

# Novel Digital Voice Biomarkers of Dementia from the Framingham Study

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## Introduction

Alzheimer's Disease affects 10% of people over 65 and is the 6th leading cause of death in the US. Earlier detection is needed but current screening methodologies are not always clinically practical. Here we show a non-invasive digital voice biomarker that can be used for early detection of dementia.

## Methods

### Subjects.

Subset of Framingham Heart Study (FHS) participants whose spoken responses were digitally recorded between 2005-2016 and transcribed using IBM Watson Speech-to-Text translator (n= 200); 127 of these recordings were also manually transcribed.

### Demographics.

Sample Demographics	N	% Men	Ave. Age (s.d.)	Education <sup>^</sup>
No Dementia (ND)	35	60.0	83±8	2.0
Cognitively Impaired-ND (CIND)	58	40.4	83±8	1.5
Dementia*	107	37.5	83±6	1.7

\*Dementia diagnosis determined by consensus panel review; <sup>^</sup>Education levels: 0= High school (HS), did not graduate; 1= HS graduate; 2= Some college, did not graduate; 3 = College graduate+

### Data Used for Analysis:

1. Demographic Information
2. Health Data (e.g., serum labs values, weight)
3. Cognitive Status
4. Recorded Audio

## Analysis

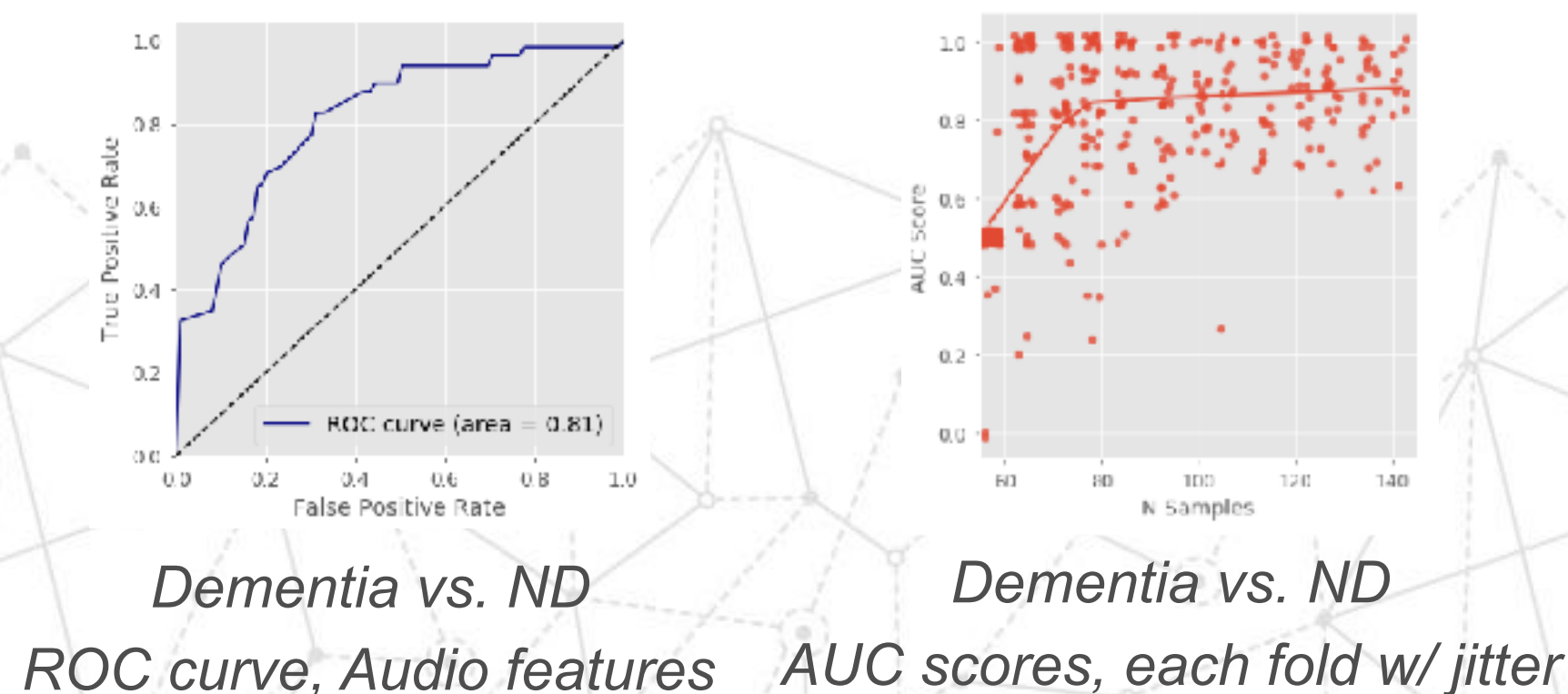
We used audio analysis, speech transcription, and language processing to automatically reduce voice segments from participants into a set of digital biomarkers for the early detection and diagnosis of dementia:

- **Input:** Acoustic, quantitative and linguistic features
- **Target:** Participant's cognitive status
- **Machine Learning:** Random Forest classifier
- **Performance Metric:** Area Under the Curve (AUC)
- **Validation Strategy:** 10-fold cross validation

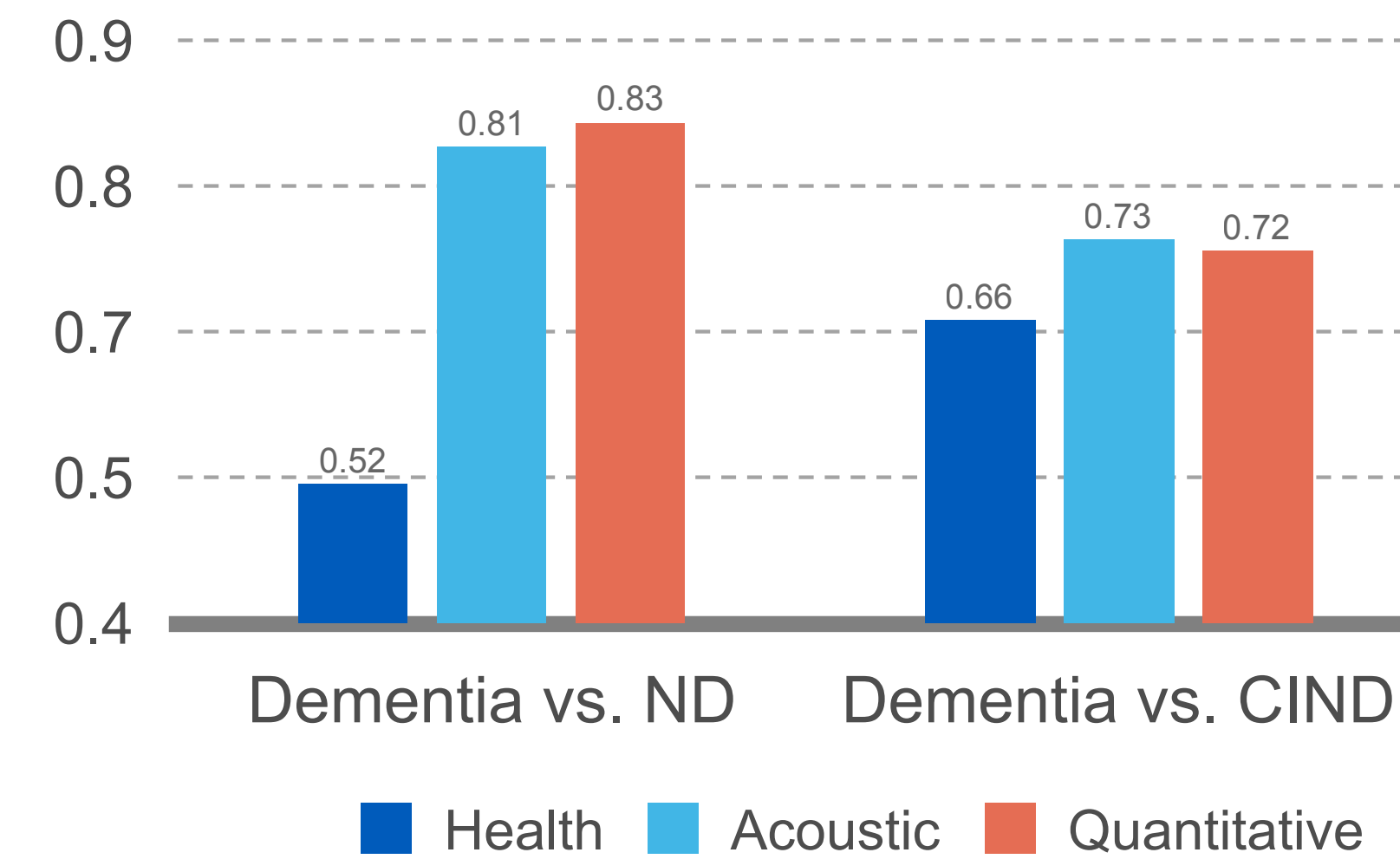
## Audio Features

- A. Acoustic Features**  
e.g., pitch, Harmonic-to-Noise ratio, jitter
- B. Quantitative Audio Features**  
e.g., #fillers, speed, pauses length, answer delay
- C. Linguistic Features**  
e.g., part of speech tags, tree depth, frequency

## Results



## Classification Performance (AUC)



In predicting dementia, **context agnostic features (A,B)** are 55% more accurate than health data [See Figure Above]. **Linguistic features (C)** have the highest predicting power even in mixed age population [See Table Below].

### MANUALLY TRANSCRIBED DATASET

Limited to 127 participants:

Dementia (n=45, mean age=83±7)  
ND (n=82; mean age=65±17)

Dementia vs. ND	
All	0.91 [0.85, 0.97]
Linguistic Features	0.9 [0.82, 0.98]
Audio + Linguistic	0.89 [0.82, 0.97]
Audio Features Only	0.76 [0.66, 0.86]
Health & Demographic	0.82 [0.71, 0.93]

Mean AUC Scores and 95<sup>th</sup> CI

## Conclusion

While these results are preliminary, simple acoustic and language features computed over speech segments show promise for the development of accurate digital biomarkers of cognitive impairment.

- **Strengths:** Audio features performed well even if original input were lossy old recordings.
- **Limitations:** Results obtained on limited dataset, manual transcriptions were necessary.
- **Future Developments:** Increase sample size, obtain better audio recordings, supplement data with other data sources.

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## Collaborators

- **Evidation** <https://evidation.com/research>
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