ECG-based Biometric Authentication using Empirical Mode Decomposition and Support Vector Machines

Sumair Aziz[1*], Muhammad Umar Khan[1], Zainoor Ahmad Choudhry[2],Afeefa Aymin[2], Adil Usman[1]

[1]Department of Electronics Engineering, University of Engineering and Technology, Taxila, Pakistan

[1]Department of Biomedical Engineering Technology, University of Engineering and Technology, Taxila, Pakistan

***Abstract*—Electrocardiogram (ECG) is an electric signal of cardiac activity posing highly discriminative properties related to human recognition. ECG based authentication has gained much success in recent times however discriminant feature extraction and efficient pattern classification still encounter numerous challenges. This paper proposed a novel methodology for ECG based biometric authentication system. Proposed method first denoise single lead raw ECG signal through empirical mode decomposition (EMD). Region of interest from ECG signals having maximum characteristic information related to subject's recognition is also extracted through EMD. Next, feature extraction is performed by combination of five features from statistical, time and frequency domains. Finally, selected features were categorized with range of different classification methods such as Support Vector Machines (SVM), K-nearest neighbor (KNN) and Decision Tree (DT). 10-fold cross validation based classification evaluation reveals that SVM with cubic kernel achieves best accuracy of 98.7%, sensitivity of 100% and 98.8% specificity for successful classification of 14 subjects.**

***Keywords*—ECG, biometric authentication, EMD, SVM,**

I. INTRODUCTION (*HEADING 1*)

In today's world of automation and technology, biometrics has become a major tool for the purpose authentication and identification. A major advantage of a biometric system is its full dependency on the individual. At the same time where fingerprints and face recognition are used for this purpose a new type of biometrics i.e. the medical biometrics is gaining pace. Medical biometrics is used to achieve the same motive of identification and authentication by using biological signals like Electrocardiogram (ECG). Biometric features are the characteristics that are unique to a single individual that acts as a basis for the identification of that individual from the rest of the population. Similarly, ECG which is the measure of the physical activity of heart is unique for every individual and this uniqueness can be exploited by looking at different features of ECG. One of the biggest benefit of using a ECG biometric system is that it also guarantees the presence and aliveness of the person as fingerprint of a person can be forged and voice recording of a person in his absence can be used but such tactics cannot be used in ECG biometrics.

Electrical currents are generated at the Sinoatrial node (SA) node of heart and travel down to the Atrioventricular (AV) node and spread not only within the heart but also throughout the body[1]. These electrical currents known as the ECG can be measured with the help of surface electrodes. ECG signal consists of P wave that represents atrial depolarization or more commonly known as contraction of atria. The QRS complex in ECG signal shows ventricular depolarization or ventricular contraction and T wave represents ventricular repolarization or ventricular relaxation. Normal ECG signal is shown in figure 1.

In order to understand how ECG is suitable for a biometric system, we need to know the requirements of a biometric system.

An "ultimate" biometric characteristic as described by [1] should be:

- Universal in terms of each individual possessing it
- Easily measured
- Unique
- Permanent, i.e., it cannot be forged

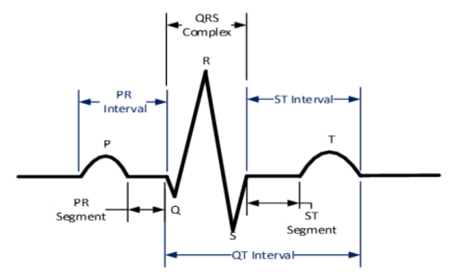

Figure 1: Components of ECG signal

ECG based authentication was performed through self-developed algorithm using two electrodes ECG [2]. This work utilized Physionet [3] ECG dataset and achieved 84.93% accuracy. Classification of various subjects by extracting multiscale features from ECG signal was performed in [4]. The data used was taken from PTB database [5] and reported true positive rate of 91.67%. In [6], non-fiducial point base technique was utilized for defining features. Authors used MIT-BIH Normal Sinus Rhythm database from PhysioNet.

In [7], authors proposed a method for authentication using ECG signals obtained from chest sensors. Feature extraction was performed by dynamic time warping (DTW) with an error rate of 6% to 13%. In another similar study [8], authors proposed an ECG authentication system. Feature extraction was performed by Discrete Wavelet Transform (DWT). Sum of Squared Difference (SSD) technique was used for template matching. An accuracy of 91 % was achieved. In [9] ECG signals taken from Physionet database [5] were classified through neural network and SVM classifier. The accuracy rate was 96.6% and 97.6%.

In [10], ECG biometric authentication system including dataset from BioSec Lab [11, 12], based on Gaussian one class and binary SVM classifiers was presented. Data in this case was preprocessed through discrete wavelet transform (DWT). In [13], authors presented authentication technology in which data was collected after harsh exercise. 55 subjects were included in experimentation. Biopac, MP150 was used for data acquisition and classification was done by linear discriminant analysis (LDA) algorithm. A maximum accuracy of 96.22% within 5 minutes recordings was achieved.

Human recognition system using single lead electrocardiogram (ECG) from Physikalisch-Technische Bundesanstalt (PTB) database [5] was proposed in [10]. Finite Impulse Response (FIR) high pass filter was used for preprocessing ECG signal. Haar wavelet transform was applied for detection and an accuracy of 97.12% was achieved. Krasteva et al. [14] used a 12-lead resting ECG database for ECG biometric authentication. Cross correlation method (COR) and amplitude measurements (AMP) were used for feature extraction and linear discriminant analysis (LDA) as a classifier to achieve maximum accuracy of 96.13%. Authors in [15] proposed strategies for Electrocardiogram (ECG) based identification using Depth Neural Network (DNN) as a classifier. An average of 94.39% rate was obtained.

In this work, we applied EMD for removing artifacts and extraction of region of interest from raw ECG signal. Afterwards, feature extraction is performed by extracting useful and representative features of time, frequency and statistical domain. Selected five features were analyzed through variety of classification methods and SVM based classifier achieved best performance. Rest of the article is structured as follows. Section II explains the data acquisition setup and protocols. Detailed discussion of proposed methodology is also presented here. Section III presents the experimental procedures and results. Section IV concludes this article.

II. Materials and Methods

Figure 2 illustrates detailed block diagram of the proposed ECG based biometric classification system. Data acquired from ECG electrodes is preprocessed through Empirical Mode Decomposition (EMD). EMD decomposes input signal into sub-components called intrinsic mode functions (IMFs). Region of interest is extracted from ECG signal that carry discriminative information about every individual/subject. Redundant information and noise are discarded by removing those signal components from resultant preprocessed signal.

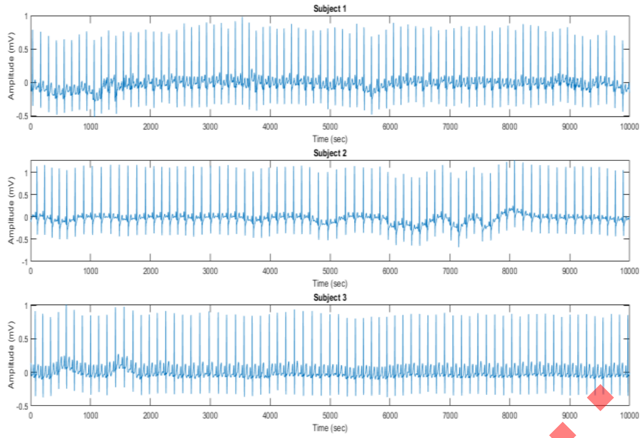

Figure 3: Time domain ECG signal representation of different subjects

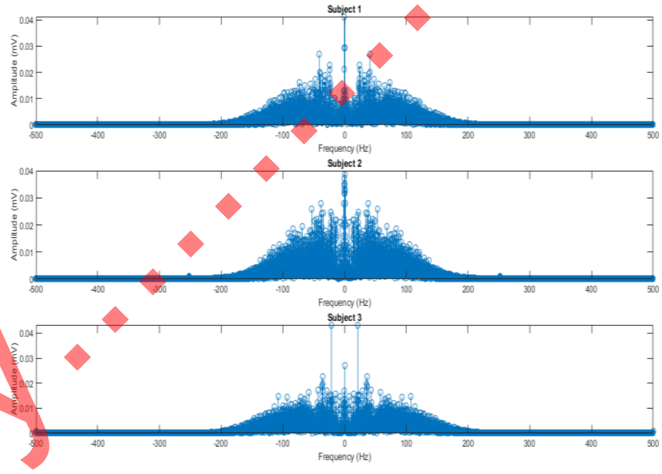

Figure 4: Frequency domain ECG signal representation of different subjects

IMF1 and IMF2 were added to get the required preprocessed signal, while other IMFs are ignored. Next, feature extraction is performed on preprocessed signal. ECG signal characterization is achieved through combination of Shannon energy, occupied bandwidth, median frequency and statistical features such as variance and skewness. Selected discriminant features are fed to multiclass SVM model for classifying different classes.

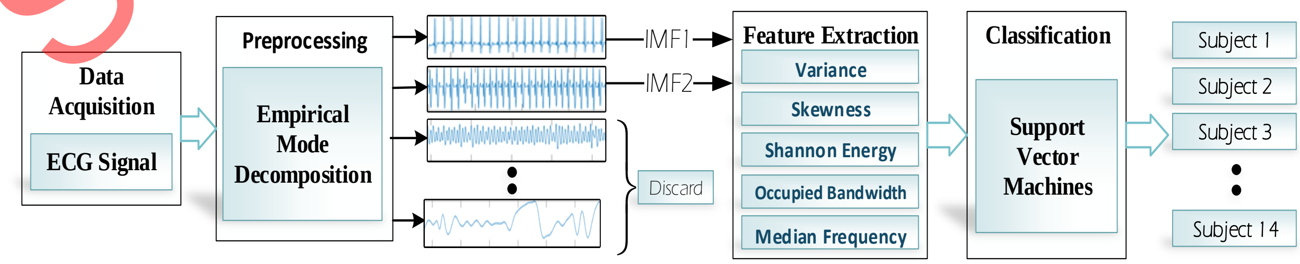

Figure 2: Sketch of the proposed ECG-based Biometric System

A. Data Acquisition

ECG signal data for this study is acquired using BIOPAC systems. SS2L Electrode Lead Set and body surface electrodes were utilized for collecting ECG data. The electrodes were clipped to right forearm, left leg and right leg. The dataset accommodates ECG records of 14 subjects which includes 8 males and 6 females at rest. All ECG records are sampled at same frequency. Each raw data file is segmented into smaller equal files containing 10,000 samples each. These segmented files are then preprocessed and fed into the classifier. Time domains and frequency domains of the raw signals acquired are shown in figures 3 and 4.

B. Preprocessing and segmentation

The Raw ECG signals is disrupted due to a number of noises like artifacts, power line interference etc. In order to make it suitable for a biometric system, this signal needs to be preprocessed or denoised. Several methods for the preprocessing of ECG signals are used. Among these methods, empirical mode decomposition (EMD) is a recent and adaptive method that expands a signal into a compression of Intrinsic Mode Functions (IMFs) [16, 17]. EMD is especially suitable for signals that show non-linearity and are non-stationary like ECG [18].The initial IMFs represent high frequency information while the latter shows low frequency information and in case of ECG represents artifacts. Every IMF should have certain properties;

- Total extrema and zero crossings of the IMFs should either be equal or differ only by one.
- There should be symmetry of IMF with respect to the zero local mean[17].

EMD is applied to the raw ECG signal acquired and a number of IMFs and residual are obtained as shown in the fig **5.**

As it is evident from figure 5 only IMF 1 and IMF 2 represent the denoised ECG while the rest represent noise. So in order to make the signal suitable for the biometric system we make a new signal by combining IMF 1 and IMF 2 .Time domains and frequency domains of the preprocessed signal are shown **in figure 6 and 7. This** selection process also performs region of interest extraction from ECG signal for our target biometric application, as only those IMFs are selected which carry highly decisive information related to different subjects. Information which is redundant and could deteriorate classification performance is removed from resultant preprocessed signal.

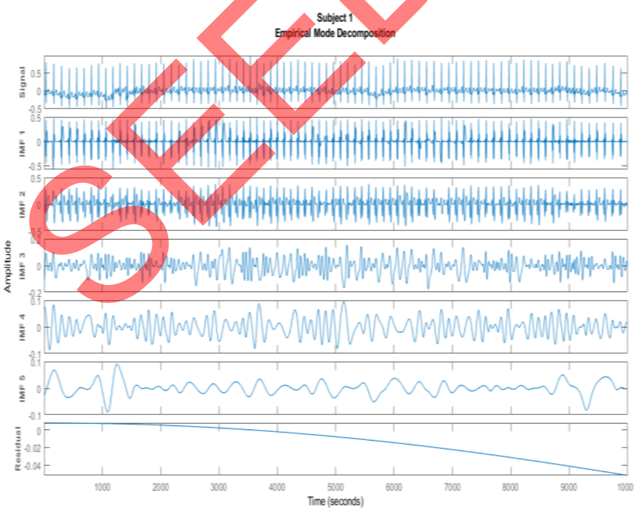

Figure 5: IMFs extracted with EMD for subject 1

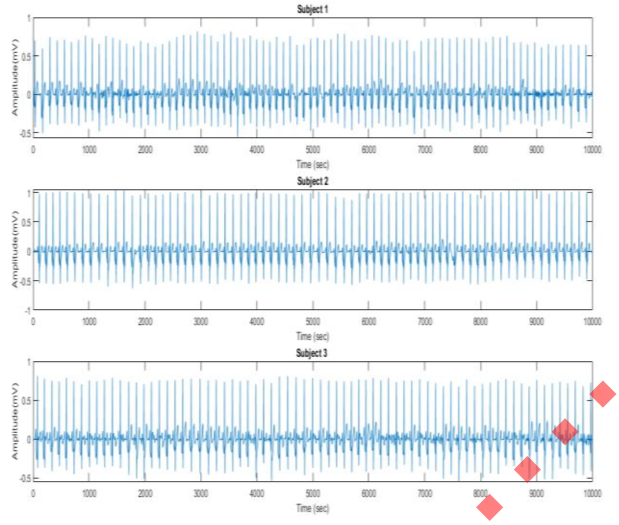

Figure 6: Time domains of preprocessed signals

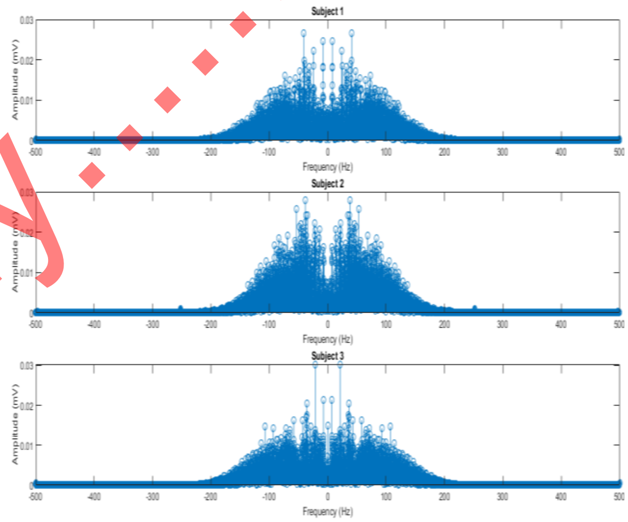

Figure 7: Frequency domains of preprocessed signals

C. Feature Extraction

An ECG biometric system is based upon the recognition of ECG of different subjects. A good recognition system should depend upon features that are able to distinguish the signal of a particular individual from another individual [19]. After rejecting noisy signal segments and extraction of region of interest, ECG signals were distinguished on the basis of following extracted features;

- Shannon energy
- Skewness
- Variance
- Occupied bandwidth
- Median frequency

i) Shannon Energy

Shannon energy is a parameter that is used to calculate the average spectrum of the energy of the signal. It discounts the high components into low components and hence the input amplitude is of no significance. Shannon energy calculates the spectrum energy of each sample[20]. It is described mathematically in equation (1);

$$SE = -|a[n]|\log(|a[n]|) \qquad (1)$$

where, n is after normalization process

ii) Skewness

Skewness is another important feature that is described as the average of the cubed deviation from the mean divided by the cubed standard deviation. Skewness is a measure of the symmetry of the distribution of the samples around the R peak region and its value can be positive, negative or undefined [21]. The mathematical expression for skewness is given in equation (2) below**;**

$$Skewness = \frac{\sum_{i=1}^{N}(Y_i - \bar{Y})^3 / N}{S^3} \qquad (2)$$

Where,

$\bar{Y}$ represents the mean

S is the standard deviation

N shows data points of the normal ECG signal

iii) Variance

Variance is defined as the squared variation of a variable from its mean value. It measures how far a set of random values is spread from its normal mean value. In a given signal like ECG, the larger the variance is, the more big of amplitude variation[22]. Mathematically variance is defined in equation (3);

$$\sigma^2 = \frac{1}{N}\sum_{i=0}^{N-1}[X_i - \bar{X}]^2 \qquad (3)$$

Where,
N shows length of the signal

$\bar{X}$ is the mean of the signal

iv) Occupied Bandwidth

Occupied Bandwidth abbreviated as (OBW) is the bandwidth containing 99% of the total integrated power of the transmitted spectrum, centered on the assigned channel frequency. It is usually concerned with the QT complex of the ECG signal [23].

v) Median Frequency

Median frequency is another feature that aids the discrimination of ECG signals in a group of different subjects. Median frequency is defined as the normalized frequency of the median of power spectrum of the R peak region.[24]

D. Classification

Support Vector Machine (SVM) is widely applied as a best choice classifier for biomedical signal analysis applications [25-27]. SVM is a pattern identification method [19] in which a set of training features is segregated by SVM with a maximum margin from hyper plane. In case when linear separation is not possible, non-linear kernel modifications can be applied. Different kernels quadratic, polynomial and radial basis function can be opted [28]. The choice of proper kernel function relies on specific data [29]. The employed features include Shannon energy, Skewness, Variance, Occupied bandwidth and Median frequency. The classifier resulted in accuracy of 99.2%.

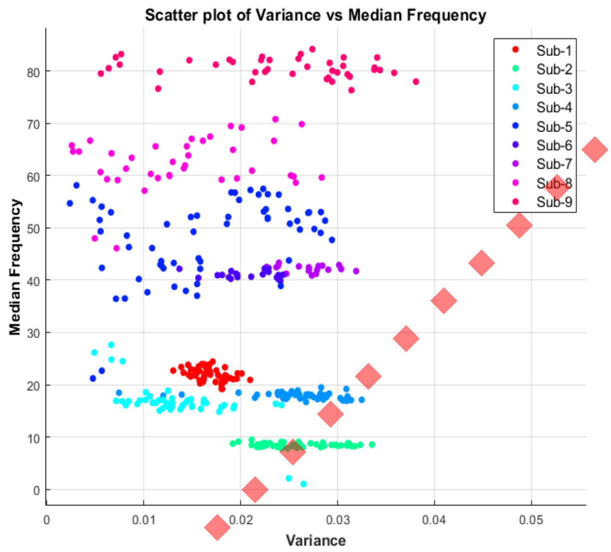

Figure 8: Feature distribution of variance and median frequency

III. Results and Discussions

In this work, ECG based biometric authentication framework is proposed. Proposed framework denoise raw ECG signal through EMD and extracts five different features. Comprehensive classification performance with selected features is evaluated over range of different classifiers and their variants. Multiclass SVM with linear kernel (SVM-L), SVM with Quadratic kernel (SVM-Q), SVM with Cubic kernel (SVM-C), SVM with Gaussian kernel (SVM-G), decision tree (DT), weighted KNN (KNN-W), KNN with k =5 (KNN-M) and KNN with cubic distance (KNN-C) were trained and testing through 10-fold cross validation scheme. In 10-fold cross validation, whole dataset is divided into 10 subsets, each subset is used as test set, while remaining 9 sets are combined to form training set. This process is iterated 10 times and results are averaged over all iterations. Standard statistical performance indices such as accuracy, sensitivity, specificity and error rate were computed to analyze the

Table I: Performance evaluation over different classification methods

Classifier	Accuracy	Sensitivity	Specificity	Error
SVM-L	97.03	100.00	99.82	2.97
SVM-Q	98.69	100.00	99.91	1.31
SVM-C	**98.72**	**100.00**	**99.82**	**1.28**
SVM-G	92.67	96.40	100.00	7.33
KNN-M	90.20	99.40	99.60	9.80
KNN-C	89.30	99.20	99.58	10.70
KNN-W	93.29	100.00	99.76	6.71
DT	96.38	98.20	99.67	3.62

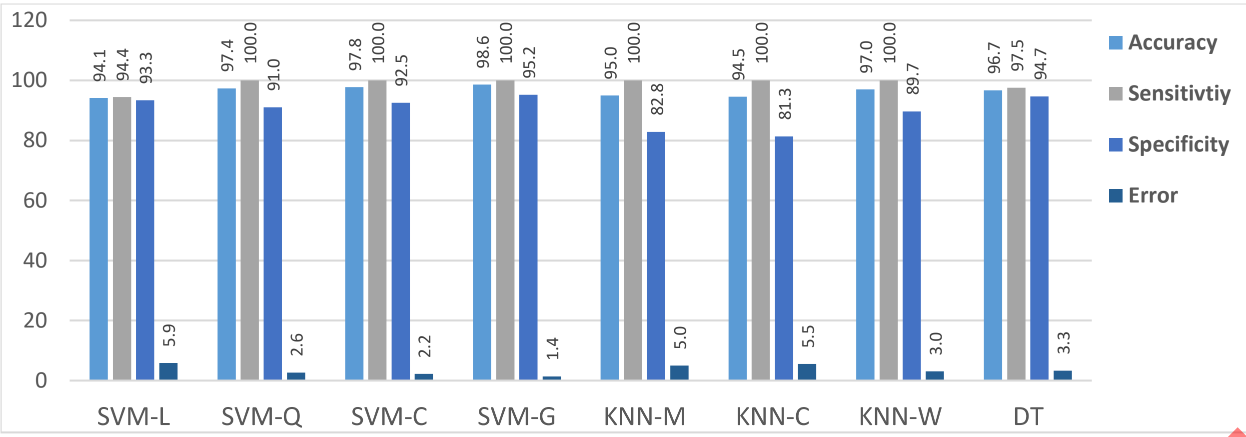

Figure 9: Comparison of different classification methods

classifier performance. All experiments were performed in MATLAB 2018 software running on computer having Core i5 processor and 8 GB RAM. All results presented in this paper are averaged over 100 iterations.

Efficient feature extraction leads to better classification performance. Figure 9 illustrates feature distribution among variance and median frequency, clear interclass separation of features can be observed. Table I presents evaluation results of selected feature with range of classifiers. Except only one classifier i.e. KNN-C, all other classification methods yield accuracy more than 90%. KNN-C achieves 89.30% classification accuracy with highest error rate of 10.70%. Figure 9 shows graphical comparison of different classifiers in terms of accuracy, sensitivity, specificity and error rate. SVM-C achieved best classification accuracy of 97.8%, followed by SVM-Q which reached 97.4% accuracy.

Figure 10 presents class-wise performance for 14 subjects with best performing classifier (SVM-C) in the form of confusion matrix. It can be observed that feature data

Figure 10: Class-wise performance evaluation in the form of confusion matrix

pertaining to subject 5, 8 and 10 got 1 miss-hit each. Whereas subject 3 got 5 miss-hits, i.e. misclassification. **Figure 11** shows the true positive rate for each class on SVM-C classifier. Subject 3 class achieved 90% accuracy due to 5 miss-hits, while all other classes achieved better accuracy.

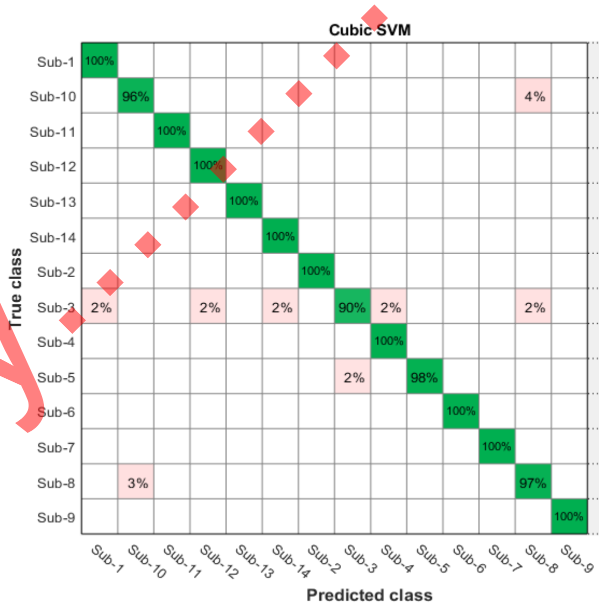

Figure 11: Class-wise accuracy with SVM-C classifier

IV. Conclusions

This study has proposed ECG based biometric authentication system. Proposed method employed EMD for region of interest extraction and signal denoising. Combination of time, frequency and statistical domain features were extracted to distinguish different data classes. Selected features were tested with eight different classification methods. SVM-C achieved highest classification accuracy of 98.72% with 10-fold cross validation strategy. Dataset for this study was collected from 14 different human subjects. Experimental analysis reveals that proposed method is reliable, accurate and computationally less expensive as compared to other studies. In future, we aim to expand the dataset by collecting ECG signals from more subjects in order to design highly reliable solution for authentication. We also aim to design embedded system for real time biometric applications based on proposed methodology.

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