The Potential Use of Artificial Intelligence in Nutrition Therapy of Ghanaians with Sickle Cell Disease.

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ABSTRACT

Modern Digital Diet Managers offer a range of artificial intelligence-driven services to help people with special dietary needs or diseases make smarter decisions regarding their food intake and overall nutrition. Computer Vision and Recommendation systems are among the popular artificial intelligence methodologies used in managing the diet of Diabetics, Hypertensives, and Cancer patients, however, this technology is yet to be adopted in the nutrition therapy of Sickle Cell Disease(SCD), especially in Africa, where 80% of SCD cases are located, and 1 in 4 people suffer from the disease. [1]

This research used Cohen Kappa's statistical measure of inter-agreement in an experiment to determine if an A.I assistant, comprising primarily of a Recommendation Systems for generating Nutrient Daily Allowance Profiles and a Computer Vision module to recognize and critique Ghanaian meals is as effective as a human dietican in the management of Sickle Cell Disease.

Multi-output Regression with Generative Adversarial Networks(MORGANs) was used to develop the nutrient profile Recommendation System while YOLOV8 with a CNN-ResNet-50 backbone and Python's Zoe depth estimation model was used for instance segmentation and image classification.

CCS CONCEPTS
• Human-centered computing; •Artifical Intelligence.

KEYWORDS
Sickle Cell Disease, MORGANs, Computer-Vision, YOLOV8, CNN, ResNet, Nutrition.

INTRODUCTION

Sickle Cell Disease is a genetic red-blood cell abnormality that affects 20-30% of the African population. 80% of all sickle cell disease cases are found in Africa, and since the late 1980s, poor nutrition has been recognized as a challenge for people with sickle cell disease. However, this issue has yet to receive sufficient empirical attention. [2]

In 2019, Hibbert and Umeakunne's paper discussed the significance of various other nutrients in managing sickle cell anemia. The researchers delved into the prevalence of herbal medicine for managing symptoms of SCD, placing emphasis on the proven benefits associated with certain leaves, such as Cajanus cajan and Carica papaya, in resisting haemolysis and diminishing sickled red blood cells. Furthermore, they presented an augmented nutritional requirements table for individuals with sickle cell anaemia, encompassing protein, carbohydrates, omega-3 fatty acids, vitamins B6, vitamin B12, vitamin A, vitamin C, vitamin D, vitamin E, folate, magnesium, zinc, and selenium. [3]

Researchers affiliated with the Philadelphia Biomedical Research Institute and Ibadan University conducted an experiment involving the collection of blood samples from sickle cell anaemia patients in the United States and Nigeria.

The study identified a subset of red blood cells termed "dense cells" with abnormal characteristics contributing to painful vasoocclusion. Laboratory experiments revealed that specific nutritional antioxidant supplements, hydroxyl radical scavengers, and iron-binding agents could inhibit the formation of dense cells. The recommended daily nutritional intake encompassed 6 grams of aged garlic extract, 4–6 grams of vitamin C, and 800 to 1200 IU of vitamin E. [4]

Nutrition therapy, also known as medical nutrition therapy (MNT), is an approach to treating medical conditions and their associated symptoms through a tailored diet. It involves the assessment of an individual's nutritional status, the development of a personalized nutrition plan, and the ongoing monitoring and adjustment of the plan as needed [5].

Thanks to rapid progress in Artificial Intelligence, computer software has reached an unprecedented level of capability in assisting individuals with their health and fitness decisions, often surpassing humans in decision-making.

According to a study published in the Journal of Intelligent Systems with Applications, personalized nutrition advice generated by A.I can lead to a more significant improvement in diet quality compared to generic recommendations. [6]

Digital Diet managers can utilize computer vision to help users determine food portions and conduct nutritional assessments. These applications are particularly invaluable for individuals with special Recommended Dietary Allowances (RDAs), such as those living with diabetes, HIV/AIDS, or pregnancy.

BACKGROUND

In 2019, Hibbert and Umeakunne published a manually calculated recommended daily allowance table of nutrients for people with SCD. [3] However, there is still a gap, as there is no A.I system to help track those specific nutrient intakes or to generate customized Daily Allowance Tables depending on factors such as profession, age, BMI, etc.

There are two reasons why existing A.I diet managers do not specifically cater to individuals with sickle cell disease. The first reason is that most A.I-driven technologies are trained on data from first-world countries; hence, they fail to recognize and assess most African meals. The second reason is that sickle cell disease is endemic to Africa where the basic technological space is still growing. [7]

In a pedagogical paper on computer science for food and nutrition, Robbins and Saxton experimented with pigs and fish to determine their nutritional needs. They used a method called broken-line regression to estimate the nutritional needs of the animals. The researchers compared different broken-line regression models and found that a quadratic broken-line model worked best for their data because it considers the non-linear way animals respond to nutrients.

The authors also used a statistical analysis procedure called Non-Linear Mixed models, which helps include additional factors like gender and initial weight. The study highlighted the importance of using sophisticated models to understand how animals respond to nutrients and paved the way for further involvement of machine learning in human nutrition. [8]

With the above findings as the proof-of-concept, this research seeks to answer the following research Questions:

- **Do A. I Systems agree with human dieticians in generating Recommended Daily Allowance profiles for Ghanaians with sickle cell Disease?**
- **Do A. I Systems performs better than human dieticians in assessing the nutritional content of Ghanaian meals?**

We implemented Multi-output Regression with Generative Adversarial Networks (MORGANs**)** to recommend for individuals with Sickle Cell Disease, nutrient intake allowances for protein, carbohydrates, omega-3 fatty acids, iron, vitamins B6, vitamin B12, vitamin A, vitamin C, vitamin D, vitamin E, folate, magnesium, zinc, and selenium.

YOLOV8 with a CNN-ResNet-50 backbone and Python's Zoe depth estimation model was used for instance segmentation and image classification of Ghanaian meals.

Finally, a decision-making module built with a nutrient information database and simple conditional statements was used to determine the number of various nutrients in a meal image and advise a would-be consumer using their Recommended Daily Allowance profile.

RELATED WORKS

I. Recommendation Sytems

In 2023, Ahmad and Khan undertook the development of a food recommendation system that addressed diverse health conditions concurrently, encompassing iron deficiency, kidney diseases, diabetes, and hypertension. The authors used a nutrition-based food dataset, which contained information about the nutritional content of various foods, such as calories, macronutrients, micronutrients, etc. They also collected input data from the user to generate a health profile containing details about an individual's health, including age, gender, and existing health conditions. [9] A specialized algorithm was then employed to calculate the specific nutritional needs of each individual based on their health profile.

In 2018, Alian and Pandy addressed the rising diabetes epidemic in American Indian communities by proposing a mobile application for proactive diabetes self-care. The application utilizes users' ontological profiles, incorporating socio-economic, cultural, and geographical factors, to deliver personalized eating habit recommendations. The diabetes management system relies on logical programming and a knowledge base built on general diabetes information, food and nutrition facts, and American Indian healthcare guidelines from the American Diabetes Association. This knowledge is translated into rules using a "premise→conclusion" logic form. [10] Expressed in the Semantic Web Rule Language (SWRL), these rules cover diverse aspects of diabetes management and are processed by a reasoning engine using forward chaining. [10]

Efficient nutrition therapy poses a technical challenge, necessitating a deep understanding of machine learning models. Group recommender models, employing Naïve Bayes, SVM, and RM algorithms, face criticism for their narrow focus on single-disease dietary recommendations. Some advocate for collaborative-based algorithms, asserting greater efficacy in providing optimal food suggestions. [11]

II. Computer Vision Systems

In a Swiss study, volunteers were enlisted to record brief videos of their daily food and beverage intake using the goFOODTM Lite application. The application works with single images of real food or barcodes of processed foods. The accuracy of the goFOODTM system's estimation of the participants' calorie and macronutrient consumption was then evaluated. [12].

goFoodsTM utilized a dataset comprising 57,000 images from MyFoodRepo dataset version 2.1. [12] The segmentation task used a Convolutional Neural Network (CNN) based on Mask RCNN pre-trained on the COCO dataset, with ResNet-50 as the backbone.

For the image classification task, approximately 200,000 images were obtained and categorized. Each segmented item was processed by a food recognition network using RegNetY-16GF. Mix-up interpolation was used in the training process for the recognition. [12]

The food volume estimation module employed depth maps to convert 2-D representations of food items into a 3-D space. Two approaches were used: the Neural-Based Approach and the Geometry-Based Approach. [12] In the Neural-Based Approach, single images captured at a 90° angle were used for depth estimation, leveraging the Zoe model, which incorporates multiple depth modules in an encoder-decoder architecture. [19] The Geometry-Based Approach eliminates the need for a plate in the food image, by detecting key points from reference cards and segmentation masks, rectifying stereo image pairs for depth information, and converting the resulting disparity map into a depth map for volume estimation. [12]

The research found that by using just one image of food taken by the user, there was an average error of 27.41% in estimating calories per person. Additionally, it had errors of 31.27% for carbohydrates (CHO), 39.17% for protein, and 43.24% for fat.

Similar to goFoodsTM, another group of researchers developed an innovative neural network architecture named Delicacy Net, comprising four main modules: an environment feature extraction module, an encoder, a decoder, and a semantic output module. [13]

The system analyzed and identified the food's primary nutrients when provided with images. The process involved extracting environmental features from the images, processing them through the encoder, and presenting the results as a text table using the decoder. Their model exhibited high accuracy in predicting food components, making it applicable in practical scenarios. [13]

In the Food4Me Proof-of-Principle study by Walsh et al., 1607 participants across Europe were offered personalized nutrition advice from human dieticians and the Food4Me automated system. [14] All participant's nutrient goals were grouped into three broad categories: nutrient goals one to three. In evaluating nutrient-related goals, the results showed generally high agreement between human dieticians and the automated system (92% for goal 1, 87% for goal 2, and 87% for feedback advice). Still, some disagreements were noted, especially in goal three.

Another similar study tested a new U.S.A domiciled computer vision app called SNAQ. SNAQ takes pictures of a user's food to determine what an adult human should eat and how much. The researchers wanted to see if SNAQ can accurately measure how much energy a woman has consumed, compared to a traditional human method called 24-hour dietary recall (24HR) and a reference method called doubly labeled water (DLW). They found that SNAQ did better than 24HR in estimating how much energy a woman gets from food. SNAQ and 24HR had similar results in estimating energy and the types of nutrients obtained from food. Through statistical comparison, the researchers concluded that SNAQ seems to be better than 24HR at estimating energy intake, but more research is needed to see how well it works with a very large number of users. [15]

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