



Coaching Technologies for Active Ageing and Wellbeing – the EU Projects Experience

SAAM Final Event May 26th , 2020

WHAT DIFFERENCE CAN THE VCARE VIRTUAL COACH MAKE FOR A PARKINSON PATIENT

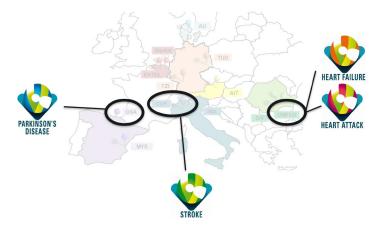
Iñigo Gabilondo (Serv. Vasco de Salud - Osakidetza, Spain)

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 769807.





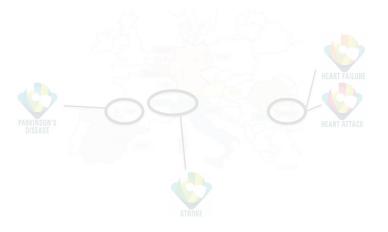
12 partners from 7 European countries

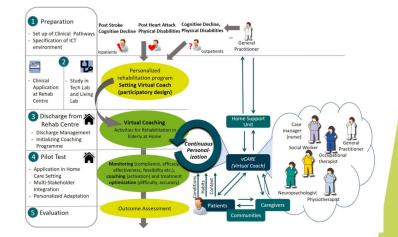






12 partners from 7 European countries





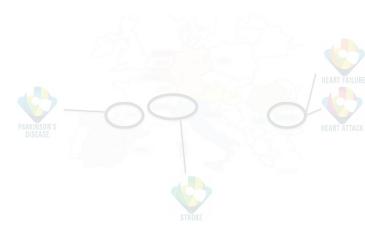


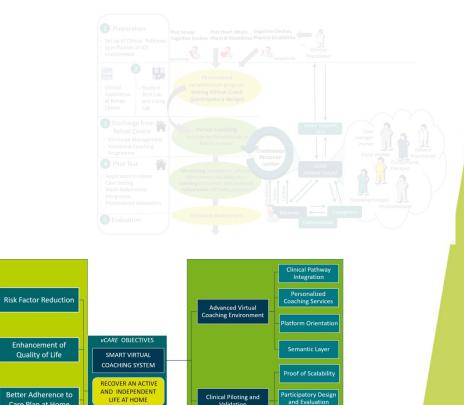


Care Plan at Home

Personalization and

Health Promotion





Validation

Exploitation

Proof in different **European Countries**

Multi Channel

Exploitation



PARKINSON'S DISEASE

VCARE & PARKINSON'S DISEASE PATHWAY



Parkinson's disease patients ≈ 7,000

HEART FAILURE

HEART ATTACK









Cruces University Hospital

b∔ocr<mark>uces</mark> bizka<mark>ia</mark>





1356 hospital admission beds Reference center for 170.000 Vizcaya citizens





Coordinador de Grupo

Área Investigador 📼

Servicios

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CV resumido

PRESENTATION OVERVIEW

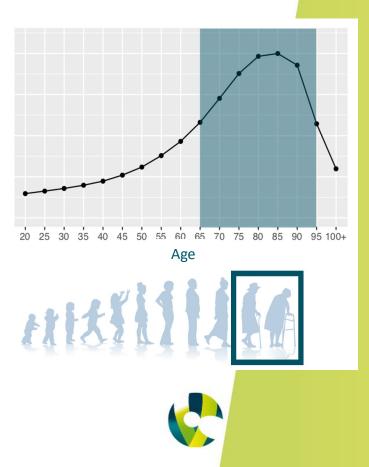




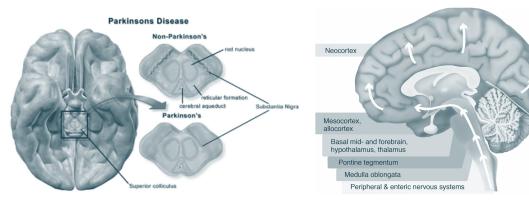
PRESENTATION OVERVIEW



- 2nd neurodegenerative disorder after AD
- Associated to ageing
- Prevalence 2-5% after 60-70 years of age

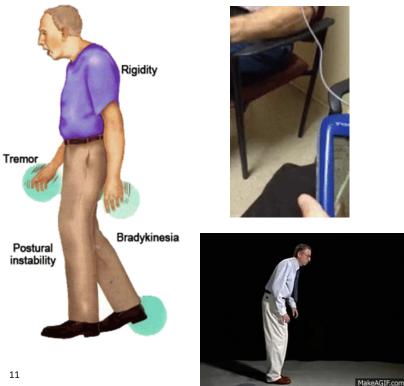


- 2nd neurodegenerative disorder after AD
- Associated to ageing
- Prevalence 2-5% after 60-70 years of age
- Unknown cause, rare genetic cases
- Dopamine deficiency in substantia nigra



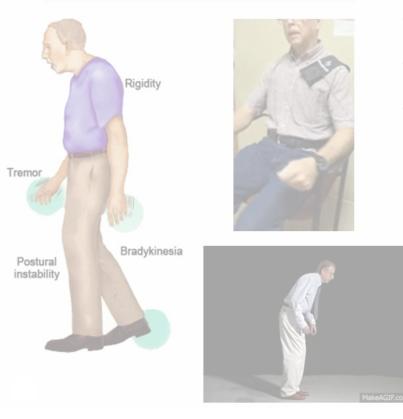


MOTOR MANIFESTATIONS





MOTOR MANIFESTATIONS



<u>"ON" SITUATION:</u>

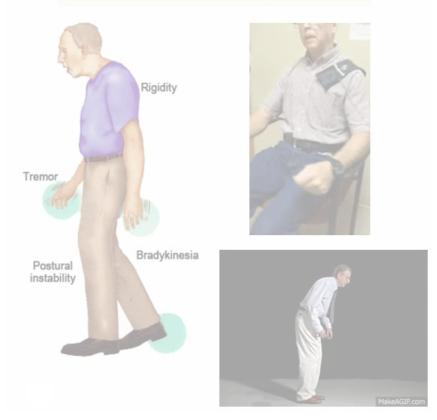
- Adequate levels of dopamine in the brain
- Sufficient motor agility to walk and daily activities
- Usually with active tremor

<u>"OFF" SITUATION:</u>

- Low levels of dopamine in the brain
- High bradykinesia & rigidity (limbs-trunk)
- High limitation to walk and daily activities
- Risk of falling



MOTOR MANIFESTATIONS



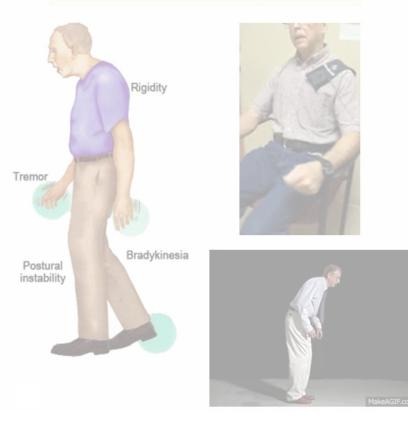
Unified Parkinson's Disease Rating Scale

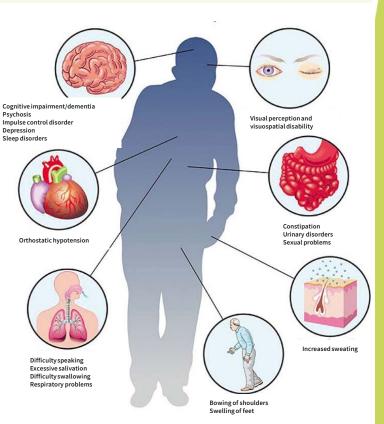




MOTOR MANIFESTATIONS

NON-MOTOR MANIFESTATIONS



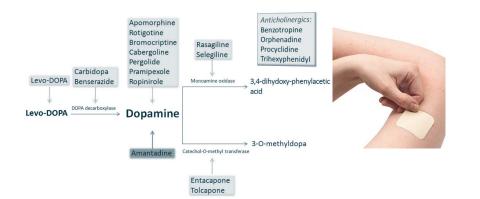


STANDARD PARKINSON'S TREATMENT

ORAL/TRANSDERMAL MEDICATIONS

Levodopa Dopamine agonists MAO-b inhibitors COMT inhibitors







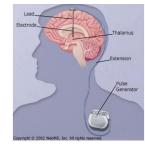
STANDARD PARKINSON'S TREATMENT

ORAL/TRANSDERMAL MEDICATIONS



ADVANCED PD TREATMENT

Surgery (Deep Brain Stimulation)



Subcutaneous apomorphine Pump



Intestinal Duodopa Pump





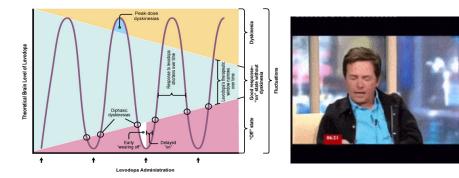
MOTOR & NEUROPSYCHIATRIC COMPLICATIONS (ADVANCED PARKINSON'S DISEASE)



MOTOR & NEUROPSYCHIATRIC COMPLICATIONS (ADVANCED PARKINSON'S DISEASE)



Dyskinesias



Related with reduction or CHANGES IN RESPONSE TO LEVODOPA





MOTOR & NEUROPSYCHIATRIC COMPLICATIONS (ADVANCED PARKINSON'S DISEASE)

Motor fluctuations

Dyskinesias

Freezing of gate

Postural imbalance





Related with disease-associated BRAIN NEURODEGENERATION



MOTOR & NEUROPSYCHIATRIC COMPLICATIONS (ADVANCED PARKINSON'S DISEASE)

- Cognitive impairment & dementia
- Depression
- Psychosis (delirium & hallucinations)
- Impulse control disorder (ICD)

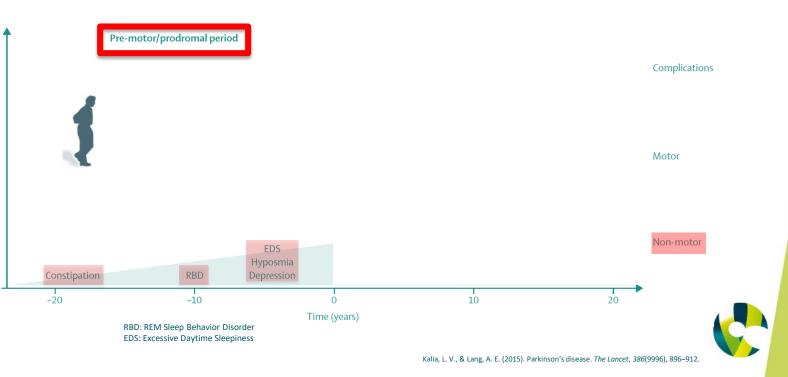




Related with MEDICATION & BRAIN NEURODEGENERATION

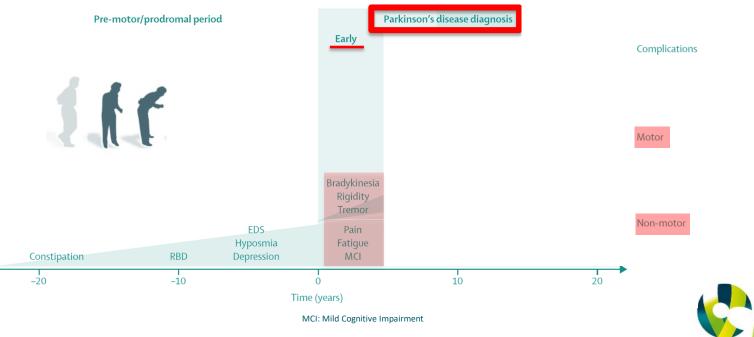


MOTOR & NEUROPSYCHIATRIC COMPLICATIONS (ADVANCED PARKINSON'S DISEASE)



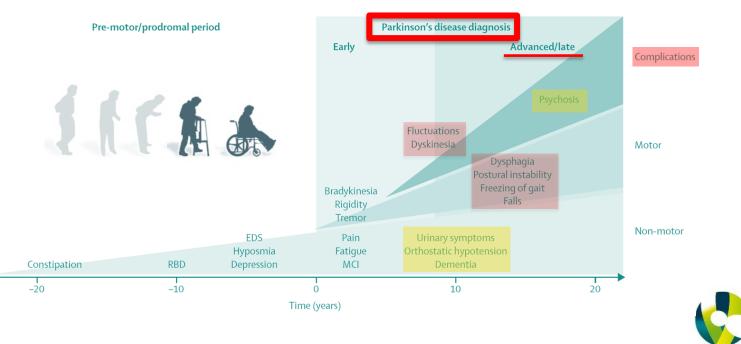
MOTOR & NEUROPSYCHIATRIC COMPLICATIONS (ADVANCED PARKINSON'S DISEASE)

Degree of disability



Kalia, L. V., & Lang, A. E. (2015). Parkinson's disease. The Lancet, 386(9996), 896–912.

MOTOR & NEUROPSYCHIATRIC COMPLICATIONS (ADVANCED PARKINSON'S DISEASE)



PRESENTATION OVERVIEW





- Continuous & objective monitoring of motor and non-motor manifestations
- Risk detection and prevention
- Continuity of care
 - Promotion of autonomy and self-care of the patient
 - Communication tools for patient/caregivers w/ healthcare professionals





Task Force on Technology

MDS / About Us / Committees, Task Forces, SIGs, Study Groups, Affiliate Member Societies / MDS Task Forces / Task Force on Technology

REVIEW

Technology in Parkinson's Disease: Challenges and Opportunities

Alberto J. Espay, MD, MSc.¹⁺ Paolo Bonato, PhD.² Fatta B. Nahab, MD.³ Walter Maetzler, MD.^{4.5} John M. Dean, MA, CCC-SLP.⁹ Jochen Klucken, MD.² Bjoern M. Eskoffer, PhD.⁹ Aristide Merola, MD, PhD.⁹ Fay Horat, PhD.^{10,11} Anthony E. Lang, MD, FRCPC.¹⁷ Staf Feliminam, MD, PhD.^{10,14,14} Juo Giuffrida, PhD.¹⁶ Alice Nieuwboer, PhD.¹⁷ Malcolm Horne, MBBS, MD.¹⁶ Mark A. Little, PhD.^{19,20} Irene Litvan, MD.² Tarya Simuni, MD.²¹ E. Ray Dorsey, MD, MBA.²² Michelle A. Burack, MD.²² Ken Kubota, BS, SEP.²³ Anita Kamondi, MD, PhD.²⁴ Catarina Godinho, PhD.²⁹ Jean-Francois Daneaut, PhD.²⁶ Georgia Mitai, PhD. MBA, MSc.³⁰ Lothar Krinke, PhD.¹⁷ Jeffery M. Haudorff, PhD.²⁶ Bastiaan R. Bloem, MD, PhD.³⁶ and Spyros Papapetropoulos, MD, PhD.³⁶ on behalf of the Movement Disorders Society Task Force on Technology



International Parkinson and Movement Disorder Society



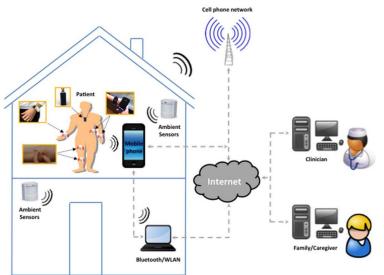
Movement Disorder Society

Task Force on Technology

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REVIEW

Technology in Parkinson's Disease: Challenges and Opportunities





Mov Disord. 2016 Sep;31(9):1272-82. doi: 10.1002/mds.26642. Epub 2016 Apr 29



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REVIEW

Technology in Parkinson's Disease: Challenges and Opportunities

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TABLE 1. Examples of available and needed technologies relevant to the diagnosis and clinical management of patients with Parkinson's disease

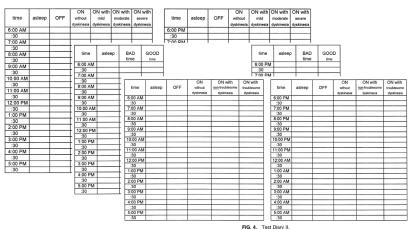
Clinical problem	Available/needed technologies	Clinical objective
Improving diagnosis	Needed: sensors for prodromal features (e.g., constipation, REM sleep behavior, anosmia); blood sensors for biomarkers (construction proteinprice, etc.)	Enable population screening for PD, including the earliest possible (prodromal) stages
Monitoring response to therapy and motor complications (motor fluctuations, dyskinesia)	Available: accelerometers, gyroscopes, magnetometers, electrogoniometers, surface EMG sensors Needed: small patches onto the skin or other sensors that improve patient adherence	Collect ecologically valid data of motor fluctuations, falls, freezing of gait episodes Implement sensor-based closed-loop technologies capable of delivering treatments (eg, infusion pump)
Monitoring nonmotor symptoms and progression	Available (but requiring improvements): sweat sensors, skin conductance sensors, heart rate sensors,	Collect ecologically valid data of nonmotor symptoms and progression
Improving medical treatment	Available (but requiring improvements): oral capsules, subcutaneous and gastrointestinal infusion pumps	Implement adjustable extended-release drug formulations, smart (self-adjusting) levodopa deliverv infusion systems
Enhancing surgical treatment	Available (but requiring improvements): STN DBS, GPi DBS, Vim thalamus DBS	Implement closed-loop STN and GPi DBS (variable stimulation based on local
Improving rehabilitation interventions	Available: accelerometers, gyroscopes, magnetometers, electrogoniometers, surface EMG sensors, pulse oximetry sensors, respiratory rate sensors, blood pressure sensors	Implement closed-loop cueing and feedback systems validated for home use



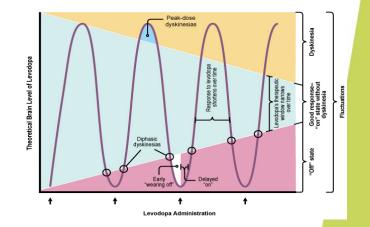
Mov Disord. 2016 Sep;31(9):1272-82. doi: 10.1002/mds.26642. Epub 2016 Apr 29

PARKINSON'S (PAPER) DIARY

24 hours registry (form) completed by patient regarding motor status and complications



Parkinson Home Diary





Hauser RA et al. Clin Neuropharmacol 2000;23(2):75-8

Motor Examination

Speech
 Facial expression
 Rigidity
 Finger tapping
 S. Hand movements
 Pronation-supination of hands

7. Toe tapping 8. Leg agility

9. Arising from chain 10.Gait

11.Freezing of gait

12.Posture stability 13.Posture 14.Gobal spontaneity of moveme 15.Postural tremor of the hands 16.Kinetic tremor of the hands

17.Rest tremor amplitude 18.Constancy of rest tremor

Hoehn and Yahr Stage Scale 0: no symptoms 1: unilateral symptoms only

2: bilateral symptoms without

walk or stand without assistance

5. Uses wheelchair for mobility,

require more assistance

 Mild to moderate symptoms; some postural instability but physically independent; need some assistance to recover from pull test 4. Extensive symptoms: still able to

impaired balance

OBJECTIVE QUANTITATIVE MOTOR ASSESSMENT

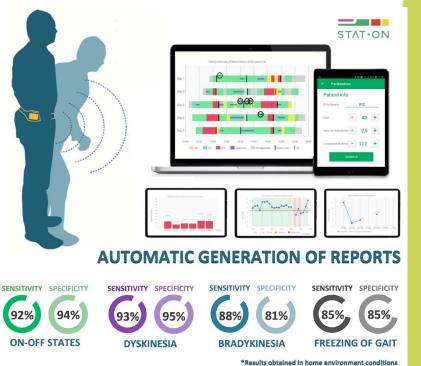




OBJECTIVE QUANTITATIVE MOTOR ASSESSMENT

z	2009-2011	iË	MOMOPA1	15 pacientes, colocación en la cintura, primeros algoritmos y análisis de resultados
INVESTIGACIÓN	2010-2013	\circ	HELP - AAL	Primera aproximación a bombas de apomorfina, test con 6 pacientes
ĩ (2011-2015	\bigcirc	REMPARK	>150 pacientes. La mayor base de datos inercial en casa del paciente conocida hasta la fecha. Foco en los algoritmos para la detección de síntomas motores
NVE	2012-2016	iE	MOMOPA-2	40 pacientes. Foco en determinar los estados ON y OFF con un sensor inercial
= [2015-2018		MASPARK	Uso del sensor como gold standard. Cueing y mejora de los algoritmos para detectar la marcha bradicinética y la congelación de la marcha.
DESARROLLO	2017-2019	\bigcirc	PARK-IT	SME Instruments Fase II Rediseño, industrialización, certificación
	2017-2019	े	PARK-IT	SME Instruments Fase II Radiseño, industrialización, certificación 1- Comparación tiempo en OFF diario proporcionado por el paciente con las lecturas OFF de STAT-ON. 2- Reducción OFF después de ajuste. 3- Mejora QuL, PDQ-39
DESARROLLO		े ř		1- Comparación tiempo en OFF diario proporcionado por el paciente con las lecturas



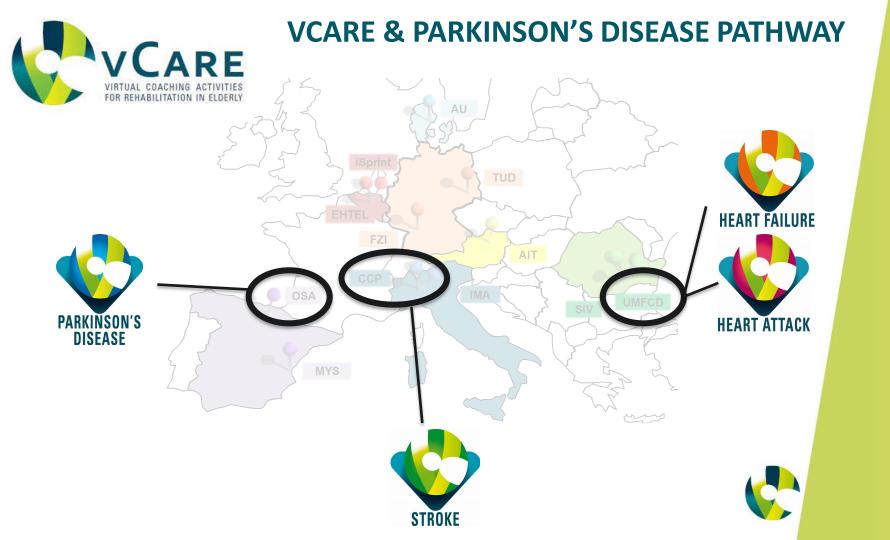


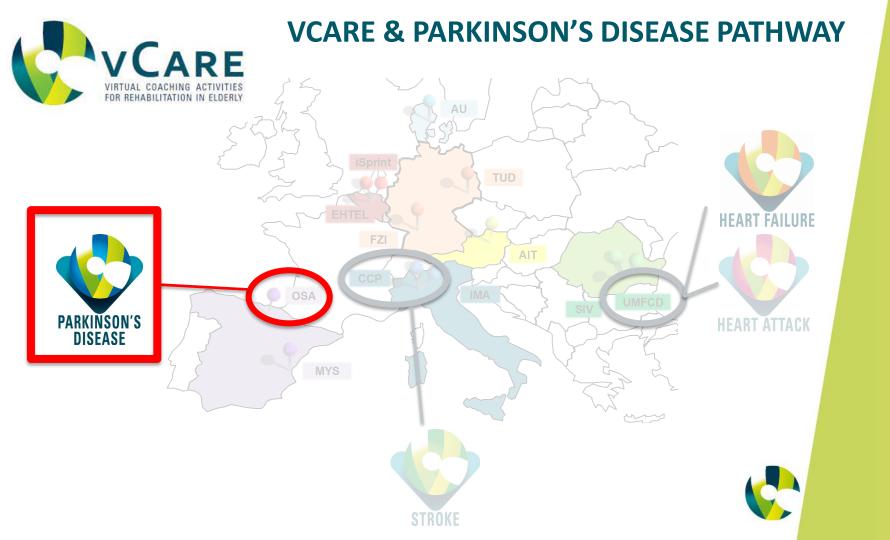
PARK-IT 2.0: H2020 - SMEINST - 2 - 2016 - 2017. Project Number: 756861

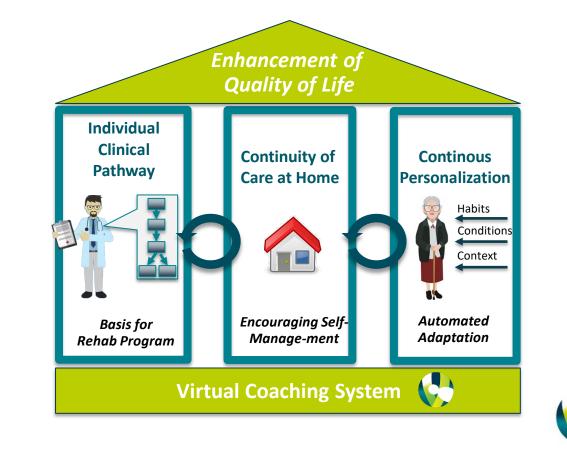
PRESENTATION OVERVIEW



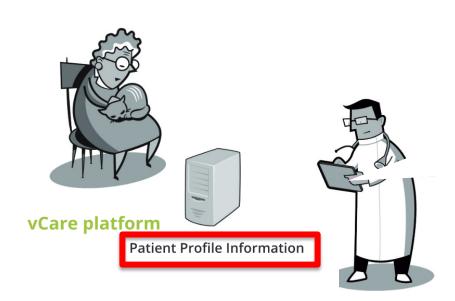








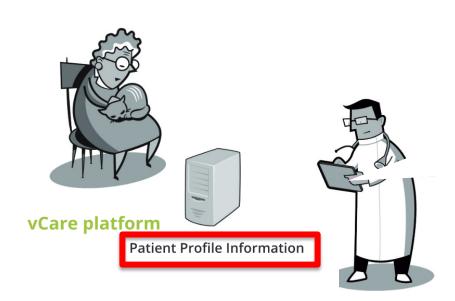






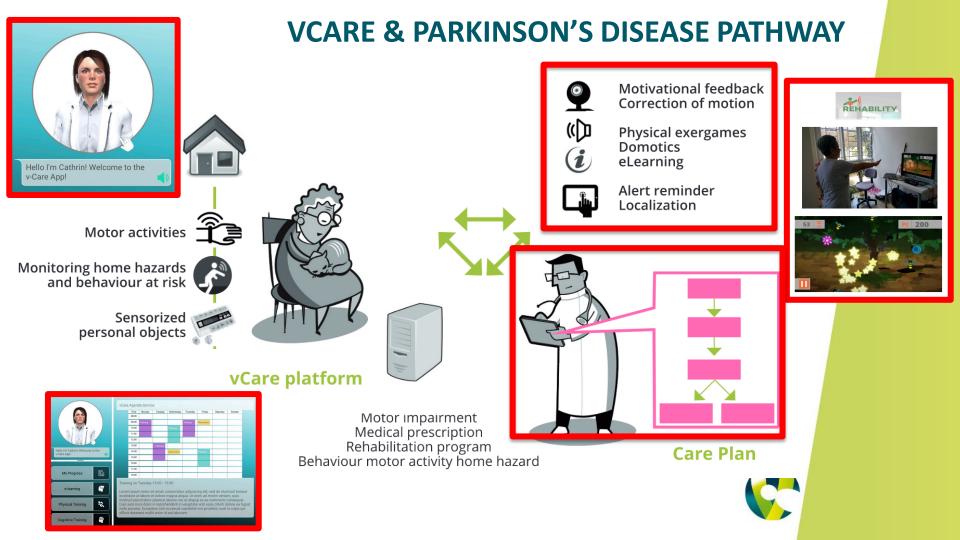
Parkinson typ	e
Motor-	Cognition
fluctuations	behaviour-
	mood
	impaired
NO	NO
NO	YES
YES	NO
YES	YES
NO	NO
NO	YES
YES	NO
YES	YES
	fluctuations NO NO YES YES NO NO YES

PRO	FESSIONAL PORTAL
Sociodem	ographic characteristics
Age	
Birth date	
Sex	
Education (years)	
Previous work	
Clin	ical characteristics
UPDRS I	
UPDRS II	
UPDRS III	
UPDRS IV	
UPDRS Total	
Hoehn &Yahr	
Years of evolution	
Rigid-Akinetic (RA)	YES NO
Gait-Balance Impairment	YES NO
Risk of fall	YES NO
Walking aids prescribed	YES NO
Potential faller	YES NO
Symmetry	YES NO
PIGD	YES NO
Tremor	YES NO
Tremor dominant	YES NO
MoCA	
Daily life activities Scale	

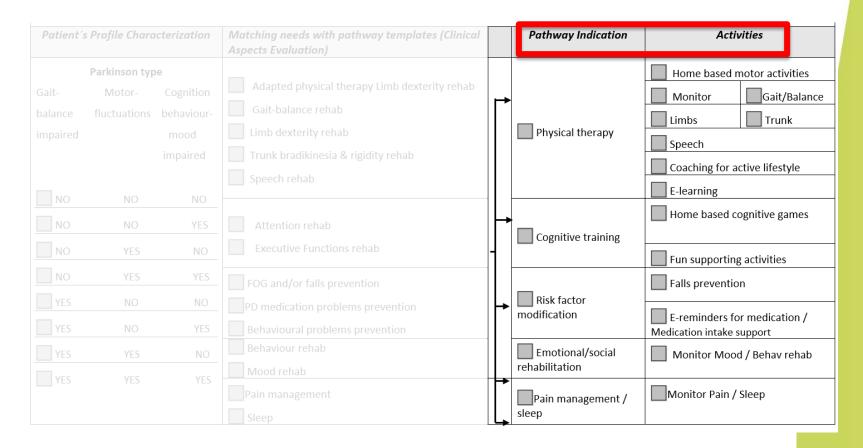




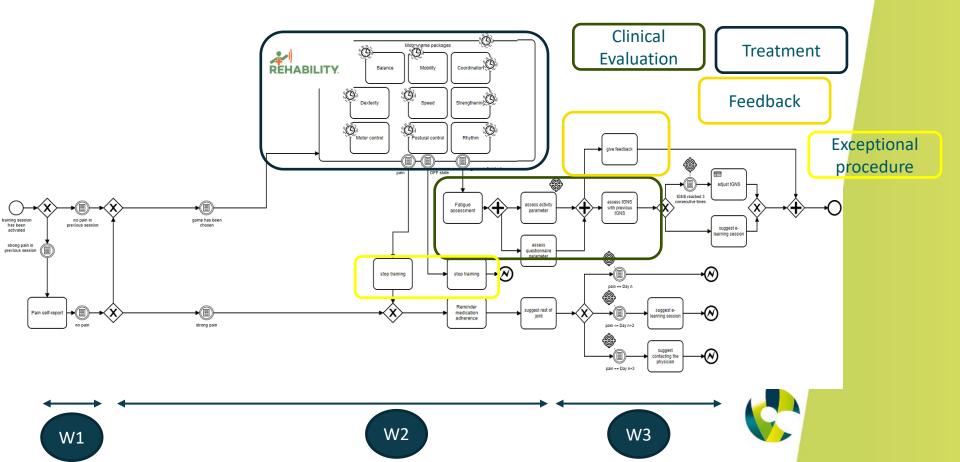




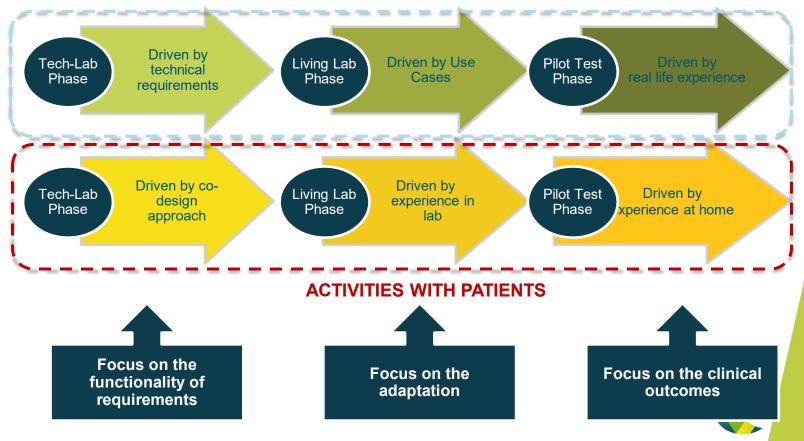
Patient's	s Profile Chara	cterization	Matching needs with pathway templates (Clinical Aspects Evaluation)
	Parkinson typ	е	
Gait-	Motor-	Cognition	Adapted physical therapy Limb dexterity rehab
balance	fluctuations	behaviour-	Gait-balance rehab
impaired		mood	Limb dexterity rehab
		impaired	Trunk bradikinesia & rigidity rehab
			Speech rehab
NO	NO	NO	
NO	NO	YES	Attention rehab
NO	YES	NO	Executive Functions rehab
NO	YES	YES	FOG and/or falls prevention
YES	NO	NO	PD medication problems prevention
YES	NO	YES	Behavioural problems prevention
YES	YES	NO	Behaviour rehab
YES	YES	YES	Mood rehab
			Pain management
			Sleep

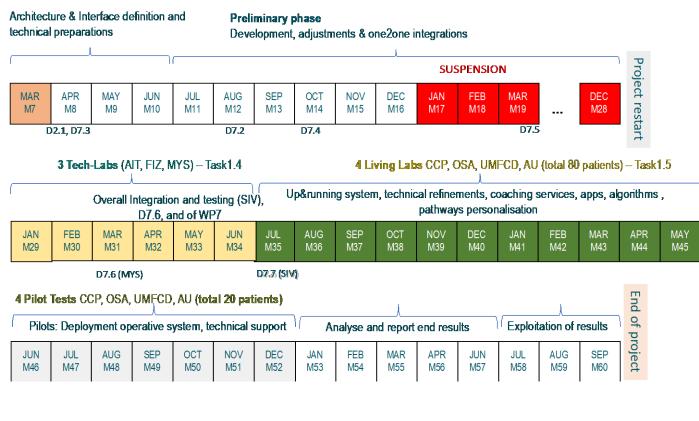


ient's	Profile Characterization	Matching ne	eds with	pathway templates (Clinical		Pathway Indication	Activities
A #	Activity (A)	(from TSB,	Pathology	Medical Use Case UC #				Home based motor activities
A-1	Home-based motor activities	01/06/2020	SD, PD	UC1, UC5, UC6	ehab			Monitor Gait/Bala
A-2	Coaching for an active lifestyle	01/06/2020	SD, PD	UC1, UC4, UC5, UC6				
A-3	E-learning	01/06/2020	SD, PD, HF,	UC1, UC2, UC5, UC6, UC7, UC9			Physical therapy	Limbs Trunk
A-4	Home based cognitive games	01/06/2020	SD, PD	UC3, UC4, UC6				Speech
A-5	Fun supporting activities	01/06/2020	SD, PD	UC3				
A-6	Monitoring indoor	01/12/2020	SD	UC1, UC2				Coaching for active lifestyle
A-7	Safety tips	01/06/2020	SD	UC2				E-learning
A-8	Monitoring mood	01/07/2020	SD, PD, IHD	UC3, UC4, UC5, UC13				Home based cognitive games
A-9	Monitoring Pain and sleep	01/03/2020	SD	UC1				
A-10	Vocal Exercises	01/07/2020	PD				Cognitive training	
A-11	Falls Prevention	01/04/2020	PD	UC6				Fun supporting activities
A-12	Daily Motor Activity	01/06/2020	HF	UC9				Falls prevention
A-13	Aerobic Physical Activity	01/06/2020	HF, IHD	UC9, UC11			Risk factor	Fails prevention
A-14	Resistance training	01/06/2020	HF	UC10, UC14		∣⊨►	modification	
A-15	Medication intake support	01/06/2020	PD, HF, IHD	UC5, UC7, UC12			mounication	E-reminders for medication / Medication intake support
A-16	Vital stats control	01/06/2020	HF	UC9, UC10				
A-17	Weight control	01/06/2020	HF, IHD	UC11			Emotional/social	Monitor Mood / Behav reha
A-18	Smoking cessation activity	01/06/2020	HF, IHD	UC10, UC14		╘	rehabilitation	
A-19	Anxiety and depression reduction	01/07/2020	HF	UC7, UC9, UC10		11	Pain management /	Monitor Pain / Sleep
		_			_		sleep	



ACTIVITIES WITH TEACH TEAM







Living lab for Parkinson's disease (Bilbao, Spain)











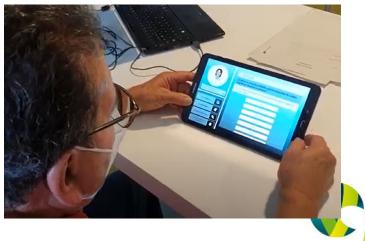


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	and the second	Time	Monday	Tuesday	Wedne
		08:00			
		09:00	Training		
· · · · ·		10:00			Therap
		11:00			
		12:00			
		13:00		Training	
Hello I'm Cathrin! Welcome to the		14:00		1000	Medical
v-Care App!		15:00			
		16:00			
		17:00			
My Progress		18:00			
e-learning	Lore incid nosti Duis	m ipsur idunt u rud exe aute iru	n dolor s t labore e rcitation ure dolor	13:00 - 1 at amet, o at dolore ullamco in reprefiteur sint	consec magna laboris nenderi
Cognitive Training				it anim io	

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunda
08:00							
09:00	Training			Training	Medication		
10:00			Therapy				
11:00							
12:00							
13.00		Training					
14:00			Medication		Therapy		
15:00							
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www.vcare-project.eu

THANK YOU



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 769807.

