### AUTHOR QUERY FORM

5-2-1-1 1-2-2	Journal: NEUROL	Please e-mail your responses and any corrections to:
ELSEVIER	Article Number: 1701	E-mail: corrections.esme@elsevier.thomsondigital.com

Dear Author,

Please check your proof carefully and mark all corrections at the appropriate place in the proof (e.g., by using on-screen annotation in the PDF file) or compile them in a separate list. Note: if you opt to annotate the file with software other than Adobe Reader then please also highlight the appropriate place in the PDF file. To ensure fast publication of your paper please return your corrections within 48 hours.

For correction or revision of any artwork, please consult http://www.elsevier.com/artworkinstructions.

Any queries or remarks that have arisen during the processing of your manuscript are listed below and highlighted by flags in the proof. Click on the 'Q' link to go to the location in the proof.

Location in article	Query / Remark: click on the Q link to go Please insert your reply or correction at the corresponding line in the proof				
Q1	The author names have been tagged as given names and surnames (surnames are highlighted in teal color). Please confirm if they have been identified correctly.				
Q2 Q3 Q4 Q5	Please provide postal code for affiliations a and b.				
Q3	Please provide address line for corresponding address.				
Q4	Authors Kalnikaite and Whittaker are not at reference [40]. Please check.				
Q5	Please note that Refs. [35,63] were identical, and Ref. [63] has been deleted. The subsequent references have been renumbered.				
	Please check this box or indicate your approval if you have no corrections to make to the PDF file				

Thank you for your assistance.

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX



General review

Available online at

ScienceDirect www.sciencedirect.com Elsevier Masson France

neurologique

EM consulte www.em-consulte.com

### SenseCam: A new tool for memory rehabilitation?

### QIL. Dubourg<sup>a</sup>, A.R. Silva<sup>b</sup>, C. Fitamen<sup>a</sup>, C.J.A. Moulin<sup>c</sup>, C. Souchay<sup>c,\*</sup>

Q2<sup>a</sup> Laboratoire d'étude de l'apprentissage et du développement, LEAD CNRS UMR 5022, université de Bourgogne, Dijon, France

<sup>b</sup> Université de Coimbra, Coimbra, Portugal

Q3 <sup>c</sup>Laboratoire de psychologie et neurocognition, LPNC, UMR CNRS 5105, université Grenoble-Alpes, bâtiment Sciences

de l'Homme et Mathématiques, 38400 Saint-Martin-d'Hères, France

#### INFO ARTICLE

Article history: Received 30 June 2015 Received in revised form 9 February 2016 Accepted 17 March 2016 Available online xxx

Keywords: SenseCam Memory Rehabilitation Alzheimer's disease Brain lesions

#### ABSTRACT

The emergence of life-logging technologies has led neuropsychologist to focus on understanding how this new technology could help patients with memory disorders. Despite the growing number of studies using life-logging technologies, a theoretical framework supporting its effectiveness is lacking. This review focuses on the use of life-logging in the context of memory rehabilitation, particularly the use of SenseCam, a wearable camera allowing passive image capture. In our opinion, reviewing SenseCam images can be effective for memory rehabilitation only if it provides more than an assessment of prior occurrence in ways that reinstates previous thoughts, feelings and sensory information, thus stimulating recollection. Considering the fact that, in memory impairment, self-initiated processes are impaired, we propose that the environmental support hypothesis can explain the value of SenseCam for memory retrieval. Twenty-five research studies were selected for this review and despite the general acceptance of the value of SenseCam as a memory technique, only a small number of studies focused on recollection. We discuss the usability of this tool to improve episodic memory and in particular, recollection.

© 2016 Elsevier Masson SAS. All rights reserved.

24

25

26

27

28

29

30

31

32

33

13 14

15

17

18

19

20

21

22

23

5

6

7

8 9

10

### 1. Introduction

Cognitive neuropsychology has focused in recent years on the use of wearable cameras [1], mainly to help patients with memory disorders [2]. Video-recording activities of daily life has been described as a log of "life data", sometimes called "life-logging" (for a full review see [2]). Producing a regular log of life images raises the question as to whether such technology could be beneficial for patients with memory disorders. For example, reviewing the day's images might be helpful for recollecting autobiographical memories. Thus having patients review their day's video might be a way to help them remember particular events, for example the discussion they had in the morning in the baker's. In this review, we will focus on the use of these tools – in particular SenseCam, a small wearable camera – with the main objective of providing a theoretical framework for research. The main suggestion is that the use of this type of tool to improve recollection should facilitate access to cues and information

\* Corresponding author.

E-mail address: celine.souchay@me.com (C. Souchay). http://dx.doi.org/10.1016/j.neurol.2016.03.009 0035-3787/© 2016 Elsevier Masson SAS. All rights reserved.

36

# REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

34 that are pertinent for the patient. This review of the literature will thus explore how SenseCam provides effective recall cues which can facilitate recollection.

37 Improving recollection in patients with memory disorders is an important field of research in neuropsychology. Up to the 38 present time, most studies have focused on using "internal" 39 strategies, for example categorical cueing or errorless learning 40 41 [3,4]. However, despite widespread use of this type of aid, it has 42 not always been possible to generalize the results to other 43 mnemonic functions [5]. The main reason for this limitation is the fact that these strategies are generally designed to 44 45 stimulate a specific type of memory (for instance procedural memory). Moreover, even when people are successful in using 46 47 these strategies to improve their performances, they are 48 generally unable to apply them in their daily life. Such failures would be due, at least in part, to the fact that the patients are 49 50 unaware of their memory deficit or its importance [6]. Indeed, certain studies show that patients with the greatest difficulty 51 52 in evaluating their memory disorders are also the patients 53 who benefit least from rehabilitation because of the non-54 implementation of adequate strategies [7,8]. In clinical 55 practice, internal strategies, such as the use of memory 56 strategies, and external strategies, such as the use of 57 technological tools, are often applied complementarily. 58 However, the use of internal strategies could potentially be 59 hindered by underlying anosognosia since internal strategies require personal commitment, and in particular adequate 60 61 awareness of the memory problems encountered. On the contrary, external aids could be easier to use and less 62 63 dependent on the patient's cognitive resources or mnemonic impairment. 64

External memory aids are described as physical devices, 65 tools or equipment that allow the user to access memory more 66 easily [9], for example personal diaries, agendas, or cell phones 67 68 [10–12]. However, despite the efficacy of external aids, certain 69 limitations are observed [13,14]. As for internal strategies, 70 using an external memory aid implies that the user is aware of 71 their memory deficit, or at least they recognizes that memory 72 retrieval is difficult. This level of awareness should not only 73 incite the patients to use the tool, but also guide them in their 74 interaction with it, for example knowing what type of 75 information should be recorded or how to access recorded data [15]. This awareness of the existing deficit, or lack thereof 76 77 (anosognosia), is often associated with memory deficits (see 78 [14] for a synthesis concerning Alzheimer's disease (AD) and 79 the use of external (or internal) aids. Thus patients must consciously remember to use the tool and consult it when 80 81 trying to recall memories. In this context, more passive life-82 logging techniques might be a more effective rehabilitation tool because they require minimal patient input. 83

84

#### 2. Which type of memory to rehabilitate?

Beyond the question of which type of tool to use, the question 85 of which type of memory requires rehabilitation is crucial in 86 87 order to reach specific goals, for example maintain home 88 residence, or preserve self-identity. In this context, rehabilitation of episodic memory, tightly linked with self-identity, is a 89 90 new challenge for neuropsychology. Episodic memory is

dx.doi.org/10.1016/j.neurol.2016.03.009

defined as the capacity to recall information including its source, awareness of its origin, and the feeling it belongs to oneself or is self-related [16,17]. Episodic recall, in addition to including specific event-related information (spatio-temporal framework, sensorio-perceptive aspects) [18], also provides the feeling that the recalled event belongs to one's personal past, a feeling defined as autonoetic awareness [19,20].

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

More recently, Kline et al. [21] proposed that episodic memory implies not only retrieval of contextual information, but most importantly requires that the contents of the episodic memory be either (i) perceived as belonging to self; (ii) associated with a temporal sensation related to self; (iii) perceived as being the result of an action initiated by self, or finally (iv) implicating self-reflection capacities. Episodic memory is thus strongly associated with self. In contrast to episodic memory, it is easier to train semantic memory, defined as the retrieval of non-contextualized factual information [22]. Thus, it is easier to re-learn a fact, for instance Paris is the capital of France, than to re-learn one's autobiographical memory, for instance a wedding ceremony. To be more precise, the events that took place during the wedding ceremony could be re-learned as facts, but perhaps without ever becoming a real part of the learner's past experienced from the perspective of the self.

A few studies have nevertheless attempted to improve patients' capacity to retrieve episodic memory, for example by reading a personal diary or by looking at photos of family or friends. In this context, several studies have worked with this type of material to try to improve memory in patients with AD: three women with moderate AD [23]; six subjects with a diagnosis of mild to moderate AD [24]; one patient with severe AD [25]. The work by Bourgeois et al. [23] showed an increase in the number of autobiographical events recalled after presenting photos of the patient's everyday life or borrowed from the family album, an improvement that persisted six weeks after presentation of the photos. These results were later confirmed by others [26,27]. Sohlberg and Mateer [28] studied the effect of using a personal diary and found a decline in repeated narratives (also see [29]). Actually, these findings describe the usefulness of these tools as a memory-aid, but no study has focused on the specific effect these aids have on episodic memory. Thus it is not clear whether this type of aid can induce the patient to re-live a forgotten event similar to that induced by episodic recall. This review of the literature will focus on the idea that life-logging could enable recall of episodic information by facilitating retrieval of event-associated information, in other terms the "something more" that characterizes recollection [30]. Furthermore, this capacity to re-live an event with the majority of its initial richness (for example, to re-live the emotional feelings of the event) is what allows a person to maintain a coherent self-identity.

#### 3. What type of cue?

Rehabilitation of episodic memory raises the question of the 143 cues that will enable improvement. The critical point is to 144 determine which tools (personal diary, videos) would facilitate 145 retrieval of information stored in memory. As discussed 146 above, we suggest that life-logging could be an ideal support to 147

Please cite this article in press as: Dubourg L, et al. SenseCam: A new tool for memory rehabilitation?. Revue neurologique (2016), http://

improve episodic memorization and allow patients to re-live 148 149 their memories. The reason that life-logging could be an 150 effective cue is based on the hypothesis of environmental support developed by Craik [31]. According to this theory, 151 successful retrieval of a past memory requires both support 152 from the outside environment and internal support, for 153 example self-initiated memorization strategies. But, in 154 155 memory impairment, for instance in AD, self-initiated internal 156 strategic processes are affected [32,33], making external 157 environmental support all the more important. Turlving and Arbuckle [34] distinguished between 'available' and 'acces-158 sible' information in memory. For these authors, an intact 159 mnemonic trace is available and thus susceptible to retrieval, 160 though it is not necessarily accessible to retrieval. Most of the 161 time, people with memory disorders are unable to find a 162 mnemonic trace spontaneously, not because the information 163 is not there, but because an aid is required to make it 164 accessible. Environmental support such as life-logging could 165 thus facilitate retrieval of episodic information in a context 166 167 where self-initiated mnemonic strategies are altered. In the 168 remainder of this review, results will be presented from 169 studies that have used a specific tool for the rehabilitation of episodic memory: SenseCam. 170

<sup>171</sup> **4. A new rehabilitation tool: SenseCam** 

SenseCam is a wearable camera that takes pictures sponta-172 neously (without audio recording) in response to different 173 174 sensors (light, temperature, sound, movement). It is a tool 175 used to capture passive images with little or no user 176 intervention. Users have described wearing the camera as non-intrusive [2]. Furthermore, according to Muhlert et al. [35], 177 automatic image capture gives SenseCam a very high 178 179 ecological value, since the images that will be viewed later 180 and for which retrieval will be tested do not require any 181 intentional encoding.

182 SenseCam has a wide-angle lens to obtain a maximal field 183 of view. Photos can be taken every 30 s or in response to the 184 sensors. This tool is not equipped with a means of viewing the images directly. To be viewed, images must be transferred to a 185 computer and processed with dedicated software [36]. 186 SenseCam was created by Microsoft Research Cambridge, and 187 was first commercialized under the name Vicon Revue®, 188 before taking on its most recent name Autographer<sup>®</sup> (OMG 189 190 plc.). All of these versions, derived from the original, are based on the same principle: a camera that captures images 191 192 automatically in order to obtain a rich set of photos of the 193 user's daily life [36]. In this review, we will use the term SenseCam as a general term including all types of wearable 194 cameras (Fig. 1). 195

#### 4.1. SenseCam: the something more

196

197The main goal of this review is to present research work that198has used SenseCam as a tool to improve memory, targeting199studies that measured episodic recall. We hypothesize that200SenseCam (reviewing captured images) will act as a cue for the201retrieval of autobiographical memories. It has been noted in202certain memory disorders, such as AD, that information may



Fig. 1 – The mnemonic trace is designated by *m*.

be active in memory yet inaccessible. In other words, AD patients can recognize but not recall information [37]. We suggest that SenseCam constitutes an aid capable of elevating the activation of the mnemonic trace and thus of increasing information accessibility. This hypothesis is presented schematically in Fig. 2 (the mnemonic trace is designated by m). On the left, information retrieval is possible when m is intact. When m is weak (m/2), on the right, SenseCam can help raise the mnemonic trace above a threshold allowing information retrieval. Reviewing SenseCam images, or a full day compressed into a video, could have a beneficial effect on episodic memory. The important point is that reviewing the SenseCam images does not only allow access to earlier events, but also

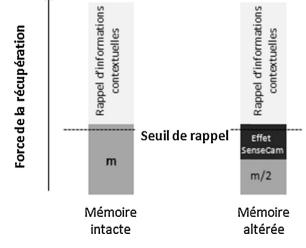


Fig. 2 – A hypothesised effect of SenseCam. When memory is altered, the mnemonic trace is activated below the recall threshold. Reviewing SenseCam images increases the force of retrieval via the cues contained in the contextual details of the original event, thus leading to activation above the recognition threshold. Contextual details can then be recalled.

203

204

205

206

207

208

209

210

211

212

213

214

215

# ARTICLE IN PRESS

increases access to the 'something more' characteristic ofrecollection.

218 From our point of view, SenseCam is more than a simple 219 instrument that captures images to be viewed later. It must also play a role concerning the detail contained in the images 220 themselves, which is otherwise not easily available. Moreover, 221 SenseCam should not only allow access to images, but also 222 223 affect memory by re-initiating thoughts, feelings and (non-224 visual) sensorial input linked to the images. The question of 225 transfer is raised: could SenseCam enable a broader improvement in autobiographical memory - does the use of the 226 227 device transfer to improvements on tests of memory more generally? We refer here to the idea suggested by Loveday and 228 Conway [38] by which SenseCam would allow users to access 229 'Proustian moments'. 230

According to Loveday and Conway, a 'Proustian moment' is defined as an intense moment of reminiscence when images of the past overflow into consciousness, producing a strong recollective experience. Such moments almost always have an 'aha!' quality, often offering a recollection accompanied by highly specific details that were not available and, in certain cases, not known before [38].

238 In line with the environmental support hypothesis, 239 Loveday and Conway [42] propose that SenseCam helps 240 retrieve currently inaccessible memories. They suggest that events in long-term memory are never lost as long as the 241 neural networks within which they are represented remain 242 243 stable. Thus an event could remain unavailable to recall until 244 it is correctly cued. This is illustrated in the left part of Fig. 1. 245 The force of the mnemonic trace designated by *m* is based on 246 the level of activation of the neuronal network when an event is recalled. When the activation remains below the threshold, 247 248 memory of the event may be preserved but difficult to recall. As explained in the environmental support hypothesis, cueing 249 250 can stimulate the neuronal network to the level of possible 251 information retrieval, leading thus to the recall of contextual 252 information.

253 The right part of Fig. 1 represents the way SenseCam acts 254 on a weakened mnemonic force (m/2). Our hypothesis 255 assumes thus that SenseCam acts as a powerful cue, stimulating the event-related mnemonic trace, and thus 256 257 allowing access to the event and the associated details, even 258 including those not represented in the images. This corresponds to a "Proustian moment" described by Loveday and 259 Conway: the image, as a cue, allows access to forgotten or 260 261 inaccessible information. But would SenseCam really be able 262 to generate such Proustian moments itself, or would it simply 263 allow people to re-familiarize themselves with their past 264 events? This would only have a weak effect on declarative memory and thus would not enable rehabilitation of episodic 265 memory. 266

### 4.2. SenseCam as a memory rehabilitation tool

267

268This section presents the studies that have used SenseCam as269a memory rehabilitation tool. The databases used for this270review of the literature were Pubmed, ISI Web of Knowledge,271and ScienceDirect. Certain studies were also identified by272analyzing reference lists or other reviews. Search items were:273SenseCam; memory; life-logging. Studies were included in this

review if their abstract corresponded to the topic under consideration and if they met the following criteria: SenseCam or a similar system used in the study; theoretical articles were excluded; use of SenseCam had to be the purpose of the study (i.e. we excluded studies using SenseCam devoted to analysis of daily activities, learning/education experiences, reflection/ culture, life data) (for an overview of the uses of SenseCam see [39]); the studies had to describe experiences producing results and not simply analyses of a methodology, an opinion or a theory. To date, two special issues have been devoted to SenseCam (Memory, volume 19, issue 7, 2011; American Journal of Preventive Medicine, volume 11, issue 3, 2013). 274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

The 24 scientific articles selected for this review can be divided into two categories (Table 1). The first category concerns studies using SenseCam as a tool to record personal data, life images, with a strong cueing potential for episodic recall. The teams working in this field reported case studies of patients presenting memory impairments, group studies, and neuroimaging methods. The second category of studies examined whether SenseCam has a general effect on memory performance, and thus an effect that is not limited to reactivation of the events displayed in the images (transfer).

### 4.2.1. Case studies

Eleven selected articles described case studies. Most were first attempts at memory rehabilitation using SenseCam [40,41]. Patients with limbic encephalitis [40], damage to the medial temporal lobe [42], brain injury (damage to central nervous tissue caused by head trauma) [43], mild cognitive impairment (mild memory deficit due to a degenerative process) [42], brain tumor [44], hypoxic ischemic encephalitis [45], AD [46], and Korsakoff syndrome [47] were tested for retrieval of personal memories after wearing SenseCam and reviewing the captured images.

Most of these case studies compared the use of SenseCam (photos repeatedly reviewed several times a week) with reading a personal diary. In these studies, patients were asked to recall detailed autobiographical events a few weeks or a few months after using SenseCam. In this context, the study by Berry et al. [41] compared the use of SenseCam with a personal diary versus a control condition where no aid was proposed. The three conditions were performed consecutively. Photos of the patient's daily life were taken. In the diary condition, patients were asked to write down the events that occurred in their daily life. In the control condition, no specific action was requested. At the end of each condition, a life-event recall test was performed every two days for two weeks. After a first recall, the SenseCam images or diary were reviewed. The study showed that viewing the SenseCam images increased recall of autobiographical events. Moreover, for this study, long-term recall was also increased, with 80% recall of events at one month in the SenseCam condition versus 49% in the personal diary and 2% in the control condition. Very longterm recall was also observed (67% at 2 months, 76% at 3 months). In comparison with a personal diary, SenseCam thus enabled sustained long-term recall (results corroborated by [40] in a 63-year-old woman with limbic encephalitis, by [48] in a 28-year-old man with brain trauma, by [49] in a 55-year-old woman with mild cognitive impairment, and by [44] in a 13year old with anterograde amnesia). SenseCam was also

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

## Table 1 – Summary of experiences using SenseCam as a memory rehabilitation tool. The articles are listed by type of study, year of publication, and type of sample.

Authors (year)	Type of study	Sample	Methods	Results
Berry et al., 2007	Case study	63-year-old woman with limbic encephalitis (Mrs B)	Intra-subject design 3 conditions SenseCam: review of photos taken with SenseCam Written diary: reading diary Control: no memory aid. Recall tested every 2 days for 2 weeks Follow-up: recall tested at 1, 2, 3 months for the SenseCam condition and at 1 month for the written diary condition	At 1 month, better event recall with the SenseCam condition (80%) compared with the written diary condition (49%) and control (2%). Sustained long-term event recall with SenseCam (67% recall after 2 months, 76% after 3 months)
Berry et al., 2009	Case study	68-year-old woman with limbic encephalitis (Mrs B)	Intra-subject design Condition 1: SenseCam images taken during a memorable trip (first visit to a luxury hotel) Condition 2: SenseCam images taken during a trip Condition 3: SenseCam images taken by another person Condition 4: Personal diary written during a trip. Review of images or reading diary event every 2 days for 3 weeks (except condition 1). Image recognition test (Know/ Familiar/Guess) for each	No difference between conditions 1 and 3. Better image recognition for the SenseCam review conditions and written diary ( $P < 0.001$ ). fMRI showed increased cortical activation in the frontal and posterior regions for the SenseCAm image review condition versus written diary
Bowen et al., 2008	Case study	36-year-old woman with damage to the medial temporal lobe and severe anterograde amnesia (Mrs CB)	condition under fMRI Intra-subject design Administration of an event (board game) 3 times a week for 4 weeks 3 conditions: visual recording of the event with SenseCam, audio recording, no recording Immediate and differed recall tests (5, 15, 30, 50 min) at each event administration. Recall test: questions on the events with different levels of difficulty	Delay was main effect on recall for the 3 conditions ( $P < 0.01$ ) No SenseCam effect on recall ( $P = NS$ ) Recall cue better for SenseCam condition vs control ( $P = 0.01$ , SenseCam = 3, control = 2.1)
Doherty et al., 2012	Case study	Healthy 34-year-old man (Mr CG)	SenseCam images taken for 2.5 years. 50 important events selected by subject and by dedicated software. Then random selection of 50 events. Subject rated personal importance of each event. Investigation of the software capacity to identify important personal events	The subject attributed higher scores to self-selected events compared with software-selected events. Subject attributed higher scores to software-selected events than to random-selected events
Browne et al., 2011	Case study	56-year-old woman with mild cognitive impairment (Mrs W)	Intra-subject design 2 conditions: SenseCam, written diary 6 remarkable events performed, recall test every 2 days for 2 weeks and review of images or reading diary after each recall test Differed recall at 1, 2 and 3 months without cueing (image review or diary reading) Quality-of-life questionnaire	Better recall for the SenseCam condition compared with diary for short-term recall (64% vs 51%) and long term recall. Sensecam short- term recall (68% vs 30%) Decreased stress and increased confidence with SenseCam

## **ARTICLE IN PRESS**

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

Authors (year)	Type of study	Sample	Methods	Results
Loveday and Conway, 2011	Case study	47-year-old woman with damaged medial temporal	Intra-subject design 2 conditions: SenseCam, diary	Better recall in the SenseCam condition vs diary ( $P < 0.05$ ). More
3011way, 2011		lobe (Mrs CR)	One discrete event recorded each week for 4 weeks	episodic details recalled with SenseCam (329) than with diary
			Free and cued recall each week. Comparison of number of	(250)
Pauly-Tackacs	Case study	13-year old with anterograde	episodic details recalled Photos taken during a walk with	Increased image recognition for
et al., 2011		amnesia due to intracranial metastases (Patient CJ)	key localizations (art gallery, café, church.). Comments were	SenseCam image review condition of but only for
			made about each visited site in order to generate contextual	information contained in the images. SenseCam would thus aid
			information to be tested later. SenseCam was operating for two	in formulating personal semantic memories
			sites and not operating for two others	
- 1 ooso			Image recognition at 2, 10 and 15 weeks	
Garrood, 2012	Case study	10-year-old girl with encephalopathic ischemic	SenseCam worn during a treasure hunt containing cues at	Preliminary data Improved recall only for events
		hypoxia (Patient AB)	certain sites and actions to perform. Recall test 24 h later	contained in the images. SenseCam helps formulate
			then review of SenseCam images at +24 h and +1 month	personal semantic memories
Piazek et al., 2012	Case study	85-year-old man with mild Alzheimer's disease (Mr J)	SenseCam used for 7 weeks. Images viewed twice a week	Better detail recall concerning events and details recalled not
			with recording of comments and thoughts about the images	seen in SenseCam images
Svander and Evans, 2013	Case study	51-year-old woman with moderate Korsakoff	Evaluation of subjective memory, self-esteem, anxiety	Improvement in subjective memory and self-esteem (4.36-
		syndrome (Mrs A)	and depression after using SenseCam	point increase). No change in mood
Sellen et al., 2007	Experimental group	19 healthy young adults (10 male, 9 female, age 18–22	Intra-subject design 3 conditions	Greater number of events recalled with SenseCam compared with
		years)	Passive SenseCam image capture; active SenseCam image	control condition (before $P < 0.02$ , after $P < 0.03$ )
			capture; control Short-term (3 days later) and	Greater number of K (known) events with SenseCam. Better
			long-term (10 days later) memory tests: remember/know/	event recall for passive versus active capture
			guess paradigm and recognition test	
Doherty and Gurrin, 2009	Experimental group	3 healthy males	Review of SenseCam images recorded over a 1-month period	Boundaries determined better by persons who lived the event. Loss
			and marking boundaries between each event	of boundaries after 1 and 2 years
Kalnikaite	Experimental	18 healthy adults (4 female,	Repeated 1 and 2 years later Intra-subject design	Better detail recall with
et al., 2010 [71]	et al., 2010 [71] group	14 male, age 25–56 years)	2 conditions: SenseCam images and GPS for 2 weeks vs no aid	SenseCam + GPS (P < 0.01) SenseCam alone and control
			Review of SenseCam Images 5 weeks after event (images alone,	condition identical (P > 0.05) Superior recall for SenseCam
			images + GPS, GPS alone) Remember/know/guess	alone compared with GPS alone or GPS + SenseCam (P < 0.01)
Milton	Experimental	15 healthy young adults (8	paradigm SenseCam used for 2 days. Demember (Know toot up den	Retrieval did not cause any
et al., 2011a, 2011b	group	male, 7 female, age 18–25 years)	Remember/Know test under fMRI Study repeated 5 menths later	activation in the medial temporal lobe after a 5-month delay. But
			Study repeated 5 months later with 10 participants	superior activation of the parahippocampal posterior gyrus for familiarity yaraya remember
				for familiarity versus remember was observed
				Recruitment of extra-medial temporal lobe regions when

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

Table 1 (Continu	ied)			
Authors (year)	Type of study	Sample	Methods	Results
Sas et al., 2013	Experimental group	14 healthy young adults (7 male, 7 female, age 18–23 years)	SenseCam and Sensewear used for 6 hr. At the end of the day, review of 4 photos with strong emotional intensity and 4 photos with weak emotional intensity	Emotional intensity increased detail recall for the events (P < 0.01) The event, the localization, and associated emotions were recalled better than temporality or thoughts, irrespective of emotional intensity
Seamon et al., 2013	Experimental group	144 healthy young adults aged 17–23 years	Inter-subject design 3 conditions: Sensecam, diary, no aid for a walk where atypical actions were performed After the walk the group was divided in 2 for photo review, individually or in group Review performed 1 week before free event recall	Social reminiscence better than self-reminiscence (0.78 vs 0.64) Recall of atypical actions not different between SenseCam (0.74), diary (0.69) and control (0.68)
St Jacques et al., 2013	Experimental group	Study 1: 42 healthy young adults (15 male, 27 female, mean age 21.1 years) Study 2: 43 healthy young adults (18 male, 25 female, mean age 21.41 years)	Study 1: guided visit to a museum with SenseCam 18 h delay before viewing any new images Chronological manipulation of the images. Study 2: same procedure, manipulation concerned origin of images (self versus other person)	Better recognition of images belonging to own experience versus someone else's images ( $P < 0.01$ ) Higher rate of false recognition with new images ( $P < 0.01$ ) Improved memory, but also false recognitions ( $P < 0.01$ )
St Jacques et al., 2011	Two experimental groups	23 healthy subjects (12 female, 11 male, age 18–35 years)	Intra-subject design SenseCam and diary for 6 days fIRM 1 day after reviewing SenseCam images and verbal cuing + subjective evaluation	Superior subjective evaluation of vivacity, reviviscence, importance, emotion and uniqueness for SenseCam condition (P < 0.01) fMRI pattern more marked for men than women, better activation of the left hippocampus, the retrosplenial cortex, the left inferior frontal gyrus as well as the right occipital cortex for the SenseCam condition compared with diary
Silva et al., 2012	Two experimental groups	15 adults and 14 elderly adults	Intra-subject design SenseCam used for 3 days then diary for 3 days Neuropsychological tests after each condition (conditions counterbalanced, parallel test forms)	Better performance on all neuropsychological tests after SenseCam vs diary (example: autobiographical memory, P < 0.01; size effect 0.82) Strong impact on memory tasks and executive functions
Muhlert et al., 2010	Two experimental groups: control vs clinical	11 patients with transient epileptic amnesia and 11 matched healthy controls	SenseCam used during a cultural visit. Images reviewed the same day then 1 and 3 weeks later Comparison of forgotten events, forgotten events on a list of words, and a procedural memory task	Accelerated forgetfulness in the amnesia group for event memory, maximum number of forgotten events on first day compared with controls ( $P < 0.05$ ). Declarative memory was specifically forgotten; the procedural memory appeared to be intact
Woodberry et al., 2014	Clinical group	6 adults with mild to moderate Alzheimer's disease (age 64-84 yrs)	2 conditions: SenseCam, written diary Patients' memory of an event, followed by review of SenseCam images, was tested every 2 days for 2 weeks Recall 3 months later	Better recall of details for the SenseCam condition versus diary ( $P < 0.01$ ) Long-term results (3 months) 4/5 patients recalled more details of the events

### **ARTICLE IN PRESS**

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

Authors (year)	Type of study	Sample	Methods	Results
Lee and Dey, 2008	Clinical group	3 adults with mild Alzheimer's disease	Intra-subject design Significant personal events recorded using SenseCam for 2 weeks, audio and GPS recordings 4 conditions: control (no aid), patients wearing SenseCam, caregiver wearing SenseCam, caregiver wearing SenseCam and selecting images	Recall and number of details was greater (ca. 40% recall) when patients wore SenseCam compared with caregiver wearing SenseCam ( $P < 0.05$ ). In this latter condition, performances declined (ca. 10% recall, $P < 0.05$ )
Crete-Nishihata et al., 2012	Clinical group	5 adults with Alzheimer's disease or mild cognitive impairment	SenseCam used for 3 short journeys with an assistant After each journey, evaluation for 2 weeks with 5 autobiographical interviews 3 months after each event, autobiographical interviews were again conducted	Better episodic event recall for the SenseCam condition (for $4/5$ participants) ( $P < 0.05$ )

333 described in these studies as affecting recall specificity (more 334 details were provided for events seen in images) [2,43]. The authors did not state whether the details provided were 335 336 present in the images themselves, but we can tentatively suggest that the extra details recalled were an effect of 337 SenseCam. The study by Loveday and Conway [38] conducted 338 339 in a 47-year-old woman with a damaged medial temporal lobe also showed increased specificity for events not present in the 340 341 images, results that support our hypotheses.

342 Elsewhere among the case studies, two studies indicated an improvement in semantic autobiographical memory 343 344 [44,45]. Pauly-Takacs et al. [44] studied a 13-year old with 345 anterograde amnesia due to intracranial metastases and 346 Garood [45] studied a 10-year old with encephalopathic 347 hypoxic ischemia. These authors suggest that the beneficial 348 effect of SenseCam observed in their patients is due to a 349 change in personal semantic information. For instance, one 350 patient recalled whilst reviewing his images, that the image 351 showed the longest corridor in Europe, adding "I went there". This appears to suggest a re-learning process, or what 352 353 Q4 Kalnikaite and Whittaker [40] call an 'inference' from the 354 images, re-stated as a fact. These people could 'recognize' or 355 extrapolate from events depicted in the images and relearn 356 this information as personal knowledge that would be 357 recorded in the semantic memory system and not in episodic 358 memory.

### 359 4.2.2. Group studies

Other studies have explored the usefulness of SenseCam in 360 361 the process of normal aging and in specific clinical populations. These studies reinforce the idea that SenseCam 362 improves both episodic memory and personal semantic 363 364 knowledge. Many of these studies have measured the number of items retrieved after viewing SenseCam images (quantita-365 366 tive analysis), but also self-assessed memory performance 367 (qualitative analysis). This latter approach is essential for our 368 hypothesis. Indeed, our hypothesis suggests that SenseCam enables an improvement in the episodic aspect of memory. 369 SenseCam should not only have a beneficial effect on the 370

amount of information retrieved, but should also improve the quality of the information recalled, with more detail, and a richer experience for past events. An improvement in episodic memory with SenseCam has been demonstrated both in healthy populations – a group of 3 men [50], a group of 18 adults [28], a group of 14 young adults [51] – and in populations presenting with memory disorders – 3 adults with AD [52], 5 adults with AD or mild cognitive impairment [53], 6 adults with AD [1].

Studies in cohorts of healthy participants show that the use of SenseCam leads to improved recollection. Sellen et al. [54] (19 healthy young adults) probably provided the clearest example showing an improvement in recollection. These authors tested 19 students who had worn a SenseCam for 13 consecutive days using image recognition tests (SenseCam captures) while wearing the SenseCam on days 3 and 10. Three conditions were used: in the first, SenseCam captured images passively; in the second images were captured actively (capture triggered by the participant); in the third photos taken by other people were used as a control condition. Memory was tested three ways: a self/other condition (is this photo one of yours?); a classification test where images were to be placed in chronological order; and a recall test where the participants generated the events of the day in detail. This test examined free recall before and after viewing 10 images (SenseCam or control). For this recall test, the participants had to class their memories as being either recollected or merely recognized 'known' [30]. The results showed that simply wearing the SenseCam considerably improved retrieval of the day's events. The events classed as known were recalled less and SenseCam had no effect on these memories. The classification task demonstrated that the participants classified more easily their own events of the day than the events of another person. For the recognition task, a number of false positives were observed, but the majority of the participants successfully (80%) discriminated their own photos. Summarizing, the results of Sellen et al. underscore the idea that SenseCam improves event recall, but also permits acces to details which are recollected.

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

371

372

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

410 These group studies have also contributed to a clarification 411 of the usefulness of SenseCam in comparison with other types 412 of recording instruments, a critical point for its status as a 413 rehabilitation device. Sellen et al. [54] for example concluded 414 that in the control population, passive capture of SenseCam 415 images (according to the on-board sensors) is better than 416 active capture obtained with ordinary cameras.

417 Certain studies have however questioned the idea that 418 SenseCam is associated with an improvement in memory [55]. 419 St Jacques and Schacter [55] studied 53 healthy young adults 420 and suggested that SenseCam helps improve the quality of judgment concerning the images, but also contributes to 421 increased false recognition with confusion between images 422 taken by the participant and images taken by others. In their 423 study [55], the authors compared recognition between images 424 of actions actually performed and new images (similar 425 environment, but not where the participant had been). 426 According to Schacter et al. [56], this task would lead to a 427 428 confusion of the source memory because of the similarity of 429 the photos. In a similar study, Seamon et al. [57] asked 144 430 healthy young adults to recall atypical actions they had made 431 a week earlier (for example press the elevator button with one's elbow). The results showed that SenseCam review did 432 not contribute to better recall of atypical actions actually 433 performed and thus did not enhance memory. 434

Certain group studies have also focused on improved 435 mnemonic performance with SenseCam during the normal 436 aging process [58]. Silva et al. [58] studied 15 young adults and 437 14 older adults focusing on the evaluation of a global effect 438 (recall of information contained in the images was not 439 measured) using standardized neuropsychological tests. In 440 this study, the participants wore a SenseCam for three 441 consecutive days then wrote a personal diary for three more 442 days. Neuropsychological tests were performed after each 443 444 phase. The results of this study show an improvement in 445 memory for all of the mnemonic measures studied (test of 446 autobiographical memory [59], free recall/cued recall FR/CR16 447 [60], symbol search and coding [61], month ordering [62]), that 448 was only present after using SenseCam for three days (in 449 comparison with reading a personal diary). These results thus support the idea that SenseCam stimulates memory in general 450 and does not simply cue the recall of information present in 451 452 the images.

Finally, certain studies have explored the use of SenseCam 453 in group studies with clinical populations. Muhlert et al. [35] 454 455 studied two groups of subjects (11 epileptic patients versus 11 healthy subjects) to compare how verbal and non-verbal 456 memory is forgotten over time in patients with transient 457 epileptic amnesia. In this study, visual memory was assessed 458 using SenseCam photos. The patients wore a SenseCam while 459 taking walks. Memory of the events captured by SenseCam 460 was tested at 3 h, 1 day, 1 week and 3 weeks after image 461 462 capture. Five photos were presented to the participants who 463 were to recall the event depicted in the photo and give as many 464 details as possible. The results showed that a similar number of events and details were recalled 1 day after the photo 465 capture by both the patients and the control group, but that 466 467 during the following three months epileptic patients lost memory of the events more rapidly than the controls. This 468 469 study is a little different because it uses SenseCam to measure

memory in a naturalistic manner, rather than seeking to improve memory function. In a more recent study, Woodberry et al. [1] studied the SenseCam effect on autobiographical memory performance in a sample of six patients with mild to moderate AD. The patients' memory of events captured on SenseCam was tested twice a week for two weeks. Comparison with a written diary showed a significant improvement in the number of details provided when using SenseCam. These results confirm that the use of SenseCam in these patients is associated with an improvement in autobiographical memory (results corroborated by Lee and Dey [52] and by Crete-Nishihata et al. [53]).

In sum, the majority of the studies presented have found a beneficial effect of SenseCam on retrieval of information stored in memory. Indeed, all of the studies emphasize the increase in both the quantity – number of events recalled – but also the quality of the memories, with a greater number of details provided about the recalled events. Nevertheless, the studies reported here remain quite heterogeneous in terms of the methodologies used and the clinical populations studied. In other words, the question of the beneficial effect of SenseCam remains to be fully elucidated.

#### 4.2.3. Neuroimaging studies

Part of the studies cited above report neuroimaging data that 493 also provides information concerning the hypothesis that 494 SenseCam leads to an improvement in episodic recall. These 495 studies focus on the activation of brain regions implicated in 496 memory, particularly the mediotemporal regions often asso-497 ciated with recollection [30]. In a study by Milton et al. [63], 498 participants wore a SenseCam for two consecutive days then 499 performed image recognition tests with functional magnetic 500 resonance imaging (fMRI) 36 hr and 5 months after using 501 SenseCam. The results in 15 young healthy adults revealed an 502 activation of the right anterior and posterior hippocampal 503 regions when the participants reviewed SenseCam Images 36 504 hr after their capture [63]. After a longer delay (5 months), the 505 images triggered an activation of the neocortical regions 506 (medial prefrontal cortex), regions associated with strategies 507 involved in memory retrieval. In a study by St Jacques et al. 508 [64], the participants wore a SenseCam for six consecutive 509 days and one week later had an autobiographical event 510 retrieval test under fMRI. SenseCam images were used as cues. 511 This study compared between men and women the impact of 512 viewing SenseCam images on brain activation during auto-513 biographical retrieval. Activation of the medial temporal lobe 514 was also revealed. The results of these two studies suggest 515 that the prefrontal cortex and the medial temporal lobe are 516 activated by SenseCam giving force and longevity to memories 517 [63]. The purpose of SenseCam being to capture self-518 referential information, the study by St Jacques et al. [63] 519 supports the notion that the self-projection given by Sense-520 Cam would activate the medial prefrontal cortex. The medial 521 prefrontal cortex stimulates the medial temporal lobe asso-522 ciated with the memory process. Thus, the increased activa-523 tion of the medial temporal lobe would allow retrieval of 524 information indispensable for successful recollection (infor-525 mation depicted in the images, contextual information, 526 autonoetic awareness) as proposed by Loveday and Conway 527 [38]. 528

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

529

### ARTICLE IN PRESS

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

### 5. Discussion

530 We will begin this discussion by presenting the characteristic features that make SenseCam a beneficial tool for memory 531 rehabilitation. The first characteristic was described by 532 Conway [65] as the 'mimetism' of autobiographical memory. 533 534 SenseCam captures images from an egocentric point of view 535 and does not require explicit intervention by the user. 536 According to Conway [65], capturing images from an egocentric point of view is essential for the efficacy of SenseCam. 537 Moreover, earlier studies have demonstrated that photos 538 539 taken from one's own viewpoint enable a more vivid, more specific and more emotional memory retrieval [66]. This thus 540 leads to 'mental time travelling'. These results have also been 541 corroborated by neuroimaging data [65]. Neuroimaging 542 543 demonstrates an activation of the neuron networks implicated in re-experience of the past and in autonoetic awareness, 544 545 via reviewing SenseCam photos. The SenseCam photos induce 546 an important feeling of identity, sustaining strong mnemonic 547 traces [38]. This represents the 'something more' hypothesis 548 where recalled information goes beyond the information 549 presented in the photos themselves [38,44].

550 Another characteristic feature making SenseCam a sui-551 table rehabilitation device comes from the fact that the tool requires very little user input, being a relatively passive device. 552 Certain patients with memory disorders are also anosognosic 553 554 and thus have only minimal perception of their own difficulties. The advantage of SenseCam is to provide this 555 556 type of patient with a rehabilitation tool that requires little or no awareness of the disorder. Aside of wearing the device and 557 reviewing the images, there is no need for active involvement 558 559 with the device during its operation.

The final characteristic is the capacity of SenseCam to 560 compensate for deficient self-initiation processes, again a 561 562 problem often present in patients with memory disorders. 563 Most of the time these patients, because of altered self-564 initiation processes, fail to find sought-for information 565 spontaneously (due to an absence of context). Here, SenseCam 566 can play a critical role by providing the necessary context to trigger successful information retrieval. 567

One of the major problems in the studies reviewed here is 568 569 the lack of statistical power of the effects reported. Excepting a small number of studies [55,57,58,35,64], the majority have 570 571 been reports of individual cases or small groups of users 572 (n < 20). Consequently, the results observed to date need to be 573 confirmed. Furthermore, the beneficial effect of SenseCam 574 could be diminished by a possible cognitive overload effect 575 caused by reviewing the images. SenseCam sometimes 576 captures a large volume of information that might induce 577 mnemonic overload [38], or even cognitive fatigue. In response 578 to this problem, recent studies [e.g. 2] have begun exploring 579 the possibility of segmenting the events, dividing them 580 according to different benchmarks such as the environment, 581 the time point, the theme or the persons involved. Thus the 582 purpose of the study by Doherty et al. [2] was to develop a 583 segmentation program mimicking the way memory functions. 584 Thus the SenseCam images that were classed according to the different benchmarks would provide better cues for episodic 585 recall and avoid possible overloading. 586

The studies presented in this review of the literature thus suggest that SenseCam has a beneficial effect on episodic memory performance as well as on certain other cognitive domains, including executive function. Silva et al. [58] assessed executive functions by testing verbal fluency and found improved test performance after using SenseCam. The focus on memory function is a limitation of the existent research. For example, there has been no assessment of the impact of SenseCam on subjective complaints or quality-oflife. And the goal of rehabilitation is not limited to a simple improvement in memory performance, but is aimed at improving the patient's quality-of-life. It would thus be necessary to assess these criteria in future studies.

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

One of the questions that also remain to be explored is whether the use of external aids such as SenseCam would improve patients' awareness of their memory problems (metamemory). The literature shows that people who have mnemonic disorders present, for the majority, metamemory deficits [67]. Certain studies have showed that awareness of memory problems has a positive impact on rehabilitation, and thus on memory performance [68,69]. The use of SenseCam, via improved awareness of mnemonic disorders, could thus indirectly improve memory and potentially have an impact on the mnemonic and/or cognitive complaint.

One of the hypotheses we put forward at the beginning of this review was the following: SenseCam could constitute an adequate environmental support, acting like a cue for retrieval of autobiographical memories. Overall, the results presented in this review would appear to confirm this hypothesis of environmental support. Furthermore, SenceCam constitutes a particularly appropriate tool for memory rehabilitation in comparison with other available tools. Neuropage [70] for example, is a paging system that was developed for patients with memory disorders. This tool works by reminders. A list of things to recall can be inserted into the Neuropage software that then automatically sends a recall message to the paging system at the appropriate moment. Alone, this tool cannot improve prospective memory. Coupled with other tools such as a personal diary, Neuropage might be able to influence other types of memory functions, for instance autobiographical memory. However, this would mean that the patients would have to use two tools instead of one, a further constraint. Wilson et al. [70] evaluated the effect of Neuropage in 143 patients with brain lesions (head trauma or stroke). The patients presented at least one of the following disorders: memory disorder, planning disorder, attention, or organizational problems. The impact of Neuropage was tested two to seven weeks after beginning to use the tool. The results showed improved execution of daily activities (personal hygiene, use of medications...) for more than 80% of patients. Neuropage thus appears to reduce observed memory deficits and organizational problems.

Svoboda et al. [10] tested the use of a cell phone as well as a 'personal digital assistant' in order to stimulate memory. This study, conducted in 10 amnesic patients, demonstrated that the use of these devices diminished considerably deficits in prospective memory (forgotten appointments, taking medication). Another study by Quittre et al. [12] used a cell phone to create an automatic agenda. In this case study conducted in a patient with mild cognitive impairment, the results demons-

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

699 700 701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746 747

748

749 750

751

752

753

754

755

756

757

758

759

760

761

762

trated a beneficial effect of using the memory aid. Despite the 647 648 demonstration of the beneficial effect of these technologies 649 (Neuropage, personal digital assistant, cell phone) on memory, 650 these tools, unlike SenseCam, do not enable rehabilitation of episodic memory, but rather mainly influence prospective 651 652 memory.

Finally, SenseCam-like rehabilitation tools have been 653 654 implemented on cell phones [11]. Patients have to wear the 655 cell phone on a neck strap so that it can capture images 656 automatically throughout the day. The effect of reviewing the acquired images on autobiographical memory was tested. 657 These two tools (cell phone and SenseCam) were similar in all 658 ways in terms of use, but the cell phone had the advantage of 659 data transfer; it captured images throughout the day and 660 transferred them to a safe server automatically. Videos were 661 rapidly created from the photos and sent to patients by email 662 or DVD. The advantage of being able to transfer images and 663 rapidly create videos is undeniable, especially for longitudinal 664 implementations where the videos should be reviewed 665 666 regularly. For SenseCam, the investigator needs to visit the 667 patient at home regularly in order to transfer the images and 668 create videos-or the patients' caregiver could be trained to transfer images and create videos. This adds a supplementary 669 constraint, in addition to using the tool. The cell phone 670 671 eliminates this problem by its data transfer function.

#### 6. Conclusion

672

692

In conclusion, the studies presented in this review of the 673 literature have demonstrated the potential of SenseCam as a 674 technique for memory rehabilitation. The goal of this review 675 was to provide a complete update on published studies in 676 order to set the basis for solid theoretical analysis concerning 677 678 the memory improvement obtained via SenseCam. At the 679 present time, the evidence supporting the efficacy of Sense-680 Cam is weak, though positive. It is also noteworthy that 681 because of the rapid development of these novel devices the 682 research conducted to date has been highly heterogeneous, 683 leaving much room for further study in this field of neuropsychology. In the long run, studies should focus on much 684 more qualitative aspects of the question, testing the effect of 685 this tool on patients' quality-of-life and metamemory. They 686 687 should also provide solid evidence concerning the 'something more' hypothesis assumed to result from the use of 688 689 SenseCam.

#### 690 Disclosure of interest

The authors declare that they have no competing interest. 691

#### 693 Acknowledgements

This review of the literature is based on a previous review 694 695 published by one of the authors (Ana Ria Silva, Neuropsy-696 chological Rehabilitation) and is an update that includes new material on the comparison of different memory aids. This 697 698 work was supported by the Bourgogne Region as part of a project granted to Céline Souchay and Chris Moulin on the theme "Consciousness and Memory in AD" and was also supported by the Méderic Foundation that provided grants for Céline Souchay and Chris Moulin on the theme "New Technologies in Alzheimer's Disease".

### REFERENCES

- 05 [1] Woodberry E, et al. The use of a wearable camera improves autobiographical memory in patients with Alzheimer's disease. Mem. Hove Engl 2014;37-41. http://dx.doi.org/ 10.1080/09658211.2014.886703. [2] Doherty AR, et al. Experiences of aiding autobiographical memory using the SenseCam. Hum. Comput. Interact 2012;37-41. http://dx.doi.org/10.1080/07370024.2012.656050. [3] Majid M, Lincoln N, Weyman N. Cochrane database of systematic reviews. John Wiley & Sons, Ltd; 2000, http:// onlinelibrary.wiley.com/doi/10.1002/14651858.CD002293/ abstract. [4] Clare L, Jones RSP. Errorless learning in the rehabilitation of memory impairment: a critical review. Neuropsychol. Rev 2008;18:1-23. Bäckman L. Memory training and memory improvement in Alzheimer's disease: rules and exceptions. Acta Neurol. Scand 1992:85:84-9. [6] Ranganath C, Flegal KE, Kelly LL. Can cognitive training improve episodic memory? Neuron 2011;72:688-91. Clare L, Woods Robert T. Cognitive training and cognitive [7] rehabilitation for people with early stage Alzheimer's disease: a review. Neuropsychol. Rehabil. 2004;14(4). [8] Clare L. Cognitive rehabilitation and people with dementia. In: Stone JH, Blouin M, editors. International encyclopedia of rehabilitation. 2010. [9] Intons-Peterson MJ, Iii GLN. In: Herrmann DJ, Weingartner H, Searleman A, McEvoy C, editors. Memory improvement, New York: Springer; 1992. p. 101-21. [10] Svoboda, Rowe, Murphy. From science to smartphone: boosting memory function one pres at a time. J. Curr. Clin. Care 2012;2. [11] De Leo G, Brivio E, Sautter SW. Supporting autobiographical memory in patients with Alzheimer's disease using smart phones. Appl. Neuropsychol. 2011;18:69-76. [12] Quittre A, Adam S, Olivier C, Salomon E. Actualité en rééducation neuropsychologique; 2009;333-65. [13] Ehlhardt LA, et al. Evidence-based practice guidelines for instructing individuals with neurogenic memory impairments: what have we learned in the past 20 years? Neuropsychol. Rehabil 2008;18:300-42. [14] Wilson B, Evans J, Emslie H, Malinek V. Evaluation of NeuroPage: a new memory aid. J. Neurol. Neurosurg. Psychiatry 1997;63:113-5. [15] Grandmaison E, Simard M. A critical review of memory stimulation programs in Alzheimer's disease. J. Neuropsychiatry Clin. Neurosci 2003;15:130-44. [16] Tulving E. How many memory systems are there? Am. Psychol 1985;40:385-98. [17] Mandler G. Familiarity breeds attempts: a critical review of dual-process theories of recognition. Perspect. Psychol. Sci. 2008:3. [18] Conway MA, Pleydell-Pearce CW. The construction of autobiographical memories in the self-memory system.
- Psychol. Rev 2000;107:261-88. [19] Piolino P, Desgranges B, Eustache F. Episodic autobiographical memories over the course of time: cognitive, neuropsychological and neuroimaging findings. Neuropsychologia 2009;47:2314-29.

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

791

792

793

794

795

796

797

798

799

800

801 802

803

804

805 806

807

808

809

810

811

812

813

814

815

816

817

818

819

820

821

827

# ARTICLE IN PRESS

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

- [20] Tulving E. Episodic memory and common sense: how far apart? Philos. Trans. R. Soc. Lond. B. Biol. Sci 2001;356:1505–15.
- [21] Klein SB, German TP, Cosmides L, Gabriel R. A theory of autobiographical memory: necessary components and disorders resulting from their loss. Soc. Cogn 2004;22:460–90.
- [22] Tulving E. Episodic memory: from mind to brain. Annu. Rev. Psychol 2002;53:1–25.
- [23] Bourgeois MS. Enhancing conversation skills in patients with Alzheimer's disease using a prosthetic memory aid. J. Appl. Behav. Anal. 1990;23:29–42.
- [24] Bourgeois MS. Evaluating memory wallets in conversations with persons with dementia. J. Speech Lang. Hear. Res. 1992;35:1344.
- [25] Sohlberg MM, Mateer CA. Improving attention and managing attentional problems. Adapting rehabilitation techniques to adults with ADD. Ann. N. Y. Acad. Sci. 2001;931:359–75.
- [26] Hoerster L, Hickey EM, Bourgeois MS. Effects of memory aids on conversations between nursing home residents with dementia and nursing assistants. Neuropsychol. Rehabil. 2001;11:399–427.
- [27] Yasuda K, Kuwabara K, Kuwahara N, Abe S, Tetsutani N.
  Effectiveness of personalised reminiscence photo videos for individuals with dementia. Neuropsychol. Rehabil.
  2009;19:603–19.
  [28] Sohlberg MM, Mateer CA, Training use of compensatory
  - [28] Sohlberg MM, Mateer CA. Training use of compensatory memory books: a three stage behavioral approach. J. Clin. Exp. Neuropsychol. 1989;11:871–91.
  - [29] Squire LR, Zola SM. Structure and function of declarative and nondeclarative memory systems. Proc. Natl. Acad. Sci. U. S. A. 1996;93:13515–22.
  - [30] Moulin CJA, Souchay C, Morris RG. The cognitive neuropsychology of recollection. Cortex 2013;9:1445–51.
  - [31] Craik FIM. A functional account of age differences in memory. Hum. Mem. Cogn. Capab. 1986.
  - [32] Craik FIM, Byrd M. In: Craik FIM, Trehub S, editors. Aging and cognitive processes, US: Springer; 1982. p. 191–211, http://link.springer.com/chapter/10.1007/978-1-4684-4178-9\_11.
    - [33] Souchay C, Moulin CJA, editors. Advances in Alzheimer's research, 2. 2014. p. 1–30.
  - [34] Tulving E, Arbuckle TY. Input and output interference in short-term associative memory. J. Exp. Psychol. 1966;72:145–50.
  - [35] Muhlert N, Milton F, Butler CR, Kapur N, Zeman AZ. Accelerated forgetting of real-life events in Transient Epileptic Amnesia. Neuropsychologia 2010;48:3235–44.
  - [36] Hodges S, et al. SenseCam: a retrospective memory aid. Proc Ubicomp 2006;177–93.
  - [37] Souchay C, Moulin CJA. Memory and consciousness in Alzheimer's disease; 2009.
  - [38] Loveday C, Conway MA. Using SenseCam with an amnesic patient: accessing inaccessible everyday memories. Mem. Hove Engl. 2011;19:697–704.
  - [39] Doherty AR, et al. Wearable Cameras in Health 2013;5–8.
  - [40] Berry E, et al. The neural basis of effective memory therapy in a patient with limbic encephalitis. J. Neurol. Neurosurg. Psychiatry 2009;80:1202–5.
- [41] Berry E, et al. The use of a wearable camera. SenseCam, as a pictorial diary to improve autobiographical memory in a patient with limbic encephalitis: a preliminary report.
  Neuropsychol. Rehabil. 2007;17:582–601.
  [42] Bowen. An intervestigation of the therapeutic efficacy of
  - [42] Bowen. An intervestigation of the therapeutic efficacy of Sensecam as an autobiographical memory aid in a patient with medial temporal lobe amnesia; 2008.
- with medial temporal lobe amnesia; 2008.
  [43] Brindley R, Bateman A, Gracey F. Exploration of use of
  SenseCam to support autobiographical memory retrieval
  within a cognitive-behavioural therapeutic intervention

following acquired brain injury. Mem. Hove Engl. 2011;19:745–57.

 [44] Pauly-Takacs K, Moulin CJA, Estlin EJ. SenseCam as a rehabilitation tool in a child with anterograde amnesia. Mem. Hove Engl. 2011;19:705–12. 832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896 897

898

899

900

- [46] Piasek P, Irving K, Smeaton AF. Case Study in SenseCam use as an intervention technology for early-stage dementia. Int. J. Comput. Healthc 2012;1(4).
- [47] Svanberg J, Evans JJ. Impact of SenseCam on memory, identity and mood in Korsakoff's syndrome: a single case experimental design study. Neuropsychol. Rehabil 2013;37– 41. <u>http://dx.doi.org/10.1080/09602011.2013.814573</u>.
- [48] Brindley R, Bateman A, Gracey F. Exploration of use of SenseCam to support autobiographical memory retrieval within a cognitive-behavioural therapeutic intervention following acquired brain injury. Mem. Hove Engl. 2011;19:745–57.
- [49] Browne G, et al. SenseCam improves memory for recent events and quality of life in a patient with memory retrieval difficulties. Mem. Hove Engl. 2011;19:713–22.
- [50] Doherty AR, Gurrin C, Smeaton AF. An investigation into event decay from large personal media archives. In: Proc. 1st ACM Int. Workshop Events Multimed. – EiMM 09 49; 2009. <u>http://dx.doi.org/10.1145/1631024.1631035</u>.
- [51] Sas C, Rees M, Gellersen H, Coman A. AffectCam: arousalaugmented sensecam for richer recall of episodic memories; 2013.
- [52] Lee ML, Dey AK. Life-logging memory appliance for people with episodic memory impairment. In: Proc. 10th Int. Conf. Ubiquitous Comput. – UbiComp 08 44; 2008. <u>http:// dx.doi.org/10.1145/1409635.1409643</u>.
- [53] Crete-Nishihata M, et al. Reconstructing the Past: Personal Memory Technologies Are Not Just Personal and Not Just for Memory. Human–Computer Interact. 2012;27:92–123.
- [54] Sellen A, et al. Do life- logging technologies support memory for the past? An experimental study using SenseCam 2007;81–90.
- [55] St Jacques PL, Schacter DL. Modifying memory: selectively enhancing and updating personal memories for a museum tour by reactivating them. Psychol. Sci. 2013;24:537–43.
- [56] Schacter DL, Koutstaal W, Johnson MK, Gross MS, Angell KE. False recollection induced by photographs: a comparison of older and younger adults. Psychol. Aging 1997;12:203–15.
- [57] Seamon JG, et al. SenseCam reminiscence and action recall in memory-unimpaired people. Mem. Hove Engl. 2013;1–6.
- [58] Silva AR, Pinho S, MacEdo LM, Moulin CJ. Benefits of SenseCam review on neuropsychological test performance. Am. J. Prev. Med. 2013;44:302–7.
- [59] Williams J, Broadbent K. Autobiographical memory in suicide attempters. J Abnorm Psychol 1986;95:144–9. 64.
- [60] Delis D, Kaplan E, Kramer J, Ober B, editors. California Verbal Learning Test-II. San Antonio TX: Psychological Corporation; 2000.
- [61] Wechsler D. Wechsler adult intelligence scale. Fourth Edition, San Antonio TX: Pearson; 2008.
- [62] Almor A, Kempler D, MacDonald M, Andersen E, Tyler L. Why do Alzheimer's patients have difficulty with pronouns? Working memory, semantics, and pronouns in Alzheimer's disease. Brain Lang 1999;67:202-27.
   [62] Milton F, et al. A. Comparison of the second seco
- [63] Milton F, et al. An fMRI study of long-term everyday memory using SenseCam. Mem. Hove Engl. 2011;19:733–44.
- [64] St Jacques PL, Conway M, Cabeza AR. Gender differences in autobiographical memory for everyday events: retrieval elicited by SenseCam images versus verbal cues. Mem. Hove Engl. 2011;19:723–32.

902

903

904

905

906

907

908

909

910

## ARTICLE IN PRESS

REVUE NEUROLOGIQUE XXX (2016) XXX-XXX

- [65] Conway MA. Memory and the self. J. Mem. Lang. 2005;53:594–628.
  - [66] Robinson JA, Swanson KL. Field and observer modes of remembering. Memory 1993;1:169–84.
  - [67] Souchay C. Metamemory in Alzheimer's disease. Cortex 2007;43:987–1003.
- [68] Clare L, Wilson BA, Carter G, Roth I, Hodges JR. Awareness in early-stage Alzheimer's disease: relationship to outcome of cognitive rehabilitation. J. Clin. Exp. Neuropsychol 2004;26:215–26.
- 911[69] Werheid K, Ziegler M, Klapper A, Kühl K-P. Awareness of912memory failures and motivation for cognitive training in913mild cognitive impairment. Dement. Geriatr. Cogn. Disord.9142010;30:155.
- 915 [70] Wilson BA, Emslie HC, Quirk K, Evans JJ. Reducing everyday
  916 memory and planning problems by means of a paging
  917 system: a randomised control crossover study. J. Neurol.
  918 Neurosurg. Psychiatry 2001;70:477–82.
- 919 [71] Kalnikaite V, Whittaker S. Beyond being there? Evaluating
   920 augmented digital records. Int. J. Hum. Comput. Stud
   921 2010:68:627–40.

#### FURTHER READINGS

- Tulving, E. [Episodic memory: from mind to brain]. Rev Neurol (Paris) 2004;160;S9–23.
- Mcpherson, A. et al. Effects of individualized memory aids on the conversation of persons with severe dementia: a pilot study. Aging Ment Health 2001;5:289–94.
- Doherty AR, Moulin CJA, Smeaton AF. Automatically assisting human memory: a SenseCam browser. Mem Hove Engl 2011;19:785–95.

Tulving E. Memory and consciousness. Can Psychol 1985;26:1–12.

Schacter DL, Koutstaal W, Johnson MK, Gross MS, Angell KE. False recollection induced by photographs: a comparison of older and younger adults. Psychol Aging 1997;12:203–15. 922

923

13

933

934