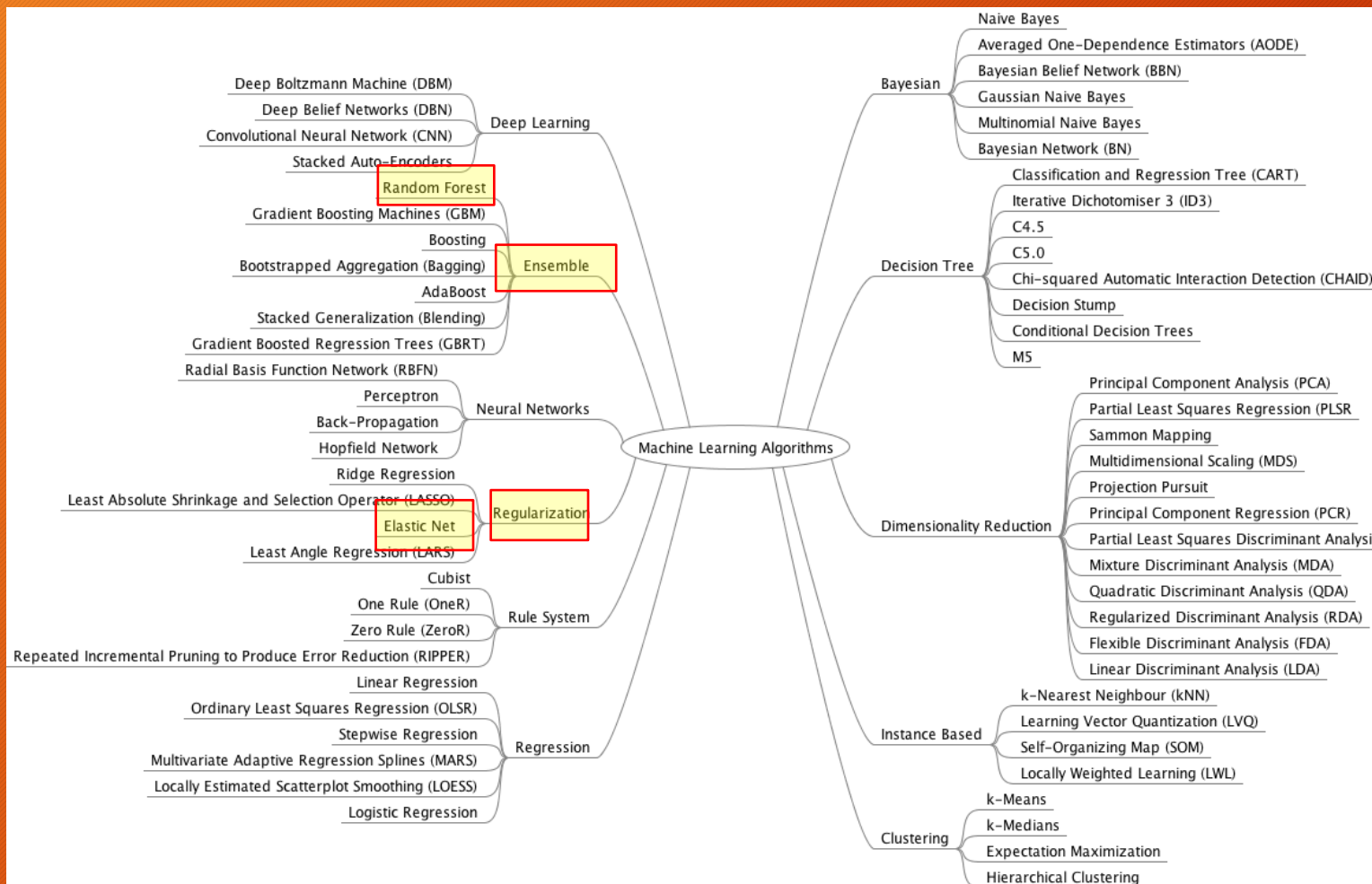


Machine Learning and Internet-Based Treatments: Opportunities and Challenges



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Provided by Jason Brownlee

Typical data sets for treatment studies

- Clinic- or lab-based studies
 - Bountiful measures, limited observations
- Large healthcare databases
 - Bountiful observations, limited measures

Where ensembles and deep learning shine

- ✓ Bountiful measures + bountiful observations (AKA “Big Data”)
 - Complex patterns can be both discovered and validated
- Clinic- or lab-based studies?
 - Bountiful measures, limited observations
 - Deep phenotypes, but complexity cannot be validated
 - Expect little or no improvement over simpler models
- Large healthcare databases?
 - Bountiful observations, limited measures
 - Shallow phenotypes, so complexity cannot be discovered
 - Expect little or no improvement over simpler models

How do we get the very large, feature-rich data sets we need?

Psychological Medicine

[cambridge.org/psm](https://www.cambridge.org/psm)

Original Article

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A machine learning ensemble to predict treatment outcomes following an Internet intervention for depression

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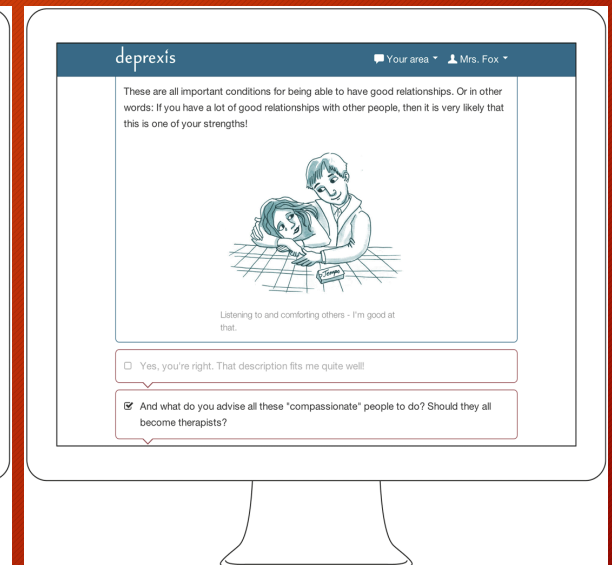
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Abstract

Data from clinical trial of Deprexis

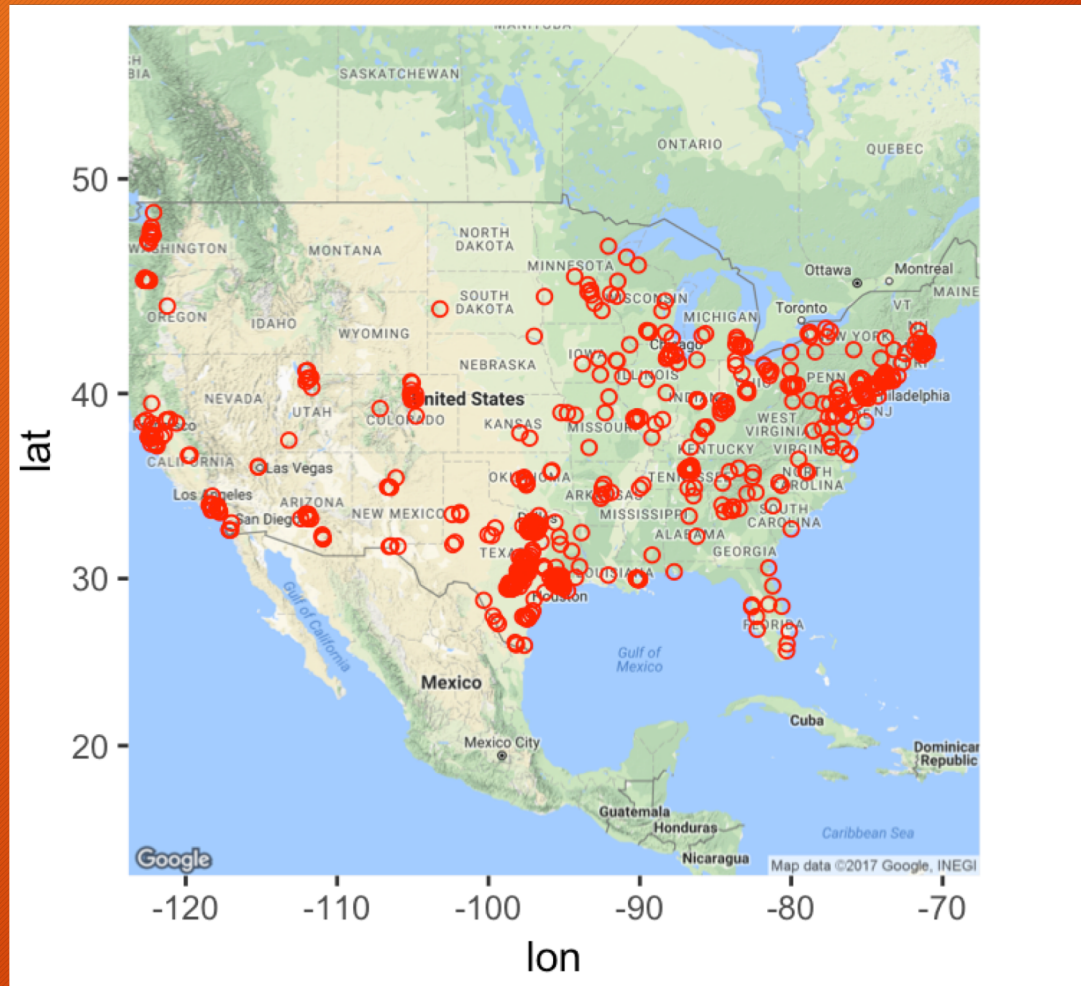
Includes:

- Psycho-education
- Behavioral Activation
- Cognitive Modification
- Relaxation
- Acceptance and Mindfulness
- Problem-Solving
- Interpersonal Skills
- Positive Psychology
- But also: Dream work and Childhood experiences



Data from clinical trial of Deprexis

- 8-week course of Internet intervention ($N = 283$)
- Candidate predictors ($P = 120$)
 - Baseline depression (QIDS and HRSD items)
 - Demographics
 - Other Psychopathology (PDSQ scales)
 - Treatment expectations
 - Sheehan Disability Scale
 - History of early life stress (risky families)
 - Family history of mental illness
 - Antidepressant usage
 - “ZNA”

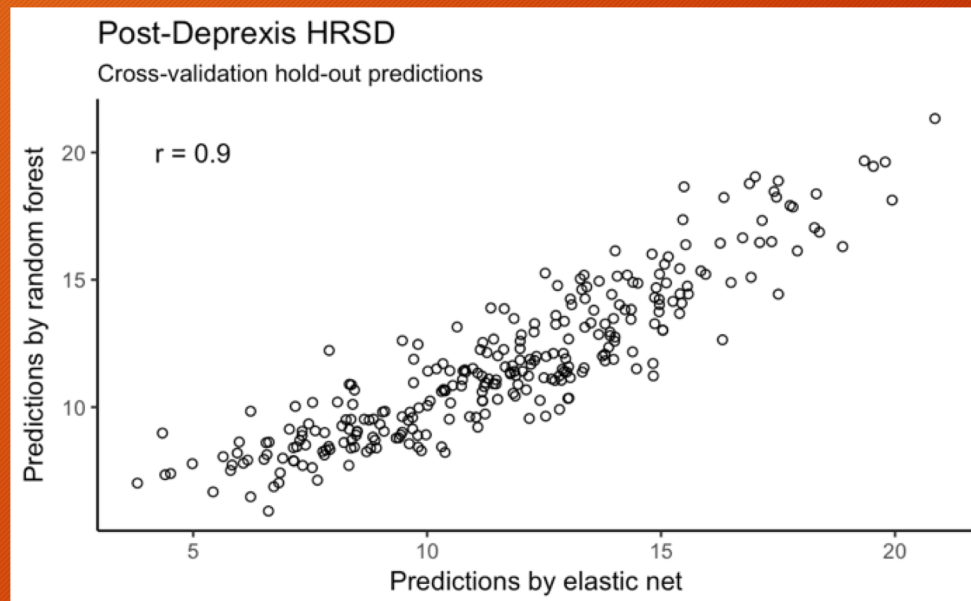


“ZNA”: ZIP code predictors

- Some examples:
 - median household income
 - ethnic/racial diversity
 - population density
 - crime rate
 - access to mental healthcare providers

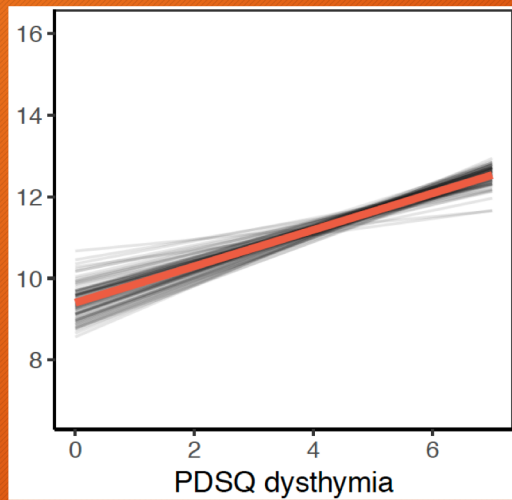
	Prediction R^2	95% CI
HRSD		
Benchmark	0.17	0.07–0.26
Random forest	0.23	0.14–0.31
Elastic net	0.24	0.14–0.33
Random forest/elastic net ensemble	0.25	0.16–0.33
Gain for ensemble model	+0.08	+0.008 to +0.15
Disability		
Benchmark	0.20	0.10–0.31
Random forest	0.24	0.13–0.34
Elastic net	0.24	0.15–0.33
Random forest/elastic net ensemble	0.25	0.16–0.35
Gain for ensemble model	+0.05	–0.003 to +0.10
IDAS-Well Being		
Benchmark	0.18	0.08–0.27
Random forest	0.26	0.19–0.34
Elastic net	0.29	0.19–0.40
Random forest/elastic net ensemble	0.29	0.21–0.38
Gain for ensemble model	+0.12	+0.05 to +0.19

Elastic Net and Random Forest make similar predictions

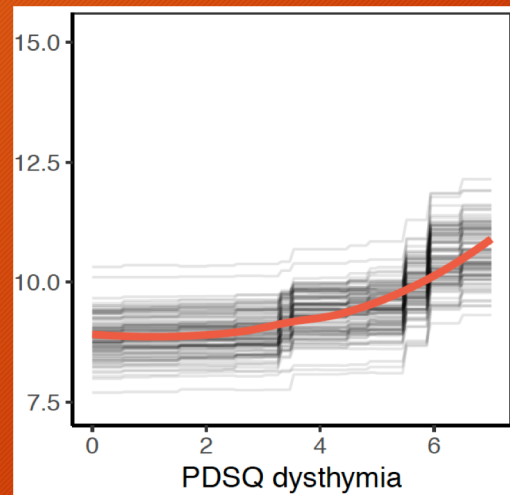


Partial Dependence of HRSD on Dysthymia

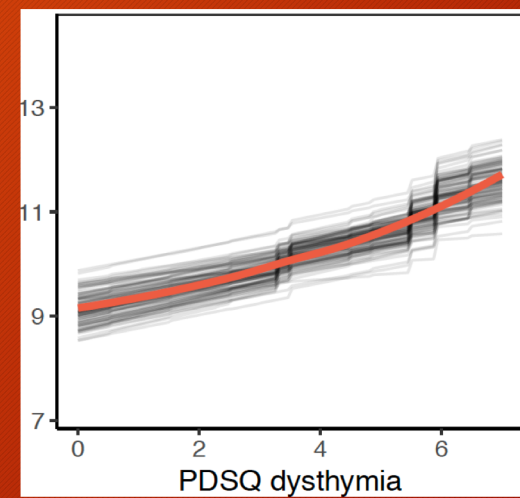
Elastic Net



Random Forest

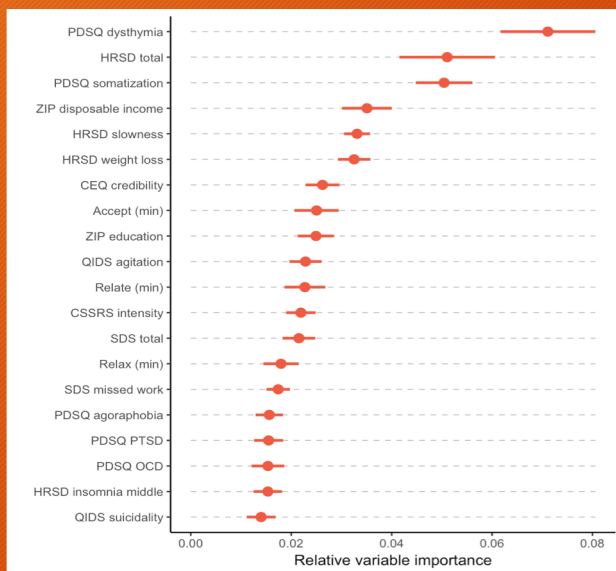


Elnet-RF Ensemble

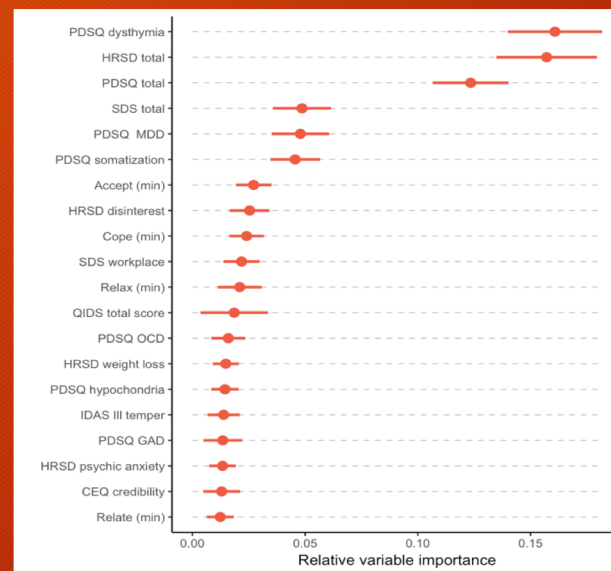


Relative importance of predictors of HRSD outcome

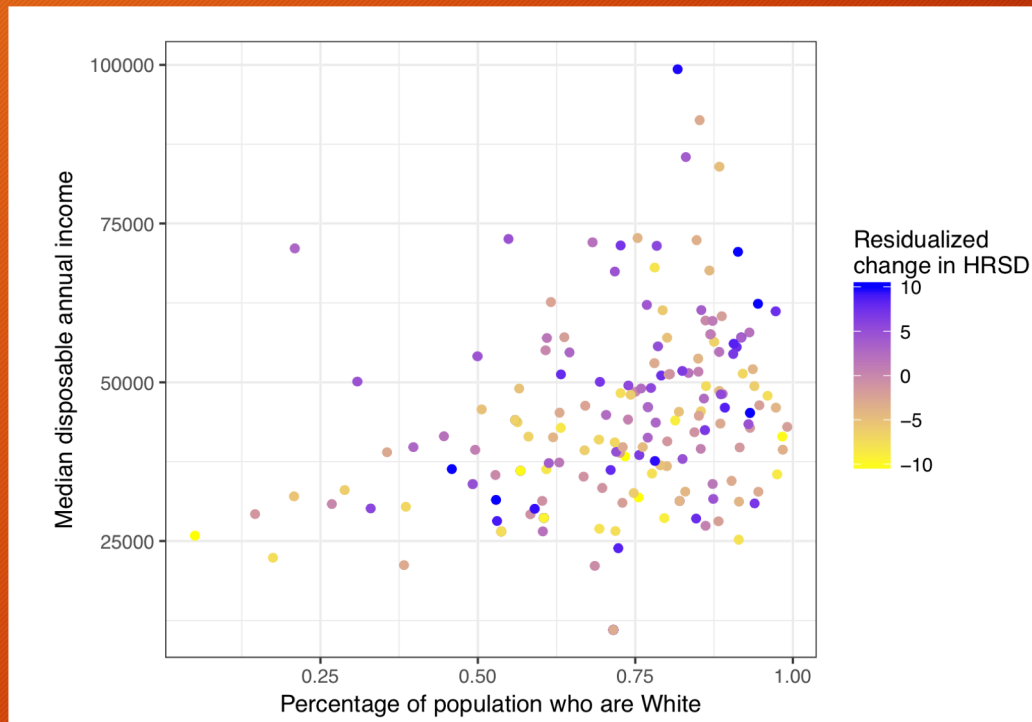
Elastic Net

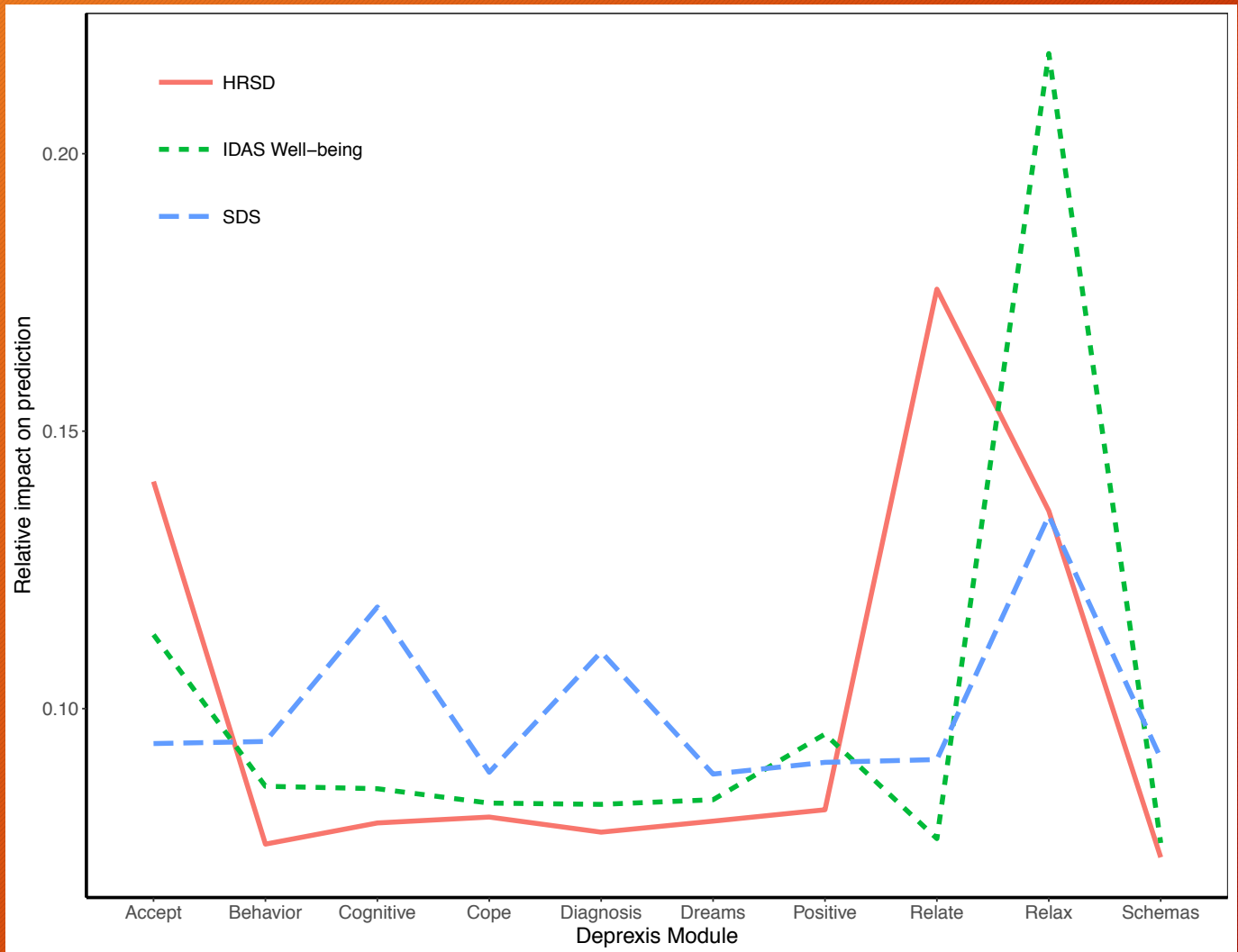


Random Forest

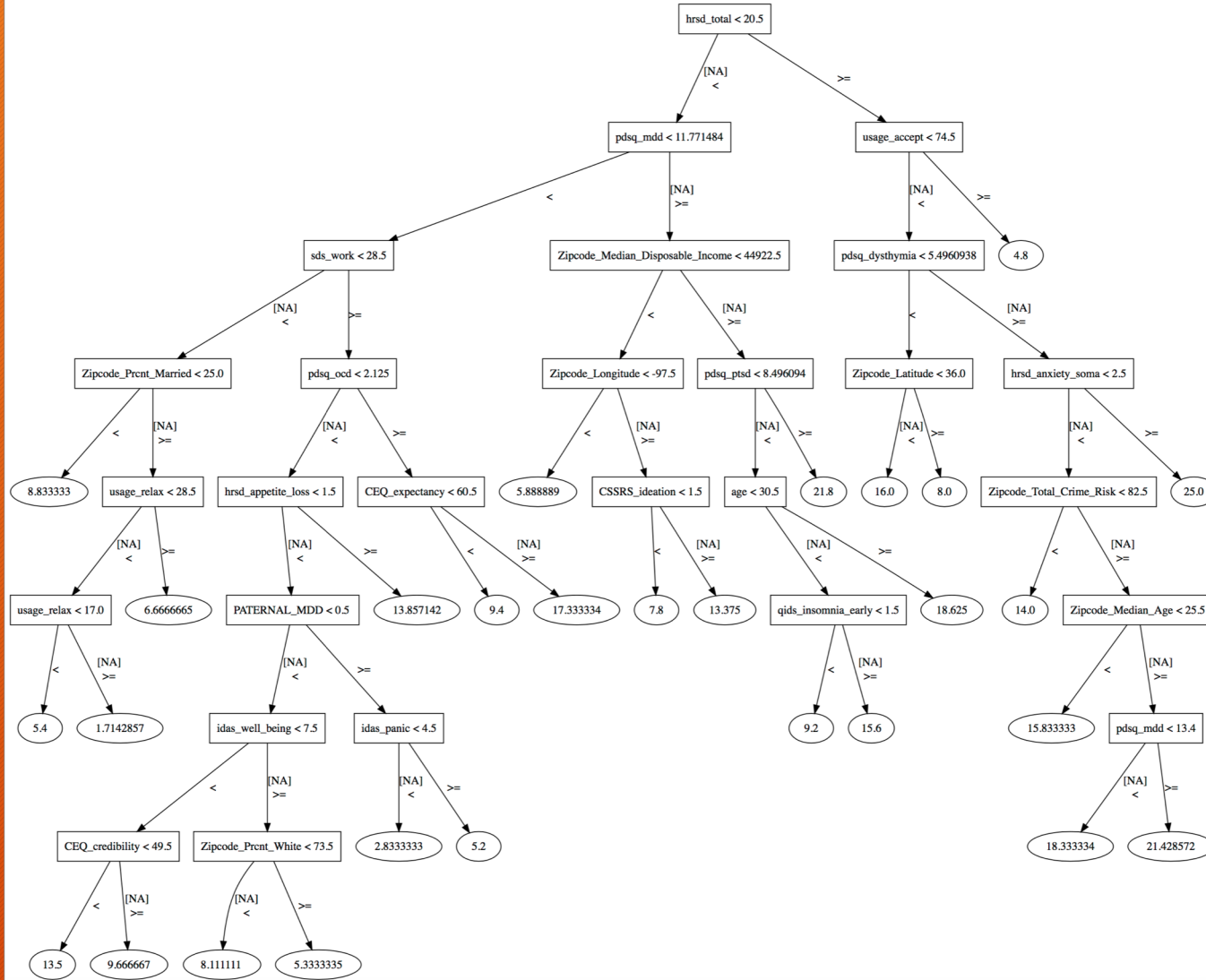


Better outcomes for those living in less affluent ZIP codes

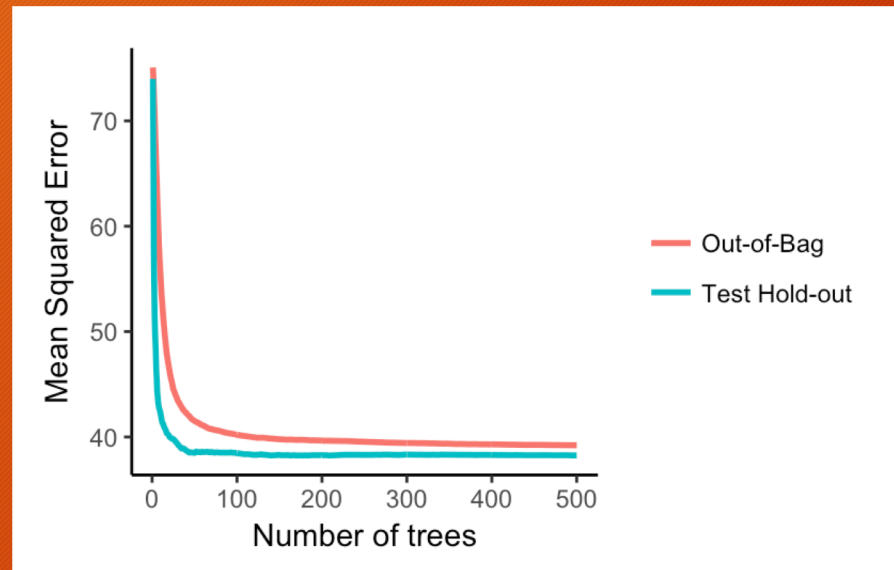




Tree 0

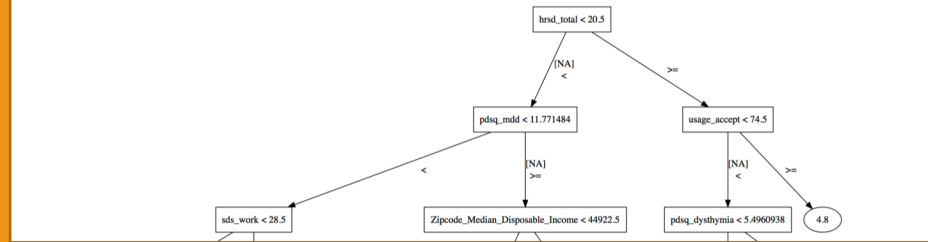


Averaging dumb trees = smart forest

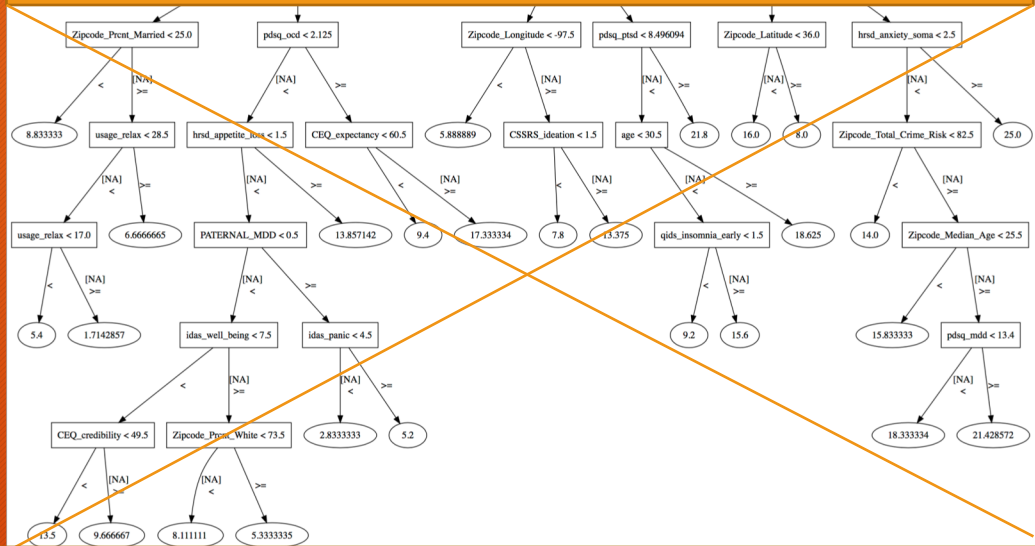


N = 200

Tree 0



N = 2000



Opportunities and Challenges

- Depression prognosis either has huge amount of irreducible error or depends on complex phenotypes.
- Ensemble machine learning methods—like random forest—have potential to identify these phenotypes, but will require sufficiently large samples that can provide multiple examples of these phenotypes.
- We need scalable data collection and therapeutic interventions to realize full potential of these methods.

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