

ADHD Classification

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Abstract—Previous research has identified subtle differences in brain wave patterns between healthy individuals and those with Attention-Deficit/Hyperactivity Disorder (ADHD). This project aims to detect these variations by applying advanced signal processing techniques to extract meaningful features from brain wave data. These features are then input into a Support Vector Machine (SVM) for classification. The results demonstrate that this combined approach effectively distinguishes among ADHD inattentive, ADHD hyperactive, and non-ADHD brain wave patterns, underscoring its potential to improve non-invasive diagnostic processes.

Index Terms—Support Vector Machine, Signal Processing, ADHD Classification

I. INTRODUCTION

Machine learning and signal processing have been extensively applied in medical diagnostics to analyze complex biomedical data. In the context of ADHD, studies have demonstrated the potential of fMRI data for identifying biomarkers. Deshpande et al. (2015) explored neural network architectures for ADHD classification using inter-regional connectivity [2]. Similarly, spectral analysis techniques have been employed to highlight differences in brain activity patterns between ADHD and non-ADHD subjects [3]. Recent advancements in machine learning have enabled improved feature extraction, allowing for higher diagnostic accuracy [4].

The relationship between frequency-domain metrics, such as power and entropy, and ADHD classification has also been explored in prior studies [5], [6]. These studies support the hypothesis that single-region features may serve as potential biomarkers, albeit with limitations. This project adopts a single-region approach, building on these methodologies to simplify clinical applications and improve interpretability.

II. METHODS

This section describes the techniques employed to process fMRI signals and extract features for ADHD classification.

A. Peak Frequency

The two-sided Power Spectral Density (PSD) was computed using Welch's method across 20 frequency bins ranging from -0.5 Hz to 0.5 Hz. Peak frequency for each region was identified and input into the SVM for classification.

B. Spectral Entropy

Spectral entropy measures disorder in the power spectrum. Studies have shown that ADHD patients often exhibit higher spectral entropy compared to healthy controls [6]. Calculated values were used to identify potential ADHD biomarkers.

C. Average and Total Power

These metrics assess energy distribution and overall intensity of brain signals. They were analyzed using the same frequency bins. Average power has been shown to correlate with cortical activity differences in ADHD patients [5].

III. RESULTS AND DISCUSSION

A. Peak Frequency

To extract the peak frequency for each brain region, the two-sided Power Spectral Density (PSD) was computed using Welch's method. The PSD was calculated across 20 frequency bins ranging from -0.5 Hz to 0.5 Hz, with a step size of 0.05 Hz, resulting in 3,800 distinct features per brain region. These features were subsequently input into a Support Vector Machine (SVM) classifier. A for-loop was employed to test different subsets of features in increments of 760, with the results presented in Figure 1.

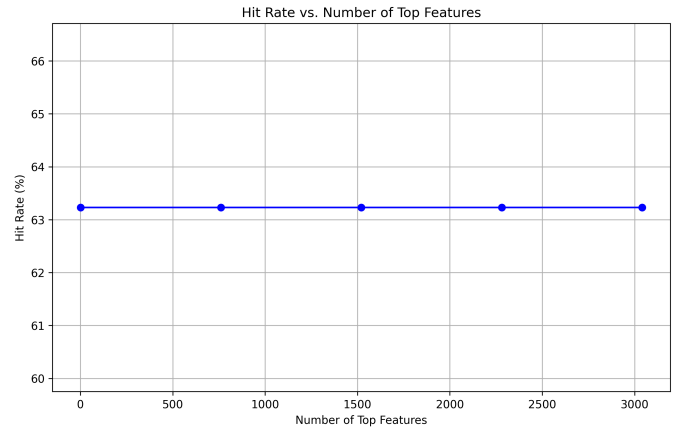


Fig. 1: Peak Frequency Feature Number vs. Hit Rate

The analysis revealed that each feature number yielded the same result of 63.23, indicating that peak frequency is not a reliable biomarker for ADHD diagnosis.

B. Spectral Entropy

Spectral Entropy measures how much disorder is contained within the power spectrum of a signal. Since individuals with ADHD often exhibit higher brain activity entropy, this metric was hypothesized to be useful for classification. Using the same frequency bins and features, spectral entropy for the brain regions was calculated and input into the SVM, yielding the results shown in Figure 2.

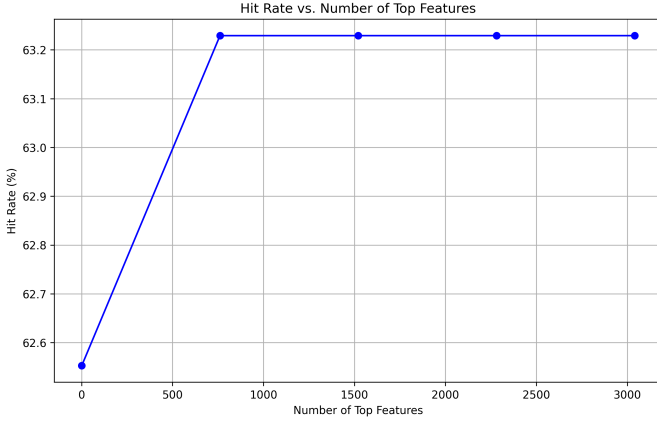


Fig. 2: Spectral Entropy Feature Number vs. Hit Rate

For lower feature numbers, spectral entropy performed worse than peak frequency analysis. However, for higher feature numbers, the performance was comparable.

C. Average Power

The average power was analyzed to study the distribution of energy across frequency bands. The results, shown in Figure 3, suggest that average power achieved slightly better results than spectral entropy or peak frequency, with a hit rate of 63.57%.

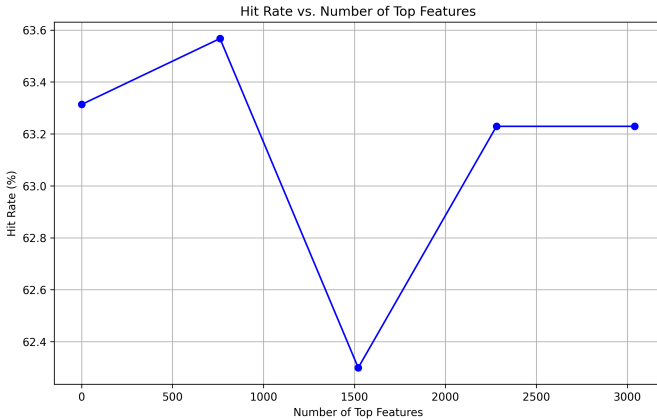


Fig. 3: Average Power Feature Number vs. Hit Rate

D. Total Power

Total power was calculated to measure the overall intensity of the signal. Figure 4 demonstrates that total power performed similarly to average power, achieving the same hit rate of 63.57%.

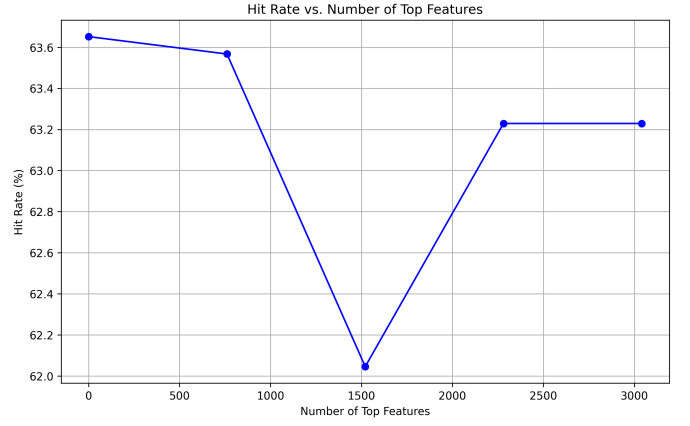


Fig. 4: Total Power Feature Number vs. Hit Rate

E. Discussion

The findings demonstrate that single-region metrics, such as average and total power, provide slightly better classification accuracy. However, these features alone are insufficient to robustly classify ADHD. Studies such as Deshpande et al. (2015) have shown that incorporating inter-regional connectivity analysis significantly improves accuracy [2]. Future work should explore combining single-region features with advanced machine learning models and feature selection techniques [4].

IV. CONCLUSION

This study evaluated single-region metrics for ADHD classification using fMRI data. Average and total power features achieved the highest accuracy of 63.57%, highlighting their potential as biomarkers. However, integrating these metrics with inter-regional connectivity features and advanced machine learning models will be crucial for improving diagnostic precision.

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