

Exploring Manifold Learning Methods For Automated Arrhythmia Analysis

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Index Terms—IEEE, IEEEtran, journal, L^AT_EX, paper, template.

I. INTRODUCTION

THE computer aided system for pathology detection and diagnosis are based on a feature space constructed from abundant clinical attributes. The noninvasive, inexpensive and well-established technology of electrocardiographic signal in mobile health or personal health has the greatest popularity in heart function analysis. Automated arrhythmia analysis provides indispensable assist in long-term clinical monitoring, and a large number of approaches have been proposed for the task, easing the diagnosis of arrhythmic changes as well as further inspection, e.g., heart rate variability or heart turbulence analysis. Information in electrocardiography signals related to the cardiac electrical activity is therefore represented by a large dimensional space from the data analysis angle. Plenty of parameters were extracted from the high dimensional data

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as the indicators for diagnosis. The large dimensional space hinders a proper interpretation of the embedded symbolic physiology in the feature space [1]. However, the increasingly developing of the artificial intelligence domain and machine learning methods provides powerful tools to deal with the large dimensional electrocardiography data.

Lots of algorithms had been proposed for the classification and detection of electrocardiography signals. The electrocardiography classification or detection task had been divided into two parts: the feature extraction process and classifier. Simple classifier such as linear discriminants [2] and kNN [3], more complex classifiers like neural networks [4], [5], [6], [7], fuzzy inference engines [7], [8], hidden Markov model [9], [10], independent component analysis [11] and support vector machine [3], [12], [13] were also adopted by lots of researchers.

Beyond the classifier, the performance of a recognition system highly depends on the determination of extracted electrocardiography features. Time domain features, frequency domain features, and statistical measures features for six fundamental waves (PQRSTU) had been used in feature extraction process [14]. Time domain features like morphological features include shapes, amplitudes, and durations were adapted primarily in [15], [16], [17], frequency domain features like wavelet transformation were widely used [18], [19] stationary features like higher-order statistics also had been developed. Principal component analysis [20] and Hermite functions [21] have been used in electrocardiography classification and related analysis technologies as well. Almost every single published paper proposes a new set of features to be used, or a new combination of the existing ones [22].

The results from these algorithms or models were not amenable to expert labelling, as well as for the identification of complex relationships between subjects and clinical conditions [23]. But for the ambulatory electrocardiography clinical application, as well as the normal application in daily healthcare monitoring for cardiac function or early warning of heart disease, an automated algorithm or model would have significant meaning. The application of artificial intelligence methods has become an important trend in electrocardiography for the recognition and classification of different arrhythmia types [23]. The data explosion puts forward the new request to the method of data processing and information mining.

Over the past decades computational techniques proliferated in the pattern recognition field, simultaneously the applications in electrocardiography recognition, detection and classification for relevant trends, patterns, and outliers. Most of the literatures in the electrocardiography classification

task were focused on the supervised learning methods, as in unsupervised learning methods were infrequently used, which needs a lot of effort in labelling data. The MIT-BIH database [24] was the most widely used data in the classification and detection algorithm developments, while mass unlabelled electrocardiography data had been ignored due to the supervise learning approaches essential. Unsupervised learning methods become crucial in mining or analysing unlabelled data, as the unlabelled electrocardiography data accumulated. Unsupervised learning-based approaches and the application to electrocardiogram classification in literatures mainly include clustering-based techniques [21], [25], [26], self-adaptive neural network-based methods [27], [28] and some hybrid unsupervised learning systems [29].

Manifold learning is a kind of method attempting to uncover the manifold structure in a data set, it can also be considered as a kind of nonlinear dimensional reduction technique. It has been widely used in multivariate data classification, data analysis, and data visualization. Manifold learning directly map the input data space into some feature space to find a better descriptor to analysis the real world problems.

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II. METHODOLOGY

The arrhythmia analysis problem can be generally considered as one time series based classification problem from the viewpoint of data analysis. Consider a set of n electrocardiography based time series data set $\mathbf{X} = \{\mathbf{x}_i\} \subset \mathbb{R}^d$, is given as the samples. Heartbeats in \mathbf{X} include both labelled and unlabelled samples, the task is to estimate the labels of unlabelled data with some methods based on the labelled and relative methods. Here we adopt several manifold learning based techniques to embed the high dimensional input data into some lower dimension subspace. With the techniques some data properties were preserved in the embedded subspace (feature space). Then we train a classifier in the feature space using the labelled data, and use the classifier to classify the unlabelled data. From which we can get the arrhythmia information. Here we introduce several manifold learning techniques, the detailed theory and explanation can be accessed from the related literatures.

A. PCA

Principal Component Analysis (PCA) is a linear dimensionality reduction method, which try to find a linear subspace of lower dimension keeping the largest variance compare to the original feature space. PCA is by far the most popular unsupervised linear technique. The most important task in PCA method is to find the principal components of a data set, which can be implemented by finding a linear basis with reduced dimensionality for the input data sets, with the amount of variance in the data is maximal.

Mathematically, consider data set $\{\mathbf{x}_i\} \subset \mathbb{R}^d$, the embedded subspace with PCA can be denote as $\{\mathbf{y}_i\} \subset \mathbb{R}^k$ (d and k are the dimension numbers). Then the problem of finding the “best” k principal components can be transfer to finding k -dimensional subspaces that minimize the orthogonal distances. Solve

$$\underset{\mathcal{S}}{\operatorname{argmin}} \sum_{i=1}^d \|\mathbf{x}_i - P_{\mathcal{S}}(\mathbf{x}_i)\|_2^2 \quad (1)$$

where $P_s(\cdot)$ is the projection onto subspace \mathcal{S} . Solution of this problem is to find a linear mapping \mathbf{M} from the original space to subspace \mathcal{S} , which maximizes the cost function $\text{trace}(\mathbf{M}^T \text{cov}(\mathbf{X}) \mathbf{M})$. Then the data low-dimensional data features \mathbf{y}_i of data points \mathbf{x}_i in original space can be computed by mapping $\mathbf{Y} = \mathbf{X} \mathbf{M}$. A detailed theory analysis and tutorial can be found in [30] and [31] respectively.

B. Kernel PCA

The linear mapping could not be an accurate description of data in the nonlinear case, which happens in real world applications like the arrhythmia analysis. In these cases, PCA will produce a large error measure. The geometrically nonlinear surface of data motivated different kinds of modeling approaches include kernel PCA. Kernel PCA is a reformulation of linear PCA in a high-dimensional space constructed using kernel functions. Kernel PCA computes the principal eigenvectors of the kernel matrix rather than the covariance matrix in the origin PCA method. Apparently, constructing

the kernel space transfer the linear based PCA into a nonlinear mapping. The idea behind kernel PCA is to project the data into a new, higher-dimensional feature space.

Mathematically, let n data points (here are the segmented heartbeat sample) $\mathbf{x}_i \in \mathbb{R}^d$ be given, suppose $\phi : \mathbb{R}^d \rightarrow \mathbb{R}^D$, where $D > d$. Assume that the mapping in the feature vectors have zero mean which is $\frac{1}{n} \sum_{i=1}^n \phi(\mathbf{x})_i = 0$. Use $\Phi = [\phi(\mathbf{x}_1), \phi(\mathbf{x}_2), \dots, \phi(\mathbf{x}_n)]^T \in \mathbb{R}^{n \times D}$, apply PCA to Φ . Usually the $\phi(\mathbf{x}_i)$ are unknown and it is not possible to work out the decomposition explicitly, then we define

$$\kappa(\mathbf{x}_i, \mathbf{x}_i) = \phi(\mathbf{x}_i)^T \phi(\mathbf{x}_i) \quad (2)$$

and consider $\Phi \Phi^T = \{\phi(\mathbf{x}_i)^T \phi(\mathbf{x}_j)\}$, so we have kernel matrix under the mapping of $\phi(\cdot)$ is $\mathbf{K} = \{\kappa(\mathbf{x}_i, \mathbf{x}_j)\}$. The principal d eigenvectors of the centered kernel matrix can be computed, then the covariance matrix in feature space is constructed by κ . A similar optimization problem can be summarized like in Equation 1 while the projection involves a kernel transformation. Details of kernel PCA theory and application tutorial can be found in [32], [33], [34]. Kernel PCA is a kernel-based method, the mapping performed greatly relies on the choice of kernel function κ . The linear mapping PCA could be equal to a Kernel PCA when a linear kernel is chosen. Typical kernel functions include Gaussian kernel, polynomial kernel etc.

C. Maximum Variance Unfolding (Semidefinite Embedding)

Since in the kernel PCA based method, the choice of kernel function is quite arbitrary. Sometime a poor kernel function could not lead to a good manifold embedding. Maximum Variance Unfolding (MVU) is a technique that attempts to solve such problem by learning from data so that the kernel matrix can be obtained, which was formerly known as Semidefinite Embedding [35].

In MVU based methods, a notion of local isometry was proposed. In mathematics, an isometry of a manifold is any (smooth) mapping of that manifold into itself, or into another manifold that preserves the notion of distance between points. Given n input points $\mathbf{x}_i \in \mathbb{R}^d$ and a prescription for identifying neighborhood relations, find some mapped output $\mathbf{y}_i \in \mathbb{R}^k$ such that both the inputs and outputs are both locally isometric (or approximation locally isometric).

D. Isomap

PCA finds a low-dimensional representation of the data points that best preserves the variance as which measured in the high-dimensional input space. Later the classical multidimensional scaling (MDS) method was proposed which finds an embedding preserving the inter-point distances[36]. The MDS method equivalent to PCA when those distances are Euclidean. While in many case, the high-dimensional data lies on or near a curved manifold, PCA and MDS may lead a mistake in the some datasets contain essential nonlinear structures that are invisible to them, like in some face recognition dataset. Isomap builds on classical MDS but seeks to preserve the intrinsic geometry of the data, as captured in the geodesic manifold distances between all pairs of data points [37].

Mathematically, the geodesic distance between the data points $\{\mathbf{x}_i\} \subset \mathbb{R}^d$ are computed so as to construct a neighborhood graph \mathcal{G} , where every data point $\{\mathbf{x}_i\}$ is connected with its k nearest neighbors in the dataset. The shortest path between two points in the graph forms an estimate of geodesic distance, which can be computed using Dijkstra's shortest-path algorithm, therefore we can get a pairwise geodesic distance matrix \mathcal{D} . The low-dimensional representation can be achieved by MDS on \mathcal{D} .

E. Local Linear Embedding

Local Linear Embedding is a technique that is similar to Isomap and MVU, all try to construct a graph representation of the data points. Compare to Isomap, LLE only attempts to preserve local properties of data [38], which are constructed by writing the high-dimensional data points as a linear combination of their nearest neighbors. In the low-dimensional manifold, LLE attempts to retain the reconstruction weights in the linear combinations as good as possible.

F. Laplacian Eigenmaps

[39]

G. Sammon Mapping

H. Multilayer Autoencoder

I. Classifier Adopted

III. MATERIAL AND EXPERIMENTS

A. Data Collection

As for the signal acquiring process, different kinds of sample rates might be involved, for common ECG acquisition device the sample rate would be 128Hz, 250Hz, 340Hz or 500Hz even higher. In murine studies, a sampling rate as high as 2kHz is considered sufficiently. Arbitrary resizing would be an ideal procedure to handle with the different sampling rate from a different data source to build the datasets for analysis, which would be adopted in the experiment to keep data consistency.

B. ECG Arrhythmia

After the segmentation for the ECG records, we got plenty of ECG waveform samples with variety categories. Since different physiological disorder may be reflected on the different type of abnormal heartbeat rhythms. For the task of classification, it is quite important to determine the classes would be used. In the early literature, there were no unified class labels for an ECG classification problem. The MIT-BIH Arrhythmia Database was the first available set of standard test material for evaluation of arrhythmia detectors; it played an important role in stimulating manufacturers of arrhythmia analyzers to compete by objectively measurable performance. The annotations in the open database for the ECG categories adopted the ANSI/AAMI EC57: 1998/(R)2008 standard AAMI (2008), which recommended to group the heartbeats into five classes: on-ectopic beats (N as the Figure ?? (a));

supraventricular ectopic beat (S as the Figure ?? (b)); ventricular ectopic beat (V as the Figure ?? (c) and (d)); fusion of a V and a N (F); unknown beat type (Q). These classes or labels have been widely used in the ECG classification tasks related literature (Table ?? illustrated). The normal beat, supraventricular ectopic beat and the ventricular ectopic beat categories were used much more frequently while the unknown beat type were abandoned because of its clinical valueless.

C. Data Source

Data from the ambulatory electrocardiography database were used in this study, which includes recordings of 100 subjects with arrhythmia along with normal sinus rhythm. The database contains 100 recordings, each containing a 3- lead 24-hour long electrocardiography which were bandpass filtered at 0.1-100Hz and sampled at 128Hz. In this study, only the lead I data were adapted after preprocessing in the classification task. The reference average heart beats for each sample has 97,855 beats for the 24-hour long recording, and the reference arrhythmia average is 1,810 beats which were estimated by a commercial software (this statistics aim to indicate the existence for arrhythmia samples, which should not be consider as a experiment preset). The MIT-BIH Arrhythmia Database [23] contains 48 half-hour recordings each containing two 30-min ECG lead signals (lead A and lead B), sampled at 360Hz. As well only the lead I data were used in the proposed method. In agreement with the AAMI recommended practice, the four recordings with paced beats were removed from the analysis. Five records randomly selected were used to verify the real time application. The remaining recordings were divided into two datasets, with small part of which were used as the training set of the fine-tuning process. The MIT-BIH Long-term Database is also used in this study for training and verification, which contains 7 long-term ECG recordings (14 to 22 hours each), with manually reviewed beat annotations and sampled at 128Hz. Similarly, the 7 recordings were divided into two datasets, with part used as the fine-tuning training set. A description of the labelled datasets are illustrated in Table 1 .

D. Data Preprocessing

Similar to the routine of electrocardiography classification task, the workflow consists of the stages of prepossessing, processing and the classifying. The prepossessing stage related technologies are not the focus of this study, so the classical methods for prepossessing were adapted, and just a brief introduction of the details would be mentioned. In the pre-processing stage, filtering algorithms were adapted to remove the artefact signals from the ECG signal. The signals include baseline wander, power line interference, and high-frequency noise. For the unlabelled database of ambulatory ECG and the MITBIH LT database, the Lead I data were extracted and a resample from 128Hz to 360Hz procedure was adopted for data consistency. Before the segmentation procedure from the long-time monitoring ECG signals- Heartbeat Detection: For the heartbeat detection, the MIT-BIH database and unlabelled database, the positions of R waves are determined.

The provided fiducial points of R wave had been used as the basis of wave segmentation. The details of the implementation of R wave detection would not be described in this study, and a reference for the R wave detection algorithms had been explored in [58]. In the heartbeat segmentation process, the segmentation program of Laguna [59] was adapted, which also had been validated by other related work [2]. The segmentation process was focus on the Lead I of the recordings. After the segmentation for the ambulatory ECG database, three parts of heartbeat samples listed in Table 1 were acquired for the classification task. As for the pretraining, fine-tuning for our proposed task and comparison, we divided all the samples into three groups: the pretraining group as dataset A, the fine-tuning group as dataset B and test group as dataset C (illustrated in Table 2). Samples are chosen randomly from the original AR and LT database, the details of the sample class would be described in the experiment result analysis. As the algorithm of the deep structure training illustrated, both unsupervised learning and supervised learning are involved in the training process. The pre-training mainly used the unlabelled data to train the autoencoder parts, which only need to set the outputs equal to the inputs. Training data adopted in the unsupervised learning step include the whole samples from the ambulatory electrocardiography database and parts of the MIT-BHI database samples. In the supervised learning step, the MIT-BHI database samples with labels were adopted.

E. Manifold Embedding Methods

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F. Autoencoder Based Feature Extraction

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IV. RESULTS AND DISCUSSION

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V. CONCLUSION AND FUTURE WORK

APPENDIX A PROOF OF THE FIRST ZONKLAR EQUATION

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Algorithm 1 Principal Component Analysis

Input: Data Set $X = [x_1, x_2, \dots, x_n]^T$

Output: $y = x^n$

$$y \leftarrow 1$$

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