

## Recognition of Parkinson’s Disease Using Artificial Intelligence: A Review

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**Abstract** — The paper contains a detailed review of a variety of deep learning and machine learning-based approaches and other strategies also used to diagnose Parkinson’s disease (PD) and their impact on opening up new study possibilities. From previous research, we can see a lot of deep learning and AI-based techniques are defined to detect signs based on different symptoms and datasets, similarly a kind of algorithms were used for the diagnosis of PD. Using these technologies, many data can be handled and a solid statistical prediction can be made, so these techniques are getting more practical.

**Keywords**— Parkinson’s Disease (PD), Deep Learning, Machine learning, Artificial intelligence.

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### I. INTRODUCTION

Parkinson’s disease is a very common disease of the nervous system, that usually manifests itself in adults over the age of 50 [1-23], and PD is an illness of the nerve system that affects body mobility. It’s a long-term and progressive illness. UPDRS is an acronym that stands for "Unified Parkinson's Disease Rating Scale." is a rating tool that is the primary method used in clinics for the detection of PD [1]. It is an example of neurodegenerative disease that occurs when nerve cells in the brain gradually lose function and eventually die. In our aging culture, neurodegenerative illness is one of the most serious health issues [2]. It primarily affects the body's motor system that supports motor functions in the nervous system with the increase in illness or with time, it generates non-motor symptoms. PD diagnosis based on speech signals as voice disorder (Dysphonia) is a significant symptom of PD [3,4]. The problem of PD patients has increased in this COVID-19 pandemic situation because people are unable to take more care [5]. A lot of deep learning, machine learning, and AI-based techniques are defined for the detection of symptoms [6]. Recently rather than these techniques various kinds of sensors have been used as a diagnostic tool for the diagnosis of symptoms of Parkinson’s disease [7]. As the condition becomes worsens over time early detection is needed recently speech changes in Parkinson’s disease patients use to detect the symptoms. Recent Parkinson's disease telemedicine investigations focused on vocal disorders-based systems, with machine learning classifiers from Dysphonia, a voice condition, being applied to Parkinson's disease [8-11]. Parkinson’s disease patients’ handwriting also degrades with time so it can also be used for the diagnosis of the disease [12]. Machine learning model based on the MR images of PD patients also gives good accuracy by creating a brain heat map [13]. Artificial Intelligence (AI) techniques have recently gotten a lot of medical attention because these technologies can handle a lot of data and make strong statistical predictions [14]. In 1817, an English physician named James Parkinson was the first to describe that around 10 million people worldwide are affected with Parkinson's disease each year. [15].

Based on the mobility of a person’s body, signs of Parkinson’s disease can be categorized into two types-

**Motor Symptoms:** Symptoms related to the movement of the body known as motor symptoms. The four major impairments are tremor, stiffness, bradykinesia, and postural instability.

**Non-motor Symptoms:** Symptoms which have nothing to do with physical movement are called non-motor symptoms; fatigue, hypotension, restless Legs, dementia, depression, pain, eye problem, foot care, mouth and dental issue, speech and communication problems are some common symptoms of this. [1-23]

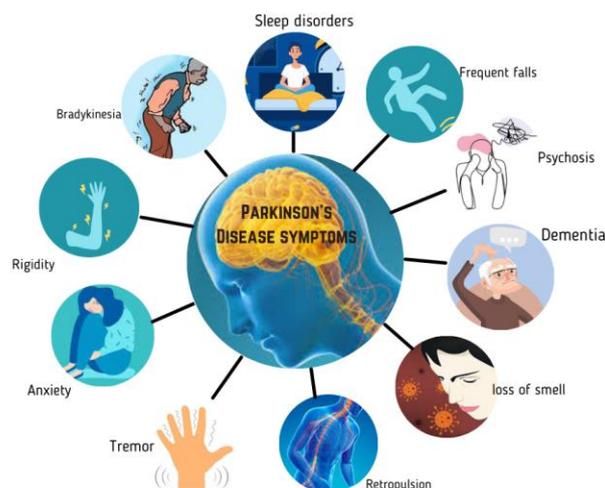


Fig 1: Parkinson's disease causes major symptoms

These symptoms may vary from one individual to another; It is a progressive disease so the condition becomes more worsens with time. The Hoehn and Yahr Scale (HY) is used to group symptoms of Parkinson's disease into five stages; mildest stage after this stage changes in movement and posture are also noticeable in the next stage symptoms begin to obstruct your regular activities in next stage assistance is required to carry out daily tasks and in the last stage the patients are completely confined to their beds [16].

## II. LITERATURE REVIEW

**Table1:** Summarizes the diagnosis of Parkinson's disease based on physiological markers.

Author	Dataset	Subjects	Approach	Accuracy(%)
Shahid A.H. et. al. [1]	Telemonitoring dataset	42 (28 men,14 women)	Principle component analysis based DNN model	*
Kaur S. et. al. [2]	(i) Speech Dataset (ii) Diabetes Dataset (iii) Breast Cancer Dataset (iv)Telemonitoring dataset	(i) 196 (by 31 individual, 23 impaired by PD) (ii) 768 females (iii) 699 females (iv)188(107 men,81 women)	Optimized deep learning model for classification, Grid search optimization	91.69
Valdovinos et. al [3]	*	*	Uses decentralized approach	*
YANHAO XIONG et. al. [4]	Speech Dataset	188(107 men,81 women)	Support Vector Machines(SVM),Logistic Regression(LR),Naive Bayes(NB),Gradient Boosting Model(GBM),Random Forest(RF),Linear Discriminant Analysis(LDA), Adaptive WSO Algorithm,Sparse Autoencoder Neural Network.	SVM 85 ,LR 87, NB 82,GBM 88, RF 81,LDA 95
Zahid Laiba et. al. [5]	Speech Dataset	50(25 men,25 women)	Transfer Learning, Random Forest, Multilayer Perceptron	TL 72,MP 99.7,RF 99
M. Jyotiyana et. al. [6]	Speech Dataset	42	Deep Neural Network-based classification model	94.87
C. Quan et. al. [8]	Speech Signals	45(25 men,20 women)	Bidirectional LSTM model using dynamic speech features and the end-to-end DL using CNN model	*
O.Asmae et. al. [9]	Vocal Phonations	31	ANN classification ,KNN classification	96.7

Sohail Esmailzadeh et. al. [13]	MRI Dataset	452(292 men,160 women)	Convolutional Neural Network Model	100
Ball, Nicole et. al. [15]	*	*	By studying how environmental variables interact with and impact the brain, we can discover PD's underlying cause(s).	*
A. H. Butt et. al. [21]	*	114(79 men,35 women)	Bi-direction Long ShortTerm Neural Network (BLSTM)	82.4
Filippo Cavalloa et. al. [22]	*	90(71 men,19 women)	SVM,RF,NB	RF 95,SVM 97
Saha Roshni et. al. [23]	MRI Dataset	54	Convolutional Neural Network Model	97.63(without batch normalization),97.91( with batch normalization)
S. Raval et. al. [24]	Tappy ,handwriting and Speech dataset	Tappy ,handwriting and Speech dataset	Random Forest Classifier (RF), Adaptive Boosting (AB) and Hard Voting (HV)	99.79
Taoufiq BELHOUSINE DRISSI [25]	Speech Dataset	18 healthy and 20 PD patients	Wavelet transform transformation, extraction of MFCC from the signals,SVM classifiers	86.84

**Table2:** Prediction ,Monitoring and classification of Parkinson's disease using voice factors.

Research	Work Proposal	Classified	Signal Analysis	Acc.
Lahmiri and Shmuel [26]	Access the performance of FS techniques	RSVM	(FS) t-test, entropy, Bhattacharyya statistic, ROC, Wilcoxon Statistic, FMI, GA, RFE-CBR	Acc-Wilcoxon based (92.21%), Se-ROC based (99.63%), Sp-ROC based (82.79%)
Sharma et al. [27]	Modified Gray Wolf Optimization (MGWO) as a search strategy for FS	KNN, RF, DT	(FS) MGWO	outperformed OCFA with Acc-94.83%, DR-98.28%, FAR-16.03%
Kadam and Jadhav [28]	Proposed feature ensemble based SAE	DNN (SoftMax Regression)	(FE) SAE	outperforms DNN with Acc-92.19%, Se-97.28%, Sp-90%
Shukla et al. [29]	Proposed Multiple Pre-Processing technique for early detection of PD	J48, NB, SVM, RF, KNN, MLP, DT, NB Tree	(Pre-P) Discretization, (FS) CFS, ReliefF, IG, CS, PCA	Best-RF, Acc-94.98%, Se-93.18%, F1-94.7%, P-94.96%
Almeida et al. [30]	Evaluation of various feature extractors and classifiers	KNN, MLP, OPF, SVM	(Pre-P) Separate voiced and unvoiced parts, (FE) 18 different feature sets, (FS) t-SNE, (PP) N-way ANOVA, Friedman/Kruskal-Wallis, Nemeyi	AC channel-Acc-94.55%, AUC-0.87, EER-19.01%, SP channel-Acc-92.94%, AUC-0.92, EER-14.15%
Moro-Velázquez et al. [31]	Influence of kinetic changes for automatic PD diagnosis	GMM-UBM (Reynolds et al., 2000), i-vector-GPLDA (Dehak et al., 2010)	(Pre-P) Filtering, Downsampling (16 KHz), Normalization, Hamming windowing (10-40 ms), (FE) PLP, MFCC, LPC, (PP) RASTA for PLP	Acc-87%, AUC-0.93
Tuncer and Dogan [32]	Eight-pooling Octopus based FE network	SVM (Linear, RBF, Cubic), KNN, LR, DT	(Pre-P) Octopus method-minimum, maximum, range, average, variance, median, kurtosis and skewness, (FE) SVD, (FS) NCA, (PP) Mode based	Acc-99.21% (Gender), 98.4% (PD), 97.62% (PD & Gender)
Zhang [32]	Potential of smartphones in low-cost PD diagnosis	KELM, SVM (MultiLayer, Linear, RBF), CART, KNN, LDA, NB	(FE) SAE	Acc-94%-98%

**Table3:** Using deep learning algorithms, table summarizes the diagnosis of Parkinson's disease.

Research	Dataset	Subjects	Classifier	Performance		
				Specificity	Accuracy	Sensitivity
Frid A et. al.[34]	Speech dataset	43-PD 9-HC	CNN	*	83.63%	*
Oh SL et. al.[35]	EEG dataset	20-PD 20-HC	CNN	91.70%	88.25%	84.71%
Zhao A et. al.[36]	Gait dataset	93-PD 73-HC	LSTM&CNN	*	97.48%	*
Caliskan A et. al.[37]	Speech dataset (OPD&PSD)	23-PD 8-HC	DNN	*	Mean AR-93.79%	*
		20-PD,20-HC			Mean AR-68.05%	
Gunduz H et. al.[38]	Speech dataset	188-PD 64-HC	CNN	*	84.50%	*
Al-Fatlawi AH et. al.[39]	Speech dataset	23-PD 8-HC	DBN	*	94.00%	*
Wodzinski M et. al.[40]	Speech dataset	*	ResNet	*	90.00%	*
Dai Y et. al.[41]	PET dataset	214-PD 127-HC	U-Net	*	84.00%	*
Alharthi AS et.al.[42]	Gait dataset	93-PD 76-HC	LSTM & CNN-2D	*	96.00%	*
Pahuja G et.al [43]	(SBR values+5 Biomarkers)	384-PD 148-HC	CNN and MLR	*	99.62%	*
Gil-Martín M et.al.[44]	Spiral drawing dataset	62-PD 15-HC	CNN	*	96.50%	*
Banerjee M et.al.[45]	dMRI dataset	44-PD 50-HC	CNN	*	88.88%	*

**Table 4:** Using machine learning techniques, table summarizes the diagnosis of Parkinson's disease using neuroimaging techniques.

References	Dataset	Subjects	Approach	Classifier	Performance		
					Specificity	Accuracy	Sensitivity
Sharma P[46]	fMRI dataset	510-PD,760-HC	PCA	LS-SVM	*	87.89%	*
Georgiopoulos C[48]	fMRI dataset	20-PD,20-HC	ICA	GLM	*	*	*
Abós A[50]	fMRI with MCI	70-PD,38-HC	Randomized Logistic Regression	SVM	*	82.60%	*
Rubbert C[51]	rs-fMRI dataset	42-PD,47-HC	*	Boosted Logistic Regression	72.70%	76.20%	81%
Chen Y[54]	rs-fMRI dataset	26-PD,26-HC	Kendall Tau correlation coefficient	SVM	90.47%	93.62%	96.15%
Kazeminejad A[56]	rs-fMRI dataset	19-PD,18-HC	AAL atlas	SVM	*	95.00%	*

Sateesh Babu G[49]	MRI dataset	127-PD,112-HC	RFE	PBL-McRBFN	81.00%	82.32%	83.47%
Peng B[47]	MRI dataset	69-PD,103-HC	Wrapper feature selection method	Multi Kernel SVM	87.79%	85.78%	87.64%
Rana B[52]	MRI dataset	30-PD,30-HC	VBM, mRMR	SVM	*	88.30%	*
Zhang L[53]	MRI dataset	16-PD,16-HC	PCA	SVM	*	93.75%	*
Zeng LL[55]	MRI dataset	374-PD,169-HC	Joint Feature Sample Selection(JFS S)	LDA	*	81.90%	*
Zeng LL[69]	MRI dataset	45-PD,40-HC	*	SVM	*	95.00%	*

### III. CONCLUSION

This assessment looked at a number of papers based on machine learning and deep learning techniques for detecting Parkinson's disease (PD). Deep learning models are now having a significant impact in the field of health care. To achieve high accuracy in the diagnosis of Parkinson's disease, deep learning models should be supplemented. Several machine learning and deep learning algorithms can be quite well as a result of this survey.

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