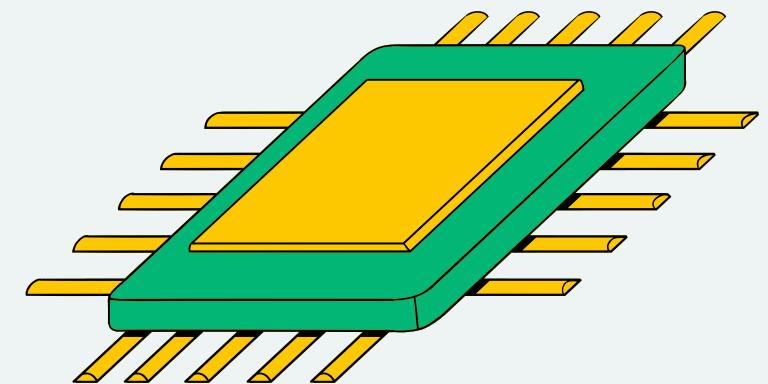


Application of various machine learning techniques to predict obstructive sleep apnea syndrome severity

Hyewon Han & Junhyoung Oh

Report by James Sablay





Obstructive Sleep Apnea Syndrome

- Obstructive sleep apnea (OSAS) affects **1 billion adults globally, raising cardiovascular and cognitive risks.**
- This often remains **undiagnosed**, highlighting the need for a more active treatment.

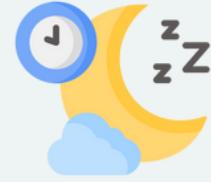




Common tools for diagnosis

- **Polysomnography (PSG)** is the gold standard for diagnosing OSAS, but its complexity and use of sensors can disrupt sleep.
- With the rise in suspected OSAS cases, there is a growing need for **simpler diagnostic methods**.

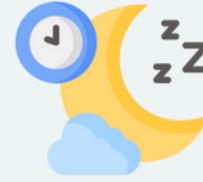




Use of machine learning in OSAS

- Machine learning is increasingly applied in healthcare for its ability to **handle complex data**.
- In OSAS research, clustering **helps phenotyping** and improves classification, making it a key tool for **better prediction models**.
- **Develop** machine learning models to predict OSAS severity **without requiring PSG**.





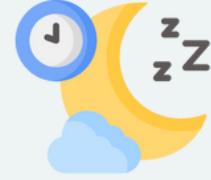
Data acquisition

Data Source: Patients from Samsung Medical Center's sleep clinic (2014–2021)

Data Collected:

- **Personal Information:** Gender, age, height, weight
- **Physical Measurements:** Abdominal, neck, and hip circumference
- **Self-Reported Questionnaires:** Epworth Sleepiness Scale (ESS), Insomnia Severity Index (ISI)
- **PSG Method:** Conducted using Embla N7000 with automated scoring to determine OSAS and measure apnea–hypopnea index (AHI).





Data pre-processing

Dataset Overview:

- **Samples:** 4,014
- **Features:** 33 numerical and categorical characteristics
- **OSAS Severity Classification:** Four classes based on American Academy of Sleep Medicine guidelines





Data pre-processing

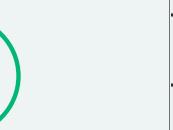
- **Test Data:** 20% of the dataset
- **Classifier Training:** 5-fold cross-validation on training data
- **Statistical Analysis:**
 - Normal distribution assessed using the Kolmogorov-Smirnov test
 - Student's t-test for normally distributed data; Mann-Whitney U test for non-normal data
 - Chi-square test for categorical features
 - **Significance level:** $p < 0.05$



METHODS

Table 1. The report of the statistical analysis.

Feature	All (n = 4014)	Training (n = 3211)	Test (n = 803)	p-value
Demographic parameters				
Age (years)	53.0 [40.0, 62.0]	53.0 [40.0, 62.0]	54.0 [40.0, 62.0]	0.282
Sex	Male: 2841 (70.78%),	Male: 2289 (71.29%)	Male: 552 (68.74%)	0.956
	Female: 1173 (29.22%)	Female: 922 (28.71%)	Female: 251 (31.26%)	
BMI (kg/m ²)	25.2 [23.0, 27.7]	25.1 [23.0, 27.7]	25.3 [22.9, 28.0]	0.387
Height (cm)	168.0 [161.0, 174.0]	168.0 [162.0, 174.0]	168.0 [161.0, 173.0]	0.383
Weight (kg)	71.0 [62.0, 80.0]	71.0 [62.0, 80.0]	71.0 [62.0, 80.0]	0.914
Body measurements				
Abdominal circumference (cm)	90.0 [83.0, 97.0]	90.0 [83.0, 97.0]	90.0 [83.0, 97.0]	0.704
Head circumference (cm)	57.0 [55.0, 58.0]	57.0 [55.0, 58.0]	57.0 [55.0, 58.0]	0.587
Hip circumference (cm)	96.0 [92.0, 100.0]	96.0 [92.0, 100.0]	96.0 [92.0, 100.0]	0.695
Neck circumference (lying position, cm)	38.5 [35.5, 40.5]	38.5 [35.5, 40.5]	38.5 [35.5, 40.5]	0.572
Neck circumference (sitting position, cm)	38.0 [35.0, 40.0]	38.0 [35.0, 40.0]	38.0 [35.0, 40.0]	0.661
Sleep questionnaires				
ESS scores	9.0 [6.0, 13.0]	9.0 [6.0, 13.0]	9.0 [6.0, 13.0]	0.308
ISI scores	11.0 [7.0, 16.0]	11.0 [7.0, 16.0]	12.0 [7.0, 16.0]	0.347
K-BDI-II scores	11.0 [7.0, 17.0]	11.0 [7.0, 17.0]	11.0 [7.0, 17.0]	0.765
PSQI scores	7.0 [5.0, 10.0]	7.0 [5.0, 10.0]	7.0 [5.0, 10.0]	0.636
SSS scores	3.0 [2.0, 3.0]	3.0 [2.0, 3.0]	3.0 [2.0, 3.0]	0.261
Other self-reported parameters				
Hours of sleep	6.0 [5.0, 7.0]	6.0 [5.0, 7.0]	6.0 [5.0, 7.0]	0.755
Consumption of hypnotics	Yes: 484 (12.06%)	Yes: 380 (11.83%)	Yes: 104 (12.95%)	0.973
	No: 3530 (87.94%)	No: 2831 (88.17%)	No: 699 (87.05%)	
PSG parameters				
AHI	20.4 [7.7, 40.4]	20.4 [7.85, 39.8]	20.1 [7.1, 42.45]	0.82
OSAS severity				
Normal	706 (17.59%)	565 (17.6%)	141 (17.56%)	0.261
Mild	897 (22.35%)	717 (21.33%)	180 (22.42%)	
Moderate	971 (24.19%)	777 (24.2%)	194 (24.16%)	
Severe	1440 (35.87%)	1152 (35.88%)	288 (35.87%)	



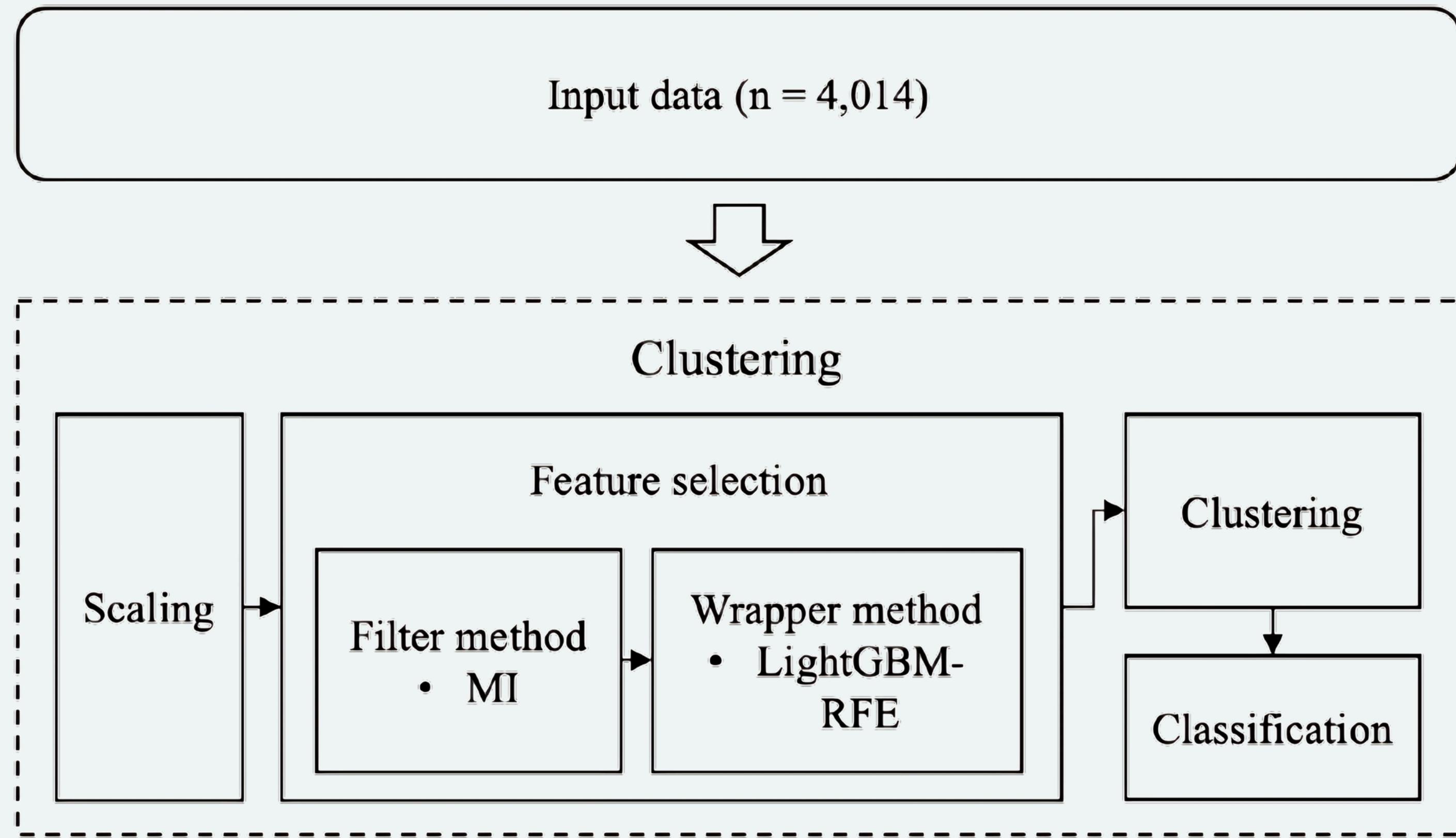


Figure 1. The workflow of the predictive models.



FEATURE SELECTION

- **Mutual Information (MI):** Measures interdependence between variables; used to filter less informative features with a threshold set at the mean MI score.
- **Recursive Feature Elimination (RFE):** Removes less important features iteratively to finalize the feature set for clustering.

CLUSTERING ALGOS

- Hierarchical Agglomerative Clustering
- K-means
- Bisecting K-means
- Gaussian Mixture Model (GMM)

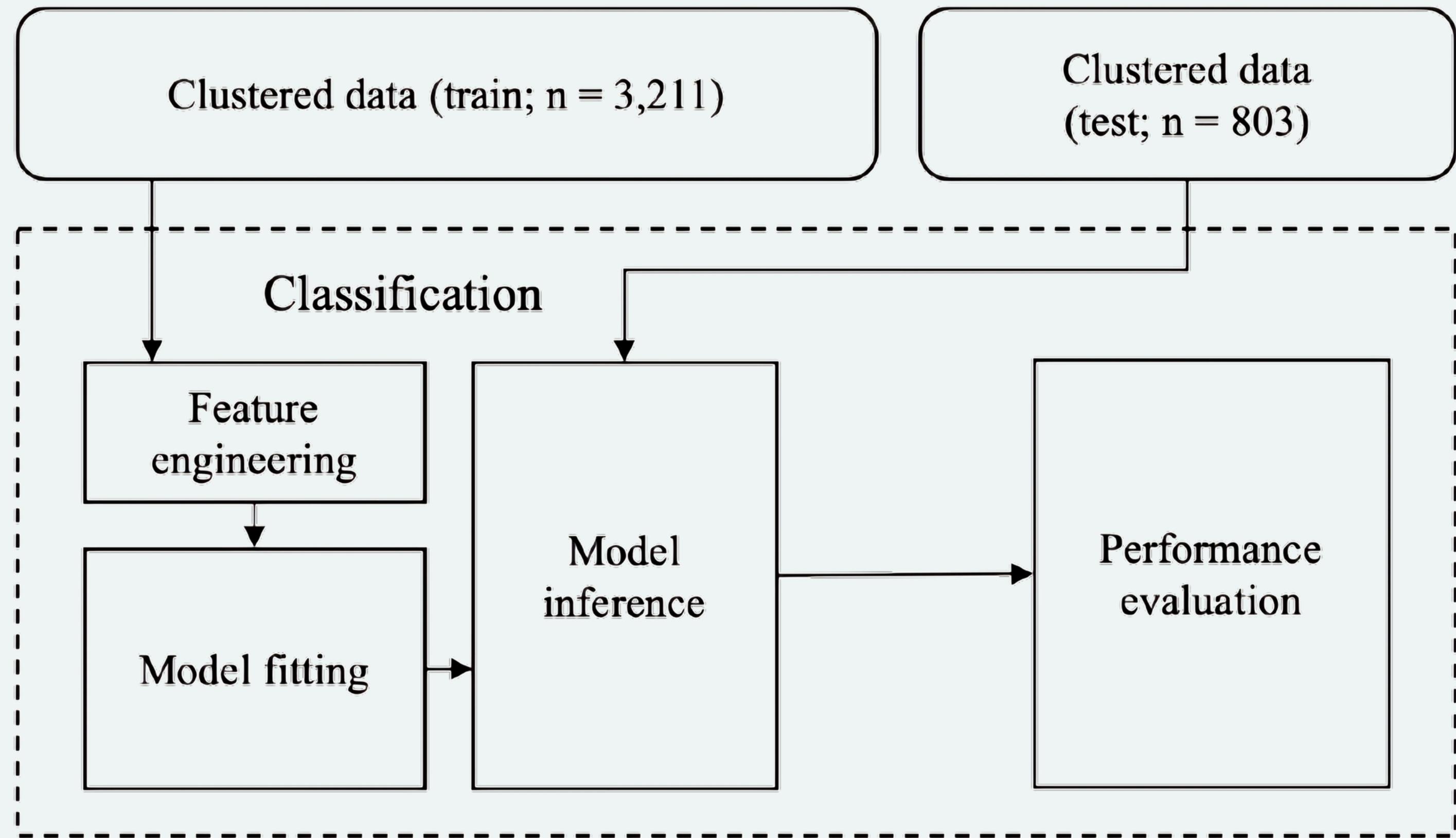


Figure 1. The workflow of the predictive models.





Feature engineering

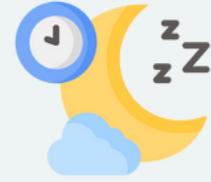
Methods Used:

- **Weighted Epworth Sleepiness Scale (ESS):** Assigns different weights to each question, improving prediction accuracy for OSAS severity compared to the general ESS.
- **Predictive formula for AHI:**

Formula: $AHI_{pred} = NC \times 0.84 + EDS \times 7.78 + BMI \times 0.91 - [8.2 \times \text{gender constant}(1 \text{ or } 2) + 37]$

Modified using the SciPy package to optimize for the dataset, accounting for neck circumference measurements in both sitting and lying positions.

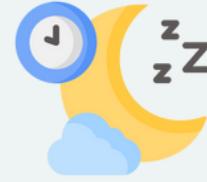




Feature engineering

- **Additional Criteria:** Three criteria were utilized to assess excessive daytime sleepiness (EDS)
 - Weighted ESS criteria
 - Criteria from the American Academy of Sleep Medicine Task Force
 - Criteria from the study that proposed the predictive formula



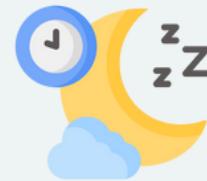


Predictive models

Gradient boosting models and random forests (RF) are effective for large, complex datasets due to their accuracy and efficiency.

- **Models Used**
 - Random Forest (RF)
 - XGBoost
 - LightGBM
 - CatBoost





Clustering results

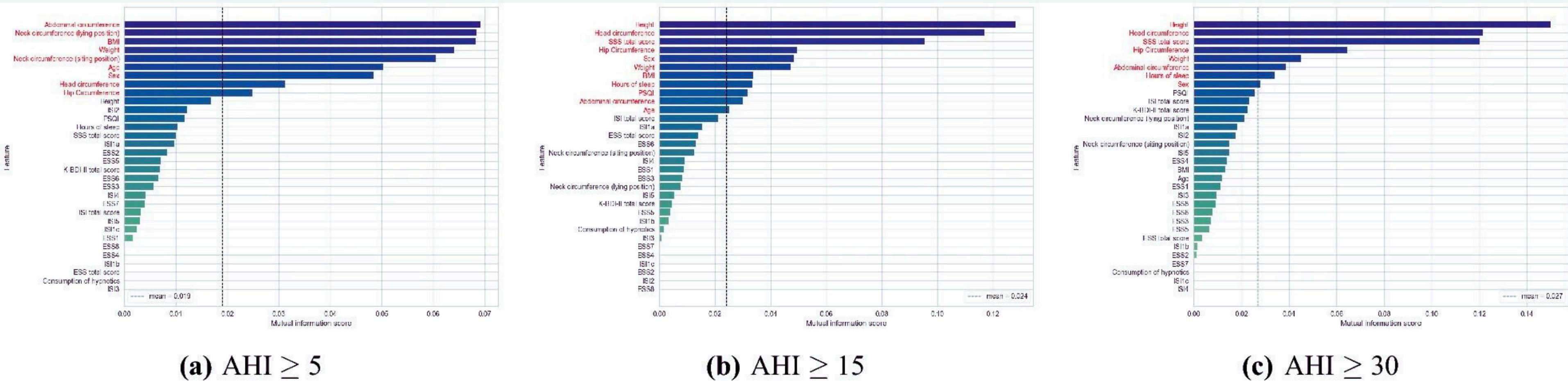


Figure 2. Mutual information (MI) scores for all input features.





Clustering results

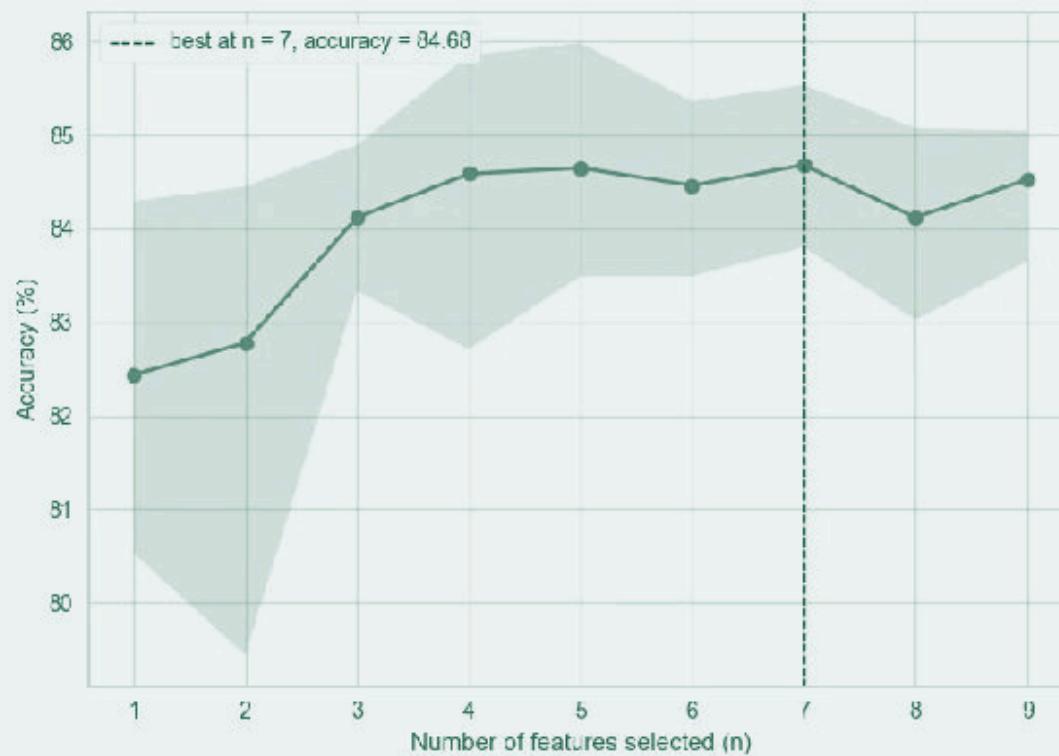
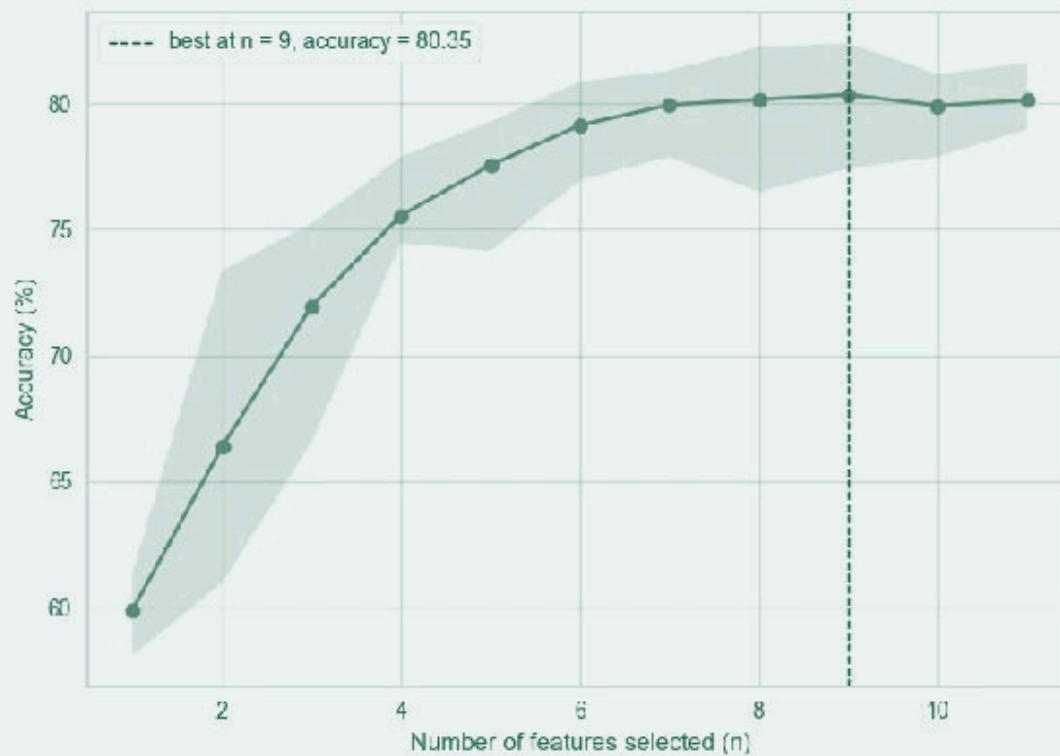
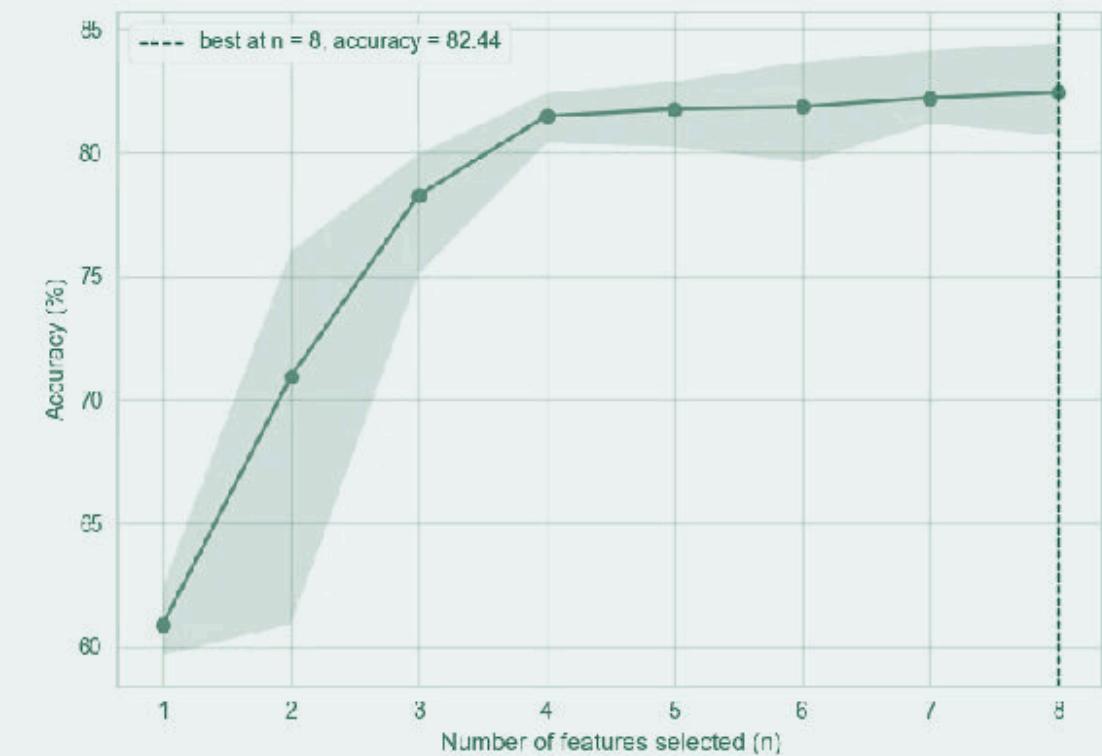
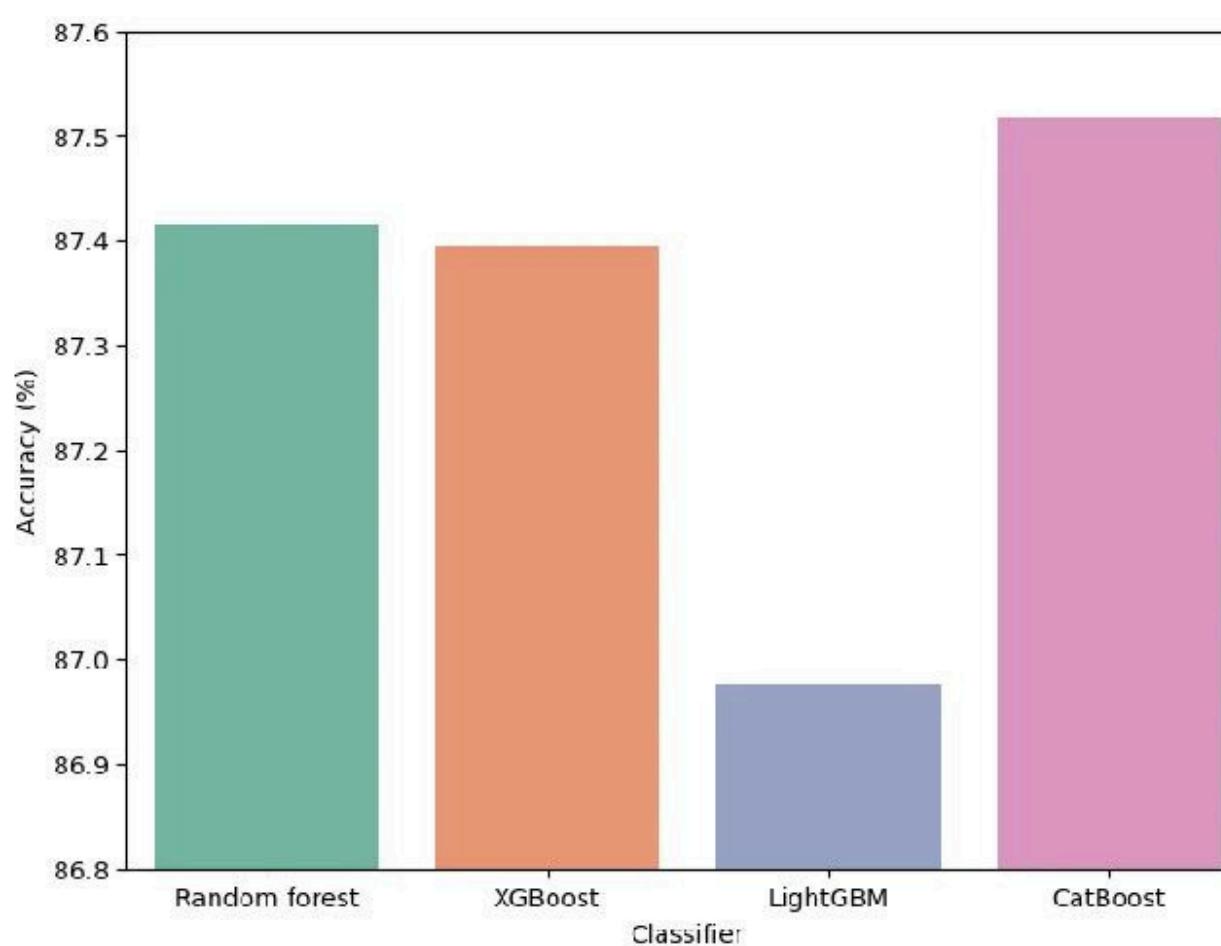
(a) $AHI \geq 5$ (b) $AHI \geq 15$ (c) $AHI \geq 30$

Figure 3. Visualised 5-fold cross-validation results of recursive feature elimination (RFE).

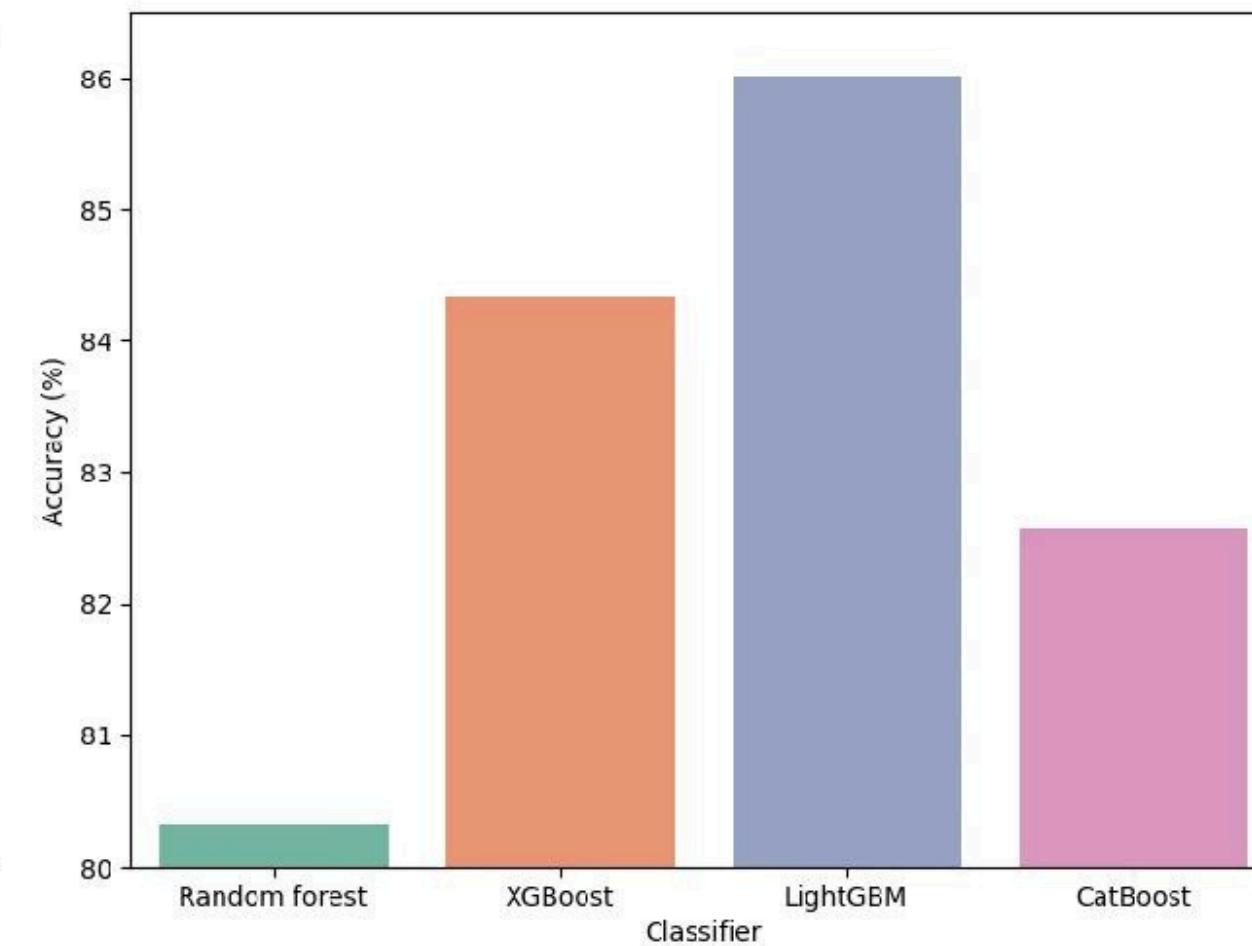




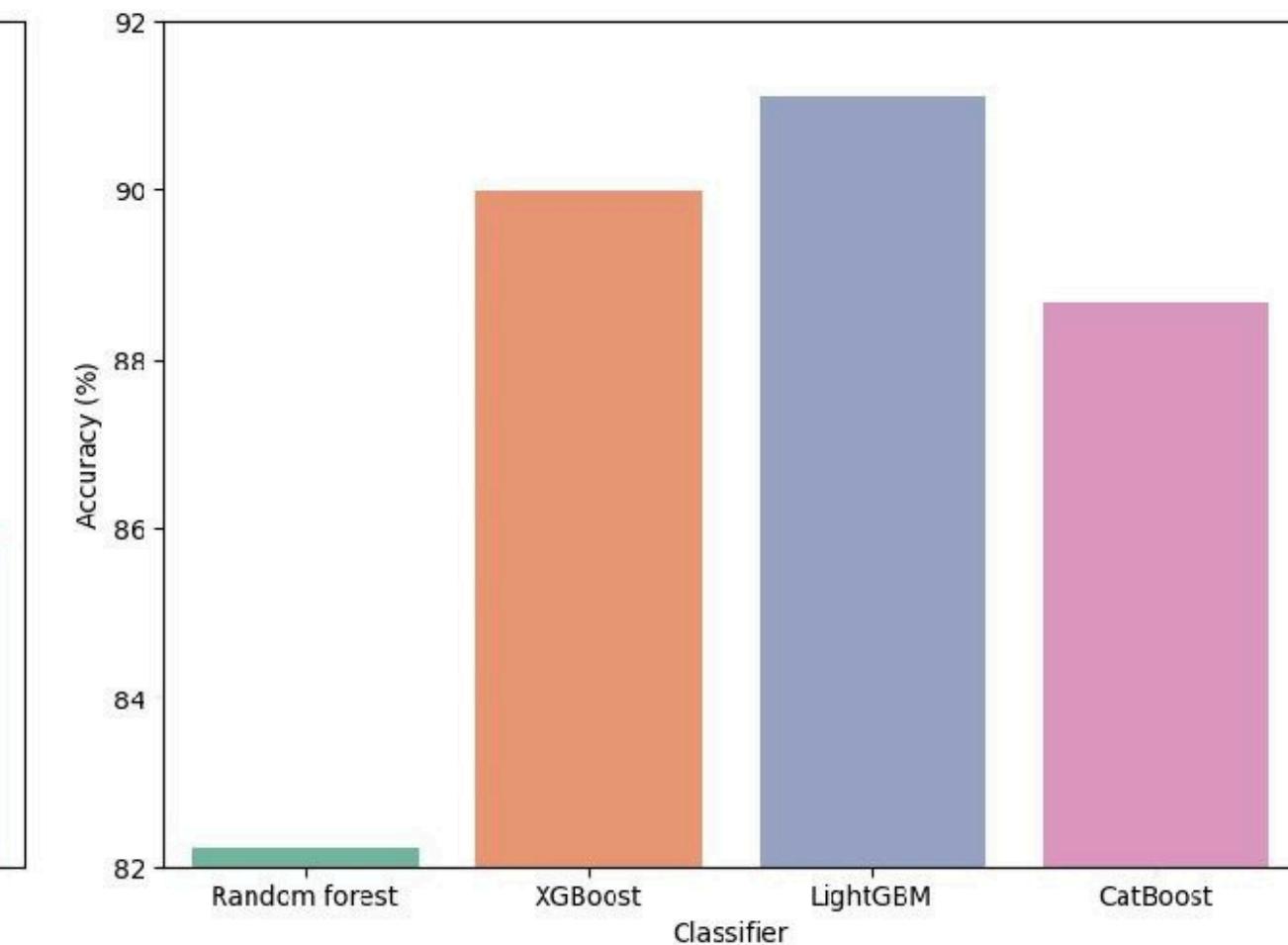
Classification results by ML models and FE methods



(a) $AHI \geq 5$



(b) $AHI \geq 15$



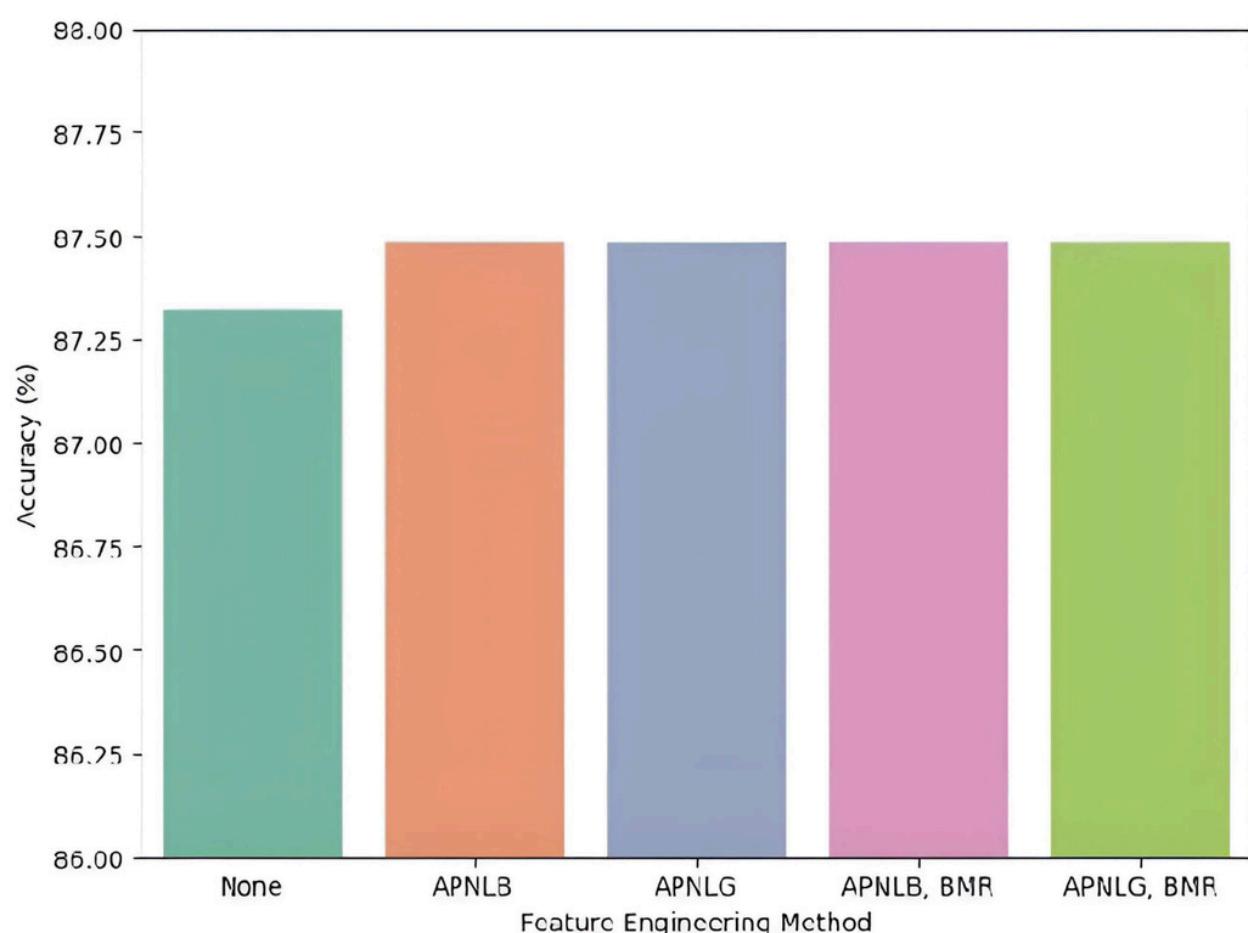
(c) $AHI \geq 30$

Figure 4. Comparisons of classification accuracy by machine learning classification algorithms.

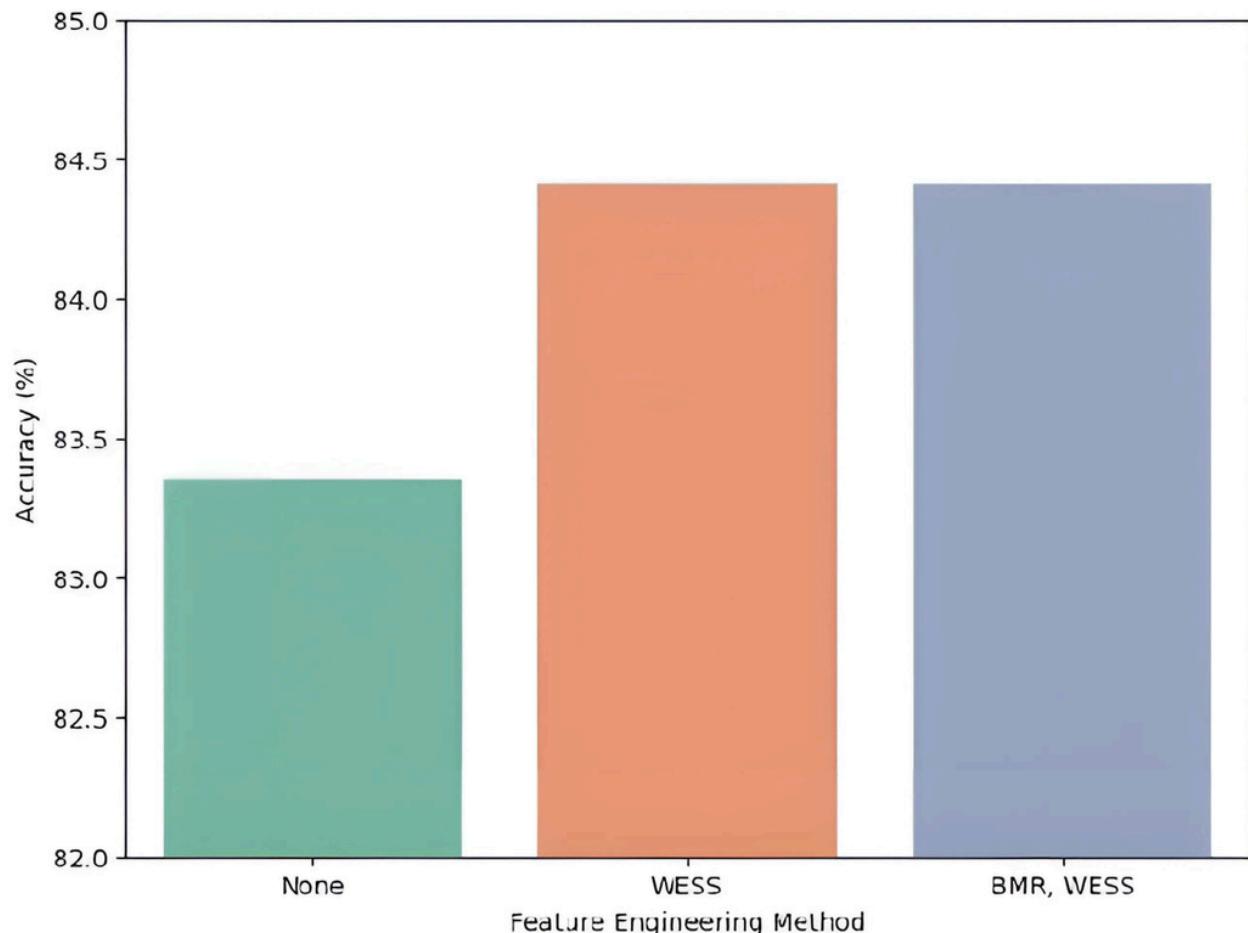




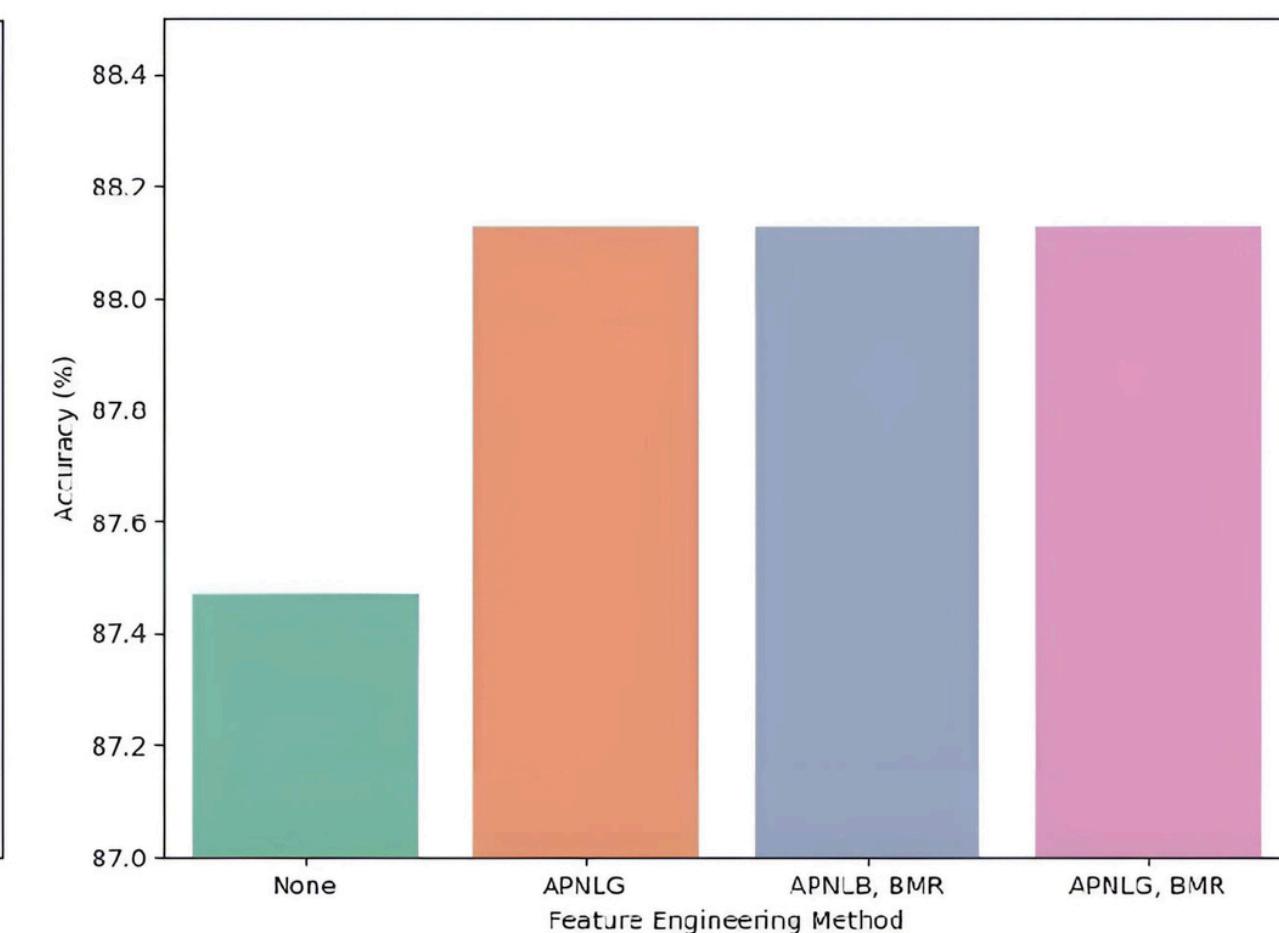
Classification results by ML models and FE methods



(a) $AHI \geq 5$



(b) $AHI \geq 15$



(c) $AHI \geq 30$

Figure 5. Comparisons of classification accuracy by feature engineering methods.



RESULTS

Predictive model building approach	AHI cut-off value	Accuracy (%)	AUC (%)	f1 (%)	Precision (%)	Recall (%)	p-value
Without clustering	5	86.18 (0.10)	84.83 (0.19)	91.98 (0.04)	88.14 (0.49)	96.19 (0.61)	**
		[86.05, 86.30]	[84.55, 85.03]	[91.93, 92.03]	[87.36, 88.64]	[95.47, 97.13]	
	15	81.29 (1.57)	89.93 (1.32)	84.63 (1.18)	83.55 (1.70)	85.74 (0.65)	**
		[78.58, 82.44]	[87.66, 90.85]	[82.59, 85.48]	[80.63, 84.87]	[84.65, 86.31]	
	30	89.13 (3.85)	95.17 (2.56)	83.99 (6.07)	88.32 (4.68)	80.12 (7.19)	**
		[82.57, 92.40]	[90.80, 97.26]	[73.58, 88.93]	[80.58, 93.16]	[67.71, 85.07]	
Clustering only	5	88.14 (0.20)	82.31 (0.67)	93.06 (0.10)	89.11 (0.33)	97.40 (0.31)	p < 0.05*
		[87.76, 88.32]	[81.29, 83.40]	[92.90, 93.16]	[88.56, 89.45]	[96.87, 97.71]	
	15	85.75 (1.00)	92.89 (0.19)	89.03 (0.61)	86.43 (1.19)	91.86 (0.26)	p < 0.05*
		[84.00, 86.56]	[92.70, 93.24]	[87.96, 89.56]	[84.38, 87.45]	[91.33, 91.99]	
	30	90.74 (0.15)	95.09 (0.16)	78.53 (0.52)	88.42 (0.60)	71.67 (0.89)	0.635
		[90.49, 90.85]	[94.89, 95.22]	[77.54, 78.87]	[87.45, 89.35]	[69.89, 72.27]	
Clustering with feature engineering	5	88.16 (0.25)	82.66 (1.24)	93.11 (0.15)	88.91 (0.32)	97.76 (0.47)	p < 0.05*
		[87.76, 88.42]	[80.26, 83.74]	[92.90, 93.28]	[88.56, 89.45]	[96.87, 98.07]	
	15	85.80 (1.51)	92.91 (0.24)	89.08 (0.92)	86.57 (1.67)	91.82 (0.19)	p < 0.05*
		[82.78, 86.63]	[92.63, 93.36]	[87.23, 89.60]	[83.24, 87.47)	[91.44, 91.99]	
	30	90.92 (0.20)	95.22 (0.20)	78.76 (0.49)	88.49 (0.79)	72.04 (0.91)	0.278
		[90.58, 91.12]	[94.85, 95.39]	[77.87, 79.20]	[87.12, 89.58)	[70.30, 72.89]	
Clustering with feature engineering and hyperparameter tuning	5	87.82 (0.37)	81.56 (1.55)	92.95 (0.25)	88.56 (0.49)	97.85 (0.87)	p < 0.05*
		[87.30, 88.23]	[79.56, 83.81]	[92.65, 93.22]	[88.05, 89.37)	[96.18, 98.55]	
	15	87.84 (1.88)	95.02 (0.44)	90.79 (1.16)	89.27 (2.06)	92.65 (0.00)	p < 0.05*
		[85.53, 89.37]	[94.37, 95.76]	[89.37, 91.73]	[86.75, 90.96)	[92.65, 92.65]	
	30	91.06 (1.77)	95.03 (0.83)	75.66 (12.06)	90.87 (3.53)	70.19 (11.63)	0.056
		[87.63, 92.37]	[93.43, 95.73]	[51.62, 82.72]	[86.87, 97.32)	[47.06, 76.77]	

Table 2. The report of classification metrics of predictive models by approaches.



RESULTS

Predictive model building approach	AHI cut-off value	Accuracy (%)	AUC (%)	f1 (%)	Precision (%)	Recall (%)	p-value
Without clustering	5	86.18 (0.10)	84.83 (0.19)	91.98 (0.04)	88.14 (0.49)	96.19 (0.61)	**
		[86.05, 86.30]	[84.55, 85.03]	[91.93, 92.03]	[87.36, 88.64]	[95.47, 97.13]	
	15	81.29 (1.57)	89.93 (1.32)	84.63 (1.18)	83.55 (1.70)	85.74 (0.65)	**
		[78.58, 82.44]	[87.66, 90.85]	[82.59, 85.48]	[80.63, 84.87]	[84.65, 86.31]	
	30	89.13 (3.85)	95.17 (2.56)	83.99 (6.07)	88.32 (4.68)	80.12 (7.19)	**
		[82.57, 92.40]	[90.80, 97.26]	[73.58, 88.93]	[80.58, 93.16]	[67.71, 85.07]	
Clustering only	5	88.14 (0.20)	82.31 (0.67)	93.06 (0.10)	89.11 (0.33)	97.40 (0.31)	p < 0.05*
		[87.76, 88.32]	[81.29, 83.40]	[92.90, 93.16]	[88.56, 89.45]	[96.87, 97.71]	
	15	85.75 (1.00)	92.89 (0.19)	89.03 (0.61)	86.43 (1.19)	91.86 (0.26)	p < 0.05*
		[84.00, 86.56]	[92.70, 93.24]	[87.96, 89.56]	[84.38, 87.45]	[91.33, 91.99]	
	30	90.74 (0.15)	95.09 (0.16)	78.53 (0.52)	88.42 (0.60)	71.67 (0.89)	0.635
		[90.49, 90.85]	[94.89, 95.22]	[77.54, 78.87]	[87.45, 89.35]	[69.89, 72.27]	
Clustering with feature engineering	5	88.16 (0.25)	82.66 (1.24)	93.11 (0.15)	88.91 (0.32)	97.76 (0.47)	p < 0.05*
		[87.76, 88.42]	[80.26, 83.74]	[92.90, 93.28]	[88.56, 89.45]	[96.87, 98.07]	
	15	85.80 (1.51)	92.91 (0.24)	89.08 (0.92)	86.57 (1.67)	91.82 (0.19)	p < 0.05*
		[82.78, 86.63]	[92.63, 93.36]	[87.23, 89.60]	[83.24, 87.47]	[91.44, 91.99]	
	30	90.92 (0.20)	95.22 (0.20)	78.76 (0.49)	88.49 (0.79)	72.04 (0.91)	0.278
		[90.58, 91.12]	[94.85, 95.39]	[77.87, 79.20]	[87.12, 89.58]	[70.30, 72.89]	
Clustering with feature engineering and hyperparameter tuning	5	87.82 (0.37)	81.56 (1.55)	92.95 (0.25)	88.56 (0.49)	97.85 (0.87)	p < 0.05*
		[87.30, 88.23]	[79.56, 83.81]	[92.65, 93.22]	[88.05, 89.37]	[96.18, 98.55]	
	15	87.84 (1.88)	95.02 (0.44)	90.79 (1.16)	89.27 (2.06)	92.65 (0.00)	p < 0.05*
		[85.53, 89.37]	[94.37, 95.76]	[89.37, 91.73]	[86.75, 90.96]	[92.65, 92.65]	
	30	91.06 (1.77)	95.03 (0.83)	75.66 (12.06)	90.87 (3.53)	70.19 (11.63)	0.056
		[87.63, 92.37]	[93.43, 95.73]	[51.62, 82.72]	[86.87, 97.32]	[47.06, 76.77]	

Table 2. The report of classification metrics of predictive models by approaches.





Discussion

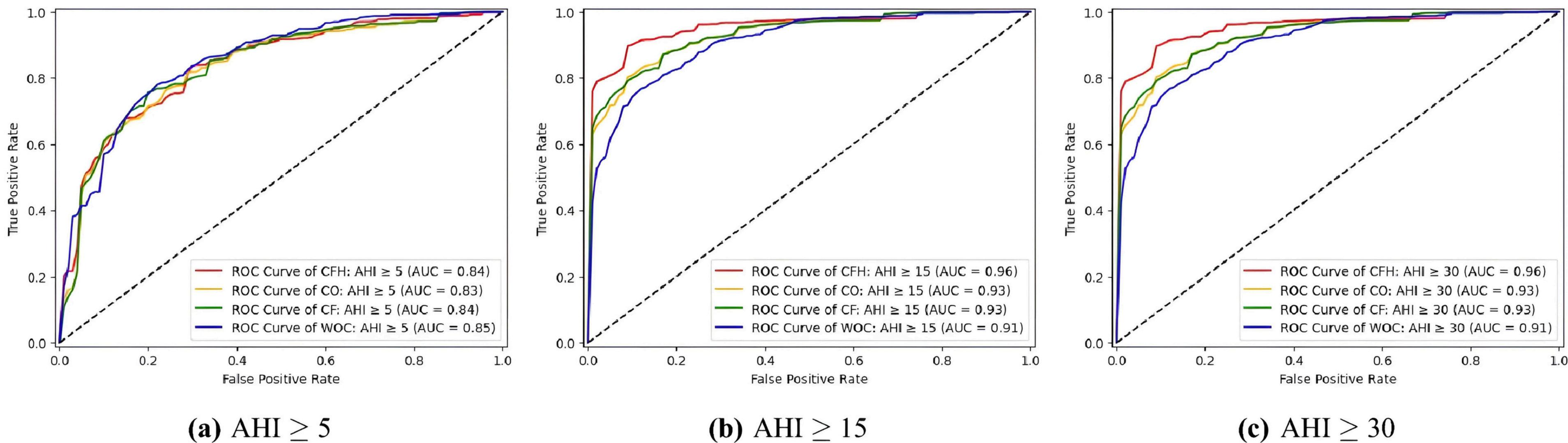
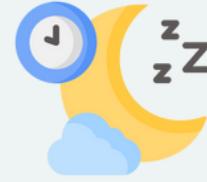


Figure 6. Comparisons of receiver operation characteristic(ROC) curves based on approach to building predictive models.





Conclusion

- Predicted **OSAS severity** using basic data (gender, age, body measurements, questionnaires) with **diverse machine-learning techniques**.
- Improved performance observed through a combination of **supervised and unsupervised learning**.
- **Limitations:** Missing data and single-institution focus; future research should include larger, multi-institutional datasets.
- The **predictive model** enables efficient OSAS screening.



Application of various machine learning techniques to predict **obstructive** **sleep apnea syndrome** **severity**

Hyewon Han & Junhyoung Oh

Report by James Sablay

