

Blood Pressure Estimation Using a Smartphone Camera

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Blood Pressure

- The pressure exerted upon the walls of blood vessels
- Expressed using systolic / diastolic pressure
- High blood pressure – “the silent killer”
- Low blood pressure has also its negative effects
- Continuous monitoring of blood pressure is important in many medical conditions

Goal

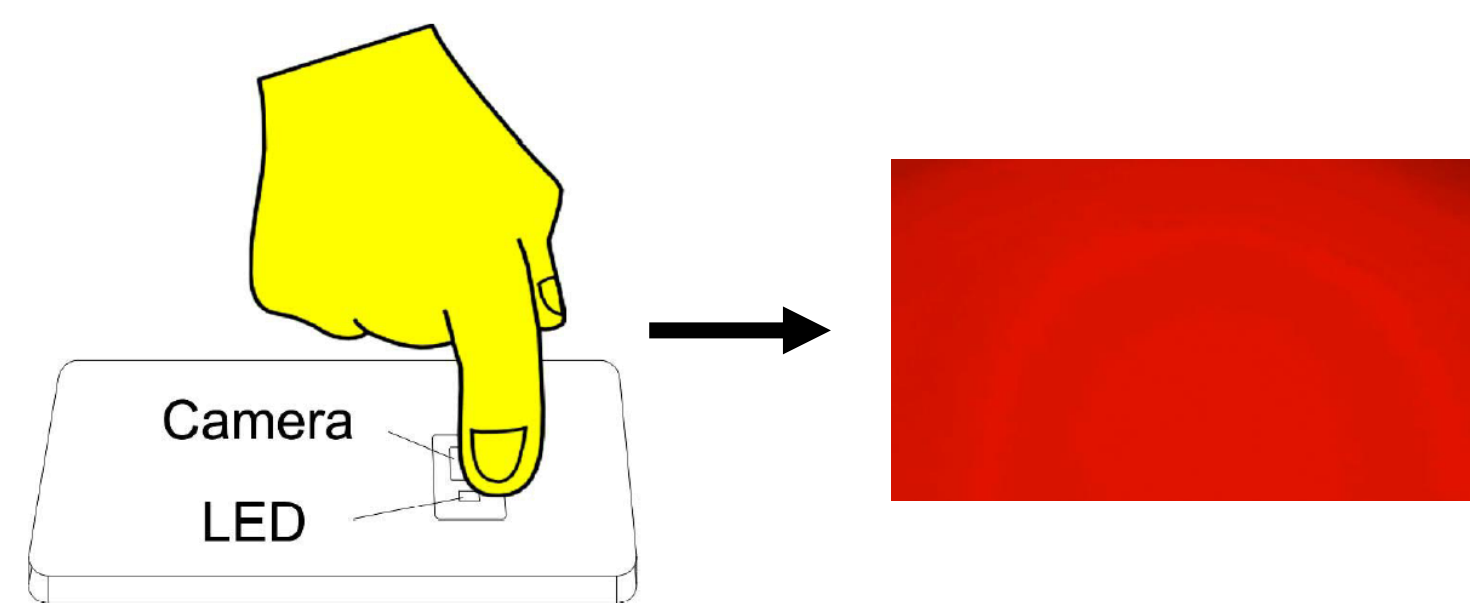
- Estimate blood pressure using a smartphone camera

Challenges

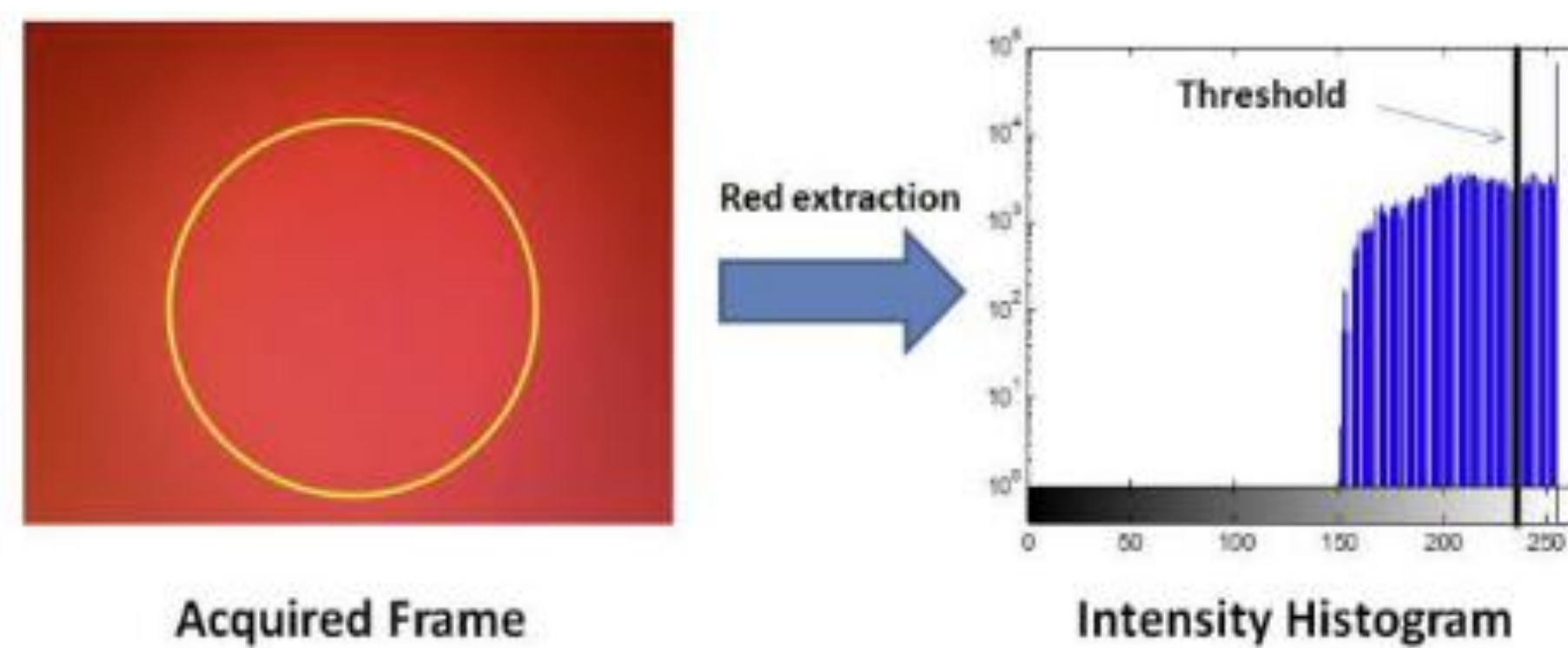
- Very noisy signals
- Lack of tagged data
- Should meet measurement accuracy standards

PPG from Smartphone

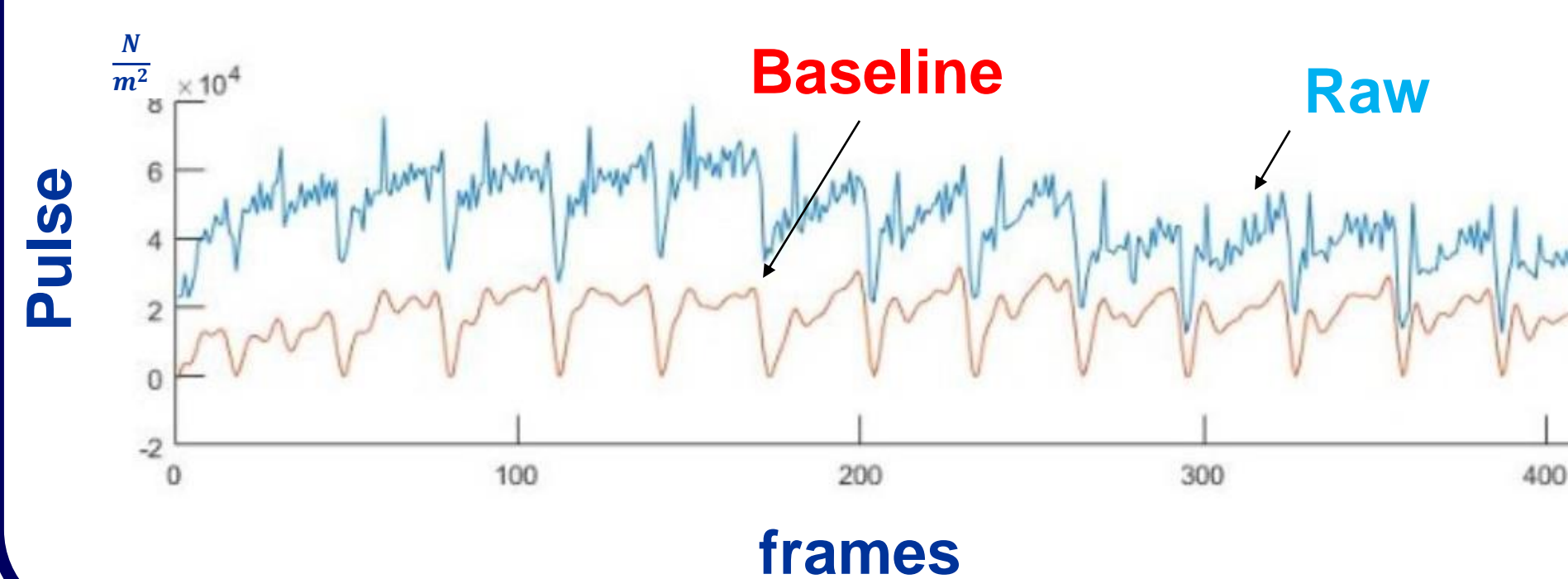
- Mimic an oximeter using the camera and the flash light of the smartphone



- Extract relevant frequencies from the acquired video
- Find threshold value for the red channel
- Remove noisy frames
- Create a PPG signal

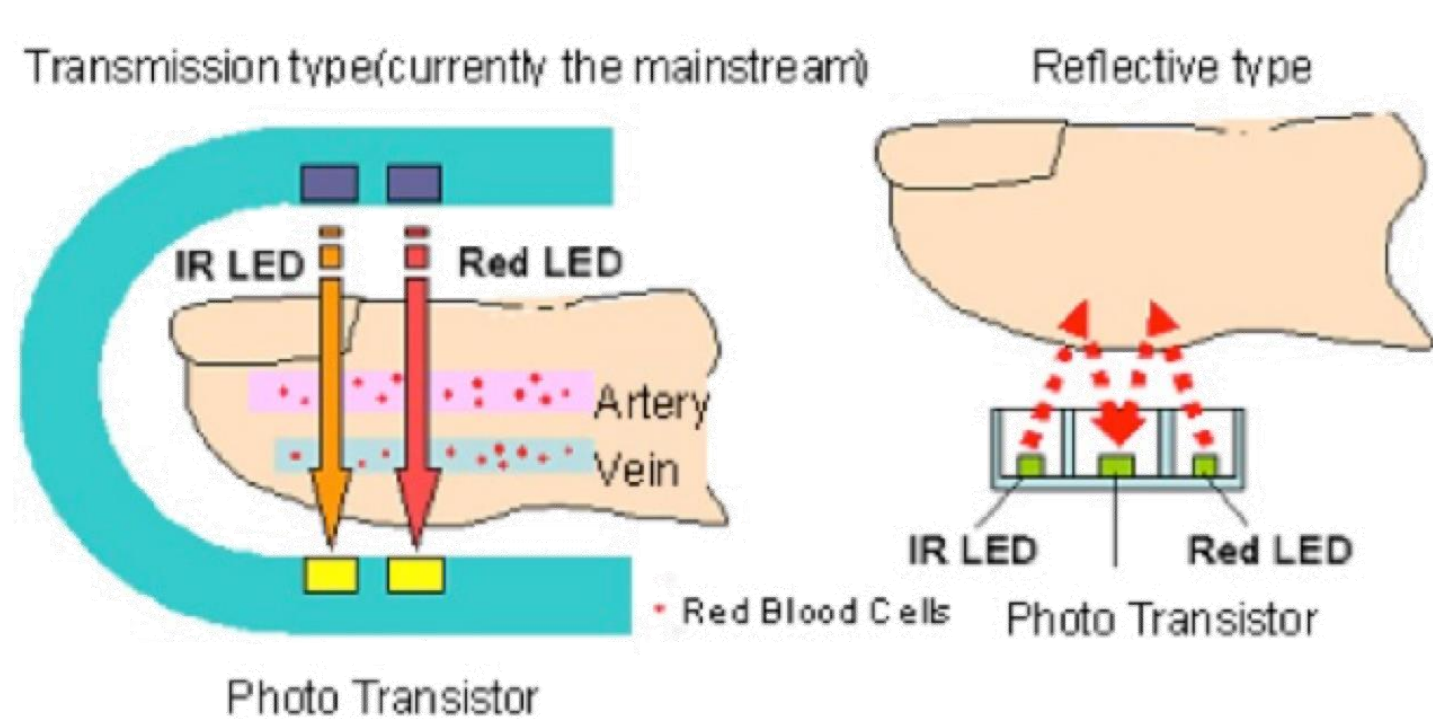


- For every frame: $R[i]$
- If: $(0.25N_i < R[i] < N_i)$
 $PPG[i] = (Max(R) - R[i]) / (Max(R) - Min(R))$
- Else
remove frame
- Remove baseline

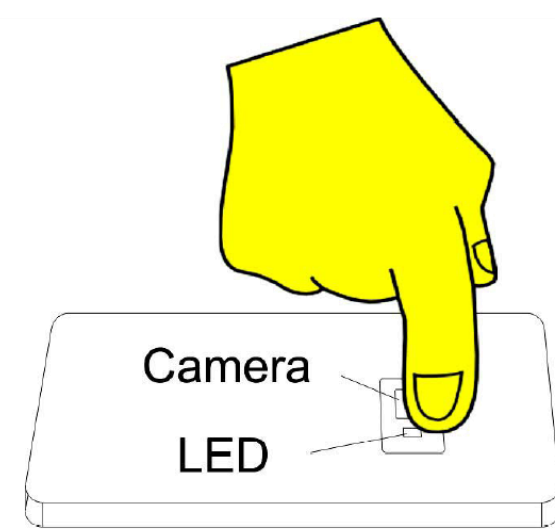


PPG Signal

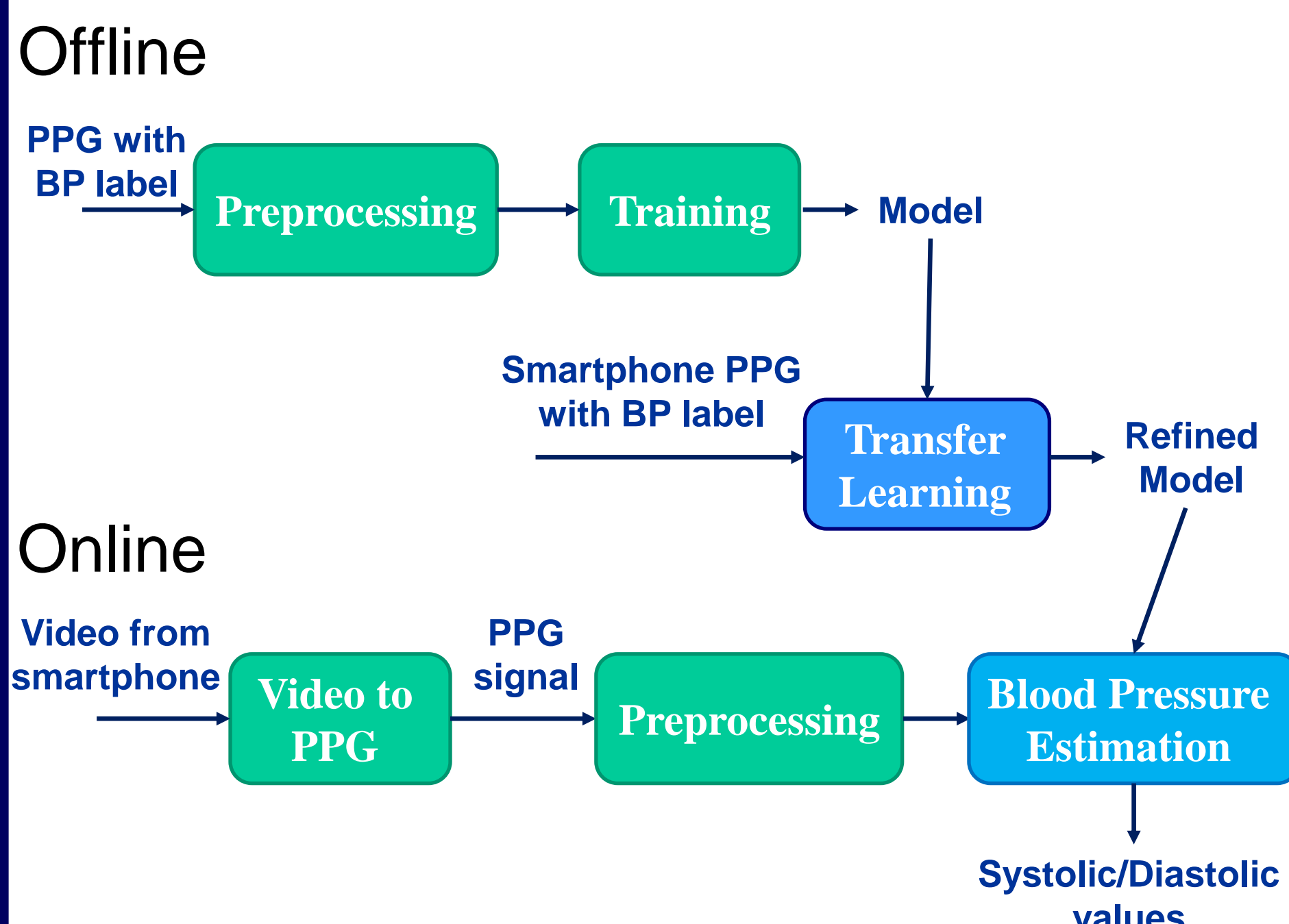
- Obtained by illuminating the skin and measuring absorption
- Oximeter – infrared light and red light, transmission



- Smartphone – white light, reflective



System Scheme

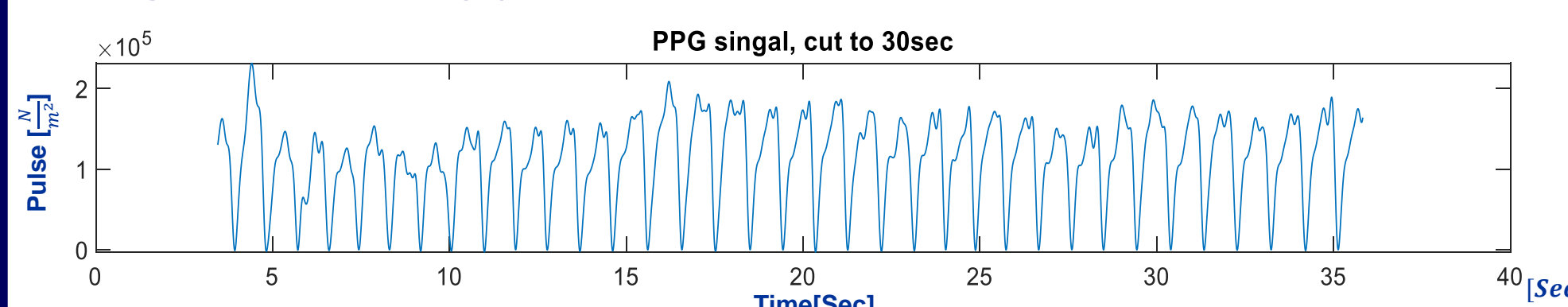


Data Collection

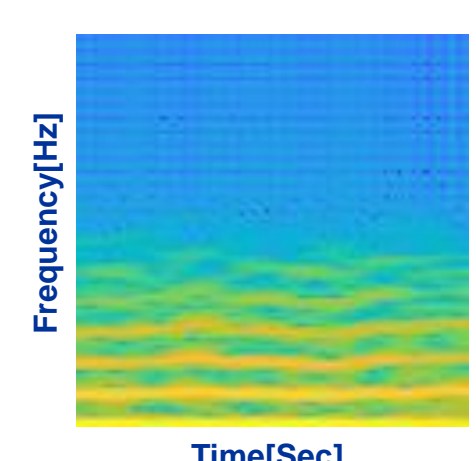
- Parallel sampling using a blood pressure monitor and a smartphone camera
- Each sample is approximately 40sec
- 15 different people, 200 samples in total

Preprocessing

- Convert video to PPG
- Upsample from 30Hz to 125Hz
- Cut middle 30 sec

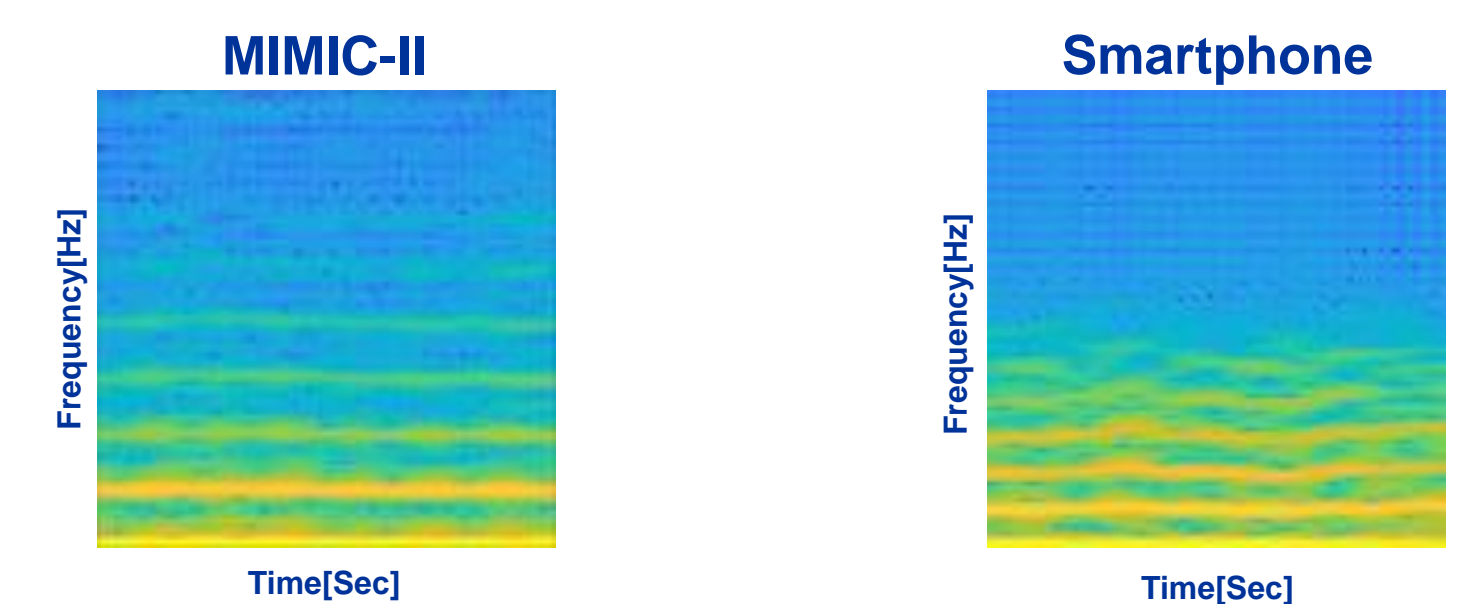


- Transform to a spectrogram

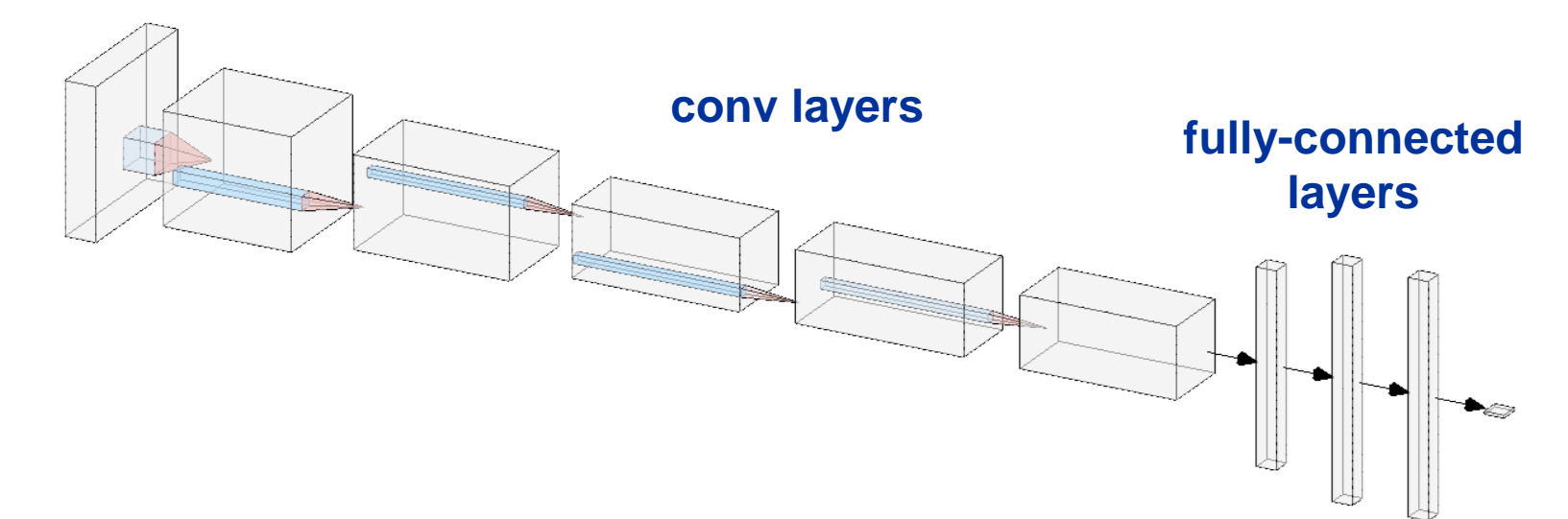


Transfer Learning

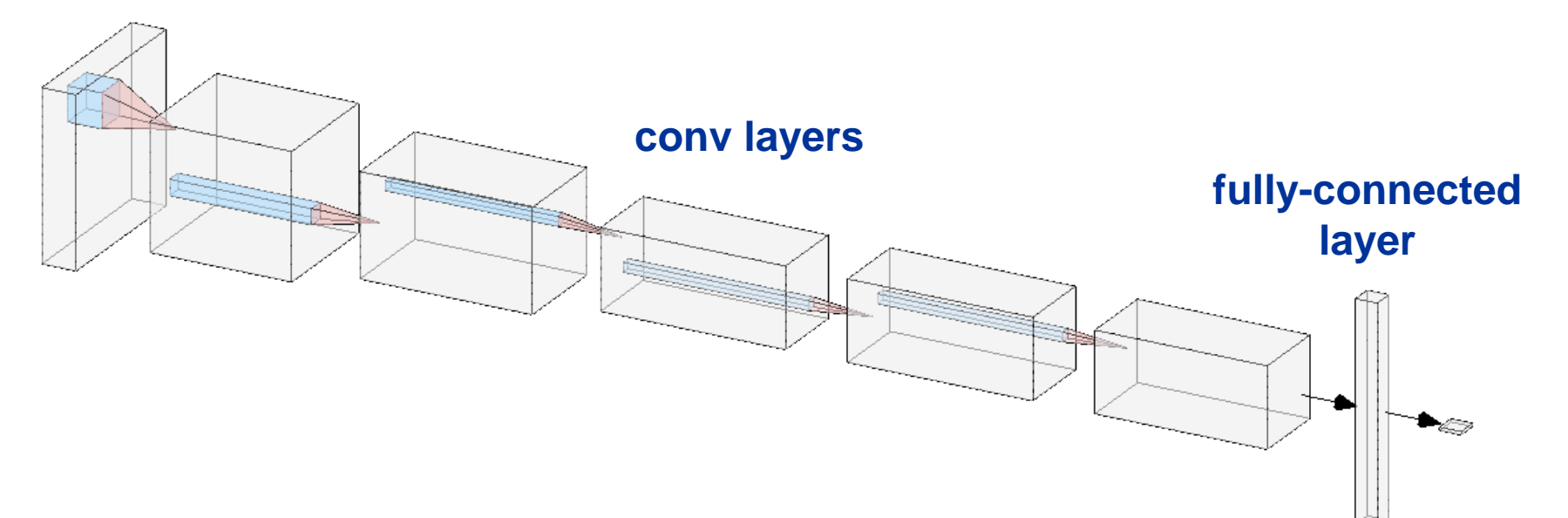
- MIMIC-II is a database with physiologic signals from tens of thousands of Intensive Care Unit (ICU) patients
- For over 1500 patients, the database contains PPG signals with corresponding BP values



- Previous project created a BP estimation network using MIMIC-II
 - Inspired by AlexNet architecture
- We used transfer learning on this network to train the model on our dataset



- Due to our small dataset, we also tried to perform transfer learning with only one fully-connected layer



- 60% training 20% validation, 20% test

Results

- Accuracy was measured as a success if the loss between the prediction and the true BP was less than 5 mmHg
- Comparison to naive algorithm (average BP as an estimator)

Transfer learning
accuracy: 45.0
loss: 9.66

Naive
accuracy: 0.0
loss: 18.84

- We have achieved better results than the naive way
- To meet medical standards, we should obtain
 - Accuracy over 95%
 - Loss < 5 mmHg
- We believe that acquiring a larger labeled database from smartphones will significantly improve results