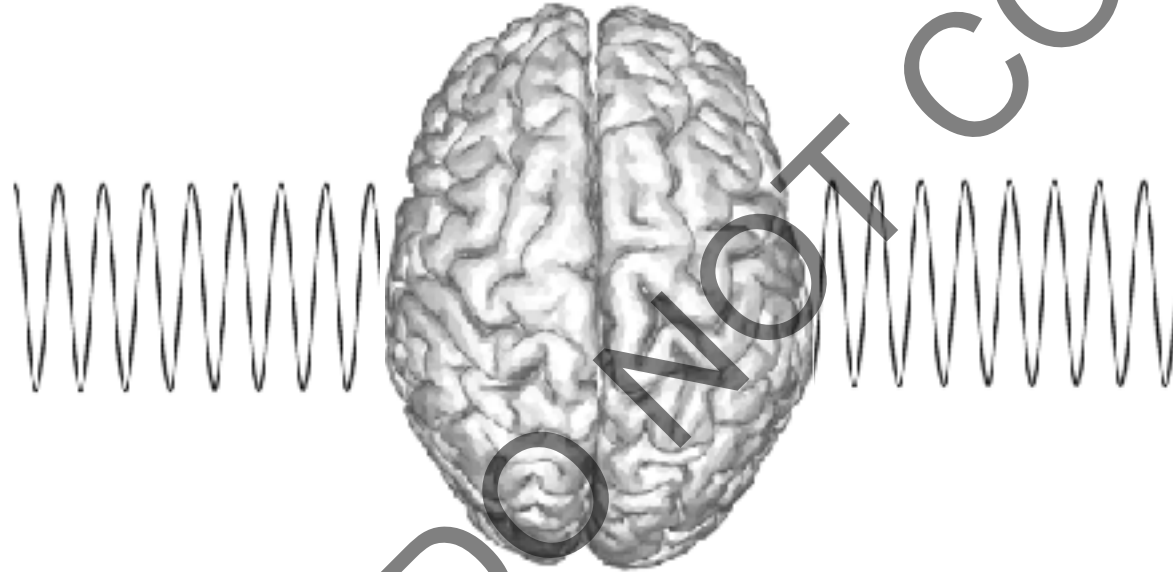


# Transcranial Current Stimulation (tCS)



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Beth Israel Deaconess  
Medical Center



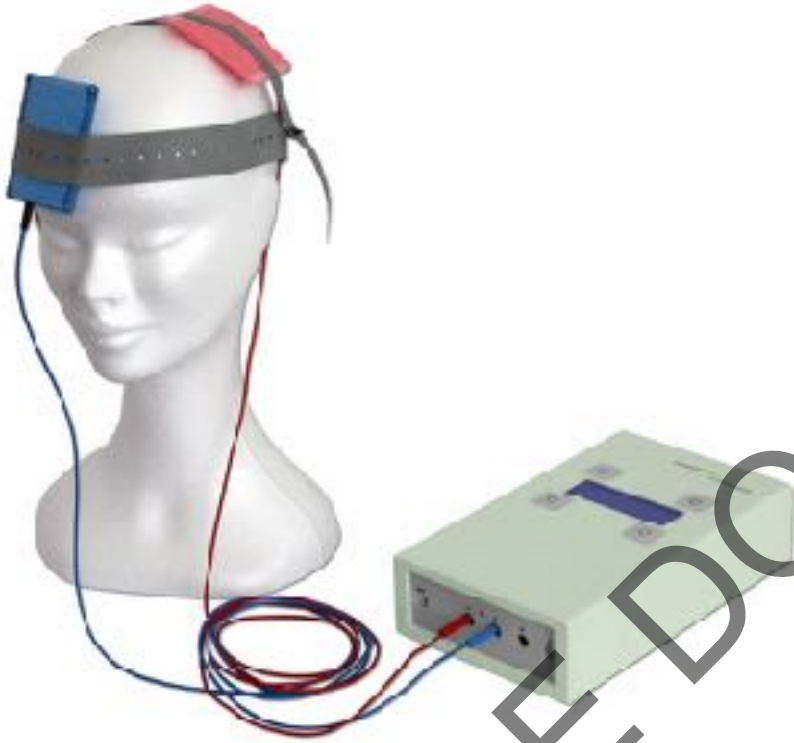
A teaching hospital of  
Harvard Medical School

[dcappon@bidmc.harvard.edu](mailto:dcappon@bidmc.harvard.edu)

Boston, 06.26.2019



# tCS devices



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# NIC-Device



- The battery is the core and the control unit of Starstim. Is a battery operated and it is wirelessly paired with the computer using the Nic software. 4-pin slot to connect with the electrode cable.



- The 4 electrode cable contains 32 channels for EEG monitoring or for stimulation, and two reference channels labelled with CMS & DRL.



- The neoprene cap is a comfortable solution to precisely place the electrodes on the scalp based on the 10-10 system.

# SET-UP

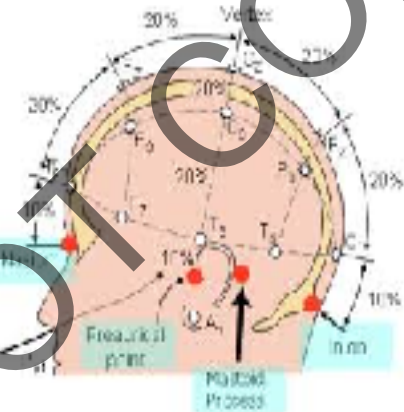
1

Reference electrodes



2

Place cap



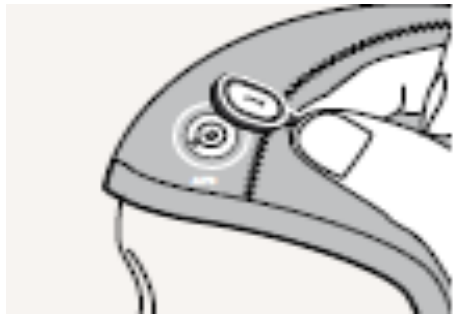
3

Reduce impedance



4

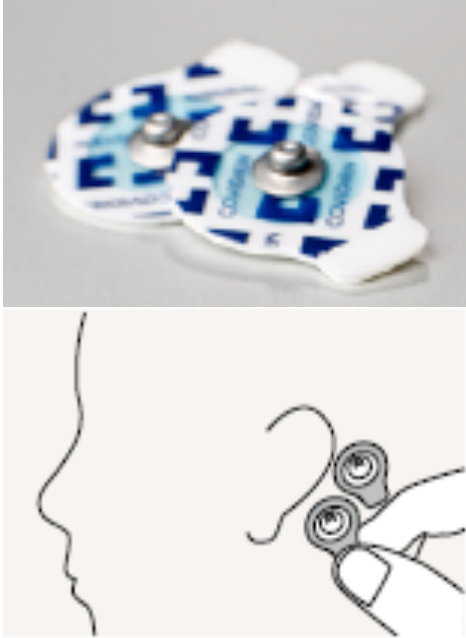
Place electrodes



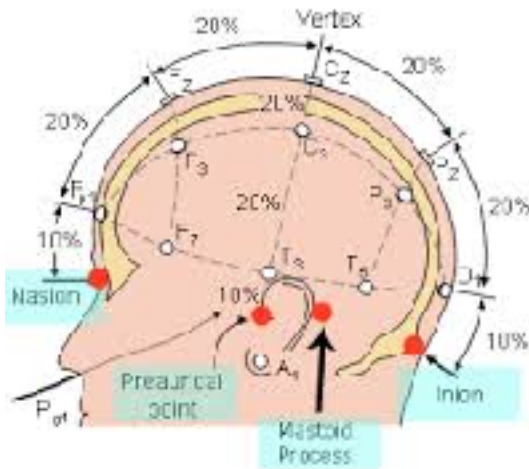
PLEASE DO NOT COPY

# SET-UP

1



- Clean the hard bone behind the ear (Mastoid) with an alcohol wipe;
- Place ground electrodes with sticky electrodes (ECG Electrodes) on Mastoid; CMS on top (horizontal, directly on bone), DRL on bottom (vertical, behind ear lobe);



- Ensure that cap has channel gauges pre-placed in all channels before-hand (based on subject specific stimulation montage);
- Place cap on head of subject;
- Measure mid-way between the nasion & inion and left tragus & right tragus, and make sure midpoint of skull lines up with CZ channel

## SET-UP

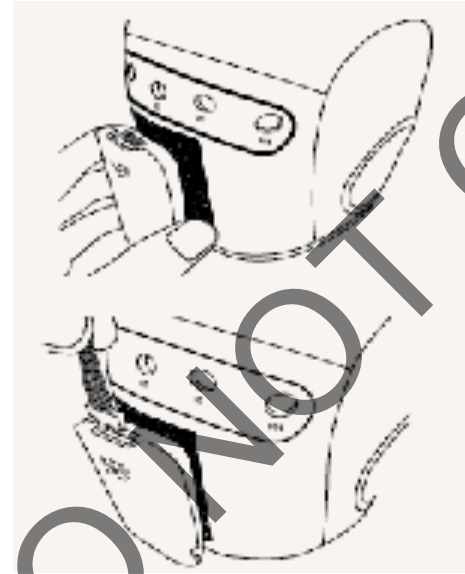
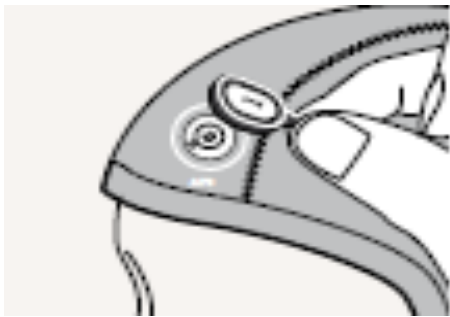
3



- Use cotton-tipped swab and Nu-Prep; clean scalp and push away hair using an up-down at each electrode location, left-right motion (making a cross); do not use a circular motion to clean the scalp with Nu-Prep
- Squeeze signa gel in each electrode channel; fill up  $\frac{1}{4}$  of channel gauge capacity, make sure gel is in direct contact with scalp

## SET-UP

4



- Twist on electrode onto channel gauges; make sure to twist electrode on so that it is level and tight; Note: the electrodes do not click or lock into place, make sure they are secure
- Box is attached to the neoprene cap using the velcro, and it is connected to the electrode cable using the 10-pin connector.



# NIC-Software

NE<sup>®</sup> My devices

NE-Device (COM3)  
SS32 Fw v3.0.20 Battery 100%

Settings

- TCP Server
- Double blind
- Save recordings to NUBE
- Enable Synchronizer
- Invert polarity

**Line Noise Filter**

50Hz 60Hz **None**

Enable at recording

**Default visualisation filter (Hz)**

2.0 to 40.0

Enable visualisation filter

**Manual Check Impedances**

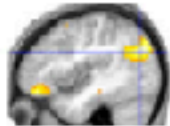
**DC** AC

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# Parameters for stimulation

## Where to stimulate?

Determine **target site & device position/orientation** for stimulation based on...



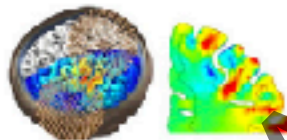
functional localizer



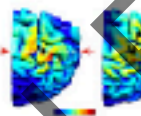
source localization



individual gyral anatomy



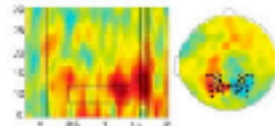
local strength of electric field



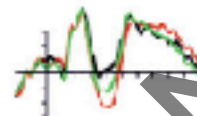
local direction of current flow

## When to stimulate?

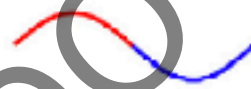
Determine **target onset/time window** relative to task or spontaneous event for stimulation based on...



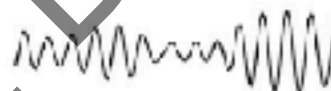
induced power



latency of evoked responses



oscillatory phase



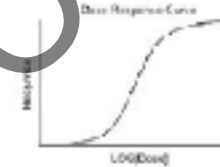
oscillatory power



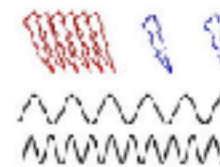
occurrence of specific events

## How to stimulate?

Determine **specific parameters** for stimulation such as...



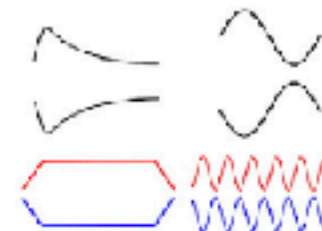
stimulation intensity



stimulation frequency

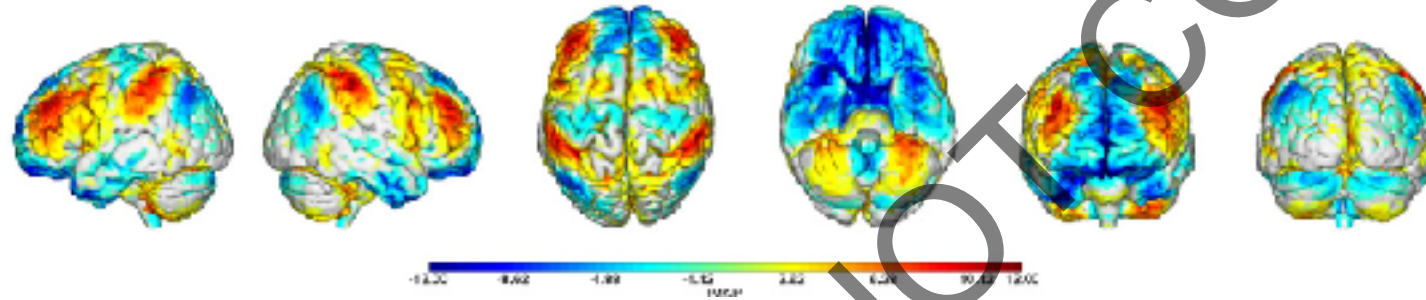


pulse/wave form

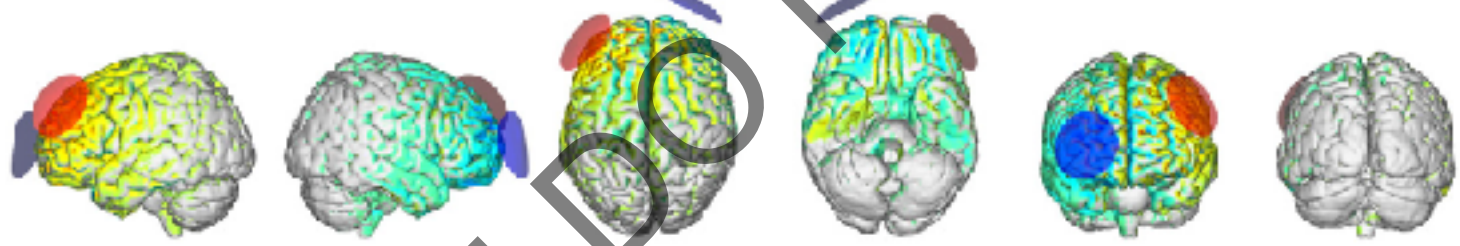


polarity

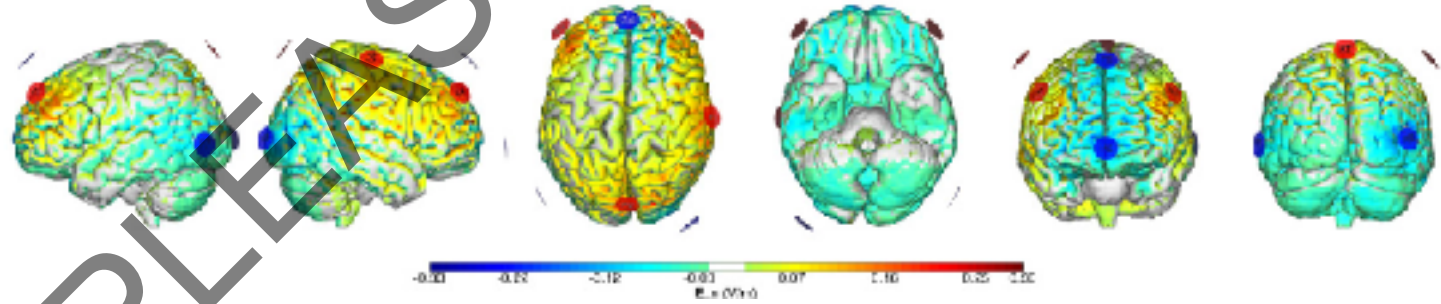
# Parameters for stimulation



*fMRI activation map*



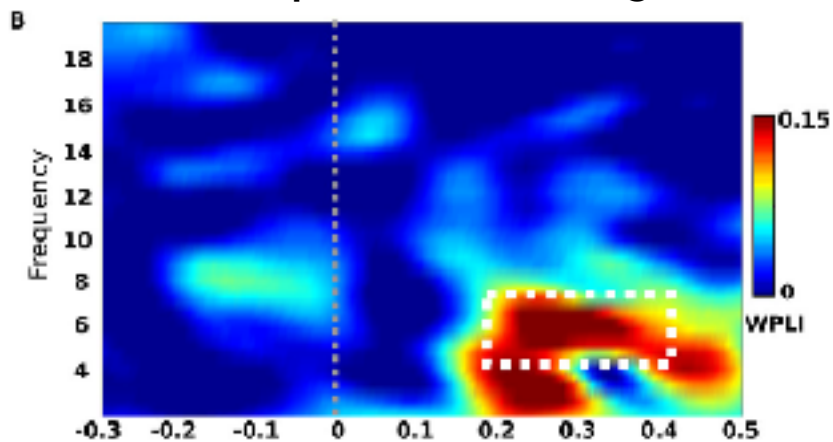
*tCS solution with 2 electrodes*



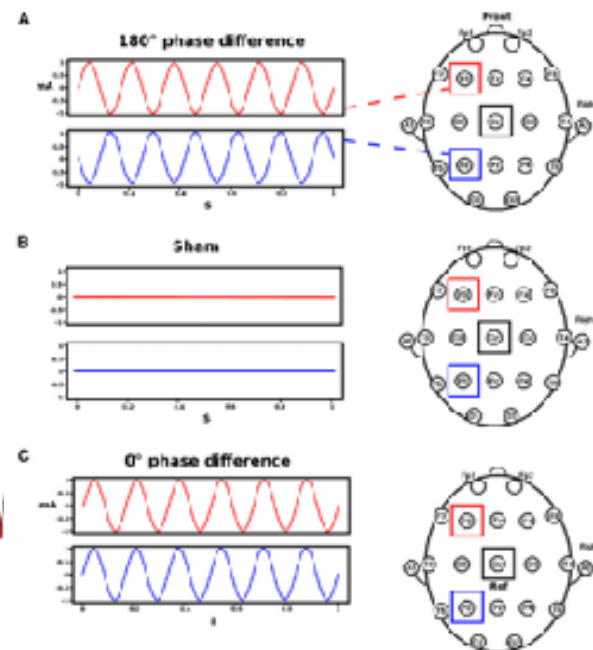
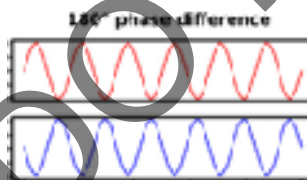
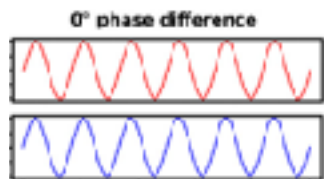
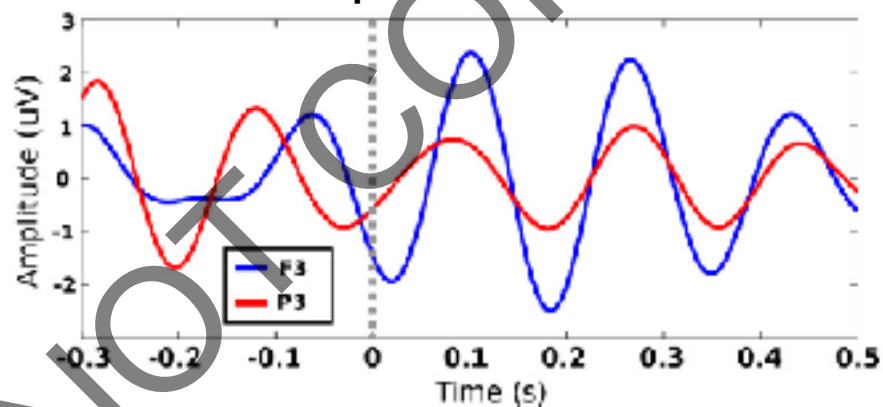
*Multifocal tCS solution with 8 electrodes*

# tACS and Phase Coupling: Working Memory

## Fronto-parietal Phase-lag



## Band-pass 6 +/- 1 Hz



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# Parameters\_selection\_NIC-Software

**NE<sup>®</sup>** New Protocol  
Phosphene\_20Hz\_sACS

**Steps**

1 Phosphene\_20Hz\_sACS  
Step total duration 20:03:00

Ramp-up: Ramp-down  
38 10 Share

+ ADD NEW STEP

**Template**  
User defined



**Design**  
EEG Stimulation

Basic Advanced

f1 Channel 1C Stimulation

IDCS: Amp  $\mu$ A 0  
IACS: Amp  $\mu$ A 1000 f(Hz) 20.00 P (%) 0  
IRNS: STB  $\alpha$  0 p-p  $\mu$ A/0

f2 Channel 2E Stimulation

IDCS: Amp  $\mu$ A 0  
IACS: Amp  $\mu$ A 1000 f(Hz) 20.00 P (%) 100  
IRNS: STB  $\alpha$  0 p-p  $\mu$ A/0

Doage of protocol: 233.3 mC  
Doage of step: 233.3 mC

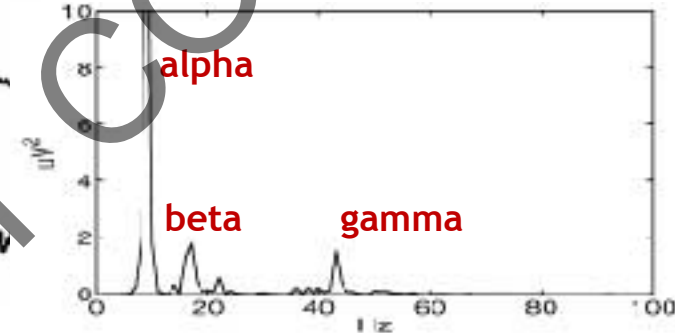
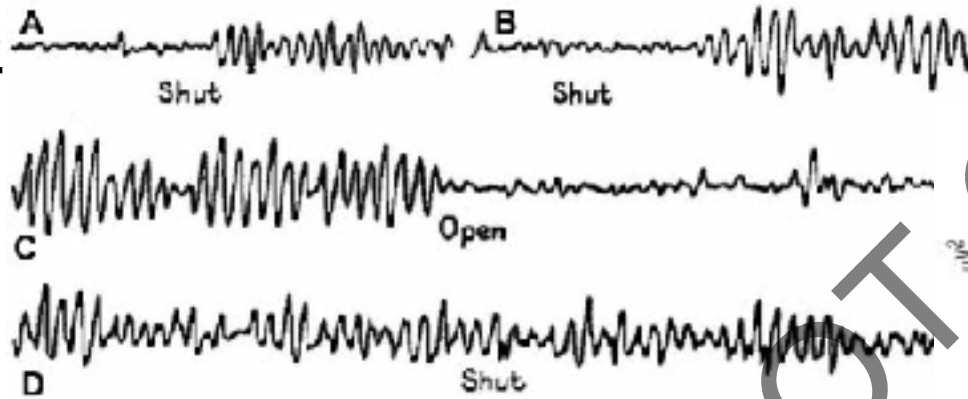
f1 (Hz) 0 TRNS Filtering  
f2 (Hz) 0 None Low Band High

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# tACS and Phosphene

Kandi et al., 2008

## Rationale



Eye Open/Closed Alpha (Adrian, 1934)

What is frequency sensitivity of tACS evoked Visual Sensation?

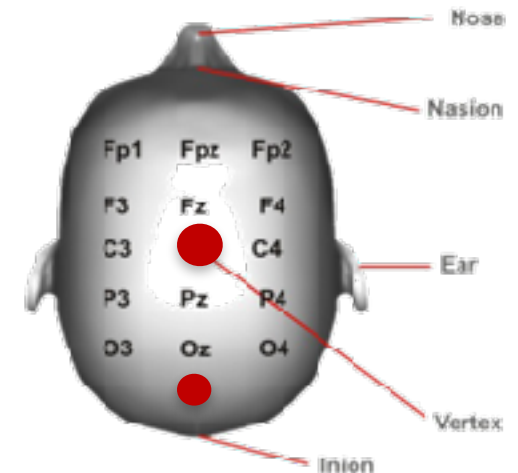
tACS Frequency



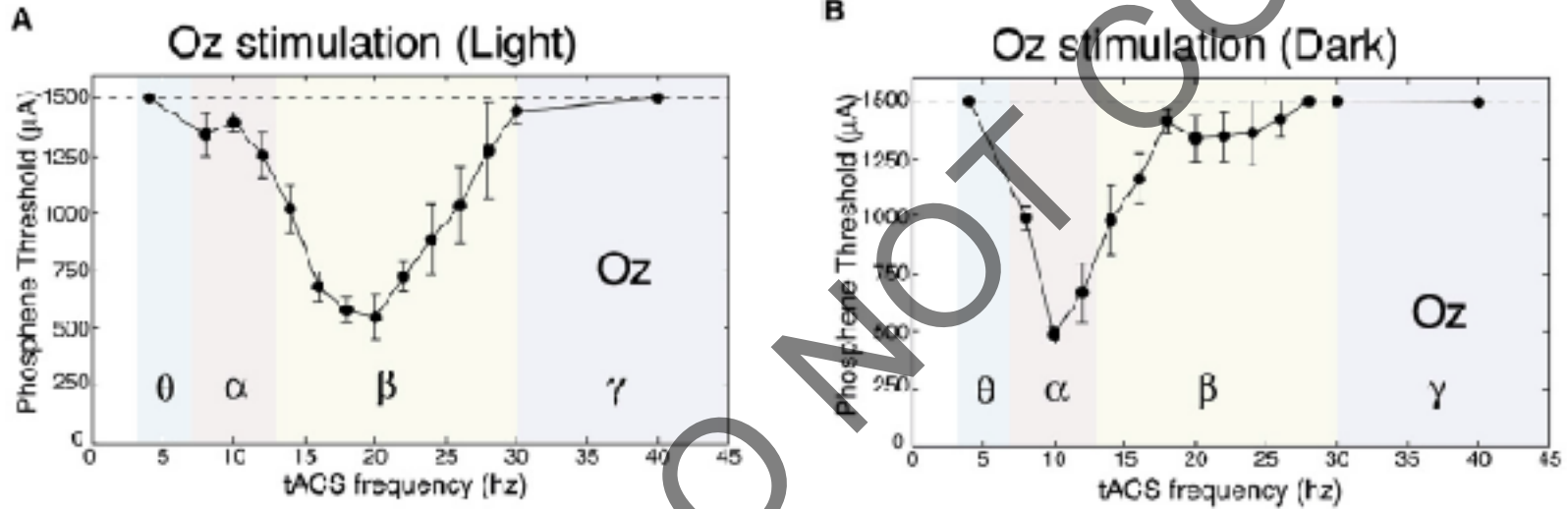
Phosphene Threshold

## Design

Electrodes	Inion (+4cm) - Vertex
Current	0-40Hz, 0-1mA, 5s each
Subjects	8 Healthy



## Results



- Occipital tACS can evoke phosphene perception
- Efficiency of stimulation is maximal at alpha band (dark) and beta band (light)

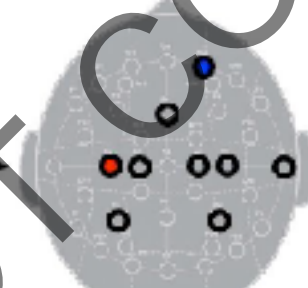
## **But...is it a cortical phenomenon?**

(Schwiedrzik, 2009), (Schutter, 2010); (Paulus, 2010).

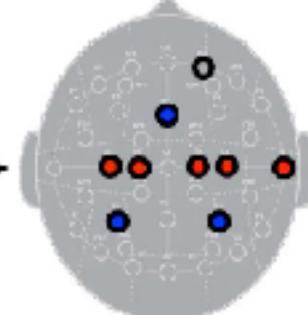
# Advance Montages



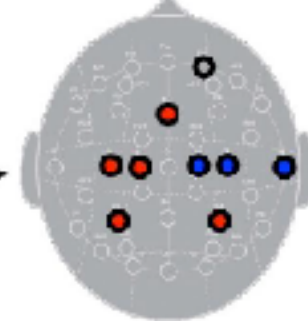
Traditional tDCS



Network tDCS

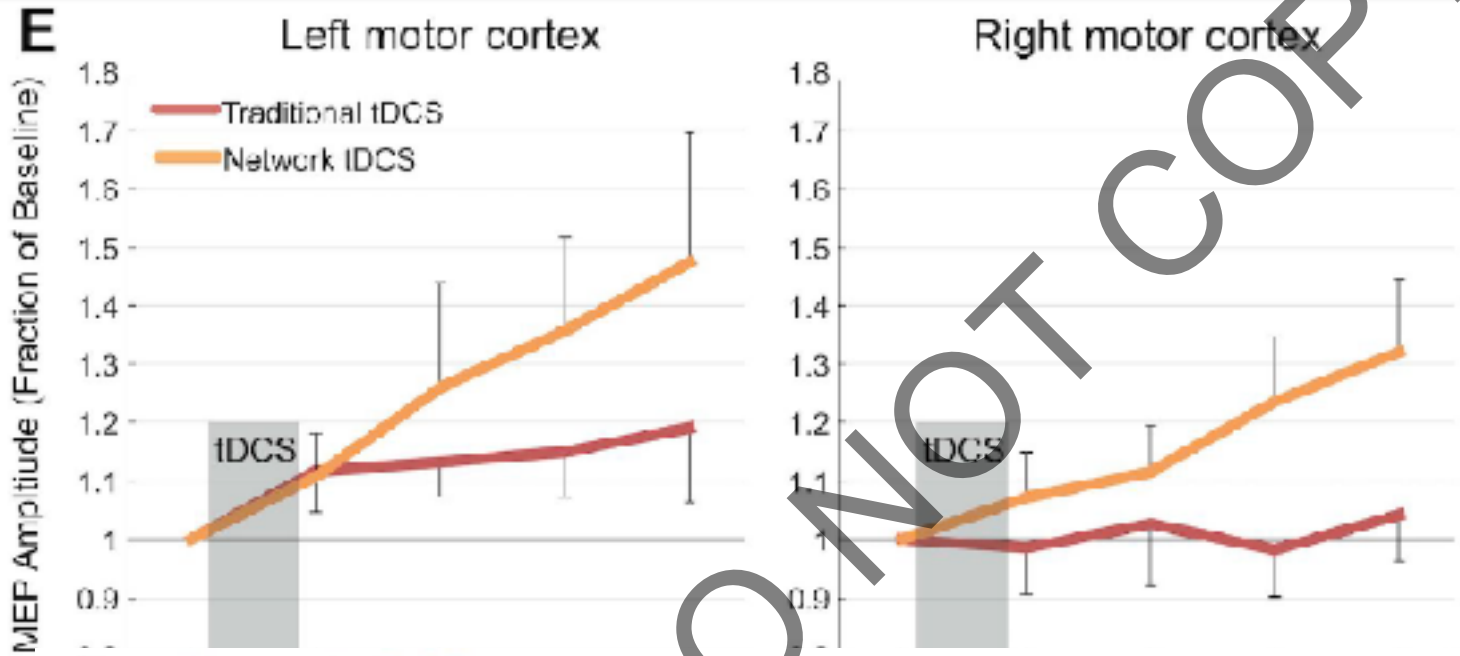


Network-Mismatch tDCS

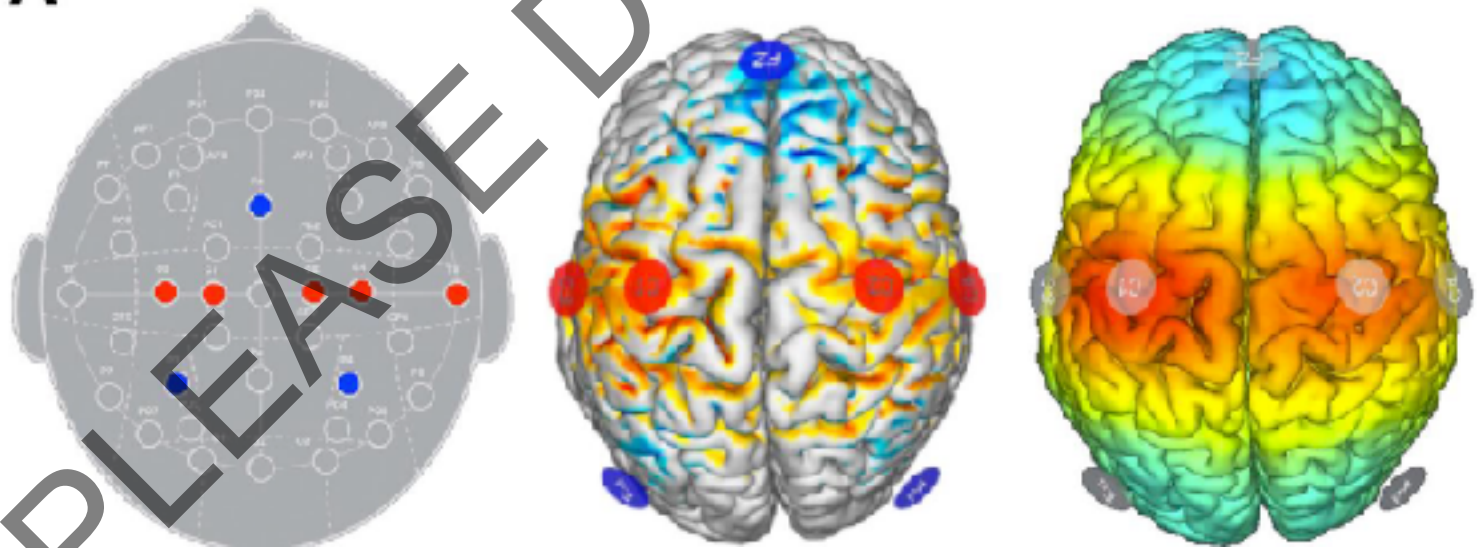




# Advance Montages



**A** Network tDCS





**Thank you for your attention**

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