
Using fMRI to Diagnose Schizophrenia

Department of Computing Science
University of Alberta

Department of Computing Science
University of Alberta

Department of Computing Science
University of Alberta

Abstract

Diagnosis of schizophrenia is a challenging task for which diagnostic tests have yet to be developed [6]. Although Functional Magnetic Resonance Imaging (fMRI) methods have become more common in the diagnosis of mental disorders have become more popular, for schizophrenia diagnosis fMRI methods need to be more robust and reliable. Similar studies [8][9] have shown that fMRI can be used in conjunction with Sparse Gaussian Markov Random Field (SGMRF) to produce high accuracy in diagnosis of illness. However having a dataset with homogeneous distribution of illness makes this result less reliable and creates the need for more evidence using heterogeneous dataset in terms of illness. In this work we pursue two paths to tackle this problem. First, we evaluate performance of Sparse Gaussian Markov Random Field (SGMRF) on fMRI data brain scans, and second we study on Regions of Interest (ROI) as defined by Power *et al.* [7]. We used 5 fold cross validation for hyper parameter tuning and 20% holdout set for test. Accuracies that We have obtained the following accuracies using this method: for whole brain features and - for ROI features. While these result are slightly less than the results obtained by Rish *et al.*, they are on par with Rosa *et al.* results.

1 Introduction

Schizophrenia is a mental/psychiatric disorder [8, 5] known affect blood flow in the brain [5] where those who are affected can experience hallucinations, delusions and diminished mental capacities to varying extents [4]. While several features of schizophrenia have proven useful for its diagnosis there are current no set of features that have sufficient sensitivity or specificity to be used in diagnostic tests [4]. This effectively means that subjectivity plays a role when a physician is diagnosing a patient.

Functional Magnetic Resonance Imaging (fMRI) is a tool for recording functional changes caused by neuron activity[]. When a person is doing a task, neuron activity fluctuates and in order to provide the energy needed for this activity, the blood flow increases to feed the neurons with the needed glucose, which is not stored in the brain[]. More blood flow also brings more oxygen through blood vessels. This change in the level of oxygenated blood known as oxyhemoglobin and deoxyhemoglobin (oxygenated or deoxygenated blood) changes the magnetic susceptibility of blood (BOLD signal) which is detectable through fMRI [].

fMRI is one of the most used and efficient tools in the study of psychiatric disorders such as Schizophrenia[]. An advantage of fMRI in medical diagnosis is that it is non-invasive. This means

that unlike some other imaging methods, no instruments or dyes are placed in the patients body, this method operates without using them[].

One of the approaches that has been used for studying schizophrenia is Sparse Gaussian Markov Random Field(SGMRF) [8][9]. The primary advantage of using this method is that the functional network of the brain can be captured using the precision matrix [8]. By using the resulting network, healthy subjects can be differentiated from schizophrenic ones, by observing differences in the functional connectivity of the brain. Currently automated approaches to schizophrenia diagnosis have been able to yeild accuracies of 93% for data that originates from a single location [8] and up to approximately 80% for data that originates from multiple locations [1].

In this work we consider

The rest of the paper is organized as follows.

2 Background and Prior Work

2.1 Regions of Interest and Single-Voxel Analysis

Traditionally in fMRI analysis there are two main approaches for extracting information from the fMRI image. The first is a single-voxel approach and the second is to study regions of interest (ROI) [3]. The tradeoff between these two approaches is that a single-voxel approach requires the analysis of every voxel and is subject to the low signal to noise ratios of individual voxels, whereas a region based approach is only as effective as the regions are relevant to the fMRI task [3]. In 2011, Power *et al.* identified 264 putative function regions of interest derived from resting state fMRI, where no specific task being performed during data collection [7]. These regions contain substructures that agree that with known functional brain systems and therefore can be seen as fairly accurate representations [7].

2.1.1 Calculating Degrees

When analyzing fMRI data features such as voxel degrees can be extracted for use with a machine learner. Voxel degrees represent the connectedness of voxels in the brain with the other voxels and are described as “the number of voxel neighbours in a network” [8]. Degrees are calculated by performing multiple Pearson correlation comparisons between the i^{th} voxel and every other voxel. Once correlation values have be determined, a threshold is applied to the correlation matrix. This results in binary matrix where 1 represents a correlation value above the threshold and 0 represents a value below. Finally, for each voxel the number of 1 entries are summed (excluding the comparison against itself) and this becomes the degree of the voxel.

2.2 Multi-site Comparisons

2.3 Principal Component Analysis

2.4 Support Vector Machines

In a 1995 paper by Vladimir Vapnik *et al.* the concept of support Vector Machines (SVMs) was introduced as a statistical tool for classification problems [?]. In our work we use the simplest SVM, a linear SVM, because it does not use non-linear kernels and therefore has no hyperparameters that need to be tuned with cross validation. Instead, a linear SVM learns the “maximum-margin hyperplane” classifier which is a linear combination of the input features and partitions the data space into separate classes. The term “maximum-margin” refers to the SVM’s ability to find the maximal separation between classes and the hyperplane, therefore creating the largest “margin” [?]. We can be guaranteed of the optimality of the result as the SVM problem is known to be convex [?]. The simplest form of a linear SVM minimizes $\frac{1}{2}||w||^2$ subject to the constraint $y_i(x_iw + b) - 1 \geq 0$, $\forall i$ where w is the weight vector, x_i is the instance’s features, y_i is the instance label and b is the bias term of the model. Unfortunately, this version of the SVM only works in the case where the data is linearly separable. To extend the SVM to linearly inseparable data, the addition of positive slack variables is required such that the constraints become $\forall i y_i(x_iw + b) - 1 + \xi_i \geq 0$ and $\xi_i \geq 0$, where ξ_i is the slack variable for the instance i [?].

2.5 SGMRF

What is a SGMRF and how does it work

One variation of Markov Random Field is Gaussian Random which is mostly being used for continuous space of variables and has well-defined mathematic properties that can be computed. Multi-variate Gaussian density function over set of random variables X is defined as below:

$$p(X) = (2\pi)^{-n/2} |\Sigma|^{-1/2} \exp \left\{ -\frac{1}{2} (X - \mu)^t \Sigma^{-1} (X - \mu) \right\}. \quad (1)$$

Where μ is mean and Σ is the covariance matrix. We can set the μ to zero and replace Σ^{-1} with C the equation (1) can be written as the following form.

$$p(X) = (2\pi)^{-n/2} |C|^{1/2} \exp \left\{ -\frac{1}{2} (X - \mu)^t \Sigma^{-1} (X - \mu) \right\}. \quad (2)$$

3 Methodology

3.1 Data Set

Turn our slide into this section How do we have? Balance? How we create the holdout set?

3.2 Your Approach? Mario

First, we ran the approach proposed by Rish *et al.* [8] on our data set. Here, we obtained the log degrees of each voxel for each subject. Thus we had a matrix of size 380×28720 . However, using all the available voxels resulted in computation difficulties and thus selecting the best voxels to separate the healthy and schizophrenic subjects is very important.

To select the best voxels out of the possible 28720 voxels, we experimented multiple approaches. These include

1. Selecting the voxels based on the t-test.
2. Selecting the voxels based on the absolute differences between the mean degrees of a voxel between schizophrenic and healthy subjects.
3. Selecting the voxels based on the differences between the mean degrees of a voxel between schizophrenic and healthy subjects.
4. Selecting the voxels based on the differences between the mean degrees of a voxel between healthy and schizophrenic subjects.

Out of the above four approaches we obtained the highest accuracy on our cross validation set by the third approach. Also the number of voxels to select k was decided by running the same approach for different k values. And we found the optimum k value as 20 for our cross validation set. By using the selected voxels we obtained the precision matrices for schizophrenic and healthy subjects. Similar to the value of k , the sparsity coefficient λ was also obtained through a hyper parameter search on our cross validation set.

3.3 Methods using Power *et al.*'s ROIs

3.3.1 ROI with Patient Concatenation

3.3.2 ROI with Fourier Coefficients

3.3.3 Region Degrees and SVMs

3.3.4 Individual MRF Structure Classification

3.4 Your Approach? Farhad

Describe your experiments

4 Results

4.1 Your Approach? Mario

With the Rish et al. code we obtained a 69% cross validation accuracy on our cross validation sets and 75% accuracy on the hold-out set.

4.2 Methods using Power *et al.*'s ROIs

4.2.1 ROI with Patient Concatenation

4.2.2 ROI with Fourier Coefficients

4.2.3 Region Degrees and SVMs

4.2.4 Individual MRF Structure Classification

4.3 Your Approach? Farhad

Report your results

5 Conclusions

References

- [1] Wei Cheng, Lena Palaniyappan, Mingli Li, Keith M Kendrick, Jie Zhang, Qiang Luo, Zening Liu, Rongjun Yu, Wei Deng, Qiang Wang, Xiaohong Ma, Wanjun Guo, Susan Francis, Peter Liddle, Andrew R Mayer, Gunter Schumann, Tao Li, and Jianfeng Feng. Voxel-based, brain-wide association study of aberrant functional connectivity in schizophrenia implicates thalamo-cortical circuitry. *Npj Schizophrenia*, 1, May 2015.
- [2] Pierre Duhamel and Martin Vetterli. Fast fourier transforms: a tutorial review and a state of the art. *Signal processing*, 19(4):259–299, 1990.
- [3] Ruth Heller, Damian Stanley, Daniel Yekutieli, Nava Rubin, and Yoav Benjamini. Cluster-based analysis of fmri data. *NeuroImage*, 33(2):599–608, 2006.
- [4] Assen Jablensky. The diagnostic concept of schizophrenia: its history, evolution, and future prospects. *Dialogues Clin Neurosci*, 12(3):271–287, 2010.
- [5] Nomura Kenji. Pressure-induced performance decrement in verbal fluency task through prefrontal overactivation: A near-infrared spectroscopy study. *Front. Neurosci.*, 4, 2010.
- [6] Philip McGuire, Oliver D Howes, James Stone, and Paolo Fusar-Poli. Functional neuroimaging in schizophrenia: diagnosis and drug discovery. *Trends in Pharmacological Sciences*, 29(2):91 – 98, 2008.
- [7] Jonathan D. Power, Alexander L. Cohen, Steven M. Nelson, Gagan S. Wig, Kelly Anne Barnes, Jessica A. Church, Alecia C. Vogel, Timothy O. Laumann, Fran M. Miezin, Bradley L. Schlaggar, and Steven E. Petersen. Functional network organization of the human brain. *Neuron*, 72(4):665–678, nov 2011.
- [8] Irina Rish, Guillermo Cecchi, Benjamin Thyreau, Bertrand Thirion, Marion Plaze, Marie Laure Paillere-Martinot, Catherine Martelli, Jean-Luc Martinot, and Jean-Baptiste Poline. Schizophrenia as a network disease: Disruption of emergent brain function in patients with auditory hallucinations. *PLoS ONE*, 8(1):e50625, jan 2013.
- [9] Maria J. Rosa, Liana Portugal, John Shawe-Taylor, and Janaina Mourao-Miranda. Sparse network-based models for patient classification using fMRI. In *2013 International Workshop on Pattern Recognition in Neuroimaging*. Institute of Electrical & Electronics Engineers (IEEE), jun 2013.