

# Development of an At-Home Wireless Electroencephalogram (EEG) Device



Eric Chen, Shifra Narasimhan, Aaron Rodrigues, Jeremiah Ukwela, Lauren Zukowski Department of Biomedical Engineering, Case Western Reserve University, Cleveland Ohio 44106

## Introduction

- EEG is the most common clinical measure of electrical activity in the brain
- EEGs are extensively used for neurological diagnoses [1]
- Clinical trials use EEGs to assess participant eligibility
- Limitations of Existing EEG Devices:
- EEG preparation consists of an iterative application of gel under each electrode; this process takes 30-60 minutes
- Common patient complaint is gel residues in hair

# Objective

Our device aims to simplify EEG recordings used to determine clinical trial eligibility. It enables users with different hair types to self-administer EEG with comfort and ease.

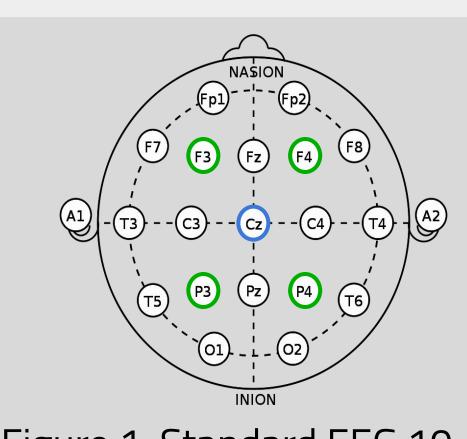


Figure 1: Standard EEG 10-20 electrode designations



Figure 2: Common gel (wet) electrode setup

FPI Gurmany pomment of pe home from the same of the s 11 houseman promote the state of the state o F hamman manner

Figure 3: Sample EEG recording from 10-20 System EEG locations.

## Results

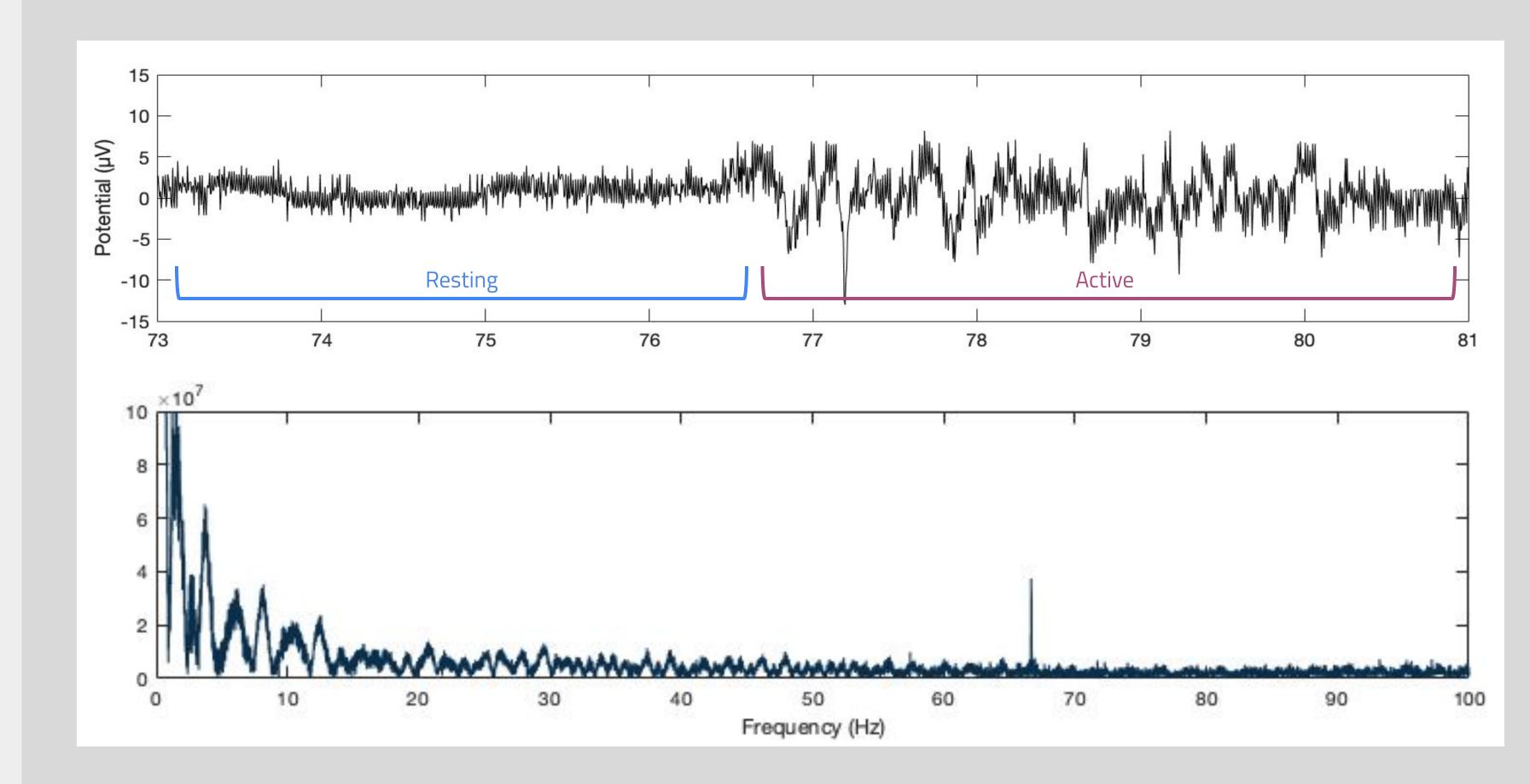


Figure 9:

**Top:** Raw EEG data from the NOHAmini with resting and active neural activity. The "resting state" is characterized by passive focus and relaxation; the "active state" is characterized by focused thinking and intent to speak.

**Bottom:** Graph of the frequency components extracted from the raw neural data. We see theta, alpha, and beta waves. Neural Oscillation Frequency Spectra (Hz):

**Delta δ (0.1 - 4 Hz):** Non-REM sleep, unconscious state Theta  $\Theta$  (4 - 7 Hz): Deep relaxation, meditative state, Alpha α (7.5 - 12 Hz): Awake, normal, conscious state Beta β (12 - 30 Hz): Focused, excited, alert state Gamma y (30 - 100 Hz): Deep concentration, higher level processing

## **Cost Analysis**

- Our *complete* system costs \$175 to make. A standard wet EEG cap costs \$300-\$5,000, not including the EEG DAQ system [5].
- Recording at home reduces clinic visit hours and saves the hospital significant clinician time and money
- See Supplementary page for a full cost breakdown

## Verification/Validation

- Data of meaningful reading (alpha, beta, theta waves)
- Comfortability & wearability tests for all head types
- Ability to detect "resting" and "active" brain states (Fig. 9)
- Electrode pressure tested and versatility (different hair types and head shapes); electrode placement follows 10-20 International System (Fig. 1), specifically F/C locations

#### **Future Work**

- Acquire easy, efficient, and accurate EEG recordings for the detection of neurological risks
- Integrate a self-guiding phone application Associated phone app can guide end user for correct EEG placement (Fig. 8)

# Design

- Our design contains a set of 5 dry electrodes [2], a data port, and a mobile device application
- Comb electrodes accommodate different hair styles, and blunt tips promote comfort and wearability [3]
- Mechanisms for noise filtering are built into electrical (Fig. 5) and programming subsystems
- Instrumentation amplifiers and digital filters are used to pass frequencies between 1 to 100 Hz [4]
- Audio data from a mobile device is used to identify noise artifacts that may compromise signal integrity
- Data is collected, stored, and prepared for processing and determining clinical trial eligibility

W.

NOHAmini

Figure 4: Internals of EEG Headset



Figure 7: Participant with NOHAmini



Figure 5: Current iteration of the EEG device (2.72in x 1.38in)



design implementation





Figure 8: Proposed self-guided application. Instructions for users to put on the cap are provided (A). Electrode alignment is verified (B). Recording is performed (C) before completion (D).

# Significance

- Our adjustable bike helmet-inspired cap and spring-loaded dry comb electrodes ensures comfortable at-home usage
- With our signal fidelity, we are able to distinguish between and identify different brain states

## References

[1] Sanei, S. et al. (2007). EEG signal processing. John Wiley & Sons.

[2] Shah, V. et al. (2017). Optimizing Channel selection for seizure detection. 2017 IEEE Signal Processing in Medicine and Biology Symposium (SPMB).

[3] Hinrichs, H.et al. (2020, March 23). Comparison between a wireless dry electrode EEG system with a conventional wired wet electrode EEG system for clinical applications. Nature News.

[4] Arroyo, S. et al. (1992). High-frequency EEG activity at the start of seizures. Journal of Clinical Neurophysiology, 9(3), 441–448. [5] Shields, S. M., Morse, C. E., Applebaugh, E. D., Muntz, T. L., & Nichols, D. F. (2016). Are Electrode Caps Worth the Investment? An Evaluation of EEG Methods in Undergraduate Neuroscience Laboratory Courses and Research. Journal of Undergraduate Neuroscience Education: JUNE: A Publication of FUN, Faculty for Undergraduate Neuroscience, 15(1), A29–A37.

# Acknowledgements

Research reported in this publication was supported by the National Institute of Biomedical Imaging And Bioengineering of the National Institutes of Health under Award Number R25EB014774. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. We also thank the Dahms Clinical Research Center at University Hospitals for their resources and Dr. Grant McCallum from the Neural Engineering Center for his guidance.

