

## HASSO PLATTNER INSTITUTE FEDERAL UNIVERSITY OF PARAIBA

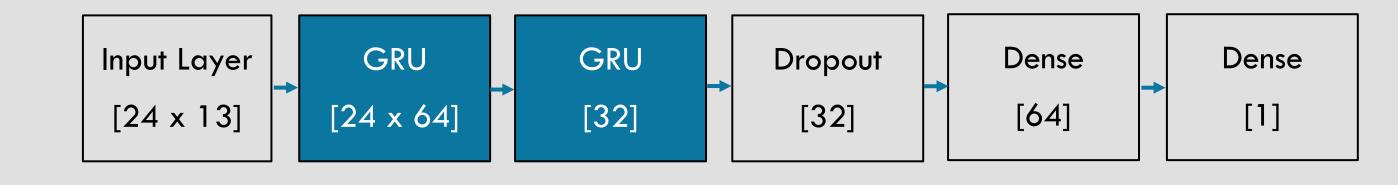
# Cognitive Impairment Detection through Recurrent Neural Networks and Mobile Health Technologies

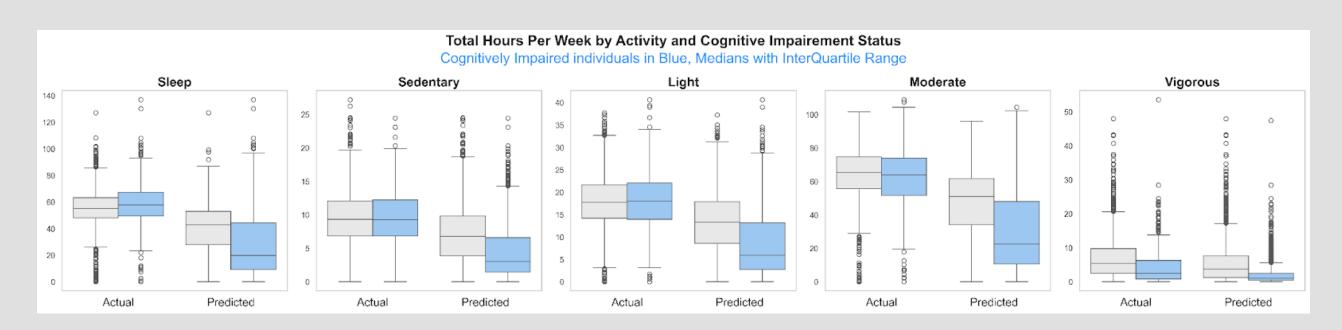
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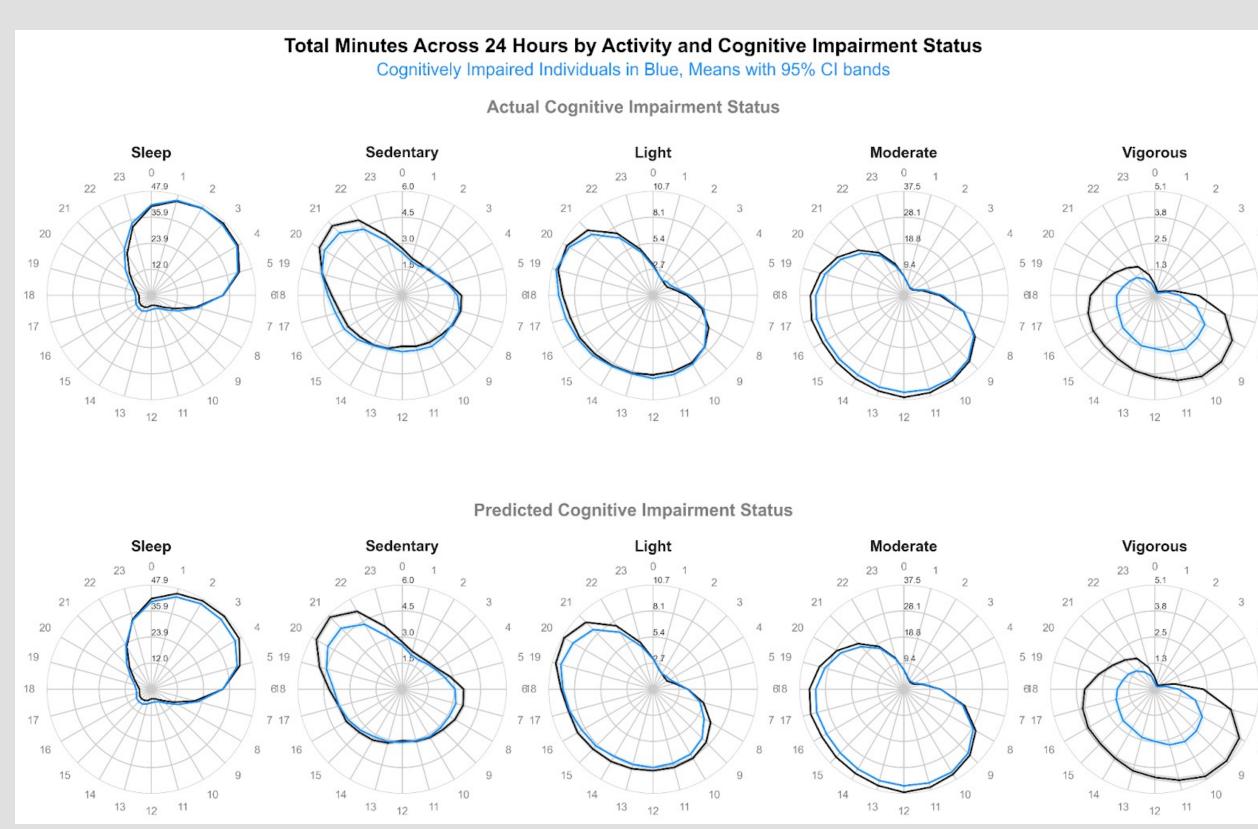
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Model	AUROC	AUPRC	Sensitivity	Specificity
Logistic Regression	0.570 ± 0.014	0.288 ± 0.018	0.624 ± 0.015	0.475 ± 0.008
Random Forest Classifier	$0.582 \pm 0.016$	$0.304 \pm 0.026$	0.574 ± 0.017	0.545 ± 0.007
Gradient Boosting Classifier	0.586 ± 0.016	$0.308 \pm 0.027$	$0.541 \pm 0.014$	$0.582 \pm 0.011$
Standard Recurrent Neural Network	0.776 ± 0.042	0.495 ± 0.044	0.758 ± 0.063	0.671 ± 0.044
Long Short-Term Memory	$0.956 \pm 0.003$	$0.874 \pm 0.008$	$0.907 \pm 0.033$	0.862 ± 0.037
Gated Recurrent Unit	0.966 ± 0.002	0.898 ± 0.002	0.922 ± 0.038	0.878 ± 0.035









### OBJECTIVE

Investigate the potential of leveraging mobile health technologies and recurrent neural networks (RNNs) to detect cognitive impairment (CI) in individuals

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#### METHODOLOGY

- 2011-2014 National Health and Nutrition Examination Survey
- Cognitive tests: Immediate and Delayed Recall, Animal Fluency, and Digital Symbol Substitution
  - Scores converted to z-scores and summed
  - Cognitive impairment below lowest quartile, cutoff: -2.20
- Accelerometer data aggregated to hourly levels, with features:
- Triaxial Acceleration (mean, SD, min, max, median, kurtosis, entropy) and day of the week
- Sleep, Sedentary, Light, Moderate, Vigorous activities
- Machine Learning and Deep Learning models:
- Logistic, Random Forest, Gradient Boosting
- Standard RNN, Long Short-Term Memory, Gated Recurrent Unit (GRU)
- Model safeguards:
- Adjusted for class imbalance
- Prevented data leakage across uses
- Evaluated using Monte Carlo cross-validation on a 20% test set

#### RESULTS

- Sample:
- 2,559 individuals, aged 60–80
- 24.6% cognitively impaired
- 429,912 hourly data points over 7 days
- Top Performing Model:
  - GRU: AUC=0.966  $\pm$  0.002, mean  $\pm$  std. dev.
- Behavioral patterns:
  - More sleep and less moderate-to-vigorous activity
  - Light and sedentary activity having the greatest impact on AUC, 18.8% and 16.8% respectively
- Temporal trends:
- GRU model preserved hourly patterns
- Room for improvement in capturing daily and weekly trends

#### CONCLUSION

- Identified distinct behavioral activity patterns in CI sufferers and their impact on model performance
- Highlighted the potential of wearables and sequence modeling to uncover behavioral patterns linked to CI.
- Findings offer opportunities to enhance predictive models and develop improved intervention strategies.