

Using ecological momentary assessment for temporally precise lapse prediction in alcohol use disorder

Kendra Wyant

Sarah Sant'Ana

Gaylen E. Fronk

John J. Curtin

Addiction Research Center

University of Wisconsin-Madison

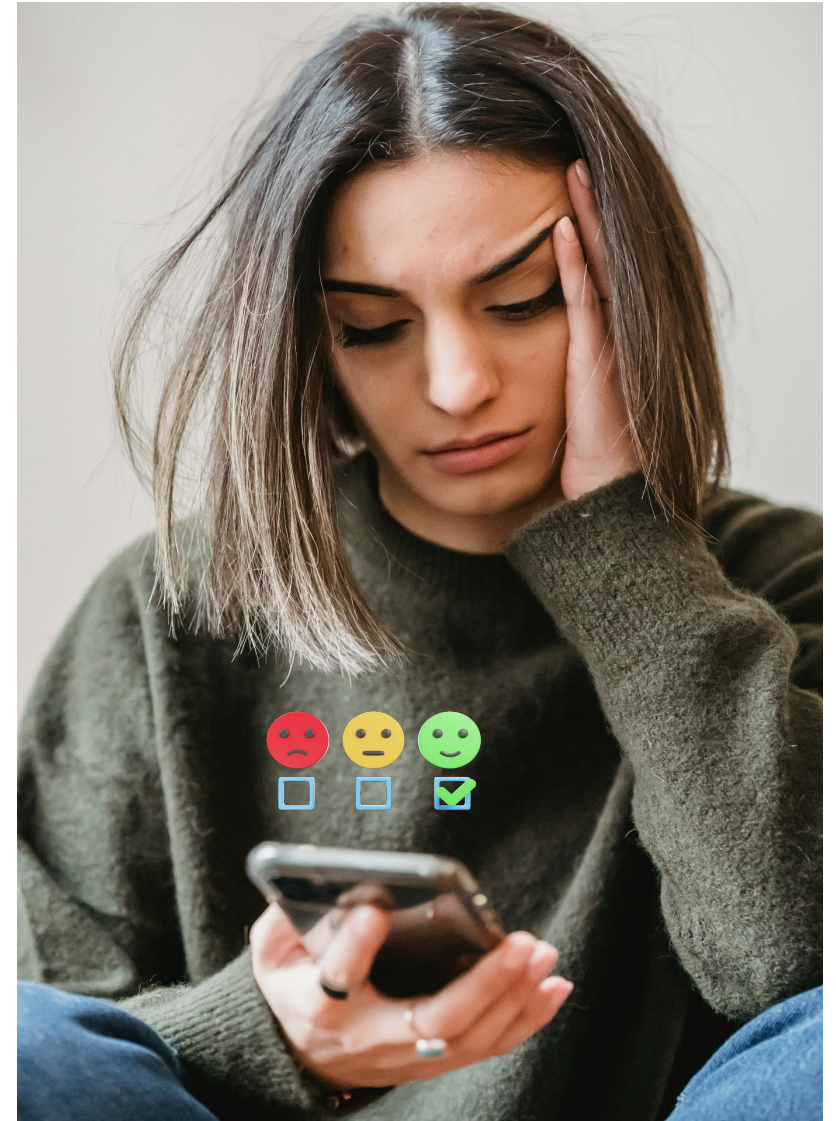


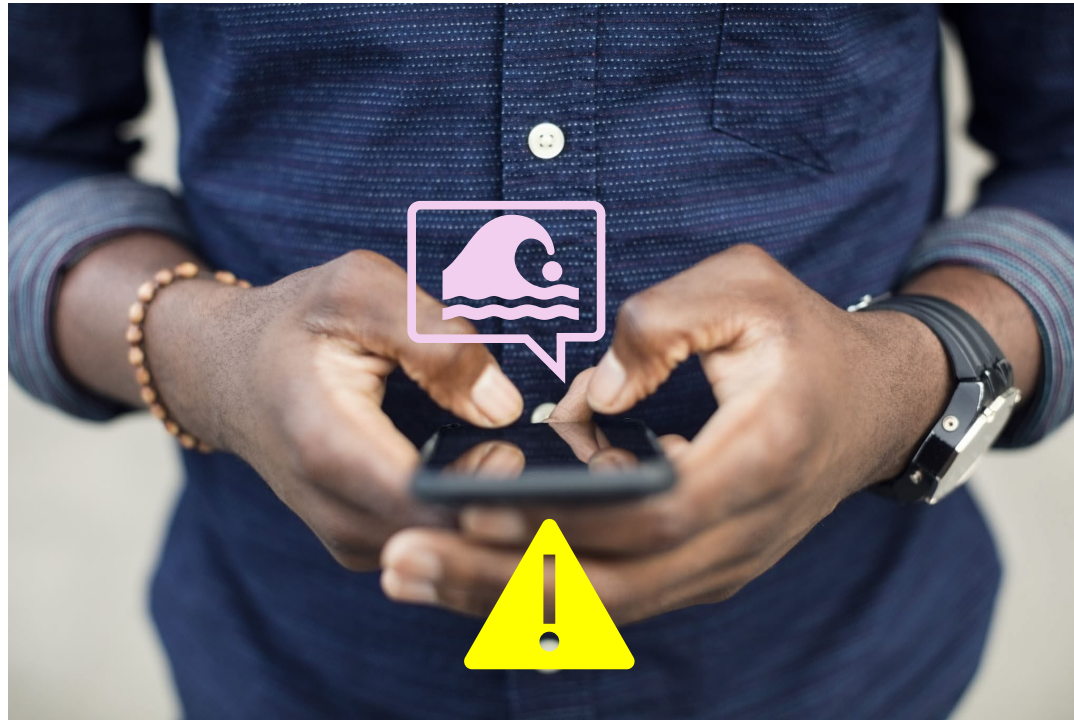
Photo credit: liza summer (pexels.com)

Substance Use Disorders

- In 2022, 46 million U.S. adults with a past year SUD
- Few receive treatment
- Patients often leave treatment without proper supports in place
- *Lapse* = instance of goal-inconsistent substance use

Precision Mental Health

- A precision mental health paradigm for adaptive, continuous lapse risk monitoring could be an important step toward preventing relapse and improving continuity of care for SUDs

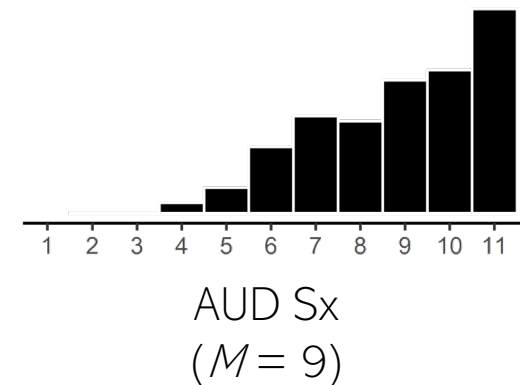
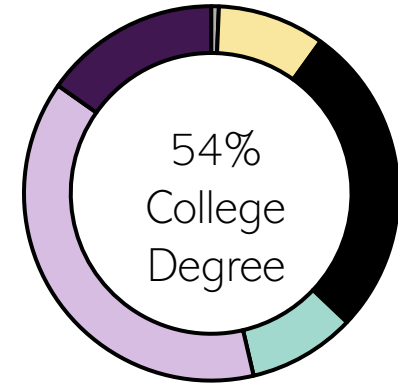
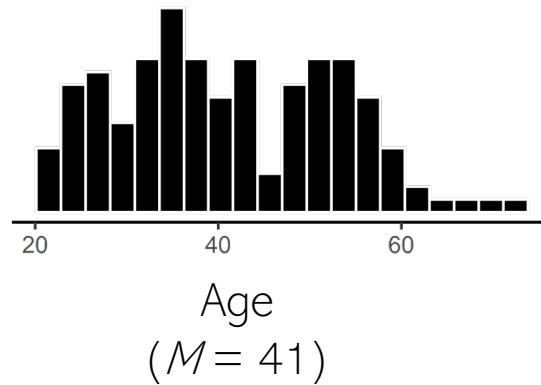
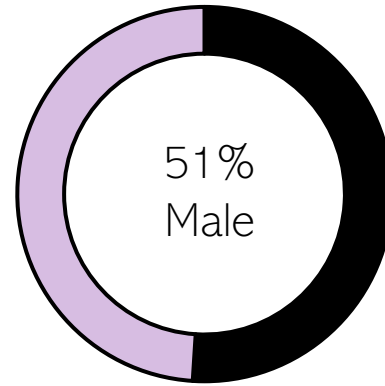
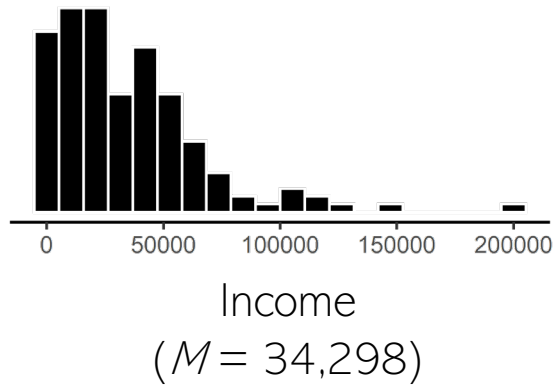
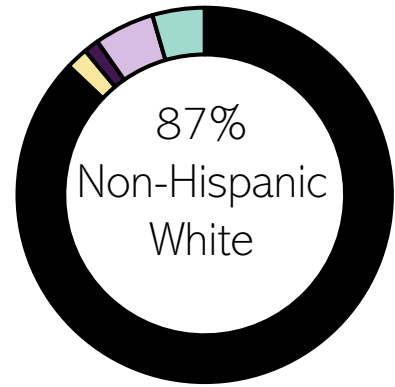


Ecological Momentary Assessment



- Direct and frequent insight into subjective feelings and experiences
- Constructs easily map onto well-studied risk factors for lapse
- Appears to be well-tolerated
- **Predicting lapses and interpreting clinically relevant features over a sustained period**

Participants



Study Design

- 3-month longitudinal study
- Participants provided 4x daily EMA

Alcohol use

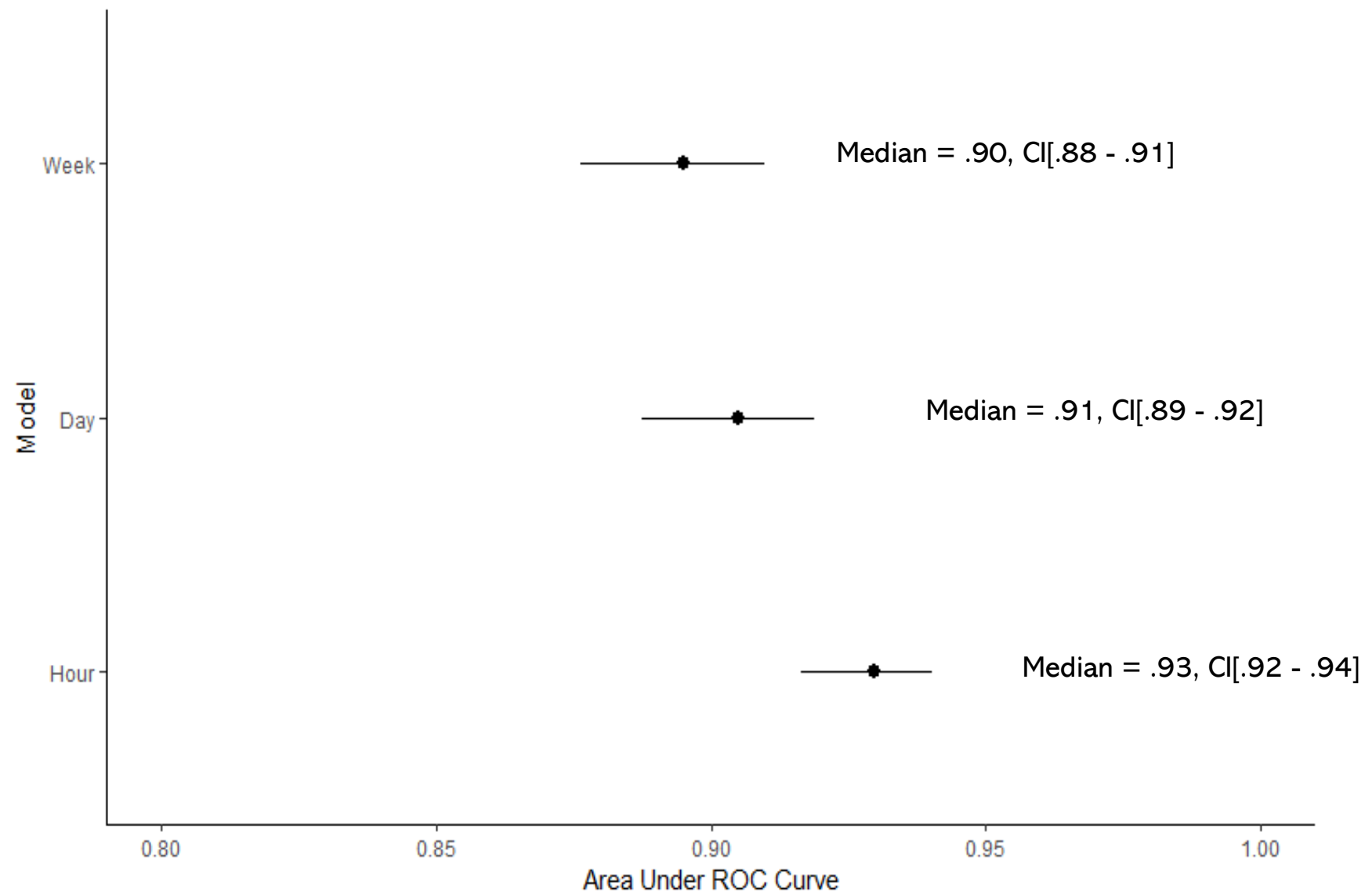
Craving
Arousal
Valence

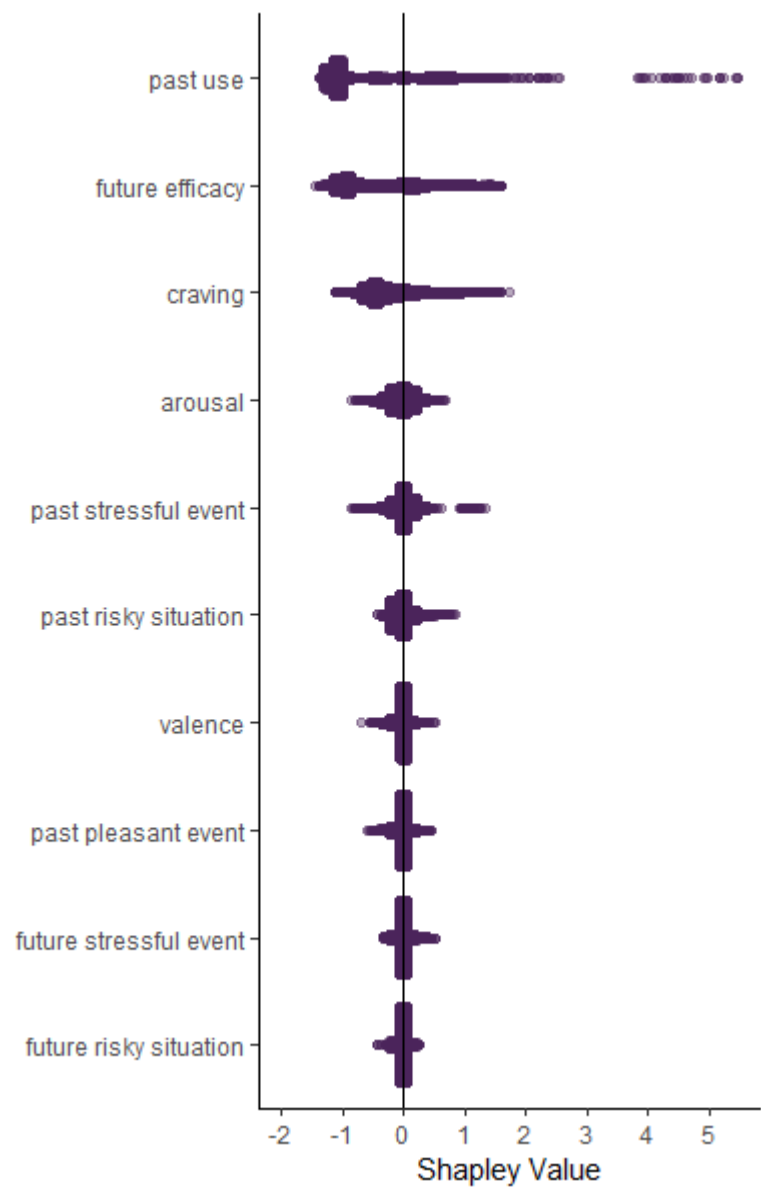
Stressful events
Pleasant events
Risky situations

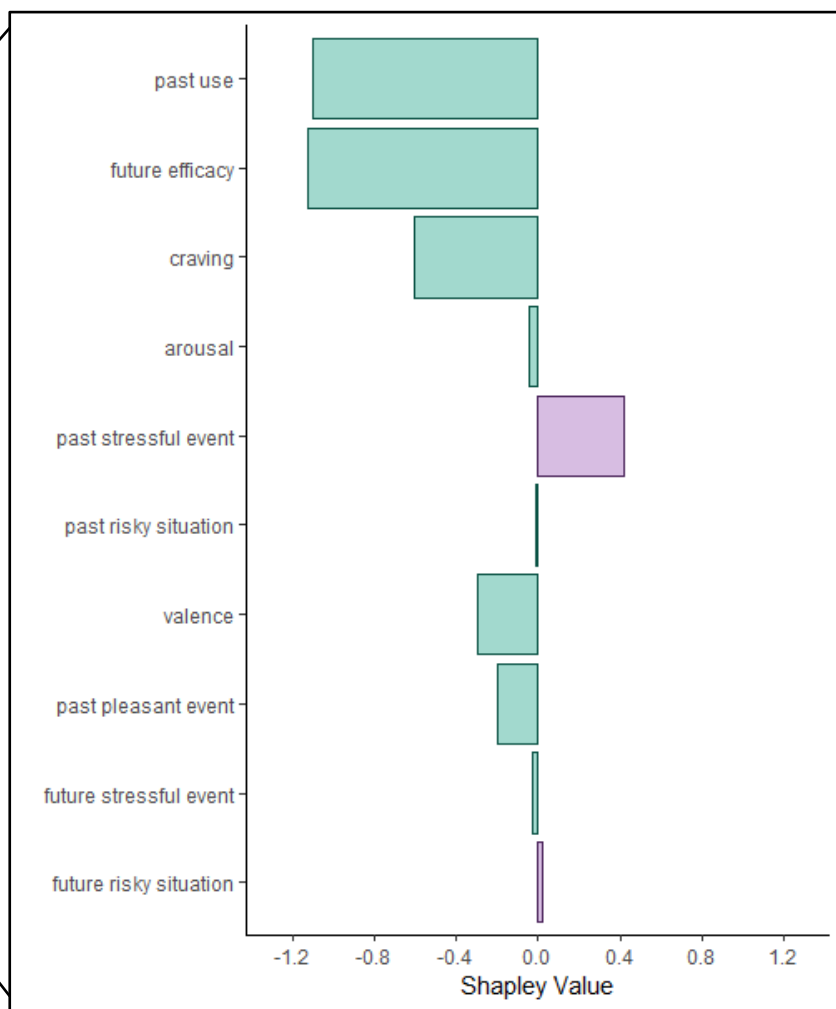
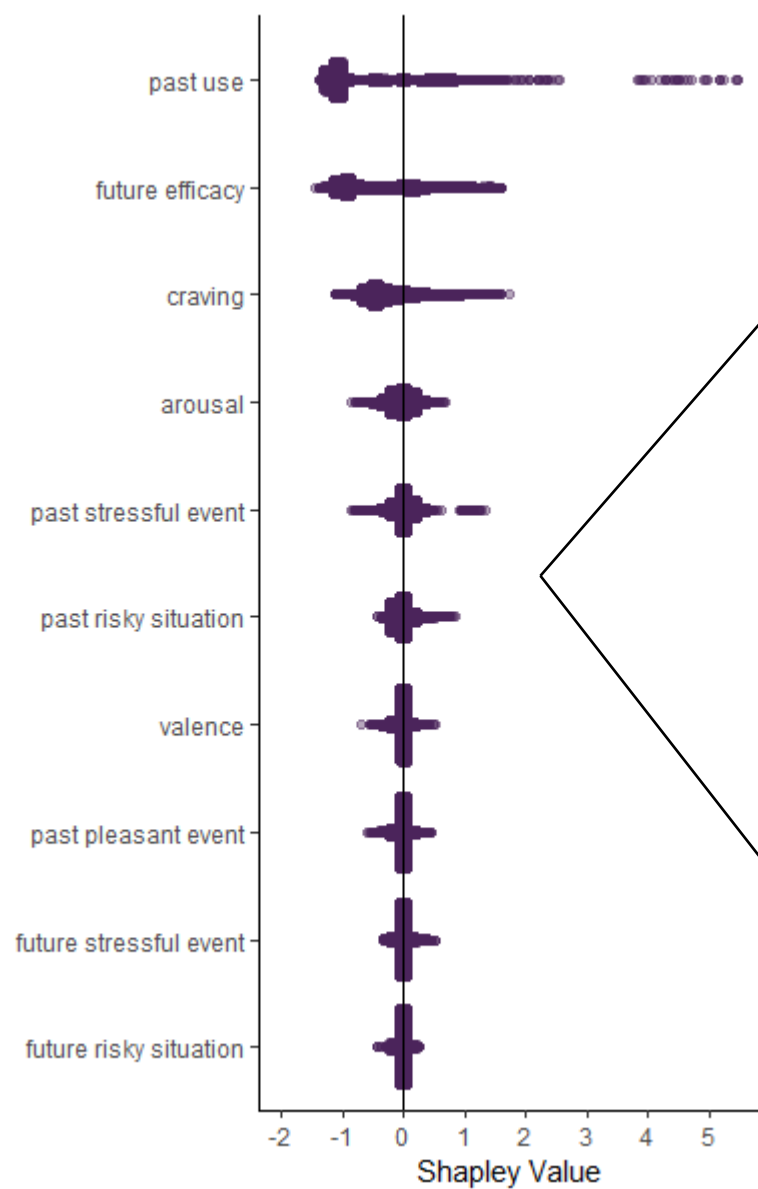
Future risky situation
Future stressful event
Future efficacy

Modeling Decisions

- Next **week**, next **day**, and next **hour** lapse predictions
- Grouped Nested Cross Validation (3 x 10 outer; 1 x 10 inner)
- 286 features engineered from EMA items, day and time of label, missing surveys, and demographics
- True prediction
- Area under the ROC curve (auROC)
- XGBoost







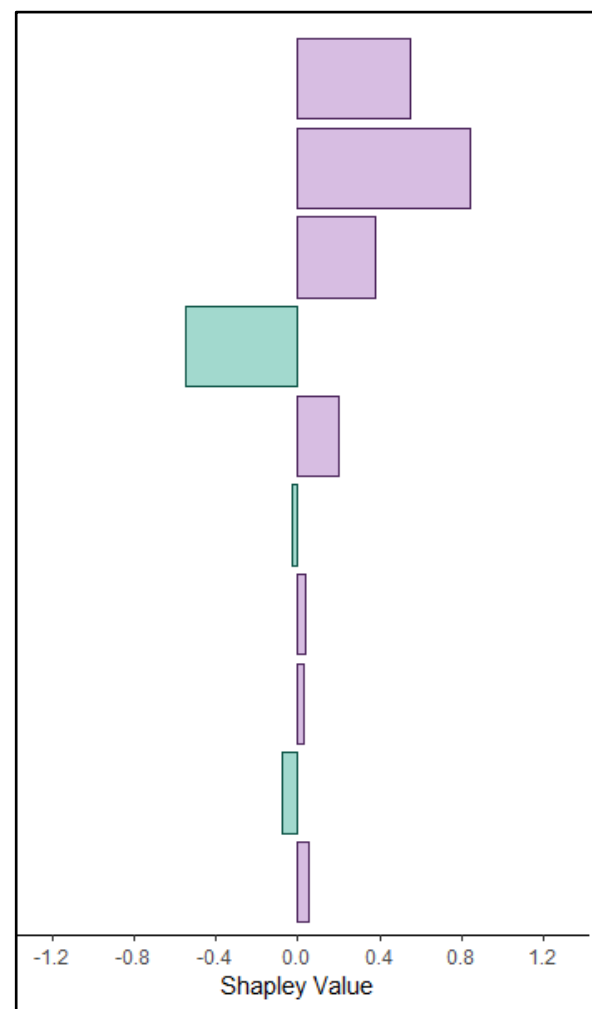
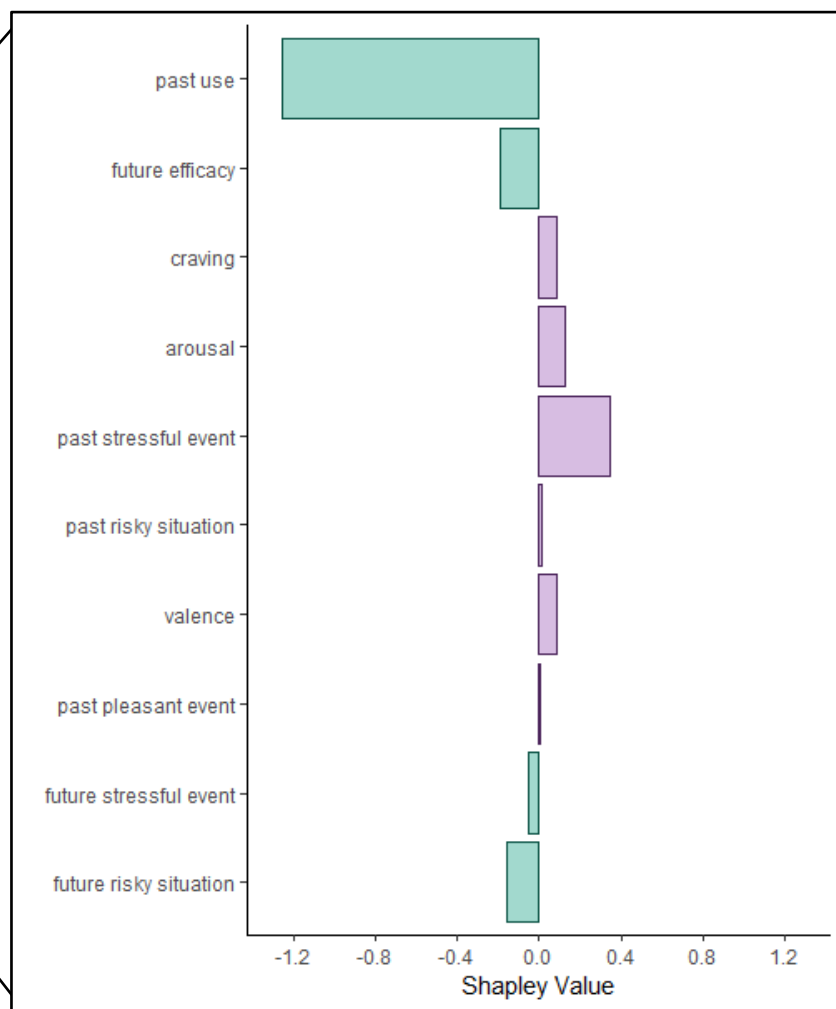
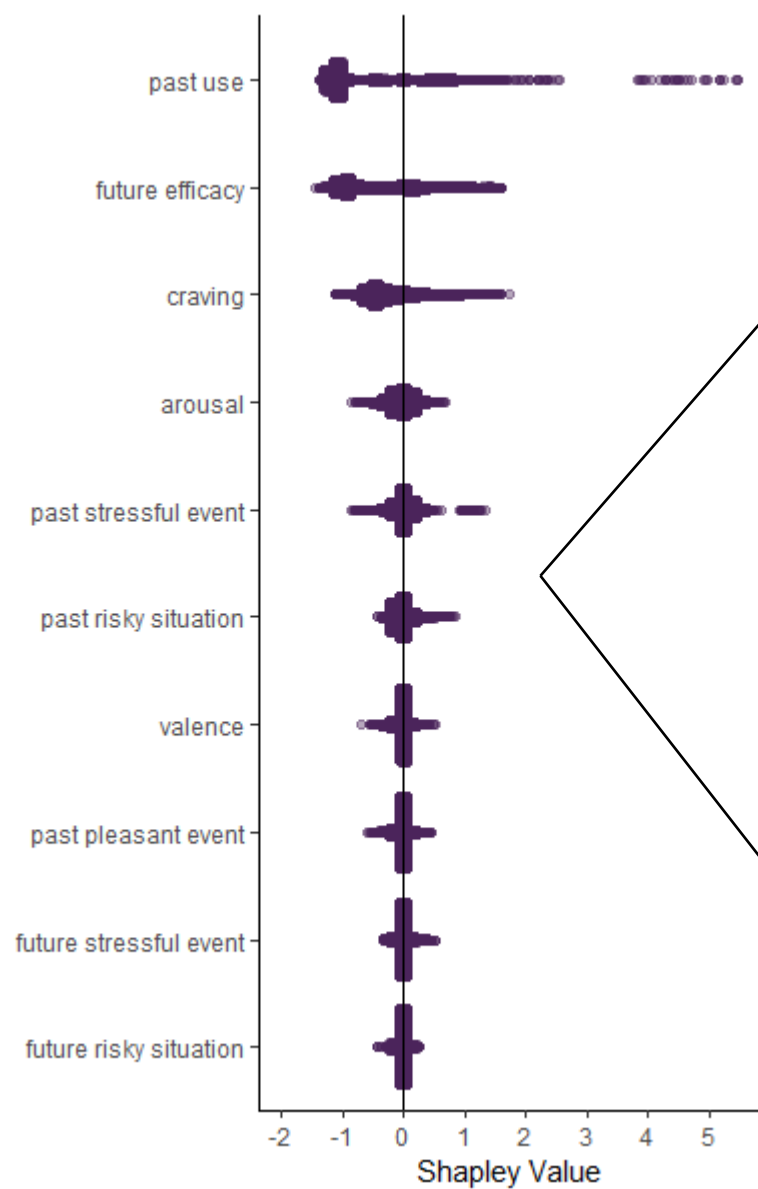




Photo credit: Kelvin Valerio

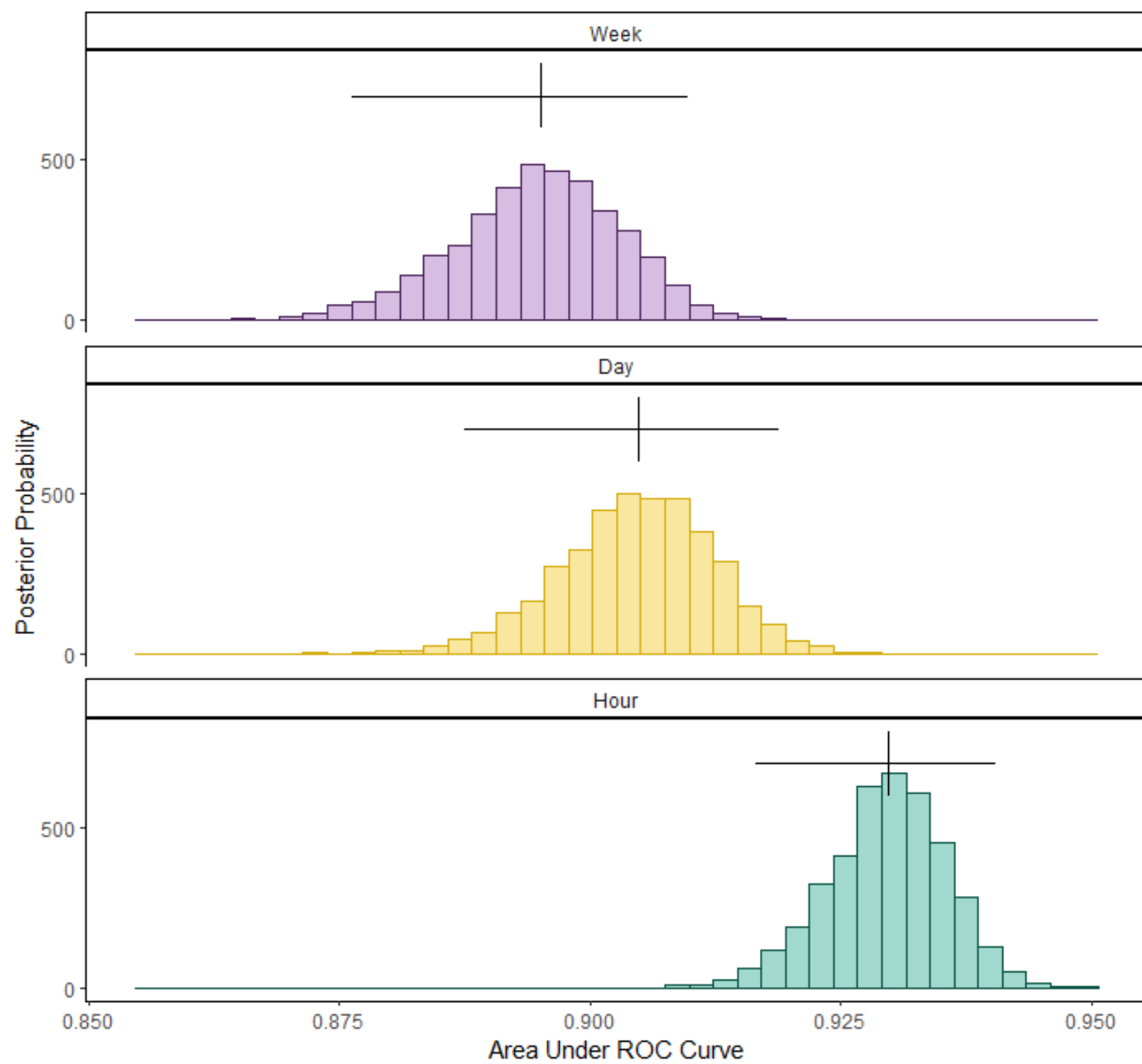
- We can predict hour by hour probabilities of lapse at varying levels of temporal precision with excellent performance
- We can characterize the relative importance of features contributing to these risk probabilities for specific individuals at specific moments in time
- These models that predict and characterize immediate risk of lapse are well-suited for *just in time* personalized interventions

Thank you!

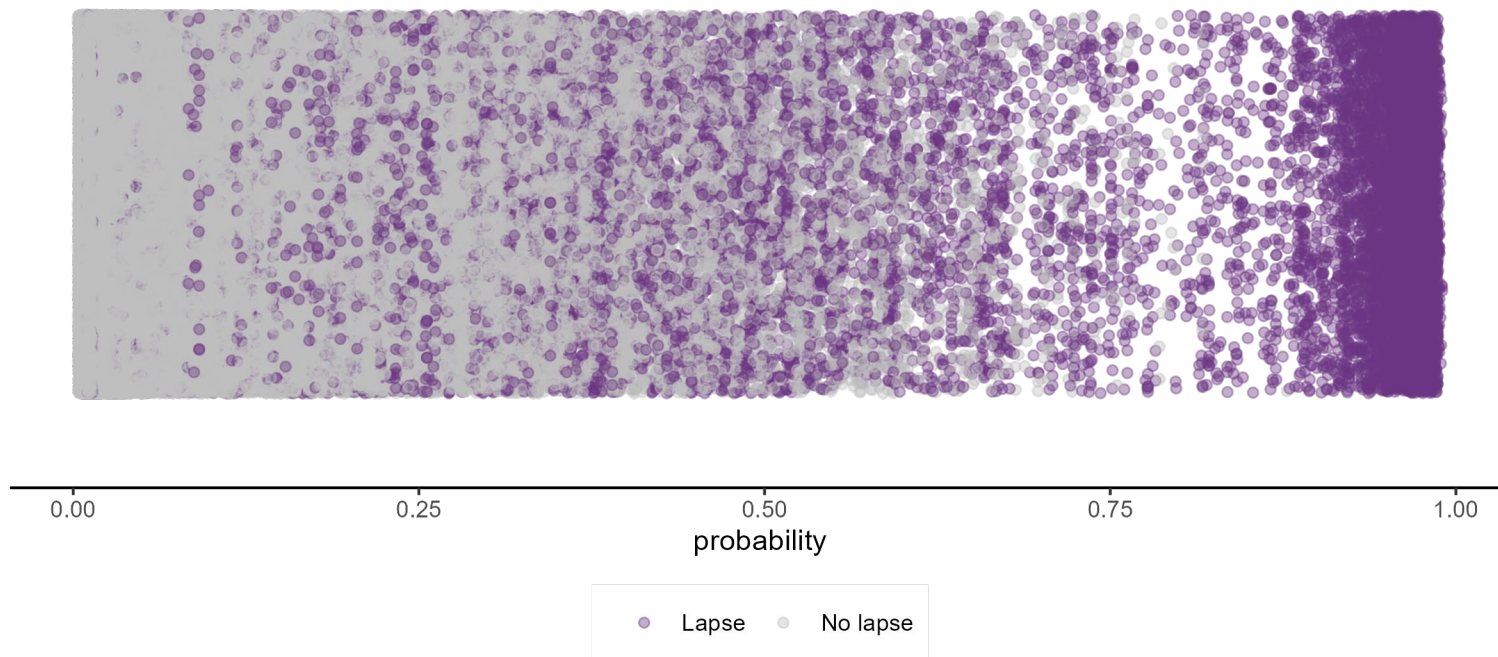
kpaquette2@wisc.edu

Priors

- residual standard deviation $\sim \text{normal}(\text{location}=0, \text{scale}=\exp(2))$
- intercept (after centering predictors) $\sim \text{normal}(\text{location}=2.3, \text{scale}=1.3)$
- the two coefficients for window width contrasts $\sim \text{normal}(\text{location}=0, \text{scale}=2.69)$
- covariance $\sim \text{decov}(\text{regularization}=1, \text{concentration}=1, \text{shape}=1, \text{scale}=1)$.

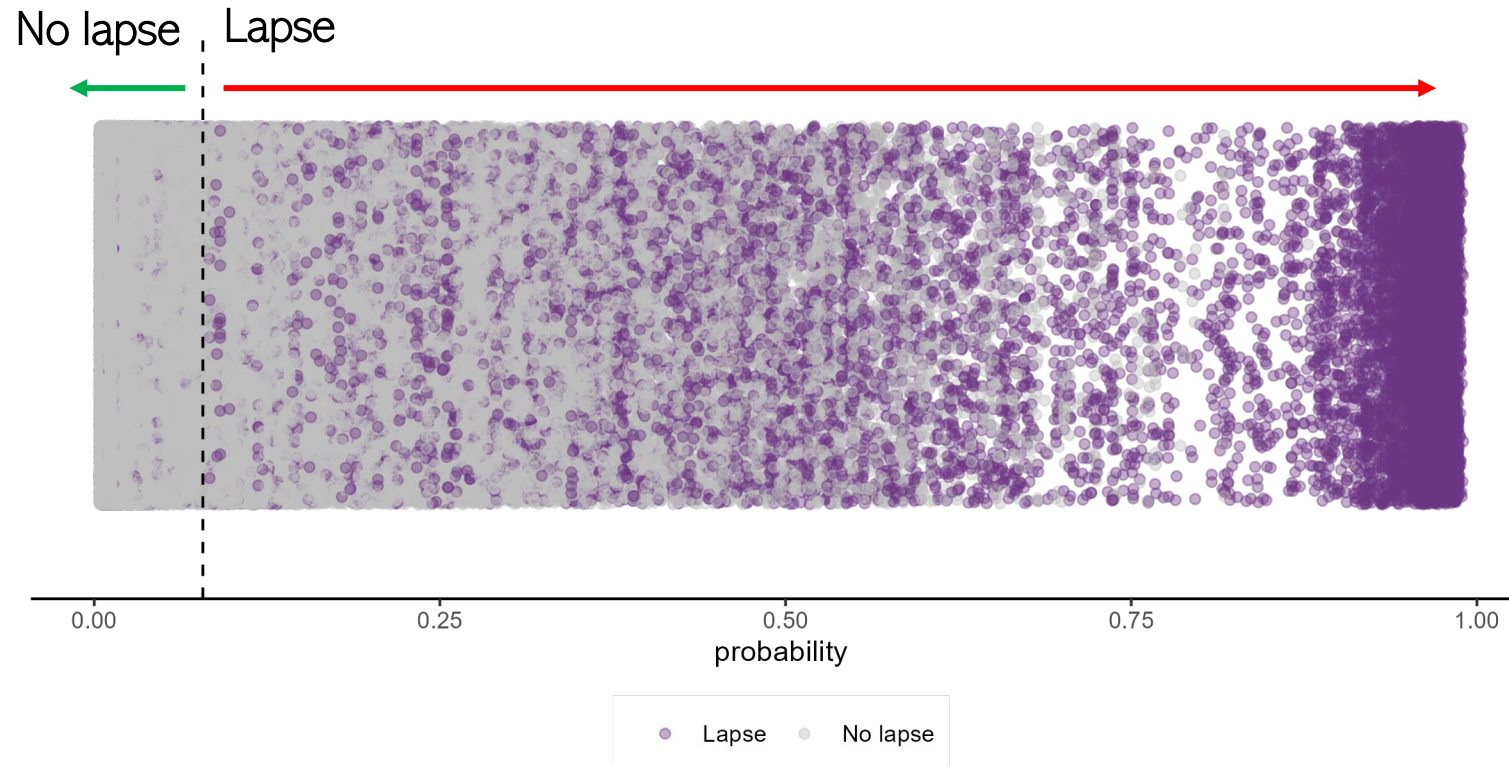


Lapse Probabilities



Class Prediction

Dichotomize lapse probability based on a decision threshold



$J = .08; N = 274,179$

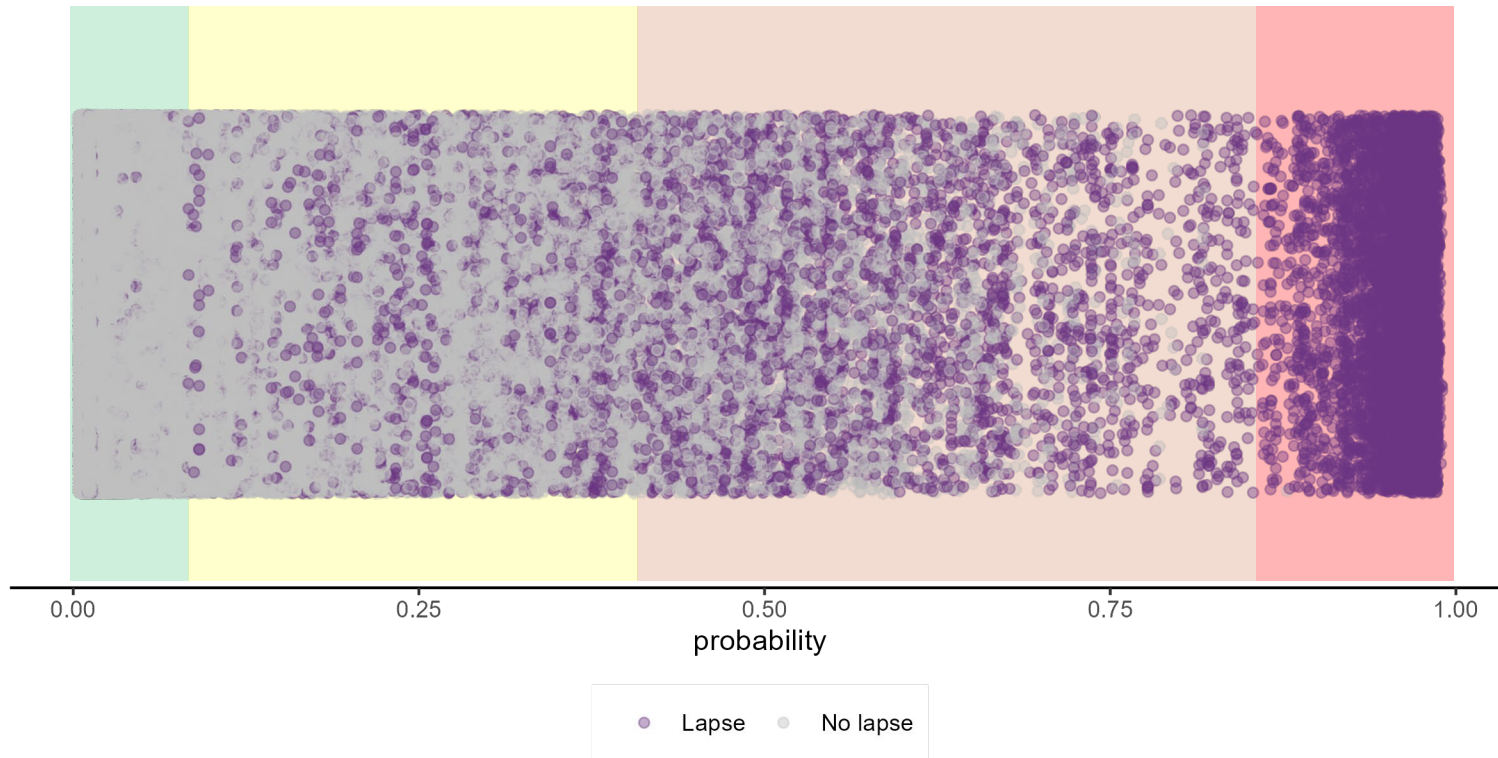
1 day model

Lapse vs No lapse

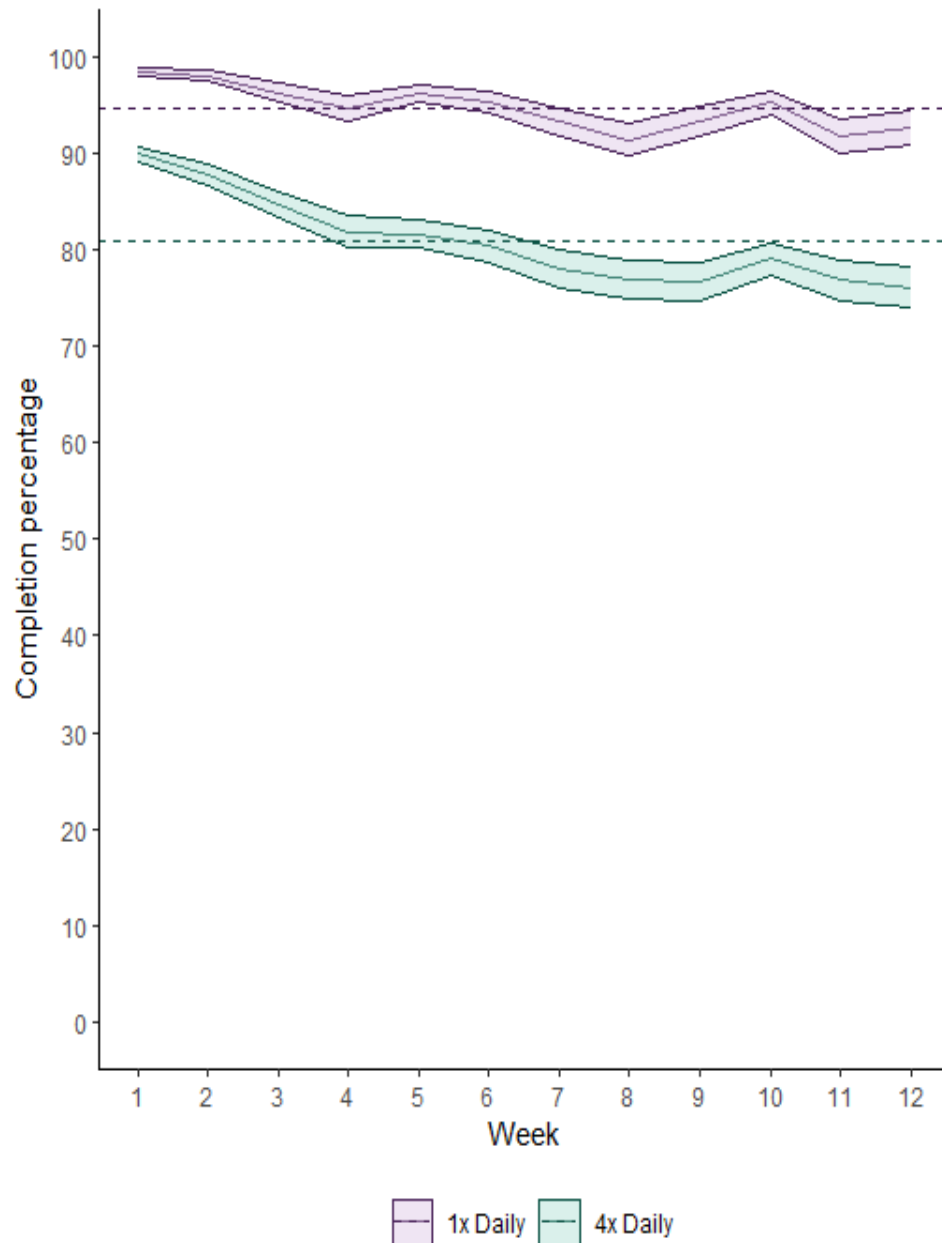
		Truth	
		Lapse	No Lapse
Prediction	Lapse	TP 17496	FA 40912
	No Lapse	Misses 3611	TN 212160

Sensitivity	.83
Specificity	.85
Positive Predictive Value	.30
Negative Predictive Value	.99

Lapse Probabilities



Treatments can be selected based on severity of risk



EMA completion percentage is high

- 81% completion for 4x EMA
- 95% completion for 1x EMA