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**Machine Learning Based Prediction of Osteoporosis in Postmenopausal Women with Clinical Examined Features**

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**ABSTRACT**:Osteoporosis is a skeletal disease that is commonly seen in older people but often neglected due to its silent nature. To overcome the issue of osteoporosis in men and women; we proposed an advanced prediction model with the help of machine learning techniques which can help to identify the potential occurrence of this bone disease by its advanced screening tools. To achieve more reliable and accurate results, various machine-learning techniques were applied to the presented data sets. Moreover, we also compared the performance of our results with other existing algorithms to solely focus on the advanced features of the proposed methodology. The two data sets, the clinical tests of patients in Taiwan and medical reports of postmenopausal women in Korea through KNHANES (2010-11) were considered in this study. To predictbone disorders, we utilized the data about females and developed a system using artificial neural networks (ANN), support vector machines (SVM), and K-nearestneighbour(KNN). To compare the performance of the model Area Under the Receiver Operating Characteristic Curve (AUROC)and other evaluation metrics were compared. The achieved results from all the algorithms and compared them with OsteoporosisSelf AssessmentTool for Asians (OSTA) and the results were noticeably better and more reliable than existing systems due to the involvement of ML. Using machine learning techniques to predict these types of diseases is better because physicians and patients can take early action to prevent the consequences in advance.

**KEYWORDS**:Osteoporosis,Classification,Machine Learning,Prediction, Osteoporotic Fractures.

# **Introduction**

In 1993, Osteoporosis was discovered as a skeletal disease that is caused by low bone density[1][2], dislocation of bone structure, and also increases the fragility and sensitivity of bones. Osteoporosis is often neglected or slightly considered around the globe but this disease has a great negative impact on the health of humans because it can cause disability and in severe cases, it can also cause mortality[3]. Mostly in older people, this bone disease is increasing rapidly[4]but there are no necessary preventive measures are taken which is causing higher rates of bone fractures and other vertebral diseases. The expansion rate of osteoporosis[4]and causing fractures is increasing in more than 50 years old individuals. Proper medication, precautionary measures, and maintenance of proper lifestyle can effectively reduce osteoporotic fractures[5][6], many surveys and research have shown a ratio of 66% reduction rate in these osteoporotic patients, so timely detection of these issues can prevent other serious bone problems.It is a preventable and diagnosable disease if it is detected and diagnosed in time. According to National Osteoporotic Foundation[7], 50% of women and 25% of men must suffer from osteoporotic fractures their whole life. Most patients don’t feel the symptoms of bone breakageuntil they are fractured that’s why it is also called a silent disease. According to rheumatologists, millions of people are suffering from osteoporosis in America[2], so people should take serious consideration into their health and should get proper medication or bone tests for advanced preventive measures.**The most common symptoms of osteoporosis[8]are slight fractures issue in sensitive areas like the hip, wrists, vertebral column, etc. if a person observes a height loss of around 2 inches and a curved shape of the vertebral column with noticeable weakness in the spine, these are all the warning signs for having a properly detailed checkup related to bone density and health of vertebral column. Cervical spine abnormalities can be detected easily and more accurately with the help of an accurate segmentation. In a recent research paper[9], a deep learning model was proposed for the segmentation of cervical vertebrae, with the ability to capture information with X-ray images and can also eliminate noise issues for better results.**Poor nutritional condition, less body weight, lack of physical activities, endocrine and cardiometabolic factors, and also age factor cause the problem of osteoporosis in females[5]. For screening and identification of osteoporosis, many researchers have proposed several techniques for analysis of risk or causing factors aswell as the methods for proper diagnosis. For instance, for postmenopausal Asian women, a method[10]was introduced which is called the OSTA model[10]. Other regression-based models were also devised but Machine learning techniques are gaining more popularity due to their flexible, easy-to-develop, and useful nature, for the detection of complex and difficult relationships between input/output data and prediction models. Different studies and research proposed multiple methods for diagnosis, prevention, prediction, and assessment of risk factors with radiology[11]based methods, bone mineral density, CT scanning[11], and other Deep learning models[12]as well. For prediction[13]of bone diseases, machine learning-based techniques hold an important position and also provide effective methods specifically focusing on the women passing from the menopausal or postmenopausal phase but these methods provide reliable results for smaller groups of people but cannot work properly with the large group of individuals. In this research, we mainly focused on aged female patients more than fifty years old and developed a prediction model[14]with the help of machine learning algorithms to add more varsity to the scope of the subject the data of pregnant women was also considered, to show that how the weaknesses of mother’s bones and other deficiencies can cause bone issues in the newborns. We used their medical, genetic, and physical characteristics as well as their laboratory test records as our 3 data sets from different areas for developing a well-trained and reliable prediction model. When an automated model, based on medical and technological algorithms, is used to diagnose osteoporotic issues then the risk factors[15]and potential problems can be reduced to half and patients having any genetic bone issue can take some precautionary measures before time.

In this paper, in the first section, we provided a thorough background of the topic with a brief introduction to the topic. We also discussed causing factors of bone diseases and their prevention methods for aged people. We mainly focused on the females having problems with their bones and bone material density because normally osteoporosis is a type of disease that show fewer symptoms until it happened. In section 2, we proposed a method for the prediction of osteoporosis in women with supporting datasets from Taiwan, Korea, and China these datasets were the records of the patients who got their physical checkups and seem to have low bone density or weak bones. After this, we did some processing on the given data and derived some features from the medical reports of the patients, and use these characteristics to find our desired results. We compared the results of different models of machine learning on the data sets with traditional or existing models like OSTA[7]. In section3, we proposed thorough and detailed models and evaluated the results, using the given features according to participants. Lastly, we provided a detailed conclusion with the results of both data sets and challenges in our research following some future trends and recommendations in the field.

# **Literature Review:**

The risk of developing osteoporosis in people of more than 50 years is around millions of people in the US. According to research in 2002, the cost of treating osteoporotic patients was more than 14 billion US dollars[16]. Many advanced techniques are available for early diagnosis and prevention of osteoporosis in starting phases. Different surveys and interviews are done to analyze the main causing factors which can only be done with the help of patients and their medical history. According to WHO, the most recommended and reliable way to assess osteoporosis is the analysis of bone mineral density with dual-energy X-ray absorptiometry[4]. This is a cost-effective and moderate method but it involves an adequate amount of radiation exposure. The final report includes two values, one is the T-score[10]which means the comparison of the bone health of a person with the average young person while the Z-value is the comparison of the bone health of an average young person with the bone condition of old people. Mostly T-score is commonly focused on menopausal males as well as females.

In clinical settings, the most used technique is radiographic imaging which is used for many reasons like trauma assessment or pain analysis, etc. There are multiple ways to measure bone mineral density to select postmenopausal women for research purposes.[17]was conducted to compare the advanced machine learning models with the conventional models to predict osteoporosis and the data was collected from the Korean health campaign survey KNHANES V-1[18]. These advanced and traditional models are evaluated and compared to analyze their best results. The ML models which are used during the study were Support Vector Machine (SVM), Random Forest (RF), Artificial Neural Network (ANN), and Logistic Regression (LR). The results were in favor of SVM with AUROC of 0.827, an accuracy of 76.7%, a sensitivity of 77.8%, and a specificity of 76%, leaving behind the ANN, RF, LR, and traditional assessment model as well.[17]

The research was conducted to assess osteoporosis using Hounsfield Units of lumbar scan with data from QCT. In this study, 70 patients were going through a lumbar CT scan and 198 lumbar vertebrae were diagnosed with spine surgery. The logistic regression method was applied to determine the T-score using three variables (gender, age, Hounsfield units) and theT-score of QCT also. For the prediction of osteoporotic and non-osteoporotic vertebrae, another regression model was applied using TensorFlow and Python. This multiple regression model predicted similar T-scores. Similar T-scores were generated with different predictive models with multiple regression algorithms. Lumbar vertebrae were classified into two groups Osteoporotic and non- Osteoporotic with an accuracy of 88%. In the testing of vertebrae classification, the classification accuracy was 92.5%, and precision was 0.939%with the AUROC of 0.90[19].

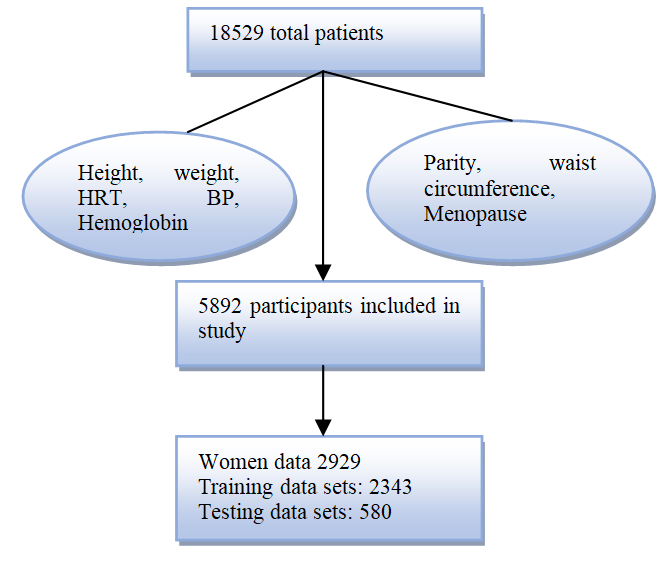
In 2022, a project was initialized to gather information on radiomics[20]from spinal or pelvic X-rays to categorize the risk factors into “low”, “average” and “high”. In thisstudy,atotal of 109 persons participated 38 were normalwithout sany issues, 32 have osteopenia and 39 have 0steoporosis.The basic idea was not to replace or remove the DEXA technique but to develop a system with the qualities of proactively identifying the potential presence of osteoporosis with magnetic resonance imaging with radiomics, after selecting some common features in the participants. The AUROC results were 0.772, 0.772, and 0.778 respectively.

# **Datasets:**

## ***Dataset 1:***

The first dataset was comprised of individuals who went through complete checkups in the medical centers in Taiwan from2008 to 2018[7]as shown in fig. 1. In these examinations, the medical history, family medical history, and way of living were considered they also checked the main symptoms or signs of having osteoporosis like lower back weakness, the height of patients, and their weights as well. Their test results were different but as a whole two things were required from them which were hematological and biochemical records. One important thing which is mostly considered for examining the bone's health is BMD at the lumbar spine and bilateral hip joints. Young, healthy individuals of the same gender, age, and ethnicity had their BMD findings compared to those of others in similar circumstances. The lowest T-score was used to differentiate between osteoporotic and normal people as in the comprehensive report. The T-score illustrates the standard deviation of healthy patients from the others.

Fig.1 Flowchart of dataset 1 and pre-processing of patients HRT (hormone replacement therapy) BP (blood pressure)

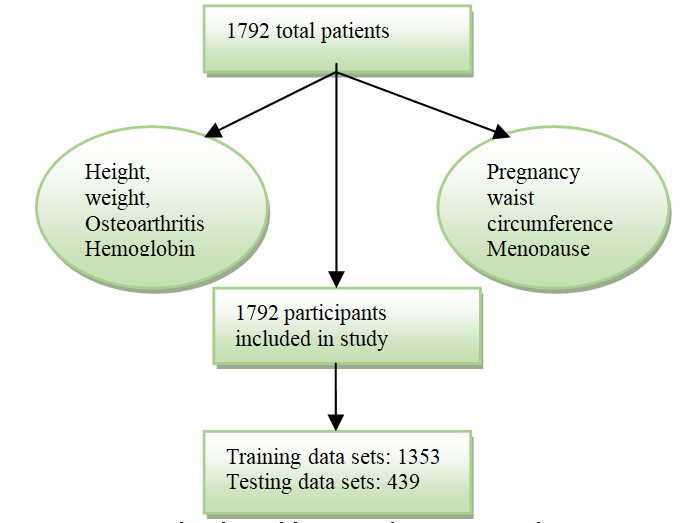


Different features of the medical reports of patients were selected like the health of their bones, physical health, diabetes history, hypertension issues, functioning of the liver, blood flow[16], protein in the blood, iron concentration in bones, electrolytes, thyroid function, lipid condition, obstetrics and most importantly gynecological records also. These medical records were thoroughly examined and analyzed to predict any bone deficiency or loss of bone density. The most common and most representative features from each domain were selected to analyze the noticeable difference between the healthy BMD group and decreased BMD group for better predictions. After the whole observation, 15 inputs were selected for females. These features included age, physical health, diabetes history, hypertension issues, functioning of the liver, parity, and protein in the blood, waist circumference, electrolytes, thyroid function[21], lipid condition, obstetrics, and most importantly gynecological records, menopause status, and hormone replacement therapy (HRT) records as well. Having a prior history of diagnosis and a blood pressure reading of more than 140 millimeters were used to define diabetes and hypertension.

## ***Dataset 2:***

The second dataset was Korean Health and Nutrition Examination Surveys (KNHANES)[22]from 2010 to 2011; this data included the medical information of1792 postmenopausal women. From the total number of participants only 613 females were diagnosed with osteoporosis. KNHANES is a type of survey that has been conducted to analyze the health and nutritional condition and for risk assessment of the occurrence of various serious diseases. The main purpose of the study is to provide data to national organizations for analyzing health conditions and revision of policies regarding health. The data of the patients were analyzed with the R software version and preprocessing was also done to extract some common features. The whole data of KNHANES is divided into two categories like training and testing data sets.

Fig. 2 Flowchart of dataset 2 of postmenopausal women



## ***Dataset 3:***

From January 1, 2012, through December 31, 2021, a diagnostic investigation was conducted in a cohort of pregnant Chinese women[23]. 2560 participants who had twin or triplet pregnancies and 3159 that had missing data from any relevant characteristics were eliminated. Finally, 10802 women and their infants were taken into account in the analysis.

Before enrolment, every participant provided written informed consent, and the information gathered from them was de-identified. Early in pregnancy, participants were recruited, and they were followed up with clinical information at each visit until one month following delivery. The following features were observed: demographic information and previous pregnancies: age at pregnancy, ethnicity pre-pregnancy body mass index (BMI), parity, and uterine scarring;nutritional conditions during pregnancy anemia, deficiencies of folic acid, iron, calcium, and vitamin D complications and comorbidities such as placenta Previa, placental abruption, gestational diabetes, and gestational hyper Age atconception, pre-pregnancy BMI, and neonatal birth weight were among the continuous independent variables that were transformed into categorical variables to lessen the impact of extreme values.

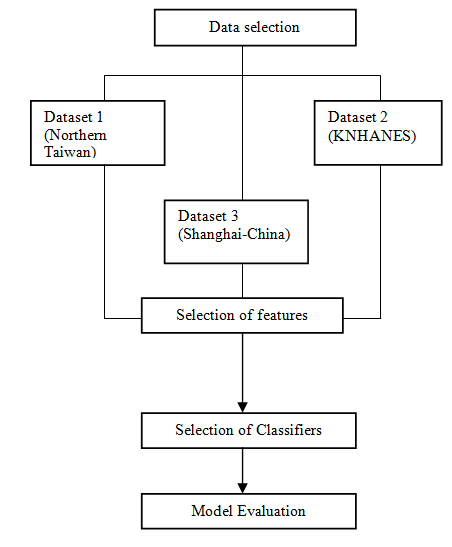
To choose key factors, a logistic regression analysis was first conducted to improve the computing efficiency of the ANN model. Then, using the precedent procedure, the potentially predictive factors were included in a multivariable model. Odds ratios (ORs) and 95% confidence intervals were used to determine the relationship between each component and the risk of MBD. To develop the ANN model, variables with statistical significance were reserved.

# **Proposed Methodology:**

For analyzing and predicting the bone disease of osteoporosis we propose machine learning techniques like K-nearest Neighbor (KNN)[7]and Support Vector Machine (SVM)[7]and Artificial Neural Networks (ANN)[24][23]as well as various models of ANN. In this diagnostic study, five ANN models, KNN and SVM are presented with different datasets from multiple countries, were presented to provide early predictions about newborns at risk for MBD utilizing various exposure factors collected during the prenatal and/or postnatal periods. Models 1 (important prenatal and postnatal factors) and 5 (postnatal factors) performed best. The basic purpose of this study is to formulate a way to predict the existing or potential occurrence of osteoporosis but according to surveys in these data sets the expansion rate was low, 10.4% in women and 3.8 % in men respectively.

This high difference in ratios can cause problems in the training of the machine learning models. The training of the model with the prediction values of BMD difference in Osteopenia and Osteoporotic persons can be presented by 1 and 0 respectively; they can also be used to overcome the problem of outliers. Data for patients is divided into training and testing datasets. The training data sets are rescaled for the SVM, ANN, and KNN models separately while testing sets are also rescaled with the help of the training data set index.Fig 3 represents the conceptual framework of the proposed methodology.

## ***Fig.3 Conceptual Flowchart of the Proposed Methodology***

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## ***Selected Classifiers:***

The machine learning algorithms used in the study were KNN, SVM, and ANN models developed withTensorflowwhile SVM and KNN are developed with Scikit-learn with the help of Python. For best prediction, a better estimate of the expansion ratio, and a reduction of outliers we will train both men's and women's inputs separately. When training the datasets we will take some trained sets for analyzing the performance of the models like SVM, ANN[23], and KNN in real-time. On the other side, to reduce the complexity and difficulty of the models, we put a restriction on the number of iterations. For the ANN model, different parameters were tested like hyperparameters, different combinations of hidden layers, the number of nodes at each hidden layer the learning rate, and the dropout termination or rate. Different searches for all models of ML are done to analyze the best prediction model.

# **Model Evaluation**

For the selection of input features, the normal and the affected BDM’s were compared. Some of the features hold the most importance due to their nature like HRT, Parity, and gynecological history for analyzing women’s bone density while some features are not as important as others. Three machine learning models (KNN, ANN (Multiple ANN models), and SVM) and the existing OSTA model which is a self-assessment tool for osteoporosis are compared according to their outcomes but the results showed the efficiency of theproposed model. The specificity, sensitivity, and AUROC are observed and calculated with the termination value but the prediction by ML models was much better than the OSTA model. There were also some terminations points added in the models to make the algorithms work more efficiently and these models provided 75% to 92% sensitive and 61% to 70% specific results for women expecting to have osteoporosis in the future.

# **Results and Discussions**

After performing tests and applying ML models to the datasets, we get to know that of all the participants of the study 49% of women with an age ratio of more or less than 59.3 years old. The results of the Dual-energy X-ray showed that, from the testing datasets of 580, a 10.4% ratio of women having Osteoporosis while 46.8% are having Osteopenia.

In this paper, three machine learning algorithms are proposed and applied to data sets to generate more reliable and clear results as compared to the existing models like the OSTA model. These machine learning algorithms are specifically used to perform screening on medical history of patients[10]to predict the occurrence of osteoporosis in people more than 50 years old. There were also some terminations points added in the models to make the algorithms work more efficiently and these models provided 75% to 92% sensitive and 61% to 70% specific results for women expecting to have osteoporosis in the future. The ANN, SVM, and KNN models performed very accurately for the prediction of osteoporosis as compared to the existing and trusted OSTA model.

Early models for the prediction purposes of bone diseases in women used the ML technique SVM using the features of the menopausal phase, breastfeeding period, height, weight, age of the person, estrogen level, hypertension, and diabetes mellitus as input characteristics. The study[25]demonstrated that the risk of MBD during infancy was significantly influenced by ELBW(Extremely Low Birth Rate) and VLBW(Very Low Birth Rate).

birth weight and gestational age were found to be the highest risk factors for MBD in preterm newborns in previous research, and it was advised that MBD screening be done on children with birthweights less than 1500 g.32 Infants born prematurely will partially or completely miss this crucial time of bone growth since around 80% of fetal bone mineral accretion occurs in the last three months of pregnancy.

Table 1shows the selected Features of Dataset 1 and Dataset 2based on their medical health condition and their p-value results to discriminate the osteoporotic and normal participants.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 1 Selected Features of Dataset 1 and Dataset 2based on their medical health condition and their p-value results to discriminate the osteoporotic and normal participants** | | | | | | | | | | |
| **Feature selection of the participants of data set 1 based on their health conditions and calculation of results for normal and Osteoporotic patients.** | | | | | **Feature selection of data set 2 of postmenopausal women based on their medical history** | | | | | |
| **Features** | **Total n=5982** | **Females n=2929** | | ***p*-value** | **Features** | **Total n=1792** | **Training set n=1343** | **Test set n=439** | ***p*-value** | |
| Age (in years) | 59.3±7.0 | 59.3±7.0 | | 0.9650 | Age (in years) | 63 (57–70) | 63 (57–70) | 63 (57–70) | 0.840 | |
| Diabetes History | 1087 (18.0) | 467(15.6) | | <0.0001 | Diabetes | 217 (12.1) | 160 (11.8) | 57 (13.0) | 0.574 | |
| Hyper Tension | 2336 (37.2) | 998 (33.3) | | <0.0001 | Hypertension | 745 (41.6) | 567 (41.9) | 178 (40.5) | 0.655 | |
| Liver Functioning | 4.50±0.30 | 13.2±1.1 | | <0.0001 | Height (cm) | 154 (150–158) | 153 (150–157) | 155 (151–158) | < 0.001 | |
| Blood Test | 27.5±18.7 | 24.4±16.6 | | <0.0001 | Weight (kg) | 57 (52–62) | 56 (52–62) | 58 (53–62) | 0.070 | |
| Protein In Blood | 55.1±16.4 | 61.78±1.57 | | <0.0001 | Waist circumference (cm) | 82 (76–88) | 82 (76–88) | 83 (76–88) | 0.310 | |
| Electrolytes | 4.50±0.30 | 13.2±1.1 | | <0.0002 | Pregnancy | 5 (3–6) | 5 (3–6) | 4 (3–6) | 0.358 | |
| Thyroid Function | 27.5±18.7 | 24.4±16.6 | | <0.0001 | Menopause duration | 12.0 (5.0–21.0) | 13.0 (5.0–21.0) | 12.0 (5.5–21.5) | 0.746 | |
| Body Height | 171.8±8.4 | 165.7±5.5 | | <0.0002 | Osteoarthritis | 566 (31.6) | 434 (32.1) | 132 (30.1) | 0.467 | |
| Body Weight | 63.5±11.7 | 56.9±9.2 | | <0.0002 | BMI | 24.0 (22.1–26.2) | 24.0 (22.1–26.2) | 24.1 (22.0–26.2) | 0.959 | |
| Menopause | 2448 (83.6) | 2448 (83.6) | | <0.0001 | Physical activity (n) | 591 (33.0) | 440 (32.5) | 151 (34.4) | 0.504 | |
| HRT | 278 (9.7) | 278 (9.7) | | <0.0001 | Past fractures | 264 (14.8) | 202 (14.8) | 63 (14.2) | 0.770 | |
| Waist circumference | 83.9±9.8 | 79.9±9.5 | | <0.0001 | Therapy of Estrogen | 306 (17.0) | 238 (17.6) | 69 (15.6) | 0.364 | |
| Hemoglobin | 14.1±1.4 | 13.2±1.1 | | <0.0002 | Hyperlipidemia | 379 (21.0) | 273 (20.2) | 104 (23.7) | 0.152 | |
| Parity | 2.5±1.5 | 2.4±1.4 | | <0.0001 |  |  |  |  |  | |
| **Results** | | | | | **Results** | | | | | |
| Normal (n, %) | 3058 (51.1) | 1256 (42.9) |  | |  |  |  |  | | |
| Osteopenia (n, %) | 1369 (46.7) | 1369 (46.7) |  | |  |  |  |  | | |
| Osteoporosis (n, %) | 421 (7.0) | 304 (10.4) |  | | Osteoporosis | 613 (34.2) | 449(33.2) | 164 (37.4) | | 0.123 |

The results shown by the research were 77.8% sensitivity, 76% specificity, and an AUROC of 0.767–0.811 in women.

A few years later, in 2019, another study presented a study focusing on women with the age more than 20 years in another study ANN model was specifically used and presented very reliable results. In 2020[22], another researcher applied several ML algorithms on 1792 datasets and provided the best performance with the ANN model. According to studies, the ratio of expansion of osteoporosis is less in women as compared to men because of the heavyweight workloads or smoking while in women the main reasons seen for the deficiency of bone density and osteoporosis are lack of estrogen in the post-menopausal phase and senile osteoporosis. The advantage of this study is that we mainly focused on women's osteoporosis with a large data set of 2929 and numerous advanced features, these features hold animportant position for evaluating bone health in women during and after their menopausal phase.

There were some limiting factors in our paper which included some of the input features that were prone to recall bias and history taking. Secondly, different categories of bone density are described as normal, osteopenia, and osteoporosis through the results of DXA. The performance of the model could be further improved if we use T-score as the original information. Another thing was the low prevalence rate of osteoporosis in both genders of patients 50 years old. Another thing that should be considered by the researchers is the concentration of study on different groups of people regardless of their gender and ethnicity also the validity of the ML models should be increased. From all the given models of ML; the best performance was presented by ANN (0.743)and by the models of ANN followedby SVM (0.728) and KNN (0.713) as shown in table 2.

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| **Table 2 Evaluation of several Machine Learning models of postmenopausal women from Taiwan and Korea with Dataset 1 and Dataset 2 respectively (Metric 1\*= Auroc 95% CI, Metric 2\*\*= sensitivity, Metric 3\*\*\*= Specificity)** | | | | | | | | | |
| **Evaluation of ML models with Dataset 1** | | | | | **Evaluation of ML models with Dataset 2** | | | | |
| **Models** | **Metric1\*** | **Metric 2\*\*** | **Metric 3\*\*\*** | ***p*-value compared with OSTA** | **Models** | **Metric 1\*** | **Metric 2\*\*** | **Metric 3\*\*\*** | **Accuracy (95% CI)** |
| ANN | 78.2% | 85.5% | 69.7% | 0.0257 | ANN | 0.747 | 0.58 | 0.66 | 0.713 (0.672-0.753) |
| SVM | 81.2% | 88.8% | 67.6% | 0.0142 | SVM | 0.0142 | 88.8% | 67.6% | 0.728 (0.674-0.758 |
| KNN | 7.68% | 85.5% | 77.5% | 0.0345 | KNN | 0.0345 | 85.5% | 77.5% | 0.743 (0.693-0.777) |
| OSTA | 74.5% | 74.6% | 69.5% |  |  |  |  |  |  |

For Dataset 3 from China(table 3), there were a total of 5 ANN-based models used; Model 1 incorporated important antenatal and postnatal characteristics, such as age at conception, a lack of folic acid, the addition of iron, calcium, etc. Model 2 incorporated the mother's nutritional status parameters, such as age at conception, pre-pregnancy body mass index, employment, parity, etc. Model 3 took into account characteristics, gestational hypertension, use of dexamethasone, andmagnesium sulfate use. Model 4 took into account every prenatal component, including the age of the pregnancy, pre-pregnancy body mass index, occupation, parity, deficiency of folic acid, iron and calcium supplementation, gestational hypertension, dexamethasone use, and magnesium sulfate use. Neonatal birth-weight, neonatal anemia, neonatal septicemia, and neonatal respiratory distress syndrome were incorporated in Model 5's postnatal factors (i.e., age at pregnancy, pre-pregnancy body mass index, occupation, and parity).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3 Performance evaluation of different ANN models for predictive analysis of pregnant women having the issue of BMD from Dataset 3 ((Metric 1\*= Auroc 95% CI, Metric 2\*\*= sensitivity, Metric 3\*\*\*= Specificity, Metric 4\*\*\*\*= True Positive Value, Metric 5\*\*\*\*\*=Negative Predictive Value)** | | | | | | |
| **Evaluation of various ANN models with Dataset 3** | | | | | | |
| **Models** | **Metric1\*** | **Metric 2\*\*** | **Metric 3\*\*\*** | **Metric 4\*\*\*\*** | **Metric 5\*\*\*\*\*** | **Accuracy (95%)** |
| Model 1 | 0.982(0.971-0.993) | 0.952(0.886-1.010) | 0.966(0.960-0.973) | 0.260(0.190-0.330) | 0.998(0.998-1.010) | 0.97(0.967-0.976) |
| Model 2 | 0.651(0.572-0.724) | 0.710(0.569-0.845) | 0.570(0.553-0.587) | 0.022(0.014-0.029) | 0.994(0.991-0.998) | 0.57(0.570-0.572) |
| Model 3 | 0.818(0.801-0.893) | 0.684(0.541-0.826) | 0.890(0.881-0.900) | 0.075(0.050-0.101) | 0.996(0.994-0.999) | 0.89(0.887-0.889) |
| Model 4 | 0.850(0.785-0.915) | 0.829(0.714-0.944) | 0.752(0.738-0.767) | 0.042(0.029-0.055) | 0.998(0.996-1.000) | 0.76(0.754-0.756) |
| Model 5 | 0.978(0.967-0.989) | 0.951(0.885-1.000) | 0.926(0.917-0.935) | 0.142(0.100-0.184) | 0.999(0.998-1.000) | 0.93(0.926-0.926) |

# **Conclusion**

Three machine learning[26]models (KNN, ANN, and SVM) and the existing OSTA model which is a self-assessment tool for osteoporosis are compared according to their outcomes butthe results showed the efficiency of the proposed model. The specificity and sensitivity are observed and calculated with the termination value but the prediction by ML models was muchbetter than the OSTA[7]model. There were also some terminations points added in the models to make the algorithms work more efficiently and these models provided 71% to 95% sensitive and 57% to 92% specific results and reached AUROC of 0.767–0.978 in women. The outcome of our discussed machine learning models was almost similar with s slight differences in results but they outperform the OSTA, a traditional model for the prediction of osteoporosis. Regarding the performance of ML models, it is tough to finally, draw a winner but using these models to predict the presence of osteoporosis will be a great help for the patients and physiologists. Applying the same models to the different datasets from Taiwan, Korea, and China we got to know that ANN showed most of higher results than all other ML models

1. **Recommendations:**

The projected rate for patients with osteoporosis is expected to increase tremendously in the coming future. If the forecasted ratio of osteoporosis became a reality then the next generations will face the crisis of osteoporotic fractures. But we will have new techniques and treatments to overcome this issue with the best prediction tools beforehand.

## ***Early Screening and Diagnosis:***

Implement widespread screening initiatives through government health services or public health programs to find people who have poor bone density and need treatment, starting at gender-specific ages suitable for each population and using country-specific screening thresholds.

## ***Promote creative, targeted population awareness***

Spreading awareness of risk assessment initiatives with the help of accessible and targeted tools, like web-based health screening campaigns (like the Know YourBonesTMonline tool).

## ***T-notch tools and classifiers:***

The use of high-class tools (such as dual-energy x-ray absorptiometry (DXA) scanners) to standardize diagnostic and data-gatheringprocedures.thedata gathering system should be more appropriate and open because of the veracity and variety in data regarding age, gender, living conditions, etc. causing issues in training the data sets, before actual testing. The researchers have to separately train the data of males and females due to their different selected features and living habits.

## ***Precision of Model***

The precision of the model can only be assured if all the features regarding participants are common, so the data fields in training data sets should not be empty or missing. This thing also causes variations in the results.

According to the SCOPE study, the ratio of osteoporosis and its causing diseases will increase by 20% by 2035.As the chances of expansion of osteoporosis in the future are more than present, so researchers and field experts should tend to focus on some important aspects in the prediction of osteoporosis to get rid of it or at least control it in the earlier stages. As a whole, some things should be addressed in future research to make the prediction models work more reliablyand efficiently because the accurate prediction of osteoporosis can lead to a better way of treatment beforehand.

**Conflict of Interest**

The authors declare no conflict of interest in this research.

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