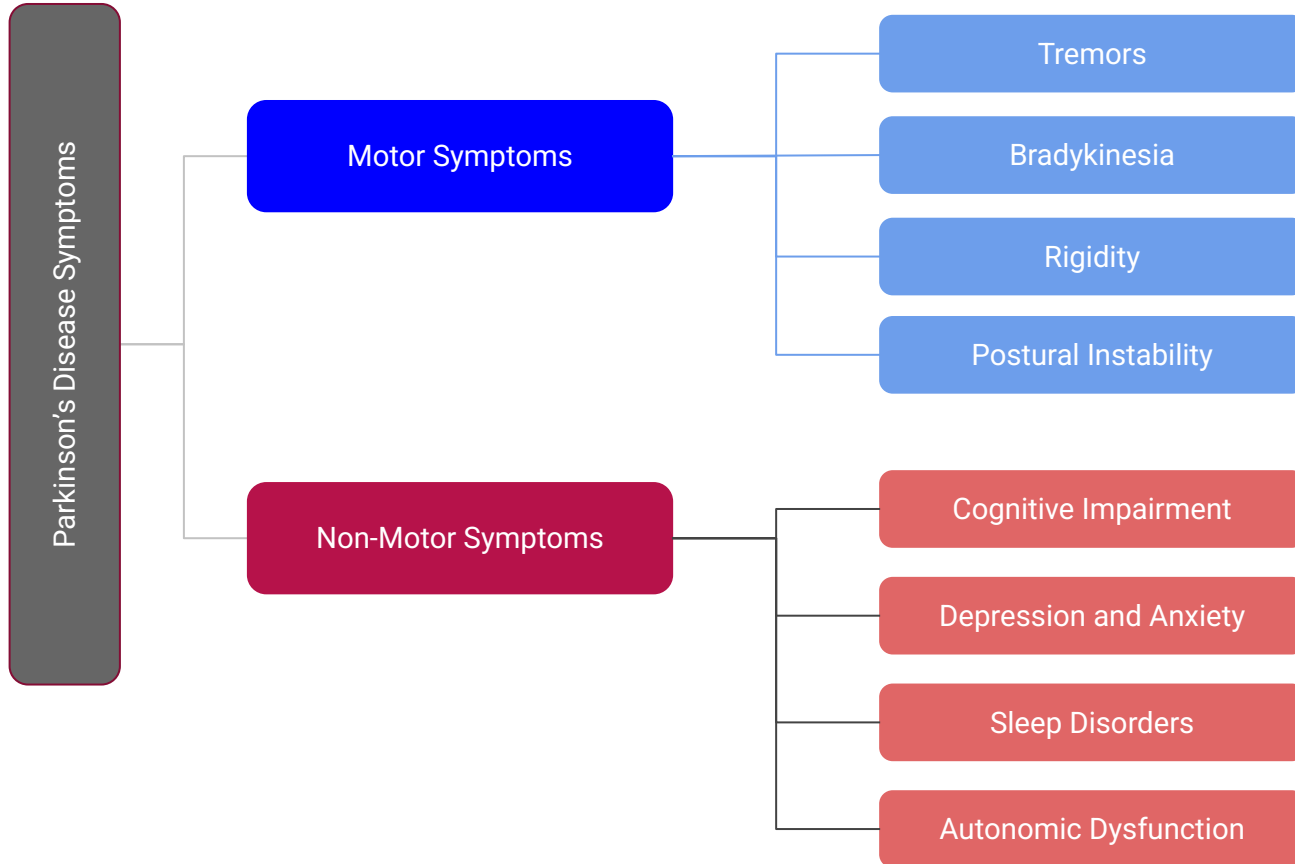


Improving Parkinson's Diagnosis with Artificial Intelligence

Harnessing Data Science for Early Detection and Better Outcomes

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Understanding Parkinson's Disease

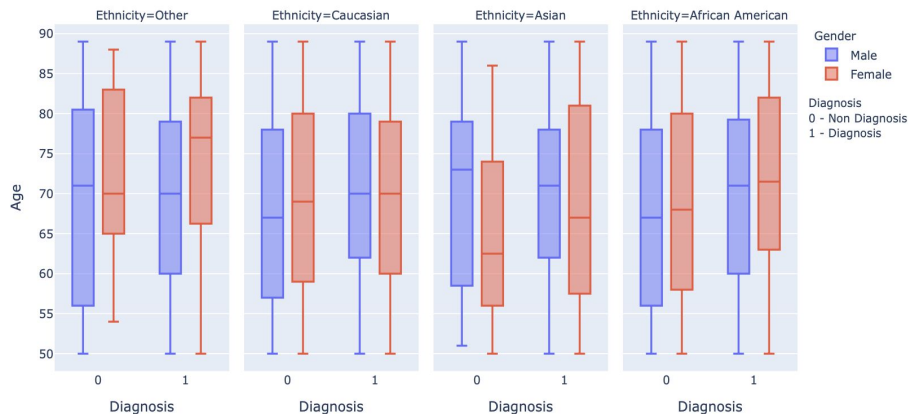


Unified Parkinson's Disease Rating Scale(MDS-UPDRS)

The **MDS-UPDRS** is a widely-used clinical tool to measure the severity and progression of Parkinson's disease

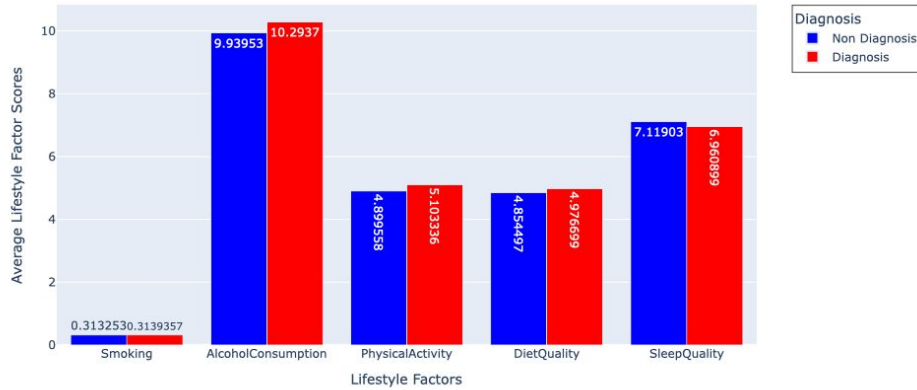
- 50 question assessment divided into **4 parts**: Non-Motor Experiences, Motor Experiences, Motor Examination, and Motor Complications
- **Scoring**: each item is scored from **0 (normal)** to **4 (severe disability)**
- Commonly used in clinical trials and research to track disease progression and evaluate treatment effectiveness

Parkinsons Diagnosis Distribution by Age, Gender, and Ethnicity

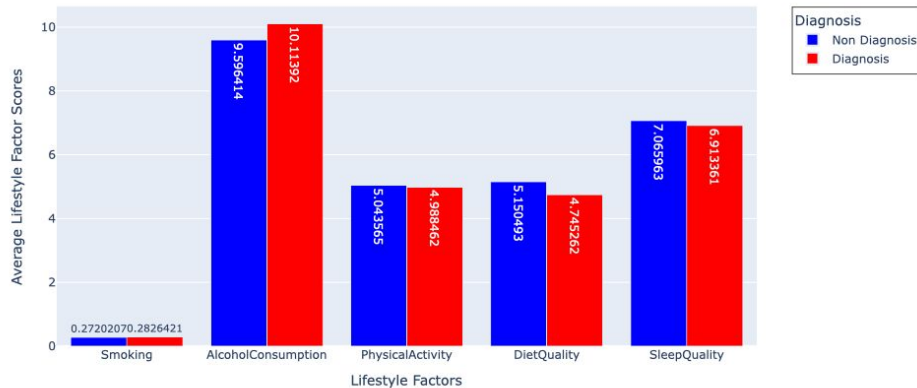


- Age is a strong predictor, older individuals are more likely to be diagnosed
- Males show a higher diagnosis rate than females across most ethnicities
- Some ethnic groups may have different distributions, suggesting potential genetic or environmental influences

Lifestyle Factor Averages Across Parkinson's Diagnosis Groups (Males)

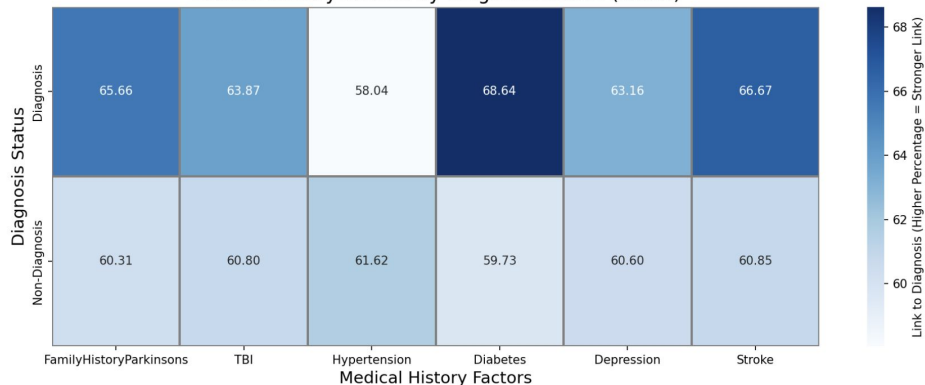


Lifestyle Factor Averages Across Parkinson's Diagnosis Groups (Females)

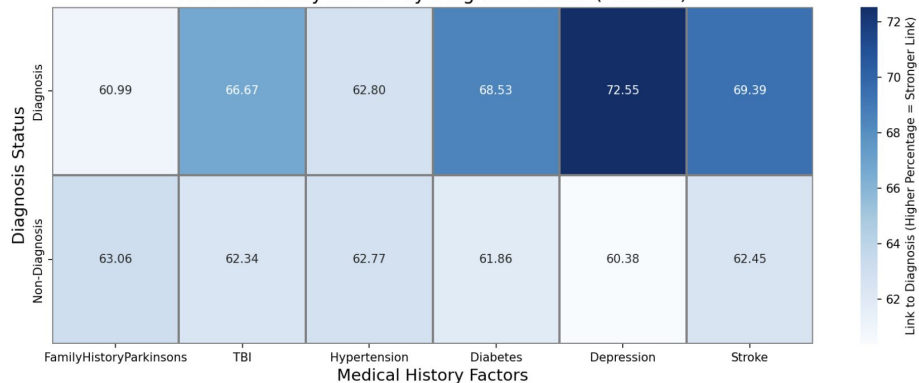


- Lower physical activity and poor sleep quality seem associated with higher diagnosis rates
- Diet quality might also differ between diagnosed and non-diagnosed groups
- Gender differences exist, some lifestyle factors might be more relevant for men versus women

Medical History Factors by Diagnosis Status (Males)

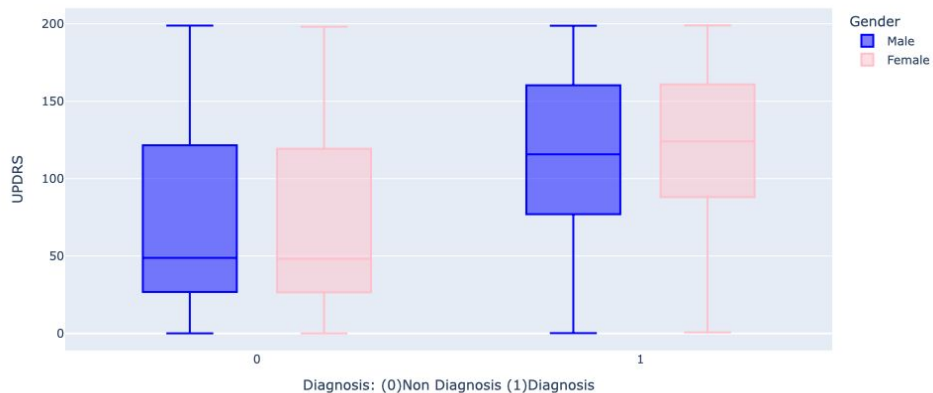


Medical History Factors by Diagnosis Status (Females)



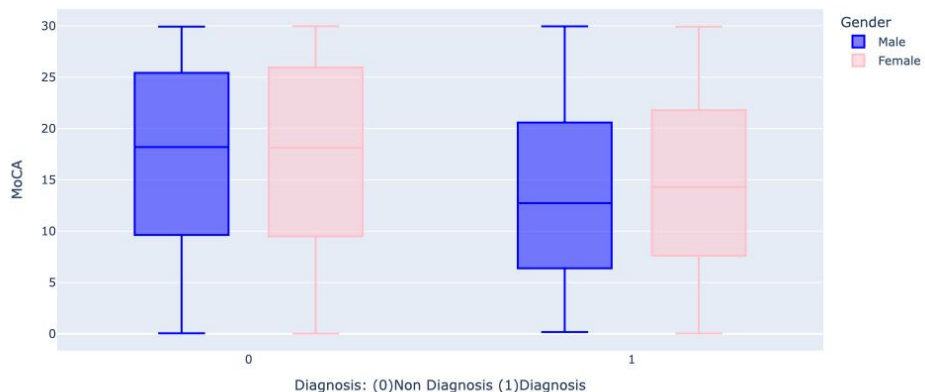
- Family history is a strong predictor of Parkinson's
- Conditions like traumatic brain injury (TBI), hypertension, and depression show a noticeable correlation with diagnosis
- Males with TBI and hypertension have a higher diagnosis rate, whereas depression seems more influential for females

UPDRS Distribution by Parkinson's Diagnosis

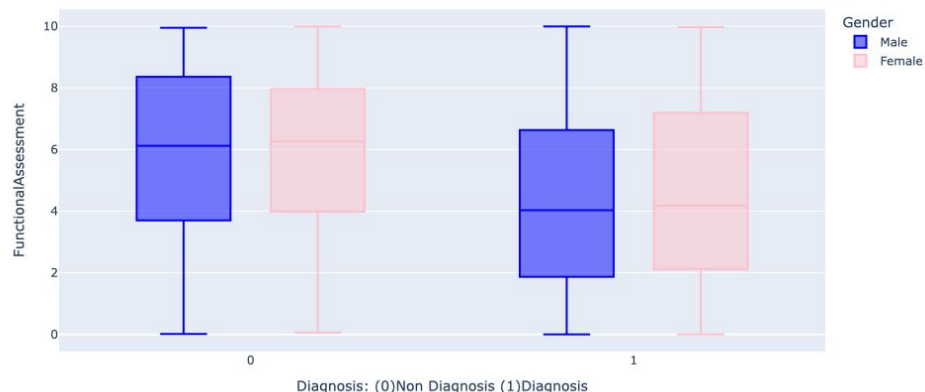


- Diagnosed individuals have worse scores in functional & cognitive assessments
- Symptoms like tremor, rigidity, and bradykinesia strongly separate diagnosed individuals from non-diagnosed
- Clinical evaluation remains crucial for early detection

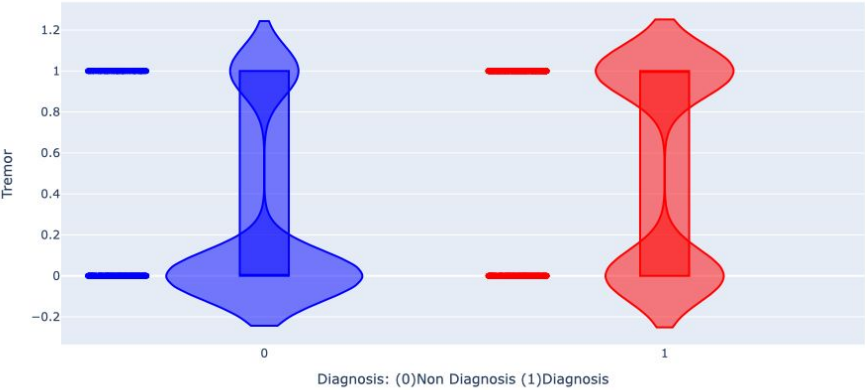
MoCA Distribution by Parkinson's Diagnosis



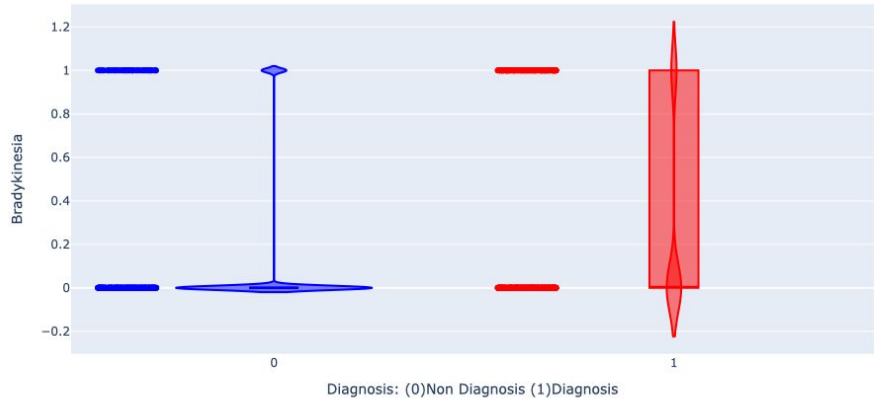
FunctionalAssessment Distribution by Parkinson's Diagnosis



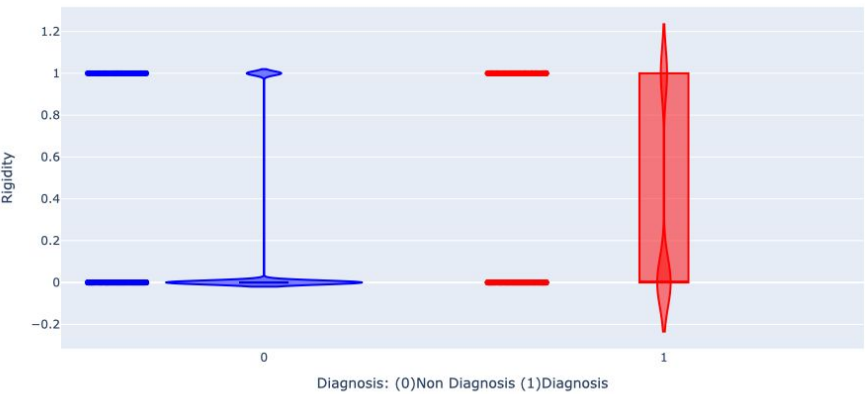
Distribution of Tremor by Parkinson's Diagnosis



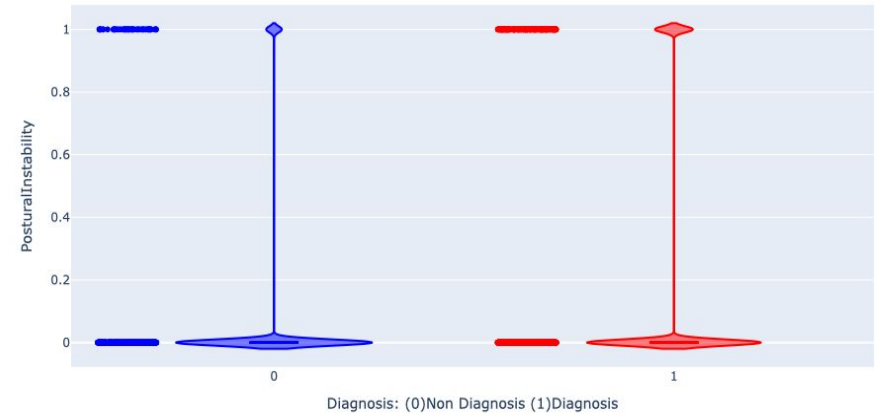
Distribution of Bradykinesia by Parkinson's Diagnosis



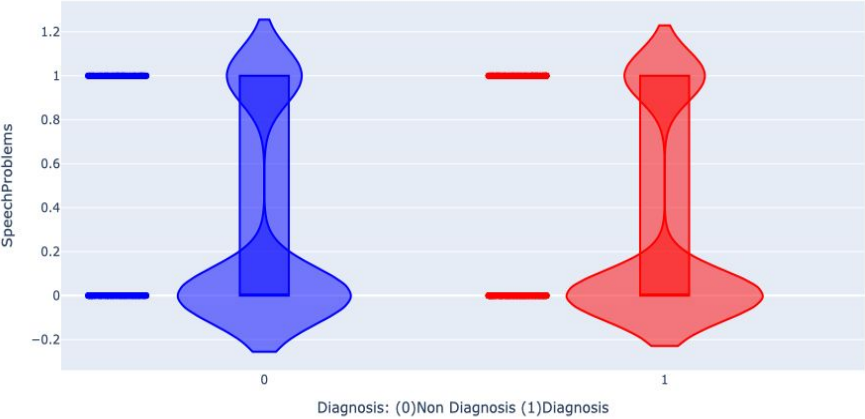
Distribution of Rigidity by Parkinson's Diagnosis



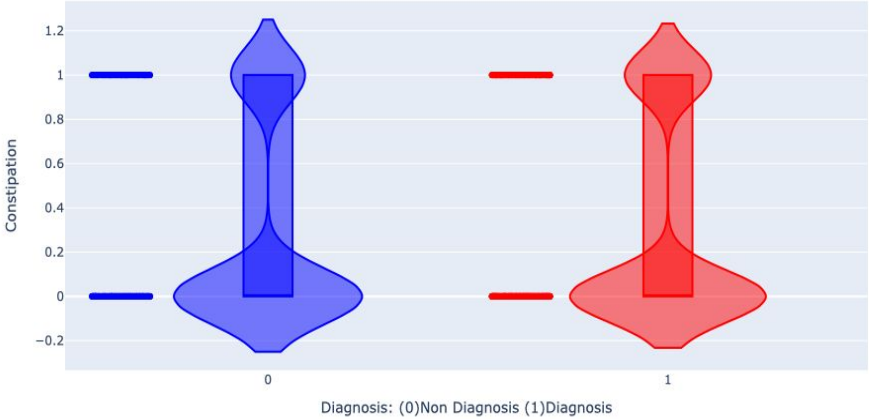
Distribution of PosturalInstability by Parkinson's Diagnosis



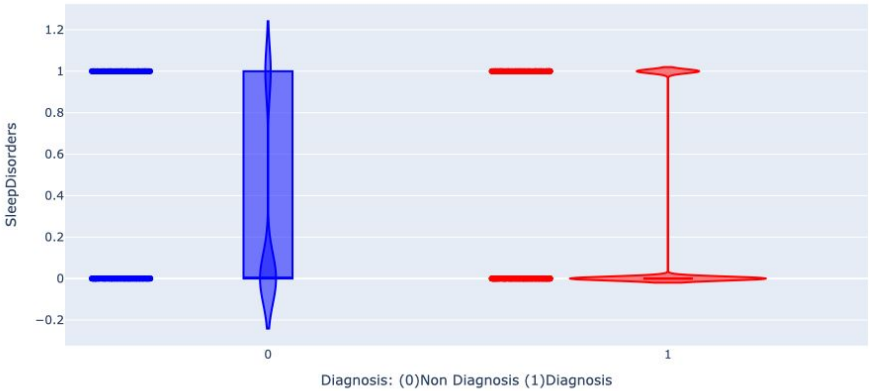
Distribution of SpeechProblems by Parkinson's Diagnosis



Distribution of Constipation by Parkinson's Diagnosis



Distribution of SleepDisorders by Parkinson's Diagnosis



DataFrame Creation

This dataset comprises detailed medical records of 2,105 Parkinson's disease patients. It covers a wide range of critical information, including:

- **Demographics:** Age, gender, and education level
- **Lifestyle Factors:** Smoking habits, alcohol consumption, and physical activity
- **Medical History:** Conditions such as hypertension and diabetes
- **Clinical Measurements:** Blood pressure, cholesterol levels, and functional assessments
- **Cognitive & Functional Evaluations:** UPDRS and MoCA scores
- **Symptoms:** Tremor, rigidity, and speech problems
- **Diagnosis Indicator:** Parkinson's presence (binary classification)

Data Cleaning and Preprocessing:

- Removal of the unnecessary Columns like Doctor in charge and Patient ID
- Cleaning up the duplicate values

Machine Learning Model Objective

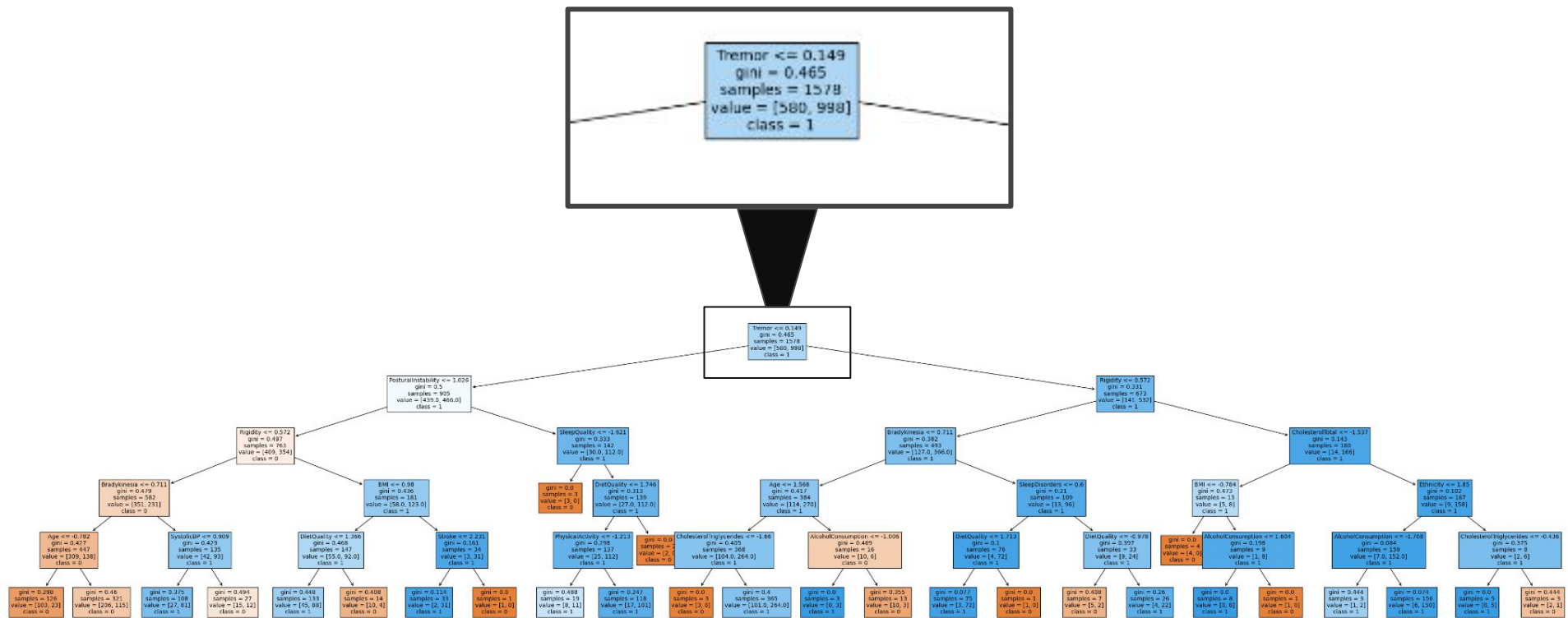
Improving diagnostic accuracy
and early detection with
machine learning

- Predictive model assesses Parkinson's likelihood using comprehensive patient data and diagnostic results
 - Trained on health factors, medical history, and cognitive/functional assessments for reliable predictions
 - Goal: Achieve 85%+ accuracy to enable early detection and timely clinical intervention
 - Bottom line: Enhance diagnostic precision to improve outcomes and support healthcare professionals
-

Deciding Which Model to Use

Classification Models	Accuracy Score
Logistic Regression	0.8292
K-Nearest Neighbor	0.72
Decision Tree	0.67
Neural Network	0.8216

Final Choice: **Neural Network** for most room for optimization



Initial Model and Optimization

Initial Model

Compile, Train, and Evaluate Initial Model

```
In [1]: 1 # Define the model - deep neural net, i.e., the number of input features and hidden nodes for each Layer.
2 number_input_features = len(X_train.columns)
3 hidden_nodes_layer1= 25
4 hidden_nodes_layer2=10
5
6 nn = tf.keras.models.Sequential()
7
8 # First hidden Layer
9 nn.add(
10     tf.keras.layers.Dense(units=hidden_nodes_layer1, input_dim=number_input_features, activation="relu"))
11
12 # Second hidden Layer
13 nn.add(tf.keras.layers.Dense(units=hidden_nodes_layer2, activation="relu"))
14
15 # Output Layer
16 nn.add(tf.keras.layers.Dense(units=1, activation="sigmoid"))
17
18 # Check the structure of the model
19 nn.summary()
```

```
In [9]: 1 # Evaluate the model using the test data
2 model_loss, model_accuracy = nn.evaluate(X_test_scaled,y_test,verbose=2)
3 print(f"Loss: {model_loss}, Accuracy: {model_accuracy}")
```

17/17 - 0s - 18ms/step - accuracy: 0.8216 - loss: 0.4628
Loss: 0.4627760946750641, Accuracy: 0.8216318488121033

Accuracy: 0.8216

Optimized Model Binning of data

```
In [4]: 1 #Change 'UPDRS' from integer to binned ranges
2 bins= [0, 25, 50, 75, 100, 125, 150, 175, 200]
3 labels = ['0-25',
4           '25.1-50',
5           '50.1-75',
6           '75.1-100',
7           '100.1-125',
8           '125.1-150',
9           '150.1-175',
10          '175.1-200']
11
12 data_df['UPDRS_BINNED'] = pd.cut(data_df['UPDRS'], bins=bins, labels=lab
13
14 #Drop 'UPDRS' from the DataFrame so as not to be included in the feature
15 data_df.drop(["UPDRS"], axis=1, inplace=True)
16 data_df.head()
```

```
In [6]: 1 #Change 'MoCA' from integer to binned ranges
2 bins= [0, 5, 10, 15, 20, 25, 30]
3 labels = ['0-5',
4           '5.1-10',
5           '10.1-15',
6           '15.1-20',
7           '20.1-25',
8           '25.1-30']
9
10 data_df['MoCA_BINNED'] = pd.cut(data_df['MoCA'], bins=bins, labels=label
11
12 #Drop 'MoCA' from the DataFrame so as not to be included in the features
13 data_df.drop(["MoCA"], axis=1, inplace=True)
14 data_df.head()
```

```
In [14]: 1 # Evaluate the model using the test data
2 model_loss, model_accuracy = nn.evaluate(X_test_scaled,y_test,verbose=2)
3 print(f"Loss: {model_loss}, Accuracy: {model_accuracy}")
```

17/17 - 0s - 18ms/step - accuracy: 0.8824 - loss: 0.3852
Loss: 0.3852328062057495, Accuracy: 0.8823529481887817

Accuracy: 0.8823

Optimized Model without Diagnostic Tests

- Removed "UPDRS", "MoCA" and "FunctionalAssessment" columns
- Remaining columns are all health markers or symptoms
- Initial accuracy of 0.6231
- Optimized with binning of 'AlcoholConsumption' column

In [11]:

```
1 #Drop columns with diagnostic testing scores
2 data_df.drop(["Diabetes"], axis=1, inplace=True)
3 data_df.columns
```

Out[11]:

```
Index(['Age', 'Gender', 'Ethnicity', 'EducationLevel', 'BMI', 'Smoking',
      'AlcoholConsumption', 'PhysicalActivity', 'DietQuality', 'SleepQuality',
      'FamilyHistoryParkinsons', 'TraumaticBrainInjury', 'Hypertension',
      'Depression', 'Stroke', 'SystolicBP', 'DiastolicBP', 'CholesterolTotal',
      'CholesterolLDL', 'CholesterolHDL', 'CholesterolTriglycerides',
      'Tremor', 'Rigidity', 'Bradykinesia', 'PosturalInstability',
      'SpeechProblems', 'SleepDisorders', 'Constipation', 'Diagnosis'],
      dtype='object')
```

In [21]:

```
1 # Evaluate the model using the test data
2 model_loss, model_accuracy = nn.evaluate(X_test_scaled, y_test, verbose=2)
3 print(f"Loss: {model_loss}, Accuracy: {model_accuracy}")
```

```
17/17 - 0s - 18ms/step - accuracy: 0.6679 - loss: 0.7380
Loss: 0.7380037307739258, Accuracy: 0.6679316759109497
```

Conclusion

Model Selection & Optimization:

- Neural network model fit best due to high initial accuracy (0.8216) and optimization potential
- Binning the diagnostic data improved accuracy significantly (0.8823) and reduced loss (0.3852)

When Diagnostic Tests are Excluded:

- Using only health markers and symptoms achieved an accuracy of 0.6679 and suffered from higher loss (0.7380)
- Diagnostic testing is of critical importance in order to achieve high predictive accuracy

Broader Impact:

- Early detection tools utilizing machine learning can improve patient care and outcomes, assisting professionals where traditional diagnostic methods fall short
- Our model highlights how combining health data with diagnostic testing uncovers patterns not easily identifiable by human analysis

Further Recommendations

Building on Our Model to
Advance Real-World Impact

- Continue adding to the dataset (only 2,105 patients currently) for more model comprehensiveness
 - Investigating other factors that influence diagnosis
 - Develop an interactive dashboard using Flask for healthcare professionals:
 - Display predictions
 - Feature importance
 - Confidence intervals
-