

# Comparing Machine Learning to Evidence-Based Decision-Making Techniques for Identification of Mood, Trauma, and Behavior Disorders

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## INTRODUCTION

### Introducing Computational Models to Clinical Diagnosis

- Diagnosis lays the foundation for other clinical activities
- Current clinical practice is imperfect & may have biased results
- Algorithms perform better
  - 13% increase in accuracy using statistical predictions vs clinical methods
  - Mechanical prediction substantially outperformed clinical prediction in 33%–47% of studies examined
  - Superiority for mechanical-prediction techniques was consistent, regardless of the task, clinicians' amounts of experience, or the types of data being examined

### Machine Learning

Algorithms that enable computers to learn from and make predictions or decisions based on data

	ML Models	Traditional Models
Design Logic	Designed to learn patterns from data; self-adapted to changes & different data	Based on established statistical theories; require human help in specifying model structure and selecting variables
Complexity	Capable of modeling non-linear relationships (multi-dimensional)	Simpler and focus on linear relationships and interactions
Interpretability	Less interpretable as a black box	More interpretable with clear math formulation

### Variables

- PGBI-Depression & Hypo/Biphasic: The full PGBI has 73 items, with scores ranging from 0 to 3; 46 items focusing on depression & 28 items focusing on hypomanic/biphasic scales.
- PGBI10M: PGBI Mania scale; focusing on the items best discriminating bipolar from nonbipolar diagnoses
- PGBI-Sleep: Sleep disturbance
- PGBI 7Up & 7Down: Seven hypomanic/biphasic and seven depressive items selected for optimal psychometrics in a self-report format

Variable	Nomogram	Logistic Regression	LASSO	SVM	RF
PGBI10M	X	X	X	X	X
Family Bipolar History	X	X	X	X	X
Sex		X	X	X	X
Youth Age		X	X	X	X
Race		X	X	X	X
PGBI-depression			X	X	X
PGBI-hypo/depression			X	X	X
PGBI-sleep			X	X	X
PGBI 7 Up			X	X	X
PGBI 7 Down			X	X	X
Diagnosis Count			X	X	X
Other Diagnoses			X	X	X
2-Way Interaction			X	X	X

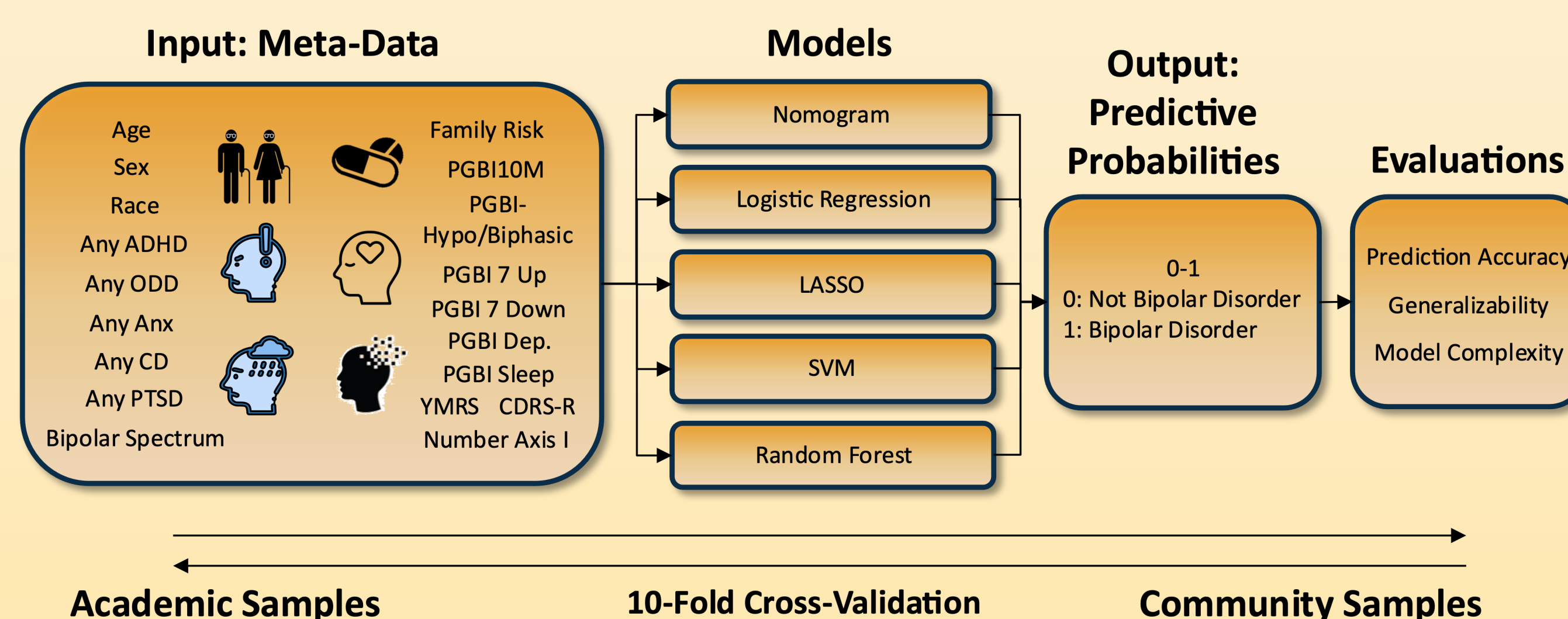
## METHODS

### Data

- Age Range: Youths between 5-18 years old
- The academic dataset ( $N = 550$ ) was collected at a clinic within a university's psychiatry department
- The community dataset ( $N = 511$ ) was a randomly selected group that sought mental health and behavioral services for their children

	Community Dataset (N = 511)	Academic Dataset (N = 550)	Effect Size
<b>Demographics</b>			
Age, Years (SD)	10.53 (3.41)	11.40 (3.23)	.26
Male, % (n)	60% (205)	60% (217)	.01
White, % (n)	6% (31)	79% (433)	.74
<b>Clinical Scales</b>			
PGBI10M	7.47 (6.35)	10.13 (7.88)	.37
PGBI-hypo/biphasic	19.70 (14.22)	24.66 (16.84)	.32
PGBI-depression	24.48 (21.49)	36.19 (25.67)	.49
7 Up	4.11 (3.83)	5.16 (4.61)	.25
7 Down	3.21 (4.04)	6.24 (5.28)	.64
PGBI-sleep scale	4.06 (4.18)	5.87 (4.74)	.41
Family History of Bipolar	32% (165)	35% (194)	.03
Any Attention-Deficit/Hyperactivity	66% (338)	54% (295)	-.13
Any Oppositional Defiant Disorder	38% (196)	30% (167)	-.08
Any Conduct Disorder	12% (61)	8% (44)	-.07
Any Anxiety Disorder	27% (138)	8% (45)	-.25
Any Posttraumatic Stress Disorder	11% (54)	2% (11)	-.18

### Analysis Pipeline



### MODELS

#### Nomogram

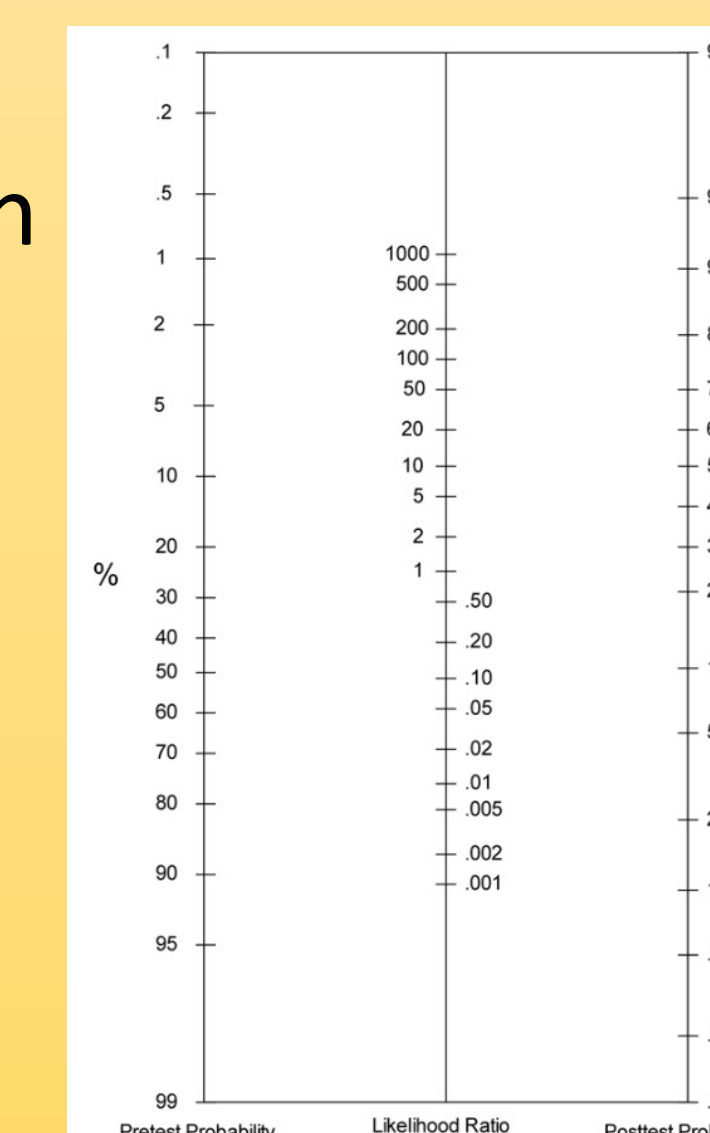
- A graphical calculating device
- An efficient way to compute results with pencil & paper
- High interpretability

#### Logistic Regression

- A statistical method for binary classification
- Binary classification problem
- High interpretability

#### LASSO

- Regression model
- Classification problem with many features
- Medium interpretability



### Support Vector Machine

- Supervised learning model used for classification and regression
- Widely used in different classification problems
- Low interpretability, less intuitive with N-dimensional

### Random Forest

- Linear Ensemble Learning method
- Handling a large dataset with higher dimensionality while generating high accuracy predictions with less tuning of parameters
- Low interpretability, as it is an ensemble method

## RESULTS

### AUC Comparison

\* Benchmark models from Youngstrom et al. 2018 study

Model	Academic Dataset (N = 550)	Community Dataset (N = 511)	Shrinkage upon External Cross-Validation
Multipredictor Nomogram*	.882	.775	.107
Logistic Regression (5df)*	.890	.775	.115
LASSO*	.902	.801	.101
Reversed LASSO*	.864	.830	.034
SVM	.926	.737	.189
Reversed SVM	.713	.843	.130
Random Forest	.999	.791	.208
Reversed Random Forest	.824	.999	.175
Diagnosis Upper Limit	.925	.925	0

### Factors Ranking

```
> print(academic_importance_df_sorted)
> print(community_importance_df_sorted)
```

Feature	Importance	Feature	Importance
bh10:comorbid	9.1704430	lbhpgb9:comorbid	2.0208863
bh10	8.5284341	bh10:comorbid	1.8256973
lbhpgb9	7.9391436	pgbsleep:lbhpgb9	1.7698587
sgbi7up	7.6009621	agechild:lbhpgb9	1.7362529
lbhpgb9:comorbid	7.2148100	pgbi7up:comorbid	1.5570592
bfamrisk:lbhpgb9	6.2774417	ldeppgb9:comorbid	1.5568081
pgbi7up:lbhpgb9	6.2660001	pgbi7down:lbhpgb9	1.5511001
agechild:bh10	6.0912290	bh10:lbhpgb9	1.5182587
lbhpgb9	5.4869276	pgbsleep:ldeppgb9	1.5015342
bfamrisk	5.1746328	pgbsleep:comorbid	1.4865265



```
> print(academic_internal_importance_df_sorted)
> print(community_internal_importance_df_sorted)
```

Feature	Importance	Feature	Importance
bh10	6.4847853	bh10:comorbid	5.4619903
bh10:whiteyn1	6.3715946	pgbsleep:lbhpgb9	5.4387119
lbhpgb9	5.9517822	agechild:bh10	5.3658218
bfamrisk:lbhpgb9	5.8307835	agechild:pgbi7up	5.0389239
bh10:comorbid	5.7483715	bh10:pgbi7up	4.9526968
bh10:bfamrisk	5.7340437	pgbi7up	4.5682268
bh10:ldeppgb9	5.5829160	bh10:bfamrisk	4.5658583
bh10:pgbi7up	5.4779405	ldeppgb9:comorbid	4.5339432
bfamrisk:anyadhd	5.2055279	pgbi7down:comorbid	4.5245807
whiteyn1:lbhpgb9	5.1277685	pgbsleep	4.4297456

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