Clinical Applications of Attractor Reconstruction Analysis

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1. Analysing physiological signals using Attractor Reconstruction (AR)

Physiological signals contain a wealth of information
Blood pressure and pulse oximetry signals are routinely acquired during physiological assessments. These signals contain much physiological information (see right). Currently only simple measurements such as heart rate and systolic blood pressure are routinely extracted from these signals.

Physiological information in a pulse waveform

Changes in attractor shape which may be associated with the progression of sepsis

Attractor Reconstruction (AR)
AR is a novel mathematical technique for analysing periodic signals. It transforms a signal into an attractor (see right). The resulting attractor can be used to extract information on the variability and shape of the signal. Changes in the shape or variability of an attractor may indicate changes in cardiovascular health, or disease progression.

2. Physiological Insights

Vascular Properties
The properties of the smaller arteries affect the morphology of attractors obtained from a pulse oximetry waveform. This is demonstrated for vascular stiffness and diameter below.

Cardiac Properties
The properties of the heart affect attractors, even when measured distally using a pulse oximeter waveform. Two examples are shown below: ejection time and heart rate.

Physiological State
The changes shown to the left were obtained from simulations of blood flow. Changes in attractors are also observed during physiological changes, as shown below.

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AR may provide early detection of sepsis
Sepsis is a heightened response to infection, which increases morbidity and mortality. Early detection is essential to prevent its progression. AR may allow markers of sepsis to be derived from physiological signals. This is due to the impact of sepsis on the cardiovascular, vascular and autonomic nervous systems, all of which influence the pulse waveform.

AR can improve respiratory rate (RR) estimation from the pulse oximeter
RR is usually measured by manually counting breaths. Techniques have been developed to estimate RR electronically from the pulse oximetry signal, although these are susceptible to inaccuracies. We have used AR to improve the accuracy of RR estimates derived from a pulse oximeter.

AR can be used to identify and eliminate inaccurate clinical measurements
Several clinical measurements are derived from physiological signals. It is important that the signals are of high quality to ensure accurate measurements. Attractors change dramatically during periods of low signal quality. Therefore, AR could be used to automatically discard inaccurate measurements.

3. Detection of Sepsis

4. Respiratory Monitoring

5. Measurement Accuracy

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