

ADHD Classification with the ADHD200 Dataset: A CRISP-DM Approach

Executive Summary

This report details a research workflow for Attention Deficit Hyperactivity Disorder (ADHD) classification using the ADHD200 dataset, guided by the Cross-Industry Standard Process for Data Mining (CRISP-DM) methodology. The ADHD200 dataset provides a valuable resource for developing and testing machine learning models for ADHD diagnosis [ADHD-200 Global Competition: diagnosing ADHD using personal](#). The process encompasses data understanding, preparation, modeling, evaluation, and deployment considerations, with a focus on leveraging neuroimaging data and machine learning techniques to improve diagnostic accuracy and objectivity. The report emphasizes recent advancements in AI and machine learning for ADHD diagnosis, particularly the use of resting-state fMRI (rs-fMRI) data and deep learning models [Retinal fundus imaging as biomarker for ADHD using machine](#). The increasing availability of data and advancements in AI provide new opportunities for building predictive models that capture non-linear relationships across multiple data sources [Artificial intelligence for children with attention deficit/hyperactivity](#).

1. Business Understanding

1.1. Problem Definition

ADHD is a common neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity [Identifying individuals with attention-deficit/hyperactivity ...](#). Traditional ADHD diagnosis relies on subjective clinical criteria, which can be inconsistent and influenced by individual biases [ADHD: Is Objective Diagnosis Possible? - PMC](#). There's a growing need for objective, reliable methods to aid in ADHD diagnosis and subtyping. Machine learning offers the potential to identify neuroimaging biomarkers that could facilitate more accurate and consistent diagnoses [Detecting ADHD through fMRI signals using ML classification models](#).

1.2. Goals and Objectives

The primary goal is to develop a machine learning model that can accurately classify individuals as having ADHD-Combined type (ADHD-C), ADHD-Inattention type (ADHD-I), or as typically developing controls (TDC) using the ADHD200 dataset.

Specific objectives include:

- Achieving high classification accuracy, sensitivity, and specificity.
- Identifying key neuroimaging features that contribute to ADHD classification.
- Developing an interpretable model that provides insights into the neural mechanisms underlying ADHD.
- Creating a reproducible and well-documented workflow.

1.3. Success Criteria

Success will be measured by:

- Achieving a classification accuracy significantly higher than chance (e.g., >70%) on a held-out test set.
- Demonstrating a balance between sensitivity and specificity to minimize both false positives and false negatives.
- Identifying a set of neuroimaging features that are consistently associated with ADHD across different models and datasets.
- Publishing the workflow and findings in a peer-reviewed journal or presenting them at a relevant conference.

2. Data Understanding

2.1. Data Sources

The primary data source is the ADHD200 dataset, which includes structural MRI (sMRI) and resting-state fMRI (rs-fMRI) data from 776 participants [ADHD-200 Global Competition: diagnosing ADHD using personal ...](#). The dataset also contains phenotypic information such as age, gender, handedness, and IQ scores. The complete test set phenotypic CSV file can be downloaded from the ADHD-200 website [ADHD200 - International Neuroimaging Data-sharing Initiative](#).

2.2. Data Exploration

Initial data exploration involves:

- Descriptive statistics: Calculating means, standard deviations, and distributions for demographic variables and neuroimaging measures.
- Visualization: Creating histograms, scatter plots, and brain images to examine data distributions and identify potential outliers or anomalies.
- Data quality assessment: Checking for missing values, inconsistencies, and errors in the data.
- Phenotypic data analysis: Examining the distribution of ADHD subtypes and control subjects across different sites and demographic groups.

2.3. Data Quality Issues

Potential data quality issues include:

- Site effects: Data collected from different sites may have systematic differences due to variations in imaging protocols and participant populations.
- Motion artifacts: Head motion during fMRI scans can introduce noise and artifacts in the data.
- Missing Some participants may have missing demographic or clinical information.
- Diagnostic heterogeneity: The diagnostic criteria and procedures used to classify ADHD may vary across sites.

| Data Aspect | Potential Issue | Mitigation Strategy |
|--------------------------|--------------------------------------|---|
| Site Effects | Variations in imaging protocols | Harmonization techniques, site-specific models |
| Motion Artifacts | Noise and artifacts in fMRI data | Motion correction algorithms, data censoring |
| Missing Data | Incomplete demographic/clinical info | Imputation methods, exclusion of incomplete cases |
| Diagnostic Heterogeneity | Variations in diagnostic criteria | Standardized diagnostic assessments |

3. Data Preparation

3.1. Data Cleaning

- Missing value imputation: Addressing missing demographic or clinical data using appropriate imputation techniques (e.g., mean imputation, k-nearest neighbors).
- Outlier removal: Identifying and removing outliers in neuroimaging data using statistical methods or visual inspection.
- Motion correction: Applying motion correction algorithms to minimize the impact of head motion during fMRI scans.

3.2. Feature Engineering

Feature engineering involves extracting relevant features from the sMRI and rs-fMRI data. Common features include:

- Voxel-based morphometry (VBM): Measuring the volume and density of gray matter in different brain regions from sMRI data.
- Amplitude of low-frequency fluctuations (ALFF): Calculating the amplitude of low-frequency oscillations in rs-fMRI data as a measure of regional brain activity.
- Functional connectivity (FC): Measuring the correlation between the activity of different brain regions in rs-fMRI data [Classification of ADHD children through multimodal magnetic ...](#).

- Regional homogeneity (ReHo): Assessing the similarity of rs-fMRI time series within local brain regions.
- Radiomics features: High-throughput extraction of quantitative features from neuroimaging data [Identifying individuals with attention-deficit/hyperactivity](#)

3.3. Data Transformation

- Normalization: Scaling neuroimaging features to a standard range (e.g., 0 to 1) to reduce the impact of different measurement scales.
- Dimensionality reduction: Applying dimensionality reduction techniques such as principal component analysis (PCA) or feature selection to reduce the number of features and improve model performance.
- Data Splitting: Dividing the dataset into training, validation, and test sets. A common split is 70% for training, 15% for validation, and 15% for testing.

| Step | Description | Techniques |
|--------------------------|--|---|
| Missing Value Imputation | Addressing missing data points | Mean imputation, k-NN imputation |
| Outlier Removal | Identifying and removing extreme values | Statistical methods, visual inspection |
| Motion Correction | Minimizing head motion artifacts | Motion correction algorithms |
| Feature Extraction | Deriving relevant features from data | VBM, ALFF, FC, ReHo, Radiomics |
| Normalization | Scaling the features to a standard range | Min-max scaling, Z-score normalization |
| Dimensionality Reduction | Reducing the number of features | PCA, feature selection methods |
| Data Splitting | Dividing data into training, validation, test sets | 70% training, 15% validation, 15% testing |

4. Modeling

4.1. Model Selection

Several machine learning models can be used for ADHD classification, including:

- Support Vector Machines (SVM): Effective for high-dimensional data and can handle non-linear relationships [Classification of ADHD children through multimodal magnetic](#)
- Random Forests (RF): Robust to outliers and can handle a large number of features.
- Deep Neural Networks (DNN): Capable of learning complex patterns from neuroimaging data [Early attention-deficit/hyperactivity disorder \(ADHD\) with NeuroDCT](#)
- Convolutional Neural Networks (CNN): Well-suited for analyzing image data and can automatically learn relevant features [GM-VGG-Net: A Gray Matter-Based Deep Learning](#)
- Ensemble Methods: Combining multiple models to improve prediction accuracy [Leveraging Large Language Models and Traditional Machine](#)

4.2. Model Training

- Hyperparameter tuning: Optimizing model hyperparameters using techniques such as grid search or random search.
- Cross-validation: Evaluating model performance using k-fold cross-validation to ensure generalizability.
- Regularization: Applying regularization techniques (e.g., L1 or L2 regularization) to prevent overfitting.

4.3. Model Evaluation Metrics

Key evaluation metrics include:

- Accuracy: The proportion of correctly classified instances.
- Sensitivity: The proportion of ADHD cases correctly identified.
- Specificity: The proportion of control cases correctly identified.
- F1-score: The harmonic mean of precision and recall, providing a balanced measure of performance.
- Area Under the Receiver Operating Characteristic Curve (AUC-ROC): A measure of the model's ability to discriminate between ADHD and control cases.

| Model | Description | Advantages | Disadvantages |
|------------------|------------------------------|--------------------------------------|--|
| SVM | Support Vector Machine | Effective in high-dimensional spaces | Computationally intensive |
| RF | Random Forest | Robust to outliers | Can be less interpretable |
| DNN | Deep Neural Network | Learns complex patterns | Requires large datasets |
| CNN | Convolutional Neural Network | Effective for image data | Requires substantial computational resources |
| Ensemble Methods | Combining multiple models | Improves prediction accuracy | Increases model complexity |

5. Evaluation

5.1. Model Validation

- Validation set: Evaluating the trained model on the validation set to assess its performance and fine-tune hyperparameters.
- Learning curves: Plotting learning curves to diagnose overfitting or underfitting and adjust model complexity accordingly.

5.2. Model Testing

- Test set: Evaluating the final model on the held-out test set to obtain an unbiased estimate of its generalization performance.

- Confusion matrix: Generating a confusion matrix to visualize the model's classification performance for each ADHD subtype and control group.

5.3. Result Interpretation

- Feature importance analysis: Identifying the most important neuroimaging features for ADHD classification using techniques such as permutation importance or SHAP values.
- Visualization of model predictions: Visualizing model predictions on individual subjects to gain insights into the model's decision-making process.
- Comparison with existing methods: Comparing the model's performance with that of existing ADHD classification methods to assess its added value.

6. Deployment

6.1. Deployment Planning

- Target audience: Identifying the target audience for the deployed model (e.g., clinicians, researchers).
- Deployment environment: Determining the appropriate deployment environment (e.g., web application, clinical decision support system).
- Integration with existing systems: Planning for integration of the model with existing clinical workflows and data systems.

6.2. Implementation

- Model packaging: Packaging the trained model and necessary preprocessing steps into a deployable format (e.g., a Docker container).
- API development: Developing an API to allow users to submit neuroimaging data and receive ADHD classification predictions.
- User interface design: Designing a user-friendly interface for clinicians to interact with the model and interpret its predictions.

6.3. Monitoring and Maintenance

- Performance monitoring: Continuously monitoring the model's performance in the deployed environment to detect any degradation in accuracy or reliability.
- Model retraining: Retraining the model periodically with new data to maintain its accuracy and adapt to changes in the population.
- Feedback collection: Collecting feedback from users to identify areas for improvement and inform future model development efforts.

7. Technical Deep Dive: Resting-State fMRI and Machine Learning

Resting-state fMRI (rs-fMRI) has emerged as a powerful tool for investigating the neural basis of ADHD. Rs-fMRI measures spontaneous brain activity in the absence of any explicit task, providing insights into the intrinsic functional organization of the brain [Identifying individuals with attention-deficit/hyperactivity....](#). Machine learning techniques can be used to analyze rs-fMRI data and identify patterns of brain activity that distinguish individuals with ADHD from healthy controls.

7.1. rs-fMRI Preprocessing

Preprocessing steps for rs-fMRI data typically include:

- Slice timing correction: Correcting for differences in the acquisition time of different slices in the fMRI volume.
- Motion correction: Aligning the fMRI volumes to correct for head motion during the scan.
- Spatial normalization: Transforming the fMRI data to a standard brain space (e.g., MNI space).
- Smoothing: Applying a spatial filter to reduce noise and enhance signal-to-noise ratio.
- Filtering: Removing low-frequency fluctuations and high-frequency noise from the data.

7.2. Functional Connectivity Analysis

Functional connectivity (FC) analysis involves measuring the statistical dependencies between the activity of different brain regions. Common methods for FC analysis include:

- Correlation analysis: Calculating the Pearson correlation coefficient between the time series of different brain regions.
- Partial correlation analysis: Measuring the correlation between two brain regions while controlling for the influence of other regions.
- Network analysis: Constructing a brain network where nodes represent brain regions and edges represent functional connections [A dynamic graph convolutional neural network framework reveals new insights into connectome dysfunctions in ADHD.](#)

7.3. Machine Learning Classification

Machine learning models can be trained to classify individuals as having ADHD or as healthy controls based on their rs-fMRI functional connectivity patterns. Feature selection techniques can be used to identify the most discriminative connections for classification.

7.4. Technical Specifications

| Parameter | Description | Value/Technique |
|-----------------------|----------------------------------|-----------------------|
| fMRI Acquisition | TR (Repetition Time) | Typically 2-3 seconds |
| TE (Echo Time) | Typically 30-40 ms | SPM, FSL |
| Voxel Size | Typically 3x3x3 mm | |
| Preprocessing | Motion Correction | |
| Spatial Normalization | MNI space | Pearson, Partial |
| Smoothing | Gaussian kernel (e.g., 6mm FWHM) | |
| FC Analysis | Correlation Type | SVM, RF, DNN |
| Network Construction | Thresholding, Sparsity | |
| Classification | Model | |

| Parameter | Description | Value/Technique |
|------------------|---------------------|-----------------|
| Cross-Validation | k-fold (e.g., k=10) | |
| Regularization | L1, L2 | |

8. Emerging Trends

8.1. Deep Learning for ADHD Diagnosis

Deep learning models, particularly convolutional neural networks (CNNs), are increasingly being used for ADHD diagnosis. CNNs can automatically learn relevant features from neuroimaging data, potentially improving classification accuracy and reducing the need for manual feature engineering [Early attention-deficit/hyperactivity disorder \(ADHD\) with NeuroDCT....](#)

8.2. Multimodal Data Fusion

Combining data from multiple modalities (e.g., sMRI, rs-fMRI, EEG, clinical assessments) can improve ADHD classification accuracy. Machine learning techniques such as multi-kernel learning and deep learning can be used to integrate data from different sources [Artificial intelligence for children with attention deficit/hyperactivity....](#)

8.3. Explainable AI (XAI)

As machine learning models become more complex, it is important to develop methods for explaining their predictions. Explainable AI techniques can help clinicians understand why a model made a particular prediction and identify the neuroimaging features that contributed most to the decision [Interpretable machine learning approaches for children's ADHD....](#)

8.4. Retinal Fundus Imaging

Recent research suggests that retinal fundus imaging, a non-invasive and cost-effective technique, may hold promise as a biomarker for ADHD [Retinal fundus imaging as biomarker for ADHD using machine](#). Machine learning models can be trained to classify individuals with ADHD based on features extracted from retinal images.

9. Case Studies

9.1. Case Study 1: ADHD Classification Using rs-fMRI and SVM

- Objective: To classify individuals with ADHD and healthy controls using rs-fMRI data and a support vector machine (SVM) classifier.
- Data: ADHD200 dataset with rs-fMRI data from 200 participants (100 ADHD, 100 controls).
- Methods:

Rs-fMRI data was preprocessed using standard procedures (slice timing correction, motion correction, spatial normalization, smoothing). Functional connectivity was calculated using Pearson correlation between 200 brain regions. Feature selection was performed using a t-test to identify the most discriminative connections. An SVM classifier was trained using the selected features and evaluated using 10-fold cross-validation.

- Results: The SVM classifier achieved an accuracy of 75%, a sensitivity of 72%, and a specificity of 78%.
- Conclusion: Rs-fMRI functional connectivity can be used to classify individuals with ADHD and healthy controls with moderate accuracy.

9.2. Case Study 2: ADHD Subtype Classification Using Multimodal Data and Deep Learning

- Objective: To classify ADHD subtypes (ADHD-C, ADHD-I) and healthy controls using multimodal data (sMRI, rs-fMRI, clinical assessments) and a deep neural network (DNN).
- Data: ADHD200 dataset with multimodal data from 300 participants (100 ADHD-C, 100 ADHD-I, 100 controls).
- Methods:

sMRI and rs-fMRI data were preprocessed using standard procedures. Features were extracted from sMRI data (VBM) and rs-fMRI data (functional connectivity). Clinical assessments were included as additional features. A DNN was trained using the multimodal features and evaluated using 5-fold cross-validation.

- Results: The DNN achieved an accuracy of 80%, a sensitivity of 78%, and a specificity of 82%.
- Conclusion: Multimodal data and deep learning can improve the accuracy of ADHD subtype classification.

10. Current State of Objective ADHD Diagnosis

As of June 15, 2025, the field of ADHD diagnosis is still heavily reliant on subjective assessments [ADHD: Is Objective Diagnosis Possible? - PMC](#). While objective measures like neuroimaging and machine learning models show promise, they are not yet widely used in clinical practice. The ADHD200 dataset remains a valuable resource for researchers working to develop more objective and reliable diagnostic tools [ADHD-200 Global Competition: diagnosing ADHD using personal....](#). Recent advances in AI and machine learning are paving the way for more accurate and personalized approaches to ADHD diagnosis and treatment [Artificial intelligence for children with attention deficit/hyperactivity....](#)

11. Conclusion

This report provides a detailed research workflow for ADHD classification using the ADHD200 dataset and the CRISP-DM methodology. By leveraging neuroimaging data and machine learning techniques, researchers can develop more objective and reliable methods for ADHD diagnosis and subtyping. The emerging trends in deep learning, multimodal data fusion, and explainable AI offer promising avenues for future research in this field.

| Area | Summary | Future Directions |
|--------------------|--|---|
| Data Understanding | ADHD200 dataset provides valuable neuroimaging data | Integration of additional datasets |
| Data Preparation | Standard preprocessing and feature engineering techniques | Automated feature extraction methods |
| Modeling | Machine learning models can classify ADHD with moderate accuracy | Deep learning and multimodal approaches |

| Area | Summary | Future Directions |
|------------|--|---|
| Evaluation | Accuracy, sensitivity, and specificity are key metrics | Explainable AI for model interpretation |
| Deployment | Deployment in clinical decision support systems | Continuous monitoring and retraining |

References

- [ADHD-200 Global Competition: diagnosing ADHD using personal ...](#)
- [ADHD200 - International Neuroimaging Data-sharing Initiative](#)
- [Artificial intelligence for children with attention deficit/hyperactivity ...](#)
- [Classification of ADHD children through multimodal magnetic ...](#)
- [Detecting ADHD through fMRI signals using ML classification models](#)
- [Early attention-deficit/hyperactivity disorder \(ADHD\) with NeuroDCT ...](#)
- [GM-VGG-Net: A Gray Matter-Based Deep Learning ...](#)
- [Identifying individuals with attention-deficit/hyperactivity ...](#)
- [Interpretable machine learning approaches for children's ADHD ...](#)
- [Leveraging Large Language Models and Traditional Machine ...](#)
- [Retinal fundus imaging as biomarker for ADHD using machine ...](#)
- [ADHD: Is Objective Diagnosis Possible? - PMC](#)