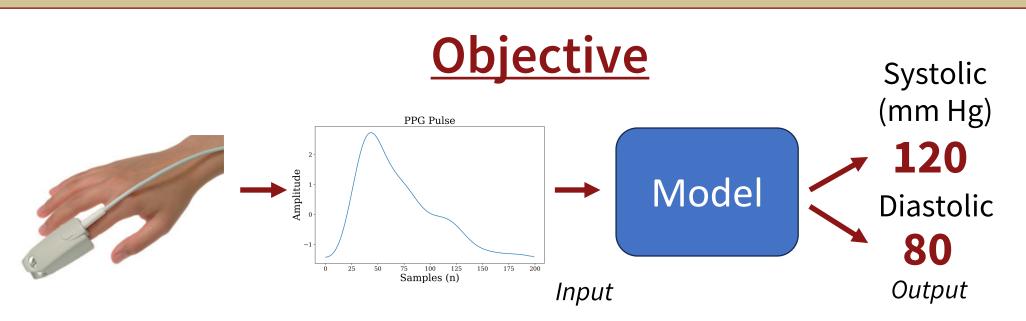


Efficient Blood Pressure Prediction from Photoplethysmography Signals

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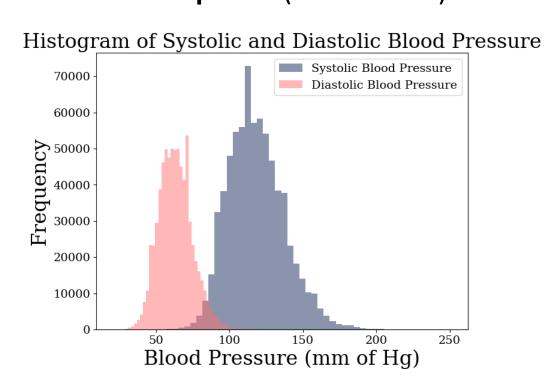
Continuous blood pressure (BP) measurements are crucial for monitoring and diagnosing disease. Photoplethysmography (PPG) signals correspond to volumetric variations in blood circulation and has been shown to be correlated with BP [1]. PPG (unlike ECG) is easy to accurately measure and incorporate into smart-watches, motivating research into PPG-based BP prediction [1], [2].

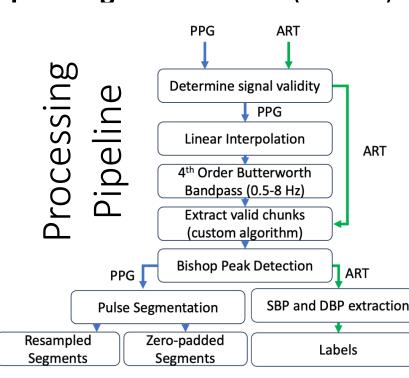
Guiding Questions:

- 1. How should we represent the PPG signal as input to our model?
- 2. How can we improve PPG-prediction models?

Dataset and Processing

We obtained raw PPG and arterial BP waveforms (our ground truth) from the **VitalDB dataset** [3] which contains the vitals signs from 6,388 patients undergoing surgery in South Korea. We processed **300 patients' data** using a custom-built pipeline to generate two datasets each containing **718,035 normalized pulses** (200-vectors) and **corresponding SBP and DBP** (scalars).





Methods

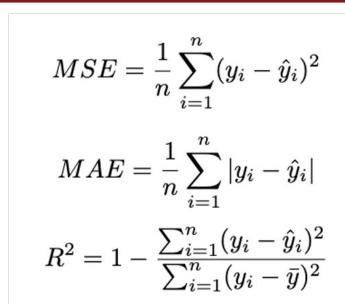
Guiding Question 1: How should we represent the input signal?

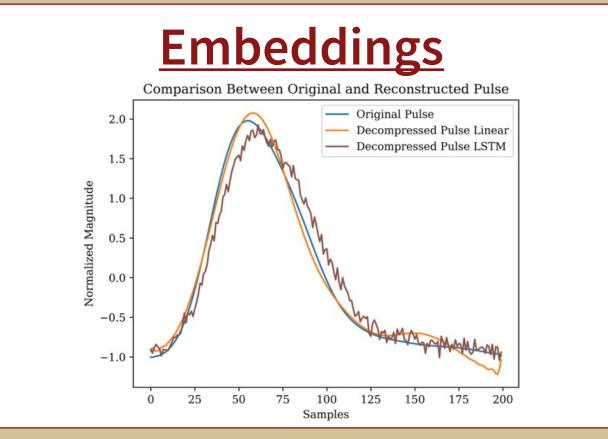
- Hand-crafted Mixed Features: Following the example of [1] we compute 45
 features for each PPG pulse. Features are morphological (temporal distances to
 critical points), frequency-dependent (Fourier coefficients), the top four PCA
 components of the pulse.
- Autoencoder Embeddings: We use the 45-dimensional embeddings from an offthe-shelf linear autoencoder. We could not get the LSTM autoencoder to converge
- Raw signal: We pass in the processed PPG pulse.

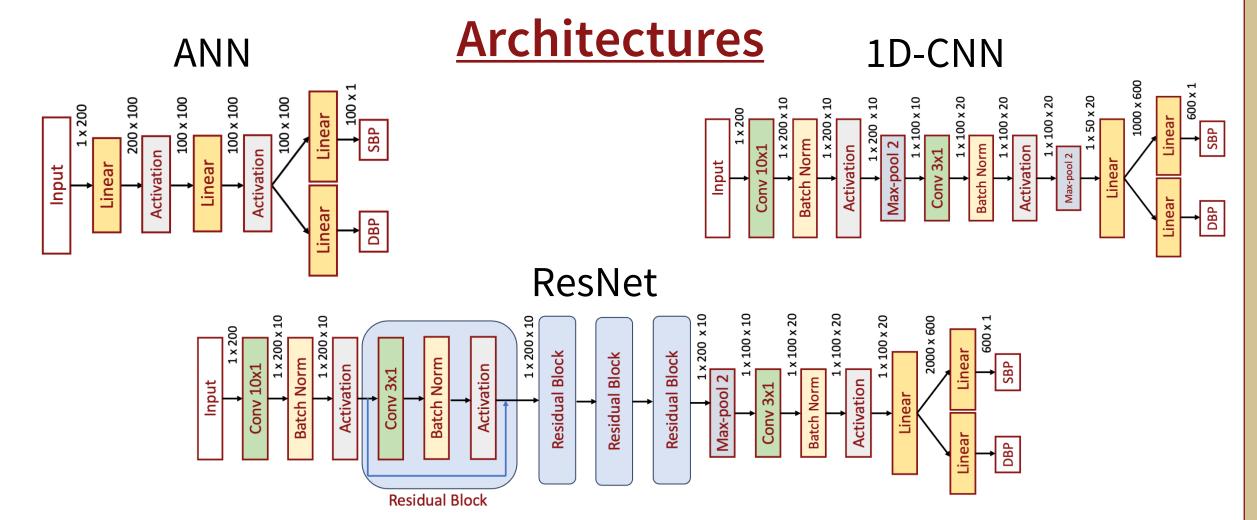
Guiding Question 2: How can we improve PPG-prediction models?

- Baseline models: Ridge Regression, Adaboost Regression, SVR Regression (RBF kernel), and Random Forest
- Multi-output Neural Networks: Fully-connected, 1D-CNN, 1D-CNN + RESNET

Evaluation Metrics







As shown below, the raw signal, zero-padded dataset performed best on the baselines. We implemented three different neural network architectures above on this dataset to improve prediction performance from baselines. Note that the loss function for the multi-output neural networks was as follows:

Combined Loss = MSE(SBP) + MSE(DBP)

There is an inherent weighting towards the SBP loss due to its larger magnitude. This weighting is desirable as SBP has higher variance than DBP.

Results

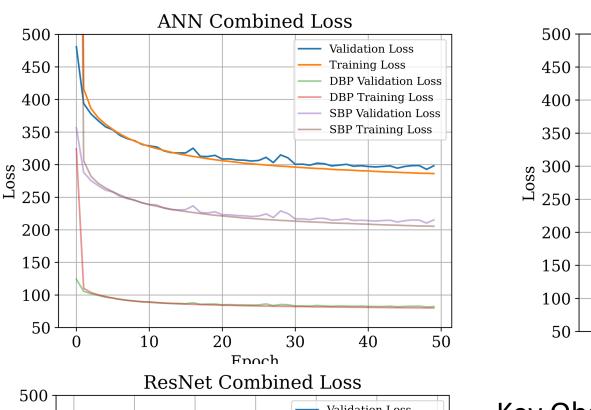
	SBP Results							DBP Results						
Model	Featurized			Raw Signal			Featurized			Raw Signal				
	MAE	RMSE	R^2	MAE	RMSE	R^2	MAE	RMSE	R^2	MAE	RMSE	R^2		
Random Forest	13.957	17.940	0.156	12.178	16.054	0.327	7.816	10.097	0.214	7.282	9.551	0.300		
SVR Regression	15.361	19.534	0	11.802	15.977	0.333	9.019	11.381	0.001	7.019	9.470	0.312		
Adaboost Regression	14.532	18.436	0.109	13.898	17.461	0.204	8.399	10.500	0.150	8.402	10.508	0.153		
Ridge Regression	15.052	19.310	0.022	15.077	19.245	0.033	8.624	10.949	0.076	8.875	11.277	0.024		

	Train Results							Test Results						
Model		SBP			DBP			SBP			DBP			
	MAE	RMSE	R^2	MAE	RMSE	R^2	MAE	RMSE	R^2	MAE	RMSE	R^2		
ANN	10.908	14.332	0.440	6.922	8.948	0.365	11.124	14.668	0.411	7.029	9.07	0.348		
CNN	10.040	13.341	0.514	6.310	8.270	0.457	10.125	13.519	0.506	6.396	8.40	0.457		
ResNet	10.286	13.604	0.495	6.453	8.429	0.437	10.287	13.724	0.489	6.499	8.525	0.450		

Key Observations:

- The raw signal representation performed best across all models since it contained the most information.
- The linear auto-encoder performed poorly likely since it introduced too much distortion (see Embeddings). The autoencoder embeddings produced a SBP MAE of 15.789 so we did not include these results here.
- The CNN performs the best, though all neural nets are able to bring errors down significantly.
- Our **best MAE of 10.125** with the CNN is similar to those published in literature (9.43 with CNN in [2], 11.53 with RF in [4]). With more resources, we can process more data and improve our neural net performance.

Discussion

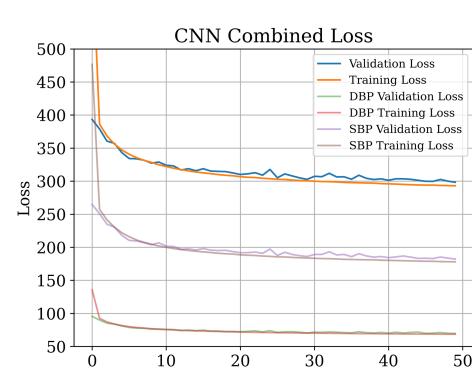


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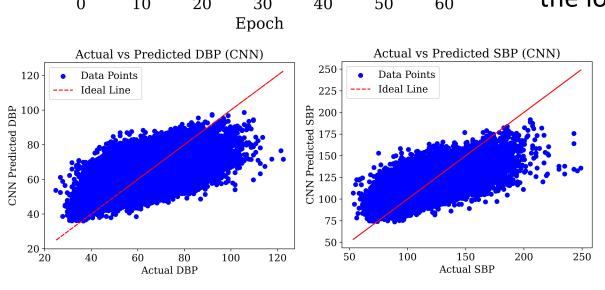
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Validation Loss Training Loss DBP Validation Loss DBP Training Loss SBP Validation Loss SBP Validation Loss

- combined MSE loss while the ANN and CNN achieve similar loss.
 We initially saw significant overfitting
- that was combatted with L1 regularization.
- Significant challenges remain in reducing the loss further.



Actual vs. predicted curves indicate that there is some structure to the incorrect BP prediction with higher BPs being less accurate – more model optimization is needed.

Next Steps

Our unique approach of using the raw PPG signal while applying minimal processing is shown to yield MAE's on par with literature on PPG-only BP prediction. This indicates that our methodology and implementation are somewhat effective. However, our models' best MAE of 10.1 mm of Hg is not useful for medical diagnosis. With more time and resources, we may explore the following:

- LSTM models for patient-specific BP prediction
- Creating multimodal models incorporating other biosignals that are easy to measure and potentially linked to BP
- Analyzing the convolutional layer output of our CNNs to gain insight into the learned features



References

[1] Seungman Yang, Jangjay Sohn, Saram Lee, Joonnyong Lee, and Hee Chan Kim. Estimation and validation of arterial blood pressure using photoplethysmogram morphology features in conjunction with pulse arrival time in large open databases. *IEEE Journal of Biomedical and Health Informatics*, 25(4):1018–1030, 2021 [2] Nejc Mlakar Slapni car, Gašper and Mitja Luštrek. Blood pressure estimation from photoplethysmogram using a spectro-temporal deep neural network. *Sensors* 9(15), 2019 [3] HC. Lee, Y. Park, and S.B. Yoon. Vitaldb, a high-fidelity multi-parameter vital signs database in surgical patients. *Nature Scientific Data*, 9(279), 2022 [4] Umapathy Mangalanathan V. Jeya Maria Jose M. Anand Geerthy Thambirai, Uma Gandhi. Investigation of the effect of womerseley number, ecg and ppg feature.

