

INRIA BORDEAUX SUD-OUEST GEOSTAT team

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Linear classification in speech-based differential diagnosis of Parkinsonism

Gongfeng LI¹ - Khalid DAOUDI¹ - Jiri KLEMPIR² - Jan RUSZ^{2,3}

INRIA-Bordeaux, GeoStat team, France
 Dept. of Neurology and Center of Clinical Neuroscience, First Faculty of Medicine, Charles University, Prague, Czech Republic
 Department of Circuit Theory. Faculty of Electrical Engineering, Czech Technical University in Prague

Introduction

- PARKINSONISM = Parkinson's Disease (PD) and Atypical Parkinsonian Syndromes (APS)
- Progressive Supranuclear Palsy (PSP) and Multiple System Atrophy (MSA) belong to APS
- In early disease stage, most of PSP, MSA and PD patients develop similar symptoms

Acoustic features

To allow easy future comparisons or reproduction, we consider a subset of 13 features (from the set used in a pioneer study [1]) that can be computed with existing and established scripts

- Voicing features (Vf), on sustained vowels: Jitter, Shimmer, HNR. DUV, F0-SD, Vocal tremor
- Articulation features (Af), on syllable repetition: Slow, Rapid and Irregular AMR (Alternating Motion Rates)
- Prosodic features (Pf), on monologue: Monopitch, Number of pauses, Percentage of pause time (PPT), Intraword pause ratio



- $\bullet \to {\rm early\ differential\ diagnosis\ is\ a\ very\ challenging\ task\ and\ essential\ in\ assessing\ treatment/care,\ understanding\ the\ underlying\ pathophys-iology\ and\ for\ the\ development\ of\ new\ therapies$
- Speech disorder is frequently an early and prominent clinical feature of PD and APS
- \rightarrow speech can be used as an objective marker in early differential diagnosis

Classification models

- Principle Component Analysis (PCA) for unsupervised linear clustering
 Fisher Discriminant Analysis (FDA) for supervised linear classification
- Logistic Regression for (projected) feature normalization



FIGURE 1: 2-dimensional FDA on Vf (x-axis) and APf (y-axis)

Problem setting

Results

- Most of (speech) research deal with discrimination between PD and healthy controls. The symptoms similarity with APS is not considered.
- $\blacksquare \rightarrow$ such research has a limited clinical impact. Differential diagnosis between PD and APS or within APS should addressed first.
- We focus here discrimination between MSA and PSP (within APS)
- MSA and PSP are rare diseases ightarrow few patients can be studied
- ullet
 ightarrow a small-data machine learning problem

How to build robust classifiers in differential diagnosis between MSA and PSP ?

Objective

- In all experiments, we use Leave-One-Speaker-Out (LOSO) training and a linear SVM with C = 1 PCA:
- Vf and Monopitch convey most of (first order) data variability
- PPT convey neutral information (can be discarded from Pf)
- Vf := Vf+Monopitch are orthogonal to the other features APf = Af+Pf
 → This suggests to apply FDA on Vf and APf separately
 FDA:
- x-axis = FDA on Vf ; y-axis = FDA on APf (using all data)
- Black line = linear SVM frontier
- ullet ightarrow a good separation between classes
- However, LOSO yields only 72% accuracy
- FDA+LR:
- x(y)-axis = FDA followed by LR on Vf (APf) (using all data)
- Black line = linear SVM frontier

FIGURE 2: 2-dimensional FDA+LR on Vf (x-axis) and APf (y-axis)

Conclusion



- Dimension reduction is required to bypass the curse of dimensiality
- Typically only a 1d feature space may provide acceptable statistics
- ullet ightarrow We need to design scalar variables for classification

We investigate standard linear and generalized linear classification models

Dataset

- From 2011 to 2014, 12 consecutive Czech patients with the clinical diagnosis of probable PSP (10 men, 2 women) and 13 patients with the diagnosis of probable MSA (6 men, 7 women) were recruited for the study.
- The diagnosis of PSP was established by the NINDS-PSP clinical diagnosis criteria
- The diagnosis of MSA was established according to consensus diagnostic criteria for MSA
- Speech recordings were performed in a quiet room with a low ambient noise level using a head-mounted condenser microphone
- We use speech data consisting in sustained phonations of the vowel /a/, fast /pa/-/ta/-/ka/ syllable repetitions and a monologue

- ${\scriptstyle \bullet} \rightarrow$ a much better separation between classes
- LOSO yields 80% accuracy



- Differential diagnosis in Parkinsonism is a small-data learning problem
- We investigated (log)linear dimension reduction models
- FDA and LR can lead to robust classifiers
- Important advantage: easy interpretation
- However, no final conclusion can be drawn at this stage
- (in)vadidation by additional data and studies is required

 \rightarrow Ongoing research : a large pilot study involving top French university hospitals in the field of Parkinsonism

[1] J. Rusz, C. Bonnet, J. Klempir, T. Tykalova, E. Baborov, M. Novotny, A. Rulseh, and E. Ruzicka. "Speech disorders reflect differing pathophysiology in parkinsons disease, progressive supranuclear palsy and multiple system atrophy". Journal of neurology, vol. 262, pp. 992–1001, 2015.