

**Dynamic lapse risk prediction in a national sample of individuals with opioid use disorder  
using personal sensing and machine learning**

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**Abstract**

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*Keywords:* Substance use disordersPrecision mental health

## Introduction

## Methods

### Transparency and Openness

We adhere to research transparency principles that are crucial for robust and replicable science.

We reported how we determined the sample size, all data exclusions, all manipulations, and all study measures. Our data, questionnaires, and other study materials are publicly available on our OSF page (<https://osf.io/zvm7s/overview>), and our annotated analysis scripts and results are publicly available on our study website ([https://jjcurtin.github.io/study\\_risk2/](https://jjcurtin.github.io/study_risk2/)).

-TRIPOD+AI checklist (Collins et al., 2024)

### Participants

### Procedure

### Measures

#### *Individual Characteristics*

#### ***Ecological Momentary Assessment***

#### **Geolocation Sensing**

#### **Data Analytic Strategy**

Data preprocessing, modeling, and Bayesian analyses were done in R using the tidyverse ecosystem (Goodrich et al., 2023; Kuhn, 2022; Kuhn & Wickham, 2020). Models were trained and evaluated using high-throughput computing resources provided by the University of

Wisconsin Center for High Throughput Computing (Center for High Throughput Computing, 2006).

### ***Model Selection***

The best model configuration was selected using 6 repeats of participant-grouped 5-fold cross-validation. Folds were stratified by a between-subject measure of our outcome (no lapse vs. any lapse). Model configurations differed on:

1. Statistical algorithm (and hyperparameter tuning)
2. Feature set
3. Resampling of minority outcome

### ***Model Evaluation***

We used a Bayesian hierarchical generalized linear model to estimate the posterior distribution and 95% credible intervals (CI) for the 30 held-out test sets for our best performing model. We used weakly informative, data-dependent priors to regularize and reduce overfitting. Random intercepts were included for repeat and fold (nested within repeat).

Using the same 30 held-out test sets, we calculated the median posterior probability and 95% Bayesian CI for auROC for each model separately by gender (not male vs. male), race/ethnicity (Hispanic and/or non-White vs. non-Hispanic White), income (below poverty line vs. above poverty line), geographic location (small town/rural vs. urban/suburban), and education (high school or less vs. some college). We conducted Bayesian group comparisons to assess the likelihood that each model performs differently by group.

- following best practices for model reporting (Van Calster et al., 2025)

### ***Calibration***

We calibrated our probabilities using Platt scaling. We calculated Brier scores to assess the accuracy of our raw and calibrated probabilities for our best model. Brier scores range from 0 (perfect accuracy) to 1 (perfect inaccuracy).

### ***Feature Importance***

## **Results**

### **Participants**

All participants provided at least one month of data. Median days on study across participants was 356 days (range 32-395 days). 83% of participants remained on study for at least six months. EMA adherence was high. On average participants completed 73% of the daily EMA prompts (range 24-100%). A breakdown of participant demographics and opioid clinical characteristics is presented below.

### **Performance**

The best model configuration was a down-sampled xgboost statistical algorithm that used only the dynamic feature set (i.e., features from EMA and geolocation). The median posterior probability for the best model was 0.93, with narrow 95% CI ([0.92, 0.94]).

We compared our best model's performance to a baseline model that only used information gathered at baseline (demographics and individual differences in OUD characteristics) to evaluate the predictive value of adding dynamic features. The median posterior probability for the baseline model was 0.74 (95% CI [0.71, 0.77]). A Bayesian model comparison

revealed extremely strong evidence that the best model was more predictive than the baseline model (probability = 1.00).

Our fairness subgroup comparisons revealed no evidence that performance meaningfully differed by geographic location (probability = 0.68), weak evidence that performance differed by education (probability = 0.83), and strong evidence that performance differed by gender, income, and race and ethnicity (probabilities > 0.99). Notably, our model performed better for individuals with an annual income below the federal poverty line compared to individuals above the federal poverty line, thus favoring the disadvantaged group. While differences in performance estimates exist across subgroups, they are not likely clinically meaningful as all of our subgroups yielded median auROCs between 0.91 - 0.94 (Figure 1). A table of fairness subgroup comparisons is available in the supplement.

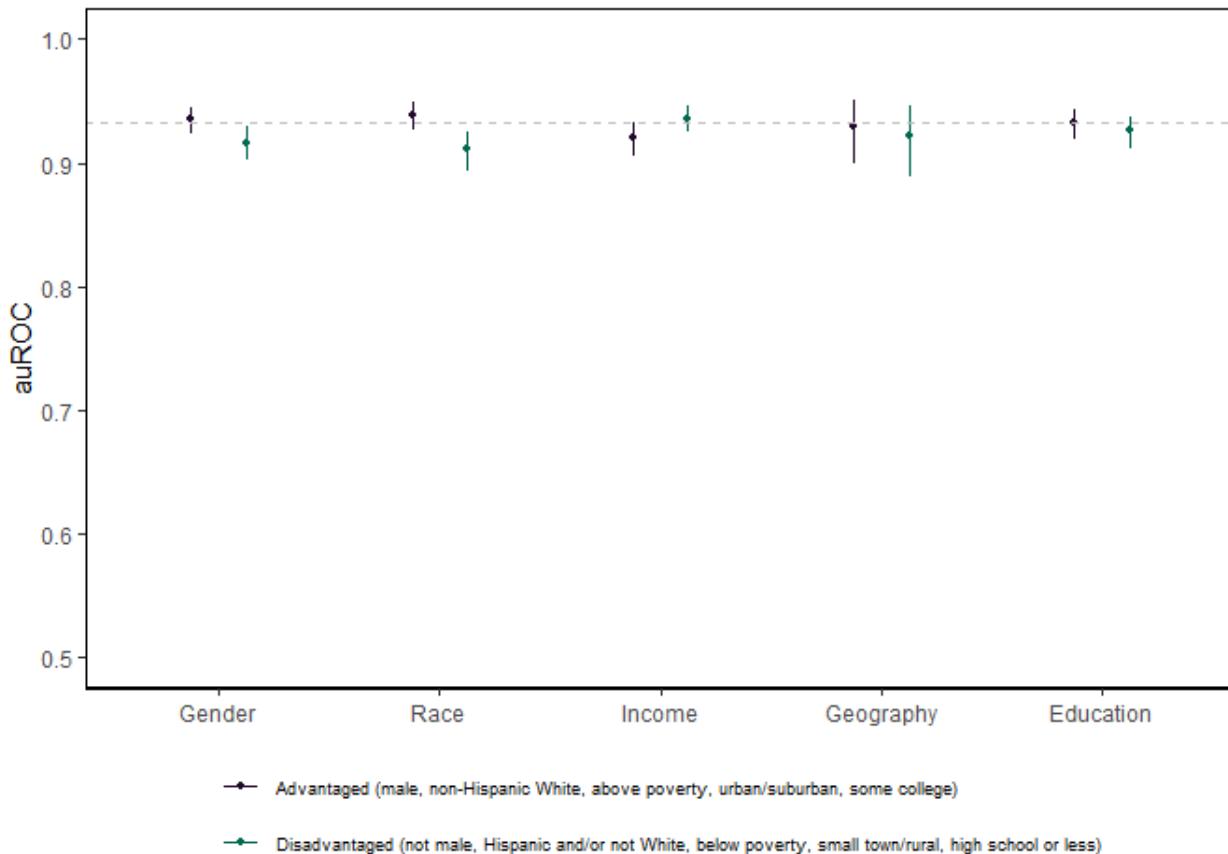


Figure 1: Posterior probabilities for area under the receiver operating curve (auROC) by demographic subgroup. auROC ranges from .5 (chance performance) to 1 (perfect performance). Subgroups advantaged in access to substance use treatment and outcomes (male, non-Hispanic White, above poverty, urban or suburban geographic location, and some college education) are depicted in dark purple. Subgroups disadvantaged in access to substance use treatment and outcomes (not male, Hispanic and/or not White, below poverty, small town or rural geographic location, and high school education or less) are depicted in green. Overall model performance across groups is depicted as the dashed grey line.

## Calibration

Our raw model predicted probabilities were generally well-calibrated (brier score = 0.015). We attempted to improve calibration with Platt scaling but results were comparable (brier score = 0.015). Calibration plots for the raw uncalibrated probabilities and calibrated probabilities with Platt scaline are presented in ?@fig-cal. We provide histograms for the predicted probabilities of lapse for all observations separately by true outcome in the supplement.

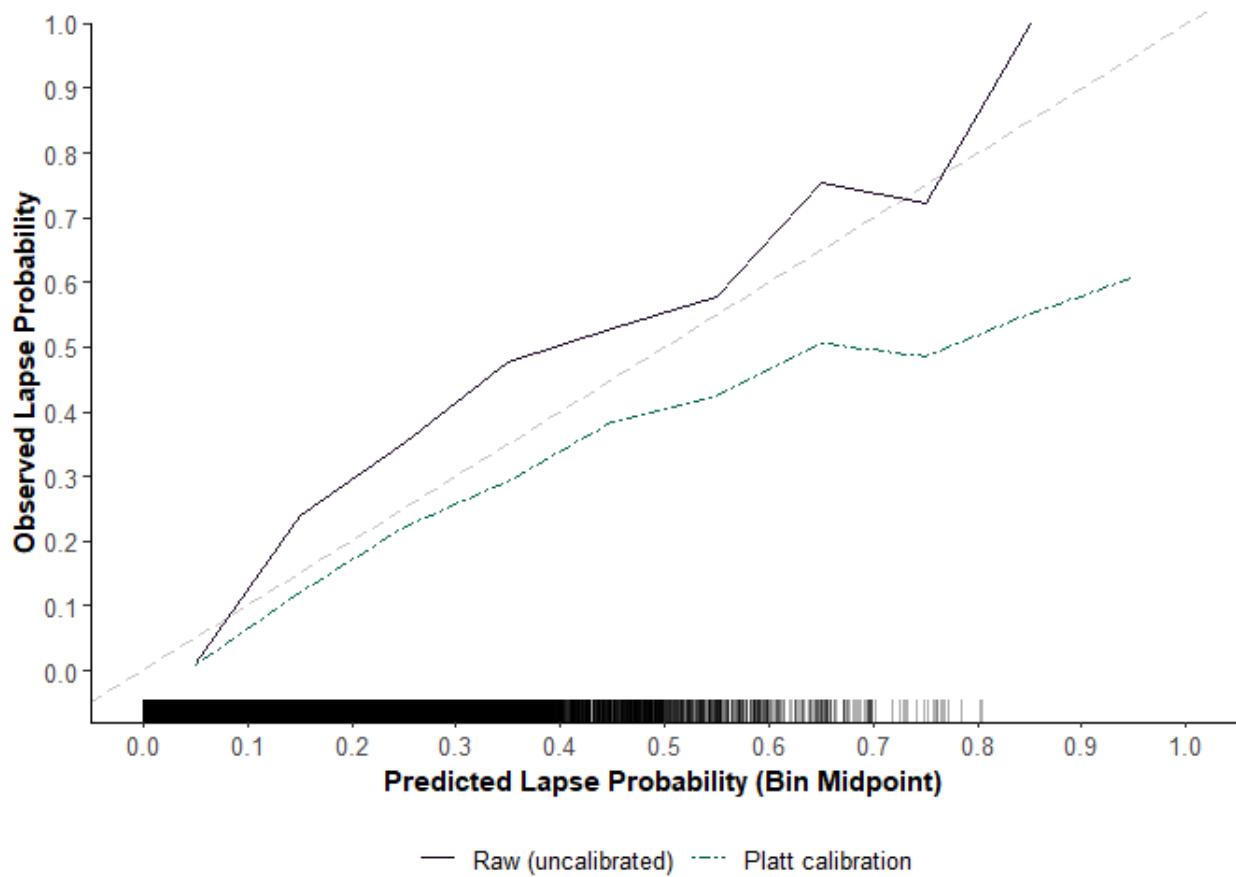


Figure 2: Calibration plots of raw and calibrated lapse probabilities. Predicted probabilities (x-axis) are binned into deciles. Observed lapse probability (y-axis) represents the proportion of actual lapses observed in each bin. The dashed diagonal represents perfect calibration. Points below the line indicate overestimation and points above the line indicate underestimation. Raw probabilities are depicted as dark purple lines Platt calibrated probabilities are depicted as green dashed lines.

## Feature Importance

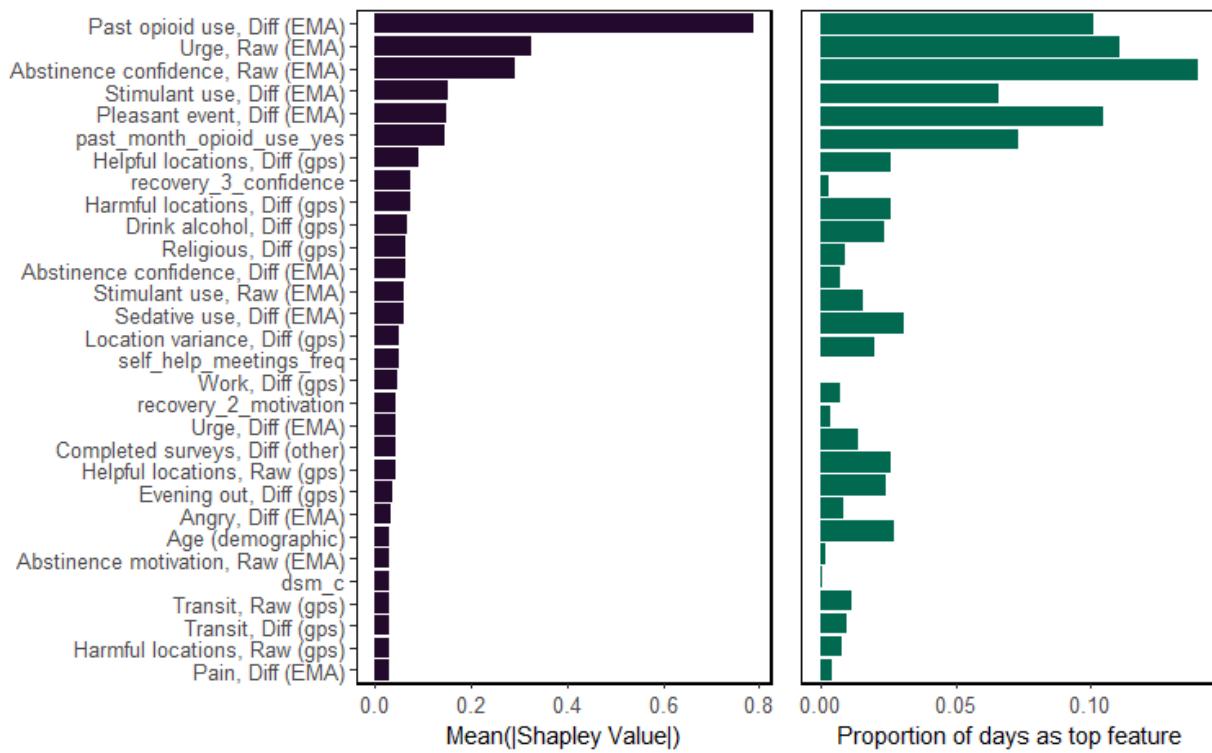


Figure 3

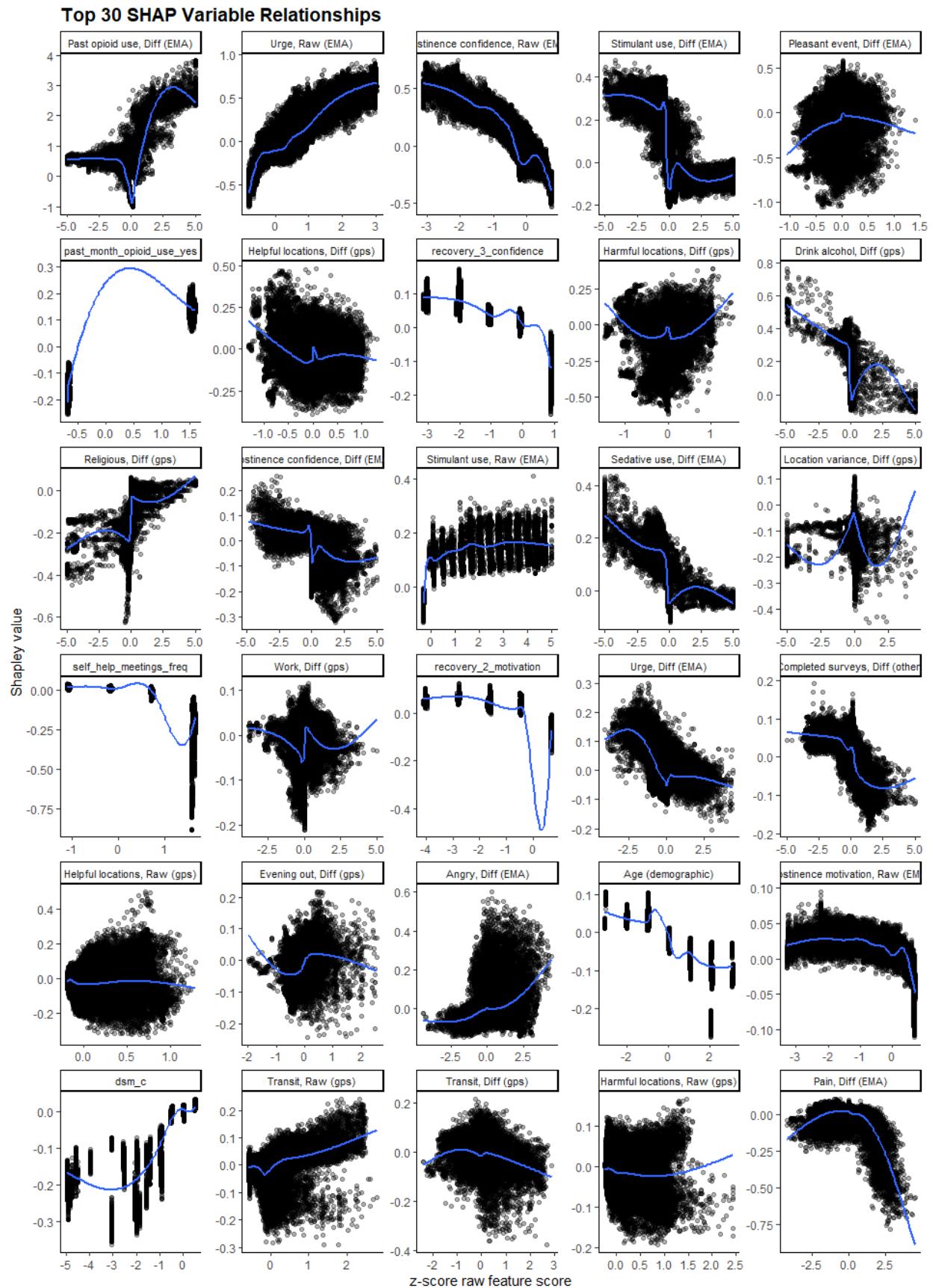


Figure 4: Feature importance partial dependence plots.

## Discussion

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