

# Switching-state Dynamical Modeling of Daily Behavioral Data

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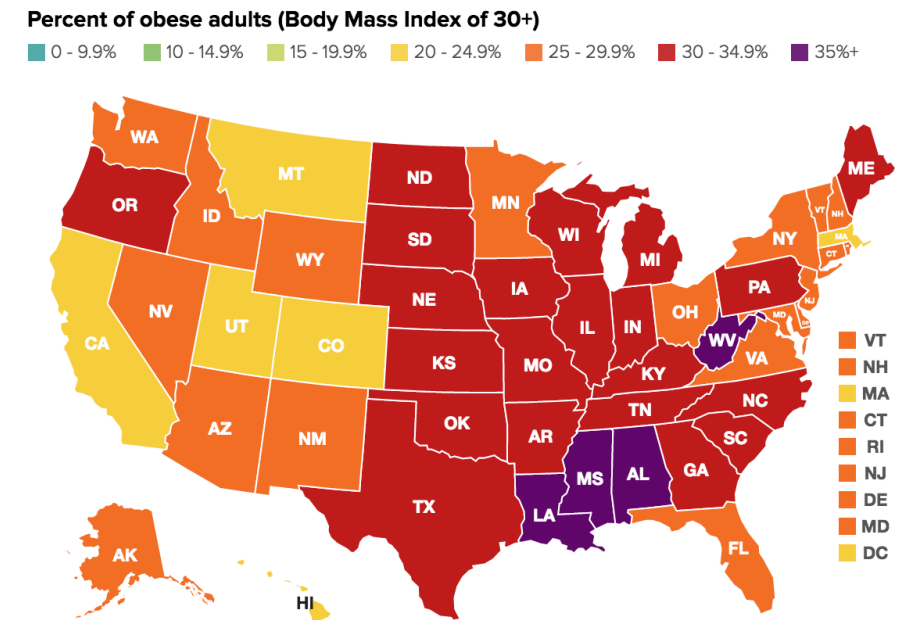
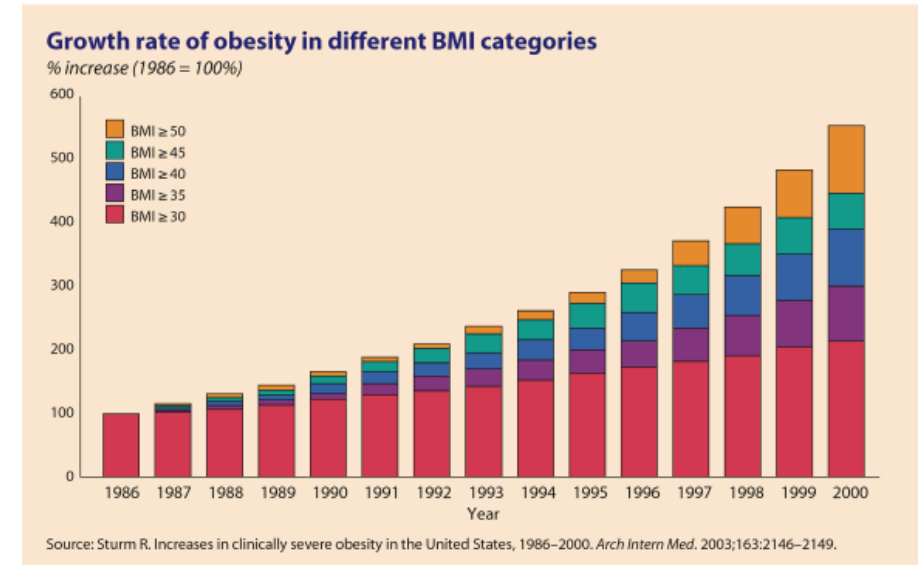
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6<sup>th</sup> Workshop on Data Mining for Medicine & Healthcare

# Background

- **Obesity** is a public health issue. Currently, over 1/3 of U.S. population is obese.
- Beyond the capacity of the healthcare industry.
- For obesity, treating patients in hospitals full time is not a possibility.
- Motivates development of **scalable solutions** to control obesity.



Adult Obesity in the U.S. September 2016  
[stateofobesity.org](http://stateofobesity.org)

# Background

- Smartphones & sensors provide unprecedented **health monitoring** capabilities.
- Enables more **personalized** and **fine-grained** health intervention and treatments.
- Can we develop smart, scalable solutions that can automate personalized **monitoring**, **intervention**, and **activity planning**?



Example of a Health Monitoring App

[apple.com/ios/health/](https://apple.com/ios/health/)

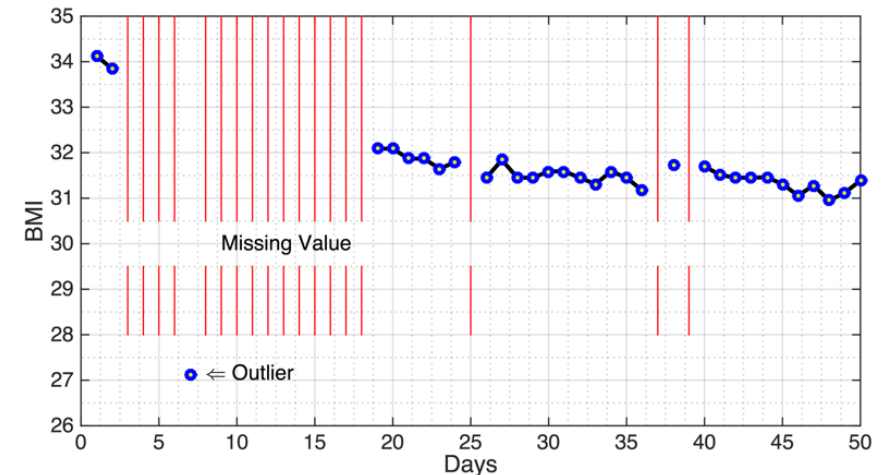


Example of wearable sensors

[theverge.com](https://theverge.com)

# Challenges

- Complex daily life behaviors.
  - Different people at different times react to food intake, exercise, and other behaviors differently.
  - Complex relationships between behavior variables and outcome variables.
  - Model heterogeneity while accounting for **similarities** between different people.
- **Missing values** and **outliers** in data.
  - Defects abundant in healthcare data.
  - Noisy and irregular wearable sensor data.



Daily life behavior data from sensors

# Related Work

- Dynamical systems modeling
  - Applications: robot control, weather prediction, market prediction, health monitoring.
  - Techniques: [State-space methods](#), [Spectral analysis](#), Auto-Regressive Moving Average ([ARMA](#)).
- Missing value and outlier treatment
  - Off-the-shelf imputation methods.
  - [Functional data analysis](#).

# Outline

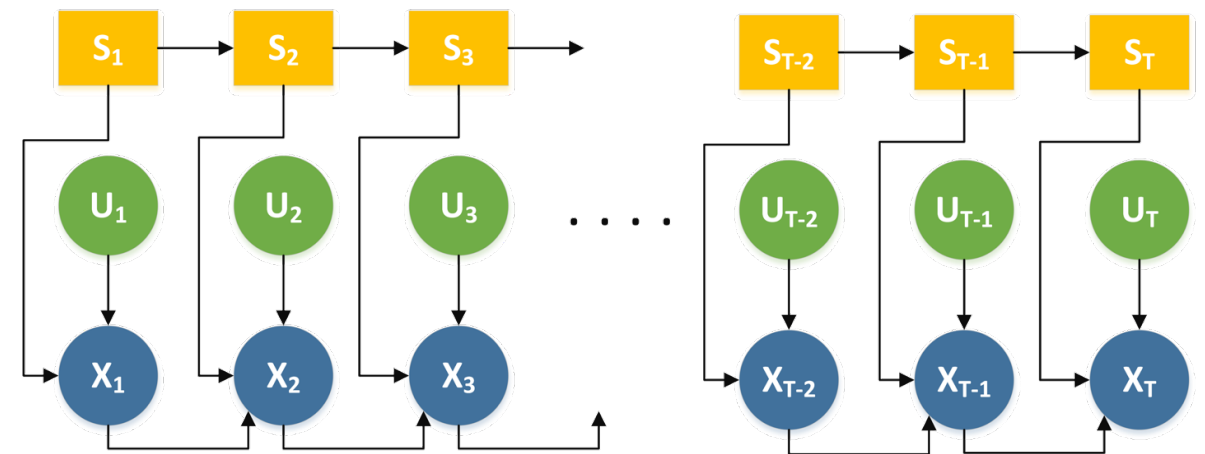
- Background
- ~~Related Work~~
- **Population Switching-state Auto-Regressive (SAR) Model**
- SAR Model Learning
- Simultaneous **Missing Value** and **Outlier** Treatment
- Evaluation
- Model Interpretation
- Summary

# Population SAR Model

- Hidden Markov Model (HMM).
- $s_t$ : Hidden States. Models the dynamic **heterogeneity**.
- $x_t$ : Observed health indicator, Body Mass Index (BMI).
- $u_t$ : Input actions (Workout, exercise, food consumption).
- $t$ : Time Index;  $i$ : Subject index.
- *Parameters*:  $L_x$  for  $\mathbf{x}_{t-1}^i$ ,  $L_u$  for  $\mathbf{u}_t^i$ , and  $S$  for number of states.

$$x_t^i = \mathbf{a}(s_t^i)^T \mathbf{x}_{t-1}^i + \mathbf{b}(s_t^i)^T \mathbf{u}_t^i + c(s_t^i) + \varepsilon_i$$
$$\varepsilon_i \sim N(0, \sigma_i(s))$$

$\mathbf{a}(s)$ ,  $\mathbf{b}(s)$ ,  $c(s)$  **shared** between subjects



SAR Model for  $L_x = L_u = 1$

# Maximum Likelihood Estimation

- Learn  $\theta = \{\mathbf{a}(s), \mathbf{b}(s), c(s), \sigma_i^2(s), \forall s \in \{1, \dots, S\}\}$ .
- Expectation-Maximization Algorithm with hidden variable  $s$ .
- Minimize the Kullback-Leibler (KL) divergence.
- Denote:

$$\mathbf{d}(s_t^i) = \begin{bmatrix} \mathbf{a}(s_t^i) \\ \mathbf{b}(s_t^i) \\ c(s_t^i) \end{bmatrix} \quad \hat{\mathbf{v}}_{t-1}^i = \begin{bmatrix} \hat{\mathbf{x}}_{t-1}^i \\ \hat{\mathbf{u}}_t^i \\ 1 \end{bmatrix}$$

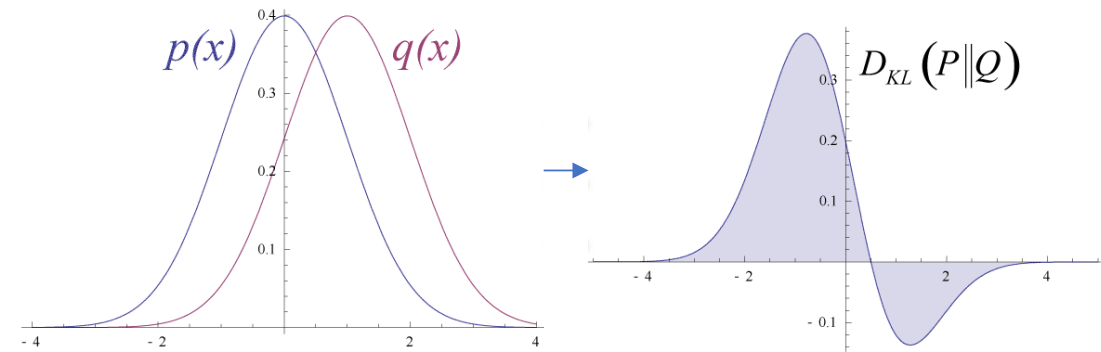
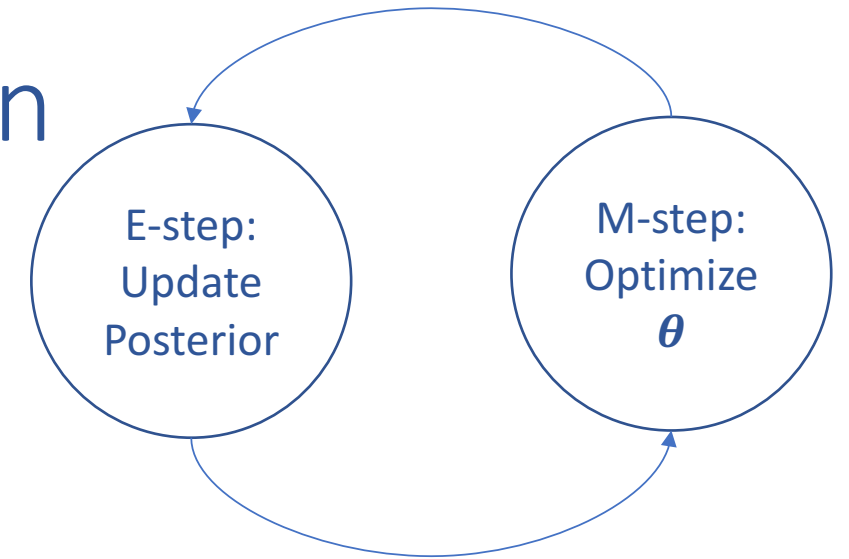


Illustration of the KL divergence

[wikipedia.org](http://wikipedia.org)

$$E = \sum_i \sum_t \langle \log p(x_t^i | \hat{\mathbf{v}}_{t-1}^i, \mathbf{d}(s_t^i)) \rangle_{p^{old}(s_t^i | x_{1:T}^i)} + \sum_i \sum_t \langle \log p(s_t^i | s_{t-1}^i) \rangle_{p^{old}(s_t^i, s_{t-1}^i)}$$



# E-step

- Find posterior  $\gamma(s_t^i) = p(s_t^i | x_{1:T}^i, u_{1:T}^i, \theta)$ .
- Dynamic programming approach using the *Forward-Backward Algorithm*.
- Recursive **message passing** from both future (**backwards**) and past (**forward**) information.

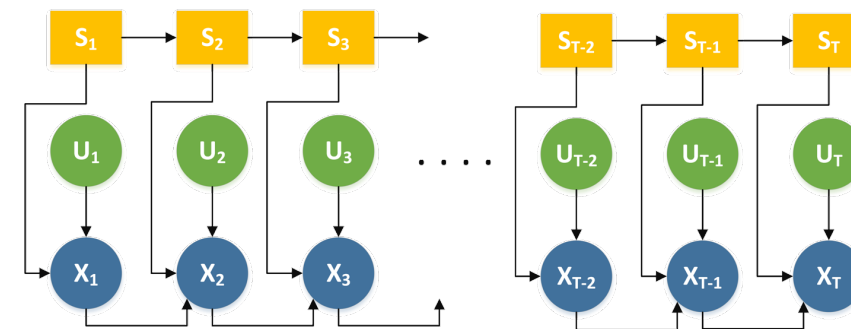
- Forward pass:**

$$\alpha(s_t^i) = \underbrace{p(x_t^i | s_t^i, \mathbf{x}_{t-1}^i, \mathbf{u}_t^i, \theta)}_{\text{Corrector}} \underbrace{\sum_{s_{t-1}^i} p(s_t^i | s_{t-1}^i) \alpha(s_{t-1}^i)}_{\text{Predictor}}$$

- Backward pass:**

$$\beta(s_{t-1}^i) = \sum_{s_t^i} p(x_t^i | s_t^i, \mathbf{x}_{t-1}^i, \mathbf{u}_t^i, \theta) p(s_t^i | s_{t-1}^i) \beta(s_t^i)$$

- “Normalizes past observations based on the trajectory actually seen.”



$$\gamma(s_t^i) = \frac{\alpha(s_t^i) \beta(s_t^i)}{\sum_{s_t^i} \alpha(s_t^i) \beta(s_t^i)}$$

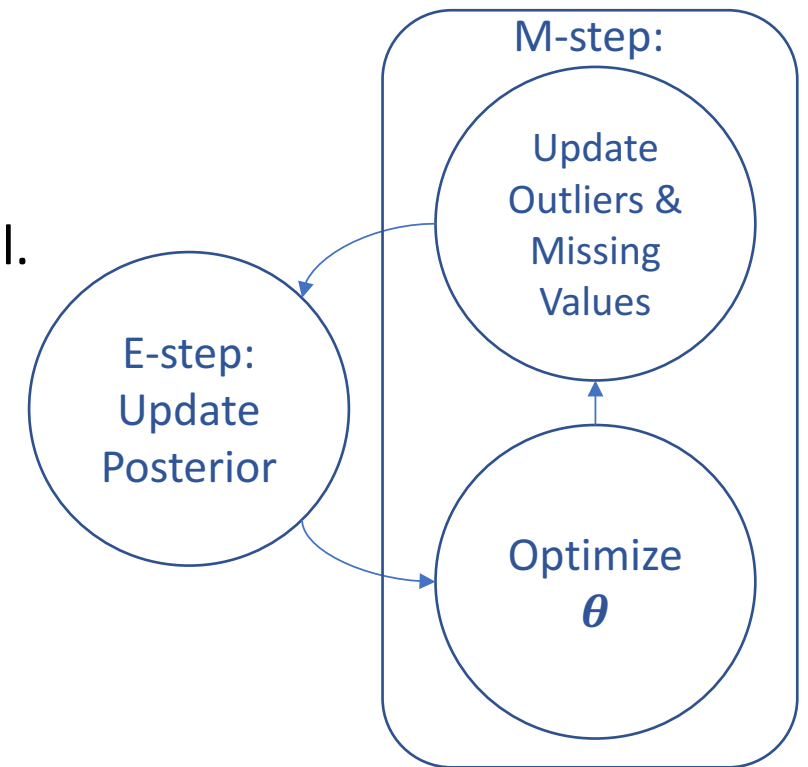
# M-step with Simultaneous Missing Value and Outlier Treatment

- Optimize  $\theta$  to the given the posterior probabilities.
- Minimize the Kullback-Leibler (KL) divergence.
- Missing values and outliers should best fit the learned model.

$$\bullet \min_{\widehat{X}, \widehat{U}} \sum_{i=1}^N \sum_{t=0}^{T-1} \left\| x_t^i - \mathbf{d}(s_t^i)^T \widehat{\mathbf{v}}_{t-1}^i \right\|^2$$

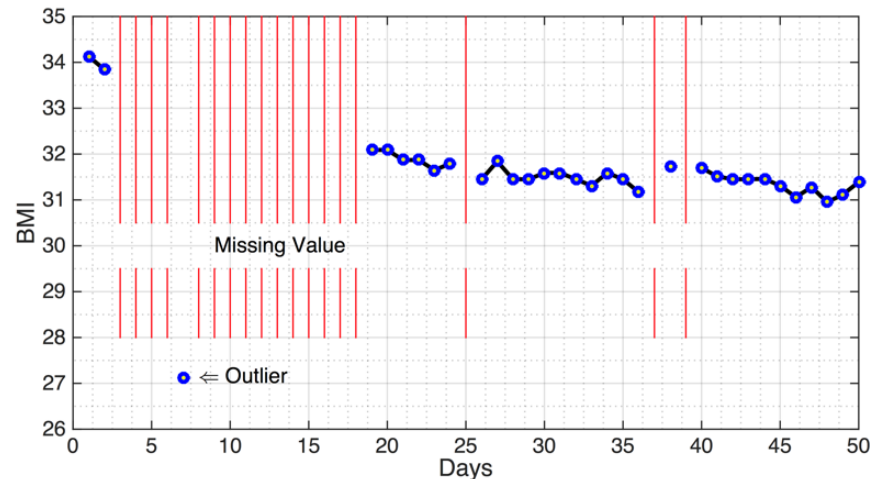
- Define outliers as the top  $\eta_x$  and  $\eta_u$  deviate points in  $\widehat{X}$ ,  $\widehat{U}$ .
- Limit the number of outliers at each EM episode.

$$\bullet \text{ s. t. } \left\| (\widehat{X}_i - X_i)_{\Omega_{x_i}} \right\|_0 \leq \eta_x, \left\| (\widehat{U}_i - U_i)_{\Omega_{u_i}} \right\|_0 \leq \eta_u$$



# Dataset

- Daily behavioral data collected from sensors and patient logs.
- 25 different subjects.
- Consists of workout calories burned, exercise calories, workout time, and calories consumed.
- Contains severe missing value and outlier patterns.



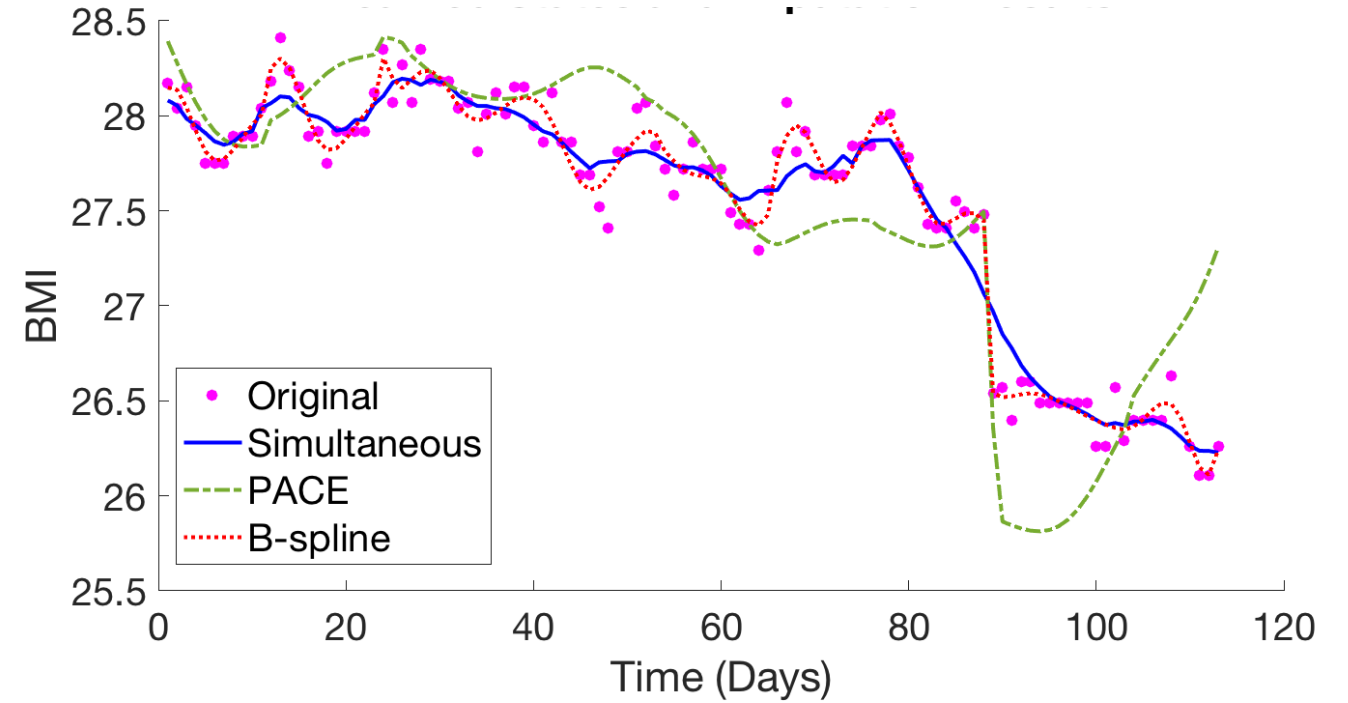
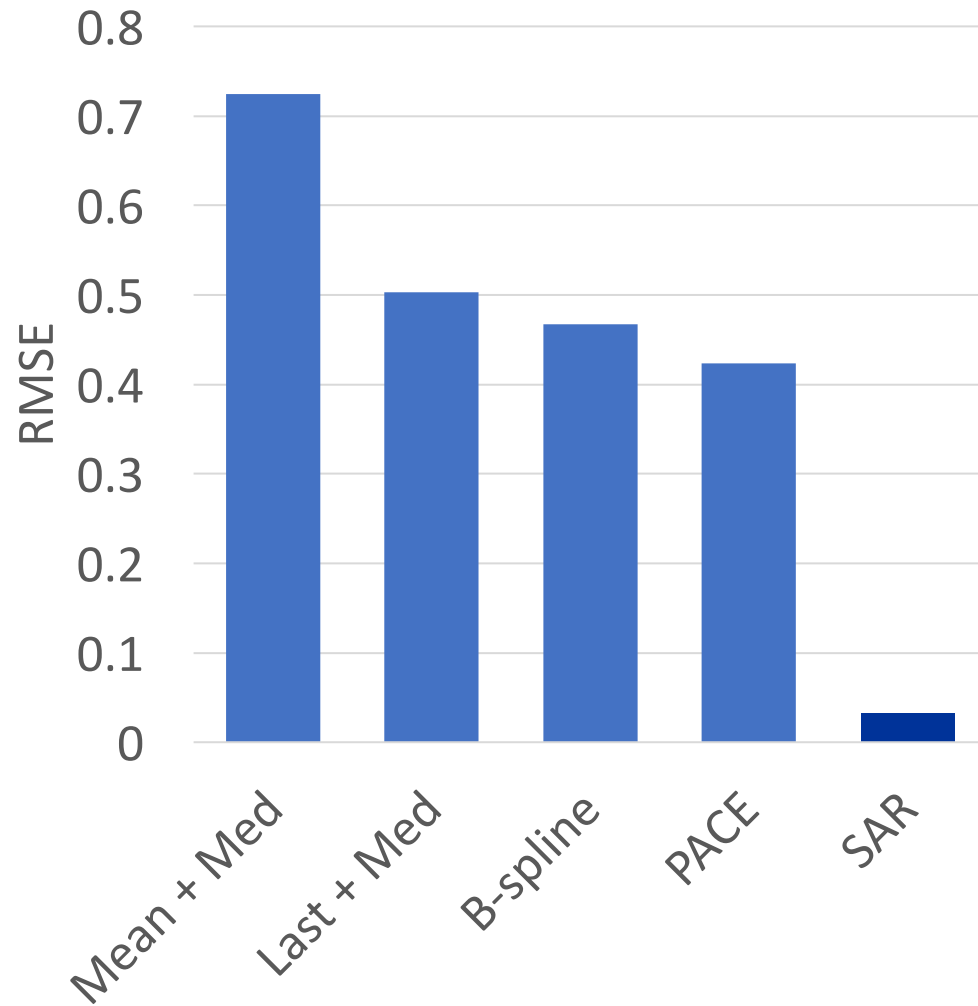
Daily life behavior data from sensors

# Missing Value and Outlier Treatment Evaluation

- Compare with off-the-shelf missing value and outlier detection
  - Mean, Last-value-carried-forward, Median filter.
- Compare with functional data analysis (FDA).
  - **PACE** (Functional Principal Component Analysis through Conditional Expectation) and FPCA with B-spline.

	Mean + Med	Last + Med	B-spline	PACE	Simultaneous
RMSE	0.72463 ± 0.53953	0.50286 ± 0.48841	0.46668 ± 0.48512	0.42348 ± 0.48489	<b>0.032114 ± 0.016565</b>
ABS	0.29995 ± 0.17872	0.17697 ± 0.12145	0.15886 ± 0.12179	0.11965 ± 0.10518	<b>0.024125 ± 0.011585</b>

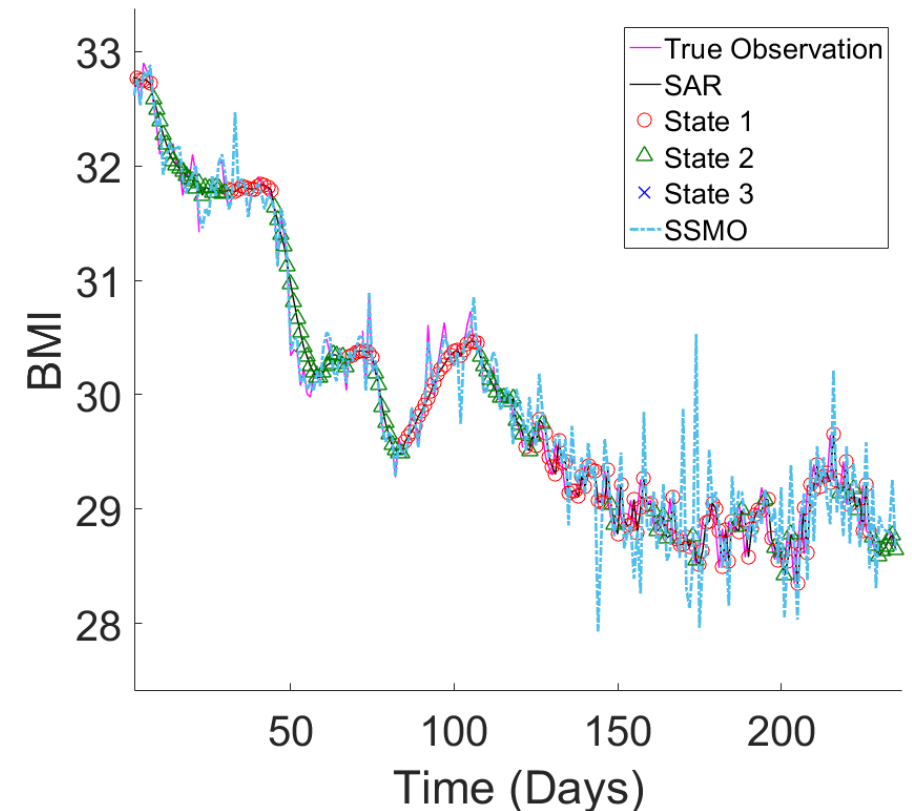
# Missing Value and Outlier Treatment Evaluation



# Switching and Population Effects Evaluation

- Compare with a similar model **without switching** and **population effects**, denoted as **SSMO**.
- Separate  $\theta = \{A, B, C\}$  for each subject.

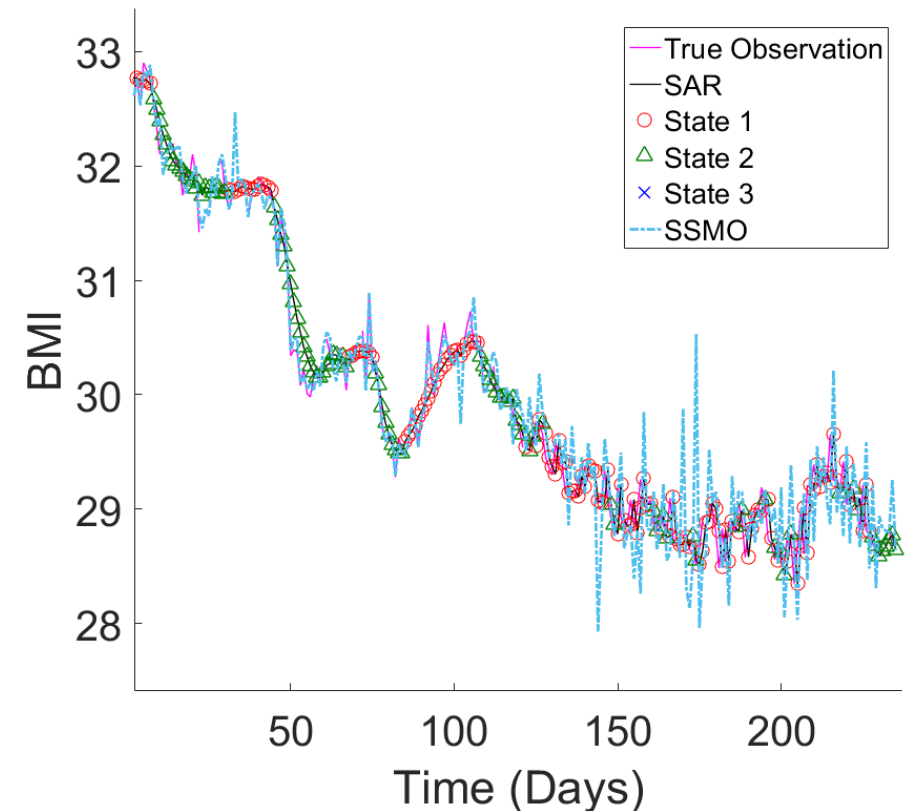
	SSMO	SAR
ABS	$0.22353 \pm 0.28732$	<b><math>0.024125 \pm 0.011585</math></b>
RMSE	$0.40324 \pm 0.61404$	<b><math>0.032114 \pm 0.016565</math></b>



# Model Interpretation

- Best parsimonious model:  $S = 3, L_x = 1, L_u = 1$ .
- State 1: Least active.
- State 2: Most active.
- State 3: Intermediate state.

Variable	State 1	State 2	State 3
BMI	1.0003	0.9824	0.9950
Exercise Calories	-0.0032	-0.0047	-0.0043
Food Calories	0.0007	0.0187	0.0104
Workout Calories	0.0031	-0.0080	0.0017
Workout Time	-0.0251	0.0261	0.0072



# Summary

- A **Population SAR model** was implemented on daily behavioral data.
- The EM learning procedure **simultaneously treats** missing values and outliers.
- The best parsimonious model selected was where  $S = 3, L_x = L_u = 1$ .
- The method outperforms missing value and outlier preprocessing methods.
- Taking into account the dynamic heterogeneity and population effects improves model accuracy significantly.



# Future Work

- Intervention and control.
  - Standard techniques: Reinforcement learning, Markov Decision Process (MDP).
  - Underdetermined problem. Many options for intervention.
  - Can we learn the model and the control policy **simultaneously**?
- Intervention evaluation.
  - How can we evaluate the quality of intervention?
  - Clinical trials are costly and needs approval.
  - **Model checking**: theoretical guarantees through simulation.
  - Simulation environments may not accurately model real-world usage.

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# Thank You