

Development of Alzheimer Disease Classification System using Fractal Features

Belliraj¹, Dr. S. Gopinath²

¹Asst Prof, Dept of ECE, Karpagam Academy of Higher Education, India

²Associate Professor, Karpagam Institute of Technology, India.
belliraj.ts@kahedu.edu.in

Article Info

Volume 83

Page Number: 10002 - 10007

Publication Issue:

March - April 2020

Article History

Article Received: 24 July 2019

Revised: 12 September 2019

Accepted: 15 February 2020

Publication: 11 April 2020

Abstract: Alzheimer's disease (AD) plays an important role in the medical signal processing using EEG signals. It is an irreversible neurodegenerative dementia that often occurs at the age of 70. It is a kind of memory loss that related with thinking and behavior of people's day to day lives. Therefore, the researchers are taking more efforts to find suitable diagnosis methods to improve the quality of AD patient's life. This paper totally organize 161 subjects of which 79 subjects EEG signals with AD and 82 subjects EEG signals with cognitive normal are analyzed with 1 K Hz and 2 K Hz. From the results, it can be observed that Box counting fractal feature with 20 orders using MFNN reported the highest classification accuracy of 90 per cent and the Box counting with 5th order using MFNN reported the lowest classification accuracy of 75 per cent.

Keywords: Alzheimer diseases, Fractal features, neural network

I. INTRODUCTION

Kilian Hett, et.al, proposes a classification of Alzheimer's disease using Multimodal Hippocampal Subfield Grading based on patch-based grading (PBG) methods. It supports Multi modal patch-based grading (MPBG) applied on T1w and MD; it gives same results when it compared to the performances of two modalities. Then the classifier performances are gained by separate feature extraction using SVM algorithm [1]. Further, the similarity of pattern analysis estimated with patch-based grading strategy by voxel-based morphometry (VBM). This graph modeling method based on intra-subject variability between the structures grading [2].

The evolution of brain Atrophy subtypes includes all types of segmentation methods that predict

long-term cognitive decline and future clinical syndrome of Alzheimer's disease [3]. Frank de Vos, et.al, proposes anatomical measurements of MRI to increase the classification of AD into two different methods for combining the different measures of features [4]. The measure of all weighted combination is better than concatenated combination. These results may be to concatenate with the study of early diagnosis AD and other neurodegenerative diseases.

Jorge Samper- Gonzalez, et.al, describe the results which accessed by applying classifiers to trained ADNI to AIBL&ASIS datasets using Machine learning and feature extraction [5]. The diagnosis of Alzheimer's disease based on Hippocampal Unified Multi Atlas Network (HUMAN) algorithm with ADNI database. It results showed the (specificity $\sim 0.75 \pm 0.04$) greater

than (sensitivity 0.52 ± 0.07) with the help of hippocampal volumes and the segmentation algorithm is stable and precise to identify the disease [6]. WeihaoZhang,et.al, proposes a identification of AD and mild cognitive impairment using constructed networks based on morphological features of AD with ADNI database. This shows the particular improvement for calculating patient's datasets with AD (or) MCI from NC subjects with accurate results of 96.37% & 96.42 % [7].

The odor identification screening enhances the diagnostic classification in Incipient Alzheimer's disease. It is used for screening tool which gives more information that relevant to clinical assessments of AD and MCI. It includes the person those who are at highest risk to convert in to AD [8]. Further, the symptoms of modeling and prediction of Alzheimer's disease was proposed using ADNI database [9].

Anja Soldan, et.al, compares the relevant information about Medial Temporal Lobe Atrophy, Cognitive Reserve and APOE Genotype in Preclinical AD was contributed using ADNI database. The relation between the MTL atrophy using MRI measures, APOE genotype, and CR level are onset in a particular time of clinical symptoms with of individuals large sample that are cognitively normal at baseline [10]. The pre symptomatic atrophy of autosomal dominant was proposed using MRI datasets in AD. Here, the Genotyping was performed to determine the presence of an AD mutation for each at risk participant [11].

II. DATA COLLECTION

In this study, data set was acquired through auditory oddball paradigm to analyze the Alzheimer disease. The dataset used in this research work consist of totally 161 subjects of

which 79 subjects EEG signals with AD and 82 subjects EEG signals with cognitive normal. Three different types of auditory signals were stimulated with 1 K Hz and 2 K Hz. Duration of the presentation of the stimuli is 30 minutes. 16 channel EEG is used to acquire the signal along with the sampling frequency of 256 Hz. The evoked potential response signals were averaged and classified with AD and Cognitive normal.

III. FEATURE EXTRACTION

Box-counting method employs the self similarity property to compute the FD values and it is the most commonly employed method used to compute the FD values.

To extract the fractal features, the following algorithm is employed:

Step 1: Using EEG protocol, EEG signals are recorded for 10 seconds.

Step 2: For each trial, the recorded EEG signals consist of 10 frames (2560 samples) such that each frame has 256 samples.

Step 3: For step sizes $k = 1, 2, 3, \dots, 4, \log_2(L-1)$, compute the total number of boxed required to cover the AEP signals using Equation

Step 4: Apply the least squared fitting line to the log-log plot of $N(r)$ versus $1/r$ using Equation (1). The slope of the straight line is taken as an estimate of the box-counting fractal dimension.

Step 5: Repeat steps 2 to 4 for all the EEG signals recorded while performing the trails

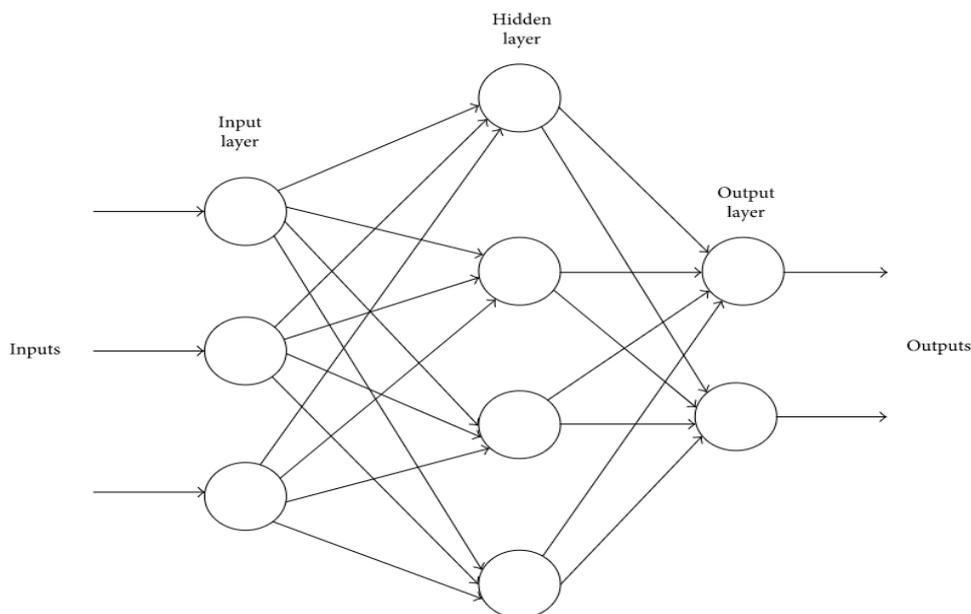
Step 6: A fractal feature dataset features along with its associated target values are formulated, and this dataset is named as EEG box-counting fractal feature (AEP-HPR-BFF (L)) database

IV. CLASSIFICATION

In multilayer neural networks, the information processing takes place only in the fed forward path, i.e. through the input layer, the output layer and the hidden layer. A MFNN is said to be

static neural network model because it is characterized by non-linear equations that are memory less. In general, a single neuron computes the weighted input values and obtains output values through a non-linear activation function with a threshold. The Feed-forward neural networks (FNN) are widely used for pattern

classification, due to probability distribution (or) classify the distant regions. It is mainly used for accurate classification of input data into various classes were these are obtained by pretrained model. Generally, the FNN architecture consists of multilayer neural network for specific application as shown in the fig. 1.



V. RESULTS AND DISCUSSION

In order to develop a generalized neural network model, the training samples are randomly selected from the total samples and a neural network is

trained. 40% of dataset has been used for training the neural network and the remaining 60% of dataset has been used to test the performances of the neural network.

Table 1: Classification results of Feed forward neural network

Fractal Feature Number of boxes	Accuracy (%)	Sensitivity (%)	Specificity (%)	F measure (%)
N=5	75	80	70	72
N=10	80	84	82	79
N=15	85	80	83	78
N=20	90	91	93	90

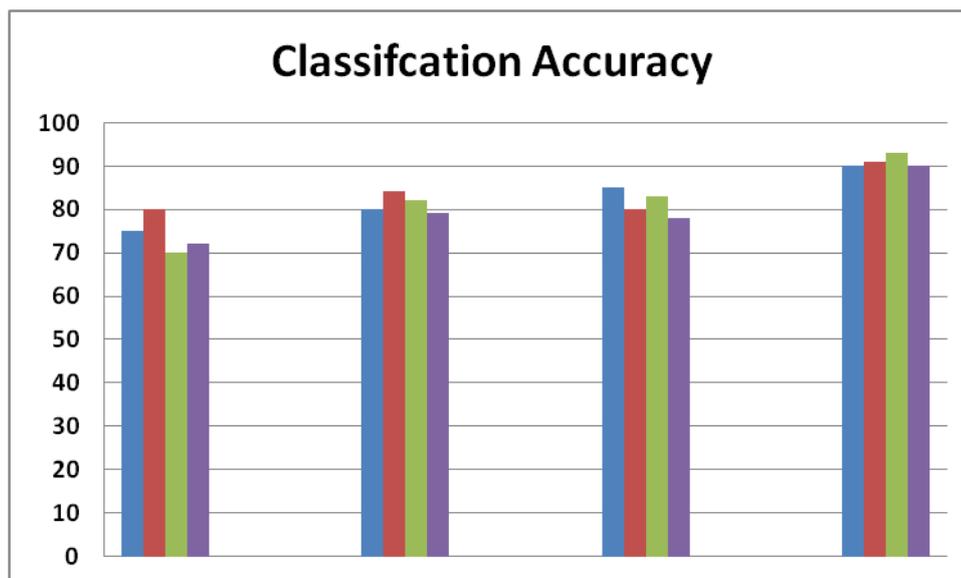


Figure 1. Classification accuracy of EEG signals using fractal feature

Four intelligent classification designs are studied using the MFNN for three distinct hearing frequencies name 1 and 2 K Hz. Using feature extraction algorithms, four independent spectral features are extracted for distinct hearing frequencies. For each hearing frequency, using the same spectral energy features extracted from the 16 channels, a neural network model was developed to distinguish the normal and abnormal AD states.

While developing this model the same spectral band feature is extracted from each channel and fed as input to the network model. The developed neural network model has 16 input neurons and an output neuron. Through simulation the number of hidden neurons is chosen. First, using too many neurons in the hidden layer results in over fitting and using few neurons in the hidden layer results in under fitting. The hidden neurons and output neurons are activated using log sigmoid activation functions. Training is conducted until the average error falls below 0.06 or reaches a maximum epoch limit of 600.[12-15].

From the Table 1, it can be observed that Box counting fractal feature with 20 orders using

MFNN reported the highest classification accuracy of 90 per cent and the Box counting with 5th order using MFNN reported the lowest classification accuracy of 75 per cent.

It was also noted that Box counting fractal feature with 20 order using MFNN has obtained specificity 91%, sensitivity 93% and F measure 90%. From the Table 1, it indicates that Box counting fractal feature 5th order using MFNN has obtained specificity 80%, sensitivity 70% and F measure 72%.[15-18].

VI. CONCLUSION

Alzheimer's disease (AD) is otherwise known as Dementia which is most vulnerable disease in our human brain. Totally 161 subjects of which 79 subjects EEG signals with AD and 82 subjects EEG signals with cognitive normal are analyzed with 1 K Hz and 2 K Hz. It was also noted that Box counting fractal feature with 20 order using MFNN has obtained specificity 91%, sensitivity 93% and F measure 90%. From the results it can be interpreted that, box counting fractal feature is suitable for Classification of AD patients.

REFERENCES

- [1]. Kilian Hett, 'Graph of Brain Structures Grading for Early Detection of Alzheimer's Disease', International Conference on Medical Image Computing and Computer-Assisted Intervention, pp 429-436, 2018.
- [2]. Jorge Samper, Gonzal, 'Reproducible evaluation of classification methods in Alzheimer's disease: Framework and application to MRI and PET data', Elsevier NeuroImage, Vol. 183, pp. 504-521, 2018.
- [3]. Gomathi, P., Baskar, S., Shakeel, P. M., & Dhulipala, V. S. (2019). Identifying brain abnormalities from electroencephalogram using evolutionary gravitational neocognitron neural network. *Multimedia Tools and Applications*, 1-20.
- [4]. Kilian Hett, Vinh-Thong Ta, Gwenaëlle Catheline, 'Multimodal Hippocampal Subfield Grading For Alzheimer's Disease Classification', *Scientific Reports* volume 9, pp. 13845, 2019.
- [5]. Amoroso N, Rocca M, Bellotti R, Fanizzi A, Monaco A, 'Alzheimer's disease diagnosis based on the Hippocampal Unified Multi-Atlas Network (HUMAN) algorithm', Biomedical Engineering Online, 2018.
- [6]. Nikhil Bhagwat, Joseph D. Viviano, Aristotle N. Voineskos, M. Mallar Chakravarty, 'Modeling and prediction of clinical symptom trajectories in Alzheimer's disease using longitudinal data', 2018.
- [7]. Weiha O Zhang, 'Identification of Alzheimer's Disease and Mild Cognitive Impairment Using Networks Constructed Based on Multiple Morphological Brain Features', *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, Vol 3, Issue 10, pp. 887-889, 2018.
- [8]. Quarmley M, Moberg PJ, Mechanic-Hamilton D, 'Odor Identification Screening Improves Diagnostic Classification in Incipient Alzheimer's Disease', Vol. 55, pp. 1497-1507, 2017.
- [9]. Diana Lorena Giraldo Franco, 'Morphometric Data Fusion for Early Detection of Alzheimer's Disease', 2015 Amoroso N, Rocca M, Bellotti R, Fanizzi A, Monaco A, 'Alzheimer's disease diagnosis based on the Hippocampal Unified Multi-Atlas Network (HUMAN) algorithm', Biomedical Engineering Online, 2018.
- [10]. Gomathi, P., Baskar, S., Shakeel, M. P., & Dhulipala, S. V. (2019). Numerical function optimization in brain tumor regions using reconfigured multi-objective bat optimization algorithm. *Journal of Medical Imaging and Health Informatics*, 9(3), 482-489.
- [11]. Kinnunen KM, Cash DM, Poole T, Frost C, Benzinger TLS, 'Presymptomatic atrophy in autosomal dominant Alzheimer's disease: A serial magnetic resonance imaging study, pp. 43-53, 2017.
- [12]. Srinivasan, V., Kaur, C., Pandi-Perumal, S., Brown, G. M., & Cardinali, D. P. (2011). Melatonin and its agonist ramelteon in Alzheimer's disease: possible therapeutic value. *International Journal of Alzheimer's Disease*, 2011.
- [13]. Kumar, R. S., Ali, M. A., Osman, H., Ismail, R., Choon, T. S., Yoon, Y. K., ... & Manogaran, E. (2011). Synthesis and discovery of novel hexacyclic cage compounds as inhibitors of acetylcholinesterase. *Bioorganic & medicinal chemistry letters*, 21(13), 3997-4000.

- [14]. Ali, M. A., Ismail, R., Choon, T. S., Yoon, Y. K., Wei, A. C., Pandian, S & Manogaran, E. (2010). Substituted spiro [2.3'] oxindolespiro [3.2 "]-5, 6-dimethoxy-indane-1 "-one-pyrrolidine analogue as inhibitors of acetylcholinesterase. *Bioorganic & medicinal chemistry letters*, 20(23), 7064-7066.
- [15]. Revathi, P., & Hemalatha, M. (2012, December). Classification of cotton leaf spot diseases using image processing edge detection techniques. In *2012 International Conference on Emerging Trends in Science, Engineering and Technology (INCOSET)* (pp. 169-173). IEEE.
- [16]. Revathi, P., & Hemalatha, M. (2012, July). Advance computing enrichment evaluation of cotton leaf spot disease detection using Image Edge detection. In *2012 Third International Conference on Computing, Communication and Networking Technologies (ICCCNT'12)* (pp. 1-5). IEEE.
- [17]. Sridhar, K. P., Baskar, S., Shakeel, P. M., & Dhulipala, V. S. (2019). Developing brain abnormality recognize system using multi-objective pattern producing neural network. *Journal of Ambient Intelligence and Humanized Computing*, 10(8), 3287-3295.
- [18]. Paulraj, M. P., Subramaniam, K., Yaccob, S. B., Adom, A. H. B., & Hema, C. R. (2015). Auditory evoked potential response and hearing loss: a review. *The open biomedical engineering journal*, 9, 17.