## **European Respiratory Society Annual Congress 2012**

**Abstract Number:** 3709

**Publication Number: 3285** 

Abstract Group: 4.2. Sleep and Control of Breathing

Keyword 1: Sleep studies Keyword 2: Circulation Keyword 3: Apnoea / Hypopnea

**Title:** Prediction of cardiovascular risk from nocturnal pulse wave signal using the autonomic state indicator technology

Dr. Dirk 29766 Sommermeyer dirk.sommermeyer@lungall.gu.se <sup>1,2</sup>, Dr. Ding 29767 Zou zou.ding@lungall.gu.se MD <sup>1</sup>, Dr. Derek 29870 Eder derek.eder@lungall.gu.se <sup>1</sup>, Prof. Dr Jan 29871 Hedner jan.hedner@lungall.gu.se MD <sup>1</sup>, Prof. Dr Joachim 29872 Ficker j.ficker@nu.de MD <sup>3</sup>, Prof. Dr Winfried 29880 Randerath w.randerath@sol.de MD <sup>4</sup>, Prof. Thomas 29892 Penzel thomas.penzel@charite.de <sup>5</sup>, Prof. Dr Bernd 29894 Sanner b.sanner@wuper.de MD <sup>6</sup> and Dr. Ludger 29895 Grote ludger.grote@lungall.gu.se MD <sup>1</sup>. <sup>1</sup> Department of Pulmonary Medicine, Sahlgrenska University Hospital, Gothenburg, Sweden; <sup>2</sup> Institute for Monitoring, Diagnosis and Assistance, SRH University Heidelberg, Heidelberg, Germany; <sup>3</sup> Department of Pulmonary Medicine, Clinic Nürnberg Nord, Nürnberg, Germany; <sup>4</sup> Department of Pulmonary Medicine, Bethanien Hospital, Solingen, Germany; <sup>5</sup> Department of Cardiology, University Hospital Charité, Berlin, Germany and <sup>6</sup> Department of Pulmonary Medicine, Bethesda Hospital, Wuppertal, Germany.

Body: Introduction Analysis of continuous physiological signals measured by pulse oximetry during sleep may provide a novel method to assess cardiovascular (CV) risk. The sleep period appears to be a particularly useful window for assessment. Methods Subjects (n=520, 346 males, age 55.0±13.4 yrs, BMI 29.9±6.1 kg/m<sup>2</sup>) were referred to five sleep centers in Germany and Sweden. CV risk factors were assessed and subjects were classified by the ESC/ESH risk matrix into five separate risk classes. The autonomic state indicator (ASI) algorithm extracted patterns of the peripheral pulse wave and SpO2 signal by amplitude and time/frequency analysis from the overnight digital photoplethysmographic recording and computed a CV risk score (range 0-1, ≥0.5 equals to high risk). Nine derived parameters (irregular pulse, RCDC, pulse rate variability, pulse wave variability, pulse propagation time, oxygen desaturations, duration of periodic symmetric desaturations and baseline SpO<sub>2</sub>) were used to determine the final score. Results In the validation group (n=390), the developed algorithm detected high CV risk (ESC/ESH scores 4 and 5) patients with a sensitivity of 74.5% and specificity of 76.4%. The area under the ROC curve was 0.80. The ASI CV risk score was elevated in patients with an already established CV endpoint (MI and/or stroke, n=50) compared with all other patients (0.73±0.27 vs. 0.42±0.34, p<0.001). Conclusions The ASI technique appears to provide a possibility to detect increased CV risk from a recording of physiological signals during sleep. The technique - based on a modified pulse oximeter - may be useful in both sleep and cardiovascular medicine.