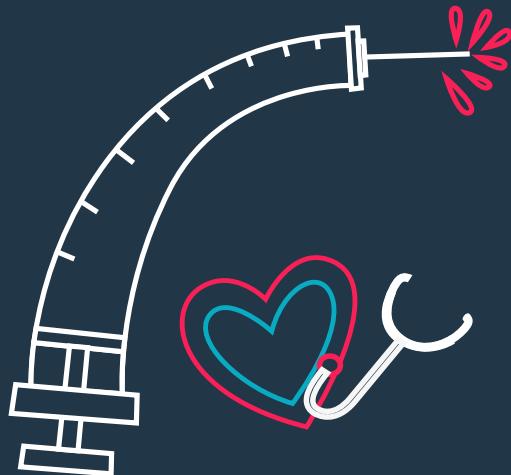


Coupled PPG-ECG Blood Pressure Monitoring Device for Hypertension Detection



Erdenesaikhan Sandagsuren
Ethan Shen
Maulin Shah
Sirasit (Mos) Prayotamornkul
Ziyu (Zoe) Liu

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Introduction

Around 48% of all individuals in the US suffer from high blood pressure – called hypertension. Hypertension can lead to stroke, heart failure, kidney problems, among various other diseases.

Currently, the arm cuff device (sphygmomanometer) that measures blood pressure has numerous drawbacks: periodic inflation, inability to capture rapid changes, arm soreness, and inability to keep it on all the time as a monitoring device

We want to design a biomedical wristband that can accurately and continuously measure blood pressure for at-risk inpatients of hypertension-related ailments.

Our design incorporates three parts – a PPG sensor, an ECG sensor, and an XOR gate leading to a microcontroller with display.

Background & Motivation

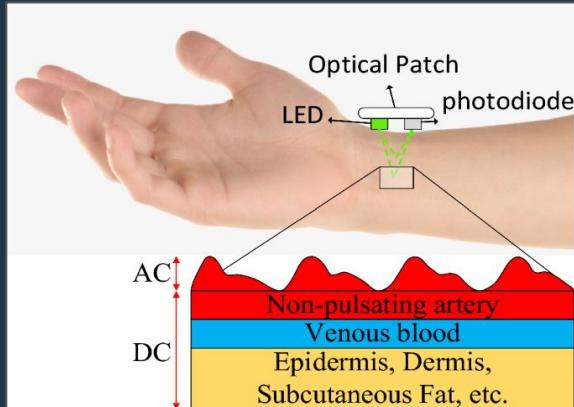
- About 46% of the adults with hypertension are not aware that they suffer from it
- Over 12.8% of all annual deaths are due to hypertension
- About 45% of adults with uncontrolled hypertension have abnormal blood pressure
- By 2025, approximately 1.56 billion adults will have hypertension



Coupled Technology Overview

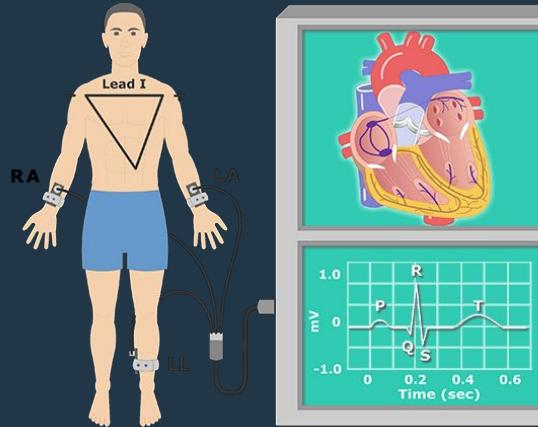
Photoplethysmography (PPG)

- Non-invasive
- Uses reflected light rays to detect blood volume change in vessels
- Gives systolic and diastolic peaks
 - Systolic peak corresponds to maximum peripheral blood volume during contraction



Electrocardiogram (ECG)

- Non-invasive
- Uses electrodes & leads to monitor heart activity
- Composed of PQRST waves representing a heartbeat's various phases
 - Focus: R-wave peak (ventricular depolarization)



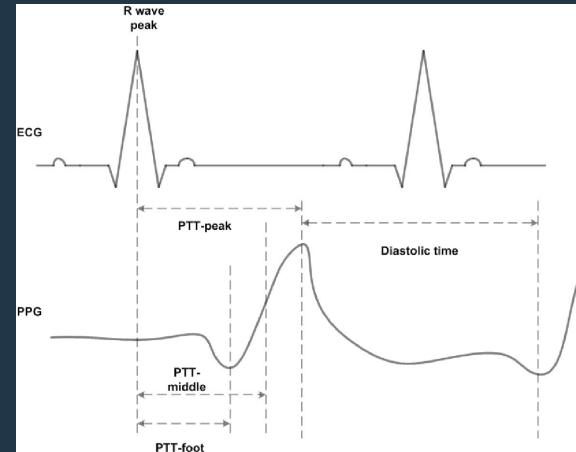
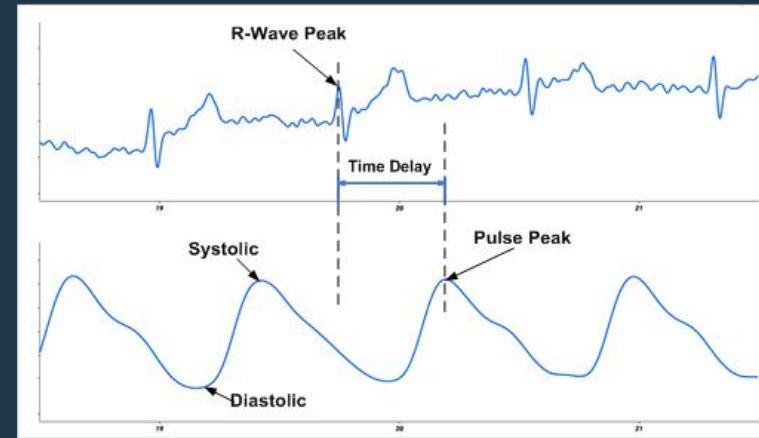
Pulse Transit Time (PTT)

- PTT is the time that it takes for a pulse to travel between two points (proximal and distal points)

- Physiological Basis:
 - R wave - when blood is pumped from the heart to periphery
 - PPG Systolic peak
- Inverse relationship between PTT and arterial wall stiffness
 - Higher BP → stiffer walls → faster pulse wave → lower PTT

- PTT can be calculated as the difference between an ECG R wave and the PPG systolic peak

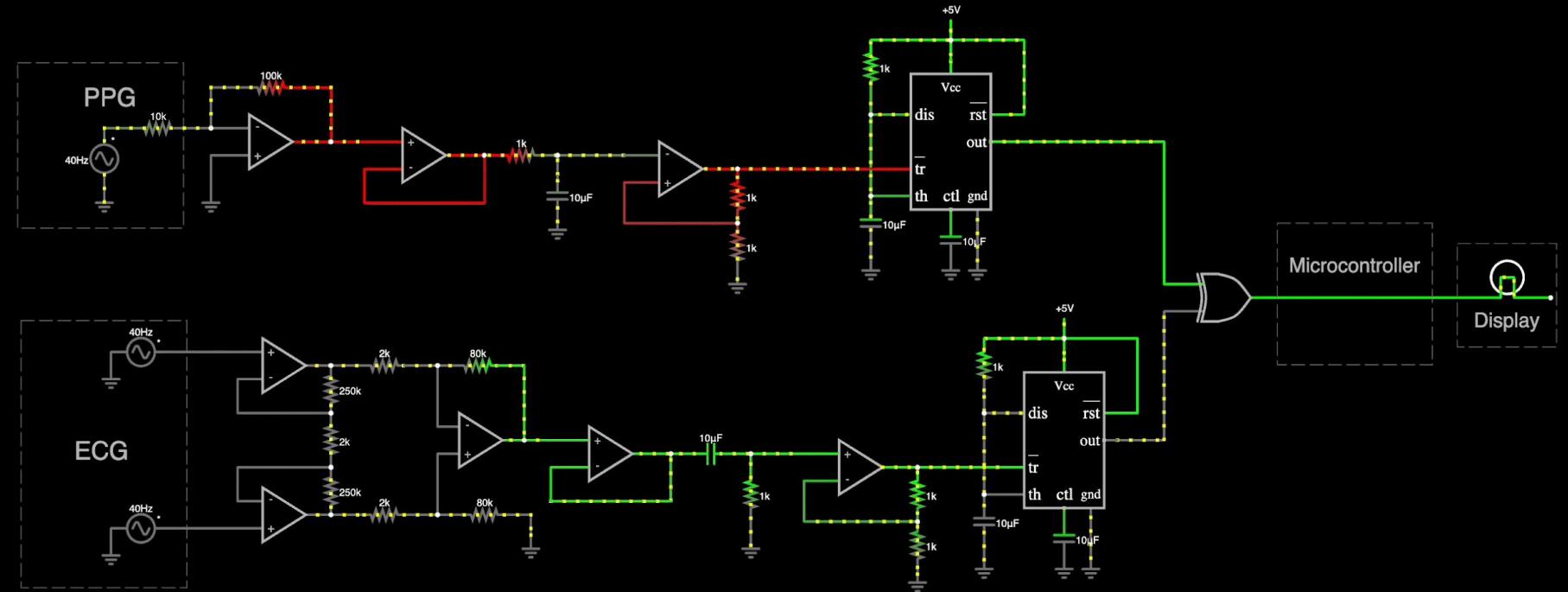
$$BP = \frac{\Delta BP}{0.7} = \frac{1}{0.7} \left(\frac{1}{2} \rho \frac{d^2}{PTT^2} + \rho gh \right)$$



Assumptions

- Circuit resistances have 0% tolerances
- Assuming a simplified hypertensive patient case
 - Systolic blood pressure between 140-190 mmHg
 - Diastolic blood pressure above 90 mmHg
- Blood pressure at the wrist fully represents the body
- Heart rate frequency is from 1-1.67 Hz → picked cutoff frequency of Low pass filter in part 1 to 5 Hz
- Uniform wave frequency
- ECG output signal 0.5-5mV
- Threshold PTT: <80ms for hypertensive people
- Assume both 555 timers will turn off at the same time
- Max time difference between ECG and PPG peaks is 110ms.
- Difference between the RR wave peak is 600ms
- Difference between Systolic wave peaks is 350ms
- All values are taken from average hypertension patient

Circuit Schematic

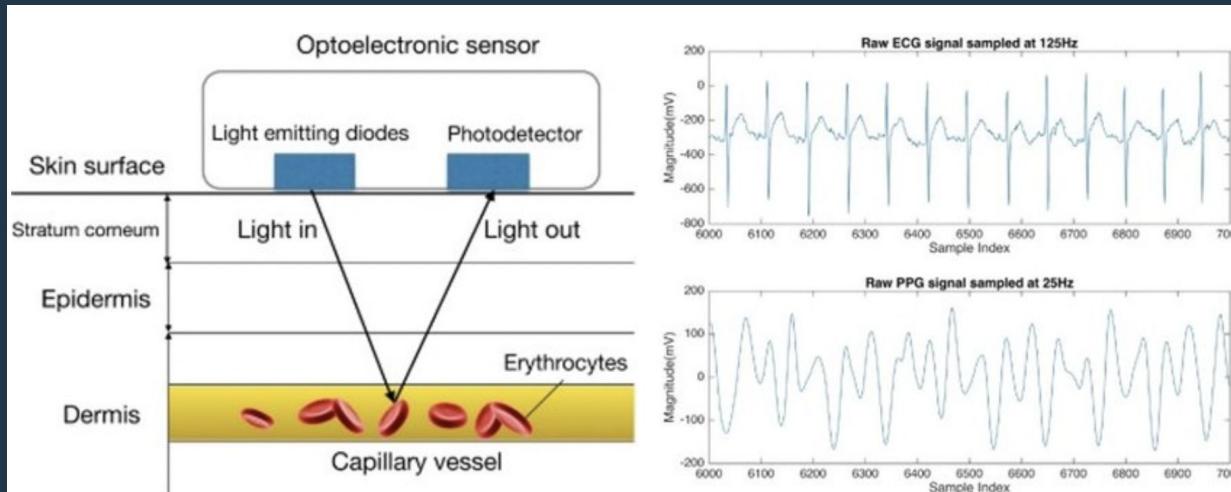


Part I Analysis



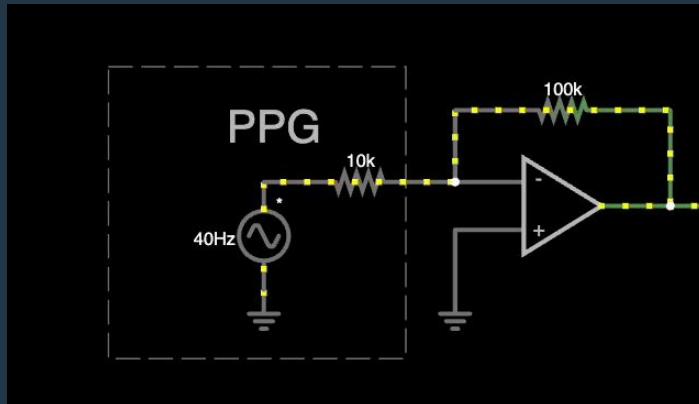
PPG sensor

- Max time difference between ECG and PPG peaks is 110ms.



Inverting Amplifier

- Used to amplify the input PPG signal while inverting it
- Inversion needed in order for the monostable 555 timer to be triggered
 - Trigger input for 555 timer: active low → input has to be below certain threshold($\frac{1}{3} V_{cc}$) to activate it



$$A = \frac{V_o}{V_s} = -\frac{R_{FB}}{R_s}$$

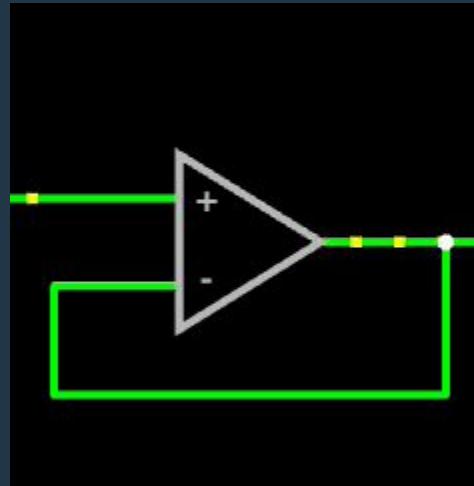
$$R_{FB} = 100k\Omega$$

$$R_s = 100k\Omega$$

$$\text{Gain} = -10$$

Buffer #1

- Isolates the previous and the next stages of the circuit so that they do not affect each other.



Passive RC low pass filter

Considerations: f_c is chosen based on frequencies of PPG sensor properties. R_1 and C_1 are calculated from that.

- Low pass filter used since PPG waves are low frequencies $\sim 1\text{-}1.67$ Hz
 - PPG waves can be contaminated with high frequency electronic signals, light waves, along with making systolic peaks easier to see

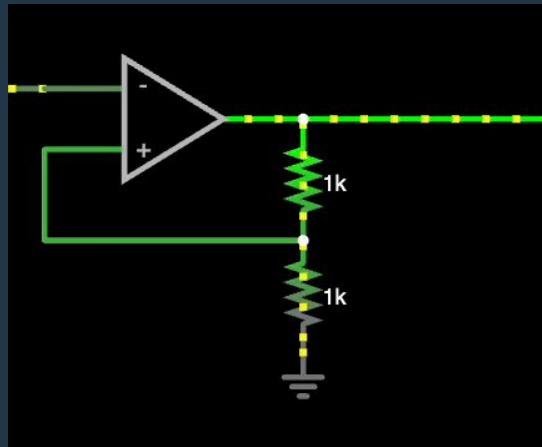


$$f_{\text{cutoff}} = \frac{1}{2\pi RC}$$

- $R_1 = 3.3$ k Ω
- $C_1 = 10\mu\text{F}$
- Cutoff frequency $f_c = 5\text{Hz}$

Comparator #1

- Compare the incoming voltage with the reference voltage.
- If $V_{in} < V_{ref}$, $V_{out} = V_+$;
- If $V_{in} > V_{ref}$, $V_{out} = V_-$, $V_{ref} = 2.5V$
- $V_+ = 5V$, $V_- = GND$,

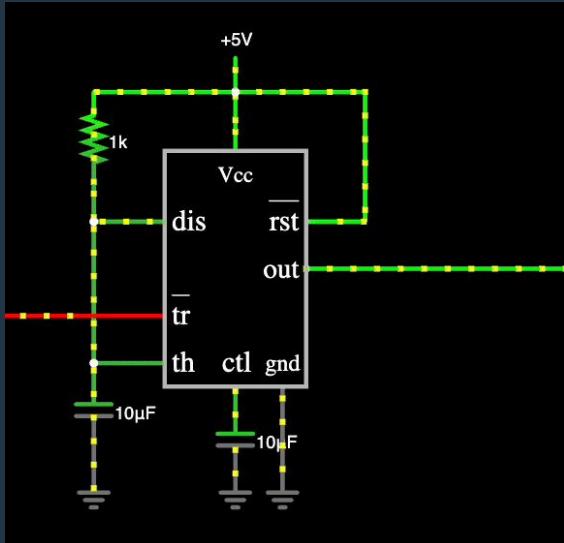


$$R_{\text{reference, ground}} = 1k\Omega$$

$$R_{\text{reference, out}} = 1k\Omega$$

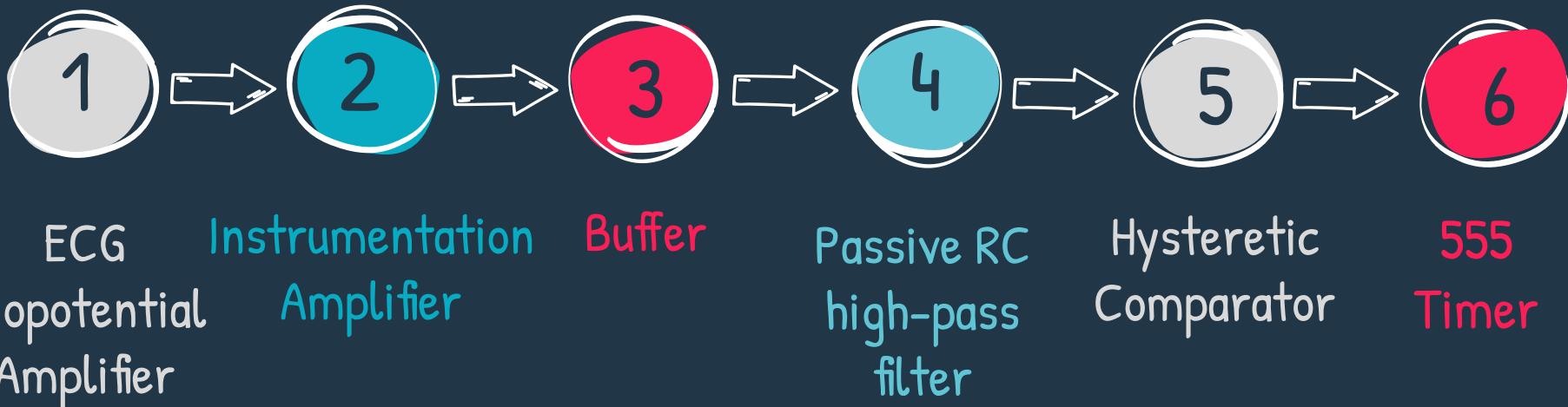
555 Monostable Timer #1 (PPG)

- Threshold: Normal PPG thresholds: 0.5-5 Hz, -4~4V
- When PPG signals from previous parts exceed the threshold, timer #1 is active, output remains high for $T = RCln(3)$
- Time interval we want based on PPG properties: 350ms
- One set of values that might be possible: : $R = 455$ kohm $C = 1\mu F$



Part II Overview: ECG Sensor

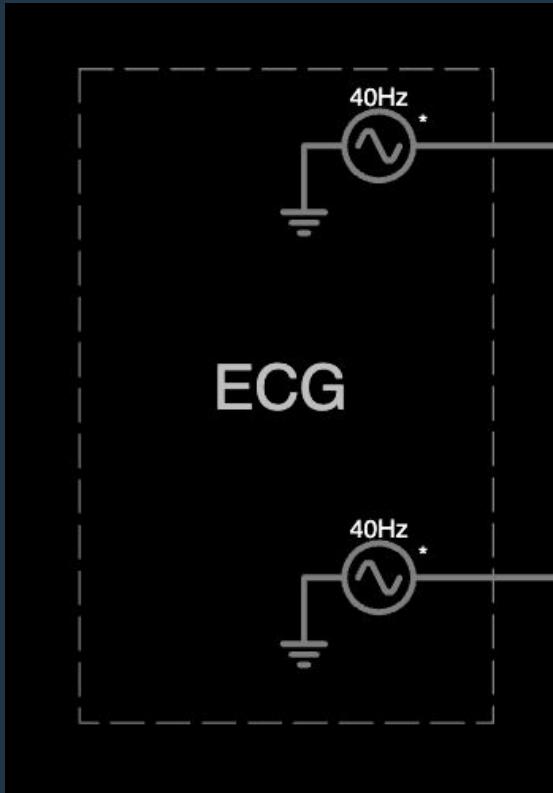
Overall Goal: Measure pulse transit time (PTT) by comparing R wave and the captured pulse wave.



Part II Analysis

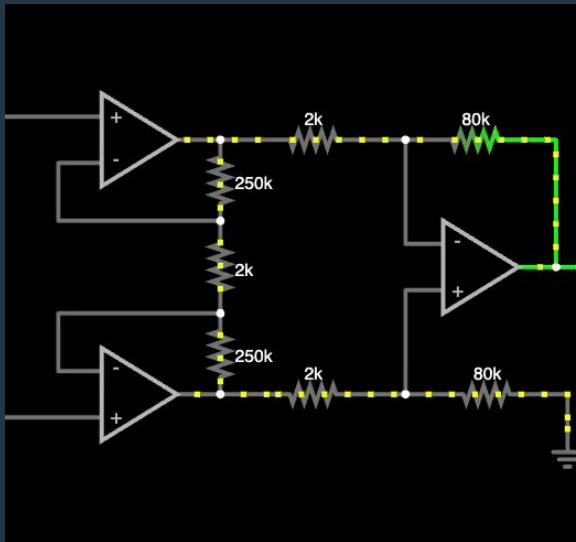
ECG sensor inputs

- Takes input voltage from biopotential amplifier and feeds a 40 Hz sinusoidal waveform into the circuit
- Simulating true ECG voltage output values
 - Top source = 2.5mV
 - Bottom source = 3mV



Instrumentation Amplifier

- Waveforms from the biopotential signal goes through the amplifier to improve signal quality to reduce noise-level.
- Voltage out of the amplifier is 10000 times the input voltage



$$Ad = \left| \left(1 + 2 * \frac{R_o}{R_a} \right) * \left(-\frac{R_4}{R_3} \right) \right| = 10,000$$

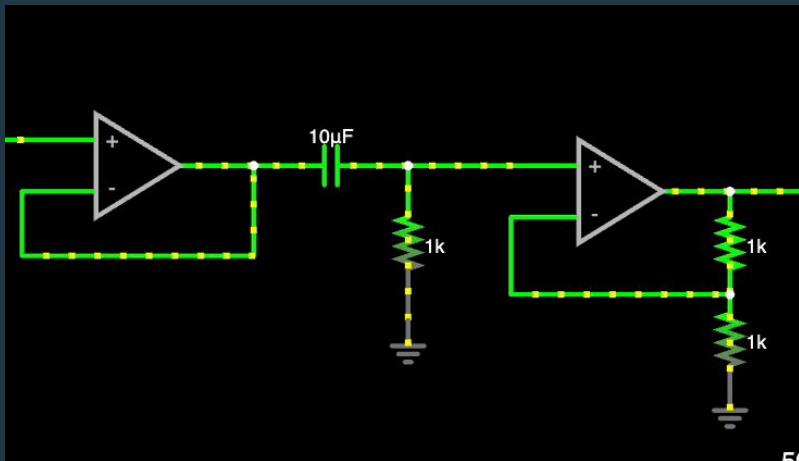
$$R_o = 249 \text{ k}\Omega$$

$$R_a = R_3 = 2 \text{ k}\Omega$$

$$R_4 = 80 \text{ k}\Omega$$

Buffer #2 and Passive RC High Pass Filter

- Passive RC high pass filter
 - Allows signals with high frequencies to pass through
- Isolates the previous and the next stages of the circuit so that they do not affect each other.



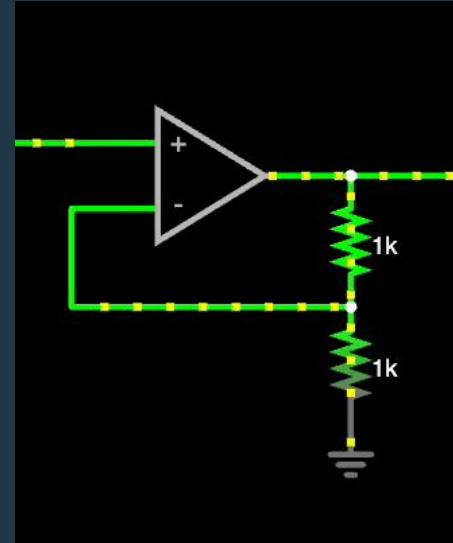
$$C_1 = 10\mu\text{F}$$
$$R_1 = R_2 = R_3 = 1\text{k}\Omega$$

Comparator #2

- Signal from the high pass filter connects to the inverting input of the comparator
- Considerations: regular ECG peak voltages: 2.5~3 mV
- Compare our input ECG R wave peak voltages with the regular ECG.
- If $V_{in} < V_{ref}$, $V_{out} = V_+$
- If $V_{in} > V_{ref}$, $V_{out} = V_-$
- $V_{ref} = 3V$, $V_+ = 5V$, $V_- = GND$

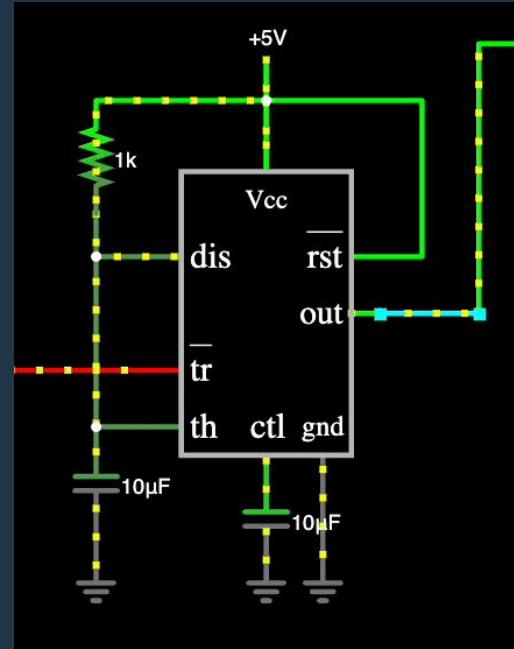
$$R_{ref,GND} = 2k\Omega$$

$$R_{ref,out} = 3k\Omega$$



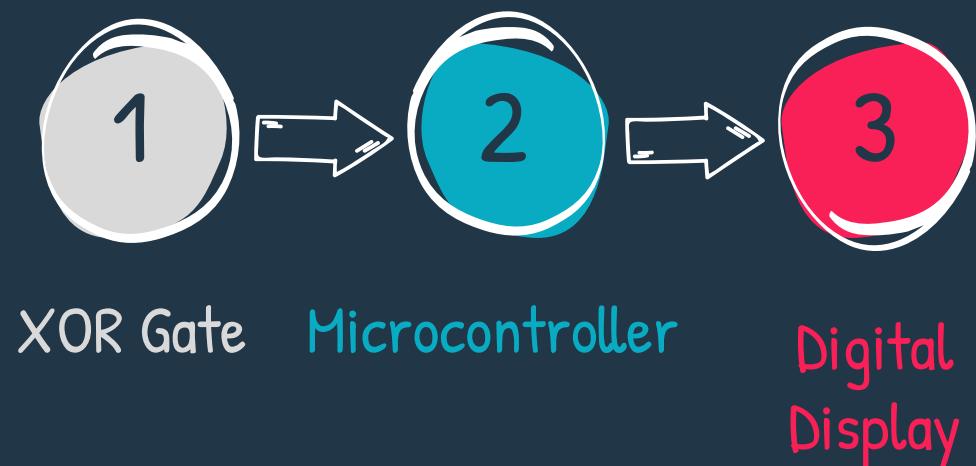
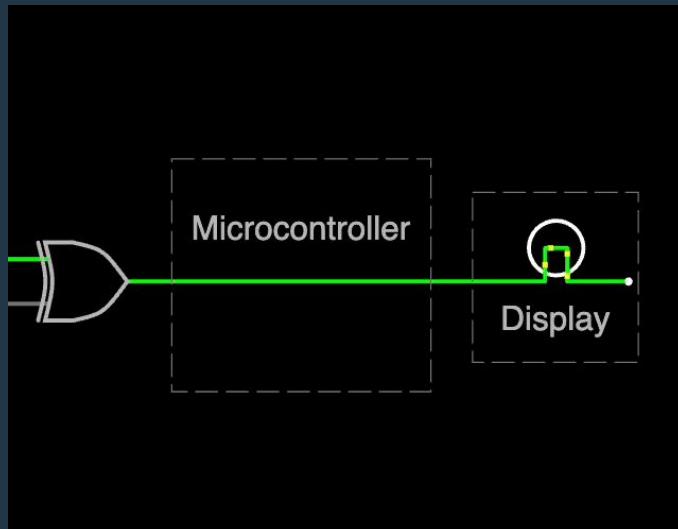
555 Monostable Timer #2 (ECG)

- Timer #2 activates when it receives a voltage signal from comparator 2.
- Once activated, output stays high for time interval $T = RCl\ln(3)$
- Time interval selected based on ECG properties: $T = 600\text{ms}$
- One set of RC values: $R = 546 \text{ k}\Omega$, $C = 1\mu\text{F}$



Part III: XOR, Microcontroller, & Display

Overall Goal: develop measured pulse transit time and compare value to detect abnormal BP and display warning messages.



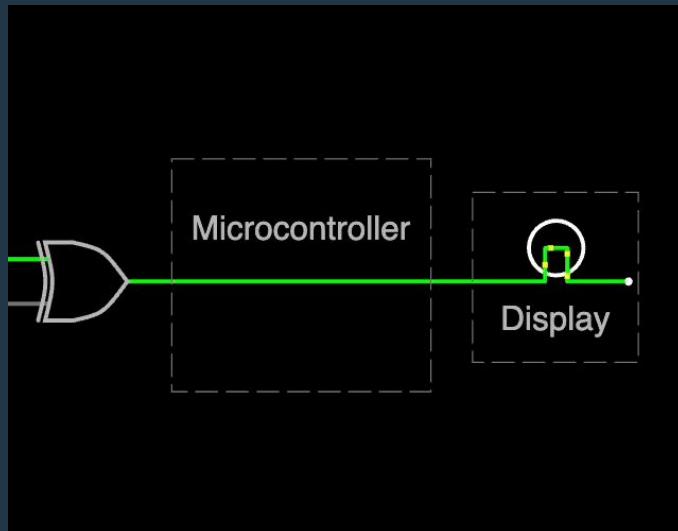


Part III Analysis



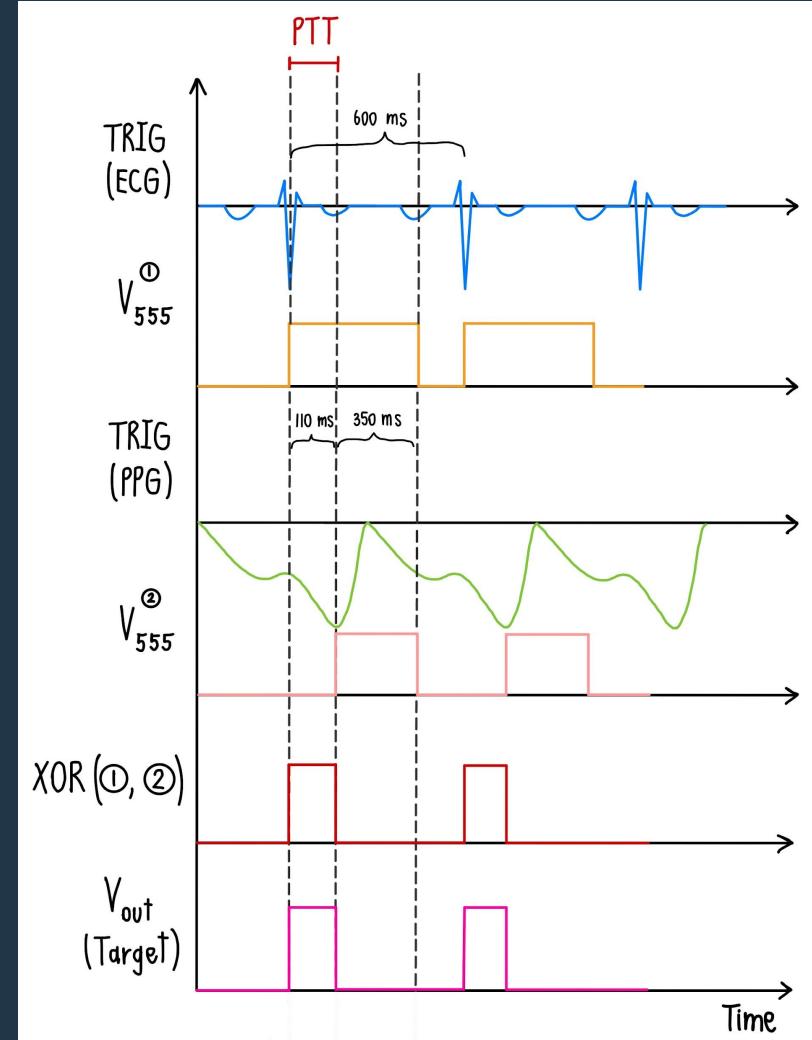
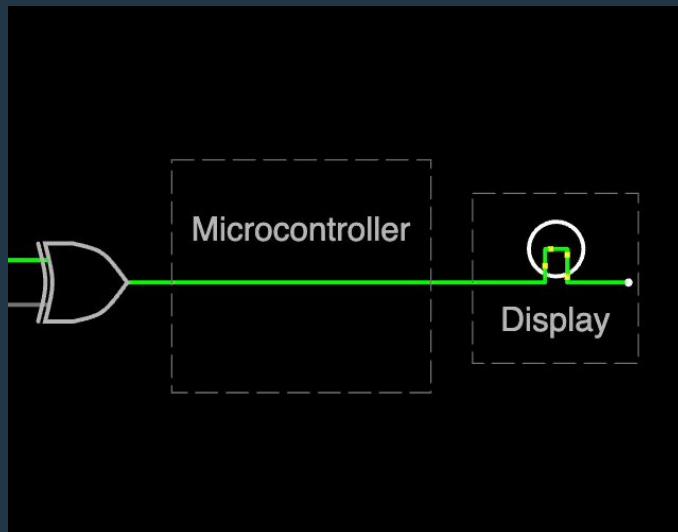
XOR Gate

- Takes input from the two timers.
- XOR gate produces a TRUE output if the two timers are not sending out outputs concurrently
 - The TRUE message feeds into the microcontroller.



Timer 1(A) ↴	Timer 2(B) ↴	OUT ↴
0 ↴	0 ↴	0 ↴
0 ↴	1 ↴	1 ↴
1 ↴	0 ↴	1 ↴
1 ↴	1 ↴	0 ↴

V_{in} of the timers vs V_{out} of the timers vs XOR gate responses



Microcontroller & Digital display

- Takes voltage output from XOR gate
 - Includes built-in code that calculates amount of time the XOR gate was activated → that time is the PTT
 - Uses equation below to convert PTT to BP
- Converts analog signal containing BP information to digital as it leads into a digital display.
- The digital display will show the BP and a warning message if microcontroller determines that the BP is higher than 140 mmHg.

$$BP = \frac{\Delta BP}{0.7} = \frac{1}{0.7} \left(\frac{1}{2} \rho \frac{d^2}{PTT^2} + \rho gh \right) = \frac{A}{PTT^2} + B$$

$$A = (0.48 \times height)^2 \times \frac{\rho}{1.4}$$

Design Limitations

- Currently inaccurate compared to traditional cuff-based blood pressure readings
- Vulnerable to physiological, environmental, and motion-induced noise
 - Due to changes in heart-wrist length, there may be fluctuations in blood pressure readings
- Necessitates regular calibrations for reliable readings
- ECG leads must be constantly worn to operate
 - Product limited to medical settings
 - Potential future consideration

Significance and potential applications

- Enables long-term tracking and data collection for inpatient blood pressure monitoring
- Widespread applicability to diagnosing blood pressure related medical conditions



Acknowledgements

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References

1. Choi, Jingyu, et al. "Development of Real-Time Cuffless Blood Pressure Measurement Systems with ECG Electrodes and a Microphone Using Pulse Transit Time (PTT)." MDPI, Multidisciplinary Digital Publishing Institute, 3 Feb. 2023, www.mdpi.com/1424-8220/23/3/1684.
2. Singh, Shikha, et al. "Prevalence and Associated Risk Factors of Hypertension: A Cross-Sectional Study in Urban Varanasi." International Journal of Hypertension, U.S. National Library of Medicine, 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC5733954/.
3. "Hypertension." World Health Organization, World Health Organization, [www.who.int/news-room/fact-sheets/detail/hypertension#:~:text=Hypertension%20\(high%20blood%20pressure\)%20is,pressure%20may%20not%20feel%20symptoms](http://www.who.int/news-room/fact-sheets/detail/hypertension#:~:text=Hypertension%20(high%20blood%20pressure)%20is,pressure%20may%20not%20feel%20symptoms). Accessed 14 Mar. 2024.
4. "Photoelectric Plethysmography." Photoelectric Plethysmography - an Overview | ScienceDirect Topics, www.sciencedirect.com/topics/medicine-and-dentistry/photoelectric-plethysmography#:~:text=PPG%20sensors%20work%20by%20shining,the%20patient's%20blood%20pressure%20levels. Accessed 14 Mar. 2024.
5. Wang, Liangqi, et al. "A New Method of Continuous Blood Pressure Monitoring Using Multichannel Sensing Signals on the Wrist." Nature News, Nature Publishing Group, 21 Sept. 2023, www.nature.com/articles/s41378-023-00590-4#:~:text=The%20wearable%20device%20detects%20cardiac,contact%20pressure%20and%20skin%20temperature.
6. Chandrasekhar, Anand, et al. "PPG Sensor Contact Pressure Should Be Taken into Account for Cuff-Less Blood Pressure Measurement." IEEE Transactions on Bio-Medical Engineering, U.S. National Library of Medicine, Nov. 2020, www.ncbi.nlm.nih.gov/pmc/articles/PMC856571/.
7. Mukkamala, Ramakrishna, et al. "Toward Ubiquitous Blood Pressure Monitoring via Pulse Transit Time: Theory and Practice." IEEE Transactions on Bio-Medical Engineering, U.S. National Library of Medicine, Aug. 2015, www.ncbi.nlm.nih.gov/pmc/articles/PMC4515215/.
8. "How to Measure ECG - ECG vs. PPG: Video." Analog, 5 May 2017, www.ti.com/video/5423211783001#:~:text=First%20of%20all%2C%20ECG%20is,determine%20a%20patient's%20heart%20rate.