



Dynamical causal modelling of basal ganglia beta synchrony in Parkinson's Disease

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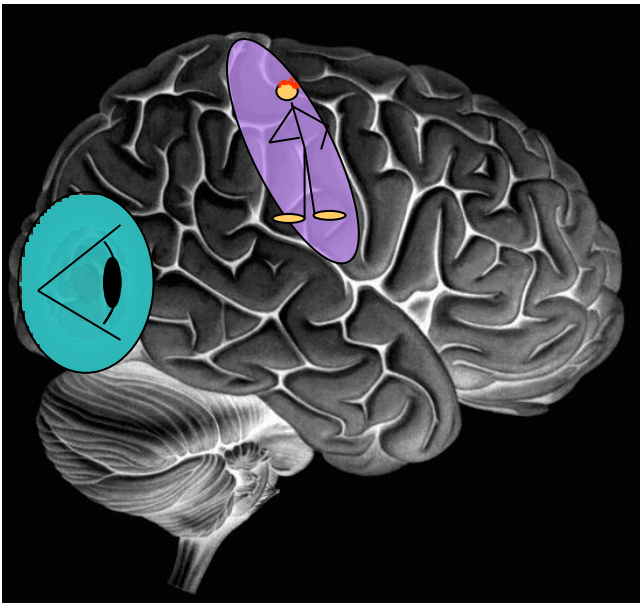
Department of Clinical Neurology
University of Oxford

Overview

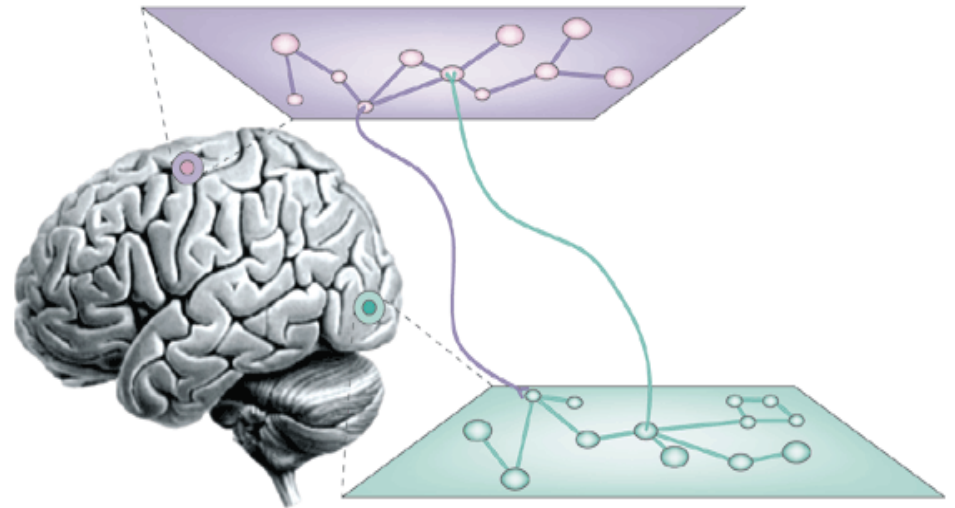
- Brief introduction to Dynamical causal modelling (DCM)
- Brief introduction to DCM for steady state responses (SSR)
- DCM for SSR application to beta synchrony in parkinsonian networks

Principles of Organization

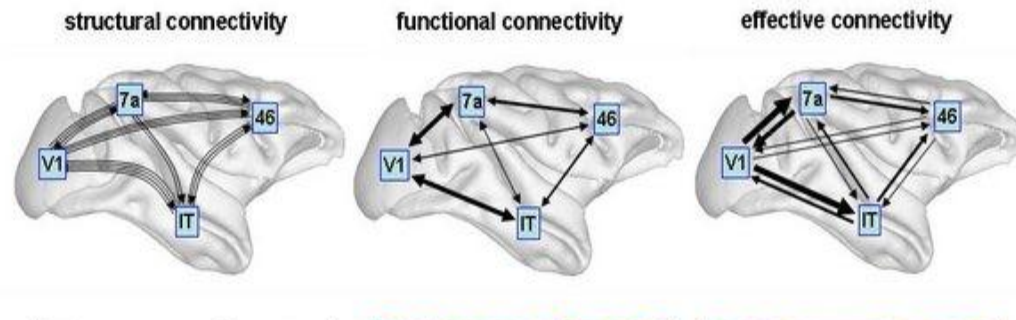
Functional
specialization



Functional
integration



Structural, functional & effective connectivity



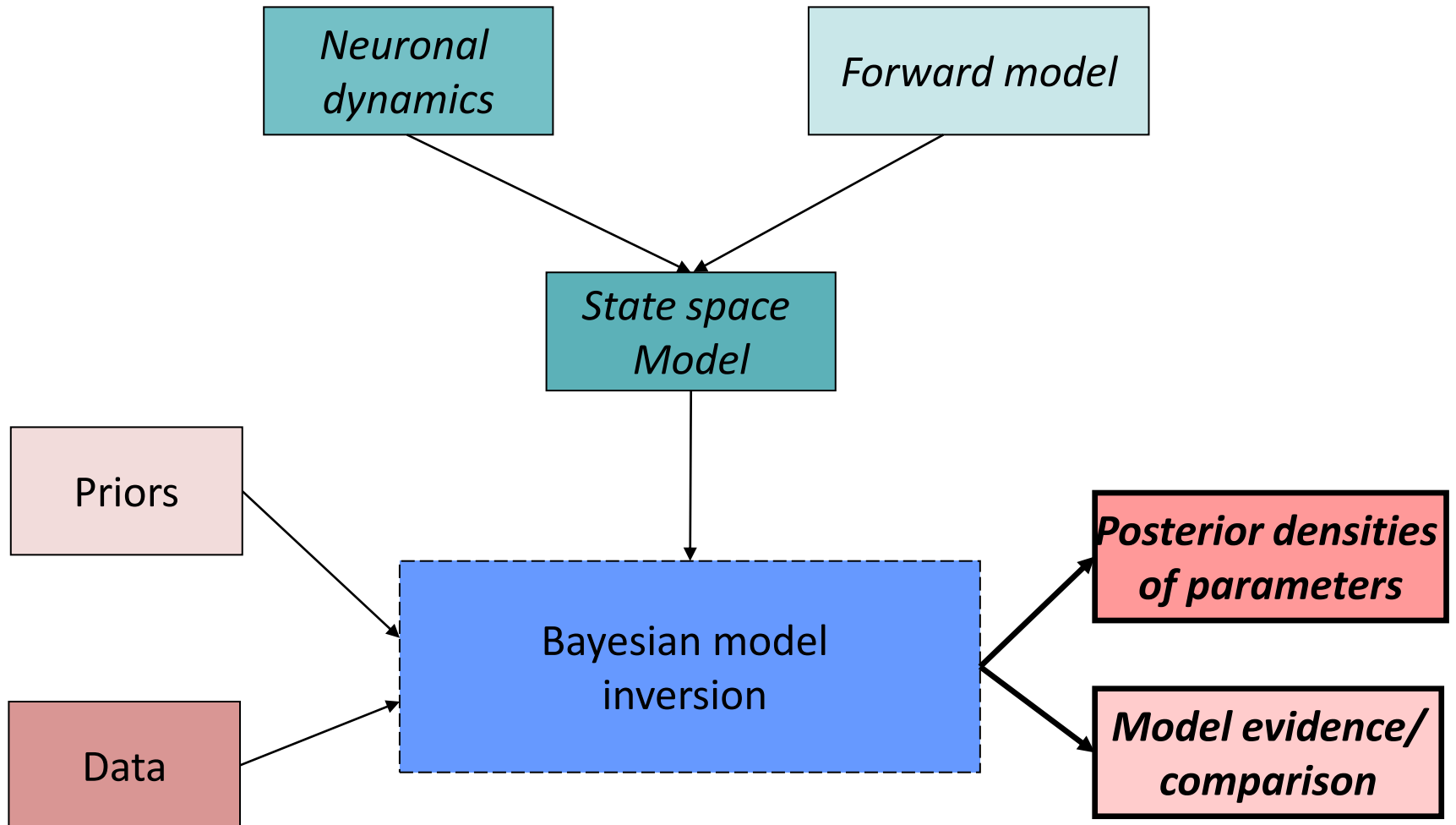
- **anatomical/structural connectivity**
= presence of axonal connections
- **functional connectivity**
= statistical dependencies between regional time series
- **effective connectivity**
= directed influences between neurons or neuronal populations

Sporns 2007, *Scholarpedia*

Some models of effective connectivity

- Structural Equation Modelling (SEM)
McIntosh et al. 1991, 1994; Büchel & Friston 1997; Bullmore et al. 2000
- regression models
(e.g. psycho-physiological interactions, PPIs)
Friston et al. 1997
- Volterra kernels
Friston & Büchel 2000
- Time series models (e.g. MAR/VAR, Granger causality)
Harrison et al. 2003, Goebel et al. 2003
- Dynamic Causal Modelling (DCM)
fMRI: Friston et al. 2003; *MEEG*: David et al. 2006

DCM map



Model comparison and selection

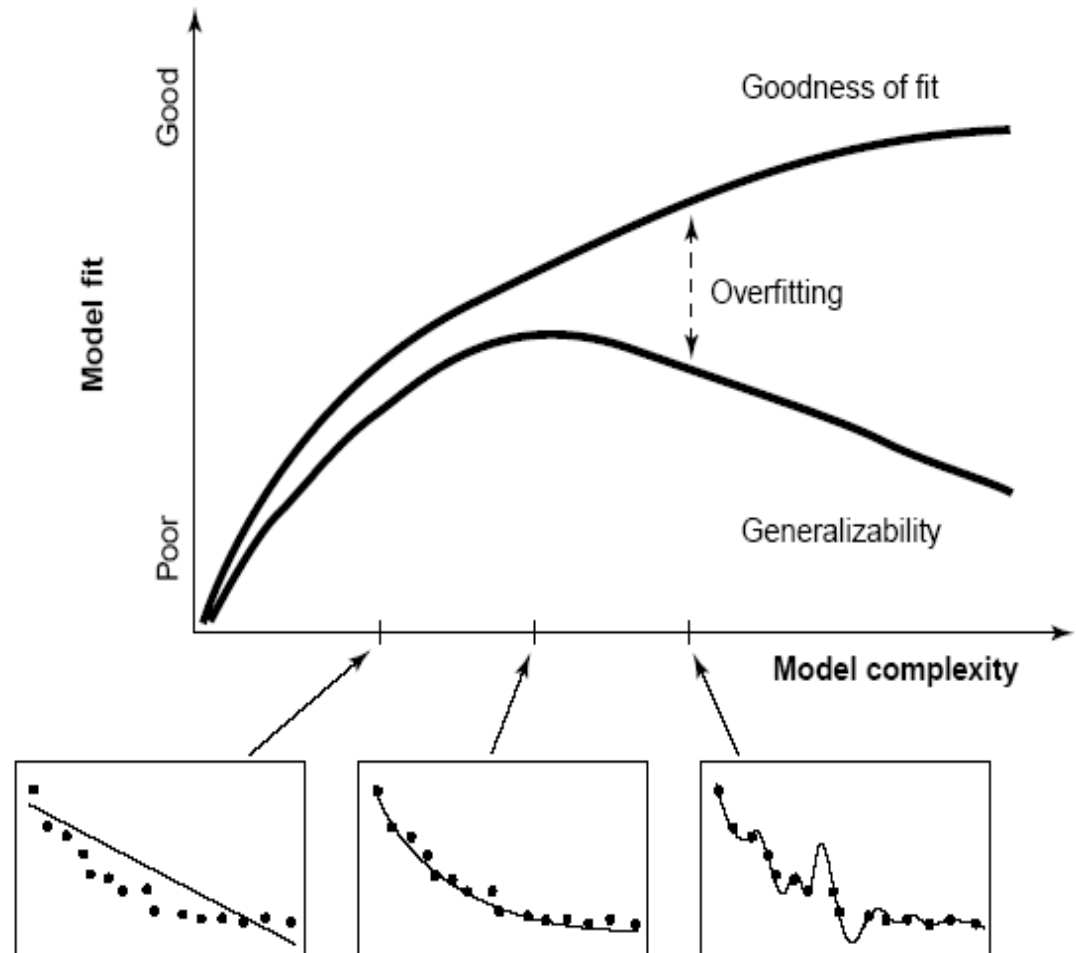
Given competing hypotheses on structure & functional mechanisms of a system, which model is the best?



Which model represents the best balance between model fit and model complexity?



For which model m does $p(y|m)$ become maximal?

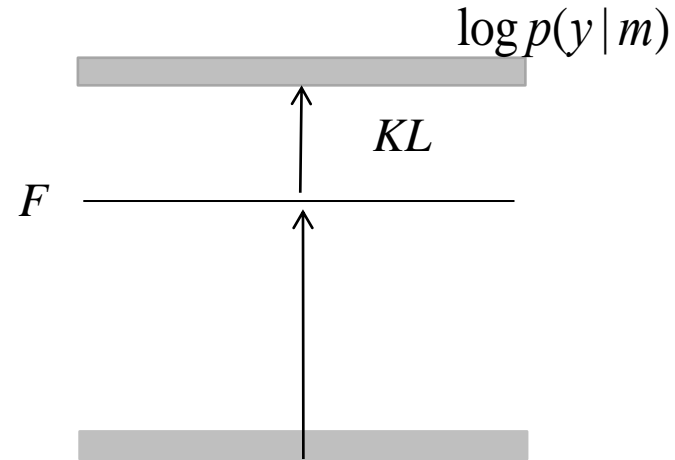


Pitt & Miyung (2002) *TICS*

Bayesian model selection

The negative free energy approximation

$$F = \log p(y | m) - KL[q(\theta), p(\theta | y, m)]$$



balance between fit and complexity = accuracy - *complexity*

$$F = \langle \log p(y | q, m) \rangle_q - KL[q(q), p(q | m)]$$

Independent Priors

Deviation of posterior mean from prior mean

$$KL_{Laplace} = \frac{1}{2} \ln |C_q| - \frac{1}{2} \ln |C_{q|y}| + \frac{1}{2} (m_{q|y} - m_q)^T C_q^{-1} (m_{q|y} - m_q)$$

Dependent Posteriors

Bayes factors

For a given dataset, to compare two models, we compare their evidences.

positive value, $[0; \infty[$

$$B_{12} = \frac{p(y | m_1)}{p(y | m_2)}$$

| B_{12} | $p(m_1 y)$ | Evidence |
|------------|-------------|-------------|
| 1 to 3 | 50-75% | weak |
| 3 to 20 | 75-95% | positive |
| 20 to 150 | 95-99% | strong |
| ≥ 150 | $\geq 99\%$ | Very strong |

Kass & Raftery classification:

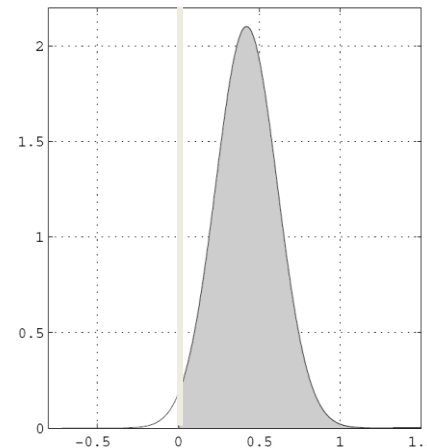
or their log evidences

$$\ln(B_{12}) \approx F_1 - F_2$$

Inference about DCM parameters

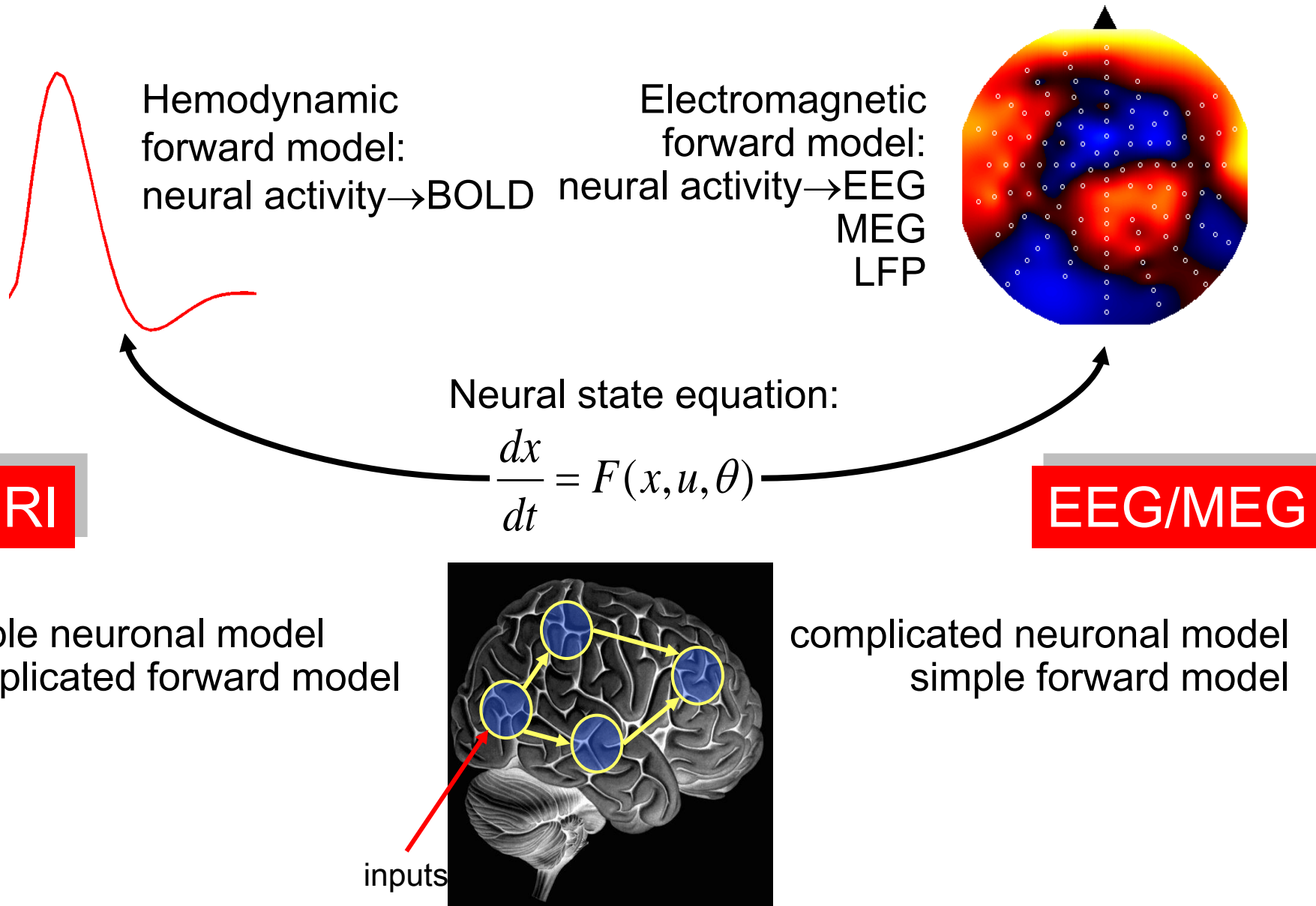
- Gaussian assumptions about the posterior distributions of the parameters
- posterior probability that a certain parameter (or contrast of parameters $c^T \eta_{\theta|y}$) is above a chosen threshold γ :

$$p = \phi_N \left(\frac{c^T \eta_{\theta|y} - \gamma}{\sqrt{c^T C_{\theta|y} c}} \right)$$

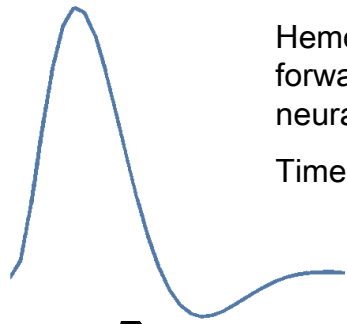


- By default, γ is chosen as zero ("does the effect exist?").

Dynamical Causal Modelling: Generic Framework

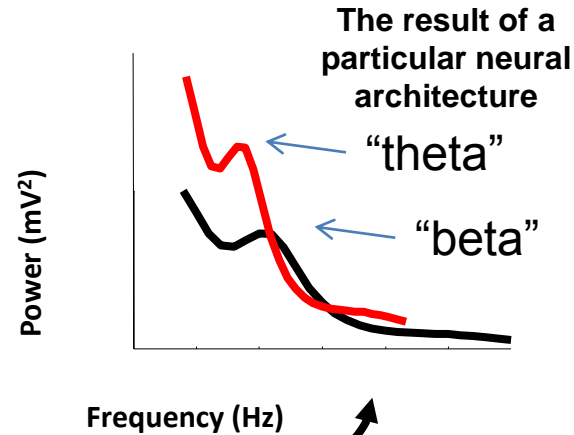


Dynamical Causal Modelling: Generic Framework



Hemodynamic forward model:
neural activity → BOLD
Time Domain Data

Electromagnetic forward model:
neural activity → EEG
MEG
LFP
Steady State Frequency Data



$$\frac{dx}{dt} = F(x, u, \theta)$$

Neural state equation:

fMRI

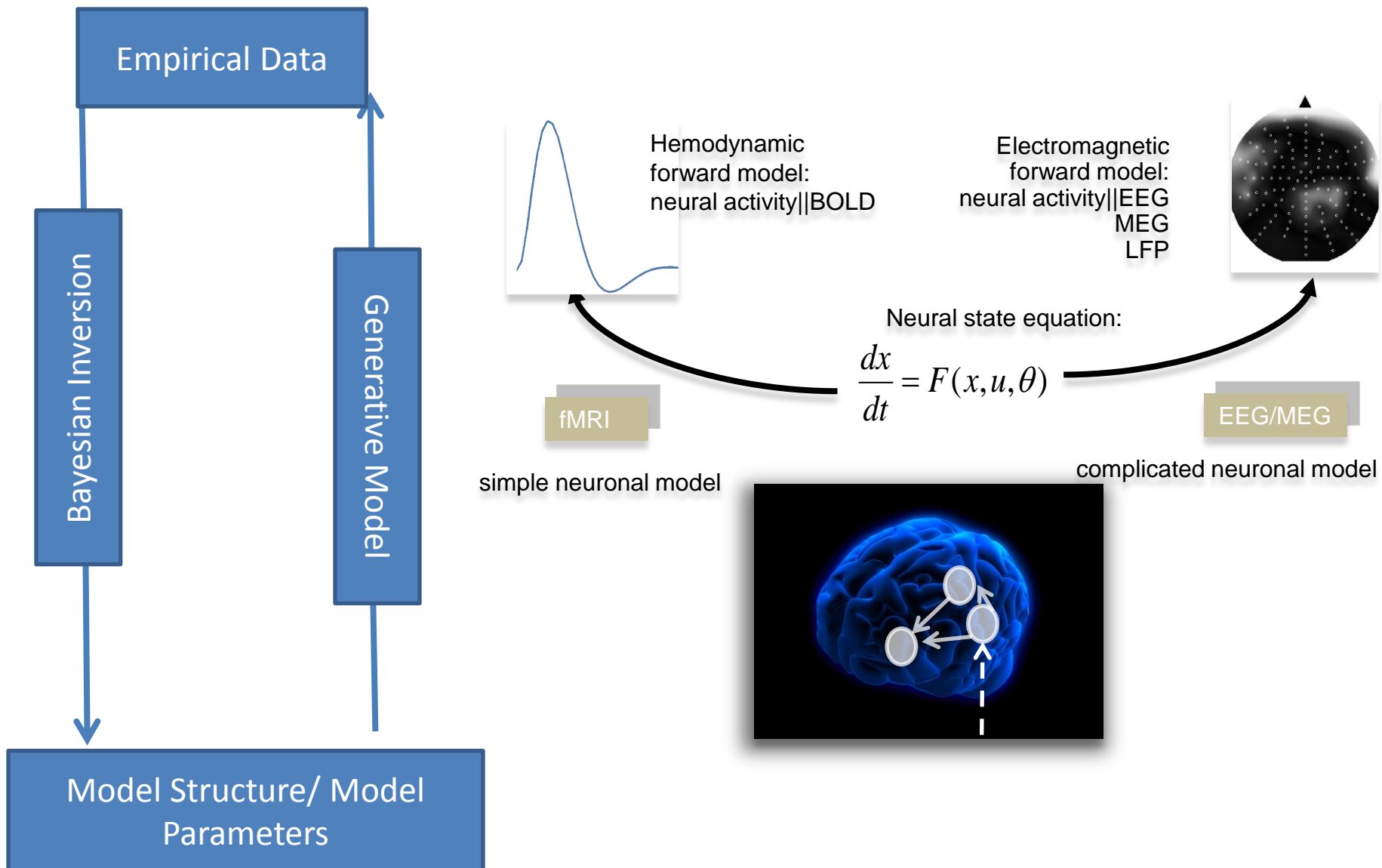
simple neuronal model
Slow time scale



EEG/MEG

complicated neuronal model
Fast time scale

Dynamical Causal Modelling: Generic Framework

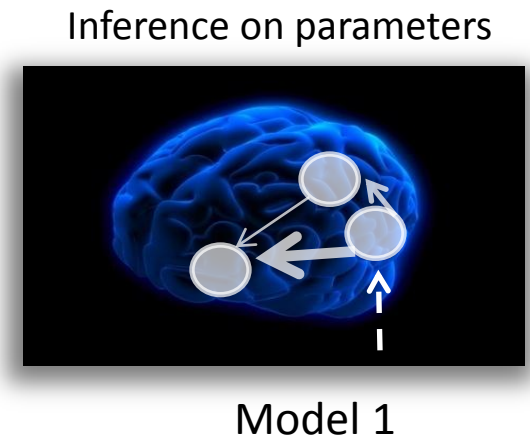
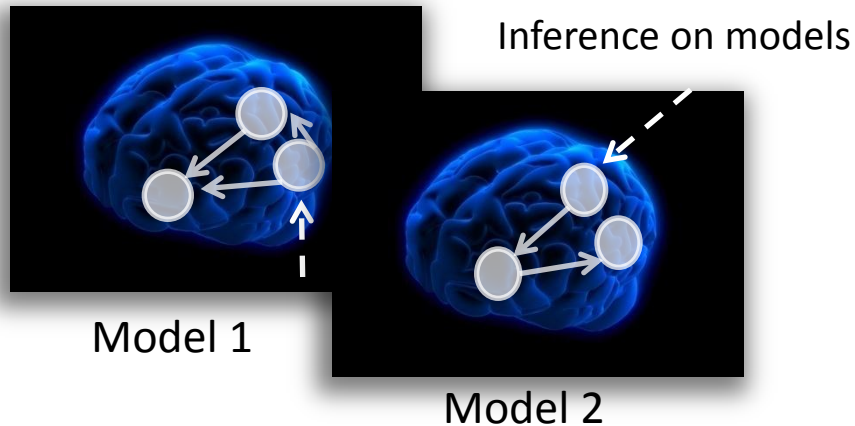


Dynamical Causal Modelling: Generic Framework

Bayes' rules:
$$p(\theta | y, m) = \frac{p(y | \theta, m) p(\theta | m)}{p(y | m)}$$

Free Energy:
$$F = \max \ln p(y|m) - D(q(\theta) || p(\theta|y,m))$$

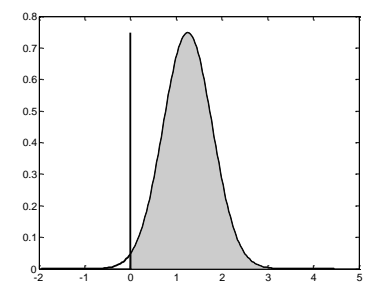
Bayesian Inversion



Model comparison via Bayes factor:

$$BF = \frac{p(y | m_1)}{p(y | m_2)}$$

$$q(\theta) \approx p(\theta | y, m)$$

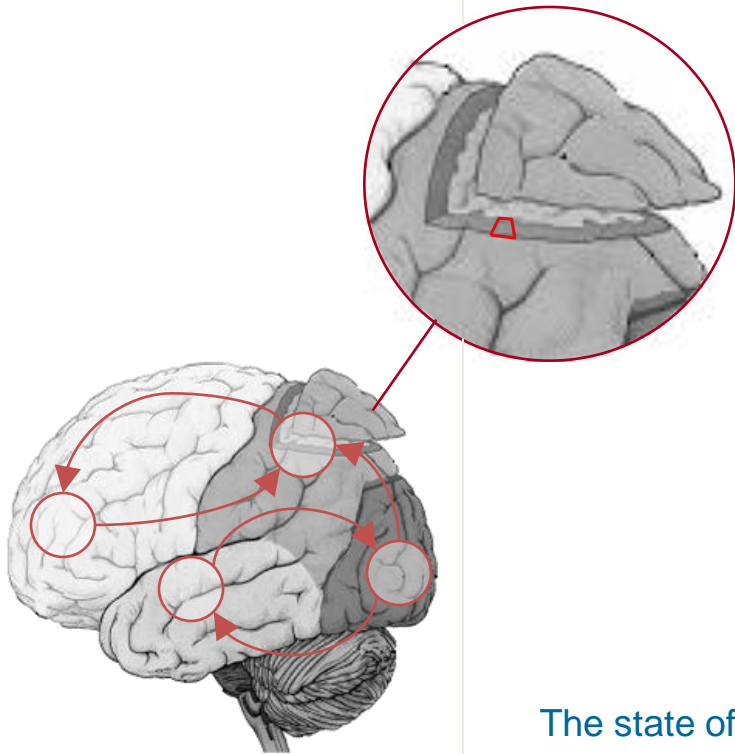


$p(conn > 0 | y) = 99.1\%$

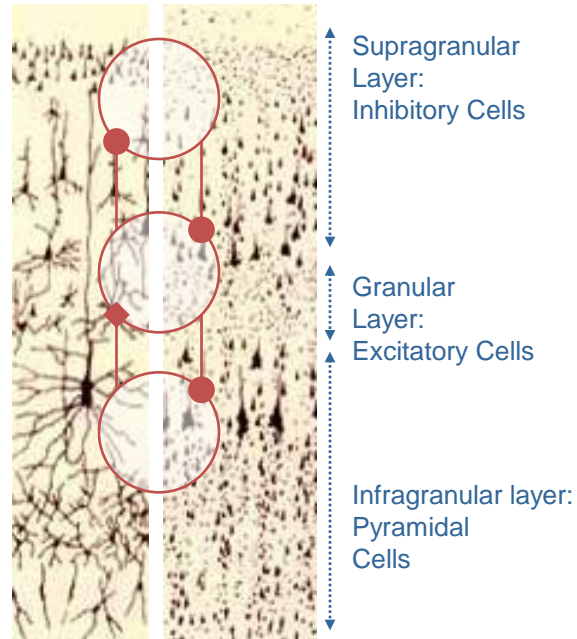
- ➔ accounts for both accuracy and complexity of the model
- ➔ allows for inference about structure (generalisability) of the model

One Source

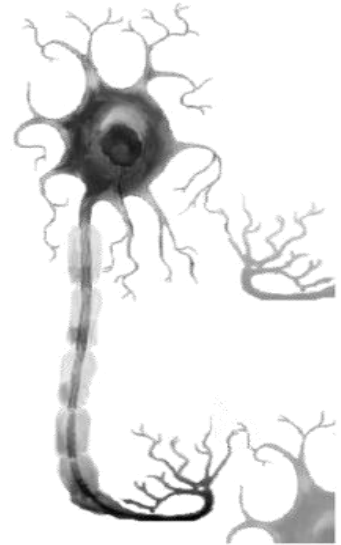
macro-scale



meso-scale

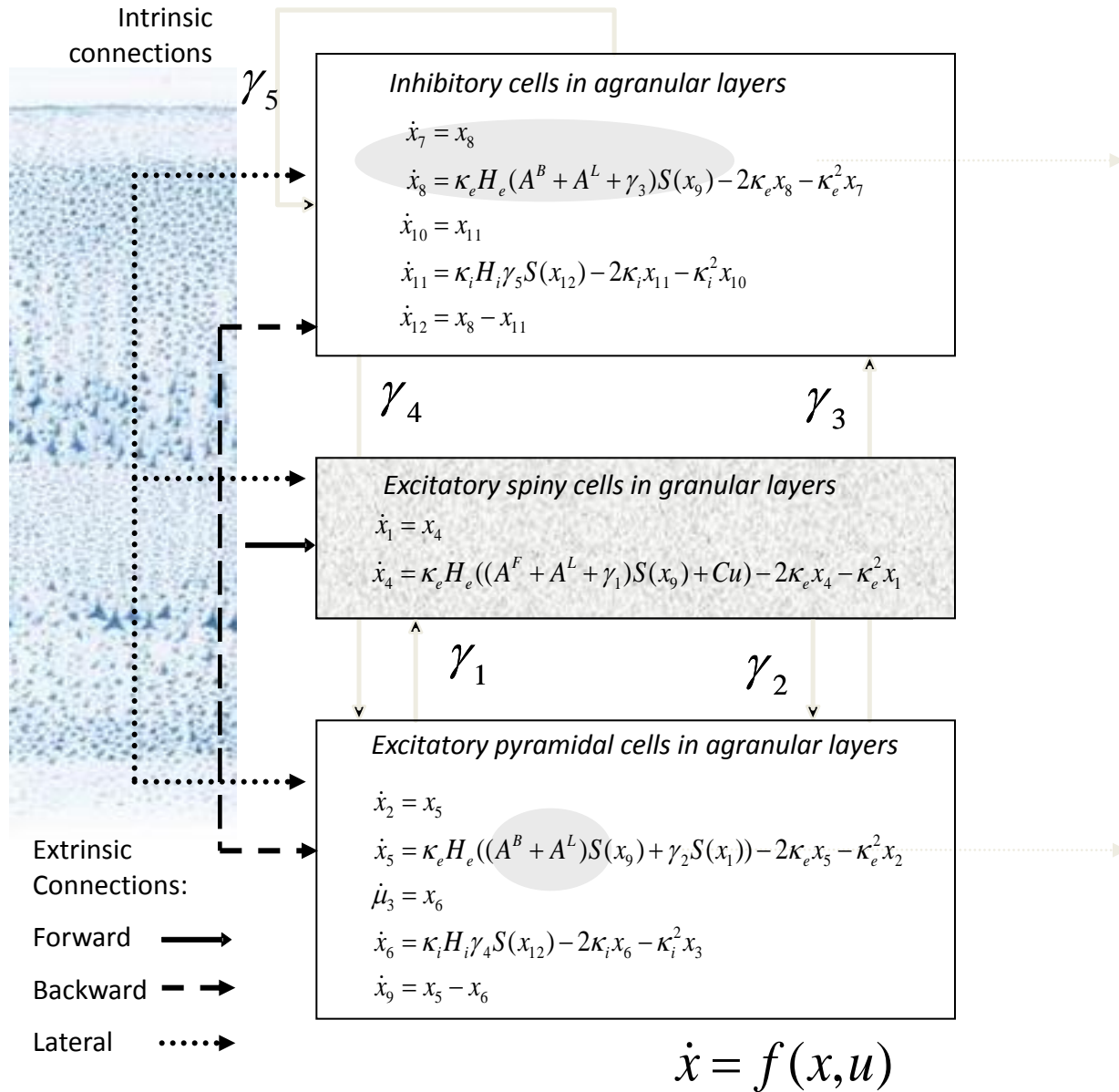


micro-scale

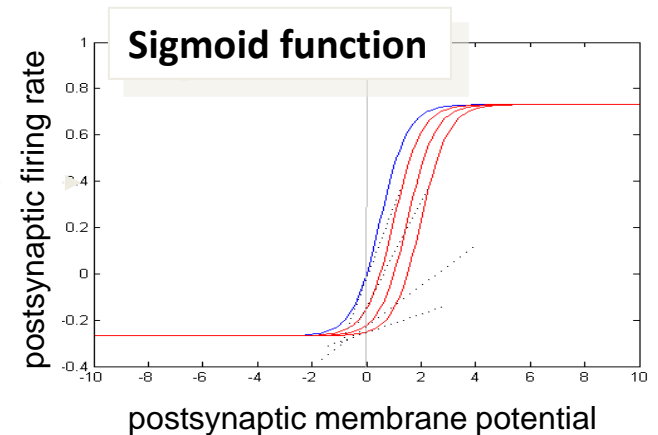
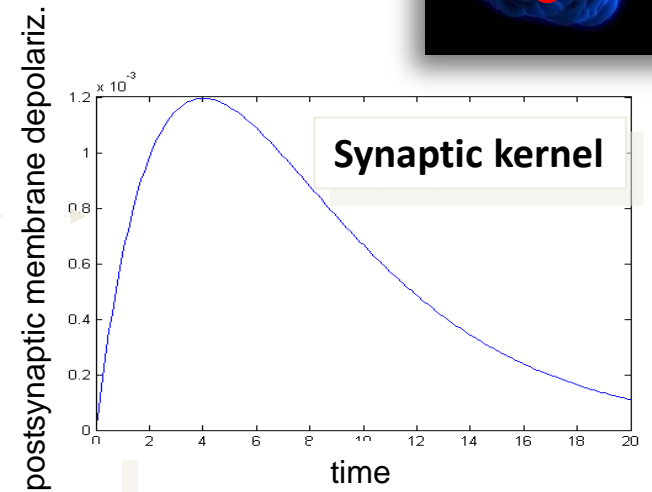
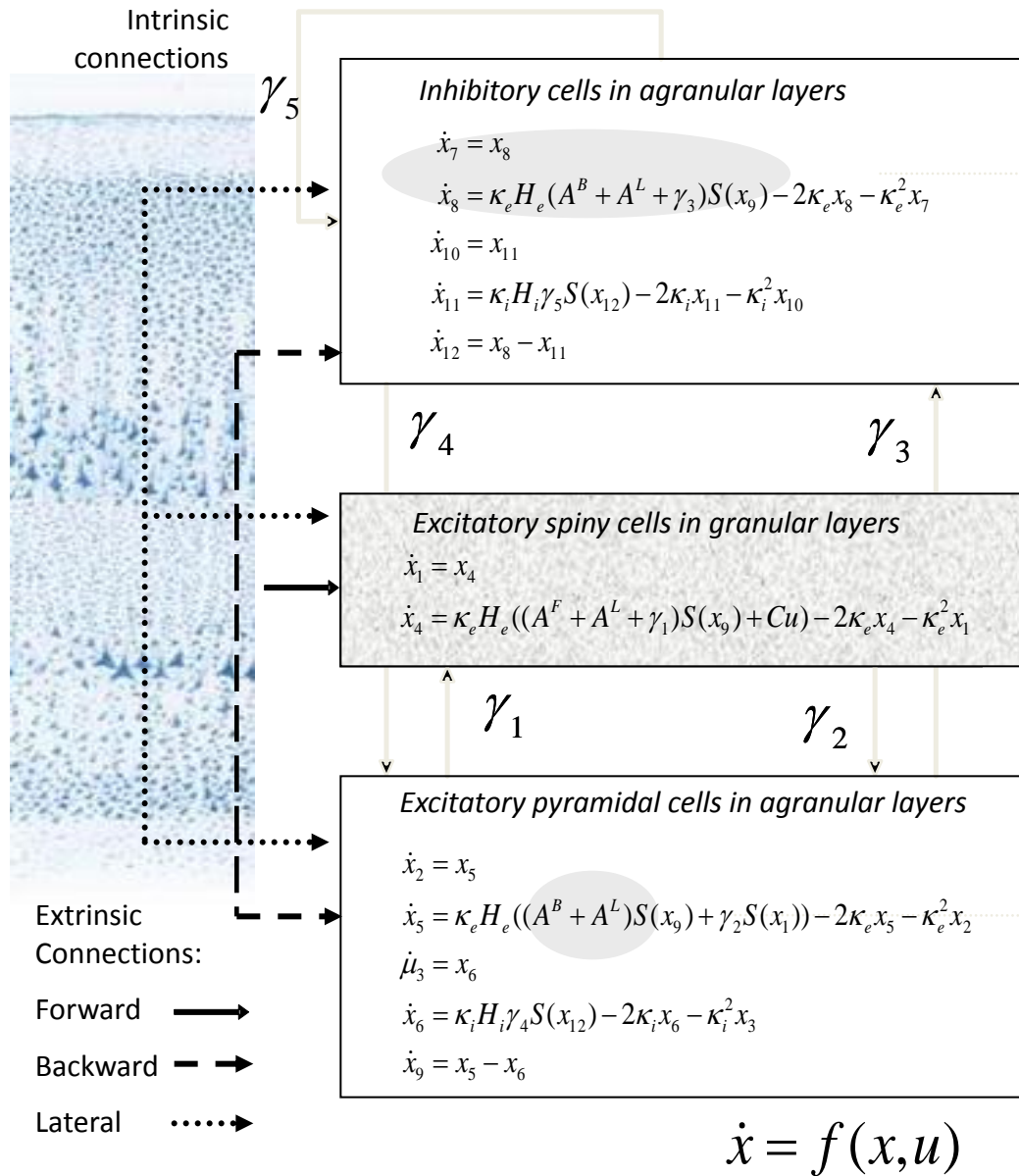


The state of a neuron comprises a number of attributes, membrane potentials, conductances etc. Modelling these states can become intractable. Mean field approximations summarise the states in terms of their ensemble density. Neural mass models consider only point densities and describe the interaction of the means in the ensemble

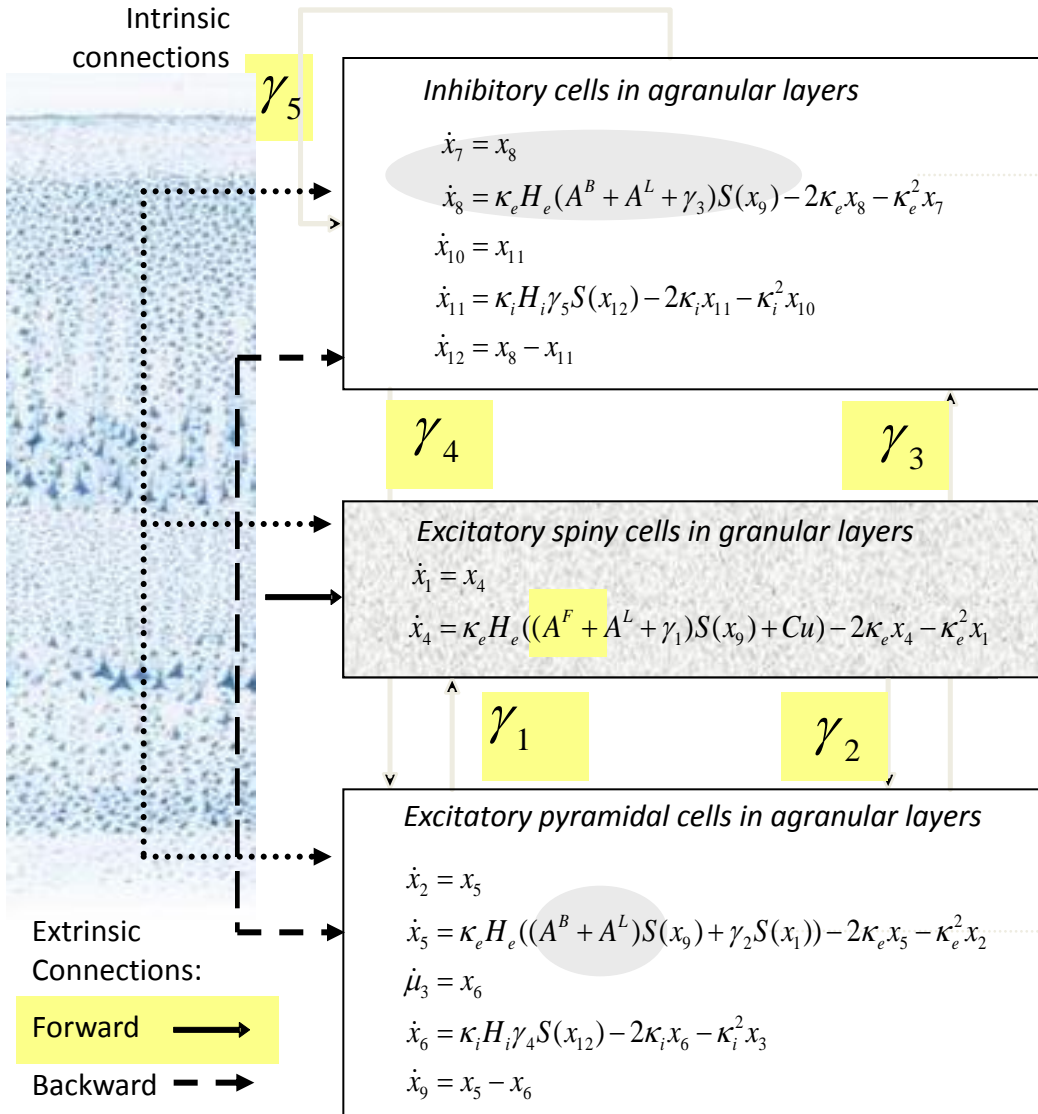
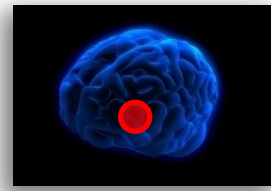
Neural Mass Model



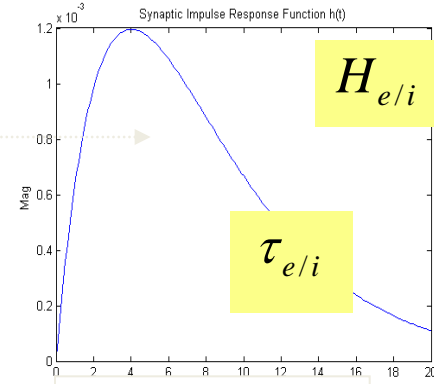
Neural Mass Model



Neural Mass Model



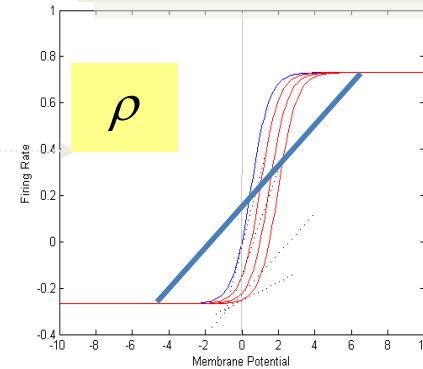
$$\dot{x} = f(x, u)$$



Synaptic kernel

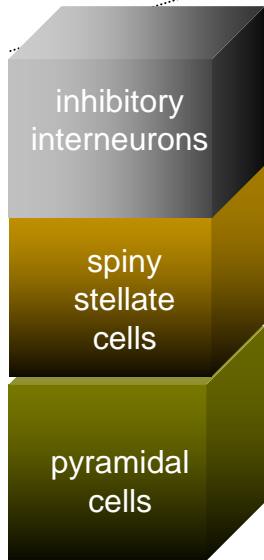
$$v = r \otimes h$$

Sigmoid function



State Equations

$$\dot{x} = f(x, u, \theta)$$



$$\begin{aligned}\dot{x}_7 &= x_8 \\ \dot{x}_8 &= \frac{H_e}{\tau_e} ((A^B + A^L + \gamma_3 I) S(x_0)) - \frac{2x_8}{\tau_e} - \frac{x_7}{\tau_e^2}\end{aligned}$$

 γ_4
 γ_3

$$\begin{aligned}\dot{x}_1 &= x_4 \\ \dot{x}_4 &= \frac{H_e}{\tau_e} ((A^F + A^L + \gamma_1 I) S(x_0) + Cu) - \frac{2x_4}{\tau_e} - \frac{x_1}{\tau_e^2}\end{aligned}$$

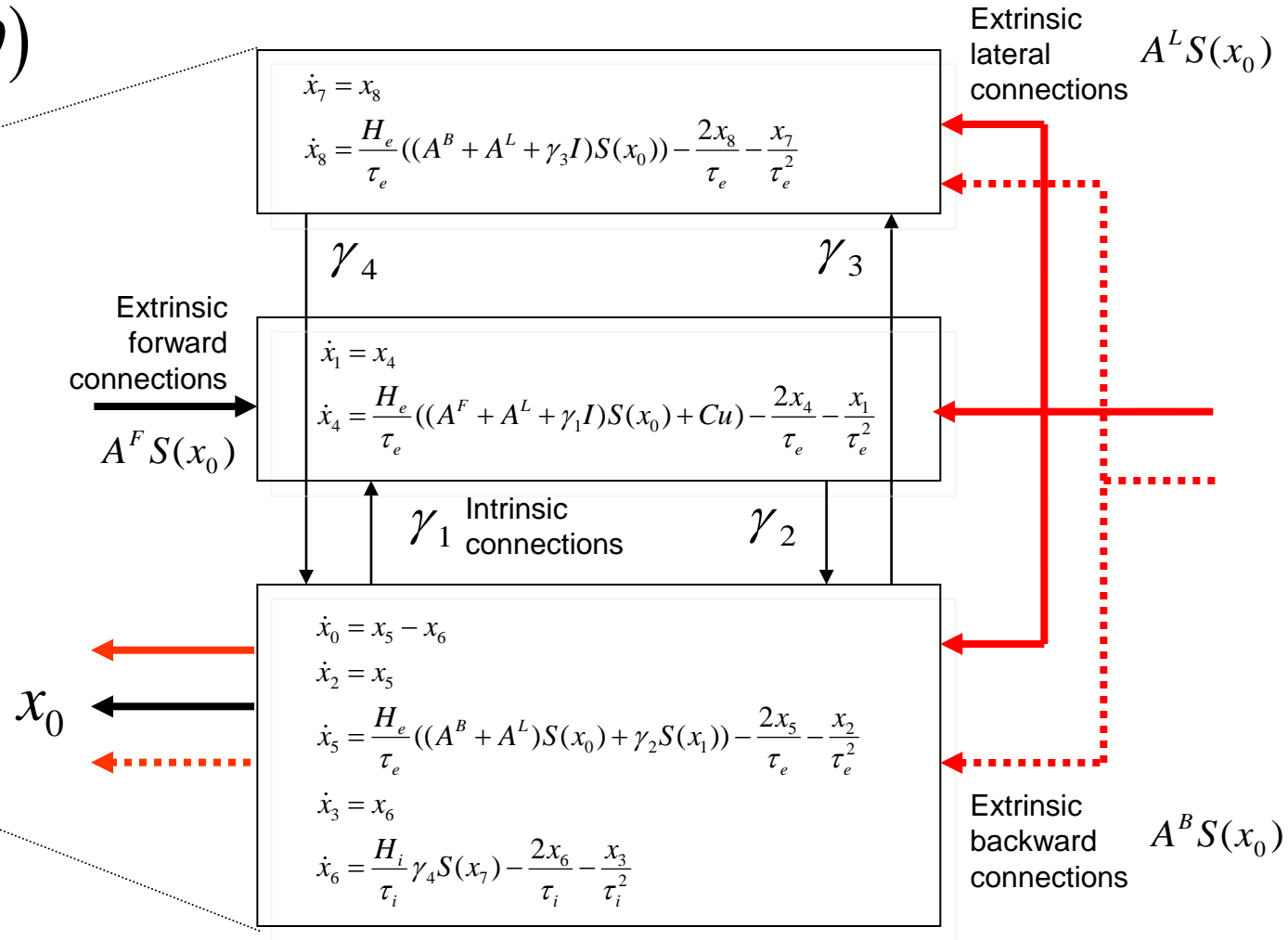
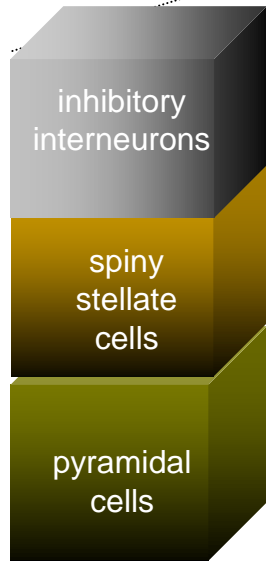
 γ_1 Intrinsic connections

 γ_2

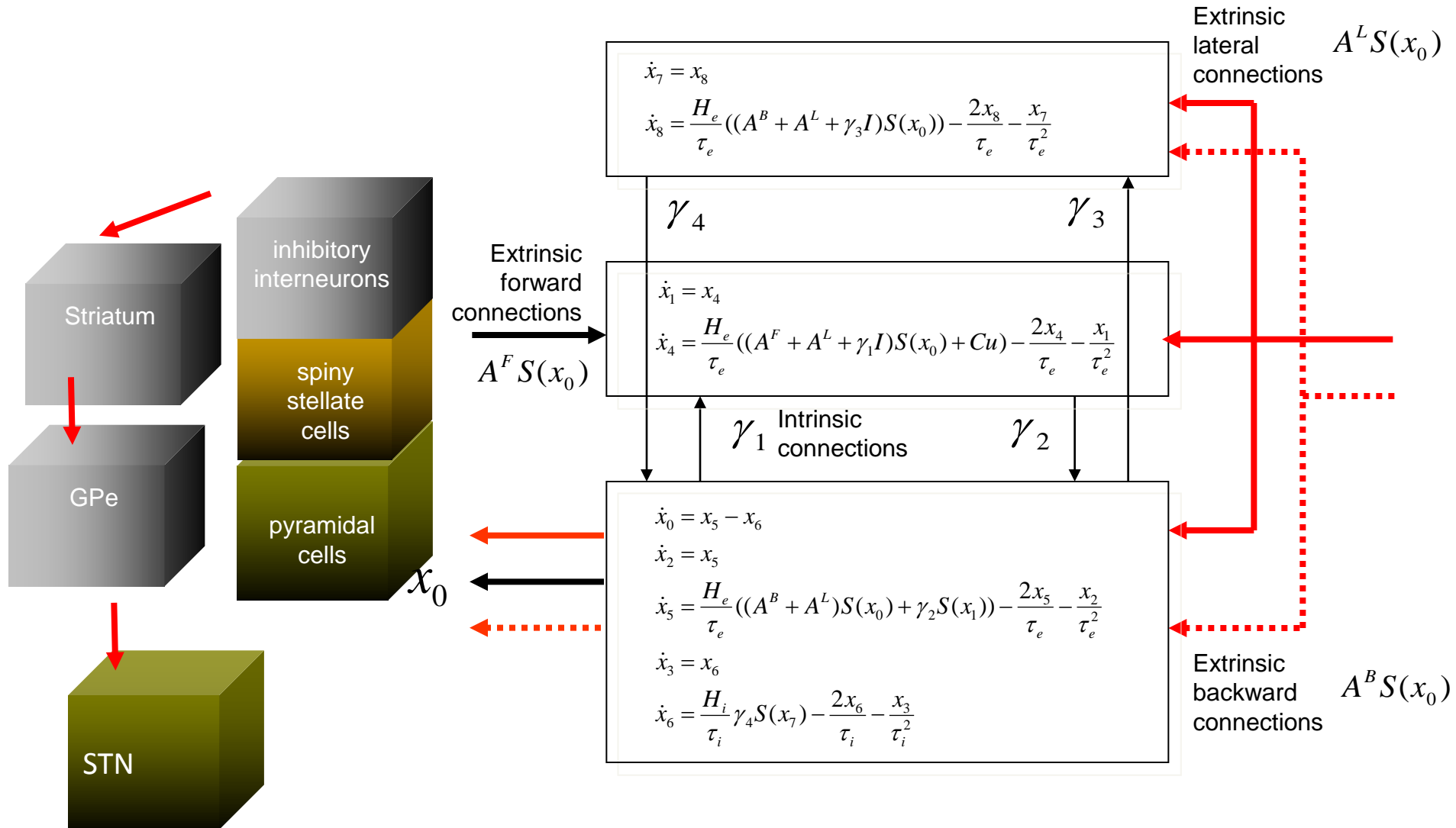
$$\begin{aligned}\dot{x}_0 &= x_5 - x_6 \\ \dot{x}_2 &= x_5 \\ \dot{x}_5 &= \frac{H_e}{\tau_e} ((A^B + A^L) S(x_0) + \gamma_2 S(x_1)) - \frac{2x_5}{\tau_e} - \frac{x_2}{\tau_e^2} \\ \dot{x}_3 &= x_6 \\ \dot{x}_6 &= \frac{H_i}{\tau_i} \gamma_4 S(x_7) - \frac{2x_6}{\tau_i} - \frac{x_3}{\tau_i^2}\end{aligned}$$

State Equations

$$\dot{x} = f(x, u, \theta)$$



State Equations in BG

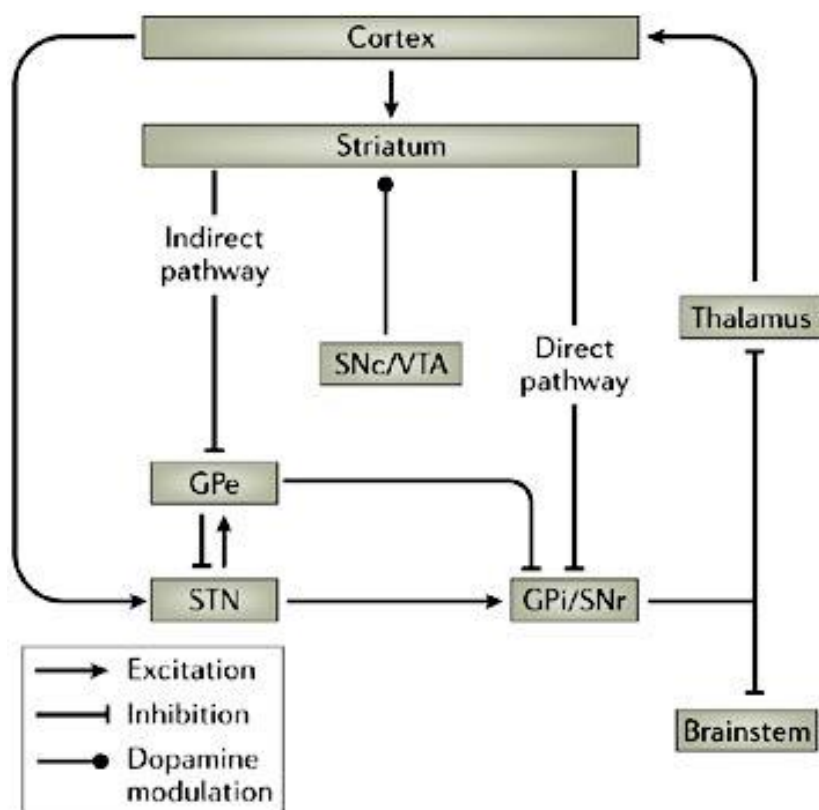


Beta synchrony in parkinsonian networks

- Parkinson's disease (**PD**) is associated with abnormally **synchronized** oscillations in the **beta** frequency band in the *cortical-basal ganglia-thalamocortical network*. Amplitude changes in these oscillations correlate with variations in motor impairment.
- To study effective connectivity in this network, we use a dynamic causal model (**DCM**) of steady-state responses (**SSR**), which summarizes electrophysiological data in terms of their *cross-spectral density*. These spectral features are generated by biologically plausible, **neural-mass models** of coupled electromagnetic sources.
- Our ultimate **goal** is to use such models, once validated, to **identify novel therapeutic targets** in patients with PD.

Pathologic Beta Rythm in Parkinson`s

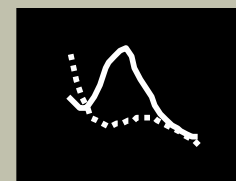
Chronic loss Dopamine innervations in the Striatum



Traditional theory of negative motor symptoms induced by an unbalance in the striatal outputs of direct (\downarrow) /indirect (\uparrow) pathways

Newer theory focused on pathological synchrony: STN

Beta oscillations correlate to disease state

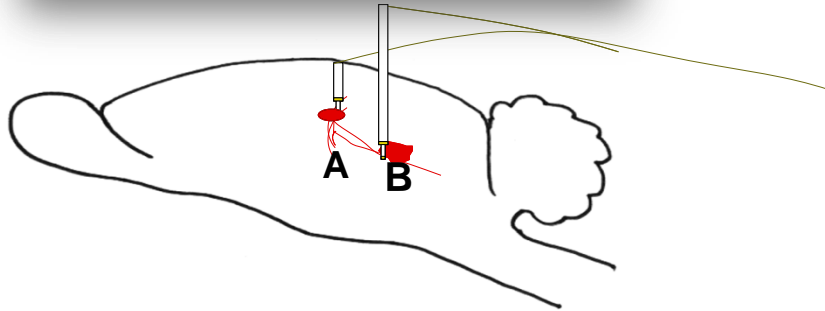
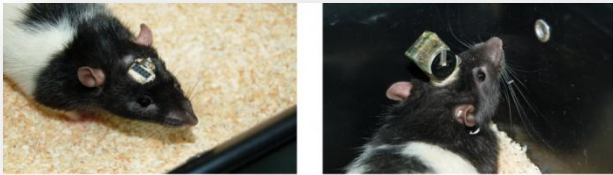


20 Hz

Pathologic Beta Rythm in Parkinson`s

Alterations in Brain Connectivity Underlying Beta Oscillations in Parkinsonism

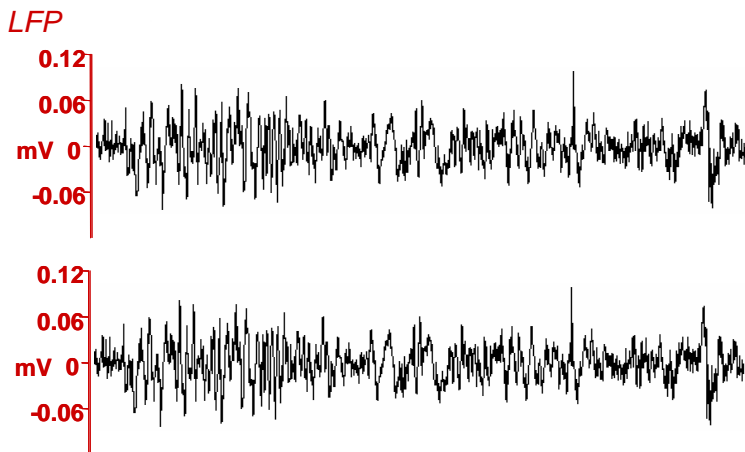
PLOS computational Biology
Moran et al., 2011






Cortico-basal ganglia-thalamocortical circuits are disrupted by the dopamine depletion of Parkinson's disease (PD), leading to pathologically exaggerated beta oscillations.

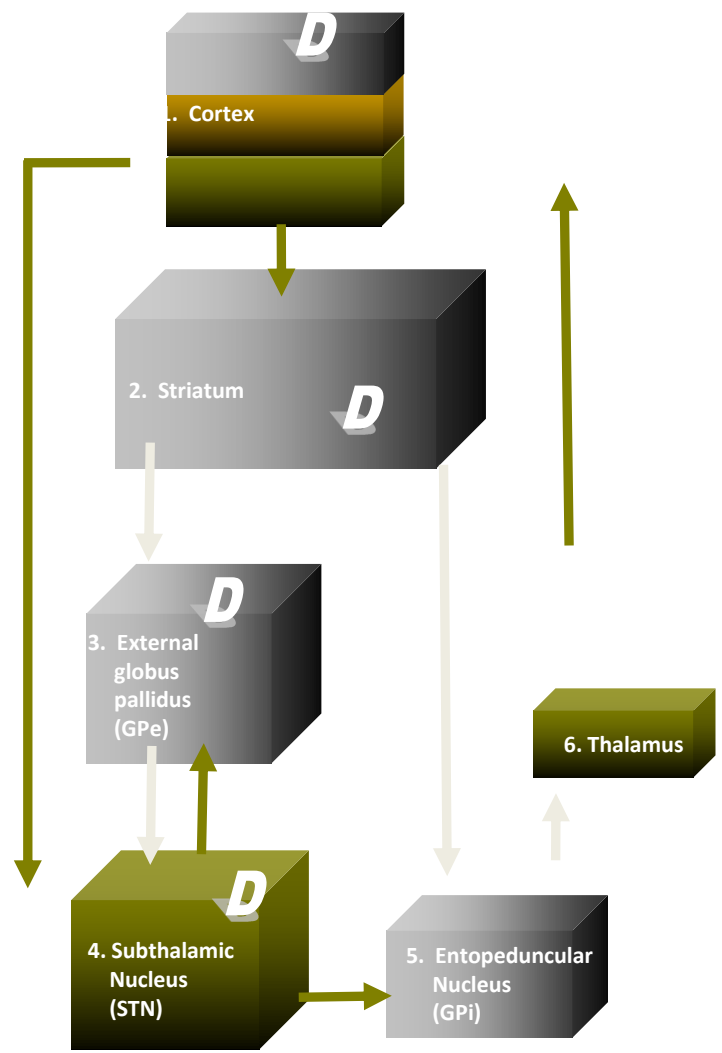
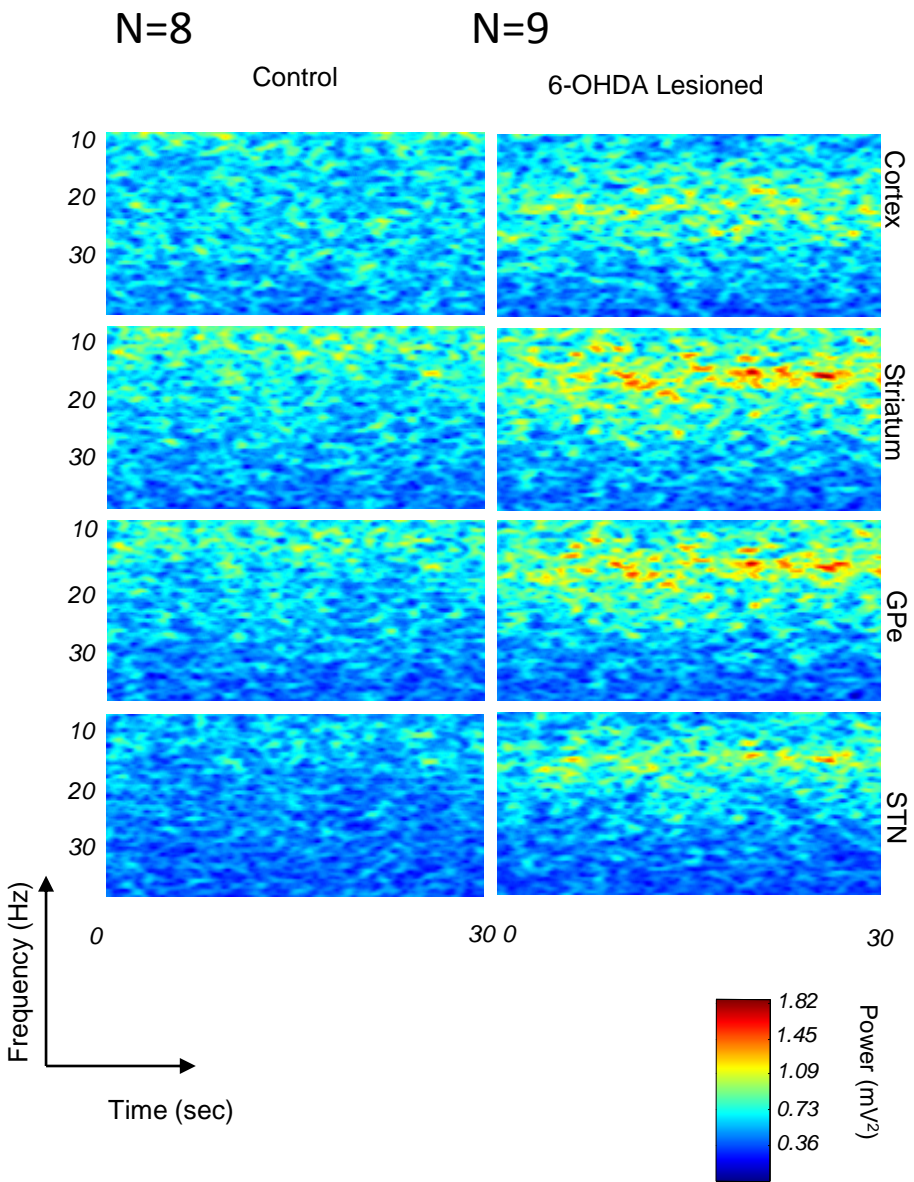
Used 6-hydroxydopamine-lesioned rat model of PD to examine the effective connectivity underlying these spectral abnormalities.

Local field potential recordings made simultaneously in the frontal cortex, striatum, GPe and STN.

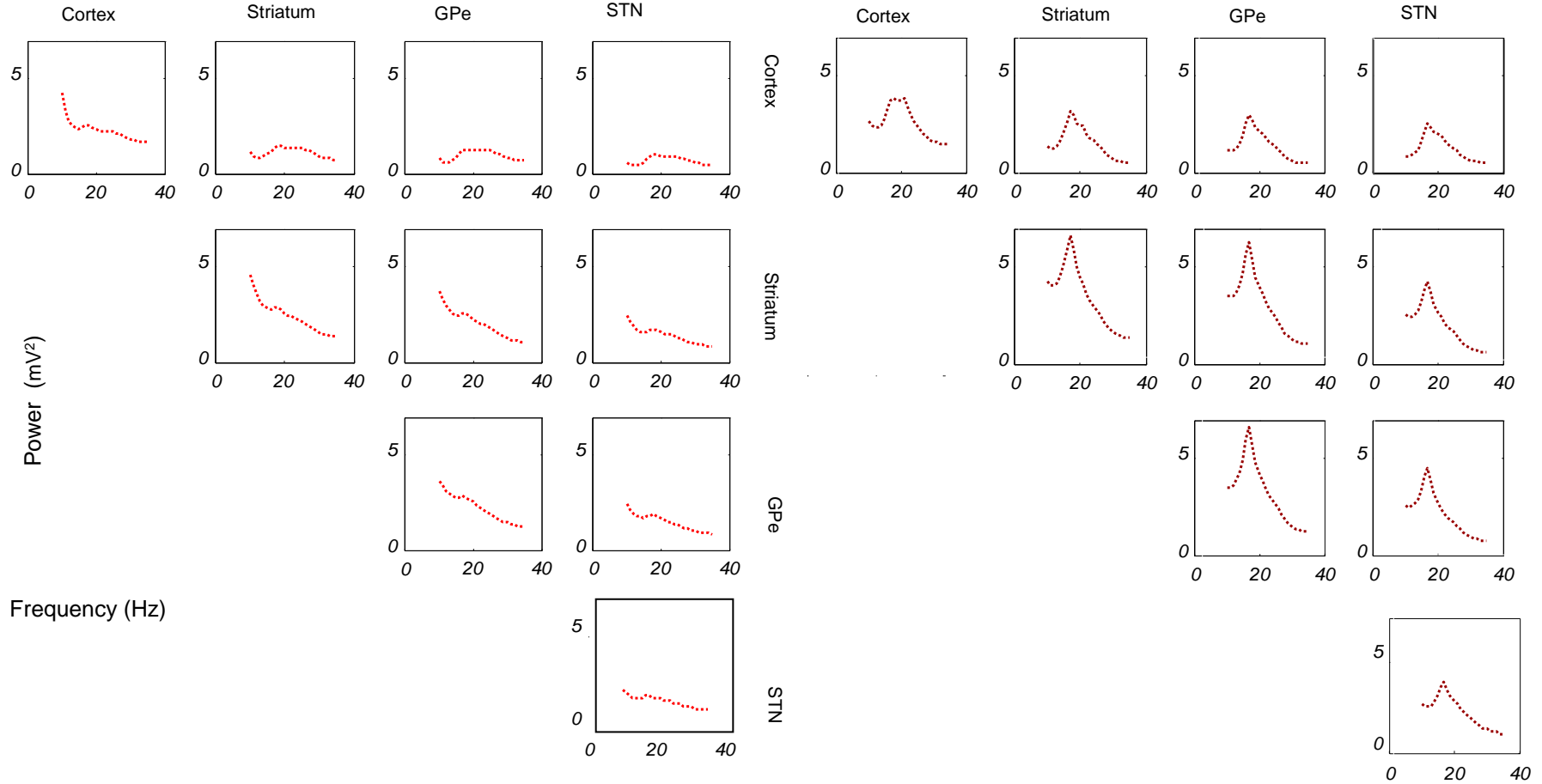


DCM of Beta in 6-OHDA rat PD model

-  Glutamatergic stellate cells
-  GABAergic cells
-  Glutamatergic Projection cells
- D** Data (LFP recordings)



Model Inversion

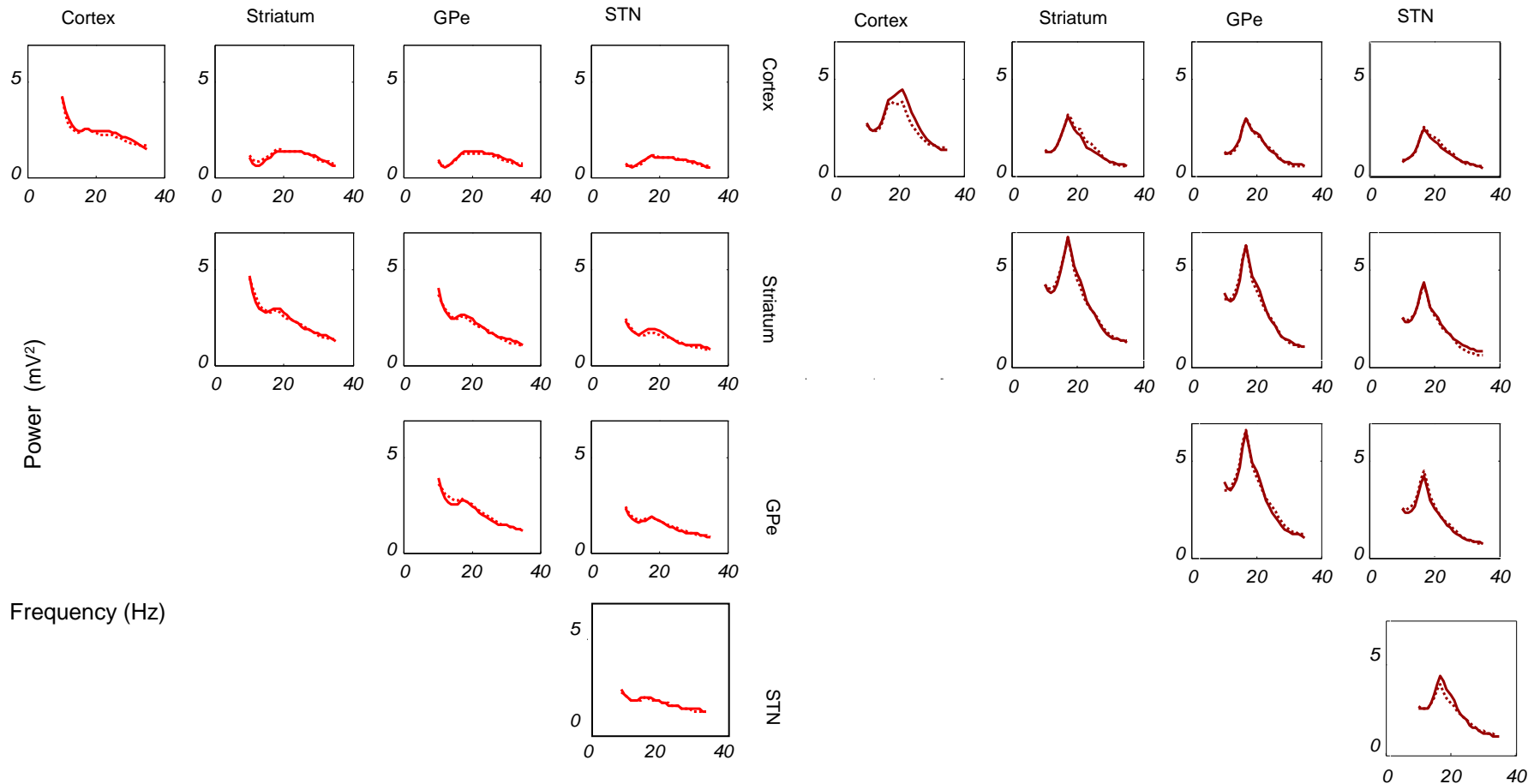


Control

6-OHDA Lesioned

--- Real

Model Inversion



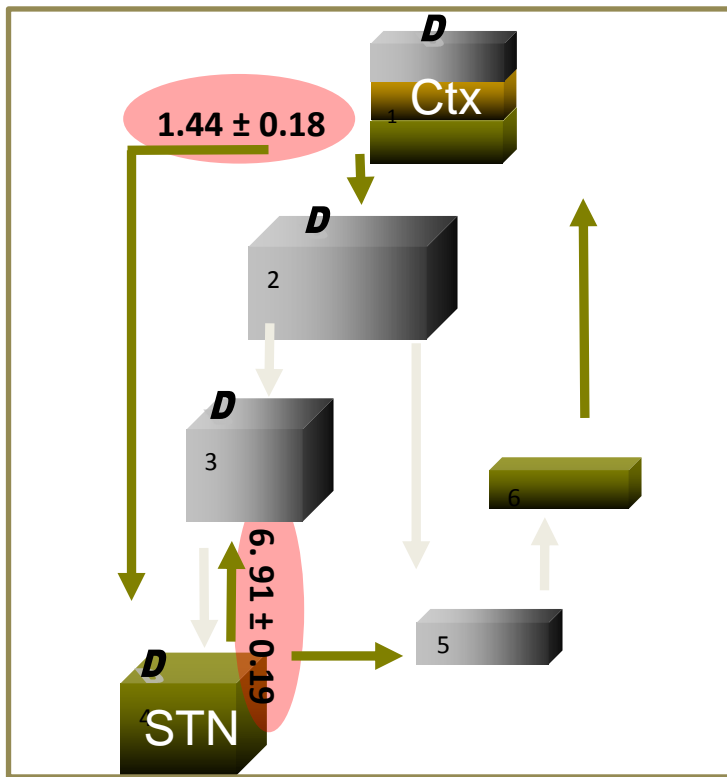
Control

6-OHDA Lesioned

--- Real
— Fit

Connectivity Changes

Control



Contribution Analysis

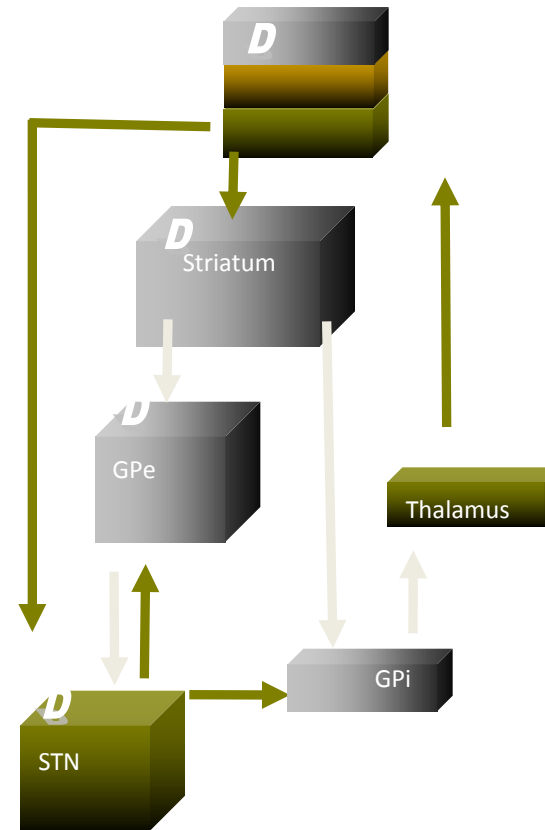
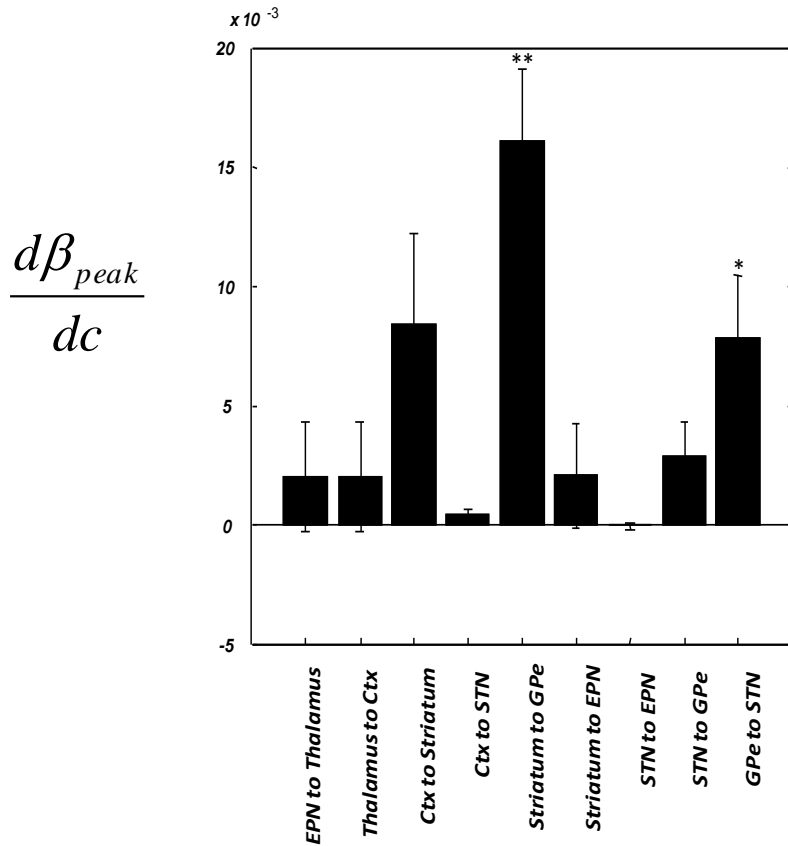
In the Parkinsonian Network which connections exacerbate the problem oscillation?

What leads to an increase in beta overall when particular synapses are perturbed?

$$\frac{d\beta_{peak}}{dc}$$

Contribution Analysis

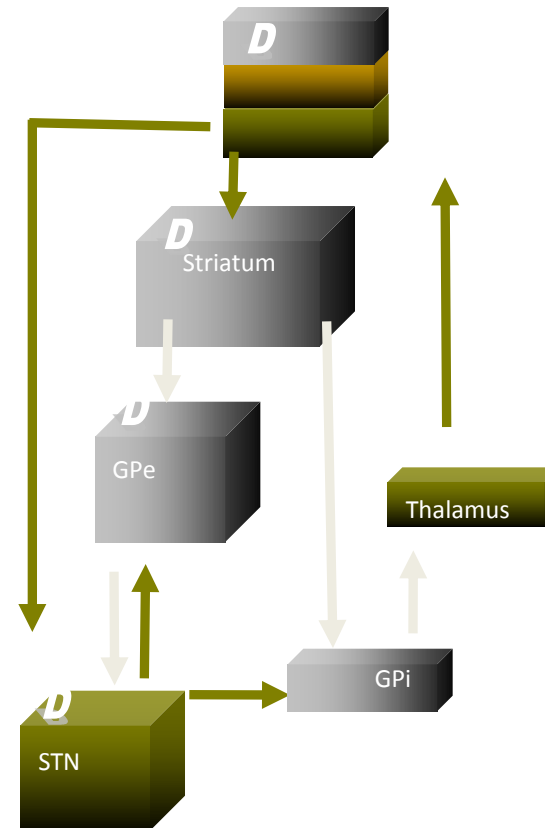
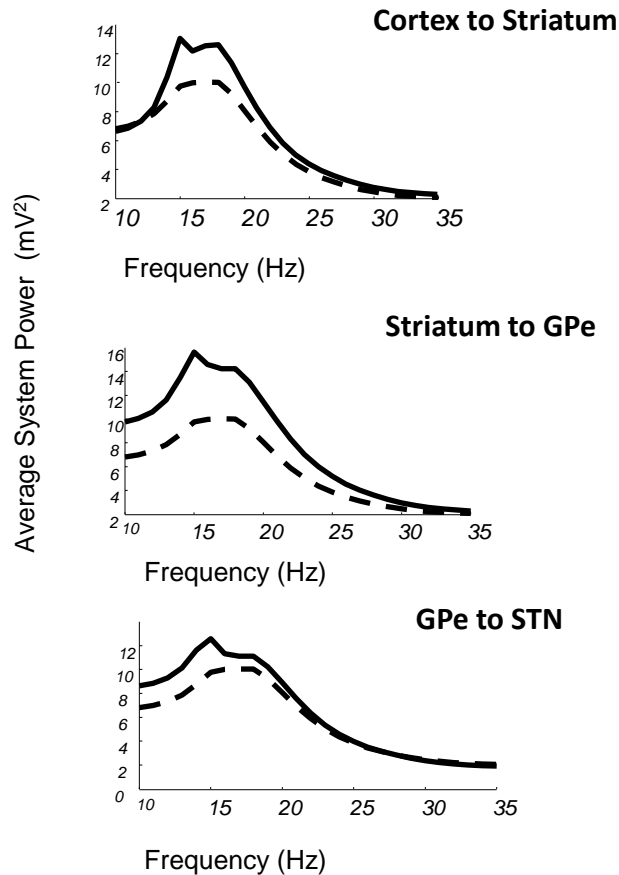
In the Parkinsonian Network which connections exacerbate the problem oscillation?



Contribution Analysis

In the Parkinsonian Network which connections exacerbate the problem oscillation?

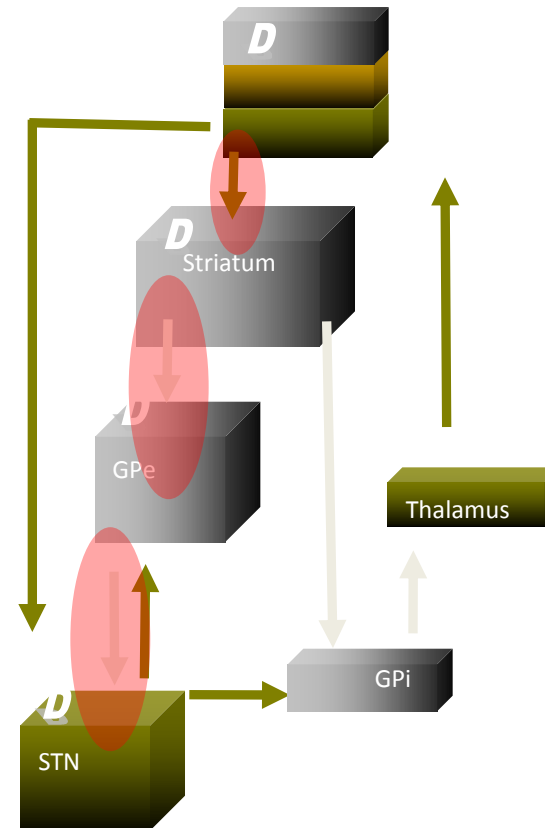
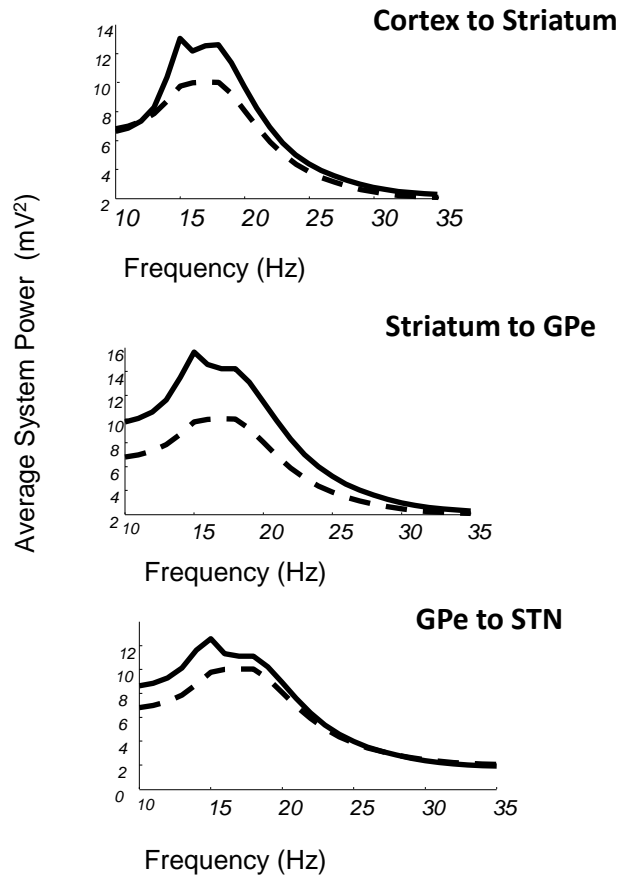
$$\frac{d\beta_{peak}}{dc}$$



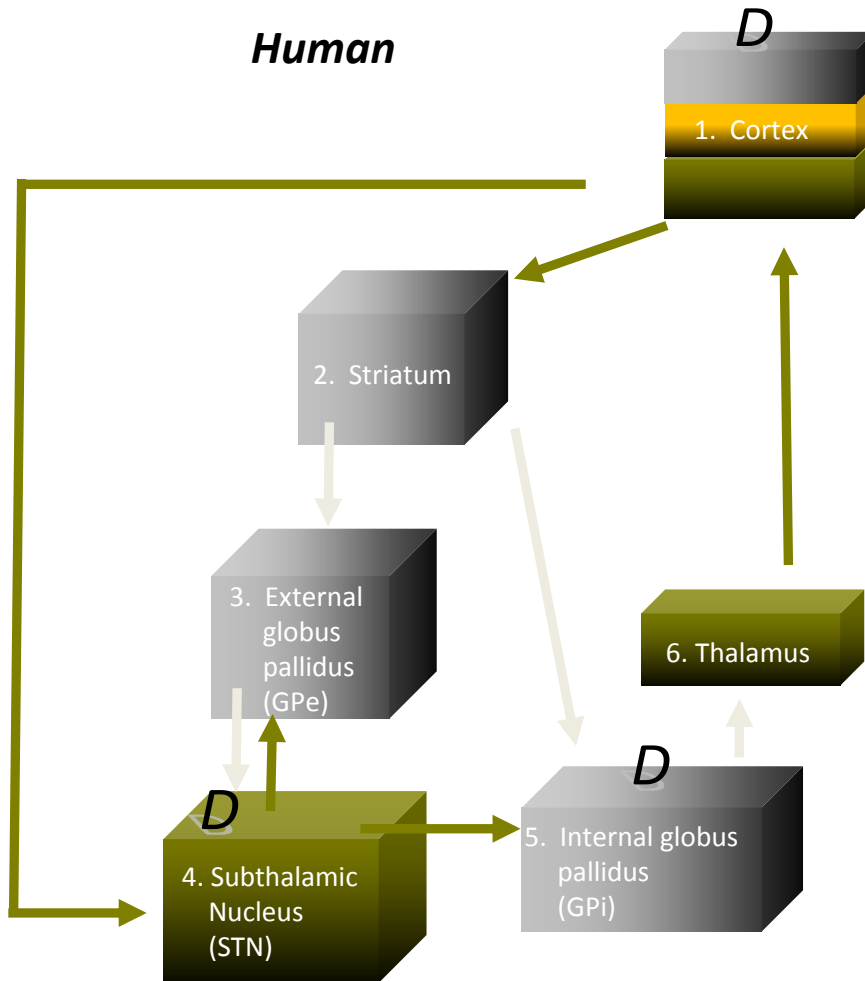
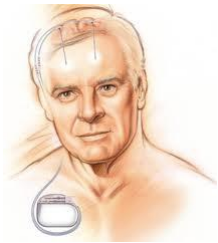
Contribution Analysis

In the Parkinsonian Network which connections exacerbate the problem oscillation?

$$\frac{d\beta_{peak}}{dc}$$

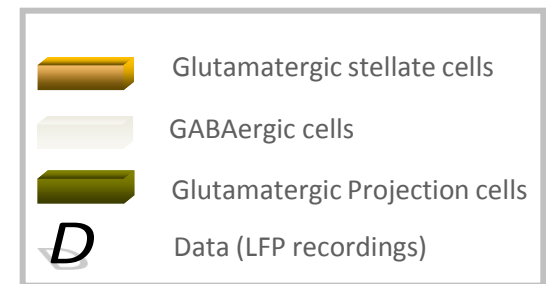


Structure of the Dynamical Causal Model

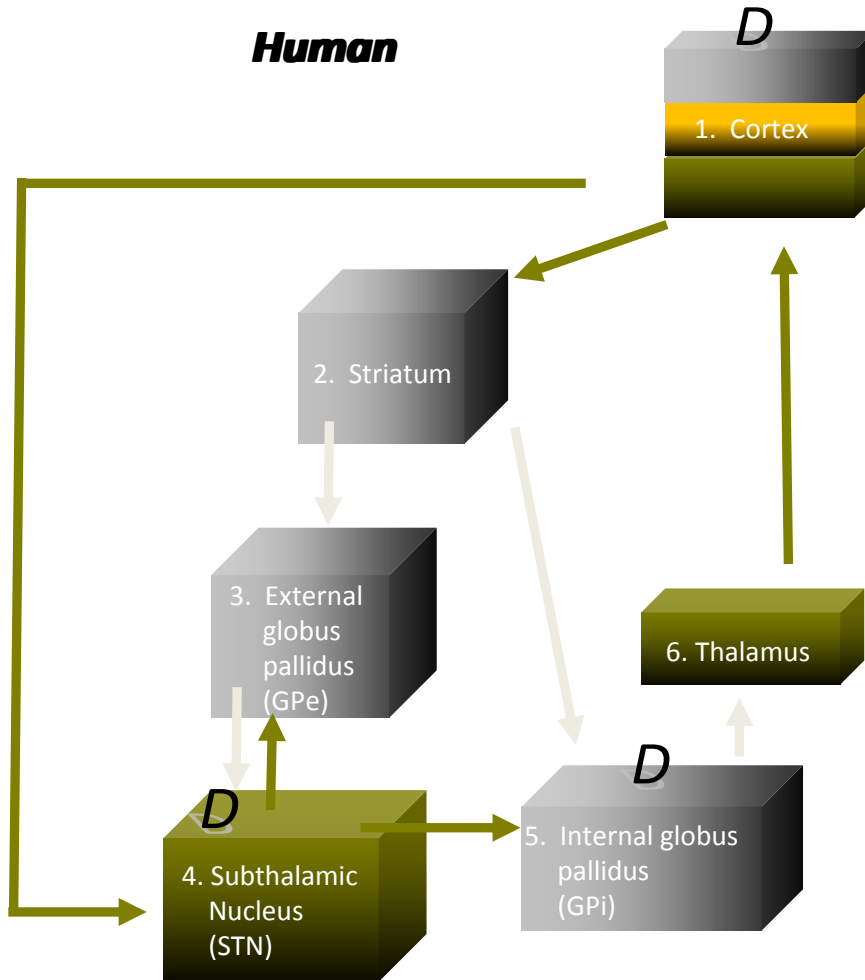
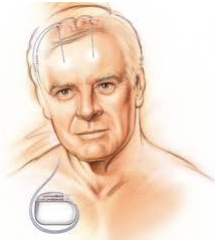


Limited network sampling in patients

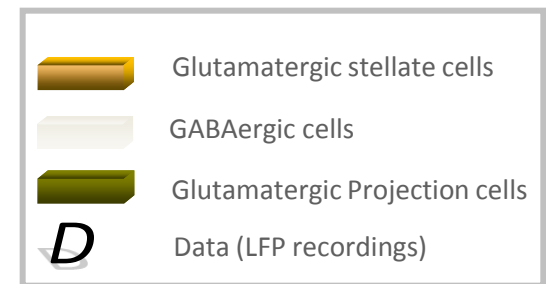
Even with reduced circuit model & DBS recordings with EEG we have at least 3 hidden sources



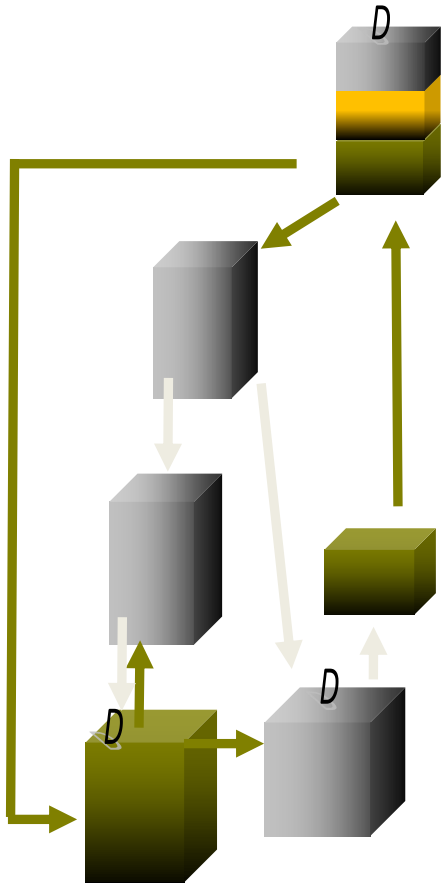
The problem: limited network sampling in patients



Even with reduced circuit model & DBS recordings with EEG we have at least 3 hidden sources



Data spectral density

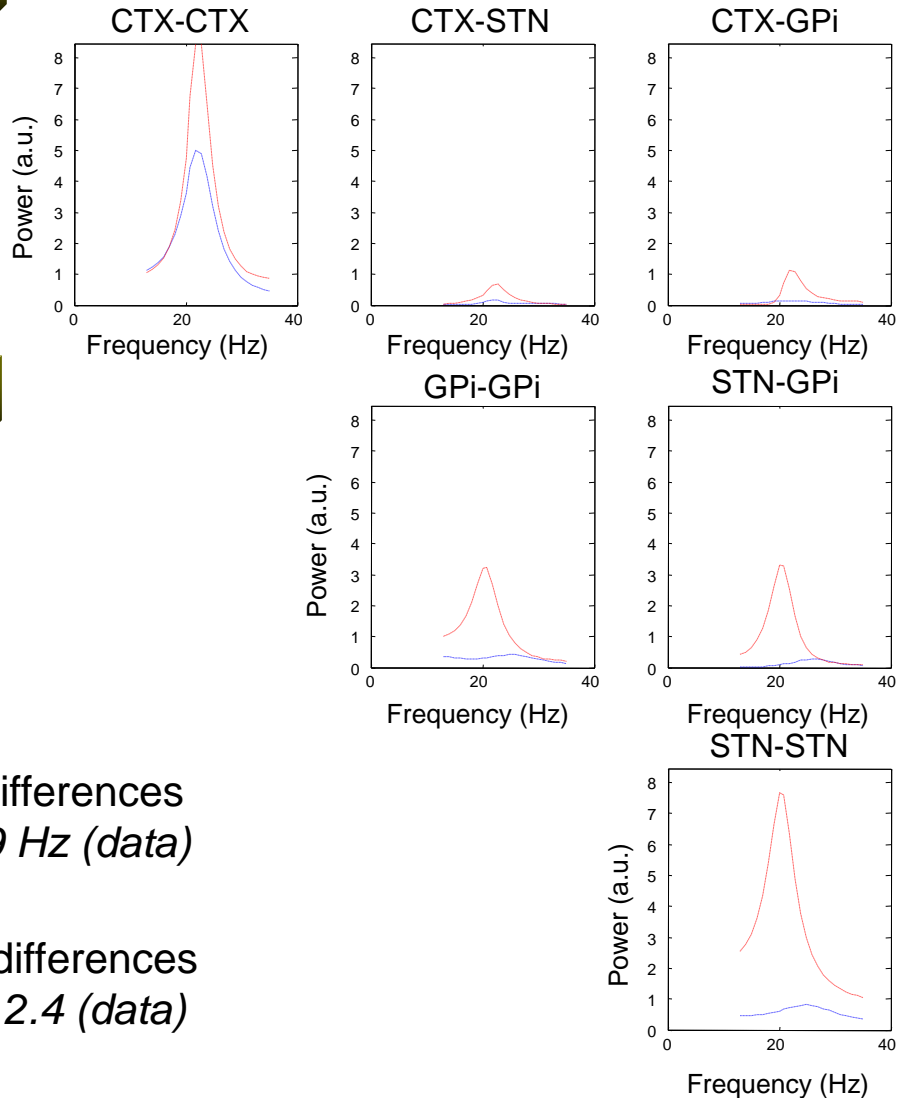
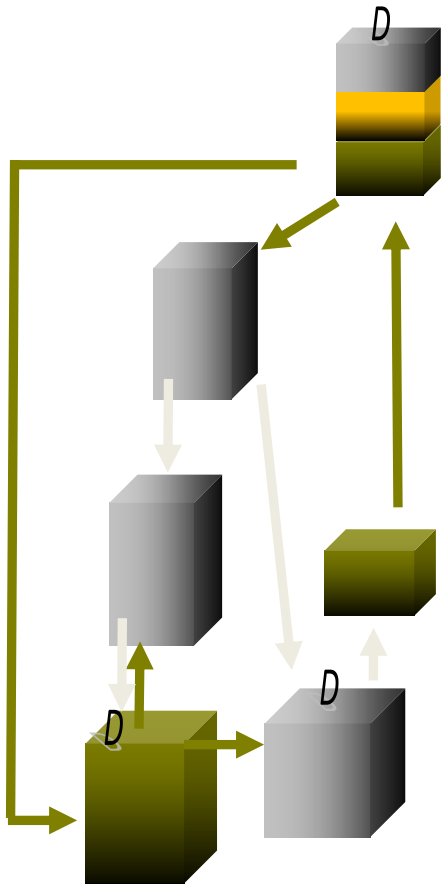


2 trials
DCM

Levedopa

OFF
ON

Data spectral density



2 trials
DCM

Levodopa

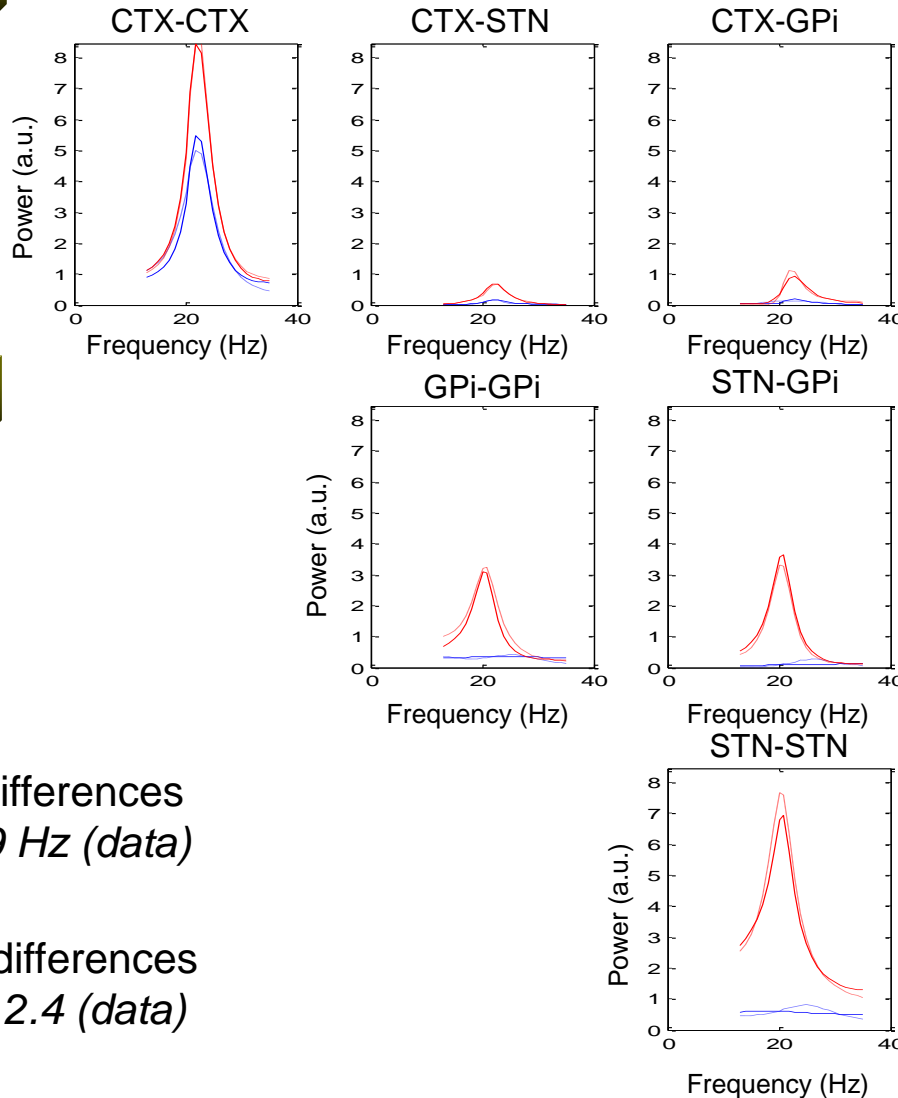
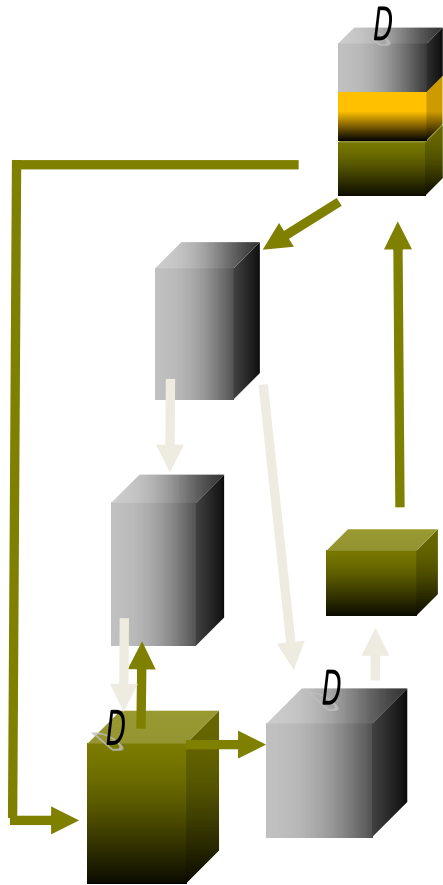
OFF
ON

Modelling frequency differences
mean STN peak #: 6.9 Hz (*data*)

Modelling amplitude differences
mean STN power #: 2.4 (*data*)

--- Dotted line: data

Data spectral density



2 trials
DCM

Levodopa

OFF
ON

Modelling frequency differences
mean STN peak #: 6.9 Hz (data)

Modelling amplitude differences
mean STN power #: 2.4 (data)

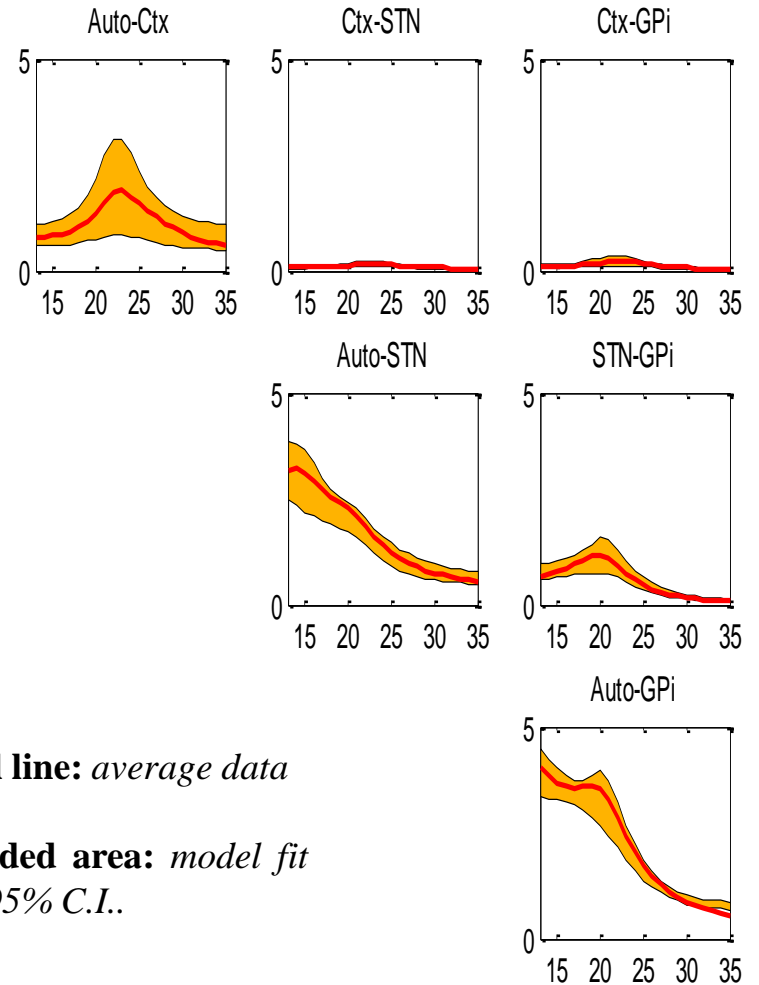
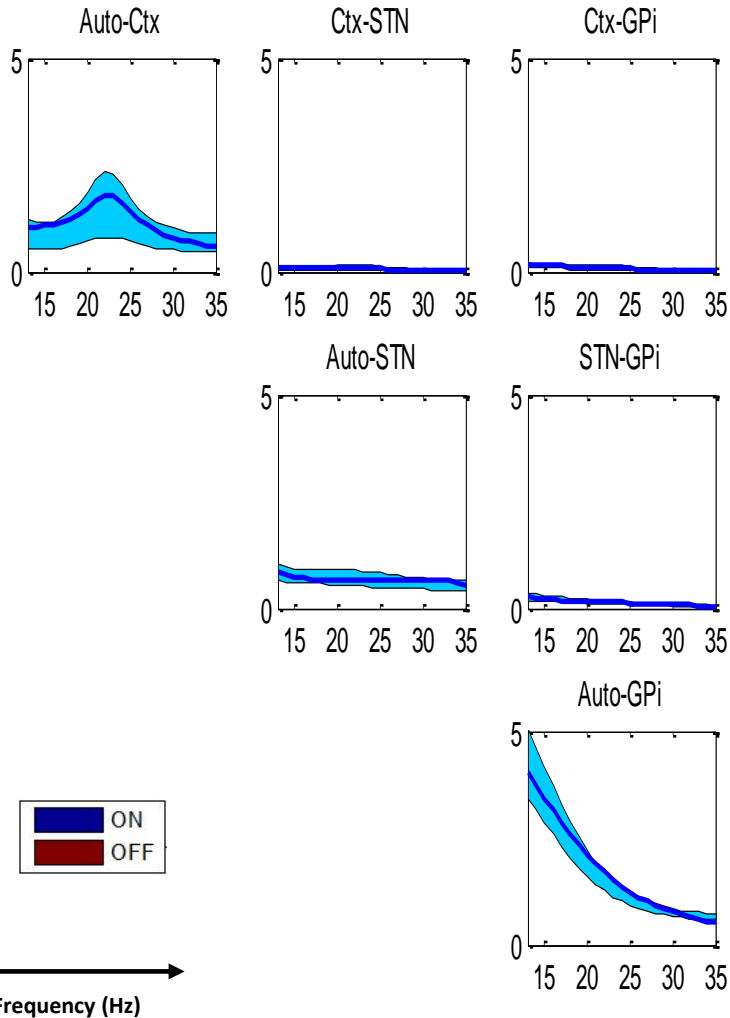
— Full line: model fit

- - - Dotted line: data

Model fit and Data means

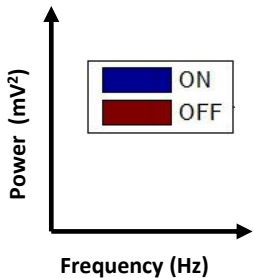
ON

OFF



Full line: *average data*

Shaded area: *model fit w/ 95% C.I.*

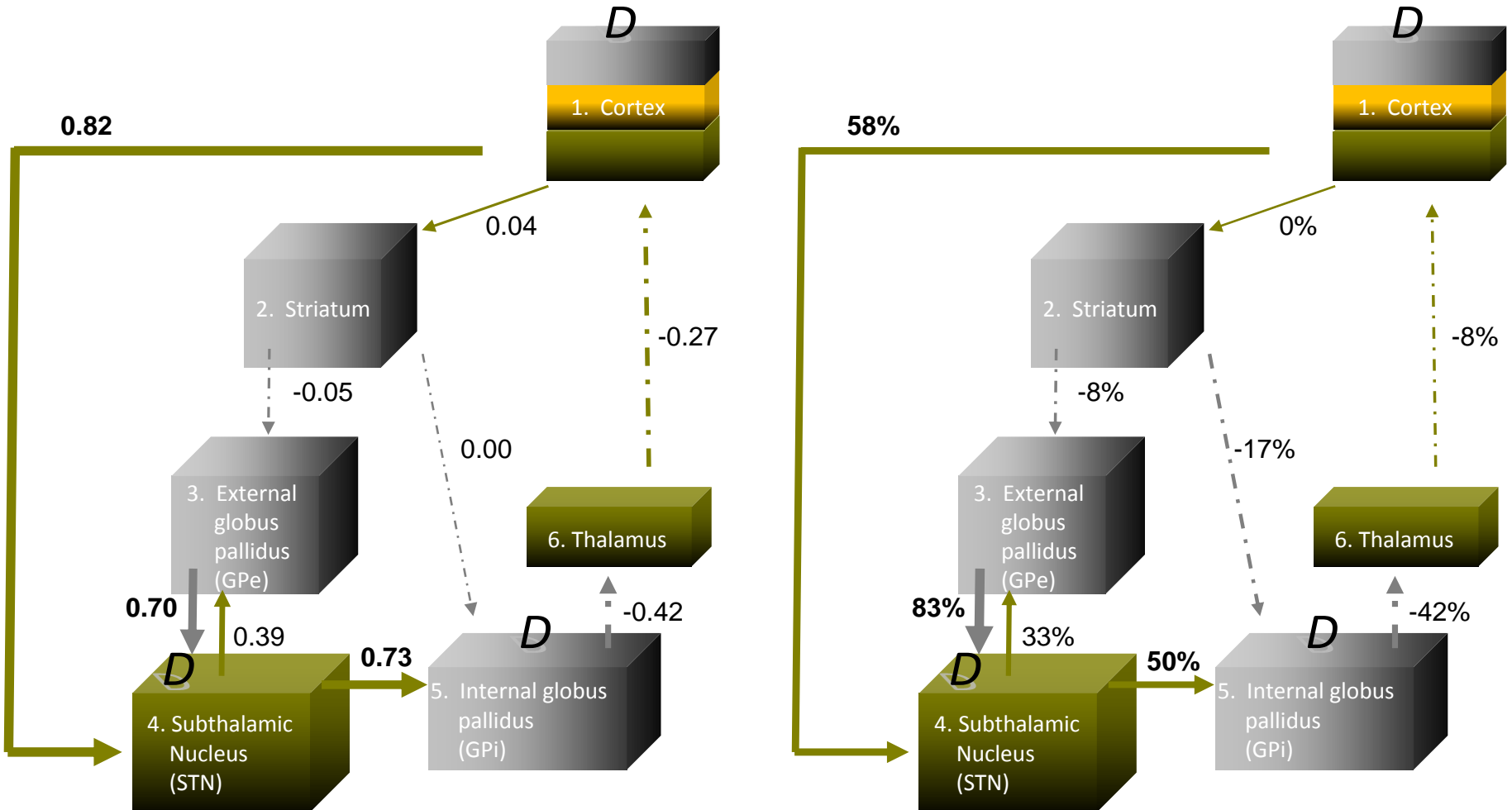


Group connectivity significance

Strength

ON → *OFF*

95% Significance

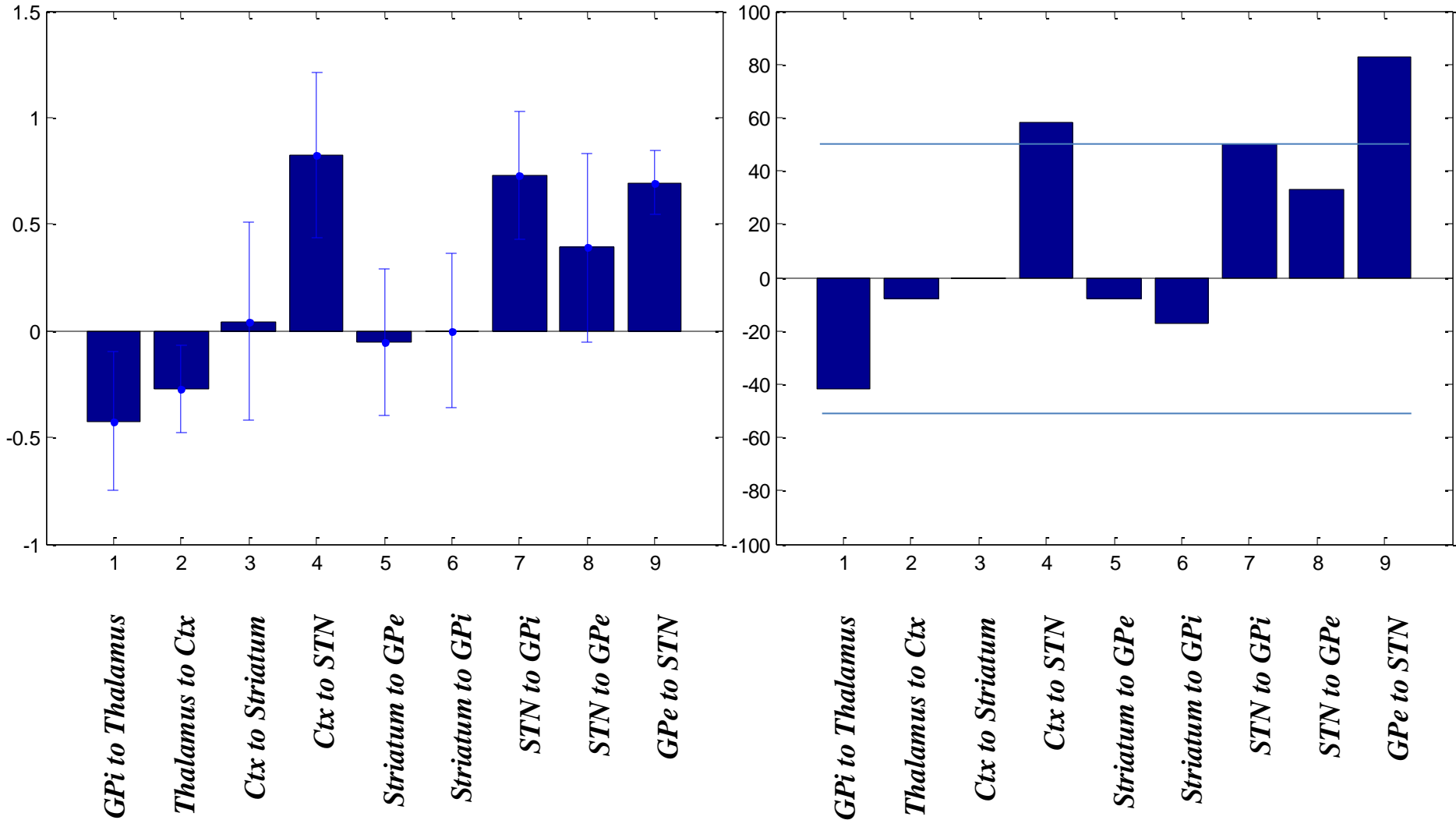


Group connectivity significance

ON → *OFF*

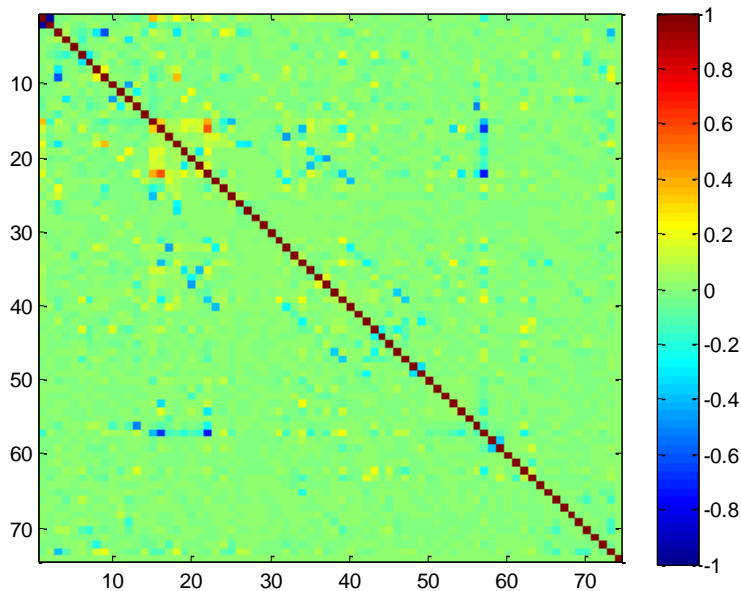
Strength

Significance



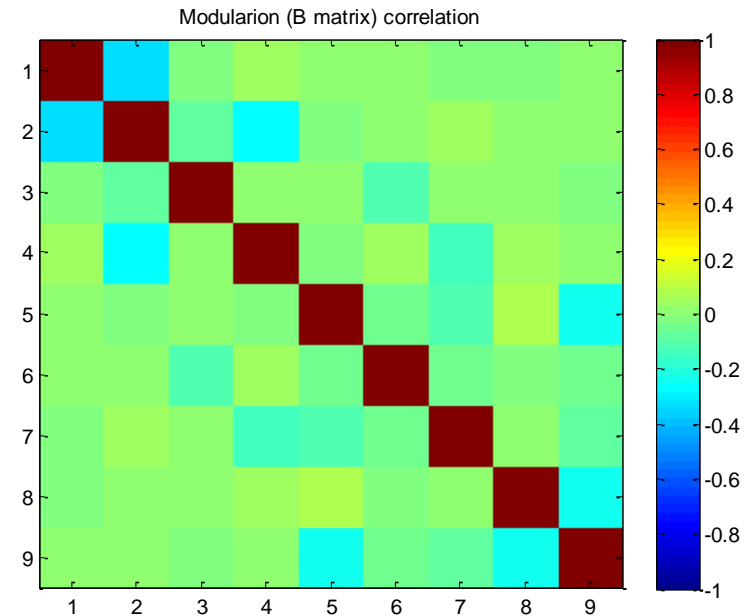
Posterior correlations and parameter identifiability

Correlation for all parameters



B modulation
between (41:49, 41:49)

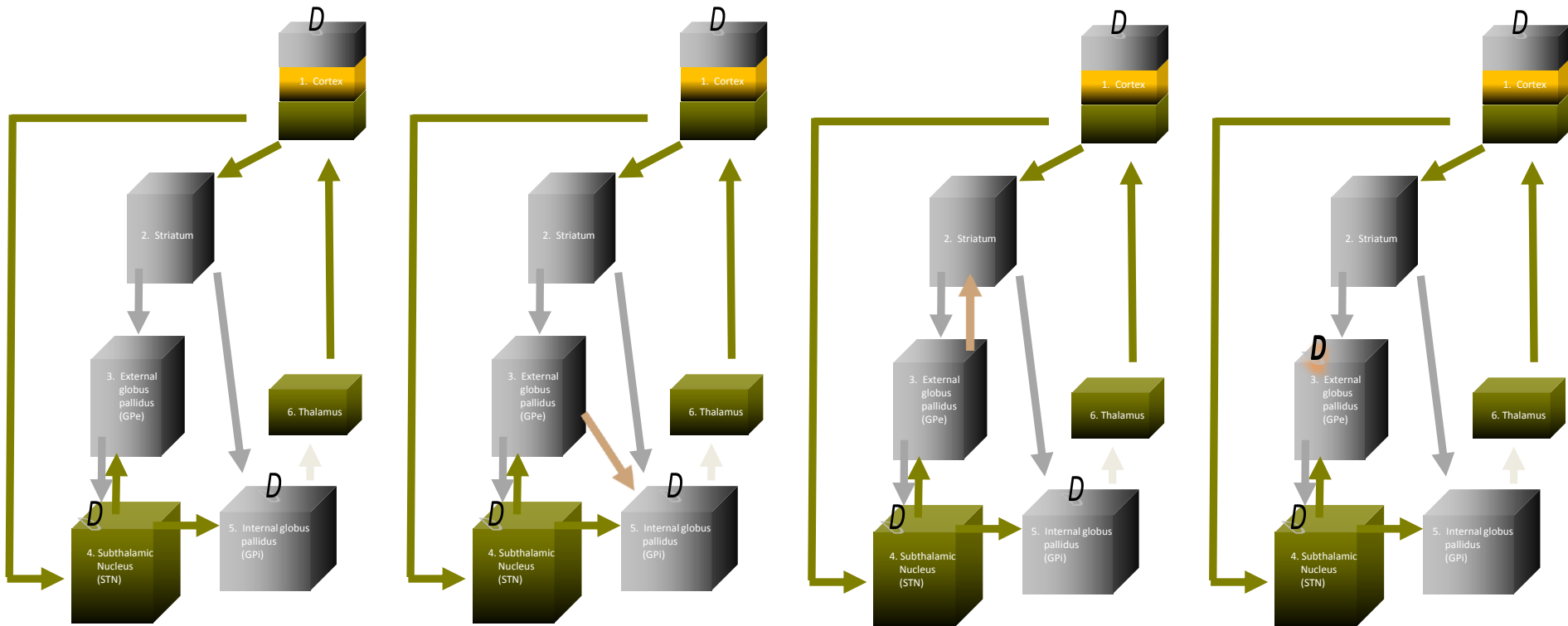
Correlation for modulation parameters



Among our parameters of interest
(modulation connectivity measures) where,
on average, **only small correlations (~0.05)**

The maximum correlation is -0.32 between
connections 1 and 2

Bayesian Model Comparison



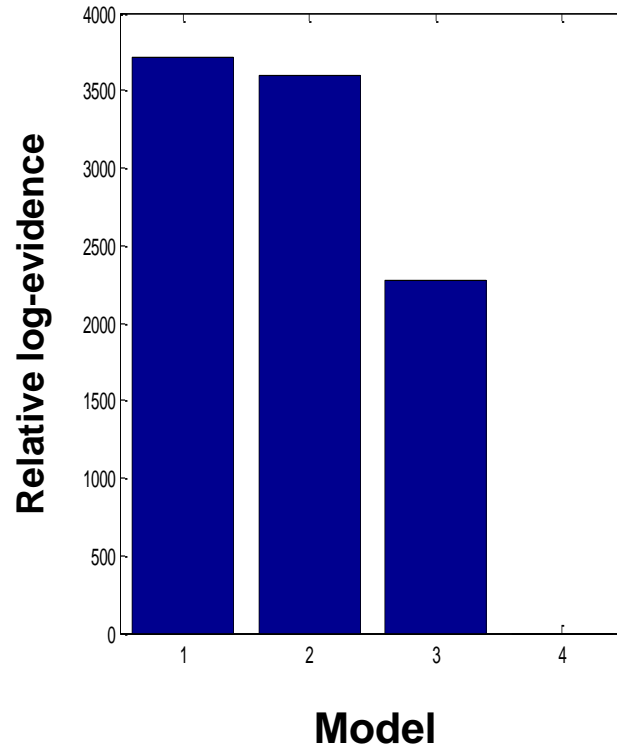
Model 1

Model 2

Model 3

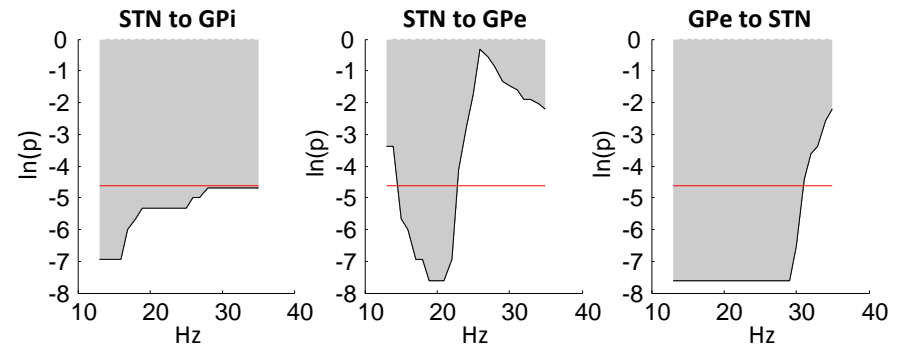
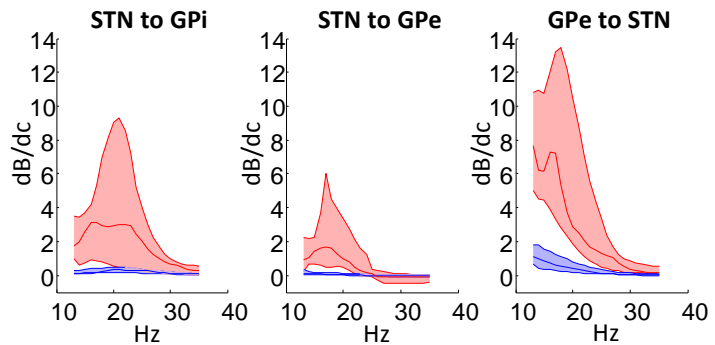
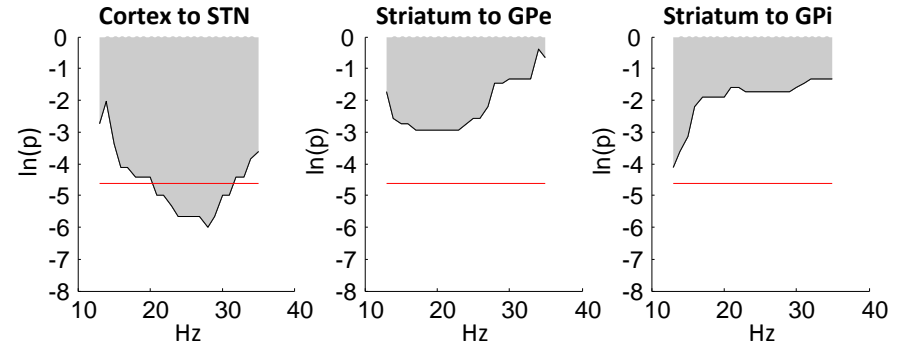
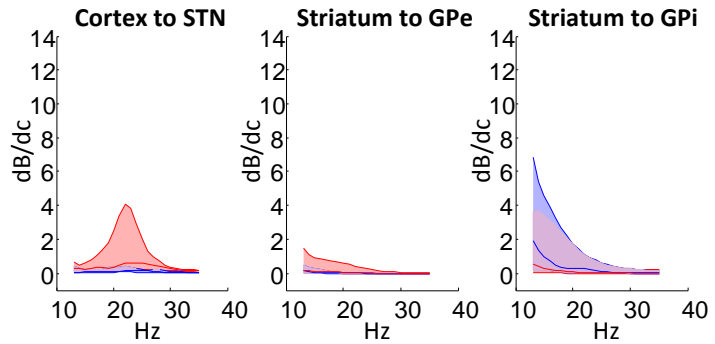
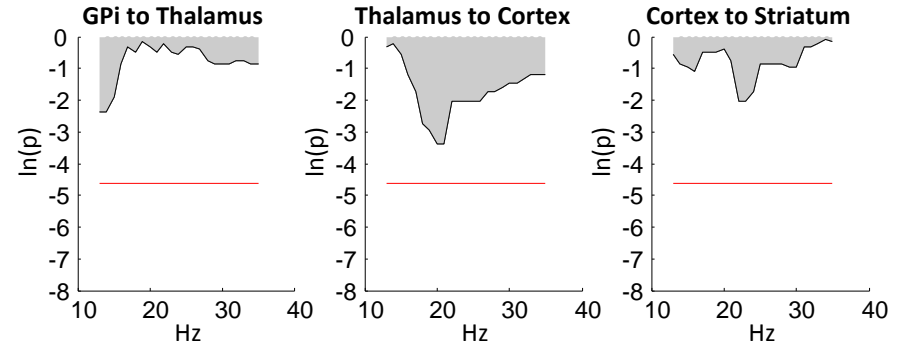
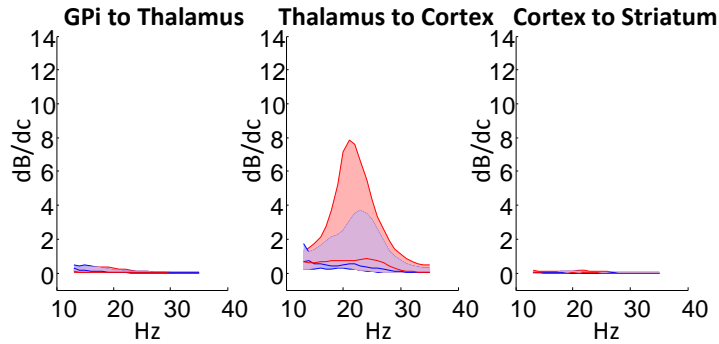
Model 4

Bayesian Model Comparison



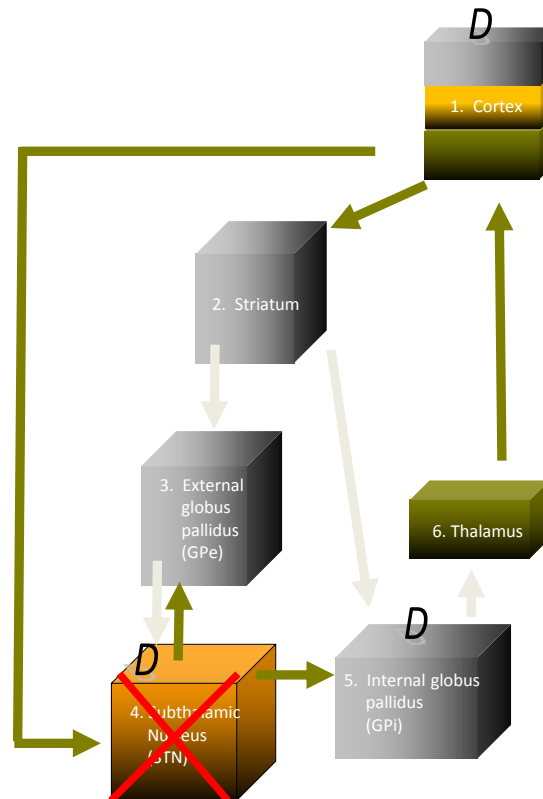
$$\Delta \log GBF_{1,2} = 109$$

Contribution analysis

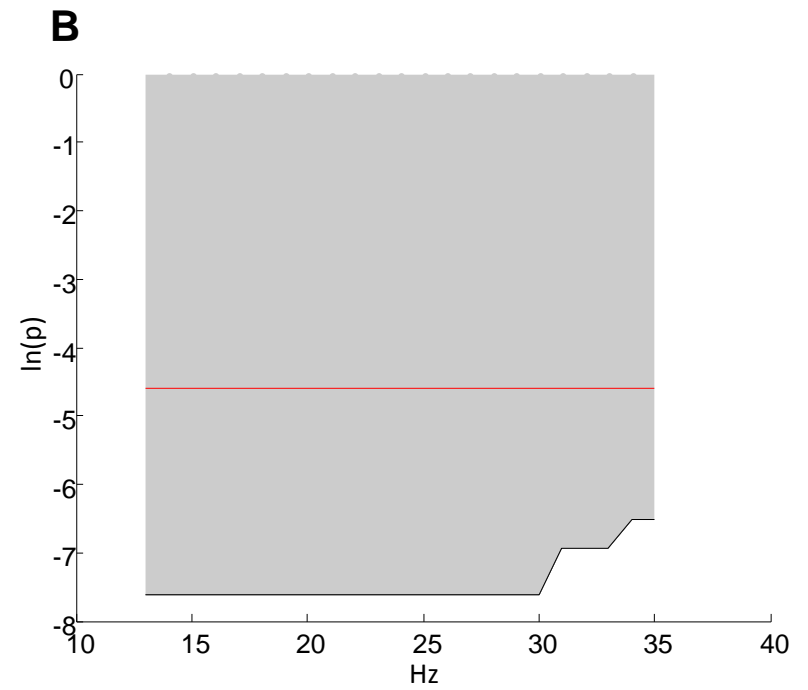
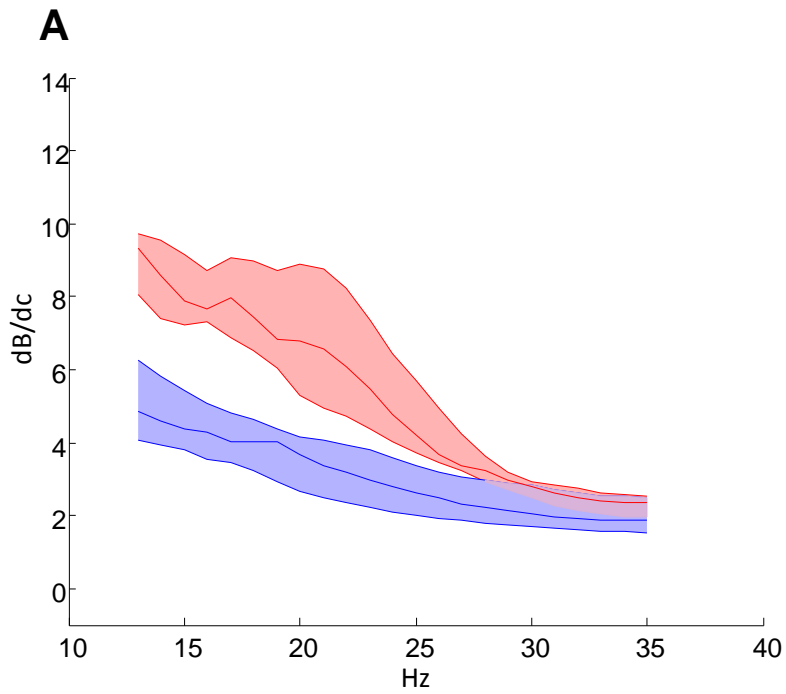


Lesioning Simulation

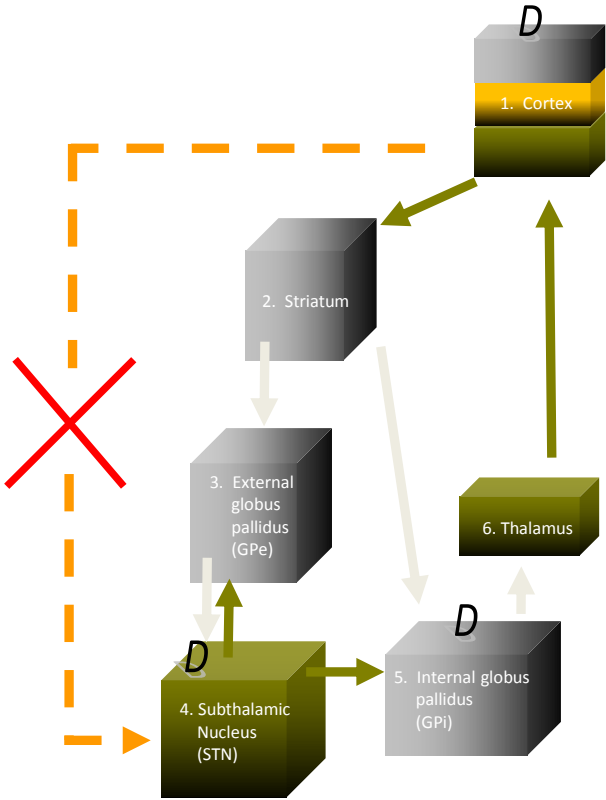
STN source



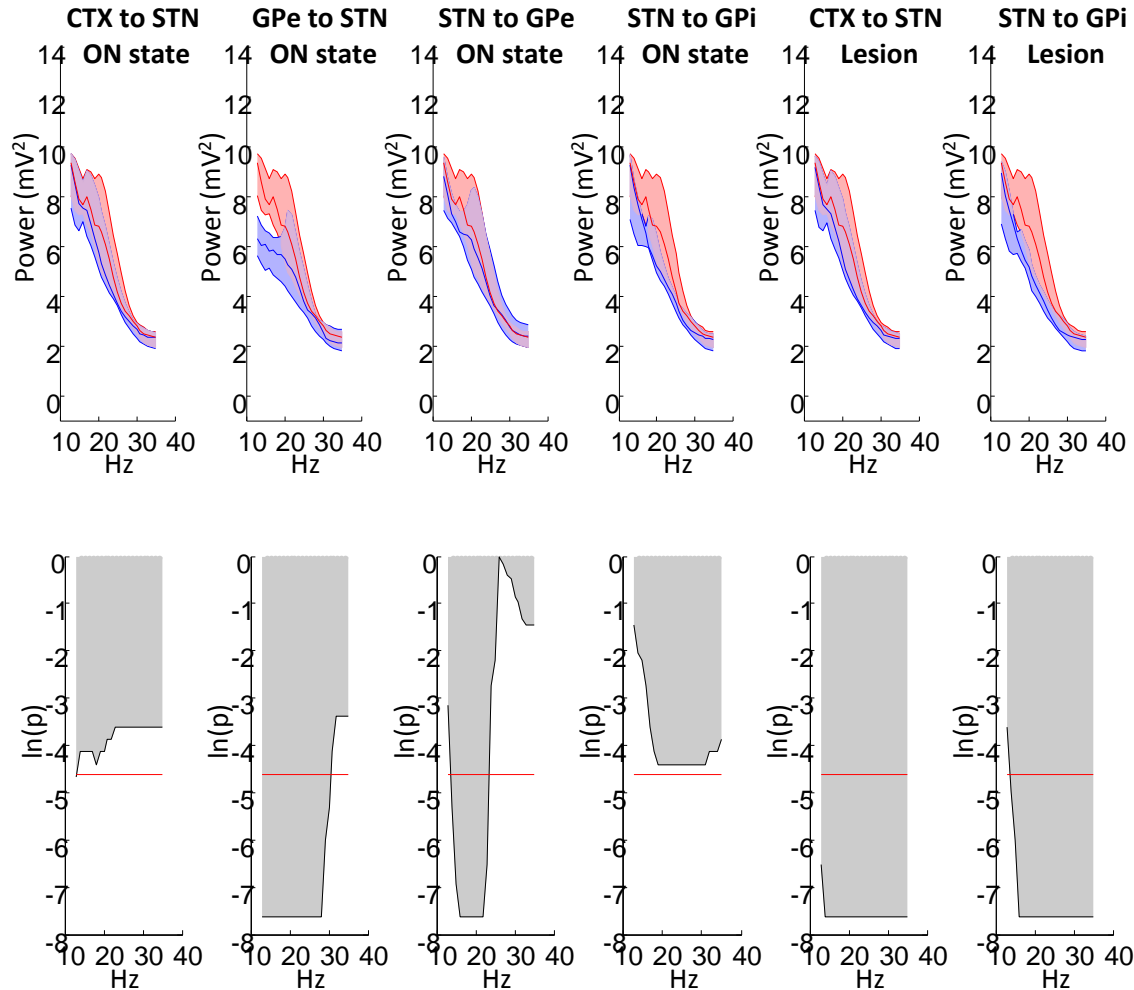
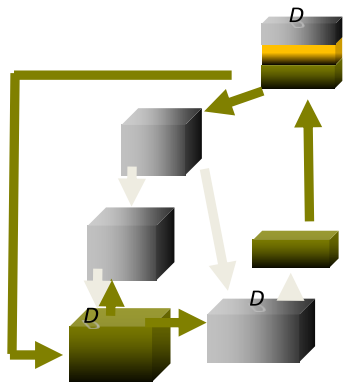
Lesioning STN



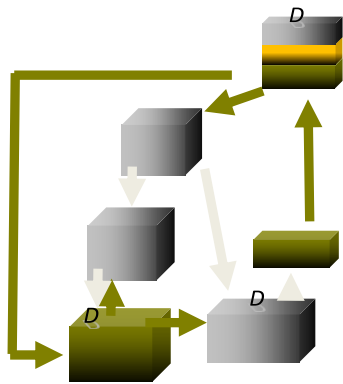
Lesioning connections to STN



Lesioning connections to STN



Comparison between PD patients with 6OHDA midbrain lesion rodents



| | PD Patients | 6OHDA midbrain lesioned rodents |
|---|--|--|
| Change in Connection strength from ON to OFF in PD or from healthy to lesioned in rodents | Ctx-STN strengthened STN-GPi strengthened GPe- STN strengthened | <u>Ctx-STN strengthened</u> STN-GPe weakened |
| Change in Connection contribution from ON to OFF in PD or from healthy to lesioned in rodents | Ctx-STN increased GPe-STN increased STN-GPe increased STN-GPi increased | Striatum-GPe increased <u>GPe-STN increased</u> |

Both models showed strengthening of the hyperdirect pathway in the Parkinsonian state and increased beta promoting potency in the GPe to STN pathway.



Conclusions

- Our results indicate that one can use DCM for SSR to estimate network connection strengths within network models of Rat and Human PD, using LFPs.
- Using real data, we found good agreement on optimal model architecture and connectivity parameter estimation when compared with previous studies in human and rat.
- This model was further validated through the prediction of the effects of standard therapeutic procedures aimed at the STN.
- We are able to explore the effects of candidate therapeutic interventions through safe, cheap and valid simulations.



Thank you
for your attention!

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welcometrust