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EARLY DEMENTIA DETECTION USING 1-D CNN MODEL

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ABSTRACT

Talk examination could give a marker of Alzheimer's dementia infection and help with making clinical gadgets for normally recognizing and looking at disease development. While past assessments have used acoustic (talk) highlights for characterization of Alzheimer's dementia, these examinations focused on two or three ordinary prosodic parts, routinely in the mix with lexical and syntactic components which require a record. A stream learns researched the use of (CA-Conversation Analysis) of gatherings among patients and sensory system experts as a way to deal with perceiving among patients with progress neurodegenerative memory contamination (ND) and those with (Non-Progressive) FMD (Functional Memory Disease) to further develop dementia affirmation exactness. Manual CA, on the contrary side, is costly and complex to increment for progressive clinical use. In this article, we propose an early dementia location framework using talk affirmation and examination subject to NLP technique using 1-D Convolution Neural Network (CNN) structure neural engineering plan which shockingly gets the common arrangements and long haul conditions from irrefutable data to show the capacities of course of action models over a feed-forward neural design in assessing talk assessment-related issues. The sufficiency of a couple of forefront paralinguistic incorporate sets for Dementia disclosure was overviewed on a reasonable illustration of Dementia Bank's Pitt unconstrained talk dataset, with patients facilitated by gender and age.

ORIGINAL RESEARCH ARTICLE

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I. INTRODUCTION

Trust in Alzheimer's disease (AD) and mild cognitive impairment (MCI) diagnosis remains uncertain. Evidence shows that doctors are not adequately attentive to signs of cognitive impairment or early dementia, which is being attacked by the demand for care due to increased numbers of medical problems and the therapy available [1]. A major source of impairment and dependence among older

people is AD and linked dementia illnesses globally and among the most expensive illnesses of society. By 2030, the worldwide cost of dementia is anticipated to be US\$2 trillion, which may overwhelm the systems of health and social care. Alzheimer's dementia (AD) is an irreversible brain condition that gradually reduces the cognitive function of a person. The main risk aspect for AD is age, and the elderly consequently have the greatest

prevalence. However, with proper treatment, if identified early, we can slow down or stop the deterioration. At now, long medical examinations, involving long questionnaires, normally include techniques of diagnosis. Cost-effective and scalable techniques are urgently required, which can detect AD early in the process. Researchers worldwide thus attempt to locate non-invasive techniques and therapies for the early identification of such illnesses [2]. It is an increasing issue internationally to offer effective and suitable care for persons with dementia. In Australia, over 300,000 individuals have been anticipated to have dementia in 2011, out of 23 million people. This number is forecasted to rise to 900,000 by 2050, while the number of health workers who take care of this vulnerable group has to grow parallel [3]. The quality of their treatment in a range of medical settings, involving acute and public care, will impact both the quality of their life and the functionality of those with dementia. Adequate understanding of dementia in health care personnel has been demonstrated to influence key problems in the care system, like diagnostic timing and following operations and quality of care [4–6], which, in turn, are related to the enhanced results of patients [5, 7, 8]. However, earlier research has that individuals responsible for dementia diagnosis, treatment planning, and daily treatment have dementia knowledge deficiencies.

Dementia is a brain condition that may be produced by a variety of illnesses including AD. One of the most recognized signs is memory difficulties, and from the beginning, they impact the language of an individual and their ability to hold a normal conversation. Neurologists frequently notice anything when beginning a regular history section during their evaluation.

In an analysis of conversation, this thesis examines the skills of a dementia individual in a variety of home and community environments communicating with a range of interlocutors. Dementia affects cognition, language, thinking, and executive functions; language may be impacted in several aspects, ranging from word-finding to articulation, but mainly language reveals the problems of

dementia [9] by conveying confusion and repetitiveness, for instance.

In new research, a conversation analysis (CA) was used to such physician-patient communications and a set of 6 linguistic features may be utilized for differentiating between (ND) and (FMD) patients (not dementia-related). The survey has shown good diagnostic power findings, but depended on Manual CA to find out the patterns of interactions in the conversation; this includes audio recording, transcription of the meetings, and qualitative analysis performed by a qualified trained expert. It is thus excessively costly, time usage and not practical for widespread usage. It works towards an automated CA-based dementia diagnosis method, where software specialized in speech technology analyses the audio conversations.

Early dementia symptoms are distinguished by difficulties in word discovery, poor thinking, language and speech alterations, and so on. In individuals with dementia [10], [11], [12] and Parkinson's disease, [13], speaking analyses have previously been utilized to identify possible vocal indicators. Research has revealed that anomalies in the language of early AD have been regularly identified or word discovery [14] resulting in circumlocutions, particularly in terms in the group [15] in a somaticized category, which are shown by low word list production. Patients with AD are having difficulties deliberately obtaining semantic information, that manifests itself in a way that seems to represent a general semantical deterioration [16].

This problem may influence the temporal cycles during spontaneous speech production (language fluency) and can therefore be detected when a patient hesitates and utters [17]. In addition, impacted speech characteristics in AD patients appear to those associated with articulation (speeding of language processing) [18], the time and acoustic measures of prosody in patients with AD, such as modifications of pitch level, pitch model, decreased or fluctuating rates of language output, common speech outcome pauses, lack of initiative and slowness, [19],

[20] and eventually in later steps phonologic fluency [21]. Some of these features may be identified via automated analyses, such as by

collecting patient speech characteristics, through cognitive vocal tasks, or by simply recording free speech.

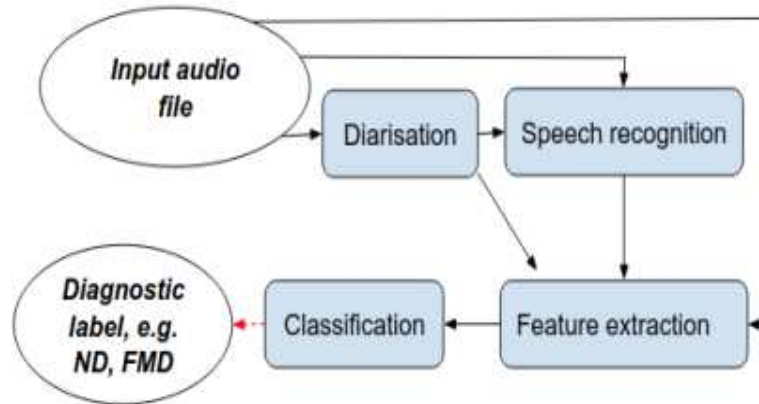


Fig 1 Automatic detection scheme for Dementia

Automatic conversation analysis is a new and difficult field in which study involves many disciplines, including Automatic Speech Recognition (ASR), spoken diarization, and classificatory, to automate all stages of the CA process [25]. In addition, the newest methods and tools created for natural language processing (NLP) and machine learning (ML) must be used to create an automated system for identifying dementia. A block diagram of an automated dementia detection scheme including a diarizing toolkit is shown in figure 1.1, followed by speech acknowledgment, feature removal, and categorization units [26].

The remaining article is organized as follows: part 2. Literature Review work. The proposed 1D CNN algorithm is presented in Section 3 followed by the Problem Statement. Section 4. Presents and discusses the results of the model simulation. Finally, in section 5, the conclusions and suggestions are given for future work.

II. LITERATURE REVIEW

Lauraitis, A., Maskeliunas, et al. [34] The learn contained 339 voice models assemble from 15 individuals: seven individuals with beginning stage CNSD (three Huntington's, one Parkinson's, one cerebral paralysis, one post-stroke, one early dementia), and other 8 tough individuals. The

(Neural Impairment Test Suite-NITS) portable application's voice recorder is utilized to accumulate discourse information. Pitch shapes, Mel-recurrence cepstral coefficients (MFCC), Gamma tone cepstral coefficients (GTCC), Gabor (insightful Morlet) wavelet, and hear-able spectrograms are utilized to remove attributes. The accuracy of a sound versus debilitated order issue is 94.50% (Bi-LSTM) and 96.3% (WST-SVM). The innovation made could be utilized in computerized CNSD patient wellbeing state checking and clinical decision help plans, and likewise as a part of an (IoMT-Internet of Medical Things).

Rochford, I., Rapcan, V., et al. [35] The effect of applying stop and expression time sharing information in recognizing among intellectually solid and weakened more seasoned people were concentrated in this review. Transient attributes with static 250ms edge, brief qualities with dynamic limit, and respite and expression time assignment boundaries 3 arrangements of attributes were recovered from 187 discourse catching. Utilizing (LDA-Linear Discriminant Analysis) classifications, the capacity of every one of these gatherings to recognize among intellectually solid and intellectually weakened members was tried. Whenever differentiated to a static transient element, that noticed the

failure of a classifier utilizing a respite and expression length circulation boundary upgraded by 0.22% (to 64.20% affectability), 6.33% (73.12% particularity), and 3.27% (68.66% complete accuracy).

Lopez-de-Ipina et al. [36] Goal of this article is to investigate the chance of utilizing keen algos to results obtained from non-intrusive scientific procedures on dubious patients to improve both early acknowledgments of Alzheimer's sickness or seriousness of an infection. This article assesses (ERAA-Emotional Response Automatic Analysis), which is subject to both conventional and novel discourse highlights: Higuchi (FD-Fractal Dimension) and Emotional Temperature (ET). The methodology has a best the unmistakable advantage of being, in adding to non-obtrusive, minimal expense, and liberated from angle impacts. This is a pre-clinical studio for approving forthcoming symptomatic tests and biomarkers. For a portrayal of qualities equipped for early analysis of Alzheimer's sickness, ERAA delivered amazingly astounding and confident results.

Mirheidari, B., Blackburn, et al. [37] They include solid old controls (HCs) and those with MCI to a rundown of demonstrative classifications in this examination. They're likewise investigating whether IVA could be utilized to direct more customary intellectual evaluations, as verbal familiarity appraisals. A 4-way classifier arranged on an enormous list of capabilities acquired 48% accuracy, which expanded to 62% when just the 22 most significant provisions were utilized (ROC-AUC: 82%).

Luz, S. et al. [38] On an informational index of natural language catching of Alzheimer's patients (n=214) and matured oversees (n=184), a proposed method shows that a Bayesian classify working on qualities killed through simple algos for sound demonstrations acknowledgment and language rate catching could acquire accuracy of 68%.

Liu, Z., Guo, Z., Ling, et al. [39] The strategy for distinguishing dementia is examined in this paper by assessing an intuitive language made through Mandarin speakers during a picture depiction task. To

start, a Mandarin discourse dataset is made, that incorporates a discourse from solid people and likewise patients by MCI (Mild Cognitive Impairment) or dementia. Earlier, 3 gatherings of qualities are recovered from voice accounts, including time attributes, acoustic attributes, and etymological qualities, and differentiated by making strategic relapse classifiers for dementia acknowledgment. Melding all qualities creates the best productivity for recognizing dementia from solid controls, with an accuracy of 81.9% in a 10-overlay cross-affirmation. Preliminaries are utilized to inspect the significance of different traits, and they show that fluctuation in perplexities delivered from phonetic models is the most helpful.

Haider, F., De La Fuente, S. et al.[40] From a computational paralinguistic point of view, the investigation into the future worth of basically acoustic attributes naturally got from instinctual language for Alzheimer's dementia distinguishing proof. On a likened model of Dementia Bank's Pitt instinctual language dataset, with patients compared through sex and period, a presentation of different cutting edge paralinguistic trademark sets for Alzheimer's ID was assessed. The (eGeMAPS-broadened Geneva moderate acoustic boundary set), an emblazoned trademark set, the differentiation 2013 trademark set, and the most recent Multi-Resolution Cochlea grams (MRCG) qualities were among the capabilities assessed. Besides, they additionally give the most recent (ADR-dynamic information portrayal) highlight extraction technique for Alzheimer's dementia recognition. The discoveries exhibit that an ordered structure dependent on acoustic discourse qualities extricated using our ADR strategy could acquire accuracy levels comparable to models utilizing more significant level language highlights. As per discoveries, all trademark sets contribute information that isn't gathered by other trademark sets. They exhibit that while the eGeMAPS property set offers marginally worked on exact (71.34%) than other trait sets actually, the "hard combination" of trademark sets supports accuracy to 78.70%.

III. PROBLEM IDENTIFICATION

Support vector machine is used in which due to hyper plan accuracy was not correct. So, to increase the accuracy, efficiency, and prediction rate we used deep learning.

A. PROPOSED METHODOLOGY

Dementia dataset is taken where the sound record is considered for discourse acknowledgment examination on the premise of that information is produced and it is predefined given in dementia information databank. That sound record is changed over to message dependent on discourse investigation.

Then, at that point perform tokenization on information patient dataset. In this clean the dataset by eliminating and supplanting invalid string and eliminating highlight. At long last, perform word tokenizing. Make age and sex records separately and produce a full information outline. Presently both pickle records are illusion into another information outline which have the provisions of their id which are available in both pickle document and reject the others. Finally, we make a model using 1D-Conv, then, at that point pass the information for preparing into the model.

Neural organization loads are saved and with the programmed discourse acknowledgment instrument dependent on NLP by perceiving a voice, it very well may be anticipated that the individual has dementia or not.

1) Data Preprocessing

Burden the dataset and convert it into a pickle record. Then, at that point perform tokenization on information patient dataset. This clean the dataset by eliminating and supplanting invalid string and eliminating highlight. At long last, perform word tokenizing. Make age and sex records exclusively and create a full information outline. In this, it has two names dementia and control. Dementia name comprises 4 classes that are treated, familiarity, review, and sentence.

Presently Encode the tokenized information utilizing UTF-8 that comprises of a

tokenized list and tokenized id that makes an information outline utilizing message, level, and id in dementia list. This information outline saves in CSV design. Presently measure the Ana realistic record that comprises of id, section age, introductory date. Then, at that point make a patient word reference by thinking about id, age, sex, race, and training. Presently make the last information outline including all ascribe from Ana's realistic document and patient word reference. Presently examine the power of Sentiments by converge up pickle record and last information outline that is in CSV. Then, at that point we characterized the Post tag in preprocessing, then, at that point additionally considered jargon size of 30000, the grouping length of 73, and installing size of 300.

2) Preparing:

Pass pickle record for preparing and figure post labels for all meeting documents and split the dataset train 90% and test 10% with 4, 10, and 95 irregular seeds. Presently perform word inserting utilizing Glove6V. There are utilizing an Ada-Gard enhancer with a learning cost of 0.0001 and at long last, set up the organization.

1D CNN

In this part, a 1-dimensional Convolution neural network model (1D CNN) has been introduced for the human speech activity detection dataset.

A neural network is a hardware and/or app scheme modeled after way neurons in a person's intelligence purpose. Conventional neural networks aren't well suited to picture processing & must be fed pictures in low-resolution portions. CNN's "neurons" are arranged more like those in a frontal lobe, an area in humans & other animals amenable for procedure picture inputs. Traditional neural networks' piecemeal image processing difficulty is prevented by arranging layers of neurons in such a way that they span a whole visual field.

A CNN employs technology similar to a multilayer perception which is optimized for low processing needs. An input surface, an output surface, and a secreted surface with

several convolution surfaces, pooling surfaces, fully connected surfaces, & normalizing surfaces make up a CNN's surfaces. The elimination of constraints & improvements in picture processing performance results in a scheme that is significantly more effective & easier to prepare restricted for picture processing & natural language processing.

A similar approach could be used to identify human activity using 1-dimensional series of data, like in an instance of acceleration & dementia data. The architecture study how to extract characteristics from

observation series & how to map interior characteristics to various action kinds.

The benefit of utilizing CNNs for series categorization is that they could study directly from raw time series data, removing a requirement for domain information to manually engineer input characteristics. The model should be able to learn an internal representation of a time series data & ideally obtain execute similarly to architecture trained on an edition of a dataset with artificial characteristics.

This part is split into 4 components; they are:

- Fit & Evaluate Model
- Load Data
- Complete Example
- Summarize Results

In this paper, the Summary of the 1D-CNN model is clarified layer-wise.

1D-CNN Model

Layer (type)	Output Shape	Param #
inputs (InputLayer)	[(None, 15)]	0
embedding_1 (Embedding)	(None, 15, 50)	5000
conv1d (Conv1D)	(None, 15, 64)	6464
conv1d_1 (Conv1D)	(None, 15, 64)	8256
activation (Activation)	(None, 15, 64)	0
out_layer (Dense)	(None, 15, 1)	65
activation_1 (Activation)	(None, 15, 1)	0

=====
 Total params: 19,785
 Trainable params: 19,785
 Non-trainable params: 0

Fig 2 1-D CNN Model Layer

- 3) Add Model layer
 1. Info layer: input sentence to this system. Installing layer: Map each word into a lower measurement vector.
 2. Conv1V
We will talk about the Tensorflow API and Keras Conv1D class, including the main

- boundaries you need to tune when preparing your own Deep Convolutional Neural Networks (CNNs).
3. Attention layer
Make a weight vector, and increase it by a weight vector to consolidate word-level

attributes from each time venture into a sentence-level trademark vector.

4. Dropout

Dropouts are a regularization procedure that is utilized to keep away from a system from overfitting. Dropouts are utilized to change the level of an organization's neurons at irregular. The arriving& leaving connections to those neurons are likewise turned off when neurons are turned off. This is finished to assist a system with learning. Dropouts ought not to be used after convolution layers; all things considered, they should be used after the organization's thick layers. This is consistently an extraordinary thought to just mood killer neurons to half. On the off chance that we turn off the greater part of a structure, quite possibly the system might incline seriously & a conjecture will be mistaken. How about we see how to utilize dropouts and portray them while making a Bidirectional LSTM Model.

5. Dense

The term alludes to which neurons in an organization surface are completely connected (thick). Each neuron in a surface before it accumulates information from all neurons in a surface before it, making them amazingly interconnected. In different terms, a thick surface is a completely interconnected surface, demonstrating that all neurons in 1 layer are coupled to those in the following.

B. PROPOSED ALGORITHM

A. Distributed computing advantages and downsides design of distributed computing can be classifications into four layers:

The Physical layer, the foundation layer, the stage layer, and the application layer, as shown in Figure 2.

Step1: Collect the information Dementia dataset

Step2: Audio document is considered for discourse acknowledgment

Step3: After that is created and it is predefined given in dementia bank.

Step4: After that sound document is changed over to a message dependent on discourse examination utilizing NLP.

Step5: Then perform tokenization on the information patient dataset.

Step 6: In this clean the dataset by eliminating and supplanting the invalid string, accentuation, and eliminating highlight. At last, perform word tokenizing. Make age and sex documents independently and produce a full information outline.

Step7: Now Encode the tokenized information utilizing UTF-8 that comprises a tokenized list and tokenized id that makes an information outline utilizing text, level, and id in dementia list.

Step8: Create a half breed model including 1D-Conv, then, at that point passes the information for preparing.

Step9: Finally the deliberate model exhibition on test information estimated on test information in a part of exactness, accuracy, review, and F-score. After finishing the preparation execution of the model

Step10: Neural organization loads are saved and with the programmed discourse acknowledgment apparatus dependent on NLP by perceiving a voice it very well may be anticipated that the individual has dementia or not.

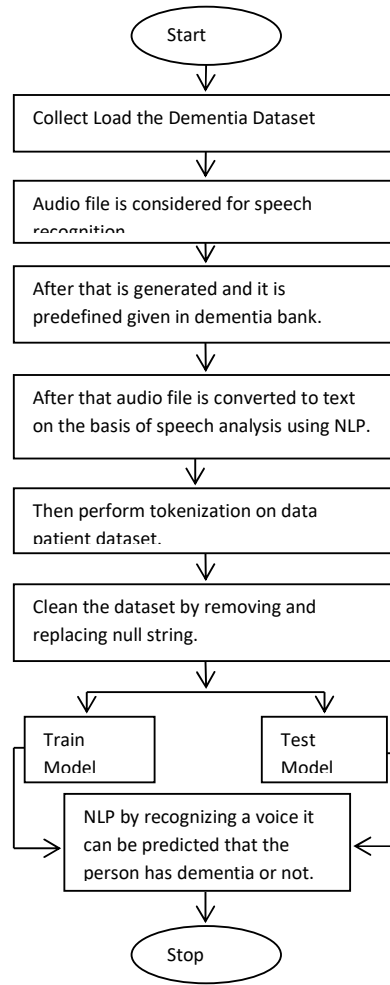


Fig. 3. Proposed Work Flowchart

IV RESULTS AND DISCUSSION

A. Cloud computing benefits and drawbacks architecture of cloud computing can be categories into four layers:

The Physical layer, the infrastructure layer, the platform layer, and the application layer, as indicated in Figure 2.

This work has been implemented using Python programming language and the platform used is Jupyter notebook (version 6.3.1). here, we have used the Dementia dataset. Experiment. The description of such

dataset and achieved results of the proposed model has given below.

A. Dataset Description

A. Cloud computing benefits and drawbacks architecture of cloud computing can be categories into four layers:

The Physical layer, the infrastructure layer, the platform layer, and the application layer, as indicated in Figure 2.

Dataset Dementia Bank (Boller & Becker, 2005) is the biggest publicly available dataset of transcripts.



Fig. 4. Boston cookie stealing task description. All activities in the picture were to be explained by participants

1. CLOUD COMPUTING ARCHITECTURE

There is no doubt that cloud computing is the most famous topic in the IT business. Google, Amazon, Yahoo, and alternative web service suppliers, IBM, Microsoft, and alternative IT vendors have implied their cloud computing. The architecture of cloud computing can be categories into four layers: The Physical layer, the infrastructure layer, the platform layer, and the application layer, as indicated in Figure 2.

Voice recordings of AD interviews (& control) patients. 1 Patient were required to complete several activities, like the “Boston Cookie Theft” explanation activity, patients were shown an image & required them to explain what they saw (See Figure 4). Other activities included the 'Recollect Test,' in which patients were asked to recall details from a previously stated story. Automatic morph syntactic analysis, like standard part-of-speech labeling, explanation of tense, & repetition indicators, is included with each transcript in Dementia Bank. 2 Note that these are not AD-specific characteristics, but rather generic, automatically extracted language qualities. To use as datasets, we separated every transcript into individual utterances. We also deleted any utterances that were not accompanied by POS tags. This balancing lowered that amount of data but assured that models with tagged & untagged settings were matched fairly.

The Alzheimer & associated Dementias Research at a University of Pittsburgh School of Medicine obtained these transcripts & audio

files as part of a wider protocol. The University of Pittsburgh was awarded NIH funds AG005133 & AG003705 to help them acquire Dementia Bank information. Individuals with probable & suspected Alzheimer's Illness, as well as elderly controls, took part in a study. Data was collected every year throughout a period.

<https://dementia.talkbank.org/access/English/Pitt.html>

B. Performance Matrix

A. Cloud computing benefits and drawbacks architecture of cloud computing can be categories into four layers:

The Physical layer, the infrastructure layer, the platform layer, and the application layer, as indicated in Figure 2.

1. Accuracy

The number of correct forecasts your model made for the entire test dataset is referred to as accuracy. The following formula is used to calculate it:

$$Accuracy = \frac{TP+TN}{TP+TN+FP+FN} \quad (1)$$

2. Recall

The right positive price, also called recall, is an evaluation of how many right positives are forecasted out of all positives in a dataset. Sensitivity is another name for it. The following method is used to measure a metric:

$$Recall = \frac{TP}{TP+FN} \quad (2)$$

3. Precision

Accuracy is a criterion for evaluating how precise a positive forecast is. In other terms, how sure could you be that a positive result is

indeed positive if it is forecasted as such? It is evaluated using the formula below:

$$Precision = \frac{TP}{TP+FP} \quad (3)$$

4. F-score

The F1-score is by far the most popular F-score. It is their harmonic mean, which is a mixture of precision & recall. F1-score could be measured using the formula below:

$$F1 = 2 \cdot \frac{Precision \cdot recall}{Precision + recall} \quad (4)$$

C. THE OUTCOME OF THE MODEL

Table1: Comparison of performed Parameter between Existing Method and 1D-Conv (Proposed) method

Parameter	Existing Method	1D-CNN (Proposed)
Accuracy	0.77	0.80
Precision	0.76	0.79
Recall	0.83	0.92
F-Score	0.79	0.85

The comparison of several classification methods is represented in Table 1. It represents overall performance comparison

output in contrast to several existing methods and 1D-CNN Method like Accuracy, Precision, Recalls, and F1-Score.

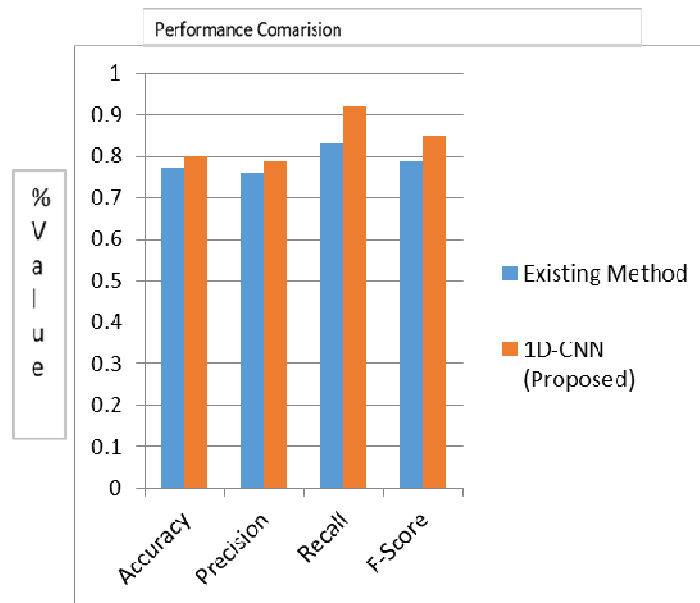


Fig 5 Comparison Graph

V. CONCLUSION

Dementia sickness impacts talk is a sort of syntactic, semantic, data, and hear-able issues, as demonstrated by results from past studies. Without using ace described phonetic features, we used a trade learning approach to overhaul autonomous AD gauging using a correspondingly insignificant focused talking dataset. On a Cookie-Theft picture clarification check of a Pitt corpus, we tried a recently built pre-arranged transformer reliant upon talking structure which we improved with upgrade techniques. The accuracy (80%), precision (79%), recall (92%), & F1 scores of (85%) were gotten utilizing sentence level 1D-CNN, which improved cutting edge results. In a few dialects, pre-prepared language models are open. As a result, a strategy introduced in this review could be tried in dialects other than English

In addition, with multilingual interpretations of these plans, information of AD determining in 1 language could be conveyed to another vernacular if an adequately huge dataset isn't accessible. In the future, we may aggregate a greater dataset that may help in an arrangement of a more summarized embedding. Further, we can moreover extend the dataset for people conveying in different languages.

REFERENCES

- [1] Sabbagh, M. N., Malek-Ahmadi, M., Kataria, R., Belden, C. M., Connor, D. J., Pearson, C., Jacobson, S., Davis, K., Yaari, R., & Singh, U. (2010). The Alzheimer's questionnaire: a proof of concept study for a new informant-based dementia assessment. *Journal of Alzheimer's disease: JAD*, 22(3), 1015–1021. <https://doi.org/10.3233/JAD-2010-101185>
- [2] Wimo, A., Guerchet, M., Ali, G.-C., Wu, Y.-T., Prina, A. M., Winblad, B., et al. (2017). The worldwide costs of dementia 2015 and comparisons with 2010. *Alzheimer's Dement.* 13, 1–7
- [3] Australian Institute of Health and Welfare: Dementia in Australia. Cat. no. AGE 70. 2012, Canberra: AIHW.
- [4] Barrett J, Haley W, Harrell L, Powers R: Knowledge about Alzheimer's disease among primary care physicians, psychologists, nurses, and social workers. *Alzheimer Dis Assoc Disord.* 1997, 11 (2): 99-106. 10.1097/00002093-199706000-00006.
- [5] Perry M, Drasković I, van Achterberg T, Borm G, van Eijken M, Lucassen P, Vernooij-Dassen M, Olde Rikkert M: Can an EASY care based dementia training programme improve diagnostic assessment and management of dementia by general practitioners and primary care nurses? The design of a randomized controlled trial. *BMC Health Serv Res.* 2008, 8: 71-10.1186/1472-6963-8-71.
- [6] Sullivan K, O'Connor F: Providing education about Alzheimer's disease. *Aging Ment Health.* 2001, 5 (1): 5-13. 10.1080/13607860020020582.
- [7] Borbasi S, Jones J, Lockwood C, Emden C: Health professionals' perspectives of providing care to people with dementia in the acute setting: Toward better practice. *Geriatr Nurs.* 2006, 27 (5): 300-308. 10.1016/j.gerinurse.2006.08.013.
- [8] Millard F, Kennedy L, Baune B: Dementia: opportunities for risk reduction and early detection in general practice. *Aust J Prim Health.* 2011, 17: 89-94. 10.1071/PY10037.
- [9] Mirheidari, B., Blackburn, D., Reuber, M. et al. (2 more authors) (2016) Diagnosing people with dementia using automatic conversation analysis. In: Proceedings of Interspeech. Interspeech, 8-12 Sep 2016, San Francisco, CA. ISCA, pp. 1220-1224.
- [10] Bucks R.S., Singh S., Cuerden J.M., Wilcock G.K. Analysis of spontaneous, conversational speech in dementia of Alzheimer type: Evaluation of an objective technique for analyzing lexical performance. *Aphasiology.* 2000; 14: 71–91.
- [11] Canning S.J., Leach L., Stuss D., Ngo L., Black S.E. Diagnostic utility of abbreviated fluency measures in Alzheimer disease and vascular

- dementia. *Neurology*. 2004; 62: 556–562.
- [12] Forbes-McKay K.E., Venneri A. Detecting subtle spontaneous language decline in early Alzheimer's disease with a picture description task. *Neurol Sci*. 2005; 26: 243–254.
- [13] Tsanas A., Little M.A., McSharry P.E., Spielman J., Ramig L.O. Novel speech signal processing algorithms for high-accuracy classification of Parkinson's disease. *IEEE Trans Biomed Eng*. 2012; 59: 1264–1271.
- [14] Barr A., Brandt J. Word-list generation deficits in dementia. *J Clin Exp Neuropsychol*. 1996; 18:810–822.
- [15] Reilly J., Peelle J.E., Antonucci S.M., Grossman M. Anomia as a marker of distinct semantic memory impairments in Alzheimer's disease and semantic dementia. *Neuropsychology*. 2011;25:413–426.
- [16] Mendez M.F., Cummings J.L. 3rd ed. Butterworth-Heinemann; Boston: 2003. *Dementia: A Clinical Approach*.
- [17] Hoffmann I., Nemeth D., Dye C.D., Pakaski M., Irinyi T., Kalman J. Temporal parameters of spontaneous speech in Alzheimer's disease. *Int J Speech Lang Pathol*. 2010; 12: 29–34.
- [18] Cummings J.L., Benson D.F. 2nd ed. Butterworth-Heinemann; Boston: 1992. *Dementia: A Clinical Approach*.
- [19] Horley K., Reid A., Burnham D. Emotional prosody perception and production in dementia of the Alzheimer's type. *J Speech Lang Hear Res*. 2010; 53: 1132–1146.
- [20] Martinez-Sanchez F., Garcia Meilan J.J., Perez E., Carro J., Arana J.M. Expressive prosodic patterns in individuals with Alzheimer's disease. *Psicothema*. 2012; 24:16–21.
- [21] Henry J.D., Crawford J.R., Phillips L.H. Verbal fluency performance in dementia of the Alzheimer's type: A meta-analysis. *Neuropsychologia*. 2004; 42: 1212–1222.
- [22] Eley, C., Drew, P., Jones, D., Blackburn, D., Wakefield, S., Harkness, K., Venneri, A., and Reuber, M. (2015). Towards diagnostic conversational profiles of patients presenting with dementia or functional memory disorders to memory clinics. *Patient Education and Counseling*, 98:1071–1077.
- [23] Jones, D. (2015). A family living with Alzheimer's disease: The communicative challenges. *Dementia*, 14(5):555–573.
- [24] Jones, D., Drew, P., Eley, C., Blackburn, D., Wakefield, S., Harkness, K., and Reuber, M. (2015). Conversational assessment in memory clinic encounters interactional profiling for differentiating dementia from functional memory disorders. *Aging & Mental Health*, 7863:1–10.
- [25] Kindell, J., Sage, K., Keady, J., and Wilkinson, R. (2013). Adapting to a conversation with semantic dementia: Using enactment as a compensatory strategy in everyday social interaction. *International Journal of Language and Communication Disorders*, 48(5):497–507.
- [26] Oba, H., Sato, S., Kazui, H., Nitta, Y., Nashitani, T., and Kamiyama, A. (2018). Conversational assessment of cognitive dysfunction among residents living in long-term care facilities. *International psychogeriatrics*, 30(1):87–94.
- [27] Perkins, L., Whitworth, A., and Lesser, R. (1998). Conversing in dementia: A conversation analytic approach. *Journal of Neurolinguistics*, 11:33–53.
- [28] B. Reisberg, J. Borenstein, S. P. Salob, S. H. Ferris, and et al, "Behavioral symptoms in Alzheimer's disease: Phenomenology and treatment.," *J. Clin. Psychiatry*, 1987.
- [29] M. Fernández, A. L. Gobartt, and M. Balañá, "Behavioural symptoms in patients with Alzheimer's disease and their association with cognitive impairment.," *BMC Neurol.*, vol. 10, no. 1, p. 87, Jan. 2010.
- [30] Alzheimer's Association, "Dementia Types | Signs, Symptoms, & Diagnosis." [Online]. Available: <http://www.alz.org/dementia/types-of-dementia.asp>

- [31] M. Yancheva and F. Rudzicz, "Vector-space topic models for detecting Alzheimers disease," in *Procs. of ACL*, 2016, pp. 2337–2346.
- [32] L. Hernandez-Dominguez, S. Ratte, G. Sierra-Martinez, and A. RocheBergua, "Computer-based evaluation of Alzheimers disease and mild cognitive impairment patients during a picture description task," *Alzheimer's & Dementia: Diagn., Assessm. & Dis. Monit.*, vol. 10, pp. 260–268, 2018.
- [33] S. Luz, "Longitudinal monitoring and detection of Alzheimer's type dementia from spontaneous speech data," in *Procs. of the Intl. Symp on Comp. Based Medical Systems (CBMS)*. IEEE, 2017, pp. 45–46.
- [34] A. Lauraitis, R. Maskeliunas, R. Damasevicius, & T. Krilavicius, "Detection of Speech Impairments Using Cepstrum, Auditory Spectrogram and Wavelet Time Scattering Domain Features", *IEEE Access*, Vol. 8, pp. 96162–96172, 2020. doi:10.1109/access.2020.2995737.
- [35] I. Rochford, V. Rapcan, S. D'Arcy, & R. B. Reilly, "Dynamic minimum pause threshold estimation for speech analysis in studies of cognitive function in ageing", *2012 Annual International Conference of the IEEE Engineering in Medicine and Biology Society*, 2012. doi:10.1109/embc.2012.6346770.
- [36] K. Lopez-de-Ipina, J. B. Alonso, C. M. Travieso, H. Egiraun, M. Ecay, A. Ezeiza, P. Martinez-Lage, "Automatic analysis of emotional response based on non-linear speech modeling oriented to Alzheimer disease diagnosis", 2013 IEEE 17th International Conference on Intelligent Engineering Systems (INES), 2013. doi:10.1109/ines.2013.6632783.
- [37] B. Mirheidari, D. Blackburn, R. OrMalley, T. Walker, A Venneri, M. Reuber, & H. Christensen, "Computational Cognitive Assessment: Investigating the Use of an Intelligent Virtual Agent for the Detection of Early Signs of Dementia", *ICASSP 2019 - 2019 IEEE International Conference on Acoustics, Speech and Signal Processing (ICASSP)*, 2019. doi:10.1109/icassp.2019.8682423
- [38] B. Mirheidari, D. Blackburn, R. Or Malley, T. Walker, A Venneri, M. Reuber, & H. Christensen, "Computational Cognitive Assessment: Investigating the Use of an Intelligent Virtual Agent for the Detection of Early Signs of Dementia", *ICASSP 2019 - 2019 IEEE International Conference on Acoustics, Speech and Signal Processing (ICASSP)*, 2019. doi:10.1109/icassp.2019.8682423
- [39] F. Haider, S. de la Fuente, and S. Luz, "An Assessment of Paralinguistic Acoustic Features for Detection of Alzheimer's Dementia in Spontaneous Speech," in *IEEE Journal of Selected Topics in Signal Processing*, Vol. 14, No. 2, pp. 272-281, Feb. 2020, doi: 10.1109/JSTSP.2019.2955022.
- [40] F. Haider, S. De La Fuente, & S. Luz, "An Assessment of Paralinguistic Acoustic Features for Detection of Alzheimer's Dementia in Spontaneous Speech", *IEEE Journal of Selected Topics in Signal Processing*, pp. 1–1, 2019. doi:10.1109/jstsp.2019.2955022.