

Oscillations and effective connectivity in human corticothalamic networks

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- Characterize EEG oscillations triggered by TMS
in healthy, awake subjects
- Measuring cortical effective connectivity
in different models of unconsciousness

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in different models of unconsciousness**

Bedside assessment of consciousness by evaluating the patient's ability to interact with the external environment



CRS-R

COMA RECOVERY SCALE-REVISED

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Administration and Scoring Guidelines

Joseph T. Giacino, Ph.D. and Kathleen Kalmar, Ph.D.

*Center for Head Injuries
Edison, New Jersey*



Johnson Rehabilitation Institution
Affiliated with JFK Medical Center



Updated 11-1-05

JFK COMA RECOVERY SCALE - REVISED ©2004

Record Form

This form should only be used in association with the "CRS-R ADMINISTRATION AND SCORING GUIDELINES" which provide instructions for standardized administration of the scale.

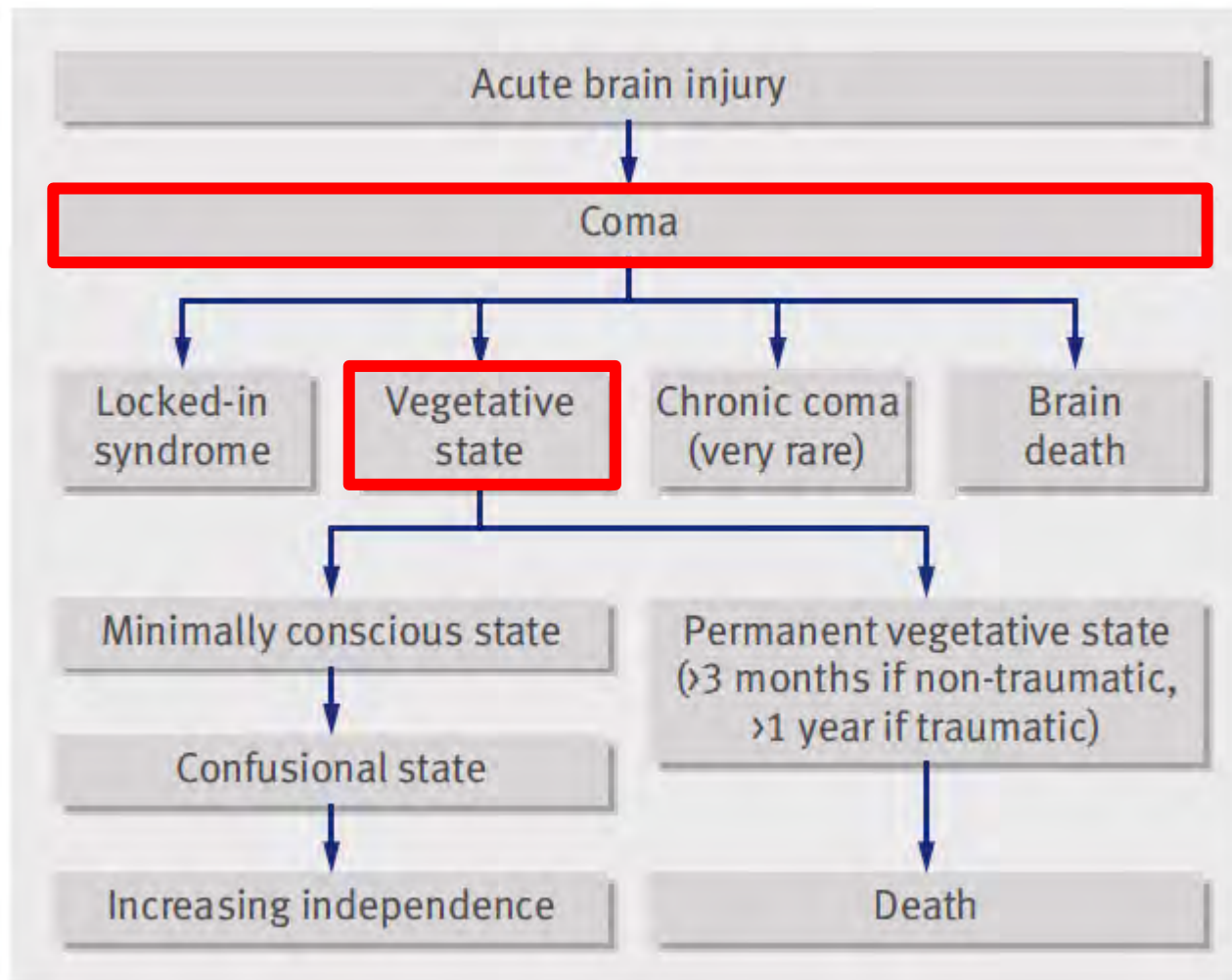
Patient:	Diagnosis:	Etiology:
Date of Onset:	Date of Admission:	

	Date																
	Week	ADM	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AUDITORY FUNCTION SCALE																	
4 - Consistent Movement to Command *																	
3 - Reproducible Movement to Command *																	
2 - Localization to Sound																	
1 - Auditory Startle																	
0 - None																	
VISUAL FUNCTION SCALE																	
5 - Object Recognition *																	
4 - Object Localization: Reaching *																	
3 - Visual Pursuit *																	
2 - Fixation *																	
1 - Visual Startle																	
0 - None																	
MOTOR FUNCTION SCALE																	
6 - Functional Object Use †																	
5 - Automatic Motor Response *																	
4 - Object Manipulation *																	
3 - Localization to Noxious Stimulation *																	
2 - Flexion Withdrawal																	
1 - Abnormal Posturing																	
0 - None/Flaccid																	
OROMOTOR/VERBAL FUNCTION SCALE																	
3 - Intelligible Verbalization *																	
2 - Vocalization/Oral Movement																	
1 - Oral Reflexive Movement																	
0 - None																	
COMMUNICATION SCALE																	
2 - Functional: Accurate †																	
1 - Non-Functional: Intentional *																	
0 - None																	
AROUSAL SCALE																	
3 - Attention																	
2 - Eye Opening w/o Stimulation																	
1 - Eye Opening with Stimulation																	
0 - Unarousable																	
TOTAL SCORE																	

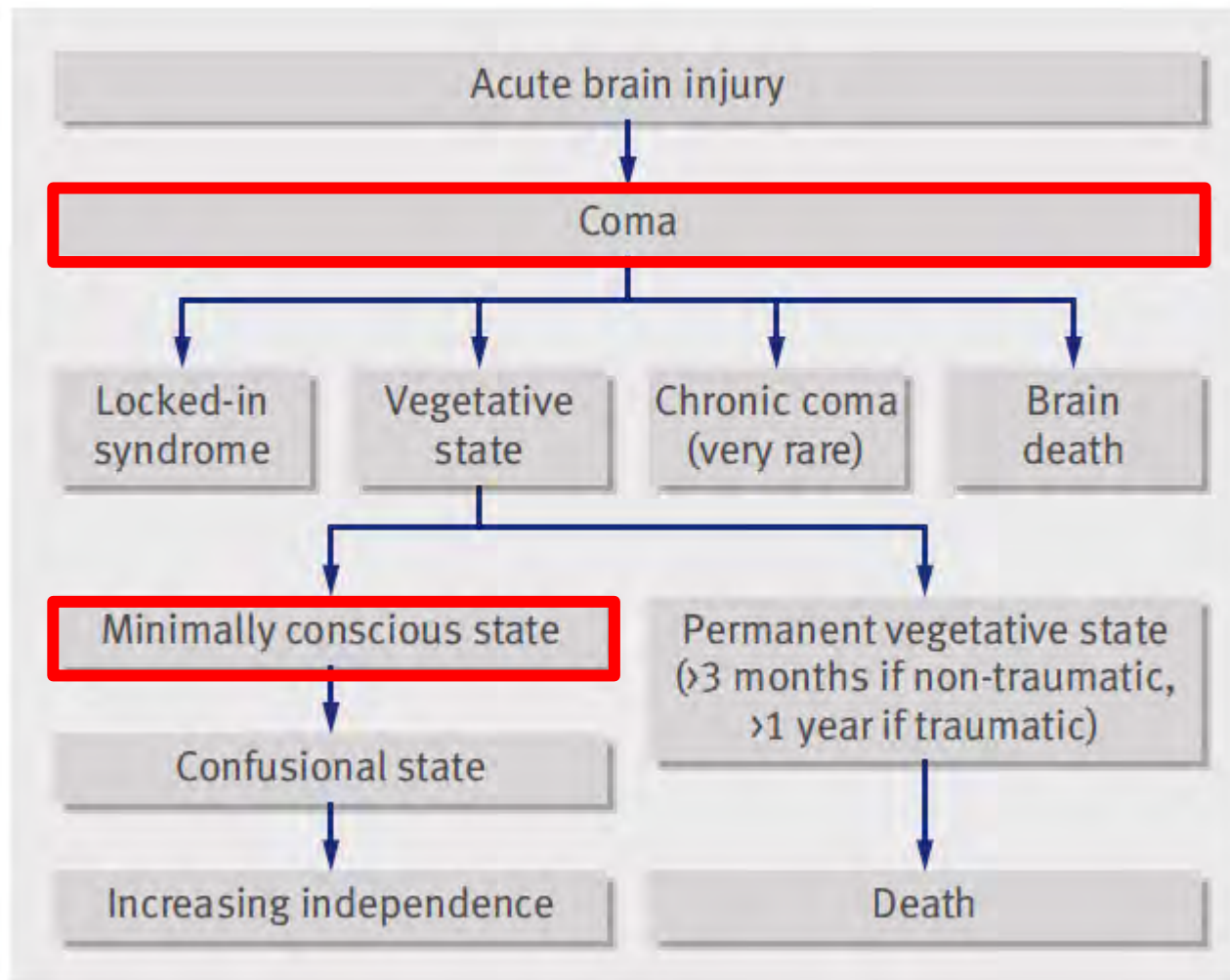
Denotes emergence from MCS[†]
Denotes MCS *



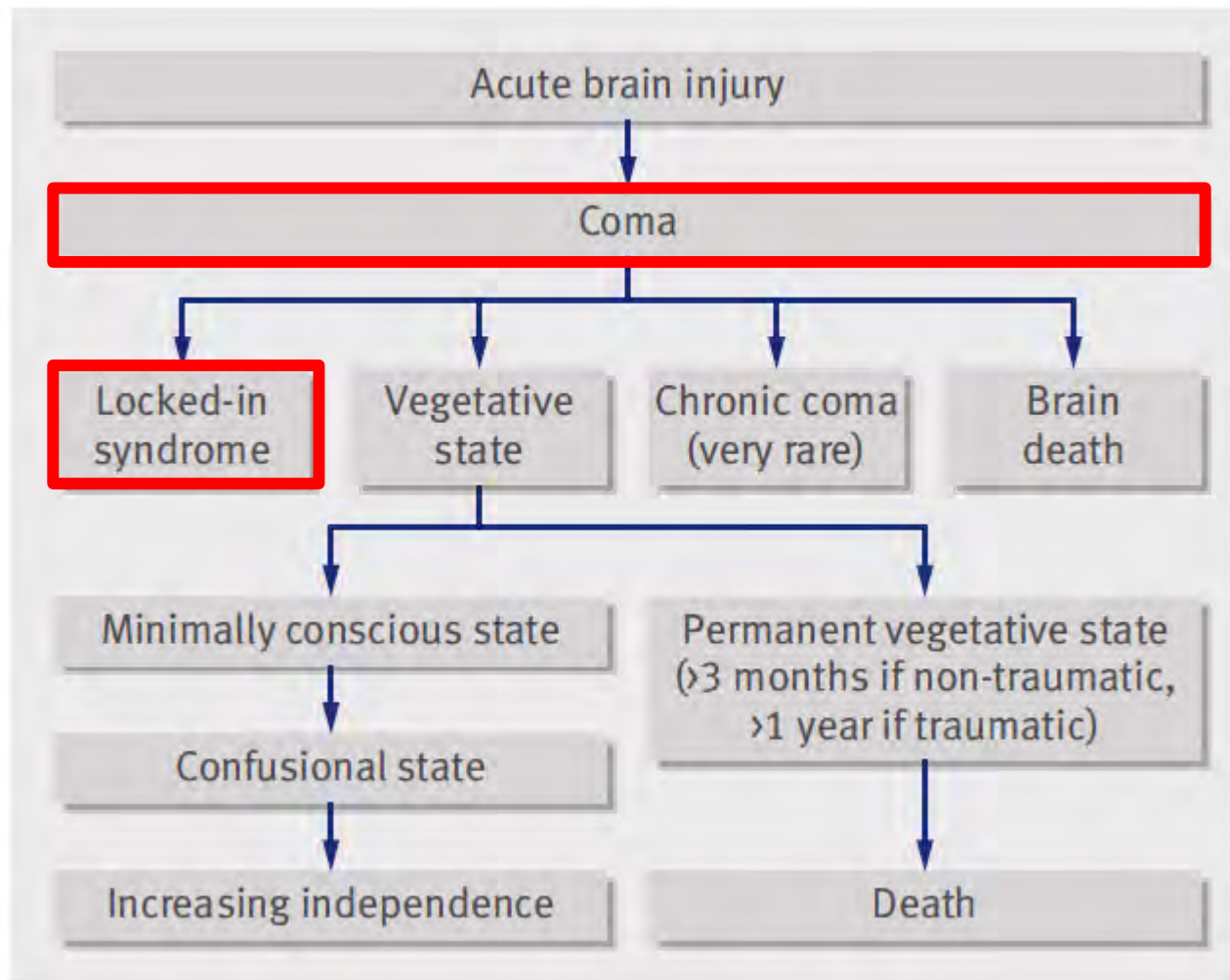
Vegetative State: the patient recovers sleep/wake cycles, yet there is no functional communication with the external world



Minimally Conscious State: the patient shows inconsistent signs of interaction with the external world, yet no functional communication

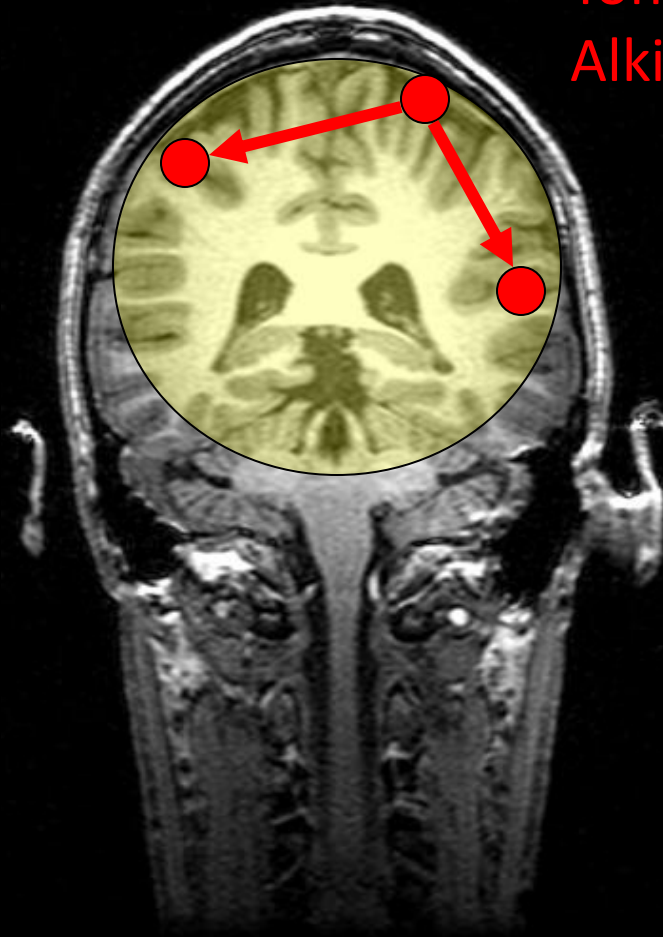


Locked-In Syndrome: the patient is fully conscious, yet her/he cannot functionally communicate due to lesions of the motor pathways



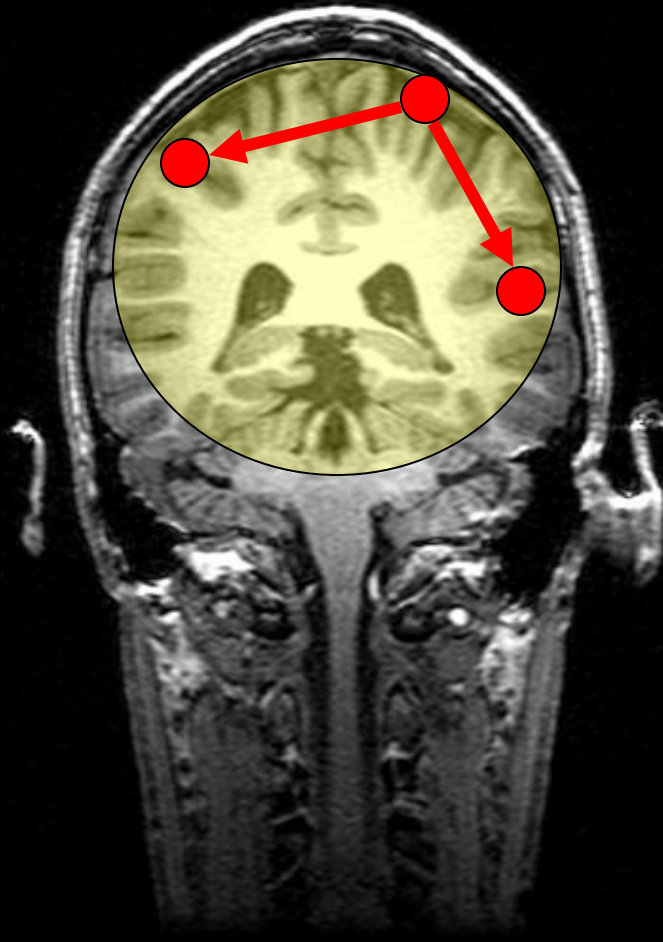
INTRACORTICAL COMMUNICATION

Dehaene and Changeux
Tononi and Koch
Alkire

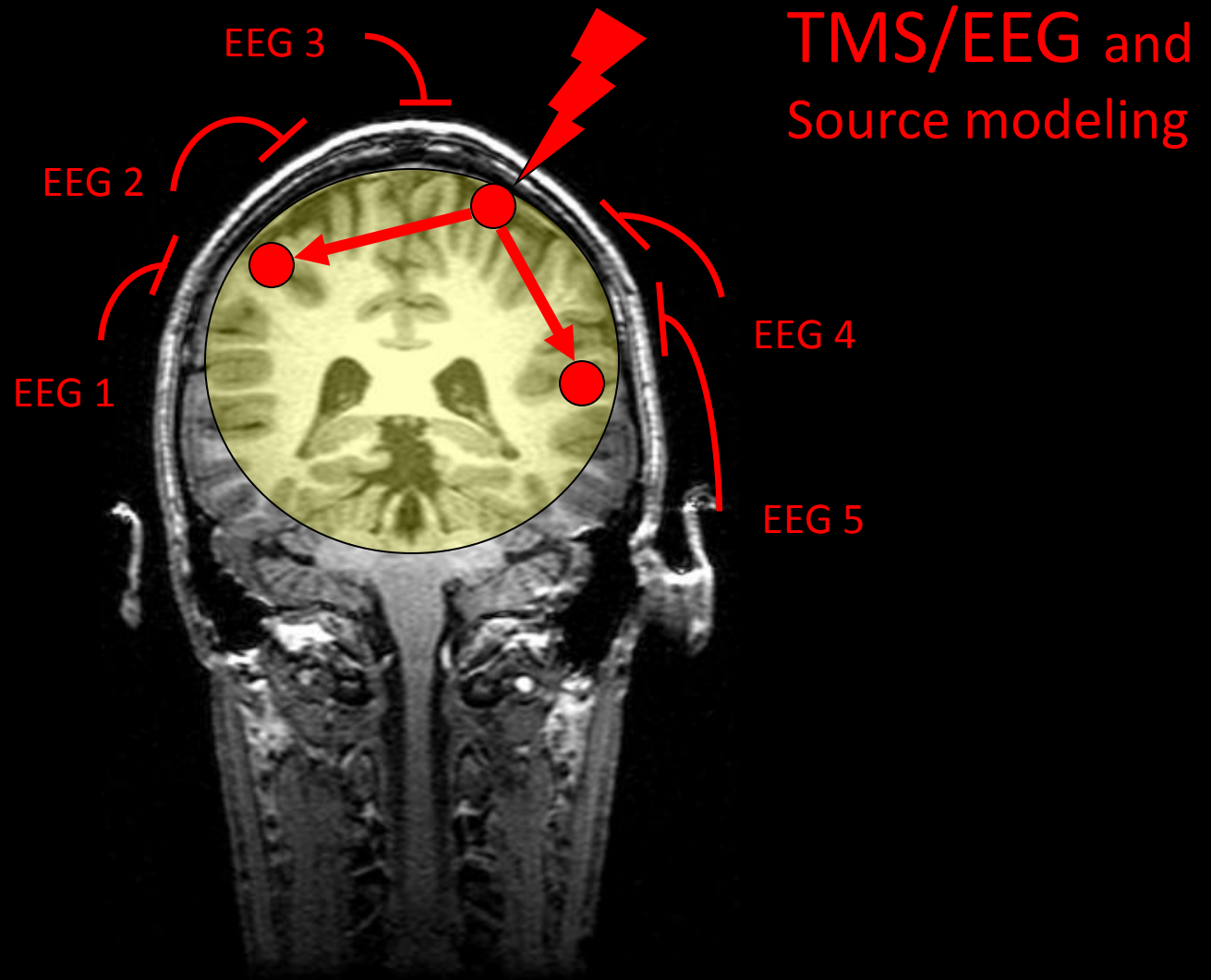


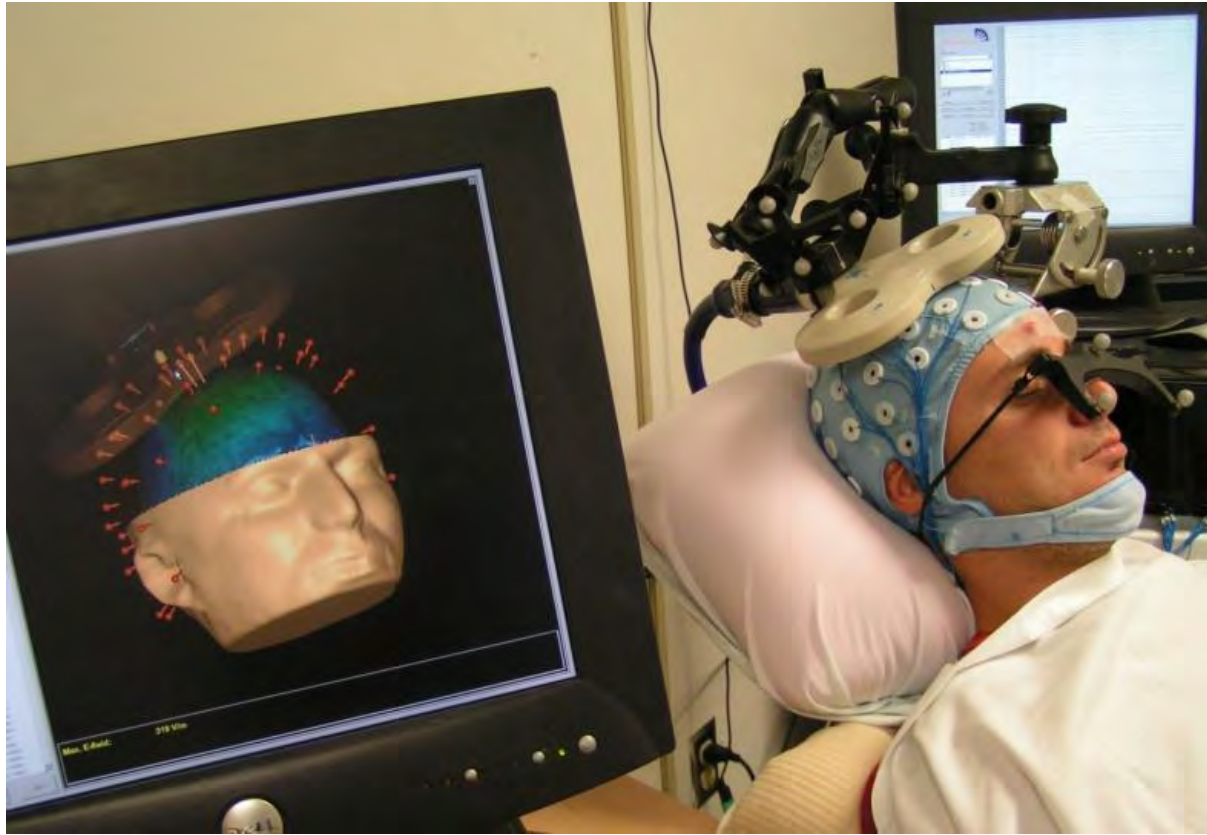
INTRACORTICAL COMMUNICATION

Dynamical
Causal
Modelling

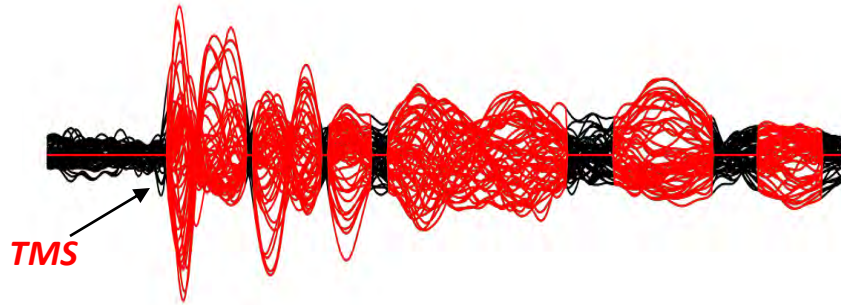


INTRACORTICAL COMMUNICATION

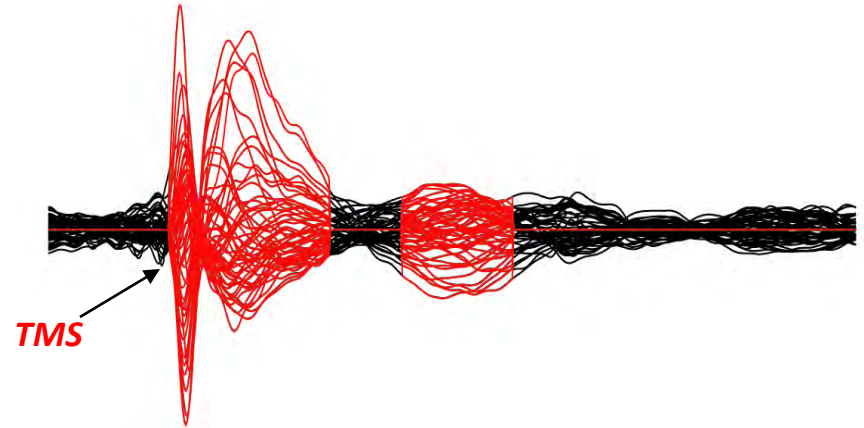




Wakefulness



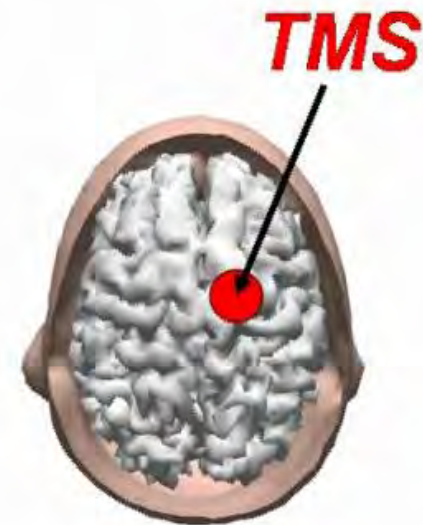
Sleep



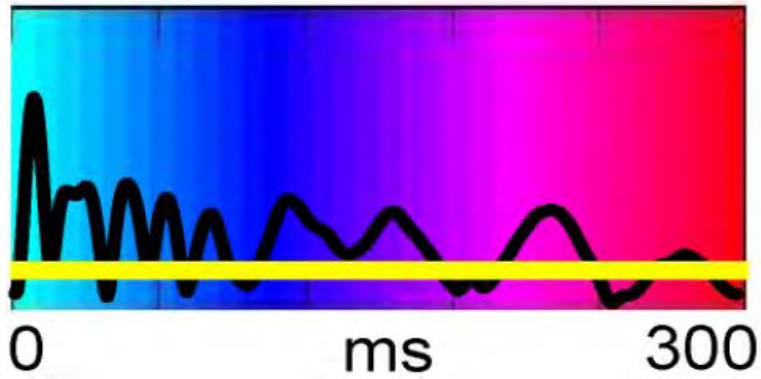
0 ms



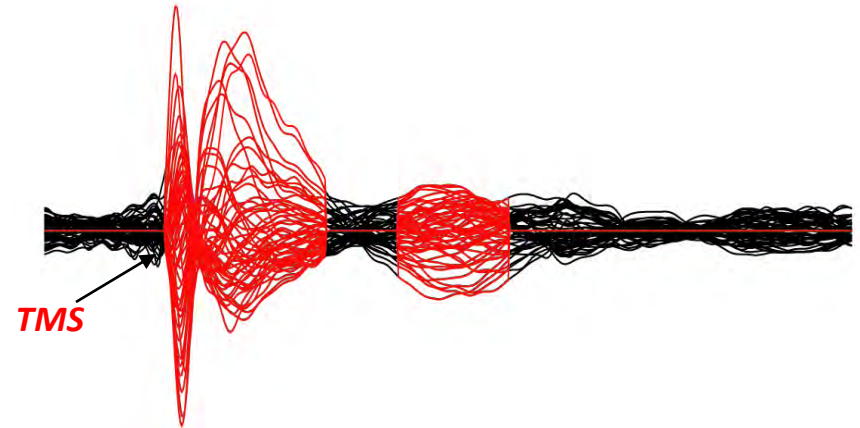
0 ms



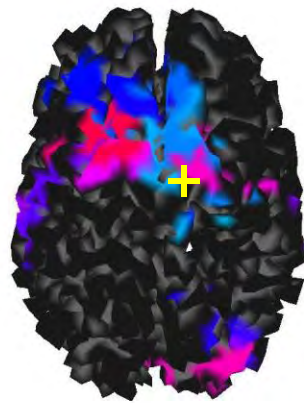
Wakefulness



Sleep



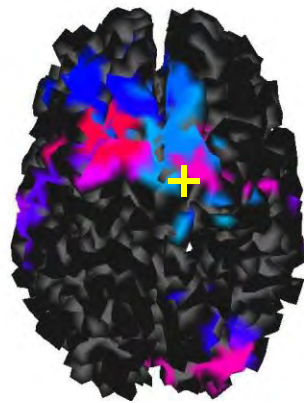
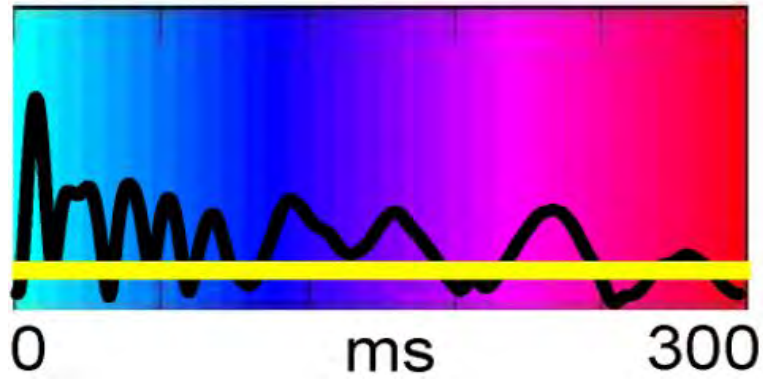
0 ms



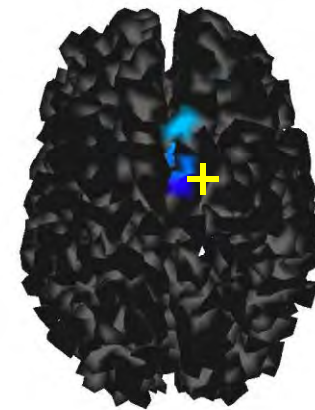
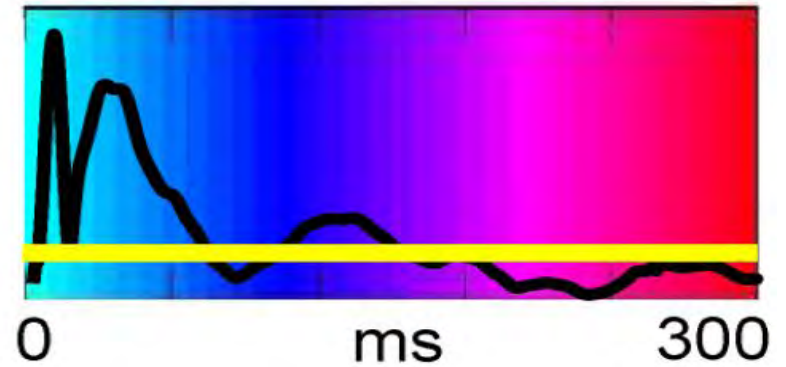
TMS

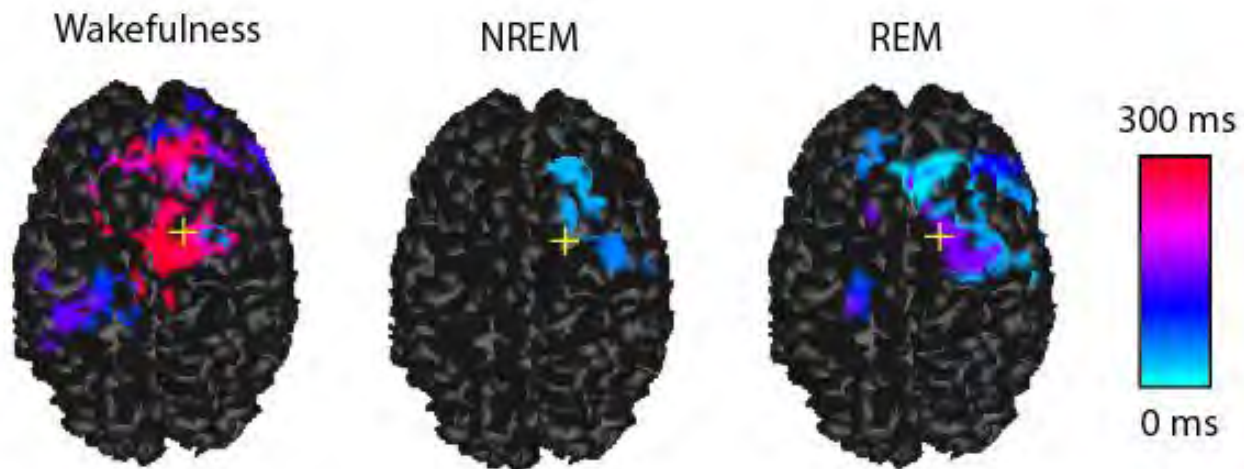
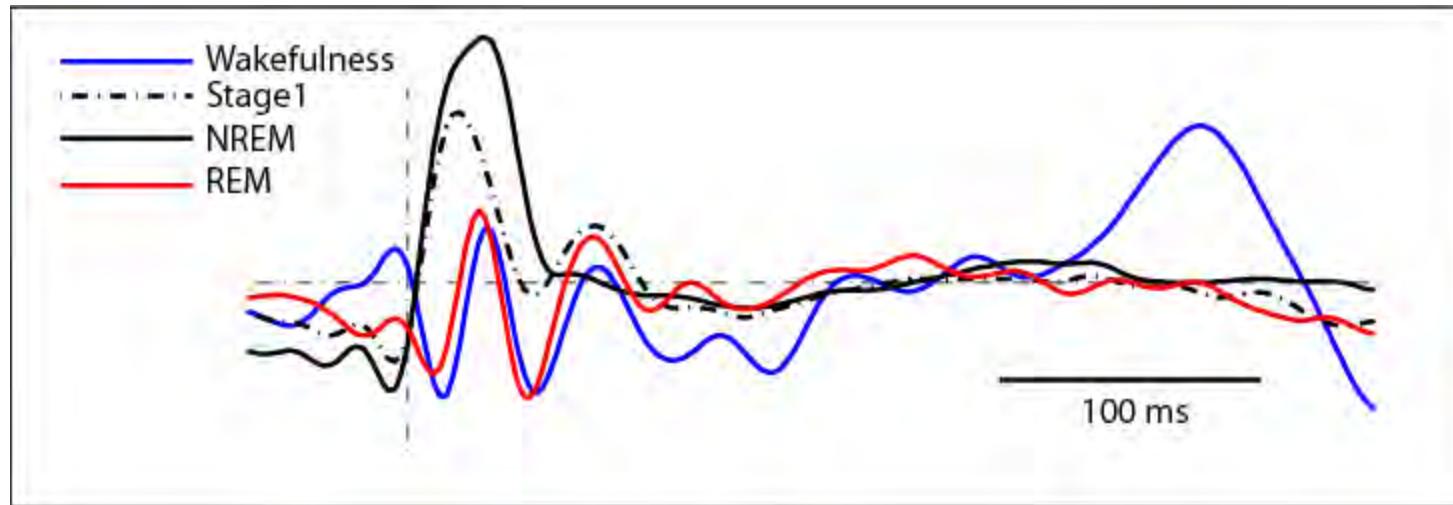


Wakefulness

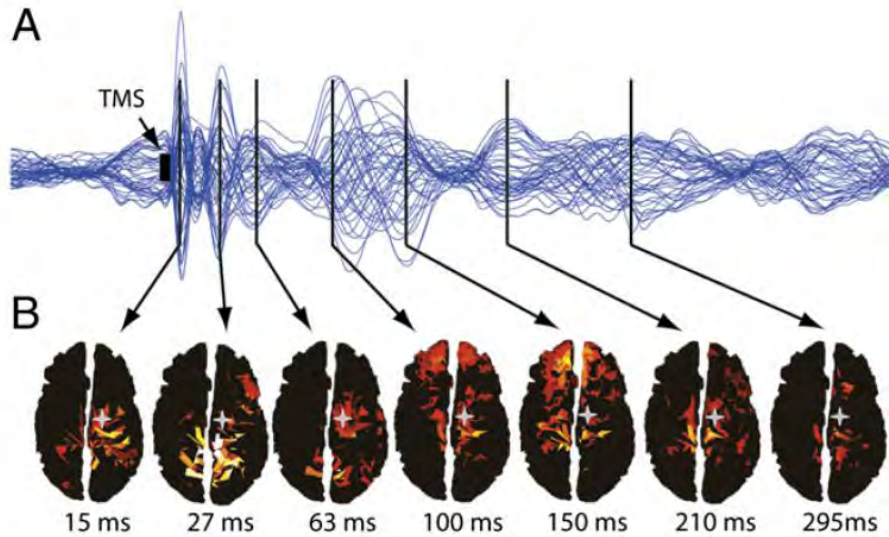


Sleep

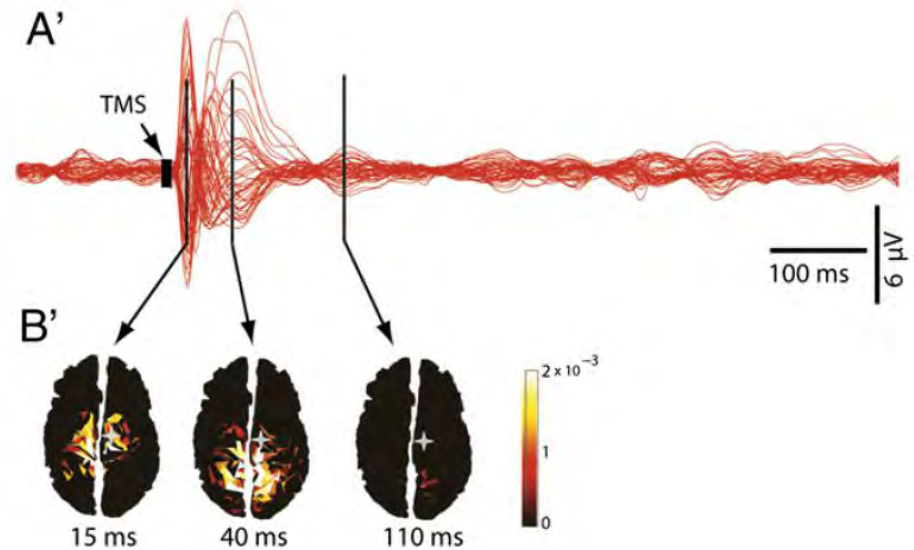




Wakefulness



Anaesthesia (Midazolam)





Transcranial Magnetic Stimulation
combined with EEG
and source modelling
in non-communicating
brain-injured patients:

Vegetative State (**VS**) and
Minimally Conscious State (**MCS**)
Locked-In Syndrome (**LIS**)

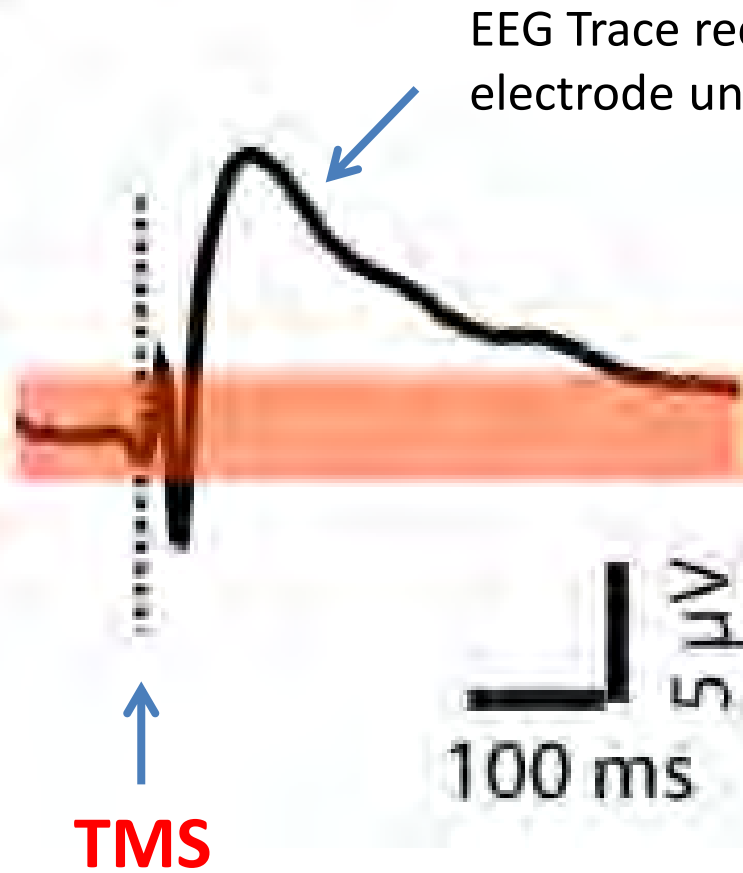
Vegetative State

(vigilance without awareness)



VS

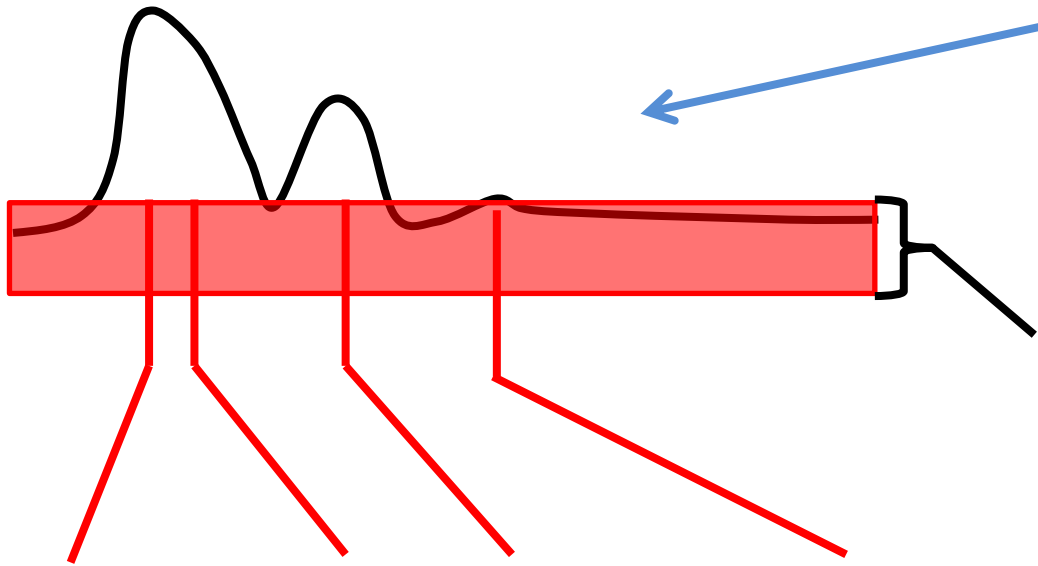
Patient 1



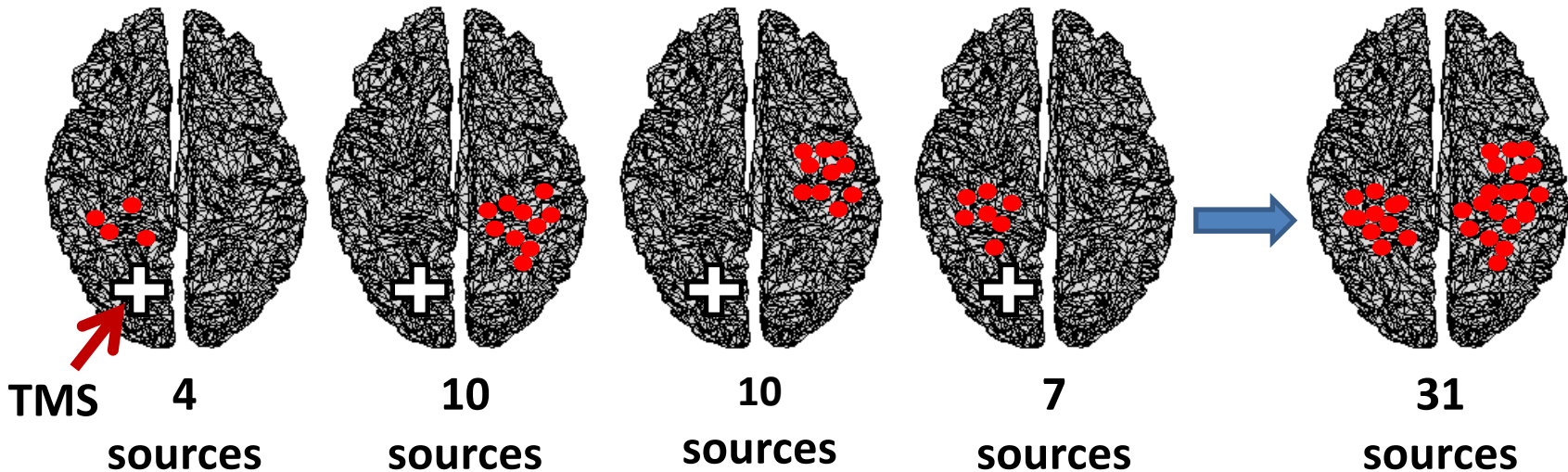
EEG Trace recorded at the electrode under the stimulator

TMS

**GMFP calculated
over the 60 EEG channels**



**Significance
Threshold
 $p < 0.01$
(Bootstrap)**



Source Modelling was computed by means of Minimum Norm Estimate (MNE)



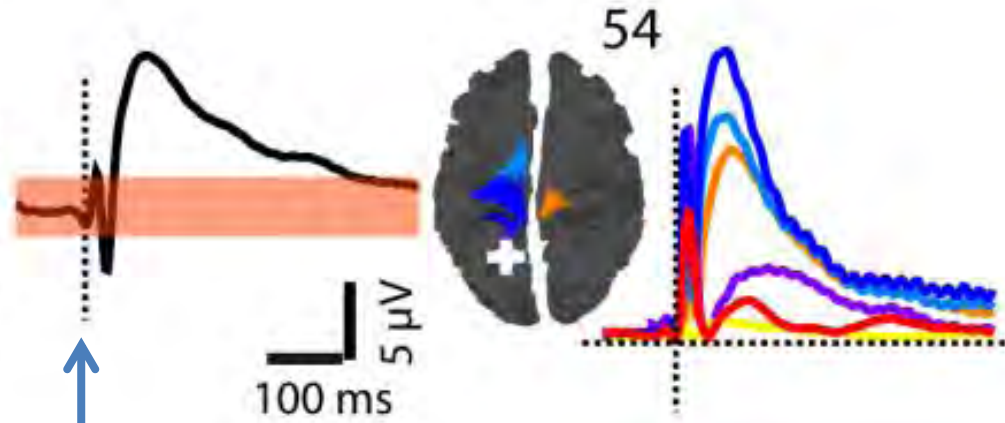
31
sources



- L frontal
- L sensory-motor
- L parieto-occipital
- R frontal
- R sensory-motor
- R parieto-occipital

VS

Patient 1

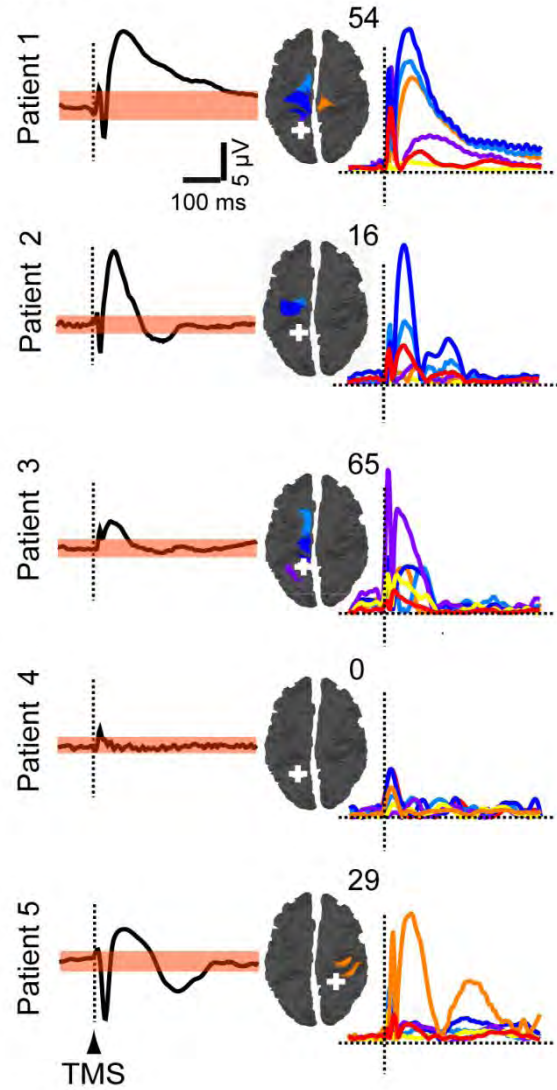


TMS

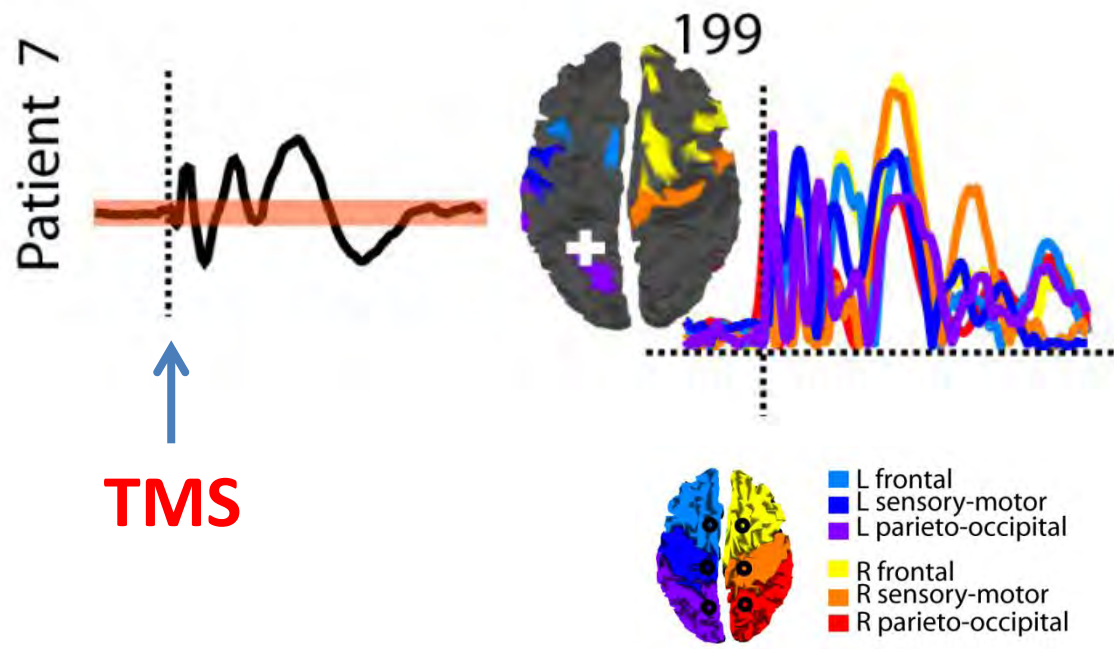


- L frontal
- L sensory-motor
- L parieto-occipital
- R frontal
- R sensory-motor
- R parieto-occipital

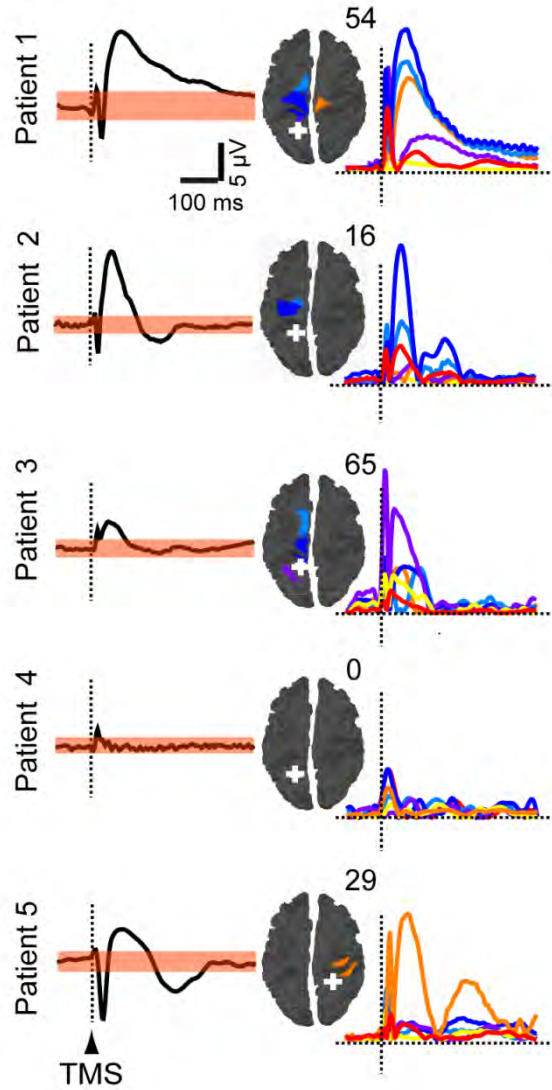
Vs



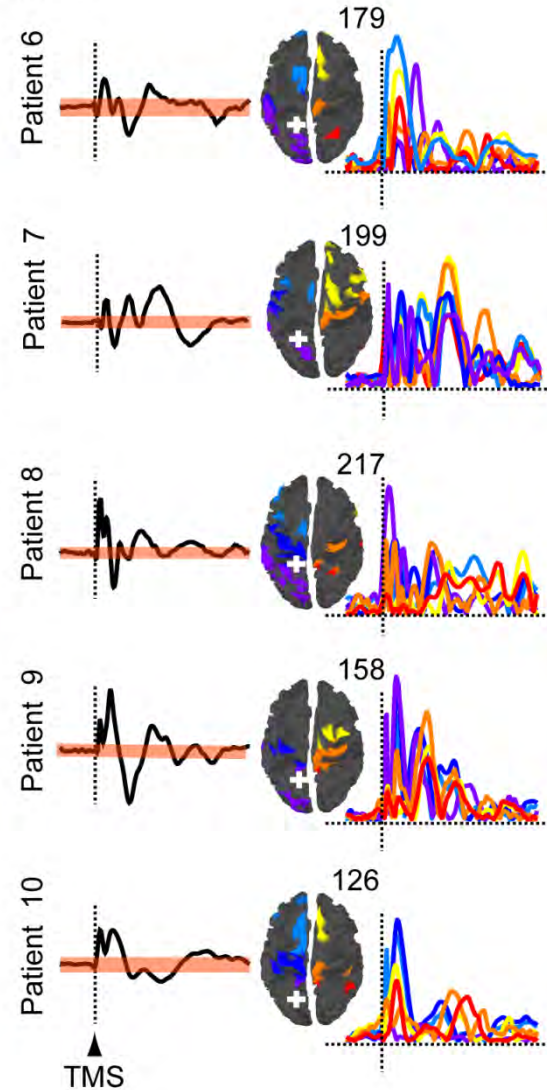
MCS



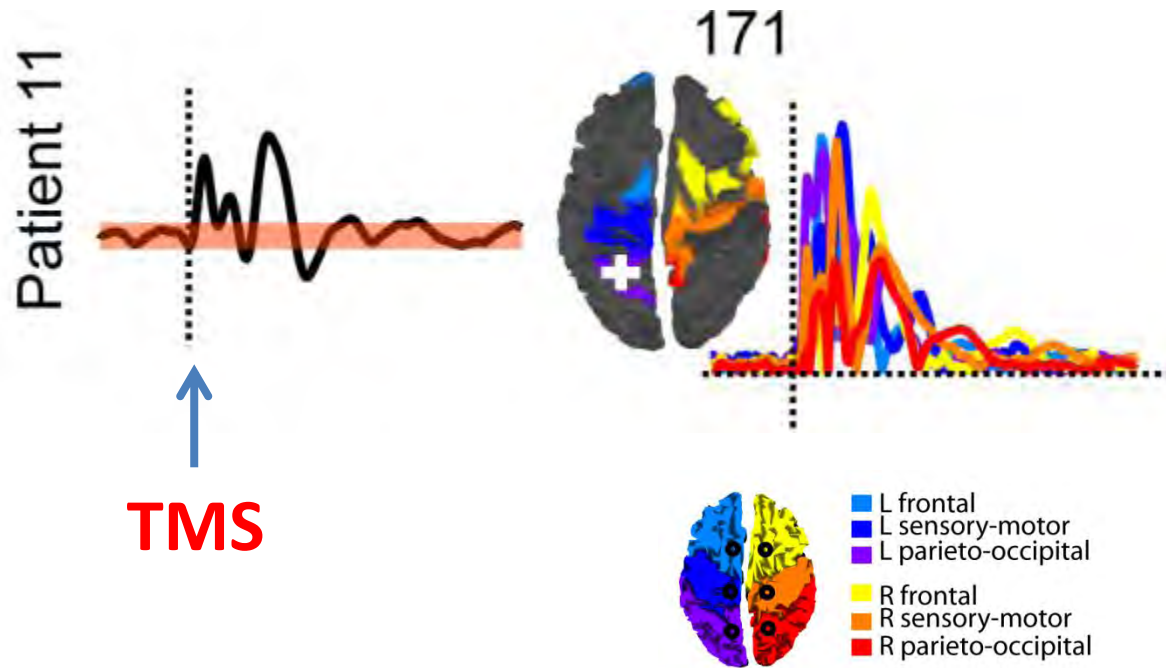
Vs



MCS



LIS

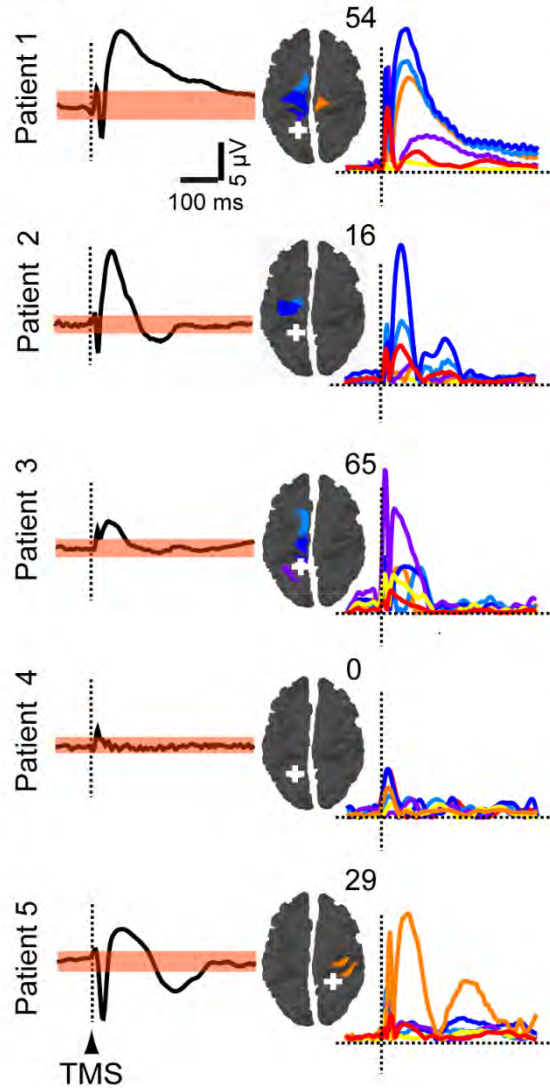


Awake, unconscious

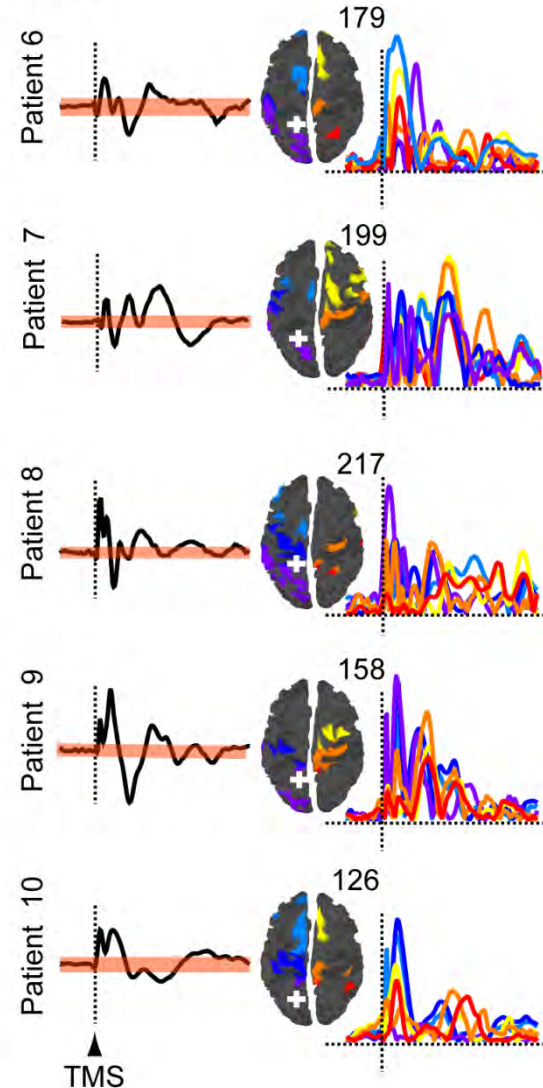
Awake, minimal signs

Awake, fully conscious

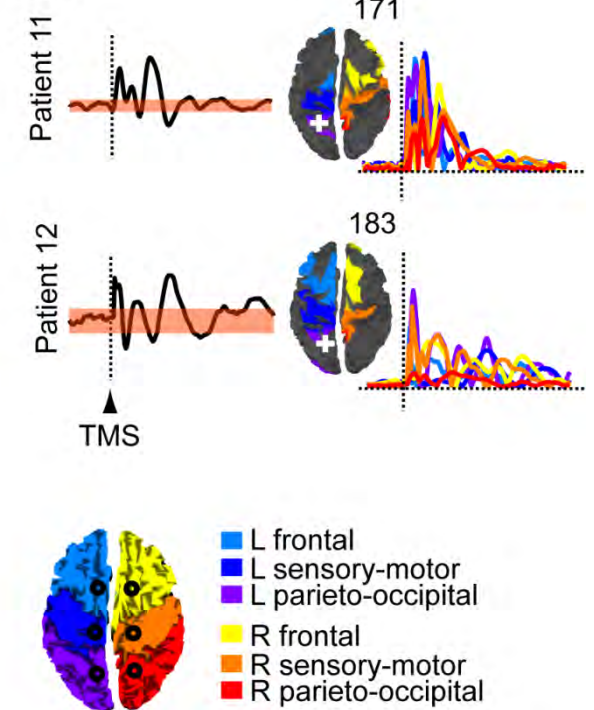
VS

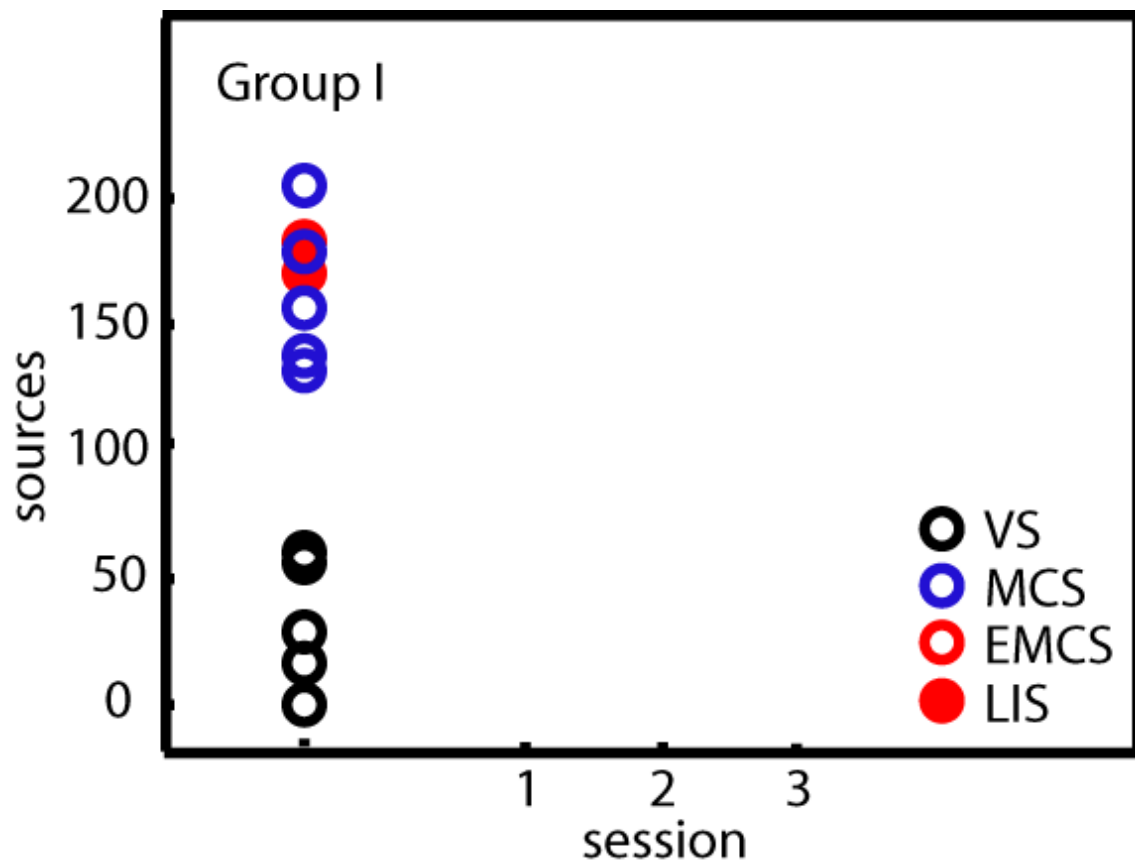


MCS

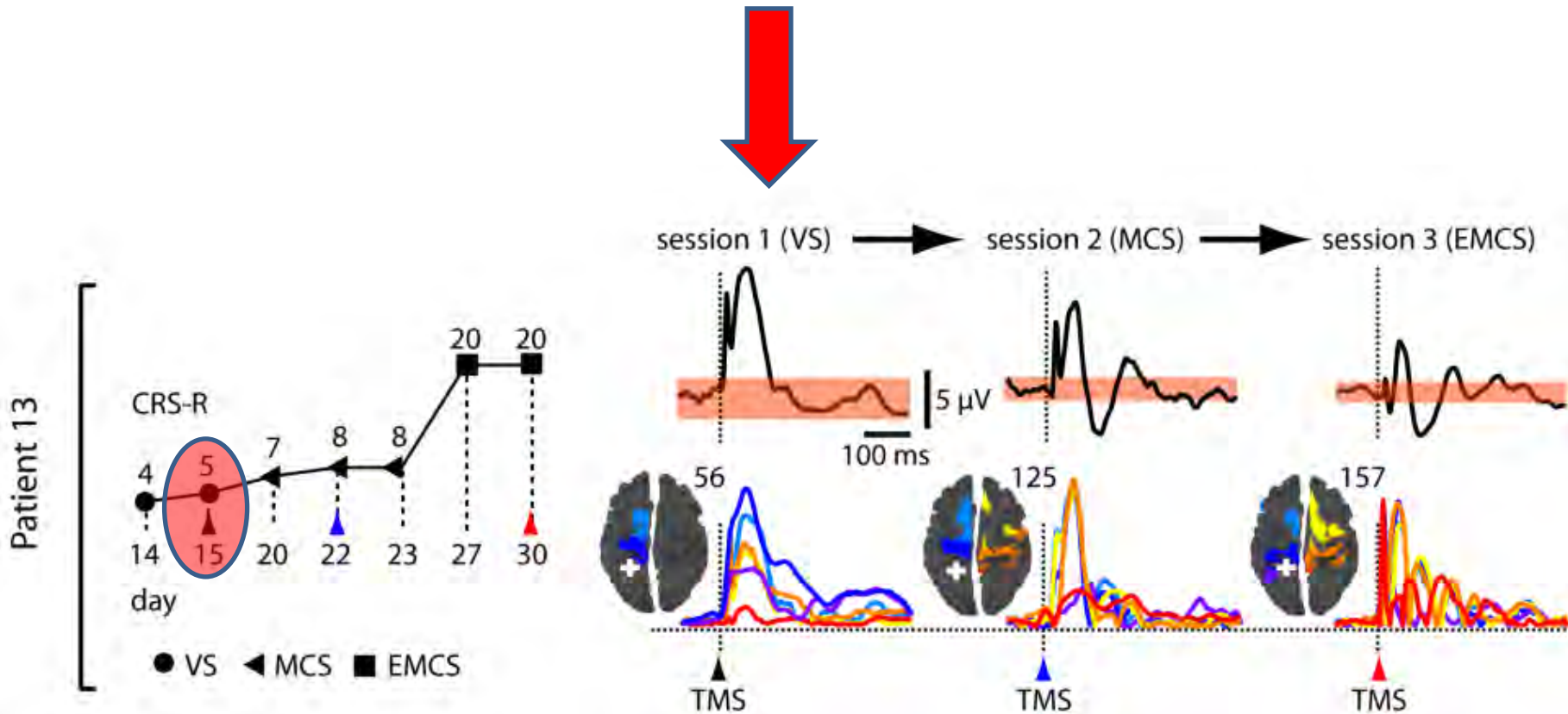


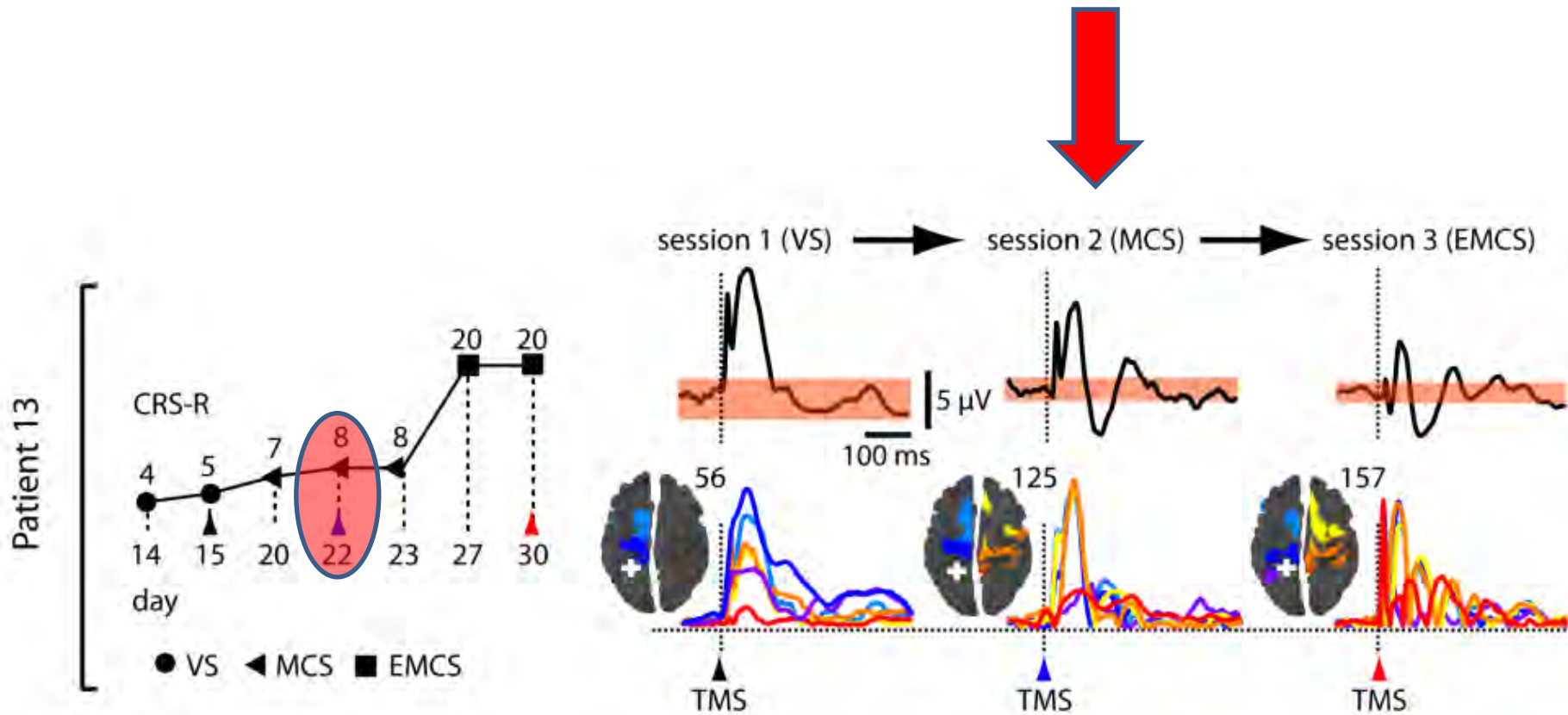
LIS



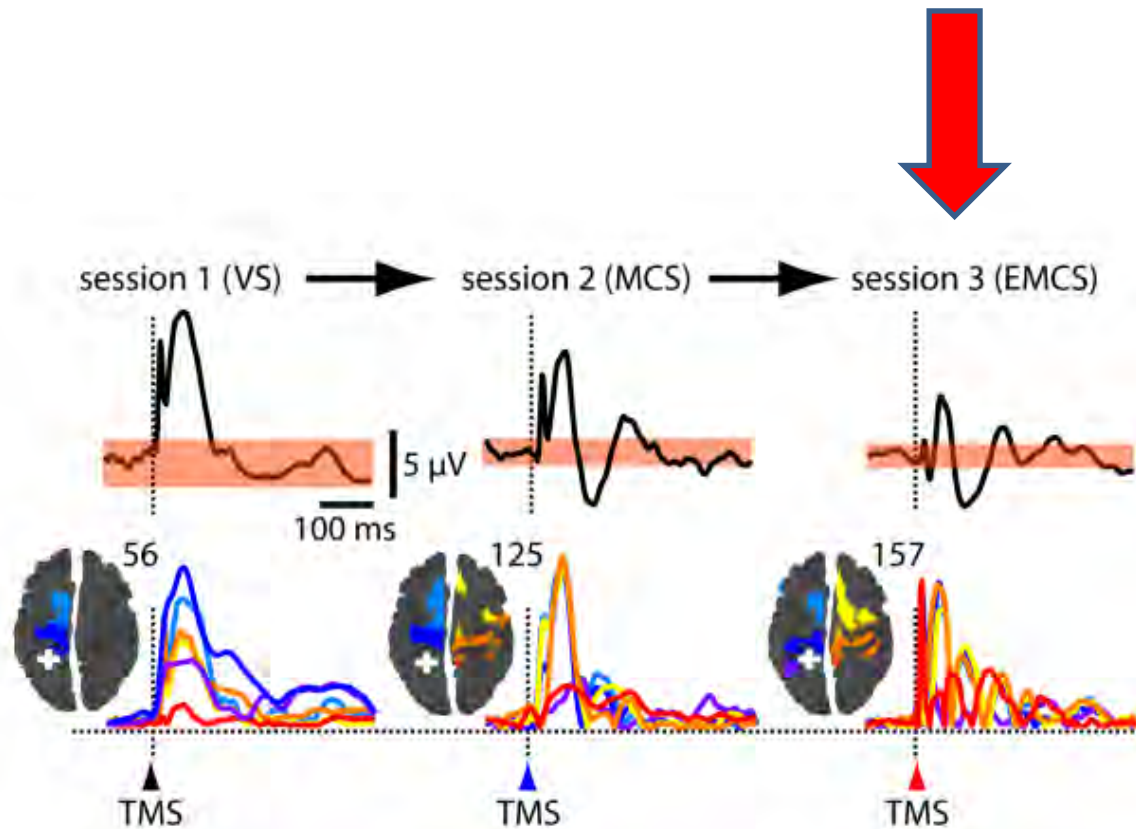
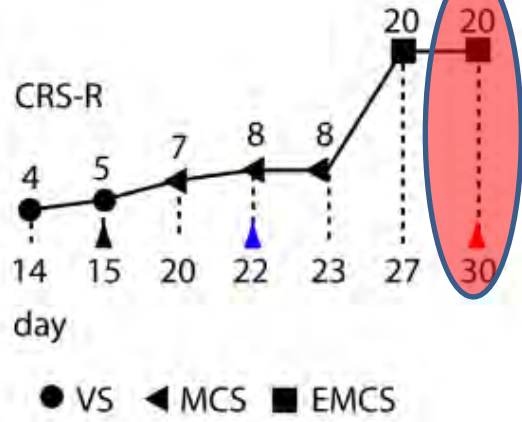


Longitudinal measurements in acute patients



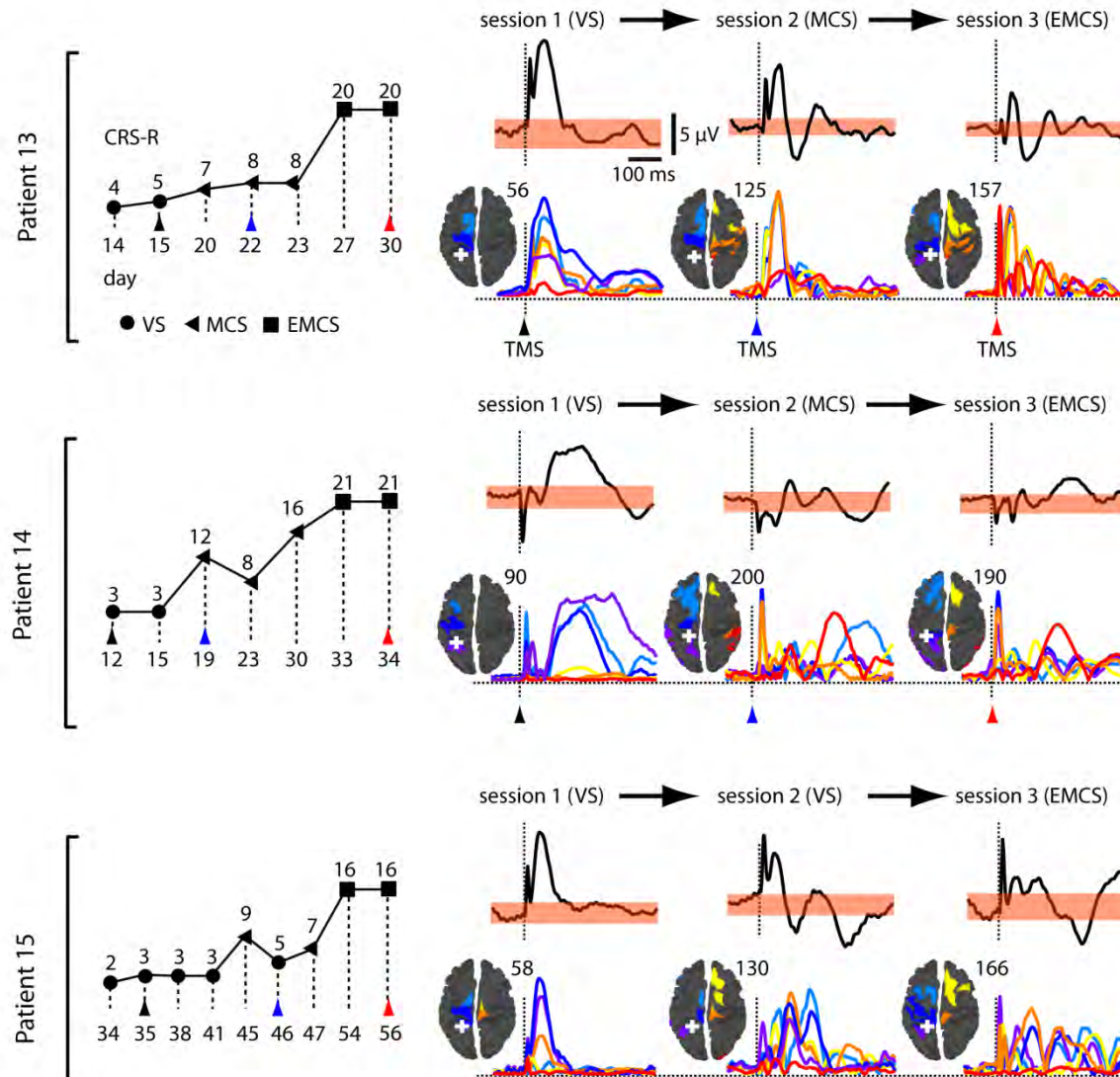


Patient 13

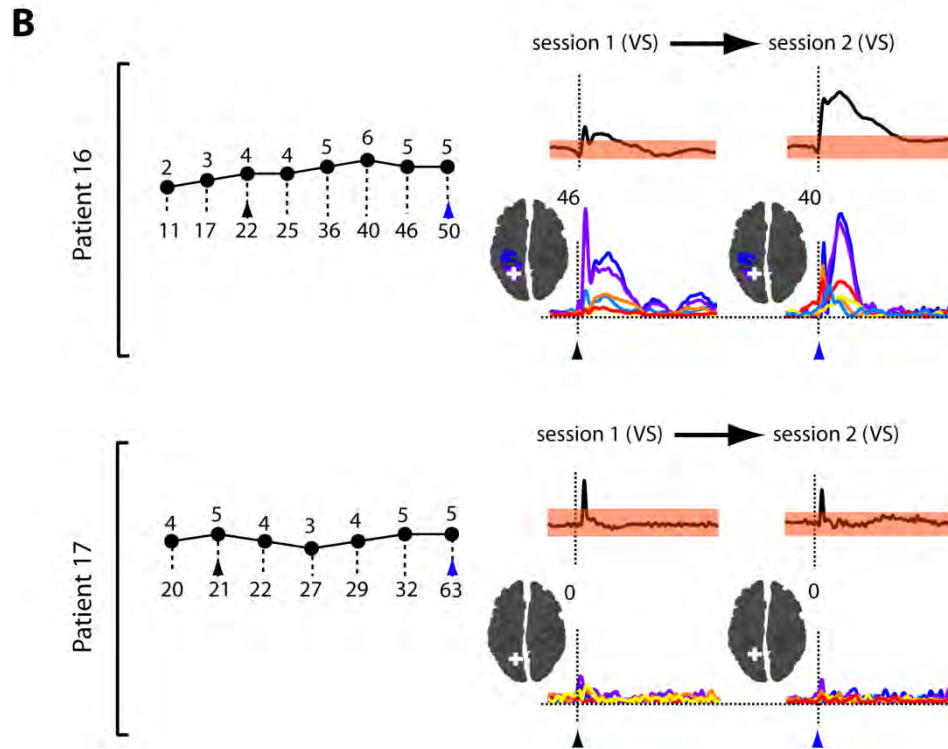


Longitudinal measurements in the three patients who recovered consciousness

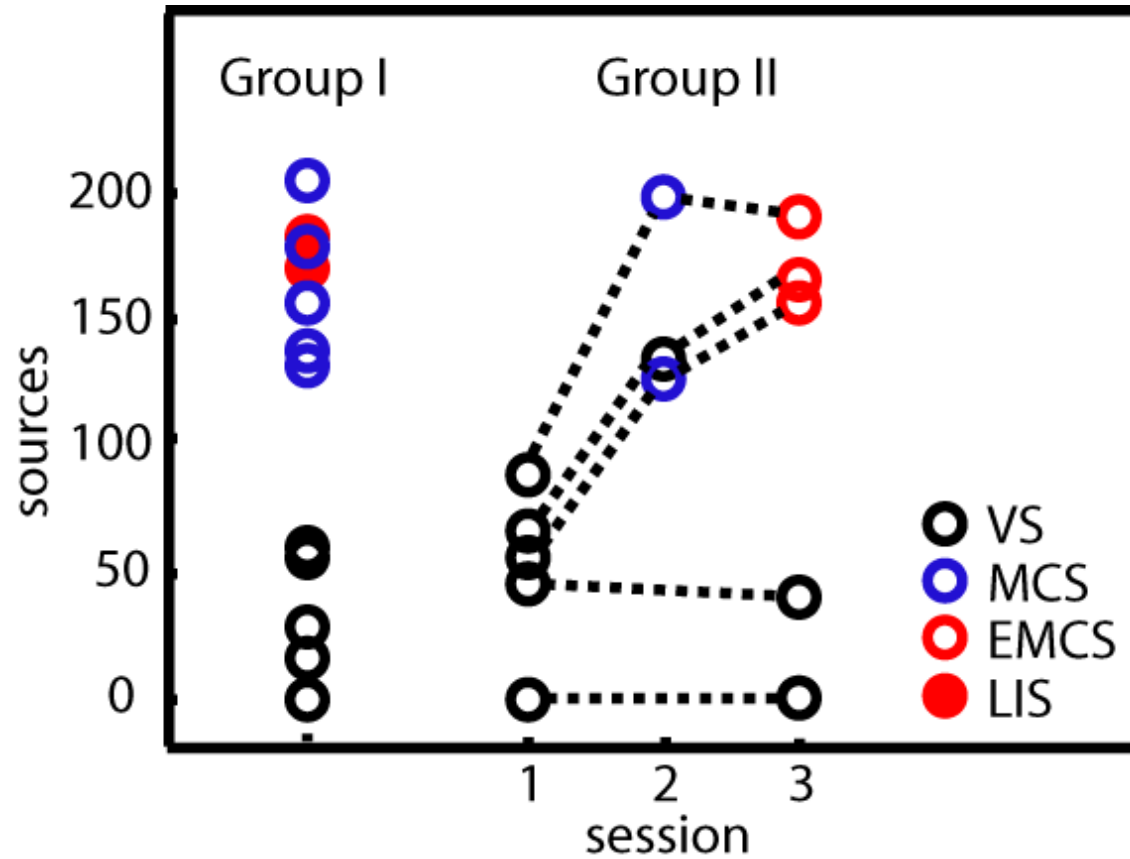
A



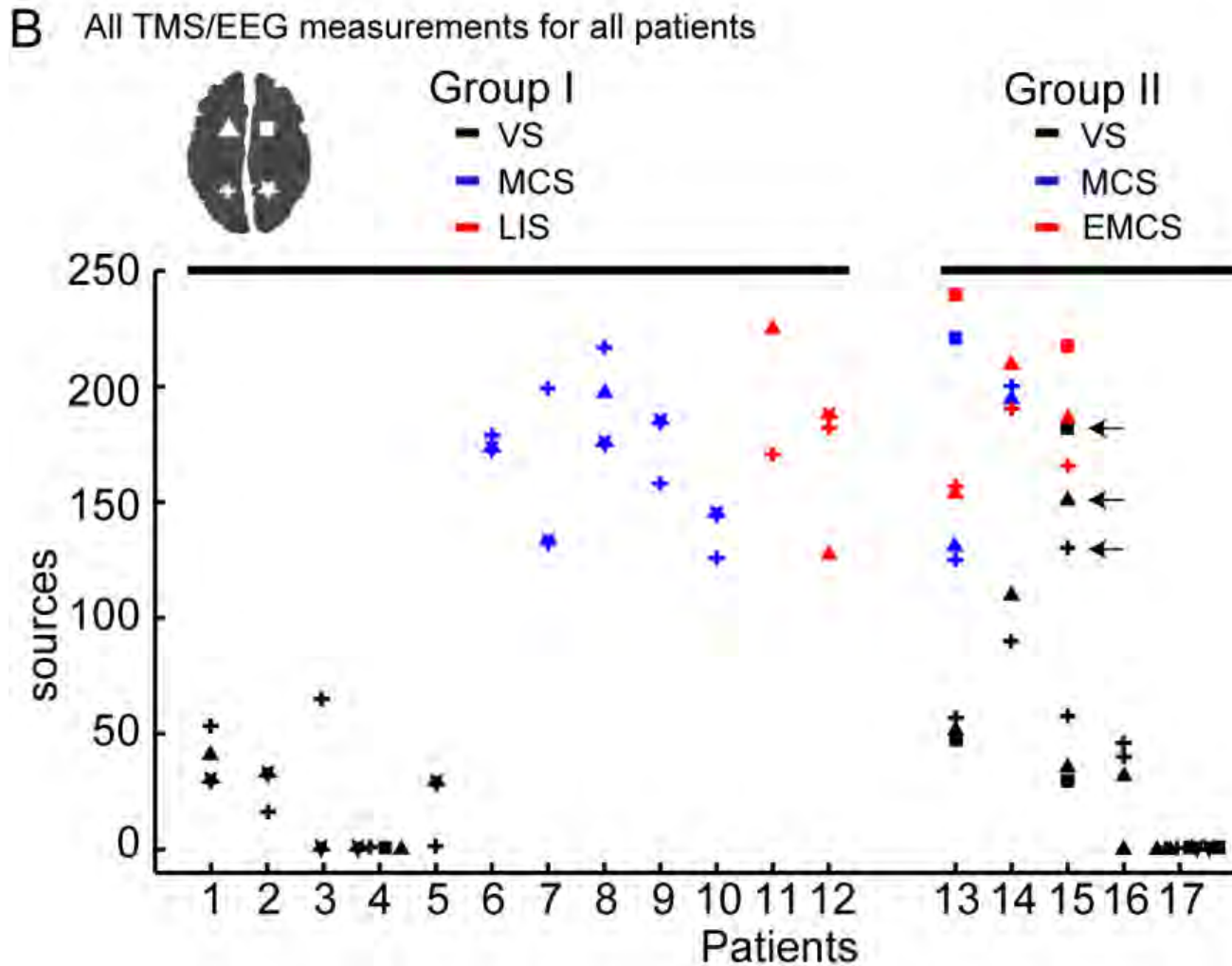
Longitudinal measurements in the two patients who did not recover consciousness



Effective connectivity values for all patients in sessions where left parietal cortex was stimulated

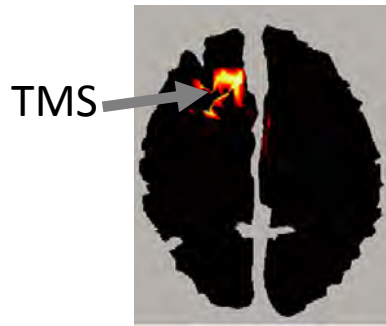


Effective connectivity values for all patients and in all sessions (also right parietal and frontal areas)



Perturbational Complexity

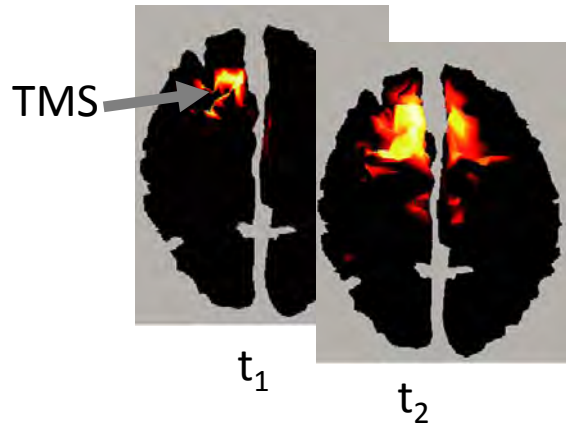
non-parametric statistics at the source level



t_1

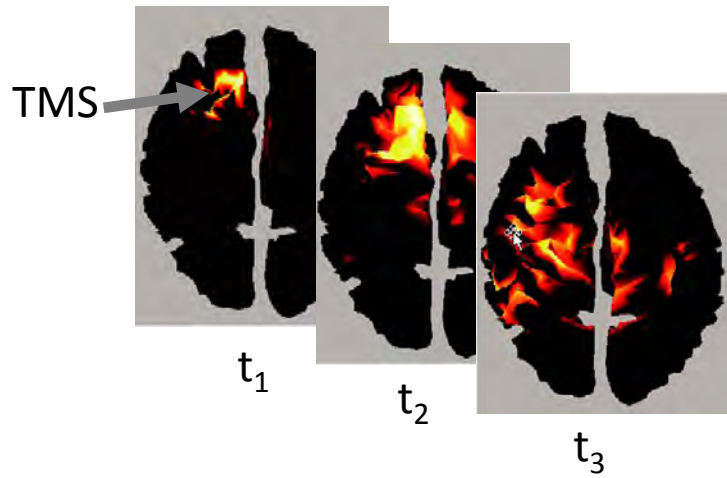
Perturbational Complexity

non-parametric statistics at the source level



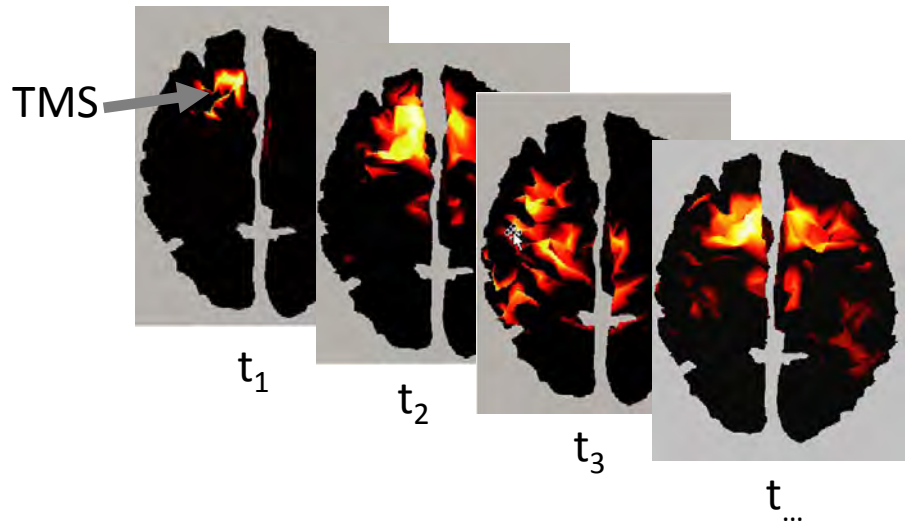
Perturbational Complexity

non-parametric statistics at the source level



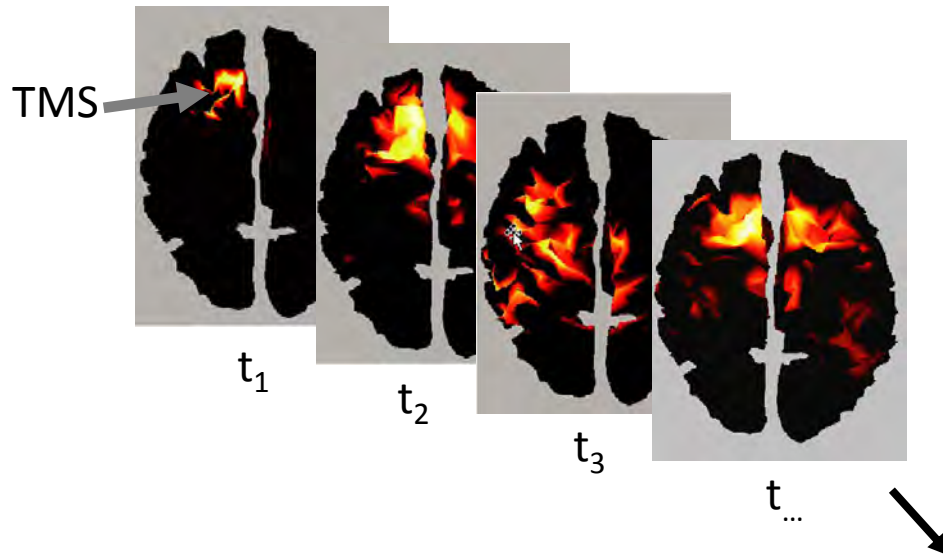
Perturbational Complexity

non-parametric statistics at the source level

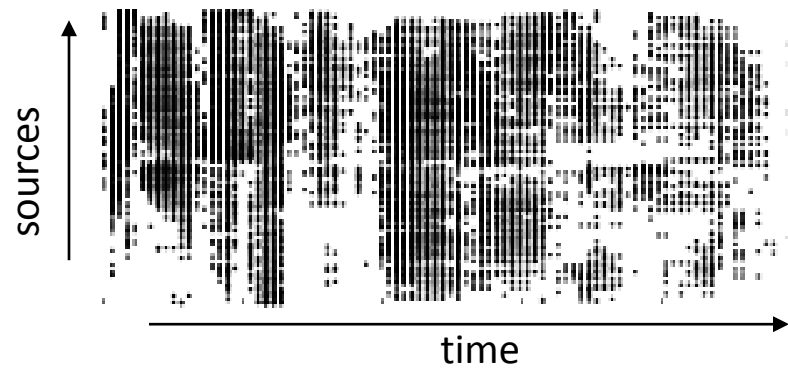


Perturbational Complexity

non-parametric statistics at the source level

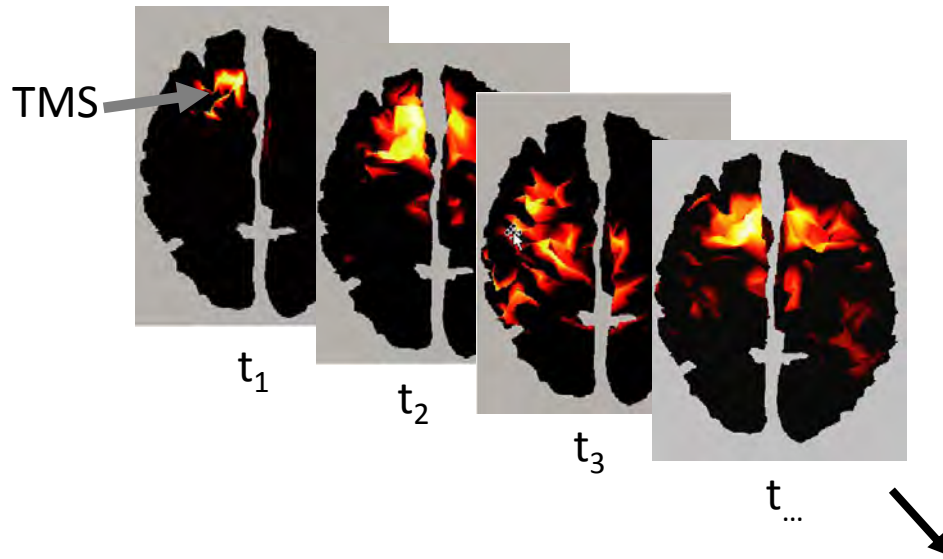


binary matrix of significant activation

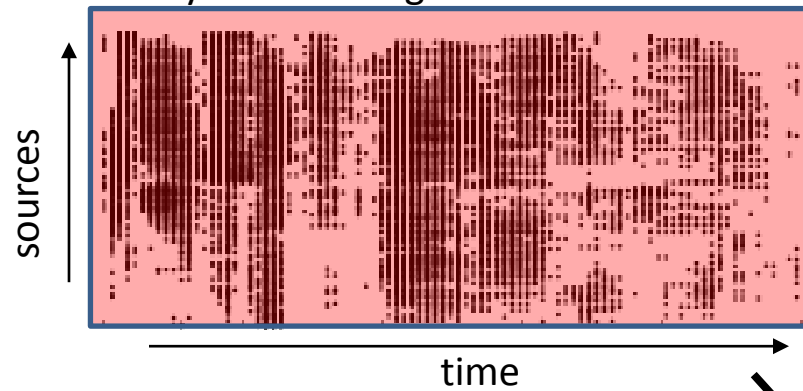


Perturbational Complexity

non-parametric statistics at the source level

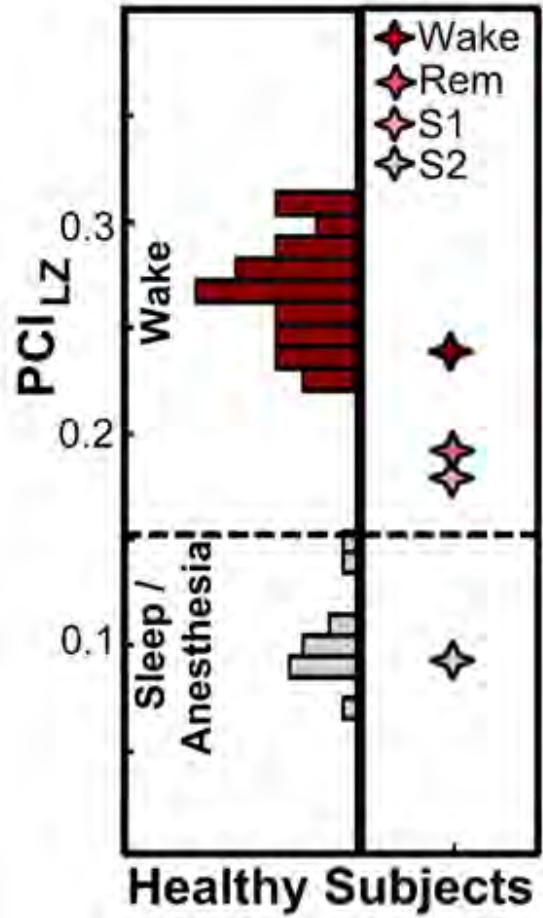


binary matrix of significant activation

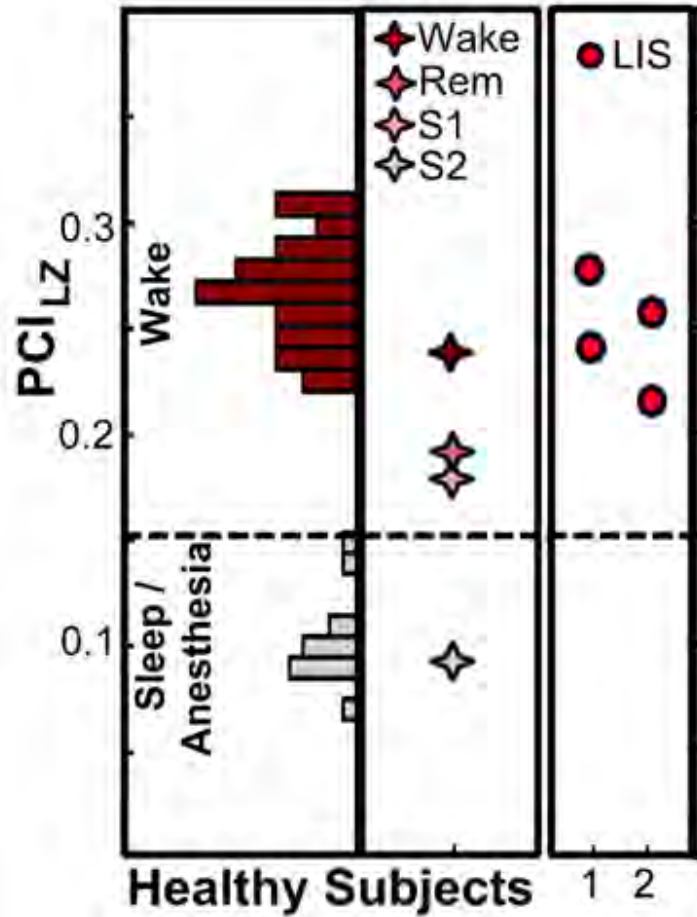


BITS
(Lempel-Ziv-Welch Complexity)

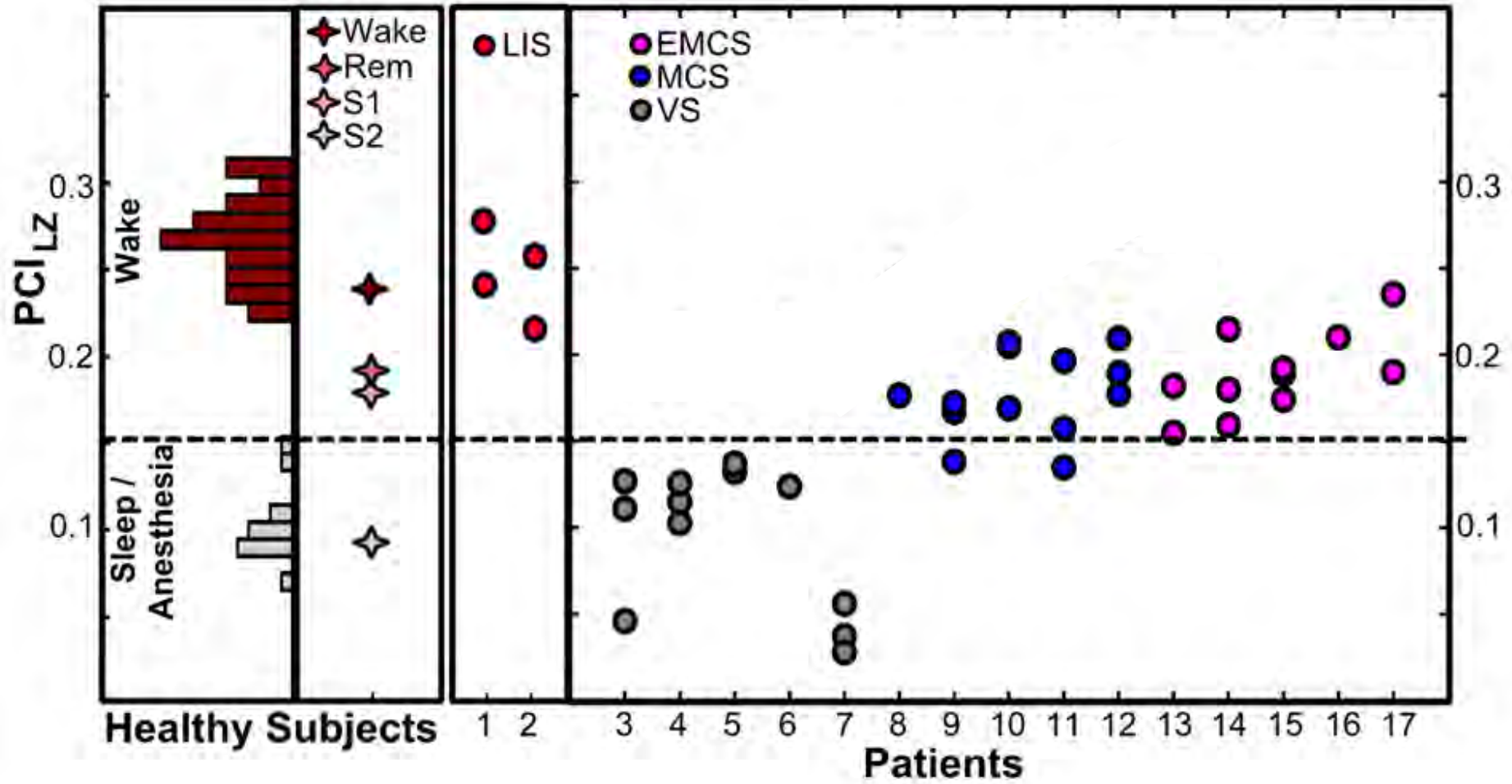
Perturbational Complexity



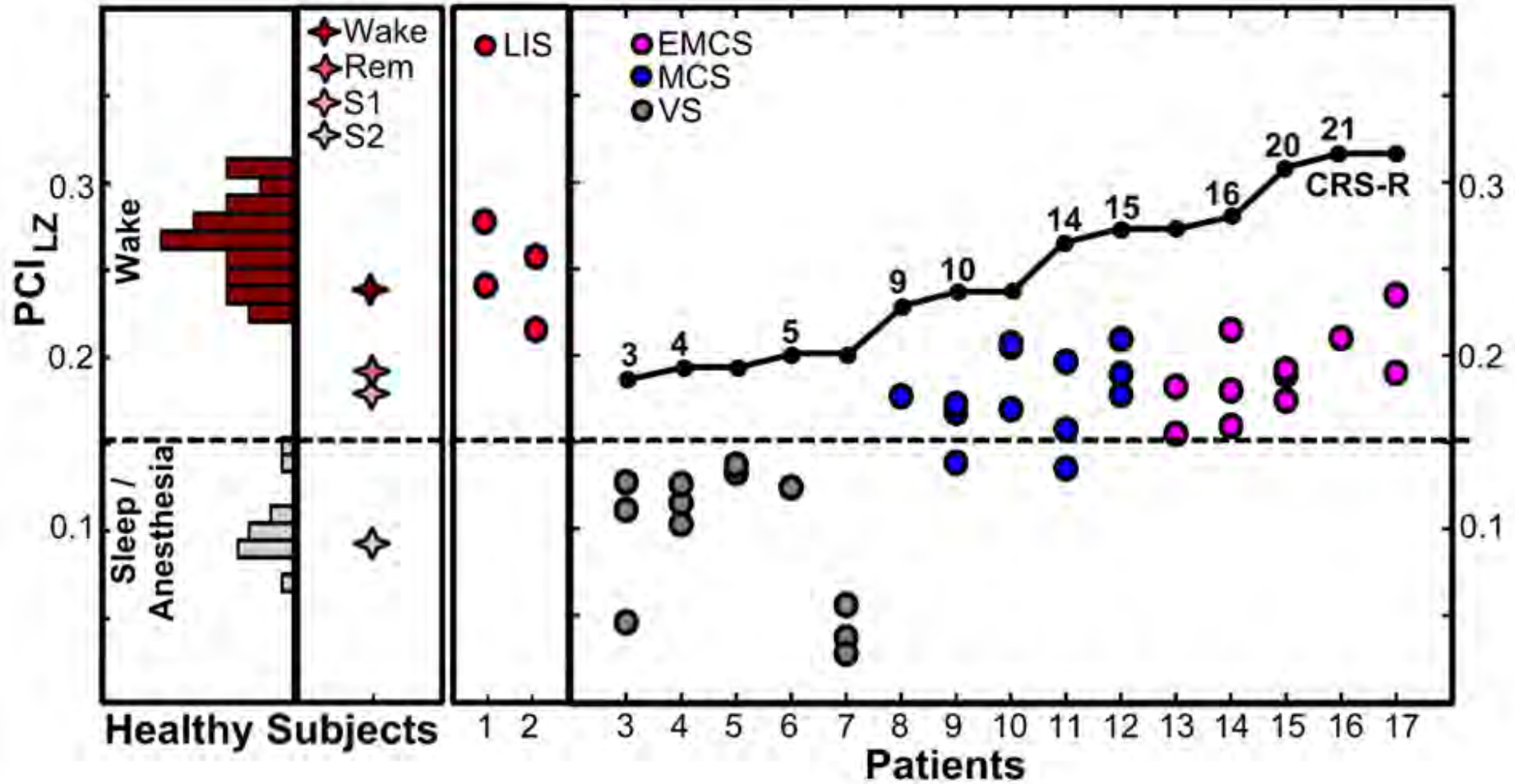
Perturbational Complexity



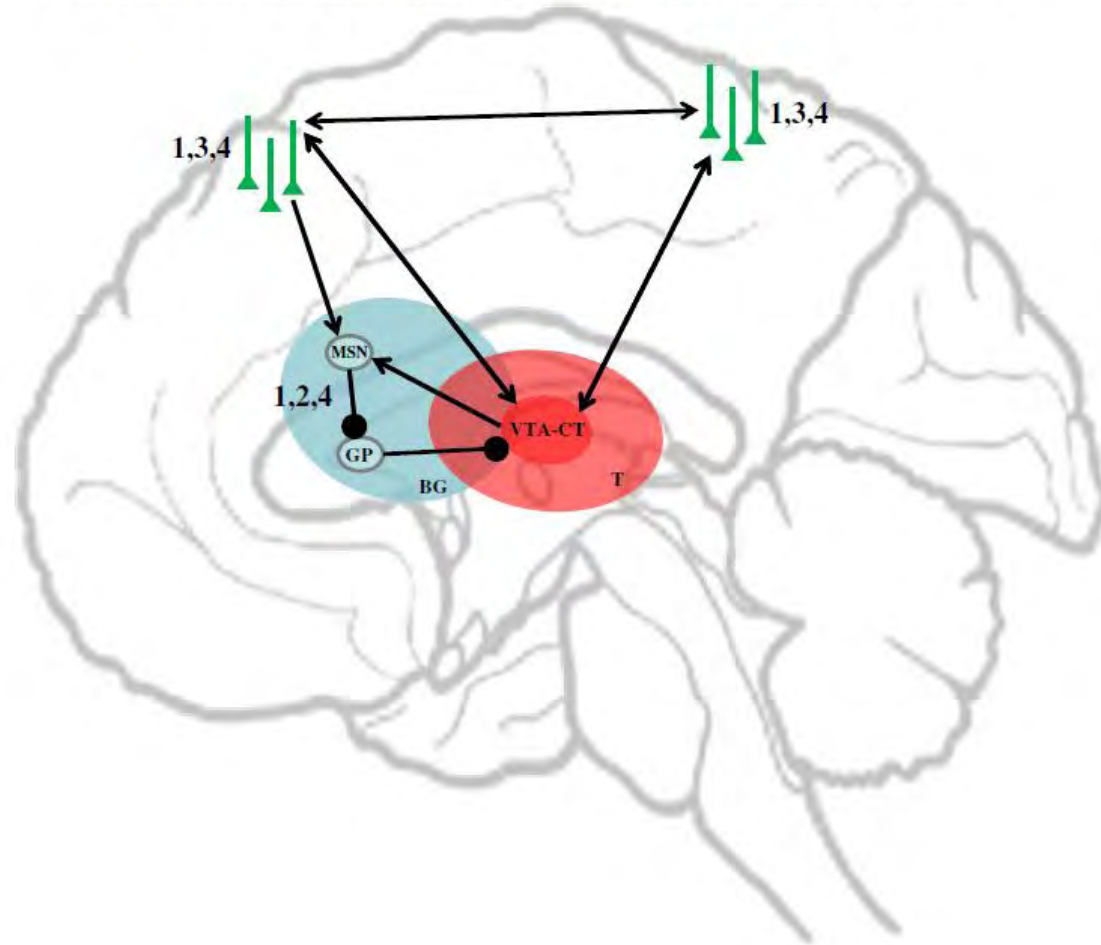
Perturbational Complexity



Perturbational Complexity



Possible mechanisms of action of central thalamic DBS in the injured brain



Shah and Schiff, *Eur J Neurosci* 2010

Thanks!

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