Digital Phenotyping

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INTRODUCTION

- Onnela Lab
 - Statistical network science
 - Digital phenotyping







Welcome to the Onnela Lab website!



Our lab's research involves two interrelated research themes. In **statistical network science**, the study of network representations of physical, biological, and social phenomena, we focus on social and biological networks and their connection to human health. In digital phenotyping, the moment-bymoment quantification of the individual-level human phenotype using data from digital devices, we focus on psychiatric and neurological disorders.

The starting point to the application of our research to public health is the simple premise that people do not exist as isolated units; people are connected, and therefore our health is connected. The group's ongoing projects deal with topics such as large-scale social networks, network inference, cluster randomized trials, and mental health

The Principal Investigator JP Onnela (see Faculty page and Google Scholar profile) joined the Department of Biostatistics in November 2011. He was previously a Postdoctoral Fellow at Harvard Medical School, a Fulbright Scholar at the Harvard Kennedy School, and a Junior Research Fellow at Oxford University, He obtained his doctorate at the Helsinki University of Technology in 2006, where his dissertation received the Dissertation of the Year Award from the university. He received the NIH Director's New Innovator Award in 2013 for the Digital Phenotyping Project (see Research Areas).

www.hsph.harvard.edu/onnela-lab/

SMARTPHONES

ALL ADULTS

64% own a smartphone 64% of American adults own a smartphone in 2015 15% have limited options for Up from 35% in 2011 online access other than cell phone 10% 7% overlap have no broadband service have limited options for online access and at home other than no broadband service smartphone data plan at home

Pew Research Center American Trends Panel survey, October 3-27 2014.

U.S. Smartphone Use in 2015, Pew Research Center, 2015

http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015/

DIGITAL PHENOTYPING

- **Digital Phenotyping Project** (funded by 2013 NIH Director's New Innovator Award):
 - I. Develop **customizable, scalable, open, research platform** for collecting smartphone data
 - 2. Develop **statistical methods** for analyzing and modeling the data
- Digital phenotyping
 - Definition: "Moment-by-moment quantification of the individual-level human phenotype *in situ* using data from personal digital devices"
 - Goal: Capture the lived experiences of subjects, and their interactions with the surrounding world, with minimal interference
 - Active data & passive data

DIGITAL PHENOTYPING

Overall goal

• Tools → Data → Theory → Understanding

Scientific goals

- Precise disease phenotypes for psychiatric, neurological, and surgical patients
- Classification of psychopathologies based on observable behavior
- Monitor response to treatment or intervention
- More efficient drug trials
- Exposure to environment
- Depth of genotype vs. depth of phenotype (GWAS)
- Deep phenotyping (longitudinal)

DIGITAL PHENOTYPING

- Completed development of the **Beiwe research platform**:
 - I. Manage study and data collection using the web-based study portal
 - 2. Download app(Android & iOS)
 - 3. Store hashed and encrypted data on cloud server
 - 4. Model and analyze data using open source Beiwe data tools
 - 5. Share "data protocol" and publish results



"New Tools for New Research in Psychiatry: A Scalable and Customizable Platform to Empower Data Driven Smartphone Research" by J Torous, MV Kiang, J Lorme, and JP Onnela. JMIR Mental Health 3(2):e16 (2016)

DATA STREAMS

Active data

- Survey responses and metadata
- Voice / audio recordings
- Cognitive tests (under development)

Passive data

- GPS
- Accelerometer
- Phone and screen state
- WiFi routers
- Bluetooth devices
- Phone call logs
- Text message logs
- Magnetometer
- Proximity

BEIWE DATA: GPS



- Map: <u>https://mkiang.cartodb.com/viz/c67b3202-2023-11e5-96ef-0e853d047bba/public_map</u>
- Animation: <u>http://cdb.io/IGvZefN</u>

PILOT STUDY

- Surveys (like PHQ-9) are the standard approach in mental health
- Completed during office visits
- Difficult to collect high frequency longitudinal data
- Rely on retrospective recollection and may be inaccurate
- Conformation to expectations or avoidance of responses
- This is an "in vitro" as opposed to an "in vivo" approach

NAME:	DATE:						
Over the last 2 weeks, how often have you been							
bothered by any of the following problems? (use "<" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day			
1. Little interest or pleasure in doing things	0	1	2	3			
2. Feeling down, depressed, or hopeless	0 1		2	3			
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3			
 Feeling tired or having little energy 	0	1	2	3			
5. Poor appetite or overeating	0	1	2	3			
 Feeling bad about yourself_or that you are a failure or have let yourself or your family down 	0	1	2	3			
 Trouble concentrating on things, such as reading the newspaper or watching television 	0	1	2	3			
 Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual 	0	1	2	3			
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3			
	add columns		-	•			
(Healthcare professional: For interpretation of TOT. please refer to accompanying scoring card).	AL, TOTAL:						
10. If you checked off any problems, how difficult		Not diffi	cult at all				
have these problems made it for you to do	Somewhat difficult						
your work, take care of things at home, or get	Very difficult						
along with other people?		E-dramoly difficult					

PILOT STUDY

- Used Mindful Moods app by John Torous
- Micro-surveys only
- 13 subjects run for 30 days (29 days for 2 subjects)
- Outpatients with a diagnosis of depression
- 3 micro-surveys per day, 3 questions each, with replacement
- Own phones
- Incentive (\$50 for 30 days)



"Utilizing a personal smartphone custom app to assess the Patient Health Questionnaire-9 (PHQ-9) depressive symptoms in patients with major depressive disorder" by J Torous, P Staples, M Shanahan, C Lin, P Peck, M Keshavan, and JP Onnela. JMIR Mental Health 2(1), e8 (2015).

PILOT



"Utilizing a personal smartphone custom app to assess the Patient Health Questionnaire-9 (PHQ-9) depressive symptoms in patients with major depressive disorder" by J Torous, P Staples, M Shanahan, C Lin, P Peck, M Keshavan, and JP Onnela. JMIR Mental Health 2(1), e8 (2015).

PILOT: PHQ-9 ESTIMATES

- Average app score is on average 3.0 points higher than paper based score
- Average paper and application PHQ-9 scores strongly correlated: Pearson correlation coefficient of 0.84 with 95% CI: (0.55, 0.95)



Paper and App Scores by Patient

"Utilizing a personal smartphone custom app to assess the Patient Health Questionnaire-9 (PHQ-9) depressive symptoms in patients with major depressive disorder" by J Torous, P Staples, M Shanahan, C Lin, P Peck, M Keshavan, and JP Ohnela. JMIR Mental Health 2(1), e8 (2015).

- Existing approach I: Use dedicated GPS receivers
 - Data collected continuously and therefore no missingness
 - Poor scalability and poor long-term adherence
- Existing approach 2: Use smartphone GPS
 - Needs to be sampled to avoid battery drainage
 - Ignore missingness or use linear interpolation
- Our approach: Use smartphone GPS and deal with missingness
 - Scientific opportunity: scalable for medical and public health applications
 - Statistical opportunity: principled way to deal with missingness

MOBILITY TRACES

High frequency GPS trajectory converted to a mobility trace: (1) flights,
(2) pauses, (3) time, (4) spatial scale



MOBILITYTRACES



MISSING DATA

- Complete mobility trace vs. simulated missingness
- Typical sampling cycle on our platform: on-cycle = 2 mins, off-cycle = 10 mins;
 83.3% of mobility trace missing



SIMULATED TRACES



MOBILITY METRICS

Measures	TL.1	TL.10	TL.20	GL.1	GL.10	GL.20	GLC.1	GLC.10	GLC.20	LI	Truth
Hometime	831.5	832.3	833.4	830.3	830.5	829.8	829.1	832.1	831.3	826.7	882.8
	±2.3	± 2.4	±2.2	±2.2	±2.8	±1.9	±2.1	±2.2	±2.5		
DistTravelled	22184	22446	22569	18801	18801	18779	21791	22380	22444	17236	19344
	± 969.7	± 843.5	± 811.6	± 466.3	± 337.5	± 369.4	± 969.9	±712.1	± 645.6		
RoG	2787.3	2791.3	2791.2	2783.0	2783.0	2783.3	2785.6	2787.0	2787.5	2779.4	2781.3
	±2.3	±2.6	±1.9	±1.6	±1.9	± 2.5	±1.3	±1.5	±1.8		
MaxDiam	6717	6745	6727	6494	6483	6496	6516	6517	6562	6479	6467
	±169	±129	± 98	± 44	± 8	± 34	± 55	± 55	±94		
MaxHomeDist	6372	6410	6379	6160	6147	6153	6144	6152	6163	6149	6129
	± 165	±123	±93	± 49	±16	±39	± 30	± 5	±24		
SigLocsVisited	2.96	3.20	3.20	3.16	3.00	2.96	3.28	3.12	3.20	2	3
	± 0.73	± 0.58	± 0.71	±0.69	± 0.76	± 0.79	± 0.61	± 0.60	± 0.65		
AvgFlightLen	172.7	160.2	158.6	200.2	193.2	191.7	129.9	122.8	127.1	478.8	251.2
	± 10.7	±7.6	± 7.4	±23.2	±19.2	± 18.1	±13.6	±6.1	±7.6		
StdFlightLen	152.9	125.8	123.2	213.4	205.8	202.7	151.0	134.2	137.1	639.6	223.3
	± 30.8	± 10.1	± 5.5	± 51.5	± 36.3	± 43.5	± 30.0	± 8.4	±9.0		
AvgFlightDur	79.0	69.4	68.8	119.0	115.2	113.5	65.4	57.2	60.0	340.6	77.0
	±9.3	± 5.8	± 5.6	±17.9	±13.4	± 13.7	± 10.5	±4.1	±5.1		
StdFlightDur	131.7	115.3	113.5	170.3	168.7	166.7	103.7	85.0	91.7	289.8	55.2
	± 17.0	±9.0	±10.2	± 22.0	± 14.8	± 14.4	±18.2	±10.9	±13.1		
FracPause	0.88	0.89	0.89	0.87	0.87	0.87	0.87	0.88	0.88	0.86	0.93
	± 0.01	± 0.01	± 0.01								
SigLocEntropy	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63
	± 0.01	± 0.01	± 0.01								
MinsMissing	1243	1243	1243	1243	1243	1243	1243	1243	1243	1243	92
CircdnRtn	0.64	0.63	0.63	0.67	0.67	0.67	0.65	0.66	0.66	0.69	0.66
	± 0.02	± 0.01	± 0.02	± 0.01	± 0.01	± 0.01	± 0.02	± 0.01	±0.02		
WkEndDayRtn	0.76	0.76	0.76	0.78	0.77	0.78	0.76	0.76	0.77	0.81	0.79
	± 0.02	± 0.01	± 0.02	± 0.01	±0.01	0.01					

THANK YOU!

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