4 Conclusion

Generalized additive models provide an intuitive and flexible approach to modelling the repeating signals common to medical monitoring data. We hope researchers will use this introduction as a starting point for including GAMs in their data analyses. Both to answer specific research questions, and as a tool to explore and visualise the cardiac effects and respiratory effects on hemodynamic measurements and the effect of heart–lung interactions.

5 Recommended reading

Generalized Additive Models, An Introduction with R by Simon Wood [29].

GAMs in R by Noam Ross, A Free, Interactive Course using mgcv (https://noamross.github.io/gams-in-r-course/).

Modelling Palaeoecological Time Series Using Generalised Additive Models [20]. An introduction to GAMs with a more detailed description of the statistical considerations related to modelling time series and the inferences that can be drawn from the models.

Hierarchical generalized additive models in ecology: an introduction with mgcv [30]. The present paper only describes models fitted to data from one individual. A relevant next step is to fit one model across multiple individuals.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10877-022-00873-7.

Acknowledgements The authors thank Dr. John George Karippacheril for an effective collaborative effort on extending his open source software, VitalSignCapture, to support exporting real time data from Drager ventilators.

Author contributions JE: Conception of study, design of data analyses, data collection, data analysis, interpretation of data and results, writing up of the first draft of the paper, revising the manuscript for important intellectual content, final approval of the version to be published.GLS: Design of data analysis, interpretation of data and results, revising the manuscript for important intellectual content, final approval of the version to be published.STV: Conception of study, interpretation of data and results, revising the manuscript for important intellectual content, final approval of the version to be published.

Funding JE is supported by Aarhus University and *Holger & Ruth Hesse's Mindefond*. GLS is supported by an Aarhus University Research Foundation Starting Grant.

Declarations

Conflict of interest STV is associate editor of Journal of Clinical Monitoring and Computing. JE and GLS report no competing interests.

Ethical approval Data was recorded as part of a project registered on ClinicalTrials.gov, NCT04298931 with regional ethical committee approval, case: 1-10-72-245-19.

Informed consent All participants provided written informed consent.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

References

- Marik PE, Cavallazzi R, Vasu T, Hirani A. Dynamic changes in arterial waveform derived variables and fluid responsiveness in mechanically ventilated patients: a systematic review of the literature. Crit Care Med. 2009;37:2642–7. https://doi.org/10.1097/ CCM.0b013e3181a590da.
- Guerin L, Monnet X, Teboul J-L. Monitoring volume and fluid responsiveness: from static to dynamic indicators. Best Pract Res Clin Anaesthesiol. 2013;27:177–85. https://doi.org/10. 1016/j.bpa.2013.06.002.
- 3. Michard F, Chemla D, Teboul J-L. Applicability of pulse pressure variation: how many shades of grey? Crit Care. 2015;19:15–7. https://doi.org/10.1186/s13054-015-0869-x.
- Wyffels PAH, De Hert S, Wouters PF. New algorithm to quantify cardiopulmonary interaction in patients with atrial fibrillation: a proof-of-concept study. Br J Anaesth. 2021;126:111–9. https://doi.org/10.1016/j.bja.2020.09.039.
- Hastie T, Tibshirani R. Generalized additive models. Stat Sci Inst Math Stat. 1986;1:297–318.
- Hastie T, Tibshirani R, Friedman JH. The elements of statistical learning: data mining, inference, and prediction. New York: Springer; 2009.
- Wood SN. Fast stable restricted maximum likelihood and marginal likelihood estimation of semiparametric generalized linear models. J R Stat Soc Ser B. 2011;73:3–36.
- R Core Team. R: a language and environment for statistical computing. Vienna: R Foundation for Statistical Computing; 2021.
- Simpson GL. gratia: graceful ggplot-based graphics and other functions for GAMs fitted using mgcv; 2022. https://gavinsimps on.github.io/gratia/.
- Wickham H, Averick M, Bryan J, Chang W, McGowan LD, François R, et al. Welcome to the tidyverse. J Open Source Softw. 2019;4:1686. https://doi.org/10.21105/joss.01686.
- Lee H-C, Jung C-W. Vital Recorder—a free research tool for automatic recording of high-resolution time-synchronised physiological data from multiple anaesthesia devices. Sci Rep. 2018;8:1527. https://doi.org/10.1038/s41598-018-20062-4.
- Karippacheril JG, Ho TY. Data acquisition from S/5 GE datex anesthesia monitor using VSCapture: an open source.NET/

