

# Predicting Depression Using Health Care Data

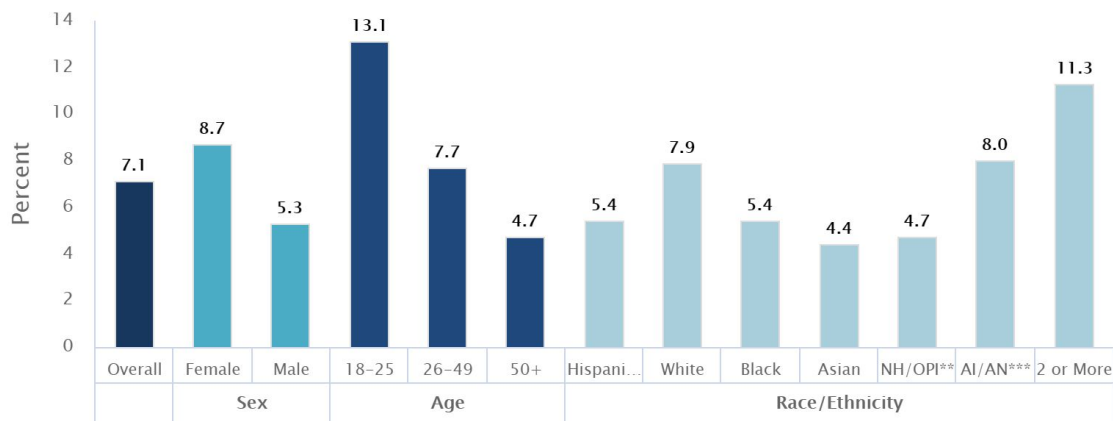
Amodh Udupa  
Rahul V  
Pothur Veda Vikas  
Sharath Gowda

# Depression

- 264 million people globally have depression - WHO
- 7.1% of US adults had a major depressive episode in 2017 with young adults being the most affected - NIMH

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2017)

Data Courtesy of SAMHSA



# The Problem

- Physicians have become the front line for handling mental health disorders.
- The majority of physician visits are driven by mental disorders and few people follow up with a mental health professional.
- 90% of those who commit suicide have a mental health disorder and 40% had visited their doctor in the last month

# The Problem

- Study published in JAMA - Patients who receive more holistic care with doctors for mental health reduce healthcare costs and improve patient outcomes.
- This can be unfeasible for many reasons
  - Buy-in, logistics, training
- Machine learning could fill the gap to predict patients who are depressed.

**Using machine learning to identify individuals with depression could connect patients with the help they need more quickly and easily while reducing healthcare costs and burden on physicians.**

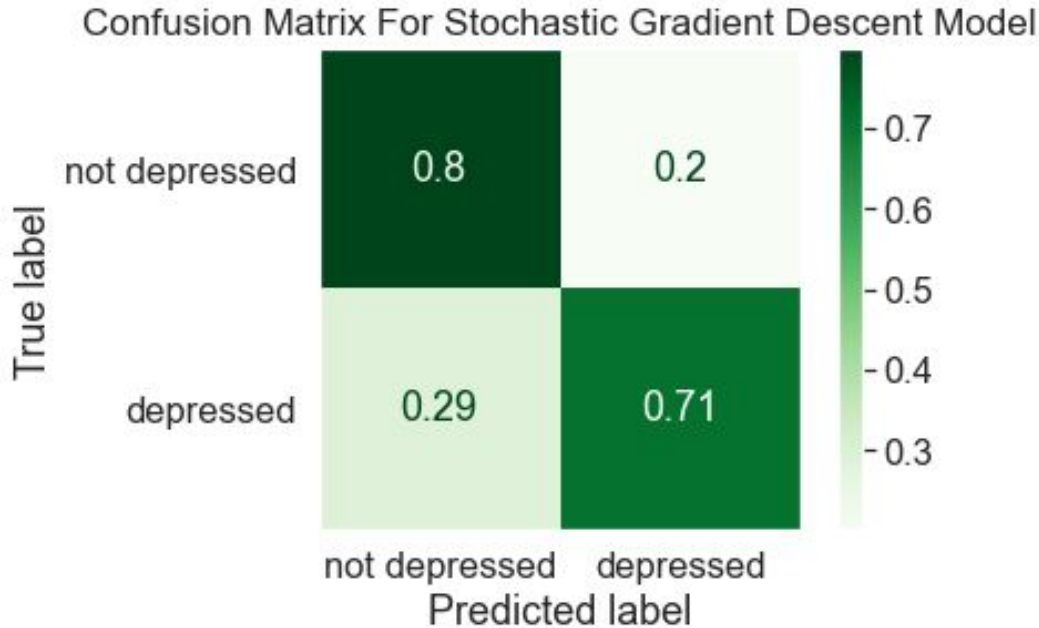
# The Data

- CDC NHANES data
- 2005 to 2018 comprising 36259 entries total
- Tried to use data that was consistent across years and could reasonably be found in a patient's medical file
- Created labels of who was depressed and not depressed based on the “depression screener” in the data

# Methods

- Classification of depressed or not depressed
- Roughly followed OSEMiN method
  - Obtain, scrub, explore, model, interpret
- Modeling was done from simple going to complex
- Wanted to use as few features as necessary
- Imbalanced data means accuracy was not a good metric
- Recall weighted more heavily to reduce false negatives

# Best Model Results

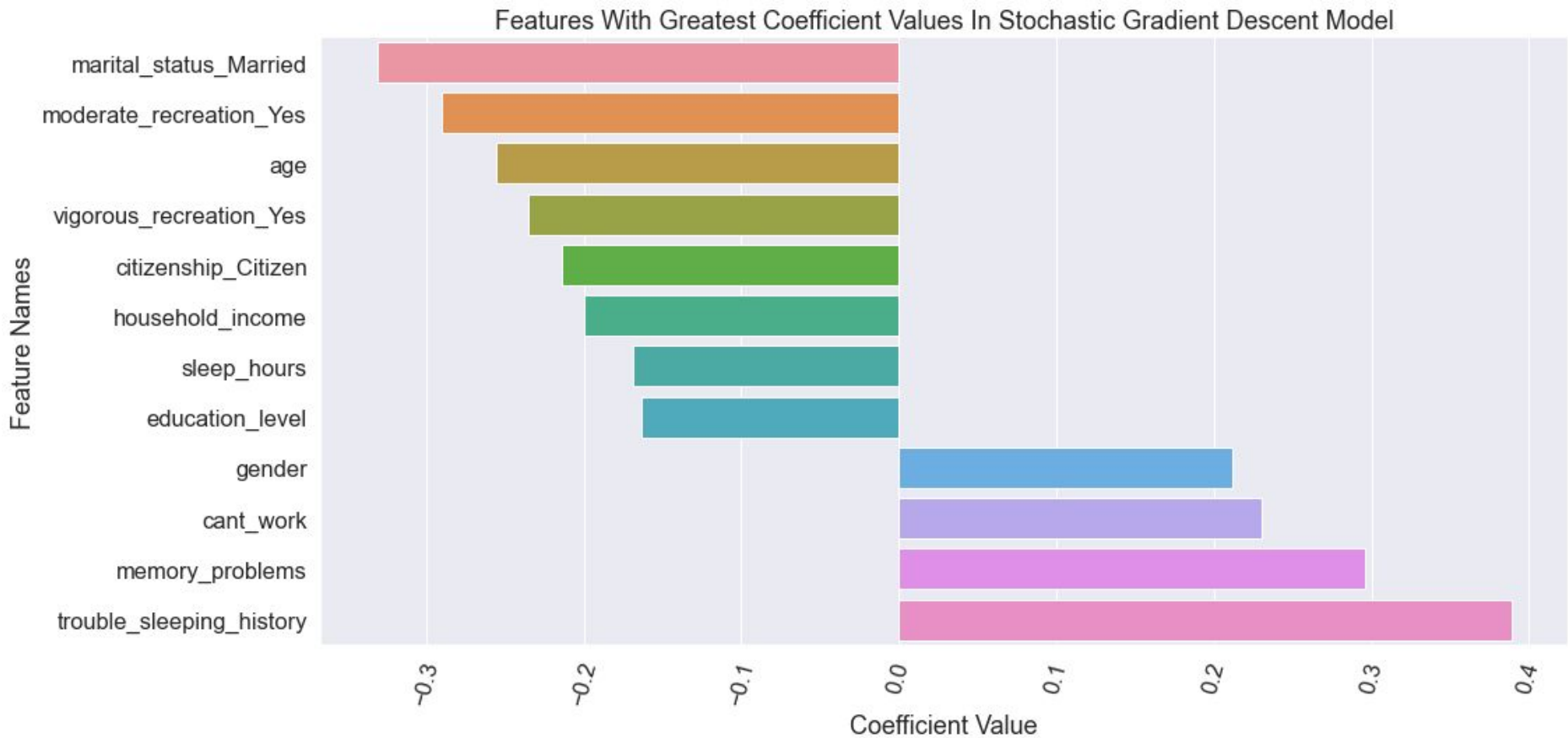


**Logistic regression is a model that calculates probabilities of entries being in one or the other class then uses a 50% threshold to make the prediction.**

**Gradient descent was used to maximize on a logistic regression.**

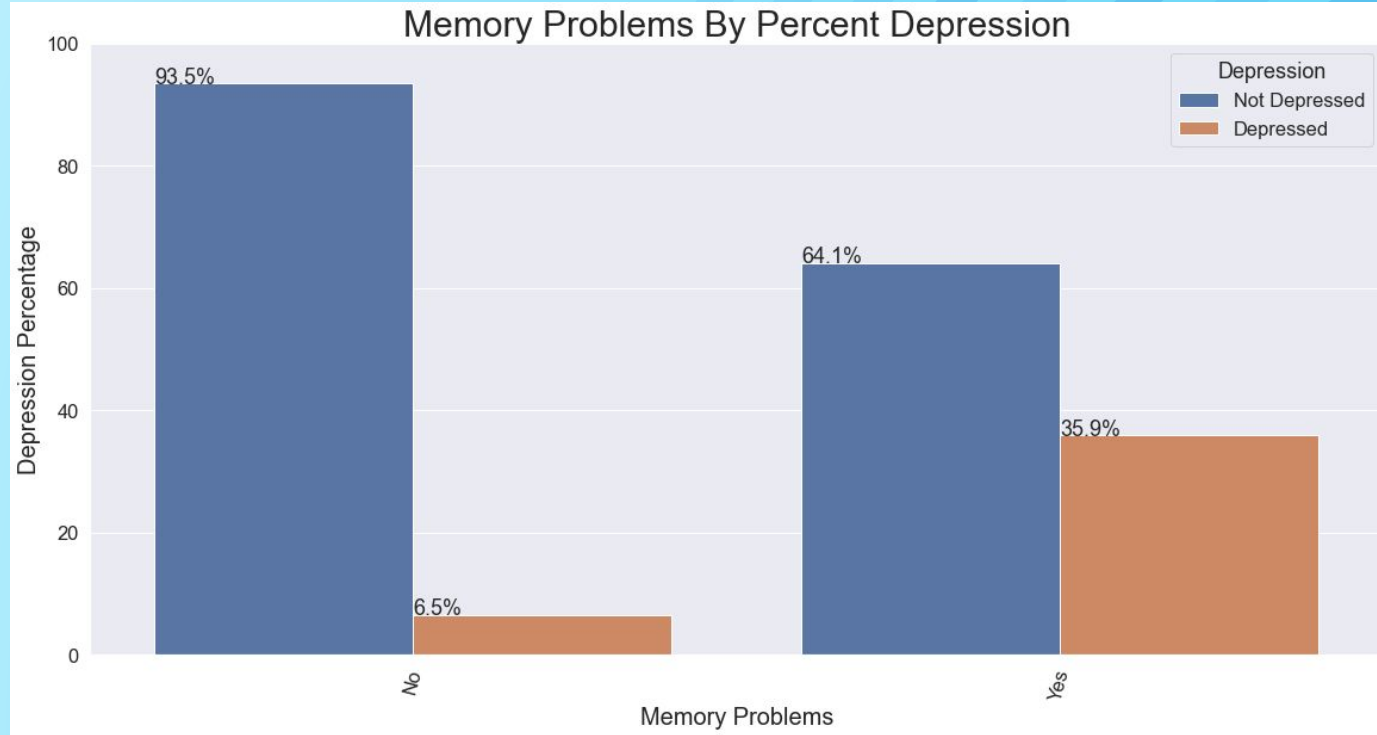


# Best Model Results



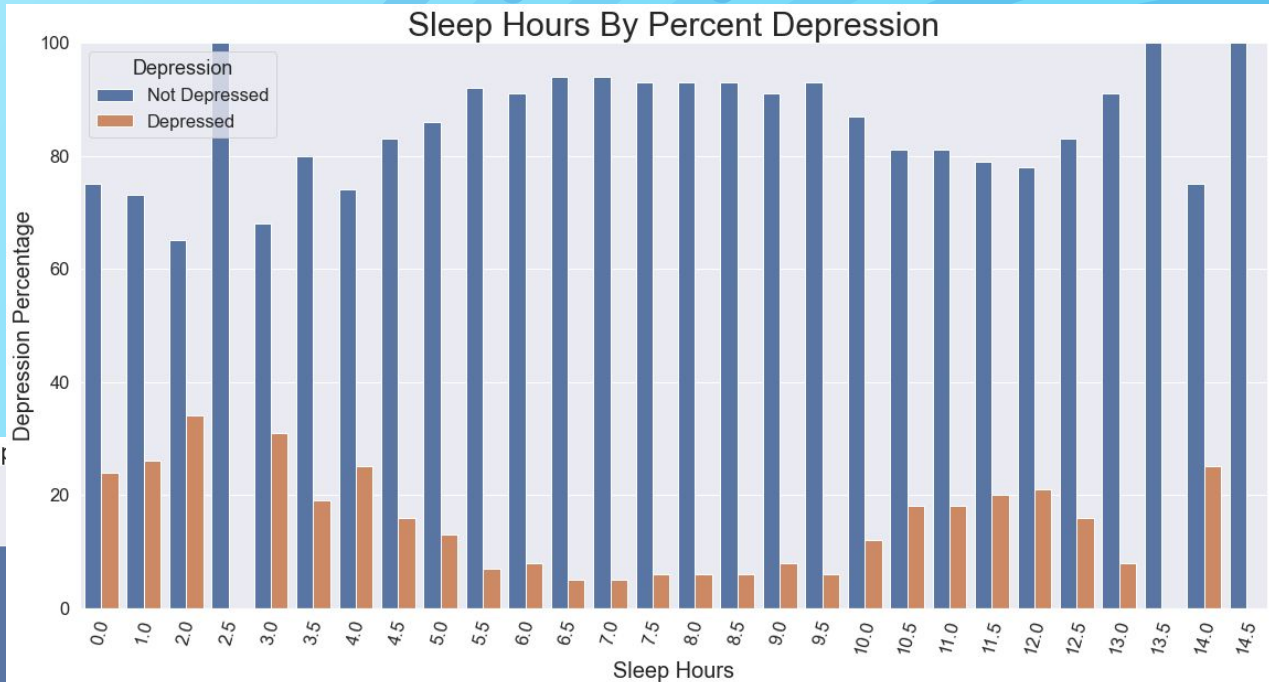
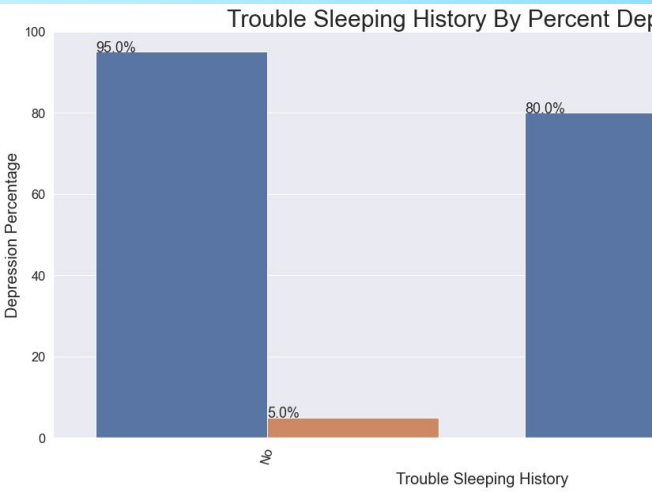
# Recommendation 1:

Watch for patients with memory problems



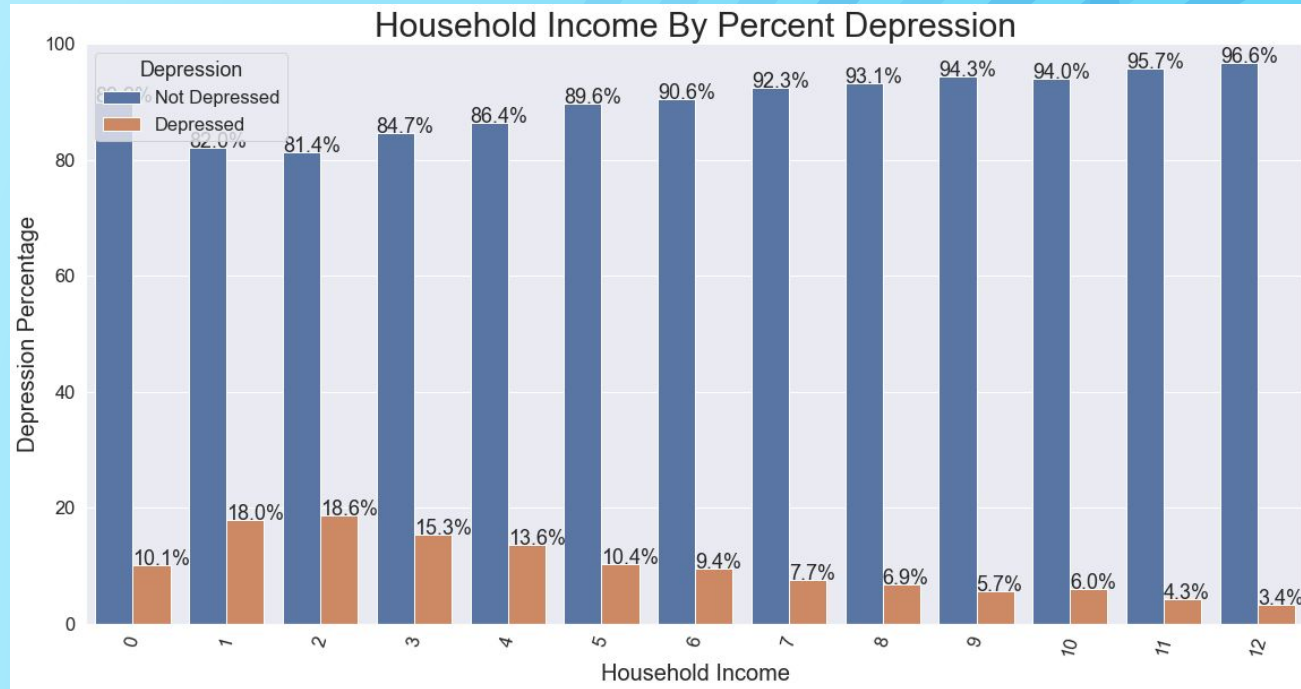
# Recommendation 2:

Watch for patients who have trouble sleeping and sleep too much or too little



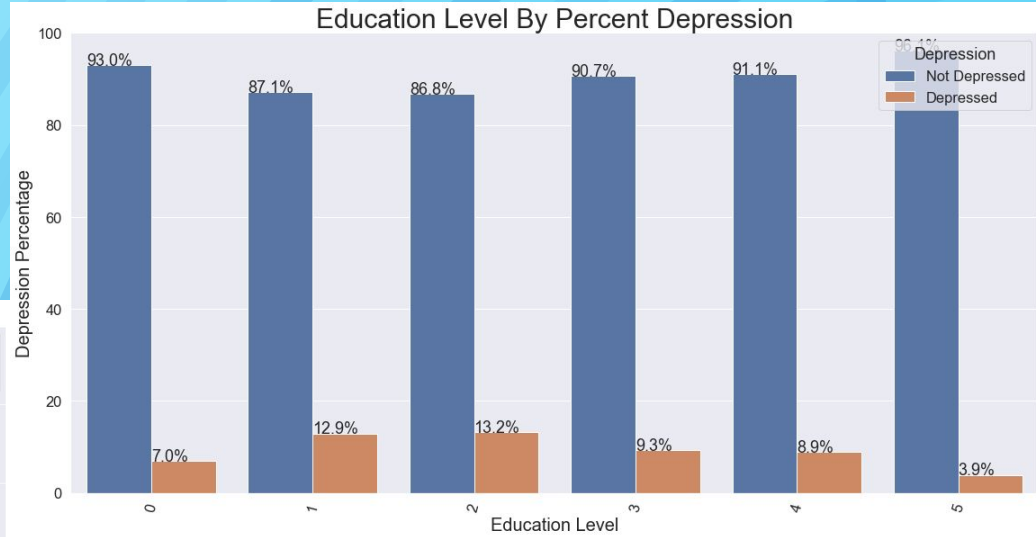
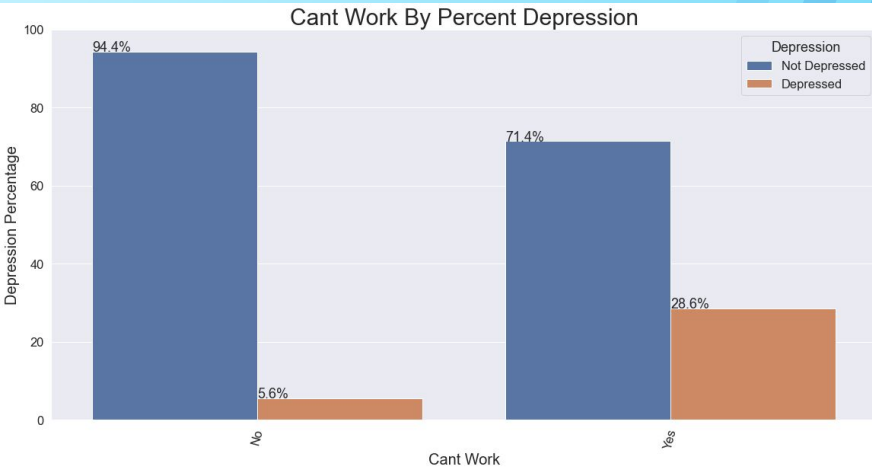
# Recommendation 3:

Watch for patients who can't work, have low household income, and/or low education



# Recommendation 3:

Watch for patients who can't work, have low household income, and/or low education



# Recommendations

## Recap

1. Watch for patients with memory problems
2. Watch for patients with sleep troubles
3. Watch for patients who can't work, have low income, or low education

# Future Work

- Try different models - perhaps neural networks
- Add more entries and evaluate valuable features
- Tuning and testing of parameters



# Thank you for your time

Any questions?