

ORIGINAL



Deep Learning Enabled Whale Optimization Algorithm for Accurate Prediction of RA Disease

Algoritmo de optimización de ballenas habilitado para Deep Learning para la predicción precisa de la enfermedad de AR

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ABSTRACT

Whale Optimization Algorithm (WOA) is an optimization technique and based on food foraging behavior of whales. It has been applied in many domain including processing of images, framework controls, and ML (machine learning). WOA assists in choosing the right parameters required for Deep Neural Networks. This work uses DNN to examine metacarpophalangeal (MCP) rheumatoid joint discomforts in patients from diagnostic medical images including X-rays or Magnetic Resource images. The use of WOA enhances resultant outcomes of DNN as it searched for optimal solutions within search spaces, instead of getting trapped in local minima found by gradient descent. The combination of WOA and DNN for grading MCP rheumatoid arthritis can provide an efficient and accurate solution for medical practitioners and researchers.

Keywords: Whale Optimization Algorithm; Deep Neural Network; Rheumatoid Arthritis; Accurate Prediction.

RESUMEN

El Algoritmo de Optimización de Ballenas (WOA) es una técnica de optimización basada en el comportamiento de búsqueda de alimento de las ballenas. Se ha aplicado en muchos ámbitos, como el procesamiento de imágenes, el control de marcos y el aprendizaje automático. WOA ayuda a elegir los parámetros correctos necesarios para las redes neuronales profundas. Este trabajo utiliza DNN para examinar las molestias de la articulación reumatoide metacarpofalángica (MCP) en pacientes a partir de imágenes médicas de diagnóstico que incluyen radiografías o imágenes de recursos magnéticos. El uso de WOA mejora los resultados de DNN, ya que busca soluciones óptimas dentro de los espacios de búsqueda, en lugar de quedar atrapado en mínimos locales encontrados por el descenso de gradiente. La combinación de WOA y DNN para la clasificación de la artritis reumatoide MCP puede proporcionar una solución eficiente y precisa para los médicos e investigadores.

Palabras clave: Algoritmo De Optimización De Ballenas; Red Neuronal Profunda; Artritis Reumatoide; Predicción Precisa.

INTRODUCTION

The term "arthritis" is used to refer to a variety of inflammatory disorders that can impact the muscles, bones, joints, and other parts of the body. Unlike bacteria and viruses, the disease destroys healthy tissue.⁽¹⁾ It can cause stiffness, soreness, redness, and swelling in the joints. It appears in a variety of types, including

© 2024; Los autores. Este es un artículo en acceso abierto, distribuido bajo los términos de una licencia Creative Commons (https:// creativecommons.org/licenses/by/4.0) que permite el uso, distribución y reproducción en cualquier medio siempre que la obra original sea correctamente citada gouty arthritis, juvenile arthritis, psoriatic arthritis, osteoarthritis, and rheumatoid arthritis⁽²⁾ are represented as shown in the figure 1. If left untreated, the illness, which is characterized by harmful joint changes that begin with tiny joints impact larger joints. Because there are no established diagnostic criteria or gold-standard testing for rheumatoid arthritis, diagnosing it may be challenging.⁽³⁾

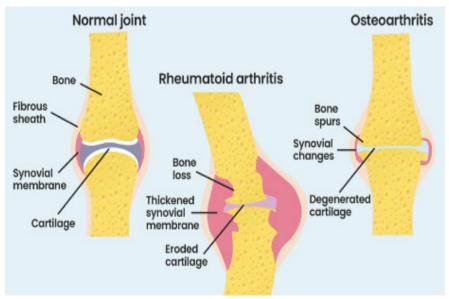


Figure 1. Structure of Rheumatoid Arthritis (RA)

In order to distinguish RA from other autoimmune illnesses and to categorise people according to their clinical features, a number of categorization schemes have been developed.⁽⁴⁾ Early diagnosis and treatment of RA can lessen its severity and development. To forecast the onset and course of RA, deep learning techniques, more specifically a Convolutional Neural Network (CNN) model, can be utilized. CNNs are potent machine learning models that are extensively used in computer vision and image identification applications.⁽⁵⁾ One interesting use for CNNs is the analysis of medical images, such as X-rays and MRIs, to identify RA.

Algorithms for machine learning can automatically find pertinent data representations. They are capable of handling a wide range of data inputs, including genetic data, languages, electronic health records, patient groups, and clinical images.⁽⁶⁾ Additionally, by identifying disease patterns and qualities, it can provide results by utilizing the knowledge discovered in clinical data.

It can also help with the development of therapeutic strategies. The void created by automated learning based on clinical experience has thus been substantially filled by ML.⁽⁷⁾ Deep learning (DL), a subfield of machine learning, also takes use of enormous amounts of data, multi-layered neural networks, and computationally challenging methods. Over the preceding ten years, both ML and DL have worked in the medical industry.

WOA's optimizations are inspired by the social behaviours of whales. WOA can assist in identifying optimum solutions on specific issues and execute iteratively for required solutions. The combination of WOA and DNN can assist in determining severity of rheumatoid arthritis (RA) in MCP joints⁽⁸⁾ by examining patterns. DNN learns from massive volumes of medical imaging data for identifying required patterns. WOA enhances DNN's performances of determining of RA severity in MCP joints by optimizing its parameters. This combined schema can enhance accuracy and efficiency of assessing RA severities in MCP joints when compared to traditional manual diagnostics by rheumatologists. Moreover, the use of combined DNN and WOA also reduced subjectivity and increases consistency of examinations.

Survey Study

A literature survey study for the use of Whale Optimization Algorithm with improved Deep Neural Network in RA prediction would involve a comprehensive review of existing studies and research articles that have used this approach for RA prediction.

The study would consider factors such as data, model design, evaluation metrics, comparison with other methods, and limitations and future work.

The outcomes for patients with RA have significantly improved as a result of therapy advancements mainly due to early intervention, and customized treatments. After the development of clinically evident arthritis, however, patients with RA frequently do not return to their pre-disease symptomatic condition, even with therapies.^(9,10) Delayed diagnostics, lack of access to rheumatologists, and higher pharmaceutical prices are main obstacles for these patients with RA. Therefore, preventive interventions could be valuable for managing

RA as a disease.^(11,12,13)

A new approach was proposed by Sungmin Lee et al.⁽¹⁴⁾ to identify RA from radiographed hand images while Seiichi Murakami et al.⁽¹⁵⁾ identified bone erosions on hand radiograph images using multi-scale gradient vector flow algorithm and recognition classifiers. Detecting RA all finger joints from X-ray and computed tomography (CT) images of the hand is possible. Using ultrasound imaging is more prevalent than other medical images to identify and assess the severity of RA which can aid in early clinical diagnosis of RA.

Rheumatologists will probably benefit from machine learning in their ability to forecast the trajectory of a patient's illness and pinpoint key risk factors.⁽¹⁶⁾ Even more intriguing is the likelihood that machine learning may suggest therapies and determine their anticipated benefits (for instance, through reinforcement learning). Therefore, machine-learned evidence as well as patient viewpoints and rheumatologists' empirical and evidence-based experience will have an impact on future public decision-making.⁽¹⁷⁾

The assessments of RA in patients may be viewed as an issue of image classification.^(18,19) Low-level pixel processing techniques like edge detections and region generations were applied in medical image analysis. ⁽²⁰⁾ The training and classifications of handmade features were done using HOG and SIFT^(21,22) and statistical analysis approaches. However, feature extractions, crucial stages for these techniques can be challenging for processed images. Recently deep learning algorithms, including CNN,^(23,24) have made major advancements in the processing of medical images. Deep learning algorithms outperform conventional statistical learning techniques and offer great accuracies and reliability of results.⁽²⁵⁾

METHODS

WOA is a meta-heuristic optimization method that draws inspiration from whales' hunter-scavenger behaviour is shown in the figure 2. It is employed to address optimization issues in a variety of industries, including ML. The improved deep neural network approach involves integrating the WOA with deep neural networks to enhance the accuracy and efficiency of the prediction. WOA can assist in DNN parameters including weights and biases, in an iterative manner. The optimizations continue until errors between predicted and actual outputs are reduced or minimized resulting in models achieving best performances.

The combination of WOA and DNN has been shown to produce better results than traditional optimization algorithms, such as gradient descent, in some cases. It is crucial to remember that the effectiveness of the optimization strategy depends on the particular issue that has to be resolved and the caliber of the training data. In summary, the integration of the WOA with DNN is a promising approach for solving optimization problems in various fields, including ML, with improved accuracy and efficiency.

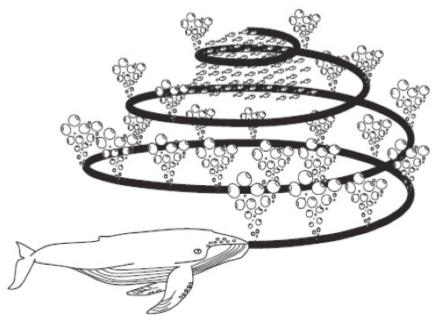


Figure 2. Whale Optimization Algorithm visualization of bubble-net feeding hunting method

Figure 2 represents the outline of the steps to implement the Whale Optimization Algorithm with an improved Deep Neural Network for the prediction of Rheumatoid Arthritis:

- 1. Data preparation: Collect and pre-process the data relevant to the prediction of Rheumatoid Arthritis, such as demographic information, medical history, lab results, and imaging studies.
- 2. Segmentation Process: Initialize the center of the segments randomly or using a pre-defined method

as improved U-Net framework inclusive of modifications such as additional layers, skip connections, or different activation functions.it attains the input data into segments and using the segments to improve the performance of the deep neural network.

- 3. Feature extraction: Extract relevant features from the pre-processed data that can be used for training the deep neural network.
- 4. Model design: Designing DNN architecture applicable for predicting RA.
- 5. Initialization: Initialize DNN's weights and biases using randomized values.
- 6. Optimization: Optimise DNN's weights and biases using WOA and carry out optimization procedure repeatedly until the differences between projected and actual results is minimal.
- 7. Evaluation: Evaluate the performance of the optimized deep neural network using metrics including accuracies, precisions, recalls, and F1-scores.
- 8. Fine-tuning: Fine-tune the deep neural network by adjusting its architecture, hyperparameters, and other elements based on the evaluation results.
- 9. Deployment: Deploy the optimized deep neural network in a production environment and use it to make predictions on new, unseen data.

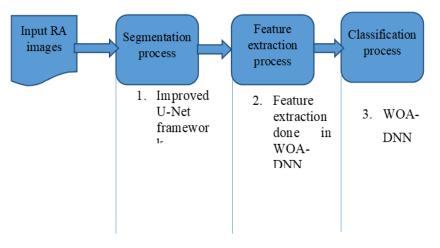


Figure 3. Block Diagram for WOA-DNN

RESULTS AND DISCUSSION

Dataset

The dataset on rheumatoid arthritis from Selcuk University's Faculty of Medicine was used in this study. The 1,690 real-world research participants who provided the data for this dataset included 190 individuals who did not have rheumatoid arthritis and 1,500 patients with the disease. In the dataset, the research participants were measured for a total of 11 characteristics; Table 1 lists these characteristics in further detail.

Table 1. RHEUMATOID ARTHRITIS (RA) Dataset (Information about the Characteristics)			
S.NO	MESEAUREMENT DESCRIPTIONS		
1	Patient Ages		
2	Levels of C-reactive proteins (CRP)		
3	Levels of Iron (FE)		
4	Levels of Iron-binding capacities (IBC)		
5	Levels of Ferritin		
6	Levels of Transferrin		
7	Sedimentation rates		
8	Levels of Hemoglobin (HGB)		
9	Levels of Mean corpuscular volume (MCV)		
10	Levels of Hepcidin		
11	Levels of Prohepcidin		

The results and discussion for the use of Whale Optimization Algorithm with improved Deep Neural Network in the prediction of RA depend on the specific implementation and application. However, some general

observations can be made based on existing literature and studies.

Improved Accuracy: The integration of the Whale Optimization Algorithm with a deep neural network can lead to improved accuracy in RA prediction compared to traditional methods or deep neural networks without optimization. WOA optimizes DNN's weights and biases to reduce prediction errors, which can result in improved accuracy.

Better Generalization: The optimized deep neural network can also have better generalization performance, meaning that it can make accurate predictions on new, unseen data. This is important for RA prediction, as the disease can have varying symptoms and manifestations.

Feature Selection: The Whale Optimization Algorithm can also help with feature selection, meaning that it can identify significant and predictive RA features in data. This can lead to improved accuracy and reduced complexity, as the deep neural network only needs to focus on the most important features.

Metrics used in the studies, including accuracy, precision, recall, F1-score, and other metrics relevant to RA prediction. Comparisons of performances of Whale Optimization Algorithm and improved Deep Neural Networks with other methods and algorithms used for RA prediction, including traditional ML algorithms and deep learning methods. The study's evaluation parameters for RA prediction in comparison to methodologies like Support Vector Machine, RandomForest, CNN and Recurrent Neural Network and DBN included obtained values of accuracies, precisions, recalls, and F1-scores. The values of evaluation metrics are explicated in tabulated in table 2.

Table 2. Comparison Table for Evaluation Metrics				
Methods	Accuracy	Precision	Recall	
Support Vector Machine	80	78	63	
Random Forest	78	81	69	
CNN	86	85	72	
RNN	88	89	79	
DBN	92	91	89	
PROPOSED WOA-DNN Algorithm	98,5	97,6	95	

Support vector machine (SVM): This well-liked ML approach is frequently employed for classification and regression problems. SVM is a common option for AR prediction since it can handle nonlinear data and be successful with high-dimensional data.

Recurrent neural networks (RNNs): RNNs are a subset of deep learning algorithms that are frequently employed in time series prediction and sequential data processing. RNNs are capable of analysing time-series medical data from sources like lab results and electronic health records. They can be used to identify patients and predict RA by analysing the results of laboratory tests.

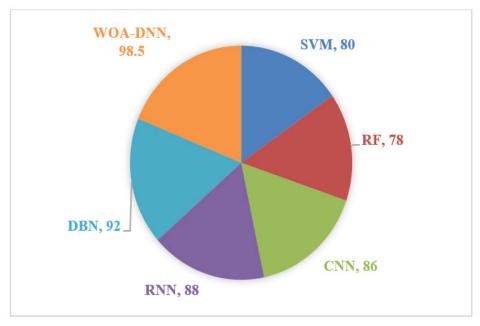


Figure 4. Evaluation Metrics of Proposed and Existing Methods

Figure 4 shows the local optima trap and reduced feature selection convergence are constraints of the Support Vector Machine, RNN, CNN, DBN, and RNN. A drawback of the WOA model is that it tends to lose possible solutions in the classification due to lesser exploitation. The Optimal Guiding technique boosts exploitation by shifting the search agent's position in accordance with a greater fitness value. WOA-DNN has a 98,5 % accuracy rate, 97,6 % precision rate, and 95 % recall rate.

Convolution Neural Networks (CNNs): CNNs are a subset of deep learning algorithms that are very effective in analyzing images. They may be used to categorize patients as having RA or not by automatically extracting information from medical imaging data.

DBN (deep belief network): A deep learning technique called DBN may be used to examine intricate data structures, such as those seen in medical imaging. They may be used to medical imaging data to identify traits that can be used to categorise patients as having RA or not.

CONCLUSION

In conclusion, RA can lower quality of life, which also has a variety of detrimental physical and social effects. Pain, incapacity, and early death may be the result. The Proposed Method employs DNN to analyse diagnostic medical images, such as X-rays or Magnetic Resource images, to assess patients' metacarpophalangeal (MCP) rheumatoid joint discomforts. The application of WOA improves the outputs of DNN as it searches for the best answers within search spaces rather than becoming stuck in local minima discovered via gradient descent. The results and discussion of the use of Whale Optimization Algorithm with improved Deep Neural Network in RA prediction depend on the specific implementation and application. However, some general observations include improved accuracy, better generalization, feature selection are attained.

Future Enhancement

Like any algorithm or method, the Whale Optimization Algorithm with improved Deep Neural Network has limitations. Some limitations include the dependence on a large amount of data, the sensitivity to initialization, and the difficulty in interpreting the results.

REFERENCES

1. Ahalya, R.K., Umapathy, S., Krishnan, P.T. and Joseph Raj, A.N., 2022. Automated evaluation of rheumatoid arthritis from hand radiographs using Machine Learning and deep learning techniques. Proceedings of the Institution of Mechanical Engineers, Part H: Journal of Engineering in Medicine, 236(8), pp.1238-1249.

2. Almutairi, K., Nossent, J., Preen, D., Keen, H. and Inderjeeth, C., 2021. The global prevalence of rheumatoid arthritis: a meta-analysis based on a systematic review. Rheumatology international, 41(5), pp.863-877.

3. Amado DPA, Diaz FAC, Pantoja R del PC, Sanchez LMB. Benefits of Artificial Intelligence and its Innovation in Organizations. AG Multidisciplinar 2023;1:15-15. https://doi.org/10.62486/agmu202315.

4. Batista-Mariño Y, Gutiérrez-Cristo HG, Díaz-Vidal M, Peña-Marrero Y, Mulet-Labrada S, Díaz LE-R. Behavior of stomatological emergencies of dental origin. Mario Pozo Ochoa Stomatology Clinic. 2022-2023. AG Odontologia 2023;1:6-6. https://doi.org/10.62486/agodonto20236.

5. Battafarano DF, Ditmyer M, Bolster MB, et al.American College of Rheumatology Workforce Study: Supply and Demand Projections of Adult Rheumatology Workforce, Arthritis Care Res (Hoboken) 2018;70:617-26.

6. Caero L, Libertelli J. Relationship between Vigorexia, steroid use, and recreational bodybuilding practice and the effects of the closure of training centers due to the Covid-19 pandemic in young people in Argentina. AG Salud 2023;1:18-18. https://doi.org/10.62486/agsalud202318.

7. Cavalcante L de FB. Feminicide from the perspective of the cultural mediation of information. Advanced Notes in Information Science 2023;5:24-48. https://doi.org/10.47909/978-9916-9906-9-8.72.

8. Chalan SAL, Hinojosa BLA, Claudio BAM, Mendoza OAV. Quality of service and customer satisfaction in the beauty industry in the district of Los Olivos. SCT Proceedings in Interdisciplinary Insights and Innovations 2023;1:5-5. https://doi.org/10.56294/piii20235.

9. Chávez JJB, Trujillo REO, Hinojosa BLA, Claudio BAM, Mendoza OAV. Influencer marketing and the buying

decision of generation «Z» consumers in beauty and personal care companies. SCT Proceedings in Interdisciplinary Insights and Innovations 2023;1:7-7. https://doi.org/10.56294/piii20237.

10. Dalal N,Triggs B, IEEE Computer Society Conference on Computer Vision and Pattern Recognition San Diego, USA.2005: 886. 10.1109/CVPR.2005.177

11. Diaz DPM. Staff turnover in companies. AG Managment 2023;1:16-16. https://doi.org/10.62486/ agma202316.

12. Espinosa JCG, Sánchez LML, Pereira MAF. Benefits of Artificial Intelligence in human talent management. AG Multidisciplinar 2023;1:14-14. https://doi.org/10.62486/agmu202314.

13. Figueredo-Rigores A, Blanco-Romero L, Llevat-Romero D. Systemic view of periodontal diseases. AG Odontologia 2023;1:14-14. https://doi.org/10.62486/agodonto202314.

14. Gonzalez-Argote J, Castillo-González W. Productivity and Impact of the Scientific Production on Human-Computer Interaction in Scopus from 2018 to 2022. AG Multidisciplinar 2023;1:10-10. https://doi.org/10.62486/agmu202310.

15. Gul HL, Eugenio G, Rabin T, et al. Defining remission in rheumatoid arthritis: does it matter to the patient? A comparison of multi-dimensional remission criteria and patient reported outcomes. Rheumatology (Oxford) 2019.

16. Hernández-Flórez N. Breaking stereotypes: "a philosophical reflection on women criminals from a gender perspective". AG Salud 2023;1:17-17. https://doi.org/10.62486/agsalud202317.

17. Hinojosa BLA, Mendoza OAV. Perceptions on the use of Digital Marketing of the micro-entrepreneurs of the textile sector of the Blue Gallery in the emporium of Gamarra. SCT Proceedings in Interdisciplinary Insights and Innovations 2023;1:9-9. https://doi.org/10.56294/piii20239.

18. Hügle, M., Omoumi, P., van Laar, J.M., Boedecker, J. and Hügle, T., 2020. Applied machine learning and artificial intelligence in rheumatology. Rheumatology advances in practice, 4(1), p.rkaa005.

19. Khanna, N.N., Jamthikar, A.D., Gupta, D., Piga, M., Saba, L., Carcassi, C., Giannopoulos, A.A., Nicolaides, A., Laird, J.R., Suri, H.S. and Mavrogeni, S., 2019. Rheumatoid arthritis: atherosclerosis imaging and cardiovascular risk assessment using machine and deep learning-based tissue characterization. Current atherosclerosis reports, 21, pp.1-14.

20. Krizhevsky A, Sutskever I, Hinton G E. Advances in Neural Information Processing Systems 25 Lake Tahoe, USA.2012:1097. 10.1145/3065386

21. KS, A.S.D.M.D., Selvakumar, M., Sathyamangalam, E. and Nadu, T., 2023. Classification of Deep Learning Algorithm for Rheumatoid Arthritis Predictor.

22. Lamorú-Pardo AM, Álvarez-Romero Y, Rubio-Díaz D, González-Alvarez A, Pérez-Roque L, Vargas-Labrada LS. Dental caries, nutritional status and oral hygiene in schoolchildren, La Demajagua, 2022. AG Odontologia 2023;1:8-8. https://doi.org/10.62486/agodonto20238.

23. LeCun Y, Bengio Y, Hinton G. Nature. 2015; 521: 436

24. LeCun Y,Boser B,Denker J S, Henderson D, Howard R E Hubbard W,Jackel L D. Neural Comput. 1989; 1: 541

25. Ledesma-Céspedes N, Leyva-Samue L, Barrios-Ledesma L. Use of radiographs in endodontic treatments in pregnant women. AG Odontologia 2023;1:3-3. https://doi.org/10.62486/agodonto20233.

26. Lee S, Choi M, Choi H S, Park M S, Yoon S. IEEE Biomedical Circuits and Systems Conference Atlanta, USA. 2015 10.1109/BioCAS.2015.7348440

27. Litjens G,Kooi T,Bejnordi B E,Setio AAA,Ciompi F Ghafoorian M,Laak J A W M V D,Ginneken B V, Sánchez C I, Med. Image Anal.2017; 42: 60

28. Lopez ACA. Contributions of John Calvin to education. A systematic review. AG Multidisciplinar 2023;1:11-11. https://doi.org/10.62486/agmu202311.

29. Lowe D G. Int. J. Comput. Vis.2004; 60: 91

30. Manova M, Savova A, Vasileva M, et al. Comparative Price Analysis of Biological Products for Treatment of Rheumatoid Arthritis. Front Pharmacol.2018;9:1070.

31. Marcillí MI, Fernández AP, Marsillí YI, Drullet DI, Isalgué RF. Older adult victims of violence. Satisfaction with health services in primary care. SCT Proceedings in Interdisciplinary Insights and Innovations 2023;1:12-12. https://doi.org/10.56294/piii202312.

32. Marcillí MI, Fernández AP, Marsillí YI, Drullet DI, Isalgué VMF. Characterization of legal drug use in older adult caregivers who are victims of violence. SCT Proceedings in Interdisciplinary Insights and Innovations 2023;1:13-13. https://doi.org/10.56294/piii202313.

33. Moraes IB. Critical Analysis of Health Indicators in Primary Health Care: A Brazilian Perspective. AG Salud 2023;1:28-28. https://doi.org/10.62486/agsalud202328.

34. Murakami S Hatano K Tan J Kim H Aoki T Multimed. Tools Appl.2018;77:10921.

35. Ogolodom MP, Ochong AD, Egop EB, Jeremiah CU, Madume AK, Nyenke CU, et al. Knowledge and perception of healthcare workers towards the adoption of artificial intelligence in healthcare service delivery in Nigeria. AG Salud 2023;1:16-16. https://doi.org/10.62486/agsalud202316.

36. Ojha, S., Anand, S. and Kanisha, B., 2023, May. Prediction of Rheumatoid Arthritis using Deep Learning Techniques. In 2023 2nd International Conference on Applied Artificial Intelligence and Computing (ICAAIC) (pp. 357-362). IEEE.

37. Pandit, A. and Radstake, T.R., 2020. Machine learning in rheumatology approaches the clinic. Nature Reviews Rheumatology, 16(2), pp.69-70.

38. Peñaloza JEG, Bermúdez L marcela A, Calderón YMA. Perception of representativeness of the Assembly of Huila 2020-2023. AG Multidisciplinar 2023;1:13-13. https://doi.org/10.62486/agmu202313.

39. Pérez DQ, Palomo IQ, Santana YL, Rodríguez AC, Piñera YP. Predictive value of the neutrophil-lymphocyte index as a predictor of severity and death in patients treated for COVID-19. SCT Proceedings in Interdisciplinary Insights and Innovations 2023;1:14-14. https://doi.org/10.56294/piii202314.

40. Prado JMK do, Sena PMB. Information science based on FEBAB's census of Brazilian library science: postgraduate data. Advanced Notes in Information Science 2023;5:1-23. https://doi.org/10.47909/978-9916-9906-9-8.73.

41. Pupo-Martínez Y, Dalmau-Ramírez E, Meriño-Collazo L, Céspedes-Proenza I, Cruz-Sánchez A, Blanco-Romero L. Occlusal changes in primary dentition after treatment of dental interferences. AG Odontologia 2023;1:10-10. https://doi.org/10.62486/agodonto202310.

42. Quiroz FJR, Oncoy AWE. Resilience and life satisfaction in migrant university students residing in Lima. AG Salud 2023;1:9-9. https://doi.org/10.62486/agsalud20239.

43. Radu, A.F. and Bungau, S.G., 2021. Management of rheumatoid arthritis: an overview. Cells, 10(11), p.2857.

44. Roa BAV, Ortiz MAC, Cano CAG. Analysis of the simple tax regime in Colombia, case of night traders in the city of Florencia, Caquetá. AG Managment 2023;1:14-14. https://doi.org/10.62486/agma202314.

45. Rodríguez AL. Analysis of associative entrepreneurship as a territorial strategy in the municipality of Mesetas, Meta. AG Managment 2023;1:15-15. https://doi.org/10.62486/agma202315.

46. Rodríguez LPM, Sánchez PAS. Social appropriation of knowledge applying the knowledge management methodology. Case study: San Miguel de Sema, Boyacá. AG Managment 2023;1:13-13. https://doi.org/10.62486/ agma202313.

47. Rosa JE, Garcia MV, Luissi A, et al. Rheumatoid Arthritis Patient's Journey: Delay in Diagnosis and Treatment. J Clin Rheumatol 2019.

48. Schmidhuberj. Neural Netw.2015; 61: 85

49. Sermanet P, Eigen D, Zhang X, Mathieu M, Fergus R Lecun Y. 2013Pavlidis T, Liow Y T. IEEE Trans. Pattern Anal. Mach. Intell.1988; 12: 208

50. Serra S, Revez J. As bibliotecas públicas na inclusão social de migrantes forçados na Área Metropolitana de Lisboa. Advanced Notes in Information Science 2023;5:49-99. https://doi.org/10.47909/978-9916-9906-9-8.50.

51. Smolen JS, Aletaha D, Barton A, et al. Rheumatoid arthritis. Nat Rev Dis Primers 2018;4:18001.

52. Solano AVC, Arboleda LDC, García CCC, Dominguez CDC. Benefits of artificial intelligence in companies. AG Managment 2023;1:17-17. https://doi.org/10.62486/agma202317.

53. Sundaramurthy, S., Saravanabhavan, C. and Kshirsagar, P., 2020, November. Prediction and classification of rheumatoid arthritis using ensemble machine learning approaches. In 2020 International Conference on Decision Aid Sciences and Application (DASA) (pp. 17-21). IEEE.

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AUTHORSHIP CONTRIBUTION

Conceptualization: Dr. K. Prabavathy. Investigation: Dr. K. Prabavathy. Data collection: Mrs. M. Nalini. Data curation: Mrs. M. Nalini. Analysis of results: Mrs. M. Nalini. Writing - original draft: Mrs. M. Nalini. Writing - revision and editing: Dr. K. Prabavathy.