Real-Time, Nonparametric Algorithm to Learn Parameters for Pacemaker Beat Detection

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***Abstract*—While beat detection in an Electrocardiogram (ECG) signal is a well-studied problem, we propose a novel algorithm, within the context of pacemakers, that learns the heights and widths of atrial and ventricular peaks from simply processing 10 seconds of ECG data sampled at 1 kHz. Utilizing a purely data-driven solution to learn the parameters of atrial and ventricular peaks will allow pacemakers to set their own detection parameters for a specific patient and adaptively tune their detection parameters, for that specific patient, over time. We have validated these results on 51 separate channels of ECG data. Additionally, we have implemented the algorithm on a Field Programmable Gate Array and tested it on a Langdendorff heart to illustrate that our algorithm can be implemented on hardware and run in real time.**

I. Introduction

Cardiac diseases are the number one cause of death in the United States. More than 600,000 people each year die due to some failure in the heart [1]. A healthy heart functions through a regular cardiac cycle, where the pace making neurons in the sinoatrial (SA) node of the heart generate an electrical signal, which travels from the atria down to the ventricles, to stimulate heart contraction. Many heart failures result from the heart's inability to generate or conduct these electrical signals and stimulate muscle contraction properly. To combat this, a combination of researchers and doctors developed a device called the pacemaker that can stimulate the heart to contract artificially through externally supplied electrical pulses. Current pacemakers utilize the state of the art algorithm called DDDR in order to determine whether the heart requires stimulation [2]. The devices utilize ECG beat detection algorithms to determine whether a heartbeat has occurred. If it does not see a heartbeat within a certain period of time, it will deliver an electrical stimulation to the heart. ECG beat detection itself is a well-studied problem, as several algorithms have been proposed to identify the beats within an ECG signal [3,4]. However, current algorithms perform beat detection without distinguishing which part of the ECG signal corresponds to the atrial portion of the heartbeat and which part corresponds to the ventricular portion of the heartbeat. As a result, current pacemakers often times struggle to distinguish between atrial and ventricular beats: information that is crucial for Cardiac Resynchronization Therapy (CRT) [5]. In fact, up to 30% of patients with pacemakers do not respond to CRT implemented by current pacemakers [5]. To make ECG beat detection more suitable for CRT, we propose a nonparametric algorithm that learns the height of an atrial peak (APH), the height of a ventricular peak (VPH), the width of an atrial peak (APW), and the width of a ventricular peak (VPW) within an ECG signal by simply processing 10 seconds of ECG data sampled at 1 kHz. With these parameters, we then implement atrial and ventricular beat detection to illustrate that our learned parameters can be used to distinguish between atrial and ventricular beats within an ECG signal. Additionally, we implement the algorithm on a Field Programmable Gate Array to demonstrate that the algorithm can be run on a real-time system. Sections II and III thoroughly explain our approach for learning APH, VPH, APW, and VPW. Section IV details the hardware implementation of the algorithm. Finally, Section V documents our testing procedure and validates our algorithmic results and hardware system.

II. Atrial and Ventricular Peak Width Learning

Our algorithm begins by learning APW and VPW. We detail our approach in the following sections.

A. Finding Peak Shaped Patterns in the ECG Signal

Let $f[n]$ be a 10 second ECG signal sampled at 1 kHz. We begin by computing the weighted time derivative of $f[n]$, denoted $w[n]$.

$$w[n] = (f[n] - f[n-1]) * |f[n] - f[n-1]| * |f[n]| \quad (1)$$

Next, the algorithm searches for when the local maxima and minima of $w[n]$ occur, within a window of 200 ms. Thus, we compute:

$$r[n] = \begin{cases} 1 & \text{if } w[n] = \max\limits_{-100 \le i \le 100}(w[n+i]) \\ -1 & \text{if } w[n] = \min\limits_{-100 \le i \le 100}(w[n+i]) \\ 0 & \text{otherwise} \end{cases} \quad (2)$$

Note, that a value of 1 in $r[n]$ corresponds to the steepest rising edge of peaks in $f[n]$, while a value of -1 in $r[n]$ corresponds to the steepest falling edge of a peak in $f[n]$. Thus, $r[n]$ identifies all peak like structures in $f[n]$. Figure 1 illustrates this concept.

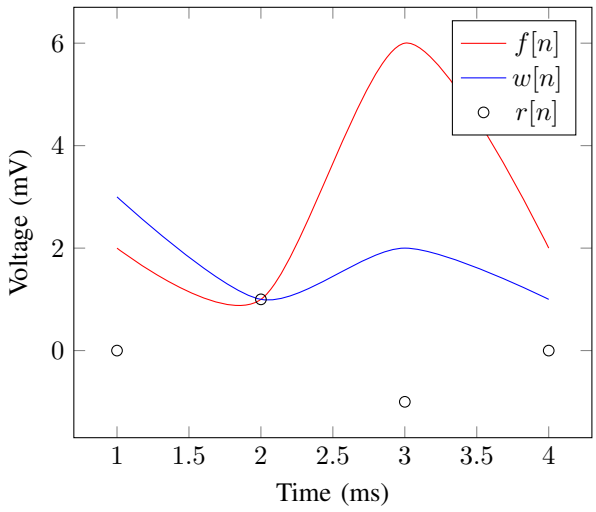

Fig. 1. Illustration of the relationship between $f[n]$, $w[n]$ and $r[n]$

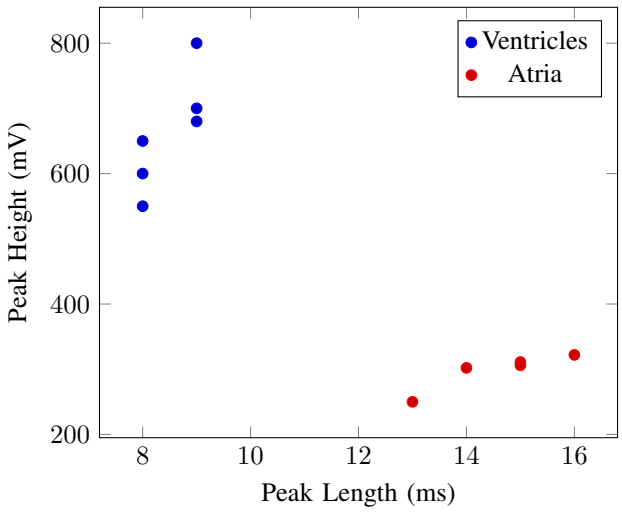

Fig. 2. K-Means clustering featurized peaks into ventricles and atria.

B. Featurizing Peaks and Clustering to Determine APW and VPW

Using $r[n]$, we identify a peak, P_i, to be a rising edge followed in less than 75ms by a falling edge. Let the rising edge and falling edges of P_i occur at time m and n respectively. The peak is then featurized by its width and height as follows:

$$P_i = \left\{ n - m, \left(\max_{m \leq j \leq n} f[j] \right) - \frac{f[n] + f[m]}{2} \right\} \quad (3)$$

Thus a two-dimensional data point characterizes each peak. We then construct $\mathbf{P} = [P_1, P_2, \ldots P_n]$ and then cluster the peaks in $\mathbf{P}$ using a standard two cluster k-means algorithm [6]. The ventricular cluster will have a center with a greater height to width ratio, since ventricles are generally taller and thinner. Let C_v and C_A be the centers of the ventricular and atrial clusters respectively. The algorithm then stores the ventricular peak width (*VPW*) and atrial peak width (*APW*) as the rounded width term of the centers as follows:

$$VPW = C_V\{1\} \text{ and } APW = V_A\{1\} \quad (4)$$

A visual illustration of how k-means clusters the featurized peaks $\mathbf{P}$ into atrial and ventricular peaks and determines the resulting centroids C_V and C_A can be found in Figure 2.

Note, that the height that we use to featurize a peak in this portion of the algorithm does not correspond to the actual values of *APH*and *VPH*in the original ECG signal $f[n]$. The 'height' value used for peak featurization simply characterizes the height of the peak with respect to the portions of the peak during which its value is most rapidly increasing or decreasing. It does not give any useful information about the height of an atrial or ventricular peak with respect to the baseline value of 0.

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III. Conclusion

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Acknowledgment

The authors would like to thank...

References

[1] H. Kopka and P. W. Daly, *A Guide to LaTeX*, 3rd ed. Harlow, England: Addison-Wesley, 1999.