



Institute for Design and Control of Mechatronical Systems

# Prediction of hypoglycaemia of T1DM patients by means of the "Guaranteed Error Machine" Presentation

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## **Motivation**

- Type 1 Diabetes Mellitus (T1DM) patients can't regulate their blood sugar level due to a lack of capacity to produce insulin
- resulting high blood sugar level causes severe health issues like blindness, kidney disease, nerve damage, and heart and circulatory system problems
- common treatment is the administration of insulin via injection
- <u>overdose of insulin or false injection-timing</u> can cause a hypoglycaemia (low blood glucose level) which untreated can result in tiredness, lapse of concentration and in case of an extreme low blood glucose level even paralysis and brain damage





#### <u>GEM</u>

Problem:

- An arbitrary and unknown mechanism generates instances x<sub>i</sub> with corresponding binary outputs y<sub>i</sub>
- x<sub>i</sub>: input vectors (d-dimensional), N in total
- y<sub>i</sub>: binary outputs, one y for each x





## <u>GEM</u>

- Use geometrical shapes (ellipses, circles, ellipsoids, spheres) that connect points with one specific output (0 or 1) and that are enlarged until touching points of another output (shapes are found through the solution of a convex optimization problem)
- The points on the boundary of a shape are called 'active instances'
- The algorithm stops as soon as k 'active instances' are found, k in advanced fixed by user
- The sort of the shapes and the sequence in which they are constructed, depends on the dimension d and the value of k
- The probability for wrong predictions does not depend on the mechanism that generates instances x<sub>i</sub>, nor on the function y(x), but only on the size of the training set N and the tuning parameter k







Probability-density function for PE 2%, Beta- Distribution







Example training GEM





#### The "Virtual Patients"



"Dalla Man and Cobelli" model

- database 204 subjects
- 10 artificial individuals, the so-called virtual patients
- T1DM, failing of the β-cells
- mainly made up of linear models
- UVA/Padova-Simulator in SIMULINK is based on this model





#### **Generating datasets with UVA/Padova-Simulator**

- This was done for two different types of "Virtual Patients"
  - constant patient parameters
  - variable patient parameters
    - glucose-intestinal-absorption rate
    - the insulin-absorption rate
    - steady-insulin-plasma state
- A training-set (14 days), a verification-set (14 days) and a test-set (7 days) for each patient were created
- To cause a large number of hypoglycaemia states, doses and timing of each meal as well as the insulin doses and timing were varied, even the possibility to throw up, after the insulin injection was implemented
- A sampling time of 10 minutes was chosen





#### **Generating datasets with the UVA/Padova-Simuator**



Training-set example "Virtual Patient" No. 1, variable parameters





#### **Real Patients**

- Data for the two Real Patients were gathered in two different clinical studies
- Different Types of "Continuous Glucose Monitoring Sensor" were used.
- The training-set and the verification-set of each real patient were only half as long as the sets of the virtual patients (7 days)
- The datasets contained a significantly lower number of hypoglycaemic instances
- Data had to be prepared, due to sensor malfunctions and the resulting gaps in the datasets.







Training-set Vektor (point) plot, "Virtual Patient" No. 1, constant, limit 80 mg/dl





#### **Problems / Modifications**

- high number of unclassified instances, due to the concentration of instances
- high dependency from starting instance x<sub>B</sub>
- □ forced the algorithm to create k shapes (one active instance per shape)
- a starting condition was implemented
- Lested on simple geometric examples, PE slight deviation from the *Beta*-distribution









virtual patient No. 1 training-set, classified with modified GEM and prediction time frame of 20 minutes

Training-set vector (point) plot, "Virtual Patient" No. 1, constant, limit 80 mg/dl modified GEM trained





#### **GEM** applied on patients

 For prediction time frames of 30 and 40 minutes two GEM with different dimensions were trained

$$d_1 = \frac{minutes - Ts}{Ts}$$
,  $d_2 = \frac{minutes}{Ts}$ 

- hypoglycaemia limits
  - Virtual Patients: 80 mg/dl
  - Real Patients: 70 mg/dl
- k was increased incremental for each case (different shapes)
- The verification-set was used two lower the computing time. For every increment of k, the GEM was tested on this set and if less than 10% percent of the hypoglycaemic states remained unclassified, the incrementation stopped.
- The criteria of the for ideal examples were used do determine k,  $E\left[PE(\hat{y}_{N_{trining-set}})\right] = 3\%$

$$k_{maxtraining-set} = \frac{E\left[PE(\hat{y}_{Ntrining-set})\right] N_{training-set}}{100}$$







Test-set "Virtual Patient" No.5, constant parameters, limit 80mg/dl







Results "Virtual Patient" No.5, constant parameters, predicted time frame 20 minutes







Results "Virtual Patient" No.5, constant parameters, predicted time frame 40 minutes







Test-set "Real Patient" No.2, constant parameters, limit 70mg/dl







Results "Real Patient" No.2 predicted time frame 20 minutes







Results "Real Patient" No.2, predicted time frame 40 minutes







Vector (point) plot "Real Patient" No. 2, predicted time frame 20 minutes







Results "Virtual Patient" No.5, variable parameters, predicted time frame 20 minutes





## Hybrid model

- AR model and GEM combined
  - variant 1:
    - prediction values GEM inside range 65 to 140 mg/dl
    - Outside this range AR-model prediction values
    - all unclassified instances replaced with AR-model predictions
  - variant 2:
    - prediction values AR-model were used in general
    - If the GEM predicted hypoglycaemia and the AR-model no hypoglcaemia, the prediction value was changed into hypoglycaemia
  - dimension criterion

$$d_{GEM_{opt}} = \arg\min_{d_{GEM} \in \mathbb{N}^+ \mid d_{GEM} > 1} (FNP(d_{GEM}) + UPI(d_{GEM}))$$







## test-set classified with 2nd variant hybrid model AR order 3 and GEM dimension 3 for virtual patient No. 5 with prediction time frame of 40 minutes and constant parameters

pure AR-model, FNP 44, FPG 61 / Hybrid model, FNP 19, FPG 51





#### **Binary Diagnositc Test**

	DISEASE						
DIAGNOSIS		present	not present				
	positive test result	true positive prediction	false positive prediction				
	negative test result	false negative prediction	true negative prediction				

Confusion matrix of binary classifier

 $Sensitivity = \frac{TPP}{(TPP + FNP)}$ 

$$Specificity = \frac{TNP}{(FPP + TNP)}$$





Virtual Patient const.	5							
prediction time frame	40							
model type		AR o	rder 3		Hybrid			
test result	hypoglycaemia		no hypoglycaemia		hypoglycaemia		no hypoglycaemia	
positive	56			17		1	32	
negative	44			867	19		852	
Virtual Patient const.		5						
prediction time frame		40						
model type		AR orde	er 3 Hybrid		rid			
sensitivity [%]		56,00 81,0		0				
specificity[%]		98,08 96,3		8				
positive prediciton value [%]		76,71 71,6		68				
negative prediciton value [%]		95,17		97,8	32			
Real Patient	2							
prediction time frame	40							
model type	AR order 3				Hybrid			
test result	hypoglycaemia		no hypoglycaemia		hypoglycaemia		no hypoglycaemia	
positive	7		12		8		23	
negative	15		932		14		921	
Real Patient		2						
prediction time frame		40						
model type		AR order 3		Hybrid				
sensitivity [%]		31,82		36,36				
specificity [%]		98,73		97,56				
positiv prediciton value [%]		36,84		25,81				
negativ prediciton value [%]		98.42		98.50				







Comparison, AR – Hybrid, Sensitivity/Specificity, Virtual Patient No. 5 constant parameters, 40 minutes







Comparison, AR – Hybrid, Sensitivity/Specificity, Virtual Patient No. 5 variable parameters, 20 minutes







Comparison, AR - Hybrid, Sensitivity/Specificity, Real Patient No. 2, 20 minutes





#### **Conclusions**

- high number of unclassified instances
- high calculation time compared to an AR-model
- difficult to find the optimal settings for *d* and *k*
- practical application of the GEM only possible in combination with other models, due to the unclassified instances

# Using the GEM for prediction of hypoglycaemia is not advisable

