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(54) **PATIENT CONDITION DISPLAY**

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DISPOSITIF D’AFFICHAGE DE L’ETAT D’UN PATIENT

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(56) References cited:

- **MAGLAVERAS N ET AL: "ECG pattern recognition and classification using non-linear transformations and neural networks: A review" INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS, ELSEVIER SCIENTIFIC PUBLISHERS, SHANNON, IR, vol. 52, no. 1-3, 1 October 1998 (1998-10-01), pages 191-208, XP004153684 ISSN: 1386-5056**
- **PRESEDO J ET AL: "Cycles of ECG parameter evolution during ischemic episodes" COMPUTERS IN CARDIOLOGY, 1996 INDIANAPOLIS, IN, USA 8-11 SEPT. 1996, NEW YORK, NY, USA,IEEE, US, 8 September 1996 (1996-09-08), pages 489-492, XP010205943 ISBN: 0-7803-3710-7**
- **TARASSENKO LIONEL ET AL.: "Data fusion: New Techniques for Vital signs Patient Monitoring" ABSTRACTS OF THE CONFERENCE "ADVANCES IN PATIENT CONNECTED MONITORING", BRITISH INSTITUTE OF RADIOLOGY, LONDON, [Online] 5 March 2001 (2001-03-05), pages 1-16, XP002219479 Retrieved from the Internet: <URL:http://www.ipem.org.uk/meetings/5mar01ab.pdf> [retrieved on 2002-11-05]**

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- **LOWE, D. AND TIPPING M. E.:** "Neuroscale: Novel topographic feature extraction with radial basis function networks" **ADVANCES IN NEURAL INFORMATION PROCESSING SYSTEMS 9**, M. MOZER, M. JORDAN, AND T. PETSCHKE (EDS.), [Online] 1997, pages 543-549, XP002219480 CAMBRIDGE, MASS., MIT PRESS Retrieved from the Internet: <URL:<http://citeseer.nj.nec.com/cache/papers/cs/6674/ftp:zSzzSzftp.research.microsoft.comzSzuserszSzmtippingzSznips96.pdf/lowe97neuroscale.pdf>> [retrieved on 2002-11-05]
- **EMDIN M ET AL:** "Compact representation of autonomic stimulation on cardiorespiratory signals by principal component analysis" **PROCEEDINGS OF THE COMPUTERS IN CARDIOLOGY CONFERENCE. LONDON, SEPT. 5 - 8, 1993, LOS ALAMITOS, IEEE COMP. SOC. PRESS, US, 5 September 1993 (1993-09-05)**, pages 157-160, XP010128860 ISBN: 0-8186-5470-8
- **MAGLAVERAS NET AL:** "Smart alarming scheme for ICU using neural networks" **COMPUTERS IN CARDIOLOGY 1998 CLEVELAND, OH, USA 13-16 SEPT. 1998, NEW YORK, NY, USA,IEEE, US, 13 September 1998 (1998-09-13)**, pages 493-496, XP010314351 ISBN: 0-7803-5200-9
- **SCHWENKER F ET AL:** "Visualization and analysis of signal averaged high resolution electrocardiograms employing cluster analysis and multidimensional scaling" **COMPUTERS IN CARDIOLOGY, 1996 INDIANAPOLIS, IN, USA 8-11 SEPT. 1996, NEW YORK, NY, USA,IEEE, US, 8 September 1996 (1996-09-08)**, pages 453-456, XP010205934 ISBN: 0-7803-3710-7

Description

[0001] This invention relates to the display of a graphical representation of a patient's condition, and in particular to displaying the results of measurements from a variety of sources in a way which allows the patient's overall condition to be recognised easily.

[0002] The condition of patients, particularly, in high dependency care or intensive care, is monitored in a variety of ways. For instance, vital signs such as one or more channels of electrocardiogram (ECG), respiration (for instance measured by electrical impedance pneumography), oxygen saturation (for instance measured by pulse oximetry with a finger probe), blood pressure and skin temperature may all be monitored. These may be regarded as "primary" signals, or parameters, which are measured directly. However, in addition, it is possible to derive from them some "secondary" parameters such as heart rate, heart rate variability, respiration rate and S-T segment elevation/depression (which is measured from the electrocardiogram). Typically the various parameters are collected at different rates, for instance the ECG at 256 Hz, the pulse oximeter signal at 81.3 Hz, the respiration at 64 Hz, the temperature at 1 Hz and blood pressure once every 10 or 20 minutes if measured non-invasively using a blood-pressure cuff. Further, the secondary parameters may be based on some averaging over a period of time.

[0003] It has been proposed, as shown in Figures 1 and 2 of the accompanying drawings, to display several of the measurements representing a patient's condition together using an integrated monitor. Figure 1 illustrates a display showing many of the parameters mentioned above, and Figure 2 illustrates a display of the heart rate and the heart rate variability. However, even with such a wealth of data available to the clinician (or possibly because of it), it can be difficult to see at a glance whether the patient's condition is normal, changing for the better, or, more seriously, for the worse.

[0004] In addition the clinical significance of changes of different degree in the different parameters may differ. For instance a small percentage change in temperature may be much more significant than a small percentage change in blood pressure, or a change in respiration rate may be more significant than a similar change in heart rate. This relative significance may vary depending on the patient's medical problem. Further, the fact that a change in condition may be reflected in one or more parameters and in different ways for different patients and different medical conditions, means that it is very difficult to provide a satisfactory solution, by, for instance, simply setting thresholds on each of the displayed parameters. A significant change in condition may be reflected by combinations of parameters for instead decrease in heart rate combined with a decrease in blood pressure may be serious even though the values per se are not abnormal. It should be noted, though, that the early detection of deterioration in a patient's condition can significantly improve the clinical outcome, and reduce the need for later intensive care, which is thus beneficial both for the patient and for the clinician.

[0005] The articles by Tarassenko *et al.* "Medical signal processing using the software monitor" and "Data fusion: New techniques for vital signs patient monitoring" disclose apparatus for multi-dimensional scaling in the medical field.

[0006] The paper by Fernandez *et al.* entitled "Detection of abnormality in the electrocardiogram without prior knowledge by using the quantization error of a self-organising map, tested on the European Ischaemia Database", XP001178745, and US-A-5,749,367 disclose systems for detecting abnormalities in ECGs by measuring various parameters of the ECG and observing departures from normality as measured in a reduced dimensionality space.

[0007] GB 2,258,311 discloses an equipment monitor and multi-dimensional scaling method in accordance with the pre-characterising portion of claims 1 to 14.

[0008] The present invention provides for the display of the parameters representing a patient's condition in a simplified way, and which allows the changes in a patient's condition to be seen easily.

[0009] In more detail the present invention provides apparatus as defined in claim 1 and a method as defined in claim 14 for displaying a graphical representation of a patient's condition.

[0010] The parameters may be primary signals as mentioned above, or secondary parameters derived from them. For instance, they may be a respiration measurement, an oxygen saturation measurement, a blood pressure measurement, skin temperature, S-T segment elevation/depression, heart rate variability and respiration rate. Other parameters which can be used are any physical marker or physiological signal or indicator, including, but not limited to:-

Physical Signals

[0011] Height, Weight, Age (Physical, Mental), Sex, History, Drugs / Medications in use, Body mass index, Body fat, Ethnic origin, Strength, Recovery times after exercise, Endurance / stamina, Cardiovascular function, Coordination, Flexibility, I.Q., Colour (Skin pallor, Retinal), Speech, Skin elasticity, Skin texture, Rashes, Swelling, Oedema, Pain, Shock, Nutritional status, State of hydration, Fatigue, Previous history.

Physiological Signals

[0012] EEG (Electrical (frontal, central, mastoid etc), MEG), Heart, Electrical - ECG, Sound, Pressure, Heart rate,

Heart rate variability, Cardiac ejection fraction, Cardiac Output Respiration (Rate, Volume, Flow, Pressure, Phase, FEV1 (forced expiratory volume in one second), Gas levels), Blood pressure, (Invasive: Arterial, Central venous, Left atrial, Pulmonary capillary wedge, Right atrial, Pulmonary artery, Left ventricular, Right ventricular, Intra-cranial, Non-invasive, Pulmonary sounds, Pulse transit time, Pulse strength, Pulse rate, Pulse rhythm, Arterial blood oxygen saturation, Venous blood oxygen saturation, CO2 levels in blood, Impedance pneumography, Snoring, Temperature (Core, Peripheral, Blood, Lip), EMG, EOG, Movement (Gait, D.T's, Limb), Sight, Hearing, Smell, Taste, Touch, Throat microphone, Bowel sounds, Doppler ultrasound, Nerves.

Biochemical Signals

[0013] Glucose, Insulin, Lactate, Gas levels (Blood, Lungs), Hormones, Alcohol, Thyroid, Blood, Urine, Saliva, Sputum, Stools, Enzymes, Sweat, Interstitial fluid, Cells, Tissue, Hair follicles, 'Recreational' drugs, Proteins, Cholesterol, HIV.

Imaging Signals

[0014] Images of, for example:-

Brain, Heart / cardiovascular system, Central nervous system, Internal organs Peripheral limbs, Bones.

[0015] The dimensionality reduction mapping may be, for instance, a distance preserving mapping or Principal Components Analysis (PCA). Other dimensionality reduction mappings are known. By "distance-preserving mapping" is meant a mapping which preserves some aspect of the geometrical relationship between the data points in the measurement space and in the visualisation space. Thus some aspect of the topology of the measurement space is preserved in the visualisation space.

[0016] Preferably the parameters are normalised prior to mapping, so that the displayed visualisation space spans the desired extent of the measurement space, e.g. to take account of the fact that the different parameters are expressed in different units (for example, temperature in fractions of degrees and blood pressure in terms of mm Hg). The parameters may be normalised using a zero mean, unit variance transformation calculated over the data from the patient (where it is available) or example data from a patient group or another patient, or alternatively the parameters may be normalised using an empirical transformation based on the clinician's knowledge of the significance of changes of different magnitude in the various parameters.

[0017] One advantage of using a zero-mean, unit variance transformation is that if a signal drops-out or has to be omitted, e.g. because of excessive noise, it can be replaced by a zero value.

[0018] The artificial neural network may be trained with data comprising a plurality of sets of parameters from the particular patient being monitored, or by data from a group of patients. Preferably the group is a group of patients with a similar condition to the patient being monitored because "normality" and "abnormality" for a typical patient with heart disease is radically different from "normality" for a patient with a different medical condition, or indeed a healthy person. Obviously when a patient is first-monitored there is insufficient data to train the neural network with data from that particular patient, thus there may be no alternative but to use a neural network trained on a group of patients. Subsequently, after enough data has been collected for that patient, a neural network may be trained with that data, to provide a more personalised mapping.

[0019] The data for training the artificial neural network may be selected by pre-clustering the data points in the measurement space. In other words, in a typical situation there may be too many data points for allowing training within a reasonable time period, and instead clusters of data points can be identified and the centres of the clusters used as nominal data points (prototypes) for training the network. Typically, there may be thousands or tens of thousands of data points for continuous monitoring over 24 hours or more for a patient or group of patients. The number of centres or prototypes will typically be greater than 100 but less than 1,000. After the network has been trained, the complete set of data points may be passed through the network to display change in patient condition over the course of collection of all of the data. One way of clustering the data and finding the centres or prototypes is, for instance, the k-means method.

[0020] The invention may be applied to human or animal patients, and may be applied to patients having a variety of conditions including disease or injury (actual- or suspected), pre and post-operative care, monitoring during traumatic procedures monitoring of the elderly and/or infirm, neonatal monitoring or indeed monitoring in any medical or veterinary environment. The invention may be applied to monitoring in a medical or veterinary establishment or in the home. Thus it may be used as a health monitor in which readings may regularly be taken, and sent automatically to a central collection point for review. The readings may be sent only if they are outside a predefined region of "normality".

[0021] The output of the neural network may be used to control automatically the management of the patient, e.g. the administration of drugs, to keep the patient's condition within the predefined region, e.g. the normal region. In a further enhancement, aspects of the management of the patient, e.g. the rate or amount of a drug being administered, or aspects

of the environment, may be included as input parameters.

[0022] The invention may be embodied by a computer program running on a suitably programmed computer system, or by dedicated systems. Thus the invention extends to a computer program comprising program code means for executing some or all of the functionality of the invention, to a computer storage medium storing such a computer program, and to a programmed computer system embodying the invention.

[0023] The invention will be further described by way of example, with reference to the accompanying drawings, in which:-

Figure 1 illustrates a display showing a patient's vital signs;

Figure 2 illustrates a display of heart rate and heart rate variability for a patient;

Figure 3 illustrates schematically an embodiment of the present invention;

Figure 3a illustrates in more detail the mapping device of Figure 3;

Figure 4 illustrates schematically the process of training an artificial neural network and mapping points;

Figure 5 illustrates schematically the monitoring process;

Figure 6 illustrates schematically the training of an artificial neural network;

Figures 7a to 7g illustrate the display of data from a particular patient;

Figure 8 illustrates the display of visualisation space and training data for a group of patients;

Figure 9 illustrates the display of a patient's condition in the visualisation space of Figure 8;

Figure 10 illustrates the display of another patient's condition in the visualisation space of Figure 8;

Figures 11 and 12 illustrate the display of other patients' conditions in the visualisation space of Figure 8;

Figures 13 (A) and (B), 14 (A) and (B), 15 (A) and (B) and 16 (A) and (B) show data for different individual patients plotted on a visualisation space for a group of patients and individual plots of the four parameters under consideration;

Figures 17 to 20 show data plotted for different patients on the visualisation space (a), as individual parameter plots (b) and the index of novelty (c); and

Figures 21 and 22 show the training data set for the data used in Figures 13 to 20; plotted on the visualisation space and coloured according to the value of the index of novelty.

[0024] Figure 1 illustrates the graphical display from an integrated patient condition monitor. As can then be seen, three channels of ECG, ECG 1, 2 and 3, are shown, together with the oxygen saturation waveform and the respiration waveform. In addition, the values for the non-invasive blood pressure, oxygen saturation waveform and temperature are also shown, together with a measurement of the heart rate, which may be derived from the ECG, the oxygen saturation waveform, or a combination of them. These measurements may be supplemented by other measurements relevant to particular groups of patients. It is known, for instance, that for some group of patients the heart rate variability is an important measurement of patient condition. Figure 2 illustrates two traces for the heart rate: (i) the raw heart rate, including the sharp spikes associated with the occurrence of ectopic beats, (ii) the filtered heart rate (after the ectopic beats have been removed), a five minute mean heart rate, and the standard deviation of the mean heart rate. Other heart rate variability indices are also known. In addition, although not shown in Figures 1 and 2, there are other secondary parameters which may be derived from the primary parameters or signals to give an indication of patient condition. For instance, the S-T segment elevation or depression (measured from the ECG) is significant in patients with heart disease.

[0025] Figure 3 illustrates schematically how the primary signals or parameters from the sources (e.g. sensors) and the secondary parameters calculated from them, (which by regarding each parameter as a dimension, can be regarded as defining points in a multi-dimensional measurement space) are mapped into a visualisation space of reduced dimensionality (compared to the measurement space) and displayed. As illustrated in Figure 3 a plurality of signals e.g. from a plurality of sensors 30, are input via an input interface 32 to a processor 34. The processor 34 includes an analysis device 340 for calculating the secondary parameters from the input signals and a mapping device 342 for reducing the dimensionality of the data into a form in which it can be displayed on display 36. As illustrated in Figure 3, a two-dimensional display 38 may be used, which means that the dimensionality of the parameters must be reduced to a two-dimensional visualisation space. Figure 3a illustrates this in more detail. The input parameters, which include the primary measurements and the secondary parameters, may be regarded as input vectors x_1, x_2, \dots, x_j in which each component of the vector is one of the parameters.

[0026] Figure 3a illustrates n components for each input vector. The mapping device 342 converts each of these input vectors into an output vector y_1, y_2, \dots, y_j which has fewer components, for instance two components as illustrated. Thus the output vectors y can be displayed easily on a normal graphical display, such as against the vertical and horizontal axes of a graph. The mapping device 342 is designed to preserve in the output vectors some aspect of the relationship of the input vectors. Thus a significant change in the values of the input vectors will result in a discernable change in the value of the output vectors y . This actually involves two stages as illustrated in Figure 3a, first the normalisation 343 and then the mapping itself (which reduces the dimensionality of the data) at 344. The normalisation is necessary so that the visualisation space correctly covers the range of variation in the input parameters which it is desired to monitor.

The normalisation can be statistically based, for instance by looking at an example data set and choosing a normalisation, such as the zero-mean unit-variance normalisation transform, or can be based on a clinician's knowledge, such as knowing that for a particular patient or group of patients a 2.0 degree change in skin temperature is equivalent in significance to a 50 mm Hg change in blood pressure.

[0027] The normalisation is also effective to place data points deriving from a patient in a normal state in some predefined region of the displayed visualisation space, e.g. the centre, and data points derived from a patient in an abnormal condition somewhere else - e.g. at the edge.

[0028] The normalised parameters are then mapped to the output vectors in a way which is designed to preserve or match as closely as possible some aspect of the topography of the input vectors. In this example Sammon's mapping is used so that the inter-point (Euclidian) distances between the points represented in the measurement space by the input vectors are as close as possible to the corresponding inter-point distances in the output vectors. As illustrated in Figure 6 this is achieved by minimising an error measurement which is the sum of the squares of the differences between the inter-point distances. With the present invention this is achieved by using an artificial neural network 60 represented schematically in Figure 6 which is trained on a set of data points which can be derived from a single patient, such as the patient being monitored, or from a group of patients. In this example, as illustrated in Figure 6, a Radial Basis Function neural network is used.

[0029] The training process is illustrated schematically in Figure 4. Measurements representing primary parameters, are obtained at step 40 from a plurality of sources. Secondary parameters, if necessary, are then calculated from the primary parameters at step 41. These are assembled into a data set at step 42 and then these are normalised to give the input vectors x^* at step 43. Typically this process would result in an enormous amount of data and it would take a long time to use this data to train an artificial neural network. The amount of data is therefore reduced, in this embodiment by pre-clustering the data at step 44. The data may be pre-clustered using the k-means method which is a well known iterative way of examining a set of data points repeatedly and deriving from them a set of prototypes or cluster centres. In this case the initial choice of cluster centres was a set of patterns randomly picked from the training data set. In the iterative process clusters are moved so that they are optimally placed with respect to the data points. The centre points of the clusters are then regarded as nominal data points which can be used to train the artificial neural network as illustrated at step 45. In this case the initial weights for the neural network were small random values between -0.01 and +0.01. Figure 7a illustrate a display of 24 hours of training data taken from an example patient. Thus the points shown in Figure 7a are the points in the visualisation space which correspond to the cluster centres or prototypes in the measurement space.

[0030] Once the neural network has been trained to produce the mapping from n dimensions to 2-D, the complete data, rather than just the cluster centres or prototypes, can be mapped to the visualisation space using the neural network and, of course, new measurements coming from the patient on a continuous basis can also be normalised and mapped to show the patient's current condition. Thus, as illustrated in Figure 5, the primary and secondary parameters are obtained in steps 50 and 51, assembled into data sets at step 52, normalised at step 53 and then mapped using the neural network at step 54 and displayed at step 55.

[0031] Figure 7b to 7g illustrate the display of the data points themselves overlaid on the display of the visualisation space defined by the cluster centres or prototypes of Figure 7a. It can be seen at Figure 7b (the first hour of 24 hours of data) that the data points which are early in the set of data are positioned at one edge of the visualisation space, indicating that the patient's condition was abnormal at that stage. Through the course of Figures 7c (first 3 hours), 7d (first 6 hours), 7e (first 9 hours) the patient's condition approaches the area where most of the points derived from the training set are located, representing normality for that patient. Data points continue to be added through Figures 7f (first 15 hours) and 7g (all 24 hours) illustrating that the patient's condition stabilises such that the data points are mapped to the region just left of centre in the visualisation space, with occasional departures above and below that space.

[0032] It can be seen, therefore, that the progress of a patient's condition can be visualised very easily using this mapped display. Any departure from normality for that patient would result in a succession of data points departing from the "normal" region just to left of centre of the visualisation space. Further, if a patient's condition is changing, such as during administration of a drug or some other medical procedure, one would expect to see a particular trajectory across the visualisation space. Departures from that trajectory would represent an abnormal response to the medical procedure, for instance that the patient's condition is deteriorating. An alarm for alerting staff to departures of the patient condition outside that area or trajectory can also be included.

[0033] It will be clear, furthermore, that it is possible to modify the apparatus to include an alarm which responds to data points being plotted outside a pre-defined region of "normality" in the visualisation space or off a predefined normal trajectory (corresponding to an expected change in patient condition). This will be explained in more detail below with respect to a visualisation space defined for a group of patients, although it is equally applicable to the visualisation space shown in Figure 7 for a particular patient.

[0034] In Figure 7 a set of data points from a patient is used (after pre-clustering) to train the artificial neural network. The trained network may then be used to continue to monitor that patient by inputting new data points to it and having

them mapped and displayed in the visualisation space. Clearly, though, when a patient is first monitored, no prior data may be available for that patient. Further, there may be insufficient data for several hours to train the artificial neural network, and in any event the network can only be adequately trained after a sufficient amount of data representing normality for that patient has been obtained. For that initial period, therefore, it is necessary to map the data points to the visualisation space by using an artificial neural network which has already been trained. This can be achieved by training an artificial neural network on data from a representative group of patients for a particular condition. It should be noted that training the artificial neural network using data from healthy people is unlikely to be satisfactory since their data is unlikely to span the necessary range of the measurement space. Further, patients with different conditions may, again not provide data which is sufficient to span the measurement space desired for the patients to be monitored.

[0035] Figure 8 illustrates a visualisation space showing points which have been mapped using data from several patients in a group (which data is normalised and may be pre-clustered as above if necessary). It can be seen that much of the data is clustered in the central region of the display, and it is therefore possible to define a boundary 80 within which the patient condition is regarded as being normal for that group, and outside of which the patient condition is regarded as being abnormal. The data from a particular patient can be mapped using the artificial neural network trained with the data from the patient group and then displayed on the visualisation space for the group. Figure 9 illustrates a plot of a particular patient's condition on the visualisation space for the group. Figure 9 is the data from the same patient as Figure 7g (patient 37) but whereas in Figures 7b to g, the n-dimensional data is mapped onto the visualisation space defined by that patient only (Figure 7a), in Figure 9, the same n-dimensional data is mapped onto the visualisation space defined by that patient group (i.e. in this case patient 37 and 5 other patients, including patient 36 - Figure 10, patient 52 - Figure 11 - and patient 56 - Figure 12). Similar trajectories/distribution of points are seen in Figures 7g and 9, the differences being due to the difference in the construction of the visualisation space (single patient vs group of patients).

[0036] Figure 9 (or 7a to 7g) represents an improving patient with a heart condition. Figures 10 and 11 (patients 36 and 52) are "normal" patients within the group of patients with heart problems. Figure 12 (patient 56) represents a patient who starts out as "normal" for that group (the region within boundary 80) but deteriorates during the course of monitoring to the right-hand part of the plot. An alarm can be generated once the boundary of normality has been crossed.

[0037] The data used in Figure 7 was normalised readings of four parameters: heart rate, blood pressure, oxygen saturation and skin temperature, taken for an individual patient from a coronary care unit over a period of 24 hours resampled at a sampling rate of once a second. Figures 8 to 12 are based on a data set of the same parameters as in Figure 7 for periods of 24 hours for six patients, all of whom were patients in a coronary care unit. Figures 13 to 20 are based on resampled data sets of measurements of the same four parameters for one to twelve hours, for 14 patients having acute dyspnoea, congestive heart failure or post myocardial infarct.

[0038] Figures 13 (A) and (B) illustrate the same data as in Figure 12 (for patient 56) plotted on a visualisation space in which the mapping was derived using a training data set from a different group of (abnormal) patients. Again "normality" is in the middle of the visualisation space. The patient starts off with "normal" heart rate, blood pressure, skin temperature and oxygen saturation as can be seen from the individual plots of these parameters in Figures 13 (B). However, in the last third of the time plotted, all four parameters change as the patient's condition deteriorates and this can be seen in the visualisation space of Figures 13 (A) as the departure labelled 130 towards the left-centre of the space. In the data sets used for in Figure 13, and also Figures 14 to 20 the heart rate is measured in beats-per-minute, the blood pressure in mm Hg, the temperature in °C and the oxygen saturation in percentage points. Since these data have been normalised using the zero-mean, unit-variance transform, a "normal" value in each case is 0.0. On the figures the normalised values are plotted with the vertical axis being labelled in number of standard deviations for the set of data, and the horizontal axis in seconds (every five seconds for Figures 14 to 19).

[0039] Figures 14 (A) and (B) illustrate respectively data plotted on the visualisation space and the individual parameter plots for a patient whose condition remains normal over the course of the measurements.

[0040] Figures 15 (A) and (B) illustrate respectively the data plotted on the visualisation space and the individual parameter plots for a patient whose heart rate-rises and oxygen saturation dips (down to 75%), this being shown in the visualisation space as the departure labelled 150 to the left of the space. This patient required transfer to an intensive care unit.

[0041] Figures 16 (A) and (B) illustrate corresponding plots for a patient whose condition started as abnormal (high heart rate and blood pressure) and became normal, resulting in trajectory 160 in the visualisation space of Figure 16 (A). However, the patient's oxygen saturation suddenly dipped (at point 162 on the oxygen saturation plot of Figure 16 (B)), when their oxygen mask was removed. This is seen as departure 164 towards the bottom left on the visualisation space of Figure 16 (A).

[0042] In accordance with an embodiment of the invention a further indication of the patient's condition may be obtained by deriving an "index of novelty" of each point, based on the distance in the multi-dimensional measurement space of that point from the predefined "normal" point. After normalisation with a zero-mean transform, the "normal" point will be the origin, i.e. the point with coordinates (0, 0, 0, 0...) in the measurement space. The index of novelty may be computed using the method of Parzen Windows as disclosed in "Novelty Detection for the Identification of Masses in Mammograms",

Tarassenko et. al., Procs. 4th IEE Int. Conf. on Artificial Neural Networks, Cambridge, June 1995, pp 442-447, where novelty is assessed by summing the distance between a data point and each of a set of prototype points representing normality (e.g. the 80% of the prototype points which are closest to the origin).

[0043] This index of novelty may be used to trigger an alarm condition, for instance if it is greater than a predetermined threshold. The threshold may be defined, for example, as being a boundary encompassing the normal prototypes.

[0044] This index of novelty may be displayed on a plot as illustrated in Figures 21 and 22 for the prototype points (the training set used for Figures 13 to 20). In Figure 21 the 80% of prototype points closest to (0, 0, 0, 0) in the measurement space are shown in black and in Figure 22 the remainder are shown in black (though in practice green and red are used respectively).

[0045] In Figures 17 to 20 the points in the visualisation space (a) are shown, together either with the plots (b) of the four normalised individual parameters (heart rate, blood pressure, skin temperature and oxygen saturation) with time, and the index of novelty plotted against time is presented in the bottom right-hand corner of the display (c).

[0046] The alarm condition for the patient is preferably not triggered only by crossing the threshold (shown by line TH in Figures 17 to 20), but by a combination of the time and extent to which the threshold is crossed. This avoids triggering by brief artefacts, as are visible, for example, in Figures 18 and 20. This may be achieved by integrating the area between the plot and the threshold, and only triggering the alarm when this area exceeds a certain amount.

[0047] The index of novelty may be calculated from the unconditional probability density function $p(x)$, where x is the vector of parameters (in this case using their normalised values). This may be estimated using the standard method of Parzen Windows referred to before, where:

$$p(x) = \frac{1}{n(2\pi)^{d/2} \sigma^d} \sum_{m=1}^n \exp\left\{-\frac{1}{2} \frac{\|\mathbf{x} - \mathbf{x}_m\|^2}{\sigma^2}\right\}$$

- One spherical Gaussian kernel for each normal prototype x_m
- σ is a smoothing parameter which is the same for all normal prototypes x_m , taken as the average distance between a prototype point and its ten nearest neighbours
- d is the dimensionality of the data, 4 in this case as four parameters are measured.

Novelty is then calculated as $1/\log p(x)$. Thus $\|\mathbf{x} - \mathbf{x}_m\|$ is a measure of the distance between the current data point and the m^{th} normal prototype in the training set of which there are n .

[0048] Figure 17 illustrates the visualisation space, plots of four parameters, and plot of index of novelty against time for a patient whose condition remains normal. Figure 18 illustrates in the same way the data from the patient of Figure 16. It can be seen that the index of novelty decreases as the patient's condition improves at the beginning, but shows brief, sharp increases, particularly when the oxygen saturation drops on removal of the oxygen mask. Figures 19 and 20 are corresponding plots for the patient data shown in Figures 13 and 15, and it can be seen that the index of novelty and colour-coding follow the deterioration in the patient's condition.

Claims

1. Apparatus for displaying a graphical representation of a patient's condition as measured by n parameters, where $n > 3$, obtained from n sensors constituting a plurality of signal sources, the apparatus comprising a processor (34) which maps data points represented by said n parameters from an n -dimensional measurement space into an m -dimensional visualisation space (38), where $m < n$, using a dimensionality reduction mapping, and a display (36) which displays the visualisation space (38) and the data points mapped into it, and which is adapted to the display of dynamically changing values of said parameters by means of the mapping being carried out by a trained artificial neural network, wherein said processor (34) maps each data point on receipt onto a novelty index constituting a one dimensional visualisation space (38) and said display (36) displays the value of said novelty index against time, **characterised in that** the index of novelty of each point is based on its distance in the multi-dimensional measurement space from a predefined prototype point representing normality.
2. Apparatus according to claim 1 wherein the n parameters are selected from : a respiration measurement, an oxygen saturation measurement, blood pressure, skin temperature, S-T segment elevation/depression, heart rate, heart rate variability and respiration rate.

3. Apparatus according to claim 2 wherein the respiration measurement is an impedance pneumography measurement.
4. Apparatus according to claim 2 or 3 wherein the oxygen saturation measurement is a pulse oximetry measurement.
- 5 5. Apparatus according to any one of the preceding claims wherein said processor (34) normalises the parameters prior to said mapping.
6. Apparatus according to claim 5 wherein the processor (34) normalises the parameters using a zero mean, unit variance transformation.
- 10 7. Apparatus according to claim 5 wherein the processor (34) normalises the parameters using an empirical transformation.
- 15 8. Apparatus according to any one of the preceding claims wherein the dimensionality reduction is a distance-preserving mapping.
- 20 9. Apparatus according to any one of the preceding claims wherein the artificial neural network is a Radial Basis Function (RBF) neural network.
- 25 10. Apparatus according to any one of the preceding claims wherein the artificial neural network is a network trained with data comprising a plurality of sets of said parameters from the patient.
- 30 11. Apparatus according to any one of claims 1 to 10 wherein the artificial neural network is a network trained with data comprising a plurality of sets of said parameters from a group of patients.
- 35 12. Apparatus according to any one of the preceding claims further comprising an alarm responsive to said value of the index of novelty exceeding a threshold.
- 40 13. Apparatus according to any one of the preceding claims wherein the index of novelty of each point is calculated by summing the distance in the multi-dimensional measurement space between it and each of the set of prototype points representing normality.
- 45 14. A method of displaying a graphical representation of a patient's condition as measured by n parameters, where $n > 3$, obtained from n sensors constituting a plurality of signal sources, the method comprising mapping data points represented by said n parameters from an n -dimensional measurement space into an m -dimensional visualisation space (38), where $m < n$, using a dimensionality reduction mapping, and displaying the visualisation space (38) and the data points mapped into it, and which is adapted to the display of dynamically changing values of said parameters by means of the mapping being carried out by a trained artificial neural network; wherein said mapping maps each data point on receipt onto a novelty index constituting a one dimensional visualisation space (38) and the value of said novelty index is displayed against time; **characterised in that** the index of novelty of each point is based on its distance in the multi-dimensional measurement space from a predefined prototype point representing normality.
- 50 15. A method according to claim 14 wherein the n parameters are selected from: a respiration measurement, an oxygen saturation measurement, blood pressure, skin temperature, S-T segment elevation/depression, heart rate, heart rate variability and respiration rate.
- 55 16. A method according to claim 15 wherein the respiration measurement is an impedance pneumography measurement.
17. A method according to claim 15 or 16 wherein the oxygen saturation measurement is a pulse oximetry measurement.
18. A method according to any one of claims 14 to 17 further comprising normalising the parameters prior to said mapping.
19. A method according to claim 18 wherein the normalisation is by a zero mean, unit variance transformation.
20. A method according to claim 18 wherein the normalisation is by an empirical transformation.
21. A method according to any one of claims 14 to 20 wherein the dimensionality-reduction is a distance-preserving mapping.

22. A method according to any one of claims 14 to 21 wherein the artificial neural network is a Radial Basis Function (RBF) neural network.

23. A method according to any one of claims 14 to 22 wherein the artificial neural network is trained with data comprising a set of said parameters from the patient.

24. A method according to any one of claims 14 to 23 wherein the artificial neural network is trained with data comprising a plurality of sets of said parameters from a group of patients.

25. A method according to any one of claims 14 to 24 further comprising generating an alarm responsive to said value of the index of novelty exceeding a threshold.

26. A method according to any one of claims 14 to 25 wherein the index of novelty of each point is calculated by summing the distance in the multi-dimensional measurement space between it and each of the set of prototype points representing normality.

27. A patient condition monitor comprising apparatus according to any one of claims 1 to 15.

28. A computer program comprising program code means for executing on a programmed computer system the method of any one of claims 14 to 26.

29. A computer readable storage medium storing a computer program according to claim 28.

Patentansprüche

1. Vorrichtung zum Anzeigen einer graphischen Darstellung einer durch n Parameter gemessenen Bedingung eines Patienten, wobei $n > 3$, die von n Sensoren erhalten wurden, die mehrere Signalquellen bilden, wobei die Vorrichtung umfasst: einen Prozessor (34), der die durch n Parameter dargestellten Datenpunkte aus einem n -dimensionalen Messraum in einen m -dimensionalen Visualisierungsraum (38), wobei $m < n$, unter Verwendung einer Dimensionalitätsreduktionsabbildung abbildet, und eine Anzeige (36), die den Visualisierungsraum (38) und die in diesen abgebildeten Datenpunkte anzeigt und die für die Anzeige von sich dynamisch ändernden Werten der Parameter mittels Durchführen der Abbildung durch ein trainiertes künstliches neuronales Netz ausgelegt ist, wobei der Prozessor (34) jeden Datenpunkt bei Empfang auf einen einen eindimensionalen Visualisierungsraum (38) bildenden Kennwert (Novelty Index) abbildet und die Anzeige (36) den Wert des Kennwerts gegen die Zeit anzeigt, **dadurch gekennzeichnet, dass** der Kennwert jedes Punkts auf dessen Abstand in dem mehrdimensionalen Messraum von einem Normalität darstellenden vorbestimmten Prototyppunkt beruht.

2. Vorrichtung nach Anspruch 1, **dadurch gekennzeichnet, dass** die n Parameter gewählt werden aus: einer Atmungsmessung, einer Sauerstoffsättigungsmessung, Blutdruck, Hauttemperatur, S-T-Streckenhebung, Streckensenkung, Herzfrequenz, Herzfrequenzvariabilität und Atmungsfrequenz.

3. Vorrichtung nach Anspruch 2, **dadurch gekennzeichnet, dass** die Atmungsmessung eine Impedanzpneumographiemessung ist.

4. Vorrichtung nach Anspruch 2 oder 3, **dadurch gekennzeichnet, dass** die Sauerstoffsättigungsmessung eine Pulsoximetriemessung ist.

5. Vorrichtung nach einem der vorhergehenden Ansprüche, **dadurch gekennzeichnet, dass** der Prozessor (34) vor dem Abbilden die Parameter normalisiert.

6. Vorrichtung nach Anspruch 5, **dadurch gekennzeichnet, dass** der Prozessor (34) mit Hilfe einer Transformation mit Mittelwert Null und Varianz Eins die Parameter normalisiert.

7. Vorrichtung nach Anspruch 5, **dadurch gekennzeichnet, dass** der Prozessor (34) die Parameter mit Hilfe einer empirischen Transformation normalisiert.

8. Vorrichtung nach einem der vorhergehenden Ansprüche, **dadurch gekennzeichnet, dass** die Dimensionalitäts-

reduktion ein Abstand währendes Abbilden ist.

- 5
9. Vorrichtung nach einem der vorhergehenden Ansprüche, **dadurch gekennzeichnet, dass** das künstliche neuronale Netz ein radiales Basisfunktionsnetz (RBF) ist.
10. Vorrichtung nach einem der vorhergehenden Ansprüche, **dadurch gekennzeichnet, dass** das künstliche neuronale Netz ein mit Daten trainiertes Netz ist, die mehrere Sätze von Parametern des Patienten umfassen.
- 10 11. Vorrichtung nach einem der Ansprüche 1 bis 10, **dadurch gekennzeichnet, dass** das künstliche neuronale Netz ein mit Daten trainiertes Netz ist, die mehrere Sätze von Parametern von einer Gruppe von Patienten umfassen.
12. Vorrichtung nach einem der vorhergehenden Ansprüche, welche weiterhin einen Alarm umfasst, der anspricht, wenn ein Wert des Kennwerts einen Grenzwert übersteigt.
- 15 13. Vorrichtung nach einem der vorhergehenden Ansprüche, **dadurch gekennzeichnet, dass** der Kennwert jedes Punkts durch Summieren des Abstands in dem mehrdimensionalen Messraum zwischen diesem und jedem des Satzes von Prototypenpunkten, die Normalität darstellen, berechnet wird.
- 20 14. Verfahren zum Anzeigen einer graphischen Darstellung der durch n Parameter gemessenen Bedingung eines Patienten, wobei $n > 3$, die von n Sensoren erhalten wurden, die mehrere Signalquellen bilden, wobei das Verfahren umfasst: das Abbilden von durch n Parameter dargestellten Datenpunkten aus einem n -dimensionalen Messraum in einen m -dimensionalen Visualisierungsraum (38), wobei $m < n$, unter Verwendung einer Dimensionalitätsreduktionsabbildung sowie das Anzeigen des Visualisierungsraums (38) und der in diesen abgebildeten Datenpunkte, und das für die Anzeige von sich dynamisch ändernden Werten der Parameter mittels Durchführen der Abbildung durch ein trainiertes künstliches neuronales Netz ausgelegt ist; wobei das Abbilden jeden Datenpunkt bei Empfang auf einen ein-dimensionalen Visualisierungsraum (38) bildenden Kennwert abbildet und der Wert des Kennwerts gegen die Zeit angezeigt wird; **dadurch gekennzeichnet, dass** der Kennwert jedes Punkts auf dessen Abstand in dem mehrdimensionalen Messraum von einem Normalität darstellenden vorbestimmten Prototyppunkt beruht.
- 25
- 30 15. Verfahren nach Anspruch 14, **dadurch gekennzeichnet, dass** die n Parameter gewählt werden aus: einer Atmungsmessung, einer Sauerstoffsättigungsmessung, Blutdruck, Hauttemperatur, S-T-Streckenhebung|Strecken-senkung, Herzfrequenz, Herzfrequenzvariabilität und Atmungsfrequenz.
- 35 16. Verfahren nach Anspruch 15, **dadurch gekennzeichnet, dass** die Atmungsmessung eine Impedanzpneumographiemessung ist.
17. Verfahren nach Anspruch 15 oder 16, **dadurch gekennzeichnet, dass** die Sauerstoffsättigungsmessung eine Pulsoximetriemessung ist.
- 40 18. Verfahren nach einem der Ansprüche 14 bis 17, welches weiterhin vor dem Abbilden das Normalisieren der Parameter umfasst.
19. Verfahren nach Anspruch 18, **dadurch gekennzeichnet, dass** das Normalisieren durch Transformation mit Mittelwert Null und Varianz Eins erfolgt.
- 45 20. Verfahren nach Anspruch 18, **dadurch gekennzeichnet, dass** das Normalisieren durch empirische Transformation erfolgt.
- 50 21. Verfahren nach einem der Ansprüche 14 bis 20, **dadurch gekennzeichnet, dass** die Dimensionalitätsreduktion ein Abstand währendes Abbilden ist.
22. Verfahren nach einem der Ansprüche 14 bis 21, **dadurch gekennzeichnet, dass** das künstliche neuronale Netz ein radiales Basisfunktionsnetz (RBF) ist.
- 55 23. Verfahren nach einem der Ansprüche 14 bis 22, **dadurch gekennzeichnet, dass** das künstliche neuronale Netz mit Daten trainiert wird, die einen Satz der Parameter des Patienten umfassen.
24. Verfahren nach einem der Ansprüche 14 bis 23, **dadurch gekennzeichnet, dass** das künstliche neuronale Netz

mit Daten trainiert wird, die mehrere Sätze der Parameter von einer Gruppe von Patienten umfassen.

25. Verfahren nach einem der Ansprüche 14 bis 24, welches weiterhin das Erzeugen eines Alarms umfasst, der anspricht, wenn der Wert des Kennwerts einen Grenzwert übersteigt.

26. Verfahren nach einem der Ansprüche 14 bis 25, **dadurch gekennzeichnet, dass** der Kennwert jedes Punkts durch Summieren des Abstands in dem mehrdimensionalen Messraum zwischen diesem und jedem des Satzes von Prototypenpunkten, die Normalität darstellen, berechnet wird,

27. Patientenzustandsmonitor, der eine Vorrichtung nach einem der Ansprüche 1 bis 15 umfasst.

28. Computerprogramm mit einem Programmcodemittel zum Ausführen des Verfahrens eines der Ansprüche 14 bis 26 auf einer programmierten Computeranlage.

29. Maschinell lesbares Speichermedium, das ein Computerprogramm nach Anspruch 28 speichert.

Revendications

1. Dispositif pour afficher une représentation graphique de l'état d'un patient mesuré par n paramètres, où $n > 3$, obtenu à partir de n capteurs constituant une pluralité de sources de signaux, le dispositif comprenant un processeur (34) qui cartographie des points de données représentés par lesdits n paramètres à partir d'un espace de mesure n -dimensionnel en un espace de visualisation m -dimensionnel (38), où $m < n$, en utilisant une cartographie par réduction de dimensionnalité, et un affichage (36) qui affiche l'espace de visualisation (38) et les points de données cartographiés dans celui-ci, et qui est adapté à l'affichage de valeurs dynamiquement changeantes desdits paramètres grâce au fait que la cartographie est réalisée par un réseau neuronal artificiel entraîné, dans lequel ledit processeur (34) cartographie chaque point de données à la réception sur un indice de nouveauté constituant un espace de visualisation unidimensionnel (38) et ledit affichage (36) affiche la valeur dudit indice de nouveauté par rapport au temps, **caractérisé en ce que** l'indice de nouveauté de chaque point est basé sur sa distance dans l'espace de mesure multidimensionnel à partir d'un point prototype prédéfini représentant la normalité.

2. Dispositif selon la revendication 1, dans lequel les n paramètres sont choisis à partir de : d'une mesure de respiration, d'une mesure de saturation en oxygène, de la pression artérielle, de la température cutanée, du sus-décalage/sous-décalage du segment S-T, du rythme cardiaque, de la variabilité du rythme cardiaque et du rythme respiratoire.

3. Dispositif selon la revendication 2, dans lequel la mesure de respiration est une mesure par pneumographie à impédance.

4. Dispositif selon la revendication 2 ou 3, dans lequel la mesure de saturation en oxygène est une mesure par oxymétrie de pouls.

5. Dispositif selon l'une quelconque des revendications précédentes, dans lequel ledit processeur (34) normalise les paramètres avant ladite cartographie.

6. Dispositif selon la revendication 5, dans lequel le processeur (34) normalise les paramètres en utilisant une transformation de moyenne nulle, de variance unitaire.

7. Dispositif selon la revendication 5, dans lequel le processeur (34) normalise les paramètres en utilisant une transformation empirique.

8. Dispositif selon l'une quelconque des revendications précédentes, dans lequel la réduction de dimensionnalité est une cartographie conservant les distances.

9. Dispositif selon l'une quelconque des revendications précédentes, dans lequel le réseau neuronal artificiel est un réseau neuronal à fonction-base radiale (RBF).

10. Dispositif selon l'une quelconque des revendications précédentes, dans lequel le réseau neuronal artificiel est un réseau entraîné avec des données comprenant une pluralité d'ensembles desdits paramètres du patient.

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11. Dispositif selon l'une quelconque des revendications 1 à 10, dans lequel le réseau neuronal artificiel est un réseau entraîné avec des données comprenant une pluralité d'ensembles desdits paramètres d'un groupe de patients.
- 5 12. Dispositif selon l'une quelconque des revendications précédentes, comprenant en outre une alarme réagissant lorsque ladite valeur de l'indice de nouveauté dépasse un seuil.
- 10 13. Dispositif selon l'une quelconque des revendications précédentes, dans lequel l'indice de nouveauté de chaque point est calculé en additionnant la distance dans l'espace de mesure multidimensionnel entre le point et chacun de l'ensemble de points prototypes représentant la normalité.
- 15 14. Procédé d'affichage d'une représentation graphique de l'état d'un patient mesurée par n paramètres, où $n > 3$, obtenue à partir de n capteurs constituant une pluralité de sources de signaux, le procédé comprenant la cartographie de points de données représentés par lesdits n paramètres à partir d'un espace de mesure n -dimensionnel en un espace de visualisation m -dimensionnel (38), où $m < n$, en utilisant une cartographie par réduction de dimensionnalité, et en affichant l'espace de visualisation (38) et des points de donnée cartographiés dans celui-ci, et qui est adapté à l'affichage de valeurs dynamiquement changeantes desdits paramètres grâce au fait que la cartographie est réalisée par un réseau neuronal artificiel entraîné ; où ladite cartographie cartographie chaque point de données à la réception sur un indice de nouveauté constituant un espace de visualisation unidimensionnel (38) et la valeur dudit indice de nouveauté est affichée par rapport au temps ; **caractérisé en ce que** l'indice de nouveauté de chaque point est basé sur sa distance dans l'espace de mesure multidimensionnel à partir d'un point prototype prédéfini représentant la normalité.
- 20 15. Procédé selon la revendication 14, dans lequel les n paramètres sont choisis à partir : d'une mesure de respiration, d'une mesure de saturation en oxygène, de la pression artérielle, de la température cutanée, du sus-décalage/sous-décalage du segment S-T, du rythme cardiaque, de la variabilité du rythme cardiaque et du rythme respiratoire.
- 25 16. Procédé selon la revendication 15, dans lequel la mesure de respiration est une mesure par pneumographie à impédance.
- 30 17. Procédé selon la revendication 15 ou 16, dans lequel la mesure de saturation en oxygène est une mesure par oxymétrie de pouls.
- 35 18. Procédé selon l'une quelconque des revendications 14 à 17, comprenant en outre la normalisation des paramètres avant ladite cartographie.
19. Procédé selon la revendication 18, dans lequel la normalisation se fait par une transformation de moyenne nulle, de variance unitaire.
- 40 20. Procédé selon la revendication 18, dans lequel la normalisation se fait par une transformation empirique.
21. Procédé selon l'une quelconque des revendications 14 à 20, dans lequel la réduction de dimensionnalité est une cartographie conservant les distances.
- 45 22. Procédé selon l'une quelconque des revendications 14 à 21, dans lequel le réseau neuronal artificiel est un réseau neuronal à fonction-base radiale (RBF).
23. Procédé selon l'une quelconque des revendications 14 à 22, dans lequel le réseau neuronal artificiel est entraîné avec des données comprenant un ensemble desdits paramètres du patient.
- 50 24. Procédé selon l'une quelconque des revendications 14 à 23, dans lequel le réseau neuronal artificiel est entraîné avec des données comprenant une pluralité d'ensembles desdits paramètres d'un groupe de patients.
- 55 25. Procédé selon l'une quelconque des revendications 14 à 24, comprenant en outre la génération d'une alarme réagissant lorsque ladite valeur de l'indice de nouveauté excède un seuil.
26. Procédé selon l'une quelconque des revendications 14 à 25, dans lequel l'indice de nouveauté de chaque point est calculé en additionnant la distance dans l'espace de mesure multidimensionnel entre celui-ci et chacun de l'ensemble de points prototypes représentant la normalité.

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27. Moniteur de l'état d'un patient comprenant un dispositif selon l'une quelconque des revendications 1 à 15.

28. Programme informatique comprenant un moyen de code informatique pour l'exécution sur un système informatique programmé du procédé selon l'une quelconque des revendications 14 à 26.

29. Support de mémorisation lisible par ordinateur mémorisant un programme informatique selon la revendication 28.

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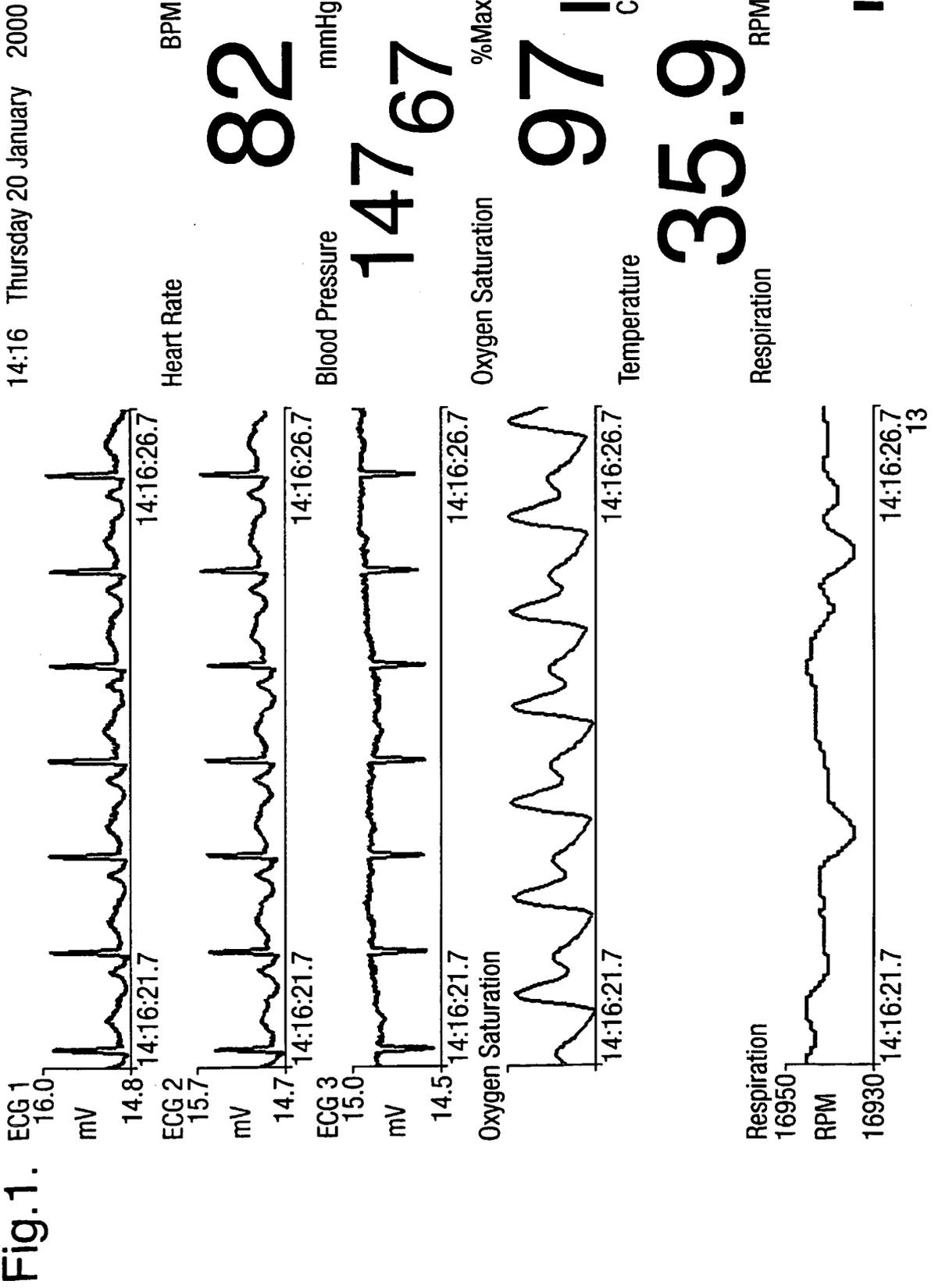


Fig.1.

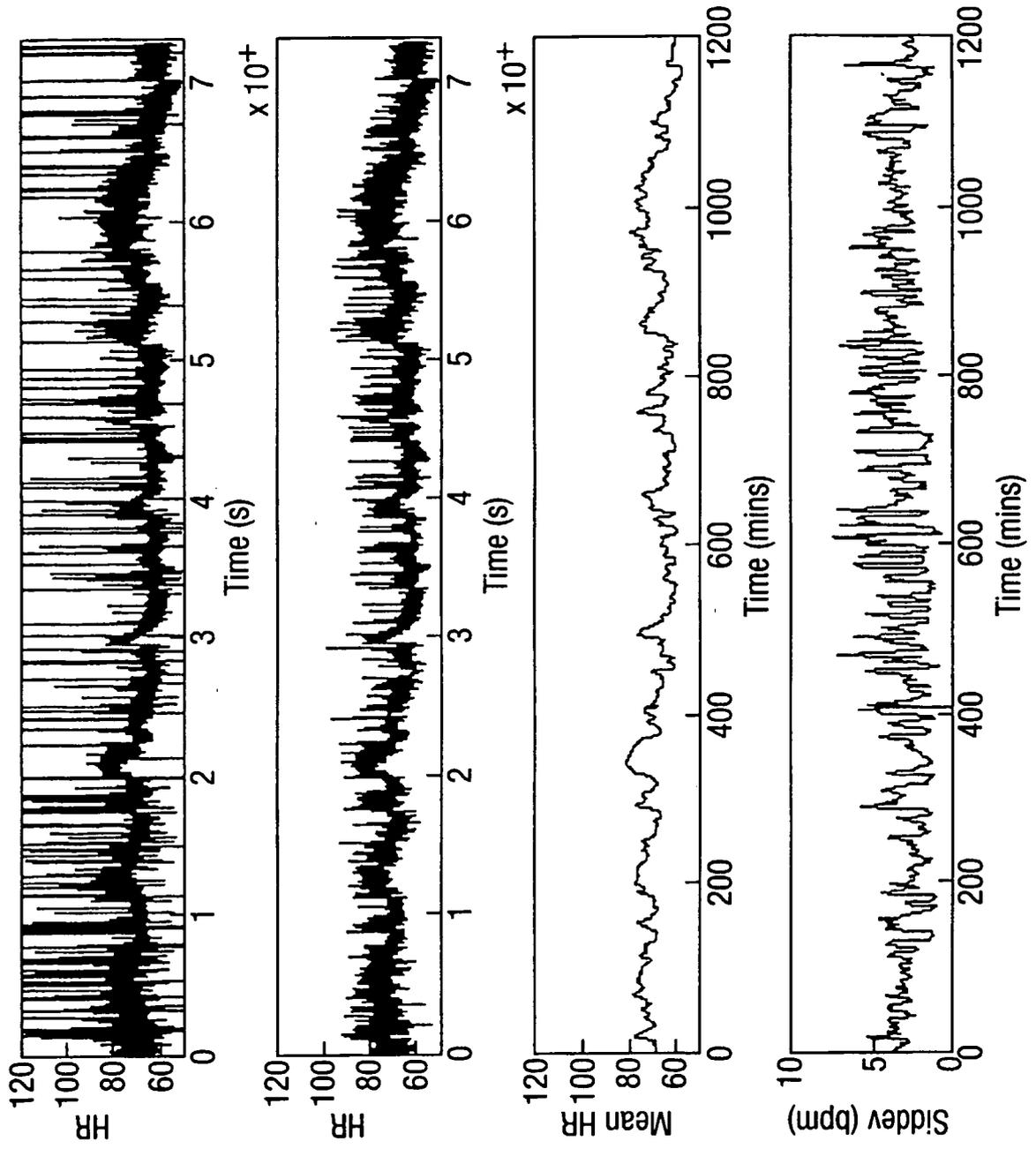


Fig.2.

Fig.3.

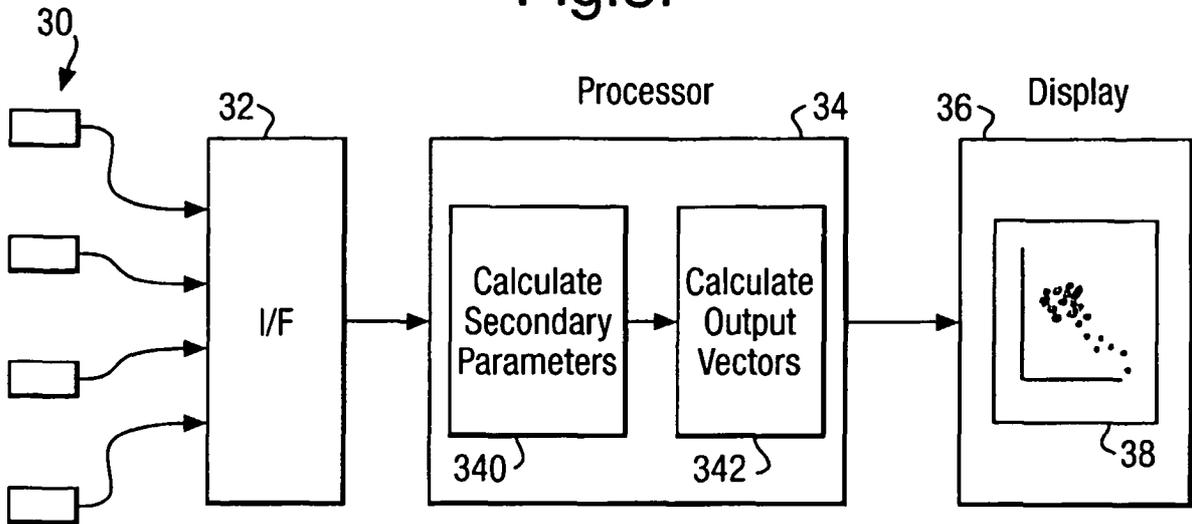


Fig.3A.

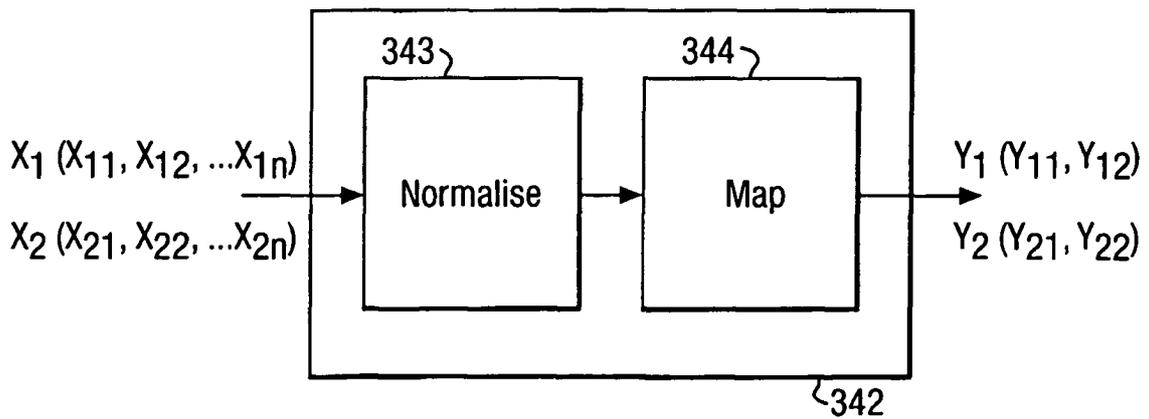


Fig.4.

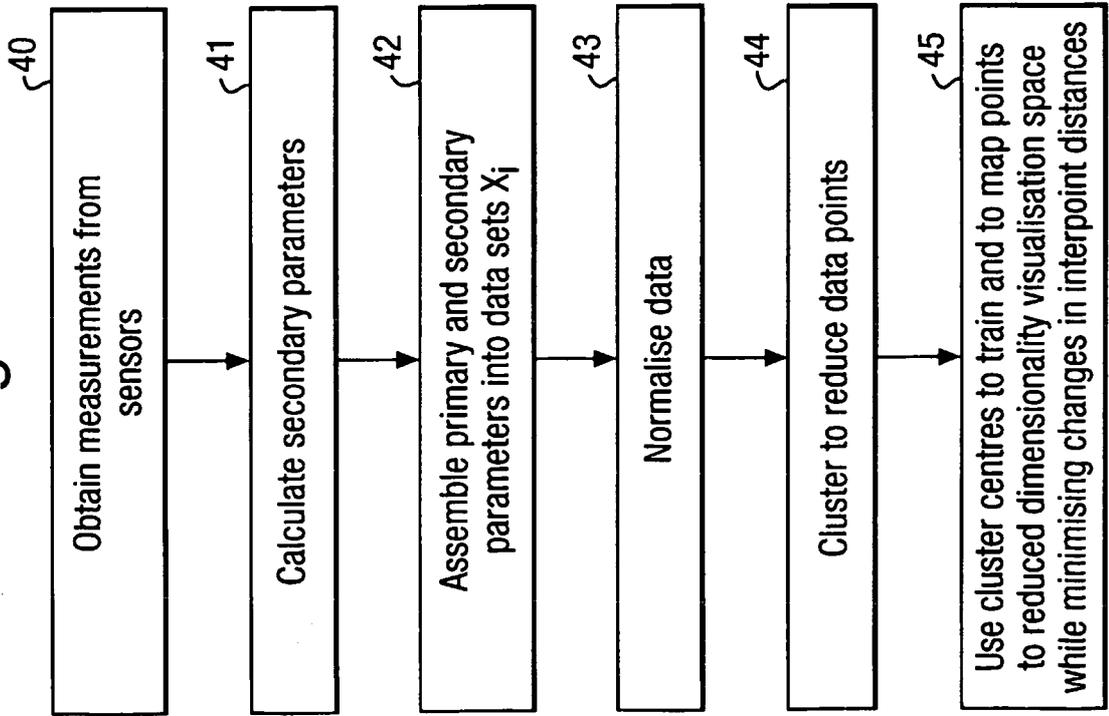


Fig.5.

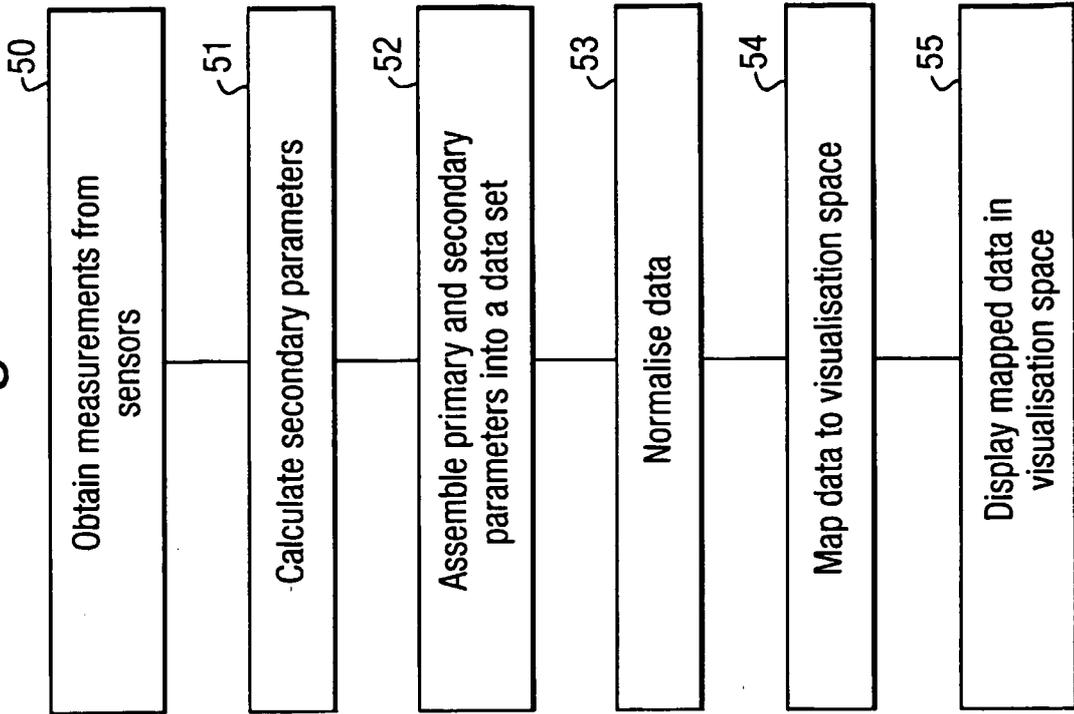


Fig.6.

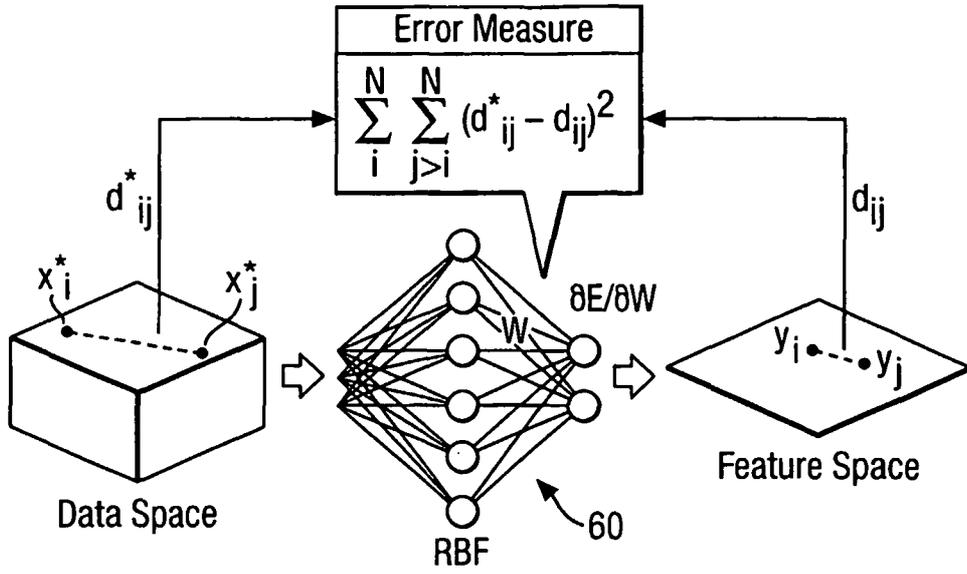


Fig.7A.

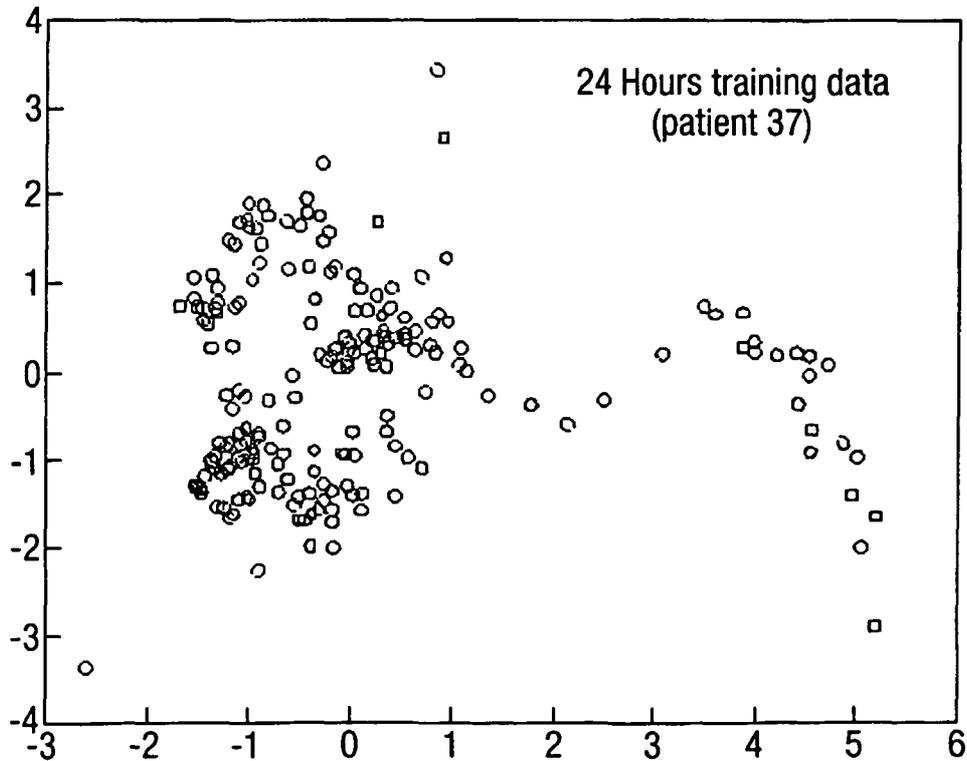


Fig.7B.

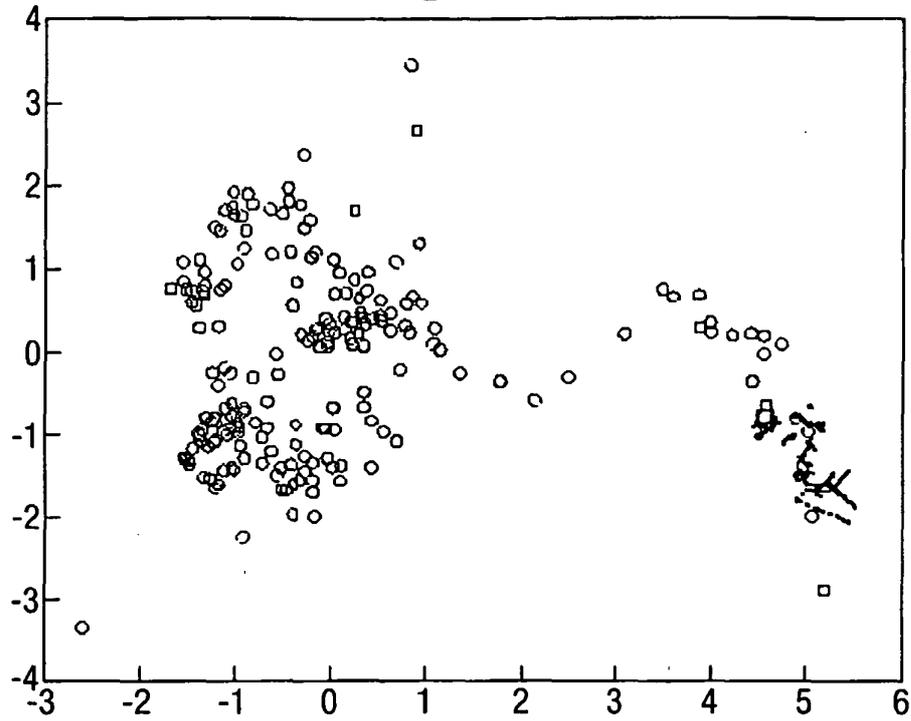


Fig.7C.

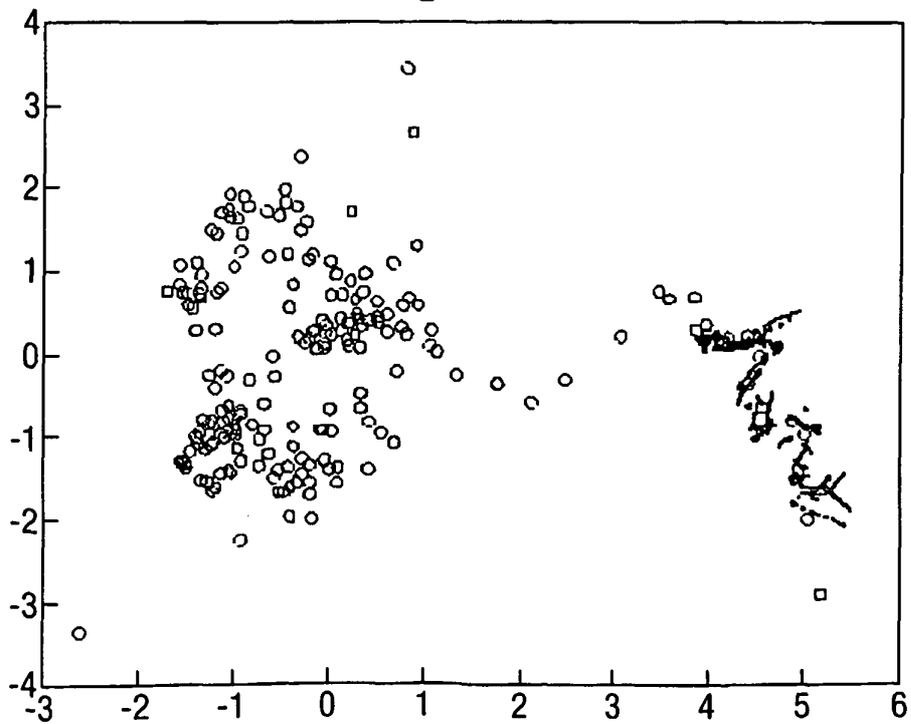


Fig.7D.

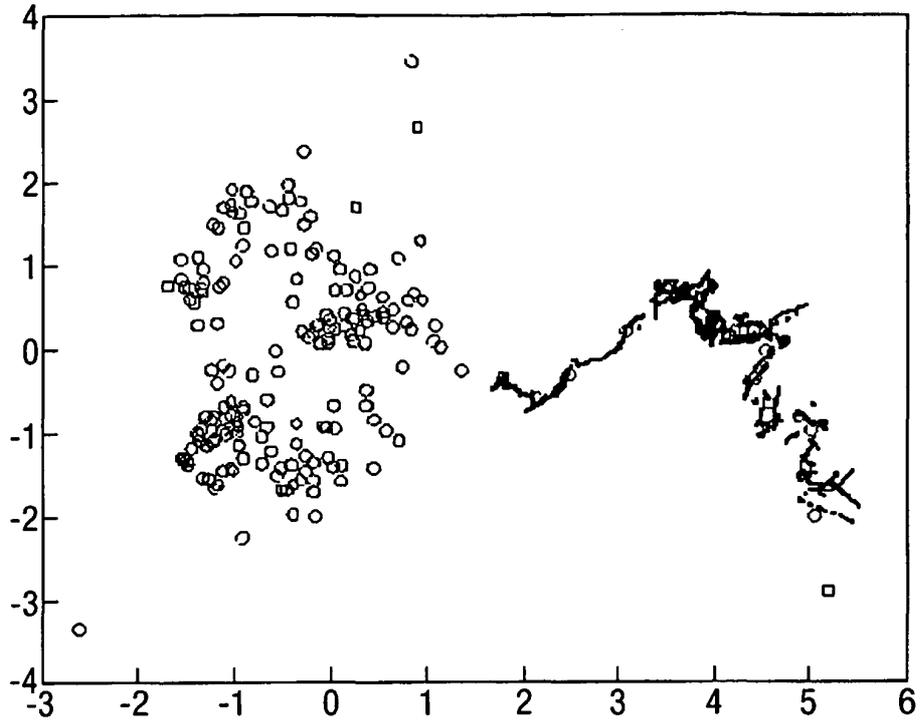


Fig.7E.

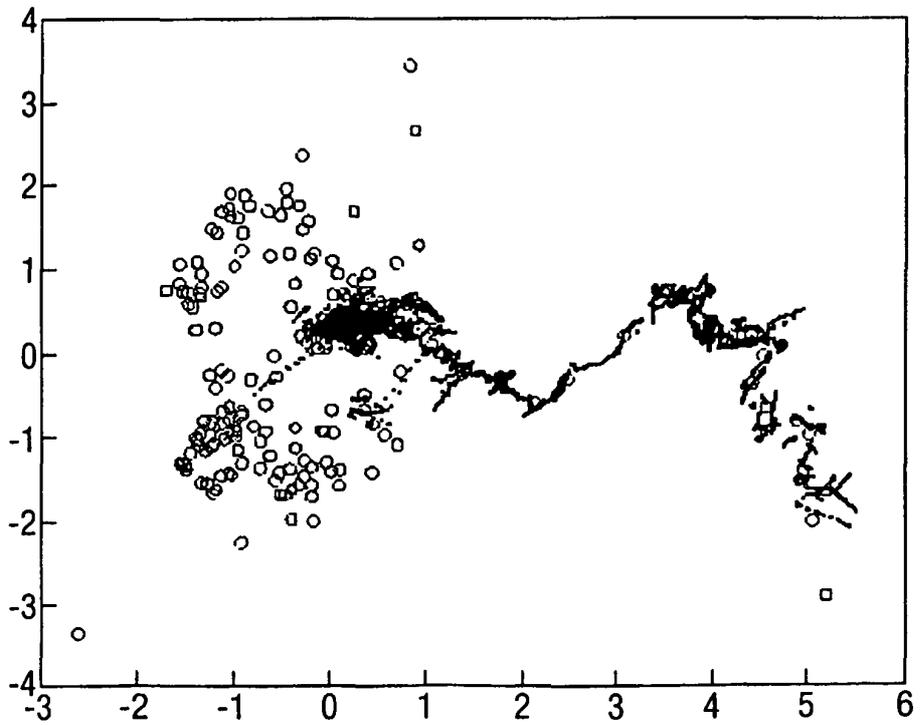


Fig.7F.

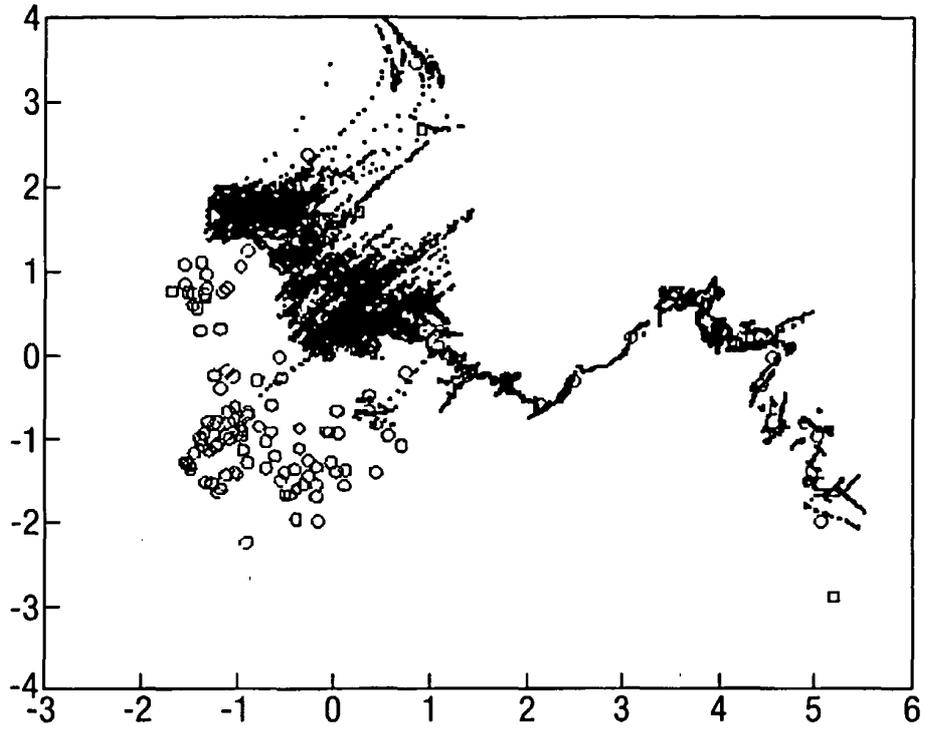


Fig.7G.

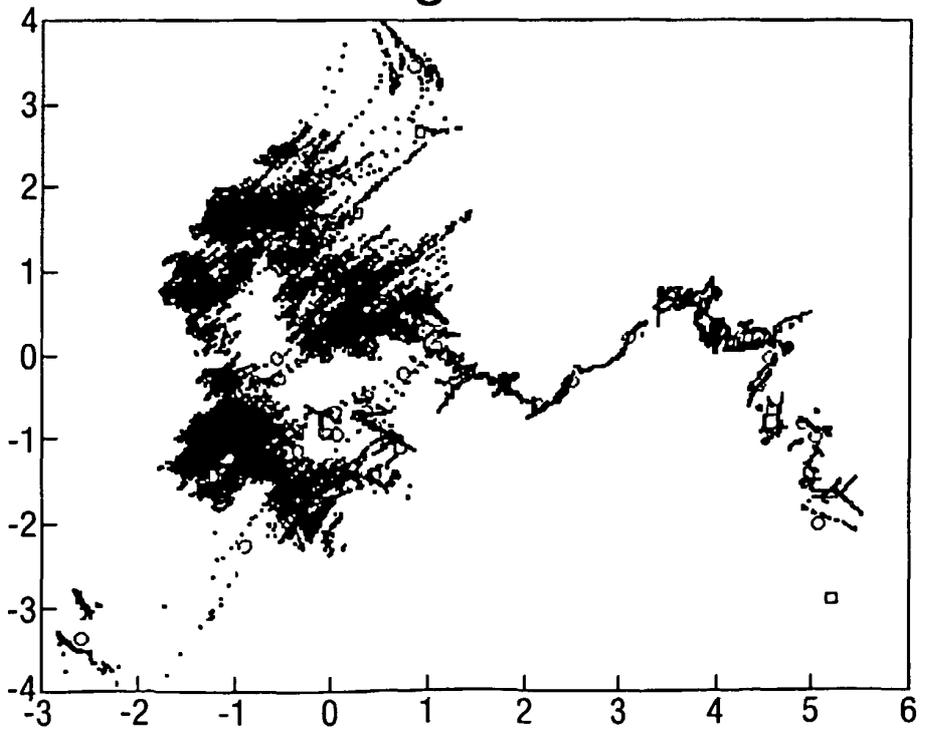


Fig.8.

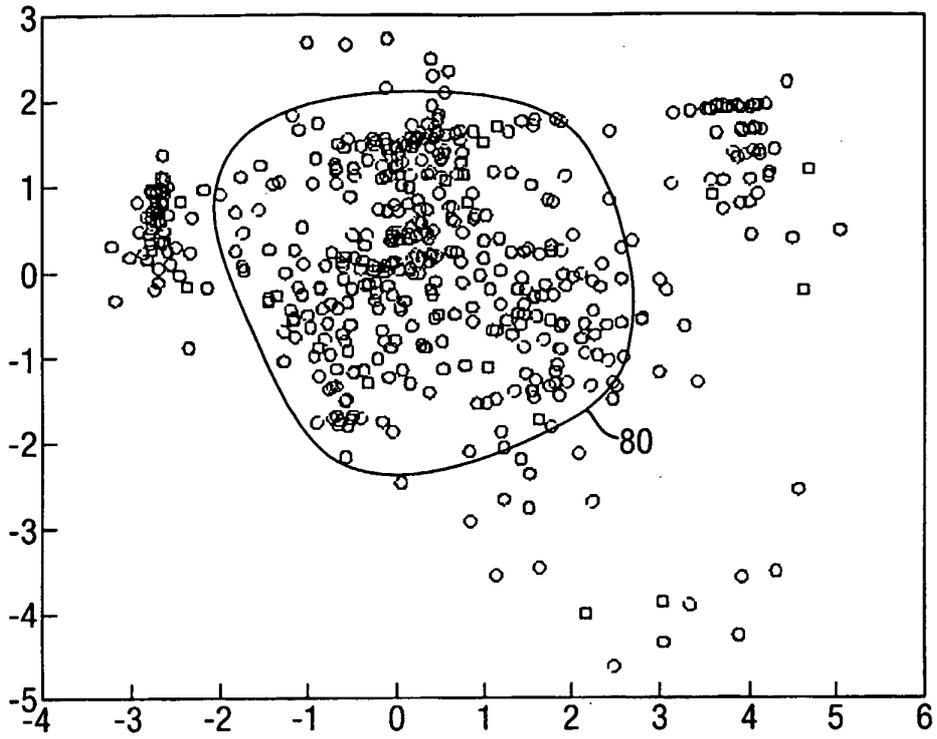


Fig.9.

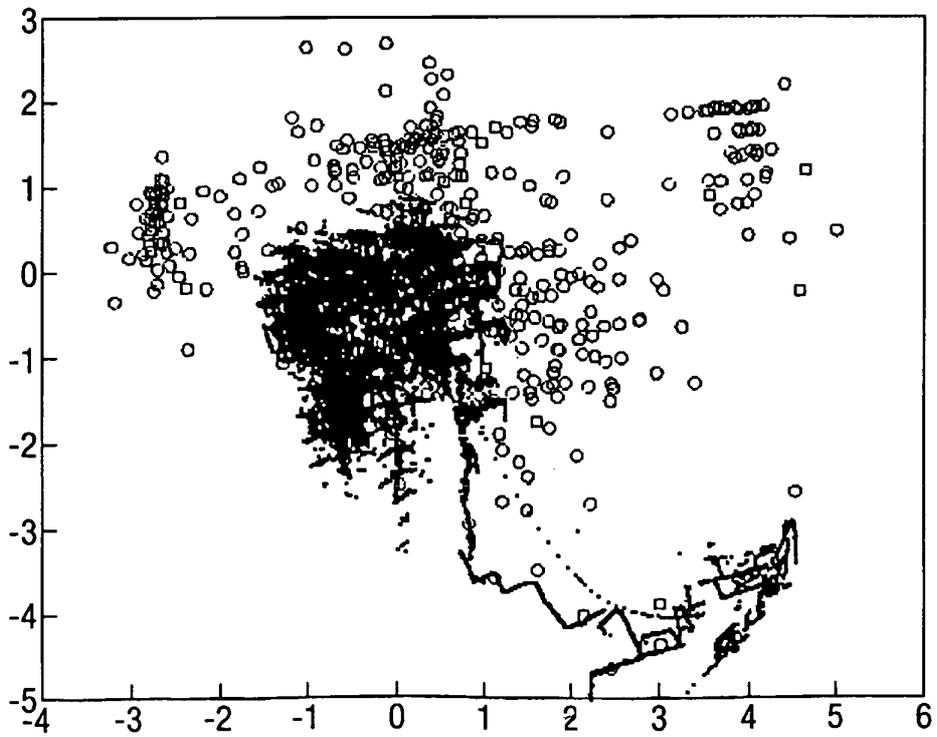


Fig.10.

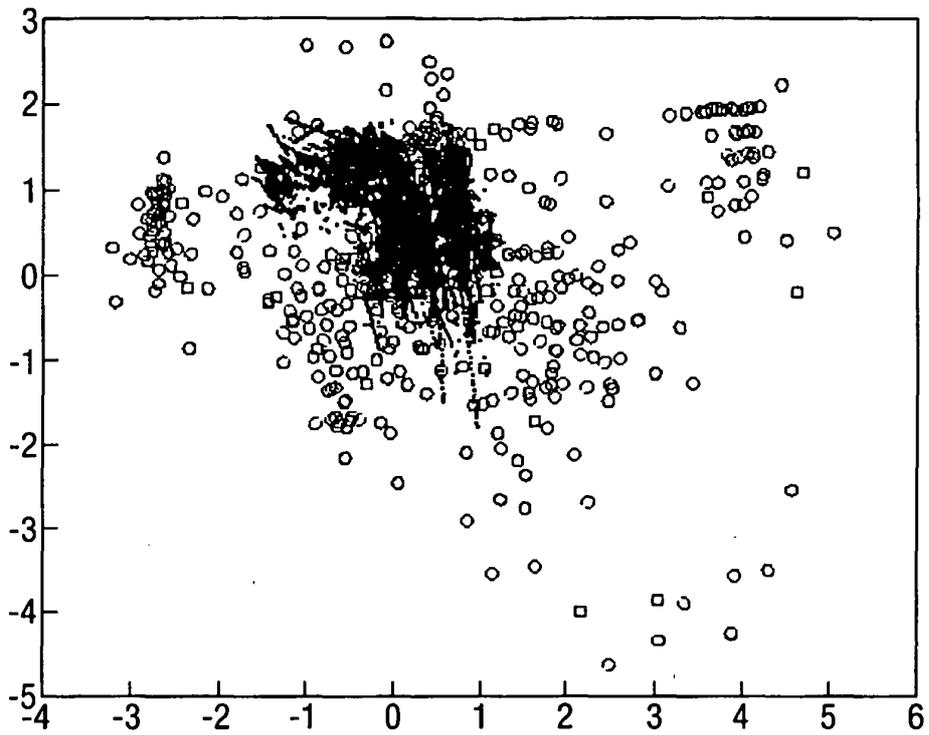


Fig.11.

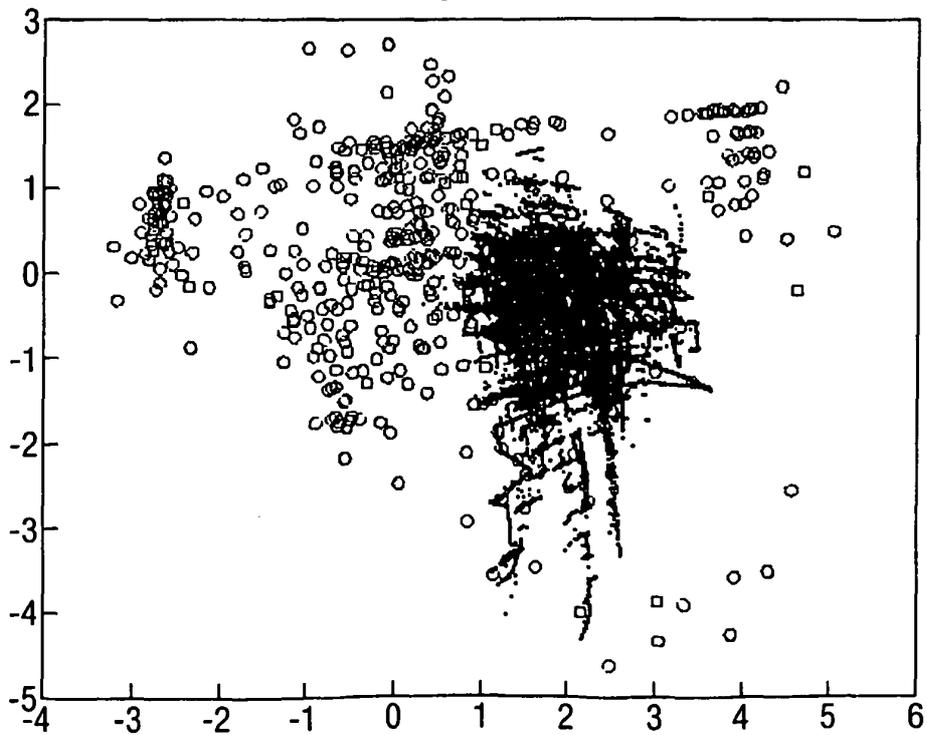


Fig.12.

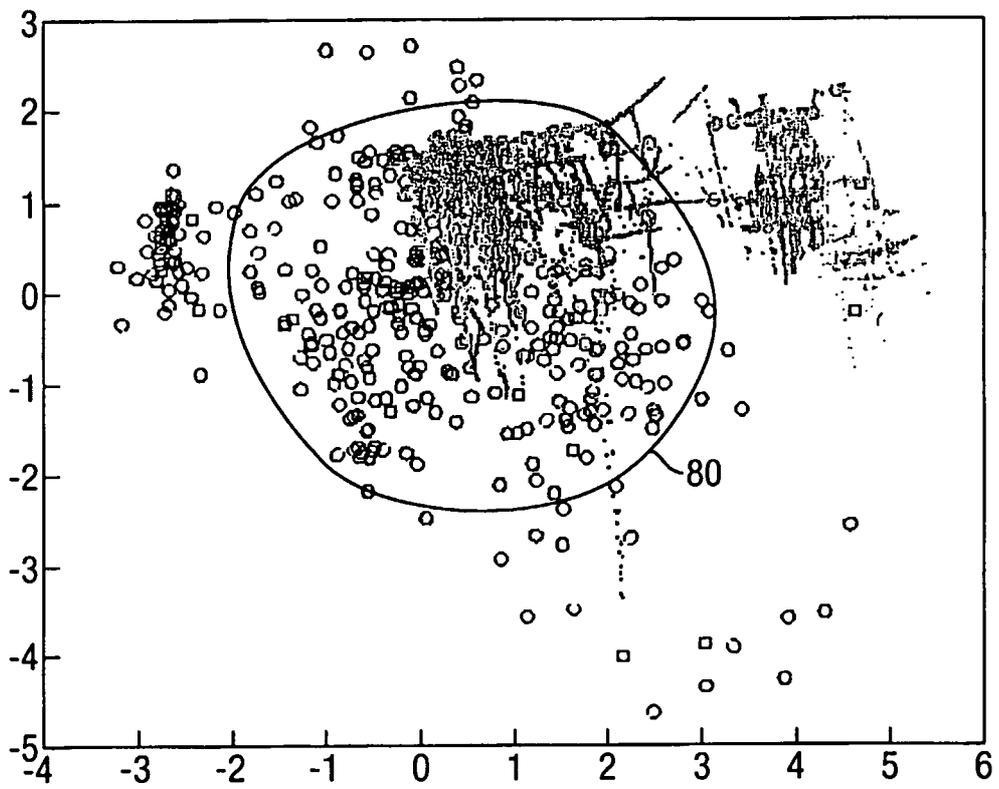


Fig.13 (B).

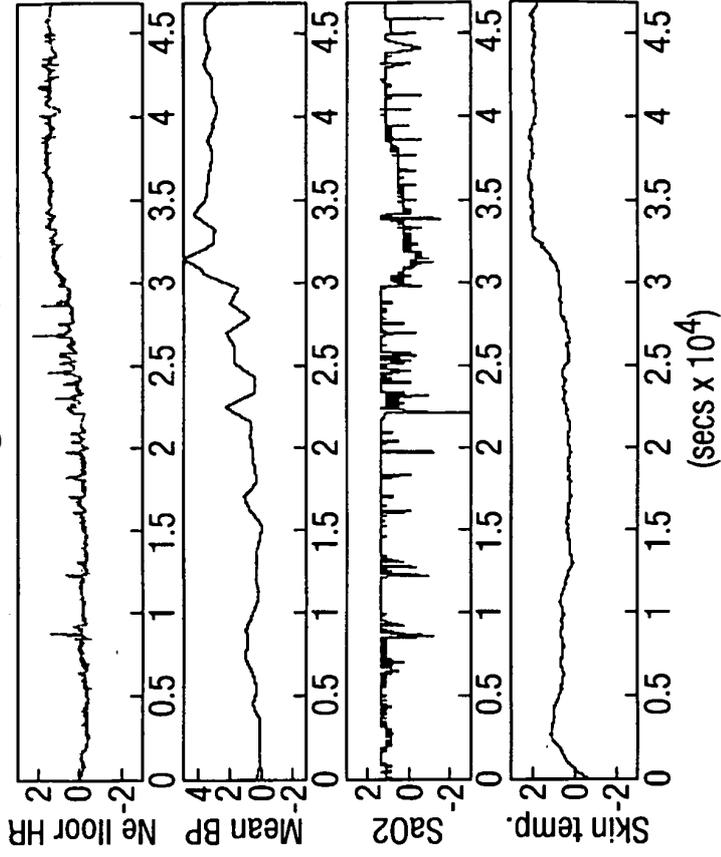


Fig.13 (A).

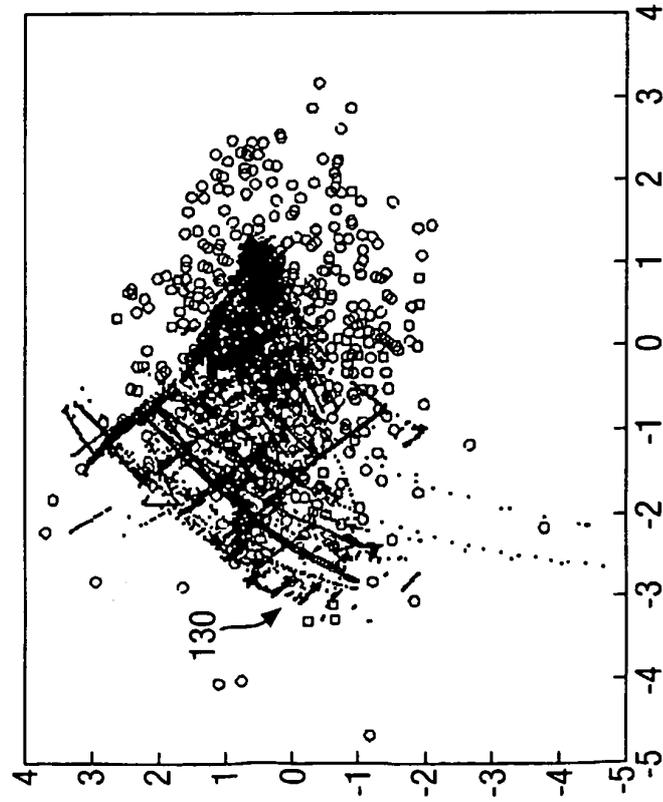


Fig.14 (A).

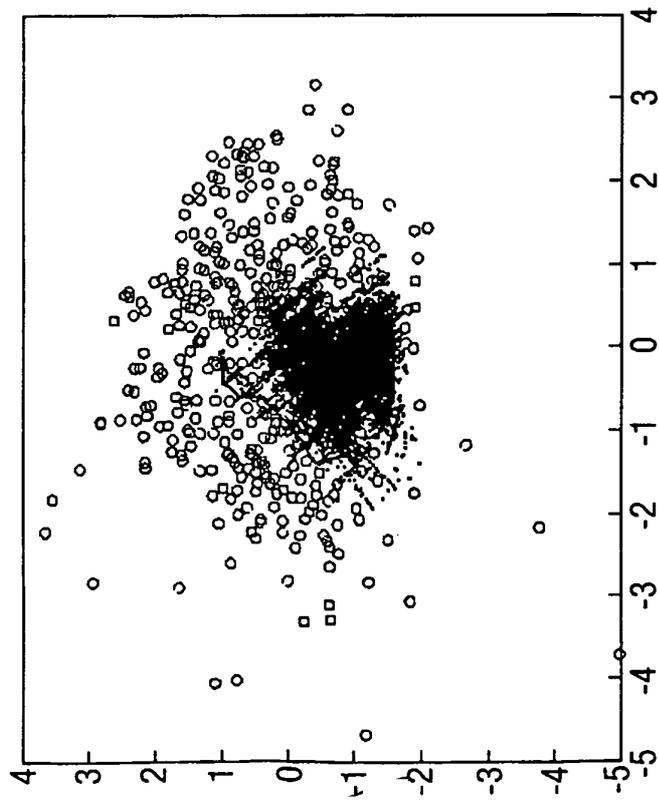


Fig.14 (B).

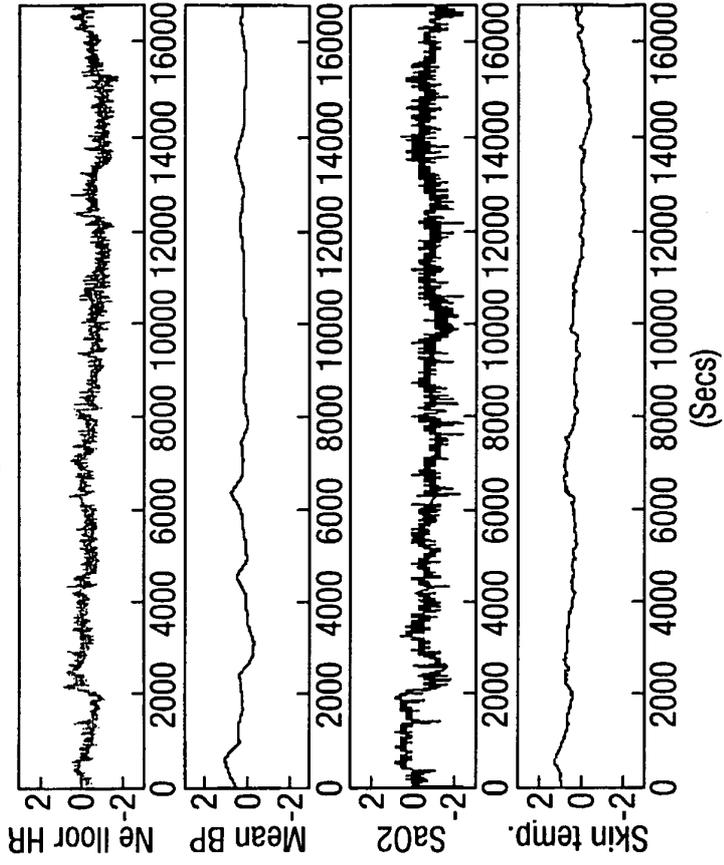


Fig.15 (A).

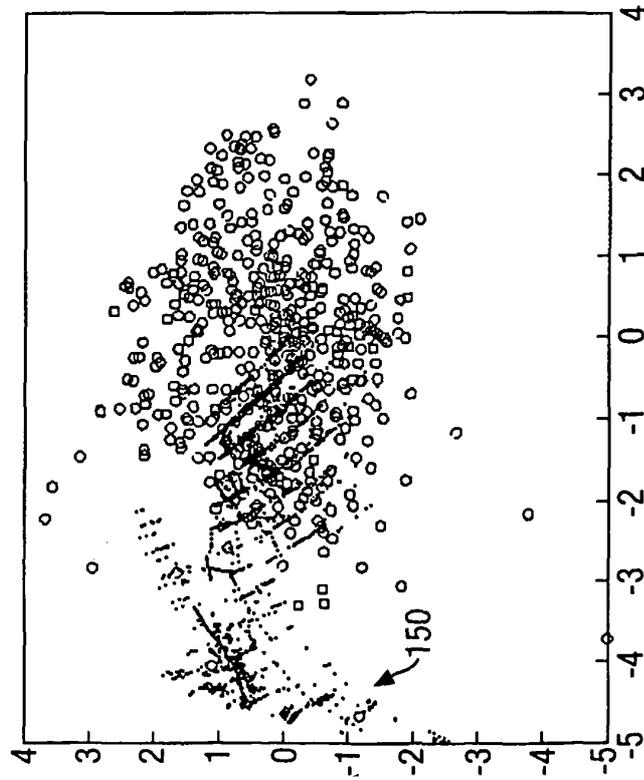


Fig.15 (B).

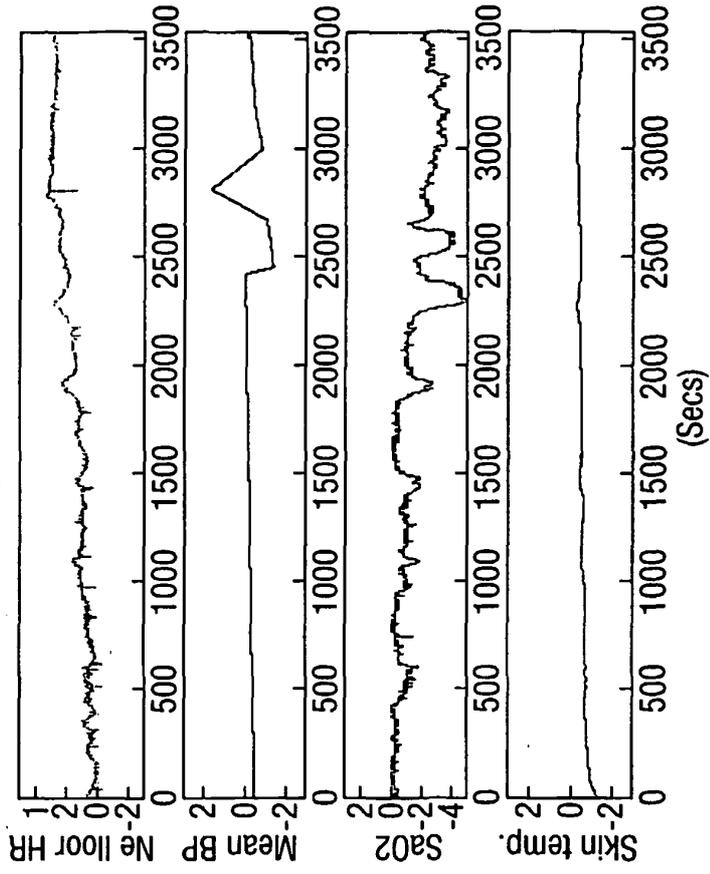


Fig.16 (A).

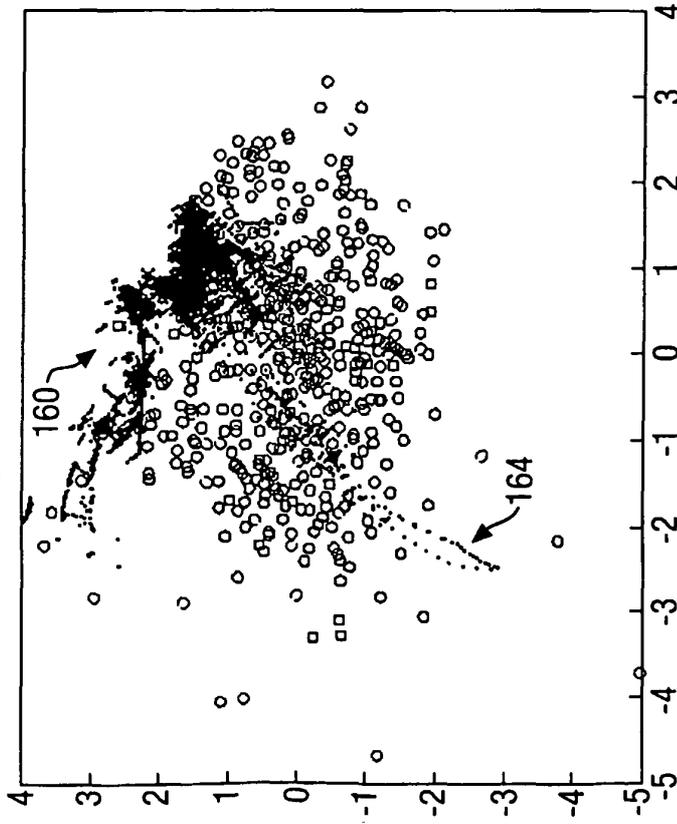


Fig.16 (B).

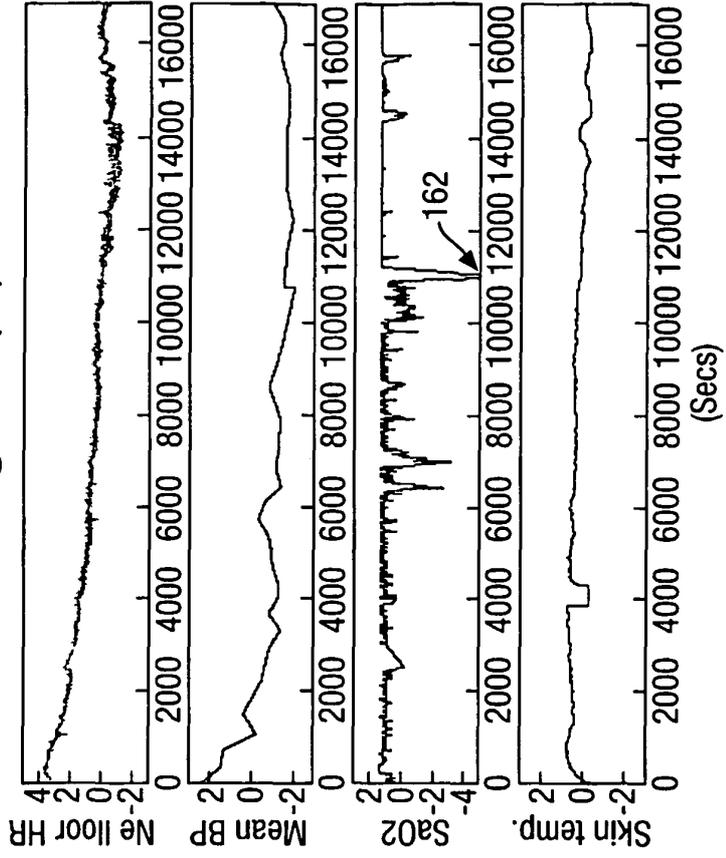


Fig.17(A).

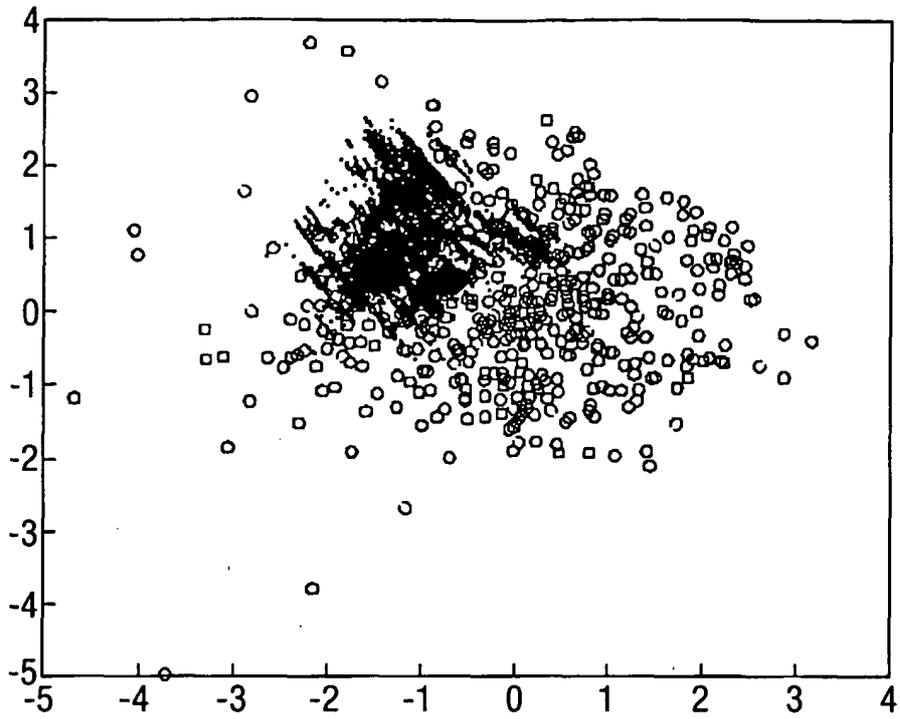


Fig.18(A).

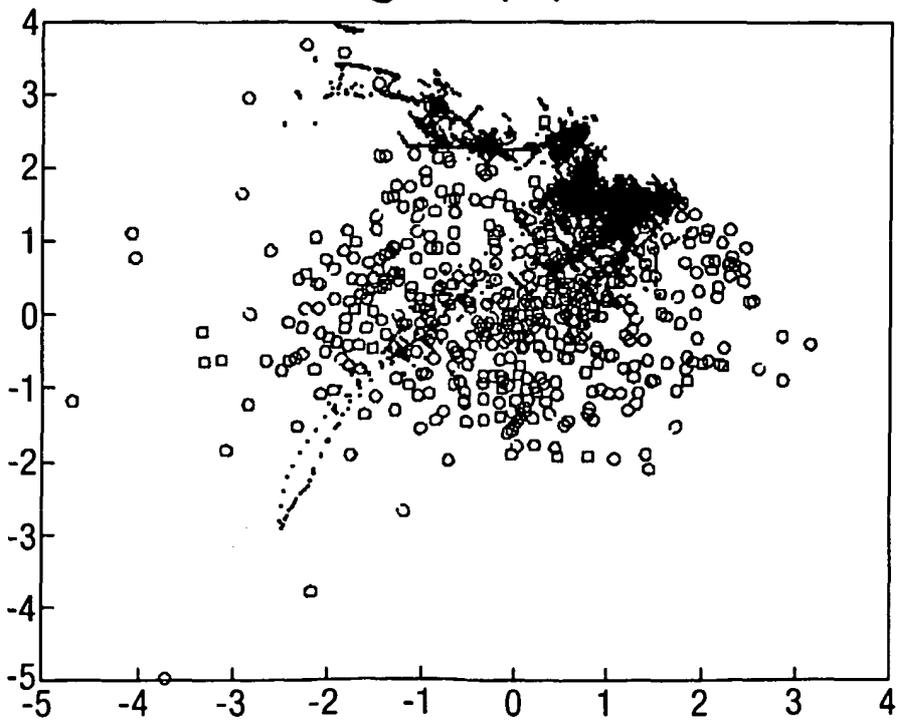


Fig.17(B).

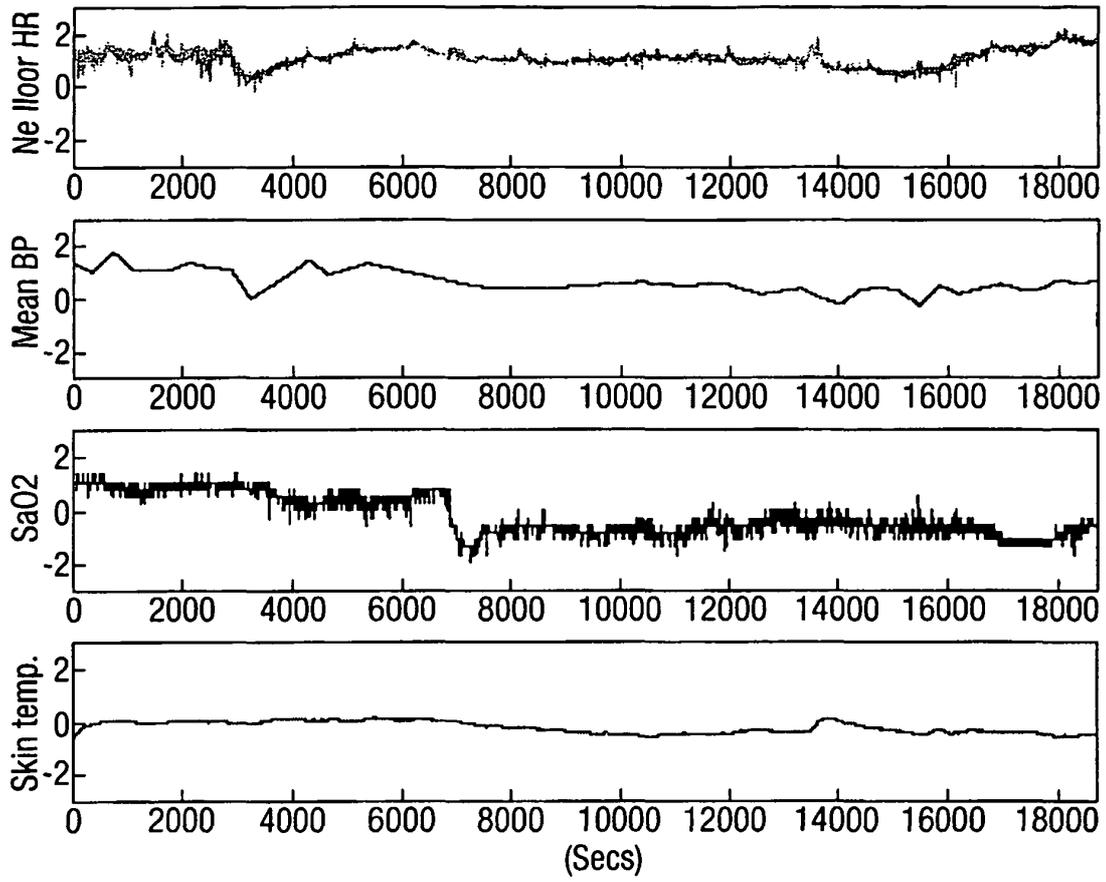


Fig.17(C).

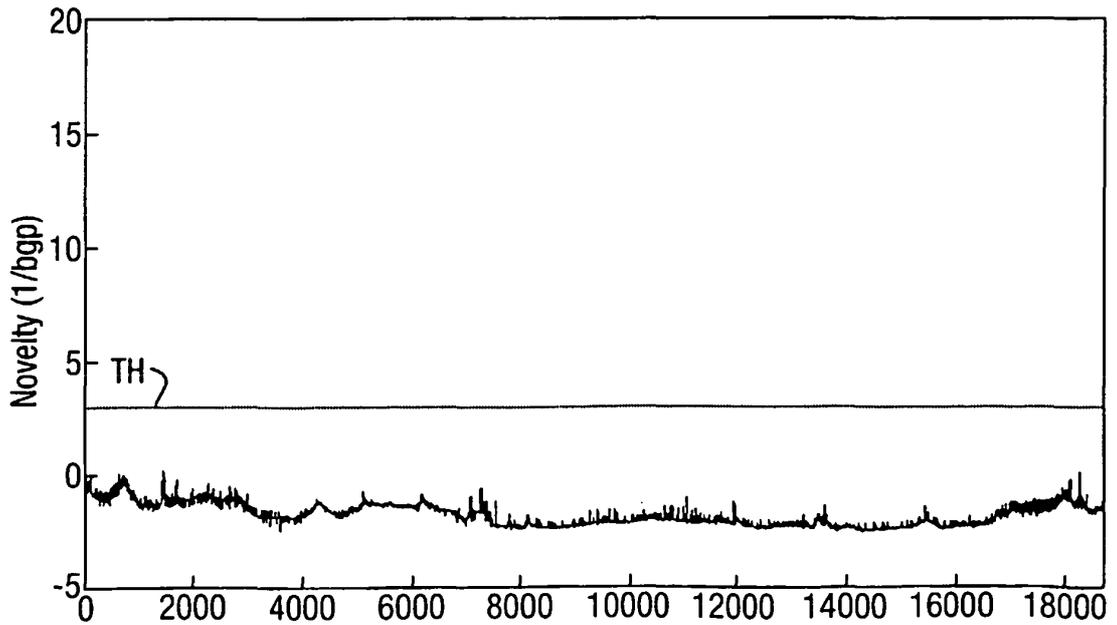


Fig.18(B).

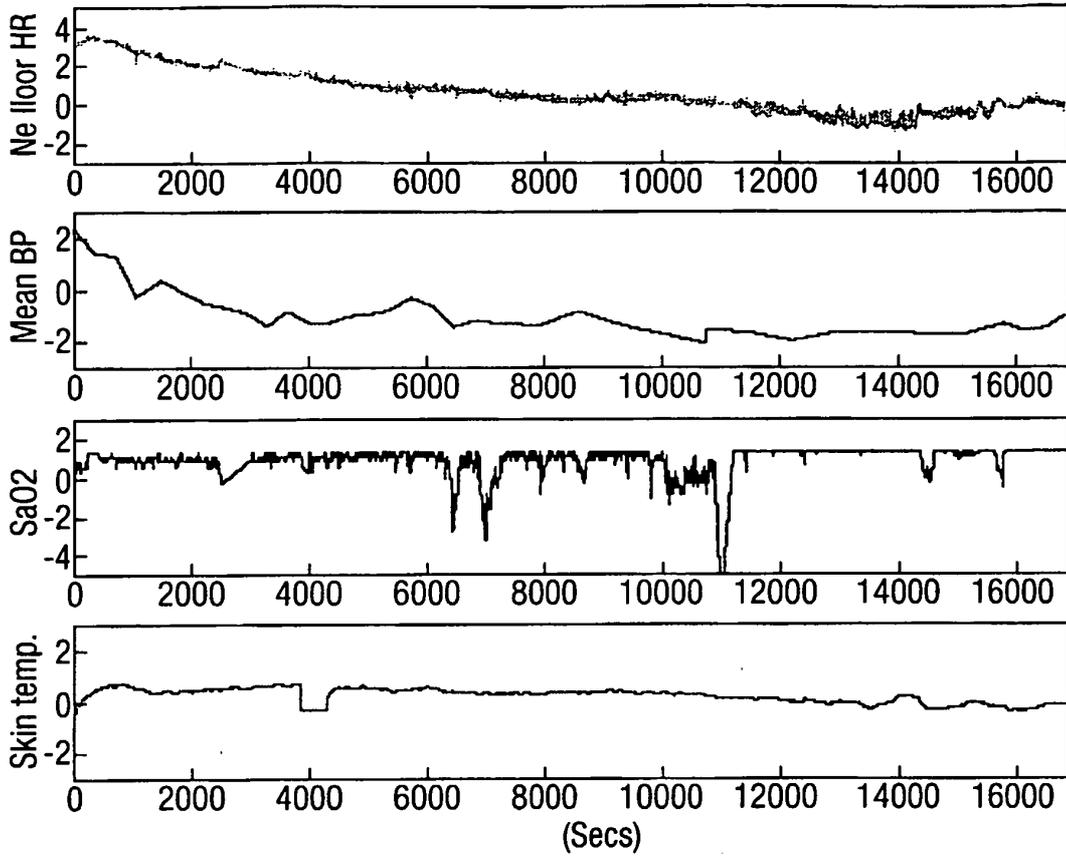


Fig.18(C).

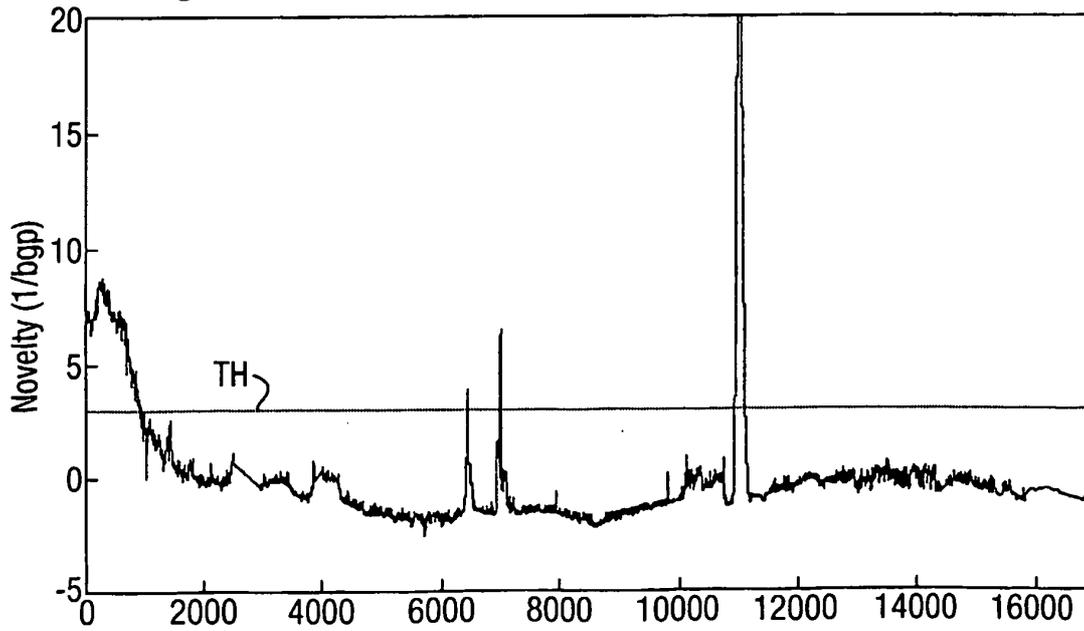


Fig.19(A).

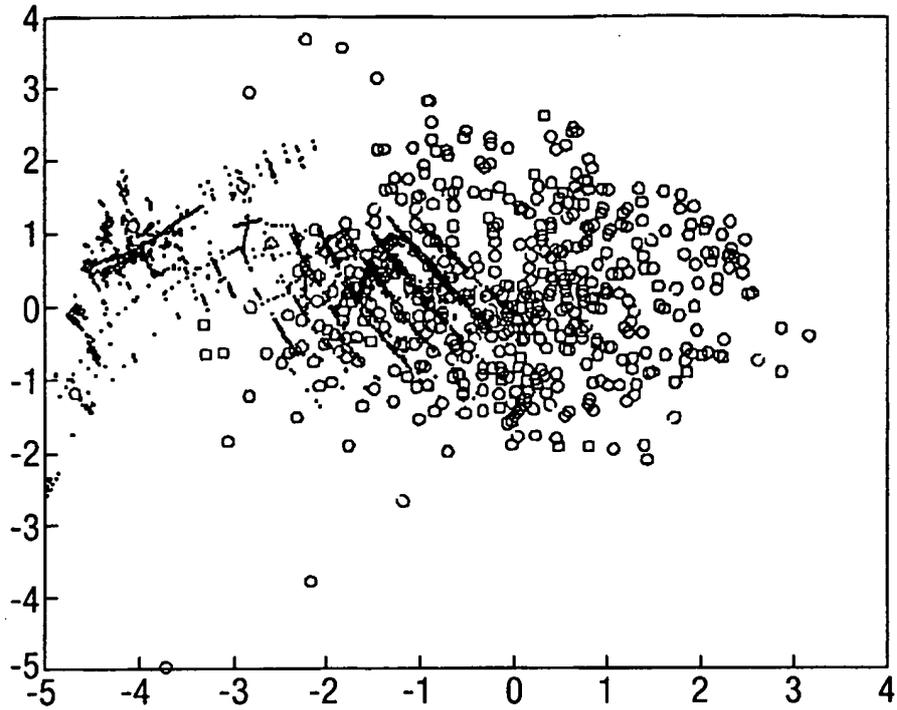


Fig.20(A).

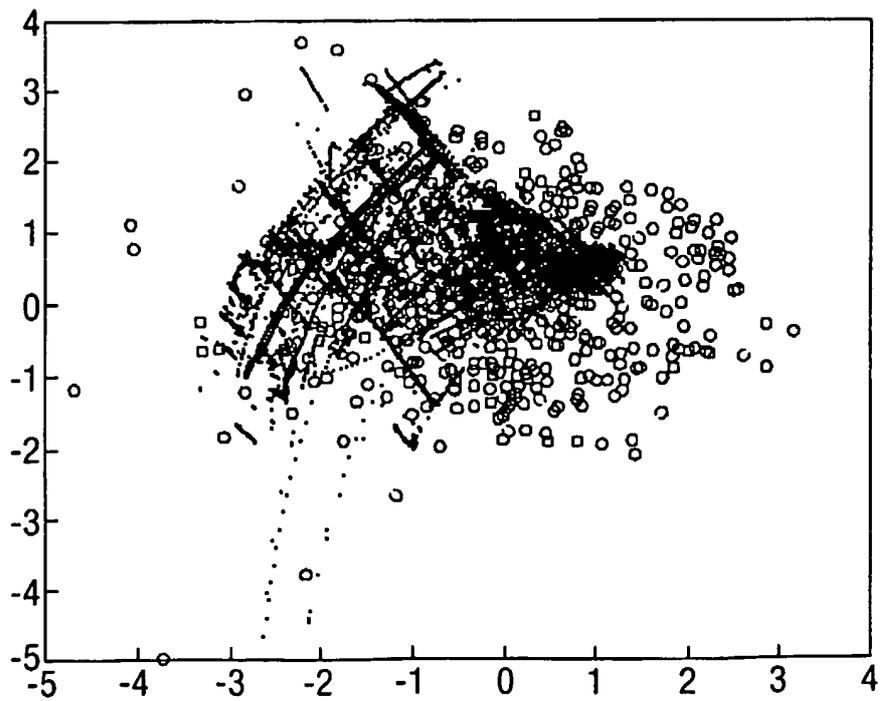


Fig.19(B).

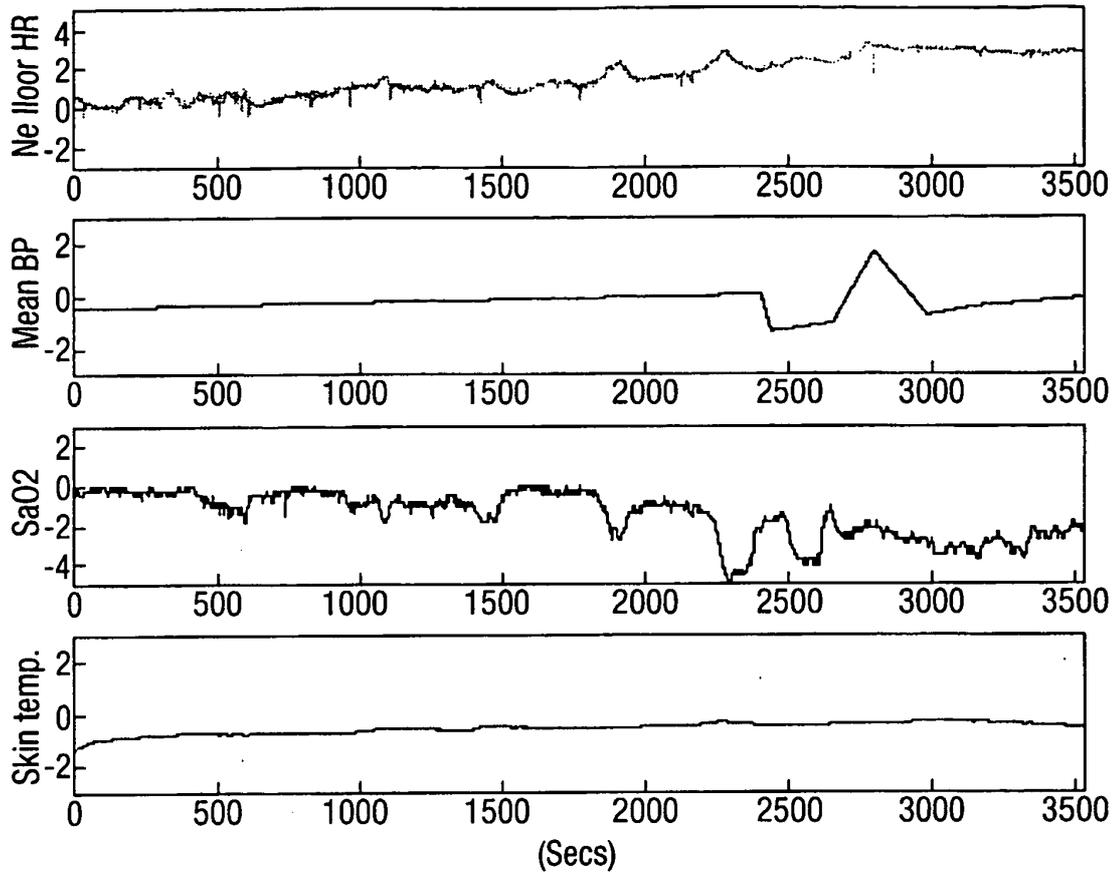


Fig.19(C).

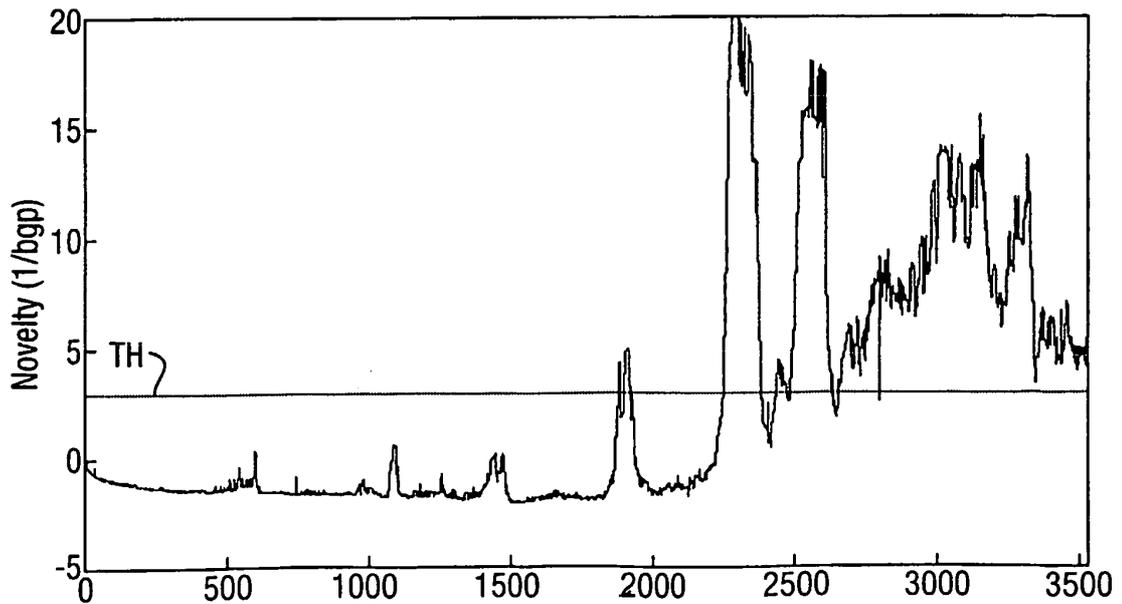


Fig.20(B).

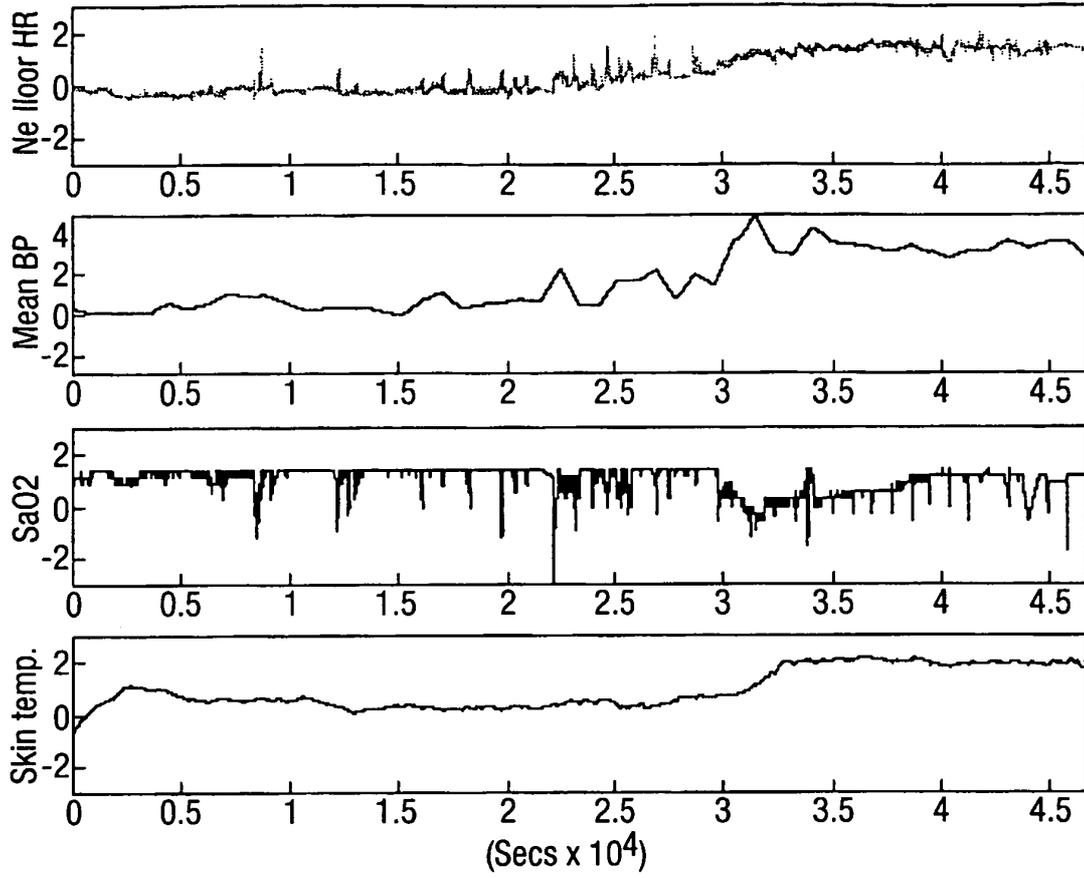


Fig.20(C).

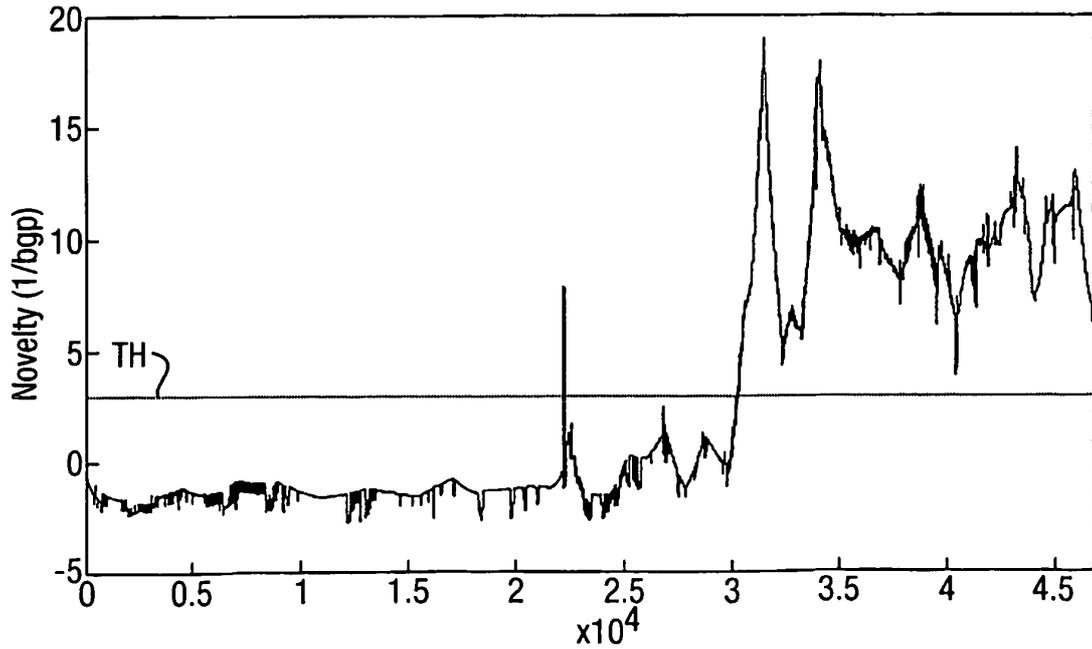


Fig.21.

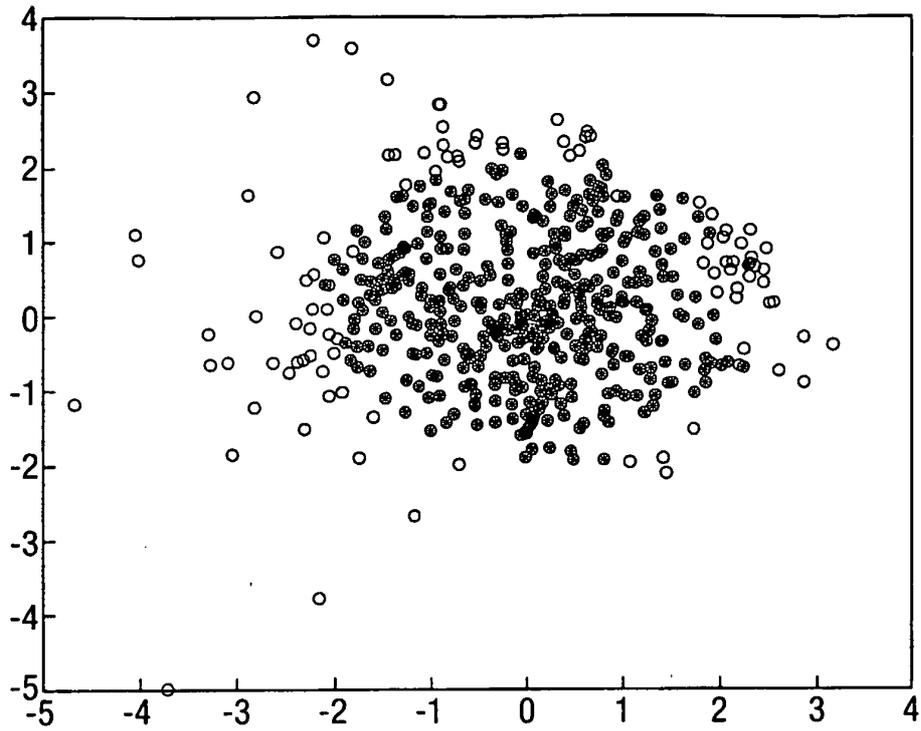
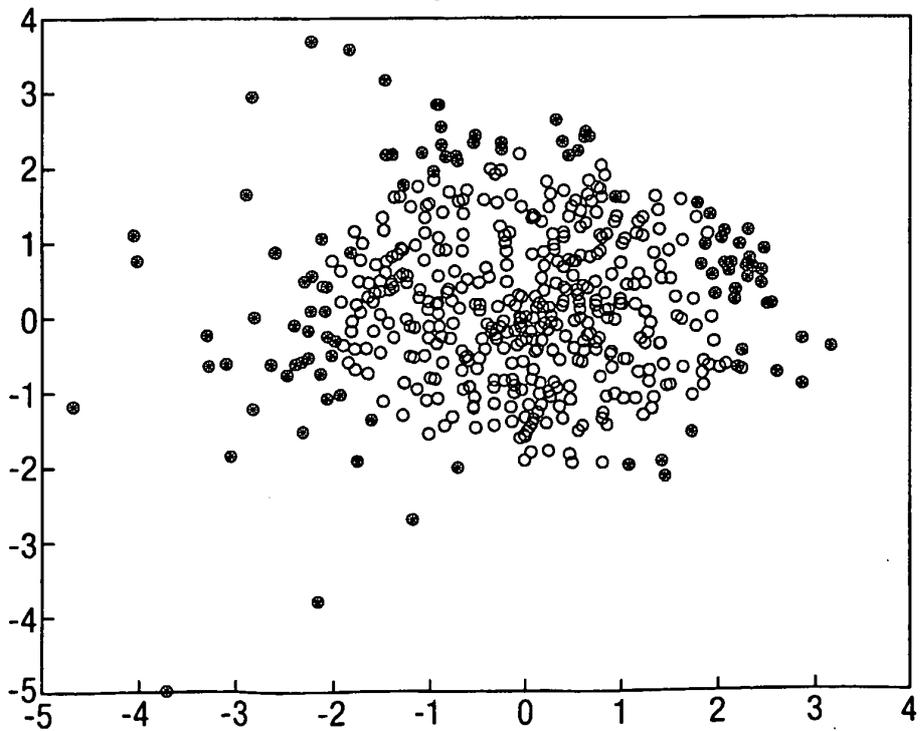


Fig.22.



REFERENCES CITED IN THE DESCRIPTION

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Patent documents cited in the description

- XP 001178745 [0006]
- US 5749367 A [0006]
- GB 2258311 A [0007]

Non-patent literature cited in the description

- Novelty Detection for the Identification of Masses in Mammograms. **TARASSENKO**. Procs. 4th IEE Int. Conf. on Artificial Neural Networks. June 1995, 442-447 [0042]

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摘要(译)

来自表示患者状况的多个传感器的数据，包括测量信号以及从测量信号导出的辅助参数，通过将它们从多维测量空间映射到二维可视化空间以简单的方式显示。这可以使用保持数据点的形貌的映射来实现，例如通过确保可视化空间中的点间距离尽可能接近地匹配测量空间中的对应的点间距离。这种映射，例如Sammon的映射是通过适当训练的人工神经网络实现的。在映射过程之前对参数进行归一化，并且归一化和映射使得来自病情正常的患者的映射点出现在可视化空间的中心，而来自病情异常的患者的点出现在可视化的边缘。空间。可以使用来自单个患者或来自一组患者的数据点来训练人工神经网络，并且可以使用预聚类算法来稀疏数据。

$$p(x) = \frac{1}{n(2\pi)^{d/2} \sigma^d} \sum_{m=1}^n \exp \left\{ -\frac{1}{2} \frac{\|x - x_m\|^2}{\sigma^2} \right\}$$