

# Beat Detection Enhancing using AdaBoost

Jakub Kuzilek and Lenka Lhotska

Department of Cybernetics, FEE CTU in Prague, Technicka 2, Prague, Czech Republic

Keywords: QRS Detection, AdaBoost, Combining Classifiers.

Abstract: Beat detection is a basic and fundamental step in electrocardiogram (ECG) processing. In many ECG application time is crucial and slow beat detection algorithm may cause serious problems. Beat detection algorithm desired property is to detect sufficiently large number of QRS complexes with small error in shortest time as possible. Our proposed method tries to combine weak and fast QRS detectors such as amplitude threshold based detector in order to obtain better detection result with very low computational increase. We developed a modified version of the well known AdaBoost algorithm for combining weak QRS detectors. Our algorithm has been compared with the performance of our implementation of the Pan-Tompkins's beat detection algorithm.

## 1 INTRODUCTION

Beat detection is the most fundamental task in electrocardiography, the positions of QRS complexes (see Fig. 1) or ventricular beats serve as a basis for further analysis of electrocardiogram (ECG). It is for example the most crucial task in heart rate variability (HRV) analysis, which analyses RR interval (distance between two consecutive R waves) changes during long periods of time in order to detect heart disorders. The necessity of correct detection arises with each application of QRS detection algorithms. Many researchers proposed large variety of methods for solving this task (Friesen et al., 1990; Pal and Mitra, 2012; Pan and Tompkins, 1985; Christov, 2004). The most commonly used in real world applications is Pan-Tompkins QRS detection algorithm (Pan and Tompkins, 1985).

Pan-Tompkins algorithm is based on patient-specific detection threshold. Algorithms work on single lead ECG, which is modified by set of preprocessing digital filters in order to enhance positions of QRS complexes. Next the patient specific detection threshold is computed. The value of threshold is determined by difference of the noise amplitude median and R wave amplitude median. Pan-Tompkins algorithm has higher accuracy for various beat morphologies and it outperforms methods developed earlier.

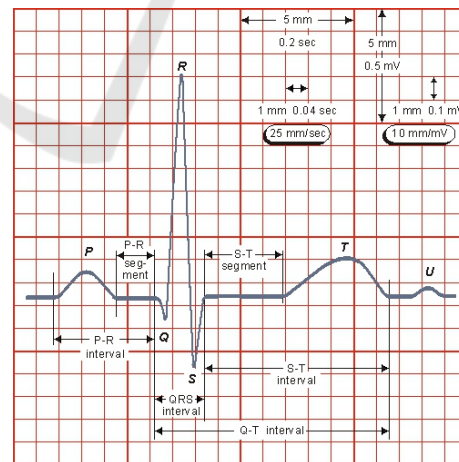


Figure 1: ECG wave form description. In the middle the QRS complex is presented. Taken from (Malmivuo and Plonsey, 1995) with permission.

## 2 DATA AND METHODS

### 2.1 Data

In our experiments we used data freely available on MIT medical storage Physionet (Goldberger et al., 2000).

We used MIT-BIH Arrhythmia database (Moody and Mark, 2001), which contains 48 half-hour two channel ambulatory ECG recordings digitized at 360

samples per second with 11-bit resolution over 10 mV range annotated by two or more cardiologist.

## 2.2 AdaBoost

Adaptive Boosting (AdaBoost) algorithm is a machine learning meta-algorithm for enhancing performance of other algorithms (Chang et al., 2010). AdaBoost creates a strong classifier using linear combination of weak classifiers. The main purpose of the algorithm is to reduce error on specific data using set of weak classifiers. The algorithm is shown in Algorithm 1. The algorithm works with the training dataset  $X$  and its classification  $Y$ . AdaBoost exponentially reduces the classification error.

AdaBoost algorithm can be successfully applied on balanced data set, where both classes  $\{-1, +1\}$  have the same frequency. If the dataset is imbalanced modification in AdaBoost algorithm is required (Stamkopoulos et al., 1998). There are several possible modifications of AdaBoost algorithm available. For example: AdaCost, CSB1, CSB2 or RareBoost. For more details see (Stamkopoulos et al., 1998).

---

**Algorithm 1:** AdaBoost algorithm.

---

- Input:**  $(x_1, y_1), \dots, (x_m, y_m)$  where  $x_i \in X$ ,  $y_i \in \{-1, +1\}$ ; number of iterations  $T$
- 1: Initialize sample weights  $D^1(i) = \frac{1}{m}$
  - 2: **for**  $t = 1, \dots, T$  **do**
  - 3: Choose the best weak classifier  $h_t$  with the smallest error:

$$h_t = \arg \min_{h_j \in H} \epsilon_j; \epsilon_j = \sum_{i=1}^m D^t(i) [y_i \neq h_j],$$

- 4: Compute weight  $\alpha_t$  of  $h_t$  in final strong classifier:

$$\alpha_t = \frac{1}{2} \log \frac{1 - \epsilon_t}{\epsilon_t}.$$

- 5: Update and normalize sample weights:

$$D^{t+1}(i) = \frac{D^t(i) \exp(-\alpha_t y_i h_t(x_i))}{Z_t},$$

where  $Z_t = \sum_{i=1}^m D_t(i) \exp(-\alpha_t y_i h_t(x_i))$ ,  $\alpha_t$

- 6: **end for**

**Output:** Strong classifier  $H(x)$  consisting of  $T$  weak classifiers:

$$H(x) = \text{sign} \left( \sum_{t=1}^T \alpha_t h_t(x) \right)$$


---

## 2.3 Weak QRS Detectors

In our study we used several weak QRS detectors for

the demonstration of the algorithm principle. The set of weak detectors contain:

- *QRS detectors based on amplitude threshold*  
Based on fixed amplitude threshold. Each detector has different threshold differing by 0.1 mV.
- *QRS detectors based on first derivative and threshold*  
Based on fixed thresholding of differentiated signal. Each detector has different threshold differing by 0.01 mV.

Every QRS detector can be considered as classifier into two classes:

- *nonQRS class (-1)*  
Samples lying outside the QRS complex.
- *QRS class (+1)*  
Samples within QRS complex.

In our case the set of weak QRS detectors is also set of one dimensional linear classifiers, where the feature is the sample amplitude or difference between two samples. The decision boundary is at threshold.

## 2.4 Algorithm

We ask the question - can we merge the QRS detectors together in order to enhance the overall QRS detection? Our algorithm (QRSBoost) is the answer - using AdaBoost with combination of several basic QRS detectors gives us stronger QRS detector comparable with gold standard detector (Pan-Tompkins detector).

There are several difficulties with adapting AdaBoost algorithm for combining QRS detectors. The most problematic one is how to annotate data for learning. The best solution is to define whole QRS complex samples as positive class samples during learning. This implies that all weak detectors needs to return positions of every positive sample not only the position of R-peak, which is considered as starting point of analysis. This extension during learning process enables us to find strongest QRS detector more accurately and also reduces the imbalanced dataset problem (most samples in signal are non-QRS). Another reduction of imbalanced dataset problem is done by setting different starting weights for positive and negative class.

The algorithm is depicted in Algorithm 2. We can observe that the main modification lies in initialization step, when data and their weights are prepared for AdaBoost itself. So the input data are in our case samples of ECG data ( $X$ ) and their classification ( $Y$ ) into *nonQRS* and *QRS* class. To the samples there are assigned the weights, which express importance of the sample during the AdaBoost learning. The *QRS* class

has higher importance than *nonQRS* class because of smaller frequency in data. Then the AdaBoost algorithm starts. It makes detection of QRS complexes for each QRS detector from the set of input weak detectors and chooses the best one (it uses classifications and sample weights). Then the weight of the selected classifier is computed and weights of samples are recomputed (correctly founded samples have lower weight now and falsely detected samples have larger weight). After this AdaBoost starts next iteration.

---

**Algorithm 2:** QRSBoost algorithm.
 

---

**Input:**  $(x_1, y_1), \dots, (x_m, y_m)$  where  $x_i \in X$ ,  $y_i \in \{-1, +1\}$ ; number of iterations  $T$

- 1: Recompute annotations to whole QRS complex
- 2: Initialize sample weights  $D^1(i) = \frac{1}{m}$
- 3: Set weights of positive class (beat detected)  $n$ -times larger, where  $n$  is fraction number of QRS complex samples in whole database
- 4: **for**  $t = 1, \dots, T$  **do**
- 5: Choose the best weak QRS detector  $h_t$  with the smallest error:

$$h_t = \arg \min_{h_j \in H} \epsilon_j; \epsilon_j = \sum_{i=1}^m D^t(i) [y_i \neq h_i],$$

- 6: Compute weight  $\alpha_t$  of  $h_t$  in the final strong QRS detector:

$$\alpha_t = \frac{1}{2} \log \frac{1 - \epsilon_t}{\epsilon_t}.$$

- 7: Update and normalize sample weights:

$$D^{t+1}(i) = \frac{D^t(i) \exp(-\alpha_t y_i h_t(x_i))}{Z_t},$$

where  $Z_t = \sum_{i=1}^m D_t(i) \exp(-\alpha_t y_i h_t(x_i))$ ,  $\alpha_t$

- 8: **end for**

**Output:** Strong QRS detector  $H(x)$  consisting of  $T$  weak QRS detectors:

$$H(x) = \text{sign} \left( \sum_{t=1}^T \alpha_t h_t(x) \right)$$


---

### 3 EVALUATION

For evaluation we used standard statistical indices Sensitivity ( $Se$ ) and Positive predictivity ( $P^+$ ), which are derived from three parameters:

- Correctly detected beats (True positives= $TP$ )
- Falsely detected beats (False positives= $FP$ )
- Undetected beats (False negatives= $FN$ )

Sensitivity is the parameter describing how many beats are correctly detected. Thus its value is calculated using this equation:

$$Se = \frac{TP}{TP + FN}. \quad (1)$$

Positive predictivity characterizes the algorithm in sense of the false detection of beats. Its value is estimated as follows:

$$P^+ = \frac{TP}{TP + FP}. \quad (2)$$

All statistical indices ranges from 0 % (worst) to 100 % (best). The values over 95 % are considered as good results. We also measured the average time consumed by the algorithms for detection of QRS complexes in the database. The average time is defined as:

$$\text{AvgTime} = \frac{\sum_{i=1}^L t_i}{L}, \quad (3)$$

where  $L$  is number of recordings (for MIT/BIH Arrhythmia database is  $L=48$ ) and  $t_i$  is time for completing of QRS detection on  $i$ -th record.

### 4 RESULTS

Table 1 shows summarized results for Pan-Tompkins beat detection algorithm and our QRSBoost algorithm (combination of 4 weak QRS detectors,  $T=4$ ) on the MIT/BIH Arrhythmia Database. We can observe that results are quite similar - both algorithms achieves in  $Se$  and  $P^+$  measures around 95%, which can be considered as a good result.

On the other hand our algorithm is much more easier for implementation - it combines 4 weak threshold QRS detectors using their linear combination. These detectors have very low time complexity and their linear combination too. In comparison Pan-Tompkins algorithm uses several filtering steps for signal preprocessing and adaptive threshold, which needs to be recomputed during the algorithm run. This makes algorithm much slower than our algorithm.

Table 1: Results.

Algorithm					
Pan-Tompkins			AdaBoost		
Se [%]	P+ [%]	Time [ms]	Se [%]	P+ [%]	Time [ms]
94.16	98.77	506	96.11	94.04	422

## 5 CONCLUSIONS

We developed an algorithm for enhancing QRS detection using set of weak QRS detectors. This algorithm is based on AdaBoost machine learning algorithm. It enables us to combine set of QRS detectors by their linear combination. The results of the combined QRS detector are much more accurate than each detector from the input set. The time complexity of our algorithm depends mainly on time complexity of weak QRS detectors used in combination.

The results are preliminary ones and we plan to measure exact times of QRSBoost algorithm during the detection in order to get better comparison with golden standard Pan-Tompkins algorithm. We also plan to try different weak QRS detectors to enhance detection rate. Finally we intend to implement the resulting algorithm in real-time, which is feasible because the linear combination is not difficult to implement.

## ACKNOWLEDGEMENTS

Research described in the paper has been supported by the CTU Grant SGS10/279/OHK3/3T/13, research program No. MSM 6840770012 "Transdisciplinary Research in Biomedical Engineering II" of the CTU in Prague.

## REFERENCES

- Chang, P.-C., Hsieh, J.-C., Lin, J.-J., and Yeh, F.-M. (2010). Atrial fibrillation analysis based on blind source separation in 12-lead ecg data. In Zhang, D. and Sonka, M., editors, *Medical Biometrics*, volume 6165 of *Lecture Notes in Computer Science*, pages 286–295. Springer Berlin Heidelberg.
- Christov, I. (2004). Real time electrocardiogram qrs detection using combined adaptive threshold. *BioMedical Engineering OnLine*, 3(1):28. M3: 10.1186/1475-925X-3-28.
- Friesen, G., Jannett, T., Jadallah, M., Yates, S., Quint, S., and Nagle, H. (1990). A comparison of the noise sensitivity of nine qrs detection algorithms. *Biomedical Engineering, IEEE Transactions on*, 37(1):85–98.
- Goldberger, A. L., Amaral, L. A. N., Glass, L., Hausdorff, J. M., Ivanov, P. C., Mark, R. G., Mietus, J. E., Moody, G. B., Peng, C. K., and Stanley, H. E. (2000). PhysioBank, PhysioToolkit, and PhysioNet : Components of a New Research Resource for Complex Physiologic Signals. *Circulation*, 101(23):e215–220.
- Malmivuo, J. and Plonsey, R. (1995). *Bioelectromagnetism : Principles and Applications of Bioelectric and Biomagnetic Fields*. Oxford University Press, USA, 1 edition.
- Moody, G. and Mark, R. (2001). The impact of the mit-bih arrhythmia database. *Engineering in Medicine and Biology Magazine, IEEE*, 20(3):45–50.
- Pal, S. and Mitra, M. (2012). Empirical mode decomposition based ecg enhancement and qrs detection. *Computers in biology and medicine*, 42(1):83–92.
- Pan, J. and Tompkins, W. J. (1985). A real-time qrs detection algorithm. *Biomedical Engineering, IEEE Transactions on*, BME-32(3):230–236.
- Stamkopoulos, T., Diamantaras, K., Maglaveras, N., and Strintzis, M. (1998). Ecg analysis using nonlinear pca neural networks for ischemia detection. *Signal Processing, IEEE Transactions on*, 46(11):3058–3067.