

A state-of-the-art wearable sensor for heart rate based seizure detection in epilepsy

M.J.P. van Bussel^{1,2}, J.B.A.M. Arends^{1,2}, F. Massé³, A. Serteyn⁴, J. Penders³, P.A.M. Griep²

¹ Hobo Heeze B.V., P.O. Box 61, 5590 AB, Heeze, the Netherlands, ² Kempenhaeghe, P.O. Box 61, 5590 AB, Heeze, the Netherlands,

³ Holst Centre / IMEC, P.O. Box 8550, 5605 KN, Eindhoven, the Netherlands, ⁴ Université de Liège / Institut Montéfiore, Sart-Tilman B28, 4000 Liège, Belgium

PURPOSE

- To develop and validate a wearable low power prototype device for heart rate based epileptic seizure detection
- Objectives: sensitivity (SEN), positive predictive value (PPV) and technical feasibility

METHODS

- Observational study (non-randomized, open, single-site)
- 10 subjects previously diagnosed with frequent (>1/week) major epileptic seizures with heart rate changes
- Major seizures: tonic-clonic, generalized tonic or clonic and hypermotoric
- At night during 1-4 weeks per subject
- Total of 30-50 major seizures
- Results verified by visual analysis of recorded video and comparison to previously analyzed EEG-video data

ALGORITHM

Embedded real-time implementation of the algorithm proposed in [2] (fig. 3)

- Embedded RR interval computation based on wavelet transform [3]
- Detection of pattern that is characteristic for epileptic seizures (fig. 4)
- Original model extended with a plateau phase
- Events/alerts differ in relevance
- Adjustable parameters

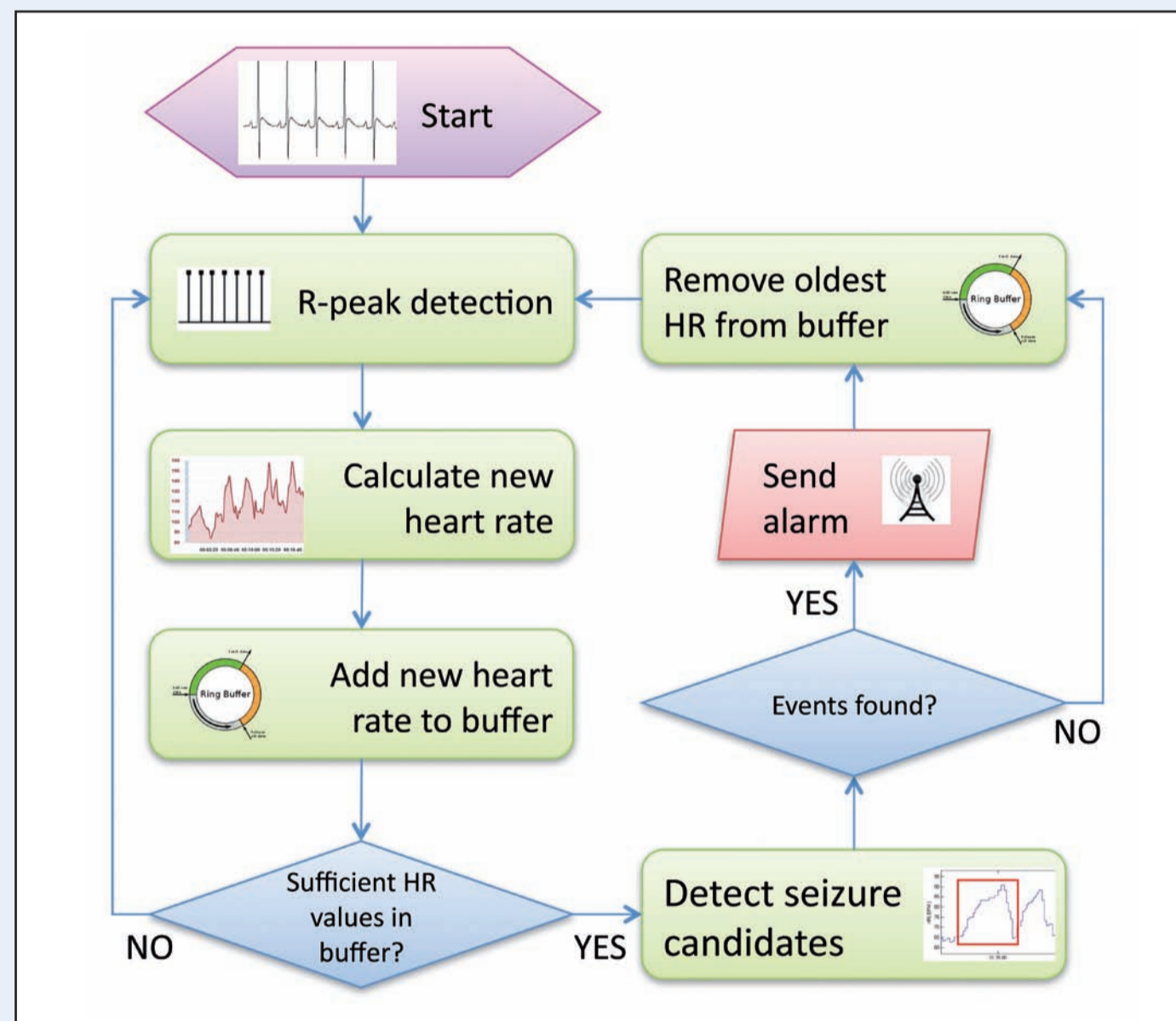


Figure 3 Program flow of the proposed algorithm.

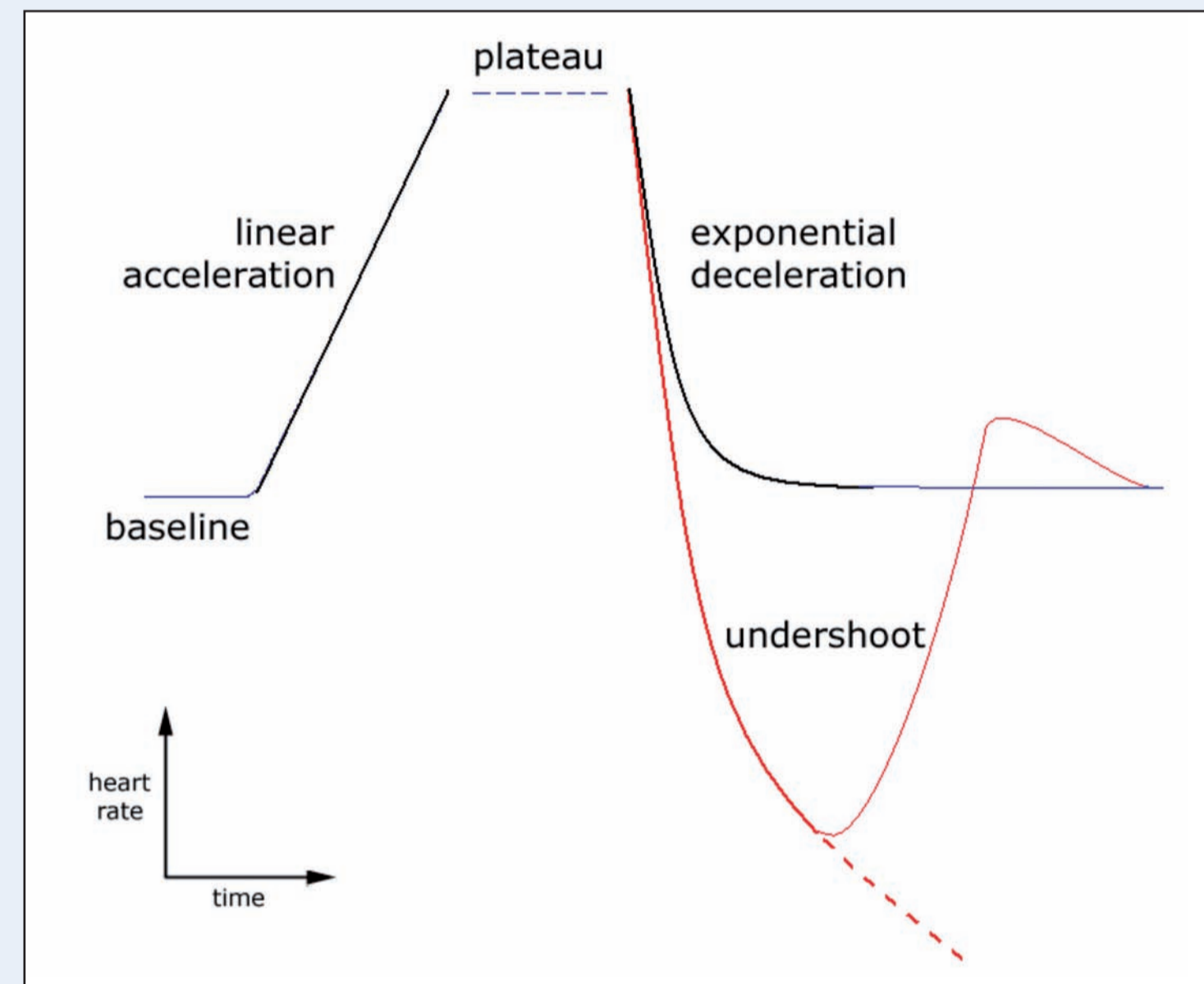


Figure 4 Characteristic pattern for epileptic seizures: a linear acceleration from baseline, a plateau phase and an exponential deceleration to baseline, possibly with an undershoot.

CONCLUSIONS

- Preliminary results indicate heart rate based detection of major seizures by the proposed wearable sensor system is successful, clinically and technically
- Patients tolerate the device well and show no signs of discomfort
- For optimized sensitivity and positive predictive value the detection algorithm needs to be tuned to the patient based on seizure characteristics
- Tuned settings enable differentiation between clinically relevant and irrelevant (major) seizures (see patient 3)
- Current study will finish end of 2010
- Next phase: towards product development and market introduction
- Continuing R&D on seizure detection: multi-sensor approaches

LITERATURE CITED

- [1] Yazicioglu, R.F., T. Torfs, J. Penders, I. Romero, H. Kim, P. Merken, B. Gyselinckx, H.J. Yoo, and C. Van Hoof. 2009. Ultra-low-power wearable biopotential sensor nodes. *Conf Proc IEEE Eng Med Biol Soc* 2009:3205-8.
- [2] Van Elmpst, W.J., T.M. Nijssen, P.A. Griep, and J.B. Arends. 2006. A model of heart rate changes to detect seizures in severe epilepsy. *Seizure* 15:366-75.
- [3] Romero I., B. Grundlehner, and J. Penders. 2009. Robust beat detector for ambulatory cardiac monitoring. *Conf Proc IEEE Eng Med Biol Soc* 2009:950-3.

ABOUT HOB0 HEEZE

- Full subsidiary of Kempenhaeghe
- Initiates and develops innovative technical concepts
- Solutions for epilepsy and sleep-wake care and cure
- Commercial and non-commercial partnerships
- Knowledge valorization



Visit us at www.hoboheeze.nl

SYSTEM DESIGN

Wearable sensor system [1] for real-time heart rate based seizure detection

- Lightweight and miniaturized (~20g / 52x36x15mm³) (fig. 1)
- Low power electronics (autonomy: 24 hours)
- Wireless communication for data and real-time event/alarm transmission
- Ultra-low-power bio-potential read-out ASIC
- Two wired electrode leads with patches on the chest
- Worn on the upper arm (fig. 2)



Figure 1 Prototype wearable system for real-time heart rate based seizure detection.

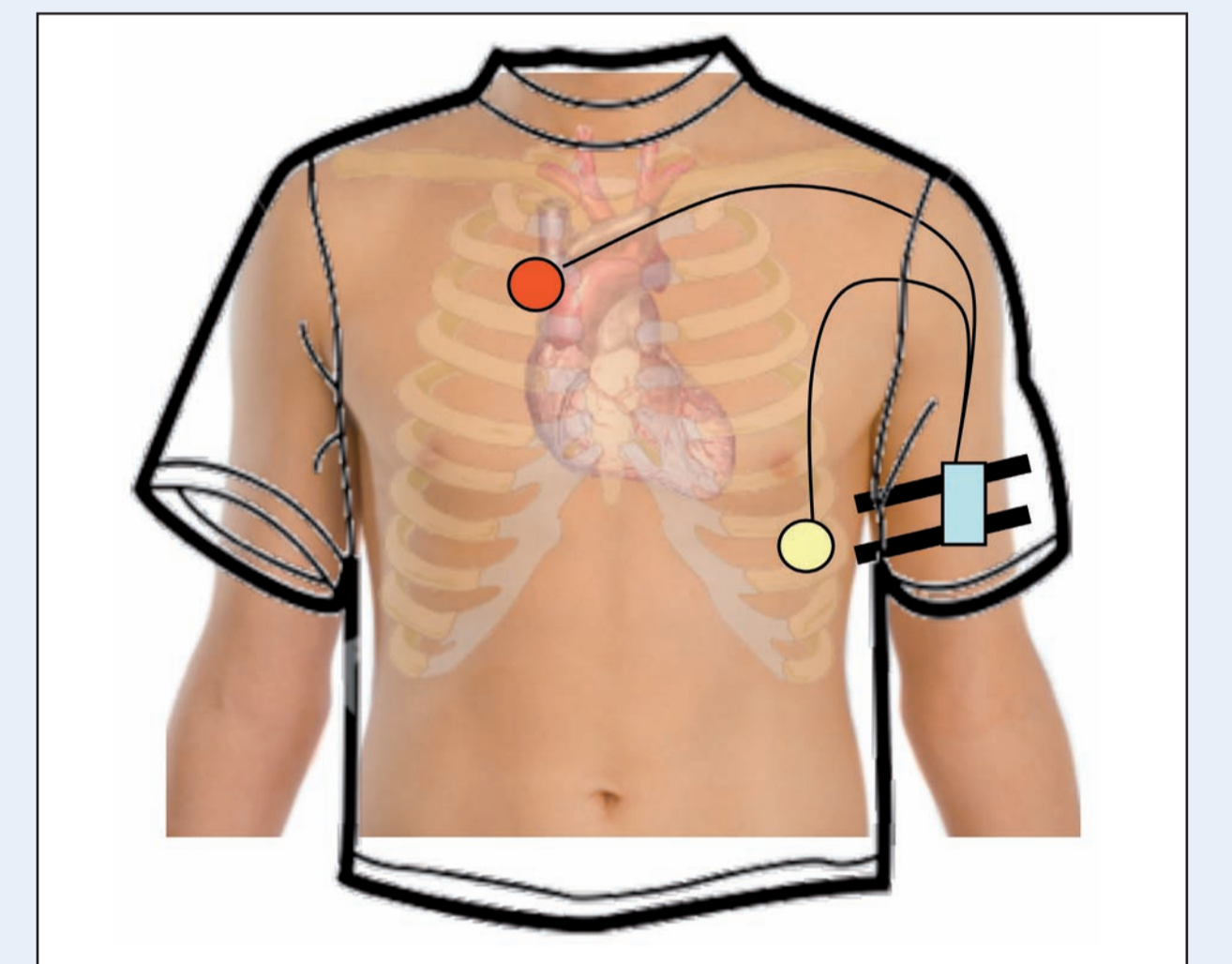


Figure 2 Location of the sensor system and electrodes on the body.

RESULTS

Preliminary results available for 3 patients (tab. 1)

- Large heart rate changes with major seizures (fig. 5)
- In patient 1 and 2 PPV and SEN are 100%
 - Parameter settings tuned to patient
- Majority of seizures in patient 3 is major by definition, but clinically irrelevant (fig. 6), i.e. no alarm and response is needed
 - Table shows uncompensated results
 - Improved PPV and SEN when compensated
- Technical performance is robust
 - Minor data loss due to (partial) electrode disconnections

Patient	Results per seizure type (<i>true positive / false negative</i>)					FP	Total	PPV	SEN
	Tonic-clonic	Gen. tonic	Gen. clonic	Hypermotoric					
1	3 / 0	1 / 0	0 / 0	0 / 0	0	4 / 0	100%	100%	
2	0 / 0	0 / 0	0 / 0	3 / 0	0	3 / 0	100%	100%	
3	0 / 1	1 / 13	0 / 0	0 / 1	40	1 / 15	2%	7%	

Table 1 Preliminary results for patient 1 to 3.

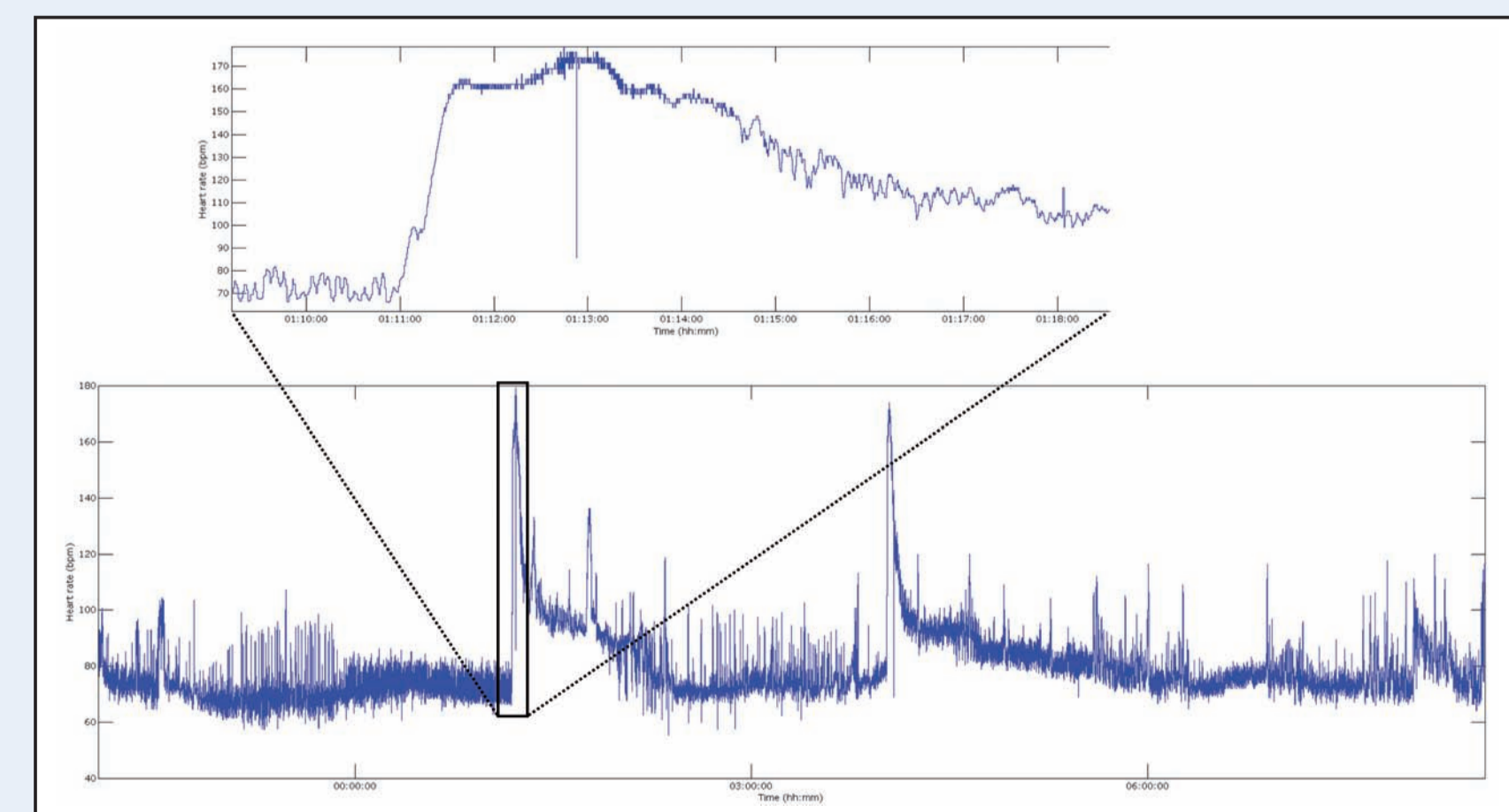


Figure 5 Example of heart rate changes with a hypermotoric seizure (patient 2).

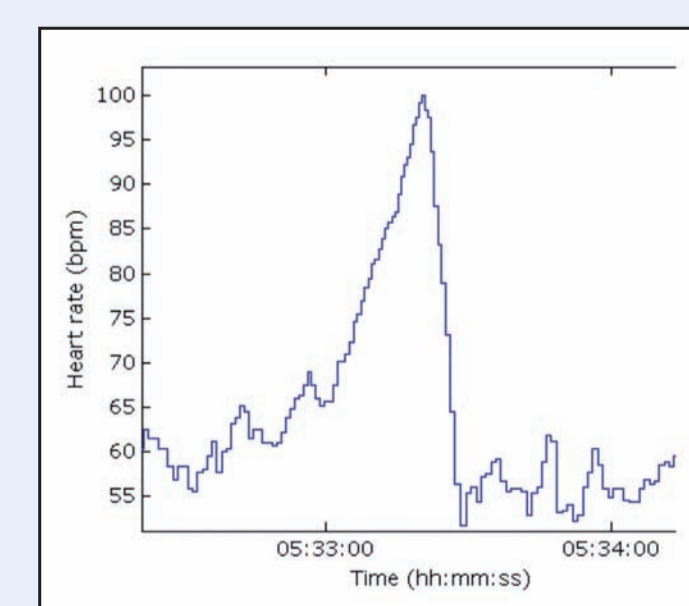


Figure 6 Example of a hypermotoric seizure that is clinically irrelevant (patient 3).

FURTHER INFORMATION Please contact busselmv@kempenhaeghe.nl

More information and literature on this and related projects can be obtained at: www.hoboheeze.nl, www.kempenhaeghe.nl and www.holstcentre.com

This poster can be downloaded from <http://www.hoboheeze.nl/engels/publications.html>