

# Consciousness: Exploring brain activity in coma & related states of consciousness

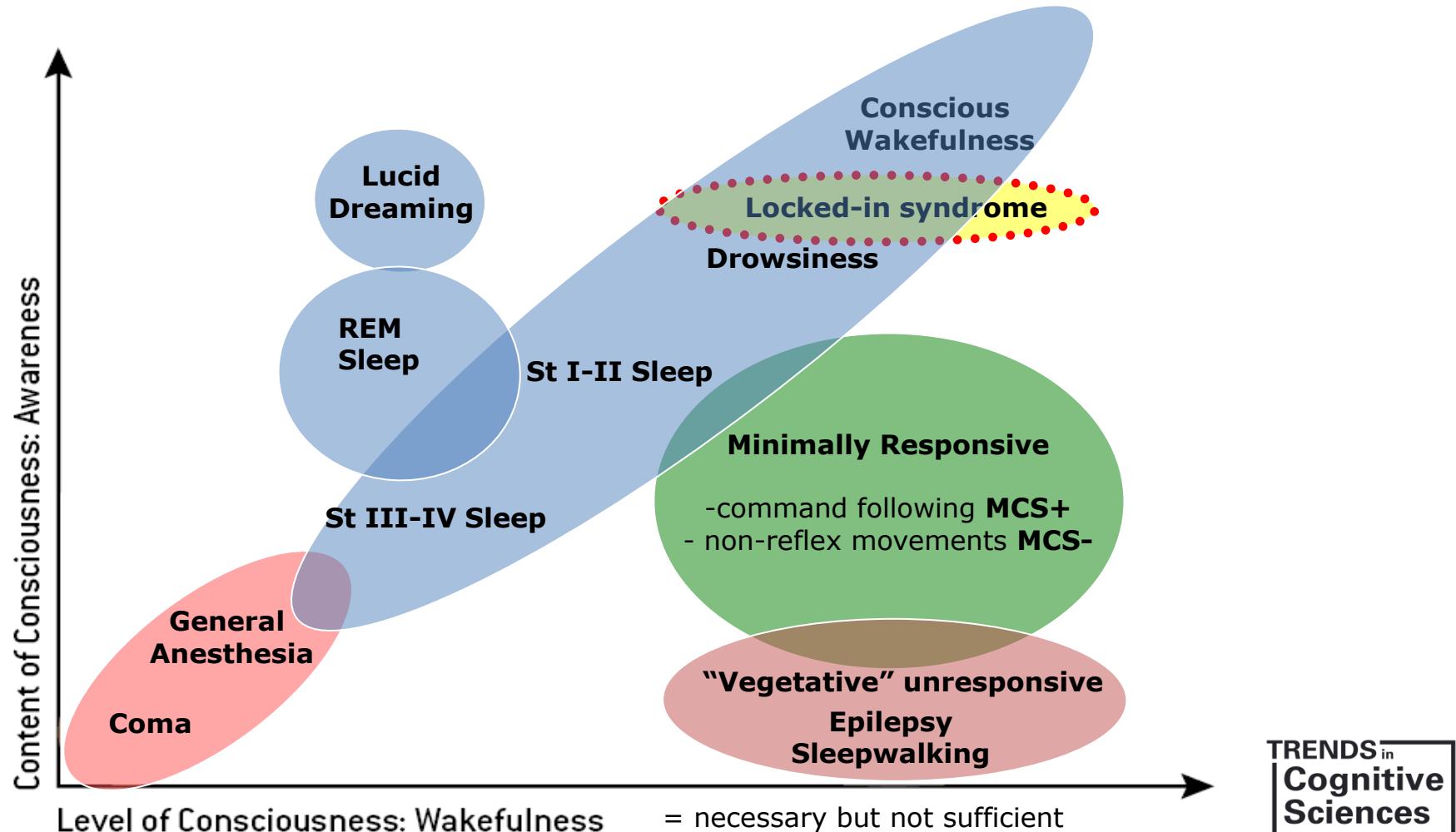
Helena CASSOL PhD student  
Steven LAUREYS MD  
University Hospital  
& University of Liège  
Belgium



coma@ulg.ac.be  
[www.comascience.org](http://www.comascience.org)

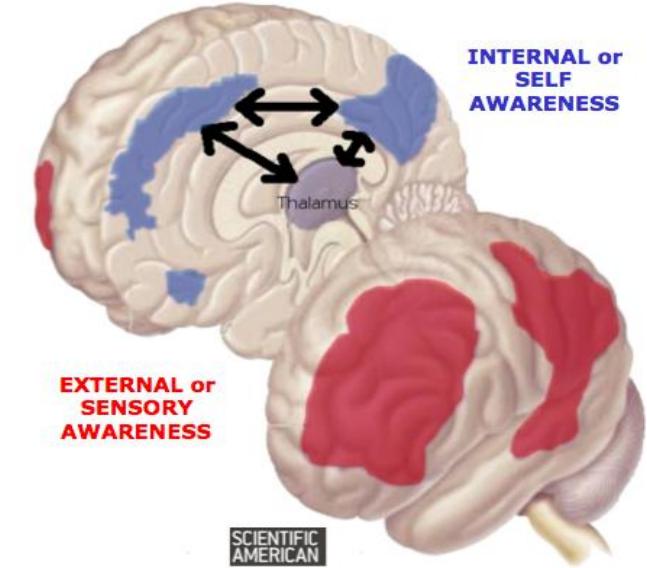
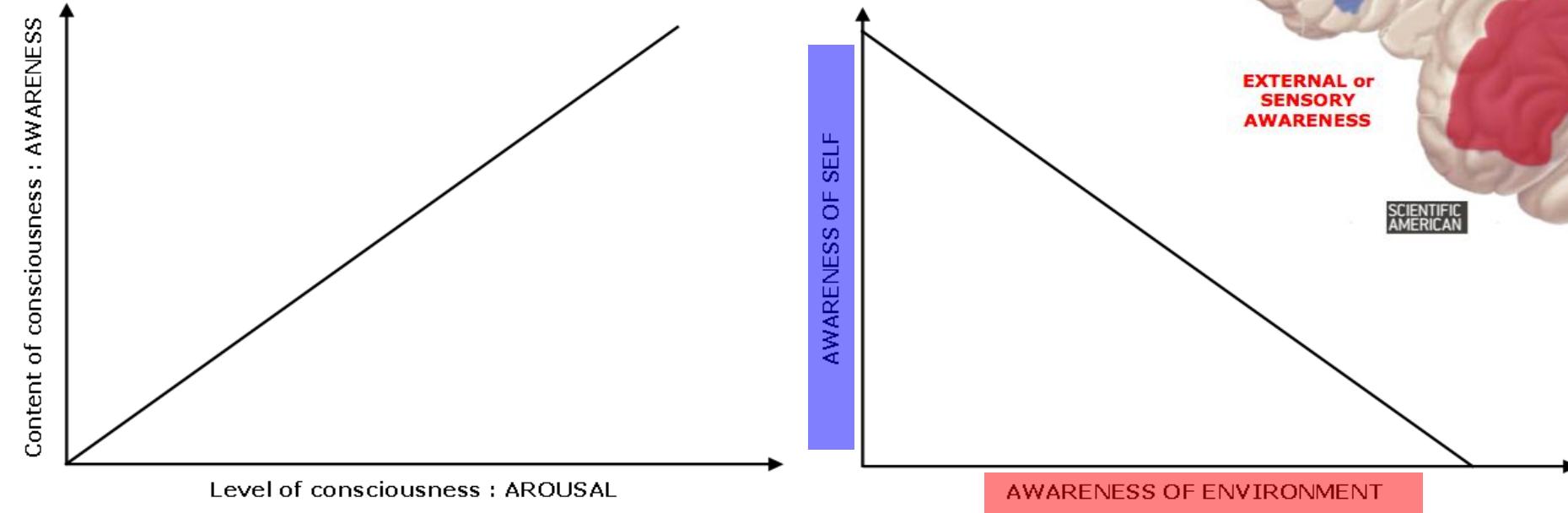


# Arousal & awareness



TRENDS in  
Cognitive  
Sciences

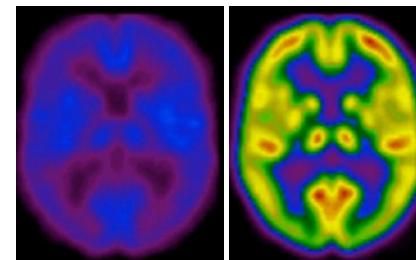
# Measuring awareness



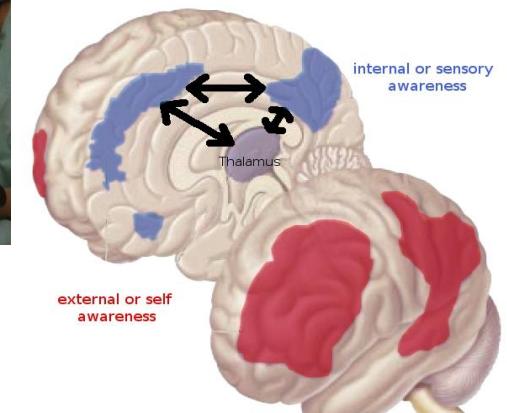
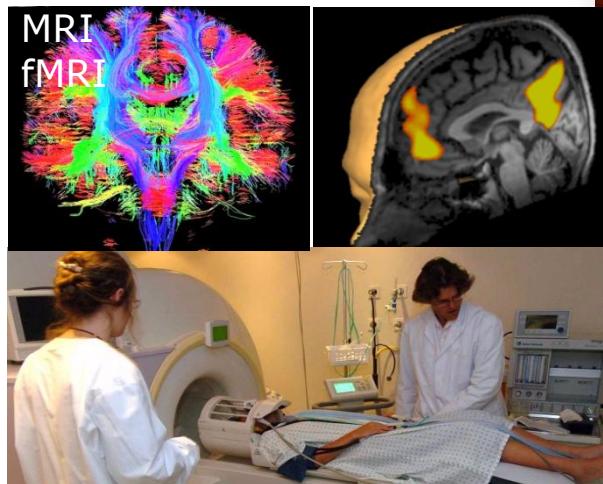
# Measuring brain activity

## Altered states of consciousness

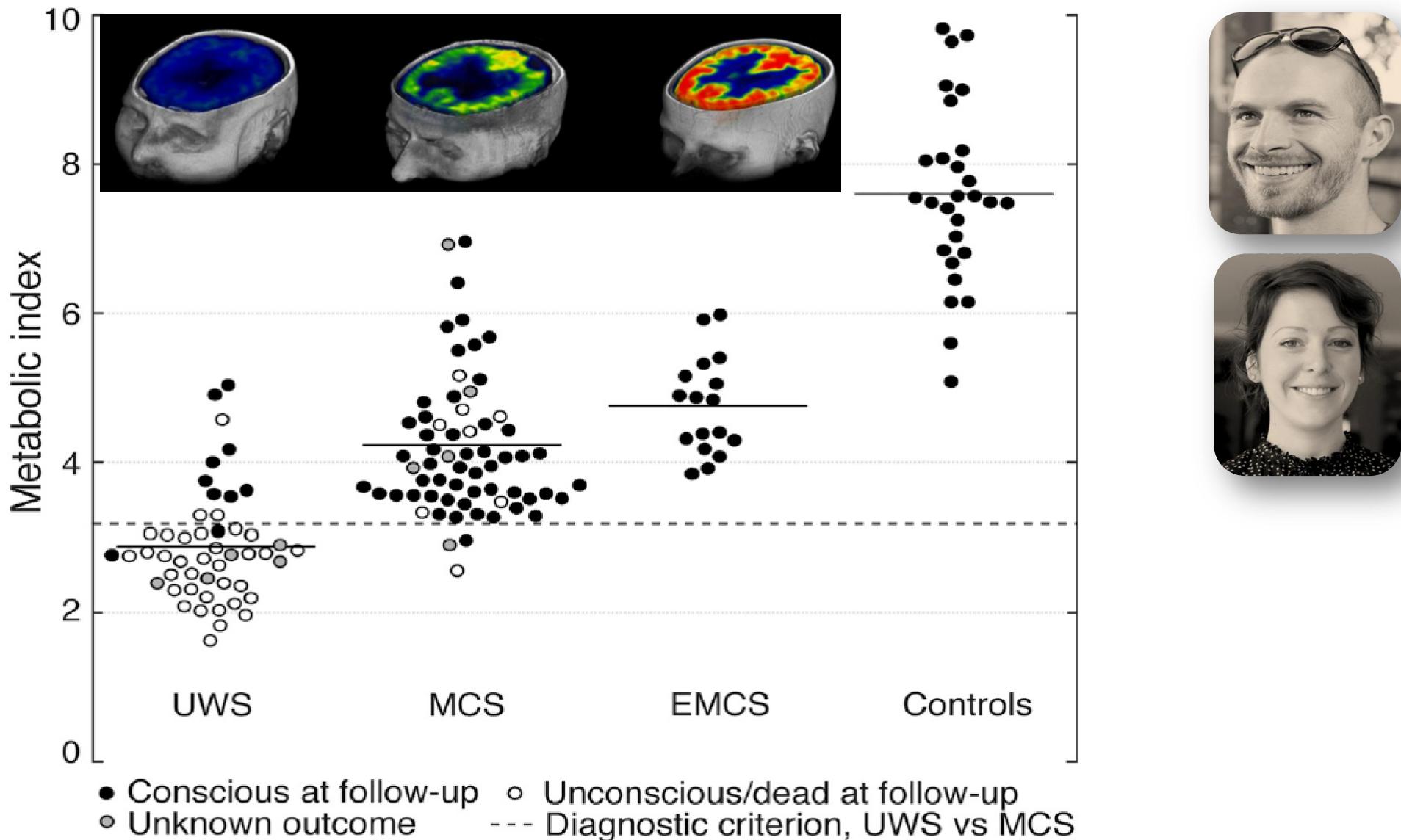
- Pathological : coma
- Pharmacological: anesthesia
- Physiological: hypnosis



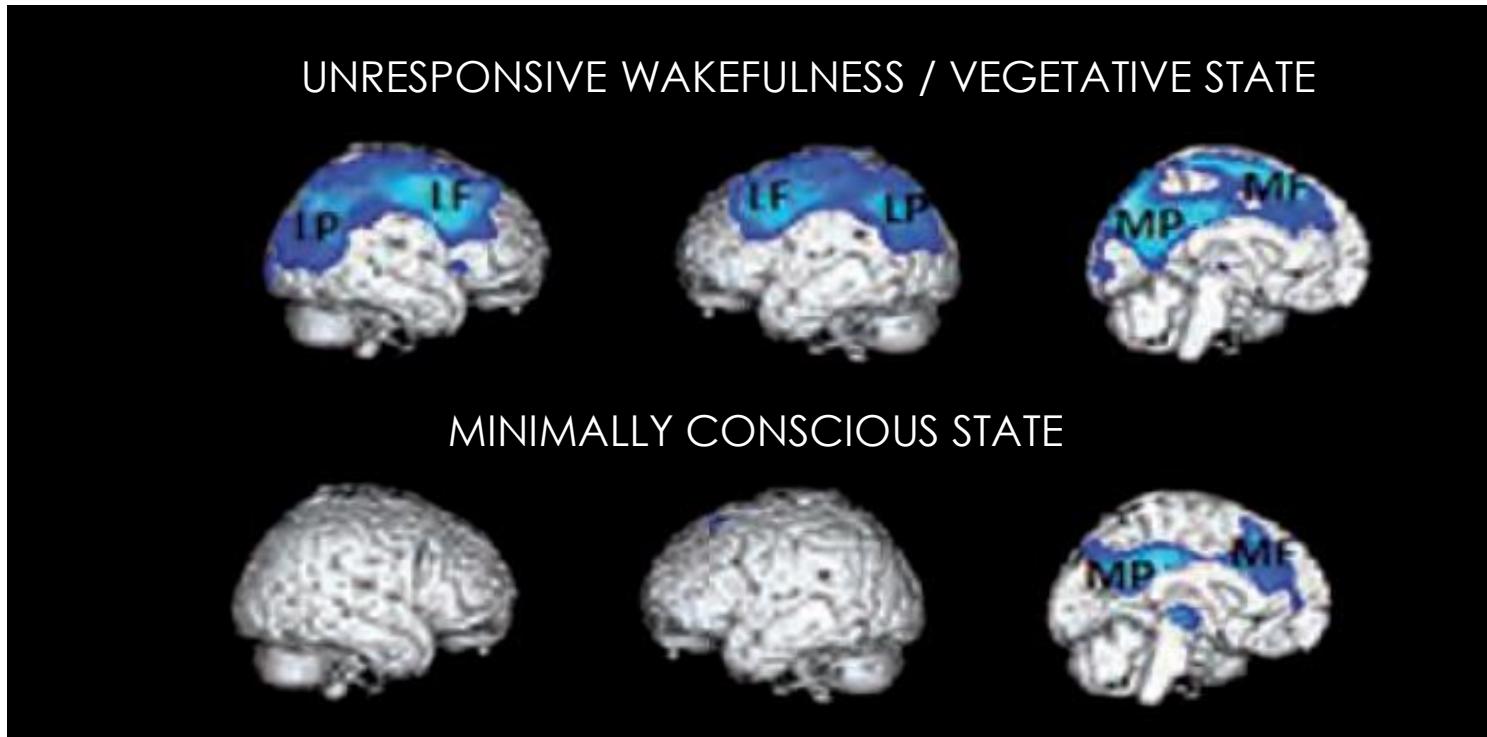
EEG high density



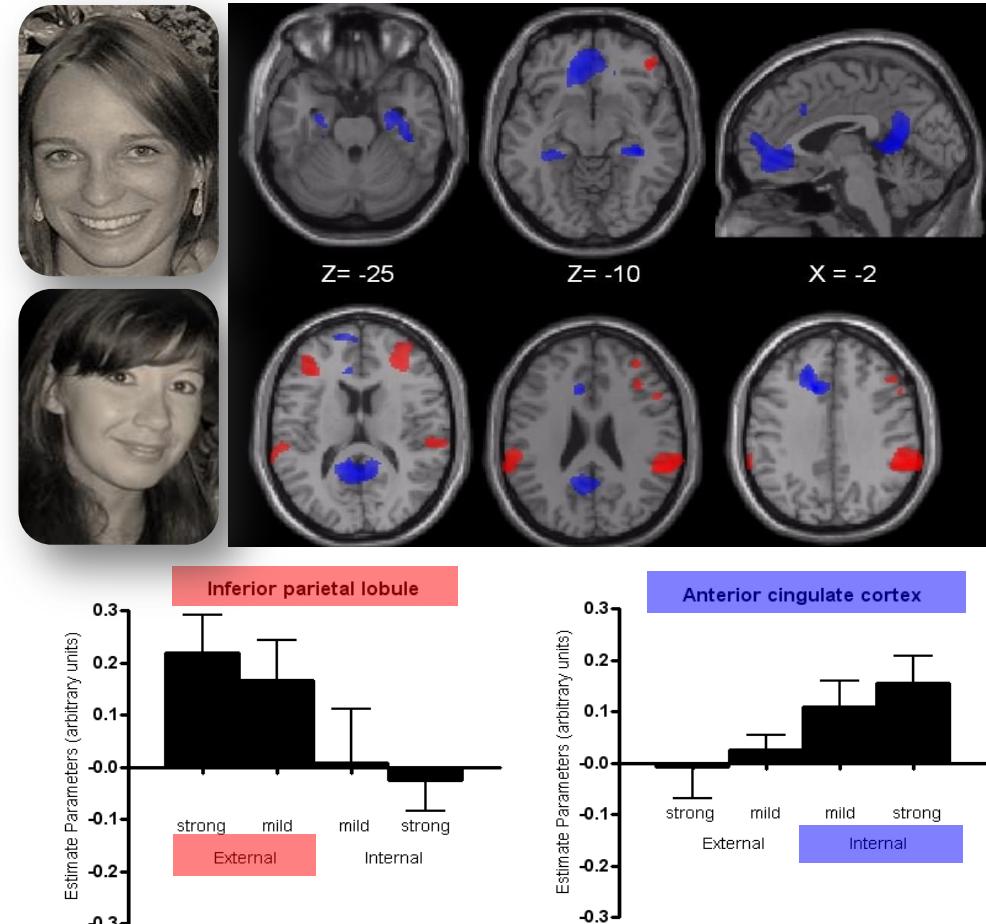
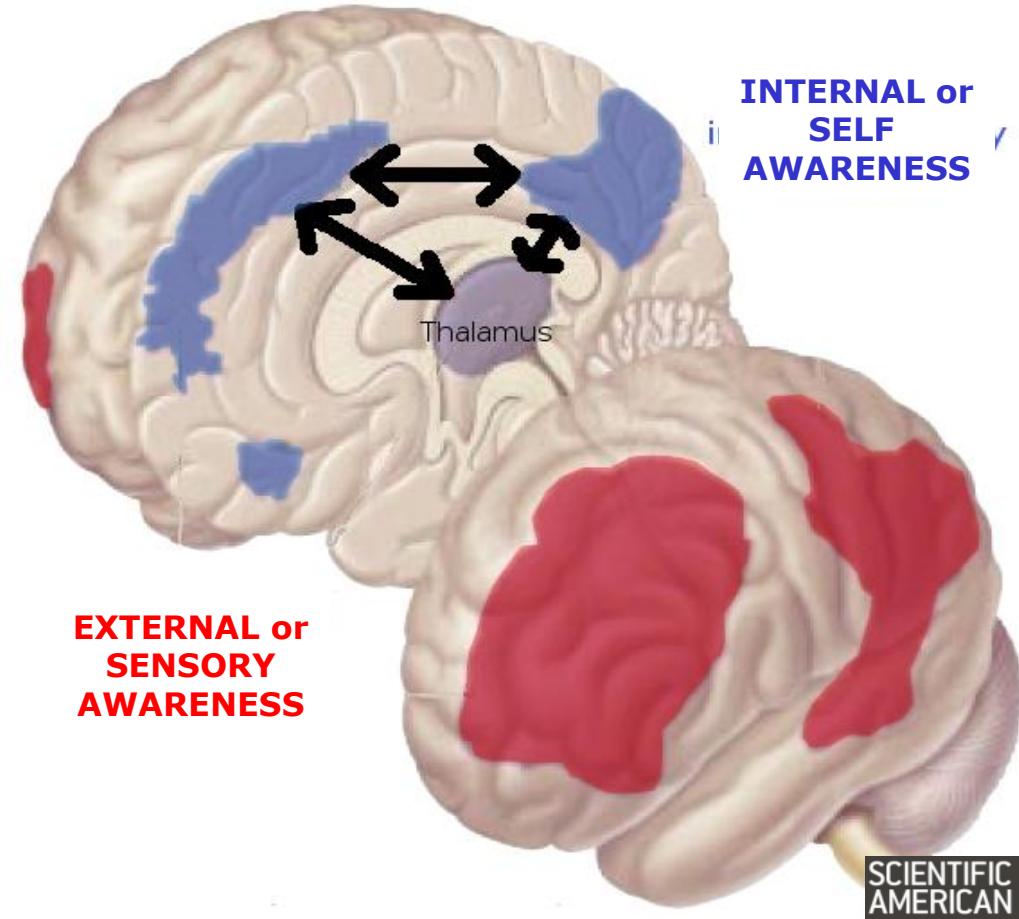
# Consciousness and global brain function



# “Global workspace” of consciousness



# External & internal awareness

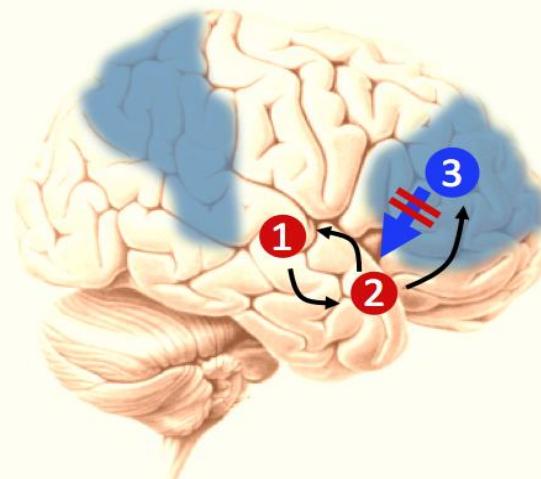


Journal of  
Cognitive Neuroscience

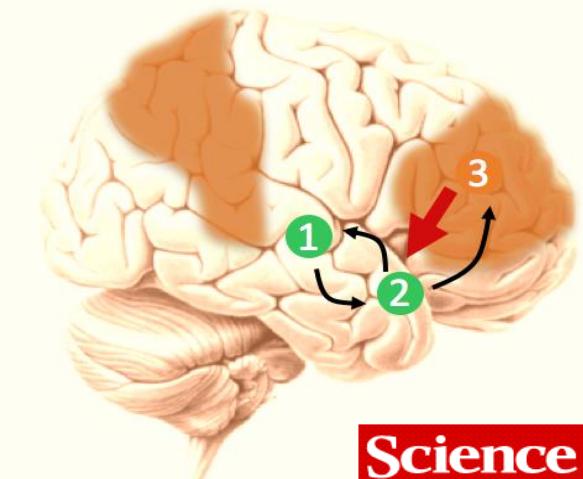
# Consciousness ≈ top-down



“VEGETATIVE”  
UNRESPONSIVE



MINIMALLY  
RESPONSIVE



Science

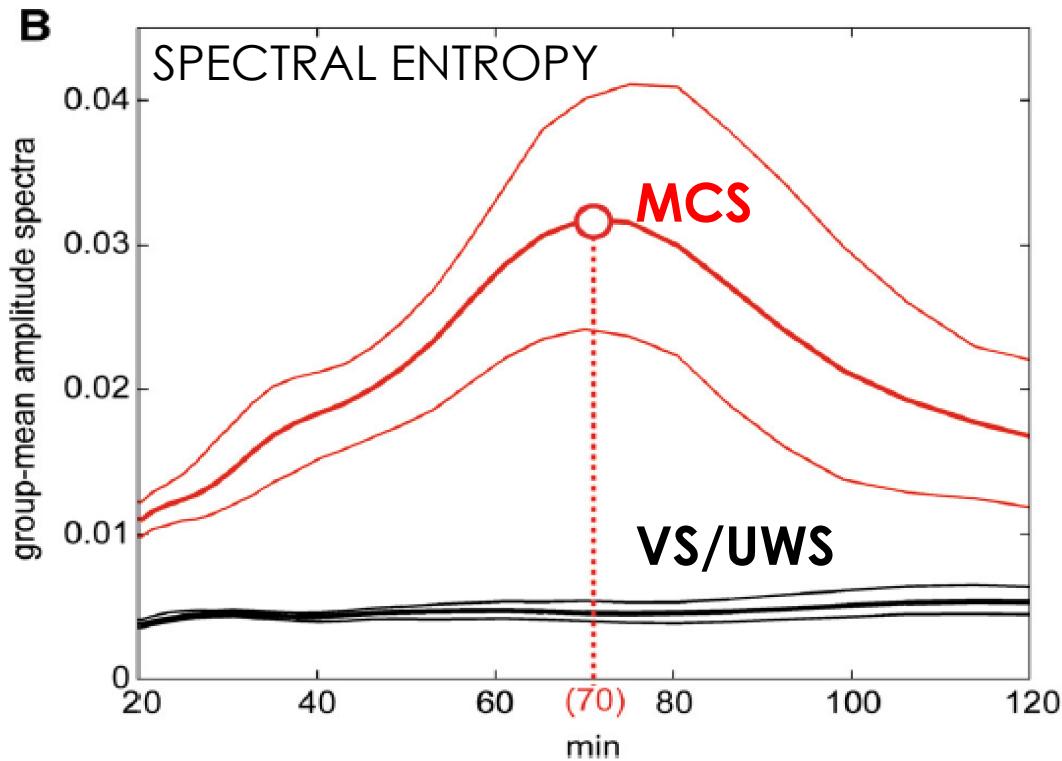
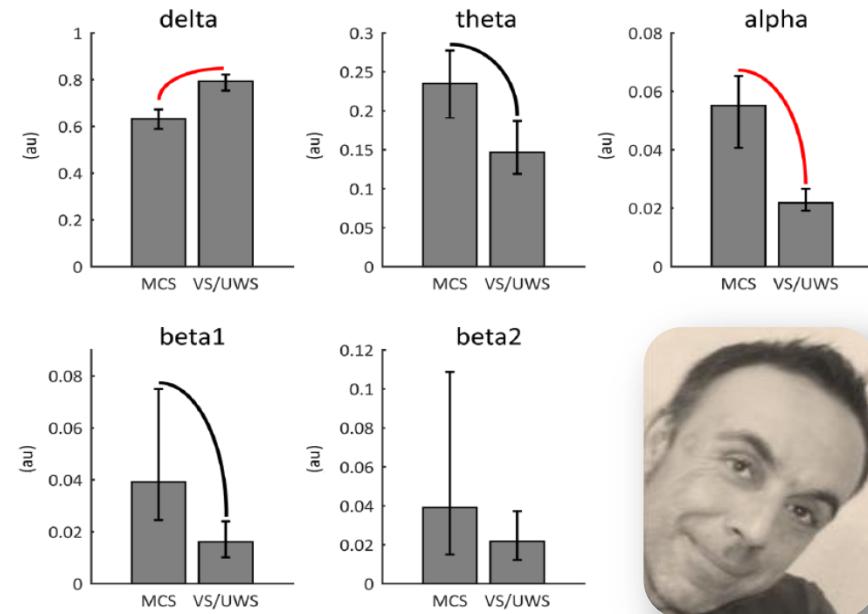
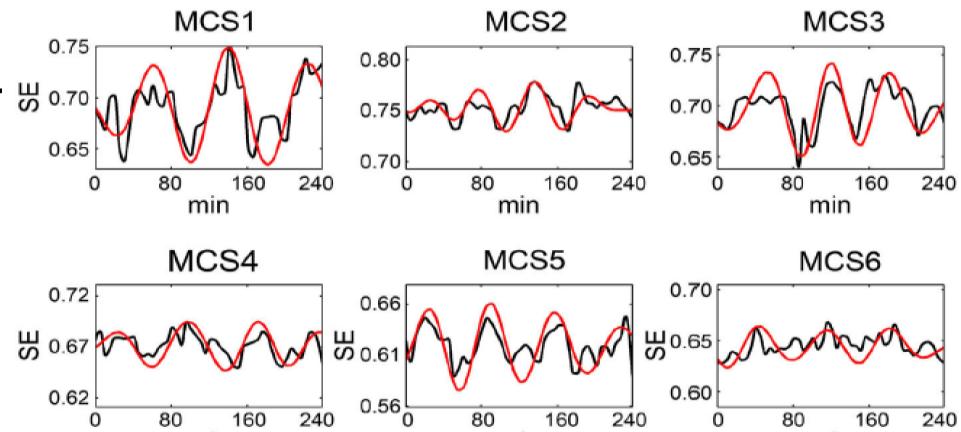
# Temporal dynamics of EEG measures

J Neurol  
DOI 10.1007/s00415-016-8196-y

ORIGINAL COMMUNICATION

## EEG ultradian rhythmicity differences in disorders of consciousness during wakefulness

Andrea Piarulli<sup>1,2</sup>  · Massimo Bergamasco<sup>2</sup> · Aurore Thibaut<sup>1</sup> · Victor Cologan<sup>3</sup> · Olivia Gosseries<sup>1,4</sup> · Steven Laureys<sup>1</sup>



# Diagnostic error after coma

n=103 post-comatose patients

- 45 clinical consensus diagnosis ‘vegetative state’
- 18 signs of awareness (Coma Recovery Scale)



**30-40% potential misdiagnosis**

JFK COMA RECOVERY SCALE - REVISED ©2004  
Record Form

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

**\*SELF-STUDY DVD OFFER\***

**COMA RECOVERY SCALE - REVISED:  
GUIDELINES FOR ADMINISTRATION AND  
SCORING**



coma@ulg.ac.be

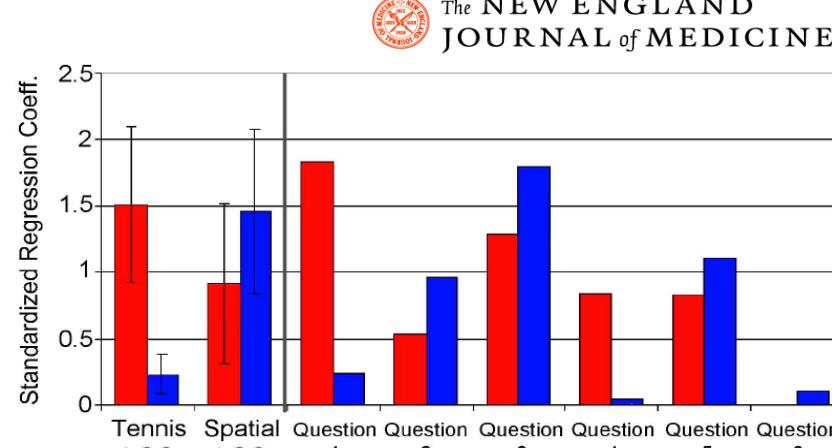
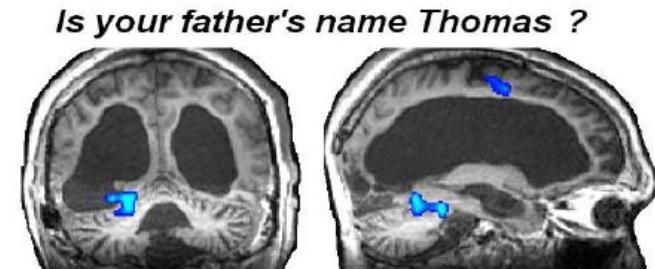
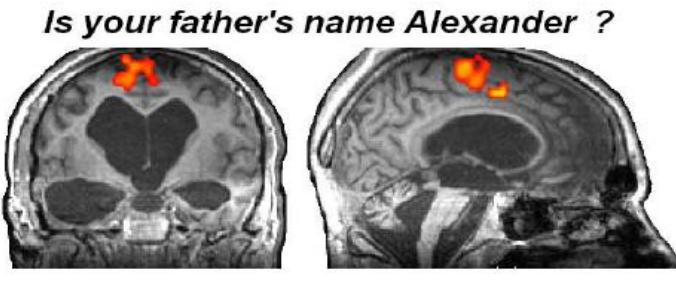


Université  
de Liège



# fMRI-based communication

Imagine **Tennis** to answer 'YES'  
Imagine **Navigating** to answer 'NO'



The NEW ENGLAND  
JOURNAL of MEDICINE



# Brain Computer Interfaces



“MOVE YOUR FOOT”



CONTROL  
SUBJECT

“MOVE YOUR HAND”



“VEGETATIVE”  
UNRESPONSIVE  
PATIENT



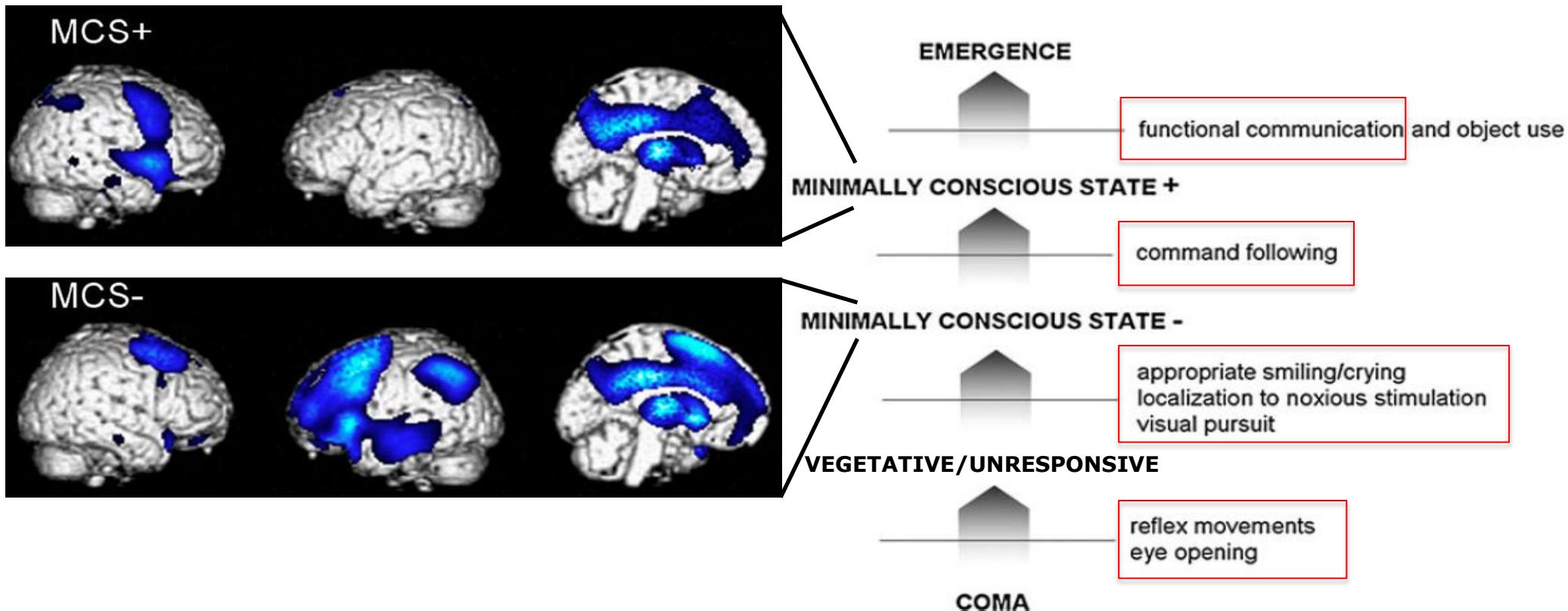
Noirhomme et al *NeuroImage* 2015

Lesenfants, Habbal et al *J Neural Engineering* 2014

Cruse et al *Lancet*, 2011, also see Goldfine et al, *Lancet*, 2013



# Measuring consciousness

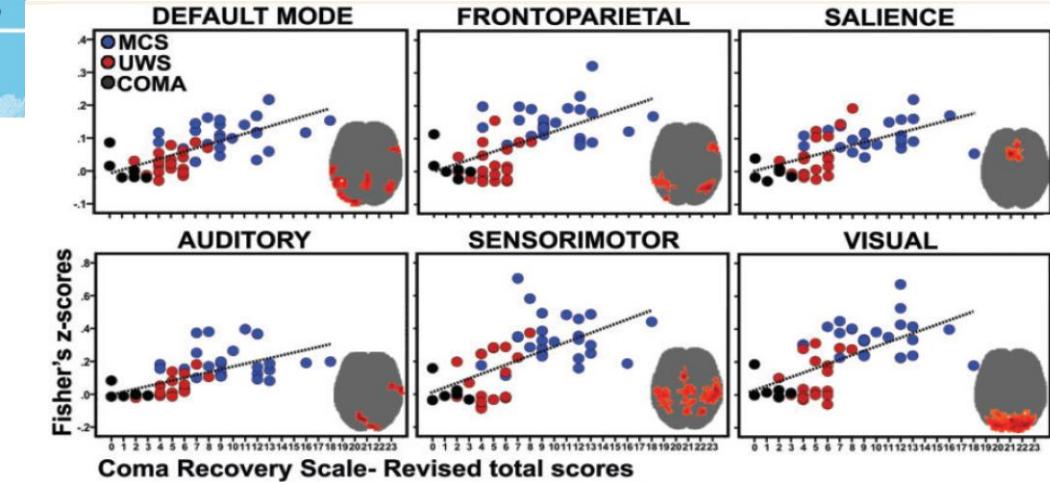
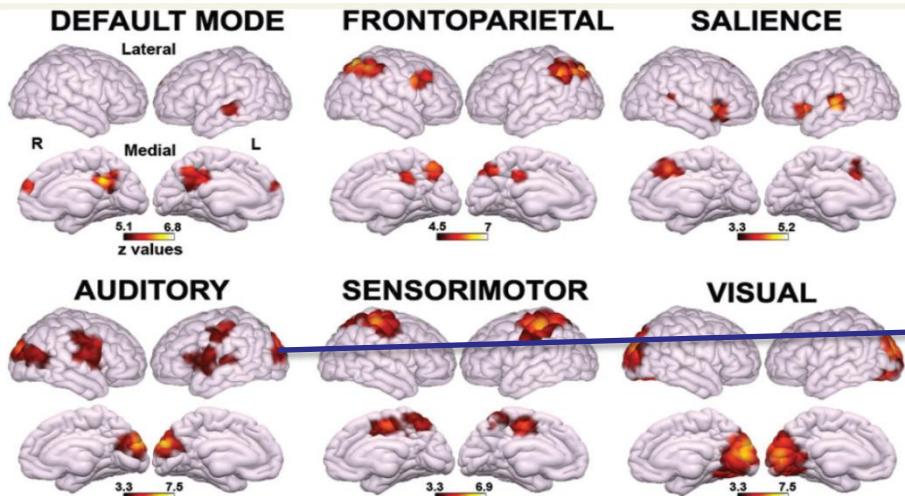


# Classifying “resting” fMRI

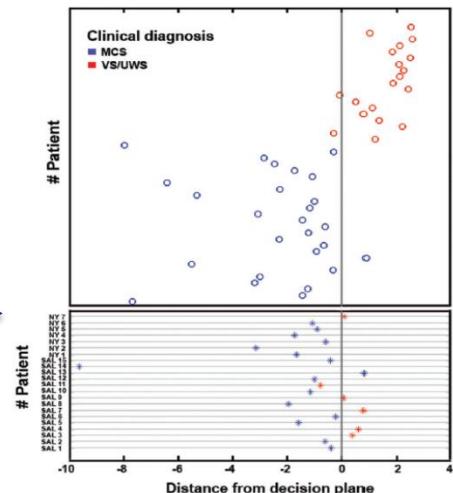


**Intrinsic functional connectivity differentiates minimally conscious from unresponsive patients**

Athena Demertzi,<sup>1,\*</sup> Georgios Antonopoulos,<sup>1,\*</sup> Lizette Heine,<sup>1</sup> Henning U. Voss,<sup>2</sup> Julia Sophia Crone,<sup>3,4,5</sup> Carlo de Los Angeles,<sup>6</sup> Mohamed Ali Bahri,<sup>7</sup> Carol Di Perri,<sup>1</sup> Audrey Vanhaudenhuyse,<sup>8</sup> Vanessa Charland-Verville,<sup>1</sup> Martin Kronbichler,<sup>3,4</sup> Eugen Trinka,<sup>5</sup> Christophe Phillips,<sup>7</sup> Francisco Gomez,<sup>9</sup> Luuba Tshibanda,<sup>10</sup> Andrea Soddu,<sup>11</sup> Nicholas D. Schiff,<sup>12,13</sup> Susan Whitfield-Gabrieli<sup>6,\*</sup> and Steven Laureys<sup>1,\*</sup>

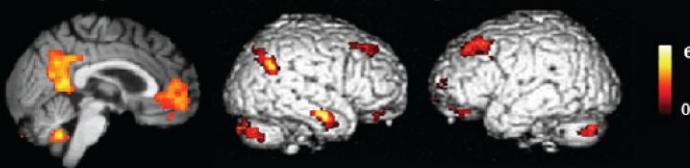
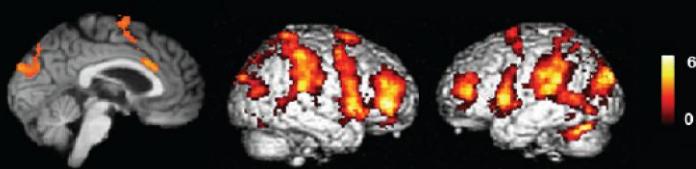
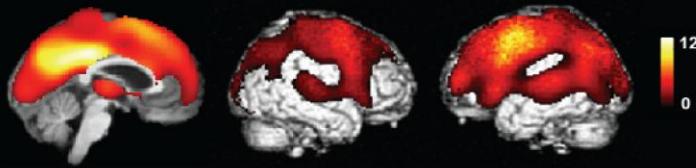
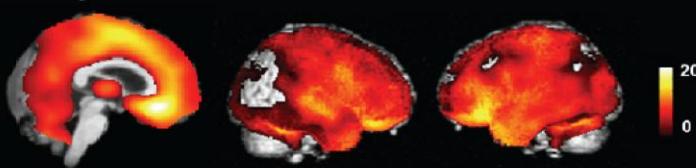
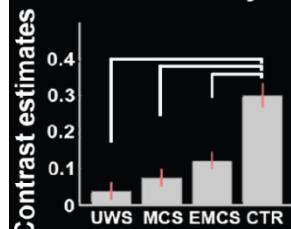
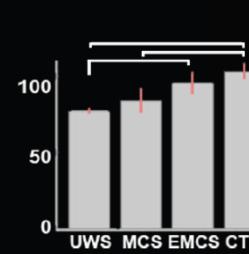
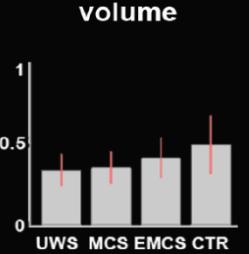
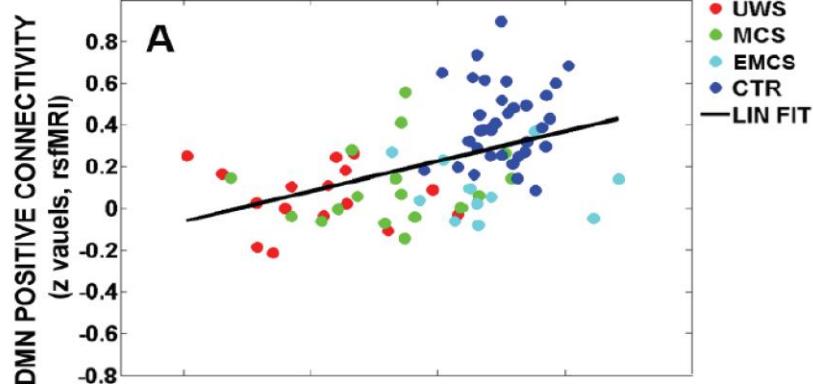
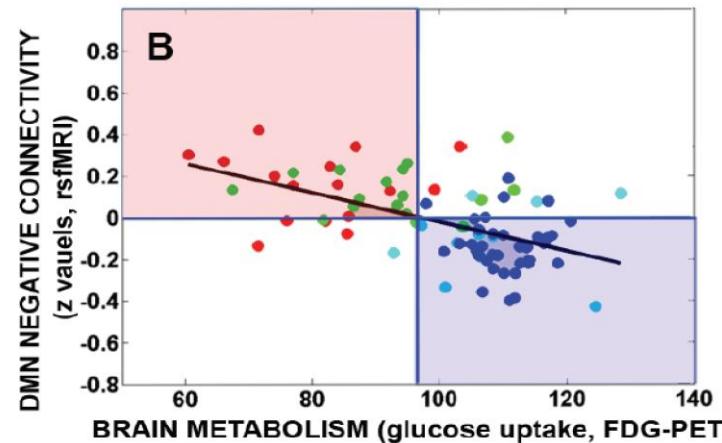


support  
vector  
machine  
classifier

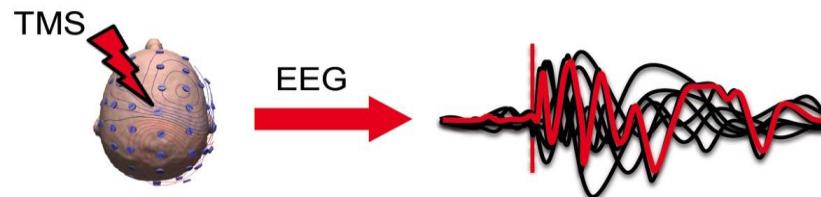


Vanhaudenhuyse et al, Brain, 2010  
Demertzi et al, Brain, 2015

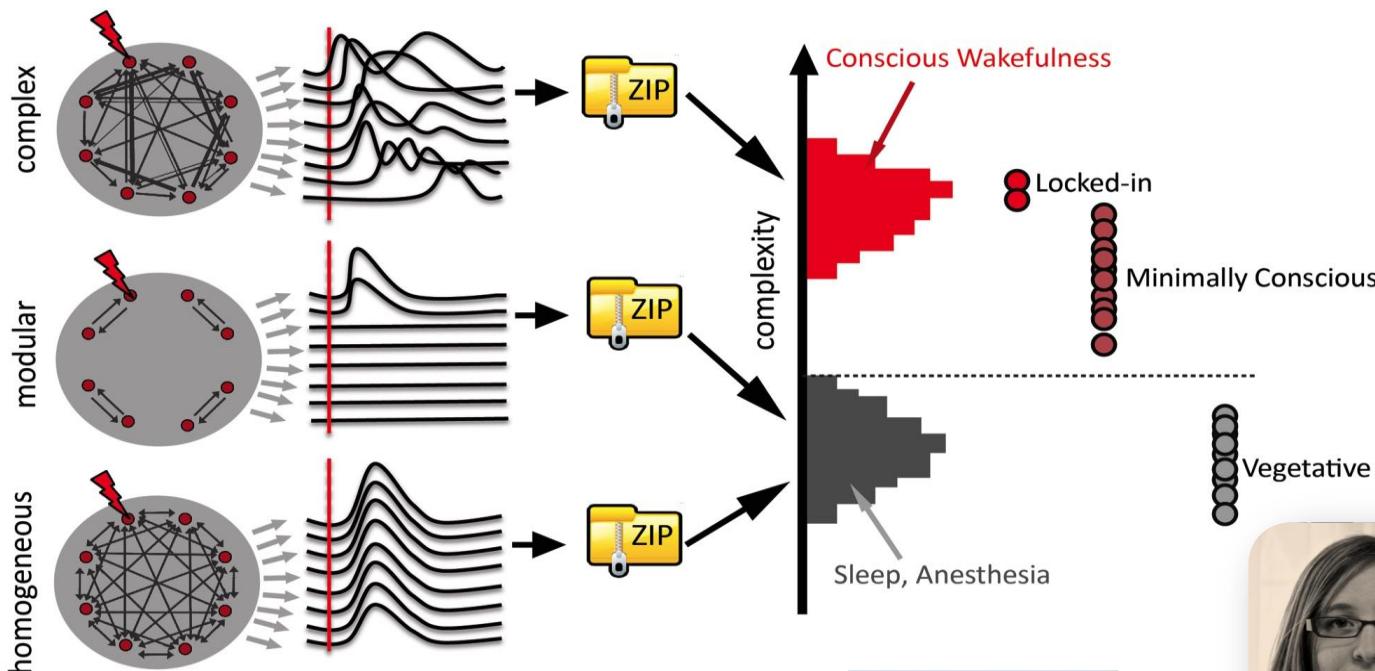
# Pathological hyper-connectivity

**a. DMN positive connectivity****b. DMN negative connectivity****c. Brain metabolism****d. Grey matter volume****a) DMN positive connectivity****b) DMN negative connectivity****c) Brain metabolism****d) Grey matter volume****A****B**

# EEG-TMS Perturbational Complexity Index



perturbation → recording → compression → reference scale → patients



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THE UNIVERSITY  
of  
WISCONSIN  
MADISON



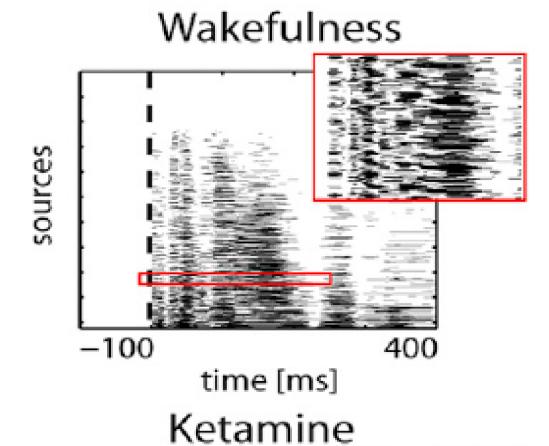
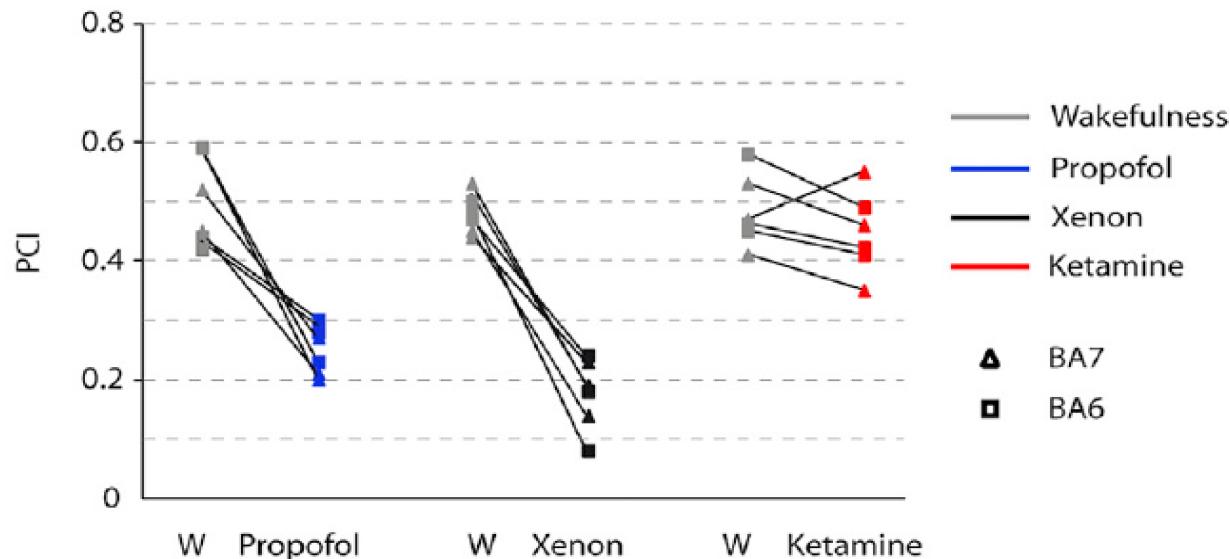
UNIVERSITÀ DEGLI STUDI  
DI MILANO



Science  
Translational  
Medicine

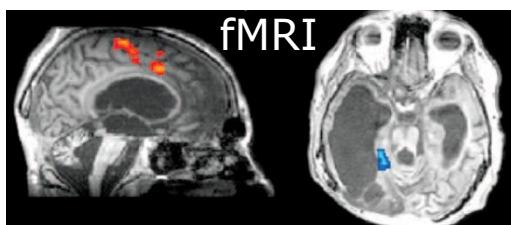
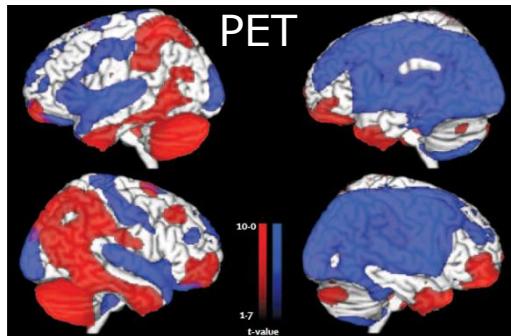
AAAS

# EEG-TMS Perturbational Complexity Index



# Multi-modal imaging

130 patients (29/y)  
 4 excluded (3%)  
 81 MCS  
 41 VS/UWS  
 4 LIS  
 110 chronic (87%)  
 78 non-trauma (62%)



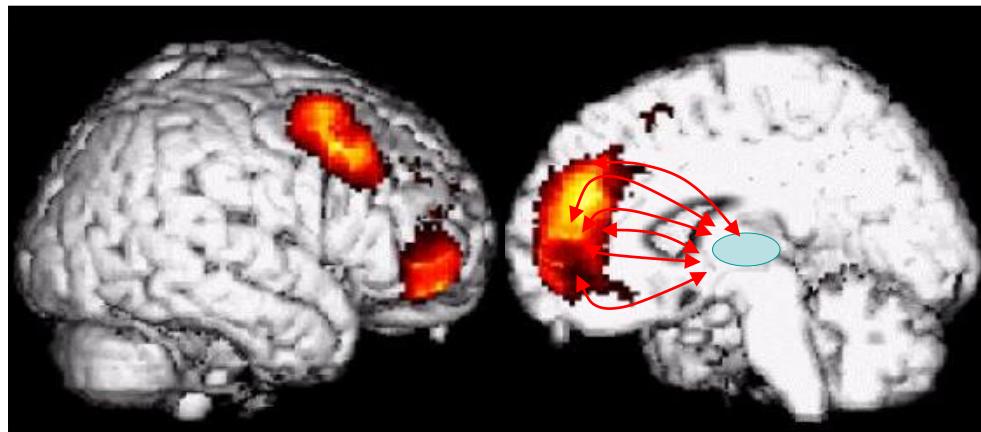
		Coma Recovery Scale-Revised results		
		UWS	MCS	Total
Clinical consensus diagnosis				
VS/UWS	33 (37%)	18 (20%)	51 (57%)	35% clinical misdiagnosis
MCS	2 (2%)	36 (40%)	38 (43%)	
Total	35 (39%)	54 (61%)	89 (100%)	
<sup>18</sup> F-FDG PET				32% CRS-R misdiagnosis
VS/UWS	24 (21%)	5 (4%)	29 (26%)	
MCS	12 (11%)	71 (63%)	83 (74%)	
Total	36 (32%)	76 (68%)	112 (100%)	
Mental imagery fMRI				
VS/UWS	25 (36%)	23 (33%)	48 (69%)	
MCS	3 (4%)	19 (27%)	22 (31%)	
Total	28 (40%)	42 (60%)	70 (100%)	

UWS=unresponsive wakefulness syndrome. MCS=minimally conscious state.

**Table 2: Diagnostic results by modality**

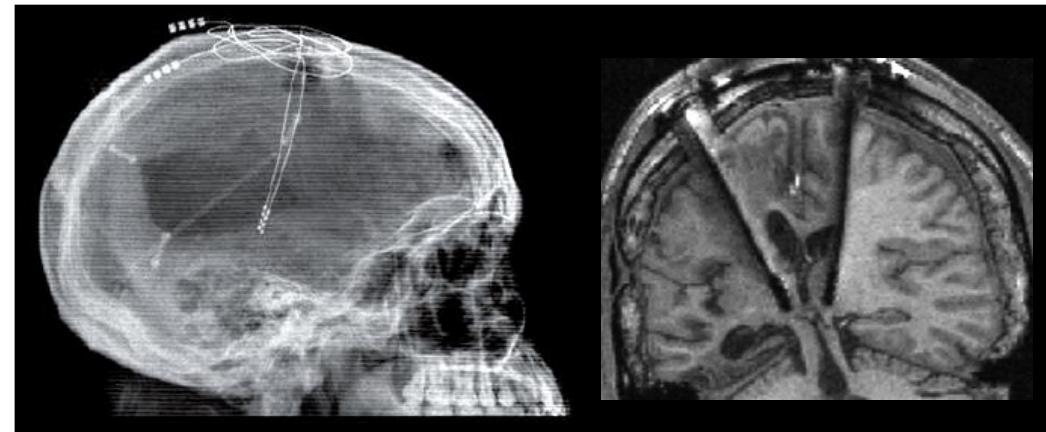
# Consciousness ≈ thalamo-cortical

Intralaminar nuclei “reconnections”  
in spontaneous recovery from  
“vegetative” unresponsive state



Laureys et al, *Lancet* 2000

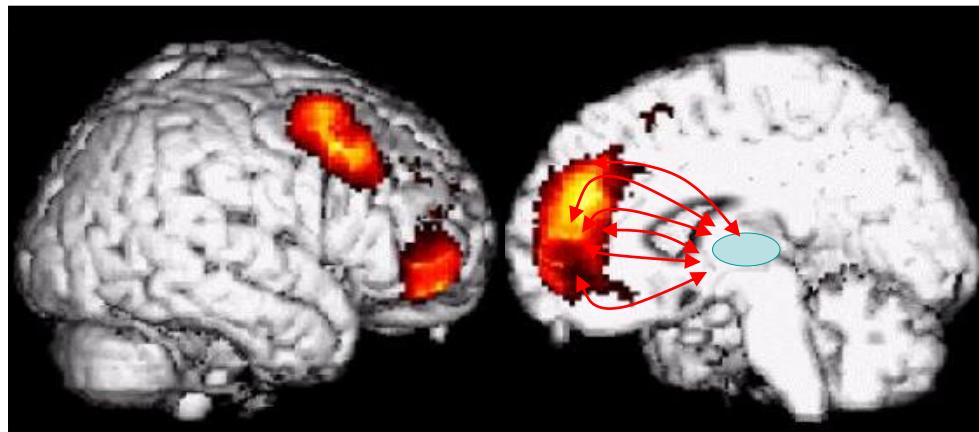
Intralaminar nuclei stimulation  
induces “recovery” from  
minimally responsive state



Schiff et al, *Nature* 2007

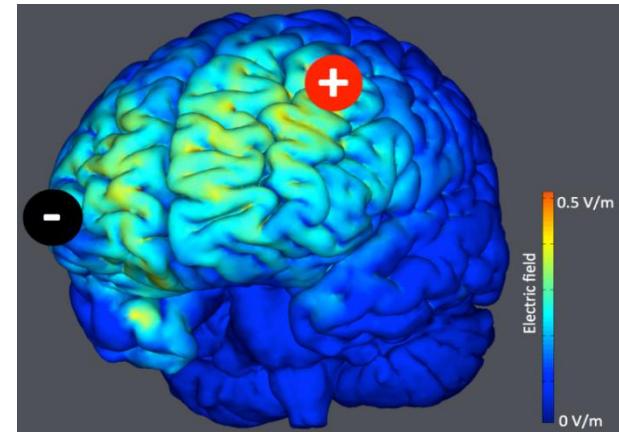
# Consciousness ≈ thalamo-cortical

Intralaminar nuclei “reconnections”  
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Laureys et al, *Lancet* 2000

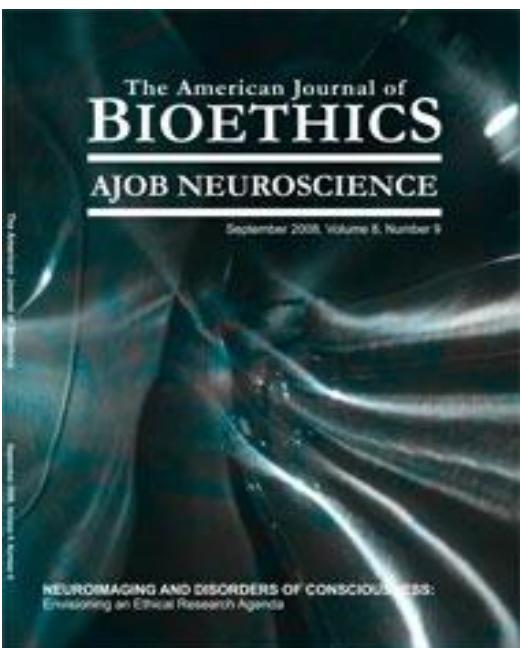
Transcranial direct current stimulation  
(tDCS)



Thibaut et al, *Neurology* 2014



# Ethical framework



**Target Article**

*The American Journal of Bioethics, 8(9): 3–12, 2008*

## **Neuroimaging and Disorders of Consciousness: Envisioning an Ethical Research Agenda**

**Joseph J. Fins, Weill Medical College of Cornell University\***

**Judy Illes, University of British Columbia\***

**James L. Bernat, Dartmouth Medical School\*\***

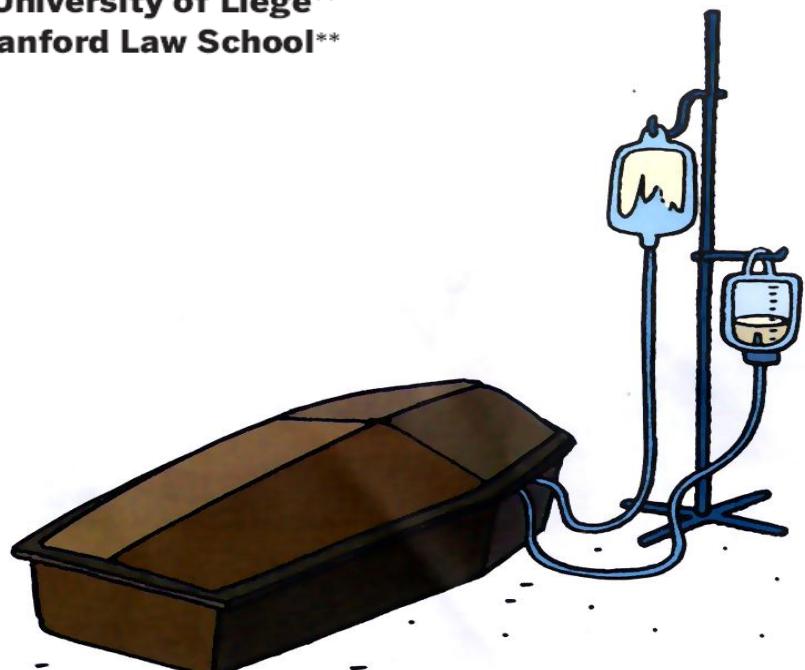
**Joy Hirsch, Columbia University\*\***

**Steven Laureys, University of Liege\*\***

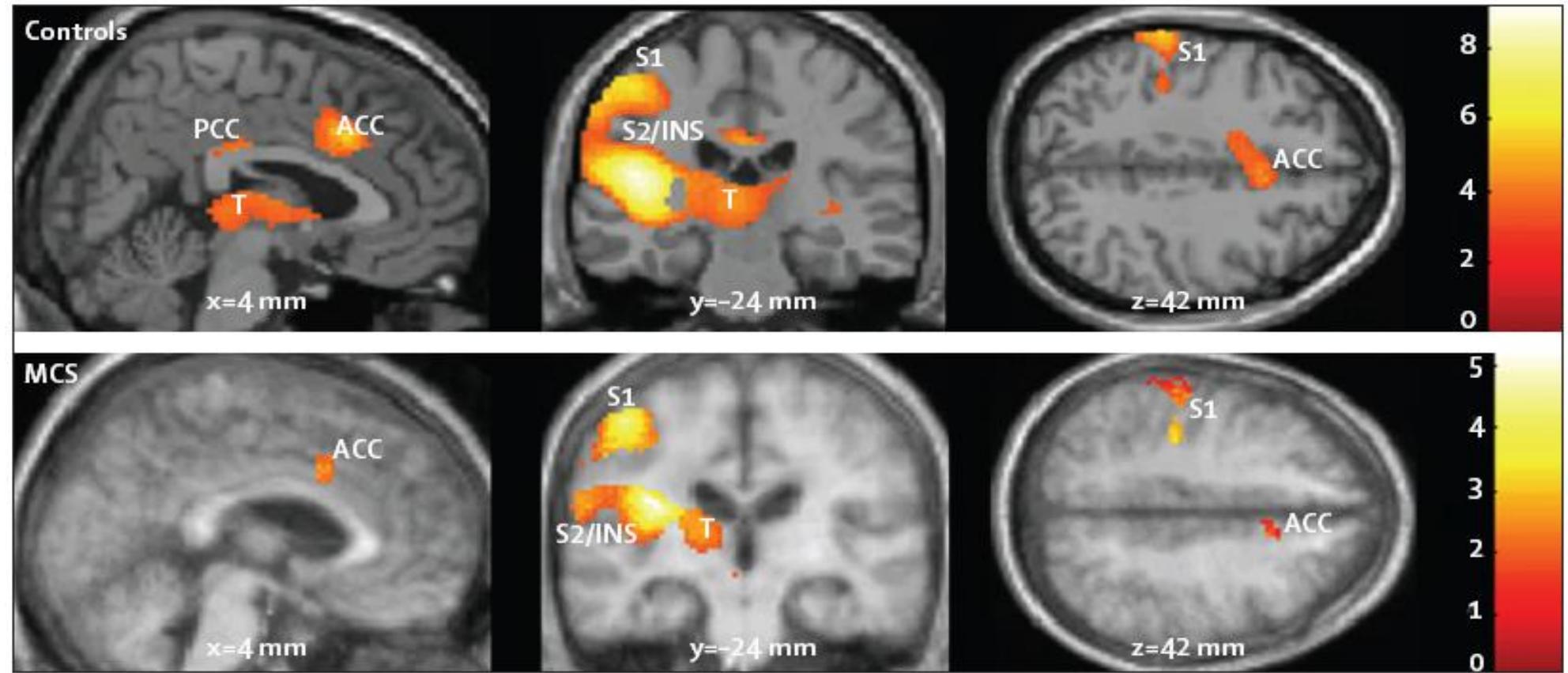
**Emily Murphy, Stanford Law School\*\***

\*Co-lead authors.

\*\*Equal authors in alphabetical order.



# Pain in minimally conscious state



<http://neurology.thelancet.com>

# Quality of life

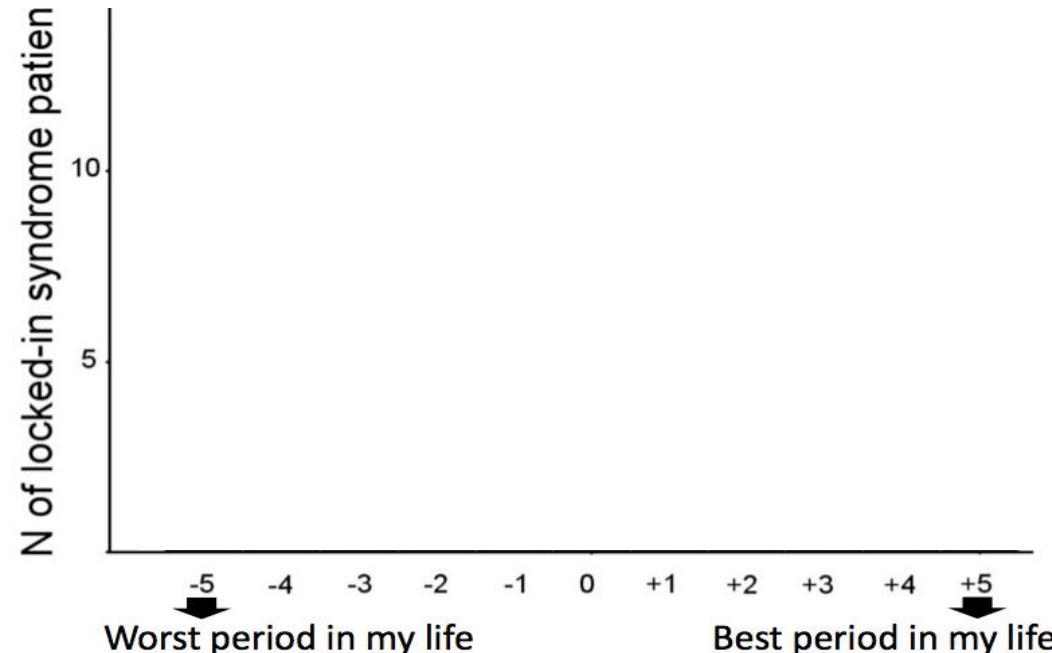
Open Access



Research

## A survey on self-assessed well-being in a cohort of chronic locked-in syndrome patients: happy majority, miserable minority

Marie-Aurélie Bruno,<sup>1</sup> Jan L Bernheim,<sup>2</sup> Didier Ledoux,<sup>1</sup> Frédéric Pellas,<sup>3</sup>  
Athena Demertzi,<sup>1</sup> Steven Laureys<sup>1</sup>



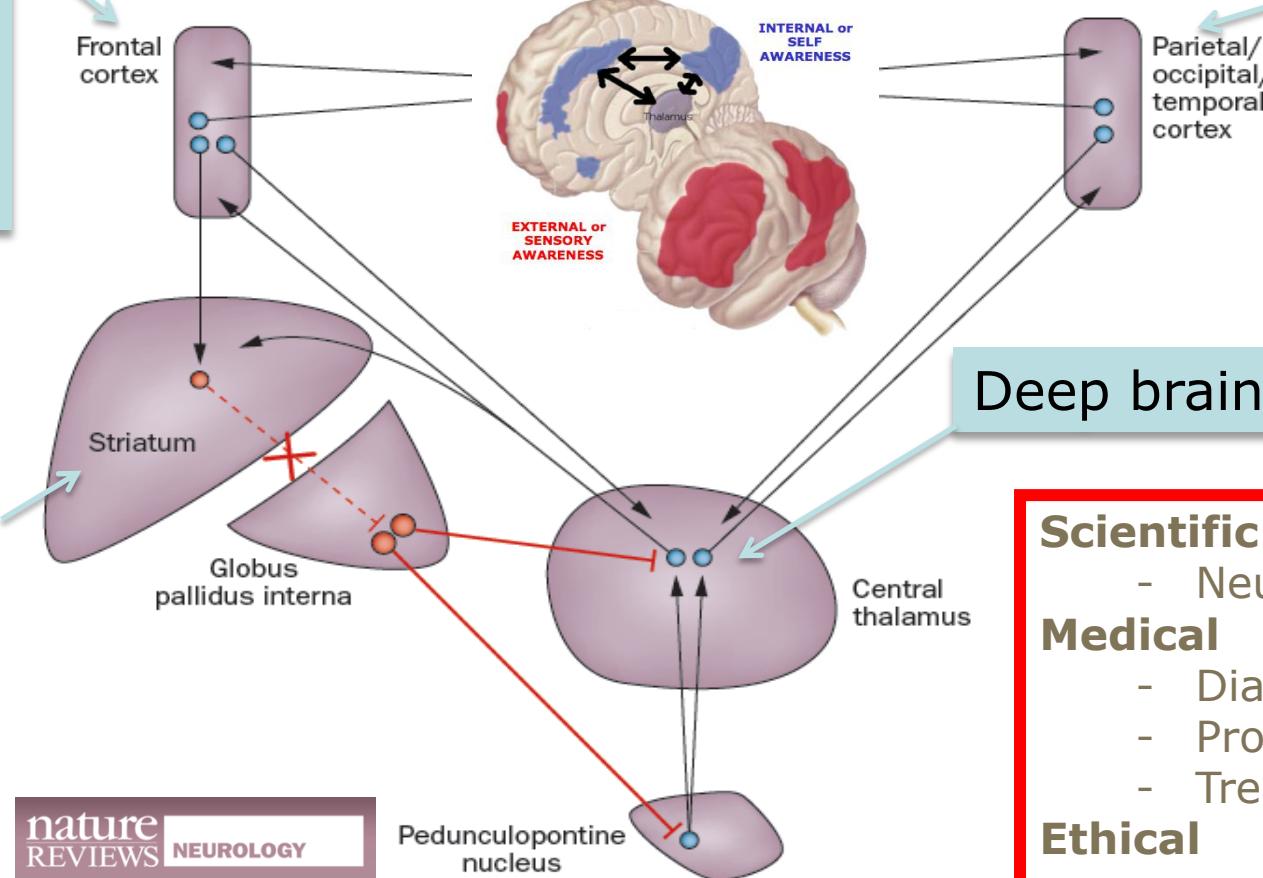
**ALIS**  
Association du Locked-in Syndrome



# Paradigms (re)framed by neuroimaging

transcranial  
Direct  
Current  
Stimulation

mesocircuit fronto-parietal model



zolpidem

amantadine

Deep brain stimulation

nature  
REVIEWS NEUROLOGY

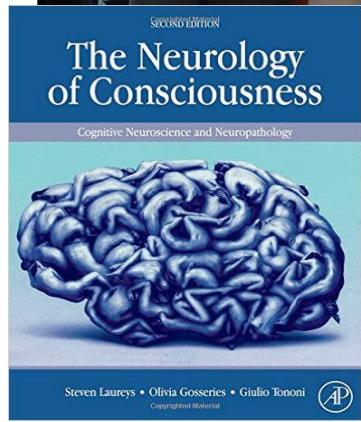
**Scientific**

- Neural correlates

**Medical**

- Diagnosis
- Prognosis
- Treatment

**Ethical**



Contact:  
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Human Brain Project

