

Tensor-based ECG Signal Processing Applied to Atrial Fibrillation Detection

Simon Geirnaert

Joint work with G. Goovaerts, S. Padhy, M. Boussé, L. De Lathauwer, S. Van Huffel

Asilomar Conference on Signals, Systems, and Computers
October 30, 2018

KU LEUVEN



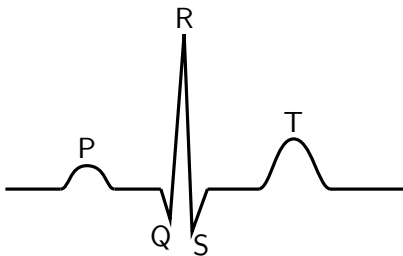
STADIUS

Center for Dynamical Systems,
Signal Processing and Data Analytics

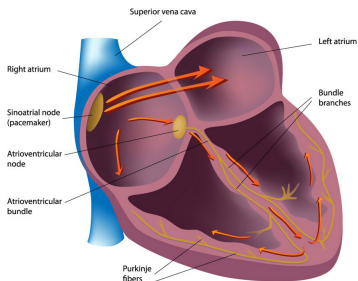


Research Foundation
Flanders
Opening new horizons

The electrocardiogram (ECG): measuring the electrical activity of the heart

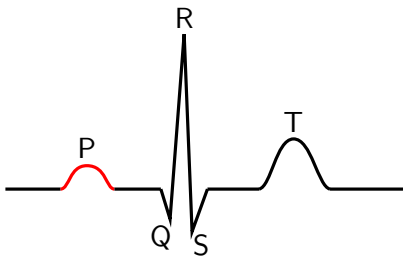


A normal ECG-signal

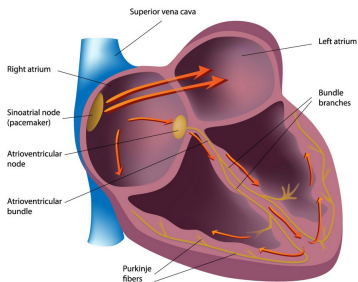


The electrical activity of the heart

The electrocardiogram (ECG): measuring the electrical activity of the heart

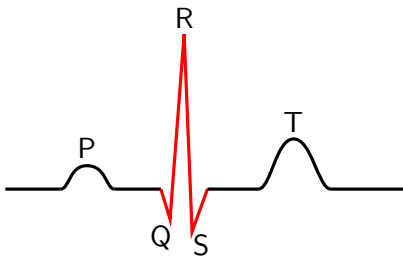


A normal ECG-signal

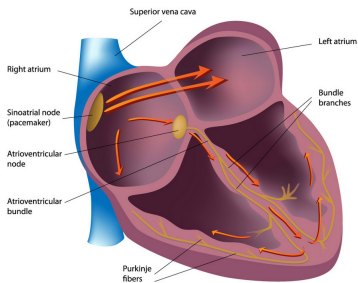


The electrical activity of the heart

The electrocardiogram (ECG): measuring the electrical activity of the heart

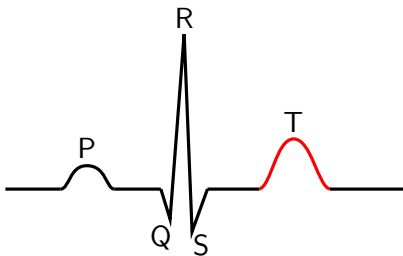


A normal ECG-signal

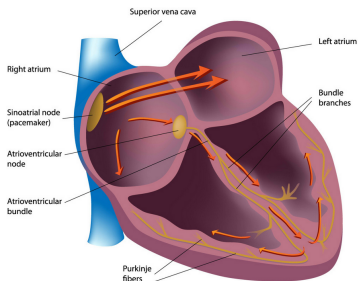


The electrical activity of the heart

The electrocardiogram (ECG): measuring the electrical activity of the heart



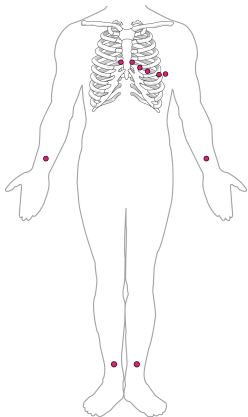
A normal ECG-signal



The electrical activity of the heart

Recording the ECG

Multi-channel (e.g. Holter)

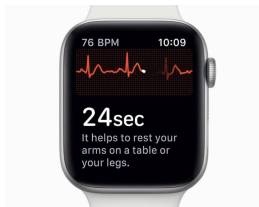


Positioning electrodes

Single-channel (*mHealth*)

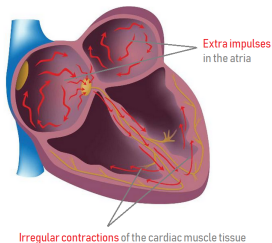


KardiaMobile™ of AliveCor®

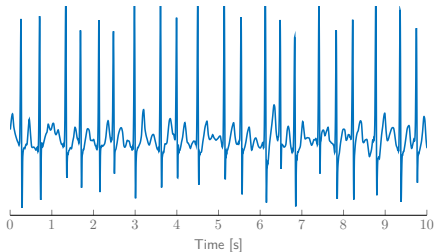


The Apple Watch®

Atrial fibrillation (AF): a cardiac arrhythmia

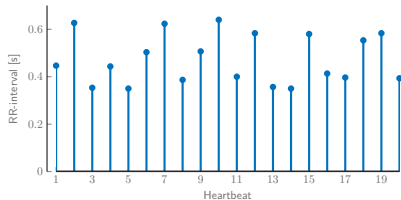
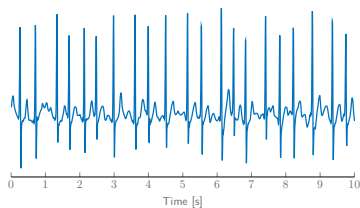
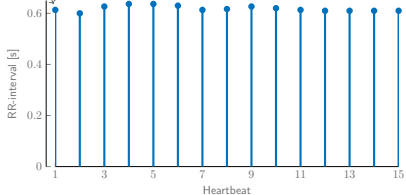
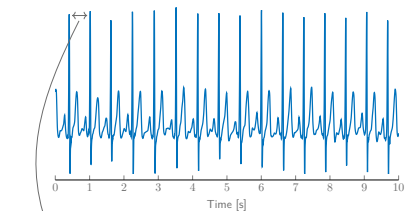


The electrical activity of the heart when AF is present



An ECG-signal with AF

Atrial fibrillation (AF): a cardiac arrhythmia



Atrial Fibrillation: the most common cardiac arrhythmia

Prevalence

- ▶ 1 out of 4 will develop AF
- ▶ 1% of general population

Risks

Latently: clots of blood → pulmonary embolism, stroke, ...

Treatment

Often medication, sometimes electrical cardioversion, ...

How to improve?

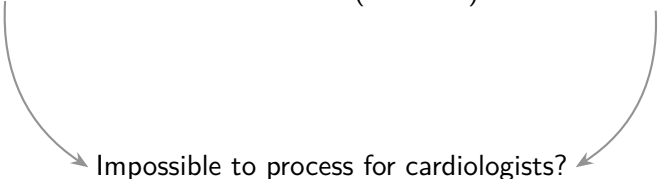
Need: accurate and early detection
of AF

More and more **data** available
(*mHealth*)

How to improve?

Need: accurate and early detection
of AF

More and more **data** available
(*mHealth*)



Impossible to process for cardiologists?

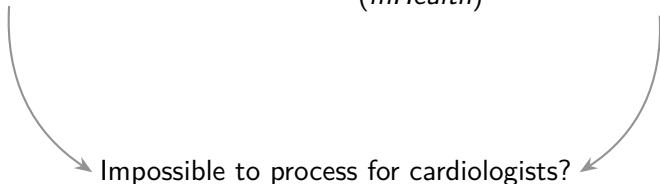
The diagram consists of two curved arrows forming a cycle. One arrow starts from the text 'Need: accurate and early detection of AF' and points to the text 'Impossible to process for cardiologists?'. The other arrow starts from the text 'More and more data available (mHealth)' and also points to the text 'Impossible to process for cardiologists?'.

Not i.c.w. *automatic detection of AF!*

How to improve?

Need: accurate and early detection of AF

More and more **data** available (*mHealth*)



Not i.c.w. *automatic detection of AF!*

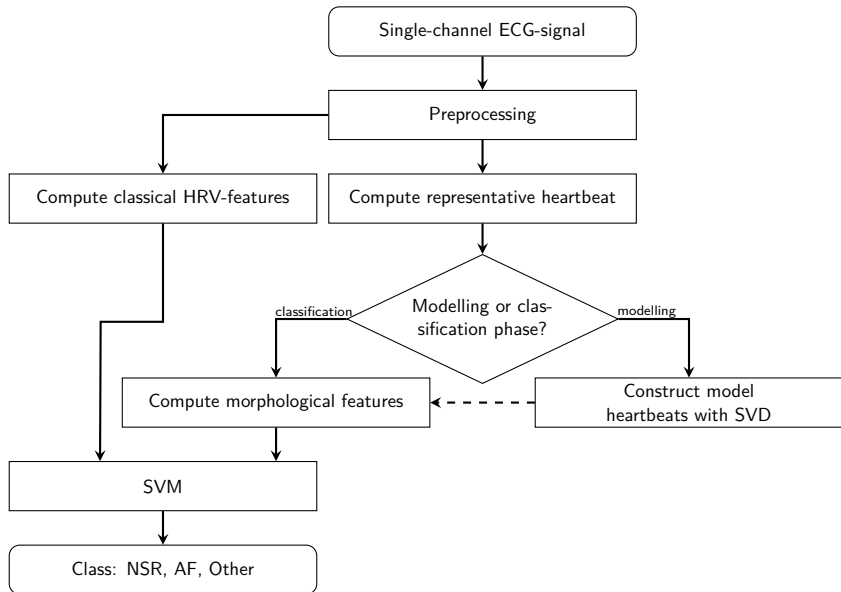
Goal

The development of matrix- and tensor-based methods for the automatic detection of AF in single- and multi-lead ECG.

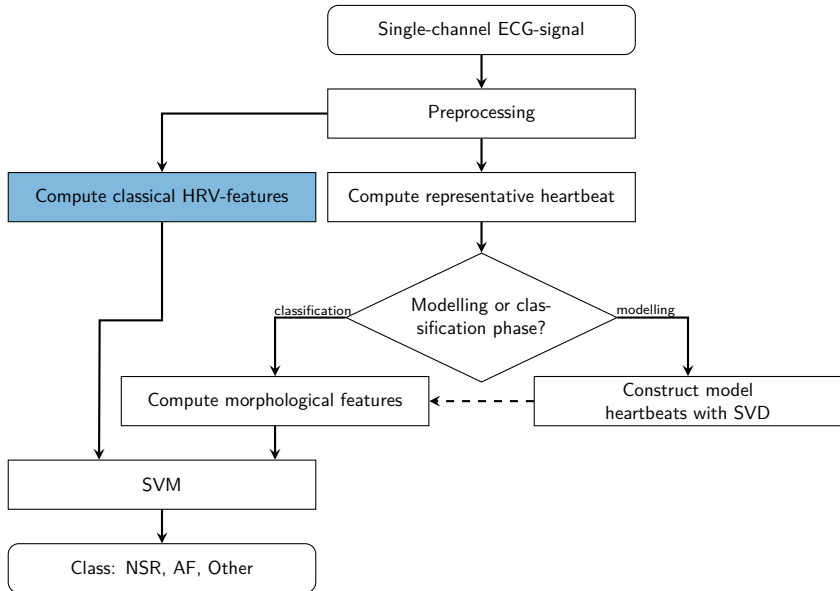
Outline

- ① Detection of AF in single-channel ECG
- ② Detection of AF in multi-channel ECG

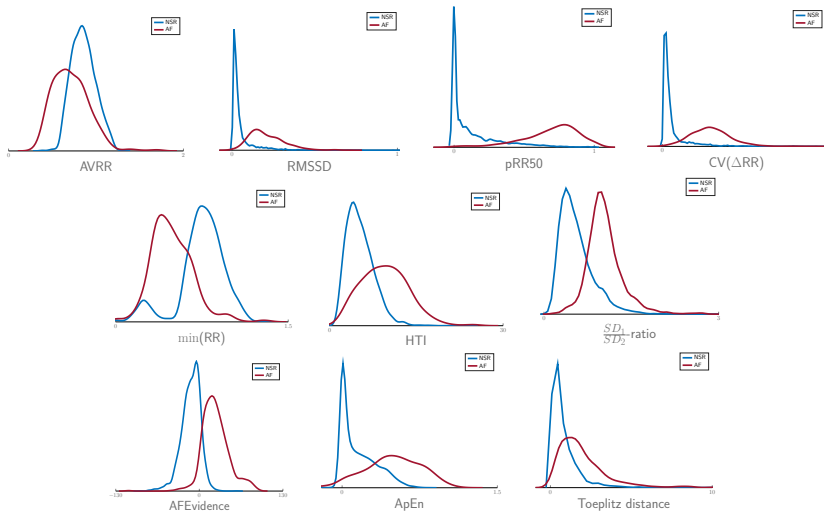
Overview of the algorithm



Classical HRV-features

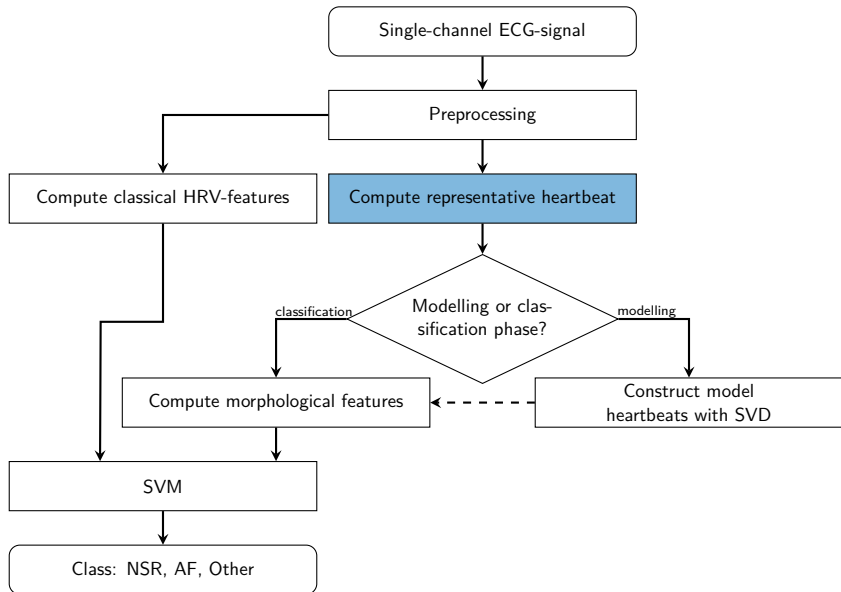


Classical HRV-features: densities



NSR = Normal Sinus Rhythm, AF = Atrial Fibrillation

Computation representative heartbeat



Computation representative heartbeat

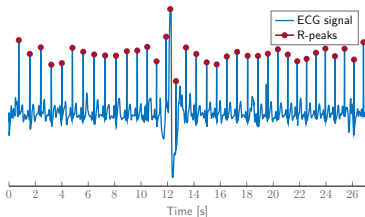
Three steps:

- 1 R-peak detection (Pan-Tompkins) and noise removal
- 2 Segmentation and alignment
- 3 Compression in one representative heartbeat

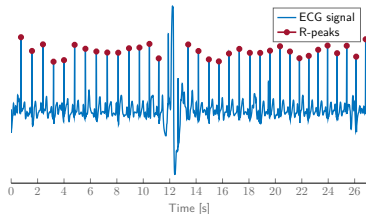
Computation representative heartbeat

Three steps:

- 1 *R-peak detection (Pan-Tompkins) and noise removal*
- 2 Segmentation and alignment
- 3 Compression in one representative heartbeat



Without noise detection

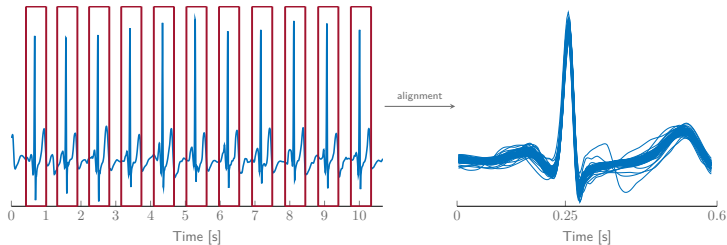


With noise detection

Computation representative heartbeat

Three steps:

- 1 R-peak detection (Pan-Tompkins) and noise removal
- 2 *Segmentation and alignment*
- 3 Compression in one representative heartbeat

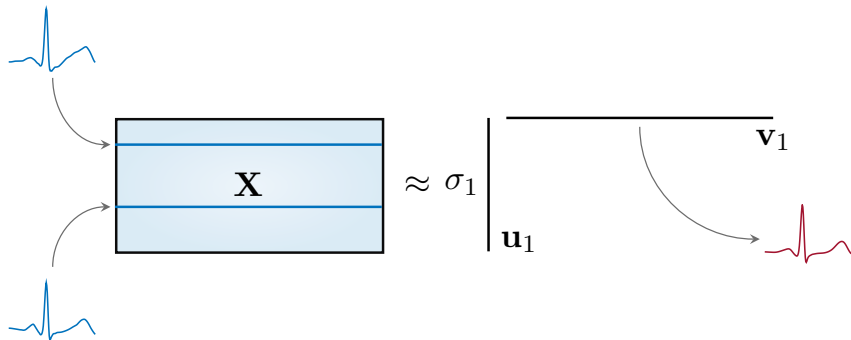


From window-based segmentation to cross-correlation based alignment

Computation representative heartbeat

Three steps:

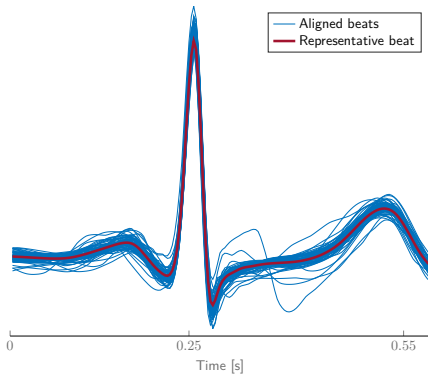
- 1 R-peak detection (Pan-Tompkins) and noise removal
- 2 Segmentation and alignment
- 3 *Compression in one representative heartbeat*



Computation representative heartbeat

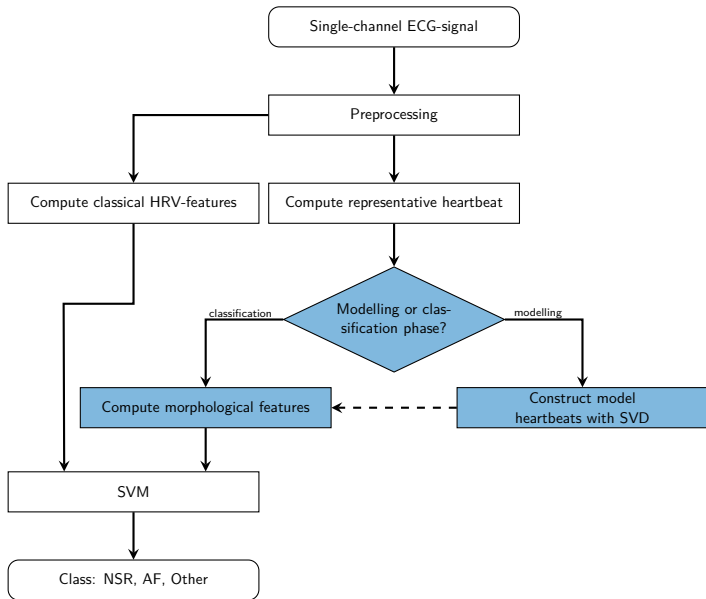
Three steps:

- 1 R-peak detection (Pan-Tompkins) and noise removal
- 2 Segmentation and alignment
- 3 *Compression in one representative heartbeat*



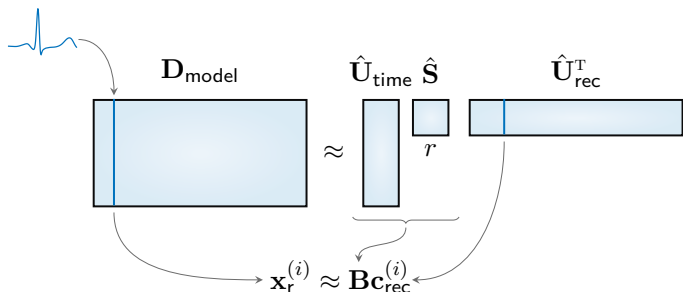
Compression

Modelling and classification



Matrix-based modelling

Given a model set:



For $\mathbf{x}_r^{(\text{new})}$:

$$\mathbf{x}_r^{(\text{new})} = \mathbf{B}\mathbf{c}_{\text{rec}}^{(\text{new})} \rightarrow \tilde{\mathbf{c}}_{\text{rec}}^{(\text{new})}.$$

Compute $\mathbf{f}^{(\text{new})}$ based on:

$$s_i = \tilde{\mathbf{c}}_{\text{rec}}^{(\text{new})\text{T}} \tilde{\mathbf{c}}_{\text{rec}}^{(i)}, \forall i : 1 \leq i \leq M.$$

For each class C : $f_c^{(\text{new})} = \sum_{i \in C} w_i s_i$

Results: PhysioNet/CinC Challenge 2017

- ▶ Data: 8244 signals from AliveCor[®]

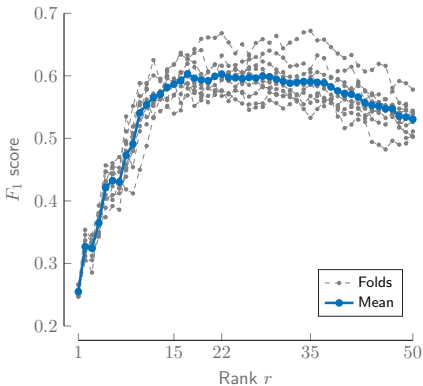
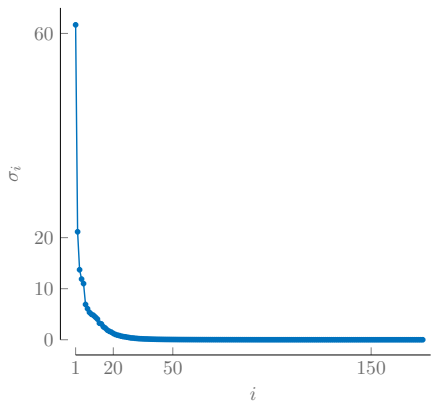


KardiaMobile[™] of AliveCor[®]

- ▶ Three classes: NSR > Other > AF
- ▶ Model set of 4946 signals (60%), training and test set have equal sizes

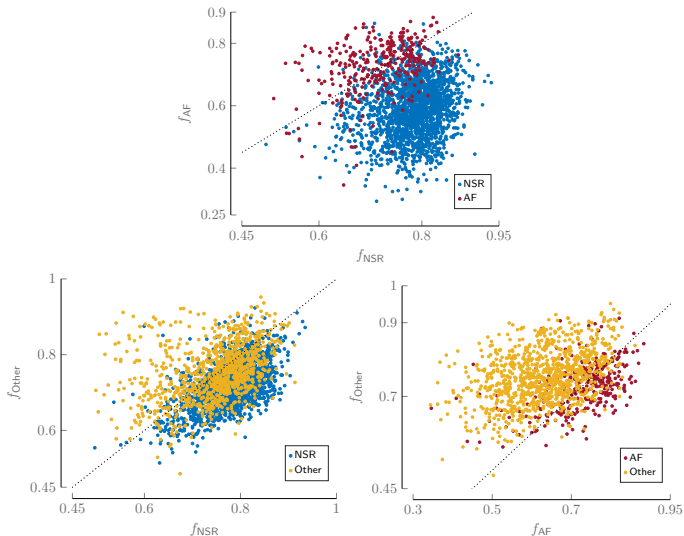
Results: the optimal rank

Optimal rank: 22



Singular values and optimal rank

Results: the morphological features



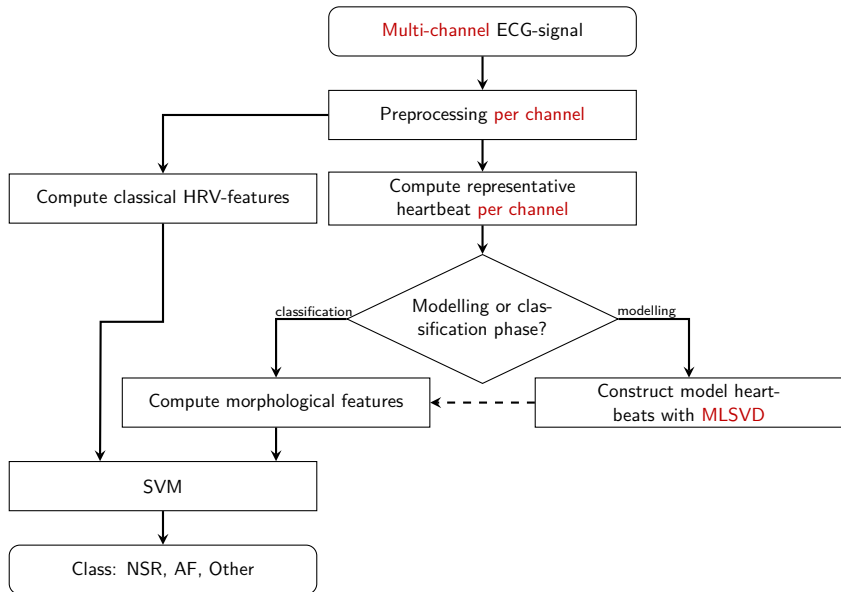
Results: the numbers

Method	$P(\%)$	F_{1n}, F_{1a}, F_{1o}	F_1
SVD	70.0	0.81, 0.57, 0.40	0.59
HRV	77.7	0.85, 0.76, 0.59	0.73
SVD + HRV	80.2	0.87, 0.80, 0.65	0.77

Outline

- ① Detection of AF in single-channel ECG
- ② Detection of AF in multi-channel ECG

Overview of the algorithm

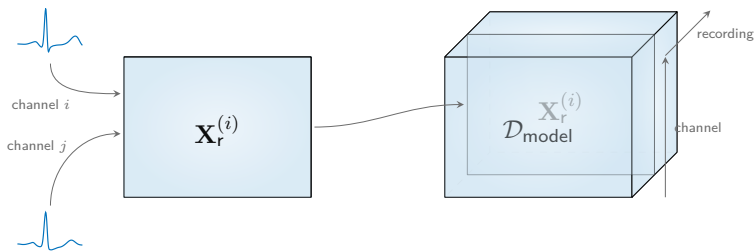


Tensor-based modelling

- ▶ Tensorization
- ▶ Modelling
- ▶ Optimal rank

Tensor-based modelling

► *Tensorization:*

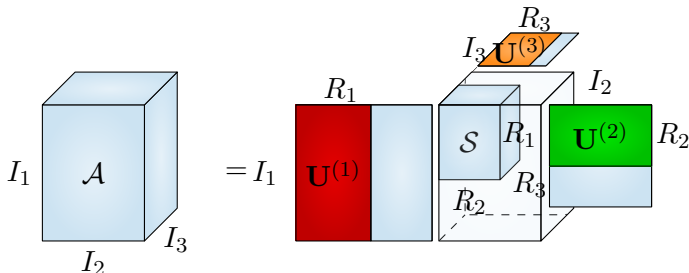


$\mathbf{X}_r^{(i)}$ by collecting representative heartbeats channel-by-channel, followed by $\mathbf{X}_r^{(i)} \rightarrow \mathcal{D}_{\text{model}}$

- Modelling
- Optimal rank

Tensor-based modelling

- ▶ Tensorization
- ▶ *Modelling*: the multilinear singular value decomposition:



- ▶ Optimal rank

Tensor-based modelling

- ▶ Tensorization
- ▶ *Modelling*: the truncated MLSVD gives:

$$\mathcal{D}_{\text{model}} \approx \hat{\mathcal{S}} \cdot_1 \hat{\mathbf{U}}_{\text{channel}} \cdot_2 \hat{\mathbf{U}}_{\text{time}} \cdot_3 \hat{\mathbf{U}}_{\text{rec}}.$$

For $\mathbf{X}_r^{(i)}$:

$$\mathbf{X}_r^{(i)} \approx \hat{\mathcal{S}} \cdot \underbrace{\hat{\mathbf{U}}_{\text{channel}} \cdot_2 \hat{\mathbf{U}}_{\text{time}} \cdot_3}_{\mathcal{B}} \mathbf{c}_{\text{rec}}^{(i)\text{T}}$$
$$\Leftrightarrow \text{vec} \left(\mathbf{X}_r^{(i)} \right) \approx \mathbf{B}_{(3)}^{\text{T}} \mathbf{c}_{\text{rec}}^{(i)}.$$

For $\mathbf{X}_r^{(\text{new})}$:

$$\text{vec} \left(\mathbf{X}_r^{(\text{new})} \right) = \mathbf{B}_{(3)}^{\text{T}} \mathbf{c}_{\text{rec}}^{(\text{new})} \rightarrow \tilde{\mathbf{c}}_{\text{rec}}^{(\text{new})},$$

similarly $\mathbf{f}^{(\text{new})}$.

- ▶ Optimal rank

Tensor-based modelling

- ▶ Tensorization
- ▶ Modelling
- ▶ *Optimal rank*: solution for complexity is sequential optimization (with cross-validation):

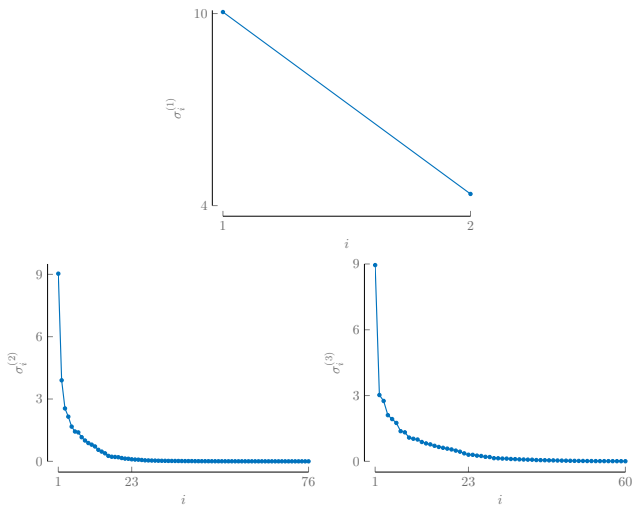
$$\dots \rightarrow \left. \begin{array}{l} r_{\text{channel}}^{(i)} \\ r_{\text{time}}^{(i)} \\ r_{\text{rec}}^{(i)} \end{array} \right\} \xrightarrow[r_{\text{time}}^{(i)}]{\text{Vary}} \left. \begin{array}{l} r_{\text{channel}}^{(i)} \\ r_{\text{time}}^{(i+1)} \\ r_{\text{rec}}^{(i)} \end{array} \right\} \xrightarrow[r_{\text{rec}}^{(i)}]{\text{Vary}} \left. \begin{array}{l} r_{\text{channel}}^{(i)} \\ r_{\text{time}}^{(i+1)} \\ r_{\text{rec}}^{(i+1)} \end{array} \right\} \xrightarrow[r_{\text{channel}}^{(i)}]{\text{Vary}} \left. \begin{array}{l} r_{\text{channel}}^{(i+1)} \\ r_{\text{time}}^{(i+1)} \\ r_{\text{rec}}^{(i+1)} \end{array} \right\} \rightarrow \dots$$

Results: MIT-BIH AFIB & AFTDB dataset

- ▶ 23 + 80 two-channel Holter signals, long duration
- ▶ MIT-BIH AFIB: no independence, only NSR
- ▶ AFTDB: independence *in-between* sets and *within* test set

Results: the optimal multilinear rank

Optimal multilinear rank: (1,23,23)



Multilinear singular values

Results

Method	AUC	F_1
MLSVD	0.99	0.933
HRV	1.00	0.983
MLSVD + HRV	1.00	1.00

Results: analysis linear SVM

Linear SVM:

$$y(\mathbf{f}) = \text{sign}(\mathbf{v}^T \mathbf{f} + b),$$

with $\mathbf{f} \in \mathbb{R}^{12}$ and $\mathbf{v} = \sum_{k=1}^{\text{\#SV's}} \alpha_k y_k \mathbf{f}_k \in \mathbb{R}^{12}$.

Results: analysis linear SVM

Linear SVM:

$$y(\mathbf{f}) = \text{sign}(\mathbf{v}^T \mathbf{f} + b),$$

with $\mathbf{f} \in \mathbb{R}^{12}$ and $\mathbf{v} = \sum_{k=1}^{\text{\#SV's}} \alpha_k y_k \mathbf{f}_k \in \mathbb{R}^{12}$.

$$\mathbf{v}^T = \begin{bmatrix} f_{\text{NSR}} & f_{\text{AF}} & \text{AVRR} & \text{RMSSD} & \text{pRR50} & \text{HTI} & \text{min}(\text{RR}) & \text{SD1/SD2} & \text{ApEn} & \text{Toeplitz} & \text{CoV}(\Delta_{\text{RR}}) & \text{AFEvidence} \\ -0.55 & 0.42 & -0.22 & 0.26 & 0.50 & 0.47 & -0.14 & -0.12 & 0.45 & 0.27 & 0.29 & 0.51 \end{bmatrix}$$

Conclusion and outlook

To conclude:

- ▶ The designed features, based on SVD and MLSVD, quantify morphology and can be used as such
- ▶ Morphological + HRV-features $>$ HRV-features when other classes are present

Outlook:

- ▶ MLSVD-method should be tested on larger datasets
- ▶ Extension to long-term signals
- ▶ Use Higher-Order Discriminant Analysis to perform supervised subspace learning
- ▶ Coupling of datasets (across modalities) by using coefficients as features

Tensor-based ECG Signal Processing Applied to Atrial Fibrillation Detection

Simon Geirnaert (simon.geirnaert@esat.kuleuven.be)

Joint work with G. Goovaerts, S. Padhy, M. Boussé, L. De Lathauwer, S. Van Huffel

Asilomar Conference on Signals, Systems, and Computers
October 30, 2018

KU LEUVEN



STADIUS

Center for Dynamical Systems,
Signal Processing and Data Analytics



Research Foundation
Flanders
Opening new horizons

[1, 2] [3, 4, 5, 6, 4, 7, 8, 9, 10] [11, 12, 13] [14, 15] [16, 17, 18, 19]
[20] [21, 22, 23, 24, 25]

Bibliography I

- [1] G. Lip, L. Fauchier, S. Freedman, I. Van Gelder, A. Natale, C. Gianni, S. Nattel, T. Potpara, M. Rienstra, H.-F. Tse, and D. Lane, "Atrial fibrillation," *Nature Reviews Disease Primers*, vol. 2, pp. 1–26, 2016.
- [2] V. Fuster, L. E. Rydén, D. S. Cannom, H. J. Crijns, A. B. Curtis, K. A. Ellenbogen, J. L. Halperin, G. N. Kay, J.-Y. Le Huezey, J. E. Lowe, S. B. Olsson, E. N. Prystowsky, J. L. Tamargo, and L. S. Wann, "2011 accf/aha/hrs focused updates incorporated into the acc/aha/esc 2006 guidelines for the management of patients with atrial fibrillation: A report of the american college of cardiology foundation/american heart association task force on practice guidelines developed in partnership with the european society of cardiology and in collaboration with the european heart rhythm association and the heart rhythm society: A report of the

Bibliography II

american college of cardiology foundation/american heart association task force on practice guidelines developed in partnership with the european society of cardiology and in collaboration with the european heart rhythm association and the heart rhythm society," *Journal of the American College of Cardiology*, vol. 57, no. 11, pp. e101–e198, 2011.

- [3] R. Colloca, A. E. Johnson, G. D. Clifford, and L. Mainardi, "A Support Vector Machine approach for reliable detection of atrial fibrillation events," in *Computing in Cardiology*, vol. 40, 2013, pp. 1047–1050.
- [4] A. H. Khandoker, C. Karmakar, M. Brennan, M. Palaniswami, and A. Voss, *Poincaré Plot Methods for Heart Rate Variability Analysis*. Boston, MA: Springer US : Imprint: Springer, 2013.

Bibliography III

- [5] F. Shaffer and J. P. Ginsberg, “An Overview of Heart Rate Variability Metrics and Norms,” *Frontiers in Public Health*, vol. 5, September 2017.
- [6] K. Tateno and L. Glass, “Automatic detection of atrial fibrillation using the coefficient of variation and density histograms of RR and Delta RR intervals,” *Medical & Biological Engineering & Computing*, vol. 39, no. 6, pp. 664–671, November 2001.
- [7] M. Vollmer, “A robust, simple and reliable measure of heart rate variability using relative RR intervals,” in *Computing in Cardiology Conference (CinC), 2015*. CCAL, September 2015, pp. 609–612.

Bibliography IV

- [8] S. Sarkar, D. Ritscher, and R. Mehra, "A Detector for a Chronic Implantable Atrial Tachyarrhythmia Monitor," *Biomedical Engineering, IEEE Transactions on*, vol. 55, no. 3, pp. 1219–1224, March 2008.
- [9] D. E. Lake and J. R. Moorman, "Accurate estimation of entropy in very short physiological time series: the problem of atrial fibrillation detection in implanted ventricular devices," *American journal of physiology. Heart and circulatory physiology*, vol. 300, no. 1, January 2011.
- [10] U. Rajendra Acharya, K. Paul Joseph, N. Kannathal, C. Lim, and J. Suri, "Heart rate variability: a review," *Medical and Biological Engineering and Computing*, vol. 44, no. 12, pp. 1031–1051, December 2006.

Bibliography V

- [11] A. Fasano and V. Villani, “Baseline wander removal for bioelectrical signals by quadratic variation reduction,” *Signal Processing*, vol. 99, pp. 48–57, June 2014.
- [12] M. Kania, M. Fereniec, and R. Maniewski, “Wavelet denoising for multi-lead high resolution ECG signals,” *Measurement science review*, vol. 7, no. 4, pp. 30–33, 2007.
- [13] D. Donoho, “De-noising by soft-thresholding,” *Information Theory, IEEE Transactions on*, vol. 41, no. 3, pp. 613–627, May 1995.
- [14] J. Pan and W. J. Tompkins, “A Real-Time QRS Detection Algorithm,” *Biomedical Engineering, IEEE Transactions on*, vol. BME-32, no. 3, pp. 230–236, March 1985.

Bibliography VI

- [15] R. A. Álvarez, A. J. M. Penín, and X. A. V. Sobrino, “A Comparison of Three QRS Detection Algorithms Over a Public Database,” *Procedia Technology*, vol. 9, pp. 1159–1165, 2013.
- [16] T. G. Kolda and B. W. Bader, “Tensor Decompositions and Applications,” *SIAM Review*, vol. 51, no. 3, pp. 455–500, August 2009.
- [17] L. De Lathauwer, B. De Moor, and J. Vandewalle, “A Multilinear Singular Value Decomposition,” *SIAM Journal on Matrix Analysis and Applications*, vol. 21, no. 4, pp. 1253–1278, 2000.
- [18] A. Cichocki, D. Mandic, L. De Lathauwer, G. Zhou, Q. Zhao, C. Caiafa, and H. Phan, “Tensor decompositions for signal processing applications: From two-way to multiway component analysis,” *IEEE Signal Processing Magazine*, vol. 32, no. 2, pp. 145–163, March 2015.

Bibliography VII

- [19] N. Vervliet, O. Debals, L. Sorber, M. Van Barel, and L. De Lathauwer, "Tensorlab 3.0," <https://www.tensorlab.net>, Mar. 2016, available online.
- [20] M. Bousse, G. Goovaerts, N. Vervliet, O. Debals, S. Van Huffel, and L. De Lathauwer, "Irregular heartbeat classification using Kronecker Product Equations," in *Proceedings of the Annual International Conference of the IEEE Engineering in Medicine and Biology Society, EMBS*. Institute of Electrical and Electronics Engineers Inc., September 2017, pp. 438–441.
- [21] G. D. Clifford, C. Liu, B. Moody, L.-w. H. Lehman, I. Silva, Q. Li, A. Johnson, and R. G. Mark, "AF Classification from a short single lead ECG recording: the PhysioNet/Computing in Cardiology Challenge 2017," *Computing*, vol. 44, p. 1, 2017.

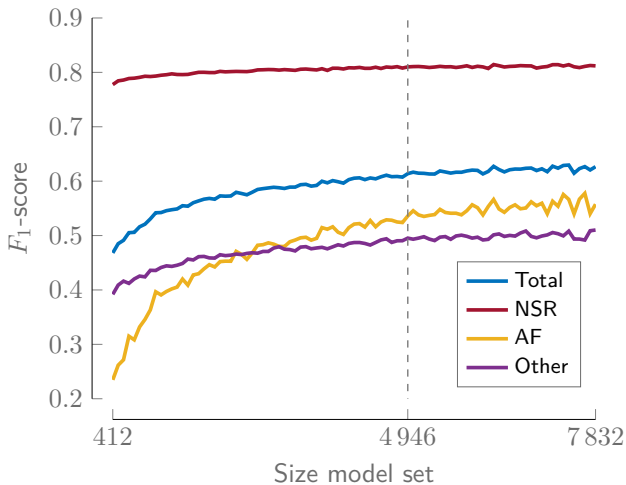
Bibliography VIII

- [22] A. Goldberger, L., L. Amaral, A. N., L. Glass, M., J. Hausdorff, Ch., P. Ivanov, G., R. Mark, E., J. Mietus, B., G. Moody, Eugene, C.-K. Peng, Eugene, and H. Stanley, Eugene, “PhysioBank, PhysioToolkit, and PhysioNet: Components of a New Research Resource for Complex Physiologic Signals,” *Circulation: Journal of the American Heart Association*, vol. 101, no. 23, pp. e215–e220, June 2000.
- [23] G. Moody, “A new method for detecting atrial fibrillation using RR intervals,” *Computers in Cardiology*, pp. 227–230, 1983.
- [24] —, “Spontaneous termination of atrial fibrillation: a challenge from physionet and computers in cardiology 2004,” in *Computers in Cardiology, 2004*. IEEE, 2004, pp. 101–104.

Bibliography IX

- [25] S. Petrutiu, A. V. Sahakian, and S. Swiryn, "Abrupt changes in fibrillatory wave characteristics at the termination of paroxysmal atrial fibrillation in humans," *Europace*, vol. 9, no. 7, pp. 466–470, July 2007.

Results: analysis size model set



Multi-lead ECG: alternatives

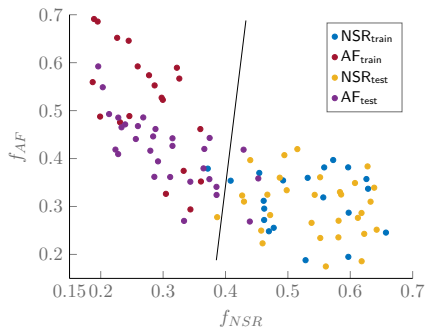
- ▶ Tensor-based: see [▶ Tensor-based modelling](#)
- ▶ Tensor-based: solution per channel

$$\mathbf{x}_r^{(i,k)} \approx \hat{\mathbf{S}} \cdot_1 \mathbf{c}_c^{(k)\top} \cdot_2 \hat{\mathbf{U}}_{\text{time}} \cdot_3 \mathbf{c}_{\text{rec}}^{(i)\top}$$

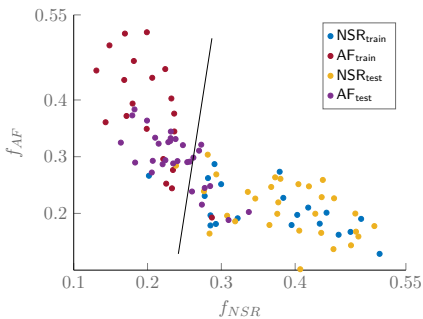
- ▶ Matrix-based:

$$\mathbf{D}_{\text{model},(3)}^T \approx \hat{\mathbf{U}}_{\text{tc}} \hat{\mathbf{S}} \hat{\mathbf{U}}_{\text{rec}}^T$$

Multi-lead ECG: alternatives



MLSVD



SVD

Morphological features

Multi-lead ECG: alternatives

Method	AUC
MLSVD	0.99
SVD	0.97
MLSVD, per channel (all/1/2)	0.97/0.91/0.91