

School of Mathematics and Statistics

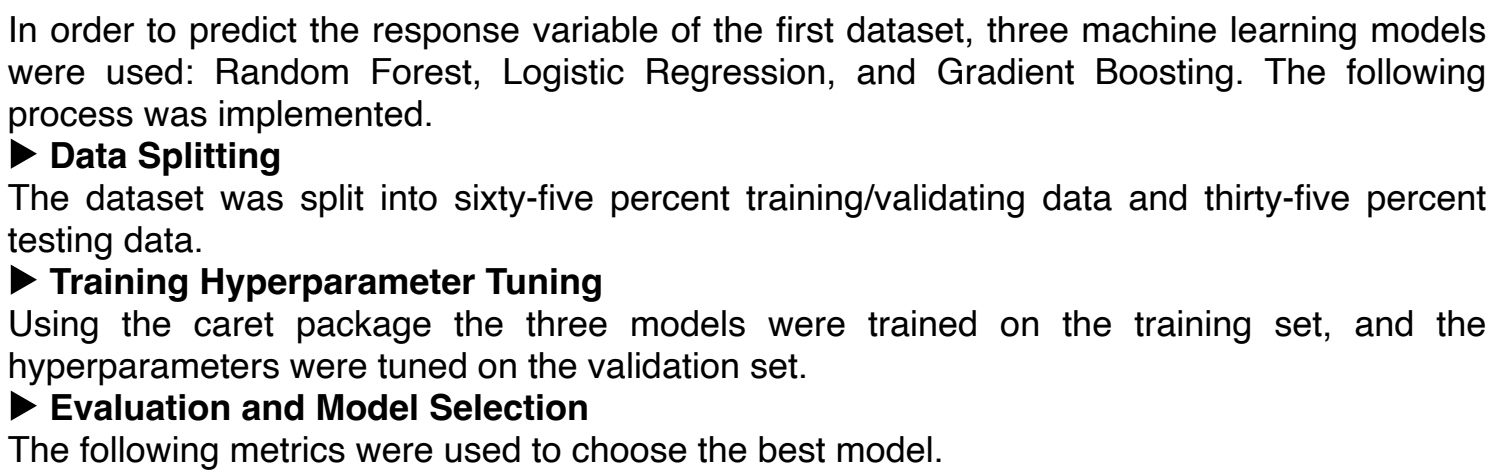


Depression is defined as a mood disorder that is characterized by persistent feelings of sadness and hopelessness. According to the World Health Organisation, around 280 million people live with depression. It causes severe symptoms that affect how you feel, think, and handle daily activities. Many people who suffer from depression report disrupted sleep, lack of concentration, and thoughts of suicide. The cause of depression is complex and can be due to several psychological, biological, and social factors.

The intent of this study is to analyze what are some main factors that are correlated with depression and whether exercise has a significant effect in treating depression.

- Analyzing correlation and association using Pearson's chi-squared test and Cramer's V measure.
- Apply statistical machine learning methods to analyze variable importance and significant factors that predict depression.
- Use ANOVA to analyze significant differences in depression scores among different exercise treatments, or use the Kruskal-Wallis H test if the data do not meet the assumptions required for ANOVA.

Two datasets were used in this analysis. The first dataset comes from a study performed in Bangladesh. The second dataset originates from a study with the objective of analyzing the right dosage and modality of exercise treatment for serious depressive disorders.



In order to evaluate whether exercise had an effect on depression, the non-parametric Kruskal-Wallis test was conducted to see if there was a significant difference in the depression score between the varying treatments.

The logistic regression model performed the best compared to the other two models. Below are the performance results on the test set.

ANXI: Whether a person recently feels anxiety.
POSSAT: Whether a person is satisfied with their position or academic achievements.
ENVSAT: Whether the participant is satisfied with their living environment or not.
INFER: Whether a person suffers from inferiority complex.
DEPRI : Whether a person feels that they have been deprived of something they deserve

	Combined	Control	Exercise	Medication	Other
Control	0.0000000	NA	NA	NA	NA
Exercise	0.3084429	0.0000000	NA	NA	NA
Medication	1.0000000	0.0465334	1.0000000	NA	NA

[illegible]

Finding publicly available datasets on depression can be a difficult task. In most cases, the data are collected in such a way as to analyze a specific aspect of depression and not to provide a general overview of the factors of depression. Some expected frequencies in the data were not observed, and the data were not always as clean as expected. The data were not exact but approximations. In the second dataset, there is a significantly high amount of missing values in many columns. The dataset seems to have multiple columns with different types of strings used to symbolize missing values. This had to be addressed, especially in the first column, where the mean and standard deviation were not calculated. There were a non-parametric test had to be used to test whether there was a significant difference in medians between the treatment and class groups.

- The logistic regression model performed the best in predicting depression. The tuned hyperparameters are
 - **alpha**: 0.2 (Elastic Net)
 - **Lambda**: 0.04132 (lasso)
- The final logistic regression model had a balanced accuracy of 0.8387691 a sensitivity score of 0.7500, a specificity score of 0.9275362 and F1 score of 0.7941176.
- The top five most influential predictors on the response variable depression are: ANXI, POSSAT, ENVSTAT, INFER, and DEPRI.
- The non-parametric Kruskal-Wallis test yielded a p-value of 0.003492, indicating that we can reject the null hypothesis. This suggests that there is evidence of a significant difference between the median depression scores across the treatment groups.
- The pairwise comparison shows that there is a significant difference in the depression score for the different classes of treatments and the control group however it does not indicate that there is a significant difference between the treatments themselves.
- A G-computation model was used to examine various treatment effects on the difference between pre and post intervention depression scores. Several treatments demonstrate significant reduction in depression scores.
 - **trtAerobic + ECT**: Estimate = -15.26, indicating a substantial decrease in depression severity.
 - **trtExercise + SSRI**: **baseline_severityMild-moderate**: Estimate = -16.66 suggesting a strong reduction in depression scores for individuals with mild to moderate baseline severity.
 - **+trtStreching**: **baseline_severityMild-moderate**: Estimate = -10.38, indicating an improvement for individuals with mild to moderate baseline severity.
 - **Treatments such as trtExercise + SSRI and trtStretching** for individuals with baseline severity of mild to moderate show significant negative effects, indicating that they lead to the largest decreases in depression symptoms.

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