The Role of AI in Early Detection of Alzheimer's and Parkinson's Diseases: <mark>literature survey.</mark>

Abstract:

Early detection of neurodegenerative diseases like Alzheimer's and Parkinson's is crucial for improving patient care and enabling timely interventions. Artificial intelligence (AI) offers innovative approaches to analyzing complex medical datasets, revolutionizing the detection of these diseases at early stages. This review discusses key AI methodologies, including machine learning (ML), deep learning (DL), natural language processing (NLP), and reinforcement learning (RL), and their applications in early diagnosis. ML models excel in predicting disease risk and classifying imaging and biometric data, while DL techniques, such as convolutional and recurrent neural networks, are effective in processing unstructured data like images and speech. NLP facilitates extracting critical insights from clinical notes and patient narratives, and RL enhances decision-making in diagnostic workflows. Integrating multimodal data—such as genomics, neuroimaging, wearable device metrics, and electronic health records—further strengthens diagnostic precision. Despite its promise, the widespread implementation of AI faces challenges, including the need for standardized data, ethical considerations, and clinical validation. Overcoming these obstacles is essential for AI to transform early detection and management of neurodegenerative diseases. This review emphasizes the significance of interdisciplinary efforts and sustained research to unlock AI's full potential in medical applications.

Introduction

Neurodegenerative diseases, including Alzheimer's and Parkinson's, represent a significant global health burden due to their progressive nature and the absence of definitive cures. Early detection of these conditions is critical, as it allows for timely interventions that can slow disease progression, improve patient outcomes, and enhance quality of life[1, 2]. Traditional diagnostic methods often rely on clinical assessments, imaging studies, and laboratory tests, which may not detect subtle changes occurring in the earliest stages of these diseases[3]. Consequently, there is a growing need for innovative approaches to identify early biomarkers and patterns of disease progression.

Artificial intelligence (AI) has emerged as a transformative technology in healthcare, offering unparalleled capabilities to analyze vast and complex datasets. By leveraging advanced algorithms, AI can uncover hidden patterns in data that are beyond human recognition, making it a powerful tool for early diagnosis[4]. AI encompasses a wide range of methodologies that serve specific purposes in detecting neurodegenerative diseases:

1. **Machine Learning (ML)**: ML algorithms, particularly supervised and unsupervised models, have shown promise in predicting disease onset by analyzing structured data, such as demographic information, genetic predispositions, and biomarker levels. ML models are particularly effective in identifying correlations and trends that may precede clinical symptoms(5).

2. **Deep Learning (DL)**: DL, a subset of ML, uses multi-layered neural networks to process complex and unstructured datasets. Convolutional Neural Networks (CNNs) are widely employed for analyzing neuroimaging data, including MRI and PET scans, to identify subtle structural changes in the brain. Recurrent Neural Networks (RNNs) and Long Short-Term Memory (LSTM) networks, on the other hand, are utilized to analyze sequential data, such as speech patterns or gait analysis, providing insights into non-motor symptoms(6).

3. **Natural Language Processing (NLP)**: NLP techniques extract valuable information from textual data, such as clinical notes, patient histories, and research publications. By analyzing patient-reported symptoms and clinician observations, NLP can flag early warning signs of cognitive decline or motor dysfunction(7).

4. **Reinforcement Learning (RL)**: RL focuses on optimizing decision-making processes by learning from iterative feedback. In diagnostic workflows, RL can prioritize specific diagnostic tests or treatment pathways based on patient data, thereby enhancing the efficiency and accuracy of clinical decision-making(8).

AI also enables the integration of multimodal data, which involves combining diverse data types for comprehensive analysis. For instance, neuroimaging data can be combined with genetic markers and wearable device metrics to provide a holistic view of a patient's condition(9, 10). This capability not only improves diagnostic accuracy but also facilitates the identification of disease subtypes, which can inform personalized treatment strategies.

Despite its immense potential, the application of AI in early detection of Alzheimer's and Parkinson's faces challenges. These include variability in data quality, ethical concerns regarding patient privacy, and the need for extensive clinical validation to ensure reliability and generalizability(11). Overcoming these barriers requires collaborative efforts between AI developers, clinicians, and researchers to establish robust frameworks for data standardization, algorithm transparency, and regulatory compliance.

This narrative review explores the various AI methodologies applied in the early detection of Alzheimer's and Parkinson's diseases, highlighting their strengths and limitations. By examining how these technologies leverage data from diverse sources and addressing the challenges that hinder their clinical implementation, this review aims to provide a comprehensive understanding of AI's transformative role in healthcare. The findings underscore the need for continued research and interdisciplinary collaboration to unlock AI's full potential in revolutionizing the early diagnosis and management of neurodegenerative diseases. It holds significant importance for the scientific community

as it addresses the transformative potential of AI in early detection and management of neurodegenerative diseases, a critical area of unmet medical need. By reviewing cutting-edge AI methodologies and their integration with multimodal data, it provides a comprehensive understanding of how advanced computational tools can revolutionize diagnostics and improve patient outcomes. Furthermore, the manuscript highlights existing challenges, such as ethical concerns and the need for standardized datasets, offering valuable insights for future research and development. It encourages interdisciplinary collaboration, paving the way for innovative solutions that can enhance healthcare systems and advance the early diagnosis of Alzheimer's, Parkinson's, and related disorders.

AI Methods in Medical Data Analysis

1. **Machine Learning (ML)**
   Machine learning, a foundational branch of AI, involves training algorithms to recognize patterns in structured datasets and make predictions based on these insights(12). Its capacity to analyze diverse forms of data makes it a cornerstone in early detection efforts for neurodegenerative diseases.

   o Predictive Modeling:
   ML algorithms analyze structured data, such as genetic predispositions, demographic profiles, and lifestyle factors, to estimate an individual's likelihood of developing diseases like Alzheimer's or Parkinson's(13). By identifying high-risk individuals, clinicians can implement early preventive measures(14).

   o Classification Tasks:
   ML techniques excel in classifying healthy individuals versus those exhibiting early-stage neurodegeneration. This is achieved through analyzing biomarkers such as amyloid-beta or tau protein levels, as well as neuroimaging data like MRI scans(15).

   o Applications in Alzheimer's Disease:
   ▪ ML models process neuroimaging data, including structural MRI, functional MRI, and PET scans, to detect brain volume reduction or changes in glucose metabolism. Algorithms like support vector machines (SVMs) and random forest classifiers have shown high accuracy in predicting cognitive decline and disease progression(16).

   o Applications in Parkinson's Disease:
   ▪ Machine learning techniques analyze motor and non-motor symptoms using data from speech recordings and wearable motion sensors. For example, supervised learning models detect tremor irregularities, gait abnormalities, and subtle voice changes, which are key early indicators of Parkinson's disease(17).

2. **Deep Learning (DL)**
   Deep learning, a specialized subset of ML, uses artificial neural networks with multiple processing layers to analyze large and complex datasets. It is particularly effective in uncovering intricate patterns in unstructured data, such as images and temporal signals(18).

   o **Image Analysis**:
   ▪ Convolutional Neural Networks (CNNs) have demonstrated superior accuracy in analyzing neuroimaging data. CNNs detect early structural changes in the brain,

such as cortical thinning, hippocampal atrophy, or amyloid deposition—hallmarks of Alzheimer's disease(19).

- o **Speech and Motion Analysis**:
  - ▪ Deep learning models, particularly Recurrent Neural Networks (RNNs) and Long Short-Term Memory (LSTM) networks, analyze sequential data like speech or movement patterns. For Parkinson's disease, these networks process voice recordings to identify slurred speech or reduced vocal pitch and use motion data to detect tremor severity or irregular gait patterns(20).
- o **Multimodal Data Fusion**:
  - ▪ DL algorithms increasingly integrate multiple data types—such as combining neuroimaging with genetic or clinical data. This multimodal approach enhances diagnostic precision and provides a holistic understanding of disease pathology(21).

3. **Natural Language Processing (NLP)**

Natural Language Processing is an AI methodology that extracts meaningful information from textual data, making it valuable for analyzing patient records, clinician notes, and research literature.

- o **Clinical Note Analysis**:
  - ▪ NLP algorithms process free-text clinical notes to detect mentions of cognitive decline, memory impairment, or motor dysfunction. This aids in identifying patients who may benefit from further diagnostic testing(22).
- o **Patient-Generated Data**:
  - ▪ NLP tools analyze self-reported symptoms, responses to surveys, and caregiver narratives. By extracting patterns in subjective data, NLP identifies early indicators of neurodegenerative diseases, such as mood changes or sleep disturbances(23).

4. **Reinforcement Learning (RL)**

Reinforcement learning focuses on decision-making by training algorithms to learn through trial-and-error. RL models are highly adaptable and excel in optimizing diagnostic and therapeutic workflows.

- o **Optimizing Diagnostic Pathways**:
  - ▪ RL models can prioritize the most effective diagnostic tests for a given patient, minimizing costs and reducing delays in early detection. For example, RL frameworks can suggest whether neuroimaging, biomarker testing, or genetic screening should be performed first(24).
- o **Personalized Treatment Planning**:
  - ▪ In managing neurodegenerative diseases, RL algorithms adapt treatment strategies in real-time based on patient responses, ensuring interventions are both timely and effective(25).

By leveraging these AI methodologies, healthcare professionals can enhance the precision and timeliness of neurodegenerative disease detection, paving the way for improved patient outcomes. AI's ability to analyze and integrate vast amounts of data marks a paradigm shifts in medical diagnostics.

Integration of Multimodal Data

One of the most transformative capabilities of artificial intelligence (AI) in healthcare is its ability to integrate and analyze multimodal data—information derived from diverse sources(26). This approach allows AI to create a comprehensive diagnostic framework by synthesizing various data types, thereby improving the accuracy and efficiency of early detection for neurodegenerative diseases such as Alzheimer's and Parkinson's(27).

1. Genomics

AI excels at analyzing genetic data to identify predispositions to Alzheimer's and Parkinson's diseases. By leveraging machine learning (ML) and deep learning (DL) algorithms, AI can uncover specific genetic variants or mutations, such as those associated with the APOE ε4 allele in Alzheimer's or SNCA and LRRK2 mutations in Parkinson's(28). These insights enable clinicians to assess individual risk profiles and prioritize early interventions for patients with a higher likelihood of developing these conditions. Additionally, AI algorithms can integrate genomics with other data sources to predict disease progression or response to targeted therapies(28, 29).

2. Neuroimaging

Neuroimaging is a critical tool in detecting structural and functional changes in the brain associated with neurodegenerative diseases. AI-powered algorithms, particularly convolutional neural networks (CNNs), can combine imaging modalities such as magnetic resonance imaging (MRI), positron emission tomography (PET), and computed tomography (CT) scans(30).

- **Alzheimer's Disease**: AI analyzes structural MRI scans to detect cortical thinning and hippocampal atrophy, while PET imaging helps identify amyloid plaques and tau tangles. Integrating these modalities allows AI to provide a holistic view of brain changes occurring in the early stages of the disease(31).

- **Parkinson's Disease**: By combining functional MRI with dopamine transporter (DaT) imaging, AI can identify subtle changes in brain regions responsible for motor control, such as the substantia nigra. This integration enhances the sensitivity and specificity of early diagnosis(32).

3. Wearable Devices

AI's ability to process real-time data from wearable devices has revolutionized continuous monitoring for neurodegenerative diseases. These devices collect information on motor symptoms, physiological parameters, and behavioral changes, enabling earlier detection of disease onset or progression.

- **Motor Symptoms**: Wearable sensors track gait patterns, tremor frequency, and bradykinesia, providing valuable insights into Parkinson's disease. AI analyzes these metrics to detect deviations from normal movement, flagging potential early signs of motor dysfunction(33).

- **Heart Rate Variability and Sleep Patterns**: Wearables monitor autonomic functions, such as heart rate variability and sleep quality. For Alzheimer's, disruptions in sleep-wake cycles or

decreased heart rate variability can indicate early cognitive decline. AI synthesizes these metrics to identify patterns linked to disease onset(34).

4. Electronic Health Records (EHRs)

Electronic Health Records contain a wealth of patient information, including medical history, lab results, imaging reports, and treatment responses. AI algorithms use natural language processing (NLP) to extract meaningful insights from unstructured data within EHRs.

- **Patient History**: AI can analyze longitudinal data, such as repeated clinical visits, to detect trends that may indicate early symptoms of Alzheimer's or Parkinson's(35, 36).

- **Lab Results and Biomarkers**: Integrating lab data, such as cerebrospinal fluid (CSF) biomarker levels, with other modalities provides a more complete picture of the disease state.

- **Treatment Responses**: AI evaluates treatment efficacy by synthesizing data on medication adherence, symptom progression, and side effects, enabling clinicians to tailor interventions for individual patients(35).

The Power of Multimodal Integration

The true strength of AI lies in its ability to combine these diverse data streams into a unified diagnostic model. By correlating genomic information with neuroimaging findings, wearable device metrics, and EHR data, AI creates a multidimensional representation of a patient's condition. This integrated approach not only enhances diagnostic accuracy but also aids in identifying disease subtypes and predicting progression. Moreover, it facilitates personalized treatment strategies, ensuring that interventions are tailored to the unique needs of each patient.

By leveraging multimodal data integration, AI is redefining how neurodegenerative diseases are detected and managed, paving the way for earlier and more precise interventions.

Challenges and Limitations

Although artificial intelligence (AI) holds immense potential for transforming healthcare, several challenges and limitations must be addressed to ensure its effective implementation, particularly in the early detection of neurodegenerative diseases like Alzheimer's and Parkinson's(11). These obstacles span technical, ethical, and practical dimensions, and overcoming them is essential for widespread adoption and integration into clinical practice.

1. Data Quality and Standardization

The performance of AI models is heavily dependent on the quality and consistency of the data they analyze. However, the healthcare industry often grapples with fragmented and heterogeneous datasets, which pose significant challenges for AI implementation.

- **Inconsistent Data Formats**: Medical data is sourced from various systems, including electronic health records (EHRs), imaging modalities, wearable devices, and genomic databases. These datasets are often stored in different formats and lack standardization, making it difficult for AI algorithms to process them efficiently(37). For example, imaging data from different scanners may vary in resolution, contrast, and noise levels, while EHRs may contain unstructured text that is difficult to interpret without extensive preprocessing(38).

- **Data Imbalance**: Many datasets are imbalanced, with insufficient representation of certain patient groups, such as early-stage disease cases or individuals from diverse ethnic backgrounds. This can lead to biased models that perform poorly on underrepresented populations, limiting their generalizability(37).

- **Noise and Missing Data**: Medical datasets frequently contain missing values, redundant information, or inaccuracies. AI algorithms must be robust enough to handle such imperfections while maintaining their predictive accuracy.

Addressing these issues requires the development of standardized protocols for data collection, annotation, and sharing. Collaborative efforts between healthcare institutions, researchers, and technology developers are crucial to create large, diverse, and high-quality datasets that enable AI models to perform reliably across different settings.

2. Ethical Concerns

AI adoption in healthcare raises several ethical issues, particularly regarding data privacy, algorithmic transparency, and bias. These concerns must be addressed to build trust among patients, clinicians, and regulatory bodies.

- **Data Privacy and Security**: The use of sensitive patient information for training AI models necessitates stringent safeguards to protect data from unauthorized access or breaches. Ensuring compliance with privacy regulations, such as the General Data Protection Regulation (GDPR) or the Health Insurance Portability and Accountability Act (HIPAA), is essential. Additionally, anonymization techniques must be robust enough to prevent re-identification of individuals(39).

- **Algorithmic Transparency**: Many AI models, particularly those based on deep learning, function as "black boxes," making their decision-making processes difficult to interpret. This lack of transparency can hinder clinical acceptance, as healthcare providers require clear justifications for AI-driven recommendations. Efforts to develop explainable AI (XAI) systems are critical for addressing this issue(40).

- **Bias and Fairness**: AI models can inadvertently perpetuate existing biases in healthcare data, leading to disparities in diagnostic accuracy or treatment recommendations. For example, a model trained predominantly on data from one demographic group may underperform when

applied to other populations. Mitigating bias requires careful dataset curation and algorithmic adjustments to ensure equitable performance(40).

3. Clinical Validation and Integration

For AI to be effectively deployed in healthcare, it must undergo rigorous validation and seamless integration into existing workflows. However, achieving this presents several challenges.

- **Rigorous Testing**: AI models must be validated using real-world clinical data to ensure their accuracy, reliability, and robustness. This requires extensive multicenter trials that account for diverse patient populations and healthcare settings. Models that perform well in research settings may fail to replicate their success in clinical environments due to differences in data quality or operational constraints(41).

- **Regulatory Hurdles**: AI-driven tools must meet stringent regulatory standards to obtain approval for clinical use. Regulatory bodies, such as the FDA or EMA, require evidence of safety, efficacy, and ethical compliance, which can be time-consuming and resource-intensive to generate(42).

- **Workflow Integration**: Successful implementation of AI systems requires seamless integration into clinical workflows without disrupting routine practices. This involves designing user-friendly interfaces, training healthcare providers to interpret AI outputs, and ensuring interoperability with existing healthcare infrastructure. Resistance to change and lack of technical expertise among clinicians can further hinder adoption(43).

Path Forward

To address these challenges, several strategies can be employed:

1. **Data Standardization Initiatives**: Establishing global standards for data collection, formatting, and sharing can enhance the consistency and interoperability of medical datasets. Collaborative frameworks, such as open data-sharing platforms, can facilitate access to diverse, high-quality datasets(44, 45).

2. **Ethical Oversight**: Implementing robust ethical guidelines for AI development and deployment, including patient consent protocols and transparency standards, can ensure responsible use of AI in healthcare. Explainable AI techniques should be prioritized to make models more interpretable and trustworthy(45).

3. **Comprehensive Validation**: Conducting extensive real-world trials across diverse clinical settings is essential to demonstrate the reliability and generalizability of AI models. Partnerships between academic institutions, healthcare organizations, and industry stakeholders can expedite this process.

4. **Clinician Engagement**: Educating healthcare providers about the benefits and limitations of AI and involving them in the development process can improve acceptance and usability. User-centered design principles should guide the creation of AI tools to ensure they align with clinical needs and workflows(46).

While challenges remain, continued research, collaboration, and ethical vigilance can enable AI to overcome these barriers and realize its full potential in revolutionizing early disease detection and healthcare delivery.

Conclusion

Artificial intelligence (AI) has emerged as a transformative force in the early detection of neurodegenerative diseases, particularly Alzheimer's and Parkinson's. By utilizing advanced methodologies such as machine learning (ML), deep learning (DL), natural language processing (NLP), and reinforcement learning (RL), AI systems can process and interpret vast amounts of complex data to identify early indicators of these conditions. This capability is especially critical given the progressive nature of these diseases, where early diagnosis can significantly improve the effectiveness of interventions, enhance quality of life, and reduce the overall healthcare burden.

AI's   Strengths   in   Early   Detection
AI excels in analyzing diverse datasets, ranging from neuroimaging and genomics to patient histories and wearable device metrics. ML models offer predictive capabilities by identifying subtle correlations in structured data, while DL techniques, such as convolutional and recurrent neural networks, can extract meaningful insights from unstructured inputs like medical images, speech patterns, and gait analyses. NLP further enhances early detection by analyzing clinical notes and patient narratives for symptoms that may go unnoticed during routine clinical evaluations. Additionally, reinforcement learning optimizes diagnostic workflows, enabling precise and efficient decision-making in clinical settings.

Challenges   and   Path   Forward
Despite its significant potential, several hurdles must be overcome to ensure the seamless integration of AI into clinical practice. Data quality remains a critical issue, with inconsistent, incomplete, or biased datasets potentially limiting the performance and reliability of AI models. Ethical concerns, including patient privacy, algorithmic transparency, and equitable access, need to be addressed to build trust among clinicians and patients alike. Furthermore, the clinical validation of AI tools is essential to demonstrate their safety, accuracy, and efficacy in real-world settings.

Interdisciplinary collaboration between healthcare professionals, AI researchers, data scientists, and policymakers is vital to address these challenges. Standardized data-sharing frameworks, robust ethical guidelines, and extensive clinical trials are key to unlocking the full potential of AI in early disease detection. By fostering such collaboration, the healthcare industry can create AI-driven tools that are both effective and widely accepted.

Future   **Outlook**

The future of AI in the early detection of Alzheimer's and Parkinson's diseases is promising. Continued advancements in AI algorithms, coupled with innovations in data acquisition and integration, are expected to further enhance diagnostic precision. Multimodal data analysis will play a central role in providing holistic insights into patient health, paving the way for personalized medicine and targeted interventions.

In conclusion, AI represents a powerful ally in the fight against neurodegenerative diseases, offering hope for earlier diagnoses and improved patient outcomes. By addressing existing limitations and fostering interdisciplinary efforts, AI can revolutionize how these diseases are detected and managed, ultimately transforming the landscape of healthcare.

References

1.   Passeri E, Elkhoury K, Morsink M, Broersen K, Linder M, Tamayol A, et al. Alzheimer's Disease: Treatment Strategies and Their Limitations. International journal of molecular sciences. 2022;23(22).
2.   Bahadur S, Sachan N, Harwansh RK, Deshmukh R. Nanoparticlized System: Promising Approach for the Management of Alzheimer's Disease through Intranasal Delivery. Current pharmaceutical design. 2020;26(12):1331-44.
3.   Hussain S, Mubeen I, Ullah N, Shah S, Khan BA, Zahoor M, et al. Modern Diagnostic Imaging Technique Applications and Risk Factors in the Medical Field: A Review. BioMed research international. 2022;2022:5164970.
4.   Pinto-Coelho L. How Artificial Intelligence Is Shaping Medical Imaging Technology: A Survey of Innovations and Applications. Bioengineering (Basel, Switzerland). 2023;10(12).
5.   Ray A. Machine learning in postgenomic biology and personalized medicine. Wiley interdisciplinary reviews Data mining and knowledge discovery. 2022;12(2).
6.   Avberšek LK, Repovš G. Deep learning in neuroimaging data analysis: Applications, challenges, and solutions. Frontiers in neuroimaging. 2022;1:981642.
7.   Sheikhalishahi S, Miotto R, Dudley JT, Lavelli A, Rinaldi F, Osmani V. Natural Language Processing of Clinical Notes on Chronic Diseases: Systematic Review. JMIR medical informatics. 2019;7(2):e12239.
8.   Coronato A, Naeem M, De Pietro G, Paragliola G. Reinforcement learning for intelligent healthcare applications: A survey. Artificial Intelligence in Medicine. 2020;109:101964.
9.   Johnson KB, Wei WQ, Weeraratne D, Frisse ME, Misulis K, Rhee K, et al. Precision Medicine, AI, and the Future of Personalized Health Care. Clinical and translational science. 2021;14(1):86-93.
10.   Pinton P. Impact of artificial intelligence on prognosis, shared decision-making, and precision medicine for patients with inflammatory bowel disease: a perspective and expert opinion. Annals of medicine. 2023;55(2):2300670.
11.   Kumar R, Waisberg E, Ong J, Paladugu P, Amiri D, Saintyl J, et al. Artificial Intelligence-Based Methodologies for Early Diagnostic Precision and Personalized Therapeutic Strategies in Neuro-Ophthalmic and Neurodegenerative Pathologies. Brain sciences. 2024;14(12).
12.   Sarker IH. Machine Learning: Algorithms, Real-World Applications and Research Directions. SN computer science. 2021;2(3):160.
13.   Newby D, Orgeta V, Marshall CR, Lourida I, Albertyn CP, Tamburin S, et al. Artificial intelligence for dementia prevention. Alzheimer's & dementia : the journal of the Alzheimer's Association. 2023;19(12):5952-69.

14.   Glenton C, Paulsen E, Agarwal S, Gopinathan U, Johansen M, Kyaddondo D, et al. Healthcare workers' informal uses of mobile phones and other mobile devices to support their work: a qualitative evidence synthesis. The Cochrane database of systematic reviews. 2024;8(8):Cd015705.

15.   Lew CO, Zhou L, Mazurowski MA, Doraiswamy PM, Petrella JR. MRI-based Deep Learning Assessment of Amyloid, Tau, and Neurodegeneration Biomarker Status across the Alzheimer Disease Spectrum. Radiology. 2023;309(1):e222441.

16.   Shah S, Shah M. The effects of machine learning algorithms in magnetic resonance imaging (MRI), and biomarkers on early detection of Alzheimer's disease. Advances in Biomarker Sciences and Technology. 2024;6:191-208.

17.   Sigcha L, Borzì L, Amato F, Rechichi I, Ramos-Romero C, Cárdenas A, et al. Deep learning and wearable sensors for the diagnosis and monitoring of Parkinson's disease: A systematic review. Expert Systems with Applications. 2023;229:120541.

18.   Chakraborty C, Bhattacharya M, Pal S, Lee S-S. From machine learning to deep learning: Advances of the recent data-driven paradigm shift in medicine and healthcare. Current Research in Biotechnology. 2024;7:100164.

19.   Dyrba M, Hanzig M, Altenstein S, Bader S, Ballarini T, Brosseron F, et al. Improving 3D convolutional neural network comprehensibility via interactive visualization of relevance maps: evaluation in Alzheimer's disease. Alzheimer's research & therapy. 2021;13(1):191.

20.   Loh HW, Hong W, Ooi CP, Chakraborty S, Barua PD, Deo RC, et al. Application of Deep Learning Models for Automated Identification of Parkinson's Disease: A Review (2011-2021). Sensors (Basel, Switzerland). 2021;21(21).

21.   Li M, Jiang Y, Zhang Y, Zhu H. Medical image analysis using deep learning algorithms. Frontiers in public health. 2023;11:1273253.

22.   Ryvicker M, Barrón Y, Song J, Zolnoori M, Shah S, Burgdorf JG, et al. Using Natural Language Processing to Identify Home Health Care Patients at Risk for Diagnosis of Alzheimer's Disease and Related Dementias. Journal of applied gerontology : the official journal of the Southern Gerontological Society. 2024;43(10):1461-72.

23.   Koleck TA, Dreisbach C, Bourne PE, Bakken S. Natural language processing of symptoms documented in free-text narratives of electronic health records: a systematic review. Journal of the American Medical Informatics Association : JAMIA. 2019;26(4):364-79.

24.   Mirabnahrazam G, Ma D, Lee S, Popuri K, Lee H, Cao J, et al. Machine Learning Based Multimodal Neuroimaging Genomics Dementia Score for Predicting Future Conversion to Alzheimer's Disease. Journal of Alzheimer's disease : JAD. 2022;87(3):1345-65.

25.   Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, et al. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. BMC medical education. 2023;23(1):689.

26.   Bajwa J, Munir U, Nori A, Williams B. Artificial intelligence in healthcare: transforming the practice of medicine. Future healthcare journal. 2021;8(2):e188-e94.

27.   Qadri YA, Ahmad K, Kim SW. Artificial General Intelligence for the Detection of Neurodegenerative Disorders. Sensors (Basel, Switzerland). 2024;24(20).

28.   Bettencourt C, Skene N, Bandres-Ciga S, Anderson E, Winchester LM, Foote IF, et al. Artificial intelligence for dementia genetics and omics. Alzheimer's & dementia : the journal of the Alzheimer's Association. 2023;19(12):5905-21.

29.   McCraw A, Sullivan J, Lowery K, Eddings R, Heim HR, Buss AT. Dynamic Field Theory of Executive Function: Identifying Early Neurocognitive Markers. Monographs of the Society for Research in Child Development. 2024;89(3):7-109.

30.   Monsour R, Dutta M, Mohamed AZ, Borkowski A, Viswanadhan NA. Neuroimaging in the Era of Artificial Intelligence: Current Applications. Federal practitioner : for the health care professionals of the VA, DoD, and PHS. 2022;39(Suppl 1):S14-s20.

31.	Zhang XY, Yang ZL, Lu GM, Yang GF, Zhang LJ. PET/MR Imaging: New Frontier in Alzheimer's Disease and Other Dementias. Frontiers in molecular neuroscience. 2017;10:343.
32.	Shih MC, Hoexter MQ, Andrade LA, Bressan RA. Parkinson's disease and dopamine transporter neuroimaging: a critical review. Sao Paulo medical journal = Revista paulista de medicina. 2006;124(3):168-75.
33.	Ileşan RR, Cordoş CG, Mihăilă LI, Fleşar R, Popescu AS, Perju-Dumbravă L, et al. Proof of Concept in Artificial-Intelligence-Based Wearable Gait Monitoring for Parkinson's Disease Management Optimization. Biosensors. 2022;12(4).
34.	Moore J, Celik Y, Stuart S, McMeekin P, Walker R, Hetherington V, et al. Using Video Technology and AI within Parkinson's Disease Free-Living Fall Risk Assessment. Sensors (Basel, Switzerland). 2024;24(15).
35.	Chudzik A, Śledzianowski A, Przybyszewski AW. Machine Learning and Digital Biomarkers Can Detect Early Stages of Neurodegenerative Diseases. Sensors (Basel, Switzerland). 2024;24(5).
36.	Kelly J, Moyeed R, Carroll C, Luo S, Li X. Blood biomarker-based classification study for neurodegenerative diseases. Scientific reports. 2023;13(1):17191.
37.	Esmaeilzadeh P. Challenges and strategies for wide-scale artificial intelligence (AI) deployment in healthcare practices: A perspective for healthcare organizations. Artif Intell Med. 2024;151:102861.
38.	Li YH, Li YL, Wei MY, Li GY. Innovation and challenges of artificial intelligence technology in personalized healthcare. Scientific reports. 2024;14(1):18994.
39.	Harishbhai Tilala M, Kumar Chenchala P, Choppadandi A, Kaur J, Naguri S, Saoji R, et al. Ethical Considerations in the Use of Artificial Intelligence and Machine Learning in Health Care: A Comprehensive Review. Cureus. 2024;16(6):e62443.
40.	Elendu C, Amaechi DC, Elendu TC, Jingwa KA, Okoye OK, John Okah M, et al. Ethical implications of AI and robotics in healthcare: A review. Medicine. 2023;102(50):e36671.
41.	Ahmed MI, Spooner B, Isherwood J, Lane M, Orrock E, Dennison A. A Systematic Review of the Barriers to the Implementation of Artificial Intelligence in Healthcare. Cureus. 2023;15(10):e46454.
42.	Morrow E, Zidaru T, Ross F, Mason C, Patel KD, Ream M, et al. Artificial intelligence technologies and compassion in healthcare: A systematic scoping review. Frontiers in psychology. 2022;13:971044.
43.	Brereton TA, Malik MM, Lifson M, Greenwood JD, Peterson KJ, Overgaard SM. The Role of Artificial Intelligence Model Documentation in Translational Science: Scoping Review. Interactive journal of medical research. 2023;12:e45903.
44.	Norori N, Hu Q, Aellen FM, Faraci FD, Tzovara A. Addressing bias in big data and AI for health care: A call for open science. Patterns (New York, NY). 2021;2(10):100347.
45.	Dzobo K, Adotey S, Thomford NE, Dzobo W. Integrating Artificial and Human Intelligence: A Partnership for Responsible Innovation in Biomedical Engineering and Medicine. Omics : a journal of integrative biology. 2020;24(5):247-63.
46.	Al Kuwaiti A, Nazer K, Al-Reedy A, Al-Shehri S, Al-Muhanna A, Subbarayalu AV, et al. A Review of the Role of Artificial Intelligence in Healthcare. Journal of personalized medicine. 2023;13(6).