

(Towards) A pervasive real-time blood pressure system:

Estimation Models and Events Detector

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1. Context

- $\frac{1}{4}$ of adult population suffers from hypertension.
- Current BP devices can not be used continuously on a daily basis.
- A solution would be very useful for managing hypertension and prevent cardiovascular disease.

2. BP Estimation Models

Model 1- PTT only:

$$BP = a \cdot PTT + b$$

Model 2- PTT and HR (Reference model):

$$BP = a \cdot PTT + b \cdot HR + c$$

More robust to noisy measurements than other models derived from the Moens-Korteweg equation.

PTT – Pulse Transit Time (time duration between ECG peak and PPG peak/foot/max_slope)

HR – Instantaneous heart rate

{a,b,c} – Unknown model parameters

3. Parameter Estimation

Dataset containing **69 records** of invasive BP, ECG and PPG.

- **Offline** Methods – Access all values of invasive BP to calculate the unknown parameters and study their behaviour.
- **Online** Methods – Access only the necessary values of invasive BP to calibrate the system.

Study of BP is **focused on Systolic BP** (SBP) as it conveys more medical information than Diastolic BP (DBP).

3. Parameter estimation

Offline methods

Least Squares Fitting (LSF):

- Determines the $\{a,b,c\}$ set that minimizes the Squared Error (MSE).

Recursive Least Squares (RLS):

- Unknown parameters are re-calculated each iteration;
- Requires an observed value of SBP.

Exponentially Weighted Regression (EWR):

- Extension of the RLS;
- Greater weight is given to more recent data;
- Forgetting factor, $\lambda \in]0,1]$.

3. Parameter estimation

Online methods

Exponentially-Weighted Regression (EWR) with calibration period T :

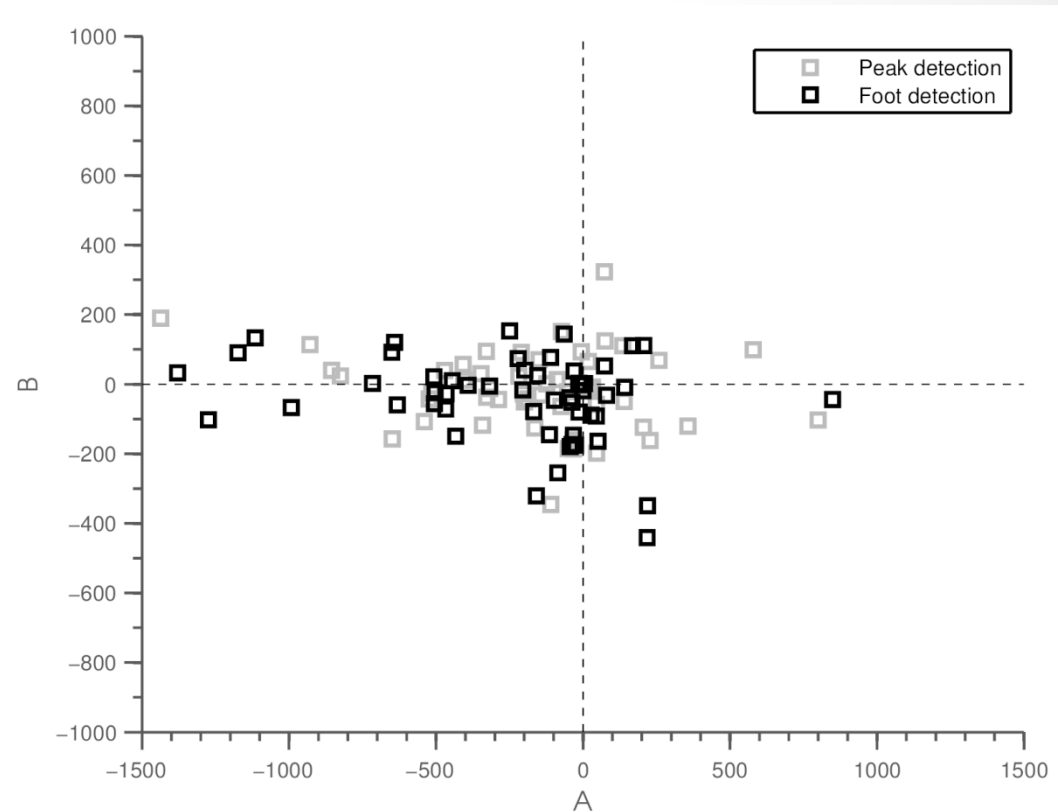
- Initial calibration is conducted in the first 5 minutes.
- EWR is applied every T minutes to re-calculate $\{a,b,c\}$.
- Requires an observation of SBP.
- Simulates the real operating environment.

4. Results

Offline methods

LSF method:

- 17 out of 69 records did **not meet** AAMI's clinical requirement †.
- No strong relationship between a and b ($\rho = -0.190$).
- Not enough data to explain bad performance cases.



† - AAMI's requirement: Measurements' error means between $[-5,5]$ mmHg and standard deviations below 8 mmHg.

Fig 1. Distribution of pairs a, b obtained by LSF, using Model 2, for records that met AAMI's requirement.

4. Results

Online methods

- STD and MSE **increase** considerably **with T**.
- Parameters become **less meaningful** within 30 to 60 minutes of operation.

Calibration period	EWR with period T – Estimation errors		
	Mean (mmHg)	St.D. (mmHg)	MSE (mmHg ²)
$T = 1 \text{ min}$	-0.17	4.63	36.94
$T = 5 \text{ min}$	-0.51	6.76	105.65
$T = 15 \text{ min}$	-0.48	7.96	163.81
$T = 30 \text{ min}$	-0.77	8.68	228.23
$T = \infty$	-1.48	9.96	373.64

Table 1. Estimation errors for Model 2, averaged over all records, applying the EWR algorithm with different periods of calibration T , $T = \infty$ denotes that no re-calibration is performed after the initial calibration.

4. Results

Online methods

- Large variability of parameters between calibrations.
- That may be due to noisy measurements of SBP, PTT and HR.
- Robustness enhancement may be applied.

Calibration period	EWR with period T - Parameters			
	Mean(a)	Std(a)	Mean(b)	Std(b)
$T = 1 \text{ min}$	-206.87	252.49	-26.66	88.70
$T = 5 \text{ min}$	-229.95	260.41	-46.79	95.06
$T = 15 \text{ min}$	-178.25	263.23	-47.00	90.91
$T = 30 \text{ min}$	-144.33	300.74	-28.00	83.69
$T = \infty$	-283.46	0.00	-46.99	0.00

Table 2. Mean and standard deviation of the unknown parameters calculated initially and re-calculated at every point of calibration. $T = \infty$ denotes that no re-calibration is performed after the initial one.

5. BP Event Detector (BED)

Motivation

- Full to partial similarity in 71% of the records.
- BP event:
 - Variation of amplitude 20 mmHg or higher.
 - 20 minutes time windows.
- Can the estimation models detect the majority of BP events?

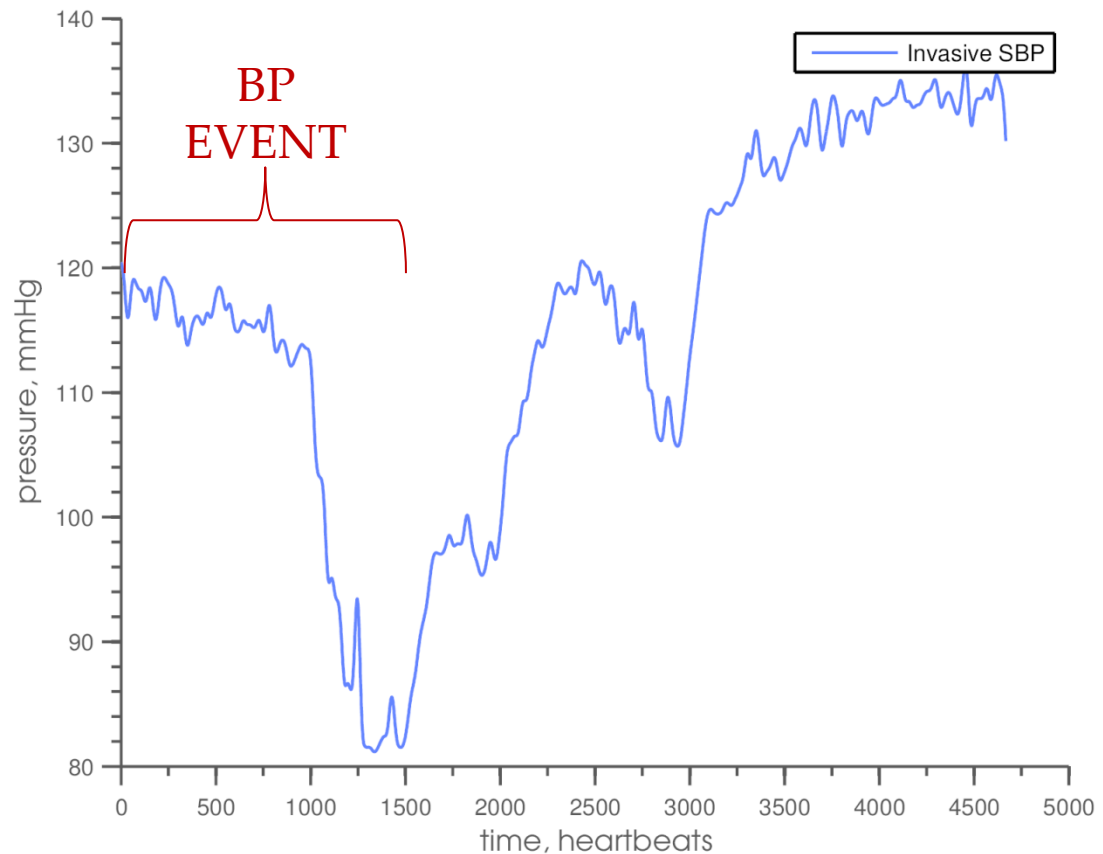


Fig 3. BP event example on invasive SBP signal.

5. BP Event Detector (BED)

Steps

STEPS in a BP event detection sequence:

1. Generation of Ground Truth
2. Get estimated SBP signals and detection of events
3. Processing of events
4. Comparison of events and performance metrics
5. Generation of a ROC curve by applying steps 2-4 repeatedly for threshold values varying from $[0, 80]$, with $\Delta = 0.5$

5. BP Event Detector (BED)

Results

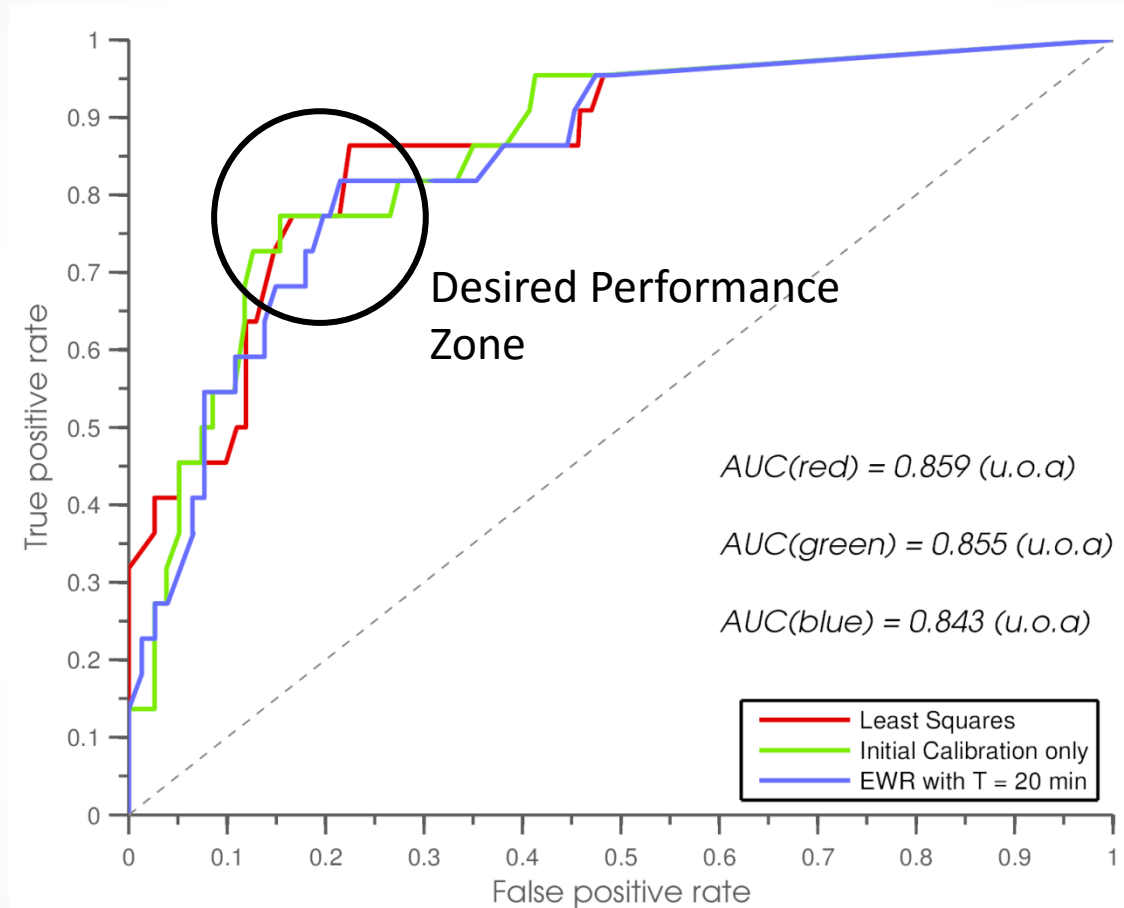


Fig 3. ROC performance curves for SBP event detection using three methods of estimating SBP.

Conclusions

In overall, a PTT-based model:

- Does **not meet requirements** for continuous BP measurement.
- Can **detect** BP events.
- Provides **reasonable** performance for online methods, using a threshold of **12.5** mmHg.
- Can be **integrated** with current technology for ABPM for BP event detection.

Future Work

- Circadian study of parameters.
- Objective method to measure signal resemblance.
- Enhance robustness in online methods.
- Use a larger clinically marked dataset for BP event detection.



