## 赫伯-黃轉換於心率變異度及腦波 的應用

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## 馬偕護專--生醫訊號分析理論與實務研習營 8/17/2010

Why Hibbert-Huang transform (HHT) is better than fast Fourier transform (FFT) to analyze physiologic signals?

1. Y.-H. Shiau "Does well-harmonized homeostasis exist in heart rate fluctuations?

2. **Y.-H. Shiau** "Nonlinear measures on heart rate variability: A clinical tool or not?"

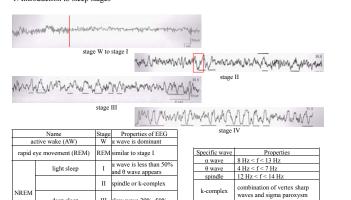
Time series analysis and model simulations" Autonomic Neuroscience: Basic and

5. Relationship between EEG and HRV for patients with obstructive sleep apnea (OSA)

Autonomic Neuroscience: Basic and Clinical, 152 (2010) 119.

## Abstract:

Spectral analysis on heart rate variability (HRV) has been a widely accepted linear method in the assessment of autonomic nervous system (ANS), in which HRV reveals a delicate balance between the two antagonistic parts of ANS: sympathetic and parasympathetic activities. However, a major problem on analyzing HRV via spectral method is related to nonstationarities, e.g., mean and standard deviation vary with time. The presence of nonstationarities makes the traditional spectral method assuming stationary signals not reliable. To resolve the difficulties related to nonstationary behaviors, Hilbert-Huang transform (HHT), a new time-frequency representation method of signal analysis, developed by Huang et al. is based on nonlinear chaotic theories and has been designed to extract dynamic information from nonstationary signals at different time scales. In this talk, I will present the depth of sleep is related to changes in autonomic control, in which continuous HHT analysis of the electronecephalogram (EEG) and HRV was performed in twelve patients with obstructive sleep apnea (OSA). The sympathovagal index, i.e., low-/high-frequency power ratio of HRV (LF: 0.04-0.15 Hz; HF: 0.15-0.40 Hz), was significantly and negatively power ratio of HKV (LF: 0.04–0.15 Hz; HF: 0.15–0.40 Hz), was significantly and negatively correlated with delta power of EEG (0.5–4.0 Hz). In addition, vagal regulation was positively related to the depth of sleep. Compared to the results of normal subjects, I may conclude that OSA patients can be characterized by concurrent sympathetic activation and vagal withdrawal. Therefore, HHT offers a clear quantitative analysis to study the interaction between cerebral cortical and autonomic activities.



0.5 Hz < f < 4 Hz $\frac{\text{delta wave}}{\text{slow wave: } f < 2 \text{ Hz}}$ 

Delta-wave power is associated with the depth of QS

## 2. Spectrum analysis on heart rate variability (HRV)

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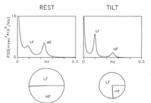
6. Conclusions

1. Introduction to sleep stages

Clinical, 146 (2009) 62.

2. Spectrum analysis on heart rate variability (HRV)

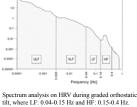
4. Relationship between EEG and HRV for healthy subjects

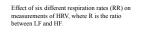


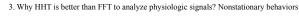
Task Force of the European Society of Cardiology and the North American Society of Pacing and Electrophysiology, Circulation 93 (1996) 1043-1065

RR (Hz)	0.03	0,08	0.10	0.13	0.25	0.50
SDNN (ms)	71+32	66 × 40	73 - 41	67 = 43	57+37	55+24
RMSSD (ms)		39 + 30	$48 \pm 37$	50 - 44		$47 \pm 40$
oNN50 (%)	12+13	12:16	16=17	16 - 18	19:27	21±25
(F (BUL)	570 + 290	609 + 337	692 - 354	615+336	$412 \pm 184$	399+221
		437 - 386				
R	15±07	1.7=0.6	17=07	1.5±0.4	0.9+0.3	1.2±0.4

J. D. Schipke et al., Journal of Clinical and Basic Cardiology 2 (1999) 92-95







slow wave 20%~50%

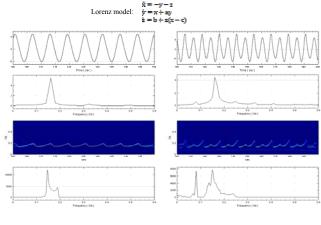
slow wave is more than 50%

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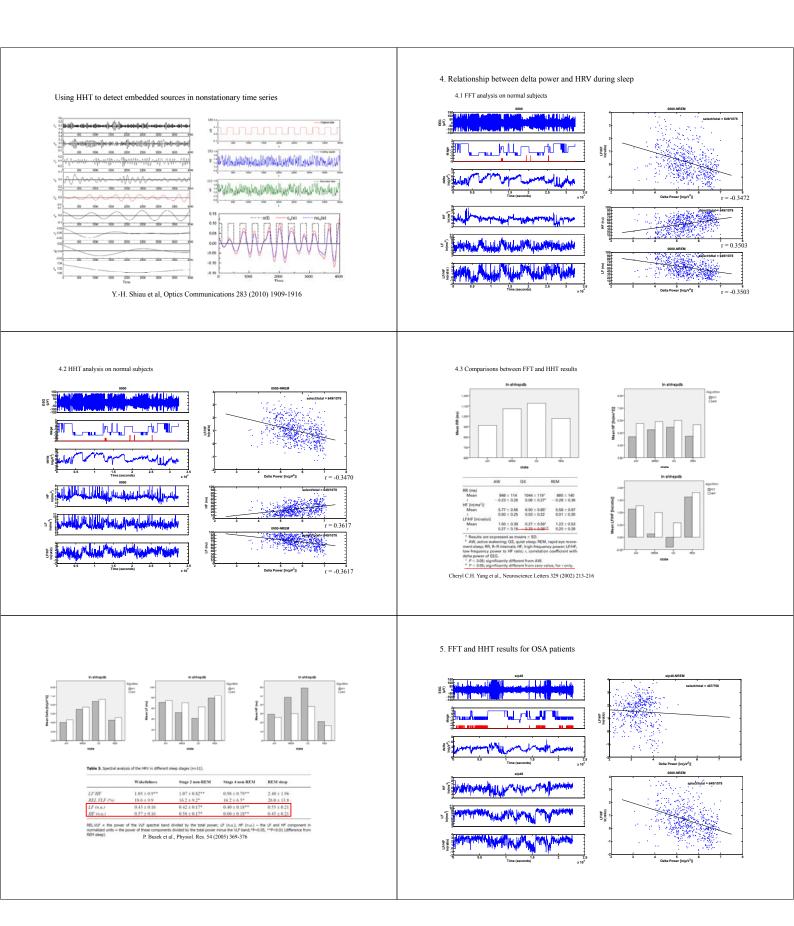
IV

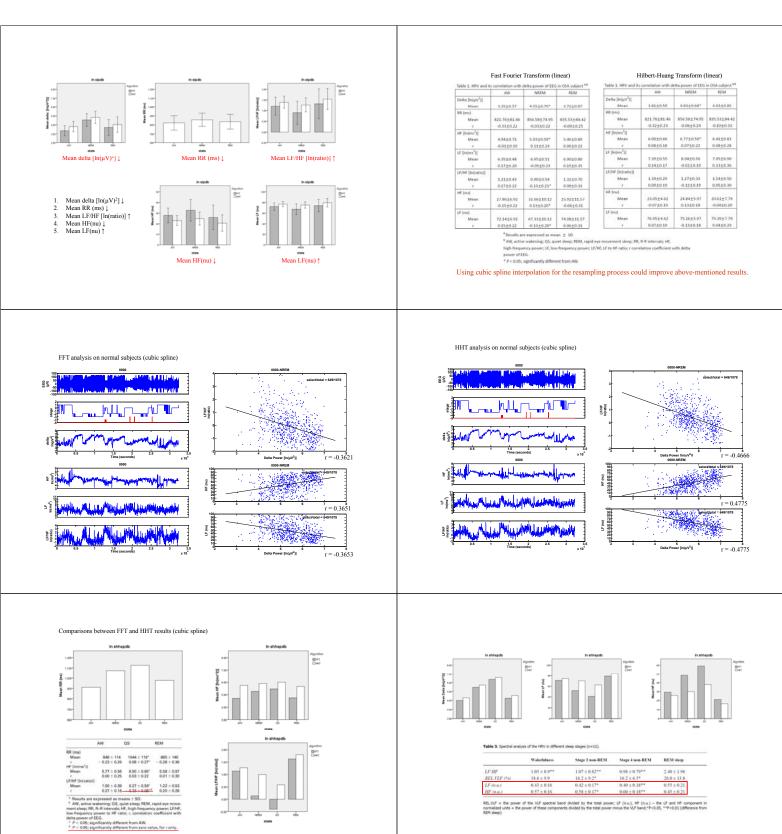
deep sleep

ive sleep(SW quiet sleep (OS)

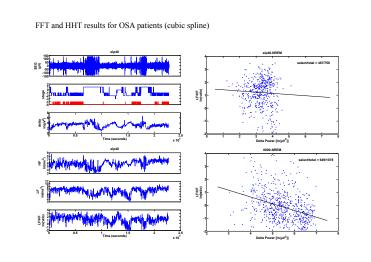


1. Introduction to sleep stages





Cheryl C.H. Yang et al., Neuroscience Letters 329 (2002) 213-216



Fast Fourier Transform	(cubic spline)
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	AW	NREM	REM
Delta [In(µV <sup>2</sup> )]			
Mean	3.35±0.57	4.55±0.70*	3.72±0.87
RR (ms)			
Mean	821.76±81.46	856.58±74.95	835.53±84.42
· · · ·	-0.33±0.22	-0.03±0.22*	-0.09±0.25
Hf [lo(ms <sup>2</sup> )]			
Mean	5.24±0.71	6.26±0.58*	5.80±0.92
	-0.01±0.19	0.12±0.25	0.06±0.24
LF [ln(ms <sup>2</sup> )]			
Mean	6.39±0.49	6.99±0.52	6.94±0.80
r	0.17±0.20	-0.05±0.23	0.15±0.35
LF/HF [le(ratio]]			
Mean	0.97±0.44	0.62±0.52	1.04±0.69
r .	0.17±0.22	-0.14±0.21*	0.08±0.30
HF (nu)	1		
Mean	31.73±7.58	37.55±10.24	30.39±12.45
	-0.16±0.23	0.14±0.20*	-0.07±0.31
LF (mu)	Contraction of the		
Mean	68.27±7.58	62.45±10.24	69.61±12.45
	0.16±0.23	-0.14±0.20*	0.07+0.31

	AW	05	REM
RR (ma)			
Mean	848 ± 114	1044 ± 119*	885 ± 140
	-0.23 = 0.26	$0.09 \pm 0.27^{\circ}$	-0.28 = 0.96
HF [Inima <sup>2</sup> ]]			
Mean	5.77 ± 0.56	6.50 ± 0.65°	5.58 ± 0.97
1	0.00 ± 0.25	0.03 ± 0.22	0.01 ± 0.30
LF/HF [In(ratio	01		
Mean	1.50 ± 0.39	0.27 = 0.89"	1.22 ± 0.63
	0.27 = 0.18	$-0.33 \pm 0.08^{-4}$	0.20 ± 0.28
ment sleep: R low-frequency delta power o " P < 0.05; s	wakening; QS, q R, R-R intervals; F y power to HF rat	ulet sleep; REM, e (F, high-frequenc io: r, correlation ent from AW.	y power; LF/H coefficient wit

\* Results are expressed as mean ± 50 \* AW, active wakening; OS, quiet sleep; REM, rapid eye movement sleep; RR, R-R intervals; HR, high-frequency power; UF, low-frequency power; UF/HF, LF to HF radio; r correlation coefficient with de

wer of EEG.

P < 0.05; significantly different from A

Thanks for your attention