

Introduction

- The development of **clinically valid, automatically extracted digital biomarkers** for neurological & mental disorders has the potential to (a) **aid clinicians** in achieving quicker and more reliable diagnoses, and (b) offer **fast and objective insights** into patients' states.
- Research Questions:**
 - How **accurately** can a **machine learning classifier** **distinguish** between multiple disorders: **depression (DEP)**, **schizophrenia (SCHIZ)**, **bulbar symptomatic (BS)** and **bulbar presymptomatic (BP) ALS**?
 - Which **modalities** and **features** are **most useful** for this multi-class classification task?

Data & Methods

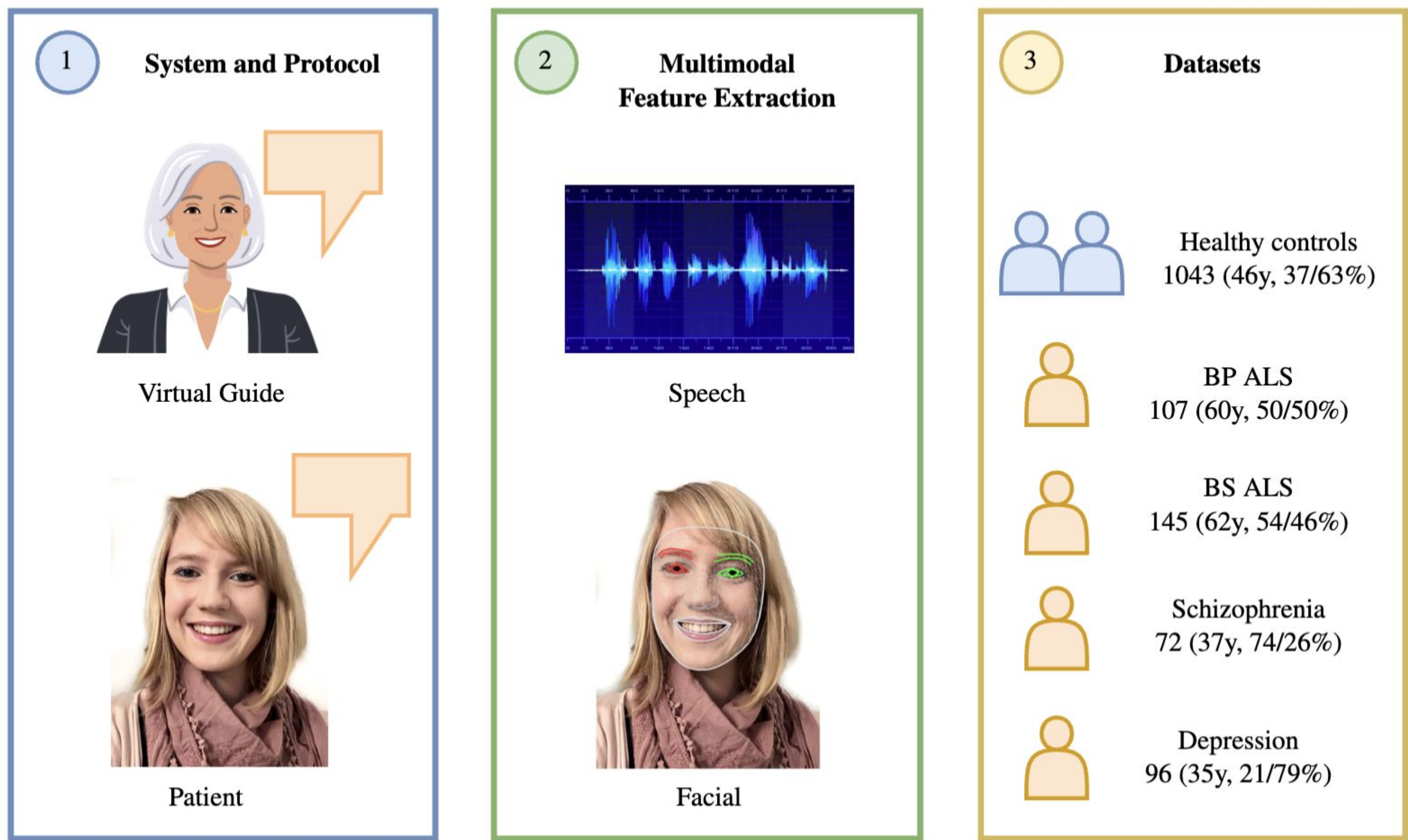


Figure 1. Data collection and datasets: The number of sessions is displayed in (3) below the cohorts; mean age in years (y) and male/female ratio in brackets.

#	Cluster domain	Metrics	Tasks
1	Energy	SNR	all
2	Timing alignment	CTA	all
3	Timing, pauses	PPT	all
4	Timing, speaking (1)	articulation/speaking duration	Picture Description
5	Energy & articulation skills	SNR, syl.rate, syl.count & cTV	DDK
6	Timing, speaking (2)	articulation/speaking rate/time	SIT_{5,9}
7	Timing, speaking (3)	articulation/speaking rate/time	SIT_{7,11,13,15}, Bamboo task
8	Voice quality (DDK skills)	HNR, jitter & shimmer	DDK
9	Voice quality (periodicity)	HNR	all except DDK
10	Voice quality (amplitude variation)	shimmer	all except DDK
11	Voice quality (frequency variation)	jitter	all except DDK
12	Frequency (mean, min)	min & mean F0	all
13	Frequency (max, std)	max & std F0	all

Table 1(a) & (b). Audiovisual features and clusters of task-metric combinations derived using hierarchical clustering.

#	Cluster domain	Metrics	Tasks
1	Lip movement (1)	speed, acc. & jerk measures	all except DDK
2	Lip width	mean & max lip width	all
3	Mouth opening	mean & max lip aperture, mouth surface area	all
4	Lip movement (2)	speed, acc. & jerk metrics	DDK
5	Jaw movement (1)	speed, acc. & jerk metrics	DDK
6	Jaw movement (2)	speed, acc. & jerk metrics	SIT_7
7	Jaw movement (3)	speed, acc. & jerk metrics	SIT_5
8	Jaw movement (4)	min + max speed, acc. & jerk metrics	Picture Description
9	Jaw movement (5)	speed, acc. & jerk metrics	SIT_{9,11,13,15}, Bamboo, Picture Description (mean)
10	Mouth symmetry	mean mouth symmetry	all
11	Eye opening	mean and max eye opening	all

- Audiovisual data** collected using the **Modality multimodal dialog system**

- Tasks included:** (a) **Sentence intelligibility test (SIT)**, (b) **Diadochokinesis (DDK)** involving repetition of syllables, (c) **Read speech task** (Bamboo reading passage), (d) **Picture description task**

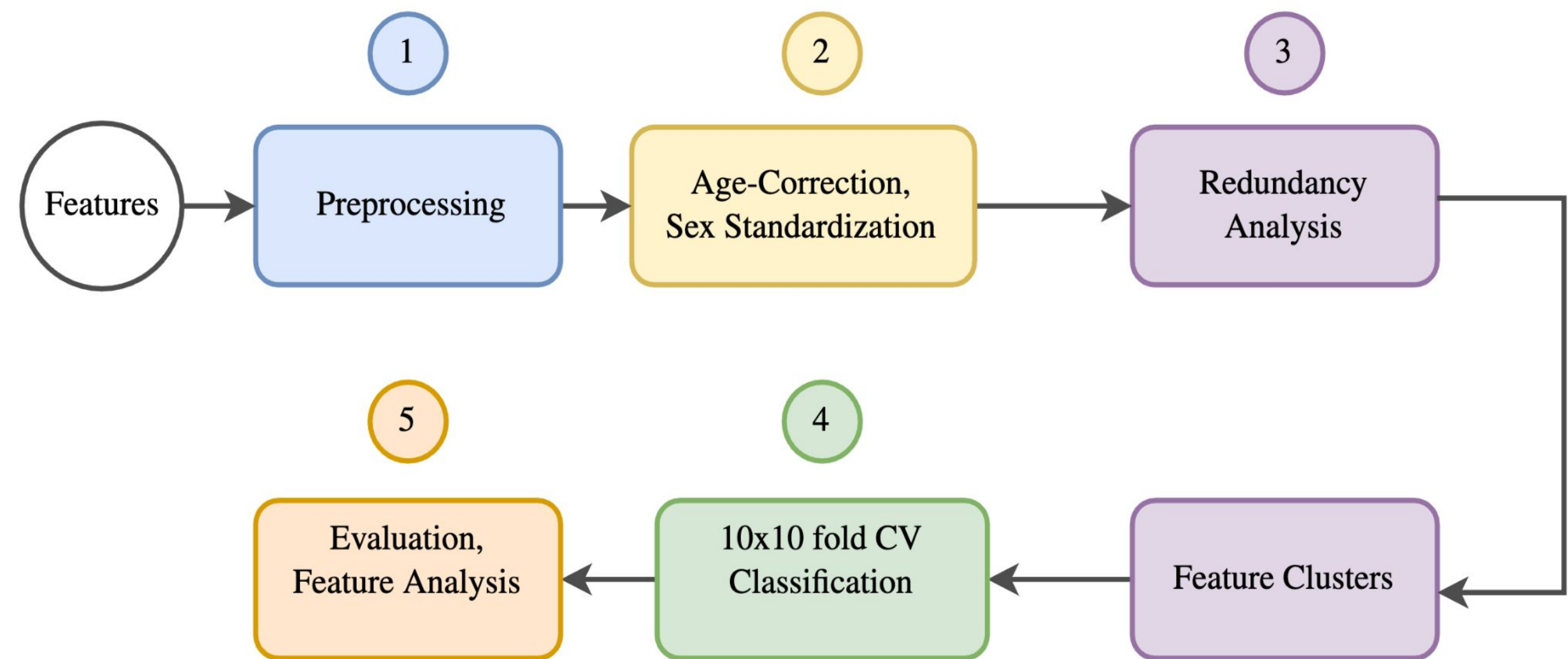


Figure 2. Feature Selection & Classification Pipeline.

- See Figure 2 for an overview of the methods applied.
- Additional classification & evaluation details (4+5):
 - Binary and multi-class classification** using a MLP classifier.
 - Feature selection** based on highest **effect size per feature cluster** within each fold.
 - Evaluation using F1 score, sensitivity, and specificity.

Results

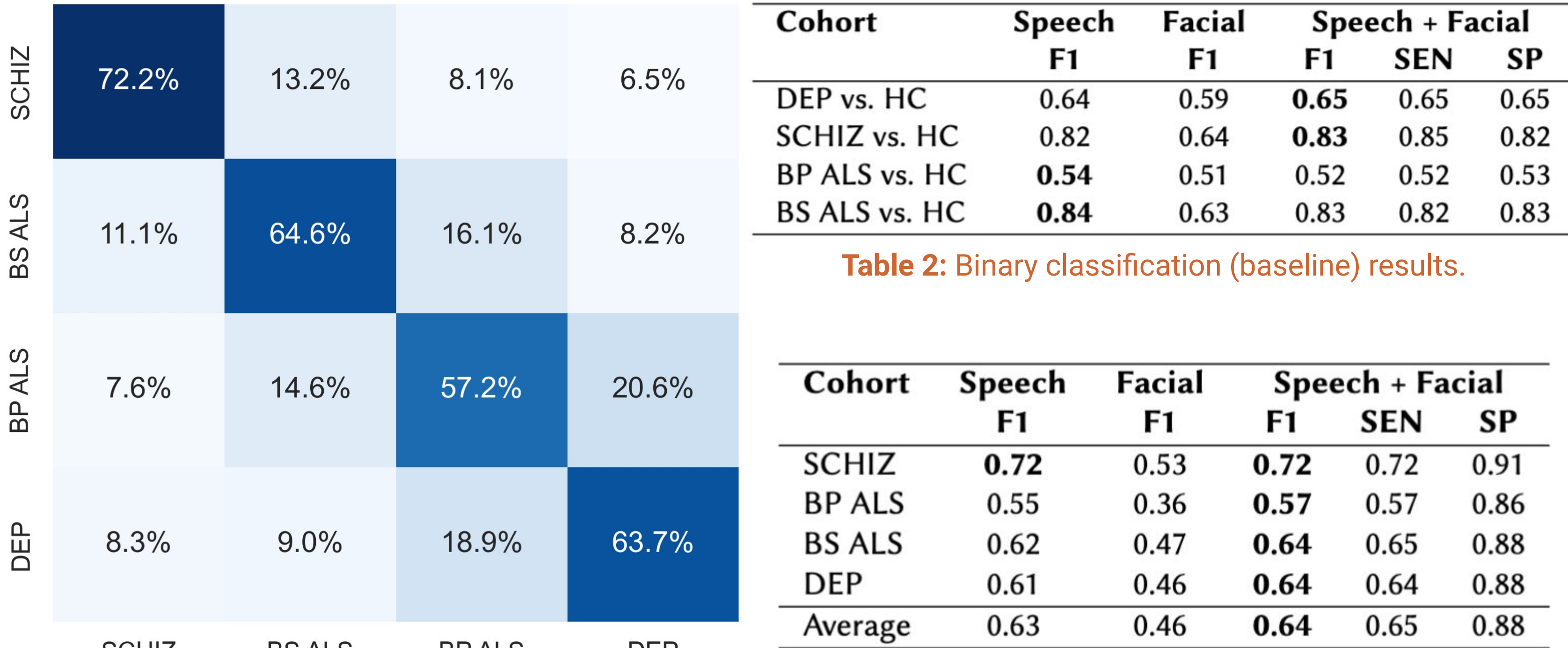


Figure 3. 4-class confusion matrix using both speech and facial features. F1-score: 0.64

Table 3. 4-class classification results. SEN: Sensitivity, SP: Specificity

- See Table 2 & 3: Overall, **employing both speech and facial features is beneficial** (exception: adding facial information does not enhance performance in binary HC vs. ALS cohorts experiments).
- See Table 1 & 2 + Figure 3:
 - Best results** in detecting **schizophrenia**, followed by BS ALS in 4-class classification (Binary baseline: approximately equal performance in these disorders).
 - Greatest challenge** in accurately predicting **BP ALS** (both binary & 4-class).

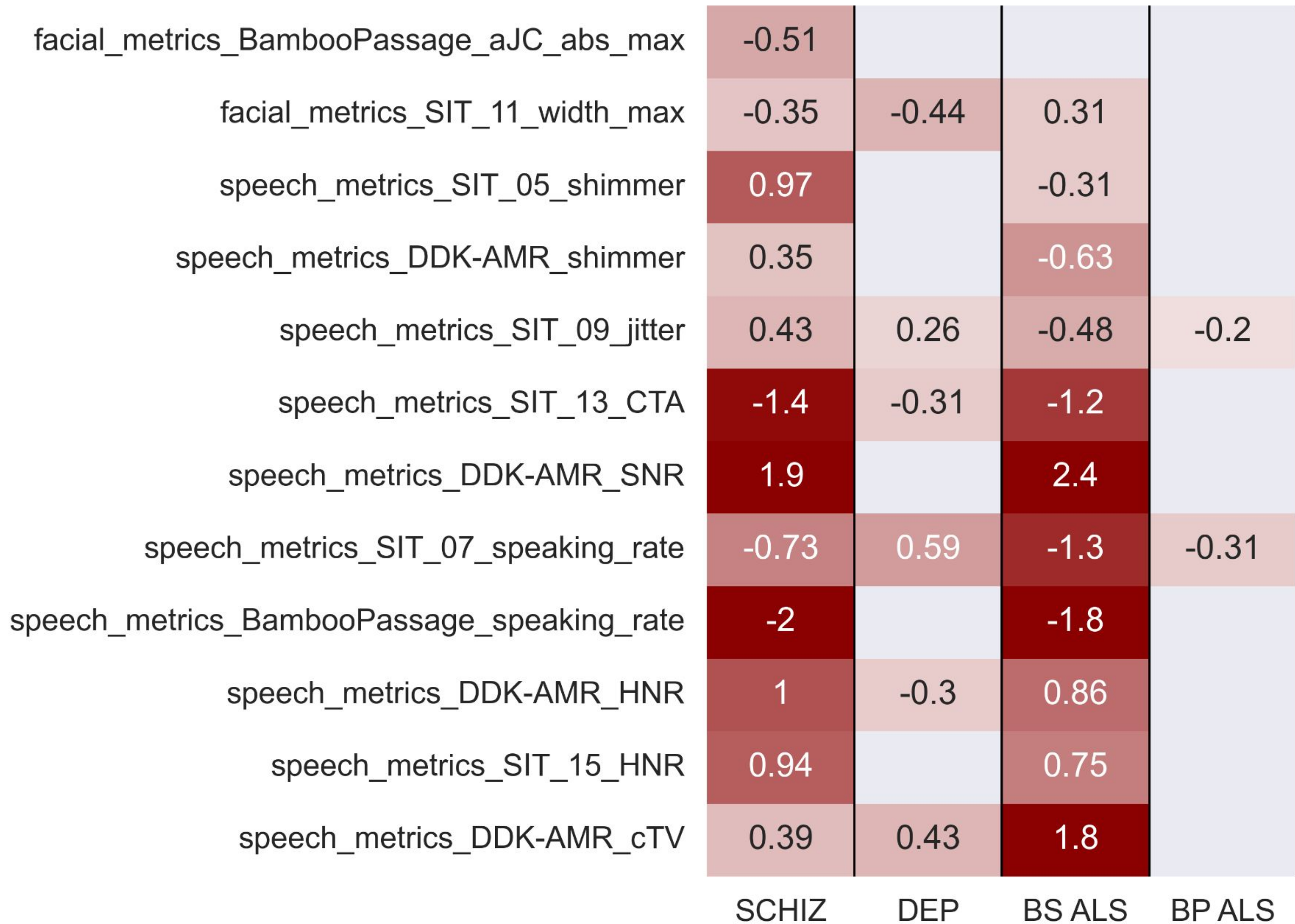


Figure 4. Effect Sizes for features selected across all multi-class classification folds. Magnitudes: small: 0.2 - 0.5, medium: 0.5 - 0.8 and large: > 0.8

- See Figure 4: **Consistently chosen features primarily** include **speech** features of timing, voice quality, and energy domains. Additionally, **two facial features stand out**: maximum lip width and maximum absolute acceleration of jaw movements.
- Many features show statistical significance across disorders when compared to controls, while the **effect size magnitudes, feature combinations** and in some cases the **direction of effects differ**.

Conclusions

- Combining speech and facial information** proved particularly beneficial in the more complex task of multi-classification, with varying accuracy across disorders; **highest separability** shown for **schizophrenia**, lowest for BP ALS.
- Feature analysis** indicates **several features** that are relevant across experiments (**speech > facial**).
- Future work: improve generalizability & explainability**, while addressing limitations such as small sample size and lack of information on comorbidities.