

4. Conclusion

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Abstract

This paper investigates the performance of multiple machine learning models for detecting Parkinson's Disease using voice features, including both classical and information-theoretic features (e.g., RPDE and DFA). A total of 8 models were compared: Logistic Regression, SVM, KNN, Random Forest, Gradient Boosting, Decision Tree, Naive Bayes, and QDA. Metrics such as accuracy, ROC AUC, confusion matrices, feature importances, runtime benchmarks, and t-SNE visualizations were analyzed.

1. Introduction

Parkinson's Disease (PD) is a neurodegenerative disorder characterized by motor and non-motor symptoms. Voice impairment is an early biomarker for PD, making it a non-invasive and cost-effective diagnostic tool. In this study, we utilize the well-known voice dataset from the UCI repository and evaluate the discriminative power of different feature sets and classifiers.

2. Methods

We use a set of voice features including fundamental frequency, jitter, shimmer, noise-to-harmonic ratio (NHR), nonlinear dynamic complexity (DFA), and signal entropy (RPDE). Models were evaluated using stratified cross-validation. GridSearchCV was used for hyperparameter tuning where applicable. Visual diagnostics included ROC curves, confusion matrix breakdowns, t-SNE clustering, and runtime comparisons.

3. Results

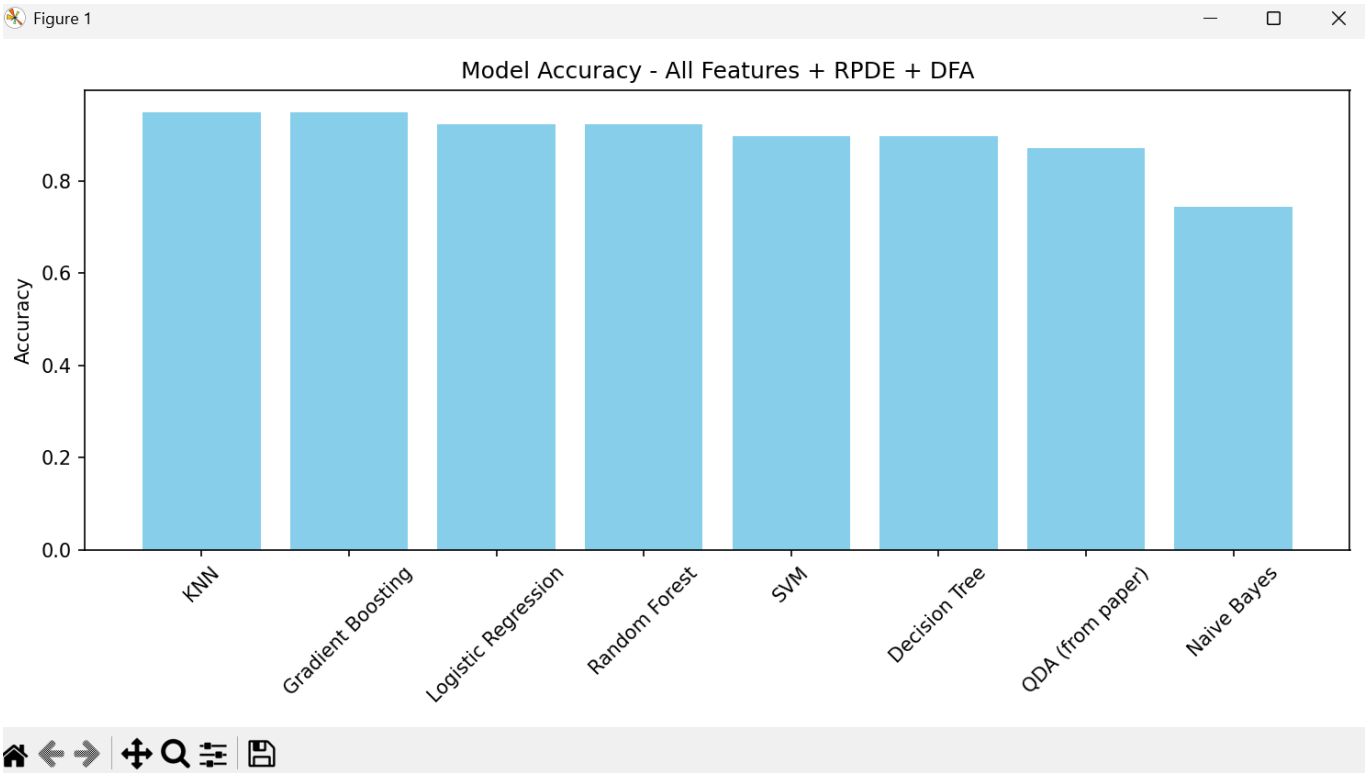
KNN, Gradient Boosting, and Logistic Regression achieved the highest accuracies (~95%) using the full feature set. Random Forest and Gradient Boosting were most accurate with RPDE+DFA only. Naive Bayes performed weakest. Runtime varied substantially, with KNN being the slowest. Feature

importance analysis revealed RPDE and PPE as top predictors. t-SNE clustering further confirmed class separability for the best model (KNN).

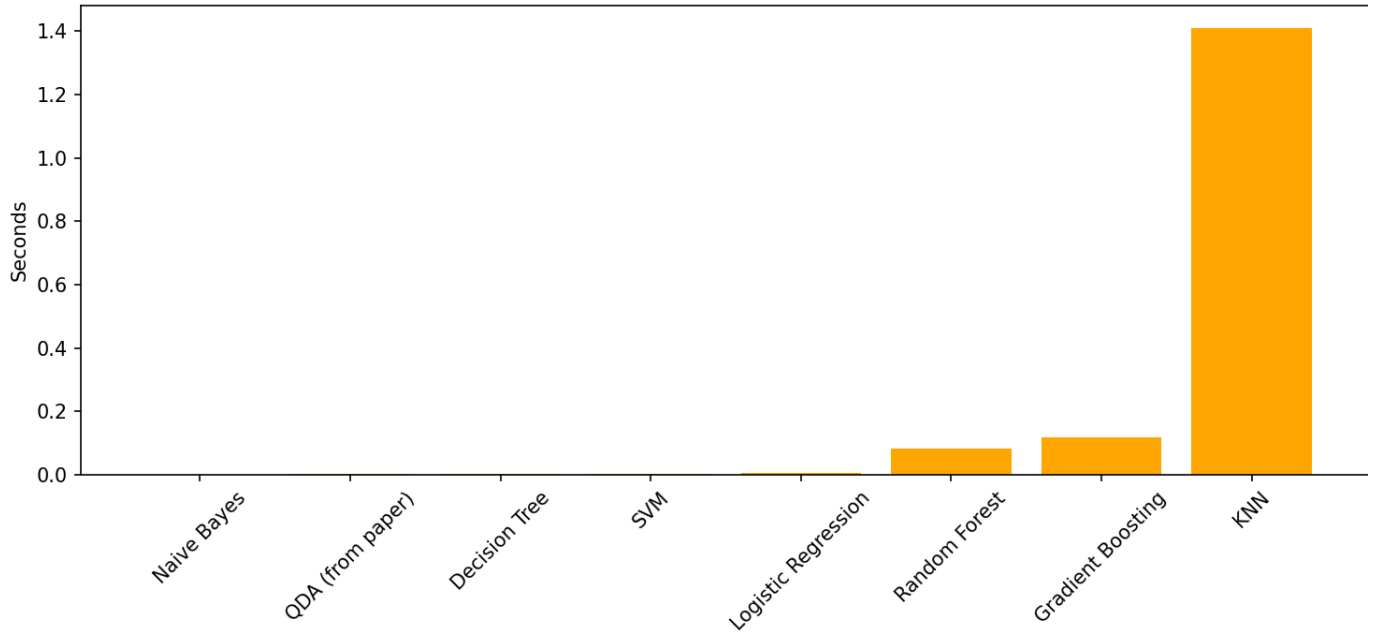
4. Conclusion

Results show that modern ensemble methods and KNN are highly effective for PD voice detection when all features are included. However, even just RPDE and DFA maintain strong performance. Future work includes deploying this in mobile apps using TensorFlow Lite, and expanding the dataset to include more diverse patient recordings.

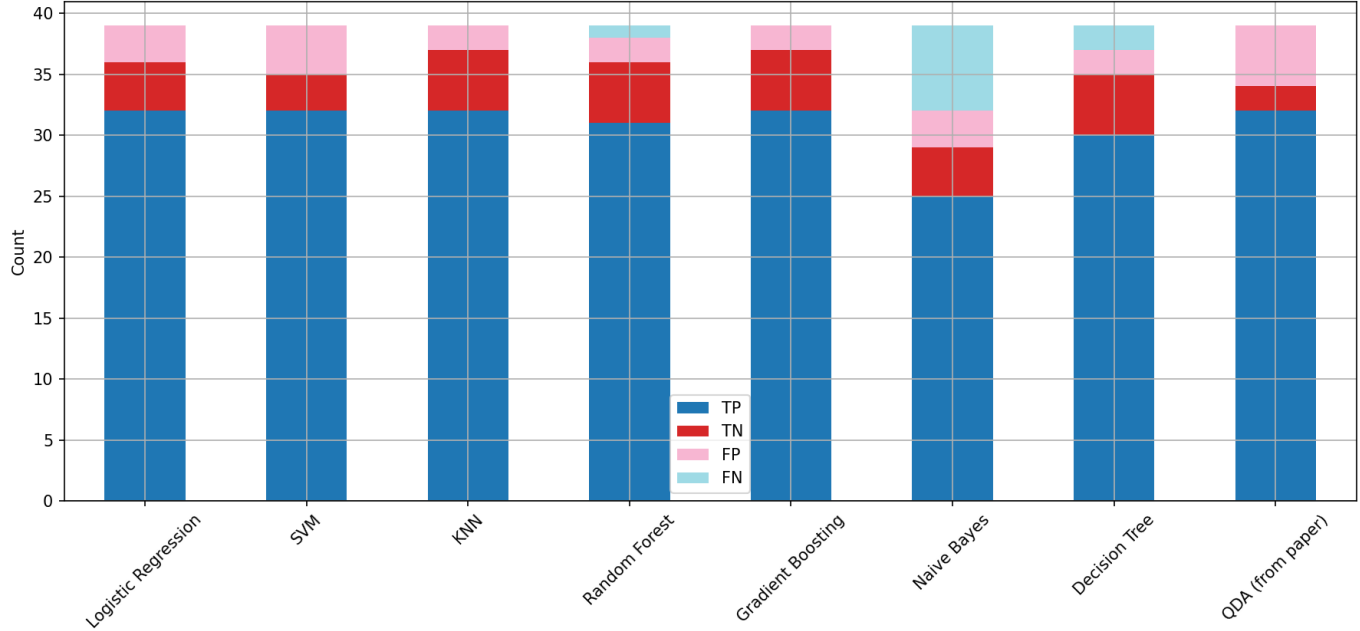
5. Visual Results



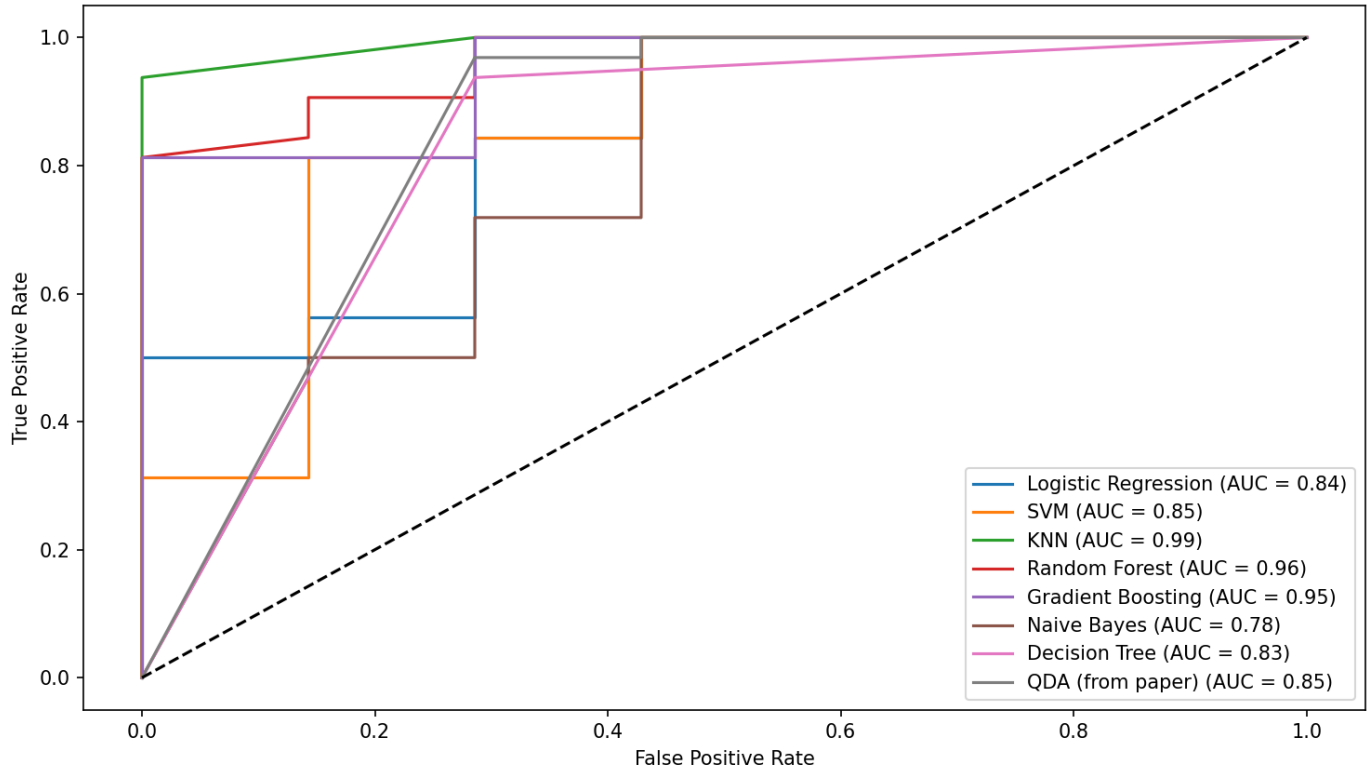
Model Runtime - All Features + RPDE + DFA



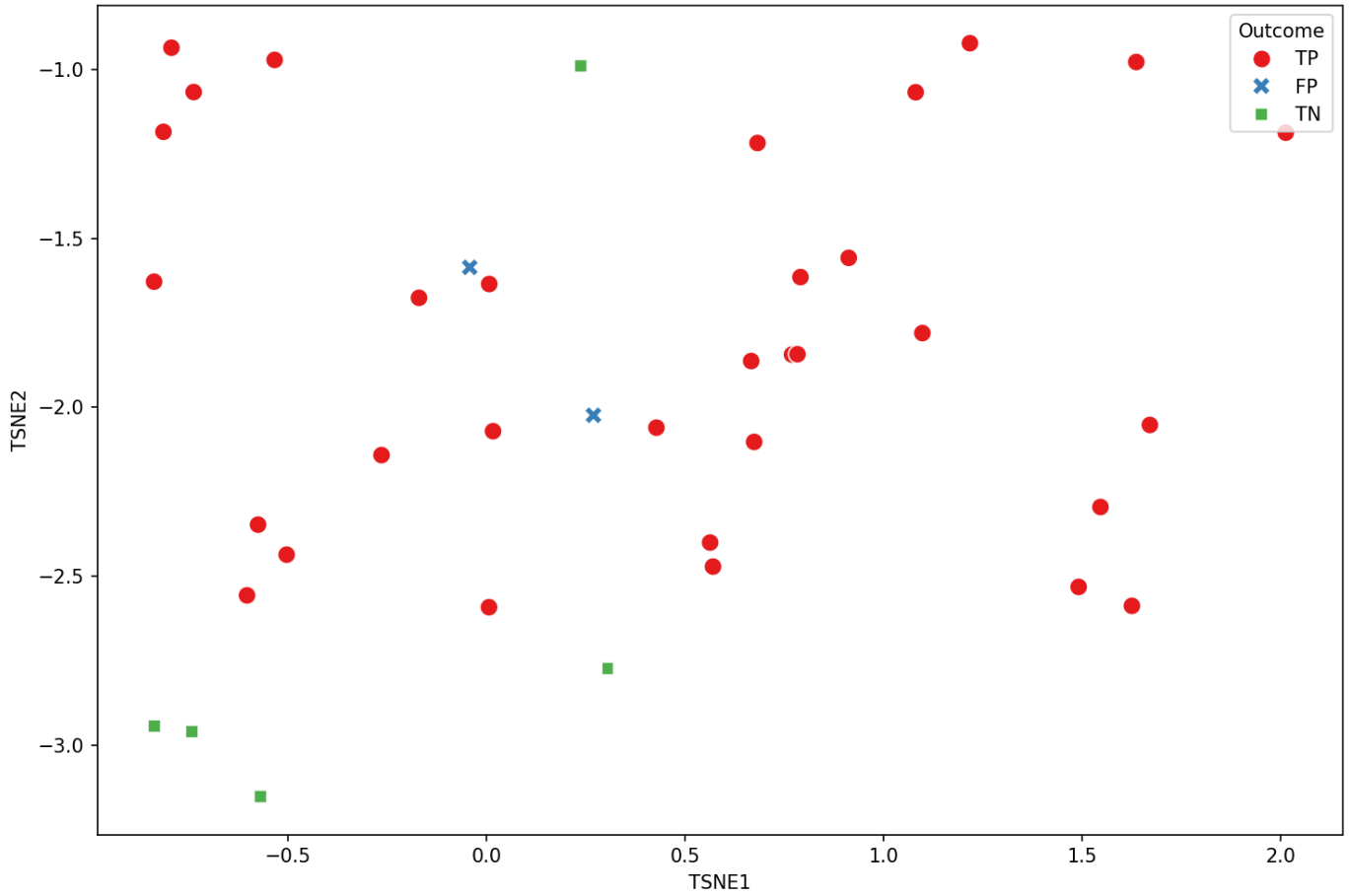
Confusion Breakdown - All Features + RPDE + DFA



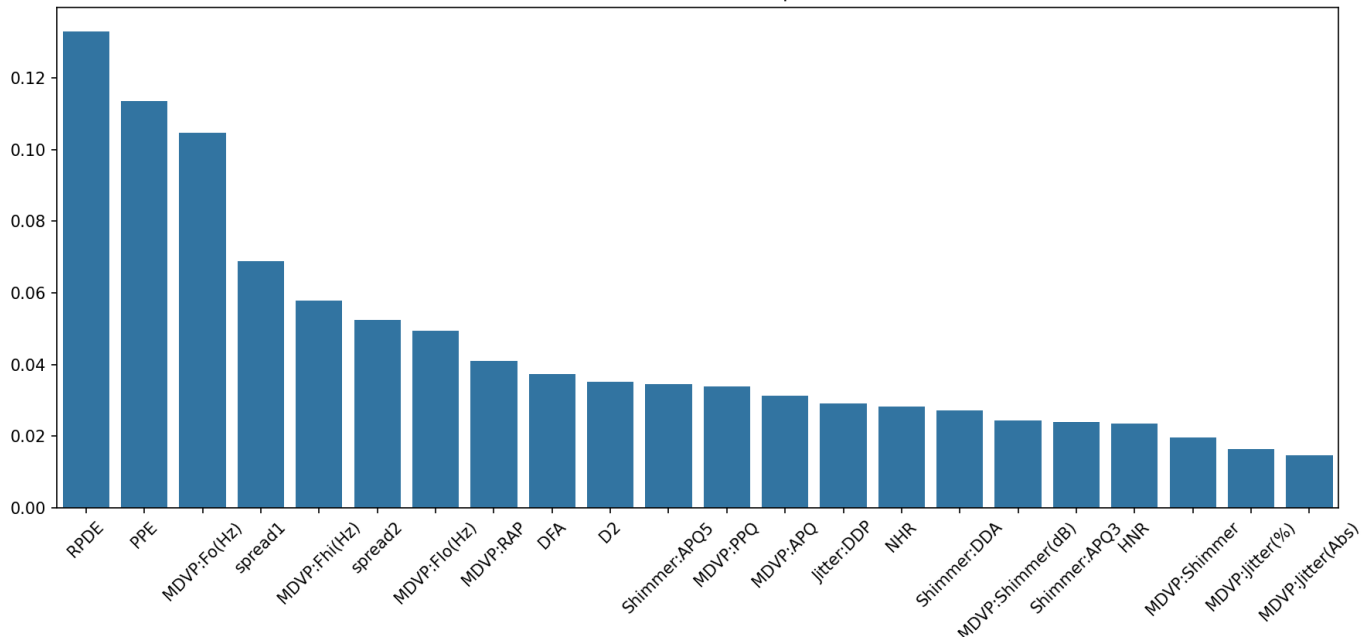
ROC Curves - All Features + RPDE + DFA



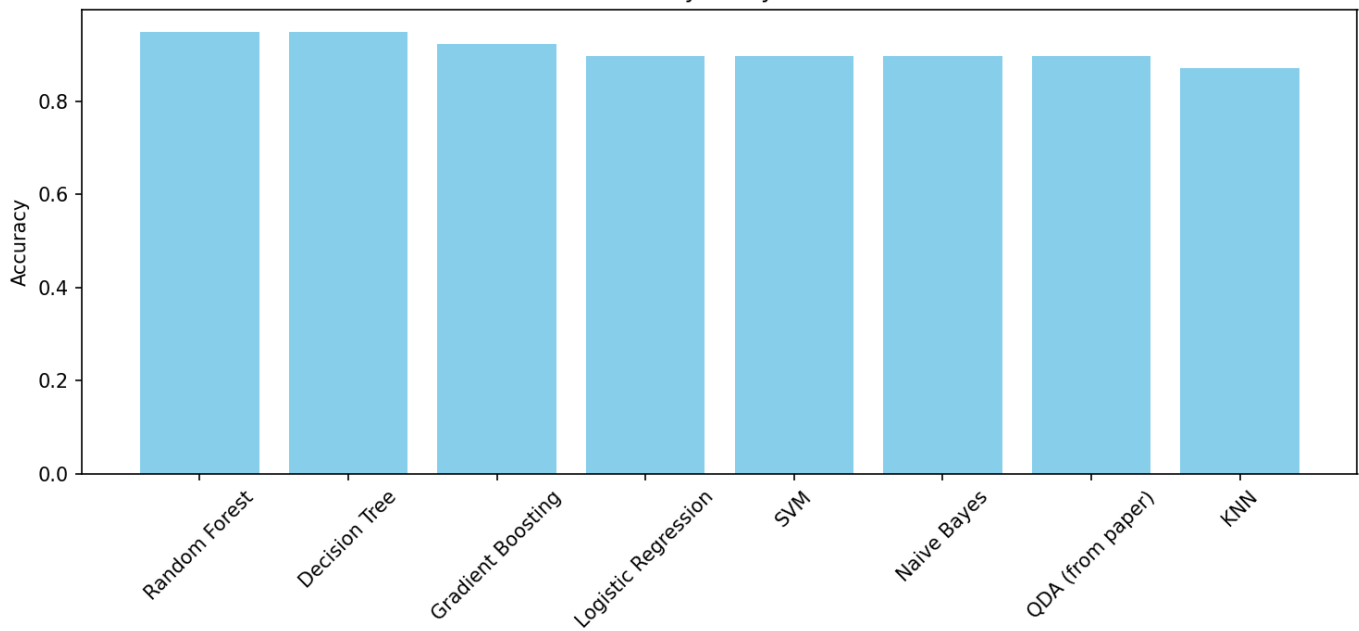
t-SNE Visualization (Best: KNN) - All Features + RPDE + DFA



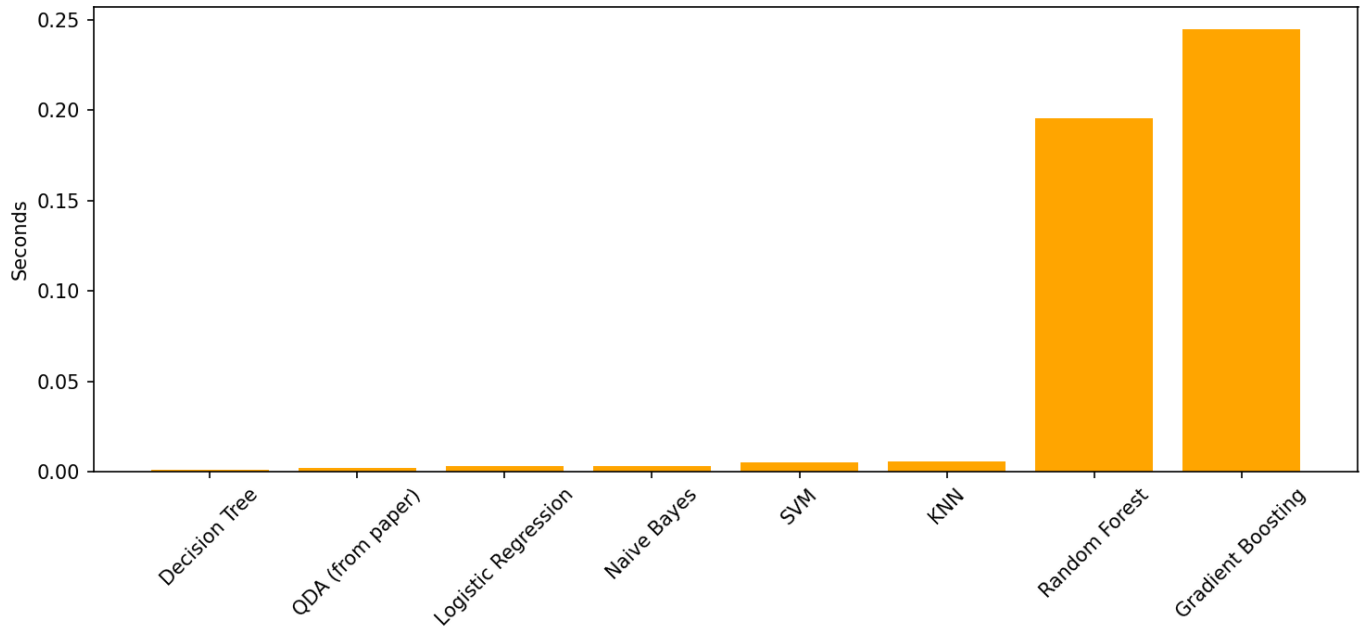
Random Forest Feature Importance



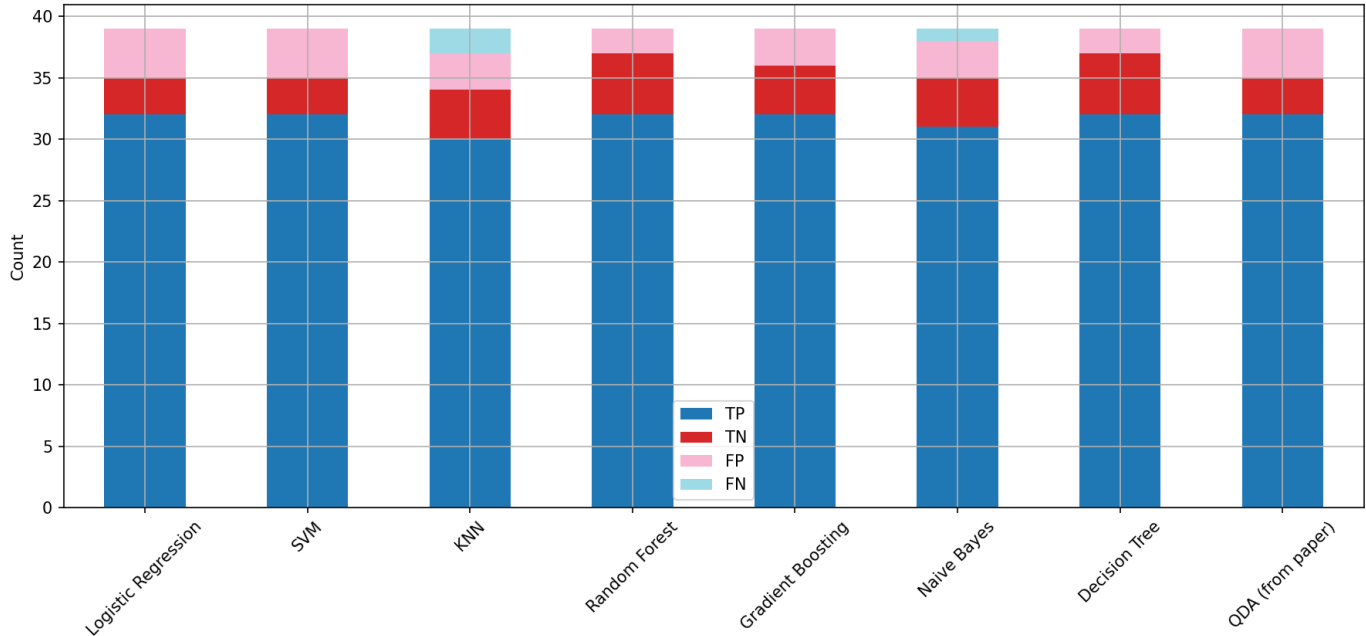
Model Accuracy - Only RPDE + DFA



Model Runtime - Only RPDE + DFA



Confusion Breakdown - Only RPDE + DFA



ROC Curves - Only RPDE + DFA

