AUTOMATED DETECTION OF K-COMPLEXES: CHARACTERIZATION OF BENZODIAZEPINE EFFECTS

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healthy subjects. detection of K-complexes is a very difficult problem, and, in spite of the great selectivity of our detector, the number of false positive is still quite high, in practice. healthy young volunteers. 12 EEG derivations were displayed on screen and common scoring criteria were set together with the experts. Nevertheless, the selective automated detector of K-complexes. In fact, we consider a standard linear prefilter and pattern recognition in time-frequency domain. To train the time-Yet, in this paper, we show that, in clinical conditions, our detector could be very useful to discriminate subject receiving a pharmacological treatment from frequency receiver, the all-night sleep recordings of 3 healthy young volunteers were scored by 6 experts. The test set was obtained in the same way with 3 other We have recently proved (Coatanhay et al. 1999; Richard et al. 1999) that an automated detector, based on time frequency approach, could be one of the most

complexes detection be considered as a preliminary result (only three subjects in each group), and other subjects are to be studied for confirming the efficiency of automated Kfirst threshold (only prefiltering), the automated scoring give a very significant difference between benzodiazepine group and the normal group. This figure must threshold of the time-frequency receiver is adjusted so that the true positive rate is 100% (only prefiltering), 95%, 90%, 80% and 70%. With the exception of the group receiving benzodiazepine and a normal group. It has been proved (Kubicki et al. 1988) that benzodiazepines reduce the number of K-complexes. The The figure compare human experts scoring (3 experts using only a single central EEG derivation displayed on screen) from automated detection, in two cases: a



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Keywords: K-complexes, Automated detection, Benzodiazepines.