

Spectral Analysis and Heart Rate Variability: Principles and Biomedical Applications

Harvey N. Mayrovitz, Ph.D

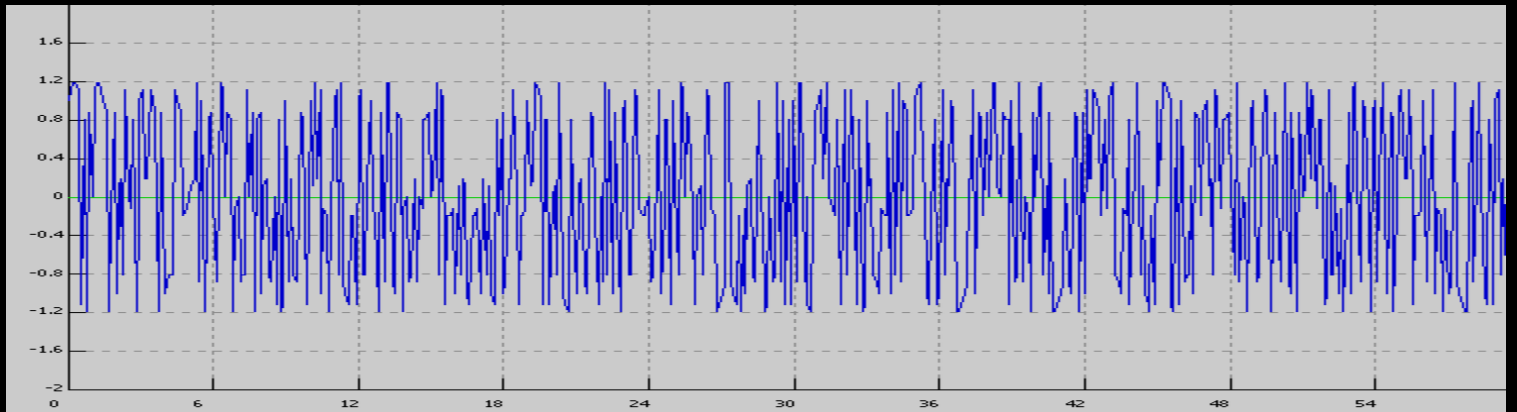
August 27, 2004

Why Spectral Analysis?

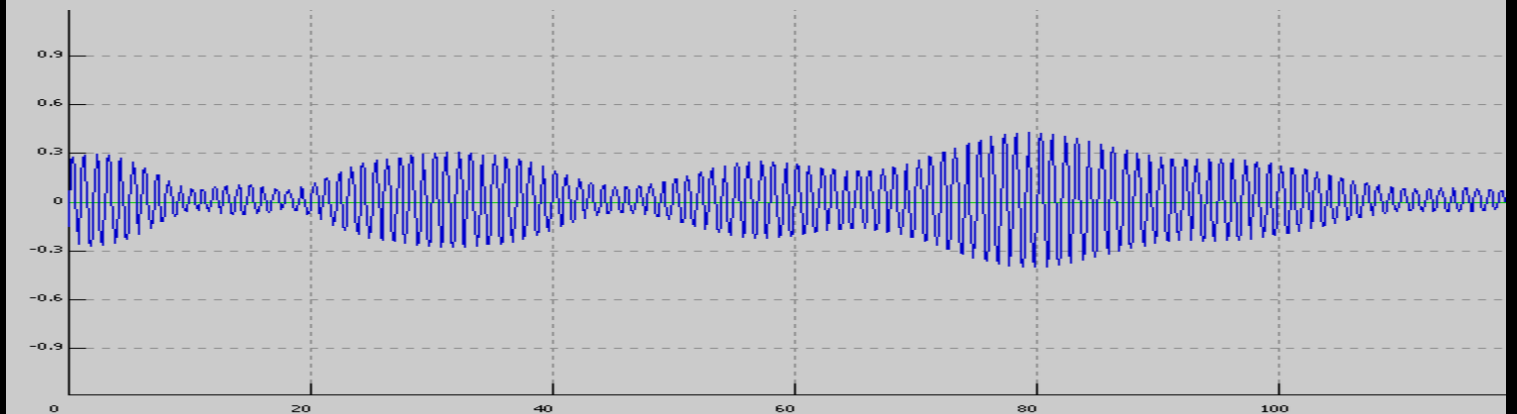
Detection and characterization of cyclical or periodic processes present in physiological signals

Rhythms are present in nearly all physiological signals - but not always evident to the 'naked eye'!

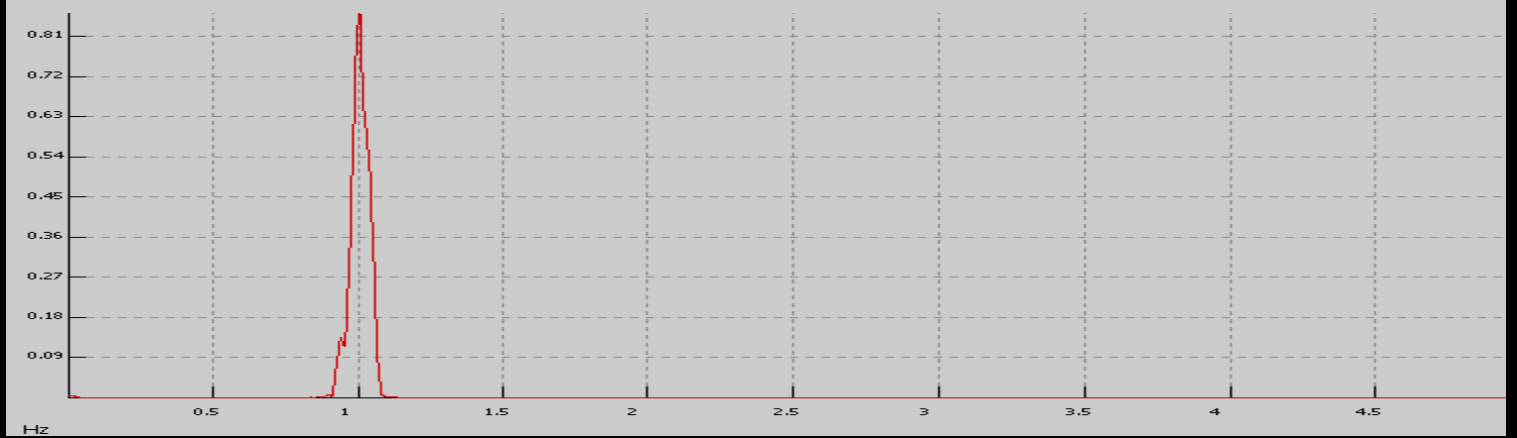
Signal



Filtered

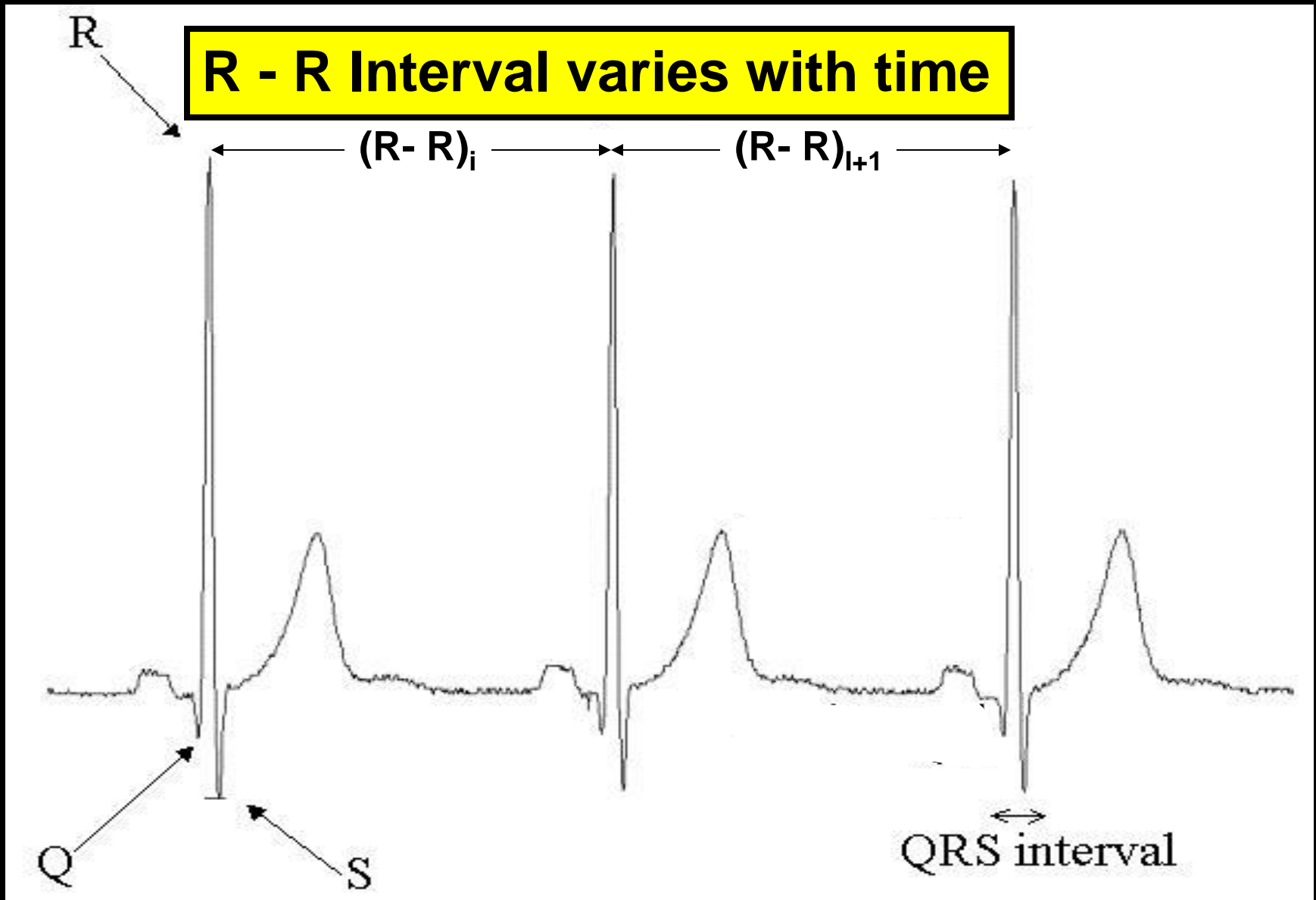


Spectrum

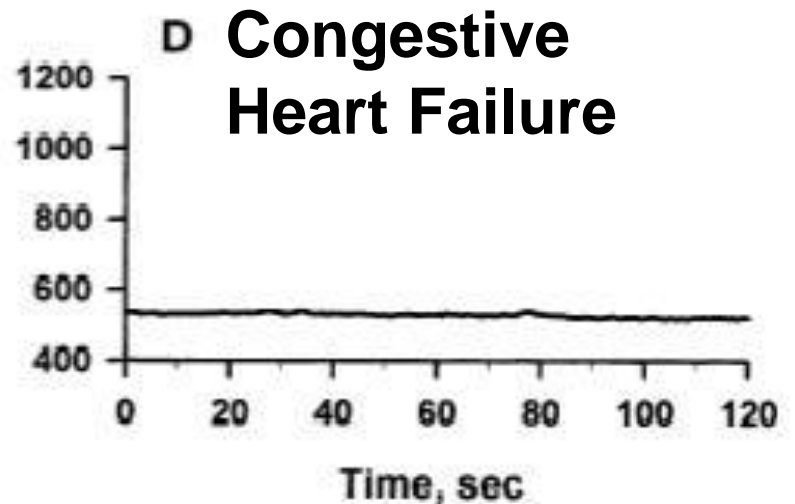
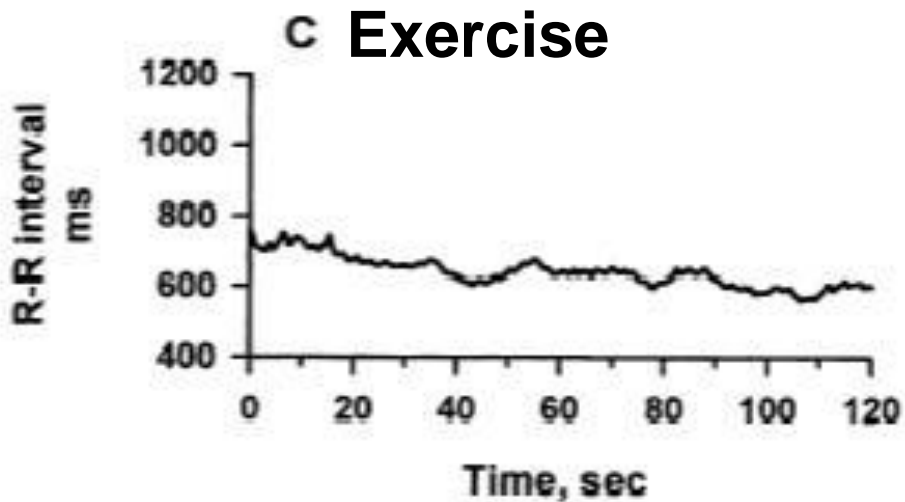
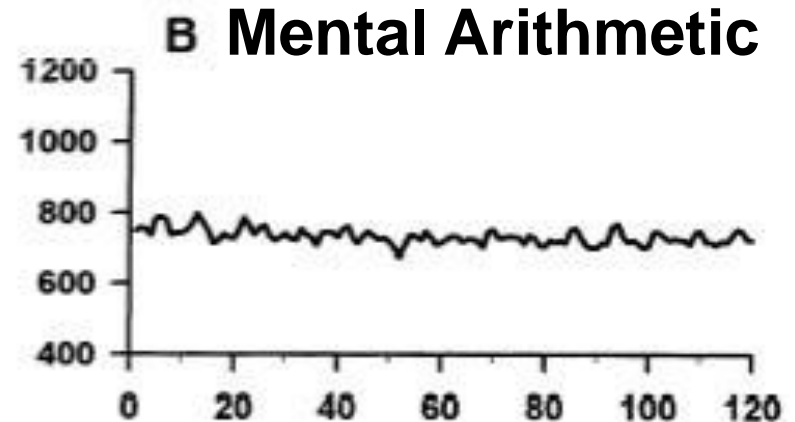
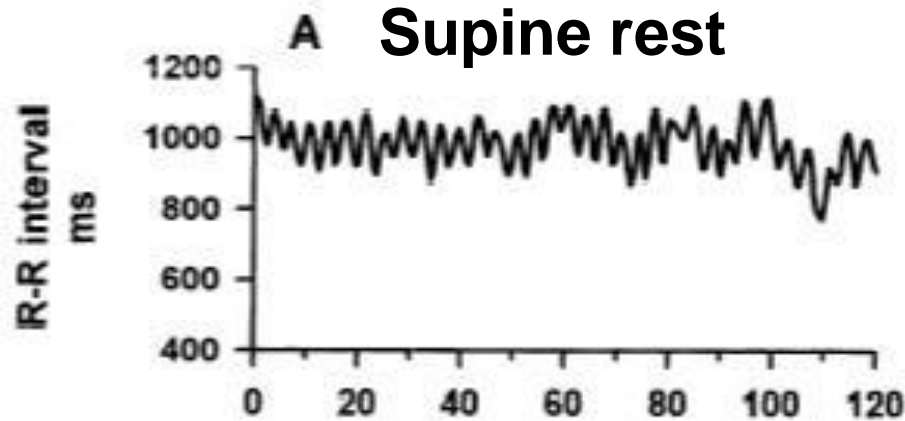


Generating a time series signal from the Electrocardiogram

R- R Time Series



R- R Time Series

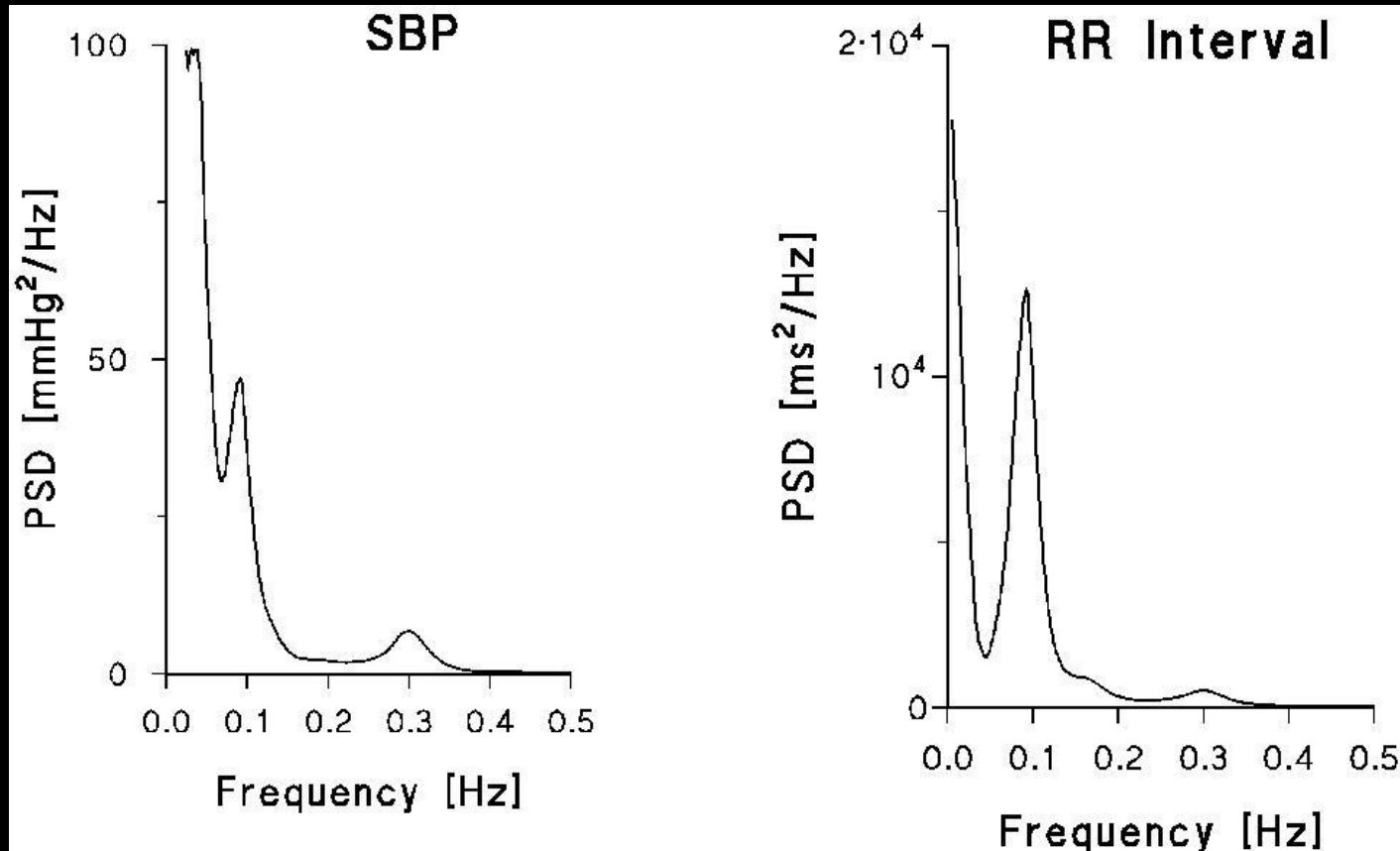


**How do you
extract spectral (frequency)
components present in
physiological signals?**

Power Spectral Density

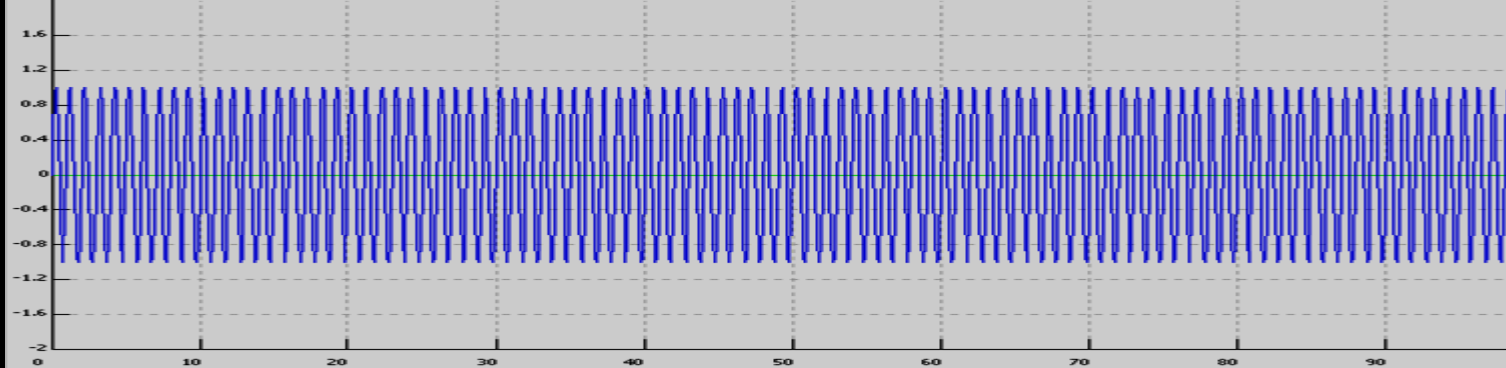
Amount of power per unit (density) of frequency (spectral)
as a function of frequency

PSD describes how the power (or variance) of a
time series is distributed with frequency!

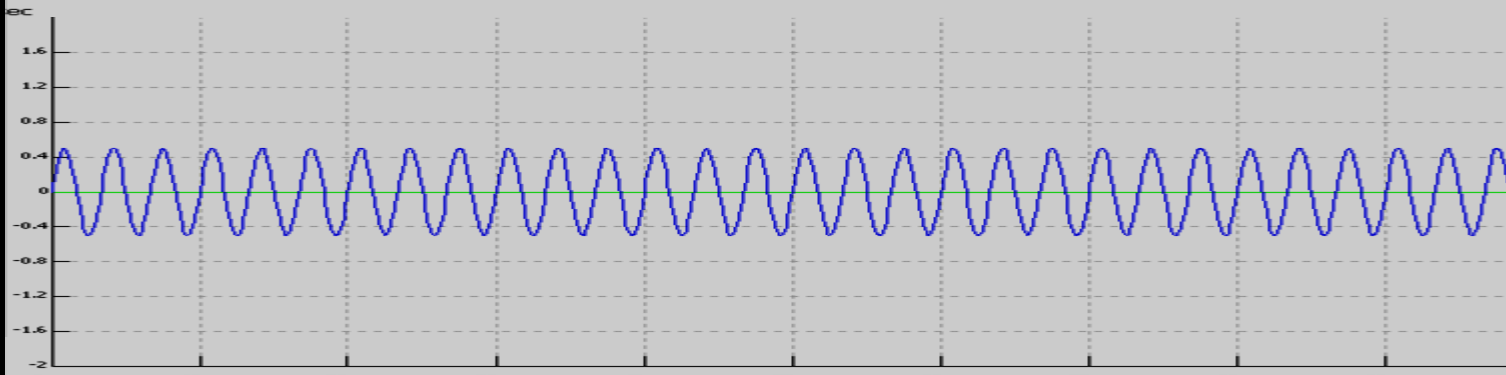


Example with Simulated Signals

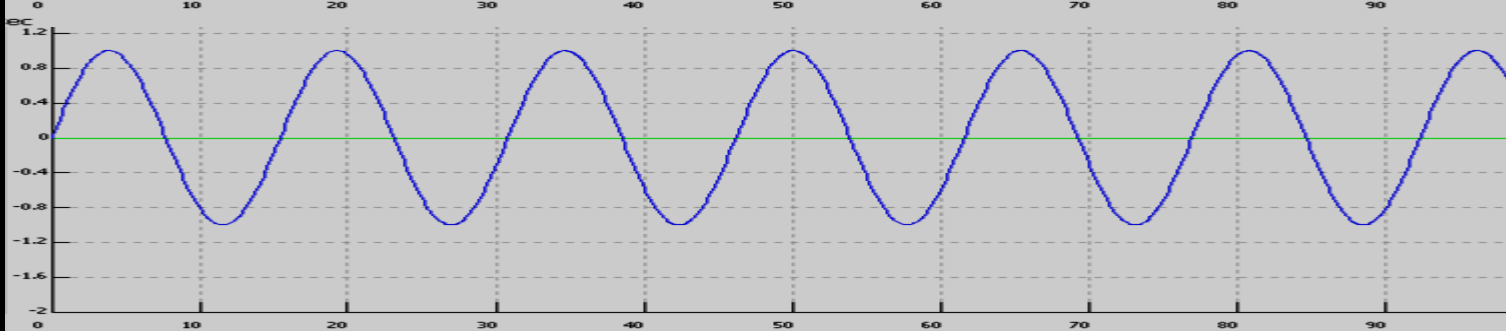
A
1.0 Hz



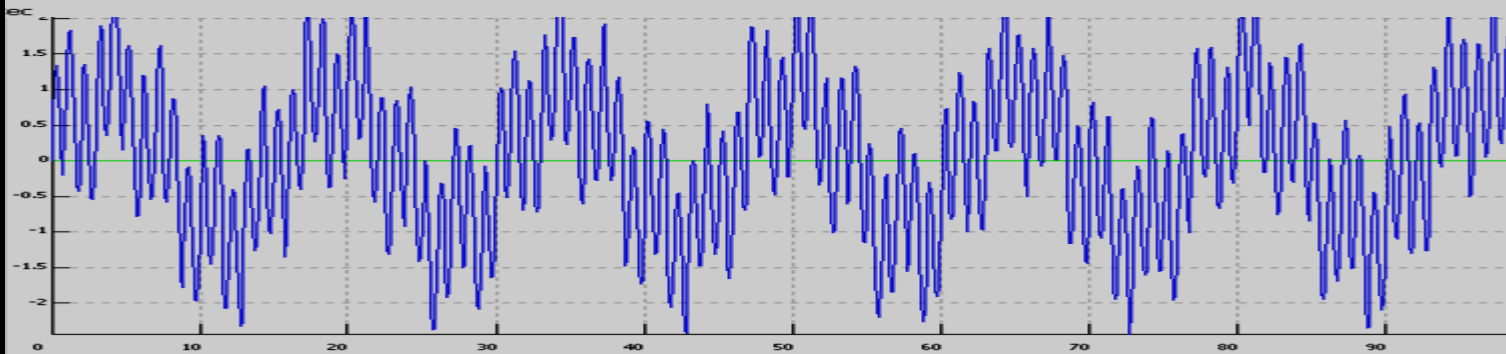
B
0.3 Hz



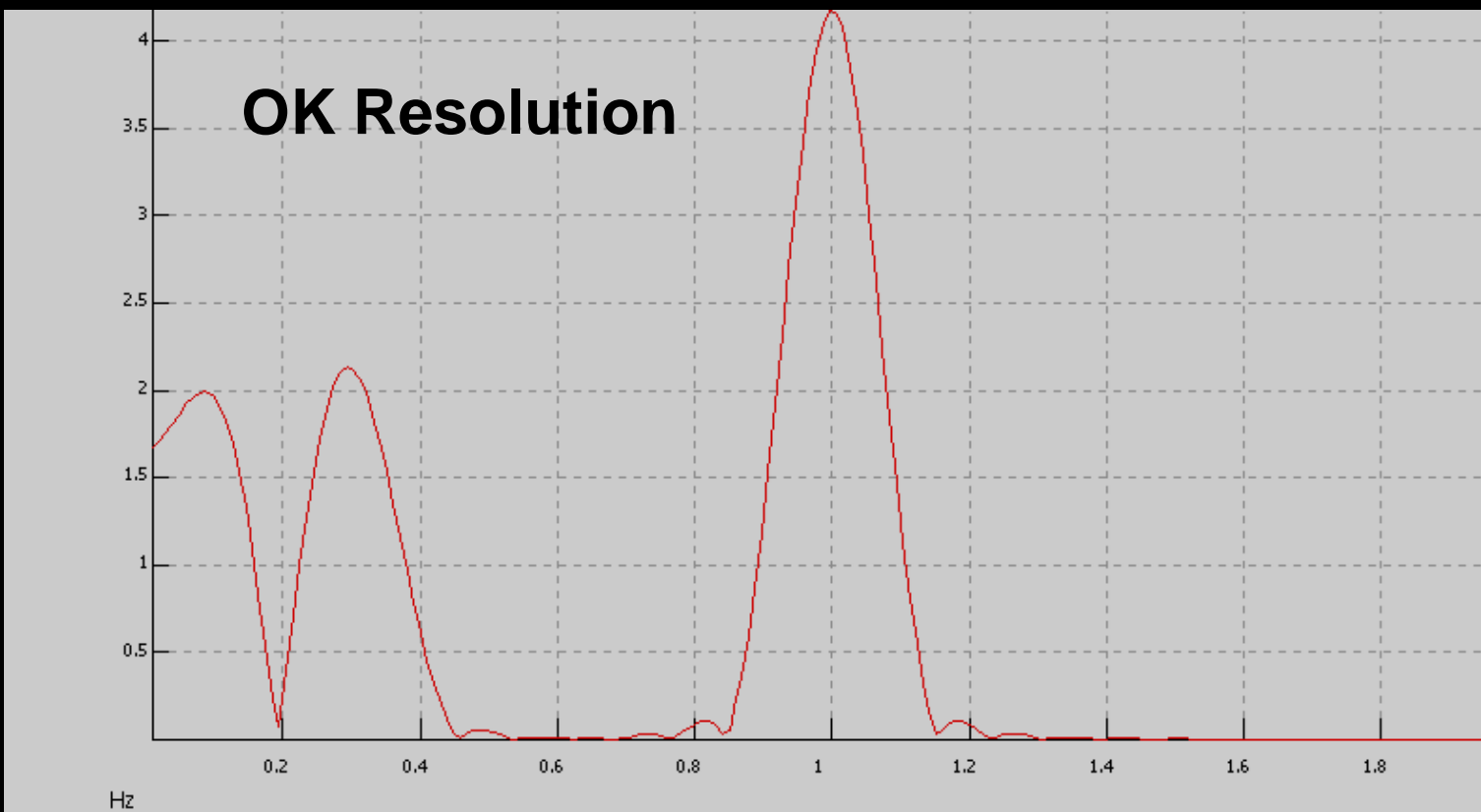
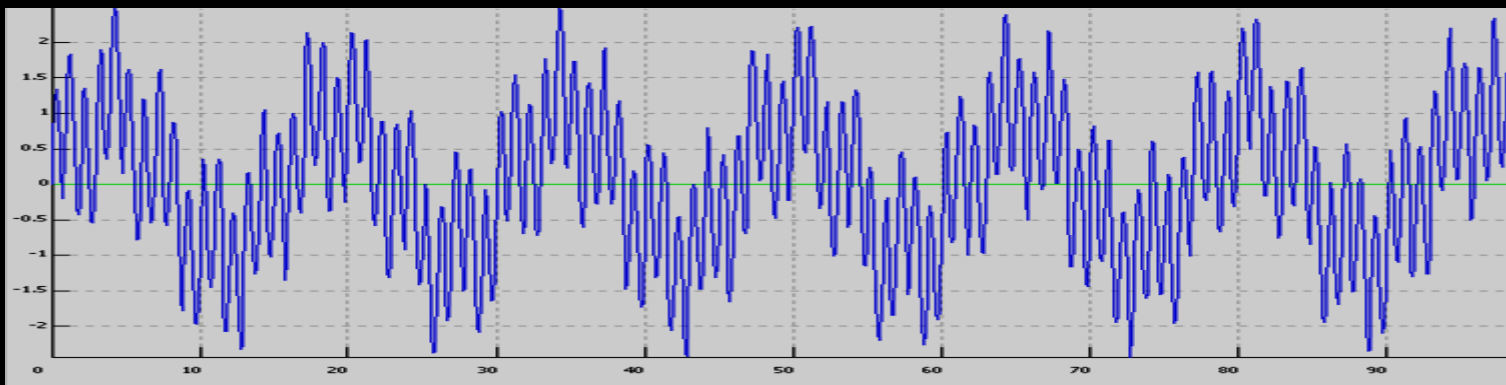
C
0.065 Hz



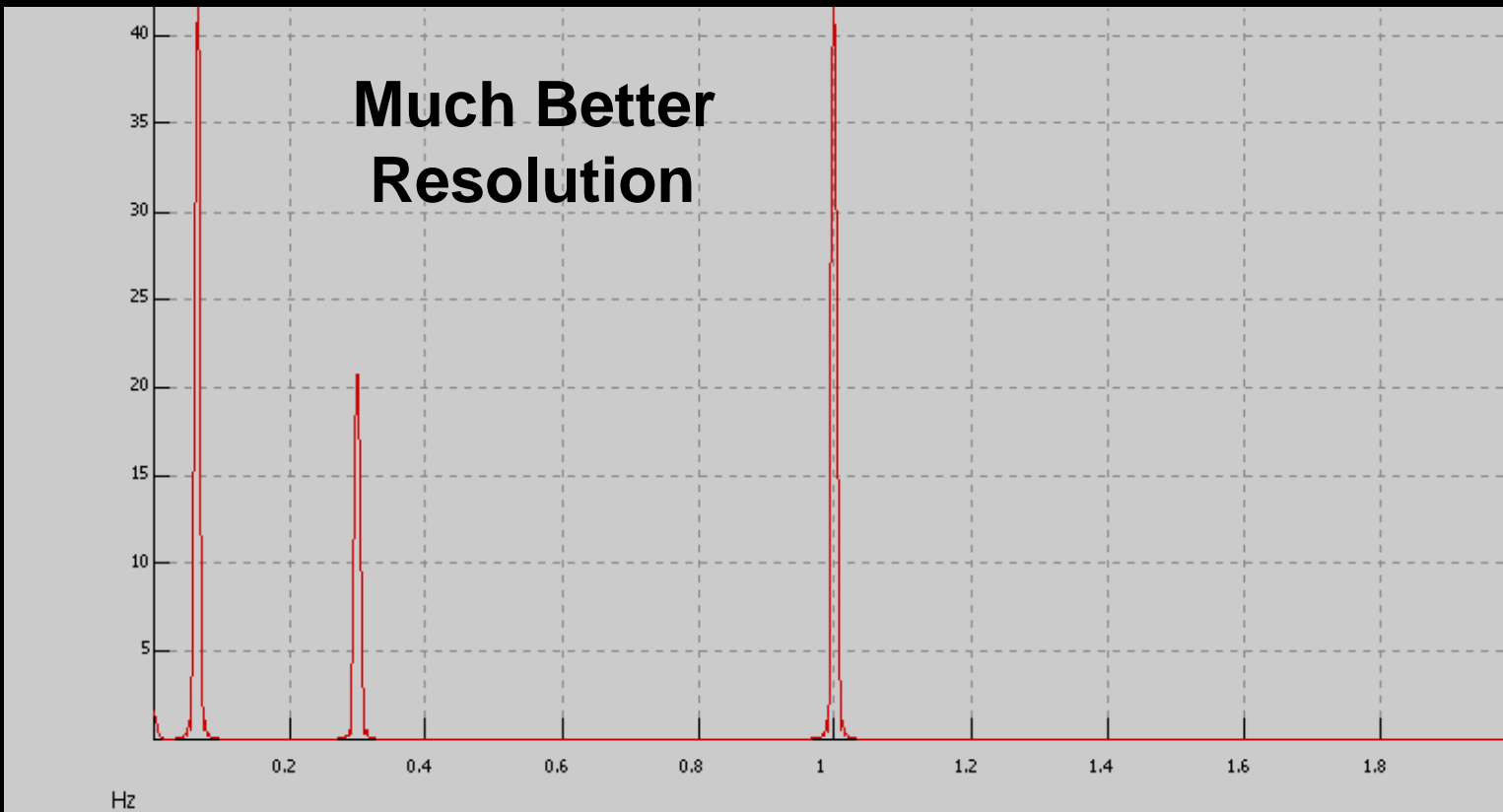
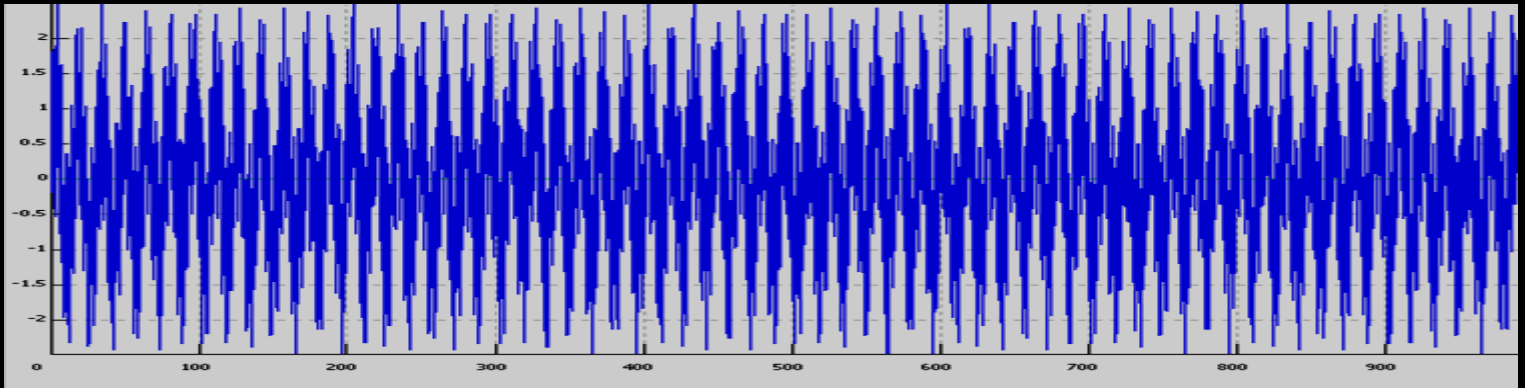
A+ B+ C



A+ B+ C
100 sec

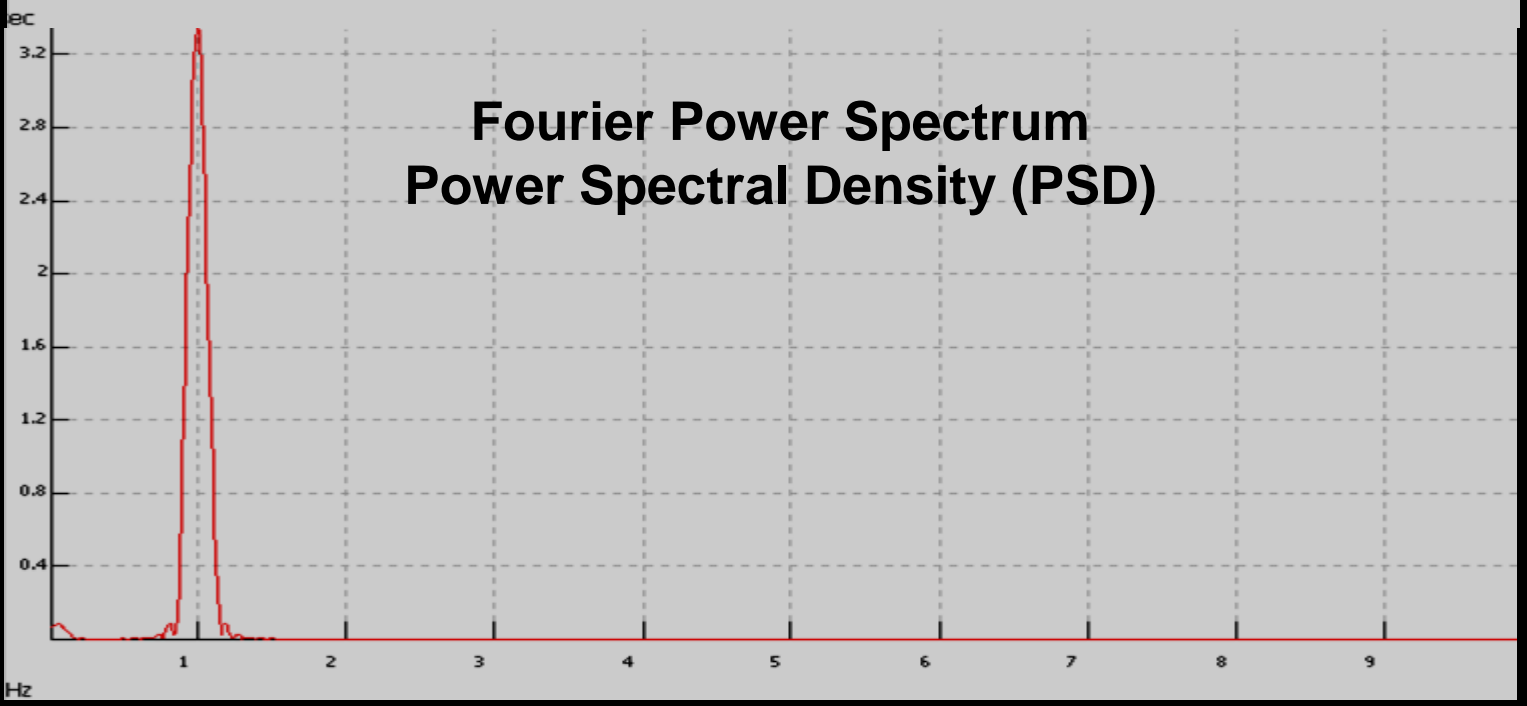
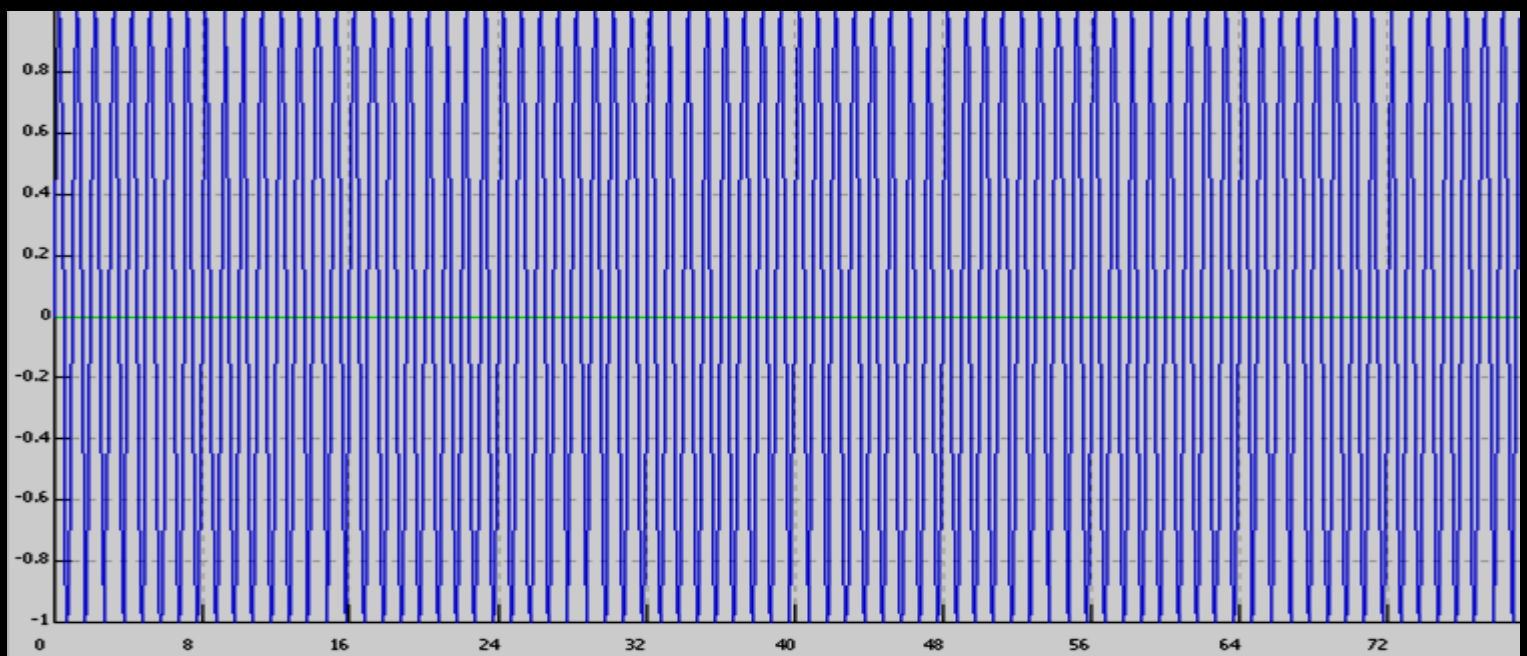


A+ B+ C
1000 sec

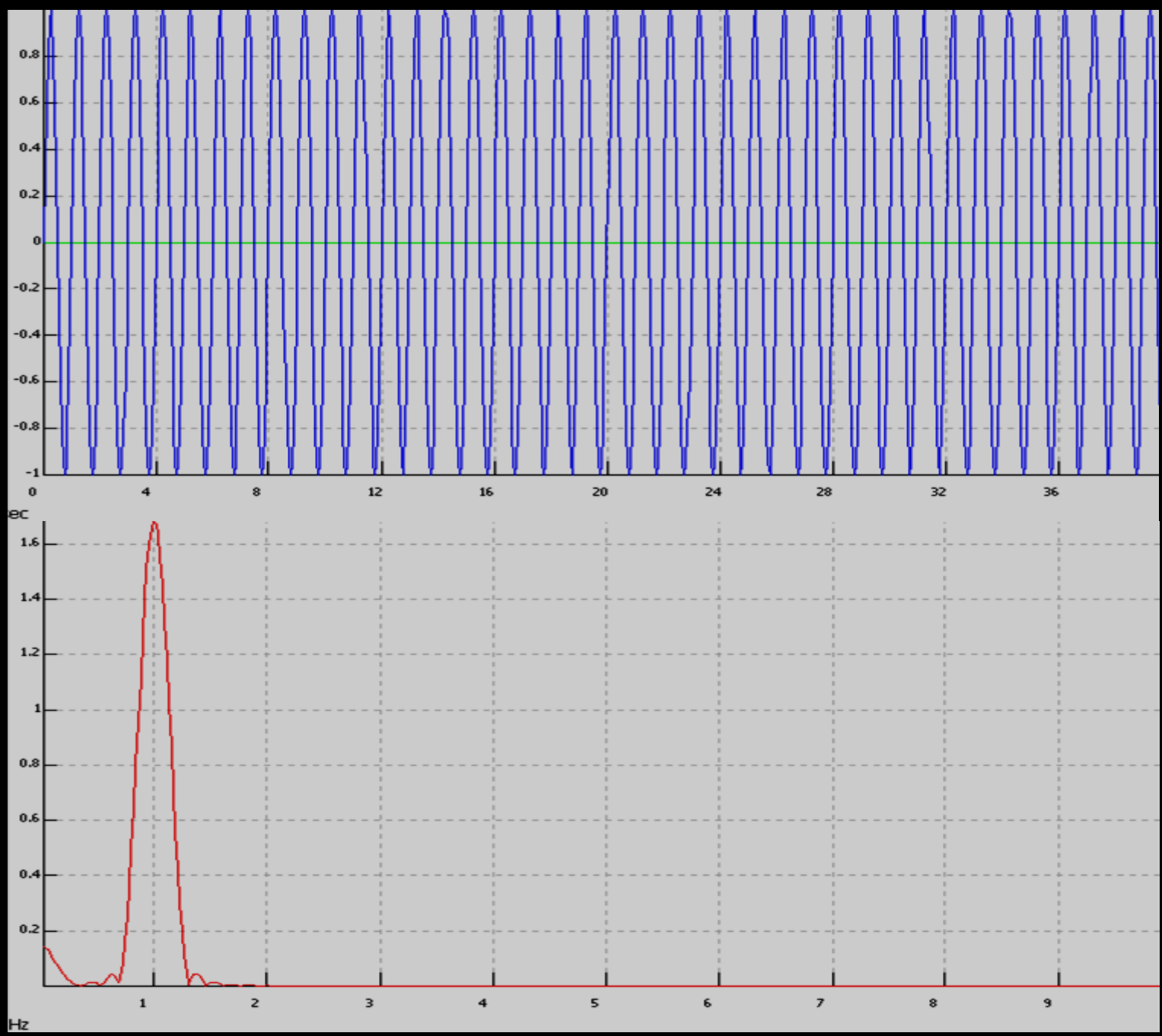


**For a given sampling rate the length
of time a signal is sampled sets the
Frequency Resolution**

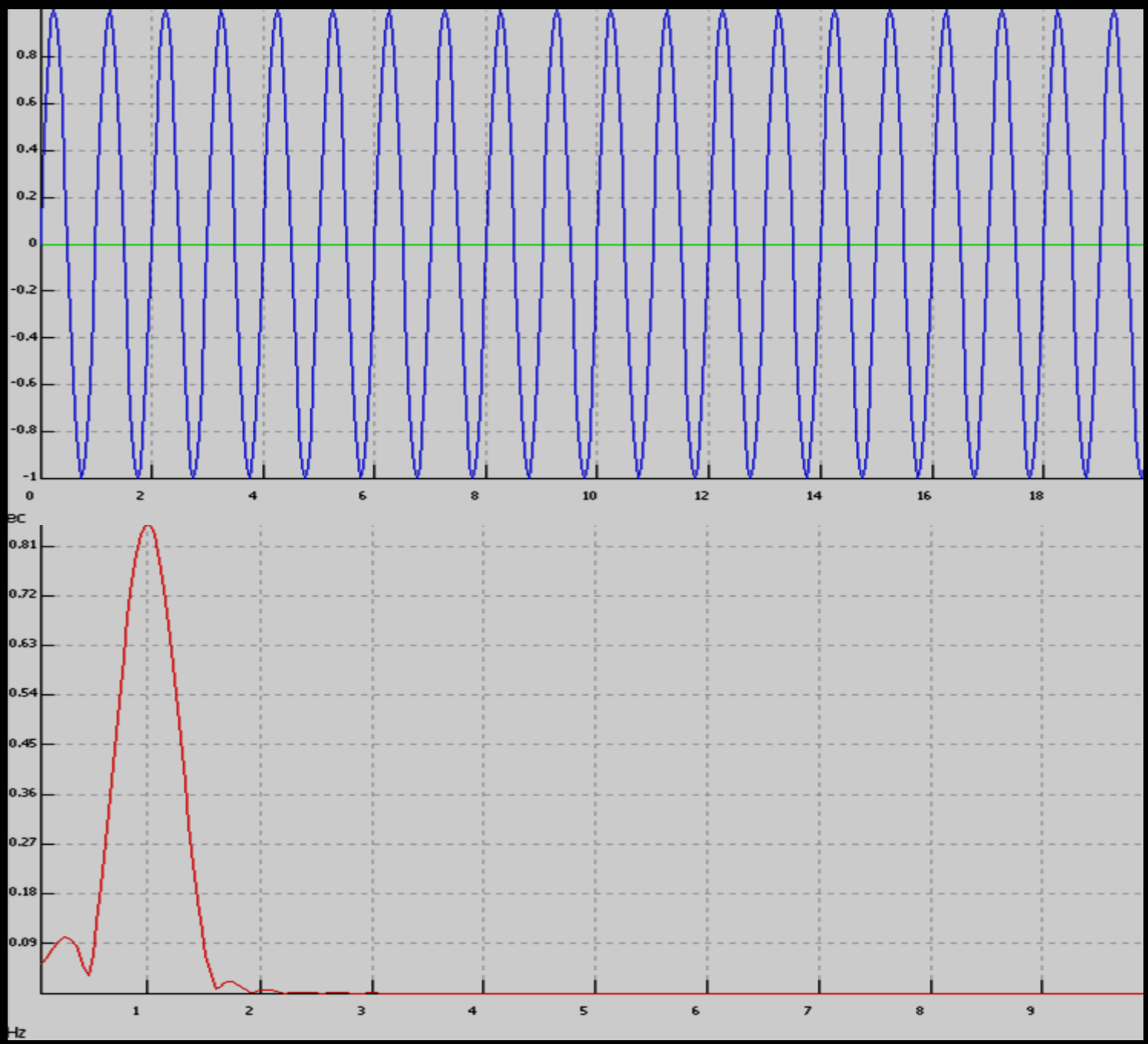
Signal
80 cycles
of a 1 Hz
sine
wave



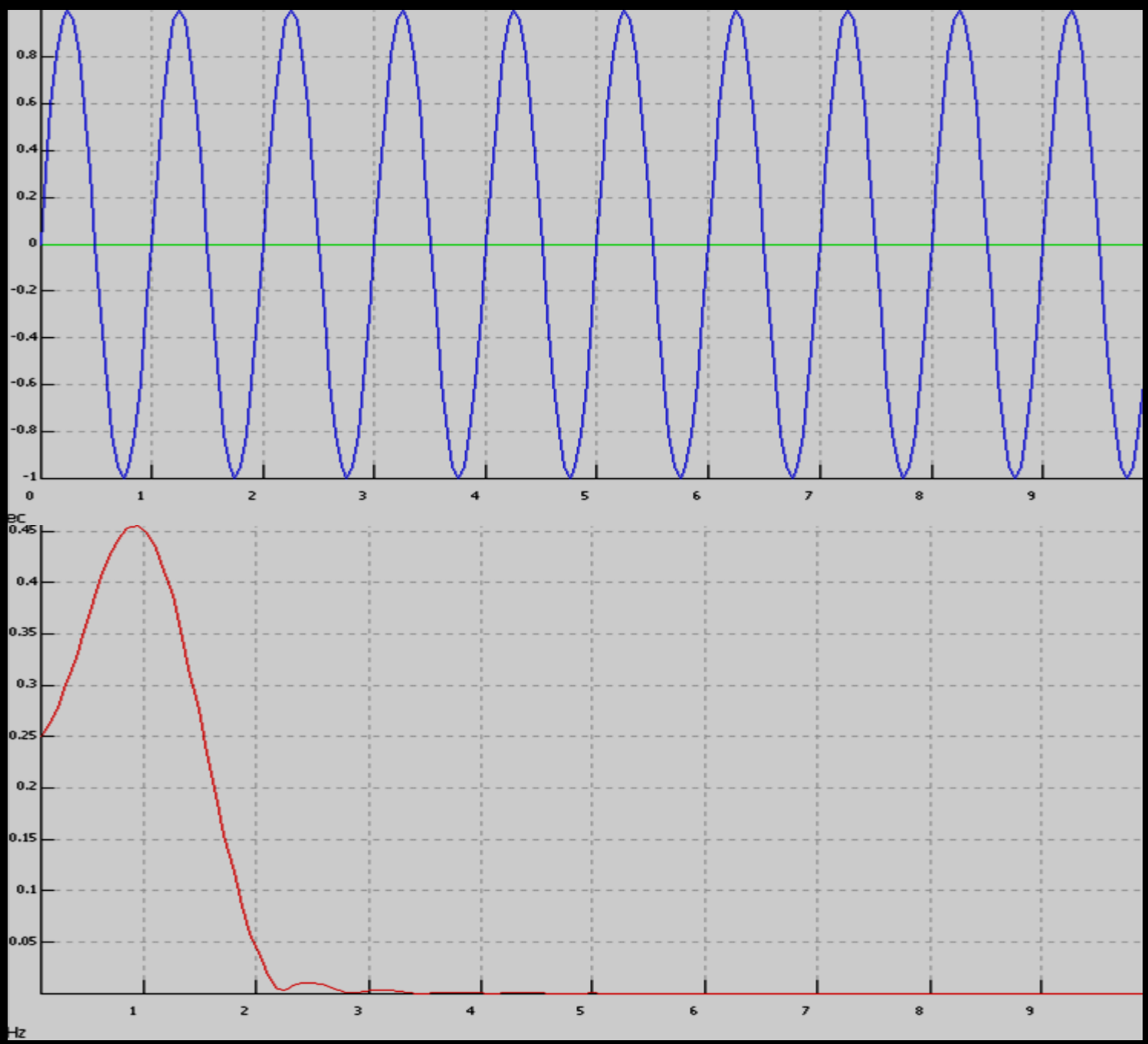
Signal
40 cycles
of a 1 Hz
sine
wave



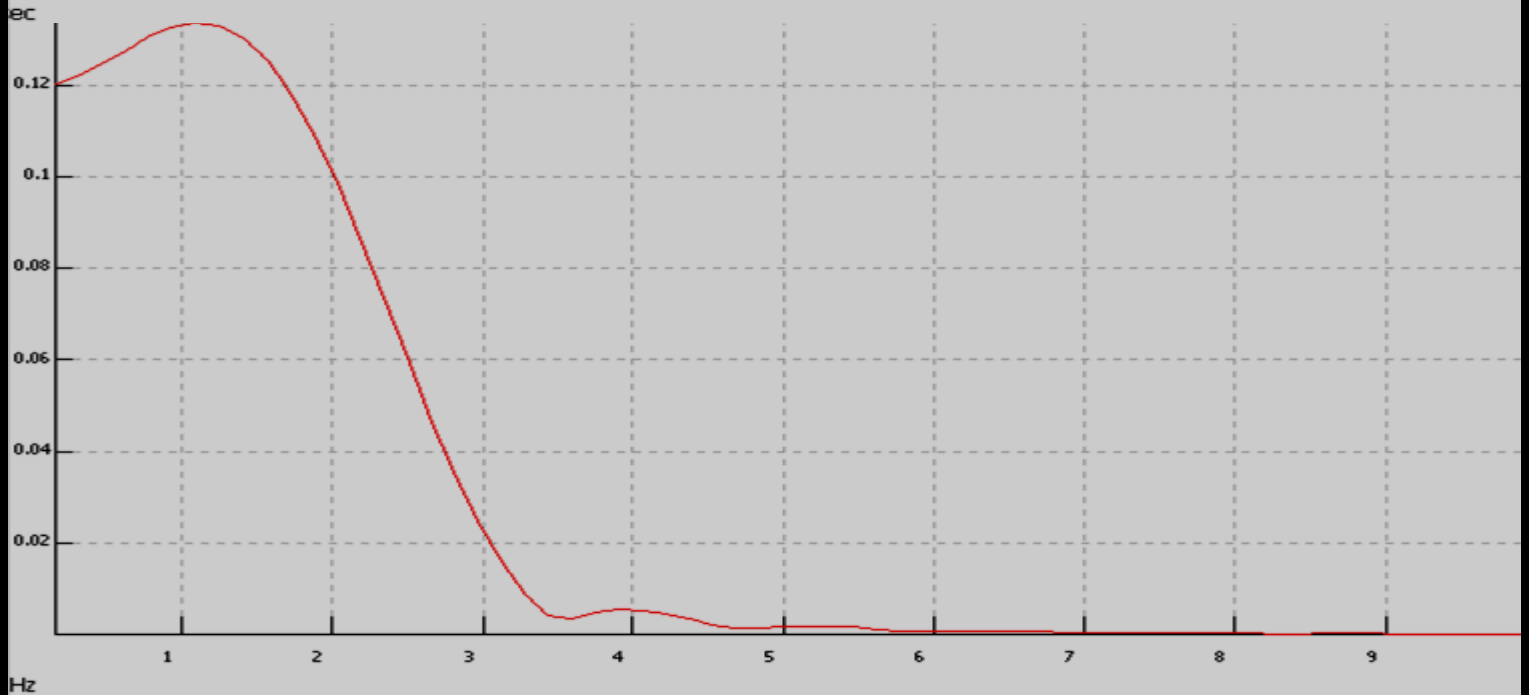
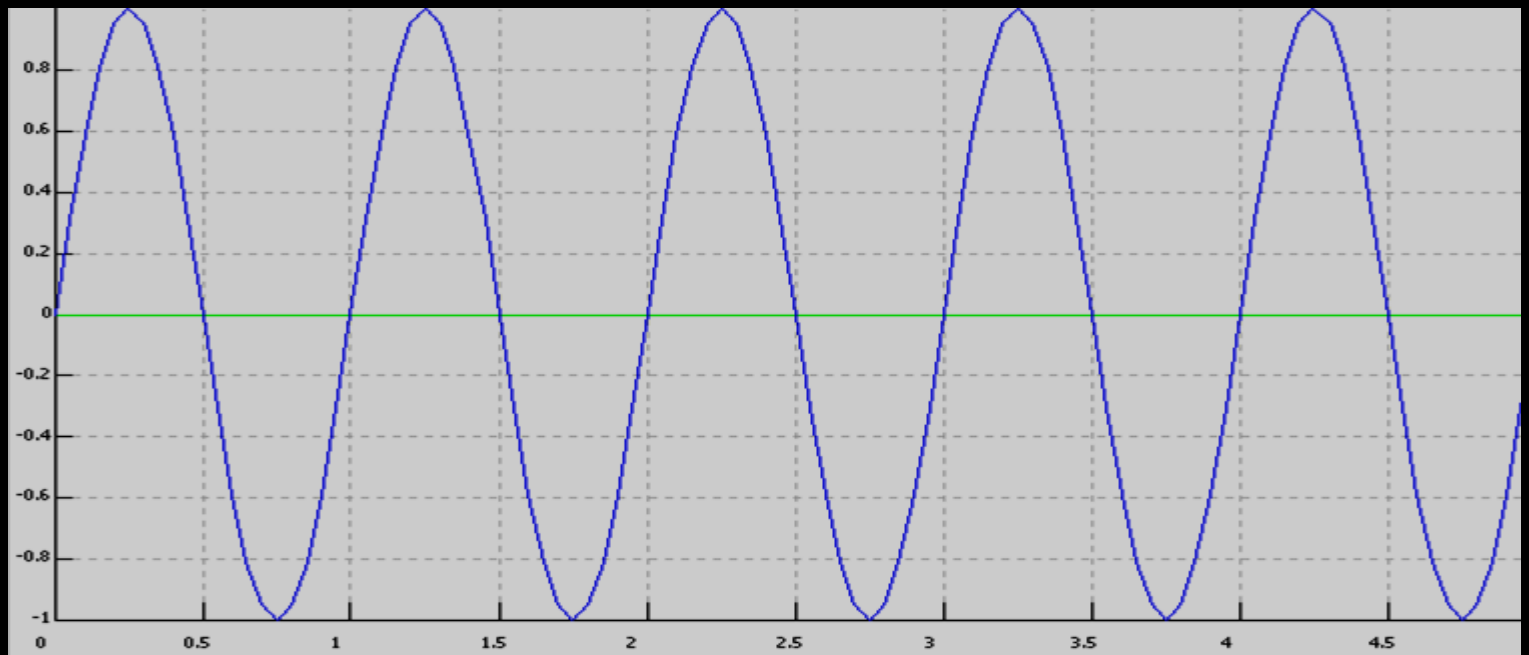
Signal
20 cycles
of a 1 Hz
sine
wave



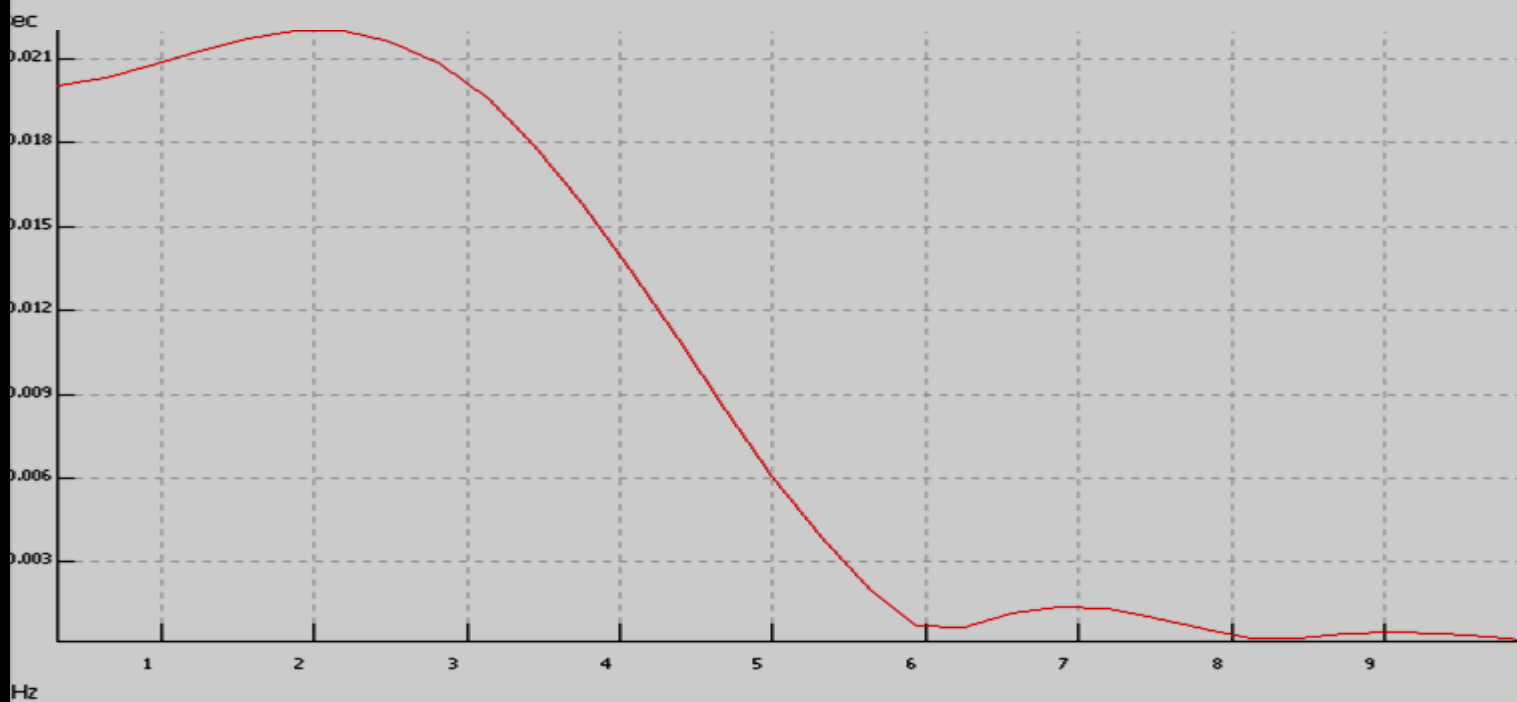
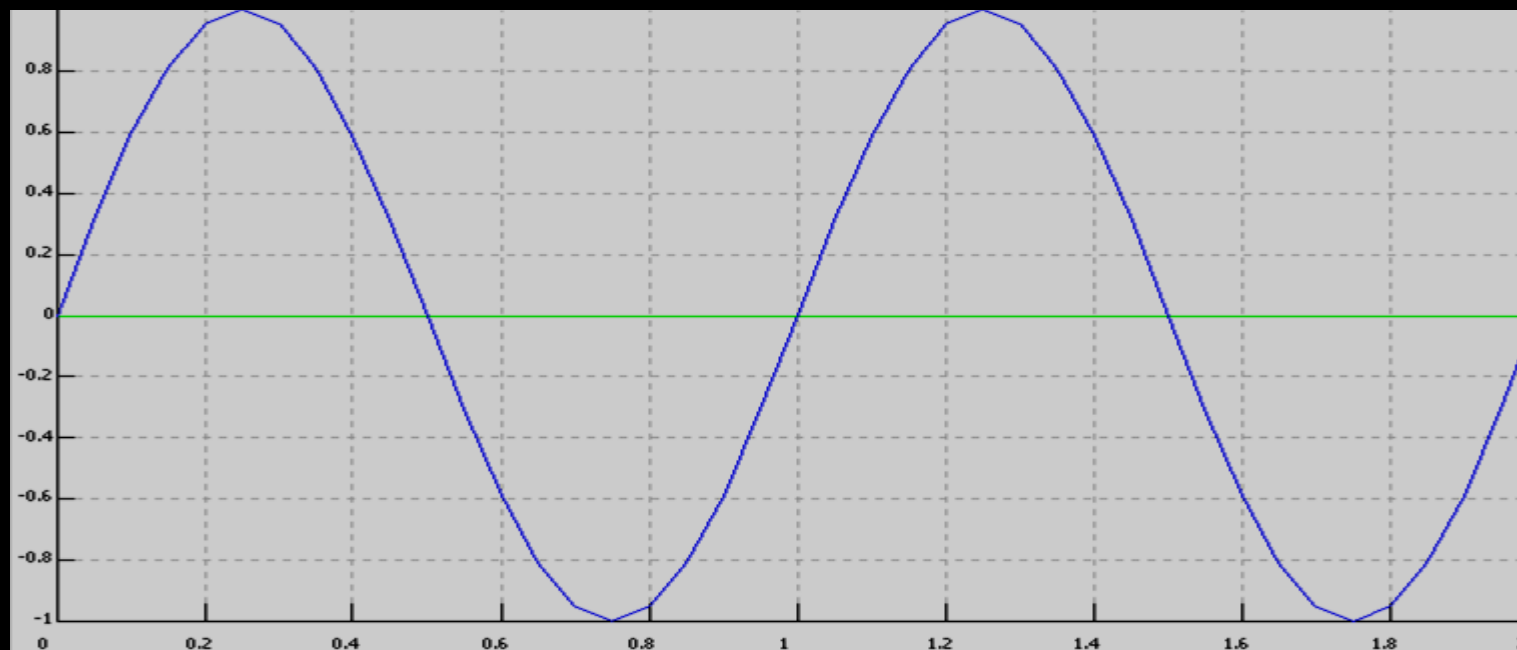
Signal
10 cycles
of a 1 Hz
sine
wave



Signal
5 cycles
of a 1 Hz
sine
wave



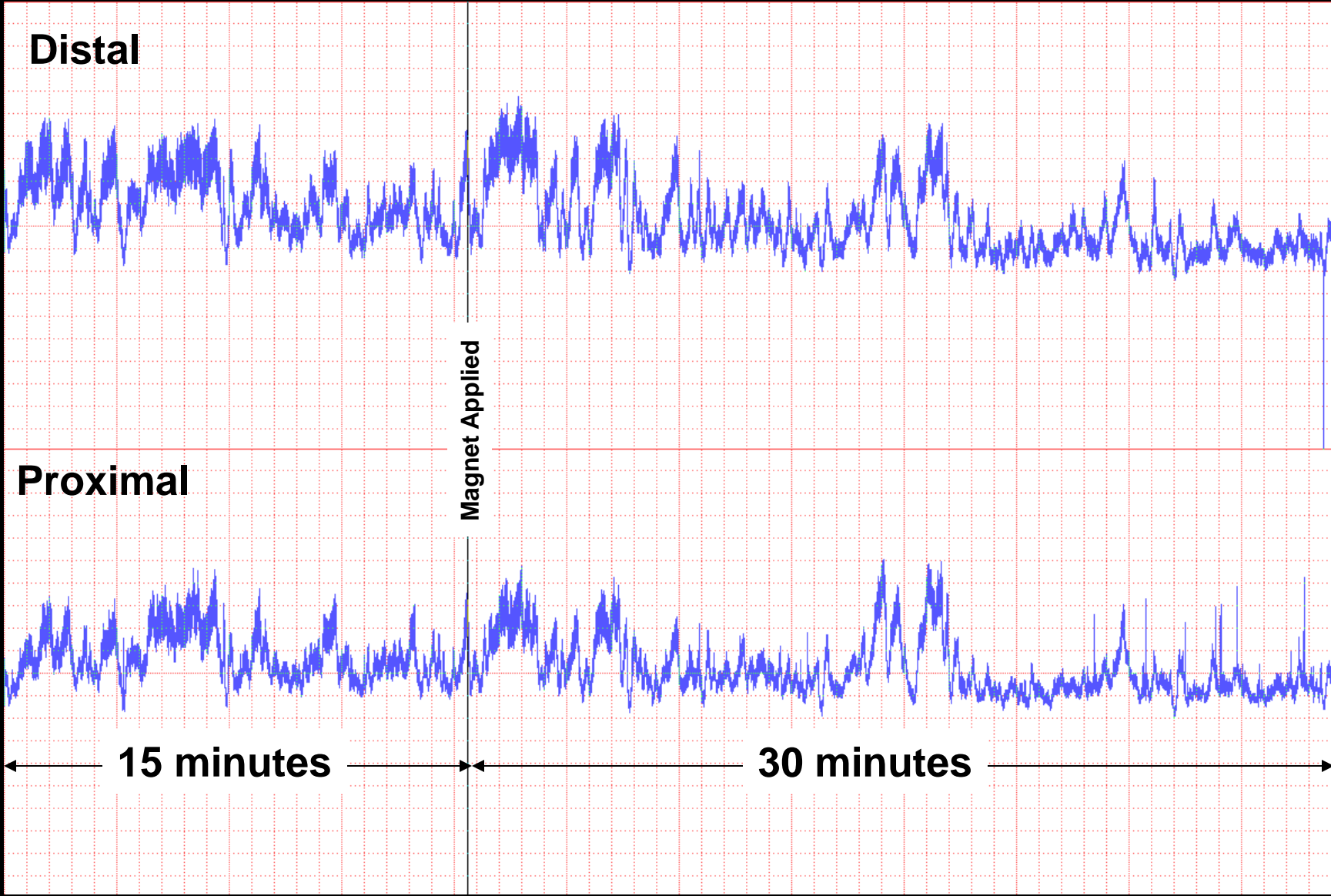
Signal
2 cycles
of a 1 Hz
sine
wave



Real Physiological Signals



Blood Flow Signals



At site of application of the magnet

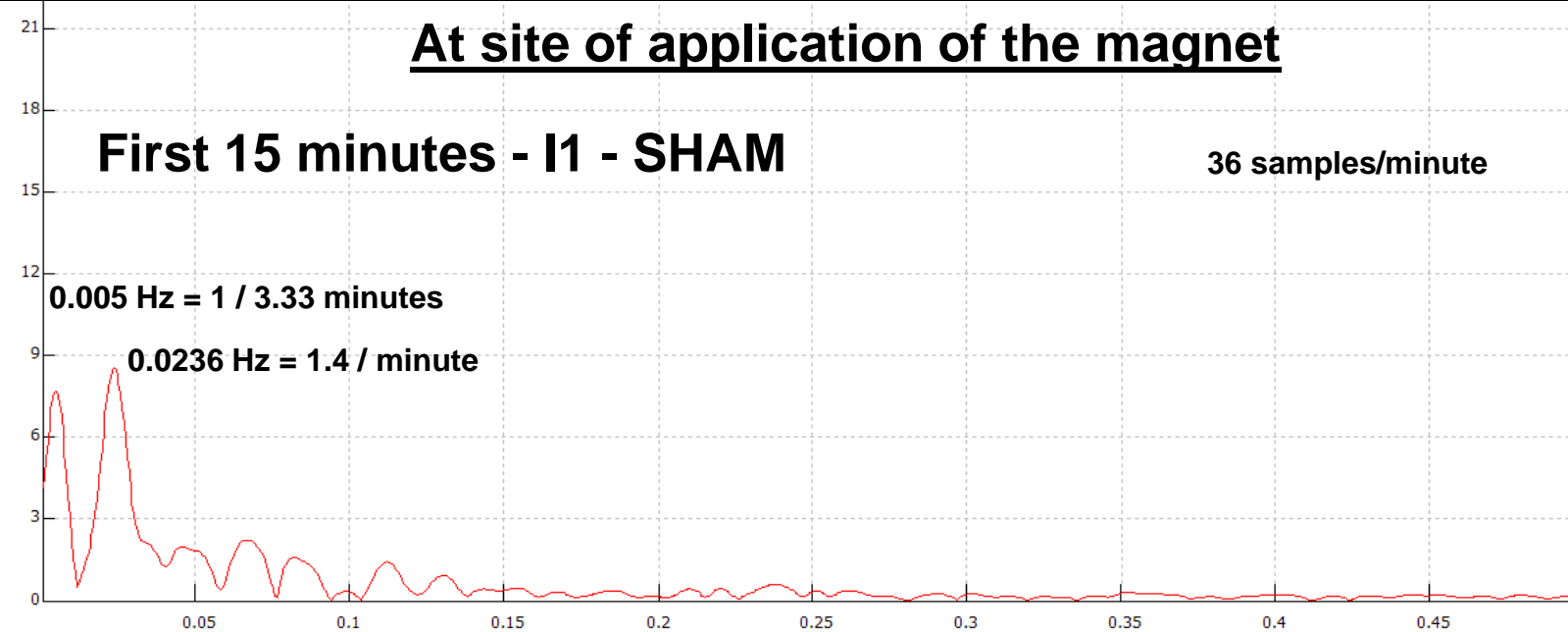
First 15 minutes - I1 - SHAM

36 samples/minute

F3D_I1

0.005 Hz = 1 / 3.33 minutes

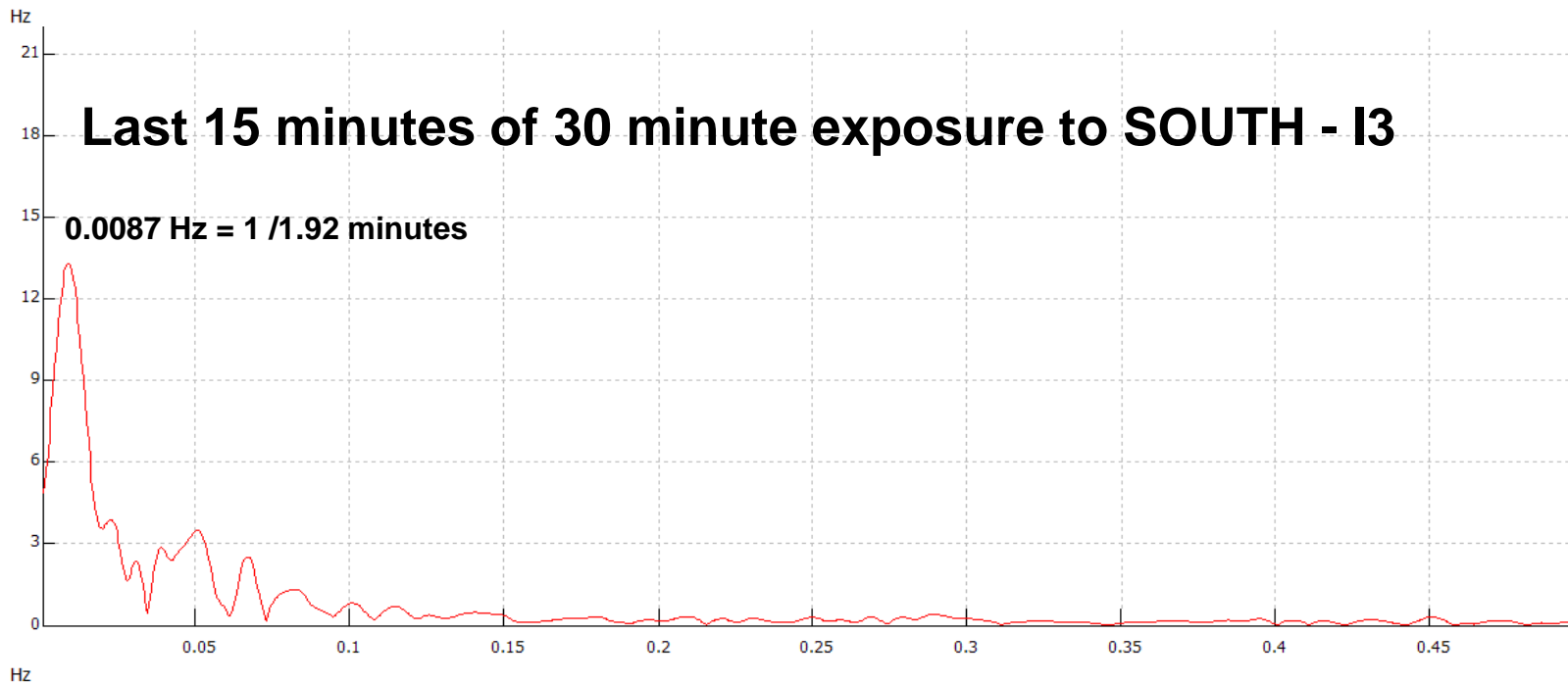
0.0236 Hz = 1.4 / minute



Last 15 minutes of 30 minute exposure to SOUTH - I3

0.0087 Hz = 1 / 1.92 minutes

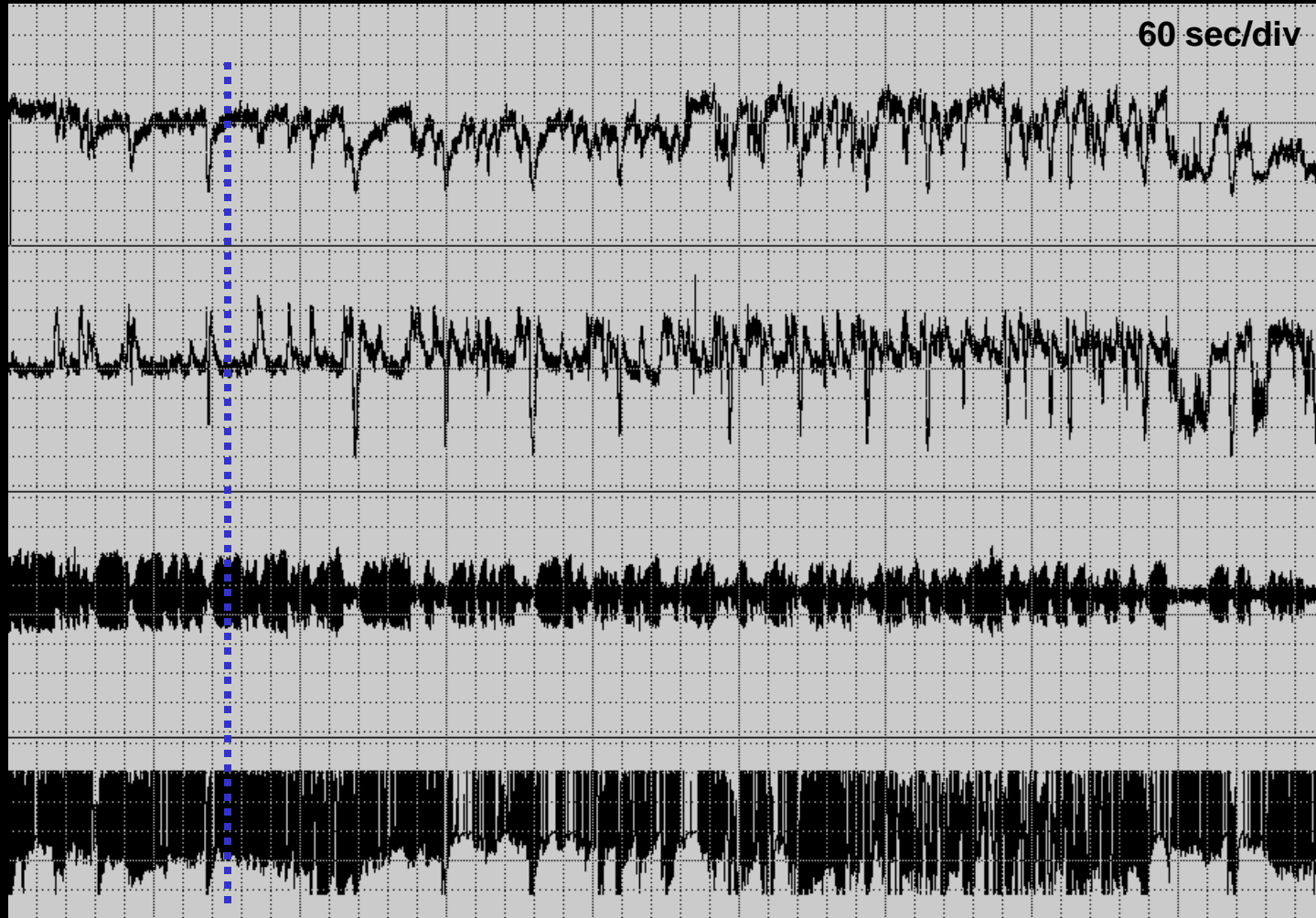
F3D_I3_15MIN





Another Type of Experiment

Experiment



**Blood Flow
Finger 2**

**Blood Flow
Finger 4**

PPG

RESP

60 sec/div

← 45 minutes →

Experiment



**Blood Flow
Finger 2**

**Blood Flow
Finger 4**

PPG

RESP

← 45 seconds →

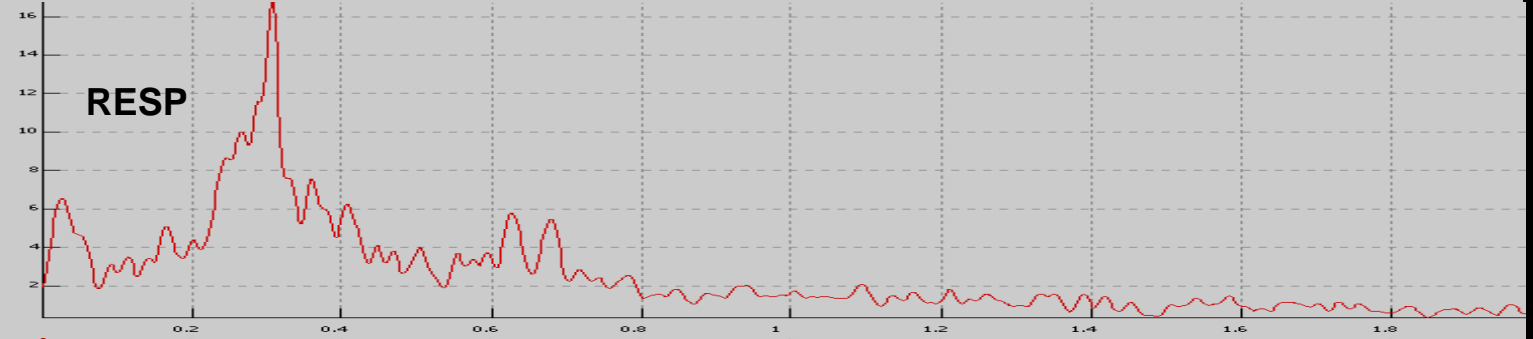
Dr. HN Mayrovitz

PPG ~ HR

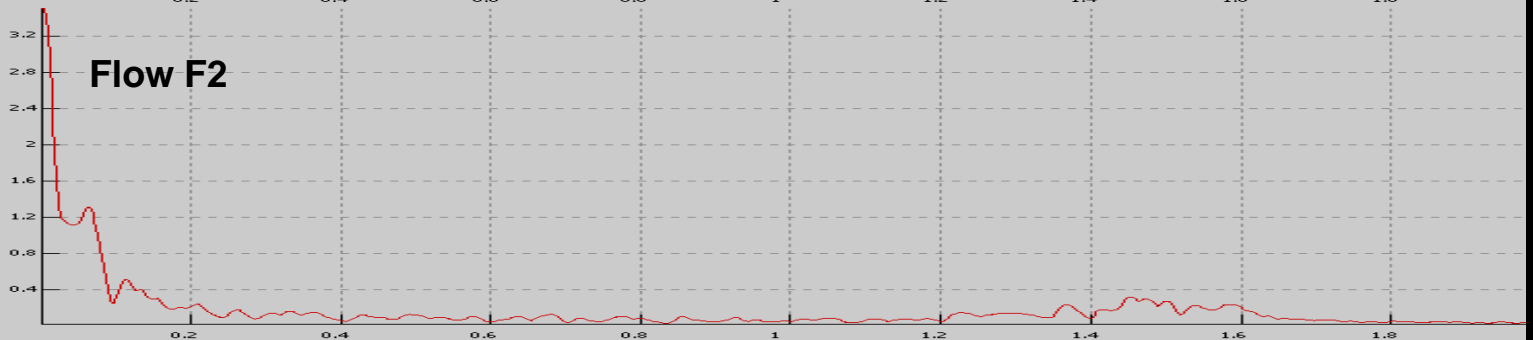
Why 2 peaks?



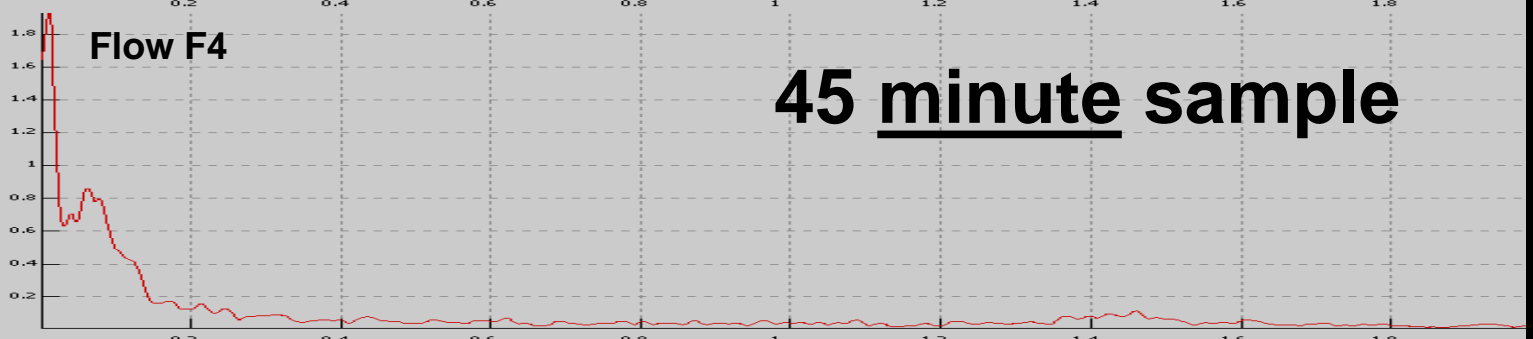
RESP



Flow F2



Flow F4



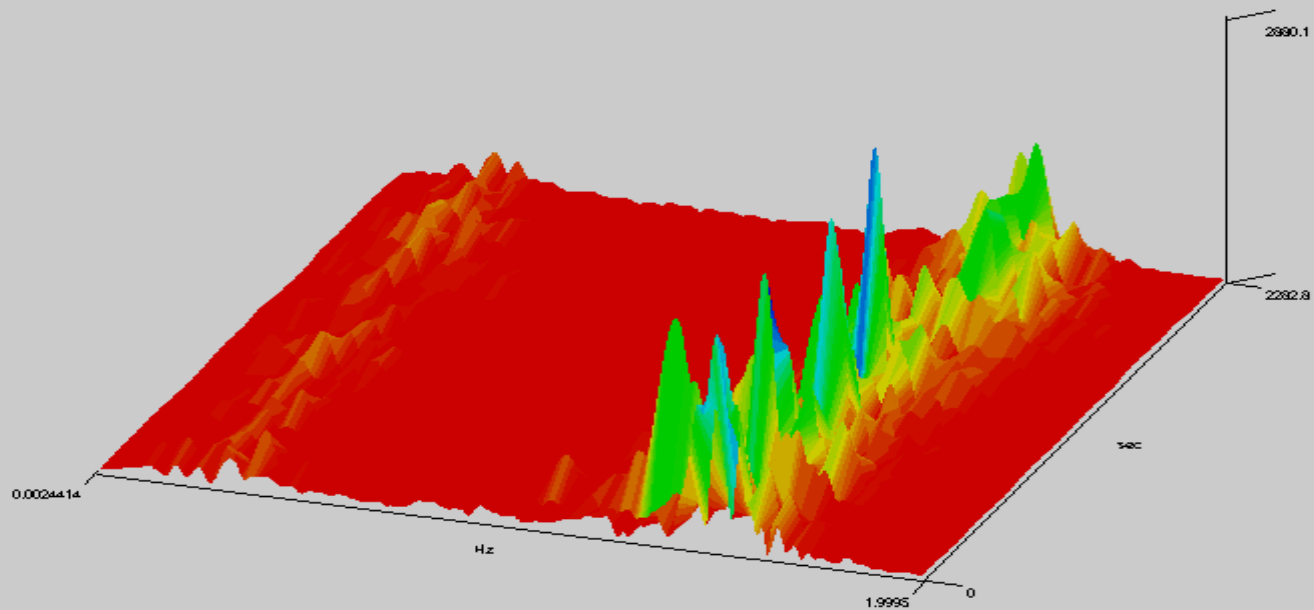
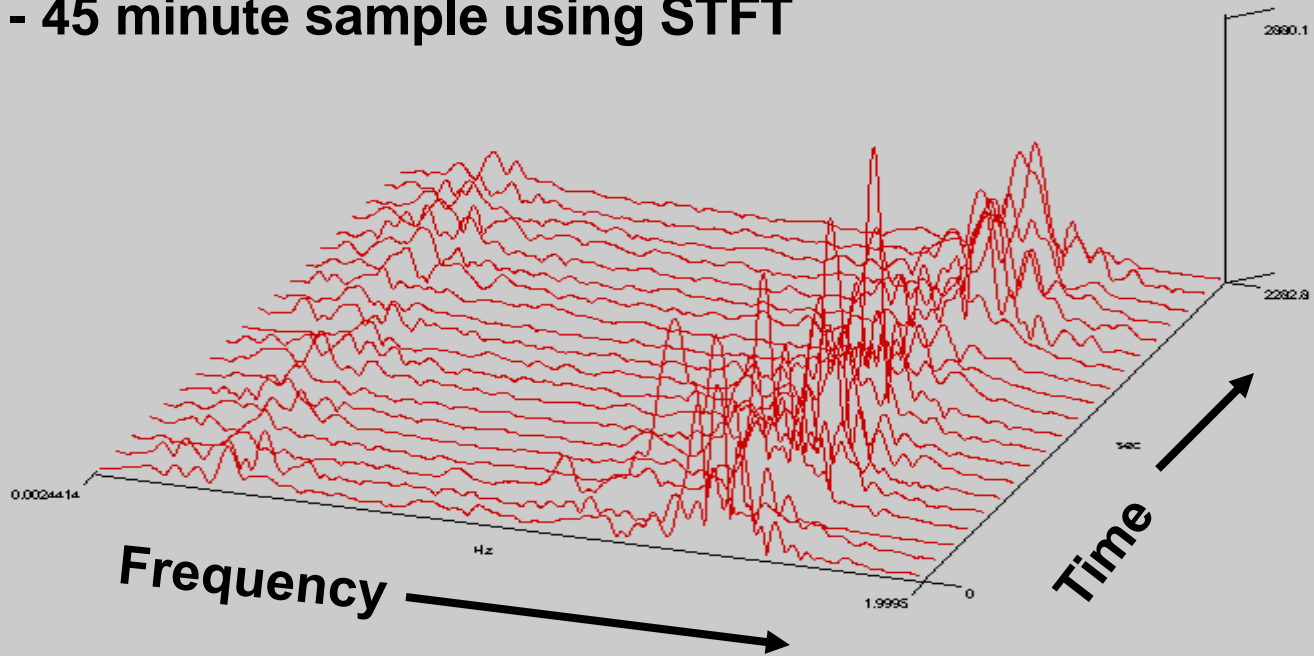
45 minute sample

Hz

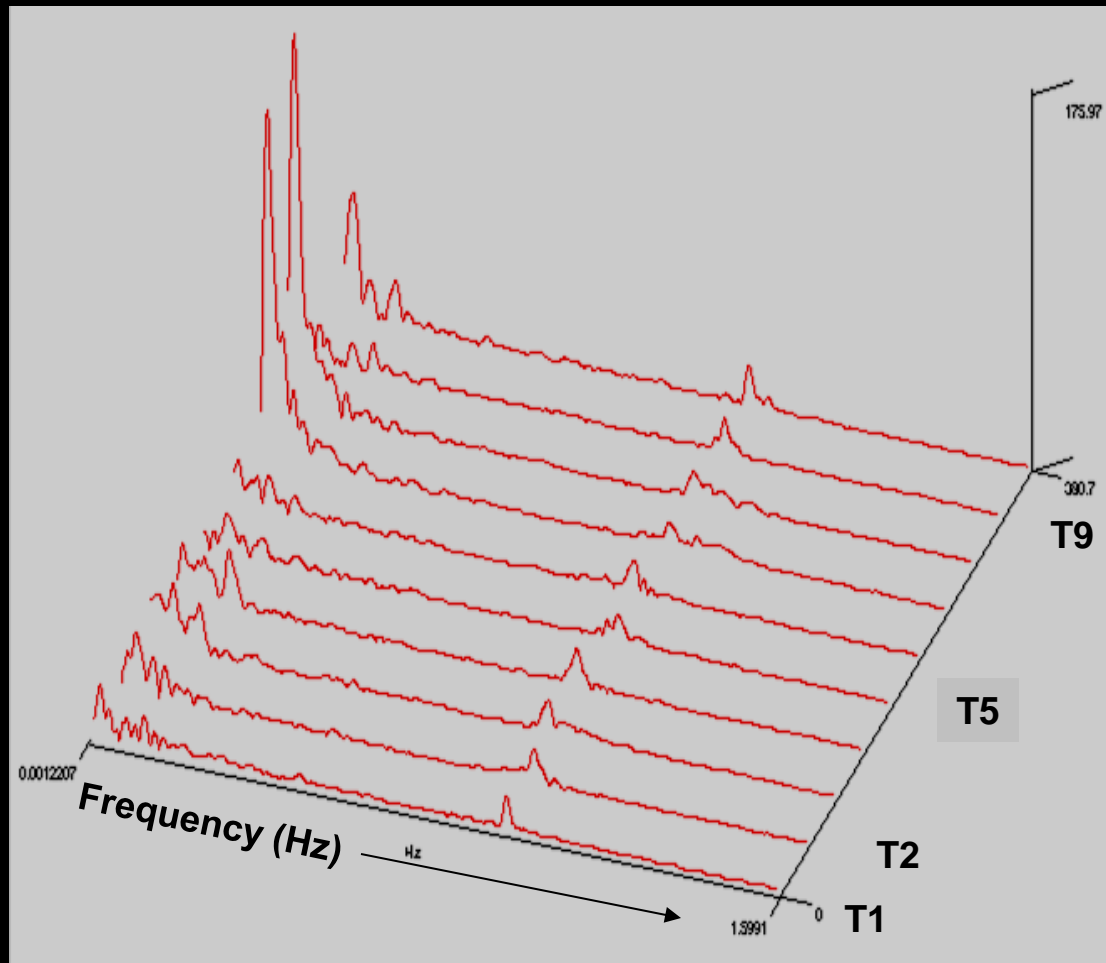
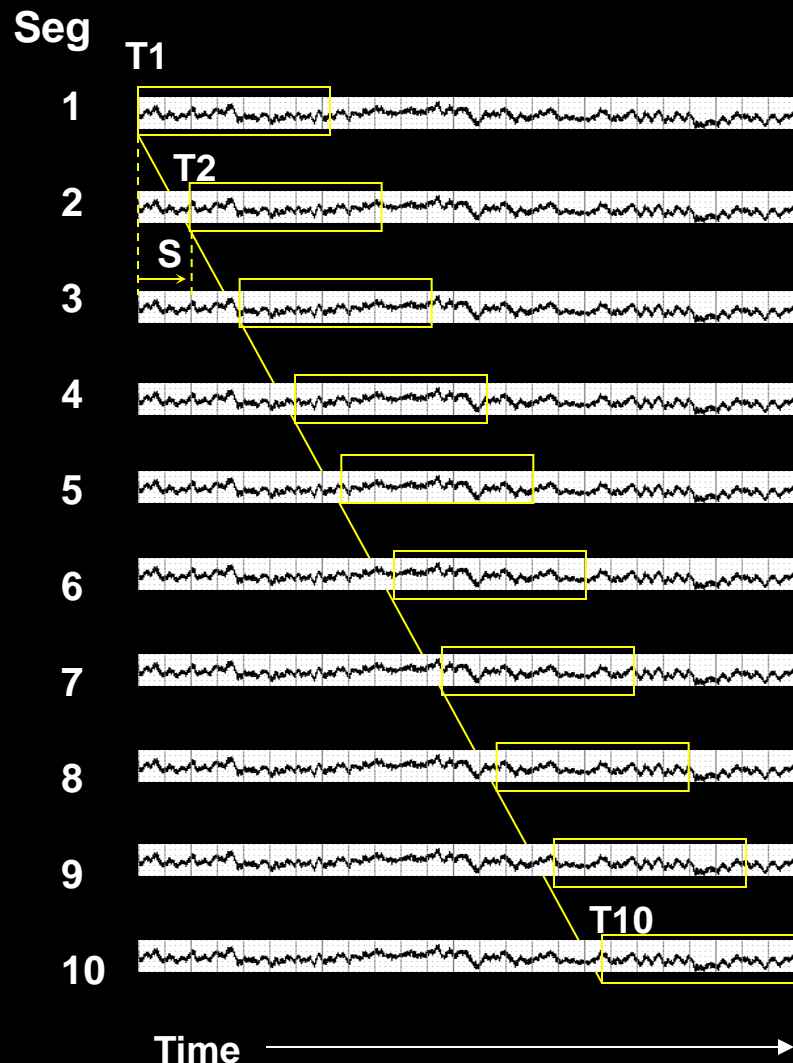
**Physiological signals whose spectral
content changes with time**

**Principle of STFT
Short Time Fourier Transform**

PPG - 45 minute sample using STFT



Principles of Short Time Fourier Transform Analysis



$$T_{\text{total}} = 20 \text{ minutes} = 1200 \text{ sec}, F_s = 20 \text{ s/sec}$$

$$N_{\text{precision}} = 16384 = 16384/20 = 819.2 \text{ sec}$$

$$F_{\text{precision}} = (1/819.2) = 0.0012 \text{ Hz}$$

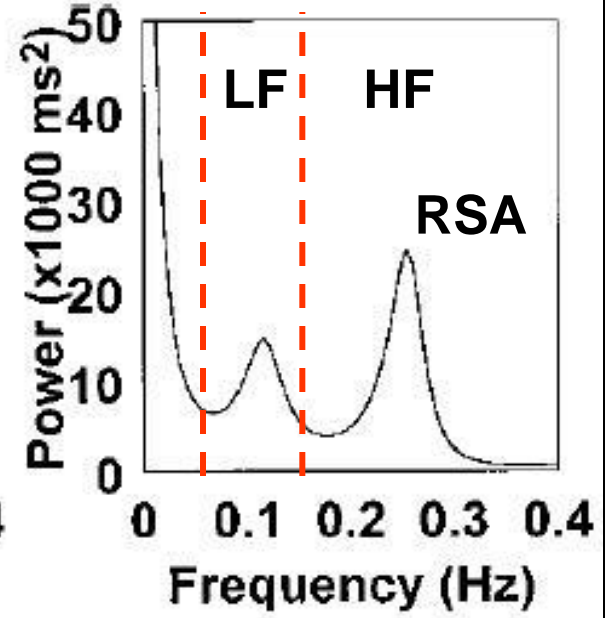
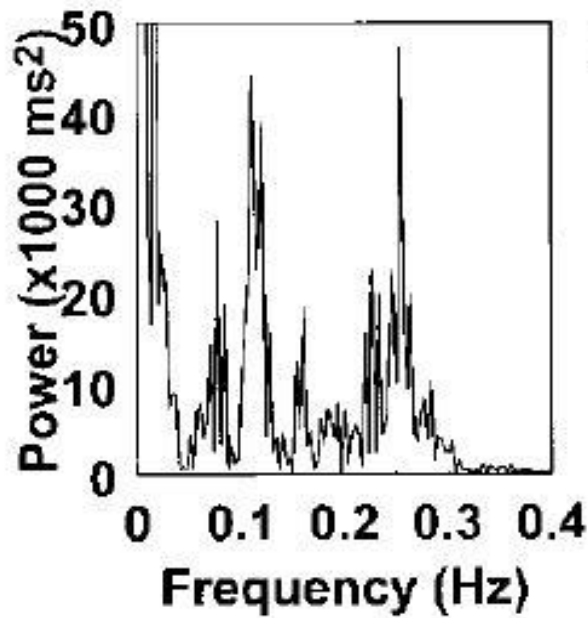
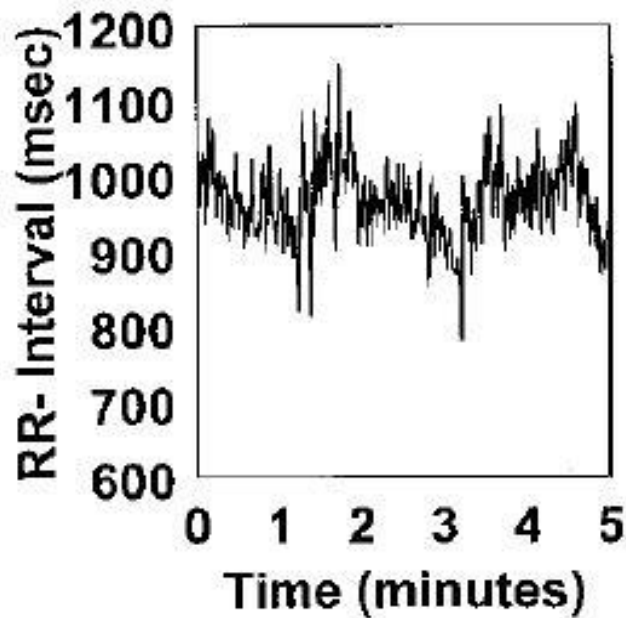
$$T10 = T_{\text{total}} - N_{\text{precision}}/F_s$$

$$= 1200 - 819.2 = 380.7 \text{ sec}$$

$$= (N_{\text{segs}} - 1) \times S = 9 \times 846/20 = 9 \times 42.3 \text{ sec} = 380.7 \text{ sec}$$

Heart Rate Variability

Heart Rate Variability (HRV)



Heart Rate Variability (HRV)

Peripheral Vascular
& Thermoregulatory



ULF: <0.003 Hz

Baroreceptors phase delay
Sympathetic & Parasympathetic



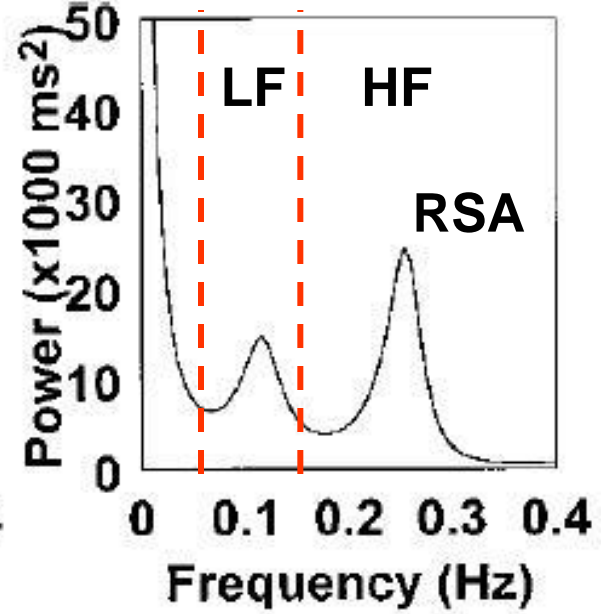
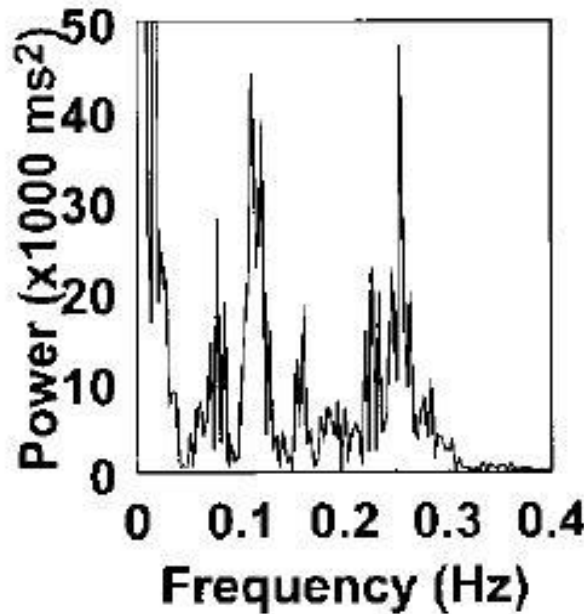
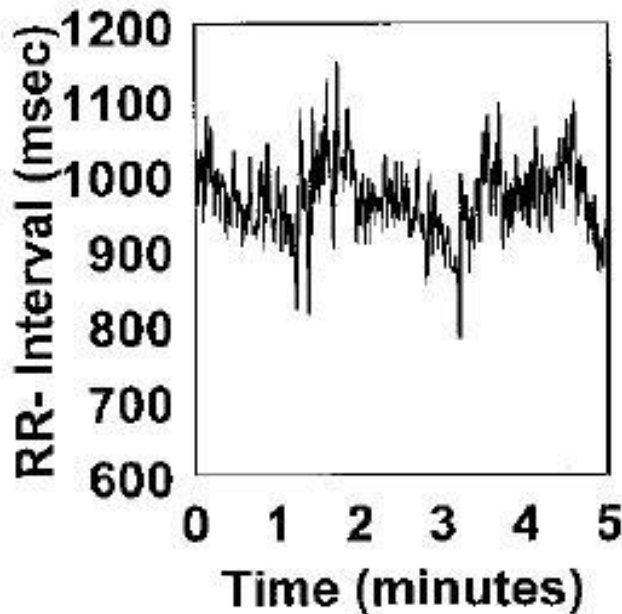
VLF: 0.003 - 0.04 Hz

LF: 0.04 - 0.15 Hz

Respiratory Sinus Arrhythmia (RSA)
Cardiac Vagal Activity Change

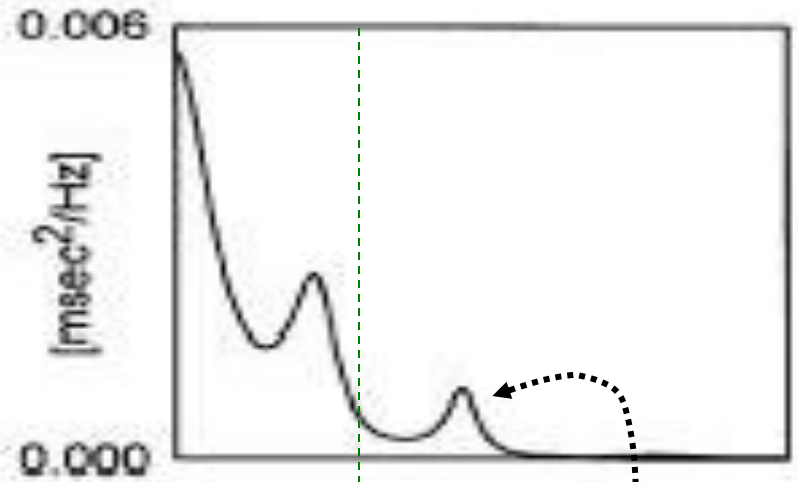
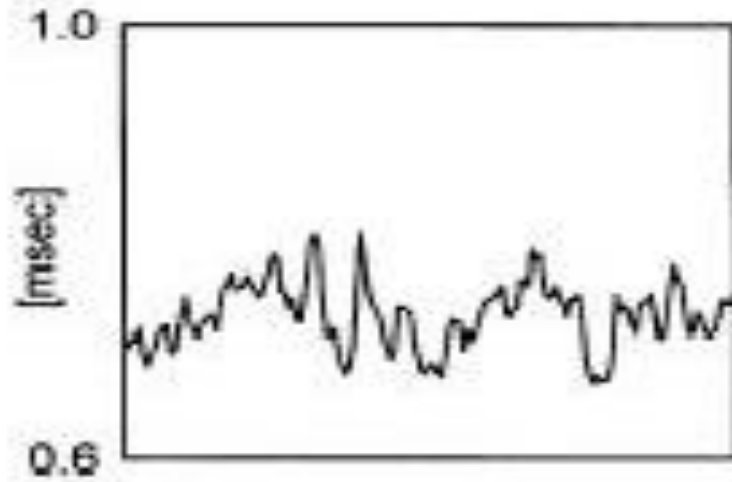


HF: 0.15 - 0.40* Hz

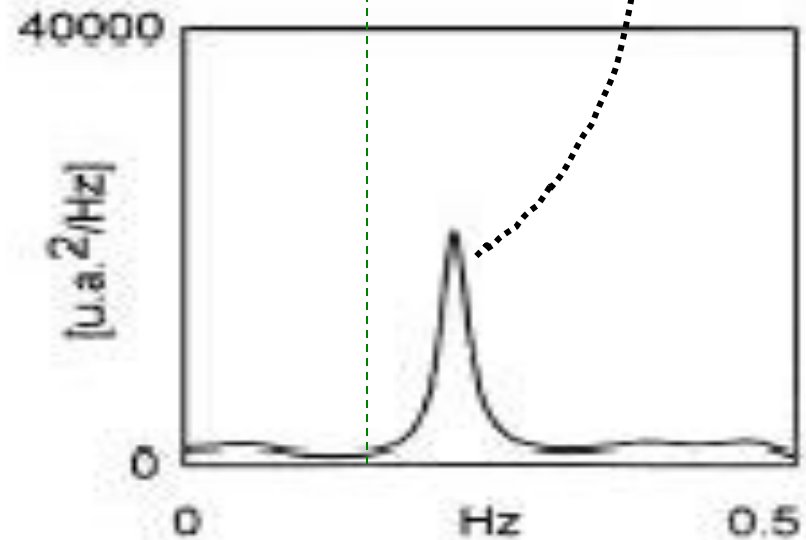
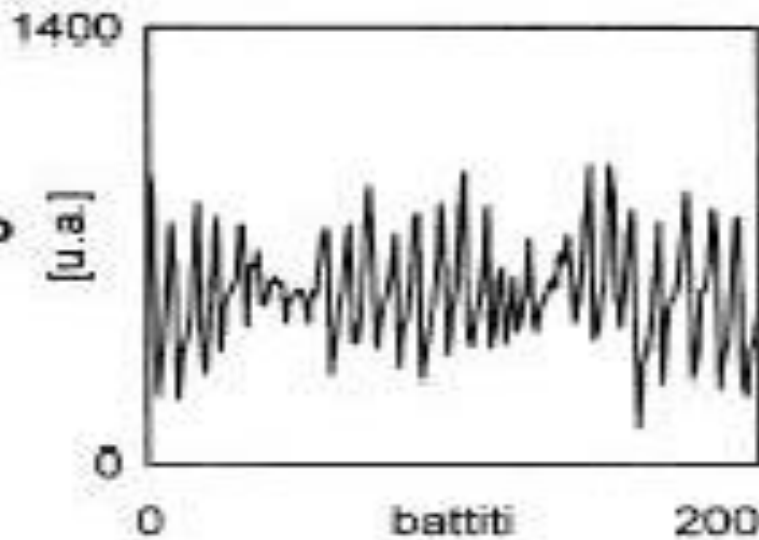


RSA Main Source of HF peak

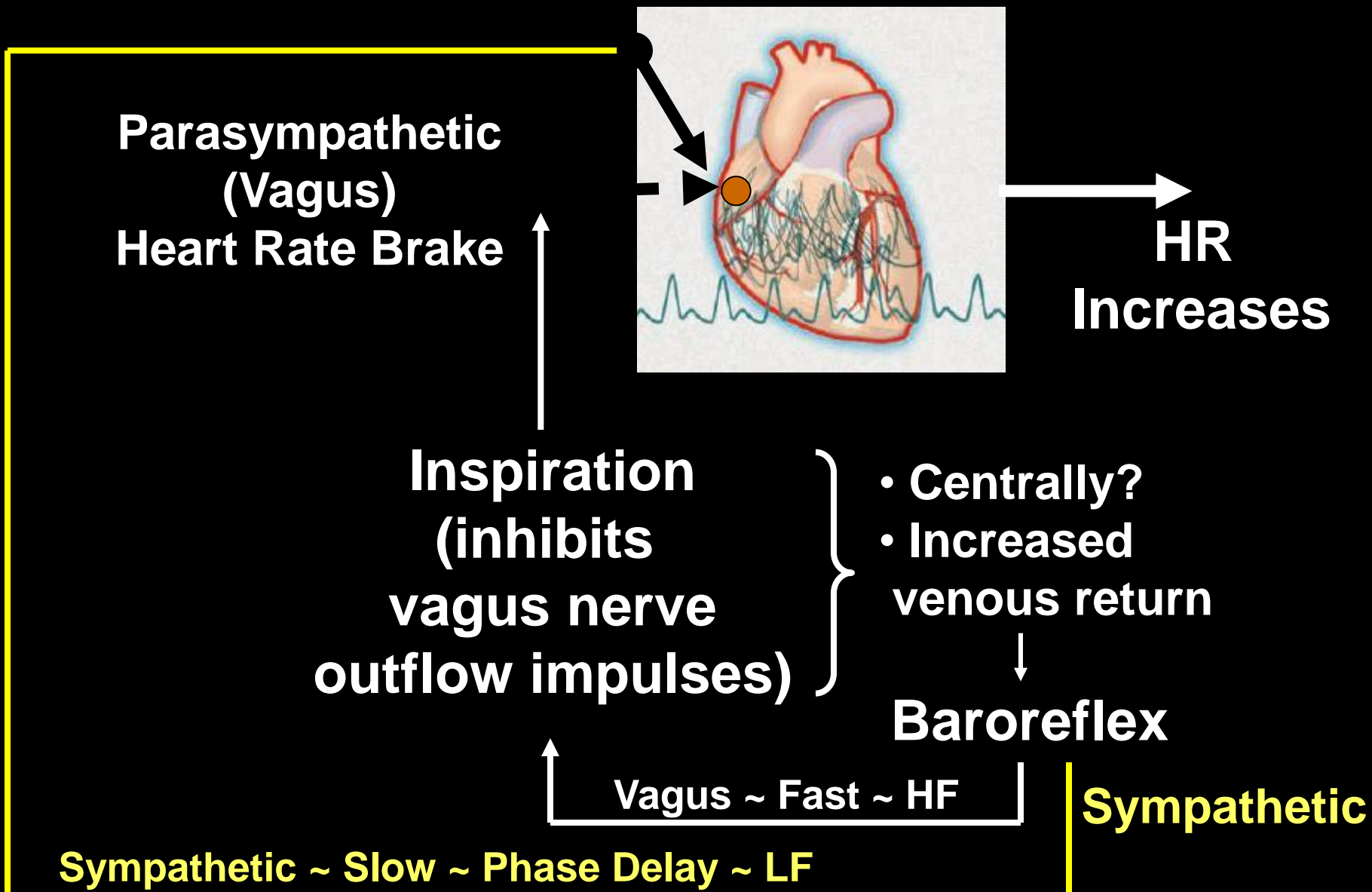
RR



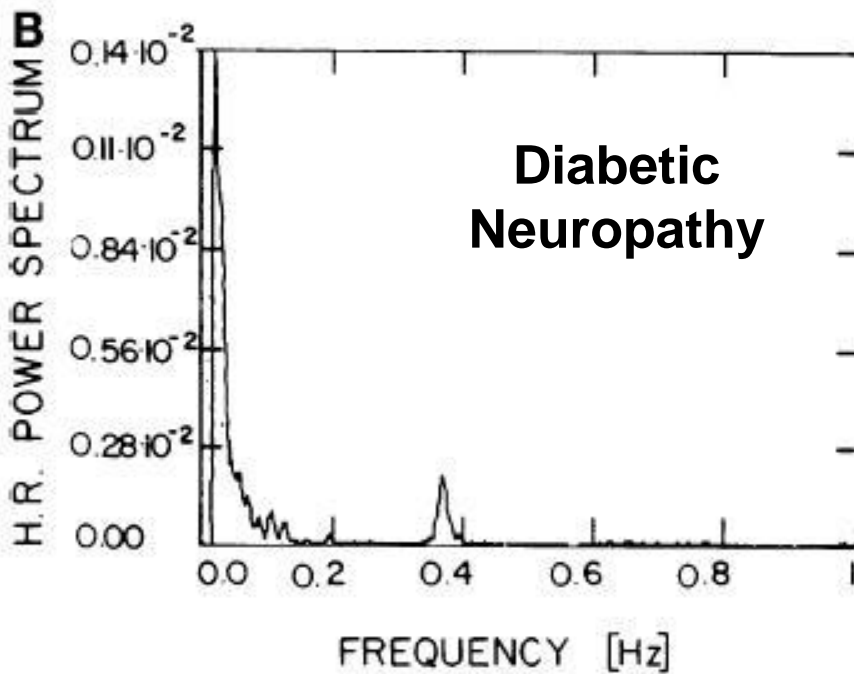
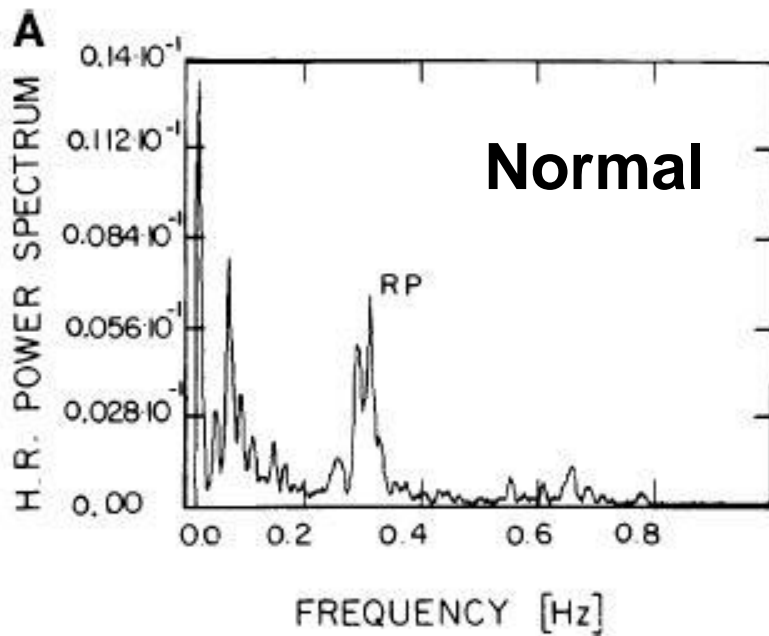
RESP



Respiratory Linkage to HF & LF

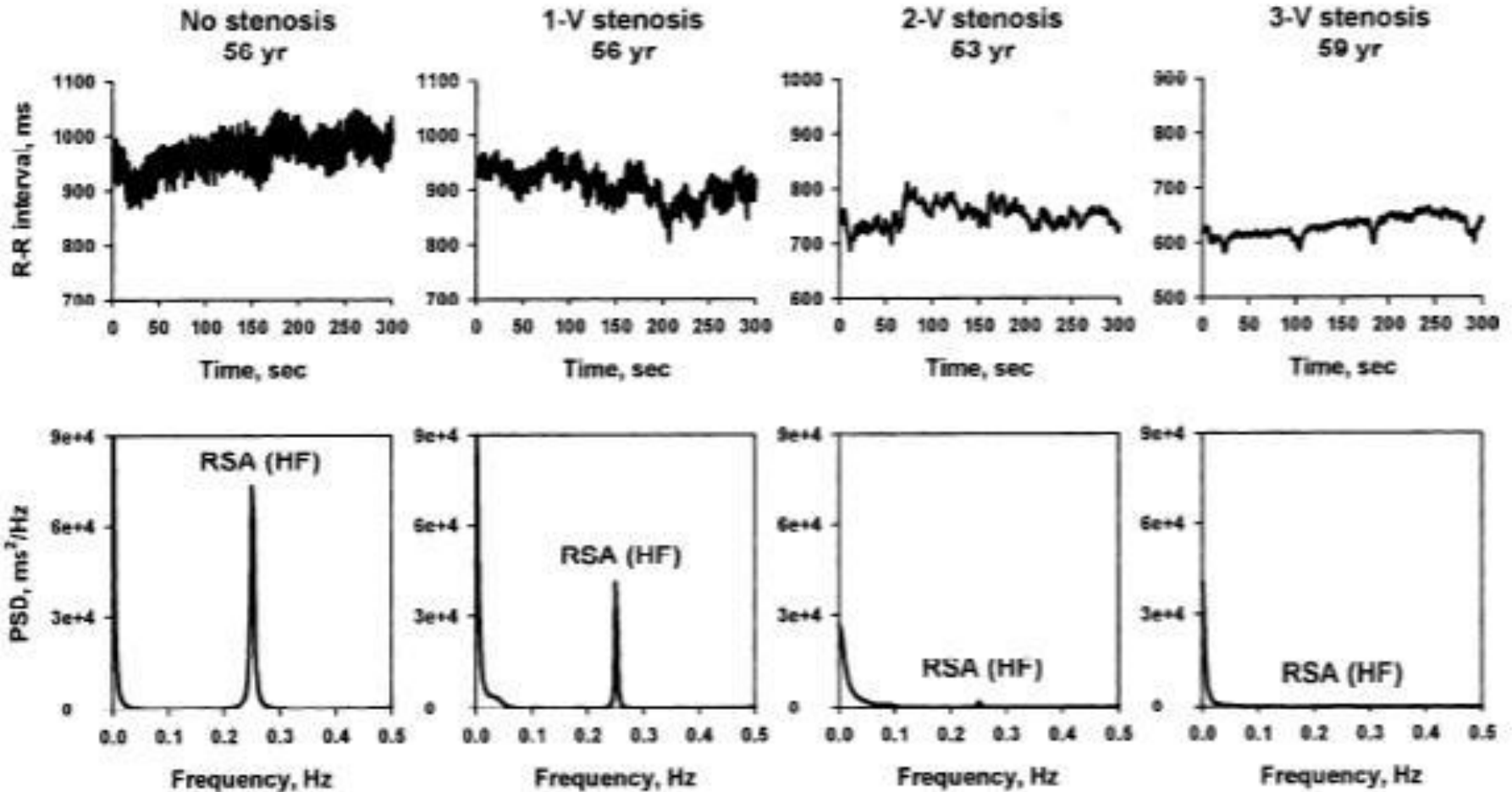


Clinical Findings & Applications



Lishner et al.
J Auton Nerv Syst
1987;19:119-125

Hypothesis: respiratory sinus arrhythmia is an intrinsic resting function of cardiopulmonary system Cardiovascular Research 58 (2003) 1-9

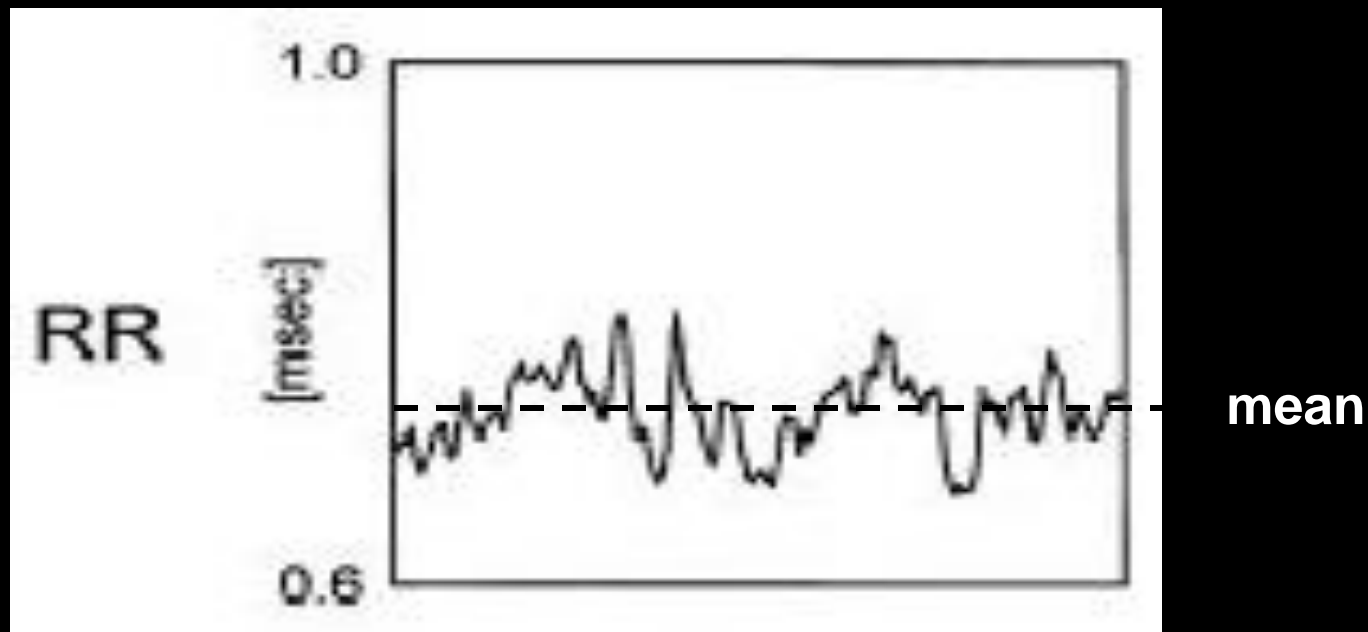


HF power decreases with # of vessels involved

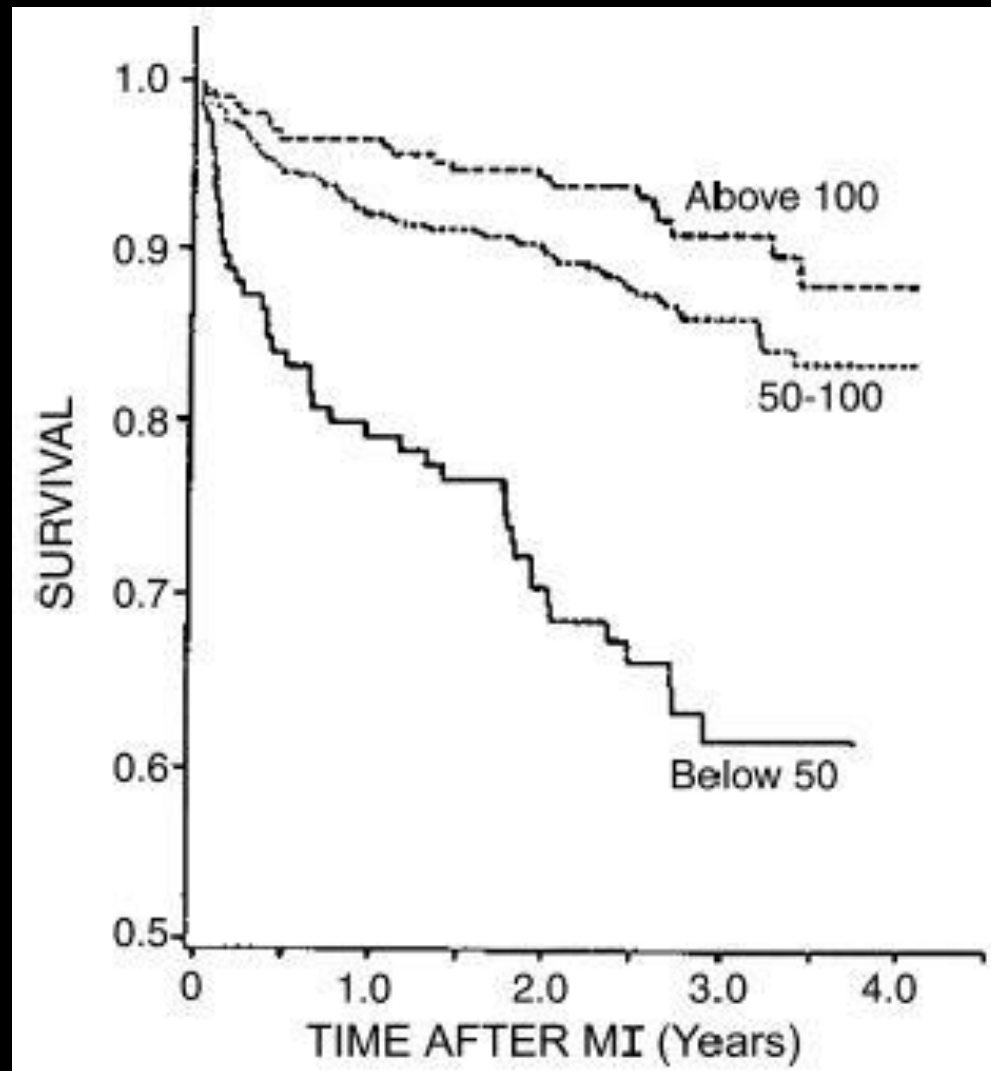
Time Analysis of HRV

uses standard deviation or variance
of (normal) R-R intervals

$$\begin{aligned}\text{Coefficient of variance} &= \text{SD}/\text{mean} \\ &= \text{SDNN}/\text{mean}\end{aligned}$$



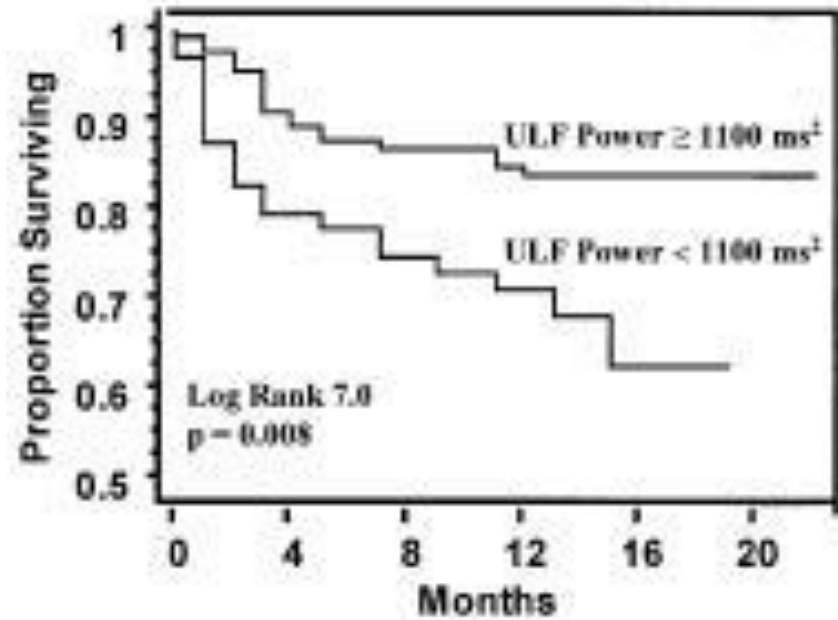
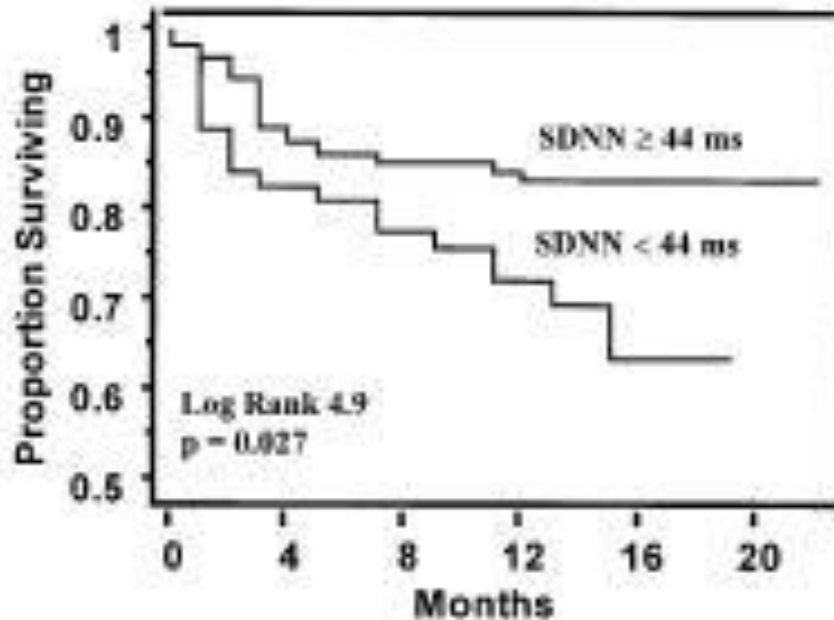
Kleiger RE, Miller JP, Bigger JT, Moss AJ. Decreased heart rate variability and its association with increased mortality after acute myocardial infarction. *Am J Cardiol* 1987;59:256-62.



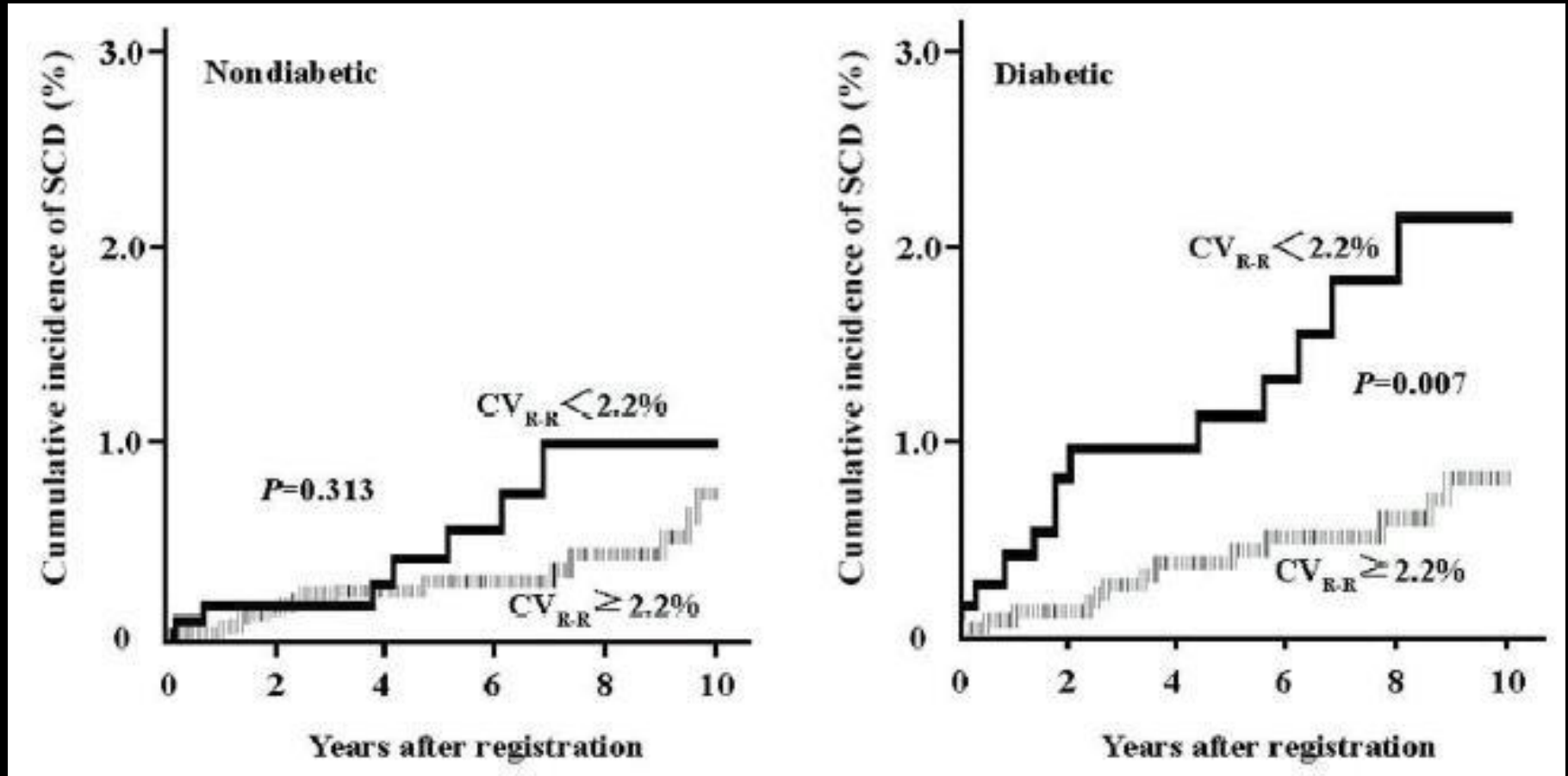
Measures of Heart Period Variability as Predictors of Mortality in Hospitalized Patients With Decompensated Congestive Heart Failure

Doron Aronson, MD, Murray A. Mittleman, MD, DrPH, and Andrew J. Burger, MD

(Am J Cardiol 2004;93:59-63)



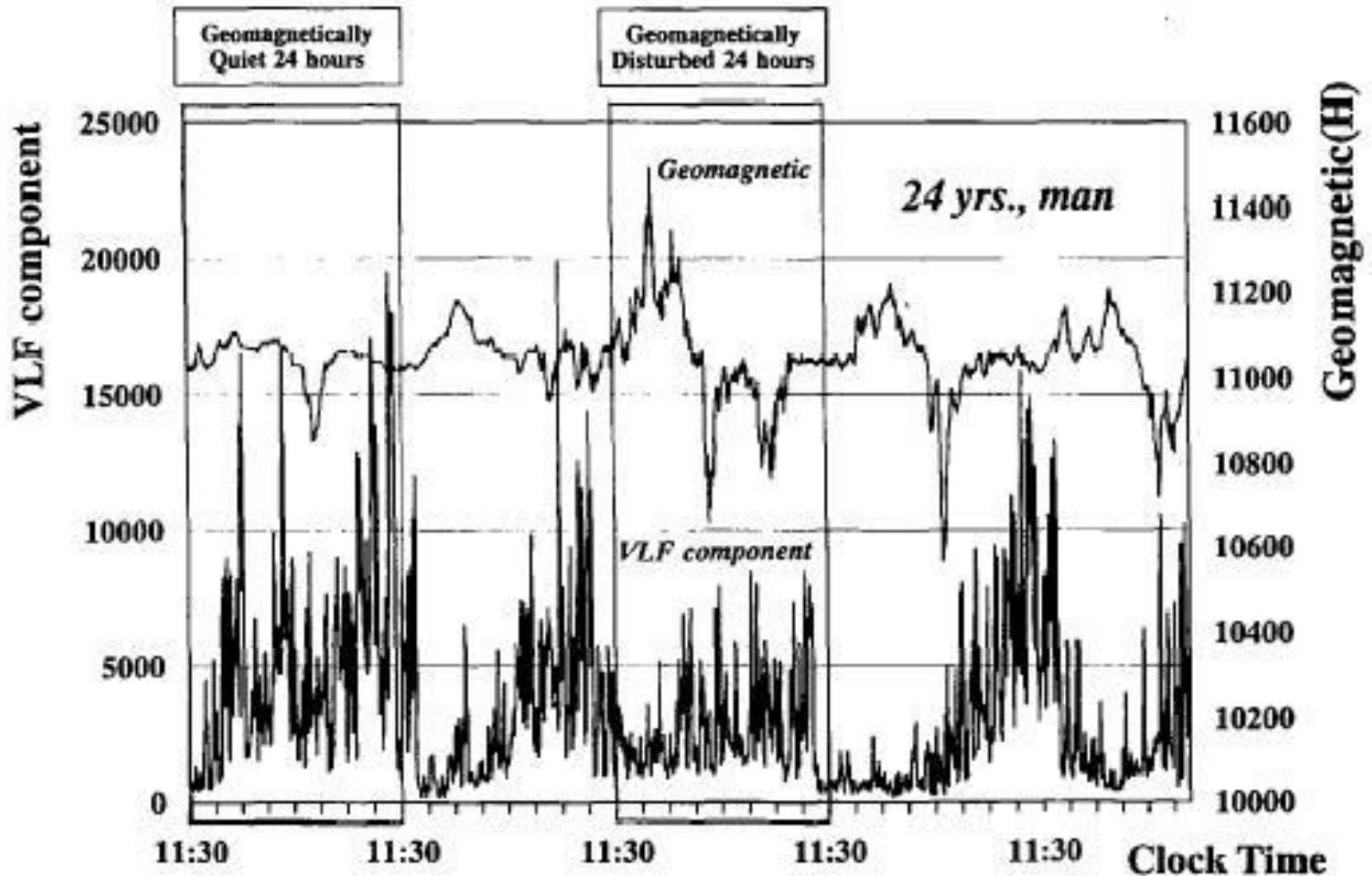
Prognostic Marker of Sudden Coronary Death in DM



Geomagnetic disturbance associated with decrease in heart rate variability in a subarctic area

Biomed Pharmacother 2001 ; 55 : 51-6

K. Otsuka^{1*}, G. Cornélissen², A. Weydahl³, B. Holmeslet⁴, T.L. Hansen⁴,
M. Shinagawa¹, Y. Kubo¹, Y. Nishimura¹, K. Omori¹, S. Yano⁵, F. Halberg²



Modulatory effects of respiration

Luciano Bernardi^{a,*}, Cesare Porta^a, Alessandra Gabutti^a, Lucia Spicuzza^b, Peter Sleight^c

Autonomic Neuroscience: Basic and Clinical 98 (2001) 47–56

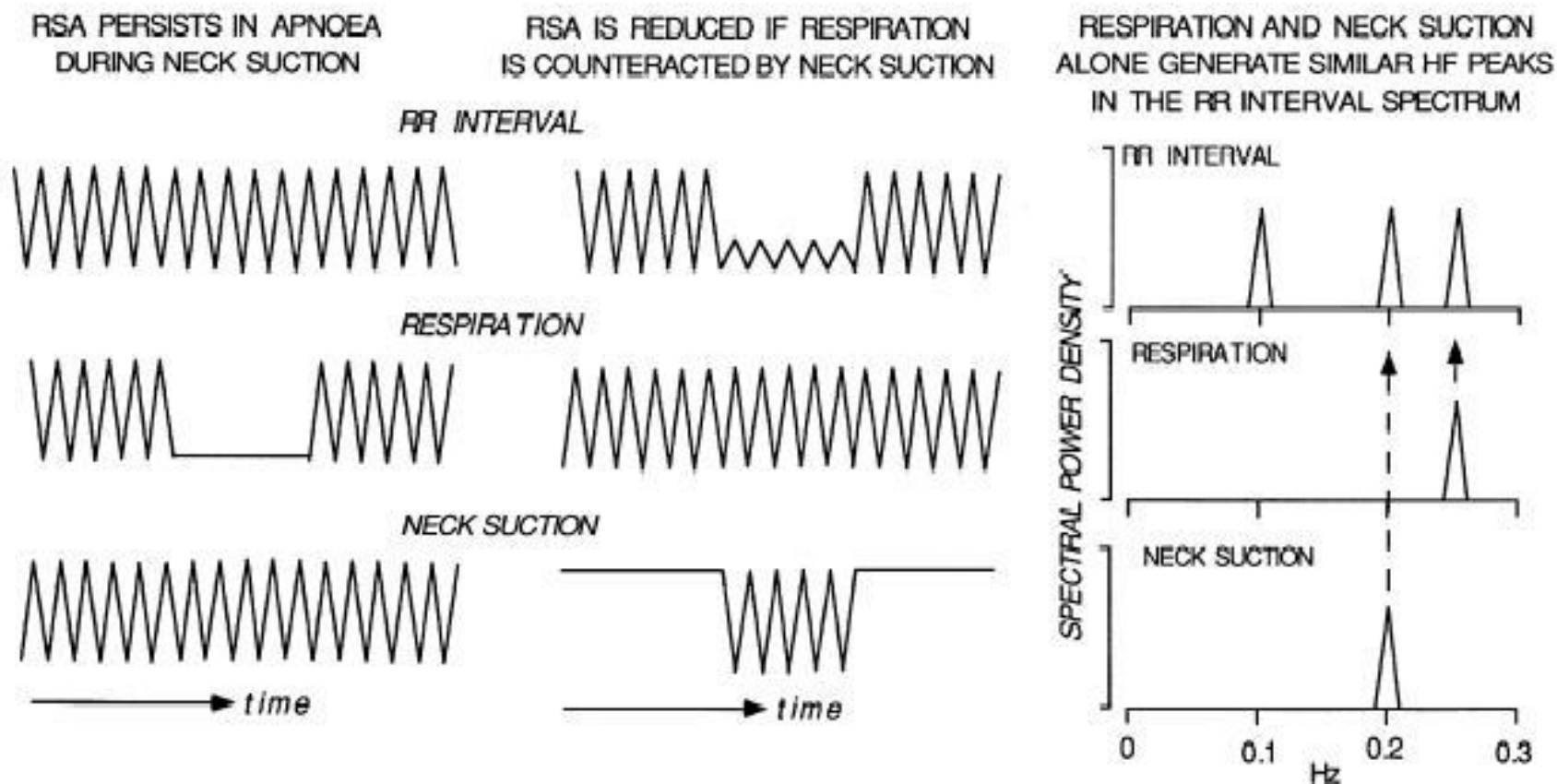


Fig. 1. Effect of arterial (carotid) baroreceptors on respiratory sinus arrhythmia (RSA). Left panel: Despite apnoea, RSA persists if carotid baroreceptors are stimulated at (by neck suction) the same frequency of breathing. Middle panel: If carotid baroreceptors are stimulated at the same frequency of respiration but with appropriate phase, RSA can be reduced by the counteracting effect of neck suction on respiratory changes in arterial pressure. Right panel: Stimulation of carotid baroreceptors at a frequency close but distinct to that of respiration (0.20 and 0.25 Hz, respectively) produces an RSA of similar amplitude (as could be seen in the power spectra) of that simultaneously generated by the respiration.

Phase delay of baroreceptor response to inspiration induced increase in BP may account for LF component of HRV

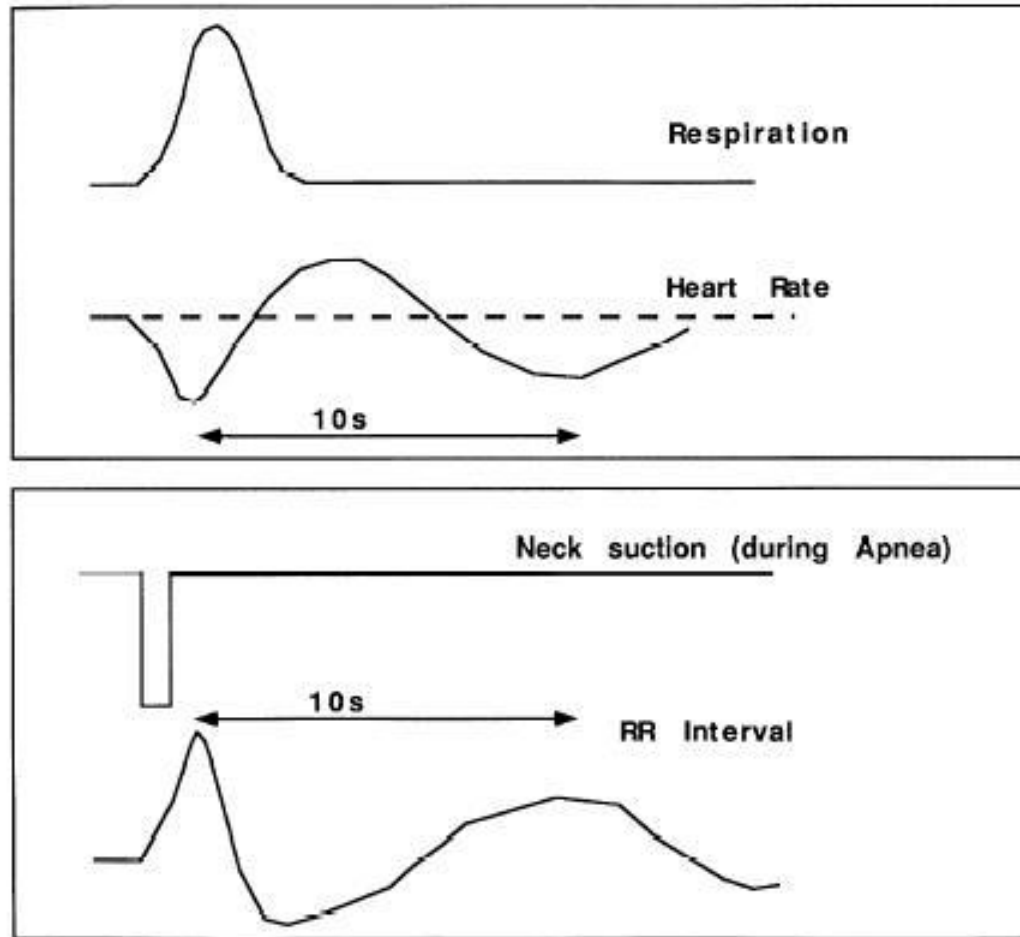


Fig. 3. A single deep breath elicits a damped oscillation in the RR interval (and in blood pressure) whose period is similar to that of spontaneous low-frequency oscillation (i.e., 10-s period, or 0.1 Hz or 6 cycles/min); a very similar effect can be obtained by a sudden and transient stimulation of carotid baroreceptors (by neck suction).

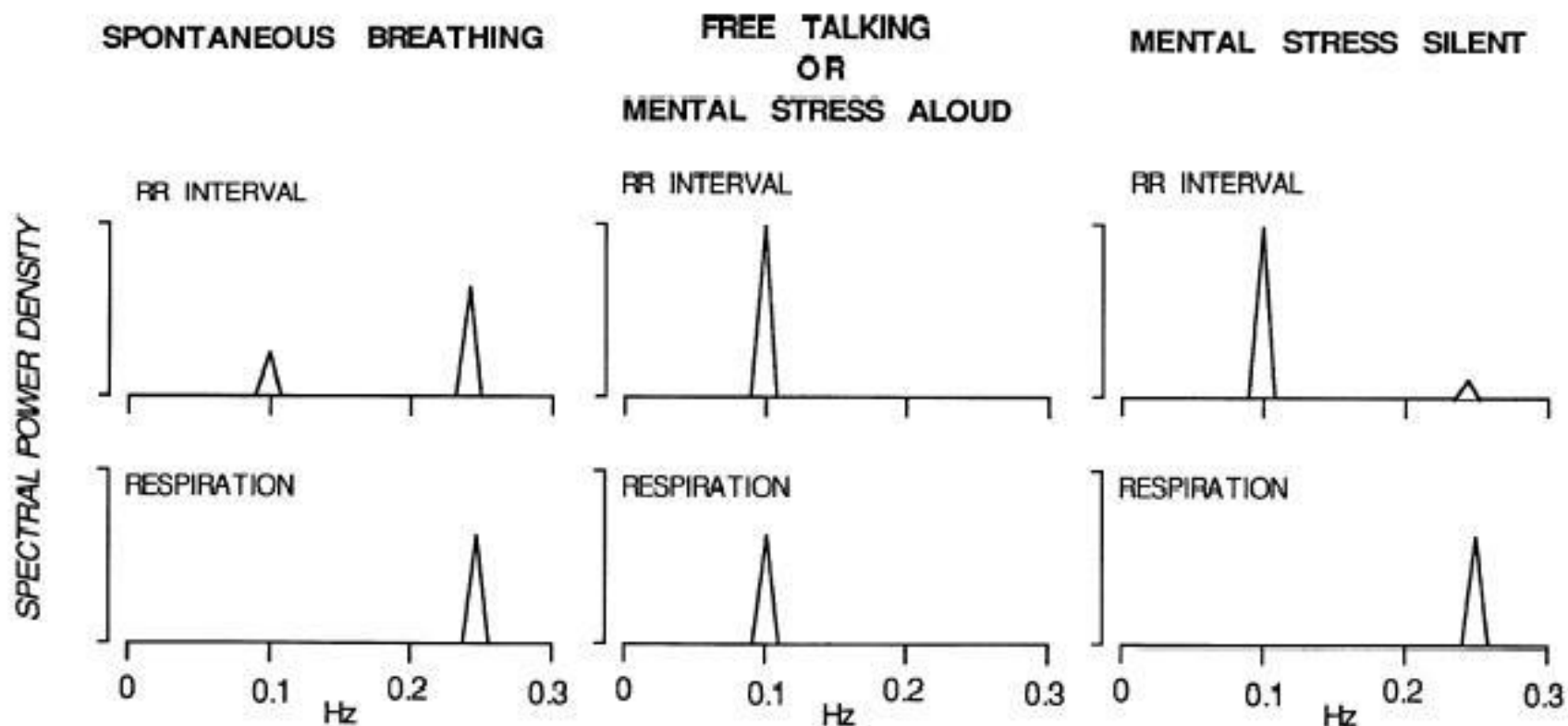
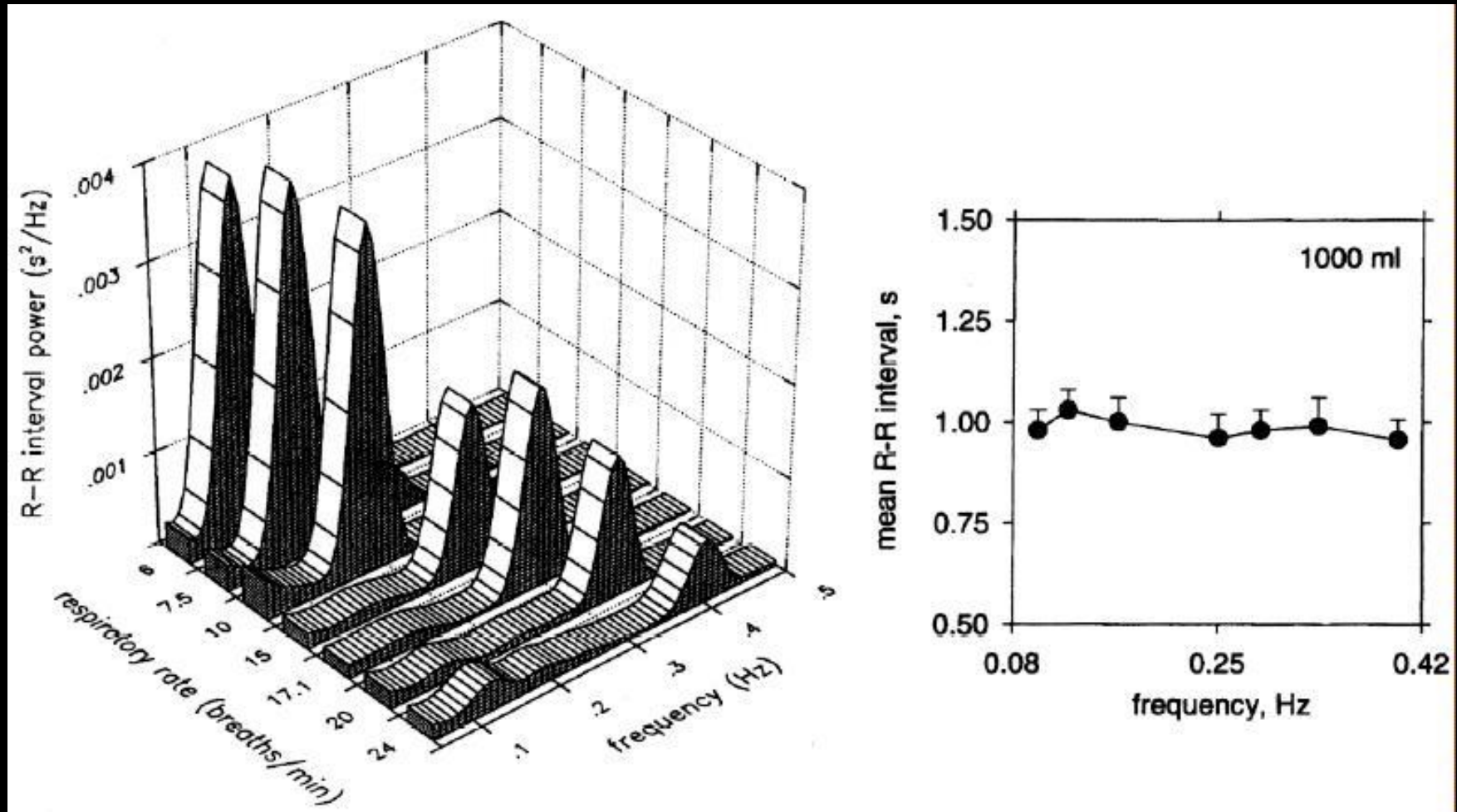


Fig. 4. Effect of talking and stress on respiration and RR interval power spectra: during spontaneous breathing (subject silent) the RR spectrum has predominant HF respiratory power; during free talking, due to the slowing of breathing, the RR spectrum shows a marked increase of low-frequency power due to the slowing of respiration; during mental stress aloud, the LF increases both because of the sympathetic activation and because of the slow breathing; when the subject undergoes a mental stress silent, the increase in LF is due only to sympathetic activity and not to the modulatory effect of breathing.

10 subjects breathing at different rates (TV = 1000 ml)

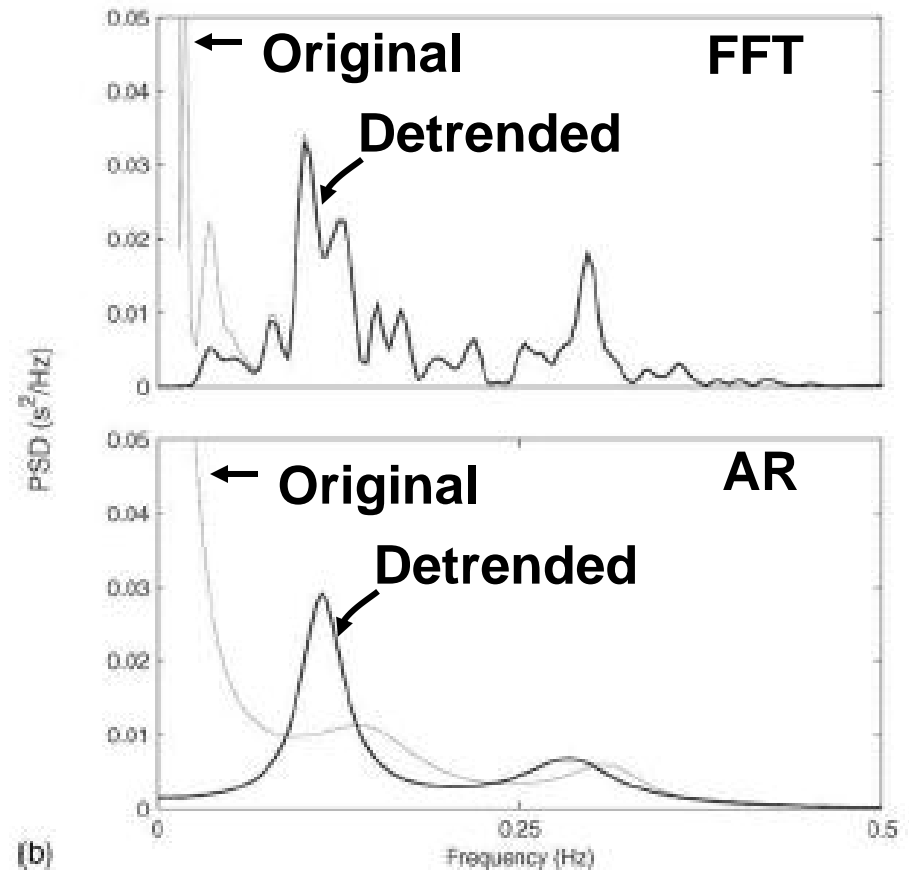
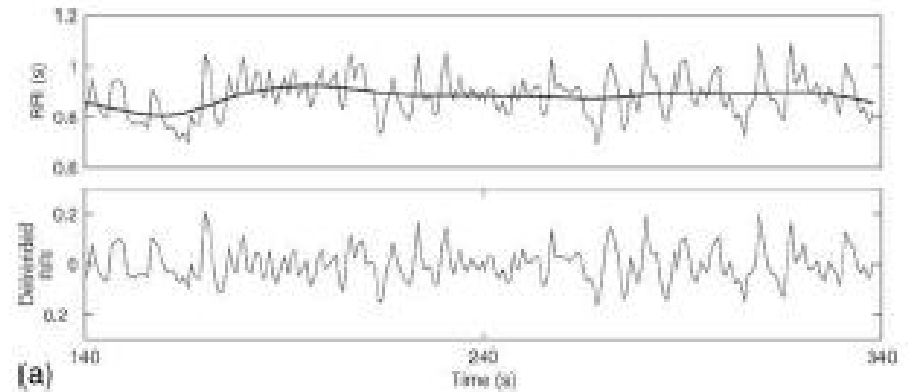


Breathing at different rates effects spectral power but not HR
Thus is not a measure of autonomic tone (absolute nerve traffic)
but is a measure change (modulation) of nerve traffic.

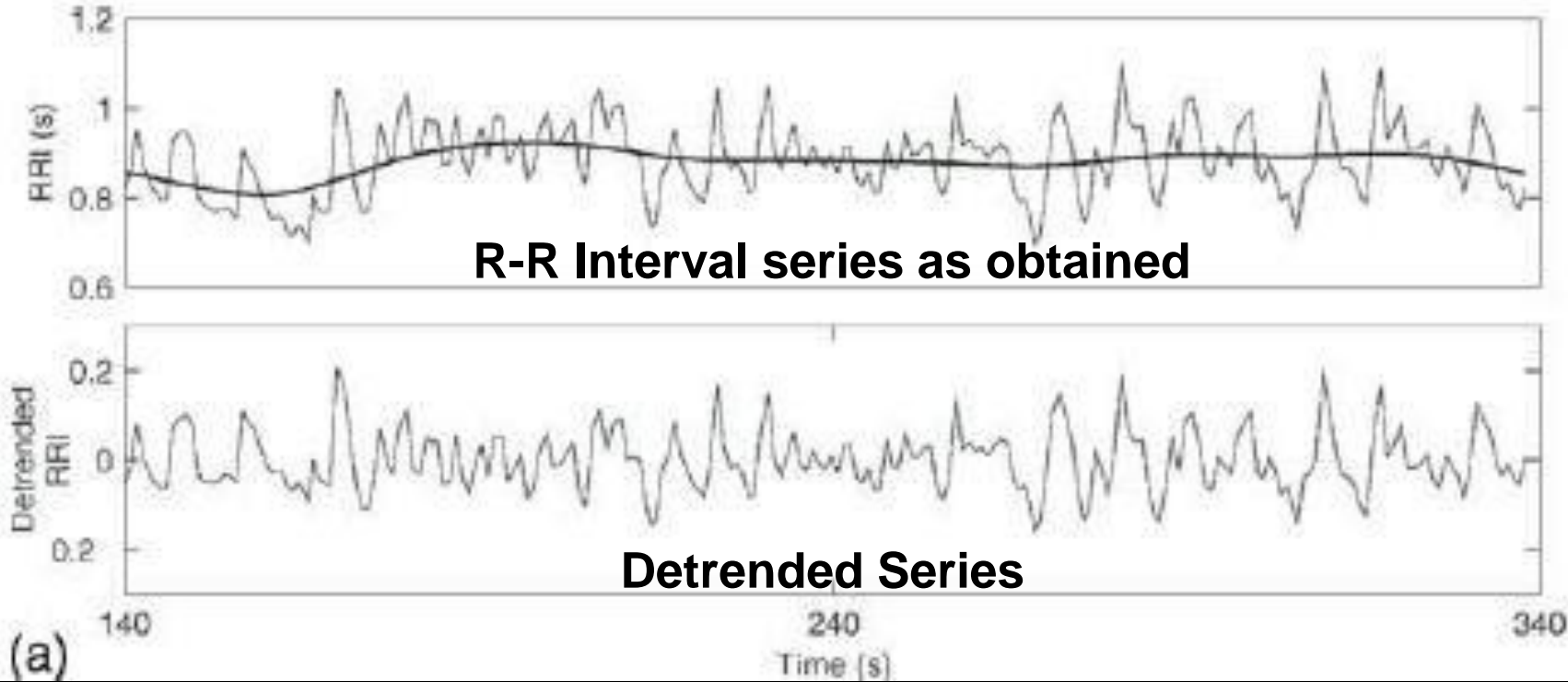
R-R Interval series as obtained

Detrended Series

Power Spectral Density
(PSD) of R-R Series



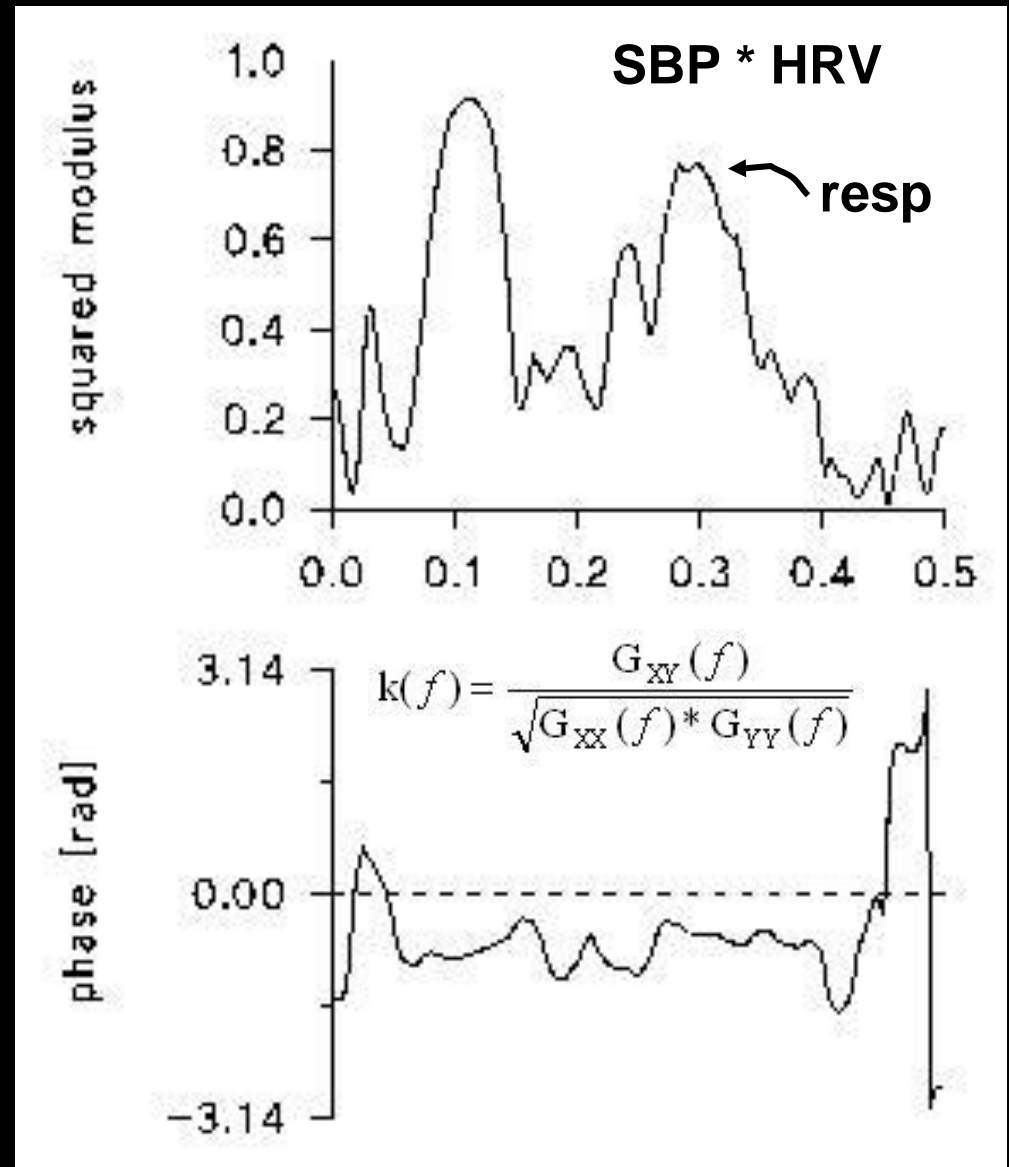
Effect of Detrending



Coherence Function - Degree of linear correlation as fn of frequency

G_{xx} , G_{yy} and G_{xy} are spectra of $x(t)$, $y(t)$ and crossspectrum of x and y

$$[K(f)]^2$$

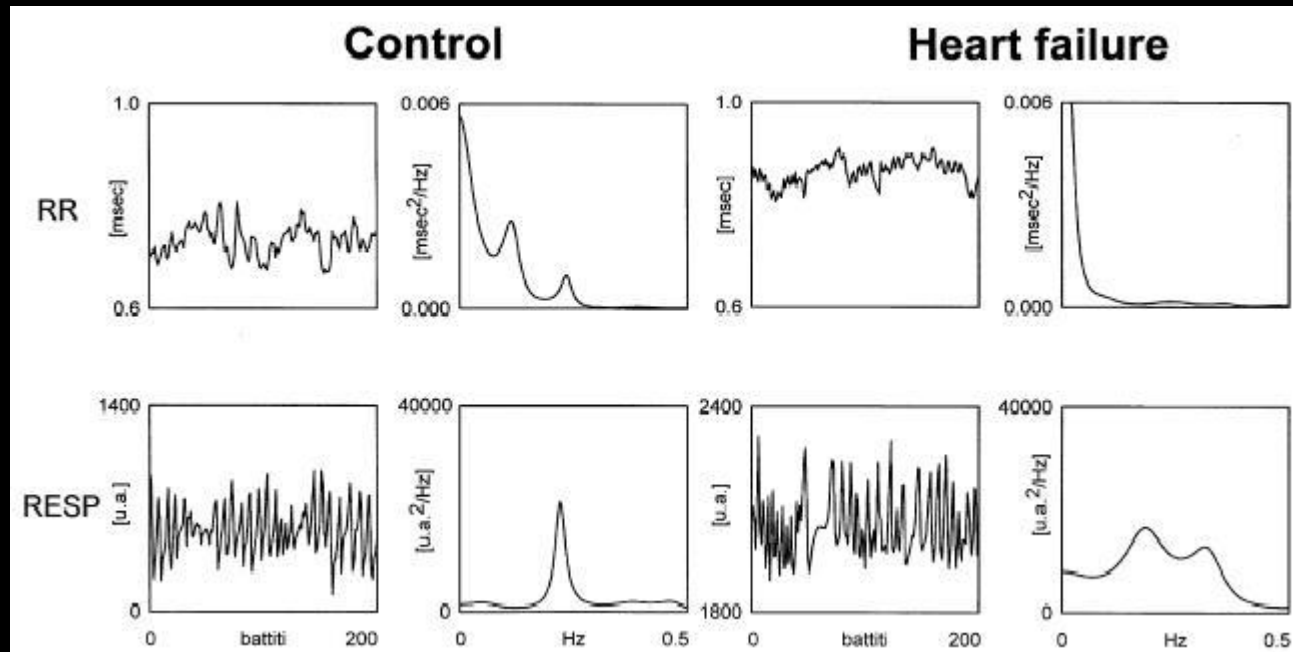


Some Basic Definitions

Heart rate variability in chronic heart failure

Stefano Guzzetti*, Renata Magatelli, Ester Borroni, Silvia Mezzetti

Autonomic Neuroscience: Basic and Clinical 90 (2001) 102–105



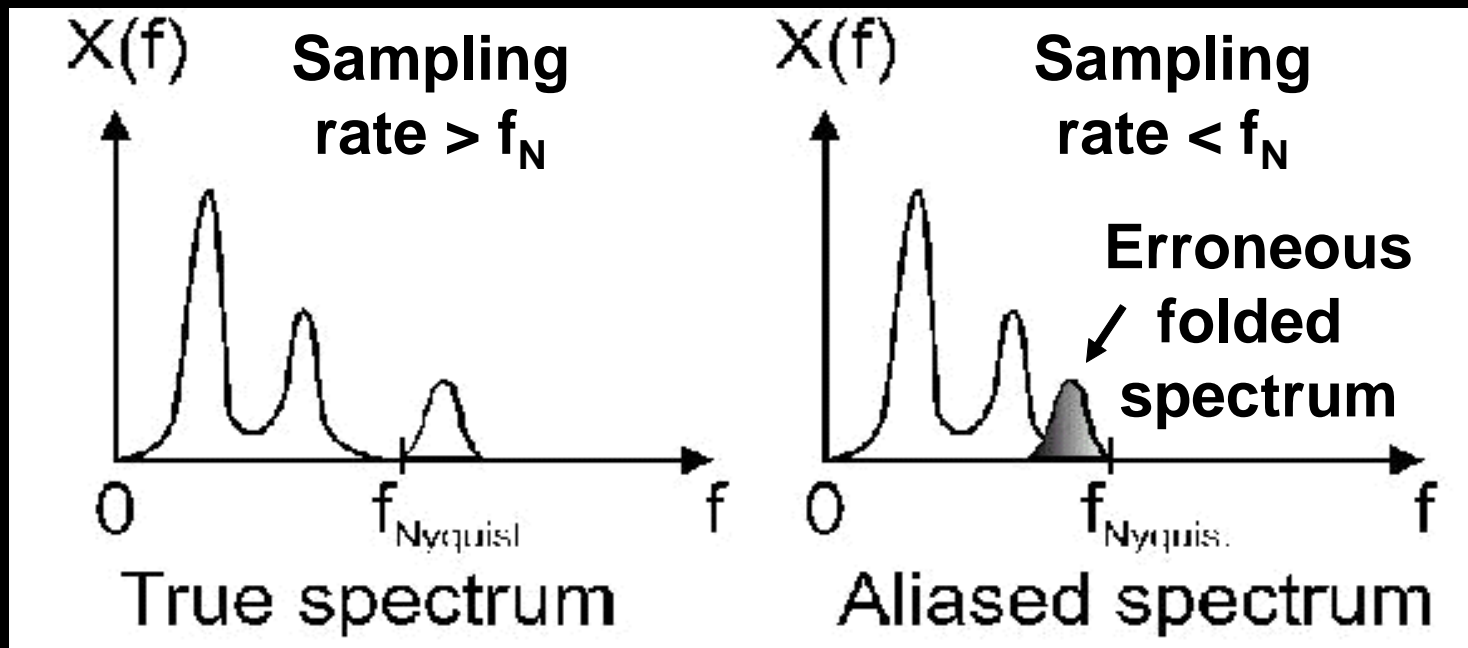
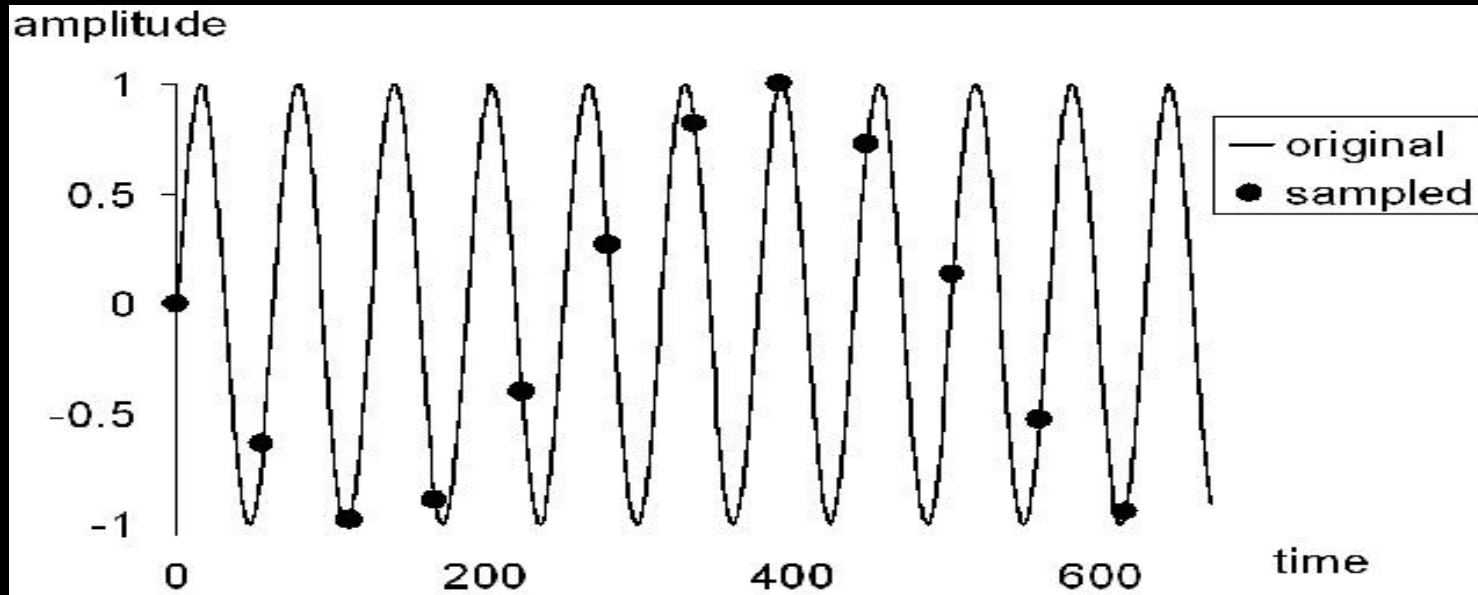
If $x(k)$ is the k -th value of a time series of N samples with sampling period Δt , its energy E is defined as:

$$E = \sum_{k=0}^{N-1} |x(k)|^2 \Delta t$$

$$P = \frac{E}{N\Delta t} = \frac{1}{N} \sum_{k=0}^{N-1} |x(k)|^2$$

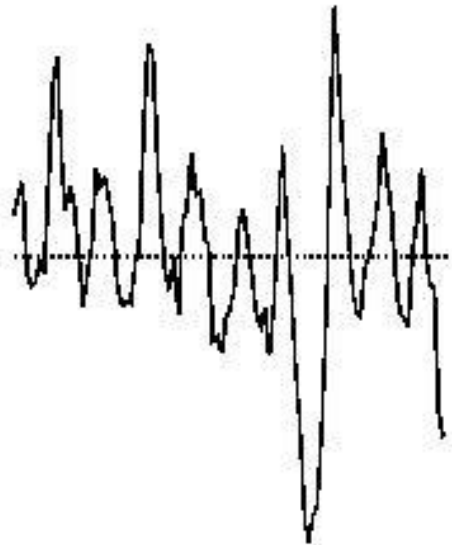
For zero-mean time series, the power is equal to the variance of the sample of the N values $x(k)$.

Aliasing Artifacts



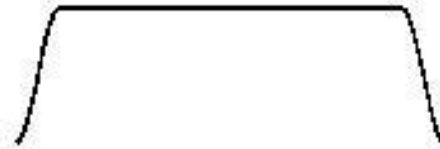
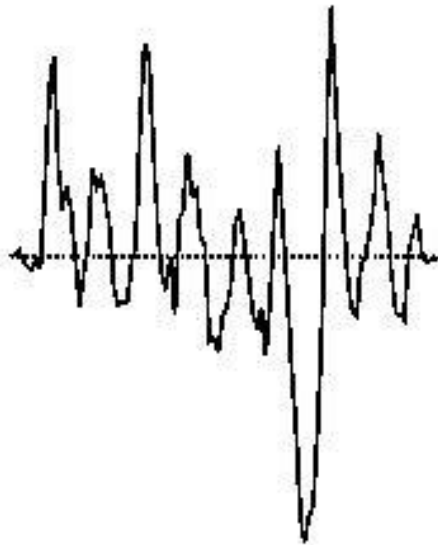
Windowing

no windowing

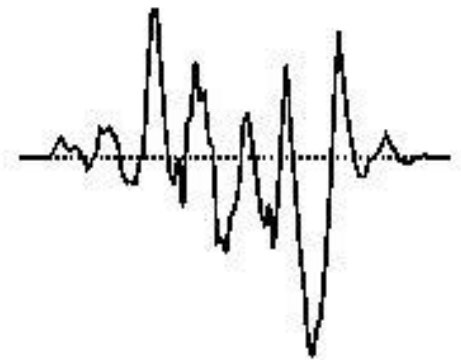


$w(t) =$

10% cosine-taper



Hann



Autocorrelation Function

Measure of the dependence of time series values at one time on the values at another time.

Given the time series $x(n)$, $n=1, 2, \dots, N$, the autocorrelation function at lag k is defined as:

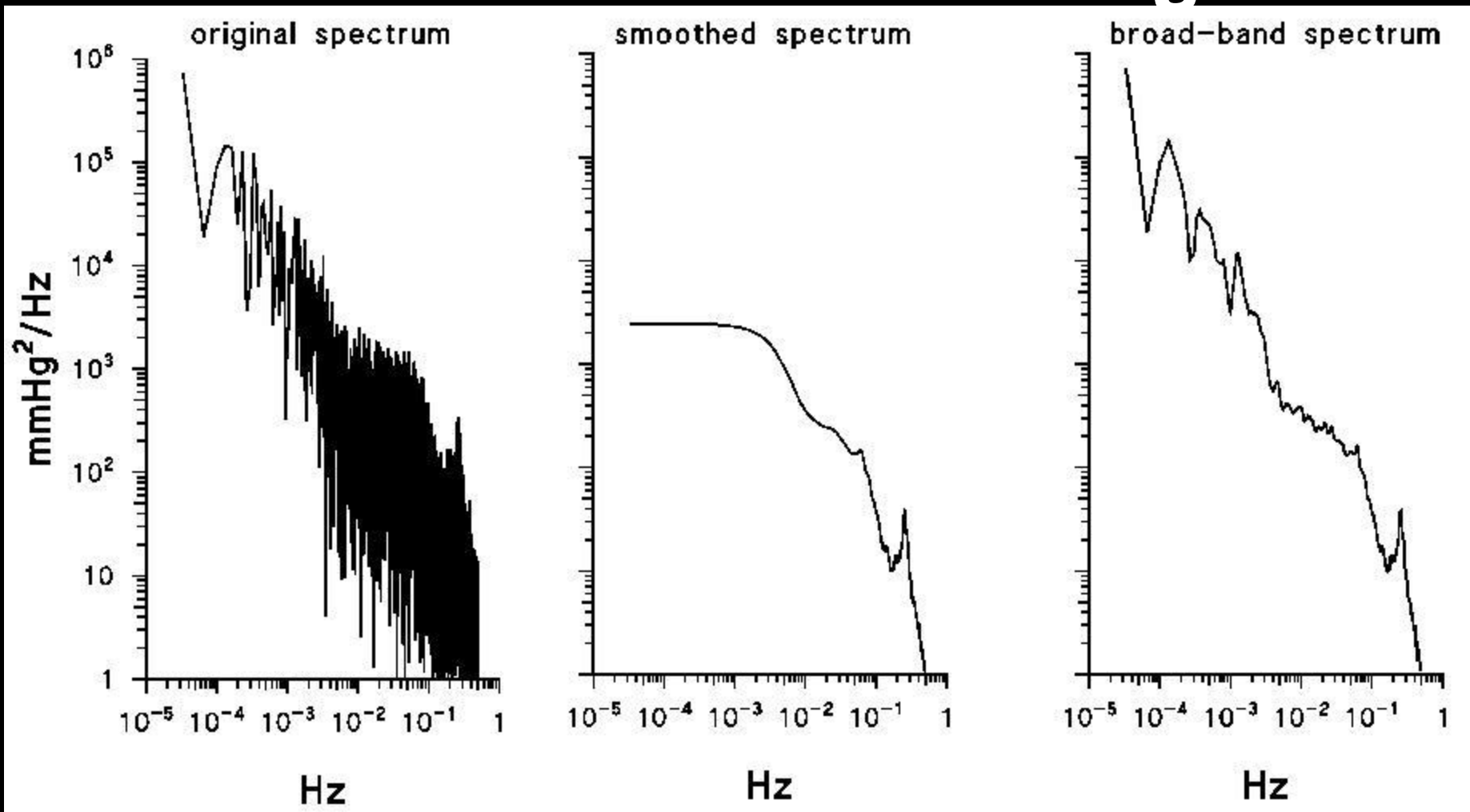
$$R_{xx}(k) = \frac{1}{N-k} \sum_{n=1}^{N-k} x(n)x(n+k)$$

The value of the autocorrelation function at lag 0 is the power of $x(n)$, or its variance if the mean value of $x(n)$ is zero:

$$R_{xx}(0) = \frac{1}{N-k} \sum_{n=1}^{N-k} x(n)^2$$

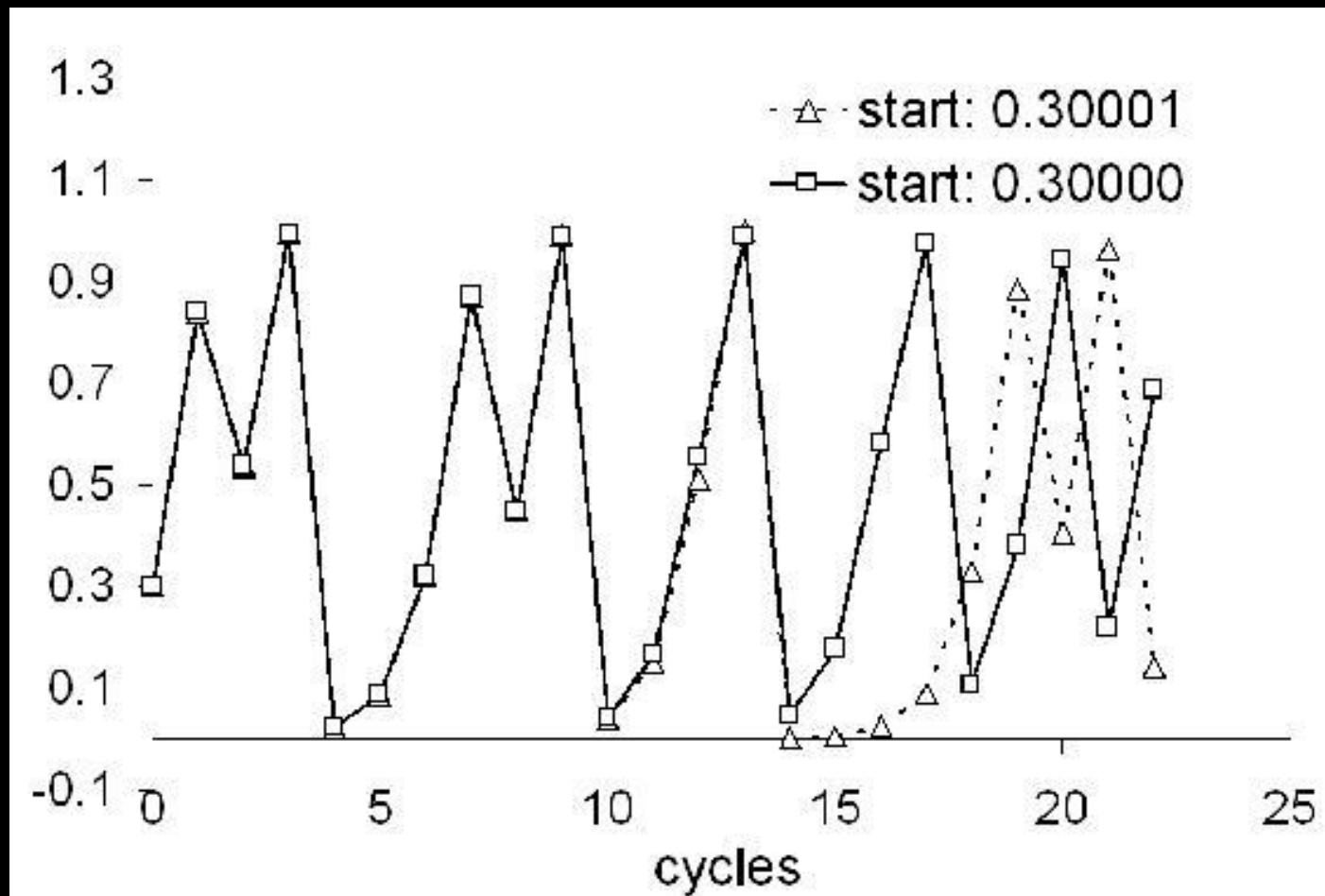
Moreover, $\sqrt{R_{xx}(\infty)}$ is the mean value for random processes.

Broad Band Smoothing



Left: unsmoothed FFT spectrum of blood pressure from a 8-h recording: this spectrum is characterized by a very high frequency resolution, but also by a very high estimation variance. Centre: the same spectrum smoothed by a moving average filter of order 250 (i.e., average over 250 adjacent spectral lines). Estimation variance is largely reduced, but the frequency resolution dramatically worsens and important spectral details may be lost at the lower frequencies. Right: broad-band spectrum obtained from the raw FFT spectrum by averaging adjacent spectral lines: in this case the number of lines to average increases with the frequency from 1 to 250. The desired reduction of the estimation variance is obtained at the highest frequencies preserving the original frequency resolution at the lowest frequencies.

Chaos

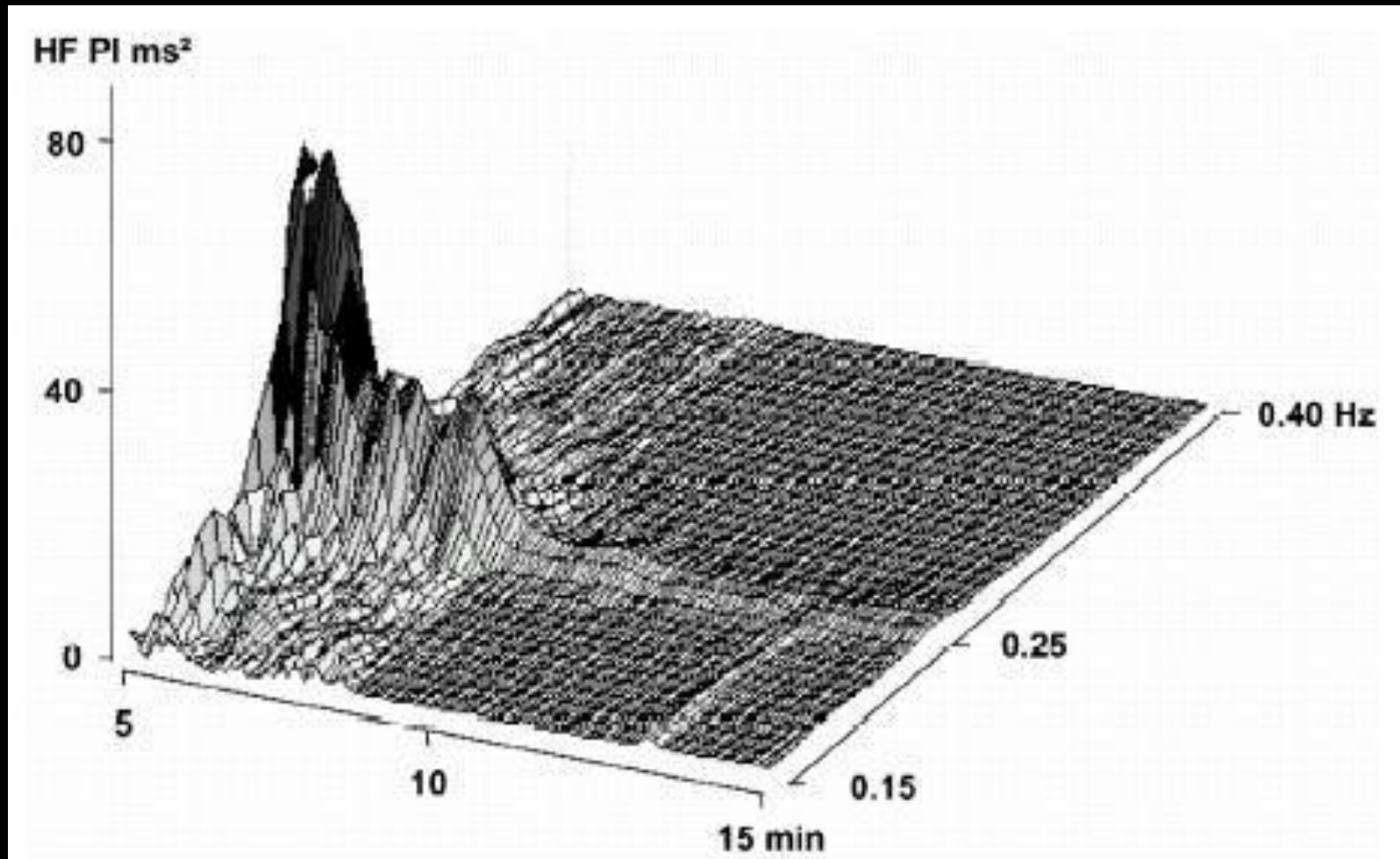


Sensitivity to initial conditions. Small changes in initial conditions lead to totally different behaviour patterns after a certain time (here 14 cycles). This sensitivity to initial conditions may be quantified by means of the largest Lyapunov exponent.

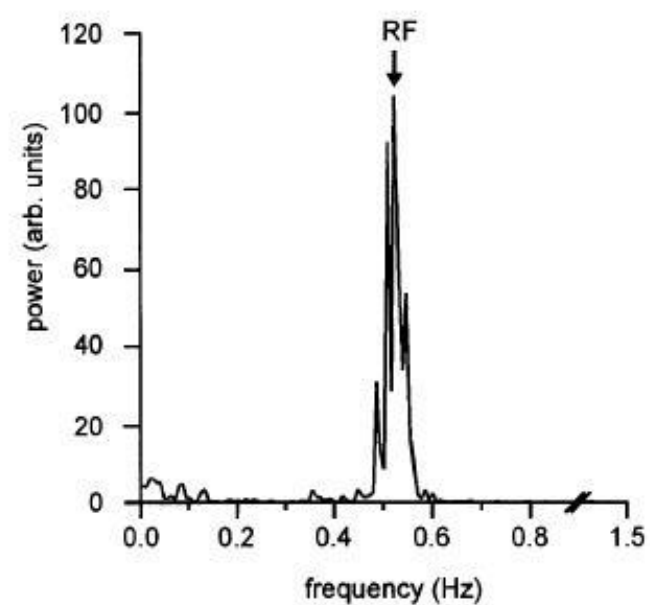
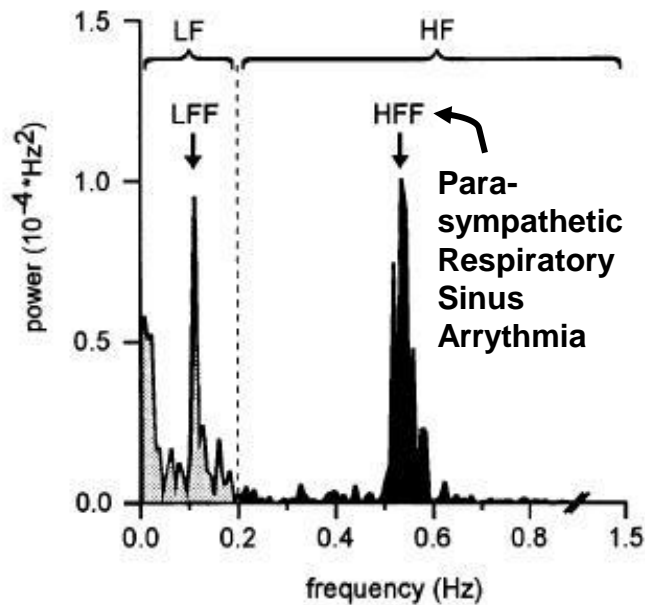
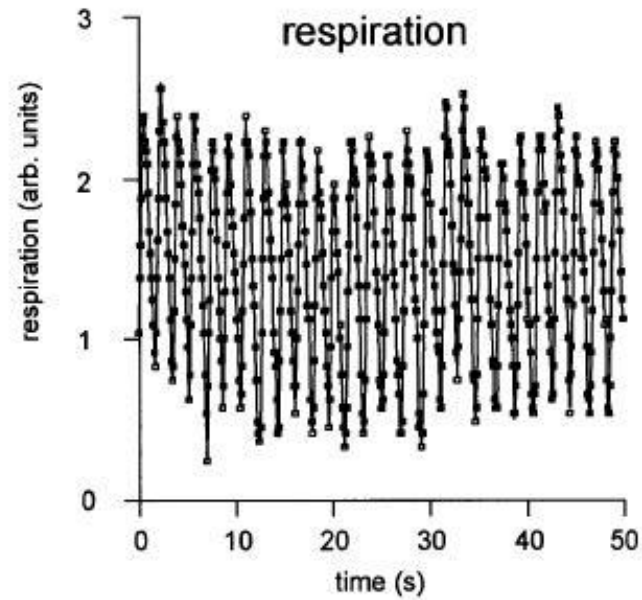
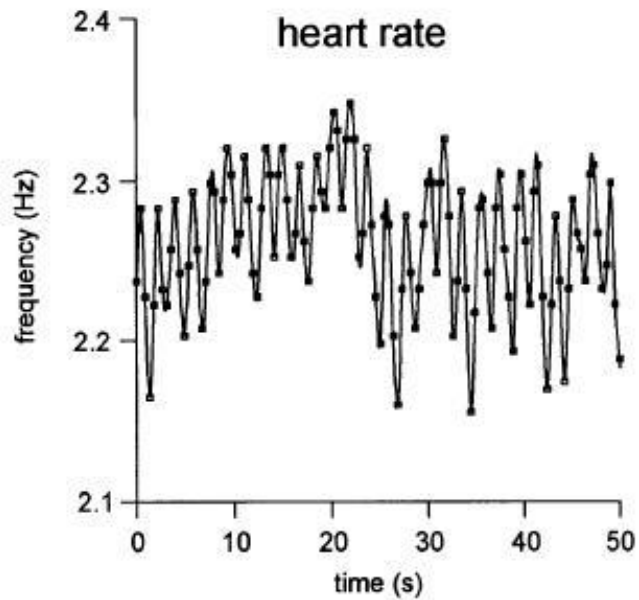
Effects of drugs on the autonomic control of short-term heart rate variability

Jean-Luc Elghozi*, Arlette Girard, Dominique Laude

Autonomic Neuroscience: Basic and Clinical 90 (2001) 116–121

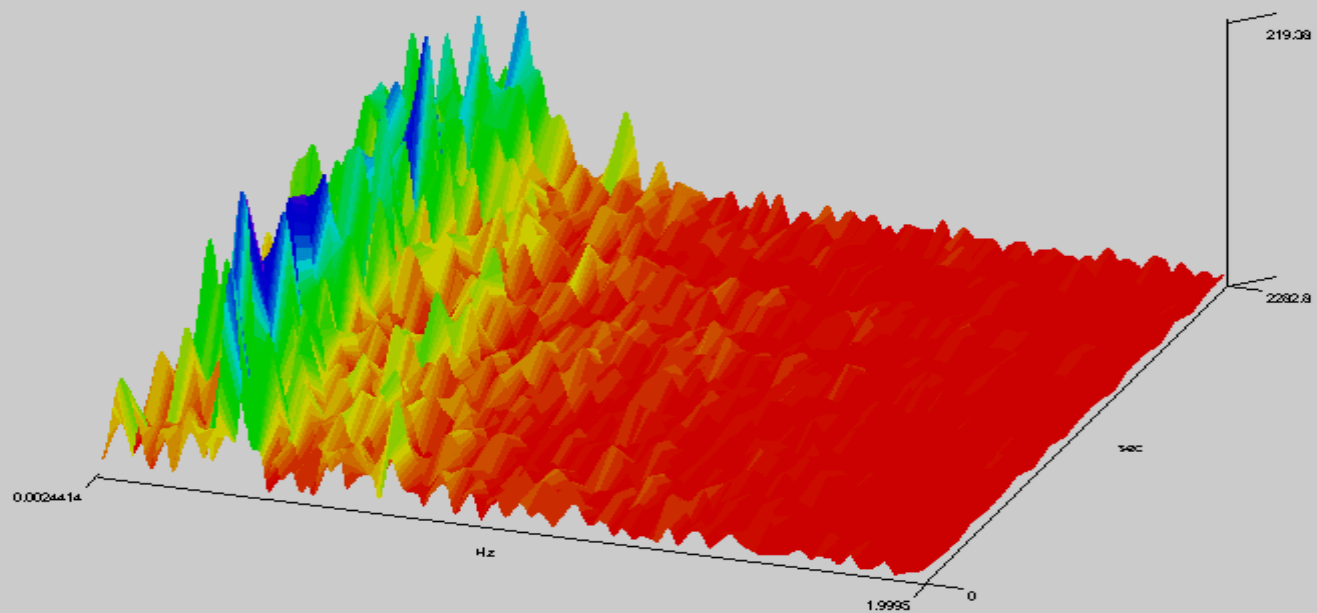
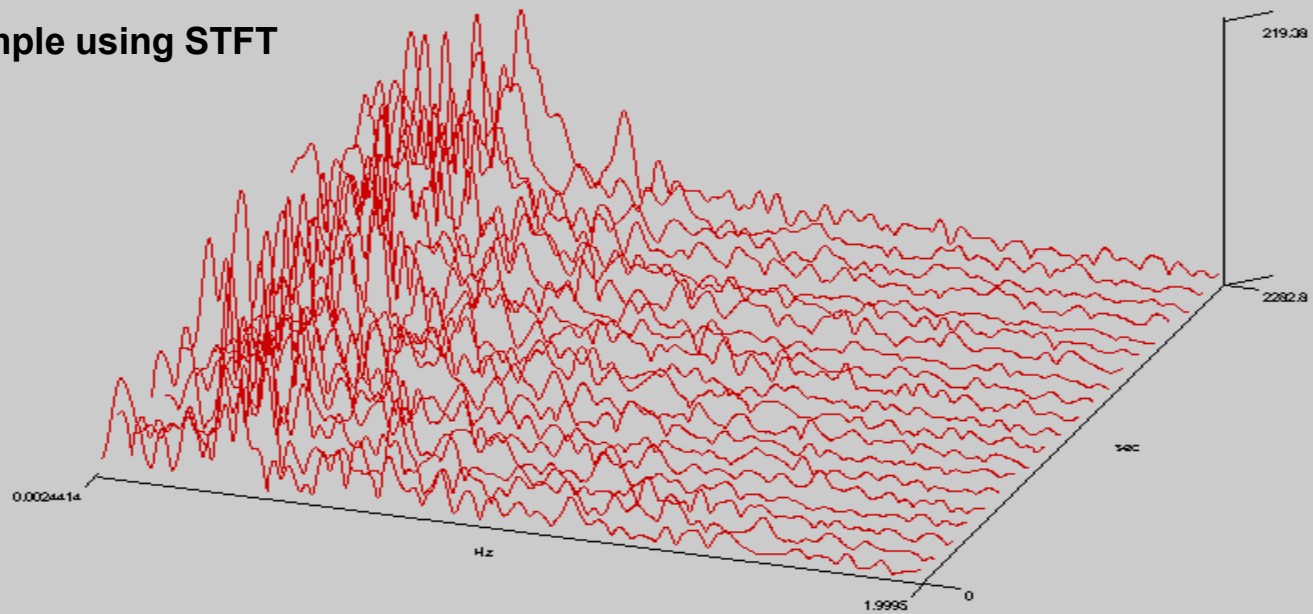


Note reduction in power by 15 minutes due to atropine

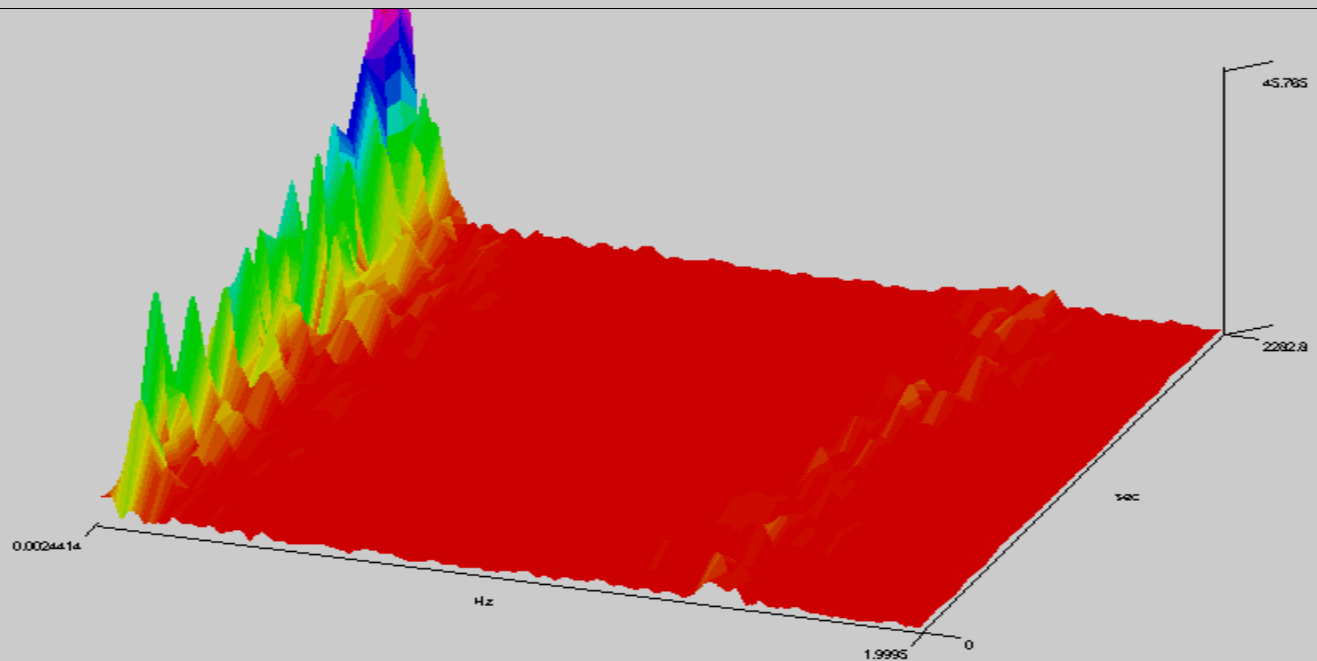
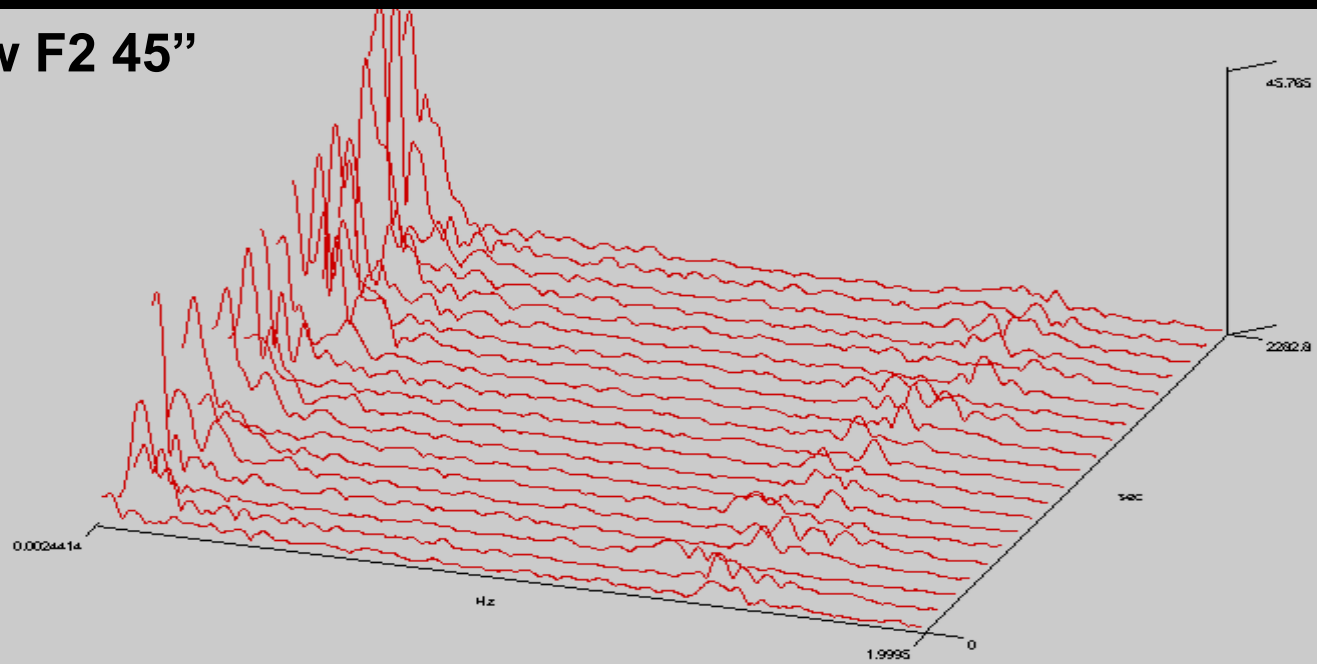


RESP

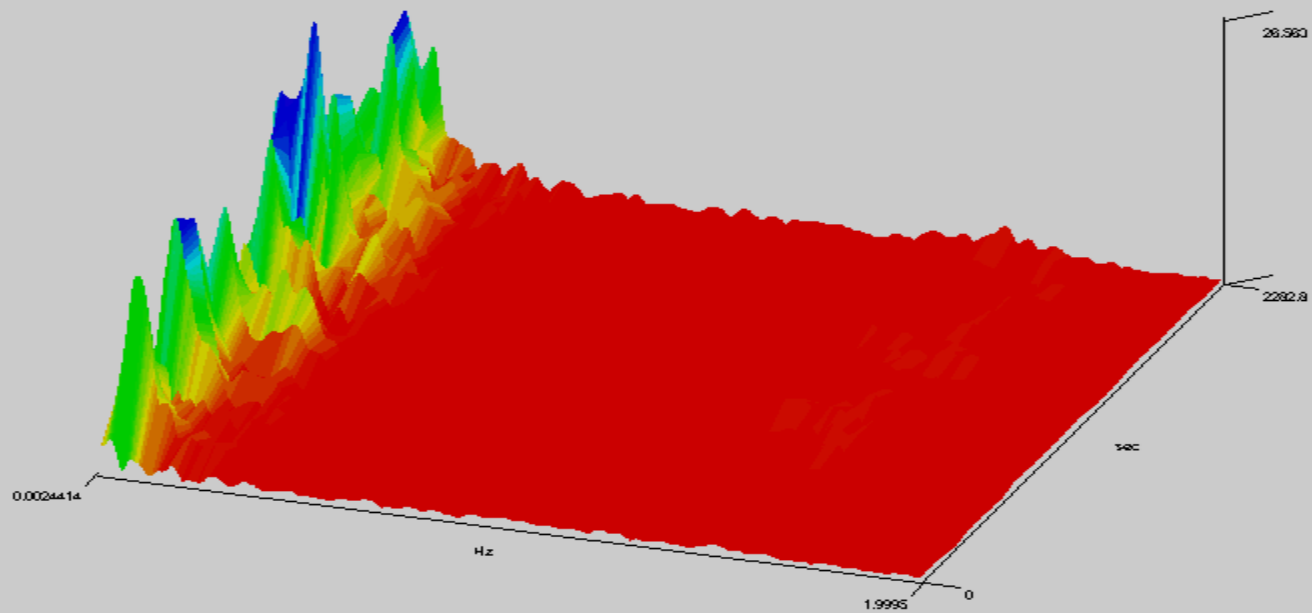
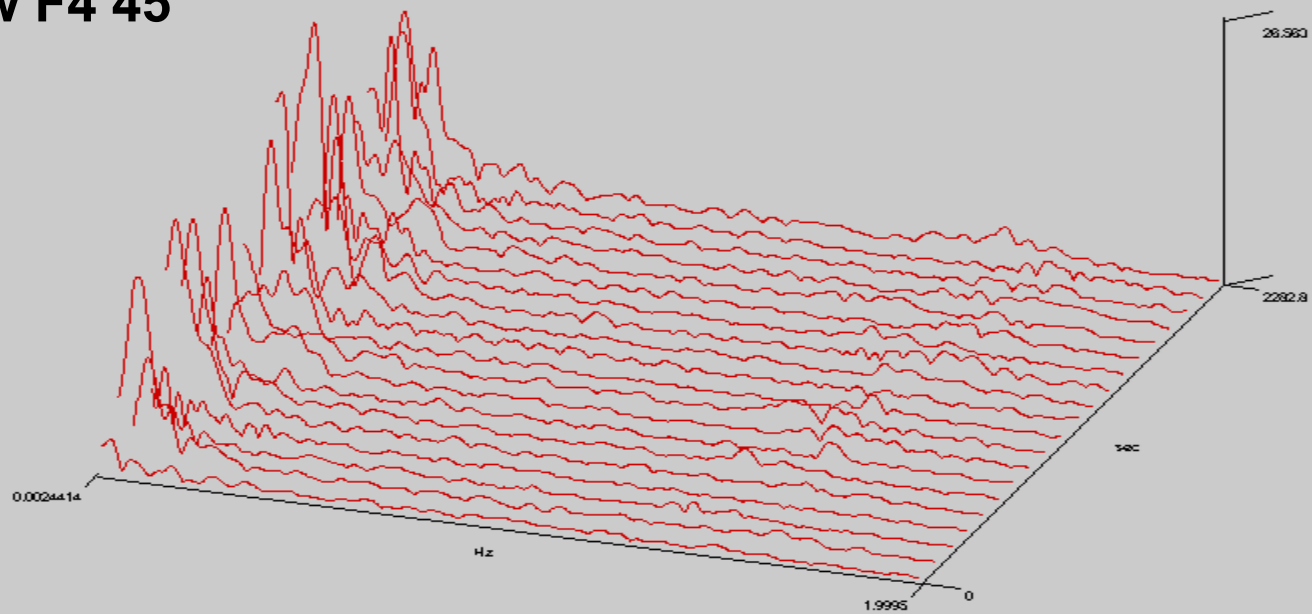
45" sample using STFT



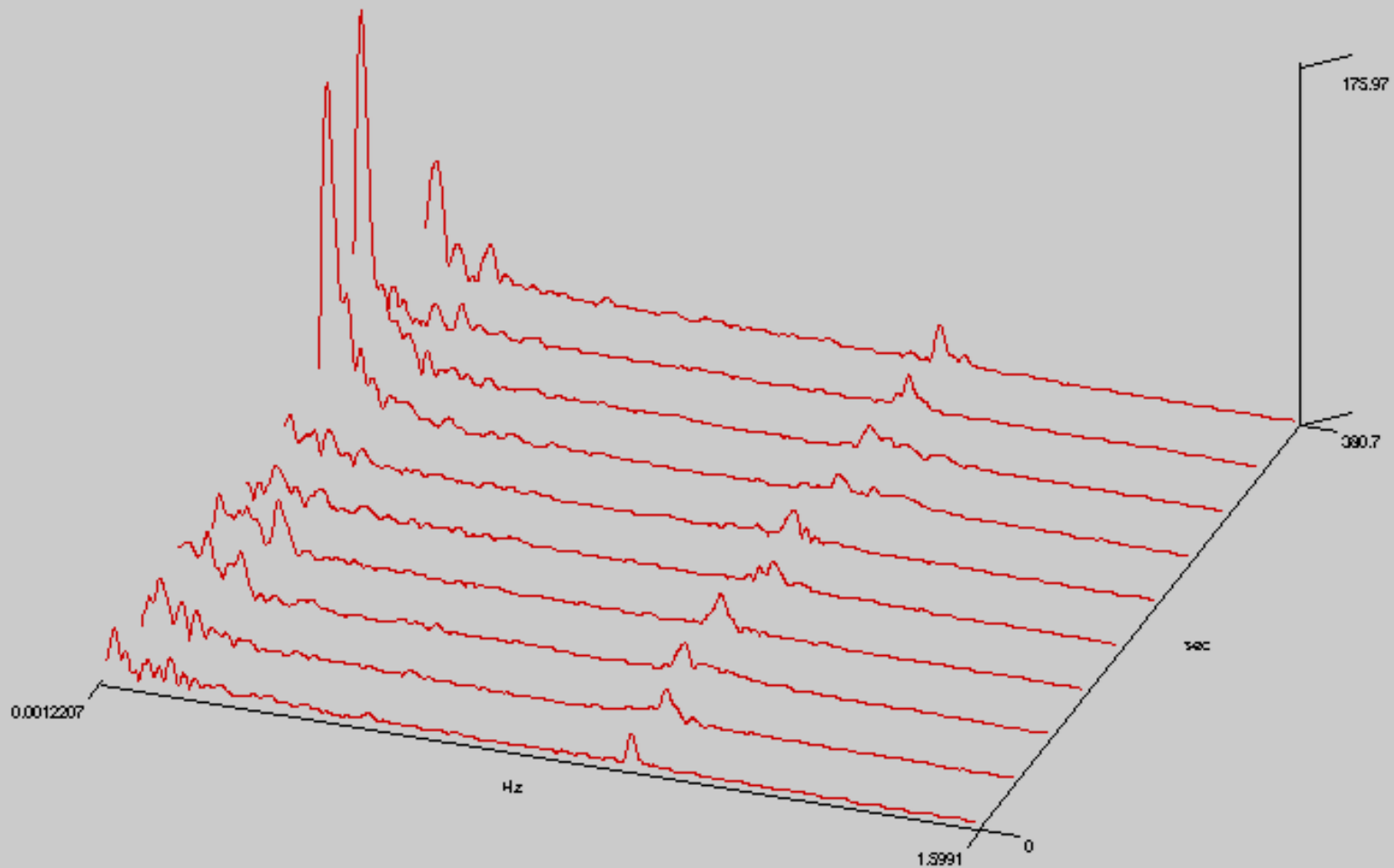
Flow F2 45"



Flow F4 45"



**HNM: 20" moor signal at 20 s/sec = 24000 pts on left hand = 24000/20=1200 sec
precision=16384, #seg=10 therefore step =1756
precision ~ 16384/20 = 819.2 sec; step ~ 846/20 = 42.3 sec**



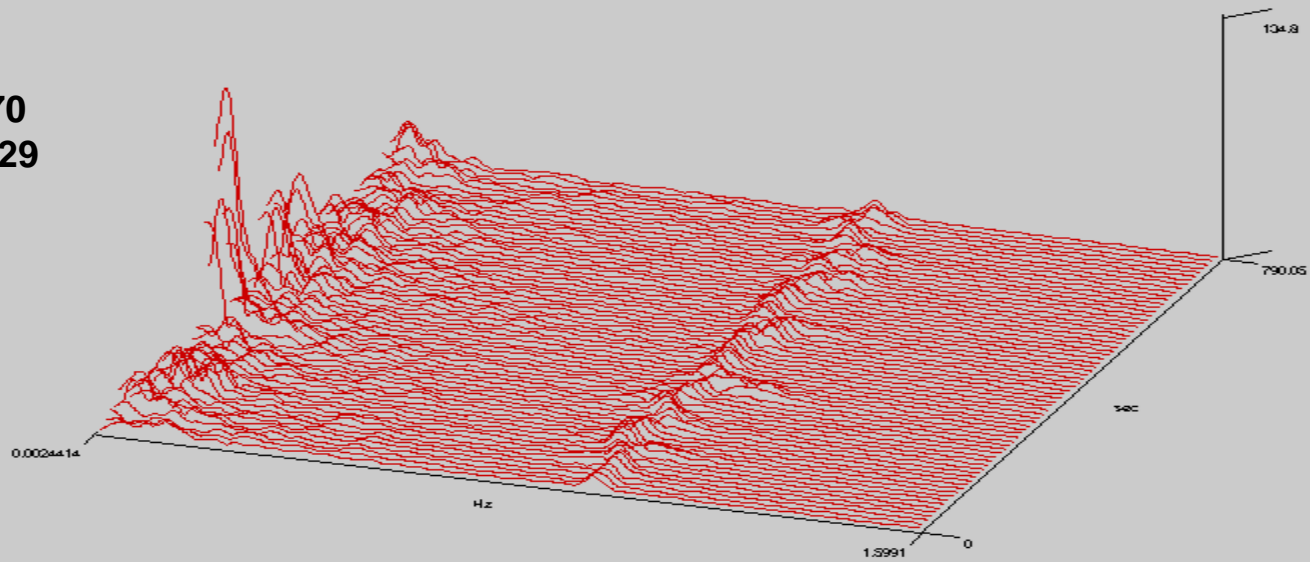
Precision=number of points per spectrum

Step = S = number of points from start of one spectrum to start of the next

HNM: 20" moor signal at 20 s/s = 24000 pts on LH, both with precision = 8192, Fs = 20

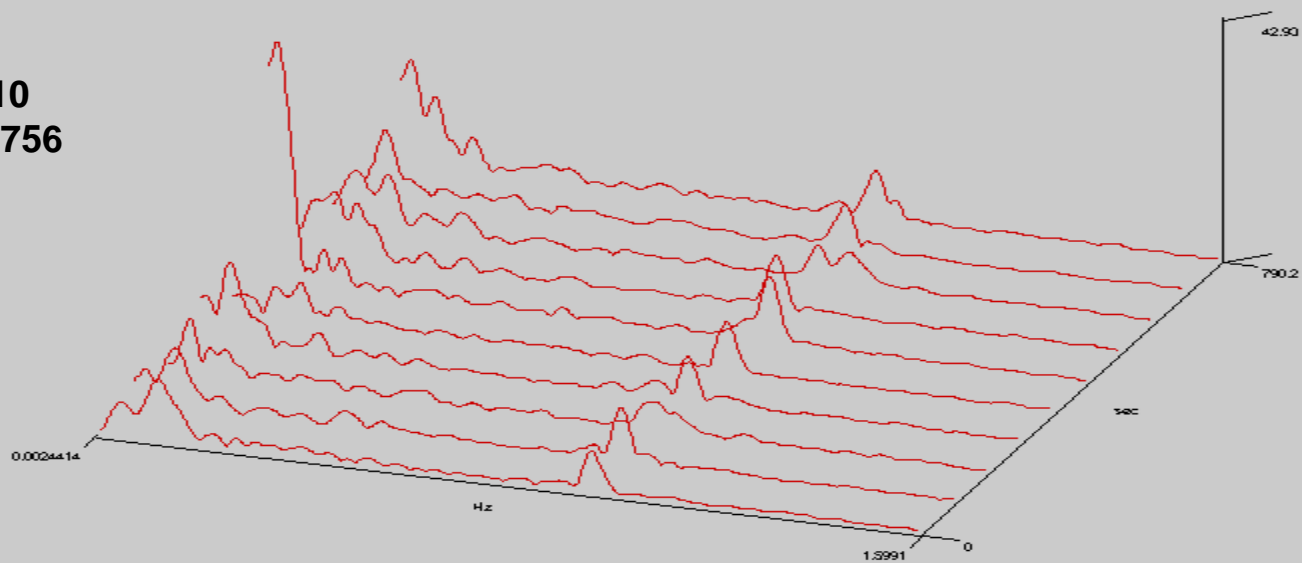
A

**#seg=70
step=229**



B

**#seg=10
step=1756**



Thank you for your attention

May your HRV be great!