

# LONG TERM BIOSIGNALS VISUALIZATION AND PROCESSING

Ricardo Gomes<sup>1</sup>, Neuza Nunes<sup>2</sup>, Joana Sousa<sup>2</sup> and Hugo Gamboa<sup>1,2</sup>

<sup>1</sup>Physics Department, FCT-UNL, Lisbon, Portugal

<sup>2</sup>PLUX Wireless Biosignals S.A., Lisbon, Portugal

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**Abstract:** Long term acquisitions of biosignals are an important source of information about the patients' state and its evolution, but involves managing very large datasets, which make signal visualization and processing a complex task. To overcome these problems, we introduce a new data structure to manage long term biosignals. A fast and non-specific multilevel biosignal visualization tool based on the concept of subsampling is presented, with focus on the representative signal parameters (mean, maximum, minimum and standard deviation error). The visualization tool enables an overview of the entire signal and a more detailed visualization in specific parts which we want to highlight. The "Split and Merge" concept is exposed for long term biosignals processing. A processing tool (ECG peak detection) was adapted for long term biosignals. Several long term biosignals were used to test the developed algorithms. The visualization tool has proven to be faster than the standard methods and the developed processing algorithm detected the peaks of long term ECG signals fast and efficiently. The non-specific character of the new data structure and visualization tool, and the speed improvement in signal processing introduced by these algorithms makes them useful tools for long term biosignals visualization and processing.

## 1 INTRODUCTION

The increasing development of medical systems and applications for human welfare has been supported by patients' body signals monitoring. These biosignals give the researcher or clinician a perspective over the patient's state since they carry information about complex physiologic mechanisms. Biomedical signal analysis has great importance for data interpretation in medicine and biology.

In order to analyze the patient's condition it is very important to visualize the acquired signals and extract relevant information from them. In clinical cases such as neuromuscular diseases and sleep disorders, a constant monitoring of the patient's condition is necessary (Pinto et al., 2010; Kayyali et al., 2008), due to the possible occurrence of sudden alterations in the patient's state. However, long term acquisitions generate large amounts of data, which exceed the capabilities for which standard analysis and processing software were designed. In addition to the difficulty of handling large amounts of data, displaying these biosignals using standard visualization software is not feasible due to our inability to correctly visualize the entire signal. In a future perspective, the continuous monitoring of biosignals will allow to know before-

hand when the patient needs assistance, assuring the patients' comfort as they are monitored in ambient assisted living conditions (Sousa et al., 2010).

We present new tools for the visualization and processing of very large biological datasets. The following section presents the developed tools and the new data structure for long term biosignals. In section 3 we present the methods of the developed work and discuss the results and algorithm's performance. Finally, we conclude the work in section 4.

## 2 PROPOSED DATA STRUCTURE AND DEVELOPED TOOLS

As we are dealing with very long signals, a tool to display large amounts of data is needed. Since we used acquisition equipment that saves (raw) data in text files, random access to a specific time window of the recording wasn't possible. To overcome this, we created a new data structure that enables fast data accessing, based on the HDF5 file format, a powerful tool for managing different types of data (HDF group, 2007).

## 2.1 Long Term Biosignals Data Structure

The data structure architecture (Figure 1) is based on three sections: the acquisition data, the biosignals, and the processed data. The biosignals section is composed by the raw data and the different "zoom levels". To obtain the different zoom levels, the four subsampling parameters shown in Figure 1 are extracted from the signal. Data mean identifies its central location, being a representative measure of the signals' shape. Maximum and minimum parameters define the envelope on which the signal is restrained, while the standard deviation error provides information about the signal's spreading.

The first (most detailed) level of visualization is the raw data. The subsequent zoom levels provide less detail than the preceding one, since they have a smaller number of samples. However, they represent the same time interval. The different zoom levels are created by a subsampling process. Each subsampling operation is carried out by splitting the input signal in groups with a selected number of samples - the resampling factor ( $r$ ), and for each group the representative signals measures are calculated. The  $r$  factor can be, for example 10, which means that the signal's measures will be computed from 10 to 10 samples. Therefore, the data length will be divided by  $r$ , since each group with  $r$  samples is represented by one new sample. The first zoom level is obtained taking the raw data as input. For higher zoom levels, the algorithm takes as input the data from the last zoom level to be created, taking advantage of the data reduction on each iteration, since it calculates the mean of means, the maximum of maxima, minimum of minima (calculating the mean is faster for 1000 values than for 10000). The standard deviation error, ( $sd$ ), is obtained with equation 1, where  $E[X]$  is the expected value for the random variable  $X$ .

$$sd(X) = \sqrt{E[X - E[X]]^2} = \sqrt{E[X] - E[X]^2} \quad (1)$$

The visual effect and data mining of the described subsampling technique are shown in Figure 2.

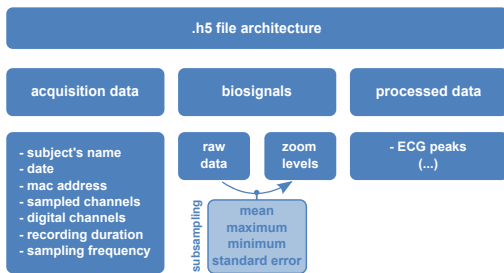


Figure 1: Proposed data structure for biosignals.

## 2.2 Long Term Biosignals Visualization

Based on the presented data structure, a tool to visualize long term biosignals was implemented. This tool provides an overview of entire long term signals in the first instance and allows to zoom in and out to specific time windows. This approach is comparable to web mapping services, but applied to the visualization of electrophysiological signals. A client-server model was implemented, giving the tool higher portability, using Python as a way to manage data and Javascript and HTML to create the visualization platform. The initial display is done by drawing the entire signal: the outermost (lowest) zoom level; the signal being shown is updated when the navigation keys (for zooming and panning) are pressed. Signal navigation is facilitated by an overview window, that indicates the selected region of the signal and enables the user to select precise time windows in the signal to be visualized in detail. There are two drawing stages which allow a fast view of the signal's shape:

- **Preview.** the signals' informations to be drawn are only the maximum and minimum (aiming for a fast and representative overview);
- **Detailed View.** draws the signal's mean, maximum, minimum, and the error shade (defined by  $\text{mean} \pm \text{standard deviation error}$ ).

These drawing steps enable a faster navigation, since the user can ask for new time windows to be displayed almost instantly. The detailed data is shown only when the viewer stops in a specific time window, providing the complete information about the signal. When the raw data level is reached, no detailed information is shown, since there are no statistical parameters of the biosignal.

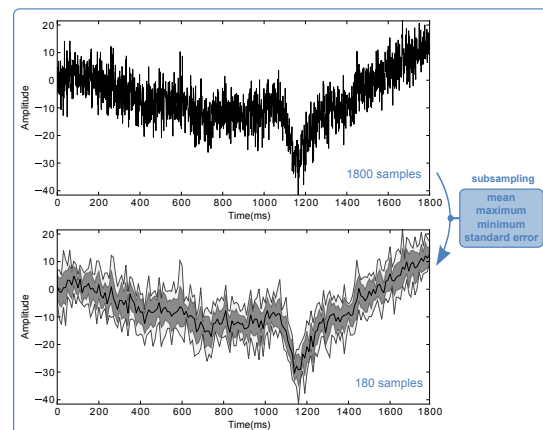


Figure 2: Illustration of the effect produced by a subsampling operation over a random signal (adimensional amplitude).

$$z = \left\lceil \left( \frac{\log(N)}{\log(r)} - \frac{\log(npviz)}{\log(r)} + 1 \right) \right\rceil \quad (2)$$

The correct zoom level,  $z$ , corresponding to each selected zoom window is obtained with equation 2, where  $N$  is the number of points that we are trying to see and  $npviz$  is the maximum number of points to be displayed ( $npviz$  and  $r$  are specified by the user).  $\lceil x \rceil$  represents the ceiling operation (rounding for the next integer).

### 2.3 Long Term Biosignals Processing

Besides visualization problems, long term biosignals also need different processing approaches. Since we are working with very large datasets, the processing algorithms' input can't be the entire signal. The implemented processing algorithms map the signal in intervals with fixed length and process each mapped interval, using an algorithm that works efficiently with shorter signals. After processing each interval, the results are merged together.

$$X = \{x_1, x_2, \dots, x_k\} \quad (3)$$

$$Y = F(X) \quad (4)$$

Hereafter, we consider the discrete biosignal to be processed,  $X$ , described in equation 3, where  $k$  represents the signal's number of samples. The processing operation can be represented by equation 4. The operator  $F$  receives an entire biosignal ( $X$ ) as input and returns  $Y$ . Since the input signal might be very long,  $X$  can be splitted in subgroups with a fixed number of samples -  $L$ . The signal mapper is a list of pairs that define the several subgroups to be processed separately (see  $J$  in equation 5).

$$J = \{(0, L), (L - v, L - v + L), (2L - 2v, 2L - 2v + L), \dots, (mL - mv, mL - mv + L)\} \quad (5)$$

$v$  is the number of samples to be overlapped, and  $m$  an integer. Selecting the signal ( $X$ ) in the time intervals defined by  $J$ , the signal will be mapped. Each part of the signal can be defined by equation 6.

$$\begin{aligned} x^0 &= \{x_0, \dots, x_L\} \\ x^1 &= \{x_{L-v}, \dots, x_{L-v+L}\} \\ &\dots \end{aligned} \quad (6)$$

In order to avoid problems in the borders where the signal is splitted, the implemented algorithm has an overlapping number of samples,  $v$  (every time the algorithm runs for a selected time window, there is a

number of samples from the end of the last time window that is in the beginning of the actual one). After mapping the signal, the processing algorithm is applied to the various intervals mapped from the signal and a group of outputs is obtained (equation 7).

$$y^j = f(x^j) \quad (7)$$

On this last step, in which  $j$  represents a subprocessing group, the results from the independent processing tasks are merged together. The function that correctly joins together the outputs from the subprocessing tasks is denoted by  $G$ . The final result is given by equation 8.

$$Y = G(y^0, y^1, \dots) \quad (8)$$

A mature algorithm (Pan and Tompkins, 1985), which do not work properly on long term biosignals was adapted: the ECG peak detector.

Considering a processing operation with a fixed start time ( $T_s$ ), that takes a time  $T$  to be carried out by one processor and that the processing is going to be divided by  $N_s$  processors, the total parallel processing time ( $T_p$ ) will be given by equation 9 (the multiplication by  $(1 + Ov)$  avoids the result to be zero).

$$T_p = T_s + \frac{T}{N_s} \times (1 + Ov) \quad (9)$$

$$Ov = \frac{v}{N_{slice}} \quad (10)$$

The overlap ( $Ov$ ) is defined by equation 10, where  $N_{slice}$  is the number of samples of each processing slice. Since the existence of the overlap means that there are samples being processed in two different subtasks, a bigger overlap causes the processing to last longer. However, if the overlap is too small, there is the danger of occurring processing errors. In order to prevent these errors, our ECG peak detection algorithm only considers the data to be efficiently processed when there are coincident peaks in the output (adjacent subtasks detect at least one common peak).

## 3 PERFORMANCE EVALUATION

Several types of biosignals such as as electromyography, electrocardiography, electrodermal activity, accelerometer and respiration were acquired in order to test the visualization and processing algorithms. The acquisitions were carried out at the patients' homes, with their approval, during the night (each recording had the approximate duration of 8 hours), using a bio-PLUX research system, a wireless signal acquisition unit (PLUX, 2011).

Table 1: Conversion times.

text file size (MB)	Conversion times (s)	
	raw data	zoom levels
346,8	41	85
435,1	50	104
954,6	91	217
1.021,2	109	234
1.297,3	157	357

Table 2: Load times for .txt and .h5 files

file size (MB)	Load times (s)	
	.h5 file	.txt file
14	0.01	6.35
144	0.04	64.33
347	0.57	349.33
424	0.79	(Memory Error)

### 3.1 Results and Discussion

All the performance tests were made with a Intel Core i7 720QM laptop, with 1.60GHz processor. Regarding data conversion to the new data structure, the performance results are described in table 1.

Considering that opening text files with huge sizes by loading them on python would take a long time or even cause a memory error, the results presented in table 2 evidence the benefits of the developed data structure on data accessing. The performance of the visualization tool is independent of the type and size of the signal being visualized as well as of the zoom level on which the user is "navigating" with the developed tool. Operations like zooming and panning over long term biosignals, that take several seconds using python visualization methods, are almost instantaneous using the developed tools. Since the data structure creation only has to be carried out once, enabling instant accessing to data, it is possible to understand the advantages of the presented tools.

## 4 CONCLUSIONS AND FUTURE WORK

Considering standard formats for biological and physical signals, it is easy to see that the developed data structure allows a broader approach to the visualization and processing of biosignals (particularly for long term biosignals). Besides allowing the user to save the raw data from the acquisition and important information about the subject or the recorded signals and the results of the parallel biosignal processing algorithms. This format allows a new way of exploring biological data, in a fast and intuitive multi-level

visualization of the biosignals. Since the developed visualization tools are compatible with the web environment, they can be used in the Internet.

In future work we aim to create an algorithm that allows processed data visualization, as a way to link the processed data and the signal, making it possible to visualize at the same time the signal and important processed data. Other future goal is to develop new processing algorithms adapted to long term biosignals, such as the heart rate variability, since it's parameters are of great importance in clinical cases that need long term monitoring. Regarding parallel processing techniques, some improvements are still necessary, such as an automatic calculation of the indicated number of overlapping samples.

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