



EEG-based Alzheimer's Disease Diagnosis: Where We are at Now and Where We are Heading

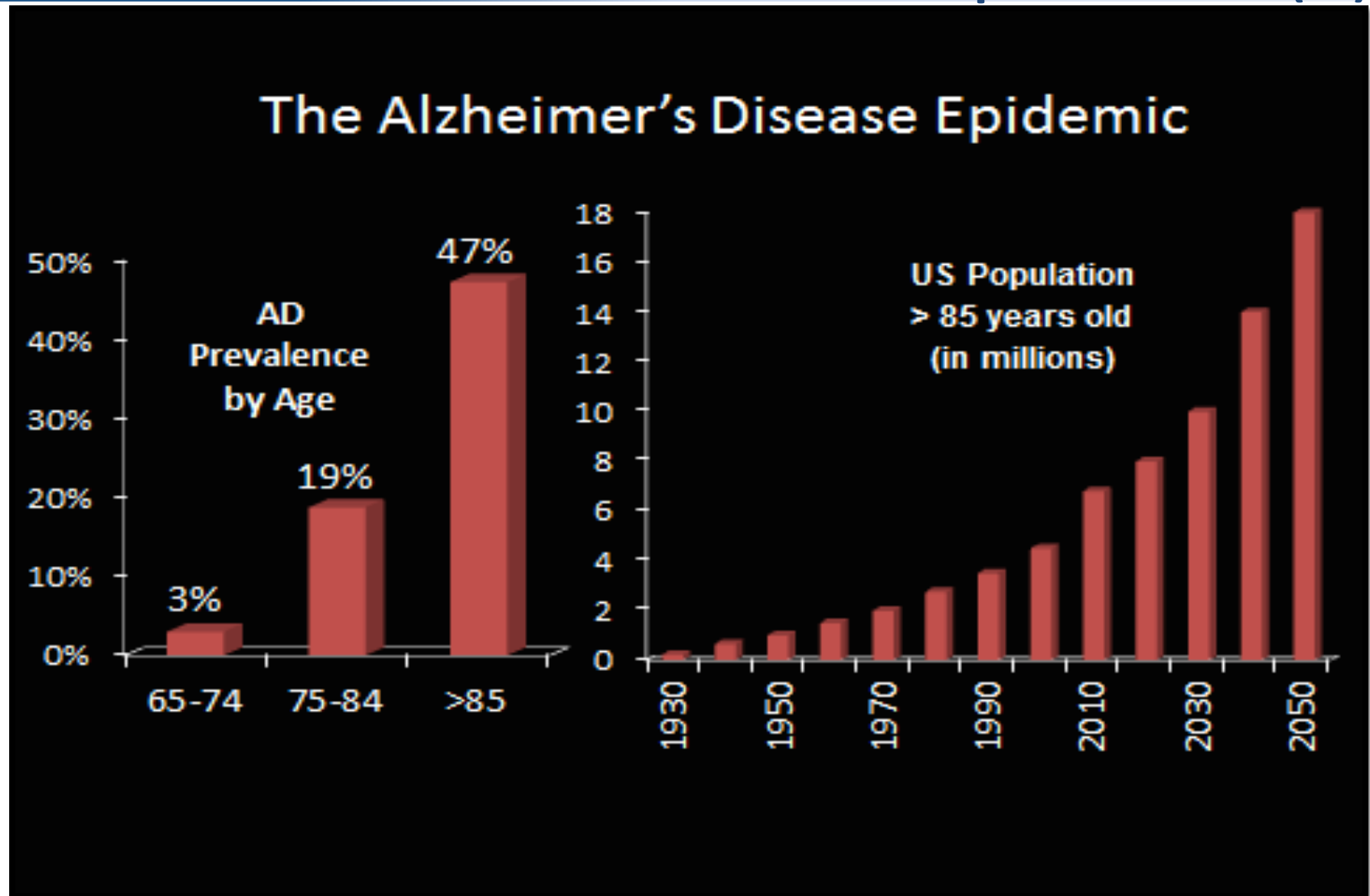
Tiago H. Falk

*Institut National de la Recherche Scientifique
Energy, Materials and Telecommunications (INRS-EMT)
Montreal, Quebec, Canada*

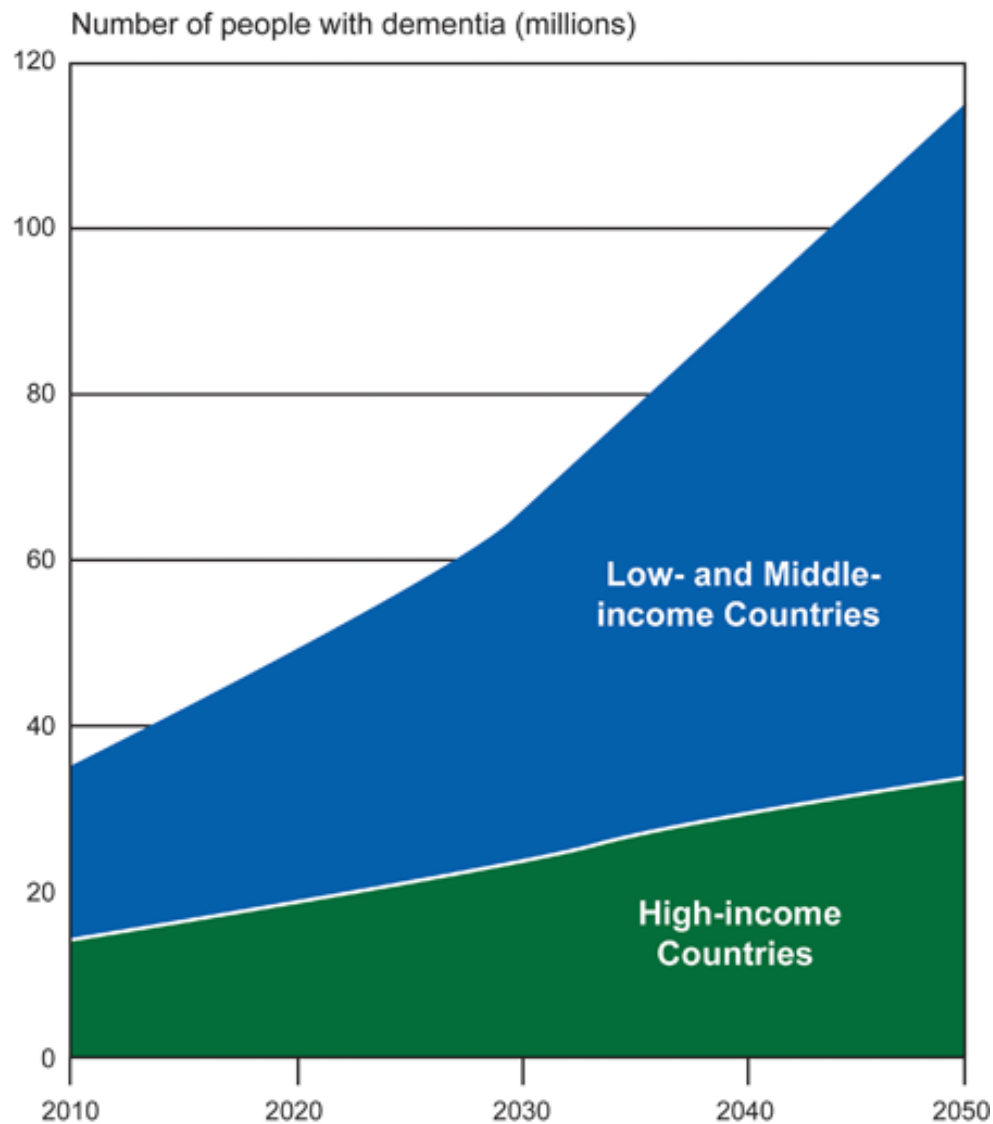
Presentation Overview

- Preamble on Alzheimer's Disease (AD)
- Existing diagnostic tools
- Drawbacks and motivation for EEG
- Where are we now
- Where we are heading
- Conclusions

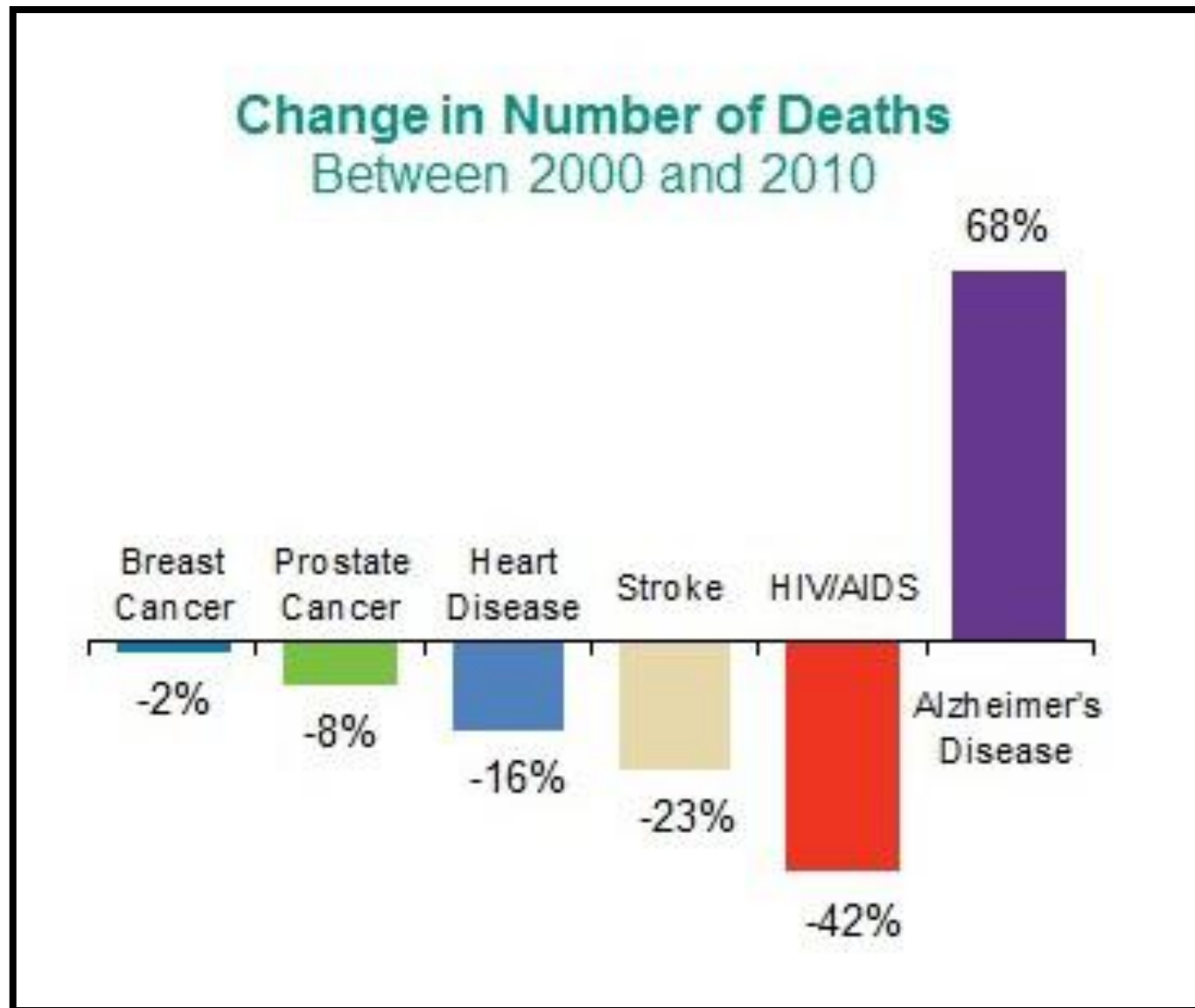
Alzheimer's Disease: An Epidemic (?)



Worldwide Epidemic



Change in Number of Deaths

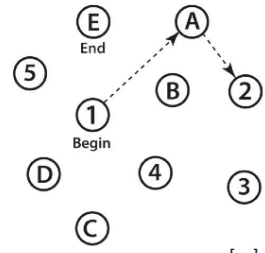
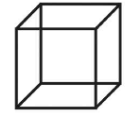
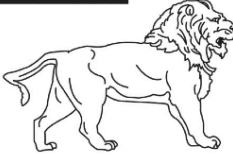
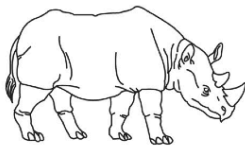
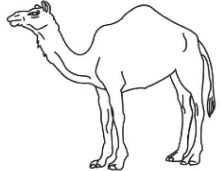


Something Needs to be Done



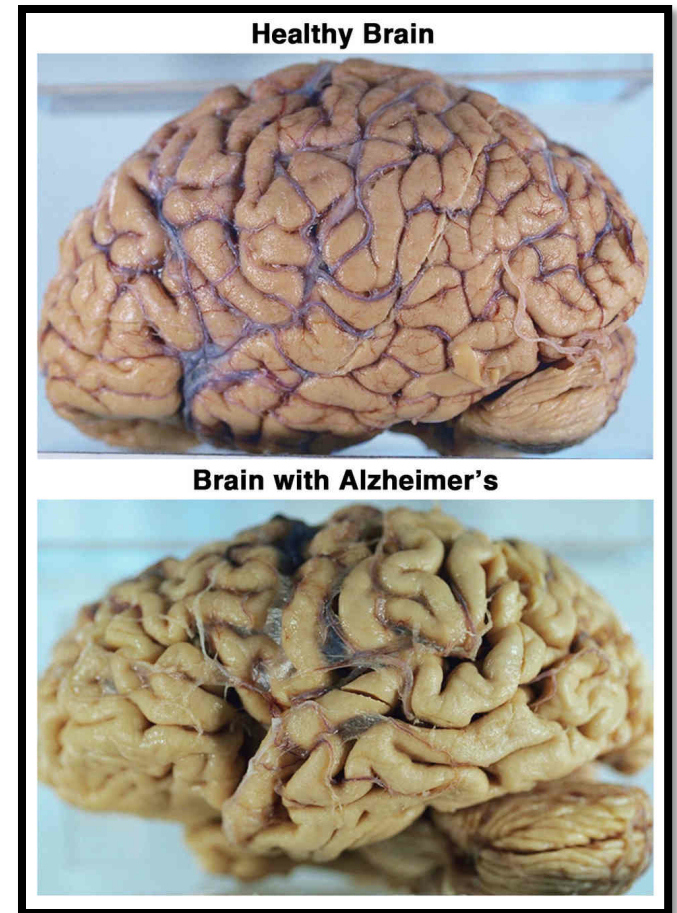
Neuropsychological examination

- Mini-mental state examination (MMSE)
- Montreal Cognitive Assessment (MoCA)
- 70-90% accuracy
- Lower for MCI (mild cognitive impairment)
- Not very useful for prognosis/progression

MONTREAL COGNITIVE ASSESSMENT (MOCA) Version 7.1 Original Version		NAME : Education : Sex :	Date of birth : DATE :	POINTS
VISUOSPATIAL / EXECUTIVE   Copy cube [] Draw CLOCK (Ten past eleven) (3 points) [] Contour [] Numbers [] Hands []				___/5
NAMING  []  []  []				___/3
MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes. 1st trial [] FACE VELVET CHURCH DAISY RED 2nd trial []				No points
ATTENTION Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [] 2 1 8 5 4 Subject has to repeat them in the backward order [] 7 4 2 Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B				___/2
Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65 4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt				___/3
LANGUAGE Repeat : I only know that John is the one to help today. [] The cat always hid under the couch when dogs were in the room. [] Fluency / Name maximum number of words in one minute that begin with the letter F [] ____ (N ≥ 11 words)				___/2
ABSTRACTION Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler				___/2
DELAYED RECALL Has to recall words WITH NO CUE FACE [] VELVET [] CHURCH [] DAISY [] RED [] Category cue [] Multiple choice cue []		Points for UNCUE recall only		___/5
Optional Multiple choice cue []				
ORIENTATION [] Date [] Month [] Year [] Day [] Place [] City				___/6
© Z.Nasreddine MD Administered by: _____		www.mocatest.org Normal ≥ 26 / 30		TOTAL ___/30 Add 1 point if ≤ 12 yr edu

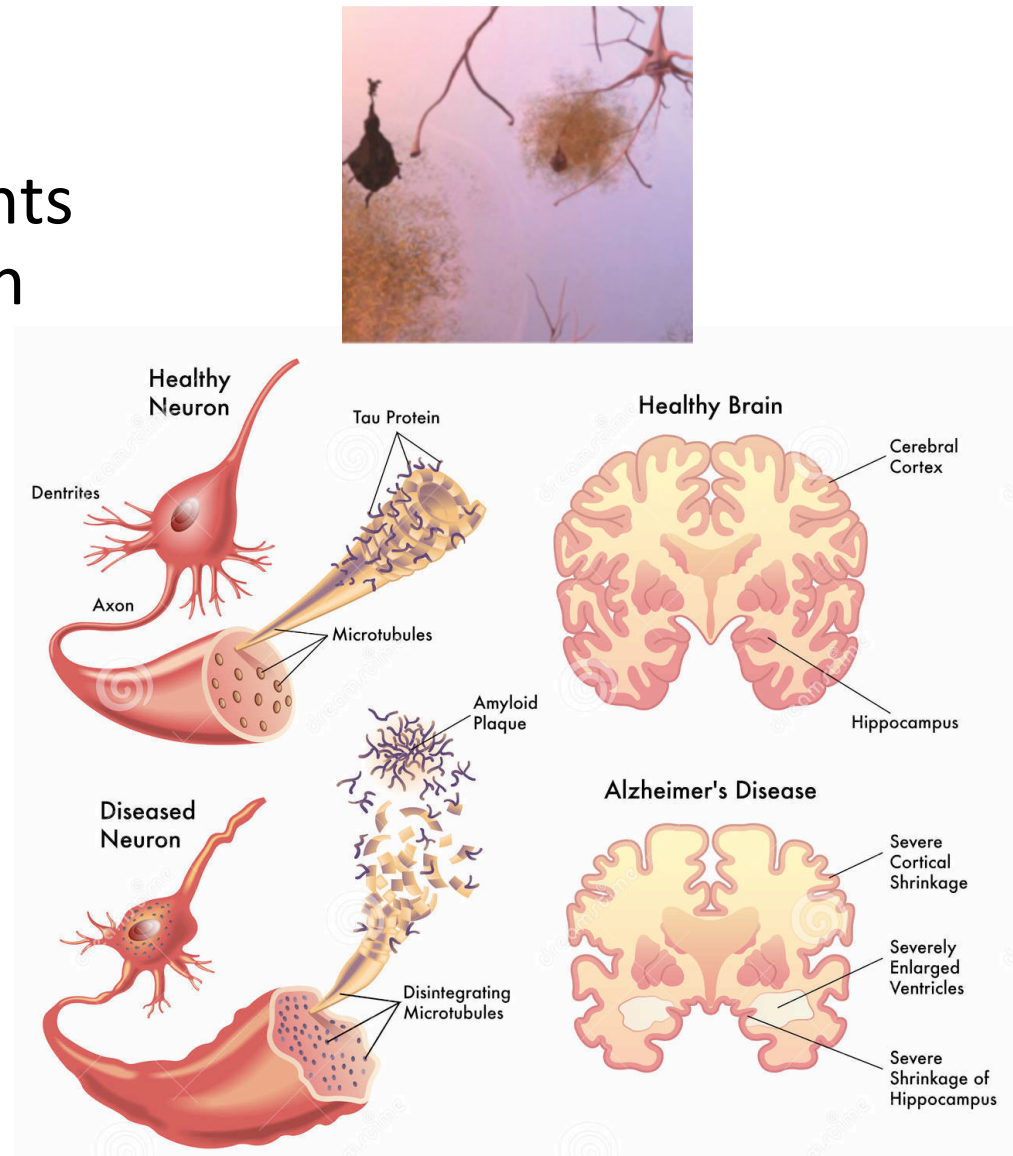
Definite Diagnosis

- Definite diagnosis requires post-mortem histopathological analysis of the brain



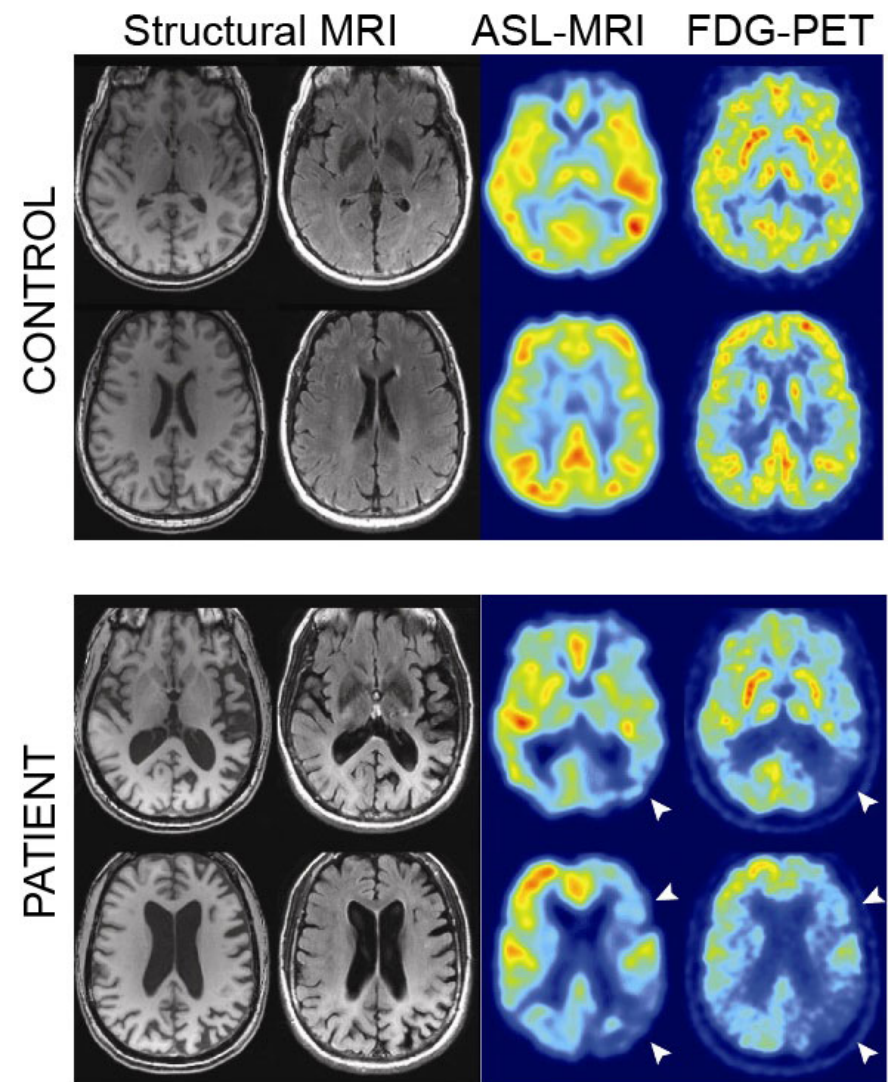
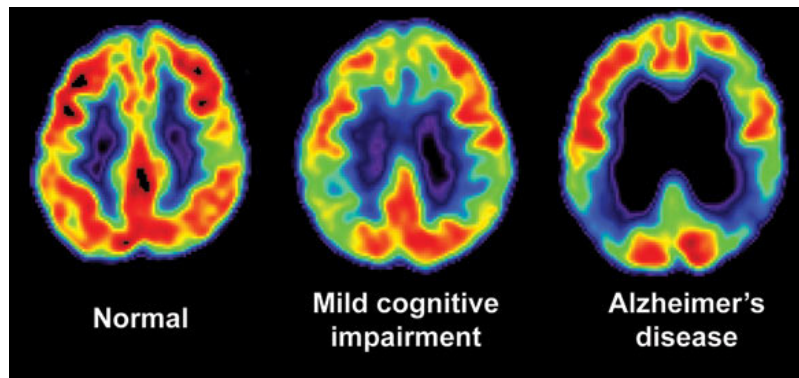
What is Known

- Beta amyloid plaques
 - “Sticky” protein fragments that are normally broken down and eliminated
 - AD: block cell signaling and blood flow
- Neurofibrillary tangles
 - Microtubule transports nutrients through nerve cell → tau protein abnormal with AD



How is Technology Helping?

- S-MRI: detect tissue loss
- PET: tracer binds to beta amyloid
- SPECT perfusion: assess regional blood flow



Drawbacks & Motivation for EEG

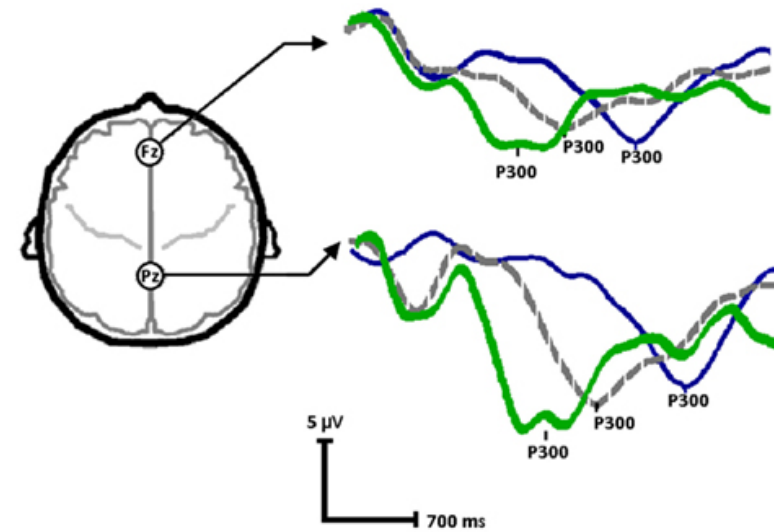
- Tissue loss and atrophies represent late stage of neural dysfunction → early detection (?!?)
- Expensive equipment, experienced personnel
 - Low-income countries, rural and remote areas (?!?)
 - Urban areas: long waiting times (e.g., in Canada: up to 6 months for non-emergency MRI)
- EEG: better suited to reveal functional impairment as it reflects the electrical activity of neural tissue, evident long before actual tissue loss occurs.

Classical EEG Findings (c. 1980's)

Resting-Awake

- “Slowing” of the EEG: increase in EEG delta/theta power and a decrease in alpha/beta
- Inter-hemispheric disconnect (alpha/beta)
- Non-linear dynamics: decrease in complexity

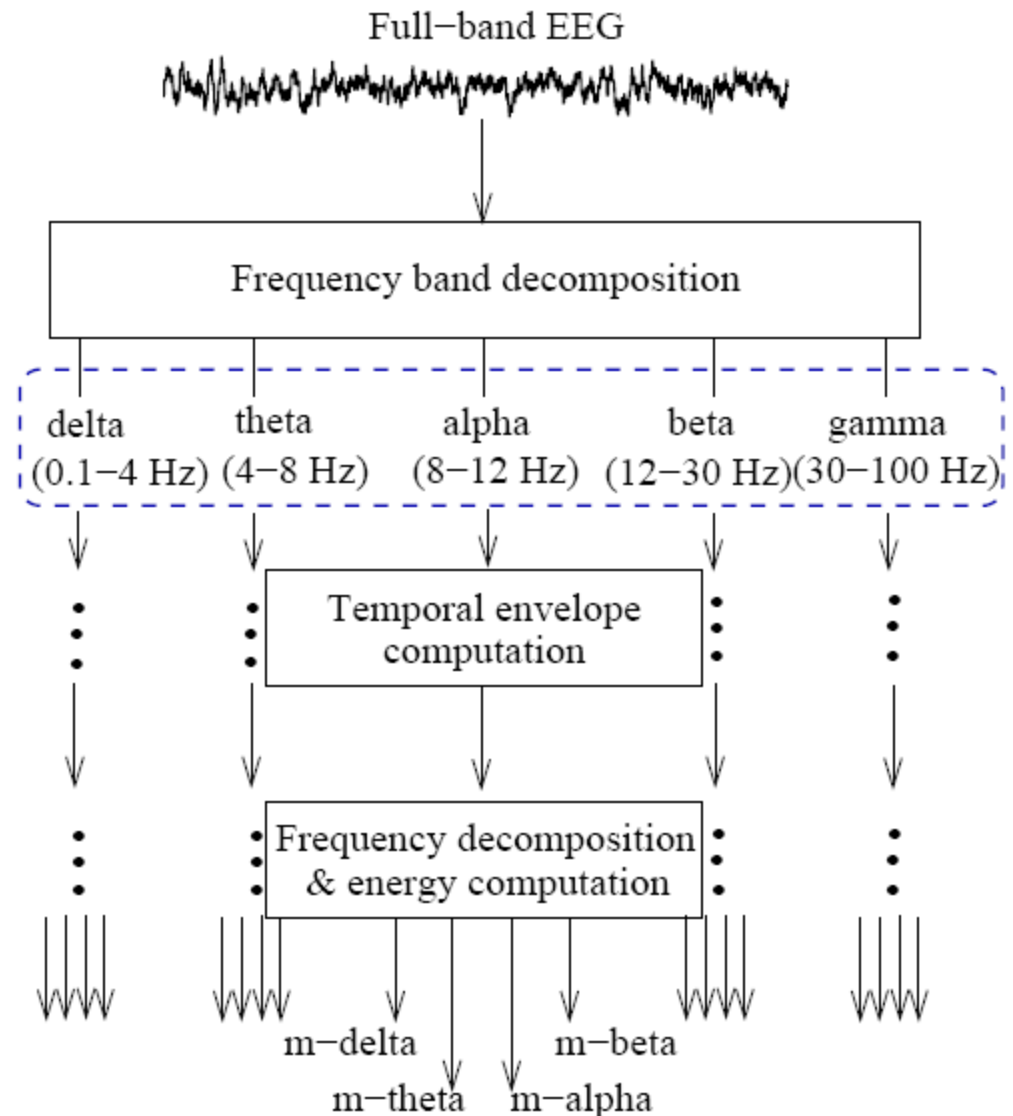
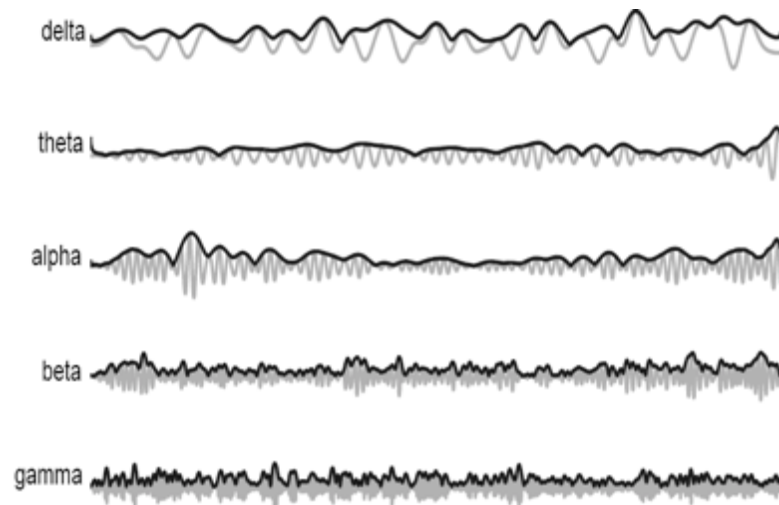
ERP's



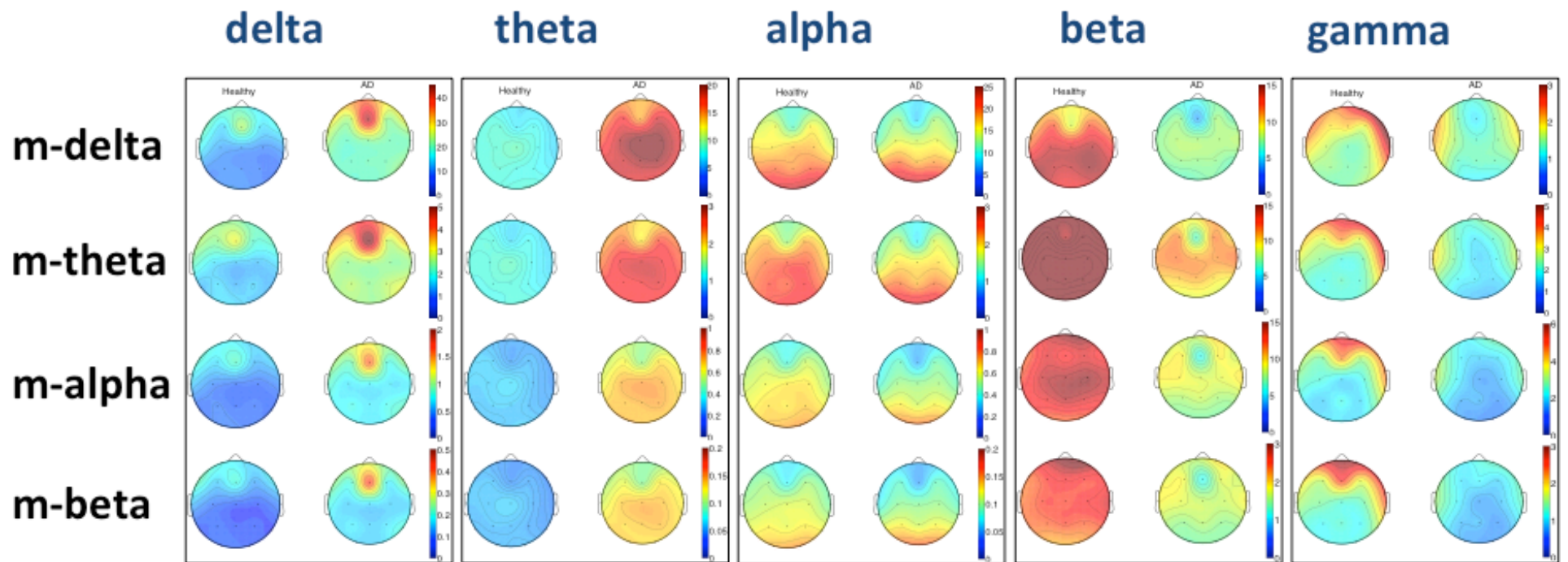
	Lat P300 Fz	Amp P300 Fz	Lat P300 Pz	Amp P300 Pz
Controls	431.78 (21.3)	5.69 (1.85)	445.13 (27.3)	7.20 (3.25)
MCI	537.48 (60.7)	3.50 (1.42)	528.94 (73.4)	4.51 (1.61)
AD	564.31 (6.1)	3.13 (1.59)	568.37 (77.4)	5.24 (1.74)

New EEG Features

Hemodynamics involved
in information
processing via neural
activity **modulation**



Healthy vs. Alzheimer's



Experimental Results (22:AD, 12:C)

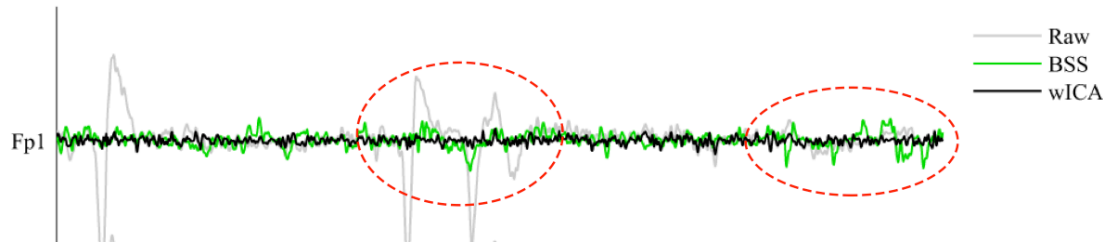
Feature	Accuracy (%)	Sensitivity (%)	Specificity (%)
Coherence (I)	70.6	86.4	41.7
Power (II)	85.3	90.9	75.0
PME (III)	88.4	90.9	83.3
I + III	79.4	86.4	66.7
II + III	94.1	96.5	91.7
I + II + III	91.2	96.5	83.3

(Not) Automated and (Not) Portable

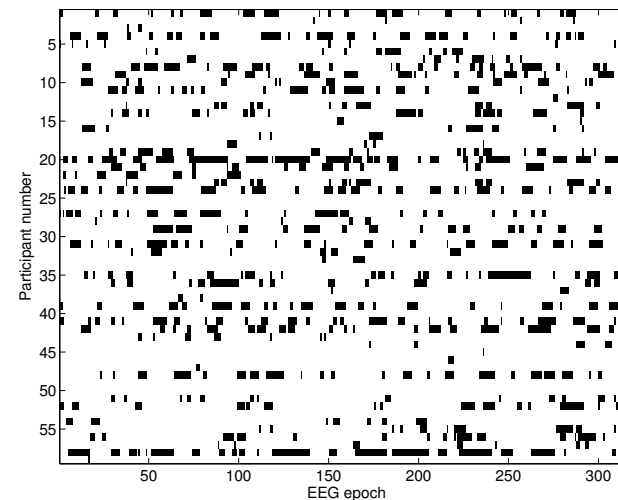
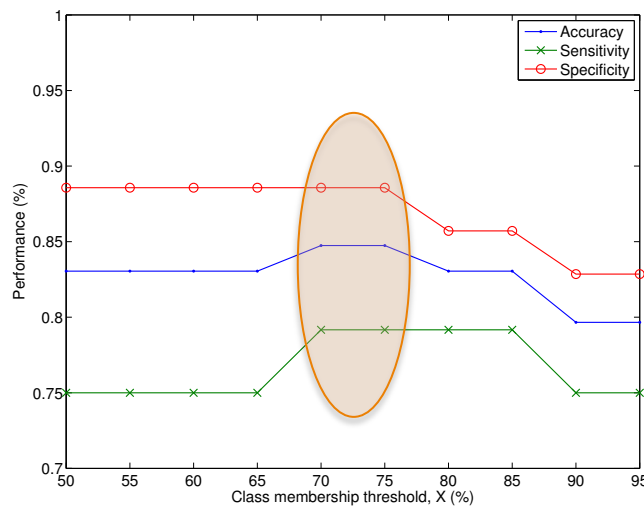
- Multi-channel medical (research) grade EEG
 - 20, 32, 64 channels
 - **Not portable**
- Require visual inspection of artifact-free epochs
 - Remove movement, muscle, eye-blink artifacts
 - Labor-intensive, requires experienced personnel
 - **Not automated**

Automated and Portable

- Seven-channel portable system
- Automated Artifact Removal (AAR)



- Relevance vector machine (RVM) vs SVM



Experimental Results

- 35 AD, 24 C
- Benchmark: visual inspection + SVM

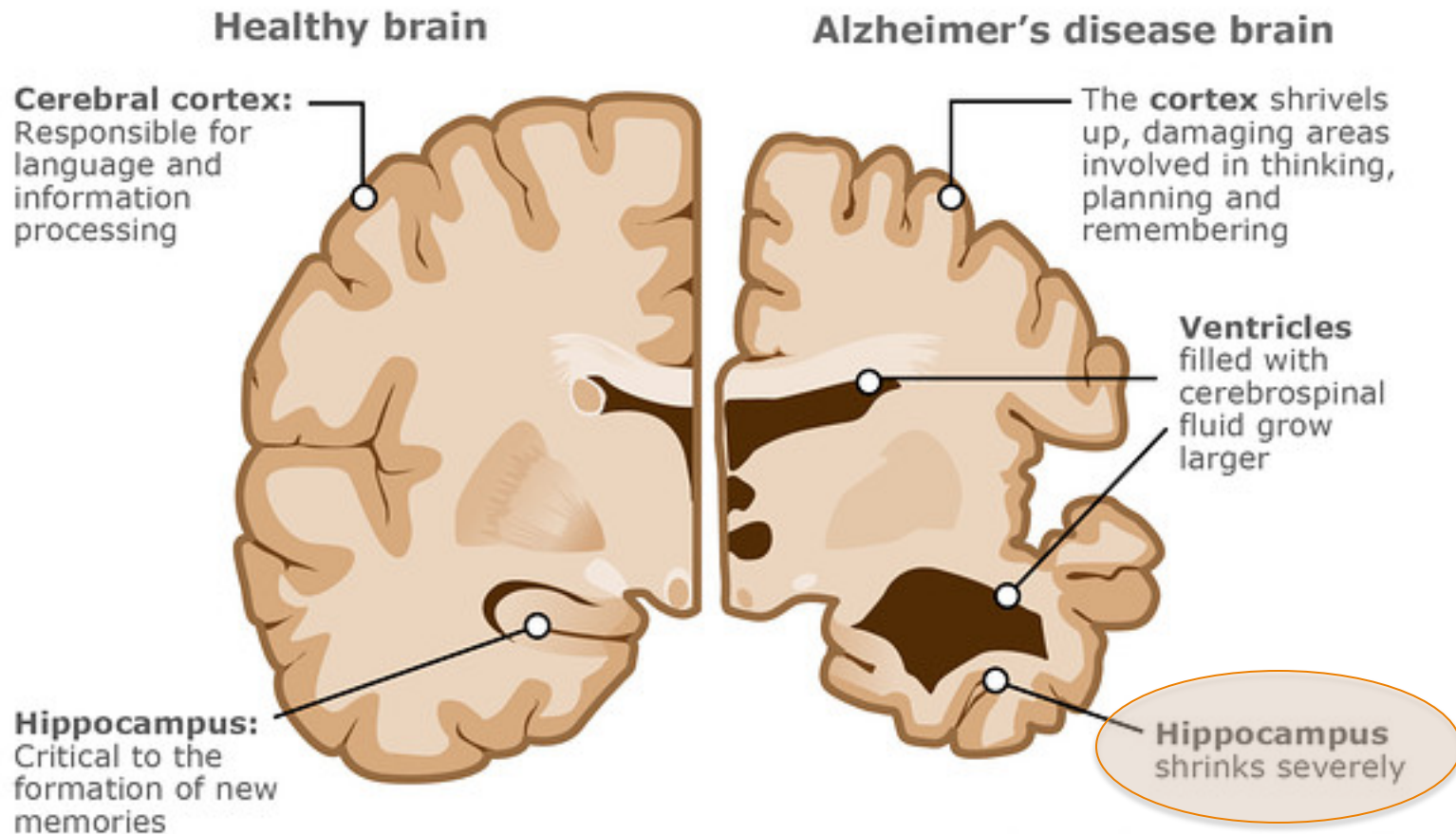
System	Accuracy (%)	Sensitivity (%)	Specificity (%)
Benchmark	84.7	75.0	91.4
SVM	81.4	75.0	85.7
RVM	84.7	79.2	88.6

- Advantages over visual inspection:
 - Improved sensitivity relative to benchmark
 - Information from **frontal** electrodes kept



Resting-Awake vs Mental Activity

Alzheimer's disease

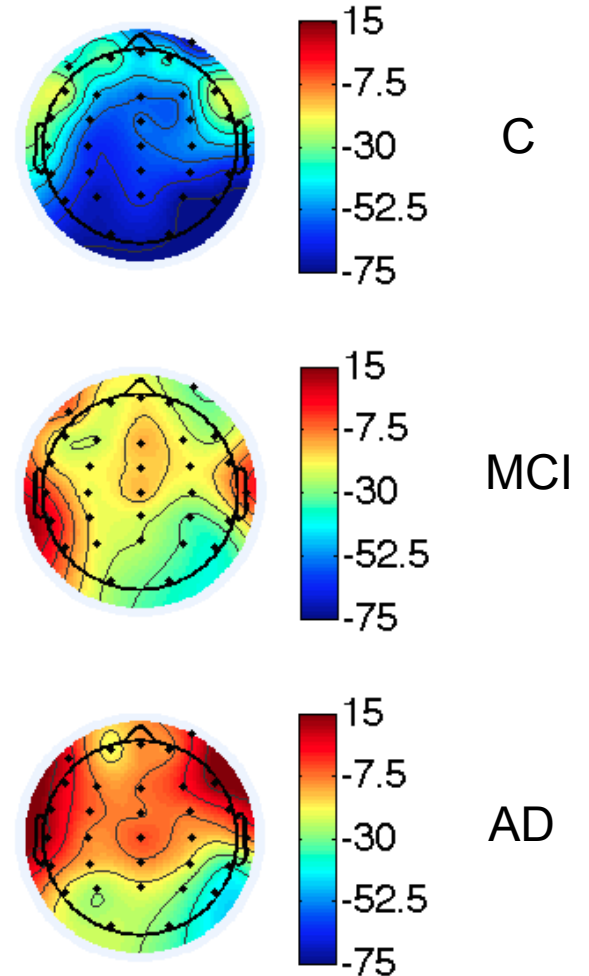
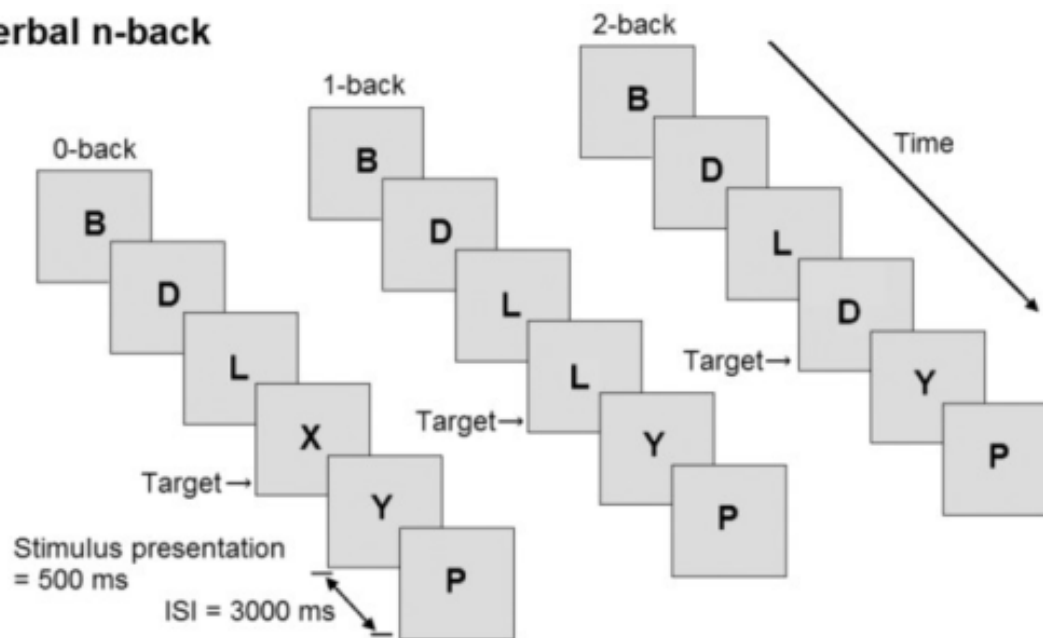


Source: Alzheimer's Association

Hippocampal Activation

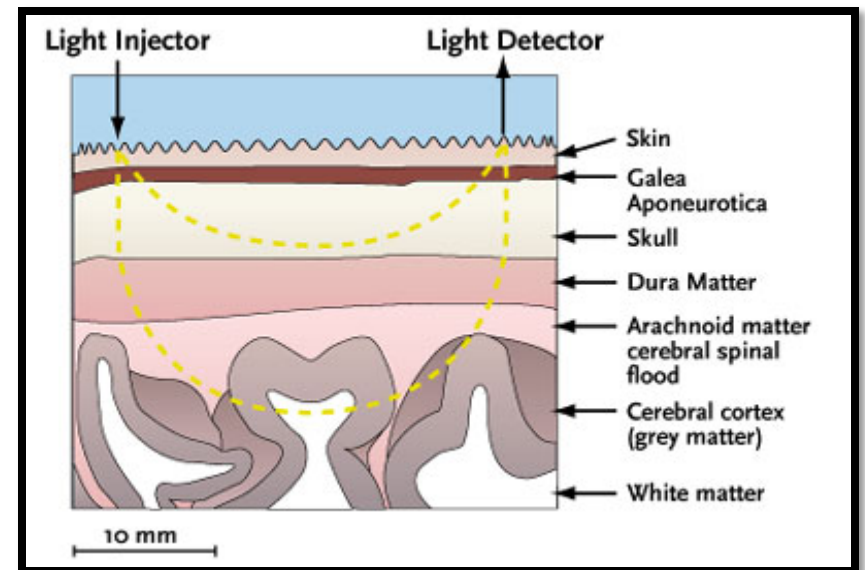
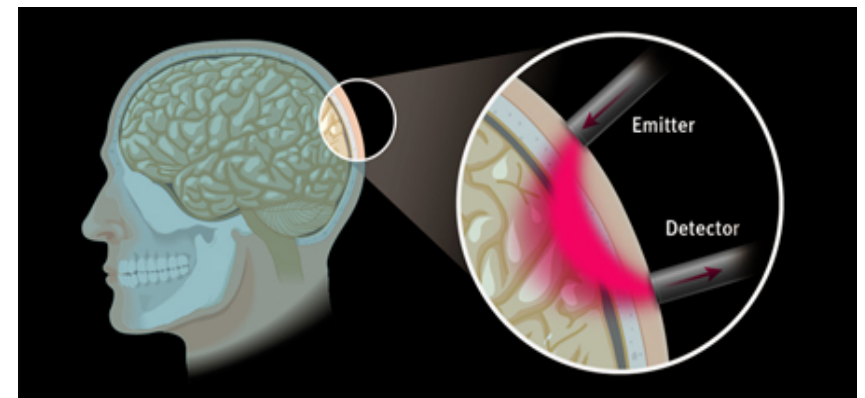
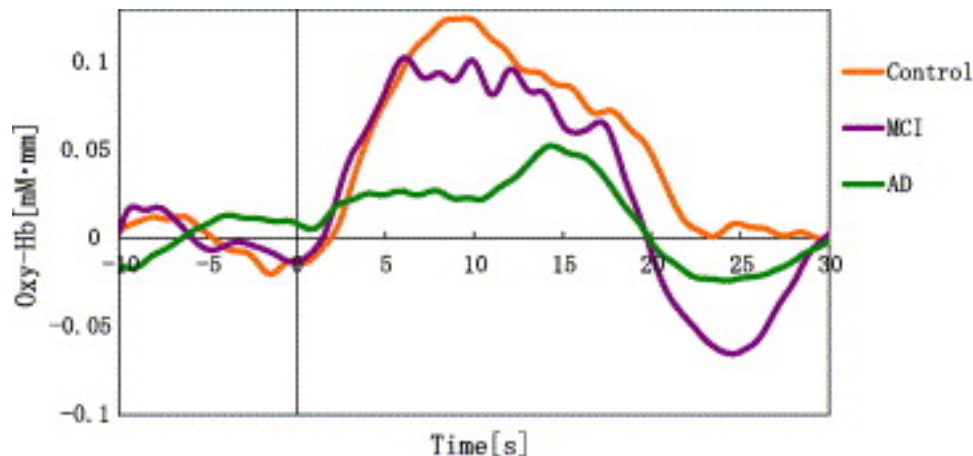
- Working memory
- ERD/ERS

Verbal n-back



Multimodal Neuroimaging

- EEG + fNIRS (near-infrared spectroscopy)
- Areas coincide with alpha modulation features
 - Neurovascular coupling



Conclusions

- Alzheimer's disease quickly becoming an epidemic
- New biomarkers are being developed, neuro-imaging is playing an important role
 - EEG stands out for its potential, lower cost, portability
- Amplitude modulation insights → new features for diagnosis and disease progression monitoring
- Multimodal solutions → new biomarkers

Acknowledgements

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Questions?

*"If the brain were so simple we could understand it,
we would be so simple we couldn't"*

- Lyall Watson

