



Medizinische Fakultät Heidelberg



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SEIT 1386

Bedarf, Chancen, Herausforderungen  
Entwicklung und Nutzung digitaler Biomarker  
Messung der Mobilität als zentraler Endpunkt der QoL

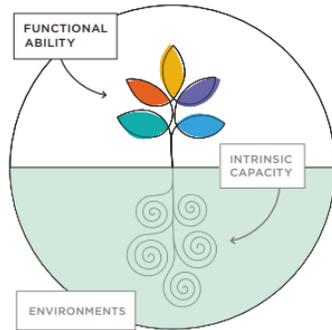
Soziale und digitale Ungleichheiten in der technikgestützten  
Prävention und Gesundheitsförderung bei älteren Menschen

Prof. Clemens Becker, Unit Digitale Geriatrie  
Pre-Conference Workshop der DGSMP und DGMS



Medizinische Fakultät Heidelberg

## Themenfelder - Prävention und Gesundheitsförderung



DECADE OF  
HEALTHY AGEING  
BASELINE REPORT



World Health  
Organization



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## WHO Empfehlungen zu PA

1. Integrated care for older people (ICOPE)
2. Optimizing capacities and abilities: towards healthy ageing for all
3. Assessing older people's needs and developing a personalized care plan
4. Care pathways to manage **COGNITIVE DECLINE**
5. Care pathways to improve **MOBILITY**
6. Care pathways to manage **MALNUTRITION**
7. Care pathways to manage **VISUAL IMPAIRMENT**
8. Care pathways to manage **HEARING LOSS**
9. Care pathways to manage **DEPRESSIVE SYMPTOMS**
10. Care pathways for **SOCIAL CARE AND SUPPORT**
11. Care pathways to **SUPPORT THE CAREGIVER**
12. Develop a personalized care plan

# Digitalisierung und Geriatrie

- Erhebliche Risiken der Exklusion (8. Altenbericht)
- Digitalisierung im deutschen Gesundheitswesen international rückständig
- Recht auf analoge Abläufe? eBanking, ePatientenakte, ÖPNV, ... ja aber
- Digitalisierung als Teil der öffentlichen Daseinsfürsorge (u.a. SmartAge)

# Digitale Messung Prädiktion von Mortalität

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## Daily steps and all-cause mortality: a meta-analysis of 15 international cohorts

*Amanda E Paluch, Shivangi Bajpai, David R Bassett, Mercedes R Carnethon, Ulf Ekelund, Kelly R Evenson, Deborah A Galuska, Barbara J Jefferis, William E Kraus, I-Min Lee, Charles E Matthews, John D Omura, Alpa V Patel, Carl F Pieper, Erika Rees-Punia, Dhayana Dallmeier, Jochen Klenk, Peter H Whincup, Erin E Dooley, Kelley Pettee Gabriel, Priya Palta, Lisa A Pompeii, Ariel Chernofsky, Martin G Larson, Ramachandran S Vasam, Nicole Spartano, Marcel Ballin, Peter Nordström, Anna Nordström, Sigmund A Anderssen, Bjørge H Hansen, Jennifer A Cochrane, Terence Dwyer, Jing Wang, Luigi Ferrucci, Fangyu Liu, Jennifer Schrack, Jacek Urbanek, Pedro F Saint-Maurice, Naofumi Yamamoto, Yutaka Yoshitake, Robert L Newton Jr, Shengping Yang, Eric J Shiroma, Janet E Fulton, on behalf of The Steps for Health Collaborative*



# Connecting Digital Mobility Assessment to Clinical Outcomes for Regulatory and Clinical Endorsement

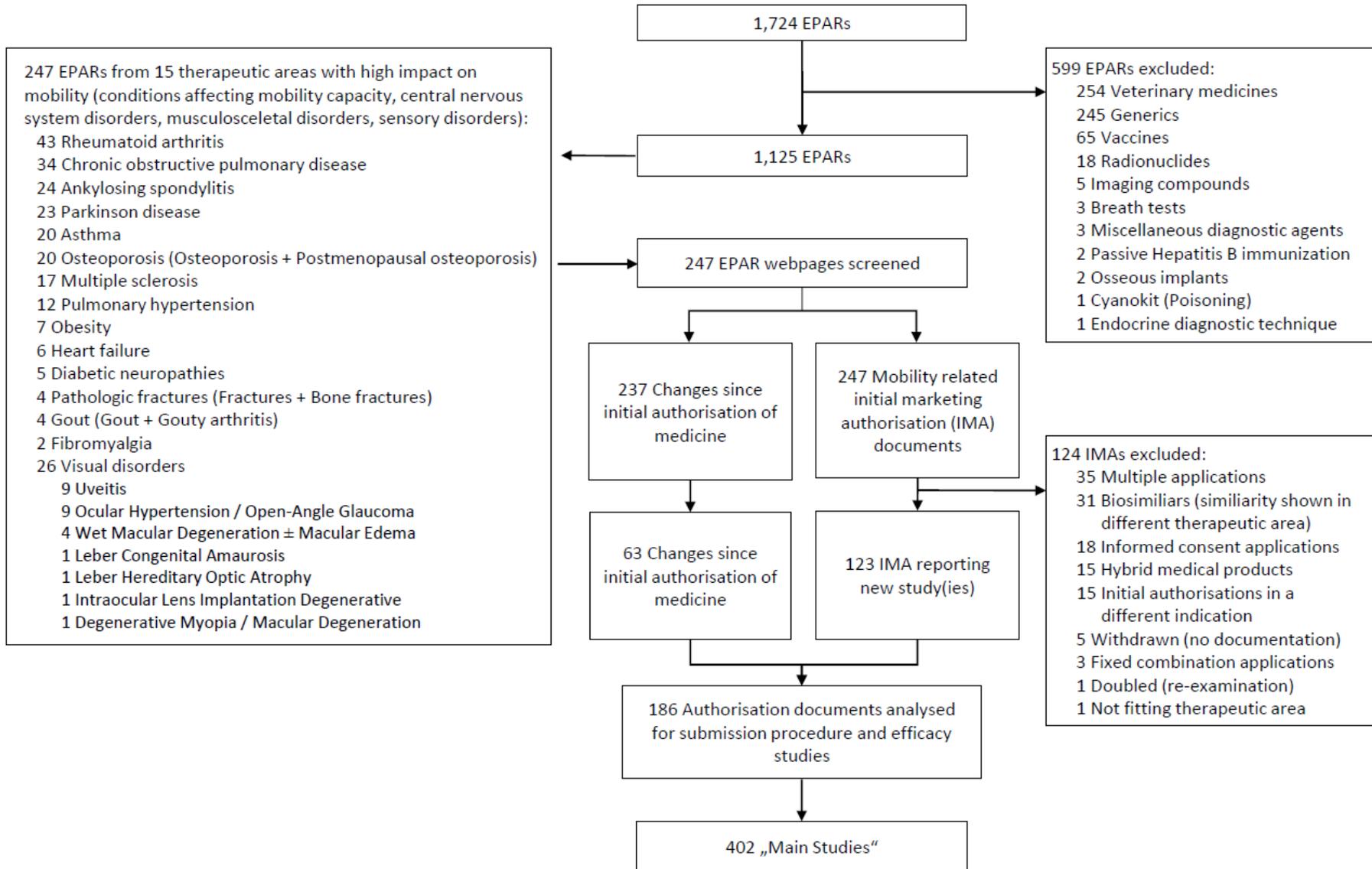
› [Age Ageing](#). 2022 Jan 6;51(1):afab242. doi: 10.1093/ageing/afab242.

# **Mobility endpoints in marketing authorisation of drugs: what gets the European medicines agency moving?**

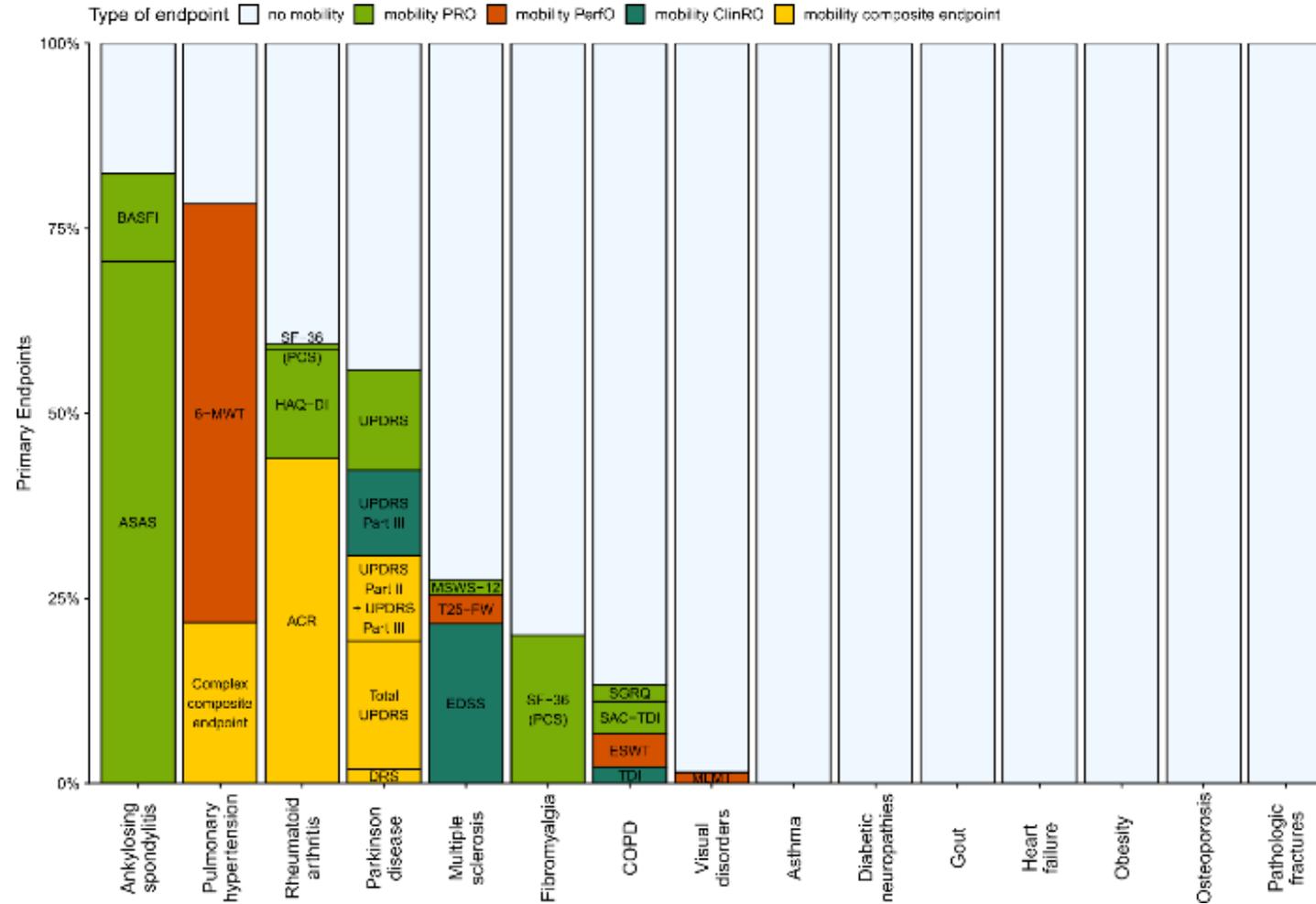
[Simon U Jaeger](#), [Martin Wohlrab](#), [Daniel Schoene](#), [Roman Tremmel](#), [Michael Chambers](#),  
[Letizia Leocani](#), [Solange Corriol-Rohou](#), [Jochen Klenk](#), [Basil Sharrack](#), [Judith Garcia-Aymerich](#),  
[Lynn Rochester](#), [Walter Maetzler](#), [Milo Puhan](#), [Matthias Schwab](#), [Clemens Becker](#)

PMID: 35077553    PMCID: [PMC8789320](#)    DOI: [10.1093/ageing/afab242](#)

# Regulatorischer Review aller Medikamentenzulassungen 2009 - 2021



# Mobilität als Endpunkt ist bei vielen Indikationen bisherigen Studien nahezu irrelevant



# Digitale Biomarker und Geriatrisches Assessment

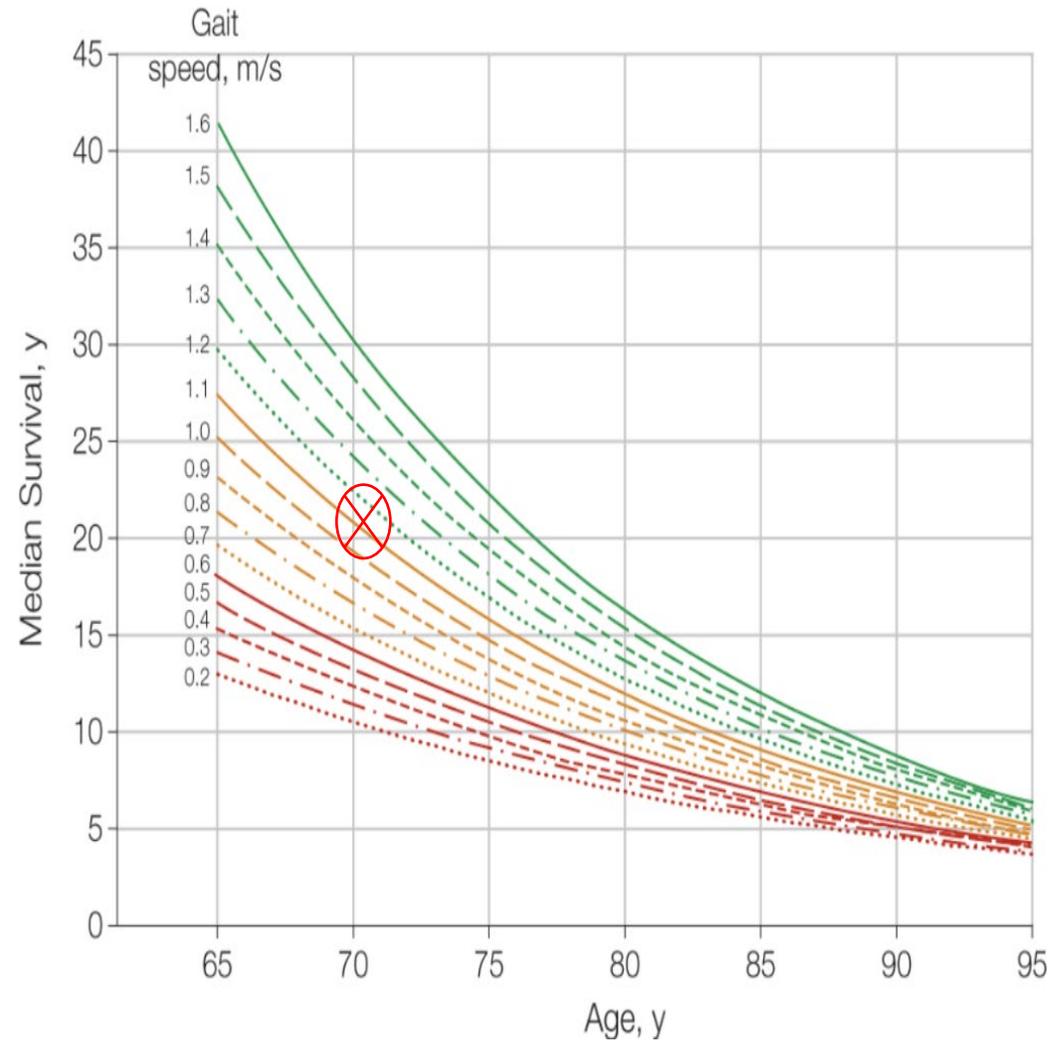
- Daten über Gesundheitszustand oder Krankheitsinformationen
- Daten werden mit Hilfe digitaler Technologien gemessen (u.a. Sensoren / Smartphone)
- Daten werden zu Biomarkern durch die Verbindung zu einem gesundheitsbezogenen Outcome (feel-function-survive)

## Analoger Biomarker - Mobilität

# Wie schnell geht der Sensenmann?



# Supervidierte Gehgeschwindigkeit und Überleben



Studenski S 2011, JAMA



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Physische Aktivität (PA)

Physische Kapazität

Physische Mobilität im Alltag

# Modell der FDA zu digitalen Biomarker

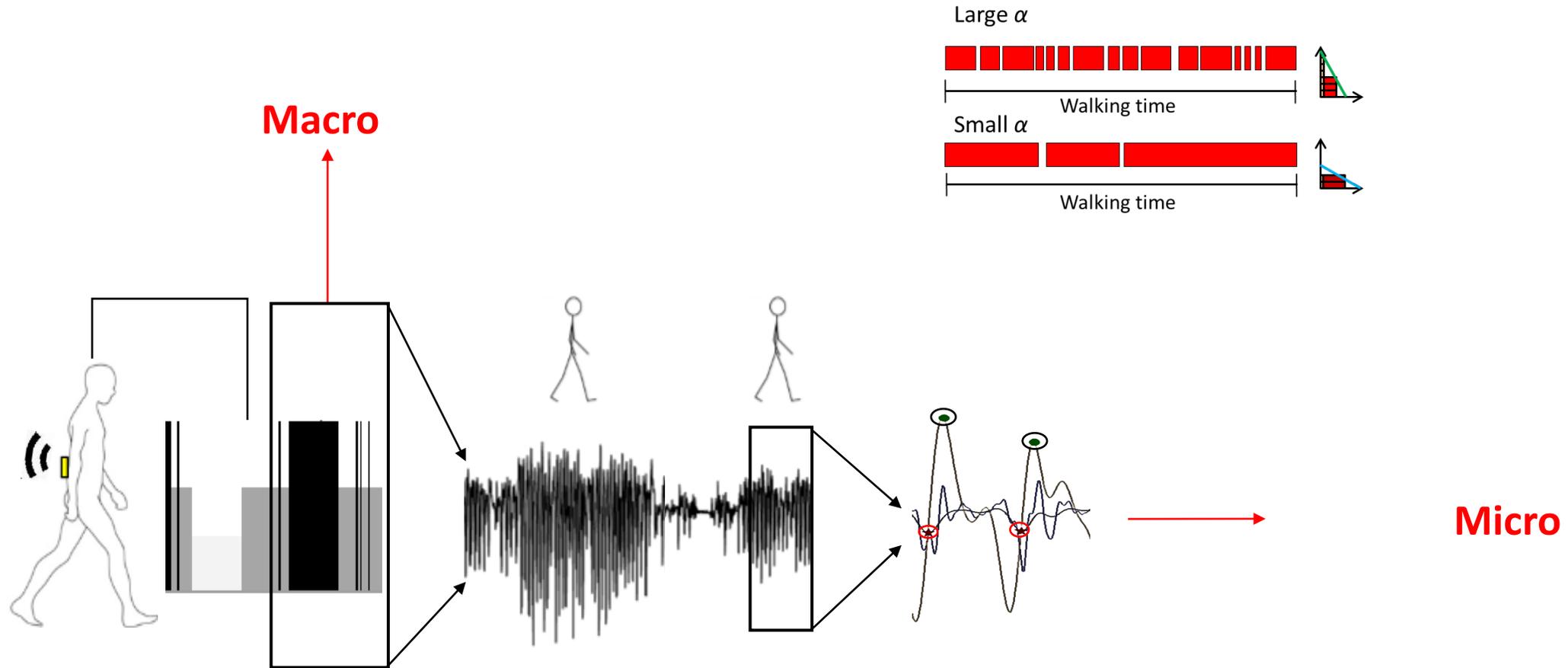
- Prädiktion von Ereignissen, u.a. Tod, Sturz
- Prognose von Trajektorien, u.a. Verbleib in der eigenen Wohnung
- Monitoring von Verläufen – u.a. Public Health
- Evaluation von Therapien, Präventionsmaßnahmen
- Stratifikation von z. B. Zielgruppen für Prävention
- Sicherheit von Therapie, u.a. Nebenwirkungen

<https://www.ncbi.nlm.nih.gov/books/NBK326791/>

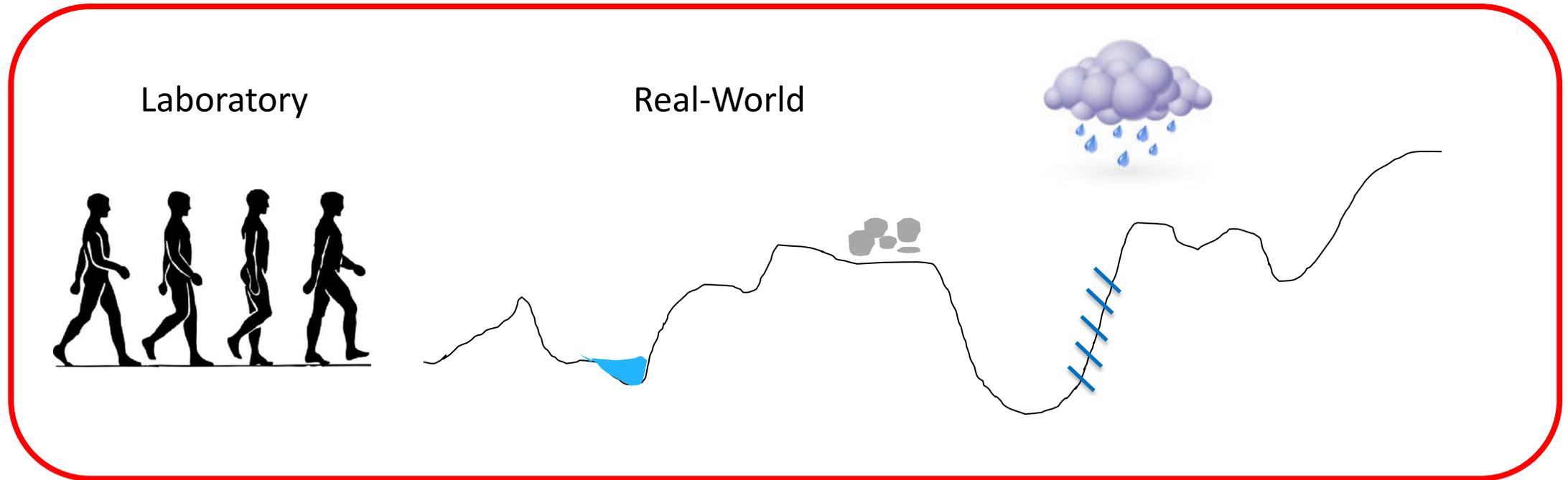
# Digitale Messung der Mobilität

- Feel - Subjektive Perspektive des Patienten (PROMs)  
ADL Skalen, **FES-I, LLFDI, EQ 5D, SF 12 ...**  
**Digitalisierung mit Ecological Momentary Assessments**
- Funktion - beobachtete Perspektive der Kapazität (ClinRO, ObsRo)  
**SPPB, TUG, 6 MinWalk, Gehgeschwindigkeit**  
**Instrumentierung sinnvoll**
- Messung der physischen Mobilität und Aktivität im **Alltag**  
**Schrittzahl, Uptime/Sedentary Time, Gehtempo**

# Mobility Assessment and Outcomes



# Real-World Mobility Assessment



- Importance of definitions, context, and potential confounding factors

# Digitale Messung der Mobilität

## Konsentierete Taxonomie der Mobilität

Tempo	(drinnen / draußen, aggregierte Maße)
Volumen	(Zeit, Strecke, Zahl / Dauer der Episoden)
Asymmetrie	(links / rechts)
Variabilität	(alle genannten Maße)
Base of Support	(Spurbreite)
Phasen	(Stance and Swing, Double/Single Support)

Kluge F, PLOS ONE, 2022

[NPJ Digit Med.](#) 2021; 4: 149.

PMCID: PMC8516969

Published online 2021 Oct 14. doi: [10.1038/s41746-021-00513-5](https://doi.org/10.1038/s41746-021-00513-5)

PMID: [34650191](https://pubmed.ncbi.nlm.nih.gov/34650191/)

Walking on common ground: a cross-disciplinary scoping review on the clinical utility of digital mobility outcomes

Polhemus A, Ortiz LD, Brittain G, Chynkiamis N, Salis F, Gaßner H, Gross M, Kirk C, Rossanigo R, Taraldsen K, Balta D, Breuls S, BATTERY S, Cardenas G, Endress C, Gugenhan J, Keogh A, Kluge F, Koch S, Micó-Amigo ME, Nerz C, Sieber C, Williams P, Bergquist R, Bosch de Basea M, Buckley E, Hansen C, Mikolaizak AS, Schwickert L, Scott K, Stallforth S, van Uem J, Vereijken B, Cereatti A, Demeyer H, Hopkinson N, Maetzler W, Troosters T, Vogiatzis I, Yarnall A, Becker C, Garcia-Aymerich J, Leocani L, Mazzà C, Rochester L, Sharrack B, Frei A, Puhon M; Mobilise-D. Walking on common ground: a cross-disciplinary scoping review on the clinical utility of digital mobility outcomes. *NPJ Digit Med.* 2021 Oct 14;4(1):149. doi: [10.1038/s41746-021-00513-5](https://doi.org/10.1038/s41746-021-00513-5). PMID: [34650191](https://pubmed.ncbi.nlm.nih.gov/34650191/); PMCID: PMC8516969.

# Digitale Mobilität Outcomes (DMOs) – Evaluation (> 1.000 Artikel)

	PD	MS	COPD	PFF
<b>Pace</b>				
Gait Speed	46/132 (34.8%)*	48/104 (46.2%)*	1/3 (33.3%)	18/46 (39.1%)*
Step/Stride Length	19/78 (24.4%)*	3/13 (23.1%)	1/1 (100.0%)	1/3 (33.3%)
<b>Rhythm</b>				
Cadence	15/51 (29.4%)*	2/9 (22.2%)	1/1 (100.0%)	0/3 (0.0%)
Step/Stride Time	0/15 (0.0%)	1/6 (16.7%)		
<b>Phases</b>				
Stance Time	6/14 (42.9%)*	0/5 (0.0%)		
Swing Time	0/11 (0.0%)	0/1 (0.0%)		
Single Support Time		0/3 (0.0%)		1/2 (50.0%)
Double Support Time	3/19 (15.8%)	0/6 (0.0%)		1/2 (50.0%)
<b>Base of Support</b>				
Step Width	1/10 (10.0%)	0/5 (0.0%)		0/2 (0.0%)
Step Width Variability				
<b>Variability</b>				
Step/Stride Speed Variability	0/4 (0.0%)			0/2 (0.0%)
Step/Stride Time Variability	4/24 (16.7%)			
Step/Stride Length Variability	2/20 (10.0%)			
Stance Time Variability	1/4 (25.0%)			
Swing Time Variability	3/5 (60.0%)*			
Single Support Time Variability				
Double Support Time Variability	0/5 (0.0%)	0/2 (0.0%)		
<b>Asymmetry</b>				
Asymmetry Measures	3/23 (13.0%)	1/2 (50.0%)		1/2 (50.0%)
<b>Volume</b>				
Daily Step Count	2/6 (33.3%)	1/5 (20.0%)	27/60 (45.0%)*	1/1 (100.0%)
Daily Walking Time	2/3 (66.7%)*		6/8 (75.0%)*	1/1 (100.0%)
Number of Walking Bouts	0/4 (0.0%)			
Walking Bout Length	0/1 (0.0%)			

## Study Outcome

No Difference
  Non-Significant Trend
  Significant Difference

## Number of Observations

Fewer than 10
  10-24
  25-49
  50 or more

## Disease

PD
  MS
  COPD
  PFF

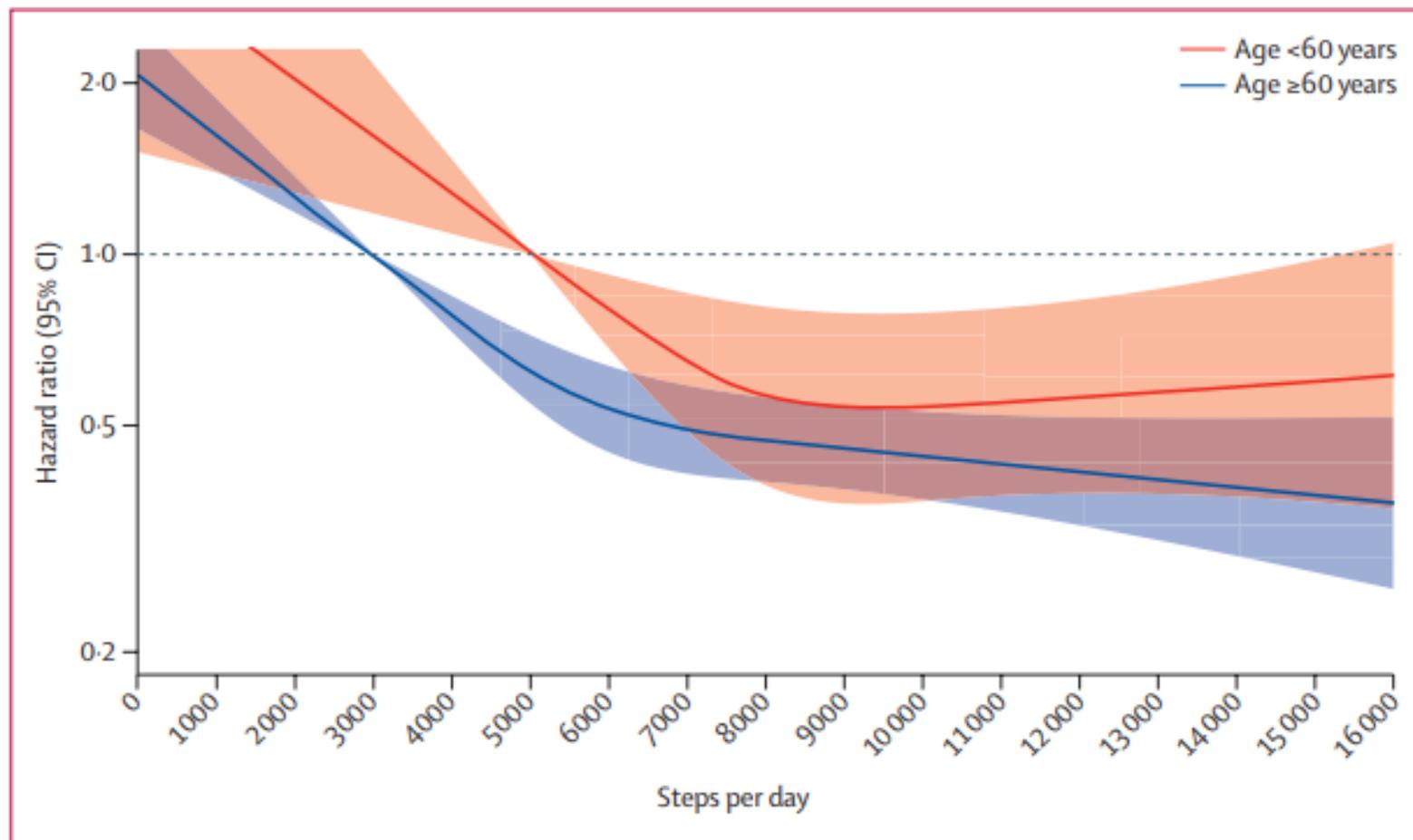
# Digitale Messung der Mobilität Prädiktion von Mortalität

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## Daily steps and all-cause mortality: a meta-analysis of 15 international cohorts

*Amanda E Paluch, Shivangi Bajpai, David R Bassett, Mercedes R Carnethon, Ulf Ekelund, Kelly R Evenson, Deborah A Galuska, Barbara J Jefferis, William E Kraus, I-Min Lee, Charles E Matthews, John D Omura, Alpa V Patel, Carl F Pieper, Erika Rees-Punia, Dhayana Dallmeier, Jochen Klenk, Peter H Whincup, Erin E Dooley, Kelley Pettee Gabriel, Priya Palta, Lisa A Pompeii, Ariel Chernofsky, Martin G Larson, Ramachandran S Vasam, Nicole Spartano, Marcel Ballin, Peter Nordström, Anna Nordström, Sigmund A Anderssen, Bjørge H Hansen, Jennifer A Cochrane, Terence Dwyer, Jing Wang, Luigi Ferrucci, Fangyu Liu, Jennifer Schrack, Jacek Urbanek, Pedro F Saint-Maurice, Naofumi Yamamoto, Yutaka Yoshitake, Robert L Newton Jr, Shengping Yang, Eric J Shiroma, Janet E Fulton, on behalf of The Steps for Health Collaborative*





**Figure 3: Dose-response association between steps per day and all-cause mortality, by age group**

Thick lines indicate hazard ratio estimates, with shaded areas showing 95% CIs. Reference set at the median of the medians in the lowest quartile group (age  $\geq 60$  years = 3000 steps per day and  $< 60$  years = 5000 steps per day). Model is adjusted for age, accelerometer wear time, race and ethnicity (if applicable), sex (if applicable), education or income, body-mass index, and study-specific variables for lifestyle, chronic conditions or risk factors, and general health status.  $p_{\text{interaction}} = 0.012$  by age group. 14 studies included in spline analysis, excluded Baltimore Longitudinal Study of Aging.<sup>19</sup> The y-axis is on a log scale.

# Durchbrüche – Mobilise-D Technical Validation Study

Consent & Screening

Participant Characterisation

In-Lab Assessment

Real-world Assessment

Interview & Questionnaires

2.5h Free-living assessment

Day 1

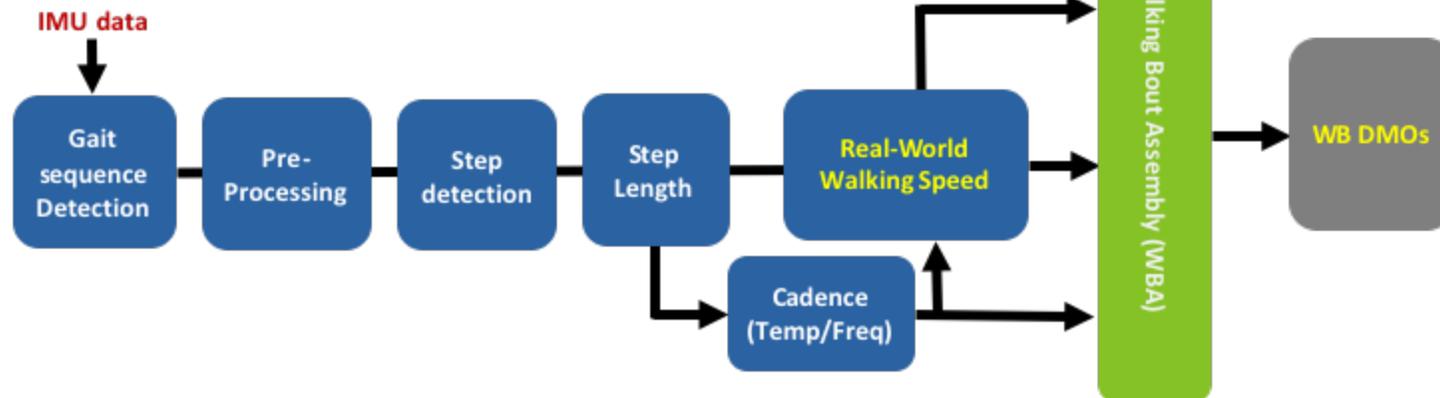
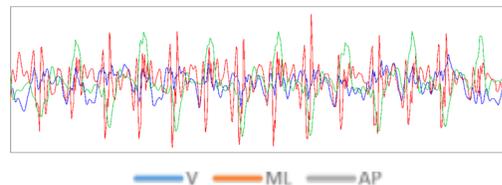
Day1-Day 9

Day 9



# Pipeline

Linear accelerations and angular velocities



		Cohorts	Pre-Processing	Gait sequence detection	Turn detection	Step detection	Cadence	Left/Right detection	Stride length estimation	Height Estimation	Walking bout assembly	
Pipelines	P1	CHF	PP	$rGSD_{P1}$	TD	$rSD$	$rCAD_{P1}$	$rLRD$	$rSL^*$	HE	WBA	WB DMOs & SO
		COPD										
		OA										
	P2	MS		$rGSD_{P2}$		$rSD$	$rCAD_{P2}$					
		PD										
		PFF										

# Mobilise-D recommendation to processing the data

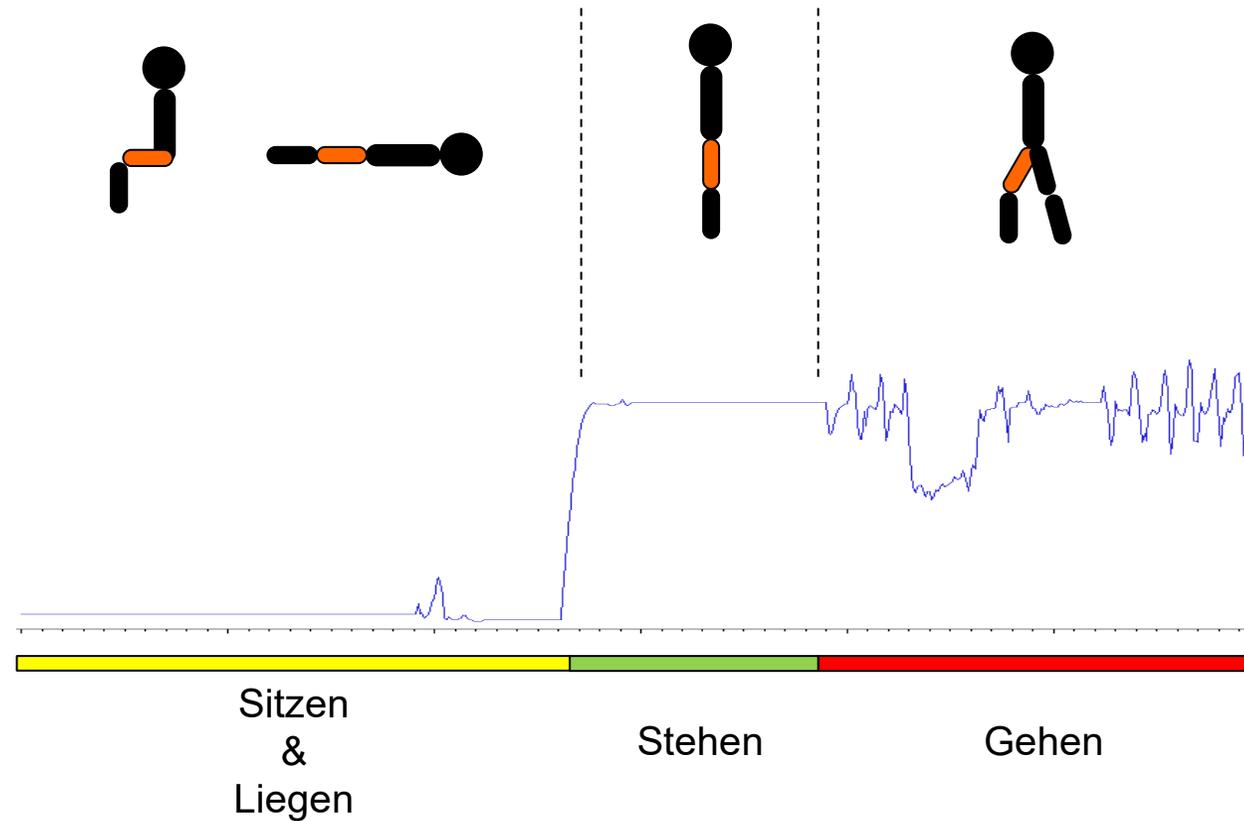
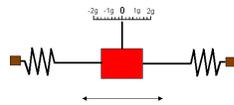
- We recommend cadence and durations of walking bout, step and turns as evaluated across all walking bouts
- We recommend using information about turning (as extracted from the gyroscope) to identify WB with turns and, separate rectilinear from curvilinear walking during the analysis.
- We recommend calculating walking speed and stride length only for walking bouts >10seconds.
- We don't recommend using derived secondary outcomes such as stance and swing phases duration.

# Was ist der richtige Sensor

Trageort  
Tragedauer  
Technik  
Rohdaten  
Algorithmen  
Pipeline  
Medical CE  
Kosten

# ActivPal – Stärken (uptime) und Schwächen (Schritterkennung)

Schritterkennung bei  $> 0,5$  m/sec ab Schritt 3  
Bsp. Positionserkennung Sitzen und Liegen



# mcroberts Dynaport MoveMonitor+

	Sample frequency	Sensor range	Sensor resolution
Triaxial accelerometer	50,100*,200 Hz	$\pm 2,4,8^*$ g	0.25,0.5,1* mg
Triaxial magnetometer	10 Hz	$\pm 1000$ $\mu$ T	0.10 $\mu$ T
Barometer	1 Hz	300-1100 hPa	0.01 hPa
Temperature sensor	1 Hz	$^{\circ}$ C	0.1 $^{\circ}$ C

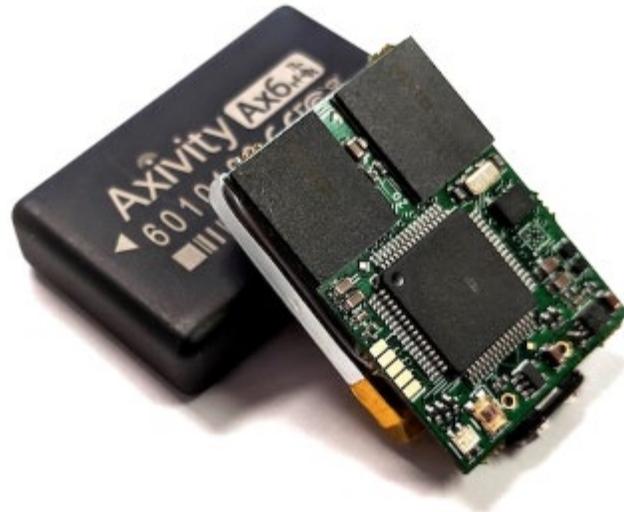
\* = default setting

106.6 x 58 x 11.5mm  
55 grams  
14 days  
1 Gb Flash memory



Quality Management System meeting the requirements of **EN ISO 13485:2003** and **21 CFR 820**

„Empfehlung“



## AX6

- 6-Axis Logging Accelerometer
- Water Resistant

£189.00 - 199.00

[More Info](#)

## Art der Sensorik

Akzelerometer und Gyroskope - Mindestauflösung 100 Hz

Trageort am Handgelenk meist unzureichend

Empfehlung Trageort CoM (L5)

Tragezeit 7 Tage (6 / 9) – Minimum Wochenende und Wochentage

Erfassung von Kovariaten (Klimadaten)

# Diskussionspunkte

- Digitale Prävention
- Digitale Gesundheitsförderung