

# TSDA

- Change point algorithms - non-periodic time series
- Gaussian process modelling (optional)
- Both these use a “Bayesian approach”

# Bayesian approaches

- **Initial beliefs** — what do we know already?
- **Objective data** — do the experiment
- **This leads to: New and improved belief**
- This is the initial belief **the next time**
- Builds on our existing knowledge — new information ++ (quantifiable)
- This is just what we do in real life  
Intuitive, philosophical. No p-values, student t-tests etc

# Bayes's theorem

$$\text{prob}(B | A) = \frac{\text{prob}(A | B)\text{prob}(B)}{\text{prob}(A)}$$

$$\text{Posterior} = \frac{\text{Likelihood} \times \text{Prior}}{\text{Evidence}}$$

$$P(\Theta | D) = \frac{L(D | \Theta)\Pi(\Theta)}{Z(\Theta)}$$

$D$  = *known*, data

$\Theta$  = *model* parameters, eg. period

$\Pi$  = *prior*, assumption

# Bayes's theorem - example 1

A patient goes to see a doctor. The doctor performs a test with 98% reliability—that is, 98% of people who are sick test positive and 98% of the healthy people test negative. The doctor knows that only 5% of the people in the country are sick (prevalence of the disease).

**If the patient tests positive, what are the chances the patient is sick?**

Let's explore this using numbers, a population of 10000 people.

The numbers in the table are calculated from the information above.

Tests	Disease	Healthy	
+	490	190	680 Total # of positive tests in the population
-	10	9310	9320 Total # of negative tests in the population
	500 Total # of diseased in population	9500 Total # of healthy in population	10000

# Bayes's theorem - example 1

If the patient tests positive, what are the chances the patient is sick?

$$\text{prob}(A | B) = \frac{\text{prob}(B | A)\text{prob}(A)}{\text{prob}(B)}$$

$$\begin{aligned} p(\text{disease} | +) &= \frac{p(+ | \text{disease})p(\text{disease})}{p(+)} \\ &= \frac{0.98 \times 0.05}{0.068} = 0.72 \end{aligned}$$

From the table on previous slide:

$$p(+ | \text{disease}) = 0.98$$

$$p(\text{disease}) = 0.05$$

$$p(+) = (490 + 190)/10000 = 0.068$$

If the patient tests positive, there is a 72% chance that they are sick, given the efficacy of the test and the prevalence of the disease.

# Bayes's theorem - example 2

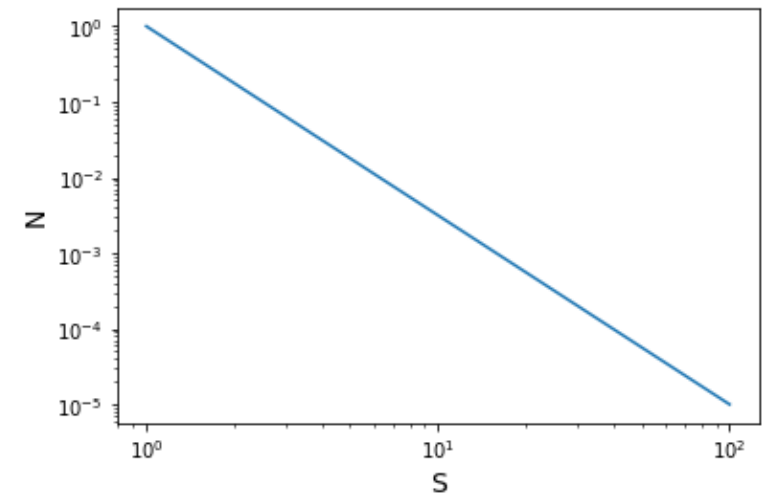
We observe the sky with a radio telescope. Our model of the data (an event labelled  $D$ , consisting of a single measured flux density  $f$ ) is that it is distributed in a Gaussian way about the true flux density  $S$  with a variance  $\sigma^2$ . The literature tells us the a-priori distribution of  $S$ , which we approximate here by the relation

$$\text{prob}(S) = KS^{-5/2}$$

$K$  just normalises the counts to unity; we presume one source in the beam at some flux-density level.

The probability of observing  $f$  when the true value is  $S$  is (i.e.  $\text{prob}(D|S)$ ):

$$\exp \left[ -\frac{1}{2\sigma^2}(f - S)^2 \right]$$



Many more faint sources than bright ones

# Bayes's theorem - example 2

Using Bayes's theorem we calculate the probability of  $S$  given  $D$ :

$$\text{prob}(S | D) = \frac{\text{prob}(D | S)\text{prob}(S)}{\text{prob}(D)}$$

$$\text{prob}(S | D) = K' \exp \left[ -\frac{1}{2\sigma^2} (f - S)^2 \right] S^{-5/2}$$

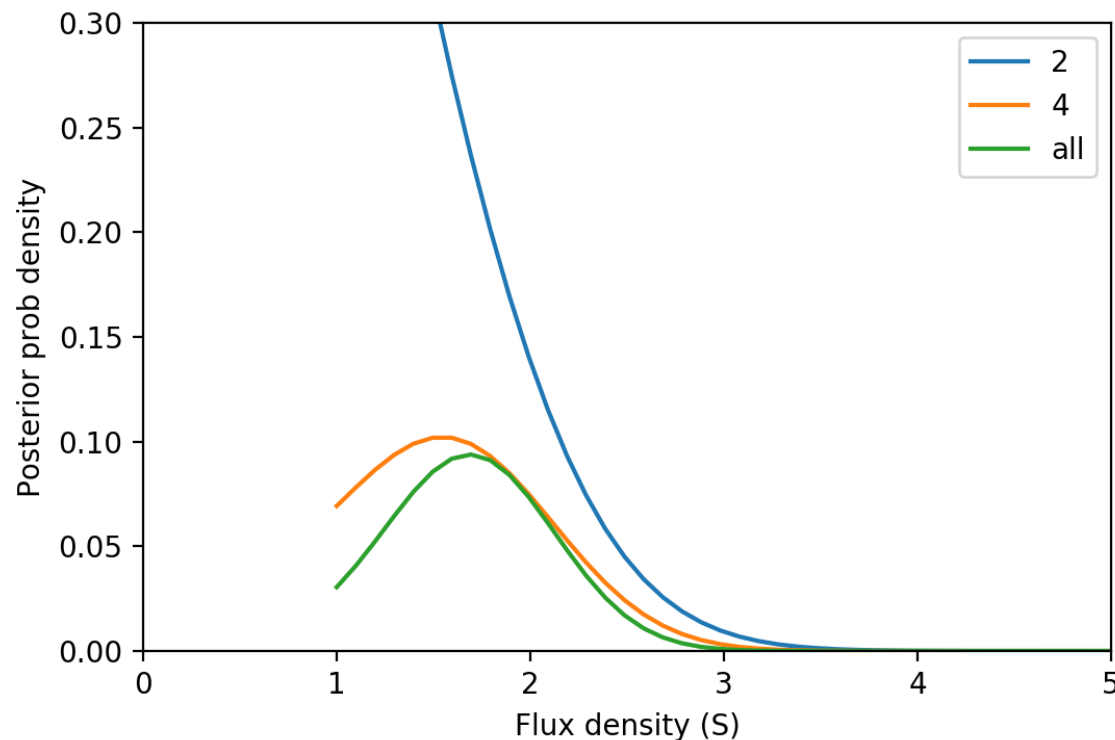
If our data,  $D$ , comprised  $n$  independent flux measurements,  $f_i$  then

$$\text{prob}(S | D) = K' \exp \left[ -\frac{1}{2\sigma^2} \sum_{i=1}^n (f_i - S)^2 \right] S^{-5/2}$$

# Bayes's theorem - example 2

Let's use a specific example where source counts range from 1 to 100 units, noise is  $\sigma = 1$ , and the data (i.e.  $f$ ) were 2, 1.3, 3, 1.5, 2, 1.8.

Calculate the posterior probabilities for a range of flux densities,  $S$ .



For fewer measurements, the probability is strongly affected by the prior ( $\text{prob}(S) = S^{-5/2}$ ) but as we add more data, the probability moves towards a Gaussian around  $S \sim 1.8$ .