# A Novel Meal Detection Algorithm for an Artificial Pancreas

## Charrise M. Ramkissoon<sup>1</sup>, Pau Herrero<sup>2</sup>, Jorge Bondia<sup>3</sup>, and Josep Vehí<sup>1</sup>

<sup>1</sup>Institut d'Informàtica i Aplicacions, Universitat de Girona, Spain
<sup>2</sup>Centre for Bio-Inspired Technology, Institute of Biomedical Engineering, Imperial College London, UK
<sup>3</sup>Instituto de Automática e Informática Industrial, Universitat Politènica de València, Spain

#### BACKGROUND

Postprandial glucose fluctuations are a challenge to daytime closed-loop control<sup>1,2</sup> in type 1 diabetes (T1D).

It is predicted that the high number of missed meal boluses experienced during insulin pump therapy<sup>3</sup> will carry over to artificial pancreas therapy.

Therefore, a means to reduce poor outcomes due to unannounced meals must be developed.

The aim of this study is to implement an algorithm to detect meals using data from a continuous glucose monitor (CGM) and the insulin delivered to the subject.

#### METHODOLOGY

This study utilizes a novel approach to meal detection, which uses a cross-covariance method to detect meals. Similar methods such as, normalized cross-correlation has been used extensively in many image based applications such as object recognition and pattern matching<sup>4</sup>.

The meal detection algorithm operates using these following steps:

1. The Unscented Kalman Filter (UKF) utilizes the following equations:

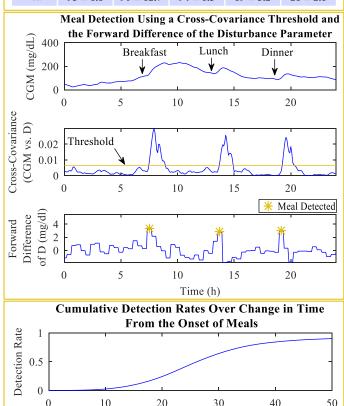
x(k+1) = f(x(k)) + w(k)y(k) = g(x(k)) + v(k)

where x(k) is the state vector, w(k) and v(k) are defined to be process and measurement noises respectively.  $f(\cdot)$  and  $g(\cdot)$  are nonlinear functions.

- The UKF is employed to predict the states of a composite Bergman-Hovorka model<sup>5</sup> altered to include an auxiliary disturbance parameter, *D*.
- 3. An algorithm checks the cross-covariance between *D* and the CGM values.
- 4. A threshold is applied to detect an abnormal event.
- 5. If the threshold is crossed, the forward difference of *D* is checked at that time point.

6. A positive value indicates a rise in glucose due to a meal. This methodology was evaluated *in silico* using the UVA simulator<sup>6</sup> with 10 adult T1D patients over a period of ten days (30 meals per subject) with insulin sensitivity, circadian and meal variations implemented.

RESULTS					
Performance Metrics of the Meal Detection Algorithm					
Subject	Specificity (%)	Sensitivity (%)	Accuracy (%)	Δ Glucose (mg/dl)	Detection Time (min)
1	95	97	95	$21 \pm 10.2$	$31 \pm 8.4$
2	93	93	97	$14 \pm 7.5$	$24 \pm 8.5$
3	96	100	97	$24 \pm 12.8$	$28 \pm 9.4$
4	93	100	94	$16 \pm 11.1$	$26 \pm 8.1$
5	99	67	93	$24 \pm 7.7$	$31 \pm 7.9$
6	95	97	95	$20 \pm 7.4$	$31 \pm 9.9$
7	96	67	92	$27 \pm 7.4$	$28 \pm 6.4$
8	94	97	94	$15 \pm 13.2$	$31 \pm 8.3$
9	95	90	94	$10 \pm 10.1$	$24 \pm 10.6$
10	95	93	95	$14 \pm 8.7$	$25 \pm 7.2$
Mean	95 ± 1.8	90 ± 12.7	94 ± 1.5	19 ± 5.2	$28 \pm 2.8$



Time from Meal Onset (min)

### **DISCUSSION AND CONCLUSION**

Results obtained in a very challenging scenario are comparable to other meal detection studies, which achieved sensitivities of  $99.6\%^7$ ,  $95\%^8$ ,  $94\%^9$ , and  $86.9\%^{10}$ . One study<sup>9</sup> obtained a lower mean change in glucose of  $16 \pm 9.42$  mg/dl and another<sup>11</sup> obtained a higher mean detection time of 30 min.

In conclusion, we have presented a novel meal detection algorithm that uses information that is readily available, is easy to implement, and is able to detect meals in a timely manner when the change to blood glucose values is minimal. Further work is required to assess its usability in AP applications to mitigate postprandial hyperglycemia due to unannounced meals.

#### REFERENCES 7.Chen S, Weimer J, Rickels M, et al. 6th Medical Cyber-Physical Systems 1. Thabit H, Tauschmann M, Allen JM, et al. N Engl J Med. 2015;373(22):2129-40 Workshop, April 2015. 2. Russell SJ, El-Khatib FH, Sinha M, et al. N Engl J Med. 2014;371(4):313-25. 8. Xie J, Wang Q. ASME Dynamic Systems and Controls Conference, 2015 3.Driscoll KA, Johnson SB, Hogan J, et al. J Diabetes Sci Technol. 9. Turksoy K, Samadi, S, Feng J, et al. IEEE J Biomed Health Infom. 2016; 20 2013;7(3):646-52. (1): 47-54. 4. Tsai DM, Lin CT. Pattern Recogn Lett. 2003;24(15):2625-31. 10. Weimer J, Chen S, Peleckis A, et al. Diabetes Technol Ther. 2016; 5. Herrero P, Calm R, Vehi J, et al. J Diabetes Sci Technol. 2012;6(5):1131-41. 18(10):610-24. 6. Kovatchev BP, Breton M, Dalla Man CD, et al. J Diabetes Sci Technol. 11. Dassau E, Bequette BW, Buckingham BA, et al. Diabetes Care. 2009:3(1):44-55. 2008:31(2):295-300. UNIVERSITAT Imperial College Universitat wellcome<sup>trust</sup> POLITÈÇNICA London de Girona VALÈNCIA DE

Copyright © 2017 C. M. Ramkissoon, P. Herrero, J. Bondia, J. Vehí

Charrise.Ramkissoon@udg.edu

DPI2013-46982-1-R/2-R, R, Feder Funds