

Empowering Families with Dementia: Early Diagnosis and Prognosis through the 'VEEM Digital Biomarker'

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#1 National University in Seoul with More than 115 years of History



HAI Lab designs **AI systems** that **sense**, **interpret**, and **augment** human behavior and cognition using complex multimodal data—across health, education, and industry

01

Healthcare

Early Screening for Dementia

Dementia Prognosis Prediction

Digital Biomarkers







02

Education

Copilot for Personalized Education

Assessing Student Competencies

Career-Counseling Chatbot







03

Industry

Manufacturing Factory Digital Twin

Real-Time Synthetic Data

Improving Training Experiences



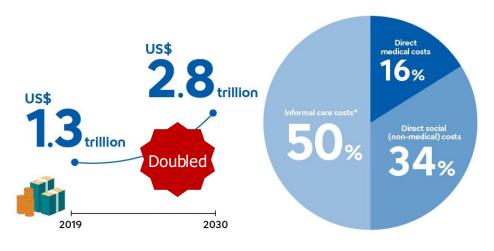




Contents 1. Problem Space: The Central Challenge in Dementia Care **VEEM Digital Biomarkers** Research Findings **Empowering Families with Dementia**

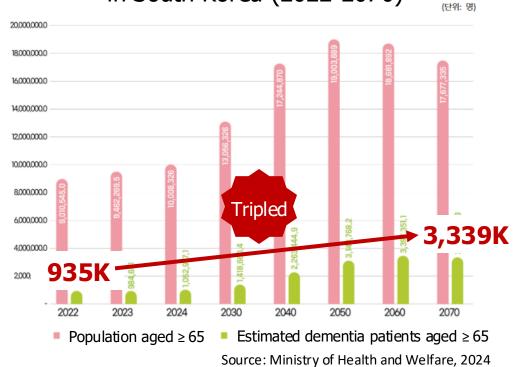
Families in South Korea are facing a dementia crisis—cases are projected to triple by 2070, prompting the launch of the 'National Responsibility for Dementia' policy

The Growing Dementia Crisis



Source: World Health Organization, 2021 & Sysmex, 2021

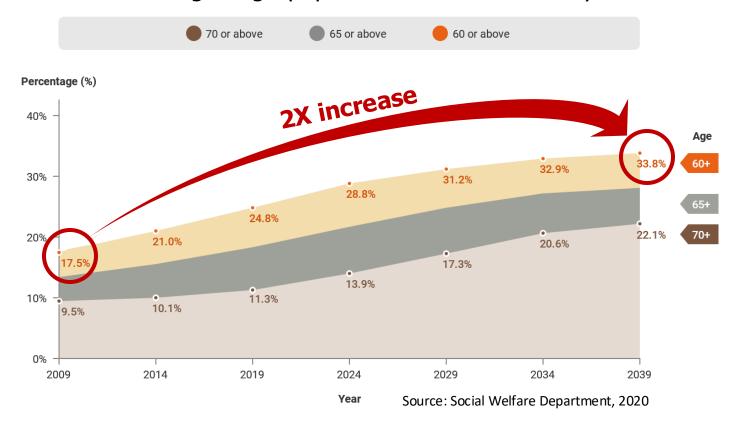
Estimated Growth in Dementia Patients in South Korea (2022-2070)



Hong Kong shows a similarly concerning outlook,

suggesting that related research will be increasingly important

33.8% of Hong Kong's population will be over 60 by 2039

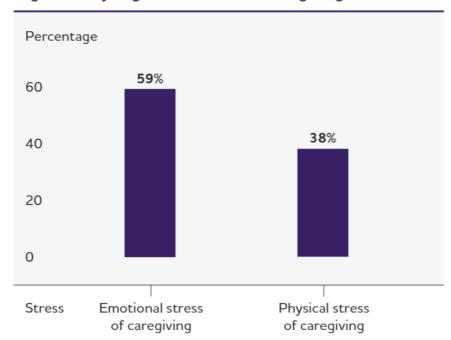


1. Problem Space

Families with dementia face emotional, physical, and financial burdens

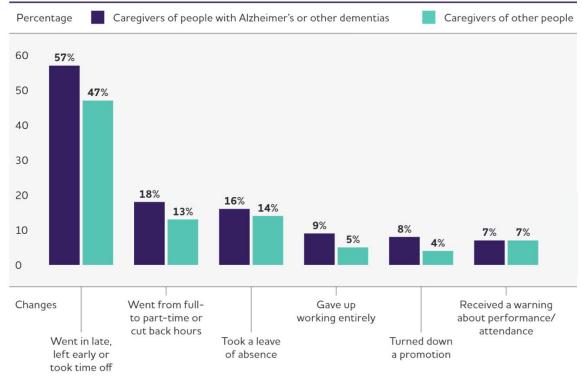
as they witness the relentless loss of memory and independence

Percentage of Dementia Caregivers Who Report High to Very High Stress Due to Caregiving



Source: Alzheimer's Association, 2024

Work-Related Changes Among Caregivers of People with Alzheimer's or Other Dementias Who Had Been Employed at Any Time Since They Began Caregiving



Source: Alzheimer's Association, 2024







Early diagnosis and prognosis of dementia is the last chance to slow or prevent dementia progression

"Recoverable" "Irrecoverable" **Preclinical phase** MCI **Dementia** Cognitive function Normal aging Mild The silent stage, Normal general cognitive insufficient to cause functions, but deficits in Moderate noticeable symptoms. Families feel more instrumental activities of daily No screen or test exists financial and moral pressures, Severe living (IADL) Care to diagnose this phase^[2] and physical stress from going back Patient with dilemma^[1] Physical burden and forth to long-term care institution Unnoticeable dementia Mental stress Financial burden Financial burden Physical burden Social isolation Moral pressure **Disease Severity**

Detect MCI Early, Stop Dementia Before It Starts!

1. Problem Space

Today's diagnostic tools center on dementia detection,

but fall short in diagnosing MCI early—leaving families with little real support

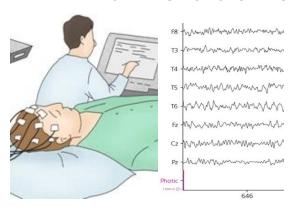
Questionnaires (e.g., MMSE, SNSB-C)



Quantifying the comprehensive cognitive functions[3]

Requires over 2 hours; scores are affected by demographic factors (e.g., age, education level)^[4]

Evoked potential (EP), Electroencephalography (EEG)



Assessment of neurological alterations[5]

Limited sensitivity compared to conventional biomarkers^[6]

Magnetic resonance imaging (MRI)



Quantifying atrophies of brain structures^[7]

Low accessibility due to high cost and extensive examination time



To empower families with dementia, our research focuses on three critical questions:

How can we achieve **rapid** and **accurate** early diagnosis of dementia using technology?

2 How can multimodal methods ensure reliable early detection?

How can we deliver accessible diagnostic tools that truly support families?





Our goal is to develop the VEEM Digital Biomarker that enables **Rapid**, **Reliable**, and **Accessible** early diagnosis and prognosis of dementia



Neurological alterations

Assessing impairment of

rations Structural alterations

Assessing **brain**

Assessing behavioral performance in VR

Behavioral alterations

Insufficient practical evidence

→Limited prognostic capability

High accessibility

, iii Cy

the **optic nerve signals atrophy**Sensitive to neurological and structural changes, but **limited in early**

ensitive to neurological and structural changes, but **limited in early diagnosis**

Assessing abnormal **brain**

High interpretability

VR-based instrumental activities of daily living (IADL) tasks have potential for early diagnosis quantifying behavioral changes



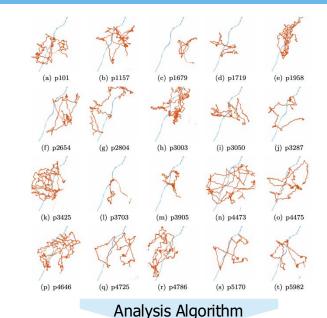
VR



Behavioral Changes

- **Evaluates behavioral performance** during VR-based IADL tasks
- Limited understanding of neuropathological mechanisms → makes **prognosis challenging**

Analysis of Behavioral Patterns in IADL Tasks



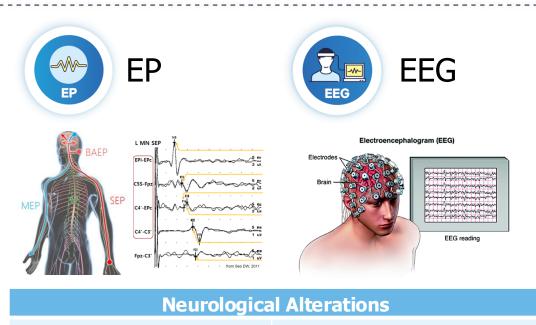


Early Diagnosis of Dementia via VR Performance



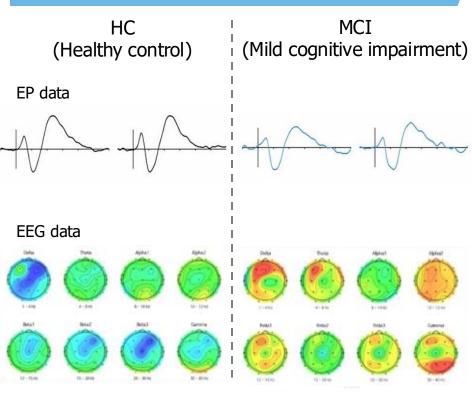


EP and EEG enable the assessment of neural alterations in brain electrical activity



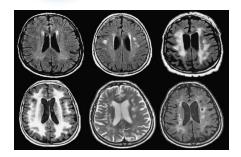
- Assesses severity of sensory nerve damage
- Evaluates changes in brain electrical activity
- While EP/EEG provide information on neurological alterations, they are difficult to use independently as early diagnostic or prognostic biomarkers

Pathological Changes in EP & EEG (Example)



As MRI identifies underlying brain lesions, it is suitable for prognosis and evaluation of dementia → its high cost makes it difficult to perform easily, quickly, and repeatedly

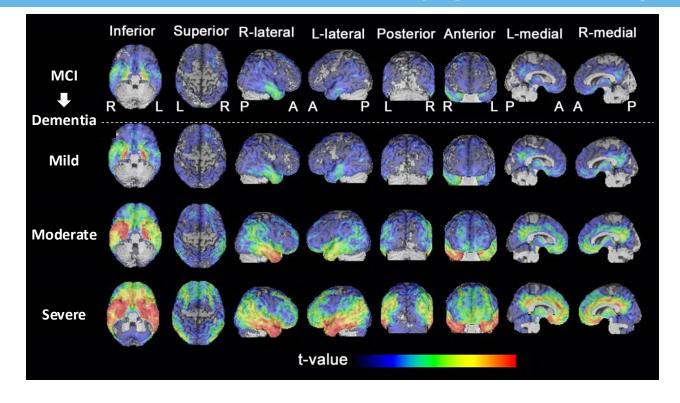




Structural Alterations

- **Evaluates structural abnormalities** in the brain (e.g., hippocampal atrophy)
- Limited by high cost and time constraints, making early diagnosis challenging

Detection of structural abnormalities in MRI → **prognosis of dementia (Example)**







Our goal is to develop the VEEM Digital Biomarker that enables

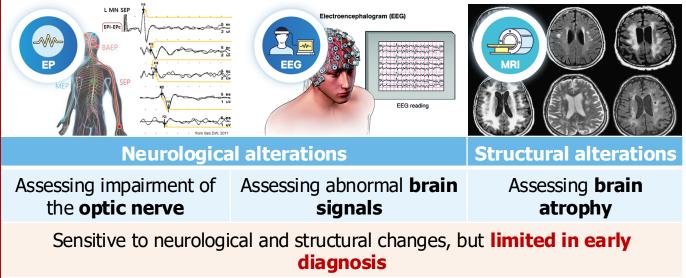
Rapid, Reliable, and Accessible early diagnosis and prognosis of dementia for families

(1) Rapid Digital Biomarker

→ VR-based assessment



High accessibility



High interpretability

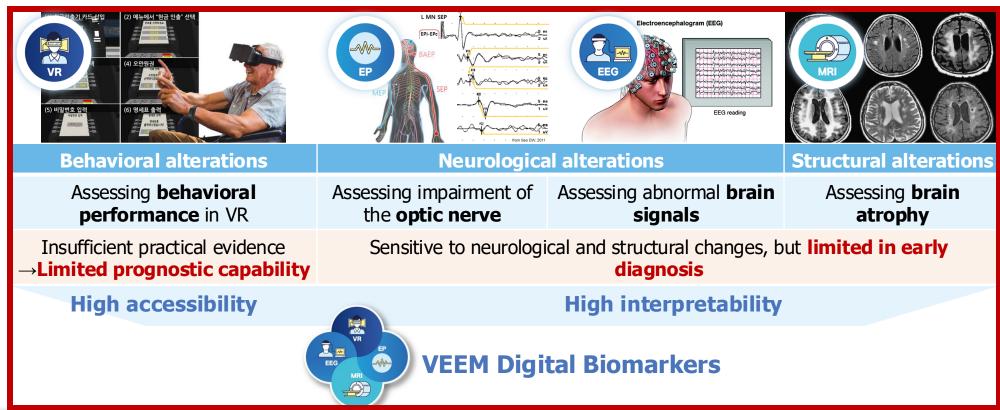




Our goal is to develop the VEEM Digital Biomarker that enables

Rapid, Reliable, and Accessible early diagnosis and prognosis of dementia for families

(2) Reliable Digital Biomarker → Multimodal learning (VR-EP-EEG-MRI)





Our goal is to develop the VEEM Digital Biomarker that enables

Rapid, Reliable, and Accessible early diagnosis and prognosis of dementia for families

(3) Accessible Digital Biomarker → LLM-based clinical reasoning

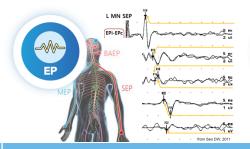


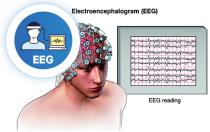
Behavioral alterations

Assessing **behavioral** performance in VR

Insufficient practical evidence →Limited prognostic capability

High accessibility







Neurological alterations

the optic nerve

Assessing impairment of Assessing abnormal **brain** signals

Assessing brain ChatGPT atrophy

Sensitive to neurological and structural changes, but **limited in early** diagnosis

High interpretability



VEEM Digital Biomarkers

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 - 3.3 Accessible Digital Biomarker
- 4. Empowering Families with Dementia



Research on kinematic movement analysis for VR behavioral data—specifically evaluating hand and head movements during tasks such as withdrawing money or taking a bus.



PLOS ONE

RESEARCH ARTICLE

Virtual daily living test to screen for mild cognitive impairment using kinematic movement analysis

Kyoungwon Seo, Jae-kwan Kim, Dong Hoon Oh, Hokyoung Ryu 🚥 🔟, Hojin Choi 🚥 🖂

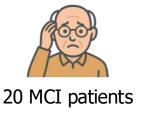
Published: July 24, 2017 • https://doi.org/10.1371/journal.pone.0181883



Cognitively demanding IADL tasks, such as withdrawing money and taking a bus, were simulated in VR

Participants





Task 1: Withdraw money





Task 2: Take a bus







MCI patients exhibited **significantly reduced hand and head movement speed** during VR-based IADL tasks compared to healthy controls

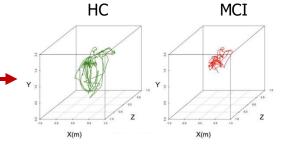
Performance in VR IADL Tasks

	Healthy controls	MCI patients	<i>F</i> (1, 40)	p
Task 1: Withdraw money				
Hand trajectory (meters)	49.5±40.5	32.2±20.3	2.970	0.093
Time to completion (seconds)	81.1±26.5	106.5±38.0	6.417	0.015
Hand speed (m/s)	0.6±0.4	0.3±0.1	12.694	0.001
Number of errors	0.2±0.5	0.7±0.8	5.154	0.029
Task 2: Take a bus				
Head trajectory (meters)	125.4±35.8	100.7±24.5	6.678	0.014
Time to completion (minutes)	13.5±0.7	13.5±0.7	0.003	0.953
Head speed (m/s)	0.4±0.1	0.3±0.1	11.029	0.002
Number of errors	0.8±0.9	2.3±1.4	16.444	<0.001

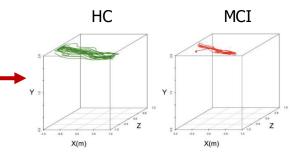
Values are means±SD.

https://doi.org/10.1371/journal.pone.0181883.t002





Head movement in Task 2: Take a bus





We developed a more cognitively demanding VR daily living assessment, the Virtual Kiosk Test, and used hand and eye movement data to train an early screening model for MCI



Top 3% SCIE journal in *Health Care Sciences & Services* (2022)

JOURNAL OF MEDICAL INTERNET RESEARCH

Kim et al

Original Paper

Digital Marker for Early Screening of Mild Cognitive Impairment Through Hand and Eye Movement Analysis in Virtual Reality Using Machine Learning: First Validation Study

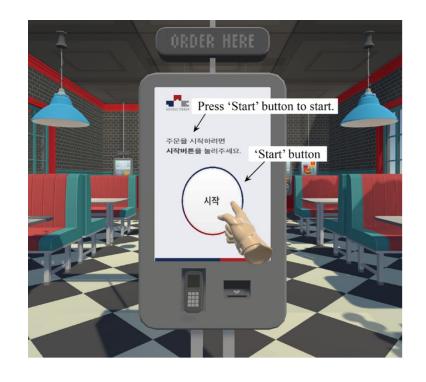
Se Young Kim^{1*}, BSc; Jinseok Park^{2*}, MD, PhD; Hojin Choi², MD, PhD; Martin Loeser³, PhD; Hokyoung Ryu⁴, PhD Kyoungwon Seo¹, PhD

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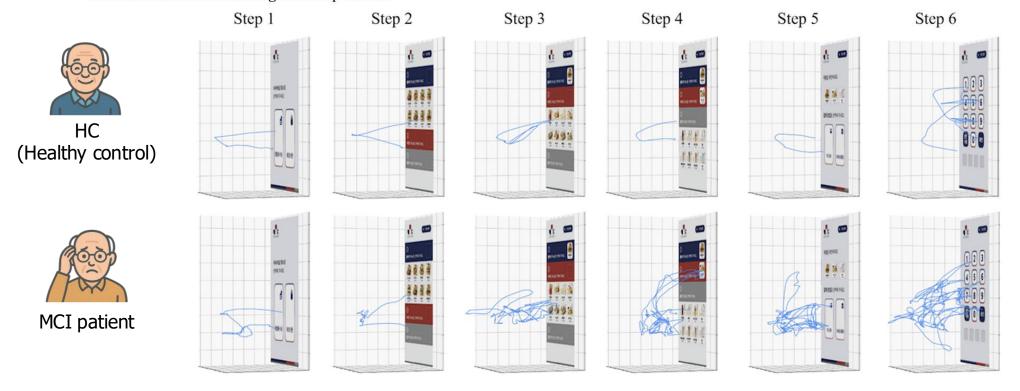
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these authors contributed equally



MCI patient exhibited **increasingly complex and inefficient hand-movement patterns**, reflecting impaired motor planning and cognitive control compared to healthy controls

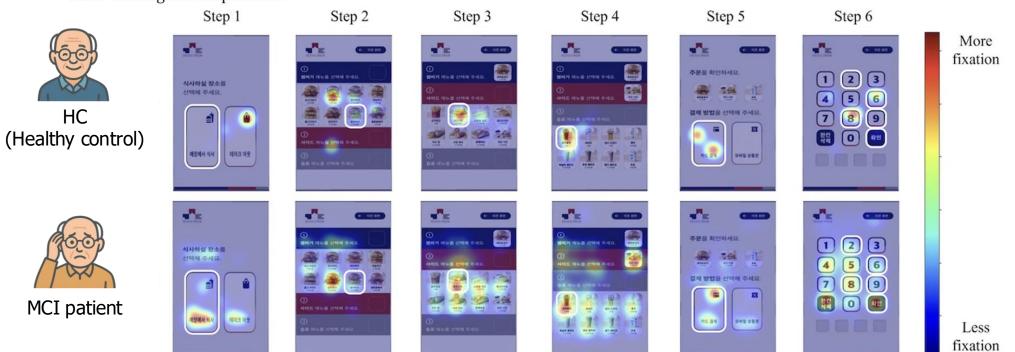
Figure 4. Comparison of hand movements between a healthy control (participant No. 9) and a patient with MCI (participant No. 25) for different virtual kiosk screens. MCI: mild cognitive impairment.





MCI patient exhibited **increasingly distracted and scattered eye-movement patterns**, indicating deficits in attention and visual information processing

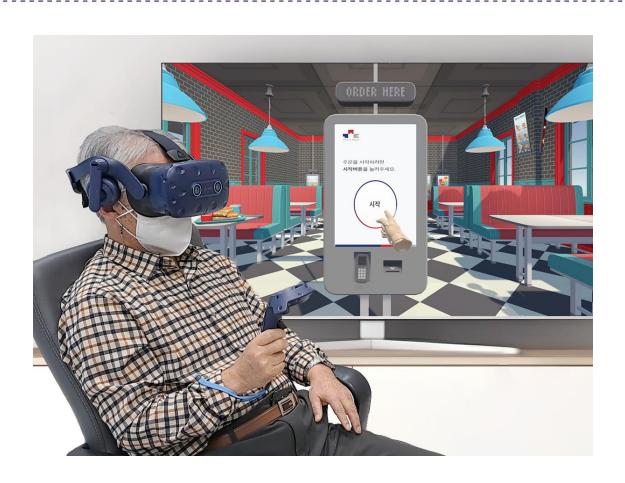
Figure 5. Comparison of eye movements between a healthy control (participant No. 9) and a patient with MCI (participant No. 25). Participants' areas with more eye fixation are shown in red, and areas with less eye fixation are shown in blue. Target menu items for each step feature a white frame. MCI: mild cognitive impairment.

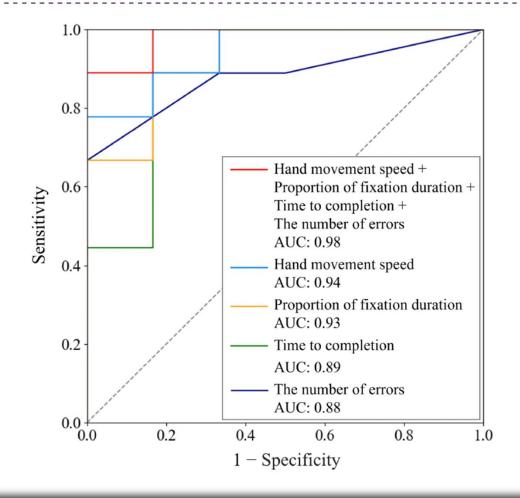


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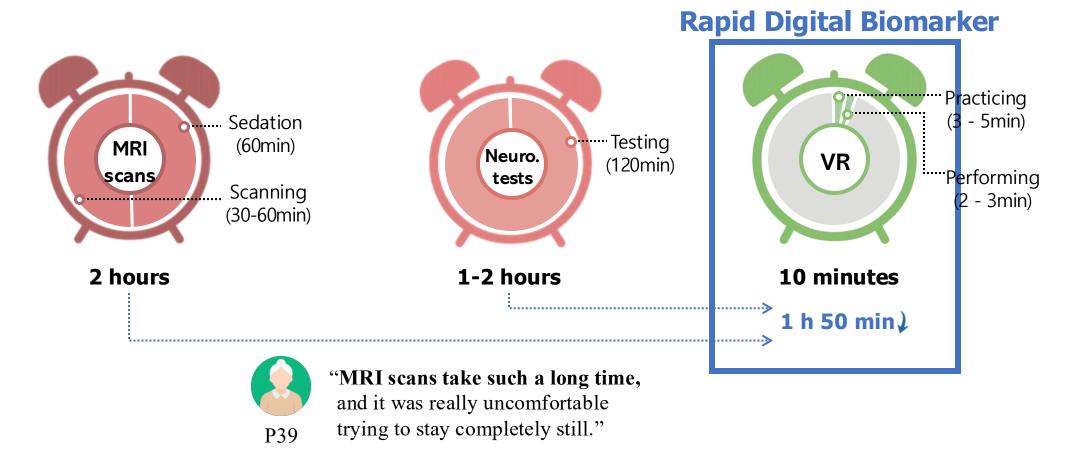
By analyzing hand and eye movements, the Virtual Kiosk Test detected MCI with 93.3% accuracy, reflecting impaired IADL performance







Rapid MCI detection is possible: VR digital biomarkers outperform traditional assessments (MRI scans, neuropsychological tests) in speed and accessibility



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Exploring the integration of VR-based performance metrics with EEG biomarkers to establish more **reliable digital biomarkers** for dementia detection





Exploring the Relationship between Behavioral and Neurological Impairments Due to Mild Cognitive Impairment: Correlation Study between Virtual Kiosk Test and EEG-SSVEP

by Dohyun Kim ¹ □ □, Yuwon Kim ¹ □ □, Jinseok Park ² □ □, Hojin Choi ² □, Hokyoung Ryu ³ □, Martin Loeser ⁴ □ □ and Kyoungwon Seo □,* □ □

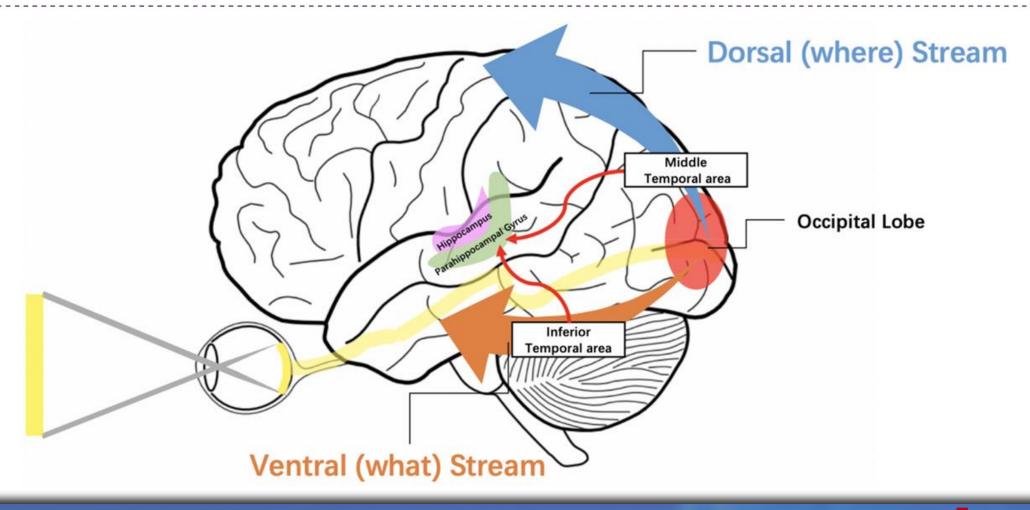
- Department of Applied Artificial Intelligence, Seoul National University of Science and Technology, Seoul 01811, Republic of Korea
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Sensors 2024, 24(11), 3543; https://doi.org/10.3390/s24113543



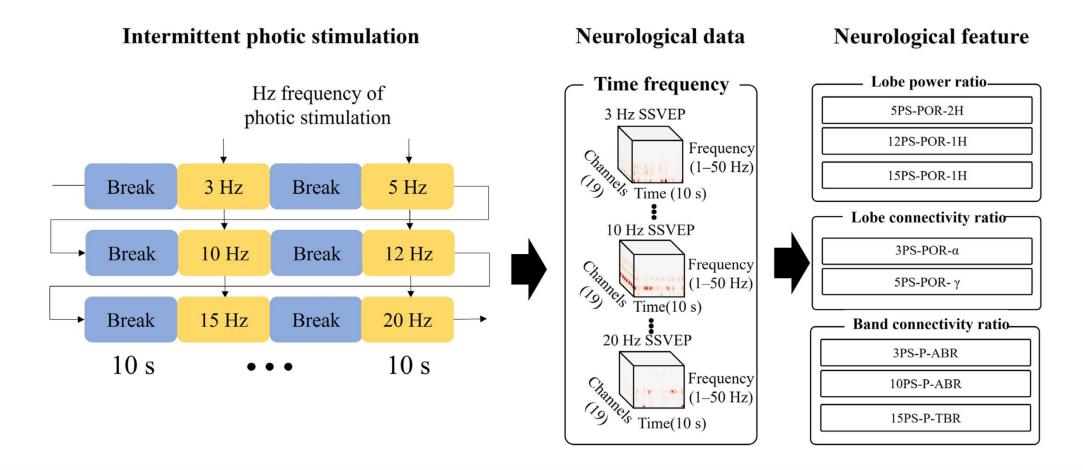


VR IADL ability (hand and eye movement) + EEG brain activity (Ventral and Dorsal Streams)





Using a deep learning model, **EEG-based neurological features** were derived (Ventral and Dorsal Streams)







VR (hand + eye movements) and EEG (ventral + dorsal streams) are strongly linked

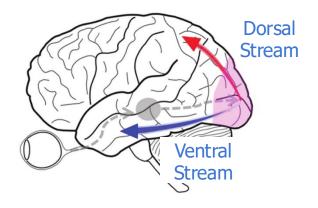
—integrating them improves MCI detection performance





VR eye (ventral stream) and hand (dorsal stream) movements mirror EEG biomarkers, showing that VR performance reliably reflects neural impairments and enhances MCI detection

01 The Visual Pathway



- Information from the retina is transmitted to the brain via the Magnocellular and Parvocellular pathways.
- Visual information is processed through the Dorsal Stream and Ventral Stream.

02 Visua

Visual Processing



Perception (Ventral Stream)



Action (Dorsal Stream)

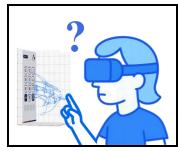
- The **Ventral Stream** (left) is responsible for **object recognition and perception**.
- The Dorsal Stream (right) is responsible for visually guided actions.

03

Reliable Digital Biomarker



Impaired perception (Ventral Stream)



Impaired Action (Dorsal Stream)

- Damage to the Ventral Stream (left) results in impaired object recognition (VR eye).
- Damage to the Dorsal Stream (right) results in impaired ability to perform visually guided actions (VR hand).



Exploring the integration of VR-based performance metrics with MRI biomarkers

to uncover the mechanisms linking behavior and brain structures



JOURNAL OF MEDICAL INTERNET RESEARCH

Park et al

Original Paper

Integrating Biomarkers From Virtual Reality and Magnetic Resonance Imaging for the Early Detection of Mild Cognitive Impairment Using a Multimodal Learning Approach: Validation Study

Bogyeom Park^{1*}, BSc; Yuwon Kim^{1*}, BSc; Jinseok Park², MD, PhD; Hojin Choi², MD, PhD; Seong-Eun Kim¹, PhD; Hokyoung Ryu³, PhD Kyoungwon Seo¹, PhD

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Republic of Korea Phone: 82 010 5668 8660 Email: <u>kwseo@seoultech.ac.kr</u> **Top 3%** SCIE journal in *Health Care Sciences & Services* (2022)



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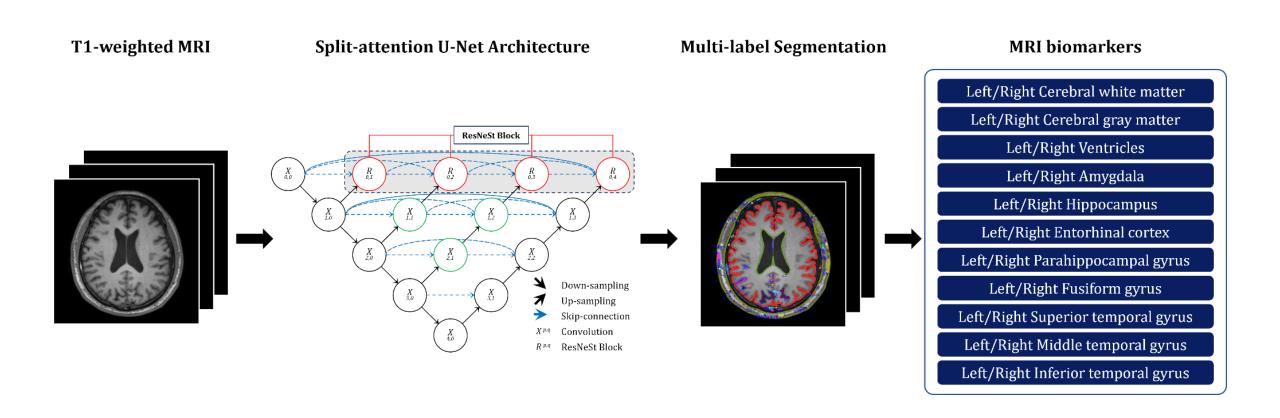
²Department of Neurology, College of Medicine, Hanyang University, Seoul, Republic of Korea

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^{*}these authors contributed equally

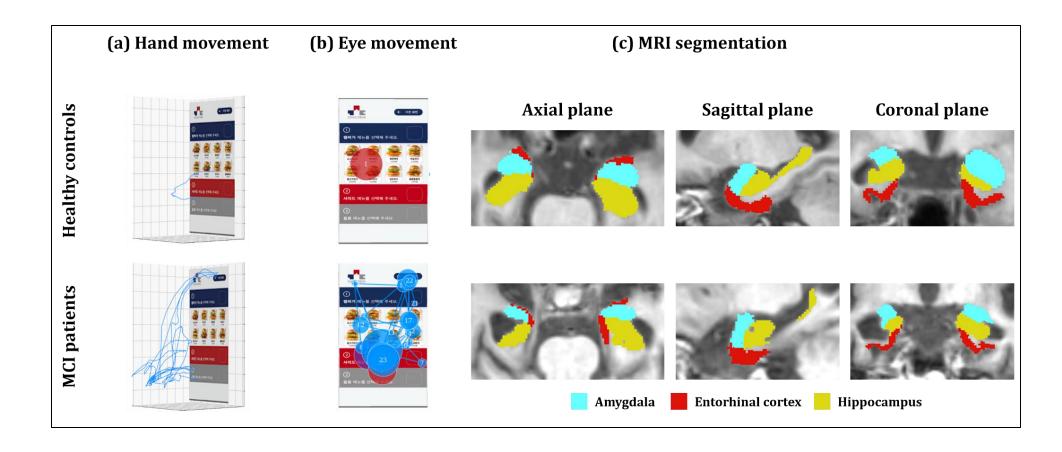


Deep learning derived **22 MRI biomarkers** from scan segmentations, which were integrated with VR digital biomarkers for analysis





Abnormal VR hand and eye movements mirror hippocampal and medial temporal atrophy on MRI
—demonstrating VR as a reliable digital biomarker



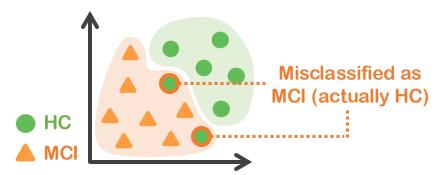
3.2 Research Findings – Reliable Digital Biomarker



VR digital biomarker → **Higher specificity** (accurate in identifying HC, healthy controls)
MRI biomarker → **Higher sensitivity** (effective in detecting MCI)

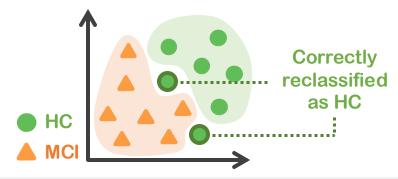
Biomarker data	Accuracy (%)	Sensitivity (%)	Specificity (%)	Precision (%)	F1 score (%)
VR+MRI	94.4	100.0	90.9	87.5	93.3
VR	88.9	87.5	<mark>90.0</mark>	87.5	87.5
MRI	83.3	<mark>90.9</mark>	71.4	83.3	87.0

VR digital biomarker



VR-based "MCI early screening"

VR+MRI biomarker

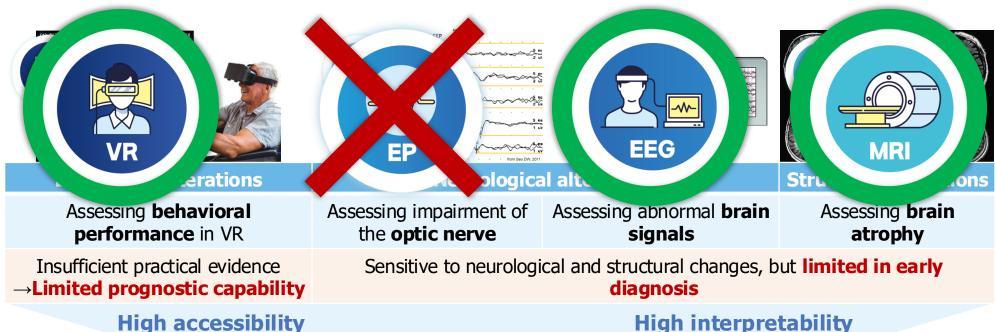


MRI-based "MCI confirmation"

3.2 Research Findings – Reliable Digital Biomarker



VR, EEG, and MRI biomarkers emerge as complementary modalities that together provide reliable digital biomarkers for MCI detection



High interpretability

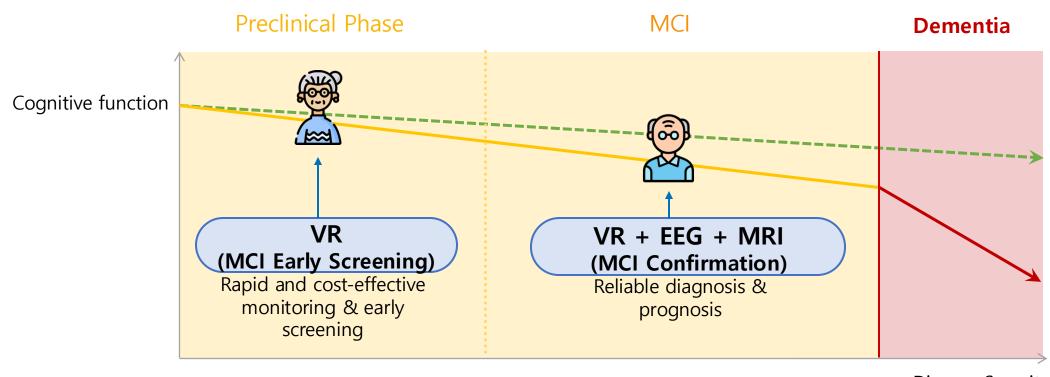
VR-EEG-MRI VEEM Digital Biomarkers



3.2 Research Findings – Reliable Digital Biomarker



VEEM Digital Biomarker enables a pathway: frequent VR for early screening, complemented by EEG & MRI for reliable MCI prognosis and confirmation



Disease Severity

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- **Empowering Families with Dementia**

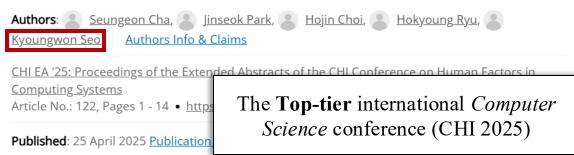


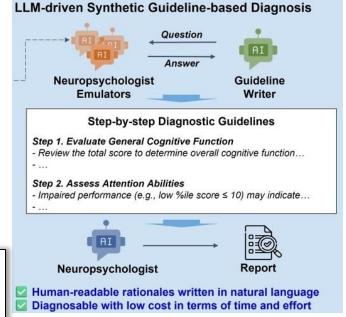
Exploring how LLMs can generate MCI diagnosis reports as accessible digital biomarkers,

supporting physicians and providing meaningful help to families with dementia



CLONE: Synthetic Guideline-based Clinical Reasoning with Large Language Models for Early Diagnosis of Mild Cognitive Impairment







LLMs turn complex cognitive assessments into accessible digital biomarkers

→ Clear reports that save time, lower cost, and support MCI diagnosis



- · Attention score
- Language score



Using the Scores as input

"This patient has

experienced subjective

cognitive deficits since..."

Neuropsychologist manual report Requires Time-**Human Effort** consumina

Lacks Rationales

Machine learning approach



Large Language Model

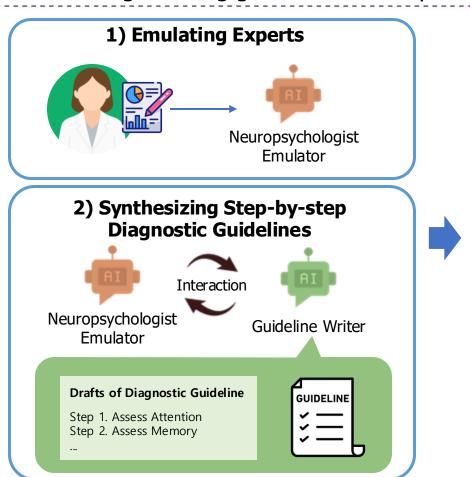


- Automatically generates reports
- Provides natural language explanations



LLMs can transform clinical data into accessible digital biomarkers,

generating guideline-based reports that deliver interpretable medical insights for MCI diagnosis















Patient's Test Results

Synthesized Diagnostic Guidelines

Neuropsychologist

Final Report

Drafts of Diagnostic Guideline

...Considering these results, the subject shows significant impairment in visuospatial functions and some difficulties with working memory, attention, and language repetition. However, the subject's performance in other cognitive domains is relatively preserved. The subject also exhibits independence in daily living activities.

Final Diagnosis

(Group B) Mild
Cognitive Impairment,
Early stage of
dementia, or
Alzheimer's disease.





Our developed LLM (CLONE) outperformed standard LLMs in both **diagnostic accuracy** and **rationale quality**, demonstrating the potential of building more accessible and reliable medical LLMs

Diagnostic accuracy

		Accuracy	Sensitivity	Specificity	Precision	F1-score	
Llama 3.3 (70B)	0-shot + CoT	80.00	100.00	53.57	74.00	85.06	Phi
	1-shot + CoT	83.08	91.89	71.43	80.95	86.08	
	2-shot + CoT	81.54	91.89	67.86	79.07	85.00	
	CLONE	89.23	94.59	82.14	87.50	90.91	

		Accuracy	Sensitivity	Specificity	Precision	F1-score
Phi 4 (14B)	0-shot + CoT	75.38	91.89	53.57	72.34	80.95
	1-shot + CoT	72.31	83.78	57.14	72.09	77.50
	2-shot + CoT	70.77	86.49	50.00	69.57	77.11
	CLONE	81.54	91.89	67.86	79.07	85.00

Rationale quality

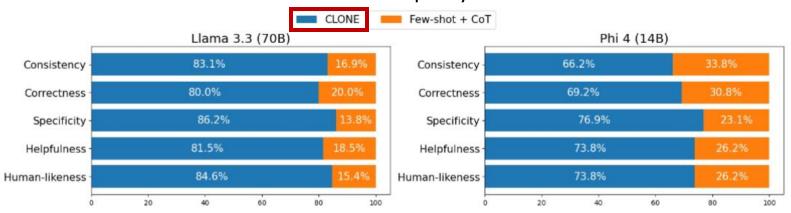
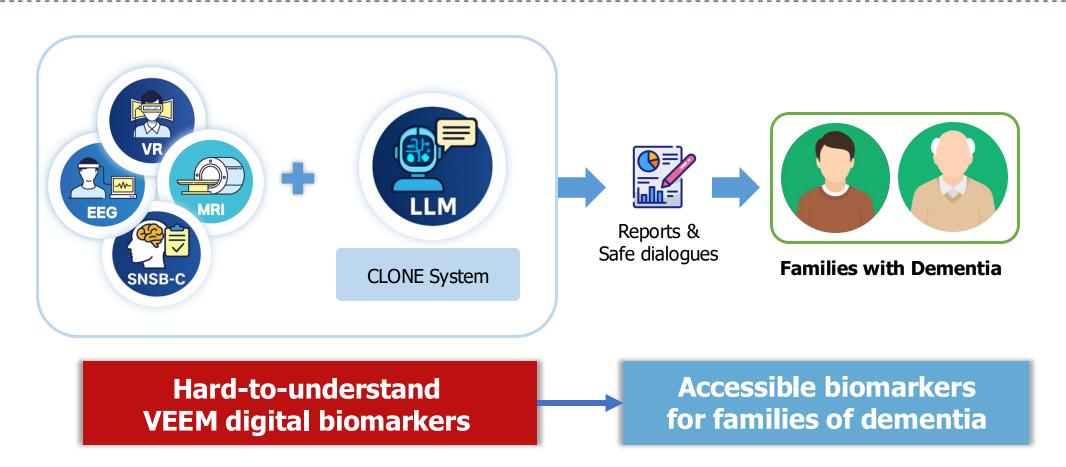


Figure 3: Winning rate of generated rationale quality between the proposed CLONE framework and the most accurate few-shot CoT baseline. The orange bars represent 1-shot CoT for Llama 3.3 (70B) and 0-shot CoT for Phi 4 (14B).





(Ongoing project) LLMs for VEEM Digital Biomarkers (VR, EEG, MRI): creating easy-to-read reports and safe dialogues that help patients and families with dementia







4. Empowering Families with Dementia



Empowering Families with Dementia through Rapid, Reliable, and Accessible Digital Biomarkers

Phase of Care

Noticing changes

Preclinical phase

Making adjustment

Shifting responsibilities

Increasing demands

Full-time care

Caregiver Families'
Major Concerns^[6]

• Detecting early signs
of dementia through
Rapid Digital

Biomarkers

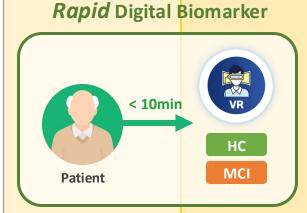
MCI

Reliable Digital Biomarkers
 Keeping families reliably
 (+ EEG, MRI) enable a quicker informed throughout the and clearer path to diagnosis diagnostic journey

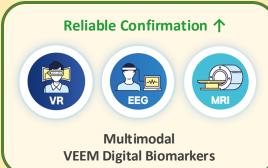
Dementia

 Accessible Digital Biomarkers guide home adjustments for patient safety • They provide families with timely self-care quidance

Empowering Families with Dementia



Reliable Digital Biomarker



Accessible Digital Biomarker



Disease Severity







Thank you for your attention.

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