Screening Post-Menopausal Women for Osteoporosis by Complex Impedance Measurements of the Dominant Arm

Fırat Matur, Yekta Ülgen

Abstract—Cole-Cole parameters of 40 post-menopausal women are compared with their DEXA bone mineral density measurements. Impedance characteristics of four extremities are compared, left and right extremities are statistically same, but lower extremities are statistically different than upper ones due to their different fat content. The correlation of Cole-Cole impedance parameters to bone mineral density (BMD) is observed to be higher for dominant arm. With the post-menopausal population, ANOVA tests of the dominant arm characteristic frequency, as a predictor for DEXA classified osteopenic and osteoporotic population around lumbar spine, is statistically very significant. When used for total lumbar spine osteoporosis diagnosis, the area under the Receiver Operating Curve of the characteristic frequency is 0.830, suggesting that the Cole-Cole plot characteristic frequency could be a useful diagnostic parameter when integrated into standard screening methods for osteoporosis. Moreover, the characteristic frequency can be directly measured by monitoring frequency driven angular behavior of the dominant arm without performing any complex calculation.

Keywords—Bio-impedance spectroscopy, bone mineral density, characteristic frequency, osteoporosis, receiver operating curve.

I. INTRODUCTION

SUBJECTS are women age 40 and above, with no hip or arm fracture history, no metabolic bone diseases. Women with no menstruation for at least 12 months are classified as postmenopausal [1]. The experiments are conducted with 40 menopausal women, according to Declaration of Helsinki and all subjects have signed an informed consent form prior to participating in this study. To minimize overnight fasting effects on BI measurements trunk measurements are ignored; the dominant body segment for impedance measurement is right arm, for right handed subjects.

Following their body impedance measurements in sitting position, subjects are scanned in the bone densitometer to obtain reference BMD and T scores from L1-L4 lumbar spine and from hip. T score is the standard deviation departure from BMD mean of the young normal population and based on World Health Organization (WHO) Study Group classifications. T scores are verified by a radiologist. The Dual-energy X-ray Absorptiometry (DEXA) machine measurement precision is 1.14% or better. For T ≥ -1 the subject is classified as “Normal”; for -2.5 < T < -1 as “Osteopenic”, and for T ≤ -2.5 as “Osteoporic”.

II. METHODOLOGY

Body Impedance measurements are performed by using the HP4284A Precision LCR Meter, at 20 different frequencies between 10 kHz to 800 kHz; with frequencies evenly distributed over the logarithmic scale [2]. Based on EN60601 electrical safety standard, the maximum current that is allowed to pass through a patient is limited to 100μA at 1 kHz [3]. Tetra-polar measurement model is used to eliminate the electrode-skin impedances [4], [5]. To ensure measurement stability of HP4284A during measurements, internal A/D integration level set is set to medium to allow 180 ms time window. Four consecutive measurements are averaged to obtain the final reading [6]. In impedance measurements, standard Ag/AgCl Arbo Kendall electrodes (48 x 34 mm) are used and no additional lubricant is applied to electrode contact points. Electrodes are placed at the outer side of the hands along the 3rd metacarpal bones, and over the feet, along the feet 3rd metacarpal bones. Current is applied to anterior electrodes while voltages are measured from the posterior ones. By using 4 electrodes and interchanging electrode positions, it is possible to measure arm, leg or trunk impedances separately [7]. To reduce effect of overnight fasting on BI measurements, trunk impedance measurements are ignored. Although, different tissues will contribute to measured impedance proportionally to their volume share, the body segment can be modeled as a Cole-Cole model [8], [9].

Capacitive effects of cell membranes are usually lumped in constant phase angle impedance Z_{CPA} as defined in

$$Z_{CPA} = K (j\omega)^{-\alpha}$$  \hspace{1cm} (2)
TABLE I
ANOVA STUDENT-NEWMAN-KEULS TEST RESULTS OF COLE-COLE MODEL CHARACTERISTIC FREQUENCY FOR ALL PAIRWISE COMPARISONS OF DEXA SCORES

<table>
<thead>
<tr>
<th>Characteristic frequency</th>
<th>Total Lumbar Spine</th>
<th>Total Hip</th>
<th>p</th>
<th>Different from</th>
<th>p</th>
<th>Different from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominant Arm</td>
<td>0.001 b (1-2)(1-3)(2-3)</td>
<td>0.569</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inferior Arm</td>
<td>0.099 c (1-2)(1-3)(2-3)</td>
<td>0.553</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Leg</td>
<td>0.368</td>
<td>0.701</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Leg</td>
<td>0.462</td>
<td>0.516</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthropometric parameters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.763</td>
<td>0.651</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td>0.717</td>
<td>0.163</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>0.413</td>
<td>0.353</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a (X-Y): X is statistically different from Y, where 1: Normal, 2: Osteopenic, 3: Osteoporic groups. b Confidence interval is 95%, c Confidence interval is 90%

With foot to foot bio-impedance measurements, Heidi H. Y. Ngai et al. have shown that bio-impedance is correlated to BMD, with a higher correlation in men [1]. In his study, the difference in gender is explained by the fact that women have less lean muscle mass and lower electrolyte content, making women potentially more susceptible to the factors that can induce errors in BI measurements [1], [10]. In (3)-(7), s refers to segment, V volume, FFB fat free body, w water, m soft tissue, f fat and b bone. To incorporate the effect of bone mass in the measurements, bio-impedance measurements are taken from all extremities of subjects. Dominant arm is the right arm for a right handed person. Correlation between dominant arm Cole-Cole parameters and DEXA reference results is expected be higher compared to other extremities [11]-[13].

\[
V_s = V_f + V_{FFB}
\]  
(3)

\[
V_{FFB} = (d_f - d_j)/(d_{FFB} - d_f)
\]  
(4)

\[
V_{FFB} = V_m + V_b + V_w
\]  
(5)

\[
d_{FFB} = (d_m/V_m + d_w/V_w + 1 + V_m)/V_{FFB}
\]  
(6)

\[
V_b \bigg|_{d_f = d_m - d_w} = \frac{2d_f - d_m - d_w + V_{FFB}(d_m + d_w - 2d_j)}{2d_m - d_m - d_f}
\]  
(7)

Cole-Cole parameters \( R_0 \) and \( R_{\infty} \) of four extremities are normalized with respect to their anthropometric shapes, i.e. conical shapes, of the segments [3]. Conical impedance circumference parameters for arms are measured around loose biceps and wrists, while \( L \) is the stretched arm length from shoulder tip. For legs however, the upper and lower circumference parameters are measured from thigh and ankle and the length is measured between femur head and ankle. With \( C_b \) and \( C_w \) as circumferences around biceps and wrist, and \( L \) as the stretched arm length from shoulder tip, conically normalized arm specific impedance can be estimated from (8) [14]. Right extremity anthropometric data are also used for left extremities, assuming perfect body symmetry around vertical axis.

All measurements are performed as magnitude-phase pair and normalized with load dependent gain and phase shift characteristics of the measurement system, by 2-D interpolation [15]. Statistical analysis is performed by using Stata SE/12.0 and by MedCalc v12.7.3 [16], [17]. The statistical F test is performed to analyze the BI measured Cole-Cole parameters symmetry around upper versus lower and left versus right extremities. One way ANOVA test is applied to measure the statistical meaning of Cole-Cole parameters over DEXA T classifications of total lumbar spine BMD and total hip BMD. Diagnostic capability of the anthropometrically normalized impedance values are also identified by area under curve AUC and Youden index \( J \) using Receiver Operating Curve (ROC) analysis [18], [19]. The Youden Index is the summary measure of the ROC (Receiver Operating Characteristic), and measures the effectiveness of a diagnostic marker and enables the selection of an optimal threshold value (cutoff point) for the marker. Youden index is the maximum difference between sensitivity, the probability of correctly classifying diseased individuals, and 1-specificity, the probability of incorrectly classifying health individuals. In all statistical analysis, all parameters are assumed to have normal distribution and 95% confidence interval is used unless it is explicitly specified.

Fig. 1 Characteristic frequency of extremities against DEXA lumbar spine T scores
The age, weight and height of post-menopausal women are 60.2±8.4 years, 74.9±12.4 kg and 152.4±6.6 cm respectively. Number of post-menopausal subjects classified as normal, osteopenic and osteoporotic from total lumbar spine DEXA measurements are 12, 18 and 10 respectively; whereas among postmenopausal subjects, 21 of them are classified normal, 18 of them osteopenic and one of them osteoporotic, from total hip DEXA measurements. The dominant arm Cole-Cole plot characteristic frequency of menopaused women is 35279±3246 Hz.  

When individual Cole-Cole parameters are tested with one way ANOVA, only dominant arm Cole-Cole characteristic frequency has scored statistically important p value of 0.001 at 95% confidence interval for T scores over total lumbar spine. Characteristic frequency of inferior hand however, which previous F tests is suggesting that it has similar parameters as the dominant arm, could score only a p value of 0.099 which is showing statistically a low meaning. For any other extremity, all other BI parameters excluding depression angle, p values are 0.001, which is suggesting that upper and lower extremities have statistically very different Cole-Cole parameters (Tab. I). When individual Cole-Cole parameters are tested with one way ANOVA, only dominant arm Cole-Cole characteristic frequency has scored statistically important p value of 0.001 at 95% confidence interval for T scores over total lumbar spine.

IV. DISCUSSION

For menopausal women, it is found that, with the value of 0.570 (p=0.001) the dominant arm characteristic frequency has the strongest correlation to total lumbar spine BMD, than any of other anthropometric or BI parameters; furthermore, the partial correlations of all bio-impedance parameters of dominant arm have higher correlation factors than weight and age. Reduced correlation at other extremities is due to body shape and fat mass, which is a function of weight also has relatively high correlation with total hip BMD [10]. For hip BMD the BI parameters are not giving any statistically meaningful information. Age and weight have higher relations to total hip BMD although dominant arm extrapolated extracellular fluid impedance also shows some correlations [11]. Based on ROC analysis AUC of 0.830, the dominant arm
BI characteristic frequency can be considered as a complementary osteoporosis screening method for lumbar spine alone. For the measured population, the optimal frequency is found as 32680 Hz ($\xi$). For the measured population, the optimal frequency is found as 32680 Hz ($\xi$), but the experiments should be repeated with larger population to form a normative standard value.

**REFERENCES**


**Fırat Matur** born in 1968, has received his B.Sc. Degree in EE and M.Sc. Degree in Biomedical Engineering from Boğaziçi University of Turkey, in 1991 and 1995 respectively. After working as a research assistant in Boğaziçi University between 1992 and 1995, he has joined Xerox in 1995 and held several national and international management roles. He is now the director of the customer service operations in Xerox Turkey, and he is a member of senior management team. He is currently a Ph.D. Candidate in the Institute of Biomedical Engineering at the University of Boğaziçi University, and his research interests includes biomedical instrumentation design and clinical use of bioimpedance.

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