

# Personalised Anomaly Detectors and Prototypical Representations for Relapse Detection from Wearable-Based Digital Phenotyping

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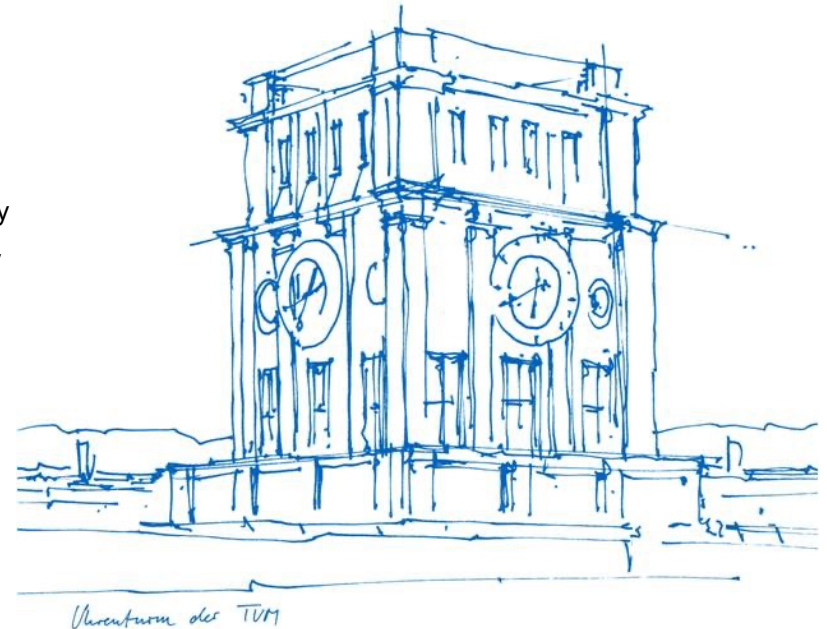
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# 1. Introduction

- The **sensors** embedded in current **wearables** allow capturing user-centred information
  - Characterisation of the user's **digital phenotype**
- The ubiquitous nature of wearables and their connectivity can generate **large amounts of data**
  - Artificial Intelligence (**AI**) techniques can favour its **analysis**
- Example problems exploiting wearable sensor data with AI:
  - Person Identification [1]
  - Human Activity Recognition [2]
- Research question

*Can we utilise wearable-based digital phenotyping for non-psychotic and psychotic relapse detection?*

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[1] G. Retsinas, P. P. Filntisis, N. Efthymiou, E. Theodosis, A. Zlatintsi, and P. Maragos, "Person identification using deep convolutional neural networks on short-term signals from wearable sensors," in Proc. of the IEEE Intl. Conf. on Acoustics, Speech and Signal Processing, Barcelona, Spain, 2020.

[2] A. Mallol-Ragolta, A. Semertzidou, M. Pateraki, and B. Schuller, "harAGE: A Novel Multimodal Smartwatch-based Dataset for Human Activity Recognition," in Proc. of the IEEE Intl. Conf. on Automatic Face and Gesture Recognition, Jodhpur, India, 2021.

# 1. Introduction

- Contribution to the 2<sup>nd</sup> e-Prevention Challenge [3]
  - Data collected with the e-Prevention system [4]
  - Patients' information gathered via a smartwatch and a tablet
- Investigated modalities
  - Gyroscope, accelerometer, and heart rate-related data
    - Captured continuously with the sensors embedded in a smartwatch
  - Sleep information
    - Reported on a daily basis
    - Shown indicative of relapses in patients with psychotic disorders [5]

[3] P. P. Filntisis, N. Efthymiou, G. Retsinas, A. Zlatintsi, C. Garoufis, T. Sounapoglou, P. Tsanakas, N. Smyrnis, and P. Maragos, "The 2nd e-prevention challenge: Psychotic and non-psychotic relapse detection using wearable-based digital phenotyping," in Proc. of the IEEE Intl. Conf. on Acoustics, Speech and Signal Processing, Seoul, Korea, 2024.

[4] A. Zlatintsi, P. P. Filntisis, C. Garoufis, N. Efthymiou, P. Maragos, A. Menychtas, I. Maglogiannis, P. Tsanakas, T. Sounapoglou, E. Kalisperakis, T. Karantinos, M. Lazaridi, V. Garyfalli, A. Mantas, L. Mantonakis, and N. Smyrnis, "E-prevention: Advanced support system for monitoring and relapse prevention in patients with psychotic disorders analyzing long-term multimodal data from wearables and video captures," Sensors, vol. 22, 2022.

[5] F. Waite, N. Evans, E. Myers, H. Startup, R. Lister, A. G. Harvey, and D. Freeman, "The patient experience of sleep problems and their treatment in the context of current delusions and hallucinations," Psychology and Psychotherapy, vol. 89, 2015.

## 2. Methodology

- The e-Prevention Challenge consists of **two tasks**
  - **Task 1:** Wearable-based digital phenotyping for **non-psychotic relapse** detection
  - **Task 2:** Wearable-based digital phenotyping for **psychotic relapse** detection
- We investigate the two proposed tasks with the same approach
- We tackle the tasks as **anomaly detection** problems
  - Implementation of modality-dedicated **autoencoders**
  - Learning **representative embeddings** of the **non-relapse training data**

## 2. Methodology

### Smartwatch Sensor Data Pre-Processing

- Required step as **noise** and **artifacts** might be present in the data
- **Sanity check** of the raw **measurements**
  - Removing those outside modality-specific **valid ranges**
- Measurements **segmentation**
  - Containing **20 sec** of continuous sensor measurements
- Measurements **synchronisation**
  - **Gyroscope** and **accelerometer** measurements sensed at **20 Hz**
  - **Heart rate**-related information recorded at **5 Hz**
  - Intermodality synchronisation looking for the **closest segments** in the **time** domain
    - We **discard** those segments with an initial time **difference greater** than **0.2 sec**
- We **select 1/10** consecutive **segments** per day **for training** the autoencoders

## 2. Methodology

### Sleep Information Pre-Processing

- Night and day sleep differentiation
- For each sleep period, we extract:
  - Total sleep duration
  - Number of sleep intervals
  - Duration of the longest interval
- In total, we characterise the daily sleep information with six features

## 2. Methodology

### Relapse Detection Models

- We utilise **autoencoders** to **learn** embedded **representations** of the sensor measurements
- **Each modality** is modelled with its **own autoencoder**
  - The autoencoders corresponding to the smartwatch **sensor data** are based on **GRU-RNN**
  - The **sleep** autoencoder implements **fully connected layers**
- **Personalised anomaly detection**
  - Operates on the embeddings space of each **patient individually**
  - Computes a **prototypical representation** of the training, non-relapse embeddings
    - Characterised by their **mean** and **standard deviation**
  - Models the personal distribution of embeddings with an **Elliptic Envelope**

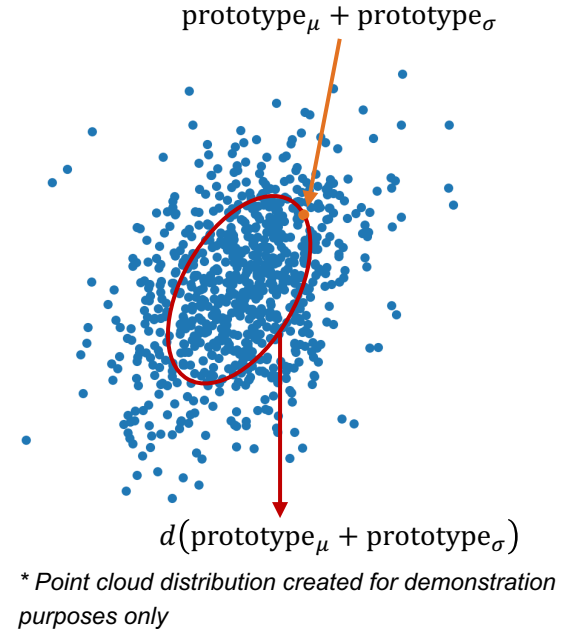
## 2. Methodology

### Relapse Detection Models

- At validation and test times
  - The **likelihood**  $p$  that the current segment corresponds to a relapse state is defined as:

$$p = \frac{d(\text{embedding})}{2 * d(\text{prototype}_\mu + \text{prototype}_\sigma)}$$

- The function  $d(\cdot)$  corresponds to the **Mahalanobis distance** of the input representation **in the training, non-relapse distribution**
- **Overall daily score** computed as the **average** among the daily segment predictions





### 3. Experimental Results

- Performance comparison of **unimodal** and **multimodal systems**
  - Resulting from all the possible combinations among the four considered modalities
- Models **evaluation metric**
  - Macro-average (AVG) of the AUROC and AUPRC scores **over the daily predictions**

$$AVG = \frac{AUROC + AUPRC}{2}$$

*AUROC*: Area Under the Receiver Operating Characteristic Curve

*AUPRC*: Area Under the Precision-Recall Curve

### 3. Experimental Results

#### Summary of the results (selected) in the non-psychotic relapse detection track (Track 1)

**Table 1.** Unimodal and multimodal systems combining S(leep) and A(ccelerometer) information. Results reported in percentage (%).

Modality	Validation Set			Test Set		
	AUROC	AUPRC	AVG	AUROC	AUPRC	AVG
S	48.2	59.3	53.7	58.0	55.5	<b>56.7</b>
S⊕A	48.1	57.3	52.7	55.2	54.3	54.7
Baseline	61.4	47.2	54.3	56.1	48.5	52.3
Random Chance	50.0	32.6	41.3	50.0	43.0	46.5

### 3. Experimental Results

#### Summary of the results (selected) in the psychotic relapse detection track (Track 2)

**Table 2.** Unimodal and multimodal systems combining S(leep), H(eart rate)-related and A(ccelerometer) information. Results reported in percentage (%).

Modality	Validation Set			Test Set		
	AUROC	AUPRC	AVG	AUROC	AUPRC	AVG
S $\oplus$ A	52.9	49.7	51.3	49.5	48.6	49.1
S $\oplus$ H $\oplus$ A	51.6	50.4	51.0	49.3	50.5	<b>49.9</b>
Baseline	59.4	45.2	52.2	54.8	41.2	48.0
Random Chance	50.0	34.9	42.4	50.0	34.7	42.4

## 4. Conclusions – Take Home Messages

- We used **autoencoders** to learn **representative embeddings** of the **non-relapse training data**, corresponding to gyroscope, accelerometer, heart rate-related measurements, and sleep information
- We determined the **likelihood of relapse** at inference time by computing the **Mahalanobis distance** between the embedded **representations** extracted from the **unseen data** and the **training distribution**
- For **Track 1**, the unimodal system exploiting the **sleep information** obtained the highest score, **56.7 %**
- For **Track 2**, the multimodal system **combining** the embedded **representations** from the **sleep, heart rate-related**, and **accelerometer** modalities scored the best performance, **49.9 %**
  - This system obtained the **2<sup>nd</sup> best performance** of the challenge

### Future Works

- **Personalisation** of the anomaly detection **thresholds**
- Investigation of architectures and methods to **extract effective embeddings** from time series data