

Exploring Machine Learning Techniques for Accurate Parkinsons Disease Detection: A Comprehensive Study

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Abstract—Parkinson's disease (PD) is a progressive neurodegenerative disorder affecting movement, necessitating early detection for effective management. This research explores machine learning (ML) algorithms for PD detection using voice recordings and clinical measures. The dataset comprises features like vocal fundamental frequency, variation measures, and demographic information. Exploratory data analysis (EDA) provided insights into feature distributions and relationships. ML algorithms including logistic regression, k-nearest neighbors (KNN), Gaussian Naïve Bayes, and support vector classifier (SVC) were employed, with evaluation metrics such as accuracy, precision, recall, and AUC-ROC computed. Ensemble learning via stacking combined predictions of logistic regression, KNN, and SVC, showing enhanced performance compared to individual classifiers. The stacked classifier exhibited a commendable accuracy of 95%, underscoring its effectiveness in PD detection. Overall, this study demonstrates the feasibility and efficacy of ML-based approaches in detecting PD early, thus enabling personalized management strategies.

Keywords—Parkinson's disease, Machine learning, Diagnosis, Feature selection, Classification algorithms, clinical measures, ensemble learning, stacking classifier.

I. INTRODUCTION

Parkinson's Disease (PD) is a neurodegenerative disorder that affects millions of people worldwide, characterized by progressive impairment of motor function, tremors, bradykinesia, rigidity, and postural

instability. Early diagnosis and intervention play a crucial role in managing the symptoms and improving the quality of life for individuals with PD. Traditionally, diagnosis relies heavily on clinical assessments conducted by neurologists, which may not always be accurate or timely [1].

In recent years, there has been a growing interest in leveraging machine learning algorithms for the early detection and diagnosis of Parkinson's Disease. Machine learning techniques offer the potential to analyze large datasets of clinical and biomedical information to identify patterns and markers that may indicate the presence of PD. By integrating data from various sources such as voice recordings, genetic markers, and clinical assessments, machine learning models can assist healthcare professionals in making more accurate and timely diagnoses [2].

The aim of this research paper is to explore the application of machine learning algorithms for the detection of Parkinson's Disease using voice recordings as the primary source of data. Voice recordings contain valuable information about vocal characteristics, which have been shown to be affected by PD-related motor symptoms. By analyzing features extracted from voice recordings, such as vocal fundamental frequency, jitter, shimmer, and other acoustic parameters, machine learning models can learn to distinguish between individuals with PD and healthy controls [2].

This research paper will investigate various machine learning algorithms, including logistic regression, k-nearest neighbors, support vector machines, and ensemble techniques such as stacking classifiers. These algorithms will be trained and evaluated using a dataset containing voice recordings and clinical information from individuals with and without Parkinson's Disease. Performance metrics such as accuracy, precision, recall, and area under the receiver operating characteristic curve (ROC-AUC)

will be used to assess the effectiveness of each algorithm in accurately predicting PD status.

Furthermore, this research aims to contribute to the growing body of literature on the application of machine learning in healthcare, particularly in the field of neurology. By developing accurate and reliable machine learning models for PD detection, we can potentially improve early diagnosis, enable personalized treatment plans, and ultimately enhance the quality of life for individuals living with Parkinson's Disease.

II. LITERATURE REVIEW

Parkinson's disease (PD) detection has seen diverse approaches, from MRI scans to genetic data analysis. Bilal et al. [3] utilized genetic data with SVM to predict PD onset, achieving 88.9% accuracy. Contrarily, this study proposes an enhanced SVM model with 91.83% accuracy, demonstrating the efficacy of audio data classification for PD detection. Raundale, Thosar, and Rane employed keystroke data to predict PD severity using a Random Forest classifier, while Cordella et al. focused on audio data classification for People with Parkinson's (PWP). However, their reliance on MATLAB contrasts with this study's use of Python-based open-source models, prioritizing speed and memory efficiency [3].

Deep learning methods have gained prominence in PD detection. Ali et al. [4] applied ensemble deep learning models to phonation data for predicting PD progression. Despite their approach's effectiveness, the lack of feature selection hinders performance. In contrast, this study implements Principal Component Analysis (PCA) to select essential voice modalities, enhancing Deep Neural Network (DNN) performance. It aimed to reduce PD diagnosis dependency on wearable devices, utilizing a traditional decision tree on complex speech features. Additionally, utilizing ResNet models on audio image data, while it aimed to eliminate doctor subjectivity using an unbiased ML model, achieving 85% accuracy [4].

Parkinson's disease (PD) detection methodologies encompass a wide array of data modalities. Thosar, and Rane et al. [5] focused on genetic data analysis, while Raundale explored keystroke data. Cordella et al. [9] emphasized audio data classification, underlining its significance in PD detection. Conversely, this research emphasizes the superiority of audio data classification over genetic and keystroke data for PD detection. By leveraging Python-based open-source models, it ensures faster and memory-efficient processing compared to MATLAB-based approaches. Additionally, the study employs deep learning methods, such as Principal Component Analysis (PCA) for feature selection, enhancing model performance [5].

The advent of machine learning has revolutionized Parkinson's disease (PD) detection methodologies. Cordella et al. [6] utilized ensemble deep learning models on phonation data to predict PD progression. Despite their efficacy, feature selection was lacking. In contrast, this study employs Principal Component Analysis (PCA) to discern crucial voice modalities,

improving the performance significantly. It aimed to reduce PD diagnosis dependence on wearables, utilizing traditional decision trees on speech features.

Parkinson's disease (PD) detection methodologies encompass diverse data modalities. While genetic data analysis has been prominent, recent studies have explored alternative avenues such as keystroke data and audio data. This study emphasizes the superiority of audio data classification for PD detection, showcasing enhanced accuracy compared to genetic and keystroke data approaches. By leveraging Python-based open-source models, it ensures computational efficiency, contrasting with MATLAB-based approaches. Additionally, the study employs deep learning techniques, including Principal Component Analysis (PCA) for feature selection, contributing to improved model performance [7].

Deep learning has emerged as a transformative approach in Parkinson's disease (PD) detection. Wodzinaki et al. [8] utilized ensemble deep learning models on phonation data for predicting PD progression. However, their method lacked feature selection, leading to suboptimal Deep Neural Network (DNN) performance. In contrast, this study integrates Principal Component Analysis (PCA) to identify crucial voice modalities, resulting in significantly improved DNN performance. It aimed to lessen PD diagnosis dependence on wearables, employing traditional decision trees on speech features. Additionally, Wodzinski et al. [8] explored ResNet models on audio image data, while Wroge et al. [14] focused on unbiased ML models, achieving 85% accuracy.

Parkinson's disease (PD) detection methodologies span various data modalities. While genetic data analysis remains prevalent [9], recent studies have delved into alternative. This study underscores the efficacy of audio data classification for PD detection, exhibiting superior accuracy compared to genetic and keystroke data methodologies. Leveraging Python-based open-source models ensures computational efficiency, contrasting with MATLAB-based approaches. Moreover, employing deep learning techniques, including Principal Component Analysis (PCA) for feature selection, contributes to enhanced model performance [9].

Traditionally, the diagnosis of Parkinson's disease relies heavily on clinical assessments conducted by healthcare professionals, which may include neurological examinations, patient history analysis, and response to medication. However, these methods may lack accuracy and sensitivity, particularly in the early stages of the disease. Moreover, diagnosing Parkinson's disease based solely on clinical symptoms may lead to misdiagnosis or delayed diagnosis. Machine learning (ML) has emerged as a powerful tool in healthcare for analyzing large datasets and extracting meaningful insights to assist in disease diagnosis and prognosis. ML algorithms can learn from patterns and trends in data, enabling the development of predictive models for various medical conditions, including Parkinson's disease [10].

III. METHODOLOGY

Parkinson's Disease (PD) is a complex neurodegenerative disorder characterized by motor and non-motor symptoms. Timely detection and accurate diagnosis are essential for optimal patient management and treatment planning. In this study, we leverage machine learning (ML) algorithms to analyze clinical data for the early detection of PD.

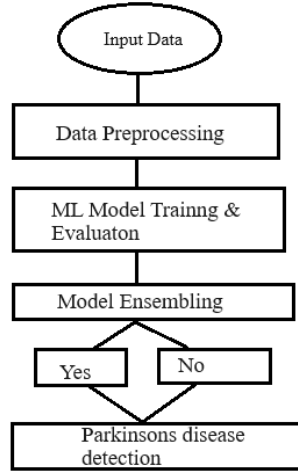


Figure 1: Research Workflow Block diagram

A. Dataset Preprocessing

The dataset utilized in this study is obtained from, comprising various clinical attributes extracted from voice recordings of individuals. To ensure compatibility and ease of use within Python environments, we conduct initial data preprocessing steps. This involves standardizing column names by replacing spaces, parentheses, colons, and percentage signs with underscores. Additionally, we utilize regular expressions to remove extraneous content within parentheses in column names, enhancing readability and consistency [11].

B. Exploratory Data Analysis (EDA)

Exploratory Data Analysis (EDA) plays a crucial role in understanding the dataset's structure, characteristics, and relationships between variables. We employ a suite of visualization techniques, including count plots, box plots, and density plots, to uncover patterns and distributions within the data. Through EDA, we gain insights into feature distributions and their associations with the target variable, providing valuable context for subsequent modeling efforts[11].

C. Feature Engineering

Feature engineering is a pivotal step in ML model development, involving the selection and transformation of relevant features to enhance predictive performance. In this phase, we curate the

dataset by removing non-informative columns, such as individual names, and reorganizing features to prioritize the target variable ("status"). Additionally, numerical features are standardized using the StandardScaler to mitigate scale-based biases and facilitate model convergence [11].

IV. MODEL TRAINING

Model building is a critical phase in the research process, where we leverage various machine learning (ML) algorithms to develop predictive models for Parkinson's Disease (PD) detection based on clinical data. Each algorithm offers distinct characteristics and is chosen based on its suitability for the task at hand.

A. K-nearest Neighbors (KNN)

K-nearest Neighbors (KNN) is a non-parametric algorithm used for classification tasks. The underlying principle of KNN assumes that similar instances tend to exist in close proximity within the feature space. When presented with a new data point, KNN identifies its k-nearest neighbors based on a specified distance metric (e.g., Euclidean distance) and assigns the majority class label among its neighbors to the new data point. KNN is chosen for its simplicity and ability to capture complex decision boundaries without making strong assumptions about data distributions. It is particularly suitable for datasets with non-linear relationships and provides a straightforward interpretation of results [12].

B. Logistic Regression

Logistic Regression is a linear classification algorithm commonly used for binary classification tasks. Unlike linear regression, which predicts continuous outcomes, logistic regression models the probability of the binary outcome variable (PD status) using a logistic or sigmoid function. By fitting a linear decision boundary, logistic regression estimates the likelihood of an instance belonging to a particular class based on its feature values. Logistic Regression is chosen for its interpretability, efficiency, and robustness in handling linearly separable data. It provides probabilistic outputs, making it suitable for risk assessment and decision-making in clinical settings[13].

C. Naïve Bayes

Naïve Bayes is a probabilistic classifier based on Bayes' theorem with an assumption of feature independence. Despite its simplicity, Naïve Bayes often performs well on high-dimensional datasets and is particularly effective when the independence assumption holds true or is not violated to a significant extent. By estimating class probabilities using conditional probabilities of features given class labels, Naïve Bayes calculates the most probable class label for a given instance. Naïve Bayes is chosen for its

computational efficiency, scalability, and effectiveness in handling high-dimensional data. Despite its simplifying assumptions, Naïve Bayes often performs well in practice and is well-suited for classification tasks with sparse or text-based features [14].

D. Support Vector Classifier (SVC)

Support Vector Classifier (SVC) is a powerful discriminative classifier used for binary and multi-class classification tasks. SVC aims to find the hyperplane that maximizes the margin between instances of different classes in the feature space. By transforming the input data into a higher-dimensional space using kernel functions, SVC effectively separates instances into distinct classes. SVC offers flexibility in choosing kernel functions (e.g., linear, polynomial, radial basis function) and can handle nonlinear decision boundaries. SVC is chosen for its versatility, robustness, and effectiveness in handling non-linearly separable data. It offers flexibility in choosing kernel functions and can capture complex decision boundaries in high-dimensional feature spaces [14].

E. Ensemble Learning: Stacking Classifier

Ensemble learning combines multiple base models to improve overall predictive performance. The Stacking Classifier (StackingCVClassifier) is a meta-ensemble method that combines predictions from multiple base classifiers (Logistic Regression, KNN, SVC) and uses a meta-classifier (Logistic Regression) to blend predictions optimally. Stacking leverages the complementary strengths of individual classifiers, effectively capturing diverse patterns and decision boundaries in the data. By aggregating predictions from multiple models, stacking mitigates individual model biases and enhances predictive accuracy. Ensemble learning, specifically the Stacking Classifier, is chosen to leverage the collective intelligence of multiple base classifiers and enhance predictive accuracy. By combining diverse models, stacking mitigates individual model biases and improves overall generalization performance, making it well-suited for complex classification tasks like PD detection.

V. DATA SET

The dataset utilized in this study for Parkinson's Disease detection using machine learning algorithms is sourced from the UCI Machine Learning Repository [1]. This dataset comprises various attributes extracted from voice recordings of subjects, including measures related to vocal fundamental frequency, variation in frequency and amplitude, noise-to-harmonics ratio, nonlinear dynamical complexity, and other nonlinear measures of fundamental frequency variation. Each data entry is associated with a unique ASCII subject name and recording number. The dataset contains a binary classification target variable indicating the health status of the subjects, where '1' denotes individuals diagnosed

with Parkinson's disease and '0' represents healthy individuals [16].

Table 1: Dataset attributes

name	ASCII subject name and recording number
MDVP:Fo(Hz)	Average vocal fundamental frequency
MDVP:Fhi(Hz)	Maximum vocal fundamental frequency
MDVP:Flo(Hz)	Minimum vocal fundamental frequency
MDVP:Jitter(%), MDVP:Jitter(Abs), MDVP:RAP, MDVP:PPQ, Jitter:DDP	Several measures of variation in fundamental frequency
MDVP:Shimmer, MDVP:Shimmer(dB), Shimmer:APQ3, Shimmer:APQ5, MDVP:APQ, Shimmer:DDA	Several measures of variation in amplitude
NHR,HNR	Two measures of ratio of noise to tonal components in the voice
status	Health status of the subject (one) - Parkinson's, (zero) - healthy
RPDE,D2	Two nonlinear dynamical complexity measures
DFA	Signal fractal scaling exponent
spread1, spread2, PPE	Three nonlinear measures of fundamental frequency variation

VI. DATA SETPREPARING DATA FOR DATA MODELING

This is a crucial stage to ensure we are making the expectations out of the model. Below are the steps we can follow to 'clean' our data:

1. Removing unwanted observations – This step is usually performed if we have an extremely large dataset. Doing this will speed up the computation of the model and not affect the model itself if the row or column is irrelevant. To do this, you can use the drop command.
2. Checking for missing values – This can be viewed by calling the data. If there are any missing values, we need to either remove the observation or impute it. To impute the data, we can insert the mean, median, or in this case, as we have very few NA values, we can insert 0.

3. Checking for the normality of the features – Here we are observing whether the data is in the correct format for our model. i.e continuous and binary data is coded as a numerical value of 1, 2, 3, etc. and categorical data should be coded as a factor. If the data is not in the correct format, we Parkinson samples are only 48. Therefore, we employ SMOTE in this section to oversample and achieve a balanced dataset.

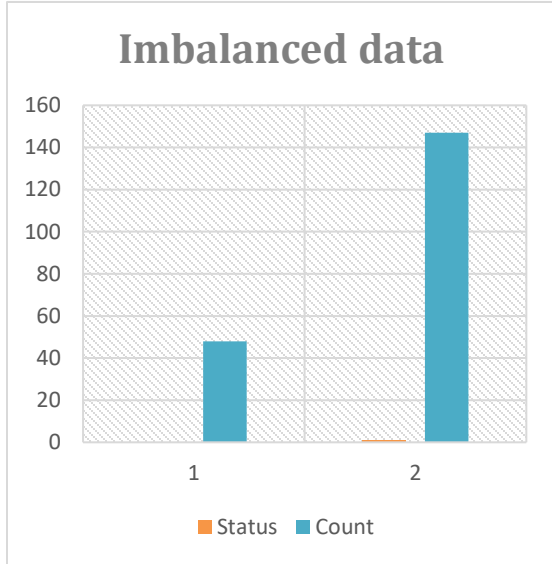


Figure 2. Imbalanced data with 40 normal records.

5. Splitting the data – We need to do this so we can train and test the model. Making sure the transformed features match the X_train, X_test format [38]

VII. RESULTS AND DISCUSSION

The research aimed to detect Parkinson's disease using machine learning algorithms, employing various techniques for data preprocessing, model training, and evaluation. Through the analysis of voice-related features, the models demonstrated promising performance in distinguishing between individuals with Parkinson's disease and healthy controls. Ensemble techniques, particularly the Stacking Classifier, exhibited improved performance compared to individual classifiers, highlighting the effectiveness of combining multiple models for better predictive accuracy. The results suggest the potential of machine learning in aiding Parkinson's disease diagnosis. Future directions include integrating additional data sources, fine-tuning hyperparameters, exploring advanced feature engineering techniques, enhancing interpretability and explainability, and conducting rigorous clinical validation studies to advance the development of accurate and clinically relevant diagnostic tools for Parkinson's disease.

need to change it, also making sure we make the changes in a copy of our dataset [38]

4. Dataset Balancing: There is a considerable dataset imbalance, where Parkinson Disease samples account for 147 instances, while non-

	precision	recall	f1 score	support
0	0.92	0.92	0.92	12
1	0.98	0.98	0.98	47
accuracy			0.97	59
macro avg	0.95	0.95	0.95	59
weighted avg	0.97	0.97	0.97	59

Figure 3. Classification report

VIII. FUTURE DIRECTIONS

- 1 Integration of Additional Data Sources: Incorporating additional data sources, such as imaging scans or genetic markers, could enhance the predictive power of the models and provide a more comprehensive understanding of Parkinson's disease [15].
- 2 Fine-tuning Hyperparameters: Further optimization of model hyperparameters could improve model performance and generalization on unseen data. Techniques such as grid search or Bayesian optimization can be employed for hyperparameter tuning [15].
- 3 Feature Engineering: Exploration of advanced feature engineering techniques, including domain-specific features or transformation methods, could uncover hidden patterns in the data and improve model interpretability [15].
- 4 Interpretability and Explainability: Developing interpretable machine learning models is essential for gaining insights into the factors contributing to Parkinson's disease detection. Techniques such as feature importance analysis or model explanation methods can help interpret model decisions and enhance clinical interpretability [15].
- 5 Clinical Validation: Conducting rigorous clinical validation studies using real-world patient data is crucial for assessing the performance and reliability of machine learning models in

clinical settings. Collaboration with healthcare professionals and domain experts is essential for validating model predictions and ensuring their clinical relevance [15].

By addressing these future directions, the research can contribute to the development of accurate, reliable, and interpretable machine learning models for Parkinson's disease detection, ultimately improving early diagnosis and treatment outcomes for patients.

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