

Transcranial Magnetic Stimulation (TMS)

to determine brain functioning

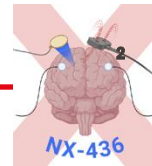
Nx-436

‘Advanced methods for human neuromodulation’

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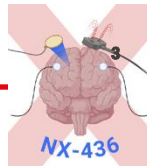
Department of Clinical Neuroscience, University Hospital of Geneva



- I. Understand the underlying concept of TMS
- II. Understand how TMS can be used to determine brain functioning

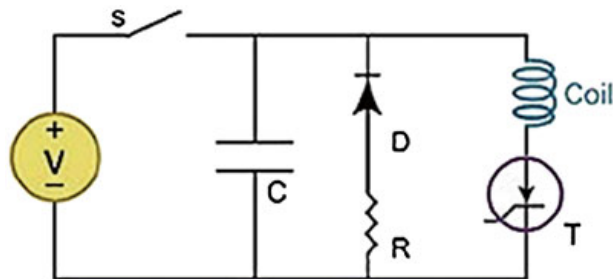
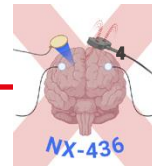
Literature

(for review Lefaucheur et al. 2020; Hummel & Cohen 2005, Siebner et al. 2003. Textbook: e.g. Transcranial Magnetic Stimulation by Rotenberg, Horvath, Pascual-Leone <https://link.springer.com/book/10.1007/978-1-4939-0879-0>)



Three main areas of application for TMS:

- I. **Electrophysiological evaluation** (Heise et al. 2010, 2014 Hummel et al. 2009, Liuzzi et al. 2010, 2014, for review Siebner et al. 2003)
- II. **Virtual lesion approaches** (Lotze et al. 2006, Renzi et al. 2013, for review Siebner et al. 2003, Hummel&Cohen 2005, Hallett 2010)
- III. **Neuromodulation** (Nitsche et al. 2000, Huang et al. 2004, Hummel et al. 2005, for review Hummel & Cohen 2006, Nitsche et al. 2008, Dayan et al. 2013)



Charging system — generates the current used to generate the magnetic field essential to TMS (8,000 A within several 100 ms).

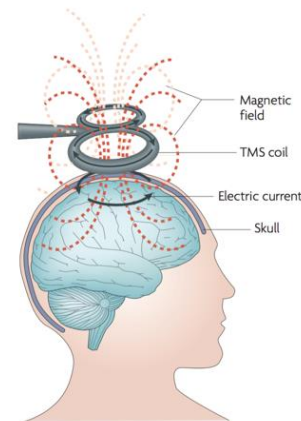
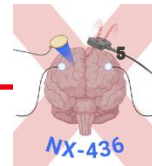
One or more energy storage capacitors — allow for multiple energetic pulses to be generated, stored, and discharged in quick succession (typical voltage rating of 7.5 kV).

Energy recovery circuitry— allows for the main unit to recharge following discharge.

Thyristors — are electrical devices capable of switching large currents over a short period of time. Bridge between the capacitor and coil, transferring 500 J between the two in less than 100 ms.

Pulse-shape circuitry — can be used to generate either monophasic or biphasic pulses

Stimulating coils — one or more well-insulated coils of copper wire (frequently housed in a molded plastic cover).



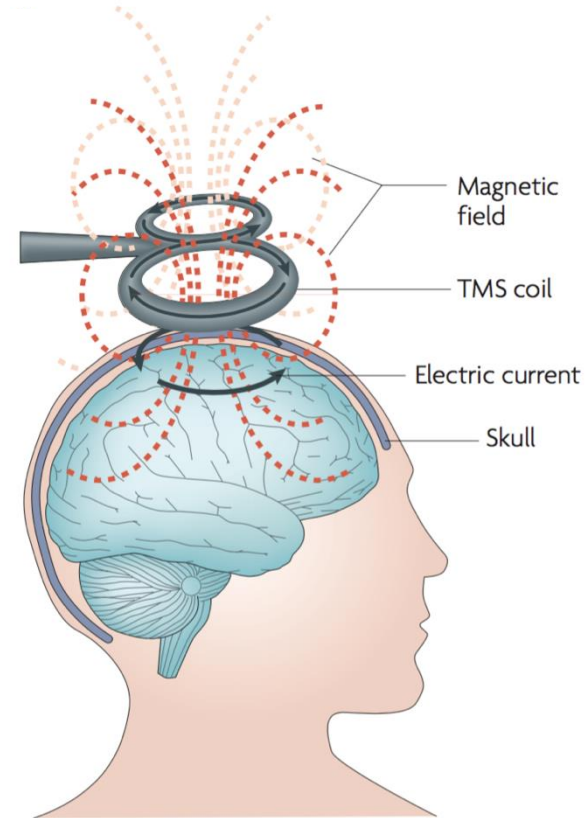
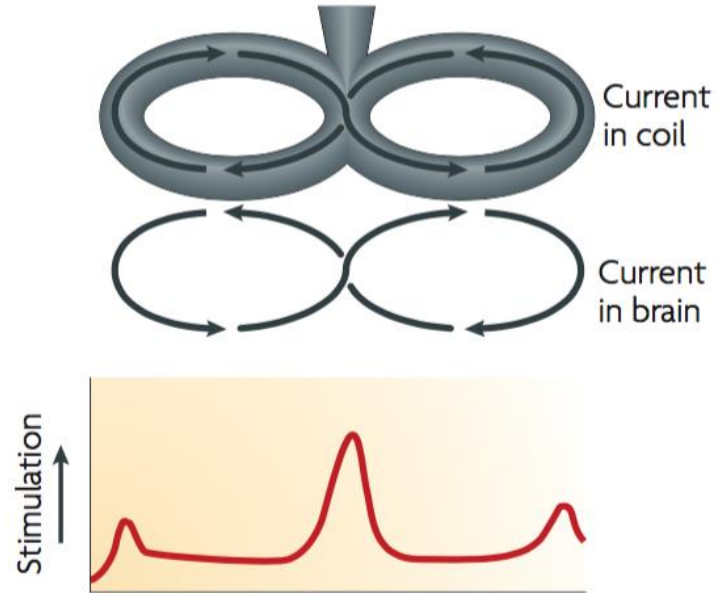
Ridding & Rothwell, 2007

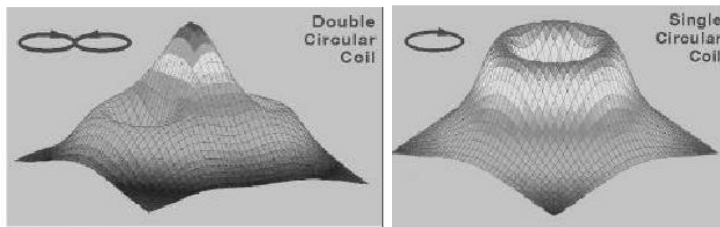
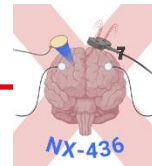


Circular or Round Coil— oldest and simplest TMS coil design. A single, centrally located coil generates a spherical magnetic field perpendicular to the coil itself

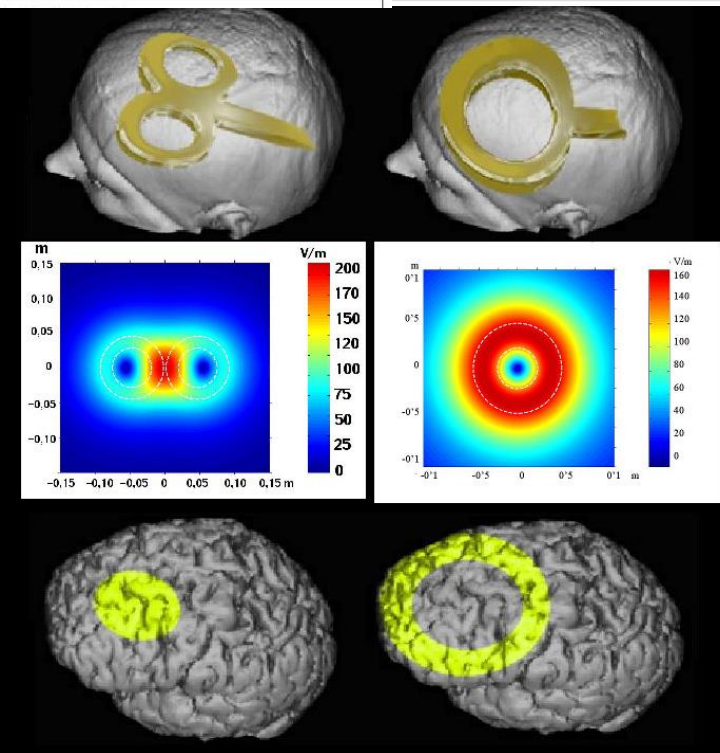
Figure-of-8 (Butterfly) Coil— Easily the most recognizable and utilized of coil designs, the figure-of-8-coil is formed by abutting two single, circular coils against one another. Although the pattern from each individual coil may be relatively non-focal, the combined magnetic field is stronger than in surrounding regions and is relatively easy to determine spatially

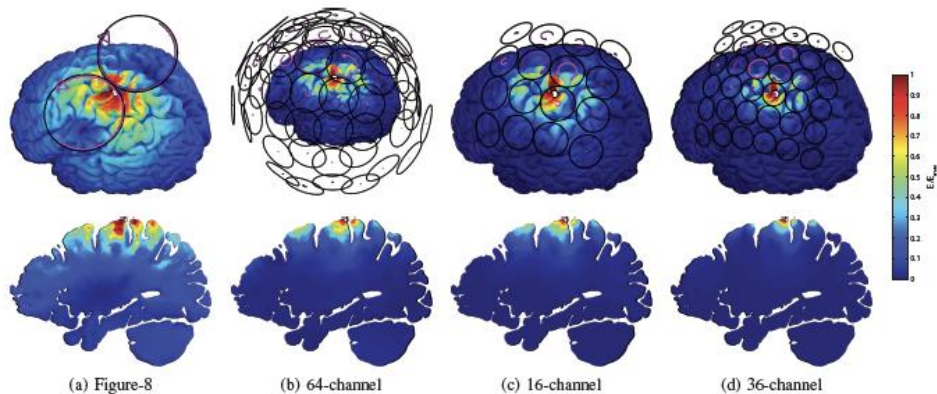
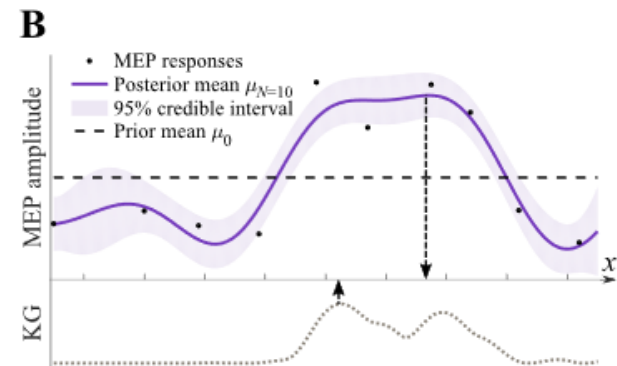
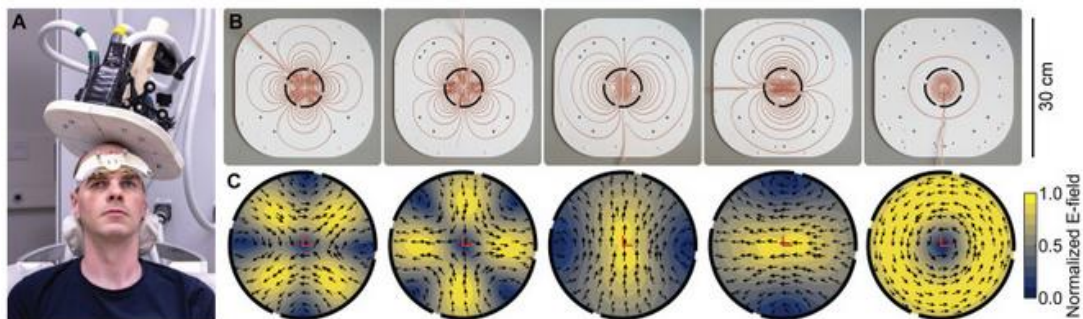
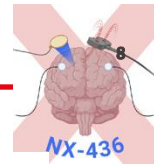
H-Coil— aims to stimulate deeper, non-superficial cortical layers. This is achieved by having a more complex coil design with several planes such that the decay function of the generated magnetic field is less steep and the current reaches deeper into the brain (although the superficial cortical layers still are exposed to the strongest field). H-Coil may be able to stimulate neural structures up to 6 cm below the cortical surface

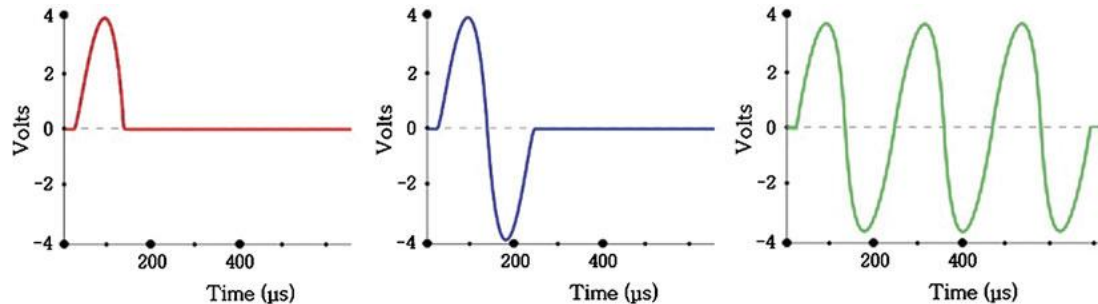
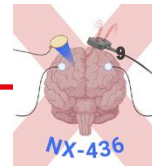




The geometry of the coil determines the focality of the magnetic field and of the induced current - hence also of the targeted brain area.



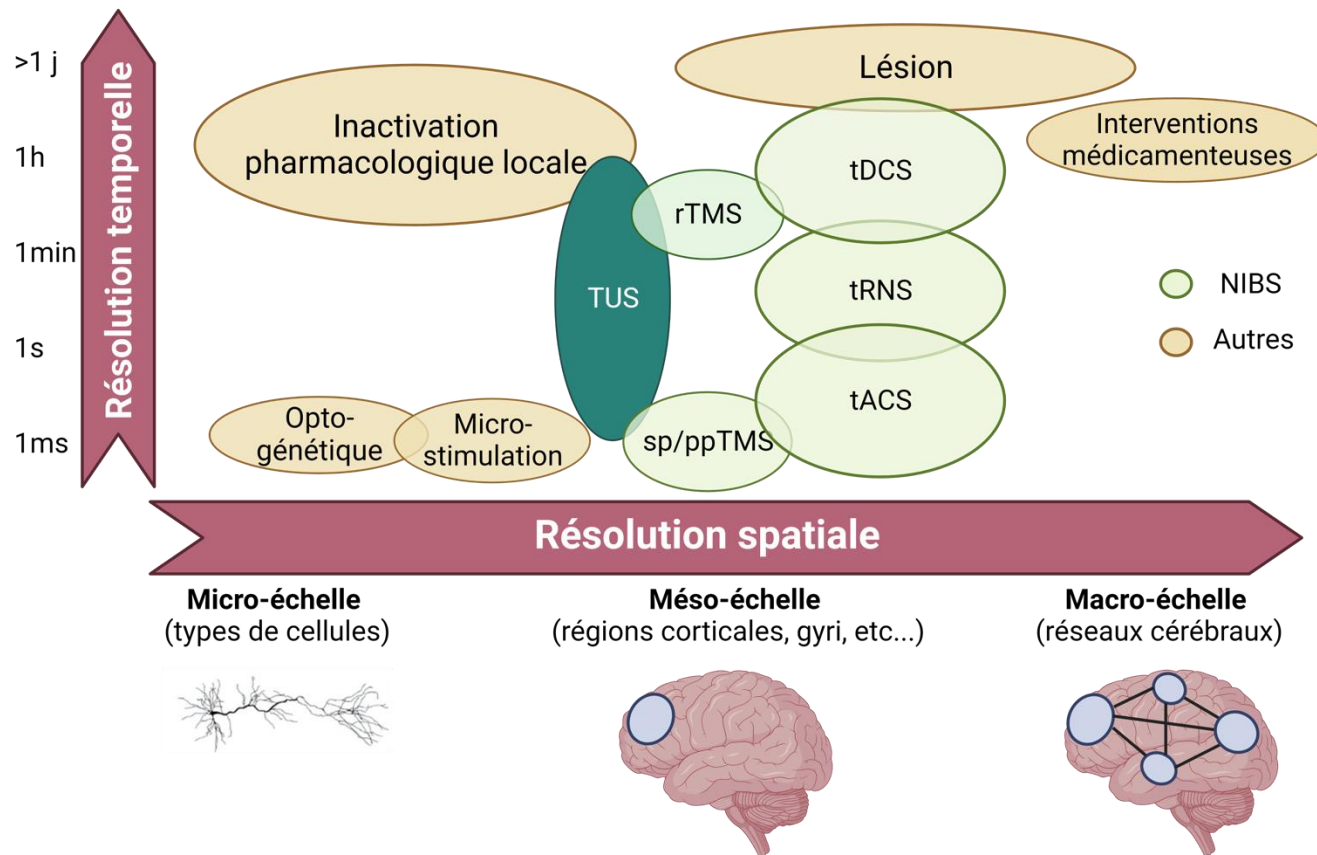
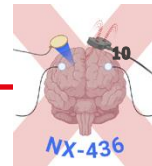


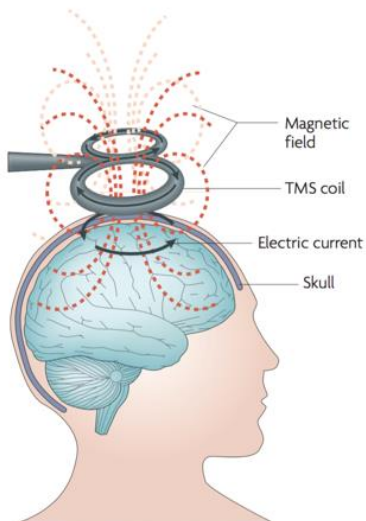
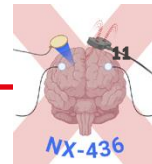


Monophasic pulses - generate only unidirectional voltage. As the initial course of voltage (positive) through a coil would induce an opposing (negative) oscillation, in order to generate a monophasic pulse a shunting diode and power resistor must be used to dampen this natural cycle. Due to this pulse-shaping, monophasic pulses can only be delivered singularly (unless multiple energy sources are utilized).

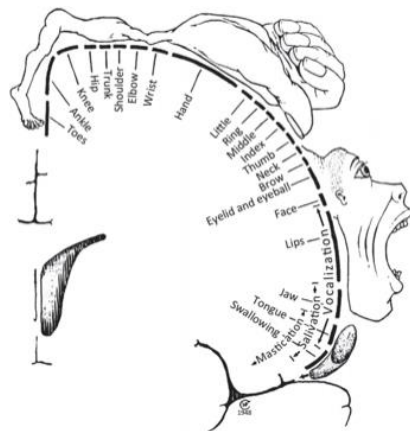
Biphasic (Polyphasic) pulses - generate full positive/negative voltage oscillations. This oscillation, in turn, causes a rapid directional shift of the initial and induced currents. This type of pulse can be terminated after a single cycle (biphasic) or after several oscillatory cycles (polyphasic pulses)

Pulse Strength - The amount of voltage passed through the stimulating coil can be adjusted. The strength of this initial current contributes to the strength of the induced current. Devices often express output current as percent of maximal output, rather than as absolute current values as these are different depending on the coils used. Frequently the applied stimulation strength will be referenced in terms of a subject's motor threshold at a specified baseline.

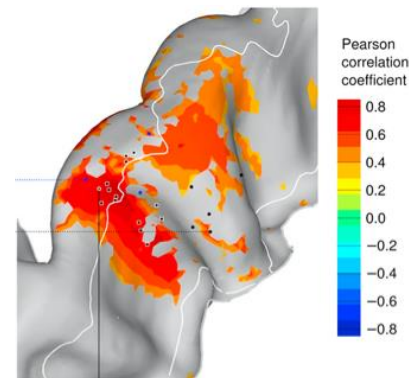
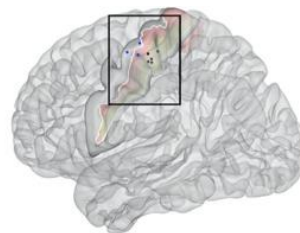




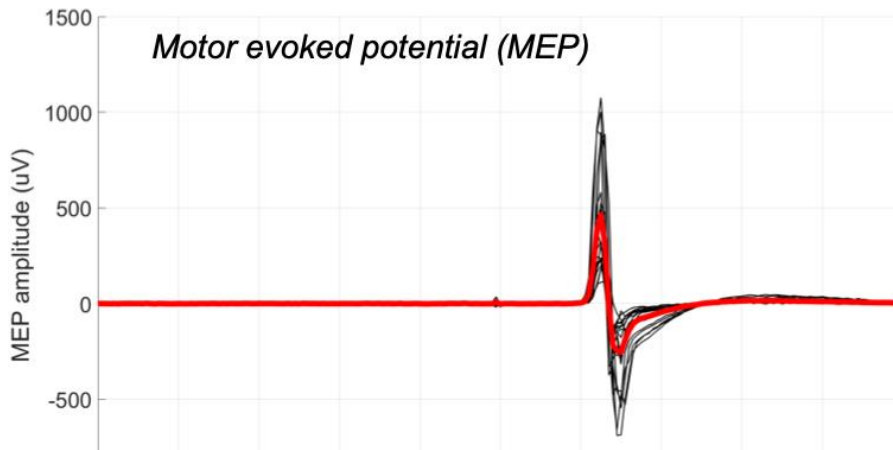
Ridding & Rothwell, 2007



Penfield & Rasmussen, 1950, Adapted from Graziano, 2016



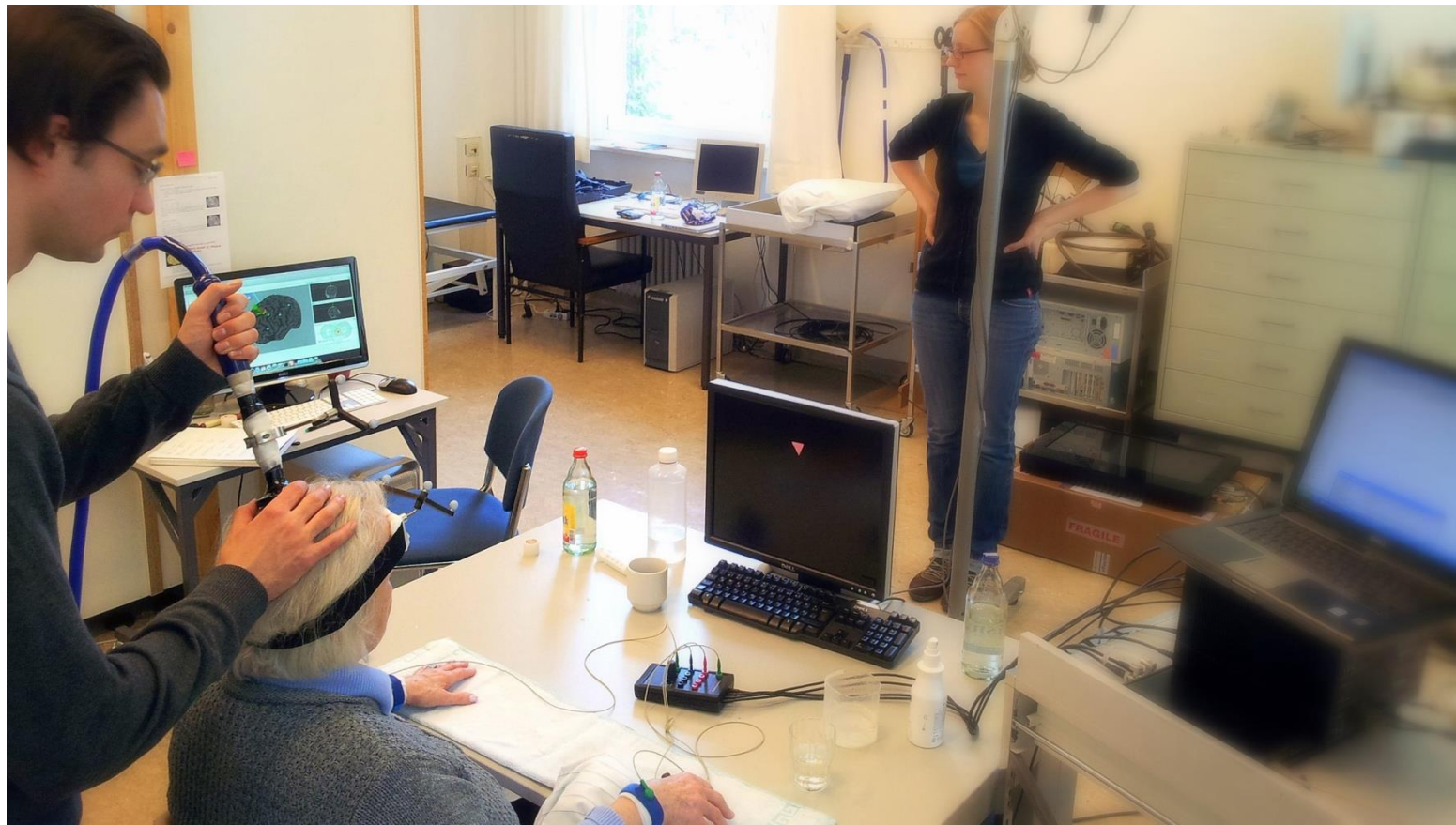
Adapted from Laakso et al., 2017

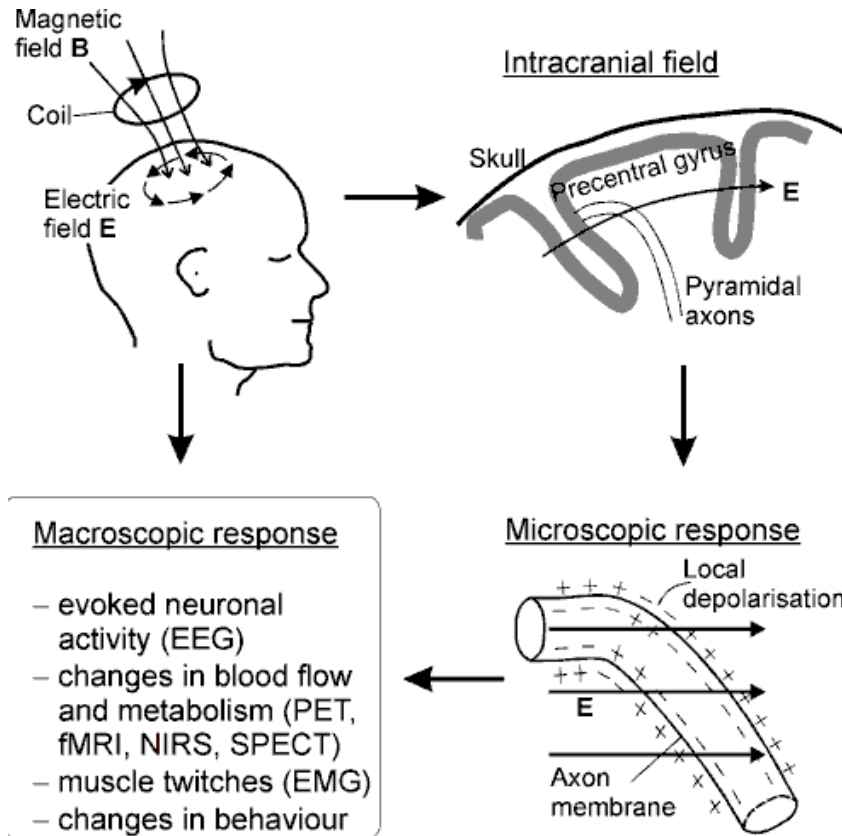


EMG

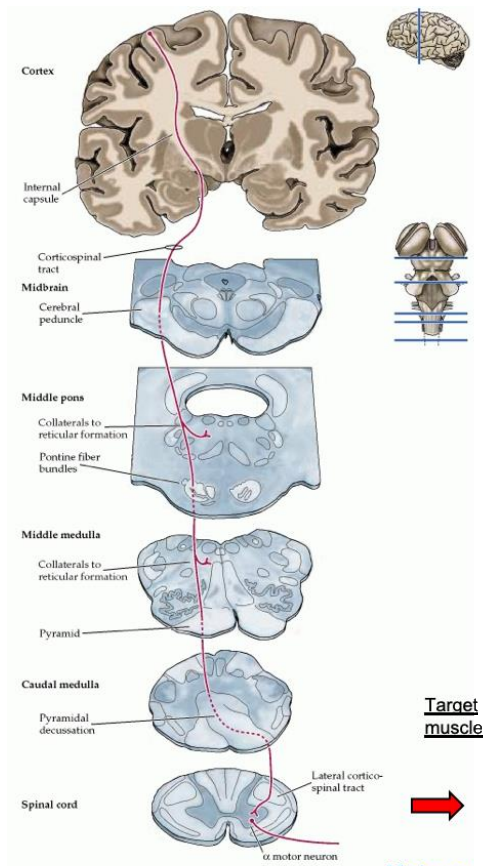


- ❑ Single pulse TMS (cortico-spinal excitability)
- ❑ Double Pulse TMS (Kujirai et al, 1993)
- ❑ Neurotransmitter systems, e.g. GABA-A-ergic, Glutamatergic (Ziemann et al., 1998)
- ❑ Resting State, Event-related (Hummel et al. 2009, Heise et al. 2010, 2013, 2014)
- ❑ Interregional Interactions (Murase et al. 2004, Duque et al. 2005, Liuzzi et al. 2009, 2010)

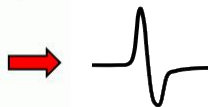




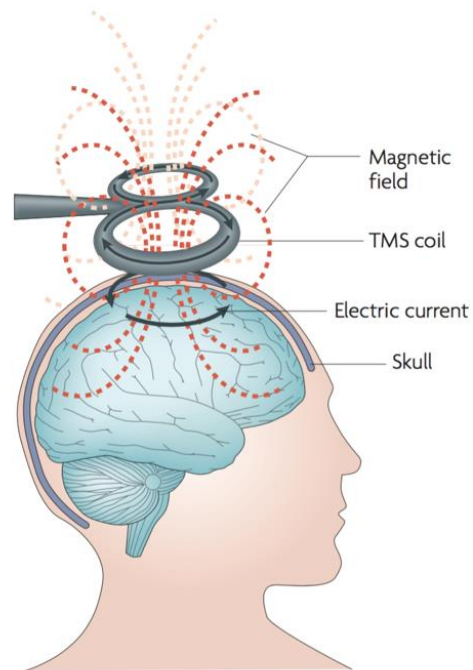
Depolarisation at the Axon. Induced electric field in direction of the axon, lowest magnetic field strength necessary to induce depolarisation



Target
muscle

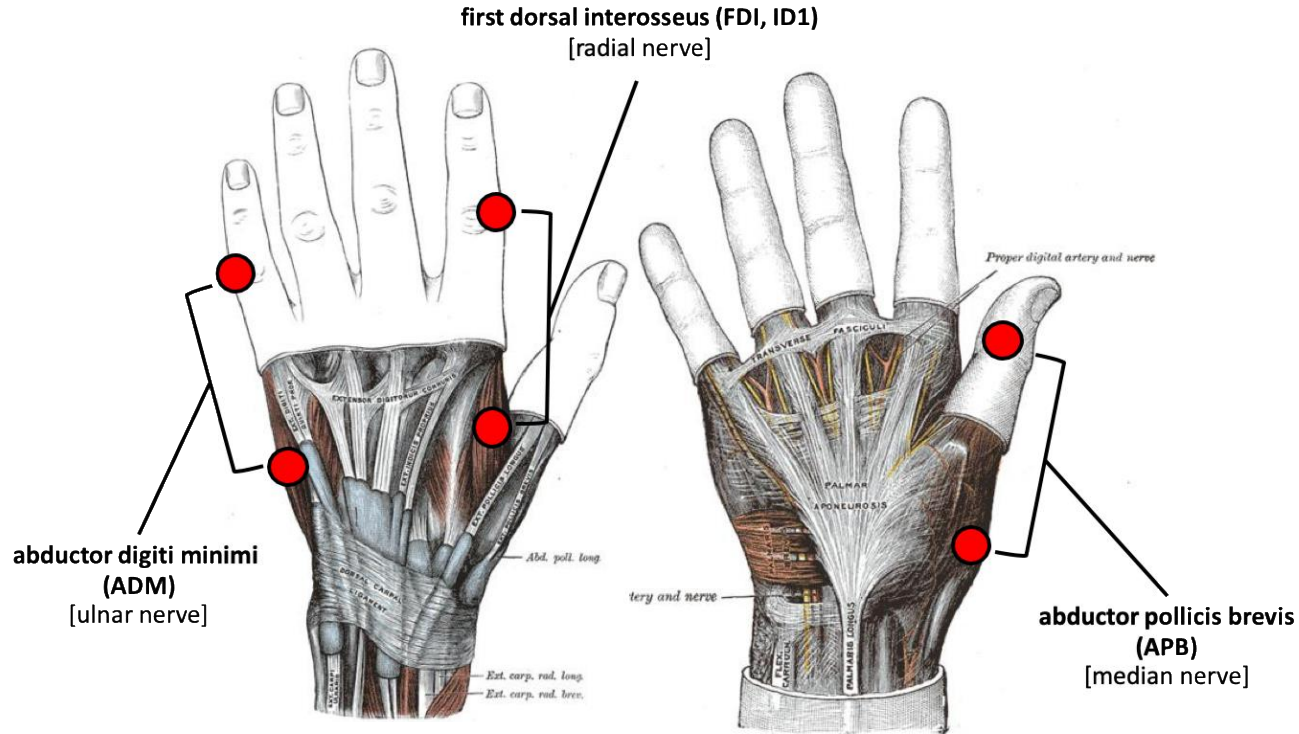


Motor evoked potential (MEP)

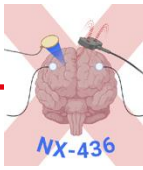


Ridding & Rothwell 2007 Nat Rev Neurosci

electromyogram (EMG) of the hand



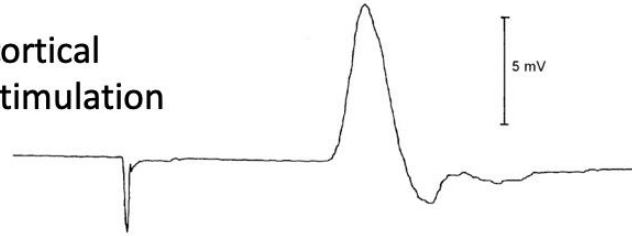
electrodes are placed in a bipolar belly-tendon montage



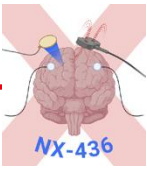
motor evoked potential (MEP)



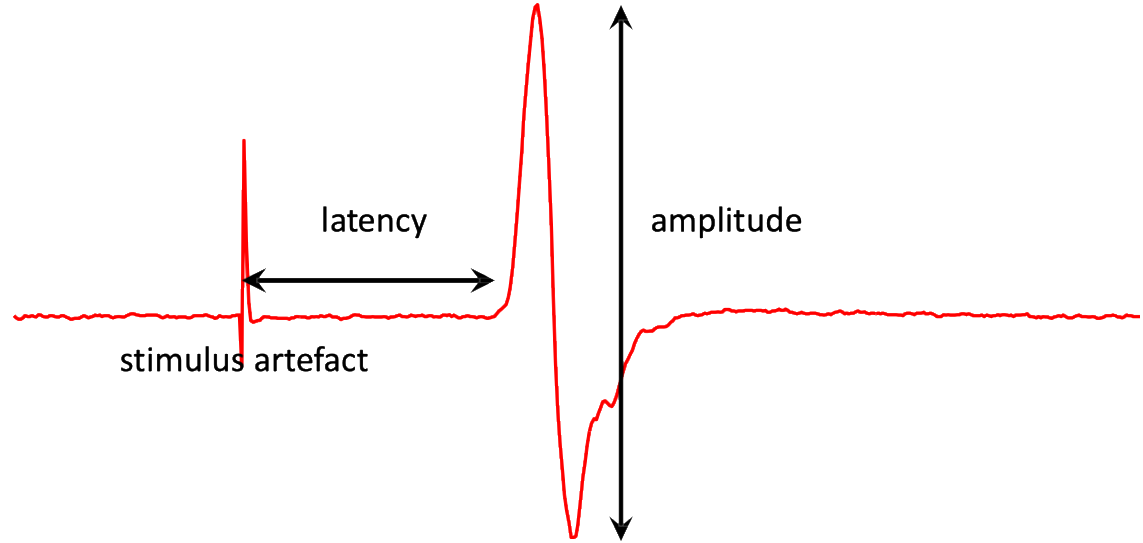
cortical
stimulation



Barker, 1984

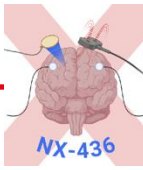


motor evoked potential (MEP)

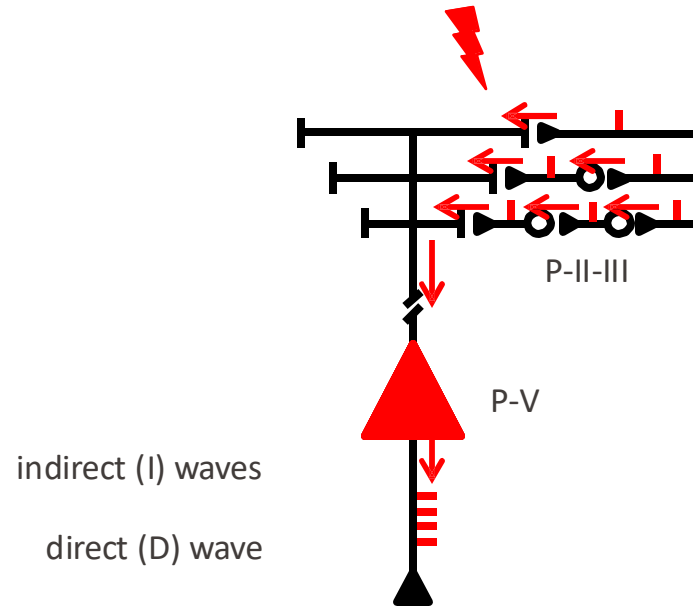


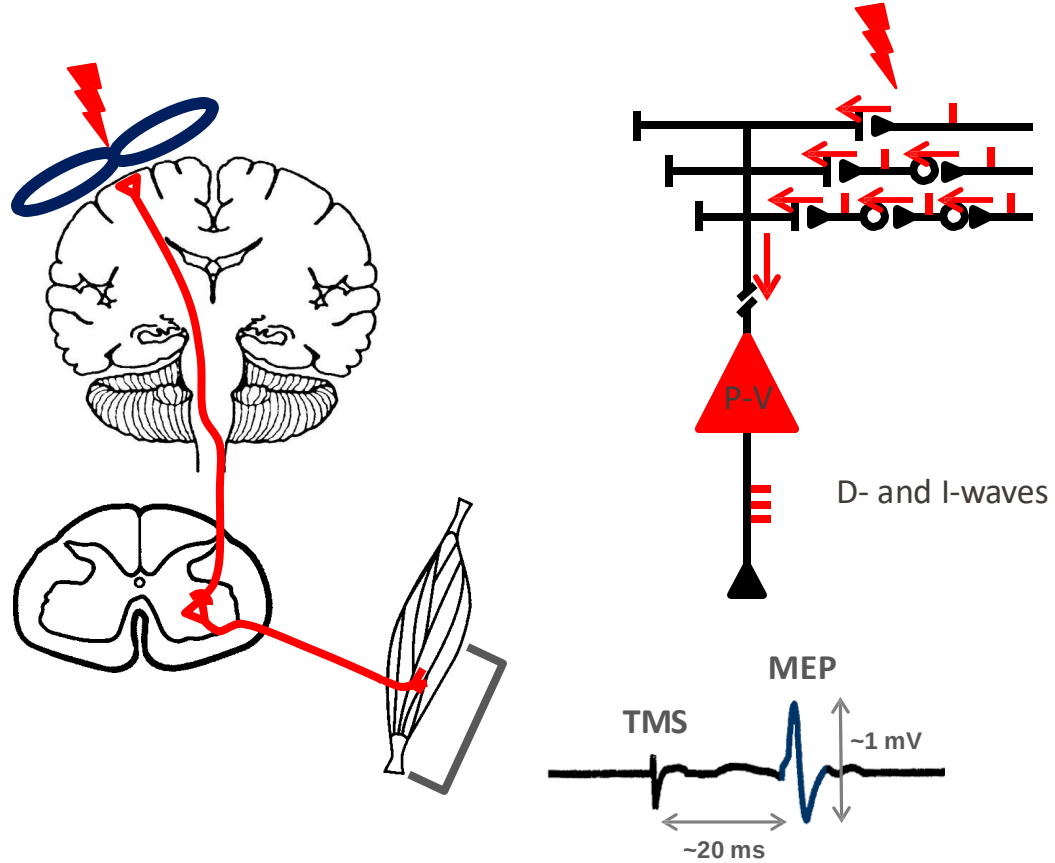


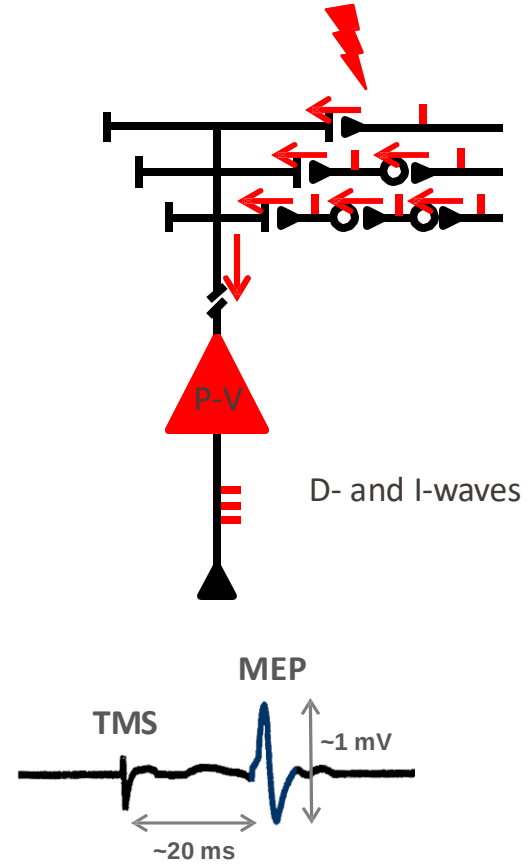
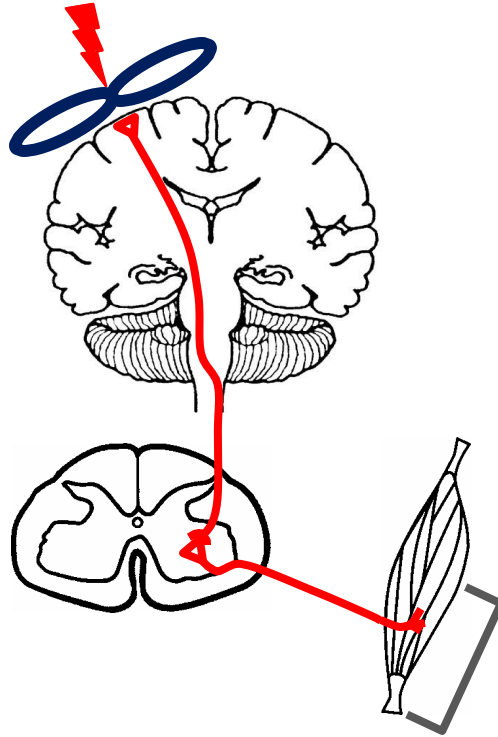
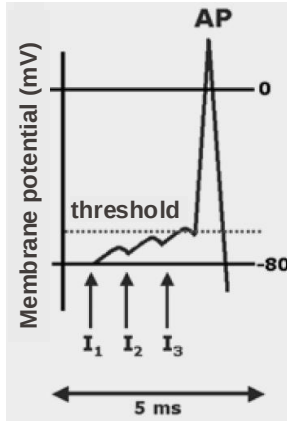
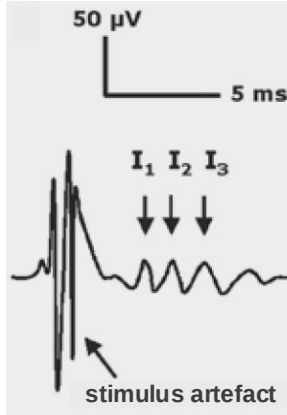
quantify: single pulse

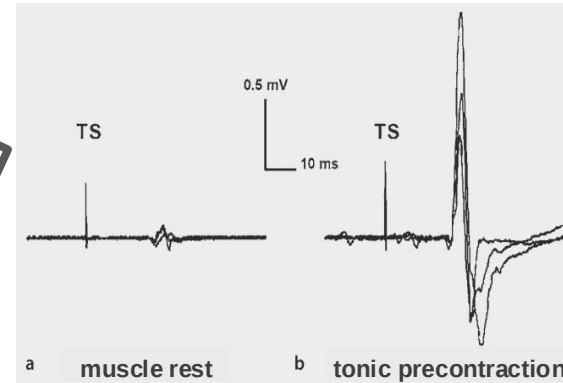
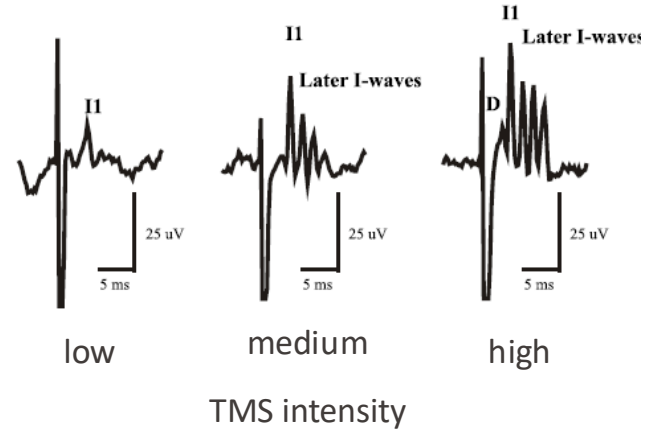
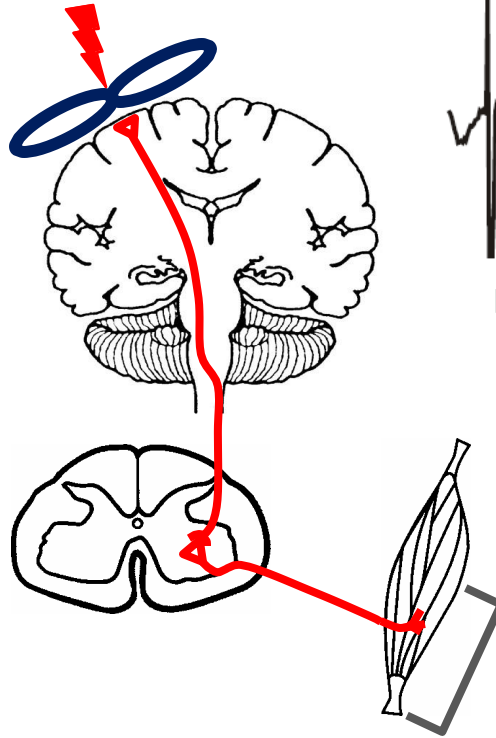
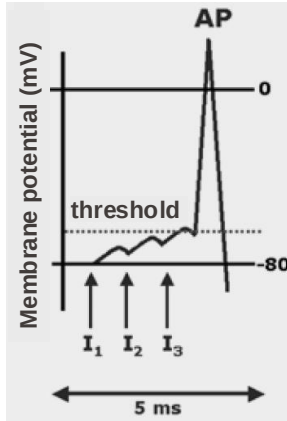
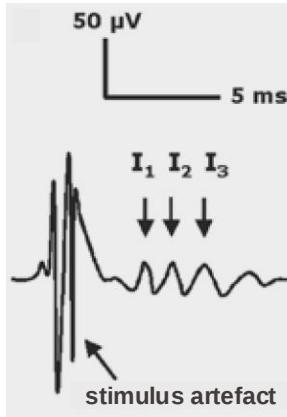


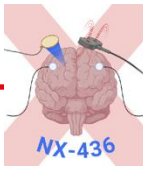
a single pulse?



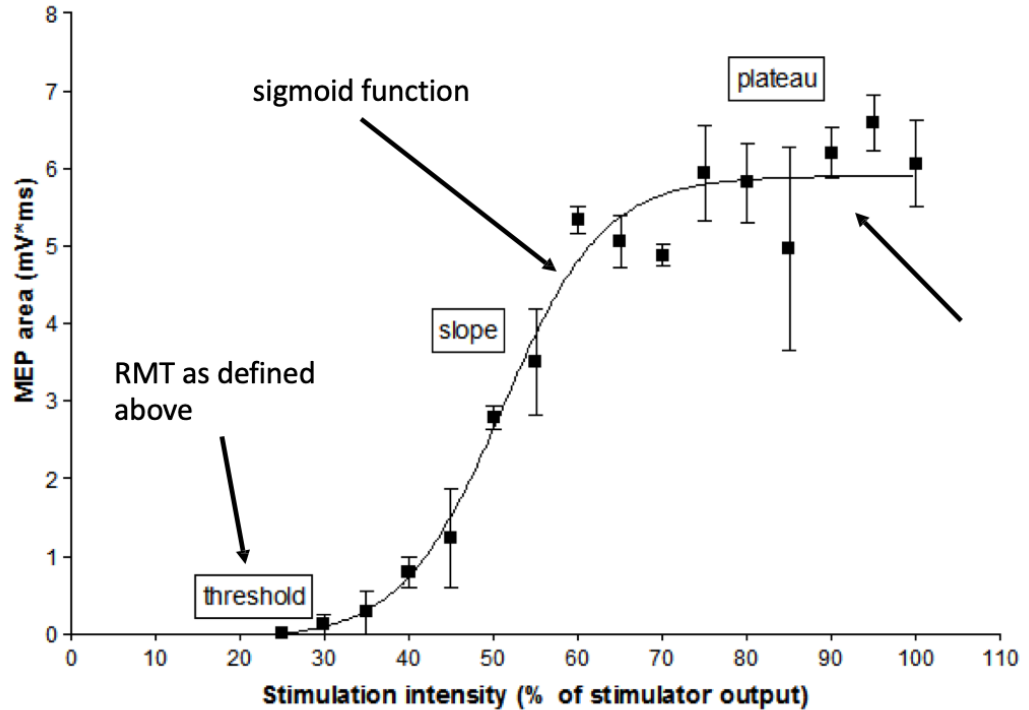




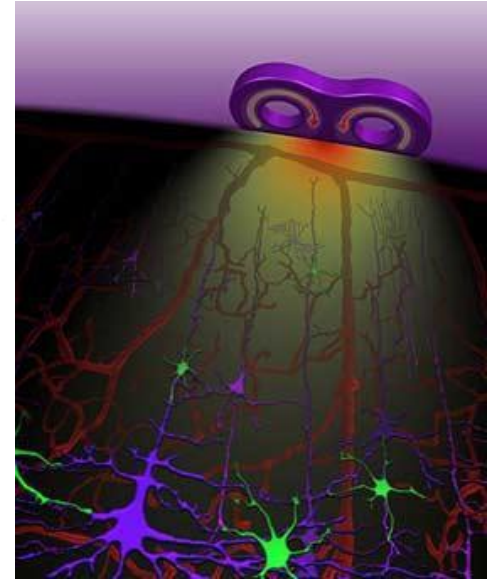
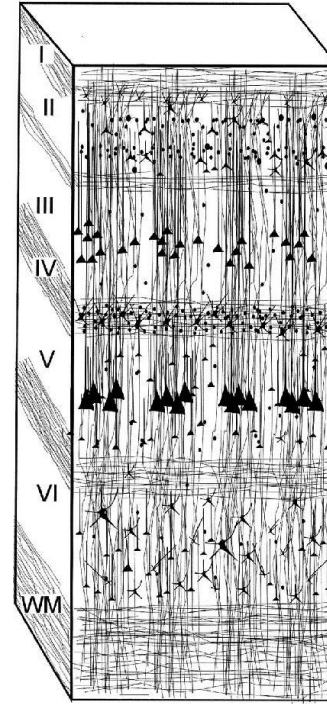
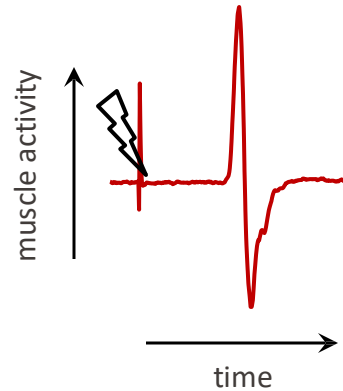
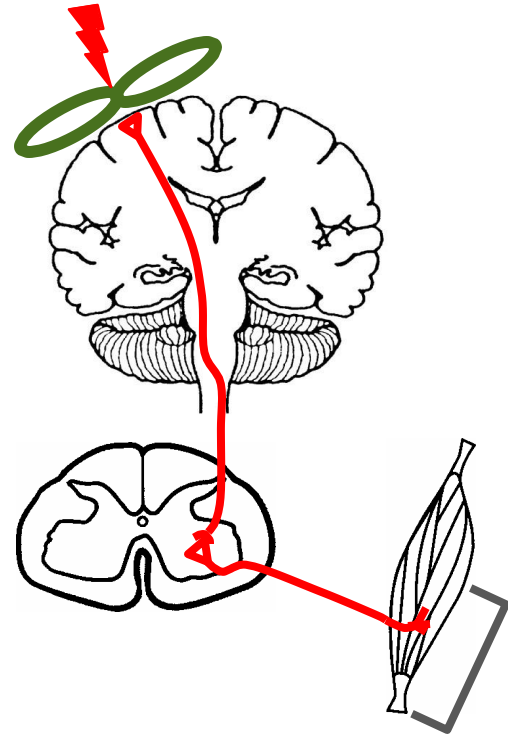




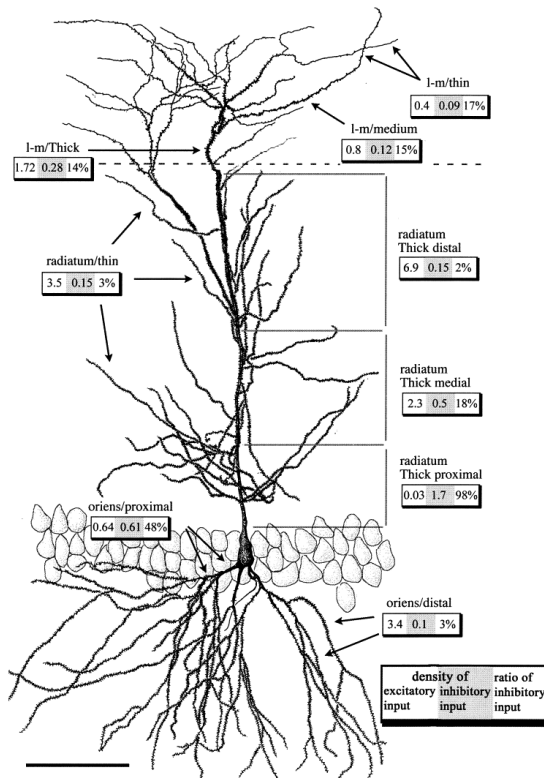
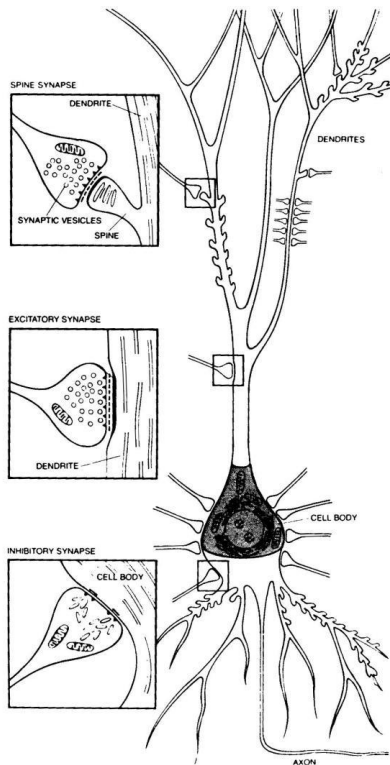
Intensity - response curve of the MEP



cortico-spinal system



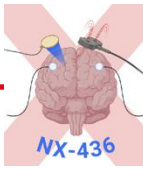
pyramidal cells



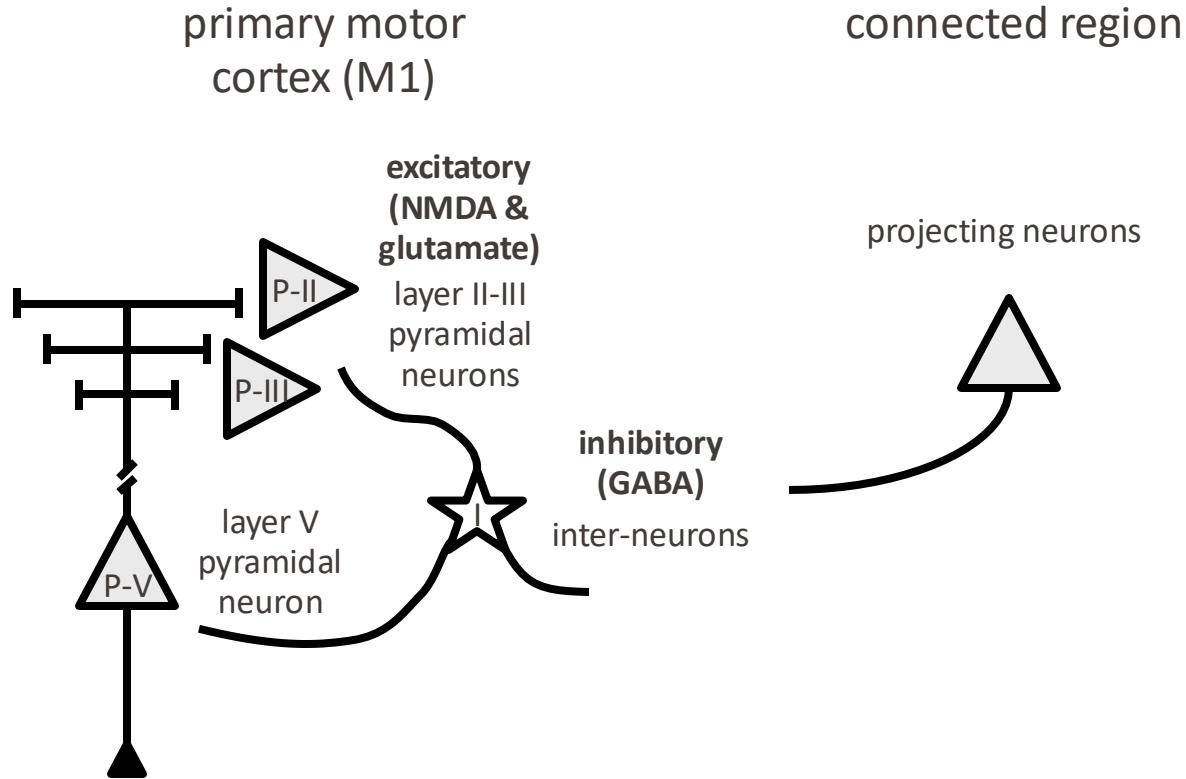
excitatory

inhibitory

excitatory

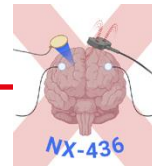


pyramidal cells

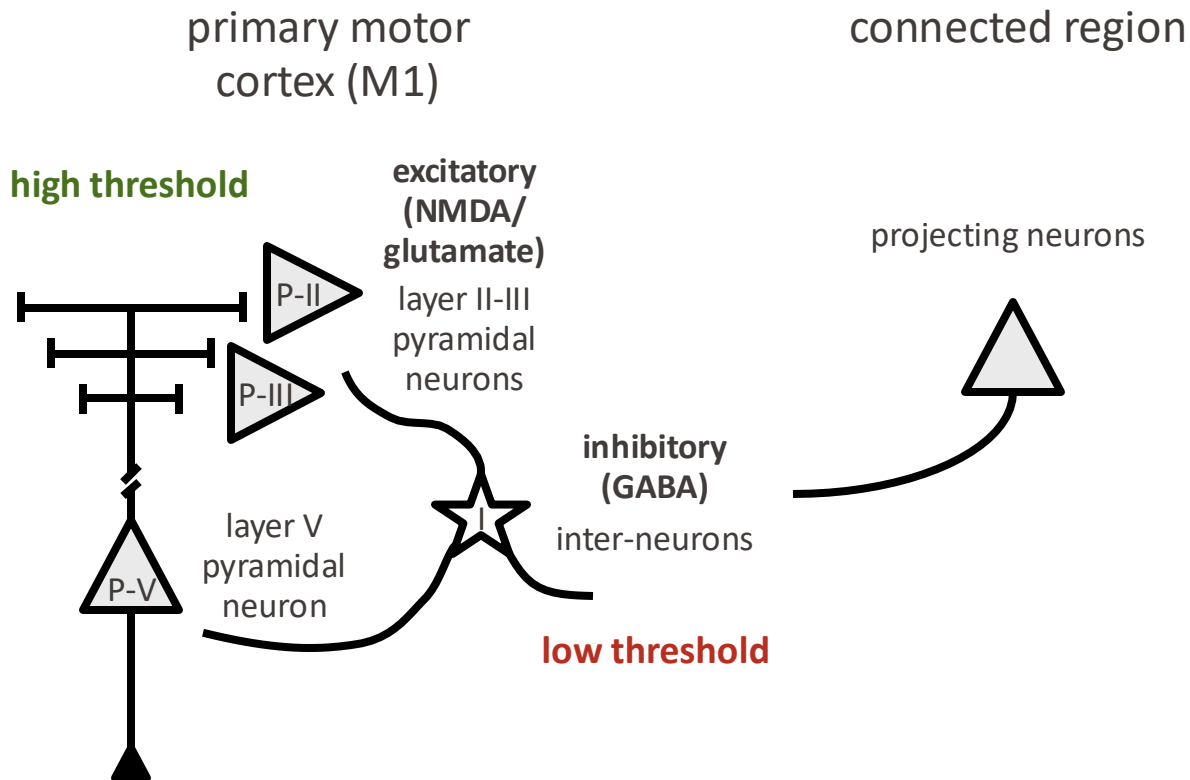


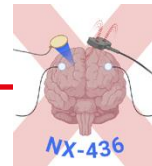


Determining intracortical neurotransmitter systems: paired pulse TMS

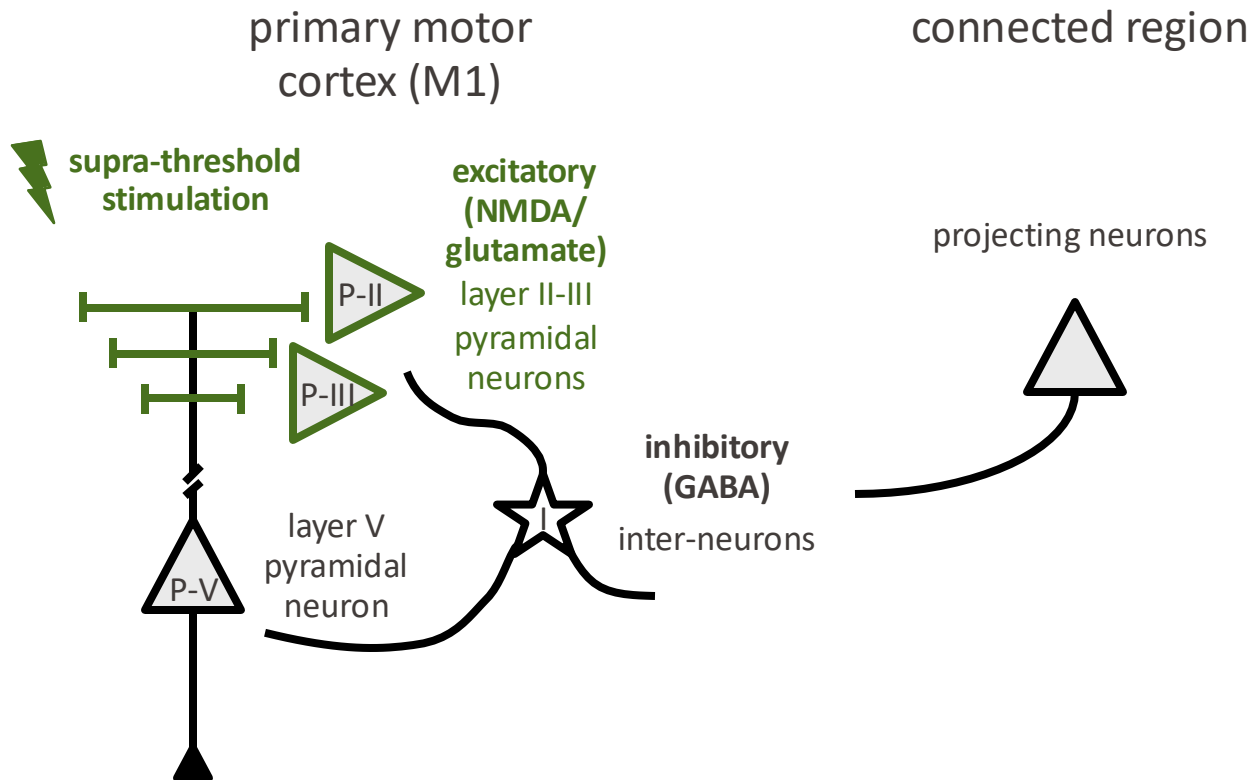


(intra-) cortical circuits

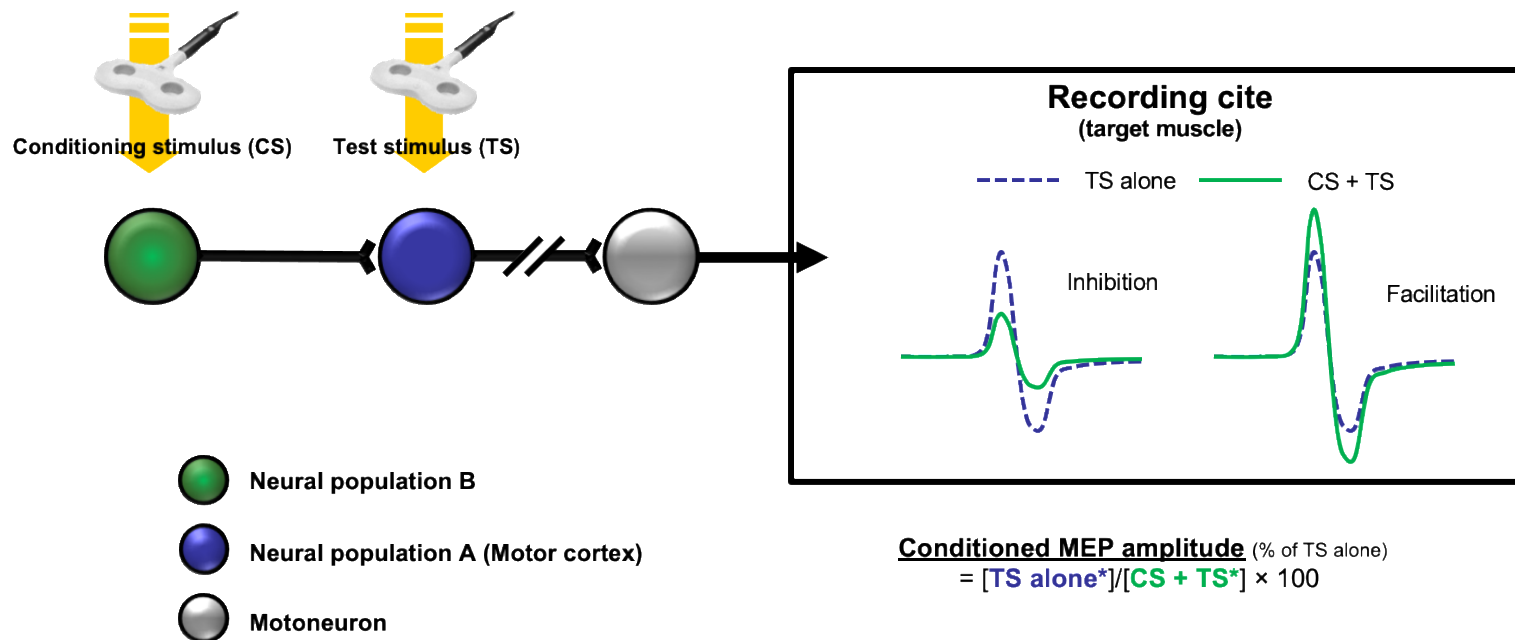




(intra-) cortical circuits



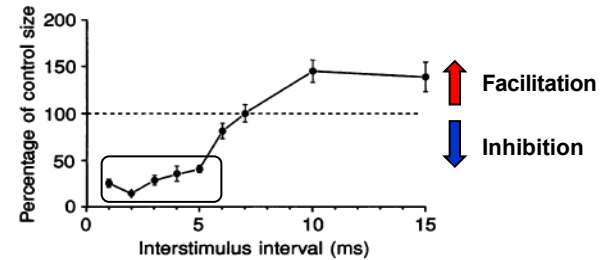
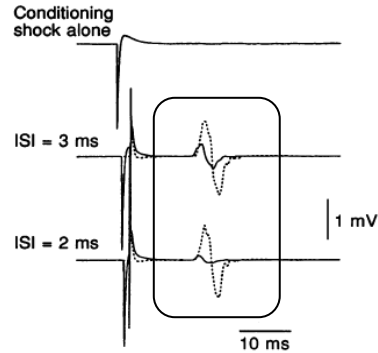
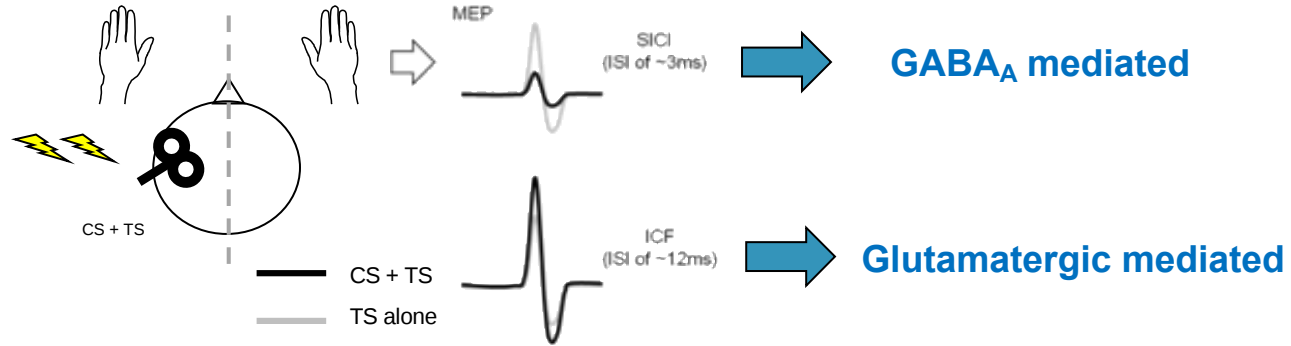
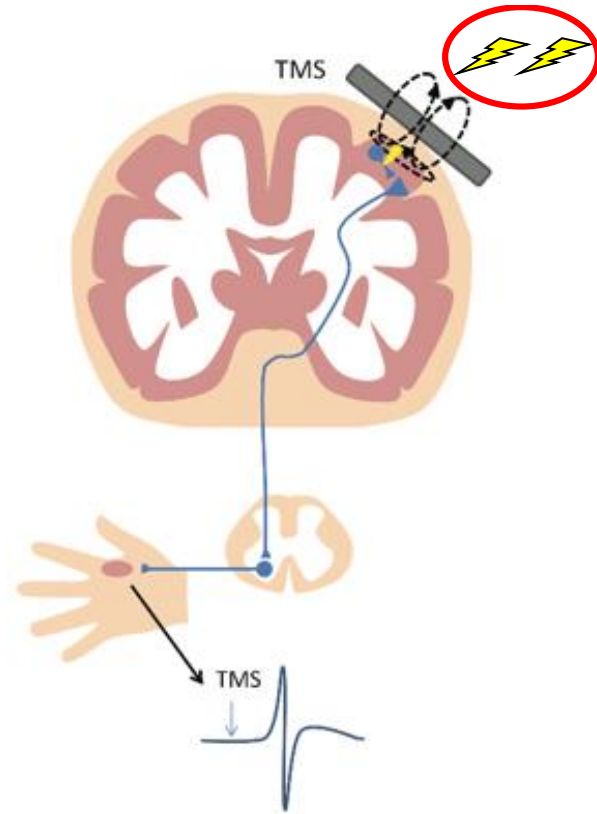
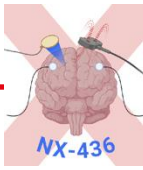
General principle paired-pulse TMS

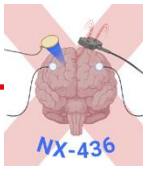


Conditioned MEP amplitude (% of TS alone)

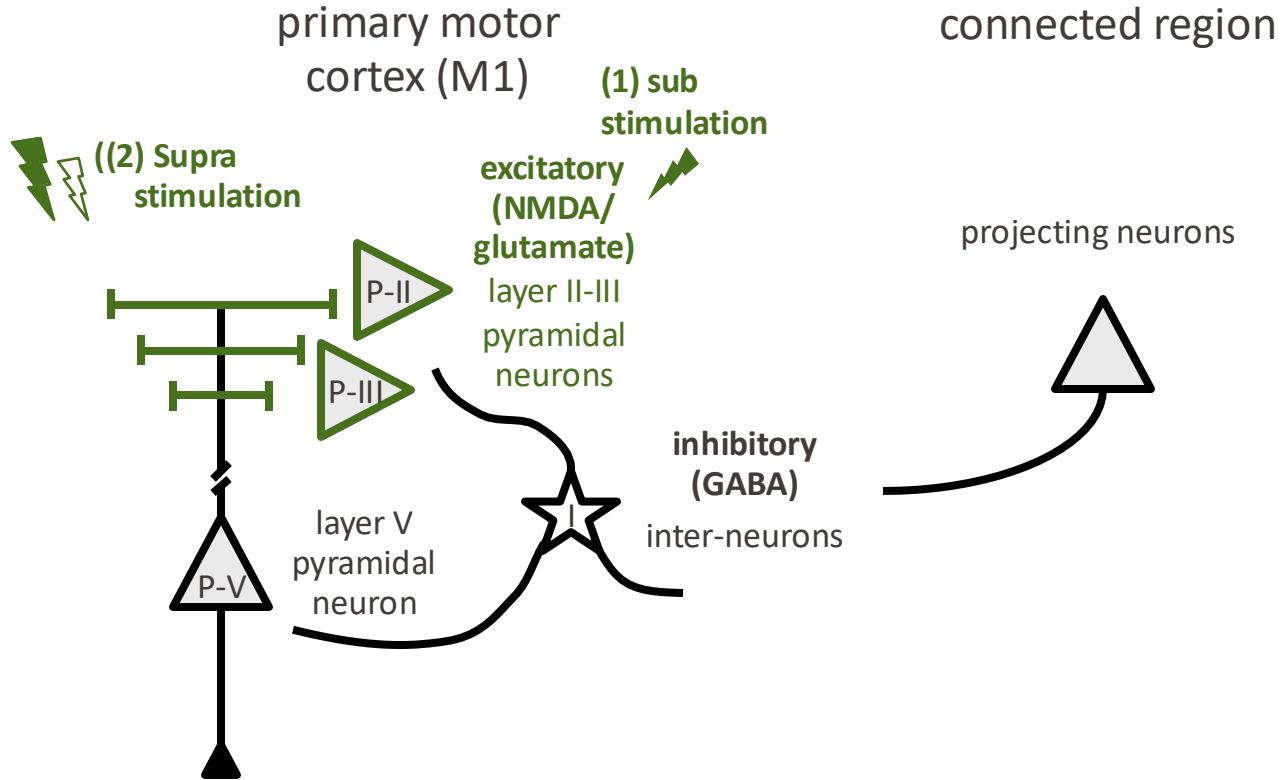
$$= \frac{[\text{TS alone}^*]}{[\text{CS} + \text{TS}^*]} \times 100$$

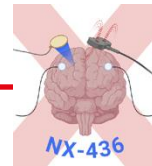
*Peak-to-peak amplitude is analyzed



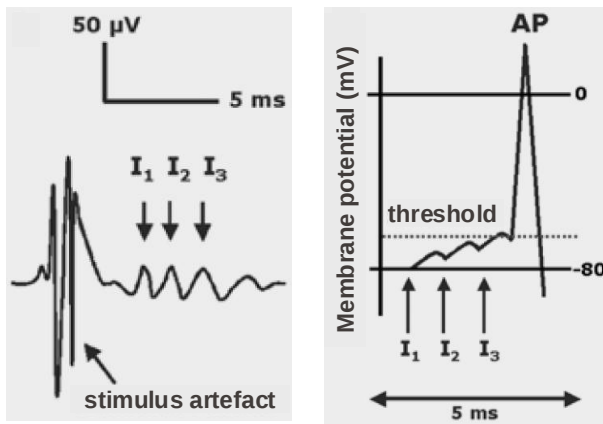


(intra-) cortical circuits

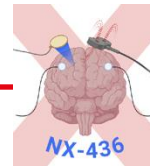




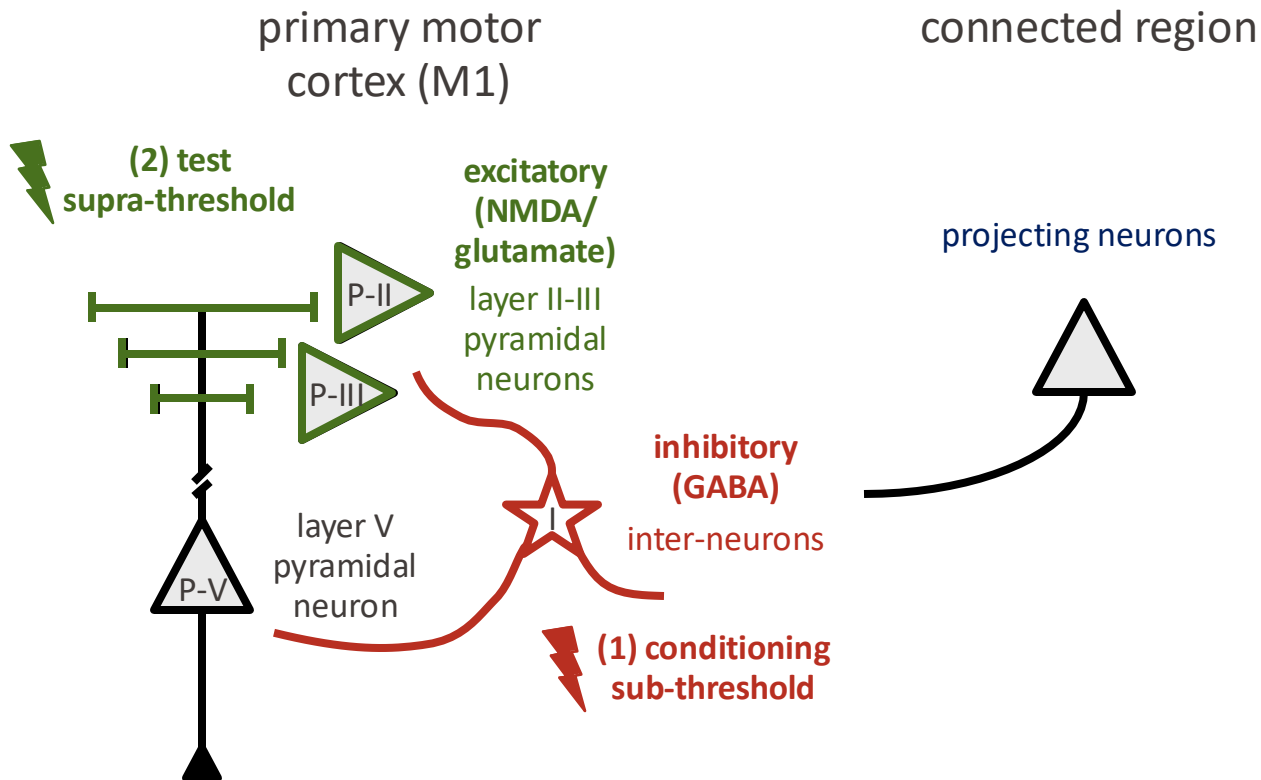
intra-cortical paired-pulse protocols



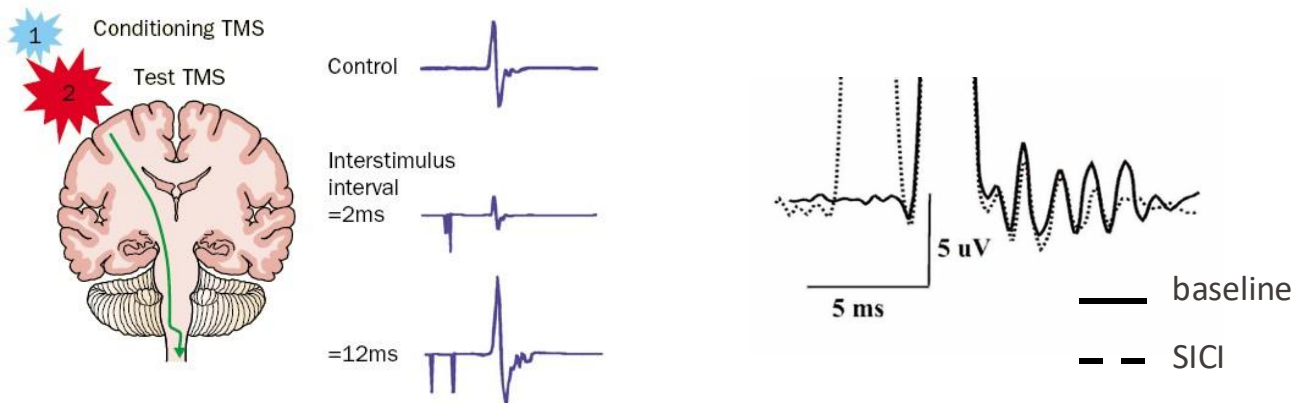
protocol	stim 1	stim 2	ISI	Mechanism
short-interval intracortical facilitation (SICF)	supra	sub	1.1-1.5 ms	I-waves



intra-cortical paired-pulse protocols

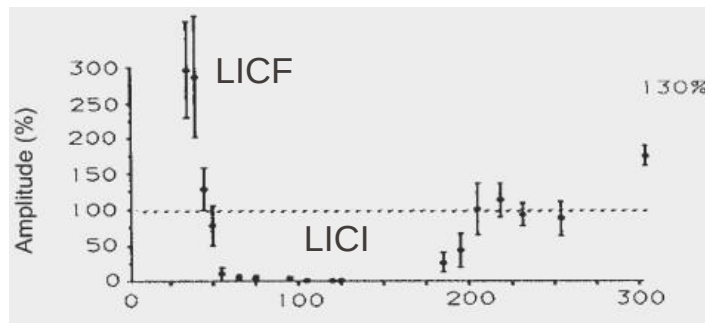
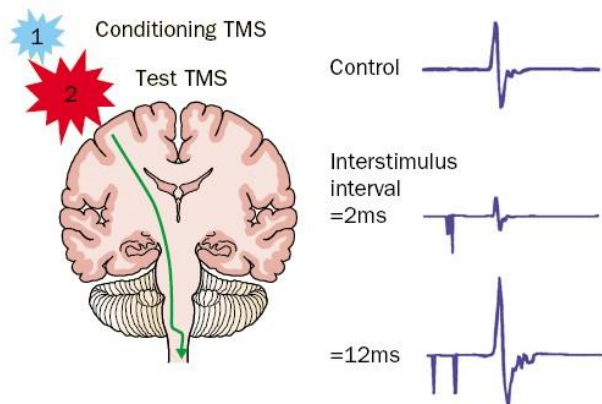


intra-cortical paired-pulse protocols



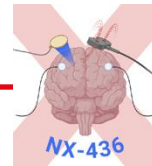
protocol	stim 1	stim 2	ISI	Mechanism
short-interval intracortical facilitation (SICF)	supra	sub	1.1-1.5 ms	I-waves
short-interval intracortical inhibition (SICI)	sub	supra	3ms	GABA _A -R
intracortical facilitation (ICF)	sub	supra	10-15 ms	NMDA-R

intra-cortical paired-pulse protocols

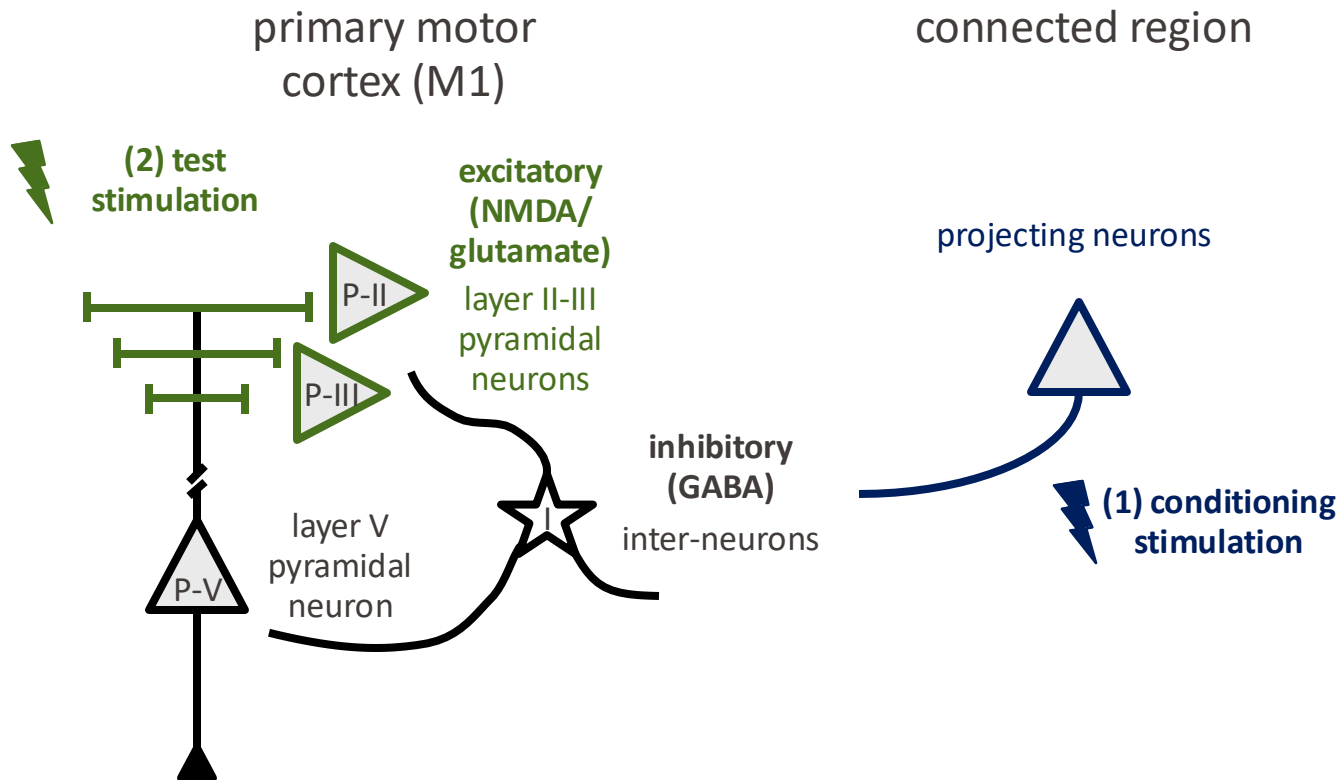


Siebner & Ziemann (2007) *Das TMS-Buch*

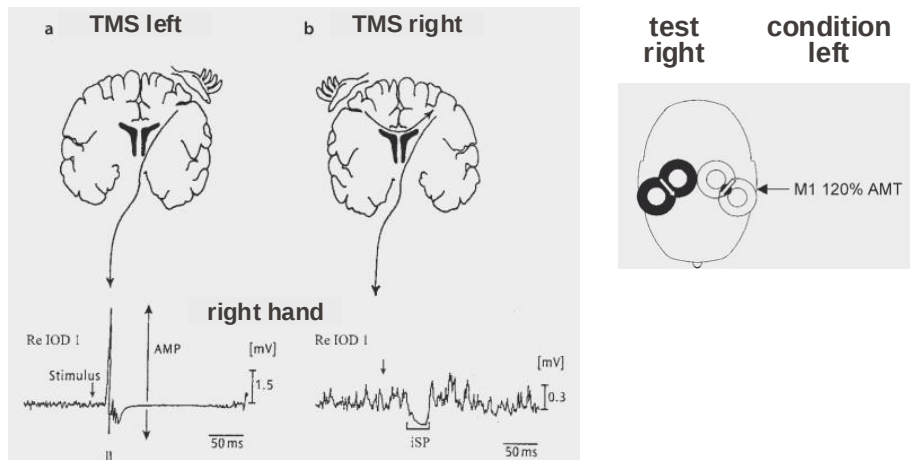
protocol	stim 1	stim 2	ISI	Mechanism
short-interval intracortical facilitation (SICF)	supra	sub	1.1-1.5 ms	I-waves
short-interval intracortical inhibition (SICI)	sub	supra	3 ms	GABA _A -R
intracortical facilitation (ICF)	sub	supra	10-15 ms	NMDA-R
long-interval intracortical facilitation (LICF)	supra	supra	10-30 ms	?
long-interval intracortical inhibition (LICI)	supra	supra	50-200 ms	GABA _B -R



inter-cortical paired-pulse protocols



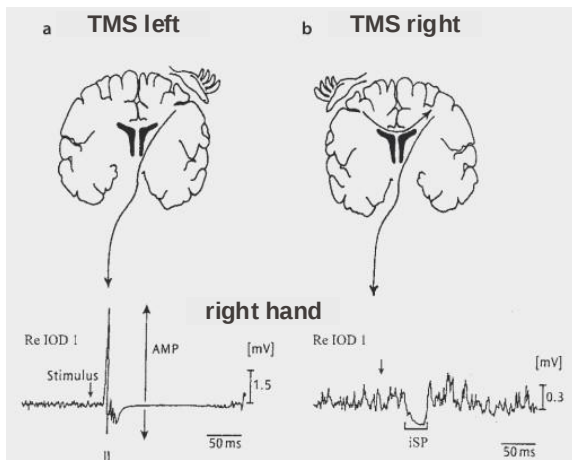
inter-cortical paired-pulse protocols



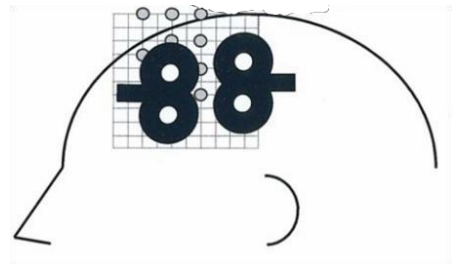
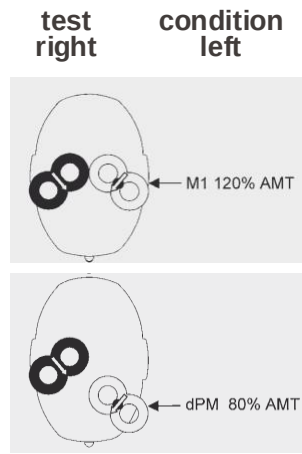
Siebner & Ziemann (2007) *Das TMS-Buch*

protocol	stim 1	stim 2	ISI	Mechanism
Interhemispheric inhibition (IHI)	supra	supra	6-12 ms	transcallosal projections
Interhemispheric facilitation (IHF)	supra	supra	4-5 ms	

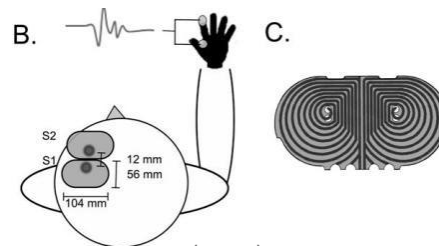
inter-cortical paired-pulse protocols



Siebner & Ziemann (2007) *Das TMS-Buch*

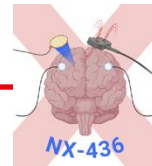


Civardi (2001) *NeuroImag*



Groppa (2011) *HumBrainMap*

protocol	stim 1	stim 2	ISI	Mechanism
Interhemispheric inhibition (IHI)	supra	supra	6-12 ms	transcallosal projections
Interhemispheric facilitation (IHF)	supra	supra	4-5 ms	
Interhemispheric dorsal premotor facilitation	sub	supra	8 ms	
Intrahemispheric dorsal premotor facilitation	sub	supra	2.4, 2.8, 4.4, 6	U-fibres



LETTER

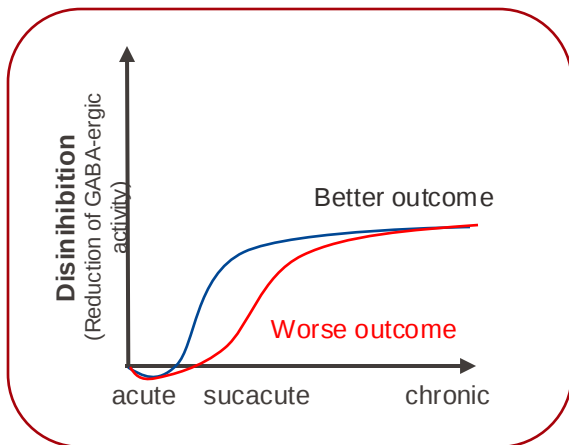
doi:10.1038/nature09511

Reducing excessive GABA-mediated tonic inhibition promotes functional recovery after stroke

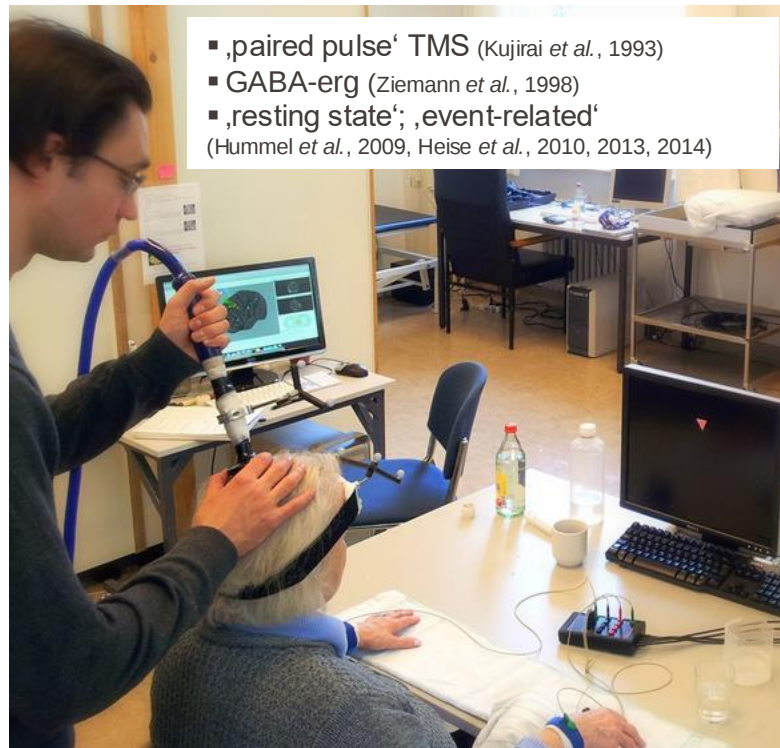
Andrew N. Clarkson^{1*†}, Ben S. Huang^{1,2*}, Sarah E. MacIsaac¹, Istvan Mody^{1,2,3} & S. Thomas Carmichael¹

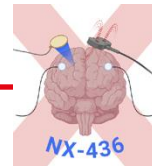
11 NOVEMBER 2010 | VOL 468 | NATURE | 305

Animal model

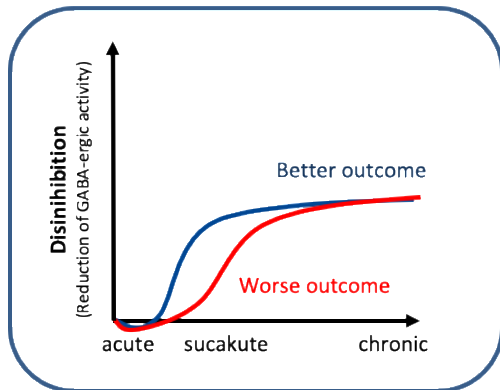


Transcranial magnetic stimulation (TMS)



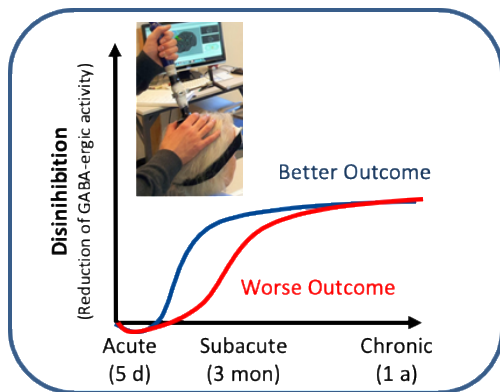


Animal model

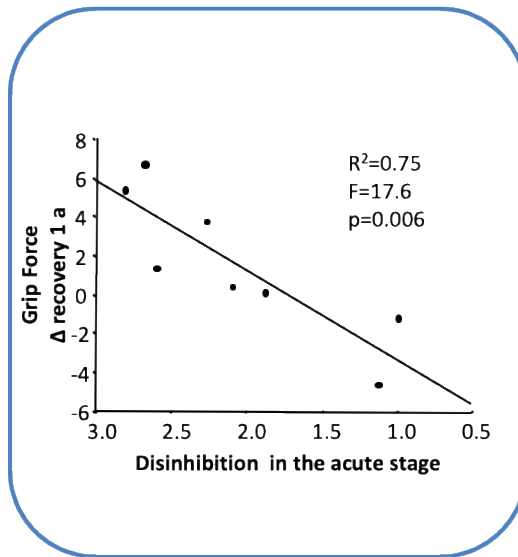


Model based on Clarkson *et al.* (2010) *Nature*

Model in stroke patients



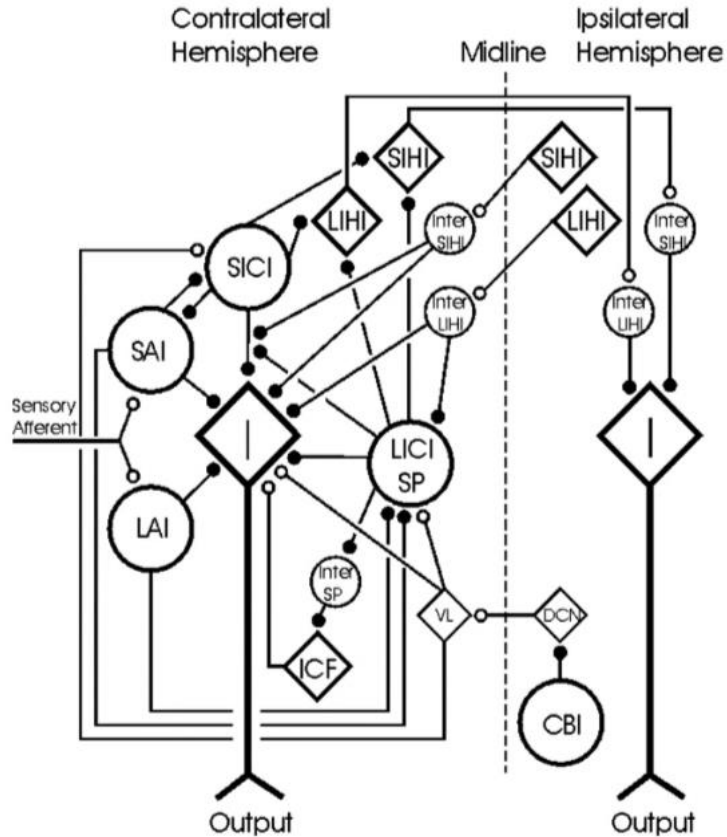
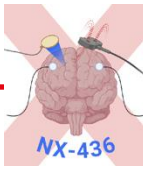
Stroke Patients



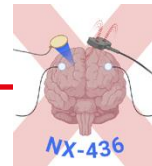
The earlier the reduction of GABA-ergic activity in the motor cortex (disinhibition),

the better the recovered function

(comparable to animal work, Clarkson *et al.*, 2010).

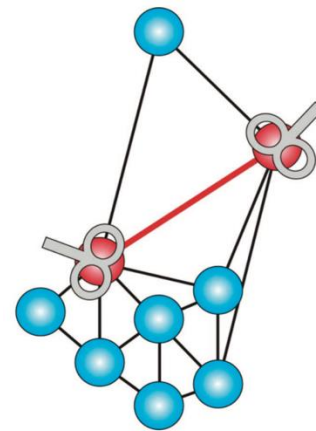
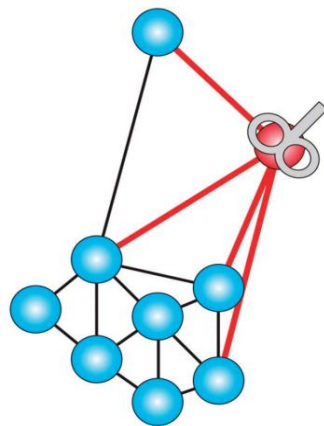
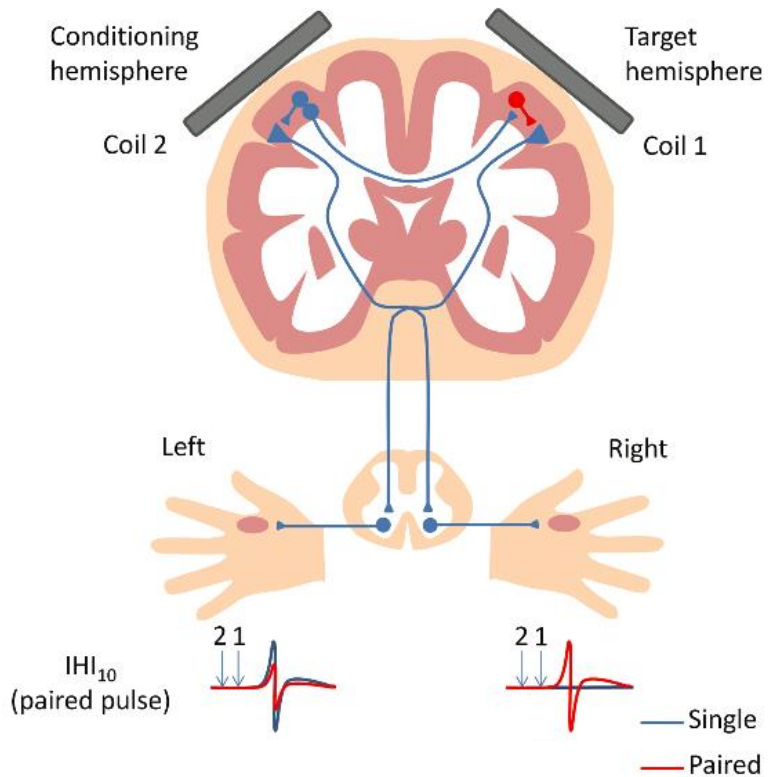
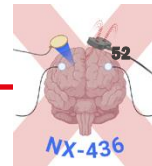


TMS allows to probe specific neural circuits



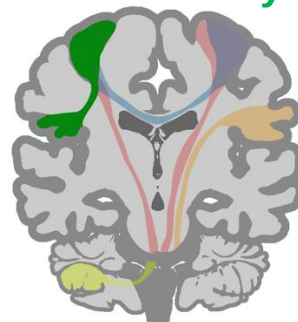
- I. Important parameter for TMS are coil shape, pulse intensity, pulse form
- II. TMS activates direct and indirect waves leading to activation of the CST
- III. TMS allows to determine the recruitment patterns of the motor cortex
- IV. TMS allows to evaluate different neurotransmitter systems (GABAergic, Glutamatergic) with paired pulse protocols
- V. TMS allows to determine interregional interactions

Multifocal TMS: interregional interactions

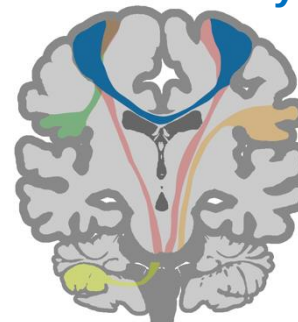


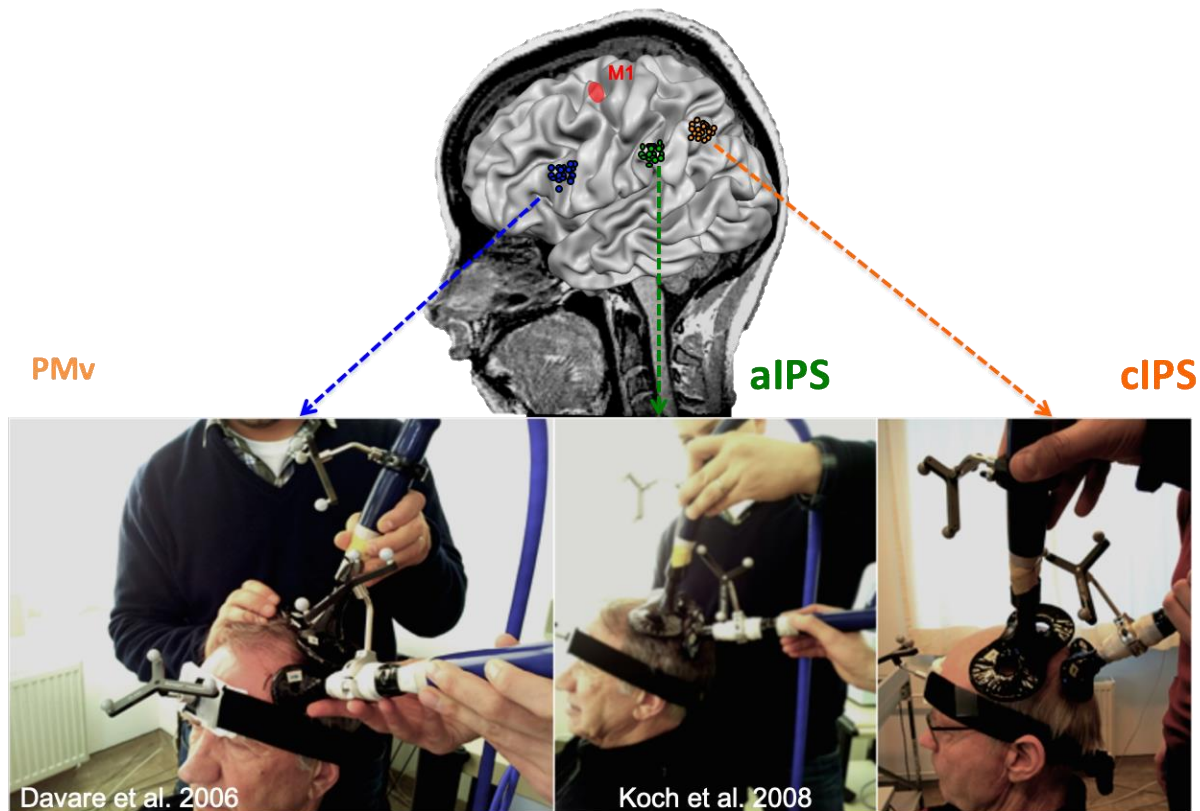
Dayan et al., 2013

**Intra-hemispheric
connectivity**

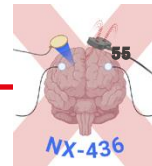


**Inter-hemispheric
connectivity**

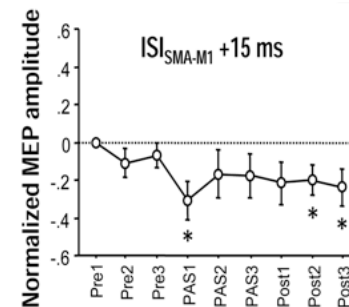
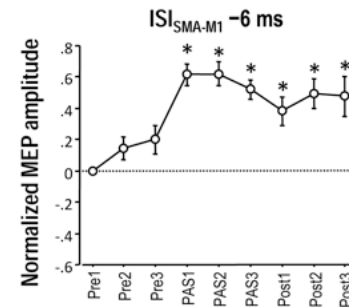
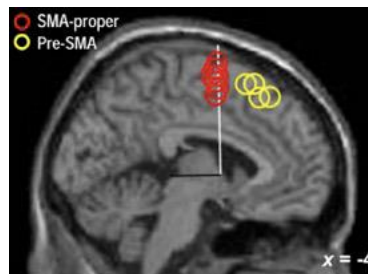
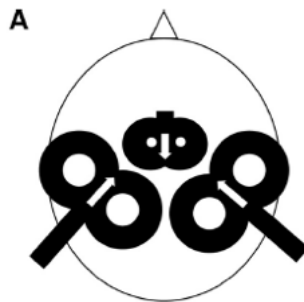


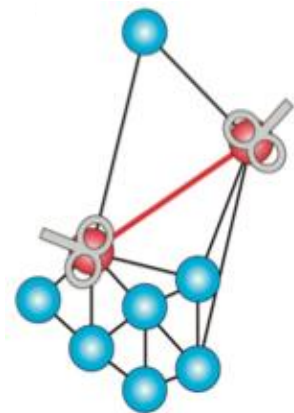
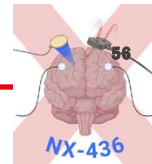




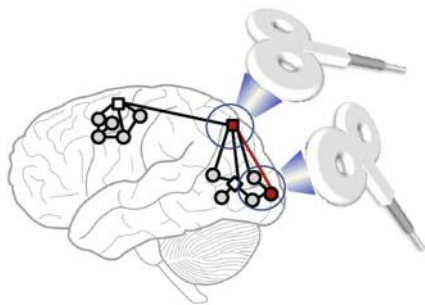


Multi-site stimulation of networks

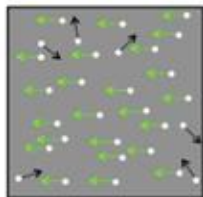
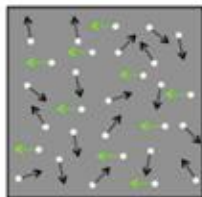
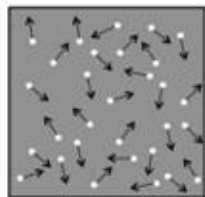




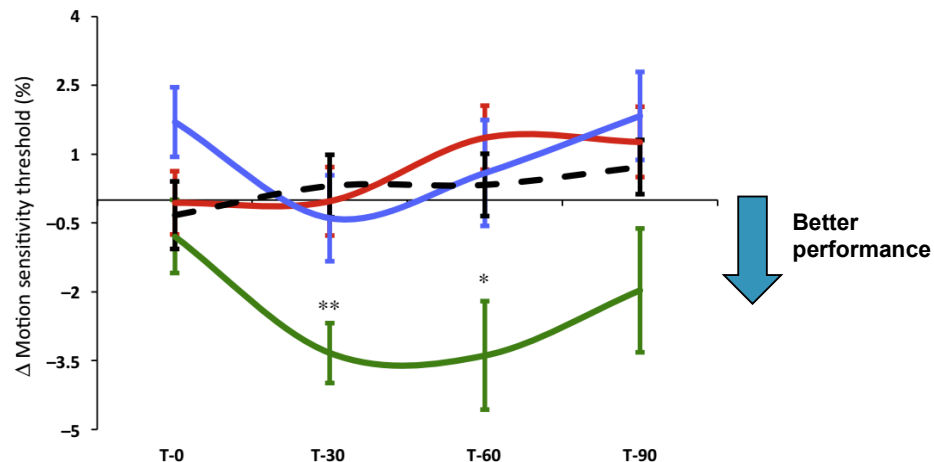
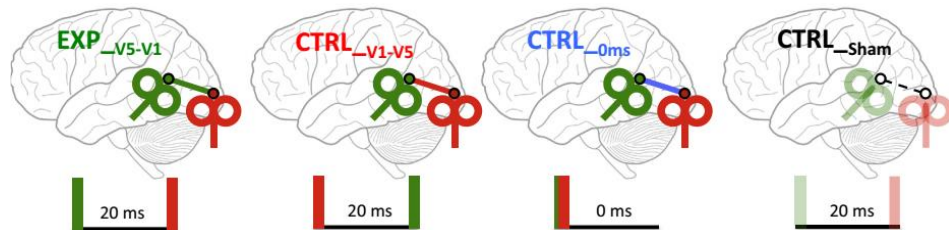
Dayan et al., 2013



Romei et al., 2016

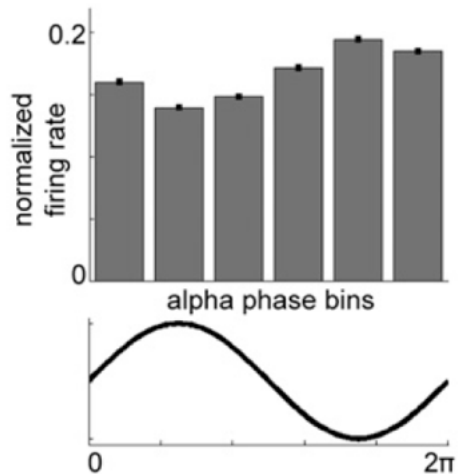
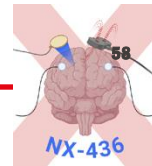


Motion detection visual task

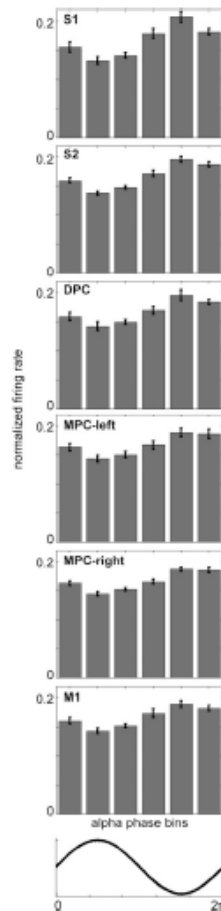


Better performance

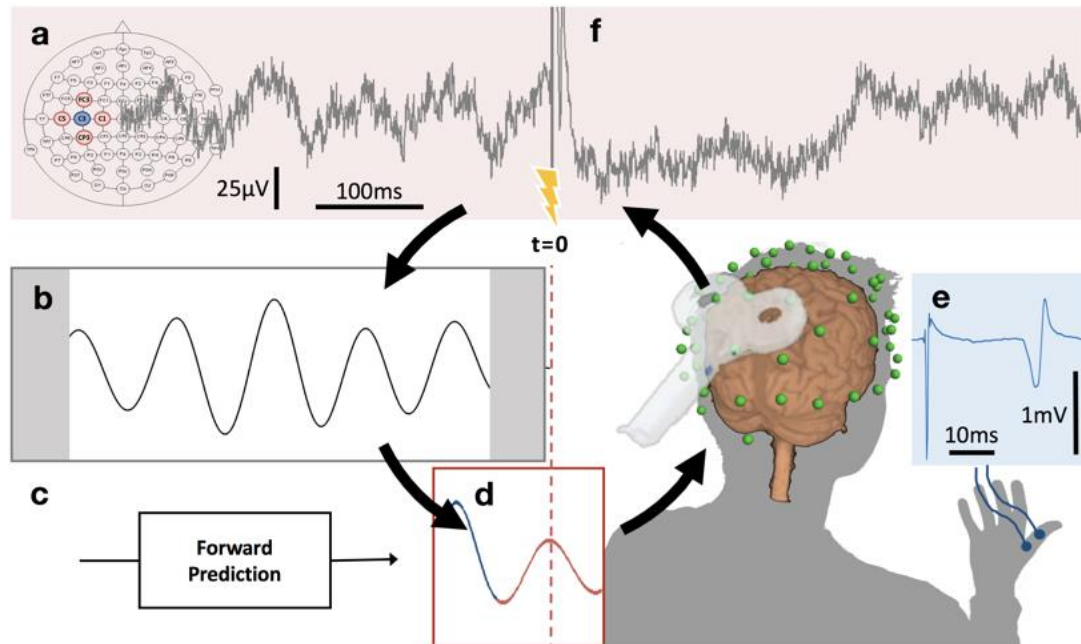
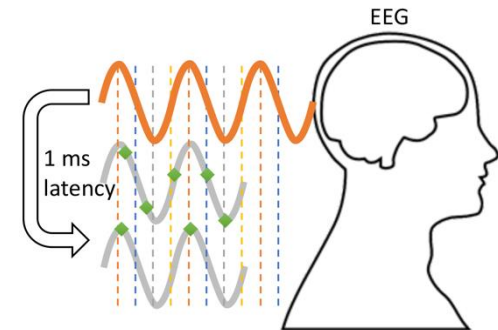
State dependent TMS

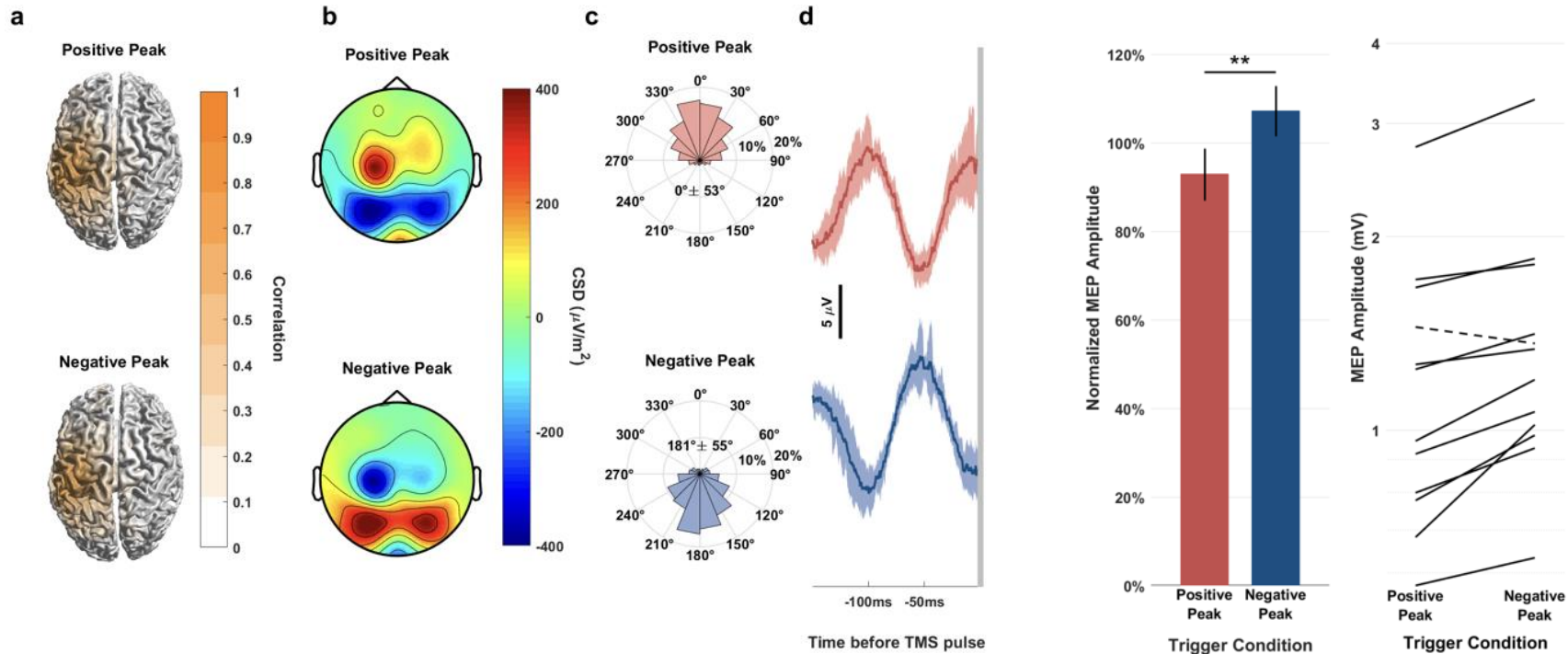


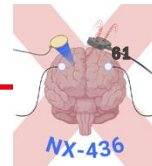
Local field potentials
in monkey cortex



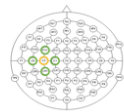
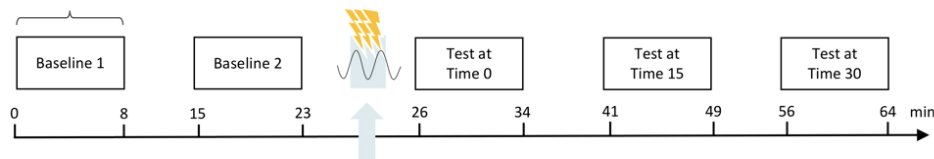
EEG-TMS: Dependence of corticospinal excitability on μ -rhythm phase





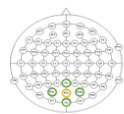


100 single-pulse TMS trials, 4-6 s inter-trial interval, stimulus intensity calibrated for 1 mV MEP at baseline



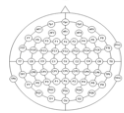
Hjorth C3 +

Hjorth C3 -



Hjorth Oz +

Hjorth Oz -

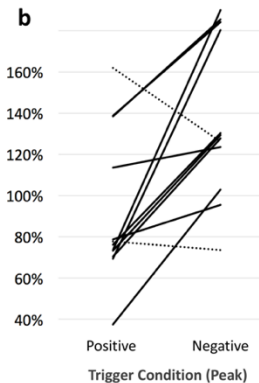
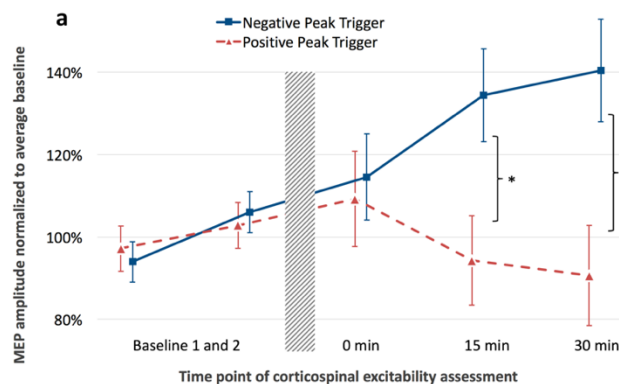


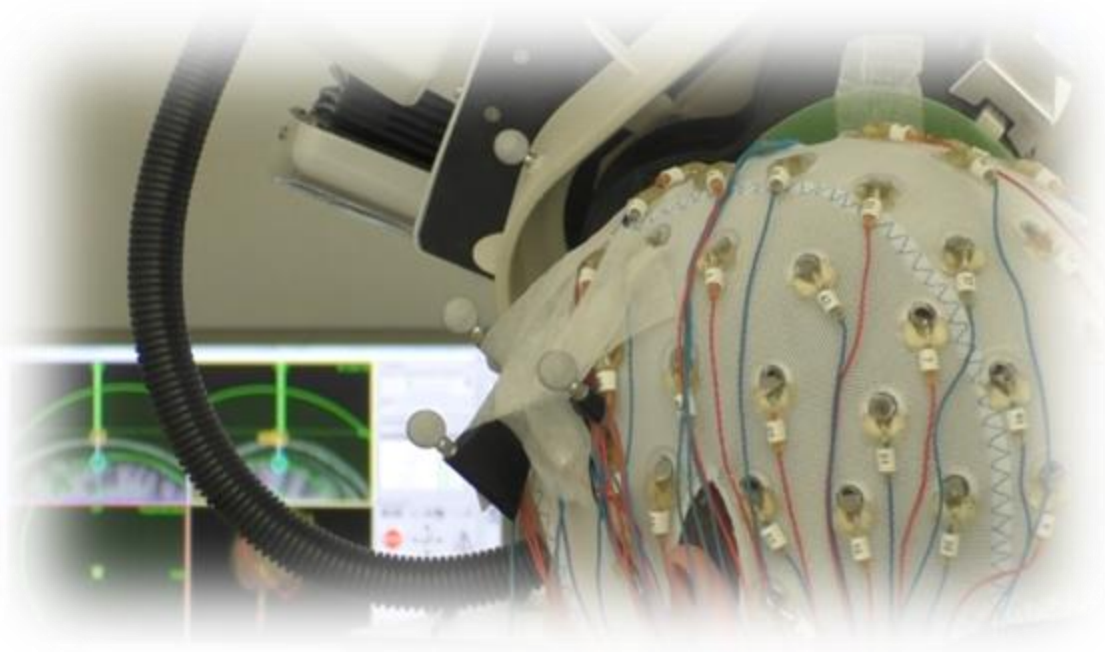
Replay +

Replay -

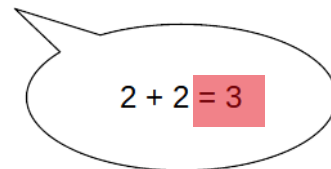
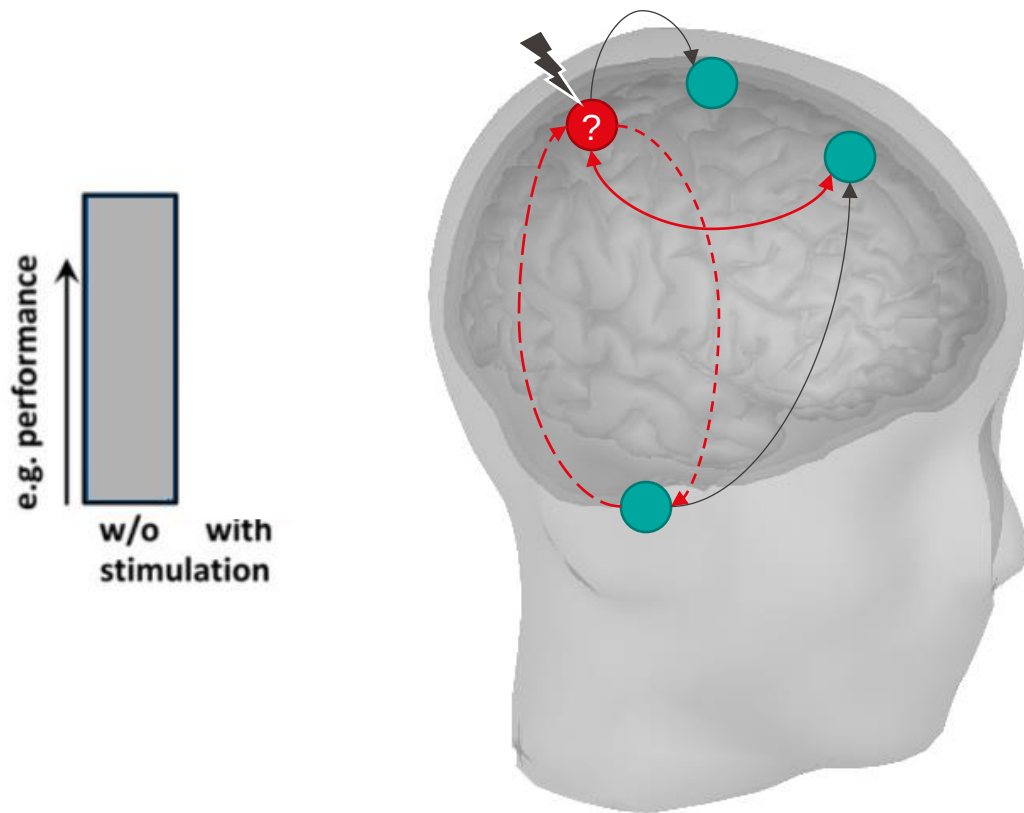
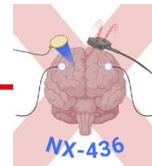
200 triggered 100 Hz triplet pulses at 80% RMT

Effects of a TMS pulse depend on the phase of the ongoing brain activity when the pulse was applied.

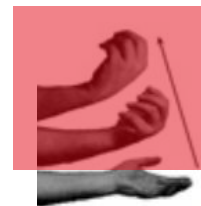




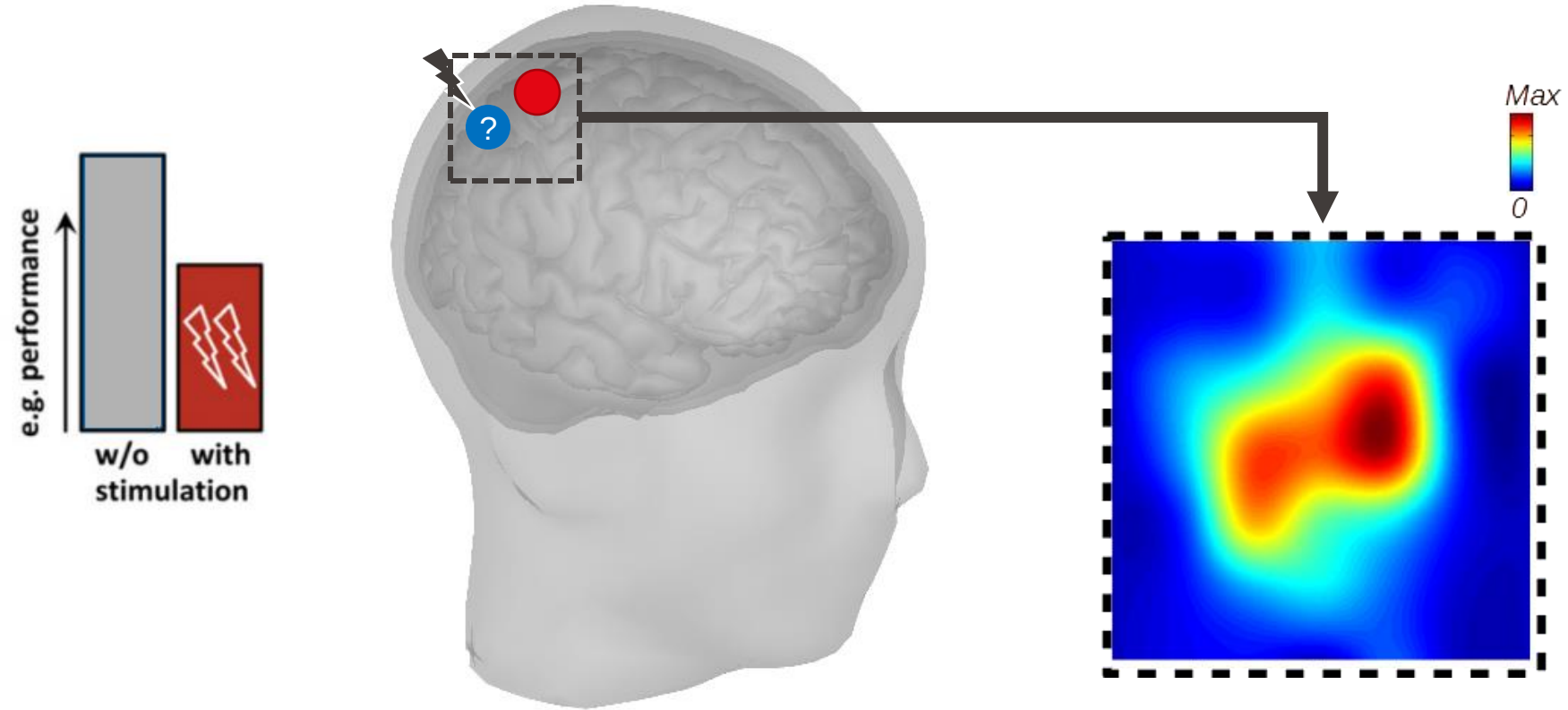
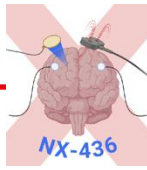
**Cortical brain
mapping using TMS
(neuronavigated and
robotized)**

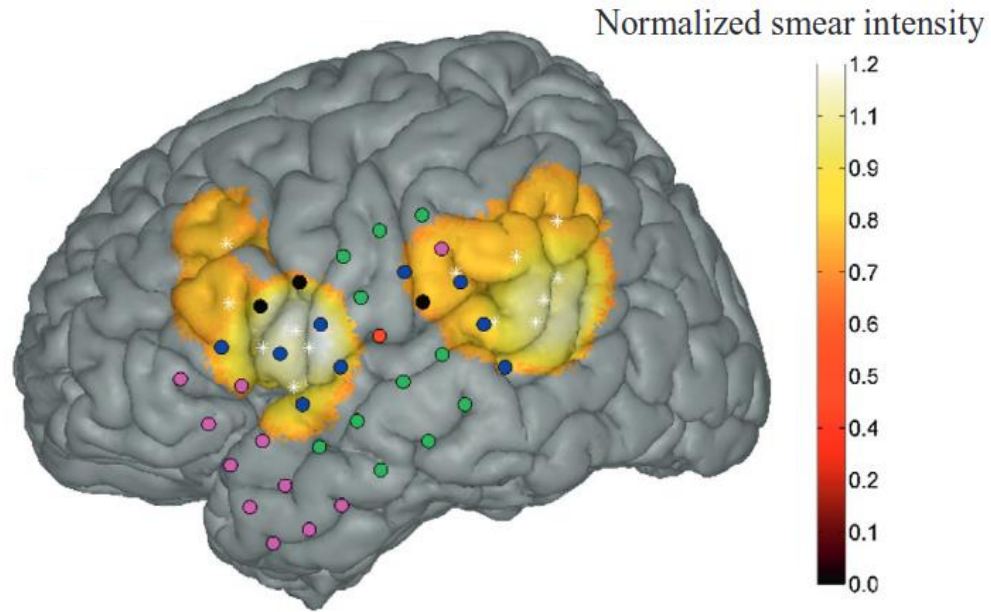


Cognitive process



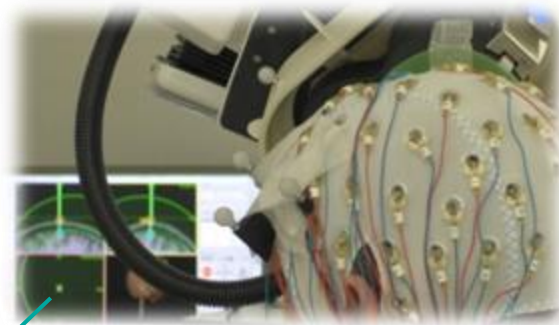
Sensorimotor process





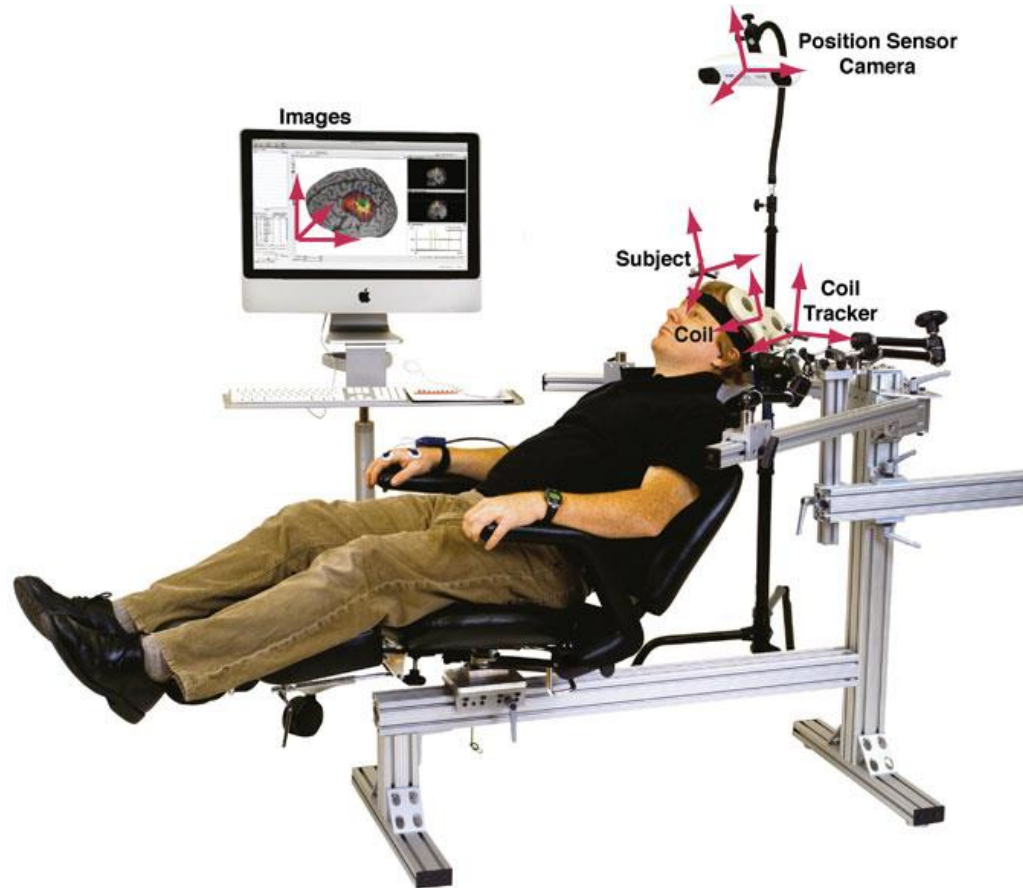


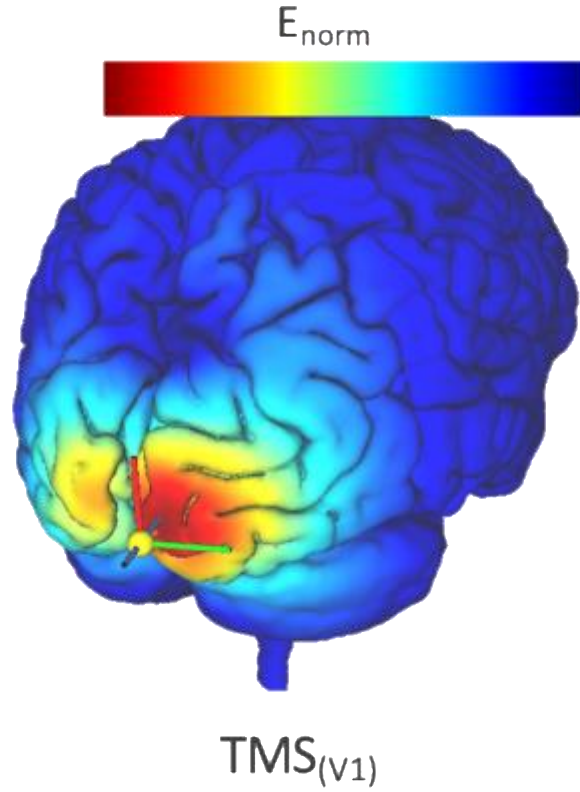
Neuronavigation
systems

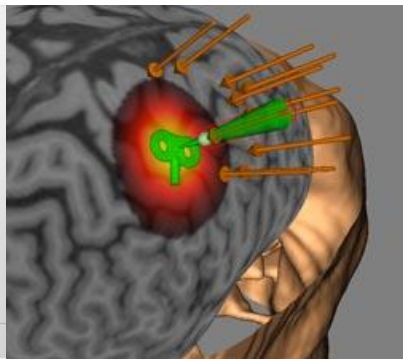
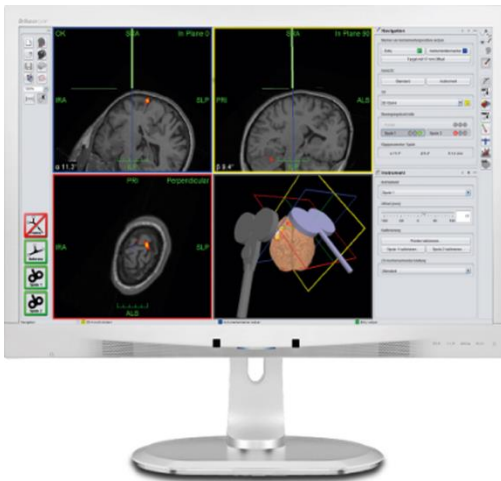


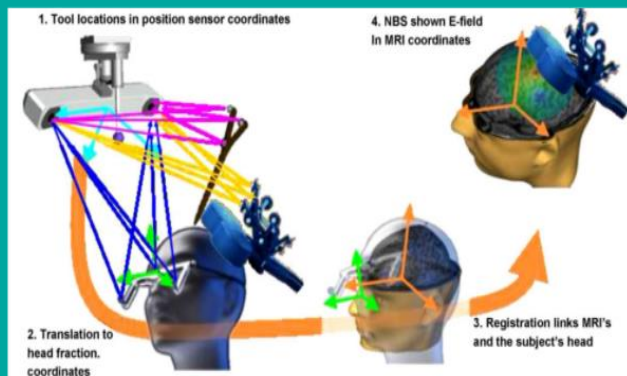
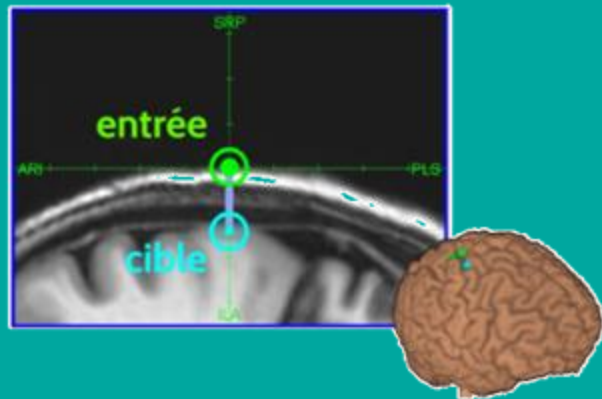
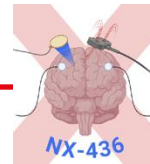
Robotized
systems





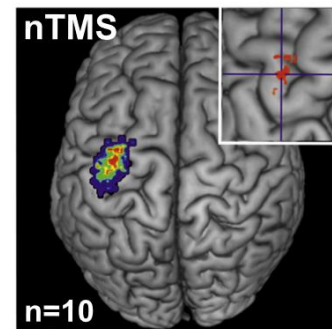
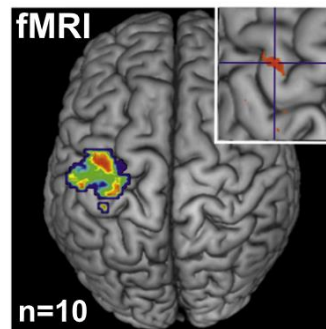






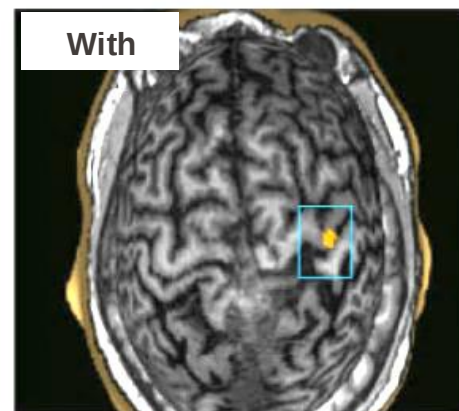
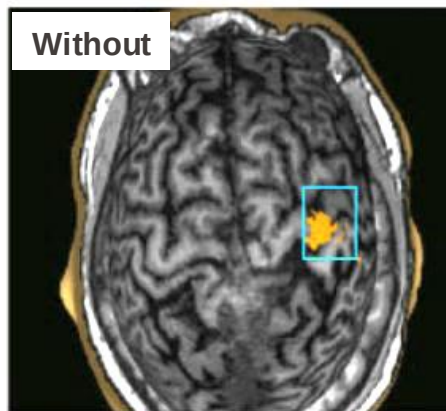


THUMB
(APB)



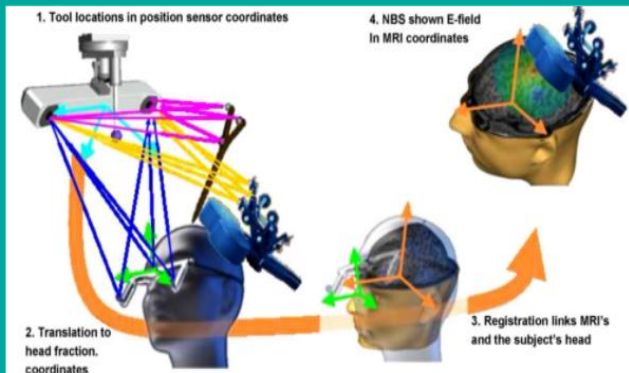
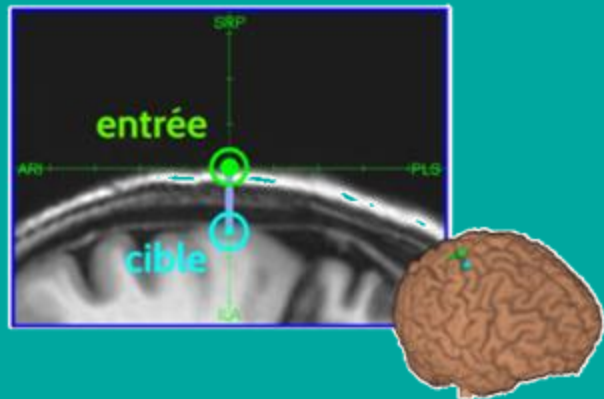
✓ Increased **spatial precision**

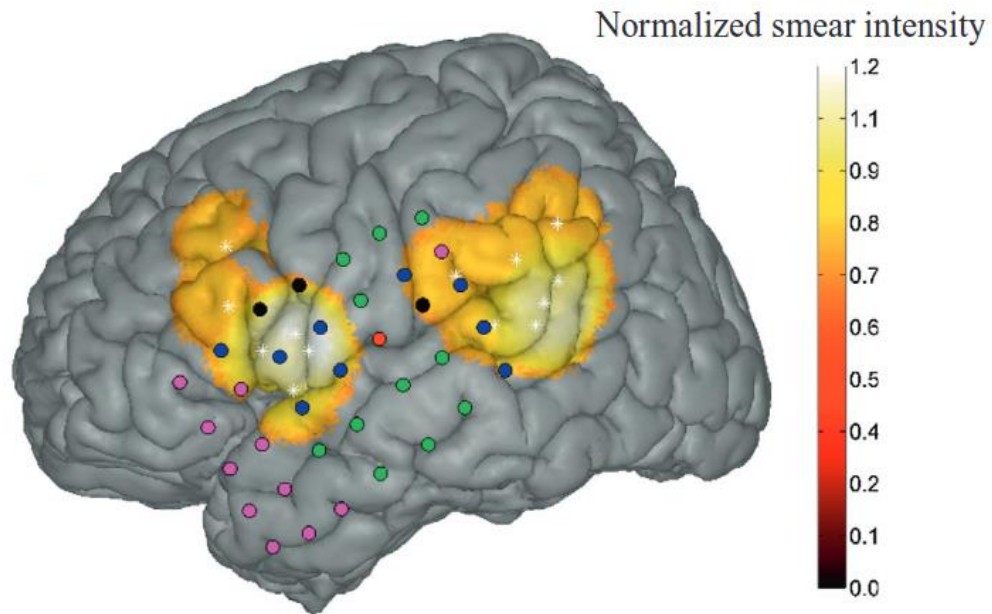
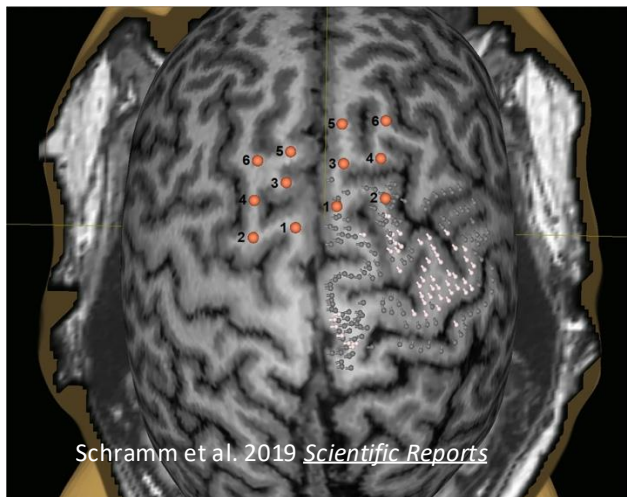
Weiss et al., NeuroImage, 2013



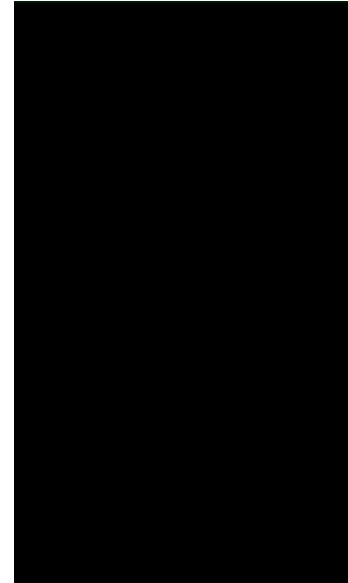
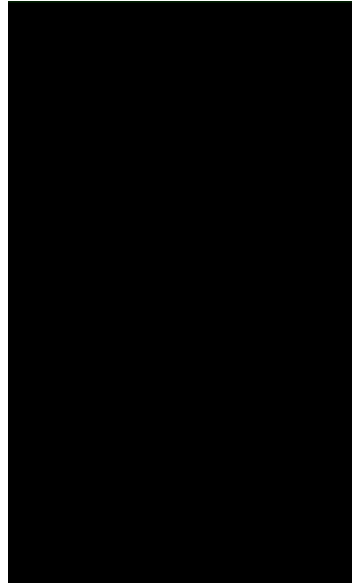
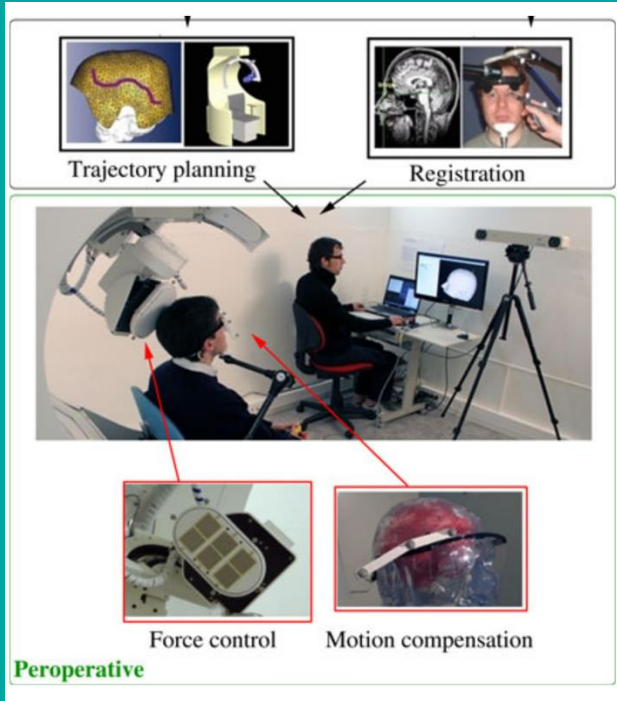
✓ Increased **reproducibility**

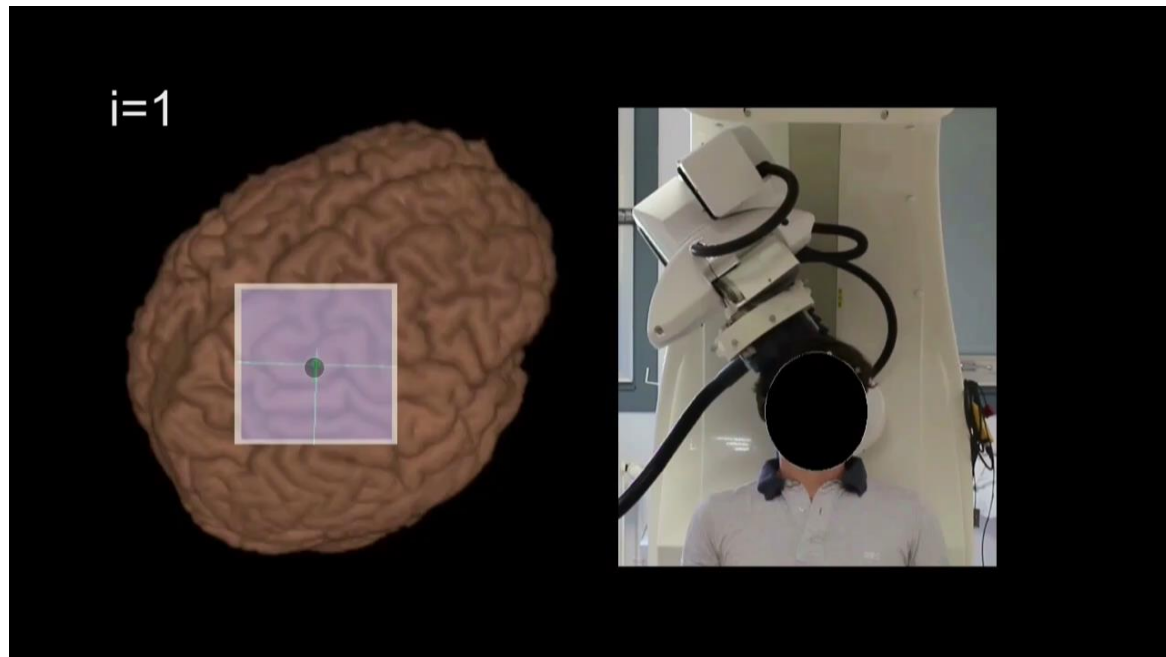
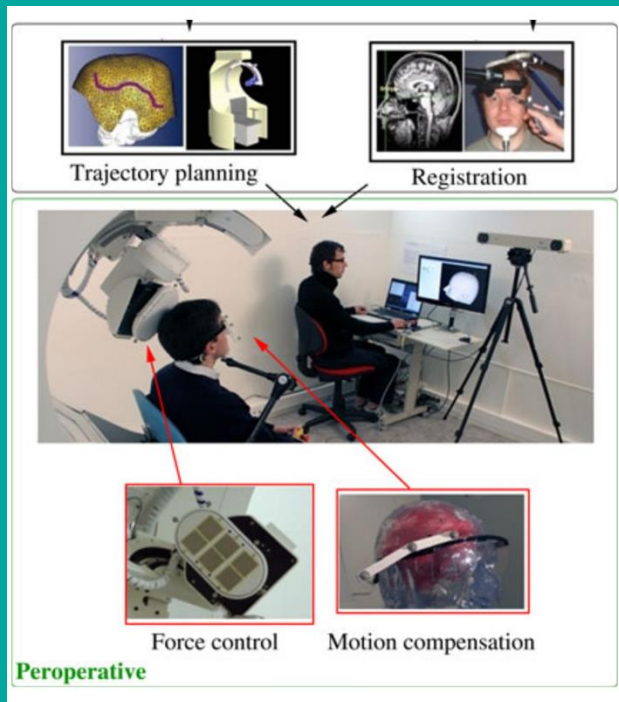
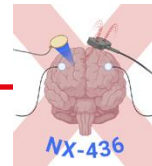
Bashir et al., Brain topo., 2011

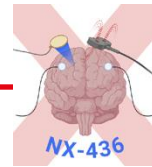




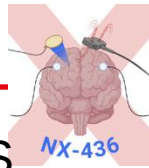
Tumor function mapping







- I. TMS effects change in relation to the ongoing activity
- II. TMS allows mapping of functions
- III. Precision of TMS is enhanced by the use of neuronavigation
- IV. Robotic application of TMS is feasible

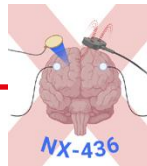


Seizure induction - Caused by spread of excitation. Single-pulse TMS has produced seizures in patients, but not in normal subjects. rTMS has caused seizures in patients and in normal volunteers. Visual and/or EMG monitoring for afterdischarges as well as spreading excitation may reduce risk.

Hearing loss - TMS produces loud click (90-130 dB) in the most sensitive frequency range (2–7 kHz). rTMS = more sustained noise. Reduced considerably with earplugs.

Heating of the brain - Theoretical power dissipation from TMS is few milliwatts at 1 Hz, while the brain's metabolic power is 13 W

Engineering safety - TMS equipment operates at lethal voltages of up to 4 kV. The maximum energy in the capacitor is about 500 J, equal to dropping 100 kg from 50 cm on your feet. So don't put your tea on it.

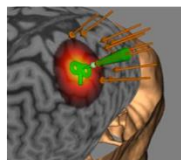
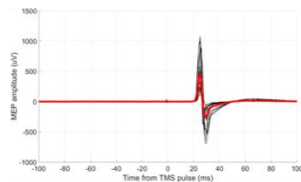
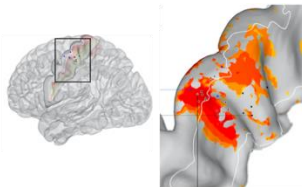


Scalp burns from EEG electrodes - Mild scalp burns in subjects with scalp electrodes can be easily avoided using, e.g., small low-conductivity Ag/AgCl-pellet electrodes.

Effect on cognition - Slight trend toward better verbal memory, improved delayed recall and better motor reaction time

Local neck pain and headaches - Related to stimulation of local muscles and nerves, site and intensity dependant. Particularly uncomfortable over fronto-temporal regions.

Effect on Mood in normals - Subtle changes in mood are site and frequency dependant. High frequency rTMS of left frontal cortex worsens mood. High frequency rTMS of right frontal cortex may improve mood.



Thank you for
your attention!

