

17 - 21 October 2016 at Michigan State University, <u>Workshop on</u> <u>Future Directions in Fractional Calculus Research and Applications</u>

How the fractional order impedance models influenced lung function device trends

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A historical perspective

"If I have seen a little further it is by standing on the shoulders of giants" Sir Isaac Newton

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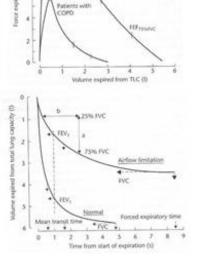




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SPIROMETRY **BODY PLETHYSMOGRAPHY**

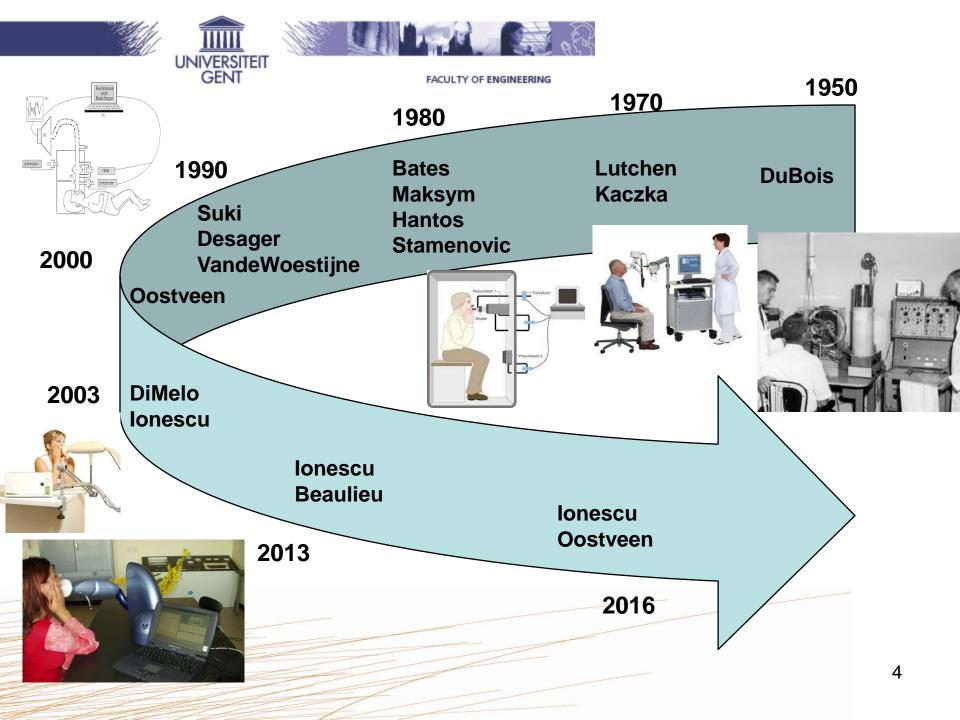
- -Special manoeuvres
- -Repetitive
- -Fatigue
- -Difficult to perform in elderly and children
- + reference values
- + standardized (EU,USA) BIOWBIOW
- + graphical

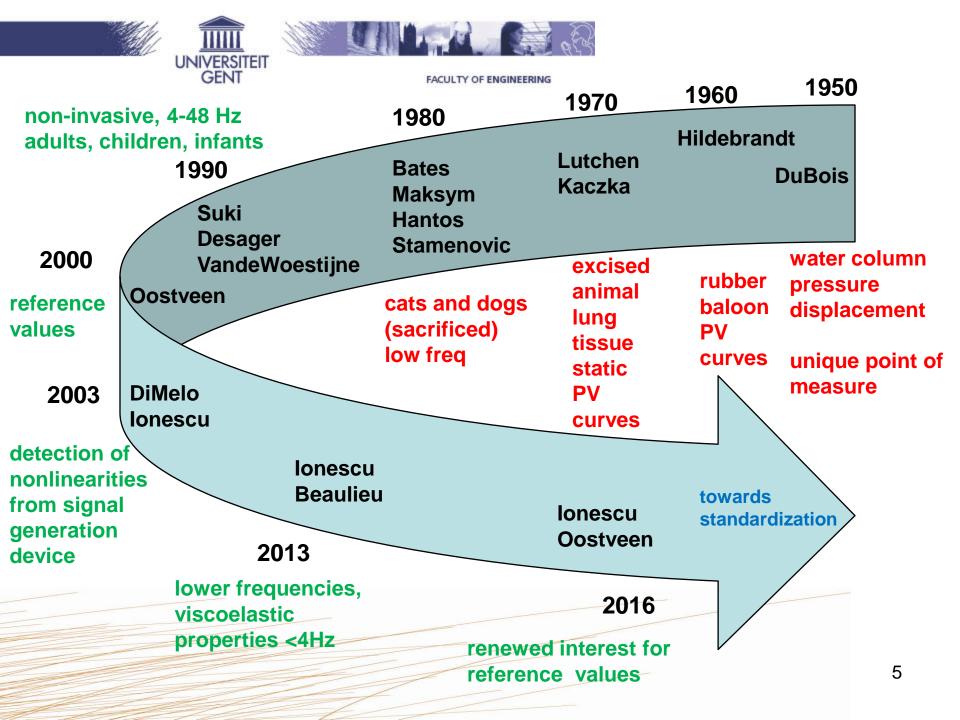


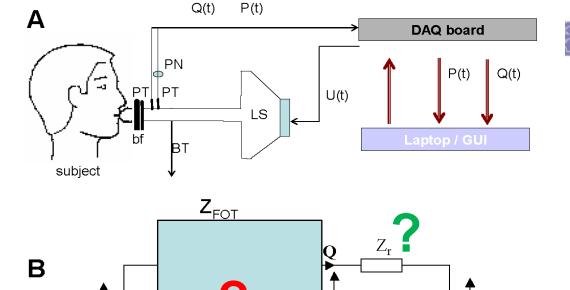
FORCED OSCILLATION TECHNIQUE

- + no manoeuvres
- + short
- + graphical
- + classification
- not standardized
- limited reference values (4-48Hz)









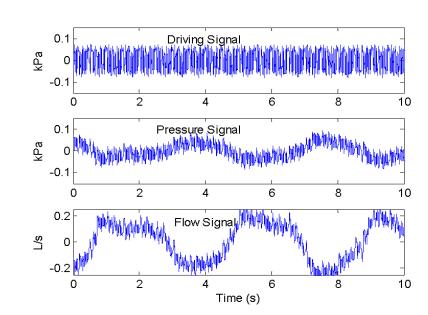
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THE PRINCIPLE

E. Oostveen, D. Macleod, H. Lorino, R. Farre[´], Z. Hantos, K. Desager, F. Marchal, "The forced oscillation technique in clinical practice: methodology, recommendations and future developments", Eur Respir J, 22, 1026–1041, (2003)





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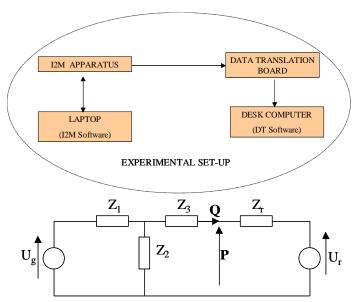
Parametric models

(integer and fractional orders)

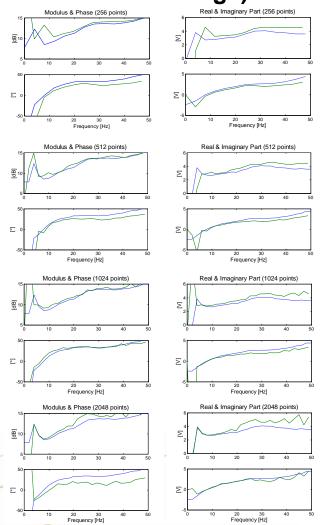




- identification of the fractional order impedance model
 modelling the interaction with device (acts as a load for the lungs)
- observe breathing effect (bias at low freq)









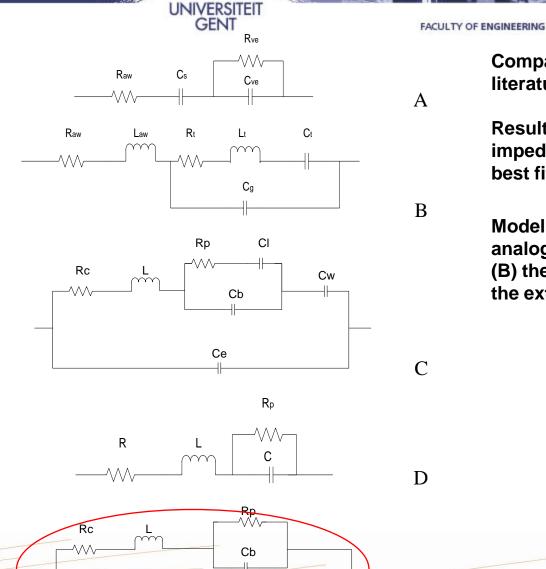
FRACTIONAL ORDER IMPEDANCE PARAMETRIC MODEL WORKS WELL, BUT WHERE DO THE TERMS COME FROM?

$$Z(s) = R + Ls + \frac{1}{Cs^{\alpha}} = R + Ls + \frac{D}{s^{\alpha}}$$
, with $0 < \alpha \le 1$ CP4 model

•Ionescu C.M., De Keyser R., "A Novel Parametric Model for the Human Respiratory System". In: Proceedings of the IASTED International Conference on Modelling and Simulation, USA, Acta Press, Anaheim, pp. 246-251, 2003

	Frequency	Re1	Im1	Re2	Im2	Re3	Im3
		Healthy	Healthy	Asthma	Asthma	COPD	COPD
	4	2.623	-0.394	3.95	-1.75	0.1725	-0.1391
	6	2.433	-0.109	3.65	-1.5	0.2047	-0.0956
Example of	8	2.421	0.136	3.3	-0.75	0.1841	-0.0742
real patient	10	2.417	0.266	3.25	-0.5	0.1699	-0.0693
	12	2.467	0.427	3.1	-0.35	0.1546	-0.0609
data given	14	2.396	0.512	2.98	-0.35	0.1440	-0.0500
	16	2.36	0.671	2.8	-0.3	0.1399	-0.0358
from	18	2.43	0.766	2.7	-0.15	0.1365	-0.0138
company	20	2.417	0.812	2.6	0.10	0.1326	0.0027
	22	2.465	1.011	2.65	0.5	0.1423	0.0157
for	24	2.515	1.213	2.58	0.6	0.1501	0.0256
	26	2.398	1.357	2.55	0.7	0.1506	0.0332
evaluating	28	2.491	1.394	2.53	0.75	0.1513	0.0339
the model	30	2.643	1.62	2.3	1	0.1576	0.0386
the model	32	2.589	1.534	2.4	1.45	0.1499	0.0470
	34	2.646	2.043	2.45	1.52	0.1526	0.0487
	36	2.694	1.849	2.55	1.7	0.1614	0.0532
	38	2.584	2.111	2.35	2.3	0.1603	0.0642
	40	2.772	2.135	2.4	2.35	0.1647	0.0751
	42	2.586	2.476	2.5	2.5	0.1702	0.0855
	44	2.908	2.395	2.53	2.65	0.1757	0.0960
	46	3.083	2.537	2.48	2.7	0.1797	0.0966
	48	2.894	2.608	2.49	3.1	0.1885	0.1002

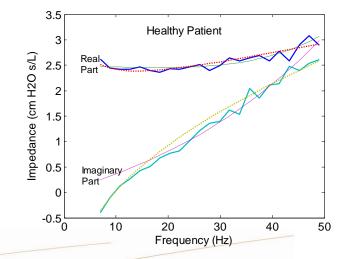
2005-2007: parametric identification of impedance



Comparison to other models established in literature

Results in conclusion that fractional order impedance has minimum nr parameters with best fitting results

Model structures according to their electrical analogies, given as: (A) the viscoelastic model; (B) the DuBois model; (C) the Mead model; (D) the extended RLC and (E) the RLCES model.



Ionescu C-M, De Keyser R. Parametric models for characterizing respiratory input impedance. Journal of Medical Engineering & Technology. 2008;32(4):315–24 10

RLCES model offered good trade off between accuracy and complexity

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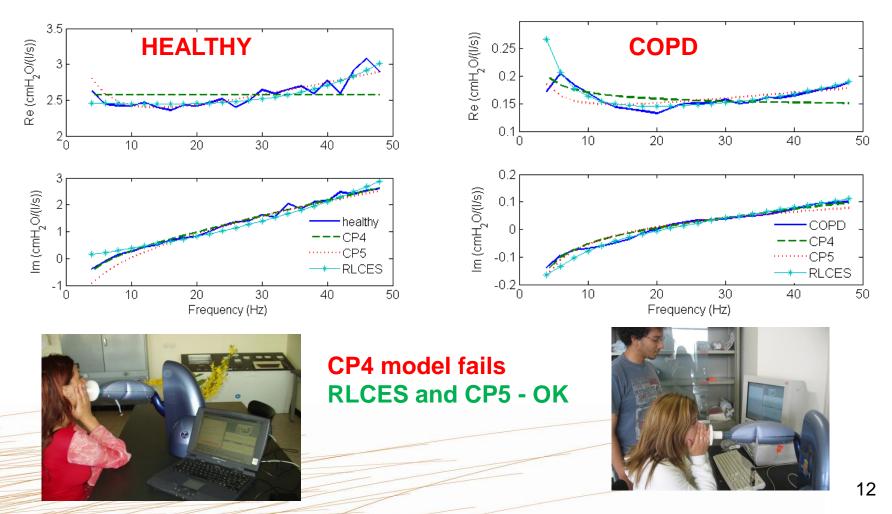
Exploring the problems





2003-2004

First resonance after breathing frequency Classification between healthy and respiratory disorders Requires TWO fractional order terms in impedance model





Lower frequencies seem markedly changed with disease

Viscoelastic properties

Are airway structural changes correlated with tissue properties?

Closer to breathing – interference



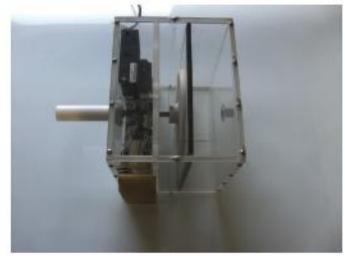


Signals applied to the patient with frequencies closer to the breathing frequency exhibit nonlinear phenomena (e.g. AM)

Idea: detect, possibly extract these effects and explore them as a diagnosis tool

Results: a series of alternate methods to extract impedance data from pressure and/or flow measurements in parallel with efforts to change the device for applying other frequencies than the standard 4-48Hz





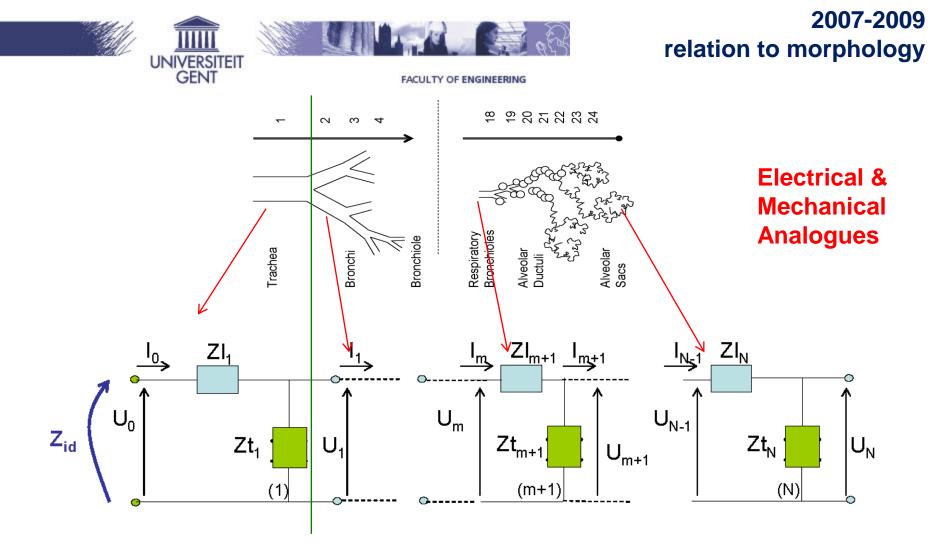


Where do the model

parameters

come from?





C.M. Ionescu, P. Segers, R. De Keyser, "Mechanical properties of the respiratory system derived from morphologic insight", IEEE Trans Biomed Eng, 56(4), 949–959, (2009) C.M. Ionescu, I. Muntean, J.T. Machado, R. De Keyser, M. Abrudean, "A theoretical study on modelling the respiratory tract with ladder networks by means of intrinsic fractal geometry", IEEE Trans Biomed Eng, 57(2), 246–253, (2010).



Morphology, structure and functionality combined led to appearance of fractional order impedance forms

Electrical analogy

Fractional order related to pseudo-recurrence in the airways props

Alterations in airway properties led to changes in fractional order values

Mimic disease structural changes and remodelling effects

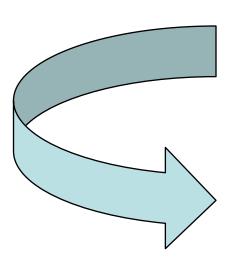
Ionescu C-M. The human respiratory system : an analysis of the interplay between anatomy, structure, breathing and fractal dynamics, Springer, Series in Bio-Engineering 2013





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2009-2011: time domain



Pressure-Volume curves Impulse Responses Classification Methods (fractal dimension, dendograms)

Ionescu C-M. The human respiratory system : an analysis of the interplay between anatomy, structure, breathing and fractal dynamics, Springer, Series in Bio-Engineering 2013

Minimal clinical interest due to lack of mathematical relation from time domain to structural changes

Ionescu C., De Keyser R., "Time domain validation of a fractional order model for human respiratory system", in the 14th IEEE Mediterranean Electrochemical Conf (MELECON08), Ajaccio, Corsica, IEEE Cat Nr CFP08MEL-CDR, ISBN 978-1-4244-1633-2, pp. 89-95, 2008

Ionescu C.M, J.Tenreiro Machado, R. De Keyser, Is multidimensional scaling suitable for mapping the input respiratory impedance in subjects and patients?, Computer Methods and Programs in Biomedicine, 104(3), E189-E200, ISSN 0169-2607, 2011

Ionescu C., Machado J.T., De Keyser R., "Analysis of the Respiratory Dynamics During Normal Breathing by Means of Pseudo-phase Plots and Pressure–Volume Loops", *IEEE Transactions on Systems, Man & Cybernetics, Part A:* Systems, DOI: 10.1109/TSMCA.2012.2187888, 43(1), 53-62, 2013

Nigmatullin R. Ionescu C, Baleanu D., "NIMRAD: novel technique for respiratory data treatment", J of Signal Image and Video Processing, 8(8), 1517-1532, 2014



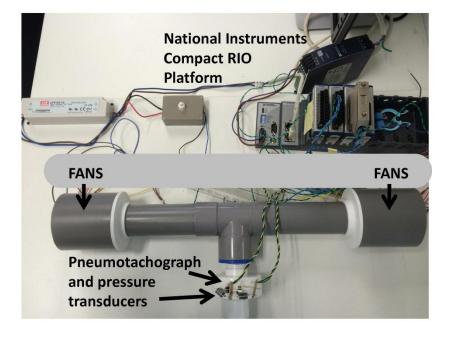
Evolution of low-frequent

oscillations device generations





2013: NEW GENERATION DEVICE for low frequencies



DETECT NONLINEAR EFFECTS IN INSTRUMENTATION

CORRECT THE IMPEDANCE DATA

EVALUATE IN COPD PATIENTS (SMALL AIRWAYS)

Ionescu C., De Keyser R., Sabatier J., Oustaloup A., Levron F., "Low frequency constant-phase behavior in the respiratory impedance", *Biomedical Signal Processing and Control*, 6, 197-208, 2011

Ionescu C.M., G. Vandersteen, J. Schoukens, K. Desager, R. De Keyser, "Measuring Nonlinear Effects in RespiratoryMechanics: A Proof of Concept for Prototype Device and Method", IEEE Transactions on Measurement and Instrumentation, 63(1), 124-134, 2014

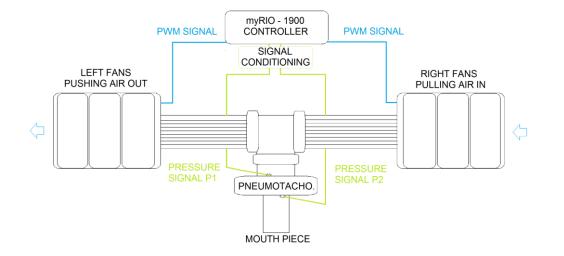
Maes H., Vandersteen G, Muehlebach M., Ionescu C.M., "A ventilator based, low frequent, forced oscillation technique apparatus", IEEE Transactions on Measurement and Instrumentation, 63(3), 603-611, 2014

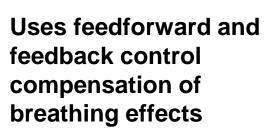
•Oscar Olarte, Robin De Keyser, Clara M. Ionescu

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NEXT GENERATION



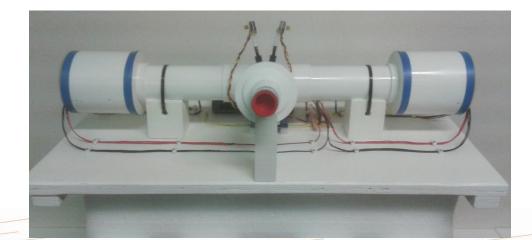


Longer measurement time

Non-invasive

Patient-friendly

Oscar Olarte, Robin De Keyser, Clara M. Ionescu, "Fan-based device for noninvasive measurement of respiratory impedance: Identification, calibration and analysis", *Biomedical Signal Processing and Control,* vol 30, 127-133, 2016





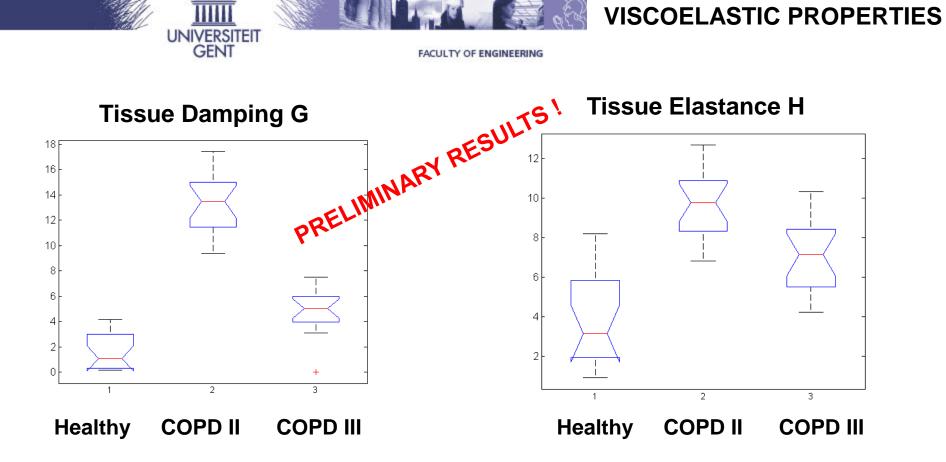
2013-2016: mathematical models of viscoelasticity

Structural changes with disease modelled and identified in impedance data at frequencies below 2 Hz (unpublished work)

Initial results indicate the potential of fractional order impedance models to explain these changes (unpublished work)

Lack of large population database Statistics not reliable to extract (yet) reference values

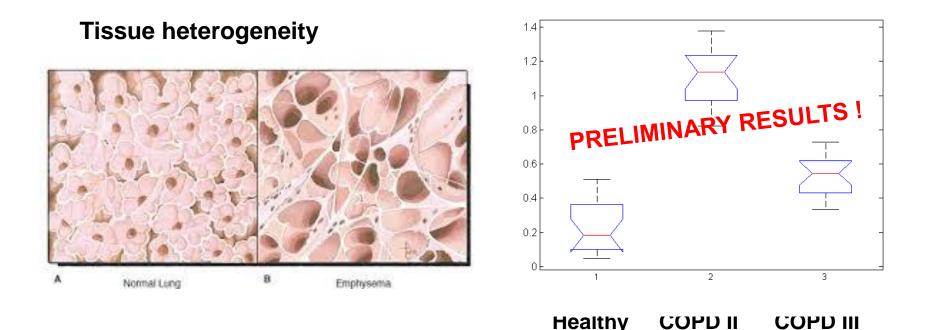




Damping increases in COPD due to fibrotic tissue (+stiffness) Elastance increases in COPD due to broken alveolar spaces



CHANGES IN TISSUE STRUCTURE



From our model structure we now understand that in healthy, the alveolar impedances are (more) homogeneous compared to COPD

Clinical insight: COPD II has more varied changes in alveolar structure than in COPD III when disease has progressed and changes are more pronounced and more specific. This explains higher heterogeneity in COPD II than in COPD III.



A higher ground implies new

perspectives

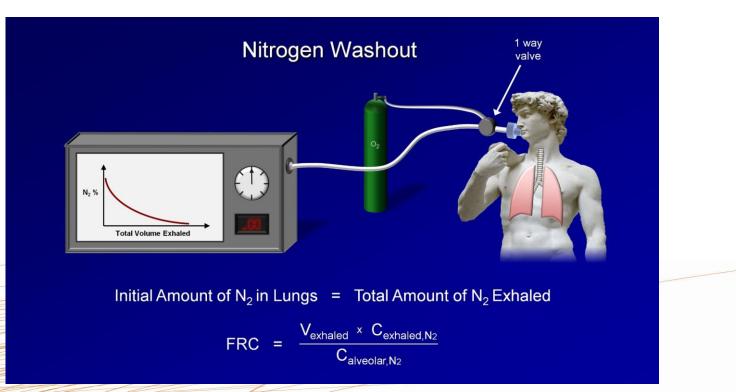




Characterize DIFFUSION is the next step – link to HETEROGENEITY Move away from macro- to micro-scale analysis of structural changes

COPD, aka small airway disease \rightarrow need to look into the details

How to test diffusion? Standardized wash-out test





- ✓ Fractional order impedance parameters have morphological meaning
- ✓ Identified values are physiologically meaningful
- ✓ Mathematical platform to study viscoelastic properties as a function of disease progression
- ✓ Data of impedance at frequencies close to breathing
- Data of nonlinear contributions as a function of disease presence and evolution
- ✓ Device development to compact, easy-to-transport and patientfriendly form





COLLABORATION OPEN FOR:

> wash out clinical tests and correlation to impedance data, new model

➢ reference values in multi-centre (international) 0.1 − 1.7 Hz

> how to obtain efficient time domain impulse response models from limited-time measurement data





IFAC World Congress 9-14 July 2017, Toulouse, France

Open Invited Track on

Control and Data Driven Modelling in Biomedicine https://www.ifac2017.org/OIT#bda14

6-page full paper submission deadline 31 october 2016, use code: bda14









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We have come so far because of those who came before us

