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# Combining HRV Features for Automatic Arousal Detection

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## Abstract

*Arousals are vital for sleep as they ensure its reversibility. However, an increased amount of arousals might indicate sleep disturbances or disorders. Since arousal events are similar to wake states but much shorter than the standard annotation epoch length of 30 s, they degrade sleep staging classification performance. Arousals are also related to physiological activities, such as cardiac activation, thus making the detection in a less disturbing way than with polysomnographies in sleep laboratories possible. Therefore, we analyzed 72 features derived from the heart rate variability (HRV) of 15 whole-night polysomnographic ECG recordings to quantify cardiac activation during sleep. After calculating the Mahalanobis distance (MD), ranking the best uncorrelated features and performing MANOVA, we show that combining multiple features increases the discriminative power ( $MD=1.56$ ,  $\chi^2=33117$ ) to detect arousals during the night compared to the best single feature ( $MD=1.16$ ,  $\chi^2=16633$ ). A linear mixed model is used to show between-subject effects and to validate the significance of each feature based on Wald test statistics.*

## 1. Introduction

The American Sleep Disorders Association (ASDA) defines arousals as frequency shifts in the electrical activity of the brain in humans that can be acquired with electroencephalography (EEG). Increased arousals lead - same as for reduced sleep length - to daytime sleepiness [1]. In the past decades, arousals were found to be closely related to sleep disorders [2, 3]. However, they are also essential to ensure the reversibility of sleep [2]. It has been found that arousals and short awakenings are very often related to physiological changes, such as heart rate, pulse transit time [4] and blood pressure [2]. Also respiratory events during the night are susceptible to be strongly related to arousals [4]. Indirectly measuring arousals through physiological signals instead of using the EEG is much more convenient and helps transferring laborious clinical setups to the home

environment to detect sleep disorders more easily. Additionally, the classification of sleep and wake epochs can be enhanced when knowing the presence of arousals [5, 6].

Sforza *et al.* [7] found the evidence of cardiac activation during arousals. They proposed a simple arousal detector which has been used by Mendez and Matteucci [5] to improve the classification performance of REM (rapid eye movement) and non-REM sleep stages. Other researchers, e.g. Trinder *et al.* [8], also examined the nature on cardiovascular activation during an arousal. The heart rate suddenly increases with the start of an arousal event and drops back to normal values (rebound effect) after a certain time depending on the arousal length. Based on this fact, Basner *et al.* [9] developed an algorithm to detect arousals by calculating beat-by-beat likelihood ratios. These indicate how likely a certain heart beat is to correspond to the start of an arousal.

Some researchers, e.g. Bonnet and Arand [10] and Blasi *et al.* [11] analyzed spectral changes in very low, low or high frequencies (VLF, LF or HF, respectively) of the HRV before and after arousals. More complex computations, such as detrended fluctuation analyses (DFA), entropy calculations or raw ECG examinations, can be found in the work of Vigo *et al.* [12], Noviyanto *et al.* [13], or Penzel *et al.* [14].

In our work we gathered the most relevant features from literature and analyzed their discriminative power. We developed and adapted known features solely based on ECG which allow the automatic and accurate detection of arousals during sleep. All employed features are summarized in Table 1.

## 2. Methods and materials

### Data set

For this work, arousal events and sleep stages in polysomnographic data of 15 subjects without any known sleep disorder were annotated by sleep technicians according to the American Academy of Sleep Medicine (AASM) guidelines. Nine of the subjects were measured in Boston (USA), at the Sleep Health Center and the others in Eind-

Table 1. Description of all employed features

Features (Total 72)	#	References
VLF, LF, HF, LF/HF ratio, module and phase of HF pole	6	[5, 10, 12, 13, 15, 16]
<b>short time</b> LF, HF, LF/HF ratio, module and phase of HF pole	5	[5, 10, 12, 13, 15, 16]
mean, standard deviations and ranges of (detrended) heart rates and RR intervals	7	[5, 12, 13, 16]
10 <sup>th</sup> , 25 <sup>th</sup> , 50 <sup>th</sup> , 75 <sup>th</sup> and 90 <sup>th</sup> percentiles of (detrended) heart rates and RR intervals	20	[13]
Mean absolute deviation of (detrended) heart rates and RR intervals	4	[13]
pNN50	1	[13]
Likelihood ratios (mean, median, min, max)	4	[9]
Sample entropy 1 and 2 with scales 1-10	20	[12]
DFA parameters ( $\alpha_1$ , $\alpha_2$ , $\alpha$ , $\alpha_{al}$ and windowed DFA)	5	[12–14]

hoven (The Netherlands), at the sleep laboratory of the High Tech Campus.

### Feature extraction and ranking

Based on the observation that heart rate changes are related to arousals, 72 HRV features known from literature were extracted. The instant heart rate was derived from the ECG signal with a QRS detector. Features have been computed in the time and frequency domain with a time step interval of one second. This short interval was chosen because arousals are annotated with a higher time resolution since they last for 3-15 s and can occur several times during regular sleep stages, normally annotated in 30 s epochs [1]. The trend removal procedure of the RR peaks intervals and heart rates described by Redmond *et al.* [16] was applied to reduce between-subject variability.

Furthermore, a feature selection (FS) algorithm based on Mahalanobis distance (MD) ranking was used to reduce the feature space and remove highly correlated features. A similar MD ranking algorithm has been proposed in earlier work for the sleep/wake classification task [17]. The MD is a distance metric, but unlike the Euclidean distance, it takes the covariances of multivariate data into account and is scale invariant. In this work the covariance matrices of the “arousal” and “no arousal” class are averaged to form the pooled covariance matrix.

The ranking process starts sorting the features by their MD values in descending order. Since a classification task is not performed in this work and hence no classification performance metric is available as in [17], we set the maximum allowed between-feature Pearson correlation to a fixed value of 0.9. As highly correlated features do not contain new information they can be discarded to ensure a maximum data diversity of the input data. Using non-correlated features within supervised learning also reduces the training bias of classifiers and helps preventing overfitting.

### Feature evaluation

After having identified the power of each feature in discriminating the presence or absence of arousals, the multivariate analysis of variances (MANOVA) was applied to test whether the null-hypothesis - the two groups have the same mean values - can be rejected at a certain significance level  $p$ . Since we have repeated measures on the same subjects and MANOVA expects normally distributed, uncorrelated data, we also applied linear mixed model analysis to emphasize the discriminative power of each feature using the Matlab (The Mathworks, MA, USA) `n1me` package. The mixed model using between-subject difference analysis with fixed slopes [18], neglecting within-subject effects, is defined as:

$$y_{ij} = \beta_0 + \beta_1 \cdot \bar{x}_j + \beta_2 \cdot l_{ij} + u_{0j} + e_{0ij}, \quad (1)$$

with  $\bar{x}_j$  as the mean feature value and  $l_{ij}$  as the numeric class label of measurement  $i$  for subject  $j$ . The intercept  $\beta_0$  and the estimated fixed slopes for each variable are represented by  $\beta_1$  and  $\beta_2$ . The random intercept  $u_{0j}$  and residual error  $e_{0ij}$  are supposed to be normally distributed having zero mean and between-subject and within-subject variances  $\sigma_{u_{0j}}^2$  and  $\sigma_{e_{0ij}}^2$ , respectively. The statistical significances of fixed and random effects are based on Wald statistical (WS) tests with one degree of freedom [18].

## 3. Results and conclusions

The results of the best 20 selected features are presented in Table 2. The first column indicates the ranking (1 means best). The MD between the “arousal” and “no arousal” class is listed in the second column. Each selected feature is also analyzed with a MANOVA, represented by the  $\chi^2$  value, and the estimated mixed model parameters of equation (1). The last column gives a short descriptive text of the feature. All other columns are the estimates from the mixed model in equation (1). The last line of this

Table 2. MD,  $\chi^2$ , WS values of the mixed model (1) for the selected features. Standard deviations in parenthesis.

pos	MD	$\chi^2$	WS $\beta_0$	WS $\beta_1$	WS $\beta_2$	$\sigma_{u_{0j}}^2$	$\sigma_{e_{0ij}}^2$	description
1	1.16	16633*	7.9	6446.2†	25072.1†	3.30 (0.03)	4167.86 (0.11)	10th percentile of detr. RR intervals
2	1.07	15173*	0.0	3517.5†	23161.3†	3.39 (0.03)	4533.14 (0.12)	10th percentile of RR intervals
3	0.97	35973*	11.9†	180.6†	42402.4†	0.00 (0.04)	0.03 (0.00)	max of likelihood ratios
4	0.70	6977*	9.5	15993.8†	16532.6†	0.00 (0.02)	0.00 (0.00)	mean absolute deviation of heart rate
5	0.63	3425*	2.8	1238.5†	4092.7†	0.00 (0.01)	0.92 (0.00)	windowed DFA
6	0.55	2261*	10.2	100610.7†	3484.9†	0.00 (0.01)	0.24 (0.00)	norm. LF band in PSD (short window)
7	0.55	3579*	1.1	19110.4†	3651.7†	0.00 (0.01)	0.00 (0.00)	module of HF pole (short window)
8	0.46	1646*	6.0	221264.2†	1957.3†	0.00 (0.00)	0.18 (0.00)	norm. VLF band in PSD
9	0.43	1549*	2.6	121205.4†	1739.5†	0.00 (0.00)	0.07 (0.00)	sample entropy 2 with scale 1
10	0.41	2067*	1.3	61511.5†	2066.1†	0.00 (0.00)	0.00 (0.00)	module of HF pole
11	0.41	1546*	0.1	97674.1†	1902.7†	0.00 (0.00)	0.04 (0.00)	scaling exponent $\alpha_1$ of DFA
12	0.40	1835*	0.5	54487.8†	2740.1†	0.00 (0.01)	0.02 (0.00)	scaling exponent $\alpha_{al}$ of DFA
13	0.37	1264*	3.7	184113.6†	2087.7†	0.00 (0.01)	0.10 (0.00)	norm. HF band in PSD
14	0.36	1062*	1.3	80712.1†	1271.0†	0.00 (0.00)	0.08 (0.00)	sample entropy 2 with scale 2
15	0.35	1235*	0.8	33004.1†	1892.5†	0.00 (0.00)	0.04 (0.00)	scaling exponent $\alpha$ of DFA
16	0.29	648*	0.3	100638.8†	1126.1†	0.00 (0.00)	0.10 (0.00)	sample entropy 2 with scale 3
17	0.27	607*	0.1	58522.4†	998.2†	0.00 (0.00)	0.10 (0.00)	sample entropy 2 with scale 4
18	0.26	541*	0.0	39100.6†	943.4†	0.00 (0.00)	0.11 (0.00)	sample entropy 2 with scale 5
19	0.26	713*	6.0	529776.3†	356.6†	0.00 (0.00)	353.87 (0.03)	pNN50
20	0.24	453*	0.1	37937.8†	896.1†	0.00 (0.00)	0.13 (0.00)	sample entropy 2 with scale 6
<b>P</b>	<b>1.56</b>	<b>33117*</b>						<b>Top 20 features pooled</b>

overview represents the results when pooling the best features. Values denoted with \* and † have  $p \leq 0.001$  based on MANOVA and Wald statistical (WS) test, respectively.

In addition, three of the most representative histograms out of the top 20 features are shown in Fig. 1. To enhance readability of the graphs, the “no arousal” values have been mirrored along the x-axis, which shows the feature values. The ordinate is the relative occurrence in % in the total class distribution and the circles indicate the median values of each class. The histograms visually confirm the results obtained in Table 2. Especially for the first features it is noticeable that the median values of both classes are different. Most distributions follow approximately a normal or log-normal distribution. Special case is feature 3 (and also 19, but not shown), where zero-inflated distributions can be found. This is due to the fact that the likelihood ratios nearly have a binary behavior, so either 0 or 1 as output value. The ratios have already been processed by statistical means (see [9]). For the “arousal” class, more than 20% of the values are around 1. Between 0 and 1, about 30% for the “arousal” class and 10% for the “no arousal” class are present. Considering the MD,  $\chi^2$  and differences in median values in Fig. 1 and Table 2 it can be seen that the discriminative power diminishes rapidly towards the last feature of the list. Therefore the feature ranking based on the MD seems to be appropriate for this type of analysis.

Finally, the overall discriminative power significantly increases when combining the top 20 features. The combination improves the results to an MD of 1.56 and  $\chi^2$  of 33117, whereas the maximum obtained with the single most discriminating feature (10<sup>th</sup> percentile of detrended RR intervals) is an MD of 1.16 and  $\chi^2$  of 16633. The WS

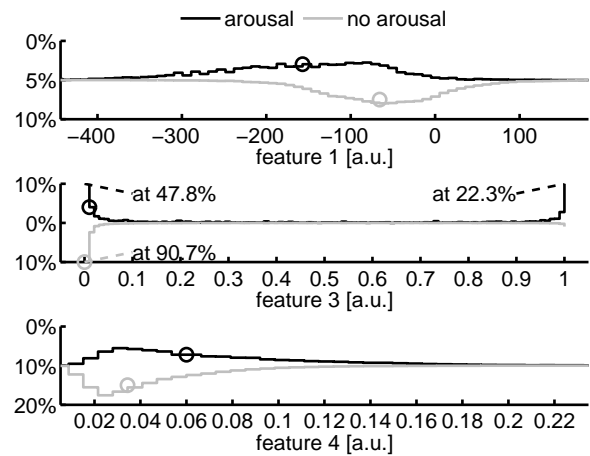


Figure 1. Representative histograms with relative occurrence in % and median values (circles) (black = “arousal” class, gray = “no arousal” class).

test of  $\beta_2$  confirms the significance of discriminating between the “arousal” and “no arousal” classes. It is noticed that all are significant without considering between-subject centering effect (represented by  $\beta_1$ ) on features. It also confirms the existence of between-subject effects, which are suggested to be removed, e.g. by normalization.

To conclude, we show in this work that the combination of multiple HRV features known from literature and extracted on a one second basis considerably improves the arousal detection capability compared to a single feature. Being able to detect arousals automatically only with the use of ECG measurements, which is more convenient than standard EEG acquisitions in sleep laboratories, it has the potential to introduce new techniques for screening and diagnosis of sleep related disorders.

Since arousals annotated with EEG signals might occur before or after the cardiac activation, it still has to be evaluated how large the time differences between the EEG and the onset of the different features are. In future work, this evaluation should be included in a training procedure for automatic arousal classification. Furthermore to improve the classification performance, post-processing criteria as defined by Mendez and Matteucci [5] or Bonnet *et al.* [10] (e.g. limiting the length of arousals) should be included to match the original ASDA definition of arousals [1].

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