

## **Computational tracking and forecasting the transient ischemic attack using deep machine intelligence**

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### **Abstract**

This kind of abrupt illness, which has the characteristics of being brief in length and occurring often, is known as a transient ischemic attack (TIA). Because the majority of patients may return to their previous lifestyles after the beginning of the illness, it is often overlooked. Medical study has shown that individuals who have transient ischemic episodes are at increased risk of having a stroke within a very short period of time. Consequently, careful monitoring of transient ischemia stroke is very essential, particularly for older individuals who live alone in their homes. Currently, video monitoring and the use of wearable sensors are the most common ways of monitoring transient ischemia episodes, although both of these approaches have their limitations. This article describes the use of a microwave sensor platform operating in the C-Band (4.0 GHz–8.0 GHz) to non-contact monitor transient ischemic attack in the indoor environment in order to enhance risk management of stroke and make it more convenient and accurate. In order to decrease the dimension of the data, the platform first gathers it, then preprocesses it, and then utilizes principal component analysis to reduce its dimension. For the purpose of developing prediction models, the support vector machine (SVM) and the random forest (RF) are two Deep machine intelligence that are employed. SVM and RF methods achieve 97.3 and 98.7 percent accuracy, respectively, according to the experimental findings; this indicates that the system presented in this article is practical and trustworthy.

**Keywords:** Transient ischemic attack, Internet of things, Microwave sensing platform, Machine learning, Deep machine intelligence

### **1. Introduction**

An acute infarction of the brain or retina does not produce a transient ischemic attack (TIA), which is a brief neurological condition caused by localized ischemia of the brain or retina. In most cases, the clinical symptoms persist less than an hour, and the neurological function may recover to normal within an hour after the start [1, 2]. Intense headaches (TIA) are distinguished by their rapid onset, brief duration and high frequency of attack. Currently, the following are the most commonly recognized causes of transient ischemic attack (TIA) by the medical community: (1) A bolus of thrombus in arterial blood travels to the brain, causing a blockage and impaired circulation of blood. (2) Blood flow in the distal portion of the brain's smaller arteries is reduced when blood pressure varies, particularly when it lowers. (3) Changes in blood composition result in the formation of blood clots in blood arteries, which may cause blood vessels in the brain to become blocked [2] [3]. Relevant clinical and experimental evidence indicate that transient ischemic attack (TIA) has an early warning impact on stroke. After a transient ischemic attack (TIA), the incidence of stroke within 48 hours may be as high as 50%, and the incidence of stroke within 3 months can be as high as 10%–20% [4]. Every year, thousands of elderly individuals who live alone across the globe suffer from transient ischemic attack (TIA) and do not get appropriate attention and prompt treatment, resulting in a later stroke or even death as a consequence. Other features of TIA are discussed in certain publications [5–7], with some suggesting the need of monitoring TIA at an early stage [8]. The most common TIA symptom is that the patient abruptly falls down owing to weakness in both legs, which may be followed by vertigo or vomiting [9]. This is particularly true when the patient quickly stands up after sitting or sleeping for an extended period of time. Patients who have had a transient ischemic attack (TIA) should be treated as soon as possible to rule out the possibility of brain haemorrhage or seizures. Acceleration sensors [10], cameras [11], multiple GPUs [12], accounting for label uncertainty in machine learning [13], machine intelligence [14], mobile healthcare frameworks [15], deep learning approach [16], system in Internet of Medical Things [17], predictive analysis, and other advanced methods and technologies are being used in the disease prediction and healthcare fields at the present time. All of these important contributions demonstrate their value and applicability in a variety of situations.

It is developed in this work by the authors, which is comprised of a transmitter and a receiver, and this platform also offers a unique benefit. It may be placed inside, away from patients, and with no interaction required. The following is the procedure by which the WSP operates: the transmitter emits an electromagnetic wave in the C band, the receiver receives the wireless signal and extracts the wireless channel state information (CSI) data while doing so, and the WSP stores the data. After collecting the CSI data, we performed a number of preprocessing steps, including the elimination of outliers and signal denoising, and then utilized principal component analysis (PCA) to decrease the dimensionality of the preprocessed data [20]. For classification and to keep track of TIA, we utilized [15], [13]. The experimental results presented in this paper demonstrate that the accuracy of the two machine learning algorithms can reach greater than 95%, demonstrating that the method described in this paper can effectively monitor TIA, thereby lowering the risk of death among the elderly who live on their own in the community. The following are the contributions made by this paper: In this paper, we propose for the first time the use of C-band wireless sensing technology to monitor TIA, which eliminates the need for wearable devices on the monitored objects and does not infringe on their privacy; 2. Two different types of machine learning algorithms are used to train the prediction model, which increases both stability and accuracy of the prediction results; 3. Our self-developed WSP has the advantage of being easy to use and has a low power consumption. The remaining sections of the

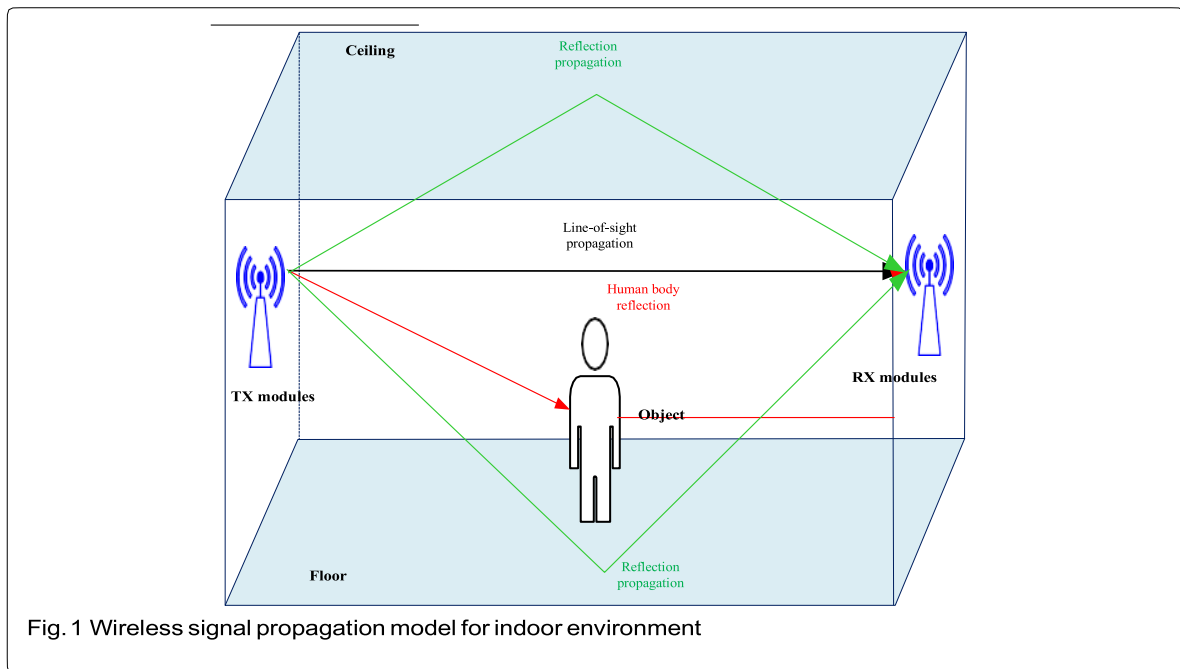
paper are organized as follows. In the second section, we will go over the basic principles of C-Band wireless sensing technology, and in the third section, we will go over the experimental setup. In the fourth section, we will preprocess the experimental data and categories it using machine learning techniques to arrive at a final classification. Afterwards, the experimental findings will be discussed in the fifth section, and lastly the paper will be summarized in the sixth section

## Principle of C-band wireless sensing technology

### Wireless signal propagation model

The C band has been included in an official document of the People's Republic of China's Ministry of Industry and Information Technology; in addition, the use of this band is encouraged by the microwave stations operating inside the country's territorial jurisdiction. The properties of a C-Band wireless signal are similar to those of light. [17-18] This phenomenon is known as the multipath effect. Figure 1 depicts a model of indoor propagation for a C-Band signal in the indoor environment.

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Utilizing a two-stage rotating score spread calculation on the diagram, they could distinguish dubious customers in a checked organization demonstrated utilizing bipartite diagrams, for example, clients versus documents in a P2P framework. Sun et al. [24] assessed the nature of neighbourhoods dependent on the semantics of the diagram datasets and furthermore estimated the presentation of the inconsistency discovery with physically infused irregularities. In any case, with this sort of approach it is hard to uncover the concealed connections between various networks of organization.

Related work can be applied to our methodological contrasts aren't territories to be found. We cause to notice the content mining, characteristic language preparing, information portrayal, and network

examination and representation investigation. Text information digging strategy for a robot to recoup from FIG printed data and text mode a given undertaking. Investigate immense scope of records, in the overall case, oneself requesting augmentation direct, in view of the semantic request of disintegration and repetitive character portrayed dimensionality.

According (2) states that when there is no moving object in the course of the signal transmission, the parameters R, D, and H stay constant, and the power of the receiving antenna  $P_r$  remains steady. An item moving across the route of signal transmission will cause a shift in the amplitude and phase of the received signal, which will result in a shift in transmitted power. Depending on the received signal's amplitude and phase, it carries a wealth of information about the surrounding environment. We may improve the quality of the received signal by processing it.

**Channel information**

The orthogonal frequency division multiplexing (OFDM) technique utilized in this article is implemented at the transmitter of the C-Band WSP described in this study. One of the primary benefits of this technique is that it increases data transmission efficiency while also increasing spectrum usage. It also has strong anti-multipath attenuation capabilities [19]. Platform components include: spectrum analyzer, radio-frequency generator, cables, vector network analyzer, antennas, absorbent material, and networked computer, among other things. Multi-antenna access is supported by OFDM technology[20], where  $N_T$  is the number of transmitter antennas and  $N_R$  is the-number-of-receiver-antennas.

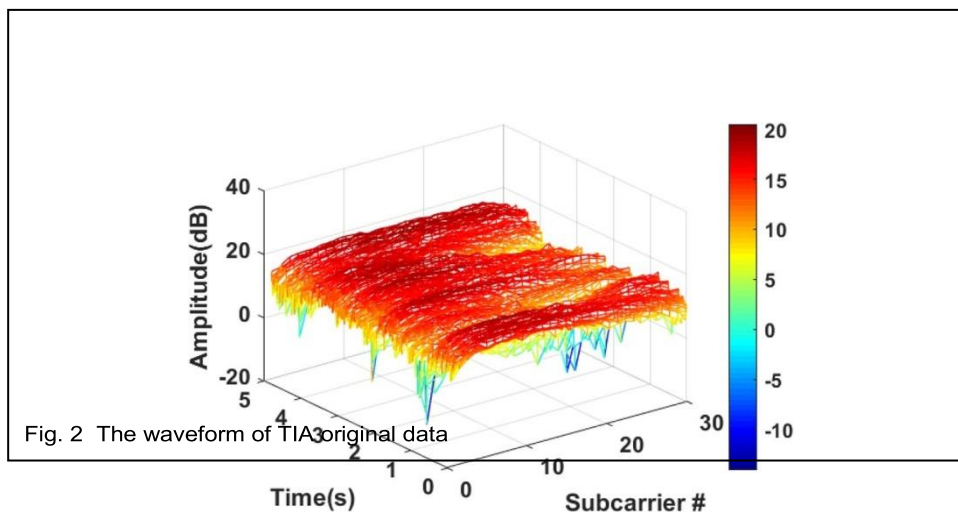
**The experimental scheme**

TIA is shown in the first part by the patient abruptly falling to the ground owing to weakness in both legs, which is the most apparent sign. It is necessary to differentiate TIA from other routine everyday activities. As indicated in Table 1, we will gather information on a variety of activities throughout this investigation.

Table 1 In the experiment, daily activities and TIA are recorded.

No	Action
1	Vertical
2	Indolent
3	Fraudulent
4	Viewpoint up
5	Sit dejected
6	Stride
7	TIA

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For each activity, we gathered a total of 300 samples. Figure 3 depicts the waveform of the TIA original data that was acquired throughout the experiment. According to Fig. 3, the waveform includes many burrs (noise), which must be removed before further processing may be performed. Following that, we'll go through how to go about processing the data.

### The data processing

This section details the data processing approach as shown in Fig. 3.

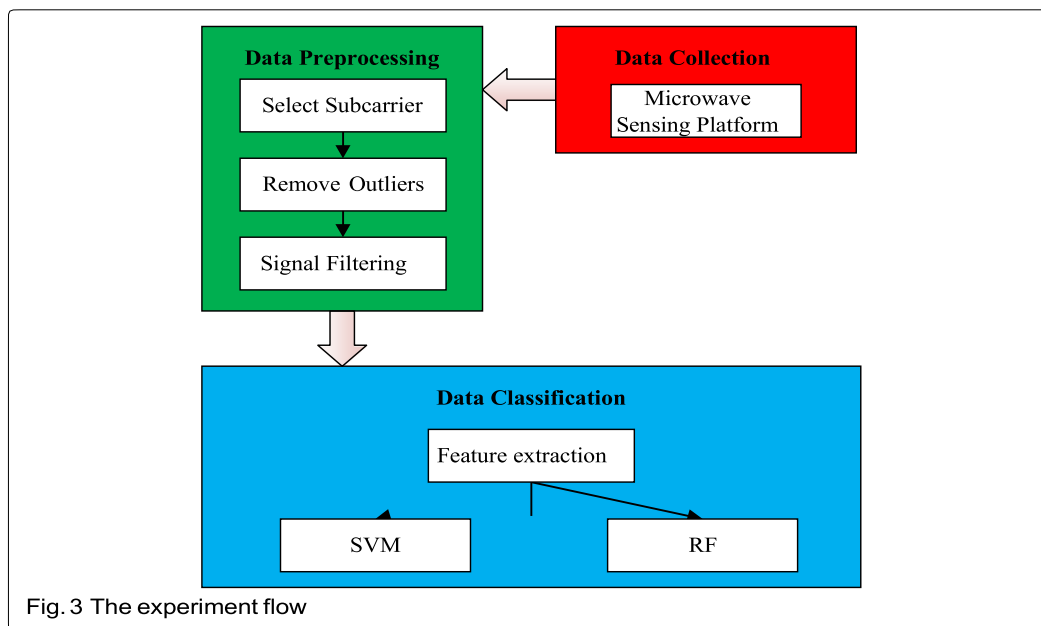


Fig. 3 The experiment flow





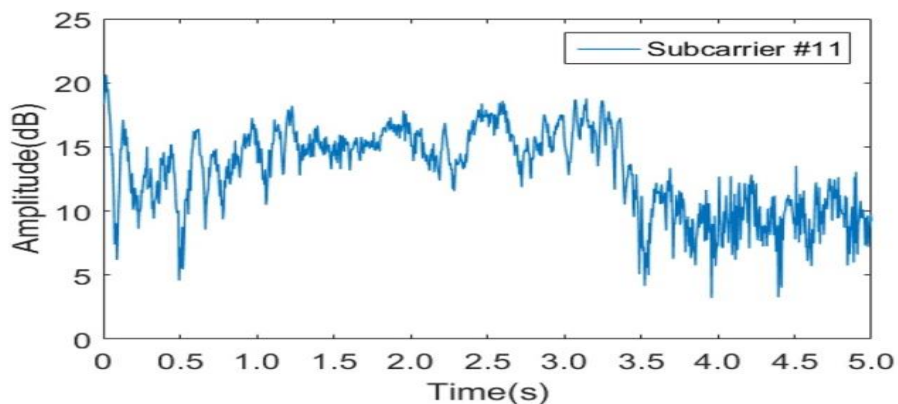
**Data preprocessing**

*Select subcarrier*

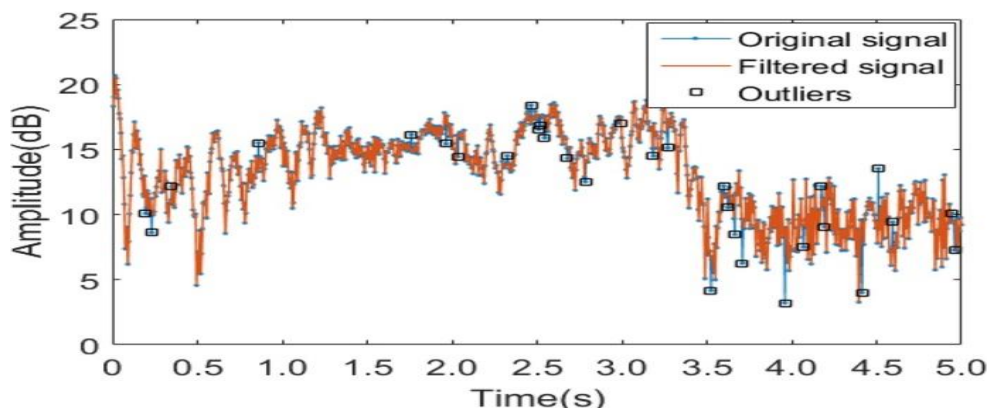
We must choose the right subcarriers in order to remove duplicate information and make future data processing more efficient. This is accomplished by calculating the variance of 30 subcarriers from each set of data individually. In accordance with the concept that the greater the variance, the greater the quantity of information, the sequence number of subcarriers chosen for each action is given in the following table:

Table 2 Selected subcarrier number for each action

Action	Number of subcarriers
Vertical	14
Indolent	15
Fraudulent	16
Viewpoint up	17
Sit dejected	15
Stride	33
TIA	16



a Original waveform of TIA



b TIA waveform after removing outliers



**Signal filtering**

We must first denoise the signal in order to do feature extraction. When trying to filter away signal noise, this article employs a wavelet transform, which is based on the principles listed below. In particular, the wavelet transform has excellent time–frequency characteristics; (2) the wavelet transforms can effectively represent the non-stationary features of a signal; and (3)

**Data classification**

*Feature extraction*

We will use PCA to decrease the dimension of the data and extract features since the data has a high number of dimensions. K. Pearson developed the principal component analysis (PCA) in 1901. The aim behind this technique is to extract a collection of new features from an existing set of features that are not linked to one another. A decreasing order of significance has been assigned to the new characteristics

The principle of PCA is as follows,

$$Y = \mathbf{A}X \tag{1}$$

$$y_i = \sum_{j=1}^n a_{ij}x_j = \mathbf{a}^T x_j \quad (i = 1, 2, \dots, n) \tag{2}$$

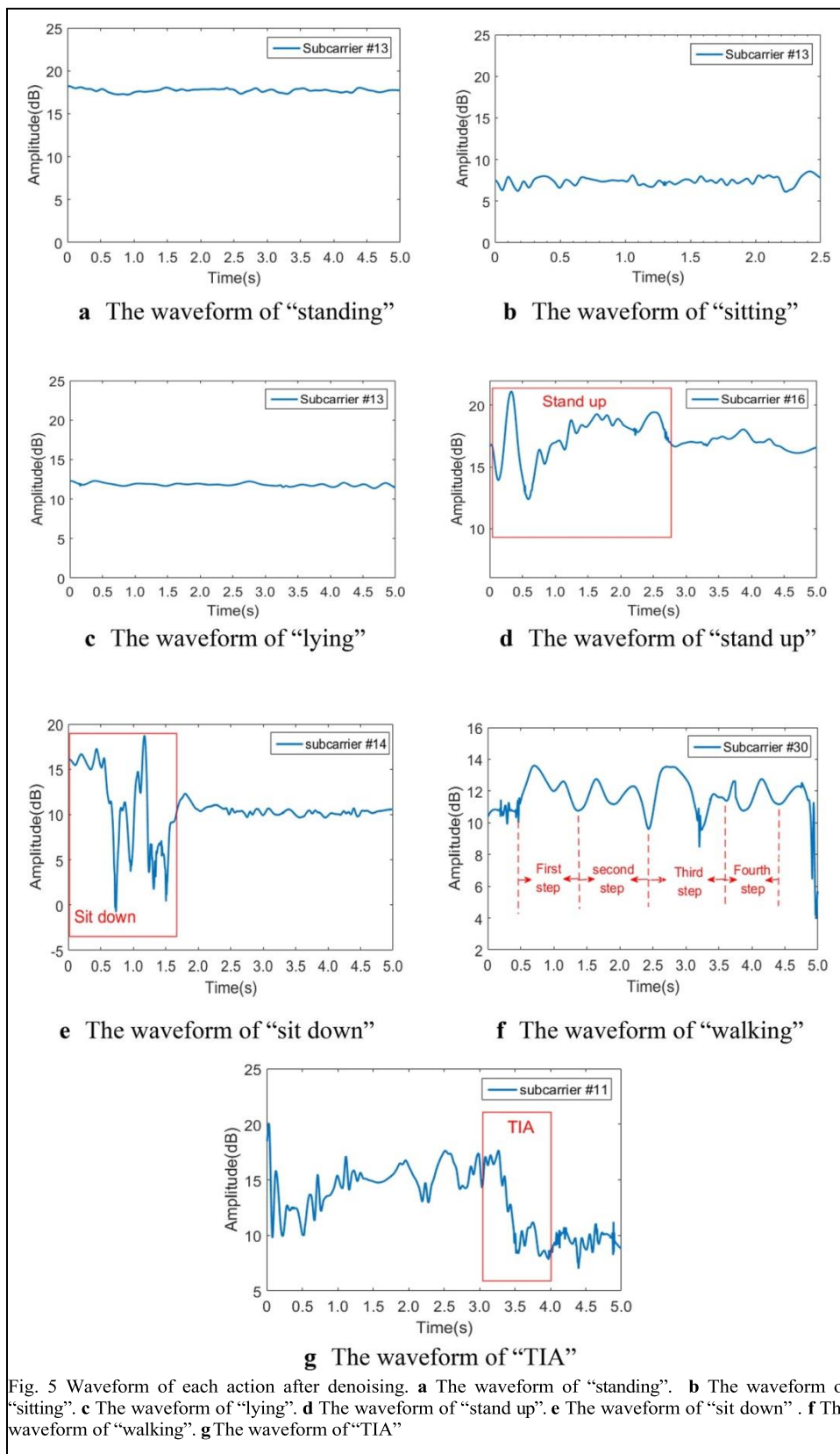
$$var\ y_i = \sum E\ y^2 - E[y_i]^2. \tag{3}$$

$E$  is a mathematical expectation, combined with (2), (3) can be reduced to (4)

$$var\ y_i = \mathbf{a}^T \Sigma \mathbf{a}_i$$

$$f(\mathbf{a}_i) = \mathbf{a}^T \Sigma \mathbf{a}_i - \beta \cdot \mathbf{a}^T \mathbf{a}_i - 1 \tag{5}$$





Where  $\lambda$  is the Lagrange multiplier and the derivative of (5) for  $j$  is obtained as follows,

$$\sum \mathbf{a}_j = \beta \mathbf{a}_j \quad (6)$$

Substituting (13) into (11), we can get

$$\text{var } y_i = \frac{\sum \mathbf{a}^T \sum \mathbf{a}_j = \beta \mathbf{a}^T \mathbf{a}_j = \beta \quad (7)$$

The proportion of information represented by the first  $k$  principal components is:

$$P = \frac{\sum_{i=1}^k \beta_i}{\sum_{i=1}^n \beta_i} \quad (8)$$

As a rule of thumb, most of the information in the data is concentrated on a few principal components. As shown in Fig. 6, we selected the first 53 principal components.

**Training model**

For the purposes of classifying the data in this study, SVM and RF are employed, respectively. The fundamental concept of SVM is to convert nonlinear issues in low-dimensional space into linear classification problems in high-dimensional space by transforming features. This is accomplished via feature transformation. The definition of suitable inner product kernel functions allows for the realization of this feature transformation. SVM implements various kinds of nonlinear classifiers by using a variety of kernel functions, the performance of which is dependent on the choice of kernel functions as well as the parameterization of kernel function parameters. The following are the most often seen kernel functions: (1) the radial basis function; (2) the polynomial function; and (3) the sigmoid function. Due to the fact that the linear function can only deal with the linear classification issue and the performance of the linear classification algorithm

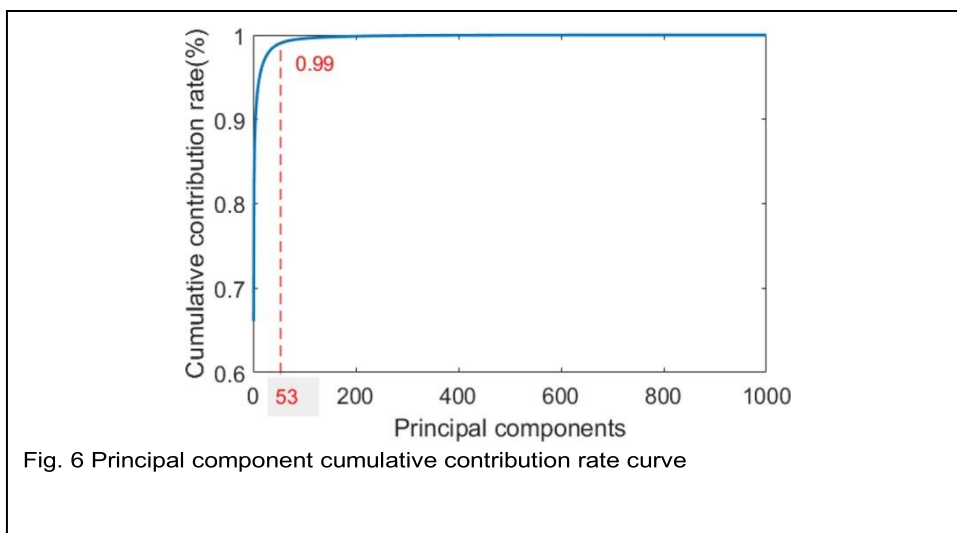


Fig. 6 Principal component cumulative contribution rate curve

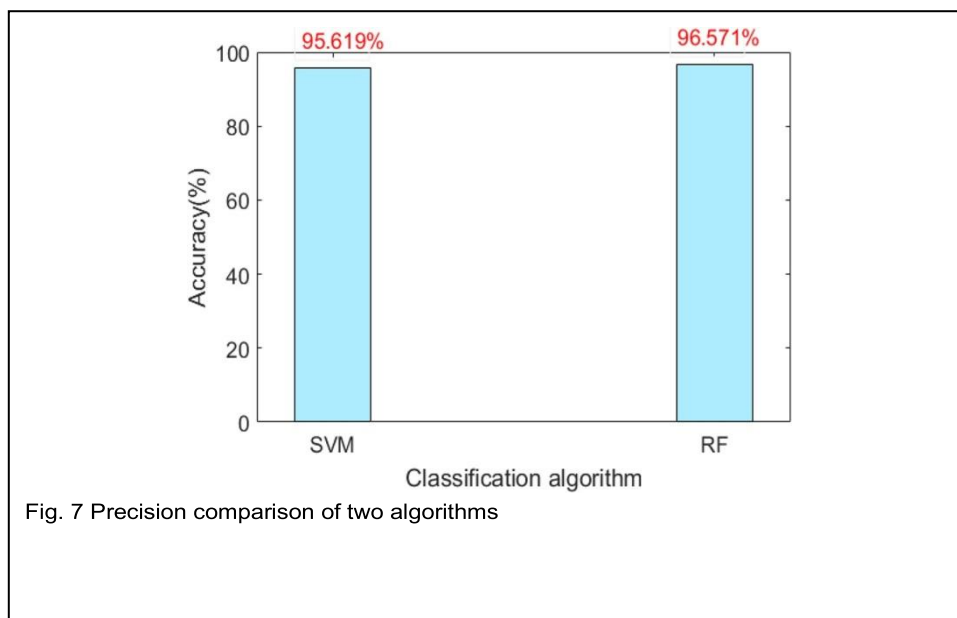


Fig. 7 Precision comparison of two algorithms

Sigmoid function may be produced by taking a particular parameter of the radial basis function; the radial basis function will be used in this work. The benefits of SVM include excellent accuracy, strong theoretical assurances on the over fitting, etc

**The experimental results**

Table 3 shows the confusion matrix of the results processed by the classification algorithm after they have been sorted. The total amount of samples for each action is 300; 225 samples are used as the training set and 75 samples are used as the test set, for a total of 300 samples for every action.

Table 3 Confusion matrix of different classification algorithms

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**Actual action      Predict action (Number of samples)**

Algorithm



		Standing	Sitting	Lying	Stand up	Sit down	Walk
SVM	Standing	74	0	1	0	0	0
	Sitting	0	65	10	0	0	0
	Lying	0	7	68	0	0	0
	Stand up	0	0	0	75	0	0
	Sit down	0	0	0	0	72	0
	Walk	0	0	0	0	0	75
	TIA	0	0	0	0	2	0
RF	Standing	75	0	0	0	0	0
	Sitting	0	70	5	0	0	0
	Lying	0	8	67	0	0	0
	Stand up	0	0	0	74	1	0
	Sit down	0	0	0	1	72	0
	Walk	0	0	0	0	0	75
	TIA	0	0	0	0	1	0

As demonstrated in Table 3, the accuracy of both SVM and RF is more than 95%, with the majority of mistakes resulting. It can also be shown in Table 3 that if just TIA and other acts are separated, the accuracy of SVM will reach 97.3 percent and the accuracy of RF will reach 98.7 percent, respectively. It shows that the amplitude of the static action oscillogram is extremely mild, and that the distinction is more noticeable than with other activities. At the same time, it can be shown from Table 3 that static actions are just an internal classification deviation.

### Conclusion

Patients who are monitored for TIA are more likely to get early treatment, which is beneficial in preventing them from suffering a second stroke. As far as we are aware, this is the first article to report on the use of C-Band wireless sensing technology to monitor TIA in a non-contact environment. To begin, we remove outliers from the data and filter it using the wavelet transform. Next, we decrease the dimension of the preprocessed data using PCA, and lastly we train the model using SVM and RF to identify patterns. Precision of SVM and RF methods is 98.3 percent and 99.7 percent, respectively; this shows the efficacy of the technology described in this Research article

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