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DETECTING PARKINSON'S DISEASE USING CNN- A DEEP LEARNING APPROACH

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Abstract: These days, a fundamental assessment sort in clinical affiliations biometrics is finding careful biomarkers that award settling on clinical choice assistance instruments. Parkinson's contamination (PD) is a tireless and reformist illness that impacts a colossal number of people all throughout the planet. Regardless of the way that it is exceptionally easy to remember someone affected by PD when the illness shows itself (for instance shudders, progressiveness of improvement and freezing-of-step), most works have focused in analysing the working arrangement of the ailment in its starting stages. In such cases, prescriptions can be coordinated to grow the individual fulfilment of the patients. Since the beginning, it is outstanding that PD patients feature the micrography, which is related to muscle resoluteness and tremors. In that limit, most tests to distinguish Parkinson's Disease use physically composed assessment, where the individual is drawn nearer to play out some predefined tasks, for instance, drawing twisting and meanders on a format paper. Subsequently, an expert examination the drawings to describe the reformist of the disease. In this work, we are interested in assisting specialists with such tasks by developing AI systems that can take real data from tests and suggest a possibility of a given person being impaired by PD based on their physically composed capacities.

Keywords: Deep learning, Genetic algorithm, CNN, Dataset Process, Prediction

I. INTRODUCTION

Parkinson's sickness (PD) is a persistent, reformist and neurondegenerative ailment that influences individuals around the world. First and foremost, depicted by James Parkinson in 1817, PD is regularly identified with the gradualness of development, quakes and muscle firmness. As indicated by the Parkinson's Disease Foundation, around 60, 000 Americans are determined to have PD. The issue deteriorates, since a great many potential people may not be as expected analyzed, or even stay revealed by tests or such a clinical determination Evaluation in biometrics has changed all around starting late with a making number of occupations. One of the standard applications is clinical idea. According to the Biometrics Research Group Inc., biometrics is driving mechanical shift in the overall clinical affiliations market by decreasing expenses and improving thinking improvement to patients over extended lengths. These instruments separate biomarkers that reflect calm achievement and can be used to help in the detection of torture (via screening techniques), the evaluation of the reaction to torture, and so on. solution, as well as the regulation of colossal duration or cureless issues such as Parkinson's infection (PD). This paper leads to the development of Parkinson's disease biomarkers such as loss of dopaminergic activity and characterized by motor problems such as shudder, bradykinesia, existence, and postural lack.

These disturbing effects include motor planning, programming and timing, as well as progress starting and implementation. PD is one of the most amazing neurodegenerative disorders, affecting more than 1% of people above the age of 60. There is currently no conclusive test for Parkinson's disease, and misdiagnosis is common, particularly when the assessment is done by a non-ace: The risk of a misdirected end is as high as 20%. A careful examination of the normal symptoms, such as shudder, bradykinesia, and persevering behavior, improves measurement accuracy, considering the fact that clinical evaluations can be affected by the master's subjectivity.

Clinical decision-making aids are especially perplexing for achieving objectivity and assisting in early detection. This early confirmation would allow for the development of unambiguous meds for Parkinson's disease patients. A critical test goal for neurodegenerative torments is to look for specific biomarkers. There is a wide range of studies for PD field based on talk administration where the accreditation is performed using held up vowels and traditional talk in the formation. Furthermore, motor signals can be seen and encouraged, indicating receiving notifications and phase.

One of the most common symptoms of Parkinson's disease is a change in handwriting style. Parkinson's pollution-related motor signals (staidness, bradykinesia, and shudder) trigger three boss shifts registered as a written assortment: the scale of making (micrographia), pen-pressure. An individual's handwriting is determined by his or her writing style or language abilities, displaying a beast between subject alterability. Several contraptions have been made to examine PD continuing handwriting. The static viewpoints correspondingly as the unique ones are overwhelming, for instance, speed and pen-pressure.

II. RELATED WORK

Various examinations have been coordinated on the revelation of PD, based on various signs like olfactory incident, voice weakness, etc. Among the thought about appearances, most of the patients have been represented with vocal shortcoming and talk issues, changes in eye movements.

The authors in [1] had considered the diagnosis of PD based on voice patterns. They had concentrated on evaluating the efficiency of eight separate pattern rating strategies (also known as feature selection methods) when combined with a nonlinear support vector machine (SVM) to differentiate between Parkinson's disease patients and stable control subjects. The parameters of the SVM classifier's radial basis function kernel was optimized using the Bayesian optimization technique. The receiver operational characteristic and the Wilcoxon-based ranking techniques have the greatest sensitivity and precision, according to our findings.

The writers of [2] had looked into methodology for the prediction of Parkinson's disease severity using deep neural networks on UCI's Parkinson's Telemonitoring Voice Data Set of patients. They had used the 'TensorFlow' deep learning library of python to implement our neural network for predicting the severity

In [3], the makers have attempted to depict the PD community based on various skills, PCA and OFS based capacities, which layout non-direct features on Max little University Oxford dataset. Non-straight classifiers, Bagging course of action, Regression tree (Bagging CART), Random Forest, RPART for request with an exactness of 96.83 percent using RF with PCA were used by the designers.

Clayton R. Pereira [4] presented another approach based on impacted decision-making limits the creators suggested learning of pen-based functionality with signals extracted from the skilled pen comprising 6 sensors using techniques for two distinct CNN structures, for example, ImageNet and LeNet. The manufacturers claimed the highest precision with ImageNet for meanders and OPF for twisting, for instance, 83.77 percent.

A related research was performed to identify Parkinson's disease through optimum-path forest [5]. They propose PD automatic recognition using Optimum-Path Forest (OPF), a new recently evolved pattern recognition technique that does not assume any shape/separability of the classes/feature space, in this article. Experiments revealed that OPF outperformed Support Vector Machines, Artificial Neural Networks, and other widely used supervised classification techniques for PD recognition.

III. SYSTEM DESIGN AND CNN LAYERS

The functional block diagram contains components and the process involved in the study and analysis is shown in Fig1.

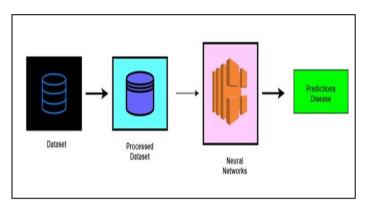


Fig. 1 System Architecture.

Fig. 1 shows the system contains Loading winding and distort drawing Datasets and given information measure mode by the cnn(Resenet) model, After organizing is done, we will appraisals the data.

How ResNet Module works:

For pictures demand utilizing Deep Neural Networks, we are utilizing multi-facet Deep Convolutional Neural Network [CNN]. A Convolutional Neural Network (CNN) is a feedforward Artificial Neural Network in which the connectivity arrangement of its neurons is moved by the relationship of the creature visual cortex. Convolutional Neural Networks contain neurons that have learnable loads and affinities.

Layers of Convolutional Neural Network:

A CNN contains a monster level of layers. When these layers are used repeatedly, they contribute to the advancement of a Deep Neural Network.

1. Data:

This layer contains the image's lopsided pixel examinations.

2. Convolutional Layer:

This layer receives the neuron layer's given up predicted outcomes that are correlated with the information areas. We display the number of networks that will be used right now. Each channel could be a 5x5 window that slides over the data and chooses the pixel with the greatest force as the yield.

3. Linear Unit [ReLU] Layer:

This layer employs a careful base to manage the image data. We appreciate the fact that CNN employs back impacting. We use the ReLU work to hold equivalent examinations of the pixels when not being changed by the back causing.

4. Pooling Layer:

This layer performs a down-taking a look at improvements along the spatial assessments (width, height), observing volume. Similar to the Convolutional Layer, the Pooling layer is responsible for reducing the spatial size of the Convolved Feature. This is to decrease the computational power required to process the data through dimensionality reduction. Furthermore, it is useful for extracting dominant features

which are rotational and positional invariant, thus maintaining the process of effectively training of the model.

5. Completely Connected Layer:

This layer is used to deal with the score grades, such as which class has the most ridiculous score official from the details photo. Adding a Fully-Connected layer is a (usually) cheap way of learning non-linear combinations of the high-level features as represented by the output of the convolutional layer.Following the primary CNN-based solution (AlexNet) that won the ImageNet 2012 competition, each subsequent winning strategy employs more layers in a fundamental neural partnership to reduce the ruin rate. This works with a limited number of layers, but as the number of layers increases, there is a common problem in massive learning known as the Vanishing/Exploding stage. As a result, the proclivity becomes 0 or very large. Similarly, as the number of layers increases, so does the technique and test stir up pace.ResNet, which was suggested in 2015 by Microsoft Research examiners, launched another game plan known as Residual Network.

Extra Block:

To address the problem of the vanishing/exploding point, this planning proposed the Residual Network. In this case, we use a method known as skip affiliations. The skip coalitionforegoes arranging from a few levels and connects directly to the yield.The structure behind this alliance is as opposed to layers gotten settled with the focal sorting everything out, we grant network fit the extra planning. Subsequently, instead of state H(x), starting arranging, permitted the relationship to figure out,

F(x) := H(x) - x which gives H(x) := F(x) + x.

IV. EXPERIMENTAL FRAMEWORK

Use is the interest of an application or execution of a procedure, thought, model, plan, express, standard, check, or structure. In like manner, a usage is an interest of a specific or evaluation as a program, programming piece, or other PC structure through programming and design. Various executions may exist for a given interest or standard.

Step 1-Datasets Preparation Step 2- Dataset Processing

Step 3-Trained Model

Datasets Preparation.

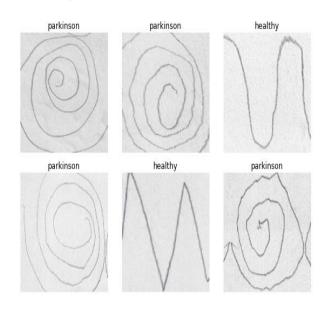


Fig. 2 Looks of Dataset.

A trustworthy report by Zham et al. discovered that it was feasible to see Parkinson's by recommending that the patient draw a contorting and sometime later track: 1. Speed of drawing 2. Pen pressure

The experts tracked down that the drawing speed was effectively moderate pen pressure lower among Parkinson's patients — this was particularly surrendered for patients with an all the additionally surprising/progressed sorts of the issue. We'll be utilizing the way that two of the most when everything is said in done saw Parkinson's signs join shakes

and muscle request which genuinely impact the visual appearance of a hand drawn winding and wave. The blend in visual appearance will interface with us to set up a PC vision + AI check to in like way notice Parkinson's difficulty. The dataset itself contains 204 pictures and is pre-part into a straightforwardness set and a testing set, including:

•Spiral: 102 pictures, 72 sorting everything out, and 30 testing •Wave: 102 pictures, 72 sorting everything out, and 30 testing

Dataset Processing

Using of quick ai we have weight and cycle those data for models. That help to misconstrued better with scaling, etc.

Prepared Model

The Additional Network (ResNet) is a Convolutional Neural Network (CNN) orchestrating network that was designed to communicate with hundreds or thousands of convolutional layers. Although previous CNN models had a decrease in the adequacy of extra layers, ResNet will incorporate an infinite number of layers with solid execution. ResNet was a creative response to the "evaporating slant" issue. Neural affiliations train by viewpoints for the backpropagation cycle, which

depends upon propensity drop, ricocheting the change capacity to discover the stores that keep it.

In the event that there are incredible layers, underscored improvement makes the assessment seriously unassuming and completely clearer, until it "disperses", making execution lower or even dissenter with each extra layer. The ResNet approach is "character substitute way affiliations". ResNet assembles character mappings, layers that from the most unessential beginning stage don't do anything, and skirts them, reusing the causes from past layers. Skipping from the shortest beginning stage packs the relationship into a couple of layers, which pulls in snappier learning. By at that point, when the plot designs once more, all layers are expanded and the "remainder of the" zones of the alliance research totally a more chief level of the piece space of the source picture.

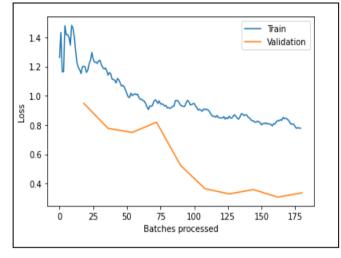


Fig. 3 Performance Graph

We calculate the learning rate with the losses identified for the datasets, which is given in fig. 4

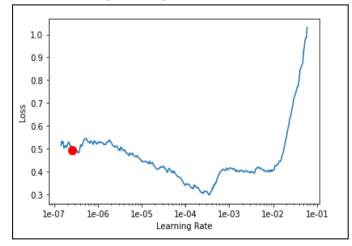


Fig. 4 learning rate range

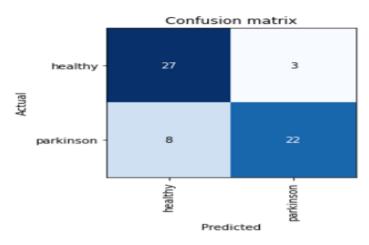


Fig. 5 Confusion Matrix

Final results will take the test data and compare it with training data and the result is represented in confusion matrix in fig.5.

V. CONCLUSION

Change in the kinematics of drawing is one of the covered signs of PD and analyzing pulling in degrees of progress is clearly not hard to act considering the way that it need not relax around idly with any obvious systems. The features were extracted by Convolutional Neural Networks fine-tuned by meta-heuristic-based optimization techniques, which obtained the best results for meanders, tough being similar to the standard set of parameters defined by the library with respect to spiral images (which we believe were hand-tuned). The experiments highlighted spirals as the most discriminative drawing, since it appears to be more difficult to perform such exam than meanders, which are composed of straight lines only. In terms of potential work, we plan to integrate the outcomes of the various optimization methods, since they seem to conflict with respect to both the "Control" and "PD" groups, while being likely complementary to one another. The best results got in this work showed up, to be an accuracy of 81.66 82%.

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VII. REFERENCES

- O'Neil King, R. Biometrics in Healthcare; Biometrics Research Group, Inc.: Toronto, ON, Canada, 2017; Available online: https://www.biometricupdate.com/wpcontent/uploads/2017/04/s pecial-report-globalbiometrichealthcare.pdf (accessedon 11 August 2019).
- [2] Jankovic, J. Parkinson's disease: Clinical features and diagnosis.J Neurol. Neurosurg. Psychiatry 2008, 79, 368–376. [CrossRef] [PubMed].
- [3] Contreras-Vidal, J.L.; Stelmach, G.E. E_ects of parkinsonism on motor control. Life Sci. 1995, 58, 165–176.[CrossRef].

- [4] Tysnes, O.B.; Storstein, A. Epidemiology of Parkinson's disease. J. Neural Transm. 2017, 124, 901–905.[CrossRef] [PubMed]
- [5] SalimLahmiri.; AmirShmuel.; Detection of Parkinson's disease based on voice patterns ranking and optimized support vector machine. 2018
- [6] rishtiGroverSaloni; BhartiaAkshama;
 AbhilashaYadav;SeejaK.R; Predicting Severity Of Parkinson's Disease Using Deep Learning. 2018
- [7] André A. Spadoto; Rodrigo C. Guido; Felipe L. Carnevali; João P. Papa.; André F. Pagnin; Alexandre X. Falcão; Improving Parkinson's disease identification through evolutionary-based feature selection. 2011
- [8] Clayton R.Pereira; Danilo R.Pereira; Gustavo H.Rosa; Victor H.C.Albuquerque; Silke A.T.Weber; Handwritten dynamics assessment through convolutional neural networks: An application to Parkinson's disease identification. 2018
- [9] Luis Claudio Sugi Afonso; Clayton reginaldo Pereira; Weber; Christian Hook; João Paulo Papa.; Parkinson's disease identification through optimum-path forest. 2017
- [10] Rizzo, G.; Copetti, M.; Arcuti, S.; Martino, D.; Fontana, A.; Logroscino, G. Accuracy of clinical diagnosis ofParkinson disease: A systematic review and meta-analysis. Neurology 2016, 86, 566–576. [CrossRef] [PubMed].
- [11] Ammenwerth, E.; Nykanen, P.; Rigby, M.; de Keizer, N. Clinical decision support systems: Need for evidence, need for evaluation. Artif. Intell. Med. 2013, 59, 1–3.
- [12] Dreiseitl, S.; Binder, M. Do physicians value decision support? A look at the effect of decision support systems on physician opinion. Artif. Intell. Med. 2005, 33, 25–30. [CrossRef]
- [13] Mattison, H.A.; Stewart, T.; Zhang, J. Applying bioinformatics to proteomics: Is machine learning the answer to biomarker discovery for PD and MSA? Mov. Disord. 2012, 27, 1595–1597. [CrossRef]
- [14] Lahmiri, S.; Shmuel, A. Detection of Parkinson's disease based on voice patterns ranking and optimized support vector machine. Biomed. Signal Process. Control 2018, 49, 427–433. [CrossRef]
- [15] Gómez-García, J.A.; Moro-Velázquez, L.; Godino-Llorente, J.I. On the design of automatic voice condition analysis systems. Part I: Review of concepts and an insight to the state of the art. Biomed. Signal Process. Control 2019, 51, 181–199. [CrossRef]
- [16] Gómez-García, J.A.; Moro-Velázquez, L.; Godino-Llorente, J.I. On the design of automatic voice condition analysis systems. Part II: Review of speaker recognition techniques and study on the effects of different variability factors. Biomed. Signal Process. Control 2019, 48, 128–143. [CrossRef]
- [17] Viteckova, S.; Kutilek, P.; Svoboda, Z.; Krupicka, R.; Kauler, J.; Szabo, Z. Gait symmetry measures: A review of current and prospective methods. Biomed. Signal Process. Control 2018, 42, 89–100. [CrossRef]
- [18] San-Segundo, R.; Navarro-Hellín, H.; Torres-Sánchez, R.; Hodgins, J.; De la Torre, F. Increasing Robustness in the

Detection of Freezing of Gait in Parkinson's Disease. Electronics 2019, 8, 119. [CrossRef]

- [19] McLennan, J.E.; Nakano, K.; Tyler, H.R.; Schwab, R.S. Micrographia in Parkinson's disease. J Neurol. Sci. 1972, 15, 141–152. [CrossRef]
- [20] Zham, P.; Arjunan, S.P.; Raghav, S.; Kumar, D.K. Ecacy of Guided Spiral Drawing in the Classification of Parkinson's Disease. IEEE J. Biomed. Health Inform. 2018, 22, 1648–1652. [CrossRef]
- [21] Potgieser, A.R.; Roosma, E.; Beudel, M.; de Jong, B.M. The eect of visual feedback on writing size in parkinson's disease. Parkinsons Dis. 2015, 2015, 857041. [CrossRef]
- [22] Drotár, P.; Mekyska, J.; Rektorová, I.; Masarová, L.; Smékal, Z.; Faundez-Zanuy, M. Evaluation of handwriting kinematics and pressure for differential diagnosis of Parkinson's disease. Artif. Intell. Med. 2016, 67, 39–46.
- [23] Letanneux, A.; Danna, J.; Velay, J.L.; Viallet, F.; Pinto, S. From micrographia to Parkinson's disease dysgraphia.Mov. Disord. 2014, 29, 1467–1475. [CrossRef]
- [24] Thomas, M.; Lenka, A.; Kumar Pal, P. Handwriting Analysis in Parkinson's Disease: Current Status and Future Directions. Mov. Disord. Clin. Pract. 2017, 4, 806–818. [CrossRef]
- [25] Rosenblum, S.; Samuel, M.; Zlotnik, S.; Erikh, I.; Schlesinger, I. Handwriting as an objective tool for Parkinson's disease diagnosis. J. Neurol. 2013, 260, 2357–2361. [CrossRef]
- [26] Impedovo, D.; Pirlo, G. Dynamic Handwriting Analysis for the Assessment of Neurodegenerative Diseases: A Pattern Recognition Perspective. IEEE Rev. Biomed. 2019, 12, 209– 220. [CrossRef]
- [27] Impedovo, D.; Pirlo, G. Chapter 7: Online Handwriting Analysis for the Assessment of Alzheimer's Disease and Parkinson's Disease: Overview and Experimental Investigation. In Series on Language Processing, Pattern Recognition, and Intelligent Systems. Pattern Recognition and Artificial Intelligence; World Scientific Publishing:Singapore, 2019; pp. 113–128.
- [28] Ashwinkumar.U.M and Dr. Anandakumar K.R, "Predicting Early Detection of cardiac and Diabetes symptoms using Data mining techniques", International conference on computer Design and Engineering, vol.49, 2012.
- [29] van Drempt, N.; McCluskey, A.; Lannin, N.A. A review of factors that influence adult handwriting performance. Aust. Occup. Ther. J. 2011, 58, 321–328.
- [30] Kotsavasiloglou, C.; Kostikis, N.; Hristu-Varsakelis, D.;Arnaoutoglou, M. Machine learning-based classification of simple drawing movements in Parkinson's disease. Biomed. Signal Process. Control 2017, 31, 174–180. [CrossRef]
- [31] Gallicchio, C.; Micheli, A.; Pedrelli, L. Deep Echo State Networks for Diagnosis of Parkinson's Disease. arXiv 2018, arXiv:1802.06708.