Comparison of defibrillation protocols through a simple cardiac dynamical model

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Outline of the talk

- Introduction (Cardiac (de)-fibrillation)
- A 3D mathematical model
- The simpler one-dimensional model

Applications

- Two-electrode defibrillator
- Four-electrode defibrillator
- Statistical considerations
- Conclusions & Outlook

Cardiac fibrillation is a wrong electrical activity



Cherry et al. New J. Phys. 10 (2008) 125016

AHA movie

Cardiac defibrillation to restore the correct function

A controlled electric shock is applied to the heart in order to terminate the unstable or pulseless rhythm.



External shock ~ 150 Joules Internal shock ~ 25 Joules









The design of new defibrillators is a complex problem

Many parameters enter in the design of new defibrillator devices. Since the 1990's all the defibrillators are biphasic.

- Waveform design (shape, simple models)
- Shock timing
- Biphasic versus Monophasic
- Placement of the electrodes









Biphasic

Monophasic ~ 200 J

~ 150 J

A 3D numerical model of cardiac defibrillation



CPU time ~ 4 hours on a 8-core fast computer (2 x i7).

Bragard et al. (CinC), 2013, 851-854.

For testing 3D defibrillation, 10 ICS were selected



























Monophasic shock results



Resultados : choques monofasicos

Dose-Response Curva :

$$P(I) = \frac{1}{1 + \exp[k(I_{50} - I)]}$$
$$I_{50} = 6.6 \text{ (V/cm)}$$

k=0.45 (cm/V)

Energía en el choque: $E=\Delta\phi_e~I_e~ au$ Aquí: le= 1.81 (A/cm^3) ; $\Delta\phi_e=18.1~Volt~ au=12~ms$

Energía en el choque: 0.286 (A) 18.1 (V) 0.012 (s) = 0.062 (Joule)

NB: Energía ~ L^3 ; L_rabbit= 2 cm ; L_human= 10 cm

There exist 1D, 2D and 3D models for defibrillation



One-dimensional ring as a model to study defibrillation



Numerical experiment setup :

- A reentrant wave is induced on the ring
- An external shock is applied through the electrodes
- The outcome is classified as :
 - 1) successful (reentrant dynamics is removed)
 - 2) unsuccessful (reentrant wave is still present)

L. Glass & M. Josephson, Phys. Rev. Lett. 75 (1995)

We use the B-R model to describe the cell membrane

The difference in ionic concentrations between the intra- and extra-cellular regions leads to the presence of a membrane electric potential.





$$I_{BR} = I_{Na} + I_s + I_{x1} + I_{K1}$$
$$\frac{d[Ca]_i}{dt} = -10^{-7}I_s + 0.07(10^{-7} - [Ca]_i)$$
$$I_j = G_j y_1 y_2 \dots y_n (V_m - E_j)$$
$$\frac{dy}{dt} = \frac{y_\infty - y}{\tau_y}$$

Beeler-Reuter model + modifications:

- 1. Electroporation current
- 2. Anode break phenomenon (fu current)
- 3. (Chaotic dynamics by modifying x_1)

G. Beeler & H. Reuter, J. Physiol. **268** (1977) M. Courtemanche, Chaos **6** (1996)

Electroporation phenomenon



The electroporation protects the myocyte !

K. DeBruin & W. Krassowska, Ann. Biomed. Eng. 26(4) (1998)

Anode-break phenomenon

A strong anodal excitation can elicit an action potential (here E=18 V/cm)



Following the study of Ranjan *et al*. we add the "funny current" and modify the time constant associated with the I_{K1} current.

Ranjan *et al.,* Biophys. J. 74 (1998) Brown *et al.,* Nature **280** (1979)

Bidomain model at the tissue level

The dynamics at the tissue level is computed through a set of coupled PDEs The Poisson equation is the most time consuming (CPU)

 $D_e = \bar{D}_g = 1.5 \, 10^{-3} \, \mathrm{cm}^2 / \mathrm{ms}$ $\sigma = 0.15 \qquad r_k \sim \mathcal{N}(0, 1)$

 $D_e = \bar{D_q} = 1.5 \, 10^{-3} \, \mathrm{cm}^2 / \mathrm{ms}$ \leftarrow Tissue heterogeneities are included in the model

C. Henriquez, Crit. Rev. Biomed. Eng. **21** (1993) N. Otani, Lecture Notes. Application I Two-electrode system **Objective**: Understand why biphasic shocks are more efficient than monophasic shocks in order to defibrillate the heart.



Since 1990, all the new defibrillators are biphasic !

Once the model is ready 3 shock protocols are tested



We select L=6.7 cm



Discordant-alternans are known to be precursors to cardiac fibrillation (T₁ ≈ 200 ms ; T₂ ≈ 3000 ms)

Monophasic shock of 8 ms duration (E=2 V/cm)



One example of a 1D simulation

Successful Monophasic shock (E=6V/cm)



E_{applied}=6 V/cm

Successful Biphasic shock type I (E=2V/cm)



E_{applied}=2 V/cm

Successful Biphasic shock type II (E=2V/cm)



E_{applied}=2 V/cm

Different initial phases and initial conditions lead to different defibrillation mechanisms



Monophasic shocks at E=3V/cm

Different initial phases and initial conditions lead to different defibrillation mechanisms



Delayed block (5V/cm)

Direct activation (8V/cm)

What are the parameters that influence the success or failure of the shock ?

- 1. Shock duration \rightarrow we fix it to 8 ms
- 2. Shock energy \rightarrow we explore E = [1; 10] V/cm
- 3. Shock timing (wave front or wave back)
- 4. Dynamical state at the time of the shock application
- 5. Level of heterogeneities in the cardiac tissue (σ =0.15)
- 6. Random realizations of the heterogeneities (80)
- 7. System size \rightarrow we fix L=6.7 cm
- B I ; B I)
 ...

(10x2000x80x3=4,800,000 simulations)

E=3 V/cm 1500 1000 500 1 80 160 240

1->80 : Mono 81->160: Biph. I 161->240: Biph. II

1 -> No defibril.
2->Direct block
3->Annihilation
4->Delayed block



Results for 1D simulations (2 electrodes)



We have performed a total of $(10 \times 2,000 \times 80 \times 3 = 4,800,000 \text{ simulations})$

NB: CPU time ~ 3h40' for 300 simulations on 1-core of a fast computer (i7).

2D histograms (Low energy E=1 V/cm)



Monophasic Biphasic I Biphasic II

Now, we want to separate into the different mechanisms

Automatic Mechanism Classification

Matlab Neural Network Tool for automatic pattern classification















Median of the 80 trials (2000 i.c.)

Energy (V/cm)	Monophasic	Z(Mo-BI)	Biphasic I	Z(BI-BII)	Biphasic II	Z(Mo-BII)
1	0.2750	10.9196	0.1732	8.5157	0.1550	10.9198
2	0.3448	6.5650	0.3310	-10.9192	0.4065	-9.9448
3	0.4392	-0.3191	0.4338	-2.4316	0.4512	-2.1364
4	0.5992	2.0698	0.5693	-2.1073	0.6078	-0.3481
5	0.7510	-0.2286	0.7475	-3.8410	0.8035	-5.2913
6	0.8522	-4.7590	0.9042	-1.6432*	0.9213	-6.9415
7	0.9250	-8.0970	0.9852	0.8108	0.9788	-7.7097
8	0.9657	-8.9189	0.9990	1.4119	0.9978	-7.8431
9	0.9875	-10.0976	1.0000	1.0661	1.0000	-8.7257
10	0.9968	-9.2650	1.0000	0.0673	1.0000	-8.9123

Pair-wise Wilcoxon rank sum test for equal medians

Zscore=1.6449 (α=0.05, one sided)

*red color means not significant difference

Statistical results (2 electrode system)

Protocols	E _{90%} (V/cm)	Energy (J)
Monophasic	6.787 ± (0.080)	200
Biphasic I	6.028 ± (0.062)	158
Biphasic II	5.839 ± (0.062)	148

(standard errors are computed with Bootstrap technique)

We observe a reduction of 25 % between Biphasic II and Monophasic This is due to high level of the DA mechanism at high energy for the biphasic shocks. Application II Four-electrode system

Results for 1D simulations (4 vs 2 electrodes)



In the 4 electrode case, we have performed a total of $(28 \times 2,000 \times 50 \times 3 = 8,400,000 \text{ simulations})$

Results for 1D simulations (4 vs 2 electrodes)



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Comparing the 2- versus the 4-electrode system

Protocols	E _{90%} (V/cm) (2 electrodes)	E _{90%} (V/cm) (4 electrodes)	Energy Reduction	
Monophasic	6.787 ± (0.080)	4.752 ± (0.150)	- 51%	
Biphasic I	6.028 ± (0.062)	5.193 ± (0.083)	- 26 %	
Biphasic II	5.839 ± (0.062)	2.320 ± (0.013)	- 84 %	

(standard error computed with Bootstrap technique)

We observe a huge benefit for the 4-electrode system (Biphasic2)

Explanation of why Biphasic II is so efficient (4 electrodes)



Importance of the second phase duration (4 electrodes)



The Delayed block (De) mechanism is much more efficient in the Biphasic II protocol (4 electrodes) if the correct duration is selected. (Here around 2 ms for the second phase duration)

Patents and commercial defibrillators



3 leads ICD (Boston Scientific)

FIG 2



"two current pulses to separate pairs of electrodes orthogonally placed around the heart"

Patent: Apparatus for controlling cardiac ventricular tachyarrhythmias EP 0095726 A1 (**1983**) W. A. Tacker, Jr., C. F. Babbs, J. D. Bourland, L.A. Geddes. **Medtronic, Inc.**

Do we really need so many simulations ?



Monophasic 2 electrodes (Varying NR & NICS)

	E50(CI=2000)	E90(CI=2000)	E50(CI=100)	E90(CI=100)	E50(CI=10)	E90(CI=10)
NR 80 GLM GAM R2(GLM) R2(GAM)	3.08877 (0.02970) 3.39714 (0.04769) 9.38e-01 (3.87e-03) 9.47e-01 (4.35e-03)	6.78660 (0.07977) 6.7416 (0.0860)	3.0889 (0.0344) 3.3826 (0.0574) 8.41e-01 (4.91e-03) 8.49e-01 (5.47e-03)	6.7868 (0.0836) 6.7295 (0.0958)	$\begin{array}{c} 3.0875 \\ (0.0626) \\ 3.3330 \\ (0.1063) \\ 0.5620 \\ (0.0120) \\ 0.5683 \\ (0.0124) \end{array}$	6.7852 (0.1123) 6.714 (0.135)
NR 40 GLM GAM R2(GLM) R2(GAM)	3.08910 (0.04161) 3.39653 (0.06737) 9.38e-01 (5.47e-03) 9.47e-01 (6.14e-03)	6.78669 (0.11281) 6.7409 (0.1210)	3.0892 (0.0481) 3.3748 (0.0798) 8.41e-01 (6.90e-03) 8.50e-01 (7.73e-03)	6.7866 (0.1181) 6.7250 (0.1318)	3.0879 (0.0891) 3.308 (0.145) 0.5623 (0.0174) 0.5691 (0.0178)	6.786 (0.161) 6.717 (0.182)
NR 10 GLM GAM R2(GLM) R2(GAM)	3.0899 (0.0840) 3.3947 (0.1370) 9.40e-01 (1.06e-02) 9.51e-01 (1.19e-02)	6.7820 (0.2246) 6.7363 (0.2435)	3.0890 (0.0965) 3.355 (0.155) 0.8433 (0.0135) 0.8539 (0.0151)	6.7815 (0.2357) 6.717 (0.255)	3.085 (0.178) 3.250 (0.290) 0.5648 (0.0340) 0.5746 (0.0353)	6.777 (0.321) 6.712 (0.346)





Bootstrap simulations to determine the distribution of E_{50} & E_{90} (10,000 repetitions)

Statistical power $(1-\beta)$



If the true difference δ is large enough ($\delta \sim 1$, same order as in 1D), one can do the 2D and 3D simulations with much less repetitions (/1,000) and still have a "decent" statistical power (0.8).

Conclusions

- We have used the "bidomain" model on a ring for comparing the efficiency of different defibrillation protocols and comparing the two and the four-electrode defibrillators.
- The biphasic shocks are proven to be more efficient (at high energy) because extra tissue is activated through the direct activation mechanism (2 electrodes).
- The 4 electrode defibrillator (biphasic II) offers a reduction of 80 % in energy with respect to its 2 electrode counterpart.
- Future...2D & 3D more realistic simulations are ongoing.
- Design of new protocols for lower energy defibrillation.

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Advantage of four-electrode over two-electrode defibrillators

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