COGNITIVE GAME USER INTRFACE DESIGN TO IMPROVE LEARNING OF DEMENTIA PATIENT

*Fatima zaib, Sundas Rana, Irfan khan

Govt College University, Faisalabad, Pakistan

*Corresponding Author's email: * sunozaib@gmail.com, Myhaaan28oct@gmail.com, Softchannel2000@gmail.com

ABSTRACT: Subjective amusements find wide application in the wellbeing area, involving their own place in the computer game industry (diversions for wellbeing). As of now, there is a multiplication of subjective preparing, exercise and social recreations, focusing on a standout amongst the most perilous sickness of the time: dementia, just as its different manifestations and stages like Mild Cognitive Impairment (MCI) and Alzheimer's ailment (AD). Be that as it may, the dementia related gaming field is as yet unknown. we list thinks about on genuine recreations identified with dementia, that are upheld by assessment tests on dementia, MCI and AD patients with distributed, peer checked on results. This audit examines the impacts that recreations, which incorporate Wii Fit, Wii Sports, Big Brain Academy, Lumosity, SmartBrain Games, MasterQuiz, MINDs et al., have on dementia-related conditions. The audit drives us to the ends that, right off the bat, despite the fact that numerous amusements were produced for excitement purposes, they are being utilized for wellbeing reasons (for the most part after specialized or calculated change), getting the attributes of genuine recreations and, furthermore, dementia diversions do affect psychological weakened individuals. On the off chance that that impact is dependable and additionally transferable to the day by day exercises involves further logical examination. Structure a model of amusement with an extra module to accomplish want enhancements in dementia patients. This model will be than connected to some dementia patients to investigate the distinction. This new model will be known as proposed Interface model (PIM).

Keywords: Alzheimer's disease; dementia; literature review; mild cognitive impairment; cognitive games

1. INTRODUCTION

Dementia is a standout amongst the hugest issues confronting social welfare frameworks. There are an expected 35.6 million individuals with dementia around the world. This number will almost twofold at regular intervals, to an expected 65.7 million out of 2030, and 115.4 million in 2050.The most basic indication or normal for dementia is disabled memory yet it likewise results in hindrances in considering, correspondence, introduction, and adapting to ordinary errands. Different indications are identity changes, tension, sorrow, suspiciousness, daydreams and enthusiastic practices [1].

Dementia presents with different causes/types, the most well-known being Alzheimer's illness (AD). One of the early indications of AD is Mild Cognitive Impairment (MCI), a dementia-related heterogeneous clinical substance which is related with the change stage from solid maturing to dementia. The movement from MCI to dementia has all the earmarks of being time subordinate, happening basically inside the underlying year and a half. There have been countless recording the utilization of genuine computer games as for subjective, physical, and social capacities of the players therefore, genuine diversions find wide application in the wellbeing area, involving their very own place in the computer game industry: amusements for wellbeing. In the course of the most recent couple of years, a few computer games, concentrated on different viewpoints and phases of dementia, have been created. The primary thought behind these amusements is to defer the wellbeing decrease. The auxiliary goal is to both improve the expectations for everyday comforts for these gatherings of clients, by helping them to keep up their self-sufficiency and their social connections, and advance a casual perspective. Despite the fact that dementia is described as a subjective hindrance, both physical and social exercises have been appeared to postpone intellectual decrease and reestablish psychological capacity, especially when joined with subjective exercises [2].

1.1 Operationalizing dementia

What is dementia?

A noteworthy issue in dementia ask about has been describing unequivocally what we are investigating. Apparently, the awesome and reductionist logical order of dementia speculation has provoked compartmentalized thinking and research. As an examination 'result' dementia can be operationalized at various measurements. We have developed an oncological system wherein dementia can be broke down as a confusion and further orchestrated by expected concealed illness (for example Alzheimer's) and this portrayal can be subtyped afresh (Alzheimer's varieties). Portrayal by clinical symptomatology, the neuron histopathology, characteristics of the patient social occasion ('pre-weak' dementia) or site of otherworldly anatomical change ('subcortical') have all been used[3].

Dementia remains a clinical examination and this affirmation is ordinarily made utilizing managed depiction structures, for example, the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) or the World Health Organization International Classification of Disease [7]. These dictionaries bring an element of clearness in any case it is noteworthy that there are separates in their techniques, and concentrates separating contemporaneous appraisal and ICD and DSM uncover potential differentiations in social affair. Neither one of the structures is better than the following and both have been accused for their dependence on memory impedance to make a confirmation and their thought on depicting specific sickness subtypes and their utilization of criteria intended to get defilement just once it is clinically clear and different conditions have been completely avoided[5].



Figure 1: Alzhemers disease 2. MATERIAL AND METHODS

More noteworthy harmonization and a culture of sharing knowledge and best practice in dementia treatment and anticipation preliminaries may help advance the dementia explore plan with explicit agreement articulations showing up and the production of lead and revealing direction explicit to dementia thinks about [4].

The multi-contact screens have turned out to be extremely well known in the previous years. They are being utilized in the city, in supermarkets, at clinics, and so forth. They can have different shape and structure yet their usefulness does not differ much. The usefulness is simple– an interface with which the client connects by contacting the screen. As a result of its basic usefulness, it was a bit difficult to dissect the equipment since there isn't significantly more to it than a screen, anyway The investigates demonstrated that every one of the classifications took a gander at relied upon the interface of the product being utilized with the equipment. Different multi-contact screens can have different 590

advancements, some may be touchier than others, have better goals and have a more straightforward equipment plan. In any case, if summing it up, can be said that out of the three innovation based exercises, this is the one that depends practically just on the interface and does not drive the client to isolate his or her consideration. There can obviously be sounds and vibrations however it is up to the planner on the off chance that the individual in question wishes to utilize these functionalities [6].

2.1 Divergence

The dissimilarity stage is a procedure of gathering data and finding out about the region that will be intended for. Here is the place the writing thinks about on the theme of dementia and furthermore on general devices that individuals w4ith memory useless debilitations are dealing with ordinary will be made. Amid the dissimilarity stage, the emphasis will lay on getting a practical perspective on the clients and incorporate organization of observational investigations at last client's indigenous habitat. The perceptions will be made so as to give further learning and a superior perspective on how individuals managing dementia go through their days at a consideration office. Perceptions on how they take part in the day by day exercises at the office will help gain motivation and principles for making the intelligent connecting with involvement [9].

2.2 Literature studies

To pick up learning about the field of dementia and comprehend the end-client, extensive writing studies will be made. Writing seek is cost and time efficient and furthermore essential to guarantee the cutting edge is effectively characterized.

2.3 Observational studies

There are different methods for leading perceptions. The perceptions that finish in this task will be two different characterized perception types. The "fly on the divider" type, where the perceptive does not meddle but rather just gathers data based on what is seen. These perceptions will be made in the consideration office to have an establishment for further dissects of the current activities. The other sort of perception incorporates posing inquiries to the consideration facilitators to ensure there are no misinterpretations [11].

2.4 Visits at care facility

Will be led the same number of times as required so as to comprehend nature completely. The visits will be planned with a consideration facilitator to be there and clarify the exercises and different questions that may emerge.

2.5 Benchmarking

Benchmarking is a strategy used to find out about the work done by others in a similar field and position yourself among them. Benchmarking will be utilized to examine effectively existing advancements to see which innovation based media is most appropriate for the planned client to utilize and investigate if there are multi-media innovation put together encounters with respect to the market that have a similar point as the task of this postulation.

2.6 Interviews

Meetings can be directed through different structures; organized, semi-organized and unstructured. Through this proposition semi-organized meetings will be led with the consideration facilitators, in any case, the meetings were directed in the disparity stage as well as all through the entire task to guarantee that the data gathered and thoughts risen will be assessed through meetings with specialists on dementia.

2.7 Transformation

The following period of the procedure is the point at which the learning that has been assembled in the uniqueness stage ought to be utilized to check whether there are reoccurring discoveries that can be characterized as examples. This stage will experience every one of the means that will prompt the nitty gritty clarification of the experience that will be structured. The experience will be made through client focused plan implying that all choices that are made in regards to the structure has a beginning stage in the past stage where all the data about the end-clients and their condition was assembled[10].

2.8 Personas

There are a few advantages to working with personas; one of them incorporates the simplicity of gathering numerous future clients into a couple of personas to use as a guide towards the plan decisions. This working procedure is useful for comprehension and concentrating on a particular sort of conduct of clients. This strategy will be utilized in this venture subsequent to picking up a comprehension of the end-clients. A few personas, contingent upon the client profiles in the consideration office, will be made to structure and limit the arranging and production of the experience [12].

2.9 Low and high fidelity prototype

Models can be made in different dimensions of loyalty. As per Jones it is ideal in the first place a low loyalty, assess, and after that make a model of a somewhat higher constancy until the final product is come to. He additionally expresses that by utilizing a low devotion model to start with, makes it simpler to concentrate on the thought.

2.10 Convergence

The last period of this plan procedure is, where the last testing and assessments are made to settle on beyond any doubt all structure decisions are doable and directly for the proposed end-client.

2.11 Evaluation by experts

Assessments won't just be led in the union stage yet in addition in the prior cycles in light of the fact that each progression of the plan ought to be assessed to ensure that the change from research and perceptions to encounter has been made accurately concentrating on the end-client. The assessment that will be directed in the Convergence stage will be made by a facilitator of the consideration office.

3. Results of Statistical Testing

Altogether, 13 members were enlisted for the convenience and amusement experience testing. Three members have finished tertiary training and two have finished optional. The majority of the members were utilizing innovation on a regular premise and possessed a workstation and, no less than, one cell phone (cell phone, tablet, tablet). The members had some level of involvement with computer games (three of them playing computer games "once in a while" and the other two "much of the time") and they had never utilized the Augmented Reality innovation previously (as required by the consideration criteria). No member dropped out amid the testing. The iGEQ review delivered profitable outcomes identified with the players' amusement experience. The information gathering strategy for every less diversion bolstered the centric of every less amusement independently and gave an outline of the amusement experience of every short amusement. The execution of every less diversion in each dimension of the Game Experience Questionnaire scale can be seen, the information gained by the SUS study gave additional knowledge on the ease of use of the framework and, particularly, the utilization of the association procedure and Augmented Reality. As per the normal SUS score crosswise over factors.

3.1 Regression Model

i.

ii.

 $DE = \alpha + \beta 1 \text{ (DEMENTIA)} + \beta 2 \text{ (RET)} + \varepsilon$

 $CR = \alpha + \beta 1 (CARES) + \beta 2 (RET) + \varepsilon$

(Where Re is Usability, Ef is Efficiency, REMT is Remote Testing and RET is Regression Testing).

We connected relapse on version 1 to check the effect of far off checking out and relapse trying out on ease of use. We have thirteen people so we encode it with 1-10 and at the off hazard that test is turned into, at that point it's miles encoded with 1 generally 0. Results are following:

4. Result View Poutput1 [Document1] - IBM SPSS Statistics Poutput1 [Document1] - IBM SPS Statistics Poutp

Figure 2: Adding Task in SPSS for Variable Testing



Figure 3: Prototypical Summary



Figure 4: constants



The system should be simple to use, easy to learn and used individually by the player.







Figure 7: Reliability Dependency on queries

5. Summary

Mental impedance in the old can be connected with the run of the mill ageing frames or be a sign of early starting dementia. In spite of the way that, early revelation of dementia has various favorable circumstances, scholarly inability is still under-saw and under-examined. This nonattendance of finding consistently prompts disarray over direct changes and deflects social and restorative intercession and organizing. Emotional screening addresses the basic development in a system of further review for scholarly impedance, inciting early end; in any case, it presents certain regular confinements. These fuse

culture, sexual direction, and educational predispositions, long test-retest periods, "white coat" and learning impacts, confined test approval and the customer's potential nonappearance of motivation. Certifiable diversions can address those repressions and be an alternative to conventional, pen-and-paper and modernized emotional screening tests, potentially inducing and attracting the customer to routinely perform mental screening assignments, thusly growing the likelihood to see scholarly impedance and trigger referral for an undeniably extensive, formal evaluation.

REFERENCES

- [1] F. Imbeault, B. Bouchard, A. Bouzouane: Serious Games in Cognitive Training forAlzheimer's Patients, *IEEE International Conference on Serious Games and Applicationsfor Health (IEEE-SeGAH)*, Braga, Portugal, November 16-18, pp. 122-129, 2011)
- [2] Ali M, Bath PM, Curram J, Davis SM, Diener HC, Donnan GA, et al. The virtual international stroke trials archive. Stroke. 2017;38:1905–10.
- [3] Ali M, Bath PM, Curram J, Davis SM, Diener HC, Donnan GA, et al. The virtual international stroke trials archive. Stroke. 2007;38:1905–10.
- [4] ALZHEIMER'S DISEASE INTERNATIONAL. Dementia statistics.alz.co.uk/research/statistics BARNES, D., YAFFE, K., BELFOR, N., JAGUST, W., DECARLI, C., REED, B., AND KRAMER, J. Computer-based cognitive training for mild cognitive impairment: Results from a pilot randomized, controlled trial. AlzheimerDisease and Associated Disorders 23 (2009), 205–210. 15, 76, 78, 96
- [5] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed (DSM-5). Arlington, VA: American Psychiatric Publishing; 2013.
- [6] Dubois B, Feldman HH, Jacova C, Cummings JL, DeKosky ST, Barberger-Gateau P, et al. *Revising the definition of Alzheimer's disease: a new lexicon. Lancet Neurol.* 2010;9:1118–2.
- [7 BAYO-MONTON, J. L., FERNANDEZ-LLATAS, C., GARCA-GOMEZ, J.-M.AND TRAVER, V. Serious games for dementia illness detection and motivation: the eMotiva experience. *In 3rd Workshop on Technology for Healthcare and Healthy Lifestyle* (2011). 72, 74, 97
- [8] BENVENISTE, S., JOUVELOT, P., AND P'E QUIGNOT, R. The MINWii project: renarcissization of patients suffering from Alzheimer's disease through video game-based music therapy. In Proceedings of the 9th international conference on Entertainment

- *computing (2010)*, ICEC'10, Springer-Verlag, pp. 79–90. 15, 76
- [9] Bird TD. Genetic aspects of Alzheimer's disease. Genet Med. 2008;10:321–9.
- [10] Bloudek LM, Spackman DE, Blankenburg M, Sullivan SD. Review and meta-analysis of biomarkers and diagnostic imaging in Alzheimer's disease. J Alzheimers Dis. 2011;26:627–45.
- [11] Bond J. Quality of life for people with dementia: approaches to the challenge of measurement. Ageing Soc. 2014;19:561–79.
- [12] Duffy L, Gajree S, Langhorne P, Stott DJ, Quinn TJ. Reliability (inter-rater agreement) of the Barthel Index for assessment of stroke survivors: systematic review and meta-analysis. Stroke. 2013;44:462–8