Multilingual Learning for Mild Cognitive Impairment Screening from a Clinical Speech Task

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Abstract

The Semantic Verbal Fluency Task (SVF) is an efficient and minimally invasive speech-based screening tool for Mild Cognitive Impairment (MCI). In the SVF, testees have to produce as many words for a given semantic category as possible within 60 seconds. State-of-the-art approaches for automatic evaluation of the SVF employ word embeddings to analyze semantic similarities in these word sequences. While these approaches have proven promising in a variety of test languages, the small amount of data available for any given language limits the performance. In this paper, we for the first time investigate multilingual learning approaches for MCI classification from the SVF in order to combat data scarcity. To allow for cross-language generalisation, these approaches either rely on translation to a shared language, or make use of several distinct word embeddings. In evaluations on a multilingual corpus of older French, Dutch, and German participants (Controls=66, MCI=66), we show that our multilingual approaches clearly improve over single-language baselines.

1 Introduction

Mild Cognitive Impairment (MCI) is a medical condition (Petersen et al., 2014) that often precedes Alzheimer’s Disease (AD). The development of cost-effective and scaleable screening approaches for MCI is crucial for the early treatment and management of AD (Dubois et al., 2016). The Semantic Verbal Fluency Task (SVF) is a promising screening approach as it combines a time-efficient testing procedure with the possibility of remote and automatic evaluation (Tröger et al., 2018). In this task, the testee is asked to name as many words as possible from a given semantic category (e.g. animals) in a given time (e.g. 60-seconds). Traditionally, the number of named within-category items is used to detect cognitive impairment. However, recent research has shown that in-depth analysis of the underlying cognitive strategies used for the SVF (e.g. semantic memory retrieval, executive control) enables a more fine-grained differential diagnosis (Tröger et al., 2019).

To harness the diagnostic power of the SVF, current automatic evaluation approaches identify semantic clusters in the participants’ word sequences, based on semantic word embeddings (Woods et al., 2016; Linz et al., 2017b; Paula et al., 2018). As the word embeddings used in these approaches are language-specific, training diagnostic machine learning approaches for target languages with small available datasets of SVF tests is challenging. Despite the potential of improving MCI classification by training on larger, multilingual data, all existing approaches for automatic MCI diagnosis are trained and evaluated on data from a single language.

830
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In this paper, we for the first time investigate multilingual learning approaches for MCI screening from the SVF. To train a joint model that generalises across test languages we evaluate two approaches: (1) translation to a common language, and (2) the application of several distinct embedding resources to the same SVF productions. In line with the state of the art (Paula et al., 2018), we evaluate qualitative embedding-based approaches through an extrinsic quantitative downstream NLP application (Wang et al., 2018): classification between controls (HC) versus MCI from qualitative SVF features. In evaluations on French, Dutch, and German corpora we show clear improvements of the multilingual learning approaches over the single-language baselines. Our results show that the performance of classical single-language, single-embedding approaches heavily depends on the combination of embedding and language, hindering generalizability. In contrast, by extracting features from several embeddings simultaneously and training over several languages, we achieve improved and more consistent classification performances across several test languages.

2 Related Work

Our work is related to clinical Evaluation, semantic word embeddings, as well as the automatic qualitative evaluation of verbal fluency tasks.

2.1 Clinical Evaluation

During an SVF trial, a person is asked to name as many words from a semantic category (e.g. animals) as they can in one minute. The person’s response is then scored as the number of unique words named excluding any repetitions. Typically, this word count is then used to determine if the person shows signs of cognitive impairment.

In addition to the word count, qualitative measures to evaluate underlying strategy—clustering and switching—have been proposed (Troyer et al., 1997). For this evaluation, consecutive words that have a discernible semantic relationship are considered to be in a cluster. For instance, in the SVF response “cat, dog, whale, dolphin...”, “Cat” and “dog” are common pets whereas “whale” and “dolphin” are marine mammals. The process of going from one cluster to the next is called switching.

Computing these additional metrics by hand is time-consuming and subjective. This has lead to developing automated methods of clustering and switching based on distributional semantics, or semantic word embeddings (Linz et al., 2017a; Clark et al., 2016).

2.2 Semantic Word Embeddings

Semantic word embeddings map words to a vector space encoding their semantic meaning. Words with high semantic similarity are mapped to vectors close in this semantic space, semantically dissimilar words to distant vectors. These semantic vectors are learned through a variety of algorithms on any large corpora of text with two main varieties of embeddings: contextual and non-contextual (Mischi and Dell’Orletta, 2020). In a non-contextual word embedding, the vector representation is static, whereas, in a contextual embedding, the surrounding words are considered. For example, if we had ‘cutting paper’ and ‘cutting class’, a non-contextual word embedding would assign the same vector to ‘cutting’ in both phrases whereas a contextual embedding would take into account the difference of meaning.

Given the nature of the verbal fluency task, a non-contextual list of animals, this paper focuses on using different types of non-contextual word embeddings to investigate how to model a persistent underlying cognitive structure while combining data from multiple languages. To keep results comparable and reproducible, pre-trained publicly available models that are available in a range of languages are investigated namely, FastText (Bojanowski et al., 2016a), Spacy (Honnibal et al., 2020), and Wikipedia2Vec (Yamada et al., 2020a).

As semantic vectors are learned from large amounts of text corpora (usually Wikipedia and OSCAR common crawl), embedding quality heavily depends on the quantity of the available training data. While French, German and Dutch are relatively well-supported Indo-European languages, they are at a large disadvantage in comparison to English model resources. For instance, Wikipedia offers 6,317,662 articles for English but much fewer for French(2,337,481), German(2,586,965) or Dutch(2,058,488). This presents a trade-off for approaching multilingual learning with semantic embeddings for clinical applications between maintaining the nuance of verbal fluency response in its native language or translating the response to English to take advantage of larger resources. In this paper, we

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1https://en.wikipedia.org/wiki/List_of_WikipediasDetails_table
investigate both scenarios of multilingual machine learning for clinical models.

2.3 Automatic Qualitative Evaluation of VF

Tasks

Verma and Howard (2012) showed that pathological semantic organization of speech is an effective proxy for underlying cognitive impairment in early AD—MCI. As a result, MCI screening from the SVF has leveraged a variety of computational models of semantic coherence across many languages. Early approaches for automatic semantic modeling of the SVF relied on classic co-occurrence measures for capturing AD-related semantic SVF markers (Clark et al., 2016; Pakhomov et al., 2012), graph-based measures (Lerner et al., 2009), or employed latent semantic analysis (Pakhomov and Hemmy, 2014; Pakhomov et al., 2015).

Most recently, semantic word embeddings have been used for automatic evaluation of verbal fluency tasks, including the SVF (Linz et al., 2017b; Paula et al., 2018; Kim et al., 2019; Lindsay et al., 2021a). For MCI screening, encouraging results were obtained with a variety of semantic NLP resources including word2vec (Linz et al., 2017b; König et al., 2018), WordNet (Paula et al., 2018), and Wikipedia backlink vector space models (Kim et al., 2019); Paula et al. (2018) and Linz et al. (2017a) reported classification performances of $AUC \ 0.71$ with a random forest classifier and $F1 \ 0.77$ with a support vector machine, respectively.

While the type of embedding was found to significantly influence classification performance (Linz et al., 2017b; Paula et al., 2018), an approach combining different embedding types was not presented. Similarly, studied languages include French (Linz et al., 2017a), Korean (Kim et al., 2019), English (Pakhomov and Hemmy, 2014) and Brazilian Portuguese (Paula et al., 2018), but to our knowledge, no multilingual classification was investigated.

We argue that by extracting qualitative SVF features with multiple language-specific resources, we can train machine learning models across languages. Overcoming the issue of small clinical data sets and possibly building more robust models that generalize cognitive impairment that is not language-specific.

3 Methodology

3.1 Data

This study included SVF data from clinical datasets in three languages; French collected at Nice Institut Claude Pompidou Memory Clinic in France; German collected at the University Medical Centre Freiburg, Germany; and Dutch from Maastricht University Clinic, Netherlands. All participants performed a 60-second SVF for the category “animals” in their native language—in addition to a battery of cognitive tests—administered by a clinician. The recordings were manually corrected according to the CHAT protocol (MacWhinney, 1991; Karakostas et al., 2017; Tröger et al., 2017).

For all corpora, participants were excluded if they presented with comorbidities (e.g. apathy or depression). To control for confounding cognitive factors, samples from healthy controls (HC) and those with mild cognitive impairment (MCI) were matched for age and education in each language using the MatchIt package in R (Ho et al., 2011). The resulting demographic information for each corpus is listed in Table 1. A wilcoxon non-parametric test is reported to check for differences in age and education between HC and MCI. All described studies were approved by national ethical committees and conform to the Declaration of Helsinki.

3.2 Embedding Resources

As the SVF does not evaluate language abilities but rather underlying processes of executive function and memory, we made use of non-contextual word embeddings. To keep results comparable and generalizable for future studies, we used pretrained mod-

|          | French |          | German |          | Dutch |          |
|----------|--------|----------|--------|----------|-------|----------|
|          | HC     | MCI      | p      | HC       | MCI   | p        |
| N        | 27     | 27       | -      | 23       | 23    | -        |
| Age      | 69.9(3.5) | 71.4(3.0) | 0.16  | 70.1(4.5) | 71.9(4.4) | 0.26 |
| Education| 12.0 (3.5)  | 11.6 (3.4)  | 0.28  | 14.0(3.0) | 13.6(3.2) | 0.51 |

Table 1: Demographic information for French, German and Dutch populations. Age and education in years. Statistically significant differences between the population reported as $p$. Statistical significance is set to $p \leq 0.05$. Healthy Controls (HC). Mild Cognitive Impairment (MCI). Number of Samples (N).
Figure 1: Overview of our Multi-Embedding Multilingual Learning framework. The training data consists of SVF productions with MCI labels in different languages (French, German, Dutch). For each training sample, features are extracted using multiple embedding resources (FastText, Spacy, Wiki2Vec). With this training data, we learn a SVM classifier that is able to predict MCI versus HC at test time on SVF productions from any of the three languages.

Semantic similarity $sim$ was measured by the cosine distance between semantic embedding vectors $e_i$ extracted from words $a_i$, i.e. $sim(a_i, a_j) = \cos(e_i, e_j)$. Clusters were determined by comparing the semantic similarity of consecutive words $sim(a_i, a_{i+1})$ in the production to $T_p$. If the consecutive words were more similar than the base similarity threshold they were considered to belong to the same cluster. If the consecutive words were less similar than the base similarity threshold they introduced a cluster boundary, also referred to as a switch.

Based on the clusters obtained from a given participant with a given embedding, we computed the following features based on Linz et al. (2017a):

- **Mean cluster size** computed as the average number of words in a cluster.
- **Number of switches** calculated as the number of clusters minus 1.
- **Mean cluster distance** computed as the average semantic distance between all words in a cluster, and **mean switch distance** as the average semantic distance between centroids of adjacent clusters.

### 3.3 Clustering-Based Features

The implementation for determining clusters using semantic embeddings followed Linz et al. (2017a). Each participant’s SVF production was transcribed and preprocessed into a sequence of only animal words represented by $a_1, \ldots, a_n$. A base threshold $T_p$ is determined for each participant $p$ by averaging the semantic similarity between all pairs of animal words in $p$’s production.

$$T_p = \frac{1}{n(n-1)} \sum_{i,j=1 \ldots n, i \neq j} sim(a_i, a_j)$$
3.4.1 Untranslated Multilingual, Multi-Embedding Approach

The central idea underlying the untranslated multilingual, multi-embedding approach is to maximize the available clinical data by using generalizable semantic features that robustly model cognitive impairment. To mitigate the possibility of fluctuating performance between language and embedding type, we propose using multiple embeddings for untranslated, multilingual data.

3.4.2 Translated to Common Language Approach

An alternative way to make use of training data from several source languages is to translate all SVF productions to a common language prior to feature extraction. We follow the methodology in (Paula et al., 2018) and translate all SVF productions to English before extracting word embeddings. For translation we first used Google translation API\(^2\) and then manually checked and post-edited any words where the source word was identical to the target word. Due to privacy restrictions on medical data, a set of all mentioned animal names was extracted from the transcripts and a look-up dictionary was created mapping the animals of each language to its English equivalent.

3.5 Classification Experiments

From each of the French, Dutch and German productions as well as their English translations, the four described clustering-based features are extracted using each respective embedding resource.

3.5.1 Multilingual, Multi-embedding (ML-ME)

Figure 1 gives an overview of the multilingual, multi-embedding framework. For both the untranslated and translated approaches, the four features of underlying cognition are extracted. Each of the features vectors are concatenated into a single feature vector. This is the new representation of the SVF production that is then used to train the model and predict a label of HC or MCI.

3.5.2 Baseline Comparisons

Single Language, Single Embedding (SL-SE)

To test how well each language embedding resource models each language, we trained on each combination of language and embedding resource individually.

Multilingual, Single Embedding (ML-SE)

To investigate how each embedding resource behaves in a multilingual training scenario, we trained a separate model for each embedding resource using all the language corpora.

3.5.3 Out-of-Vocabulary (OOV) Rate

In addition to the classification experiments, the out of vocabulary rate for each language for each embedding is considered. This is used as a quality control test to ensure words are not being dropped from the transcript when the features are being computed. The OOV rate is calculated as the unique number of word that are not in the semantic model divided by total produced animal words.

3.6 Evaluation

In line with previous work (König et al., 2018), classification was performed by a Support Vector Machine (SVM) with Radial Basis Function kernel implemented in sci-kit learn\(^3\) (Pedregosa et al., 2011), using default parameters for \(\gamma\) and \(C\). To maximize the amount of available data, testing for each model was done via leave-one-out cross-validation. Model performance was measured as area under the receiver operator curve (AUC). In the multilingual cases, a language-specific AUC was reported, where the multilingual model is evaluated separately on each target language. To compare the multilingual methods to the other approaches, AUC scores were averaged across the languages.

To nullify the effects of random initialization of the SVM optimization, we averaged AUC values obtained from 50 random initializations. To further test quality of the word embeddings, the rate of out of vocabulary words (OOV Rate) was reported as the percentage of words that did not have an embedding vector in the specific model.

4 Results

All results described in Section 3.6 are in Table 2 and Table 3. Table 2 displays the OOV rate analysis and Table 3 contains classification results.

A baseline was created using single language, single embedding (SL-SE) classifications. In the untranslated approach, Dutch had the lowest average across embeddings with an average AUC of 0.29, then French with 0.58, and finally German with 0.55. Similarly, Dutch had the lowest value (average AUC=0.38) across resources in the

\(^2\)https://cloud.google.com/translate
\(^3\)sci-kit learn version 0.24.0 for Python 3.7
translated approach, then German (0.41) and finally French (0.50). No single embedding type showed consistent best performances. In the untranslated approach, French and Dutch performed best with Spacy, and German performed best with FastText. In the translated approach, French and German achieved their best performance with English Wiki2Vec embeddings, whereas the Dutch data worked best with FastText embeddings. The overall finding from the SL-SE baseline showed that no single embedding type performed best over the setting.

In a next step, we combine the datasets to create a multilingual training scenario for each of the embedding types (ML-SE). In both approaches, every classification improves with the multilingual data with the exception of the French Wiki2Vec embeddings in the untranslated case. To make more meaningful comparisons to the SL-SE and ML-SE cases, we aggregate over the languages for each embedding type and report a cross-language average (shown in the table as Lang AVG). We then compare the cross language averages in the single language and multilingual scenarios. In both the untranslated and translated scenarios we see overall improvement. In the untranslated case, we see an average improvement of 12 AUC points, with the largest improvement coming from Wiki2Vec (16 AUC points). In the translated case, using the combined data, we see an average improvement of almost 15 AUC points.

In the case of the untranslated data, we see the largest overall improvement in the multilingual, multi-embedding scenario. Averaging over the cross language averages (Lang AVG) of the ML-SE scenario produces an AUC of 0.60, while the ML-ME average reaches an AUC of 0.66. For the ML-ME scenarios in the translated case, by averaging across the ML-SE models we achieve a comparable AUC of 0.58 which is outperformed by the ML-ME model (0.62). However, in the translated case, the best results are produced in the multilingual scenario using Wiki2Vec embeddings (0.64).

In addition to the classification analysis, we investigated the Out-of-Vocabulary (OOV) rate for each of the embeddings in each of the languages as a form of quality control. The results in Table 2 show that our embeddings were suited for the task. Overall, we had no OOV words for French, English and surprisingly Dutch. However, German animals seem to be lacking from models of equivalent size. This could also be due to language-specific differences in morphology.

5 Discussion

In this study we investigate two different methods of combining multilingual data to build clinical models to distinguish between healthy controls and early signs of Alzheimer’s Disease (MCI); untranslated and translated.

While the multi-embedding method is best for when data is kept multilingual, if the data is translated and no longer in need of multilingual re-
sources, a single embedding type did emerge with the best performance, Wiki2Vec. Given this, in the case where a common language (especially English) can be achieved, according to our data, it may be best to find and use one embedding type.

In addition, we found that embedding type does make a difference in classification performance. Therefore, caution should be used when deciding on semantic resources. For instance, in the untranslated case, if we were to build a multilingual model and only use Spacy emebeddings, we would have relatively good performing classifier in French and German but the Dutch classification would not exceed chance performance. While combining embeddings may not yield the best results for each individual language, it results in the most uniform improvement in a multilingual—versus translated—setting.

However, translating the data to English, drastically improved Dutch performance, specifically with the Wiki2Vec models. Speculatively, the improved overall performance of the English translations with Wiki2Vec could be due to the backlink model where relationships are modeled through linked wikipedia page, situating Wiki2Vec to be very useful in modelling these semantic relationship from a cognitive standpoint in verbal Fluency tasks. However, based on these results, it seems that these relationships are mainly found in the English Wiki2Vec model, most likely due to the large discrepancy in the amount of available training data between the languages.

Beyond just the brand of embedding, there are pros and cons that come with each the untranslated and translated approach. By translating the data to English, we introduce possible errors based on how the data is translated. In this study, we chose to combine an automatic approach with a manual post-editing step, making the translated approach not fully automatic. From a clinical perspective, we do not know if the previous work on cognition applies to data that is translated to another language and then assessed. However, from a computational standpoint, if a reliable translation service for the source language to English exists, using the monolith of English resources presents as a reliable and effective alternative.

There are many challenges that arise when trying to concatenate data from multiple sources, thus specific caution should be taken on how to model data that has health implications. Our investigation of the two approaches (untranslated and translated) shows that SVF speech data can be combined to achieve results comparable to previous models. As no unified benchmark exists for HC vs. MCI detection from the SVF, our results can only cautiously be compared with previous work. However, we noticed that our best results from our best models for French (0.66), German (0.68) and Dutch (0.69) are in line with reported AUC values for French (0.76 (König et al., 2018)) and Spanish (0.75 (Paula et al., 2018)). It is worth noting, that these results are achieved without using the overall word count, which typically the strongest indicator for MCI detection from the SVF task.

6 Conclusion

Using multilingual cognitive data in both a untranslated multilingual, multi-embedding approach and translated to a common language approach improved classification over single language baselines.

This is promising not only for the feasibility of increasing the size of small clinical datasets in quick and cost-effective way, but it also opens the door for methodology on how we can use multilingual data to build more robust understanding of underlying cognitive conditions (Lindsay et al., 2021b; Fraser et al., 2019).

Future work should look at exploratory analysis for the compatibility of features computed from translated transcripts in the current clinical understanding. This could present translation as viable option for low-resource languages, or taking advantage of larger resources, while still presenting explainable clinical solutions and improved classification performance. While the languages in this study are all in the same language family, this methodology should be tested with data from different language families to test for robustness of the solution.

As such, our proposed methodology provides insight into the effect of NLP resources for classifications on cognition as well as a tentative solution to the problem of combining multiple clinical datasets. This addresses the issue of small clinical data sets as well as opens the door for building robust models of cognition for clinically actionable solutions leveraging multilingual data, paving the way towards reaching the societal goal of cost-effective early AD detection.
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