



Design of Efficient Algorithms for Cuff-less and Continuous Estimation of Blood Pressure in Smart Mobile Healthcare Systems

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- Blood Pressure
- BP Measurement Methods
- Background
- Proposed Methodology
- Results
- Hardware Implementation
- Conclusion

Blood Pressure (BP)



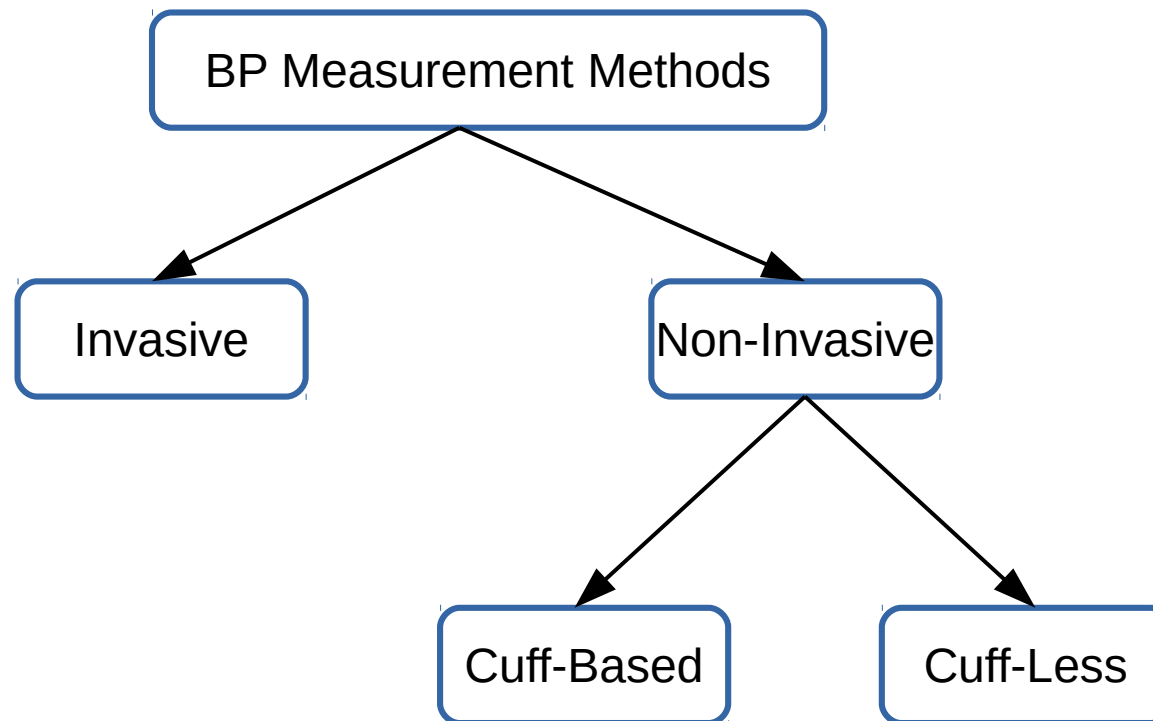
- The pressure which is applied to vessel walls
- Measured in mmHg
- Hypertension
 - Hypertension occurs when BP is higher than normal
 - Prevalent among 24% and 20% of men and women, respectively
 - Called the silent killer



Outline: BP Measurement Methods

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BP Measurement Methods



BP Measurement Methods: Invasive



- ✓ Accurate BP values by direct measurement
- ✓ Continuous and instantaneous
- ✗ Requires surgery to implement a pressure sensor
- ✗ Requires sterilized conditions

BP Measurement Methods: Non-Invasive

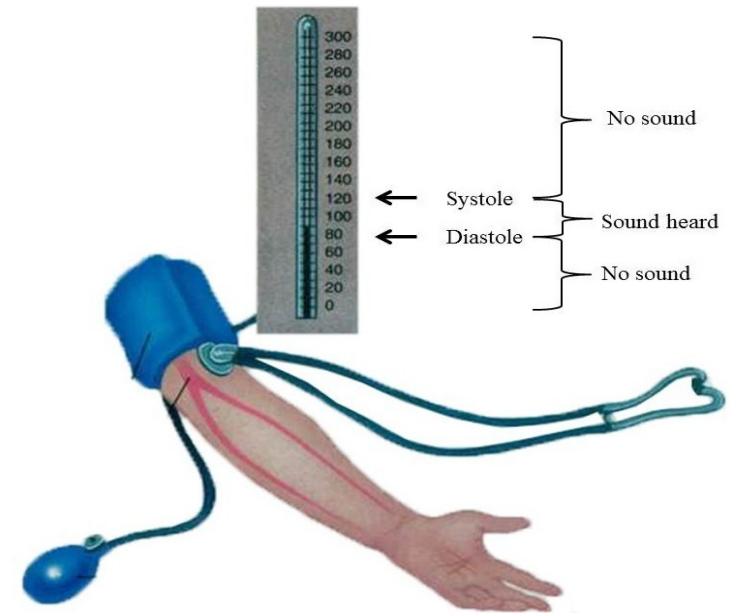


- Cuff-based

- ✓ Non-invasive
- ✓ established standards
- ✗ Inconvenient
- ✗ Discontinuous

- Cuff-less

- ✓ Non-invasive
- ✓ Convenient
- ✓ Continuous
- ✗ Requires Calibration
- ✗ No established standard



(Image from www.fastbleep.com)

BP Measurement Challenges



- Capability of continuous BP monitoring
- Indirect calculation of BP
- Subject specific parameters
- Evaluation using established health standards
- mHealth design considerations

Outline: Background



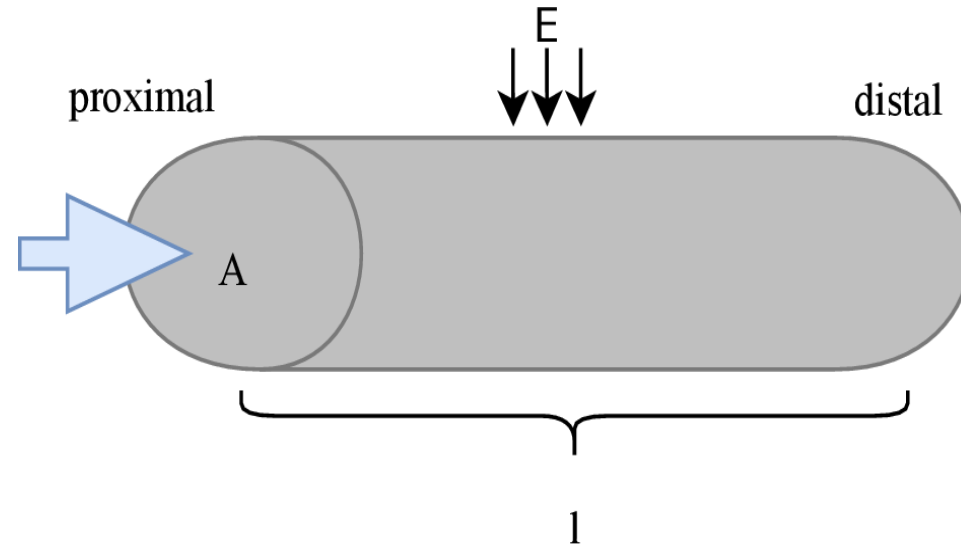
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- **BP and PTT relationship**
 - Wave propagation in arteries
- **Vital signals**
 - Arterial Blood Pressure (ABP)
 - Electrocardiograph (ECG)
 - Photoplethysmograph (PPG)

Background: Wave Propagation in Arteries

- Elastic tube model:



- Pulse Transit Time (PTT):

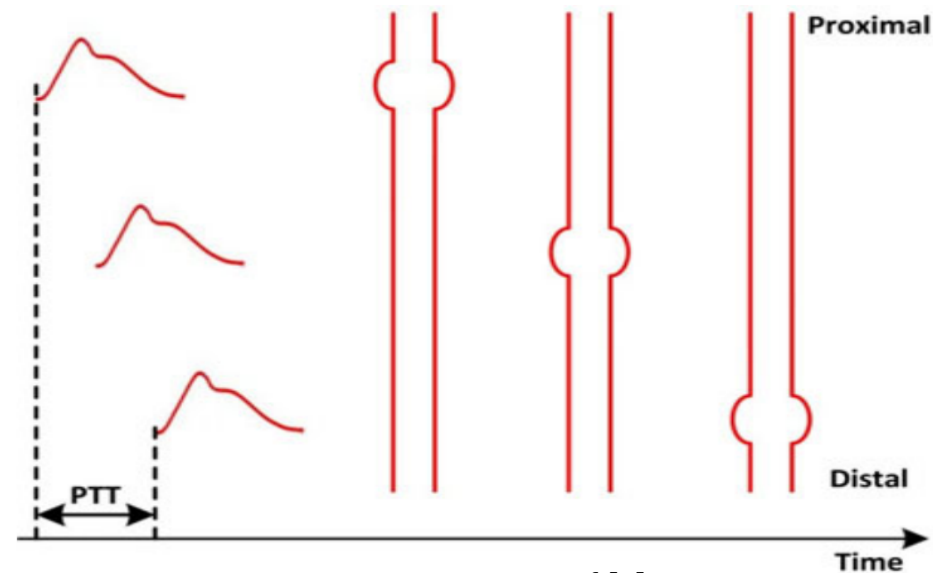


Image courtesy of [1]



Background: Wave Propagation in Arteries

Compliance ($\frac{\partial A}{\partial P}$)

$$C(P) = \frac{A_m}{\pi P_1 [1 + (\frac{P-P_0}{P_1})^2]}$$

Wave propagation
(see [17])

$$P(x, t) = f(x \pm t/\sqrt{LC(P)})$$

Wave velocity

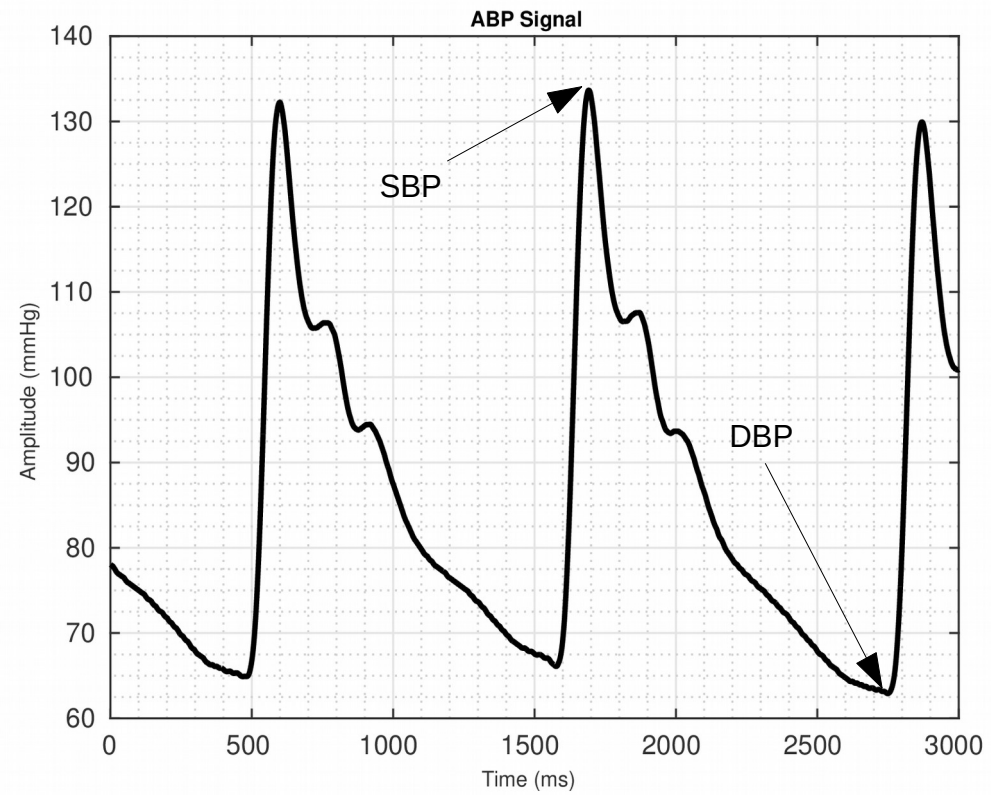
$$PTT = l\sqrt{LC(P)}$$

PTT-BP
relationship

$$PTT = l\sqrt{\frac{\rho A_m}{\pi A P_1 [1 + (\frac{P-P_0}{P_1})^2]}}$$

Vital Signals: ABP

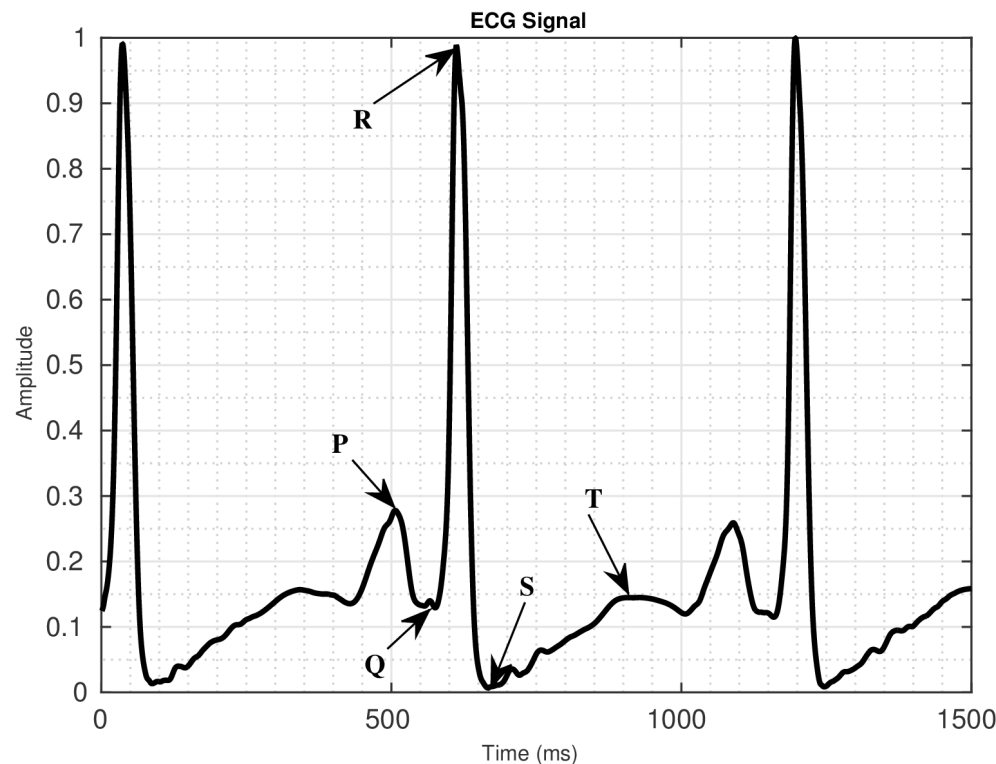
- Instantaneous BP signal
- Invasive measurement method (Radial Artery Catheterization)
- Here, it is used as target:
 - $SBP = ABP \text{ maximum}$
 - $DBP = ABP \text{ minimum}$
 - $MAP = (SBP + 2 * DBP) / 3$



Vital Signals: ECG



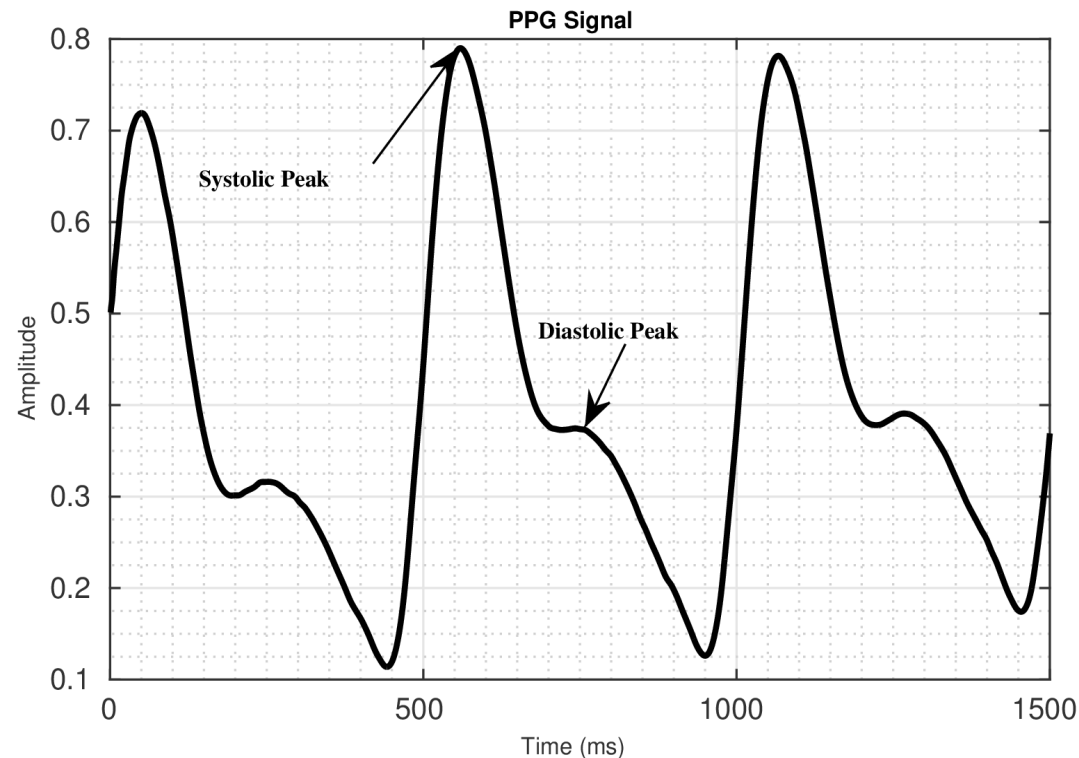
- Electrocardiography (ECG or EKG)
- Recording the electrical activity of the heart by closing an electrical circuit loop inside the body



Vital Signals: PPG



- Photoplethysmograph = photo + plethysmos + graph
- Recording changes of the blood volume

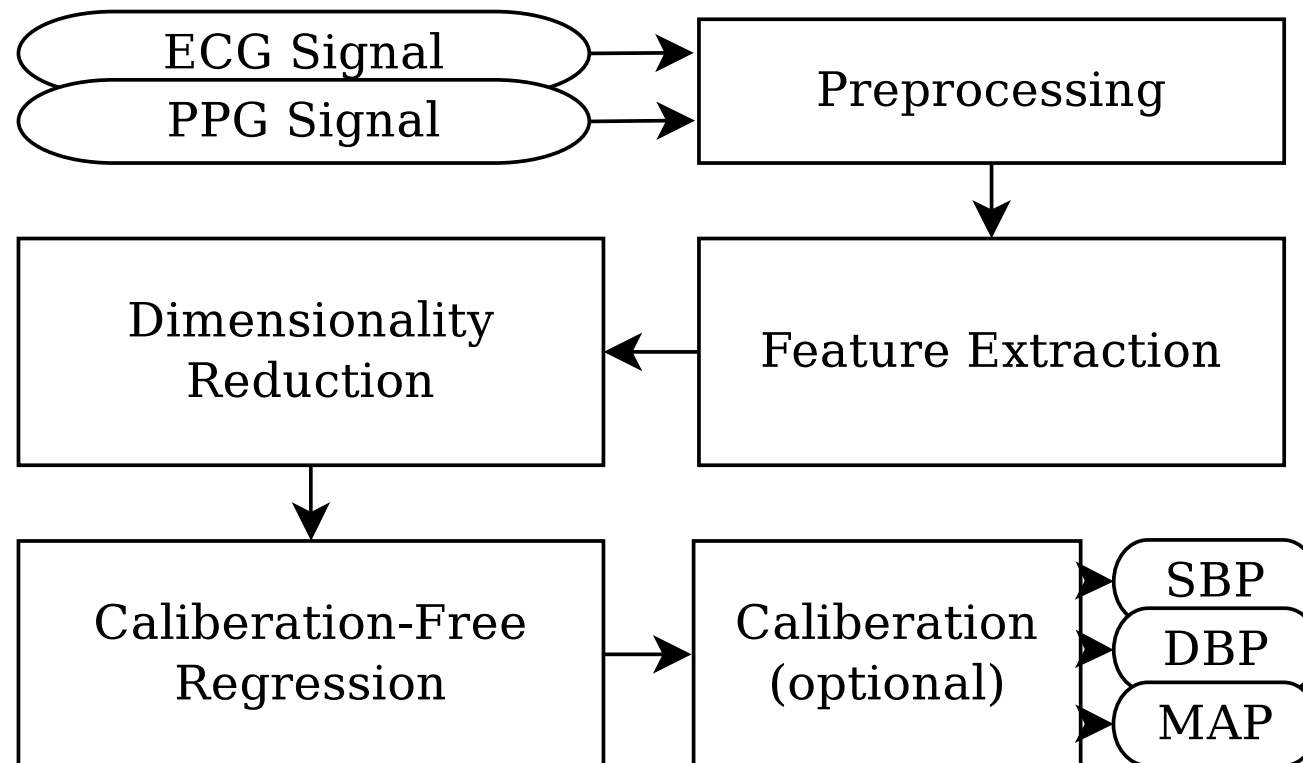




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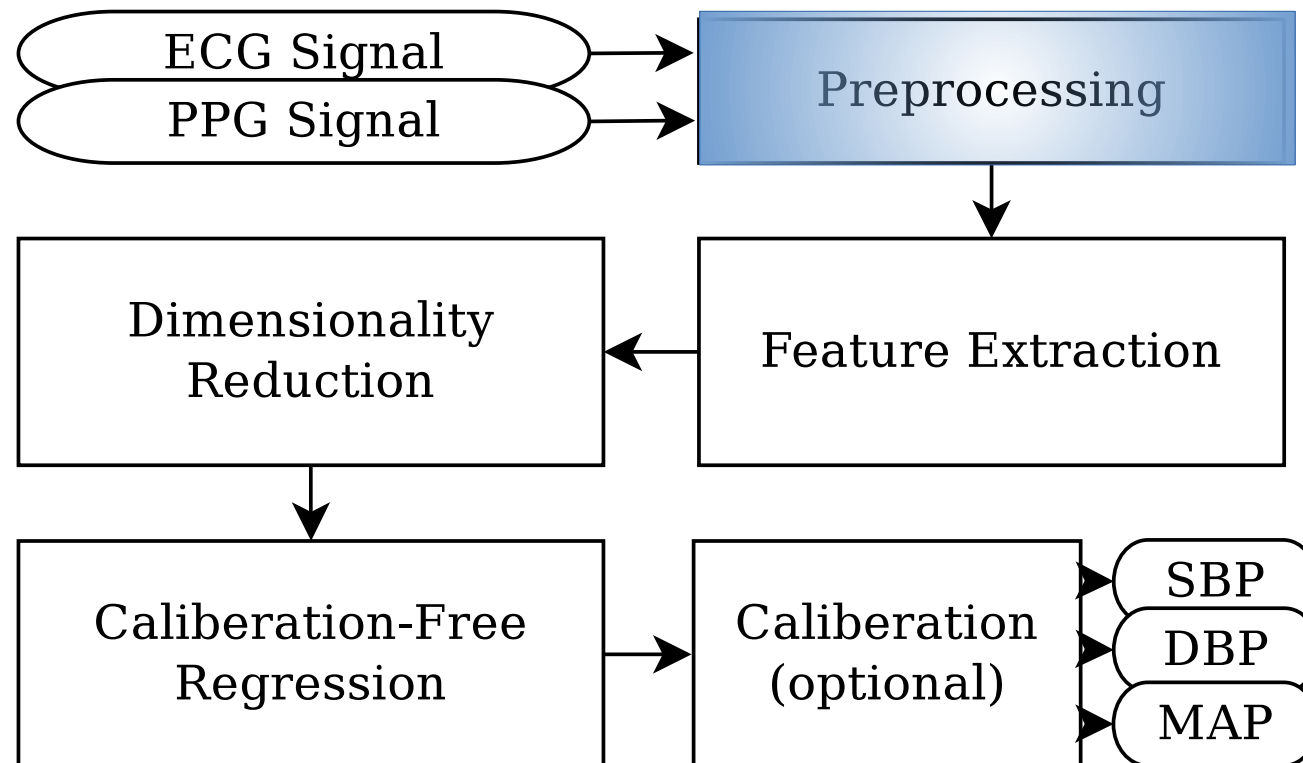
Proposed Methodology





- Multi-parameter Intelligent Monitoring in Intensive Care (MIMIC) II:
 - Online database at physionet.org
 - Consists of terabytes of medical records
 - Data is collected from ICU patients

Proposed Methodology: Preprocessing

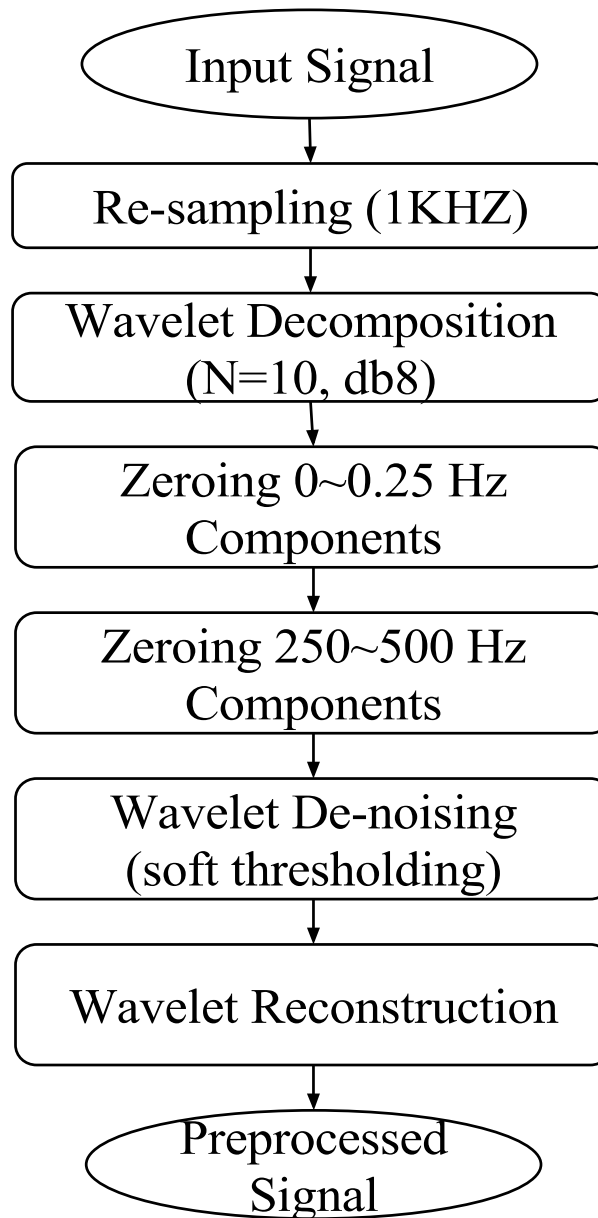




Preprocessing: Noise and Artifacts

- **Noise and artifacts:**
 - Power-line 50 or 60 Hz noise
 - Baseline wandering (low frequency)
 - Muscle activity artifacts (high frequency, non-stationary)
- **Filtering and denoising methods:**
 - Frequency selective filtering (FIR, IIR, etc.)
 - Discrete Wavelet Transform (DWT)

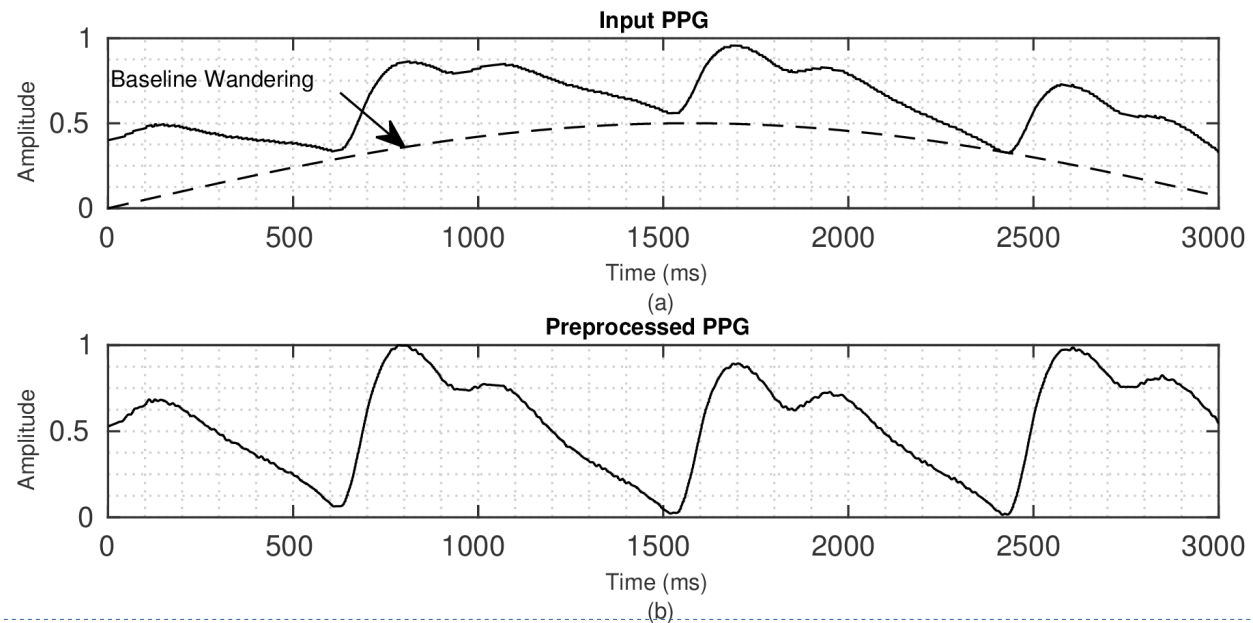
Preprocessing: Pipeline



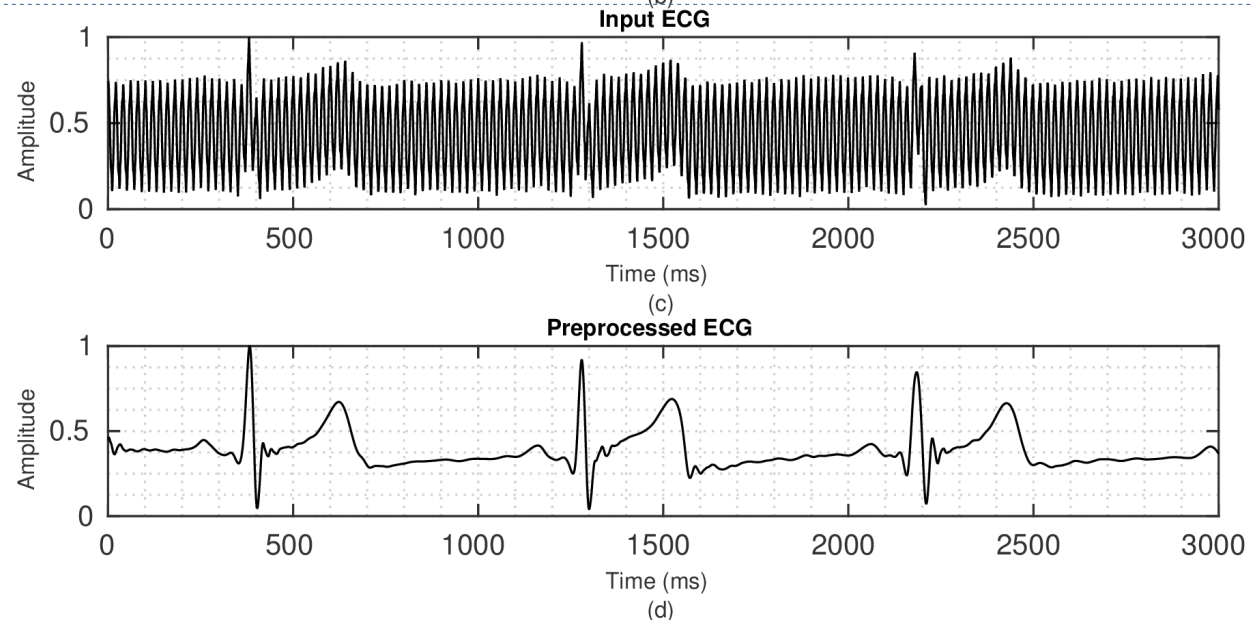
Preprocessing: Example



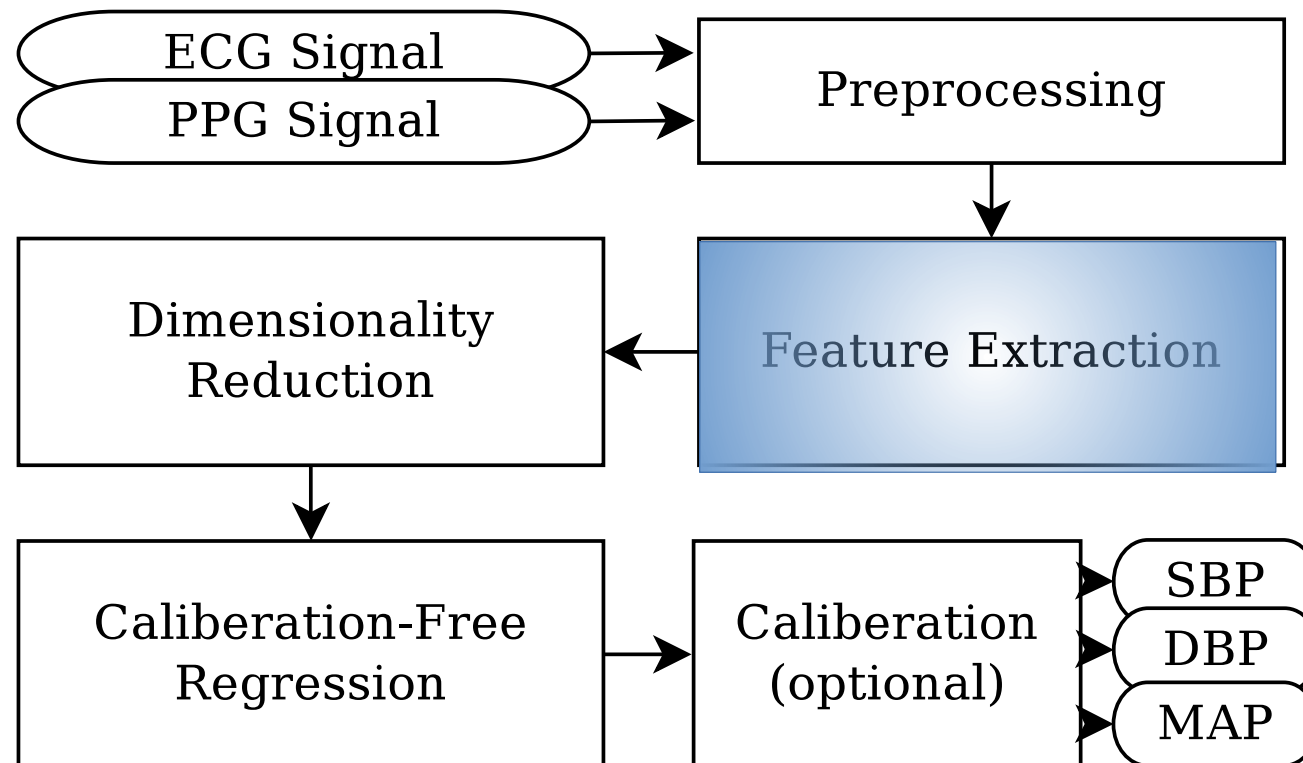
PPG Preprocessing
Example



ECG Preprocessing
Example



Proposed Methodology: Feature Extraction





- **Parameter-Based**

- Based on physiological parameters
- PTT features + PPG shape features
- Small feature vector length
- Limited by the signal morphology

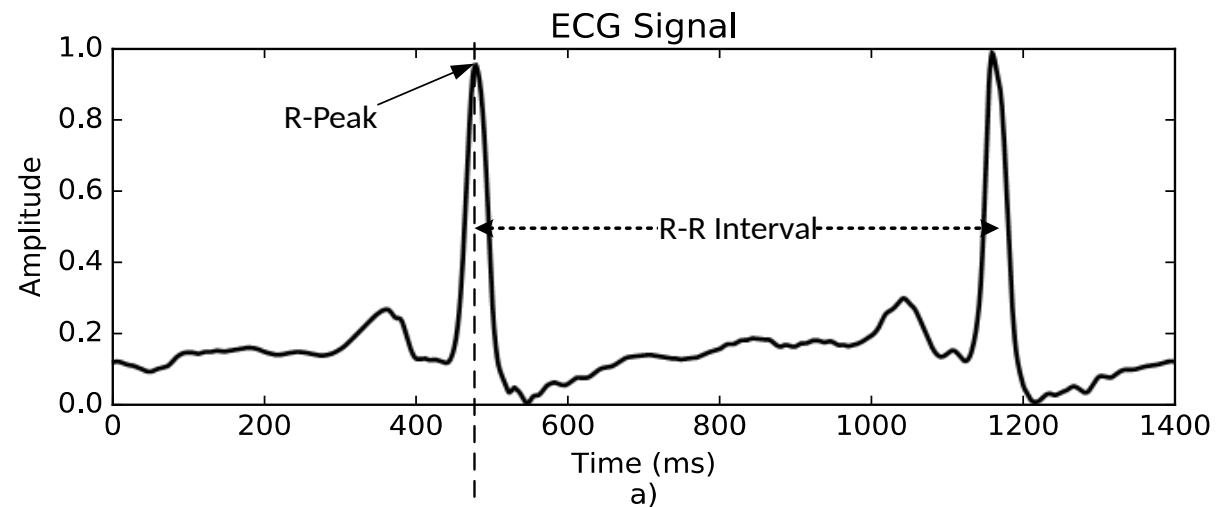
- **Whole-Based**

- Whole-based representation of signals
- Fully automated feature extraction and selection
- Works on almost every valid signal
- Large and complex feature vectors

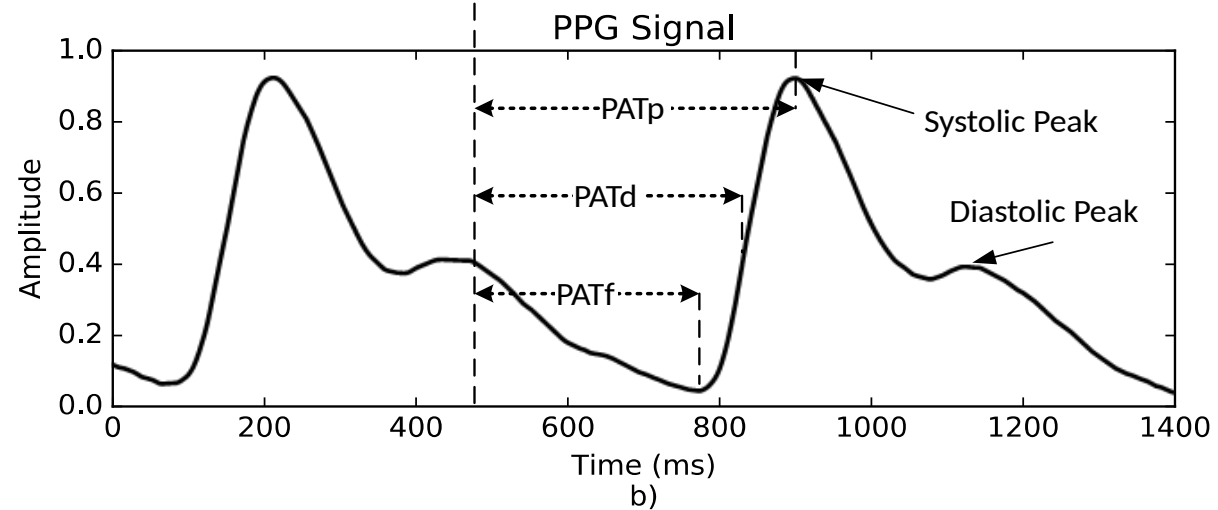
Feature Extraction Methods: Parameter-Based



1) PAT features



2) Heart Rate (HR)



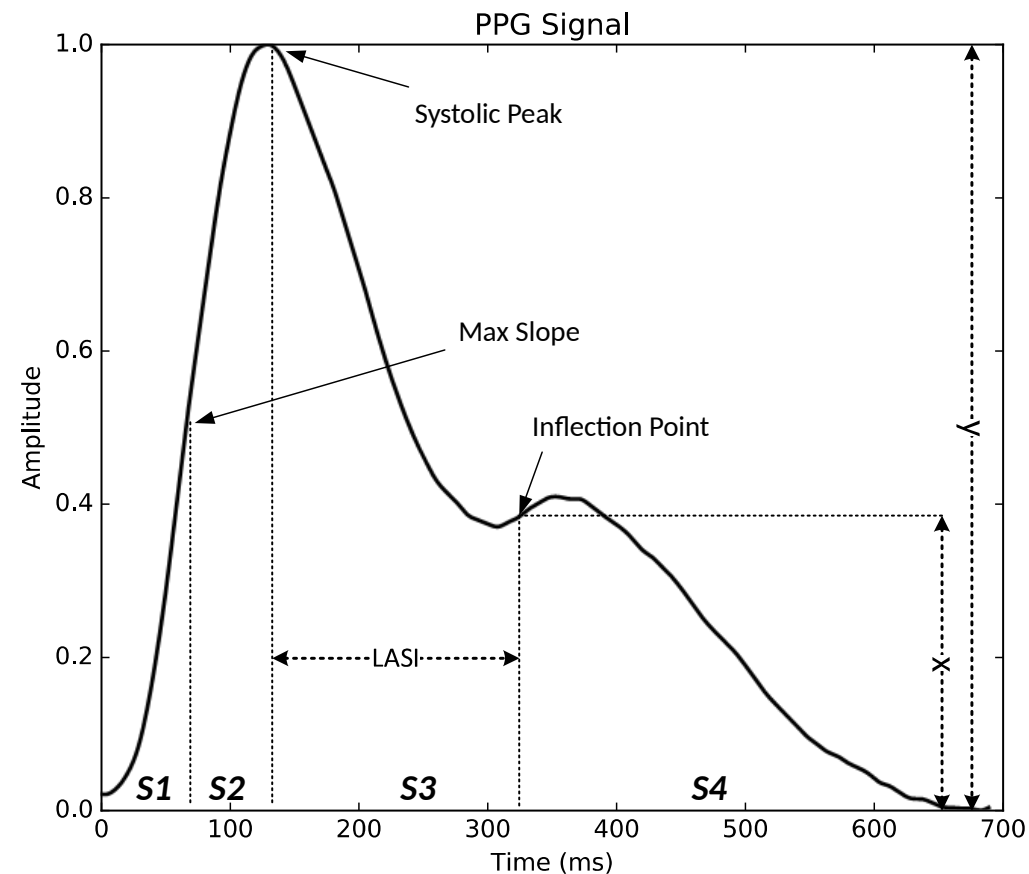


3) Augmentation Index (AI)

- A measure of wave reflection
- $AI = x / y$

4) Large Artery Stiffness Index (LASI)

- Indicator of arterial stiffness

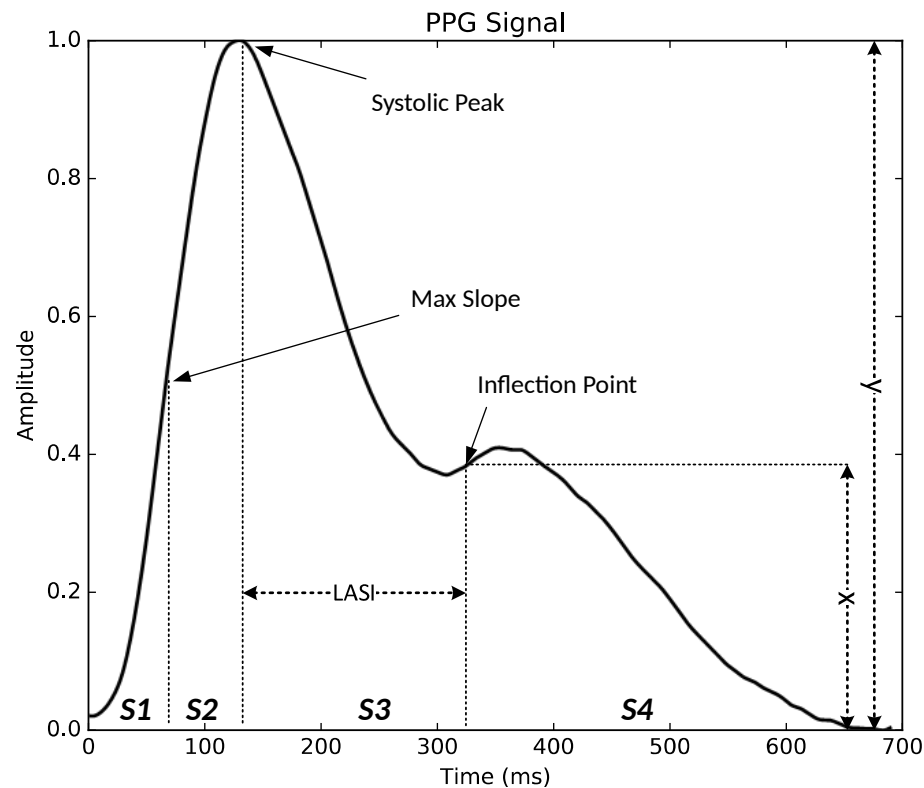




5) Inflection Point Area ratio (IPA)

- Ratio of heart pumping and pulse wave reflection parts

$$IPA = S4 / (S1 + S2 + S3)$$

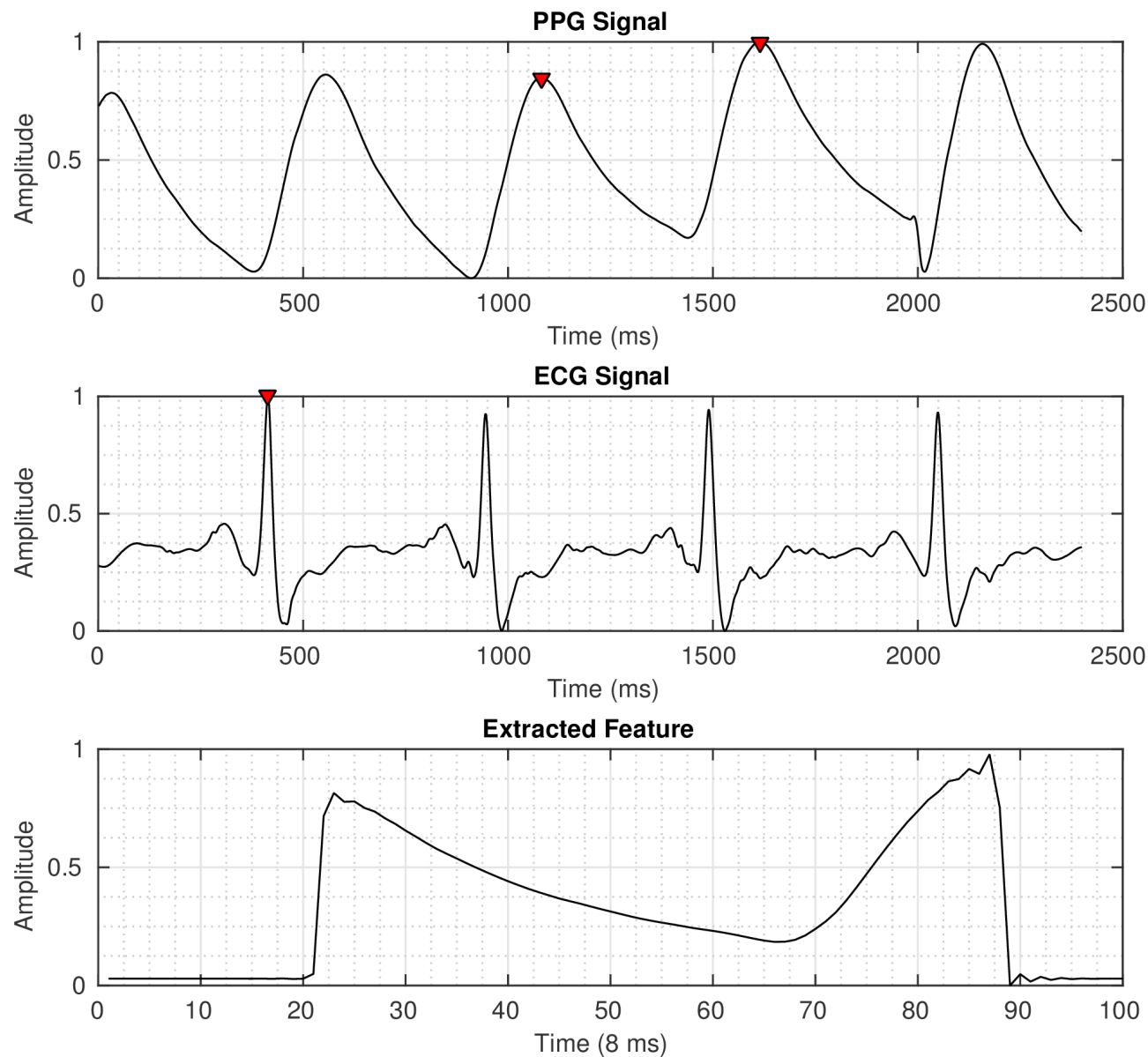


Feature Extraction Methods: Whole-Based

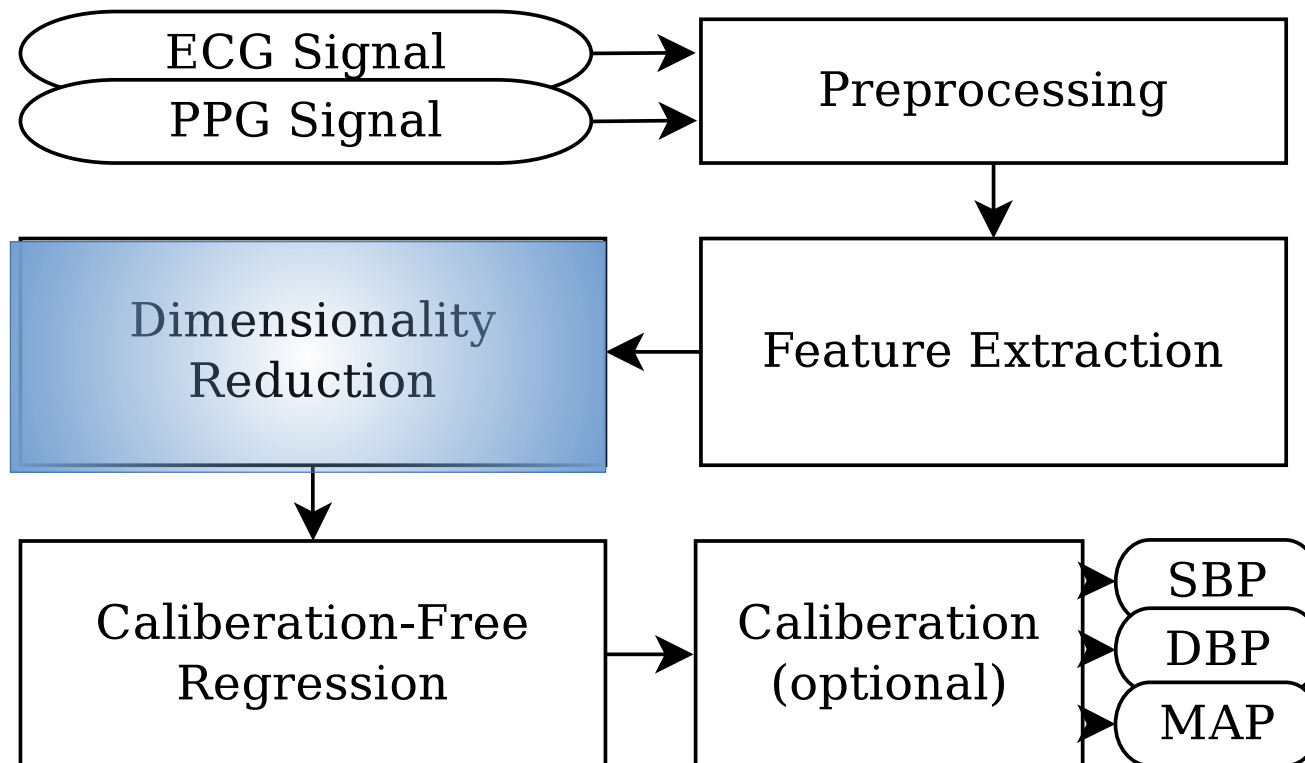


- 1) Selecting a processing window.
- 2) Determining R peaks and systolic peaks of the ECG and PPG signals.
- 3) Selecting the first ECG R peak as a time reference, and shifting left the PPG signal is equal to the time reference.
- 4) Selecting and cropping the PPG signal part, which is between the first and the second PPG systolic peaks.

Feature Extraction Methods: Whole-Based



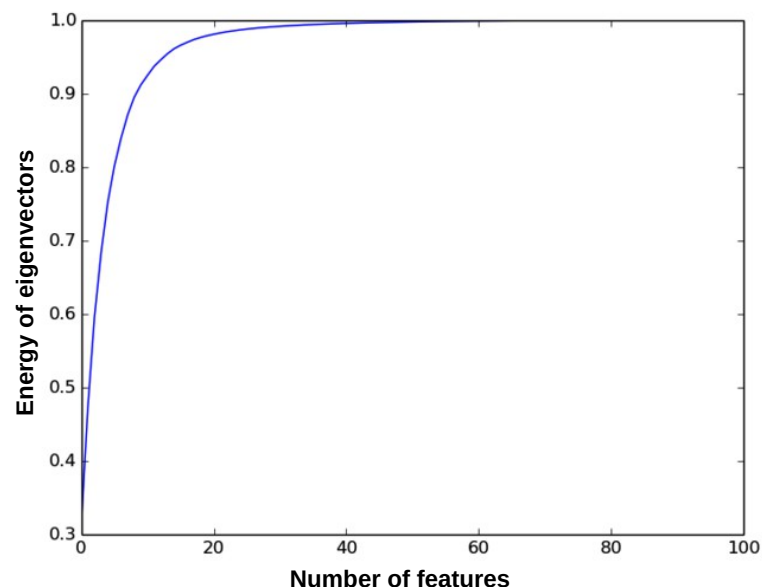
Proposed Methodology: Dimensionality Reduction



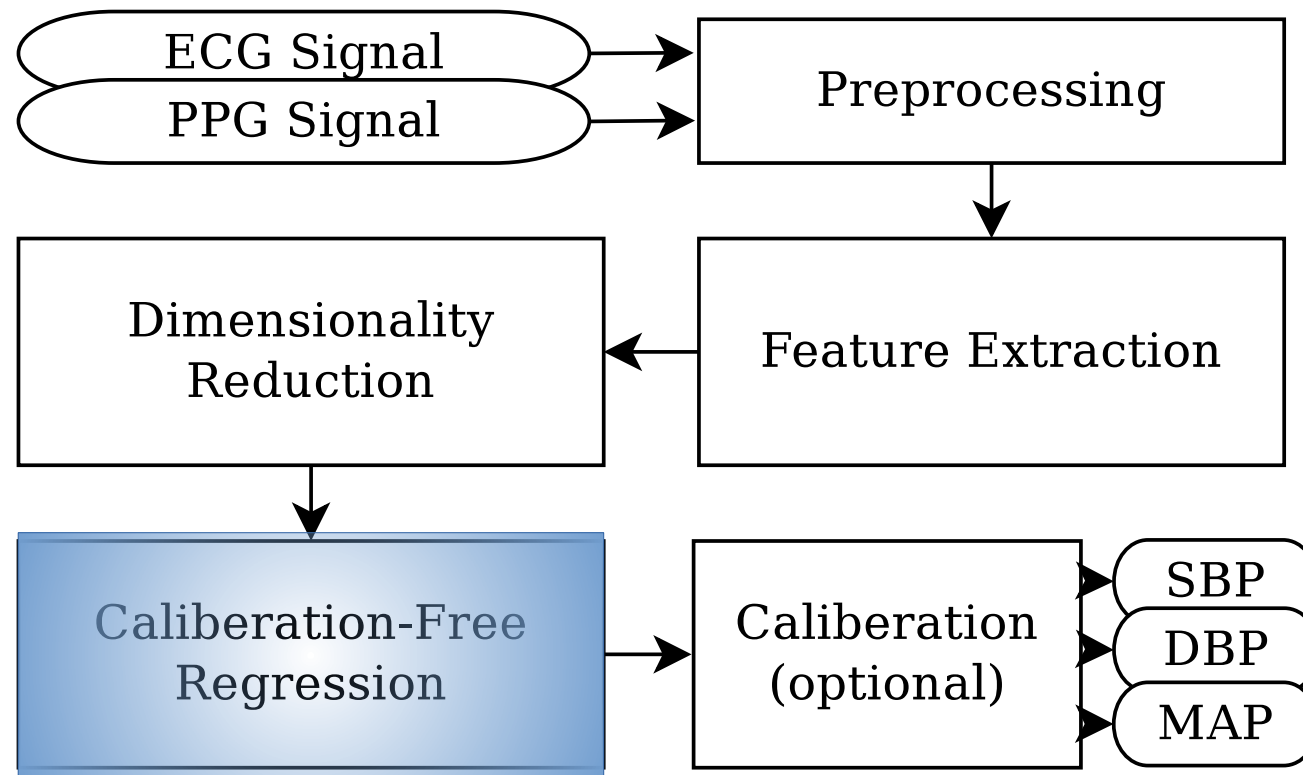
Dimensionality Reduction



- Increasing the computational efficiency
- Reducing the number of required training data
- Using PCA on whole-based feature vectors:
 - Preserving 98% energy of eigenvectors
 - Reducing the feature length from 190 to 15



Proposed Methodology: Calibration-free Regression



Calibration-free regression

- Here, ML is used for calibration-free BP estimation
- It is a supervised regression problem!

$$PTT = l \sqrt{\frac{\rho A_m}{\pi A P_1 [1 + (\frac{P - P_0}{P_1})^2]}}$$

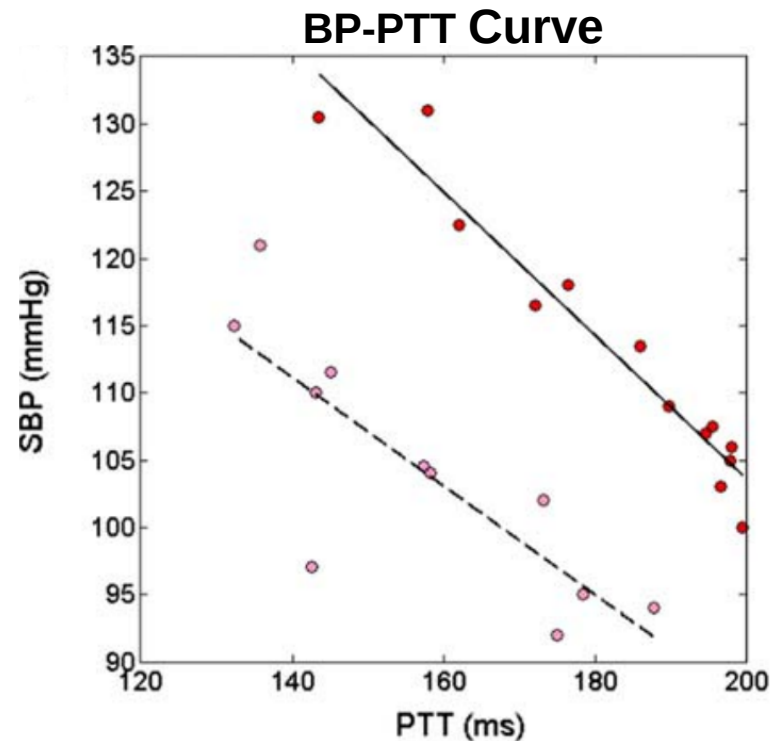


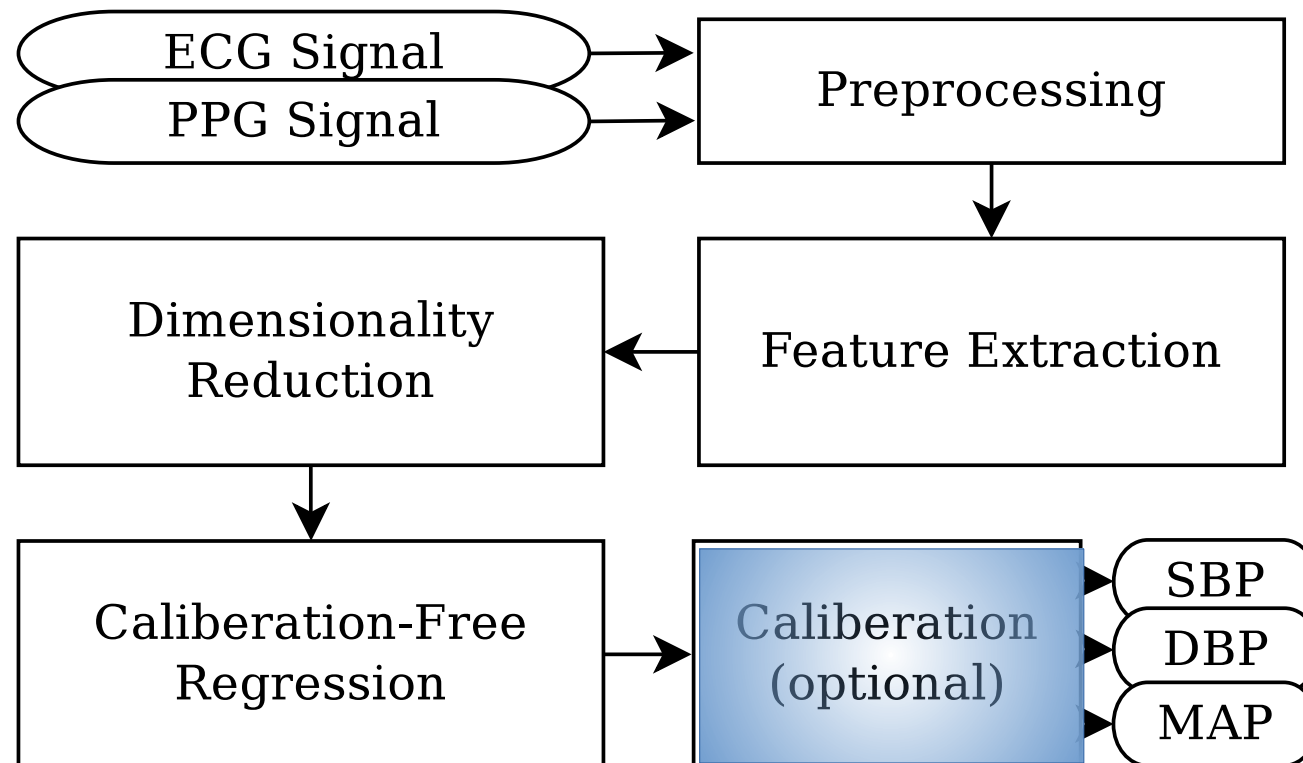
Figure courtesy of [21]

Calibration-free regression: Machine Learning



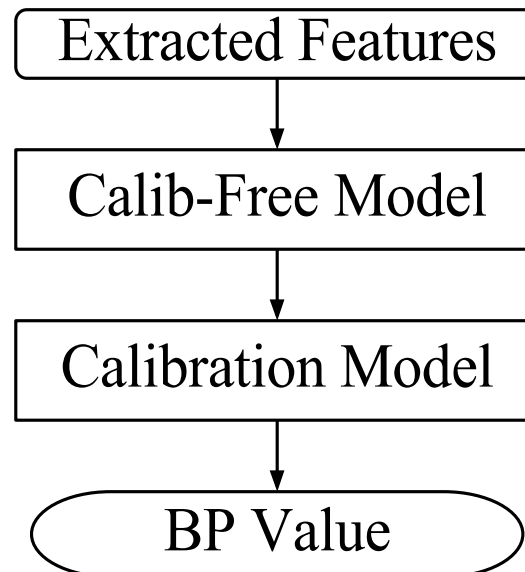
| Algorithm | Properties | Pros | Cons |
|------------------------|-----------------------------------|--|-----------------------------------|
| Linear Regression | Linear | Simple, Fast | Limited capability |
| Support Vector Machine | Sparse kernel machine | Powerful | Complex, Many hyper-parameters |
| Random Forest | Ensemble method, Bootstrap | Low bias, Fast | - |
| Adaptive Boosting | Ensemble method with weighting | Works out-of-the-box, Focus on harder samples | Slow |

Proposed Methodology: Calibration





- ✓ Optional
- ✓ One point
- ✓ Improves the results
- ✗ Disqualifies the method from the standards





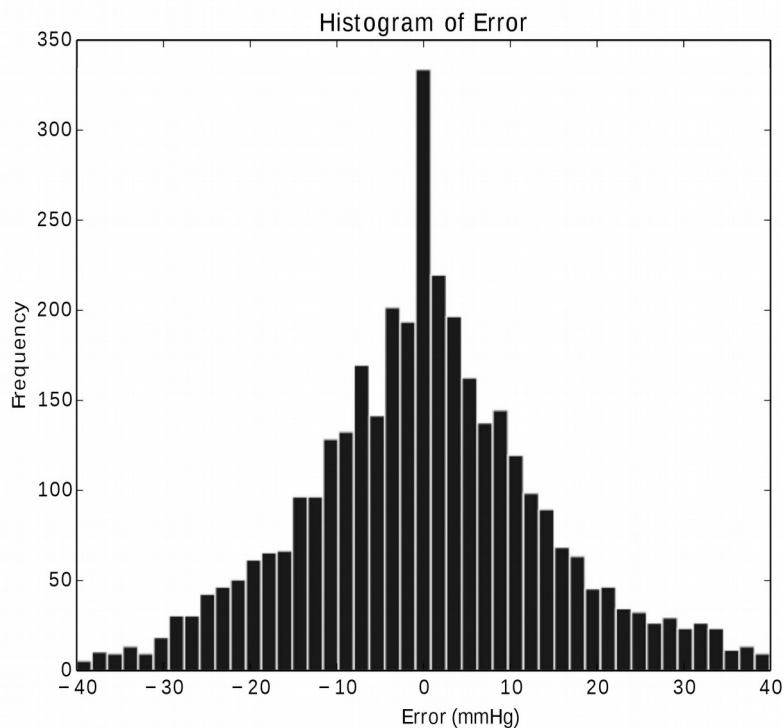
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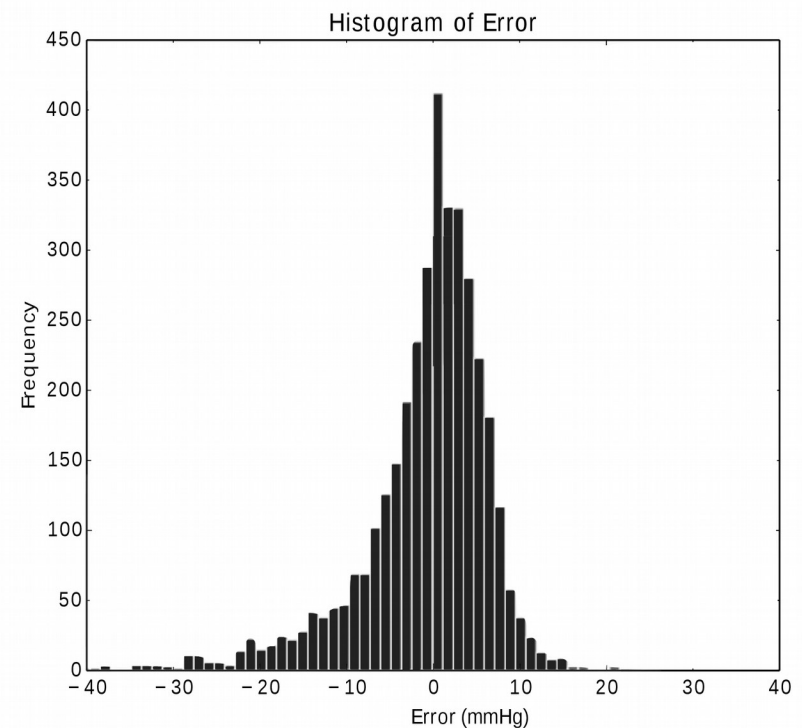
Feature extraction and regression algorithm comparison:

| Feature Set | Systolic Blood Pressure (mmHg) | | | | Diastolic Blood Pressure (mmHg) | | | |
|------------------------|--------------------------------|-------------|--------------|--------------|---------------------------------|-------------|-------------|-------------|
| | Parameter-based | | Whole-based | | Parameter-based | | Whole-based | |
| Learner / Performance | MAE | STD | MAE | STD | MAE | STD | MAE | STD |
| Linear Regression | 14.71 | 10.79 | 14.14 | 10.44 | 6.74 | 6.11 | 6.75 | 6.12 |
| Support Vector Machine | 12.26 | 10.32 | 12.65 | 10.33 | 5.91 | 5.78 | 6.19 | 6.07 |
| AdaBoost | 11.17 | 10.09 | 11.87 | 10.30 | 5.35 | 6.14 | 5.78 | 6.61 |
| Random Forest | 11.80 | 9.87 | 12.39 | 10.09 | 5.83 | 5.71 | 6.39 | 6.06 |

Error histogram (AdaBoost + Parameter_Based) :



(a) SBP



(b) DBP

Comparison with other papers (AdaBoost + Parameter_Based) :

| Work | Subjects (evaluation) | DBP | | | MAP | | | SBP | | |
|--------------------------------|--------------------------|---------------|---------------|------|---------------|---------------|------|---------------|---------------|------|
| | | STD (mmHg) | MAE (mmHg) | r | STD (mmHg) | MAE (mmHg) | r | STD (mmHg) | MAE (mmHg) | r |
| This Work (calib-free) | 942 | 6.14 | 5.35 | 0.48 | 5.38 | 5.92 | 0.56 | 10.09 | 11.17 | 0.59 |
| This Work (calib-based) | 57 | 3.52 | 4.31 | 0.57 | - | - | - | 5.45 | 8.21 | 0.54 |
| ECG_IBP [67] (calib-based) | 22 | - | - | 0.42 | - | - | 0.46 | - | - | 0.47 |
| rPTT [68] (calib-based) | 12 | - | - | 0.14 | - | - | 0.28 | - | - | 0.62 |
| BPTT [69] (calib-based) | 30 | 6.00 | - | - | - | - | - | 7.61 | - | - |

Evaluation using the BHS (AdaBoost+Parameter_Based) :

| | | Cumulative Error Percentage | | |
|-------------|---------|-----------------------------|---------------|---------------|
| | | $\leq 5mmHg$ | $\leq 10mmHg$ | $\leq 15mmHg$ |
| Our Results | DBP | 62.7% | 87.1% | 95.7% |
| | MAP | 54.2% | 81.8% | 93.1% |
| | SBP | 34.1% | 56.5% | 72.7% |
| BHS [71] | grade A | 60% | 85% | 95% |
| | grade B | 50% | 75% | 90% |
| | grade C | 40% | 65% | 85% |

Evaluation using the AAMI (Random Forest+Parameter_Based) :

| | | ME (mmHg) | STD (mmHg) | Subjects |
|-------------|---------------|--------------|---------------|-----------|
| Our Results | Diastolic | 0.36 ✓ | 5.70 ✓ | 942 ✓ |
| | Mean Pressure | 0.16 ✓ | 5.25 ✓ | 942 ✓ |
| | Systolic | -0.06 ✓ | 9.88 | 942 ✓ |
| AAMI [72] | SBP and DBP | ≤ 5 | ≤ 8 | ≥ 85 |



Outline: Hardware Implementation

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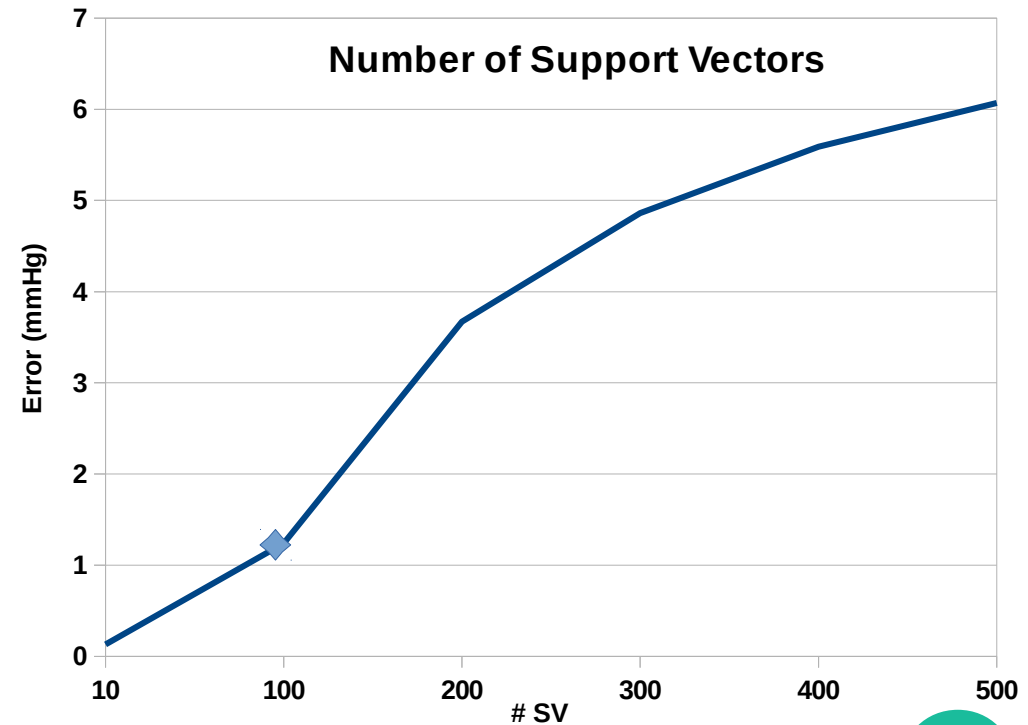
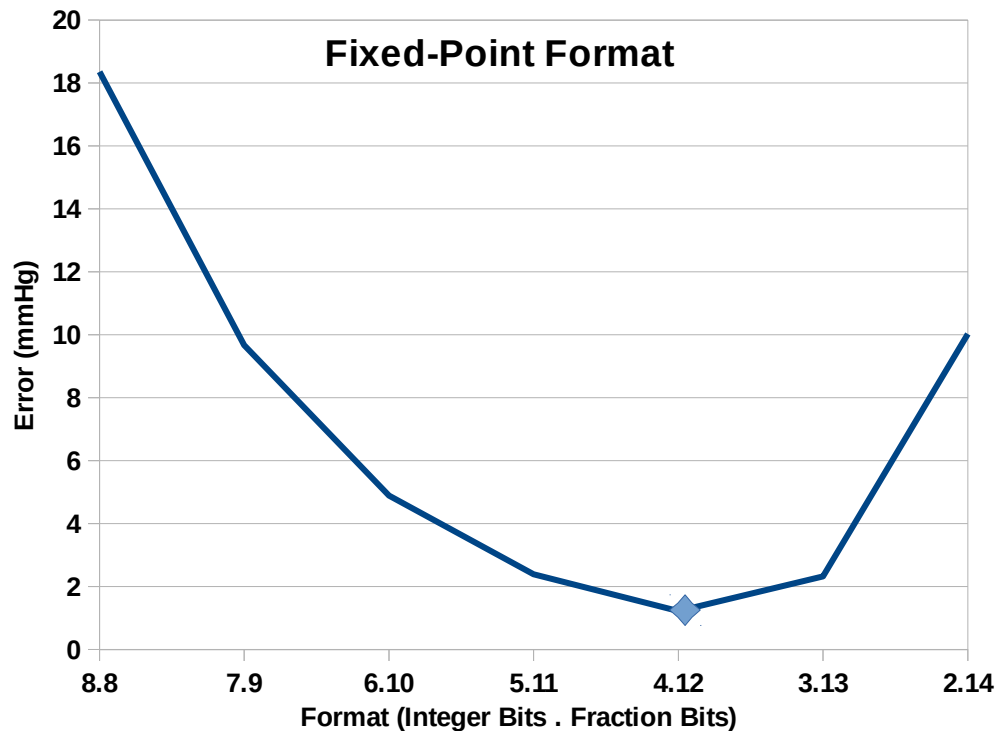


- **Processing pipeline**
 - Preprocessing
 - Feature extraction
 - Regression
- **Regression requires hardware implementation**
- **SVM is selected for HW implementation as**
 - Its performance in BP estimation
 - Its applications in mHealth

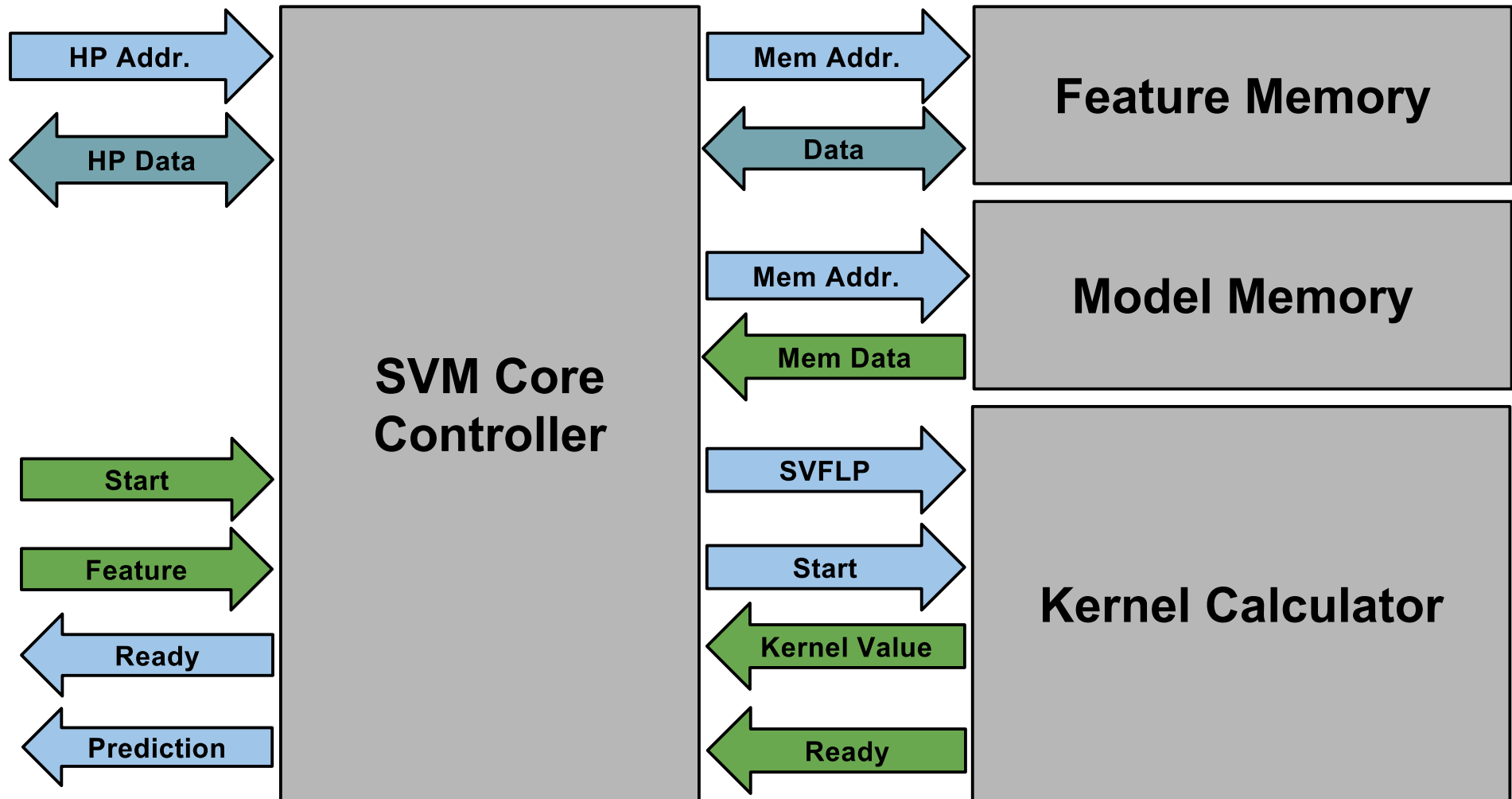
Python Simulation



- Fixed-point analysis
- Model conversion
- Test vector generation



SVM Co-processor



SVM Co-processor: Controller



- Communicates with the host processor
- Controls the internal co-processor modules
- Consists of two 16-bit counters and a 15-state FSM

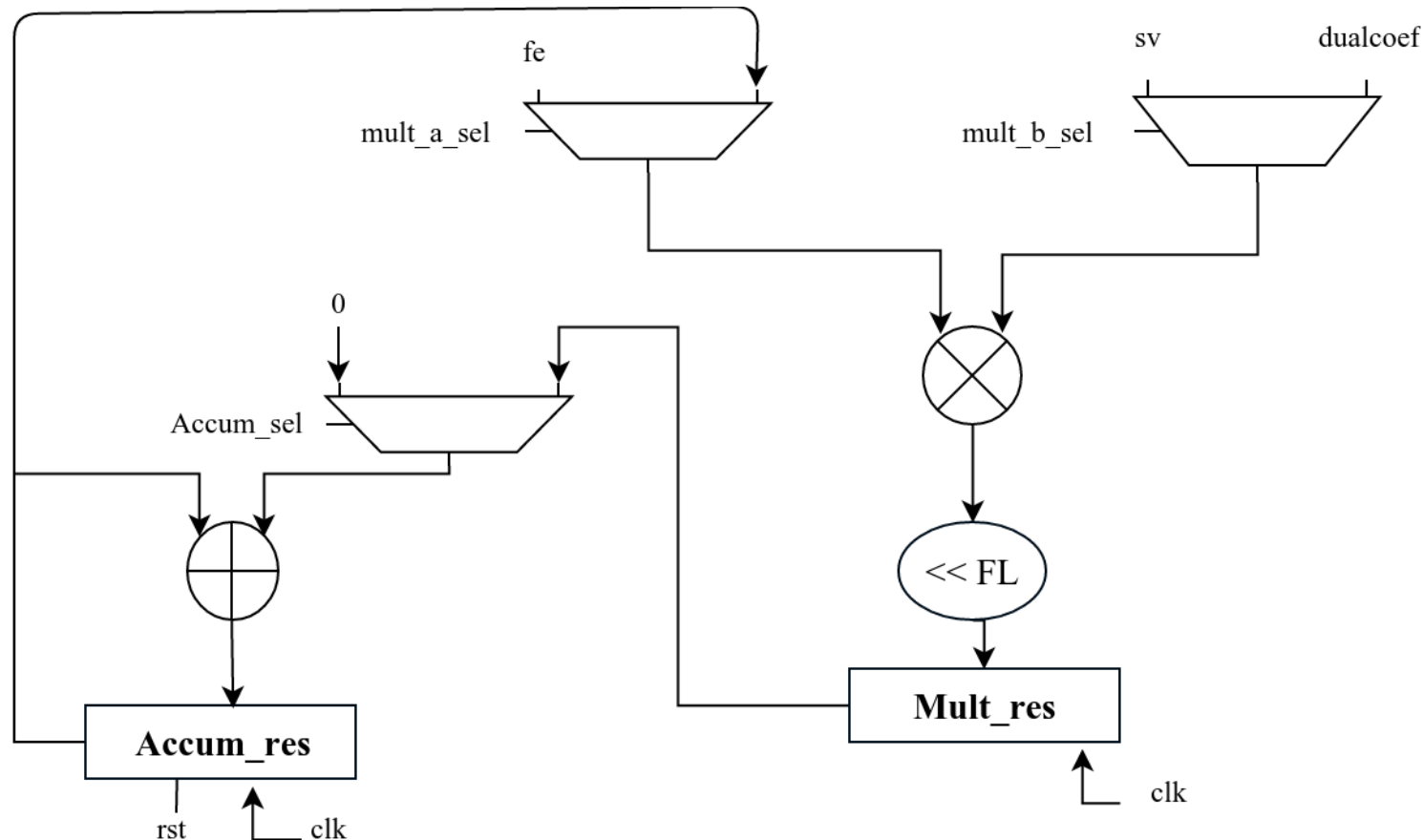


SVM Co-processor: Memory Modules

- **Features Memory**
 - Stores feature vectors
 - Flexibility in input vect. length
 - One port block RAM (1xRW)
- **Model Memory**
 - Stores the SVM model
 - Special memory layout
 - Two port block RAM (1xR+1xW)

SVM Co-processor: Kernel Calculator

- The kernel computation core
- Consists of a 16-bit counter, an execution core, a 7-state FSM
- Efficient data manipulation and resource sharing



SVM Co-processor: Results



- Resource utilization (xq7z020):

| Site Type | Used | Available | Utilization |
|-------------------------|------|-----------|-------------|
| Slice LUTs | 200 | 53200 | 0.38 |
| - LUT as Logic | 200 | 53200 | 0.38 |
| - LUT as Memory | 0 | 53200 | 0.00 |
| Slice Registers | 207 | 106400 | 0.19 |
| - Register as Flip Flop | 207 | 106400 | 0.19 |
| - Register as Latch | 0 | 106400 | 0.00 |
| Block RAM Tile | 32.5 | 140 | 23.21 |
| DSP48E1 | 1 | 220 | 0.45 |

- Timing (n_sv=200, n_fe=13, clk=100MHz):

- total computation time = 40.305 us (~4030 clk)
- kernel computation time = 190 ns (~19 clk)
- state transition, initialization, etc. = $40305\text{ns} - 190\text{ns} \times 200 = 2305\text{ ns}$ (~230 clk)

Outline: Conclusion



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Conclusion



- Capability of continuous BP monitoring → cuff-less method
- Indirect calculation of BP → employing powerful regression algorithms
- Subject specific parameters → using the information from the vital signals
- Evaluation using established health standards → novel calibration-free method
- mHealth design considerations → efficient SVM core



- M. Kachuee, M. M. Kiani, H. Mohammadzade, M. Shabany, Cuff-Less Blood Pressure Estimation Algorithms for Continuous Health-Care Monitoring, IEEE Transactions on Biomedical Engineering (TBME), 2016.
- M. Kachuee, M. M. Kiani, H. Mohammadzade, M. Shabany, Cuff-Less High-Accuracy Calibration-Free Blood Pressure Estimation Using Pulse Transit Time, IEEE International Symposium on Circuits and Systems (ISCAS), 2015.

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- R. Mukkamala et al., “Toward ubiquitous blood pressure monitoring via pulse transit time: Theory and practice,” IEEE Trans. Biomed. Eng., vol. 62, no. 8, pp. 1879–1901, Aug 2015.
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Thanks