

# New app widens opportunities for dementia assessments

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The ACEmobile app, which is to be made available free of charge to clinicians around the world and which will revolutionize dementia assessment. Credit: Plymouth University

A team of clinicians from Plymouth, UK, and Sydney, Australia, have today (Wednesday 9th July 2014 UK, Thursday 10th July Australia) launched ACEmobile - a free-to-use app to support the assessment of dementia, worldwide.

ACEmobile is the first of its kind; an iPad-based tool that supports the assessment of dementia. The tool provides support through the whole process, meaning more members of the clinical team can feel confident carrying out this type of assessment. Designed by [clinicians](#) for clinicians, ACEmobile also collects secure and anonymised data to allow the team to improve our understanding of dementia and ability to detect it earlier.

Formed as a not-for-profit venture, the clinical team who developed ACEmobile intend this to be the first step in supporting the growth of an international community of like-minded scientists and healthcare professionals eager to support the project in developing and testing new, and more sensitive, computerised instruments to help in the early diagnosis and evaluation of medical treatments for dementia.

ACEmobile is currently an iPad-based tool that guides the user through the Addenbrooke's Cognitive Examination (ACE-III). The ACE-III is one of the most popular and commonly-used paper and pencil screening tools for dementia. The [app](#) removes the need for clinicians to learn the ACE-III manual and it also automatically calculates patients' scores and creates a report to go into their medical records.

The creators have designed the app to make dementia assessment easier and more reliable for NHS staff and health professionals around the world. The research team will collect anonymised information from each assessment conducted using the app, with a plan to improve the sensitivity of ACEmobile for earlier dementia diagnosis and in assessing the effect of new medications as they are tested. One of the major factors holding back the development of new treatments for dementia is the relative insensitivity of currently used methods.

The ACEmobile development group are now looking to the future and are exploring the option of a charitable community that will safeguard

the long-term availability of the app as a freely available resource. It is hoped that this community will support additional developments with a similar positive impact on patients and healthcare provision. With clinicians, commercial organisations and patient groups already excited about the potential benefits of ACEmobile it is hoped this can be harnessed to support the app and additional developments. The project has already received external funding from the NIHR.

ACEmobile represents a potential significant step forward in the world of [dementia](#) research since it is being provided to the NHS and research bodies for free and the developers have no intention of generating commercial profit. A test sample of clinicians has had advance use of ACEmobile and the feedback has been unanimously positive. Dr. Pinkser, working in a Neuropsychology in Brisbane commented: "We found the app to be extremely self-explanatory and easy to use, and we were very impressed with the reporting format."

Dr. Greg Savage from Macquarie University, Sydney, said: "I highly recommend this clever reincarnation of the ACE-III on a tablet-based platform. Its user-friendly instructive interface and scoring features should make it an even more popular cognitive screening instrument."

Dr. Nick Cartmell, a GP from Ashburton Surgery in Devon, commented: "The setup is brilliant. The scoring system is clear and the export options ideal."

The development of ACEmobile has been a collaboration between Professor John Hodges (Neuroscience Research Australia), Dr Rupert Noad (Plymouth Hospitals NHS Trust), Dr Craig Newman and Professor John Zajicek (Plymouth University Peninsula Schools of Medicine and Dentistry) and has been supported by funding from an NIHR Programme Grant for the Study of Clinical Trials in Neurodegenerative Diseases, Plymouth Hospitals NHS Trust and the NIHR Collaboration

for Leadership in Applied Health Research and Care South West Peninsula (PenCLAHRC).

**More information:** [www.acemobile.org/](http://www.acemobile.org/)

Provided by University of Plymouth

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