Evaluation of Energy Power Spectral Distribution of QRS Complex for Detection of Cardiac Arrhythmia

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Abstract The proposed approach involves detection of QRS complex and energy power spectral distribution analysis of the segmented QRS complex to establish the presence of arrhythmic beats in Electrocardiogram (ECG). The methods consist of three steps: (i) the baseline drift and high-frequency artifacts could seriously affect the detection performance, so Moving Average Filtering (MAF) and Stationary Wavelet Transform (SWT) are implemented at preprocessing stage. (ii) Localization of R-peaks by implementing FFT-based windowing and thresholding techniques. Then Q and S points are detected using search interval method based on the medical definition. (iii) The segmented QRS complex is analyzed with period-gram and Continuous Wavelet Transform using FFT (CWTFT) to obtain time–frequency domain power and energy of the complex. (iv) Statistical analysis has been proposed using one-way ANOVA to differentiate the healthy and arrhythmic QRS complex. The proposed QRS detection and analysis methodologies are evaluated with MIT-BIH Arrhythmia Database (MITDB) and FANTASIA database. The detection performance, i.e., Sensitivity $S_e(\%)$ and the Specificity $S_p(\%)$ for FANTASIA 100% each respectively, where as $S_e = 100\%$ and $S_p = 98.18\%$ for MITD. The failed detection percentage, $F_d(\%) = 0$ for FANTASIA and $F_d(\%) = 1.85\%$ for MITDB. The energy power distributed parameters obtained from PSD and CWTFT are statistically analyzed with one-way ANOVA and the p-value are found to be $\langle 0.05 \rangle$ (i.e., CI = 95%) for healthy and arrhythmia QRS complex which certainly signifies that the energy

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power features of the arrhythmic QRS complex are different than the normal QRS complex.

Keywords QRS complex · CWTFT · One-way ANOVA · Energy power distribution · MITDB · FANTASIA

1 Introduction

Time domain features and morphological fiducial points can add crucial inputs towards decision-making and accurate diagnosis in electrocardiogram (ECG) [\[1\]](#page-9-0). Arrhythmia analysis can also be done by shape and time change observation of QRS complex [\[2\]](#page-9-1). Difference Operation Method (DOM) was proposed by Yun-Chi Yeh, et al. with a simple and computational-free algorithm for accurate detection of QRS complex [\[3\]](#page-9-2). The wavelet transform is widely used in many of the earlier proposed methods for QRS detection and analysis with the limitation of selection of proper mother wavelet and decomposition level [\[4](#page-9-3)[–9\]](#page-9-4). Few well-known QRS detection approaches which are more complex *such as* Neural Network (NN) [\[5\]](#page-9-5), Support Vector Machines (SVM) [\[10\]](#page-9-6), Genetical algorithms [\[11\]](#page-9-7), Hidden Markov Models (HMM) [\[12\]](#page-9-8), K-Nearest Neighbor (K-NN) [\[13\]](#page-9-9), parallel functioning of different algorithms [\[14,](#page-9-10) [15\]](#page-9-11), Pan and Tompkins (PT) [\[16\]](#page-9-12), Fractal Dimension Transformation (FDT) [\[17\]](#page-9-13). Unpredictable QRS Potentials (UIQP) were analyzed using Finite-Impulse-Response (FIR) based prediction model to identify ventricular tachycardia with patients undergoing high-risk ventricular arrhythmias [\[18\]](#page-9-14). Soroor and Jafarnia [\[19\]](#page-9-15) proposed Multiresolution Wavelet with Thresholding Method and achieved 98.2% accuracy for QRS complex detection. QRS complexes could also be detected performing fixed structure Mathematical Morphology (MM) operators [\[20\]](#page-9-16). Atiyeh and Reza [\[21\]](#page-9-17) have discussed a P-QRS-T waves-based detection approach, which is simple and accurate having very less response time during its real-time operation.

As from the literature survey, it is also clear that arrhythmia can be identified by analyzing QRS complex changes. Here the authors propose an algorithm by taking such problem into account. Classification between normal QRS and arrhythmic QRS of ECG is presented with efficient detection techniques and energy power spectral distribution of this complex. The performance evaluation is done with FANTASIA database and the MIT-BIH Arrhythmia Database (MITDB).

2 Materials and Methods

2.1 Datasets

The proposed methodologies have been tested over 30 selected healthy (Fantasia records) data having 1 row (signal) and 900,000 columns (samples/signal) with the duration of 1 h having sampling frequency: 250 Hz and sampling interval: 0.004 s [\[22\]](#page-10-0). 30 out of 48 lengthy arrhythmic records from MITDB, with sampling frequency 360 Hz and 11-bit resolution ranging over 10 mV are considered for this analysis. The proposed methodologies have been tested over these 30 selected arrhythmic signals (total beats considered: 4,000) having first row (signal) and 650,000 columns (samples/signal) with the duration of 1 h [\[23\]](#page-10-1).

2.2 Preprocessing of Noisy ECG Signal

Moving average filter [\[24\]](#page-10-2) and Stationary Wavelet Transform [\[25\]](#page-10-3) were implemented to remove baseline drift and signal noise (Fig. [1\)](#page-2-0).

2.3 R-Peaks Localization

Step 1: Discrete Fourier Transform (DFT) is computed from Fast Fourier Transform (FFT) and the Fourier transform is an integral [\(4\)](#page-2-1) of the form

$$
F(u) = \int_{-\infty}^{\infty} f(x)e^{-i2\pi ux} dx
$$
 (4)

Fig. 1 Noise cancelation for FANTASIA data #f1o04 (4 s data for better visualization)

Fig. 2 R-peaks localization for MITDB data #105 (10 s data for better visual representation)

Low-frequencies component from the ECG signal is removed using FFT.

Step 2: Restoration of ECG signal is done with Inverse Fourier transform [\(5\)](#page-3-0) and the expression for inverse Fourier transform is

$$
f(x) = \int_{-\infty}^{\infty} F(u)e^{i2\pi ux} du
$$
 (5)

- Step 3: Windowed filter with default size for localization of maxima (only maximum values are being considered and other values are ignored).
- Step 4: Implementation of threshold filters to remove small values and preserve significant ones.
- Step 5: Repeat Step 3 with adjusting the size of the windowed filter to improve filtering performance. Then R-peaks are detected (Fig. [2\)](#page-3-1).
- Step 6: In case of negative QRS complexes, localization of minima is performed for detection of R-peaks and the other above steps remains same.

2.4 Q and S Inflection Points Localization

- Step 7: Taking R point as standard, the search interval-1 locates 20 sampling points from prior and succeeding of R point. The least value found ahead of R point marked as Q1 and the same found after, marked as S1 [\[3\]](#page-9-2).
- Step 8: Search interval-2 is defined such that, it covered 40 sampling points prior and succeeding of R point. The least sampling point forth to R is Q2 and succeeding to R is $S2$ [\[3\]](#page-9-2).
- Step 9: Localization of Q by checking the location and amplitude values of Q1 and Q2. If Q1 and Q2 located at different points and Q1 amplitude $>$ Q2 amplitude, then Q1 is the location of Q or vice versa.
- Step 10: Localization of S by checking the position of S1 and S2. (i) If the position of S1 = position of S2, then $S1 = S2 = S$. (ii) If $VS2 > VS1$, then $S = S1$; else $S = S2$, where $VSi =$ amplitude of Si and $i = 1, 2$ (Fig. [3\)](#page-4-0).

Fig. 3 O & S point's localization for MITDB data #105 (10 s data for better visual representation)

The failed detection rates are calculated for both FANTASIA and MITDB databases. Failed detection is calculated by [\[3\]](#page-9-2):

$$
F_d(\%) = \frac{FP + FN}{Total Beats} \times 100
$$
 (6)

The failed detection percentage, $F_d(\%) = 0$ for FANTASIA and $F_d(\%) =$ 1.85%for MITDB.

$$
S_p(\%) = \frac{TP}{TP + FP} \times 100\tag{7}
$$

$$
S_e(\%) = \frac{TP}{TP + FN} \times 100
$$
 (8)

where, $TP = True$ positive (properly detected beats), $FN = False$ negative (failed to detect a real beat), $FP = False$ positive (detects a beat when no beat is present).

The evaluation of the detection performance is computed using Specificity (S_p) and Sensitivity (S_e) [\[3\]](#page-9-2), which are normally computed using [\(7\)](#page-4-1) and [\(8\)](#page-4-2). For FAN-TASIA both S_e and S_p found to be 100% where as S_e = 100% and S_p = 98.18% for MITDB (Table [1\)](#page-5-0).

3 Feature Extraction from QRS Complex

3.1 Continuous Wavelet Transform Using FFT Algorithm (CWTFT)

The mean of the detected QRS complexes is segmented from the ECG signal and analyzed using CWTFT. CWT can be computed using the product of Fourier Transforms (Inverse Fourier Transform (IFT)), from the below [\(9\)](#page-7-0) equation

l,

Fig. 4 CWTFT of QRS complex for MITDB data #203

Fig. 5 a Max power, **b** energy estimation

$$
C(x, y; g(t), \psi(t)) = \frac{1}{2\Pi} \int_{-\infty}^{\infty} \hat{g}(\omega) \sqrt{x} \hat{\psi} * (x\omega) e^{j\omega y} d\omega
$$
(9)

Using period-gram (PSD) and CWTFT power energy distribution (Fig. [4\)](#page-7-1) of each signal of both the databases is computed in Table [1](#page-5-0) where the power (Fig. [5a](#page-7-2)) (frequency and time domain) and energy (maximum percentage (Fig. [5b](#page-7-2)) and scale maximum) are tabulated.

3.2 One-Way ANOVA

One-way ANOVA is implemented to determine whether there are statistically significant differences among the means of several populations (i.e., power and energy of healthy and arrhythmic QRS complex).

Table [2](#page-8-0) shows that there is a significant difference (i.e., p -value $= 0.000$) in between the frequency domain power of QRS complex of healthy and arrhythmic signals. In the frequency domain power of FANTASIA and MITDB, the intervals (at 95% CI) for the means of these two data sets do not overlap which suggests that the population means for these levels are different.

Table [3](#page-8-1) shows that there is a significant difference (i.e., p-value $= 0.000$) in between the maximum energy percentage of QRS complex of healthy and arrhythmic signals. In between the maximum energy percentage of FANTASIA and MITDB, the intervals (at 95% CI) for the means of these two data sets do not overlap which suggests that the population means for these levels are different. The same results are obtained with the time domain power and maximum scale energy parameters.

4 Conclusions

The PSD and CWTFT compute the average power and distribution of energy power at different scales for normal and arrhythmic QRS complex. The mean energy power spectral parameter of QRS complexes of healthy subjects (FANTASIA) and arrhythmic (MITDB) signals proves to be lying in a different domain, which are validated with one-way ANOVA (p-value < 0.05). The proposed methodology also considers the critical role of a detection method for QRS complex where the failed detection percentage is found to be $F_d(\%) = 0$ for FANTASIA and $F_d(\%) = 1.85\%$ for MITDB databases. Moreover, the high-frequency noise components are eliminated using SWT (i.e., 50 Hz power line interference embedded with FANTASIA). This proposed approach for analyzing QRS complex certainly formulates a new way of considering research possibility to detect arrhythmia segregating from healthy signals. The further research lies in testing this methodology with different erratic signals and extending the possibility of finding changes in ischemic heart disease (IHD) by analyzing QRS, ST-segment, and T wave.

References

- 1. Kohler BU, Henning C, Orglmeister R (2002) The principles of software QRS detection. IEEE Eng Med Biol 21(1):42–57
- 2. Rangayyan RM (2002) Biomedical signal analysis. IEEE press, New York
- 3. Yun-Chi Y, Wen-June W (2008) QRS complexes detection for ECG signal: the difference operation method. Comput Methods Progr Biomed 91:245–254
- 4. Li C, Zheng C, Tai C (1995) Detection of ECG characteristic points using wavelet transforms. IEEE Trans Biomed Eng 42(4):21–28
- 5. Abibullaev B, Don SH (2011) A new QRS detection method using wavelets and artificial neural-networks. Springer J Med Syst 35:683–691
- 6. Ruchita G, Sharma AK (2010) Detection of QRS complexs of ECG recording based on wavelet transform using Matlab. Int J Eng Sci 2(7):3038–3034
- 7. Dinh AN, Kumar DK, Pah ND, Burton P (2002) Wavelet for QRS detection. In: Engineering in medicine and biology society, 23rd conference of IEEE, pp 7803–7211
- 8. Zidelmal Z, Amirou A, Adnane M, Belouchrani A (2012) QRS detection using wavelet coefficients. Comput Method Progr Biomed 107(3):490–496
- 9. Chen SW, Chen CH, Chan HL (2006) A real-time QRS method based on moving-averaging incorporating with wavelet denoising. Comput Method Progr Biomed 82(3):187–195
- 10. Mehta SS, Ligayat NS (2007) Comparative study of QRS detection in single lead and 12-lead ECG based on entropy and combined entropy criteria using support vector machine. J Theor Appl Inform Technol 3(2):8–18
- 11. Poli R, Cagnoni S, Valli G (1995) Genetic design of optimum linear and nonlinear QRS detectors. IEEE Trans Biomed Eng 42(11):1137–1141
- 12. Coast DA, Stern RM, Cano GG, Briller SA (1990) An approach tocardiac arrhythmia analysis using hidden Markov models. IEEE Trans Biomed Eng 37(9):826–836
- 13. Saini I, Singh D, Khosla A (2013) QRS detection using K-nearest neighbour algorithm (KNN) and evaluation on standard ECG databases. J Adv Res 4(4):331–344
- 14. Meyer C, Gavela JF, Harris M (2006) Combining algorithms in automatic detection of QRS complexes in ECG signals. IEEE Trans Inform Technol B 10(3):468–475
- 15. Moraes JCTB, Seixas M, Vilani FN, Costa EV (2002) A QRS complex detection algorithm using electrocardiogram leads. Comput Cardiol 29:205–208
- 16. Pan J, Tompkins WJ (1985) A real-time QRS detection algorithm. IEEE Trans Biomed Eng BME 32(3):230–236
- 17. Chia-Hung L, Yi-Chun D (2010) Fractal QRS-complexes pattern recognition for imperative cardiac arrhythmias. Dig Signal Process 20:1274–1285
- 18. Lin C-C (2010) Analysis of unpredictable components within QRS complex using a finiteimpulse-response prediction model for the diagnosis of patients with ventricular tachycardia. Comput Biol Med 40:643–649
- 19. Soroor B, Jafarnia DN (2011) Detection of QRS complexes in the ECG signal using multiresolution wavelet and thresholding method. Comput Cardiol 38:805–808
- 20. Sasan Y, Jean-Marc V (2014) Adaptive mathematical morphology for QRS fiducial points detection in the ECG. Comput Cardiol 41:725–728
- 21. Atiyeh K, Reza HM (2014) Real-time electrocardiogram P-QRS-T detection—delineation algorithm based on quality-supported analysis of characteristic templates. Comput Biol Med 52:153–165
- 22. Iyengar N, Peng C-K, Morin R, Goldberger AL, Lipsitz LA (1996) Age-related alterations in the fractal scaling of cardiac interbeat interval dynamics. Am J Physiol 271:1078–1084
- 23. Goldberger AL, Amaral LAN, Glass L, Hausdorff JM, Ivanov PCh, Mark RG, Mietus JE, Moody GB, Peng C-K, Stanley HE (2000) PhysioBank, PhysioToolkit, and PhysioNet: components of a new research resource for complex physiologic signals. Circulation 101(23):e215–e220
- 24. Manpreet K, Seema SB (2011) Comparison of different approaches for removal of baseline wander from ECG signal. In: 2nd international conference and workshop on emerging trends in technology (ICWET) proceedings published by international journal of computer applications © (IJCA)
- 25. Mallat A (1998) Wavelet tour of signal processing. Academic Press, San Diego, USA