

Deep Learning, topic modeling, Text Mining, ADR, NMF

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## UNSUPERVISED DYNAMIC TOPIC MODEL FOR EXTRACTING ADVERSE DRUG REACTION FROM HEALTH FORUMS

### Abstract

*The relationship between drug and its side effects has been outlined in two websites: Sider and WebMD. The aim of this study was to find the association between drug and its side effects. We compared the reports of typical users of a web site called: “Ask a patient” website with reported drug side effects in reference sites such as Sider and WebMD. In addition, the typical users’ comments on highly-commented drugs (Neurotic drugs, Anti-Pregnancy drugs and Gastrointestinal drugs) were analyzed, using deep learning method. To this end, typical users’ comments on drugs’ side effects, during last decades, were collected from the website “Ask a patient”. Then, the data on drugs were classified based on deep learning model (HAN) and the drugs’ side effect. And the main topics of side effects for each group of drugs were identified and reported, through Sider and WebMD websites. Our model demonstrates its ability to accurately describe and label side effects in a temporal text corpus by a deep learning classifier which is shown to be an effective method to precisely discover the association between drugs and their side effects. Moreover, this model has the capability to immediately locate information in reference sites to recognize the side effect of new drugs, applicable for drug companies. This study suggests that the sensitivity of internet users and the diverse scientific findings are for the benefit of distinct detection of adverse effects of drugs, and deep learning would facilitate it.*

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## 1. INTRODUCTION

The Adverse Drug Reaction (ADR) is defined as “an undesirable effect”. The ‘side effect’ does not have the exact terminology for inadvertent and secondary effect, observed during therapy. In fact, the interpretation of term “side effect” may vary between two different individuals. However, adverse drug reactions could be considered as the result of toxicity from all kinds of drugs. Apparently, 3 to 7% of all hospitalizations have been due to adverse drug reactions (Kongkaew, Noyce & Ashcroft, 2008). And ADRs noticeably increase patient’s hospitality costs (Sultana, Cutroneo & Trifirò, 2013; Miranda, 2018). According to the annual report of the Agency for Healthcare Research and Quality, over 770,000 patients were injured and/or died in hospitals due to adverse drug reactions in each year (Rison, 2013).

Based on similar signaling pathways and cellular structures, involved in normal or abnormal conditions, the same expectation on side effect and actual treatment effect would probably make the uniform pattern for medication. The goal of any drug administration needs to focus on differentiation between negative and positive effect of targeted drug as much as possible, which is required to be tested case by case. The focus of our study is to investigate into appropriate dosage of drugs, since the biological response of each individual to different medication may be various, i.e. one specific drug probably has unexpected destructive effect on one individual, while it is safe for others, thus the interaction between drug and cells need to be adjusted, whose index is normalization of drug dosages per case. Fortunately, there have been available reports for drug interaction in social media which help public have good understanding of side effect. For instance, it has been reported that aspirin and warfarin interfere with clot formation in blood vessels and the subsequently bleeding time would take longer. Another example is the feedback of food or herbs to drugs which modifies their effects, i.e. it has been reported that the level of cholesterol in the circulatory system is reduced by statins however, high fat diets have an opposite effect on blood cholesterol level. Also, St. John’s Wort could make bipolar individual hyperactive in spite of consumption of the antidepressant drug (Bordet, Gautier, Louet, Dupuis & Caron, 2001).

It takes a well-trained reader a lot of time to screen ADRs by looking through relevant literatures without using a machine reader. Therefore, it is crucially valuable for experts to benefit from automated system in order to find ADRs in publications as fast and efficiently as possible (Classen, Pestotnik, Evans, Lloyd & Burke, 1997). The detection of ADRs have not been initially well-structured and just obtained through communication between health professionals and patients or published case reports, available in MEDLINE, PubMed or other publicly available datasets (Rison, 2013; Vallano et al., 2005). Hence, society needs an alternative approach to detect side effects of the clinical medications. The social media is capable of producing novel and reliable data sources for the side effects of drugs.

In fact, through the social media, special events in the field of health could be identified and managed. “Ask a patient” is the web page that allows patients to share and compare medication experiences, and was granted Webby Award for the best website in the Pharmaceutical Category in 2012. The “Ask a patient” database contains more than 4,000 chemically prepared and prescribed drugs, approved by FDA’s Center for Drug Evaluation and Research.

Comments over prescription or the counter drugs, found in this web page, would be based on fine-tuned search criteria (age, gender, symptom, etc.). However, the difference between written and oral language in social media creates some noises. Also, lack of a suitable structure and imbalance data in drug groups are considered as important challenges in classification of data, retrieved from social media. Accordingly, in spite of richness of health-related data in social media, it seems not to be practical to use this type of data for the purpose of ADR detection.

In this study, we identify drug side effect based on three main criteria:

1. An automated deep learning was applied to extract features from social media. The comments of “Ask a patient” website’s users, were processed to describe side effects and thus reduce the difference between written and oral language and dampen down the noise effect.
2. The efficacy of deep learning method in classification of data from “Ask a patient” was approved by the quality of the outcome. The results showed that deep learning performance benefits from high accuracy and speed, simultaneously.
3. Advantage and disadvantage of each comment were compared with those of already reported ones in Sider and WebMD web pages. In order to achieve that, deep learning method HAN (Yang et al., 2016) was employed to classify users’ comments. Then, the non-monitoring method (NMF) of topic modeling was administered to determine specific topics in each group of drugs.

## **2. RELATED WORKS**

Some studies have hitherto investigated into the side effect of drugs using social media as tool. For example, Sarker and Gonzalez highlighted the importance of combined usage of advanced NLP-based information generation and traditional text classification (Support Vector Machine, Naïve Bayes and Maximum Entropy) to accurately detect and classify sentences concerning ADR (Sarker & Gonzalez, 2015). Aligned with that, Ho et al. suggested the automated detection of data related to ADR by searching relevant database; they prepared a systematic review and concise information about suitable approach to envisage ADEs, pointed out in social media (Ho, Le, Thai & Taewijit, 2016).

Also, Ginn and coworkers applied two supervised machine learning approaches (NB and SVM) on a wide range of annotated medications in association with ADR tweets (Ginn et al., 2014). Although, the classifier showed moderate performance, it was considered as the base for future development in advanced techniques. Aligned with this approach, they used Convolutional Neural Networks (CNN) model, which applied word2vec embedding for classification of Twitter comments. In contrast to other models, their proposed model not only used a small fraction of features for data collection, but also showed high performance in text classification procedures (Akhtyamova, Alexandrov & Cardiff, 2017a). Recent attempts have been made to benefit from specific type of deep learning to enhance quality of ADR discovering through extraction of sentences and entities, available in social media. Gupta et al. suggested a two-step method to extract pointed out adverse event, i.e. it initially predicts drug with regard to input contexts, unsupervisedly, and then it repeats same direction in a supervised way (Gupta, Pawar, Ramrakhiyani, Palshikar & Varma, 2018). In parallel, Tan et al. offered the summary of data base and automated systems to support ADRs detection (Tan et al., 2016). Also, Harpaz et al. presented the synopsis on using text mining for the purpose of Adverse Drug Events (ADEs) detection, in publicly available literature or web pages (Harpaz et al., 2014).

In addition, Lee and colleagues put forward a semi-supervised CNN-based framework to classify the adverse drug event (ADE) in Twitter. A Twitter dataset was used in PSB 2016 Social Media Shared Task, leading to high performance classification of ADE with 9.9% F1-Score (Lee et al., 2017). It is good to be pointed out that ADE detection surveillance systems require small number of labeled instances. Also, Akhtyamova et al, presented a CNN-based architecture, composed of numerous parameters to predict adverse drug reaction based on the quantity of votes (Akhtyamova, Alexandrov & Cardiff, 2017b). They utilized a large scale of medical dataset, derived from medical websites, in order to evaluate the mode of performance. In contrast to previously reported networks, the proposed end-to-end model does not require handcrafted features and data pre-processing, and it resulted in an enormous improvement in standard CNN based methods.

Finally Rezaei et al, suggested three methods for preprocessing of data analyses and used numerous deep learning methods for text classification. Compared to current deep learning-based networks, their results showed that the FastText, CNN, and HAN were much faster and more accurate. According to deep learning models, they suggested the approach of end-to-end, in which artificial attribute and preprocessed information are not necessary. The obtained results demonstrated that the proposed models would significantly improve the performance of baseline methods for different datasets. They noticed that increasing batch size during training steps considerably reduced the learning rate in the network. Conversely, they tested various

optimizers including SGD, RMS, and Adam in their custom datasets, and found that Adam shows better results compared to RMS and SGD (Rezaei, Ebrahimpour-Komleh, Eslami, Chavoshinejad & Totonchi, 2020).

This study aims to investigate the written topic modeling of typical users and identify the changes in comments, which have been reported from 10 years ago. We designed a model that provides researchers with immediate capability of analyzing comments through combined deep learning methods.

### 3. METHOD

This paper is organized into two sections; classification and extraction of topics (Fig. 1).

#### 3.1. Classification

##### 3.1.1. Data Sources

Prior to data collection, we selected a set of interesting drugs, which were likely to have a large number of associated comments in “Ask a patient” database. We chose drugs that were prescribed for chronic diseases and syndromes, i.e. the medication with high prevalent prescription and referred comments. The names of the medications were reported in separate classes (Anti-depressant drugs, Anti-Pregnancy drugs and Gastrointestinal drugs) in figures 2 to 4.

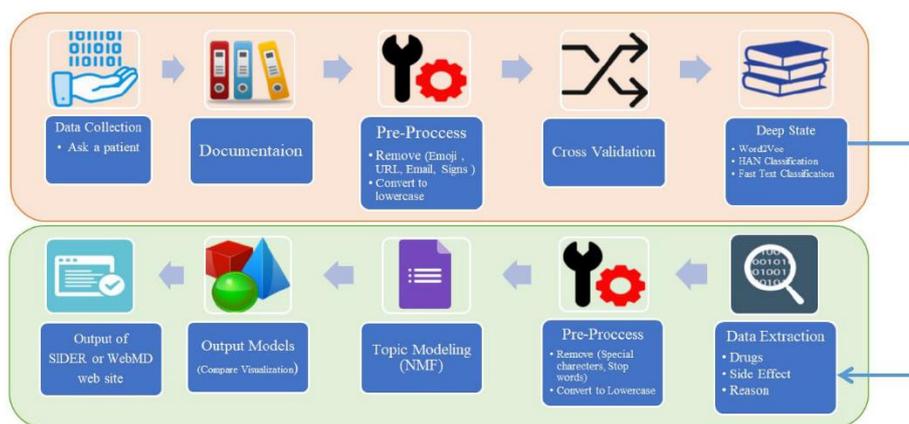
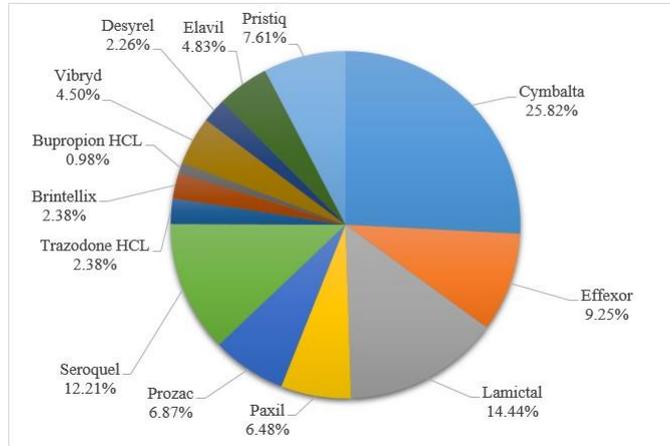
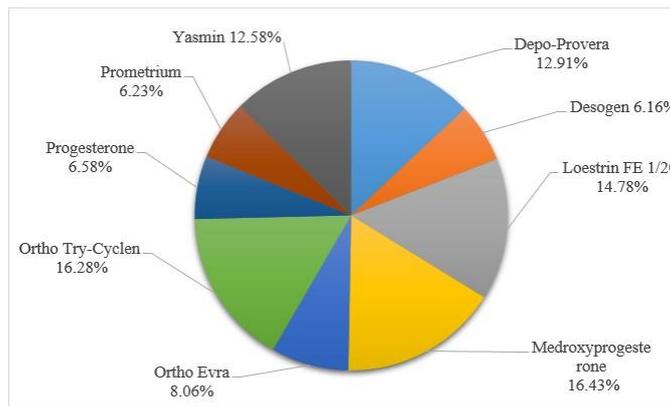


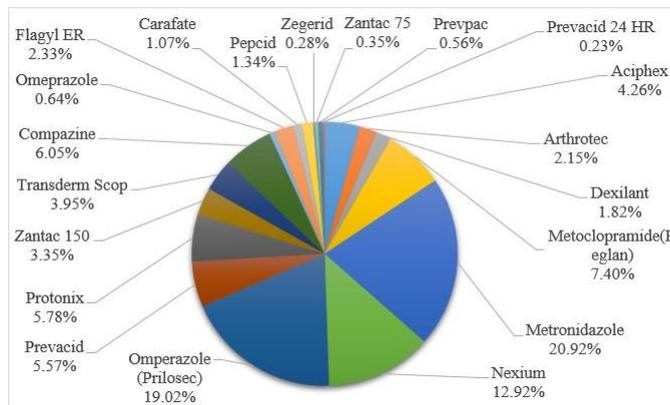
Fig. 1. The workflow of the proposed deep learning based strategy is illustrated



**Fig. 2. Anti-Depressant Medicines Side effects (4929 Comments)**



**Fig. 3. Anti-Pregnancy Medicines Side effects (4149 Comments)**



**Fig. 4. Digestion Medicines Side effects (3995 Comments)**

### 3.1.2. Preprocessing

The pre-processing comments in both data are done as follows:

- Data shuffling,
- Converting all uppercase words to lowercase ones,
- Elimination of special characters like: @, !, /, \*, \$ and etc.,
- Removal of stop word: at, of, the, ... ,
- Correction of words with repeated characters like: pleaseeeeeeeeeee and/or yessss,
- Conversion of contractions to base format like: I'm → I **am**,
- Lemmatization: I started taking almost two months ago. → I **start take** almost two months ago.

### 3.1.3 Cross Validation

In order to achieve the best performance with regard to new data, we wished to find the appropriate values of the complexity parameters, leading to optimal model. If the amount of data was high, the procedure would have been divided into three subsets; the training, the validation and the test sets. Among the diverse complex models that have been trained, we selected the one that had the best predictive and effective performance, and was confirmed by the data in the validation set. However, the data supply was limited for training and test set, which led to the increase of the generalized error. Thus, cross validation was applied to reduce these types of error and prevent over-fitting. The data distribution for each group is shown in Table 1.

**Tab. 1. Distribution of data in Cross-Validation phase**

<b>Medicines Category</b>	<b>Train Phase Docs</b>	<b>Test Phase Docs</b>	<b>Validation Phase Docs</b>
Neurotic and Anti Depression Medicines	4437	492	982
Anti-pregnancy Medicines	3735	414	828
Digestion Medicines	3596	399	798

### 3.1.4. Deep Classification

The applied methods for data classification are HNN (Yang et al., 2016) and FastText (Joulin, Grave, Bojanowski & Mikolov, 2016) with similar word2vec section. Once word2vec generated, this file would be used for further investigations.

### 3.1.4.1. HAN Method

Hierarchical Attention Network (HAN) has two distinctive characteristics: (I) a hierarchical structure and documents, (II) two-phase mechanism of attention, which enables HAN to differentially put words or sentences next to each other within the structure of the document. In addition to these two characteristics, HAN network is composed of quite a few parts including, i.e. a word sequence encoder, a word-level attention layer, a sentence encoder and a sentence-level attention layer. HAN works based on a positive role of sentences and document structure in modeling.

### 3.1.4.2. FastText Method

This method demonstrates a simple and efficient approach for classification of the texts and its expressions. Large numbers of studies show that the classification of texts with this method is faster in comparison with deep learning methods, with regard to accuracy and applied commands for training and evaluation.

Tab. 2. (HAN and FastText) Training Phase Configuration

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Training Phase
<b>Initializations:</b>
<b>Configuration of Distributed Parameters</b> {Device: { <b>NVIDIA GEFORCE GTX 1050, RAM 16G</b> }}
<b>Configuration of Optimization</b> {Name of optimization: {" <b>Adam, SGD and RMS prob</b> "}}
<b>Configuration of Loss</b> {Name of loss-function: {" <b>Sigmoid</b> "}}
<b>Initials</b> {Pad_Seq_Len: { <b>150</b> },
<b>Embedding_Dim:</b> { <b>100</b> }, // for creating Word2Vec model
<b>Batch_Size:</b> { <b>32, 64 and 128</b> },
<b>Epochs:</b> { <b>100</b> },
<b>Learning Rate:</b> {0.1, 0.01, 0.001}
<b>Configuration of Data Set</b> {Datasets: { <b>Train.json</b> }}
Main ():
Select the Dataset // Based of Application and select Train part
Select the Network // A function that applies the model to a batch of documents
Create a dataset provider that loads data from the dataset // Return [ <b>Content, Label</b> ]
Create Training Operations
<b>Run the Training</b>

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In terms of structure, there are two major and influential differences, as follow:

- Softmax: It is a hierarchy, based on the Huffman encoded tree structure that reduces Time Complexity  $O(Kd)$  to  $O(d \log k)$ , where  $K$  is number of targets and  $D$  is dimension of the hidden layer.
- N-gram features: While Bag of words is invariant to word order; it is very expensive to take simplicity into consideration. Instead, we used bag of n-gram as an additional feature to capture some partial information about local word order, which seems to be more efficient in practice (Table 2).

### 3.1.4.3. Evaluation Metrics

- Precision (positive predictive value) and recall (sensitivity): These metrics are appropriate fraction of retrieved samples from all and relevant instances. Application of these metrics depends on understanding and measuring of relevance.
- Accuracy: This criterion is the accuracy of the x-group classification against all items where the x-tag for investigating records is suggested by means of classification. This criterion indicates how much reliable is the classification output is reliable.
- F-measure: This criterion is a combination of call metrics and accuracy and it is used to find if it is impossible to consider special importance to each of the two criteria.
- Kappa: This criterion is often used to test the reliability of the viewer and to compare the accuracy of the system in terms of how much generated output is coincident.

**Tab. 3. Evaluation metrics formula**

Metrics
$Precision = \frac{TP}{TP+FP}$
$Recall = \frac{TP}{TP+FN}$
$Accuracy = \frac{TP+TN}{TP+TN+PF+PN}$
$F-Score = \frac{Precision*Recall*2}{Precision+Recall}$
$Kappa = \frac{Pr(a)-Pr(e)}{1-Pr(e)}$

## 3.2. Extracted Topics

### 3.2.1. Data Sources

Three classes of drugs have been consumed between 2008 and 2018 in figures 2 to 4.

### 3.2.2. Topic Modeling

As a linear algebraic model, Non-negative Matrix Factorization (NMF) includes high-dimensional vectors and low-dimensional image. Vectors are non-negative in NMF like Principal Component Analysis (PCA). Skewing the vectors towards lower-dimensional form in NMF makes the coefficients non-negative.

The two matrices of **W** and **H**, would be obtained through original matrix **A**, in which  $\mathbf{A} = \mathbf{WH}$ . Also, NMF has an inborn clustering property. **A**, **W** and **H** represent the following information:

- **A (Document-Word Matrix):** input that shows which words appear in which documents.
- **W (Basis Vectors):** the topics (clusters) are elicited from the documents.
- **H (Coefficient Matrix):** the membership weights for the topics in each document.
- **W** and **H** are calculated by optimization of an objective function (like the *EM algorithm*), and updating both **W** and **H**, iteratively, until they are converged (Table 4).

Tab. 4. NMF topic modeling configuration

NMF Topic Modeling
<b>Initializations:</b> <b>Number of Topics:</b> {10} <b>Number of Top Words:</b> {20} <b>Configuration of feature extraction by using TfidfVectorizer:</b> { <b>Initials:</b> { <b>ngram_range:</b> {(2, 2)}, <b>Minimum Document Frequency (min_df):</b> {2}, <b>Configuration of NMF Topic Modeling Parameters and fit by TfidfVectorizer:</b> { <b>components:</b> {Number of Topics}, <b>init:</b> {'Scikit-Learn implementation of NMF (including NNDSVD initialization)', // better for sparseness }}} <b>Run to extracting Topics</b>

## 4. RESULT

### 4.1. Usage Model

In this study, we benefited from user’s comments in “Ask a patient” to extract side effects of drugs. In general, the scale of cursor that moves over texts in both FastText and HAN methods is called *Pad\_Seq\_Len* and we considered quantity equal to 150 for that; because, the maximum size of comments is 150 to pay more attention to the length of sentences and semantic conjugation. Moreover, the value of Embedding dim was 100. We evaluated several optimizations such as *Stochastic Gradient Descent*, *RMS probe* and *Adam*. That *Adam* shows better results (Table 5).

The value of *ngram\_range* was chosen based on the side effects, extracted from Sider or WebMD websites. Other values such as (1, 2), (2, 3) and (3, 3) were determined but (2, 2) was the best choice (Table 6).

Tab. 5. HAN hyper parameters

<b>Pad_Seq_Len</b>	150
<b>Embedding_Dim</b>	100
<b>Drop_Out_Prob</b>	0.5
<b>Loss</b>	Sigmoid
<b>Optimization</b>	Adam

Tab. 6. Evaluation metrics formula

<b>ngram_range</b>	<b>min_df</b>
(2, 2)	2

### 4.1. Implementation Model in 3.1

In this research the used hardware includes: NVIDIA GEFORCE GTX 1050 and CPU Intel Core i7. Two methods of classification were applied against three different data groups listed in the following tables (Table 7 and 8). As shown in these tables, the best result in each method, the learning rate as well as batch size was evaluated. Also, different criteria have been tested for each type of model according to the type of data, which have been obtained in various values. For example, applying HAN method including Batch size of 128 and learning rate of 0.001 on “Ask a patient” dataset and resulting in highest accuracy (0.924) which is highlighted in Table7.

**Tab. 7. Output of deep learning classification (HAN Method) on dataset**

Dataset	Method	Batch Size	Learning Rate	Accuracy	Kappa	Recall	Precision	F1 Score
Ask a Patient	HAN	32	0.1	0.881	0.821	0.878	0.887	0.881
				0.883	0.842	0.881	0.885	0.882
				0.908	0.862	0.906	0.911	0.907
		64	0.01	0.889	0.833	0.887	0.891	0.888
				0.873	0.808	0.870	0.876	0.872
				0.921	0.881	0.919	0.924	0.921
		<b>128</b>	<b>0.001</b>	0.888	0.831	0.885	0.891	0.887
				0.879	0.818	0.879	0.878	0.879
				<b>0.924</b>	<b>0.885</b>	<b>0.921</b>	<b>0.926</b>	<b>0.923</b>

**Tab. 8. Output of deep learning classification (FastText Method) on dataset**

Dataset	Method	Batch Size	Learning Rate	Accuracy	Kappa	Recall	Precision	F1 Score
Ask a Patient	FastText	32	0.1	0.892	0.837	0.888	0.897	0.892
				0.872	0.806	0.866	0.887	0.870
				0.891	0.836	0.888	0.895	0.891
		64	0.01	0.896	0.843	0.894	0.897	0.895
				0.885	0.827	0.884	0.886	0.885
				0.899	0.848	0.898	0.899	0.898
		<b>128</b>	<b>0.001</b>	0.876	0.814	0.876	0.876	0.875
				0.895	0.841	0.892	0.896	0.894
				<b>0.909</b>	<b>0.863</b>	<b>0.908</b>	<b>0.909</b>	<b>0.909</b>

**4.2. Implementation model in 3.2**

Considering the output of the previous phase, the three features i.e. Side effects, reason and drug were used. Accordingly, in each class of drugs (neurotic medicines, anti-pregnancy and gastrointestinal), 10 topics with high priority were selected. As shown in tables 9 to 11, topics of each class are verbally similar.

**Tab. 9. Anti-depressant Medicines Topic Modeling (“Ask a patient”)**

Topic #0:	Topic #1:	Topic #2:	Topic #3:	Topic #4:	Topic #5:	Topic #6:	Topic #7:	Topic #8:	Topic #9:
weight	dry	memory	vivid	hair	loss	brain	weight	panic	miss
gain	mouth	loss	dream	loss	appetite	zap	loss	attack	dose
extreme	mouth	severe	night	loss	nausea	loss	appetite	suicidal	dose
weight	constipation	memory	vivid	weight	loss	libido	weight	thought	hour
increase	mouth	loss	dream	loss	loss	zap	decrease	mood	dose
appetite	weight	confusion	nightmare	memory	libido	dizziness	appetite	swing	dizzy
major	blur	loss	insomnia	blur	appetite	dizziness	slight	anxiety	withdrawal
weight	vision	trouble	vivid	vision	weight	brain	weight	panic	symptom
massive	gain	loss	dream	loss	mouth	horrible	loss	increase	dizziness
weight	gain	weight	night	hair	loss	brain	loss	anxiety	miss
gain	nausea	loss	decrease	joint	insomnia	depression	nausea	restless	hour
loss	dry	loss	libido	pain	loss	anxiety	weight	leg	miss
constipation	mouth	loss	gain	gain	headache	inability	week	weird	nausea
weight	headache	memory	vivid	hair	loss	orgasm	weight	dream	dizziness
gain	headache	blur	dream	loss	taste	sleep	loss	depression	zap
increase	dry	vision	increase	insomnia	mouth	paralysis	weight	suicidal	miss
gain	mouth	long	increase	memory	increase	withdrawal	gain	extreme	dose
constipation	sleepiness	memory	dose	problem	depression	symptom	weight	fatigue	miss
rapid	mouth	gain	dream	muscle	dizziness	zap	loss	severe	24
weight	loss	memory	decrease	ache	loss	dose	severe	panic	hour
gain	constipation	confusion	acid	itchy	trouble	flu	insomnia	lack	dose
fatigue	dry	memory	reflux	scalp	sleep	symptom	weight	emotion	day
lose	extreme	dizziness	dose	week	upset	zap	loss	anti	headache
weight	dry	memory	vivid	stop	stomach	miss	increase	depressant	nausea
loss	mouth	slight	extremely	extreme	appetite	horrible	loss	start	dose
libido	week	memory	vivid	weight	day	withdrawal	decrease	medication	vivid
gain	mouth	loss	sleep	memory	loss	zap	loss	leg	dose
weight	dizziness	libido	vivid	impairment	sex	severe	month	syndrome	brain
fatigue	mouth	loss	heart	dry	nausea	dose	brain	night	dose
weight	insomnia	hair	palpitation	skin	vomit	miss	fog	terror	night
mouth	mouth	brain	lose	loss	day	zap	headache	trouble	gain
weight	night	fog	weight	dry	nausea	nausea	weight	sleep	weight
slight	blood	lack	day	make	fatigue	gain	hour	anxiety	depression
weight	pressure	concentration	night	sense	loss	brain	sleep	depression	anxiety
gain	appetite	night	sleep	vivid	increase	nausea	loss	increase	pin
month	dry	sleep	day	nightmare	anxiety	brain	nausea	suicidal	needle
gain	sleep	slur	night	constipation	appetite	nausea	loss	heart	severe
dry	ring	speech	loss	fatigue	loss	constipation	sleep	race	withdrawal
loss	ring	mood	day	nausea	stomach	extreme	delay	anxiety	electric
sex	ear	swing	sleep	dizziness	pain	dizziness	ejaculation	increase	shock

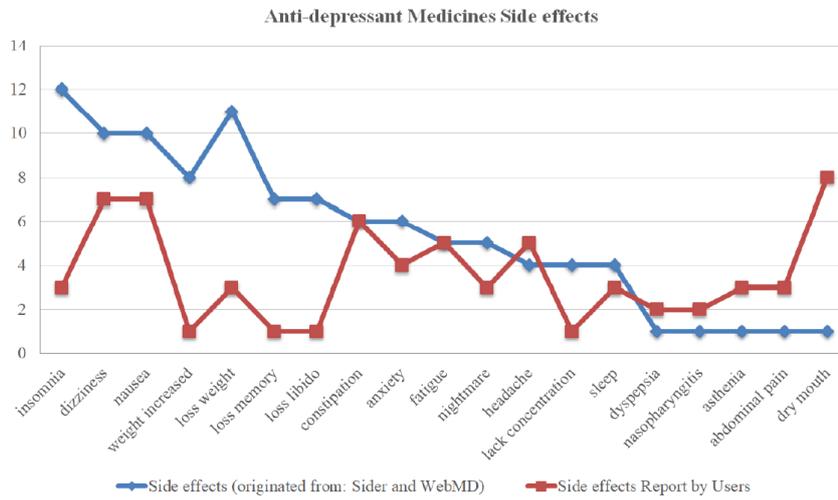
**Tab. 10. Anti-depressant Medicines Topic Modeling (“Ask a patient”)**

Topic #0:	Topic #1:	Topic #2:	Topic #3:	Topic #4:	Topic #5:	Topic #6:	Topic #7:	Topic #8:	Topic #9:
weight	mood	breast	hot	hair	birth	panic	loss	sore	weight
gain	swinging	tenderness	flash	loss	control	attack	sex	breast	loss
depression	depression	nausea	night	weight	gain	depression	gain	abdominal	clear
slight	severe	breast	day	loss	weight	anxiety	loss	pain	skin
weight	mood	extreme	hot	appetite	blood	anxiety	swing	gain	light
gain	extreme	slight	night	gain	clot	panic	loss	sore	period
mood	mood	breast	hot	hair	tri	severe	fatigue	breast	period
swing	depression	swing	swing	anxiety	lose	anxiety	loss	acne	weight
weight	mood	breast	hot	depression	weight	depression	vaginal	breast	loss
depression	swing	tenderness	low	depression	ortho	attack	sex	lose	loss
weight	weight	weight	pain	hair	tri	depression	depression	weight	loss
bloat	gain	tenderness	vivid	dry	control	attack	anxiety	zero	loss
weight	mood	mood	dream	eye	pill	anxiety	loss	sex	acne
gain	bad	increase	light	extreme	recommend	heart	total	cramp	increase
acne	mood	appetite	head	hair	birth	palpitation	loss	mood	sex
yeast	headache	severe	depo	joint	ortho	depression	moodiness	extreme	loss
infection	mood	breast	shot	pain	evra	panic	loss	fatigue	fatigue
extreme	horrible	tenderness	depo	vaginal	period	suicidal	sex	vaginal	yeast
weight	mood	nausea	provera	dryness	month	thought	fatigue	dryness	infection
gain	vaginal	tenderness	long	swing	month	anxiety	depression	chest	regular
anxiety	dryness	headache	period	hair	stop	depression	loss	pain	period
gain	swing	tenderness	pill	heart	stop	extreme	sex	month	lot
sex	anxiety	depression	day	palpitation	period	anxiety	weight	period	weight
decrease	major	tenderness	severe	loss	month	severe	sex	breast	loss
sex	mood	increase	cramp	loss	period	panic	mood	nipple	appetite
headache	swing	headache	headache	heavy	sick	chest	sex	dry	skin
weight	headache	breast	nausea	period	stomach	pain	vaginal	mouth	weight
increase	anxiety	cramp	race	sex	start	swing	dryness	start	period
appetite	mood	breast	heart	hair	pill	depression	loss	period	cramp
gain	increase	tenderness	trouble	loss	period	extreme	extreme	vivid	decrease
increase	appetite	loss	sleep	acne	heavy	depression	fatigue	dream	appetite
gain	swing	light	heart	loss	make	anxiety	headache	fluid	severe
weight	irritability	period	attack	extreme	gain	weight	loss	retention	depression
low	fatigue	tenderness	gain	loss	heavy	brain	loss	vaginal	depression
sex	mood	swell	bloat	depression	period	fog	loss	cramp	dryness
gain	nausea	miss	fatigue	severe	blood	swing	race	breast	appetite
loss	mood	period	mood	depression	thinner	anxiety	heart	mood	weight
gain	swing	gain	anxiety	painful	body	headache	painful	day	loss
moodiness	sex	breast	insomnia	intercourse	use	anxiety	intercourse	provera	libido

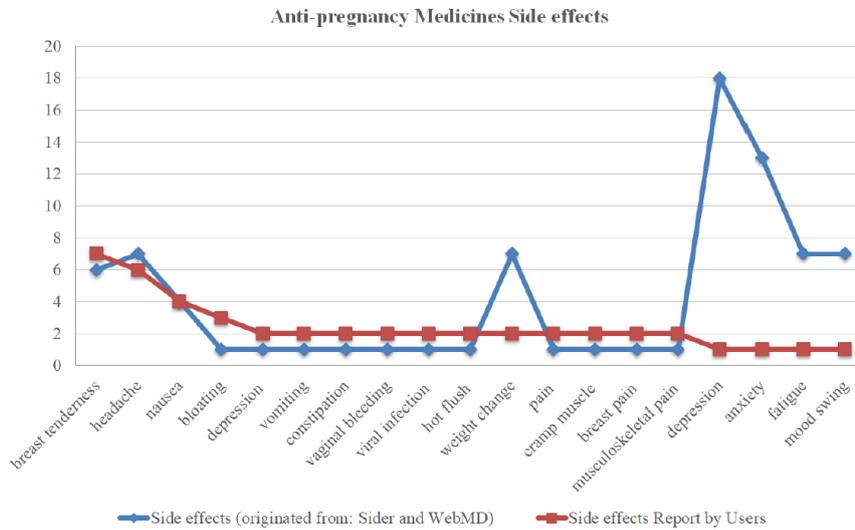
**Tab. 11. Anti-depressant Medicines Topic Modeling (“Ask a patient”)**

	Topic #0:	Topic #1:	Topic #2:	Topic #3:	Topic #4:	Topic #5:	Topic #6:	Topic #7:	Topic #8:	Topic #9:
taste	panic	dry	stomach	joint	joint	heart	chest	anxiety	blur	stomach
mouth	attack	mouth	pain	pain	pain	palpitation	pain	depression	vision	cramp
metallic	anxiety	extreme	severe	muscle	muscle	anxiety	blood	severe	dizziness	severe
taste	panic	dry	stomach	pain	pain	heart	pressure	anxiety	blu	stomach
dark	extreme	mouth	pain	pain	pain	shortness	shortness	loss	mouth	cramp
urine	anxiety	headache	nausea	muscle	muscle	breath	breath	appetite	blur	pain
bad	depression	extremely	pain	weight	weight	blood	pain	shortness	pain	cramp
taste	anxiety	dry	stomach	gain	gain	pressure	chest	breath	blur	nausea
loss	severe	mouth	bad	pain	pain	palpitation	pain	mood	vision	cramp
appetite	panic	bad	stomach	joint	joint	anxiety	anxiety	swing	blur	diarrhea
metal	race	severe	pain	muscle	muscle	hair	anxiety	depression	weight	nausea
taste	heart	dry	cramp	joint	joint	loss	chest	fatigue	gain	stomach
horrible	crawl	blurry	pain	severe	severe	brain	pain	extreme	fatigue	nausea
taste	skin	vision	constipation	joint	joint	fog	heart	anxiety	blur	vomit
nasty	suicidal	headache	pain	muscle	muscle	palpitation	high	weight	sensitivity	headache
taste	thought	dry	bad	weakness	weakness	dizziness	blood	loss	light	stomach
mood	attack	patch	float	brain	brain	high	heart	nausea	extremely	diarrhea
swing	anxiety	day	stomach	fog	fog	blood	attack	loss	dry	stomach
loose	think	bad	headache	pain	pain	tightness	hand	depression	poor	loose
stool	die	taste	stomach	pain	pain	chest	foot	loss	concentration	stool
flu	severe	mouth	sore	pain	pain	muscle	weight	muscle	sore	brain
symptom	anxiety	dry	throat	throat	throat	twitch	gain	spasm	throat	fog
horrible	brain	dizziness	mouth	severe	severe	dizziness	palpitation	brain	vision	muscle
metallic	fog	dry	stomach	headache	headache	heart	chest	fog	anxiety	cramp
light	attack	mouth	pain	body	body	headache	muscle	suicidal	fog	cramp
head	depression	blur	bloat	ache	ache	heart	pain	thought	blur	bloat
bitter	heart	mouth	pain	ring	ring	lump	pain	depression	remove	dark
taste	race	loss	anxiety	ear	ear	throat	tightness	panic	patch	urine
upset	heart	brain	pain	pain	pain	anxiety	hair	sore	mood	bad
stomach	rate	fog	headache	shoulder	shoulder	attack	loss	throat	swing	stomach
mouth	shortness	light	pain	leg	leg	light	tightness	extreme	headache	cramp
dark	breath	head	severe	cramp	cramp	headedness	chest	fatigue	dizziness	stomach
day	hand	wear	diarrhea	pain	pain	trouble	pain	trouble	extreme	sick
day	foot	patch	stomach	fatigue	fatigue	sleep	shortness	sleep	dry	stomach
extreme	horrible	abdominal	terrible	pain	pain	pain	race	ring	mental	diarrhea
nausea	anxiety	cramp	stomach	swell	swell	heart	heart	ear	fog	nausea
extreme	lose	muscle	pain	pain	pain	light	heart	major	48	dizziness
fatigue	mind	cramp	day	leg	leg	head	rate	anxiety	hour	stomach
metallic	horrible	mouth	body	blurry	blurry	race	rapid	race	weight	cramp
taste	panic	throat	ache	vision	vision	heart	heartbeat	heart	loss	severe

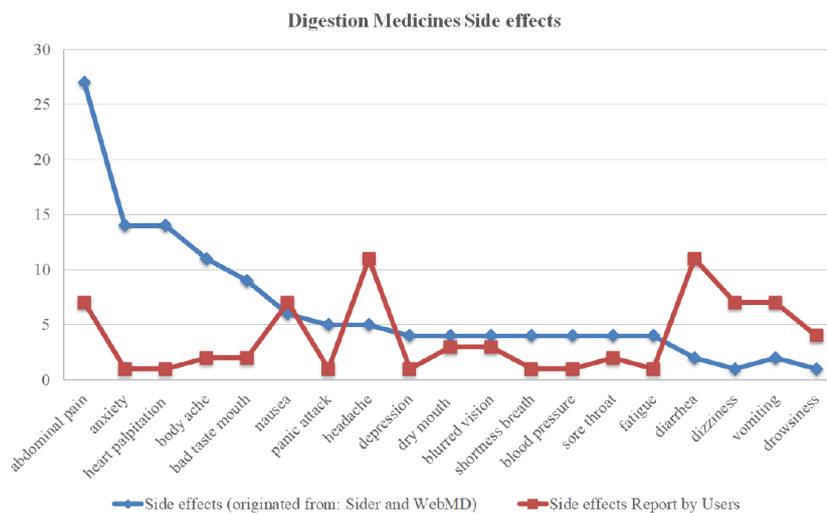
After extraction of these tables, all are mapped with a similar word, and meaningless topics were deleted. Figures 5, 6 and 7 show the frequency of repetition of topic models.



**Fig. 5. Comparison of Topic Modelling of users' comments with the side effects reported on the websites of Sider and WebMD (Neurotic drugs)**



**Fig. 6. Comparison of Topic Modelling of users' comments with the side effects reported on the websites of Sider and WebMD (Anti-pregnancy drugs)**



**Fig. 7. Comparison of Topic Modeling of users' comments with the side effects reported in the websites of Sider and WebMD (Gastrointestinal drugs)**

## 5. DISCUSSION

In this study, the deep learning methods of HAN and FastText were employed to classify the side effects of three classes of drugs, namely, neurotic, anti-pregnancy and gastrointestinal drugs. The reason for this investigation was high frequency of this drug consumption. Initially, the extracted data from the website "Ask a patient" were introduced to the model. And, in the pre-processing step, special characters, signs and stop words were removed, and other characters were converted into small-case letters in order to improve the text. In next phase, three classes of drugs, the side effect and the association between the former and the latter was investigated. Then, these data were exposed to classification phase (Topic Modelling) to extract 10 topics with high priority from three groups of drugs. The outputs show that the frequency of occurrence of side effects, reported in the comments in "Ask a patient" was different from that in Sider and WebMD.

Finally, the proposed model compared its output on drug's side effects with analyses of report of sites' users. The obtained results of the preliminary analysis of drug classification were presented in confusion matrices and interpreted by taking accuracy rate and false positive ratio into consideration.

In this work, it was found that Fast Text and HAN were much faster for text classification, compared to recent deep learning-based methods. We used a simple method for text classification by deep learning models. In contrast to unsupervised

trained word vectors, obtained from word2vec, our word features would approximately generate appropriate sentence representations. Also, in contrast to previous studies, we suggested an end-to-end solution, based on deep learning models which do not need any handcrafted features and data pre-processing.

Our experimental findings show that each model significantly outperforms baseline methods for different datasets. Although deep neural networks, theoretically suggest higher representational power than shallow models, it is still unclear whether simple text classification would create problem or not.

## 6. CONCLUSION

We investigated the users' comments to identify the side effects of drugs, presented in a website, namely, "Ask a patient", then we extracted combined classification, based on three types of mostly commented diseases. Through analysis of the data with deep learning method, it was found that users' comments on side effects of drugs were biased. On the next step of this study, the comments were classified by Topic Modelling, resulting in some reports, similar to the reports published by Sider and WebMD; however, our reports had different frequency.

Our findings enable us to efficiently and quickly use large size data (batches of sample), and significantly reduce the number of updated parameters that are required for model training.

To sum up, working on publicly available data in social media opens a wide and novel window in the field of drug studies. The results of this study show that the data from social media may have noise, or may not be reliable. Accordingly, social media would be considered as a secondary source to identify side effects of drugs rather than a substitution for traditional and scientific methods of side effect identification. The proposed model in this study is capable of immediate identification of pharmacological events which most likely lead to immediate reaction and on-time discovery of these events.

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