**FAQ during Webinar #2 *Impact of COVID-19 in those with LBD* (April 8, 2021)**

**Q:** *At this time, what is known about accuracy or validity of remote assessment versus in-office assessment in Lewy body dementia?*

**A:** There is a limited evidence base for remote digital assessments in dementia in general, particaurly DLB. However, there are a number of ongoing studies, such as RADAR-AD, looking to address this knowledge gap and are invested in comparing remote digital assessments with standard in-office assessments. There is also the option of modifying existing in-office measure for remote use (see Owens et al (2020*), Implementing Remote Memory Clinics to Enhance Clinical Care During and After COVID-19*). For assessing movement changes, i.e. parkinsonism, there are several studies and devices in clinical use, e.g. the Personal KinetiGraph (PKG) wristwatch.

**Q:** *How can care partners be involved in the remote assessment?*

**A:** Without wishing to provide additional burden on care partners, they can be helpful and involved in the approach. For example, a simple weekly question asking the care partner how they think the patient is performing activities of daily living can be useful.

**Q:** *What are measures to protect the data and the participants and ensure data is secure when performing research assessments remotely?*

**A:** It is important to either get assurances on digital security directly from the tech vendor or seek the views of an expert in the medical use of remote measurement technologies for their recommendations. See Owens et al (2020). '*Selecting remote measurement technologies to optimize assessment of function in early Alzheimer's disease: A case study,*' for an example of how this can be done in dementia.

**Q:** *What are challenges or limitations you might expect with performing remote assessments in those with Lewy body dementia? What are the benefits in this population?*

**A:** The challenges are related to two domains:

1. The limitations of what we can expect the patient to do, hence passive (i.e. without the patient having to do anything) assessments are useful
2. What can the technology that you have the resources to acquire reliably assess?

The benefits are that we have the potential to passively collect clinically relevant objective data on the patient's symptoms away from the clinic and possibly find new significant markers of disease progression or diagnosis.