
Pain Intensity Estimation using Spatiotemporal Facial Features

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Abstract

1 Pain assessment is a hard, subjective, and critical problem in many medical sit-
2 uations. Thus, many computational approaches have been developed for pain
3 detection and estimation using different types of data [1, 2, 3, 4, 5, 6]. We propose
4 a guided-learning by warping the appearance surround the facial action units of
5 pain (AUs). Sequences are processed to extract the temporal correspondence of
6 facial features. Each sequence is generated from the original videos and must rep-
7 resent a single-stimulus effect in a short period, so we develop generation policies.
8 Experimental results on the publicly available UNBC-McMaster database have
9 demonstrated that our approach overcomes the-state-of-the-art.

10 1 Methodology

11 1.1 Dataset description

12 The UNBC-McMaster dataset [7] records 129 patients self-identified with chronic shoulder pain. In
13 each video, the patient moves one arm, then, each frame is evaluated by the PSPI metric. Additionally,
14 the dataset includes 66 facial landmarks per frame computed by an Active Appearance Model (AAM).
15 Each sequence presents several disturbances in its pain level even though there is just one pain
16 stimulus — higher the pain intensity, shorter its duration due to the patient’s reflexes.

17 1.2 Pre-Processing

18 We apply a three-step pipeline: masking, frontalization, and resize. First, we calculate the facial
19 landmarks to apply the convex hull algorithm for masking. The frontalization aims to solve the
20 camera perspective error by estimating the projection matrix [8]. We use frontal-view markers from
21 a pre-trained 3D-model [9] as a reference to calculate the camera matrix and the projection matrix.
22 The projection matrix maps the original image to get the canonical normalized appearance, which
23 undergoes a smooth symmetry process. We select the landmarks which surround the facial action
24 units of pain to preserve the original features after frontalization.

25 1.3 Data Balancing

26 The unbalance affects every distribution, including samples per patient and pain levels. Sequence
27 balancing has two stages; in the first one, the sequences split to generate new sub-sequences. In the
28 second stage, we design downsampling and data augmentation policies considering that the label of a
29 sub-sequence is its last frame’s label.

30 **Sub-sequence generation:** The sequences split into a -length subsequences, considering a single-
31 stimulus response cycle and painless segments. At the beginning of a sub-sequence, there may be b

32 painless frames. The sub-sequences generation steps are: (1) the sequences split into single-stimulus
 33 response cycles and painless sub-sequences; (2) in case that a new cycle is a replica then it is attached
 34 to the previous period, however, if gradients change abruptly, then it is considered as a new cycle;
 35 (3) eliminate the sub-sequences with sizes smaller than α ; and, (4) multiple sub-sequences are made
 36 using a displacement window over the previous fragments.

37 **Balancing policies** Let $M_{[p,l]}$ a the data distribution matrix over the patients and pain levels, being
 38 \mathbb{P} and \mathbb{L} the set of patients and levels, respectively. $T_{[p,l]}$ is the scaling matrix that balance $M_{[p,l]}$, being
 39 τ_{max} its fixed maximum value. When τ is less than 1, then downsampling is done with a probability
 40 of τ ; else, augmentation policies run with same odds, except for the facial affine deformations. The
 41 policies include rotations (3° , 6° and 9°), vertical flipping and facial affine deformations. Facial
 42 deformations strongly affect the feature vector depending on its magnitude and location. By orienting
 43 the distortions, we seek to reinforce the pain features representation. We use Delaunay triangulation
 44 and piecewise-affine warping for the facial deformations. Deformations intensity depends on the
 45 landmark’s relationship with the facial action units of pain proportionally from 0.2% to 10%.

46 1.4 Proposed Architecture

47 Figure 1 illustrates the spatiotemporal architecture. We employ the fc6 layer outputs of a fine-tuned
 48 VGG_faces [10] as feature vectors due its temporal invariability. The fine-tuning handles an SGD
 49 optimizer with $\beta = 0.9$, $\alpha = 1e - 3$ and a mini-batch size of 100. A two-layer GRU architecture
 50 correlates the feature vectors of the sequence. GRU units face the gradient vanishing problem in short
 51 sequences and reduce training time. Then, the data split randomly into 80% as the training set and
 52 20% as the testing set using an RMSprop optimizer with $\alpha = 1e - 4$.

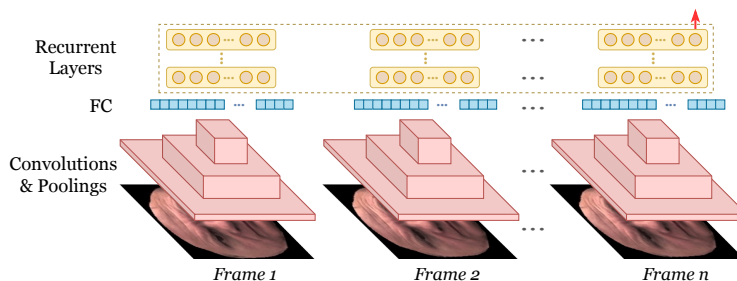


Figure 1: An overview of the proposed spatiotemporal architecture. Red: A pre-trained CNN perform the spatial extraction of features vectors (blue). Yellow: a two-layer GRU network explores the temporal correspondence among the features vectors.

53 2 Results and Comments

54 Table 1 shows the comparison of the-state-of-the-art results for both analyses. Our results overcome
 55 previous works almost in every metric, except for the geometric approach raised by Rathee et al. [11].
 56 Data distribution has a high-impact over the features representation; hence, data balancing acquires
 57 quite an importance. Our proposal faces the unbalance by structured augmentation policies, alongside
 58 a fine-tuning step for the spatial analysis and a pre-processing stage to ease the spatial analysis.

	MSE	PCC	ICC	ACC
Florea et al. [12]	1.18	0.55	-	-
Kaltwang et al. [13]	1.39	0.59	0.50	-
Rathee et al. [11]	-	-	-	0.96
Our	0.634	0.692	0.529	0.834

	MSE	PCC	ICC	ACC
Zhou et al.[1]	1.54	0.65	-	-
Nasrollahi et al.[2]	-	-	-	0.619
Rodriguez et al.[3]	0.74	0.78	0.45	-
Our	0.622	0.687	0.615	0.854

Table 1: Comparison of the-state-of-the-art metrics at frames-level (left) and sequences-level (right).

59 In the future, we are planning to untangle high-level expression and identity features from low-level
 60 pain features before the temporal analysis.

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