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Sabesan

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(54) **DETECTING SEIZURES BASED ON
HEARTBEAT DATA**

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5/053; A61B 5/1118; A61B 5/4094; A61B
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A61N 1/36

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See application file for complete search history.

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ABSTRACT

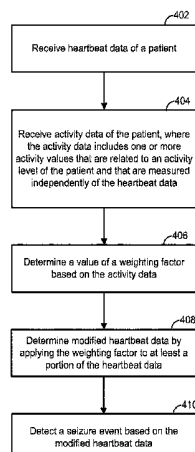
A method includes receiving heartbeat data of a patient and
receiving activity data of the patient. The activity data
includes one or more activity values that are related to an
activity level of the patient and that are measured indepen-
dently of the heartbeat data. The method further includes
determining a value of a weighting factor based on the
activity data. The method also includes determining modi-
fied heartbeat data by applying the weighting factor to at
least a portion of the heartbeat data. The method also
includes detecting a seizure event based on the modified
heartbeat data.

(58) **Field of Classification Search**

CPC A61B 5/0006; A61B 5/01; A61B 5/0205;
A61B 5/024; A61B 5/02405; A61B

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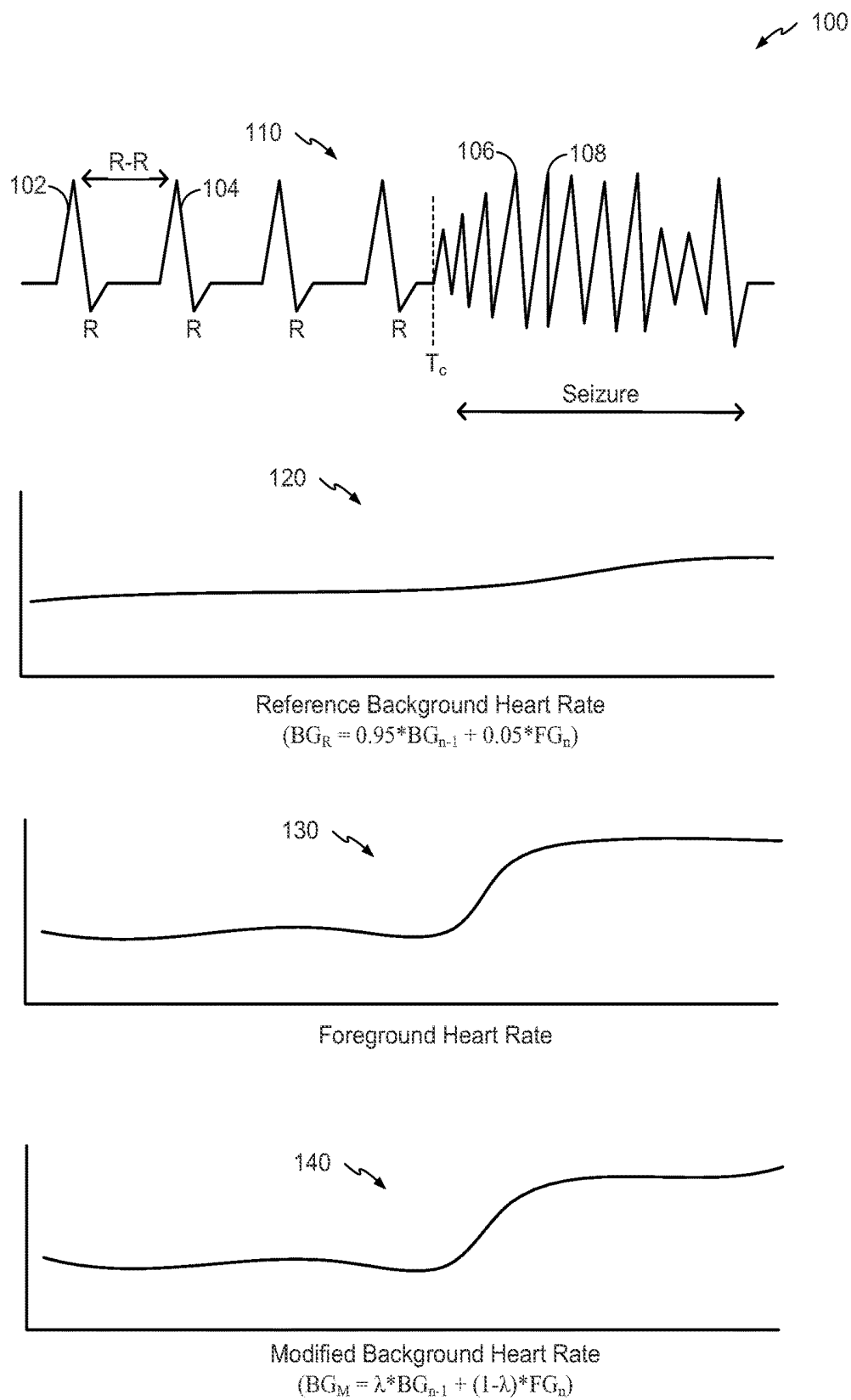
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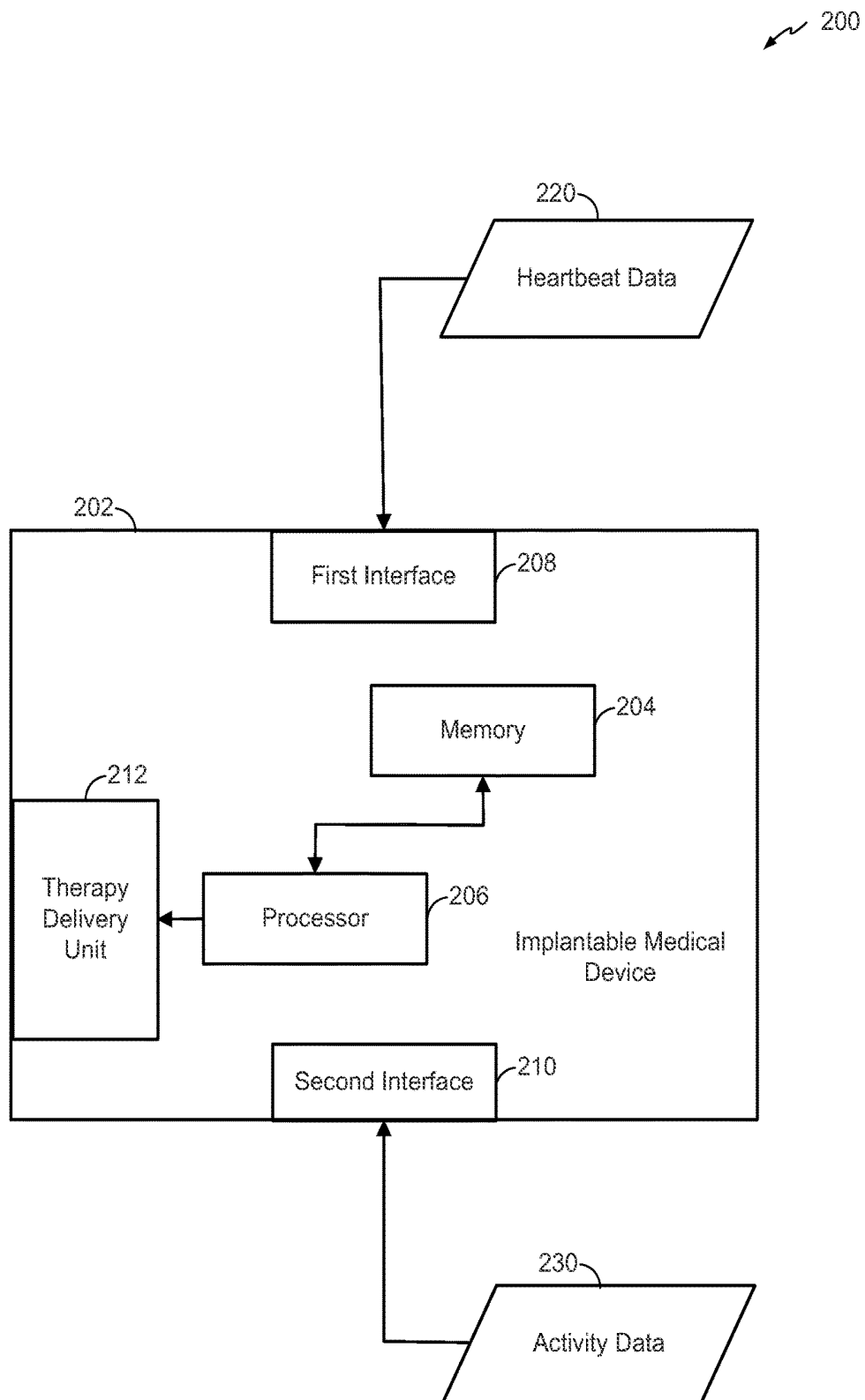
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**FIG. 1**

**FIG. 2**

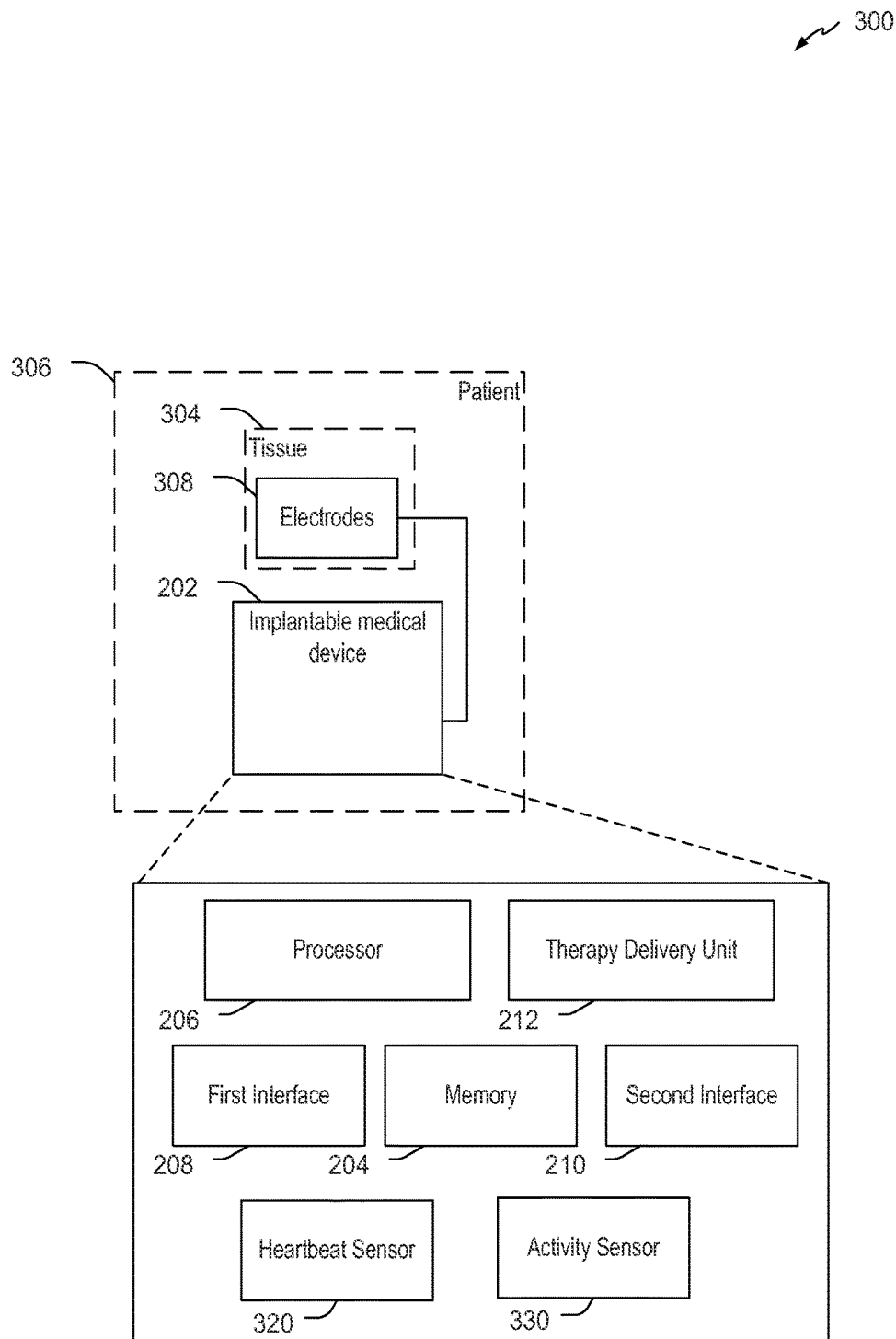


FIG. 3

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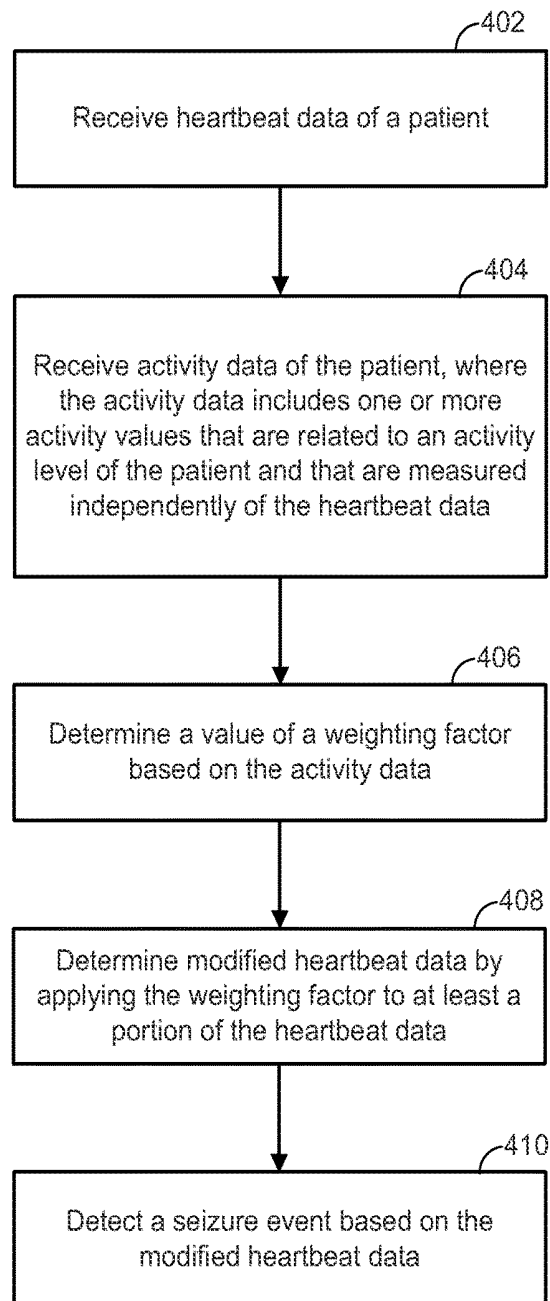


FIG. 4

DETECTING SEIZURES BASED ON HEARTBEAT DATA

CROSS-REFERENCE RELATED APPLICATION

This application is a continuation of U.S. patent application Ser. No. 14/262,449, filed Apr. 25, 2014, which is related to U.S. patent application Ser. No. 14/262,508, filed Apr. 25, 2014, both of which are hereby incorporated by reference herein in their entireties.

FIELD OF THE DISCLOSURE

The present disclosure is generally related to detecting seizures based on heartbeat data.

BACKGROUND

Advances in technology have led to the development of medical devices that can be implanted within a living organism, such as a human, to provide treatment or monitoring. For example, a medical device may detect when a seizure occurs in a patient. Early detection of a seizure may allow appropriate responsive action to be taken. Such actions may include sending an alert signal to the patient or a caregiver, initiating a treatment therapy, or taking remedial action such as making the patient and/or an environment around the patient safe. One way to detect seizures is by monitoring a heartbeat of the patient to determine whether the heartbeat increases beyond a threshold. However, other factors can also cause the heartbeat to increase beyond the threshold. Thus, seizure detection based on a heartbeat may be subject to a significant number of false positives.

SUMMARY

A medical device monitoring and/or providing therapy to a patient may detect and respond to seizures based on patient heartbeat data and based on patient activity data (including patient state data). The medical device may use a seizure detection algorithm that is capable of distinguishing between pathological changes in the detected heartbeat, which may indicate a seizure, and non-pathological changes in the detected heartbeat. The non-pathological changes may correspond to normal physiological functioning as opposed to a seizure. The non-pathological changes may be difficult to distinguish from the pathological changes based solely on information associated with the heartbeat.

For example, the patient's heartbeat may increase when a seizure event occurs (e.g., a pathological change). However, the patient's heartbeat may also change when the patient engages in a state of physical activity (such as running, jumping, exercising, swimming, etc.) or the patient assumes a state or changes to or from a state (such as initiating running, awaking from sleep, going to sleep, changing from healthy to sick, etc.). Other external factors may also cause the patient's heartbeat to increase. For example, a change in temperature may contribute to an increase in the patient's heartbeat. It may become difficult for the medical device to determine whether an increase in the patient's heartbeat is due to a seizure, physical activity, or other external factors.

To address such concerns, the medical device may account for the physical activity and/or other external factors when determining whether or not a seizure event is indicated by heartbeat data. For example, the medical device may use an algorithm that detects whether or not a seizure event is present based on a background heart rate and a foreground

heart rate. The foreground heart rate may correspond to a rate at which the patient's heart is beating at a present time, which can be the most-recent heart rate value obtained from the patient or be an average of several recent heart rate values that are adjacent to and include the most-recent heart rate value. The background heart rate may be a function of the foreground heart rate and a previously-determined background heart rate. For example, the algorithm may be expressed as $BG_n = \lambda * BG_{n-1} + (1 - \lambda) * FG_n$, where BG_n is the background heart rate at the present time (n), BG_{n-1} is the previously-determined background heart rate, FG_n is the foreground heart rate at the present time (n), and λ is a weighting factor. The previously-determined background heart rate may correspond to an average heart rate during a moving period of time or time window (e.g., an average heart rate during a moving five minute time window that remains immediately prior to the present time), with the period of time or time window being selected to capture a sufficient number of stable heart beats to provide an average heart rate value that is representative of the patient's heart rate and not heavily influenced by any extremely-high or low single heart beat or grouping of heart beats. When a ratio of the foreground heart rate and the background heart rate at the present time exceeds a seizure detection threshold, the medical device may determine that a seizure event is present.

A value of the weighting factor may be based on physical activity and/or other external factors that affect heart rate. The weighting factor may be zero, one, or between zero and one. As can be appreciated, when the weighting factor is set at a high value that is at or close to one, the calculation of the background heart rate will be heavily influenced by the value of the previously determined-background heart rate, thus providing a background heart rate that is greatly dependent on a window of time corresponding to the time period assigned when determining the previously-determined heart rate. As can also be appreciated, when the weighting factor is set at a low value that is at or close to zero, the calculation of the background heart rate will be heavily influenced by the value of the foreground heart rate, thus providing a background heart rate that is greatly dependent on an instant heart rate or recently-measured heart rate values. As can be further appreciated, when the weighting factor is set at a middle value that is at or close to 0.5, the calculation of the background heart rate will be equally influenced by the values of the previously-determined heart rate and the foreground heart rate, thus providing a background heart rate that is balanced in its dependence on previously-measured heart rate values and recently-measured heart rate values. As an illustrative non-limiting example, the value of the weighting factor may be approximately equal to 0.95 when the patient is in an idle state (e.g., sleep), which would provide a background heart rate that heavily depends (e.g., 95% dependence) on the previously-determined background heart rate and lightly depends (e.g., 5% dependence) on the foreground heart rate. When the patient is undergoing physical activity such as running on a treadmill, or the patient is subject to external factors that affect heart rate, the value of the weighting factor may be set to a lesser value than with the idle state, which will generate a background heart rate that is more dependent on the foreground heart rate than the previously-determined background heart rate, and/or generate a background heart rate that is based on a balancing of the foreground heart rate and the previously-determined heart rate. For example, when the value of the weighting factor is reduced from 0.95 to 0.50 when the patient leaves an idle state to undergo a particular physical activity, the

3

background heart rate can be 50% dependent on the previously-determined background heart rate and 50% dependent on the foreground heart rate, thereby providing a background heart rate that accounts for a recent change in the heart rate due to the physical activity and accounts for the more-stable and longer-measured heart rate that was observed before the recent change in heart rate.

Thus, physical activity and/or external factors may be used alone or in combination to determine the background heart rate by changing the value of the weighting factor based on the physical activity and/or external factors that affect heart rate. As a result, when the background heart rate is compared to the foreground heart rate to determine whether a seizure event is occurring, physical activity and/or external factors are taken into account.

In a particular embodiment, a method includes receiving heartbeat data of a patient and receiving activity data of the patient. The activity data can provide one or more activity values that are related to an activity level of the patient and that are independent of the heartbeat data. The method further includes determining a value of a weighting factor based on the activity data. The method also includes determining modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data. The method also includes detecting a seizure event based on the modified heartbeat data.

In another particular embodiment, a medical device includes a first interface to receive heartbeat data of a patient and a second interface to receive activity data of the patient. The activity data includes one or more activity values that are related to an activity level of the patient and that are measured independently of the heartbeat data. The medical device also includes a processor to determine a value of weighting factor based on the activity data. The processor determines modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data. The processor also detects a seizure event based on the modified heartbeat data.

In another particular embodiment, a non-transitory computer readable medium stores instructions that are executable by a processor to cause the processor perform operations. The operations include receiving heartbeat data of a patient and receiving activity data of the patient. The activity data includes one or more activity values that are related to an activity level of the patient and that are measured independently of the heartbeat data. The operations further include determining a value of a weighting factor based on the activity data and determining modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data. The operations also include detecting a seizure event based on the modified heartbeat data.

The features, functions, and advantages that have been described can be achieved independently in various embodiments or may be combined in yet other embodiments, further details of which are disclosed with reference to the following description and drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a particular illustrative embodiment of a diagram illustrating heartbeat data modification based on activity data;

FIG. 2 is a particular embodiment of a system that is operable to detect a seizure event based on heartbeat data and activity data;

4

FIG. 3 is a block diagram of a particular embodiment of a medical device in communication with a patient that is operable to detect a seizure event based on heartbeat data and activity data; and

FIG. 4 is a flow chart of a particular embodiment of a method of detecting a seizure event based on heartbeat data and activity data.

DETAILED DESCRIPTION

FIG. 1 is a particular illustrative embodiment of a diagram 100 illustrating heartbeat data modification based on physical activity. The diagram 100 includes a first trace 110 illustrating an electrocardiogram of a patient, a second trace 120 illustrating a background heart rate of the patient which is derived from the first trace 110 and calculated using a fixed weighting factor, a third trace 130 illustrating a foreground heart rate of the patient which is derived from the first trace 110, and a fourth trace 140 illustrating a modified background heart rate of the patient which is derived from the first trace 110 and calculated using a weighting factor and adjusted based on activity data. The four traces 110, 120, 130, and 140 of diagram 100 are aligned with each other to provide identical x-axis representation of time and to provide similar y-axis representations of magnitude of the measured or calculated parameter.

The electrocardiogram illustrated in the first trace 110 may include a plurality of R waves. For example, the electrocardiogram may include a first R wave 102 and a second R wave 104. A time between respective points on the first R wave 102 and the second R wave 104 is an R-R interval. The first R wave 102 and the second R wave 104 may correspond to a first and second heartbeat, respectively, and the R-R interval may correspond to an amount of time that elapses between consecutive heartbeats (e.g., a heartbeat rate, also referred to as a "heart rate").

A faster heartbeat may result in a shorter R-R interval between consecutive heartbeats (e.g., R waves). For example, a third R wave 106 and a fourth wave 108 may have a shorter R-R interval than the R-R interval between the first and second R waves 102, 104. Thus, the patient's heart is beating at a faster rate at a time corresponding to the third and fourth R waves 106, 108 as opposed to a time corresponding to the first and second R waves 102, 104. As illustrated by the first trace 110, an increased rate of the patient's heartbeat (e.g., shorter R-R intervals) may be indicative of a seizure event. For example, the seizure event may begin at a critical time (T_c) when the rate of the patient's heartbeat exceeds a threshold level.

The background heart rate of the patient illustrated in the second trace 120 may be expressed as $BG_R = 0.95 * BG_{n-1} + 0.05 * FG_n$, where BG_R is a reference background heart rate at the present time (n), BG_{n-1} is the previously-determined background heart rate, and FG_n is the foreground heart rate at the present time (n). The previously-determined background heart rate may be generated by taking an electrocardiogram over a particular time span and performing an infinite impulse response (IIR) operation on the electrocardiogram. For example, the previously-determined background heart rate may correspond to an IIR operation on an electrocardiogram spanning a five minute time period before the present time (n). In another example, the previously-determined background heart rate may correspond to an IIR operation on an electrocardiogram spanning a time period determined by a number of heart beats before the present time (n).

The foreground heart rate (FG_n) at the present time (n) is illustrated in the third trace **130**. The foreground heart rate may be generated by taking an electrocardiogram over a time span corresponding to a most recent R-R interval. For example, the foreground heart rate may correspond to a current heart rate. When the current heart rate increases, a magnitude of the foreground heart rate increases. When the current heart rate decreases, the magnitude of the foreground heart rate decreases.

Referring back to the exemplary embodiment represented with second trace **120**, ninety-five percent of the reference background heart rate is based on a heart rate spanning over a previous five minute period (e.g., the previously-determined background heart rate) and five percent of the reference background heart rate is based on the foreground heart rate illustrated in the third trace **130**. Thus, when determining the reference background heart rate, the previously-determined background heart rate is weighted at a fixed rate (e.g., 0.95) and the foreground heart rate is weighted at a fixed rate (e.g., 0.05). When comparing the foreground heart rate illustrated in the third trace **130** to the reference background heart rate illustrated in the second trace **120**, a ratio of the foreground heart rate and the reference background heart rate may be calculated, and the ratio may be compared to a seizure threshold and, when the threshold is exceeded, detect the occurrence of a seizure event at the critical time (T_c).

However, if the increased heart rate at the critical time (T_c) is associated with a physical activity of the patient as opposed to a seizure, then using the reference background heart rate in the second trace **120** may result in a false detection of a seizure event. For example, volitional motion or other non-seizure activity may increase heart rate, and the dominance of the previously-determined background heart rate (when, e.g., weighted at 95%) in the calculation of the reference background heart rate and/or the ratio may result in a false indication of a seizure event. To reduce the likelihood of detecting a false seizure event, the modified background heart rate illustrated in the fourth trace **140** may be used along with the foreground heart rate illustrated in the third trace **130** to detect whether a seizure event is present.

For example, the modified background heart rate may factor in an activity level of the patient to account for the increased heart rate. The modified background heart rate may be expressed as $BG_M = \lambda * BG_{n-1} + (1 - \lambda) * FG_n$, where BG_M is the modified background heart rate at the present time (n), BG_{n-1} is the previously-determined background heart rate, FG_n is the foreground heart rate at the present time (n), and λ is a weighting factor.

A value of the weighting factor may be based on activity data. In a particular embodiment, the activity data includes accelerometer data, body temperature data, electromyography data, respiration data, perspiration data, impedance data, or a combination thereof. The activity data may include data obtained from an electroencephalography (EEG) sensor, an electrooculography (EOG) sensor, an electrocardiography (ECG) sensor, an electromyography (EMG) sensor, an accelerometer, or a combination thereof, as disclosed in contemporaneously-filed U.S. patent application Ser. No. 14/262,508, entitled "Cranial Nerve Stimulation To Treat Depression During Sleep," which is hereby incorporated by reference as though fully set forth herein. In another particular embodiment, the activity data may correspond to one or more activity values that are related to an activity level of the patient. The activity values may be measured independently of the heart rate of the patient (e.g., measured independently of heartbeat data). The activity values may

also be based on a state of the patient or a change of patient state, e.g., based on an activity state, a sleep state, or a change in the patient activity or sleep state. The activity values may also be related to measurements corresponding to patient temperature, patient muscle activity, breathing rate, a skin response such as sweating, or combinations thereof. For example, activity data measured with an accelerometer may have a first activity value associated with running, activity data measured with a respiration sensor may have a second activity value associated with walking, activity data measured with an EEG sensor may have a third activity value associated with sleeping, etc. With regard to sleeping, the activity value may correspond to a sleep state of the patient so as to increase or decrease the weighting factor when the patient is in a sleep state that, for example, exhibits reduced or increased body movements, when the patient transitions from one sleep state to another sleep state, when the patient moves or changes positions during sleep, and/or when the patient awakes from sleep, as disclosed in contemporaneously-filed U.S. patent application Ser. No. 14/262,508, entitled "Cranial Nerve Stimulation To Treat Depression During Sleep," which is hereby incorporated by reference as though fully set forth herein. The value of the weighting factor may decrease as an activity level of the patient increases. As a non-limiting example, the value of the weighting factor may be approximately 0.95 when the activity corresponds to sleeping or to a sleep state, 0.75 when the activity corresponds to walking, and 0.50 when the activity corresponds to running. As the weighting factor decreases, the modified background heart rate becomes more dependent on the foreground heart rate (e.g., more dependent on a current heart rate of the patient) and less dependent on the previously-determined background heart rate. Thus, the modified background heart rate updates more quickly than the reference background heart rate when the patient is engages in activities that cause an immediate or foreseeable increase in heart rate.

The modified background heart rate may become increasingly similar to the foreground heart rate as the value of the weighting factor decreases. For example, the third trace **130** (e.g., the foreground heart rate) may become increasingly similar to the fourth trace **140** (e.g., the modified background heart rate) as the value of the weighting factor approaches zero. As a result, when comparing the foreground heart rate illustrated in the third trace **130** to the modified background heart rate illustrated in the fourth trace **140**, a ratio of the foreground heart rate and the modified background heart rate may not exceed the seizure threshold at the critical time (T_c) when the increased heart rate is based on patient activity. Thus, using the modified background heart rate to detect a seizure event may yield fewer false positives.

Referring to FIG. 2, a system **200** that is operable to detect a seizure event based on heartbeat data and activity data is shown. The system **200** includes a patient-contacting medical device **202**, which can be, for example, an implantable medical device or an external device fixed to the surface of a patient's skin. The medical device **202** includes a processor **206** that is coupled to a memory **204** and can also be coupled directly or wirelessly to a therapy delivery unit **212**, which may be part of the medical device **202** (as illustrated in FIG. 2) or located external to the medical device **202**.

The medical device **202** includes a first interface **208** that is coupled to receive heartbeat data **220** of a patient. The heartbeat data **220** may be generated from an electrode implanted within, or externally coupled to, the patient. The heartbeat data **220** of the patient may include electrocardiogram data. For example, the heartbeat data **220** may corre-

spond to the electrocardiogram illustrated in the first trace 110 of FIG. 1. In a particular embodiment, the heartbeat data 220 is a numeric value indicating a most recent R-R interval or a signal corresponding to an electrocardiogram data trace. The first interface 208 may be configured to provide the heartbeat data 220 to the processor 206.

The medical device also includes a second interface 210 that is coupled to receive activity data 230 of the patient. The activity data 230 may be generated from a component (such as an accelerometer) within the medical device 202 (not shown in FIG. 2) or an external device such as an electrode implanted within, or externally coupled to, the patient as illustrated in FIG. 2. In a particular embodiment, the activity data 230 includes accelerometer data, body temperature data, electromyography data, perspiration data, impedance data, or a combination thereof. The activity data 230 may include one or more activity values that are related to an activity level of the patient. For example, a first activity value may be associated with running, a second activity value may be associated with walking, a third activity value may be associated with sleeping, etc. The activity values may be measured independently of the heartbeat data 220. In a particular embodiment, the activity data is a numeric value or signal indicating a measurement that is associated with the activity level of the patient. The second interface 210 may be configured to provide the activity data 230 to the processor 206.

The processor 206 may be configured to receive the heartbeat data 220 from the first interface 208 and to receive the activity data 230 from the second interface 210. The processor 206 may perform an IIR operation on the heartbeat data 220 (e.g., perform an IIR operation on the electrocardiogram data) to generate a background heart rate for spanning over a time period (e.g., a five minute time period). The processor 206 may also be configured to determine a value of a weighting factor based on the activity data 230.

The processor 206 may further be configured to determine modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data. Determining the modified heartbeat data may include determining a background heart rate based on a previously-determined background heart rate, a most recent R-R interval, and the weighting factor. Determining the modified heartbeat data may also include determining a foreground heart rate based on a most recent R-R interval. For example, the modified heartbeat data may correspond to the modified background heart rate illustrated in the fourth trace 140 of FIG. 1 and may be expressed as $BG_M = \lambda * BG_{n-1} + (1-\lambda) * FG_n$, where BG_M is the modified heartbeat data (e.g., the modified background heart rate), BG_{n-1} is a previously-determined background heart rate, FG_n is a foreground heart rate at the present time (n), and λ is the weighting factor determined based on the activity data 230. Thus, the modified heartbeat data may be determined as a sum of a first value and a second value. The first value ($\lambda * BG_{n-1}$) may be the weighting factor times the previously-determined background heart rate, and the second value ($(1-\lambda) * FG_n$) may be one minus the weighting factor times the most recent R-R interval (e.g., the foreground heart rate).

In response to the activity data 230 indicating an increased activity level of the patient, the processor 206 is configured to determine the value of the weighting factor such that an effect of prior heartbeat data (BG_{n-1}) on the modified heartbeat data is decreased. As a non-limiting example, the value of the weighting factor may be approximately 0.95 when the activity corresponds to sleeping or a sleep state, 0.75 when the activity corresponds to walking,

and 0.50 when the activity corresponds to running. Thus, the value of the weighting factor decreases as the activity level of the patient increases. As can be appreciated, the calculation of modified background heart rate and the weighting factor can be modified to provide the same operation described above, but configured so that the value of the weighting factor increases as the activity level of the patient increases.

The processor 206 may also be configured to detect an indication of noise in the heartbeat data 220. Noise may be detected via patterns in an electrocardiogram, such as the electrocardiogram illustrated in the first trace 110 of FIG. 1. For example, noise may be present if the detected heartbeat falls below a lower threshold or rises above an upper threshold. In a particular embodiment, the lower threshold is about 35 beats per minute (bpm) and the upper threshold is about 180 bpm. As another example, noise may be present if a beat-to-beat variability rises above an upper threshold or falls below a lower threshold. In a particular embodiment, the upper threshold may be about 115 percent and the lower threshold is about 65 percent.

In response to the detected noise in the heartbeat data 220 increasing, the processor 206 may determine the value of the weighting factor such that an effect of prior heartbeat data (BG_{n-1}) on the modified heartbeat data is decreased. For example, in response to the detected noise in the heartbeat data 220 increasing, the processor 206 may lower the value of the weighting factor so that the modified heartbeat data is more dependent on the foreground heart rate. In response to the detected noise in the heartbeat data decreasing, the processor 206 may determine the value of the weighting factor such that the effect of the prior heartbeat data (BG_{n-1}) on the modified heartbeat data is increased. For example, in response to the detected noise in the heartbeat data 220 decreasing, the processor 206 may raise the value of the weighting factor so that the modified heartbeat data is more dependent on the previously-determined background heart rate.

The processor 206 may further be configured to detect a seizure event based on the modified heartbeat data. For example, the processor 206 may compare a ratio of the foreground heart rate and the modified background heart rate (e.g., the modified heartbeat data) to a seizure detection threshold. When the ratio exceeds the seizure detection threshold, the processor 206 may determine that a seizure event is present. When the ratio is below the seizure detection threshold, the processor 206 may determine that no seizure event is present. As explained with respect to FIG. 3, in response to detecting the seizure event, the processor 206 may be configured, for example, to provide a notification that a seizure is detected, to initiate a recording of the seizure event, and/or to cause the therapy delivery unit 212 to apply stimulation to tissue of the patient.

The memory 204 may include tangible, non-transitory, computer-readable media (e.g., one or more computer memory devices). The processor 206 may be implemented using a single-chip processor or using multiple processors. The memory 204 may include various memory devices, such as registers, cache, volatile memory, and non-volatile memory. For example, the memory 204 can include cache that is accessible by the processor 206 to rapidly retrieve and store data. As a non-limiting example, the memory 204 may store information corresponding to the previously-determined background heart rate (BG_{n-1}) and/or weighting factor values for different activities. In a particular embodiment, a look-up table, an algorithm, or a combination thereof, is stored in the memory 204 to determine the

weighting factor values based on the activity data **230**, the detected noise in the heartbeat data **220**, or a combination thereof. Examples of computer-readable media that the memory **204** may use include, but are not limited to: magnetic media such as hard disks, floppy disks, and magnetic tape; optical media such as CD-ROM disks; magneto-optical media; and specially configured hardware devices such as application-specific integrated circuits (ASICs), programmable logic devices (PLDs), and ROM and RAM devices.

The memory **204** may also store instructions that are executable by the processor **206** to implement various functions. To illustrate, the instructions may be executable by the processor **206** to cause the processor to perform operations including receiving the heartbeat data **220** and receiving the activity data **230**. The operations may also include determining the value of the weighting factor based on the activity data **230** and determining modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data **220**. The instructions may also be executable by the processor **206** to cause the processor to detect the seizure event based on the modified heartbeat data. In a particular embodiment, the instructions are executable by the processor **206** to detect R waves in an electrocardiogram, R-R intervals in an electrocardiogram, noise in the heartbeat data **220**, other information descriptive of a heartbeat, or a combination thereof.

Additionally or in the alternative, the medical device **202** may include dedicated hardware implementations, such as application specific integrated circuits, programmable logic arrays and other hardware devices, to implement one or more functions of the processor **206**. Accordingly, the present disclosure encompasses software, firmware, and hardware implementations.

When the heartbeat data **220** is received as an electrocardiogram trace, the processor **206**, or an application-specific integrated circuit (ASIC), may perform an IIR operation on an electrocardiogram trace to detect R waves and R-R intervals. The processor **206** (or ASIC) may determine a foreground heart rate by monitoring the timing between the most recent R waves in the electrocardiogram. The processor **206** may also determine the modified background heart rate based on prior heartbeat data stored in the memory **204**, the foreground heart rate, and the weighting factor. For example, the prior heartbeat data may be based on heartbeat data **220** received during a five minute window prior to the heartbeat data **220** associated with the foreground heart rate. Activity data **230** associated with patient may be provided to the processor **206** via the second interface **210** to determine the value of the weighting factor.

The processor **206** may detect whether a seizure event is present based on the heartbeat data **220** and the activity data **230**. For example, the processor **206** may compare the ratio of the foreground heart rate and the modified background heart rate to the seizure detection threshold to determine whether the seizure event is present. In response to detecting the seizure event, the processor **206** may, for example, send a signal to provide a notification that a seizure is detected, to initiate a recording of the seizure event, and/or to the therapy delivery unit **212** to cause the therapy delivery unit **212** to stimulate a tissue of the patient.

Referring to FIG. 3, a block diagram of a particular embodiment of implantable medical device **202** within a patient is shown. The medical device **202** includes the memory **204**, the processor **206**, the first interface **208**, the second interface **210**, the therapy delivery unit **212**, a heartbeat sensor **320**, and an activity sensor **330**.

The medical device **202** may be adapted to be surgically implanted in a patient **306** to detect a seizure event based on activity data **230** and heartbeat data **220**, to provide therapy, to monitor one or more conditions, for another purpose, or any combination thereof. In a particular embodiment, the medical device **202** may be coupled to one or more electrodes **308** and may be adapted to deliver electrical stimulus to tissue **304** of the patient **306** via the electrodes **308**. In a particular embodiment, the medical device **202** is an implantable nerve stimulation device. Examples of the implantable nerve stimulation device may include an implantable cranial nerve stimulation device, an implantable spinal cord stimulation device, etc. The electrodes **308** may be coupled to the medical device **202** and may be positioned proximate to or coupled to a nerve, such as a cranial nerve (e.g., the trigeminal nerve, the hypoglossal nerve, the vagus nerve or a branch of the vagus nerve).

The heartbeat sensor **320** may be configured to detect (e.g., sense) a heartbeat of the patient **306**. For example, the heartbeat sensor **320** may be coupled to a nerve via the electrodes **308** to detect the heartbeat of the patient **306**. In a particular embodiment, the heartbeat sensor **320** is an electrocardiogram (ESG) sensor. For example, based on the detected heartbeat, the heartbeat sensor **320** may generate electrocardiogram data and provide the electrocardiogram data to the processor **206**. The electrocardiogram data may correspond to the electrocardiogram data illustrated by the first trace **110** of FIG. 1 and may indicate R waves and R-R intervals of the detected heartbeat. The activity sensor **330** may be configured to detect an activity level of the patient **306**. For example, the activity sensor **330** may be coupled to a nerve via the electrodes **308** to detect an activity level of the patient **308**. Alternatively, the activity sensor **330** may include a device that detects other indications of activity, such as an amount of perspiration, a body temperature, breathing rate, etc.

As explained with reference to FIG. 2, the medical device **202** may include the therapy delivery unit **212** that is configured to control generation of treatment stimulus provided to the electrodes **308** to provide an electrical stimulus to the tissue **304**. In another particular embodiment, the medical device **202** is an implantable drug pump. In another particular embodiment, the medical device **202** is an implantable sensor. Examples of an implantable sensor may include an electrocardiogram (ESG) sensor, an electromyogram (EEG) sensor, etc. Note that the term "patient" is used broadly to include any organism and is not intended to imply that the patient **306** is human; although the patient **306** is a human patient in one embodiment.

FIG. 4 is a flow chart of a particular embodiment of a method **400** of detecting a seizure event based on heartbeat data and activity data. For example, the method **400** may be performed by a medical device and the components thereof, such as the medical device **202**, the memory **204**, the processor **206**, the first interface **208**, the second interface **210**, the therapy delivery unit **212** of FIGS. 2 and 3, or any combination thereof. The method **400** may be performed while monitoring for a seizure event in a patient, such as the patient **306** of FIG. 3.

The method **400** may include receiving heartbeat data of a patient, at **402**. For example, in FIG. 2, the first interface **208** may be coupled to receive the heartbeat data **220** of a patient, such as the patient **306** of FIG. 3. The heartbeat data **220** of the patient **306** may include electrocardiogram data (e.g., an electrocardiogram trace). For example, the heartbeat data **220** may correspond to the electrocardiogram

illustrated in the first trace 110 of FIG. 1. The first interface 208 may provide the heartbeat data 220 to the processor 206.

Activity data of the patient may be received, at 404. For example, in FIG. 2, the second interface 210 may be coupled to receive the activity data 230. The activity data 230 may include one or more activity values that are related to an activity level of the patient 306 and that are measured independently of the heartbeat data 220. In a particular embodiment, the activity data 230 includes accelerometer data, body temperature data, electromyography data, perspiration data, impedance data, or a combination thereof. In a particular embodiment, the activity data 230 may be detected (e.g., sensed) by the activity sensor 330. Additionally or alternatively, the activity data 230 may be received wirelessly from one or more external sensors (not shown). The second interface 210 may provide the activity data 230 to the processor 206.

A value of a weighting factor may be determined based on the activity data, at 406. For example, in FIG. 2, the processor 206 may determine the value of the weighting factor such that an effect of prior heartbeat data on the modified heartbeat data is decreased in response to the activity data 230 indicating an increased activity level of the patient 306.

Modified heartbeat data may be determined by applying the weighting factor to at least a portion of the heartbeat data, at 408. For example, the processor 206 of FIG. 2 may determine the modified heartbeat data based on an algorithm, such as $BG_M = \lambda * BG_{n-1} + (1-\lambda) * FG_n$, where BG_M is the modified heartbeat data (e.g., the modified background heart rate), BG_{n-1} is a previously-determined background heart rate, FG_n is a foreground heart rate at the present time (n), and λ is the weighting factor determined based on the activity data. Thus, the modified heartbeat data may be determined as a sum of a first value and a second value. The first value ($\lambda * BG_{n-1}$) may be the weighting factor times the previously-determined background heart rate and the second value ($(1-\lambda) * FG_n$) may be one minus the weighting factor times the most recent R-R interval (e.g., the foreground heart rate).

A seizure event may be detected based on the modified heartbeat data, at 410. For example, the processor 206 of FIG. 2 may compare a ratio of the foreground heart rate and the modified background heart rate (e.g., the modified heartbeat data) to a seizure detection threshold. When the ratio exceeds the seizure detection threshold, the processor 206 may determine that a seizure event is present. When the ratio is below the seizure detection threshold, the processor 206 may determine that there is no seizure event present.

In a particular embodiment, the method 400 may include detecting an indication of noise in the heartbeat data. For example, the processor 206 of FIG. 2 may detect an indication of noise in the heartbeat data 220. The weighting factor may be further determined based on the indication of noise in the heartbeat data. For example, in response to the detected noise in the heartbeat data 220 increasing, the processor 206 may determine the value of the weighting factor such that an effect of prior heartbeat data on the modified heartbeat data is decreased. Thus, in response to the detected noise in the heartbeat data 220 increasing, the processor 206 may lower the value of the weighting factor so that the modified heartbeat data is more dependent on the foreground heart rate. Alternatively, in response to the detected noise in the heartbeat data decreasing, the processor 206 may determine the value of the weighting factor such that the effect of the prior heartbeat data on the modified heartbeat data is increased. Thus, in response to the detected

noise in the heartbeat data 220 decreasing, the processor 206 may raise the value of the weighting factor so that the modified heartbeat data is more dependent on the previously-determined background heart rate.

In a particular embodiment, the method 400 may include causing stimulation to be applied to tissue of the patient in response to detecting the seizure event. For example, the therapy delivery unit 212 of FIG. 3 may control generation of treatment stimulus provided to the electrodes 308 to provide an electrical stimulus to the tissue 304 in response to the processor 206 detecting the seizure event. In another particular embodiment, the method 400 may include generating a report regarding the detection of a seizure event, and may include the initiation of a recording of a detected seizure event.

The illustrations of the embodiments described herein are intended to provide a general understanding of the structure of the various embodiments. The illustrations are not intended to serve as a complete description of all of the elements and features of apparatus and systems that utilize the structures or methods described herein. Many other embodiments may be apparent to those of skill in the art upon reviewing the disclosure. Other embodiments may be utilized and derived from the disclosure, such that structural and logical substitutions and changes may be made without departing from the scope of the disclosure. For example, method steps may be performed in a different order than is shown in the figures or one or more method steps may be omitted. Accordingly, the disclosure and the figures are to be regarded as illustrative rather than restrictive.

Moreover, although specific embodiments have been illustrated and described herein, it should be appreciated that any subsequent arrangement designed to achieve the same or similar results may be substituted for the specific embodiments shown. This disclosure is intended to cover any and all subsequent adaptations or variations of various embodiments. Combinations of the above embodiments, and other embodiments not specifically described herein, will be apparent to those of skill in the art upon reviewing the description.

The Abstract of the Disclosure is submitted with the understanding that it will not be used to interpret or limit the scope or meaning of the claims. In addition, in the foregoing Detailed Description, various features may be grouped together or described in a single embodiment for the purpose of streamlining the disclosure. This disclosure is not to be interpreted as reflecting an intention that the claimed embodiments require more features than are expressly recited in each claim. Rather, as the following claims reflect, the claimed subject matter may be directed to less than all of the features of any of the disclosed embodiments.

What is claimed is:

1. A method comprising:

receiving heartbeat data of a patient;
receiving accelerometer data of the patient;
determining, using the accelerometer data, that the patient is transitioning from a sleep state to an awake state;
decreasing a weighting factor based on the transition;
determining modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data; and
detecting a seizure event based on the modified heartbeat data.

2. The method of claim 1, wherein determining the modified heartbeat data includes determining a background (BG) heart rate based on a previously-determined BG heart rate, a most recent R-R interval, and the weighting factor.

13

3. The method of claim 2, wherein the BG heart rate is determined as a sum of a first value and a second value, wherein the first value is the weighting factor times the previously-determined BG heart rate and the second value is one minus the weighting factor times the most recent R-R interval.

4. The method of claim 2, wherein determining the modified heartbeat data further includes determining a foreground (FG) heart rate based on one or more R-R intervals of the heartbeat data.

5. The method of claim 4, wherein detecting the seizure event comprises comparing a ratio of the FG heart rate and the BG heart rate to a seizure detection threshold.

6. The method of claim 1, wherein the heartbeat data of the patient includes electrocardiogram data.

7. The method of claim 6, wherein the electrocardiogram data indicates a timing related to a plurality of R-waves.

8. The method of claim 1, further comprising causing, in response to the detection of the seizure event, initiation of at least one of a stimulation to tissue of the patient, a reporting of the occurrence of the seizure event, or a recording of the seizure event.

9. A medical device comprising:

a first interface to receive heartbeat data of a patient;
a second interface to receive acceleration data of the patient; and

a processor configured to:

determine, using the accelerometer data, that the patient is transitioning from a sleep state to an awake state;
decrease a weighting factor based on the transition;
determine modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data; and
detect a seizure event based on the modified heartbeat data.

10. The medical device of claim 9, wherein determining the modified heartbeat data includes determining a background (BG) heart rate based on a previously-determined BG heart rate, a most recent R-R interval, and the weighting factor.

11. The medical device of claim 10, wherein the BG heart rate is determined as a sum of a first value and a second value, wherein the first value is the weighting factor times the previously-determined BG heart rate and the second value is one minus the weighting factor times the most recent R-R interval.

12. The medical device of claim 10, wherein determining the modified heartbeat data further includes determining a foreground (FG) heart rate based on one or more R-R

14

intervals of the heartbeat data, wherein the seizure event is detected by comparing a ratio of the FG heart rate and the BG heart rate to a seizure detection threshold.

13. The medical device of claim 9, wherein the processor, in response to the detection of the seizure event, provides a signal to at least one of stimulation device disposed to provide stimulation to tissue of the patient, a signal indicating the occurrence of the seizure event, and a signal initiating the recording of the seizure event.

14. A non-transitory computer-readable medium storing instructions that are executable by a processor to cause the processor to perform operations including:

receiving heartbeat data of a patient;
receiving accelerometer data of the patient;
determining, using the accelerometer data, that the patient is transitioning from a sleep state to an awake state;
decreasing a weighting factor based on the transition;
determining modified heartbeat data by applying the weighting factor to at least a portion of the heartbeat data; and
detecting a seizure event based on the modified heartbeat data.

15. The non-transitory computer-readable medium of claim 14, wherein determining the modified heartbeat data includes determining a background (BG) heart rate based on a previously-determined BG heart rate, a most recent R-R interval, and the weighting factor.

16. The non-transitory computer-readable medium of claim 15, wherein the BG heart rate is determined as a sum of a first value and a second value, wherein the first value is the weighting factor times the previously-determined BG heart rate and the second value is one minus the weighting factor times the most recent R-R interval.

17. The non-transitory computer-readable medium of claim 15, wherein determining the modified heartbeat data further includes determining a foreground (FG) heart rate based on one or more R-R intervals of the heartbeat data, wherein the seizure event is detected by comparing a ratio of the FG heart rate and the BG heart rate to a seizure detection threshold.

18. The non-transitory computer-readable medium of claim 14, wherein the processor, in response to the detection of the seizure event, provides a signal to at least one of stimulation device disposed to provide stimulation to tissue of the patient, a signal indicating the occurrence of the seizure event, and a signal initiating the recording of the seizure event.

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专利名称(译)	根据心跳数据检测癫痫发作		
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摘要(译)

一种方法包括接收患者的心跳数据并接收患者的活动数据。活动数据包括与患者的活动水平相关并且独立于心跳数据测量的一个或多个活动值。该方法还包括基于活动数据确定加权因子的值。该方法还包括通过将加权因子应用于心跳数据的至少一部分来确定修改的心跳数据。该方法还包括基于修改的心跳数据检测癫痫发作事件。

