

Transformer-based Topic Modeling to Measure the Severity of Eating Disorder Symptoms

Notebook for the eRisk Lab at CLEF 2023

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Abstract

In this paper, we describe a topic-driven approach for detecting the severity of eating disorder symptoms. We extract more task relevant embeddings with the help of a MentalBERT model pretrained on ED data. We then employ the use of BERTopic to extract probability scores associated with identified discussion themes. These become features used to predict the answers given by users in the Eating Disorder Examination Questionnaire, based on their social media post history. The task is introduced in the CLEF eRisk 2023 competition, in which we participate as team RiskBusters. We obtain the best results in the Shape Concern Subscale and are competitive on all the other metrics.

Keywords

topic-based classification, social media, eating disorder detection, mental health transformers

1. Introduction

As a highly accessible way of communication, social media proves to be the perfect medium for self-expression. Under the benefit of anonymity, users share personal experiences and insights, come forward as advocates for mental health support communities or seek information. Eating disorders are a growing concern impacting people worldwide and early detection is crucial to ensuring positive outcomes for those affected. As symptoms are hidden in day-to-day behaviours, using data coming from online sources offers a better chance of capturing them.

Mental Health professionals use the Eating Disorder Examination Questionnaire (EDE-Q), a self-reporting tool, to understand the range, frequency and severity of symptoms and how those affect a person [1]. CLEF's eRisk 2023 competition proposes a task for measuring the impact of ED symptoms using a Reddit posts dataset and the answers the users give to the aforementioned questionnaire. The work presented in this paper describes the RiskBusters team's approach to predicting an individual's answers to the questions, based on their social media presence.

We extract common patterns in the user's discourse, using a framework for topic modeling that is based on transformers [2] and return the probabilities with which a set of topics appear in the users' messages. The resulting scores serve as features for several TabPFN [3] classifiers, each predicting the answer to one question.

CLEF 2023: Conference and Labs of the Evaluation Forum, September 18–21, 2023, Thessaloniki, Greece

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CEUR Workshop Proceedings (CEUR-WS.org)

We domain-adapt MentalBERT on Anorexia data with MLM pretraining. We obtain promising results on the proposed task by employing these embeddings to examine a user’s discussion theme distribution. We observe that using these topic probabilities as input for classification enables us to get good performance with little information.

2. Related Work

Mental Health Disorder detection based on social media posts has become a popular research area in recent years. In particular, work on eating disorders focused on identifying individuals at risk using traditional topic modeling [4] or transformers [5].

Assessing the severity of eating disorder symptoms by predicting responses to the EDE-Q has been previously addressed in the 2022 edition of eRisk [6]. Due to the limited number of available samples and the complexity of the questionnaire, the task presents a unique challenge. Participating systems mostly make use of techniques that capture the semantic similarity between the questions and the posts, achieving good performance, considering that no training data was available for this previous iteration of the task. To this end, the systems use either transformer embeddings to encode the available data [7], or pretrained word vectors with additional feature engineering to extract relevant keywords in the questions [8]. The eRisk 2018 [9] anorexia dataset is used for additional fine-tuning or evaluation. The best performing system [10] uses a fine-tuned BERT [11] and cosine similarity to assign symptom severity.

Using the topical dimension of social media posts for understanding sentiment is a commonplace technique in NLP. Traditional modeling approaches (LDA [12], Top2Vec [13]) rely on individual words for discovering topics [14], but fail to capture complex contextual relationships in sentences. By employing the use of transformers, topic modeling can be framed as an embedding clustering task, where each created topic has a descriptive, contextual latent representation that can be purposed downstream [2]. This method has been mostly applied on datasets sourced from discussion trees of short posts (coming from Twitter or Reddit) for the analysis of trend evolution. For example, numerous works have observed how the COVID-19 pandemic shaped opinions [15] [16] or increased the number of mental health issues [17], [18], [19], [20]. Closer to our work, one study [21] describes how aspects from the sphere of eating disorders (such as dieting, substance abuse, and increased physical activity) came up in a number of topics when BERT embeddings were used. Some approaches go further and focus on user-level, by adding classifiers to flag posts as suggesting depressive, anxious or autistic behaviour [22] or trying to recommend therapeutic techniques fit for specific situations [23].

Our approach is unique, as we propose the use of a domain-adapted transformer (pretrained on eating disorder-related content) to estimate the user-oriented topic distribution as an input for simple classifiers and further predict a degree for the symptoms captured in the EDE-Q.

3. Method

We measure the severity of Eating Disorder signs by leveraging our user-level topic distribution method, presented in Figure 1. The training dataset of this task [24] consists of social media post and comment history from 28 Reddit users. For each user, the ground truth is a set of integers

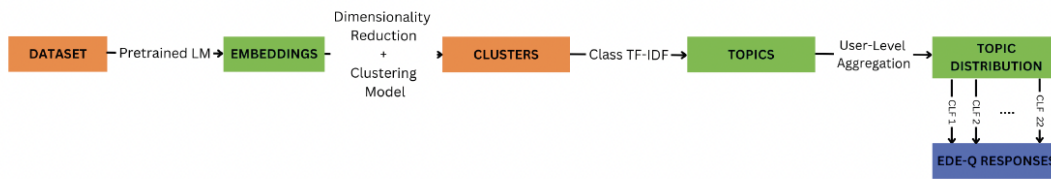


Figure 1: The end-to-end EDE-Q answering pipeline consists of topic distribution extraction and classification performed for each user.

ranging from 0 to 6, representing their answers to the questions in the EDE-Q. We approach the problem by employing a classifier for each question, where the answer corresponds to the degree of experiencing the target symptom. There is a total of 22 questions, grouped in 4 main categories: Restraint, Eating, Shape and Weight Concern. Each class refers to a major symptom set experienced with an eating disorder diagnosis and is analyzed from different perspectives. We train our base classifiers on the topic data from all users and observe that the label distribution is skewed towards either 0 or 6.

3.1. Transformer-Based Topic Modeling

We start by hypothesizing that the discussion subjects present in users’ posts on Reddit will be informative enough to be used as features for downstream classification. The first step in our solution consists of discovering these topics using transformers. To this end, we employ the use of the BERTopic [2] framework, due to its highly customizable nature. We start by generating embeddings, usually from pretrained language models. We try both publically available transformers and our own domain-adapted versions, as well as other embedding generation techniques, such as the Universal Sentence Encoder [25].

The next pipeline step is reducing the dimensionality of these sentence embeddings and clustering them. We use UMAP [26] as our default dimensionality reduction technique. The clustered messages can now form the discussion topics and can be obtained with BERTopic’s class TF-IDF. Due to limitations of the classification model used in the following step, we force HDBSCAN [27], our clustering model, to generate at most 100 clusters. At inference time, we use the topics obtained and generate scores for each post in the test dataset.

3.2. Domain-adaptive pretraining

We expect that extracting embeddings from transformers trained on mental health content will lead to identification of topics that are more relevant to our task. We therefore choose to experiment with MentalBERT [28], a transformer trained on posts collected from social media, covering topics such as depression, suicide and suicidal ideation, anxiety, posttraumatic stress disorder, and bipolar disorder.

Given that the datasets used in the training process do not explicitly include any ED content, we continue MentalBERT’s pretraining with a masked language modeling objective [29] on the eRisk 2018 anorexia dataset [9]. Since the data was released for the task of detecting users

Table 1
Results for all variations of the method submitted by our team

Run	MAE	$MZOE$	MAE_{macro}	GED	RS	ECS	SCS	WCS
baseline-all0s	2.419	0.674	2.803	3.207	2.138	3.221	3.028	2.682
baseline-all6s	3.581	0.834	3.995	3.839	4.814	3.650	3.950	3.318
baseline-average	2.091	0.859	1.957	2.391	1.592	2.398	2.162	2.002
distilroberta8	2.338	<u>0.691</u>	1.922	2.294	1.866	2.492	1.999	2.425
mentalbert32	2.352	0.699	1.858	2.127	2.025	2.365	2.034	2.466
mentalbert1epoch32	2.396	0.704	1.861	2.178	<u>1.859</u>	2.484	1.957	2.468
mentalbert3epochs32	2.419	0.709	1.898	2.251	1.935	2.440	2.037	2.445
mentalbert10epochs8	2.346	0.705	1.859	2.217	1.862	2.398	1.898	2.395
mentalbert10epochs32	<u>2.334</u>	0.702	1.854	2.230	1.898	2.381	1.947	<u>2.378</u>
mpnet32	2.408	0.696	1.936	2.365	2.048	2.536	1.985	2.414
use32	2.347	0.696	1.975	2.534	1.911	2.443	2.215	2.494

at risk, we only keep the posts with a positive label for pretraining. We use the unsupervised MLM training implementation¹ provided in the Sentence-Transformers framework [30].

3.3. Final Classification

After obtaining the topic scores for all posts, we aggregate the probabilities at user level. Each user is assigned a feature vector of size $N \leq 100$, where N is the number of extracted topics. Due to the small number of users, we need a solution that works well on low-dimensional data. The best fit is TabPFN [3], a transformer trained for supervised classification of tabular data, by approximating Bayesian inference on synthetic datasets drawn from causal priors. It achieves state-of-the-art performance on small datasets.

In order to predict the answers to the EDE-Q, each question is treated as an individual classification problem. We fit a TabPFN model on the feature vectors corresponding to the users in the training set, and learn to output an answer ranging from 1 to 6, which should correlate to the severity of the symptom targeted by the question, as experienced by the user.

4. Results

We report the results for our submitted runs in Table 1, based on the eight metrics used to evaluate all systems on the unannotated test data made available to participants [24].

The Mean Zero-One Error ($MZOE$) metric reflects the fraction of incorrect predictions for a user’s questionnaire response, while the Mean Absolute Error (MAE) represents the average deviation from predicted values to the ground truth. The MAE_{macro} is appropriate for imbalanced ordinal classification problems, as it computes the MAE for each class and weighs the results equally. Since the measures evaluate performance at the user level, the reported result is averaged across all users in the dataset.

¹https://github.com/UKPLab/sentence-transformers/blob/master/examples/unsupervised_learning/MLM

The Restraint Subscale (*RS*), Eating Concern Subscale (*ECS*), Shape Concern Subscale (*SCS*), and Weight Concern Subscale (*WCS*) are concerned strictly with the set of questions that address each symptom class. These metrics compute the *RMSE* between the mean value of the responses filled in by the user for the corresponding questions and those outputted by the system. Based on the mean performance across the four subscale measures, a global score is obtained, which is then used in the Global ED (*GED*) metric, computed as the *RMSE* between the ground truth global score and the model’s global score.

The run names in Table 1 reflect the attempted variations on our method. We mainly experiment with different embeddings as input to the topic modeling pipeline. For MentalBERT, we submitted results for the default model, as well as after 1, 3, and 10 MLM pretraining epochs. We also specify the *N_ensemble_configurations* hyperparameter for the final TabPFN classifiers, as we found, during validation, that tuning this parameter can control the model’s tendency to skew the predictions towards either 0 or 6.

To ensure a fair comparison, we include the baseline performances, as reported in the task overview [24], covering three scenarios: predicting only 0, predicting only 6, and predicting the average user response. The best results are highlighted in bold. For metrics where either of the baselines is not surpassed, we underline the value for the model that came closest. The *MZOE* all 0s and the *WCS* average baselines were not outperformed by any participating system.

Overall, our best results are achieved with the MentalBERT model further pretrained on social media anorexia data. In particular, our *mentalbert10epochs* runs outperform the others on 4 out of the 9 metrics, while also achieving the highest *SCS* score amongst all participating systems. This suggests that the embeddings from a model with specialized domain knowledge help identify topics informative enough to capture more intricate aspects of an eating disorder diagnosis, such as shape concern symptoms.

When it comes to the more general perspective captured by the *GED*, the MentalBERT with no additional pretraining performs best amongst our runs. This model also leads to the highest *ECS*, showing that even non-task specific mental health knowledge aids performance.

The DistilRoBERTa [31] sentence transformer [30] is the most competitive with the MentalBERT models, as it comes closest to outperforming the *MZOE* all 0s baseline and is the best scoring run on this metric compared to other participating systems as well.

4.1. Qualitative Analysis

We further analyze the topics extracted by the customized BERTopic pipeline, when the posts in the conversation tree are embedded by the MentalBERT model with additional pretraining for 10 epochs. These topics represent the distribution before user level aggregation, and are indicative of general conversation trends present in the dataset. As expected due to the diverse nature of online conversations, many of the discovered topics are unrelated to eating disorders.

We provide relevant examples in Table 2. For anonymity purposes, we only include general examples and cluster names. We can see that our method successfully captures topics containing keywords associated with ED symptoms. As suggested by topic 80, the dataset also contains conversation surrounding recovery and treatment. Other adjacent mental health topics are identified as well, with keywords such as *bpd*, *autism* and *antidepressants*. We also observe that some clusters are formed around dieting, recipes or general mentions of food.

Table 2

Topic examples extracted with MentalBERT embeddings

Topic name	Keywords	Frequency
84_eating_body_purging_your	eating, body, purging, weight, food, eat	143
83_bpd_mental_disorders_people	bpd, mental, disorders, people, autism	64
80_you_re_your_ed	ed, recovery, eating, therapist	23
69_ritalin_bupropion_effects_it	ritalin, bupropion, effects, antidepressants, take	34
82_people_women_men	people, women, men, gender, fat, shaming	67
42_vegan_impact_diet_vegetarian	vegan, impact, diet, vegetarian, eat	42

5. Conclusion

We present a transformer-based topic modeling method to measure the severity of eating disorder symptoms, as implemented in our submission to CLEF’s eRisk 2023 Task 3. We customize the BERTopic framework and obtain user-level topic distributions to be used as input features for downstream classification. To obtain more descriptive embeddings, we adapt the MentalBERT transformer to the Eating Disorder domain. We offer insight into the topics discovered by our model. Our ensembles reach the best performance on the Shape Concern Subscale and Mean Zero-One Error, even though all systems are below the baseline on the latter. The final results reflect the difficulty of estimating a person’s answers to the EDE-Q and how more resources should be invested in the research of effective means of eating disorder symptom detection.

6. Acknowledgments

We would like to express our deepest gratitude to our coordinator, Ana-Sabina Uban, for the guidance offered throughout all stages of the development of this project.

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