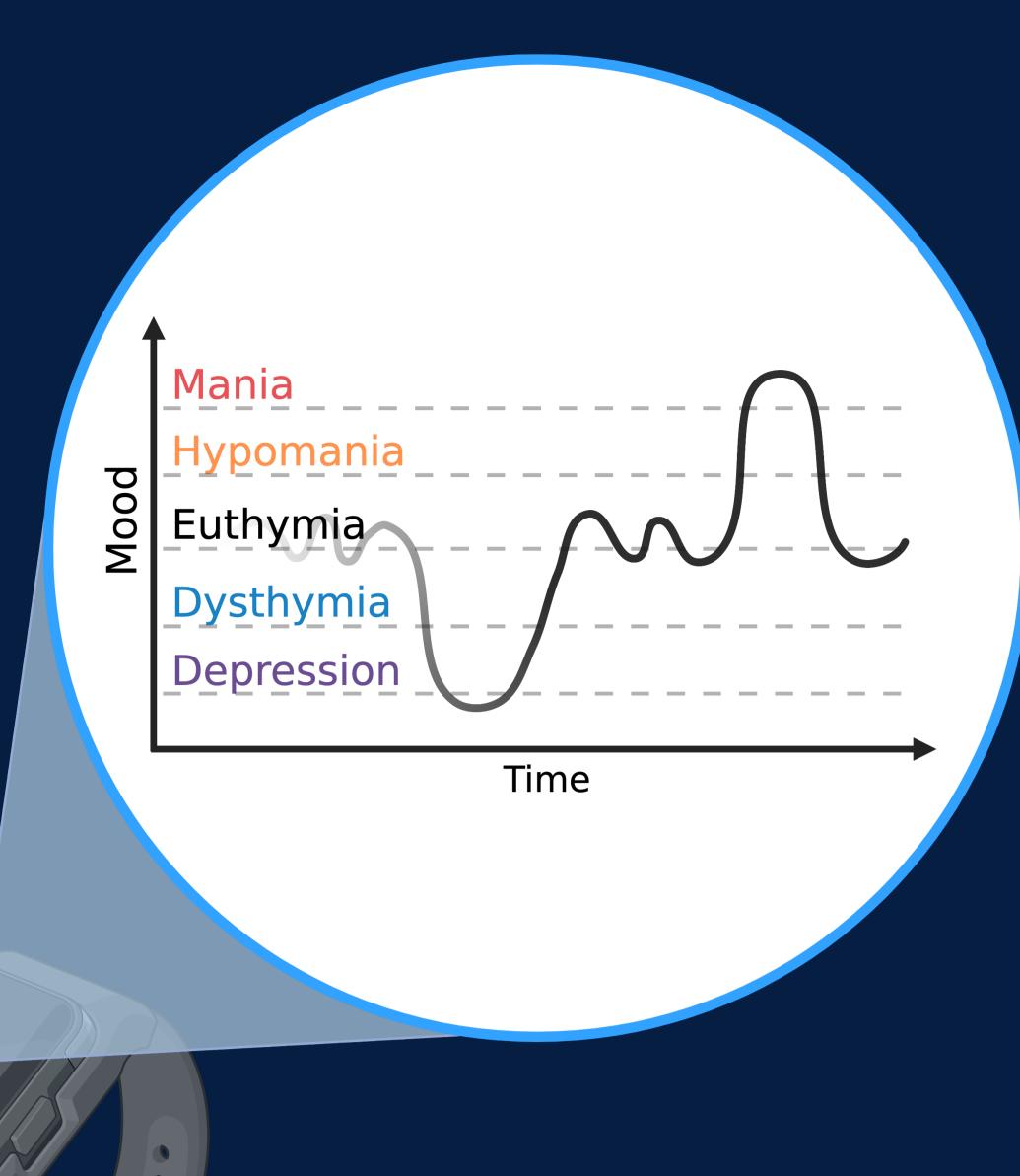
TL;DR: We infer mood disorder psychometric scales with a clinically acceptable error from multi-channel physiological data, thus providing richer psychopathology insights than a simple case-control classification.



# Inferring mood disorder symptoms from multivariate time-series sensory data

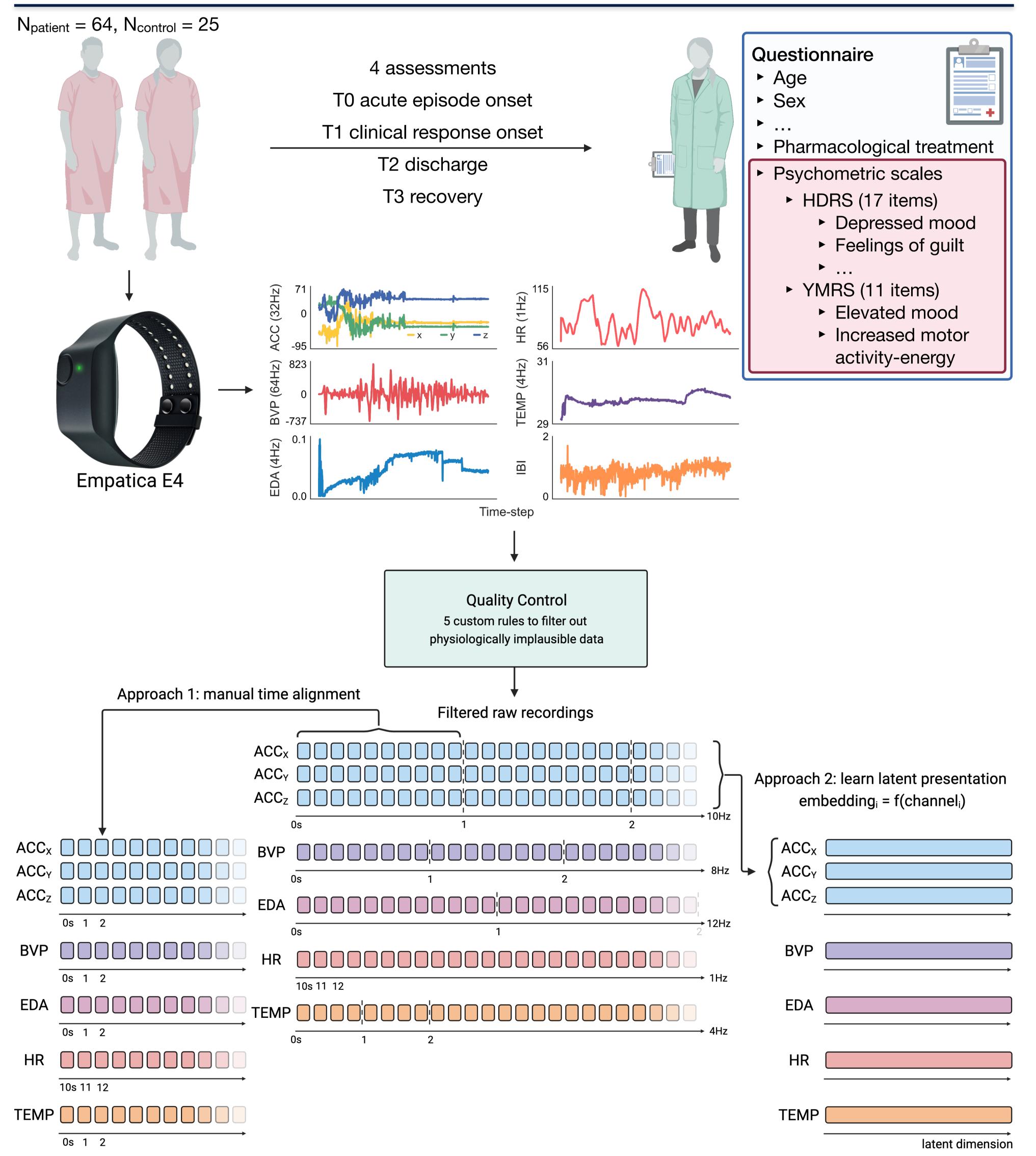


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# Background

- Mood disorders among the top 25 leading causes of disease burden worldwide.
- Limited clinical translation of psychiatric genetics and neuroscience research.
- Mood disorders correlate with changes in physiological parameters that wearable devices can continuously and affordably record in a patient's natural environment.

### Methods



#### Infer mania and depression symptoms — the two main polarities of mood disorders — as measured with psychiatrist-scored questionnaires (YMRS [1] and HDRS [2]) from Empatica E4 wearables data.

Previous works:

**Objective** 

- Cases vs controls binary classification [3, 4].
- Regression of questionnaires total score [5].
- Time-aligned multivariate time-series data [6, 7]. This study:
- Multi-label: inferring individual items in YMRS and HDRS.
- Embedding representation of time-series data.

## **Results**

	Total score		Item average	
Alignment	YMRS	HDRS	YMRS	HDRS
Manual	6.0558	4,5957	1,3336	0.8599
MLP (128)	5.8560	4.5602	1.3316	0.8561
GRU (128)	5.634	4.4089	1.3343	0.855
4.0 3.0-			<b>–</b> \	MRS HDRS
Besidual 1.0-				

# <sup>-1.0<sup>J</sup></sup> 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 Item

We showed that regressing individual items in psychometric scales with a clinically acceptable error is viable. Future directions: (1) ordinal regression, (2) link item residual to other clinical-demographic variables, (3) unsupervised data representations.

github.com/INTREPIBD/TS4H2022

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References: [1] Young et al. 1978. [2] Hamilton 1960. [3] Rykov et al. 2021. [4] Côté-Allard et al. 2022. [5] Ghandeharioun et al. 2017. [6] Adler et al. 2022. [7] Li et al. 2022.







