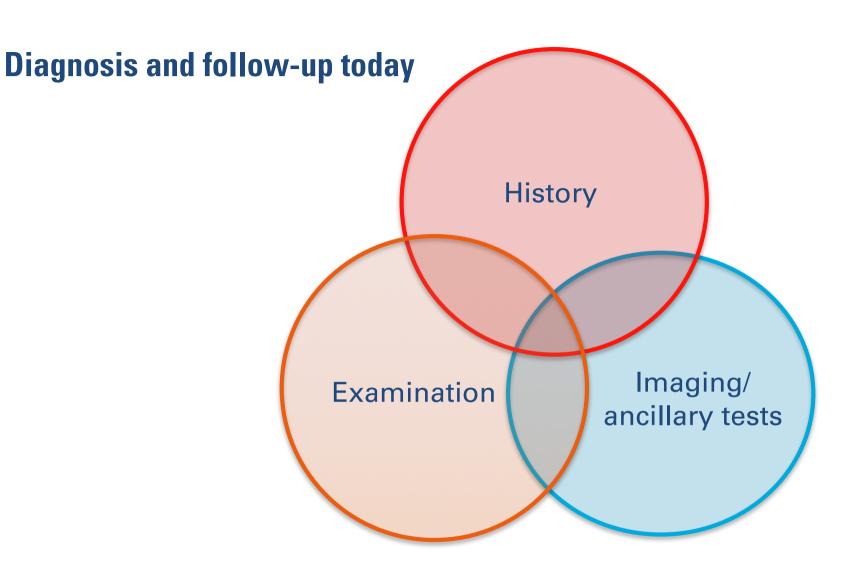
#### **Non-motor symptoms**

- Obstipation
- Orthostatic hypotension
- Hyp-/anosmia
- Bladder dysfunction
- Paraesthesia/pain
- Depression
- Hallucinations
- Sleep disorders
- Bradyphrenia
- ... ff.



- PD: many names for one disesase
  - Idiopathic Parkinson's Syndrome
  - Typical Parkinson's Disease
  - Sporadic Parkinson's Disease
- Some rare diseases look like "Parkinson's" (but aren't)
  - Atypical Parkinson syndromes
    - MSA, PSP, CBD, ....
- symptomatic Parkinson's syndromes





- → No "Parkinson's-Test" available
- → Diagnosis is made rather late

#### → Clinical diagnosis!



- Early and correct diagnosis remain challenges
- Generally helpful, but current clinical scales have limitations
  - Subjective
  - Not receptive to short term/gradual changes (... related to disease stage and progression)
  - Not very good at prediction (e.g. OFF, freezing)
  - Discriminating forms of Parkinsonism



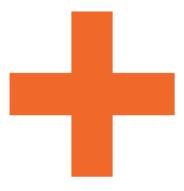
- Better understanding of PD causes and progression
- Earlier diagnosis
  - Today, at the time of diagnosis, more than half of the cells in the substantia nigra are already dead
- Finding causal treatment options
  - Today, the symptoms of PD can be treated well with drugs and deep brain stimulation
  - BUT: so far, no treatment has slowed down progression
- Stratification of PD patients will help making personalized medicine possible



#### **The Luxembourg Parkinson's Cohort**



- Parkinson's patients in all disease stages
- Patients with atypical Parkinson syndromes





 People without Parkinson's as healthy controls



Level A

#### Our approach: deep phenotyping

#### Clinical data collection

Anamnestic data

Epidemiological data

Standardised neurological examination

Global cognition data

Sensory data

Non-motor symptoms

#### Biological data collection



Blood

Urine

Saliva

#### mandatory

## Level B

Neuropsychology

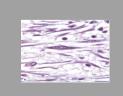
Vision

Gait

PSP

#### optional

Each collection can be performed independentely depending on defined criteria



Stool

Fibroblasts

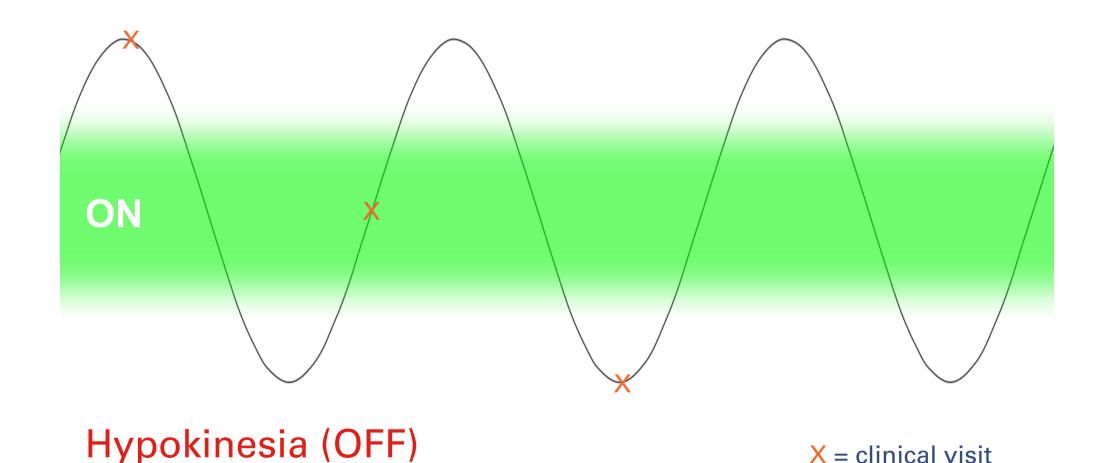
CSF

Colon biopsy



#### Fluctuations as an example for a clinical challenge

#### Hyperkinesia



X = clinical visit



#### **Device-based assessment in Luxembourg**

#### **eGalT**

#### **Sensor-based Movement Analysis**

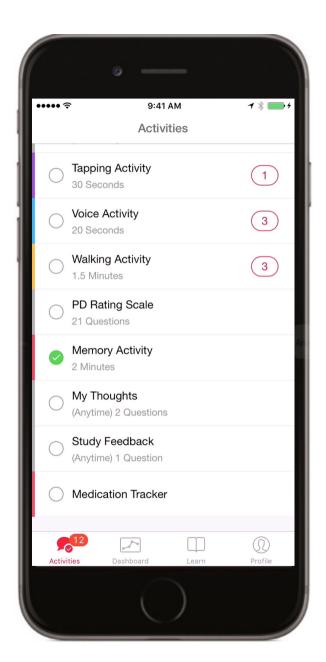








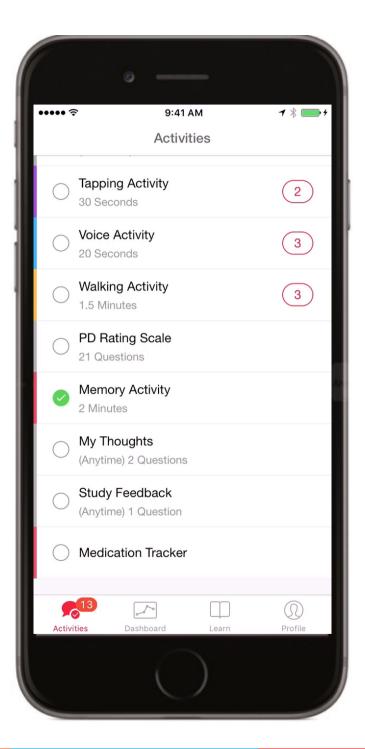








**Finger tapping** 

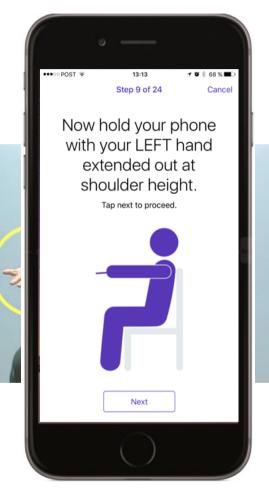




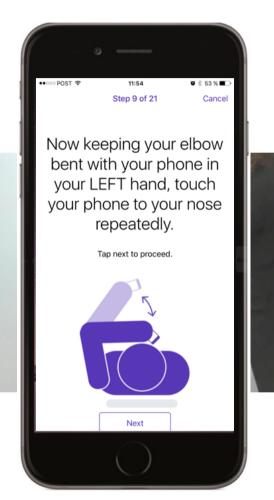
#### mPower - Tremor analysis



**Resting tremor** 

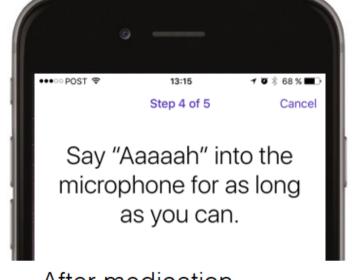


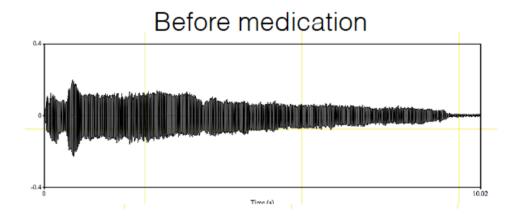
**Postural tremor** 

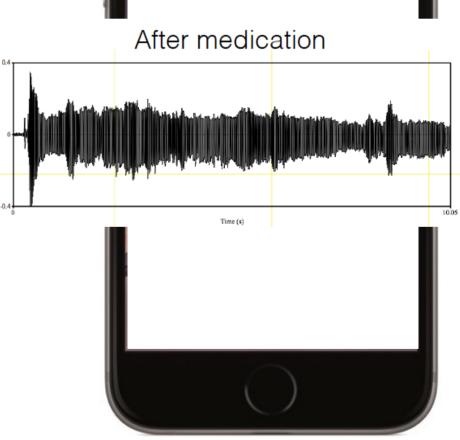


**Action tremor** 

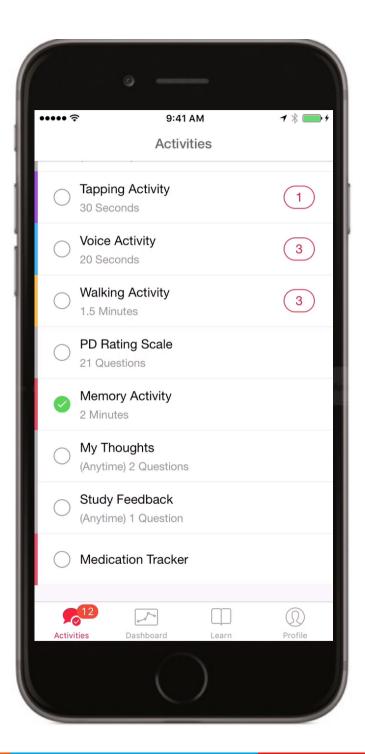








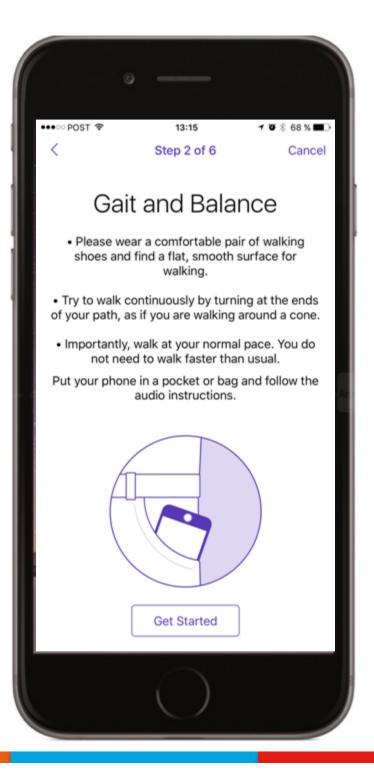






#### mPower – gait analysis

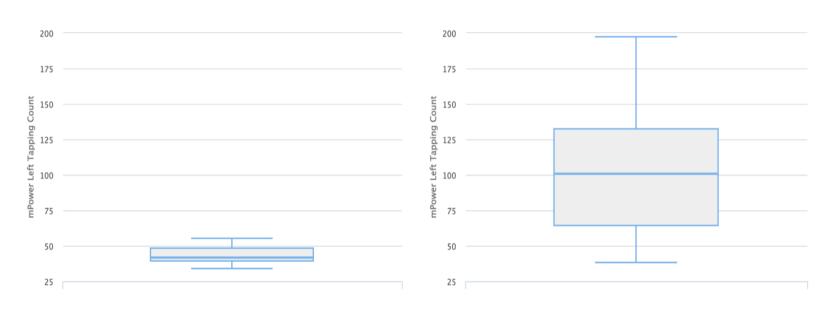






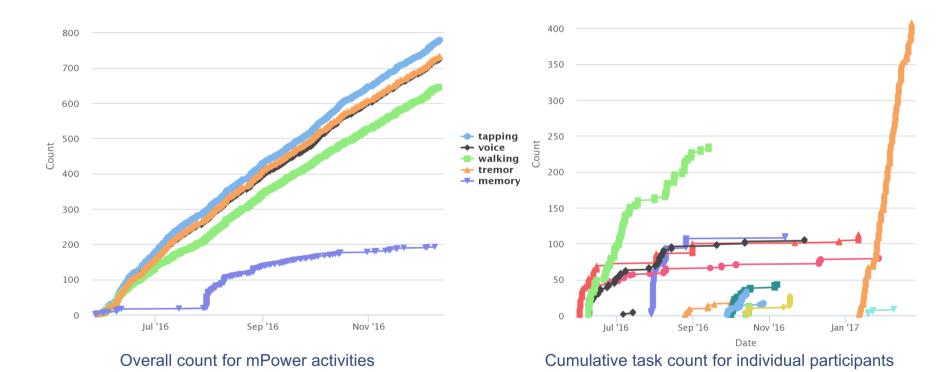
#### Before medication

#### After medication



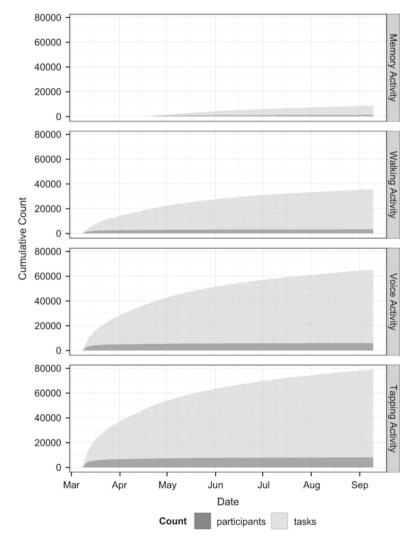
Tapping count, male PD patient, left hand







#### mPower – adherence



Cumulative participation for activities over time

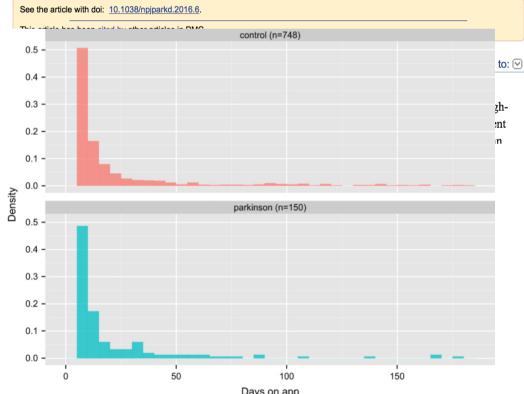
#### SCIENTIFIC DATA

<u>Sci Data</u>. 2016; 3: 160011. Published online 2016 Mar 3. doi: <u>10.1038/sdata.2016.11</u> Data Descriptor PMCID: PMC4776701

#### The mPower study, Parkinson disease mobile data collected using ResearchKit

Brian M. Bot, <sup>1</sup> Christine Suver, <sup>1</sup> Elias Chaibub Neto, <sup>1</sup> Michael Kellen, <sup>1</sup> Arno Klein, <sup>1</sup> Christopher Bare, <sup>1</sup> Megan Doerr, <sup>1</sup> Abhishek Pratap, <sup>1</sup> John Wilbanks, <sup>1</sup> E. Ray Dorsey, <sup>2</sup> Stephen H. Friend, <sup>1</sup> and Andrew D. Trister<sup>a, 1</sup>

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Participation shown as number of days visiting the app for all participants who completed at least one task on five separate days.



#### **Sensor-based Movement Analysis**



#### **Gait assessment in the Luxembourg Parkinson's Cohort**

Timed up-and-go-test



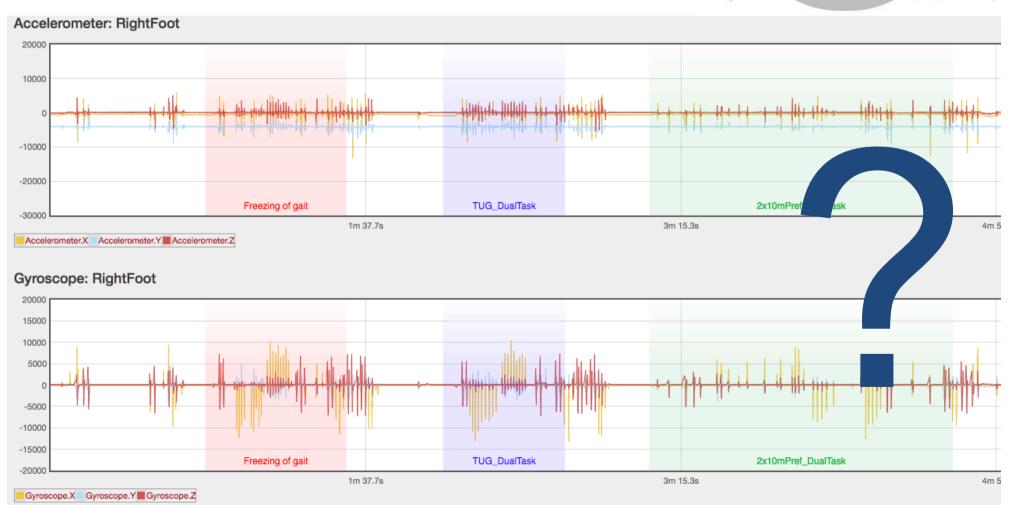
#### **Gait assessment in the Luxembourg Parkinson's Cohort**



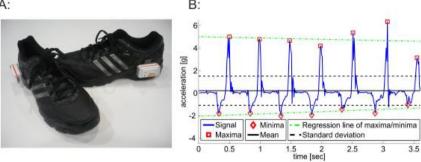
Freezing of Gait Assessment Course (Ziegler Score) Mov Disord. 2010 Jun 15;25(8)







## Feature extraction B:







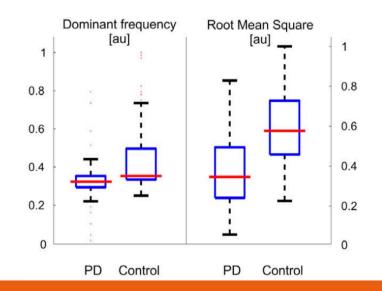
# C: pattern recognition biosensor signals features selection classification App: PD vs. control → CR% AH&Y: H&Y I vs. II vs.III → CR% AUPDRS: UPDRS low vs high → CR%

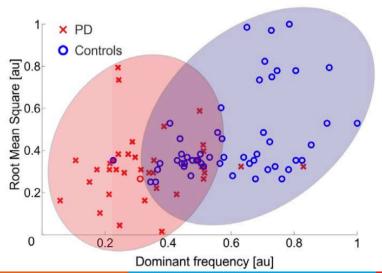
#### Unbiased and Mobile Gait Analysis Detects Motor Impairment in Parkinson's Disease

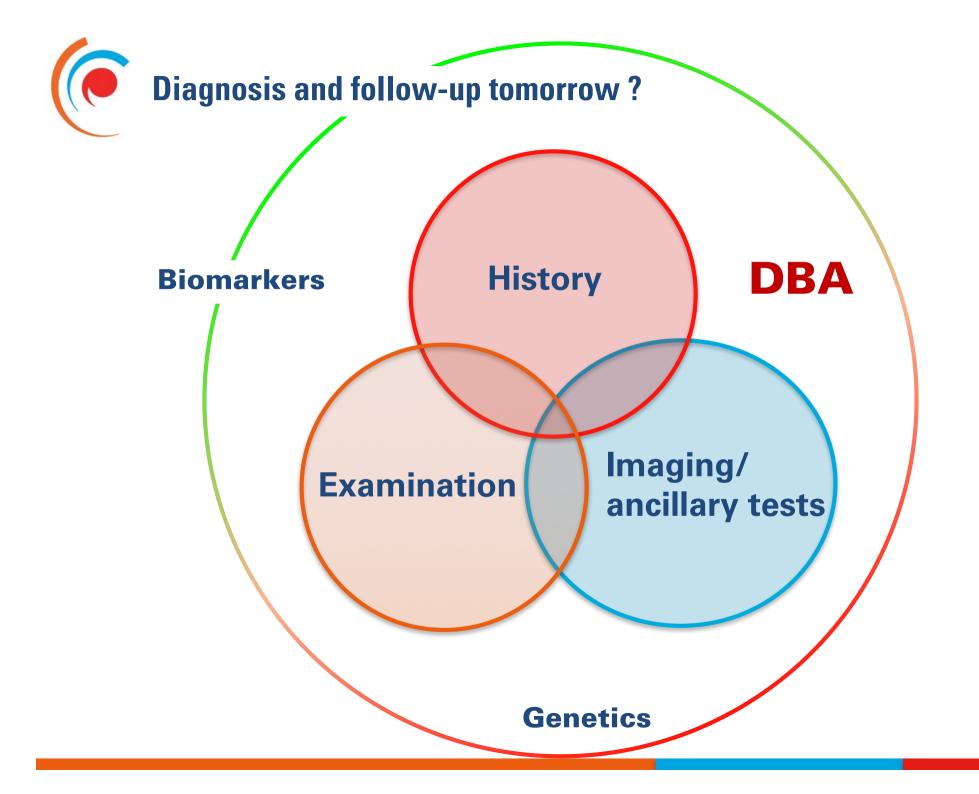
Jochen Klucken<sup>1</sup>, Jens Barth<sup>1,2,3</sup>, Patrick Kugler<sup>2</sup>, Johannes Schlachetzki<sup>1</sup>, Thore Henze<sup>1</sup>,
Franz Marxreiter<sup>1</sup>, Zacharias Kohl<sup>1</sup>, Ralph Steidl<sup>3</sup>, Joachim Hornegger<sup>2</sup>, Bjoern Eskofier<sup>2</sup>,
→ CR<sup>%</sup> Juergen Winkler<sup>1</sup>\*

1 Department of Molecular Neurology, University Hospital Erlangen, Erlangen, Germany, 2 Pattern Recognition Lab, Department of Computer Science, Frie

Recognition Lab, Department of Computer Science, Frie









#### Requirements for clinical management of PD with DBA

- 1. It provides a **valid and accurate** parameter of a clinically relevant feature of the disease
- 2. there is confirmed evidence that the parameter has an ecologically **relevant** effect on the specific clinical application
- 3. a target range can be defined wherein the parameter reflects the adequate treatment response
- 4. implementation is **simple** to allow repetitive use



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Advances in Technologies for PD Series: Review

### A clinical view on the development of technology-based tools in managing Parkinson's disease

Walter Maetzler MD ⊠, Jochen Klucken MD, Malcolm Horne

First published: 7 June 2016 Full publication history

DOI: 10.1002/mds.26673 View/save citation

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Relevant conflicts of interest/financial disclosures: Nothing to report.

Full financial disclosures and author roles may be found in the online version



#### **Application in**

- Integrated care
- Clinical studies
- "Disease companion"
- Closed loop

