





How to get Great Electrodermal Activity (EDA) Data

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Our Agenda Today









Hardware Components MP150 - wired



Reusable: TSD203 + GEL101





Disposable: 2xLEAD110A + EL507

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Coffeenance	AcqKnowledge		Data Acquisition Se	ettings for 'No Hardware'
Setup	What would you like to do? Create/Record a new experiment		Channels Length/Rate Event Marking Segment Labels Stimulator Trigger	Analog Digital Calculation
Channel setup MP150	C BioNomadix Logger	1	Sound Feedback	
	Click "OK" to perform the following: Create empty graph Create new actigraphy analysis Create new stellar telemetry experiment Open graph template from disk Use recent graph template: Control template.gdl (Flow, Pgas, Poes, Pd)gdl Mobitagdl qqadl Untitled1gdl Sample graph template: Mobita_QO1_ECGgdl Mobita_QO2_EEGgdl Mobita_QO4_EMG.feadalgdl QO1_EEGgdl QO1_EEG.			AcçKnowledge What type of module should be added? AC(21:8 k BIDIDOC CO20100C DA100C DYNEM R EGIDOC ECGIDOC and ECGIDOC-MRI EEGILOC and EEGILOC-MRI EEGILOC and EEGILOC-MRI EEGILOC and EEGILOC-MRI EEGILOC and EEGILOC-MRI EEGILOC and EMG1DOC-MRI EMG1DC Concel EMG2:R Wew by Channels Manually configured channels: None Occupied channels: 0/16

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Data quality check
Adaptive scaling
Deep breath
Non-responders
MRI – test outside

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Typical values

Measure	Definition	Typical Values
Skin conductance level (SCL)	Tonic level of electrical conductivity of skin	2–20 μS
Change in SCL	Gradual changes in SCL measured at two or more points in time	1–3 μS
Frequency of NS-SCRs	Number of SCRs in absence of identifiable eliciting stimulus	1–3 per min
SCR amplitude	Phasic increase in conductance shortly following stimulus onset	0.1–1.0 μS
SCR latency	Temporal interval between stimulus onset and SCR initiation	1–3 s
SCR rise time	Temporal interval between SCR initiation and SCR peak	1–3 s
SCR half recovery time	Temporal interval between SCR peak and point of 50% recovery of SCR amplitude	2–10 s
SCR habitation (trials to habituation)	Number of stimulus presentations before two or three trials with no response	2–8 stimulus presentations
SCR habituation (slope)	Rate of change of ER-SCR amplitude	0.01–0.5 µS per tria

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EDA troubleshooting table

Problem	Probable cause and solution
ECG complex present in EDA data or the waveform looks like a mix of EDA and some other signal	May have a channel conflict - make sure all amplifier channel selection switches are set to unique channels
The skin conductance level keeps rising and there are no more responses after some time	The gel used is not isotonic. Sweat glands have saturated. Use GEL101 only.
Movement artifact	Frequency can increase when gel is getting dry. Using fresh electrodes is key. Leads pulling on electrodes as well as electrodes losing contact because of poor gel cause momentary signal loss which appears as spikes in the signal. Tape leads against the skin or use Velcro straps, etc. to hold in place. If artifacts cannot be prevented, they can still often be removed by a median smooth filter with 1 second width (resample data to 50-100Hz first to reduce computational load)
Noise throughout the signal	This could be 50Hz/60Hz noise that has been aliased into the data after the 10Hz LP has been applied in the amplifier. It indicates poor connection, most often due to drying gel. Can be usually cleaned up well with 1Hz FIR low pass filter.

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EDA troubleshooting table

Problem	Probable cause and solution
Small response size and or low tonic levels	Location of the electrodes on the body can affect this. Make sure electrodes have fresh gel. Reusable electrodes must be well-cleaned or maintained or will lose conductive properties over time. Allow at least 5-10 minutes for the gel to be absorbed in the skin. With approximately 10% of all participants, however, you will not see any or only very small responses. If the participant does not get a reaction after holding a deep breath, try recording on yourself to rule out a problem with the equipment.
Step-like plot	The gain should be increased; or we could simply be too zoomed in. Set Horizontal scaling to 2 sec per devision, vertical scaling to 0.5 uMho per division. You can also apply a 1Hz FIR filter.
Flat line at 10V or equivalent	The gain is too high.
No signal visible onscreen	This is likely an issue with vertical scaling. Display->Autoscale waveforms will make the data visible

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EDA troubleshooting table

Problem	Probable cause and solution
Data units are volts	To calibrate in uMho/uSiemens, multiply the data by the amplifier gain setting. For example, if the amplifier was set to 5uMho per Volt, then, using Waveform Math, multiply the EDA waveform by 5.
Interference from bioimpedance	See the special cases section here: <u>http://www.biopac.com/knowledge-base/multiple-amplifiers-per-subject-or-</u> <u>multiple-subjects-per-system/</u>
Signal looks flat	We are simply zoomed out Electrodes are dry, gel cannot saturate the skin
Signal looks flat and is close to zero	The amplifier is not DC mode; one of the high-pass filters, 0.05Hz or 0.5Hz is enabled
Flat signal at zero	Make sure the amplifiers are physically well-attached. There may simply be loose contact. Make sure the leads are plugged into VIN- and VIN+. If using shielded leads make sure that the shield is not plugged in by accident 0.5Hz or 0.05Hz high-pass filters may be switched on. Switch to DC mode.

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Questions and Answers

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What is the appropriate ISI interval?

Must take into account typical latency + rise time + recovery time

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How to calibrate?

1 point calibration or **2**-point with **100kOhm** resistor

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How to deal with artifacts from electrical stimulation?

Best to optically isolate the stimulator from the rest of the setup

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Recording from multiple participants

Up to 16 participants with one MP150.

Can record from multiple MP150 at once, all in sync.

Wired solutions possible with extended cabling.

Wireless up to about 100 channels per room practical limit.

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Recording from multiple body locations

The BN-PPGED module is ideal for that as it ensures isolation between locations

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What reusable electrodes are available for the BioNomadix?

EL658 electrodes with adhesive disks can be used but may require taping over to ensure they stay well connected.







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How to measure EDA during sleep?

Use the BioNomadix logger and BN-PPGED. 24 hours of recording can be accomplished With the Logger and you could add more physiological signals + accelerometers, etc.

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For more information:



<u>www.biopac.com</u> <u>info@biopac.com</u> | <u>support@biopac.com</u>

-Join us on June 23rd at 8:00 AM PDT for "Getting Great EDA Data Part 2: Analysis Essentials" -<u>Register</u> at <u>www.biopac.com/webinars</u>

Thank you for your time and attention!

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