

Can LLMs serve in identifying fake Health Information: it depends on how and who you ask.

Francois Bolduc, Ashwani singla, Manpreet Kaur, Mohammad Reza Taesiri, Keneizha Rubanarayana, Abhishek Dhankar, Osmar Zaiane, Marek Reformat

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Table of Contents

Original Manuscript	4
Supplementary Files	
Multimedia Appendixes	
Multimedia Appendix 1	
Multimedia Appendix 2	26
Multimedia Appendix 3	26
Multimedia Appendix 4	26
Multimedia Appendix 5	
Multimedia Appendix 6	26

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Abstract

Misleading information has significant implications for society but can have disastrous impact for health matters. Transformative artificial intelligence (AI) tools such as large language models (LLMs) have the potential for limitless content generation (including fake), soon making internet information impossible to assess using traditional human approaches. We asked if the same LLMs (GPT4 and Gemini1-5-Pro) could be part of a more scalable solution. We tested 2 publicly available LLMs for their ability to identify misinformation in HealthReleases previously labeled by human experts. We found that simple prompts lead to overall low accuracy (F1 Macro 0,45 (GPT4) and 0,49 (Gemini1-5Pro)), but very different profiles for each LLM. Adding specific criteria used by experts to critically assess the Releases enhanced Gemini (0.66) but surprisingly reduced GPT4 (0,37) performances. We therefore developed a novel approach incorporating summaries of expert feedback into prompts and then observed major improvements in performance for both LLMs(GPT4;0.63 and Gemini1-5Pro; 0.96). Our study provides the first use case of LLMs as high throughput proofing of medical text, but more importantly provides insights into LLMs' "truth biases". We provide a novel paradigm integrating knowledge into the prompts which may reduce the need for LLM training, and the requirement for ever larger datasets and compute power. Importantly, we show how experts could and need to be involved in LLMs used to enhance their performance and potentially minimize the data wall issue.

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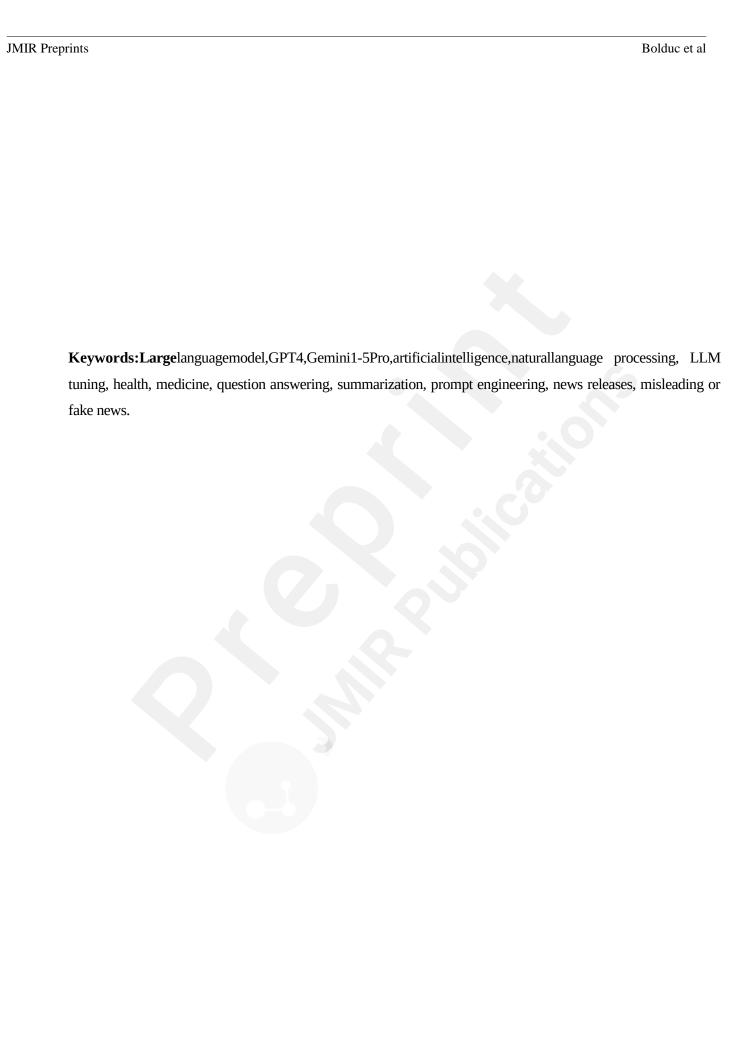
Original Manuscript

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Misleading information has significant implications for society but can have disastrous impact for health matters. Transformative artificial intelligence (AI) to obssuch a slarge language models(LLMs)havethepotentialforlimitlesscontentgeneration(includingfake),soonmakinginternet information impossible using traditional human approaches.We asked i f the to assess s a m e LLMs (GPT4andGemini1-5-Pro)couldbepartofamorescalablesolution. Wetested2publicly available LLMs for their ability to identify misinformation in HealthReleases previously labeled by human experts. We found that simple prompts lead to overall low accuracy (F1 Macro 0,45 (GPT4) and 0,49 (Gemini1-5Pro)), but very different profiles for each LLM. Adding specific criteria used by experts to critically assess the Releases enhanced Gemini (0.66) but surprisingly reduced GPT4 (0,37) performances. We therefore developed a novel approach incorporating summaries of expert feedback into prompts and then observed major improvements in performance for both LLMs(GPT4;0.63 and Gemini1-5Pro; 0.96). Our study provides the first use case of LLMs as high throughput proofing of medical text, but more importantly provides insights into LLMs' "truth biases". We provide a novel paradigm integrating knowledge into the prompts which may reduce the need for LLM training, and the requirement for ever larger datasets and compute power. Importantly, we show how experts could and need to be involved in LLMs used to enhance their performance and potentially minimize the data wall issue.



Introduction

Online platforms have greatly democratized access to medical information have also highlighted the need of evaluating the quality of information on unprecedented scales, in order to minimize the sharing of misleading information $^{2.3}$. The rapid developments in generative artificial intelligence (AI), especially large language models (LLMs), make scalable content evaluation even more needed, while leaving health experts and institutions to redefine not only how information is critically appraised but also how to engage with AI generated content. But, misinformation, especially when using exaggeration, satire, parody, fabrication, mistakes for emotionally charged messages fremains very challenging to detect for machines.

Nonetheless, there have been several attempts at using computers to detect misinformation. Pre-LLM,naturallanguageprocessing(NLP)⁶⁻⁸consistedoflinguisticfeatureextraction^{9,10}combined with machine learning (ML) based multi-modal features-based misinformation

detection^{11,12},andevidence-basedfact-checkingwithdeepleamingalgorithms(BERT,SciBERT, and RoBERTa)^{13,1415}. Using a dataset of news releases related to the health (and annotated by experts as true or misleading)¹⁶, fine tuning¹⁷and inclusion of linguistic features¹⁸to the ML model allowed for detection of misleading information but with relatively low accuracy (0.616- 0.658 MacroF1), as F1 above 0.7 is generally accepted (REF). But, integrating user and

content-relatedinformation(numberoffollowers, verified status, number of retweets and likes) enhanced accuracy (0.843 MacroF1)¹⁹. While promising, these required dedicated teams, large computing power, are domain specificand remain not accessible to most health professional sor the lay public.

LLMs have the potential to transform text generation²⁰for medical queries, medical examinations, and medical assistants. ^{21–23}Combined with chatbots (as seen with OpenAI ChatGPT3²⁴) LLM can be intuitively accessed by both the general public ²⁵²⁶ and health professionals. ²⁷Moreover, ChatGPT has recently been used for fact-checking general information. ^{28,29}On the other hand, LLMs have been shown to confabulate ^{30–32}, harbor gender andracebiases ^{33,34}, or respondbased on outdated, unreliable, or domain-nonspecific training data ^{35,36}. Moreover, LLMs' answers are influenced by the way the question (prompt) is designed. ³⁷38,39

Here we show that publicly available LLM-chatbots, GPT4⁴⁰and Gemini can detect misleading information from health-related news releases. We also elucidate key aspects in prompt engineering, including a novel approach integrating expert input in order to improve performancesignificantly. Our workshowshowintegrating expert knowledge in prompts could mitigate the data wall and thus help reduce compute needs.

Method

Datasetusedformedicaltexts. Weleveraged the same published dataset 16 previously used in other publications 171819 including 606 texts (Health Release) annotated by domain experts (journalism, medicine, health services research, and public health) with a ground truth value (315 rated by experts as true and 291 as fake) as well as individual labels on 10 standardized questions (criteria) 41 (Supp. Table 1).14 resources (news_reviews_00018, 00136, 00168, 00235, 00284, 00395, 00422, 00490, 00499, 00507, 00589, 00590, 00601, 00605) out of 606 are not considered (no description text or no news_source was provided).

Prompt engineering.We first tested a zero-shot prompting approach: (Prompt1) where GPT4 or Gemini-1.5-Pro are instructed to detect misleading information in the NewsRelease without providing anycontext. To restrict the output, it was asked to show only those claims which it can provide reference for (details in Supp. Method file). For the second prompt (Prompt2), we included in the prompt a specific criteria (quality of evidence, sensational language, novelty of approach, disease mongering and benefits of treatment, existing alternatives, harms of intervention, availability of treatment, cost of intervention, and conflict of interest) which was used also previously by experts to rate the NewsReleases⁴¹(Supp. Table 1) as a context to make the model perform guided decisions along certain domain-specific dimensions. Additionally, the output instruction was modified to assign satisfactory satisfactory labels criteria or not each to and the overall text. For the third prompt (**Prompt3**), we first selected, for each criteria analyzed (quality of evidence, sensational language, novelty of approach, disease mongering and benefits of treatment), 50 NewsReleases labeled fake by experts and noted as not satisfactory for the criteria. We then asked GPT4 or Gemini-1.5-Pro to summarize into bullet point the justification provided by experts for marking a release as misleading (Supp. Method File, Supp Table 2).

Wethenincorporated the summarization into the prompt. The remaining five criteria (existing

alternatives, harmsofintervention, availability of treatment, cost of intervention, and conflict of interest) were kept the same as prompt 2.

Query process. We queried GPT4 and Gemini1-5-Pro using the requests library in Python following the request/response protocol. Initially, all the claim text description was stored in ExcelsheetwhichwastakenasinputbythePythonscript.Alistofclaimtextswasiteratedanda prompt was created by embedding claim text descriptions into prompt templates to obtain the prompts for both experiment settings. Each prompt was passed as a message to Open AI or Gemini API calls along with other required API parameters with default values (role = user, frequency_penalty = 0.0, and temperature 0.0/0.2 for GPT4 and default and temperature 0/1 for Gemini1-5Pro). The API returned a list of responses for a given prompt, and only the first response in the list was considered for further analysis. For prompt 3, we utilized LangChain framework ⁴² for GPT to create chat templates and the json output parser. Code is publicly available at GitHub⁴³.

Analysis: for prompt 1 and 2, GPT-4 and Gemini responses were further analyzed (using a Python script followed by manual result validation) to create a specific label (satisfactory or not satisfactory) for each output. For evaluating the prompts, the analysis of Identifying Fakes we used the following definitions: True Positive (TP): The Number correctly. False Positive (FP): The number of true identified identified as fakes. True Negative (TN): The number of true items identified correctly as true. False Negative (FN): The number of fakes identified incorrectly as true. For the analysis of Identifying Trues: True Positive (TP): The number of true items identified correctly as true. False Positive o f (FP): The number fakes i d e n t i f i e d incorrectlyastrue. TrueNegative (TN): Thenumber of fakes identified correctly. False Negative (FN): The number of true items identified as fakes. We used those to calculate the Precision = TP / (TP + FP) and the TP (TP Recall FN). The F1 calculated before score was as 2*((precision*recall)/(precision+recall)). Macro average o f the classification metrics(precision, recall and f1) is calculated by taking the unweighted mean of the metrics for each label using scikit-learn library 44.

Results

We started by asking if GPT4 or Gemini could label a NewsRelease as containing or not misleadinginformation(Prompt1,zeroshot)(**Fig.1A**).Importantly,thoseNewsReleaseswere labeled for ground truth by experts and used in ML based experiments for fake detection¹⁶.

Importantlythedatasetcontainedbothtrue(315)andfake(291)resources.We foundthatGPT-4 matchedexpertannotationfortruenewsin90.6%ofcasesbutwasonlyabletoidentify11.2%of the Fake ones, resulting in a low overall performance (as indicated by MacroF1 of 0.45)(**Fig.**

1B-C;Supp. Table 3-4). Surprisingly, Gemini1-5 Pro presented with an almost mirror image, lowperformanceforTrue(21.2%)andhighperformance(88.4%)forFake,leadingtoasimilar Macro F1 of 0.49 (**Fig. 1D-E;Supp. Table 3-5**). For both models, we found no significant differences by varying temperature from 0 to default settings (**Supp. Table 4-5**).

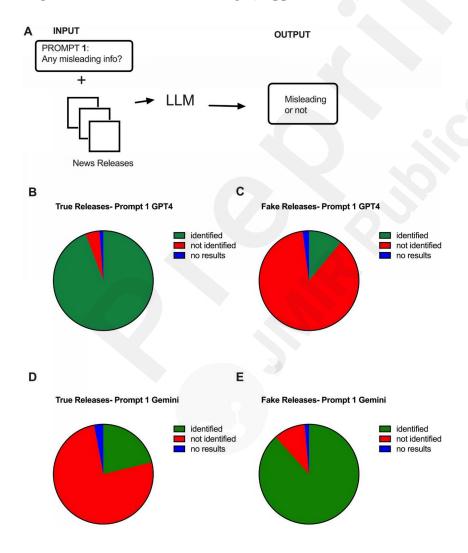


Figure 1. LLMs true/fake detection.Prompt 1: Identify misleading information. A)Schematic representation of the workflow. GPT4 or Gemini are asked to assess the NewsReleases for misleading information.B)For Releases labeled by experts as true, GPT4 identified 90.6% as accurate, while reporting 4.2% of them as inaccurate. C)But, GPT4 only detected 11.2% of the Releases labeled as Fake by experts.D)In comparison, Gemini1-5Pro identified only 21.2% of True Releases assuch but was able to recognize misleading information in 88.4% of Fake Releases.

Next, we postulated that using prompts similar to criterias used by experts to evaluate the NewsRelease would enhance LLMs performance (Fig.2 A). We therefore use the same criteria and ground truth scoring 6/10 (more than criteria scored as misleading is labeled Fake) to compareLLMandexpertlabels.Surprisingly,wefoundthatGPT4performanceincreasedforits ability to match experts on true news (97.5%) but worsened Fake detection (2.2%), resulting MacroF1(0.37)(Fig. 2B-C); Supp. Table 3-4). For Gemini1-5 Pro, we noticed a major improvement of performance for True (63.6%) but reduced for Fake (68.1%) nonetheless resulting in a more balanced performance and improved MacroF1 of 0.66(Fig. 2D-E); Supp.

Table3-5).

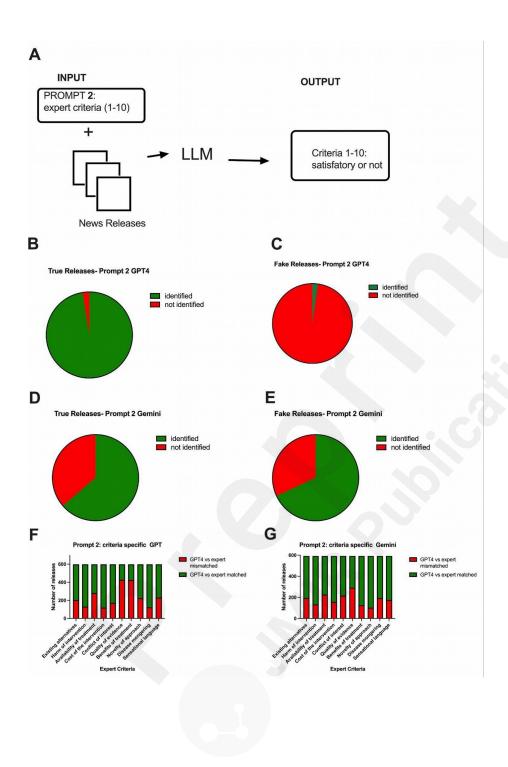


Figure 2. Criteria guided queries reveal uneven performance of LLMs. A) Schematic representation of the workflow. The LLM has to mark the release as satisfactory (or not) on specific criteria (asserted by experts on each release). 6 or more not satisfactory results in the ReleasebeingmarkedasFake.GPTwasabletoidentify**B)True**releasesin97.5%but**C)Fake in only 2.2%. On the other hand, Gemini identifiedD)**true in 63.6 % and**E)**fake in 68.1 %.

Performanceof**F)GPT4**and**G)Gemini**revealsheterogeneityinLLMresponsesbasedon individual criteria.

Examining performance on individual criterias revealed heterogeneous performance (Fig. 2F-G) in GPT4 and to a lesser extent in Gemini1-5Pro. Interestingly, examining justifications provided by both models (GPT4 for Fake and Gemini1-5Pro for True) revealed differences in bias toward critical thinking. For GPT4, when assessing disease mongering, experts raised the issue of the prevalence of conditions either lacking, not being supported by references, or cherry-picking the highest prevalence, when GPT4 thought the information provided was satisfactory. Also, controversies about disorders or treatments were not flagged by GPT4 but were noted by experts.

Similarly, in release fails related to the <u>quality of evidence</u>, GPT4 did not achieve enough critical analysis and did not pick on limitations (study design, power, data quality, outcome measures), methodological flaws (statistical analysis), or exaggeration of the significance of the results (translating findings, lack of peer review). In many cases, GPT4 marked the releases as true if the authors stated those limitations text instead of in the reporting t h e NewsRelease misleading. Some issues in GPT4 understanding nuances about language became more explicit by looking at the question about Emotional or inflammatory language. Here, words like "breakthrough, cure, or revolutionary" were felt to be unsubstantiated by experts but marked as quotes and therefore not judged misleading by GPT4. Interestingly, GPT4 commented that those quotes were "optimistic or exciting" or justified considering the promising research instead of flagging them as inappropriate.

On the other hand, Gemini1.5-Pro struggled with True news by being very critical: reporting Newsasoverlyoptimisticbasedonthe <u>evidence</u> provided and reporting that authors were using <u>laguage</u> which was not conservative enough for health related topics.

So we hypothesized that by fine tuning the prompt (instead of the LLM itself) with input from the through the tuning the prompt (instead of the LLM itself) with input from the experts (through summarization), we could enhance (rebalance) performance for both LLMs (Fig. 3 A). Iterative testing revealed that summarization of experts' feedback from misleading statements led to best performance (Supp. Table 3). For GPT4, prompt 3 boosted overall detection of fake releases to 43.4% but deflated the performance for true news (84.9%) (Fig. 3

B-C)(MacroF10.63)(**Supp.Table3-4**).ForGemini1-5Pro,wesawimprovementinbothTrue (97.4%) and Fake detection (93.7%) resulting in overall F1Macro 0.96 (**Supp. Table 3-5**).

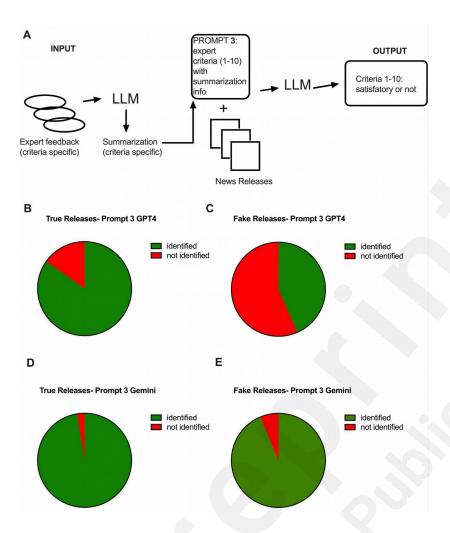


Figure 3. Integrating critical thinking into the prompt enhances LLMs performance. A)Schematicrepresentationofworkflow.Thefeedbackprovidedbyexpertsastowhytheyrateda NewsRelease as not satisfactory for an individual criteria (N=50 releases summarized per criteria) are summarized and integrated into the criteria specific prompt (3). GPT4 performance on**B)**True(84.9%) and **C)**Fake (43.4%) NewsReleases. Gemini1-5Pro performance on**D)**True (97.4%) and**E)**Fake (93.7%)releases.

Discussion

Finding ways of scaling the identification of misleading information remains challenging but is becoming a crucial aspect related to the value of online information. While we better appreciate now how misleading information ranging from "Fake News" to misinformation campaigns can beimpactfulonsocietyandpublichealth,wecanonlyimaginehowdisastrousitcouldbewhen itcomestohealth.Moreover,generativeAlopensatotallynewlevelofcapabilitieswithalmost unlimited voluntary (or not) machine based production of misleading information.

So, we asked if LLM could be used to evaluate information quality but also sought to better understand their inner workings. This is not trivial considering the limitations inherent LLM: being predictive models. to confabulation, grown o n different sets o f data. released a t d i f f e r e n t stagesofvalidationandrapidlyevolving.R e c e n t workusingLLM(ChatGPT)toassert misinformationinpoliticalclaims^{28,29,45,46}, education^{47,48}, socialmedia poston COVID⁴⁹⁵⁰ shows promising results but their usefulness for health related news remains untested. Using a dataset of News Releases labeled by experts as either True or Fake, we tested two publicly available LLMs (GPT4 and Gemini1-5Pro) for their ability at detecting misleading information. Not surprisingly considering recent contextualization 515239, the first zero shot approach led to relatively low accuracies but revealed how different LLMs would respond in very different ways: GPT4 labeled most articles as true, and therefore missed most of the Fake ones whereas Gemini1-5Pro proved overly critical and therefore labeled most true articles as containing misleading information. This could be due to differences in training data for each model, but recent work on another LLM, CLAUDE (Golden Gate version)⁵³showed how individual entities could be assigned more weight and completely change the LLM's output.

Another surprise was the relatively poor performance of both models when including specific scientific criteria as prompt in order to identify misleading information, showing that simply including expert-based guidance in prompt development was not sufficient in achieving accurate rating of the News Release. This is important as it means that the inner knowledge of the LLM exert a major effect on its output, and would suggest that LLMs be grown on large amounts of data for complex applications such as science and health, adding further to the issue with compute needs/cost.

But, we found that injecting insights from experts on why they judged a NewsRelease was able forbothmodelto "rebalance" and enhance their performance to level not previously achieved by ML approaches (Gemini 1-5 Pro Macro F 1 0.96), giving us 1) a novel approach to prompt design,

2) a novel approach for LLM fine tuning which would reduce compute needs and of the potential 3) awayforwardforexperts to be involved in Alprogresses instead of sitting in margin. Our approach may help deal with the data wall

There are still several unresolved questions regarding the evolution of LLMs. For instance, their acceptability considering their rapid evolution, the relative opacity around the training data (including use of copyrighted material, and publicly created content) and our still basic understanding of their growth process. The emergence of on-device LLMs, while providing potentiallyenhancedprivacy, will also make the evolving nature of LLMs an important aspect to study.

DataAvailability

WeutilizedtheopenlyavailableFakeHealthdatasetwhichcanbeaccessedat⁵⁴.Alltheanalysis scriptsanddatasetsusedforautomaticallylabelingtheGPT4responseareavailableinthepublic repository that can be accessed at.⁵⁵

Ethicsdeclarations

The authors declare no competinginterests.

Authorcontributions:

AS and MK performed the experiments and co-wrote the manuscript. MRT performed the experiments and assisted with the manuscript. KR assisted with claim annotation. AD and OZ identified initial resources for the dataset as misleading, contributed to the project's conceptual development, and provided critical input into the manuscript. MR participated in design and

providedcriticalinputintothemanuscript.FVBconceptualizedtheproject,analyzedthedata, obtained funding, and co-wrote the manuscript.

Supplementary material

Supplementary Methodfile

SupplementaryTable1.Listofcriteriasusedbyexperts
SupplementaryTable2.SummariesGPT4forprompt3
Supplementary Table 3. Results metrics
Supplementary Table 4. Results GPT4
SupplementaryTable5.ResultsGemini1-5PRO

References

1. PewResearchCenter.InternetHealthResources.PewResearchCenter:Internet,Science&Techhttps:

2. Suarez-Lledo, V.& Alvarez-Galvez, J. Prevalence of Health Misinformation on Social Media: Systematic Review. *J. Med. Internet Res.* **23**, e17187 (2021).

3. Swire-

Thompson, B. Public Healthand Online Misinformation: Challenges and Recommendations. (2020).

4. Dhankar, A., Zaïane, O.R. & Bolduc, F. Uof A-Truthat Factify 2022: Transformer And Transfer Learning Based Multi-Modal Fact-Checking. (2022).

- Ahmad, A.R. & Murad, H.R. The Impact of Social Media on Panic During the COVID-19 Pandemic in Iraqi Kurdistan: Online Questionnaire Study. *J. Med. Internet Res.* 22, e19556 (2020).
- Sarrouti, M., Ben Abacha, A., M'rabet, Y. & Demner-Fushman, D. Evidence-based
 Fact-Checking of Health-related Claims. in Findings of the Association for Computational Linguistics: EMNLP 20213499–3512 (2021).
- 7. Tan,N.etal.Multi2Claim:GeneratingScientificClaimsfromMultiChoiceQuestionsforScientificFactChecking.inProceedingsofthe17thConferenceoftheEuropeanChapterof the Association for Computational Linguistics2652–2664 (2023).
- 8. Barve, Y.&Saini, J.R.Detecting and classifying online healthmis information with 'Content Similarity Measure (CSM)' algorithm: an automated fact-checking-based approach. *J. Supercomput.* **79**, 9127–9156 (2023).
- Pritam Deka Queen's University Belfast, UK, Anna Jurek-Loughrey Queen's
 UniversityBelfast, UK & Deepak Queen's University Belfast, UK. Unsupervised
 KeywordCombinationQueryGenerationfromOnlineHealthRelatedContentforEvidence-BasedFact
 Checking.https://dl.acm.org/doi/10.1145/3487664.3487701doi:10.1145/3487664.348770

 1.
- 10. Samuel, H. & Zaïane, O. MedFact: Towards Improving Veracity of Medical Information inSocialMediaUsingAppliedMachineLearning. *AdvancesinArtificialIntelligence108–120*(2018).

News: Cross-domainFakeNewsDetectionusingMulti-modalData. *AAAI35*,557–565(2021).

- 12. Verschuuren, P.J., Gao, J., van Eeden, A., Oikonomou, S. & Bandhakavi, A. Logically at Factify 2: A Multi-Modal Fact Checking System Based on Evidence Retrieval techniques and Transformer Encoder Architecture. (2023).
- 13. Sarrouti, M., Ben Abacha, A., M'rabet, Y. & Demner-Fushman, D. Evidence-based

 Fact-Checking of Healthrelated Claims. in Findings of the Association for Computational Linguistics: EMNLP 20213499—
 3512 (2021).
- 14. Xie,Q.etal.FaithfulAIinMedicine:ASystematicReviewwithLargeLanguageModelsand Beyond.medRxivdoi:10.1101/2023.04.18.23288752.
- 15. The state of human-centered NLP technology for fact-checking. *Inf. Process. Manag.* **60**, 103219 (2023).
- 16. FakeHealth: ThisRepository(FakeHealth)IsCollectedtoAddressChallengesinFakeHealth
 News Detection. (Github).
- 17. Debunkinghealthfakenewswithdomainspecificpretrainedmodel.GlobalTransitionsProceedings2, 267–272 (2021).
- 18. Di Sotto, S. & Viviani, M. Health Misinformation Detection in the Social Web:

 AnOverviewandaDataScienceApproach.*Int.J.Environ.Res.PublicHealth***19**,2173(2022).
- 19. RishabhUpadhyayDepartmentofInformatics,Systems,andCommunication,UniversityofMilano -Bicocca, Italy, Gabriella Pasi Department of Informatics, Systems, andCommunication, University of Milano-Bicocca, Italy & Marco Viviani Department ofInformatics,Systems,andCommunication,UniversityofMilano-Bicocca,Italy.Leveraging

Socio-contextualInformationinBERTforFakeHealthNewsDetectioninSocialMedia.https://dl.acm.org/doi/10.1145/3599696.3612902doi:10.1145/3599696.3612902.

- 20. Ziyu,Z.etal.ThroughtheLensofCoreCompetency:SurveyonEvaluationofLargeLanguage

 Models. inProceedings of the 22nd Chinese National Conference onComputational

 Linguistics (Volume 2: Frontier Forum)88–109 (2023).
- 21. Chang, Y. et al. A Surveyon Evaluation of Large Language Models. (2023).
- 22. Clusmann, J. et al. The future landscape of large language models in medicine. *Communications Medicine* **3**, 1–8(2023).
- 23. Thirunavukarasu, A.J. et al. Large language modelsin medicine. Nat. Med. 29, 1930–1940 (2023).
- 24. Panda, S. & Kaur, N. Exploring the viability of ChatGPT as an alternative to traditionalchatbotsystemsinlibraryandinformationcenters. *LibraryHiTechNews* **40**,22–25(2023).
- 25. Xu,R.,Feng,Y.&Chen,H.ChatGPTvs.Google:AComparativeStudyofSearchPerformanc e and User Experience. (2023).
- 26. Marita Skjuve SINTEF Digital, Norway, Asbjørn Følstad SINTEF, N. & Petter BaeBrandtzaegSINTEF,NorwayandUniversityofOslo,Norway.TheUserExperienceofChatG PT: Findings from a Questionnaire Study of Early Users.https://dl.acm.org/doi/10.1145/3571884.3597144doi:10.1145/3571884.3597144.
- 27. Zakka, C.*et al*.Almanac: Retrieval-Augmented Language Models for ClinicalMedicine. *ResearchSquaredoi*:10.21203/rs.3.rs-2883198/v1.
- 28. Hoes, E., Altay, S. & Bermeo, J. Leveraging Chat GPT for efficient fact-checking. PsyArXiv. April 3, (2023).
- 29. Leite, J. A., Razuvayevskaya, O., Bontcheva, K. & Scarton, C. DetectingMisinformation

withLLM-PredictedCredibilitySignalsandWeakSupervision.(2023).

- 30. Emsley,R.ChatGPT:thesearenothallucinations—they'refabricationsandfalsifications. *Schizophrenia9*,1–2(2023).
- 31. Alkaissi, H.&McFarlane, S.I.Artificial Hallucinations in Chat GPT: Implications in Scientific Writing. *Cureus* 15, e35179 (2023).
- 32. Azamfirei, R., Kudchadkar, S.R. & Fackler, J. Largelanguagemodels and the perils of their hallucinations. *Crit. Care* **27**, 1–2 (2023).
- 33. Website.
- 34. Omiye,J.A.,Lester,J.C.,Spichak,S.,Rotemberg,V.&Daneshjou,R.Largelanguagemodels propagate race-based medicine.*npj Digital Medicine***6**, 1–4 (2023).
- 35. SummaryofChatGPT-Relatedresearchandperspectivetowardsthefutureoflargelanguage models. *Meta-Radiology* **1**, 100017 (2023).
- 36. DeAngelis, L. *et al. Chat GPT* and the rise of large language models: the new AI-driven in fode mic threat in public health. *Front. Public Health* 11, 1166120 (2023).
- 37. *Giray,L.PromptEngineeringwithChatGPT:AGuideforAcademicWriters.Ann.Biomed. Eng.***51**, 2629–2633(2023).
- 38. Meskó,B.PromptEngineeringasanImportantEmergingSkillforMedicalProfessionals:Tutorial. *J. Med. Internet Res.***25**, e50638 (2023).
- 39. White, J. et al. A Prompt Pattern Catalog to Enhance Prompt Engineering with Chat GPT. (2023).
- 40. Product.https://openai.com/product.
- 41. Dai, E., Sun, Y. & Wang, S. Ginger Cannot Cure Cancer: Battling Fake Health News with a Comprehensi ve Data Repository. (2020).

42. Introduction.https://python.langchain.com/v0.1/docs/get_started/introduction/.

- 43. Kaur, M. Medical Fact Checker. (Github).
- 44. Classification_report.scikit-learn

https://scikit-learn.org/stable/modules/generated/sklearn.metrics.classification_report.html.

- 45. Satapara, S., Mehta, P., Ganguly, D. & Modha, S. Fighting Firewith Fire: Adversarial Prompting to Generate a Misinformation Detection Dataset. (2024).
- 46. Ni,J.*etal.AFaCTA*: AssistingtheAnnotationofFactualClaimDetectionwithReliableLLM Annotators. (2024).
- 47. O'Connor, S. *et al. Prompt* engineering when using generative Alinnursing education. *Nurse Educ. Pract.* **74**, 103825(2024).
- 48. Heston, T.F. PromptEngineering: For Students of Medicine and Their Teachers. (Independently Published, 2023).
- 49. Choi, E.C.& Ferrara, E.FACT-GPT: Fact-Checking Augmentation via Claim Matching with LLMs. (2024).
- 50. Xie,Q.*etal.Faithful*AIinMedicine:ASystematicReviewwithLargeLanguageModelsand Beyond.*medRxiv*doi:10.1101/2023.04.18.23288752.
- 51. Yao, Z., Cao, Y., Yang, Z., Deshpande, V. & Yu, H. Extracting Biomedical FactualKnowledgeUsingPretrainedLanguageModelandElectronicHealthRecordContext. *AMIA Annu. Symp. Proc.* **2022**, 1188 (2022).
- 52. Wang, J. et al. Prompt Engineering for Healthcare: Methodologies and Applications. (2023).
- 53. GoldenGateClaude.https://www.anthropic.com/news/golden-gate-claude.
- 54. GitHub EnyanDai/FakeHealth: This repository (FakeHealth) is collected toaddress

challenges in Fake Health News detection.GitHub

https://github.com/EnyanDai/FakeHealth.

55. GitHub - ashwani227/gpt4AnalysisFakeHealth.GitHub

https://github.com/ashwani227/gpt4AnalysisFakeHealth.

Supplementary Files

Multimedia Appendixes

Supplementary table 1.

URL: http://asset.jmir.pub/assets/220e56921d1a84550c4b5d95fafe8e77.xlsx

Supplementary Table 2.

URL: http://asset.jmir.pub/assets/3ca4786b273ab8505cbfcfa0bae06bd6.xlsx

Supplementary Table 3.

URL: http://asset.jmir.pub/assets/c8214c19a3a276af8017e8cac4219be2.pdf

Supplementary Table 4.

URL: http://asset.jmir.pub/assets/c4399230caaada2e0f5dc7df6a0c4279.xlsx

Supplementary table 5.

URL: http://asset.jmir.pub/assets/2afced551fa6e7fa2b2cc55846e88c0e.xlsx

Supplementary Method file.

URL: http://asset.jmir.pub/assets/9081f738ecc5b25519af6d05f22e1626.docx