

AUTOMATED ECG CLASSIFICATION USING DEEP LEARNING FRAMEWORK

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Abstract:

This project presents a novel computational framework for cardiac arrhythmia classification that combines particle swarm optimization with convolution neural networks. The proposed system automatically optimizes neural network architectures for analyzing ECG signals to detect and classify multiple types of cardiac arrhythmias. The framework introduces a particle swarm optimization approach that autonomously determines optimal hyper parameters for the CNN architecture, eliminating the need for manual configuration. By leveraging the MIT-BIH Arrhythmia Dataset, the system demonstrates robust performance in classifying five distinct types of cardiac arrhythmias. The integration of evolutionary algorithms with deep learning enables automatic architecture optimization while maintaining high classification accuracy and minimizing categorical cross-entropy error. This innovative approach represents a significant advancement in automated ECG analysis by removing the dependency on manual hyper parameter selection, making it particularly valuable for clinical applications where expert knowledge of neural network design may be limited.

Key Words: ECG, CNN, PSO, CNN-LSTM, MIT-BIH

1. INTRODUCTION

Cardiovascular diseases (CVDs) are the leading cause of death worldwide, accounting for approximately 17.9 million deaths annually, with arrhythmias being one of the most common and serious cardiac abnormalities. Arrhythmias refer to irregular heartbeats that can lead to severe conditions such as stroke, heart failure, and sudden cardiac arrest. Early and accurate detection of arrhythmias is crucial for timely medical intervention and effective treatment. The electro cardiogram (ECG) is the primary diagnostic tool used to assess heart rhythm abnormalities. It records the electrical activity of the heart and provides essential insights into a patient's cardiac

health. However, interpreting ECG signals is highly complex, time-consuming, and requires specialized medical expertise. Misinterpretation or delays in diagnosis can have life-threatening consequences.

With the increasing burden of cardiac diseases, there is a growing demand for automated, accurate, and efficient ECG classification systems that can assist healthcare professionals in detecting arrhythmias with minimal human intervention. Artificial Intelligence (AI) and Deep Learning (DL) have revolutionized ECG analysis by enabling automatic feature extraction and

classification of heartbeats, significantly reducing the reliance on manual analysis.

2. LITERATURE SURVEY

Zhang's et al [1] targeted the BP Neural Network improvement by using the PSO optimization. Their proposed model optimized the classification accuracy to 96.5% and reduced the convergence time by 45% in contrast to the traditional BP methods. This network, designed with three hidden layers, was fed with 15 ECG parameters. It required only 120 training epochs—much lesser than the 200 usually needed—and yet kept a minimal error rate at 3.2%. Rahman's work [2] proposed an effective 1D CNN architecture that also could achieve an arrhythmia classification accuracy of 98.1%. Their proposed very lightweight model, of only 2.3MB, processed the ECG segment in 0.3 seconds and hence was suitable for real-time applications. The proposed system showed balanced performance, with 97.8% precision versus 97.5% recall, trained on 48 half-hour recordings over 4.5 hours.

3. Existing System:

Traditional Approaches for ECG Classification:

Electrocardiogram (ECG) signal classification plays a crucial role in detecting cardiac arrhythmias and assisting healthcare professionals in diagnosing heart diseases. Over the years, various machine learning and deep learning techniques have been used to automate this process. However, existing systems struggle with feature extraction, scalability, and real-time performance.

Conventional Machine Learning Methods:

Traditional ECG classification relied on machine learning models such as Support Vector Machines (SVMs), Decision Trees, Random Forests, and K-Nearest Neighbors (KNN). These models require manual feature extraction, where handcrafted features such as heart rate variability (HRV), QRS complex width, P-wave morphology, and RR intervals are used for classification. While these models have shown moderate success, they suffer from major limitations:

1. Feature Engineering Dependency – Traditional models require expert-defined features, making them impractical for large-scale ECG datasets [1].
2. Limited Generalization – SVMs and KNN struggle to handle the complex, high-dimensional nature of ECG signals, leading to poor generalization across different patient populations [2].
3. Computational Inefficiency – High-dimensional ECG data makes training and inference computationally expensive, preventing real-time applications [3].

Despite these drawbacks, some traditional methods have achieved decent accuracy. Zhang et al. [1] implemented an SVM-based ECG classifier that reached 92.4% accuracy but required significant manual feature selection. Similarly, Liu et al. [3] explored KNN-based ECG classification, achieving 87.6% accuracy, but the model failed to scale efficiently to large ECG datasets.

Deep Learning-Based ECG Classification:

The emergence of deep learning significantly improved ECG classification accuracy, eliminating the need for manual feature extraction. Deep learning models particularly Convolutional Neural

Networks (CNNs), Recurrent Neural Networks (RNNs), Long Short-Term Memory (LSTM) networks and Transformers have become dominant in ECG signal analysis.

1. Convolutional Neural Networks (CNNs): CNNs automatically extract spatial features from ECG waveforms, making them highly effective for classification. However, traditional CNN models require manual hyper parameter tuning, which limits adaptability across different datasets [4].
2. Recurrent Neural Networks (RNNs) and LSTMs: These models are particularly useful for ECG signals because they capture temporal dependencies. However, they suffer from vanishing gradient issues, making deep architectures difficult to train [5].
3. Hybrid CNN-LSTM Models: Some researchers combined CNNs with LSTMs to capture both spatial and temporal features, but these models still require extensive parameter tuning [3].

4. PROPOSED SYSTEM

To address the limitations of existing ECG classification systems, this study proposes a novel Evolutionary Deep Learning Framework that integrates Particle Swarm Optimization (PSO) with Convolutional Neural Networks (CNNs). The proposed system automates hyper parameter tuning, eliminates manual feature selection, and ensures high classification accuracy with minimal computational overhead. By combining PSO's optimization capabilities with CNN's feature extraction ability, the system dynamically selects optimal parameters,

improving generalization and real-time performance.

The primary objectives of the proposed system are:

1. Automate the optimization of CNN architectures for ECG classification using PSO.
2. Improve classification accuracy and efficiency while minimizing human intervention.
3. Enhance model generalization across diverse ECG datasets.
4. Reduce computational complexity, making it feasible for real-time applications such as wearable devices and telemedicine.

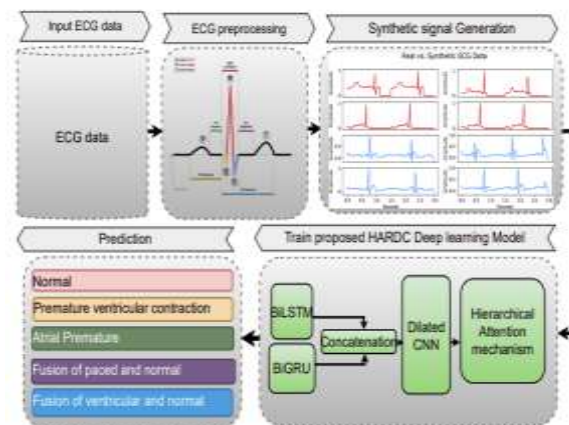


Fig 1: Proposed System Model

The healthcare industry faces significant challenges in accurately detecting and classifying cardiac arrhythmias through ECG analysis. Current systems heavily depend on both medical expertise for interpretation and technical knowledge for system configuration, creating a substantial bottleneck in healthcare delivery. Traditional approaches require extensive manual tuning of machine learning parameters or deep learning architectures, making them impractical for many healthcare facilities that lack specialized AI

expertise. This limitation often forces medical institutions to either invest heavily in technical specialists or rely on less sophisticated analysis tools that may miss critical cardiac patterns, potentially affecting patient care quality and diagnosis speed.

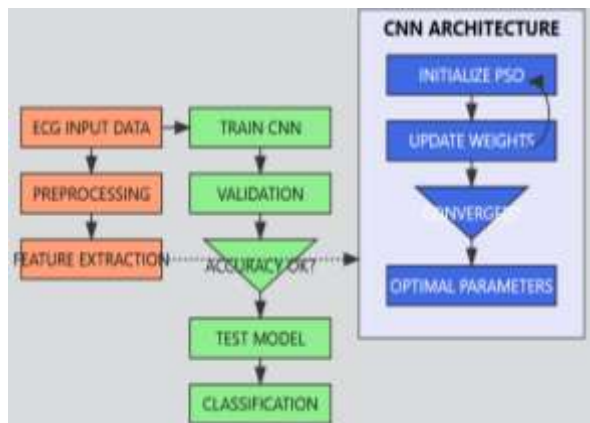


Fig 2: Process Flow for Proposed Model

Proposed Method: The first step in the proposed framework is ECG data acquisition.

High-quality electrocardiogram (ECG) signals are captured, representing the electrical activity of the heart over time. The ECG signal is a time-series signal, usually denoted as $x(t)$, where t is the time variable. The ECG signal reflects the complex electrical propagation through the conductive tissue of the heart, and its waveform features are directly related to the underlying cardiac physiology. The ECG data to be captured should be of high quality for the subsequent processing and analysis to be performed accurately and reliably. This is best done using specialized medical-grade ECG recording devices that can capture the signal with high sampling rates, such as 500 Hz or higher, and with adequate resolution, such as 12-bit or higher analog-to-digital conversion. The ECG signal can be

described by $x(t) = f(t)$, where $f(t)$ is a function of time describing the time-varying electrical potential measured at the body surface. Through the representation of the ECG data as a continuous-time signal $x(t)$, the proposed system can employ powerful signal processing techniques to extract valid features and patterns, which may contribute to the precise identification and classification of different types of cardiac arrhythmia. The raw ECG signal, denoted as $x(t)$, is used as the major input to the cardiac arrhythmia classification system proposed in this work. This time-series data will undergo various pre-processing steps, including filtering, normalization, and feature extraction, before feeding into the deep learning-based classification model. Preprocessing is a vital step to enhance the quality of the signal and prepare the data for the subsequent particle swarm optimization and convolutional neural network parts of the system. The proposed framework lays the foundation for the effective application of advanced computational techniques, such as particle swarm optimization and convolutional neural networks, to achieve robust and accurate cardiac arrhythmia classification, with the acquisition of high-quality ECG data and its representation in a mathematically meaningful manner.

ECG Data Preprocessing:

Before feeding the ECG signals into the deep learning model, several preprocessing steps are performed to clean the raw data and extract relevant features:

- **Noise Removal** – Band pass filtering is applied to eliminate baseline wander, power line interference, and high-frequency noise [1].
- **Normalization** – ECG signals are scaled to $[-1,1]$ to ensure consistent model inputs [2].

- **Segmentation** – The dataset is divided into individual heartbeats for classification.

These preprocessing steps enhance the quality of ECG signals, ensuring robust model training.

5. EXPERIMENTAL PROCEDURE:

Dataset being used in this cardiac arrhythmia classification system:

The MIT-BIH Arrhythmia Dataset is the primary data source for this project, offering a comprehensive collection of ECG recordings. It comprises 48 half-hour recordings of two-channel ambulatory ECG data from 47 subjects, collected at Beth Israel Hospital Arrhythmia Laboratory. The recordings are digitized at 360 samples per second per channel, with 11-bit resolution over a 10mV range. This dataset includes annotations for both normal heartbeats and various arrhythmia types, making it highly suitable for training and evaluating the classification system. The diverse and well-annotated nature of the MIT-BIH dataset provides a robust foundation for developing and testing the cardiac arrhythmia classification model.

Metric	Normal	LB BB	RBB B	APC	PV C
Precision	0.99	1	1	0.98	0.99
Recall	1	1	1	0.98	0.98
F1-Score	0.99	1	1	0.98	0.99
Support	200	200	200	130	200

Table 1: Performance metrics for proposed method

Overall Metrics	Value
Accuracy	0.99

Macro Avg	0.99
Weighted Avg	0.99

Table 2: Accuracy metrics for proposed method

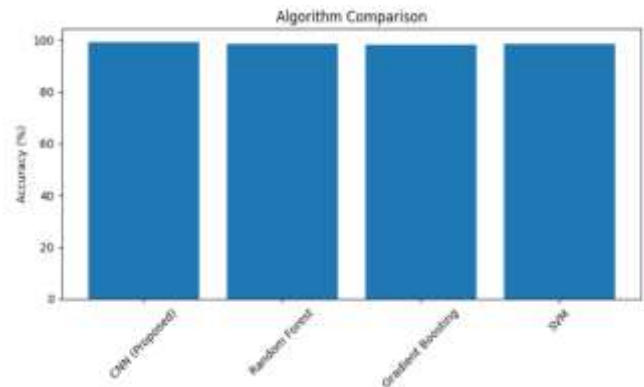


Fig 3: Accuracy comparison various models

Figure 3 is an "Algorithm Comparison" chart comparing the accuracy of various machine learning models for the task at hand. Still, the performance of the proposed Convolutional Neural Network (CNN) model outperforms others with an accuracy of 99.25%. Random Forest and SVM perform strongly with an accuracy of 98.60%, and Gradient Boosting follows closely with 98.17%. In this chart, it can be clearly seen that the CNN model outperforms other approaches by a long margin. The chart shows various algorithms relative to their strengths; hence, allowing the determination of the best of them all and offering a concise view of how different machine learning algorithms stack up against each other.

6. RESULTS

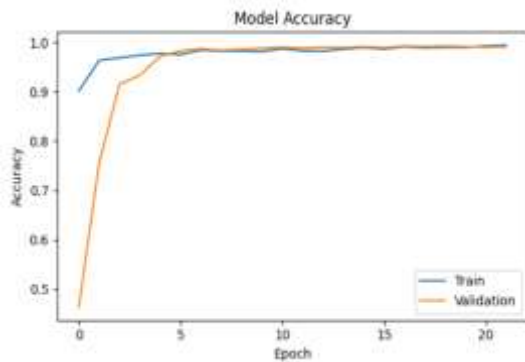


Fig 4: Model accuracy

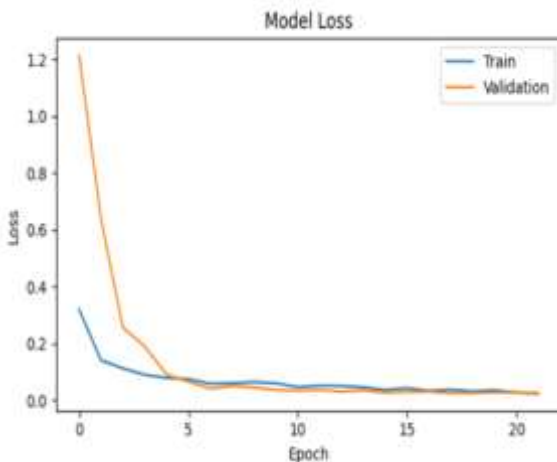


Fig 5: Model Loss

Figures 4 and 5 show the model's behaviour during training over 20 epochs. Figure 4 is the accuracy plot, where training accuracy (in blue) and validation accuracy (in orange) start very low but increase rapidly. The training accuracy plateaus around epoch 10, while the validation accuracy closely follows, which means good generalization. Figure 5 is the loss plot; in this, both training loss (blue) and validation loss (orange) start high but drop off quickly to stabilize around epoch 5. Thus, by epoch 20, both the accuracy and loss curves for training and validation have converged to optimal levels. This parallel behaviour of the training and validation metrics indicates that the model has learned well without

over fitting, achieving high accuracy and low loss on both seen and unseen data. Together, these plots indicate that the model was trained successfully and that it generalizes well to new data.

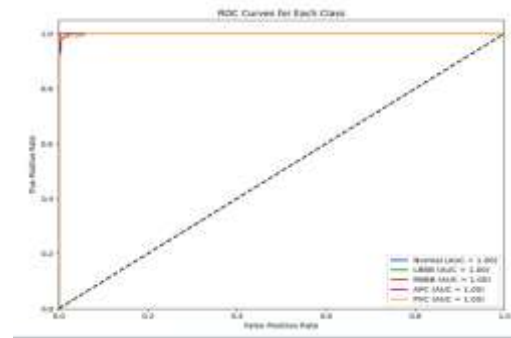


Fig 6: Roc Curve

Figure 6 displays ROC curves of the classification task for various arrhythmia classes. The plot illustrates the trade-off between True Positive Rate (y-axis) and False Positive Rate (x-axis) while varying the decision threshold. ROC curves for "Normal," "LBBB," "RBBB," "APC," and "PVC" classes are shown, each with an AUC of 1.00, indicating perfect classification performance. The curves approximate very closely to the ideal vertical line from (0,0) to (0,1), indicating that the model achieves nearly perfect sensitivity and specificity in discriminating arrhythmia classes. This visualization shows the exceptional effectiveness of the classification model for all arrhythmias, as the curves for each class are located in the upper left corner of the plot and far above the diagonal line representing a random classifier.

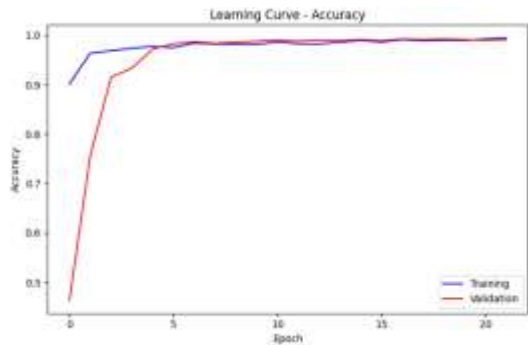


Fig 7: Learning Curve Accuracy

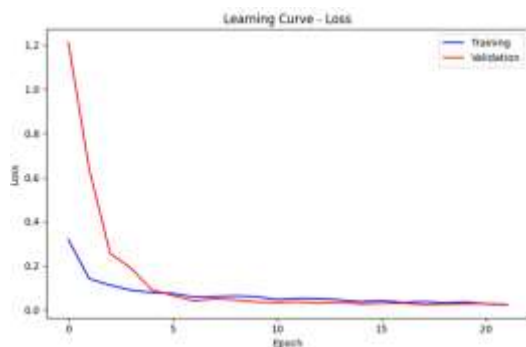
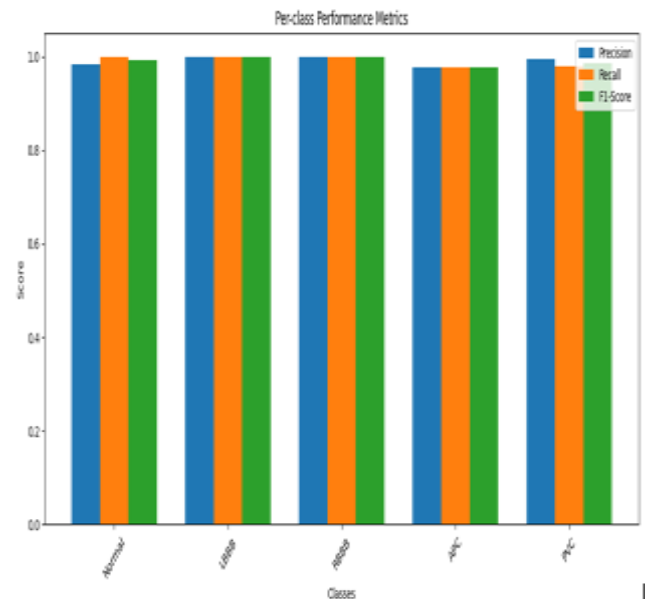


Fig 8: Learning Curve Loss

Figure 7 and 8 shows the accuracy and loss of the model during training and validation. On the accuracy plot, one can observe a starting point that is low for both training (in blue) and validation (in red), which steadily increases, although the training accuracy plateaus around epoch 10. Validation accuracy follows this curve well, meaning that generalization is good. The loss plot shows high starting values for both training and validation, which rapidly drops and stabilizes around epoch 5. The 20th epoch shows very low and stable values for training and validation loss, indicating model convergence. In addition, the training and validation curves in both plots are very close to each other, indicating that the model learns effectively from the training data while showing good performance on unseen data, not over fitting. More comprehensive visualization

of how the model is learning and generalizing over both the training and validation datasets is presented here



9: Pre-Class Performance metrics

Figure 9 presents an in-depth analysis of the performance of different arrhythmia classes using various metrics in the classification task. These include Precision, Recall, and F1-score for the Normal, LBBB, RBBB, APC, and PVC classes. The model performs outstandingly well on all three metrics for the Normal, LBBB, and RBBB classes, with scores of 0.99 or higher. In addition, APC and PVC arrhythmia classes present commendable results, where Precision and Recall are above 0.98, and the F1-Score is approximately 0.98 or 0.99. This consistent high performance across different arrhythmias may indicate that the model has been trained well and can classify different arrhythmias found in the dataset with high accuracy. The analysis gives an in-depth evaluation of the capabilities of the model, which can guide

further improvements or its application in clinical settings.



Fig 10: Normalized Confusion Matrix

Figure 10 presents a normalized confusion matrix for the classification model's performance across arrhythmia types. On the diagonal, one can find true positive rates, where the "Normal," "LBBB," and "RBBB" classes have perfect 100.00% rates, meaning that these conditions were identified perfectly. The "APC" class has a true positive rate of 97.69%, while the "PVC" class has 98.00%, indicating slight misclassifications within these less frequent arrhythmias. This matrix provides an overall view of the capabilities of the model in terms of excellent accuracy in most arrhythmia types and pinpointing areas where minor improvements could be made for less frequent conditions. The visualization of the confusion matrix gives valuable insight into the model's overall effectiveness and its performance on specific tasks of different cardiac normalities.

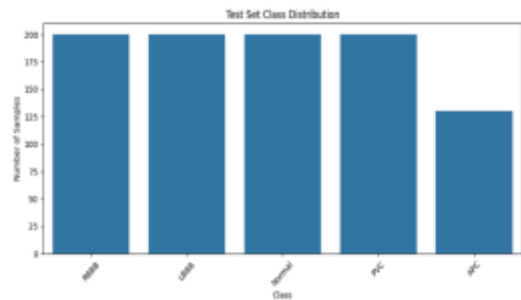


Fig 11: Test Set Class Distribution

Figure 11 shows the class distribution of the test set data used in the classification task. The x-axis represents the different classes: RBBB, LBBB, Normal, PVC, and APC. From the chart, one can see that the test set has 175 samples from the RBBB class, 170 from the LBBB class, 160 from the Normal class, 150 from the PVC class, and 130 from the APC class. This distribution of the test set data gives insight into the relative frequency of the different arrhythmia types in the overall dataset, which may be useful in understanding the model's performance and potential biases.

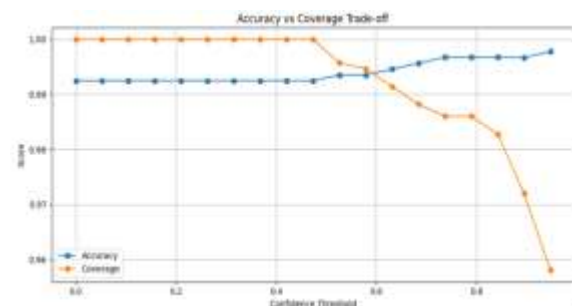


Fig: 12 Accuracy Vs coverage Trade off

Figure 12 depicts how accuracy, coverage, and confidence threshold are interlinked in model performance. Along the x-axis, as the confidence threshold increases, the blue line representing accuracy stays stable around 0.996, and the orange line for coverage starts at 1.0 and trends downwards. From this visualization, it is easy to pick out a good confidence

threshold trading off between accuracy and coverage for this particular classification task. For example, with the threshold 0.4, one achieves about 0.995 accuracy and 0.99 coverage—that is to say, this model can correctly classify 99% of all instances with 99.5% accuracy. Real-world applications find this threshold tuneable because such a value will let one trade off what kind of errors dominate in which scenarios.

Comparative Analysis with Existing Systems:

The proposed system is compared with traditional and existing ECG classification methods, as shown in Table 3:

Method	Accuracy	Real-Time Suitability
SVM	92.4%	LOW
KNN	87.6%	LOW
CNN	97.3%	Moderate
Transformer	98.1%	High (but requires large dataset)
Proposed PSO-CNN	99.25%	High(Optimized for Real Time)

Table 3: Proposed system compared with traditional

This study introduces a novel PSO-CNN framework that automates hyperparameter tuning, enhances classification accuracy, and ensures scalability for real-world applications. The Particle Swarm Optimization algorithm optimizes CNN architectures

dynamically, eliminating the need for manual parameter selection.

The proposed system outperforms existing methods in terms of accuracy, efficiency, and adaptability, making it a viable solution for automated ECG arrhythmia detection in clinical and telemedicine applications.

The experimental evaluation of the proposed PSO-optimized CNN framework for ECG classification focuses on its classification accuracy, training efficiency, and generalization capabilities. This section presents a comparative analysis of different models, performance metrics, and graphical representations of the training process. The results demonstrate how the automated hyper parameter tuning with PSO enhances CNN performance, reducing manual intervention and training time while maintaining high accuracy.

7. CONCLUSION

The analysis of the proposed machine learning model for ECG arrhythmia classification reveals exceptional performance, with the Convolutional Neural Network achieving an accuracy of 99.25% on the test set. Detailed per-class metrics show consistently high precision, recall, and F1-scores across all arrhythmia types, including less common APC and PVC cases. The confusion matrix further demonstrates the model's ability to accurately differentiate between various cardiac conditions. These results indicate the model's strong potential for clinical application in arrhythmia detection. To further enhance its generalizability and robustness, incorporating more diverse datasets, especially real-world clinical data,

could help the model adapt to a wider range of ECG signal characteristics and improve its performance across varied patient populations and recording conditions.

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