

Screening of Mild Cognitive Impairment Subtypes Through the Training of 1D Convolutional Neural Network with QEEG Features

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Classifier of MCI subtype based on LBD component using QEEG-based deep learning model



INTRODUCTION

- The pre-clinical stage of dementia, mild cognitive impairment (MCI) carries various pathological pathways and respective prognoses.
- The two foremost causes of MCI and dementia are Alzheimer's disease (AD) and Lewy body disease (LBD) respectively, and large-scale autopsy studies show that 43-53% of cases have two or more neurodegenerative diseases[1].
- In particular, AD patients with LBD show more rapid cognitive decline and disease progression than patients with AD alone[1][3].
- Hence, correct identification of AD and LBD in MCI patients plays a crucial role in effective designing of treatment methods.
- We utilized quantitative electroencephalography (QEEG) to generate a classifier that discriminates the degree of LBD in MCI.

METHODS

- A total of 180 MCI patients' EEG data were aggregated into 3 groups, pure AD (n=29), pure LBD(n=88), and mixed (n=63). The mixed type was further subdivided into main AD (n=31) and Mixed (n=29) and main LBD(n=3) groups, in accordance with AD/LBD tendency exhibited by the patients.
- The clinical labelling was brought by the experienced experts of Yonsei Severance hospital, South Korea.
- 1D SE-ResNet-based classification model (Figure1) was established for quantitative investigation of AD and LBD propensity.
- The power spectrum density (PSD) in dB/Hz scale were computed from the EEG data that was measured in 19-channels from subjects' scalps at sites corresponding to the international 10-20 system and 19-channels PSD data were taken as the input of the classification models.
- Due to the small number of data, augmentation was applied to the training data. The augmentation method is illustrated in Figure 2. Initially, the EEG data is segmented into 4-second epochs through cropping. Subsequently, the absolute PSD is calculated for each epoch, and a random selection of PSD data is made. The chosen PSD data is then averaged and transformed to the dB/Hz scale.
- The final dataset was split into 8 to 1 to 1 ratio (Train n=5968: 2274 pure AD + main AD; 3694 pure LBD + main LBD, Validation n=40: 3 pure AD + 3 main AD; 8 Pure LBD + 26 Mixed, Test n=18: 3 pure AD + 3 main AD; 9 pure LBD + 3 Mixed).

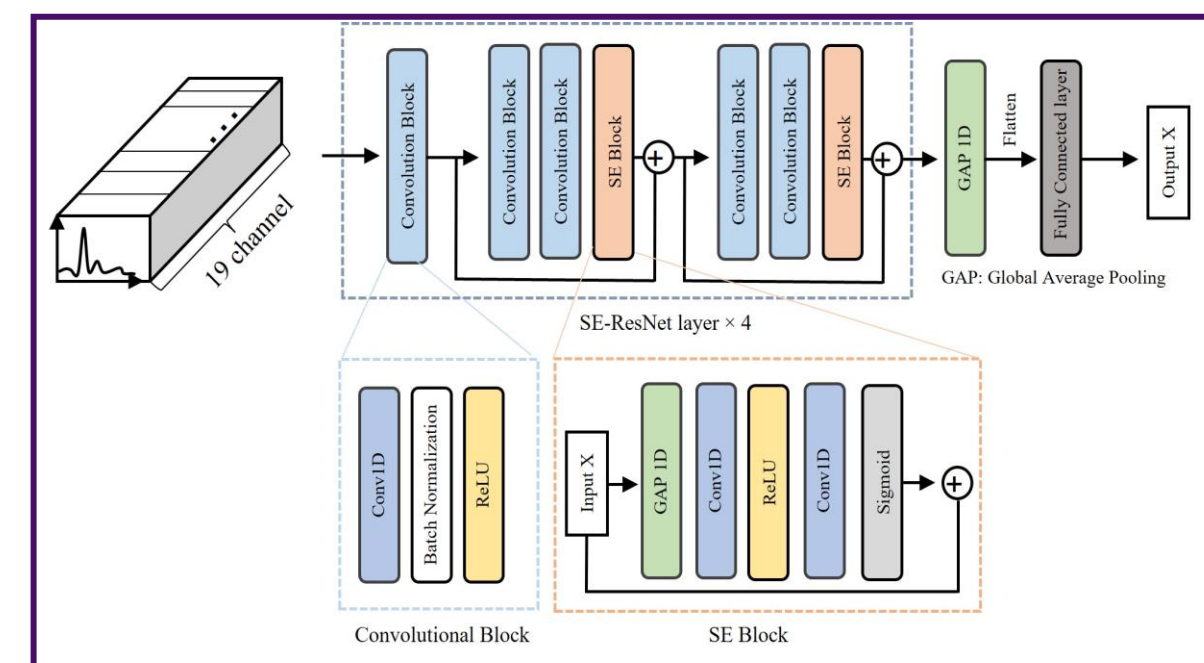


Figure 1. 1D SE-ResNet model architecture

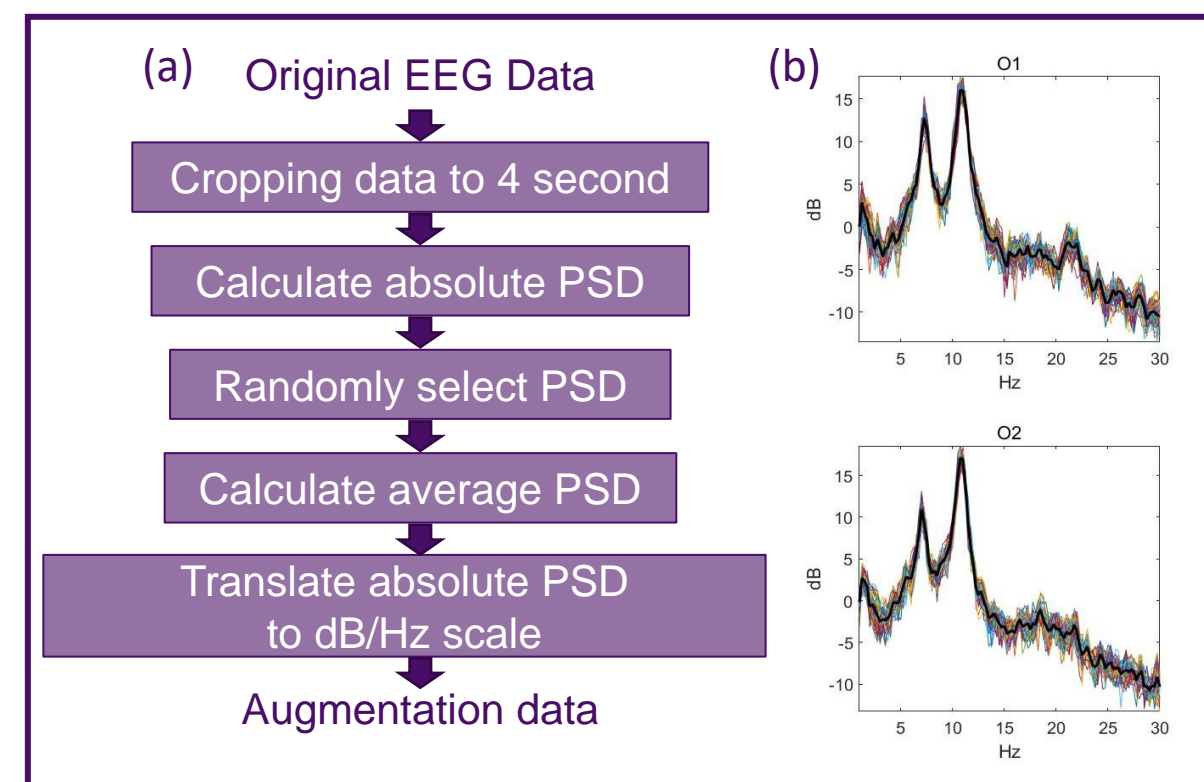


Figure 2. (a) Flowchart of data augmentation (b) Augmentation result of one sample data (black bold line : mean of generated data)

	Original data	augmentation
Pure AD	23	1084
Main AD	25	1190
Main LBD	3	153
Pure LBD	71	3541
Total	122	5968

Table1. The number of train data (EEG data)

RESULTS

- The confusion matrix of classification models are shown in Table2. Validation results of 83.3% AD sensitivity and 70.6% LBD sensitivity. And test results were at 83.3% accuracy, 83.3% AD sensitivity and 83.3% LBD sensitivity.

Validation	pred		Test	pred	
	LBD(-)	LBD(+)		LBD(-)	LBD(+)
pure AD	3	0	pure AD	3	0
main AD	2	1	main AD	2	1
Mixed	8	18	Mixed	1	2
pureLBD	2	6	pureLBD	1	8

Table 2. confusion matrix of Validation & Test results

- Based on the XAI results shown in Figure 3, the classifier model exhibits significant attention to the Delta band (1-4Hz) for prediction, followed by theta and alpha bands in terms of weighting. MCI-LBD tends to show a relatively slower qEEG main frequency compared to MCI-AD [2], and our model also appears to pay attention to this reasonable aspect.

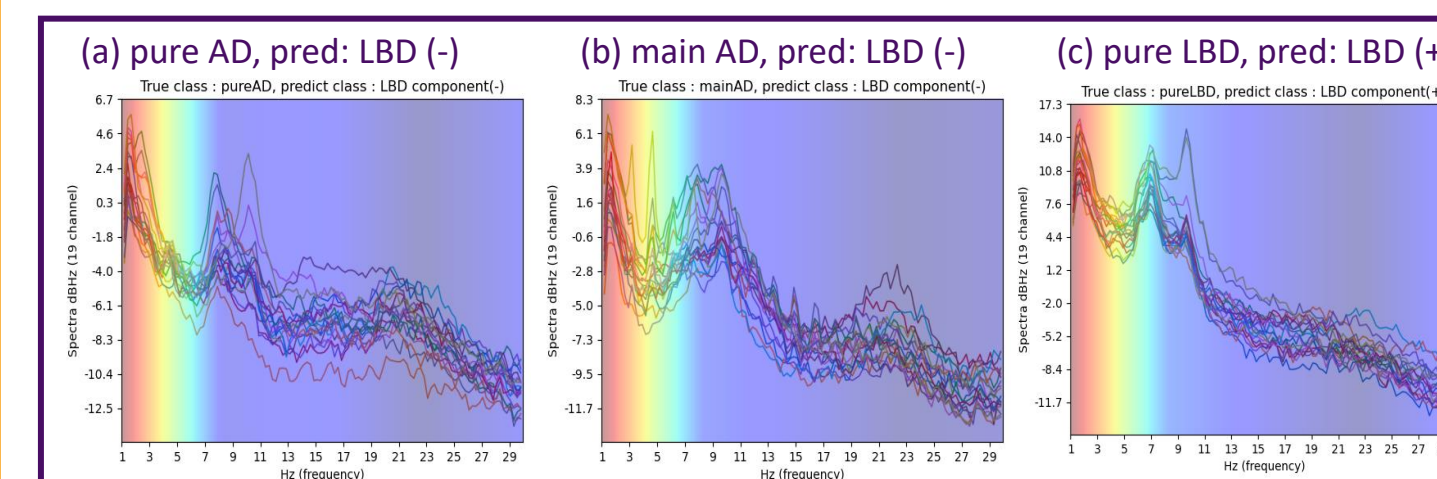


Figure 3. XAI(method= Grad Cam) result of AD/LBD tendency classifier model; (a) XAI result of true class-pureAD (b) class - mainAD (c) class- pureLBD

CONCLUSIONS

- QEEG-based deep learning classifier developed in this study successfully distinguished the degree of LBD in MCI patients.
- Our model can help identify subtype-specific spectral trends, which could also make contributions in the establishment of effective treatment methods for MCI.

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