

Digital Phenotyping

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With Personalised Medicine we can develop new treatments through the use of knowledge and new technologies. By using genetic knowledge about the disease and the individual patient, we can diagnose diseases more precisely and target treatment more accurately.

PERSONALISED MEDICINE FOR THE BENEFIT OF PATIENTS



CLEAR DIAGNOSIS
TARGETED TREATMENT
STRENGTHENED RESEARCH

SUMMARY · NATIONAL STRATEGY FOR
PERSONALISED MEDICINE 2017-2020



THE PRECISION MEDICINE INITIATIVE



PRECISION MEDICINE

INITIATIVE

PRINCIPLES

STORIES



GO TO TOP

“Doctors have always recognized that every patient is unique, and doctors have always tried to tailor their treatments as best they can to individuals. You can match a blood transfusion to a blood type — that was an important discovery. What if matching a cancer cure to our genetic code was just as easy, just as standard? What if figuring out the right dose of medicine was as simple as taking our temperature?”

- President Obama, January 30, 2015

The White House

Office of the Press Secretary

For Immediate Release

FACT SHEET

Precision Medicine

Building on President Obama's Precision Medicine Initiative, today the Administration is launching the Precision Medicine Initiative, a bold new research program to help us better understand and treat disease. Launched with the President's 2016

Budget, the Precision Medicine Initiative will pioneer a new model of patient-powered research that promises to accelerate biomedical discoveries and provide clinicians with new tools, knowledge, and therapies to select which treatments will work best for individual patients.

Most medical treatments have been designed for the "average patient." As a result of this "one-size-fits-all-approach," treatments can be very successful for some patients but not for others. This is changing with the emergence of precision medicine, an innovative approach to disease prevention and treatment that takes into account individual differences in people's genes, environments, and lifestyles. Precision medicine gives clinicians tools to better understand the complex mechanisms underlying a patient's health, disease, or condition, and to better predict which treatments will be most effective.

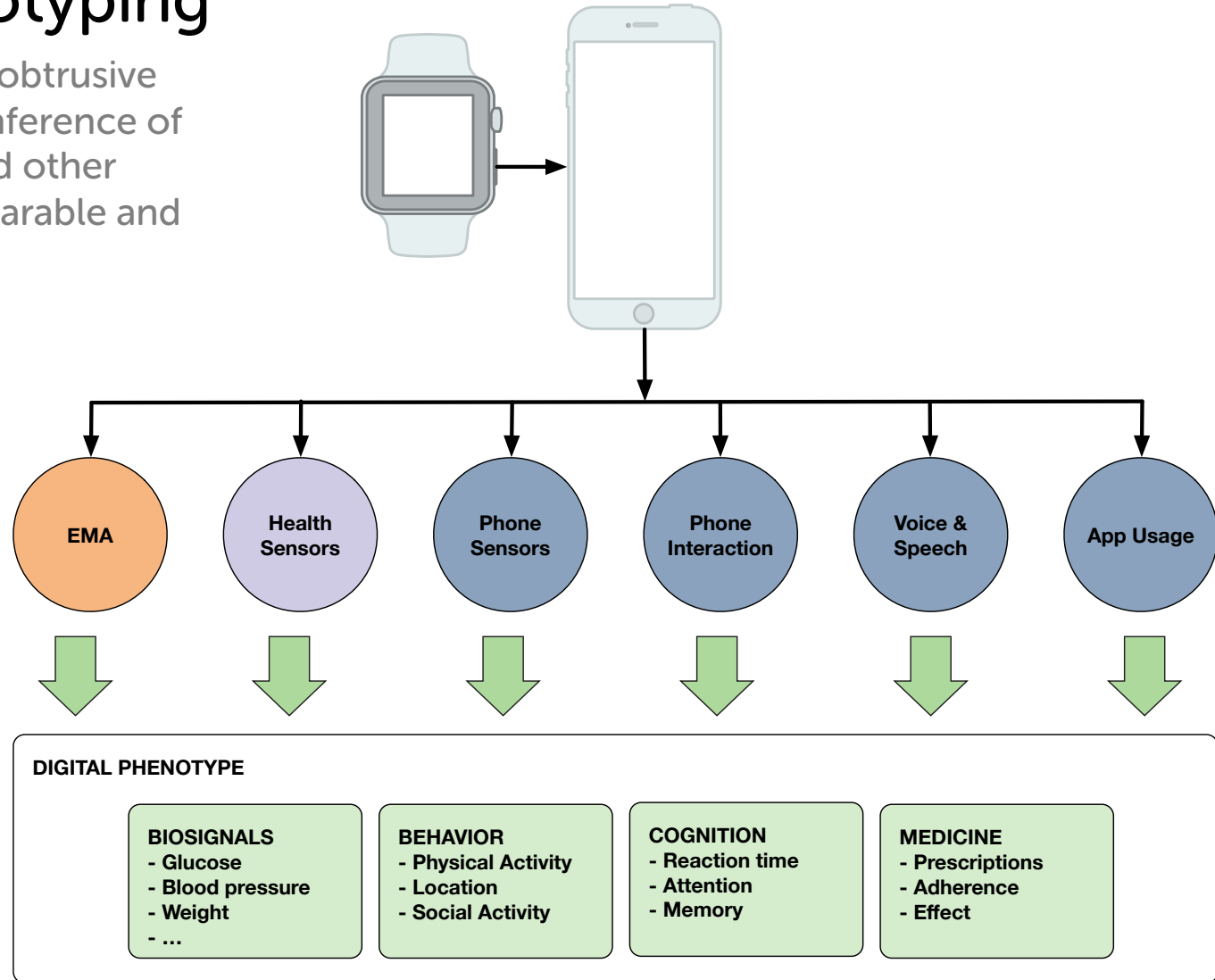
Advances in precision medicine have led to several new treatments that are tailored to individual patients, such as a person's individual's tumor. This is leading to more effective treatments and better outcomes for patients.

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- Creation of a voluntary national research cohort: NIH, in collaboration with other agencies and stakeholders, will launch a national, patient-powered research cohort of one million or more Americans who volunteer to participate in research. Participants will be involved in the design of the Initiative and will have the opportunity to contribute diverse sources of data—including medical records; profiles of the patient's genes, metabolites (chemical makeup), and microorganisms in and on the body; environmental and lifestyle data; patient-generated information; and personal device and sensor data. Privacy will be rigorously protected. This ambitious project will leverage existing research and clinical networks and build on innovative

Digital Phenotyping

“Continuous and unobtrusive measurement and inference of health, behavior, and other parameters from wearable and mobile technology”



- Jain, S. H., Powers, B. W., Hawkins, J. B., & Brownstein, J. S. (2015). The digital phenotype. *Nat Biotech*, 33(5), 462–463.
- Insel, T. R. (2017). Digital phenotyping: Technology for a new science of behavior. *JAMA*, 318(13), 1215–1216.

Digital Phenotyping : What?

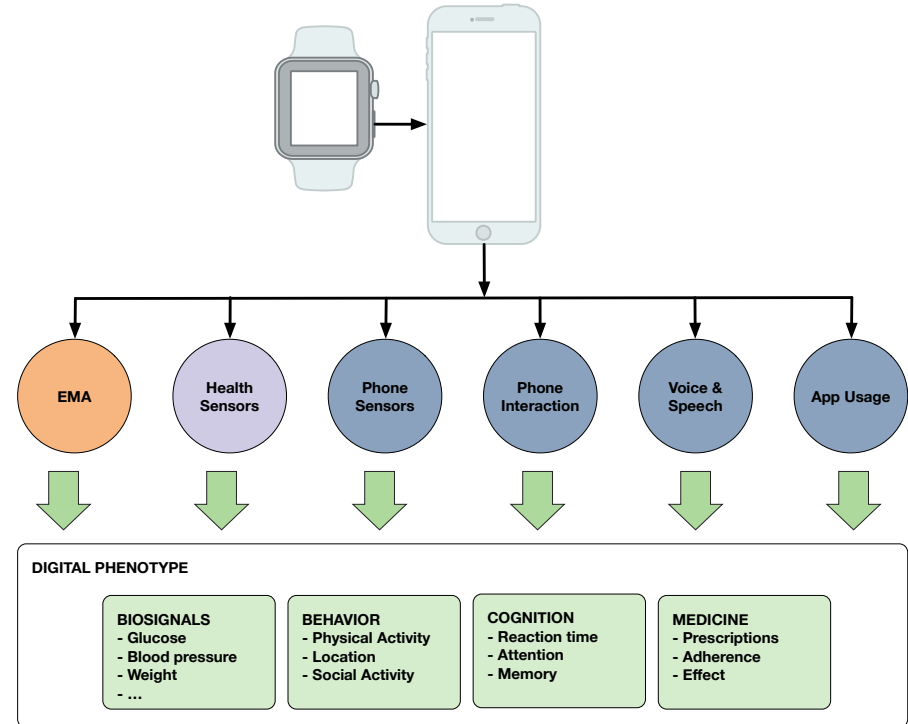
Diet

Smoking

Alcohol

Exercise

Adherence to treatment



Digital Phenotyping : When?

Preventive

- promoting healthy lifestyle
- early detection
- preventive measures

Treatment

- continuous monitoring
- context-aware treatment

Chronic Disease Management

- early warning signs
- self-care (“empowerment”)
- treatment adherence

Diagnostics

- symptom detection & correlation
- prediction of illness

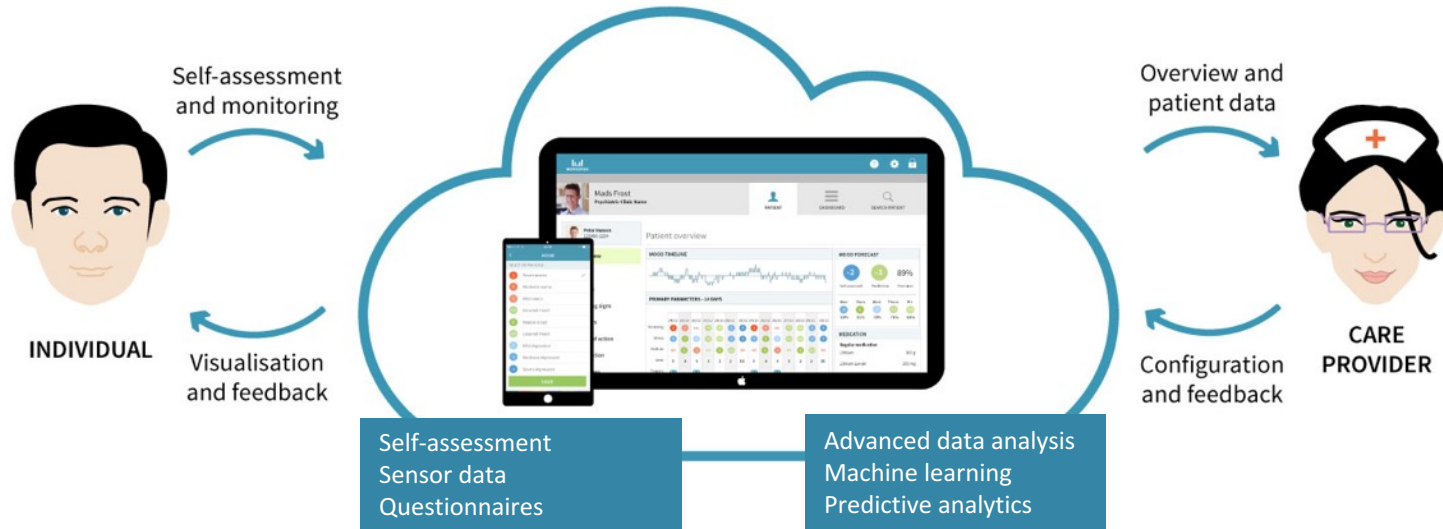
Rehabilitation

- proactive monitoring
- early warning signs
- just-in-time treatment

Patient trajectory



Digital Phenotyping in Mental Health



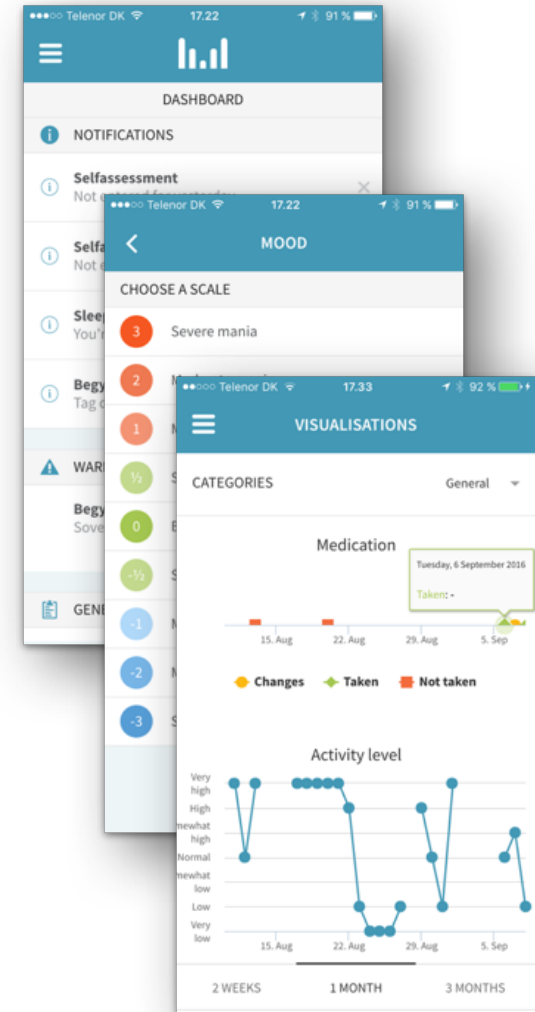
RADMIS

- **Background**
 - Mental health is becoming the leading burden of disease (WHO)
- **Aim**
 - Reducing the rate and duration of re-admission among patients with unipolar and bipolar disorder
- **Partners**
 - Psychiatric Center Copenhagen
 - DTU Compute
 - Monsenso
- **Supported by the Innovation Fund Denmark (IFD)**
- **Technology development**
 - Data collection
 - Mood forecasting
 - Cognitive Behavioral Therapy (CBT)
- **Randomized Clinical Trial (RCT)**
 - blinded randomized trial (N= 200+200)
 - primary : rate of re-hospitalization and duration of hospitalizations.
 - secondary: severity of depression (HDRS) and mania (YMRS) & functional assessment (FAST)



RADMIS

- Smartphone-based monitoring & cognitive behavioral treatment (CBT)
- Monitoring
 - self-assessment – mood | sleep | stress | medicine | ...
 - sensor data – physical activity | mobility | social activity | phone usage | voice features
- Predicting
 - mood forecast
 - relapse of depression
- Intervention
 - visualizations | medication | actions-to-take | triggers | early-warning-signs
 - psycho-education
 - context-aware CBT | behavioral activation | thought parking



Voice & Mood

Collection of voice features in naturalistic setting

- N=28, 12 weeks
- HDRS
- YMRS
- 179 calls (fortnightly)
- open

Classification accuracy were not significantly increased when combining voice features with automatically generated objective data

- depressive state: 0.1% (0.04)
- manic state: 0.1% (0.04)

“Voice features collected in naturalistic settings using smartphones may be used as objective state markers in patients with bipolar disorder.”

OPEN

Citation: *Transl Psychiatry* (2016) 6, e856; doi:10.1038/tp.2016.123

www.nature.com/tp

ORIGINAL ARTICLE

Voice analysis as an objective state marker in bipolar disorder

M Faurholt-Jepsen¹, J Busk², M Frost³, M Vinberg¹, EM Christensen¹, O Winther², JE Bardram² and LV Kessing¹

Changes in speech have been suggested as sensitive and valid measures of depression and mania in bipolar disorder. The present study aimed at investigating (1) voice features collected during phone calls as objective markers of affective states in bipolar disorder and (2) if combining voice features with automatically generated objective smartphone data on behavioral activities

and data (mood) on illness activity, automatically generated objective data from 28 outpatients with bipolar disorder. Manic symptoms were assessed objectively, by a researcher blinded to the classification. Voice features were classified using voice features and specific in the classification of manic symptoms. The classification accuracy for the classification of depressive behavioral activities and electronic states slightly. Voice features were not significantly different in patients with bipolar disorder.

in the assessment of symptoms¹. Based on these clinical observations, the use of electronic systems for speech analysis can be used to extract useful semantics and provide information on the emotional state. For example, information on pitch of the

by extracting data on multiple voice features made in naturalistic settings over time has been developed¹⁵ and a few studies have been published.^{16–20} One study extracted data from patients with bipolar disorder type I using smartphones and demonstrated that changes in speech features predicted the presence of depressive and manic states assessed with weekly phone-based clinical ratings using the HAMD and the YMRS. However, none of the patients in the study had manic symptoms during the study period, and the clinical assessments were phone-based. Another study on six patients with bipolar disorder showed that combining statistics on objectively collected duration of phone calls per day and extracted voice features on variance of pitch increased the accuracy of classification of affective states compared with solely using variance of pitch for classification.^{18,19} The study did not state if and how the affective states were assessed during the monitoring period.

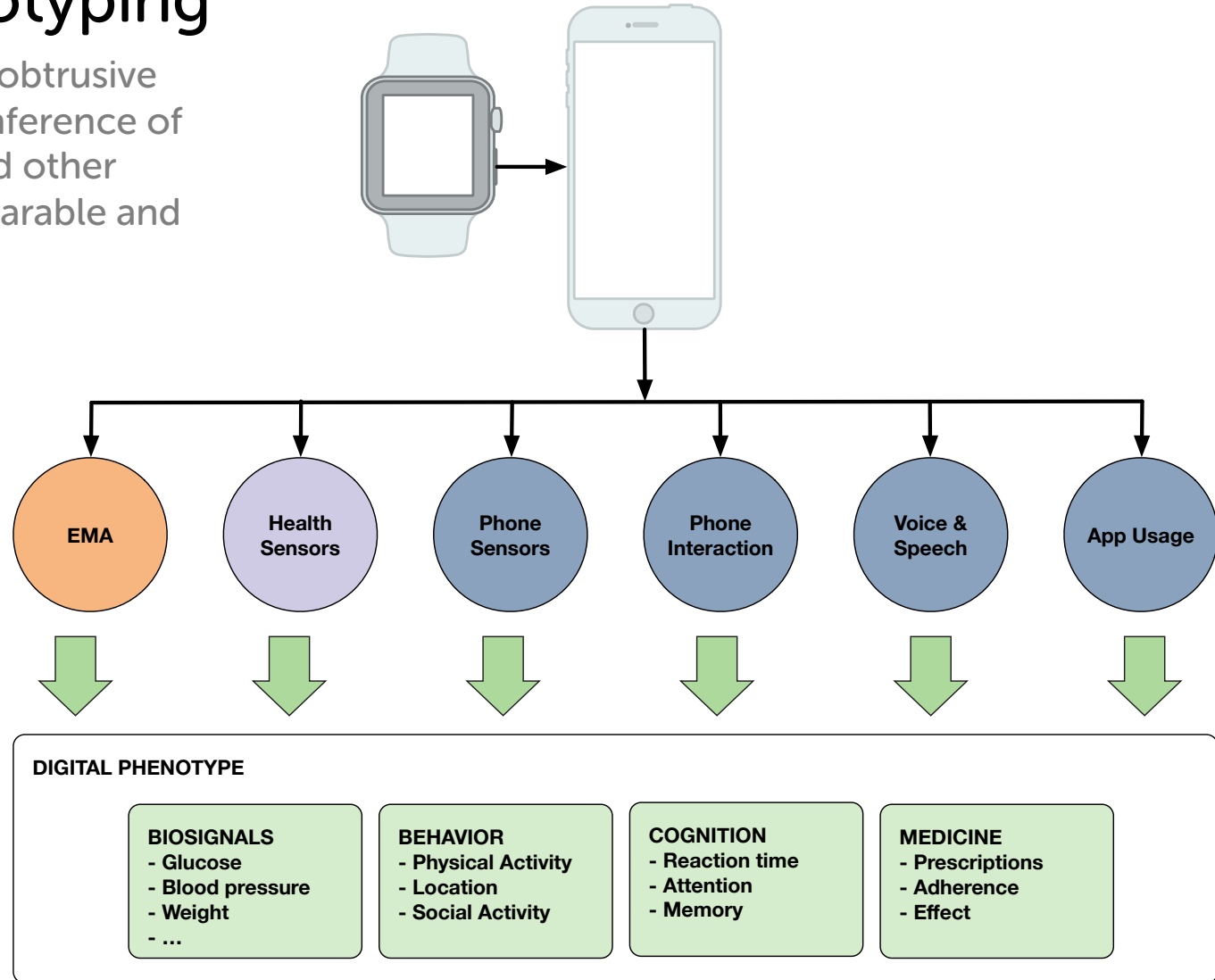
In addition to voice features, changes in behavioral activities such as physical activity/psychomotor activity^{21–24} and the level of engagement in social activities²⁵ represent central aspects of

visits. Studies analyzing the spoken language in affective disorders date back as early as 1938.⁵ A number of clinical observations suggest that reduced speech activity and changes in voice features such as pitch may be sensitive and valid measures of prodromal symptoms of depression and effect of treatment.^{6–12} Conversely, it has been suggested that increased speech activity may predict a switch to hypomania.¹³ Item number eight on the HAMD (psychomotor retardation) and item number six on the YMRS (speech amount and rate) are both related to changes in speech, illustrating that factors related to speech activity are

¹Psychiatric Center Copenhagen, Rigshospitalet, Copenhagen, Denmark; ²DTU Compute, Technical University of Denmark (DTU), Lyngby, Denmark and ³The Pervasive Interaction Laboratory, IT University of Copenhagen, Copenhagen, Denmark. Correspondence: Dr M Faurholt-Jepsen, Psychiatric Center Copenhagen, Rigshospitalet, Blegdamsvej 9, DK-2100 Copenhagen, Denmark. E-mail: maria@faurholt-jepsen.dk Received 25 January 2016; revised 4 April 2016; accepted 5 May 2016

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cachet

Copenhagen
Center for
Health Technology



Healthcare Challenges



Chronic diseases management

Accounting for 2/3 of all healthcare spend worldwide – and increasing – chronic disease management is and will be the main focus of health.



Preventive and predictive health

Obesity, lack of physical activity and unhealthy lifestyle are the major factors for health problems and needs to be addressed early



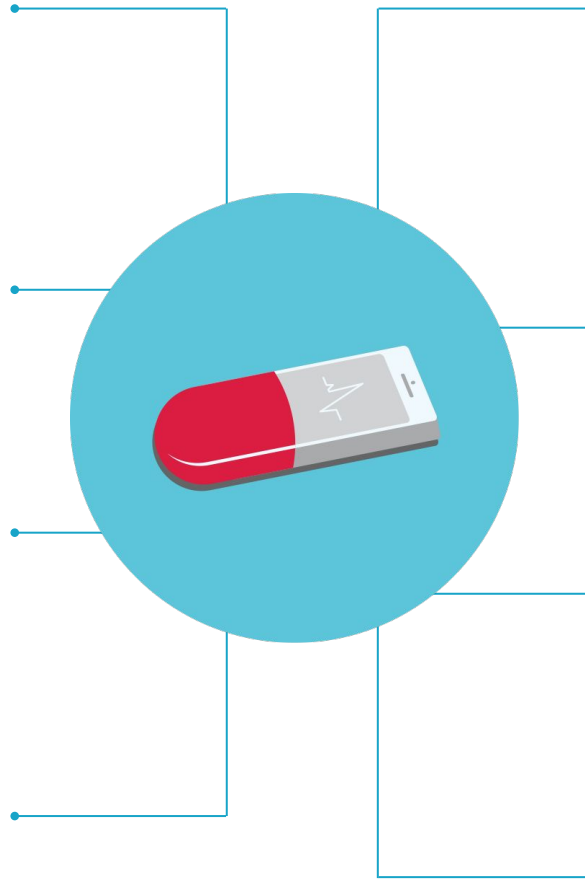
Regulatory

Legal and regulatory demands for protecting patient privacy, data, and safety will be enforced heavily as digital and personalized health emerge



Evidence & outcome-based health

New business models both for suppliers and vendors will be tied to clinical evidence and real-world patient outcome (efficiency)



Technology Opportunities



Personalized technology

Engaging, patient-centric, and participatory technology can deliver interventions tailored to the individual and sustain engagement “beyond-the-pill” outside traditional care settings.



Digitalization

The ubiquity of digital health and communication technology drive new models for virtual and semi-automated doctor-patient contact.



Health IoT

Pervasive, mobile and wearable technology for sensing and engaging with patients create a unique platform for personalized health delivery



Big data analytics

Computing power and advanced analytics and learning algorithms drive insight and prediction of patient behavior, treatment, and care costs