

Research paper

Detection of ventricular tachycardia and fibrillation using adaptive variational mode decomposition and boosted-CART classifier



Yang Xu, Dong Wang*, Weigong Zhang*, Peng Ping, Lihang Feng

School of Instrument Science Engineering, Southeast University, Nanjing, China

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ABSTRACT

Rapid ventricular tachycardia (VT) and ventricular fibrillation (VF) are serious life-threatening ventricular arrhythmias. Correct detection of VT/VF is crucial for the rescue of cardiac arrest patient. In this paper, we proposed a new method for improving the detection effect of VT/VF. An adaptive variational mode decomposition (adaptive-VMD) algorithm was presented to decompose the electrocardiogram (ECG) signal into five band-limited intrinsic modes (BLIMs). Then, a total of 6 features were extracted from these BLIMs to characterize the details of VT/VF. Last, a boosted classification and regression tree (Boosted-CART) classifier that combines feature selection and recognition was used to detect VT/VF. Three annotated public ECG databases were used as the training and testing datasets. Ten-fold cross-validation was implemented to assess the performance of the method. An accuracy (Acc) of $98.29\% \pm 0.18\%$, a sensitivity (SE) of $97.32\% \pm 0.12\%$ and a specificity (SP) of $98.95\% \pm 0.84\%$ were obtained. In comparison with the existing state-of-the-art methods for VT/VF detection, the proposed method demonstrated better overall performance.

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1. Introduction

1.1. General introduction

Rapid ventricular tachycardia (VT) and ventricular fibrillation (VF) are lethal cardiac arrhythmias which are caused by the disorganized electrical activity in the ventricles. This disorganized electrical activity causes the ventricular muscle fibers contract independently and results in obstacle of blood pumping. It can occur due to coronary heart disease, valvular heart disease, or cardiomyopathy. An ECG showing irregular unformed PQRST complexes without any clear P waves is usually a sign of VT/VF. As the onset of VT/VF, the patient may be in the danger of cardiac arrest with losing consciousness and no pulse. If left untreated, collapse and sudden cardiac death would happen in minutes [1,2]. Cardiopulmonary resuscitation (CPR) and electrical defibrillation (shock) are the main clinical treatments for cardiac arrest. CPR can help maintain blood flow to the organs and then an electrical shock is applied to the patient's heart region to help restore the heart rhythm to normal. Implantable cardioverter defibrillators

(ICD) and automated external defibrillators (AED) are two kinds of widely used defibrillators [3]. After detecting the signs of VT/VF, these devices deliver a high-energy electrical shock to the heart. However, if a normal sinus rhythm (NSR) was misclassified as VT/VF, leading unnecessary shock delivery, it would damage the heart or even cause death. Therefore, correct and prompt detection of VT/VF is of pivotal importance for increasing the survival rate of patients with cardiac arrest [4].

1.2. Related works

In the last decades, varieties of methods had been proposed for the detection of VT/VF. The ECG features of VT/VF were also extensively studied in these methods such as morphology analysis [4–6], spectral analysis [7,8], time-frequency analysis [9], complexity measure [10,11], wavelet analysis [12–14], empirical mode decomposition (EMD) [15,16] and sequential detection methods [17,18]. However, these methods were mostly considering each feature individually, and been tested on the specific datasets in their papers. When being tested under the same conditions of using open published annotated databases, they could not achieve the proclaimed performance [22].

Recently, some methods which combined the ECG features with machine learning techniques had been proposed to detect VT/VF [19–21]. The testing results of these methods on public databases

* Corresponding authors.

E-mail addresses: young_xu@seu.edu.cn (Y. Xu), kingeast16@seu.edu.cn (D. Wang), weig.zhang@163.com (W. Zhang), ppauto@163.com (P. Ping), fenglihang330@163.com (L. Feng).

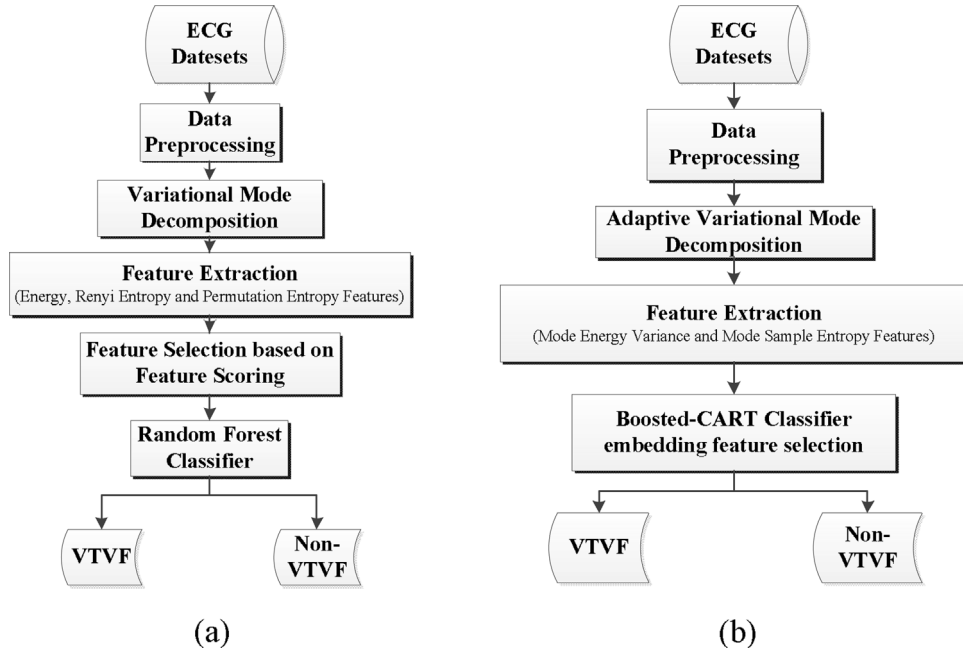


Fig. 1. Flowchart of the VMD&RF [21] method and the proposed method. (a) VMD&RF method. (b) The proposed method.

demonstrated that the multi-features-combining methods can dramatically enhance the performance of VT/VF detection. In [19], Aienza et al. evaluated 13 ECG features and presented a combining filter-based feature selection methodology to pick the useful features for improving the detection efficiency. The support vector machine (SVM) was selected as the classifier of VT/VF in their method. Li et al. [20] evaluated total 14 features and utilized the Genetic Algorithm to select the optimal feature combinations. They also used SVM to classify the ventricular arrhythmia episodes. Tripathy et al. [21] decomposed the ECG signal into 5 BLIMs by using variational mode decomposition (VMD) technique [23]. They found that the local variations of PQRST complexes due to pathology could be captured with these BLIMs for their characteristics in the time-frequency domain. A total of 9 features were extracted from the BLIMs in their study. Then the mutual information-based feature selection approach and random forest (RF) classifier were used for the detection of VT/VF. The flowchart of this VMD&RF method is given in Fig. 1(a). However, owing to the drawback of VMD on parameter setting [24], the ECG decomposition could not achieve the best effect in this method. Also, in these three multi-features-combining methods, feature selection technique was utilized to reduce feature dimension and then machine learning technique was employed to classify the cardiac rhythms. There was no method that combined feature selection and classification had been proposed for the detection of VT/VF.

In this work, a new multi-features-combining VT/VF detection method was proposed. Besides the ECG signal preprocessing and Feature extraction, this method contained several special stages: First, a novel parameter named mode energy and independence metric (MEIM) was presented as an evaluation index to judge the performance of VMD in ECG decomposition. Then, an adaptive-VMD algorithm was presented to optimize the effect of ECG decomposition. In this processing, the key parameter of VMD was online-optimized based on the MEIM through a global optimization algorithm. Last, to simplify the VT/VF detection procedures, a Boosted-CART classifier that embeds feature selection was given. The Boosted-CART classifier is an ensemble classifier of CART and been boosted by adaptive-boosting (AdaBoost) algorithm [26]. The flowchart of the proposed method is given in Fig. 1(b).

The rest of this paper is organized as follows. In Section 2, a brief introduction to the VMD technique for ECG decomposition and its drawback is given. Section 3 expands the proposed method in detail, including the adaptive-VMD algorithm and a Boosted-CART classifier. Then, a series of experiments for testing the proposed method performance are presented in Section 4. Finally, the conclusion is drawn in Section 5. Furthermore, most abbreviations in this paper are expanded at first use. For convenience, we have also provided a glossary in the Appendix A.

2. VMD for ECG decomposition

VMD is a newly developed signal processing technique proposed by Zosso et al. [23], using which an ECG signal can be decomposed into an ensemble of band-limited intrinsic modes (BLIMs). Each BLIM compacts around a center frequency ω_k and its bandwidth is calculated with the L_2 -norm of the gradient of its Hilbert transformed signal. Mathematically, the VMD technique is a solution to the constrained variational problem which is given in [23]:

$$\min_{\{u_k\}, \{\omega_k\}} \left\{ \sum_{k=1}^K \left\| \partial_t \left[\left(\delta(t) + \frac{j}{\pi t} \right) * u_k(t) \right] e^{-j\omega_k t} \right\|_2^2 \right\} \quad (1)$$

subject to $\sum_{k=1}^K u_k = f$

where K is the total number of BLIMs, u_k is the k^{th} BLIM and ω_k is the corresponding center frequency. In order to address the constraint in (1), an augmented Lagrangian function is given:

$$\begin{aligned} \mathcal{L}(\{u_k\}, \{\omega_k\}, \lambda) = & \alpha \sum_{k=1}^K \left\| \partial_t \left[\left(\delta(t) + \frac{j}{\pi t} \right) * u_k(t) \right] e^{-j\omega_k t} \right\|_2^2 \\ & + \|f(t) - \sum_{k=1}^K u_k(t)\|_2^2 + \langle \lambda(t), f(t) - \sum_{k=1}^K u_k(t) \rangle \end{aligned} \quad (2)$$

where, α is the key parameter that represents the balancing of data-fidelity constraint, and λ is the lagrangian multiplier. The solution

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