

Exploring Feature Selection and Feature Transformation Techniques to Improve Telephone-based Biomedical Speech Signal Processing towards Parkinson's Assessment

Athanasios Tsanas¹ ^a and Siddharth Arora² ^b

¹*Usher Institute, Edinburgh Medical School, University of Edinburgh, U.K.*

²*Department of Mathematics, University of Oxford, U.K.*

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Abstract: Clinical decision support tools mining speech signals for Parkinson's Disease (PD) applications typically rely on relatively small numbers of participants, having collected data under highly controlled acoustic conditions. We recently reported on the Parkinson's Voice Initiative (PVI), a large international project leading to the collection of 19,000+ sustained vowel phonations (control and PD groups) across seven countries, where participants were self-selected and provided phonations over the standard telephone network. In this study, we explored sustained vowels in a balanced subset of the US-speaking cohort in PVI comprising 3000 participants (1500 PD and 1500 controls). The aim was to investigate feature selection and feature transformation techniques towards improving binary differentiation of controls and PD and obtaining new insights in a lower dimensional space. We acoustically characterized each sustained vowel /a/ phonation using 307 dysphonia measures which had previously been successfully employed in speech-PD applications. We explored five different feature selection and two manifold embedding techniques to project data into new feature spaces which might be more predictive of the binary outcome, and presented those into a Random Forest. We assessed the performance of the resulting models using internal 10-fold Cross-Validation (CV). We report classification accuracy of 67% and provide tentative interpretation by comparing the different feature subsets identified using different methods. Collectively, these findings provide new insights towards developing parsimonious feature subsets to facilitate the development of a large-scale tool for PD screening at minimal cost using telephone-based sustained vowels.


1 INTRODUCTION

Parkinson's Disease (PD) is a progressive neurodegenerative disorder straining national health systems globally (Dorsey et al., 2013). Prevalence rates have been constantly increasing over the last years: there were approximately 2.5 million People diagnosed with PD (PwP) in 1990, rising to 6.1 million PwP by 2016 (GBD, 2018). More recently, a large global burden of disease study highlighted PD as one of the top five leading causes of death from neurological disorders in the US (GBD Neurological Disorders Collaborators, 2021). Cardinal PD symptoms include tremor, rigidity, bradykinesia, and postural stability, within the broader remit of motor,

cognitive, and neuropsychiatric symptoms (Olanow, Stern, Sethi 2009).

The use of speech signals to assess PD has been very well described in the research literature (Titze, 2000; Tsanas 2012). It is revealing that 29% of PwP consider vocal performance degradation as one of their most debilitating symptoms (Hartelius and Svensson, 1994). Recent studies have demonstrated the enormous potential of capitalizing on speech signals in neurodegenerative applications and PD in particular. For example, research work has explored: (1) differentiating PwP from age- and gender-matched controls with almost 99% accuracy (Tsanas et al., 2012); (2) accurately replicating the Unified Parkinson's Disease Rating Scale (UPDRS) (Tsanas et al., 2010a; 2010b; 2010c; 2011; 2021), which is the

^a  <https://orcid.org/0000-0002-0994-8100>

^b  <https://orcid.org/0000-0001-6499-6941>

standard clinical tool to provide an overall PD symptom assessment; (3) automatically assessing voice rehabilitation (Tsanas et al., 2014a); (4) providing early biomarkers in PD with gene mutations and other PD precursors (Arora et al., 2018; Arora et al. 2021); (5) clustering PD participants towards developing more personalized monitoring and treatment approaches (Tsanas and Arora, 2020; 2021); and (6) speech articulation kinematic models to characterize PD dysarthria thus providing tentative insights into the underlying physiology (Gomez et al., 2019).

Typically, research into speech-PD has focused on single-site findings and has been limited in terms of study participants. A large multi-site trial, the Parkinson's Voice Initiative (PVI) (Arora, Baghai-Ravary, Tsanas, 2019; Arora and Tsanas, 2021) is the first of its kind study, inviting people to self-enrol and donate their voices to facilitate large scale analysis of PD. Overall, PVI collected more than 19,000 sustained vowel /a/ samples from people across seven countries. Although the data collected in PVI is clearly not of the same high quality as data collected under carefully controlled acoustic conditions, the large number of samples facilitates new explorations in different directions.

The aim of this study was to explore different feature selection and feature transformation techniques towards facilitating the binary differentiation of control participants and PD participants in a subset of the PVI data, thus building on our previous work with this dataset (Arora, Baghai-Ravary and Tsanas 2019; Arora and Tsanas, 2021a). The ultimate goal is to develop a clinical decision support tool to facilitate PD screening at large at practically no cost.

2 DATA

The PVI study invited people call on a dedicated region-specific phone number and contribute their voices to facilitate clinical research into PD. Data were collected across seven major geographical locations (Argentina, Brazil, Canada, Mexico, Spain, USA, and the UK) using servers by Aculab for the needs of this project. People called a dedicated phone number that was closest to their geographical location and were not compensated in any way for participating in the study. Participants followed aural instructions in the native language for the region, and were asked to provide basic demographic information (age, gender), self-report whether they had received a clinical PD diagnosis, and record two sustained vowel

/a/ phonations. The instruction was to sustain vowel /a/ for as long and as steadily as possible, following standard widely speech collection protocols (Titze, 2000). The speech recordings were sampled at 8 kHz at 16 bits or resolution. In total, the PVI study collected more than 19,000 phonations.

In this study we processed data from the single largest collection site, Boston to overcome differences in voices from people coming from different linguistic backgrounds, even when comparing UK-English and US-English (Tsanas and Arora, 2021b). Specifically, we processed data from 1078 PD participants (age 62.7 ± 12.0 , 566 male) and 5453 controls (49.2 ± 15.9 , 2976 male). We do not have detailed information regarding PD-symptom specific aspects, for example whether participants self-enrolled when they were "on" or "off" medication, or clinically validated metrics such as UPDRS. For further details on PVI including detailed demographics we refer readers to our previous work (Arora, Baghai-Ravary, Tsanas, 2019; Tsanas and Arora, 2019; Arora and Tsanas 2021).

3 METHODS

3.1 Data Pre-Processing

We developed a speech recognition software which automatically transcribed the participants' responses over the phone regarding age, gender, and self-reported PD assessment. Randomly selected recordings were aurally inspected for voice quality to ensure the transcription was correct. Moreover, we inspected recordings where the automated speech recognition algorithm had less than 90% confidence in the transcript output. For further details on preprocessing and removing faulty phonations we refer to (Arora, Baghai-Ravary, Tsanas, 2019).

3.2 Acoustic Characterization of Sustained Vowel /a/ Phonations

We used the Voice Analysis Toolbox (freely available from <https://www.darth-group.com/> software and also from <https://github.com/ThanasisTsanas/VoiceAnalysisToolbox>) to acoustically characterize each sustained vowel /a/ phonation. The toolbox computes 307 dysphonia measures, which have been developed specifically to characterize sustained vowel /a/ phonations extensively validated across diverse PD datasets (Tsanas et al., 2010a; Tsanas et al., 2010b; Tsanas et al., 2011; Tsanas et al.,

Table 1: Breakdown of the dysphonia measures used in the study.

Family of acoustic measures	Brief description	Number of measures
Jitter variants	F0 perturbation	28
Shimmer variants	Amplitude perturbation	21
Harmonics to Noise Ratio (HNR) and Noise to Harmonics Ratio (NHR)	Signal to noise, and noise to signal ratios computed using standard approaches relying on autocorrelation	4
Glottis Quotient (GQ)	Vocal fold cycle duration changes, quantified by focusing on specific glottal opening and glottal closure periods, quantified using DYPSA (Naylor et al., 2007)	3
Glottal to Noise Excitation (GNE)	Extent of noise in speech using energy and nonlinear energy concepts	6
Vocal Fold Excitation Ratio (VFER)	Extent of noise in speech using energy, nonlinear energy, and entropy concepts	9
Empirical Mode Decomposition Excitation Ratio (EMD-ER)	Signal to noise ratios using EMD-based energy, nonlinear energy, and entropy	6
Mel Frequency Cepstral Coefficients (MFCC)	Amplitude and spectral fluctuations on the Mel scale quantifying envelope and high frequency aspects	39
F0 related	Comparisons of F0 against age and gender matched controls, including probabilistic variabilities	3
Wavelet-based coefficients	Amplitude, scale, and envelope fluctuations quantified using wavelet coefficients, and processing with entropy, Teager-Kaiser Energy, signal energy, and signal to noise ratios	182
Pitch Period Entropy (PPE)	Variability of F0 expressing inefficiency of F0 stability over and above the variability exhibited by healthy controls	1
Detrended Fluctuation Analysis (DFA)	Stochastic self-similarity of turbulent noise	1
Recurrence Period Density Entropy (RPDE)	Uncertainty in estimation of F0	1

Algorithmic expressions for the dysphonia measures summarized above are described in detail in (Tsanas, 2012; Tsanas, 2013). The MATLAB source code for the computation of the dysphonia measures is freely available from <https://www.darth-group.com/software> and also from <https://github.com/ThanasisTsanas/VoiceAnalysisToolbox>. F0 refers to fundamental frequency estimates, here computed using SWIPE (Camacho and Harris, 2008).

2012; Tsanas, 2012; Tsanas et al., 2014a; Arora, Baghai-Ravary, Tsanas, 2019; Tsanas et al., 2021), and other applications, e.g. processing voice fillers (Tsanas and Gomez-Vilda, 2013; San Segundo, Tsanas, Gomez-Vilda, 2017). We have described in detail previously the background, rationale, and detailed algorithmic expressions for the computation of the dysphonia measures (Tsanas, 2012; Tsanas, 2013). A concise summary of the extracted dysphonia measures is summarized in Table 1 including the number of dysphonia measures for each algorithmic family and a brief description.

The fundamental frequency (F0) is a key speech characteristic, and its estimation is a prerequisite for the computation of many dysphonia measures, e.g.

for jitter, and Pitch Period Entropy (PPE). There are many algorithms in the research literature for F0 estimation (Roark, 2006; Tsanas et al., 2014b); in this study, we used the Sawtooth Waveform Inspired Pitch Estimator (SWIPE) algorithm (Camacho and Harris, 2008), which we had previously demonstrated is the most accurate F0 estimation algorithm for sustained vowel /a/ phonations (Tsanas et al., 2014b).

Applying the dysphonia measures to each sustained vowel /a/ phonation gives rise to 307 features which are continuous random variables. Therefore, we have a 11,942×304 data matrix that we aim to process further to map onto the binary outcome (0 was used to denote controls and 1 to denote PwP).

3.3 Dimensionality Reduction

A high dimensional dataset may lead to statistical learning performance degradation and obfuscates the understanding of clear patterns in a dataset. This well-known problem is often referred to as the *curse of dimensionality* (Guyon et al. 2006; Hastie, Tibshirani, Friedman, 2009). Following Occam's razor, we would prefer a predictive model which is as simple as possible, i.e. with a low dimensionality. This approach is typically referred to as *dimensionality reduction*, and can be achieved either by *feature transformation* (transforming the features to populate a new, lower dimensional space), or by *feature selection* (choosing a subset of features). Feature selection is often more suitable in clinical settings to retain the interpretability of the original features (Guyon et al., 2006; Tsanas, Little, McSharry, 2013), although in some applications linear feature transformation techniques may operate well and lead also to interpretable embedded (derived) features where the computed latent variables may be interpretable (van der Maaten et al., 2008a; Tsanas et al., 2017).

Here, we explored both feature selection and feature transformation approaches. Specifically, we applied Principal Component Analysis (PCA) and Independent Component Analysis (ICA), two commonly used feature transformation methods which aim to project the original data onto a new feature space, which might lead to better prediction performance (see van der Maaten et al., 2008a for details). Whereas in PCA the resulting components are ranked in terms of explaining the variance in the dataset, in ICA there is no direct ranking that we could use to understand which components should be selected first. Therefore, the transformed features that were computed using ICA were fed into the feature selection algorithms (described in the next paragraph) to decide on the transformed features to be presented into the statistical learner. For ICA we used the fastICA implementation.

For feature selection, we used (1) GSO; (2) LOGO (Sun et al., 2010), a feature weighting algorithm which implicitly also provides an estimate of the "importance" of each feature to obtain the ranked features; (3) minimal Redundancy Maximal Relevance (mRMR) (Peng et al., 2005); (4) L1-LSMI (Jitkrittum et al., 2013), and (5) SPECCMI (. In all cases we aimed to process the top-50 selected features from each of the algorithms. We remark that we used GSO in the original study (Arora, Baghai-Ravary and Tsanas, 2019) so here wanted to experiment with different feature selection algorithms to explore whether they bring any performance improvement.

Feature were selected using 90% of the data and finally applying a feature selection voting strategy as described in previous studies (Tsanas, 2012; Tsanas et al., 2014a). We aimed to use diverse feature selection algorithms which have been used in different applications both to assess how stable findings across the different feature selection algorithms are, and also to determine whether any of these lead to better overall classifier performance (see the following section).

3.4 Statistical Exploration and Mapping

We explored the statistical associations in the dataset using standard Spearman correlation coefficients, considering a relationship statistically strong if the magnitude of the correlation coefficient was at least 0.3, following standard recommendation in the medical field (Tsanas et al., 2013). This was towards exploring both the original features and also the transformed features from PCA and ICA to determine whether the transformation has led to substantial improvement in terms of feature association with the response.

Subsequently, we used a Random Forest (RF) algorithm, which is known to be very robust and has been described as "best off-the-shelf" algorithm for statistical learning (Hastie, Tibshirani, Friedman, 2009). We used the default parameters (500 trees, the number of features over which to search for the optimal split was the square root of the number of features, and in the end used majority voting to determine the RF output).

3.5 Model Validation

Given the dataset is highly unbalanced (>80% samples belong to the dominant class, control participants) a setting which is known to be particularly challenging for statistical learning models (Hastie, Tibshirani, Friedman, 2009), we wanted to focus on a balanced dataset to avoid class dominance problems. Specifically, we randomly selected 1500 samples from PwP and 1500 samples from controls to create a balanced binary classification dataset ($n=3000$ samples) which will be used to select features (or transform features), and train the RF. We used the selected feature subset applying standard 10-fold Cross Validation (CV) to empirically compare performance as a function of the number of features presented into RF.

Table 2: Summary of selected features in descending order for each of the feature selection algorithms.

GSO	LOGO	mRMR	L1-LSMI	SPECCMI
Jitter->F0_TKEO_prc25	det_entropy_log_6_coef	Jitter->F0_TKEO_prc95	DFA	det_LT_TKEO_mean_7_coef
MFCC_4th_coef	MFCC_2nd_coef	6th_delta	6th_delta	det_LT_TKEO_std_7_coef
6th_delta	MFCC_4th_coef	Jitter->pitch_TKEO_prc5	det_entropy_log_6_coef	det_LT_entropy_shannon_7_coef
MFCC_0th_coef	Jitter->F0_TKEO_prc95	VFER->SNR_SEO	det_LT_entropy_log_3_coef	Jitter->F0_TKEO_prc5
det_entropy_log_6_coef	MFCC_0th_coef	VFER->std	MFCC_2nd_coef	det_TKEO_mean_7_coef
app_TKEO_std_2_coef	6th_delta	DFA	app_LT_entropy_log_3_coef	app_entropy_log_5_coef
MFCC_9th_coef	app_LT_entropy_log_4_coef	Jitter->pitch_PQ5_classical_Baken	MFCC_5th_coef	app_LT_entropy_log_1_coef
IMF->NSR_TKEO	app_LT_entropy_log_5_coef	IMF->NSR_TKEO	MFCC_4th_coef	det_LT_entropy_shannon_6_coef
Jitter->pitch_TKEO_prc25	MFCC_6th_coef	Jitter->F0_TKEO_prc5	app_LT_entropy_log_2_coef	det_entropy_shannon_6_coef
MFCC_6th_coef	app_LT_entropy_log_3_coef	MFCC_9th_coef	IMF->NSR_TKEO	det_entropy_log_6_coef

For brevity we only present the top-10 selected features using the feature selection algorithms. For further explanation on these dysphonia measures we refer to Tsanas (2012) and the associated toolbox freely available from <https://www.darth-group.com/software> and also from <https://github.com/ThanasisTsanas/VoiceAnalysisToolbox>.

4 RESULTS

We started analysis by computing the correlation coefficients of the original features. Overall, the highest correlation coefficient was 0.14, which already indicates this is a challenging binary classification task. Next we computed the transformed features using PCA and ICA and computed the correlation coefficients: we found that there was some minor improvement with a few more variables exhibiting correlation coefficients with a magnitude over 0.1, however again the highest correlation coefficient we obtained was 0.16.

Then, we applied the feature selection algorithms to determine the top-50 features for each algorithm. Results are summarized in Table 2, where for brevity we only included the top-10 features for the five feature selection algorithms. We remark that the feature sets obtained are quite different, although some of the MFCCs appear to be consistently selected indicating this is an algorithmic family that contributes to the binary differentiation task. Similarly, many of the wavelet features appear regularly across the feature selection algorithms, which suggests this generic approach of quantifying signal properties is also well-suited to differentiating PwP from controls.

Next, we present in Figure 1 the out of sample performance as a function of the number of features presented into the RF for the feature selection algorithms. This enables the exploration of different combinations and also towards identifying a parsimonious model where the inclusion of additional features is not contributing to improving the model

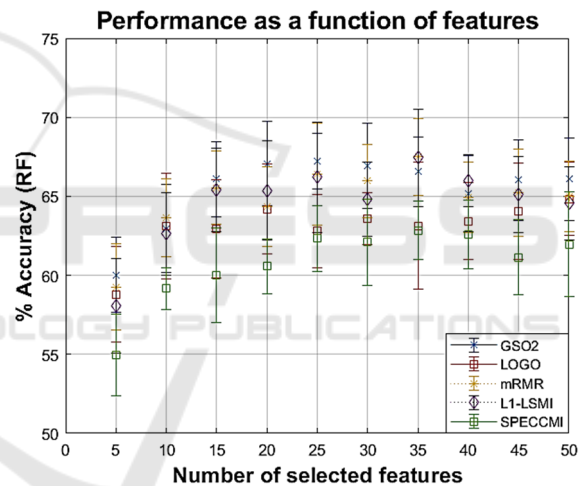


Figure 1: Out of sample performance as a function of the presented features into the RF, for each of the five feature selection algorithms.

performance (or indeed leads to performance degradation).

The results in Figure 1 suggest that we can differentiate PwP from controls with 67.5% accuracy using 35 features selected using either mRMR or L1-LSMI. We remark that L1-LSMI generally performs very well in this dataset, whereas SPECCMI clearly underperforms by comparison.

When we tried using the transformed features into the RF classifier the best performance obtained was 66.5%, so for this particular dataset it appears that feature transformation has not provided any additional benefits to improve performance.

5 DISCUSSION

We investigated the potential of differentiating PwP and controls using telephone-recorded speech collected under acoustically non-controlled conditions exploring different feature selection and feature transformation methods. We found that the most frequently used feature transformation methods, PCA and ICA do not appear to provide any improvement in the classification accuracy compared to the investigated feature selection approaches. Overall, we found that we can differentiate the two groups with about 67% accuracy, which improves on (Arora, Baghai-Ravary and Tsanas, 2019).

Compared to the earlier study (Arora, Baghai-Ravary and Tsanas, 2019) which pooled together all the available data in PVI, here we focused only on a balanced subset of 3000 participants from the Boston cohort in PVI. The underlying reason is that focusing on participants coming from the same linguistic background, even when only processing sustained vowel /a/ phonations, would mitigate potential differences. Moreover, by selecting a balanced subset of the data we overcome the common challenging setting where the dominant class may skew the classifier's outputs. This has indeed led to some performance improvement (previously the best performing model in (Arora, Baghai-Ravary and Tsanas, 2019) led to 63.7% balanced accuracy, whereas here we report 67% accuracy (which by definition coincides with the balanced accuracy given we have a balanced dataset).

We found that although the feature transformation methods explored herein (PCA and ICA) led to some transformed features that univariately were slightly better correlated with the response compared to the original features, when taken jointly they did not lead to better classification outcomes. Therefore, we did not pursue this further since feature transformation methods also have the disadvantage that the resulting models are less interpretable. It is possible that some more convoluted feature transformation methods (e.g. see van der Maaten et al., 2008a) might perform better here, and this is an area that needs to be explored in further work. Also, we did not explore further data visualization approaches to explore projected feature subsets, which may provide tentative insights into the differences of samples between classes (van der Maaten et al., 2008b).

Previous work that used the entire PVI dataset (Arora, Baghai-Ravary and Tsanas, 2019) and GSO to determine the best performing feature subset using the same methodology as explored in this study led to quite different features. This likely supports earlier

findings that even for sustained vowels there may be subtle differences given the linguistic background of participants. In turn, this has important implications towards developing generalizable tools across cohorts of participants coming from different linguistic backgrounds.

We found that substantially different feature subsets (using mRMR and L1-LSMI) lead to very similar performance in the RF. This likely indicates the presence of different Markov blankets in the dataset, where quite different features lead to similar out of sample performance. This is in accordance to previous findings in this field with different speech-PD datasets (e.g. see Tsanas 2012) and possibly underlines the fact there may be different underlying combinations of features which essentially can jointly capture the key acoustic characteristics towards differentiating PwP from controls.

We remark that although the reported performance is comparably low to apply this tool in clinical practice currently, it is possible that it could be used as an early indicator, particularly given there is practically no cost to deploy the use of sustained vowels in practice and collect data through standard telephone networks. It is likely that in combination with additional signal modalities (e.g. walking) and other tests that can be collected using smartphones (e.g., see Tsanas et al., 2020; Woodward et al., *in press*), we will be able to develop an affordable and practical tool to change contemporary PD screening and facilitate early diagnosis.

Collectively, this study's findings are a step towards developing a robust, effective and cost-efficient tool to screen for PD at large.

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