

Identifying and Aligning Medical Claims Made on Social Media with Medical Evidence

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CONTENTS

Problem



Online Health Information and EBM

Empowering patients with evidence-guided choices.

Idea



NLP for Evidence Alignment

Automating the alignment between claims and evidence

Solution



Current Data

RedHot, Trialstreamer and the lack of alignment



Synthetic Generators

Generator for synthetic data



Expansive Medical Claim Corpus

New corpus output from our sythetic claim generating process.



Results





HEALTH INFORMATION





How can we **support** individuals in navigating the **vast** amount of **health**

information available on social media?





Patients often turn to social media for support on their conditions, however it can be challenging for both medical and non-medical persons to discern whether information is reliable and evidence-based.







EVIDENCE-BASED MEDICINE





Evidence-based medicine is the practise of making medical decisions, where those decisions are informed by the entirety of the current and best evidence available.





This evidence often comes in the form of randomised control trials (RCT). RCT's can be further aggregated into meta-analyses and systematic reviews. The basis of these documents are constructed via the PICO framework







POPULATION, INTERVENTION, COMPARATOR, OUTCOME



POPULATION

In elderly patients with chronic low back pain,

Does physical therapy compared to pharmacological treatment lead to better pain management and improved functional ability?



COMPARATOR

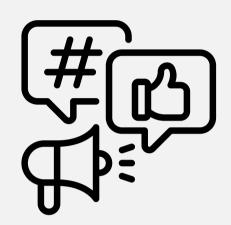






EXAMPLE OF CLAIM TO EVIDENCE ALIGNMENT





Claim and PICO Annotation Example (RedHot Corpus)

Dexo cured his croup and fixed his breathing!





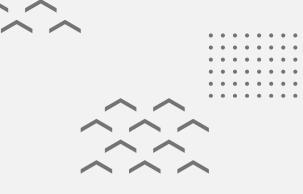
Randomised Control Trial and PICO Annotation (Trialstreamer)

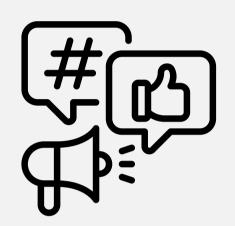
Prednisolone Versus Dexamethasone for Croup: a Randomized

Controlled Trial



DATASETS





REDHOT CORPUS

A corpus of social media posts (reddit) annotated with spans of PICOs and Medical Claims.

Non-expert/human curated corpus and lacks clinical breadth.



TRIALSTREAMER DATASET

Contains millions of instances of machine annotated PICOs to medical evidence abstract pairs across all medical topics.

Not paired with medical claims. Too big for human alignment.

How do we build an evidence retrieval system for pairs it hasn't seen before?



SYNTHETIC GENERATOR



TRAINING PROCESS

PICO and Claim Annotations



GENERATING SYNTHETIC CLAIMS

PICO and Medical Evidence Pairs

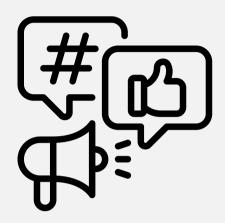


Synthetic Claims, and Medical Evidence









PICO to Synthetic Claim Examples

Gout, Food, Flare-ups.

Pubmed ID: 32620199.

"I got my first attack in February and was following the advice of avoiding high purine foods"

Coronary Heart Disease, Vitamin K, Vascular Calcinosis.

Pubmed ID: 15514282.

"Because I heard it helps with certain medical conditions. I

know it can have psychoactive effects too"



EVIDENCE RETRIEVAL



Alignment via Dense Passage Retrieval PICO and **Evidence** Claim Encoder **Encoder BERT BERT**

Synthetic Claims

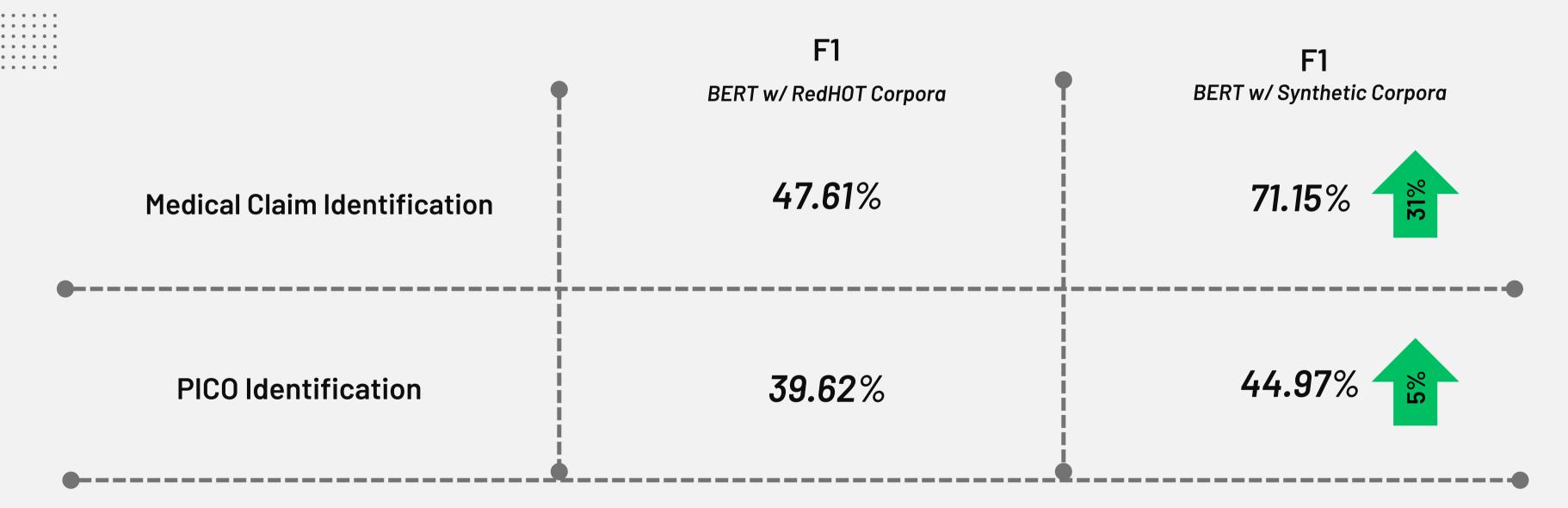
Medical Evidence

- Evidence retrieval can be framed as a question-answering task,
- We use the PIO elements and the medical claim as the question and the answer is a set of relevant medical abstracts.
- The aim of the evidence retrieval component is to retrieve the most pertinent evidence in relation to a given medical claim and it's associated PIO data.
- We use a dual-encoder dense passage retriever (DPR) for alignment.
- The goal is to create a vector space such that relevant pairs of claims and evidence will have smaller distance, i.e., higher similarity. This means training the encoders so that the dot-product similarity between the outputs of those encoders is higher.



CLAIM AND PICO CLASSIFICATION RESULTS





Test set is taken from the real examples in RedHOT





EVIDENCE RECALL EVALUATION

- We look to utilise the naturally occurring claims from the RedHOT corpora.
- Query our trained evidence retrieval system with those claims.
- An expert, in the form of a qualified doctor currently practising as a first year general practitioner (GP), is utilised to perform the analysis.
- We then asked the expert to allocate a relevancy score to each of the 5 abstracts.

<u>Category</u>	Precision @ K = 5
Highly Relevant	3
Relevant	13
Somewhat Relevant	23
Irrelevant	36







THANK YOU!

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