# **A Comparative Analysis Between Standard Polysomnographic Data and In-ear-EEG Signals**

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## Introduction

#### **General Context of Application**

- Polysomnography (PSG) is the gold standard to assess sleep disorders. The PSG setting is uncomfortable and impractical to use at home and introduces bias to sleep quality assessment.
- A promising solution is the *in-ear-EEG* due to the several advantages in comfort, fixed electrode positions, robustness to electromagnetic interference, and ease of use.

#### Our goals

• We develop a pipeline to evaluate the similarity between in-ear-EEG and standard PSG derivations: ground truth sleep stages assessment, most relevant features identification, similarity-scores definition.

# **Materials and Methods**

#### . Hypnograms investigation

• The three Not-REM classes, i.e. N1, N2, N3 are merged under a common label 'NREM'.

#### Data

- Four-hour already pre-processed signals recorded over 10 healthy subjects (males and females, age 18-60 years).
- In-ear-EEG data collected using IDUN Guardian Development Kit (GDK) with one unipolar channel, i.e. ch1. PSG data collected using SOMNOmedics SOMNOscreen plus system with 21 unipolar and bipolar PSG channels, i.e. scalp-EEG, EOG, and M2-M1 derivations.
- PSG and in-ear-EEG data scored according to AASM guidelines (W, N1, N2, N3, REM)



- Consensuses definition by means of *majority voting* and *soft-agreement metric*.
- Hypnograms variability analyses using Cohen's kappa metric to have one common reference to all signals.

### II. Feature extraction and Feature selection

- Time-domain and frequency-domain feature extraction.
- Non-supervised feature selection based on k-NN and Maximal Information Compression Index (MICI): optimization using representation entropy and redundancy rate.

# III. Similarity-scores definition

- Features' distributions investigation by means of *boxplot* and *Shapiro-Wilk* test.
- Statistical comparison between PSG and in-ear-EEG features: similarity-scores defined and assigned to all the investigated channels.
- Most similar PSG derivations to the in-ear-EEG assessed separately for each sleep stage and for each subject.
- Results aggregation over the classes and then over the subjects.

# Results

| We define the ground      | Inter-scorer reliability |
|---------------------------|--------------------------|
| truth as the intersection | 1.0 PSG hypograms        |
| between PSG and in-ear-   |                          |
| EEG consensuses. The      |                          |

We extract 45 features from time and frequency domains. The final number of selected features is 25, 23, and 22 for wake, NREM, and REM labels. The percentage of features common to all the three classes is around 52% for wake, 56.52% for NREM and 59.09% for REM.

Frequency domain features





(a) For the wake brain state, frontal derivations are the most selected scalp-EEG channels; a high similarity is found between the in-ear-EEG and the EOG channels. (b) Focusing on NREM sleep stages, central and frontal channels as well as the mastoid-to-mastoid derivation show the highest similarity scores; the affinity between in-ear-EEG and EOG signals decreases a lot with respect to the wake sleep stage. (c) For the REM label, the highest affinity is found between the in-ear-EEG and both central channels and the mastoid-to-mastoid derivation; the similarity between the in-ear-EEG and the EOG is very little.



#Times each channel was selected



Very dissimilar ranges are found for different subjects, thus the analysis is carried out separately for each participant and for each sleep stage.





most similar PSG The channels to in-ear-EEG signals are anticipated to be the ones closer to the temporal regions. Mainly frontal and EOG channels, the mastoid-toand mastoid derivation show highest similaritythe scores.

# **Conclusions and Future works**

The in-ear-EEG seems a valuable solution for a home-based sleep monitoring. A customized procedure on each individual subject may turn out to be a more reasonable solution than a general analysis. The need for EOG contribution in sleep analysis cannot be excluded. In further studies, sleep stages may be weighted differently to avoid bias in results. More uniformity among contra-lateral channels could be overcome with larger and more heterogeneous datasets. This would allow to extend the analysis to the three not-REM labels separately.