# ANALYSIS OF EEG-BASED DEPRESSION BIOMARKERS

USING MACHINE LEARNING

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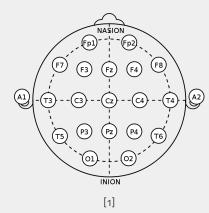


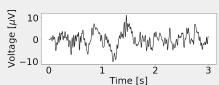
# PROBLEM STATEMENT AND APPROACH

### **DEPRESSION DIAGNOSIS AND PROGNOSIS IS EXPENSIVE**

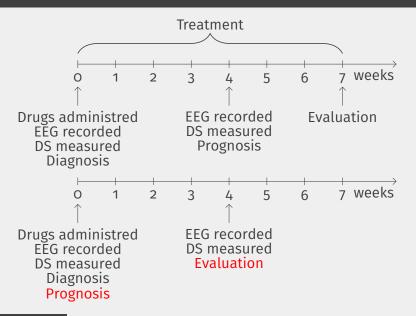
- MDD has high prevalence and impact [2, 3]
- Diagnosis requires time of trained professionals [3]
- EEG may be
  - accessible diagnosis-aid tool
  - also effective at prognosis? studied very little!

Research into effective analysis techniques is ongoing...





### OUR GOALS

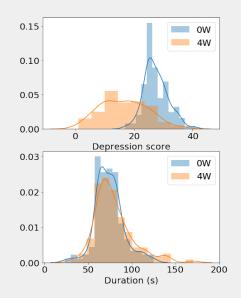


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### **OUR DATASET**

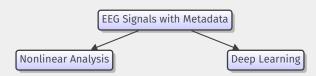
#### Relatively large:

- 133 patients
- EEG recordings
  - ▶ 19 channels
  - ▶ 250 Hz or 1000 Hz
  - Various duration
- Metadata
  - ► Depression scores
    - Week o
    - Week 4
  - ► Age, gender, drugs

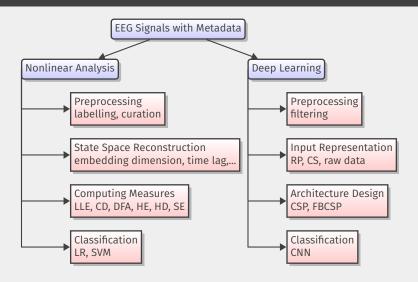


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### OUR APPROACH



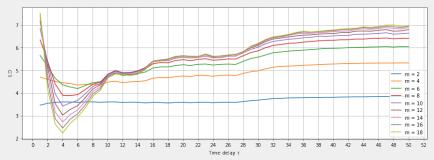
#### OUR APPROACH



# NONLINEAR ANALYSIS APPROACH

#### NONLINEAR MEASURES

## **EMBEDDING PARAMETER ESTIMATION**



#### **Parameters**

- Embedding dimension
- Time delay
- Scaling regions
- **.**.

#### **Methods**

- Literature review
- Estimation algorithms (FNN, AFN, ADFD, ILD, ...)
- Statistical tests

-> automated procedure

# **RESULTS**

Measure	Classifier	Accuracy
LLE, CD	SVM (lin.)	<b>0.74</b> $\pm$ 0.04
LLE, SE	SVM (lin.)	0.75 ± 0.10
LLE, HE	SVM (lin.)	$0.73 \pm 0.06$
LLE, SE, DFA	SVM (lin.)	0.73 ± 0.09
CD, HD	LR	0.73 ± 0.10
LLE	SVM (lin.)	<b>0.72</b> ± 0.04
CD	SVM (lin.)	$0.71 \pm 0.05$
SE	LR	$0.68 \pm 0.12$
HD	SVM (rbf)	$0.67 \pm 0.11$
DFA	LR	$0.67 \pm 0.16$
HE	LR	$0.67 \pm 0.17$

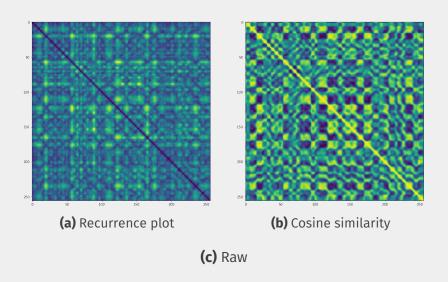
(a) Depression

Measure	Classifier	Accuracy	
LLE, CD	SVM (lin.)	<b>0.75</b> ± 0.11	
LLE, SE	SVM (lin.)	$0.75 \pm 0.10$	
LLE	LR	<b>0.71</b> ± 0.08	
CD	LR	0.67 ± 0.09	
HD	LR	0.66 ± 0.05	
SE	LR	$0.66 \pm 0.09$	
DFA	SVM (lin.)	0.64 $\pm$ 0.15	
HE	SVM (rbf)	$0.63 \pm 0.09$	

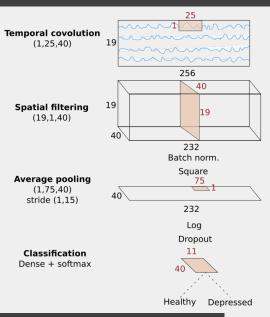
(b) Remission

# DEEP LEARNING APPROACH

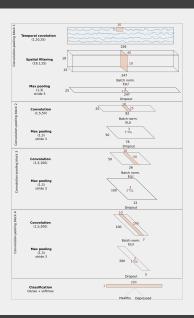
# INPUT REPRESENTATION



### **ARCHITECTURE DESIGN - SHALLOW**



# **ARCHITECTURE DESIGN - DEEP**



# RESULTS

Lab.	Freq.	Arch.	Accuracy
DEP	$o-f_{fin}$	SHAL	$0.85 \pm 0.13$
	4 – f <sub>fin</sub>	SHAL	0.84 $\pm$ 0.11
	$o-f_{fin}$	DEEP	<b>0.86</b> ± 0.01
	4 – f <sub>fin</sub>	DEEP	$0.85 \pm 0.02$
REM	$o-f_{fin}$	SHAL	$0.94 \pm 0.02$
	4 – f <sub>fin</sub>	SHAL	0.94 ± 0.03
	$o-f_{fin}$	DEEP	$0.88 \pm 0.01$
	4 – f <sub>fin</sub>	DEEP	$0.86 \pm 0.02$

Lab.	Freq.	Meth.	Accuracy
DEP	$o-f_{fin}$	RP	<b>0</b> . <b>63</b> ± 0.02
	$4-f_{\mathrm{fin}}$	RP	$0.61 \pm 0.01$
	$o-f_{fin}$	CS	$0.59 \pm 0.02$
	4 – f <sub>fin</sub>	CS	$0.58 \pm 0.01$
REM	$o-f_{fin}$	RP	$0.61 \pm 0.03$
	$4-f_{\mathrm{fin}}$	RP	<b>0.65</b> ± 0.02
	$o-f_{fin}$	CS	$0.55 \pm 0.02$
	$4-f_{fin}$	CS	0.63 ± 0.01

(a) Raw data

(b) Image-encoded data

# CONCLUSION

#### SUMMARY

- 1. NL measures are potentially effective methods for depression diagnosis and prognosis (despite nonstationarity)
- 2. CD and LLE seem most discriminative (out of evaluated)
- FBCSP-inspired CNN models seem more effective than common models
- 4. ILD seems most effective embedding parameters estimation algorithm (out of evaluated)
- 5. RP and CS do not seem effective data encoding methods for EEG analysis

#### **SUMMARY**

#### Limitations

- Binary output
- Most patients in remission

#### **NL** approach

- Nonstationarity (windowing?)
- Spatially local
- Temporally global
- Inconclusive surrogate tests
- "Theoretically too ambitious"

#### **DL** approach

- Short samples
- Simple models

#### **Future Work**

- Implement application to aid treatment
- Generalization to other datasets (sample bias)
- Output depression severity measure
- Ensemble of models combining (neuroimaging) modalities
- Incorporate information about treatment details (drugs,...)

#### **NL** approach

- Compare with spatial embedding
- New (spatiotemporal) measures

#### DL approach

- Model interpretation
- Compare with FBCSP
- Dimensionality reduction techniques



#### REFERENCES



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# BACKUP SLIDES