

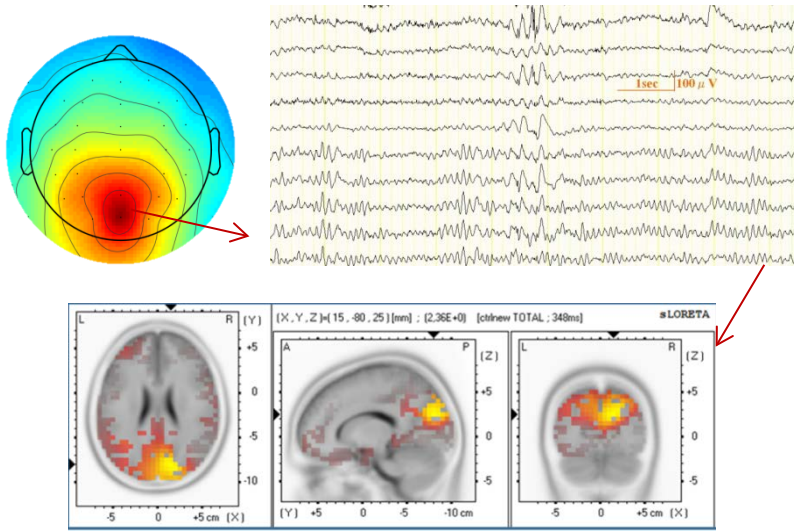
Simultaneous EEG-fMRI technique - benefits and drawbacks

Ewa Beldzik, Ph.D.

Department of Cognitive Neuroscience and Neuroergonomics,
Institute of Applied Psychology, Jagiellonian University in Krakow

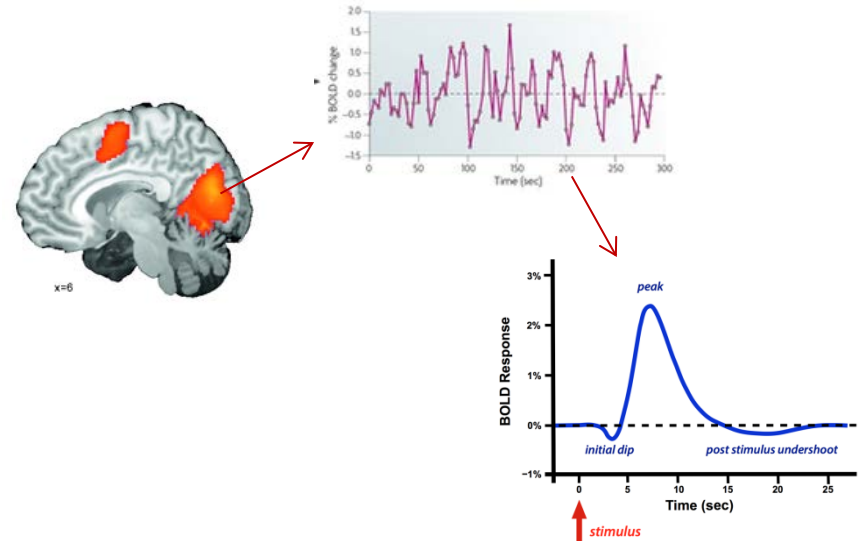


EEG



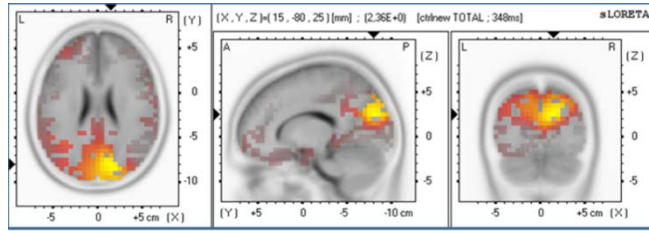
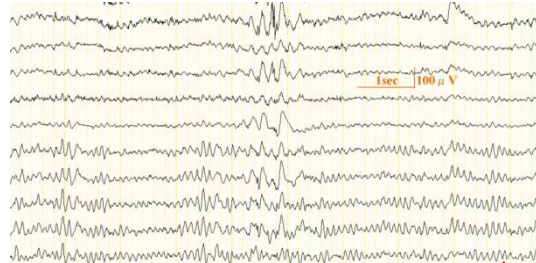
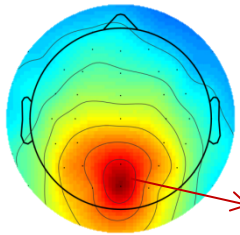
- records electrical activity of the brain
- excellent temporal resolution
- sources can only be estimated

fMRI

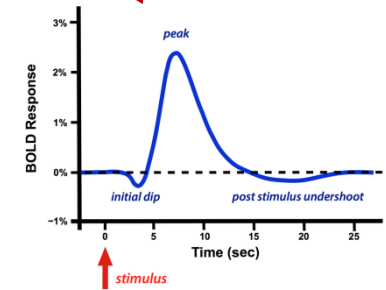
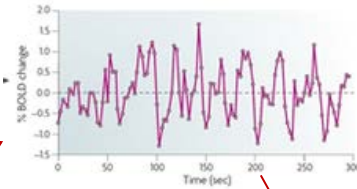


- measures change in blood flow (hemodynamic response) related to energy use by brain cells
- poor temporal resolution
- excellent spatial resolution
- whole-brain (i.a. subcortical structures)

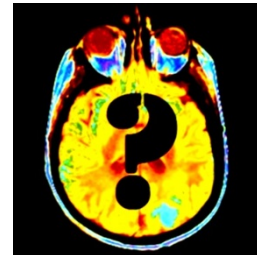
EEG



fMRI

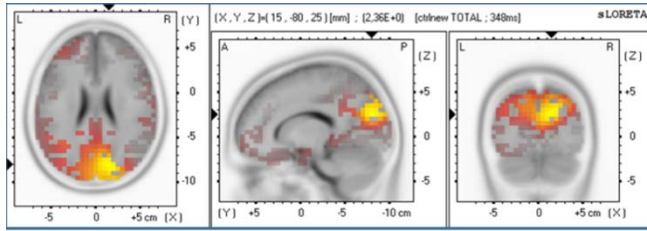
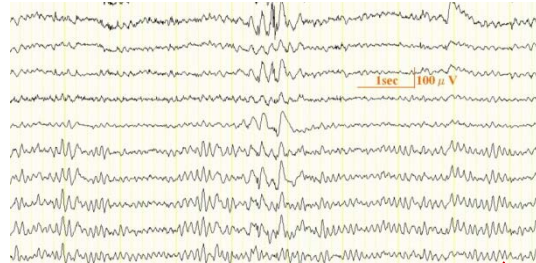
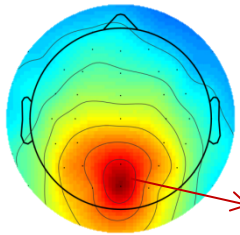


- susceptible to type I error

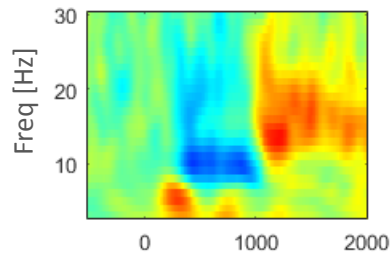
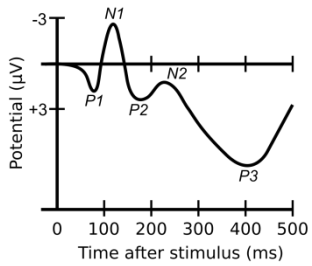


Eklund et al. (2016). Cluster failure: why fMRI inferences for spatial extent have inflated false-positive rates. *PNAS* (cited by 740)

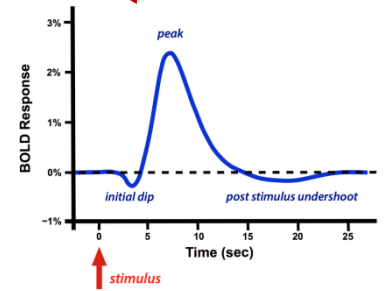
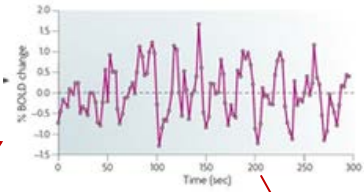
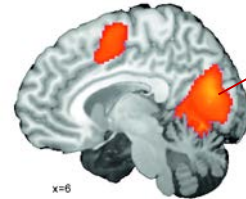
EEG



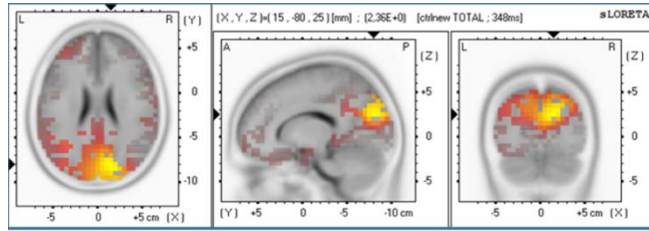
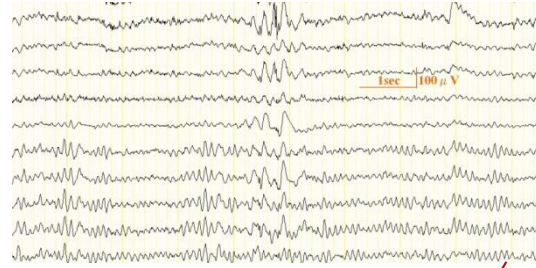
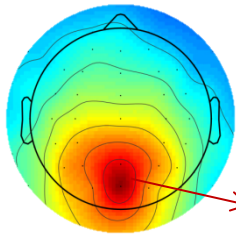
- informative



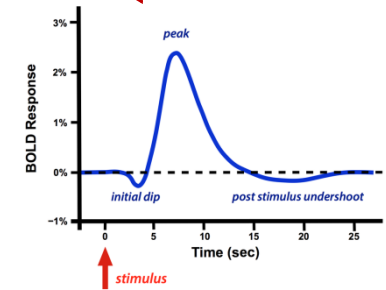
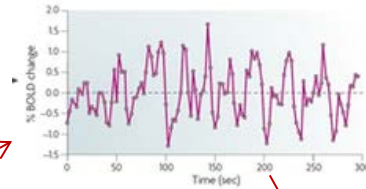
fMRI



EEG

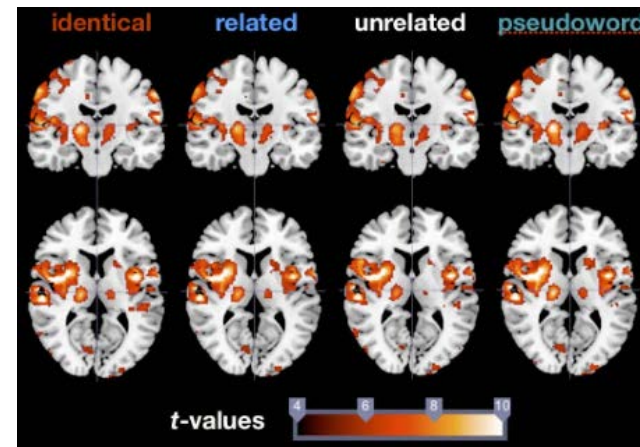
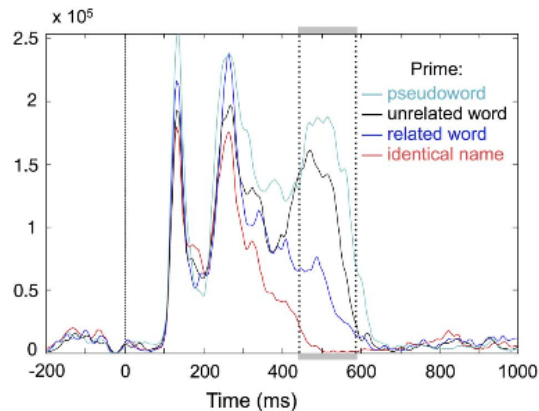


fMRI



- informative
- sensitive

Geukes, et al. (2013) "A large N400 but no BOLD effect—comparing source activations of semantic priming in simultaneous EEG-fMRI." *PloS one* (cited by 22)





A little bit of history...

The idea of EEG–fMRI integration was **clinically motivated**. Its development was driven by the desire of epileptologists to **localize sources of epileptic discharges**.

First EEG recording inside MR bore was in...



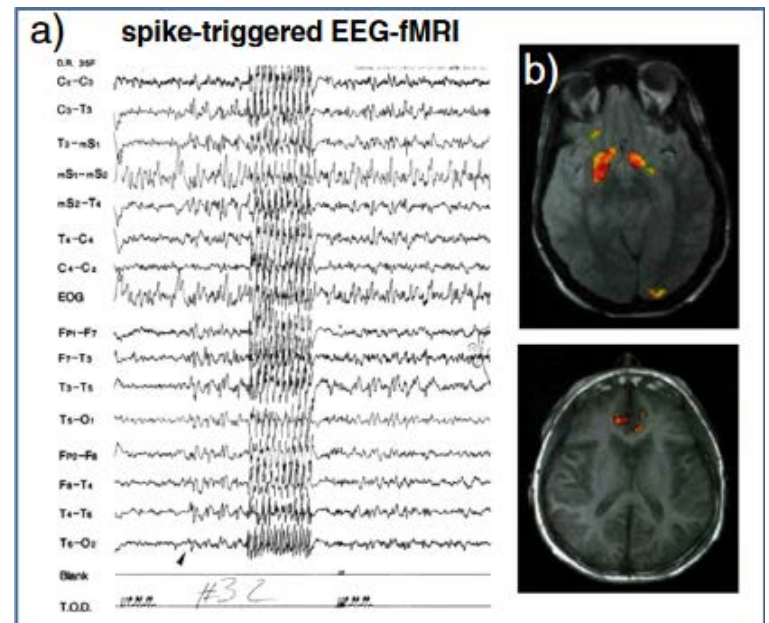
A little bit of history...

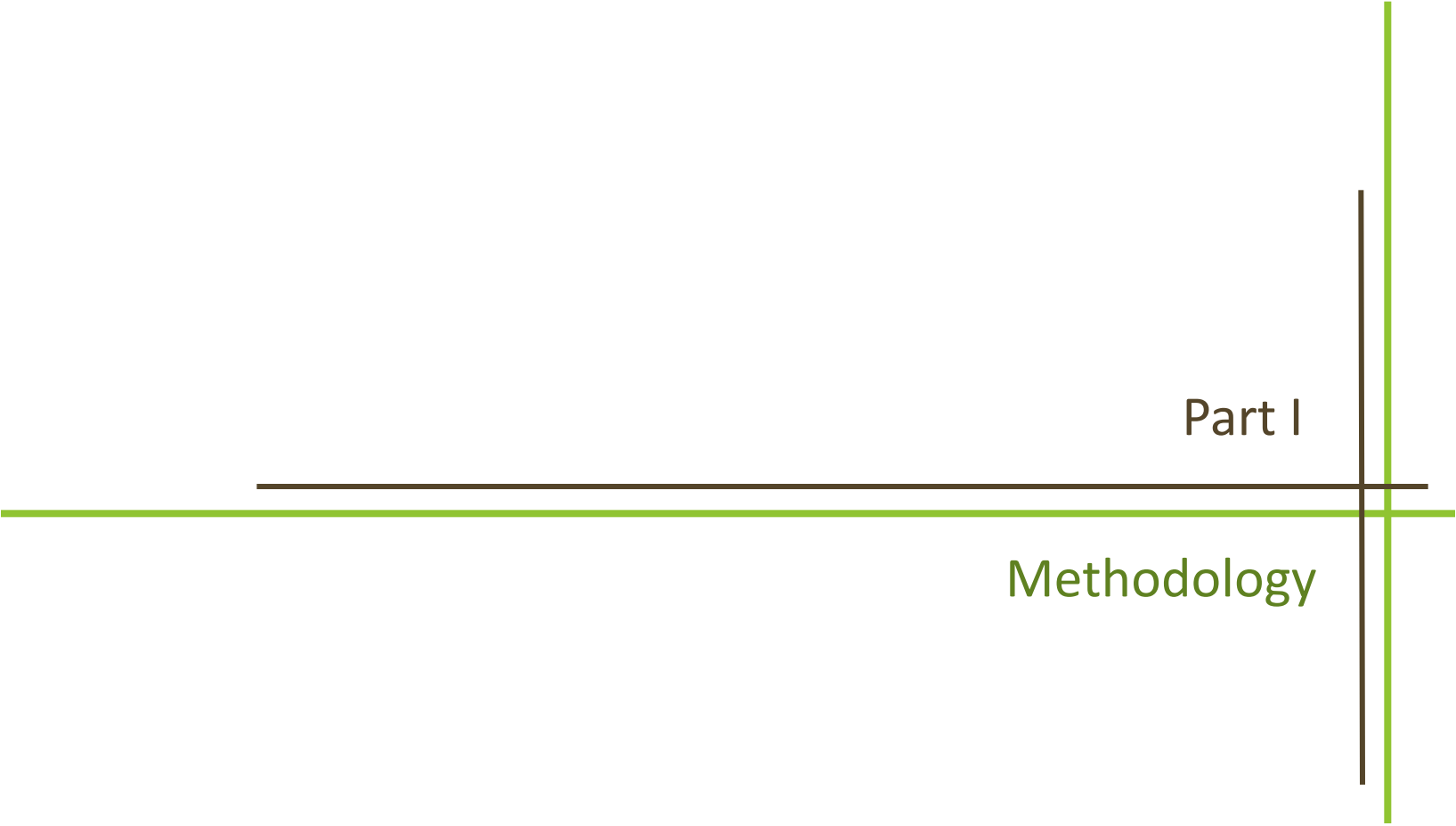
The idea of EEG–fMRI integration was **clinically motivated**. Its development was driven by the desire of epileptologists to **localize sources of epileptic discharges**.

First EEG recording inside MR bore was in...
... 1992!

Ives et al. (1993) "Monitoring the patient's EEG during echo planar MRI."
Clin. Neurophy. (cited by 394)

In 1996, Warach and colleagues demonstrated the first epileptic discharges correlating with BOLD signal changes →





Part I

Methodology



Part I

The drawbacks

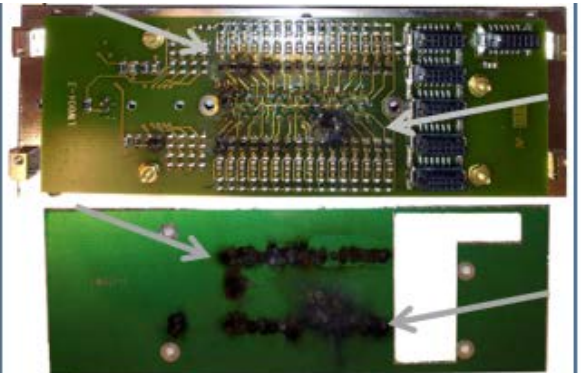
Data acquisition – patient safety issues

Improper application can lead to heating of the equipment, which may cause:

- subject injuries
- damaged equipment

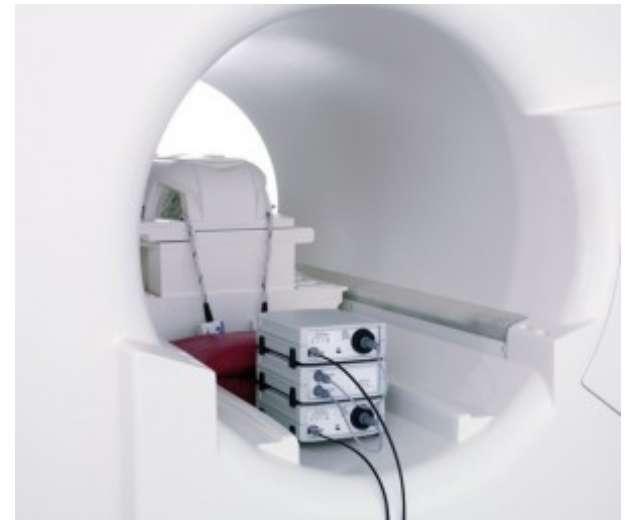
Specifically designed caps (MR compatible) prevent from direct contact of electrodes with the skin

Only MR sequences with a low specific absorption rate (SAR) can be used



Data acquisition

- impedance must be below 20 k Ω
- amplifiers must be carried inside the MR room (and put inside MR bore) for every subject
- wires are plugged-in to the amplifiers after the subject is inserted
- wires must be fasten
- thus, two people are required to conduct the experiment





MR artifacts

Until decent artifact reduction methods were available, EEG – fMRI had to be performed in an 'interleaved' fashion making use of the fact that the BOLD response lags neural activity by several seconds



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In 2000, averaged artifact subtraction (AAS) was introduced.

Allen et al. (2000). A method for removing imaging artifact from continuous EEG recorded during functional MRI. *Neuroimage* (cited by 979)



outside MR room



during EPI scan



averaged imaging artifact



after subtraction

MR artifacts

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outside MR room



during EPI scan



averaged imaging artifact



after subtraction



averaged pulse artifact

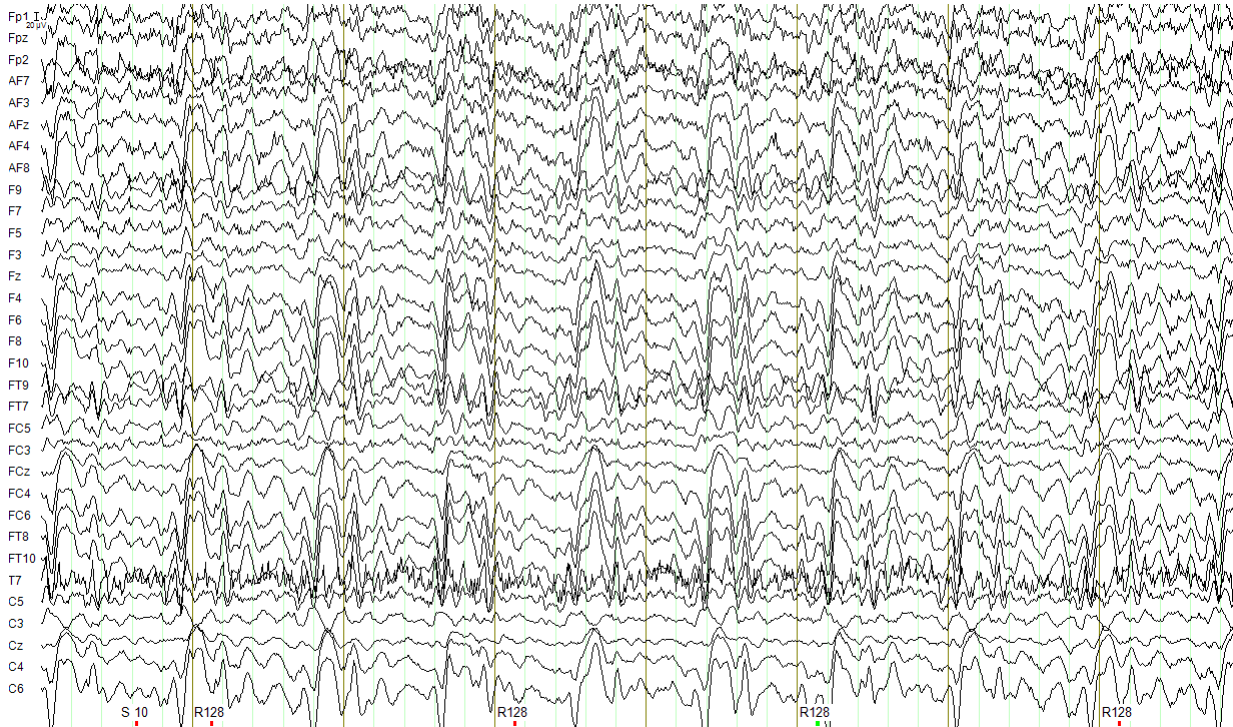
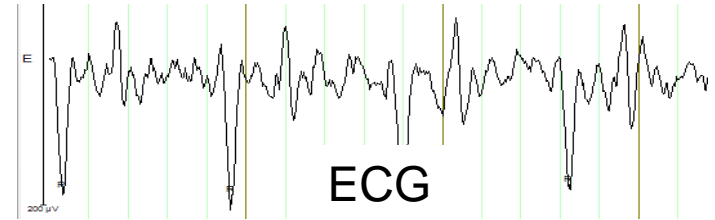


after subtraction

MR artifacts

Pulse artifact results from the interaction between the active cardiovascular system and the main static field B_0 .

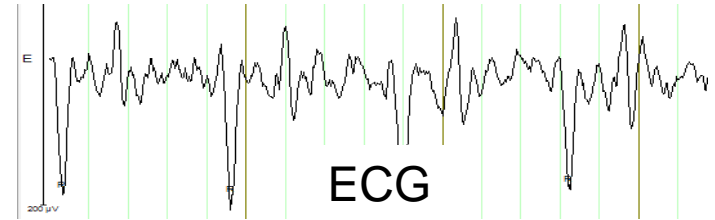
Often referred to as **ballistocardiogram (BCG)** artifacts



MR artifacts

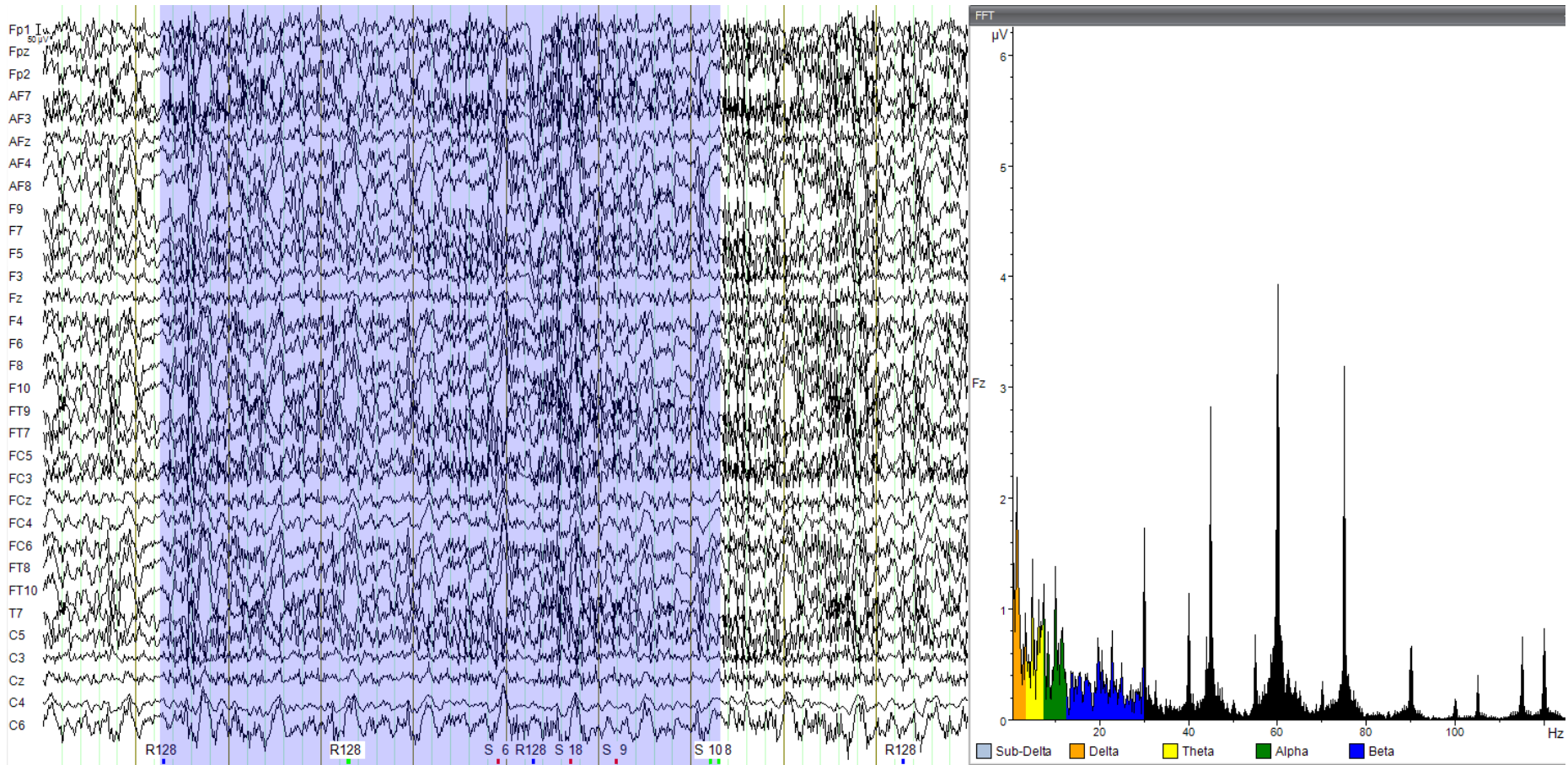
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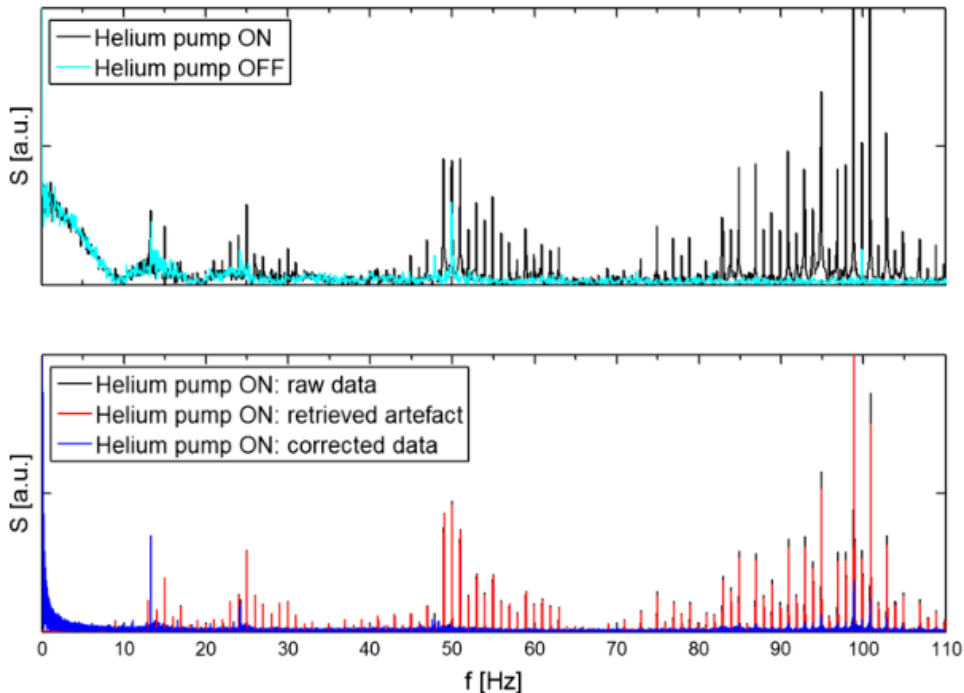
MR artifacts

Even after MR artifacts correction, a lot of noises in high frequencies are still present...
.. for instance, the residuals from EPI scanning



MR artifacts

Even after MR artifacts correction, a lot of noises in high frequencies are still present...
... for instance, the **helium pump artefact**



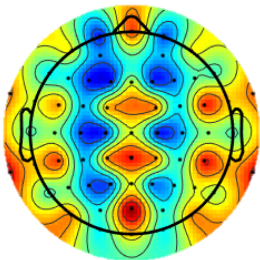
Rothlübbers et al. (2015). Characterisation and reduction of the EEG artefact caused by the helium cooling pump in the MR environment: validation in epilepsy patient data. **Brain topography** (cited by 7)

Preprocessing of EEG data

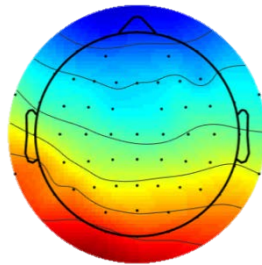
- 1) MR-artifact correction
21 intervals for sliding average
- 2) pulse artefact correction
*semiautomatic mode of R-detection based on ECG channel,
21 pulses for correction*
- 3) low-pass filter or vibration artefact correction
- 4) down-sampling
- 5) high pass filter 0.5Hz
- 6) average reference
- 7) removing bad channels and epochs
- 8) running ICA and removing artificial IC

Preprocessing of EEG data

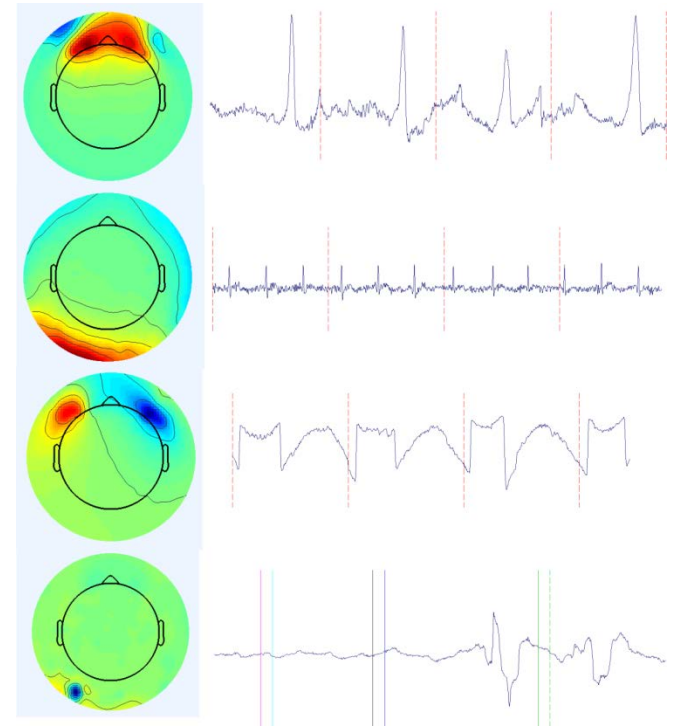
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MR
artifact



CB
artifact

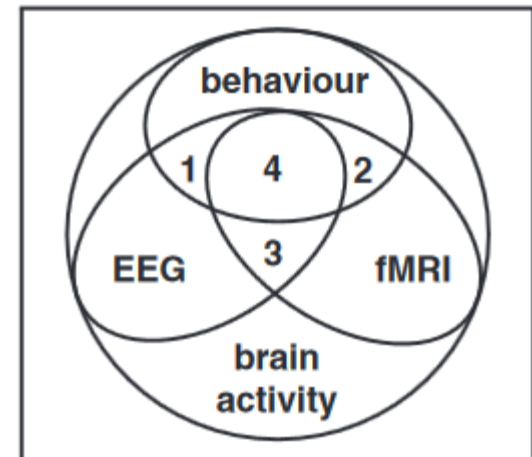


Challenges of coupling

Laufs, H. (2012). A personalized history of EEG–fMRI integration. *Neuroimage* (cited by 70)

„...it took my colleagues and myself looking at **hundreds of empty or speckled EEG-correlated statistical result maps** – in addition to a few meaningful ones – to develop a vague appreciation of what EEG-correlated fMRI maps might or might not mean.

(...) the creativity of the growing community of researchers applying EEG–fMRI in their fields of interest and their augmented experience over time will bring about further advances in the field of EEG–fMRI integration”





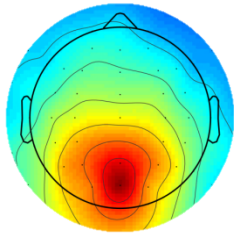
Part II

Further analysis and results

Part II

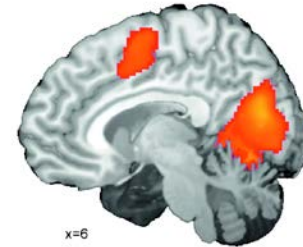
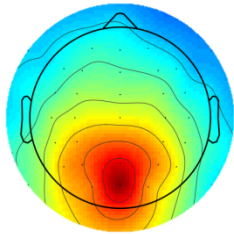
Benefits

Coupling of EEG and fMRI - scheme

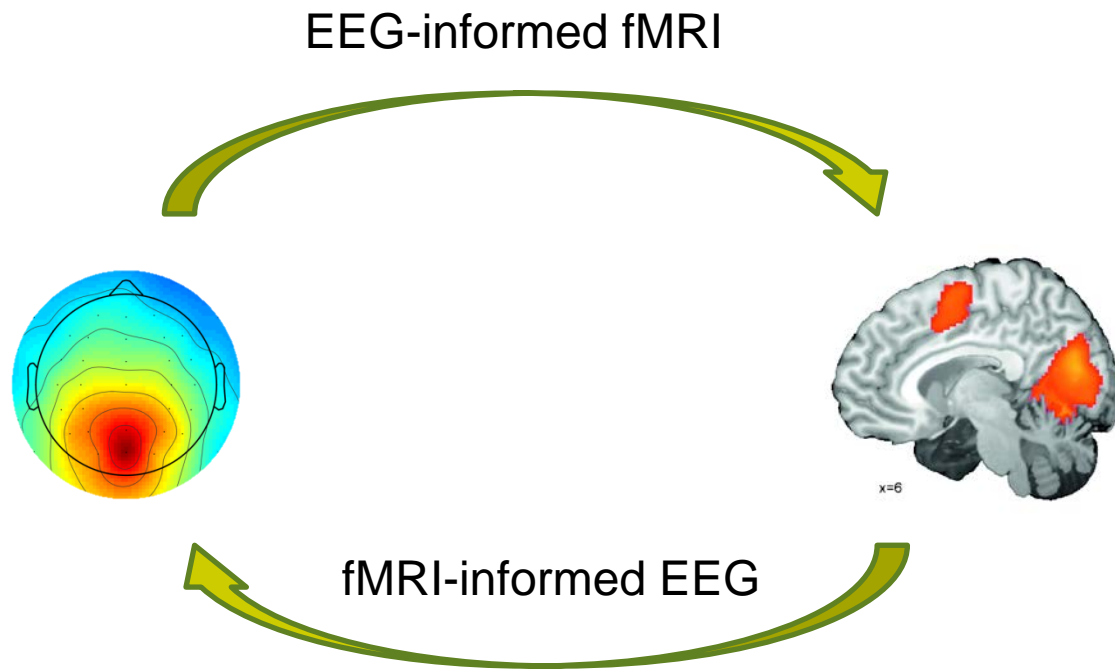


Coupling of EEG and fMRI - scheme

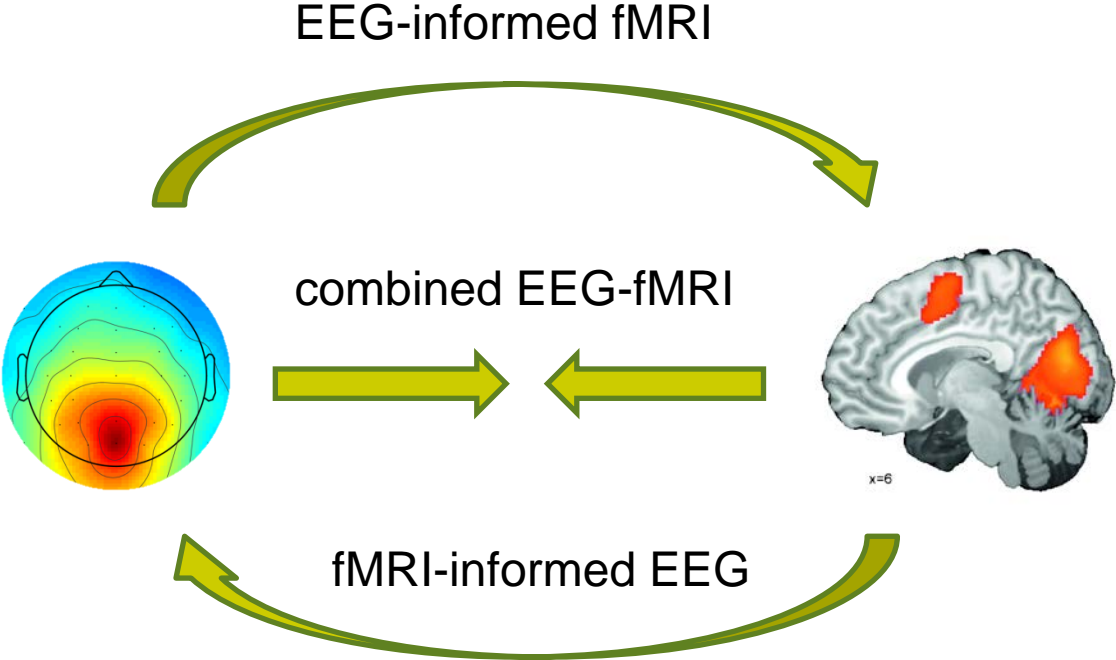
EEG-informed fMRI



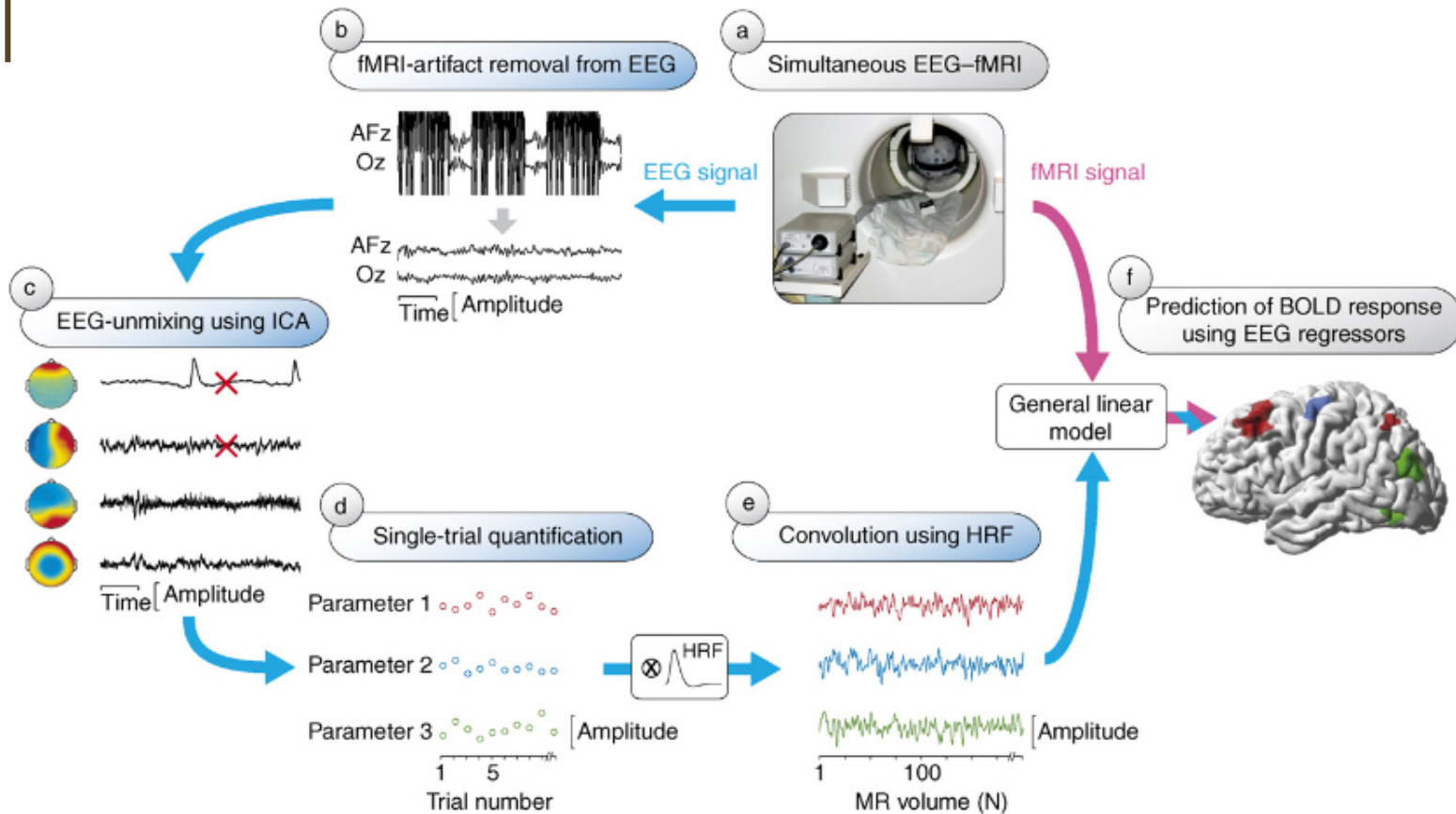
Coupling of EEG and fMRI - scheme



Coupling of EEG and fMRI - scheme



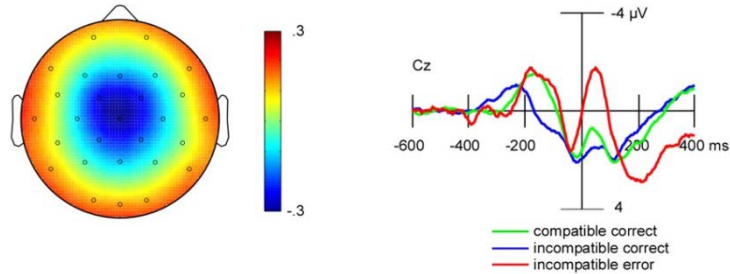
Coupling ERPs with BOLD



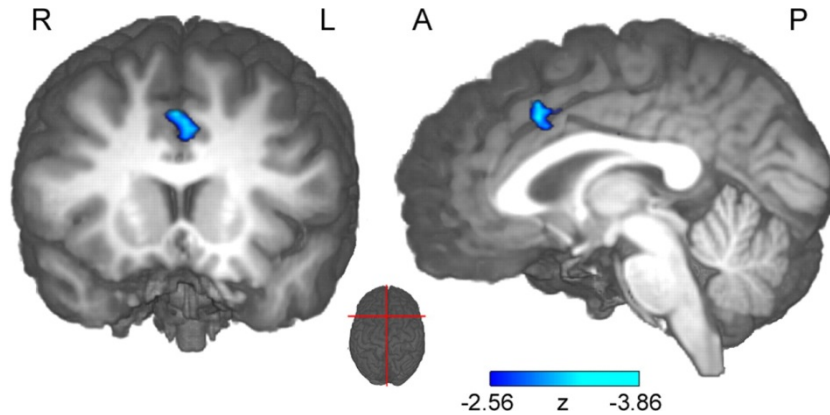
Debener et al. (2006). Single-trial EEG-fMRI reveals the dynamics of cognitive function. *Trends in cognitive sciences* (cited by 341)

Coupling ERPs with BOLD

EEG results



EEG-informed fMRI results



Debener et al. (2005). Trial-by-trial coupling of concurrent electroencephalogram and functional magnetic resonance imaging identifies the dynamics of performance monitoring. *Journal of Neuroscience* (cited by 835)

Coupling of EEG and fMRI - scheme

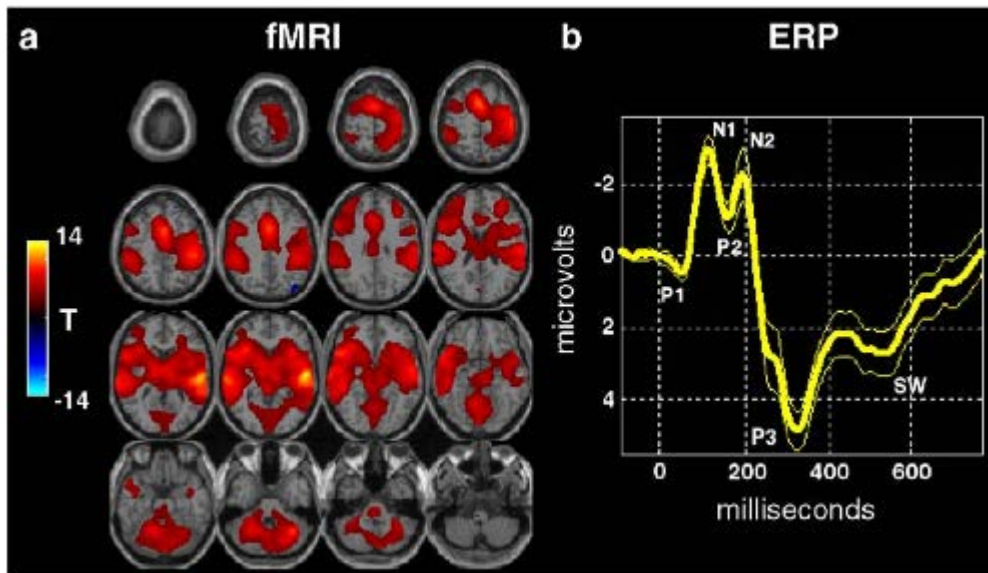


Joint ICA

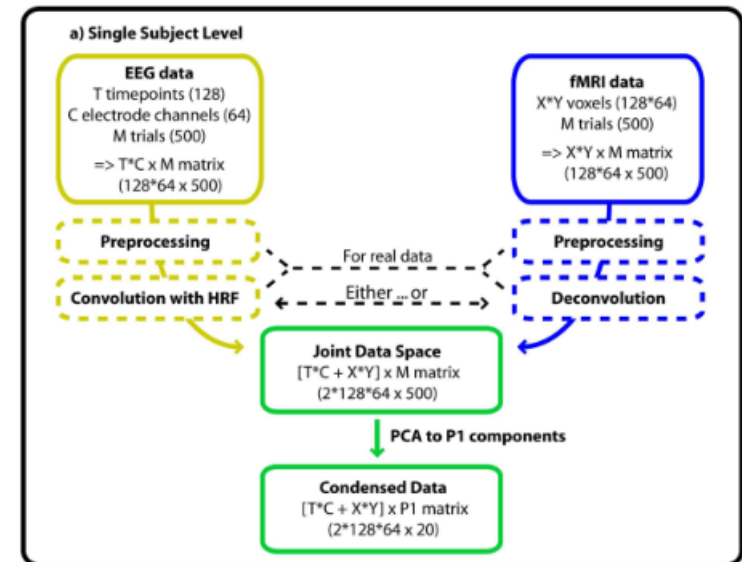
Auditory oddball paradigm



Brain activity in response to target:



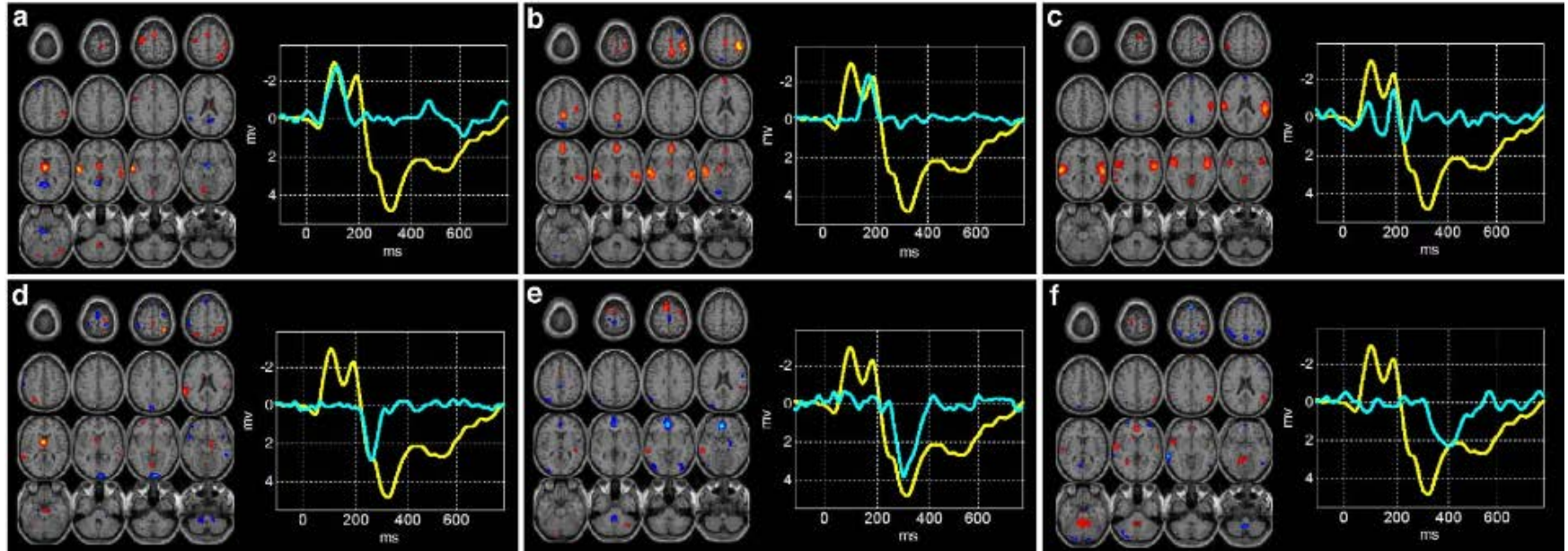
Scheme of the joint ICA approach



Calhoun et al. (2006). Neuronal chronometry of target detection: fusion of hemodynamic and event-related potential data.

Neuroimage (cited by 143)

Joint ICA



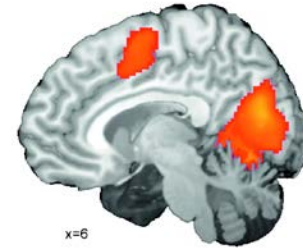
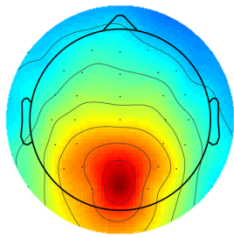
Neuronal chronometry of target detection:

1. auditory and motor planning regions
2. auditory association cortex and motor execution regions
3. the P3 response is associated with brainstem, temporal lobe, and medial frontal activity
4. late temporal lobe "evaluative" response

Calhoun et al. (2006). Neuronal chronometry of target detection: fusion of hemodynamic and event-related potential data.

Neuroimage (cited by 143)

Coupling of EEG and fMRI - scheme



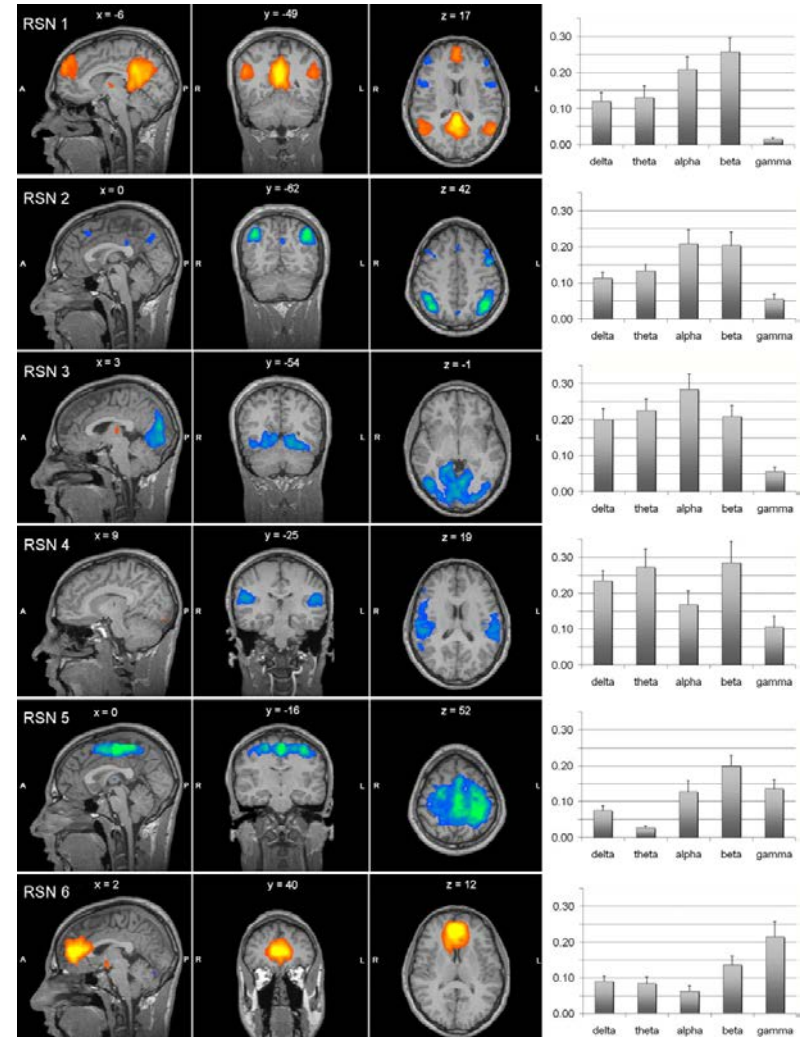
fMRI-informed EEG

Coupling oscillations with BOLD

The goal was to investigate the relationship between hemodynamic and electrical oscillations:

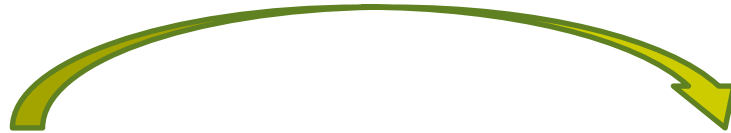
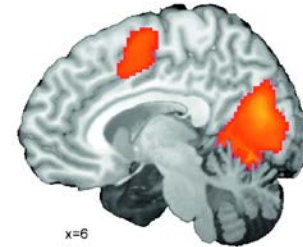
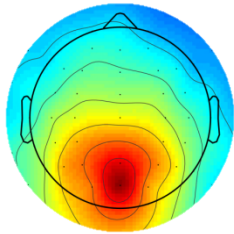
- six widely distributed resting state networks were investigated using group ICA
- BOLD signal fluctuations were correlated with the EEG power variations of delta, theta, alpha, beta, and gamma rhythms
- each network was characterized by a specific electrophysiological signature

Mantini et al. (2007). Electrophysiological signatures of resting state networks in the human brain. *PNAS* (cited by 1228)



Coupling of EEG and fMRI - scheme

EEG-informed fMRI

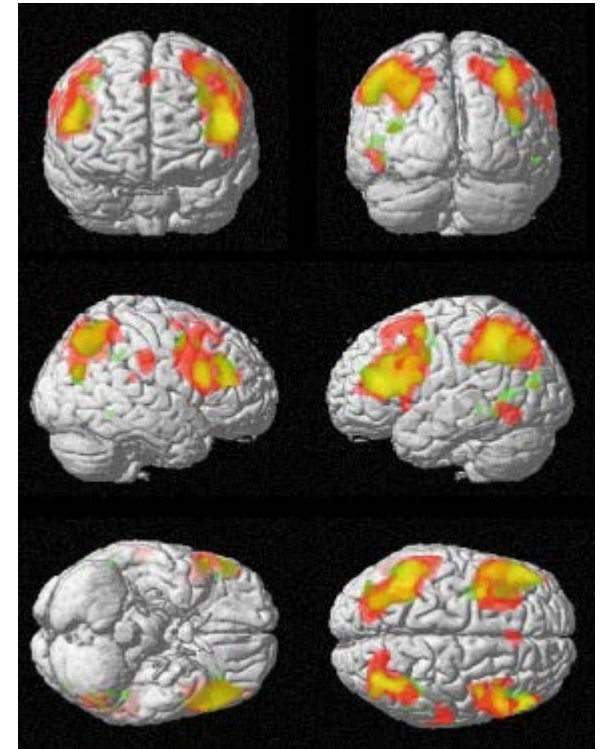
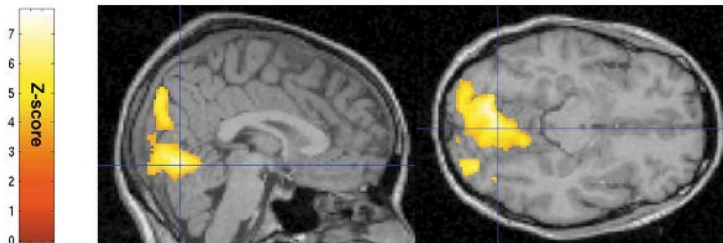
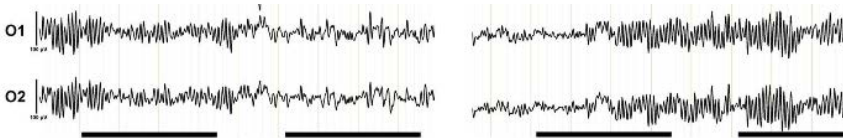


Coupling oscillations with BOLD

EEG-correlated fMRI of human alpha activity

- whole-brain EPI TR=4s
- average alpha power over 1-s epochs at several electrode
- power time course convolved with a canonical hemodynamic response function
- down-sampled
- statistical parametric mapping with BOLD

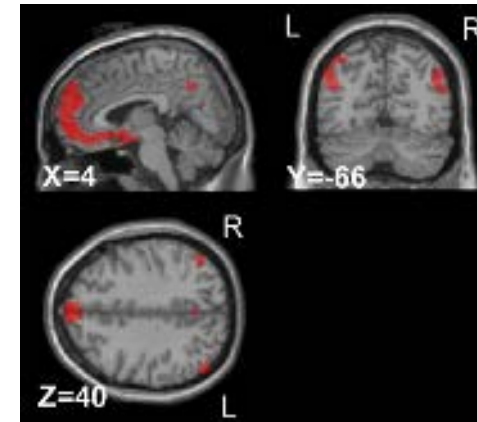
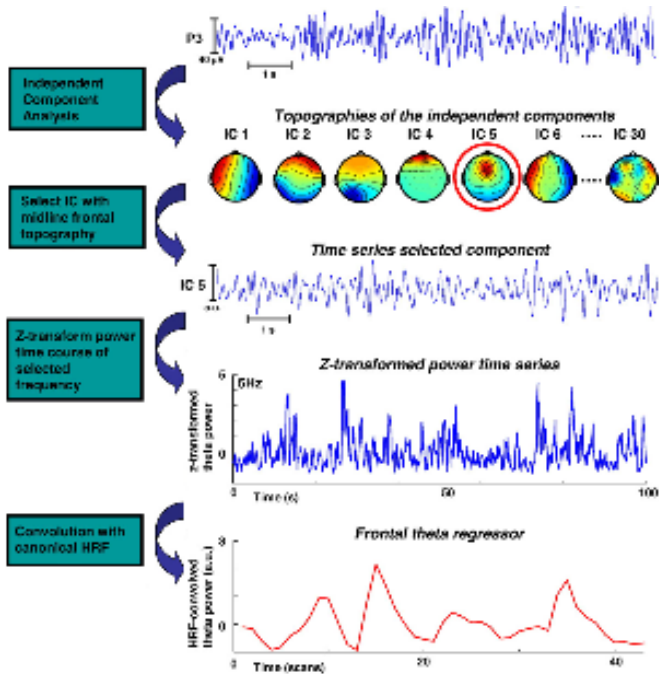
The Berger effect in EEG-correlated fMRI



Laufs et al. (2003). EEG-correlated fMRI of human alpha activity. *Neuroimage* (cited by 795)

Coupling oscillations with BOLD

investigating the BOLD correlates of **frontal theta** power changes in resting-state (eyes open)



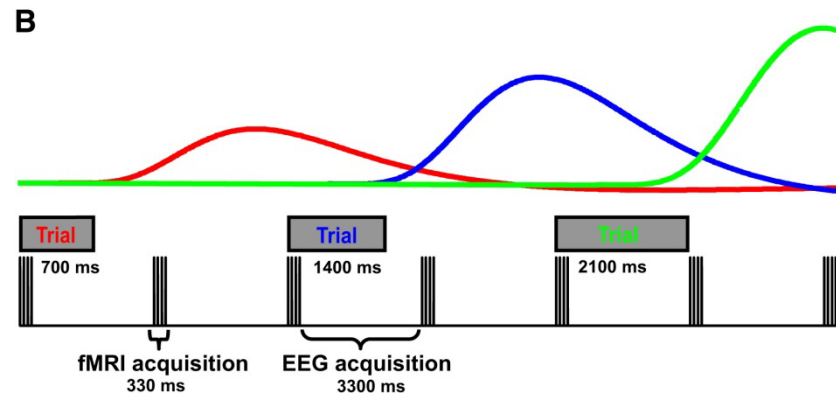
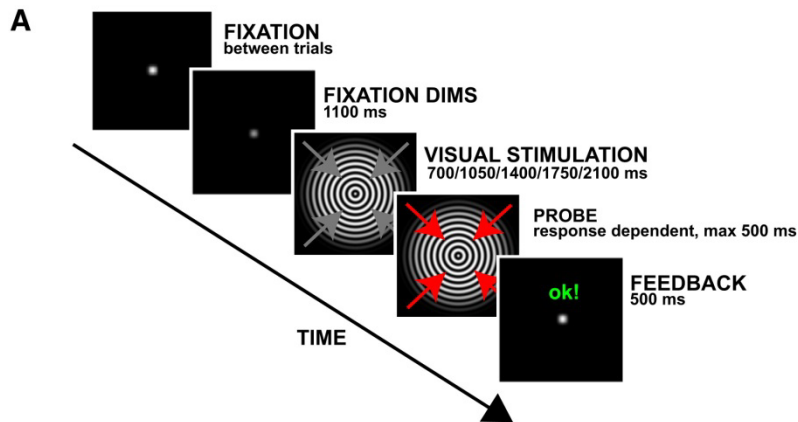
Scheeringa (2008). Frontal theta EEG activity correlates negatively with the default mode network in resting state. *Int. J. Psychophy.* (cited by 233)

Coupling oscillations with BOLD

Niessing et al. (2005). Hemodynamic signals correlate tightly with synchronized gamma oscillations. *Science* (cited by 662)

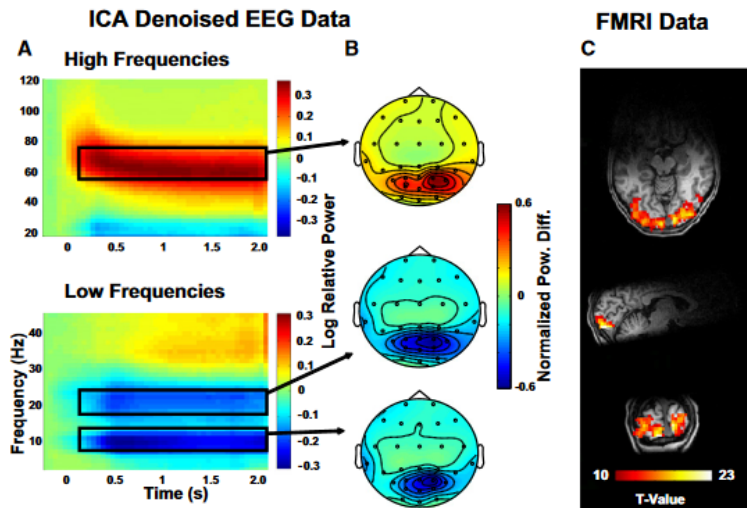
Engell et al. (2012). The fMRI BOLD signal tracks electrophysiological spectral perturbations, not event-related potentials. *Neuroimage* (cited by 36)

Scheeringa et al. (2011). Neuronal dynamics underlying high- and low-frequency EEG oscillations contribute independently to the human BOLD signal. *Neuron* (cited by 251)



Coupling oscillations with BOLD

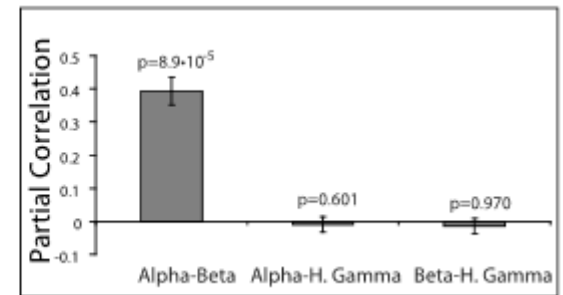
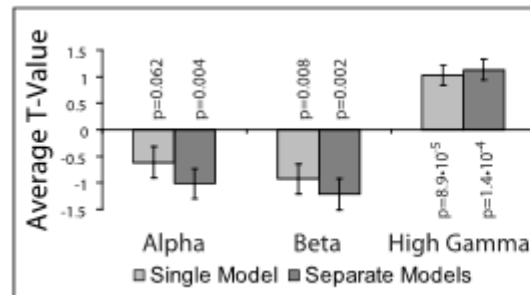
Scheeringa et al. (2011). Neuronal dynamics underlying high- and low-frequency EEG oscillations contribute independently to the human BOLD signal. *Neuron* (cited by 251)



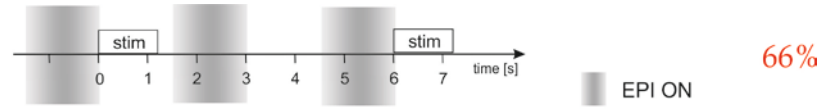
BOLD fluctuations correlated

- positively with high-EEG gamma power (60–80 Hz)
- negatively with alpha and beta power.

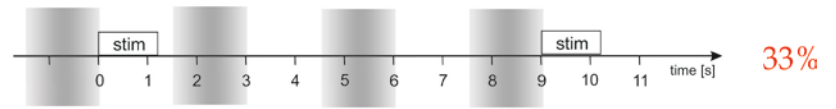
Gamma power on the one hand, and alpha and beta power on the other hand, independently contributed to explaining BOLD variance.



My experiment

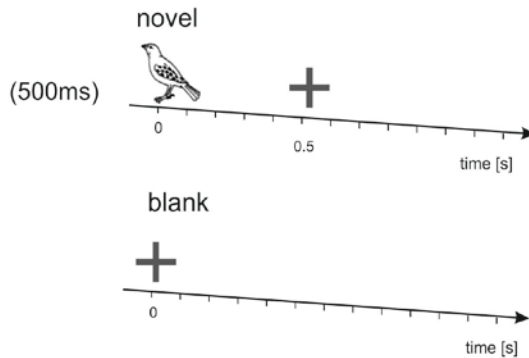
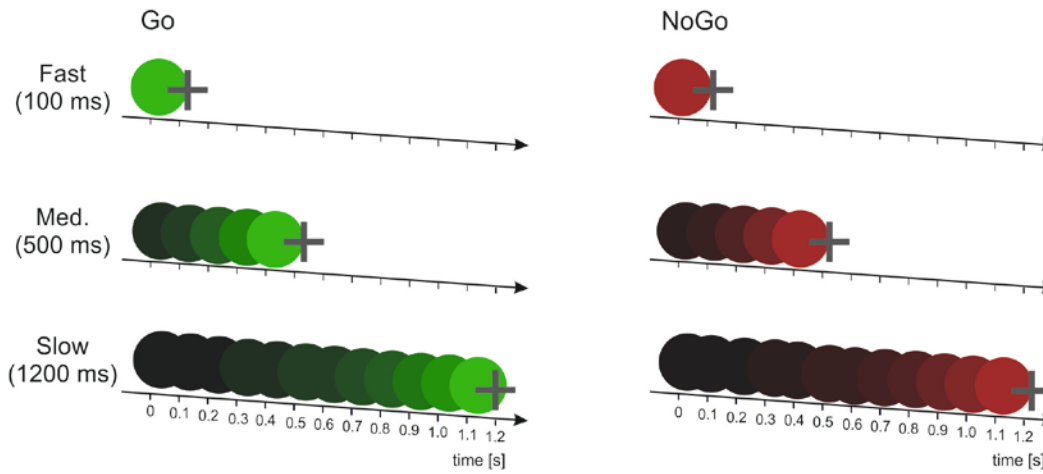


66%

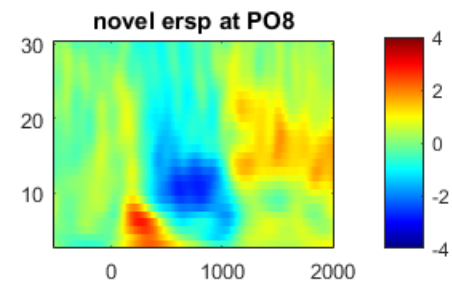
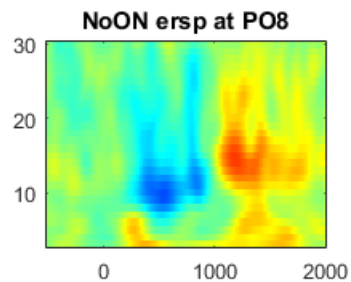
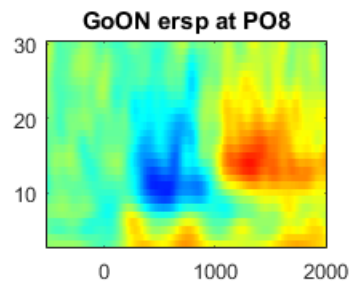
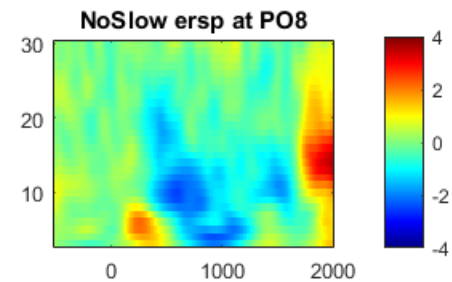
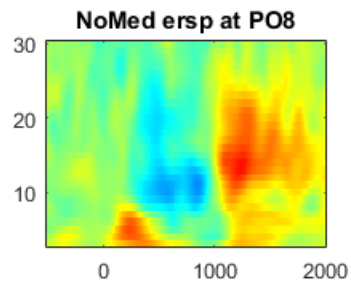
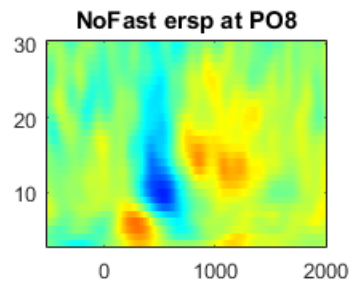
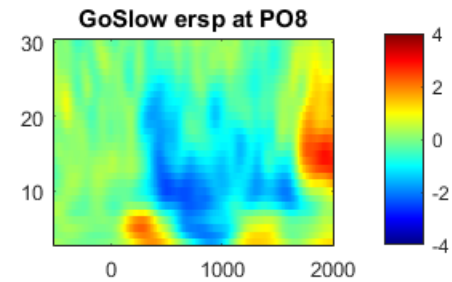
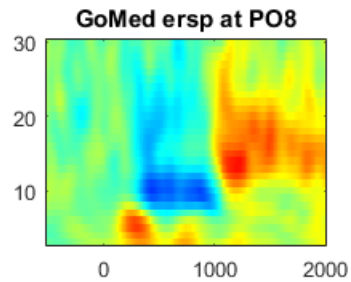
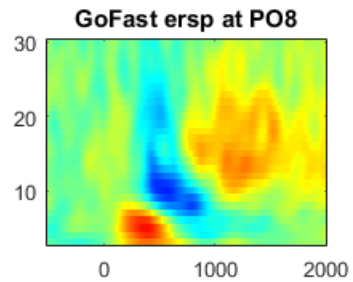


33%

ITI ~ 7s 300 trials x 7 s = 35 min 2 x 30s break

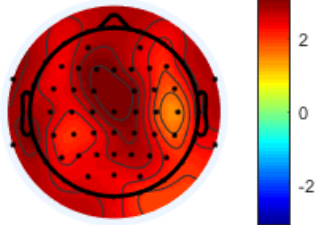


My experiment – ERSP at PO8

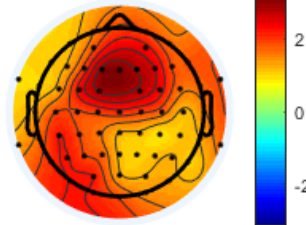


My experiment – max theta

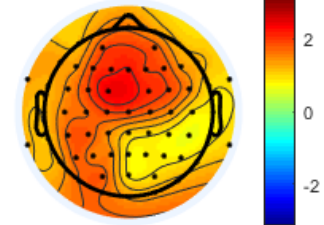
GoFast - max at Cz at 4Hz at 502ms



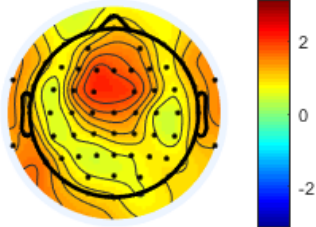
GoMed - max at Fz at 4Hz at 794ms



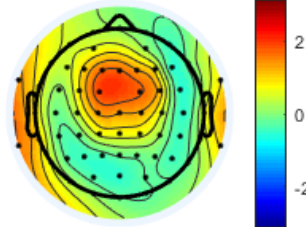
GoSlow - max at FC1 at 4Hz at 1406ms



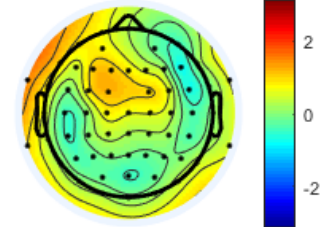
NoFast - max at FC1 at 5Hz at 456ms



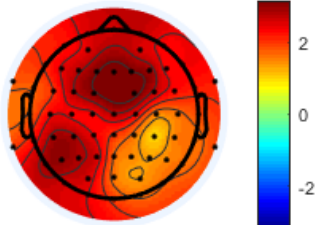
NoMed - max at FC1 at 4Hz at 850ms



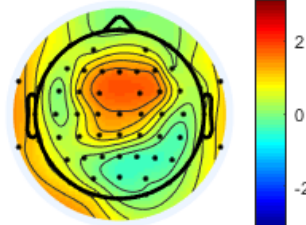
NoSlow - max at FT9 at 4Hz at 1500ms



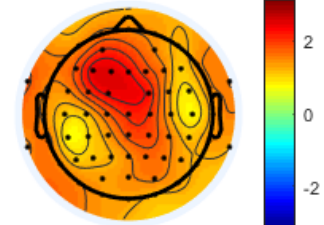
GoON - max at Fz at 4Hz at 748ms



NoON - max at FC2 at 4Hz at 842ms

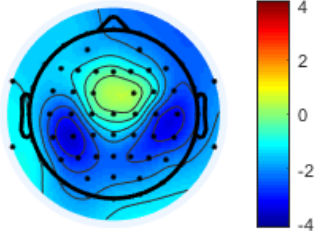


novel - max at F1 at 4Hz at 474ms

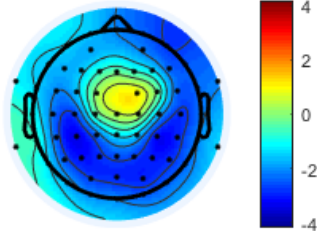


My experiment – max alpha decrease

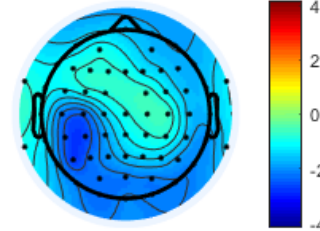
GoFast - max at CP3 at 10Hz at 766ms



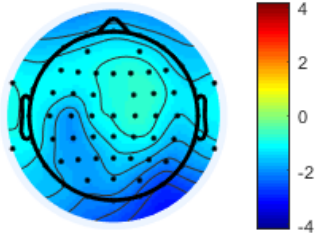
GoMed - max at CP3 at 10Hz at 842ms



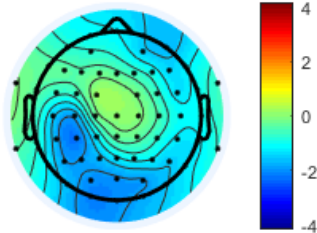
GoSlow - max at P5 at 9Hz at 766ms



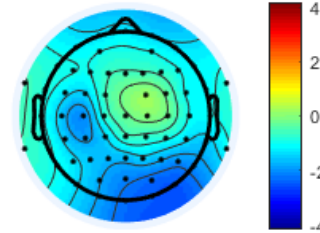
NoFast - max at PO8 at 10Hz at 530ms



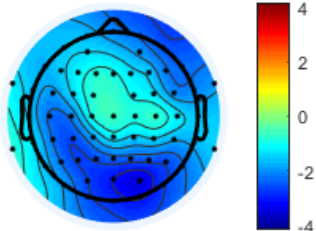
NoMed - max at CP3 at 11Hz at 644ms



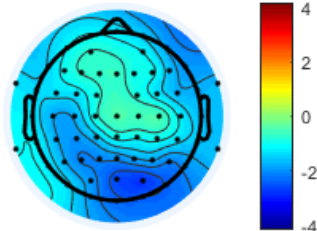
NoSlow - max at PO8 at 10Hz at 588ms



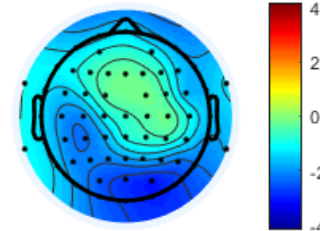
GoON - max at PO4 at 10Hz at 522ms



NoON - max at PO4 at 10Hz at 540ms

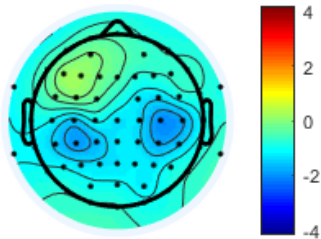


novel - max at PO4 at 11Hz at 616ms

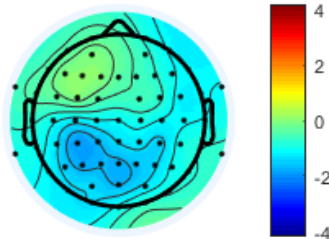


My experiment – max beta decrease

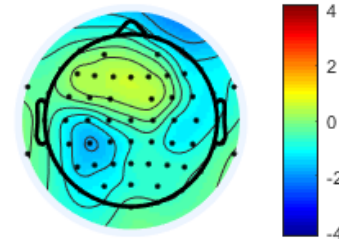
GoFast - max at C4 at 20Hz at 596ms



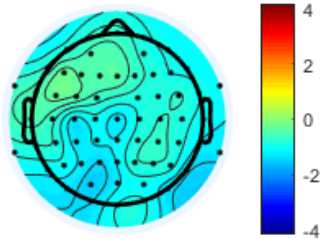
GoMed - max at CP3 at 20Hz at 756ms



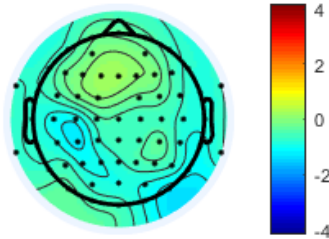
GoSlow - max at CP3 at 20Hz at 1330ms



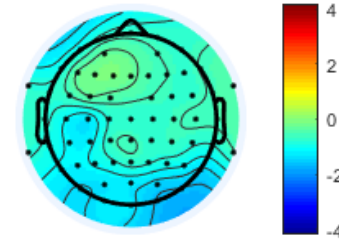
NoFast - max at PO3 at 20Hz at 502ms



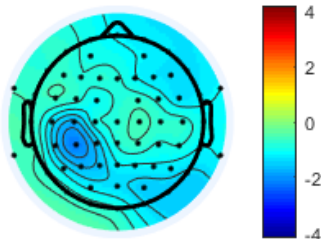
NoMed - max at CP3 at 19Hz at 502ms



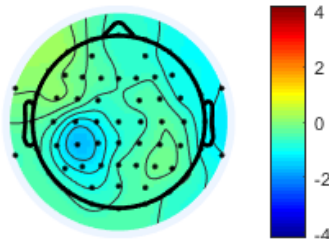
NoSlow - max at O2 at 18Hz at 502ms



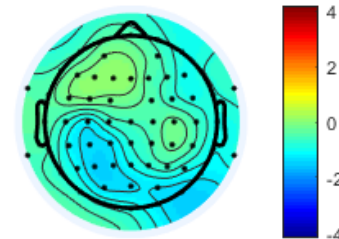
GoON - max at CP3 at 19Hz at 616ms



NoON - max at CP3 at 20Hz at 550ms



novel - max at P3 at 18Hz at 502ms

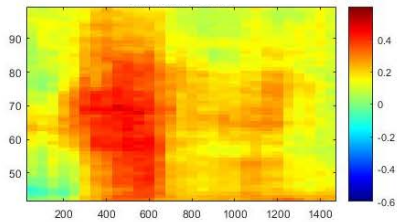


My experiment - ERSP results – gamma

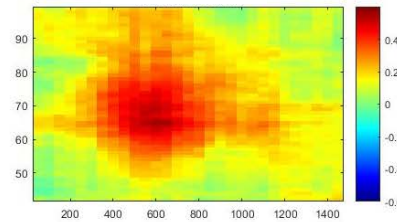
Stim-
locked

Go

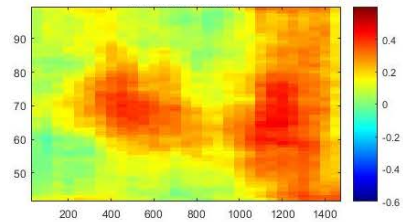
100ms



500ms

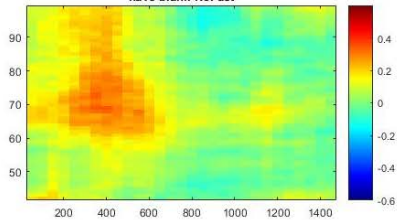


1200ms

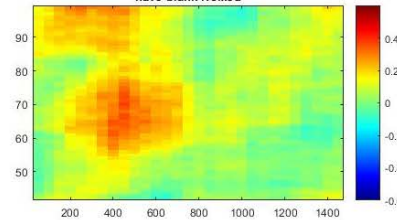


NoGo

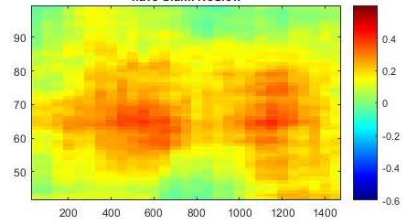
have-blank-NoFast



have-blank-NoMed

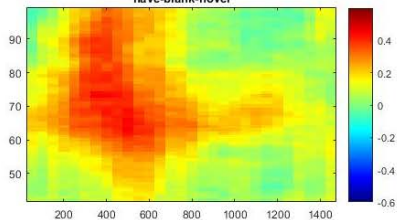


have-blank-NoSlow



novel

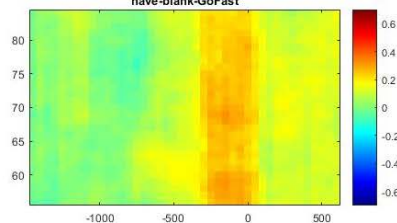
have-blank-novel



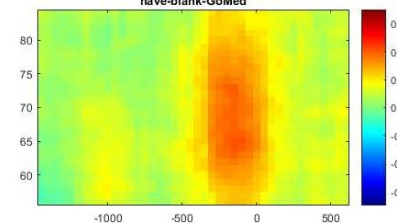
Resp-
locked

Go

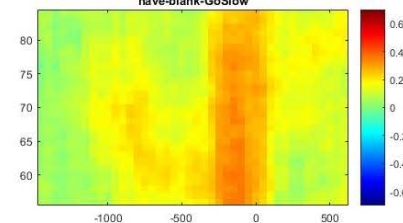
have-blank-GoFast



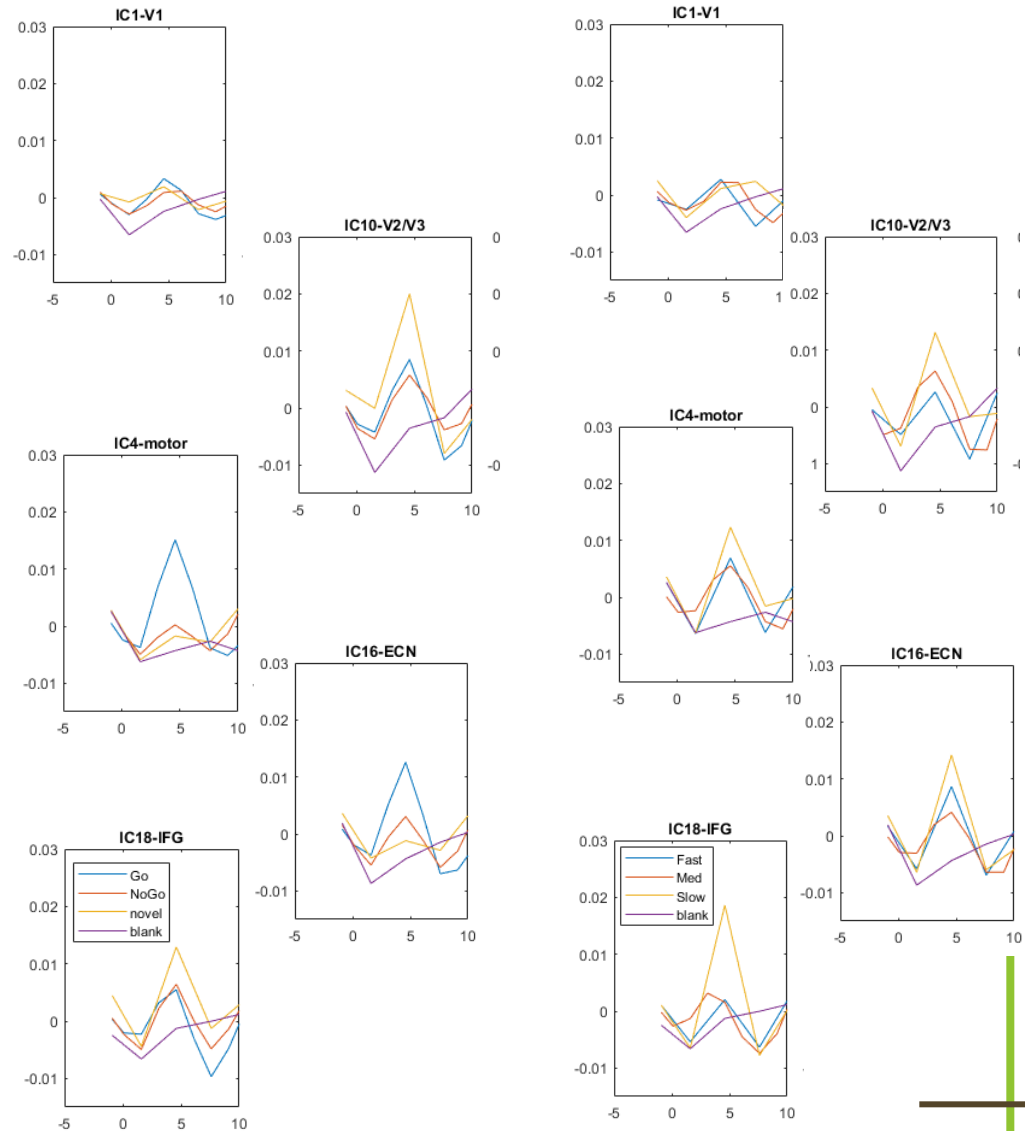
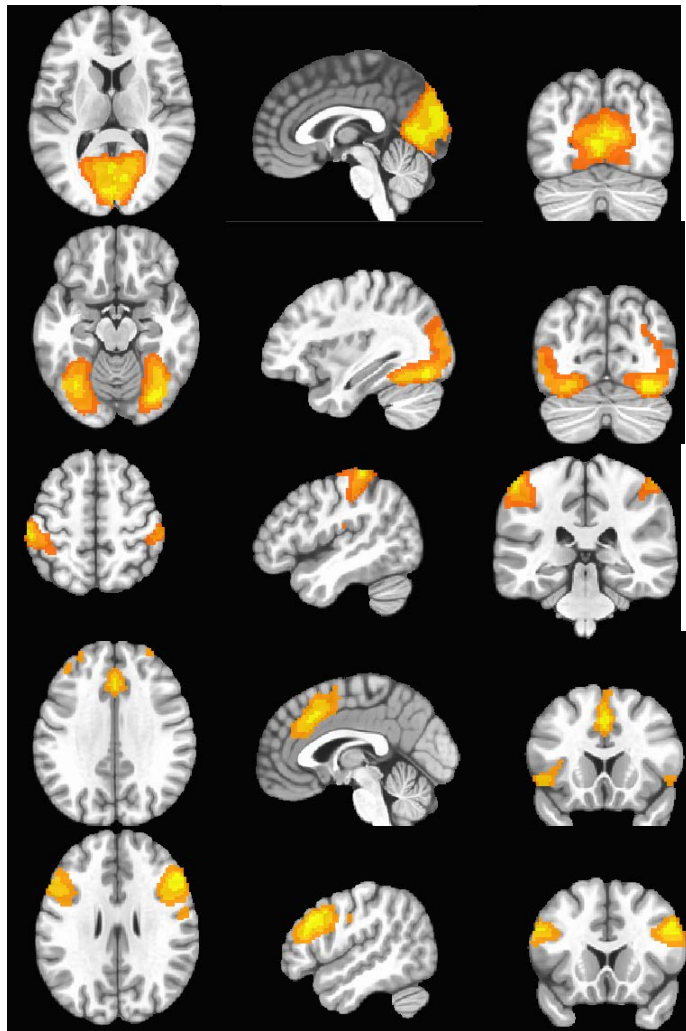
have-blank-GoMed



have-blank-GoSlow



My experiment – fMRI results



Coupling EEG and fMRI results in future...

Thank you for your attention!