A Biomarker Panel for Depression Patients: An Al Approach

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ABSTRACT

Background:

- Previous studies have demonstrated links between various biometric features, such as C-reactive protein¹, and major depressive disorder (MDD).
- Studies on the correlation between individual biomarkers and MDD have been unfruitful in terms of clinical utility.

Objective:.

 Develop a panel of biomarkers that effectively clusters people that exhibit MDD-related phenotypes

Clinical Implications:

- Draw insights on the relationship between patient physiology and MDD
- Provide medical practitioners a way to develop more personalized treatment options

Data: UK BioBank

• 502,520 participants, 34 distinct biomarkers

METHODS

1. MDD Classification

- Train a binary classification model to accurately correlate biomarkers with MDD diagnosis
- Identify important features in the model to include in the patient biomarker panel

2. Patient Clustering

Cluster MDD patients using important features

ACKNOWLEDGEMENTS

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REFERENCES

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[2] Peng, Y.-F. *et al*. The significance of routine biochemical markers in patients with major depressive disorder. *Sci. Rep.* **6**, 34402; doi: 10.1038/srep34402 (2016).

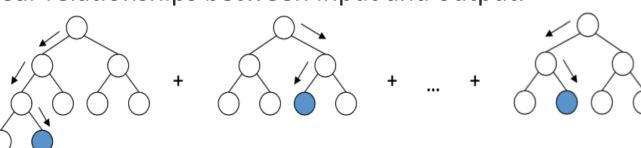
1. MDD CLASSIFICATION

Binary Classification:

- Represent participant as vector of 34 distinct biomarkers
- Use (A) "broad depression" or (B) "probable depression" as classification labels

Gradient Boosting Machine (GBM):

- GBM is an ensemble method that iteratively builds a model using weak prediction models to optimize a loss function (deviance).
- GBM implementations use decision "stumps", to capture nonlinear relationships between input and output.



Preprocessing Experiments:

- 1. Standardize features values using z-score normalization.
- 2. Use linear regressions to model the relationship between age and sex, and each biomarker. Store normalized residuals (squared loss) as feature values.
- 3. Add age and sex as interaction terms per biomarker. (Feature vector of 34*3 values.) Then standardize as in experiment 1.

Hyperparameters:

• step size: 0.25, # predictors: 100, min samples per leaf: 10

2. PARTICIPANT CLUSTERING

Clustering Model:

Represent participant as vector of top-10 GBM features

DBSCAN Clustering Algorithm:

• DBSCAN is an unsupervised learning algorithm that clusters points based on density.

Experiments:

- A. Cluster 198,403 "broad depression" participants
- B. Cluster 31,839 "probable depression" participants

Hyperparameters:

- A. neighborhood radius: 0.75, min pts in neighborhood: 10
- B. neighborhood radius: 0.75, min pts in neighborhood: 10

RESULTS

1. MDD Classification

A. Experiment Accuracy on Broad Depression:

- 1. Training Set: 66%, Validation Set: 65%, Test Set: 66%
- 2. Residual values were in the millions (did not proceed with classification step)
- 3. Training Set: 78%, Validation Set: 78%, Test Set: 78%

B. Experiment Accuracy on Probable Depression:

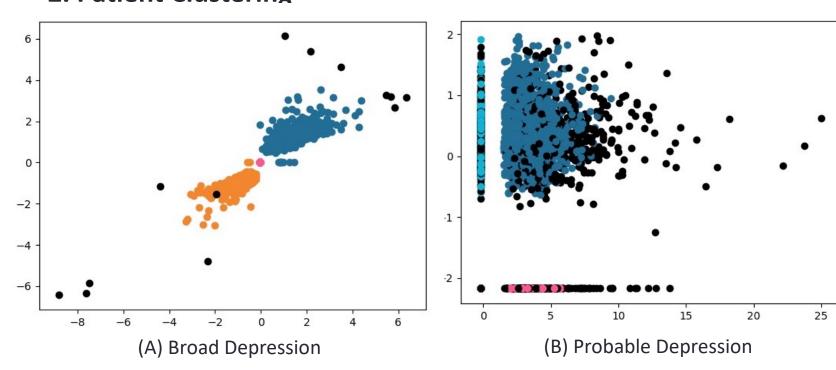
3. Training Set: 99%, Validation Set: 99%, Test Set: 99%

Feature Extraction:

Average most important features among all 100 decision trees

A. Biomarker (Feature)	Importance	B. Biomarker (Feature)	Importance
1. Alanine aminotransferase	2.3956e-01	1. Direct bilirubin	4.5961e-01
2. Creatinine (enzymatic) in urine	1.7443e-01	2. Sodium in urine	2.5803e-01
3. Aspartate aminotransferase	1.4178e-01	3. Cholesterol	1.6709e-01
4. Glycated hemoglobin (HbA1c)	1.3503e-01	4. Apolipoprotein B	3.8848e-02
5. Creatinine	4.5081e-02	5. Apolipoprotein A	1.7687e-02

2. Patient Clustering



DISCUSSION & FUTURE WORK

- MDD classification was successful after adding interaction terms
- Importance of bilirubin and other significant biomarkers supported by research²
- Interesting that top 3-4 biomarkers alone can accurately predict depression (potential for further research)
- Participant Clustering was ineffective (A. male and female clusters, B. single cluster)