

# Knowledge-infused AI for Healthcare:

*Role of Conceptual Medical Knowledge in Improving Machine Understanding*

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- State of AI in Healthcare
- Knowledge & Machine Learning - Knowledge Infusion
  - Contribution of knowledge to ML
  - Incremental Infusion of Knowledge
- Challenges
  - Abstraction, Contextualization, Personalization
- Case Study: Classification of social media data on Mental Health using Knowledge
  - Dataset, Approach, Results

# Probably Approximately Correct Learning

$$\mathbf{Prob}(Test_{err} > \epsilon \mid Train_{err} \approx 0) < |H|e^{-\epsilon m}$$

$$|H|e^{-\epsilon m} < \delta$$

$|H|$  : All possible hypothesis for classification

$\epsilon$  : Minimal mis-classification error

$\delta$  : Empirical threshold (e.g. Human Annotation Error)

# Probably Approximately Correct Learning

$$\text{Prob}(Test_{err} > \epsilon \mid Train_{err} \approx 0) < |H|e^{-\epsilon m}$$

$$|H|e^{-\epsilon m} < \delta$$

How do you know that a training set has a good domain coverage?

Robust Classifier  $\rightarrow$  Low Generalizability Error

Consistent Classifier  $\rightarrow$  Low Training Error

**Confidence:** More Certainty (**lower  $\delta$** ) means more number of samples.

**Complexity:** More complicated hypothesis ( **$|H|$** ) means more number of samples

# PAC Learning to Knowledge Infusion

True Data Distribution  $D$   $\longleftrightarrow$   $\mathcal{D}$  Hypothesis Data Distribution

Existing ML Models:

$$\mathcal{M}(D_X, \{0, 1\}) \equiv \mathcal{D}_X$$

$$\min ||D_X - \mathcal{D}_X||_F^2$$

Challenge:

$$\mathcal{M}(D_X, C_X) \equiv \mathcal{F}(\mathcal{D}_X, C_X)$$

Infusion:

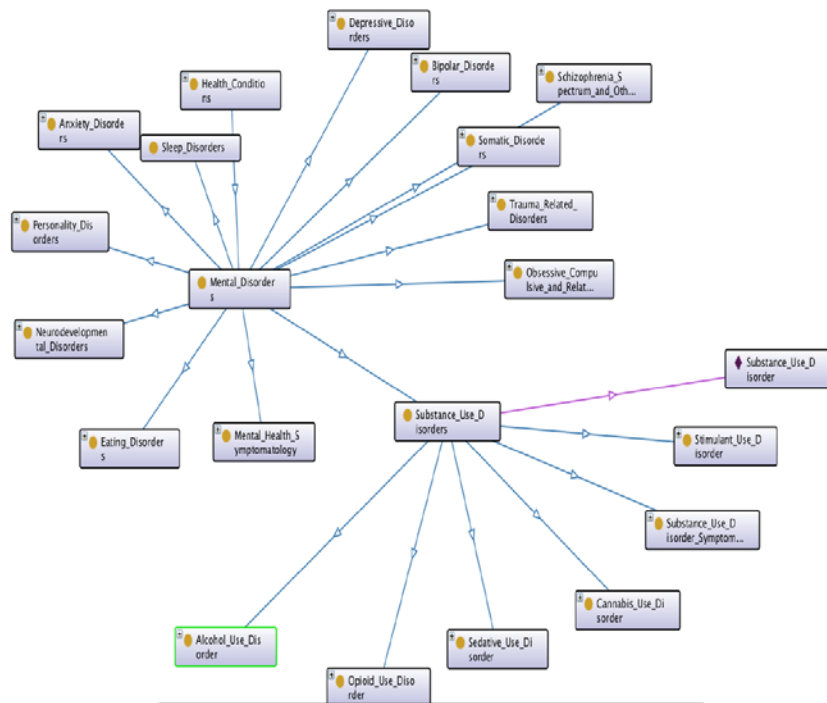
$$\mathcal{M}(\mathcal{K}(D_X, C_X), \{0, 1\}) \equiv \mathcal{D}_X$$

# Algorithmic possibilities and limitations of AI Systems

## Knowledge Resources

- Ontology
- Knowledge Graph
- Knowledge Base
- Lexicons

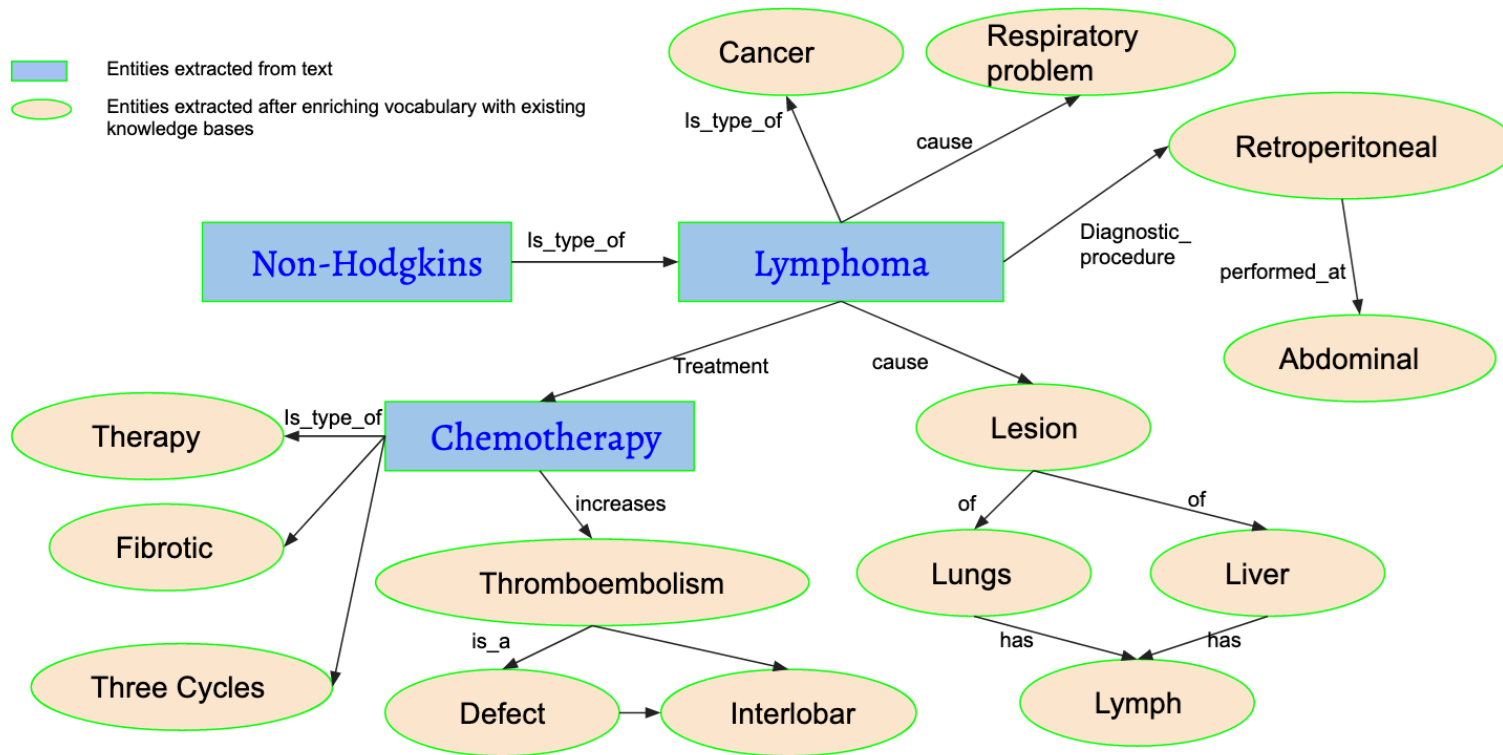
- Forms a *conceptual* framework of interconnecting sets of *domain-focused* concepts and relationships
- Remove *ambiguity* and *sparsity*.
- Reduce *false alarm*.



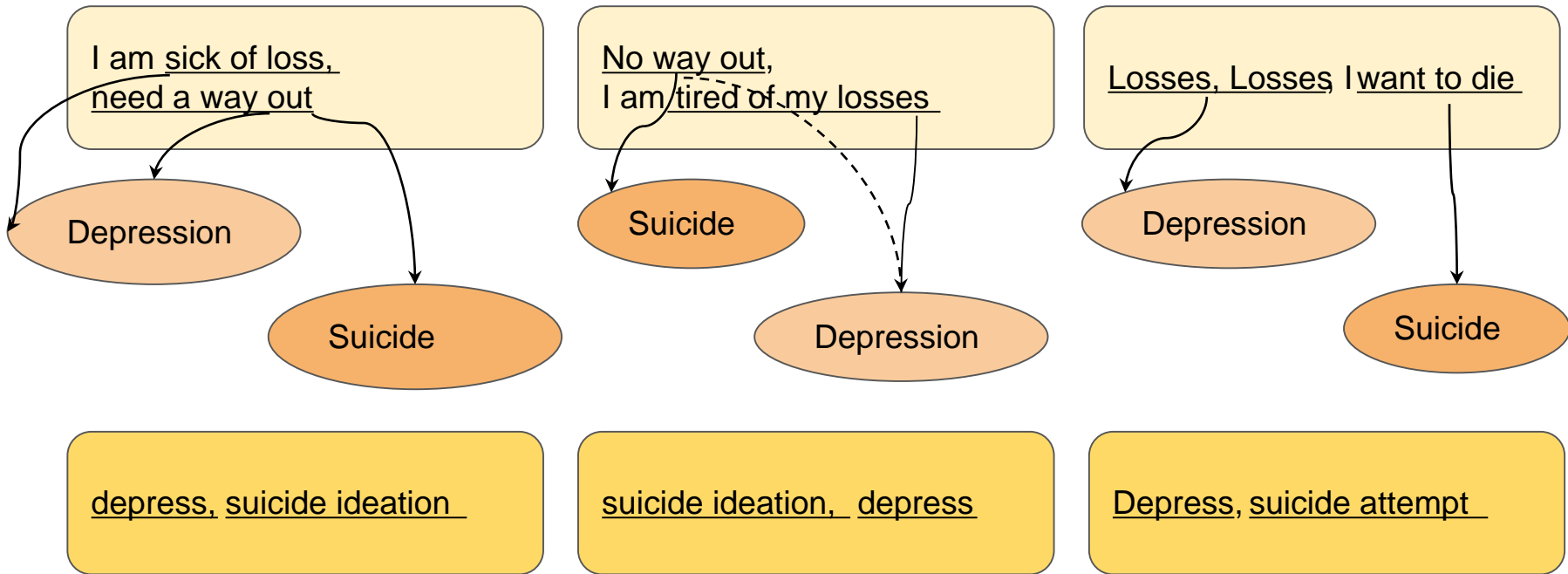
## Drug Abuse Ontology

- Concepts (315)
- Relations (31)
- Instances (814)

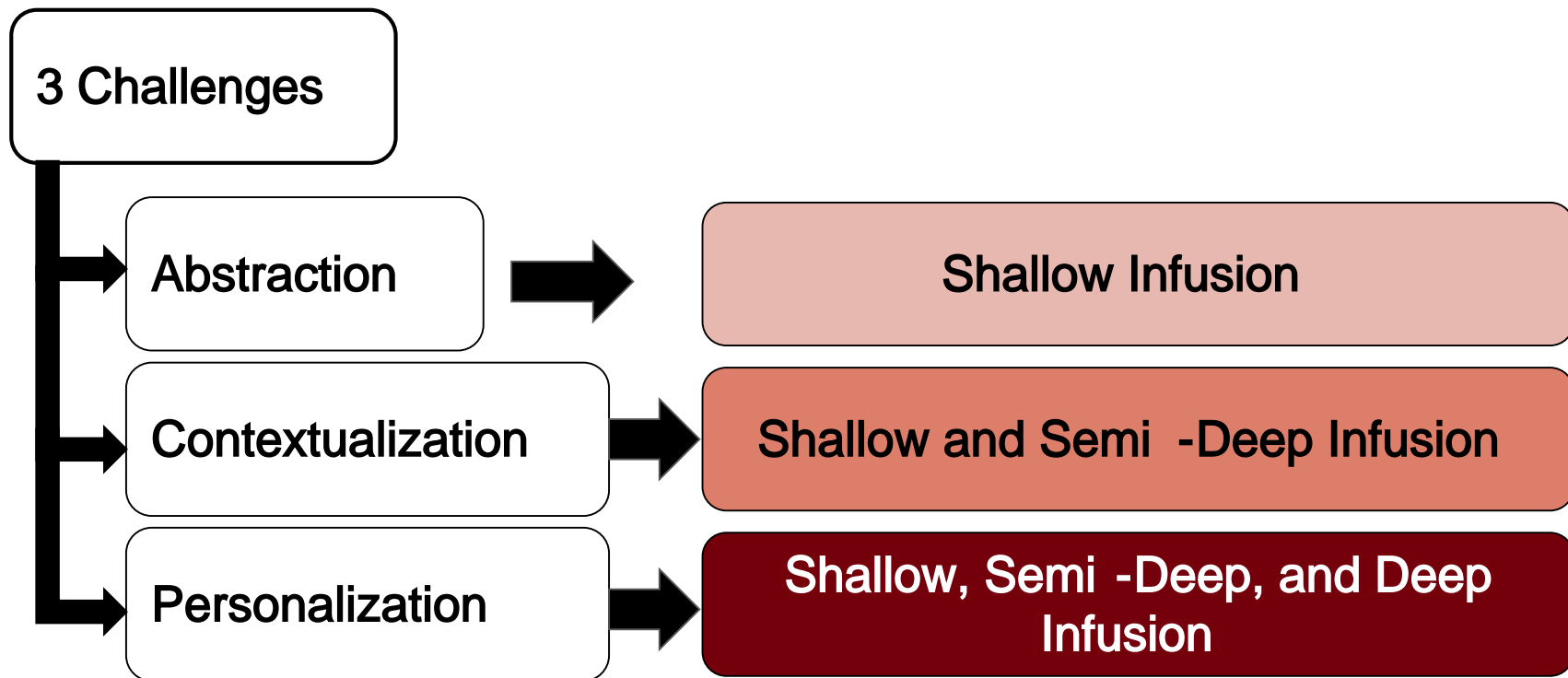
Patient is a known case of non-Hodgkin's lymphoma and undergone three cycles of chemotherapy.



# Example: Depression







## A Unified Framework for Knowledge Intensive Gradient Boosting: Leveraging Human Experts for Noisy Sparse Domains

Harsha Kokel,<sup>1</sup> Phillip Odom,<sup>2</sup> Shuo Yang,<sup>3</sup> Sriraam Natarajan<sup>1</sup>

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## Infusing Knowledge into the Textual Entailment Task Using Graph Convolutional Networks

Pavan Kapanipathi<sup>†</sup>, Veronika Thost<sup>\*†</sup>, Siva Sankalp Patel<sup>‡</sup>, Spencer Whitehead<sup>§</sup>, Ibrahim Abdelaziz<sup>‡</sup>, Avinash Balakrishnan<sup>†</sup>, Maria Chang<sup>†</sup>, Kshitij Fadnis<sup>‡</sup>, Chulaka Gunasekara<sup>†</sup>, Bassem Makni<sup>†</sup>, Nicholas Mattei<sup>‡</sup>, Kartik Talamadupula<sup>†</sup>, Achille Fokoue<sup>†</sup>

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srw5@illinois.edu  
nsmattei@tulane.edu

## Using a Knowledge Graph of Scenes to Enable Search of Autonomous Driving Data

Cory Henson<sup>1</sup>, Stefan Schmid<sup>1</sup>, Tuan Tran<sup>2</sup>, Antonios Karatzoglou<sup>2</sup>

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## Knowledge Infused Learning (K-IL): Towards Deep Incorporation of Knowledge in Deep Learning

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# Summarization: Hybrid Approach

## Summary using Pretrained Model

< unk > depends on what it is  
 < unk > told to give me a example  
 < unk > calls for  
 < unk > yes says  
 < unk > with depression  
 < unk > we had been  
 < unk > told to seek help

## Summary using AS

**Participant was asked:** what do they do when they are annoying until they stop  
**Participant said:** that they stop talking  
**Participant was asked:** when was the last time they felt really happy  
**Participant said:** a year while ago  
**Participant was asked:** How long ago were they diagnosed depression  
**Participant said:** they are still depressed.

## Summary using PHQxAS

**Participant was asked:** What do you do when they are annoying  
**Participant said:** She stop talking  
**Participant was asked:** can you explain with example  
**Participant said:** Yeah  
**Participant was asked:** When was the last time they felt happy  
**Participant said:** awhile ago  
**Participant was asked:** what got them to seek help  
**Participant said:** they are still depressed  
**Participant was asked:** Tell me more about that  
**Participant said:** yeah  
**Participant was asked:** do they feel like therapy useful  
**Participant said:** oh yeah definitely  
**Participant was asked:** how long ago were they diagnosed depression  
**Participant said:** a year ago

BERT

Abstractive  
Summarization using  
Integer Linear  
Programming (ILP)

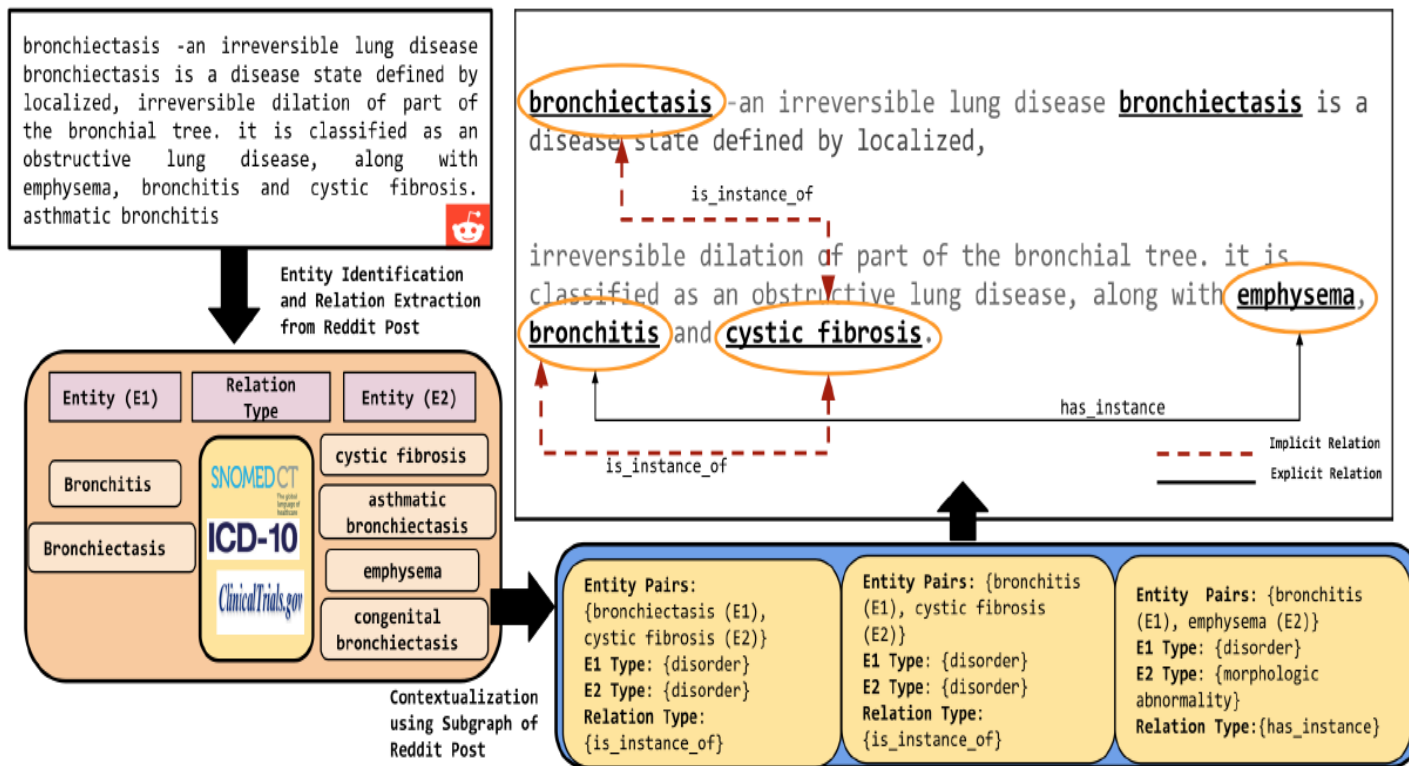
Abstractive Summarization  
using ILP and PHQ-9

Statistical

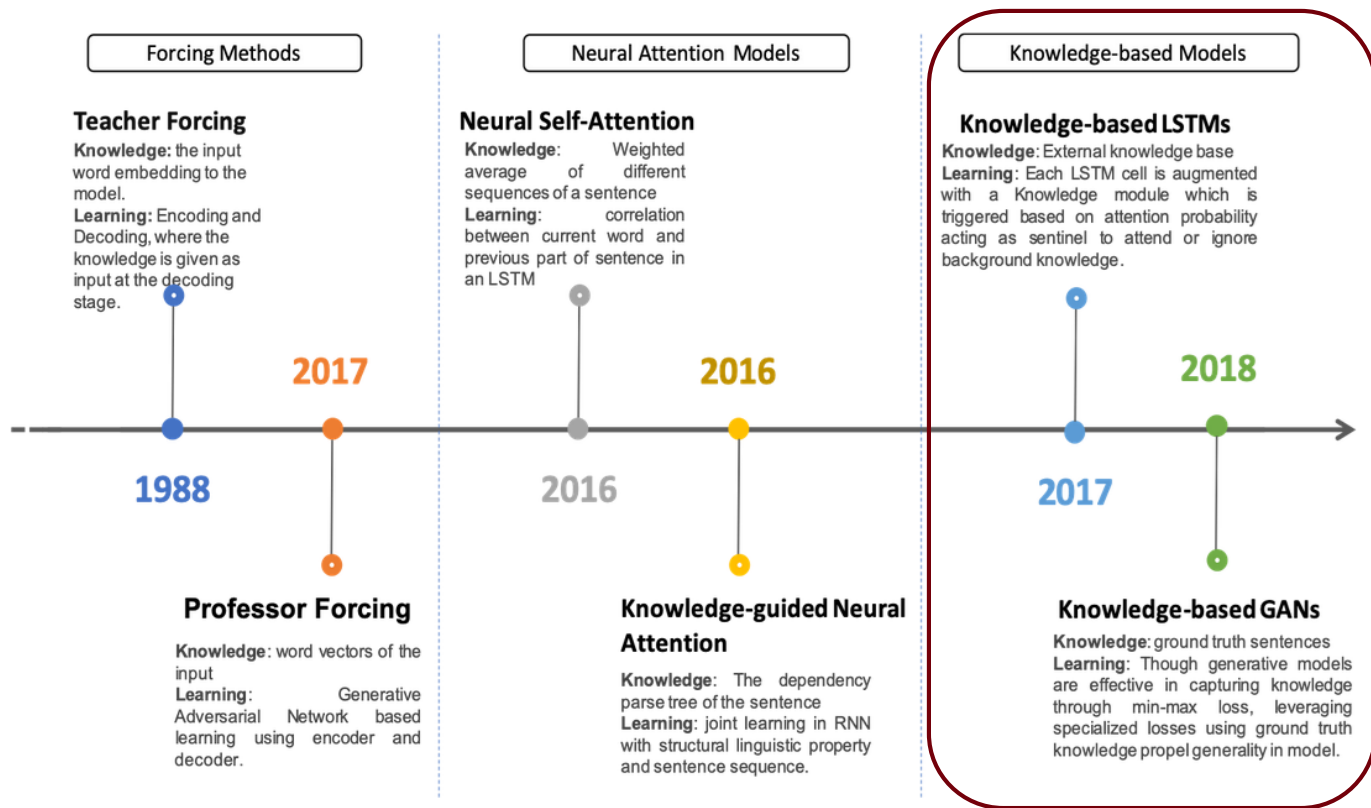
Statistical + Constraints

Statistical + Constraints  
+ Knowledge

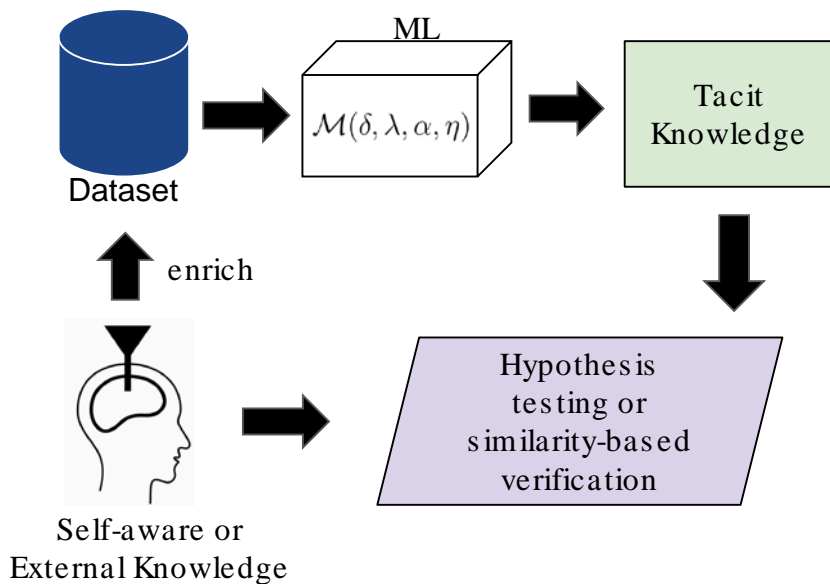
# Personalized Health Knowledge Graph



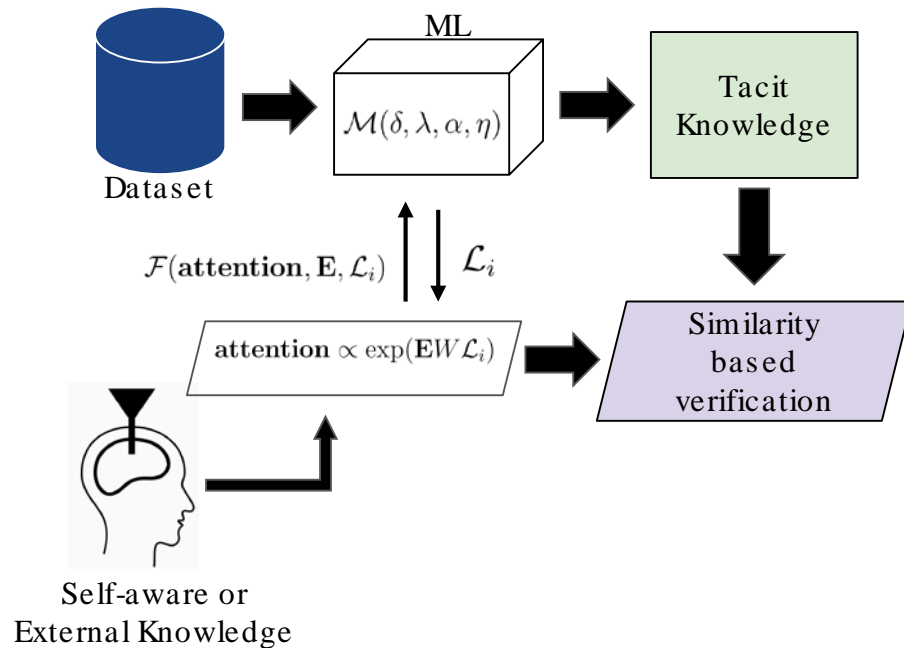
# Knowledge Incorporation in ML



# Knowledge Incorporation in ML



Shallow Infusion



Semi-Deep Infusion

# Knowledge: Suicide Severity Lexicon

Suicide Risk Class	Number of Entities	Sample Medical Phrases
Suicide Indicator	1472	Severe mood disorder with psychotic feature; Severe major depression; Family history of suicide; Sedative
Suicide Ideation	409	Bipolar affective disorder; Borderline Personality; Depressive conduct disorder; Sexual maturation disorder
Suicide Behavior	145	Suicidal behavior; Intentional self - harm; Incomplete attempt; Threatening suicide
Suicide Attempt	123	Attempt actual suicide; Attempt physical damage; Intensive care; Second-degree burns

Branch: master	Suicide-Risk-Assessment-using-Reddit / lexicons /	Create new file	Find file	History
Amanuel Initial commit				
Latest commit 3498323 on May 6, 2019				
suicidal_attempt.csv	Initial commit	9 months ago		
suicidal_behavior.csv	Initial commit	9 months ago		
suicidal_ideation.csv	Initial commit	9 months ago		
suicidal_indicator.csv	Initial commit	9 months ago		

[http://bit.ly/lexicons\\_suicide\\_severity](http://bit.ly/lexicons_suicide_severity)

Suicide by Hanging  
[SNOMED ID: 287190007]

<child of> Suicide  
[SNOMED ID:44301001]

<sibling of> Drug Overdose  
[SNOMED ID:274228002]

<sibling of> Personal history  
of self-harm [ICD-10 ID: Z91.5]

<sibling of> Severe depressive  
episode psychotic symptoms  
[ICD-10 ID: F32.3]

I dont think Ive thought about it every day of my entire life. I have for a good portion of it, however, my boyfriend may be able to determine whether I'm worth his time

Outcome : Suicide Indication



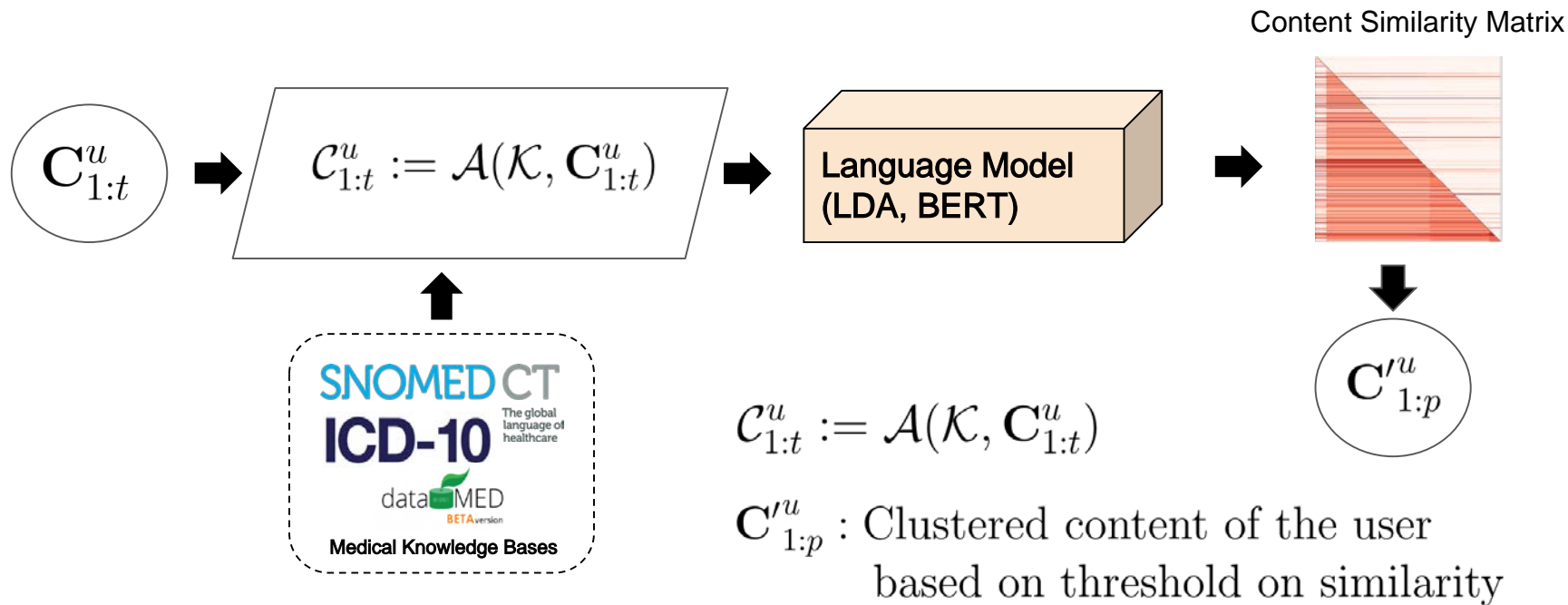
*Having a plan for my own suicide has been a long time relief for me as well. I more often than not wish I were dead.*

I dont think Ive thought about it every day of my entire life. I have for a good portion of it, however, my boyfriend may be able to determine whether I'm worth his time

Outcome : Suicidal Ideation



# Contextualization & Abstraction



$C_{1:t}^u$  : Content of a user “u” from timestamp 1 to t

$\mathcal{K}$  : Knowledge Base/Graph

$\mathcal{A}$  : Content Abstraction Module

... refers to future course of action by taking into account the contextual factors such as user's *health history, physical characteristics, environmental factors, activity, and lifestyle*.

Cognitive Services and Intelligent Chatbots:  
Current Perspectives and Special Issue Introduction

Amit Sheth  
Wright State University

Hong Yung Yip  
Wright State University

Arun Iyengar  
IBM TJ Watson

Paul Tepper  
Nuance Communications

*Chatbot with contextualized (asthma) knowledge is potentially more personalized and engaging.*

## Without Contextualized Personalization

Hey! How's the weather today?

It is currently 65 degree. You can expect sunny weather all day with a high of 72 and a low of 60 degree.

Can I play outside?

Sure.

Enjoy your day!

## With Contextualized Personalization

Hey! How's the weather today?

It is currently 65 degree. You can expect sunny weather all day with a high of 72 and a low of 60 degree.

Can I play outside?

Looks like the ragweed pollen level today remains in the low range.

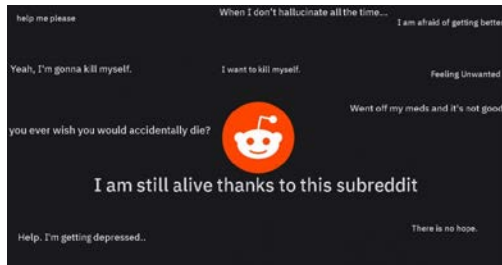
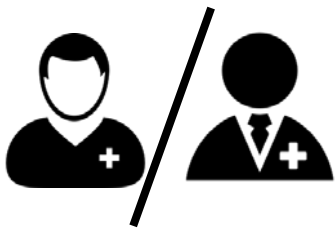
You would not likely experience any symptoms, but do take your puffer along.

Enjoy your day!

Awesome!

# Let Me Tell You About Your Mental Health! : Contextualized Classification of Reddit Posts to DSM-5

Gaur, Manas, Ugur Kursuncu, Amanuel Alambo, Amit Sheth, Raminta Daniulaityte, Krishnaprasad Thirunarayan, and Jyotishman Pathak. "Let me tell you about your mental health!: Contextualized classification of reddit posts to dsm -5 for web-based intervention." In *Proceedings of the 27th ACM International Conference on Information and Knowledge Management*, pp. 753-762. ACM, 2018.



Social Anxiety and Therapeutic Pessimism

Patient: Poor Recall Rate

Clinician: Poor understanding of patient behavior

Poor long lasting patient-doctor relationship

Clinical data is time-limited



Data is short and not categorized



Data is long and categorized

**Reddit categorization does not overlap with Clinician**

- Can social media data assist Mental Health Professionals in psychiatric diagnosis, prevention and early intervention ?
- Map Subreddits to Diagnostic Statistical Manual for Mental Health (DSM-5) ?

# Problem

The screenshot shows a Reddit post in the r/Anxiety subreddit. The post is titled "Day 1: What's the Best Thing About Having Anxiety?" and is part of a "Challenge" series. It has 30 upvotes and 86 comments. The post content is "I honestly think it's made me a lot more conscious about saying wrong or offensive things to people, not to mention improving my level of empathy ten-fold". There are three comments visible, all titled "Perks of Being a Wallflower". The first comment is by CultOfLuna (104 points) and the second is by Xryptical (5 points). The third comment is by arcticmonkeybird (3 points) and says "Absolutely!". The fourth comment is by boof\_daddy (5 points) and says "Yes.... holy shit". The right sidebar shows community details for r/Anxiety, including 176k subscribers and 486 online users. It also lists the subreddit rules: 1. Be Supportive, 2. No advertising or self-promotion, 3. Seek approval before posting surveys/studies, 4. Art must be attributed, 5. Ensure your post is relevant, and 6. No medical advice.

**Subreddit**

**Main Post**

**Comment**

**Reply**

Uof SC™

Problem

r/Anxiety

Posts

Posted by u/zelis42 1 month ago

Challenge Day 1: What's the Best Thing About Having Anxiety?

86 Comments Share ...

89% Upvoted

What are your thoughts? Log in or Sign up

LOG IN SIGN UP

SORT BY BEST

CultOfLuna Perks of Being a Wallflower 104 points · 1 month ago

I honestly think it's made me a lot more conscious about saying wrong or offensive things to people, not to mention improving my level of empathy ten-fold

Share Save

Dontbemelancholy Perks of Being a Wallflower 16 points · 1 month ago

100% what I was that thinking!

Share Save

Xryptical Perks of Being a Wallflower 5 points · 1 month ago

exactly what i was going to comment! :)

Share Save

arcticmonkeybird Perks of Being a Wallflower 3 points · 1 month ago

Absolutely !

Share Save

boof\_daddy Perks of Being a Wallflower 5 points · 1 month ago

Yes.... holy shit

Share Save

COMMUNITY DETAILS

r/Anxiety

176k Subscribers 486 Online

Discussion and support for sufferers and loved ones of any anxiety disorder. A more detailed list of anxiety disorder sub-types is in our \*\*[wiki] (https://www.reddit.com/r/anxiety/wiki/anxiety\_subtypes)\*\*

SUBSCRIBE

CREATE POST

R/ANXIETY RULES

1. Be Supportive
2. No advertising or self-promotion
3. Seek approval before posting surveys/studies
4. Art must be attributed
5. Ensure your post is relevant
6. No medical advice

About Advertisement The Dreddit App

*Post from **Bipolar** Subreddit:*

I know you want me to say no and that it is a part of me blah blah blah. But I can't. Honestly, not having bipolar disorder would be a huge blessing. I would be so much happier and could control my life better. I wouldn't have frantic, scattered thoughts and depression. I would be normal, happy, and less dramatic.

*DSM-5 Chapter:*

Depressive Disorders

*Post from **Suicidewatch** Subreddit:*

Upon additional research, zolpidem (ambien) has a half-life of 2-3 hours, and so if he's still awake, he's either got a massive tolerance for this stuff or he's really trolling.

*DSM-5 Chapter:*

Suicidal Behavior/Ideation Disorders



2005 - 2016



550K Users



8 Million Conversations

15 Mental Health  
Subreddits

2005 - 2016

270K Users  
( Only Authors of  
Main Posts)3 Million  
Conversations (Main  
Posts Only)15 Mental Health  
Subreddits



May 4, 2019

Conference paper

Open Access

# Reddit C-SSRS Suicide Dataset

Gaur, Manas; Alambo, Amanuel; Sain, Joy Prakash; Kursuncu, Ugur; Thirunarayan, Krishnaprasad; Kavuluru, Ramakanth; Sheth, Amit; Welton, Randon; Pathak, Jyotishman

Knowledge-aware Assessment of Severity of Suicide Risk for Early Intervention

Mental health illness such as depression is a significant risk factor for suicide ideation, behaviors, and attempts. A report by Substance Abuse and Mental Health Services Administration (SAMHSA) shows that 80% of the patients suffering from Borderline Personality Disorder (BPD) have suicidal behavior, 5-10% of whom commit suicide. While multiple initiatives have been developed and implemented for suicide prevention, a key challenge has been the social stigma associated with mental disorders, which deters patients from seeking help or sharing their experiences directly with others including clinicians. This is particularly true for teenagers and younger adults where suicide is the second highest cause of death in the US. Prior research involving surveys and questionnaires (e.g. PHQ-9) for suicide risk prediction failed to provide a quantitative assessment of risk that informed timely clinical decision-making for intervention. Our interdisciplinary study concerns the use of Reddit as an unobtrusive data source for gleaning information about suicidal tendencies and other related mental health conditions afflicting depressed users. We provide details of our learning framework that incorporates domain-specific knowledge to predict the severity of suicide risk for an individual. Our approach involves developing a suicide risk severity lexicon using medical knowledge bases and suicide ontology to detect cues relevant to suicidal thoughts and actions. We also use language modeling, medical entity recognition, and normalization and negation detection to create a dataset of 2181 redditors that have discussed or implied suicidal ideation, behavior, or attempt. Given the importance of clinical knowledge, our gold standard dataset of 500 redditors (out of 2181) was developed by four practicing psychiatrists following the guidelines outlined in Columbia Suicide Severity Rating Scale (C-SSRS), with the pairwise annotator agreement of 0.79 and group-wise agreement of 0.73. Compared to the existing four-label classification scheme (no risk, low risk, moderate risk, and high risk), our proposed C-SSRS-based 5-label classification scheme distinguishes people who are supportive, from those who show different severity of suicidal tendency. Our 5-label classification scheme outperforms the state-of-the-art schemes by improving the graded recall by 4.2% and reducing the perceived risk measure by 12.5%. Convolutional neural network (CNN) provided the best performance in our scheme due to the discriminative features and use of domain-specific knowledge resources, in comparison to SVM-L that has been used in the state-of-the-art tools over similar dataset

[Preview](#)

190

views

149

downloads

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Tweeted by 5

Indexed in

OpenAIRE

**Publication date:**

May 4, 2019

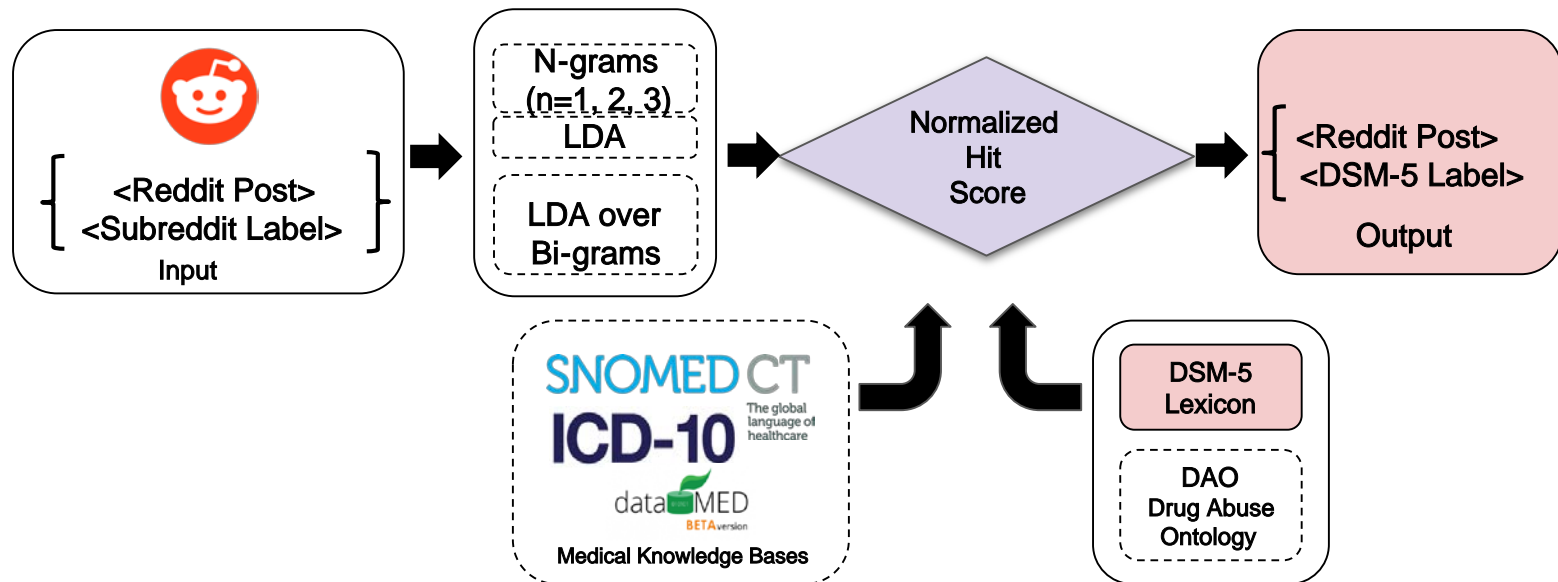
**DOI:**DOI: [10.5281/zenodo.2667859](https://doi.org/10.5281/zenodo.2667859)**Keyword(s):**

Surveillance and Behavior Monitoring; Reddit; Mental Health;  
Suicide Risk Assessment; C-SSRS; Medical Knowledge Bases;  
Perceived Risk Measure; Semantic Social Computing

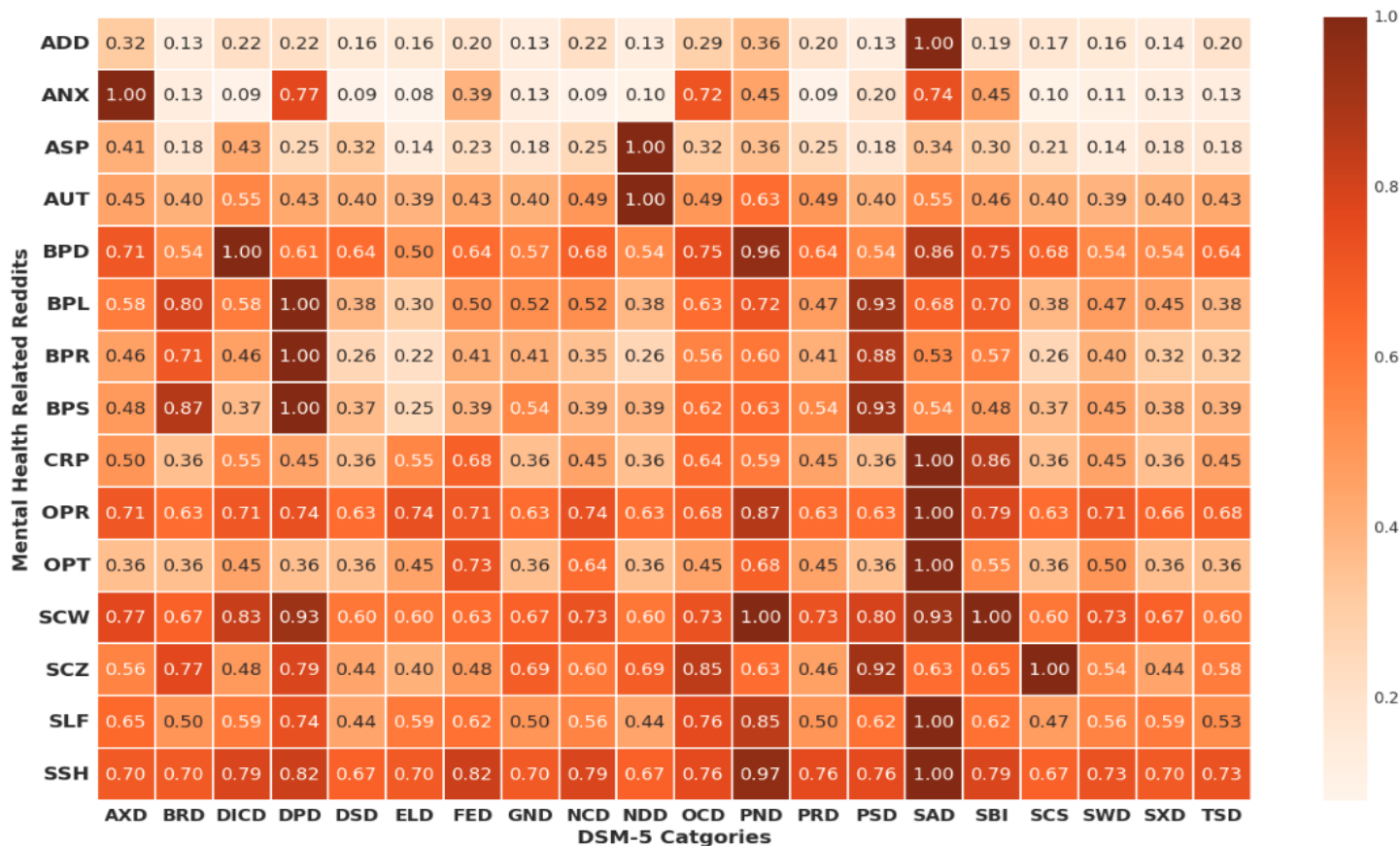
**Meeting:**

The World Wide Web Conference

# Reddit to DSM-5 Mapping



# Reddit to DSM-5 Mapping



# Mapping Example

## *Subreddits*

BiPolar

BiPolarReddit

BiPolarSOS

Depression

Addiction

Crippling Alcoholism

Opiates Recovery

Opiates

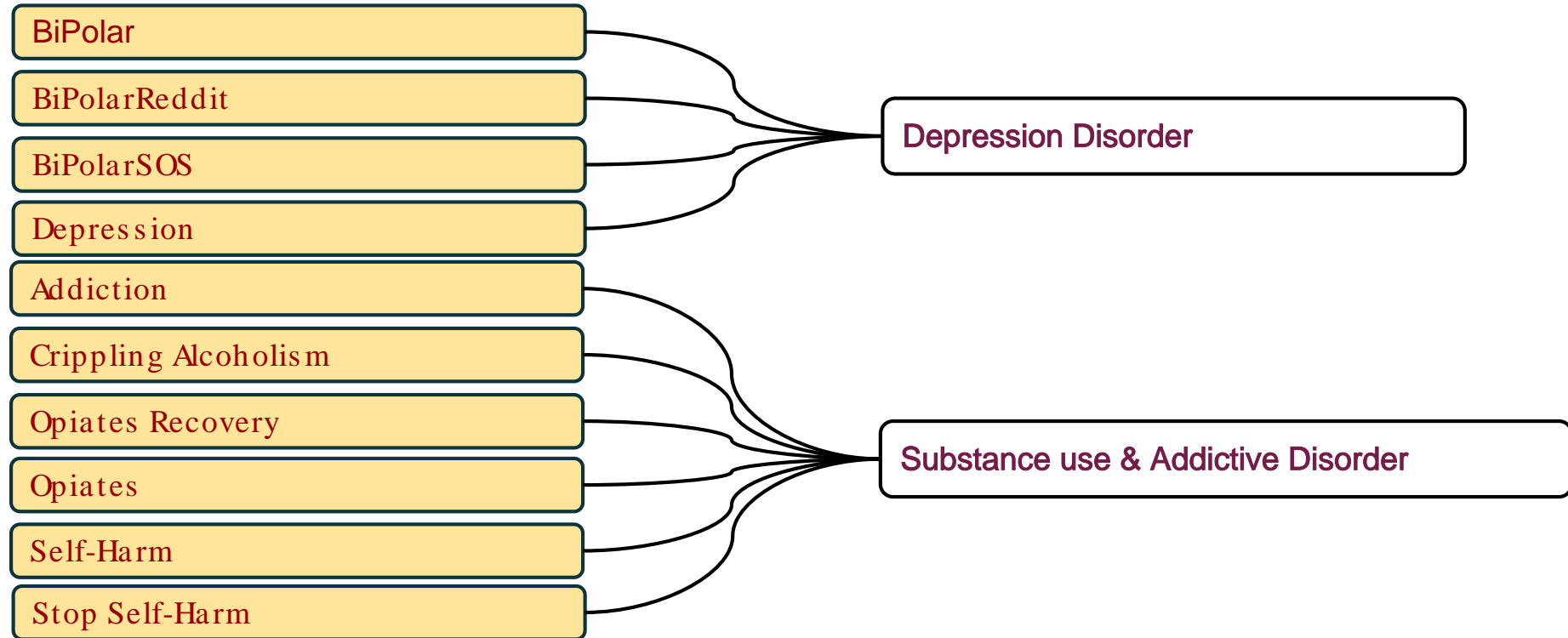
Self-Harm

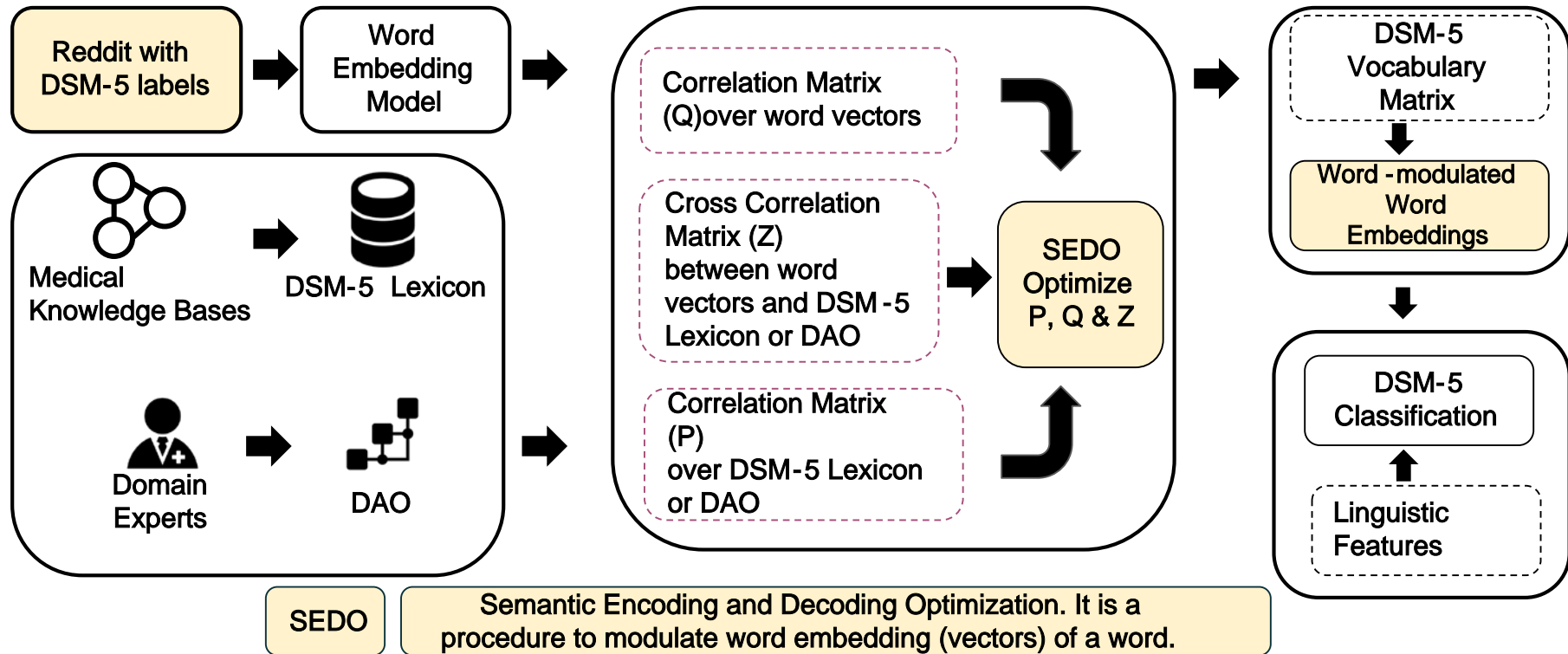
Stop Self-Harm

## *DSM-5 Chapter*

Depression Disorder

Substance use & Addictive Disorder



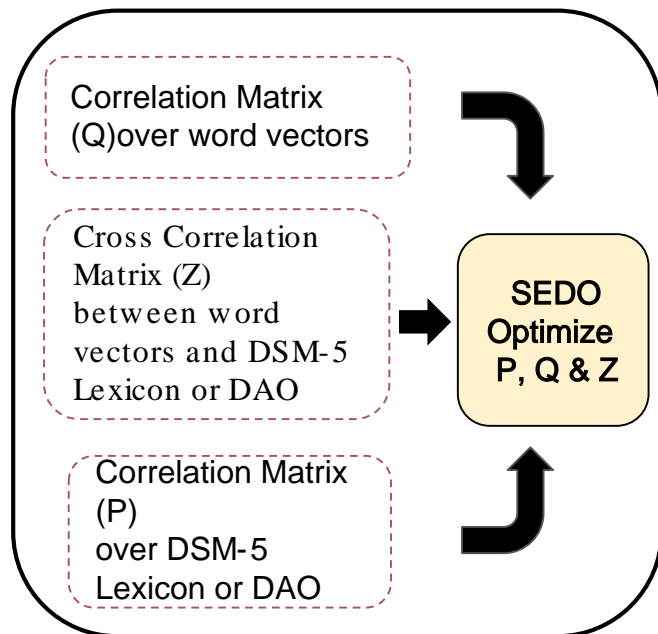


# Semantic Encoding and Decoding Optimization

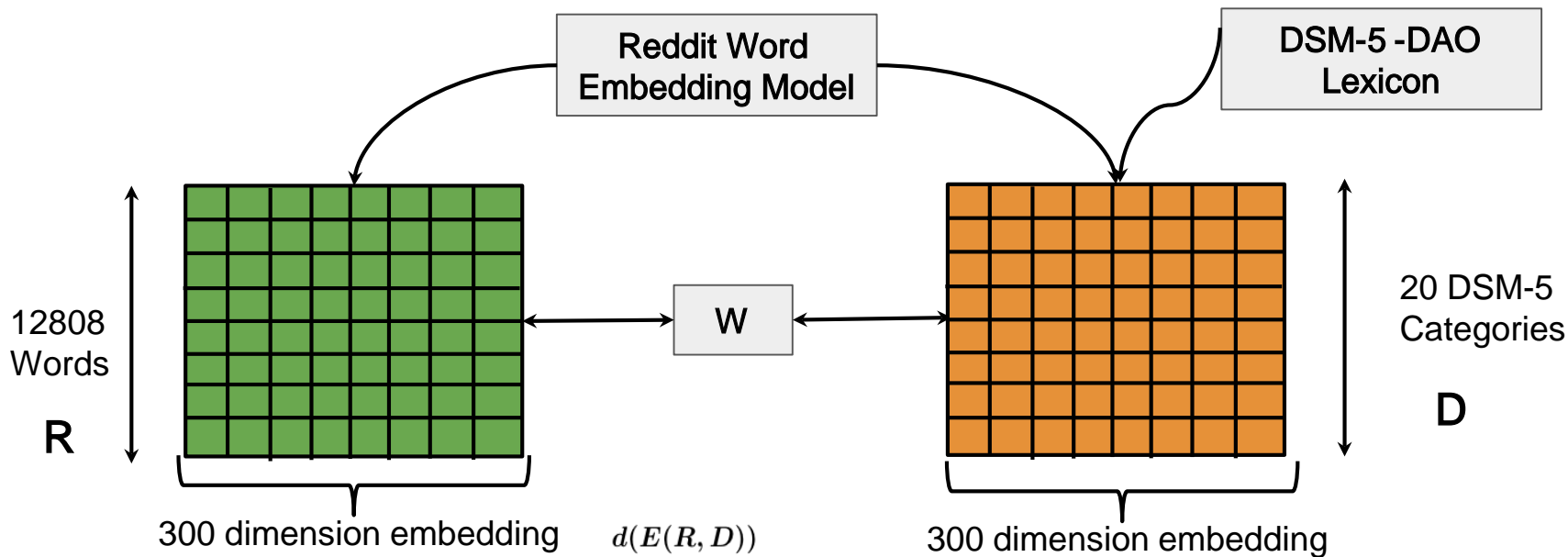
We introduce SEDO as an approach for obtaining a **discriminative weight matrix** between the **DSM-5 lexicon** and **Reddit embedding space**

Infused knowledge in DSM-5-DAO to the classification process utilizing SEDO.

**SEDO modulates the embeddings** of each word in the Reddit content of the user **based on proximity of the word to DSM-5 category**.

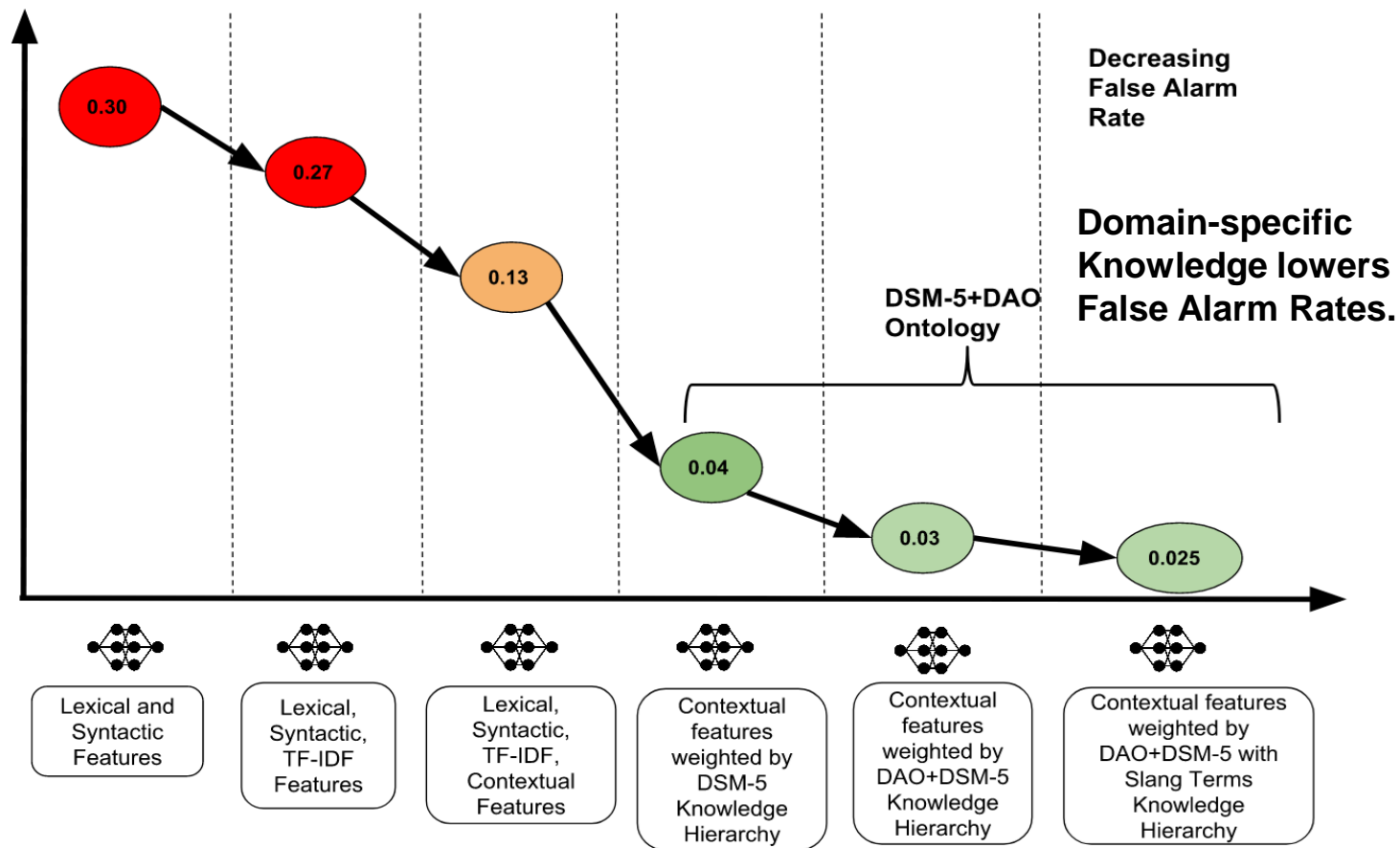


# Semantic Encoding and Decoding Optimization



$$E(R, D) = \min_W \{ \|R - W^T D\|_F^2 + \delta \|WR - D\|_F^2 \} \xrightarrow[\frac{d(W)}{d(E(R, D))}]{} \underbrace{(DD^T)W + W(\delta RR^T)}_{\text{Solvable Sylvester Equation}} = (1 + \delta)DR^T; 0 < \delta < 1$$

# Reduction in False Alarm





# Acknowledgement



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Narasimhan



Dr. Ugur Kursuncu



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Vedant Khandelwal



Weill Cornell Medical College



UNIVERSITY OF  
**SOUTH CAROLINA**  
School of Medicine

# References

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