

# Calibration of Automatic Seizure Detection Algorithms

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IEEE SPMB 2022

# Seizures

Seizures are common; 1 – 5 / 1000 live births (neonates), 3 – 5 / 100 people (adults).

Seizures can cause brain damage and may be life-threatening.

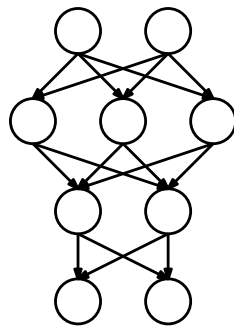
Gold standard diagnostics: Multi-channel video electroencephalogram (EEG).

Reviewing hours of EEG is time-consuming and requires special expertise.

→ Automatic EEG seizure detection algorithm

# Automatic Seizure Detection Algorithm (SDA)

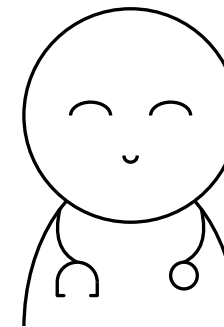
SDA with human-level performance



Usually trained on small amount of data



Practice

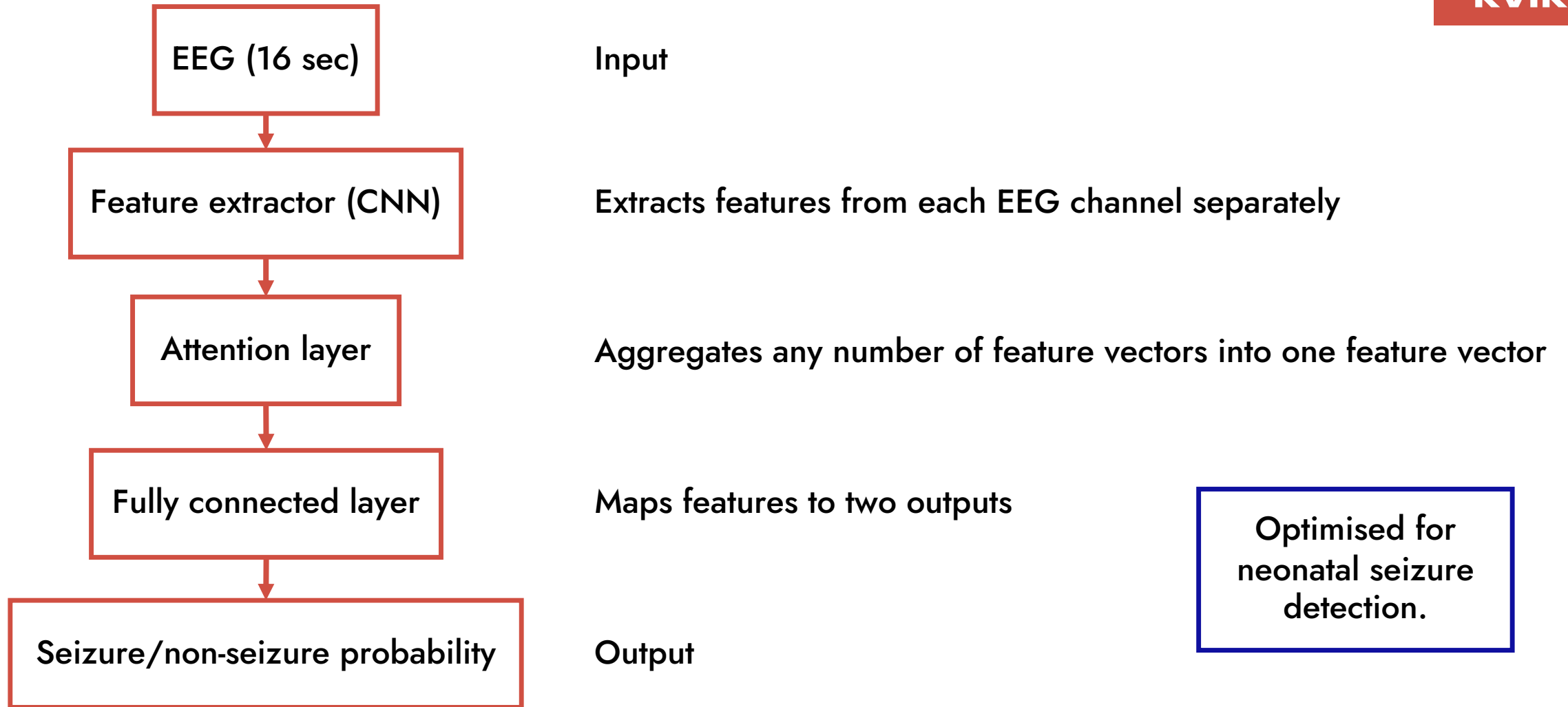


Trust

Can the SDA inform the user when it is not confident in its prediction?

Is the SDA *well-calibrated*, i.e. are probability estimates for seizure/non-seizure predictions close to empirical frequencies?

# SDA: Architecture



# Training

## Neonatal SDA (Helsinki Dataset)

79 recordings

0.5 – 16 Hz

Leave-one-subject-out cross-validation

## Adult SDA (TUH EEG Seizure Corpus)

297 + 41 + 41 recordings

0.5 – 25 Hz

Separate test set

# Performance Evaluation

**Classification performance:** area under the curve (AUC), sensitivity (SE) and specificity (SP).

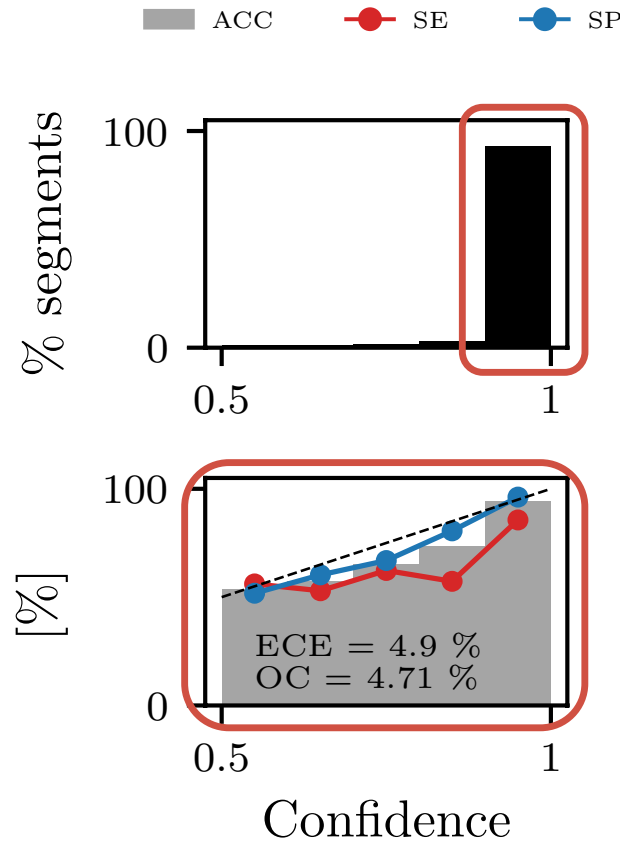
**Calibration:** expected calibration error (ECE) and overconfidence error (OE).

$$\text{ECE} = \sum_{k=1}^K \underbrace{\frac{|B_k|}{N}}_{\text{portion of segments in bin } k} \underbrace{|\text{acc}(B_k) - \text{conf}(B_k)|}_{\text{portion of correctly classified segments in bin } k}$$

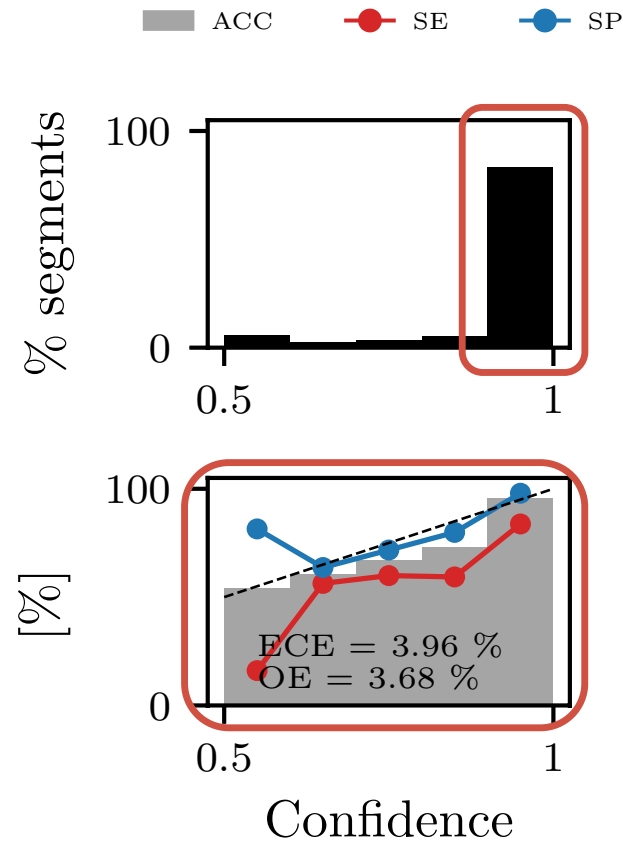
$$\text{OE} = \sum_{k=1}^K \frac{|B_k|}{N} \text{conf}(B_k) \cdot \max(\text{conf}(B_k) - \text{acc}(B_k), 0)$$

# Overconfident Predictions

## Neonatal SDA



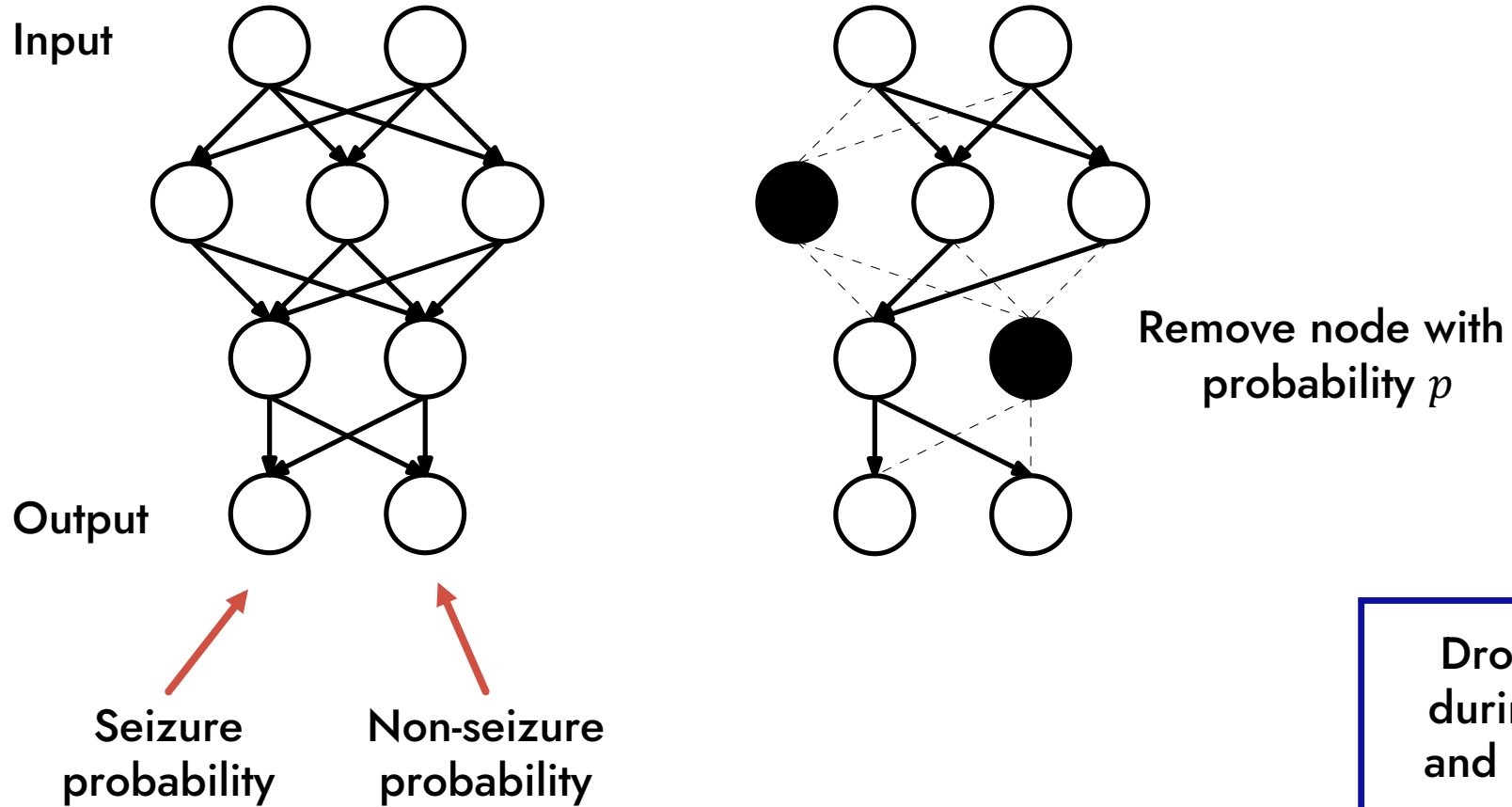
## Adult SDA



(N)SDA is confident in almost all predictions.

(N)SDA is overconfident in the predictions.

# Dropout





# Results

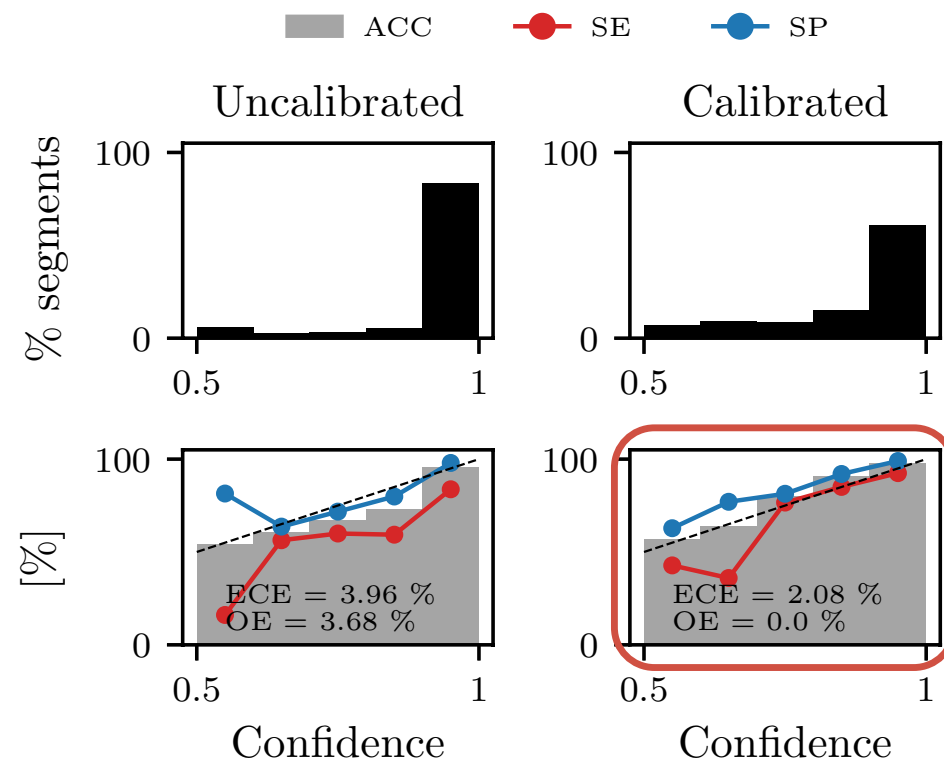
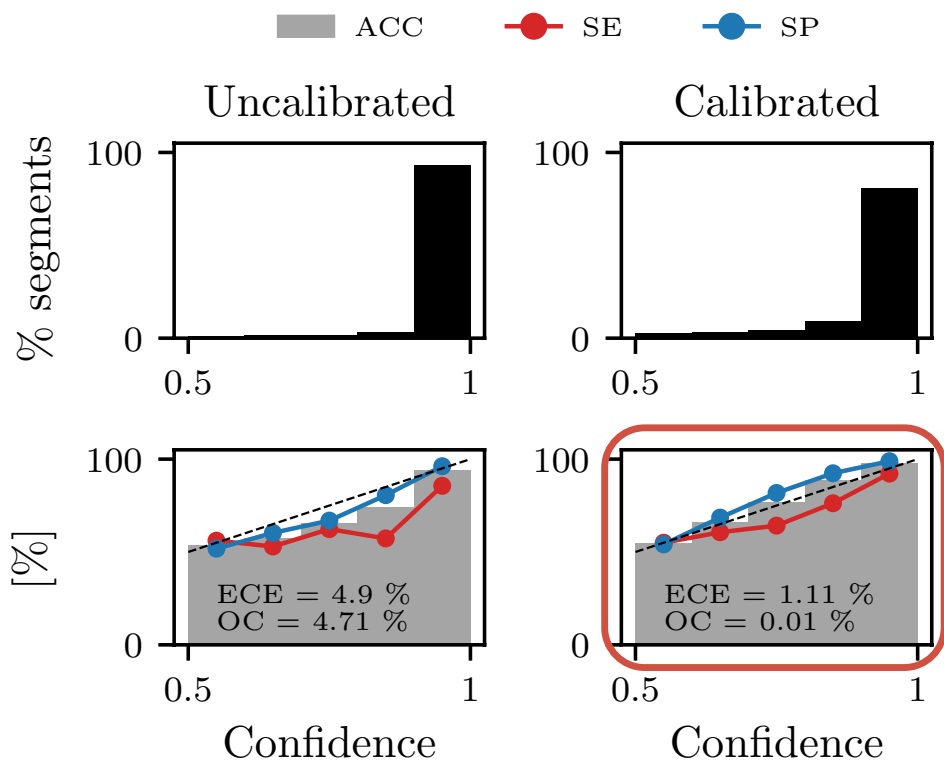
|              | Neonatal SDA |        |        | Adult SDA |        |        |
|--------------|--------------|--------|--------|-----------|--------|--------|
|              | AUC          | SE [%] | SP [%] | AUC       | SE [%] | SP [%] |
| Uncalibrated | 0.90         | 76     | 94     | 0.90      | 66     | 96     |
| Calibrated   | 0.93         | 78     | 95     | 0.89      | 70     | 94     |

There are no big differences between performance metrics.

# Results

## Neonatal SDA

## Adult SDA



Calibration is noticeably improved.

Can the SDA inform the user when it is not confident in its prediction?

**Straightforward application of dropout during training and prediction leads to a noticeable improvement in the calibration of (N)SDA.**