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PPG BASED RESPIRATION ESTIMATION

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ABSTRACT :

This project focuses on estimating respiratory rate (RR) using Photoplethysmogram (PPG) signals, a noninvasive technique that measures blood volume changes in peripheral blood vessels. Traditional methods for measuring RR rely on specialized sensors such as impedance pneumography and capnography, which require manual calibration and are often patient-specific, limiting their adaptability and scalability. By leveraging CycleGAN, a deep learning-based model, we reconstruct respiratory signals from raw PPG data to achieve automated and accurate RR estimation.

CycleGAN's architecture, comprising generator and discriminator networks, enables mapping between PPG and respiratory signals while maintaining cycle consistency. This ensures high-quality reconstructions and robust performance. The system preprocesses raw PPG signals by normalizing and down-sampling them, creating input windows for training and testing. Using the BIDMC PPG and Respiration Dataset, we demonstrate the model's effectiveness through metrics such as Mean Absolute Error (MAE) and Respiration Rate Error, achieving values of 0.22 and 0.21, respectively.

This approach eliminates the need for traditional sensors, enhances adaptability to diverse datasets, and represents a significant advancement in non-invasive health monitoring. Future work includes exploring realtime applications and extending the framework to other physiological signal translations.

1. INTRODUCTION :

Breaths per minute, or respiratory rate (RR), is a crucial physiological metric. Adults normally breathe between 12 and 20 times each minute. Certain sensors, including temperature sensors, impedance pneumography, and capnography, are used in traditional RR measurement techniques. These techniques, however, are less versatile and may be labour-intensive because they frequently call for manual parameter adjustment and patient-specific adaption.

Photoplethysmography (PPG) offers a non-invasive alternative for RR estimate by monitoring blood volume changes in peripheral blood vessels using light absorption. In order to directly recreate respiratory signals from raw PPG data, a neural network model known as Cycle Generative Adversarial Network (CycleGAN) has been presented.

By automating the procedure and reducing the need for manual changes, this method allows for accurate respiratory rate estimation. The CycleGAN framework enhances accuracy and adaptability, showing significant potential for transforming non-invasive health monitoring systems.

Additionally, even with sparse training data, the CycleGAN architecture's residual blocks and sophisticated data augmentation approaches improve the model's capacity for generalization.

2. LITERATURE SURVEY :

3-REQUIREMENT SPECIFICATION :

The primary goal is to estimate respiration rate (RR) from Photoplethysmography (PPG) signals using a Cycle Generative Adversarial Network (CycleGAN) model. The project aims to provide an accurate and non-invasive method for monitoring respiratory health, particularly valuable for wearable devices.

Functional Requirements Data Preprocessing:

Normalization: The system must normalize the raw PPG signals to a [0, 1] range to ensure consistency in amplitude.

Down sampling: High-frequency PPG signals should be down sampled to a lower frequency (e.g., 30 Hz) to reduce memory usage and computational complexity.

Window Extraction: The system should divide PPG signals into 30-second windows for processing, which allows for manageable chunks of data to be fed into the model.

Signal Translation:

PPG to Respiration Translator (PRT): The CycleGAN model must translate PPG signals into synthetic respiratory signals.

Two Generator Networks should map:

Non-Functional Requirements

1. Performance:

The system should efficiently handle and process large amounts of data (e.g., PPG signals) with minimal latency. Given that wearable devices collect continuous signals, the CycleGAN model must operate in near-real-time to provide timely respiratory rate estimation without delays. The model should be optimized for fast inference to ensure it can process PPG signals in under 1 second per 30-second window during live monitoring.

2. Scalability:

The system should be scalable to accommodate various datasets beyond the BIDMC dataset used for this project. It should be able to generalize to other sources of PPG signals, including data from different types of wearable devices, varying sampling rates, or patient demographics. The architecture should support future improvements or extensions, such as adding more signal processing features or integrating with other health monitoring systems.

4. SYSTEM DESIGN :

Analysis

System Analysis focuses on identifying the key goals and objectives of the **Respiration Rate Estimation System using PPG Signals and CycleGAN Network**, ensuring an effective solution for non-invasive health monitoring when implemented. This process involves breaking down complex problems into smaller, manageable parts, such as signal preprocessing, deep learning model training, and respiratory rate calculation. In this phase, the functional and non-functional requirements of the system are evaluated, ensuring the design addresses real-time performance, accuracy, and scalability. The analysis lays a strong foundation for a well-optimized and robust system design.

System Architecture

Figure 1: This diagram illustrates the architecture of the Respiratory Rate Estimation system, showing both the Data Acquisition and Preprocessing Module and the CycleGAN Model. Each block represents the respective independent functions in the system.

This is a system architecture that connects the **Data Preprocessing Module**, **CycleGAN Model**, and the **Respiratory Rate Estimation Interface** to provide an efficient, non-invasive solution for estimating respiratory rate from PPG signals. It covers real-time data acquisition, model training, and result interpretation, ensuring accurate and timely feedback for healthcare applications.

5. SYSTEM IMPLEMENTATION :

Steps:

• Load the PPG signals and corresponding respiratory signals from the dataset. o Ensure that the dataset contains the necessary physiological signals for accurate training and testing of the CycleGAN model.

Preprocessing:

Preprocessing is a critical step to prepare the raw PPG data for the CycleGAN model. The following steps are followed:

- **Normalization:** All PPG signals are normalized to a [0, 1] range to standardize signal amplitude and eliminate discrepancies between different data sources.
- **Down sampling**: The original PPG signals, recorded at 125 Hz, are down sampled to 30 Hz to reduce computational complexity and memory requirements.

Window Extraction: The PPG data is divided into 30-second windows to create manageable chunks for training and testing the CycleGAN model.

CycleGAN Model Implementation

The CycleGAN model consists of two primary components: generators and discriminators. The model's goal is to learn mappings between the PPG signals (domain X) and the respiratory signals (domain Y) and vice versa, ensuring accurate synthetic signal generation and domain transformation.

Generator Networks:

There are two generators in the **CycleGAN:**

• **G (PPG to Respiratory):** Transforms PPG signals into synthetic respiratory signals. o **F (Respiratory to PPG):** Transforms respiratory signals back into PPG signals.

These generators are designed using convolutions and residual blocks to ensure that the generated signals resemble the real signals in each domain.

Discriminator Networks: There are two discriminators:

- DX: Discriminates between real and synthetic PPG signals.
- DY: Discriminates between real and synthetic respiratory signals.

The discriminators classify whether the signals generated by the generators are real or synthetic. They help train the generators by providing feedback through adversarial loss.

Training Process:

The **CycleGAN** is trained using the BIDMC dataset, where the model learns to map PPG signals to respiratory signals and vice versa. The training process involves alternating between training the generators and the discriminators.

Loss Functions:

• Adversarial Loss: Ensures the synthetic signals generated by the generators are close to real signals.

6. OUTPUTS AND RESULTS :

OUTPUT 1

Real Respiration Rate: 15 Synthetic Respiration Rate: 18 Mean Absolute Error: 0.22049794955066276 Respiration Rate Error: 0.21207092459591265

7-FUTURE ENHANCEMENTS :

Future Enhancements for PPG-Based Respiration Estimation Project

1. Improved Signal Preprocessing:

Develop advanced preprocessing techniques to better handle noise and artifacts in PPG signals, such as adaptive filtering or signal enhancement algorithms, to improve accuracy in diverse environments.

2. IntegrationMulti-SignalInputs:

Enhance the model by incorporating additional physiological signals, such as ECG or accelerometer data, to improve robustness and accuracy of respiratory rate estimation in real-world scenarios.

3. Real-Time Deployment:

Optimize the system for real-time implementation on wearable devices or edge computing platforms, reducing latency and ensuring continuous monitoring capabilities.

4. Broader Dataset Training:

Collect and use larger, more diverse datasets with varied demographics, health conditions, and environments to train and validate the model, improving its generalizability and performance.

5. Adaptive Learning Mechanisms: Introduce adaptive learning techniques that allow the model to fine-tune itself based on individual patient data, enabling personalized respiratory monitoring.

8-CONCLUSION :

Conclusions for PPG-Based Respiration Estimation Project

The proposed system successfully demonstrates the use of Cycle GAN, a deep learning-based framework, for reconstructing respiratory signals from PPG data, offering an effective solution for non-invasive respiratory rate estimation. The model eliminates the need for specialized sensors and manual calibration, providing an automated and scalable alternative for respiratory monitoring.

Through careful preprocessing of physiological data and the implementation of Cycle Gan's generator discriminator architecture, the system achieves high accuracy, as validated by metrics such as Mean Absolute Error (MAE) and Respiratory Rate Error. These results highlight the model's potential for real-world applications in healthcare and continuous health monitoring.

The system's adaptability to diverse datasets and its promise for integration into wearable and real-time health monitoring devices position it as a significant advancement in the field of non-invasive diagnostics. However, challenges such as handling signal noise and ensuring broader generalizability remain areas for future enhancement.

In conclusion, this project provides a robust foundation for advancing respiratory monitoring technologies, paving the way for more accessible, accurate, and automated health solutions. With further refinements and clinical validations, the system can become an indispensable tool in modern healthcare, contributing to improved patient outcomes and better diagnostic capabilities.

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