

Variational autoencoders for artefact detection and imputation in physiological signals

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Big Data in the Intensive Care Unit

- ▶ ICU is data-dense with constant patient monitoring
- ▶ Attributes of big data: volume, variety, velocity, veracity

Physiological signals:

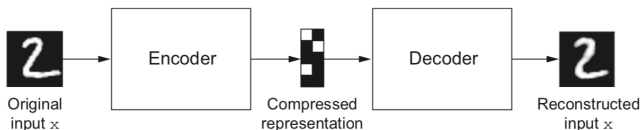
- ▶ e.g. arterial blood pressure (ABP), intracranial pressure (ICP)
- ▶ Basis for clinical care and research

Broad goal:

- ▶ Transforming data so it's more interpretable/useful for clinicians

Autoencoders

- ▶ Network maps inputs to themselves (self-supervised learning) through an 'information bottleneck' lower-dim latent space



- ▶ Maximum likelihood problems: fragility, overconfidence

Bayesian learning

Bayesian learning

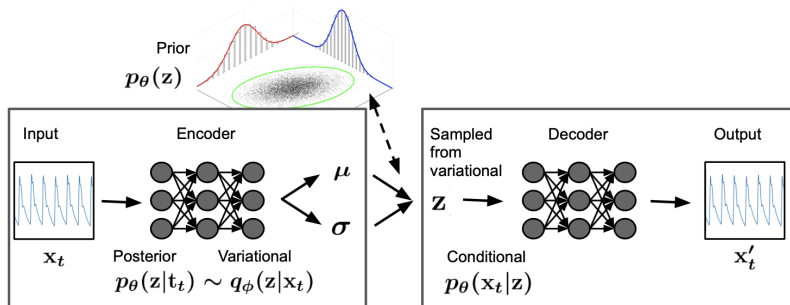
$$p(\theta|\mathcal{X}, \mathcal{Y}) = \frac{1}{p(\mathcal{Y}|\mathcal{X})} p(\theta) p(\mathcal{Y}|\mathcal{X}, \theta)$$

- ▶ Distribution rather than point estimate, so gain uncertainty
- ▶ Fundamental flaw: posterior (and marginal) intractable
- ▶ Variational Bayes: optimising an approximation to posterior

Autoencoding Bayes: a Variational Autoencoder

Probabilistic autoencoder:

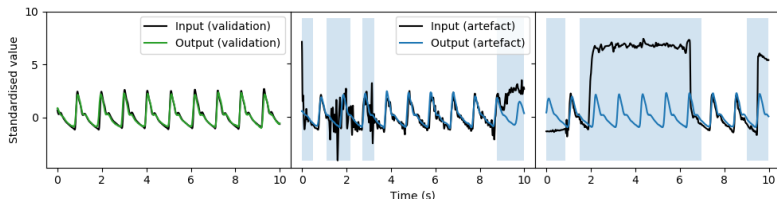
- Assume the data generated by a random process, dependent on unobserved variables (features) \mathbf{z} and distribution $p_{\theta}(\mathbf{x}_t|\mathbf{z})$



Motivation and Results

Problems: detection of artefacts, imputation of missing data

- ▶ Critical in alerting, derived measures associated with outcome



Variational autoencoder approach

- ▶ No explicit training for artefact detection
- ▶ Input containing artefact has low reconstruction prob/high error
- ▶ Sampling from latent distribution to generate synthetic data
- ▶ Self-supervised: does not require costly human annotation

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[2] D. P. Kingma and M. Welling, "Auto-Encoding Variational Bayes," *arXiv*, Dec. 2013.