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Probabilistic Logic Programs

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Notice

These slides are largely an adaptation of existing material, including slides by [Fabrizio Riguzzi](#) on [Data Mining and Analytics](#). I am especially grateful to Fabrizio for letting me access and use his own material.

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Brief recap and motivations

Prolog is a rule-based programming language that allows to represent and to reason upon some knowledge

- Fully-fledged programming language
- It has a logic-based semantics
- Backward reasoning
- It supports modelling paradigms such as Constraint Logic Programming
- Through meta-interpreters, the interpretation of the knowledge can be easily customized, e.g.:
 - Supporting the "confidence" of a rule, like it was in Mycin
 - Supporting the generation of explanations
 - Supporting the extension of the KB (lemma generation)



Brief recap and motivations

Prolog is a rule-based programming language that allows to represent and to reason upon some knowledge...

What about Uncertainty and Probabilistic Reasoning?

Why should we care?

Rule-based representation of knowledge is a powerful method. However, Prolog is based on "crisp", two-value logic...

We might want to enjoy the best of the two worlds of rules and uncertainty/probabilistic



Before starting... resources!

Two major systems are available, with equivalent semantics

Logic Programs with Annotated Disjunctions - LPAD

- <http://cplint.eu/>
 - Inference
 - Parameter Learning (EMBLEM algorithm)
 - Structure Learning (SLIPCOVER algorithm)
- Available as a library for SWI Prolog

ProbLog

- <https://dtai.cs.kuleuven.be/problog/>
 - Inference
 - Parameter Learning (LFI-ProbLog algorithm)



Probabilistic Logic Programming



Probabilistic Logic Programming

The approach can be traced up to a seminal work by Sato at the ICLP 1995 conference about the **Distribution Semantics**

A PLP defines a probability distribution over normal logic programs, called instances or possible worlds or simply **worlds**.

The distribution then is extended to a joint distribution over worlds and interpretations (or queries)

The probability of a query is then obtained from this distribution

Taisuke Sato, A Statistical Learning Method for Logic Programs with Distribution Semantics, In Proceedings Of the 12th International Conference On Logic Programming (ICLP'95),
<http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.17.4408>



Several PLP languages...

Many languages have been proposed over the Distribution Semantics...

... they differ in the way they define the distribution over logic programs

- Probabilistic Logic Programs [Dantsin RCLP91]
- Probabilistic Horn Abduction [Poole NGC93], Independent Choice Logic (ICL) [Poole AI97]
- PRISM [Sato ICLP95]
- **Logic Programs with Annotated Disjunctions (LPADs)** [Vennekens et al. ICLP04]
- ProbLog [De Raedt et al. IJCAI07]



LPAD

In LPAD, the head of a clause is extended with disjunctions, and each disjunct is annotated with a probability

Example: we sampled that

- in "people with flu", they also "sneeze in 70% cases";
- in "people with hay fever", they also "sneeze in 80% cases".

```
sneezing(X) : 0.7 ; null : 0.3 :- flu(X) .
```

```
sneezing(X) : 0.8 ; null : 0.2 :- hay_fever(X) .
```

Syntactic restriction: **null** does not appear in the body of any rule.



LPAD

What if we know something else?

Example:

- in "people with flu", they also "sneeze in 70% cases";
- in "people with hay fever", they also "sneeze in 80% cases".
- Bob has a flu
- Bob suffers of hay fever

We know these 2 more information

```
sneezing(X) : 0.7 ; null : 0.3 :- flu(X) .
```

```
sneezing(X) : 0.8 ; null : 0.2 :- hay_fever(X) .
```

```
flu(bob) .
```

```
hay_fever(bob) .
```

Query: will Bob sneeze?



LPAD – probability distribution over rule heads

```
sneezing(X) : 0.7 ; null : 0.3 :- flu(X) .  
sneezing(X) : 0.8 ; null : 0.2 :- hay_fever(X) .  
flu(bob) .  
hay_fever(bob) .
```

Each rule has a probability distribution over its head !

In ProbLog, probability distributions are over facts.



LPAD – Worlds

```
sneezing(X):0.7 ; null:0.3 :- flu(X).  
sneezing(X):0.8 ; null:0.2 :- hay_fever(X).  
flu(bob).  
hay_fever(bob).
```

Worlds will be obtained by selecting one atom from the head of every grounding of each clause:

1. ground the program
2. For each atom in each head, choose to include it or not



LPAD – Worlds

Grounding

```
sneezing(X):0.7 ; null:0.3 :- flu(X) .  
sneezing(X):0.8 ; null:0.2 :- hay_fever(X) .  
flu(bob) .  
hay_fever(bob) .
```

```
sneezing(bob):0.7 ; null:0.3 :- flu(bob) .  
sneezing(bob):0.8 ; null:0.2 :-  
    hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .
```

we remove X and we put Bob



LPAD – Worlds

Generating the worlds:

```
sneezing(bob) : 0.7 ; null : 0.3 :- flu(bob) .  
sneezing(bob) : 0.8 ; null : 0.2 :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .
```

these are 4 world that we can have

W₁

```
sneezing(bob) :- flu(bob) .  
sneezing(bob) :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .
```

W₂

```
null :- flu(bob) .  
sneezing(bob) :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .
```

W₃

```
sneezing(bob) :- flu(bob) .  
null :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .
```

W₄

```
null :- flu(bob) .  
null :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .
```



LPAD – Distribution Semantics over worlds

Given a clause C and a substitution θ such that $C\theta$ is ground, it is defined:

- **Atomic choice**: selection of the i -th atom of the head of C for grounding $C\theta$: (C, θ, i)
- **Composite choice κ** : consistent set of atomic choices
- **Probability of a composite choice κ** :

$$P(\kappa) = \prod_{(C, \theta, i) \in \kappa} P(C, i)$$



LPAD – Distribution Semantics over worlds

- Selection σ : a total composite choice (one atomic choice for every grounding of each clause)
- A selection σ identifies a logic program w_σ called world
- Probability of a world is then defined as

$$P(w_\sigma) = P(\sigma) = \prod_{(C, \theta, i) \in \sigma} P(C, i)$$



LPAD – Probability of worlds

```
sneezing(bob):0.7 ; null:0.3 :- flu(bob) .
sneezing(bob):0.8 ; null:0.2 :- hay_fever(bob) .
flu(bob) .
hay_fever(bob) .
```

The probability of every world is the multiplication of the probability of each disjunction

$$P(w_1) = 0.7 \times 0.8$$

```
sneezing(bob) :- flu(bob) .
sneezing(bob) :- hay_fever(bob) .
flu(bob) .
hay_fever(bob) .
```

$$P(w_2) = 0.3 \times 0.8$$

```
null :- flu(bob) .
sneezing(bob) :- hay_fever(bob) .
flu(bob) .
hay_fever(bob) .
```

```
sneezing(bob) :- flu(bob) .
null :- hay_fever(bob) .
flu(bob) .
hay_fever(bob) .
```

$$P(w_3) = 0.7 \times 0.2$$

```
null :- flu(bob) .
null :- hay_fever(bob) .
flu(bob) .
hay_fever(bob) .
```

$$P(w_4) = 0.3 \times 0.2$$



LPAD – Distribution Semantics: probability of a query

Given a ground query Q and a world w :

$$P(Q|w) = \begin{cases} 1 & \text{if } Q \text{ is true in } w \\ 0 & \text{otherwise} \end{cases}$$

$$P(Q) = \sum_w P(Q, w) = \sum_w P(Q|w)P(w) = \sum_{w \models Q} P(w)$$



LPAD – Probability of worlds

```
sneezing(bob):0.7 ; null:0.3 :- flu(bob) .  
sneezing(bob):0.8 ; null:0.2 :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .  
:- sneezing(bob) .
```

```
sneezing(bob) :- flu(bob) .  
sneezing(bob) :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .  
 $P(w_1) = 0.7 \times 0.8$ 
```

```
null :- flu(bob) .  
sneezing(bob) :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .  
 $P(w_2) = 0.3 \times 0.8$ 
```

```
sneezing(bob) :- flu(bob) .  
null :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .  
 $P(w_3) = 0.7 \times 0.2$ 
```

```
null :- flu(bob) .  
null :- hay_fever(bob) .  
flu(bob) .  
hay_fever(bob) .  
 $P(w_4) = 0.3 \times 0.2$ 
```

- sneezing(bob) is true in w_1, w_2, w_3
- **$P(\text{sneezing}(\text{bob})) = 0.7 \times 0.8 + 0.3 \times 0.8 + 0.7 \times 0.2 = 0.94$**



LPAD – Example: Monty Hall Puzzle

- A player is given the opportunity to select one of three closed doors, behind one of which there is a prize.
- Behind the other two doors are empty rooms.
- Once the player has made a selection, Monty opens one of the remaining closed doors which does not contain the prize, showing that the room behind it is empty.
- He then asks the player if he would like to switch his selection to the other unopened door, or stay with his original choice.
- Does it matter if he switches?



LPAD – Example: Monty Hall Puzzle <http://cplint.eu/e/monty.swinb>

```
% the prize is behind each door with probability 1/3
```

```
prize(1):1/3; prize(2):1/3; prize(3):1/3.
```

```
% Monty opens door 2 with probability 0.5 and door 3 with probability 0.5 if  
the prize is behind door 1.
```

```
open_door(2):0.5 ; open_door(3):0.5 :- prize(1).
```

```
% Monty opens door 2 if the prize is behind door 3.
```

```
open_door(2):- prize(3).
```

```
% Monty opens door 3 if the prize is behind door 2.
```

```
open_door(3):- prize(2).
```

```
% the player keeps his choice and wins if he has selected a door with the  
prize
```

```
win_keep:- prize(1).
```

```
% the player switches and wins if the prize is behind the door that he has
```

```
% not selected and that Monty did not open
```

```
win_switch:- prize(2), open_door(3).
```

```
win_switch:- prize(3), open_door(2).
```



Case study: Assessing the fall risk of a subject



Introduction to the domain

- Subjects >65 years old experiment (unwanted) falls
- A fall may have huge impacts
 - Immediately, as a consequence of trauma
 - In general, since its consequences affect the quality of life of the subject, both at a physical and at a psychological level
- It is estimated that every year 30% of community dwelling adults aged >65 experiment a fall
- A number of studies (whose results are available as scientific publications) investigated the statistical relation between fall events and the exposure of the subject to **risk factors** (for falls)



Introduction to the domain

In the paper:

Deandrea S, Lucenteforte E, Bravi F, Foschi R, La Vecchia C, Negri E. Risk factors for falls in community-dwelling older people: a systematic review and meta-analysis. *Epidemiology*. 2010 Sep;21(5):658-68. doi: 10.1097/EDE.0b013e3181e89905. PMID: 20585256.

the authors perform a meta-analysis of reviews of papers about risk factors (w.r.t. fall events)

- "Single study" papers investigate the relation between a specific risk factor and falls, w.r.t. to a patient cohort
- Review papers "aggregate" the results of many single-study papers, summarizing the relation between a specific risk factor and falls
- Meta-analysis put together the findings about all the risk factors



Introduction to the domain

TABLE 3. Association of Sociodemographic Risk Factors With Falls in Community-dwelling Older People

Characteristic	All Studies			Multivariate Analysis Only			High Frequency of Fall Assessment Only		
	No. Studies	Heterogeneity <i>P</i>	OR (95% CI)	No. Studies	Heterogeneity <i>P</i>	OR (95% CI)	No. Studies	Heterogeneity <i>P</i>	OR (95% CI)
Age (5-year increase)									
All fallers	18	<0.0001	1.12 (1.07–1.17)	8	0.0002	1.12 (1.05–1.19)	8	0.007	1.11 (1.05–1.17)
Recurrent fallers	15	0.009	1.12 (1.07–1.18)	6	0.0007	1.15 (1.00–1.32)	9	0.10	1.12 (1.07–1.18)
Sex (women vs. men)									
All fallers	22	0.004	1.30 (1.18–1.42)	7	0.003	1.28 (1.06–1.54)	12	0.22	1.37 (1.21–1.55)
Recurrent fallers	18	<0.0001	1.34 (1.12–1.60)	6	0.0002	1.68 (0.97–2.89)	12	0.0002	1.34 (1.08–1.68)
Living situation (alone vs. not alone)									
All fallers	11	0.44	1.33 (1.21–1.45)	1	NA	1.20 (0.69–2.08)	3	0.52	1.26 (1.04–1.53)
Recurrent fallers	9	0.43	1.25 (1.10–1.43)	1	NA	1.59 (1.00–2.52)	4	0.79	1.16 (0.98–1.38)
History of falls (yes vs. no)									
All fallers	18	<0.0001	2.77 (2.37–3.25)	12	0.002	2.92 (2.50–3.40)	9	0.35	2.79 (2.43–3.20)
Recurrent fallers	12	0.04	3.46 (2.85–4.22)	7	0.04	3.07 (2.31–4.08)	9	0.54	3.09 (2.63–3.63)
Physical activity (limitation vs. no limitation)									
All fallers	10	0.01	1.20 (1.04–1.38)	1	NA	0.70 (0.40–1.21)	7	0.008	1.22 (1.00–1.50)
Recurrent fallers									
Physical disability (yes vs. no)									
All fallers	9	<0.0001	1.56 (1.22–1.99)	4	0.0001	1.46 (0.85–2.52)	4	0.20	2.30 (1.55–3.43)
Recurrent fallers	8	<0.0001	2.42 (1.80–3.26)	2	0.02	2.63 (1.06–6.51)	6	0.22	2.24 (1.81–2.77)
Instrumental disability (yes vs. no)									
All fallers	6	0.03	1.46 (1.20–1.77)	2	0.70	1.25 (1.02–1.53)	1	NA	1.40 (0.92–2.14)
Recurrent fallers	4	0.002	2.04 (1.41–2.95)	0			1	NA	2.00 (1.35–2.96)
Body mass index (low vs. intermediate/high)									
All fallers	3	0.64	1.17 (0.93–1.46)	1	NA	1.04 (0.73–1.48)	1	NA	1.20 (0.85–1.70)
Recurrent fallers	6	0.55	1.03 (0.86–1.23)	1	NA	0.88 (0.59–1.31)	4	0.73	1.03 (0.84–1.27)
Education (low vs. intermediate/high)									
All fallers	7	0.01	1.01 (0.88–1.16)	1	NA	0.93 (0.76–1.13)	3	0.03	0.91 (0.62–1.32)
Recurrent fallers	8	0.001	0.81 (0.62–1.05)	2	0.66	0.87 (0.71–1.08)	4	0.47	0.71 (0.59–0.86)
Walking aid use (yes vs. no)									
All fallers	11	0.006	2.18 (1.79–2.65)	3	0.80	2.50 (1.80–3.47)	6	0.12	2.46 (1.91–3.15)
Recurrent fallers	6	0.009	3.09 (2.10–4.53)	1	NA	3.20 (1.70–6.01)	4	0.01	3.05 (1.87–4.95)

NA indicates not applicable.

Deandrea S, Lucenteforte E, Bravi F, Foschi R, La Vecchia C, Negri E. Risk factors for falls in community-dwelling older people: a systematic review and meta-analysis. *Epidemiology*. 2010 Sep;21(5):658-68. doi: 10.1097/EDE.0b013e3181e89905. PMID: 20585256.



Introduction to the domain

- 30 Risk factors are identified
 - Sociodemographic factors
 - Medical and psychological risk factors
 - Medication-related risk factors
 - Association of mobility and sensory risk factors
- Results are given in terms of Odds Ratios for each risk factor (plus confidence interval CI)

TABLE 6. Association of Mobility and Sensory Risk Factors With Falls in Community-dwelling Older People

Characteristic	All Studies			Multivariate Analysis Only			High Frequency of Fall Assessment Only		
	No. Studies	Heterogeneity <i>P</i>	OR (95% CI)	No. Studies	Heterogeneity <i>P</i>	OR (95% CI)	No. Studies	Heterogeneity <i>P</i>	OR (95% CI)
Gait problems (yes vs. no)									
All fallers	5	0.54	2.06 (1.82–2.33)	3	0.32	2.06 (1.76–2.41)	2	0.17	2.02 (1.39–2.93)
Recurrent fallers	6	<0.0001	2.16 (1.47–3.19)	2	0.11	3.68 (1.87–7.22)	4	0.04	2.58 (1.79–3.74)
Vision impairment (yes vs. no)									
All fallers	15	<0.0001	1.35 (1.18–1.54)	6	0.01	1.21 (0.92–1.58)	7	0.61	1.51 (1.29–1.78)
Recurrent fallers	13	<0.0001	1.60 (1.28–2.00)	4	<0.0001	1.45 (0.83–2.53)	8	0.50	1.81 (1.58–2.08)
Hearing impairment (yes vs. no)									
All fallers	7	0.13	1.21 (1.05–1.39)	0			4	0.15	1.25 (1.03–1.51)
Recurrent fallers	8	0.36	1.53 (1.33–1.76)	0			5	0.28	1.50 (1.27–1.78)

NA indicates not applicable.

Deandrea S, Lucenteforte E, Bravi F, Foschi R, La Vecchia C, Negri E. Risk factors for falls in community-dwelling older people: a systematic review and meta-analysis. *Epidemiology*. 2010 Sep;21(5):658-68. doi: 10.1097/EDE.0b013e3181e89905. PMID: 20585256.



Introduction to the domain

Under some assumptions, and with some maths, odds ratios can be written as conditional probabilities:

$$P(\text{fall} \mid \text{"gait problems"}) = 0.07726945577352498$$

$$P(\text{fall} \mid \text{"diabetes"}) = 0.014788031645008427$$



Introduction to the domain

Question:

given that (we know that) a subject is exposed to
certain risk factors

can we compute the risk of falling (within a year) ?

Some practical issues:

1. Sometimes we might not know if a subject is exposed or not to a risk factor
2. How to estimate the exposure to a risk factor?



Idea: use LPAD to compute probability of risk

$P(\text{fall} \mid \text{"gait problems"}) = 0.07726945577352498$

$P(\text{fall} \mid \text{"diabetes"}) = 0.014788031645008427$

`fall : 0.079.`

`fall : 0.07726945577352498 :- gait.`

`fall : 0.014788031645008427 :- diabetes.`

Better formulation: given S a list of risk factors

`fall(S) : 0.079.`

`fall(S) : 0.07726945577352498 :- member(gait, S).`

`fall(S) : 0.014788031645008427 :- member(diabetes, S).`



Domain issue 1: dealing with the unknown

```
fall(S) : 0.079.
```

```
fall(S) : 0.07726945577352498      :- member(gait, S).
```

```
fall(S) : 0.014788031645008427     :- member(diabetes, S).
```

Suppose the profile of our subject is $S = [\text{gait}]$. What does it mean exactly?

- a) The subject suffers of gait problems; and
- b) The subject does not suffer of diabetes

Prolog (and LPADs) adopts a CWA-based approach.

However, there are cases where we might not know if a subject, for example, suffers of diabetes or not... the physician might have some suspects, but no certain knowledge.



Domain issue 1: dealing with the unknown

Enrich the profile of our subject with more information:

```
S = [ (gait,t) , (diabetes,f) , (parkinson,u) ].
```

Intended meaning:

- The subject suffers of gait problems
- The subject does not have a diabetes
- It is not known if the subject has parkinson

```
fall(S) : 0.014788031645008427 :- check((diabetes,t), S).
```

```
check( (diabetes,t), S) :- member((diabetes,t), S).
```

```
check( (diabetes,f), S) :- member((diabetes,f), S).
```



Domain issue 1: dealing with the unknown by means of prevalence

- It is not known if the subject has diabetes

We might discover by the literature (or in statistical records) that around 10% of the population (aged 65) suffers indeed of diabetes. This is usually named as the prevalence of diabetes over the referenced population.

```
fall(S) : 0.014788031645008427    :- check((diabetes,t), S) .  
check( (diabetes,t), S) :- member((diabetes,t), S) .  
check( (diabetes,f), S) :- member((diabetes,f), S) .  
check( (diabetes,t), S):0.109 ; check((diabetes,f), S):0.891 :-  
    member((diabetes,u), S) .
```



Domain issue 2: exposure to a risk factor

- Exposure to certain risk factors can be assessed immediately
 - E.g. either the subject has a diagnosis of diabetes, or not
- Some risk factors are defined vaguely, since physicians assume a certain background knowledge
 - E.g. "vision impairment" is a risk factor, but different physicians assess it in different ways:
 - visual stereognosis score ≤ 3 , or
 - visual acuity 3 mt score ≤ 5 (Monoyer scale), or
 - contrast sensitivity score ≤ 16
- The criteria above are a typical example of expert knowledge, that should be mixed up with probabilistic reasoning



Domain issue 2: exposure to a risk factor

```
fall(S) : 0.026906047778913072 :- check( ('vision impairment', t), S).
```

```
check( ('vision impairment', t), S) :- factor3( ('vision impairment', t), S).
```

```
check( ('vision impairment', f), S) :- factor3( ('vision impairment', f), S).
```

```
check( ('vision impairment', t), S) : 0.19 ;
```

```
    check( ('vision impairment', f), S) : 0.81 :-  
        factor3( ('vision impairment', u), S).
```



Domain issue 2: exposure to a risk factor

Physicians assess visual impairments in different ways:

- visual stereognosis score ≤ 3 , or
- visual acuity 3 mt score ≤ 5 (Monoyer scale), or
- contrast sensitivity score ≤ 16

```
factor3( ('vision impairment', t), S) :-  
    member( ('visual stereognosis', N), S), number(N), N <= 3.  
factor3( ('vision impairment', t), S) :-  
    member( ('visual acuity 3 m', N), S), number(N), N <= 5.  
factor3( ('vision impairment', t), S) :-  
    member( ('contrast sensitivity', N), S), number(N), N <= 16.
```

Is it enough? Is it correct?

What if the subject has done all the three tests?



Domain issue 2: exposure to a risk factor

Different physicians assess visual impairments in different ways

```
factor3( ('vision impairment', t), S) :-  
    member( ('visual stereognosis', N), S), number(N), N =< 3.  
factor3( ('vision impairment', t), S) :-  
    member( ('visual acuity 3 m', N), S), number(N), N =< 5.  
factor3( ('vision impairment', t), S) :-  
    member( ('contrast sensitivity', N), S), number(N), N =< 16.  
  
factor3( ('vision impairment', u), S) :-  
    member( ('visual stereognosis', u), S), !,  
    \+ (factor3( ('vision impairment', t), S)).  
factor3( ('vision impairment', u), S) :-  
    member( ('visual acuity 3 m', u), S), !,  
    \+ (factor3( ('vision impairment', t), S)).  
factor3( ('vision impairment', u), S) :-  
    member( ('contrast sensitivity', u), S), !,  
    \+ (factor3( ('vision impairment', t), S)).  
factor3( ('vision impairment', f), S) :-  
    \+ (factor3( ('vision impairment', t), S)),  
    \+ (factor3( ('vision impairment', u), S)).
```



Concluding remarks

- PLP is a powerful paradigm and reasoning tool for mixing up two different types of knowledge:
 - Probabilistic knowledge, e.g. statistically learned
 - Classical, logical knowledge, e.g. physician background knowledge
- Would it be possible to learn the probabilities? **Yes**
- Would it be possible to learn the structure of the rules? **Yes**

