Modeling Glaucoma Progression Using Partial Differential Equations and Regression

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Background on Glaucoma

•A sight-threatening disorder marked by an increase in intraocular pressure that leads to complete blindness if untreated.

•Affects 1-2% of the US population.

•The number of persons estimated to be blind as a result of glaucoma is 4.5 million.

Objectives and Research Questions

Model progression of glaucoma

- •Can we predict how quickly the disease is spreading?
- •Can we see if the eyesight is deteriorating at a faster-than-normal rate?

•Can we determine whether patients are diseased based on some mathematical model?

Data Collection





Study Data

•120 patients with glaucoma

•60 normal patients

•10 visits each. One every 6 months.

•Missing data

Normal versus Diseased Eyes

Normal Patient

Diseased Patient





Animated Progression of Disease



Partial Differential Equations

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Theoretical Reaction-Diffusion Model: $\delta / \delta t z_t(x,y) = \beta [\delta^2 / \delta x^2 + \delta^2 / \delta y^2] + \alpha^* z_t(x,y)$

Approximate model based on discrete study data: $z_{t+1}(x,y) = \beta[z_t(x+1,y)-2^*z_t(x,y) + z_t(x-1,y) + z_t(x,y) + z_t(x,y) + z_t(x,y) + z_t(x,y) + z_t(x,y) + z_t(x,y)] + (\alpha+1) z_t(x,y)$

- β is the rate of spatial change
- α is the rate of temporal change

Challenges with Differential Equations

- **Boundary points**
- -We assumed there was no change in vision beyond boundary points
- -Theoretical simulations suggested this was the most appropriate way to model the spread of the disease.

Simulation of Disease Spread



Linear Regression Model

- •Response: Measurement at time t+1 at (x,y)
- Predictors:
 - -Measurement at time t at location (x,y)
 - -Sum of partial derivatives at time t at location (x,y)

 $\begin{aligned} \mathbf{z}_{t+1}(\mathbf{x},\mathbf{y}) &= \beta [z_t(\mathbf{x} + \Delta \mathbf{x}, \mathbf{y}) - 2^* z_t(\mathbf{x}, \mathbf{y}) + z_t(\mathbf{x} - \Delta \mathbf{x}, \mathbf{y}) + z_t(\mathbf{x}, \mathbf{y} + \Delta \mathbf{y}) - 2^* z_t(\mathbf{x}, \mathbf{y}) + z_t(\mathbf{x}, \mathbf{y} - \Delta \mathbf{y})] + (\alpha + 1) z_t(\mathbf{x}, \mathbf{y}) + \epsilon \end{aligned}$

Error~ $N(0,\sigma^2)$

Simulation data with noise



Results

$\begin{aligned} z_{t+1}(x,y) &= \beta [z_t(x + \Delta x,y) - 2^* z_t(x,y) + z_t(x - \Delta x,y) + z_t(x,y) - 2^* z_t(x,y) + z_t(x,y) + z_t(x,y) + z_t(x,y)] + (\alpha + 1) z_t(x,y) \\ &+ \varepsilon \end{aligned}$

Patient #	α	α p-value	β	β p-value
1	0.001485	0.8131	0.030078	< 0.0001
2	-0. 001842	0.6538	0.031128	< 0.0001
3	-0.004483	0.5861	0.048816	< 0.0001

Confidence intervals

Patient 1

95% confidence interval for α (-0.01084420, 0.01381332)

95% confidence interval for β (0.01793912, 0.04221690)

Regression Assumptions

•Regression assumes that error terms are normally distributed



Residuals by Location



Assumptions/Residuals

•Regression assumes variance of the error term is constant across observations (homoscedasticity)



Problems with Data-Blind spots

•Every human has a blind spot, causing a value of o in the dataset.

•This misrepresents the disease level in that part of the eye, causing error in our prediction

•Possible solution: Treat the blind spot the same as a boundary point

Problems: Ongoing Treatment

•For ethical reasons, patients were being treated for their disease, so some areas did show improvement.

•It was not possible to know which improvement was caused by measurement error and which was caused by medical intervention.

Conclusions and Future Work

•Model is promising because our regression assumptions to do not appear to be violated.

•More accurate model will be possible when controlling for blind spots.

•Future work will include finding β for all patients, diseased and normal, in order to find the distribution of β .

Future Work

•We must compare this model to a model for nondiseased patients.

•We need to find a way to incorporate the effects of treatment into the model.

•We may need to account for the lower bound of possible measurement values.

Acknowledgements

Partly supported by the University of Iowa Department of Biostatistics NHLBI—NCRR— NIH training grant (T15-HL097622-01 NHLBI)

Thank you to Professor Brian Smith for all his guidance on this project.