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
osteoarthritis 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
impedance effects on BI measurements, trunk impedance measurements
are ignored. Although, different tissues will contribute to
impedance 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 Rc resistance in parallel to
a Rl serial to a ZCPA. The impedance is calculated as in (1),
where Rl is intracellular fluid resistance, Rc is the extracellular
fluid resistance, R0 and RC are extrapolated resistance values
obtained from Cole-Cole plot where plot crosses real axis, α is
the depression angle constant and K is a constant with
dimension of (ohm.sec-α), ω is the angular frequency [8], [9].
The frequency at which imaginary part of impedance model is
minimized, is the Cole-Cole characteristic frequency fC.

\[
Z^* = R_\infty + \frac{R_0 - R_\infty}{1 + \frac{R_i + R_c}{K}(j\omega)^\alpha} 
\]  

(1)

Capacitive effects of cell membranes are usually lumped in
constant phase angle impedance ZCPA as defined in

\[
Z_{CPA} = K(j\omega)^{-\alpha} 
\]  

(2)
Table I

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

*(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 to be higher compared to other extremities [11]-[13].

\[
V_S = V_f + V_{FFB} 
\]

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

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

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

\[
V_b \big|_{d_m = V_m} = \frac{2d_s - d_m - d_w + V_{FFB} (d_m + d_w - 2d_f)}{2d_b - d_m - d_f} 
\]

Cole-Cole parameters $R_0$ and $R_w$ 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 symmetricity 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.
The age, weight and height of post-menopausal women are 60.2±8.4 year’s 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 menopausal women is 35279±3246 Hz. $R_0$ and $R_m$ parameters are 341.7±43.8 and 279.8±37.4 $\Omega$.cm. When variances of similar Cole-Cole parameters of left and right extremities are compared with $F$ test, parameters of upper extremities had minimum $p$ value of 0.533 for depression angle and a maximum value of 0.969 for $R_0$. When the same test is performed for lower extremities, the maximum $p$ value of 0.990 is observed for depression angle where minimum $p$ value is 0.761 for $R_m$. These $p$ values are suggesting that Cole-Cole parameters of upper and lower extremities are statistically indifferent. Similarly, when $F$ test is repeated to check variances of lower versus upper extremities including cross symmetries, for all Cole-Cole 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. 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 have failed to show a statistical meaningfulness to DEXA $T$ score classifications. When DEXA classifications of total hip are of concern, none of the BI or anthropometric parameters has shown a statistically meaningful correlation. Although, box-and-whisker plots of Cole-Cole characteristic frequency at all extremities are visually showing some degree of correlation to DEXA $T$ scores, the maximum correlation between BMD is measured between dominant hand characteristic frequency and total lumbar spine BMD score and it is 0.570 (0.314 to 0.749, $p<0.001$). For the inferior hand, this correlation factor is 0.445 (0.155 to 0.664, $p=0.004$). The only Cole-Cole characteristic parameter that is statistically meaningful for both of upper extremities is the characteristic frequency (Fig. 1).

The ability of dominant arm characteristic frequency to identify osteoporosis as a single predictor is inspected with Receiver Operating Curve analysis [18], [19]. The area under ROC curve representing the diagnostic performance of dominant arm characteristic frequency against lumbar spine DEXA measurements is 0.830 with Youden index $J$ value of 0.600 and 36762 Hz ($p<0.001$) associated cutoff criteria. And when the area of concern is total hip, the AUC is 0.584 with Youden index $J$ value of 0.281 and 38154 Hz ($p=0.368$) associated cutoff criteria. However, note that there is only one subject classified as osteoporotic at total hip.

TABLE II

<table>
<thead>
<tr>
<th>Limb</th>
<th>Total Lumbar Spine</th>
<th>Hip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominant arm</td>
<td>0.5700 $^a$</td>
<td>0.1083</td>
</tr>
<tr>
<td>Inferior arm</td>
<td>0.4450 $^c$</td>
<td>0.1411</td>
</tr>
<tr>
<td>Right leg</td>
<td>-0.0028</td>
<td>-0.2179</td>
</tr>
<tr>
<td>Left leg</td>
<td>-0.0578</td>
<td>-0.2119</td>
</tr>
</tbody>
</table>

$^a$Confidence interval is 95%, $^b$p = 0.001, $^c$p = 0.004

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 (p=0.001), but the experiments should be repeated with larger population to form a normative standard value.

REFERENCES

[16] L. StataCorp, Stata user’s guide. College Station, TX: Stata Press, StataCorp LP, 1985.

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.

Professor Yekta Ülgen born in 1950, has received his B.Sc. Degree in EE from Boğaziçi University of Turkey in 1974; his M.Sc. Degree in Electronic Control and Ph.D. Degree in Electronics from The University of Salford of UK in 1976 and 1978 respectively. He is the Director of The Institute of Biomedical Engineering at Boğaziçi University, since 2005. With over 40 international publications; his current research interests include Healthcare Technology Management, Medical Device Inspection, Testing and Calibration, Biomedical Instrumentation, Device Design and Medical Imaging.