

# Global Health Project

## **Core Clinical Fields**

- **Age**
- **Gender**
- **Onset Time**
- **Medication Status**
- **Seizure Frequency**
- **Seizure Type**
- **Physical Examination**

## **Risk Factor Features**

- `risk_factors.febrile_seizures`
- `risk_factors.childhood_meningitis`
- `risk_factors.trauma_to_head`
- `risk_factors.prenatal_complication`
- `risk_factors.family_history_epilepsy`
- `risk_factors.neonatal_complication`
- `risk_factors.cerebral_malaria`
- `risk_factors.behavioral_problem`
- `risk_factors.psychiatric_problem`
- `risk_factors.cerebrovascular_disease`
- `risk_factors.developmental_delay`

# Feature-set we are using

## Common

- **Age**
- **Gender**
- **Onset Time**
- **Seizure Frequency**
- **Seizure Type**

## Data-driven (chatgpt suggested)

- **Female Adolescent**
- **Hepatic Impairment Flag**
- **Renal Impairment Flag**
- **Status Or Prolonged Flag**
- **Cognitive Priority**

Feature	Importance / Citation	LLM Prompt / Questions / Context
<b>Age</b> <b>(Raj suggested)</b>	<b>Importance:</b> Fundamental demographic variable for dosing	<b>LLM Prompt:</b> Identify the patient's current age at the time of this note. Look for explicit mentions or calculate it from the Date of Birth relative to the Visit Date.
<b>Gender</b> <b>(Raj suggested)</b>	<b>Importance:</b> Biological determinant for hormonal influence.	<b>LLM Prompt:</b> Determine the biological sex of the patient from the text.  <b>Context:</b> Assign 'Yes' (or 1) for Female. Assign 'No' (or 0) for Male.
<b>Onset Timing Years</b> <b>(Raj suggested)</b>	<b>Importance:</b> Helps estimate how long the patient has had epilepsy, which affects expected treatment response and outcomes.  <b>Citation:</b> <a href="#">epilepsy duration, AAN</a>	<b>LLM Prompt:</b> How long has the patient had epilepsy? Calculate the duration in years.  <b>Questions:</b> (1) When did the seizures start (onset date or age at onset)? (2) What is the difference between the onset and the current date?  <b>Context:</b> Look for "diagnosed in" or "seizures for [X] years". Return the duration as a number (Float).

<b>Seizure Frequency</b> <b>(Raj suggested)</b>	<p><b>Importance:</b> The primary measure of disease burden and treatment success.</p> <p><b>Citation:</b> <a href="#">AAN Quality Measures</a></p>	<p><b>Goal:</b> Classify seizure burden over the last 12 months into one of 5 strict categories.</p> <p><b>Context:</b> Map the text to the closest class:</p> <p>0 (Seizure Free): Absolutely no seizures for at least 1 year.</p> <p>1 (Infrequent): Very rare events, occurring less than once a month (e.g., once or twice a year).</p> <p>2 (Monthly): Occurring roughly once a month, but less than weekly.</p> <p>3 (Weekly): Occurring at least once a week, or monthly events that happen in big clusters.</p> <p>4 (Daily): Very severe burden, occurring every day or multiple times a day.</p>
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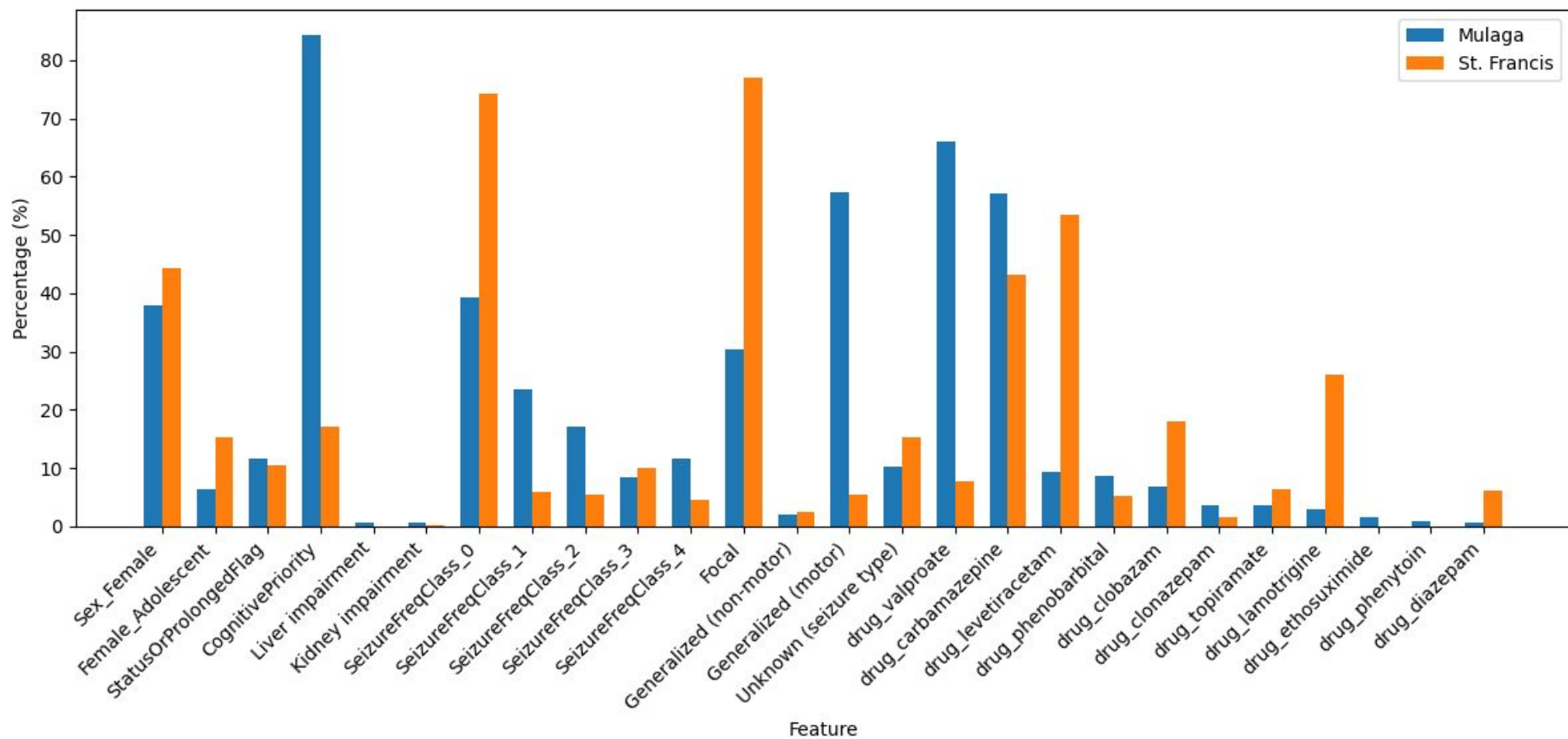
<b>Seizure Type</b> <b>(Raj suggested)</b>	<p><b>Importance:</b> Determines the choice of medication (Sodium channel blockers vs Broad spectrum). AAN Quality Measure.</p> <p><b>Citation:</b> <a href="#">ILAE 2017 Operational Classification</a></p>	<p><b>Goal:</b> Classify the dominant seizure type</p> <p><b>Context:</b></p> <p>0 (Focal): Starts in one area (auras, one-sided movement, focal aware).</p> <p>1 (Generalized Non-Motor): Staring spells or absence seizures without convulsions.</p> <p>2 (Generalized Motor): Major convulsions (tonic-clonic/grand mal) dominating the picture.</p> <p>3 (Mixed/Uncertain): Clinical picture is unclear or has features of both.</p>
<b>Female_Adolescent</b> <b>(chatgpt suggested)</b>	<p><b>Importance:</b> Critical safety flag for "Women of Childbearing Potential" (WOCBP). Triggers avoidance of Valproate due to teratogenicity.</p> <p>Source: <a href="#">AES</a></p>	<p><b>LLM Prompt:</b> Is this patient a female in the adolescent or early childbearing age range?</p> <p><b>Questions:</b> (1) Is Sex_Female = Yes? (2) Is the age between 10 and 19?</p> <p><b>Context:</b> Answer 'Yes' ONLY if both conditions are met.</p>

<p><b>Cognitive Priority</b></p> <p>risk_factors:</p> <ul style="list-style-type: none"> <li>- developmental_delay</li> <li>- behavioral_problem</li> <li>- psychiatric_problem</li> </ul>	<p><b>Importance:</b> Important for understanding how epilepsy affects school, work, and day-to-day life.</p> <p><b>Citation:</b> <a href="#">cognitive</a>, <a href="#">psychological</a></p>	<p><b>LLM Prompt:</b> Is there documented concern regarding the patient's cognitive function?</p> <p><b>Questions:</b> (1) Are there mentions of intellectual disability, memory loss, school failure, or cognitive decline? (2) Are there "cognitive seizures"?</p> <p><b>Context:</b> Answer 'Yes' if cognitive issues are a significant part of the clinical picture.</p>
<p><b>Hepatic Impairment Flag</b> <b>(chatgpt suggested)</b></p>	<p><b>Importance:</b> Pharmacokinetic constraint. Prevents use of hepatotoxic or hepatically-metabolized drugs (Valproate, Phenytoin).</p> <p><b>Citation:</b> data-driven, <a href="#">aes guide</a></p>	<p><b>LLM Prompt:</b> Does the patient have liver disease that would affect medication choice?</p> <p><b>Questions:</b> (1) Is there mention of "hepatic impairment", "liver failure", or "elevated liver enzymes"?</p> <p><b>Context:</b> Answer 'Yes' if liver dysfunction is present. This is a safety constraint.</p>

<p><b>Renal Impairment Flag</b> (chatgpt suggested)</p>	<p><b>Importance:</b> Requires dose adjustment for renally-cleared drugs (Levetiracetam).</p> <p><b>Citation:</b> data-driven, <a href="#">renal</a></p>	<p><b>LLM Prompt:</b> Does the patient have kidney disease that would require drug dose adjustment?</p> <p><b>Questions:</b> (1) Is there mention of "renal failure", "kidney disease", "CKD", or "dialysis"?</p> <p><b>Context:</b> Answer 'Yes' if renal dysfunction is present. This is a safety constraint.</p>
<p><b>Status Or Prolonged Flag</b> (chatgpt suggested)</p>	<p><b>Importance:</b> "Red flag" for medical emergencies and high mortality risk. Differentiates self-limited seizures from those requiring rescue intervention.</p> <p><b>Citation:</b> <a href="#">ILAE Status Epilepticus Definition</a></p>	<p><b>LLM Prompt:</b> Does the patient have a history of Status Epilepticus or prolonged seizures?</p> <p><b>Questions:</b> Is there a description of a single seizure lasting longer than 5 minutes?</p> <p><b>Context:</b> Answer 'Yes' if either is true. This identifies dangerous/prolonged events requiring rescue plans.</p>



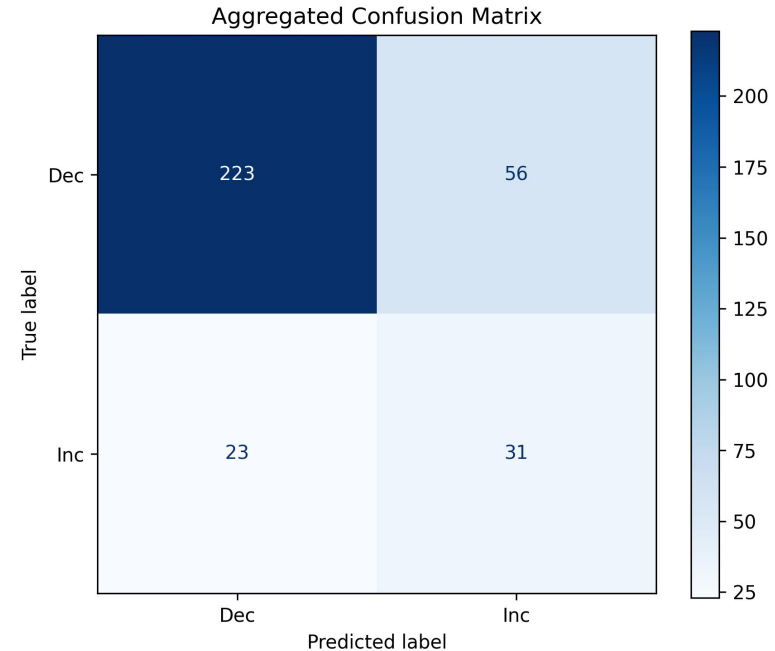
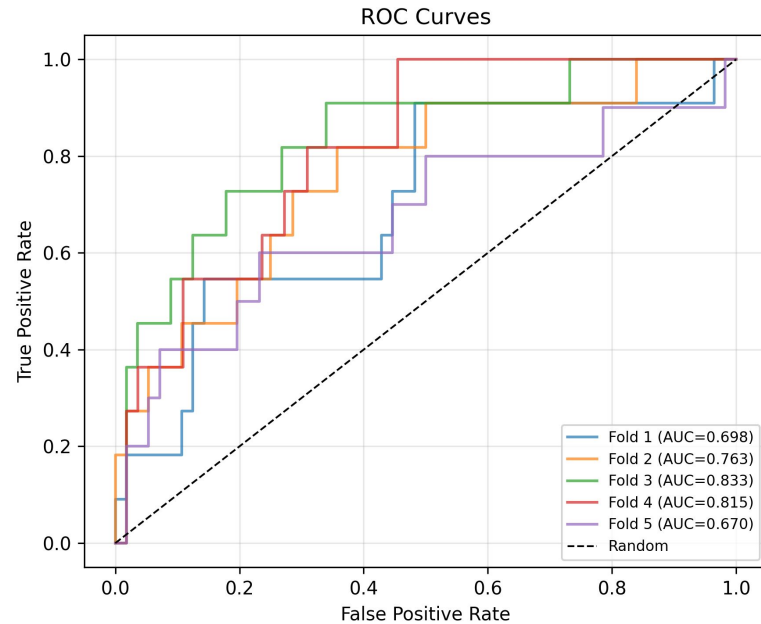
Feature distribution



## Key differences

- Mulaga has considerably more cases with cognitive priority, generalized seizures and higher seizure frequency.
- St. Francis has considerably more patients with focal seizures and lower seizure frequencies.
- Mulaga relies more on valproate and carbamazepine, whereas St. Francis uses levetiracetam, lamotrigine, and phenobarbital far more frequently.

## Mulago referral hospital



### === K-FOLD STRATIFIED RESULTS ===

Acc=0.806, F1=0.480, AUC=0.698, PR-AUC=0.397

Acc=0.746, F1=0.414, AUC=0.763, PR-AUC=0.505

Acc=0.746, F1=0.485, AUC=0.833, PR-AUC=0.532

Acc=0.773, F1=0.444, AUC=0.815, PR-AUC=0.470

Acc=0.742, F1=0.370, AUC=0.670, PR-AUC=0.356

Total size: 333

Class balance:

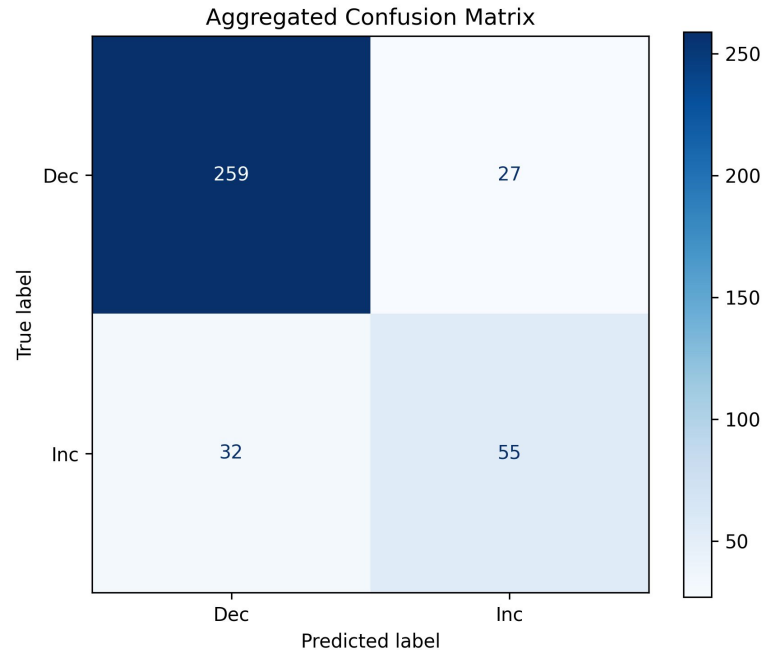
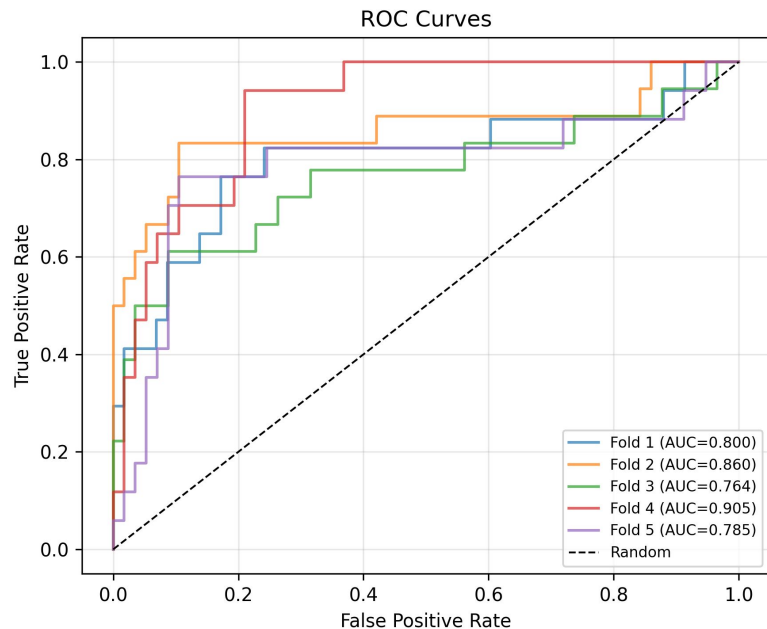
Decrease 279

Increase 54

## Mulago referral hospital

Rank	Feature Name	Importance	direction
1	SeizureFreqClass_0	4.823079	decrease
2	SeizureFreqClass_4	3.059332	increase
3	SeizureFreqClass_3	2.009308	increase
4	drug_phenobarbital	1.804581	increase
5	drug_clobazam	1.577393	increase
6	drug_phenytoin	1.504262	increase
7	Status Or Prolonged Flag	1.413082	decrease
8	drug_valproate	1.362898	increase
9	drug_carbamazepine	1.353787	increase
10	SeizureType_3 (Mixed/uncertain)	1.342673	increase

## St. Francis Hospital



### === K-FOLD STRATIFIED RESULTS ===

Acc=0.813, F1=0.611, AUC=0.800, PR-AUC=0.687

Acc=0.880, F1=0.727, AUC=0.860, PR-AUC=0.812

Acc=0.813, F1=0.611, AUC=0.764, PR-AUC=0.667

Acc=0.838, F1=0.571, AUC=0.905, PR-AUC=0.729

Acc=0.865, F1=0.722, AUC=0.785, PR-AUC=0.589

Total size: 373

Class balance:

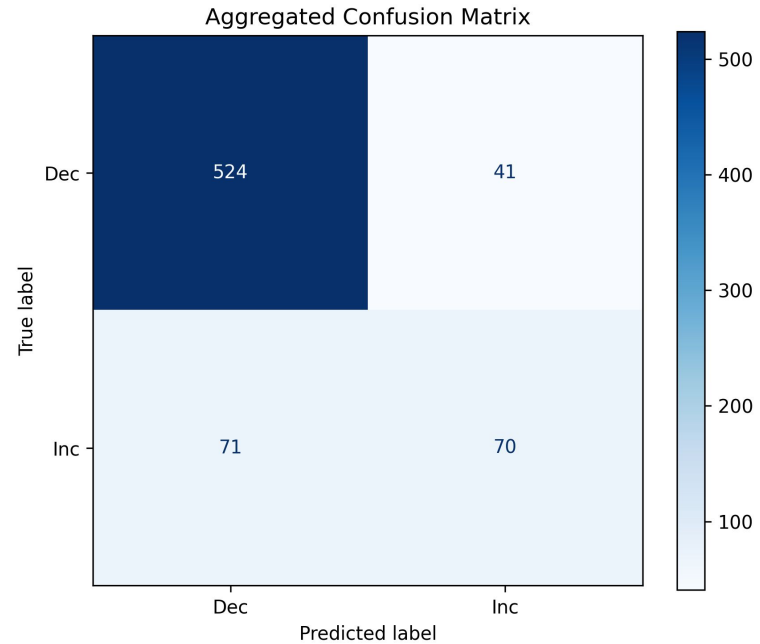
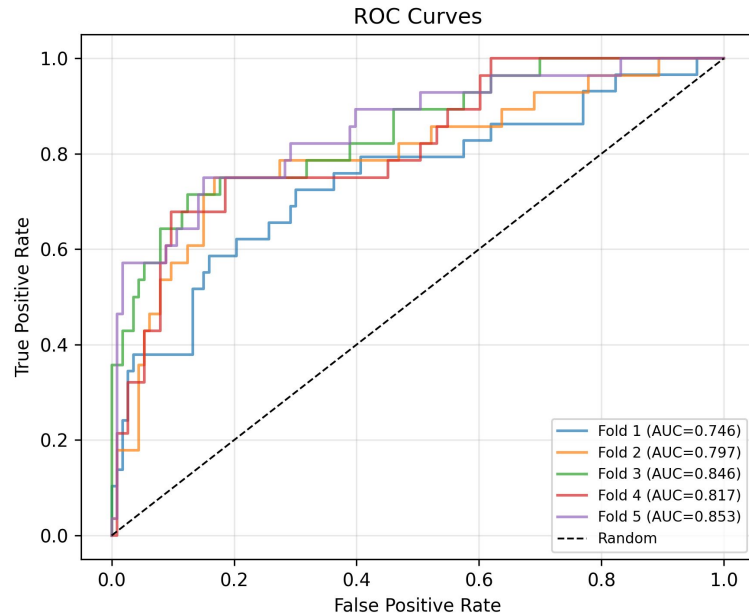
Decrease 286

Increase 87

## St. Francis hospital

Rank	Feature Name	Importance	direction
1	SeizureFreqClass_0	5.292486	decrease
2	SeizureFreqClass_3	4.122270	increase
3	SeizureType_0 (Focal)	2.071053	increase
4	SeizureFreqClass_4	1.769583	increase
5	drug_levetiracetam	1.584700	decrease
6	drug_valproate	1.575095	decrease
7	SeizureType_1(Gen non-motor)	1.493777	decrease
8	drug_phenobarbital	1.431862	increase
9	Sex_Female	1.412159	decrease
10	Cognitive Priority	1.384790	decrease

## Combined hospitals



### === K-FOLD STRATIFIED RESULTS ===

Acc=0.739, F1=0.493, AUC=0.746, PR-AUC=0.538

Acc=0.752, F1=0.545, AUC=0.797, PR-AUC=0.554

Acc=0.702, F1=0.512, AUC=0.846, PR-AUC=0.712

Acc=0.794, F1=0.580, AUC=0.817, PR-AUC=0.567

Acc=0.716, F1=0.535, AUC=0.853, PR-AUC=0.683

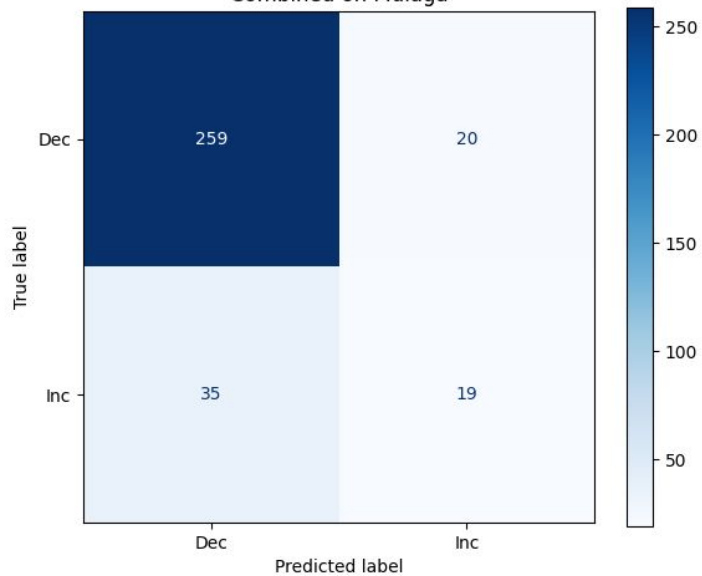
Total size: 706

Class balance:

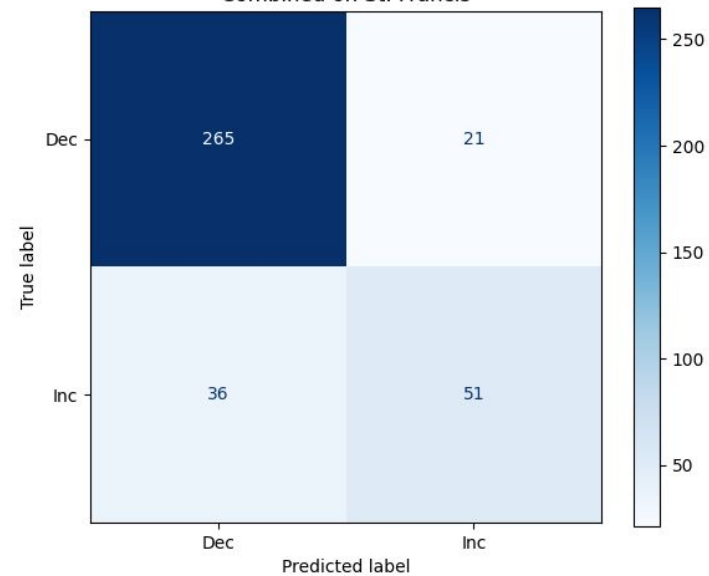
Decrease 565

Increase 141

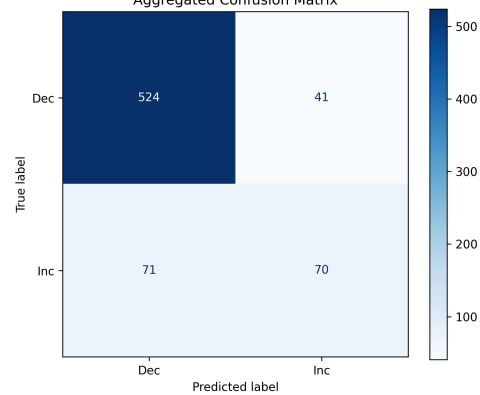
Combined on Mulaga



Combined on St. Francis



Aggregated Confusion Matrix

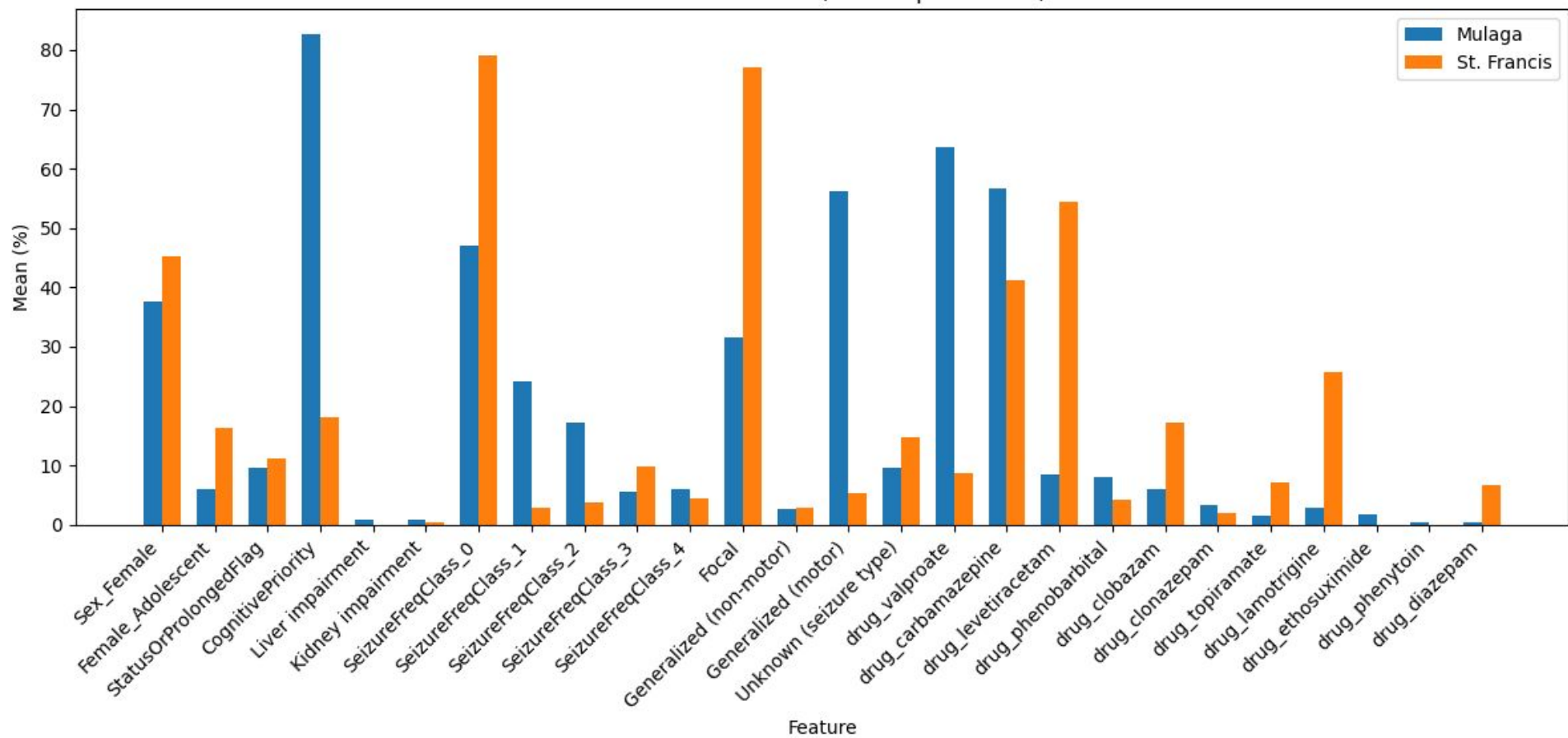




### Combined hospitals

Rank	Feature Name	Importance	direction
1	SeizureFreqClass_0	4.051975	decrease
2	SeizureFreqClass_3	2.650415	increase
3	SeizureFreqClass_4	2.344753	increase
4	drug_phenobarbital	1.621822	increase
5	SeizureType_0 (Focal)	1.457884	increase
6	drug_clobazam	1.429757	increase
7	Cognitive Priority	1.398338	decrease
8	drug_lamotrigine	1.340478	increase
9	drug_diazepam	1.256786	increase
10	Status Or Prolonged Flag	1.215455	decrease

Feature distribution (Correct predictions)



Feature distribution (Incorrect predictions)

