

# Hardware-Accelerated Deep Learning for Multimodal Biomedical Monitoring With On-Device Adaptive Learning on Resource-Constrained SoC

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## 1 MOTIVATION / QUESTION OF INTEREST

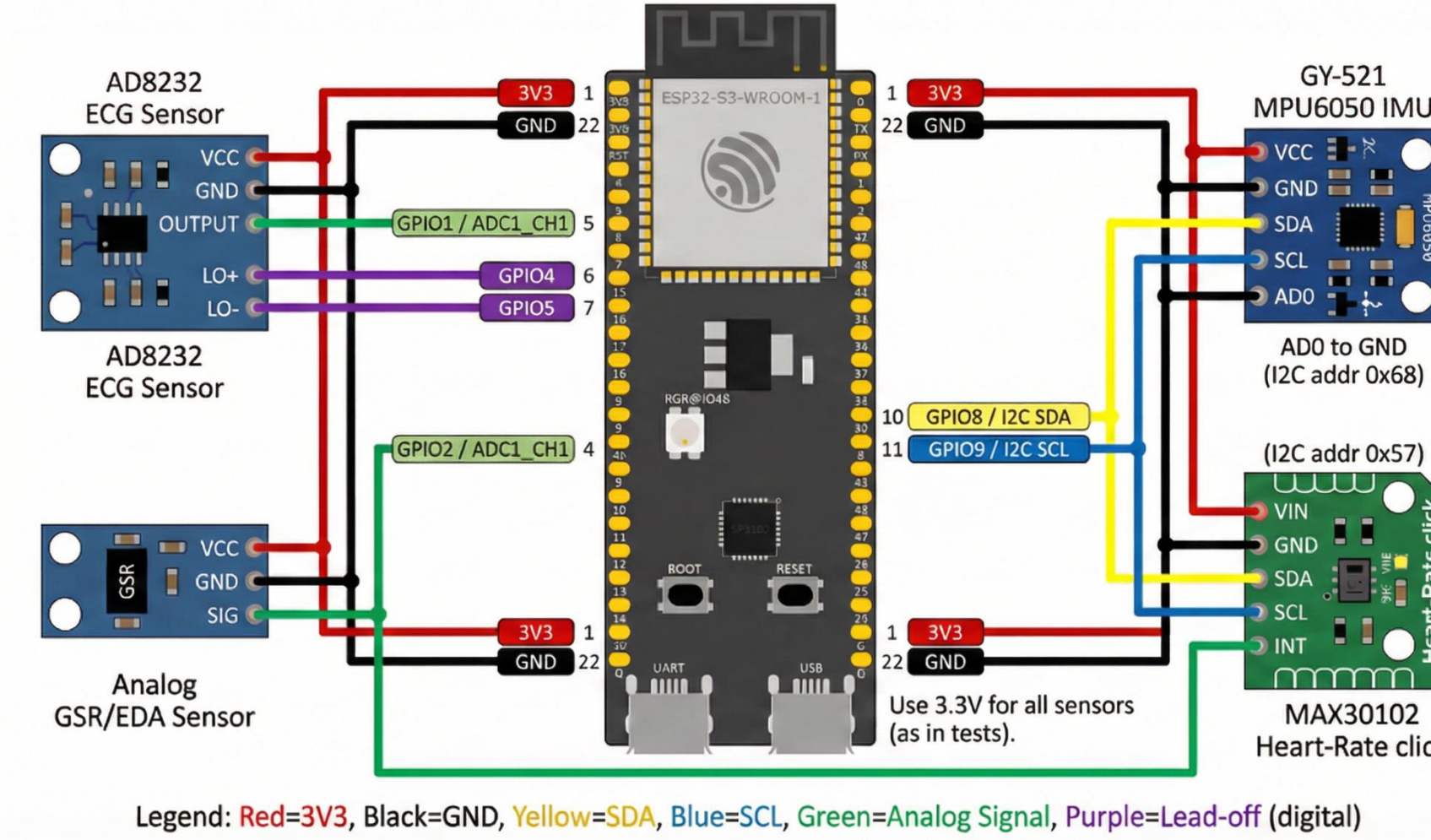
**Can a sub-\$15 microcontroller simultaneously monitor physical activity, psychological stress, and cardiac arrhythmia from body-worn sensors — and adapt its predictions to individual users over time — entirely on-device, without cloud connectivity or external ML frameworks?**

- Cardiovascular disease is the #1 cause of death globally; arrhythmias like atrial fibrillation are often asymptomatic and missed during brief clinic visits — continuous ambulatory monitoring is the only way to catch them
- Chronic stress contributes to hypertension and immune dysfunction, but real-time stress detection outside the lab remains unsolved
- Existing solutions: Apple Watch (\$400+) single-lead ECG, single-task only; clinical Holter monitors (\$500+) require clinic visits; cloud-dependent systems have latency and privacy issues. Our system: ~\$45 total hardware cost
- A single wearable monitoring stress, arrhythmia, AND activity simultaneously can reveal cross-domain interactions (stress-induced arrhythmia, exercise-modulated anxiety) invisible to single-task systems

## 2 BACKGROUND

### Hardware Platform

- ESP32-S3-DevKitC-1 (N8R8): Xtensa LX7 dual-core 240 MHz, 520 KB SRAM, 8 MB PSRAM, 8 MB Flash — retail ~\$45
- Sensors: AD8232 (single-lead ECG), MAX30102 (PPG/SpO2), MPU6050 (3-axis IMU), optional GSR (analog)



### Datasets

- PPG-DaLiA (Reiss et al., 2019): 15 subjects, wrist PPG + chest ECG/ACC, activity labels → 12,806 windows
- WESAD (Schmidt et al., 2018): 15 subjects, chest + wrist sensors, 3-class stress → 3,439 windows
- MIT-BIH Arrhythmia (Moody & Mark, 2001): 47 subjects, 2-lead ambulatory ECG → 5,459 windows
- Unified corpus: 21,704 windows from 77 subjects; 5-channel representation (ECG, PPG, AccX, AccY, AccZ)

## 3 OBJECTIVE

**Design, train, deploy, and validate an end-to-end multimodal biomedical monitoring system:**

- Joint classification of activity (4 classes), stress (binary), and arrhythmia (binary) from a single 10-second window
- Full model deployed on ESP32-S3 without quantization or pruning — training model = deployed model
- On-device adaptive training for per-user personalization with 9 safety mechanisms
- Bare-metal C++ (~1,200 lines), zero dynamic allocation, no RTOS, no external ML libraries

### Four Context-Aware Clinical Alert Scenarios

Case	Detected Condition	Activity State	Alert Action	Rationale
1	Stress	Sedentary	psychological_stress	Genuine stress at rest
2	Stress	Exercise	no_alert (suppressed)	Elevated stress during exercise is expected
3	Arrhythmia	Sedentary	arrhythmia_detected	Highest clinical priority
4	Arrhythmia	High Motion	critical_alert	Potentially life-threatening

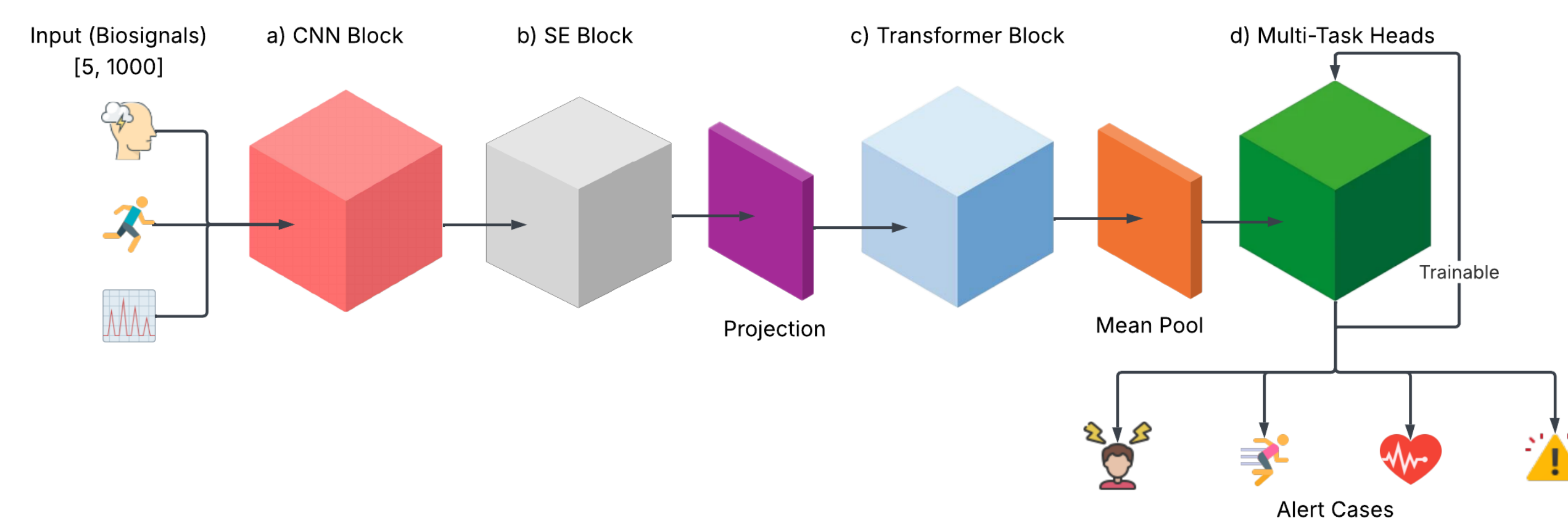


Figure 1. Total: 112,552 parameters (450 KB FP32) — deployed uncompressed on ESP32-S3

## 4 METHODOLOGY

### Model Architecture: CNN-SE-Transformer (V5)

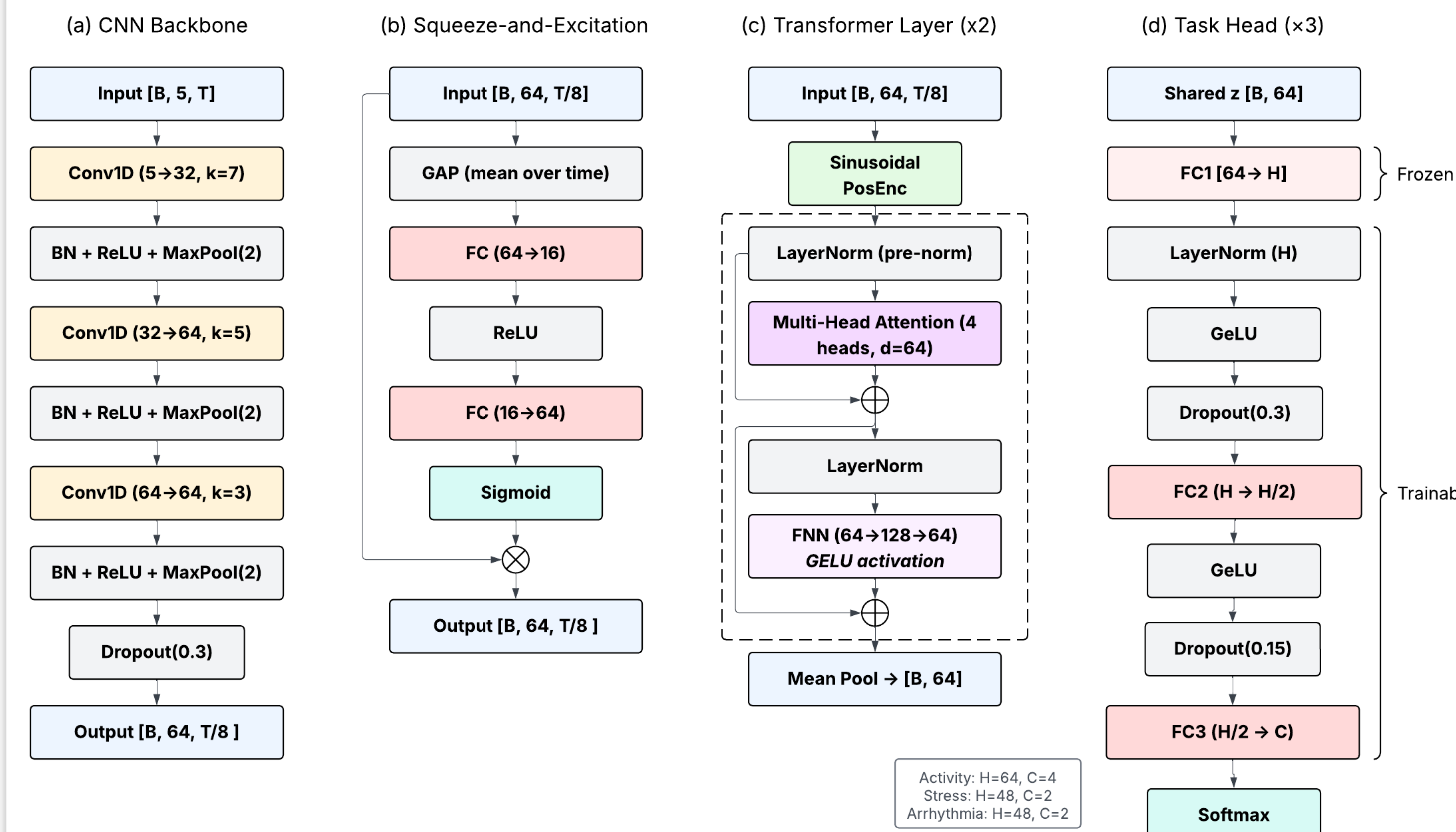


Figure 2. Component architectures: (a) CNN backbone with BN fusion, (b) SE attention, (c) Transformer layer, (d) 3-layer classification heads

### Training Strategy

- Subject-wise splits: 46 train / 6 validation / 13 test (10,134 windows — zero overlap with training data)
- Class-balanced focal loss with per-task weighting + weighted random sampling to counter severe class imbalance
- Three-phase fine-tuning: (1) all heads joint, (2) arrhythmia head alone, (3) stress head alone
- Augmentation: random scaling ( $\pm 10\%$ ), temporal shifting, Gaussian noise injection

## 5 ON-DEVICE ADAPTIVE TRAINING

### Architecture

- Frozen backbone: 107,568 params (CNN + SE + Transformer + head FC1 layers) — never updated on device
- Trainable: 4,984 params (LayerNorm + FC2 + FC3 per head) — head-only backprop reduces activation storage 715x vs. full backprop
- Forward: FC1(frozen) → LN → GELU → FC2 → GELU → FC3 → Softmax → Cross-Entropy loss
- Backward: gradients through FC3, FC2, LayerNorm only; SGD with momentum ( $\text{lr}=0.05, \mu=0.9$ ), gradient clipping at 1.0

### Nine Safety Mechanisms

- (1) Gradient clipping (2) Weight clamping (3) NaN/Inf guards (4) A/B validation gate: candidate promoted only if accuracy  $\geq$  stable model on all 3 tasks
- (5) Weight divergence scan (6) Safety lockout after consecutive failures (7) Thermal guard ( $T < 65^\circ\text{C}$ ) (8) Wall-clock budget ( $< 500$  ms)
- (9) Factory reset to original weights via NVS flash — dual-slot model versioning persists across reboots
- Resource gating: requires PSRAM  $\geq 2$  MB free, heap  $\geq 50$  KB free, inference latency  $\leq 3$  sec before allowing training

### On-Device Training Comparison

System	Platform	Tasks	Training Time	Safety Mech.	Personalization
TinyOL	Arduino Nano 33 BLE	1	~100 ms	0	Output layer
TinyTL	Cortex-A	1	~1 sec	0	Bias-only
TinyTrain	Cortex-A	1	~2 sec	1	Sparse update
<b>This Work</b>	<b>ESP32-S3</b>	<b>3 (joint)</b>	<b>16 ms</b>	<b>9</b>	<b>Head-only + A/B</b>

**16 ms**  
Mean Training Episode

**+8 KB**  
Flash Overhead (+0.2%)

**4,984**  
Trainable Params (of 112,552)

**715x**  
Activation Storage Reduction

## 6 RESULTS & ANALYSIS

### Multi-Task Classification on Held-Out Test Set

Task	Acc. [95% CI]	AUC [95% CI]	F1-macro	Sens.	Spec.
Activity (4-class)	<b>94.1%</b> [93.5, 94.8]	0.731	0.259	—	—
Stress (binary)	<b>87.1%</b> [85.3, 88.8]	<b>0.975</b> [0.965, 0.984]	0.819	66.2%	97.5%
Arrhythmia (binary)	<b>90.8%</b> [89.9, 91.8]	0.879 [0.862, 0.894]	0.646	36.0%	<b>94.7%</b>

Arrhythmia: high specificity (94.7%) = low false alarm rate, suitable for clinical screening. Stress AUC 0.975 = near-perfect discrimination.

### Real Hardware Measurements (ESP32-S3-N8R8, all sensors active)

**2,338 ms** Inference Latency per 10-sec Window  
**0.54 W** Power (5.23V × 0.10A)  
**1,263 mJ** Energy per Inference  
**23.4%** Duty Cycle (idle 76.6%)  
 Flash: 768 KB (23.0%) | SRAM: 86 KB (26.2%)  
 Inference buffers: 687 KB in PSRAM (7.3 MB free) | Heap min: 288 KB

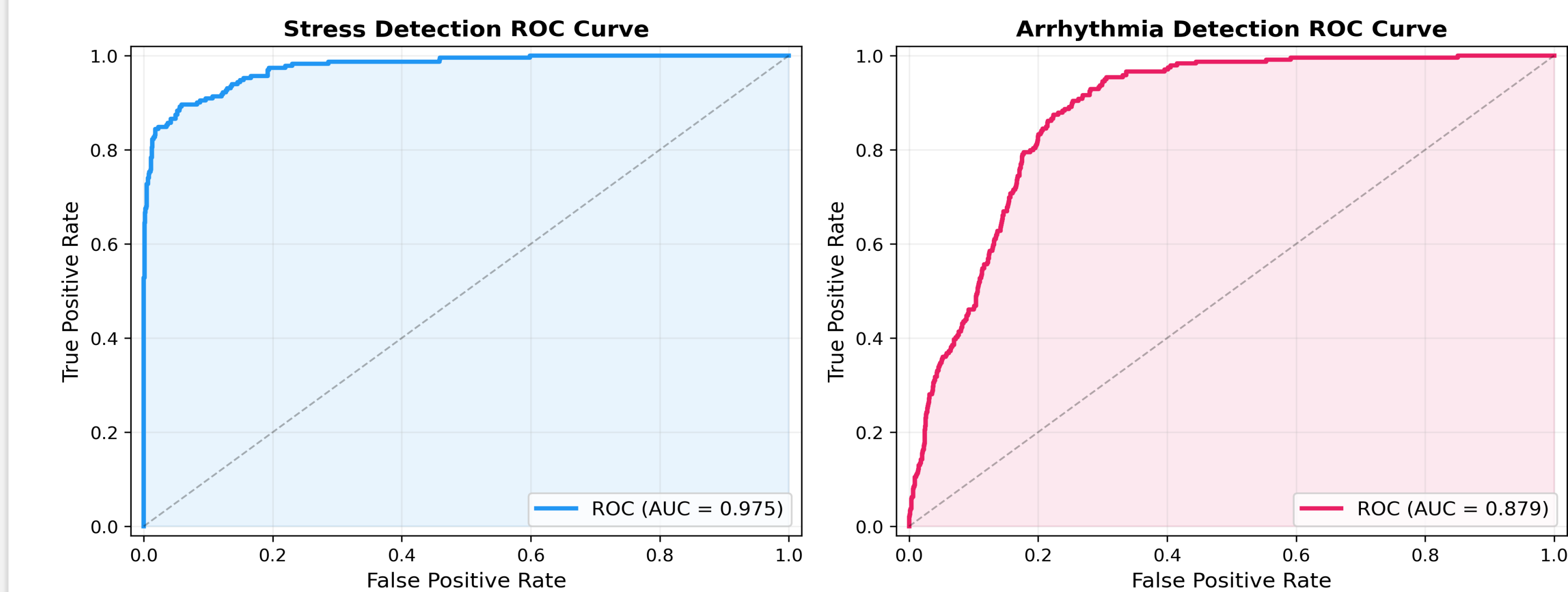


Figure 3. ROC curves: Stress (AUC 0.975) near-perfect; Arrhythmia (AUC 0.879) strong; Activity (AUC 0.731) limited by class imbalance

## 7 KEY FINDINGS & DISCUSSION

### Classification Performance

- Stress AUC 0.975 — near-perfect discrimination across sensor modalities and subject populations
- Arrhythmia specificity 94.7%, false alert rate ~3% — conservative screening suitable for clinical use
- Activity accuracy 94.1%, but macro-F1 0.259 due to class imbalance (sedentary >80% of windows)

### Deployment & Adaptation

- Full 450 KB FP32 model fits in PSRAM directly — no quantization, pruning, or distillation needed
- Domain shift from research-grade to consumer-grade sensors addressed by logit bias calibration
- On-device training: +8 KB flash, zero static RAM; A/B validation gate and safety lockout verified on live hardware

## 8 CONCLUSION & FUTURE WORK

### Contributions

- First system combining multi-task edge inference + on-device adaptive training + 9 safety mechanisms on a sub-\$15 microcontroller for wearable health monitoring
- Simultaneous monitoring of activity, stress, and arrhythmia enables detection of cross-domain physiological interactions (e.g., stress-induced arrhythmia patterns) invisible to single-task systems
- Complete bare-metal C++ implementation with zero dynamic allocation, no RTOS, no external ML libraries — suitable for safety-critical medical device firmware

### Future Work

- Longitudinal clinical study with on-device adaptation generating first jointly-annotated activity–stress–arrhythmia corpus
- INT8 quantization to reduce inference latency below 1 second; incorporate UCI HAR for richer activity labels

## 9 ACKNOWLEDGEMENT

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