



## Background & Objective

- Amotrophic lateral sclerosis (ALS)** is a **progressive neurodegenerative disorder** that affects motor neurons
- People with ALS (pALS) experience speech impairment
- Vowel features can characterize speech motor control [1]
- Vowel space area (VSA)** is a commonly utilized measure [2,3]
- Formant centralization ratio (FCR)** is less sensitive to inter-speaker variability compared to VSA [4]
- Previous studies** are based on **recordings in clean lab conditions** using specific recording hardware
- To our knowledge, this is the **first analysis of vowel characteristics for identifying dysarthric speech that is based on remotely recorded speech samples in varying conditions** – for progress monitoring in ALS

**Objective:** Assess the feasibility and usefulness of automatically measured vowel characteristics – based on remotely recorded speech samples in varying conditions – for progress monitoring in ALS

## Methods and Materials

- 72 pALS** (33 females, mean age 62.7, SD: 8.6 years) participated in a **self-administered speech assessment** using a web-based multimodal dialog system [5] (561 recordings sessions total)
- A virtual guide, Tina, guided participants through a set of speech exercises
- Stimuli used for this study: **consonant-vowel-consonant (CVC) words** 'peep' (/pi:p/), 'pep' (/pɛp/), 'poop' (/pu:p/), and 'pop' (/pɒp/)
- The bilabial /p/ was used at onset and coda to reduce co-articulation effects
- We **extracted formant frequencies F1 and F2** using Praat and calculated three vowel features (Table 1)
- Features were z-score normalized separately for female and male speakers

Feature	Formula	Description
Vowel space area (VSA)	$\frac{(F2u - F1i) \cdot (F1u - F2i) + (F2i - F1e) \cdot (F1i - F2e) + (F2e - F1a) \cdot (F1e - F2a) + (F2a - F1u) \cdot (F1a - F2u)}{2}$	Area of quadrilateral formed by four corner vowels on F1-F2 space, in Hz <sup>2</sup> ; calculated with the shoelace formula
Formant centralization ratio (FCR)	$\frac{(F2u + F2a + F1i + F1u)}{(F2i + F1a)}$	Vowel centralization measure that reduces sensitivity to inter-speaker variability
F2i/F2u ratio	$F2i / F2u$	Sensitive to changes in articulatory movements (anterior-posterior tongue movement and lip rounding)

Table 1: Vowel features based on first two formants F1 and F2.

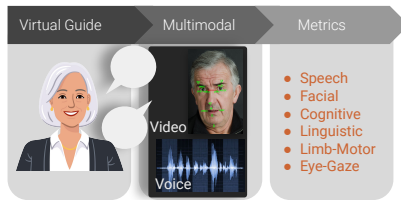


Fig. 1: Schematic diagram of the Modality.AI dialog platform.

- Stratification: following [6], **samples were grouped into two cohorts based on self-reported ALSFRS-R [7] bulbar sub score** (ranges from 0 to 12)
  - Bulbar symptomatic (BUL)**, 273 sessions
  - Bulbar pre-symptomatic (PRE)**, 288 sessions
- At baseline visit, 31 participants in PRE, 41 participants in BUL cohort
- We ran non-parametric **Kruskal-Wallis tests to identify statistically significant differences in vowel characteristics** between the cohorts
- Receiver operating characteristics (ROC) analysis was performed, both with static feature values and with features' rate of change over time, to **investigate usefulness for monitoring progression in ALS**

## Results

- VSA on average lower in BUL group** (229,948 Hz<sup>2</sup> for females, 150,569 Hz<sup>2</sup> for males) than in PRE (331,077 Hz<sup>2</sup> for females, 182,152 Hz<sup>2</sup> for males)
- FCR on average higher in BUL group** (f: 1.19, m: 1.19) than in PRE (f: 1.03, m: 1.13) → stronger vowel centralization in bulbar symptomatic pALS
- F2i/F2u on average lower in BUL group** (f: 1.78, m: 1.78) than in PRE (f: 2.10, m: 1.99) → front vowel /i/ and the back vowel /u/ tend to move closer to each other in terms of F2 with stronger articulatory deficits [4]

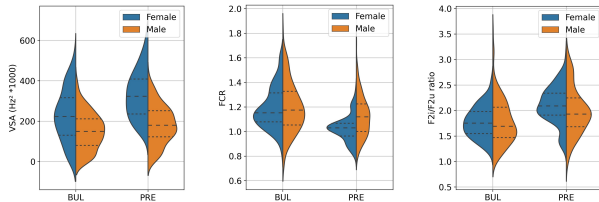


Fig. 2: Distribution of the three vowel features in the BUL and PRE cohorts.

- Kruskal-Wallis test (at baseline): **FCR statistically significantly different between the BUL and PRE cohort** ( $p < 0.05$ , Glass'  $\Delta = 1.16$ )
- ROC analysis (discriminate between the two cohorts): best results in terms of area under the curve (AUC) for **FCR and F2i/F2u ratio (AUC=0.68 for both)**
- In the longitudinal analysis, the **change rate of the VSA** yielded the best result (AUC=0.70)

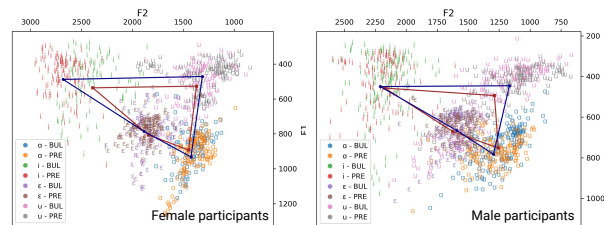


Fig. 3: Bulbar symptomatic pALS exhibit on average a smaller vowel space area (red lines) than pre-symptomatic pALS (blue lines). Quadrilaterals are drawn based on the centroids of each corner vowel for each cohort.

## Conclusions

- We **investigated the clinical utility of automatically extracted vowel features for progress monitoring in ALS**
- findings indicate that **vowel features reflect differences in speech motor control** between bulbar symptomatic and pre-symptomatic people with ALS
- In this dataset, **differences are more pronounced in female participants**
- Observations underscore the **utility of remotely collected speech samples** recorded with consumer-grade hardware, **using an interactive dialog system** for naturalistic speech elicitation

## References

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