

invasive Deep Brain Stimulation

Neuro-X Master course **Nx-436**

'Advanced methods for human neuromodulation'

Martin M. Reich

Invasive Deep Brain Stimulation

STN-DBS Off



STN-DBS on



Overview

General aspects:

Indications

Procedure

Programming

Contact / Amplitude

Pulse width

Computational and Imaging methodes:

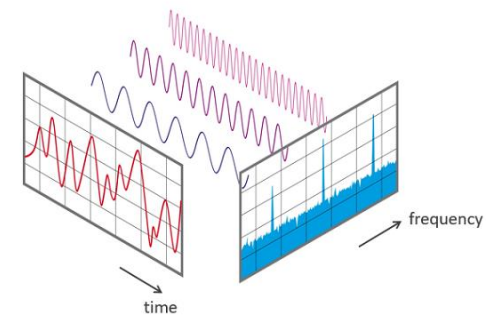
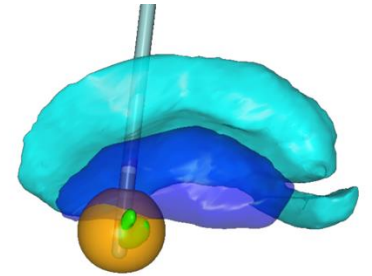
Probabilistic mapping

Connectomics

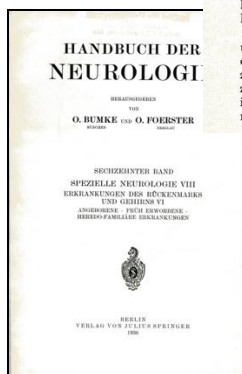
Oscillatory activity and closed-loop DBS:

LFPs

adaptive Concepts



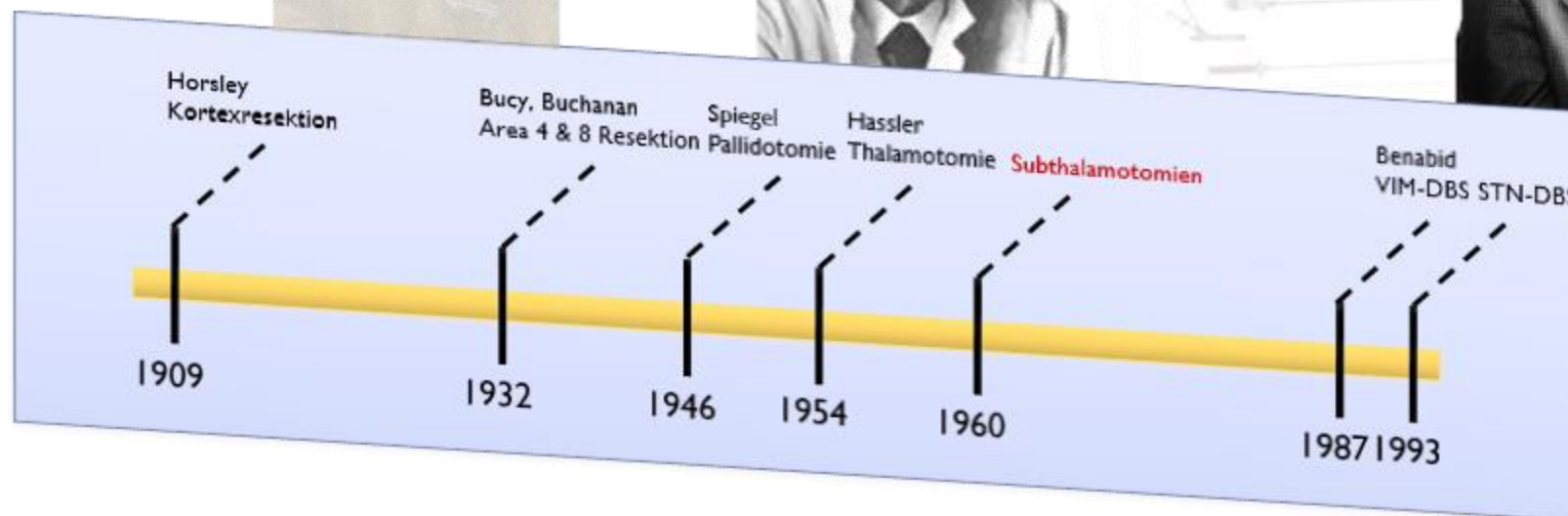
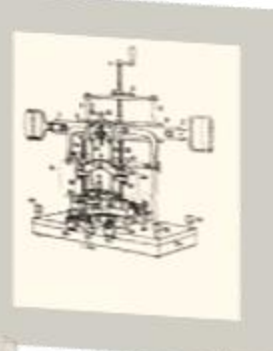
Parkinson's surgery



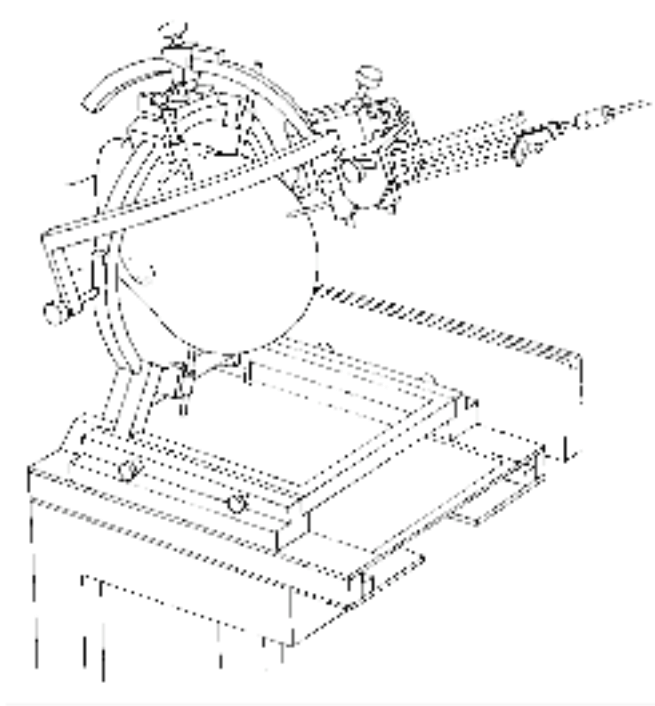
802 E. GAMPER: Paralysis agitans.

Bewegungstherapie, wie sie insbesondere in FRIEDLAENDER einen warmen Fürsprecher gefunden hat. Man kann mit der Übungstherapie, besonders wenn sie rechtzeitig begonnen wird, entschieden viel erreichen. Allerdings muß sie, sowohl von seiten des Arztes, wie des Kranken mit Geduld und Ausdauer durchgeführt werden. Dabei ist darauf zu achten, daß die Übungen zu keiner Übermüdung des Kranken führen und sollen daher nie länger als 5-10 Minuten hintereinander ausgeführt werden, können dafür aber mehrmals am Tage wiederholt werden.

Sehr mit Recht weist K. MENDEL darauf hin, daß es bei der Macht unserer Therapie Hauptaufgabe des behandelnden Arztes ist, psychisch den Patienten einzuwirken und ihm immer wieder den Trost und die Zuversicht zu bringen, deren der Kranke bedarf, um ein so langwieriges opfervolles zu ertragen. Meist hängen die Kranken mit vertrauensvoller Anhänglichkeit ihren ärztlichen Freunden und lassen ihre Hoffnung immer wieder mit neuen therapeutischen Versuch beleben.

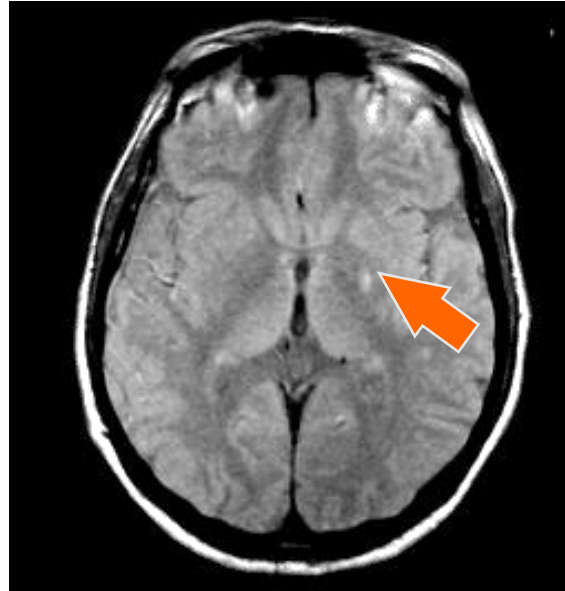


General principle of stereotactic brain surgeries

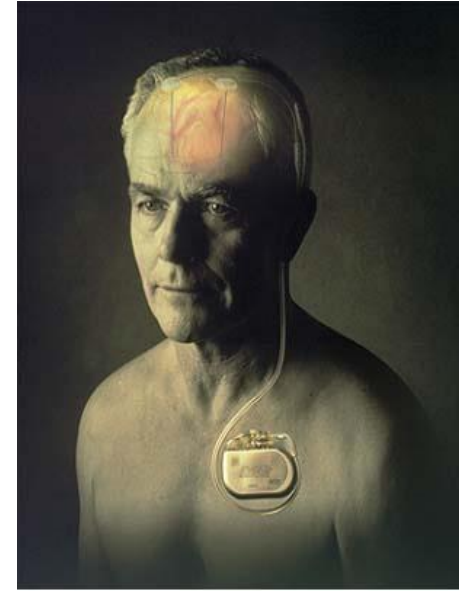


Targeted "elimination" of dysfunctional nerve tissue using a frame system, anatomical reference images, and physiological additional information

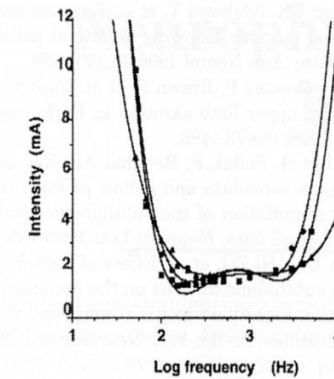
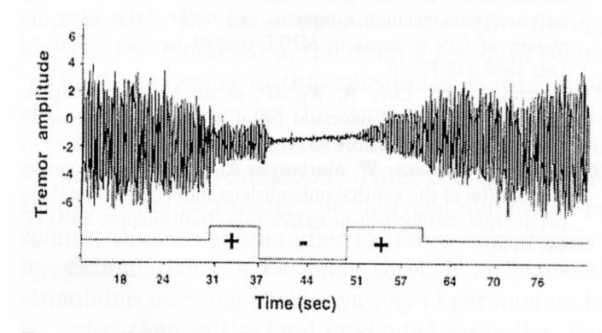
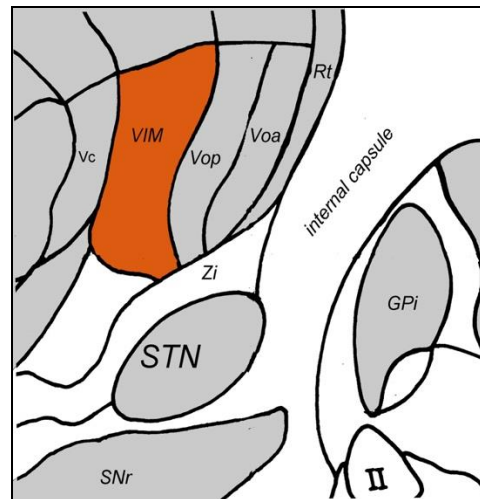
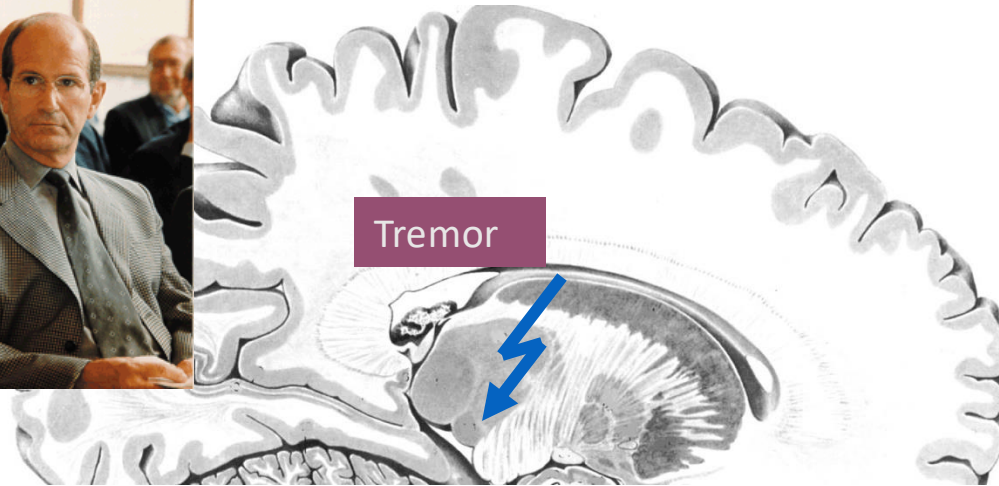
Läsion



Stimulation



Deep Brain Stimulation of Thalamus



$$Y = 163.82 - 221.23 X + 112.77 X^2 - 25.47 X^3 + 2.15 X^4$$

Benabid et al., J. Neurosurg., 84, 1996

New basal ganglia model

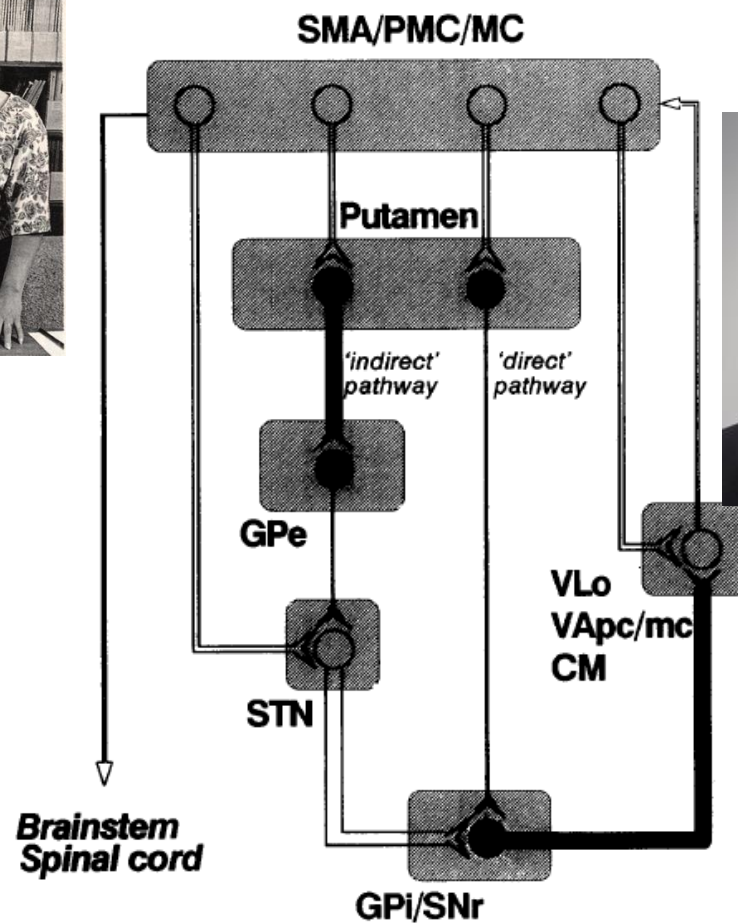


Primate models of movement disorders of basal ganglia origin

Mahlon R. DeLong

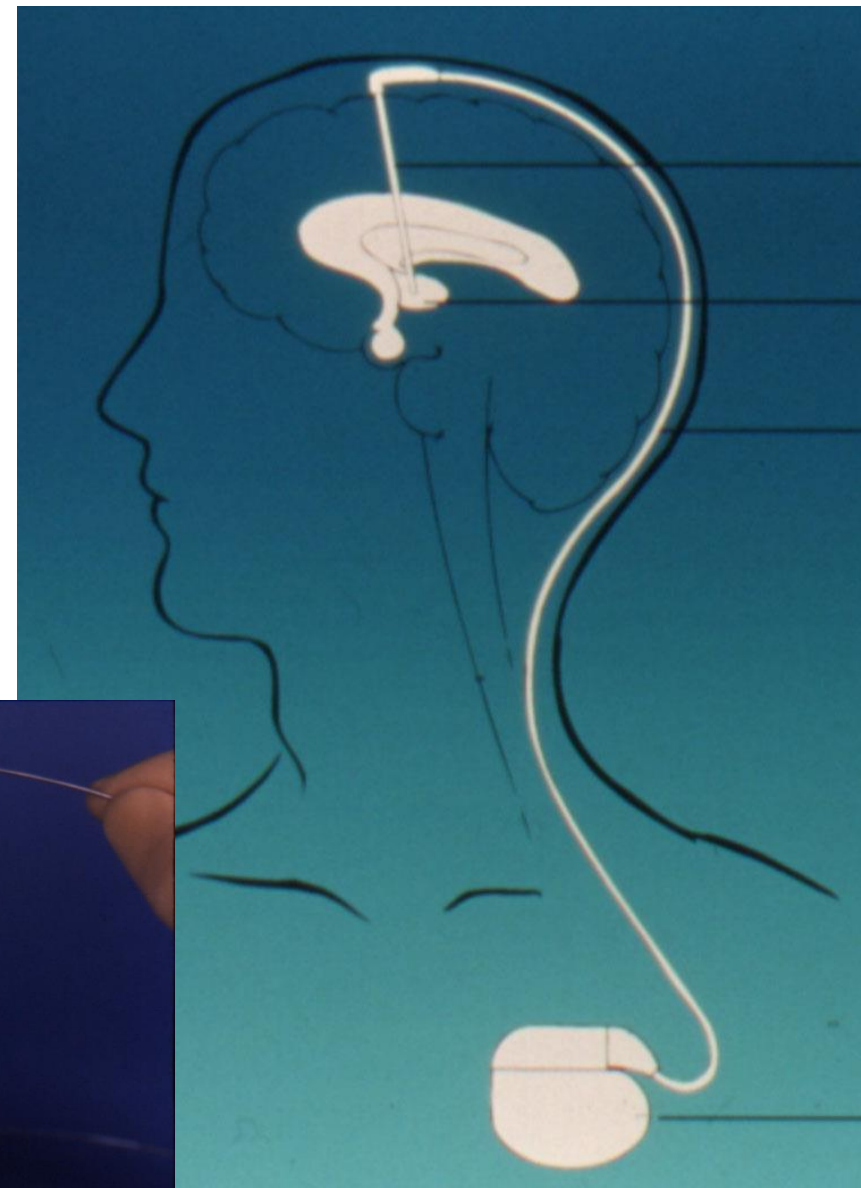
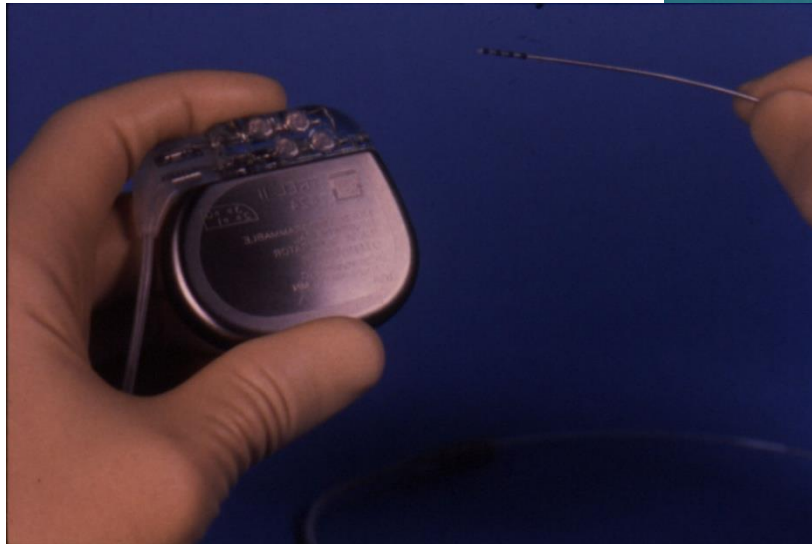
Within the circuit are two projection systems that arise from separate subpopulations of putamen neurons and terminate within GPi and SNr (for reviews, see Refs 1,2,5). The 'direct' pathway arises from putamen neurons that contain both GABA and substance P and project directly to the motor portions of GPi and SNr. The 'indirect' pathway, on the other hand, arises from putamen neurons that contain both GABA and substance P and project directly to the motor portions of GPi and SNr. The 'indirect' pathway, on the other hand, arises from putamen neurons that contain both GABA and substance P and project directly to the motor portions of GPi and SNr. The 'indirect' pathway, on the other hand, arises from putamen neurons that contain both GABA and substance P and project directly to the motor portions of GPi and SNr.

Mahlon R. DeLong is at the Department of Neurology, The Johns Hopkins University School of Medicine, Meyer 5-185, 600 North Wolfe Street, Baltimore, MD 21205, USA.



DeLong, TINS, 1990

Prinzip der DBS (Deep Brain Stimulation)



Elektrode

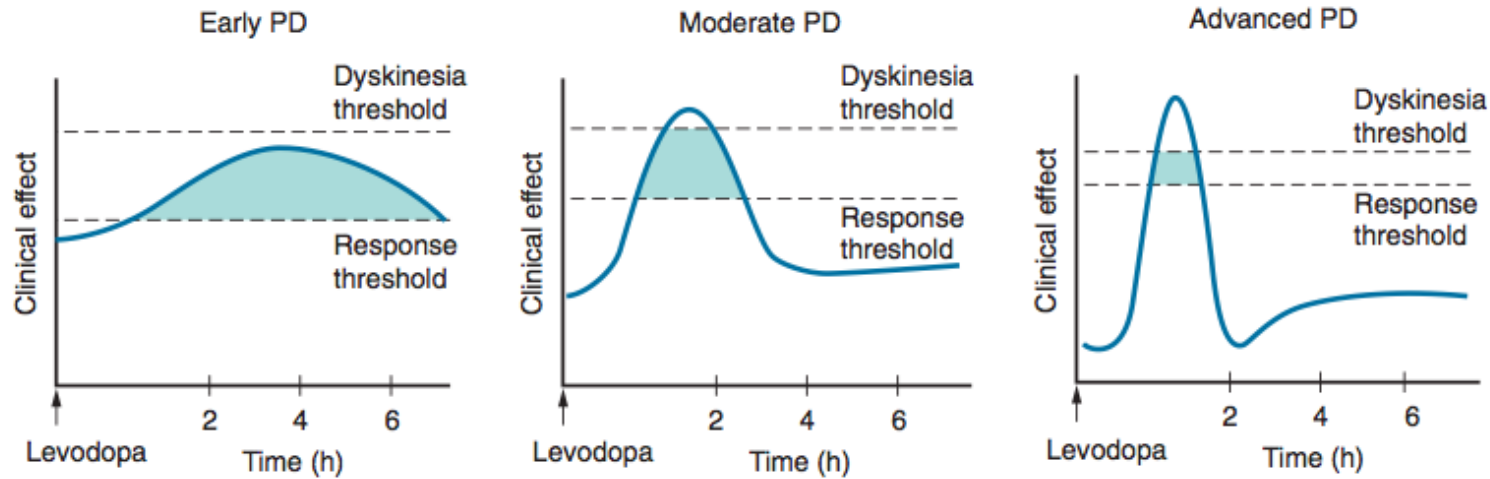
Target

Extension

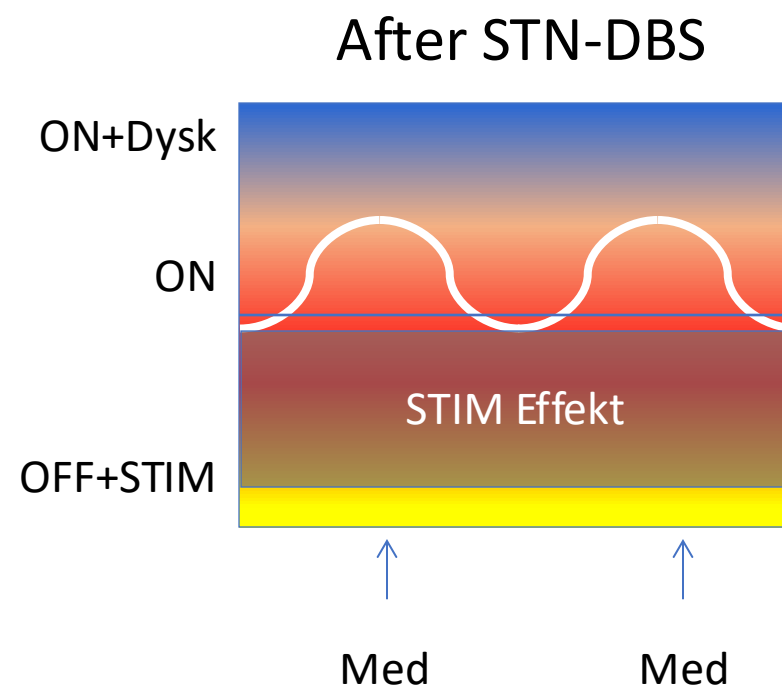
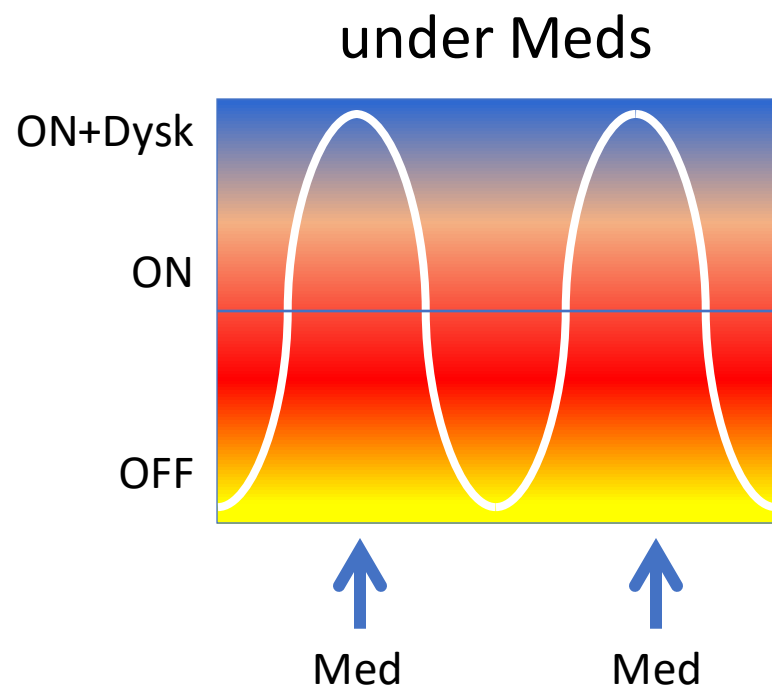
Generator
(ITREL II)

Indications of DBS

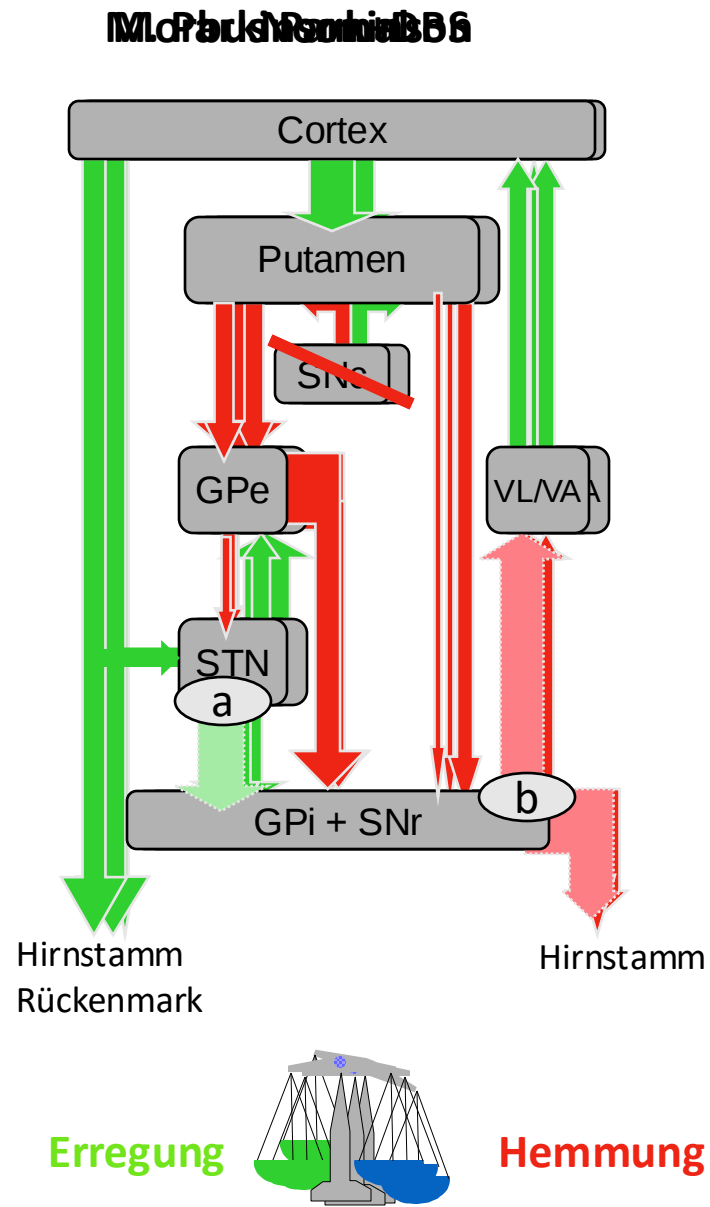
Parkinsons Disease



Effect of DBS



Negative feedback model of the basal ganglia. (Alexander and DeLong)



Class I Evidence in Advanced Parkinson's Disease



Deep brain stimulation plus best medical therapy versus best medical therapy alone for advanced Parkinson's disease (PD SURG trial): a randomised, open-label trial

Ashley Williams*, Steven Gil, Thibault Vercruy, Oriana Jenkins, Niall Quinn, Rosalind Mitchell, Richard Scott, Natalie Aves, Caroline Rick, Jane Daniels, Simeon Patel, Keith Whalley*, on behalf of the PD SURG Collaborative Group

Summary

THE NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Randomized Trial of Deep-Brain Stimulation for Parkinson's Disease

Günther Deuschl, M.D., Ph.D., Carmen Schade-Brittinger, Paul Krack, M.D., Ph.D., Jens Volkmann, M.D., Ph.D., Helmut Schäfer, Ph.D., Kai Bötzel, M.D., Ph.D., Christine Daniels, M.D., Angela Deutschländer, M.D., Ulrich Dillmann, M.D., Ph.D., Wilhelm Eisner, M.D., Ph.D., Doreen Gruber, M.D., Wolfgang Harne, M.D., Jan Herzog, M.D., Rüdiger Hilker, M.D., Ph.D., Stephan Klebe, M.D., Manja Klotz, M.D., Jan Koy, M.D., Martin Krause, M.D., Andreas Kupsch, M.D., Ph.D., Delia Lorenz, M.D., Stefan Lorenz, M.D., Ph.D., H. Maximilian Mehdorn, M.D., Ph.D., Jean Richard Moringlane, M.D., Ph.D.,

STN-DBS Off



STN-DBS on



Indication for patients with motor fluctuations, dyskinesias, severe tremor

thalamic DBS in Essential Tremor

DBS off



DBS on



GPI DBS in Dystonia

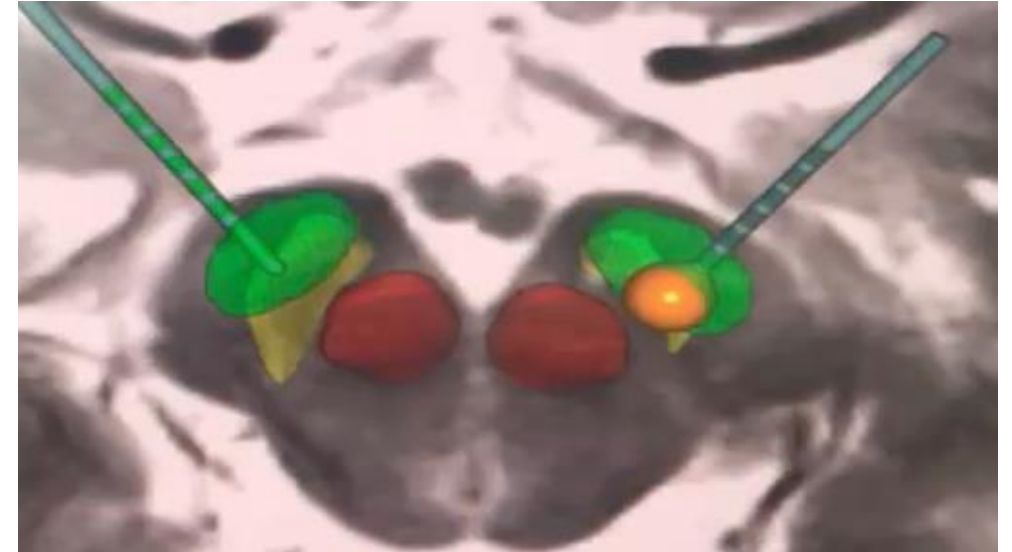
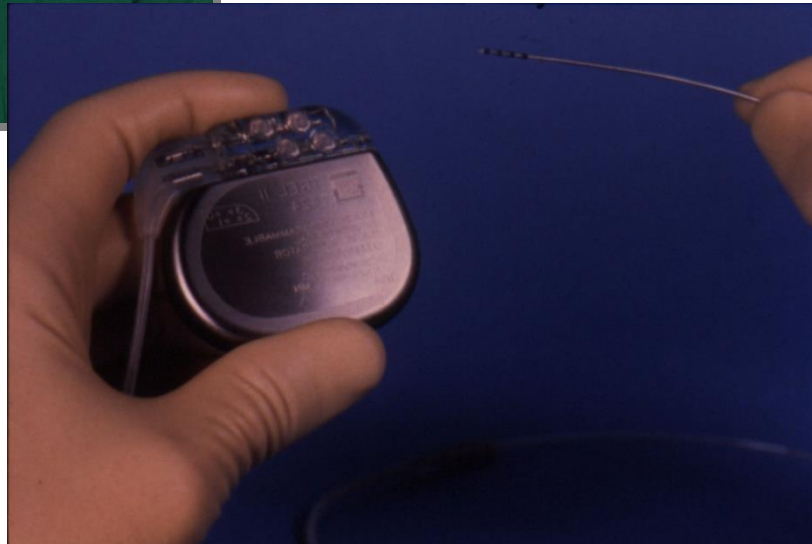
under Meds



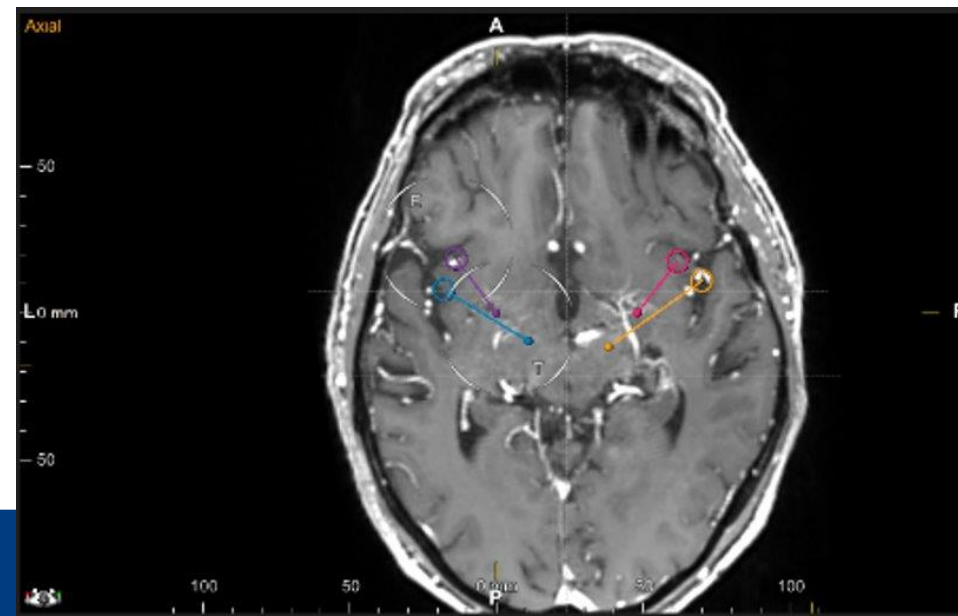
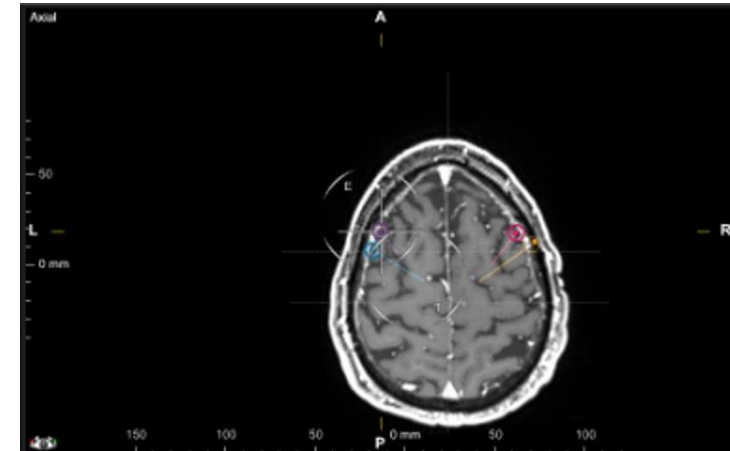
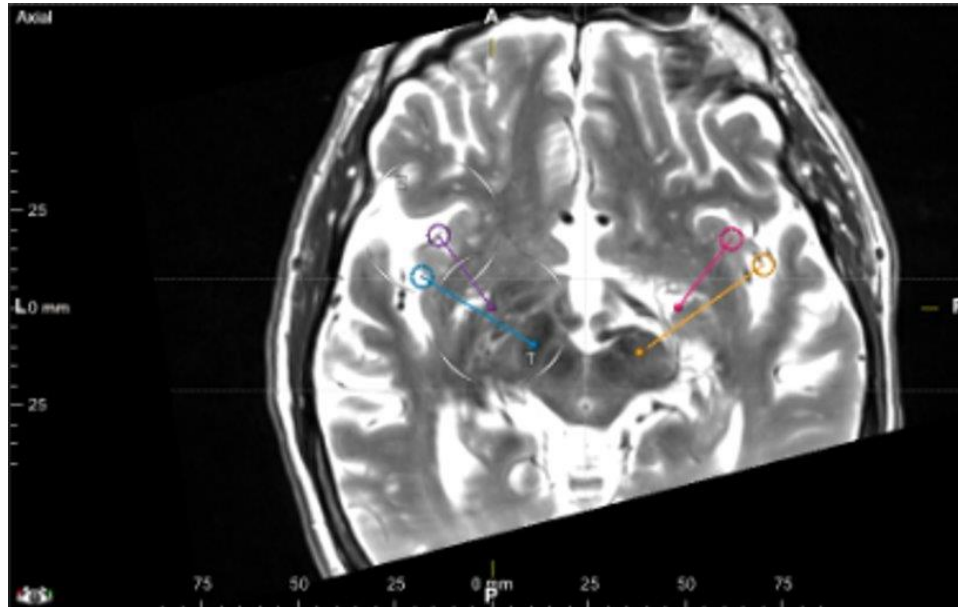
After DBS



Procedure of invasive DBS

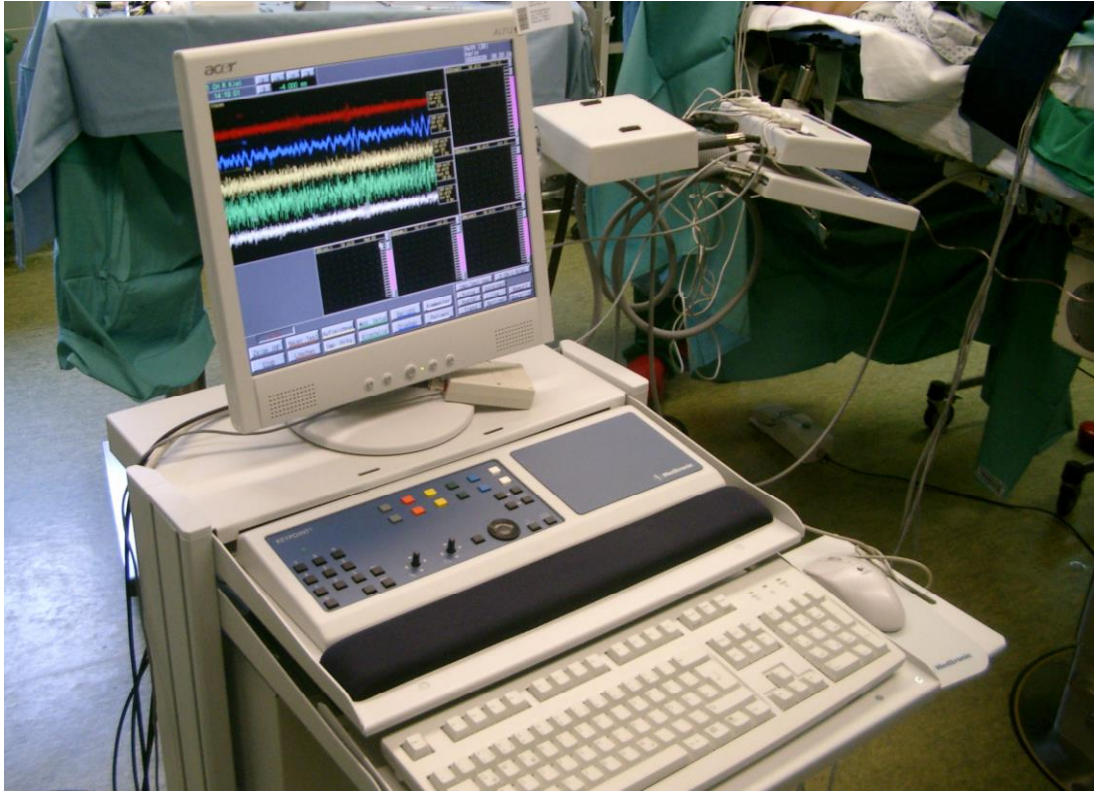


Planing of the Implantation



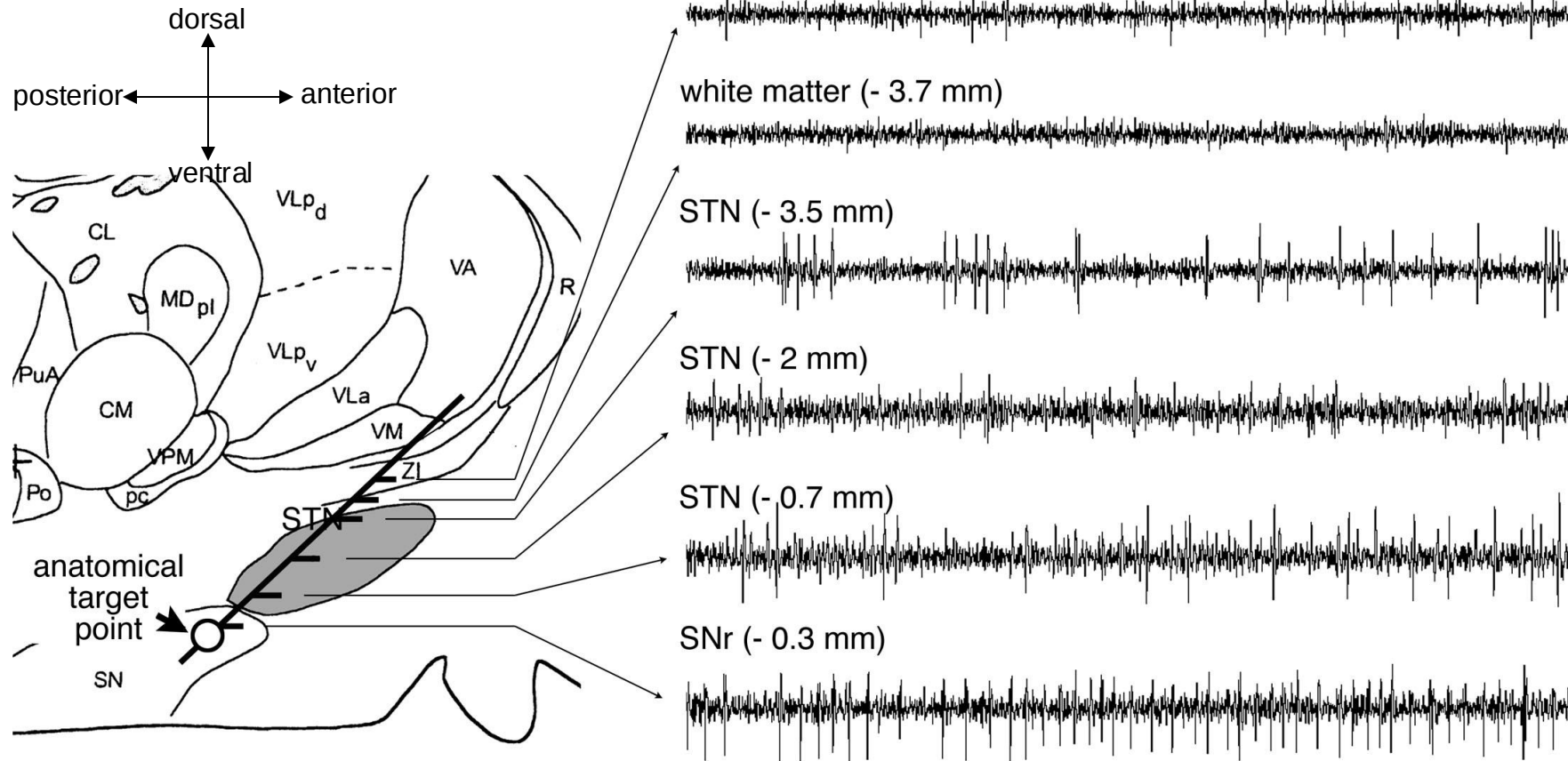
Implantation of the electrodes





Firing patterns along STN-trajectory (PD)

Morel-atlas: 10.8 mm sag. to AC-PC

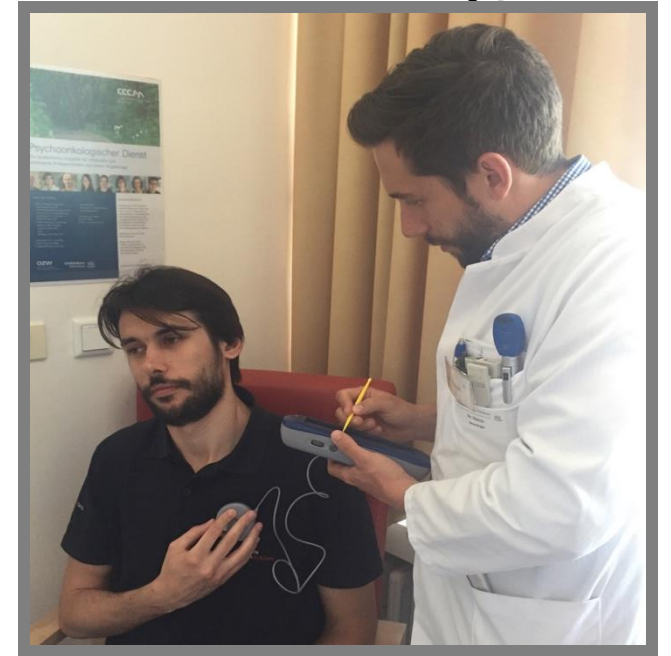
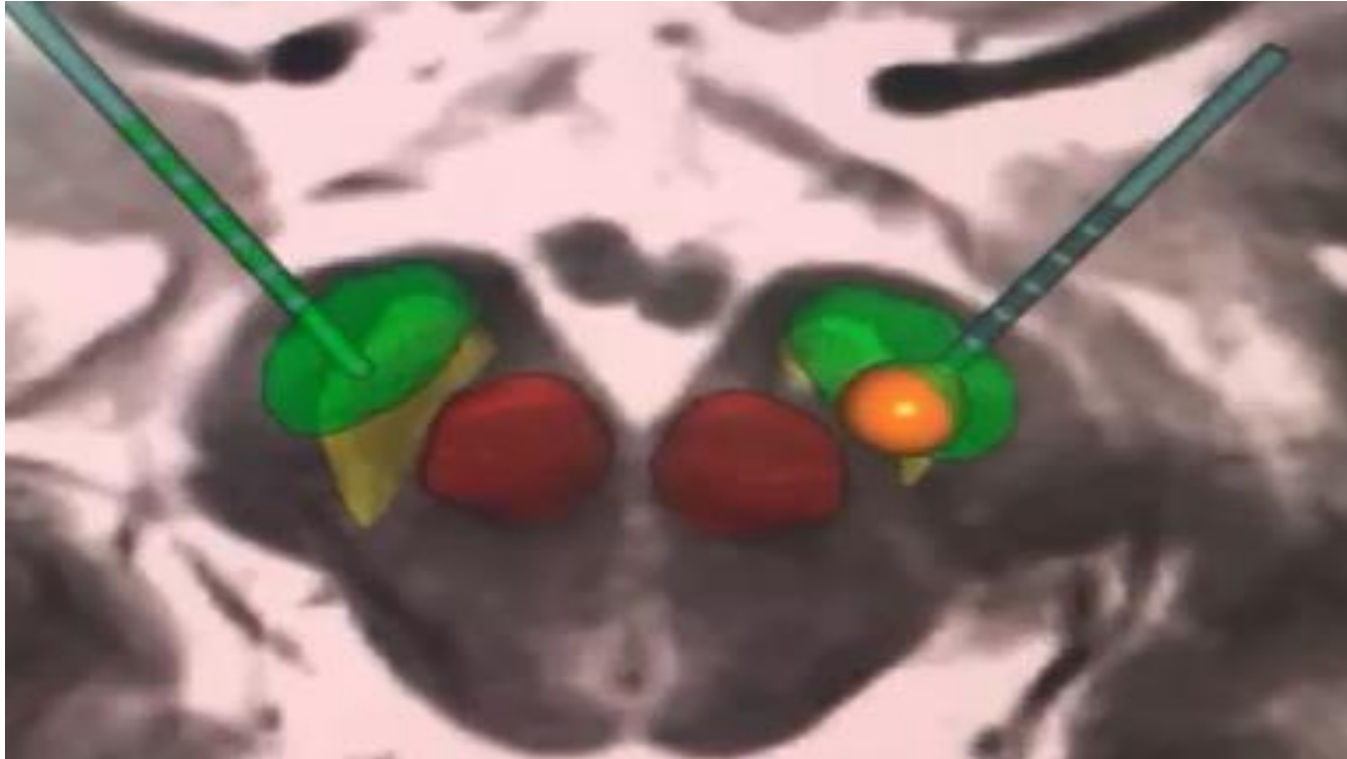


- Zona incerta: sparse firing, low background
- STN: irregular firing (30 Hz), high background
- SNr: tonic firing at higher rate (60 Hz)

Testing of the electrodes

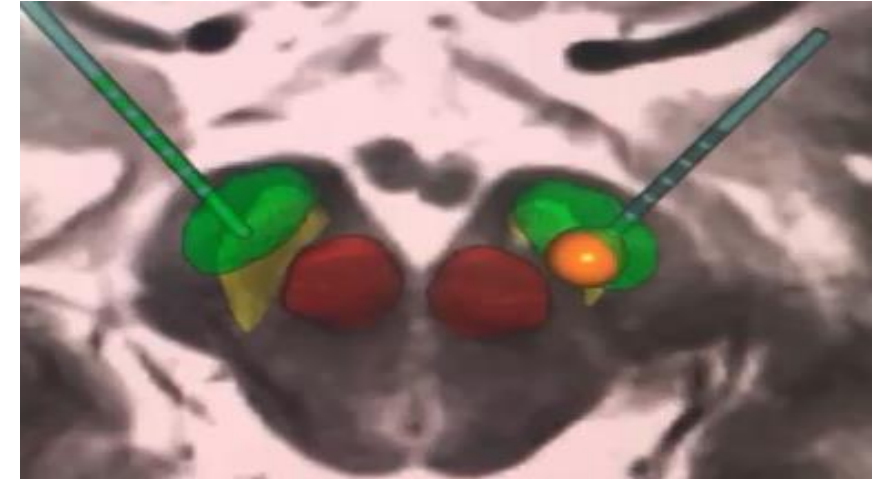


Tuning the therapy



Tuning the therapy

- Active Contact
- Current (0.5-6.0 mA)
- Pulse duration (30-210 μ s)
- Frequency (60-210 Hz)



Monopolar review

Movement Disorders
Vol. 21, Suppl. 14, 2006, pp. S284–S289
© 2006 Movement Disorder Society

Basic Algorithms for the Programming of Deep Brain Stimulation in Parkinson's Disease

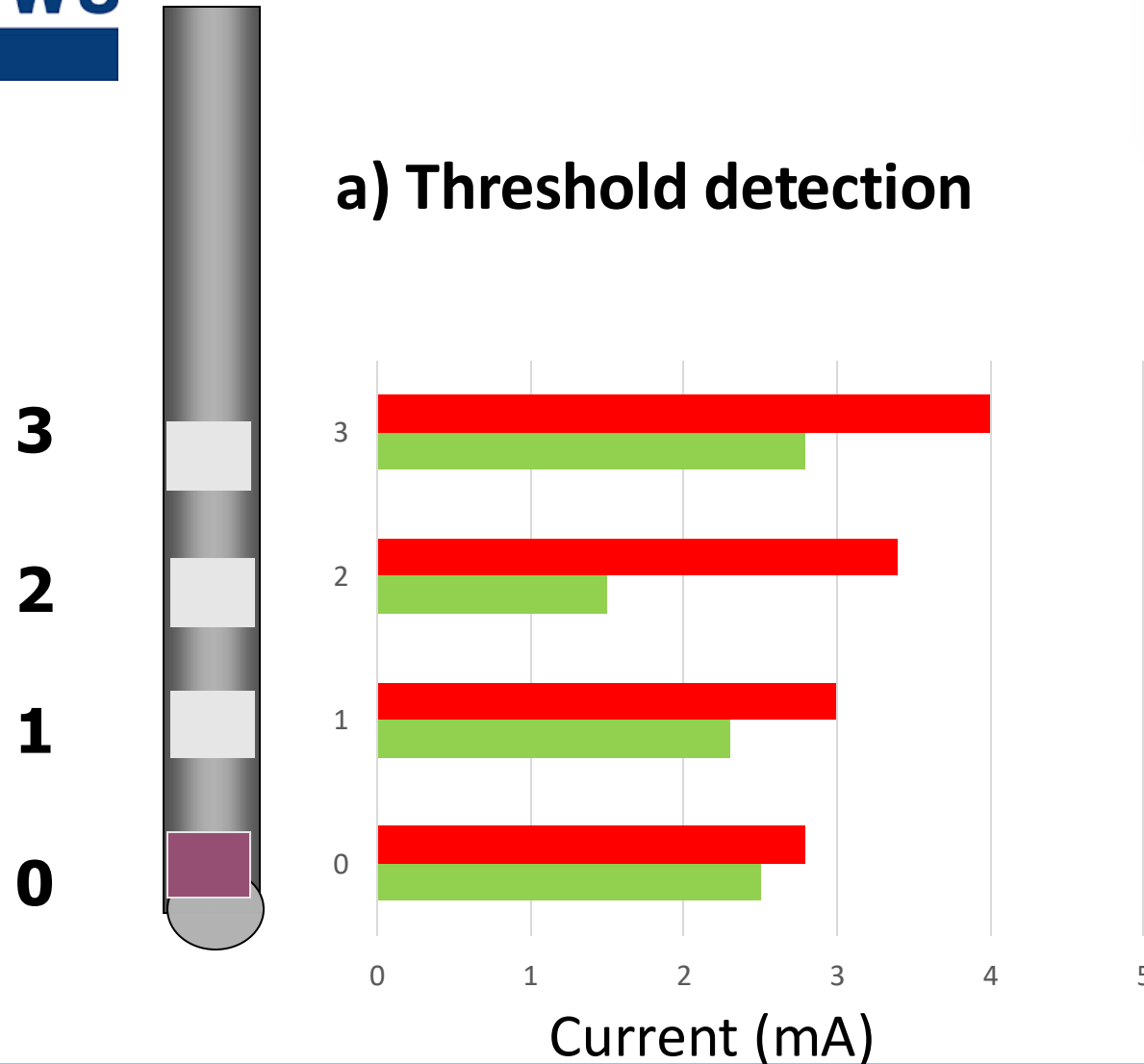
Jens Volkmann, MD,^{1*} Elena Moro, MD,² and Rajesh Pahwa, MD³

¹Department of Neurology, Christian-Albrechts-Universität Kiel, Kiel, Germany

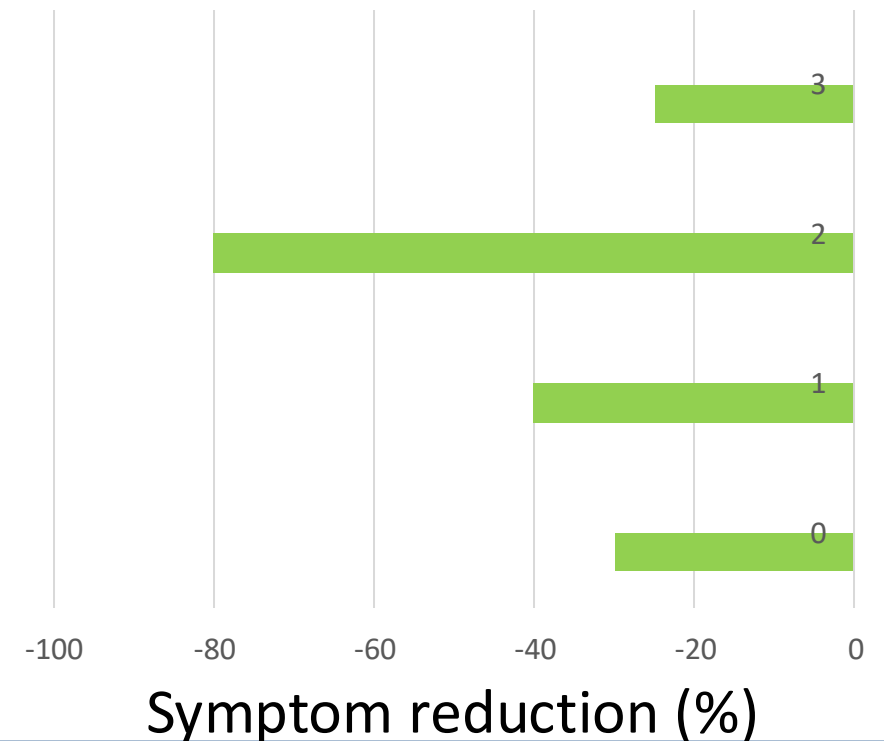
²Department of Neurology, Toronto Western Hospital, and University of Toronto, Toronto, Canada

³Parkinson Disease and Movement Disorder Center, University of Kansas, Kansas City, Kansas, USA

a) Threshold detection



a) Clinical response assessment Fixed amplitude (e.g. 1.5 mA)



Using clinical response as a benchmark for DBS

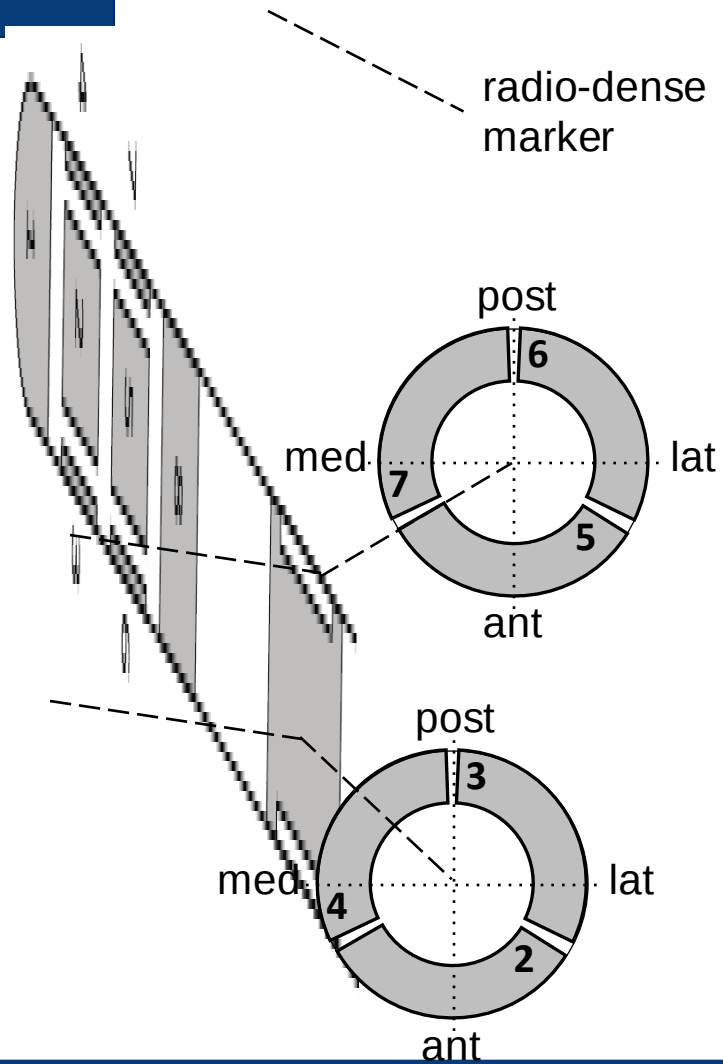
Stim Off



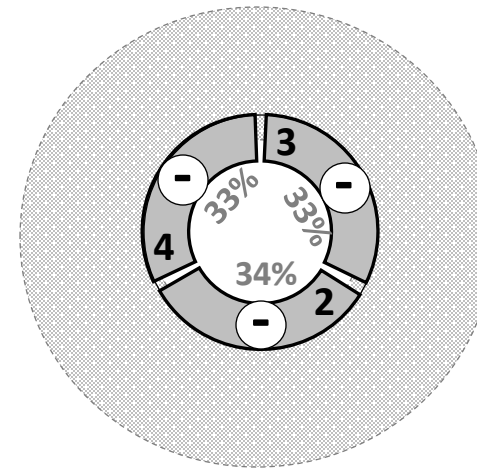
Stim On



Directional Platform



conventional ring stimulation

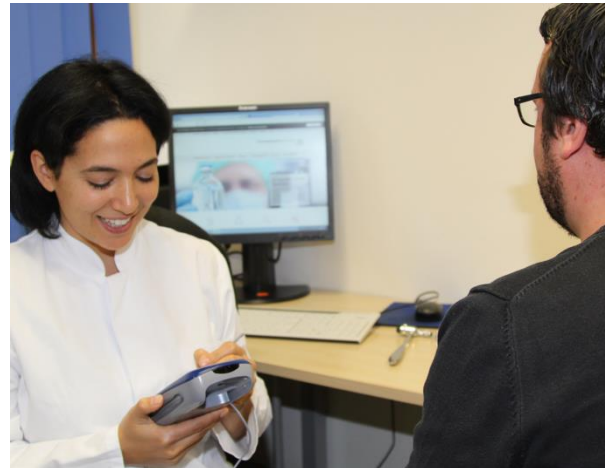


Programming time?

Reprogramming sessions

Inpatient days	Outpatient appointments	Hours
----------------	-------------------------	-------

28	8	96
12	/	36
26	/	78
8	7	34.5
38	4	120
10	2	33
15	1	46.5
28	4	90
19	2	60
12	4	60



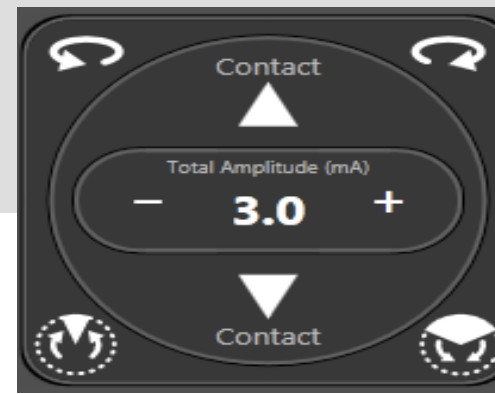
12,964
combinations of
PW, F and mA
65 contact
combinations



Millions of
combinations

Programming workflow

- ▶ Monopolar review including „vertical“ steering to find optimal stimulation site in z-Axis
 - ▶ highest efficacy

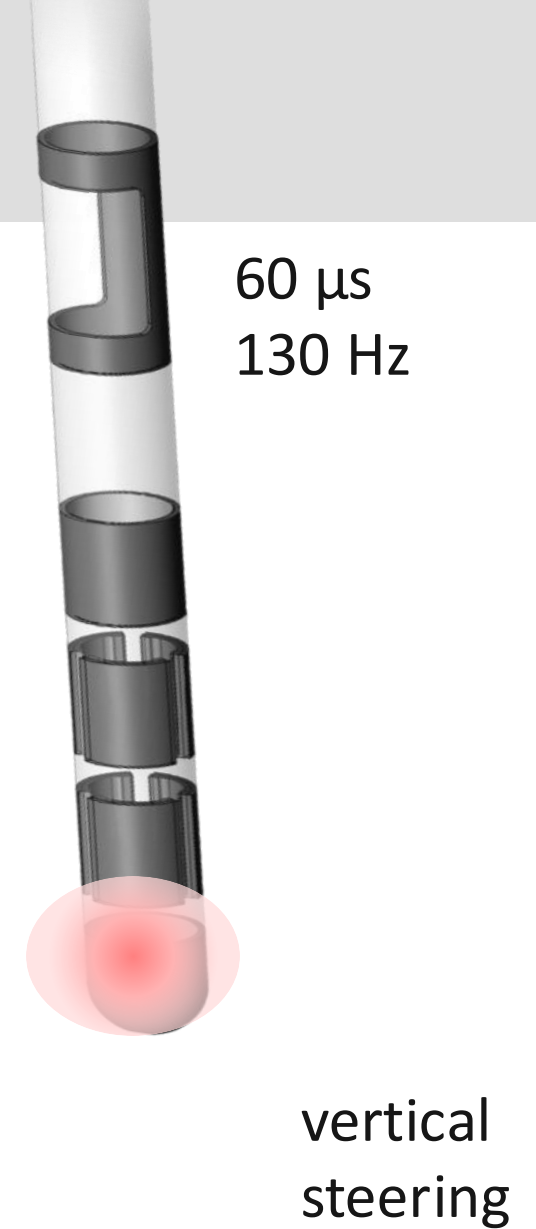


60 μ s
130 Hz

vertical
steering

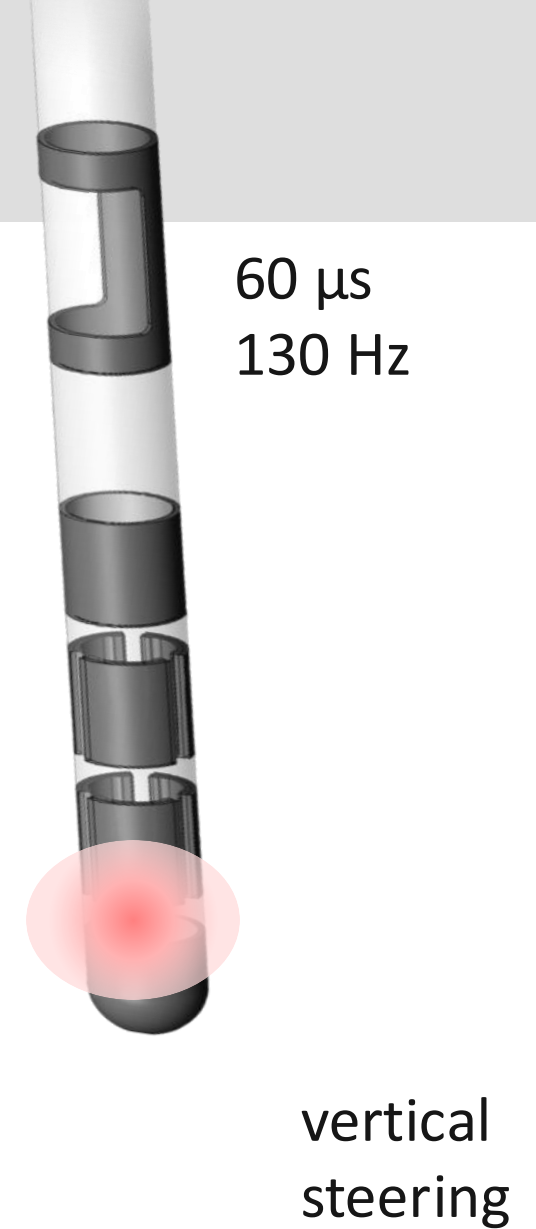
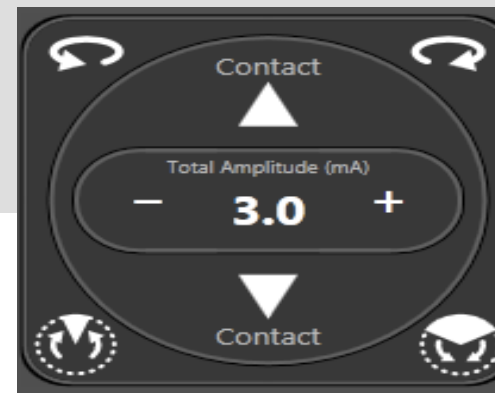
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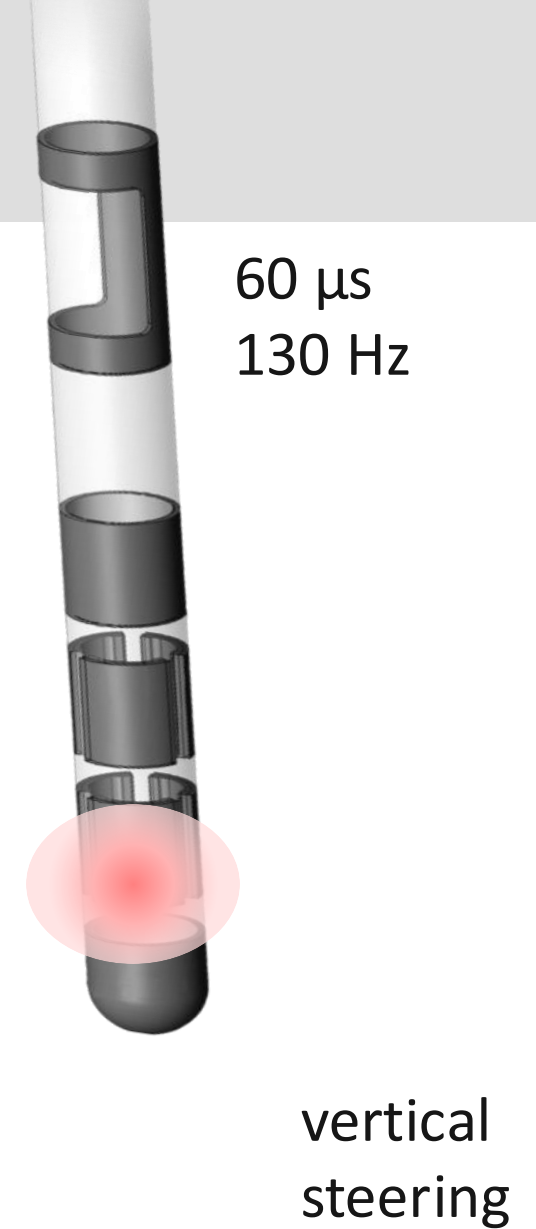
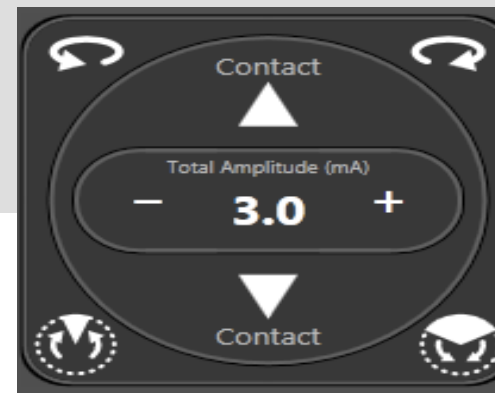
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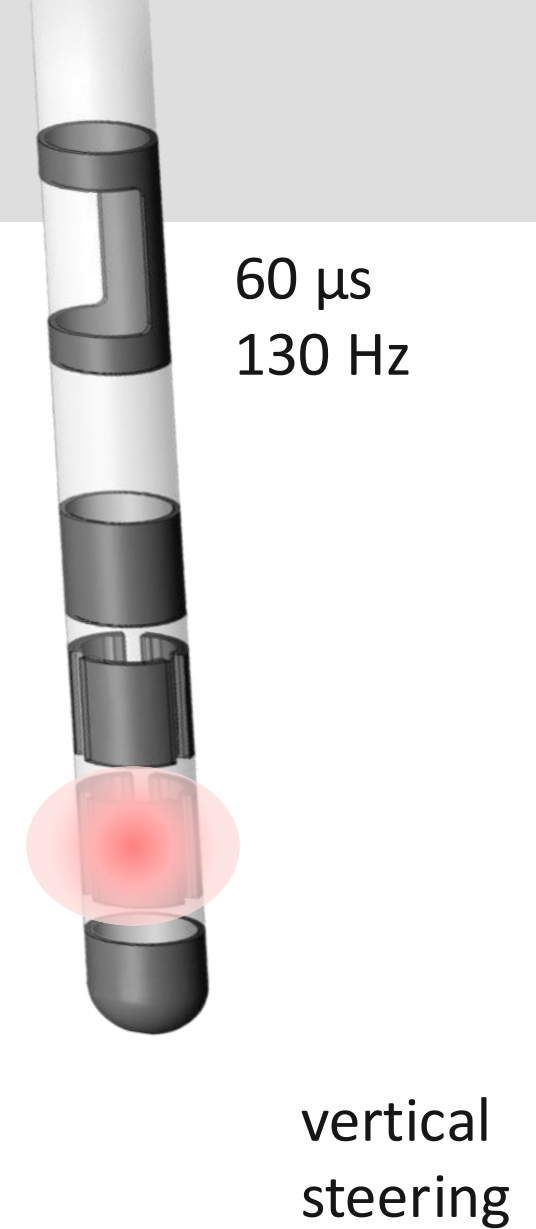
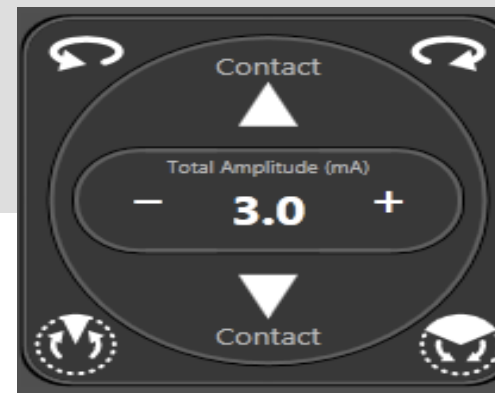
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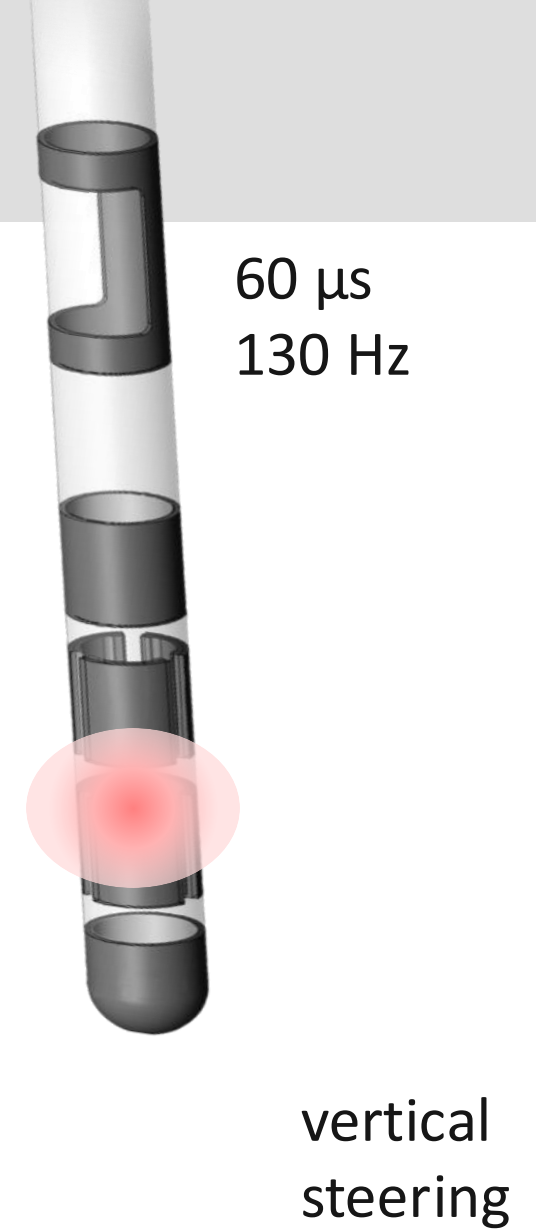
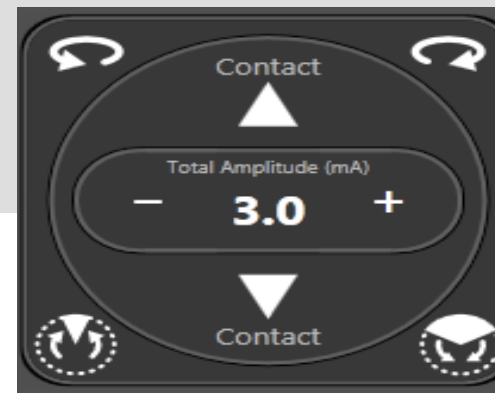
Programming workflow

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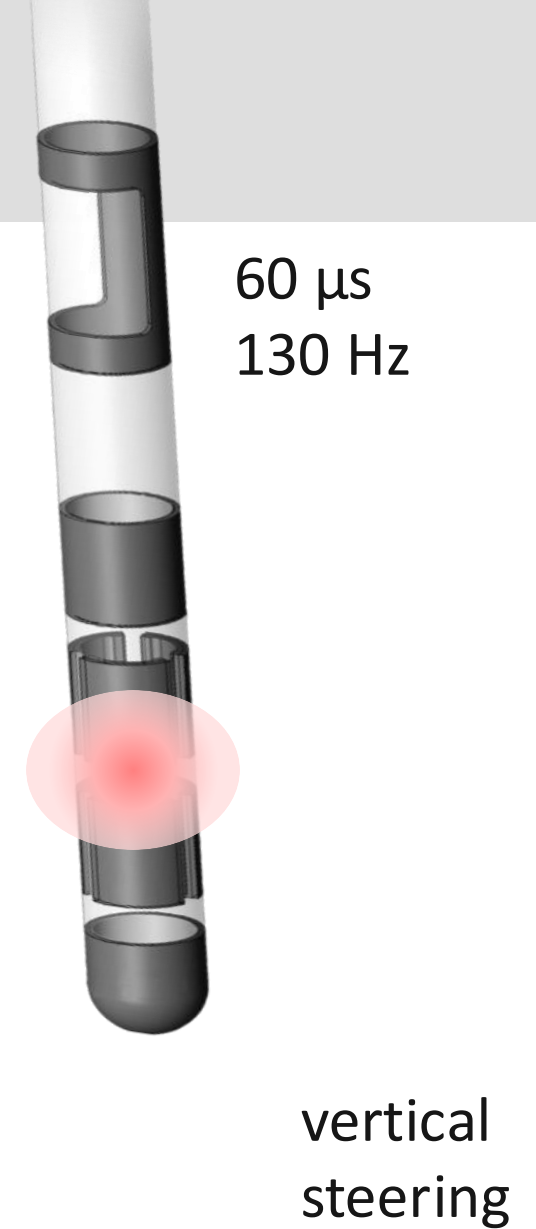
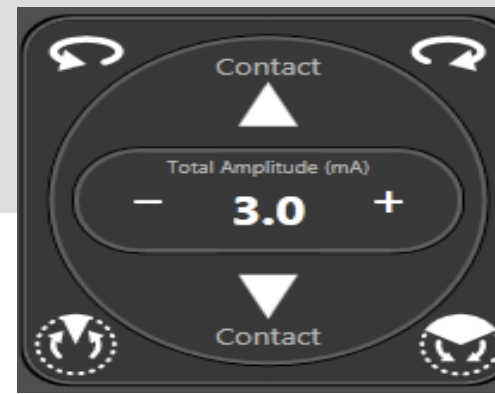
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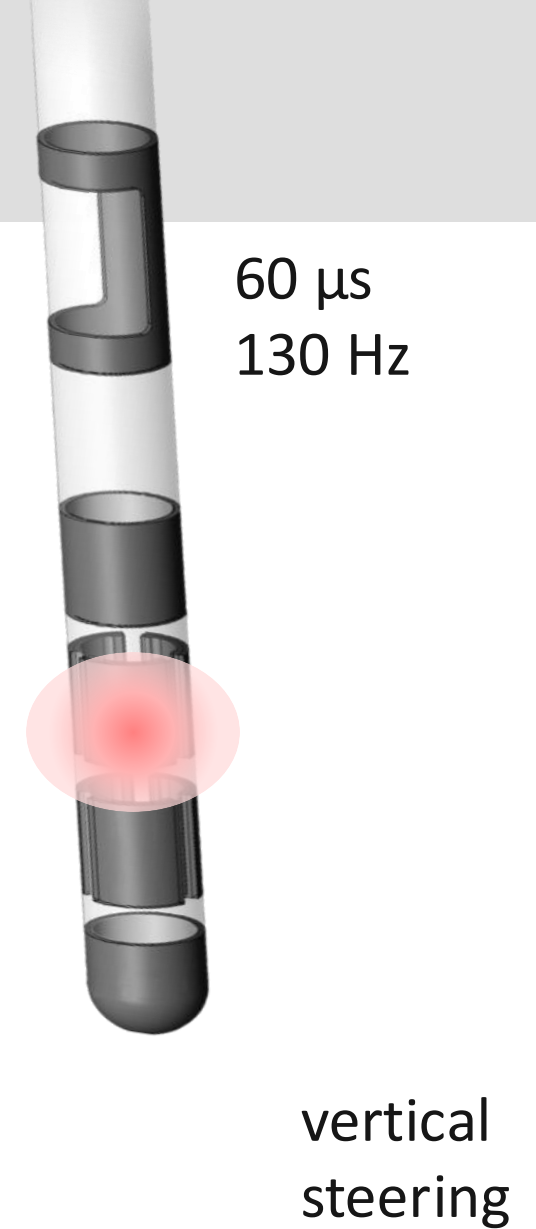
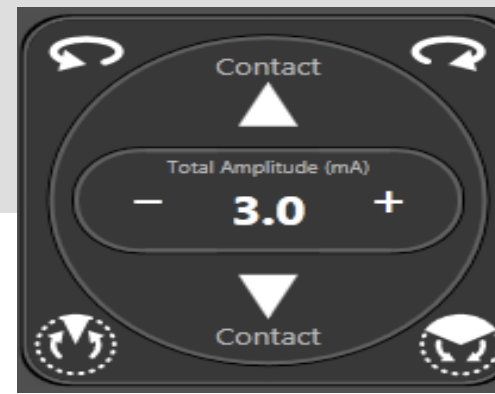
Programming workflow

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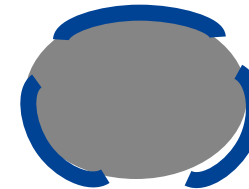
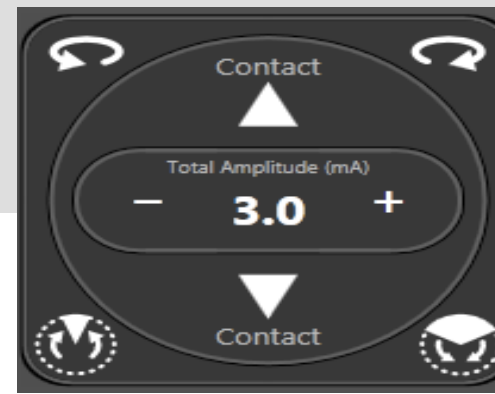
Programming workflow

- ▶ Monopolar review including „vertical“ steering to find optimal stimulation site in z-Axis
 - ▶ highest efficacy

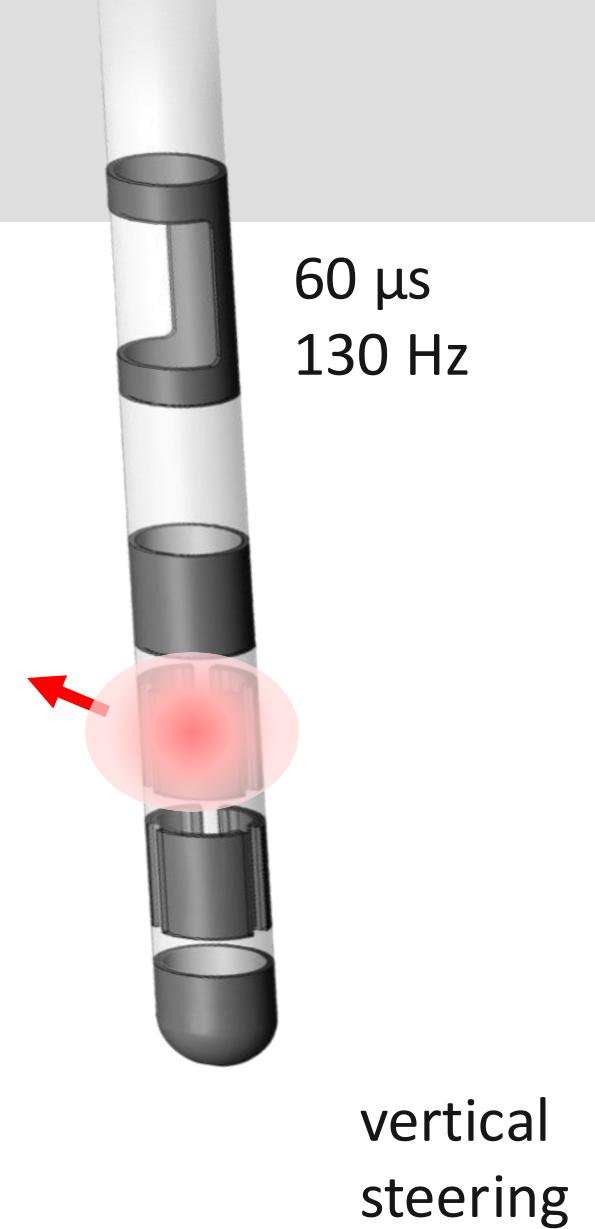


Programming workflow

- ▶ Monopolar review of 3-6 directions including „directional“ steering to find optimal direction
- ▶ highest efficacy

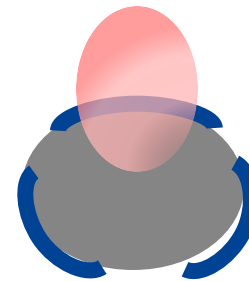


Directional
(rotational)
steering

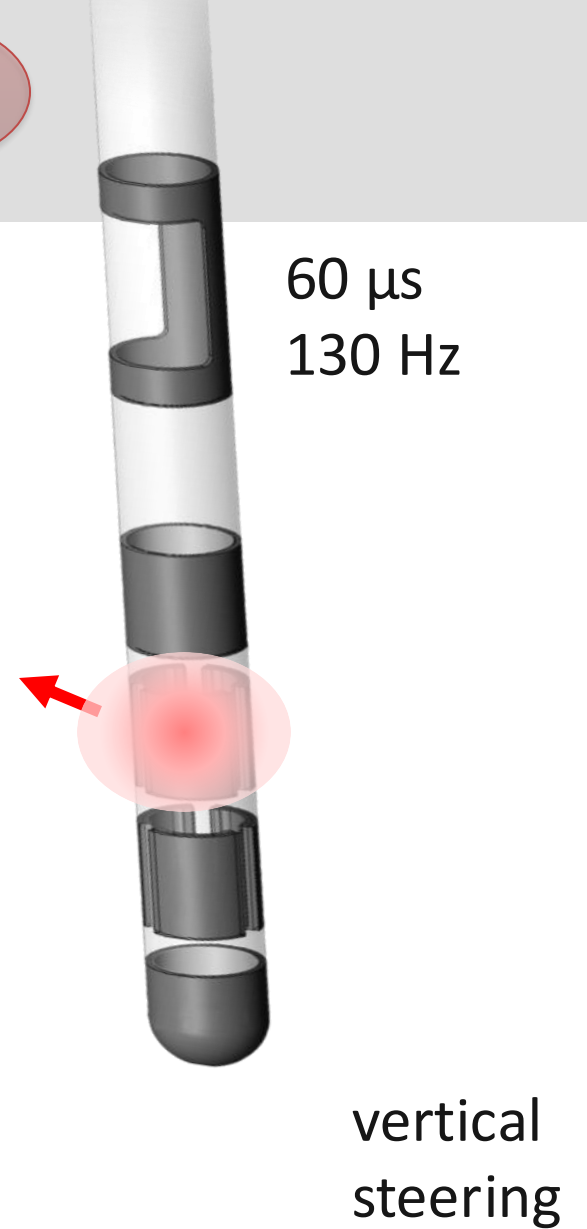


Programming workflow

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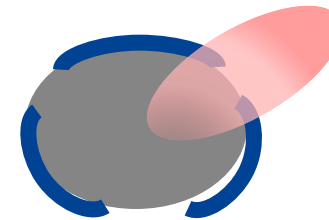
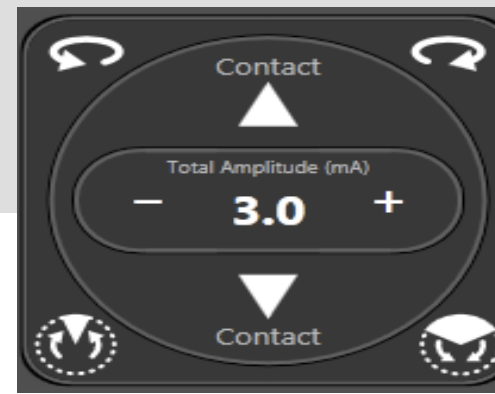


Directional
(rotational)
steering

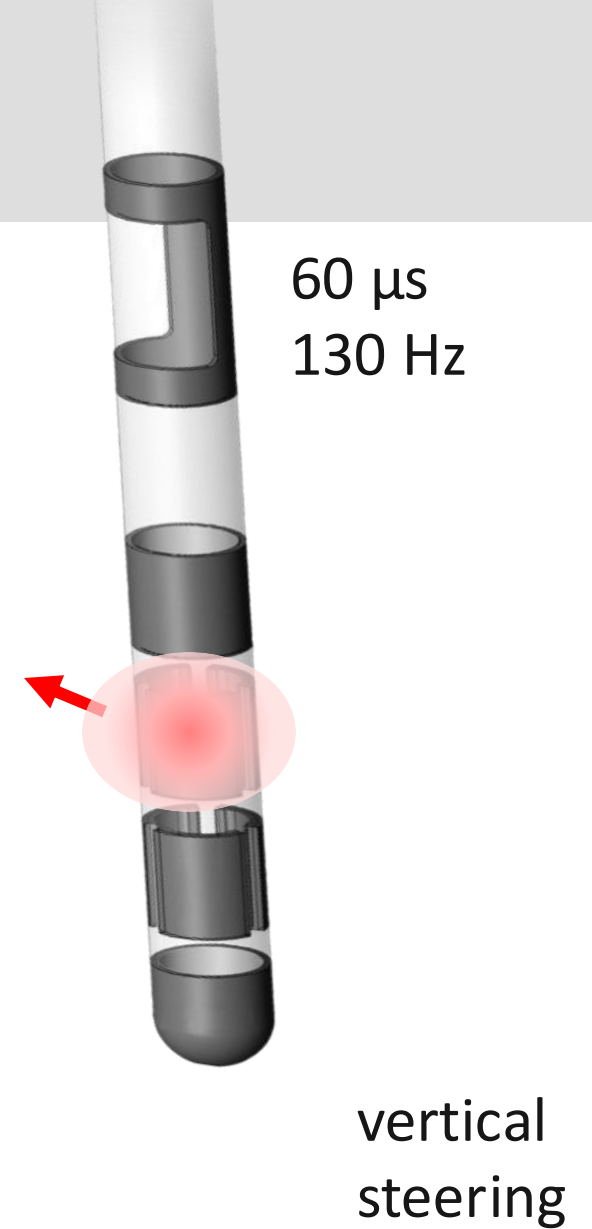


Programming workflow

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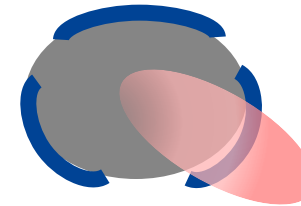


Directional
(rotational)
steering

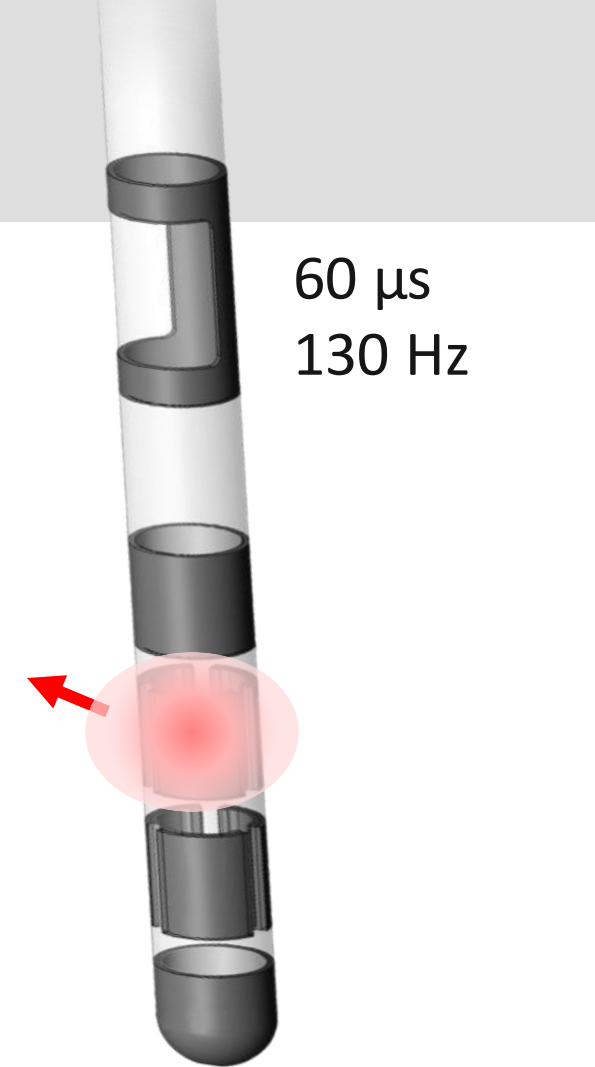


Programming workflow

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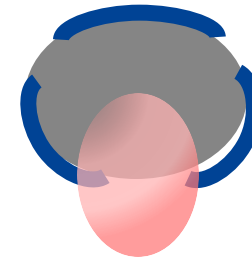
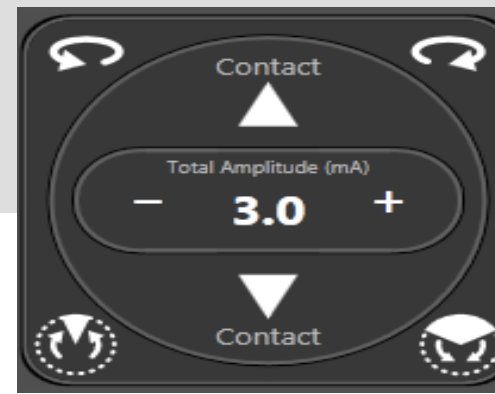
Directional
(rotational)
steering



vertical
steering

Programming workflow

- ▶ Monopolar review of 3-6 directions including „directional“ steering to find optimal direction
- ▶ highest efficacy



Directional
(rotational)
steering

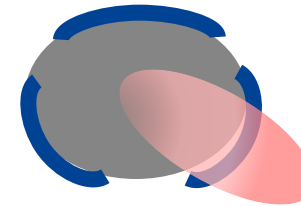
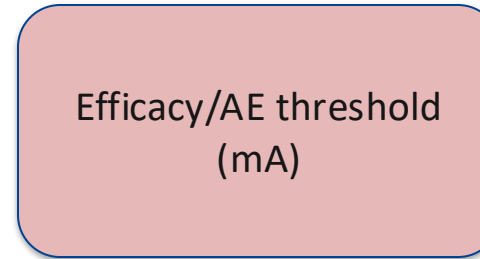


60 μ s
130 Hz

vertical
steering

Programming workflow

- Check the therapeutic window on the most effective contact combination



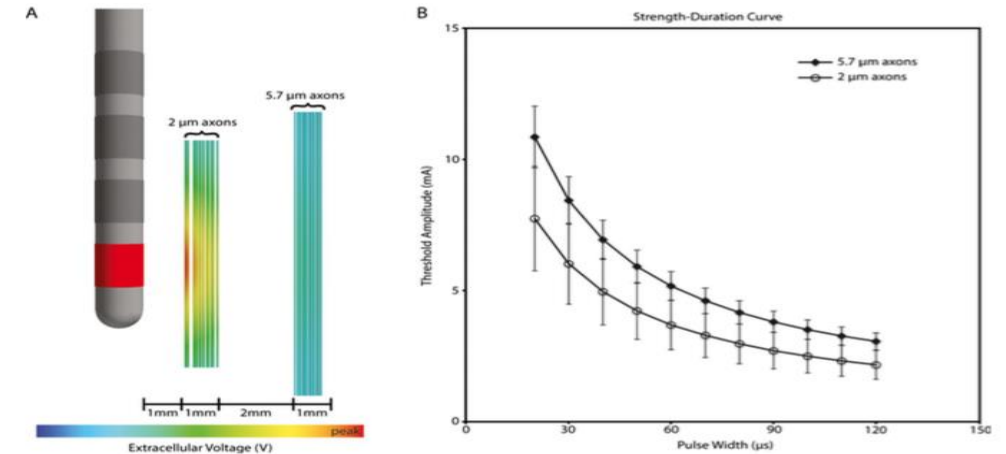
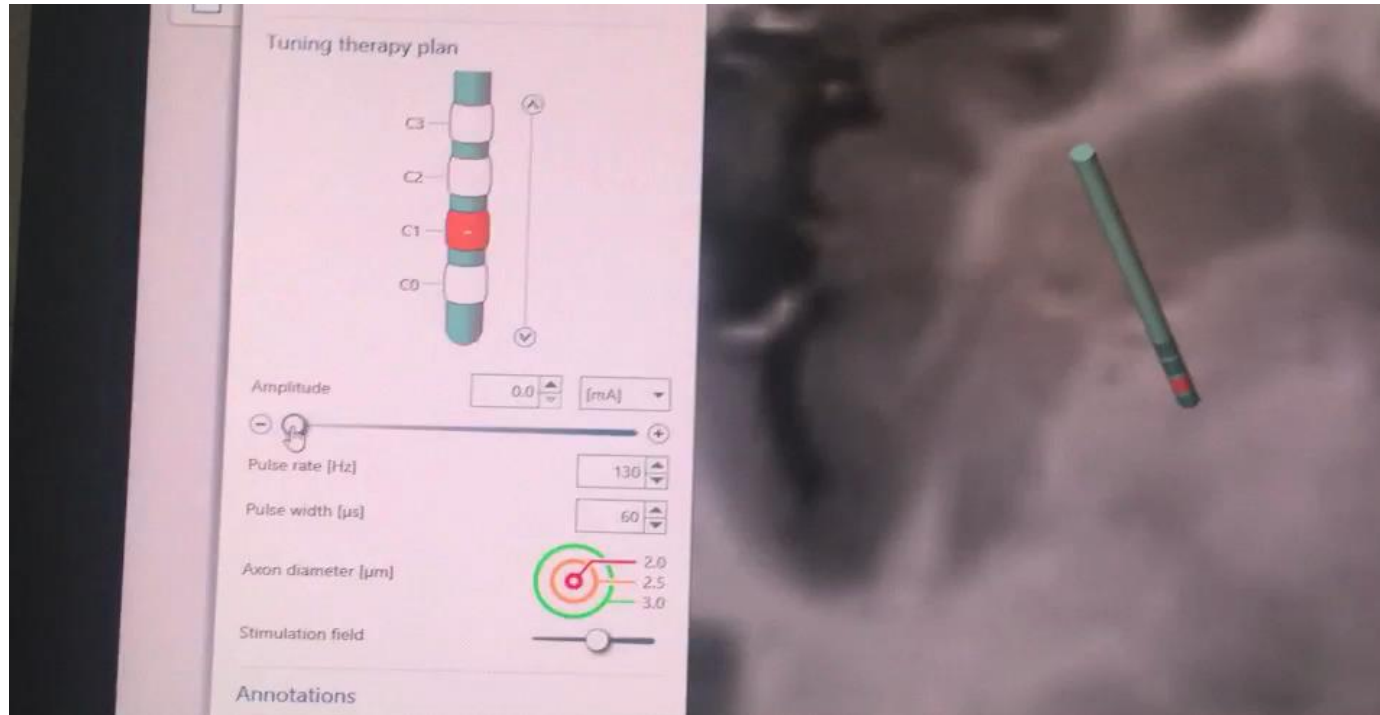
Directional
(rotational)
steering



60 μ s
130 Hz

vertical
steering

Pulse width



VTA assumes that the primary effect of DBS is to activate myelinated axons, which was proved by several studies [Holsheimer et al. 2000; Groppa et al. 2014; Reich et al. 2015].

therapeutic window outcomes by altering pulse width

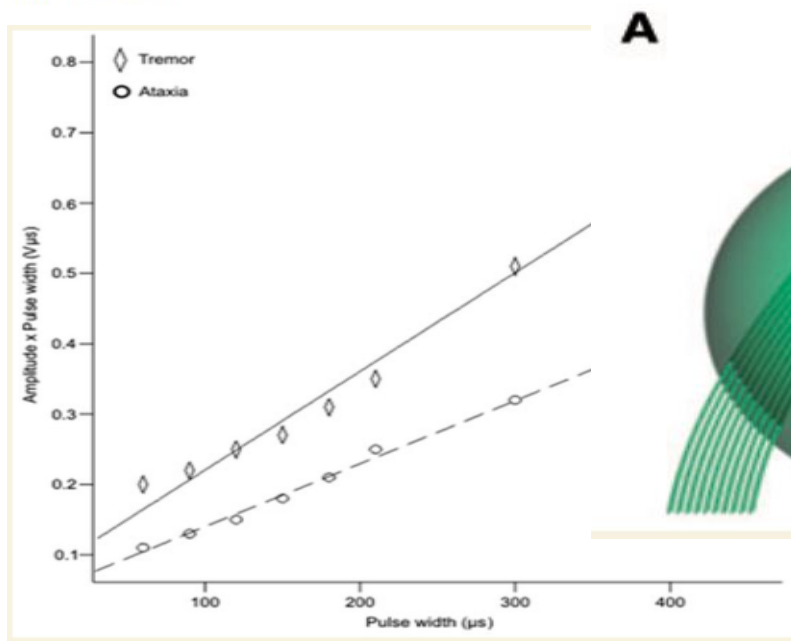
doi:10.1093/brain/awt304

Brain 2014; 137; 109–121 | 109

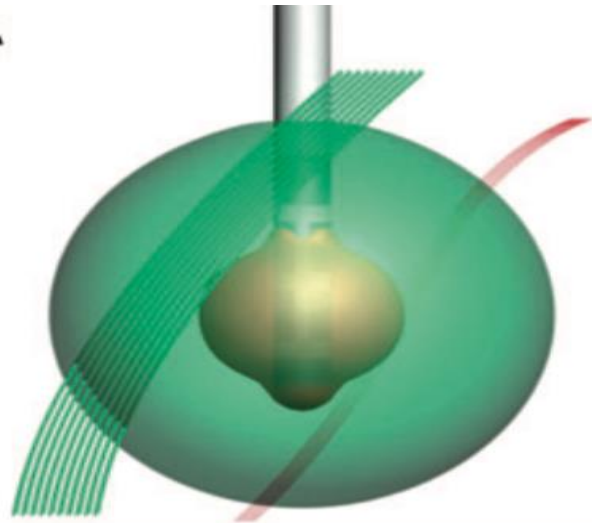
BRAIN
A JOURNAL OF NEUROLOGY

Physiological and anatomical decomposition of subthalamic neurostimulation effects in essential tremor

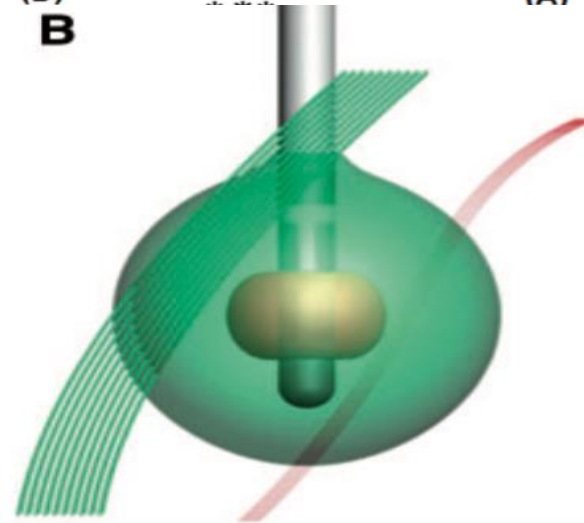
Sergiu Groppa,^{1,*} Jan Herzog,^{1,*} Daniela Falk,² Christian Riedel,³ Günther Deuschl¹ and Jens Volkmann^{1,4}



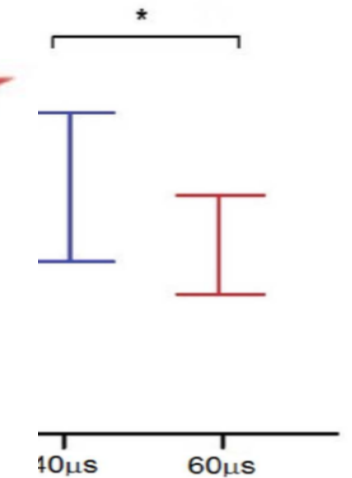
A



(D)
B



(A)



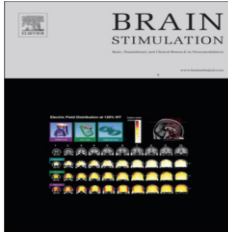
I. Chronaxie of the fibers

...observed chronaxies of 27 μs for tremor-reduction and 52 μs for dysmetria induction...

Accepted Manuscript

Less is more - Pulse width dependent therapeutic window in deep brain stimulation for essential tremor

Alexia-Sabine Moldovan, Christian Johannes Hartmann, Carlos Trenado, Nicola Meumertzheim, Philipp Jörg Sloty, Jan Vesper, Alfons Schnitzler, Stefan Jun Groiss



therapeutic window outcomes by altering pulse width

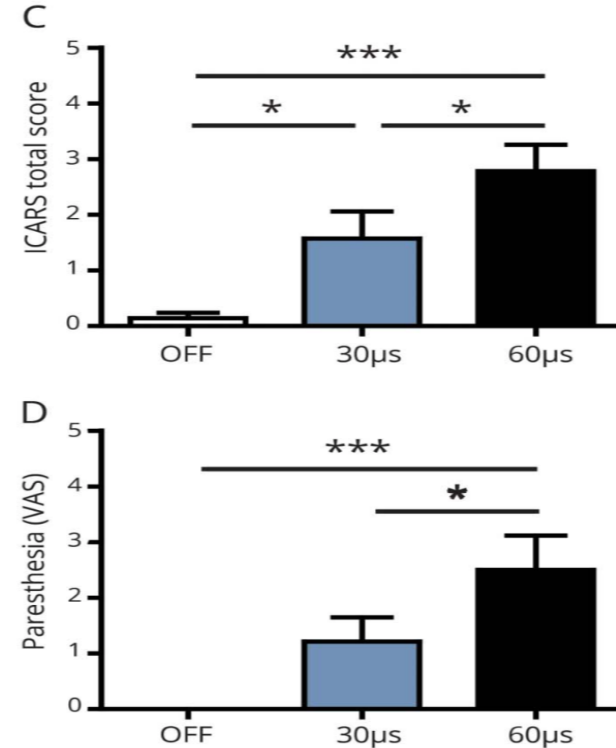
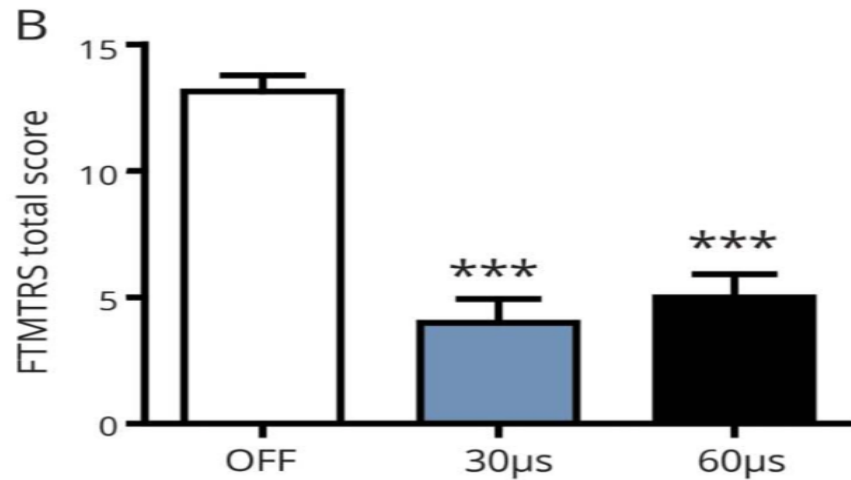
ARTICLE CLASS OF EVIDENCE

Thalamic short pulse stimulation diminishes adverse effects in essential tremor patients

Chi-un Choe, MD,* Ute Hidding, MD,* Miriam Schaper, MD, Alessandro Gulberti, PhD, Johannes Köppen, MD, Carsten Buhmann, MD, Christian Gerloff, MD, Christian K.E. Moll, MD, Wolfgang Hamel, MD, and Monika Pötter-Nerger, MD

Correspondence
Dr. Choe
cchoe@uke.de

Neurology® 2018;91:e704-e713. doi:10.1212/WNL.0000000000006033



I. Chronaxie of the fibers

...observed chronaxies of 27µs for tremor-reduction and 52µs for dysmetria induction...

Delayed-onset adverse effect of thalamic DBS



1 - /2.5 mA / 90 us / 130 Hz

9- / 2.7 mA / 90 us / 130 Hz

Delayed-onset adverse effect of thalamic DBS



After pausing and re-programming

1 - /3.3 mA / **30 us** / 130 Hz

9- / 3.5 mA / **30 us** / 130 Hz

Re-programming to 30 μ s

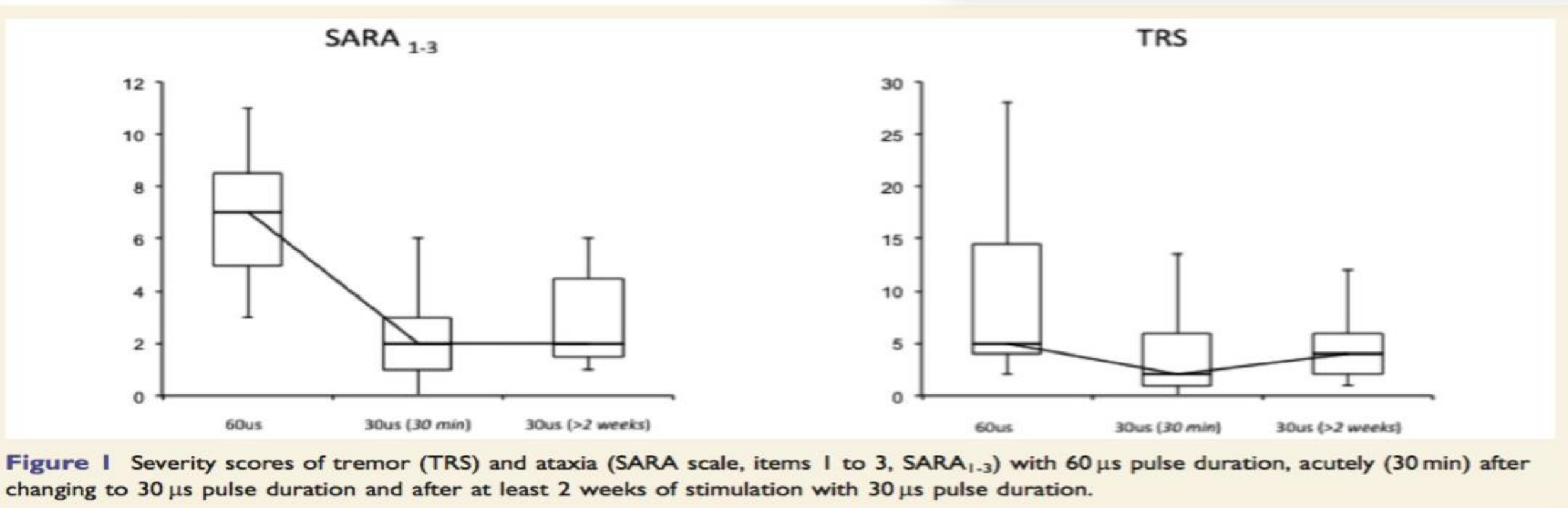
doi:10.1093/brain/awx038

BRAIN
A JOURNAL OF NEUROLOGY

LETTER TO THE EDITOR

Reply: Clinical approach to delayed-onset cerebellar impairment following deep brain stimulation for tremor

Martin M. Reich,¹ Nicolò G. Pozzi,¹ Joachim Brumberg,² Mattias Åström,^{3,4} Jens Volkmann¹ and Ioannis U. Isaias¹



therapeutic window outcomes by altering pulse width

BRIEF COMMUNICATION

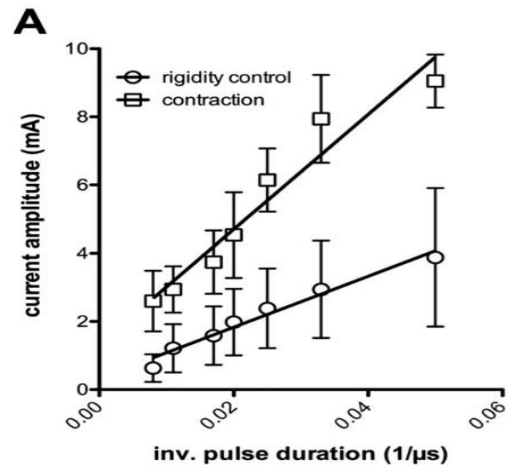
Short pulse width widens the therapeutic window of subthalamic neurostimulation

Martin M. Reich^{1,a}, Frank Steigerwald^{1,a}, Anna D. Sawalhe¹, Rene Reese¹, Kabilar Gun Johannes³, Robert Nickl³, Cordula Matthies³, Cameron C. McIntyre² & Jens Volkmann¹

¹Department of Neurology, Julius-Maximilians-University, Würzburg, Germany

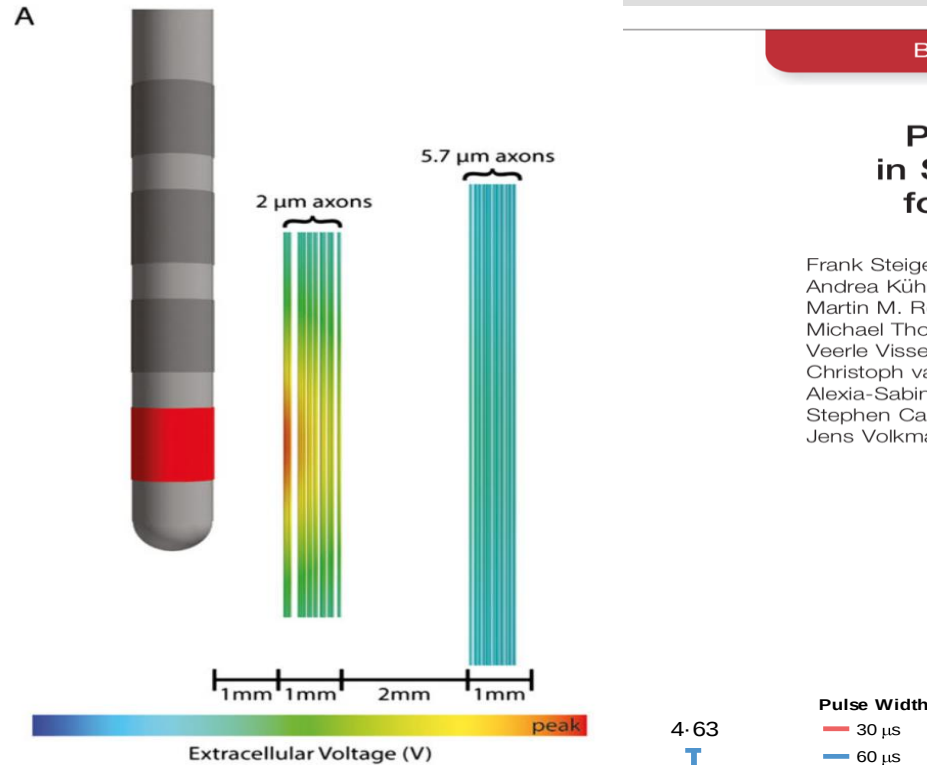
²Department of Biomedical Engineering, Case Western Reserve University, Cleveland, Ohio

³Department of Neurosurgery, Julius-Maximilians-University, Würzburg, Germany



II. Distance of fibers to electrode

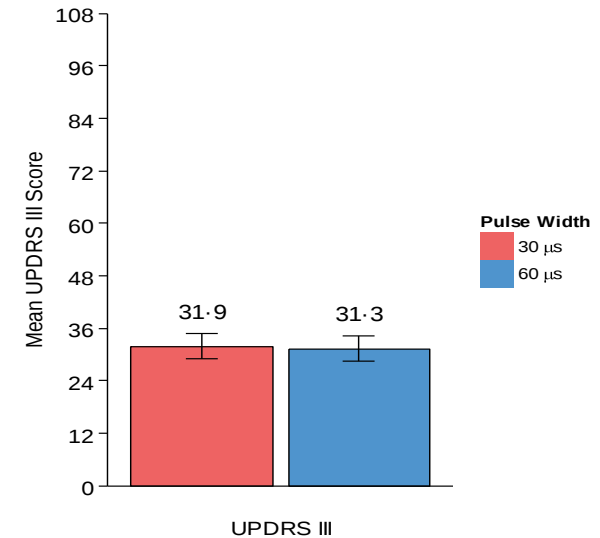
...explained by focusing on excitation of (smaller myelinated) axons near the electrode and a steeper falloff for activation of (thick myelinated) axons with increasing radius of current spread...



BRIEF REPORT

Pulse Duration Settings in Subthalamic Stimulation for Parkinson's Disease

Frank Steigerwald, MD,¹ Lars Timmermann, MD,² Andrea Kühn, MD,³ Alfons Schnitzler, MD,⁴ Martin M. Reich, MD,¹ Anna Dalal Kirsch, MD,¹ Michael Thomas Barbe, MD,² Veerle Visser-Vandewalle, MD,² Julius Hübl, MD,³ Christoph van Riesen, MD,³ Stefan Jun Groiss, MD,⁴ Alexia-Sabine Moldovan, MD,⁴ Sherry Lin, PhD,⁵ Stephen Carcieri, PhD,⁵ Ljubomir Manola, PhD,⁶ and Jens Volkmann, MD^{1*}



... searching in the dark

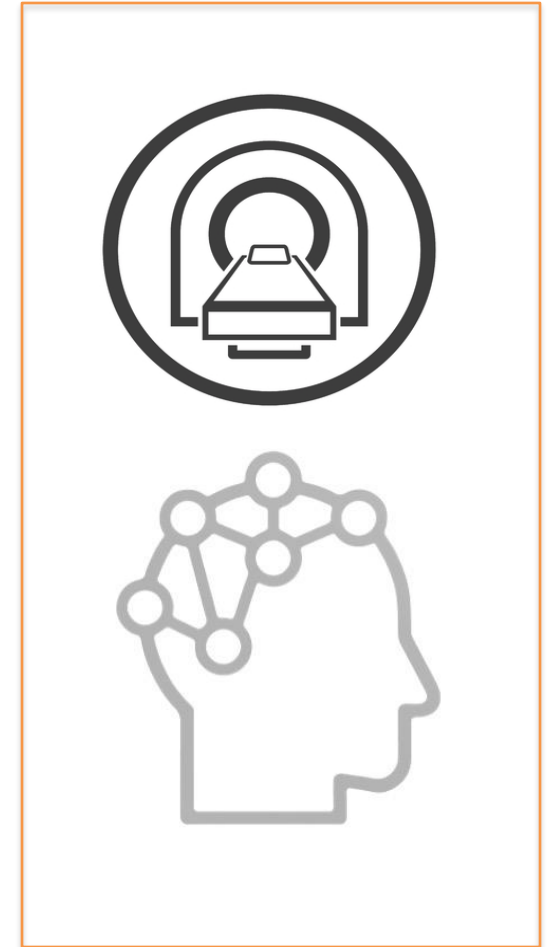
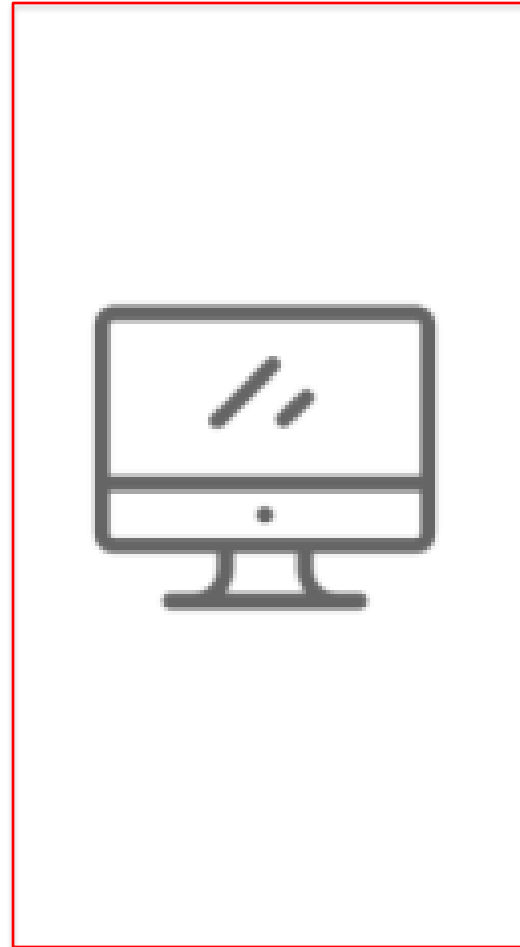
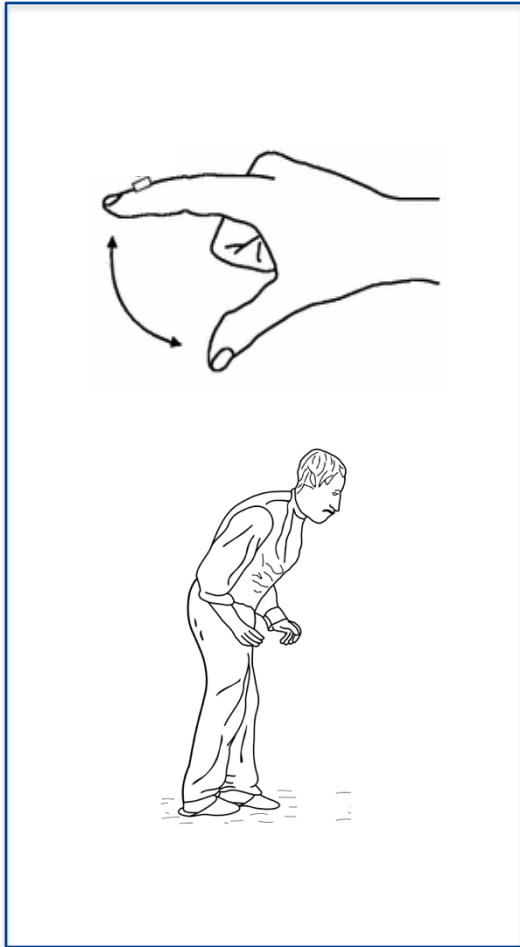


Tapping in the dark
„Inching“ distances

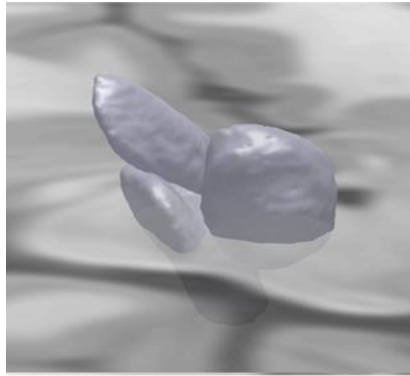
Ideas?



DBS programming of > 12.000 options



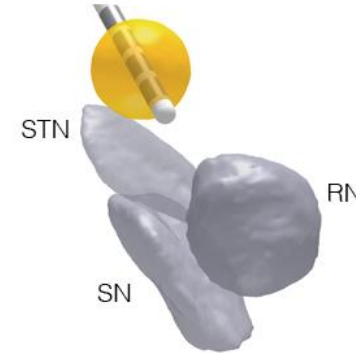
Computational modelling for DBS programming with imaging



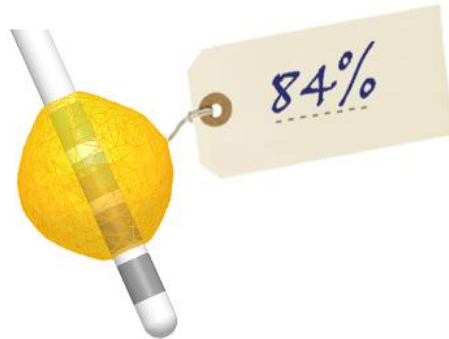
1. Registration of atlas



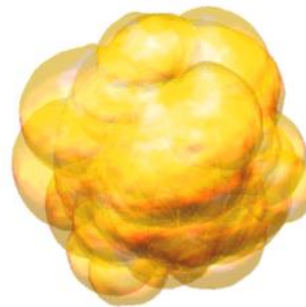
2. Detection of lead



3. Rendering of VTA



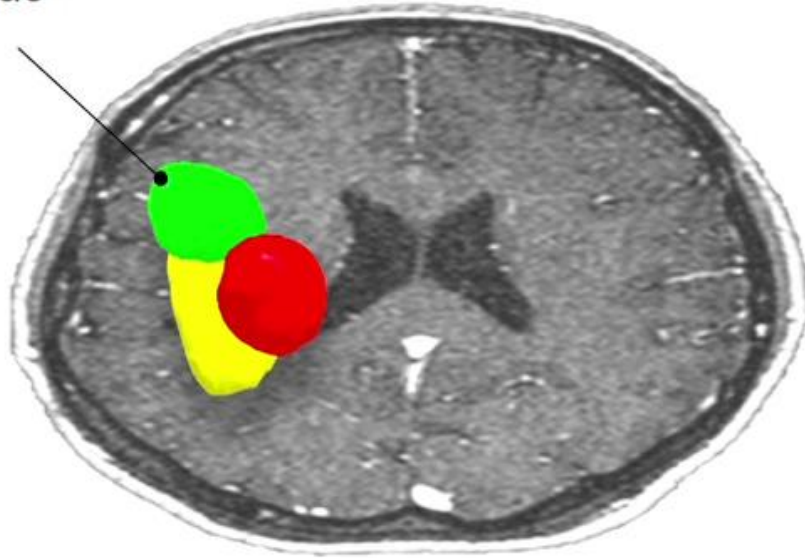
4. Scoring of therapy



5. Aggregation of data

imaging methods

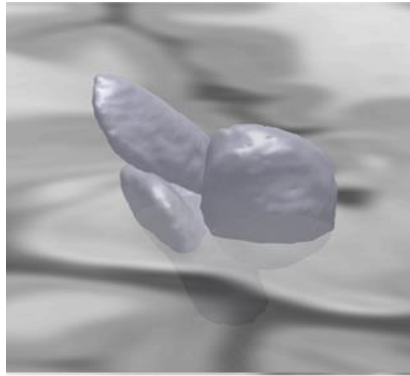
STN-atlas*



Patient brain

*Not to scale

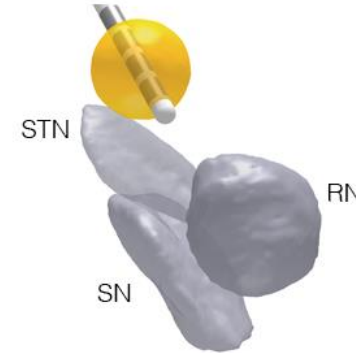
Computational modelling for DBS programming with imaging



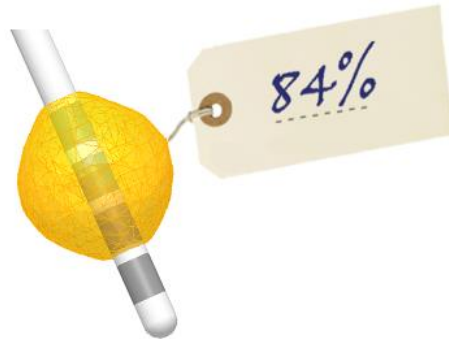
1. Registration of atlas



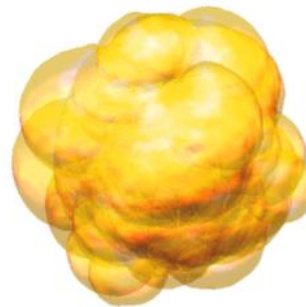
2. Detection of lead



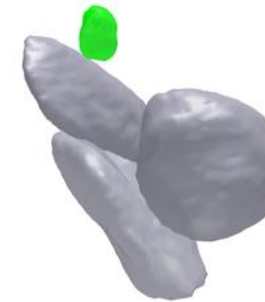
3. Rendering of VTA



4. Scoring of therapy

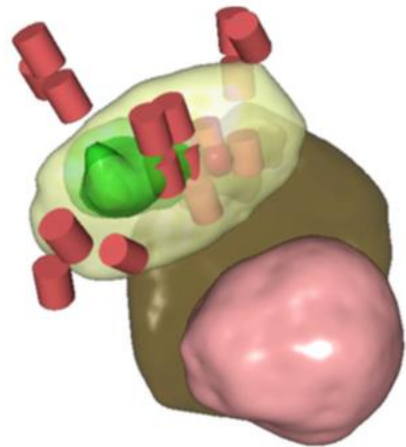


5. Aggregation of data

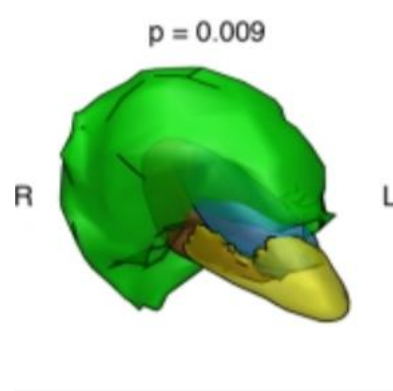


6. Statistical analysis

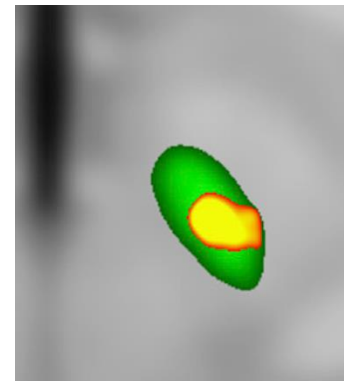
Sweetspot(s) of STN DBS in PD



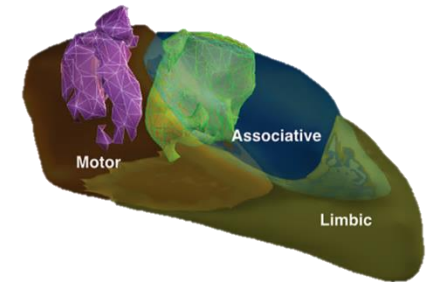
n = 9



n = 21
449 settings

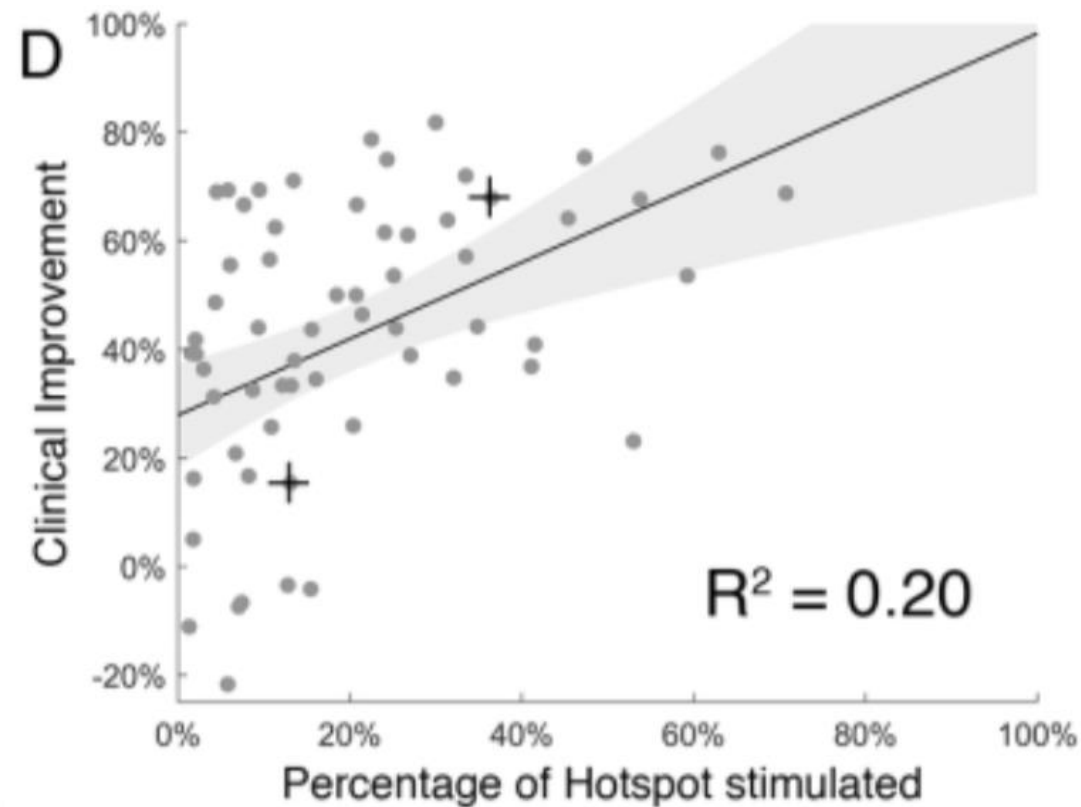
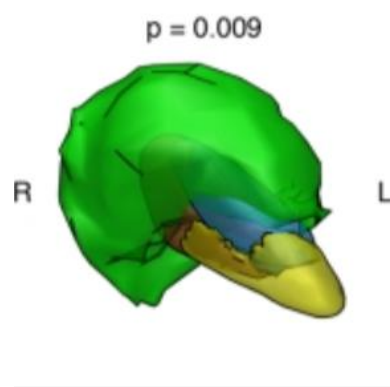


n = 12
192 settings



n = 69

Sweetspot(s) of STN DBS in PD



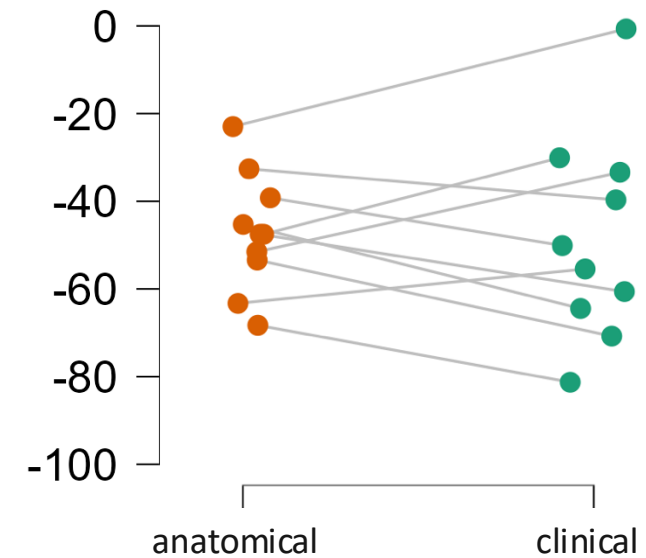
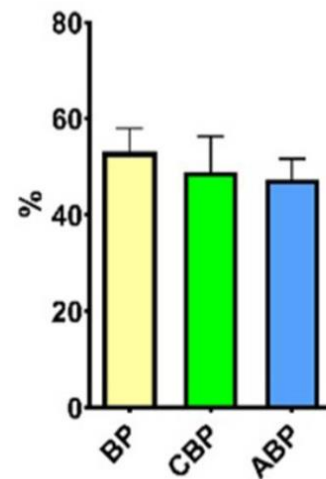
Programming patients on Sweetspot



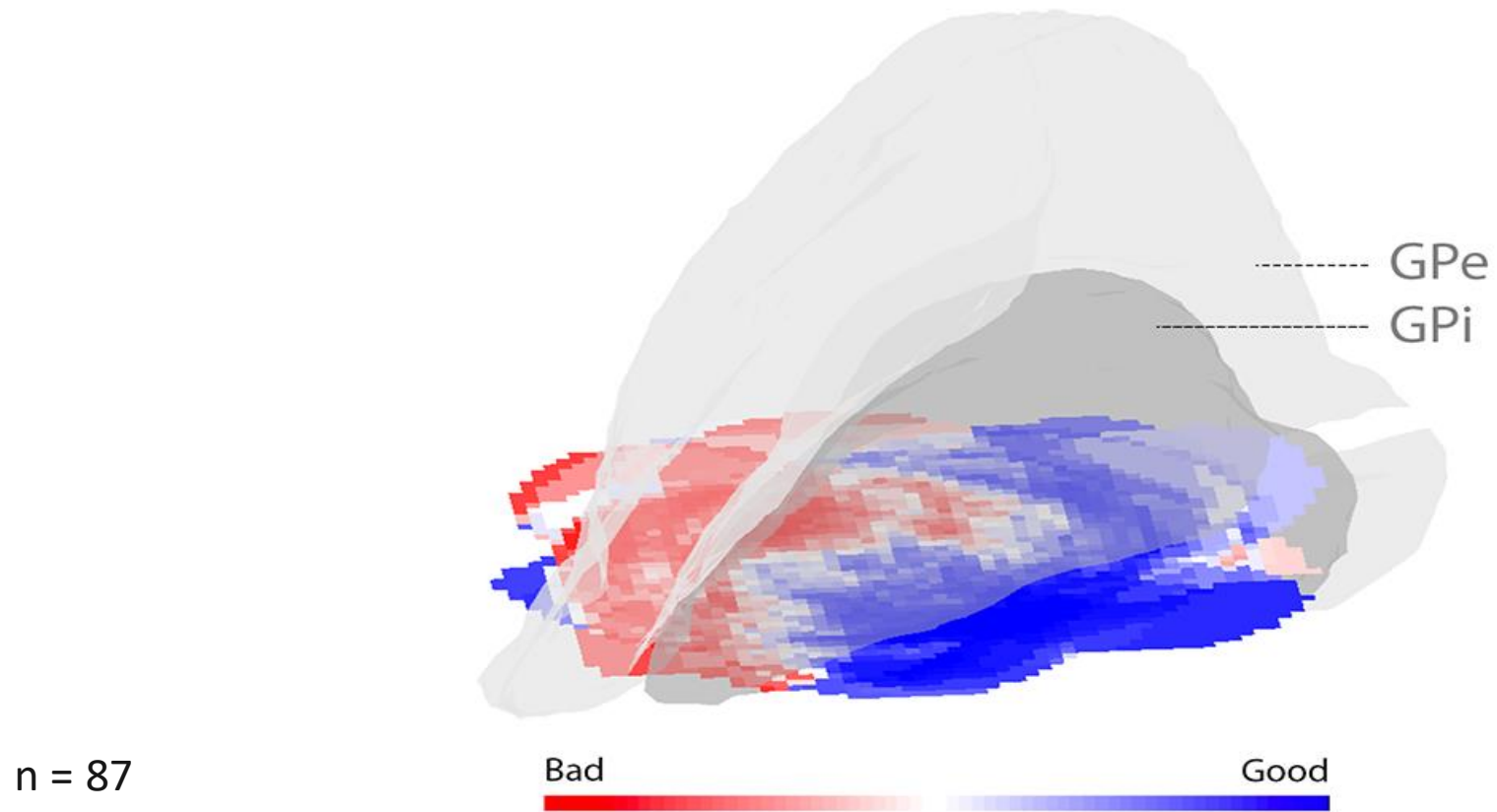
Reduced Programming Time and Strong Symptom Control Even in Chronic Course Through Imaging-Based DBS Programming

Florian Lange^{1*}, Frank Steigerwald¹, Tobias Malzacher¹, Gregor Alexander Brandt¹, Thorsten Michael Odorfer¹, Jonas Roothans¹, Martin M. Reich¹, Patrick Fricke², Jens Volkmann¹, Cordula Matthies² and Philipp D. Capetian¹

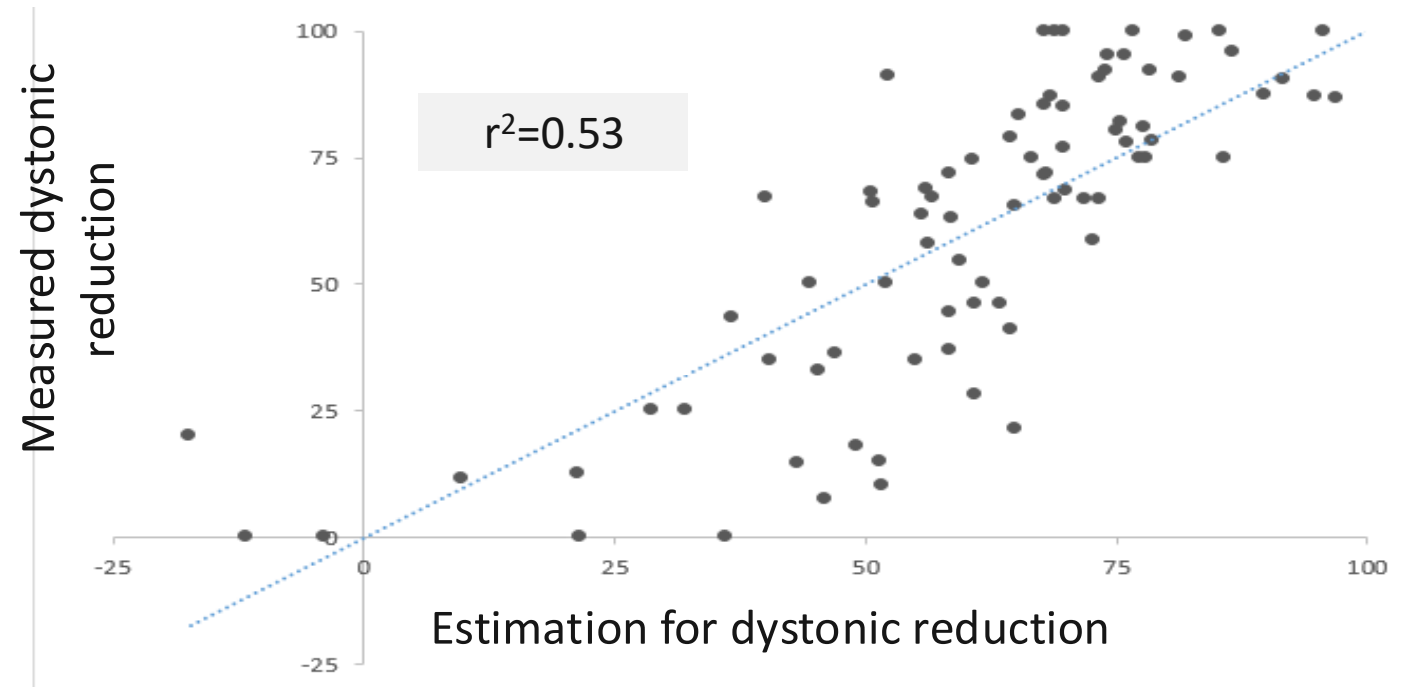
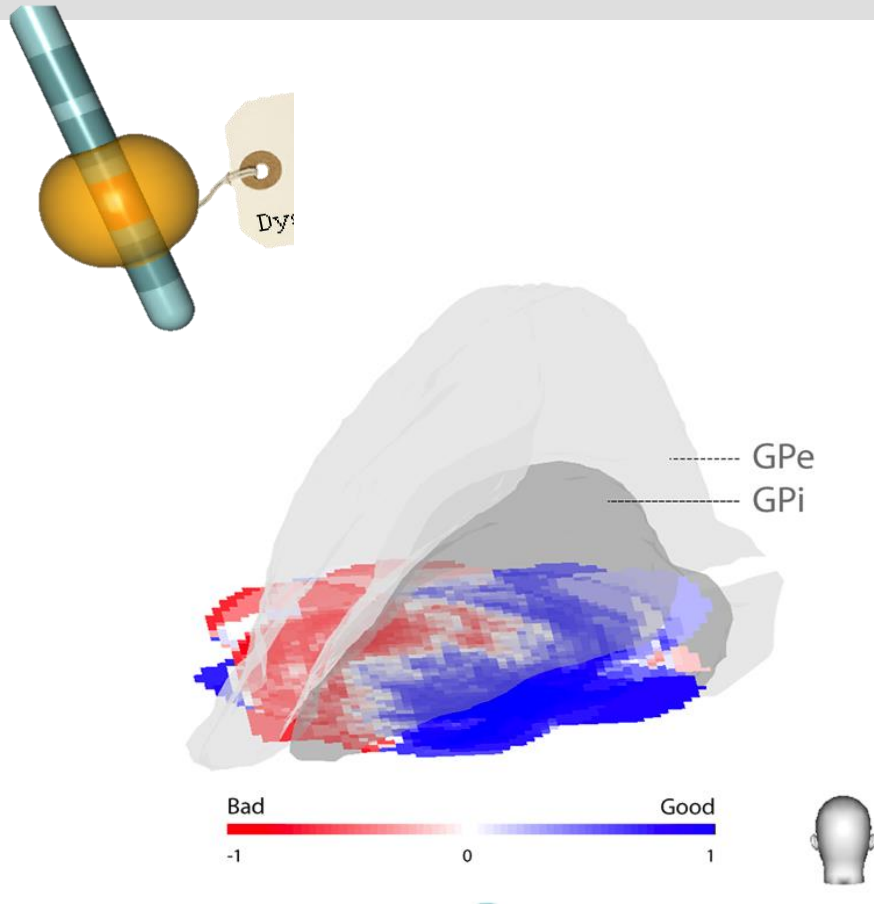
C Percentage of improvement relative to MedOFF/StimOFF



Taking the whole statistical map

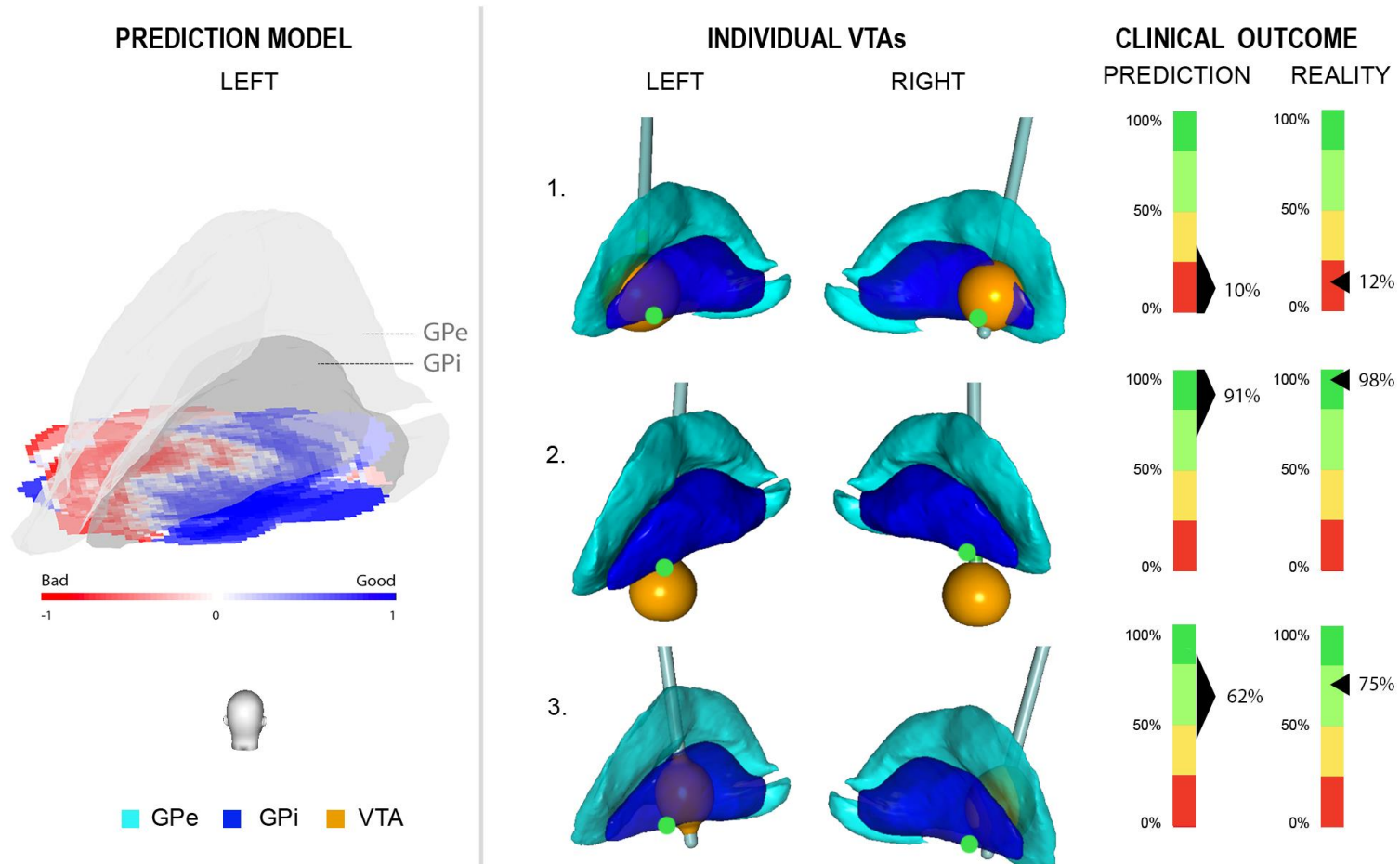


Probabilistic mapping and VTAs

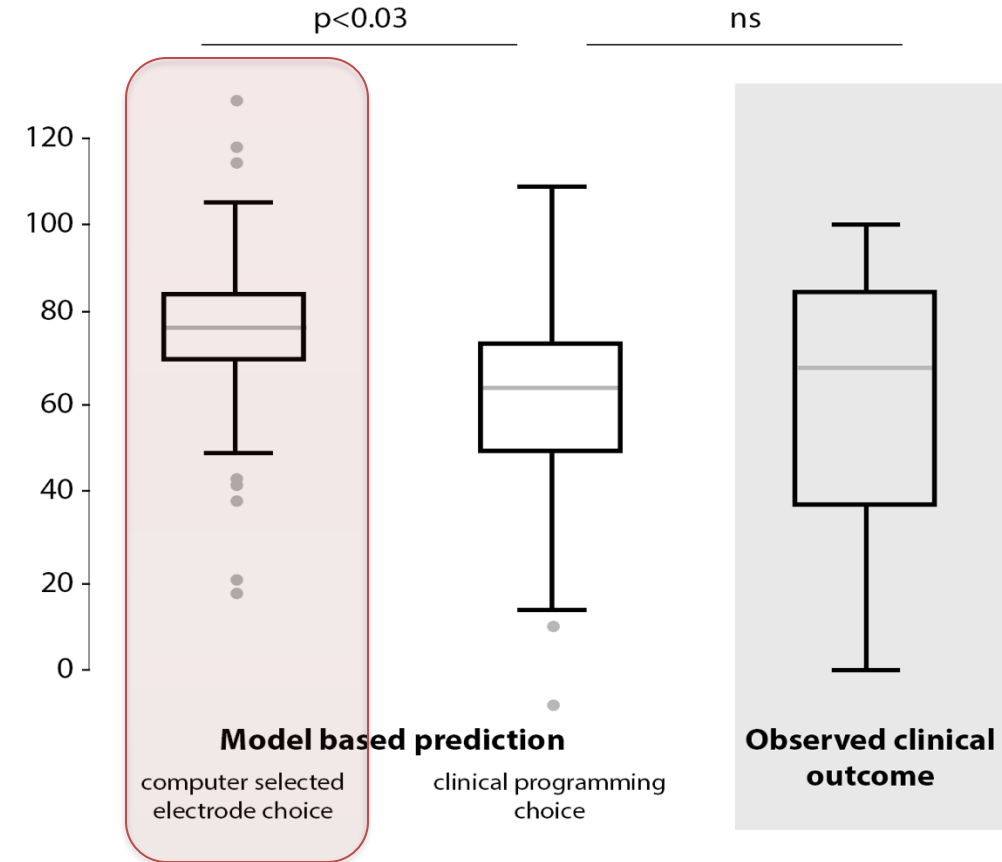
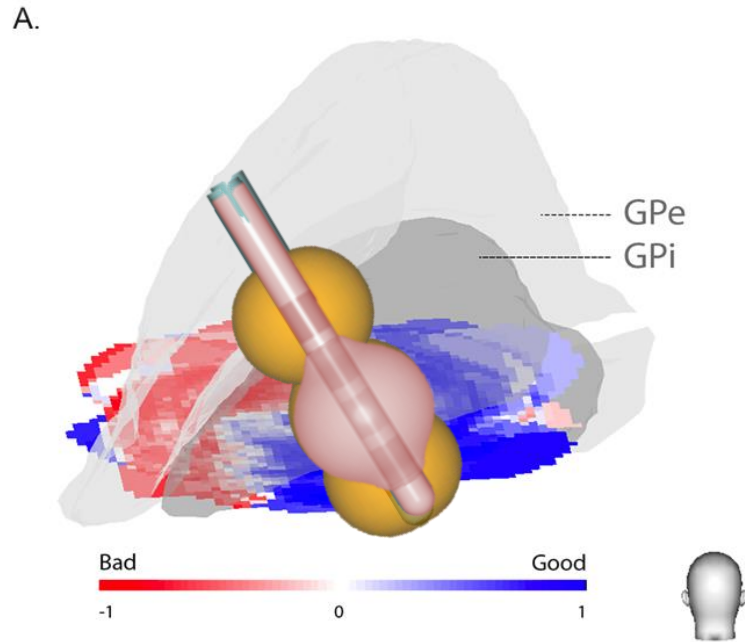


Correlation between **estimation** and **clinical measurements**

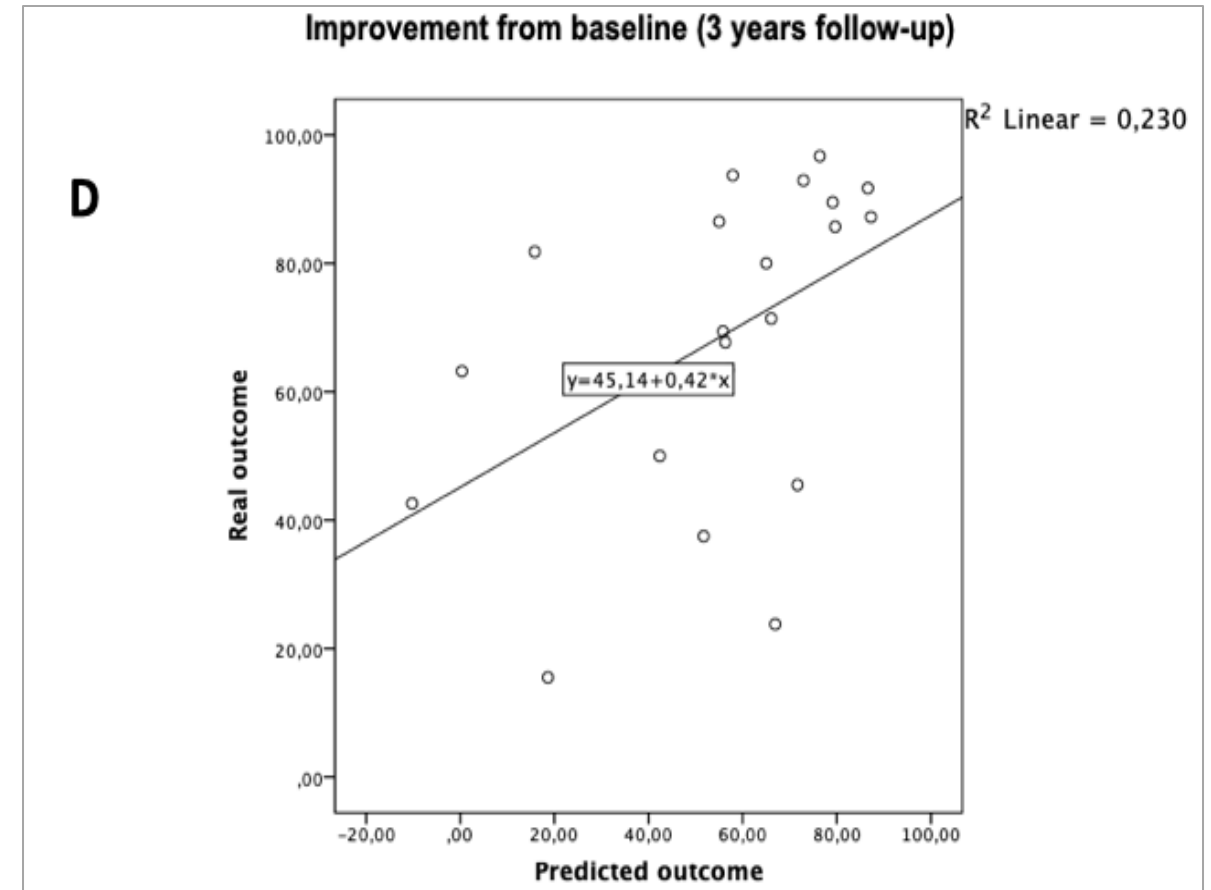
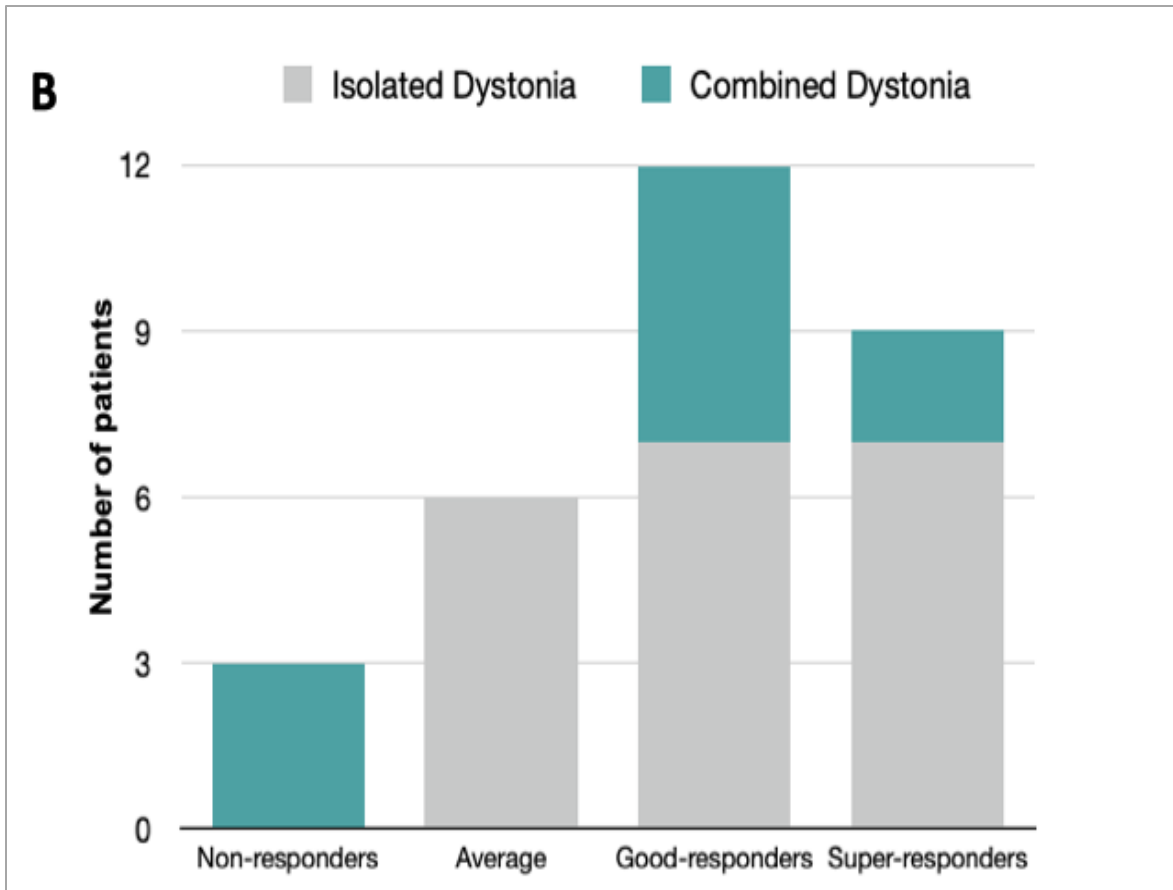
Individual predictions on local maps



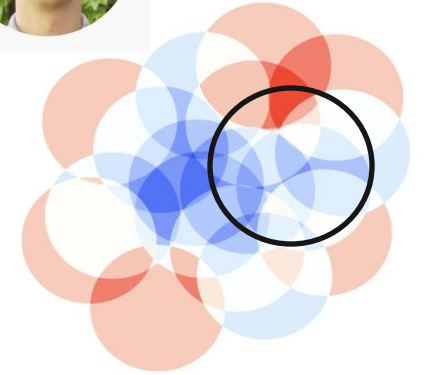
In silico testing of all possible monopolar electrode choices with a predefined VTA (3.0 mA; 90 μ s)



Conformation study with a independent cohort of isolated and combined dystonia (Soares et al. 2021)



Prediction modelling of individual DBS settings



Fix Amplitude ?

No

Fix pulse duration?

120 μ s (mean 117.5 μ s $\pm$ 44.2 μ s; Brain 2019)

How to handle Frequency?

Individual chosen once

Overlap of VTA with probabilistic map?

> 50 % regarding Soares *et al.* 2021

Prediction modelling of individual DBS settings



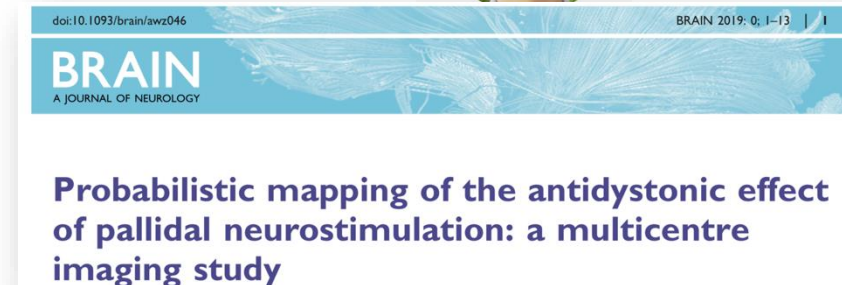
mean	3,41294118
std	1,10172412

	lower	upper
1 sigma	2,31121706	4,51466529
2 sigma	1,20949294	5,61638941

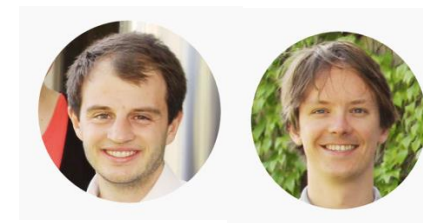
Clinician has +/- 0.5 mA selection freedom

So the range for **CSURF** is:

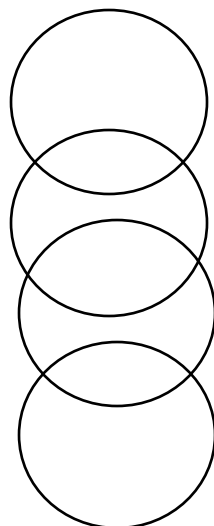
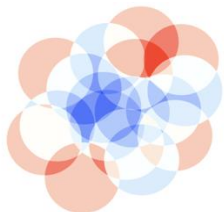
1.5 (1.0 - 2.0) until 5.5 (5.0 - 6.0)



Proof of Concept Study



$b_0: 0$
 $b_1: -1$
 $b_2: +2$
 $b_3: +3$



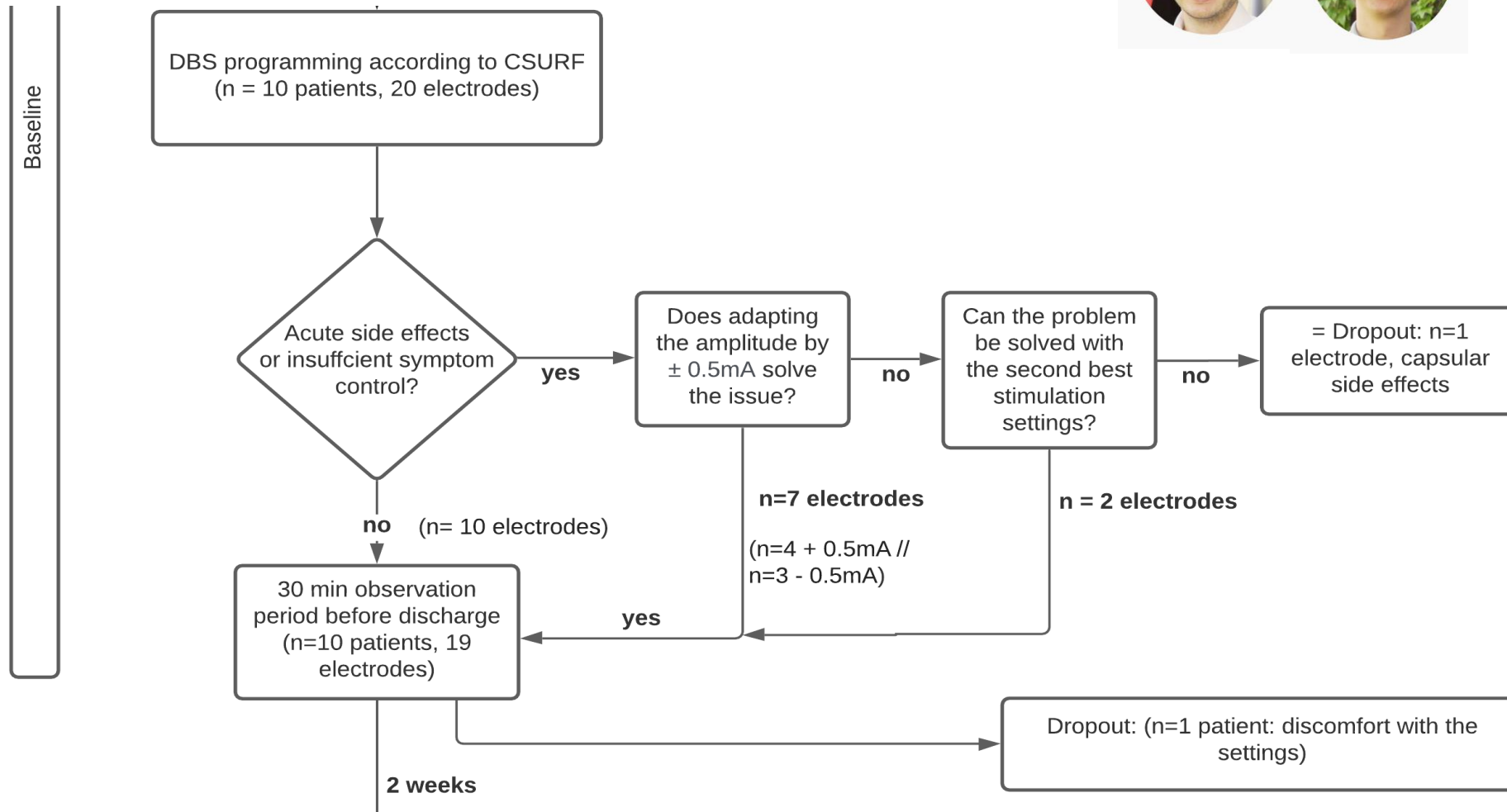
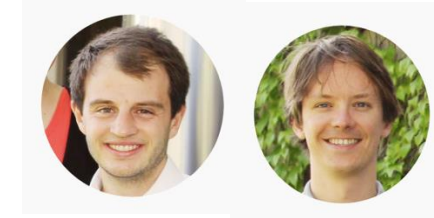
(4 contacts x 8 amplitudes) ² sides

1024 combinations!

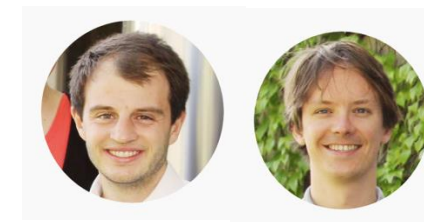
1024 predictions. → **TOP 1 and 2**

(5 minutes per setting, would be 3.5 days non stop programming)

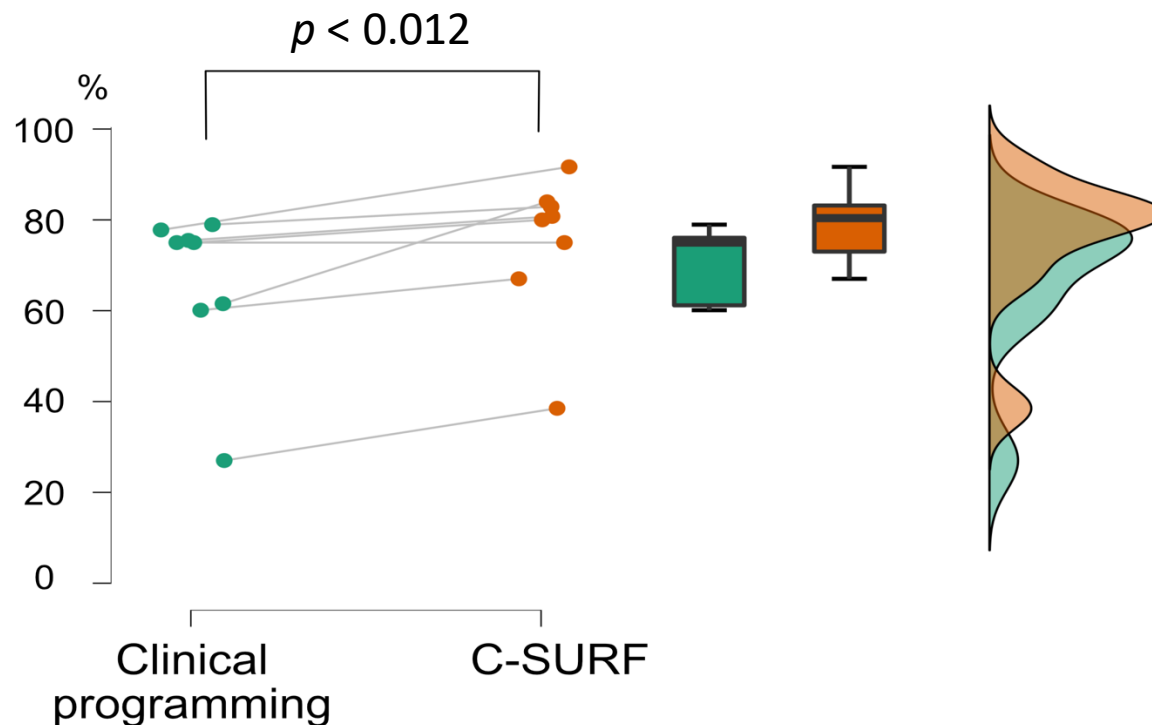
Akute Wirkung/Nebenwirkungen



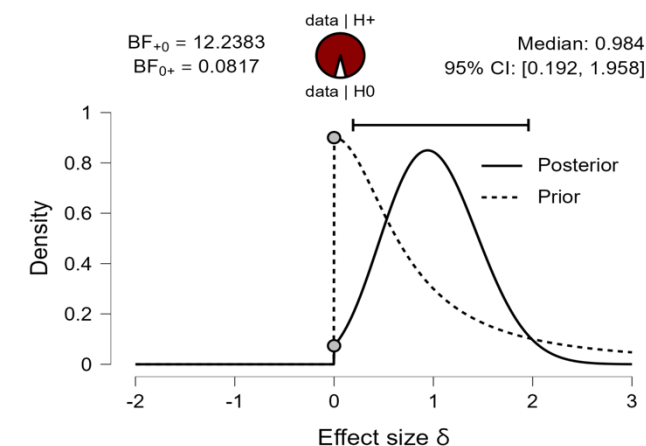
2-weeks Outcome Dystonia



A Clinical improvement



D Bayesian t-test: motor scores



**Long-term suppression of tremor
by chronic stimulation of the ventral intermediate
thalamic nucleus**

ALIM L. BENABID PIERRE POLLAK CLAIRE GERVASON
DOMINIQUE HOFFMANN DONG M. GAO MARC HOMMEL
JEAN E. PERRET JACQUES DE ROUGEMONT

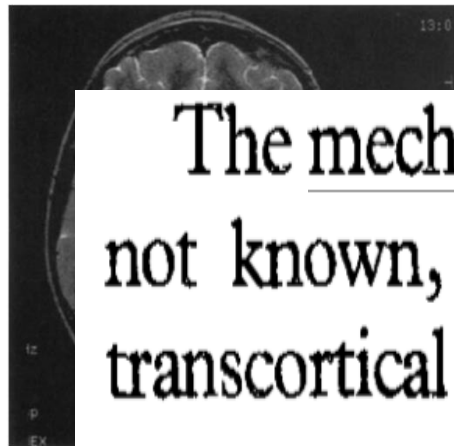
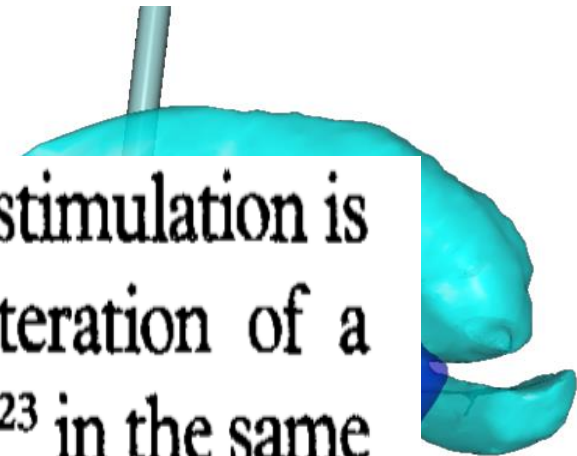


FIG. 1. St

The mechanism of action of electrical Vim stimulation is not known, but it could be due to the alteration of a transcortical reflex loop passing through Vim,²³ in the same manner as a thalamotomy. Instead of the removal by



today



Stimulation or neuromodulation ?

Insights into the mechanisms of deep brain stimulation

Keyoumars Ashkan , Priya Rogers, Hagai Bergman & Ismail Ughratdar

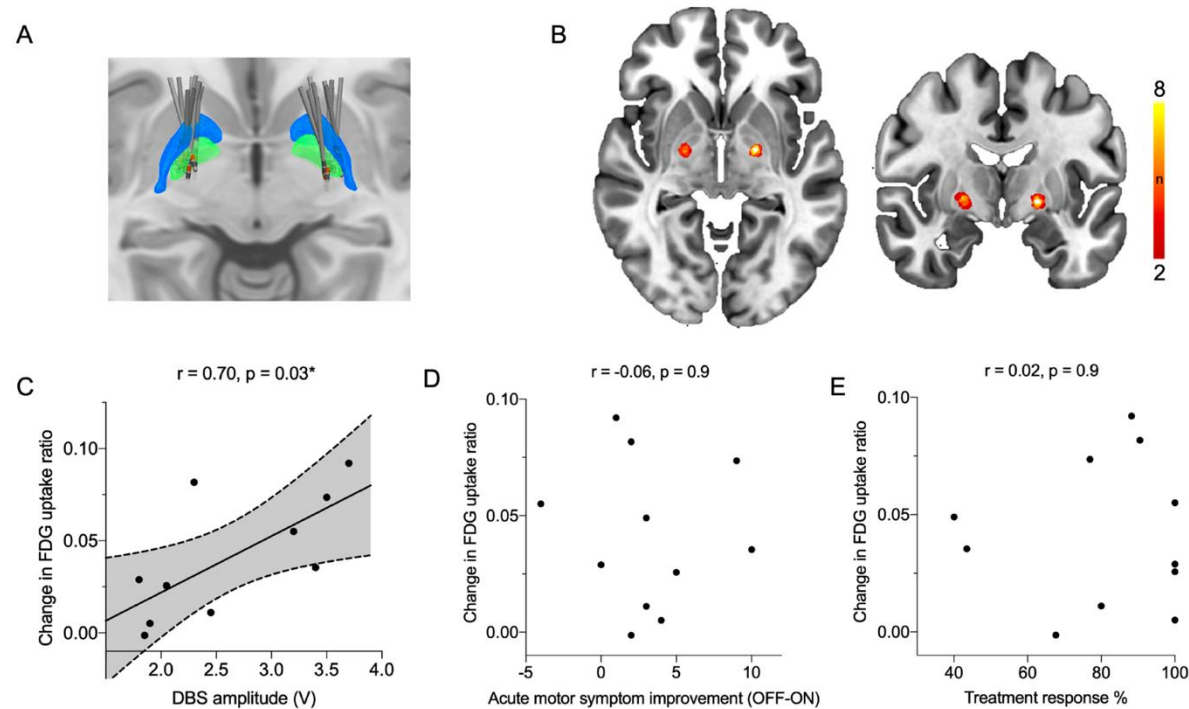
Nature Reviews Neurology **13**, 548–554 (2017) | [Download Citation](#) 

'deep brain stimulation' warrants modification. A potentially more accurate term is 'deep brain neuromodulation', as the mode of action spans an array of therapeutic effects over a variable period of time, and is not just limited to 'stimulation' of the basal ganglia brain centres.

Original research

GPI-DBS-induced brain metabolic activation in cervical dystonia

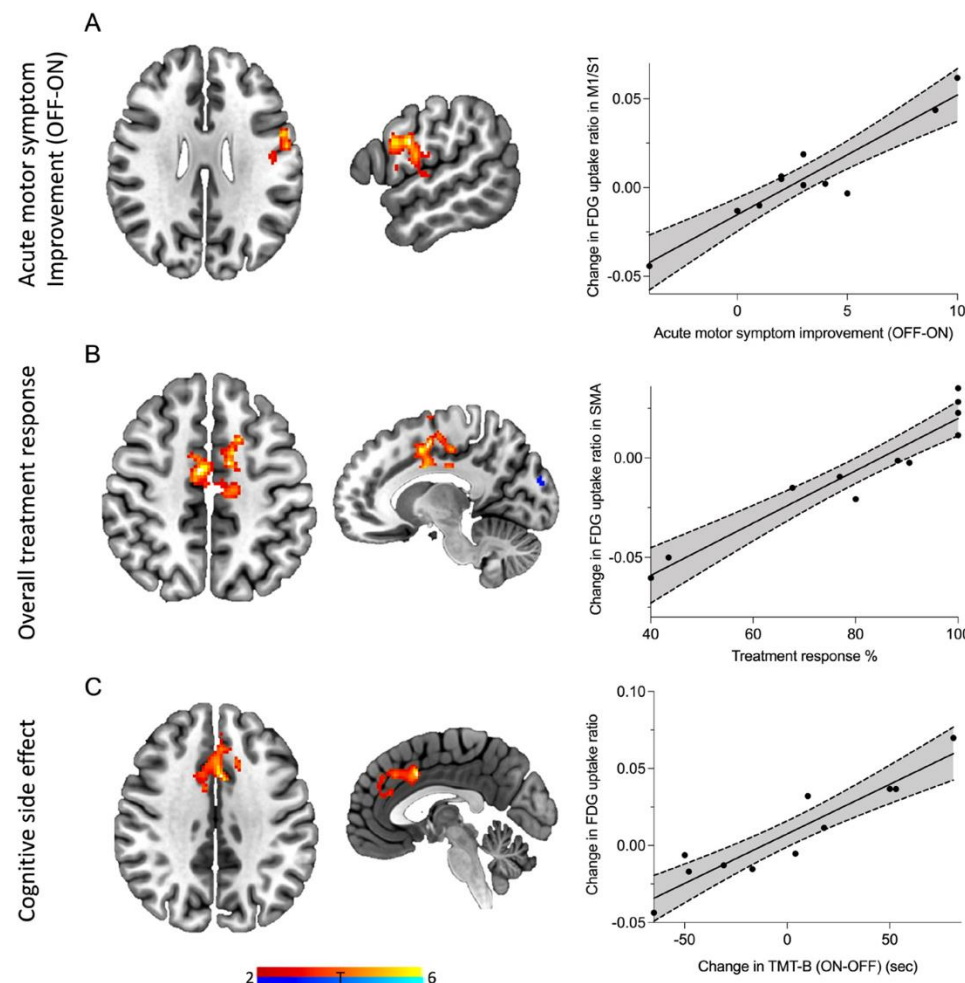
Emma A Honkanen ^{1,2,3,4}, Jaana Rönkä,^{1,5} Eero Pekkonen,⁶ Juho Aaltonen,² Maija Koivu,⁶ Olli Eskola,⁴ Hazem Eldebakey,⁷ Jens Volkmann,⁷ Valtteri Kaasinen,^{1,5} Martin M Reich,⁷ Juho Joutsa ^{1,2,4}



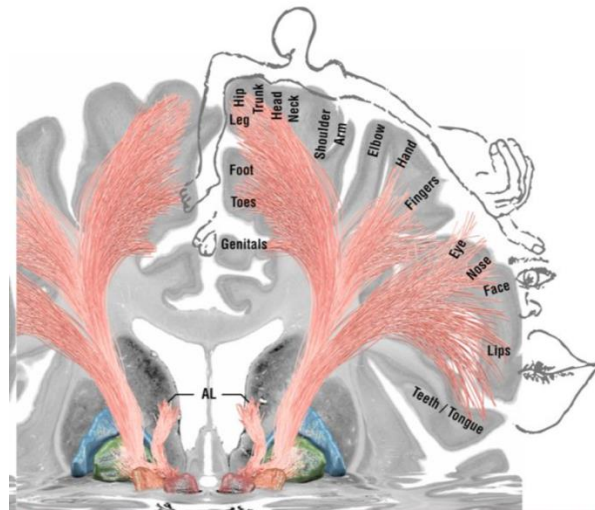
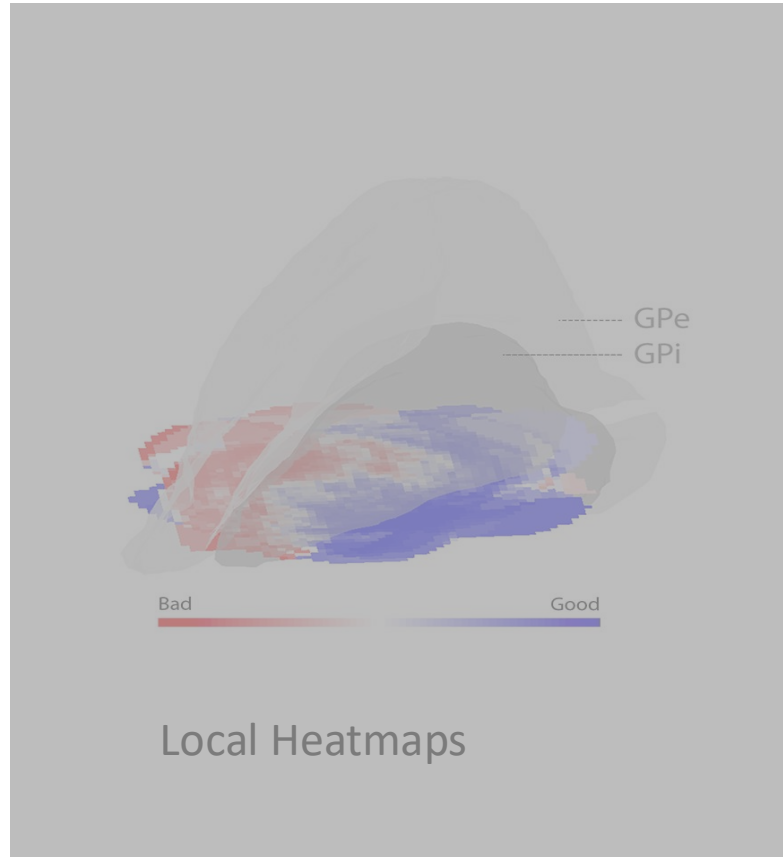
Original research

GPI-DBS-induced brain metabolic activation in cervical dystonia

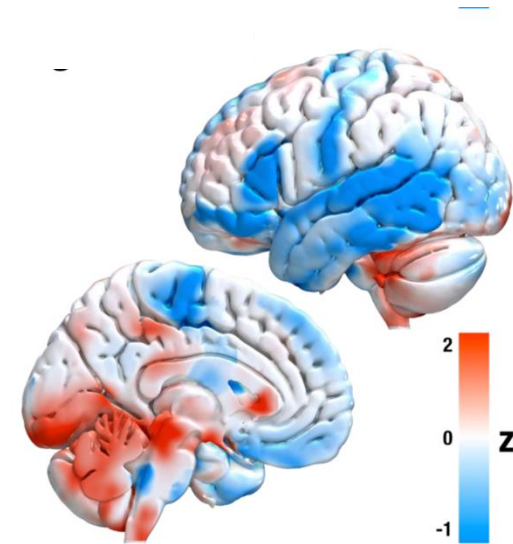
Emma A Honkanen ,^{1,2,3,4} Jaana Rönkä,^{1,5} Eero Pekkonen,⁶ Juho Aaltonen,² Maija Koivu,⁶ Olli Eskola,⁴ Hazem Eldebakey,⁷ Jens Volkmann,⁷ Valtteri Kaasinen,^{1,5} Martin M Reich,⁷ Juho Joutsa ^{1,2,4}



Network modelling with normative connectomes

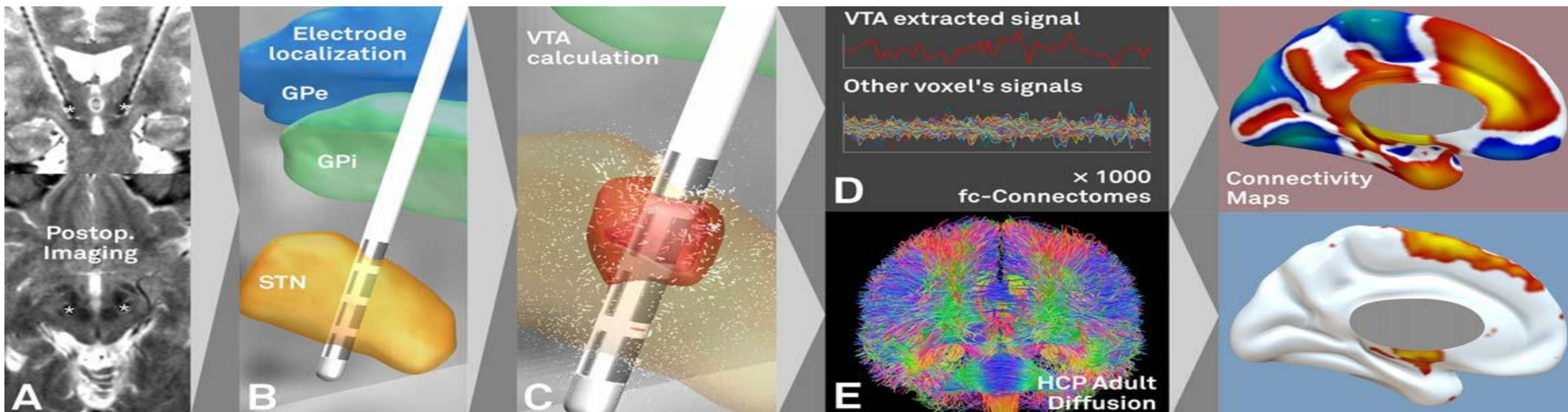


structural connectivity



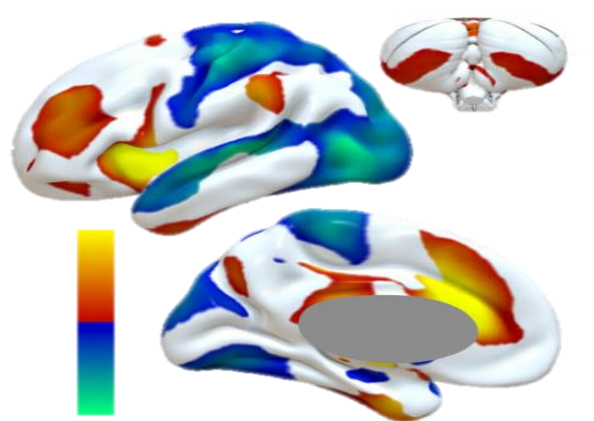
functional connectivity

Seed-based connectivity

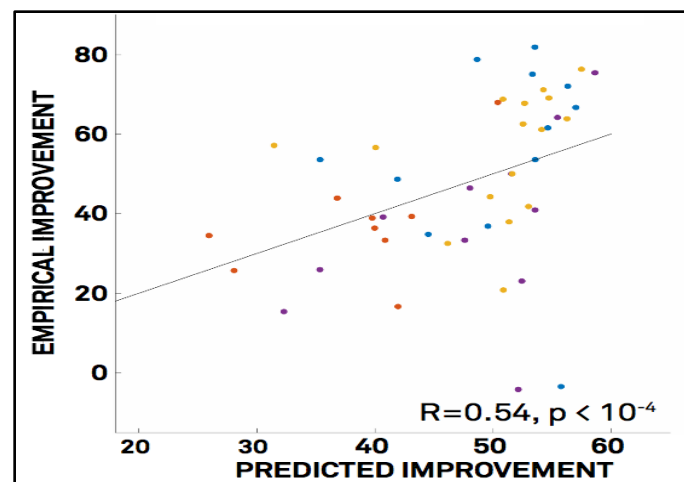
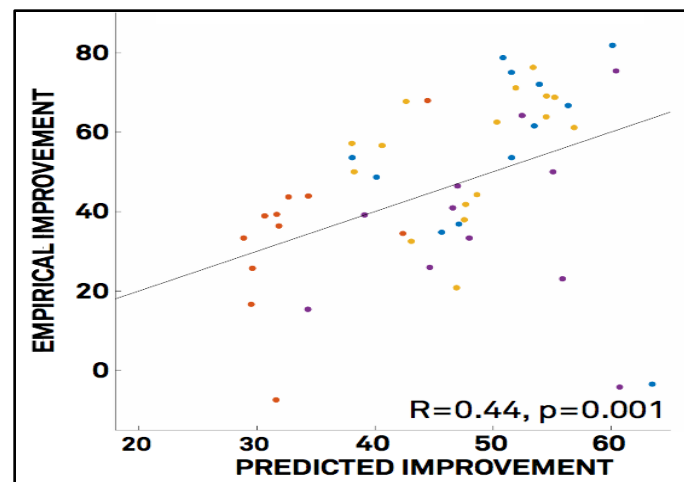
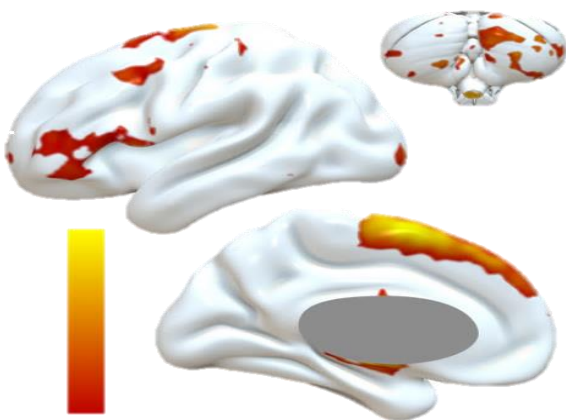


Clinical Response Map

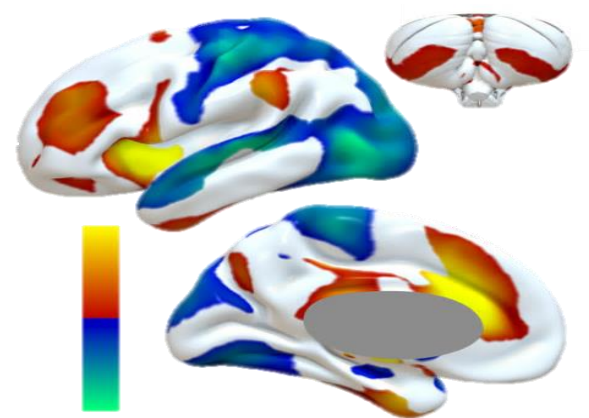
Functional Connectivity



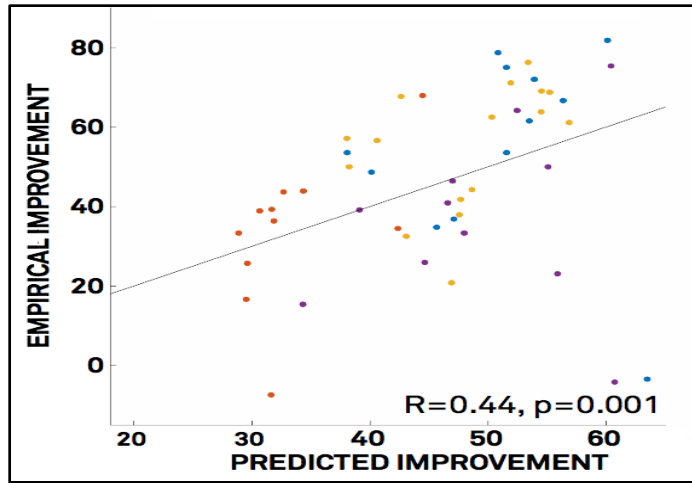
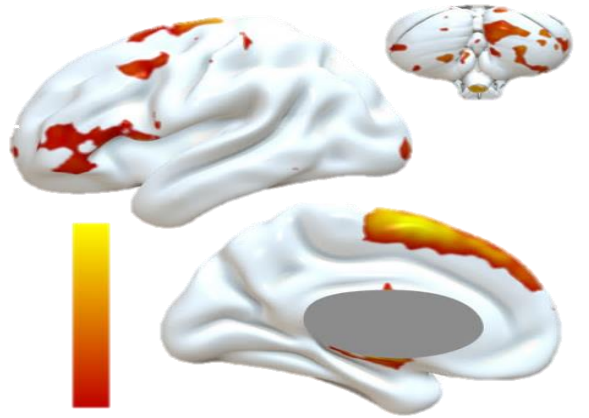
Structural Connectivity



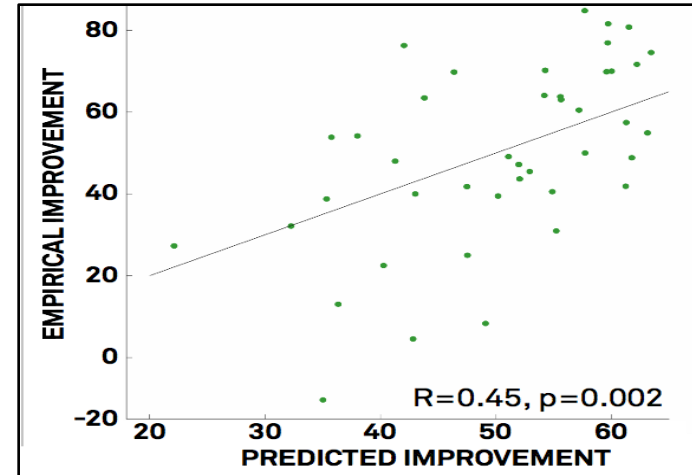
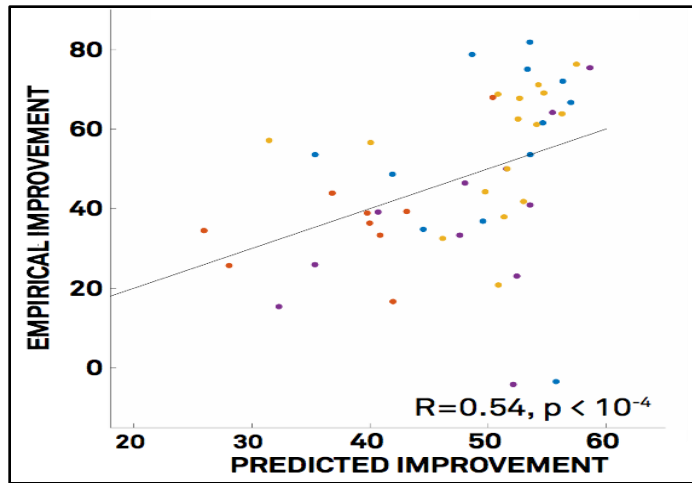
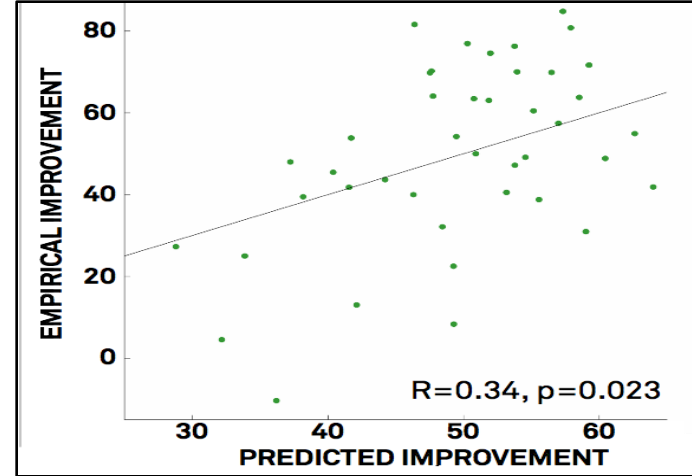
Functional Connectivity

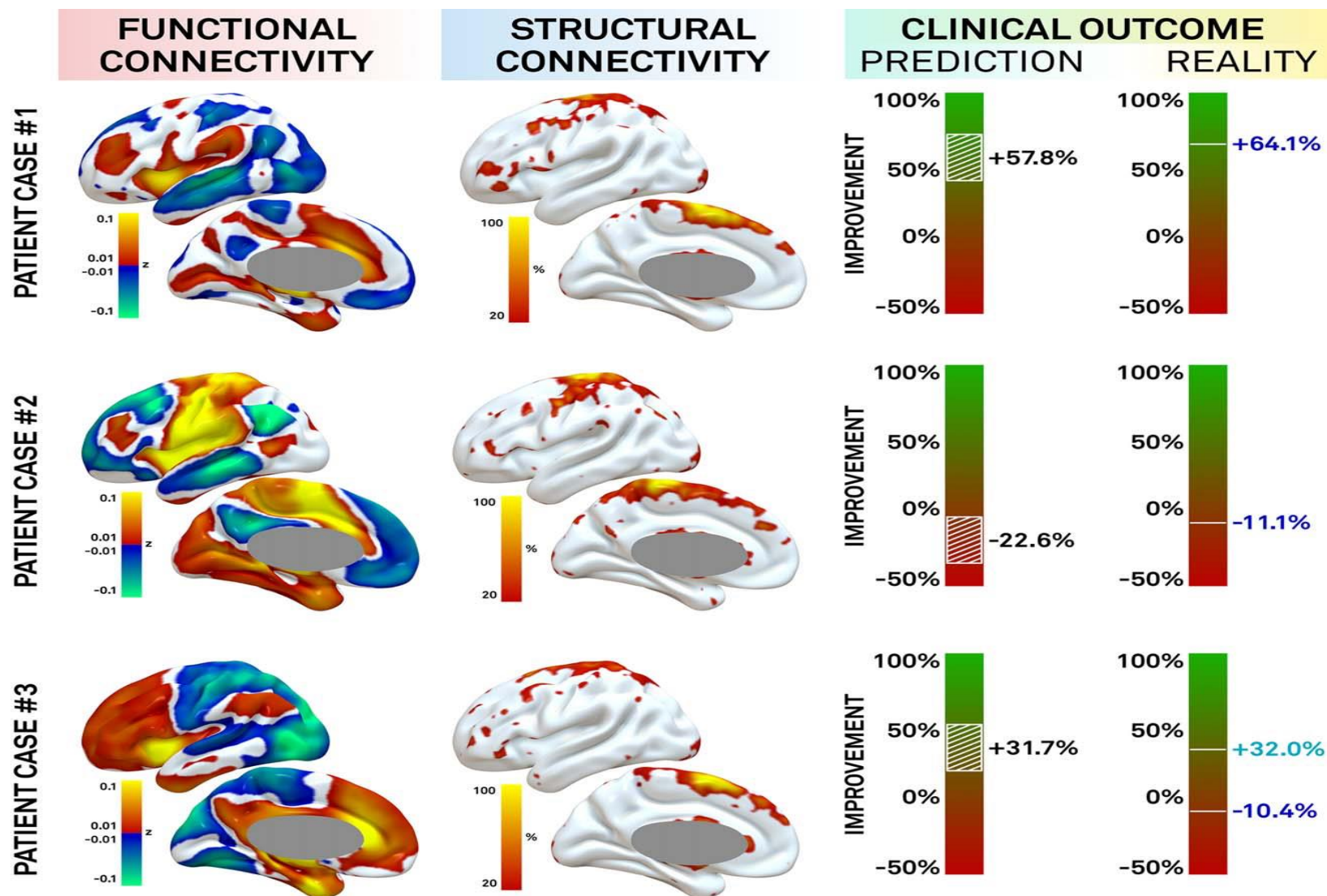


Structural Connectivity

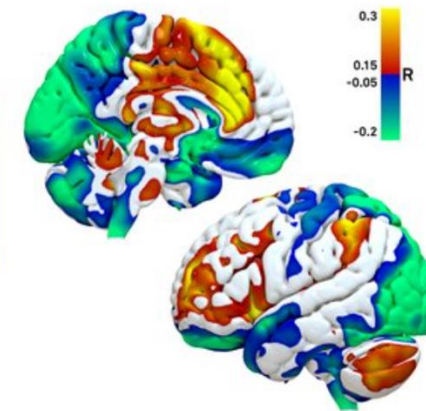
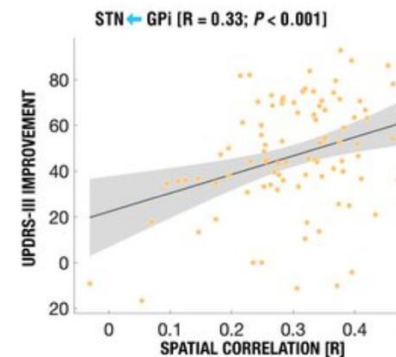
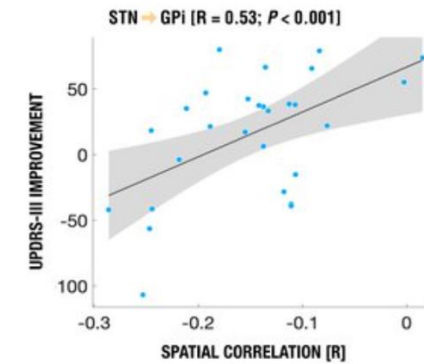
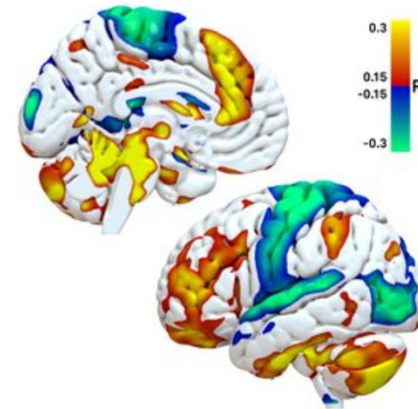
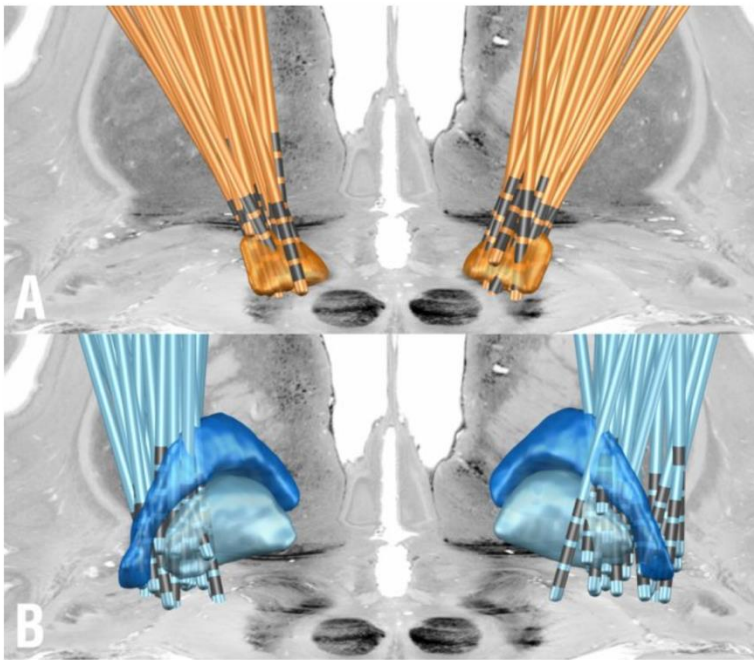


Independent Cohort





Neuronal network of parkinsonism improvement

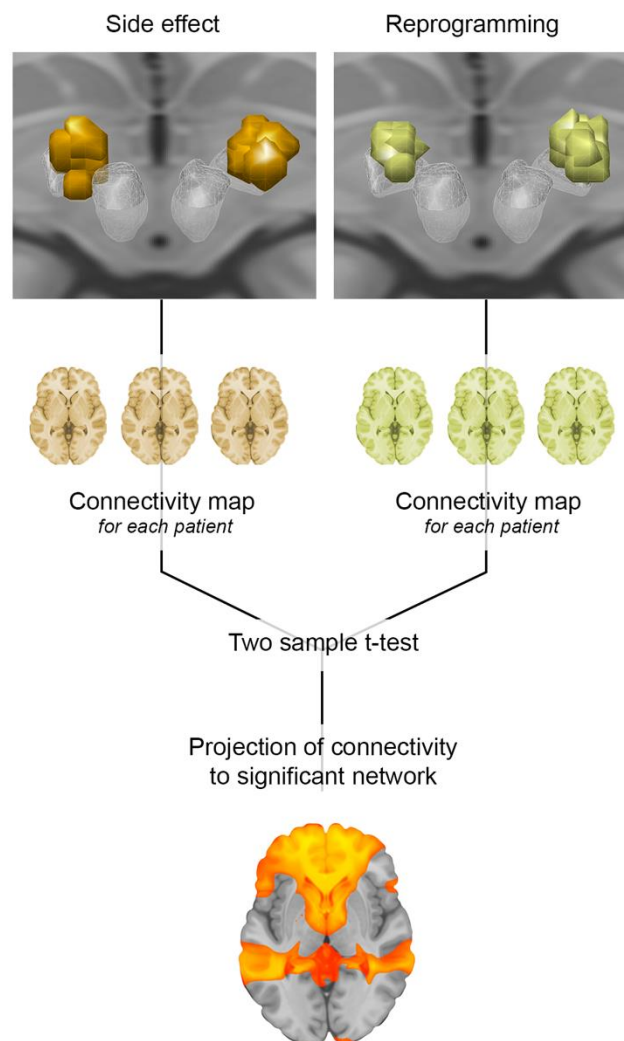


Neuronal network of side effects ?

- Small cohorts -

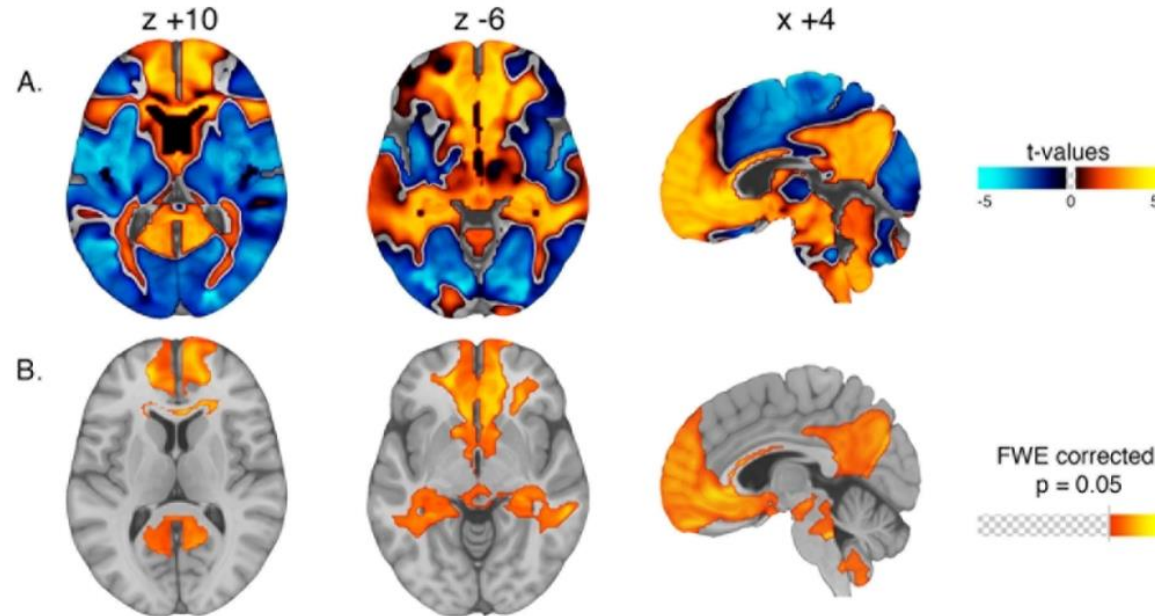


Neuronal networks in small cohorts



Neuronal network of cognitive (decline)

Cognitive decline in STN DBS



ACCEPTED MANUSCRIPT

A brain network for deep brain stimulation induced cognitive decline in Parkinson's disease

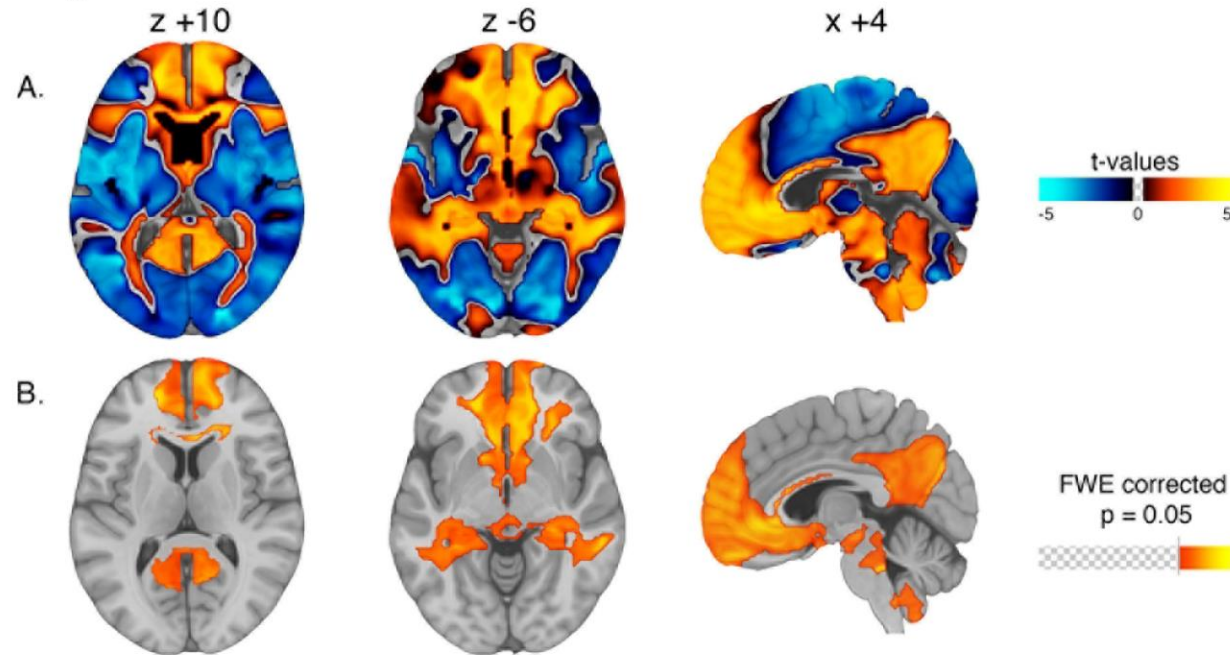
Martin M. Reich , Joey Hsu, Michael Ferguson, Frederic L. W. V. J. Schaper, Juho Joutsa, Jonas Roothans, Robert C. Nickl, Anneke Frankemolle-Gilbert, Jay Alberts, Jens Volkmann, Michael D. Fox 

Brain, awac012, <https://doi.org/10.1093/brain/awac012>

Published: 17 January 2022 **Article history** ▼

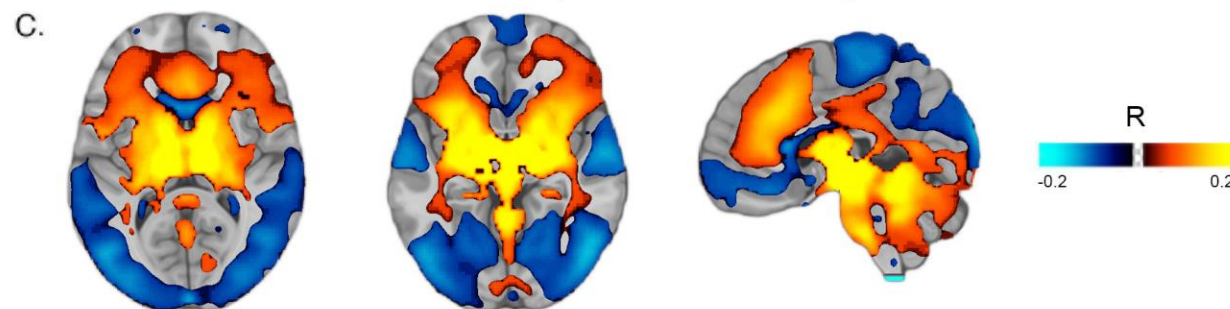
Network non-similarity

Cognitive decline in STN DBS

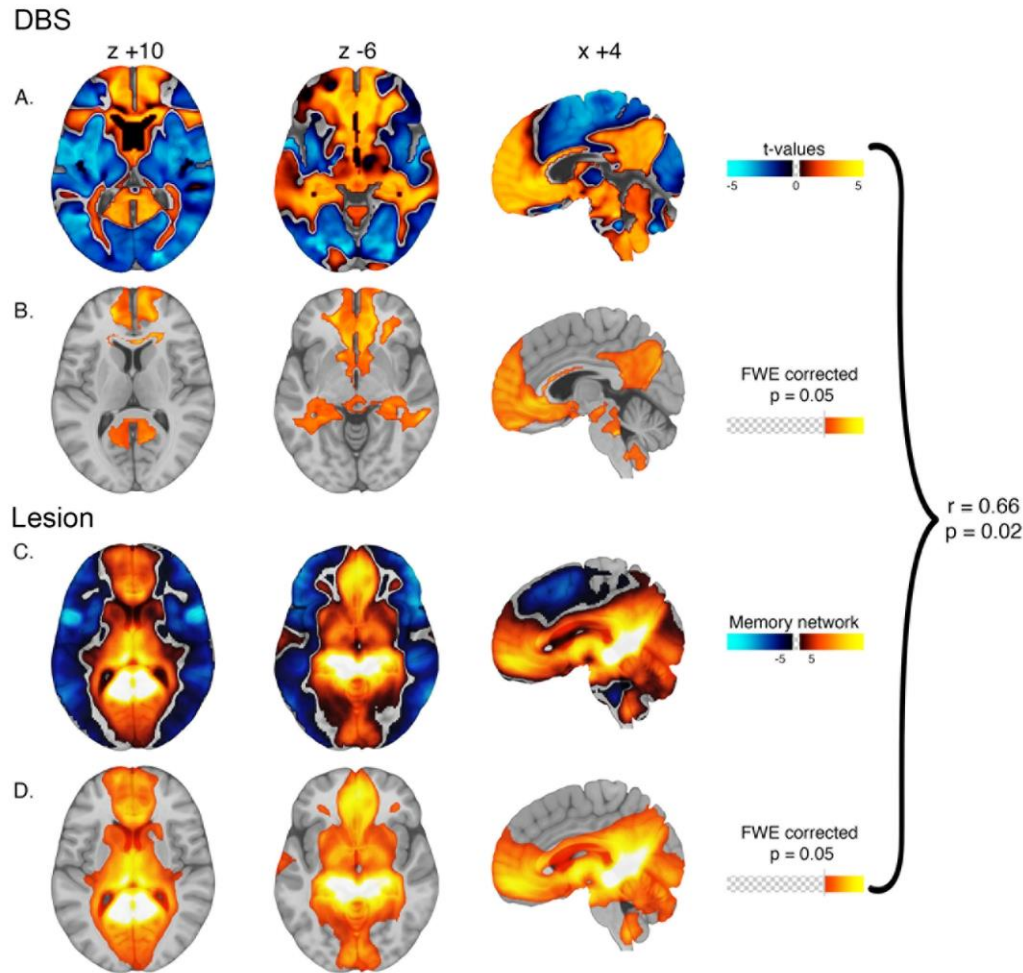


$r = 0.29$ $p = 0.52$

Parkinson control in STN DBS (Horn et al. 2017)



Neuronal network of cognitive (decline)



ACCEPTED MANUSCRIPT

A brain network for deep brain stimulation induced cognitive decline in Parkinson's disease

Martin M. Reich , Joey Hsu, Michael Ferguson, Frederic L. W. V. J. Schaper, Juho Joutsa, Jonas Roothans, Robert C. Nickl, Anneke Frankemolle-Gilbert, Jay Alberts, Jens Volkmann, Michael D. Fox 

Brain, awac012, <https://doi.org/10.1093/brain/awac012>

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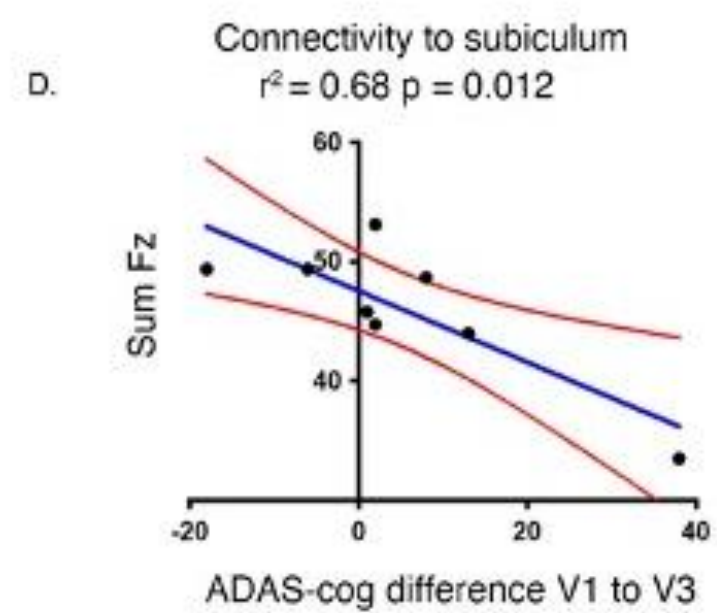
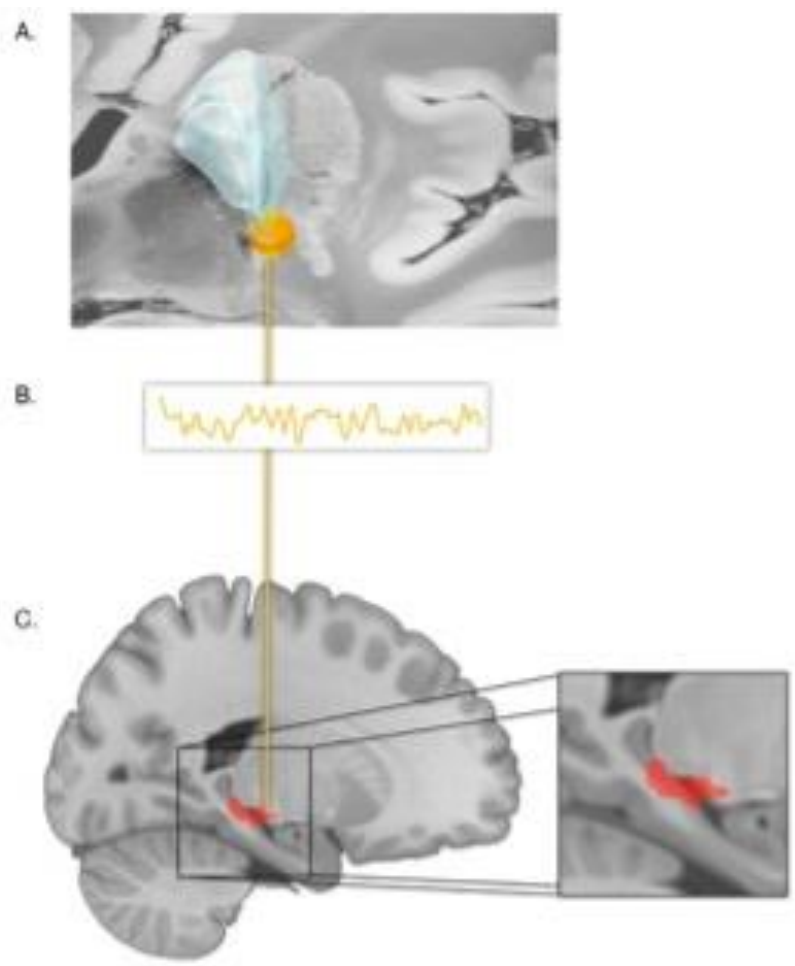
ARTICLE

<https://doi.org/10.1038/s41467-019-11353-z> OPEN

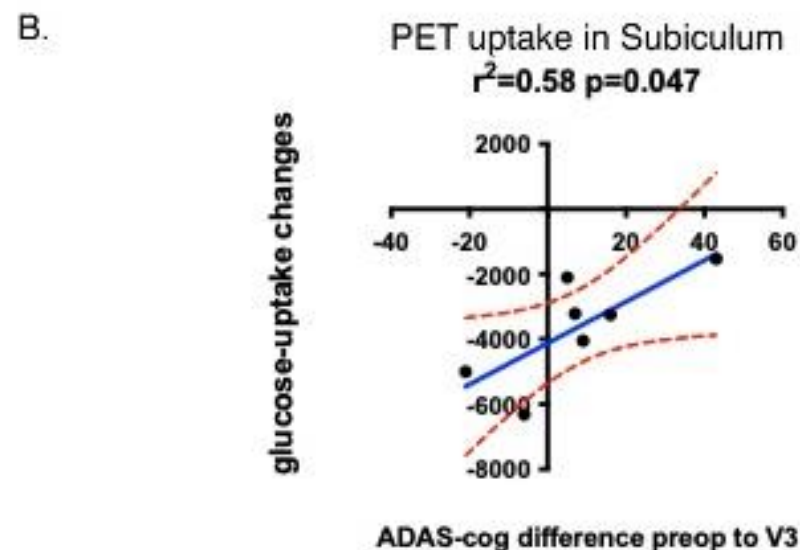
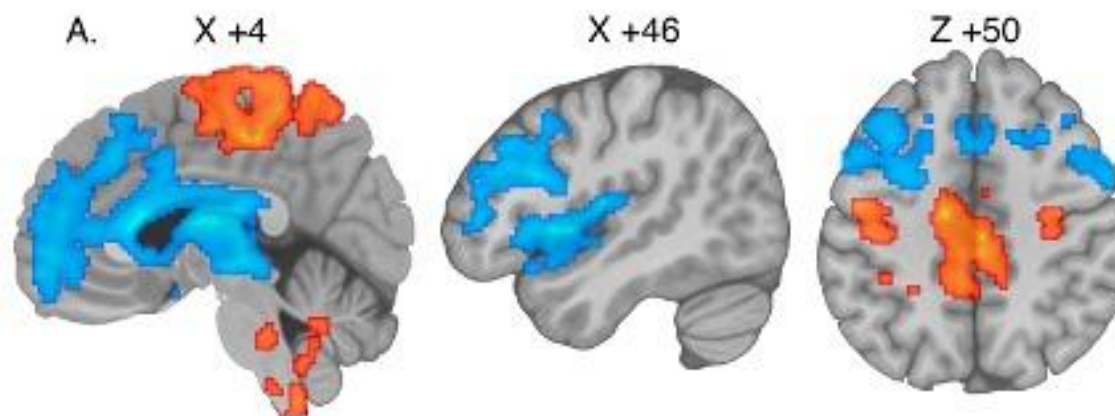
A human memory circuit derived from brain lesions causing amnesia

Michael A. Ferguson^{1,2}, Chun Lim^{1,2,11}, Danielle Cooke^{1,2}, R. Ryan Darby³, Ona Wu⁴, Natalia S. Rost⁵, Maurizio Corbetta^{6,7,8}, Jordan Grafman^{9,10} & Michael D. Fox^{1,2,4,11}

NBM-Connectivity to memory circuit



Metabolic brain changes under chronic combined NBM and STN-DBS



Low and high Frequency Stimulation in PET

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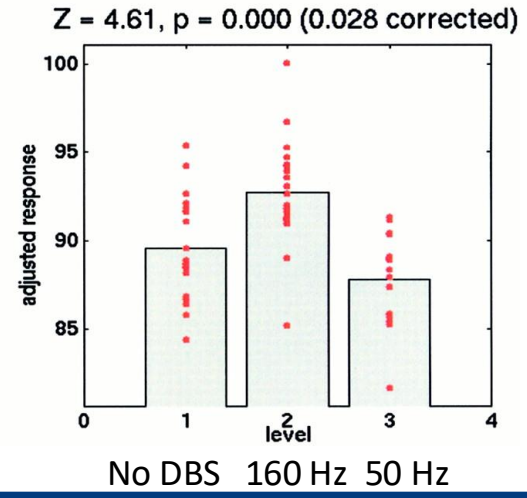
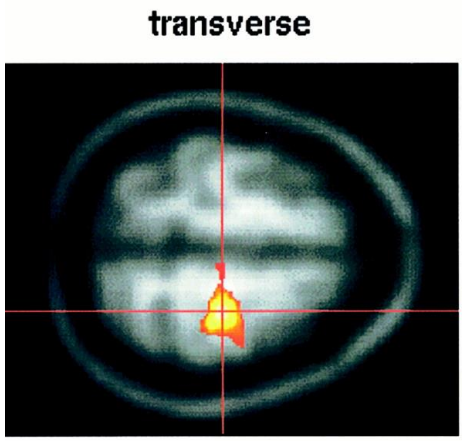
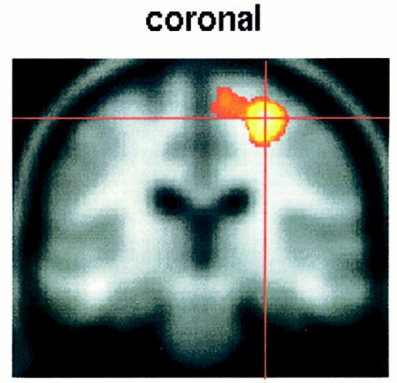
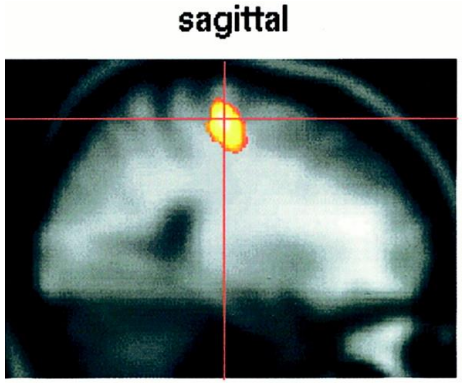
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May 22, 2001; 56 (10) ARTICLES

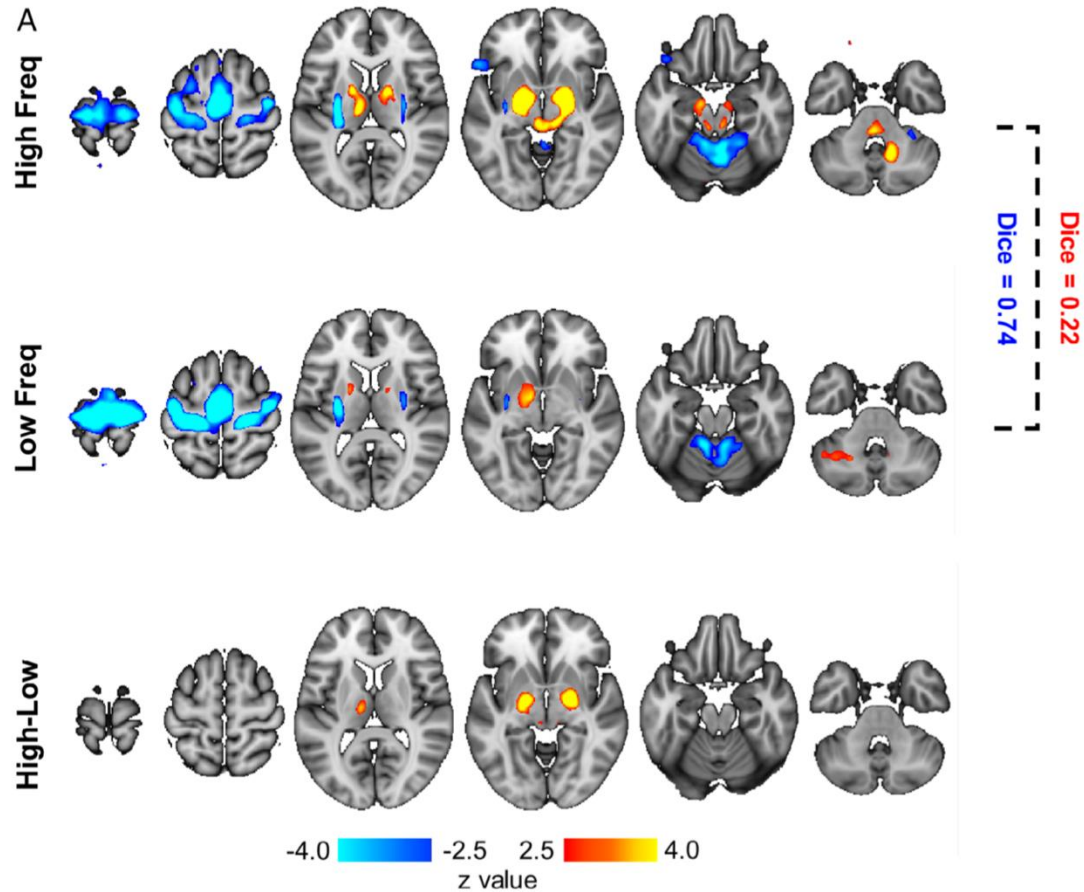
Thalamic stimulation for essential tremor activates motor and deactivates vestibular cortex

A. O. Ceballos-Baumann, H. Boecker, W. Fogel, F. Alesch, P. Bartenstein, B. Conrad, N. Diederich, I. von Falkenhayn, J. R. Moringlane, M. Schwaiger, V. M. Tronnier

First published May 22, 2001, DOI: <https://doi.org/10.1212/WNL.56.10.1347>



Different high Frequency Stimulation in fMRI



Research Article | [Full Access](#)

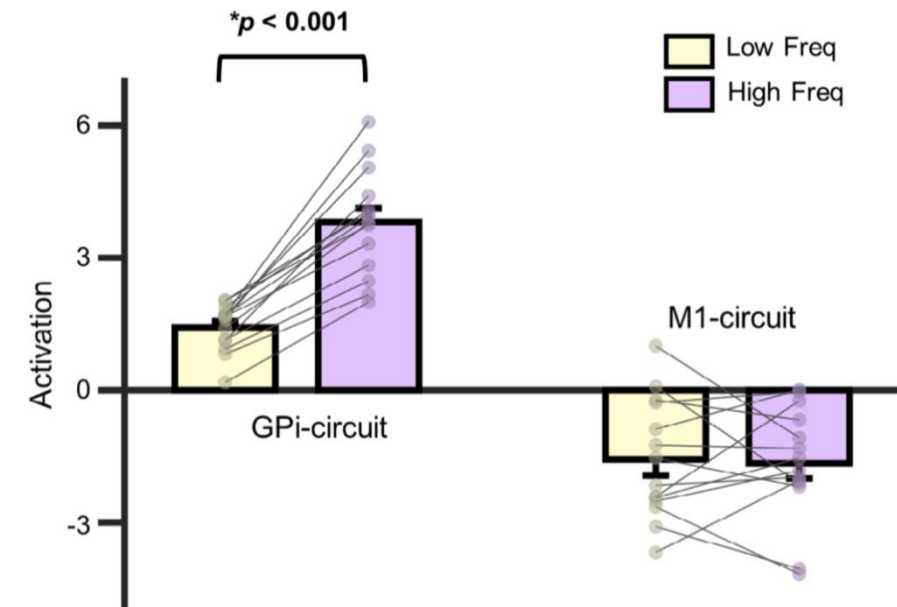
Subthalamic Nucleus Deep Brain Stimulation Modulates 2 Distinct Neurocircuits

Lunhao Shen MS, Changqing Jiang PhD, Catherine S. Hubbard PhD, Jianxun Ren MS, Changgeng He MS, Danhong Wang MD, PhD, Louisa Dahmani PhD, Yi Guo MD, Yiming Liu MD, Shujun Xu MD, Fangang Meng MD, Jianguo Zhang MD, Hesheng Liu PhD, [✉ Luming Li PhD ✉](#) ... [See fewer authors](#) ^

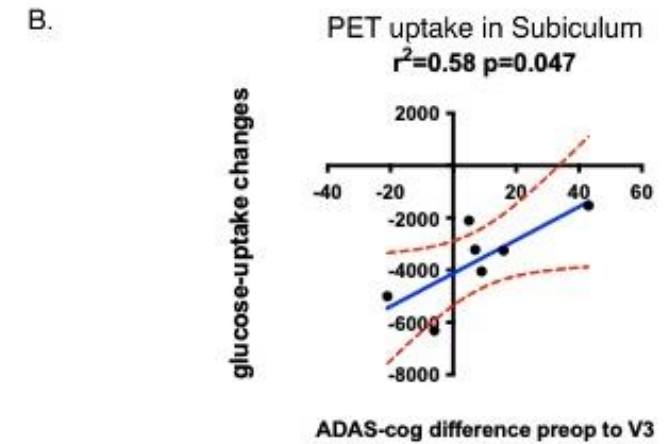
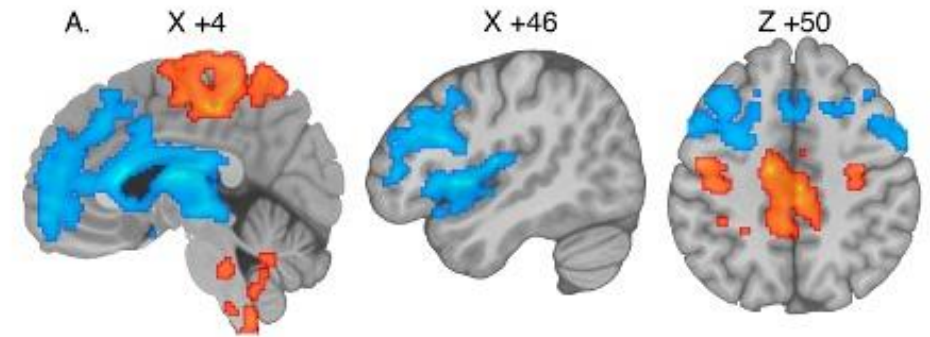
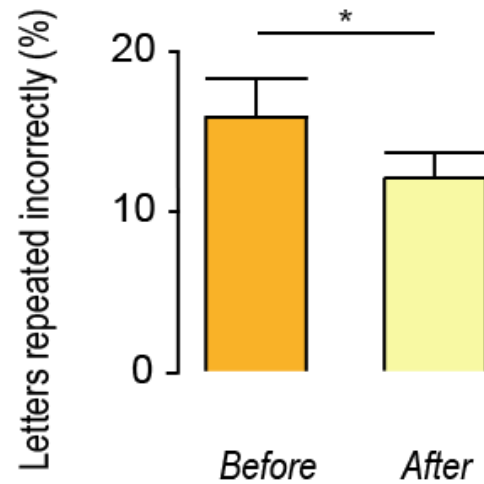
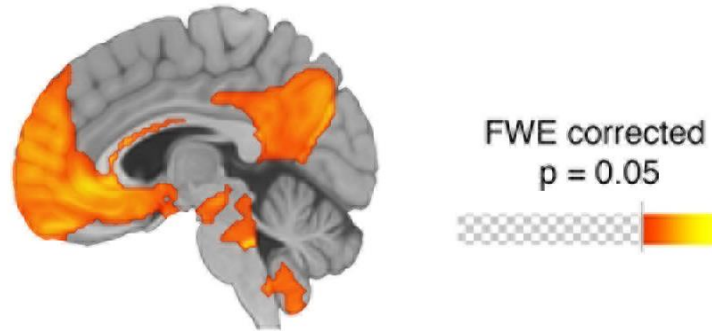
First published: 20 September 2020 | <https://doi.org/10.1002/ana.25906> | Citations: 2

B

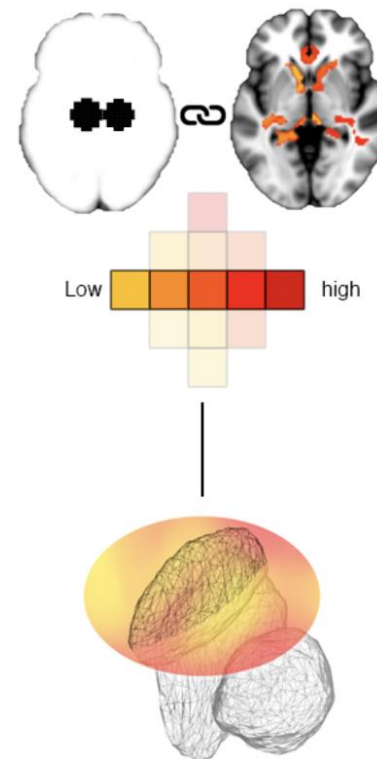
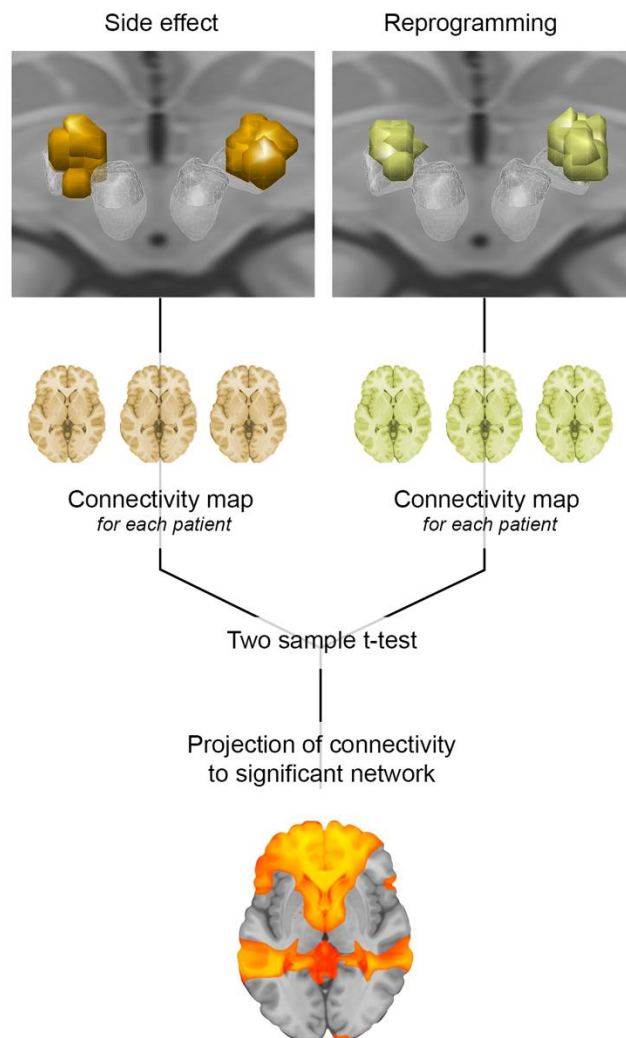
Frequency-dependent modulatory effects on GPi-circuit



130 Hz (STN) vs. 20 Hz (NBM)

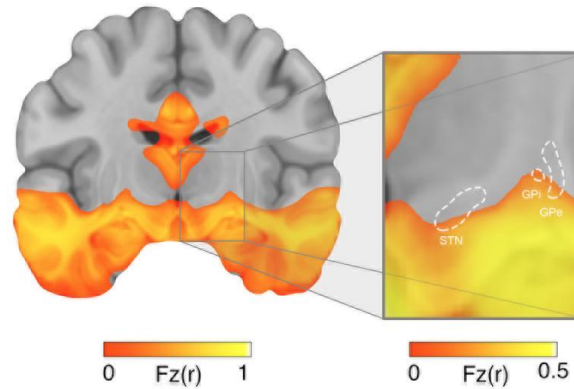


To network and back to local

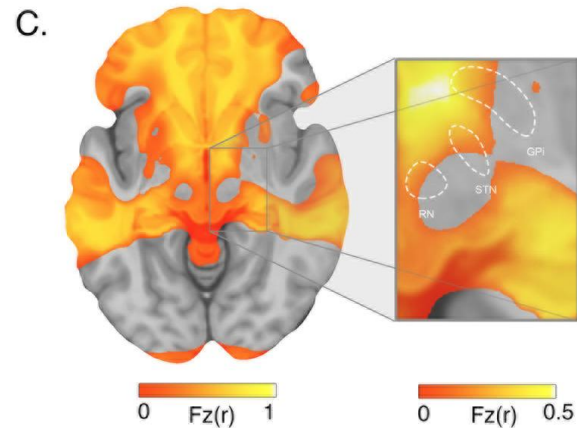


Local heatmap validation

A. 13 mm posterior



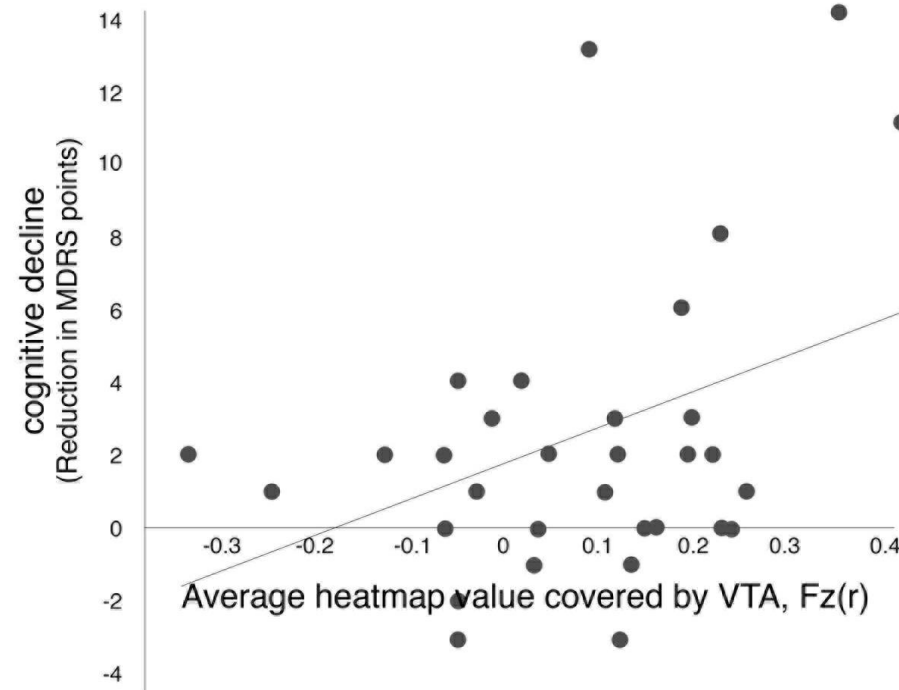
6 mm inferior



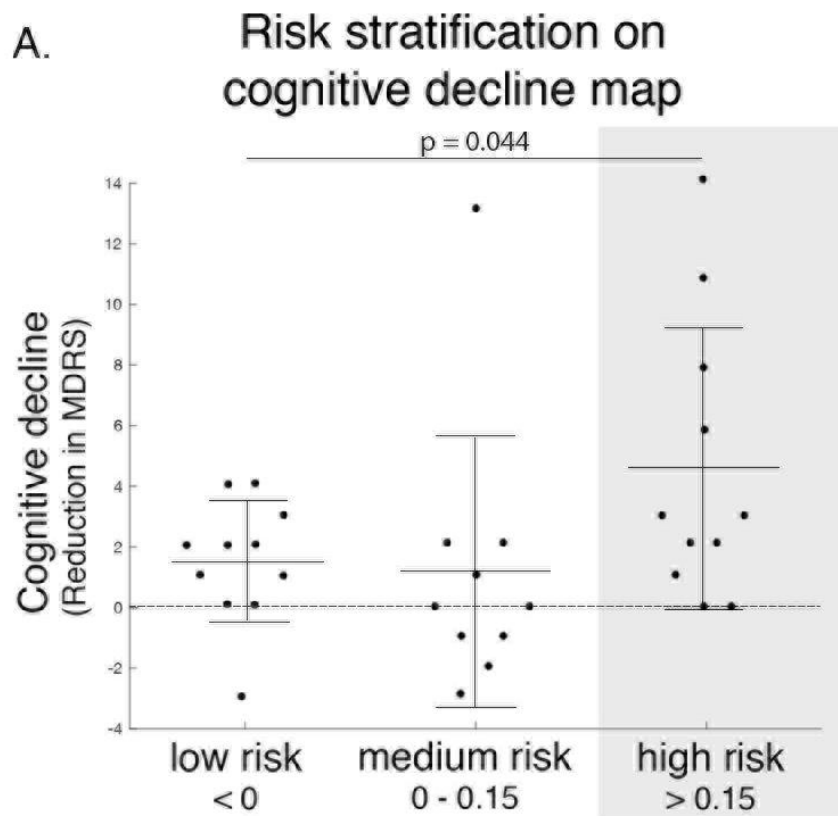
B.

Validation in an independent dataset

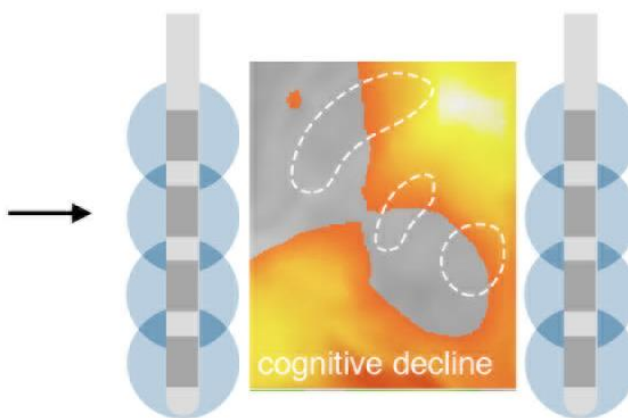
$r = 0.38, p < 0.05$



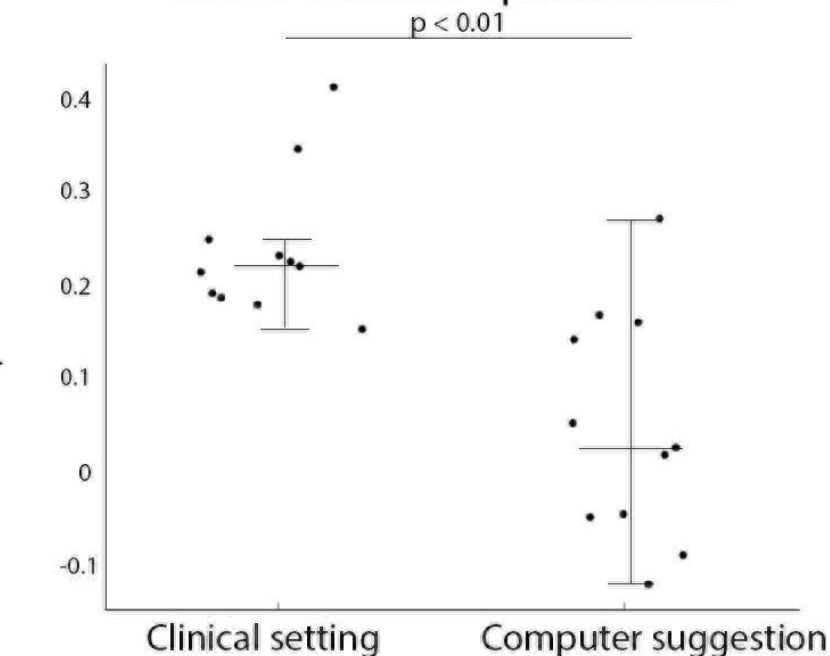
Translational approach to patient care



B. Bilateral monopolar heatmap evaluation

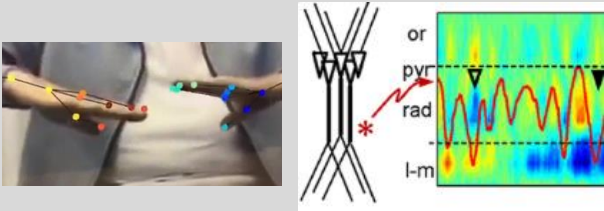
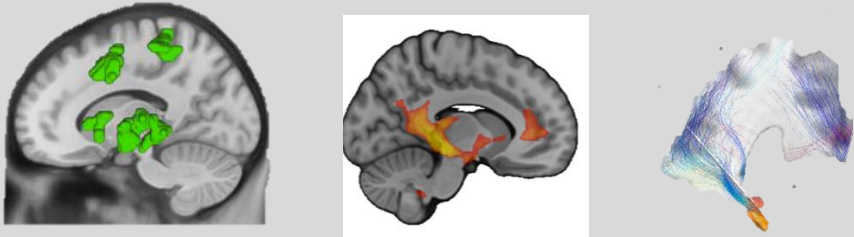
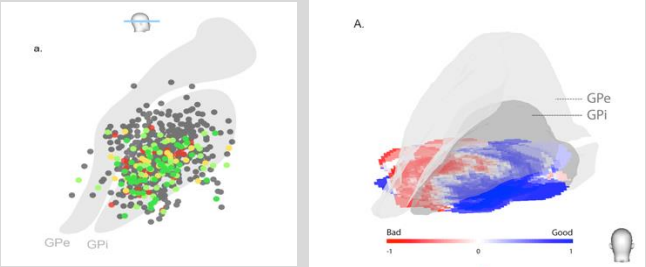


C. Computer assisted active contact optimization

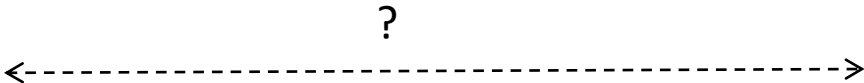
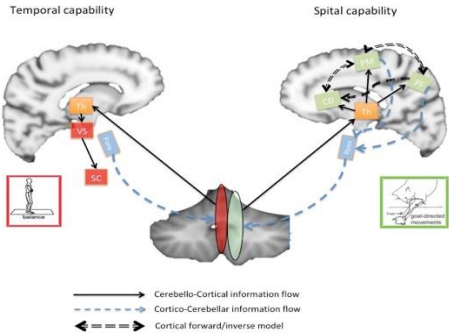


Computational modelling in neuromodulation

Methods



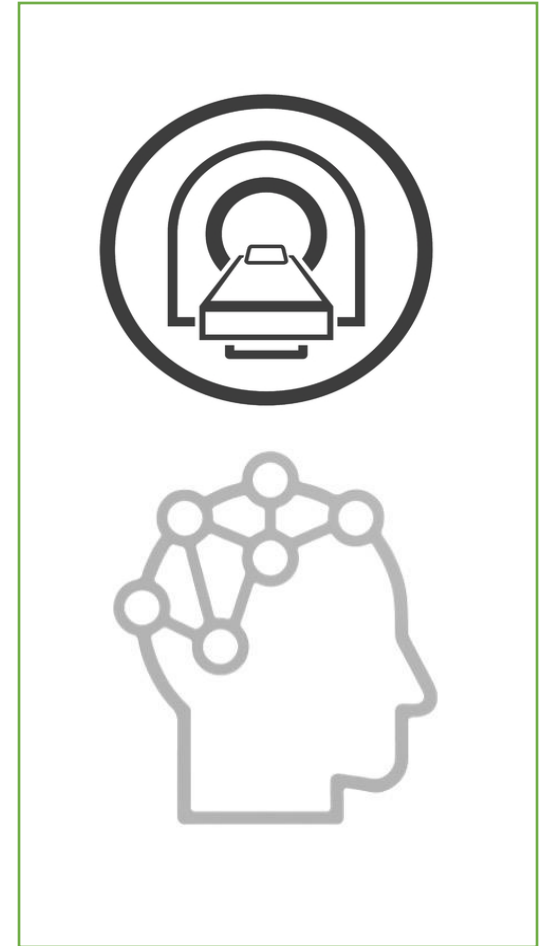
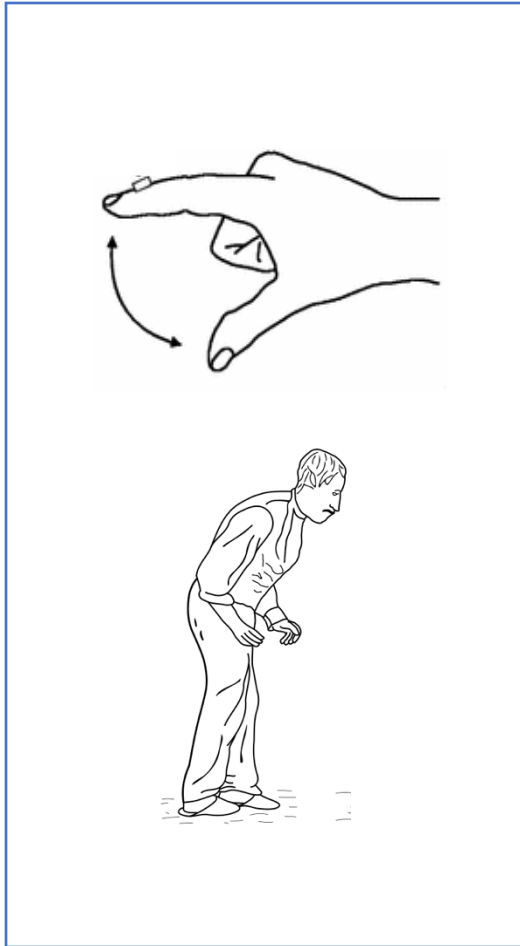
Aim



Matlab Toolbox ARENA



DBS programming of > 12.000 options



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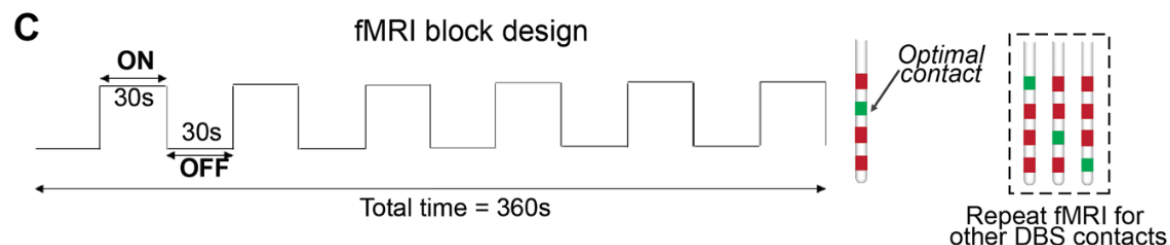
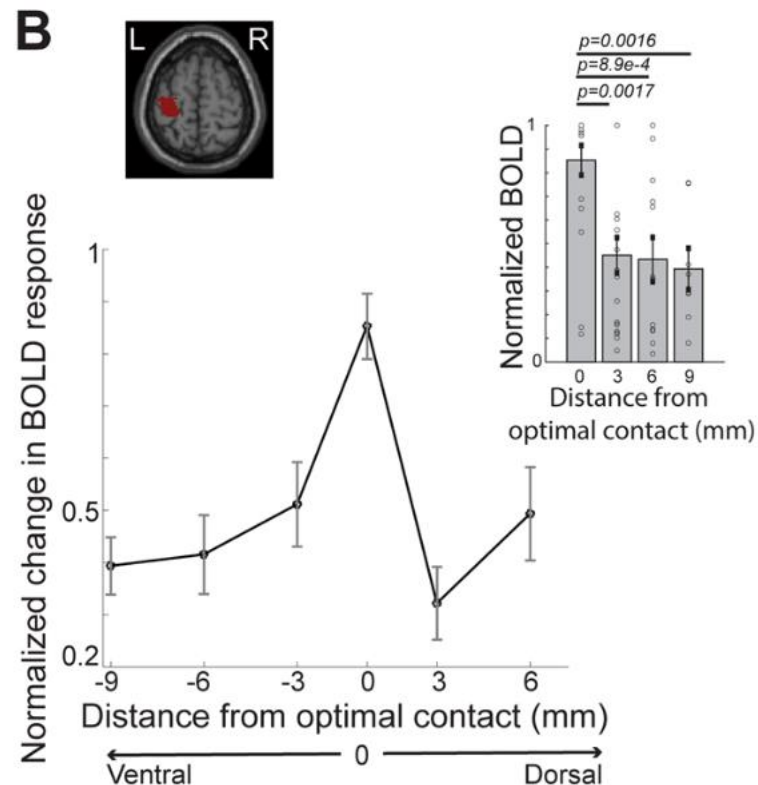
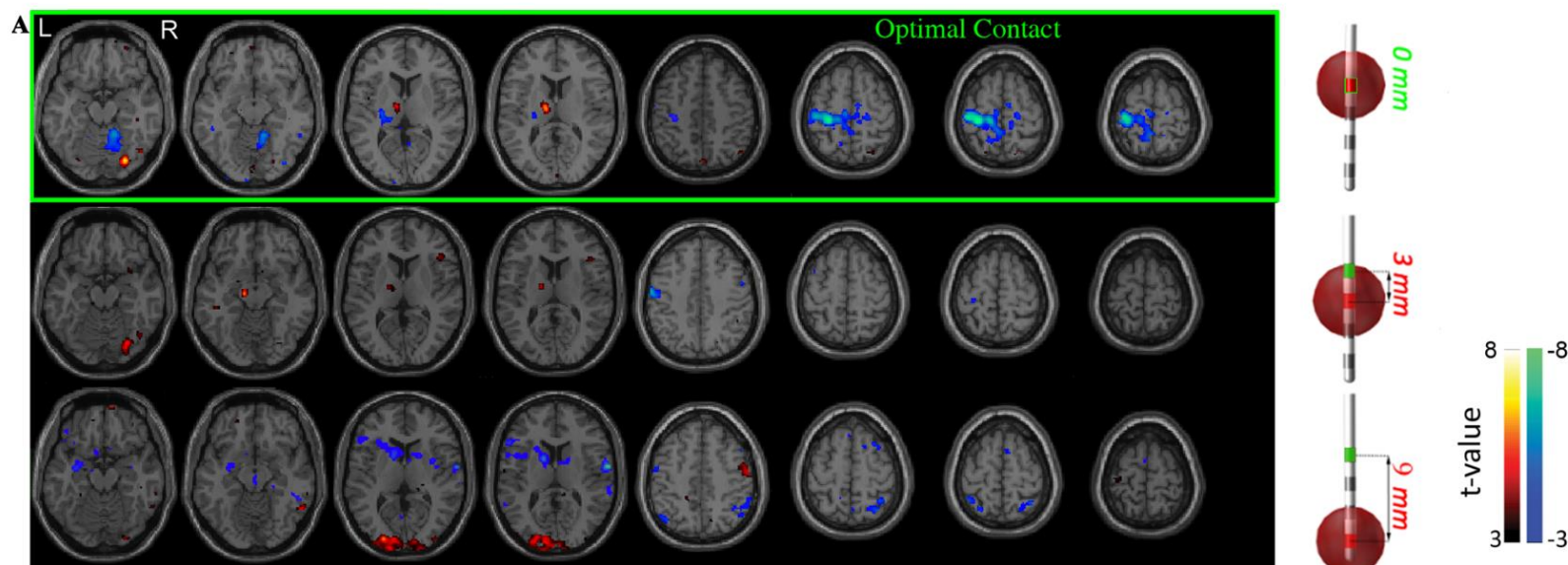
<https://doi.org/10.1038/s41467-021-23311-9>

OPEN

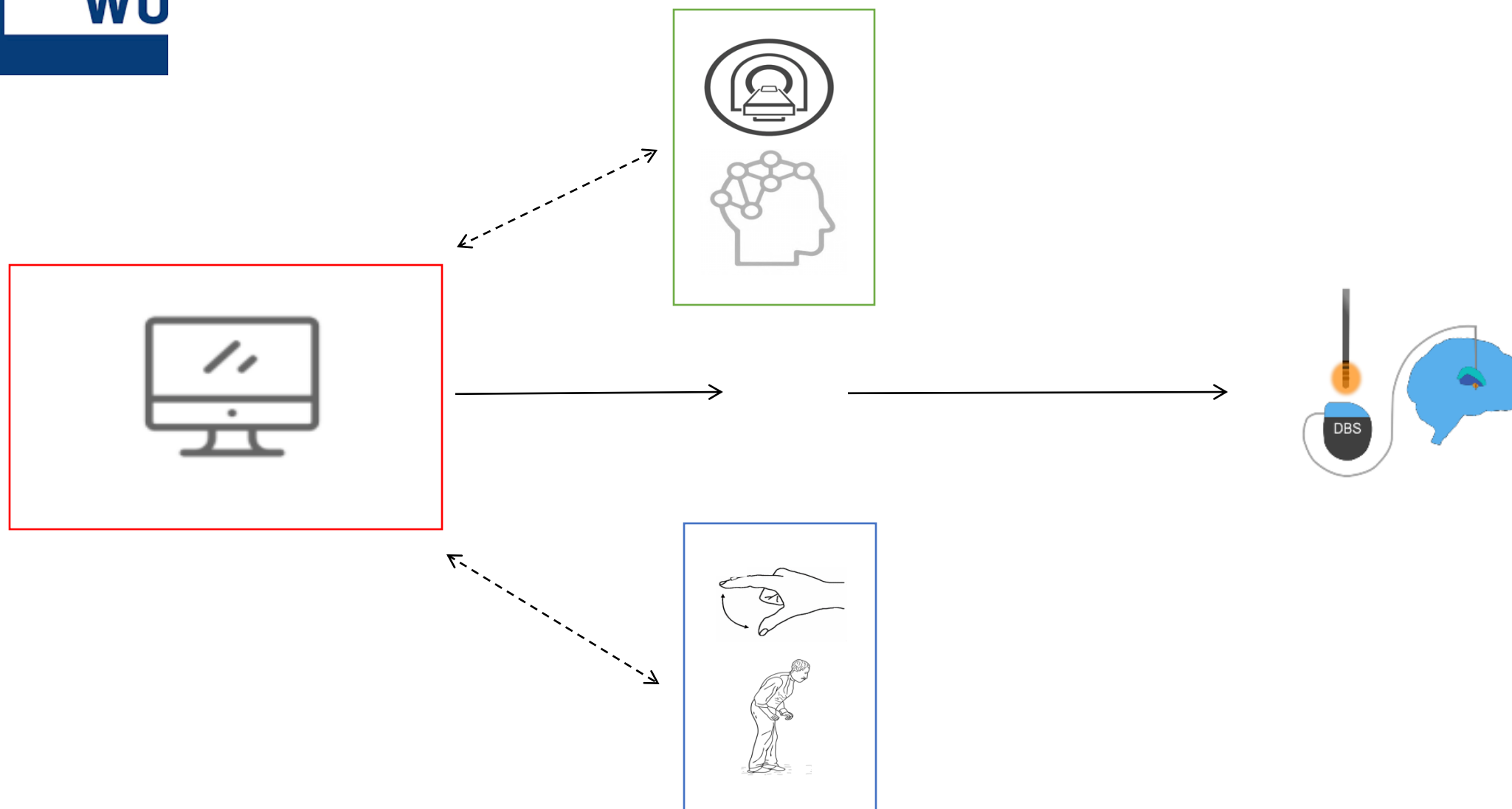


Predicting optimal deep brain stimulation parameters for Parkinson's disease using functional MRI and machine learning

Alexandre Boutet^{1,2,8}, Radhika Madhavan^{3,8}, Gavin J. B. Elias², Suresh E. Joel⁴, Robert Gramer², Manish Ranjan², Vijayashankar Paramanandam⁵, David Xu², Jurgen Germann², Aaron Loh², Suneil K. Kalia², Mojgan Hodaie², Bryan Li¹, Sreeram Prasad⁵, Ailish Coblenz¹, Renato P. Munhoz⁵, Jeffrey Ashe³, Walter Kucharczyk¹, Alfonso Fasano^{5,6,7} & Andres M. Lozano^{2,6,7}✉



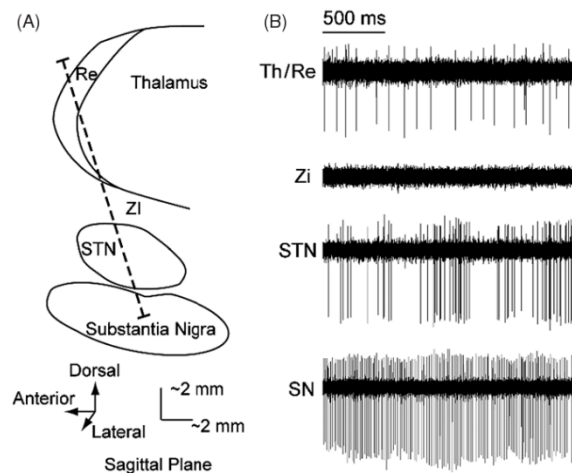
Future type of DBS programming



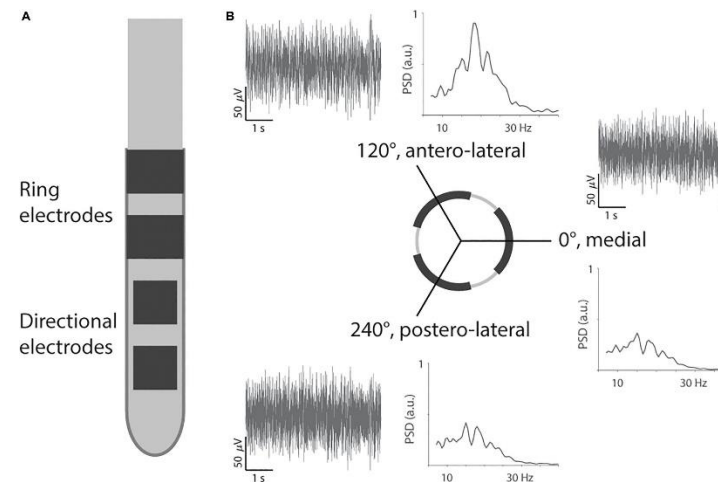
Oscillatory activity and closed-loop DBS

Why electrophysiology?

- Time resolution
- Overground walking
- Recording at the site of stimulation
- Chronic recording (at home)



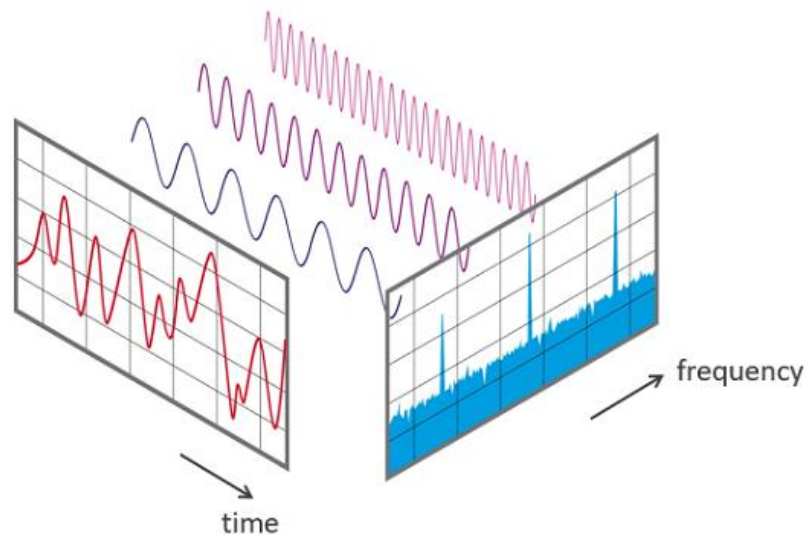
Microelectrode recordings
Single-unit activity



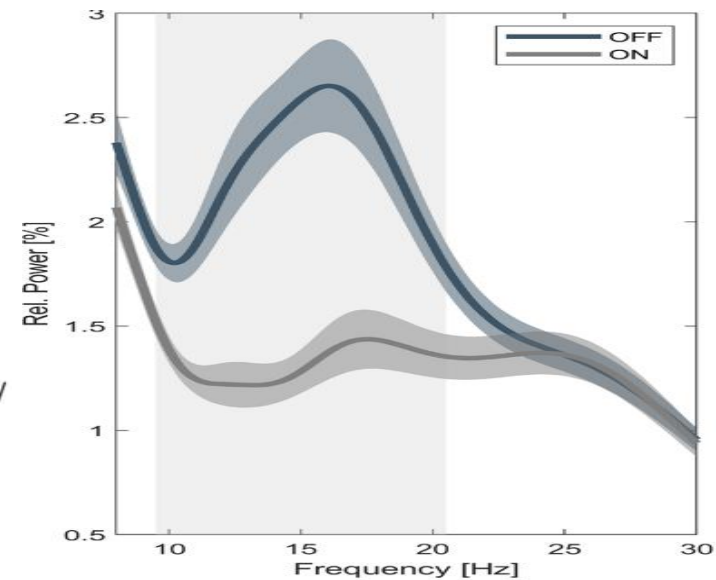
Chronically implanted electrodes
Local field potentials

What are we looking for?

- Input signal (biomarkers)
- They must remain pathological over time (Brain-computer interface)!
- Example: exaggerated β frequency band oscillations

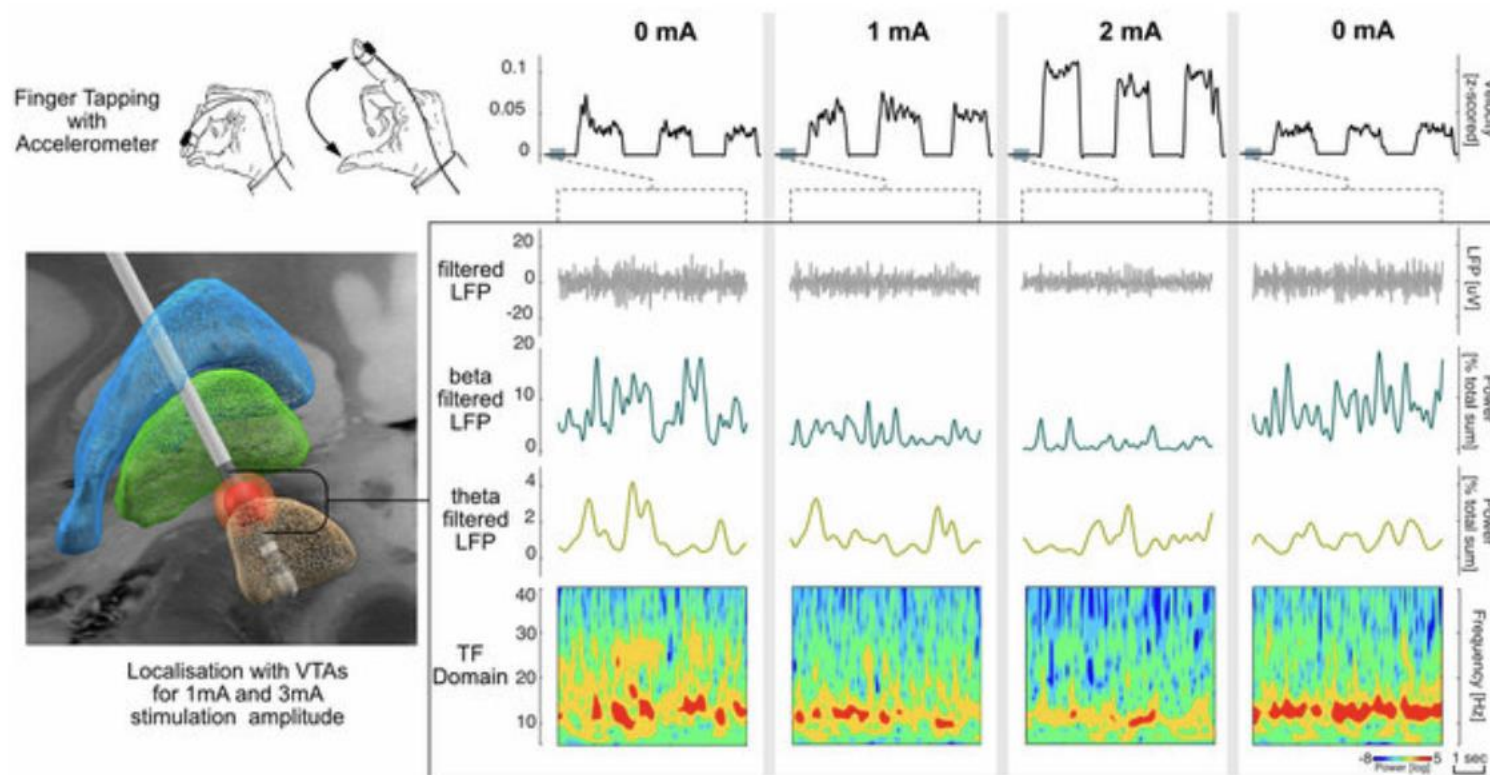


Fast Fourier Transformation



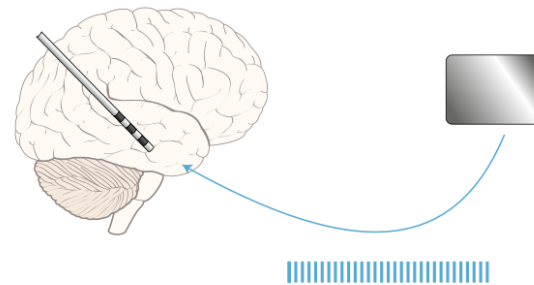
Power spectrum density

Tuning DBS on LFP Signals

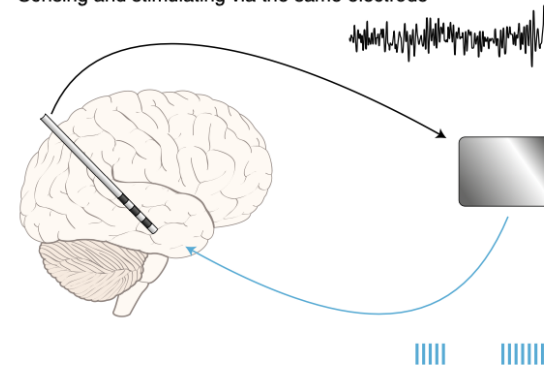


Closed-loop / Adaptive DBS

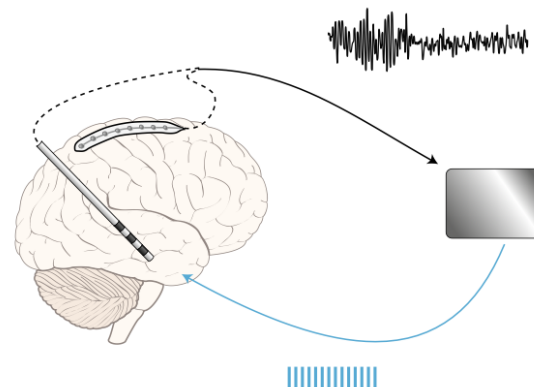
a Open-loop stimulation



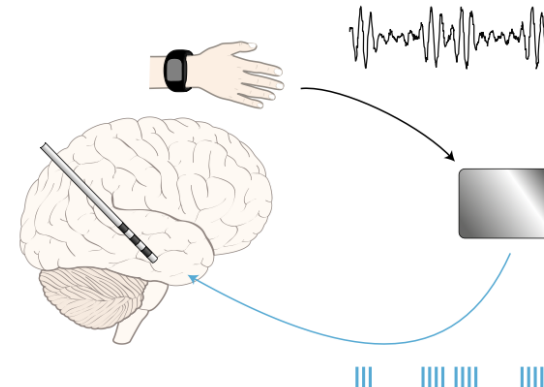
b Closed-loop stimulation
Sensing and stimulating via the same electrode



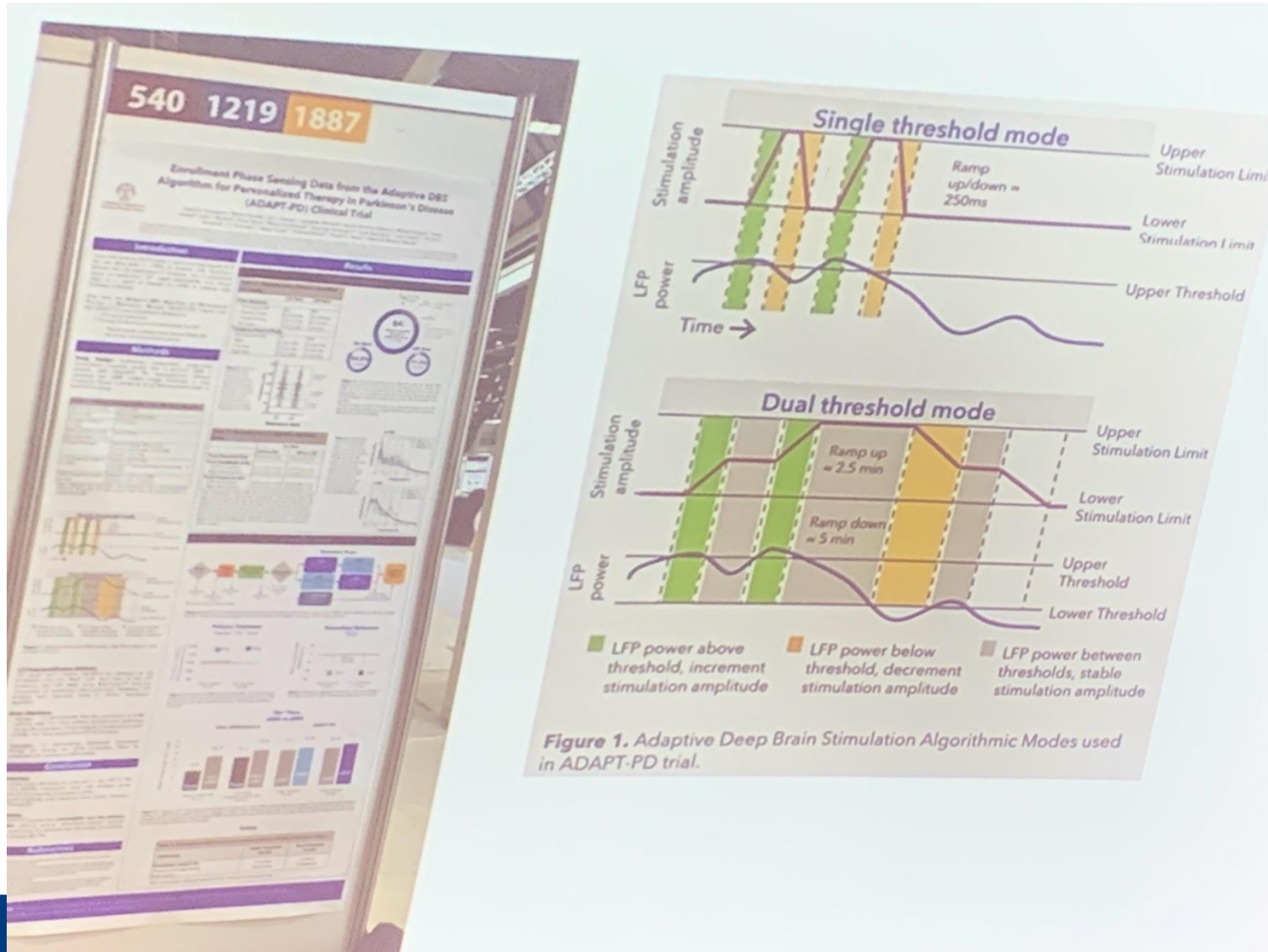
c Closed-loop stimulation
Sensing using cortical electrodes
and stimulating via the depth electrodes



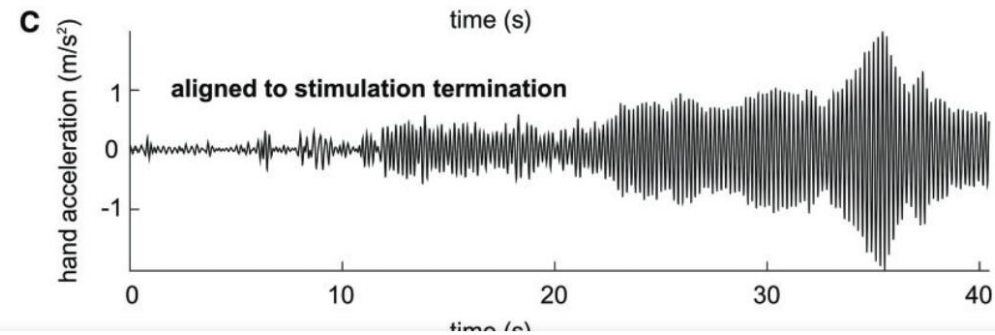
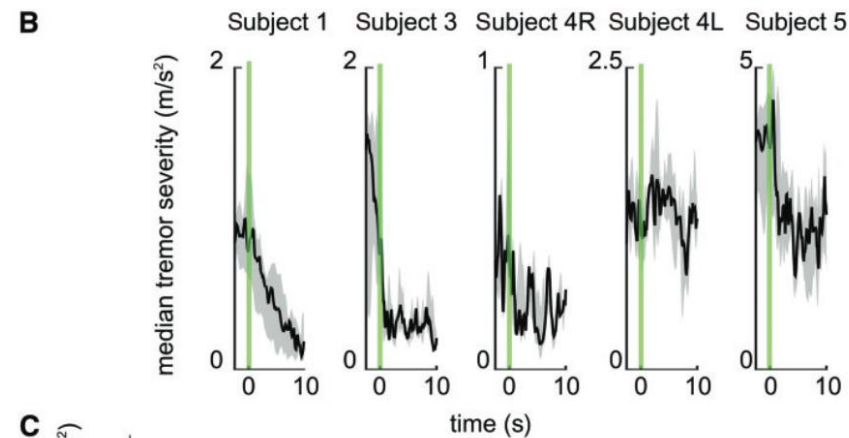
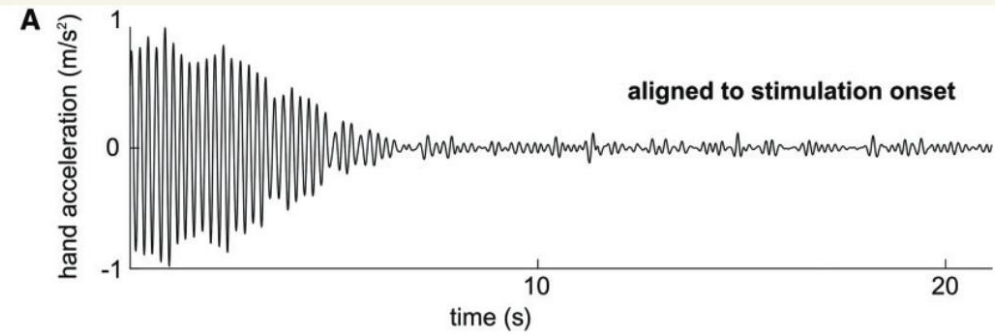
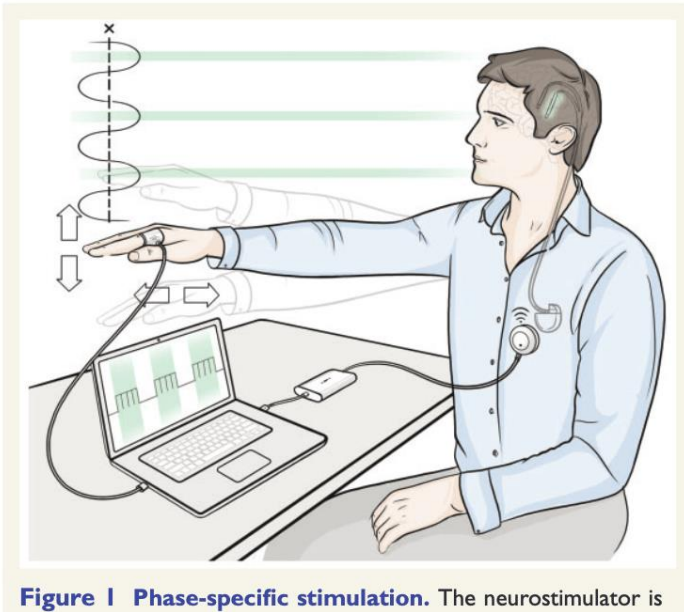
d Closed-loop stimulation
Sensing using peripheral sensors
and stimulating via the depth electrodes



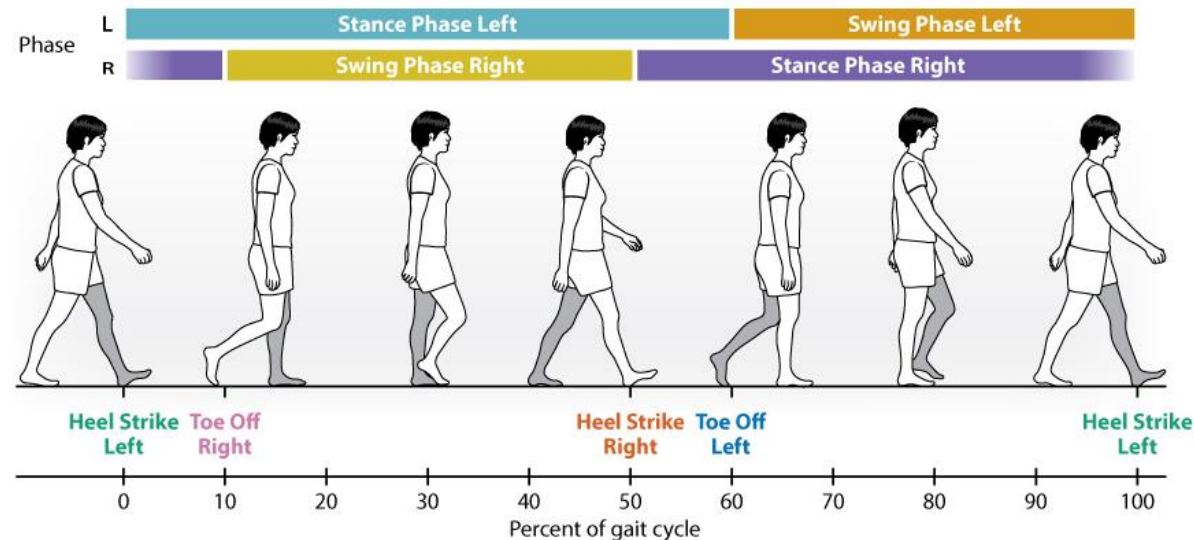
ADAPT-PD trial (same Electrode)



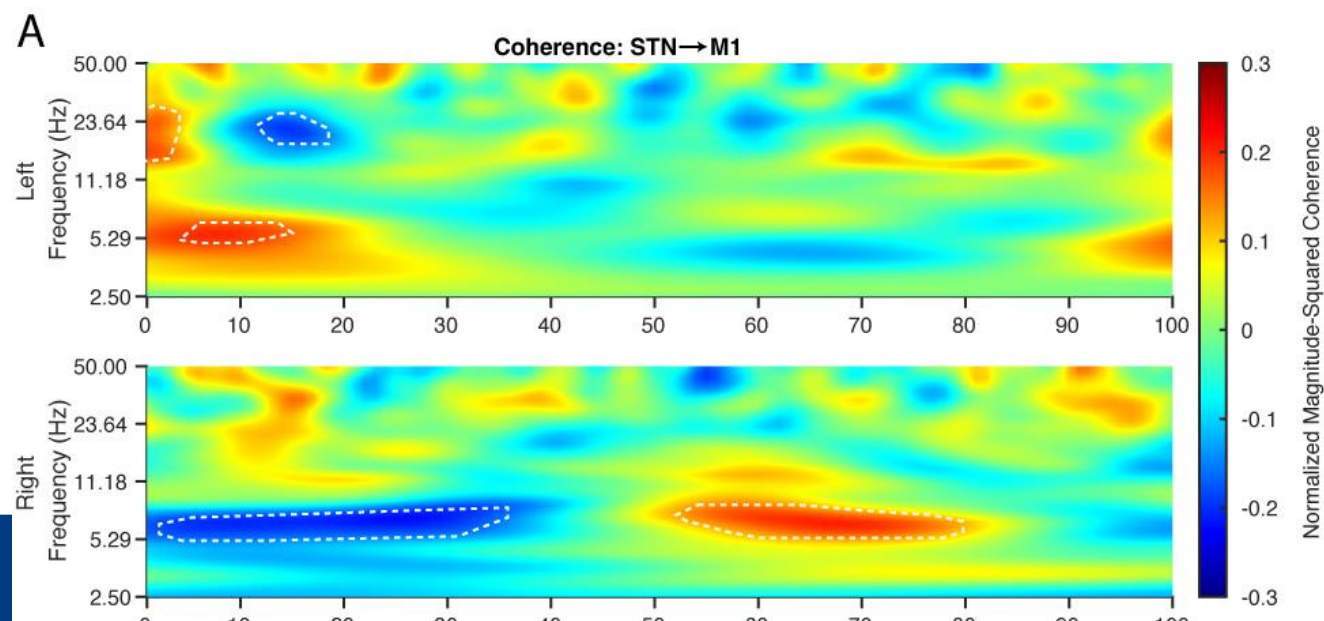
Phase-specific deep brain stimulation



Two electrode recordings (STN + M1)



- More information about movement states



Overview

General aspects:

Indications

Procedure

Programming

Contact / Amplitude

Pulse width

Computational and Imaging methodes:

Sweetspots

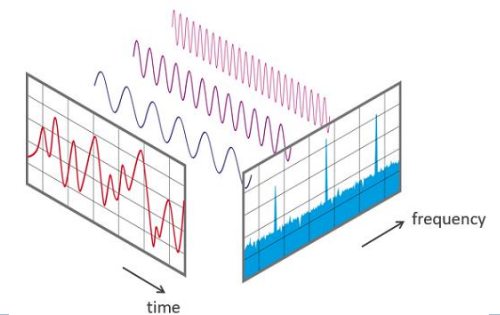
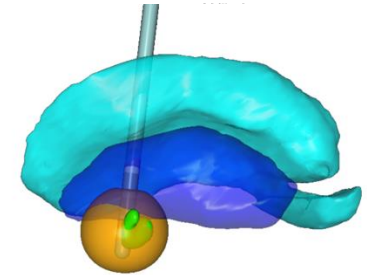
Probabilistic mapping

Connectomics

Oscillatory activity and closed-loop DBS:

LFPs

adaptive Concepts





COLLABORATORS



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