m03 ex2 ans control complete vincent

October 3, 2024

The objective of this exercice is to analyse the control of the autonomic nervous system at rest and after alcool consumption using breathing, mean blood pressure and interbeat signals.

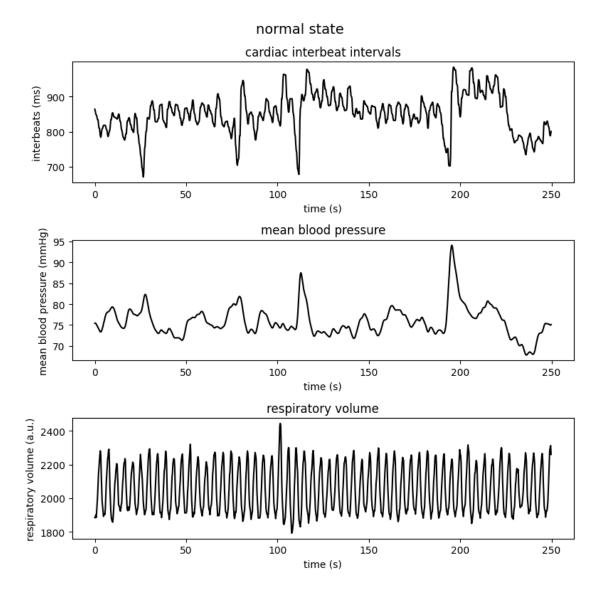
```
[1]: import numpy as np
  import pylab as py
  py.ion()
  py.close('all')
  import scipy.signal as sp
  import m03_ex2_ext as my_plot
```

Load signals of a subject at rest.

```
[2]: x = np.genfromtxt('heart_1.dat', delimiter=' ').T
x = {'rr':x[0], 'bp':x[1], 'resp':x[2]}
# Load signals of a subject after alcool consumption.
y = np.genfromtxt('heart_2.dat', delimiter=' ').T
y = {'rr':y[0], 'bp':y[1], 'resp':y[2]}
# Signals are sampled at 4 Hz.
fs = 4
# Generate the time for the recordings.
t = np.arange(len(x['rr']))/fs
```

Cardiac interbeats, mean blood pressure and respiration volume of a subject at rest. Q: Comment the different signals and their realtionships. Q: Which signals are related and how?

```
[3]: my_plot.plot_time(x, t, 'normal state')
```



0.0.1 Answer

The three signals have different characteristics. First, the *respiratory volume* is close to a sinusoidal and is therefore the most deterministic signal between the three. Secondly, the *mean blood pressure* is almost a pure stochastic signal. Finally, the *cardiac interbeat intervals* is between the two other signals in term of determinism.

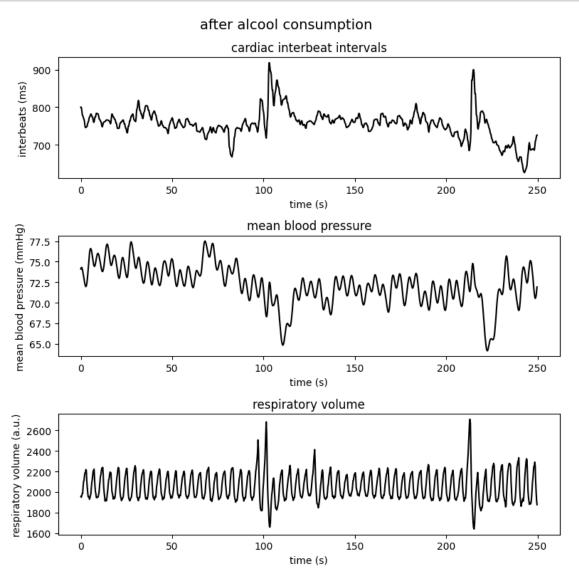
Concerning the relationships between signals, several conclusions can be drawn. From the graph above, *cardiac interbeat intervals* and *mean blood pressure* can be related, as we can see a corresponding peak in the two signals. Respectively, a minimum peak in *cardiac interbeat intervals* corresponds to a maximum peak in *mean blood pressure*.

The relationship between these two signals and the *respiratory signal* is not clearly identifiable in this graph. However, respiratory patterns influence heart rate variability, as inhalation typically

leads to an increase in heart rate, while exhalation results in a decrease, even if this effect is not obvious here.

Cardiac interbeats, mean blood pressure and respiration volume of a subject after alcool consumption. Q: Comment the different signals and their realtionships. Q: Which signals are related and how? Q: What are the differences with rest recording of previous figure?





0.0.2 Answer

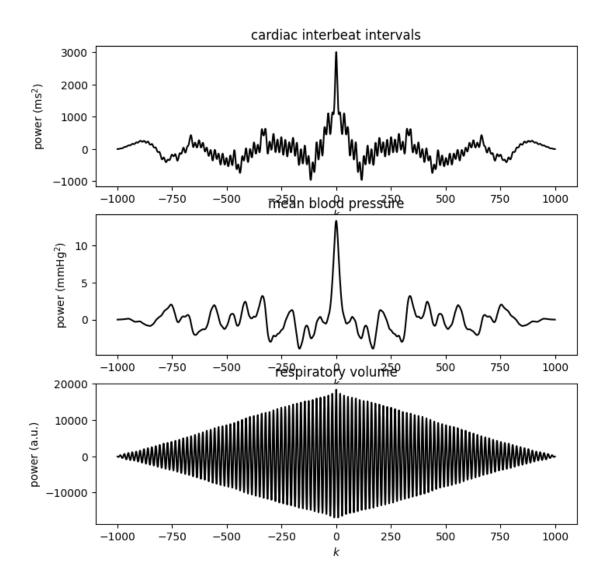
1. Cardiac interbeat intervals: Compared to the plot before alcool consumption, we can see that there is less variation in the *cardiac interbeat intervals*, which confirms the theory. Peaks appearing approximately every 100sec can still be observed. Furthermore, it seems that the

signal has less variations now, which confirms that when the parasympathetic system takes over, there are less variations in the HRV.

- 2. **Mean blood pressure**: This signal shows a similar behavior as the *cardiac interbeat inter-* vall. Peaks can still be observed as the same location as the first signal.
- 3. **Respiratory volume**: This signal still expresses periodicity. But this time, same peaks can be oberseved, which induced a correlation between this signal and the two others. This correlation was not obvious in the first case.

Compute the intercorrelation of the signals of the subject at rest. Q: Comment the oscillation present in the different signals. Q: Which signals are related and how.

Rxx for normal state



0.0.3 Answer

- 1. Cardiac interbeat intervals: The signal exhibits a strong peak located at zero, which corresponds to the power of the signal. The general pattern is close to a white gaussian noise signal, which confirms the previous answer. As we can see, the autocorrelation signal is not periodical, which confirm the fact that the original signal is not periodical. Furthermore, small oscillations can be seen in the autocorrelation. This appears at the same frequency as the respiratory. These oscillations are due to the adaptation of the cardiac interbeat by the ANS.
- 2. **Mean blood pressure**: This signal has a similar shape as the first one, suggesting a correlation between these two signals. The strong peak at zero is still present. The non-periodicity

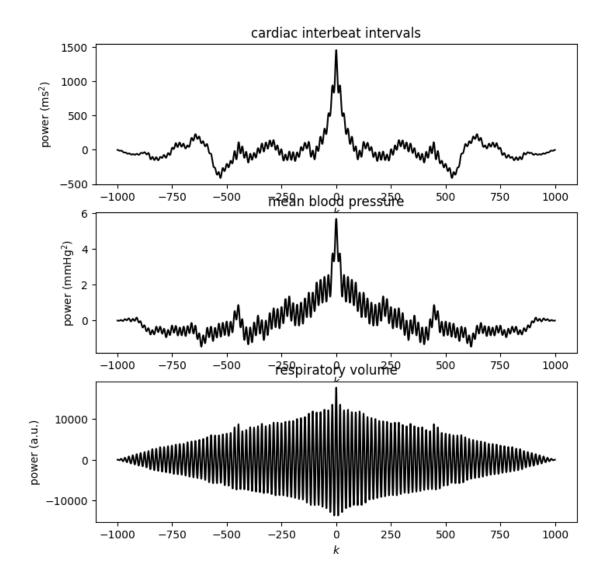
- of the power indicates that the original signal is neither periodic. No small oscillations are observed, meaning that the mechanism of adaptation works as expected.
- 3. Respiratory volume: Conversely, the third signal has a complete different shape. We can see that the power decreases symetrically when the delay increases. Assuming that a biased estimator has been used, this lozenge shape can highlight the periodicity of the signal. This decrease is explained by the factor $\frac{1}{n}$, which dominates when the lag increases. Moreover, the strong difference with the two other signals shows their dissimilarity.

Compute the intercorrelation of the signals of the subject after alcool consumption. Q: Comment the oscillation present in the different signals. Q: Which signals are related and how. Q: What difference do you observe with the previous figure?

```
[8]: y['rxx_rr'] = my_corr(y['rr'])
y['rxx_bp'] = my_corr(y['bp'])
y['rxx_resp'] = my_corr(y['resp'])
```

```
[9]: my_plot.plot_rxx(y, 'Rxx after alcool consumption')
```

Rxx after alcool consumption



0.0.4 Answer

The three signals have barely the same shape as before, but with minor differences. Secondary peaks can be observed at approx. $k=\pm 500$ for all the three signals. These peaks are due to a slight change in the respiratory volume that is not completely compensated by the ANS and therefore appear in the cardiac interbeat intervals and in the mean blood pressure graphs.

- 1. Cardiac interbeat intervals: the small oscillations have a much lower amplitude after alcohol consumption than before.
- 2. **Mean blood pressure**: Oscillations in the signal can be observed. These oscillations were not present before alcool consumption, meaning that taking alcohol, indeed affects the mechanism described in the previous answer.

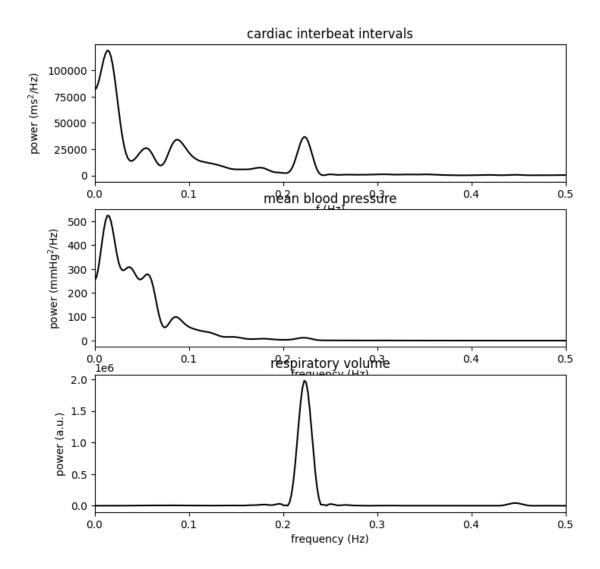
3. **Respiratory volume**: The shape of the lozenge is reduced and peaks in the autocorrelation can be seen at the same location as the two other signals.

Compute the PSD of the signal for the subject at rest. Q: How the different peaks are related to the control of the autonomic nervous system? Q: Do the positions and amplitude of the peaks confirm you previous findings;

```
[10]: def my_psd(x, half_win=250):
    interval = np.arange(-half_win,half_win+1)+len(x)//2
    x_sub = x[interval]
    psd = np.abs(np.fft.fft(sp.windows.hann(len(interval))*x_sub, 2048))
    return psd

[11]: x['RR'] = my_psd(x['rxx_rr'])
    x['BP'] = my_psd(x['rxx_bp'])
    x['RESP'] = my_psd(x['rxx_resp'])
[12]: my_plot.plot_X(x, fs, 'PSD for normal state')
```

PSD for normal state



1 Answer

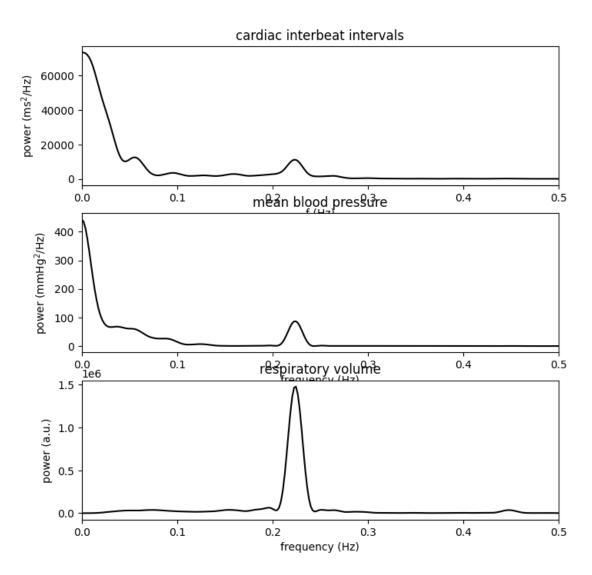
- Peaks in the 0.15–0.5 Hz range reflect the parasympathetic control of heart rate through respiratory influences, especially visible in cardiac interbeat intervals and slightly in mean blood pressure. Peaks in the 0.05–0.15 Hz range show the balance of sympathetic and parasympathetic control, relating to both heart rate variability and blood pressure regulation. Very low-frequency peaks highlight the slower physiological processes managed primarily by the sympathetic nervous system, which may contribute to fluctuations in both mean blood pressure and cardiac interbeat intervals.
- The frequency peak slightly above 0.2 Hz is clear for the cardiac interbeat intervals and respiratory volume signals, as observed before.

- The strong peak in respiration confirms the periodicity and regularity of respiration.
- We see the relationship highlighted in previous points between the cardiac interbeat and mean blood pressure, with slightly similar peaks in the 0–0.2 Hz range.

Compute the PSD of the signal for the subject after alcool consumption. Q: How the different peaks are related to the control of the autonomic nervous system? Q: Do the positions and amplitude of the peaks confirm you previous findings;

```
[13]: y['RR'] = my_psd(y['rxx_rr'])
y['BP'] = my_psd(y['rxx_bp'])
y['RESP'] = my_psd(y['rxx_resp'])
[14]: my_plot.plot_X(y, fs, 'PSD after alcool consumption')
```

PSD after alcool consumption



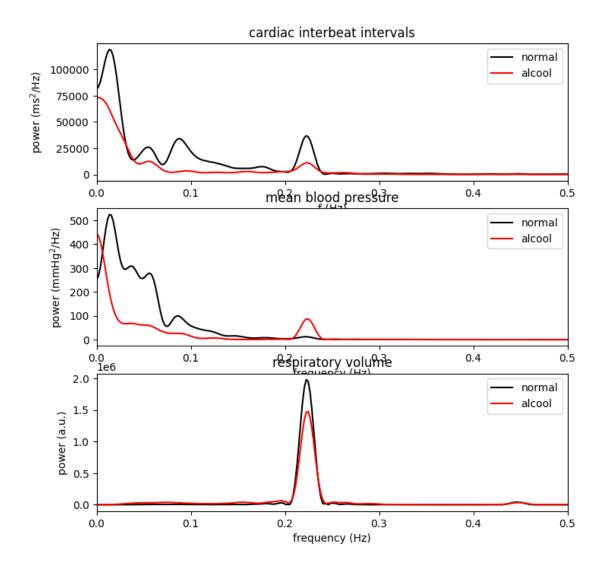
2 Answer

- With alcohol consumption, the peaks in the 0.15–0.4 Hz range still reflect parasympathetic control of heart rate through respiratory influences, but the effects are less pronounced compared to the resting state for the cardiac interbeat intervals, while being more pronounced in mean blood pressure.
- The peaks in the 0.05–0.15 Hz range continue to indicate the balance of sympathetic and parasympathetic control, but there is a reduction in their relative amplitudes, suggesting altered heart rate variability and blood pressure regulation due to alcohol.
- Very low-frequency peaks still highlight slower physiological processes managed primarily by the sympathetic nervous system; however, the influence of alcohol introduces fewer variations in frequency and a smoother range of frequencies.
- The frequency peak slightly above 0.2 Hz is still evident for the cardiac interbeat intervals and respiratory volume signals, though the overall amplitude is reduced compared to the resting state. On the other hand, the peak in mean blood pressure has considerably increased.
- The strong peak in respiration remains, confirming the periodicity and regularity of respiration, but it may also show irregularities compared to the baseline measurements.
- The relationship between the cardiac interbeat intervals and mean blood pressure persists, but the peaks in the 0–0.2 Hz range show altered amplitudes, indicating a slightly changed interaction between these signals under the influence of alcohol.
- All three signals indeed now have a dominant frequency close to 0.2 Hz, as observed before.

Plot the PSDs of the signals for the two conditions. Q: Discuss the differences.

```
[15]: my_plot.plot_XY(x, y, fs, 'Comparison of the PSD')
```

Comparison of the PSD



2.0.1 Answer

NOUVELLE REPONSE

We can notice in the PSD of the cardiac interbeat intervals and the mean blood pressure that there is less power in the lower frequencies when consuming alcohol. This is due to the fact that alcohol consumption increases the ANS time response and makes it more sloppy, hence the two previously mentioned parameters are not as much regulated as before. Furthermore, the frequency range 0.15 - 0.5 Hz, which represents the regulation effect of the respiratory, is also affected by the alcohol, as it can be seen in the *cardiac interbeat* plot where the power is reduced in this range.

Alcohol consumption generally reduces the power in both the low-frequency components and the respiratory-driven frequency components, indicating a diminished regulatory capacity across the

 ${\it cardiova} scular\ system.$