## RESEARCH DAY

## EARLY DETECTION OF ALZHEIMER'S USING DEEP LEARNING AND MEDICAL IMAGING

SUDHARSHINI R
PROJECT MENTOR: DR.A.SATHYA

## CONTENT

- Introduction
- Problem Statement
- Methodology
- Data Collection and Preprocessing
- Feature Extraction and Model Architecture
- Model Training and Model Evaluation
- Application
- Results and Discussion
- Conclusion

### INTRODUCTION

- Alzheimer's disease is a progressive disorder affecting memory and daily functioning.
- Early detection is crucial for timely intervention, potentially slowing progression.
- Traditional diagnostics rely on clinical assessments and tests, which can be subjective and time-consuming.
- Deep learning models provide a promising method for early detection by analyzing medical data and making accurate predictions.
- This project utilizes DL techniques to detect early signs of Alzheimer's through neuroimaging data.

### PROBLEM STATEMENT

Alzheimer's disease is often diagnosed in its later stages when significant neuronal damage has occurred, limiting treatment effectiveness. Challenges in early detection include:

- Lack of objective, automated diagnostic tools for early-stage detection.
- Variability in disease progression and symptom manifestation across patients.
- Large, complex datasets from medical imaging that require advanced analysis techniques.

The objective of this project is to develop a deep learning model capable of detecting Alzheimer's disease at an early stage by analyzing MRI images, identifying key patterns, and providing interpretable predictions.

### METHODOLOGY

### Data Collection

Data Preprocessing Feature Extraction
& Model
Architecture

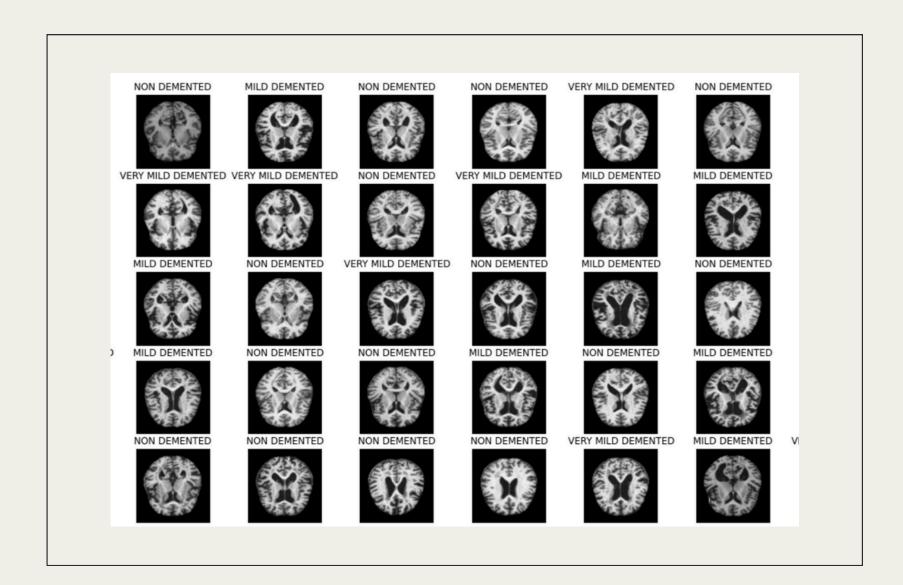
## Model Training

Model Evaluation

- Collected MRI image datasets from multiple sources in the internet.
- Ensured that the dataset contained balanced class distribution to prevent model bias.
- The CNN model includes three convolutional layers with 16, 32, and 64 filters, each followed by a MaxPooling layer.
- Split data into training (80%), validation (10%), and test (10%) sets.
- Final performance was assessed using model.evaluate(test\_ds) on the test dataset.

### DATA COLLECTION AND PREPROCESSING

- Collected MRI image datasets from multiple sources in the internet.
- Ensured that the dataset contained balanced class distribution to prevent model bias.
- Resized images to a standard dimension for consistency.
- Normalized pixel values to scale them between 0 and 1 for better model performance.
- Applied data augmentation (rotation, flipping, contrast adjustment) to improve generalization.



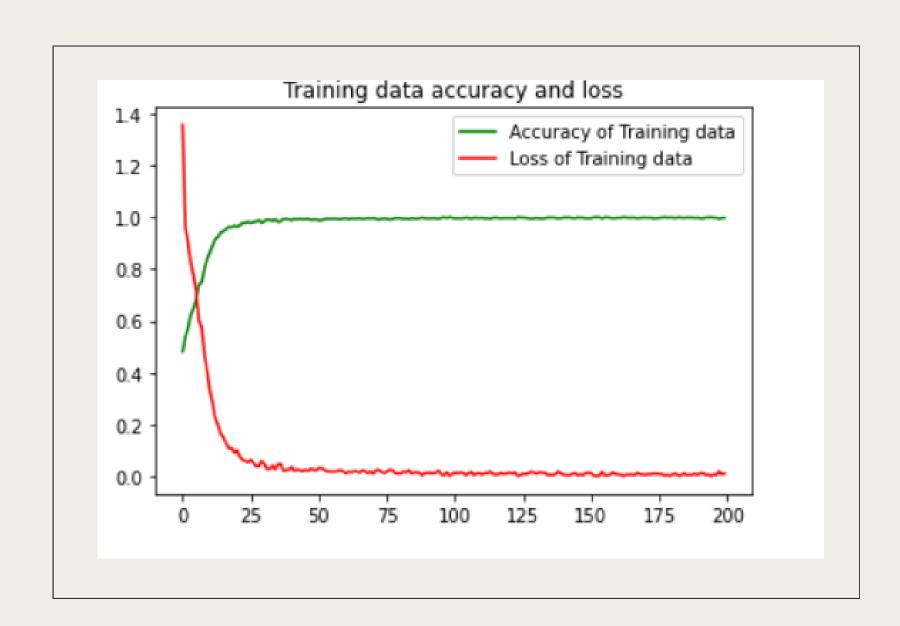
# FEATURE EXTRACTION AND MODEL ARCHITECTURE

- The CNN model includes three convolutional layers with 16, 32, and 64 filters, each followed by a MaxPooling layer.
- Dropout layers (0.2 and 0.25) were added to prevent overfitting.
- Fully connected layers include 128 neurons (ReLU), 64 neurons (ReLU), and 4 output neurons (Softmax activation) for multi-class classification.

Layer (type)	Output Shape	Param #
rescaling (Rescaling)		0
conv2d (Conv2D)	(None, 128, 128, 16)	448
<pre>max_pooling2d (MaxPooling2D )</pre>	(None, 64, 64, 16)	0
conv2d_1 (Conv2D)	(None, 64, 64, 32)	4640
max_pooling2d_1 (MaxPooling 2D)	(None, 32, 32, 32)	0
dropout (Dropout)	(None, 32, 32, 32)	0
conv2d_2 (Conv2D)	(None, 32, 32, 64)	18496
max_pooling2d_2 (MaxPooling 2D)	(None, 16, 16, 64)	0
dropout_1 (Dropout)	(None, 16, 16, 64)	0
 Total params: 2,129,380 Trainable params: 2,129,380 Non-trainable params: 0		

## MODEL TRAINING AND MODEL EVALUATION

- Split data into training (80%), validation (10%), and test (10%) sets.
- Compiled the model using the Adam optimizer and sparse categorical cross-entropy loss function.
- Trained the model for 200 epochs using minibatches of 64 images per iteration.
- Evaluated the model using training and validation accuracy and loss.
- Plotted accuracy and loss curves to analyze model performance over epochs.
- Final performance was assessed using model.evaluate(test\_ds) on the test dataset.



### APPLICATION

### **Early Diagnosis:**

• Improved Patient Outcomes: Early detection allows for personalized treatment plans that can significantly improve the quality of life for patients by managing symptoms more effectively.

#### **Risk Assessment:**

• Targeted Prevention Programs: Identifying individuals at high risk enables the creation of tailored prevention and lifestyle modification programs to reduce the likelihood of disease development.

#### **Clinical Decision Support:**

• Enhanced Accuracy: By integrating patient history and genetic information, decision support systems can provide more accurate diagnoses and recommendations, reducing human error.

### **Healthcare Optimization:**

• Scalable Solutions: Automating diagnosis with deep learning models can handle large patient datasets, making healthcare systems more scalable and efficient in diagnosing Alzheimer's on a population level.

## RESULTS AND DISCUSSION

- Best Performing Model: The CNN model demonstrated high accuracy in MRI-based diagnosis.
- Performance Metrics: Model accuracy and loss were evaluated across training and validation sets, and the results were visualized through plotted curves.
- Feature Importance: Brain atrophy and hippocampal volume reduction were the most significant indicators of Alzheimer's.
- **Insights:** The model successfully identified early-stage Alzheimer's patients with high accuracy, showcasing the potential for clinical implementation.
- Challenges: Model interpretability and dataset limitations remain concerns for real-world deployment.



## CONCLUSION

Deep learning offers a powerful tool for the early detection of Alzheimer's disease, aiding in timely diagnosis and treatment planning. Future work will focus on improving model interpretability, expanding datasets, and integrating multi-modal data sources for enhanced accuracy.