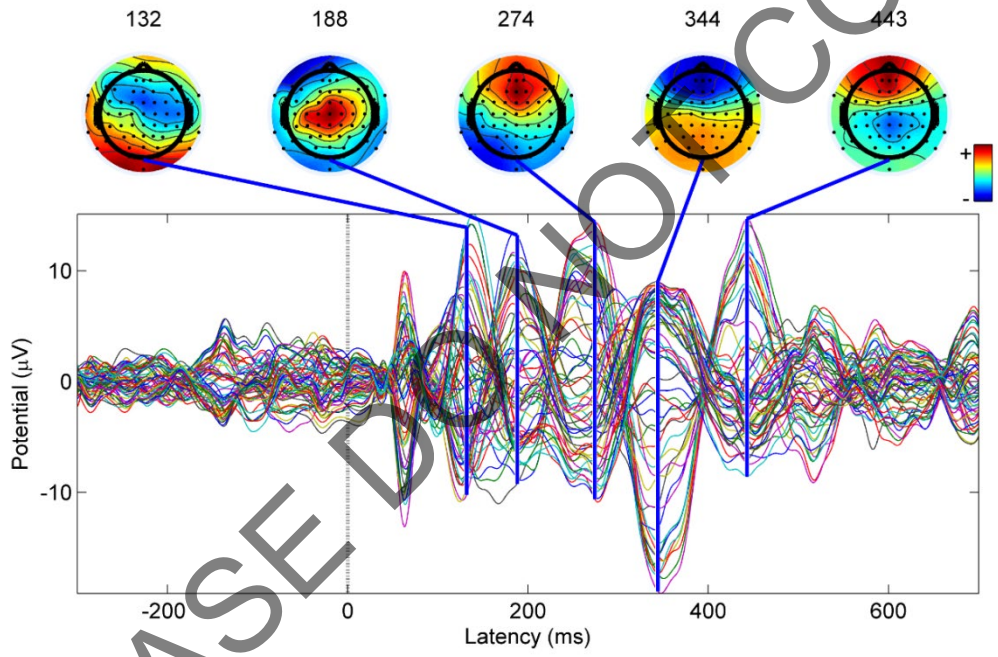
Combining TMS and EEG



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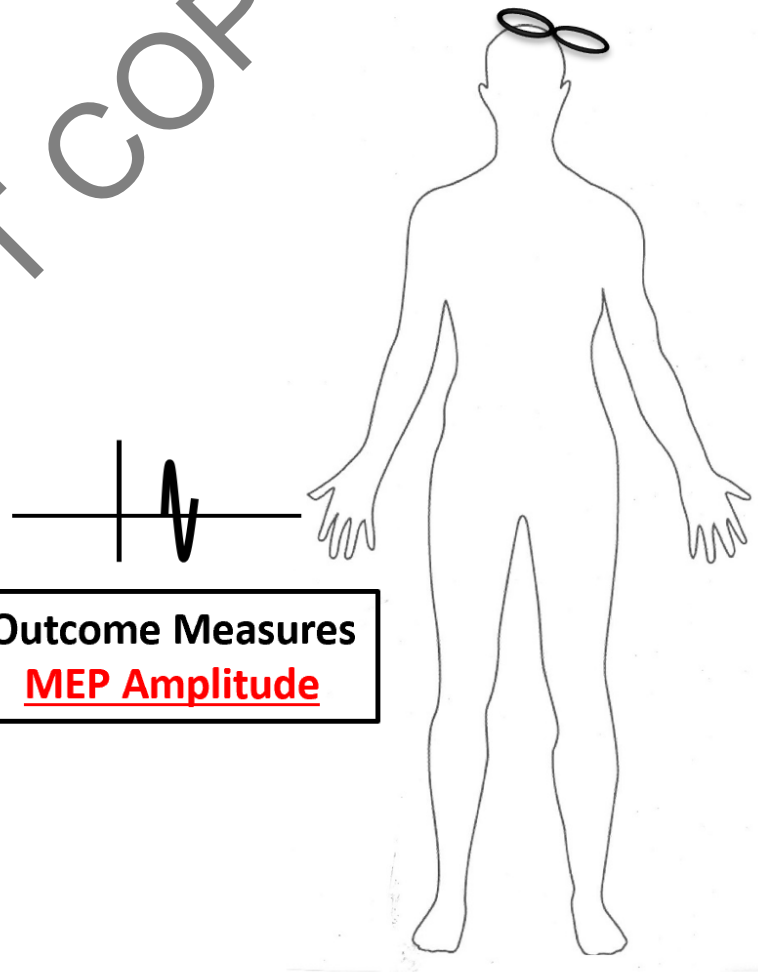
Talk Overview

- Intro to TMS and EEG
- Technical issues and challenges
- Neuroscience Applications of TMS-EEG
  - Understanding mechanisms and effects of TMS
  - Neurobiology and Cognitive Neuroscience
- Clinical Applications of TMS-EEG
  - Diagnosis
  - Monitoring
  - Targeting

TMS: What do we know?

TMS Protocols

- Single Pulse TMS
  - Cortical Mapping
  - Motor Threshold
  - Central Conduction Time
- Paired Pulse TMS
  - One Region
  - Two Regions
- Repetitive TMS
- CLINICAL APPLICATIONS
  - Across a wide spectrum of neurologic and psychiatric diseases



This is FINE, But …

What Is Missing?

Cortical origin?

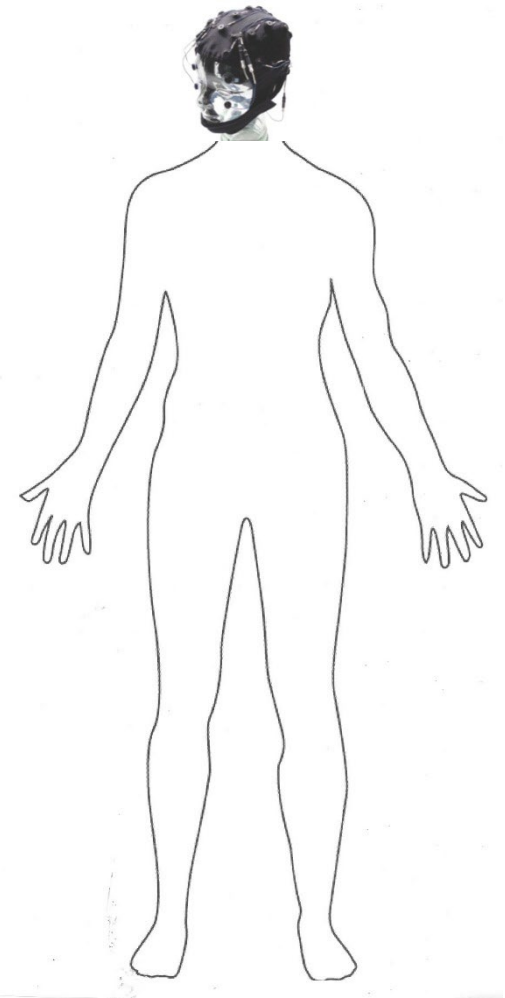
Non-motor regions?

State-Dependency?

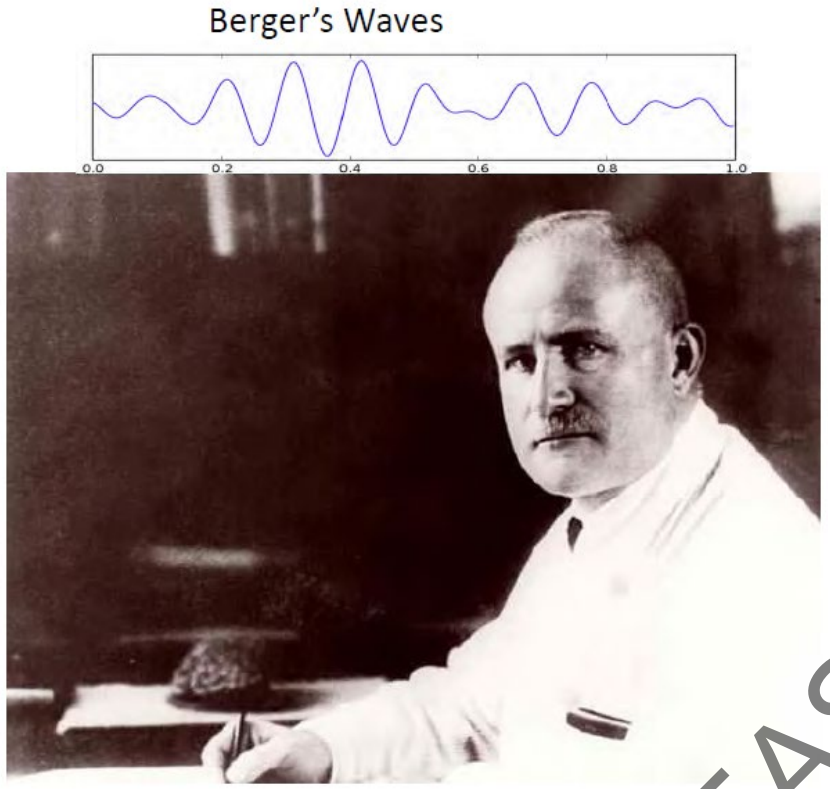
Changing brain activity states in disease conditions?

Motor Responses

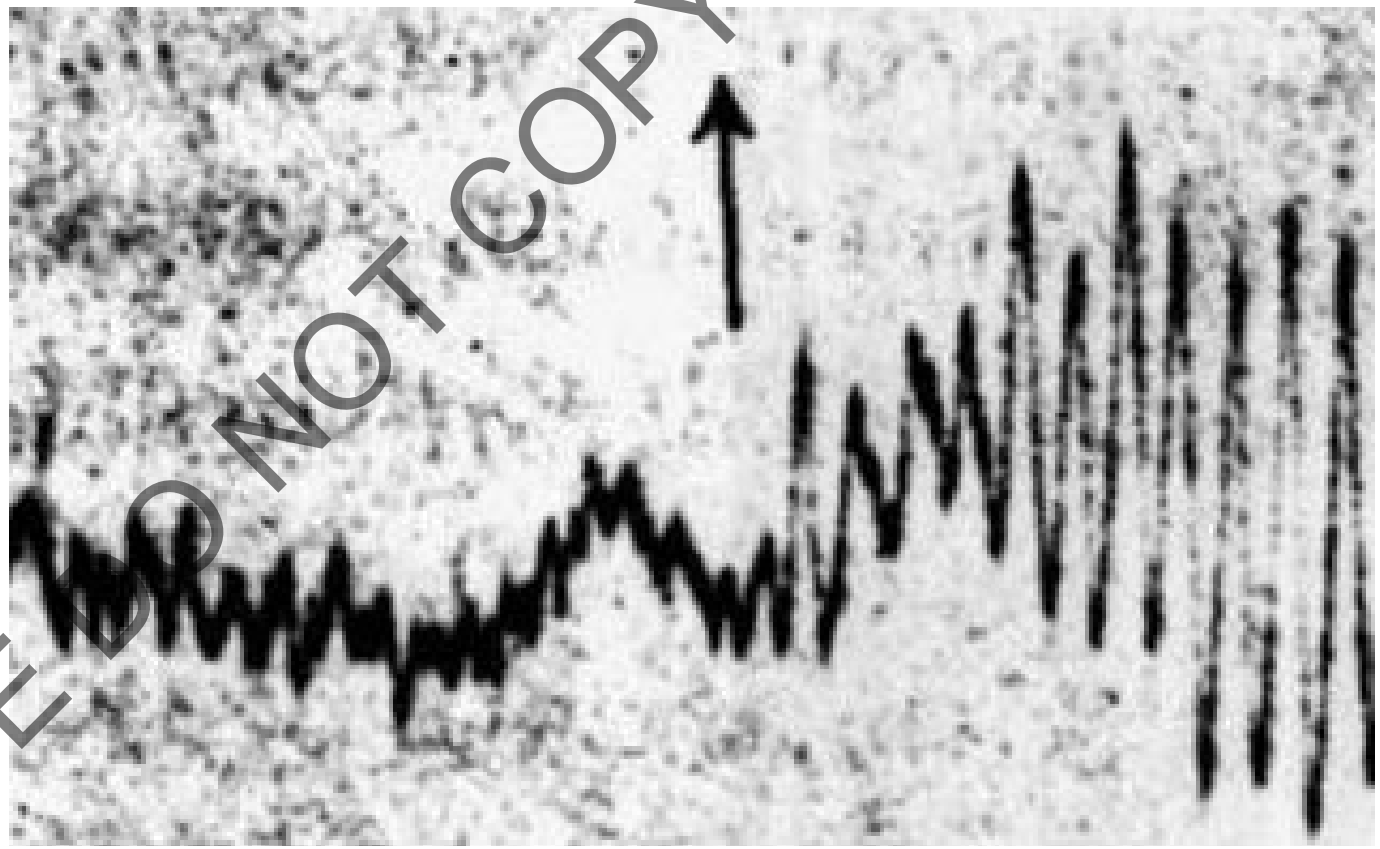
MEPS



EEG to the rescue?



German psychiatrist. First EEG recorded in 1924 and reported in 1929.



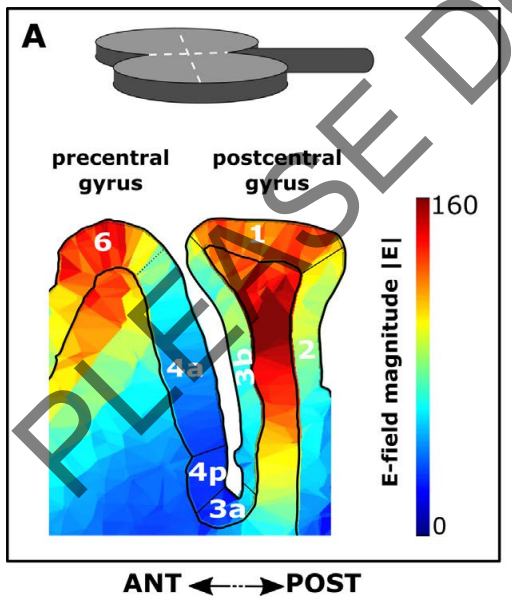
An early EEG recording performed by Hans Berger. Prior to the arrow the subject is performing a mental arithmetic task. After the task stops, alpha returns.
(Jensen, Spaak, Zumer 2014)

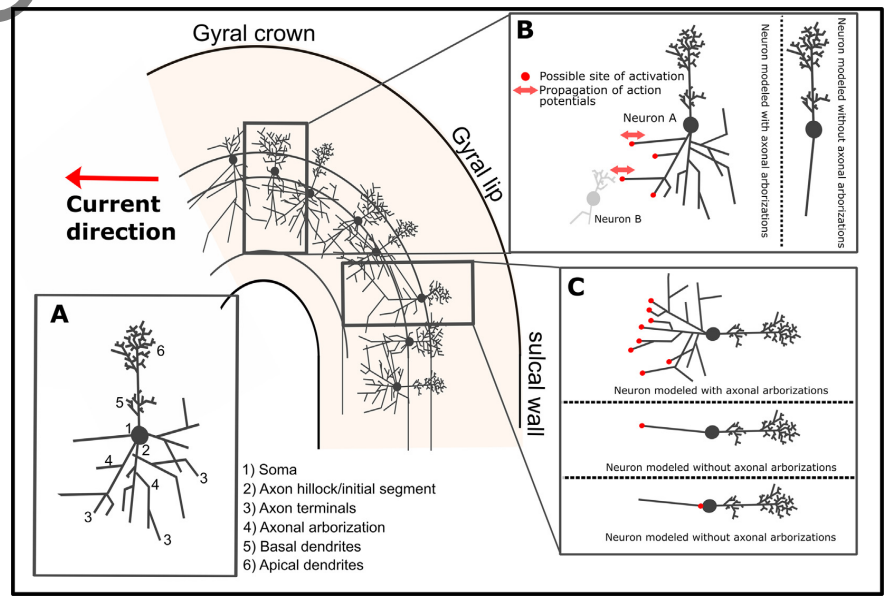
EEG: What are we recording?

- Mostly captures the synaptic activity at the surface of the cortex.
- EPSP + IPSP generated by synchronous activity of thousands of neurons oriented in parallel to each other.
- Interplay between excitatory pyramidal neurons and inhibitory interneurons

What is stimulated by TMS?

Thousands of pyramidal cells, interneurons and axons with maximum efficiency at the surface of the cortex.

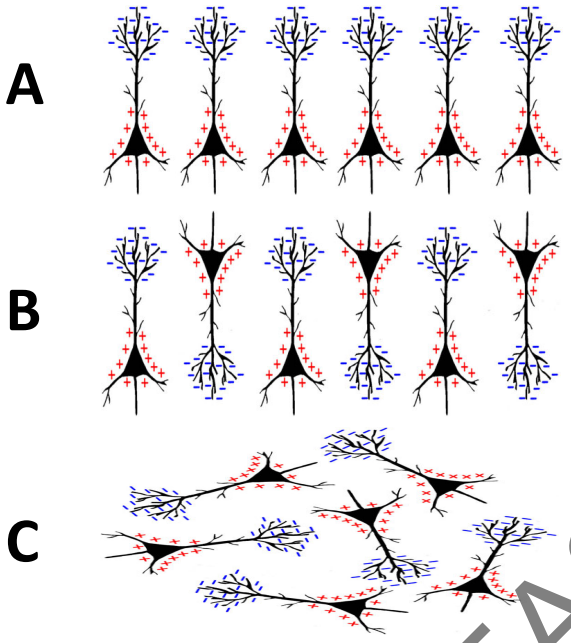




Siebner et al., 2022

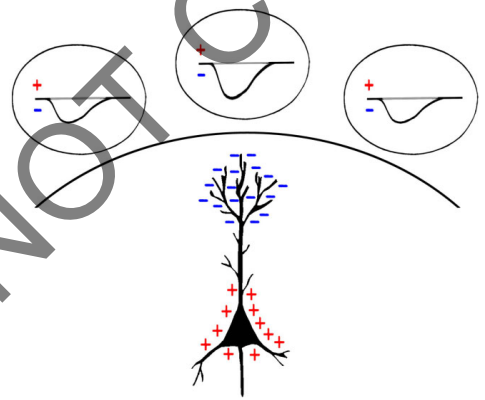
EEG: What are we recording?

- Orientation is critical and dictates what we can see at the scalp

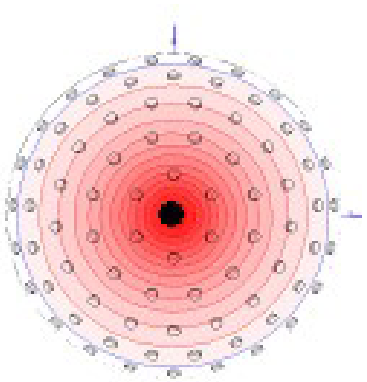


EEG detects only A

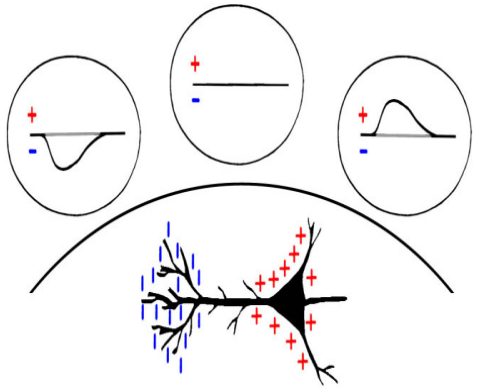
Radial Dipole



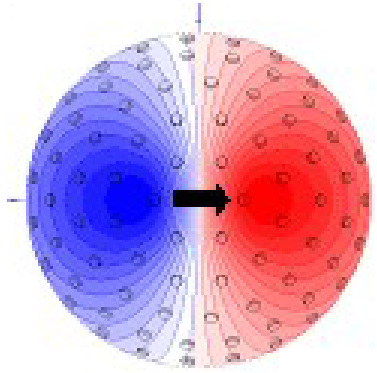
Scalp EEG



Tangential Dipole



Scalp EEG

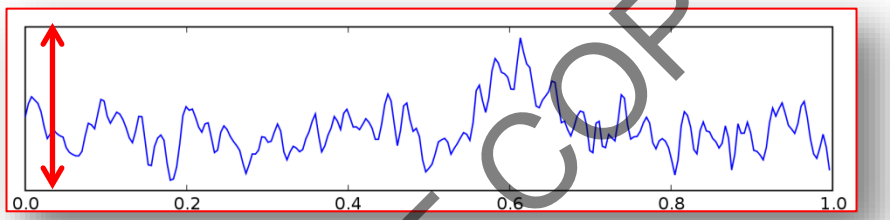


Jackson and Bolger, 2014, *Pyschophysiology*.

EEG language?

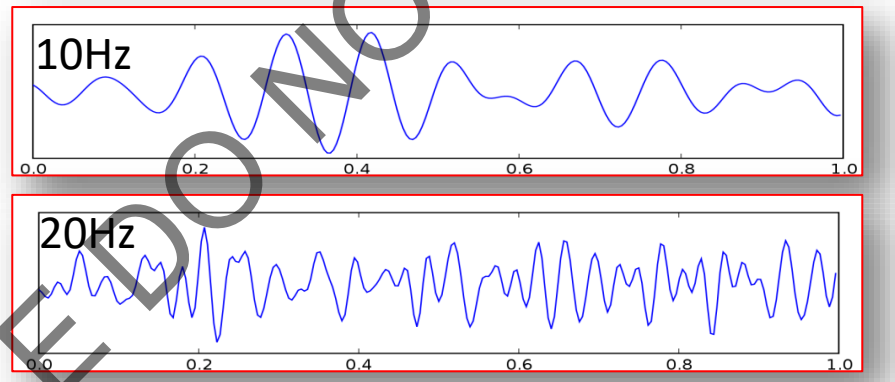
Amplitude (or Power)

Strength
(μV or μV²)



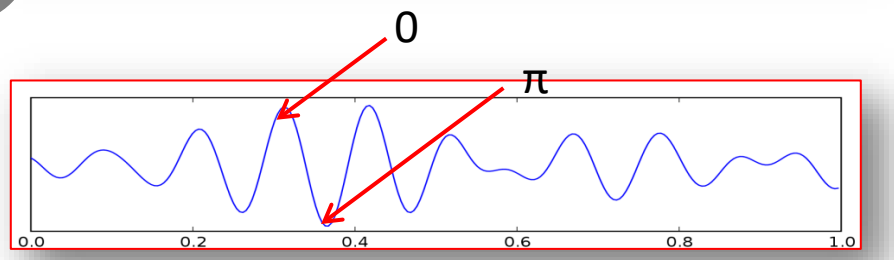
Frequency

# of Cycles/Second
(Hz)



Phase

(Radians)



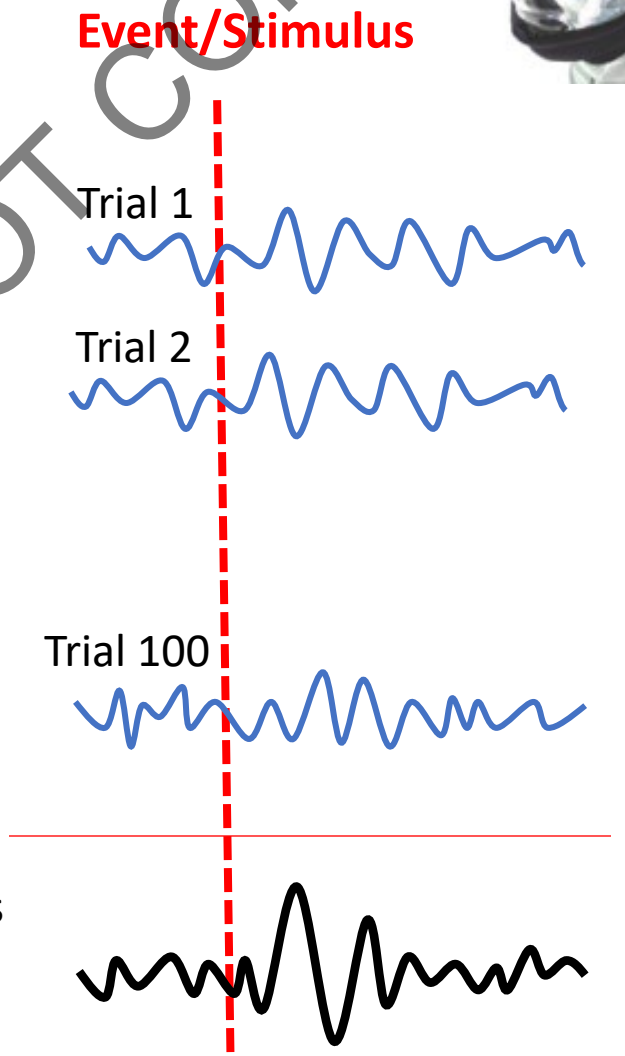
When/How to Record EEG?

Continuous Recording (No Event)

- Anesthesia,
- Sleep
- Resting (eyes open/closed)

Relative to An Event/Stimulation

- Sensory, motor, cognitive processing
- Electrical stimulation

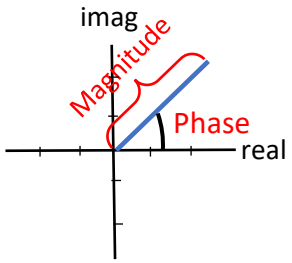


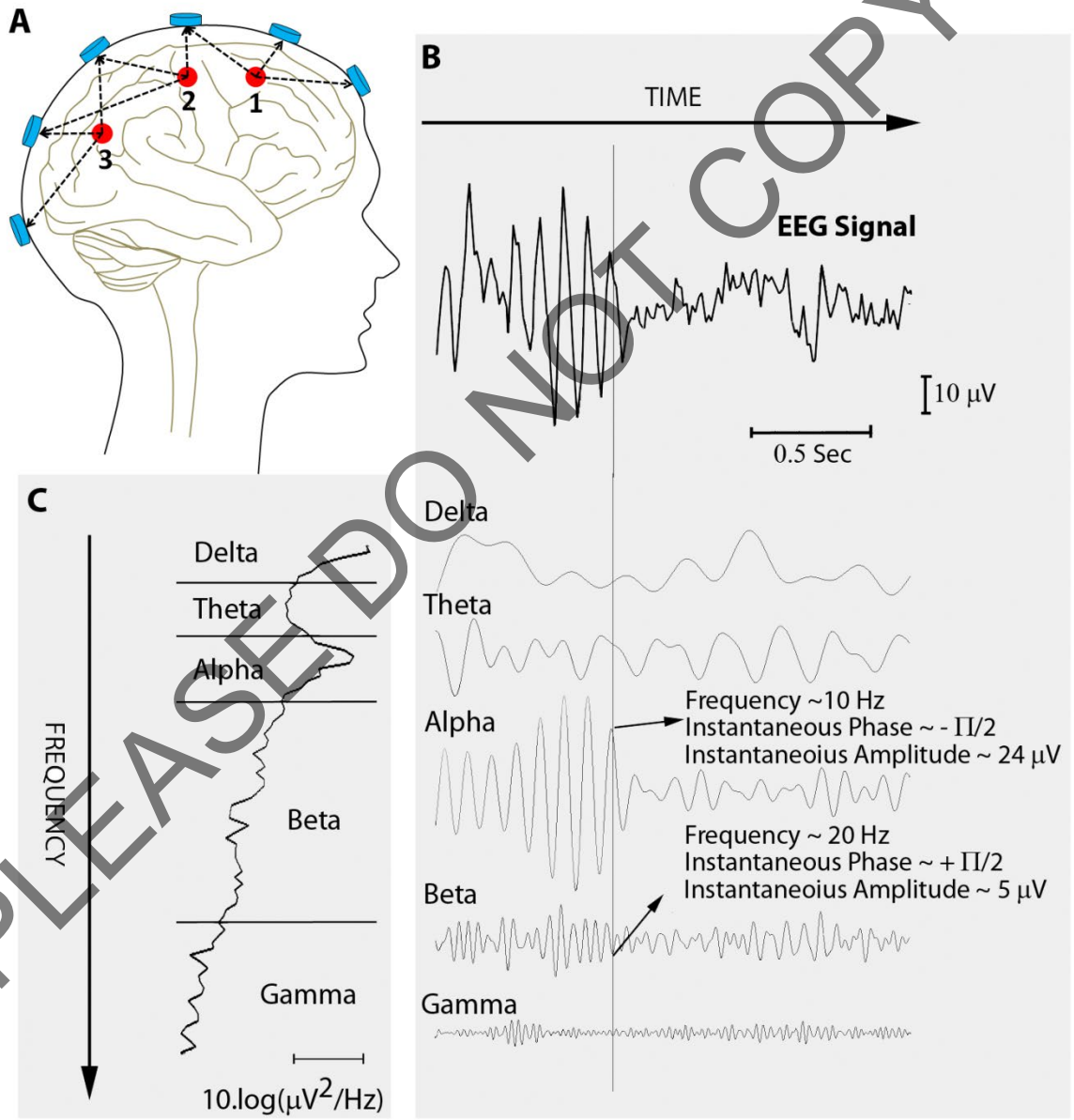
Time: Event Related Potential or Evoked potentials
Frequency: Event Related Spectral Perturbation
Phase

How to Analyze EEG?

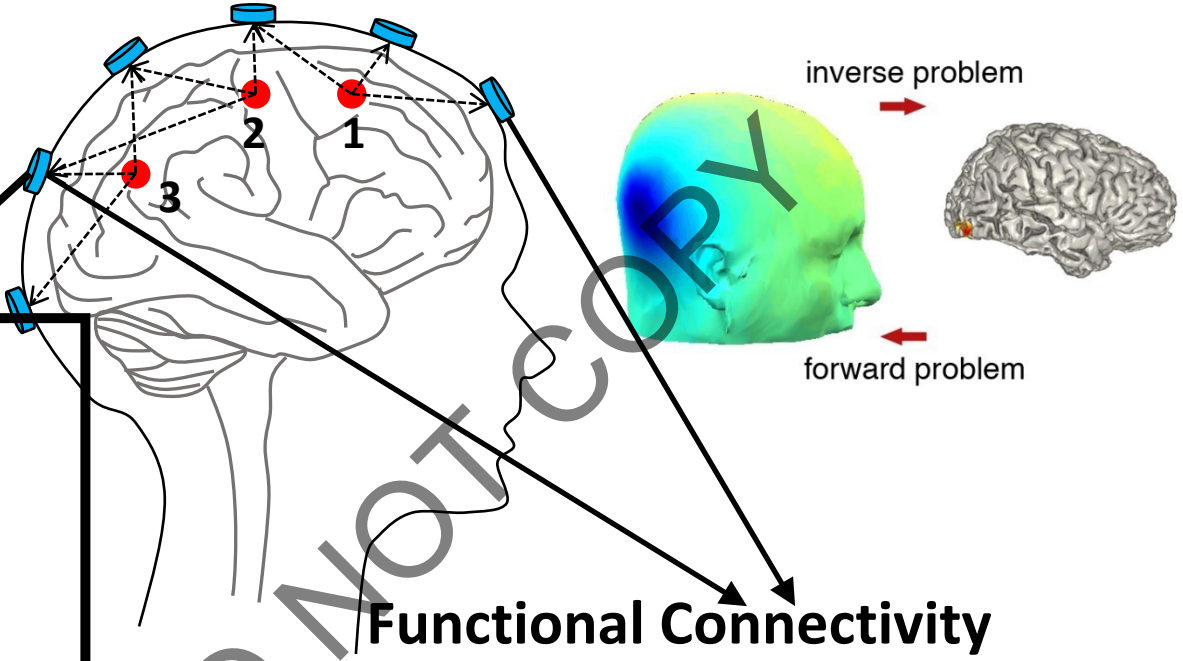
Time vs. Frequency Domain

Frequency Domain $X_i(f)$

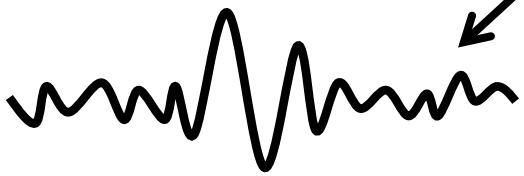




How to Analyze EEG?



Local Response



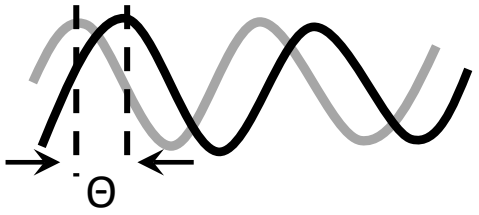
- Amplitude/Power
- Frequency
- Phase

Spontaneous EEG:
Spectral Power

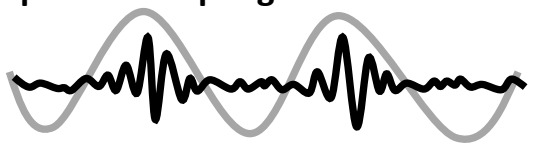
EEG + Event:
Event-Related Potentials (**ERP or EP**)
Event-Related Spectral Perturbation (**ERSP**)
Event-Related Synchronization (**ERS**)
Event-Related Desyncronization (**ERD**)

Functional Connectivity

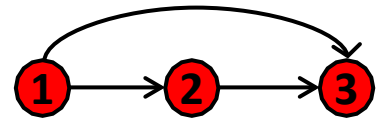
Correlation (time)
Coherence (frequency)
Synchrony (phase-locking)



Cross-Frequency Phase-Amplitude Coupling



Direction of Information Flow
Directed Transfer Function
Directed Partial Coherence

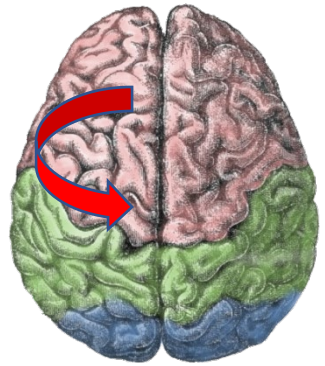


In summary what can EEG tell us?

Excitability of cortical tissue, and the balance of excitation and inhibition

Brain state and the integrity of different networks

Dynamics of interactions within and between different brain regions



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Marrying TMS with EEG … the problems …

- Very brief (5min) Summary here.
- More detailed illustrations and explanations during TMS-EEG hands on session.

Initial Problems?

EEG Amplifiers Saturated!

Ives et al., 2006, Clinical Neurophysiology

TMS pulse generated too high a voltage (> 50mV) for most amplifiers to handle. Amplifiers were saturated or even damaged!

Problem 1: EEG Amplifier Saturation

Some Solutions

- **De-coupling:** TMS pulse is short (.2 to .6ms), so block the amplifier and reduce the gain for -50µs to 2.5 ms relative to TMS pulse.
  Virtanen et al., Med Biol Eng Comput, 1999; **Nexstim (Helsinki, Finland)**

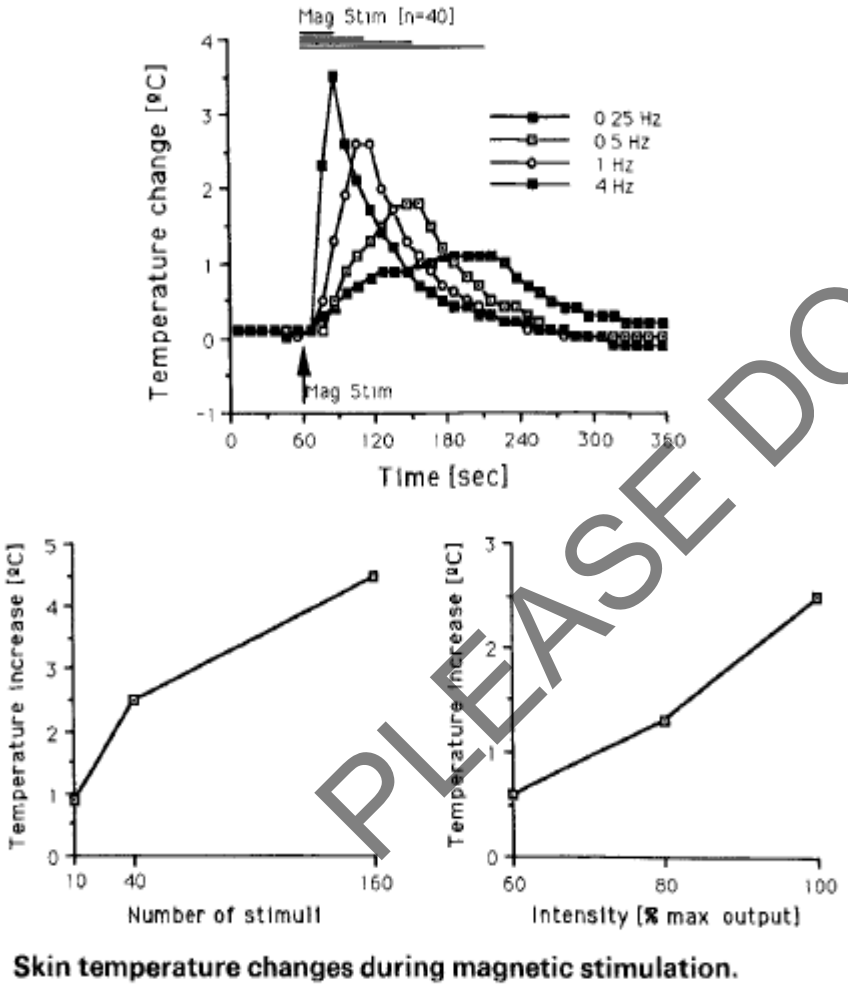
- **Increased Sensitivity & Operational Range:** Adjust the sensitivity (100 nV/bit) and operational range of EEG amplifiers so that amplifiers would not saturate by large TMS voltage **BrainProducts (Munich, Germany)**

- **DC-Coupling/High Sampling Rate:** A combination of DC-coupling, fast 24-bit analog digital converter (ADC) resolution (i.e., 24 nV/bit) compared to older 16-bit ADC resolution that was limited to 6.1 mV/bit, and high sampling rate (20 kHz)=> capture the full shape of artifact and prevent amplifier clipping. **NeuroScan (Compumedics)**

- **Limited Slew Rate**: Limiting the slew rate (the rate of change of voltage) to avoid amplifier saturation; Artifact removed by finding the difference between two conditions. **Thut et al., 2003; Ives et al., 2006;**

References: Vaniero et al, 2009; Ilmoniemi et al, 2010

TMS Heated Up Electrodes!



Skin temperature changes during magnetic stimulation.

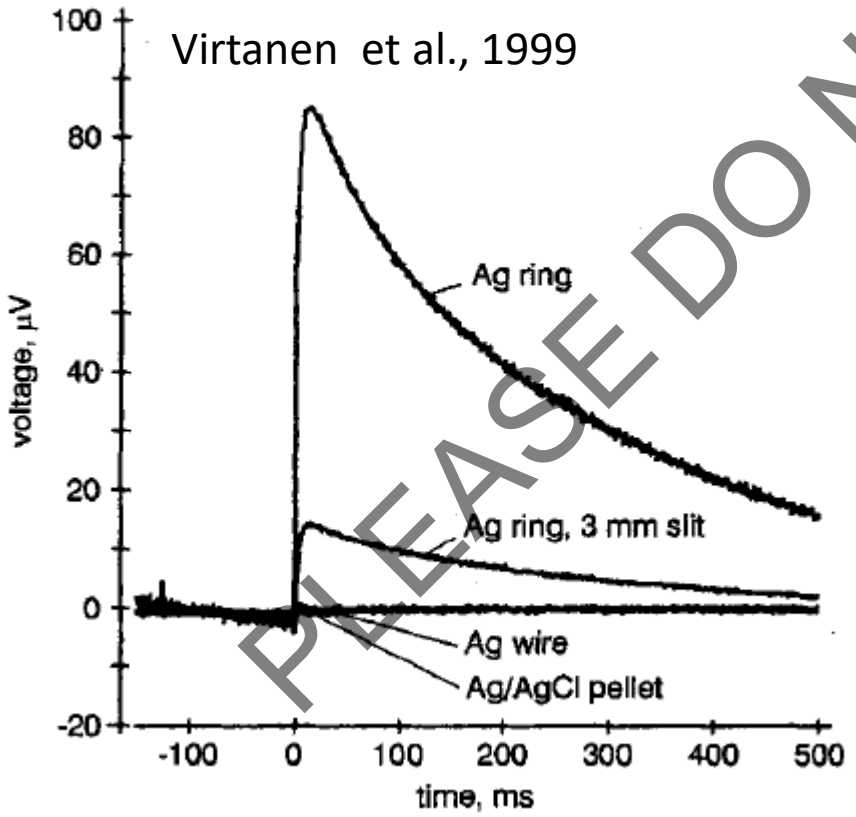
One of the subjects had a burn on the skin, to test whether this had anything to do with rTMS, they placed electrodes on their arm and stimulated the electrode with different number of stimuli, different intensity and different duration of stimulation.

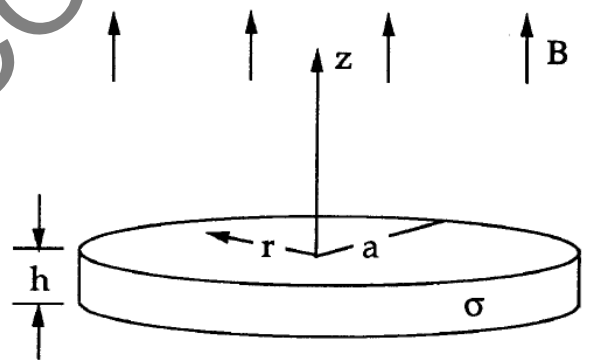
Reference: Pascual-Leone et al., 1990, Lancet

Problem 2: Electrode Heating

Some Solutions

Small Ag/AgCl Pellet Electrodes





Temp ~ r^2

Temp ~ B^2

Temp ~ metal electrical conductivity (σ)

There were all kinds of other issues too …

- We learned that TMS induces a secondary current (eddy current) in near by conductors. Well… EEG electrodes are conductors!

High frequency noise in the electrode under the coil

- Movement of electrodes by TMS coil, muscle movement or electromagnetic force.

Slow frequency movement & motion artifact in EEG recording

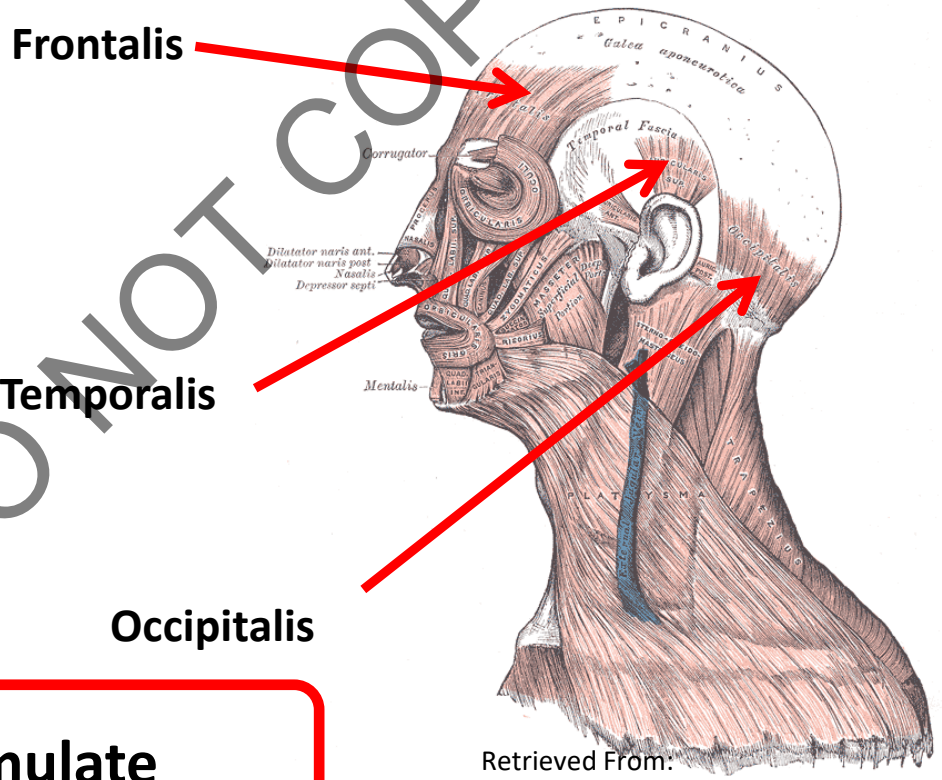
- Capacitor recharge also induced artifact in the EEG.

Smaller amplitude TMS artifact sometime after TMS pulse

References: Vaniero 2009; Ilmoniemi 2010;

And some remain problematic…

TMS may cause motor responses in scalp muscles



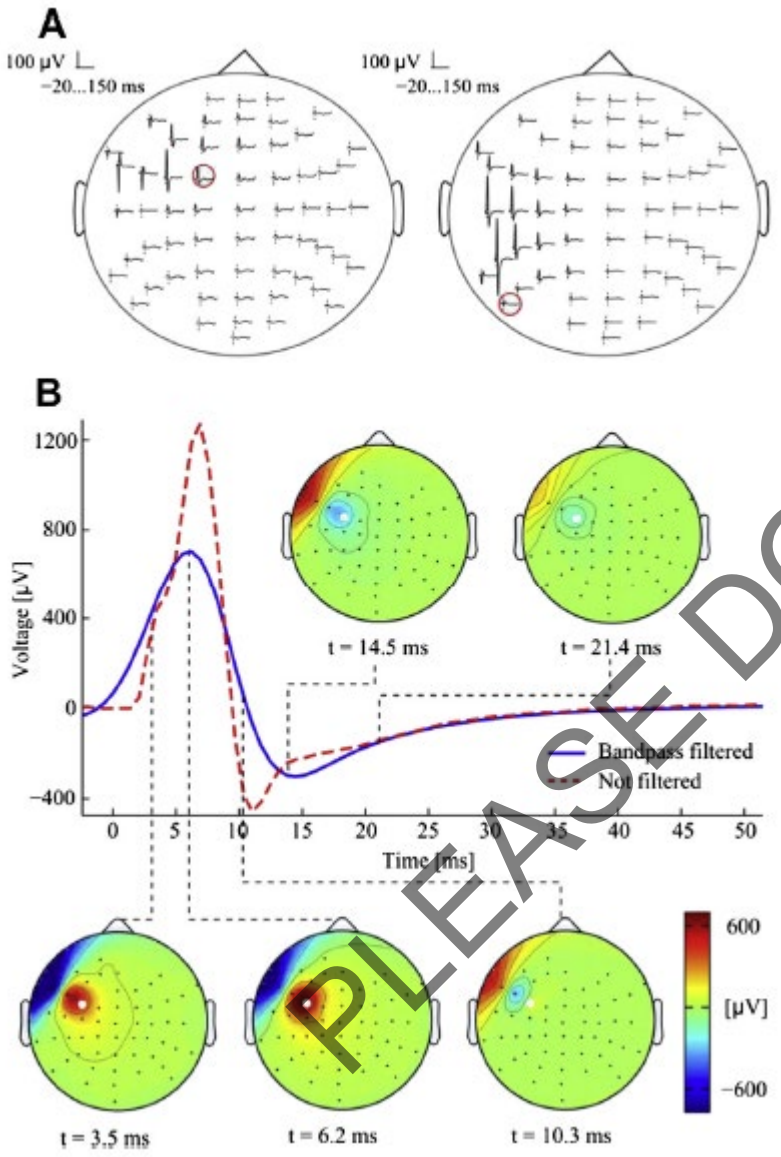
Retrieved From: http://education.yahoo.com/reference/gray/illustrations/figure?id=378

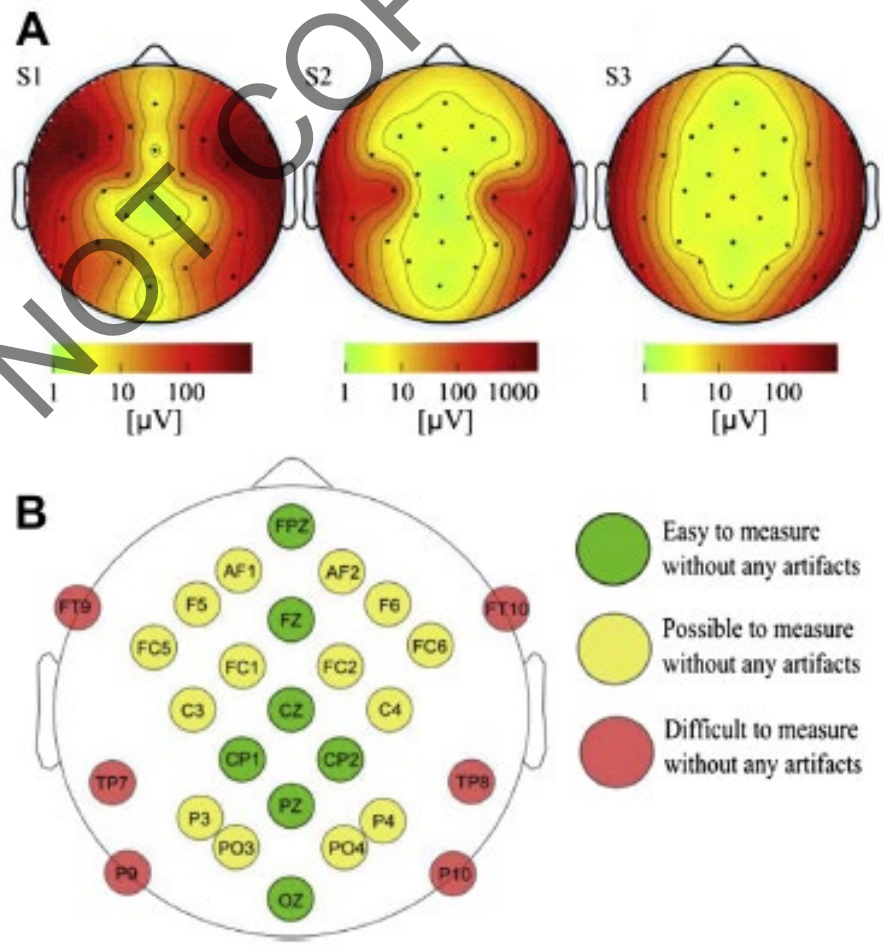
Some Solutions

Changing the coil angle to stimulate muscles less

EMG artifact removal after recording
Independent Component Analysis

Site of stimulation is critical



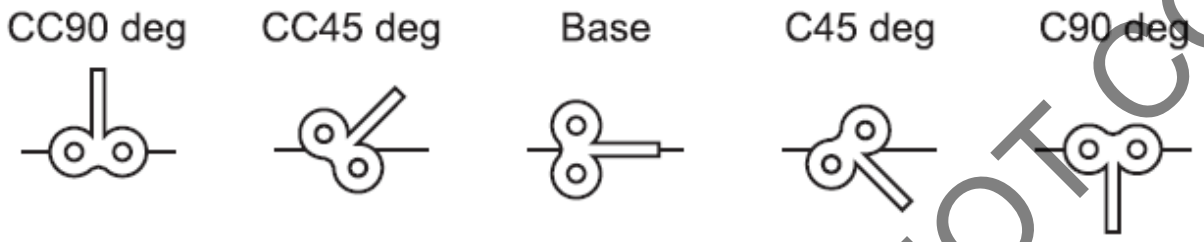


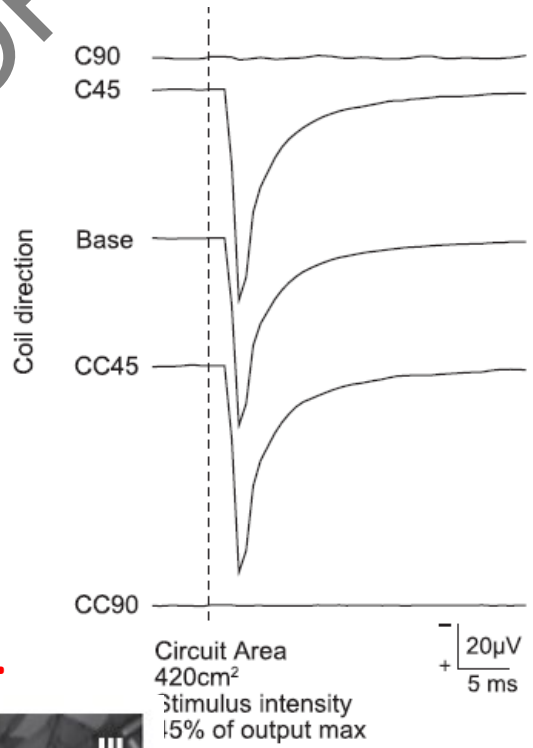
M/F

Mutanen 2012

Minimizing recorded artifact online

Coil Orientation with Respect to the Electrode Wires

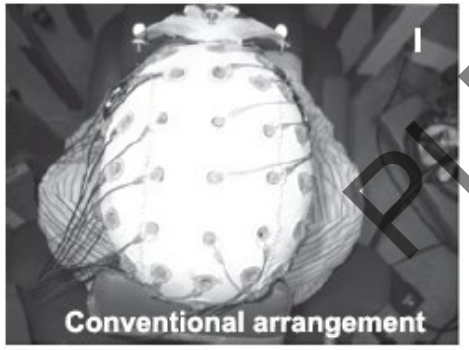


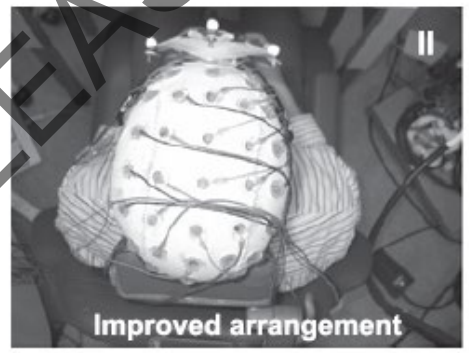


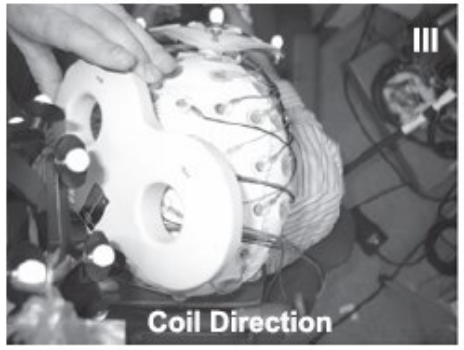
- Large positive depression after the stimulus onset for Base, C45, and CC45 directions,

- Residual artifacts were negligible at both 90 positions

Solution: Rearrange the lead wires relative to the coil orientation.

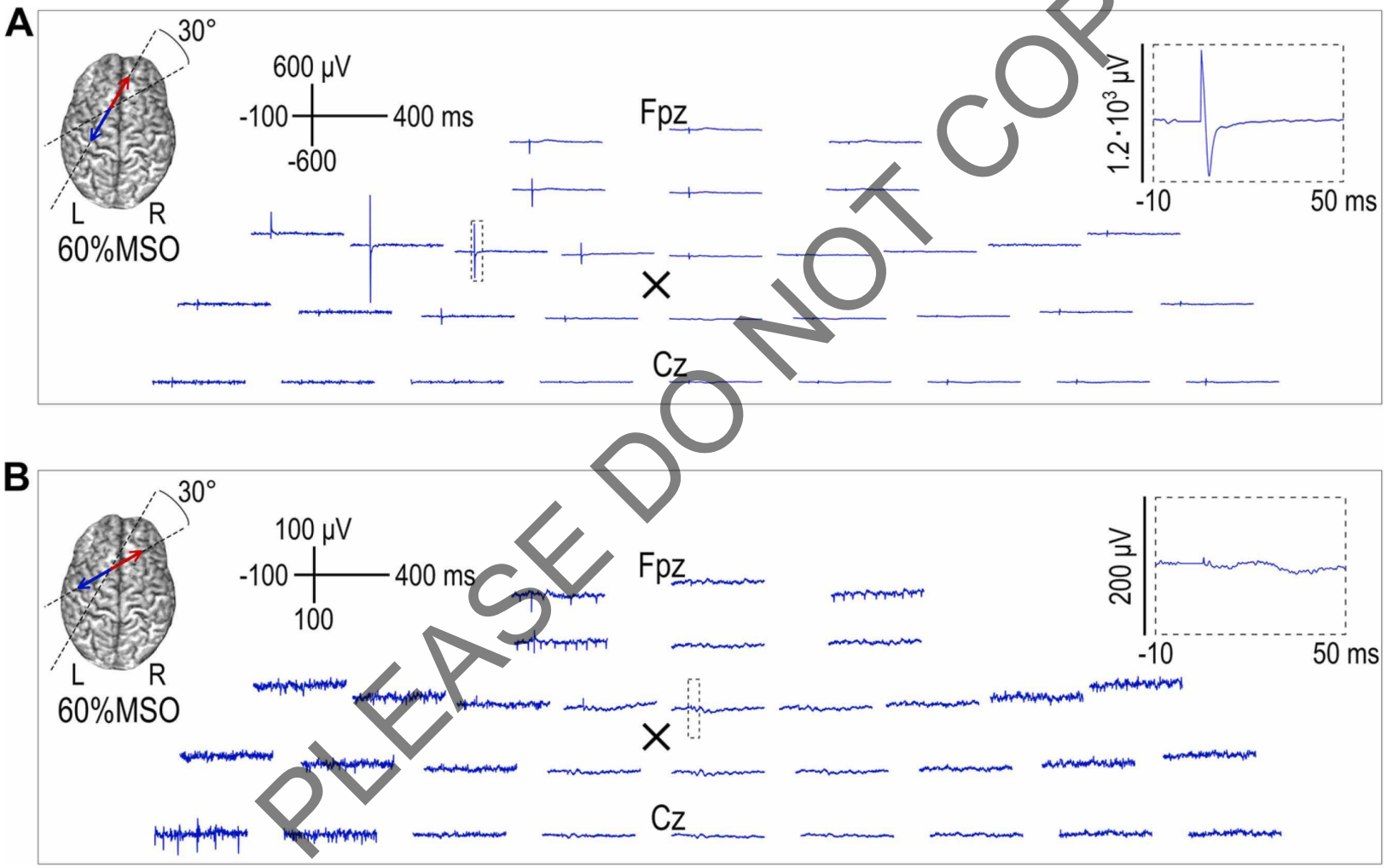






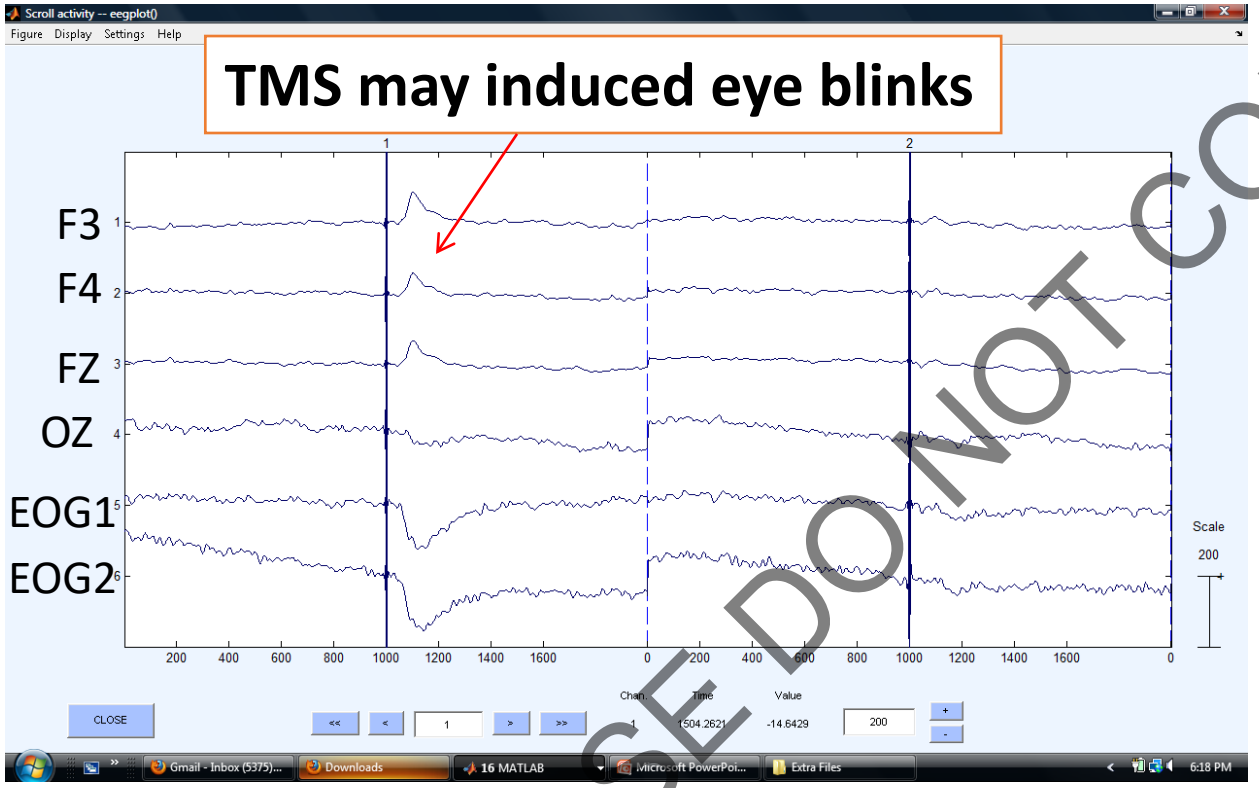
Results from: H. Sekiguchi et al., Clinical Neurophysiology

Potential solution: Real-time visualization of TEPs



Casarotto 2022 Brain Stim

Other difficulties



Some Solutions

EOG Calibration Trial

Delete Contaminated Trials

Independent Component Analysis (ICA)

Minimizing recorded artifact Offline

Deleting, Ignoring, or 'Zero-Padding'

Remove by setting the artifact to zero

References: Esser 2006; Van Der Werf and Paus 2006; Huber 2008; Farzan 2010;

Temporal Subtraction Method

Create a temporal template of TMS artifact and subtract it; Example: TMS only condition; TMS+Task Condition, then subtract TMS Only from TMS+Task

References: Thut et al. 2003; 2005.

Removing Artifact and Interpolate

Interpolation: Cut the artifact and connect the prestimulus data point to artifact free post stimulus

Refereces: Kahkonen et al. 2001; Fuggetta et al. 2005; Reichenbach et al. 2011.

PCA and ICA

Parse out EEG recording into independent (ICA) or principle (PCA) components and remove the component that are due to noise;

References: Litvak et al. 2007; Korhonen 2011 Hamidi 2010; Maki & Ilmoniemi 2011; Hernandez-Pavon 2012; Braack 2013, Rogasch 2014

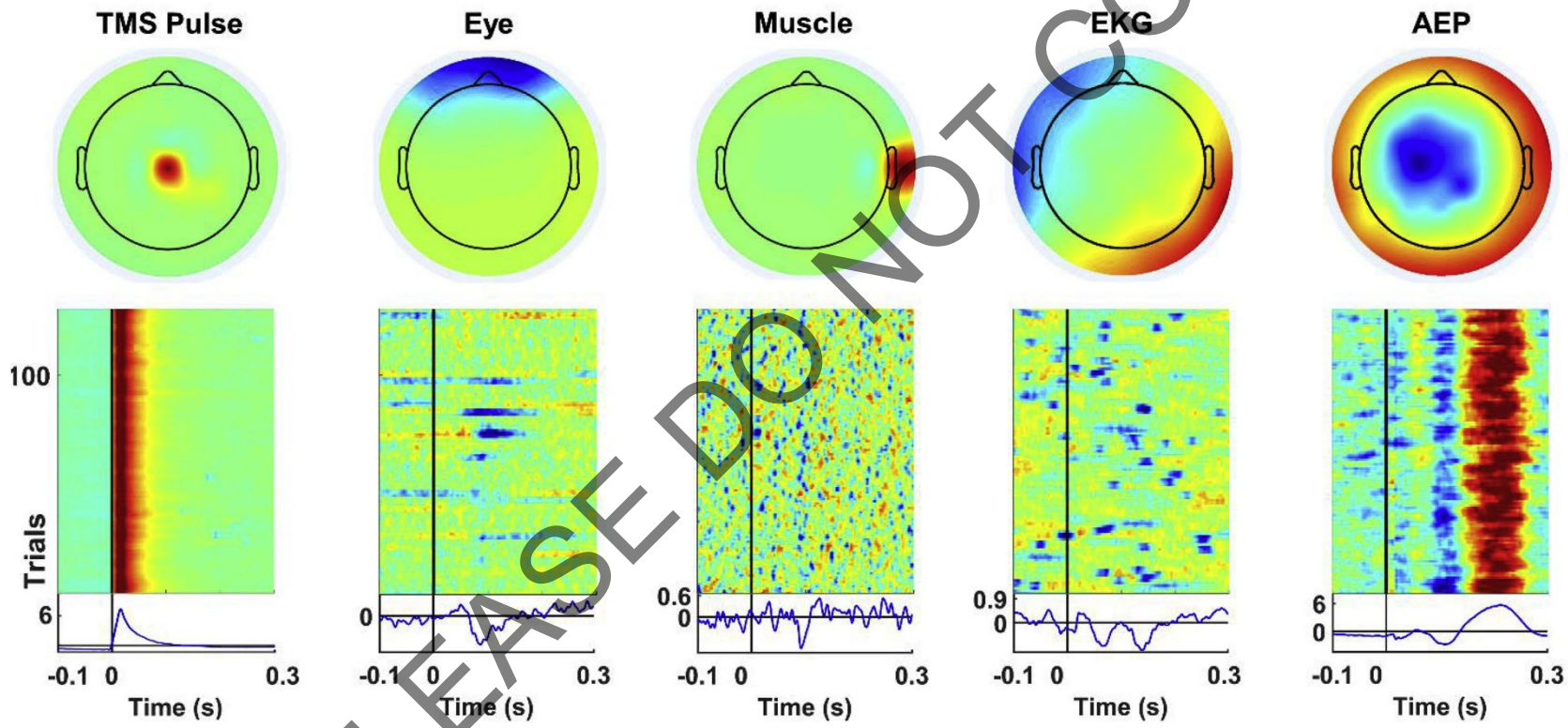
Filtering

Non-linear Kalman filter to account for TMS induced artifact

References: Morbidi et al., 2007

M/F

ICA can remove artifactual components



Ozdemir et al, Brain Stim 2021

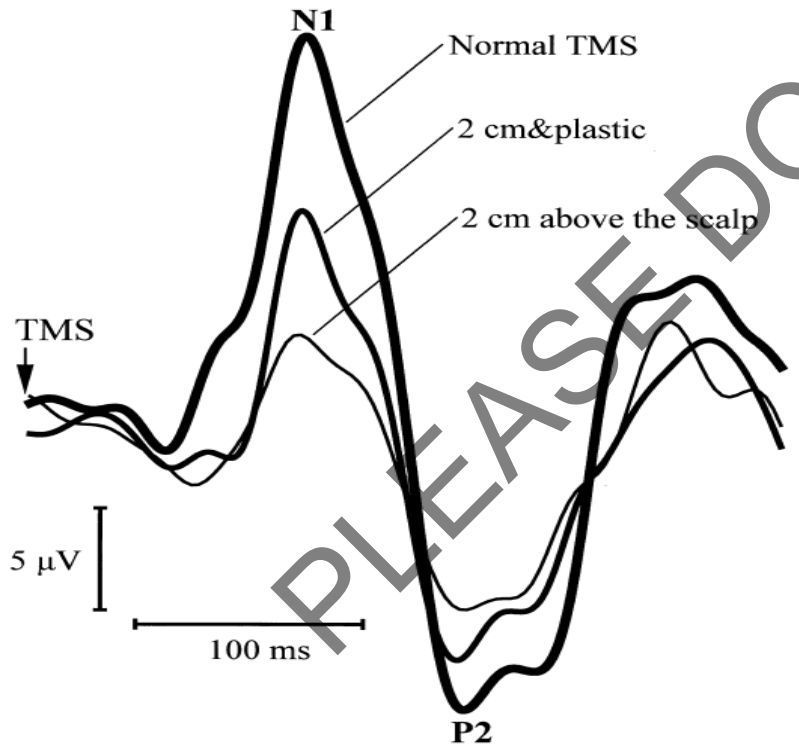
TMS Sound

TMS click is loud!

~ 100 dB 5 cm of the coil

TMS induces auditory evoked potentials

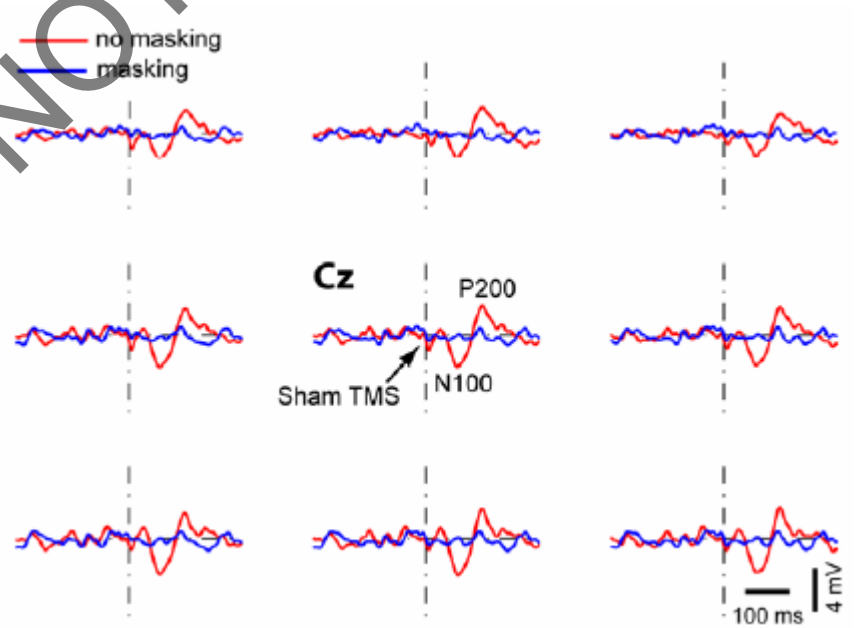
Air & Bone Conducted



Nikouline 1999

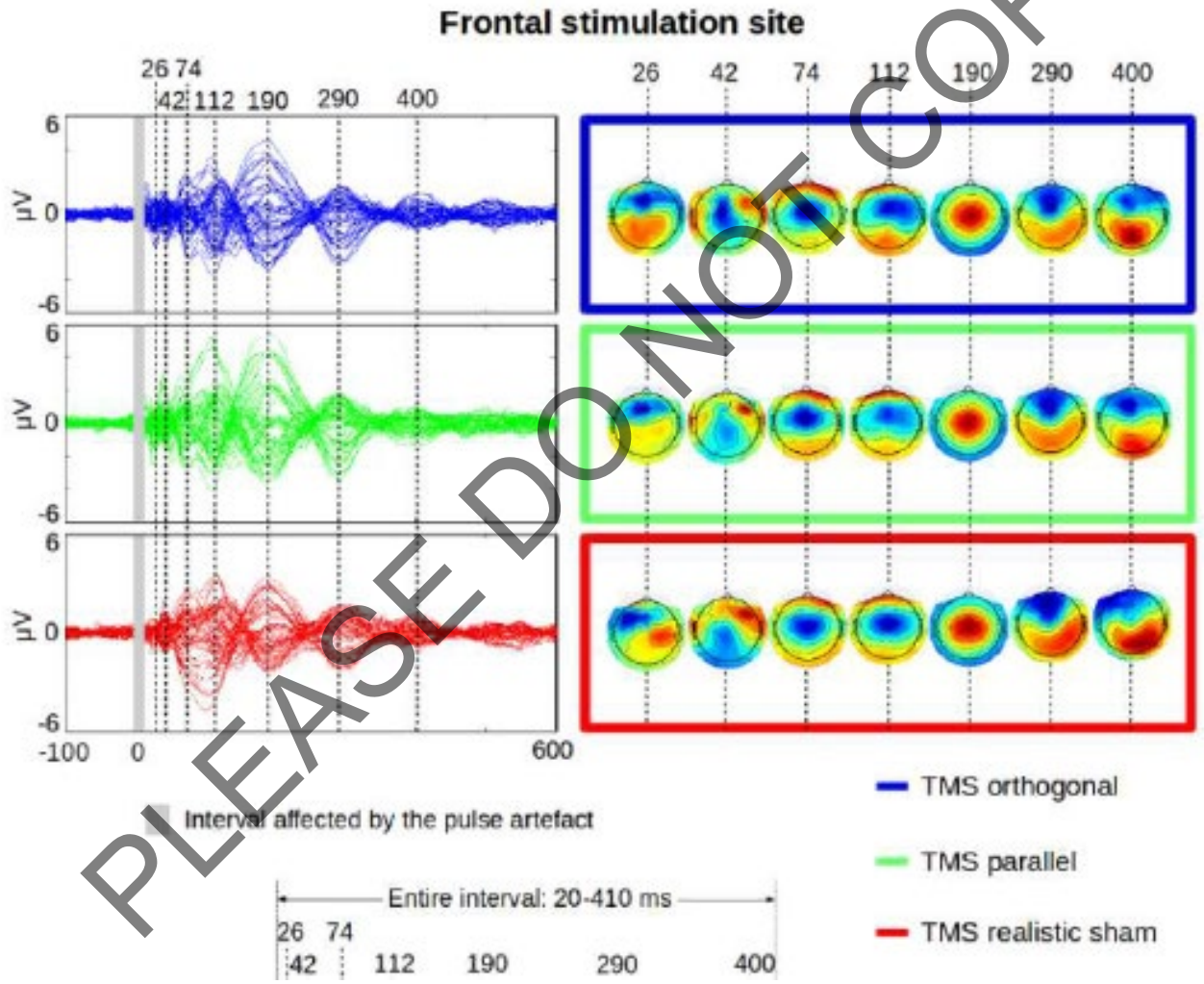
Some Solutions

Auditory masking with a frequency matched to the spectrum of the TMS click



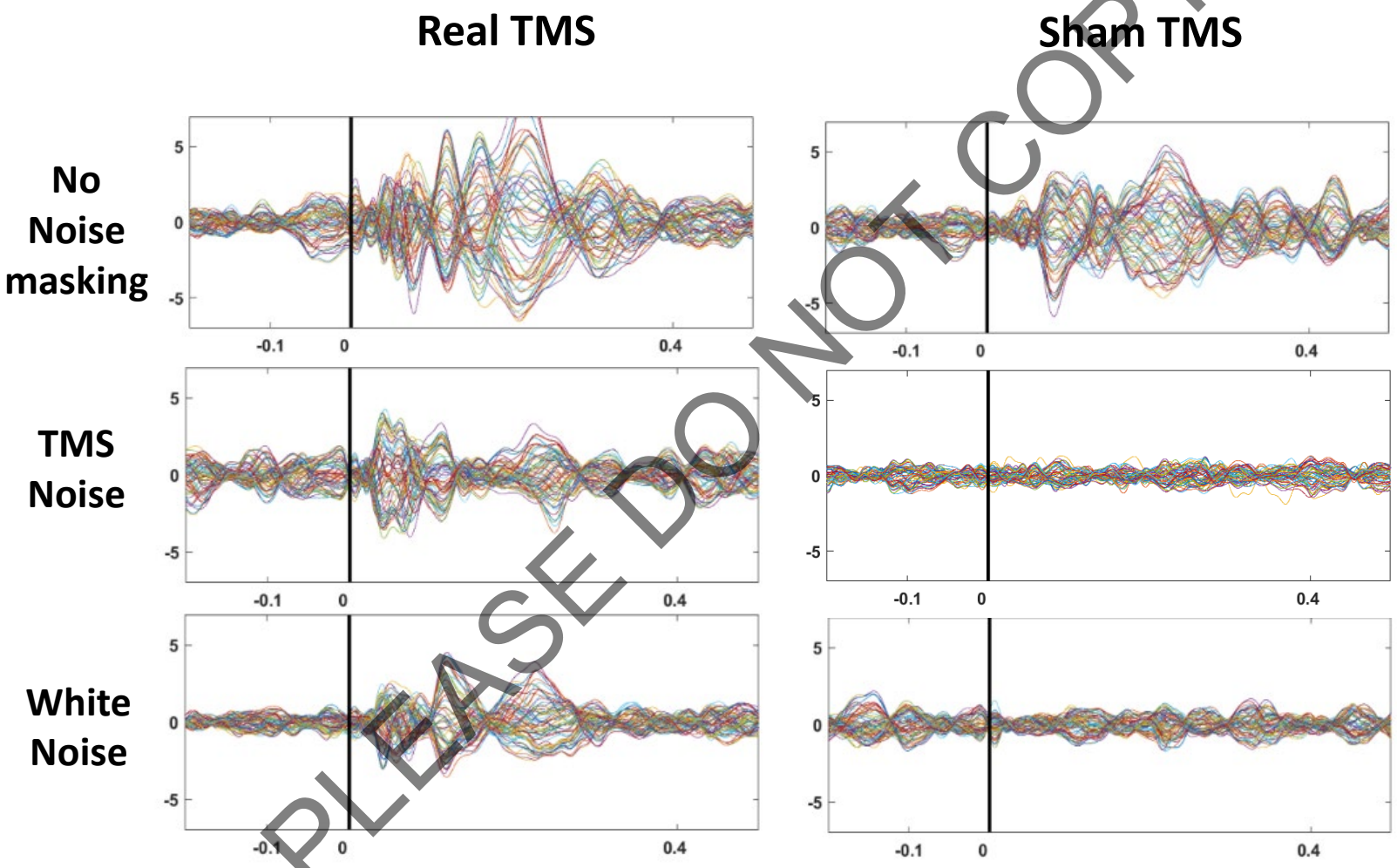
Massimini 2005

TMS sound: Auditory Evoked Potentials (AEPs)



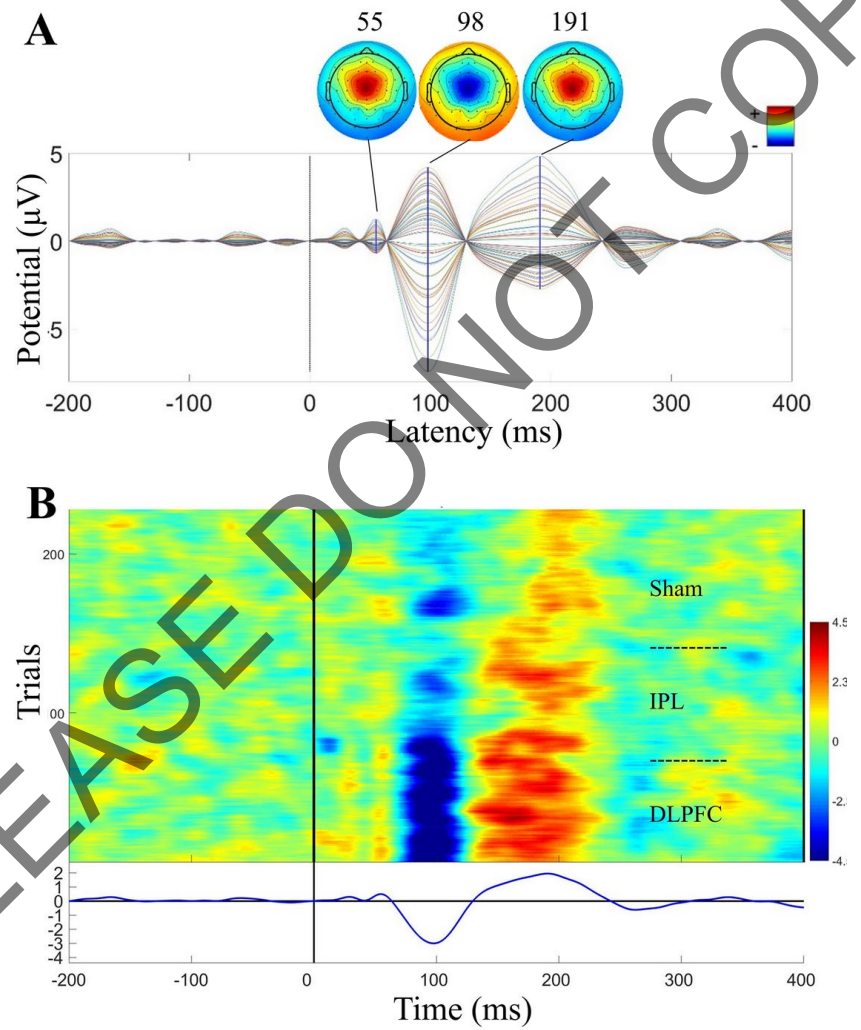
Conde 2019 Neuroimage

Auditory Noise for AEP removal



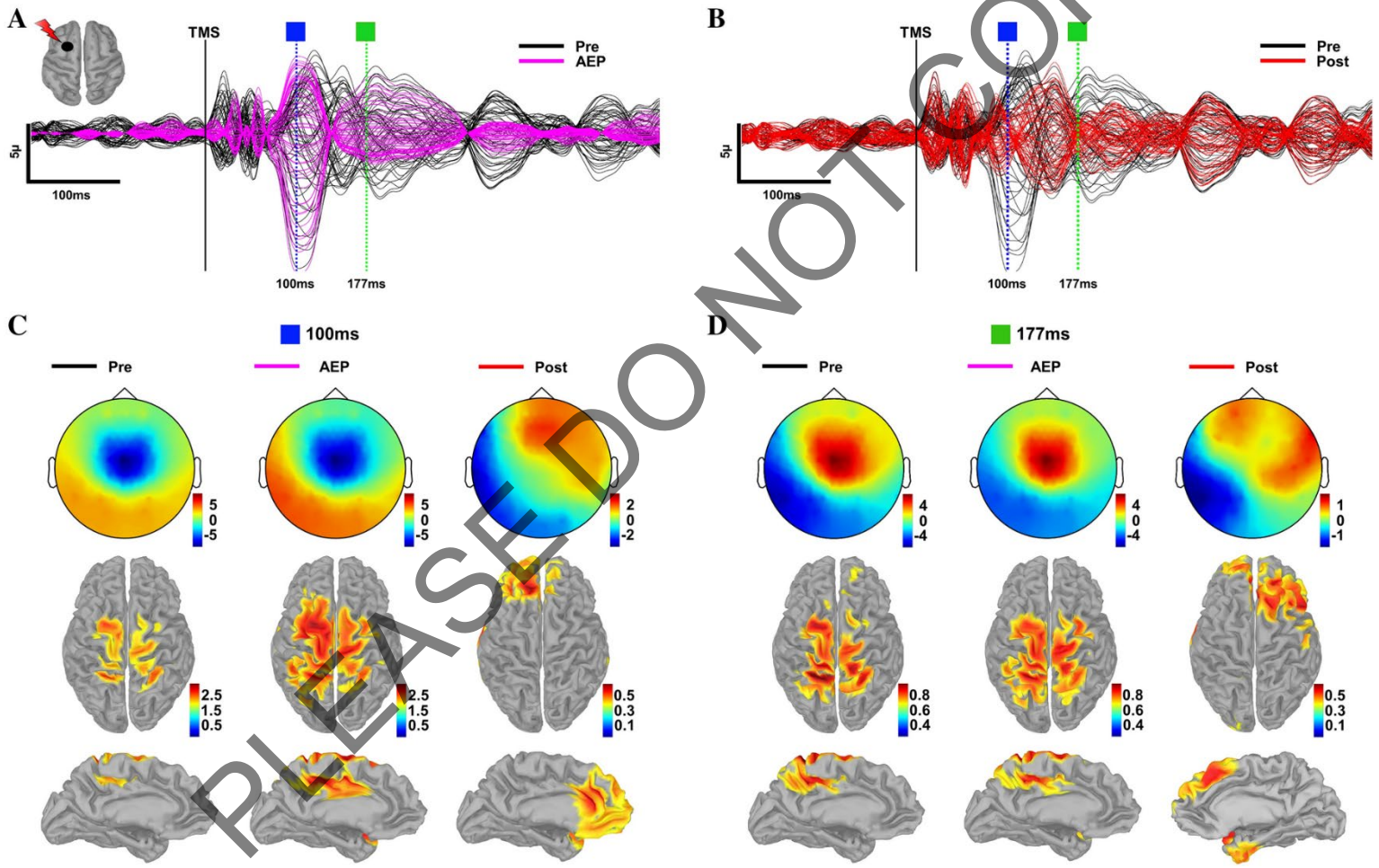
In house data

Sham informed ICA for AEP removal



Ross et al, Scientific Reps, 2022

Sham informed ICA for AEP removal



Ross et al, Scientific Reps, 2022

TMS-EEG preprocessing Tools

Contents lists available at ScienceDirect

NeuroImage

journal homepage: www.elsevier.com/locate/neuroimage

Analysing concurrent transcranial magnetic stimulation and electroencephalographic data: A review and introduction to the open-source TESA software

Nigel C. Rogasch[a,*], Caley Sullivan[b], Richard H. Thomson[b], Nathan S. Rose[c], Neil W. Bailey[b], Paul B. Fitzgerald[b], Faranak Farzan[d], Julio C. Hernandez-Pavon[e]

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frontiers in Neural Circuits

METHODS
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TMSEEG: A MATLAB-Based Graphical User Interface for Processing Electrophysiological Signals during Transcranial Magnetic Stimulation

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HUMAN BRAIN MAPPING

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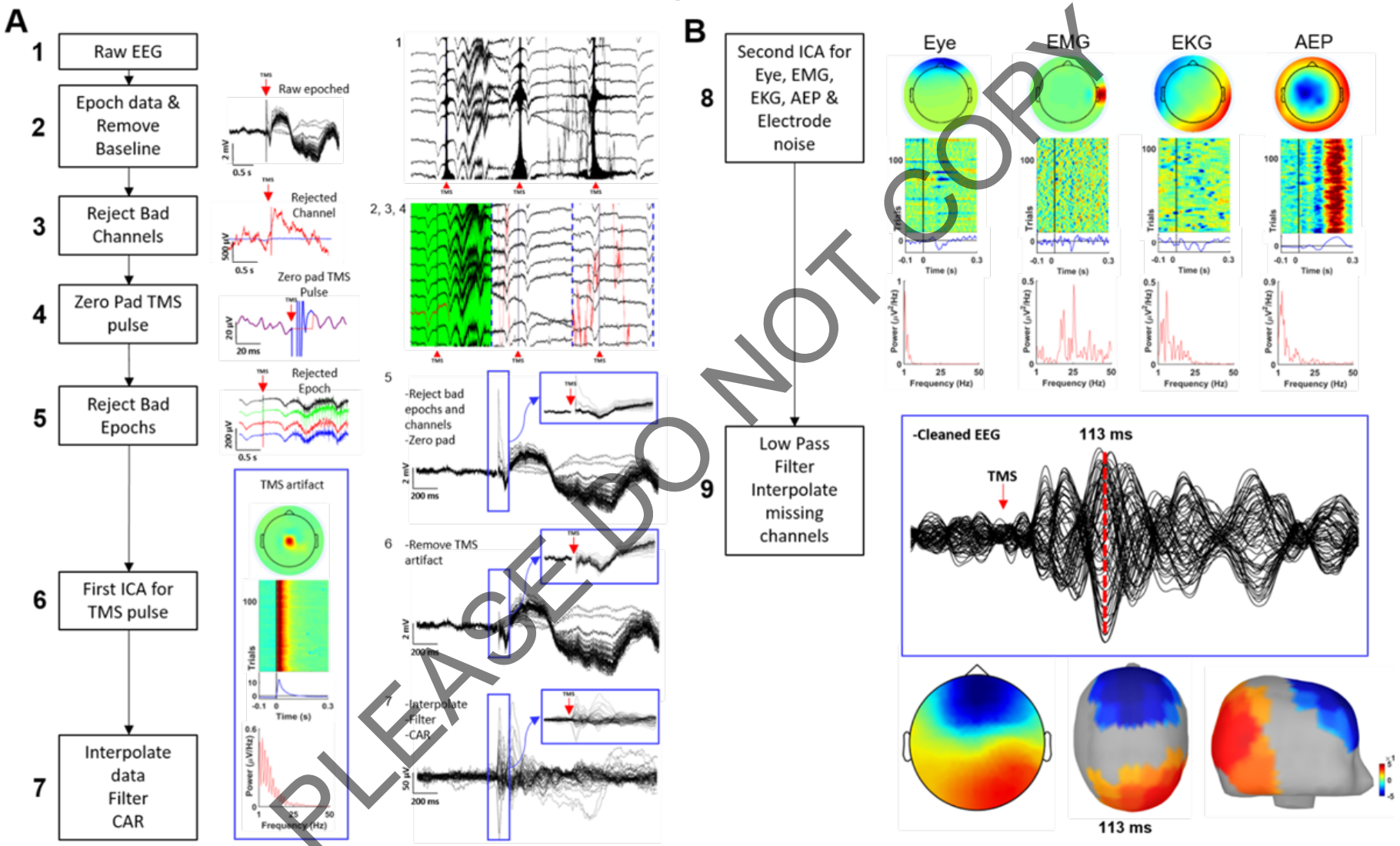
RESEARCH ARTICLE

WILEY

ARTIST: A fully automated artifact rejection algorithm for single-pulse TMS-EEG data

Wei Wu[1,2,3,4] | Corey J. Keller[1,2,3] | Nigel C. Rogasch[5] | Parker Longwell[1,2,3] | Emmanuel Shpigel[1,2,3] | Camarin E. Rolle[1,2,3] | Amit Etkin[1,2,3]

Our Pipeline

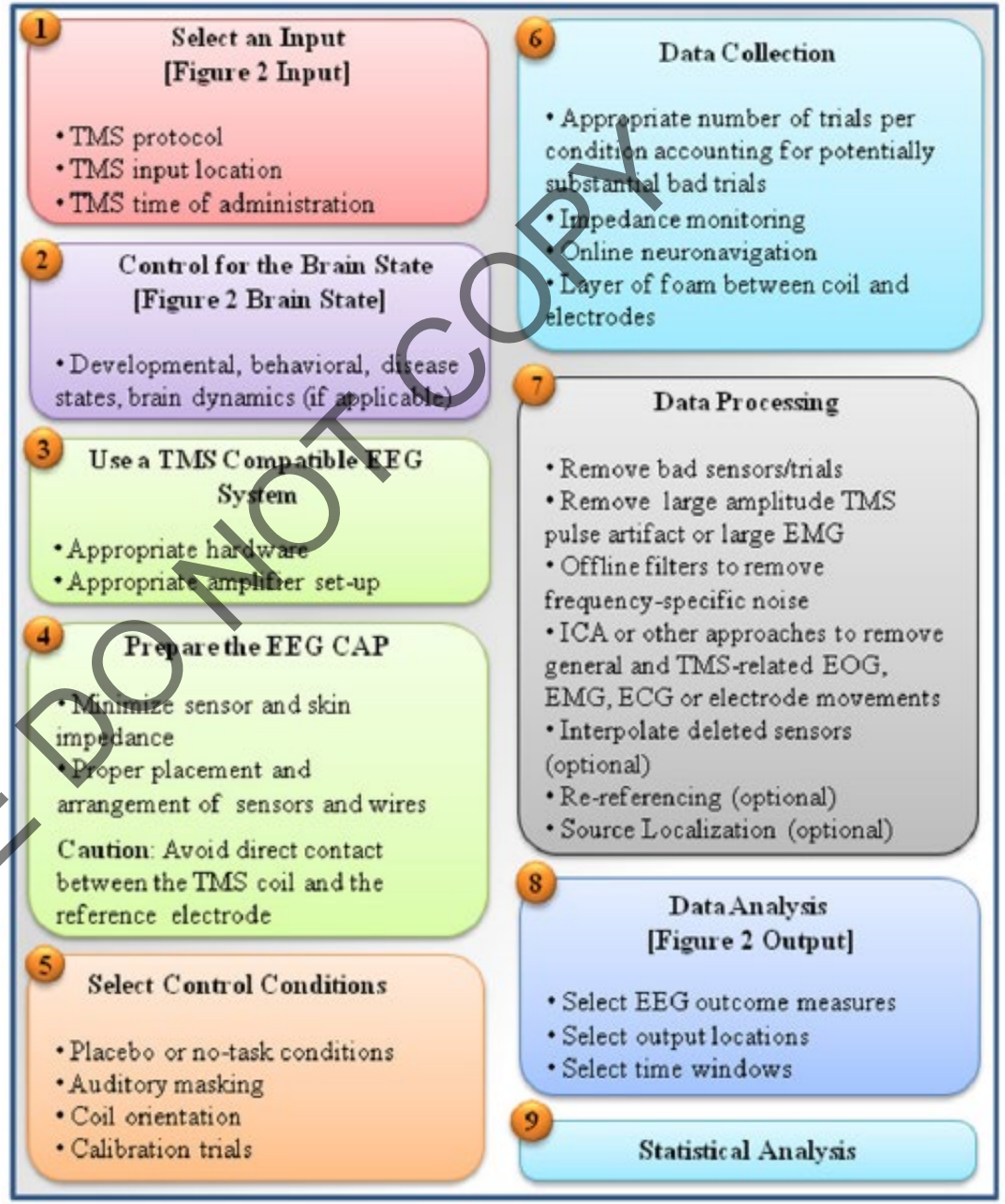


Ozdemir et al, PNAS, 2020

Take Home Message

What do I need to do if I want to go back home and try this?

Step-by-Step Guideline

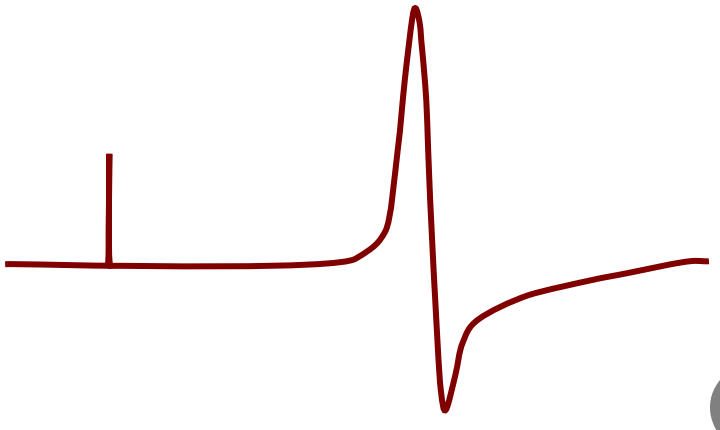


What then?

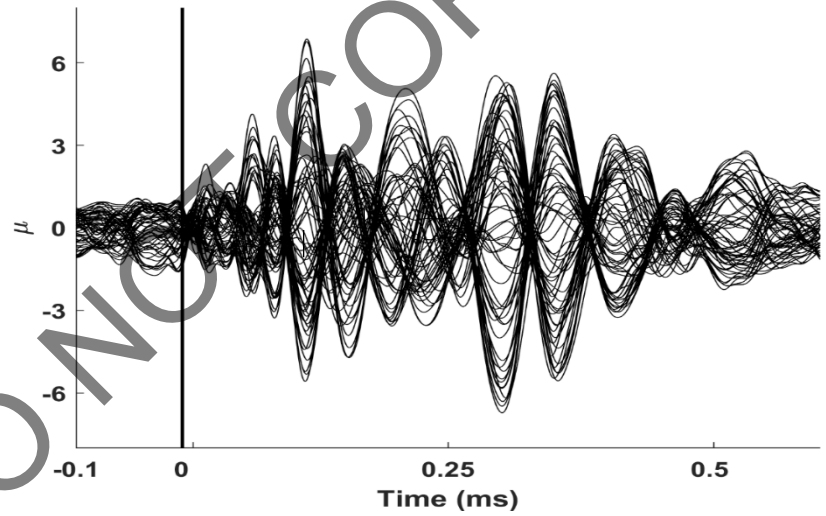
Farzan 2016 Frontiers Neural Circuits

Does it worth the trouble?

MEPs

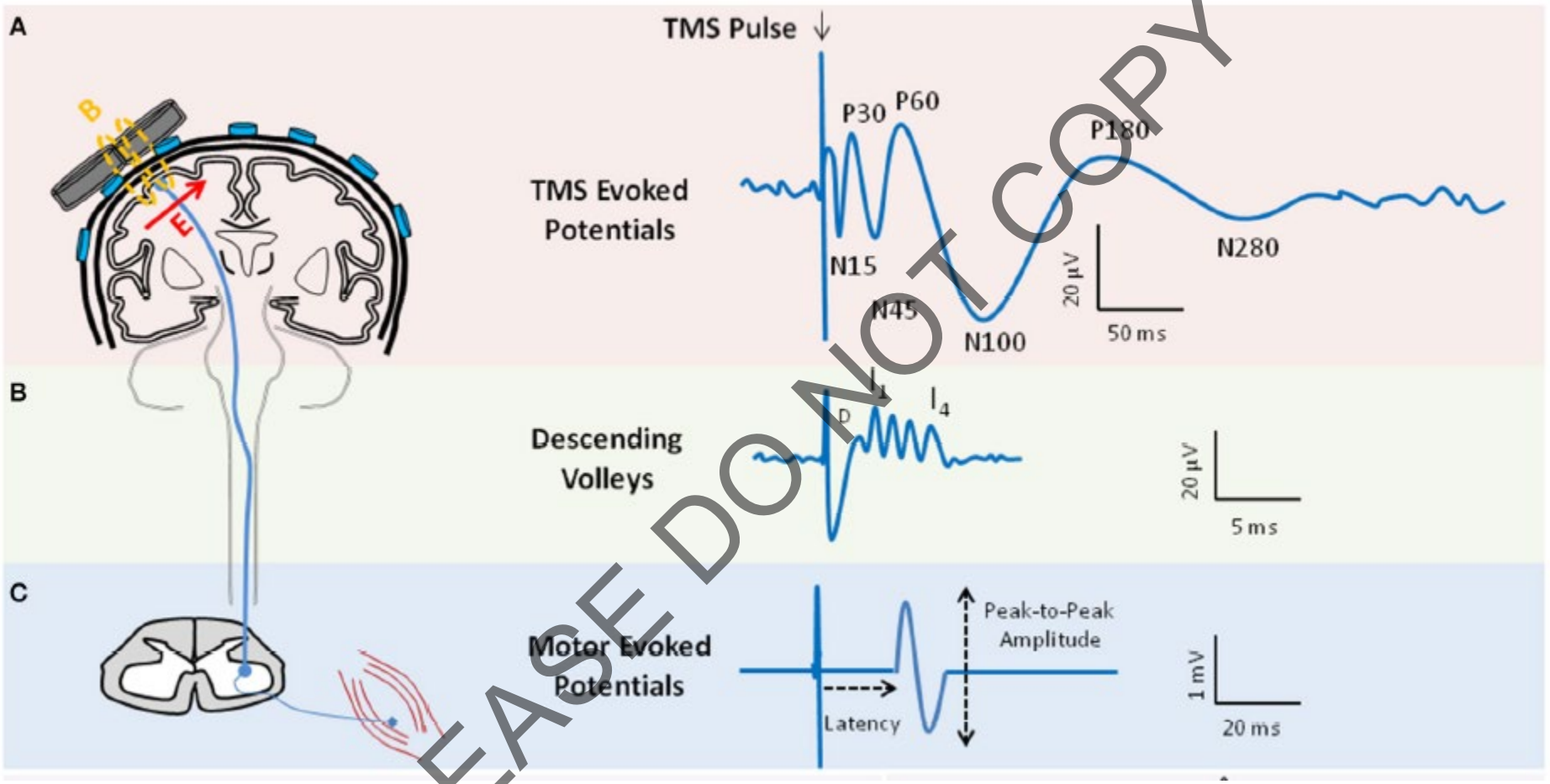


TEPs



- Rich temporal and spatial and oscillatory information.
- *But it comes with a price!!!*
  - *More time, expense, and technical expertise.*

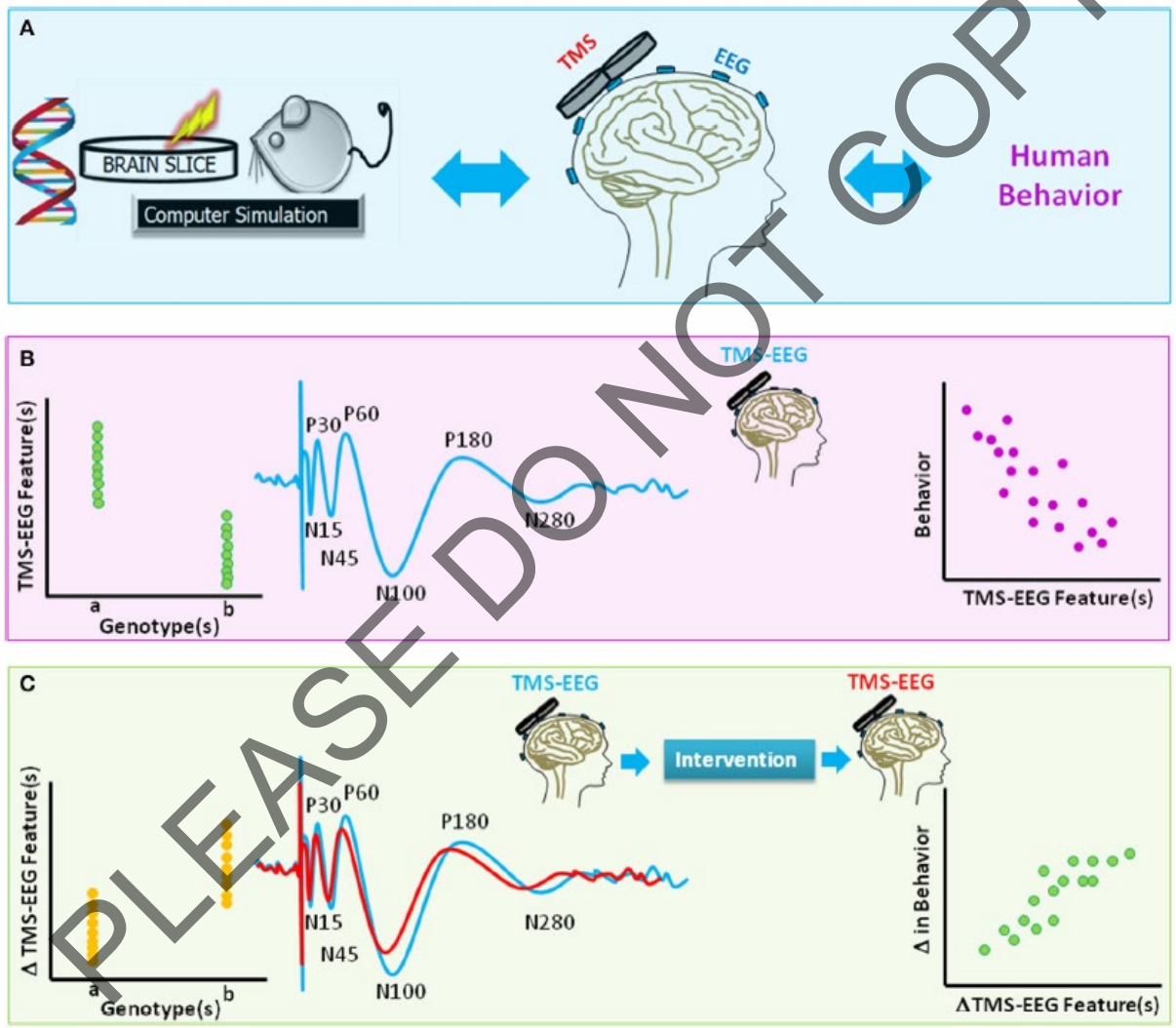
What is the added value?



Examine the TMS effect more directly & understand brain physiology *in vivo*

Farzan 2016 Frontiers Neural Circuits

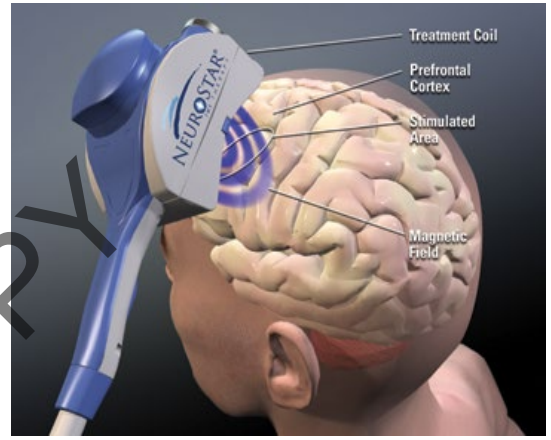
And understand relationship between brain and behavior



Farzan 2016 Frontiers Neural Circuits

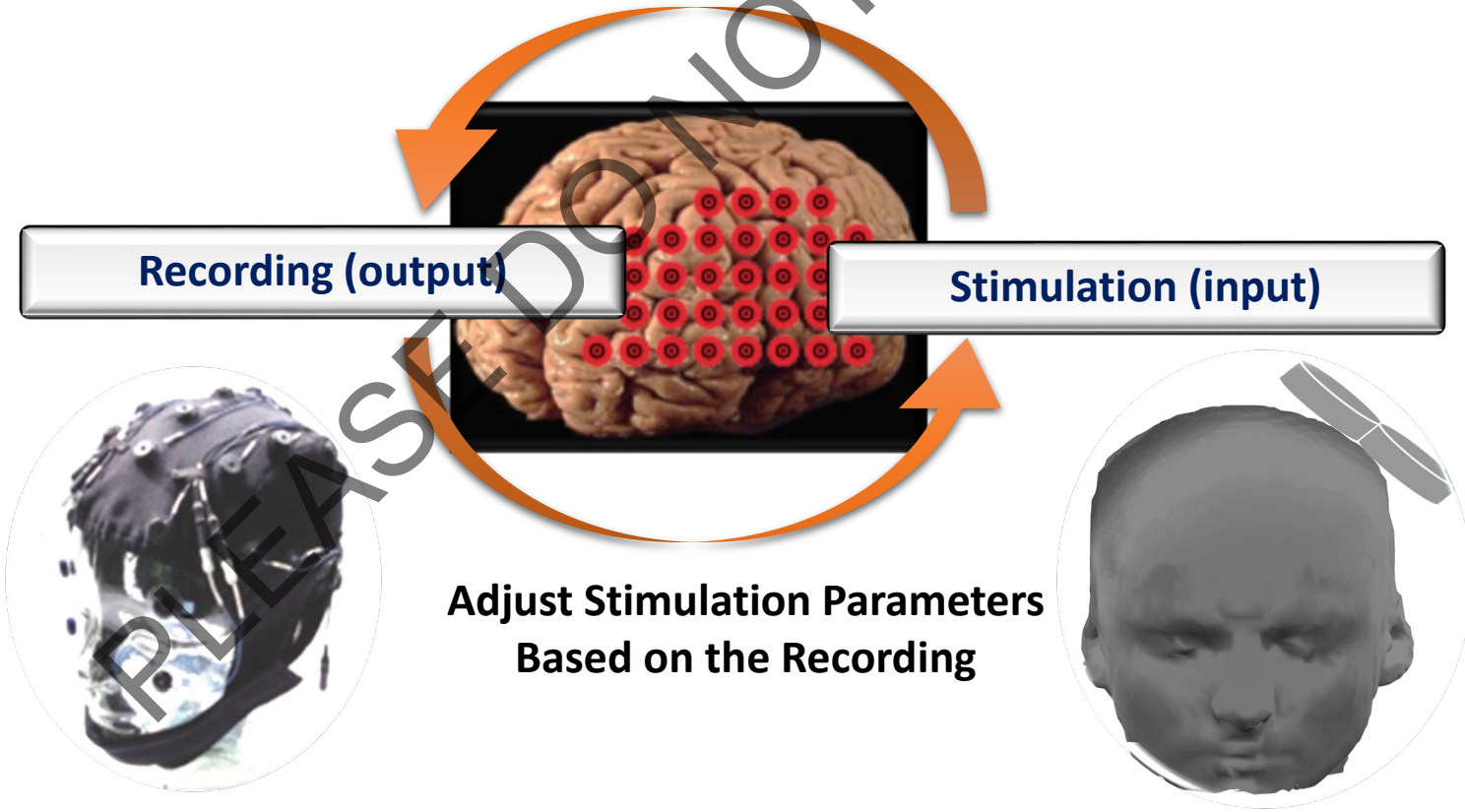
And …

EEG-gated TMS!



Manual Adjustment

Concurrently Stimulate & Record



Adjust Stimulation Parameters Based on the Recording

What is the Added Value of TMS+EEG

Advanced Technology

- Monitor cortical activation with **high temporal resolution**
- A more **direct** measure of TMS effect
- EEG guided TMS

Neuroscience

Examine physiology of motor AND non-motor regions at various mental states of sleep, rest, cognitive processing

- Local excitation, inhibition & plasticity
- Functional (causal!!!) connectivity between regions
- Disrupt behavior to examine causality

Clinical Application

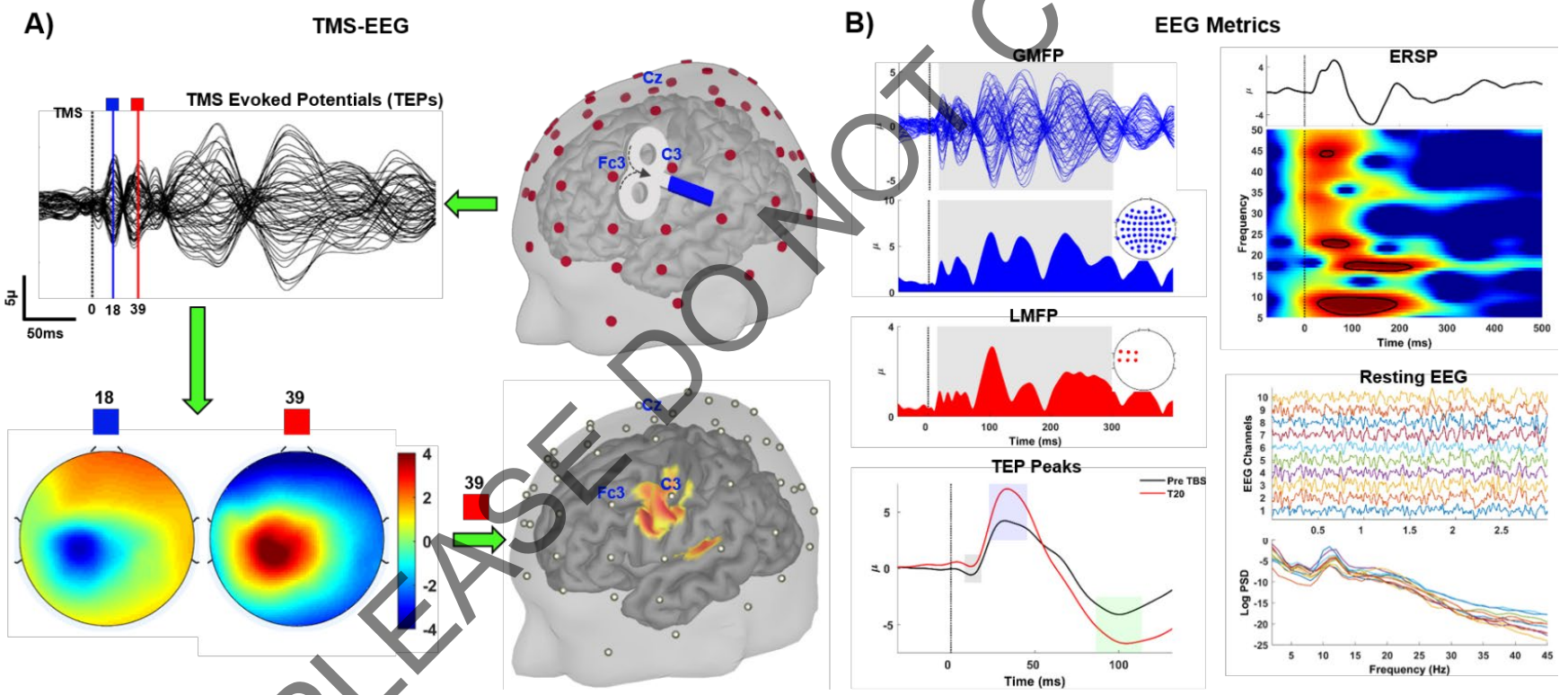
- Improve diagnosis and predict prognosis.
- Investigate the mechanism of actions of rTMS therapy
- Safety monitoring during rTMS (e.g., in epilepsy)

Talk Overview

- Intro to TMS and EEG
  - What does EEG measure and TMS generate/activate in the brain!!!
- Technical issues and challenges
  - EEG compatibility
  - Artifacts, artifacts and artifacts!!!
- Neuroscience Applications of TMS-EEG
- Clinical Applications of TMS-EEG
  - Diagnosis
  - Monitoring
  - Targeting

Single Pulse TMS-EEG

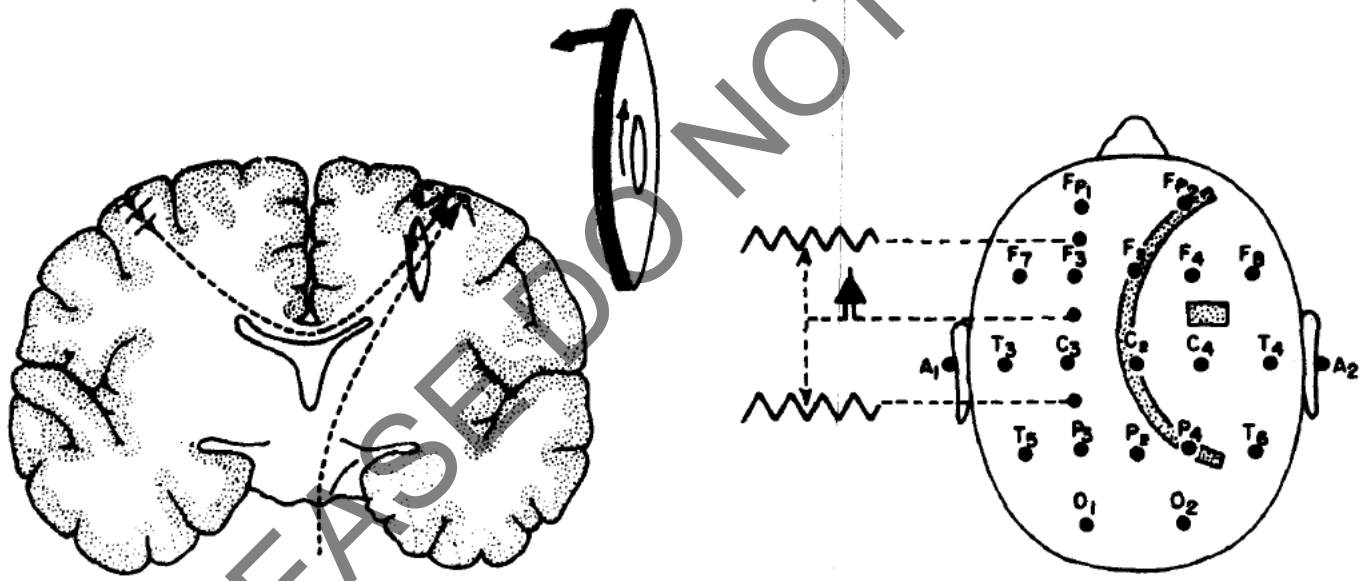
- TMS evoked EEG potentials (TEPs)



Transcallosal Transfer Time in Motor Cortex

Giving Credit to the First Published TMS-EEG Attempt

In **1989**, Cracco et al., examined transcallosal responses by applying TMS to one side and recording EEG from the other side (8.8–12.2 msec)



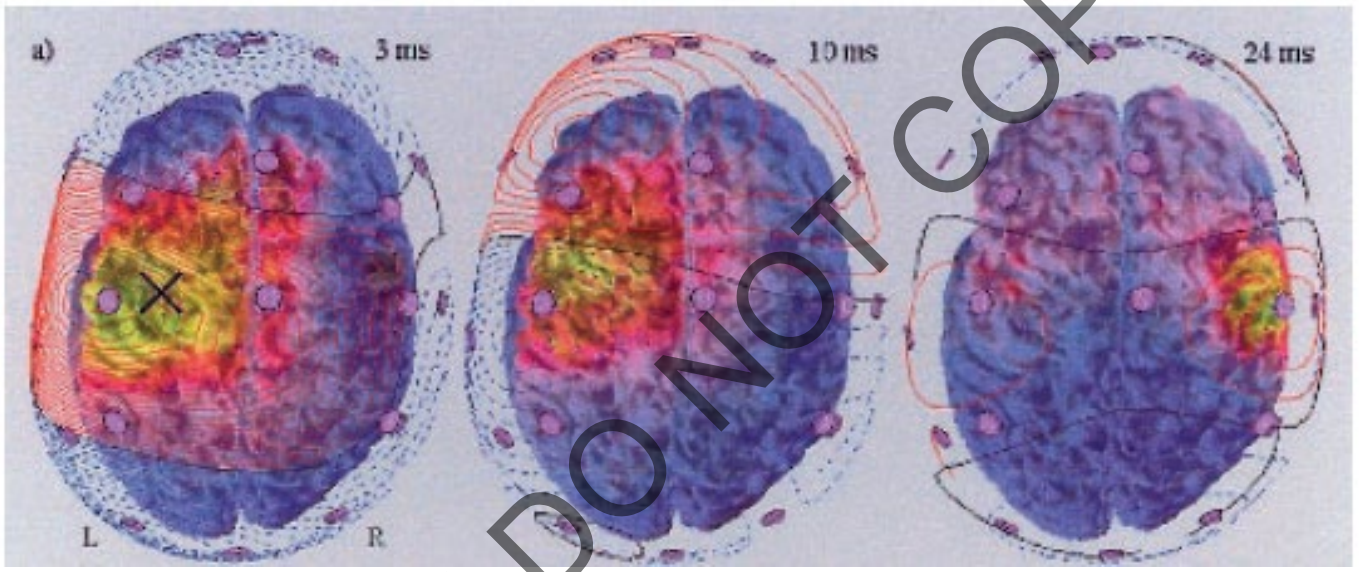
Artifact reduced by adjusting the arrangement between the coil and the electrode and placing a steel strip ground electrode in between the coil and the recording electrodes

Before Fancy Amplifiers!! Cracco et al., 1989, Electroencephalogr Clin Neurophysiol

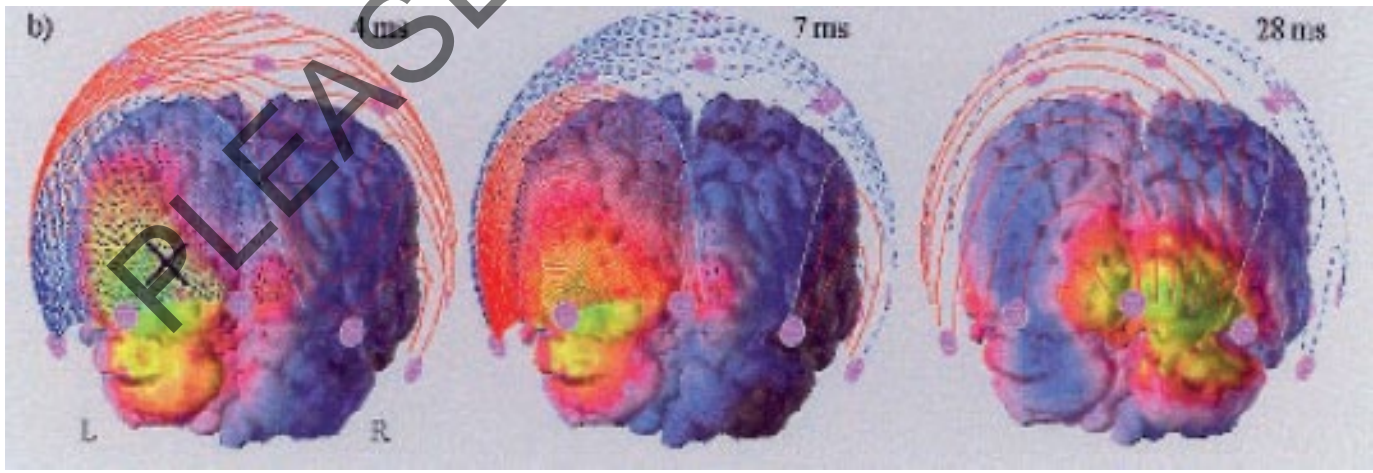
Temporal Evolution of early TEPs

Ilmomiemi et al., Neuroreport 1997

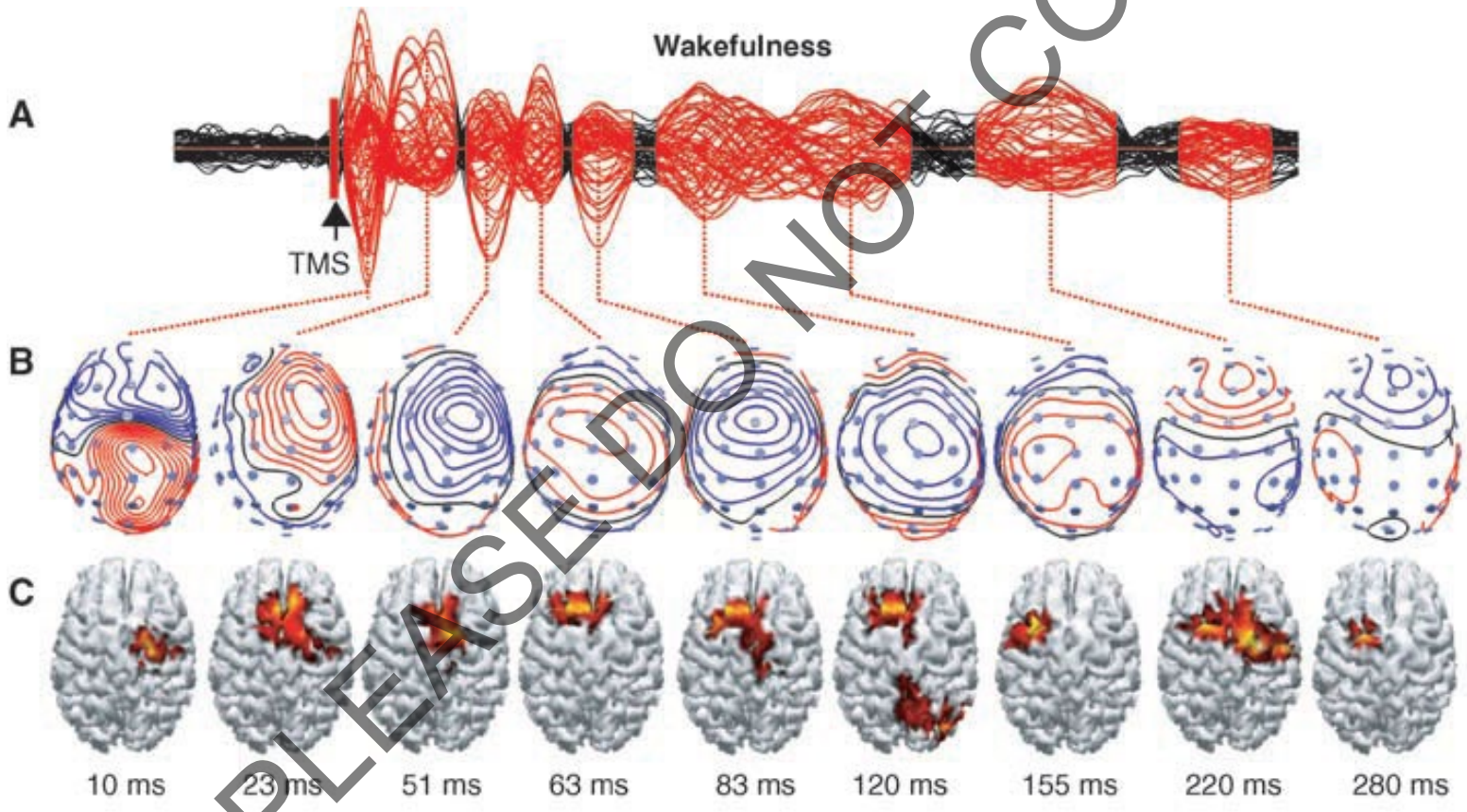
Motor Cortex



Visual Cortex

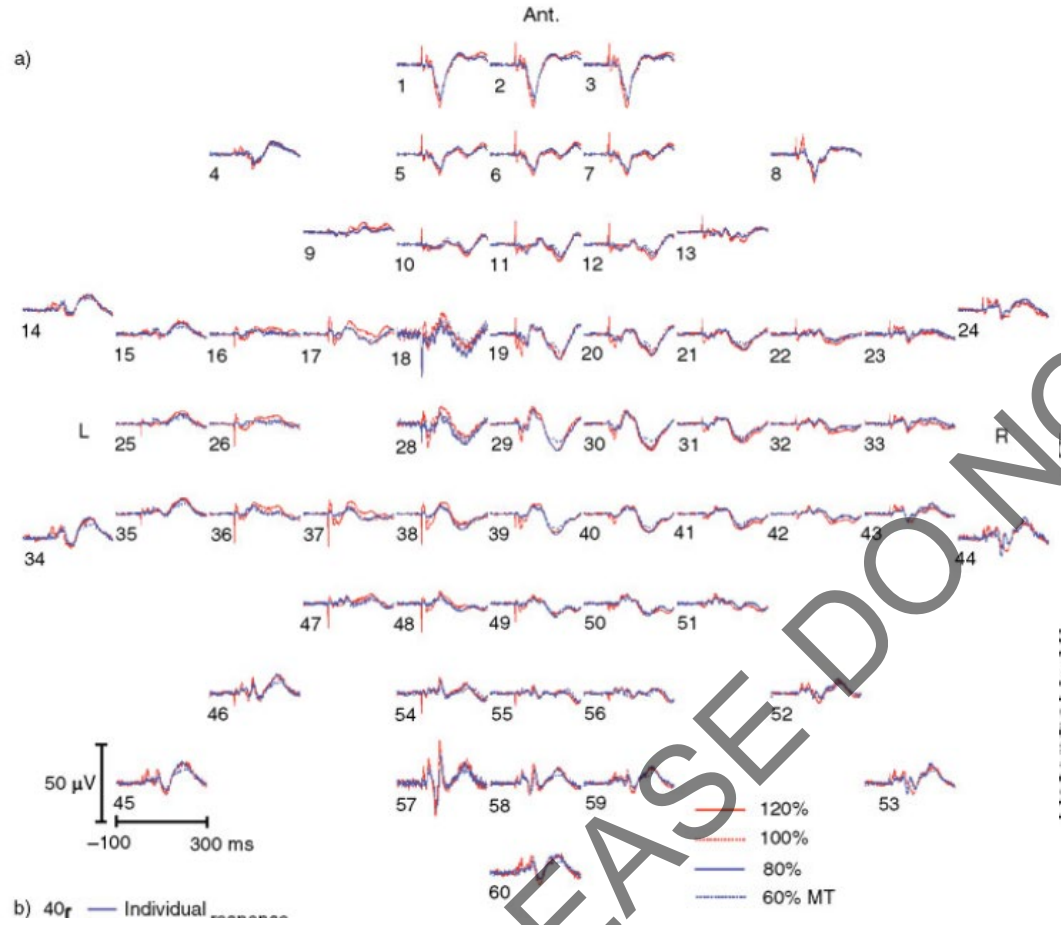


Temporal Evolution of early and late TEPs

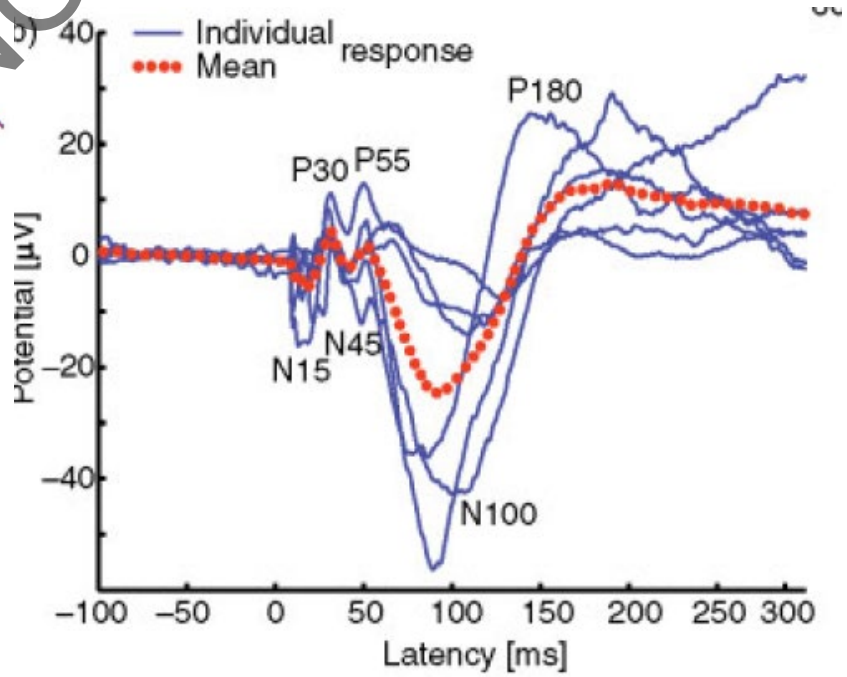


Massimini 2005

TMS Induces Several EEG Peaks, But….



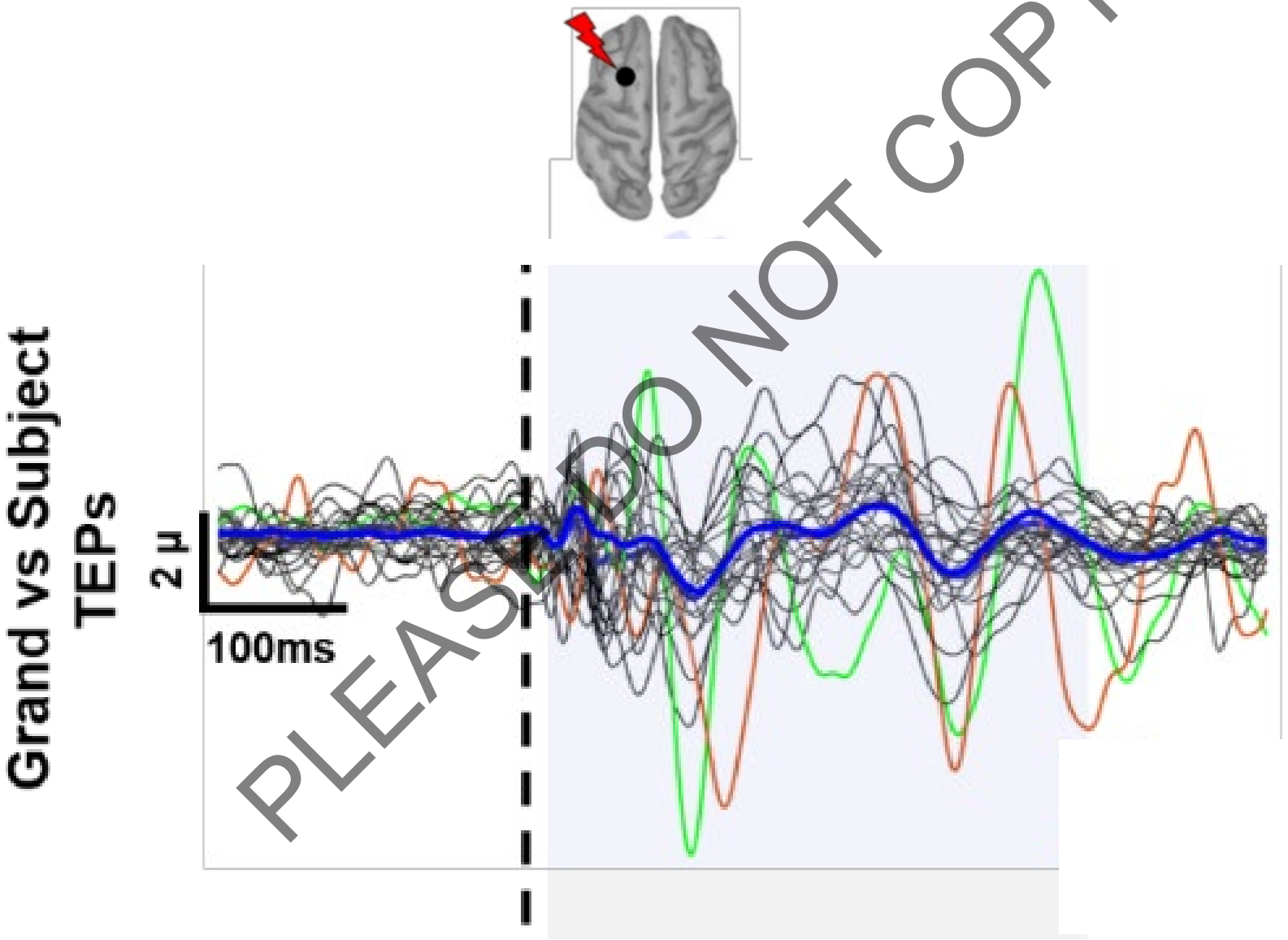
N15–P30; N45;
P55; N100; P180



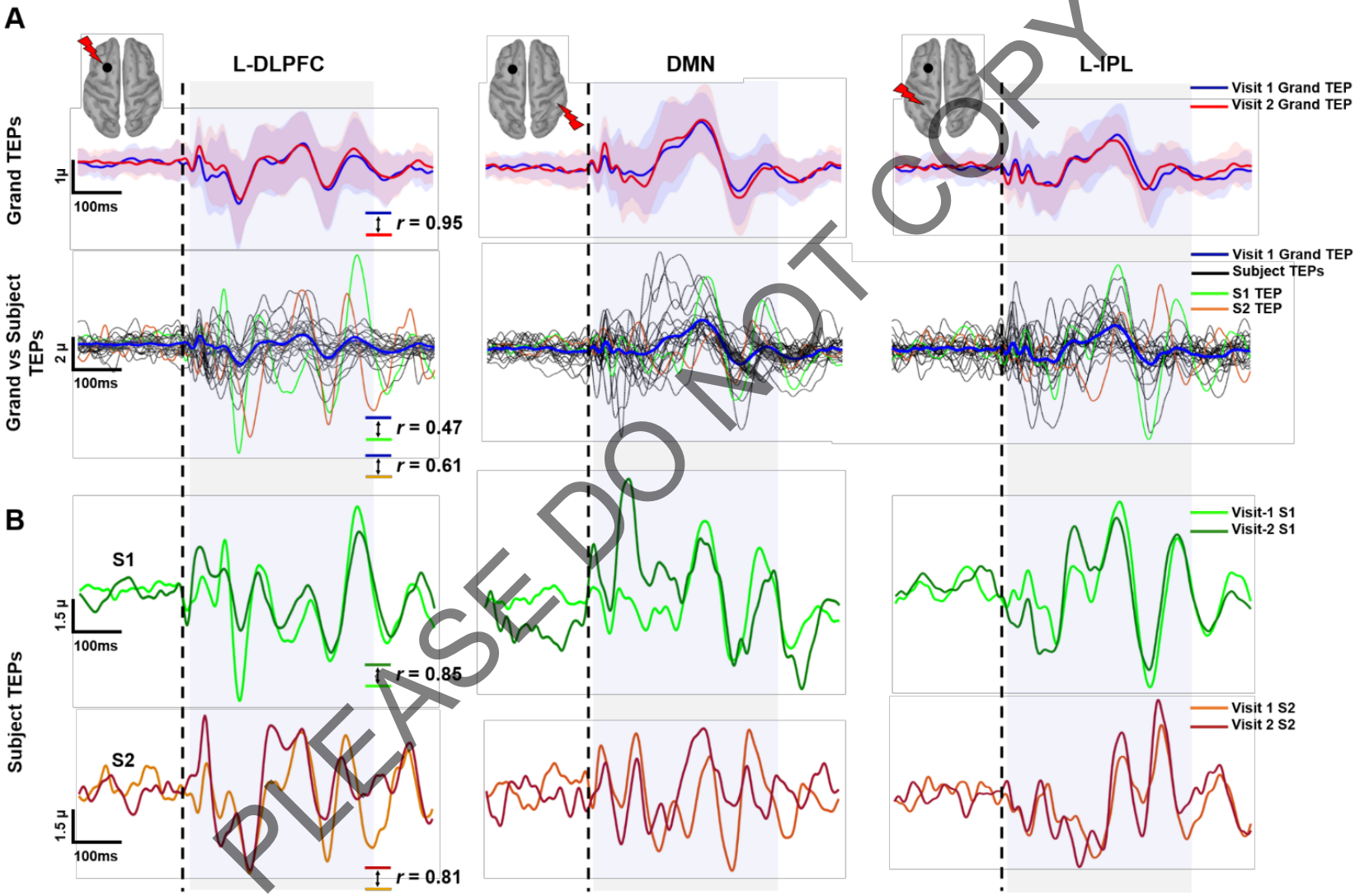
Komssi, Human Brain Mapping, 2004

Other Earlier or Later References: Paus 2001; Komssi, 2002; Ferreri 2010;

- **Be careful with TEP peaks outside the Motor cortex !!!**



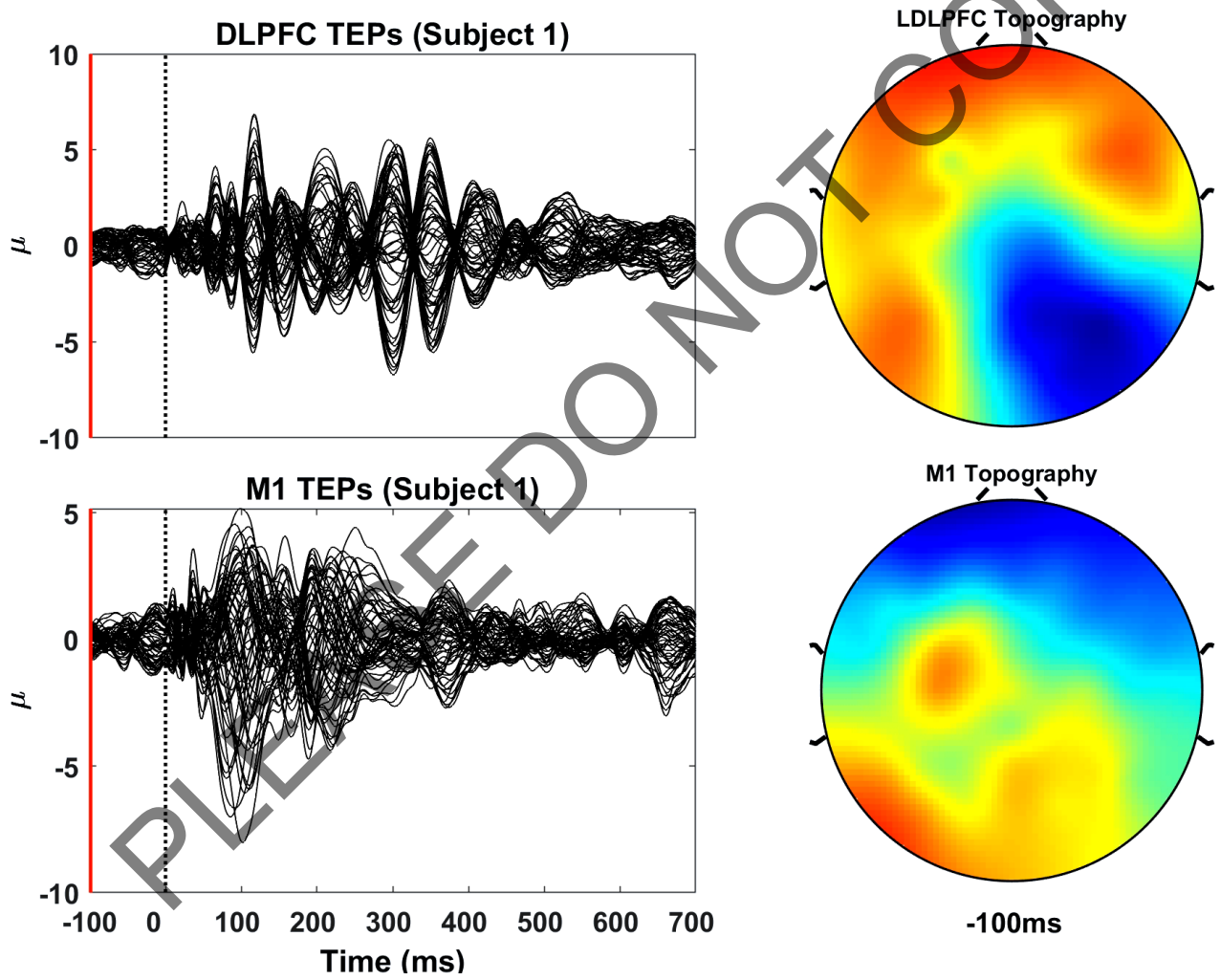
- **Characteristics of TEPs outside the Motor cortex !!!**



Ozdemir 2021 Brain Stimulation

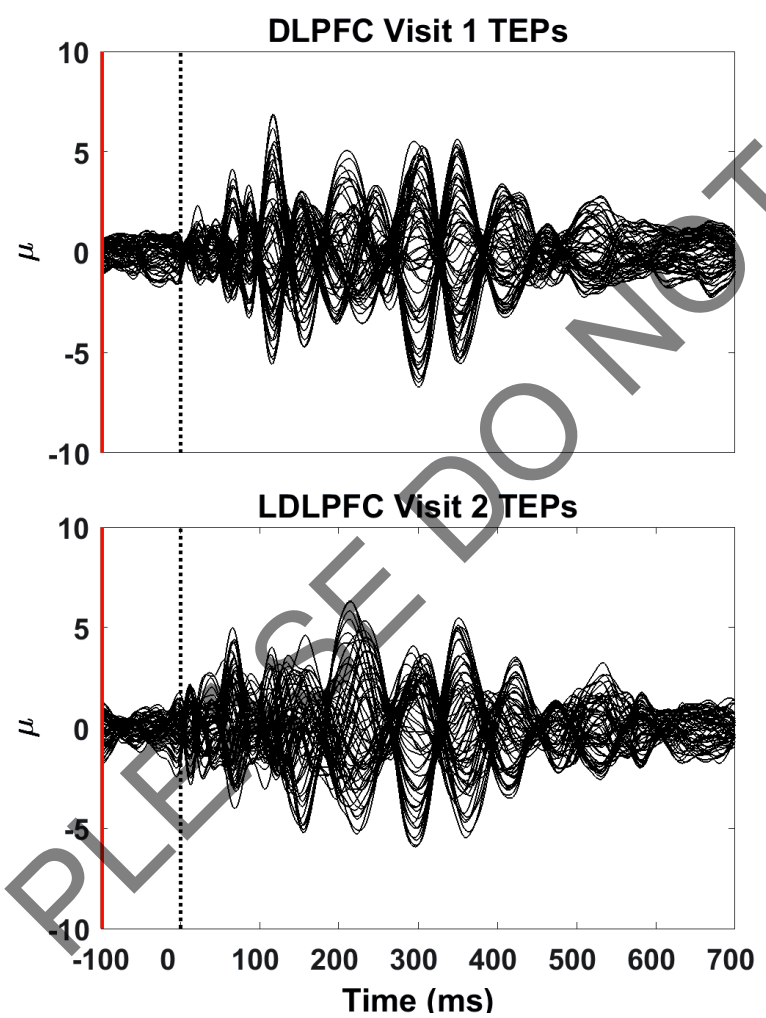
Site Specificity of TEPs

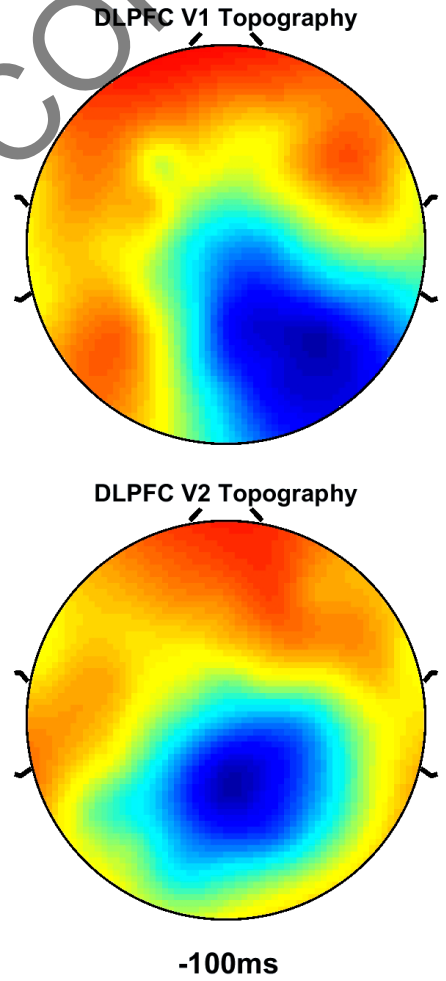
- TEPs are Specific to stimulation site



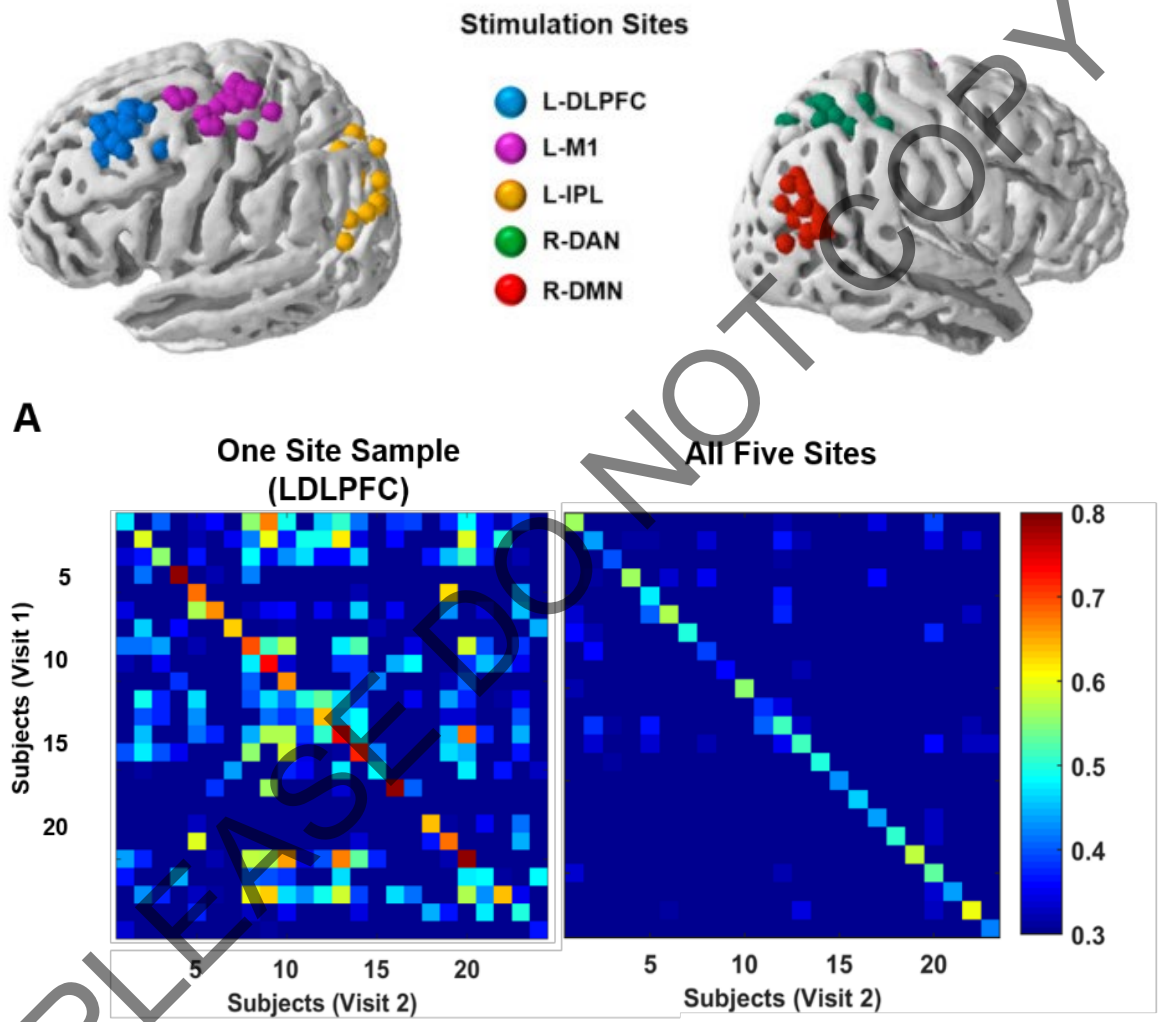
Individual Consistency

- TEPs are Reproducible within the Individual!



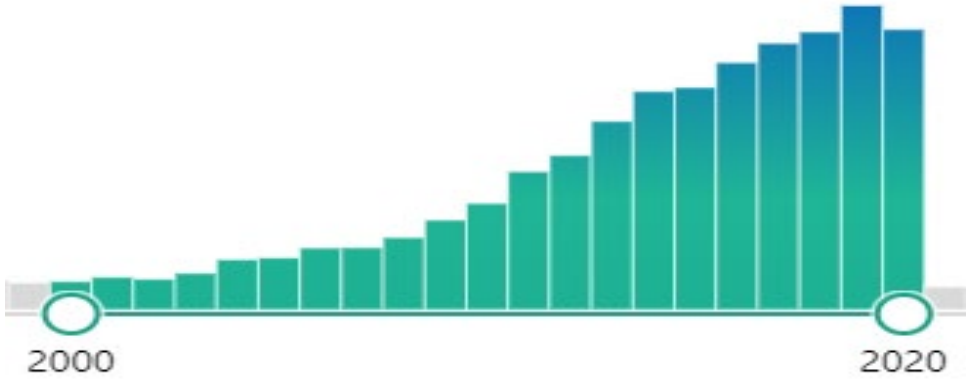


Brain Fingerprinting



Ozdemir et al, 2021 Brain Stimulation

Brain connectivity analysis is exploding



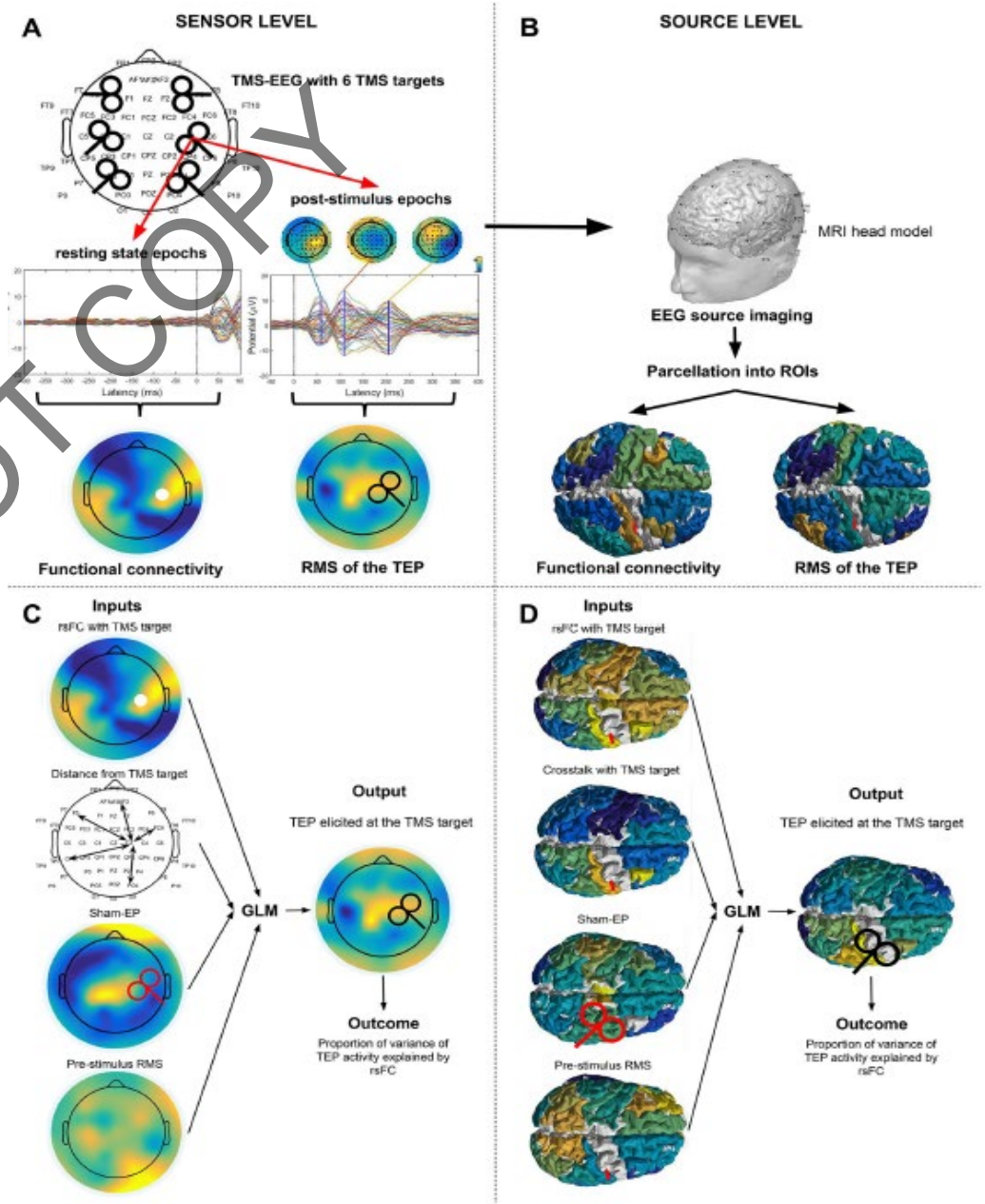
M/EEG

fMRI

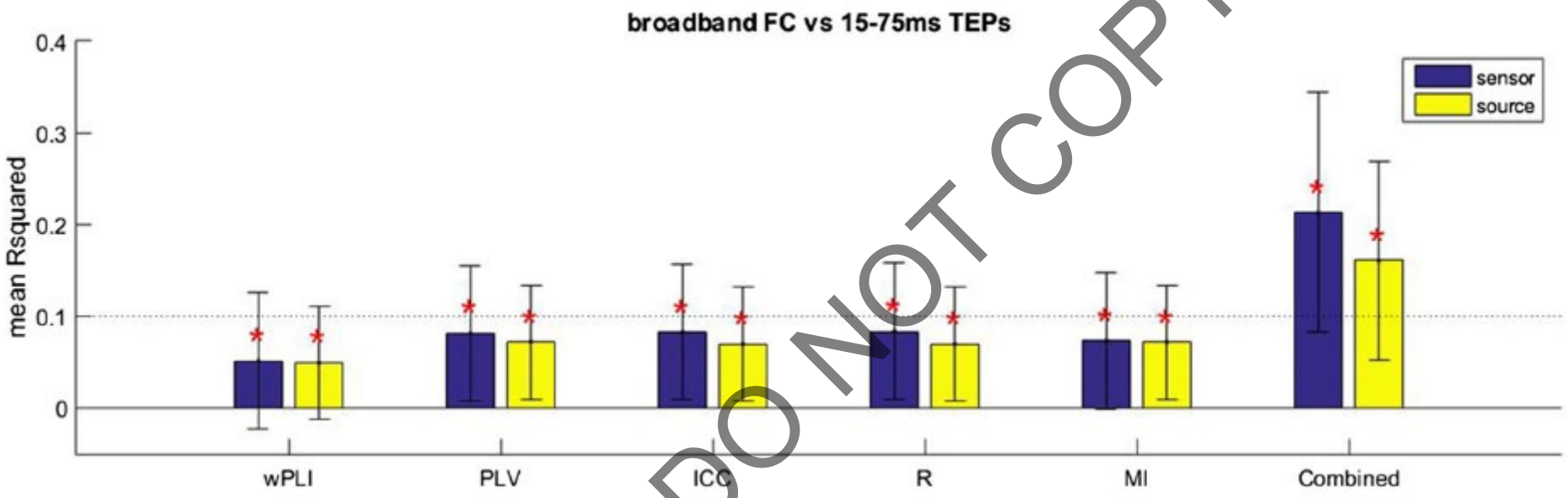
- Analysis of the human connectome has become a core goal of Neuroscience
  - NIH Human Connectome Project 2009 Blueprint Grand Challenge
  - 7332 EEG/MEG “connectivity” papers from 2000-2020
  - 27090 fMRI “connectivity papers”
  - A large number of these studies focus on “resting-state” “functional” connectivity
- Unanswered question: Do functional connectivity measures actually capture causal brain interactions? We can evaluate CAUSAL brain interactions with TMS and EEG

TMS-EEG to assess EEG connectivity?

- Vink 2020 *Brain Topography*: Assessed whether resting-state EEG functional connectivity predicted propagation of the TMS-evoked EEG potential

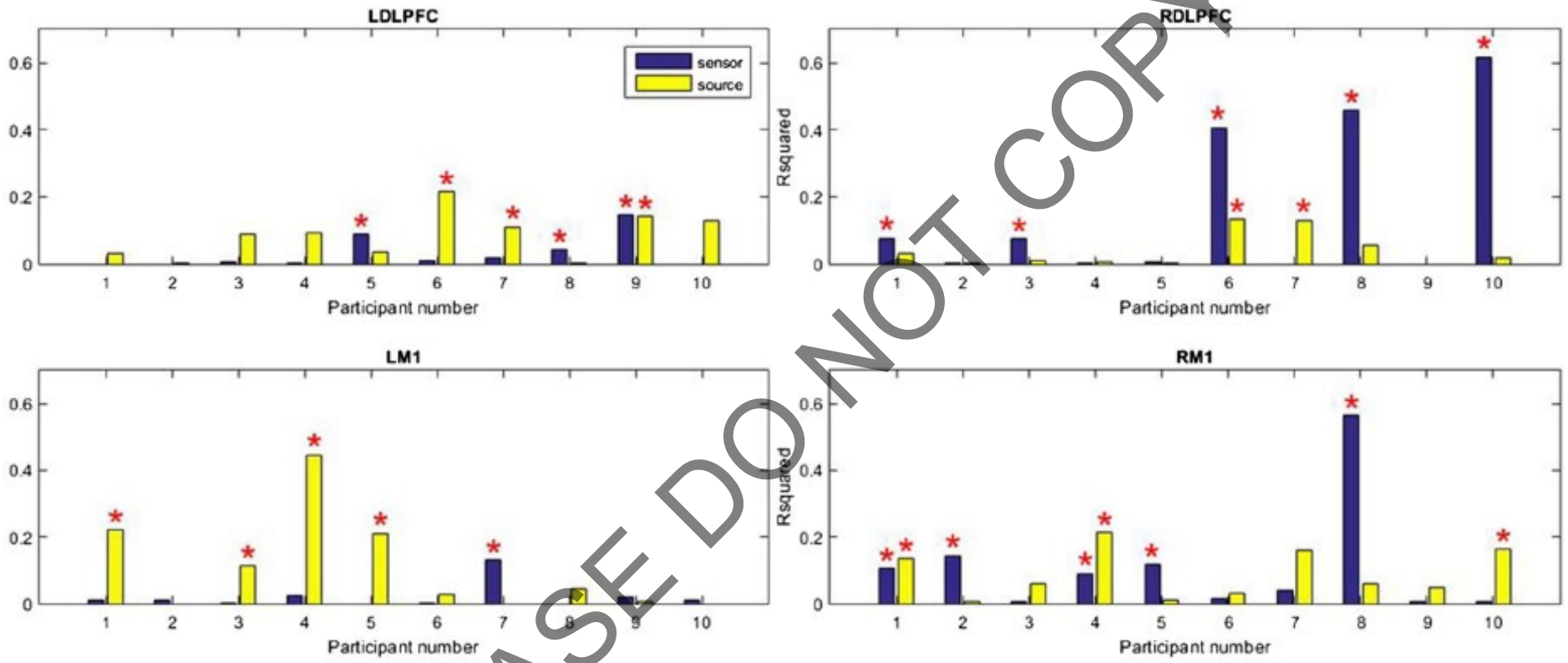


Does EEG connectivity predict propagation?



- All functional connectivity measures were only weak predictors of propagation of the TMS-EEG potential
  - True in both sensor and source space
  - Combination of information from multiple connectivity measures improved the predictive power of the model

Marked variability across subjects & sites

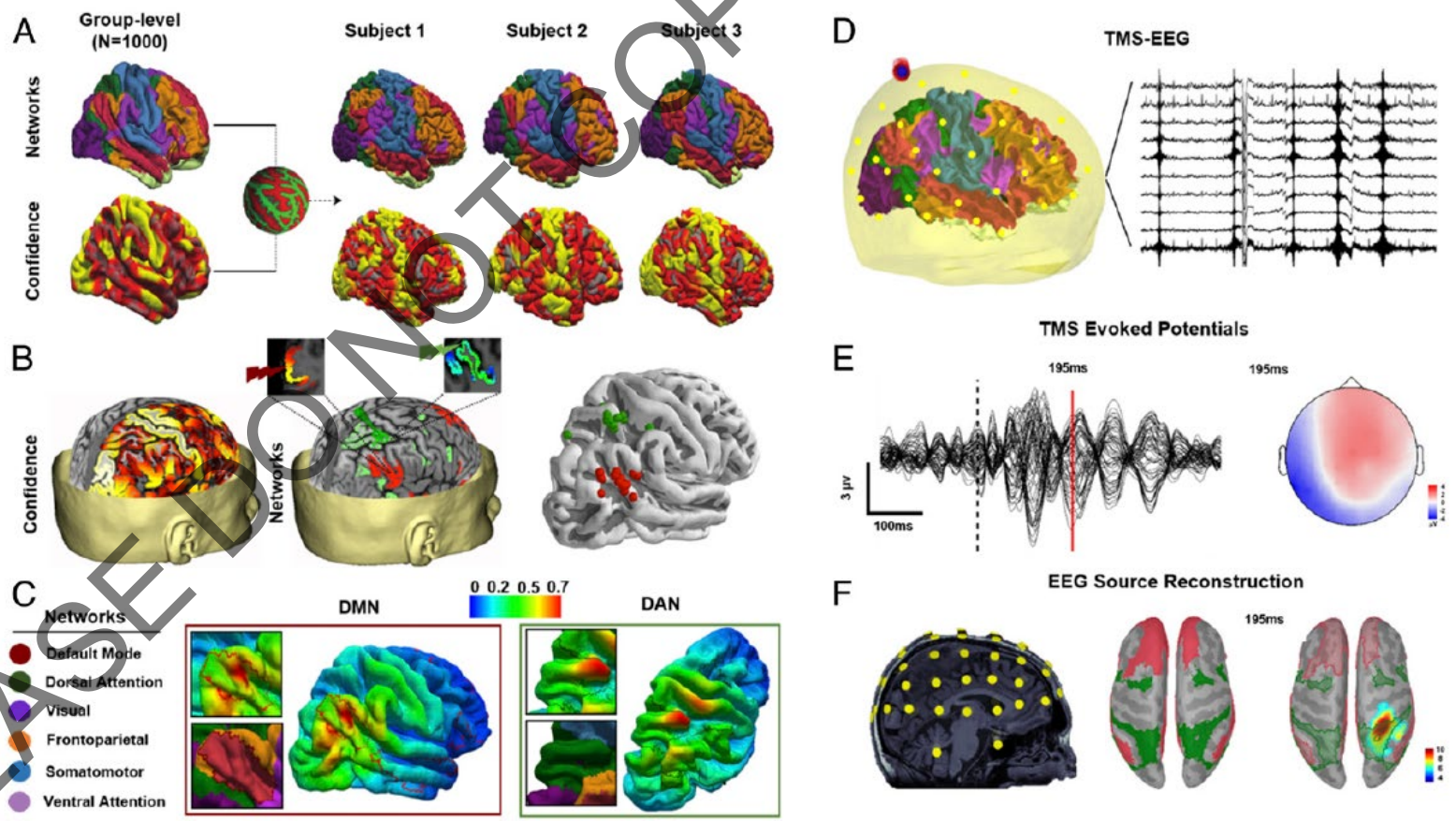


- Key takeaway: EEG connectivity is not a reliable predictor of propagation of evoked activity

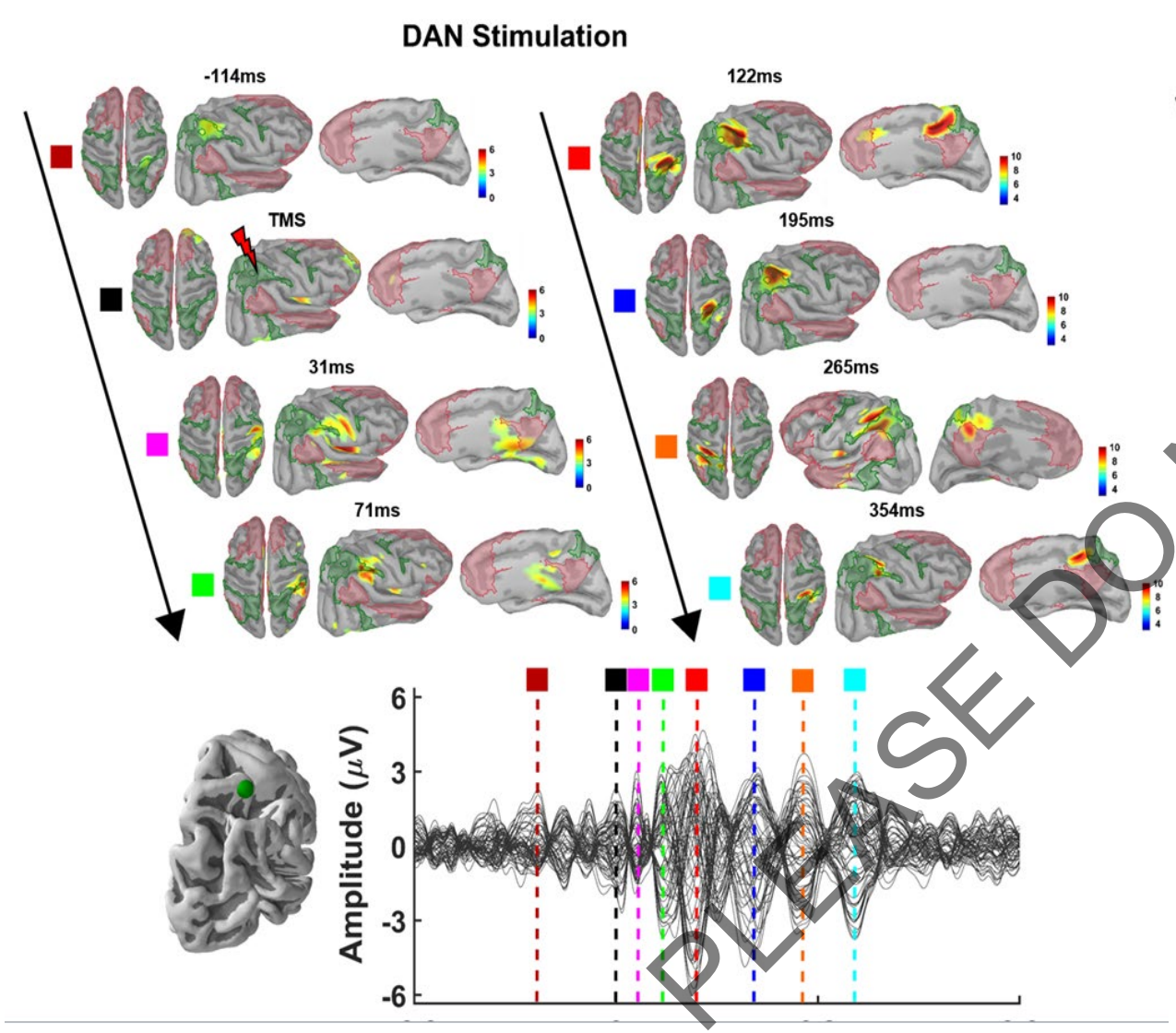
Vink 2020

What about resting-state fMRI connectivity?

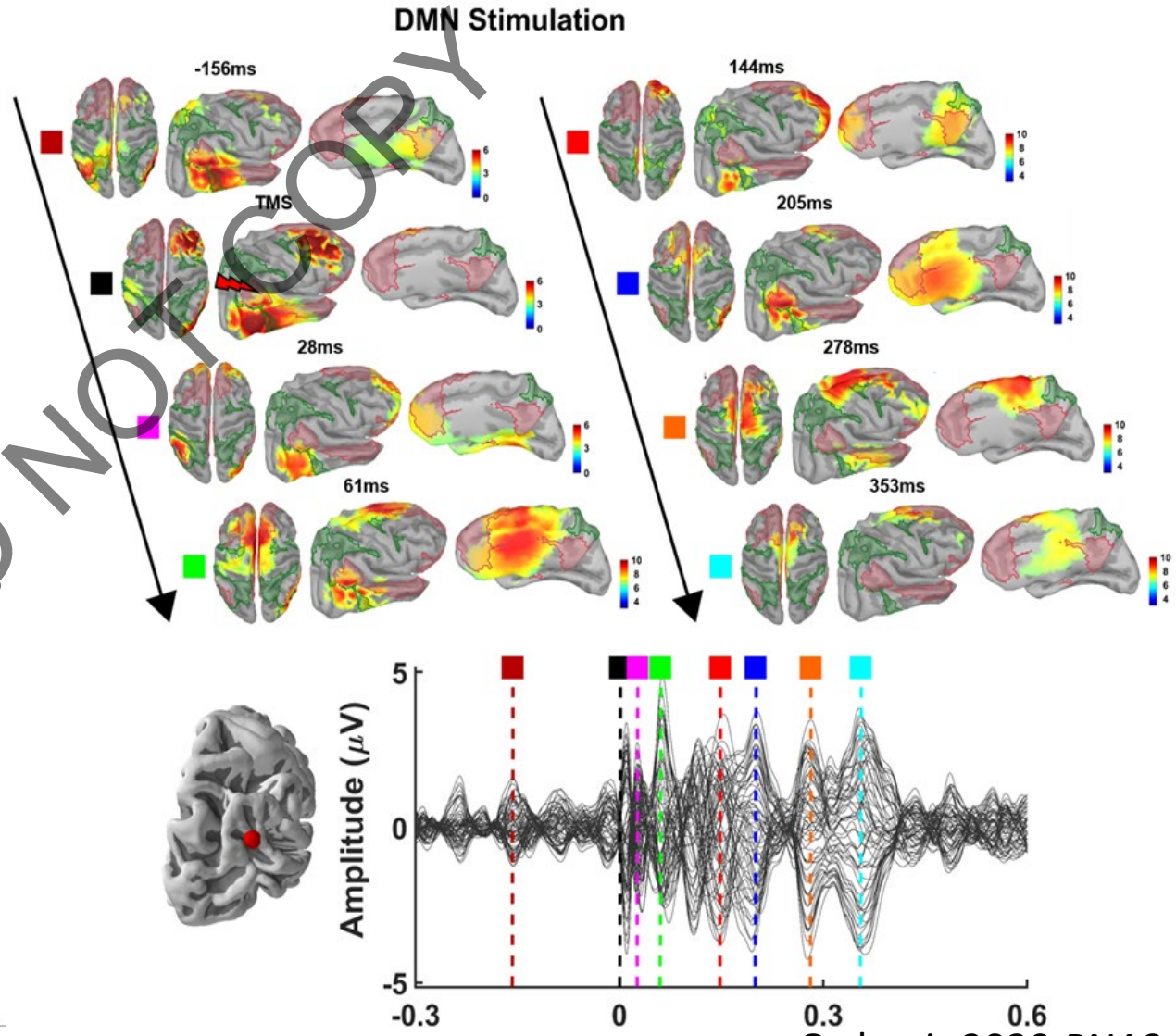
- Ozdemir 2020 *PNAS*: Assessed whether TMS to individually defined nodes of the default-mode network versus dorsal attention network produced network-specific brain dynamics
- Networks and targets identified based on group-level connectivity



Network Stimulation and Evoked Activity

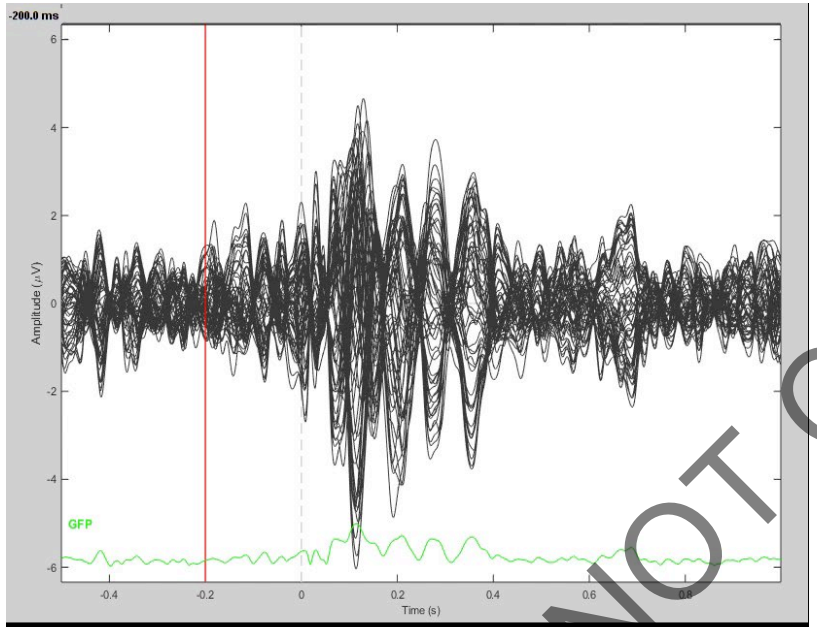


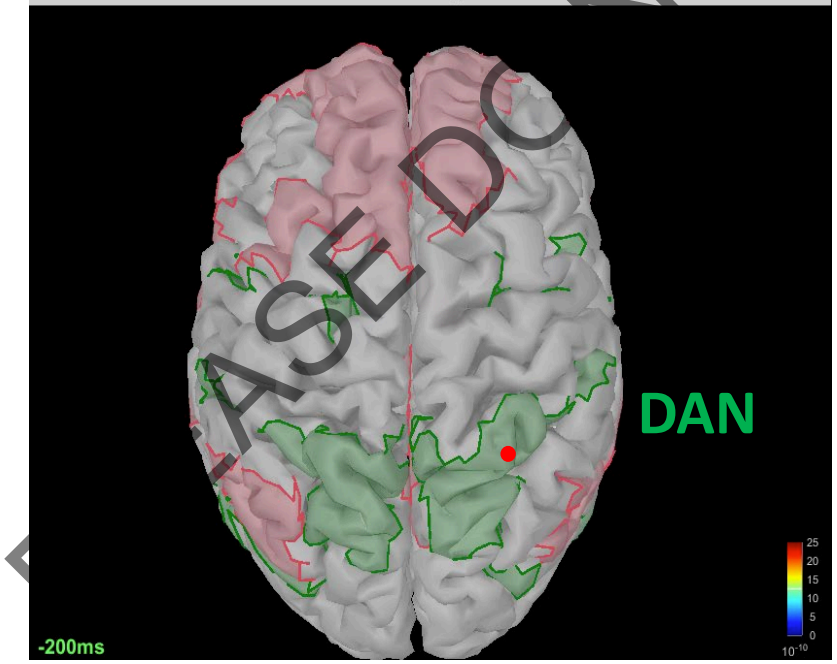
Ozdemir 2020 *PNAS*

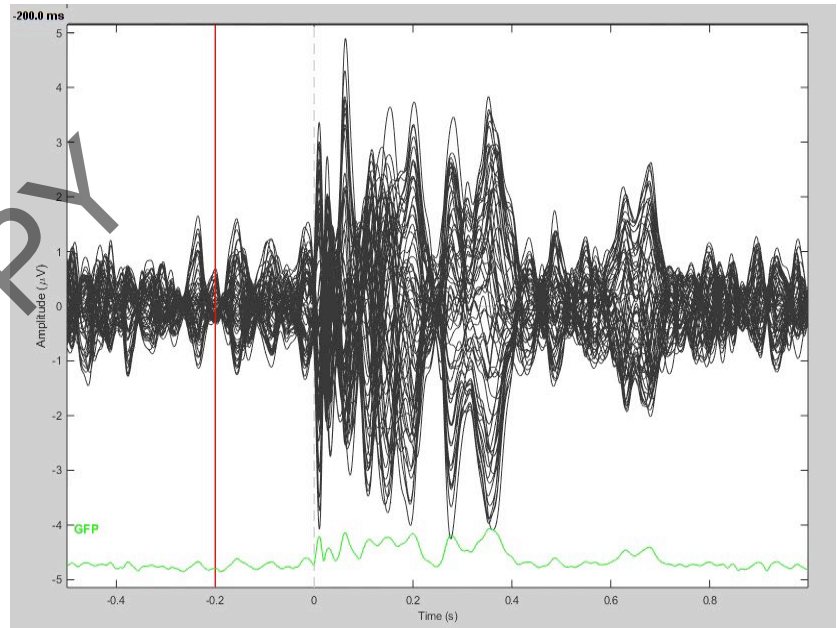


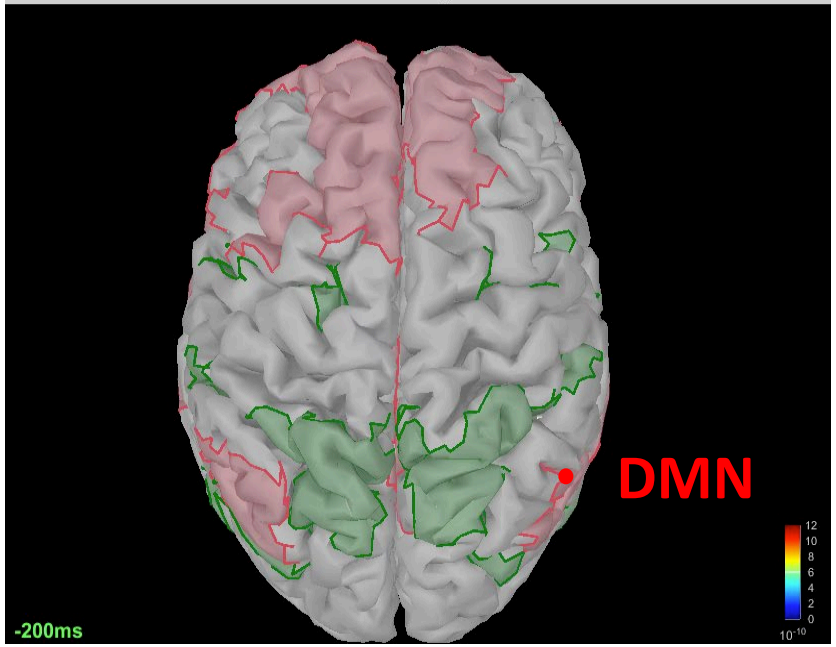
Ozdemir 2020 *PNAS*

Network Evoked Activity

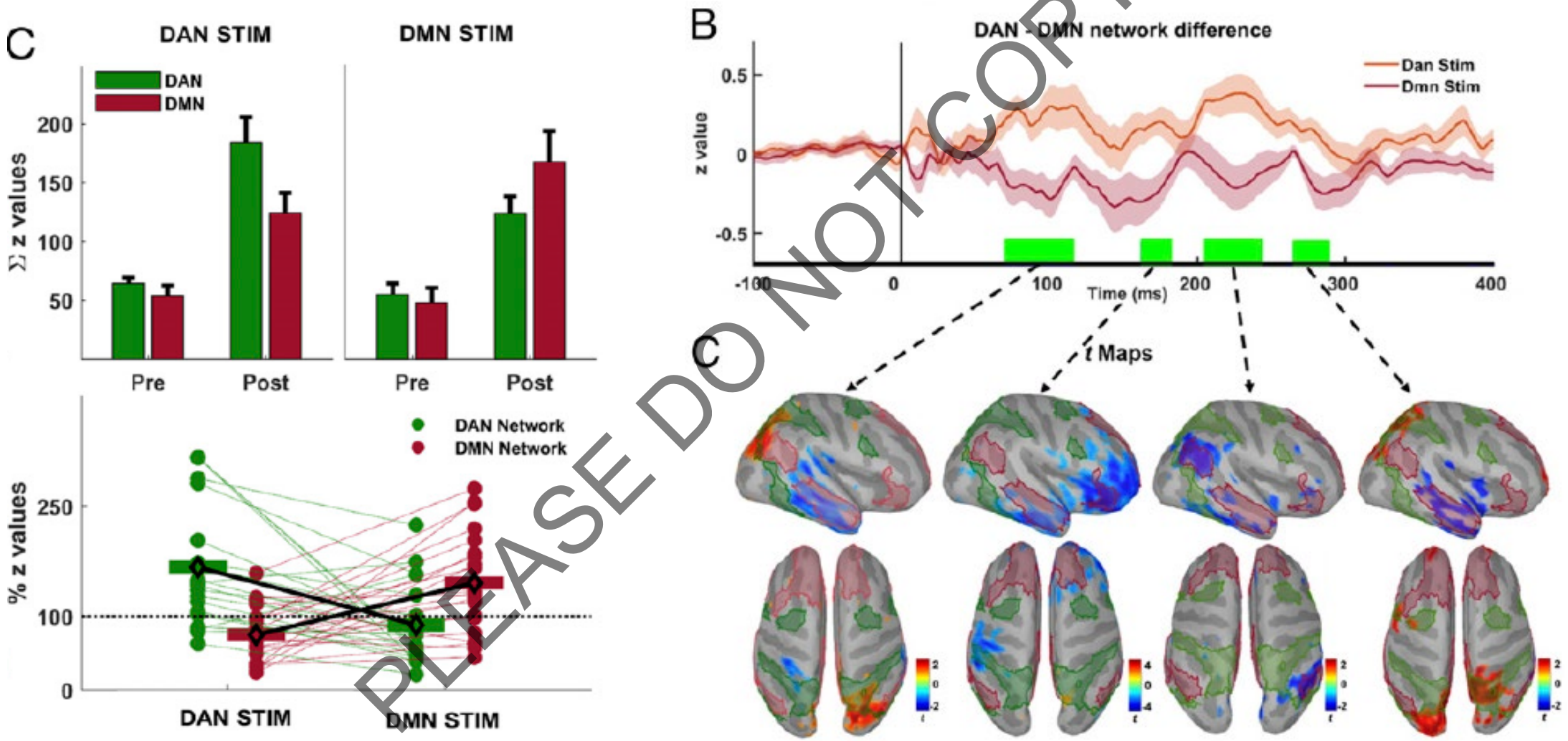








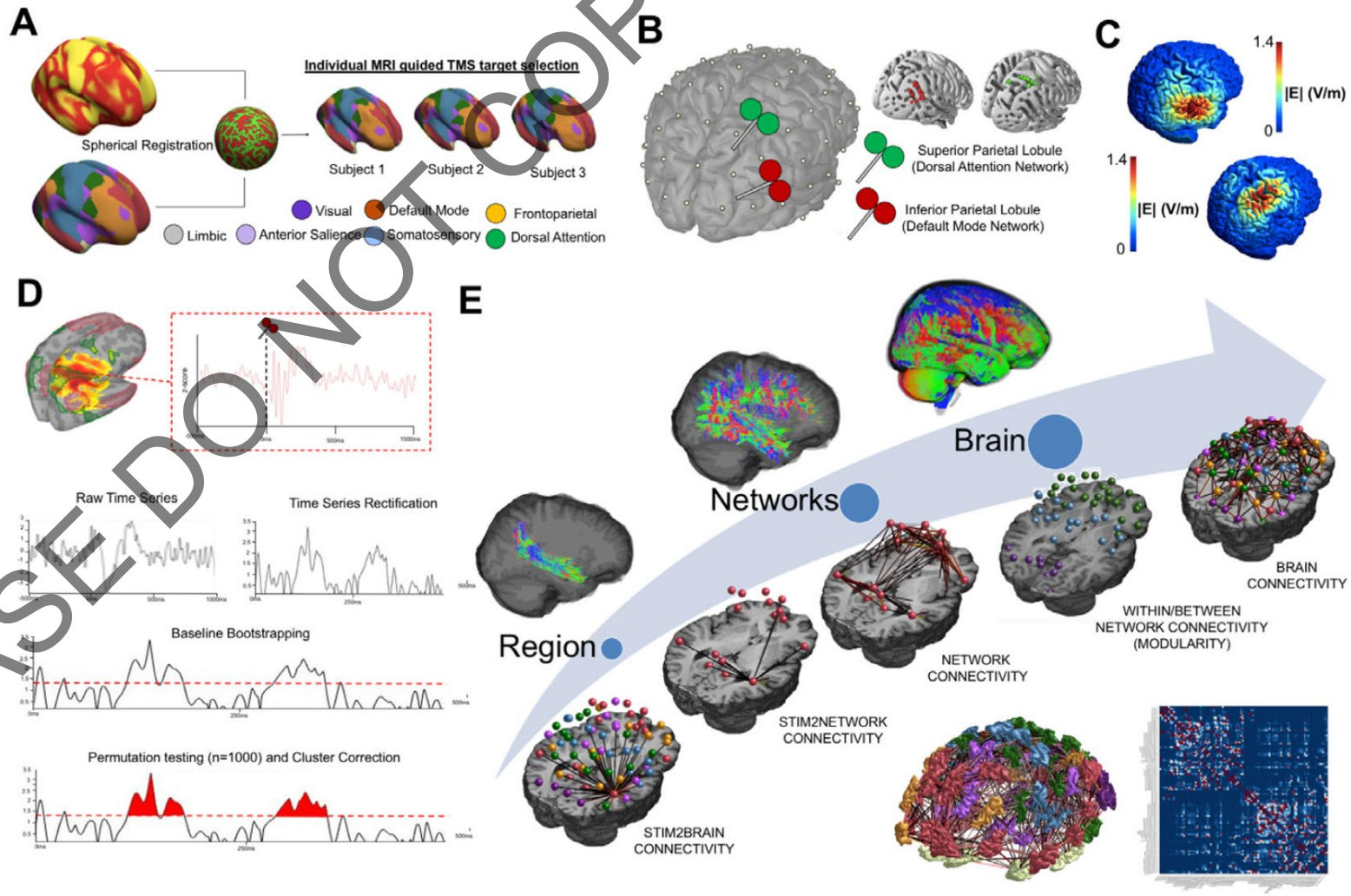
Network-specific activations



Ozdemir 2020

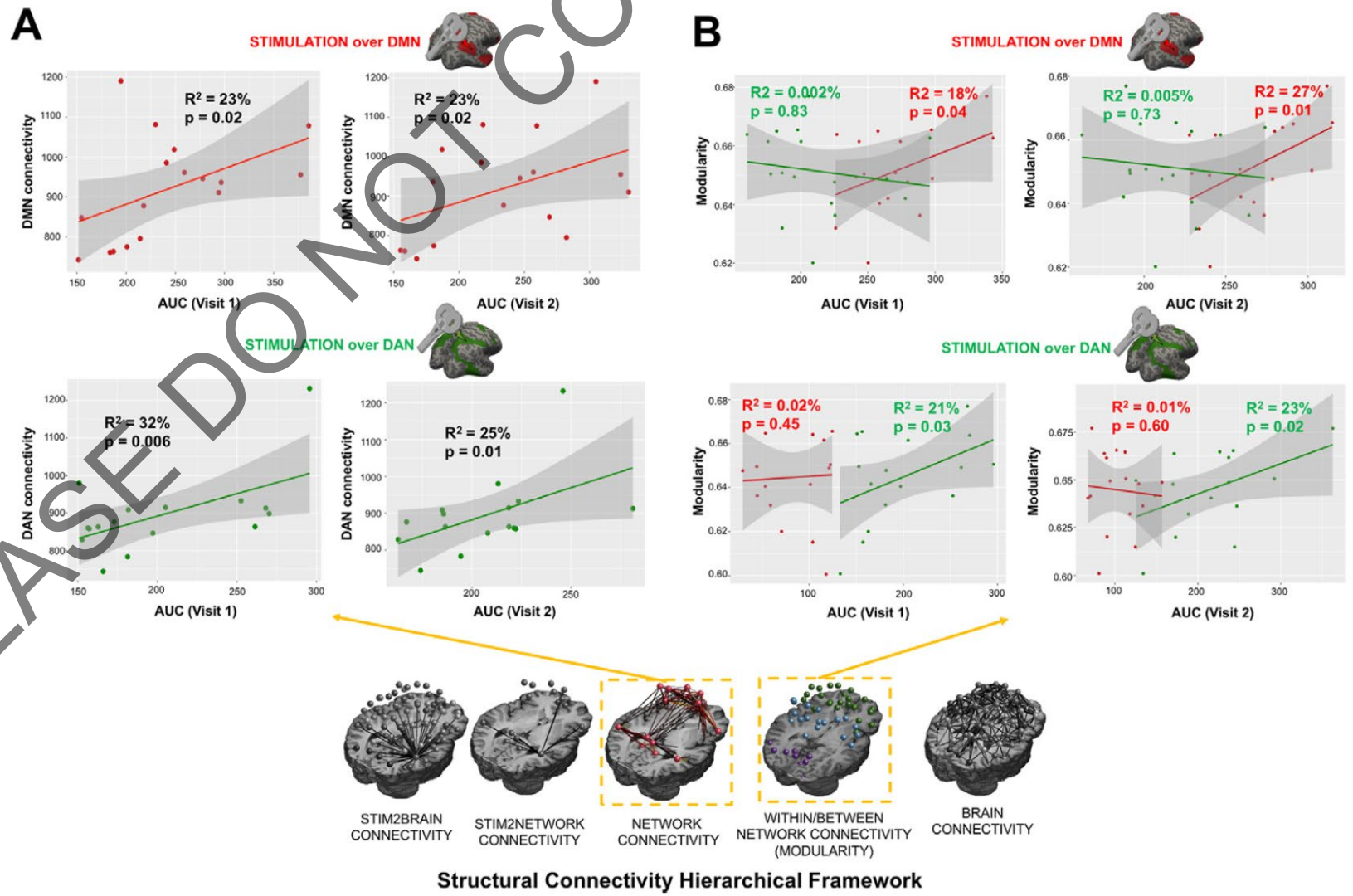
What about structural connectivity?

- Momi 2021 *NeuroImage*
  - Evaluated whether and how DTI connectivity predicts TMS-evoked EEG activity
  - Evaluated whether regional, network-level or whole brain connectivity better predicted TEPs



Evoked activity correlated with network connectivity and modularity

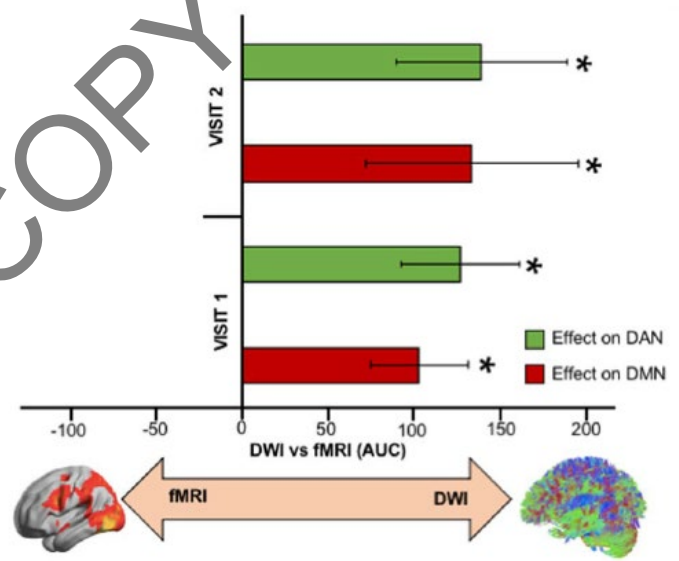
- Magnitude of evoked activity correlated with the total connectivity within the stimulated network, and with the modularity of the stimulated network, but NOT connectivity of the stimulated region or whole brain connectivity

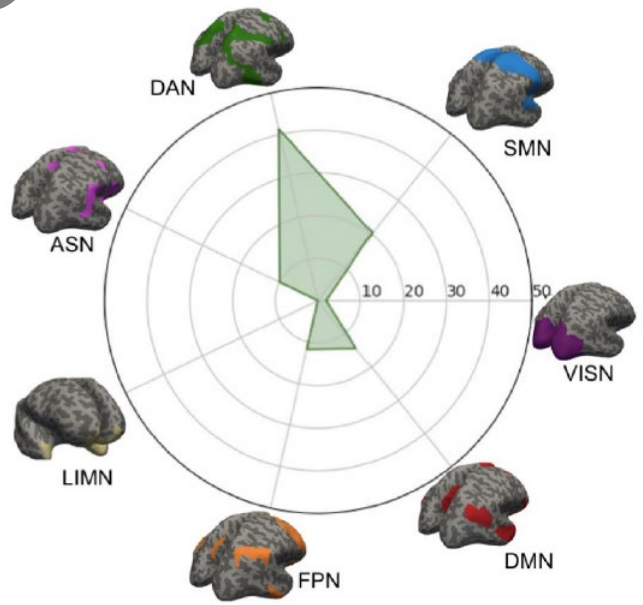


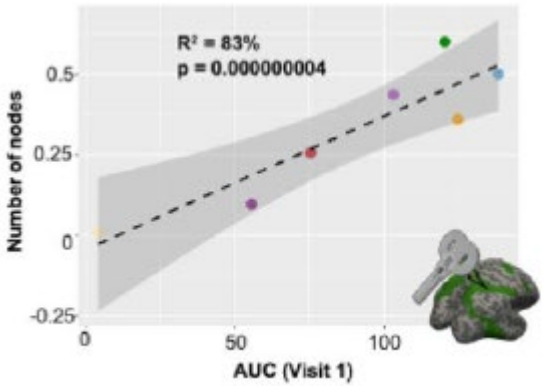
Momi 2021

Structural connectivity more predictive than functional connectivity

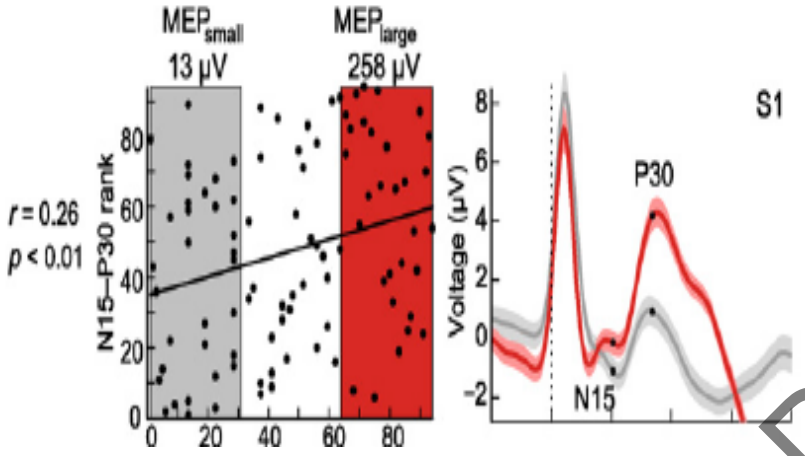
- Momi 2021 *Scientific Reports*: Assessed whether TMS-evoked EEG activity is better predicted by MRI structural connectivity (DTI) or resting-state functional connectivity (rs-fcMRI)
- Top: propagation of TMS-evoked activity is better predicted by structural rather than functional connectivity
- Bottom: The structural connectivity to different networks predicts the TMS-evoked activity within each network





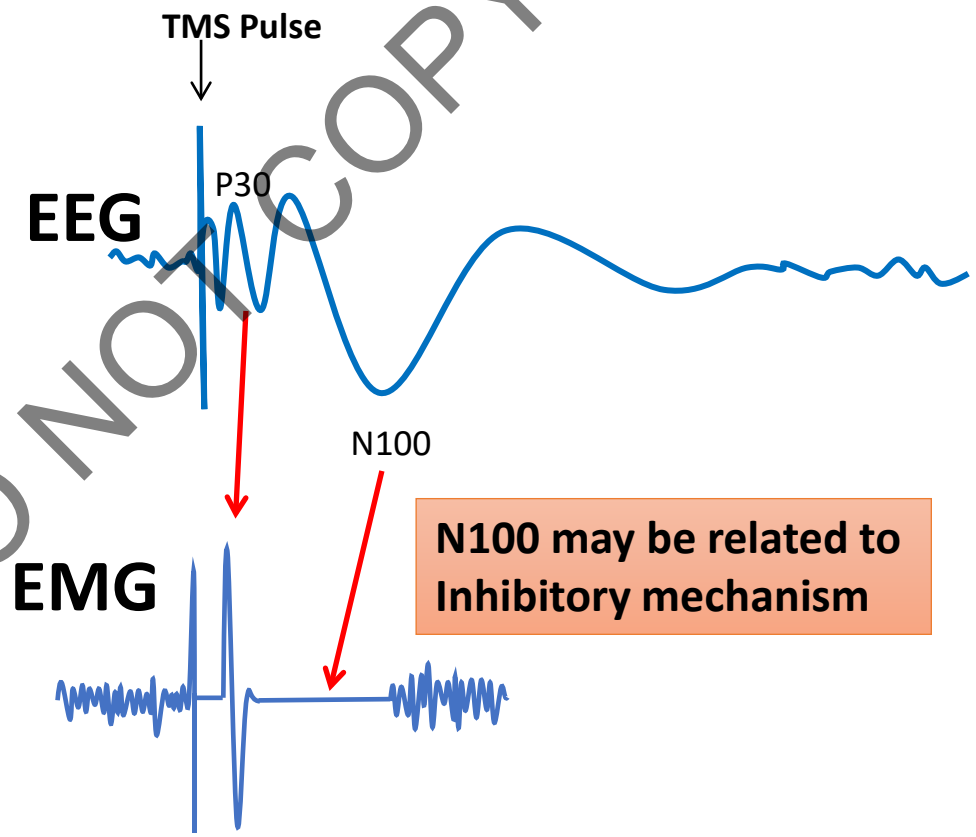


TEPs and MEPs



The N15-P30 correlated with the amplitude of MEP

Maki & Ilmoniemi 2010

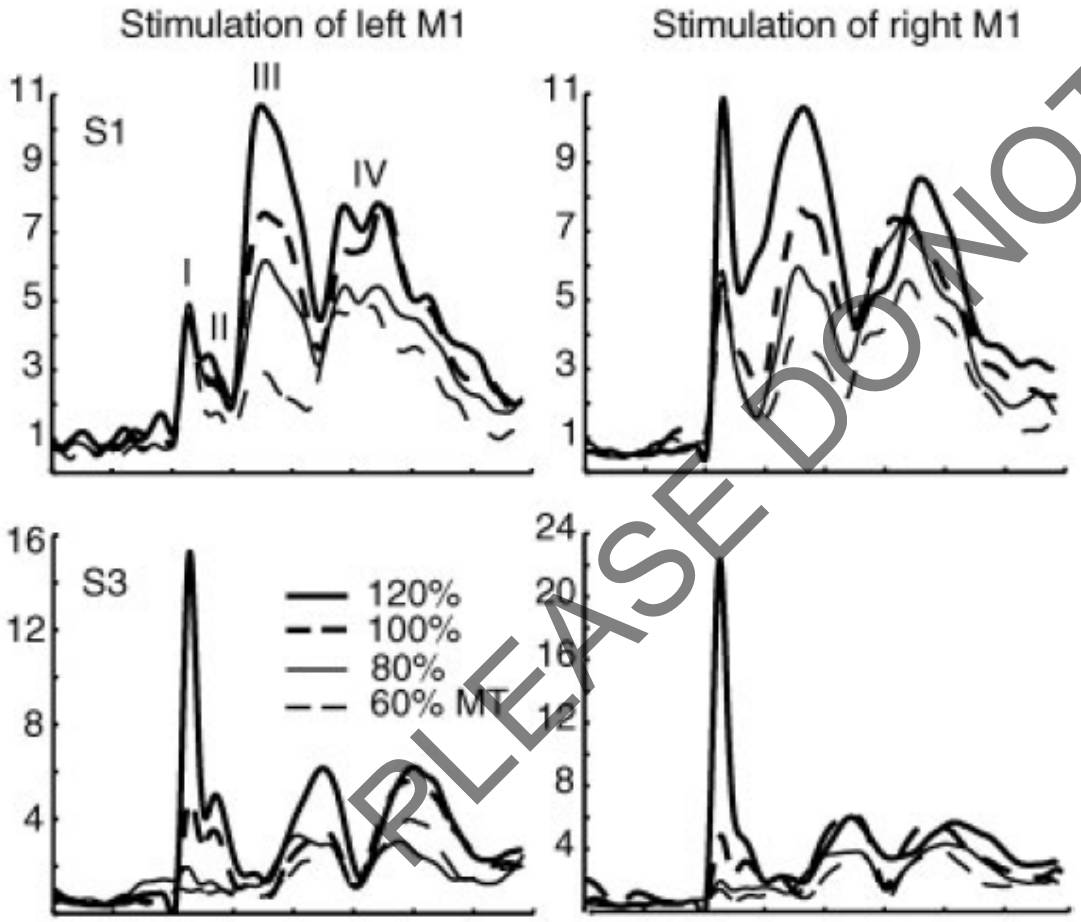


N100 may be related to Inhibitory mechanism

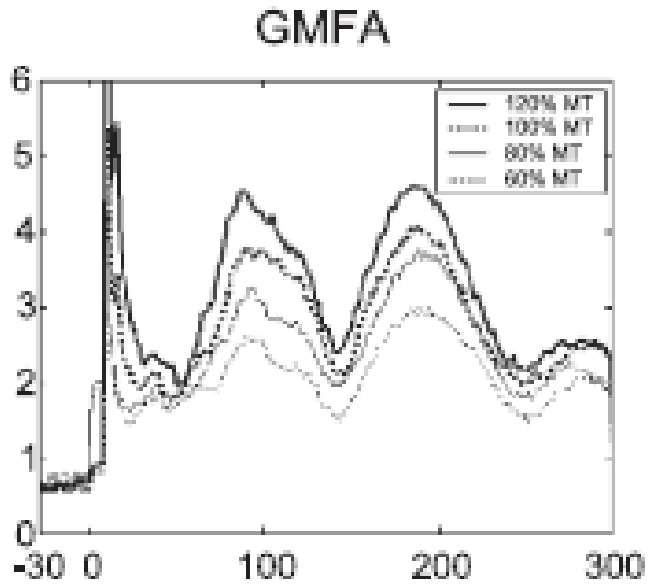
Bender et al., 2005; Bonato et al., 2006
Farzan et al., 2013

TMS generates TEPs even below motor threshold!

60% motor threshold was enough to evoke a cortical response!



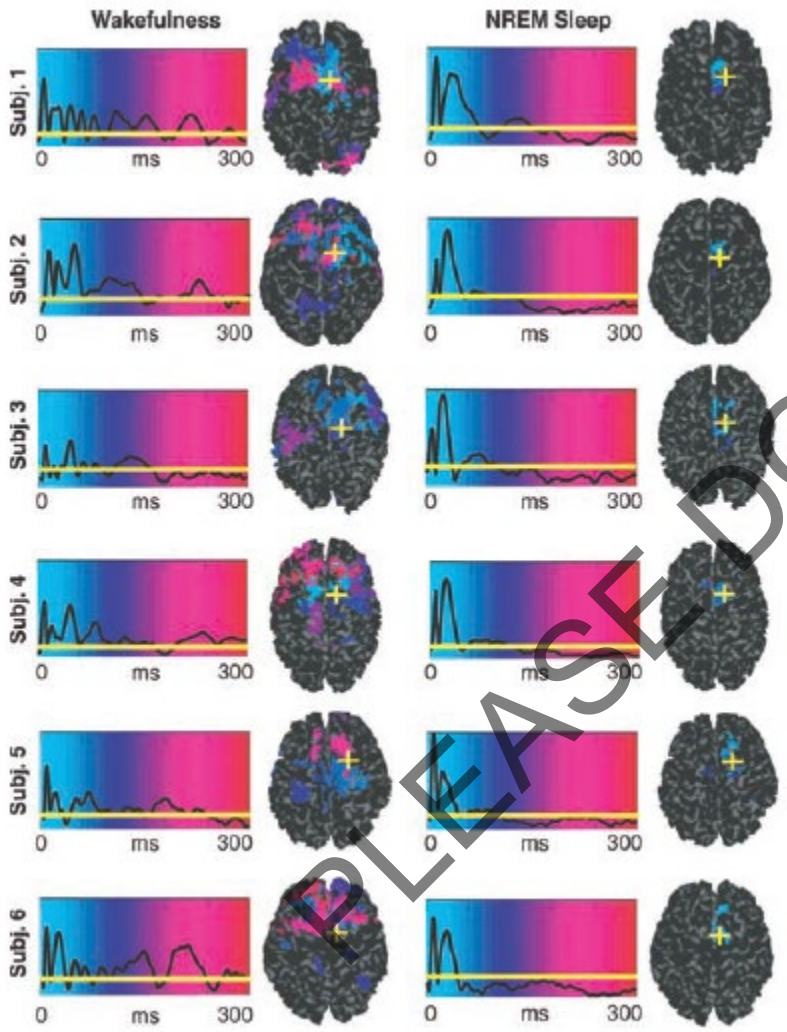
Komissi et al, Human Brain Mapping, 2004



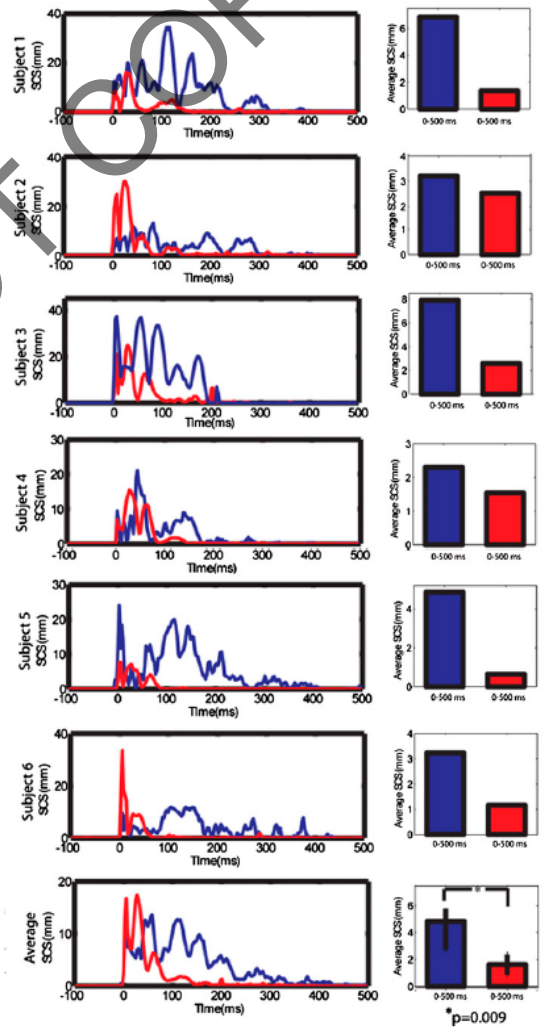
Kahkonen 2005

Complexity of TEPs at Different Brain States

Breakdown of effective connectivity during sleep and with anesthesia



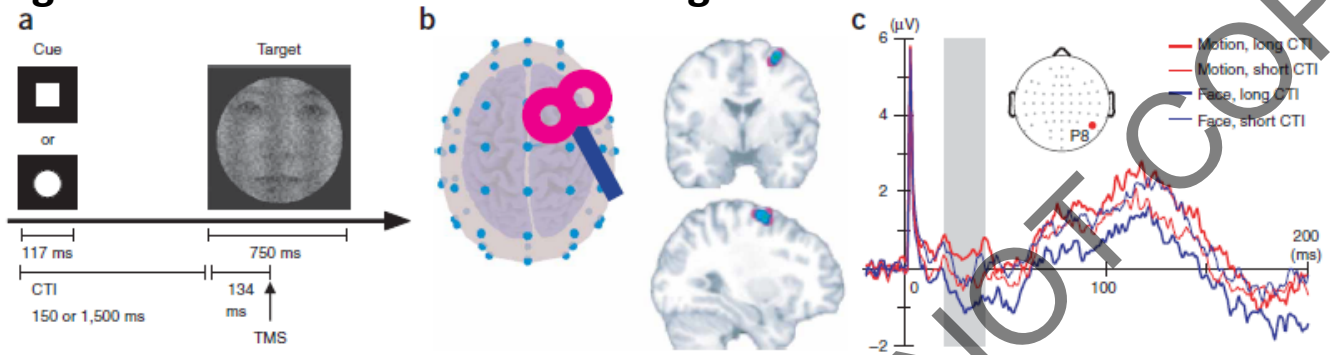
Massimini 2005



Ferrarelli 2010

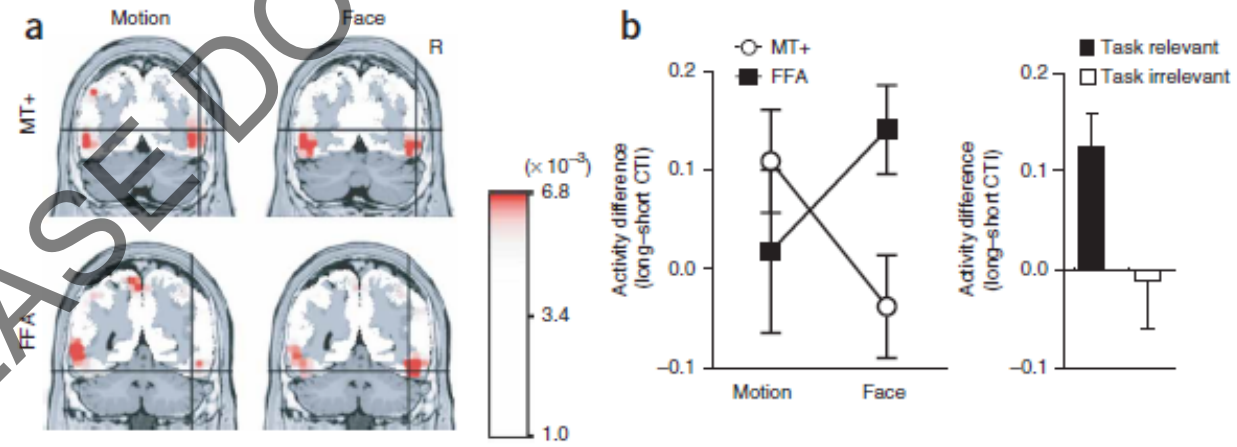
Examining Causality in brain-behavior relationships using TEPs (Cognitive Brain States)

Signal transmission from PFC during visual attention task



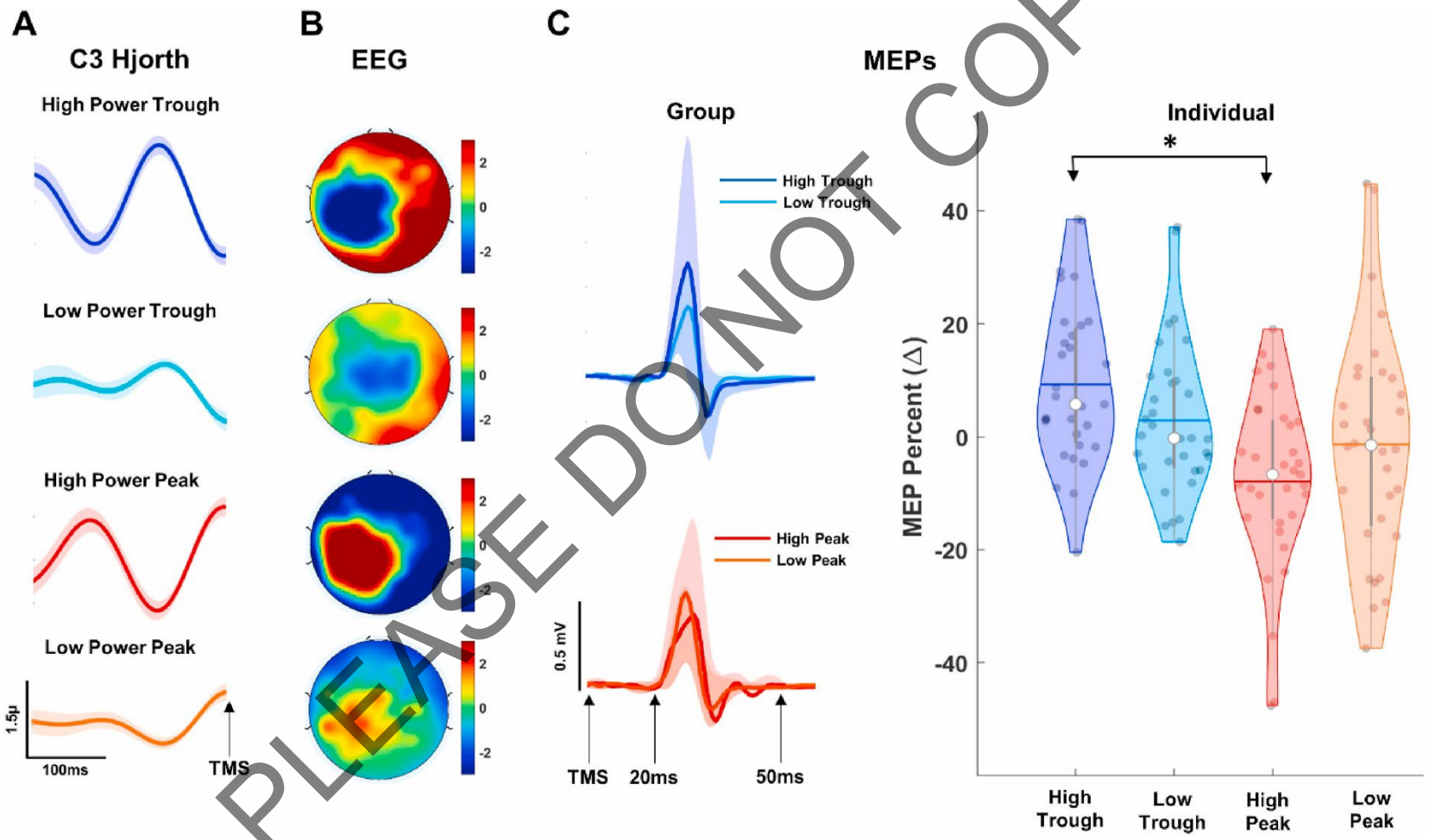
Morishima 2009 Nature Neuroscience: TMS applied to FEF during performance of a visual discrimination task for motion direction or visual gender.

The study found that the transmission of neural impulses from the prefrontal cortex is task-specific.



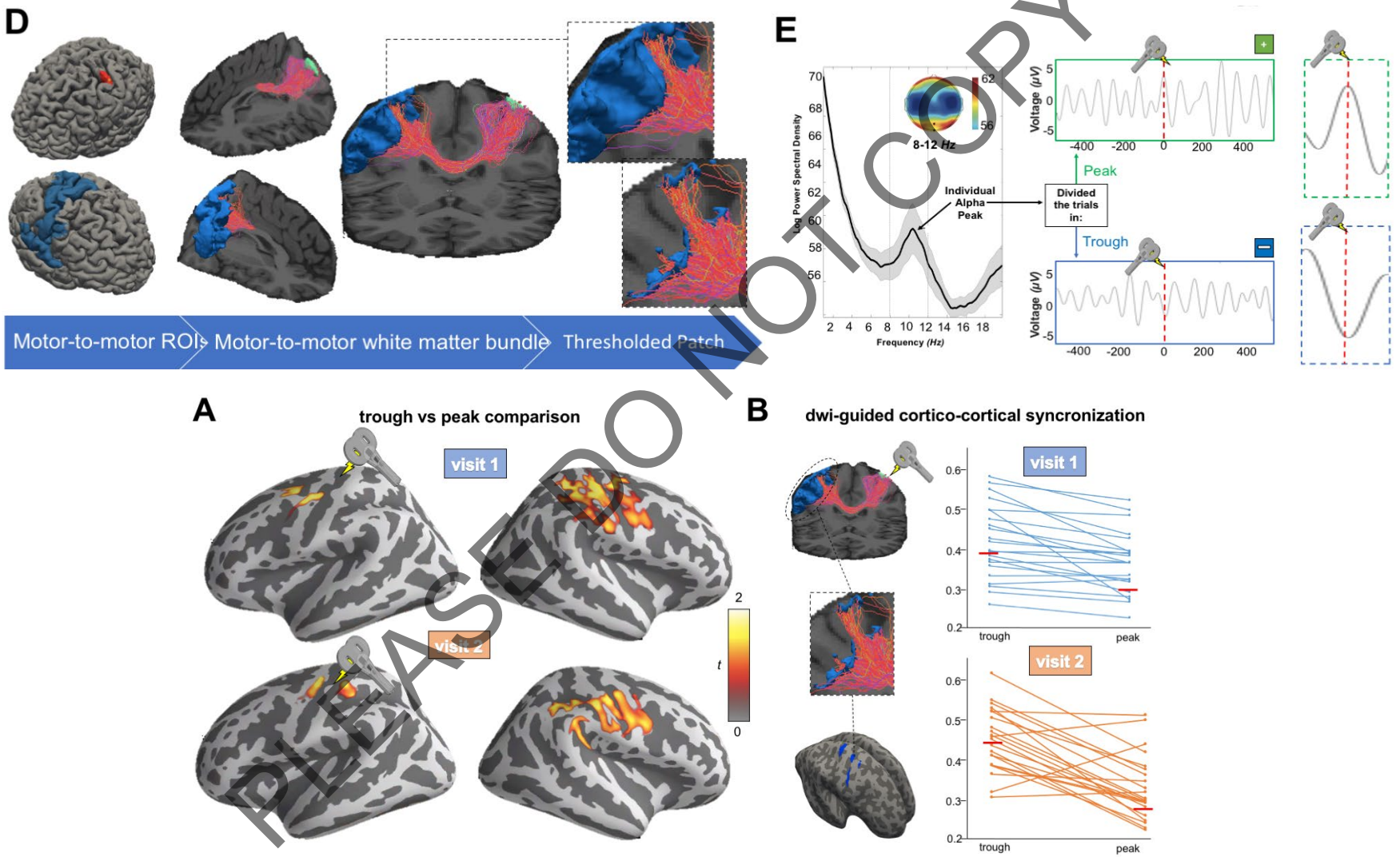
M/F

Instantaneous Brain State and MEPs



Ozdemir 2022 *Neuroimage: Reports*

Instantaneous Brain State & TEP Connectivity



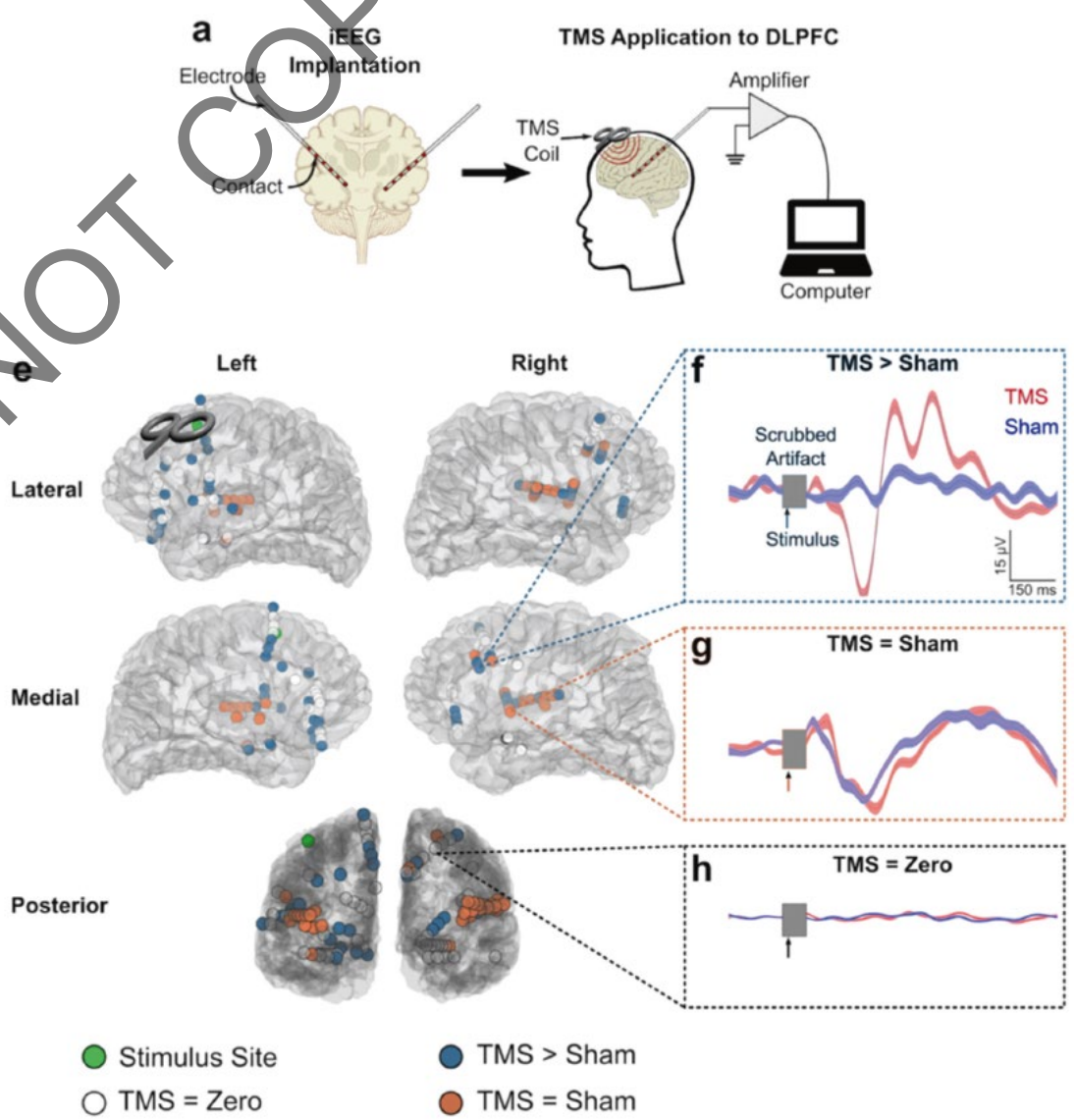
Momi et al, 2022 Journal of Physiology

TMS with intracranial EEG

- Patients with medically refractory epilepsy sometimes undergo intracranial EEG recordings with implanted electrodes
- Work led by Aaron Boes at U-Iowa (a former CNBS alum) showed that TMS in patients with implanted intracranial electrodes is safe and feasible
- Permits "ground truth" assessment of human physiology at rest, during tasks, and in response to TMS

Effects of transcranial magnetic stimulation on the human brain recorded with intracranial electrocorticography

Jeffrey B. Wang[1,2,11], Umair Hassan[2,3,4,11], Joel E. Bruss[5,6], Hiroyuki Oya[7], Brandt D. Uitermarkt[6], Nicholas T. Trapp[8,9], Phillip E. Gander[7,10], Matthew A. Howard III[7], Corey J. Keller[2,3,4,12] and Aaron D. Boes[5,6,8,9,12]



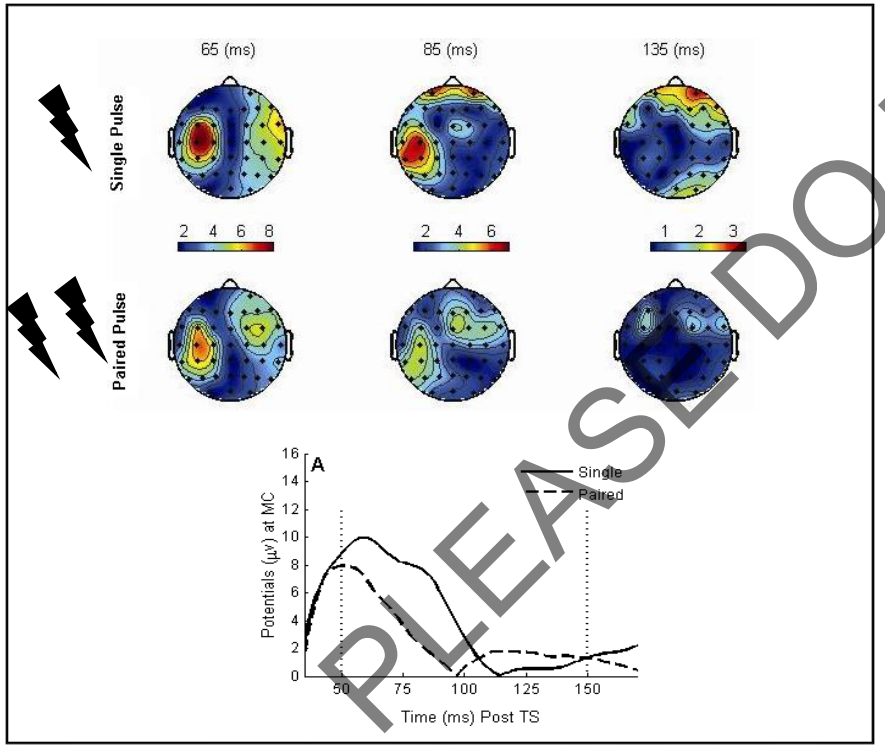
Wang 2024 *Molecular Psychiatry*

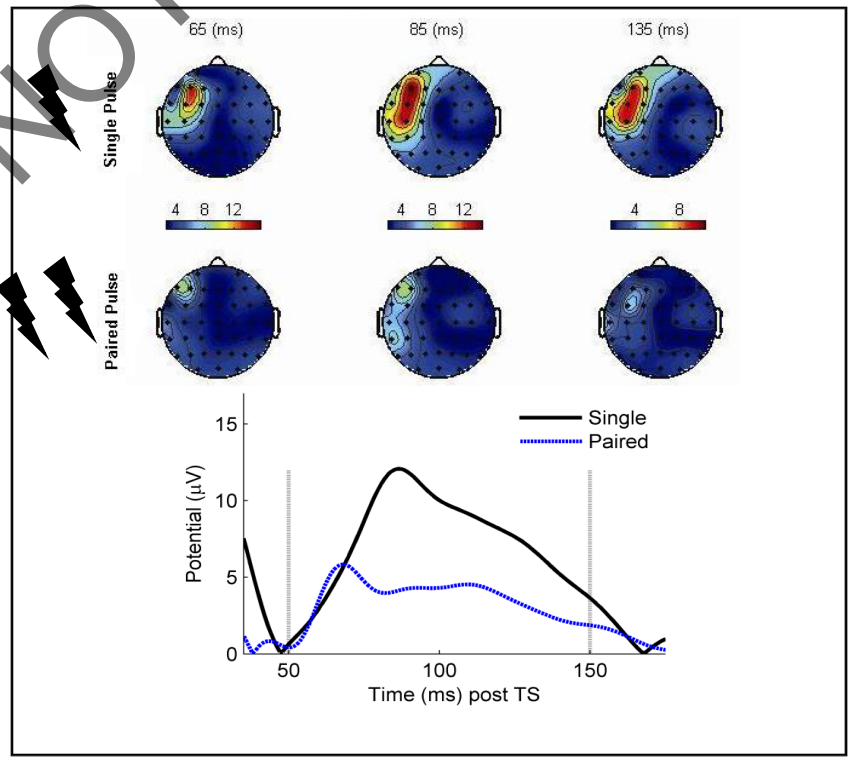
Paired Pulse TMS-EEG

Motor Cortex

TMS-EEG used to assess LICI in Motor and Prefrontal Cortex

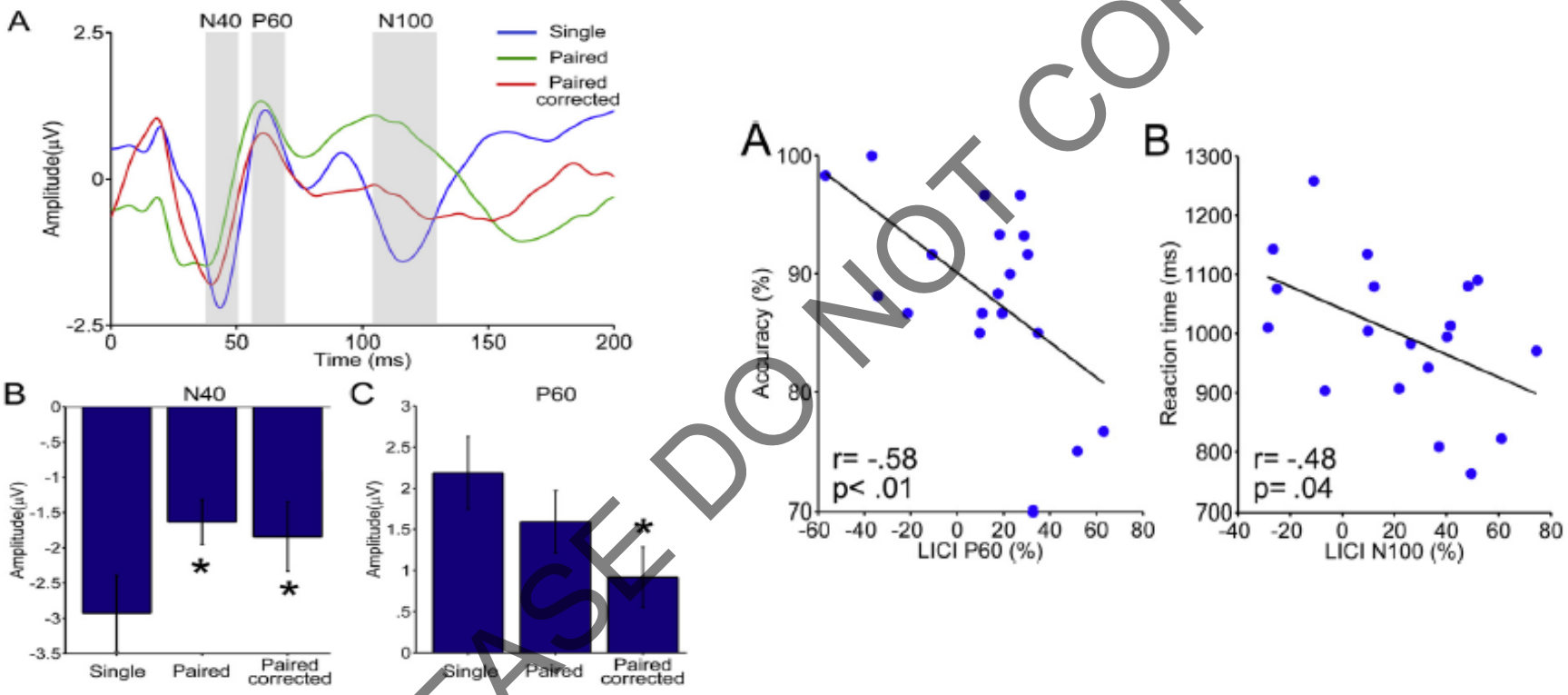
Prefrontal Cortex





Daskalakis 2008

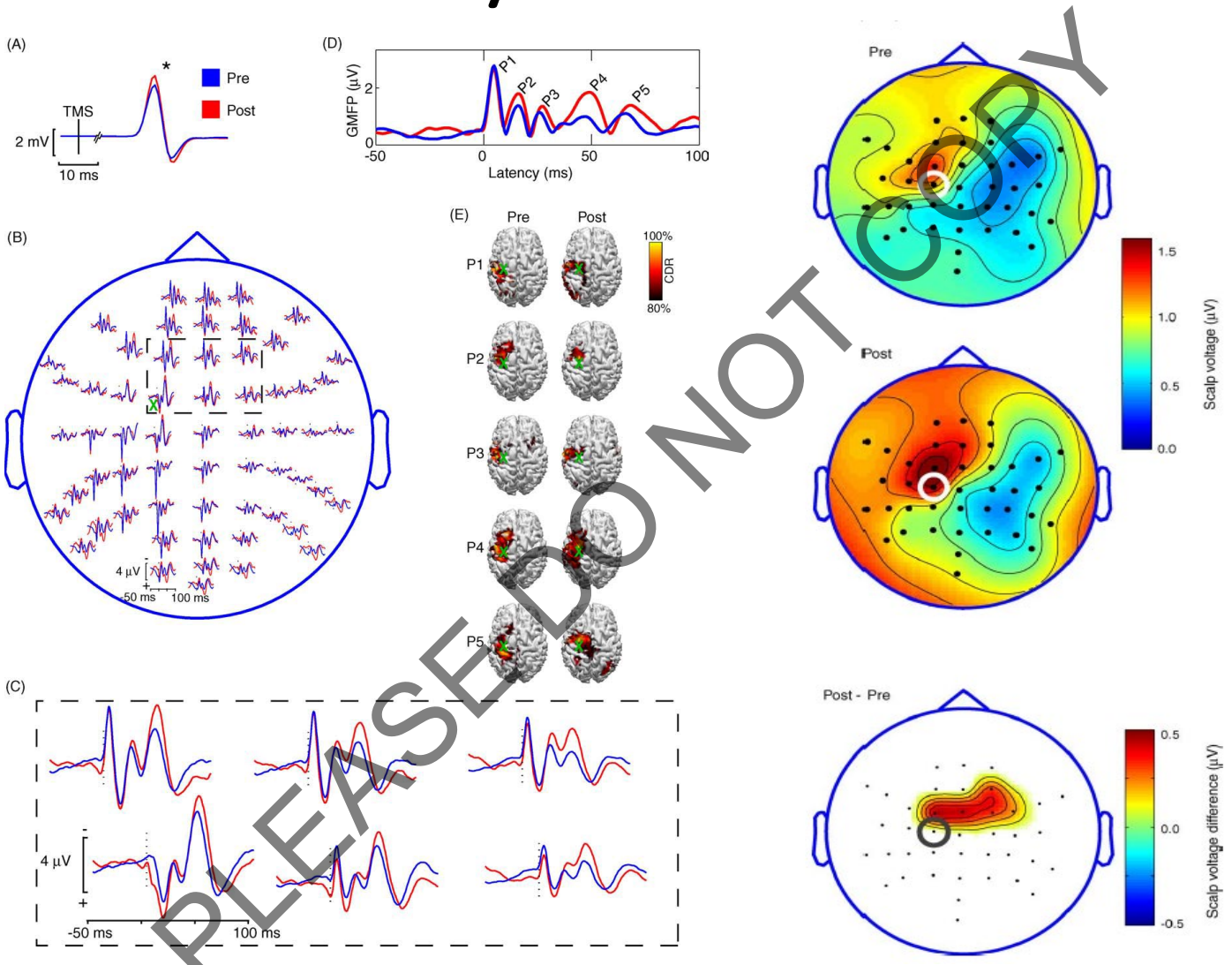
Prefrontal LICI is correlated with WM



Rogasch 2015 Cortex

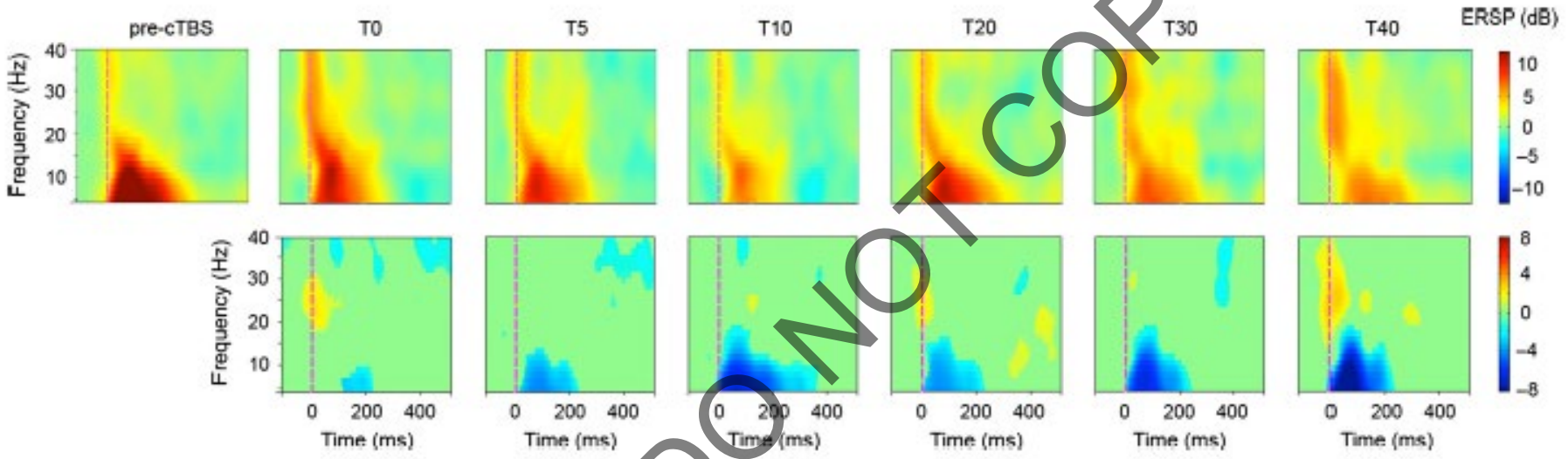
Repetitive TMS

LTP-like Plasticity with rTMS

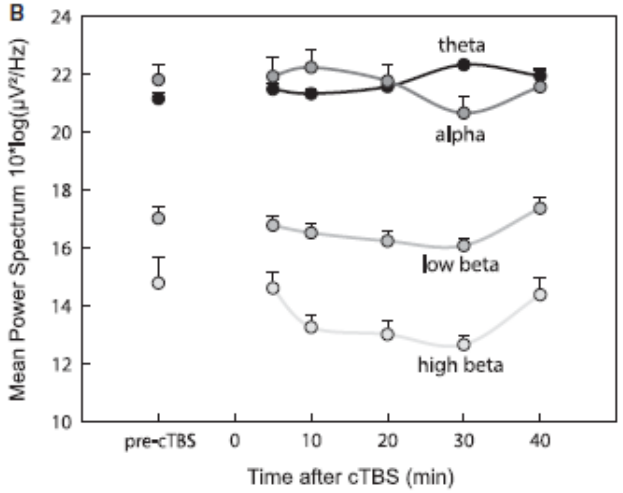


Esser 2006: Following, 5 Hz rTMS to motor cortex, a potentiation of the EEG potentials between 15 and 55ms

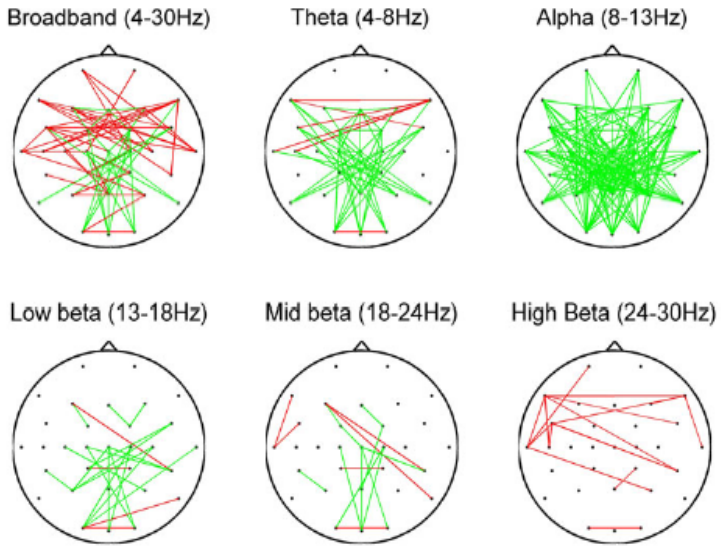
TMS-evoked oscillations

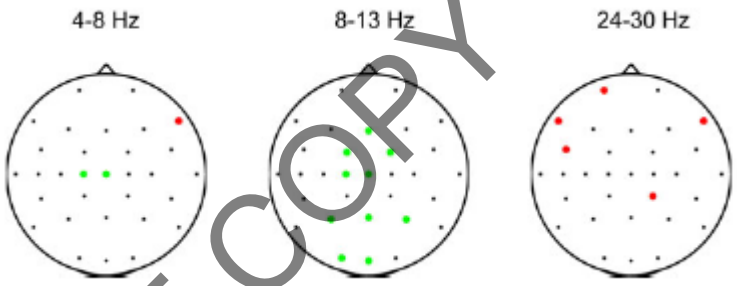


Vernet 2012: TMS-evoked theta and alpha oscillations significantly decreased after cTBS, while TMS-evoked beta activity increased. Significant decrease in resting-state beta power after cTBS

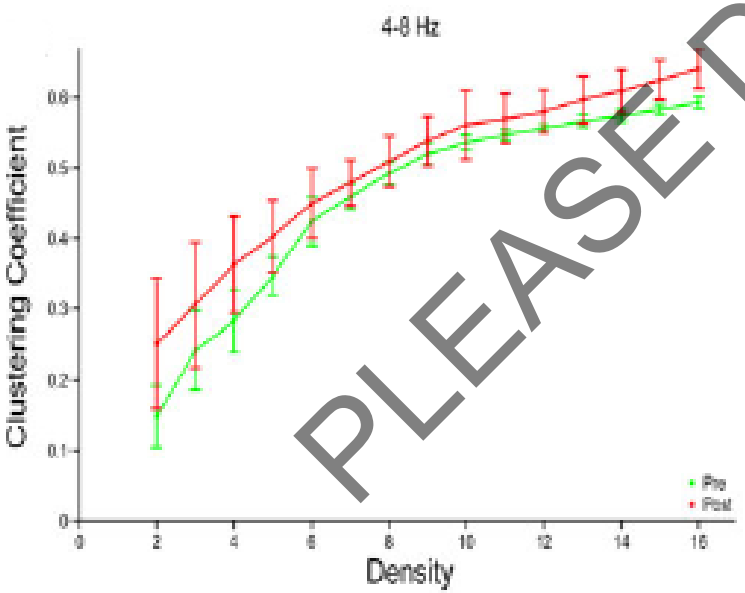


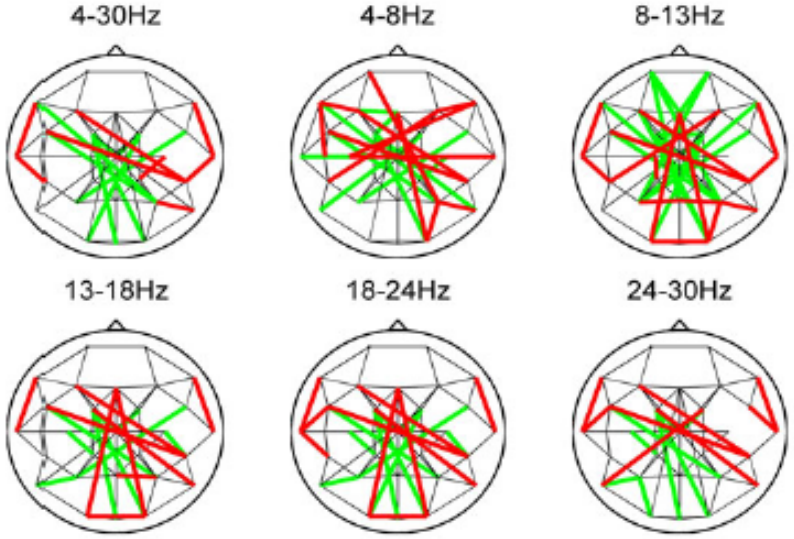
And network connectivity



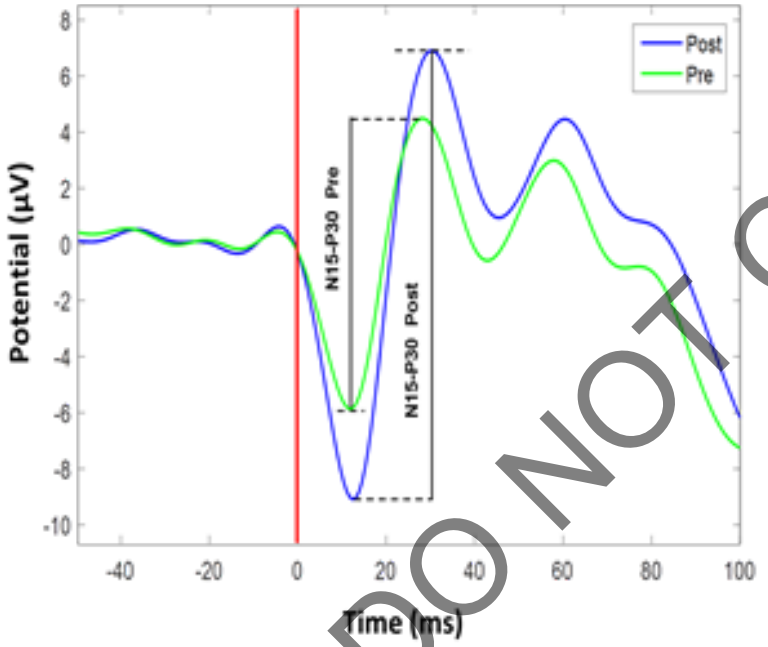


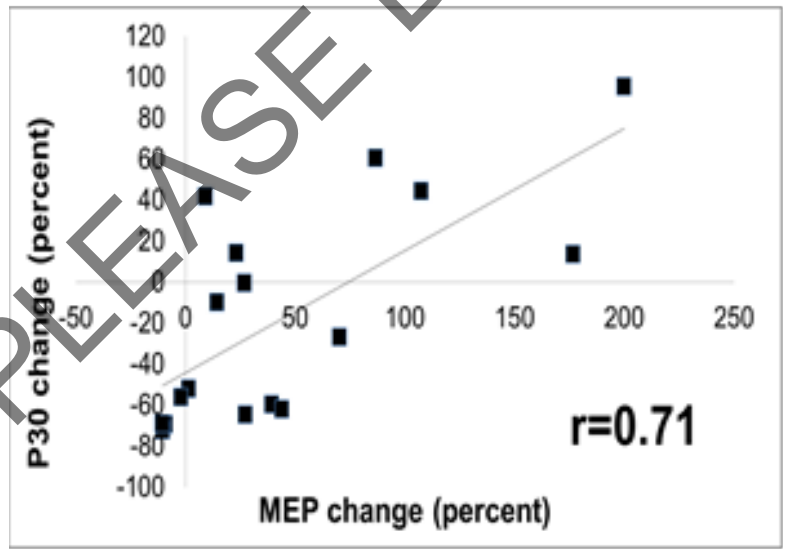
Shafi 2014: cTBS produced distributed frequency-specific changes in network connectivity, resulting in shifts in network topology and graph-theoretic metrics with implications for brain information processing





TMS-EEG effects correlate with MEP effects



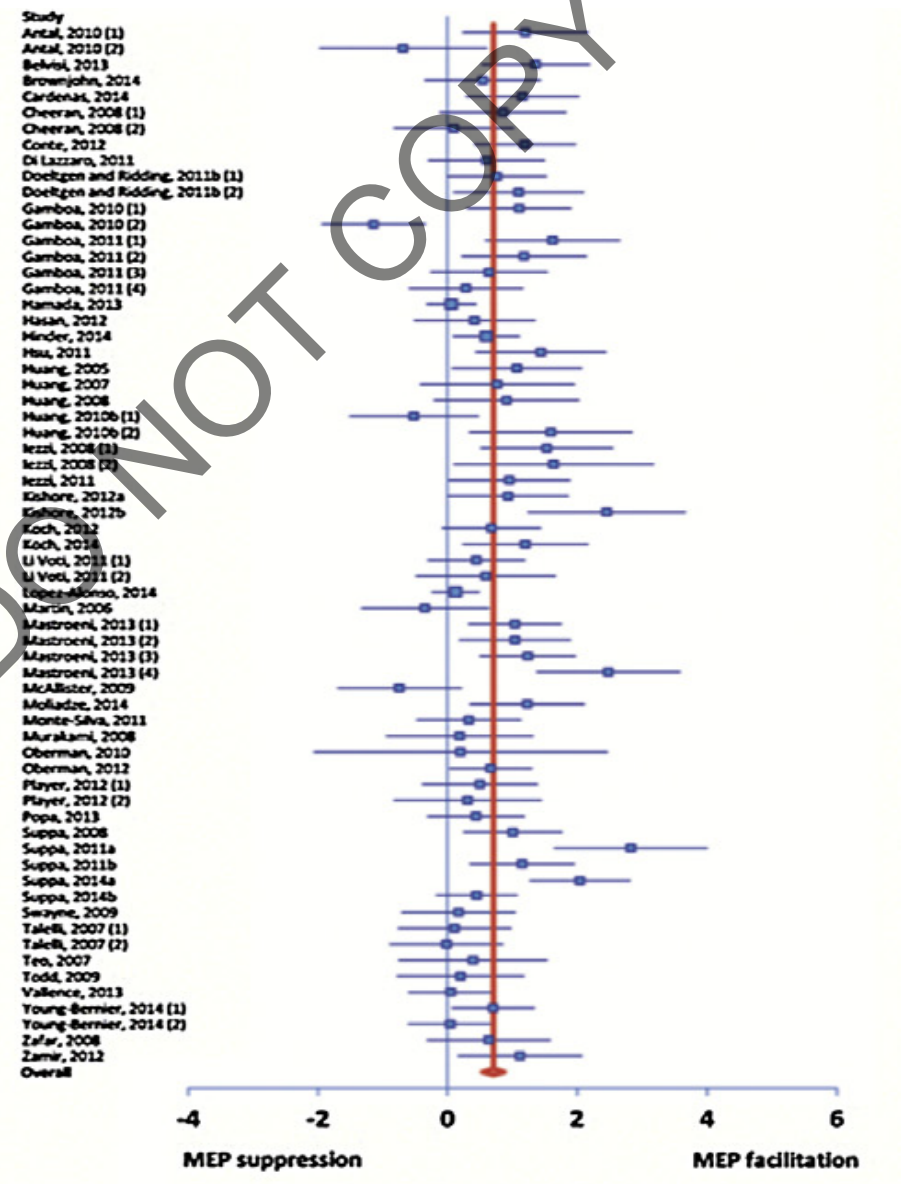


Gedankian 2017

HOWEVER !!!

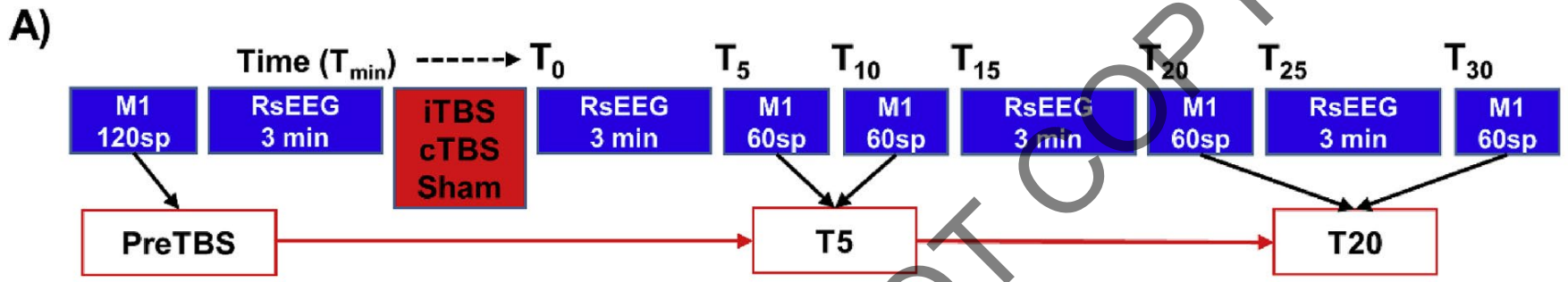
Assessing the Cortical Excitability Hypothesis of rTMS Effects

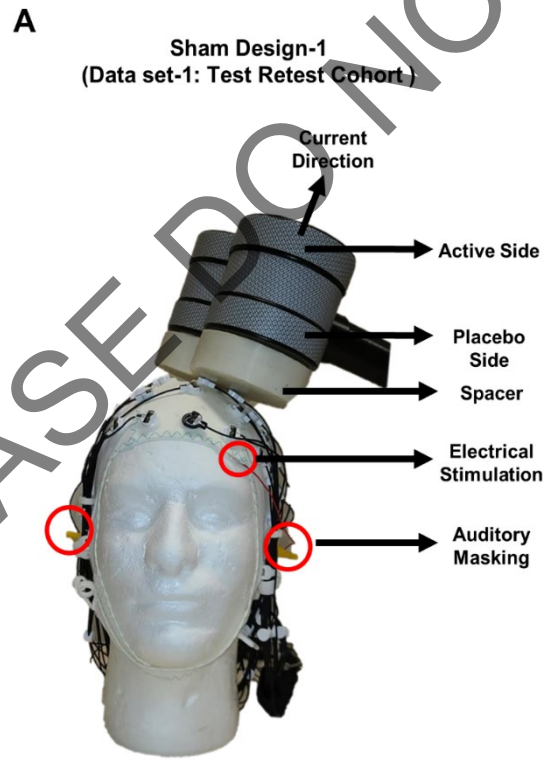
Out of 87 studies only 3 employed Sham



Chung et al., 2016

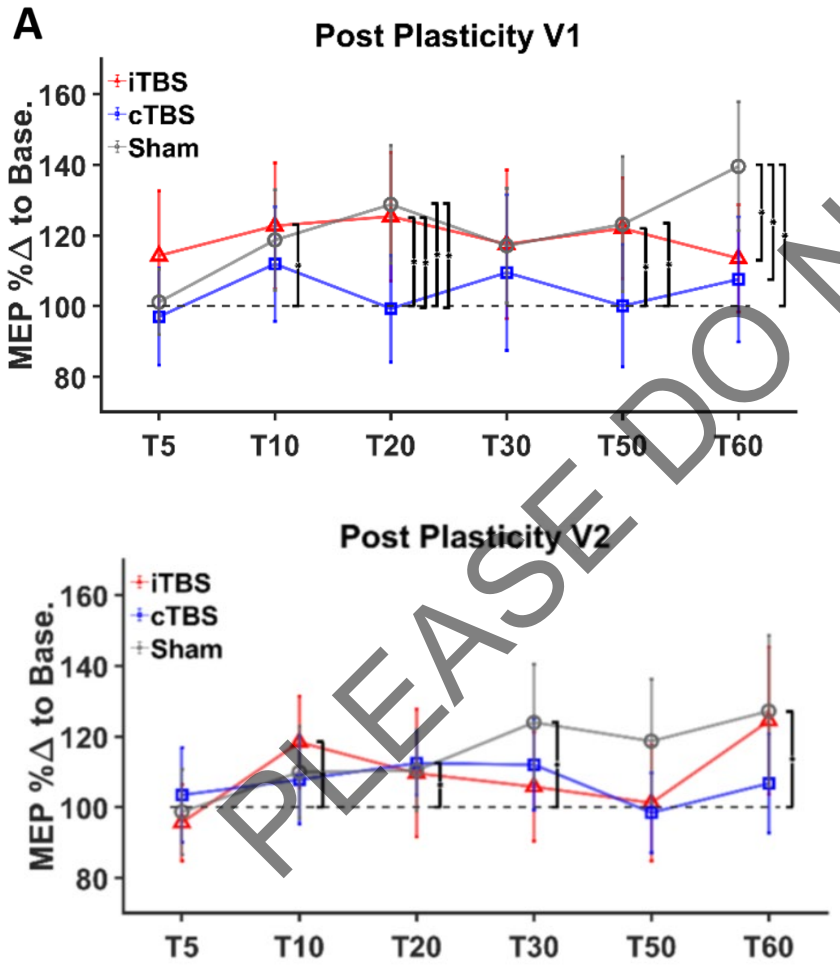
Testing the cortical excitability hypothesis of rTMS effects with sham controls and repeat tests

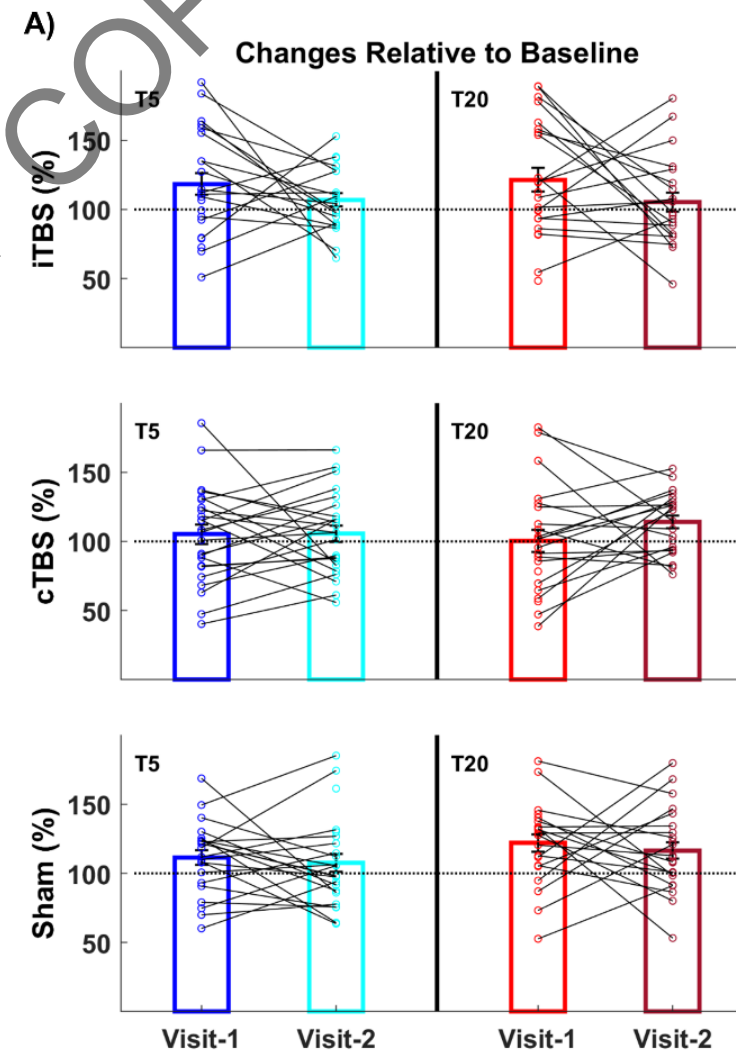




Testing the cortical excitability hypothesis of rTMS effects with sham controls and repeat tests

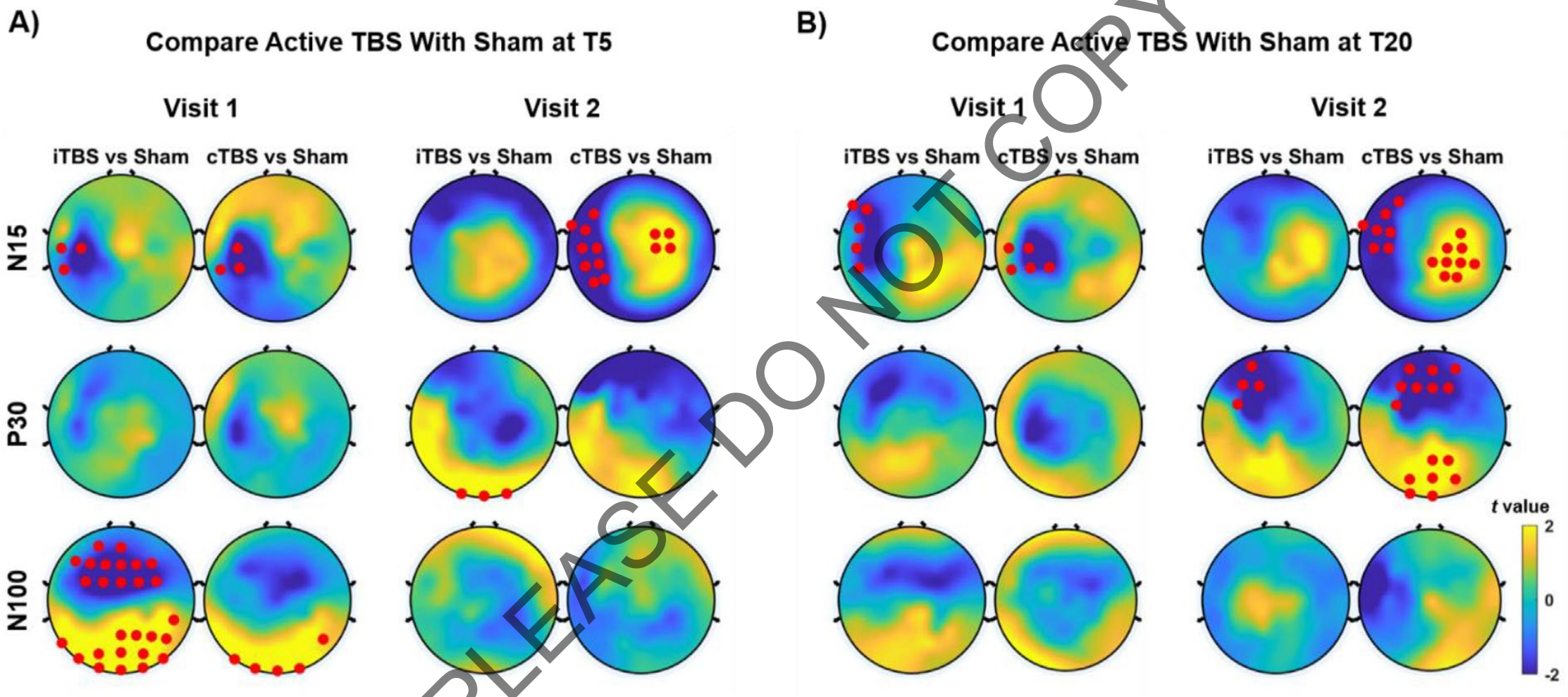
Theta-burst effects on MEPs are not different from sham at most time points at the group level





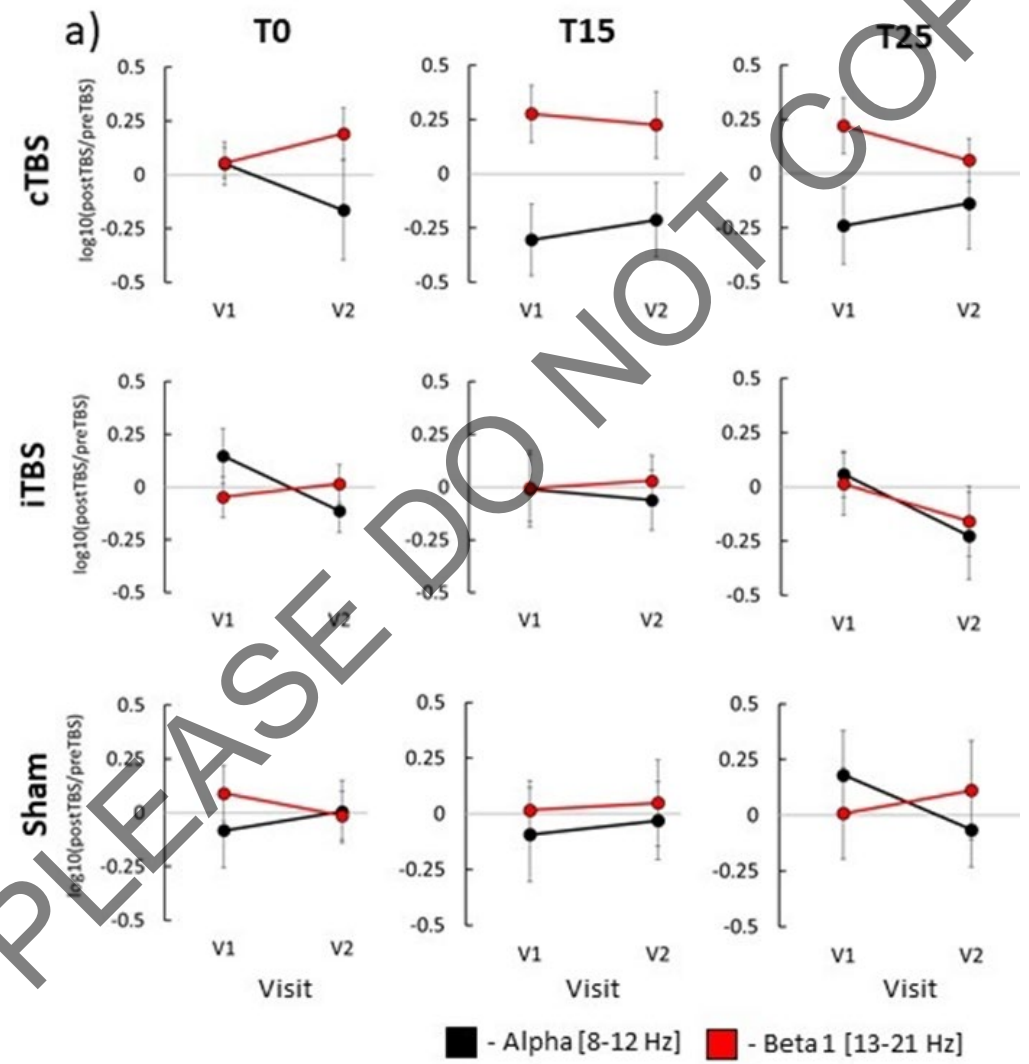
Boucher 2021 *Scientific Reports*

Theta-burst effects on TEPs are not reproducible



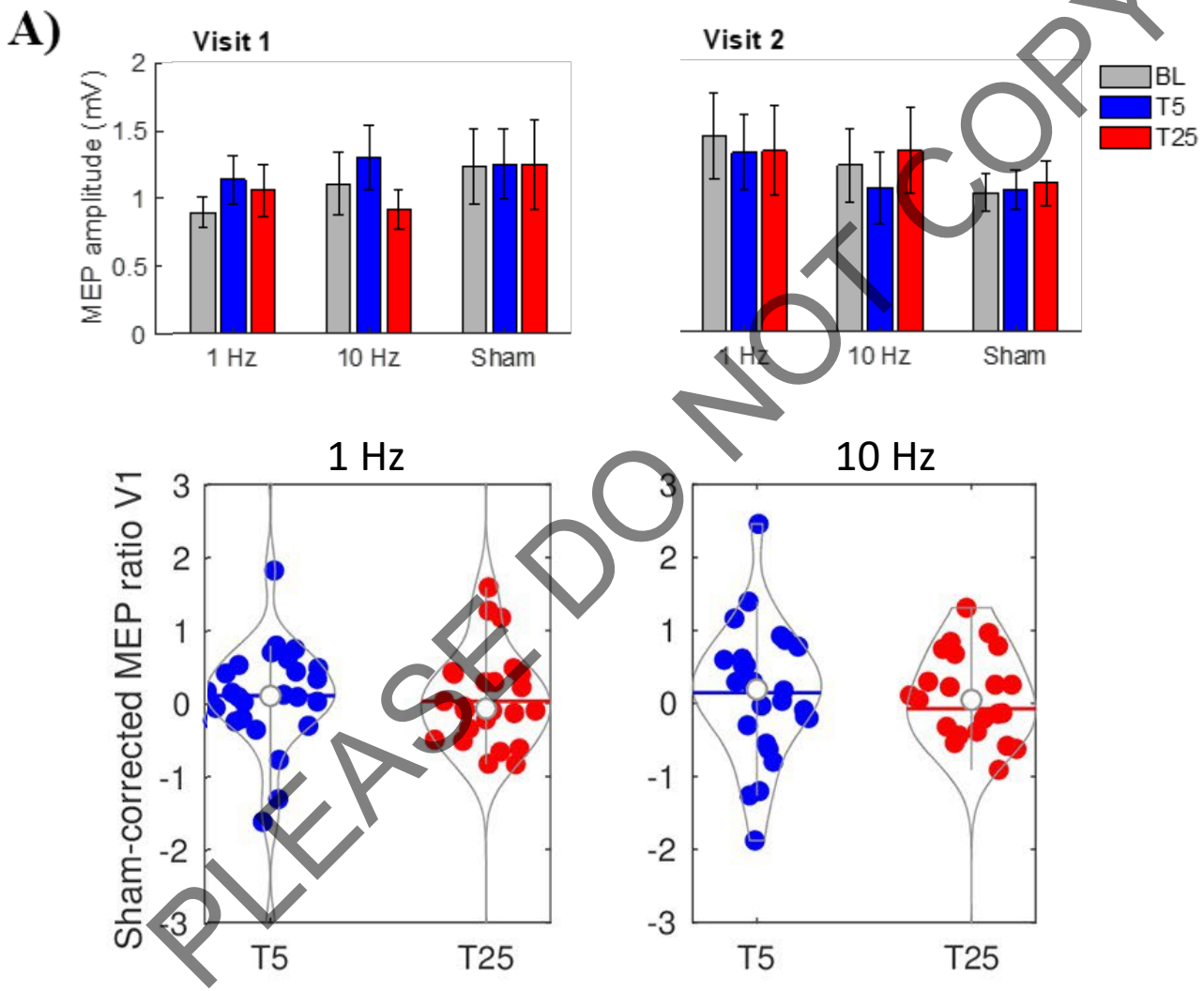
Ozdemir et al., 2021 Brain Stimulation

How about rsEEG oscillations



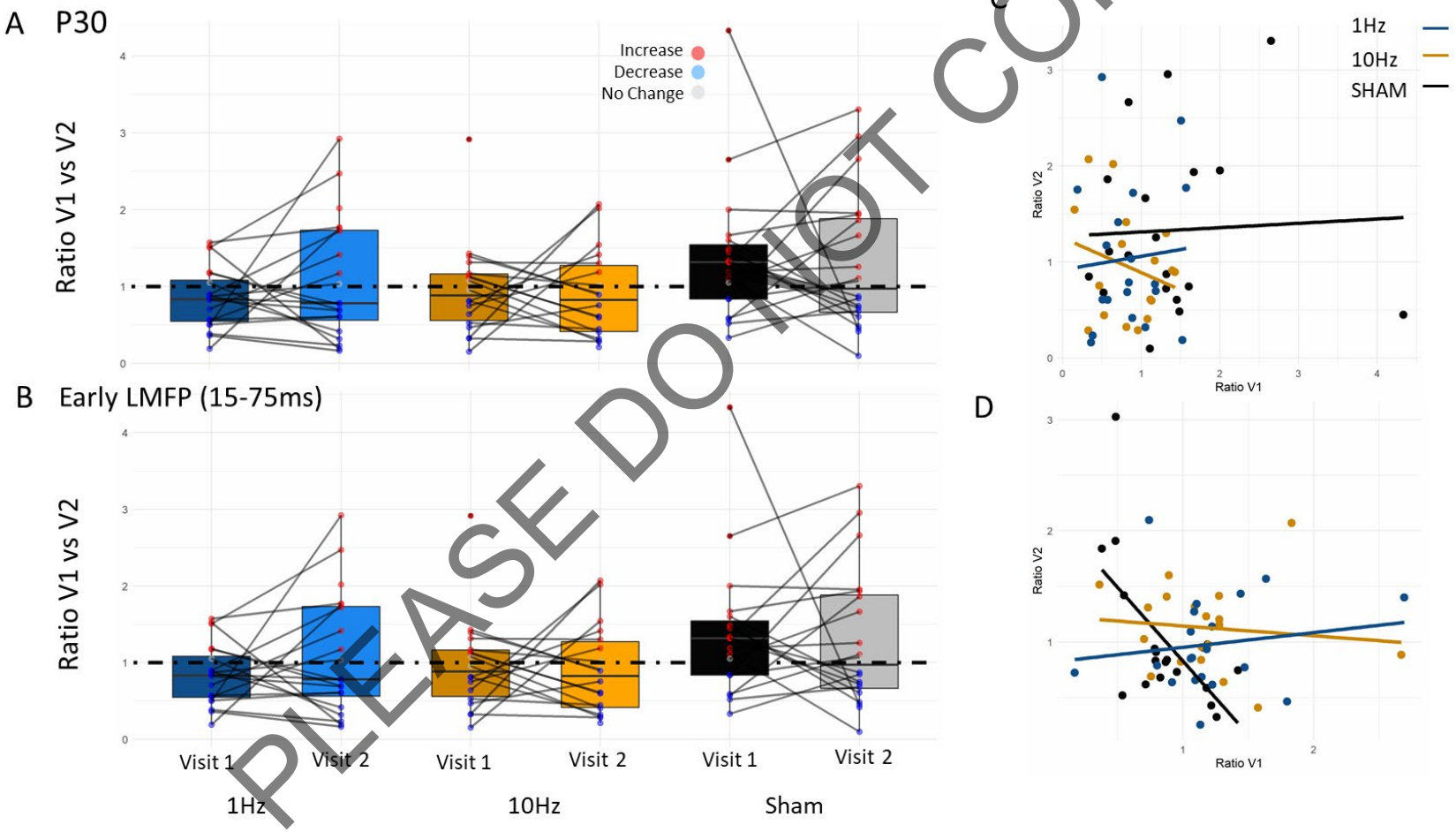
Rodionov et al., 2023 *Scientific Reports*

What about conventional rTMS? 1 Hz or 10 Hz effects on MEPs were not different than Sham



Magnuson et al., 2023

1 Hz or 10 Hz did not change TEPs compared Sham



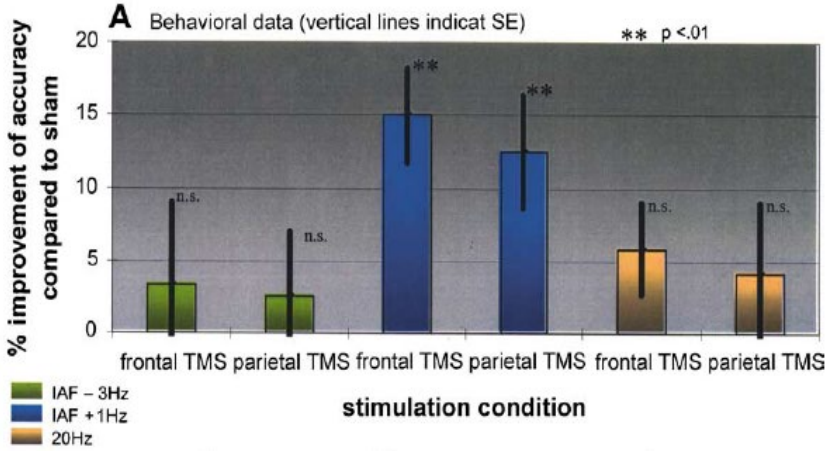
Passera et al., In preparation

Take Home Message for Cortical Excitability Hypothesis of rTMS effects

- Sham controls and repeat tests are critical for validation
- Cortical Excitability Mechanism assumptions may not be true (Alternative mechanisms)
- Single session rTMS is not effective.

EEG-Guided TMS

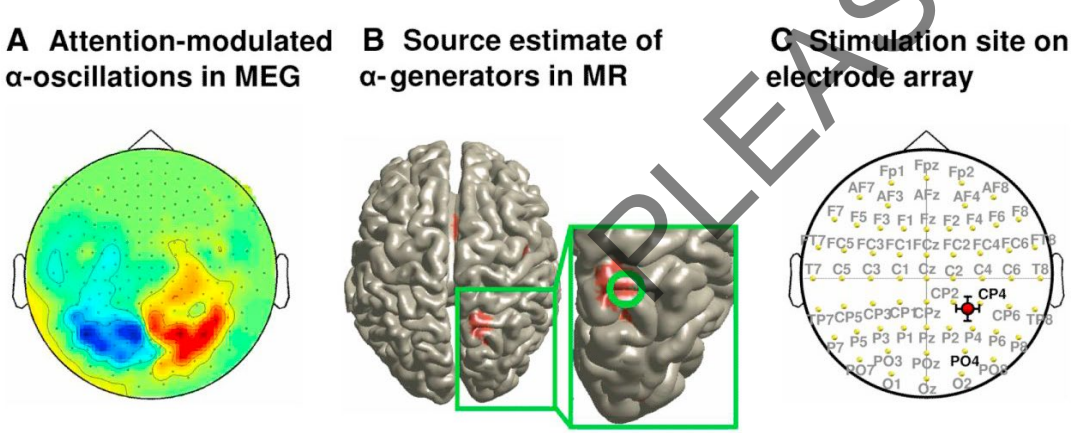
Use EEG and rTMS to Induce Natural Brain Oscillations Observed During Cognitive Tasks

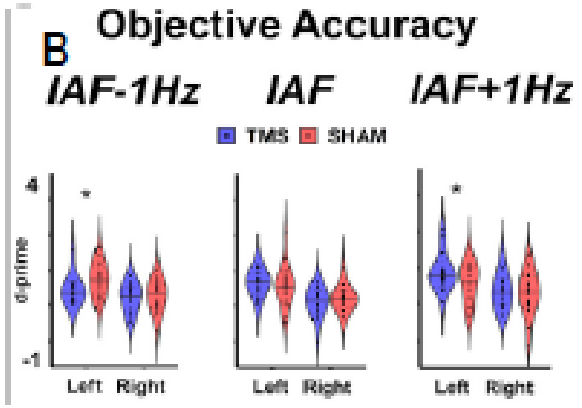


Klimesch 2003: Showed that rTMS at individual alpha frequency to frontal and parietal sites led to significant improvement in mental rotation. Same effect was not present at other frequencies

See also: Sauseng 2009, Romei 2010

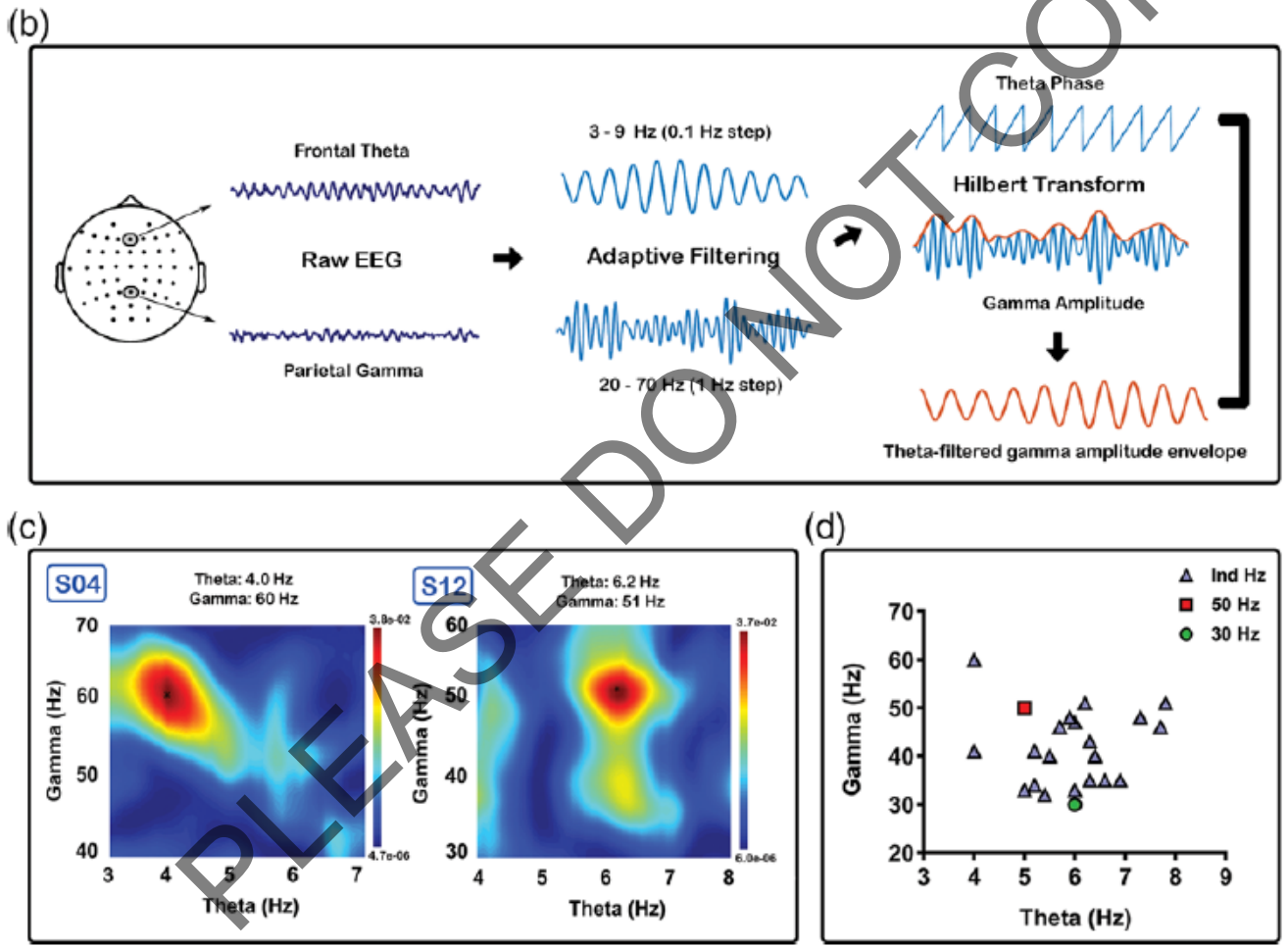
Thut 2011: Showed that alpha-TMS targeted to the source of EEG alpha activity can upregulate the targeted alpha-oscillations in the attention network. **Thut 2022**: Showed stimulation at IAF +1 Hz improves task performance





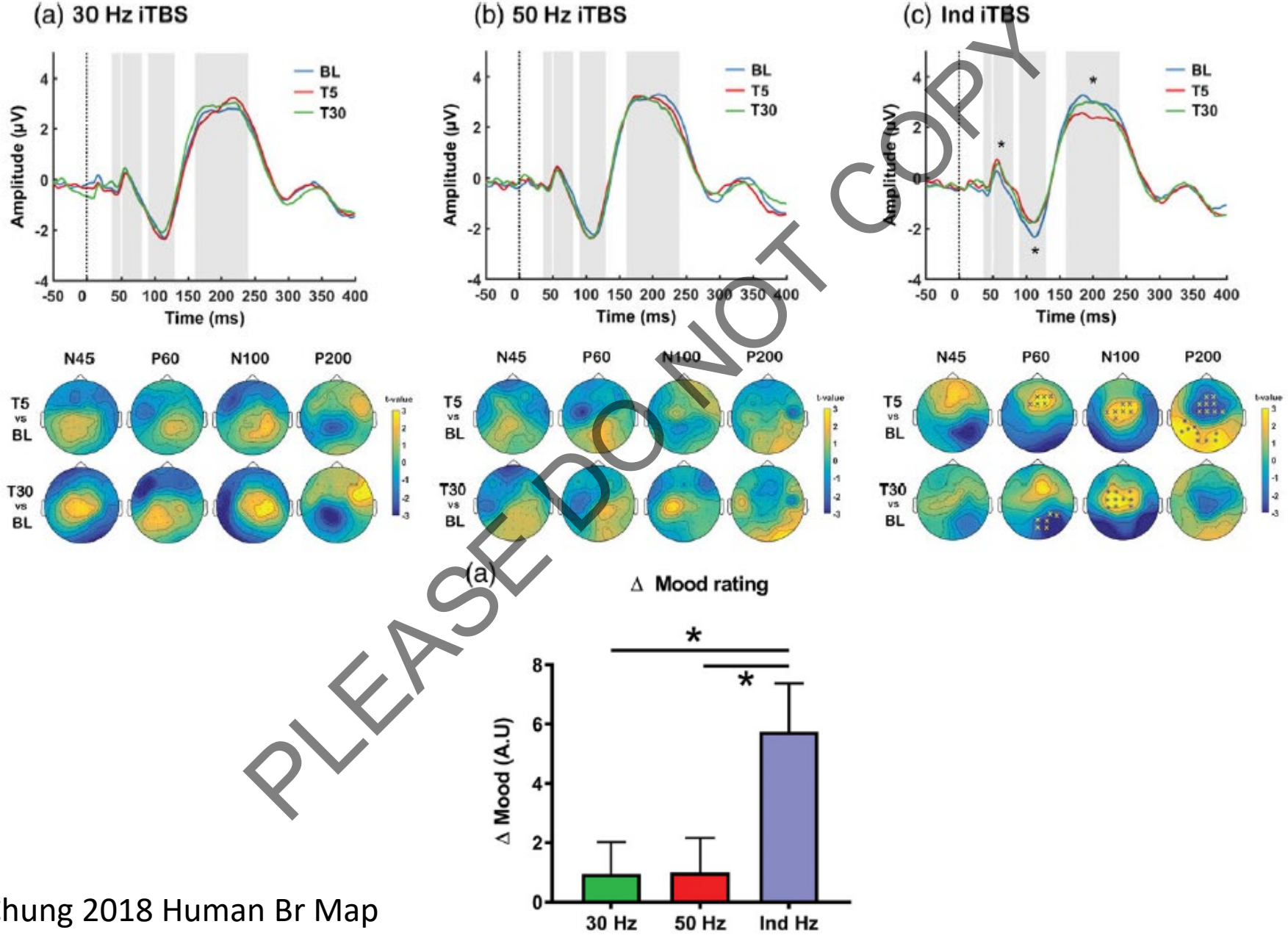
M/**F**

Theta burst using individual theta-gamma coupling



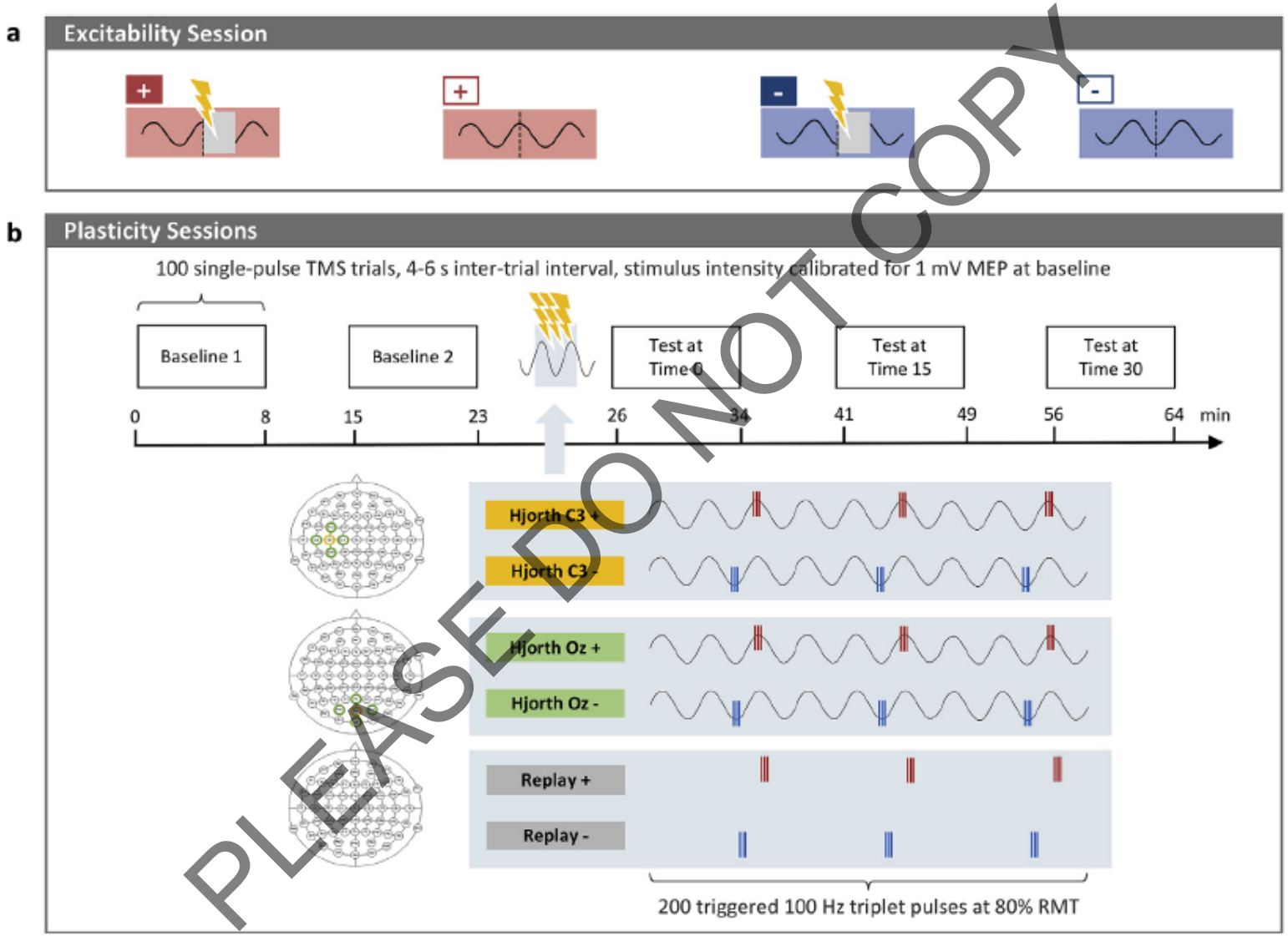
Chung 2018 *Human Brain Mapping*

Effects of individualized iTBS?



Chung 2018 Human Br Map

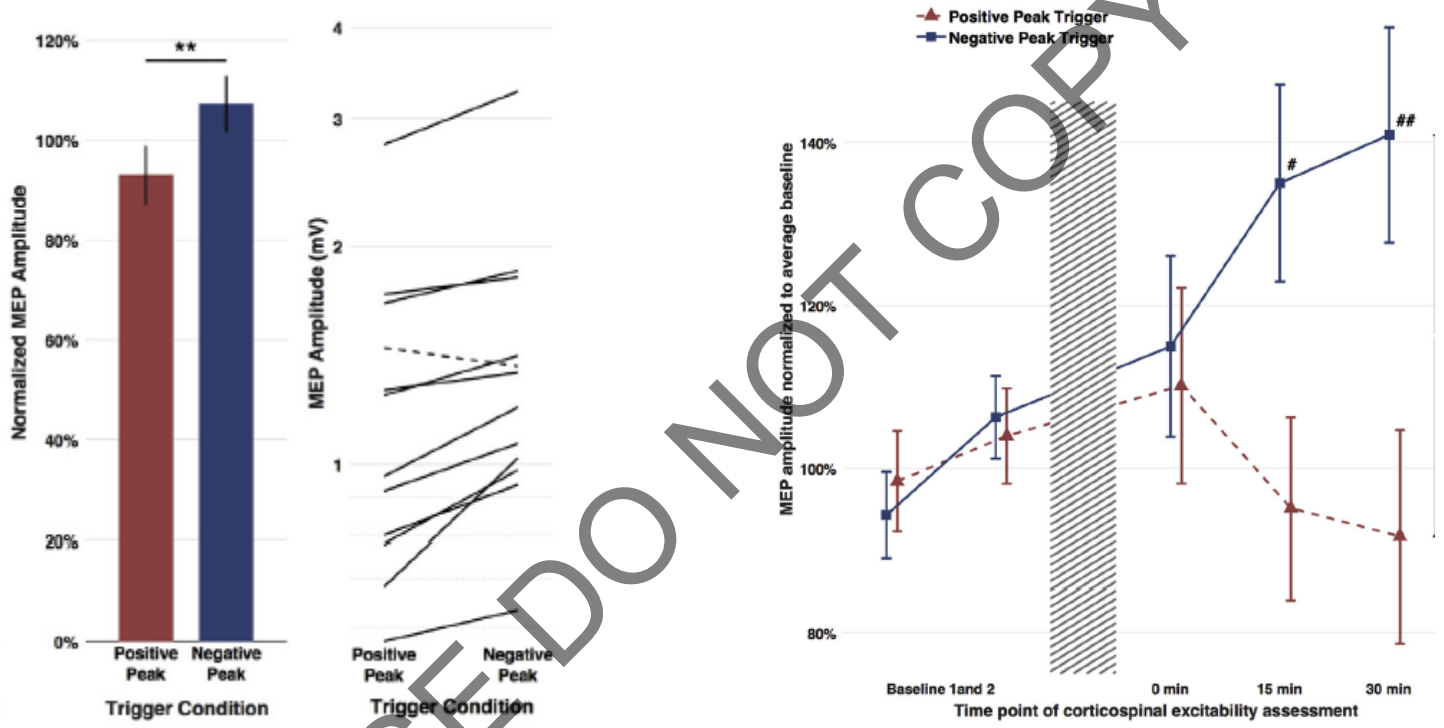
EEG-gated TMS – effect of ongoing rhythms



EEG-gated TMS administration

Zrenner 2018 Brain Stimulation

EEG-Gated TMS – brain state effects



- Administering single pulses of TMS at the negative peak of the ongoing Mu rhythm resulted in a larger evoked MEP
- Plasticity protocol: 200 triple pulses (3 pulses at 100 Hz) and 80% RMT administered at peak vs trough of Mu rhythm. Significant increase in cortical excitability with trough stimulation only

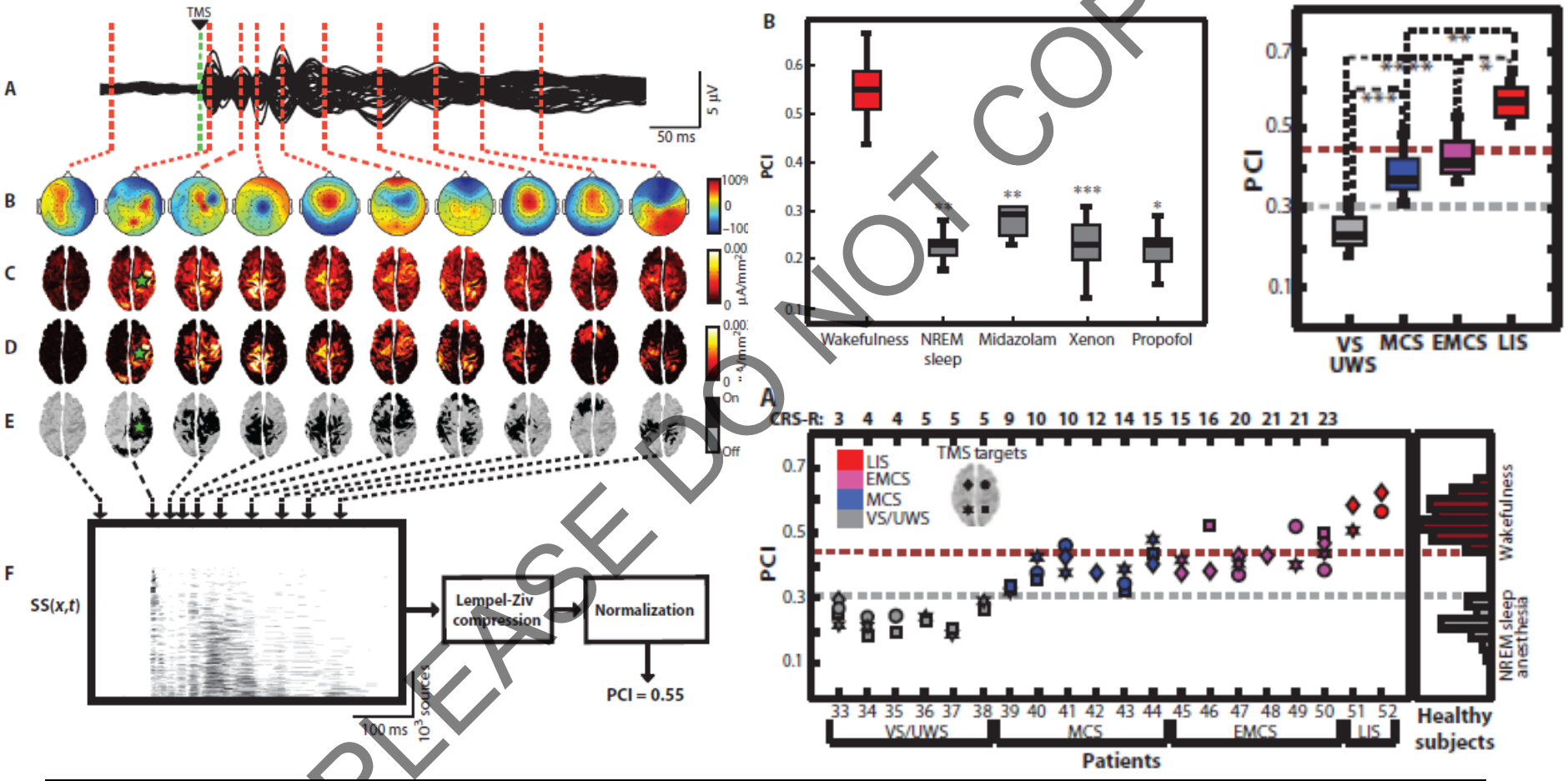
Zrenner 2018

Talk Overview

- Intro to TMS and EEG
  - What does EEG measure and TMS generate/activate in the brain!!!
- Technical issues and challenges
  - EEG compatibility
  - Artifacts, artifacts and artifacts!!!
- Neuroscience Applications of TMS-EEG
- Clinical Applications of TMS-EEG

Diagnosis of Persistent Vegetative vs Minimally Conscious State

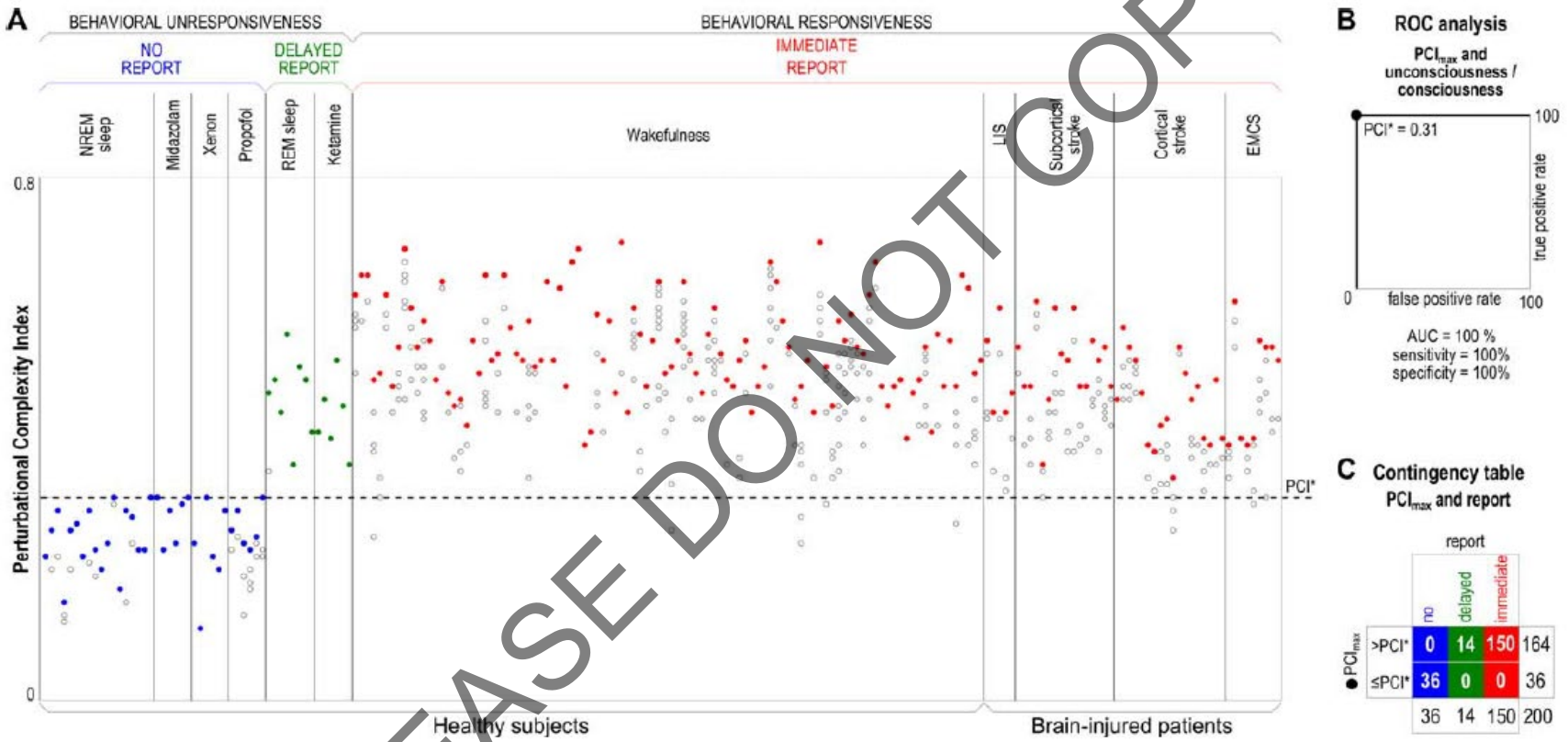
Casali 2013



Decreased complexity of evoked response in subjects with loss of consciousness due to any etiology, and in patients with vegetative versus minimally conscious versus locked-in states

M/F

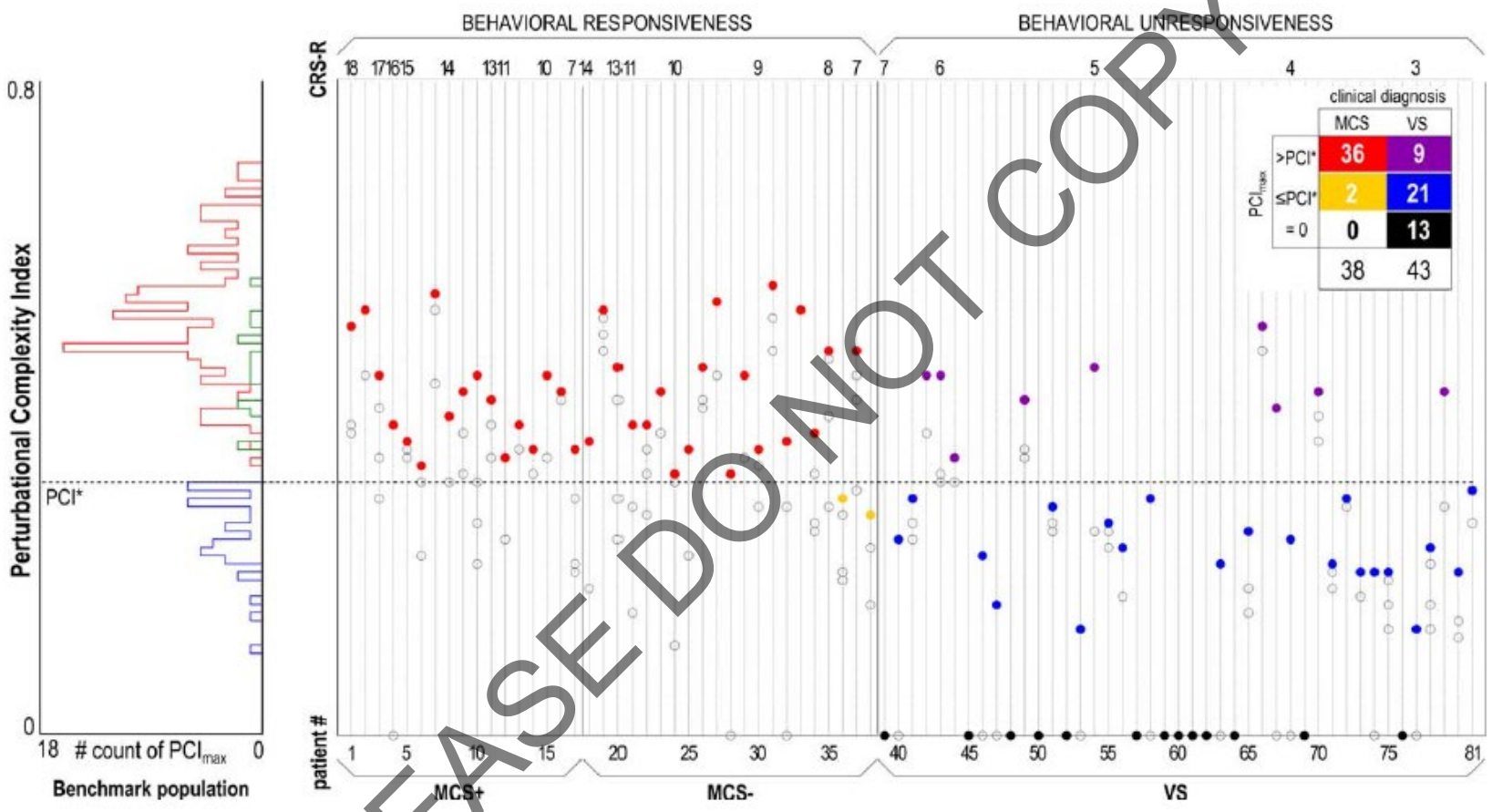
Then assessed across large population



Identified a threshold PCI of 0.31 that differentiated between conscious and unconscious individuals

Casarotto 2016 *Ann Neurol*

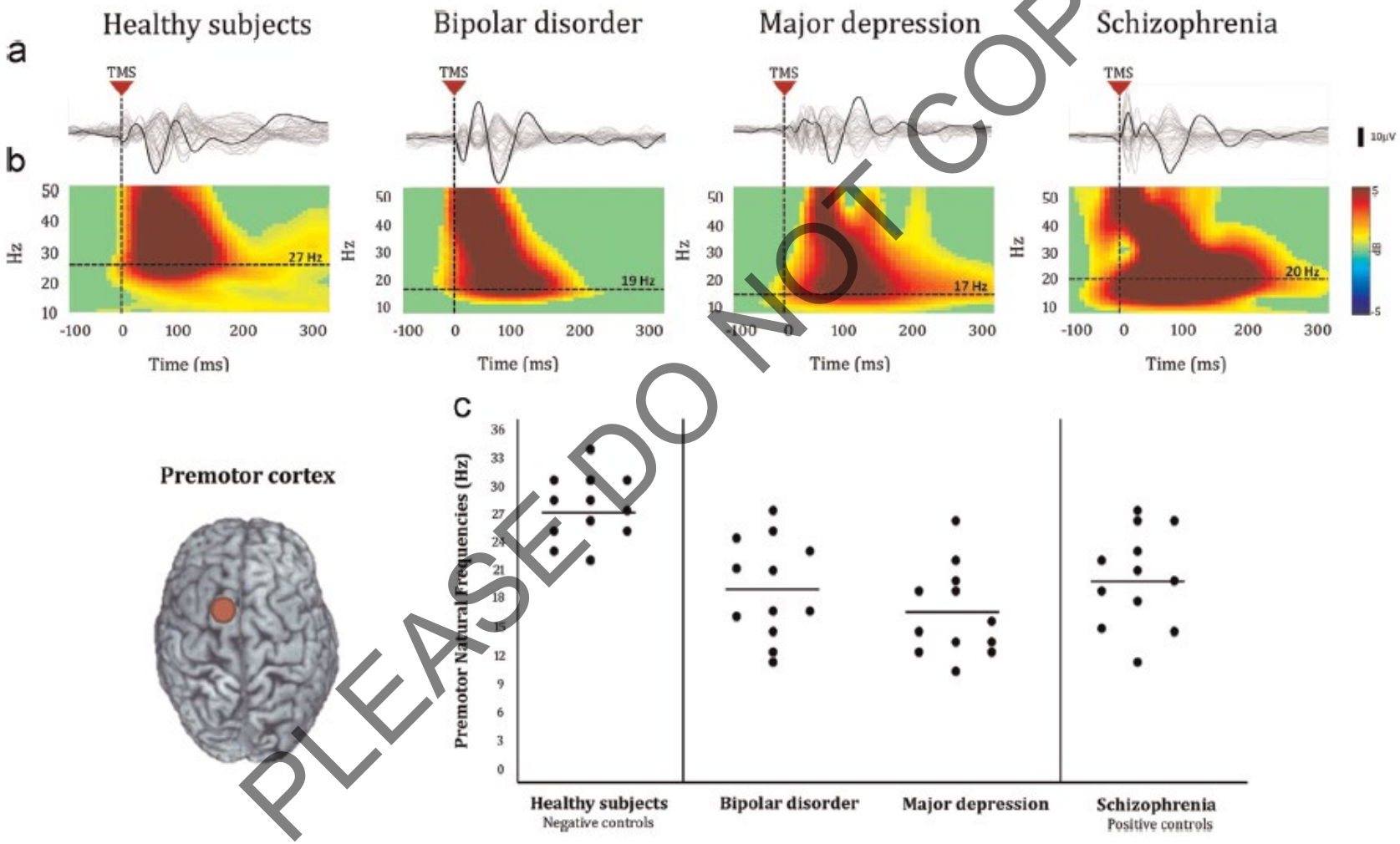
And applied to a large new population



- Max PCI threshold correctly identified 36/38 minimally conscious patients
- Vegetative patients divided into 3 categories: 13 with no obtainable complex response, 21 with subthreshold PCI, and 9 with suprathreshold PCI
- 6 months after testing, 6/9 suprathreshold PCI VS patients became MCS, versus only 5/21 subthreshold and 0/13 absent PCI

Casarotto 2016 *Ann Neurol*

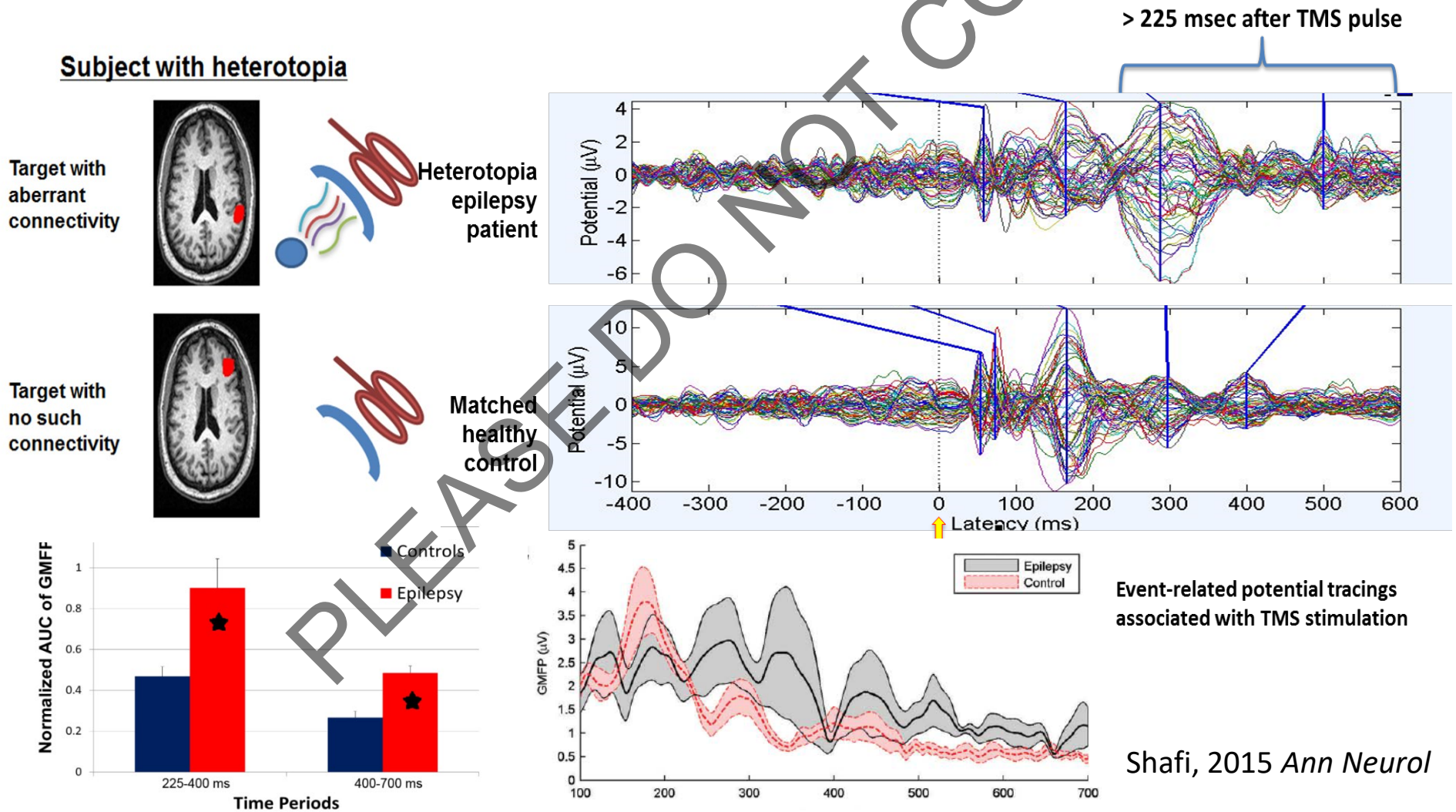
Reduced TEP frequency in psychiatric Populations



Canali 2015 J Affective Do

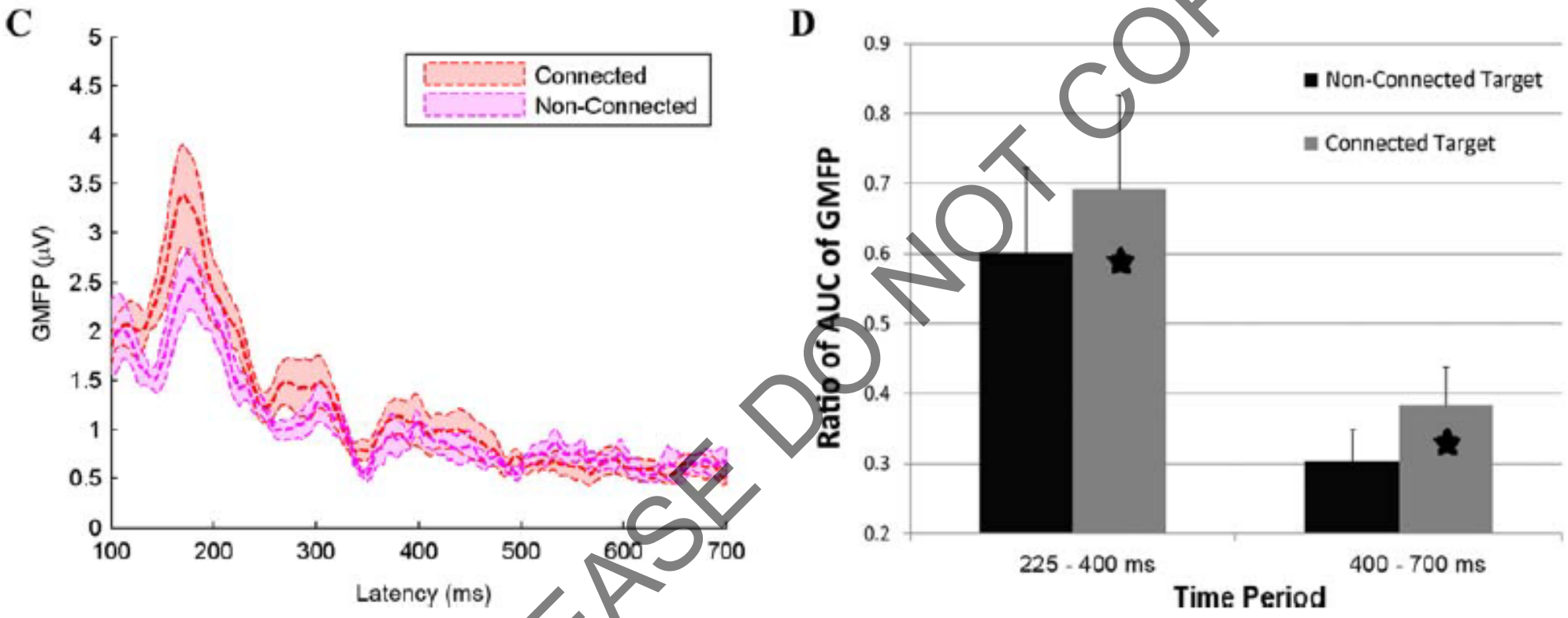
Increased TEPs in epilepsy

Increase in delayed evoked activity in patients with active epilepsy as compared to controls. Abnormal delayed activity is more prominent in regions with functional connectivity to regions of abnormal cortical development



Shafi, 2015 *Ann Neurol*

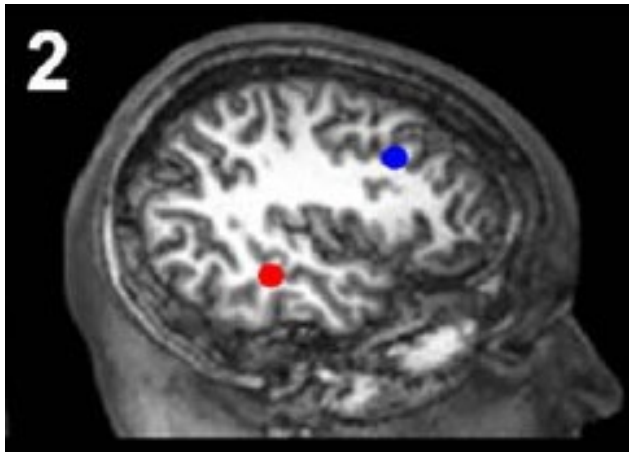
Site-specificity of abnormal evoked activity



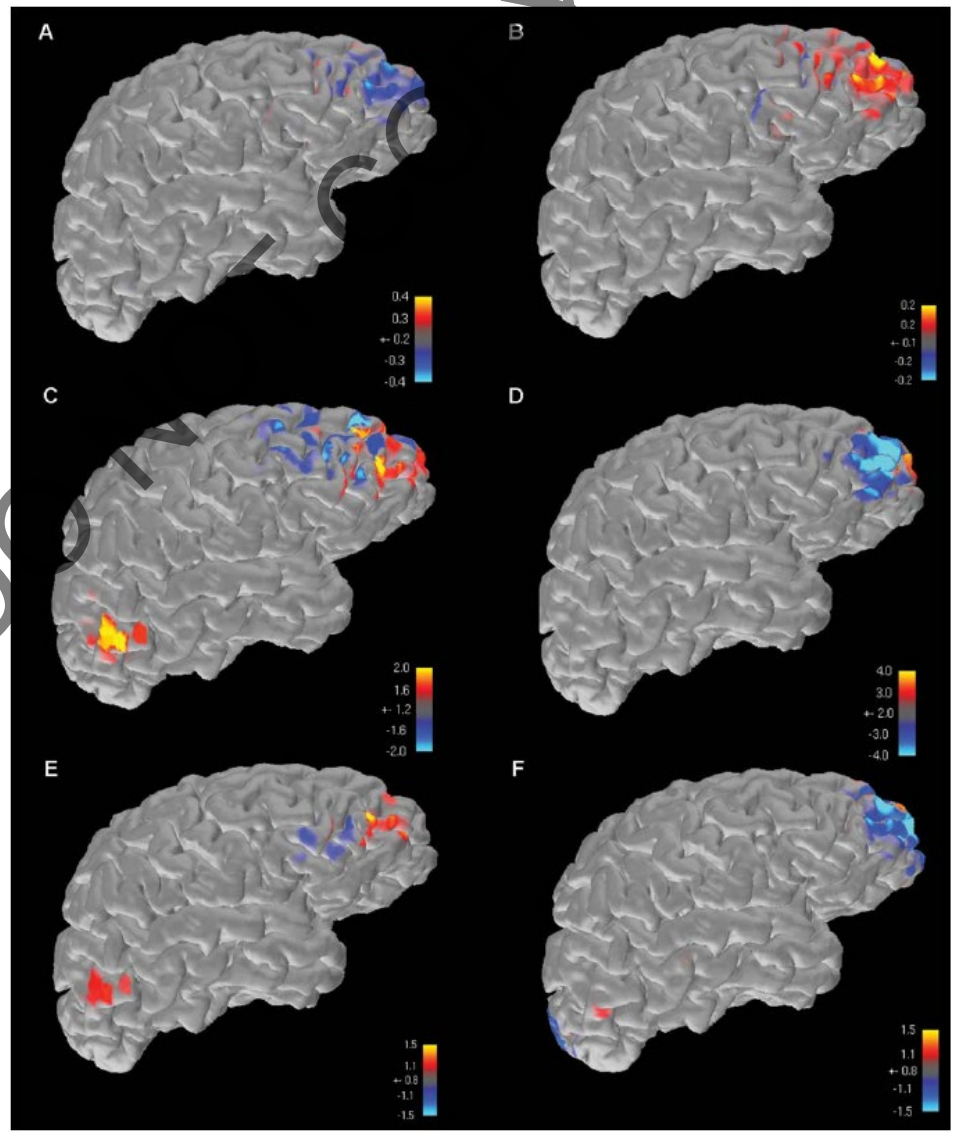
- Significantly greater delayed activity with stimulation of site functionally connected to heterotopic nodules

Shafi 2015 *Ann Neurology*

That may correlate with seizure focus!



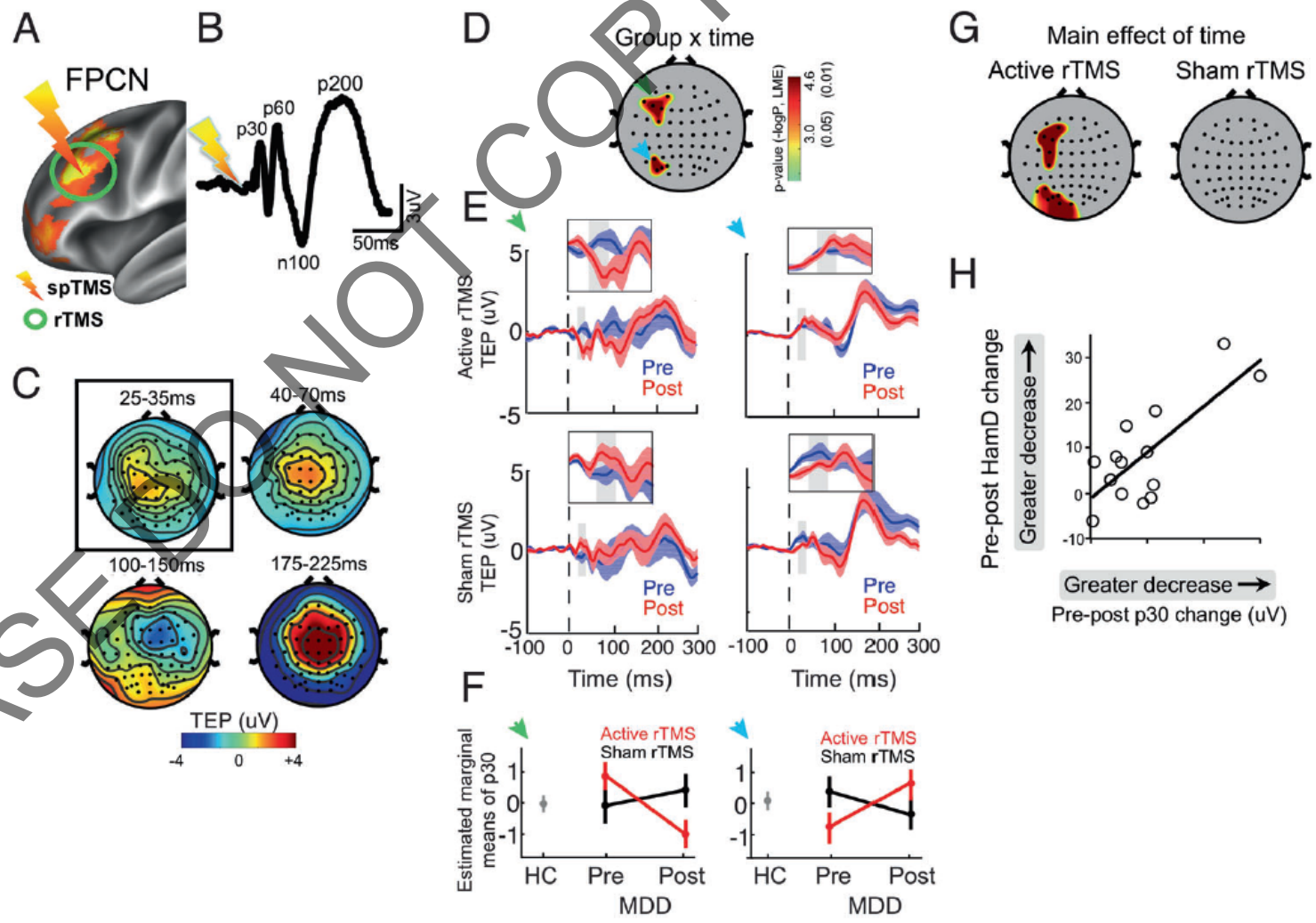
Sources of abnormal delayed activity (A, B) spatially colocalized with interictal discharge (C, E) and seizure onset zones (D,F) even though stimulation site was far away (red dot in above figure)



Shafi 2015 *Ann Neurol*

TEP changes with rTMS in Major Depression

- Eshel 2020 *Neuropsychopharm*: Evaluated rs-fMRI and TMS-EEG measures in patients receiving 20 sessions of 10 Hz rTMS to LDLPFC for MDD (16 active rTMS, 12 sham rTMS, 28 total)
- Significant changes in frontal and parietal clusters for the P30 with real but not sham rTMS
- Decrease in DLPFC and increase in parietal P30 with real stimulation, opposite pattern with sham
- Greater decrease in P30 was associated with greater decrease (improvement) in HamD scale



What is the Added Value of TMS+EEG

Advanced Technology

- Monitor cortical activation with **high temporal resolution**
- A more **direct** measure of TMS effect
- EEG guided TMS

Neuroscience

Examine physiology of motor AND non-motor regions at various mental states of sleep, rest, cognitive processing

- Local excitation, inhibition & plasticity
- Functional (causal!!!) connectivity between regions
- Investigate the mechanisms and effects of rTMS
- Disrupt behavior to examine causality

Clinical Application

- Diagnosis and prognosis
- Biomarkers to track response to therapy
- Safety monitoring during rTMS (e.g., in epilepsy)