

## HEART RATE ENTROPY CAN ASSESS CONSCIOUSNESS

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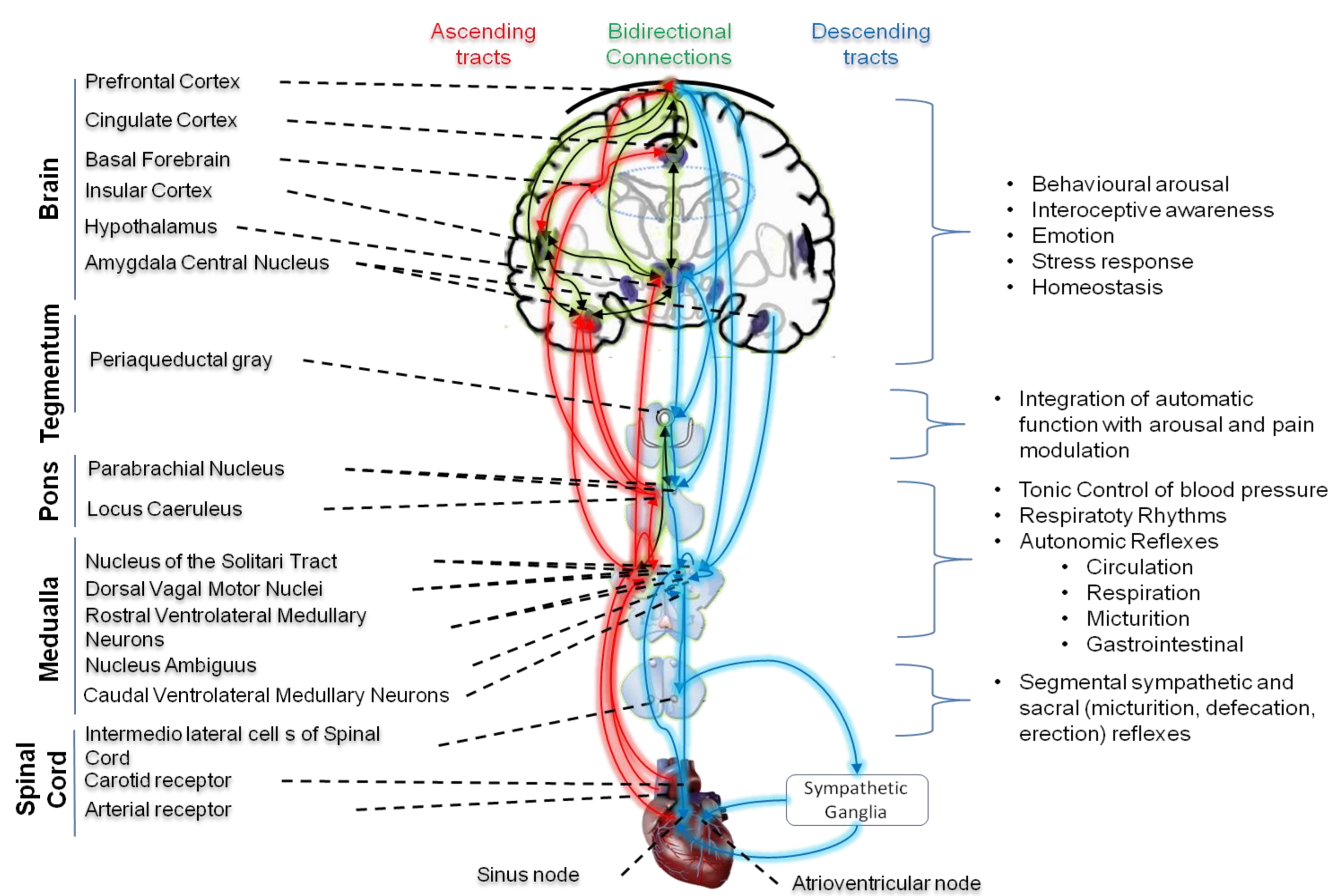
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### 1. Background

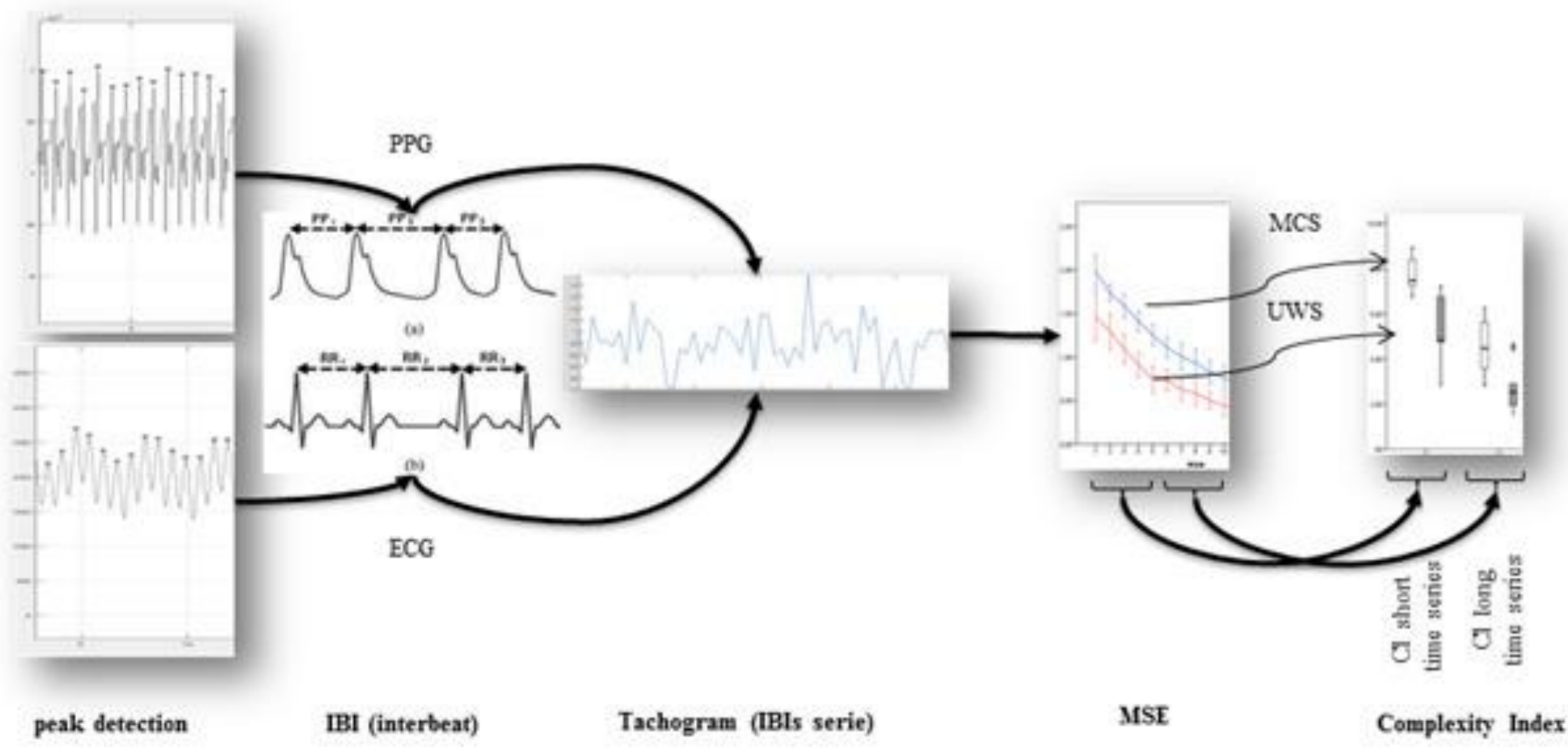
- Healthcare differs if patient is unresponsive (UWS) or minimally conscious (MCS)
- ~35% clinical diagnosis error which can impact life and death decisions
- Neuroimaging helps, but is expensive and difficult in daily clinical setting
- Heart and brain's Central Autonomic Network (CAN) are connected in a two-way dynamic interaction through the Autonomic Nervous System (ANS):



→ Can we better diagnose by monitoring the heart?

### 2. Methods

From heart rate to multi-scale entropy to COMPLEXITY INDEX in the short term (CI<sub>s</sub>) and long term (CI<sub>l</sub>):



- Conducted on 14 UWS and 16 MCS sedated patients as assessed by the Coma Recovery Scale – Revised (CRS-R) acquired since 2008 up to 2017.
- Patients were matched for age, gender, etiology and onset.
- Electrocardiographic activity (ECG) and photoplethysmographic sensor (PPG) were acquired for 10 minutes, simultaneously with MRI (3T Siemens Magnetom TrioTim).
- PPG and ECG were cleaned with a Fourier Transform (SigView software) and multi-scale entropy was calculated (HRV Advanced Analysis software v2.2). CI was calculated as the area under the sample entropy timescale curve.
- MRI T1 and EPI BOLD were preprocessed with SPM12 and 2<sup>nd</sup>-level correlation analyses were calculated with CONN 17f with CI<sub>s</sub> & CI<sub>l</sub> as covariates of interest in a parametric regression.

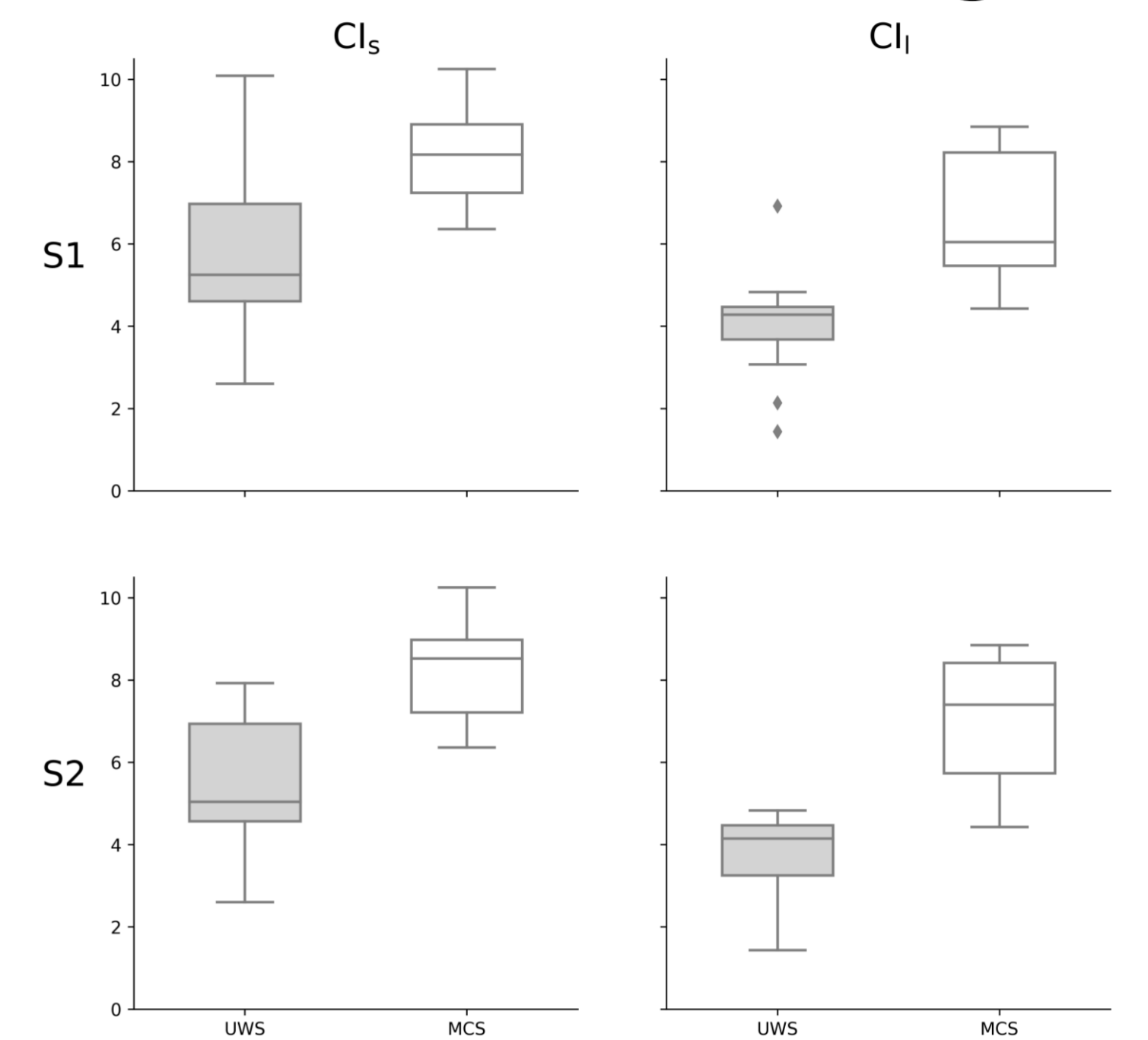
### 4. Conclusion

- Complexity Index has high discriminative power and low false negative rate
- Might provide an inexpensive way to diagnose MCS & UWS and screen/monitor CAN connectivity changes
- Future: should investigate in a bigger cohort and in acute patients

### 3. Results

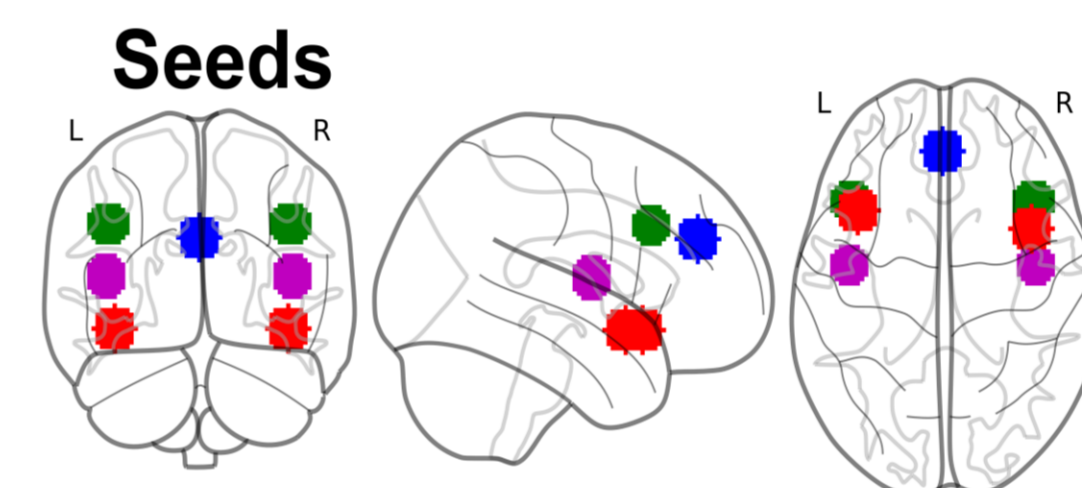
#### 3.1. MCS have higher CI than UWS on average

Group-wise, MCS show higher CI<sub>s</sub> (z=-3.346, p<0.001) and CI<sub>l</sub> (z=-4.095, p<0.0001) compared to UWS using a Mann-Whitney's test.



S1 includes all patients (n=30), S2 fMRI included (n=21)

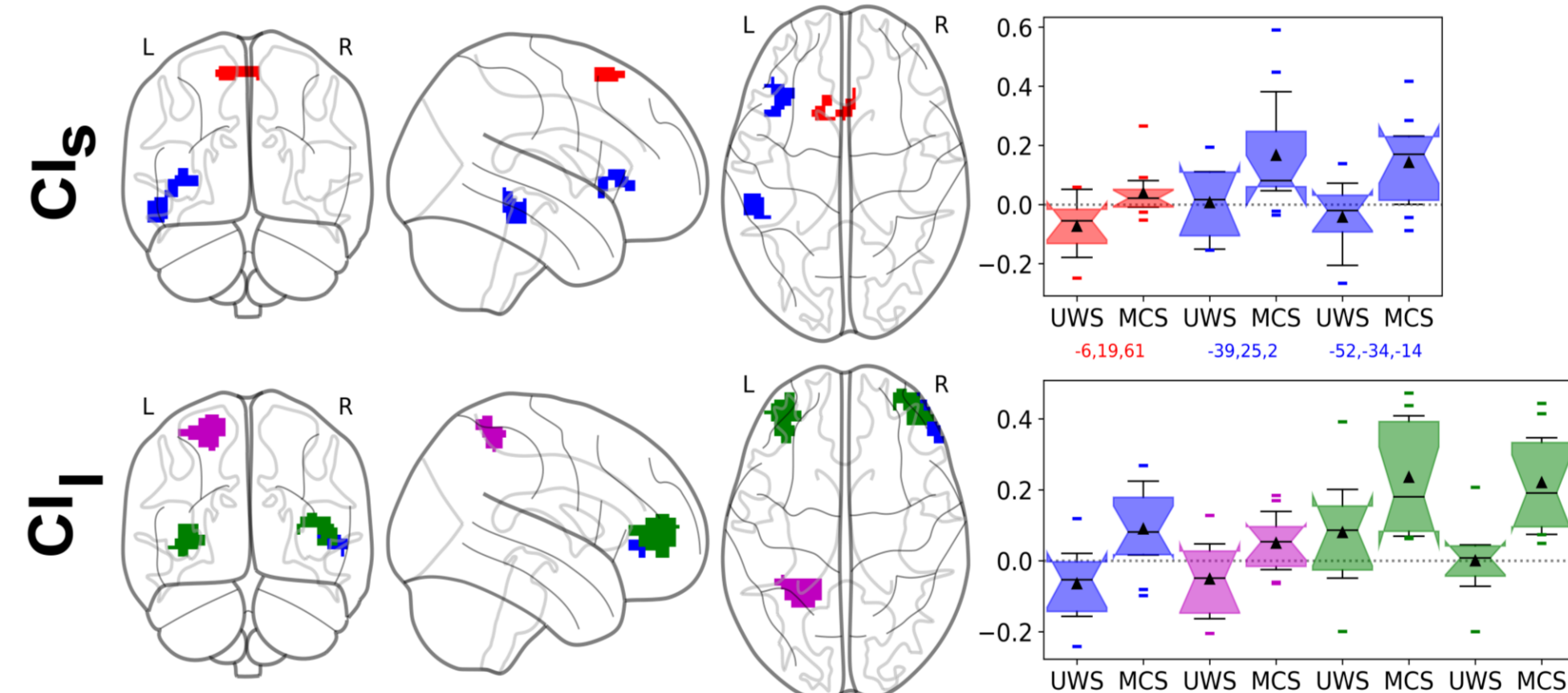
#### 3.2. CI correlates with CAN fMRI connectivity recovery



Red: Fronto-Insular Magenta: STG  
Blue: Paracingulate Green: DLPFC  
n=21

Non-parametric cluster-mass p-FWE < 0.05 (voxel p-uncorrected < 0.001)

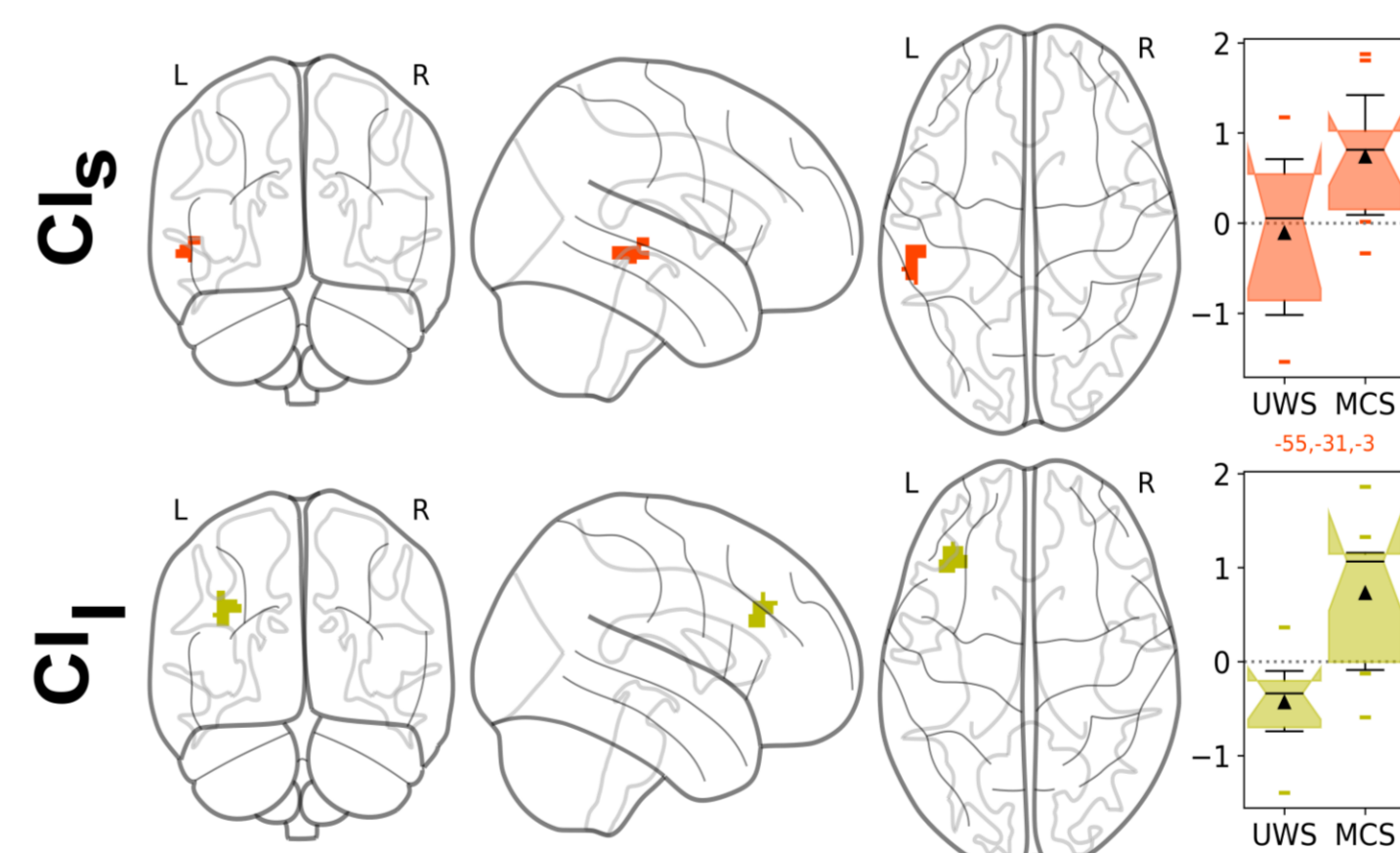
#### Seed-based analysis



• CI<sub>s</sub> correlates with FI <-> Superior Frontal Gyrus (red), PC <-> Temporal Gyrus & Insula (blue) connectivities.

• CI<sub>l</sub> correlates with PC <-> left Fronto-Pole (blue), STG <-> Superior Parietal Lobule (magenta), DLPFC <-> Frontal Poles (green) connectivities

#### Intrinsic connectivity contrast



• CI<sub>s</sub> correlates with an increase of intrinsic connectivity in pMTG and pSTG

• CI<sub>l</sub> correlates with an increase in MFG

#### 3.3. CI reliably discriminates MCS from UWS

One-R classifier with 10-fold cross-validation:  
→ CI<sub>l</sub> selected as the best predictor  
→ 90% accuracy, 7% false positive and 13% false negative rates  
→ In comparison, Zero-R (always predicting MCS) has 53% accuracy  
→ Lower error than clinical consensus

Confusion Matrix	
MCS (true)	MCS as UWS (false negative)
15	1
1	13
UWS as MCS (false positive)	UWS (true)

### 5. Bibliography & Acknowledgements

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