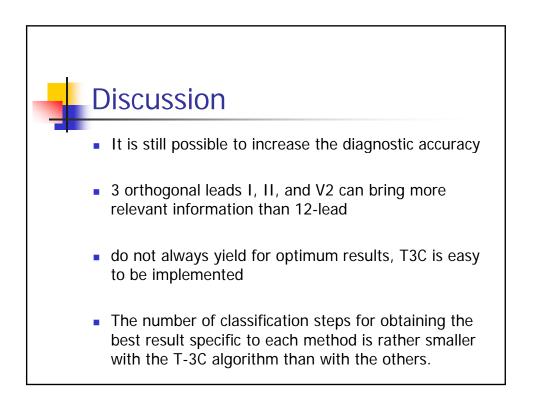


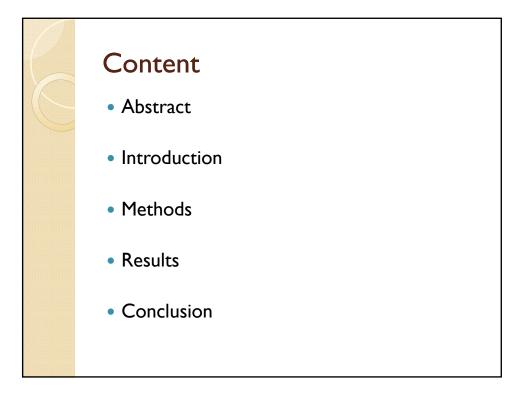
	R	0	sult	\$											
_			un.	5											
	•														
	12-lead ECG measurements						3-lead ECG measurements								
-	Discriminant Classification trees				Discriminant analysis				Classification trees						
-	12-L ECG criteria	Chaid	Exhaustive Chaid	C&RT	Quest	T-3C	12-L ECG criteria	3-L ECG criteria	Chaid	Exhaustive Chaid	C&RT	Quest	Quest ^c	T-30	
Se	97.8 ª	97.8	91.1	95.6	100	97.8	97.8 ^b	97.8	95.6	100	93.3	95.6	95.6	97.8	
Sp	96.1 ^a	92.2	92.2	92.2	84.3	94.1	88.2 ^b	96.1	86.3	88.2	94.1	86.3	92.2	98.0	
Acc	96.9 ^a	94.8	91.7	93.8	91.7	95.8	92.7 ^b	96.9	90.6	93.8	93.8	90.6	93.8	97.9	

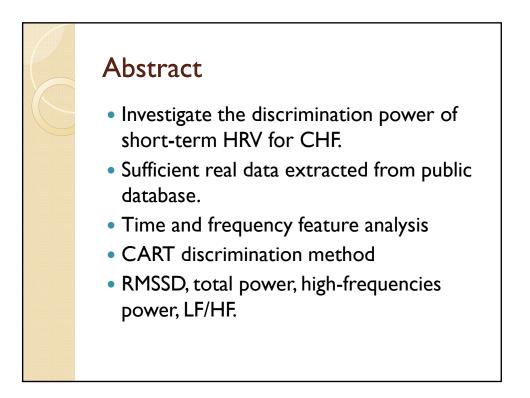




- New T3C approach for building a reliable decision tree
- Assessed for 3-lead and 12-lead measurement in different methods
- Four electrodes, easy and convenient to place and minimizing the signal noise.

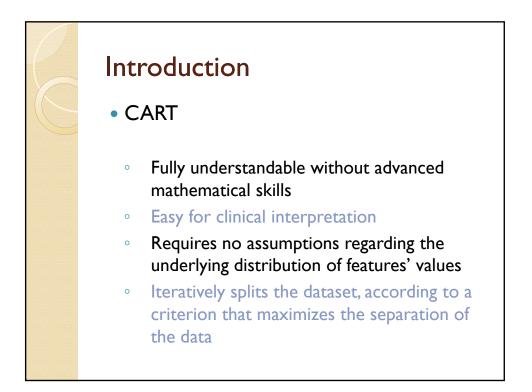




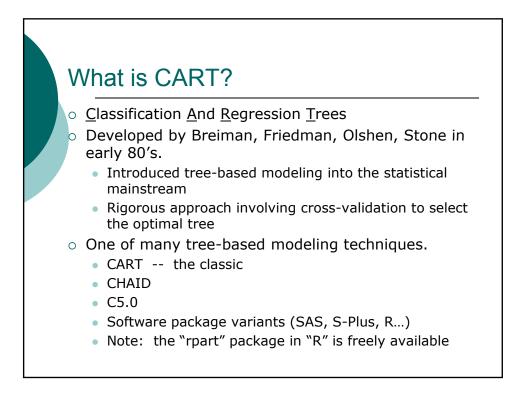


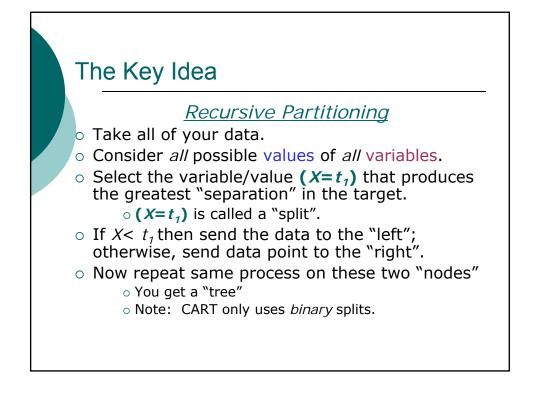
Introduction

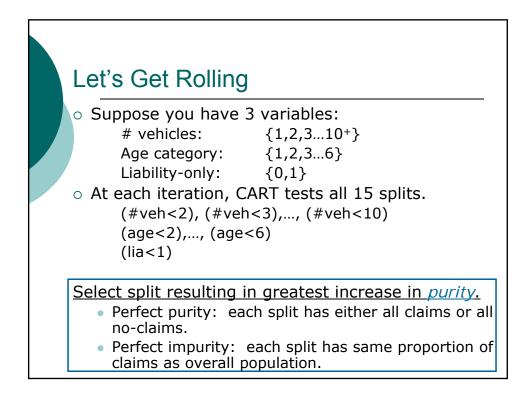
- HRV is widely studied in patients suffering from chronic heart failure (CHF) but not the diagnosis.
- New York Heart Association (NYHA) classification.
- ECG has low sensitivity and specificity.
- Investigate the power of short-term HRV features in classifying CHF patients by CART.

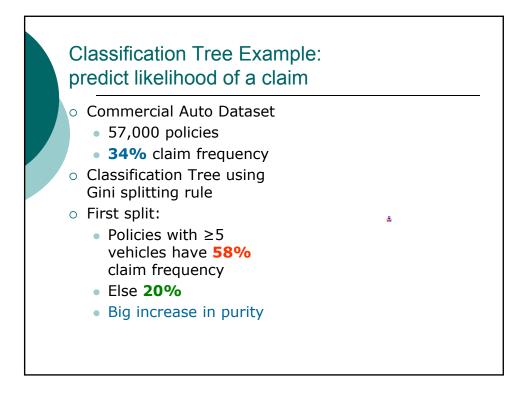


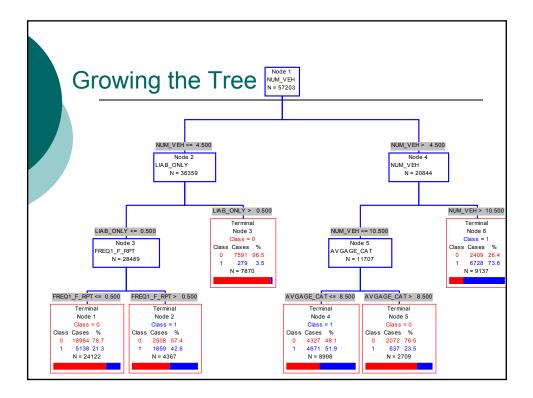
Methods									
A. Data									
 RR intervals extracted from 24-h ECG-Holter of patients 									
 Classified to NYHA I,II,III. 									
 Standard RR interval records 									
B. Short-term HRV measurement									
International Guidelines Selected HRV Features									
PhysioNet's HRV Toolkit Measure Description Unit									
 power spectral den- AVNN Average of all NN intervals Ms SDNN Standard deviation of all NN intervals. 									
sity (PSD) RMSSD The square root of the mean of the squares of ms differences between adjacent NN intervals									
 normal-to-normal (NN) pNN50 Percentage of differences between adjacent NN intervals % that are > 50 ms 									
intervals TOTPWR Total spectral power of all NN intervals 0-0.4 Hz. ms ²									
 ΔAVNN and ΔLF/HF VLF Total spectral power of all NN intervals 0-0.04 Hz ms² Total spectral power of all NN intervals 0.04-0.15 Hz ms² 									
HF Total spectral power of all NN intervals 0.15-0.4 Hz ms ² LF/HF Ratio of low to high frequency power									

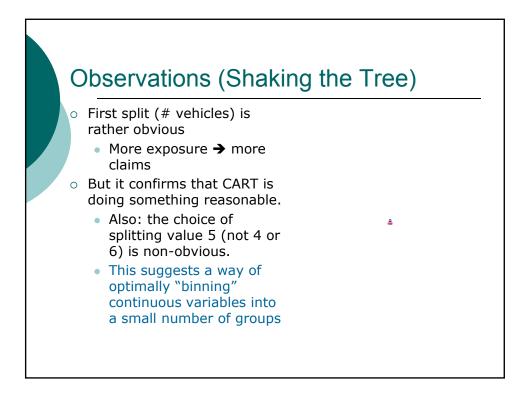


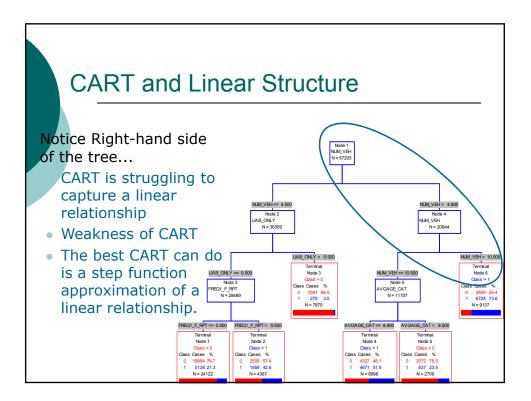


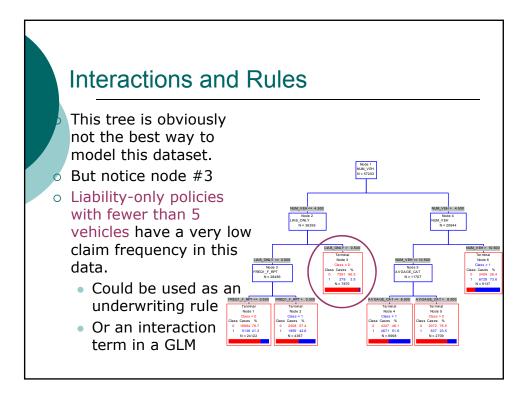


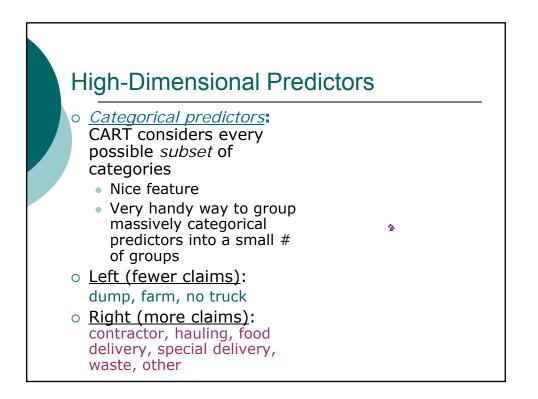


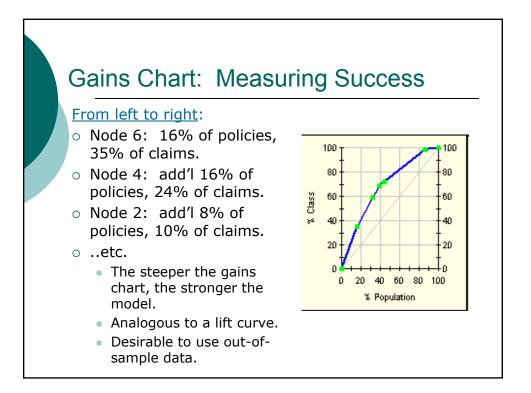


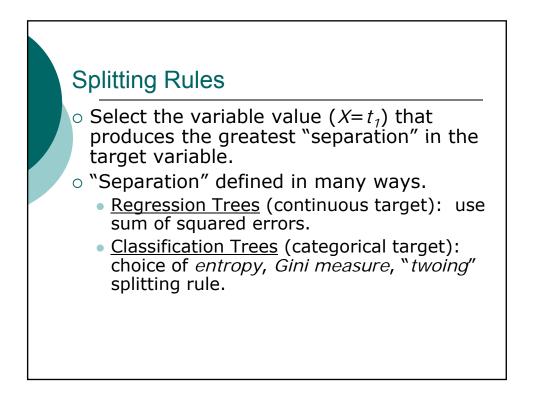


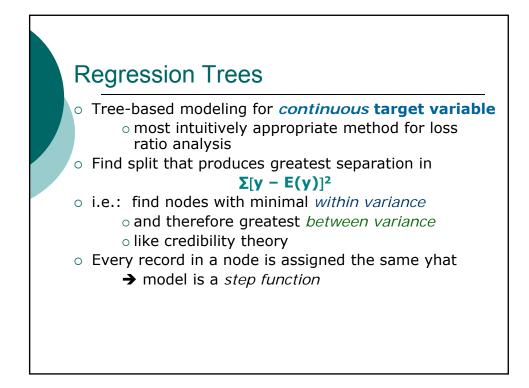


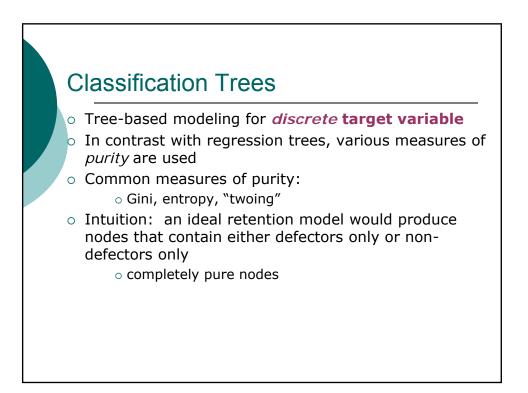


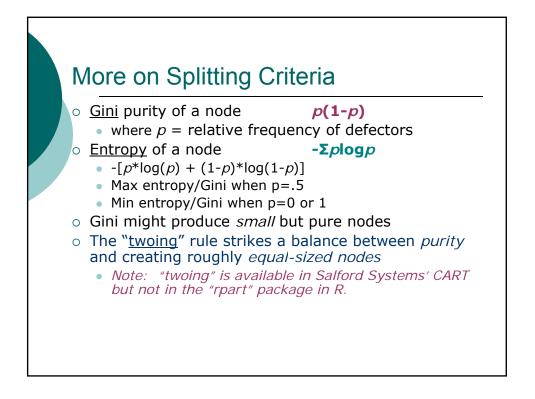


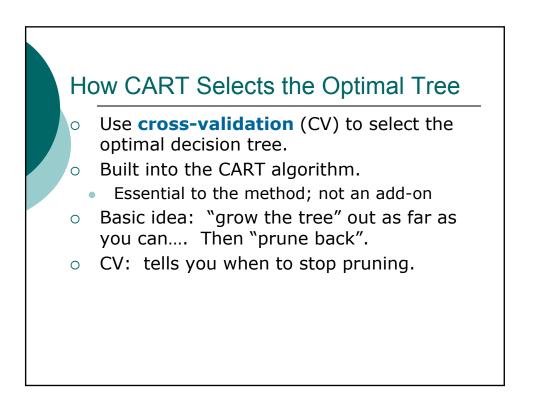


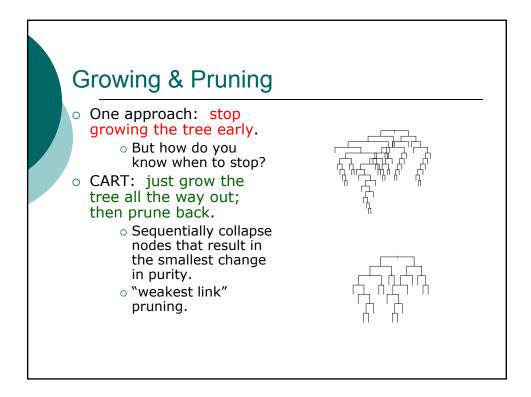


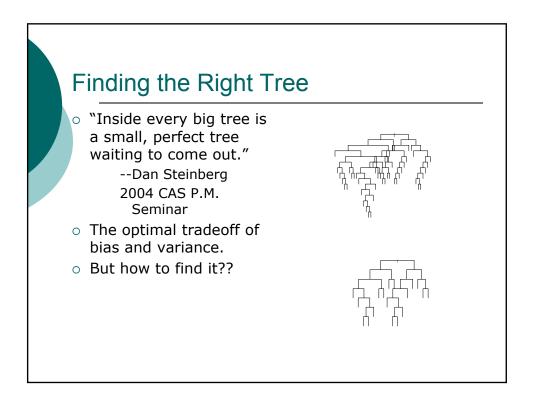


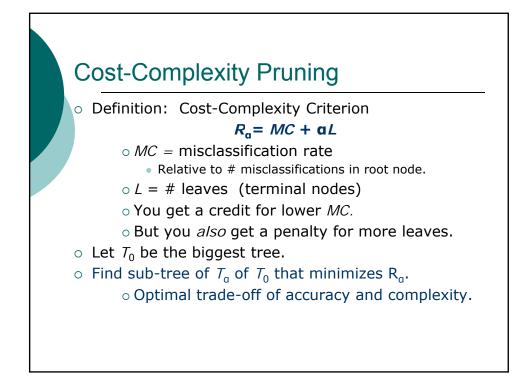


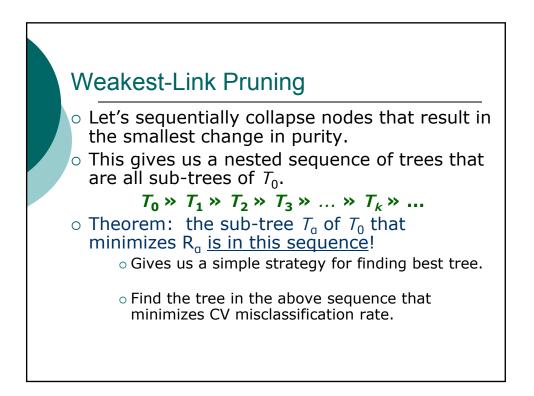


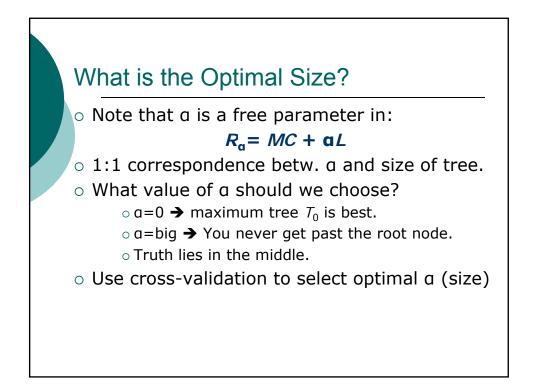


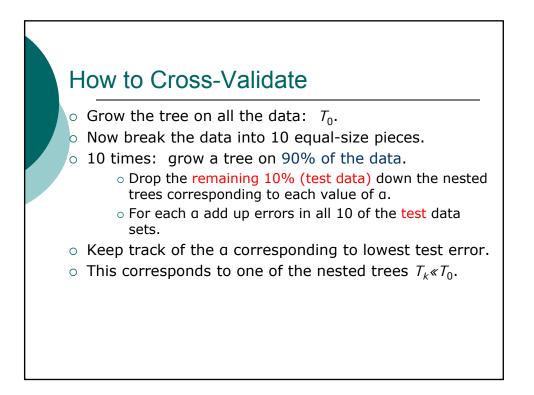


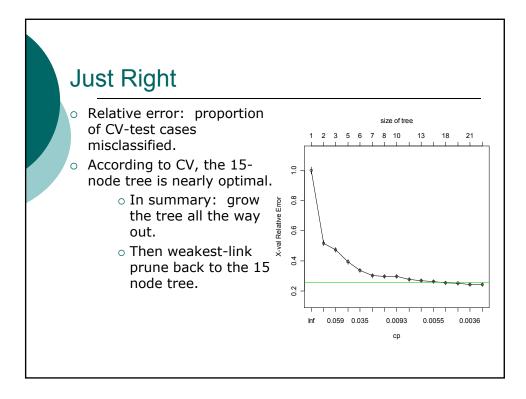


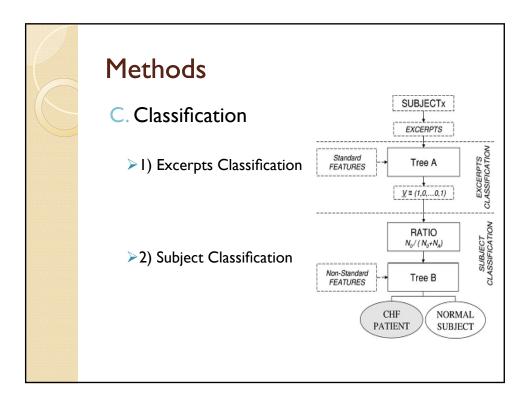


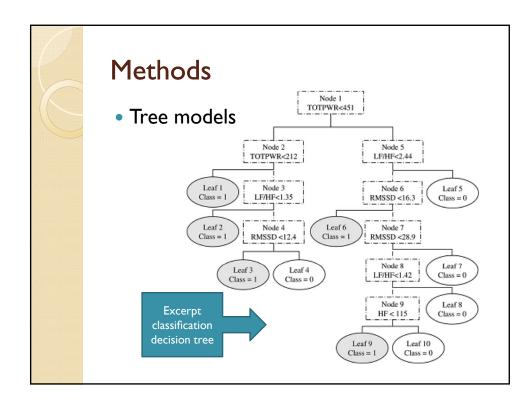


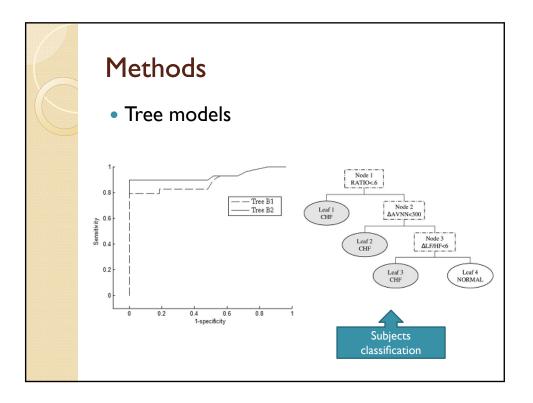




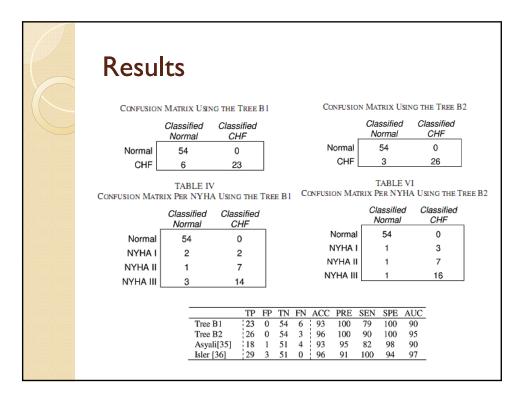






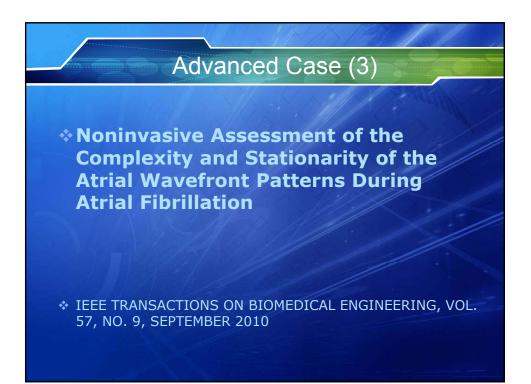


Methods D. Performance Measu	urements
	ASSIFICATION CE MEASURES Formula
Accuracy (Acc)	$\frac{TP + TN}{TP + TN + FP + FN}$
Precision (Pre)	$\frac{TP}{TP + FP}$
Sensitivity (Sen)	$\frac{TP}{TP + FN}$
Specificity (Spe)	$\frac{TN}{FP+TN}$
Area Under the Curve (AUC)	$AUC = \frac{1}{2} \left(\frac{TP}{TP + FN} + \frac{TN}{TN + FP} \right);$



Conclusion

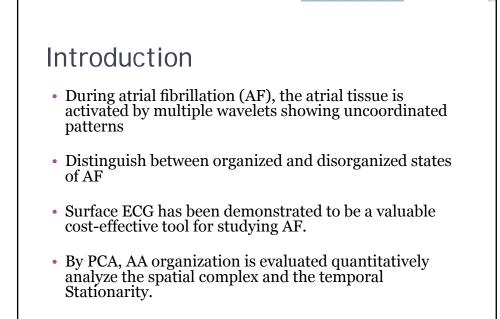
- standard short-term HRV measures allow discriminating normal subjects from CHF patients
- sensitivity and specificity of 79.3% and 100%
- enhanced by 24 h $\triangle AVNN$ and $\triangle LF/HF$
- fully understandable set of rules easily expressed
- fully understandable, noninvasive, and lowcost ECG examinations for diagnosis of CHF.

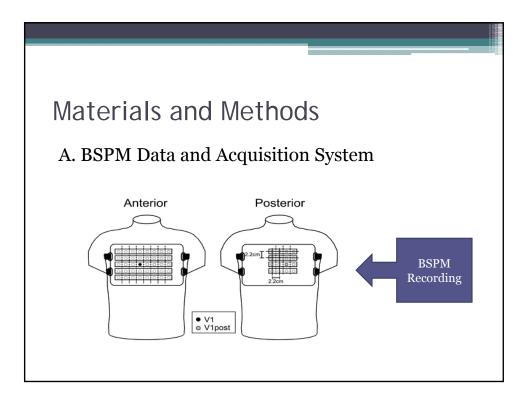


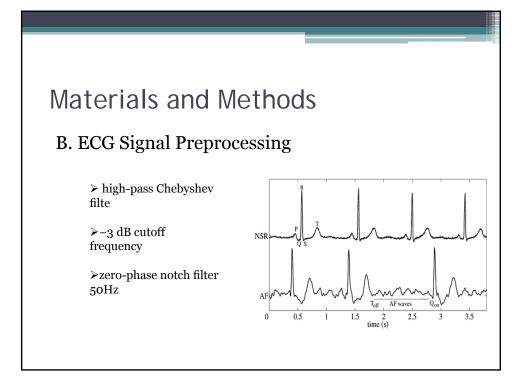


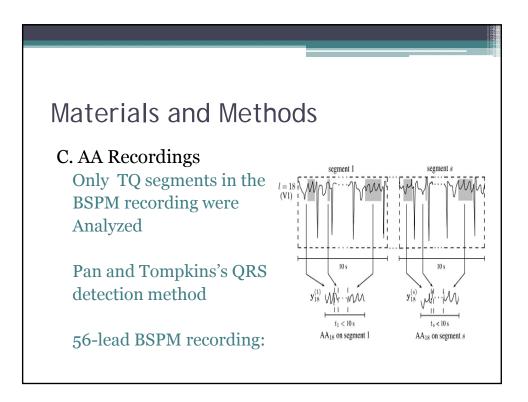
Abstract

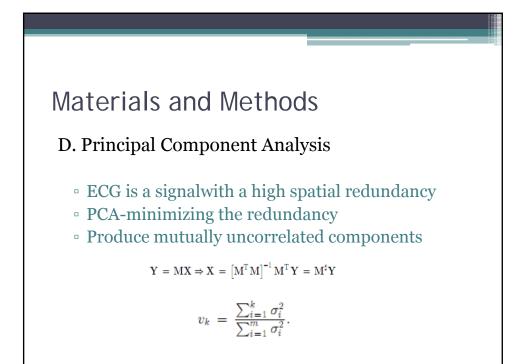
- Quantitatively evaluate AA in AF
- Use PCA to anylisis
- Evaluate the spatio-temporal organization
- discriminatory power analyzed

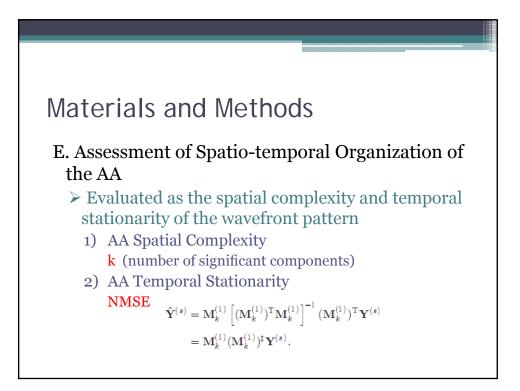


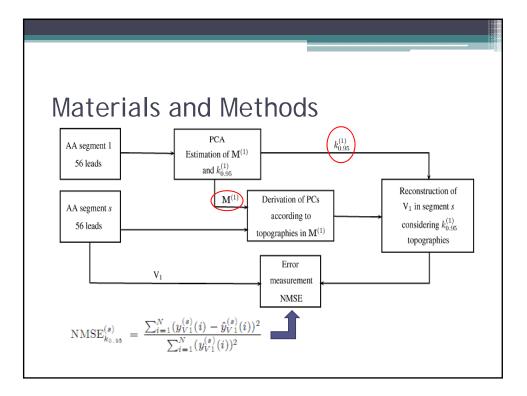


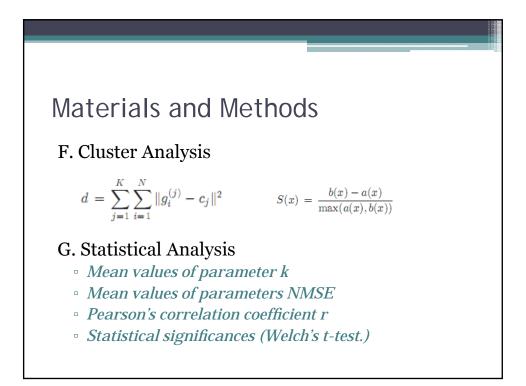


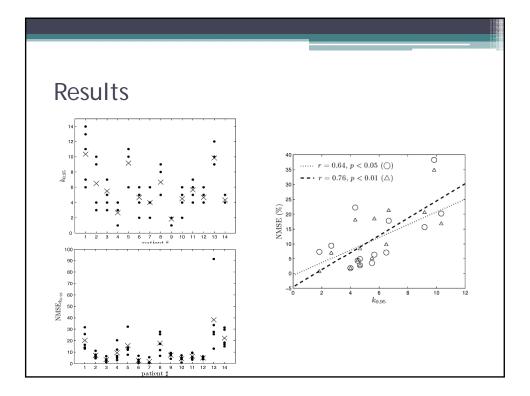








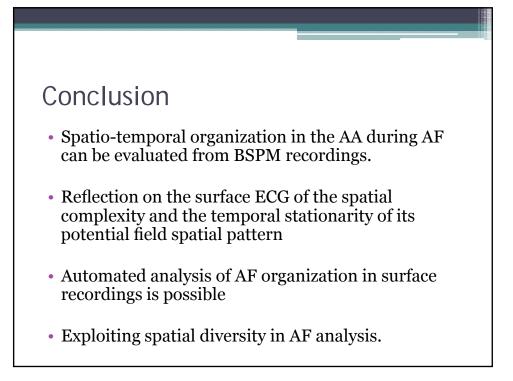


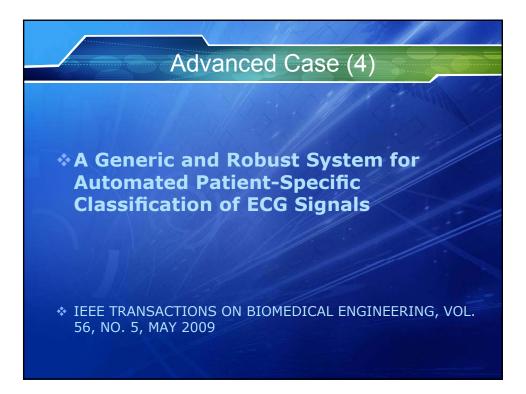


									-
Results									
	LUSTERINGS S	3			Mean Paramet		AA Spatio-tempoi K = 2	ral Analysis,	
Clustering parameters	#K = 2 0.679	#K = 3 0.637	$\sharp K = 4$	Г	Parameter	Cluster 1	Cluster 2	p-value	1
$k_{0.95}$ NMSE $_{k_{0.95}}$	0.679	0.637	0.687 0.645		$k_{0.95}$	4.29±1.49	7.67±2.46	p < 0.01	
$k_{0.95}$ & NMSE _{k0.95}	0.643	0.681	0.534		$NMSE_{k=3}$	4.94±3.25	21.64±6.64	p < 0.01 $p < 10^{-4}$	
$NMSE_{k=3}$	0.700	0.741	0.665		1,000			*	1
$k_{0.95} \& \text{NMSE}_{k=3}$	0.642	0.691	0.550						
40 35 - Cluster 1 × Cluster 2 30 - + Centroids			×		400 - X Cl 350 -	luster 1 luster 2		× .	
⁵¹² 20- X VN 15- X	+ ×	×	×	VARMAGE	777 250 - 200 - 150 -		×	-	
	+ • • •	• • 9 10 11 1:	2 13 14			4 6 7 9 10		× × 1 11 13 14	
1 2 3 4 5	patient #		L 10 14			pa	tient ‡		

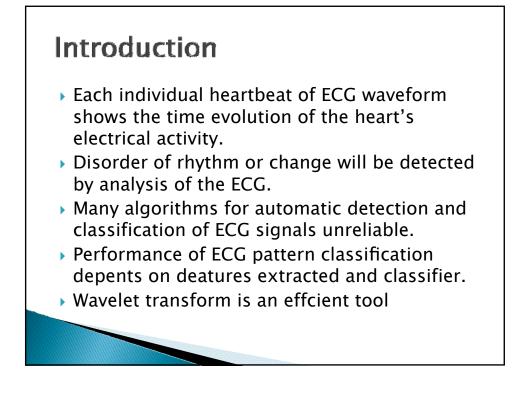
Discussion

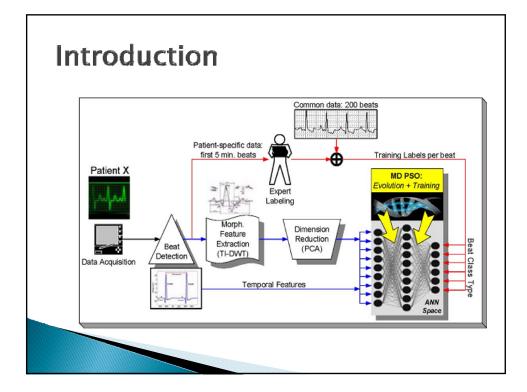
- The degree of organization in the AA during AF has been observed to be related to its chronification.
- A. Comparison With Invasive Studies
- B. Comparison With Noninvasive Studies
- C. General Remarks and Limitations





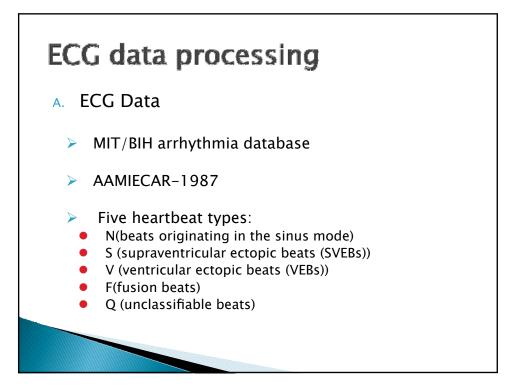


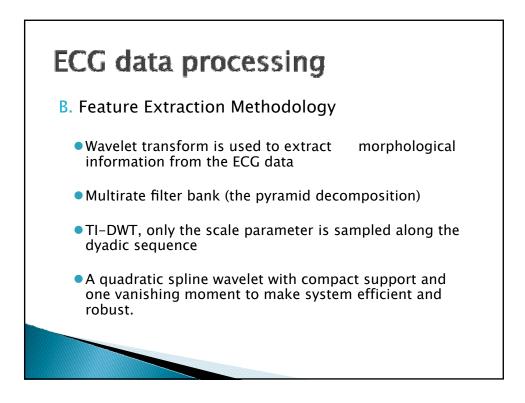


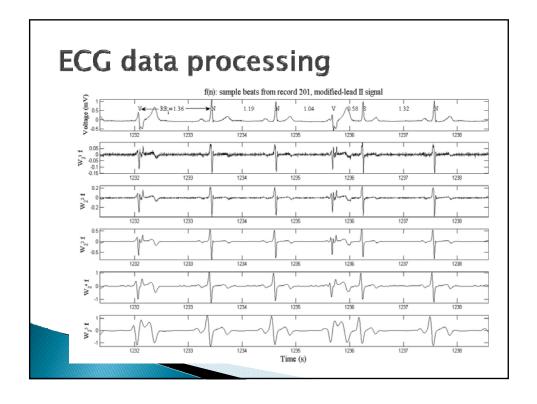


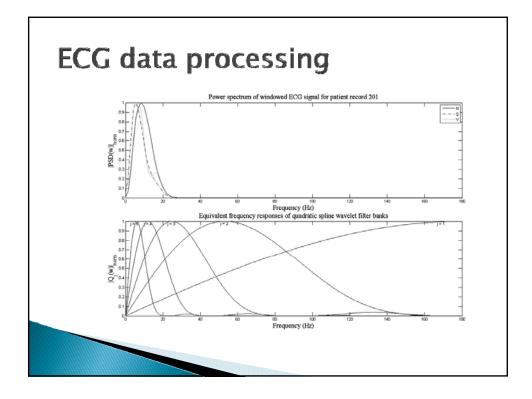
Introduction

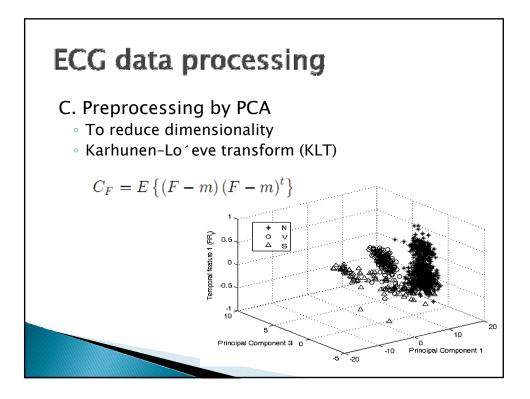
- Propose a multidimensional particle swarm optimization (MD PSO) technique to generic.
- Aim to achieve a high level of robustness with respect to the variations of the dataset
- Using standard ANNs such as traditional MLPs
- Make it applicable to any ECG dataset without any modifications









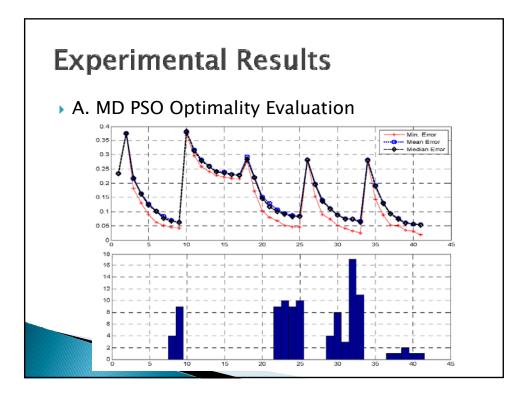


MD PSO Technique for Automatic ANN Design

- A. MD PSO Algorithm
- B. MD PSO for Evolving ANNs

$$y_k^{p,l} = F(s_k^{p,l}), \text{ where } s_k^{p,l} = \sum_i w_{jk}^{l-1} y_j^{p,l-1} + \theta_k^l$$

$$\text{MSE} = \frac{1}{2PN_{O}} \sum_{p \in T} \sum_{k=1}^{N_{O}} \left(t_{k}^{p} - y_{k}^{p,O} \right)^{2}$$



Experimental Results

• B. Classification Performance

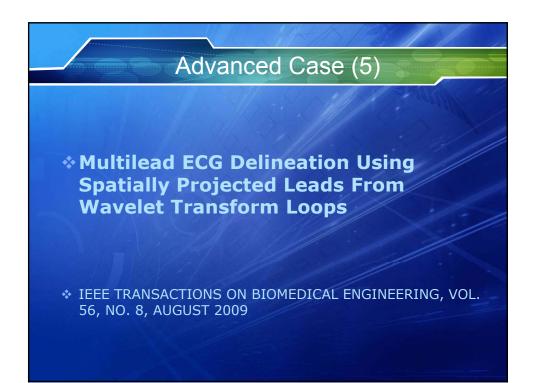
SUMMARY TABLE OF BEAT-BY-BEAT CLASSIFICATION RESULTS FOR ALL 44 RECORDS IN MIT/BIH ARRHYTHMIA DATABASE

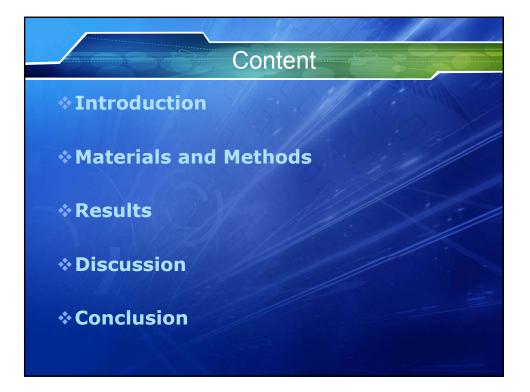
		Classification Result								
		Ν	S	v	F	Q				
uth	N	73019 (40532)	991 (776)	513 (382)	98 (56)	29 (20)				
Ground Truth	s	686 (672)	1568 (1441)	205 (197)	5 (5)	6 (5)				
Grou	v	462 (392)	333 (299)	4993 (4022)	79 (75)	32 (32)				
	F	168 (164)	28 (26)	48 (46)	379 (378)	2 (2)				
	Q	8 (6)	1 (0)	3 (1)	1 (1)	$\begin{pmatrix} 1\\(0) \end{pmatrix}$				

Experimental Results C. Robustness VEB AND SVEB CLASSIFICATION PERFORMANCE OF PROPOSED METHOD AND COMPARISON WITH THREE MAJOR ALGORITHMS FROM LITERATURE SVEB VEB Methods Acc Sen Spe Ppr Acc Sen Spe Ppr Hu et al. [11] 1 94.8 78.9 96.8 75.8 N/A N/A N/A N/A Chazal et al. [15]1 96.4 77.5 98.9 90.6 92.4 93.2 38.7 76.4 Jiang and Kong [16] 1 94.3 99.4 95.8 97.5 74.9 98.8 98.8 78.8 97.9 90.3 63.4 Proposed 98.8 92.2 96.1 81.8 98.5 Jiang and Kong [16]² 98.1 86.6 99.3 93.3 96.6 50.6 98.8 67.9 Proposed 97.6 83.4 98.1 62.1 98.5 87.4 96.1 56.7 Proposed 98.3 84.6 98.7 63.5 99.0 53.7 87.4 97.4 (%) Ш IV Π L VEB 98.3 98.2 98.3 98.0 **SVEB** 97.4 97.3 97.1 97.4 I: $R^{1}_{min} = \{11, 8, 4, 5\}, R^{1}_{max} = \{11, 16, 8, 5\}, S=100, I=500$ II: $R^{1}_{min} = \{11, 8, 4, 5\}, R^{1}_{max} = \{11, 16, 8, 5\}, S=250, I=200$ III: $R^{1}_{min} = \{11, 8, 4, 5\}, R^{1}_{max} = \{11, 16, 8, 5\}, S=80, I=200$ IV: $R^{1}_{min} = \{11, 6, 6, 3, 5\}, R^{1}_{max} = \{11, 12, 10, 5, 5\}, S=400, I=500$

Conclusion

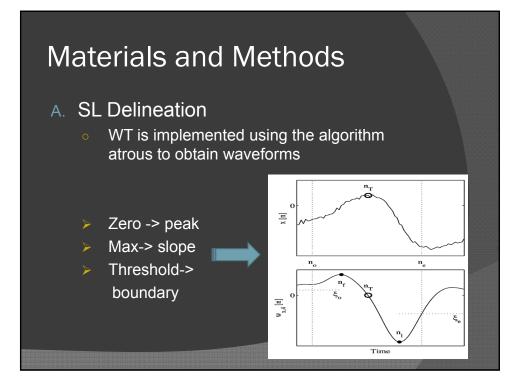
- Proposed an automated patient-specific ECG heartbeat classifier.
- The TI-DWT and the PCA are the principal signal processing tools
- Standard MLP classifiers are automatically designed using the proposed MD-PSO technique without performance loss.

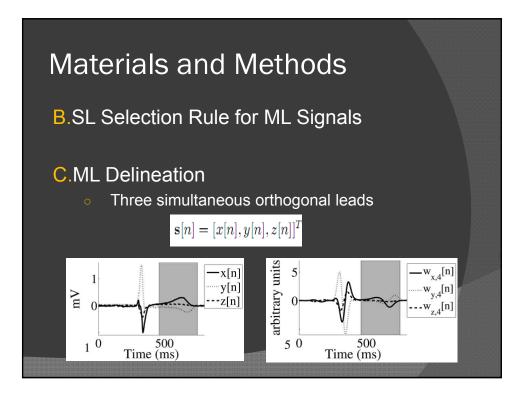


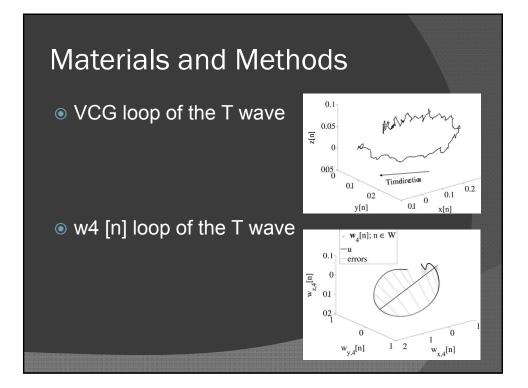


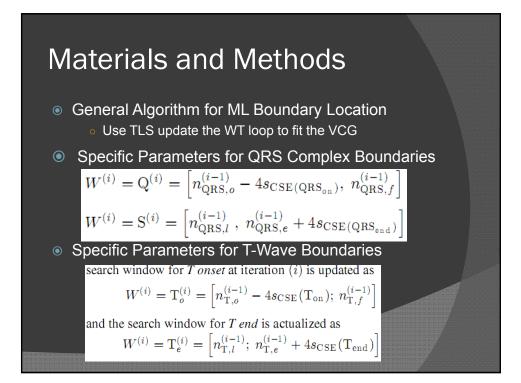
Introduction

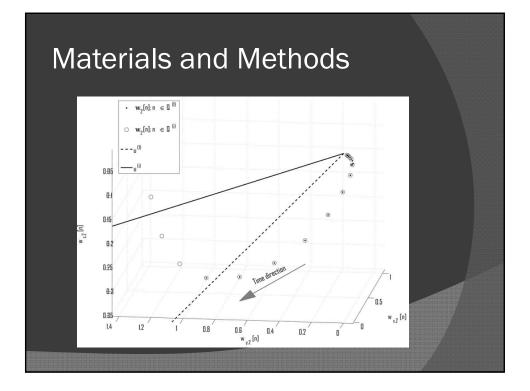
- The different phases of the heart's electrical activity are mapped to the waves in the ECG
- Detection and delineation system for different waveforms.
- The WT is a suitable tool for ECG automatic delineation.
- Global feature for all the leads
- A multilead (ML) methodology regarding boundaries location is proposed and validated

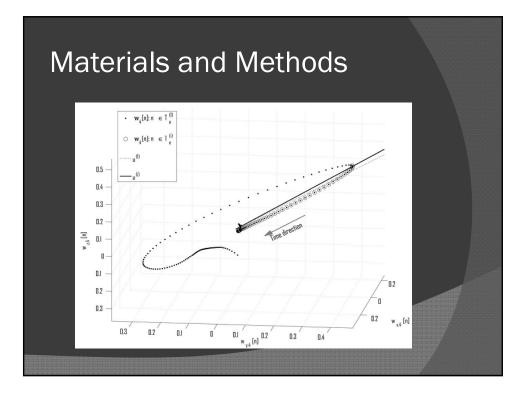


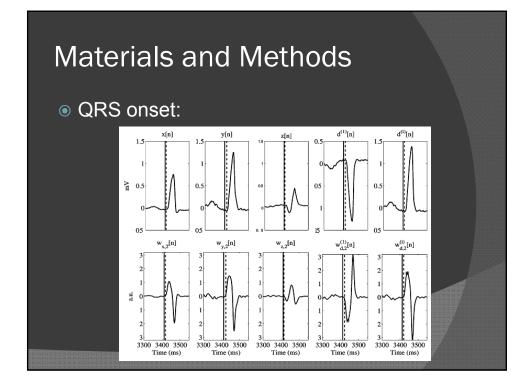


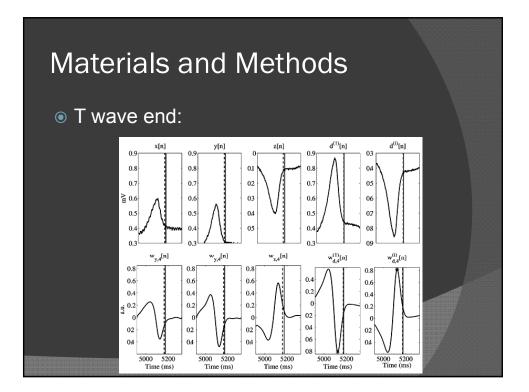








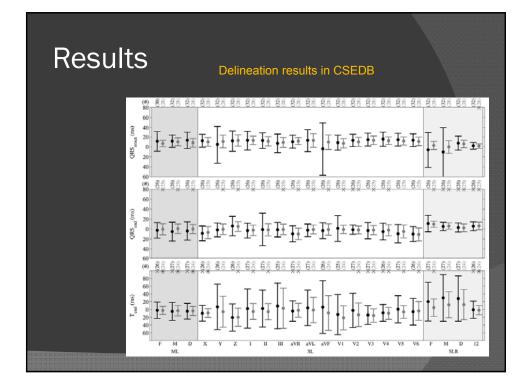




Materials and Methods

D. Validation

- Common Standards for Electrocardiography ML measurement database(CSEDB)
- QTDB
- Physikalisch-Technische Bundesanstalt (PTB)
- sensitivity S = 100 TP/(TP + FN)
- 1) Loose criterion: s< 2sCSE
- 2) Strict criterion: s<sCSE



Results	OTHER	PUBLISHED	Delineatio: Validated			SELEC	TION RULES	
			[5]		[16]		[13]	
	ORS	onset	[0]		[10]		[10]	
	(#/		(30)		(32)		(NR)	
	$m_{\varepsilon}\pm$				0.9 ± 3.6 ×		$7 \pm 2.0 *$	
	QRS	end						
	(#/2	27)	(25)		27		(NR)	
	$m_{\varepsilon}\pm$		$.2 \pm 3.6 imes$	$\pm 3.6 \times -0.$		NF	$2 \pm 4.0 \times$	
	Те							
	(#/2		(26)		NA		(NR)	
	$m_{\varepsilon} \pm$	s_{ε} 2.	$6 \pm 10.5 *$		NA 1		$\pm 20.0 \times$	
QRS BOUND	ARIES DELINEATION	Results in Q	(a)				COMPLEX END	
		ML	lead 1 S	SL	lead 2 SL		best mark	
QTDB 1 (7 files)	# beats / 312 Se(%)	293 94	312		312 100		312 100	
(7 files)	$\frac{Se(\%)}{m_{\varepsilon} \pm \bar{s}_{\varepsilon}, \text{ ms}}$	$94 \\ 6.4 \pm 10.6$	4.7 ± 10.0	8	100 12.3 ± 11.5		$100 \\ 5.3 \pm 8.7$	
QTDB 2	# beats / 1908	1885	1907		12.3 ± 11.5		1907	A
(57 files)	Se(%)	99	100		100		100	
	$m_{\varepsilon} \pm \bar{s}_{\varepsilon}, \mathrm{ms}$	5.9 ± 11.3		0.5	6.6 ± 11.2		4.5 ± 7.8	/
QTDB 3 (34 files)	# beats / 1192 Se(%)	1132 95	1179		1188		1192 100	Ŧ
(34 files)	$m_{\varepsilon} \pm \bar{s}_{\varepsilon}, \text{ ms}$	95 10.4 ± 11.3		1.7	$ \begin{array}{r} 9.3 \pm 10.8 \\ 3406 \\ 100 \end{array} $			
all	# beats / 3412	3310	3398					
(98 files)	Se(%)	97	100					
	$m_{\varepsilon} \pm \bar{s}_{\varepsilon}, \mathrm{ms}$	7.5 ± 11.2	7.3 ± 1	12	7.9 ± 11.2	1	6 ± 8.2	_

Discussion Globally, ML allowed an error dispersion similar to that obtained using SLR over the 12 leads The automatic procedures are marking the QRS onset on CSEDB files later than the referees The ML over the VCG was able to provide, from only three ECG leads Among the VCG systems considered, lead set F achieved the set global performance. With respect to ML delineation using only two leads global secults are similar to the worse SL result for QRS. A better quantification of the true improvement achieved by the proposed ML method.

Conclusion

- A novel ML WT-based strategy for ECG boundaries delineation was proposed
- Evaluated with respect to the QRS and T-wave boundaries.
- ML approach automatic delineation by constructing a WT signal more fit for specific boundary location.
- More robust and more accurate boundaries locations