Time Series Analysis: Models and Methods (A Survey*)

*Some figures and sections are adopted from tutorial by E. Fox in ICML'15

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Validation, statistical efficiency



- **1- Forecasting**
- 2- Hypothesis testing
- **3- Control**
- **4- Clustering**
- 5- Learning structure & dynamics

Pick a model based on the structure of the problem and the validity of assumptions

Medical Problems involving Time Series Analysis

1- Forecasting: -> Regression analysis

Predicting future values of physiological measurements, predicting length of a hospital's waiting list, predicting population level spread of epidemics, survival analysis, etc.

2- Hypothesis testing: -> Early classification

Detecting disorders, confounding effects of treatments, testing patients' latent classes, etc.

3- Control: -> Planning interventions over time

4- Clustering:-> Learning similarities across temporal data

5- Learning structure & dynamics:-> Learning causalities

Medical References involving Time Series Analysis

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... and many more...

Intuition and understanding the idiosyncrasies of the problem!



The two dimensions of multivariate time series



Every model captures:

Evolution: impacts timeliness of decisions and accuracy of predictions **Relational structure:** impacts cost, computational and statistical efficiency

Assumptions

Underlying process being modeled is (weakly) stationary: the process exhibits no trends over time (i.e. constant mean and variance).

Construction: univariate ARMA(p,q) model



1) ARMA: stationarity of the generative model



1) ARMA model capturing evolution



Evolution described by AR and MA coefficients, what about relational structure?

Construction: multivariate ARMA(p,q) model

$$\mathbf{X}_t = c + \epsilon_t + \sum_{i=1}^p \mathbf{A}_i \mathbf{X}_{t-i} + \sum_{i=1}^q \mathbf{B}_i \epsilon_{t-i}$$
Companion matrix (AR matrix) and MA matrix capture the relational structure

Variant constructions can capture drifts, periodicity, etc. E.g. ARIMA and seasonal ARIMA.



Model fitting = find AR, MA coefficients, and number of such coefficients!

$$X_t = c + \epsilon_t + \sum_{i=1}^p \alpha_i X_{t-i} + \sum_{i=1}^q \beta_i \epsilon_{t-i}$$

1) Estimate the number of coefficients p and q

Use an information criterion to select a model (e.g. Akaike IC and Bayesian IC).

2) Maximum Likelihood Estimation

Estimating the covariance and mean parameters as a function of the AR and MA parameters.

- 1) Estimate the number of coefficients p and q: use AIC
- Measures relative quality of statistical models for a given set of data.
- Relative estimate of the information lost when a given model is used to represent the process that generates the data.
- Trade-off between the goodness-of-fit of the model and the complexity of that model.

Estimate the number of coefficients p and q: use AIC

AIC =
$$2pq - 2\log(\ell(p,q))$$

Maximum AIC =
Best Model

р

q

$$-2\ell(\mu,\phi,\theta,\sigma^2) = n\log 2\pi + \log |\Gamma_n| + (\boldsymbol{X}-\mu)'\Gamma_n^{-1}(\boldsymbol{X}-\mu)$$

Advantages

Stationarity assumption (coefficients are constant over time) leads to statistical efficiency and ease of construction

Limitations

Cannot capture complicated or non-stationary dynamics unless upgraded in a way that sacrifices statistical efficiency

ARMA is usually used in quantitative finance, econometrics, weather forecasting, etc, in order to predict future values of a series

1) ARMA model: key papers

[1] Harrison, L., William D. Penny, and Karl Friston. "Multivariate autoregressive modeling of fMRI time series." *NeuroImage* 19.4 (2003): 1477-1491.

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2) Diffusion models

Assumptions

Underlying process is:

- Continuous time
- Solves a stochastic differential equation (SDE)
- Has a drift component and a diffusion component
- Usually a Markovian process



2) Diffusion models: depiction



 $\mu(X(t),t)$ Drift component (e.g. clinical deterioration)

Advantages

- Models continuous time, some classical results are tractable Statistically efficient and non-stationary: only need MLE for drift and stochastic volatility

Disadvantages

- In many cases discrete time models suffice especially if sampler is exogenous. Many SDE problems are tedious and intractable.

- Mostly limited to Markovian processes.
- Hard to model relational structure.

Unexplored by ML community, intensively used in quantitative finance

2) Diffusion models: depiction



Brownian motion is the limit of many ARIMA models!

2) Diffusion models: key papers

[1] Holmes, Philip. "Optimal temporal risk assessment." (2011).

[2] Eke, Andras, et al. "Physiological time series: distinguishing fractal noises from motions." *Pflügers Archiv* 439.4 (2000): 403-415.

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Assumptions

States are not observable, and what is observed is a set of outputs that are observed with a different probability given each state.



3) HMM simulation

- Observation is a probabilistic function of the state
- HMM is a doubly embedded stochastic process



3) HMM learning

 Learning an HMM is equivalent to learning the state-transition probabilities (aij) and the emission probabilities (bik)



3) HMM learning

 Learning an HMM is equivalent to learning the state-transition probabilities (aij) and the emission probabilities (bik) given an output sequence.



arg max
$$\mathbb{P}(Y_1, Y_2, Y_3, ..., Y_M | \{a_{ij}\}, \{b_{ij}\})$$

Algorithms for learning HMMs

1- <u>Brute force</u>: enumerate all output sequences and compute their likelihood -> exponential complexity!

2- <u>Viterbi algorithm (dynamic programming)</u>: same idea as Viterbi decoders in convolutional codes.

Used if there is a known state-space that is not observed, and that has a non-injective map to an observed output sequence.

HMMs in a medical context (e.g. Martin's problem)

Unobserved true clinical status







[1] Zhang, Yongyue, Michael Brady, and Stephen Smith. "Segmentation of brain MR images through a hidden Markov random field model and the expectation-maximization algorithm." *Medical Imaging, IEEE Transactions on* 20.1 (2001): 45-57.

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Assumptions

- Continuous state-space

- This leads to linearity assumptions for mapping state transitions and states to outputs.



<u>Learning task:</u> finding the matrices mapping states to outputs, and transition matrices across states + covariance of Gaussian noise



4) State-space model

High-dimensional time series: Large matrices A and C



Some temporal streams are redundant:

How to reduce the dimensionality and capture dynamics? Redundancy can be time-varying!!



Goal: Embed high dimensional time series into a lower dimensional space and maintain the dynamics

Dynamic functional connectivity (neuroscience) -> Time varying correlations

Models that seek low dimensional embedding of dynamics









2-dimensional state-space dynamics





5-dimensional observation-space dynamics



 $y_t = \Lambda \eta_t + \epsilon_t$ $N_p(0, \Sigma_0)$





Correlation pattern is still Fixed over time!

$$y_t \sim N(0, \Sigma)$$
$$\Gamma_{\eta}(0)$$
$$\Sigma = \Lambda \Sigma_{\eta} \Lambda' + \Sigma_0$$

Lag covariance = WSS

$$\Gamma_y(h) = \operatorname{cov}(y_t, y_{t+h})$$
$$= \Lambda \Gamma_\eta(h) \Lambda' \quad h > 0$$



Complex dynamics=>

Nonparametric latent factor evolution Time index $\eta_t = \psi(x_t) + \nu_t$ Nonparametric evolution of latent factors

Usually a Gaussian process is used for nonparametric evolution

 $y_t = \Lambda \eta_t + \epsilon_t$ $N_p(0, \Sigma_0)$

What is a Gaussian Process?

- Distribution over functions f ~ GP (m, K)
- m: mean function, K: covariance Kernel

Brownian motion is a GP with Matern Kernel



Fit the latent factor process using GP regression => Get f(.)

$$\eta_t = f(\eta_{1:t-1}) + \nu_t$$

Evolution of latent factors

$$y_t = \Lambda \eta_t + \epsilon_t$$

$$N_p(0, \Sigma_0)$$

We modeled EVOLUTION by a GP, but How to capture the changing correlation pattern (RELATIONAL STRUCTURE)?



Model every entry in Latent factor matrix by a GP



GP to model evolution and dynamics





Conclusion: Dynamic Latent Factor Model can capture complicated dynamics and encapsulates most of other models

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Model Selection



- **Dynamic Bayesian networks:** modeling cause and effect
- Real-time Cox regression: survival analysis based on time series
- Structure learning: learning graphs of patients, treatments, etc, based on time series
- Time series clustering: personalization!