Recurrent Neural Networks (RNNs) and Long Short-Term Memory (LSTM)





Note: Gradient is added multiplicatively for every step we trace back in our predictions.

Exploding/Vanishing Gradients

- Iterative learning process via gradient descent
- Gradient can be unstable since it is the product of earlier gradients and tends to grow/shrink exponentially (goes for all DNN, but especially RNN due to the time component)
- LSTM introduces cell states which provide ways for the gradient to flow backwards through time

tanh squashing function





sigmoid squashing function







Prediction

Note: In the following slides W, U, and b are parameters which are learned, x_t is the input vector and h_{t-1} denotes the last prediction.

Input vector



Memory





LSTM



Gates, memory cell, hidden output

- $i_t = \sigma(W_i x_t + U_i h_{t-1} + b_i)$
- $f_t = \sigma(W_f x_t + U_f h_{t-1} + b_f)$
- $o_t = \sigma(W_o x_t + U_o h_{t-1} + b_o)$
- $g_t = tanh(W_c x_t + U_c h_{t-1} + b_c)$
- $c_t = f_t * c_{t-1} + i_t * g_t$
- $h_t = o_t * tanh(c_t)$

Input Gate **Forget Gate Output Gate** Squashed Input **Current Cell State** Output

Benefits and Drawbacks of LSTM

- Much more resistant to exploding gradients
- Performs well

- High complexity
- Needs relatively large memory
- Takes longer to learn
- Overfitting



DeepCare Architecture



Challenges

- Variable size discrete inputs
- Confounding interactions between disease progression and intervention
- Irregular timing
- Overfitting

Representing variable-size inputs

- Input sequence $u_t = [x_t, p_t, m_t, \Delta t]$
- Diagnoses and intervention codes embedded in vectors and summarised as 2M-dim admission embedding vector [x_t, p_t]
- Max pooling admission, normalized sum pooling admission and mean pooling admission
- $i_t = (1/m_t)\sigma(W_i x_t + U_i h_{t-1} + b_i)$
- Where $m_t = 1$ for unplanned admissions and $m_t = 2$ otherwise

Modeling effect of interventions

- $o_t = \sigma(W_o x_t + U_o h_{t-1} + P_o p_t + b_o)$
- $f_t = \sigma(W_f x_t + U_f h_{t-1} + P_f p_{t-1} + b_f)$
- Current interventions should be considered at the output gate as it controls illness states and interventions reduce illness
- Prior interventions affect which information can be forgotten

Capturing time irregularity

- Time decay function to reduce effect of memorised acute conditions over time
- $d(\Delta_{t-1:t}) = [log(e + \Delta_{t-t:1})]^{-1}$
- $f_t \leftarrow d(\Delta_{t-1:t})f_t$
- More flexible forgetting to deal with chronic or worsening conditions
- $f_t = \sigma(W_f x_t + U_f h_{t-1} + Q_f q_{\Delta t-1:t} + P_f p_{t-1} + b_f)$

DeepCare Forward Pass Algorithm

Inputs: Patients' disease history records

- 1) For each step t do:
 - 1)[x_t , p_t] = embed diagnoses and interventions
 - 2)Compute gates i_t , f_t , o_t
 - 3)Compute cell state and hidden state c_t , h_t
- 2) End for
- 3) Compute \overline{h} the pooled illness states based on attention scheme
- 4) Feed to NN and compute $P(y | u_{0:n})$ to give prediction
- 5) Compute loss function *L* (Model learns and changes parameters based on error value)

Regularization

- Problem of overfitting
- Dropout probabilities introduced to regulate (some $1 p_{dropout}$)
- Targets:
 - Diagnosis and intervention vectors before pooling
 - Each value in $[x_t, p_t]$ after derivation
 - Hidden and input units after weighted pooling

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