

FEMBA: Efficient and Scalable EEG Analysis with a Bidirectional Mamba Foundation Model

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PULP Platform

Open Source Hardware, the way it should be!

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Why a foundational model for EEG



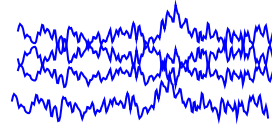
Challenges for EEG

Low signal-to-noise ratio

High subject-specific variability

Task-dependent annotation

X : Raw Data **Cheap**



Y : Labels **Expensive**

- Supervised training



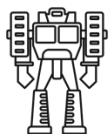
- Self supervised training



Foundation



Mamba for an efficient foundational model



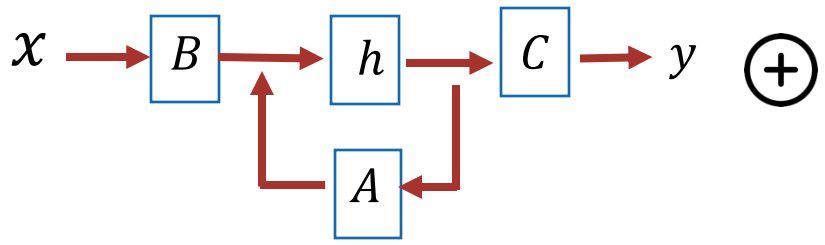
Transformer

- ✓ Strong performances: SoTA models
- ✗ $O(n^2)$ **computation** and **memory** complexity



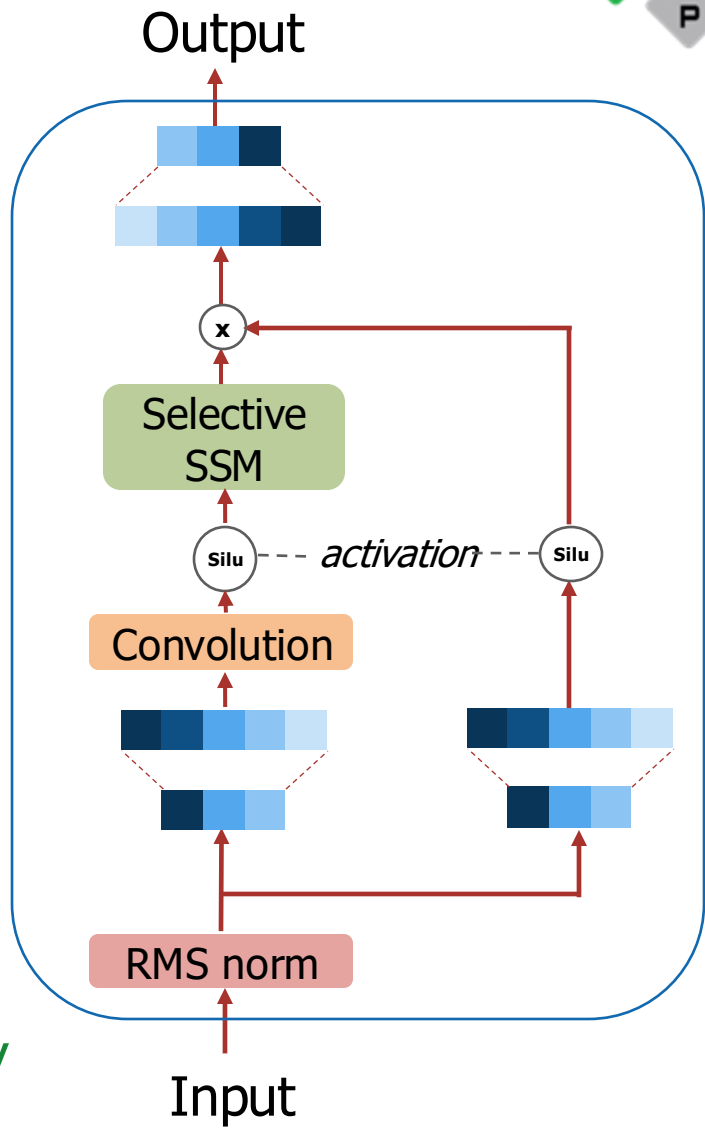
Mamba

State space models



Selective scan operation
Kernel fusion
Recomputation

→ $O(n)$ **computation** and **memory** complexity





1. Pretraining description:

Pretraining data and setup to reach a broad and comprehensive knowledge



2. Model description:

Definition of the model components:

- Backbone: tokenizer
- Central: encoder
- Head: decoder



3. Finetuning evaluation

Evaluate transferability in different downstream tasks

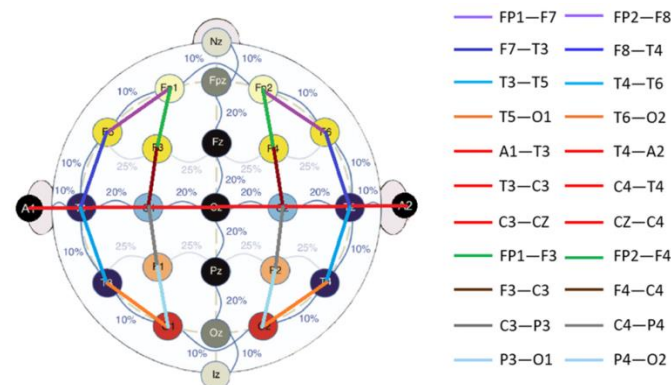
Pretraining dataset



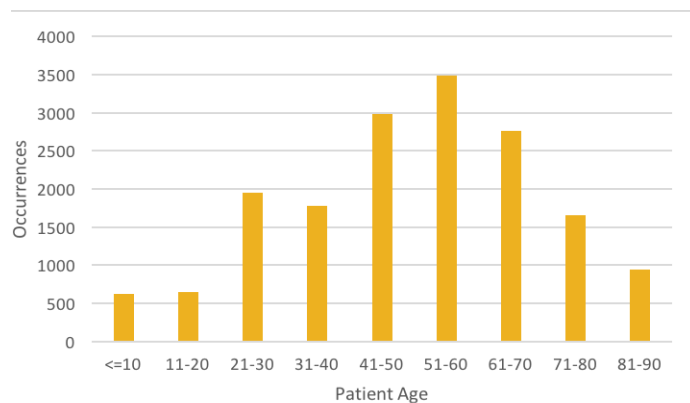
TUEG: Temple University Hospital EEG:

- Over **25,000** EEG recordings
- Around **21,000** hours of EEG recordings
- Over **10,000** patients:
 - Range from 1 year to 90 years
 - Average of 51 years
 - 51% female

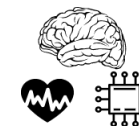
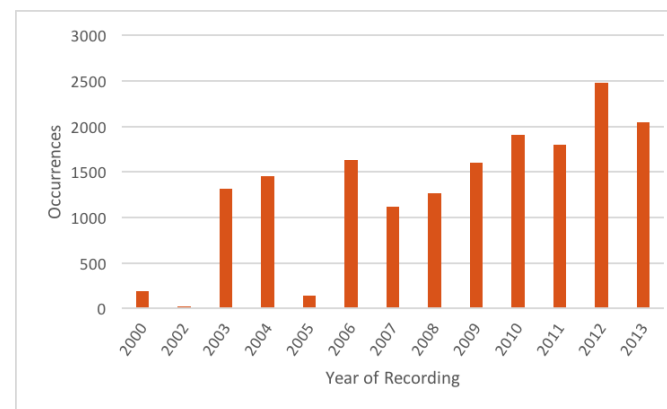
Bipolar TCP montage



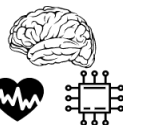
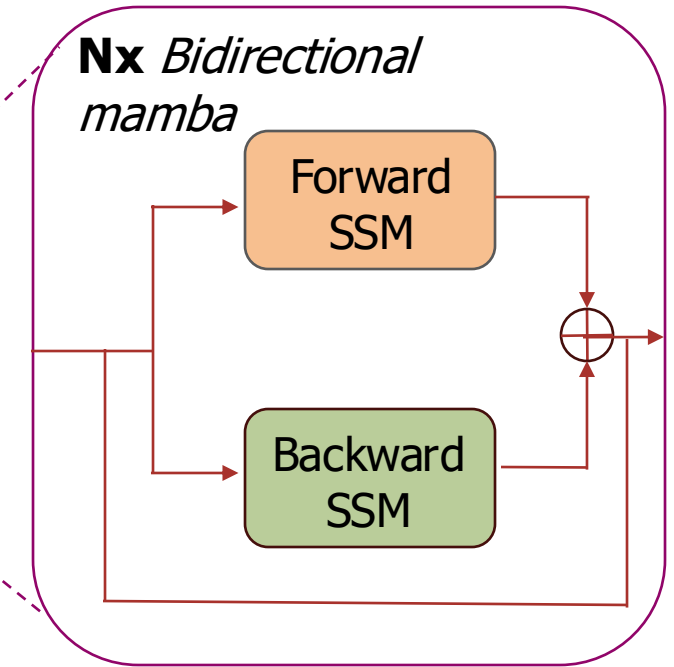
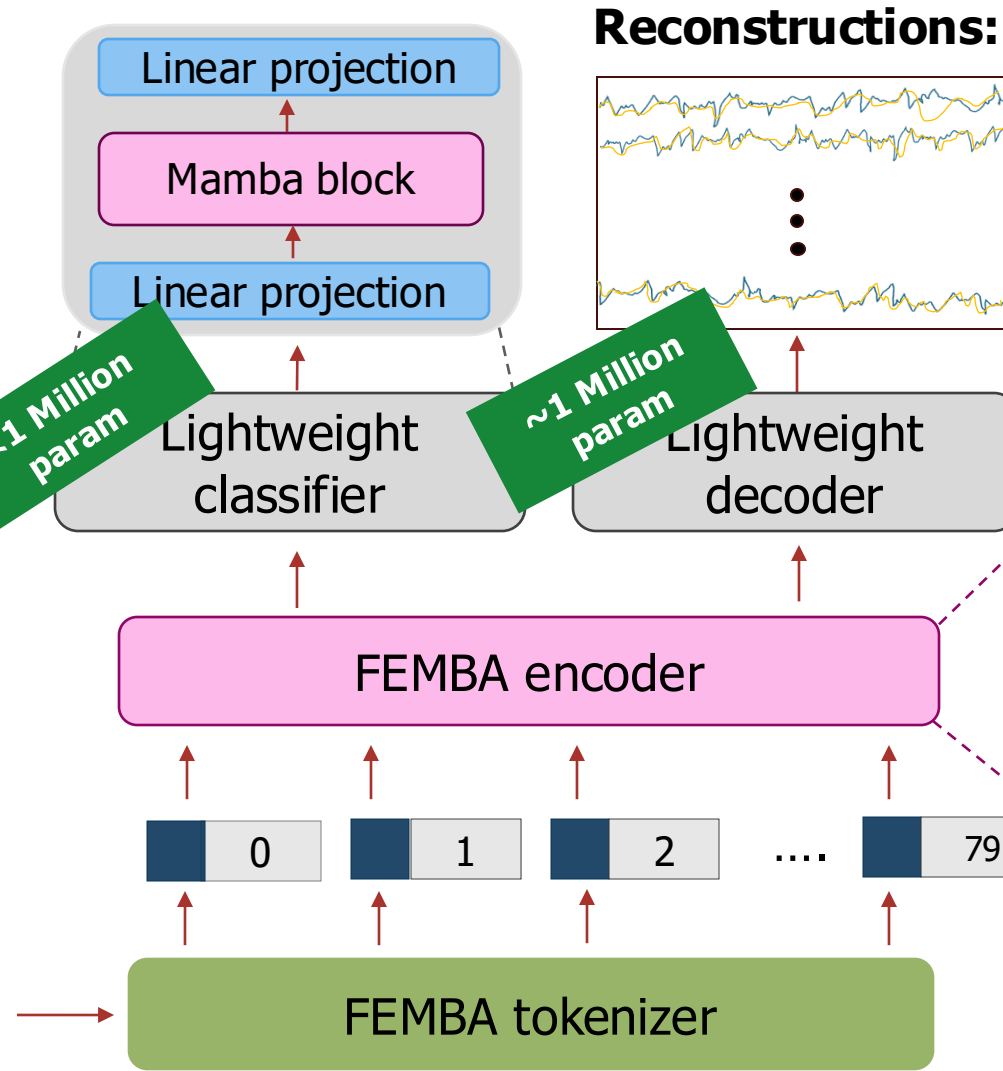
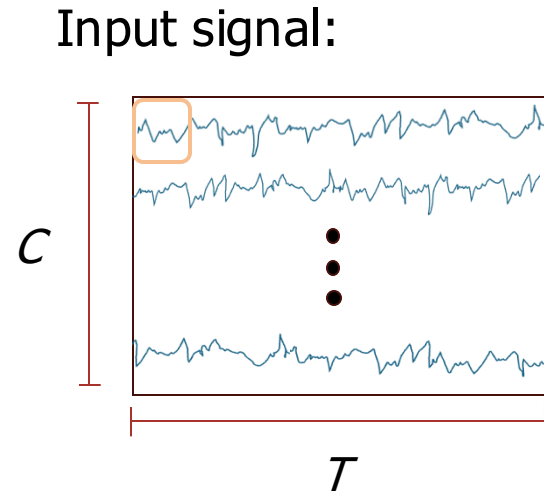
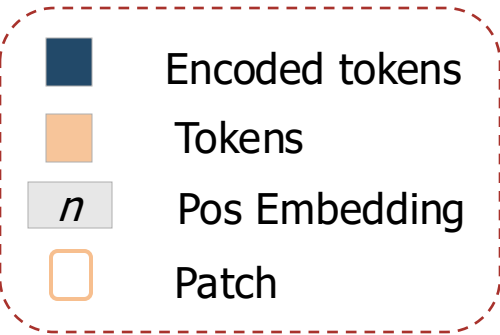
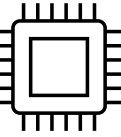
Age distribution



Year of recording



FEMBA: model architecture



Mamba: Robust Signal Reconstruction



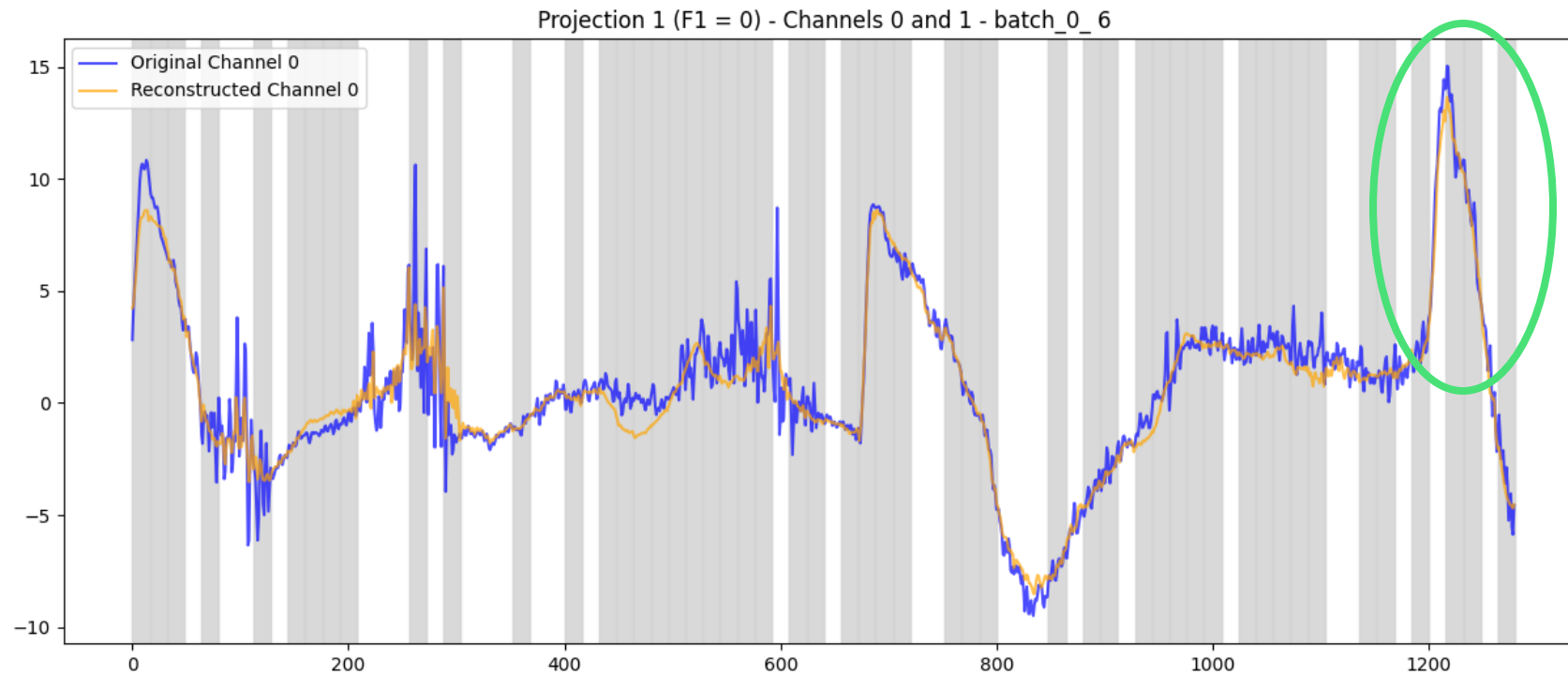
Results for a **Base model**:

Encoder: 12 Bidirectional Mamba blocks

Embedded dimension: 35

Total number of parameters: 47.7 Million

Impressive signal match!





Benchmarking Foundation Models: The Datasets



Seizure detection

TUAB: *Temple University Hospital Abnormal*

- 2,329 patients
- 2 Classes
- Balanced dataset:
 - 1.521 Normal
 - 1.472 Abnormal



Artifact detection

TUAR: *Temple University Hospital Artifact*

- 213 patients
- 14 artifacts → 5 groups
- Unbalanced dataset



Slowing events detection

TUSL: *Temple University Slowing Events*

- 1000 patients
- 4 Classes



SOTA results for 2 out of 3 datasets:



Seizure detection



Previous SOTA model **LaBraM**

Accuracy : **82.52%** vs 81.72%

↓ 0.7% accuracy loss



Artifact detection



Previous SOTA model **EEGFormer**

AUROC : **85.2%** vs **91.80%**

6% gain



Slowing events detection



Previous SOTA model **EEGFormer**

AUROC : **71.3%** vs **73.1%**

2% gain



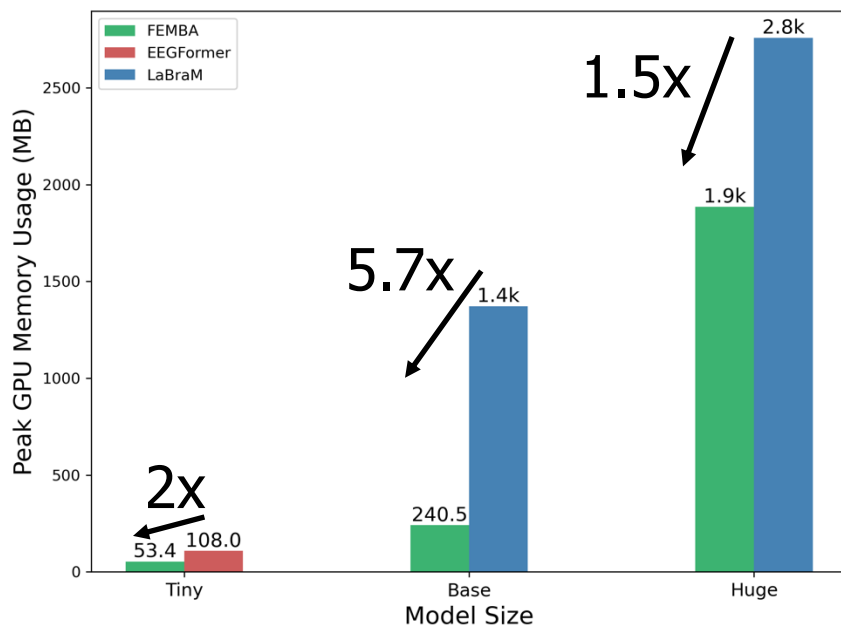
[1] W. Jiang et al., "Large brain model for learning generic representations with tremendous eeg data in bci," in The Twelfth International Conference on Learning Representations, 2024

[2] Y. Chen et al., "Eegformer: Towards transferable and interpretable large-scale eeg foundation model," in AAAI 2024 Spring Symposium on Clinical Foundation Models

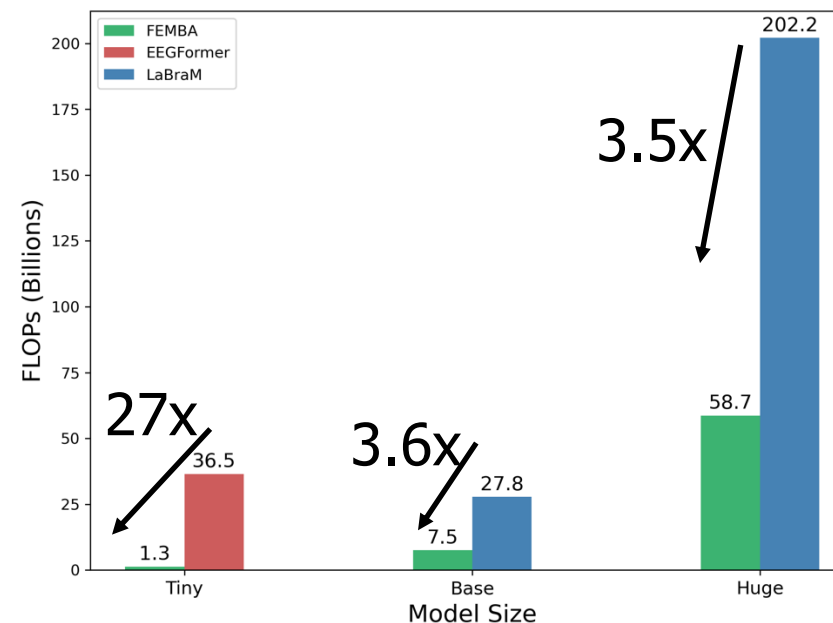
Light on memory, high on speed!



Peak of GPU memory usage(MB)



FLOPs (Billion)



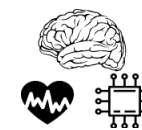
up to **5.7x less** memory than **LaBraM**

2x less memory than **EEGFormer** Tiny



~ **3.5x faster** than **LaBraM**

27x faster than **EEGFormer**



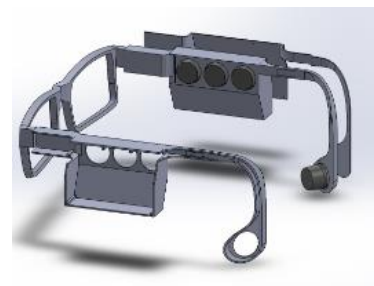


FEMBA: high performance at a cheaper price

- **SOTA** results for artifact detection
- **SOTA** results for slowing events detection
- Close to SOTA for seizure detection

↑ Up to **27x** speedup 🏃

↓ Up to **5.7x** less memory 



→ **FEMBA- Tiny** (<8 million parameters) Indicates potential for future use in **battery-constrained wearable devices**