

# A Systematic Review of Methods Used in Heartbeat Evoked Responses Research

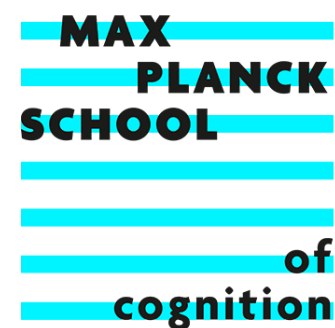
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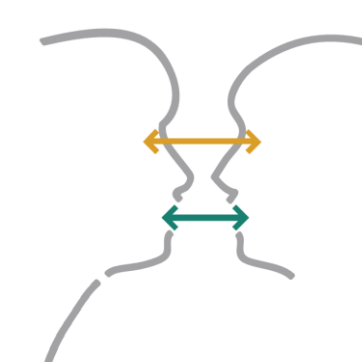
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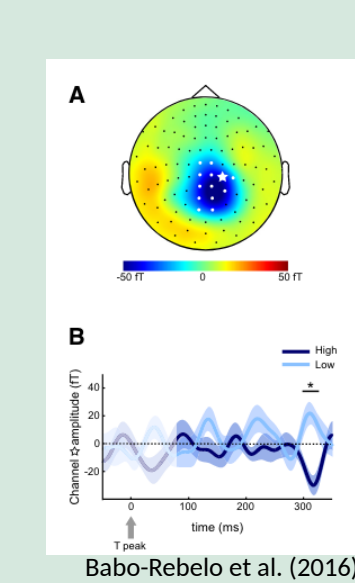
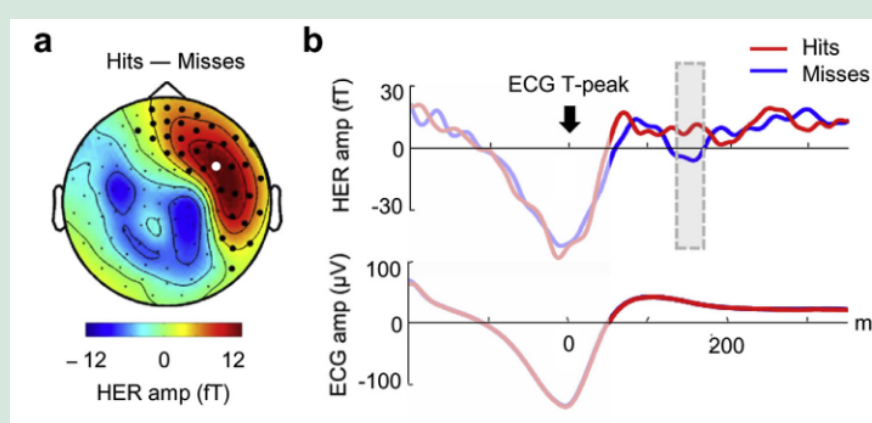
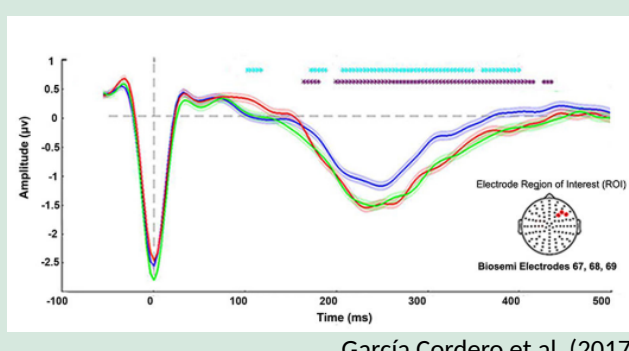
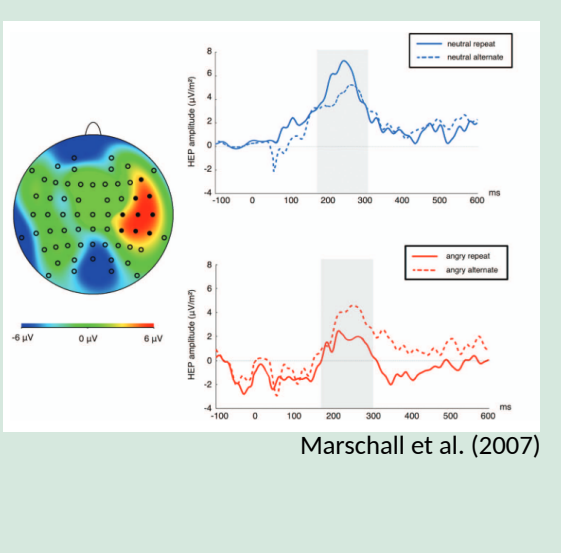
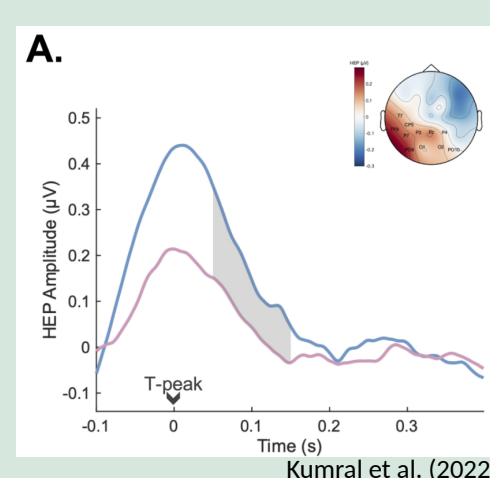
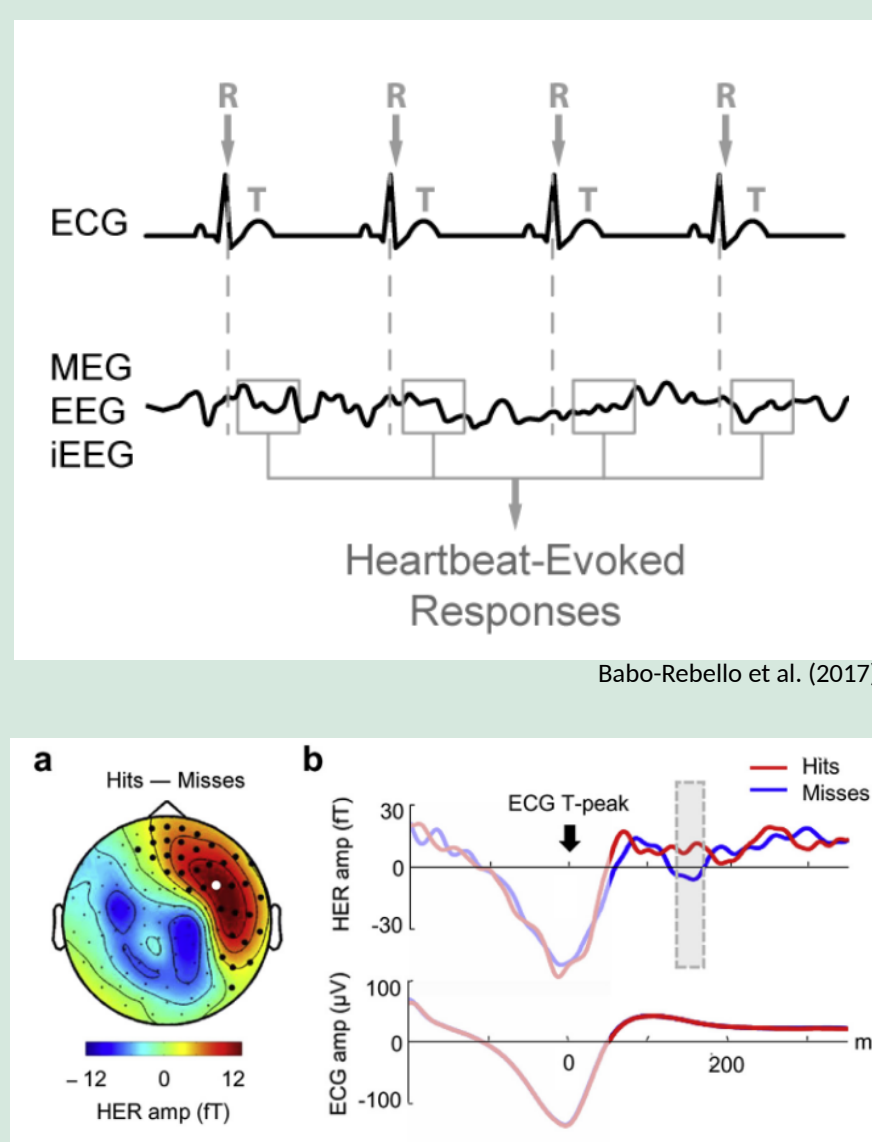


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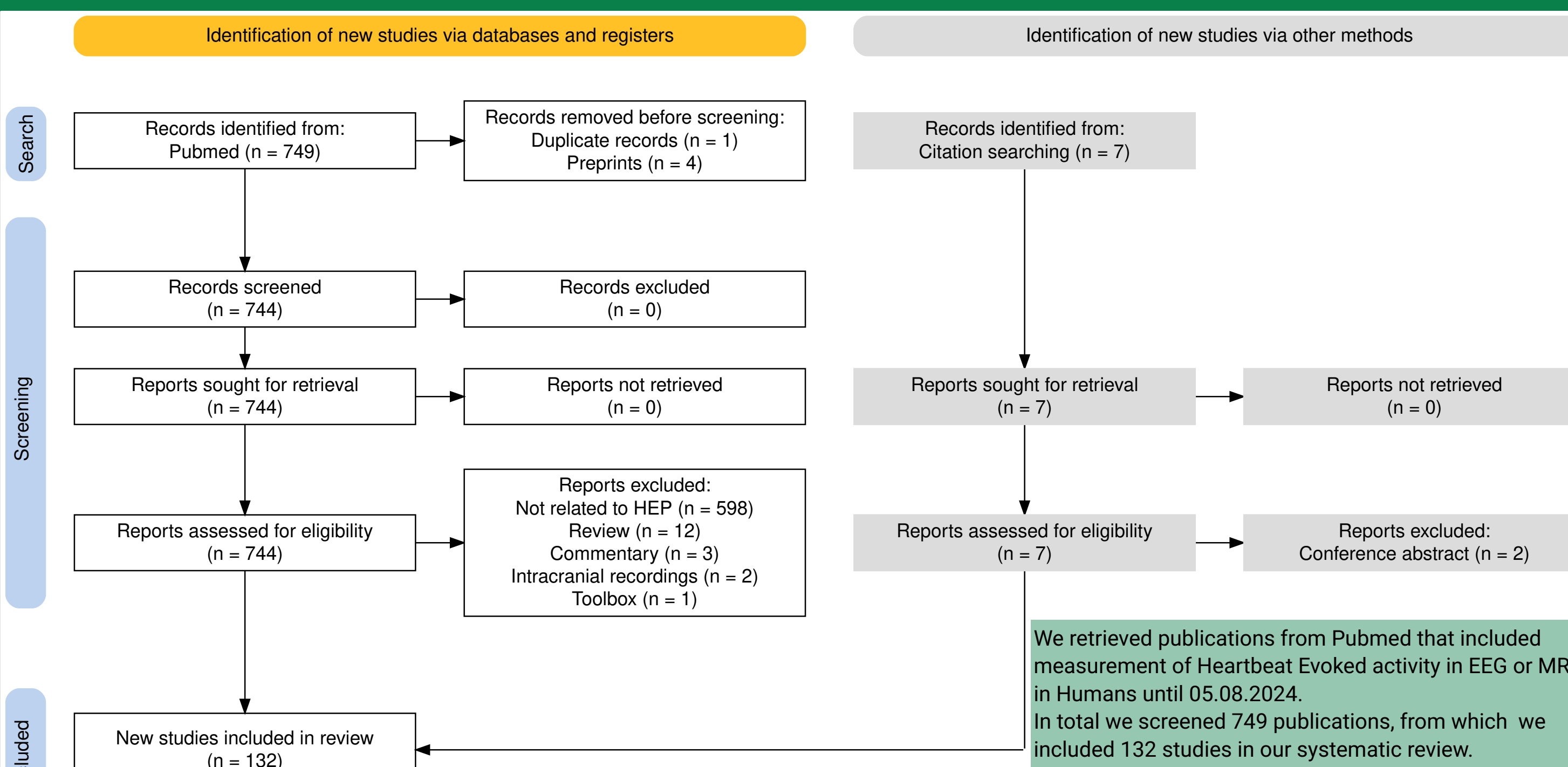
## Heartbeat Evoked Responses (HER)

- Neural Responses to Heartbeats
- Involved in a broad range of functions (emotion, perception, various disorders)
- Investigated using brain imaging data time-locked to the heartbeat
- Large variability in HEP amplitude, latency, and waveform (Park & Blanke 2014)

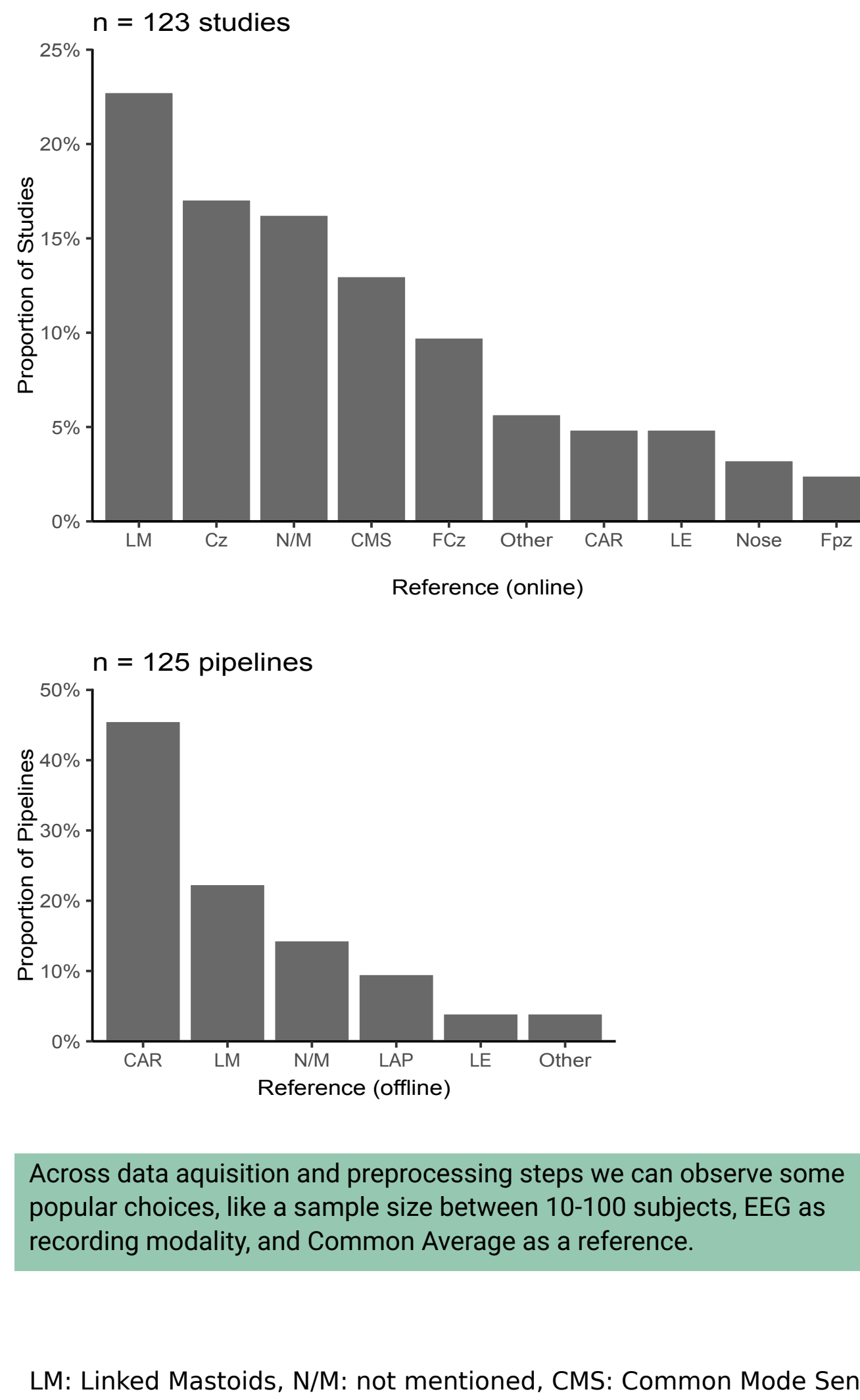
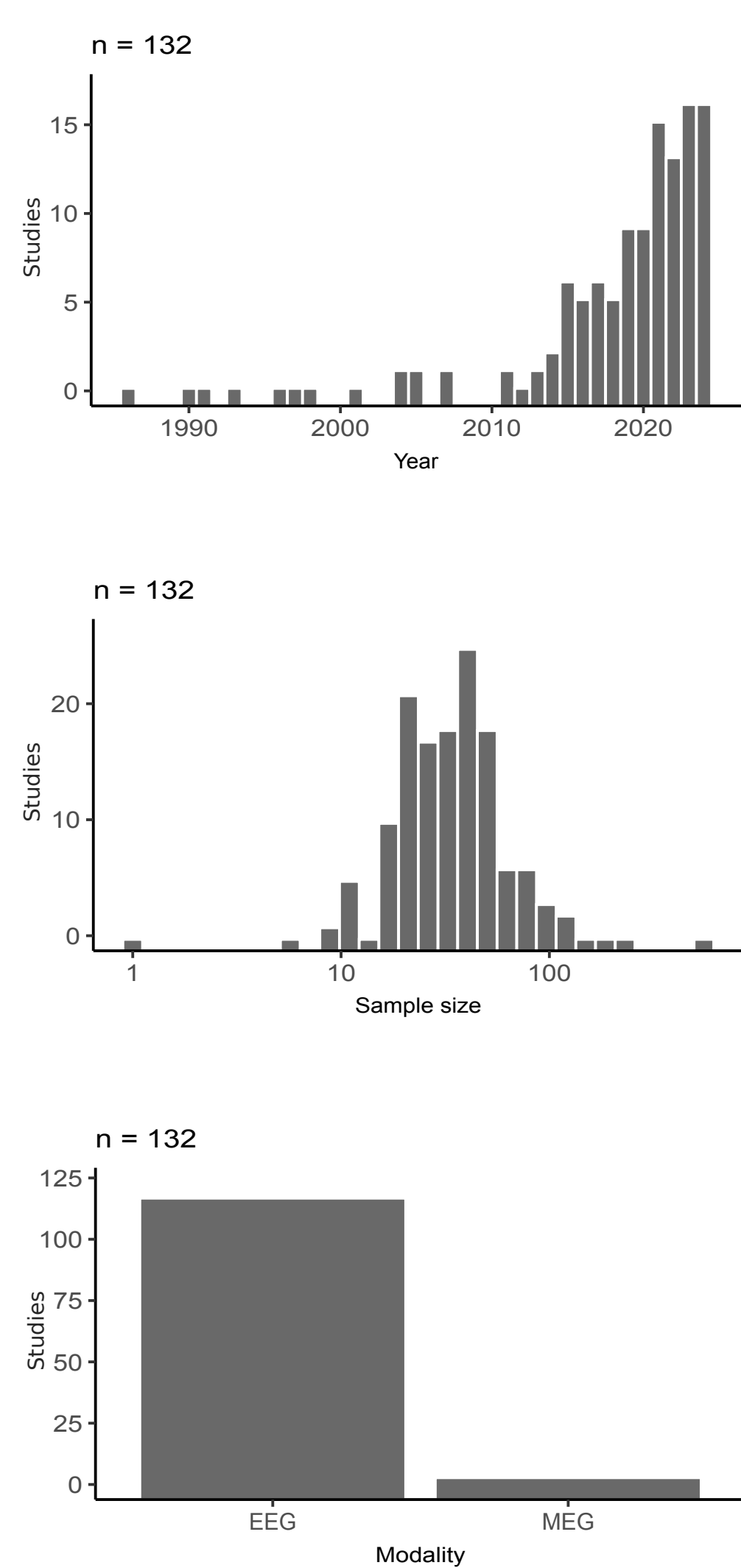


Aim: Elucidate the methodological variability in the field of Heartbeat Evoked Responses

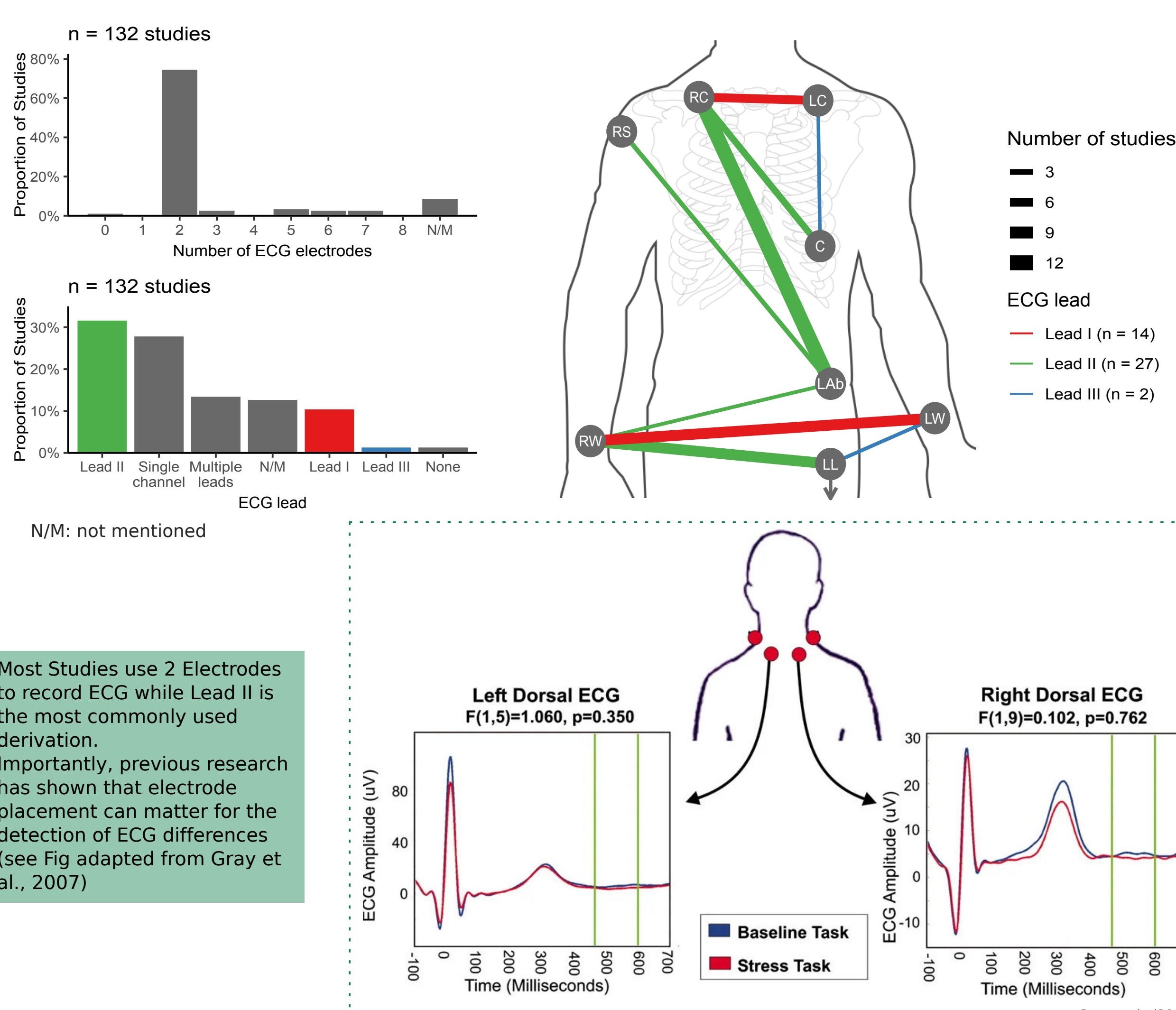
## PRISMA-Flowchart



## Data Acquisition & Preprocessing Methods used

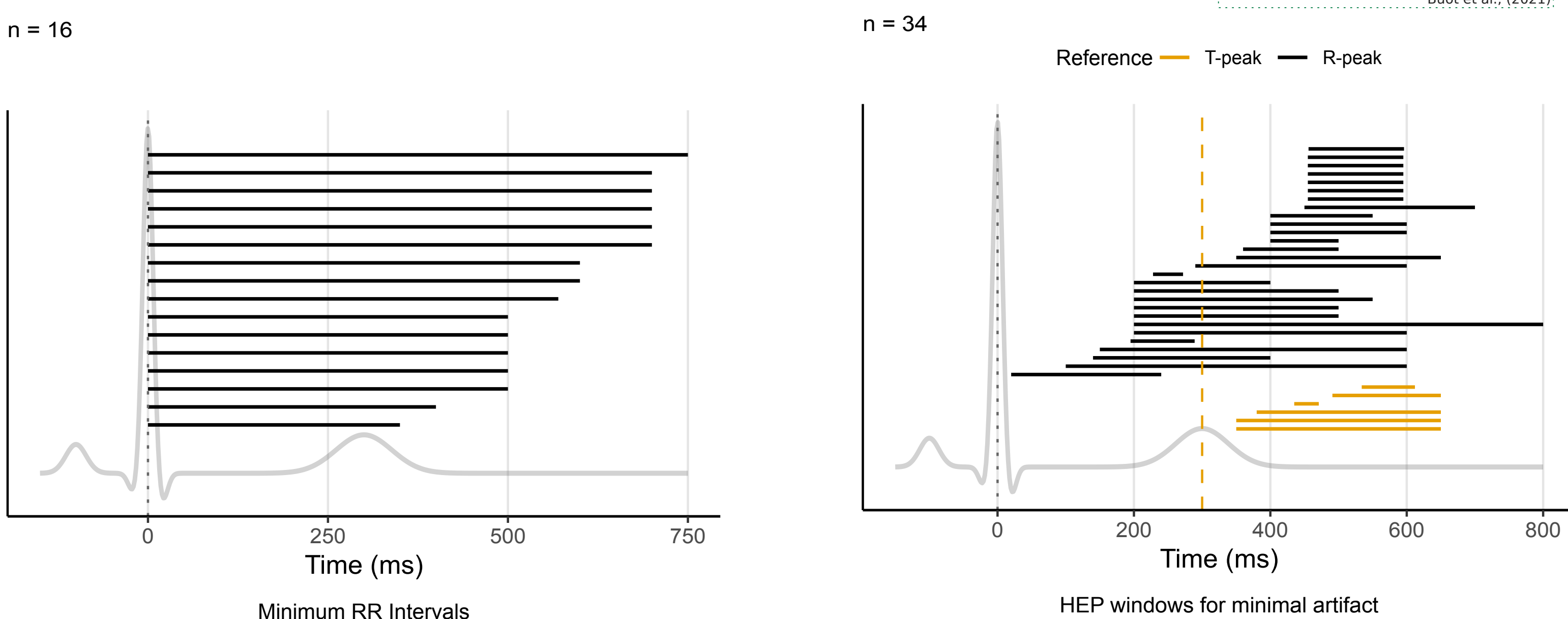
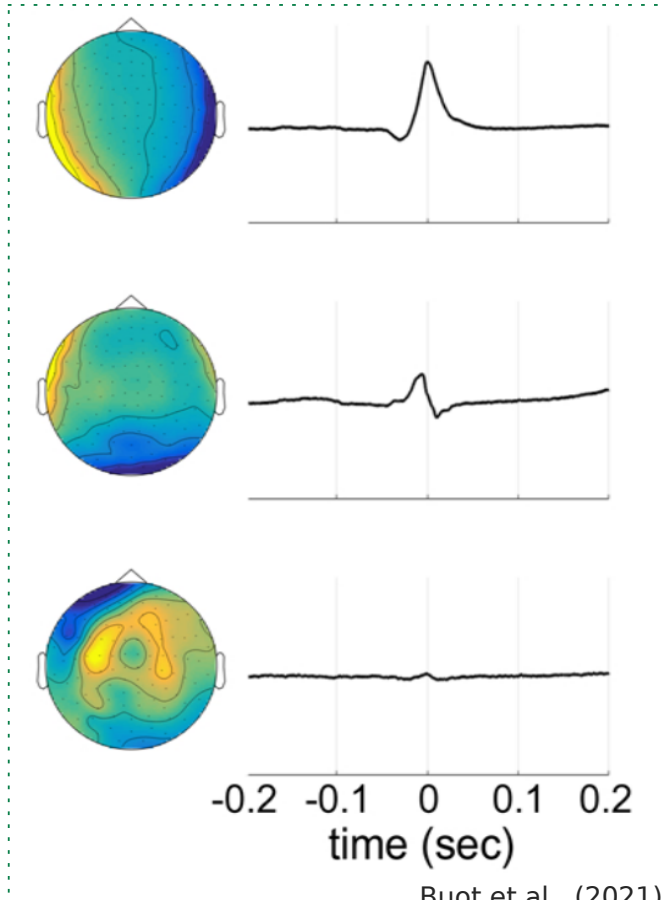
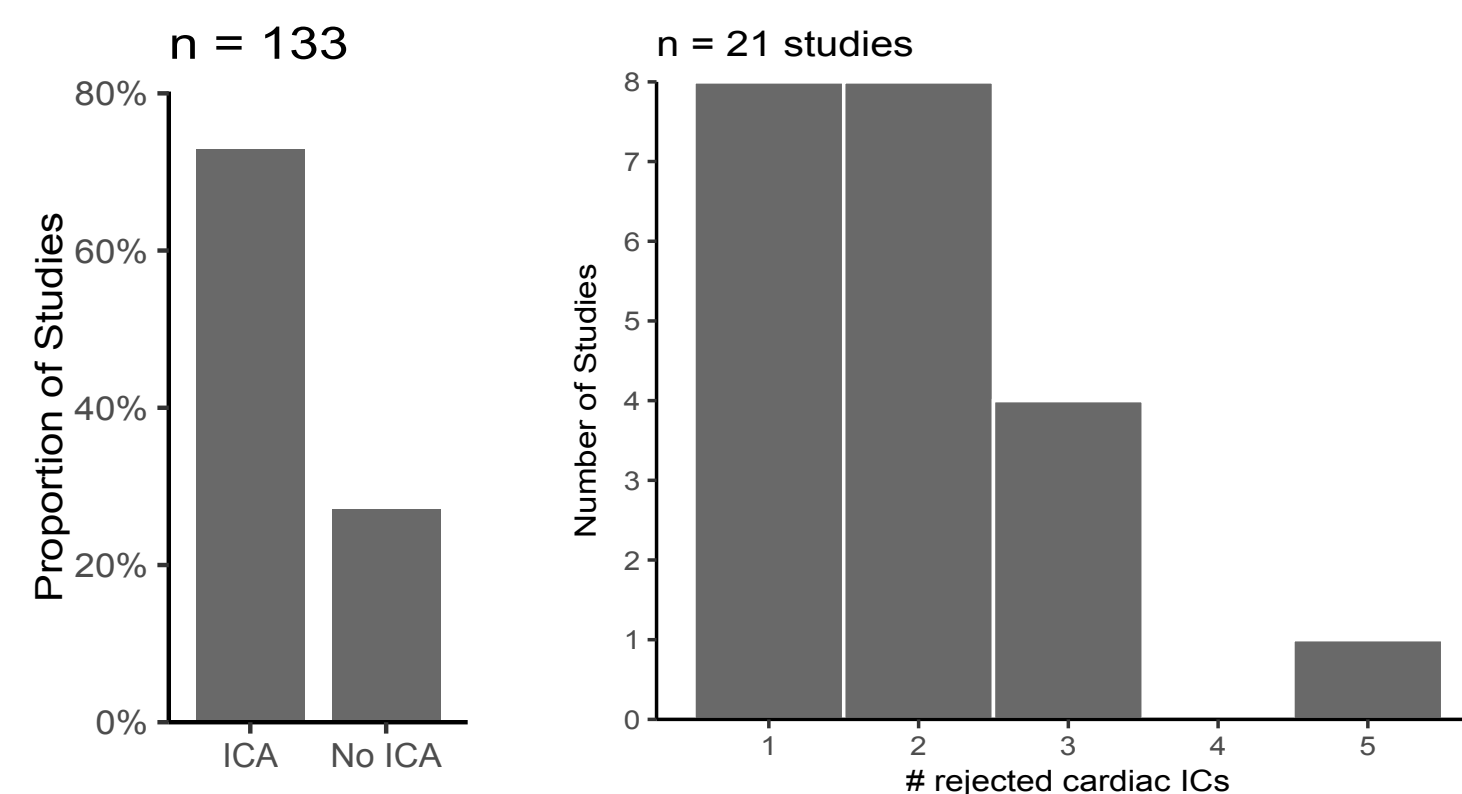


## ECG Derivations Matter!

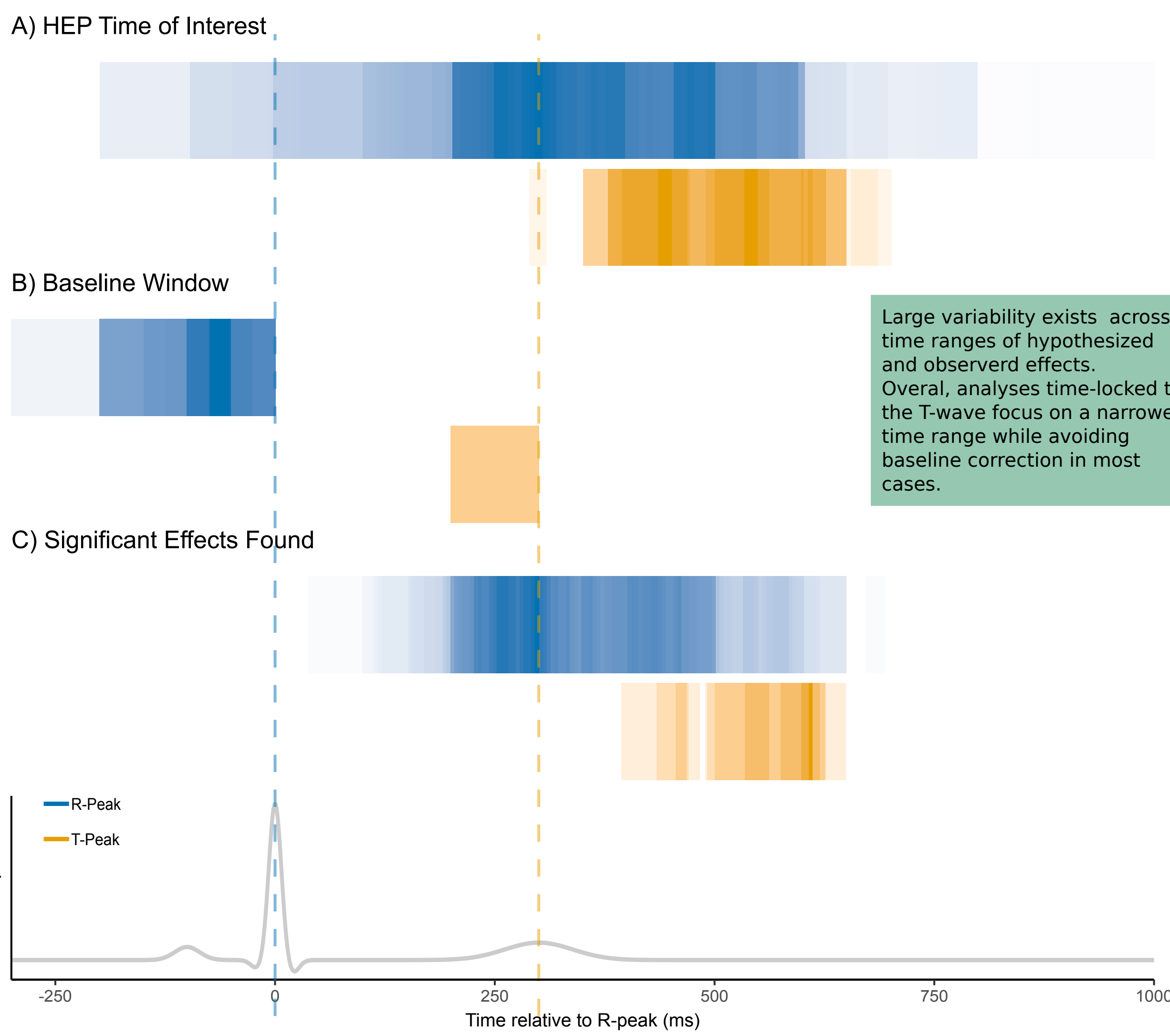


## Diverse Approaches to address Cardiac Artifacts

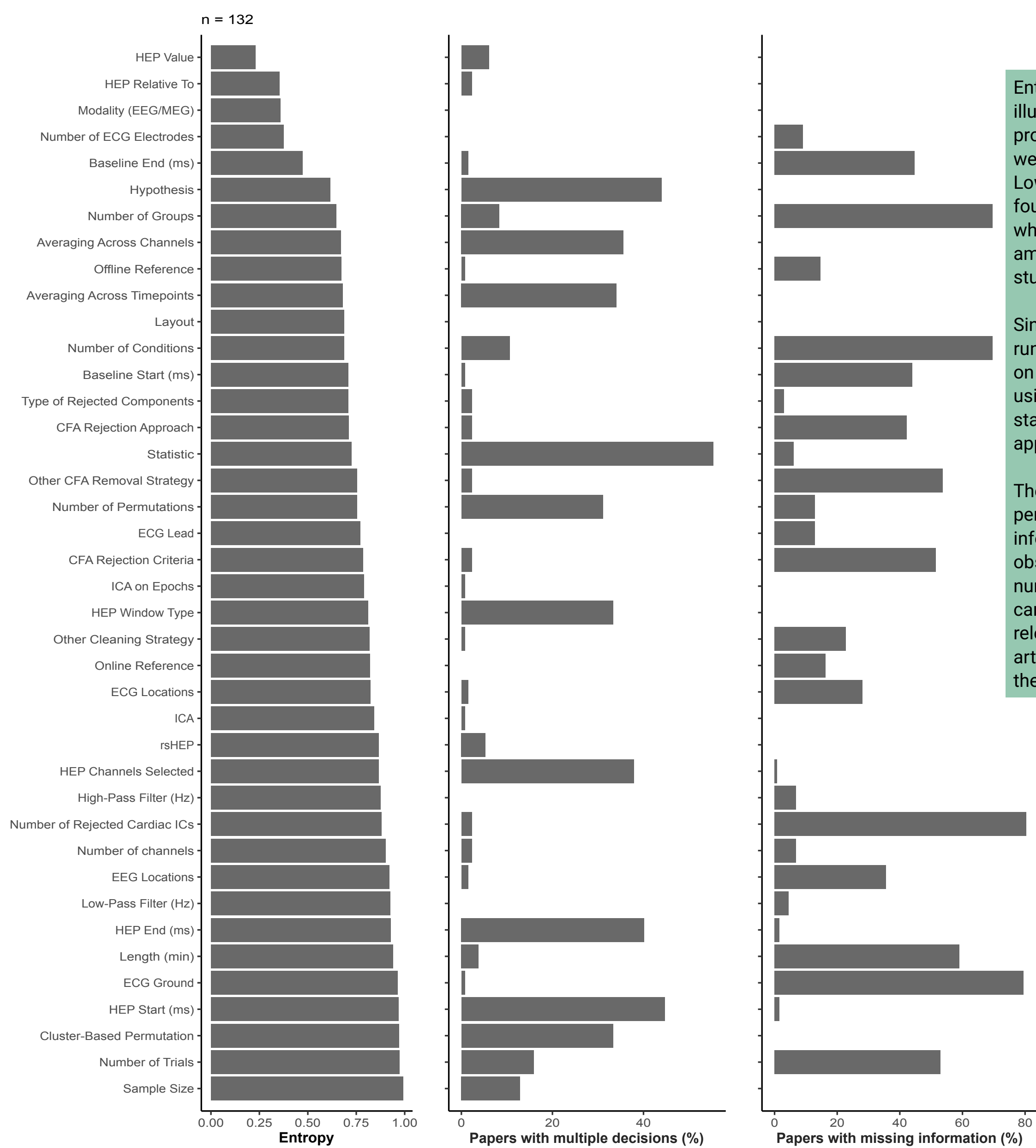
Cardiac Artifacts are frequently addressed by Independent Component Analysis (ICA) based correction. However, no consensus exists on the right amount of removed components. Furthermore, overlap with artefacts is prevented by excluding trials with short R-R interval or setting of the time range of interest for analysis



## Hypothesized and Detected HER Effects

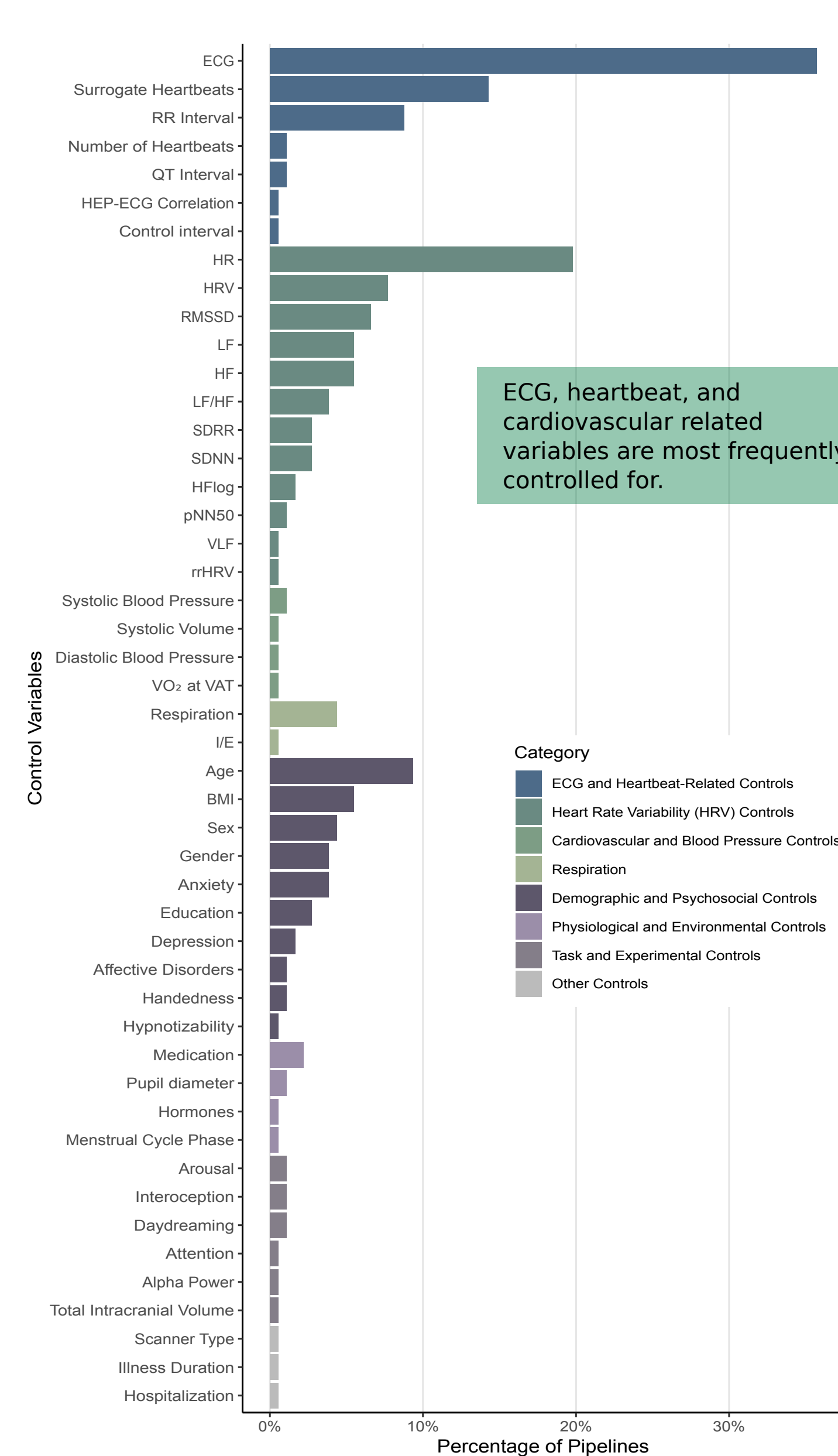


## Methodological Variability and Reporting Inconsistencies



Entropy was used to illustrate how diverse processing choices were across studies. Lowest entropy was found for HER value which is defined as amplitude in most studies. Single studies often run several analysis on HERs, specifically using several statistical approaches. The highest percentage of missing information could be observed for the number of rejected cardiac ICs, which is a relevant parameter for artefact correction into the HER field.

## Control Variables



## Reporting Check-List

- Surrogate heartbeat analysis
- ECG control analyses
- EEG
  - Reference online/offline
  - High- and low-pass
  - Number of channels and layout
- ICA:
  - Algorithm
  - Epochs or continuous data
  - Type of rejected components
  - Number of rejected components (overall and cardiac)
  - Explained variance
  - Rejection approach (manual, automatic) and criteria (topographic, time course...)
- ECG:
  - Locations, ground, lead(s)
- Analysis (for each test):
  - Number of groups
  - Subjects in groups
  - Conditions, trials
  - Number of epochs averaged to obtain HEP
  - Start and end of analysis window and of baseline
- For permutation clustering:
  - Which statistic was used
  - How many permutations
- For significant results:
  - exact location and relevant
  - significance values
  - average statistic in a cluster

## Discussion & Open Questions

- Large variability across many processing choices & Results
- Effects of different settings largely unknown
- field agrees on: R-peaks as HER amplitude, EEG as recording method, and Amplitude as outcome measure
- To check systematically:
  - CFA (and ocular/muscle) removal effects
  - ICA on epochs vs continuous data
  - ECG electrode placement
  - Role of baseline-correction
  - Effects of different filter cutoffs
  - How combinations of steps affect results (Multiverse)