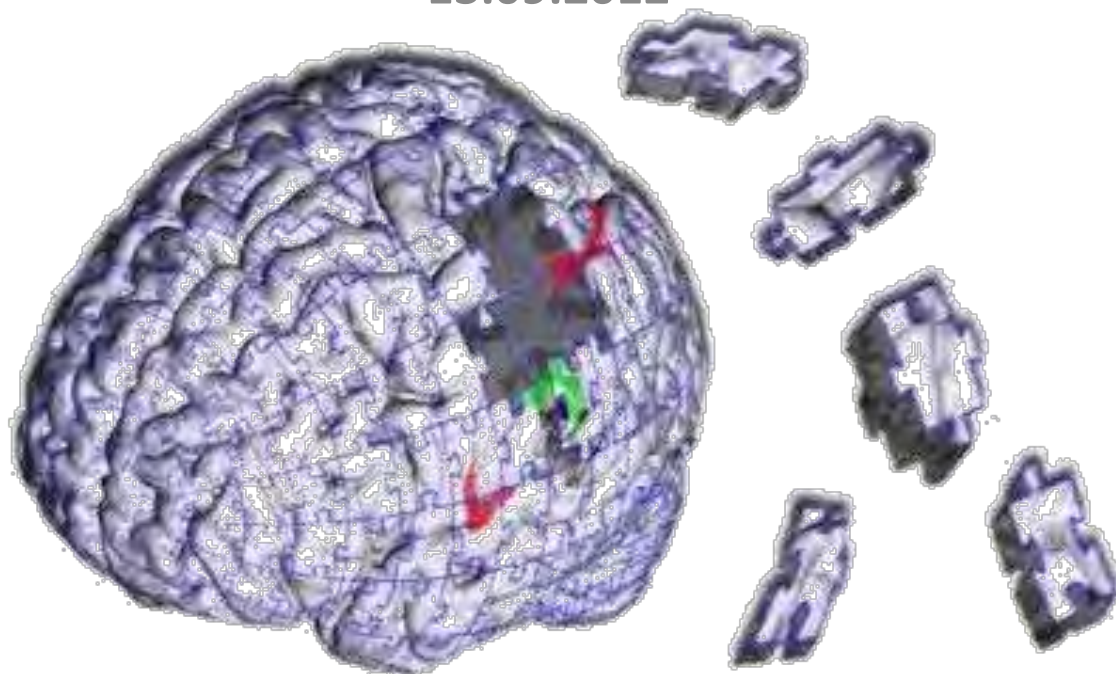


Controlling spontaneous brain activity - a paradox?

Institut für Systemische Neurowissenschaften

13.09.2012



helmut@laufs.com

Department of Neurology and Brain Imaging Center
Goethe-University, Frankfurt am Main, Germany



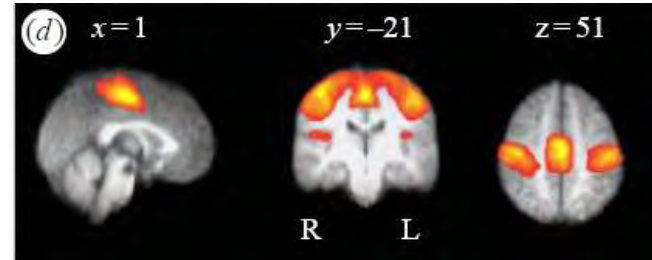
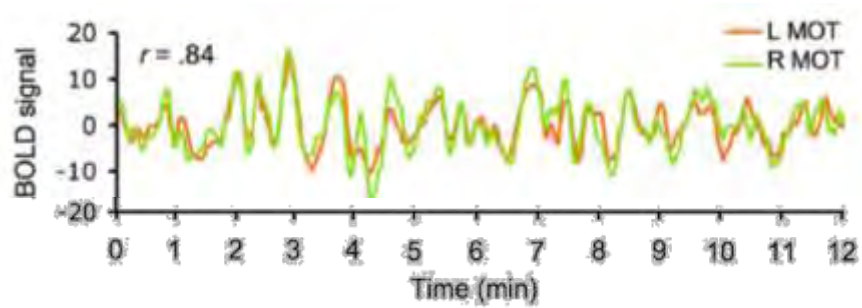
Structure

- I. background
- II. When resting state experiments (part I)?
- III. Caveats (part I)
- IV. When resting state experiments (part II)?
- V. Caveats (part II)

Structure

- I. background
- II. When resting state experiments (part I)?
- III. Caveats (part I)
- IV. When resting state experiments (part II)?
- V. Caveats (part II)

Resting state brain activity correlations despite task absence

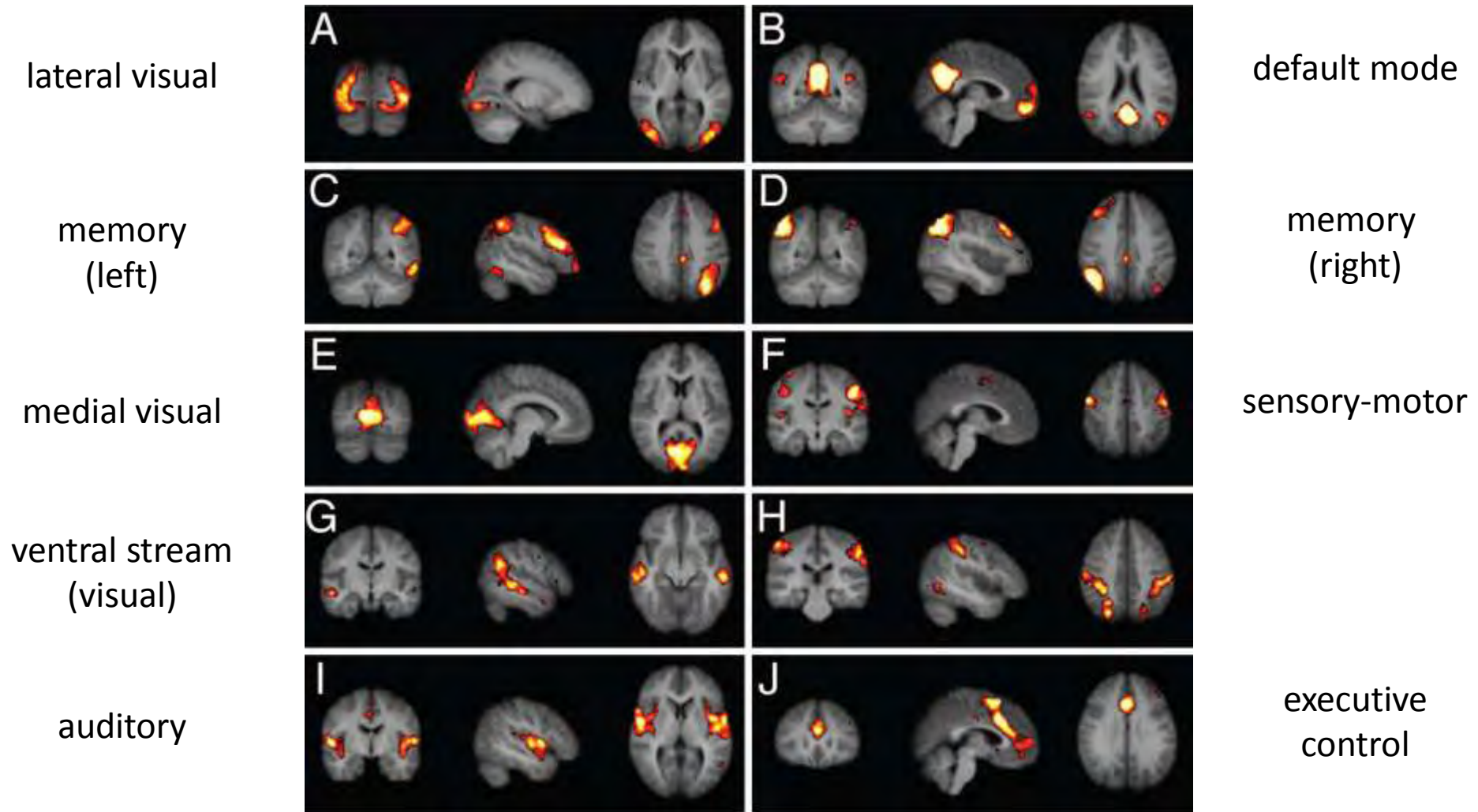


sensory
motor

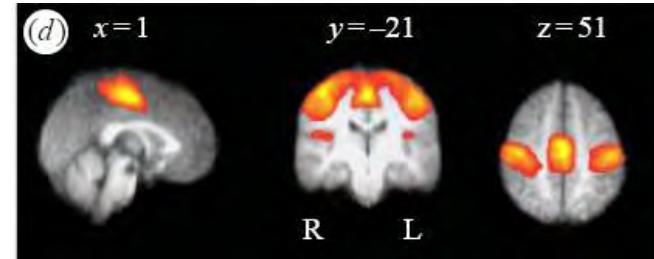
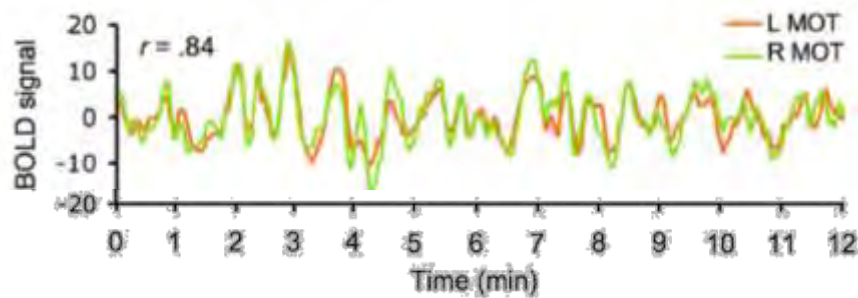
left: Van Dijk et al. Journal of neurophysiology 2010; right: Beckmann et al. Phil Trans Roy Soc London 2005

Resting state brain activity

(fMRI, functional connectivity)

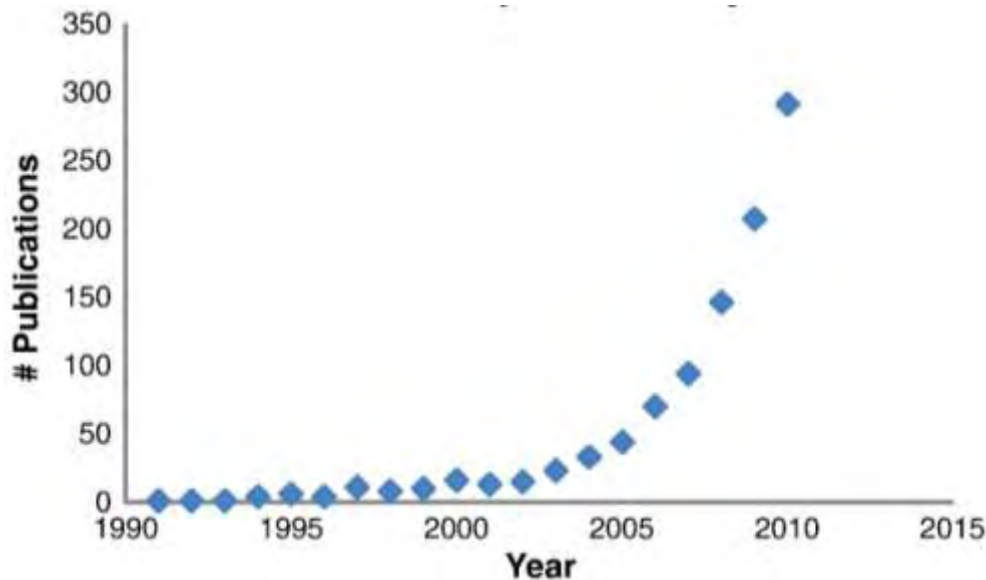


Resting state brain activity correlations despite task absence



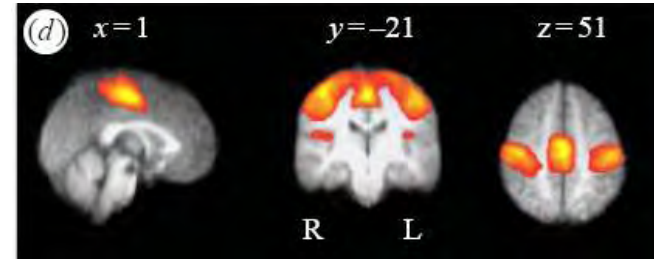
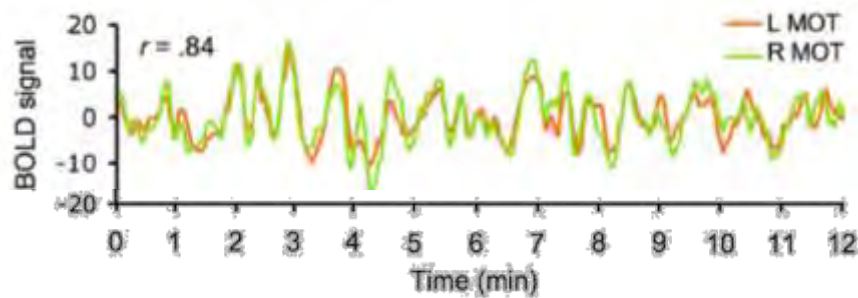
sensory
motor

left: Van Dijk et al. Journal of neurophysiology 2010; right: Beckmann et al. Phil Trans Roy Soc London 2005



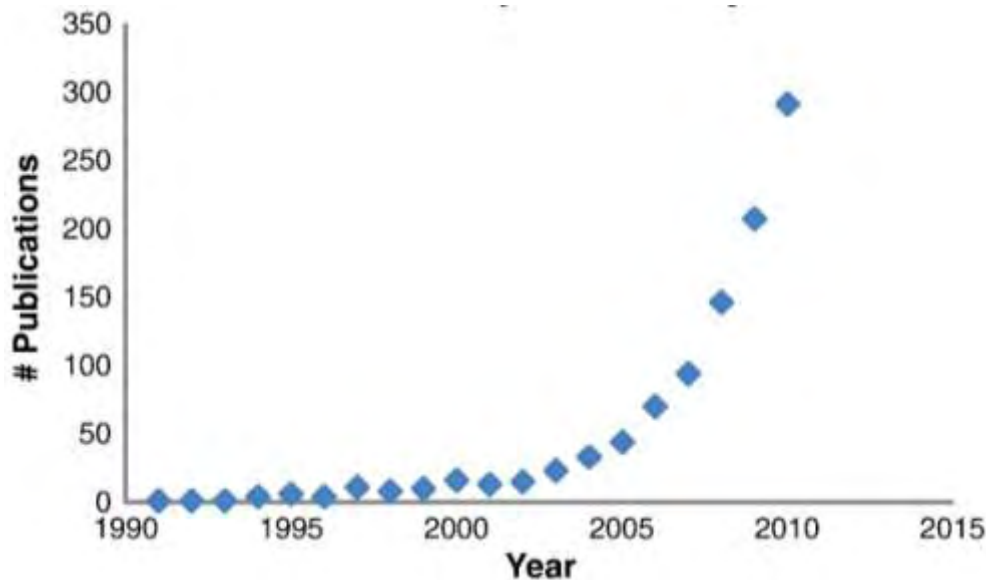
Number of publications per year on resting-state functional connectivity. Birn, R.M Neuroimage 2012

Resting state brain activity correlations despite task absence



sensory
motor

left: Van Dijk et al. Journal of neurophysiology 2010; right: Beckmann et al. Phil Trans Roy Soc London 2005



Number of publications per year on resting-state functional connectivity. Birn, R.M Neuroimage 2012

...established

Biswal et al. Magn Reson Med 1995

...en vogue

~300 PubMed citations past year

...unknown

what is the biological origin?

Buckner and Vincent, 2007; Greicius et al., 2003;
Gusnard et al., 2001, Shmuel et al. 2008, 2002

...uncontrolled

eyes closed rest, no task

4 – 12 min (Van Dijk et al. J Neurophys 2010)

Structure

I. background

II. When resting state experiments (part I)?

III. Caveats (part I)

IV. When resting state experiments (part II)?

V. Caveats (part II)

Three scenarios

- I. subjects cannot engage in a paradigm
- II. spontaneously occurring phenomena are of interest
- III. Network comparison between healthy and patient groups

scenario I

I. subjects cannot engage in a paradigm

- Sleep

e.g. Dang-Vuet et al. Proc Natl Acad Sci U S A 2008

- Coma

e.g. Owen et al. Prog Brain Res 2009

- epileptic seizure

e.g. Tyvaert, Hawco et al. Brain 2008

- studies of infants

e.g. Ment, Hirtz et al. Lancet Neurol 2009

- studies of (untrained) animals

e.g. Vincent, Patel et al. Nature 2007

I. subjects cannot engage in a paradigm: **sleep, coma, seizure**

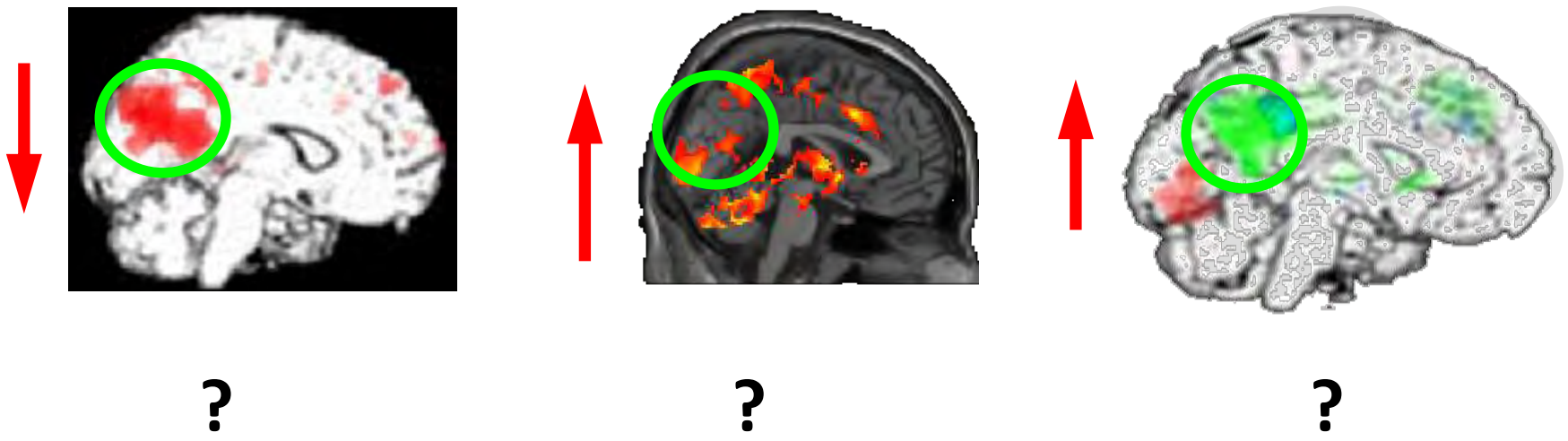


scenario II

II. spontaneously occurring (EEG) phenomena of interest

- epileptic spikes
e.g. Gotman et al. J Magn Reson Imaging 2006; Laufs et al. Curr Opin Neurol 2007
- sleep spindles, vertex sharp waves, K-complexes
e.g. Schabus et al. Proc Natl Acad Sci U S A 2007; Laufs et al. Brain 2007; Jahnke et al. Neuroimage 2012
- resting EEG oscillations
e.g. Laufs Hum Brain Mapp 2008

II. spontaneously occurring (EEG) phenomena of interest epileptic spikes, K-complexes, beta oscillations

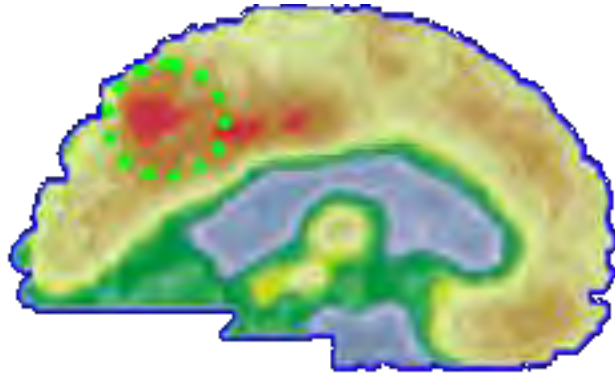


quiz



K-complexes vs. N2 background

temporal lobe spikes vs. background



coma vs. awake

sleep vs. awake

seizure vs. no seizure

17-23 Hz beta oscillations

Wie mach ich's?

Was bedeutet's?

Wie mach ich's?

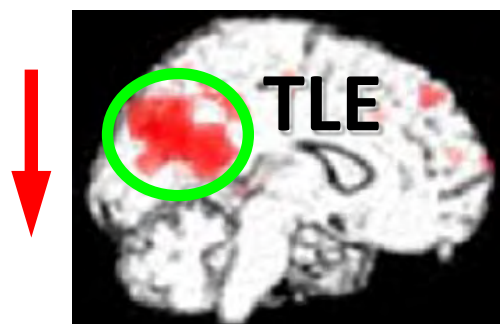
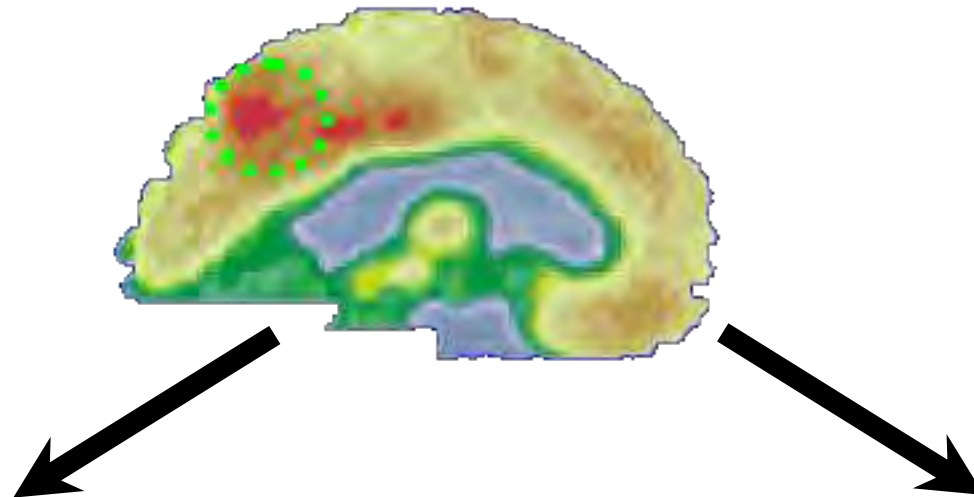
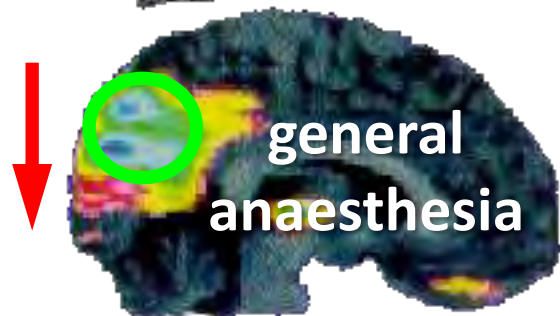
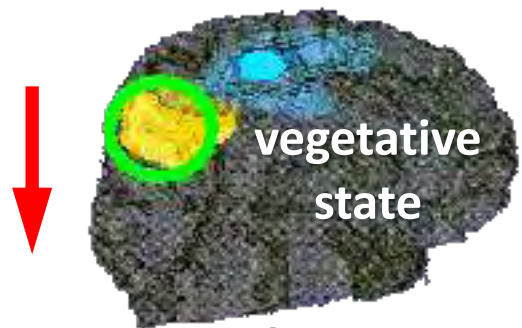
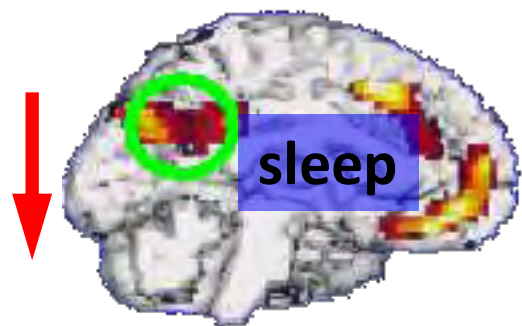
Was bedeutet's?

states of reduced
consciousness



rest
(default mode)

perception and
action



Wie mach ich's?

Was bedeutet's?

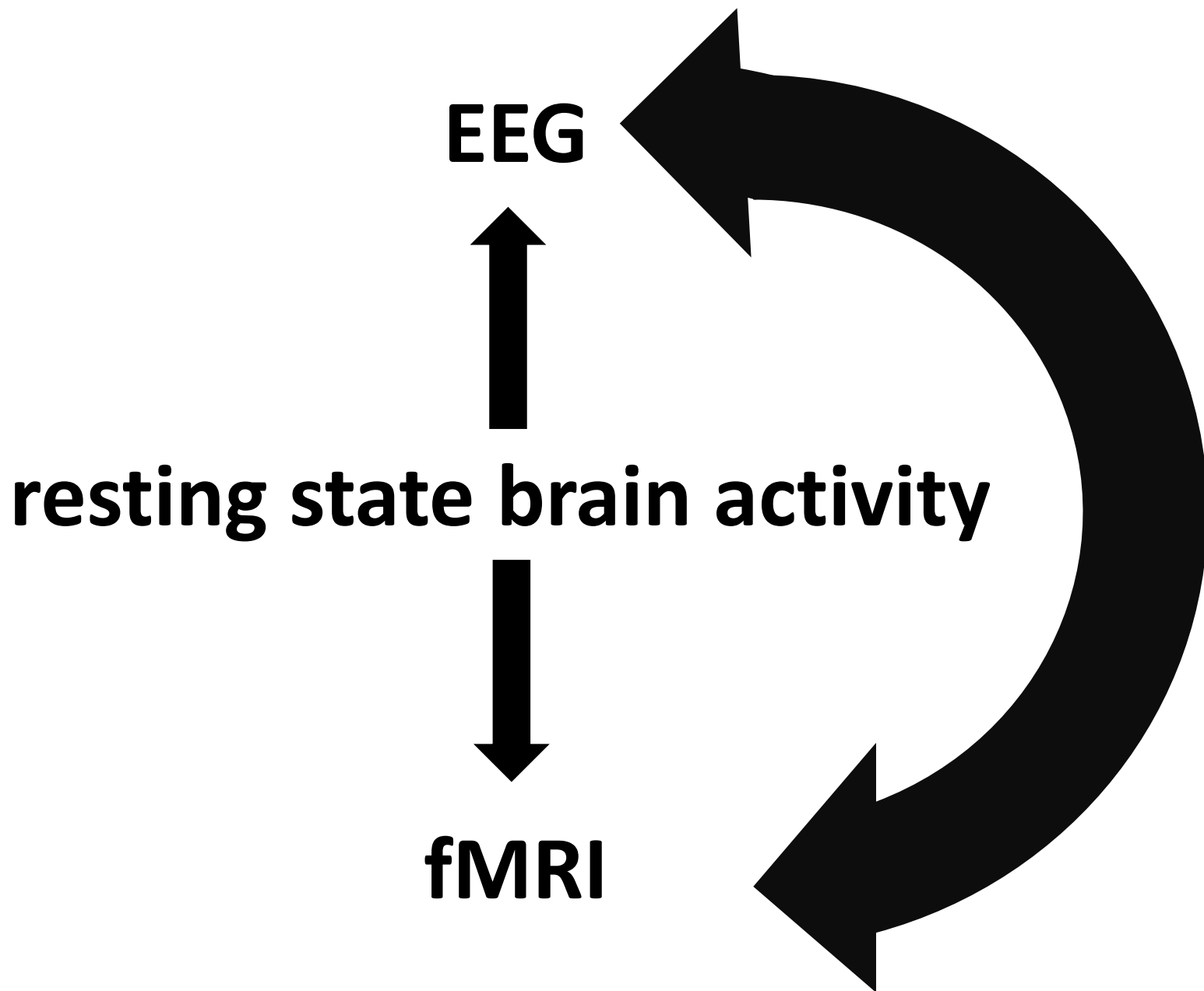
EEG



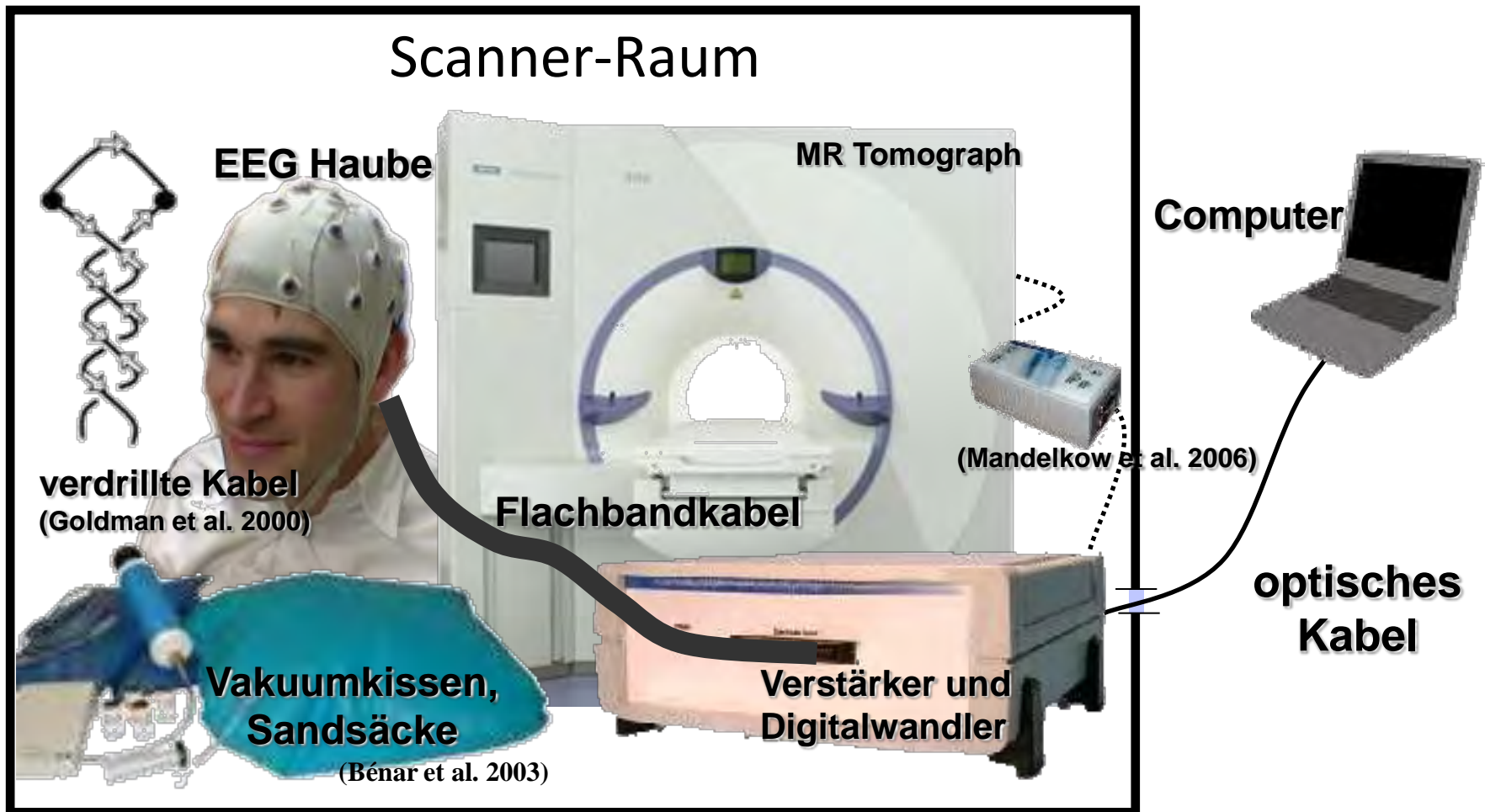
resting state brain activity



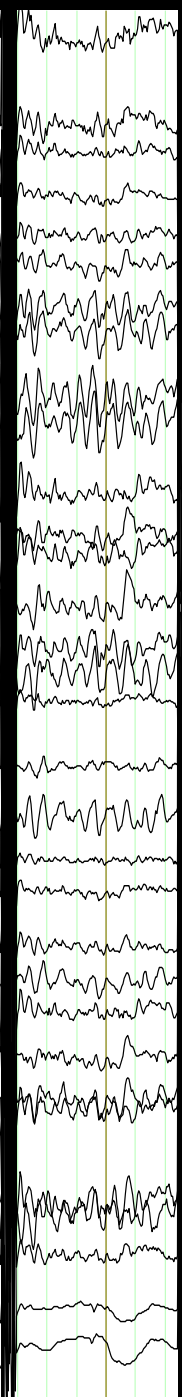
fMRI



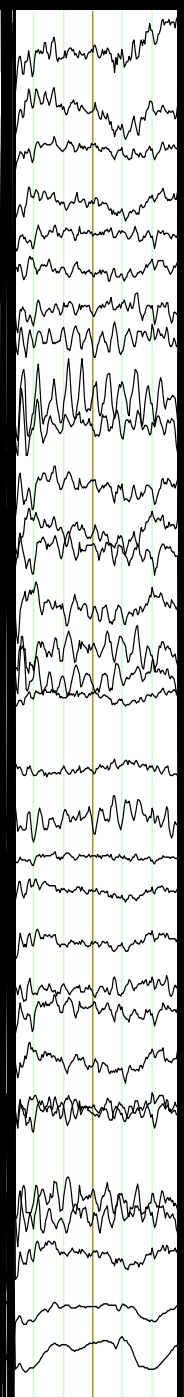
Simultane Aufzeichnung von EEG/fMRT



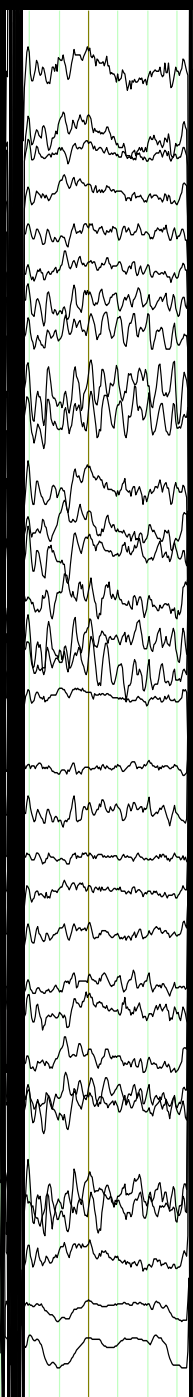
Fp1
Fp2
F3
F4
C3
C4
P3
P4
O1
O2
F7
F8
T7
T8
P7
P8
Fz
Cz
Pz
FC1
FC2
CP1
CP2
FC5
FC6
CP5
CP6
TP9
TP10
Eog
Ekg1
Ekg2



**scan interval
~3 sec**



**scan interval
~3 sec**



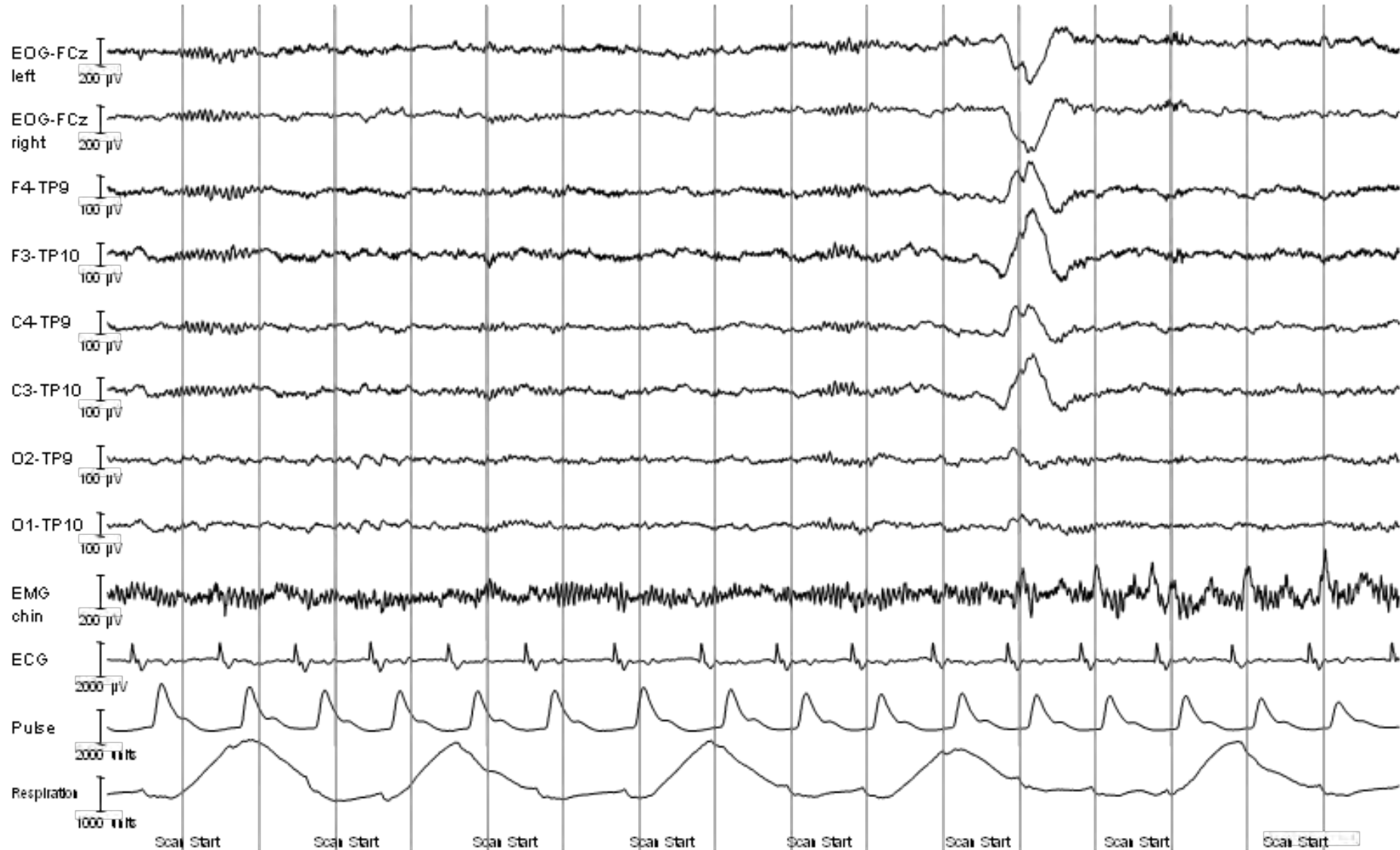
Fp1
Fp2
F3
F4
C3
C4
P3
P4
O1
O2
F7
F8
T7
T8
P7
P8
Fz
Cz
Pz
FC1
FC2
CP1
CP2
FC5
FC6
CP5
CP6
TP9
TP10
Eog
Ekg1
Ekg2



Fp1
Fp2
F3
F4
C3
C4
P3
P4
O1
O2
F7
F8
T7
T8
P7
P8
Fz
Cz
Pz
FC1
FC2
CP1
CP2
FC5
FC6
CP5
CP6
TP9
TP10
Eog
Ekg1
Ekg2



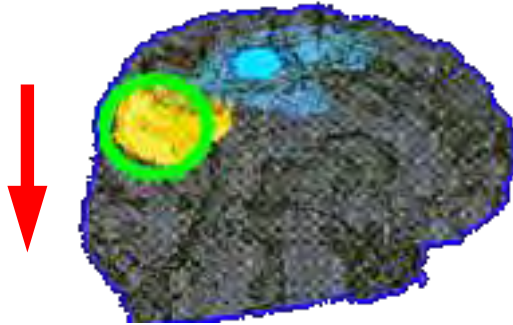
polysomnography-fMRI



I. subjects cannot engage in a paradigm: sleep, coma, seizure



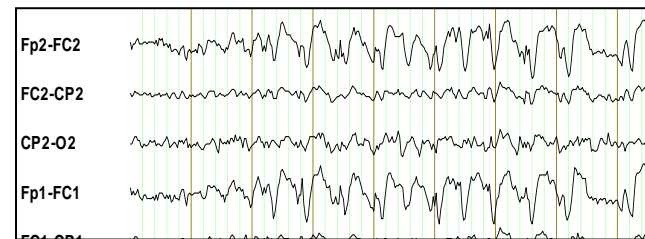
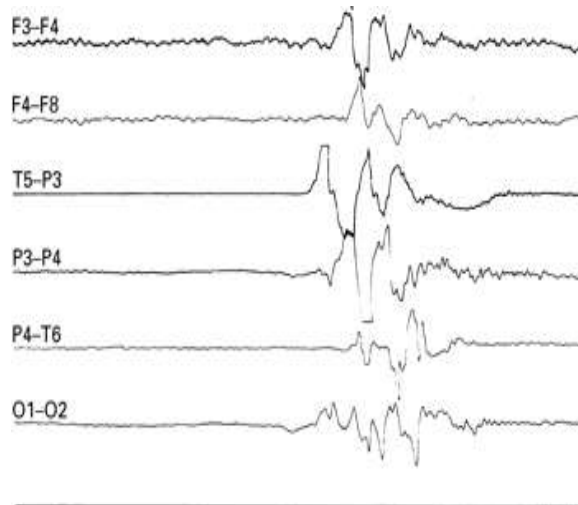
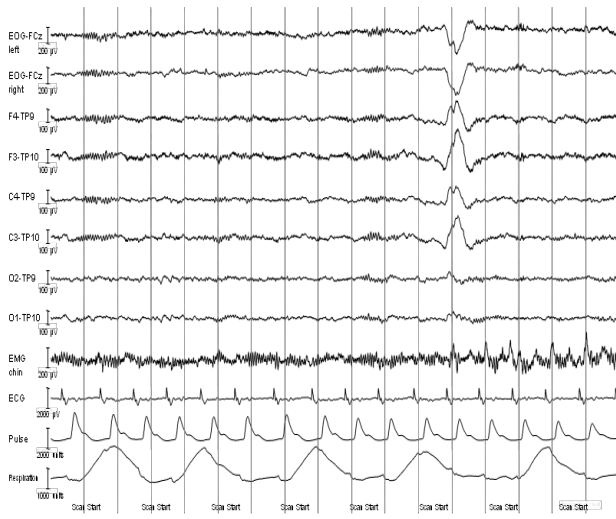
sleep vs. awake



coma vs. awake

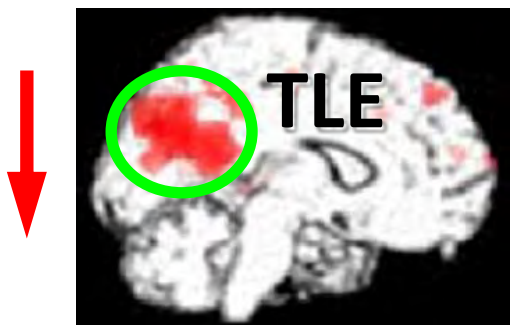


seizure vs. no seizure



II. spontaneously occurring (EEG) phenomena of interest

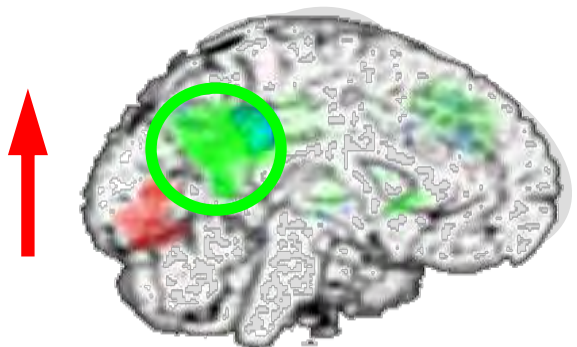
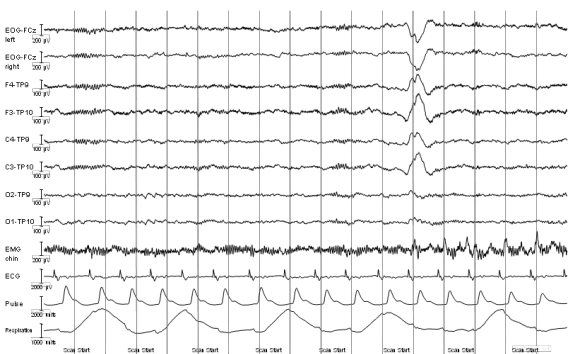
epileptic spikes, K-complexes, beta oscillations



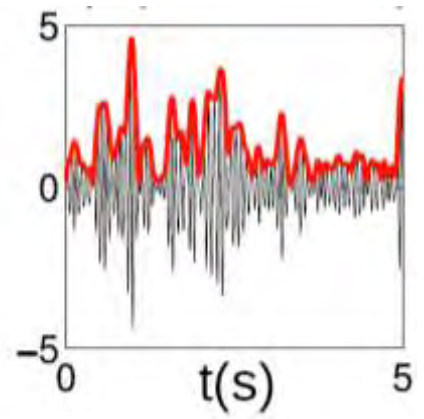
**temporal lobe spikes
vs. background**



**K-complexes
vs. N2 background**



**17-23 Hz
beta oscillations**



Structure

- I. background
- II. When resting state experiments (part I)?
- III. Caveats (part I)**
- IV. When resting state experiments (part II)?
- V. Caveats (part II)

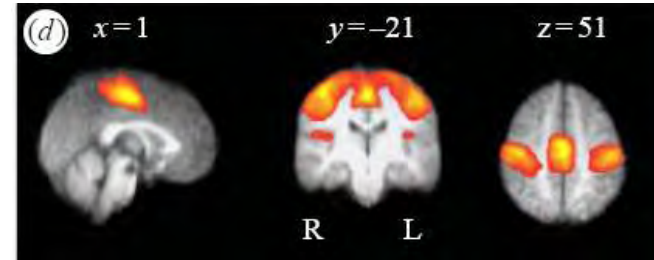
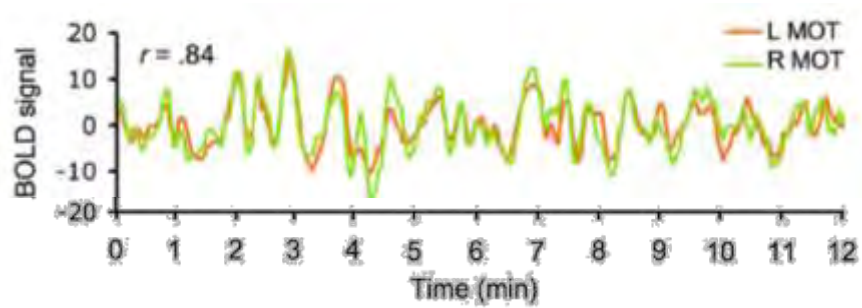
If you do not have EEG...?

If you do not have EEG...?

Data driven approaches

- I. functional connectivity
- II. ICA

Resting state brain activity functional connectivity

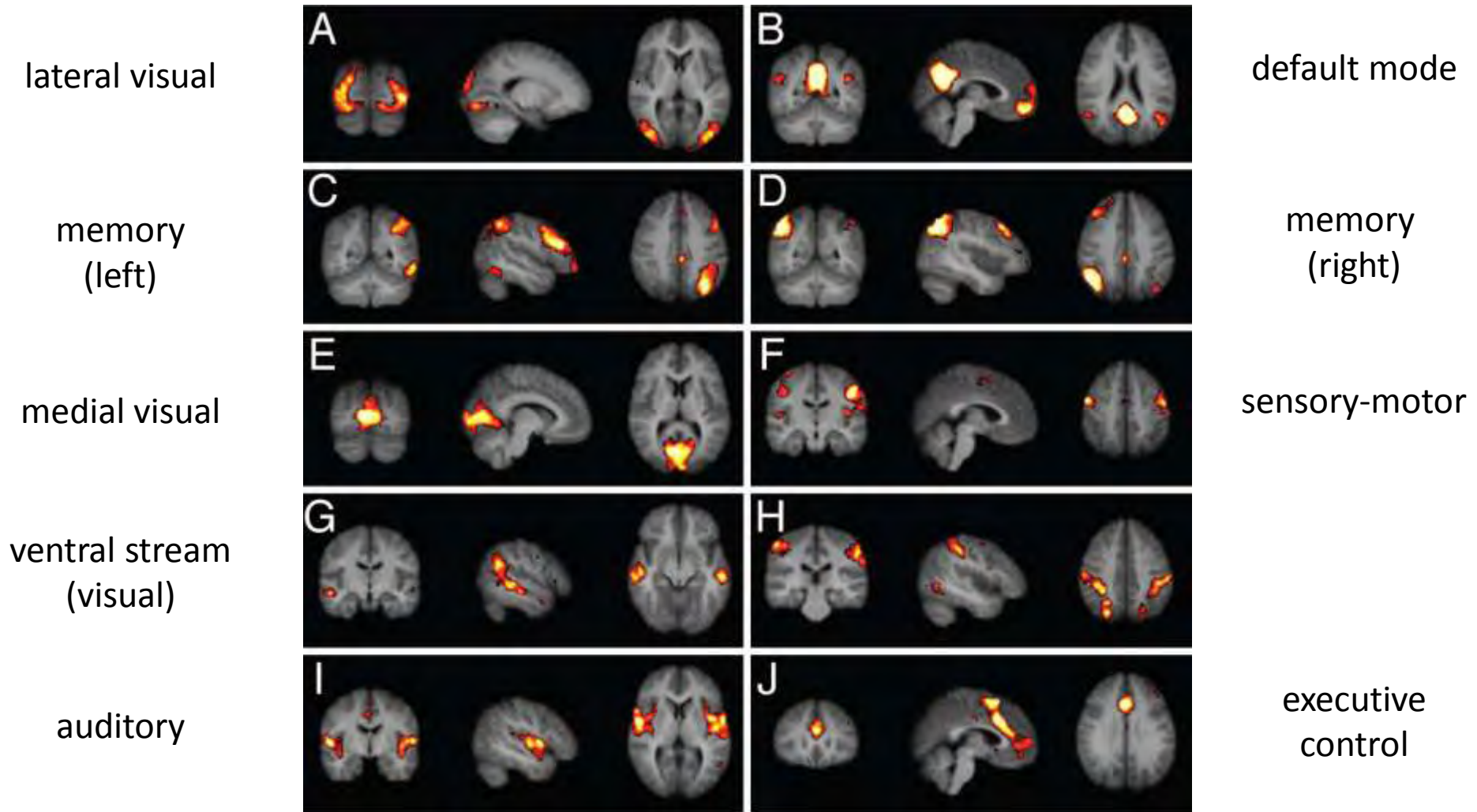


sensory
motor

left: Van Dijk et al. Journal of neurophysiology 2010; right: Beckmann et al. Phil Trans Roy Soc London 2005

Resting state brain activity

(fMRI, functional connectivity via ICA)



contributions to the BOLD signal unrelated to neuronal activity

1. Scanner drift
2. Subject motion
- 3. Circulation**
- 4. Respiration**

contributions to the BOLD signal unrelated to neuronal activity

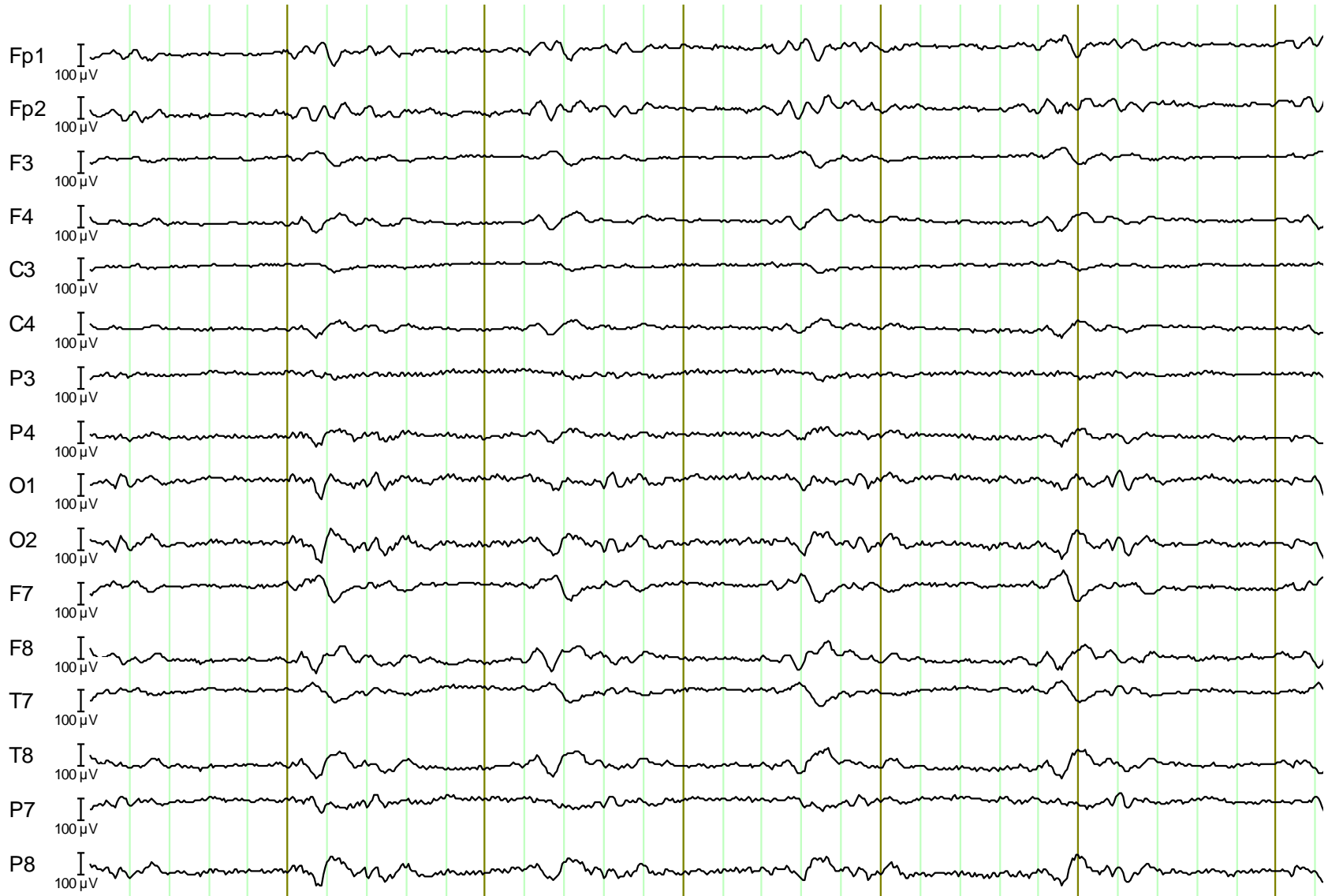
- 1. Scanner drift**
- 2. Subject motion**
- 3. Circulation**
- 4. Respiration**

=> „false positive“ correlations in the BOLD signal

the brain at rest



Cardiac noise

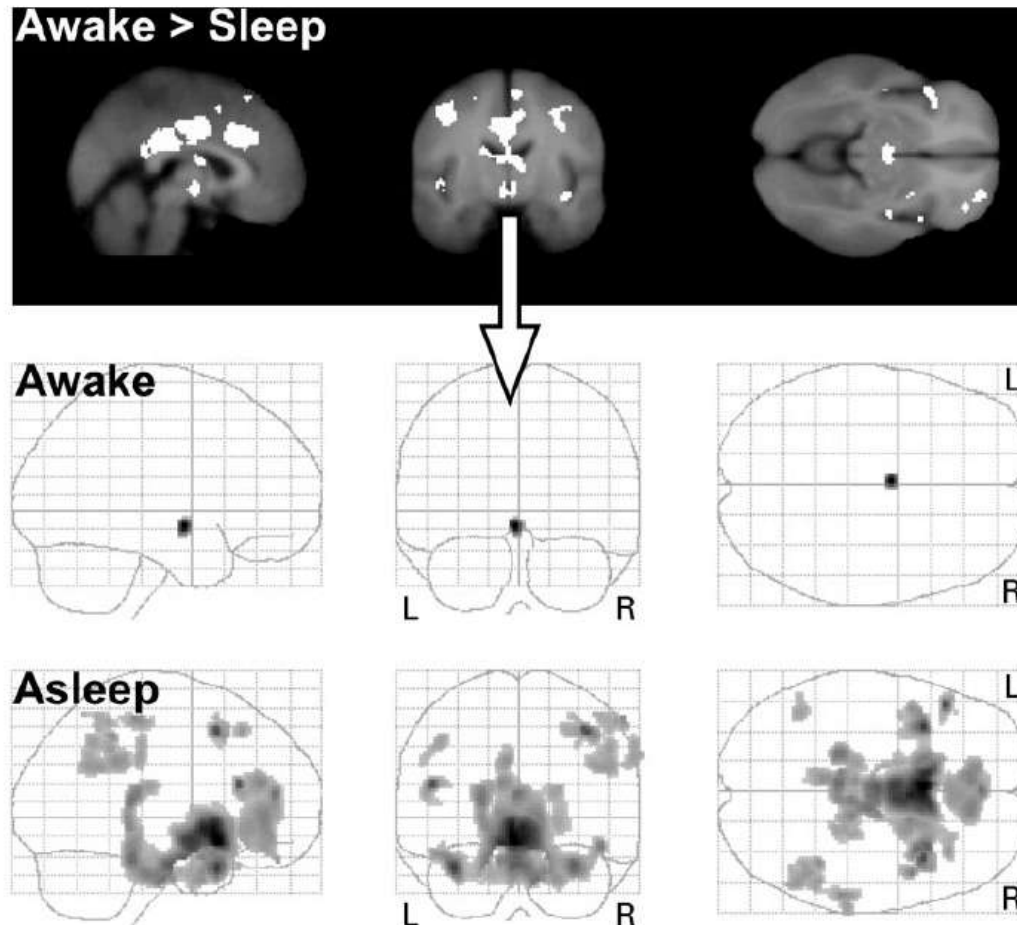


Cardiac noise

doi:10.1093/brain/awh686

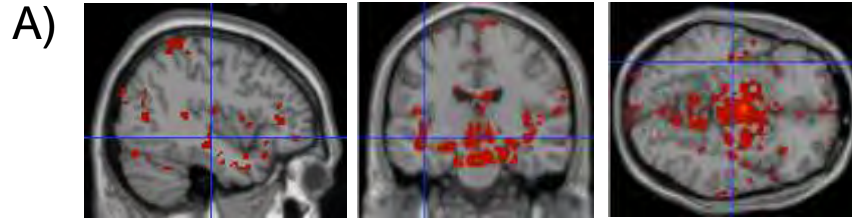
Brain (2006), 129, 655–667

Brain activation and hypothalamic functional connectivity during human non-rapid eye movement sleep: an EEG/fMRI study

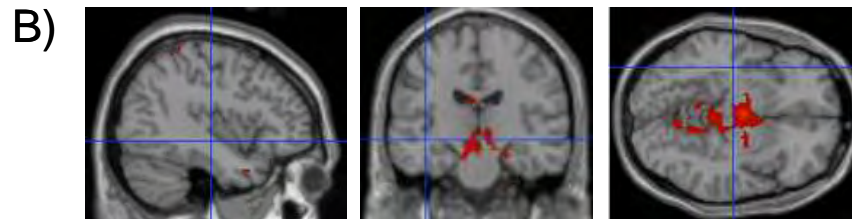


Cardiac noise

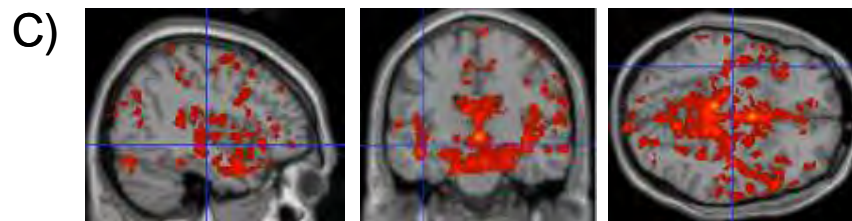
Maps of functional connectivity and cardiac noise



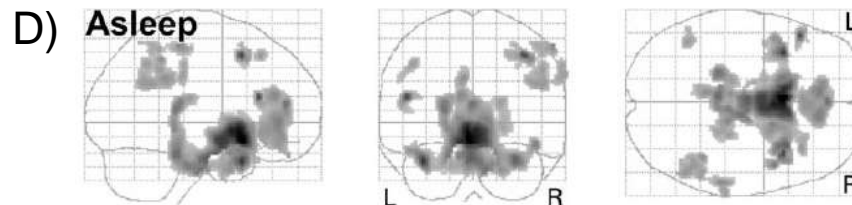
Cardiac noise not modelled (compare Kaufmann et al.)



Cardiac noise modelled using RETROICOR



Activations related to cardiac noise (RETROICOR)



Original hypothalamic connectivity map (Kaufmann et al.)

take a deep breath



...credit?!

respiratory noise

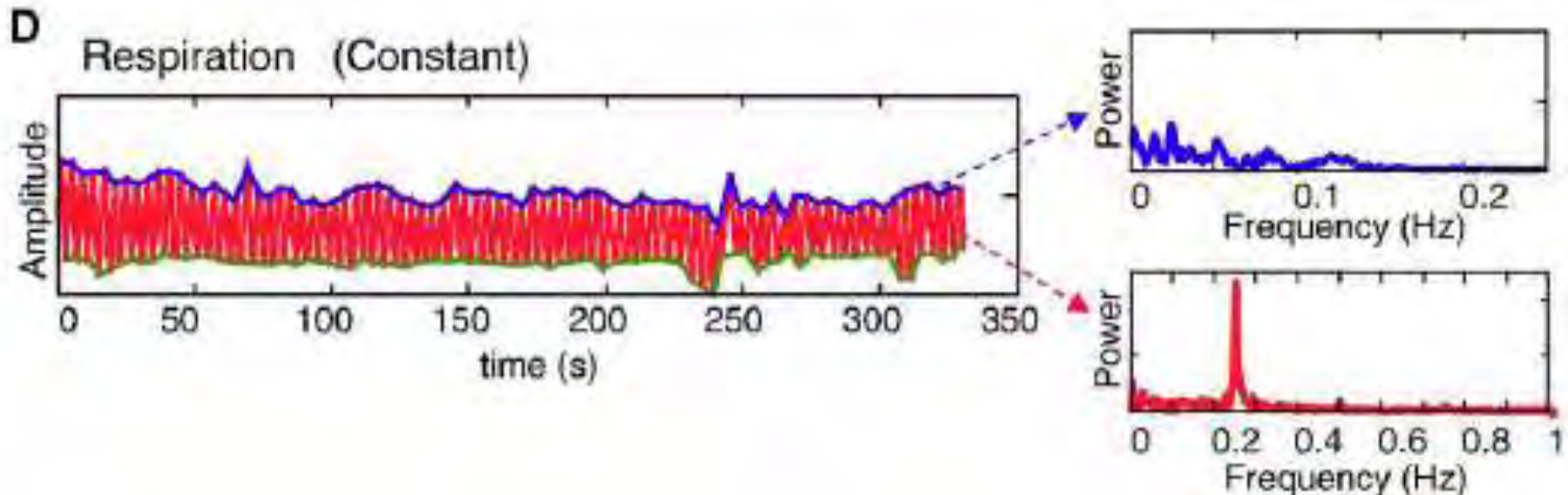


NeuroImage

www.elsevier.com/locate/ynimg
NeuroImage 31 (2006) 1536 – 1548

Separating respiratory-variation-related fluctuations from neuronal-activity-related fluctuations in fMRI

Rasmus M. Birn,* Jason B. Diamond, Monica A. Smith, and Peter A. Bandettini



% of time-series signif. corr. w/ RVT

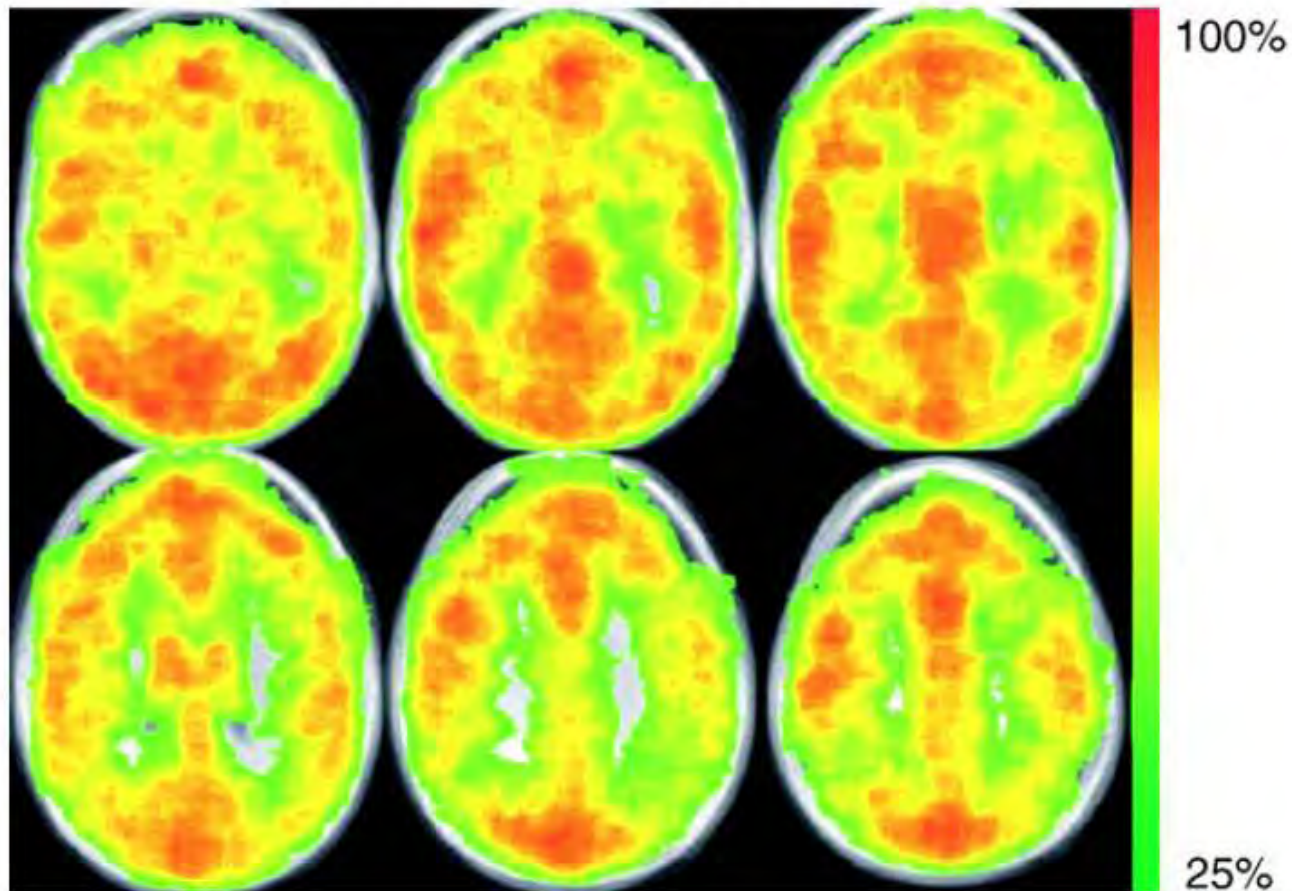


Fig. 2. Location of respiration changes: map showing for each voxel the percentage of time series (out of a total of 16 runs from 10 subjects) where the fMRI signal during rest was significantly ($CC > 0.4$, $P < 10^{-6}$ uncorrected) correlated with the respiration volume per time (RVT) changes. Signal changes are largest in gray matter and near large blood vessels.

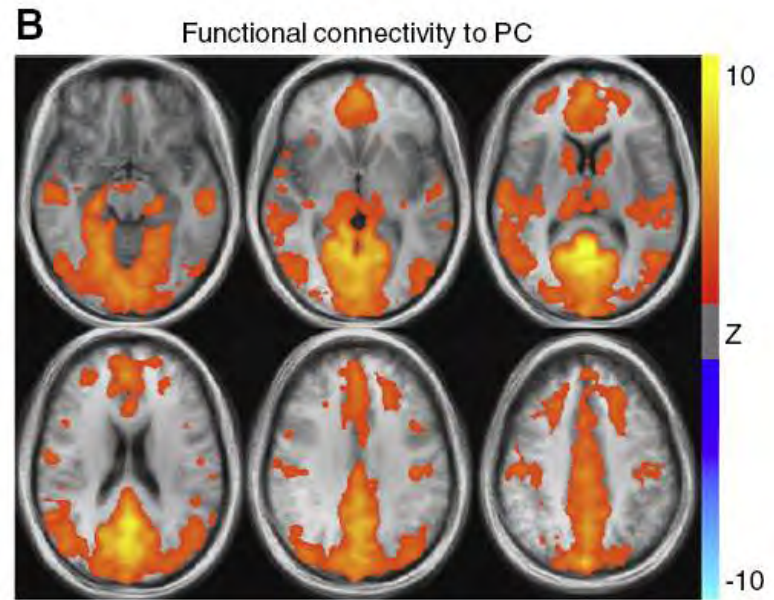
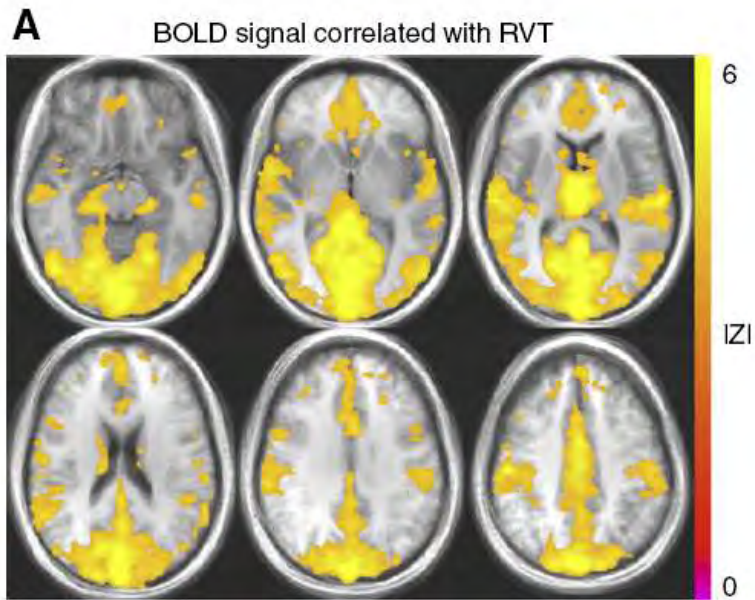
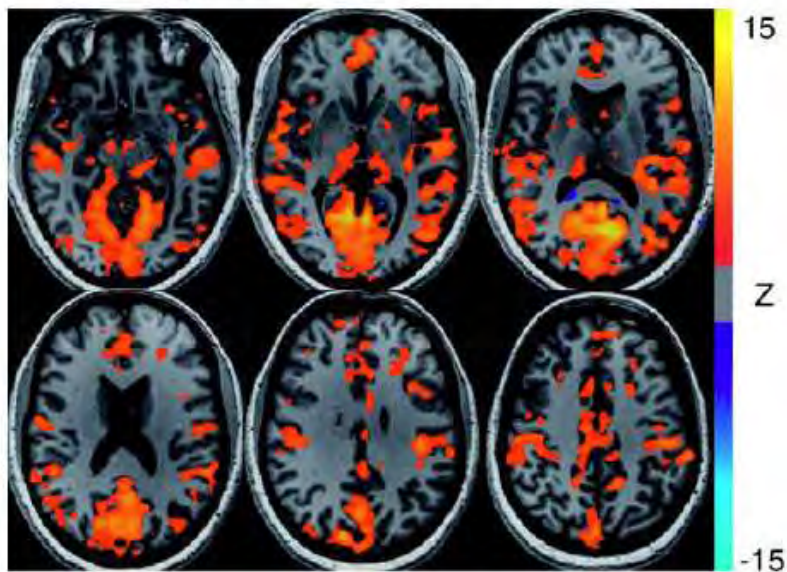
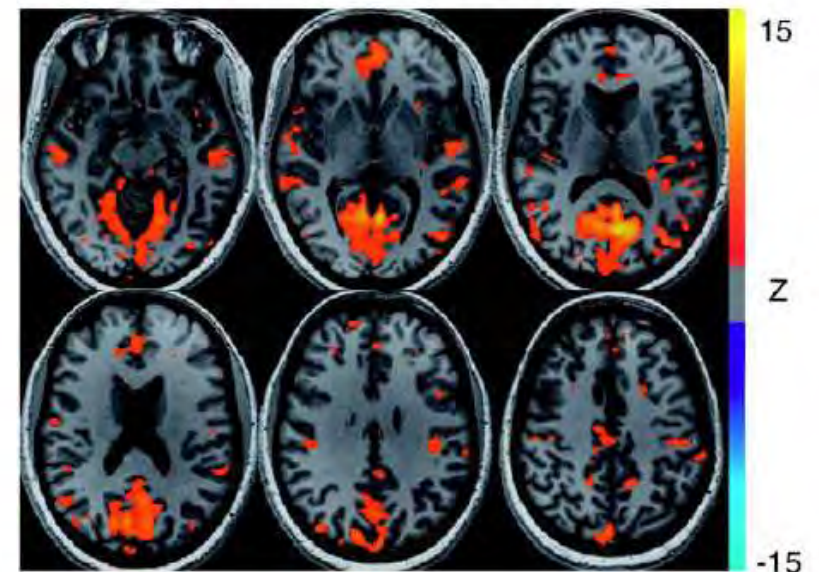


Fig. 2. A) fMRI signal correlated with respiration volume per time (RVT) changes, B) functional connectivity with a seed region in the posterior cingulate from a group of 10 subjects. Adapted from Birn et al., 2006.

C Resting-state correlation

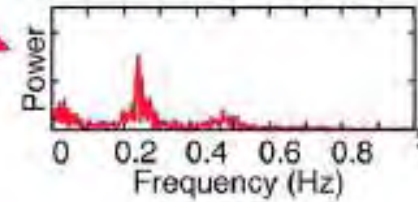
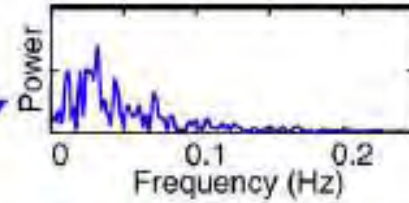
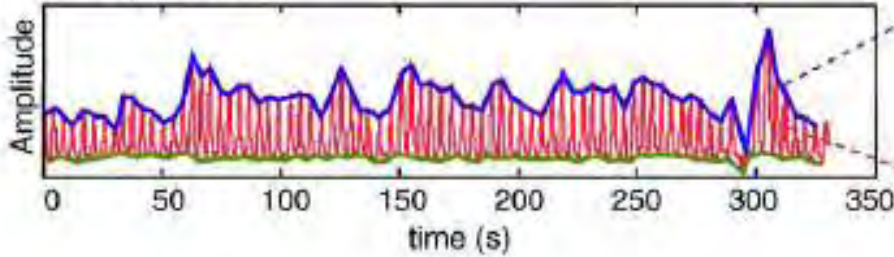


D Rest-state corr – after RVTcor



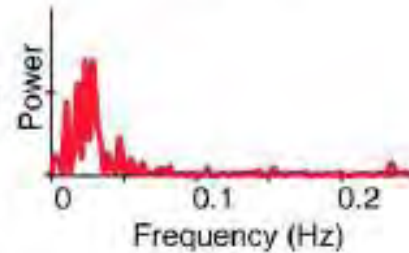
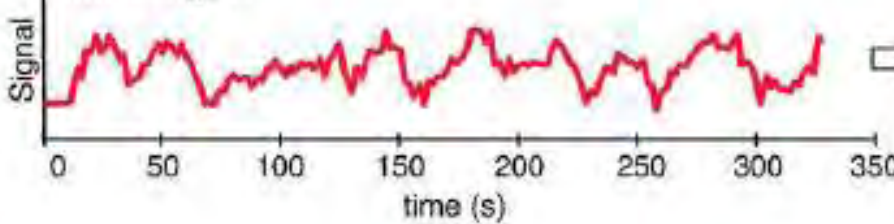
respiratory noise

A Respiration



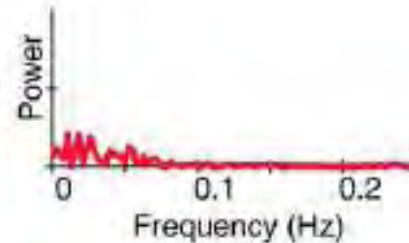
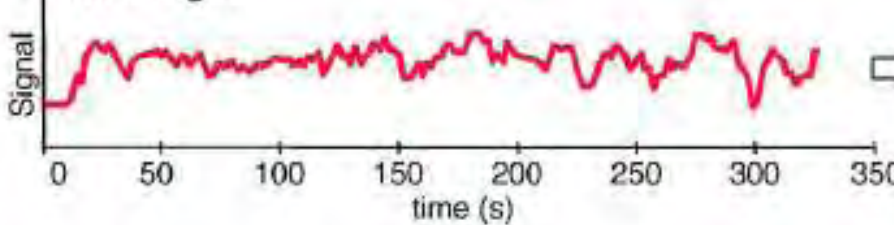
respiration and envelope

B fMRI Signal



fMRI signal from 1 voxel

C fMRI Signal



after RVT regression

solution

know your enemy!

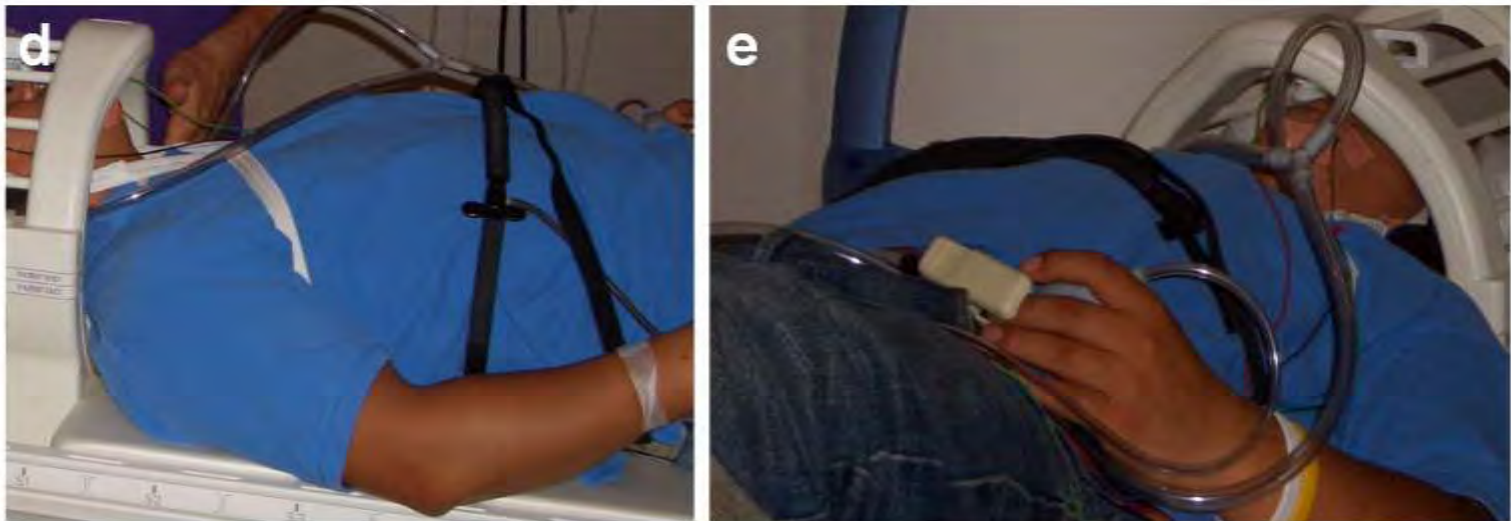
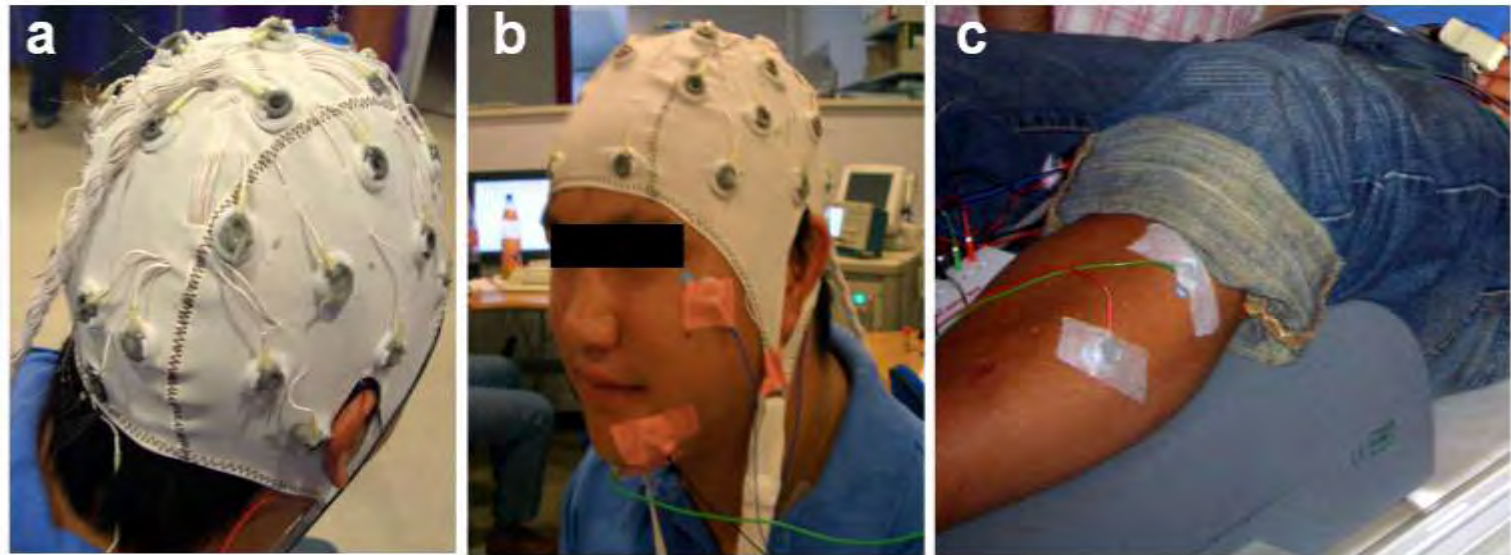


Figure 1: a: EEG cap; b: EOG and M. mentalis EMG electrodes; c: M. tibialis EMG electrodes; d: respiration belt; e: pulse oximetry

Image-Based Method for Retrospective Correction of Physiological Motion Effects in fMRI: RETROICOR

Gary H. Glover,^{1*} Tie-Qiang Li,¹ and David Ress²

Image-Based Method for Retrospective Correction of Physiological Effects in fMRI: RETROICOR

Gary H. Glover,^{1*} Tie-Qiang Li,¹ and David Ress²

Image-Based Method for Retrospective Correction of Physiological Effects in fMRI: RETROICOR

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$$y_{\delta}(t) = \sum_{m=1}^M a_m^c \cos(m\varphi_c) + b_m^c \sin(m\varphi_c) + a_m^r \cos(m\varphi_r) + b_m^r \sin(m\varphi_r) \quad [1]$$

$$\varphi_c(t) = 2\pi(t - t_1)/(t_2 - t_1) \quad [2]$$

$$\varphi_r(t) = \pi \frac{\sum_{b=1}^{\text{rnd}[R(t)/R_{\text{max}}]} H(b)}{\sum_{b=1}^{100} H(b)} \text{sgn}(dR/dt) \quad [3]$$

$$a_m^x = \sum_{n=1}^N [y(t_n) - \bar{y}] \cos(m\varphi_x(t_n)) / \sum_{n=1}^N \cos^2(m\varphi_x(t_n))$$

$$b_m^x = \sum_{n=1}^N [y(t_n) - \bar{y}] \sin(m\varphi_x(t_n)) / \sum_{n=1}^N \sin^2(m\varphi_x(t_n)) \quad [4]$$

Controlling spontaneous brain activity - a paradox?

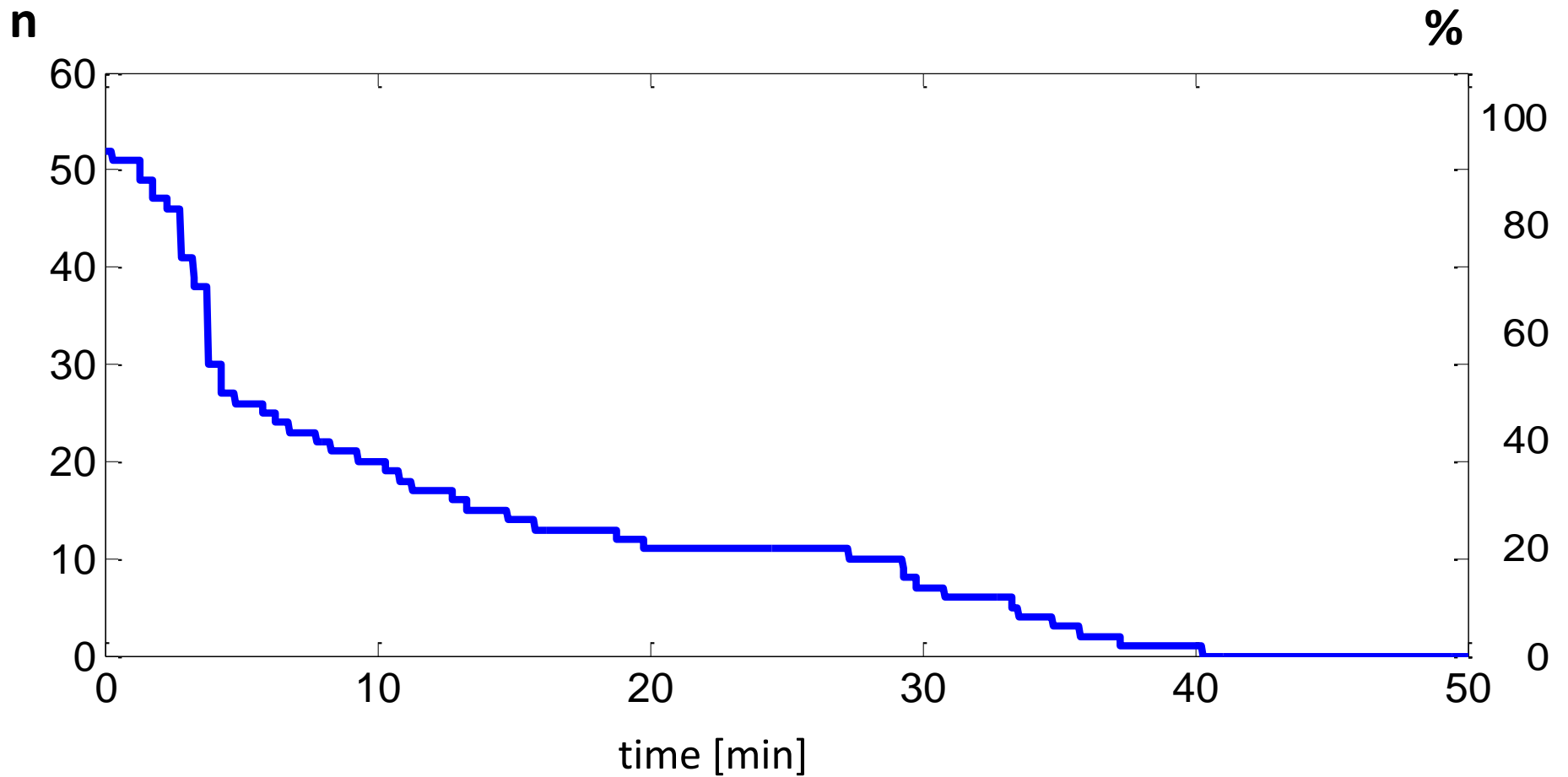
Controlling spontaneous brain activity

not a paradox - but a necessity

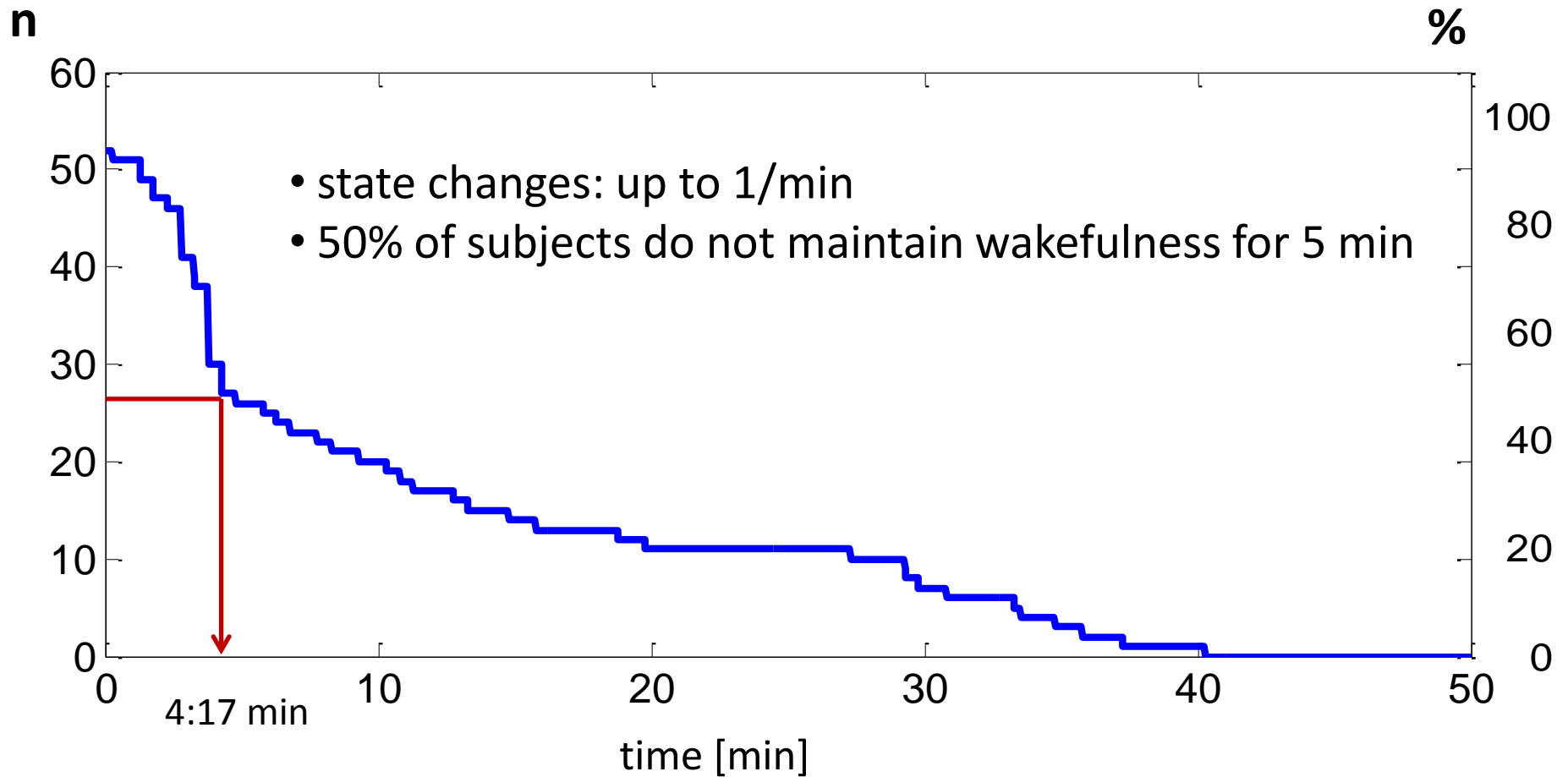
The subject at rest



subjects steadily awake over time



subjects steadily awake over time



generalizable?



Chinese

76 young adults (18-26 yrs)
EPI, 33 slices, 225 images, TR = 2 s
7.5 min resting state fMRI



German

55 young adults (23 +/- 3 yrs)
EPI, 32 slices, 1500 images, TR = 2.08 s
52 min resting state fMRI

http://www.nitrc.org/frs/?group_id=296

Biswal et al. "Toward discovery science of human brain function." PNAS 2010

generalizable?



Chinese

76 young adults (18-26 yrs)
EPI, 33 slices, 225 images, TR = 2 s
7.5 min resting state fMRI



German

55 young adults (23 +/- 3 yrs)
EPI, 32 slices, 1500 images, TR = 2.08 s
52 min resting state fMRI

No EEG! Vigilance?

http://www.nitrc.org/frs/?group_id=296

Biswal et al. "Toward discovery science of human brain function." PNAS 2010

fMRI sleep classification

INPUT

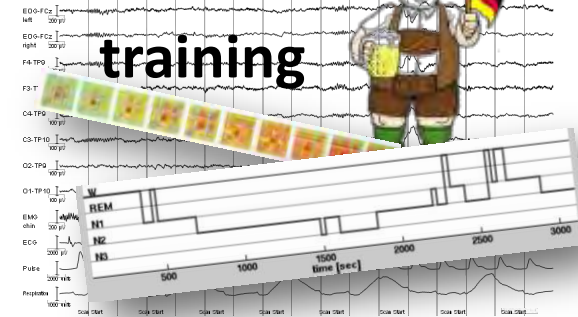
functional connectivity matrices
(sliding window, 60 images)

sleep staging based
on RS correlations



support
vector
machine

training

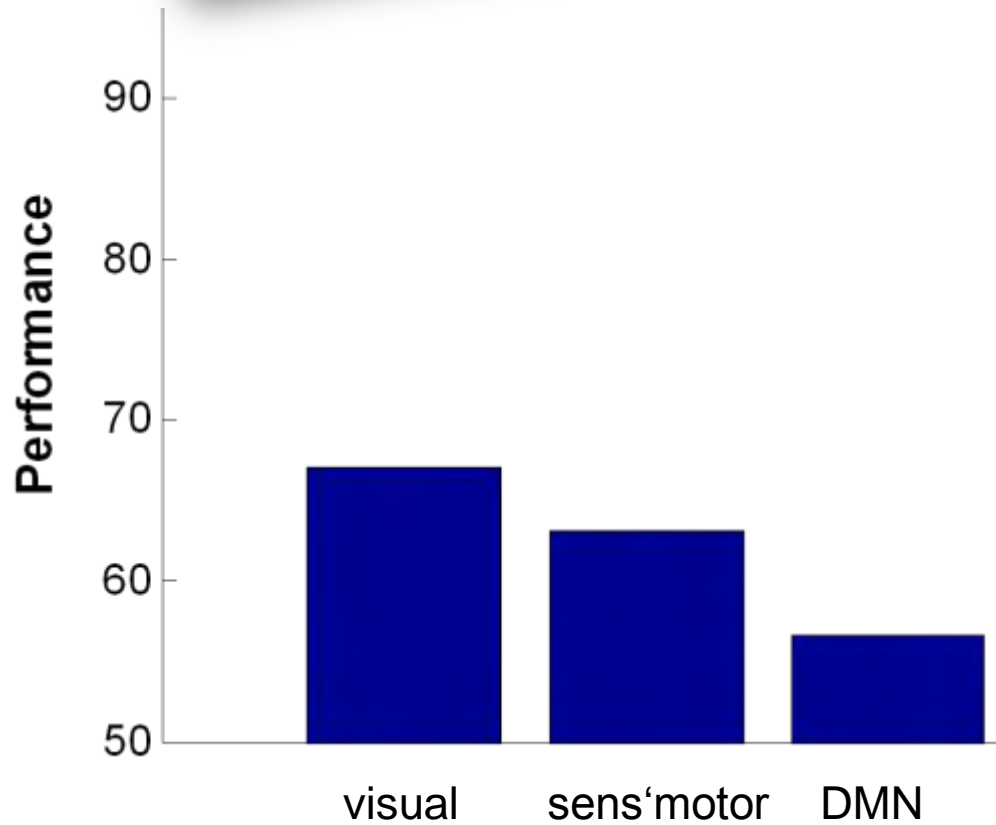
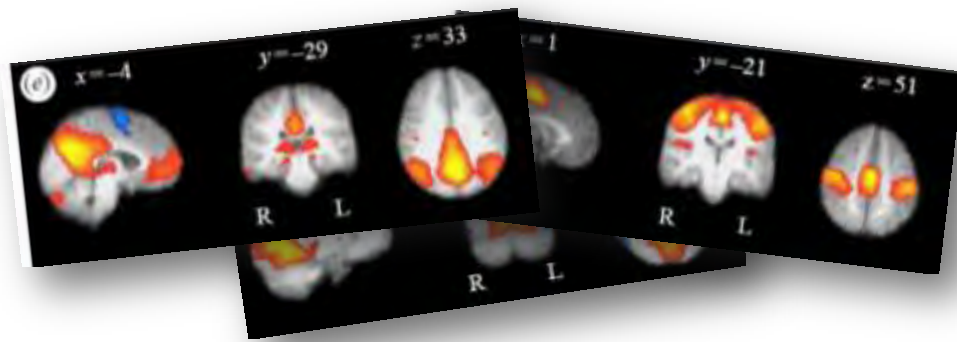


hypnogram

OUTPUT

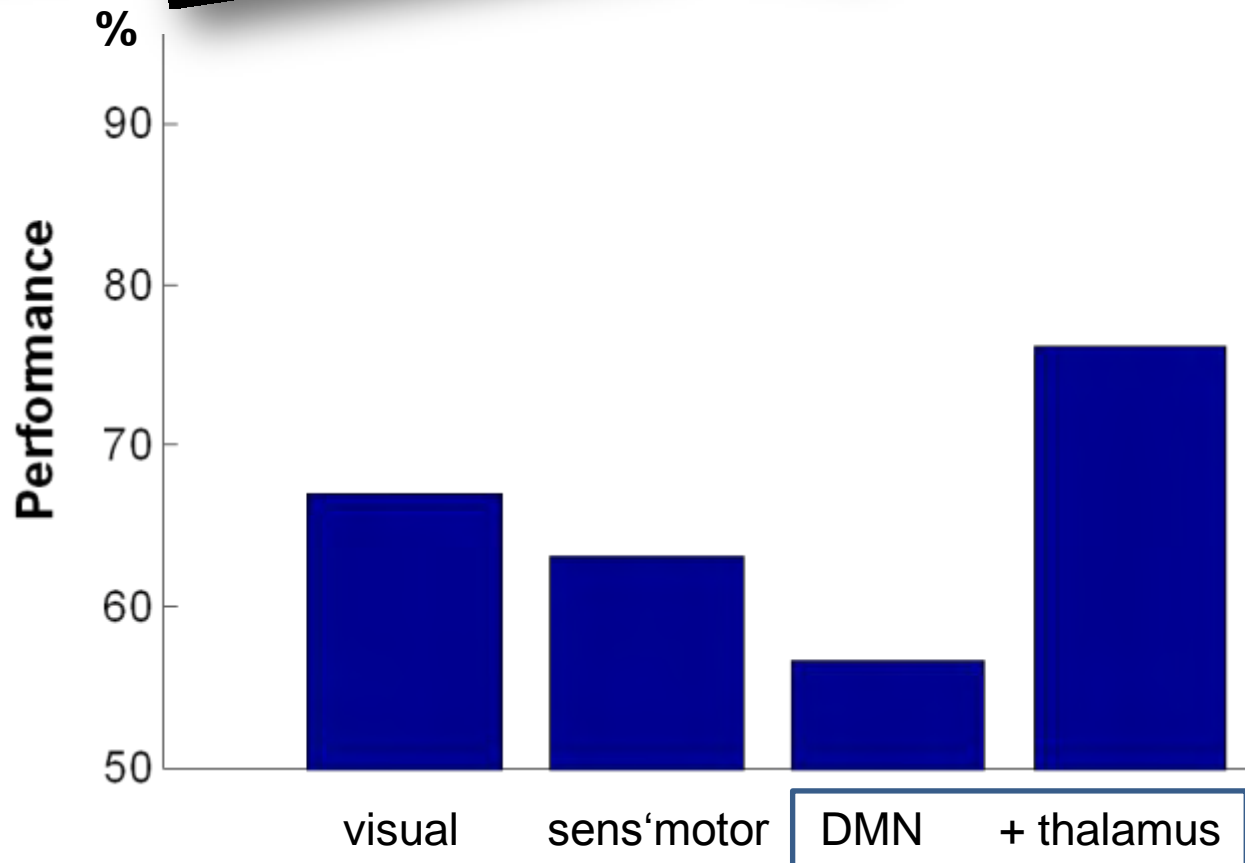
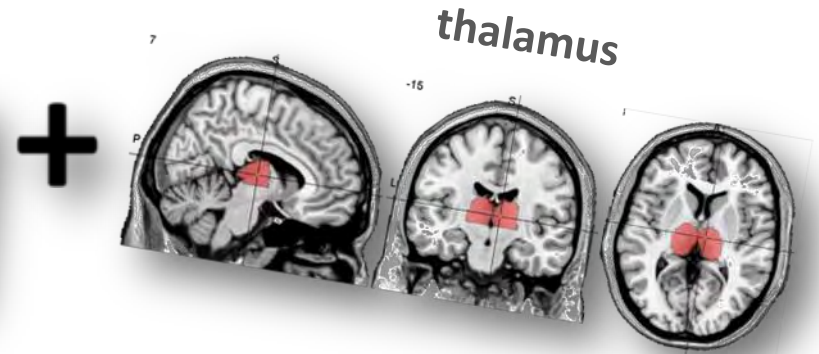
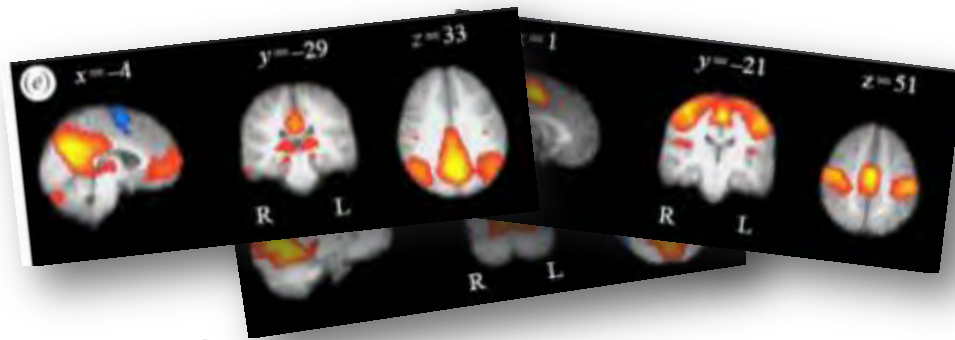
classifier performance

as a function of input regions w.r.t. manual scoring (AASM 2007)



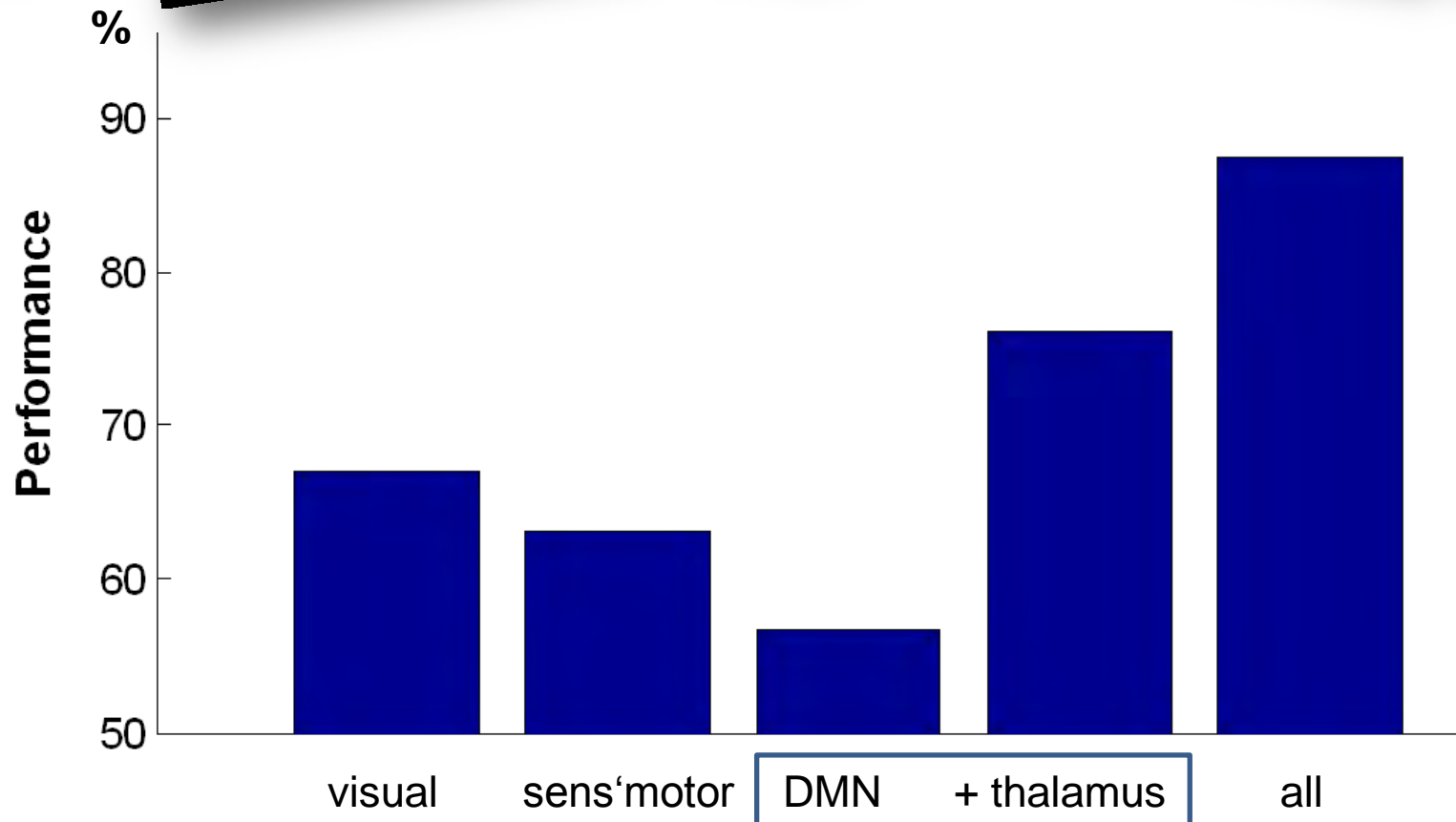
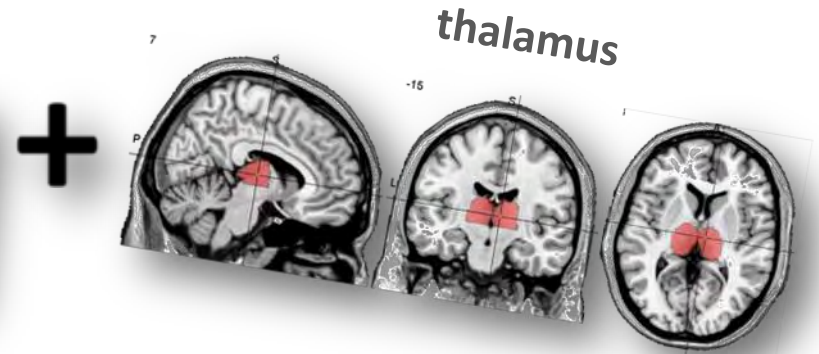
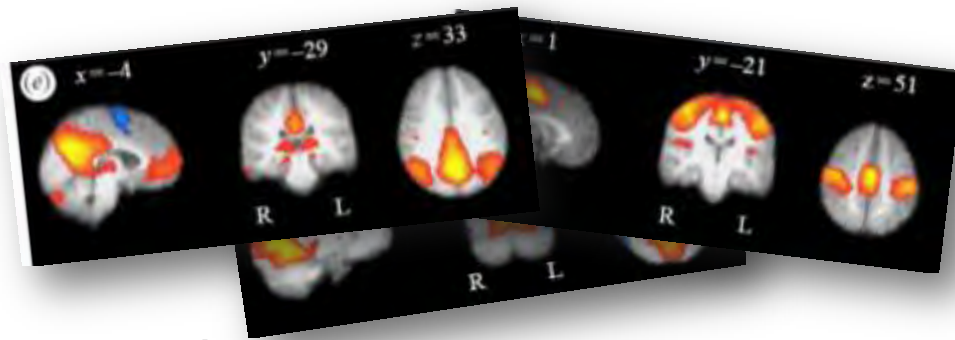
classifier performance

as a function of input regions w.r.t. manual scoring (AASM 2007)



classifier performance

as a function of input regions w.r.t. manual scoring (AASM 2007)



interim summary II

- RSN configuration is sleep stage specific
- DMN + [subcortical] thalamus -> outperforms cortical

interim summary III

- RSN configuration is sleep stage specific
- DMN + [subcortical] thalamus -> outperforms cortical

Hypothesis I. Friston 1996:

cortical resting state activity influenced by thalamus

interim summary III

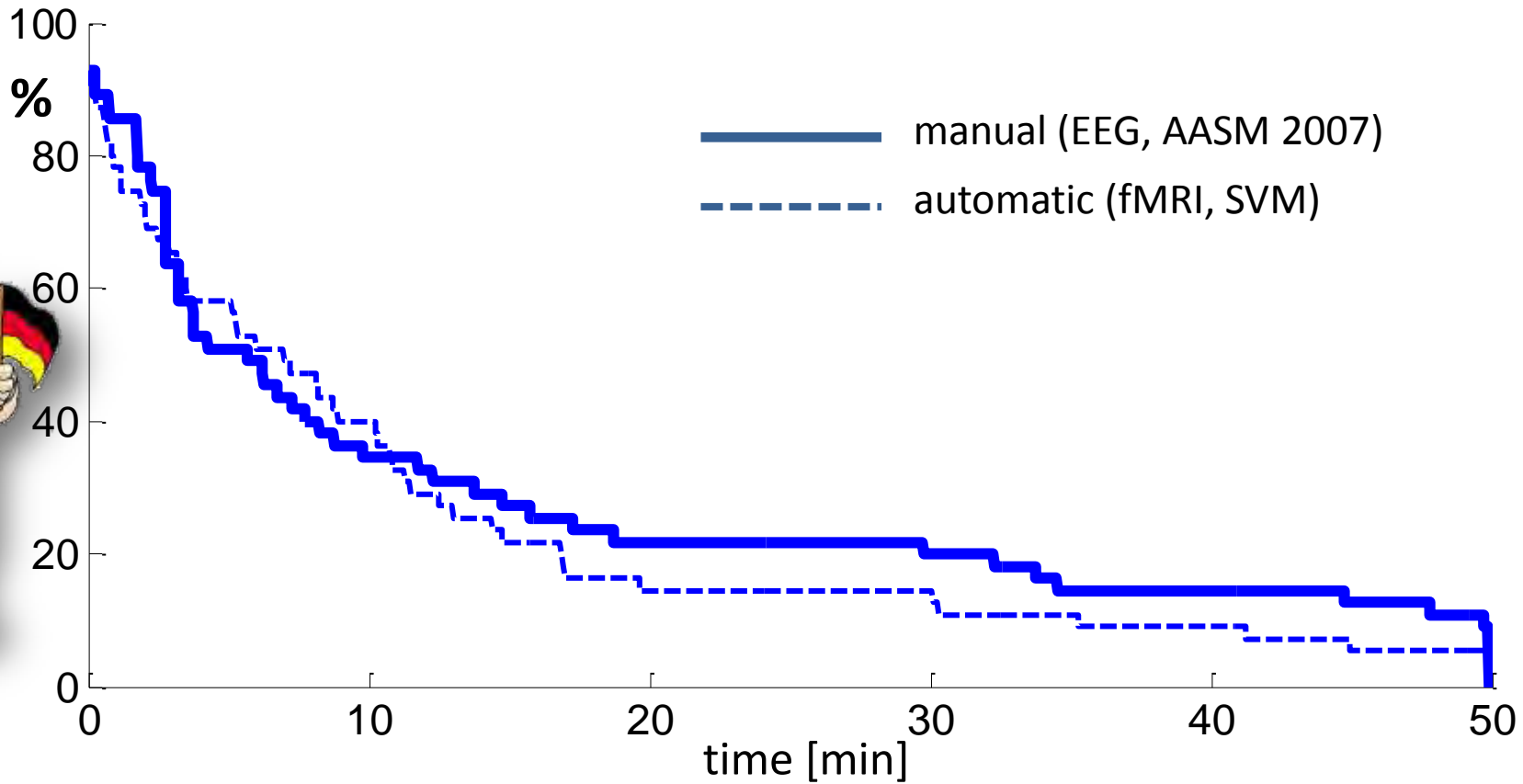
- RSN configuration is sleep stage specific
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Hypothesis I. Friston 1996.

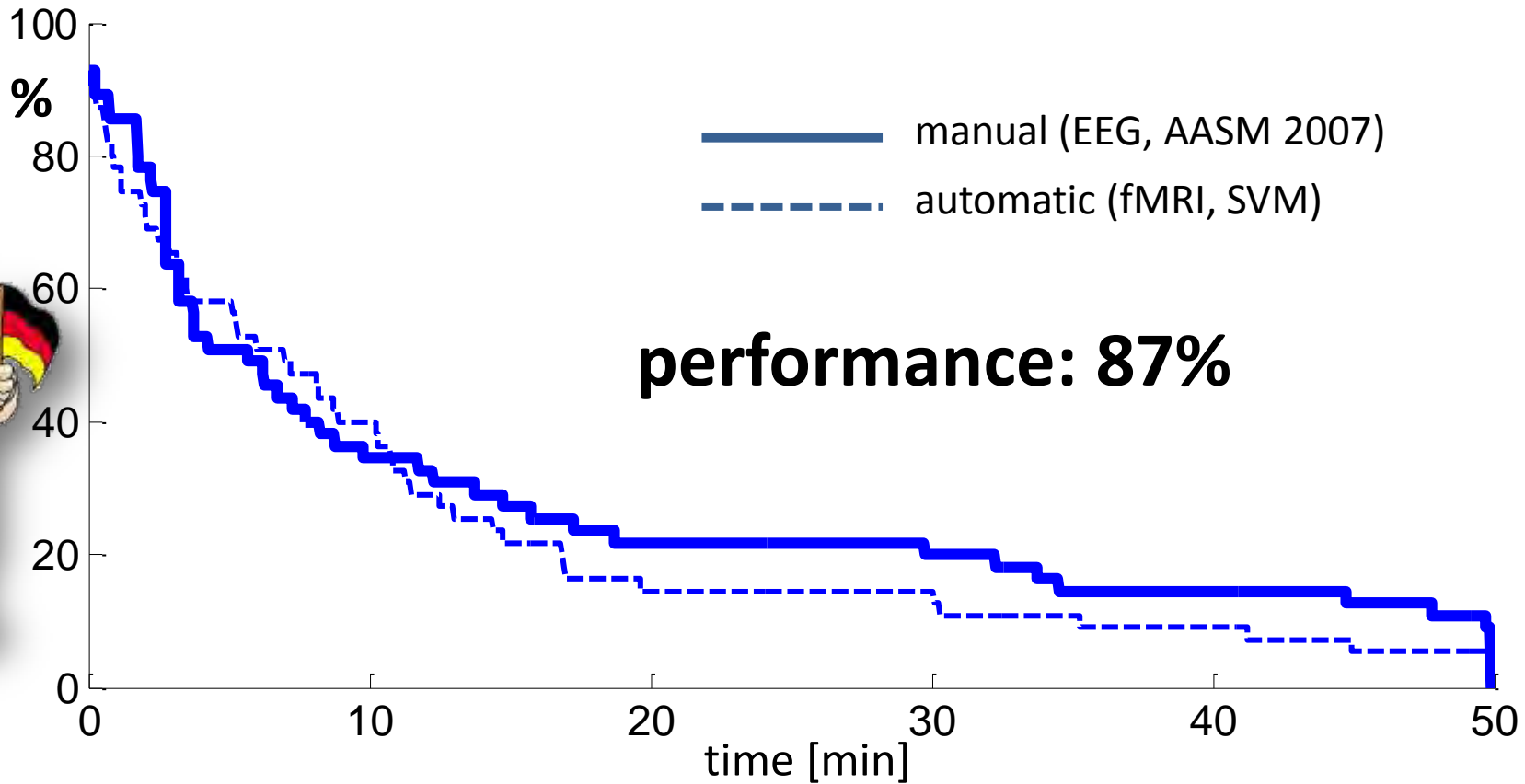


cortical resting state activity influenced by thalamus

classifier trained on fMRI data

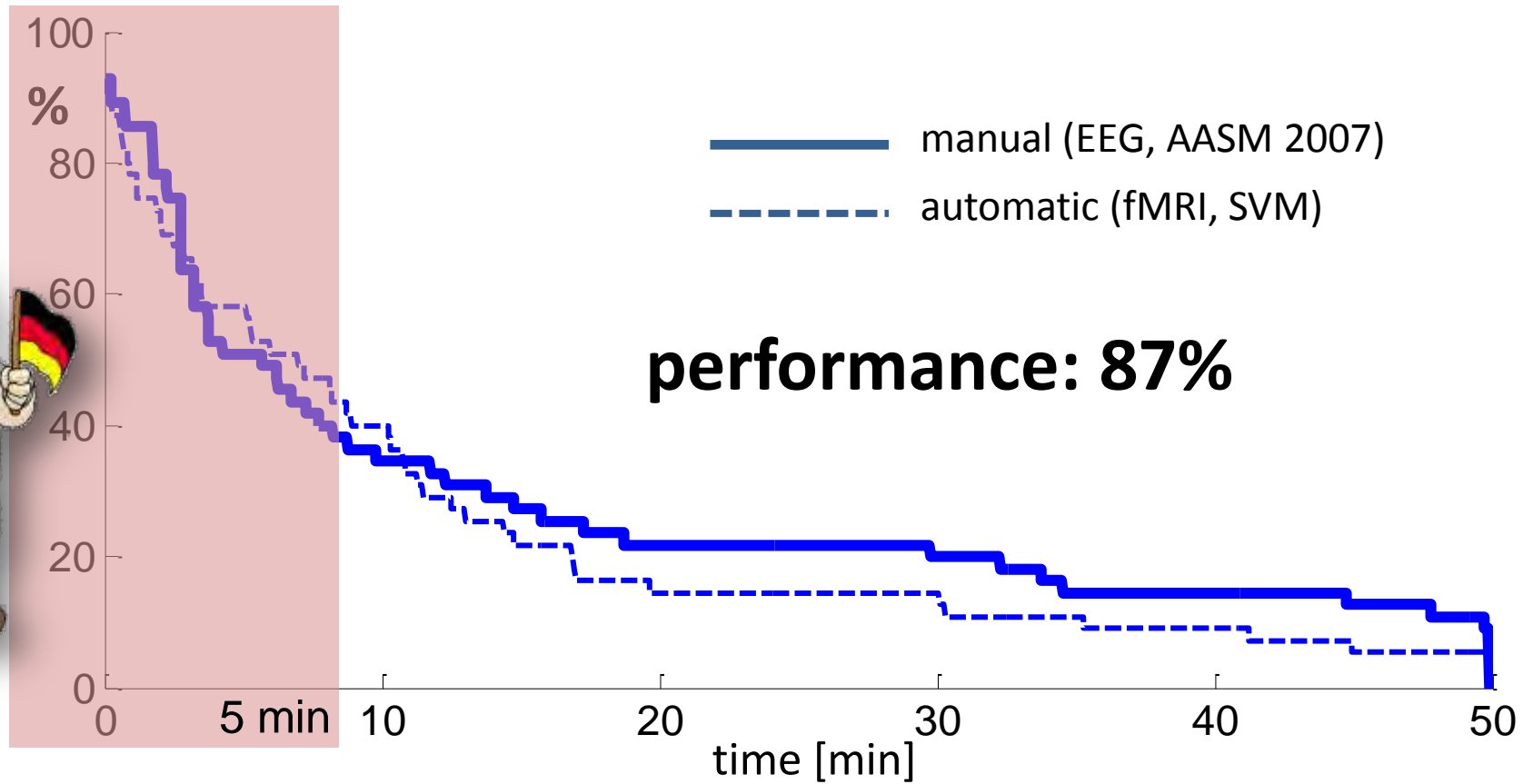


classifier trained on fMRI data

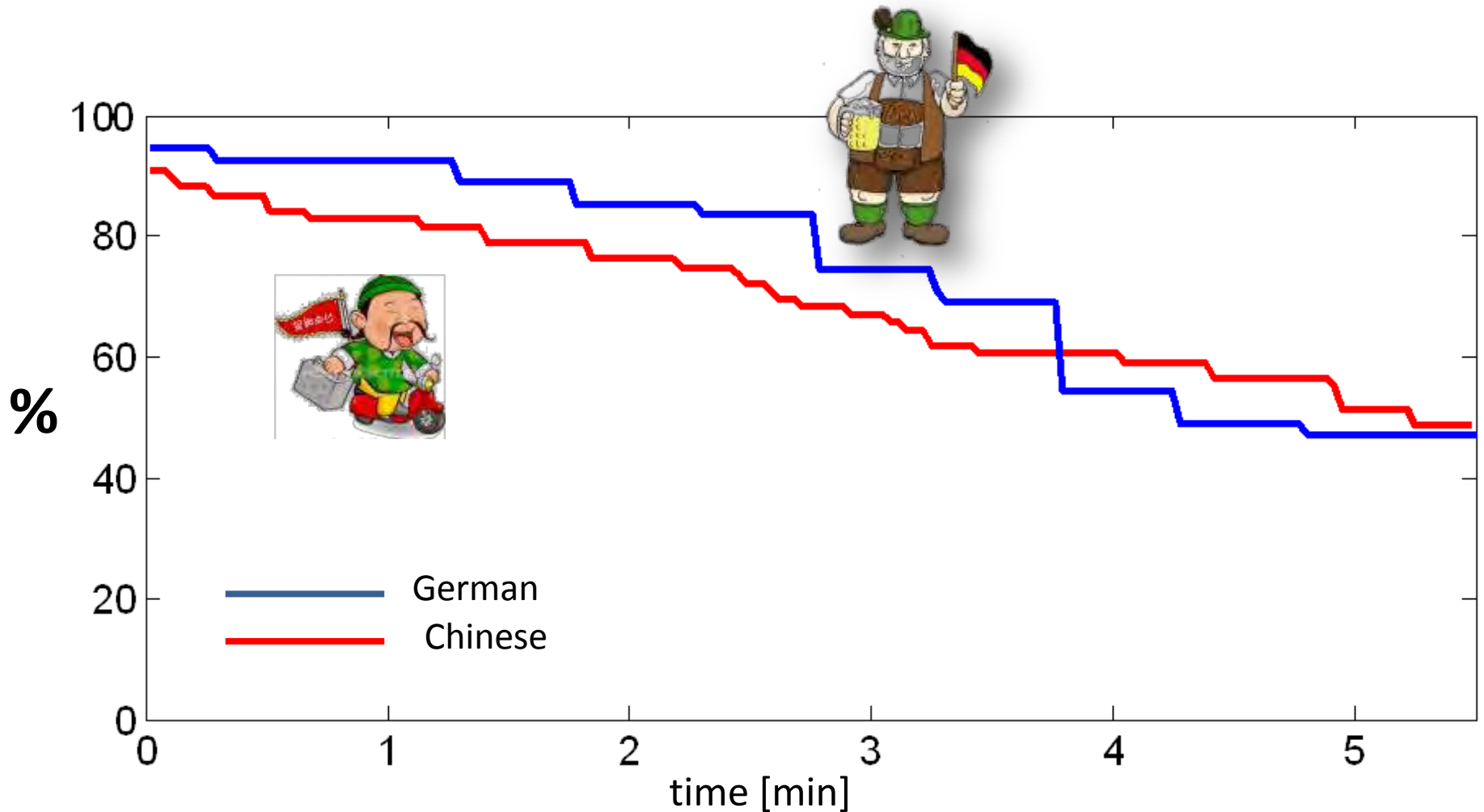


performance: 87%

classifier trained on fMRI data



not steadily awake over time



Implications

- **expect 50% of subjects not to be steadily awake for >5 min - unless proven otherwise**
- **vigilance changes affect resting state functional connectivity**

Implications

- expect 50% of subjects not to be steadily awake for >5 min - unless proven otherwise
- vigilance changes affect resting state functional connectivity
- **can resting state functional connectivity serve as a biomarker?**

Structure

- I. background
- II. When resting state experiments (part I)?
- III. Caveats (part I)
- IV. When resting state experiments (part II)?**
- V. Caveats (part II)

scenario III

III. Network comparison between healthy and patient groups

- Identification of biomarkers
e.g. Greicius Curr Opin Neurol 2008
- Study subclinical disease stages/covert behavioural changes
e.g. Laufs Hum Brain Mapp 2008

Resting-state functional connectivity in neuropsychiatric disorders

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Current Opinion in Neurology 2008, 21:424-430

Purpose of review

This review considers recent advances in the application of resting-state functional magnetic resonance imaging to the study of neuropsychiatric disorders.

Recent findings

Resting-state functional magnetic resonance imaging is a relatively novel technique that has several potential advantages over task-activation functional magnetic resonance imaging in terms of its clinical applicability. A number of research groups have begun to investigate the use of resting-state functional magnetic resonance imaging in a variety of neuropsychiatric disorders including Alzheimer's disease, depression, and schizophrenia. Although preliminary results have been fairly consistent in some disorders (for example, Alzheimer's disease) they have been less reproducible in others (schizophrenia). Resting-state connectivity has been shown to correlate with behavioral performance and emotional measures. It's potential as a biomarker of disease and an early objective marker of treatment response is genuine but still to be realized.

Summary

Resting-state functional magnetic resonance imaging has made some strides in the clinical realm but significant advances are required before it can be used in a meaningful way at the single-patient level.

Keywords

Alzheimer's, connectivity, default-mode, resting-state

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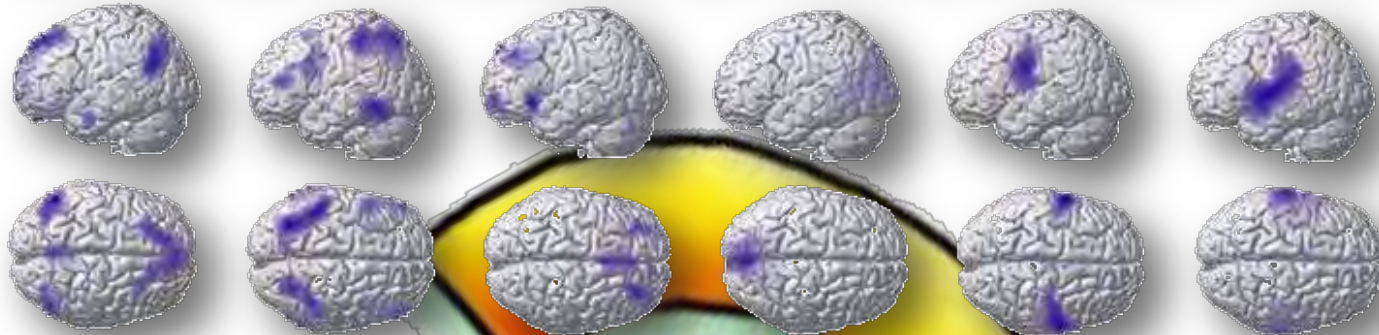
Quiz (for experts)



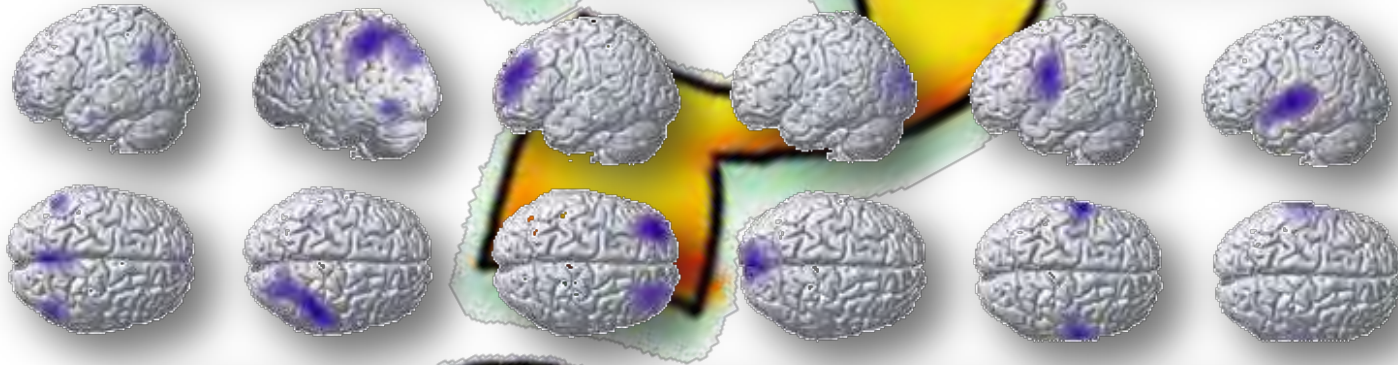
biomarker of which condition?

Default mode Dorsal attention Executive control Visual Sensori-motor Auditory

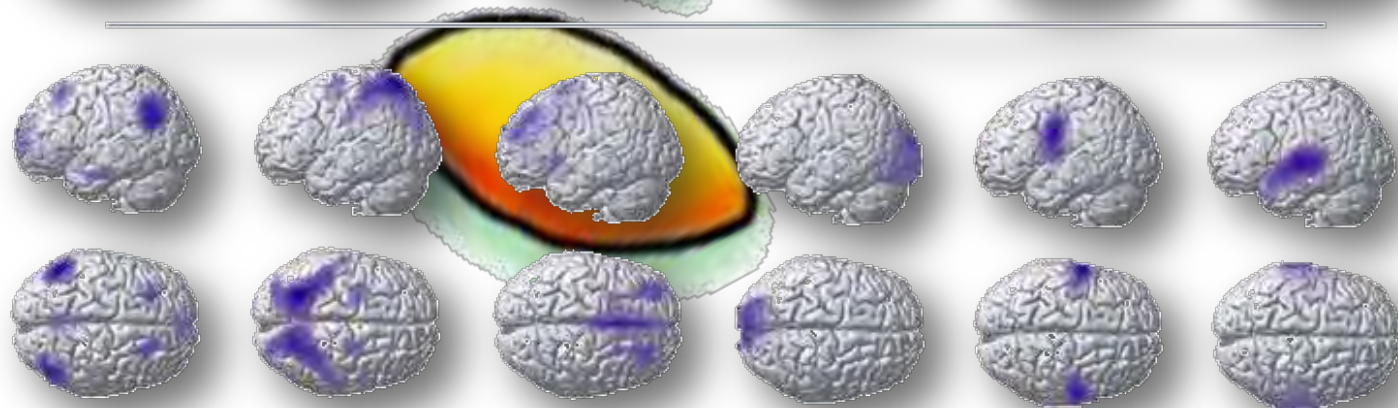
I.



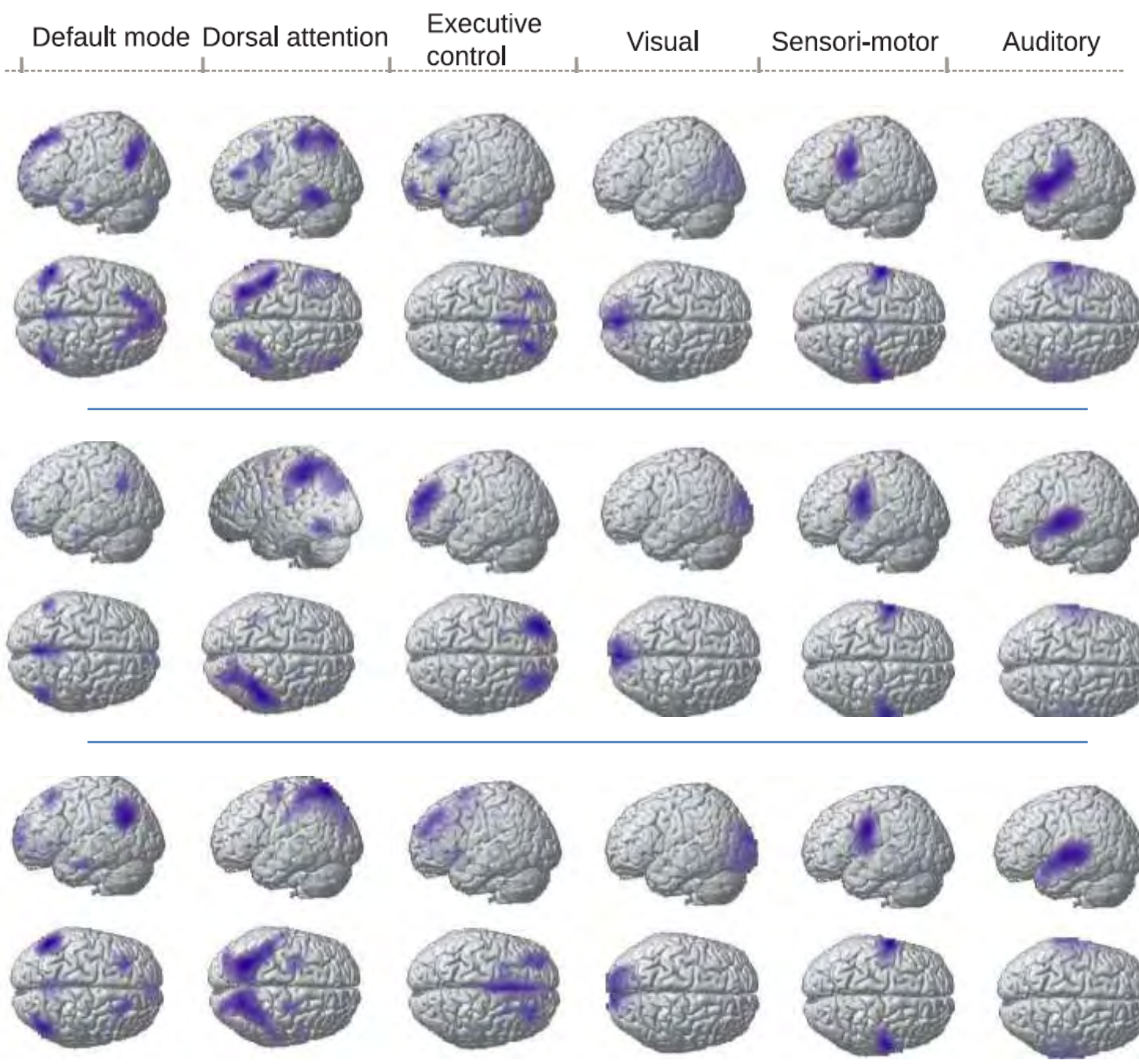
II.



III.



wakefulness
lighter sleep (N2)
deep sleep (N3)



vigilance fluctuations – a potential confound in resting state studies?

Prevalence of insomnia in neurological diseases.

Neurologic disease	Study	Number of patients	Prevalence
Neurologic disease in general	Taylor et al. ⁵	772	7.3%
Multiple sclerosis	Bamer et al. ⁸⁴	1067	Men 31% Women 37%
Parkinson's disease	Gjerstadt et al. ³⁷	231	54–60%
Dementia : Alzheimer disease	Deschenes et al.		25–35%
Stroke	Leppavuori et al. ⁵³	277	56.7% 37,6% fulfilled DSM-IV criteria
Traumatic brain injury	Quellet and Morin ⁶⁴	552	50.2% 29.4% fulfilled DSM-IV criteria
Epilepsy	De Weerd et al. ⁶⁹	486	38.6% (partial epilepsy)
	Khatami et al.	100	34–58%
Headache	Kelman and Rains ⁷⁵	1283	53–61%

Mayer, G. et al. Sleep med. reviews 2011. Insomnia in central neurologic diseases--occurrence & management.
 Sateia, M.J. et al. Seminars in clinical neuropsychiatry 2000. Sleep in neuropsychiatric disorders.
 Ford, D.E., Kamerow, D.B., JAMA 1989. Epidemiologic study of sleep disturbances and psychiatric disorders [...].

Resting-state functional connectivity in neuropsychiatric disorders

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vigilance fluctuations – another confound in resting state studies!

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Recent findings

Resting-state functional magnetic resonance imaging is a relatively novel technique that offers several potential advantages over task-activated functional magnetic resonance imaging in terms of applicability. A number of research groups have begun to investigate the use of resting-state functional magnetic resonance imaging to study neuropsychiatric disorders including schizophrenia, major depression, and bipolar disorder. Although preliminary results have been promising, resting-state functional magnetic resonance imaging has been less reproducible in a variety of disorders (for example, Alzheimer's disease) and has been shown to correlate with behavioral performance and emotional measures. It's potential as a biomarker of disease and an early objective marker of treatment response is genuine but still to be realized.

Summary

Resting-state functional magnetic resonance imaging has made some strides in the clinical realm but significant advances are required before it can be used in a meaningful way at the single-patient level.

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Conclusion I

- **add control to your resting state data**

Conclusion II

- **add control to your resting state data**

http://user.uni-frankfurt.de/~laufs/spm_talk.pdf/



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Paul Knaut

Sergey Borisov

Verena Brodbeck

