

*Towards making Ireland the best
place in the world to grow old*

tilda

Staidéar Fadaimseartha na
hÉireann um Dhul in Aois

The Irish Longitudinal
Study on Ageing

Associations between entropy in cardiovascular/ neurovascular measures and frailty

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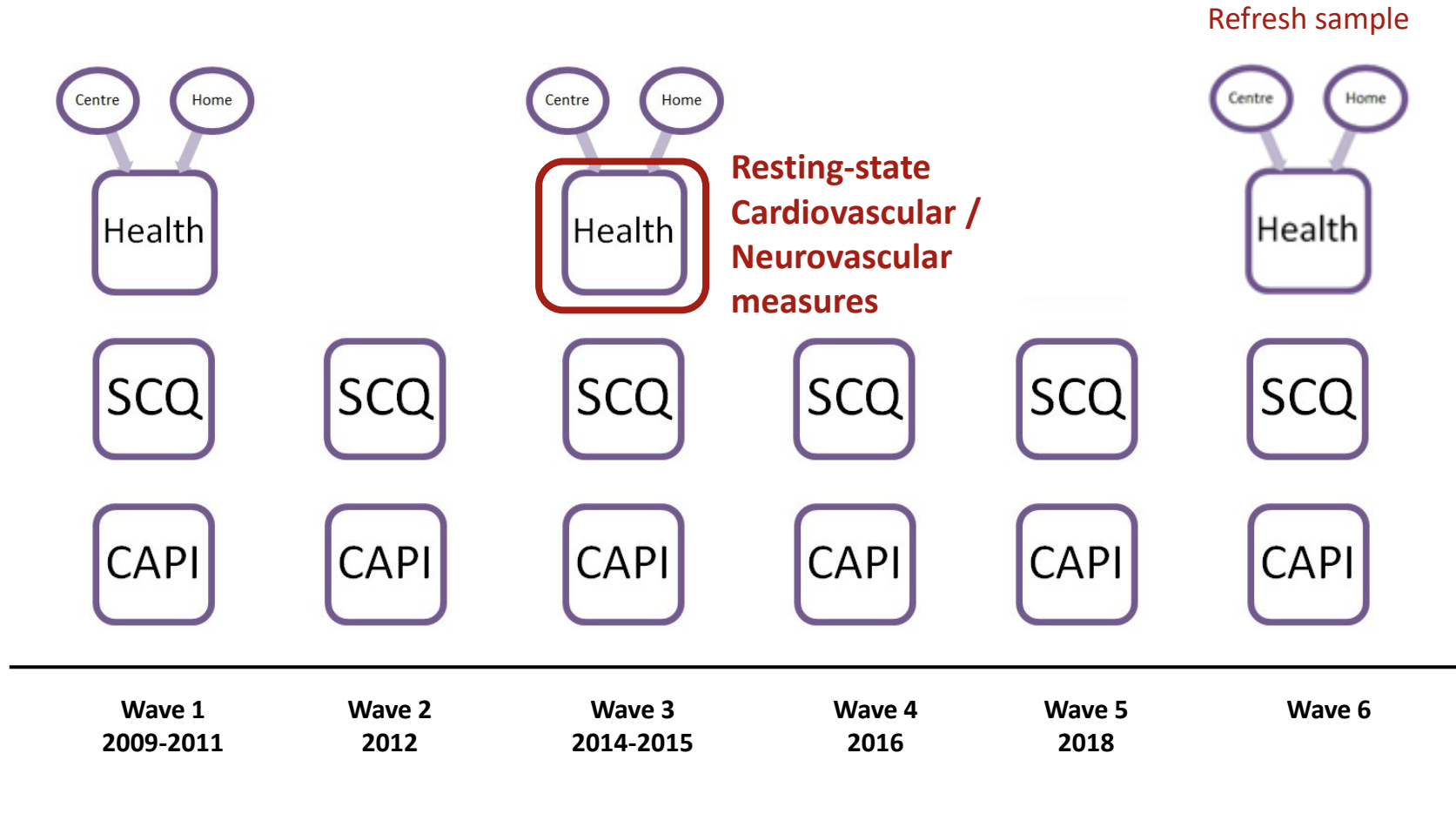
Staidéar Fadaimseartha na
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The Irish Longitudinal
Study on Ageing

- **Nationally representative sample**
- **Over 8,500 participants**
- **Running for 10+ years (est. 2009)**

**The most comprehensive study of ageing
ever conducted in Ireland**

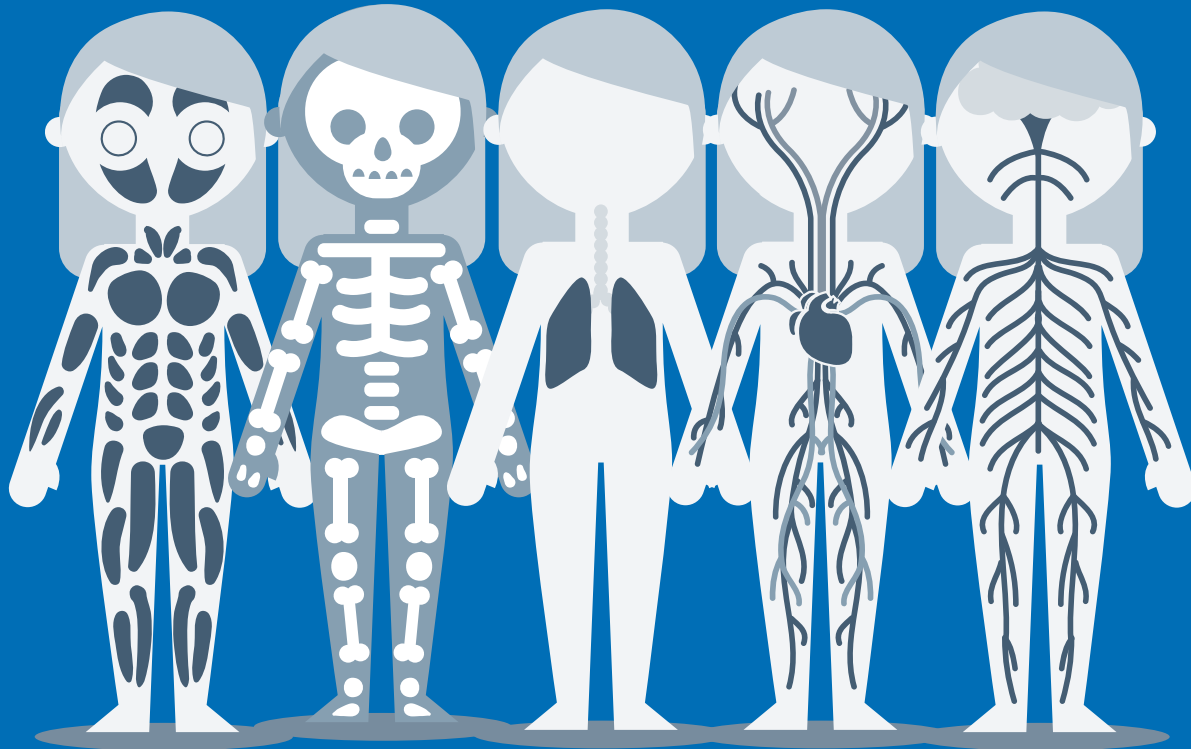
Data collection every 2 years for interview, every 4 - 6 years for health assessment



CAPI: computer-assisted personal interview
SCQ: self-completion questionnaire
Health: TILDA health assessment

Frailty is a biologically driven decrease in reserve and resistance to stressors

It results from **collective declines across multiple physiological systems**



Frailty causes increased vulnerability to adverse outcomes such as **mortality, institutionalisation, falls, and hospitalisation**^[1-4]

It is important to detect frailty early - *before* it manifests as a visible disability

Research has shown that **interventions can delay and even reverse frailty**, especially when it presents in the early stages^[4,5]



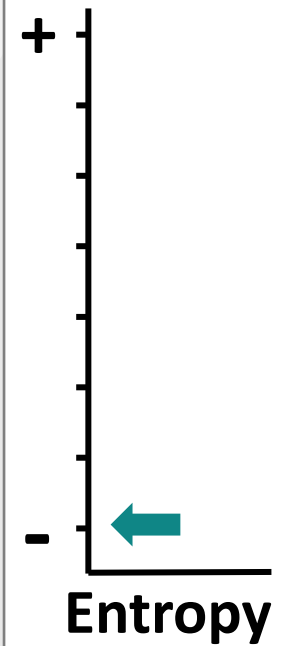
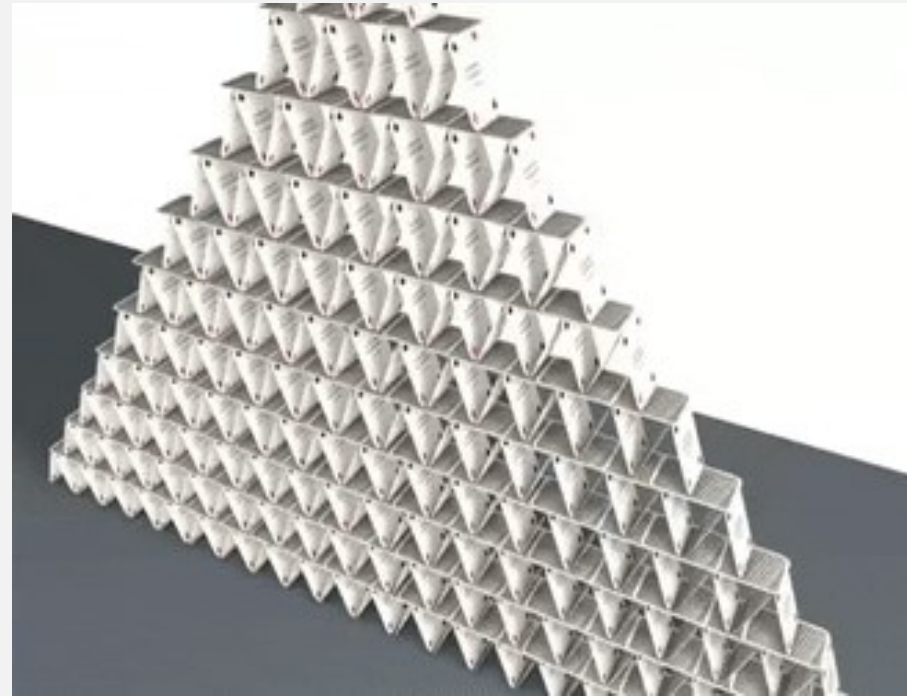
[1] Fried L. et al. *J Gerontol A Biol Sci Med Sci* 2001 [2] Rockwood, K. et al. *Lancet* 1999

[3] Speechley, M. & Tinetti, M., *J Am Geriatr Soc* 1991 [4] Winograd, C. H., *J Am Geriatr Soc* 1991

[5] Dent, E. et al. *Lancet* 2019 [6] Travers, J. et al. *Br J Gen Pract* 2019,

Entropy is a measure of the amount of 'disorder' in a closed system

Higher Entropy indicates Greater Disorder



FRAILMatics

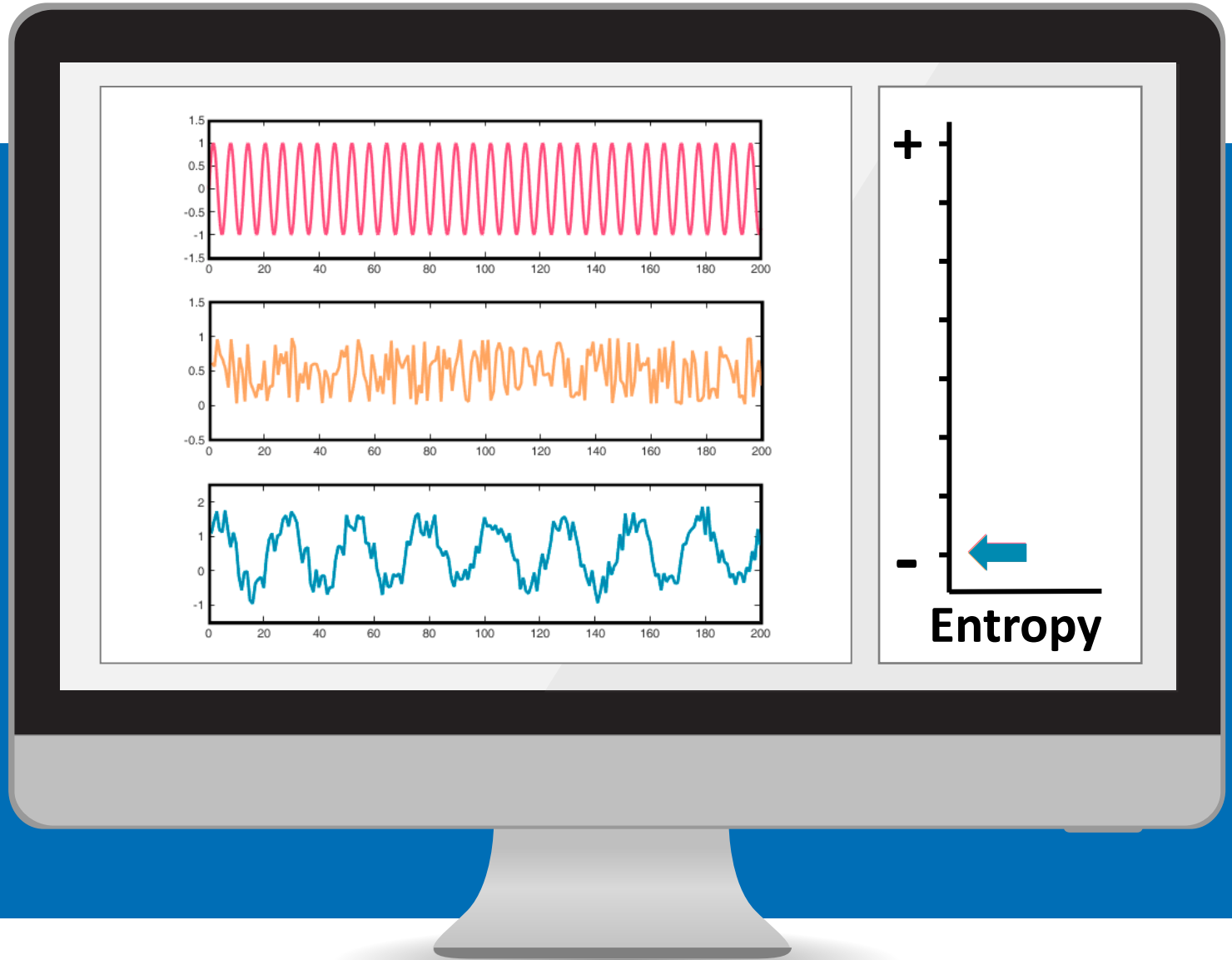
Entropy can be used to quantify disorder in physiological signals

In this study we used two methods:

Approximate Entropy (ApEn)

and

Sample Entropy (SampEn)

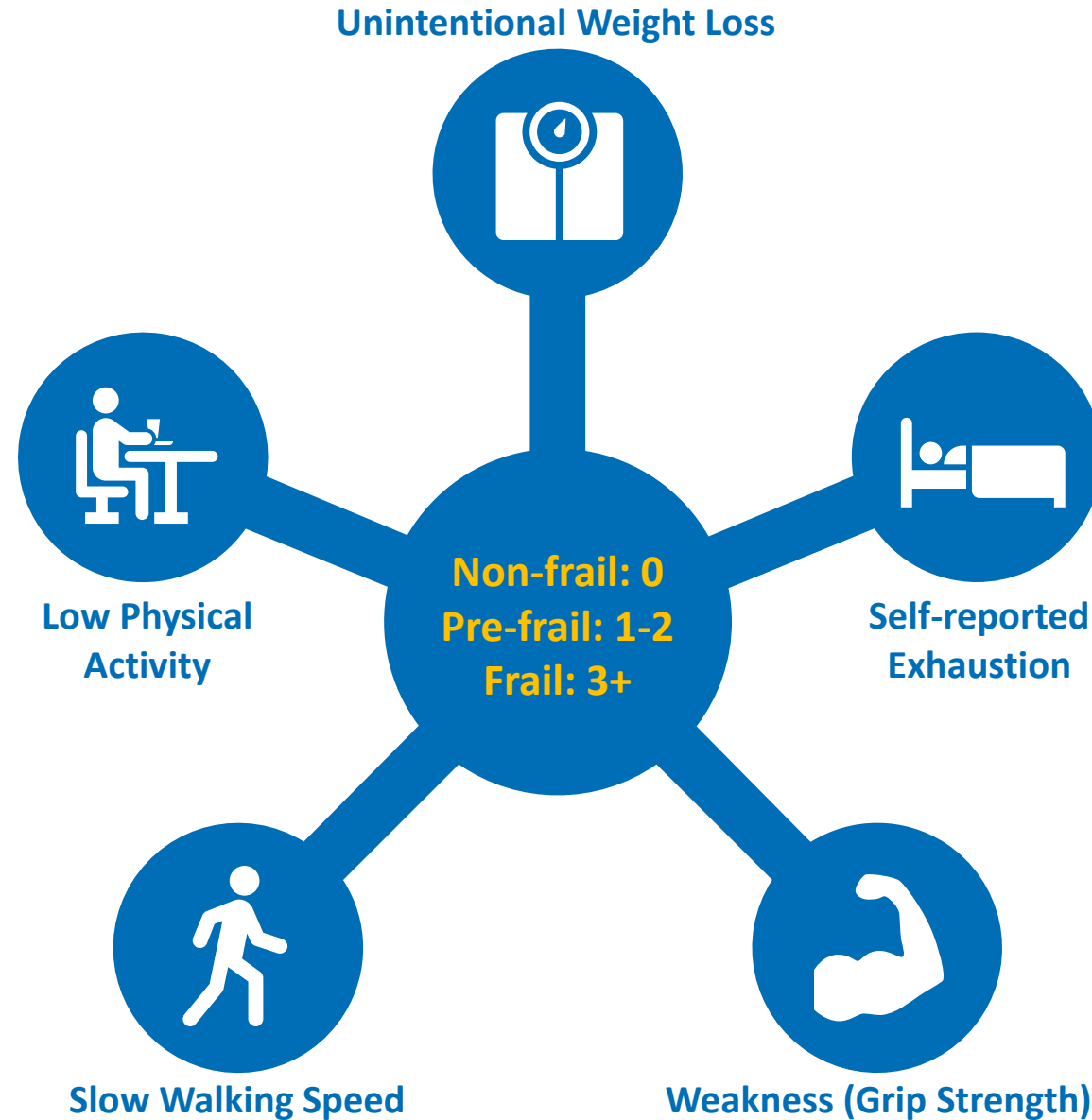


Can we detect subtle signs of frailty in the neurocardiovascular system using signal entropy?..

Research Question:

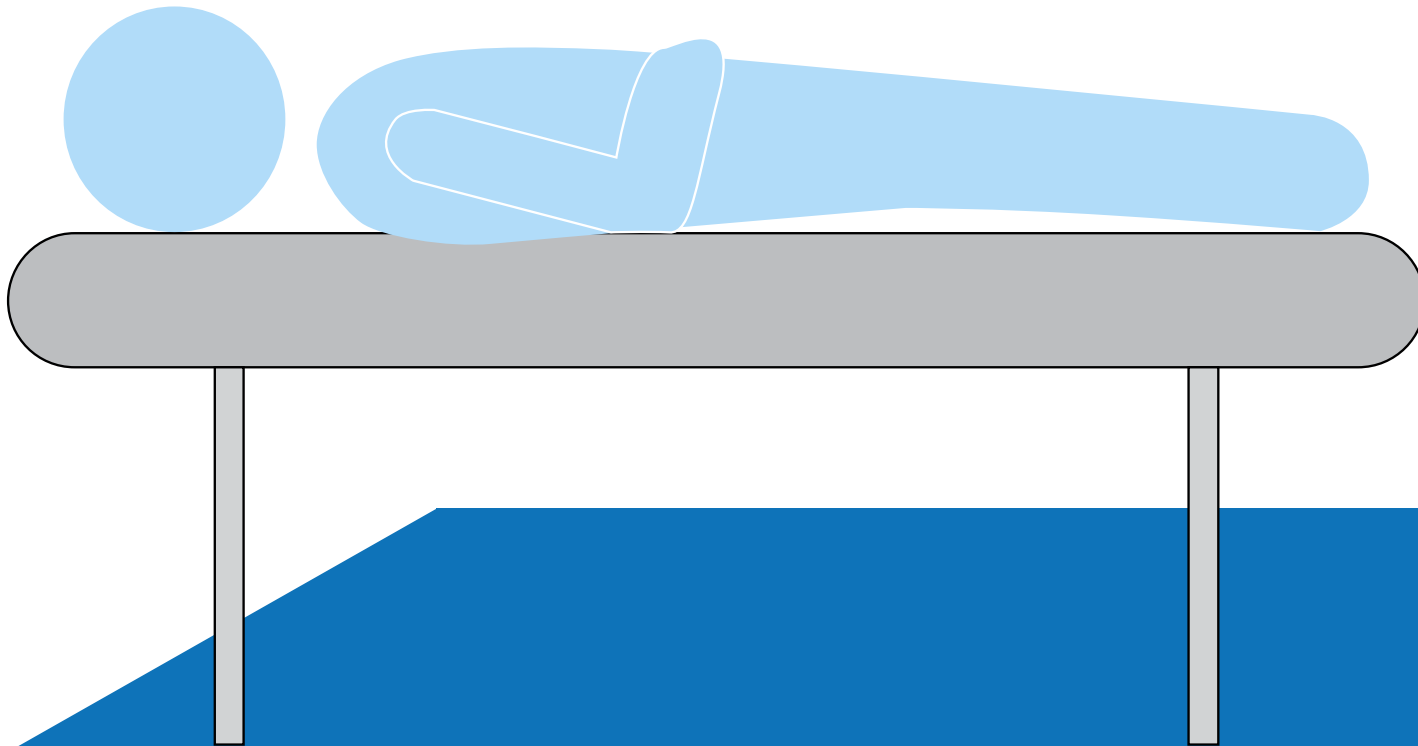
Is cardiovascular and neurovascular signal entropy associated with pre-disability frailty status?

Fried's Frailty Phenotype used: 5 Components



Active Stand Protocol

'Rest' - Participants laid supine for ~10 minutes

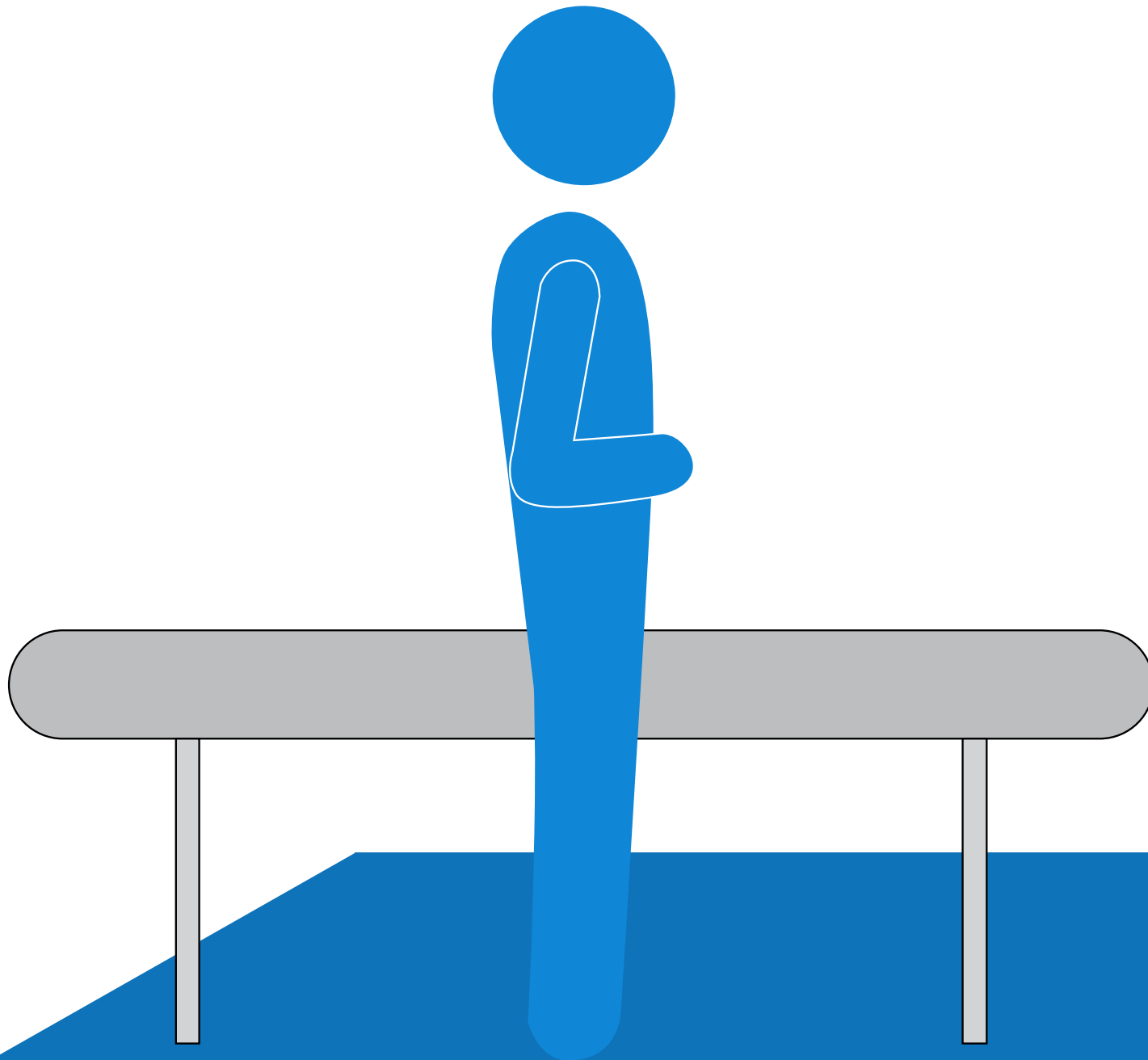




Active Stand Protocol

'Rest' - Participants laid supine for ~10 minutes

'Challenge' - Participants asked to stand (unassisted) as fast as possible

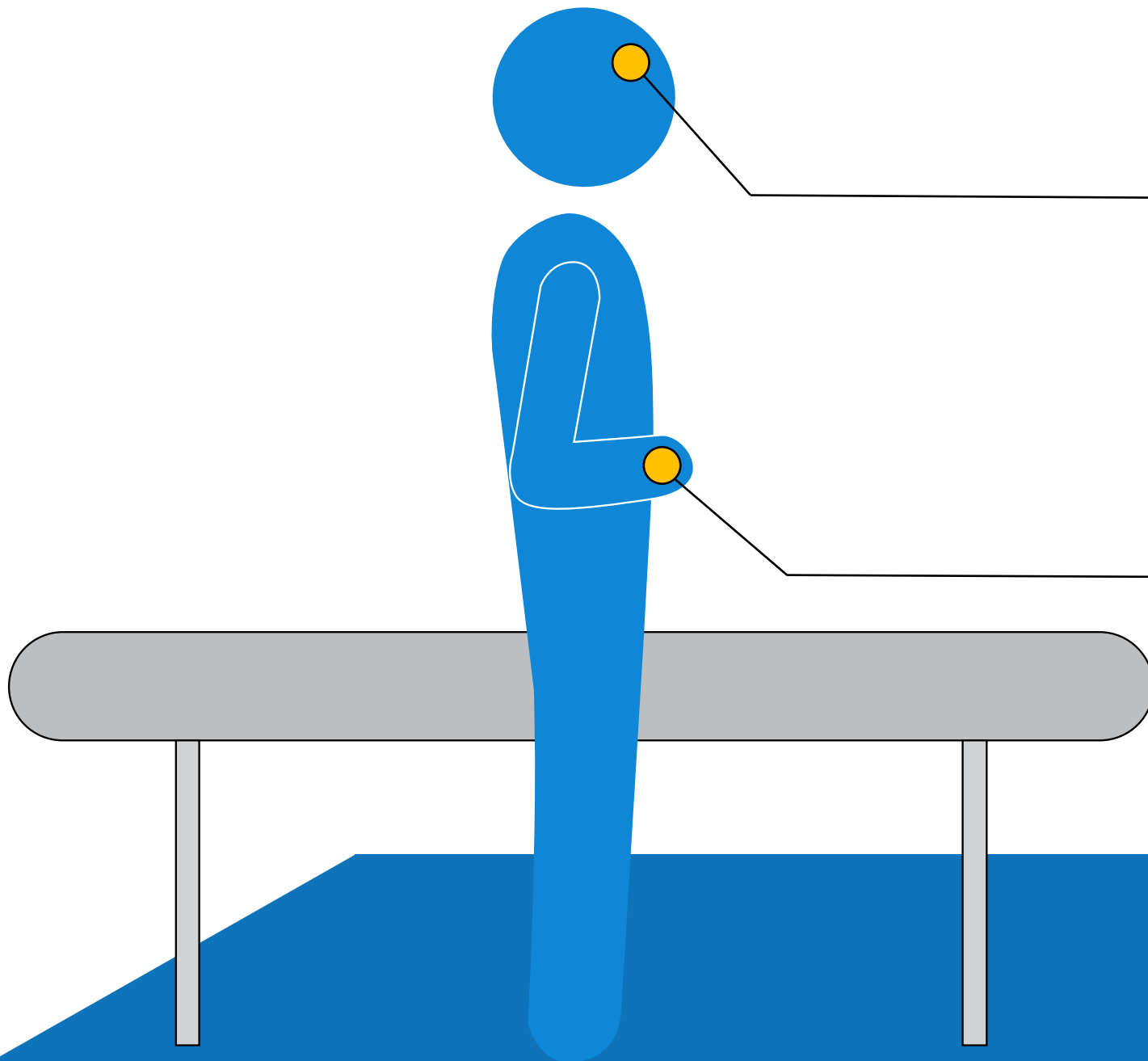


Active Stand Protocol

'Rest' - Participants laid supine for ~10 minutes

'Challenge' - Participants asked to stand (unassisted) as fast as possible

'Recovery' - Participants remained standing for 3 minutes



Continuously Monitored:

Near Infrared Spectroscopy (NIRS)

- Oxygenated and deoxygenated haemoglobin concentrations (O₂Hb, HHb)
- Tissue Saturation Index (%TSI) (Frontal lobe, ~2cm below the scalp)

Finometer

- Beat-to-beat blood pressure (sBP, dBP, MAP)
- Heart rate (HR)

Approximate Entropy (ApEn)^[1] and Sample Entropy (SampEn)^[2] Analysis

- MATLAB (R2019a; The MathWorks Inc., Massachusetts, USA)
- Data down-sampled to 5Hz (1 minute windows)
- $m = 2$, $\tau = 1$ (@ 5Hz), and optimal r derived via multiple iterations (ApEn)^[3] / $r = 0.15$ (SampEn)

$$\text{ApEn}(m, r, N) := \frac{1}{(N - m + 1)} \sum_{i=1}^{N-m+1} \log \frac{C_i^m(r)}{C_i^{m+1}(r)} \quad \text{SampEn}(m, r, N) := \log \left(\sum_{i=1}^{N-m} C_i^m(r) \right) - \log \left(\sum_{i=1}^{N-m-1} C_i^{m+1}(r) \right)$$

Statistical Analysis

- STATA (v15.1; StataCorp, Texas, USA)

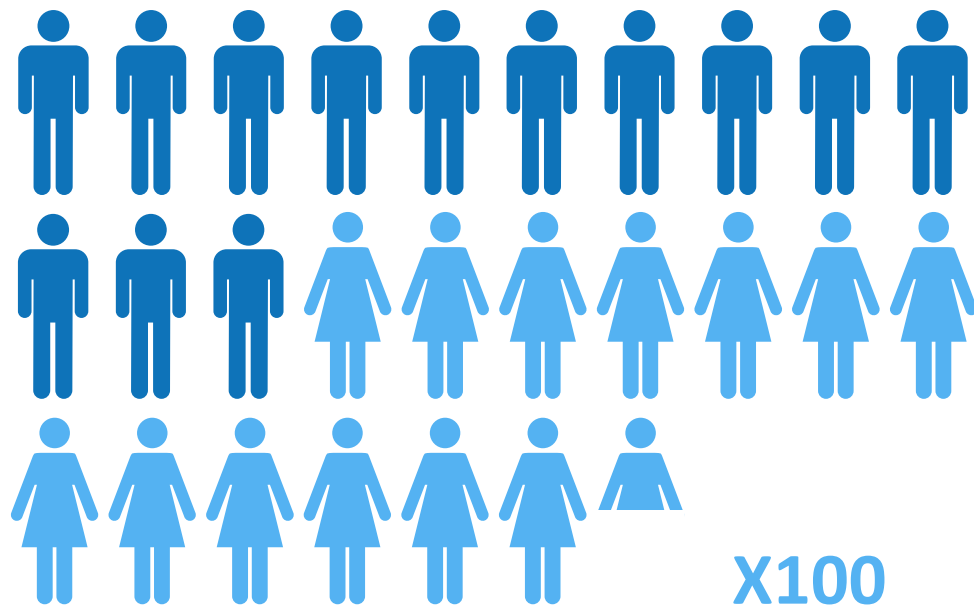
Demographics

Finometer: sBP, dBP, MAP, HR

$N = 2,645$

Age = 64.3 ± 7.7 years

53% Female

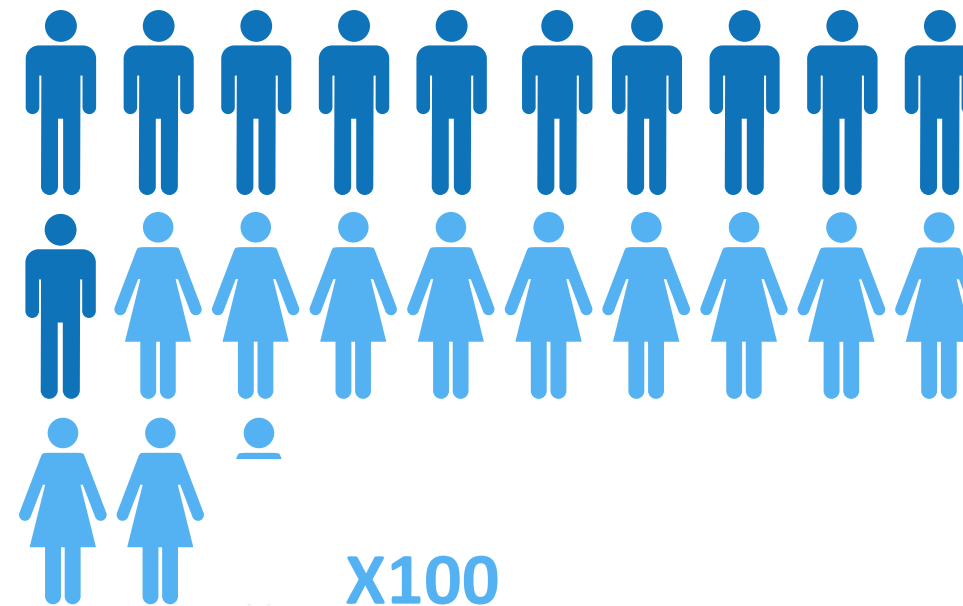


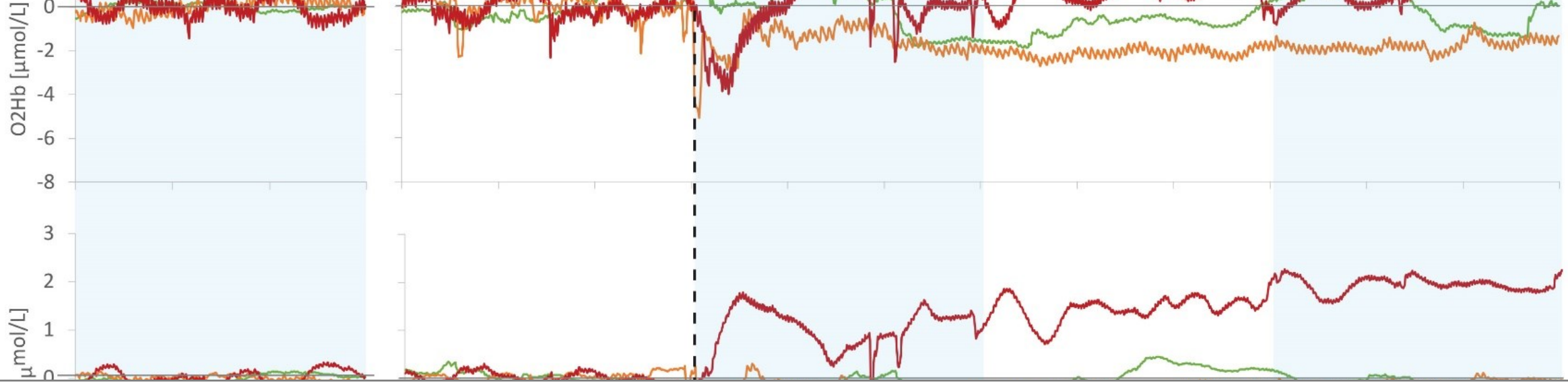
NIRS: TSI, O2Hb, HHb

$N = 2,225$

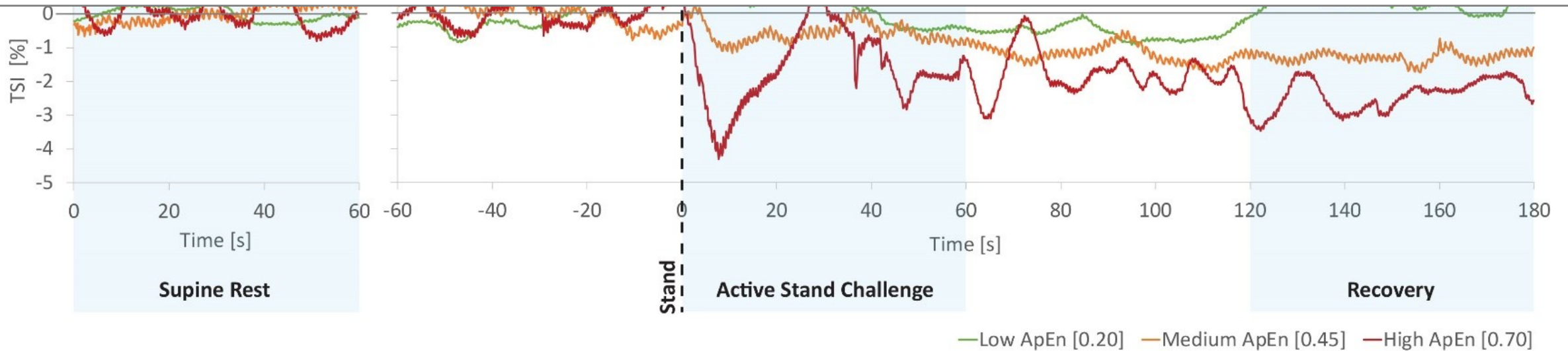
Age = 64.3 ± 7.7 years

52% Female





Shown here are example data from 3 participants with 'low', 'medium', and 'high' entropy in resting state systolic BP signals



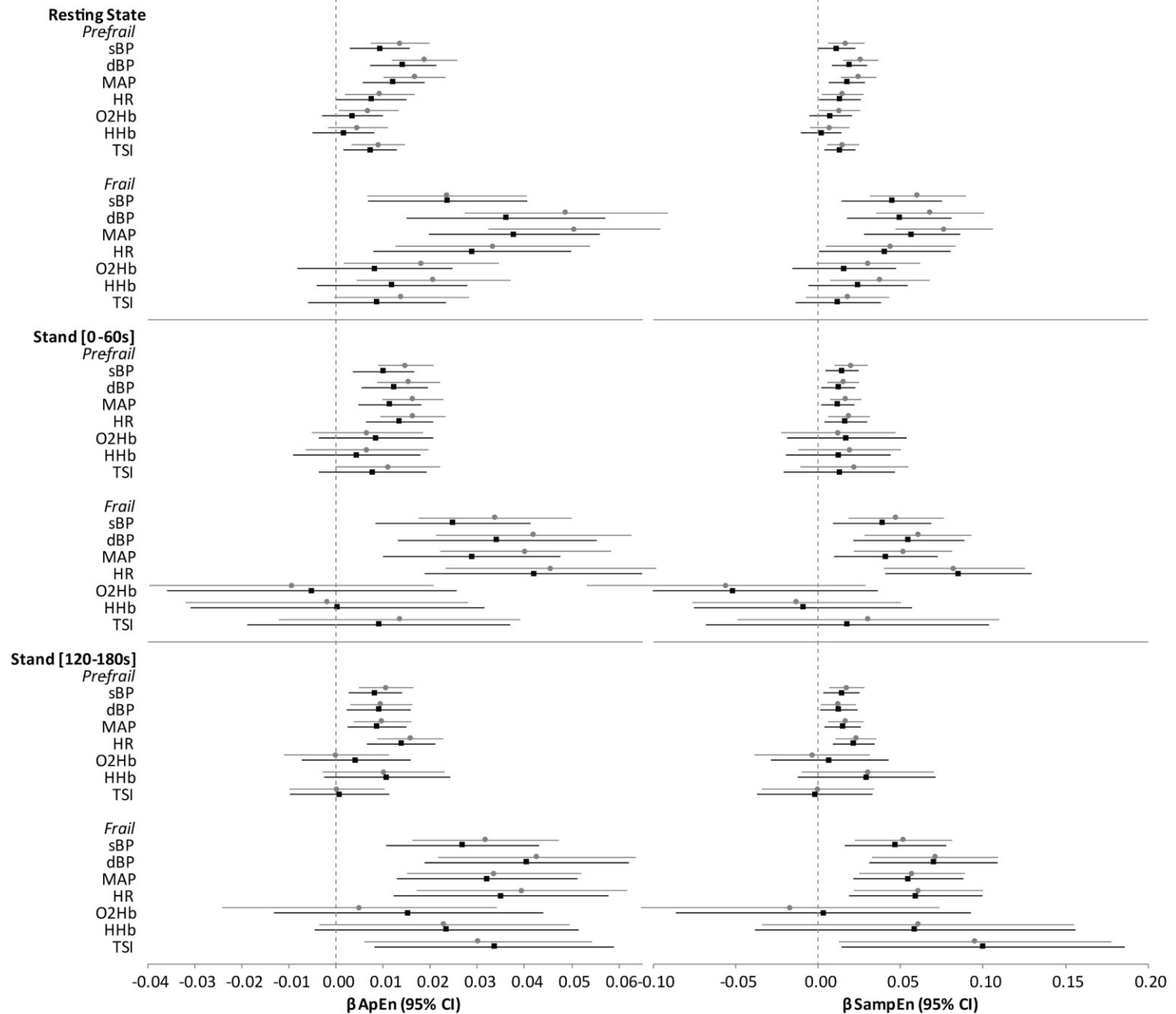
Main Findings

Significantly higher entropy in BP and HR signals for both Pre-frail and Frail individuals (vs. Non-frail)

Higher entropy for Frail vs. Pre-frail

Higher HR entropy results for 'Challenge' and 'Recovery' vs. 'Rest' data

Higher entropy in TSI for Frail individuals during 'Recovery'



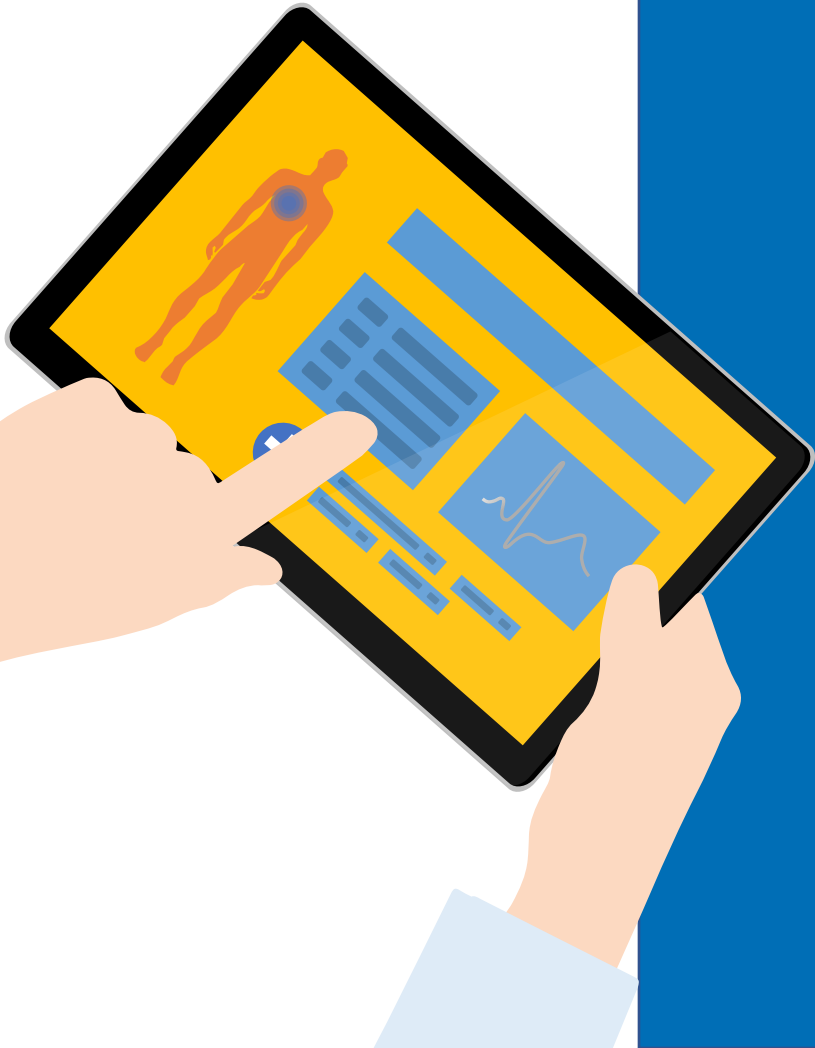
* vs. non frail; 'Fully Controlled' - controlling for age, sex, education, antihypertensive medication, diabetes, cardiovascular conditions, smoking, alcohol, and depression



Discussion

Strengths

- Largest study to date (N = 2,225/2,645)
- First study to examine frontal lobe oxygenation entropy (as measured using NIRS) with the physical frailty phenotype
- Rich data available as part of TILDA meant that models could be comprehensively controlled
- Rich, continuously and simultaneously measured neurovascular and cardiovascular data allowed for the assessment of several physiological measurements, recorded within the same experimental paradigm.



Discussion

Clinical Advantages of NCV Entropy Measure

The methodologies presented herein were specifically designed to be highly transferable for use in a clinical setting

- 60s of data sufficient
- Resting-state - relatively quick and easy to measure
- Computationally fast – could provide an ‘at-the-bedside’ measure
- Easy to interrupt and track over time (single value measure)
- Quantitative and objective

Study Limitations and Future Direction

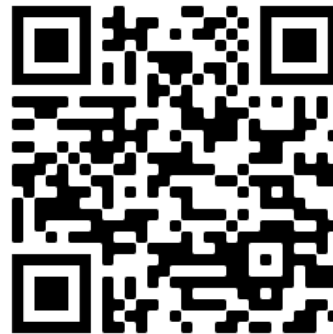
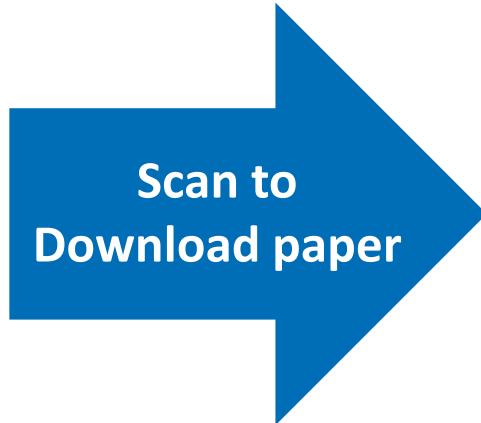
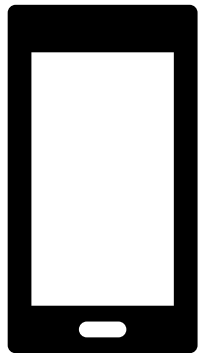
- Small N for Frail group
- Single signal scale investigated, multiscale?
- Cross-sectional design - Longitudinal tracking of entropy would be of interest to determine the clinical significance of these findings as well as causal direction of the relationship



Entropy in short length neurocardiovascular signals could provide a *clinically useful* marker of the multiple physiological dysregulations that *underlie physical frailty*

Resources

Knight, SP, Newman, L, O'Connor, JD, Davis, J, Kenny, RA, Romero-Ortuno, R. **Associations between neurocardiovascular signal entropy and physical frailty**
doi: 10.3390/e23010004 *Entropy* 2021; 23(1),4



Article

Associations between Neurocardiovascular Signal Entropy and Physical Frailty

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Abstract: In this cross-sectional study, the relationship between noninvasively measured neurocardiovascular signal entropy and physical frailty was explored in a sample of community-dwelling older adults from The Irish Longitudinal Study on Ageing (TILDA). The hypothesis under investigation was that dysfunction in the neurovascular and cardiovascular systems, as quantified by short-length signal complexity during a lying-to-stand test (active stand), could provide a marker for frailty. Frailty status (i.e., "non-frail", "pre-frail", and "frail") was based on Fried's criteria (i.e., exhaustion, unexplained weight loss, weakness, slowness, and low physical activity). Approximate entropy (ApEn) and sample entropy (SampEn) were calculated during resting (lying down), active standing, and recovery phases. There was continuously measured blood pressure/heart rate data from 2645 individuals (53.0% female) and frontal lobe tissue oxygenation data from 2225 participants (52.3% female); both samples had a mean (SD) age of 64.3 (7.7) years. Results revealed statistically significant associations between neurocardiovascular signal entropy and frailty status. Entropy differences between non-frail and pre-frail/frail were greater during resting state compared with standing and recovery phases. Compared with ApEn, SampEn seemed to have better discriminating power between non-frail and pre-frail/frail individuals. The quantification of entropy in short length neurocardiovascular signals could provide a clinically useful marker of the multiple physiological dysregulations that underlie physical frailty.



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Keywords: approximate entropy; sample entropy; physical frailty; cardiovascular; neurovascular; blood pressure; heart rate; frontal lobe oxygenation; near infrared spectroscopy; NIRS; TILDA

1. Introduction

Frailty can be defined as a biologically driven decrease in reserve and resistance to stressors, resulting from collective declines across multiple physiological systems, which



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