

# Strategies of Multi-Step-ahead Forecasting for Blood Glucose Level using LSTM Neural Networks: A Comparative Study

Touria El Idrissi<sup>1</sup>, Ali Idri<sup>2,3</sup>, Ilham Kadi<sup>2</sup> and Zohra Bakkoury<sup>1</sup>

<sup>1</sup>Department of Computer Sciences, EMI, University Mohammed V in Rabat, Morocco

<sup>2</sup>Software Project Management Research Team, ENSIAS, University Mohammed V in Rabat, Morocco

<sup>3</sup>Complex Systems Engineering and Human Systems, University Mohammed VI Polytechnic, Ben Guerir, Morocco

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**Abstract:** Predicting the blood glucose level (BGL) is crucial for self-management of Diabetes. In general, a BGL prediction is done based on the previous measurements of BGL, which can be taken either (manually) by using sticks or (automatically) by using continuous glucose monitoring (CGM) devices. To allow the diabetic patients to take appropriate actions, the BGL predictions should be done ahead of time; thus a multi-step ahead prediction is suitable. Therefore, many Multi-Step-ahead Forecasting (MSF) strategies have been developed and evaluated, and can be categorized in five types: Recursive, Direct, MIMO (for Multiple Input Multiple Output), DirMO (combining Direct and MIMO) and DirRec (combining Direct and Recursive). However, none of them is known to be the best strategy in all contexts. The present study aims at: 1) reviewing the MSF strategies, and 2) determining the best strategy to fit with a LSTM Neural Network model. Hence, we evaluated and compared in terms of two performance criteria: Root-Mean-Square Error (RMSE) and Mean Absolute Error (MAE), the five MSF strategies using a LSTM Neural Network with an horizon of 30 minutes. The results show that there is no strategy that significantly outperformed others when using the Wilcoxon statistical test. However, when using the Sum Ranking Differences method, MIMO is the best strategy for both RMSE and MAE criteria.

## 1 INTRODUCTION

Diabetes mellitus is a metabolic disease related to a defect in the glucose use. The two main types of diabetes are Type 1 (T1DM) and Type 2 (T2DM). The former is due to a deficiency of the produced insulin while the later appears when the produced insulin is not used properly (Bilous & Donnelly, 2010). This chronic disease should be well managed, otherwise diabetic patients risk serious complications namely unconsciousness, kidney and heart diseases, blindness and even death (Bilous & Donnelly, 2010).

One of the most important task in managing diabetes is the blood glucose level (BGL) prediction as it allows to act in advance to maintain the BGL within the normal range (El Idrissi & al., 2019a). The BGL prediction depends on the previous BGL measurements which can be done manually by sticks or automatically by sensors that perform a continuous glucose monitoring (CGM) (Bilous & Donnelly, 2010; El Idrissi & al., 2019a).

(El Idrissi & al., 2019a) reported that a BGL prediction has took a great interest in the last decade and different machine learning or statistical techniques were explored. However, machine learning techniques have recently drawn more attention especially deep learning (El Idrissi & al., 2019b).

In this study, we consider the case where data are collected from a CGM device, which presents a time series forecasting problem since the CGM device gives a sequence of BGL measurements at equal time intervals. Recall that in time series forecasting, the future value is predicted based on a set of past values. Given  $N$  values  $y_1$  to  $y_N$  from the time series, the one step forecasting consists of predicting the next value  $y_{N+1}$ , while the multi-step ahead forecasting provides the next  $H$  values from  $y_{N+1}$  to  $y_{N+H}$  (Taieb & al., 2012).

(El Idrissi & al., 2019b) proposed a LSTM Neural Network (NN) based on CGM data for one step forecasting that gives the BGL in the next 5 minutes. A prediction horizon of 30 minutes is more appropriate for the patient so he/she can act suitably to avoid any increasing or decreasing of the BGL

(Mhaskar, 2017; Fox & al., 2018). Hence, a multi-step-ahead forecasting (MSF) with 6 steps is required, which motivates the present study.

In literature, five MSF strategies were proposed: Recursive, Direct, MIMO, DirMO and DirRec strategies. Comparisons between these five strategies were carried out in the context of Neural Networks such as (Taieb & al., 2012) and (An & Anh, 2015). In the context of deep NNs, (Xie & Wang, 2018) made a comparison between Direct and Recursive strategies using LSTM NNs and convolutional NNs (CNN), while (Fox & al., 2018) compared MIMO and Recursive strategies using Recurrent NNs. However, these comparisons concluded that no strategy outperformed others in all contexts. Besides, and according to the authors knowledge, no comparison was undertaken which assesses all the five strategies in the context of a LSTM NN. Therefore, the following research question raised:

(RQ): What is the MSF strategy that achieves high performance using the LSTM model of (El Idrissi & al., 2019b) for an horizon of 30 minutes?

In the rest of this paper, Section 0 presents a brief review of the MSF strategies. Section 0 summarizes the related work. The experimental design is described in Section 0. Section 0 presents and discusses the results. Section 6 reports the threats to validity. Section 7 presents conclusions and future work.

## 2 REVIEW OF MSF STRATEGIES

Time series prediction is an active research issue for one step as well as multi-step ahead predictions. MSF presents additional difficulties compared to the one-step strategy such as errors' accumulation, accuracy decreasing, and uncertainty increasing (An & Anh, 2015).

(Taieb & al., 2012) has identified five strategies for MSF which are: Recursive strategy, Direct strategy, DirRec strategy, MIMO strategy and DirMO strategy. These strategies are presented in this section by considering the following notations:  $y_i$  the observed value at the time  $i$ ,  $\hat{y}_i$  the predicted value at the time  $i$ ,  $N$  is the number of the past values of the time series and  $H$  is the horizon of prediction. And let  $t$  be the time where the prediction is made.

### 2.1 Recursive Strategy

This strategy, also named iterative, provides the prediction iteratively using a one-step prediction model. It starts by training a one-step prediction

model  $M$ , and each new estimate is used as part of the input to predict the next estimated value as follows:

$$\hat{y}_{t+s} = \begin{cases} M(y_{t-N+1}, \dots, y_t) & \text{if } s = 1 \\ M(y_{t-N+s}, \dots, y_t, \hat{y}_{t+1}, \dots, \hat{y}_{t+s-1}) & \text{if } 2 \leq s \leq N \\ M(\hat{y}_{t+s-N}, \dots, \hat{y}_{t+s-1}) & \text{if } s > N \end{cases} \quad (1)$$

This strategy is characterized by being intuitive and simple, however, the error may be accumulated from one step to the following one (Taieb & al., 2012; An & Anh, 2015).

### 2.2 Direct Strategy

This strategy, also named independent, provides an estimate independently for each step  $s$  of the prediction horizon. Thus, if the prediction horizon is composed of  $H$  steps,  $M_s$  models are trained with  $s$  varies from 1 to  $H$ . The predicted value for each step  $s$  is given by:

$$\hat{y}_{t+s} = M_s(y_{t-N+1}, \dots, y_t) \quad 1 \leq s \leq H \quad (2)$$

This strategy overcomes the limitation of error accumulation; however, complex dependencies between the predicted values may not be captured (Taieb & al., 2012; An & Anh, 2015).

### 2.3 MIMO Strategy

In both Recursive and Direct strategies, the data are presented as: Multiple-Input (i.e.  $N$  past values of the time series) and a Single-Output (i.e. one predicted value). MIMO strategy introduced by (Kline, 2004) consists of Multiple-Input and Multiple-Output. Therefore, one model  $M$  is trained to return a vector of predicted values for all the horizon  $H$  as shown in Equation 3.

$$[\hat{y}_{t+1}, \dots, \hat{y}_{t+H}] = M(y_{t-N+1}, \dots, y_t) \quad (3)$$

MIMO overcomes the limitation of both Recursive and Direct strategies by preserving the stochastic dependencies between the predicted values; however, it may reduce the prediction flexibility as all the values within the considered horizon are predicted using the same model structure (Taieb & al., 2012; An & Anh, 2015).

### 2.4 DirRec Strategy

DirRec strategy (Sorjamaa & Lendasse, 2006) combines the Direct and the Recursive strategies. It provides predictions iteratively using  $H$  models  $M_s$ , each one provides an estimate based on the  $N$  past values and the previous predicted ones. Note that the

size of the input differs for those models. The value at the step  $s$  is calculated as follows:

$$= \begin{cases} M_s(y_{t-N+1}, \dots, y_t) & \text{if } s = 1 \\ M_s(y_{t-N+1}, \dots, y_t, \hat{y}_{t+1}, \dots, \hat{y}_{t+s-1}) & \text{if } 2 \leq s \leq N \end{cases} \quad (4)$$

This strategy takes advantage from the Recursive and Direct strategies and outperforms them (Taieb & al., 2012).

## 2.5 DirMO Strategy

DirMO strategy introduced by (Taieb & al., 2009) combines the Direct and the MIMO strategies. In this strategy, the prediction horizon is divided in  $B$  blocks with the same size  $n$  ( $B=H/n$ ); each block  $b$  is directly predicted using a MIMO model  $M_b$ . This leads to  $B$  models to train. For a block  $b$ , the prediction is performed as follows:

$$[\hat{y}_{t+(b-1)*n+1}, \dots, \hat{y}_{t+b*n}] = M_s(y_{t-N+1}, \dots, y_t) \quad (5)$$

If  $n$  is equal to 1, the number of blocks is equal to  $H$  blocks containing one element; this case corresponds to Direct strategy, while  $n$  is equal to  $H$  corresponds to MIMO strategy as we will have one block with  $H$  elements.

DirMO is a compromise between Direct and MIMO strategies; in fact tuning  $n$  helps to take advantage of both strategies (Taieb & al., 2012).

## 3 RELATED WORK

Many Data Mining techniques have been explored for BGL prediction including statistical and machine learning techniques. Still Auto Regression and Neural Networks are the most used ones (El Idrissi & al., 2019a). Nowadays, deep learning techniques are gaining more interest in many fields as the obtained results are very promising for different prediction tasks including BGL prediction (Sun & al., 2018; El Idrissi & al., 2019b). Table 1 summarizes the findings of some studies dealing with deep learning based BGL prediction. We can conclude that:

- Using deep learning techniques for BGL prediction is promising.
- LSTM NNs and CNNs are the most frequently used deep learning techniques.
- Trends encourage the use of CGM data.
- Prediction horizons vary in general from 15 minutes to 60 minutes. However, the horizon with 30 minutes is the most used.
- Direct seems to be the most frequently used MSF strategy.

- A comparison of some of MSF strategies was conducted in (Xie & Wang, 2018) and (Fox & al., 2018). The first one was restricted to Direct and Recursive and the second one to MIMO and Recursive.

In this work, we use the model proposed by (El Idrissi & al., 2019b) to explore and compare the different MSF strategies. The following points summarize the work conducted by (El Idrissi & al., 2019b):

- A sequential model was proposed containing one LSTM layer and two dense layers.
- A tuning of the hyper-parameters: LSTM units, dense units and sequence input length, was conducted to have the best configuration.
- A comparison based on RMSE was carried out between the proposed LSTM and the LSTM proposed by (Sun & al., 2018) as well as an AutoRegressive model: the former outperformed significantly the two other models.

The use of LSTM NN is motivated by the fact that studies showed promising results in BGL prediction (El Idrissi & al., 2019b; Sun & al., 2018). In fact, the LSTM NNs proposed by (Hochreiter & Schmidhuber, 1997) have the ability to treat sequential data and apprehend long term dependencies by considering a memory cell and a gate structure that determines the information to retain or to forget (Hochreiter & Schmidhuber, 1997; El Idrissi & al., 2019b).

## 4 EXPERIMENTAL DESIGN

In this section, we describe the dataset and the performance criteria used in the empirical evaluation. Thereafter, we present the experimental process followed in this study.

### 4.1 Dataset Description

We use the same dataset we used in (El Idrissi & al., 2019b). The dataset contains recorded BGL of 10 T1DM patients taken from the DirecNetInpatientAccuracyStudy dataset (DirecNet, 2019). The BGL data was collected by CGM devices at 5 minutes' intervals.

Ten patients were randomly chosen, and the data was pre-processed by eliminating outliers between successive BGL and redundant data.

Table 2 shows information on the 10 patients.

Table 1: Deep learning based BGL prediction: an overview.

Reference	Technique	Data	Architecture	Type of forecasting	HP (mn)	Findings
Doike & al., 2018	Deep Recurrent NN	CGM	Three hidden layers with 2000 units, input and output layer with one unit each.	Multi-step-ahead with Direct strategy	30	A BGL prediction system is used for hypoglycemia prevention which achieves an accuracy of 80%.
Mhaskar & al., 2017	Deep NN	CGM	2 layers	Not specified	30	The proposed deep NN outperforms a shallow NN
Xie & Wang, 2018	- LSTM NN - CNN	CGM	The LSTM NN has 3 hidden LSTM layers. The CNN has 2 layers of Temporal CNN blocks	Multi-step-ahead with Direct and Recursive strategy	30	For MSF, AR achieved in average better performance than LSTM and CNN. Direct strategy for LSTM outperformed the Recursive one.
Fox & al., 2018	Deep Recurrent NN	CGM	Two layers with GRU cells	Multi-step-ahead with MIMO strategy and Recursive	30	Multi-output alternatives outperformed the Recursive ones
El Idrissi & al., 2019b	LSTM NN	CGM	Sequential model: - One LSTM Layer - Two fully connected layers	One-step ahead	5	The proposed LSTM model significantly outperformed both an existing LSTM and AR models.
Sun & al., 2018	LSTM NN	CGM	Sequential model: - One LSTM Layer - One bidirectional LSTM layer - Three fully connected layers	Multi-step-ahead with Direct strategy	15, 30, 45, 60	The proposed LSTM outperformed ARIMA and SVR baseline methods
Mirshekarian & al., 2017	LSTM NN	CGM	5 units LSTM Layer	Multi-step-ahead with Direct strategy	30, 60	The proposed LSTM NN behaved similar to an SVR model, and outperformed physician predictions.

## 4.2 Performance Criteria

We use two commonly used performance metrics: root-mean-square error (RMSE) and mean absolute error (MAE) (El Idrissi & al., 2019a). Let  $x_i$  be the actual value,  $\hat{x}_i$  the predicted value, and  $n$  the size of the sample. Equations (6) and (7) present the formula to calculate the RMSE and MAE respectively.

$$RMSE = \sqrt{\frac{1}{n} \sum_{i=1}^n (\hat{x}_i - x_i)^2} \quad (6)$$

$$MAE = \frac{1}{n} \sum_{i=1}^n |\hat{x}_i - x_i| \quad (7)$$

RMSE and MAE values range in  $[0, +\infty[$ , and higher performance is obtained when RMSE or MAE tend towards 0.

## 4.3 Experimental Process

This section describes the experimental process followed in the empirical evaluation, which consists

of the 3 steps: 1) Data preparation, 2) Performance evaluation, and 3) Significance tests.

Table 2: Ten patients' information (El Idrissi & al., 2019b). The unit of BGL is mg/dl.

Patient	Number of Recorded BGL values	Min BGL value	Max BGL value
P1	766	40	339
P2	278	57	283
P3	283	103	322
P4	923	40	400
P5	562	50	270
P6	771	62	400
P7	897	42	400
P8	546	43	310
P9	831	40	400
P10	246	72	189



### 4.3.1 Step 1: Data Preparation

When training a model, the data should be prepared to fit the requirements of the model. Thus, given a time series  $X = \{s(t_i)\}$  where  $s(t_i)$  is the BGL at time  $t_i$ , and a sampling horizon  $d$ , the time series is decomposed to couples  $(X_i, y_i)$ , where  $X_i = \{s(t_{i-d+1}), \dots, s(t_i)\}$  is the input data and  $y_i$  is the output value. This decomposition depends on the MSF strategy we used:

- For the Recursive strategy, we have to train a model that predicts the next value, thus  $X_i = \{s(t_{i-d+1}), \dots, s(t_i)\}$  and  $y_i = s(t_{i+1})$ .
- For the Direct strategy, since the aim is to predict the BGL value in 30 minutes' horizon, we use 6 steps for prediction. Therefore, we train one model to predict the 6th BGL value. Thus, the data is presented as  $X_i = \{s(t_{i-d+1}), \dots, s(t_i)\}$  and  $y_i = s(t_{i+6})$ .
- For the MIMO strategy, we have multiple outputs; therefore,  $y_i$  is a vector of predicted BGL values. Hence, a single model is trained with couples  $X_i = \{s(t_{i-d+1}), \dots, s(t_i)\}$  and  $y_i = \{s(t_{i+1}), \dots, s(t_{i+6})\}$ .
- For the DirRec strategy, 6 models  $M_s$  should be trained with different sampling horizon. For each  $M_s$ , the couples are  $X_i = \{s(t_{i-d-s+2}), \dots, s(t_i)\}$  and  $y_i = s(t_{i+1})$  where  $s$  varies from 1 to 6.
- For the DirMO strategy, we set  $B$  (i.e. number of considered blocks) to 2. Therefore, 2 models are trained: the first model with the couples:  $X_i = \{s(t_{i-d+1}), \dots, s(t_i)\}$  and  $y_i = \{s(t_{i+1}), \dots, s(t_{i+3})\}$  and the second one with  $X_i = \{s(t_{i-d+1}), \dots, s(t_i)\}$  and  $y_i = \{s(t_{i+4}), \dots, s(t_{i+6})\}$ .

### 4.3.2 Step 2: Performance Evaluation

For each strategy, the models are trained and evaluated for each patient. The dataset of each patient is divided into training and test data with 66% and 34% of the dataset respectively. The prediction performance is assessed using RMSE and MAE.

### 4.3.3 Step 3: Significance Tests

To assess statistically the differences between the obtained results, we use the Wilcoxon test which is a non-parametric statistical test. Statistical hypothesis should be formulated for each hypothesis, and the  $p$ -value is calculated and compared with the significance level  $\alpha$  (Idri & al., 2016a) (Idri & al. 2002) (Idri & al., 2016b).

The statistical tests were done for both criteria RMSE and MAE two by two, so we obtain 10 Null

Hypothesis (NH) for each criterion: RMSE and MAE. Each NH is formulated as follow:

NH(I,J,C): There is no difference between the performances of strategy I and strategy J based on the criterion C.

All the tests are two-tailed and  $\alpha$  is set to 0.05. The difference will be statistically significant if  $p$ -value is less than  $\alpha$ .

To go further in comparison, the sum of ranking differences (SRD) method was used. This method proposed by (Héberger, 2010) compares methods or models based on their ranking. For each model or method, we sum up the differences between its ranking and the ideal ranking which corresponds to the best known method or a reference method. If no ideal ranking is known, the ideal ranking is obtained by using the average, the minimum or the maximum of the all the methods.

## 5 RESULTS AND DISCUSSION

This section presents and discusses the empirical results of the five MSF strategies using a LSTM NN along with the statistical test results. All the empirical evaluations were carried out using a tool we developed by Python-3.6 language using the Keras-2.2.4 framework and Tensorflow-1.12.0 as backend under Windows 10.

### 5.1 Results

For each MSF strategy with our LSTM NN, we apply the steps 1 and 2 of the experimental design in order to prepare data, train and validate the required model(s). Each strategy was applied on the 10 patients of the Figure 1 and Figure 2 present the RMSE and MAE values of each strategy respectively.

From Figures Figure 1 and Figure 2, we observe that the strategies without recursion: Direct, MIMO and DirMO outperformed in general the strategies using recursion: Recursive and DirRec. In fact, the RMSE average for Direct, MIMO and DirMO are 36.30, 34.06 and 35.47 respectively; while the RMSE average for Recursive and DirRec are 43.76, 42.92 respectively. For the MAE, the average for Direct, MIMO and DirMO are 28.41, 26.59 and 27.71 respectively; while the MAE average for Recursive and DirRec are 35.33, 33.42 respectively.

In the third step, the significance tests are performed using the Wilcoxon statistical test. We have assessed 20 NHs: 10 NHs for RMSE criterion and 10 NHs for MAE criterion, and for each one we

evaluated the p-value. Table 3 presents the p-value obtained for each NH.

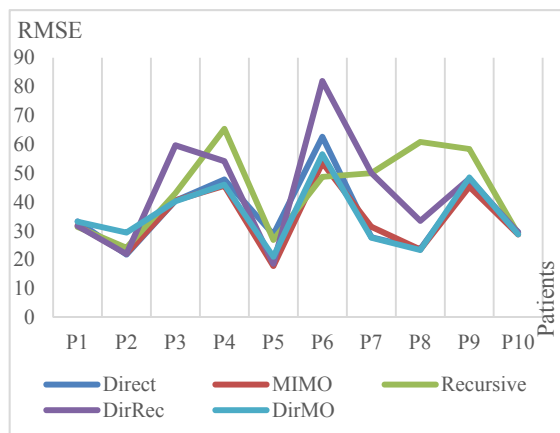


Figure 1: RMSE for the five strategies.

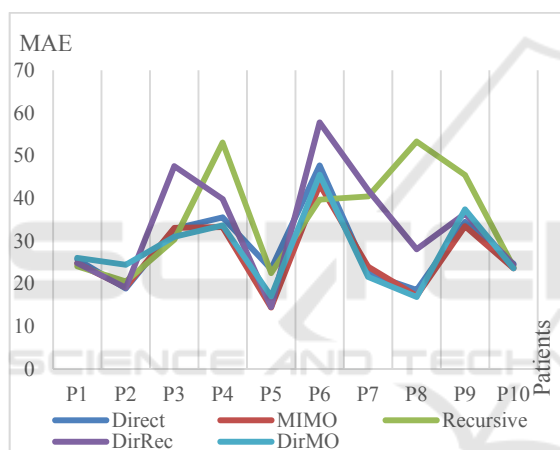


Figure 2: MAE for the five strategies.

Table 3: Results of significance tests.

Strategy 1	Strategy2	p-value for RMSE	p-value for MAE
MIMO	Direct	0.1141	0.07508
Recursive	Direct	0.13888	0.33204
DirRec	Direct	0.13888	0.09296
DirMO	Direct	0.20408	0.33204
Recursive	MIMO	0.03662	0.09296
DirRec	MIMO	0.01242	0.01242
DirMO	MIMO	0.16758	0.20408
DirRec	Recursive	0.71884	0.64552
DirMO	Recursive	0.1141	0.20408
DirMO	DirRec	0.13888	0.16758

From Table 3, we can conclude that no strategy outperformed significantly all the others. However, MIMO significantly outperforms the DirRec strategy for both RMSE and MAE with p-value equal to 0.01242, and outperforms the Recursive strategy for RMSE with p-value equal to 0.03662.

## 5.2 Discussion

The aim of this study was to discuss and answer the following RQ: What is the MSF strategy that achieves good performance using the LSTM model of (El Idrissi & al., 2019b) for an horizon of 30 minutes?. To answer this RQ, five MSF strategies MSF were used in combination with our LSTM model using 6-steps ahead, and compared in terms of RMSE and MAE.

The significance tests performed using Wilcoxon statistical test did not conclude on the best strategy to adopt. However, MIMO strategy significantly outperformed DirRec and Recursive strategies for RMSE and outperformed DirRec strategy for MAE. This confirms the trend that we observed from Figure 1 and Figure 2, where we can notice that the strategies without recursion perform generally better than those with recursion. This confirms the findings of the studies (Fox & al., 2018) and (Xie & Wang, 2018): in fact, in (Fox & al., 2018), it was reported that multi-output alternatives outperformed recursive ones, and in (Xie & Wang, 2018), the Direct strategy for LSTM outperformed the Recursive one. This can be explained by the fact the recursive methods prone to accumulation errors (Taieb & al., 2012; An & Anh, 2015; Xie & Wang, 2018).

To go further in comparison, we used the SRD method. In our case, as no ideal ranking is known, we calculate the ideal ranking based on the minimum performance all the models. TablesTable 4 andTable 5 show the results of SRD applied on RMSE and MAE respectively. According to (Héberger, 2010), the method or model is better when the SRD is smaller. Thus, using RMSE results, the ranking is: MIMO, DirMO, Direct, Recursive and DirRec. Using MAE, we obtain: MIMO, DirMO, Direct, Recursive, and DirRec.

We conclude that the ranking obtained by SRD for both RMSE and MAE showed that MIMO is the best strategy and confirmed the trend that non-recursive strategies (i.e. MIMO, Direct and DirMO) are better than recursive ones (i.e. Recursive and DirRec).

Table 4: SRD MSF strategies' ranks for RMSE.

PT.	Direct	MIMO	Rec.	DirRec	DirMO	Min
P1	4	2	0	1	3	1
P2	0	2	3	1	4	1
P3	1	2	3	4	0	1
P4	2	0	4	3	1	1
P5	4	0	3	1	2	1
P6	3	1	0	4	2	1
P7	1	2	3	4	0	1
P8	2	1	4	3	0	1
P9	1	0	4	2	3	1
P10	4	0	2	3	1	1
SRD	22	10	26	26	16	0

Table 5: SRD MSF strategies' ranks for MAE.

PT.	Direct	MIMO	Rec.	DirRec	DirMO	Min
P1	3	1	0	2	4	1
P2	0	2	3	1	4	1
P3	2	3	0	4	1	1
P4	2	0	4	3	1	1
P5	4	0	3	1	2	1
P6	3	1	0	4	2	1
P7	1	2	3	4	0	1
P8	2	1	4	3	0	1
P9	1	0	4	2	3	1
P10	4	1	2	3	0	1
SRD	22	11	23	27	17	0

## 6 THREATS TO VALIDITY

We have identified 4 threats to validity for this study:

**Internal Validity:** it is related to the way the evaluation was done. To reduce the risk that the evaluation is not appropriate, 10 datasets were used. Each dataset was divided on two subsets, training set used (66%) for training the models and test set (34%) used for evaluation.

**External Validity:** the perimeter of the study is an important threat to take into consideration. To overcome this issue, we used the dataset of (El Idrissi & al., 2019b) which contains 10 diabetic patients. Those patients were randomly taken from a public dataset and the size of recorded BGL varies from 246 to 923 values.

**Construct Validity:** this threat is related to the criteria used to evaluate the MSF strategies' performance. In this study, the performance was measured using two criteria which are RMSE and MAE. Those are common performance measures as reported by (El Idrissi & al., 2019a).

**Statistical Validity:** the aim of this study is to compare the performance of the MSF strategies. Thus it is important to check if there is a significant difference between them. For that purpose, the Wilcoxon statistical test is performed. For ranking, we used the sum of ranking differences method.

## 7 CONCLUSIONS AND FUTURE WORK

A comparative study between five MSF strategies using a LSTM NN was conducted to assess which strategies achieved the best performances for BGL prediction. The five strategies: Recursive, Direct, MIMO, DirRec and DirMO were used with 6-steps ahead as the objective is to predict BGL in the next 30 minutes. The performances of the five MSF strategies were compared in terms of RMSE and MAE over a 10 patients' data.

The main findings of the present study were: 1) no MSF strategy significantly outperformed the others when using the Wilcoxon statistical test, and 2) MIMO is the best strategy using the Sum of Ranking Differences method which confirms the trend that non-recursive strategies are better than recursive ones.

For future research, we consider carrying out further empirical evaluations using the five strategies with other deep learning techniques such as convolution NNs in order to confirm or refute the findings of this study.

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