

The neural basis of Consciousness

Athena Demertzi, PhD

FNRS Research Associate, PI
Physiology of Cognition Lab | GIGA Consciousness | GIGA Institute
University of Liège Belgium

KU Leuven
May 7 2020





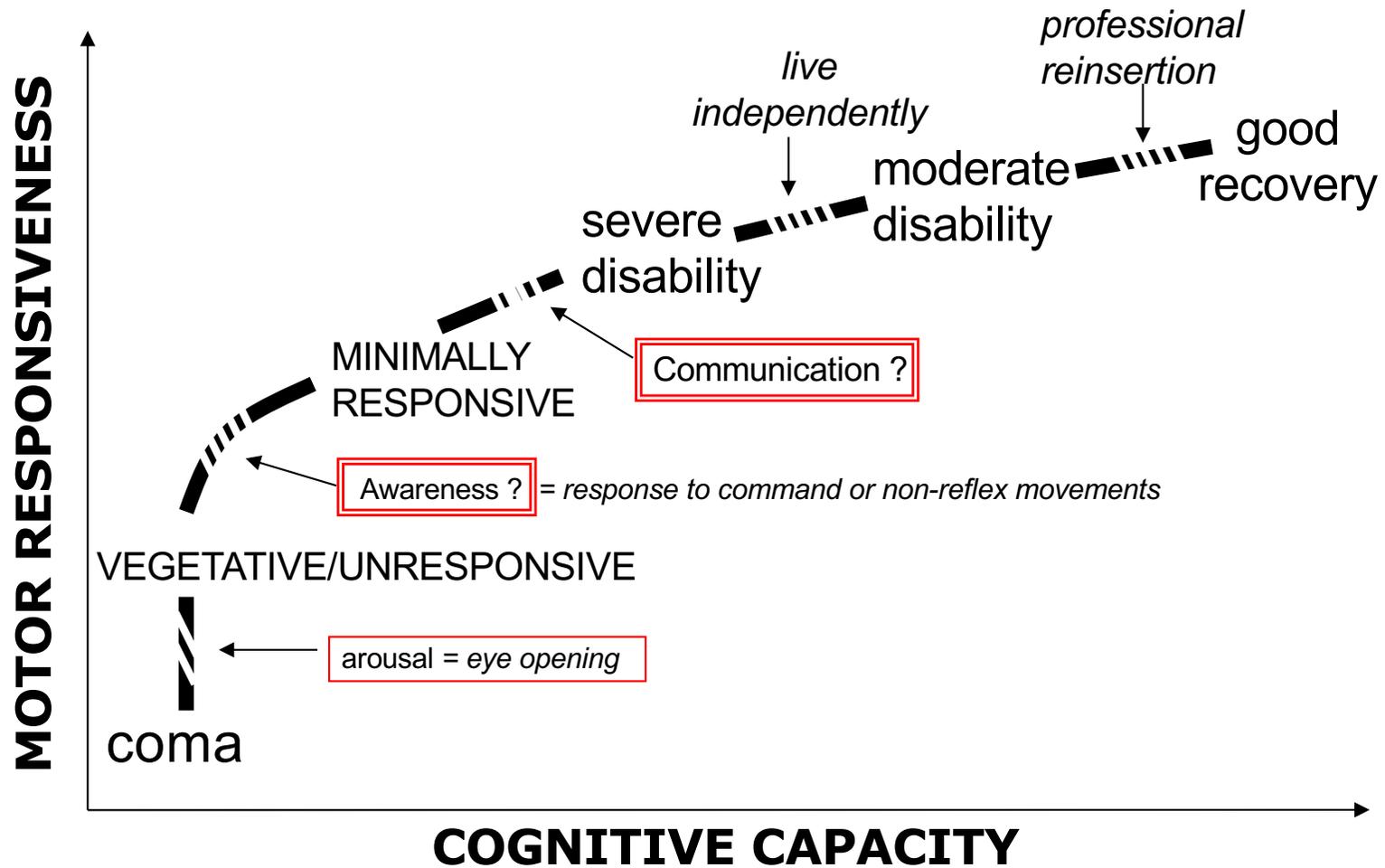
Consciousness in real-life



Terri Schiavo °1963,
cardiac arrest, vegetative 1990, † 2005 USA



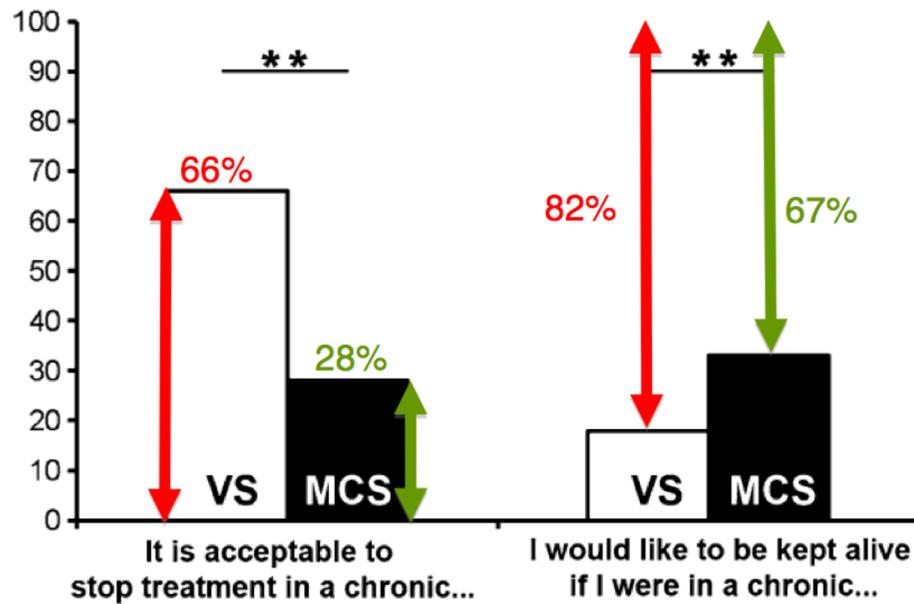
Behavioural signs of Consciousness





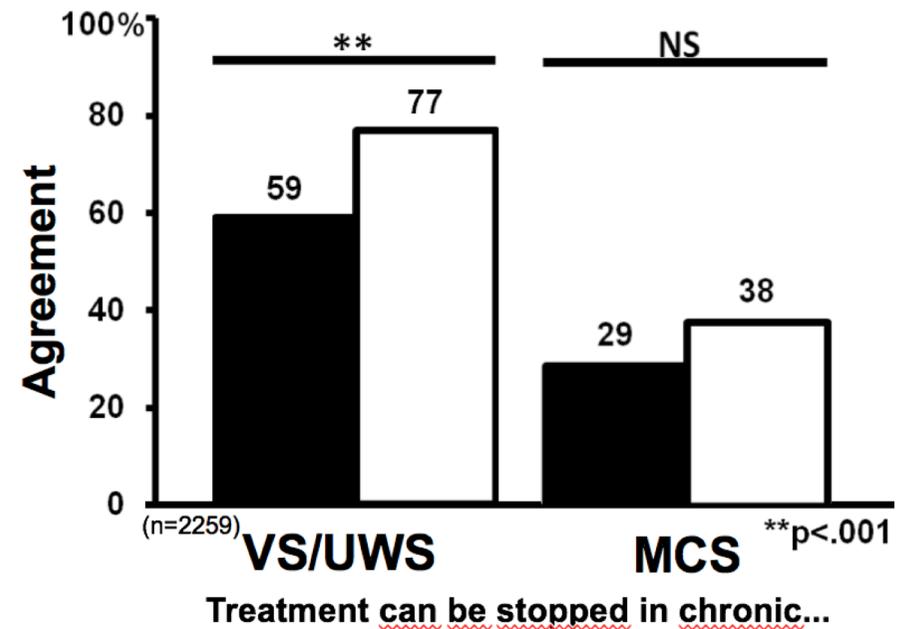
Not everyone agrees with guidelines

2,475 medical professionals



Demertzi et al, *J Neurol* 2011

■ Feel pain
□ Do not feel pain



Demertzi et al, *Prog Brain Res* 2009
Demertzi & Racine et al, *Neuroethics* 2012



We cannot always trust behavior

Standardized assessment

n=103 post-comatose patients

45 Clinical diagnosis of VS

18 Coma Recovery Scale MCS



40% misdiagnosed

Schnakers et al, *Ann Neurol* 2006; *BMC Neurol* 2009

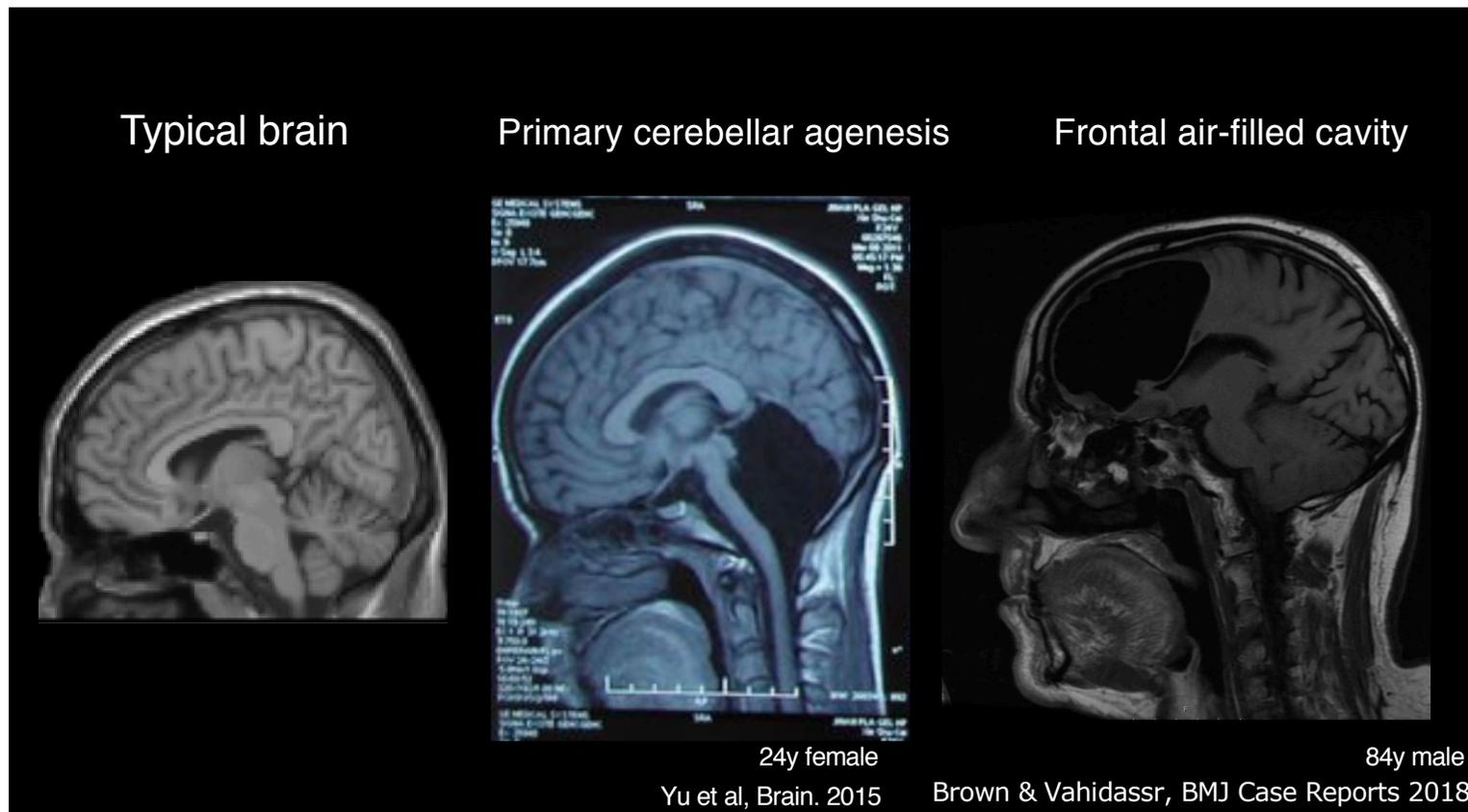
JFK COMA RECOVERY SCALE - REVISED ©2004																	
Record Form																	
<i>This form should only be used in association with the "CRS-R ADMINISTRATION AND SCORING GUIDELINES" which provide instructions for standardized administration of the scale.</i>																	
Patient:				Diagnosis:				Etiology:									
Date of Onset:				Date of Admission:													
	Date																
	Week	ADM	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AUDITORY FUNCTION SCALE																	
4 - Consistent Movement to Command *																	
3 - Reproducible Movement to Command *																	
2 - Localization to Sound																	
1 - Auditory Startle																	
0 - None																	
VISUAL FUNCTION SCALE																	
5 - Object Recognition *																	
4 - Object Localization: Reaching *																	
3 - Visual Pursuit *																	
2 - Fixation *																	
1 - Visual Startle																	
0 - None																	
MOTOR FUNCTION SCALE																	
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																	
OROMOTOR/VERBAL FUNCTION SCALE																	
3 - Intelligible Verbalization *																	
2 - Vocalization/Oral Movement																	
1 - Oral Reflexive Movement																	
0 - None																	
COMMUNICATION SCALE																	
2 - Functional: Accurate †																	
1 - Non-Functional: Intentional *																	
0 - None																	
AROUSAL SCALE																	
3 - Attention																	
2 - Eye Opening w/o Stimulation																	
1 - Eye Opening with Stimulation																	
0 - Unarousable																	
TOTAL SCORE																	

Denotes emergence from MCS[†]

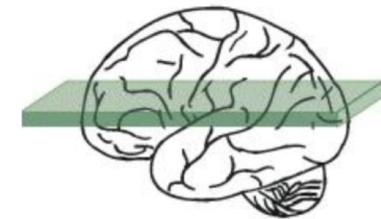
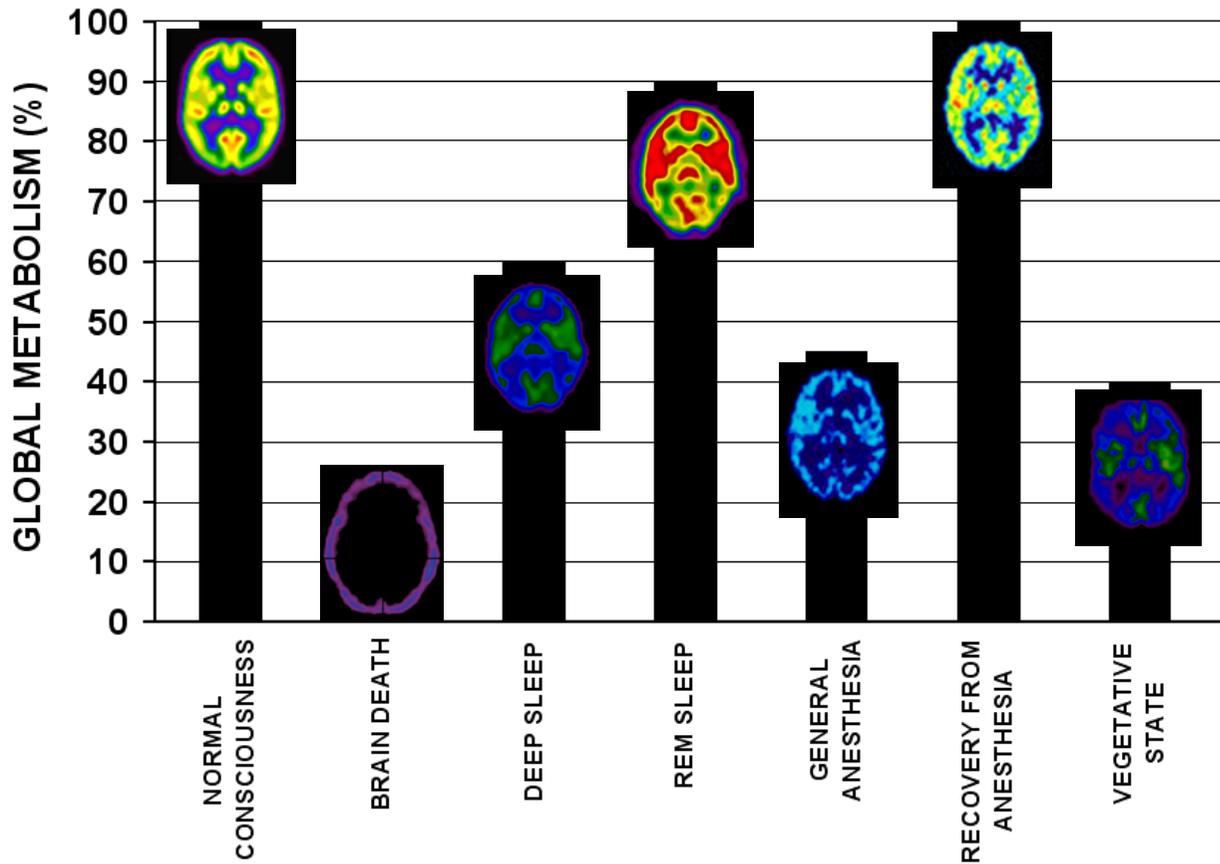
Denotes MCS *

To be conscious, we need a brain

(all of it?)



 To be conscious, we need a *functional* brain

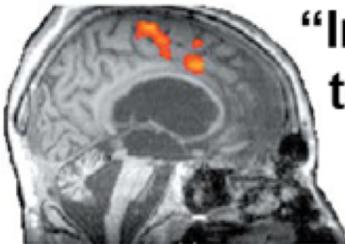
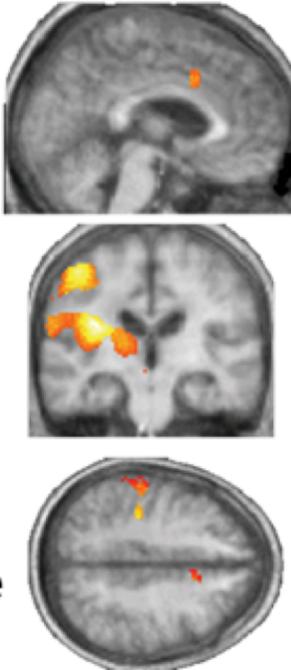




Neuroimaging paradigms

Owen et al, Science 2006
Monti & Vanhaudenhuyse et al, NEJM 2010

Boly et al, Lancet Neurol 2008

Active paradigms	Passive paradigms
 <p data-bbox="638 576 1048 683">“Imagine playing tennis”</p>	 <p data-bbox="1137 1102 1458 1145">median nerve</p> 

Heine, Di Perri, Soddu, Laureys, Demertzi
In: *Clinical Neurophysiology in Disorders of Consciousness*, Springer-Verlag 2015

Demertzi & Laureys, In: *I know what you are thinking: brain imaging and mental privacy*, Oxford University Press 2012



Some numbers...

- The human brain is approximately 2% of body's weight
- 80% of this energy for neuronal signalling
→ most of consumed energy used for function
- Stimulus & performance-evoked changes in brain energy consumption are surprisingly small (typically <5%)

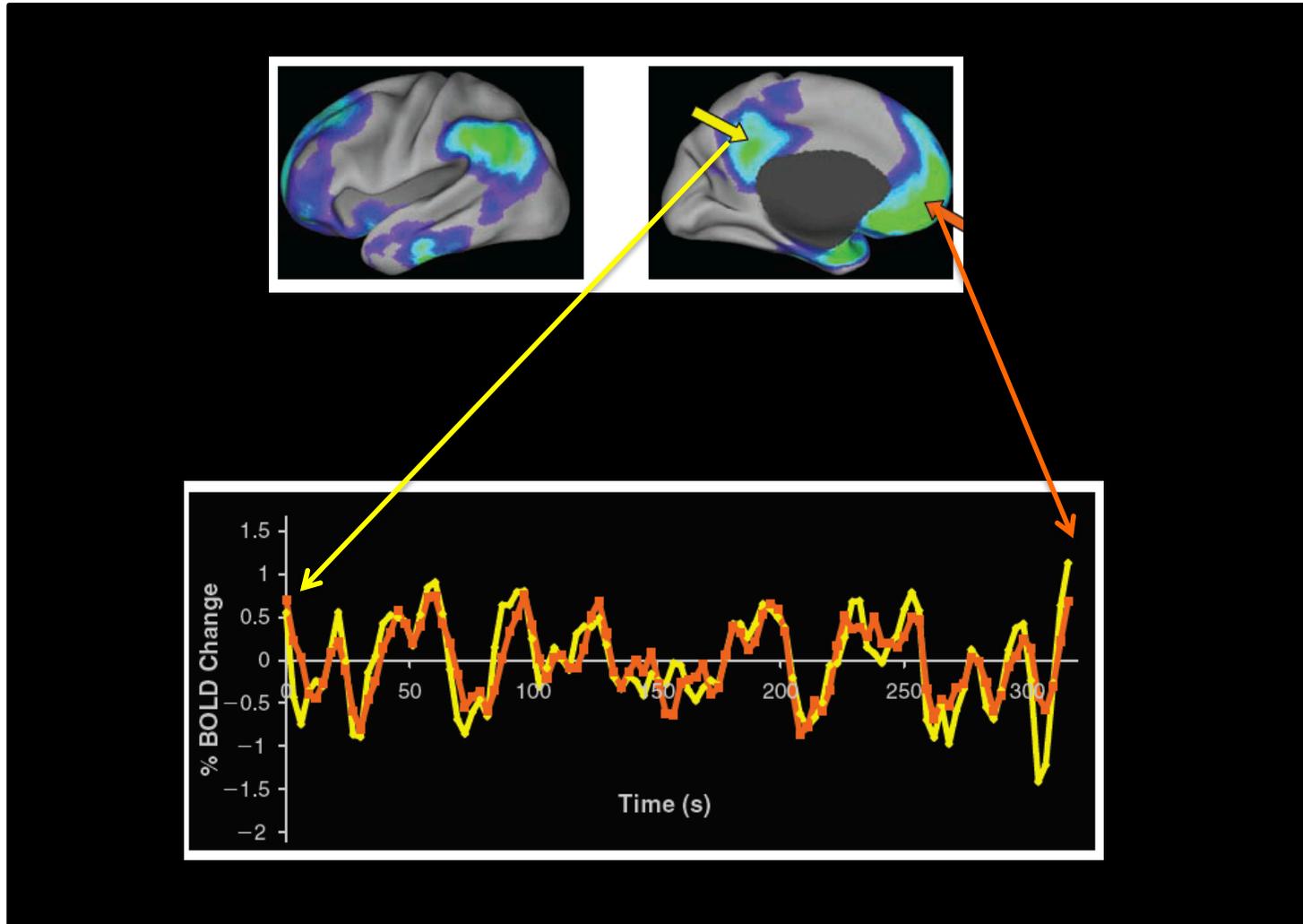


While conscious awareness is a low bandwidth phenomenon and therefore energetically inexpensive, it is dependent upon a very complex, dynamically organized, non-conscious state of the brain that is achieved at great expense



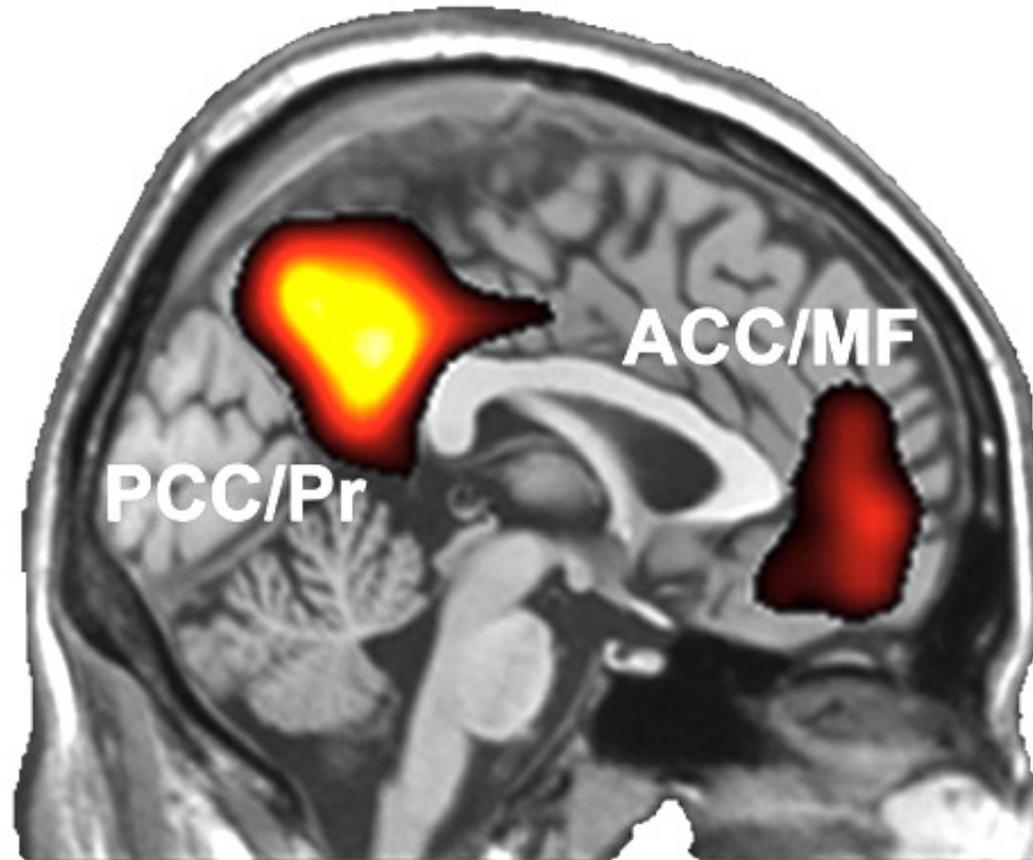
Task deactivations

Task performance - Rest (fixation/eyes closed) → **Deactivations**





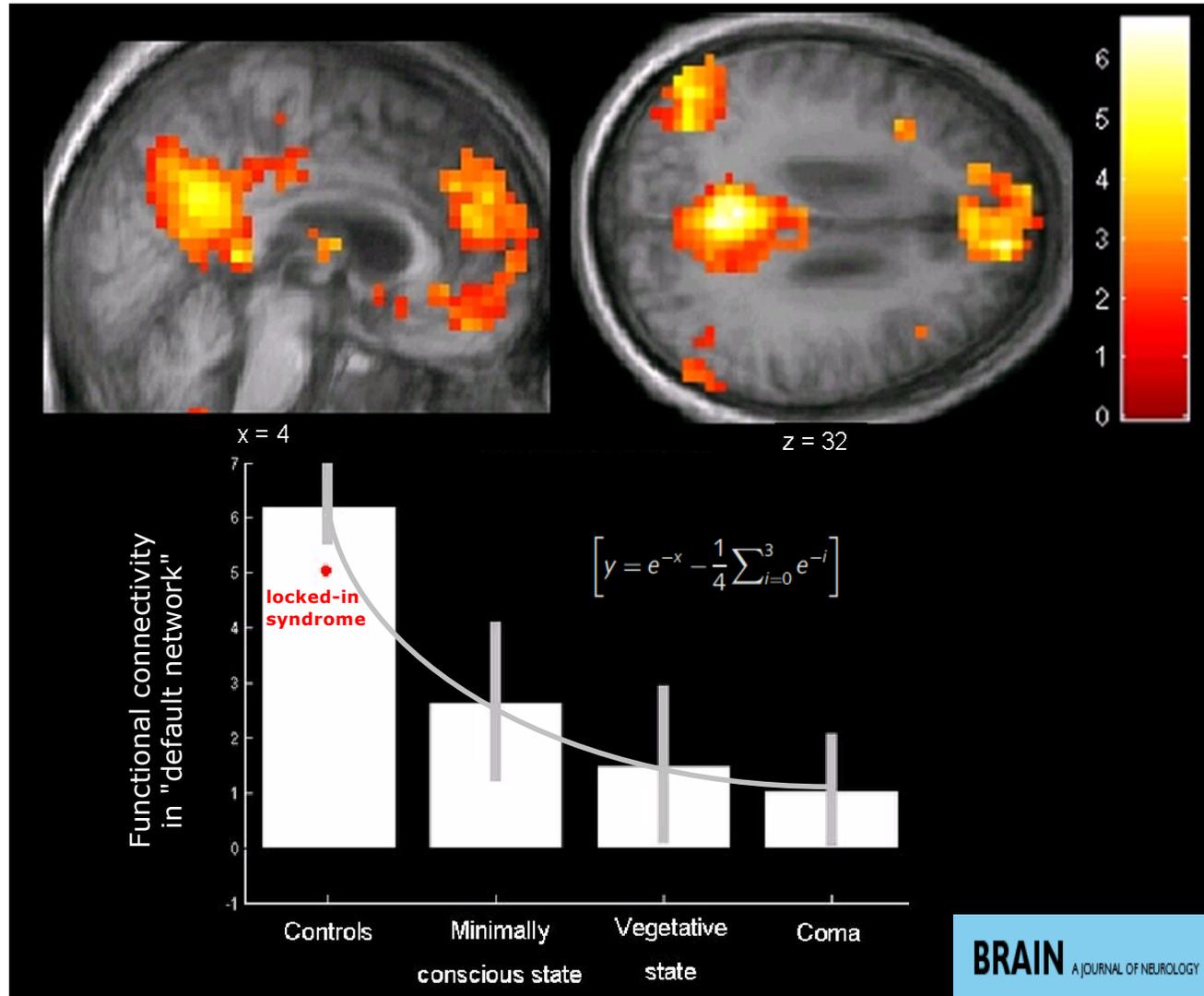
The brain's default mode at rest



Demertzi & Whitfield-Gabrieli, in: *Neurology of Consciousness* 2nd ed. 2015
Demertzi, Soddu, Laureys, *Curr Opin Neurobiology* 2013
Demertzi et al, *Front Hum Neurosci* 2013
Raichle et al, *PNAS* 2001

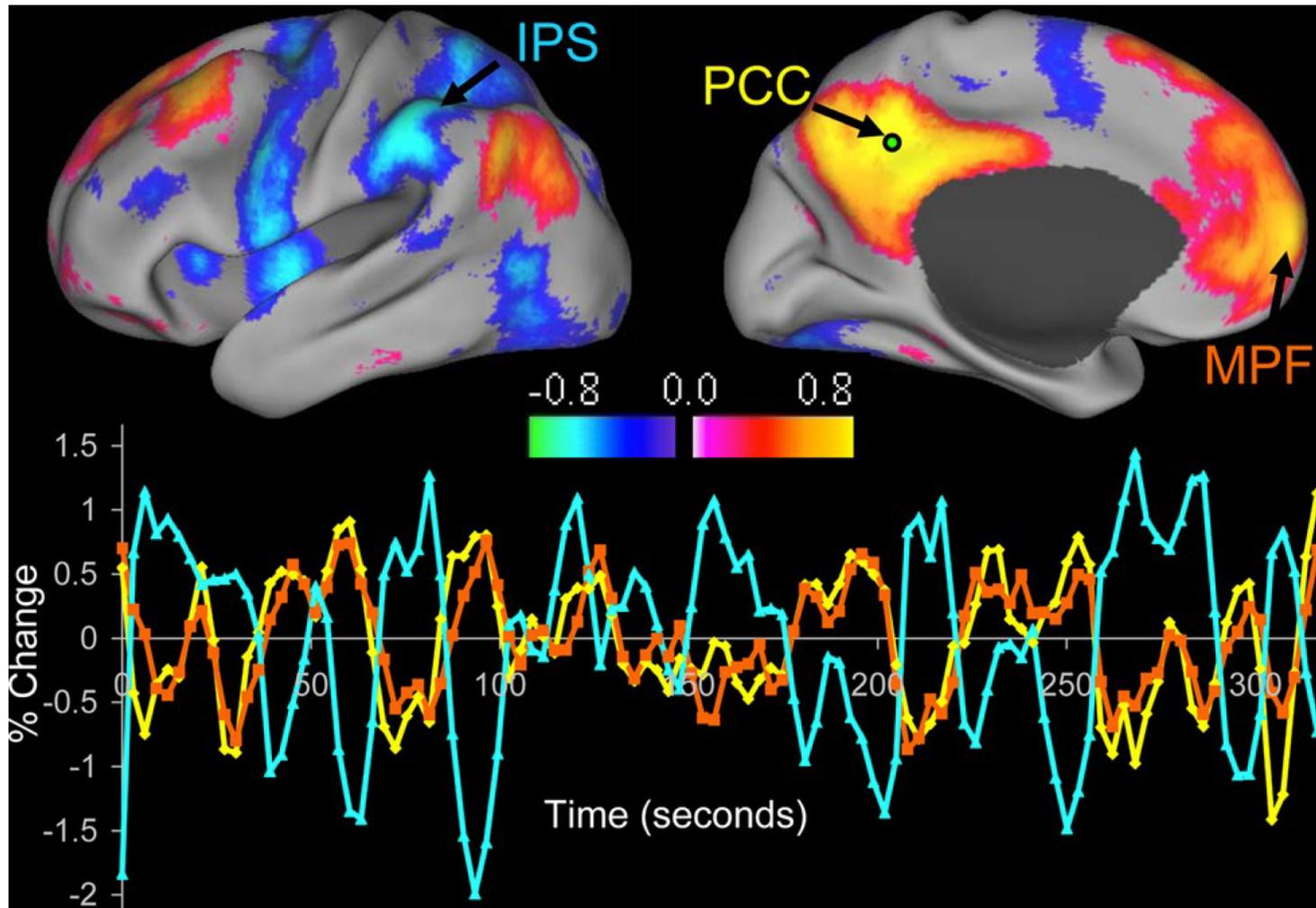


Default mode network in DOC





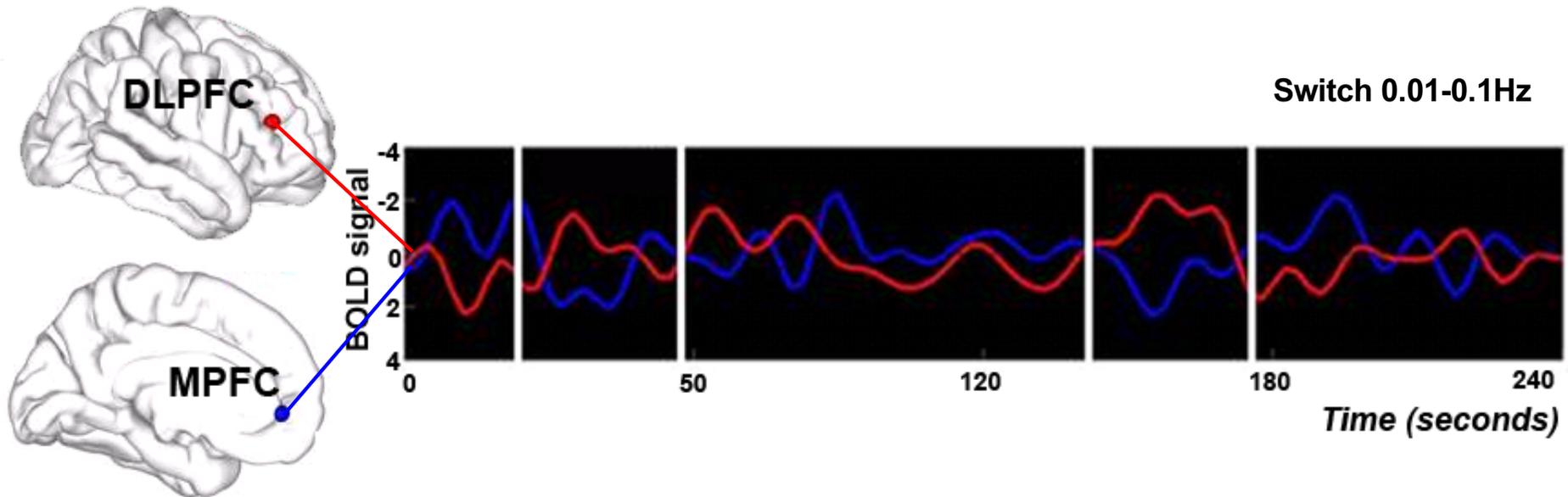
DMN anticorrelations





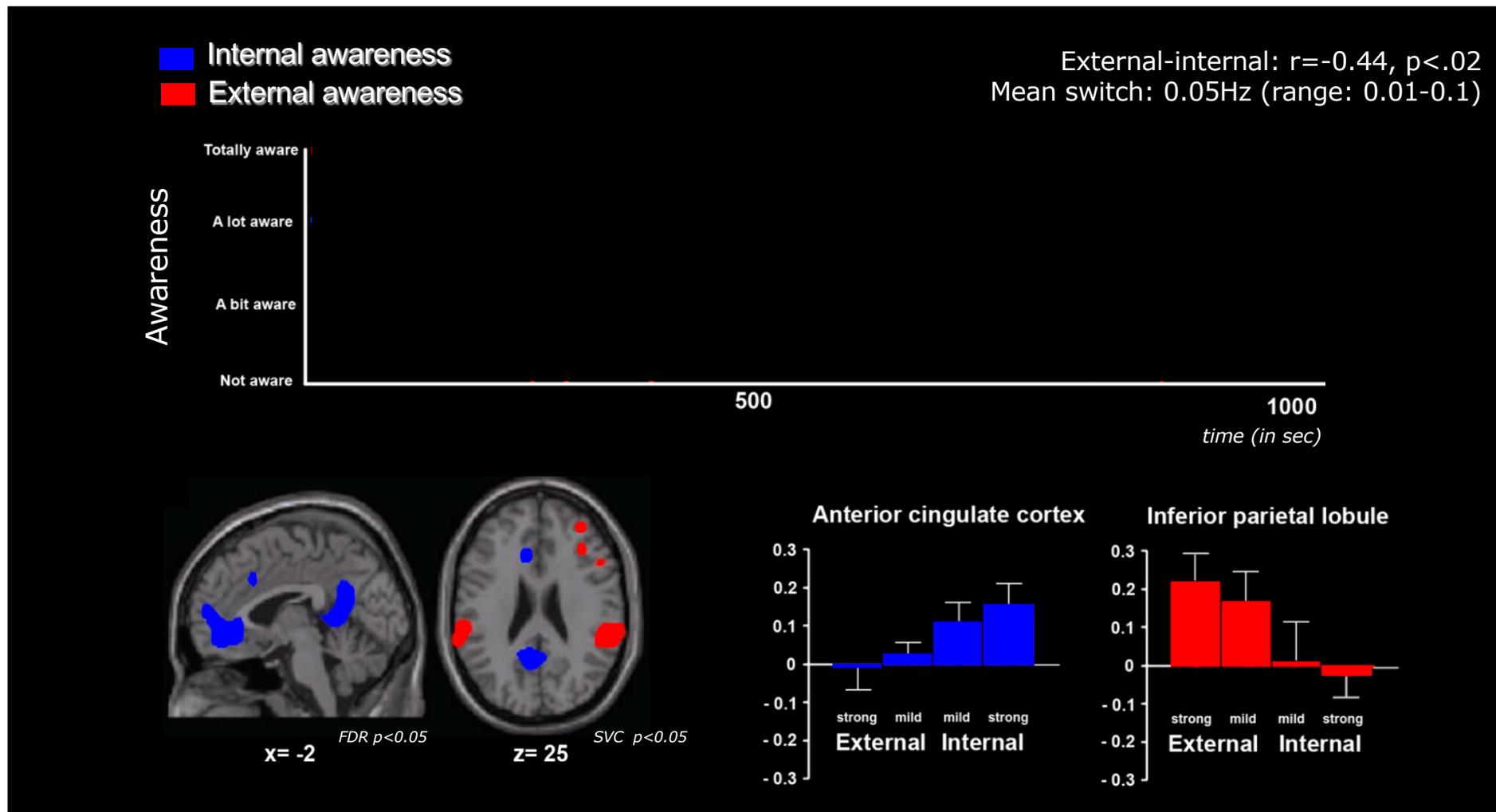
DMN anticorrelations

External awareness
or anticorrelated network



Internal awareness
or Default mode network

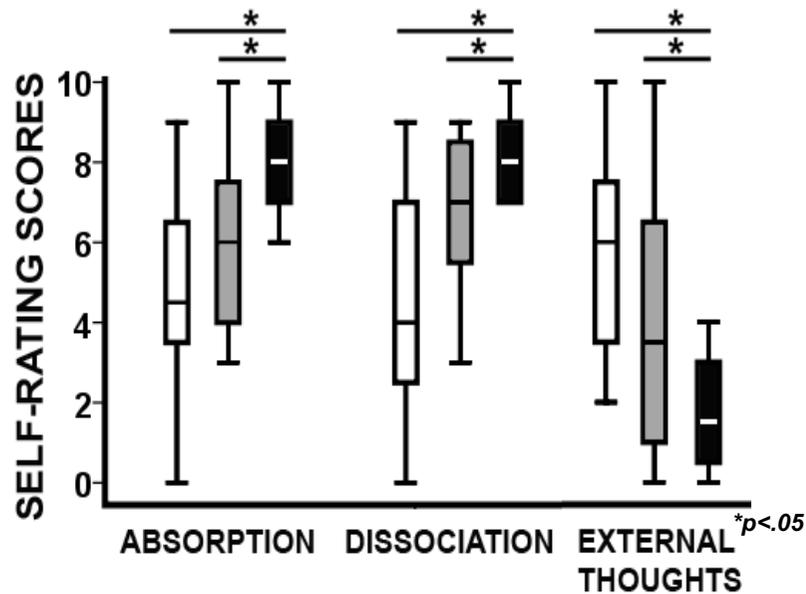
Cognitive-behavioral relevance



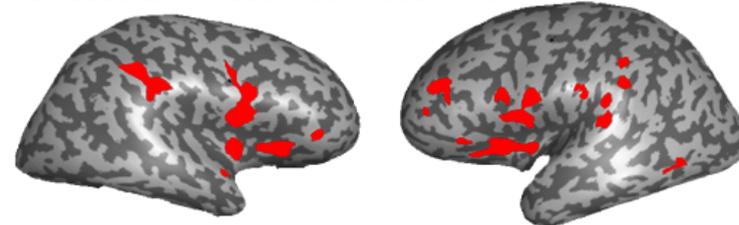


Anticorrelations and awareness

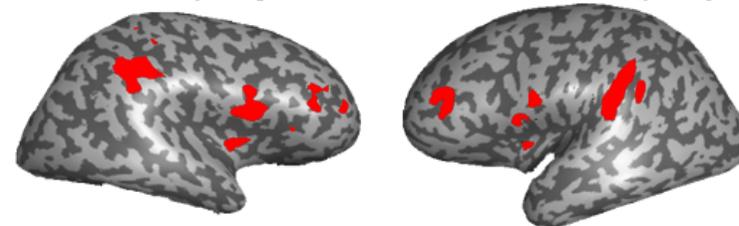
- Normal consciousness
- Autobiographical mental imagery
- Hypnosis



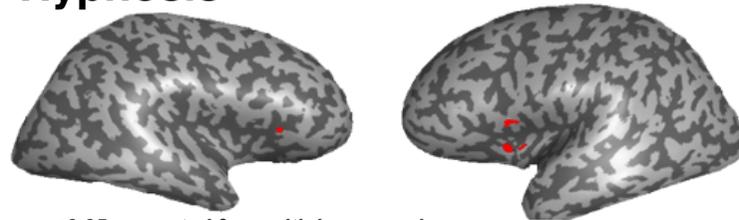
Normal consciousness



Autobiographical mental imagery



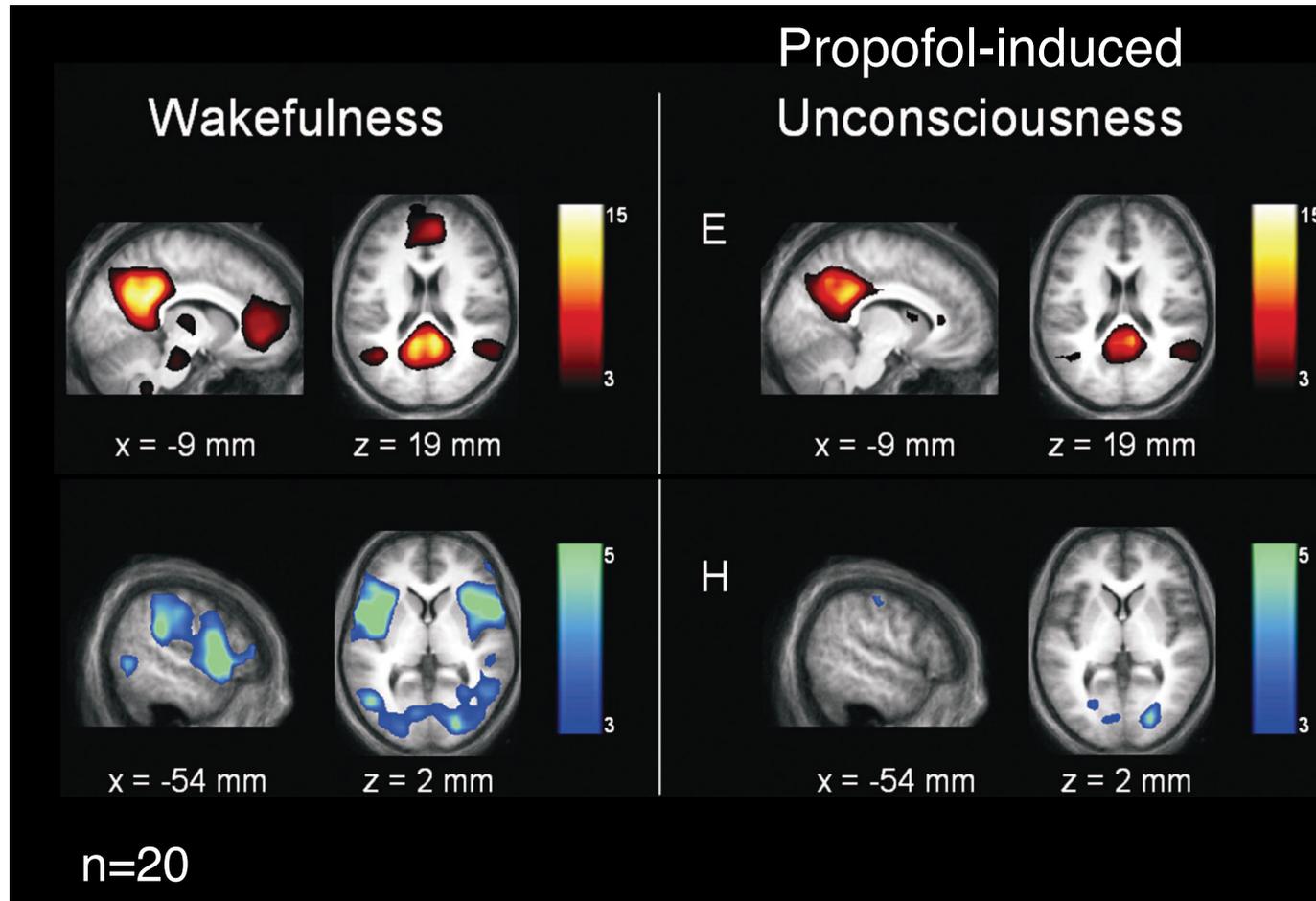
Hypnosis



p < 0.05 corrected for multiple comparisons



Anticorrelations and wakefulness





Effect of environment

SCIENTIFIC REPORTS

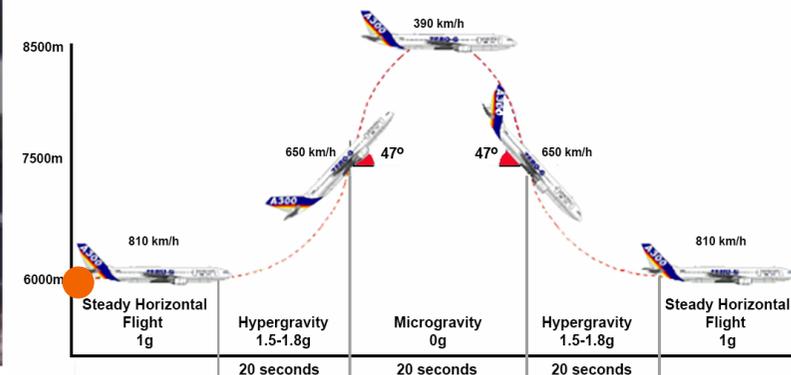
www.nature.com/scientificreports/



Parabolic flight



European Space Agency

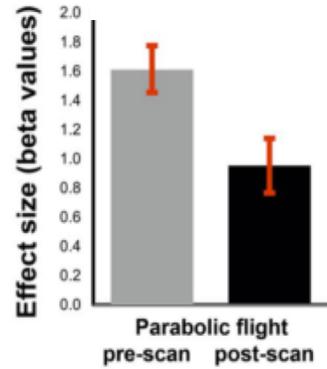
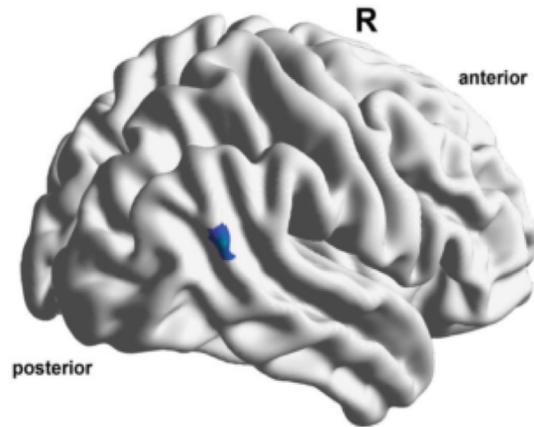


Parabolic flight trajectory

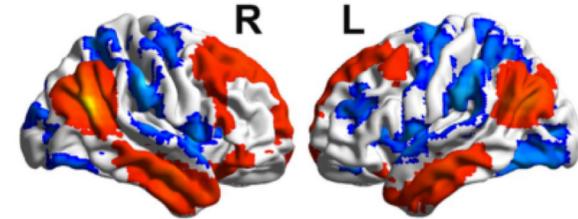
Angelique Van Ombergen¹, Floris L. Wuyts¹, Ben Jeurissen², Jan Sijbers², Floris Vanhevel³, Steven Jillings¹, Paul M. Parizel³, Stefan Sunaert⁴, Paul H. Van de Heyning¹, Vincent Dousset⁵, Steven Laureys⁶ & Athena Demertzi^{6,7}



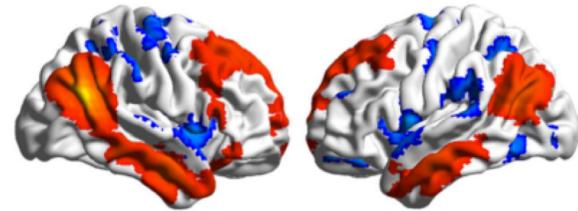
Anticorrelations and environment



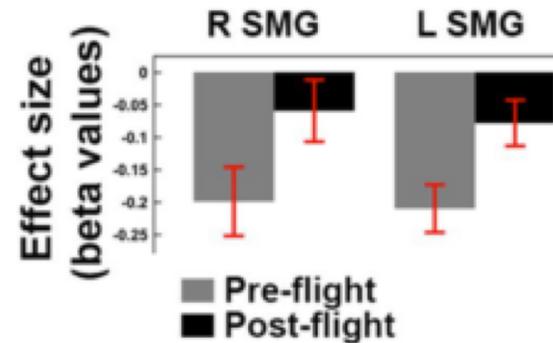
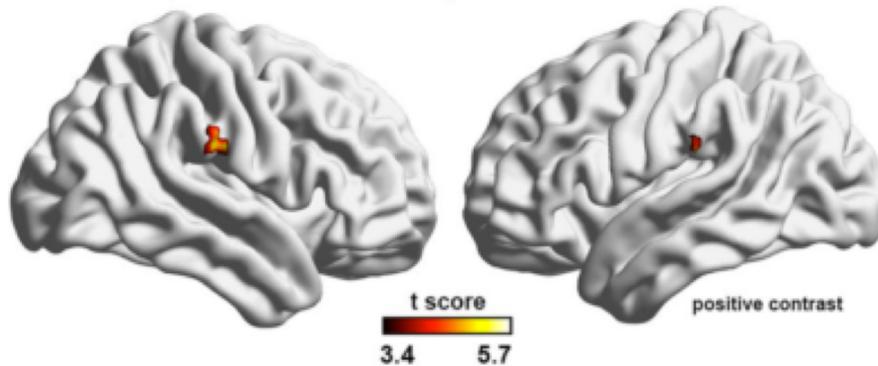
Pre-flight



Post-flight

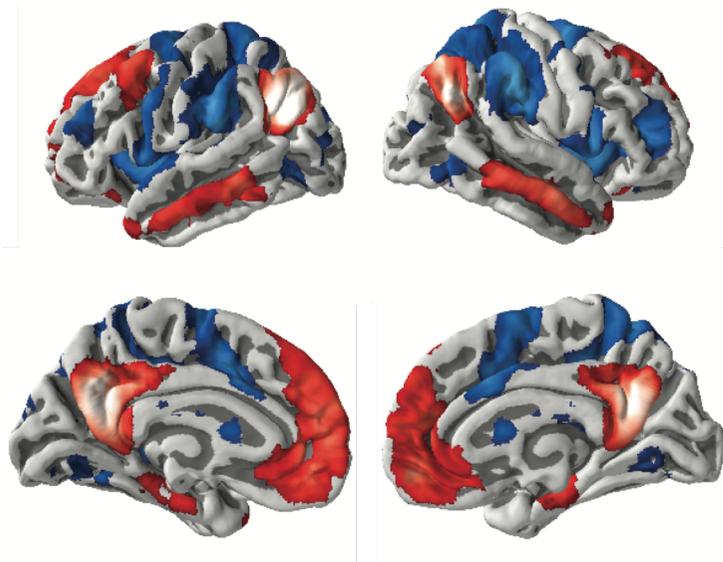


Post – Pre flight

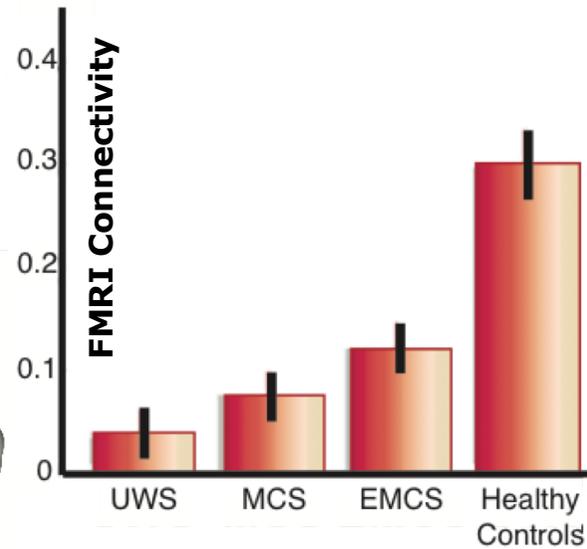




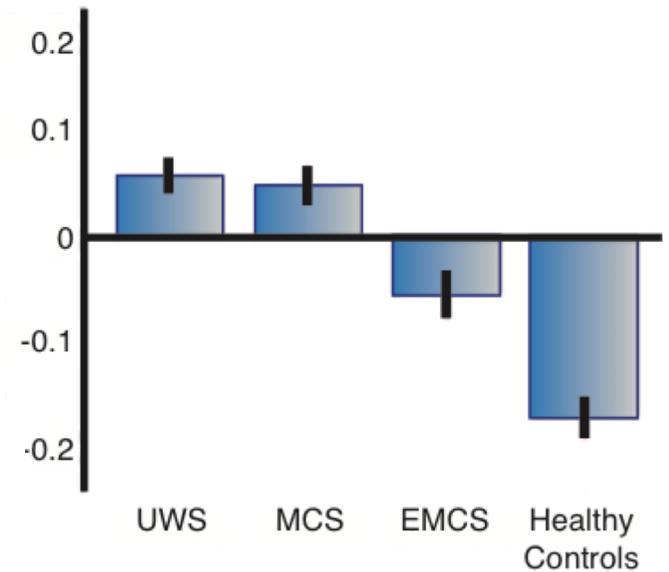
Anticorrelations and pathology



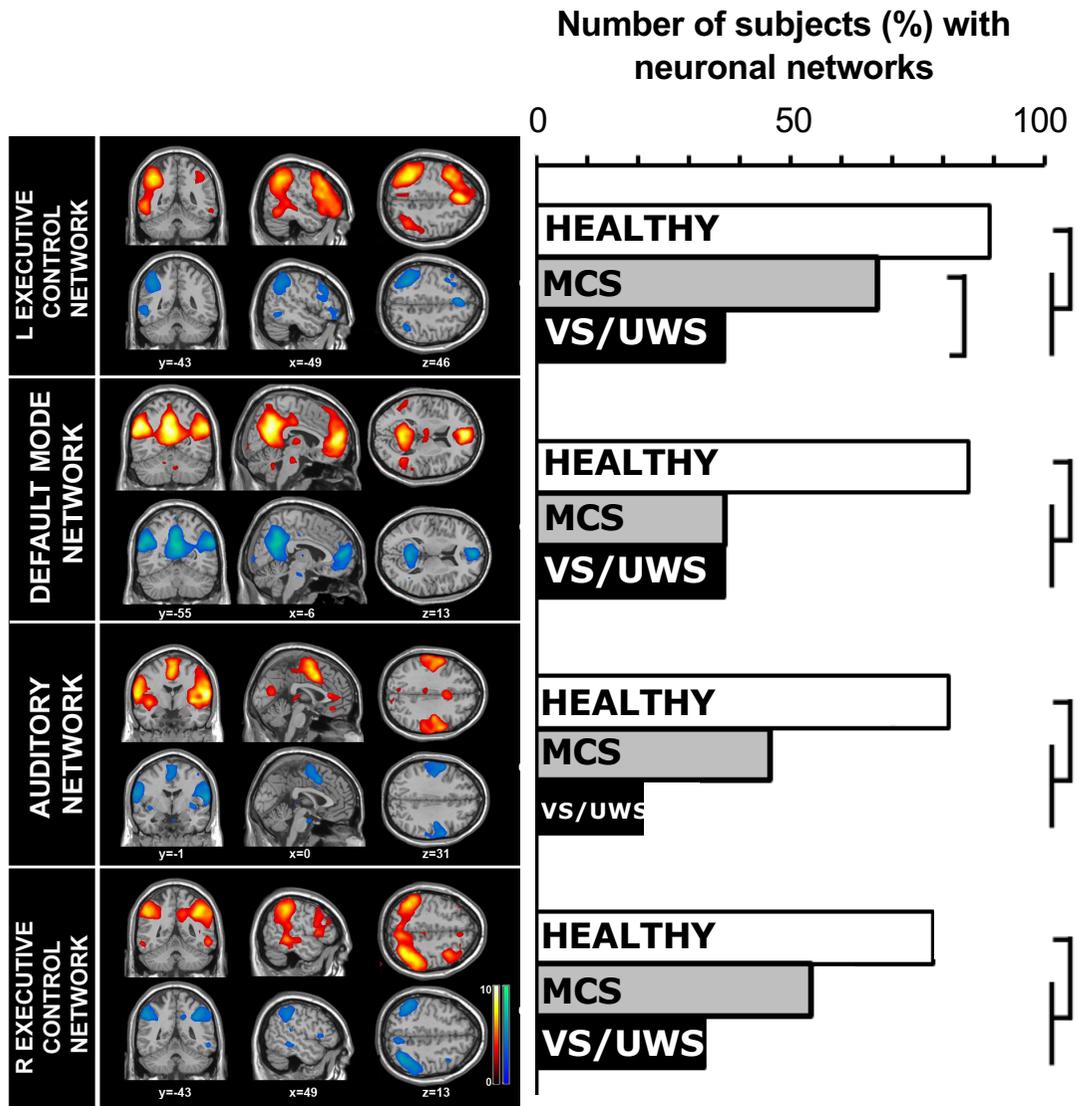
DMN CORRELATIONS



DMN ANTICORRELATIONS



Long-range system connectivity disrupted



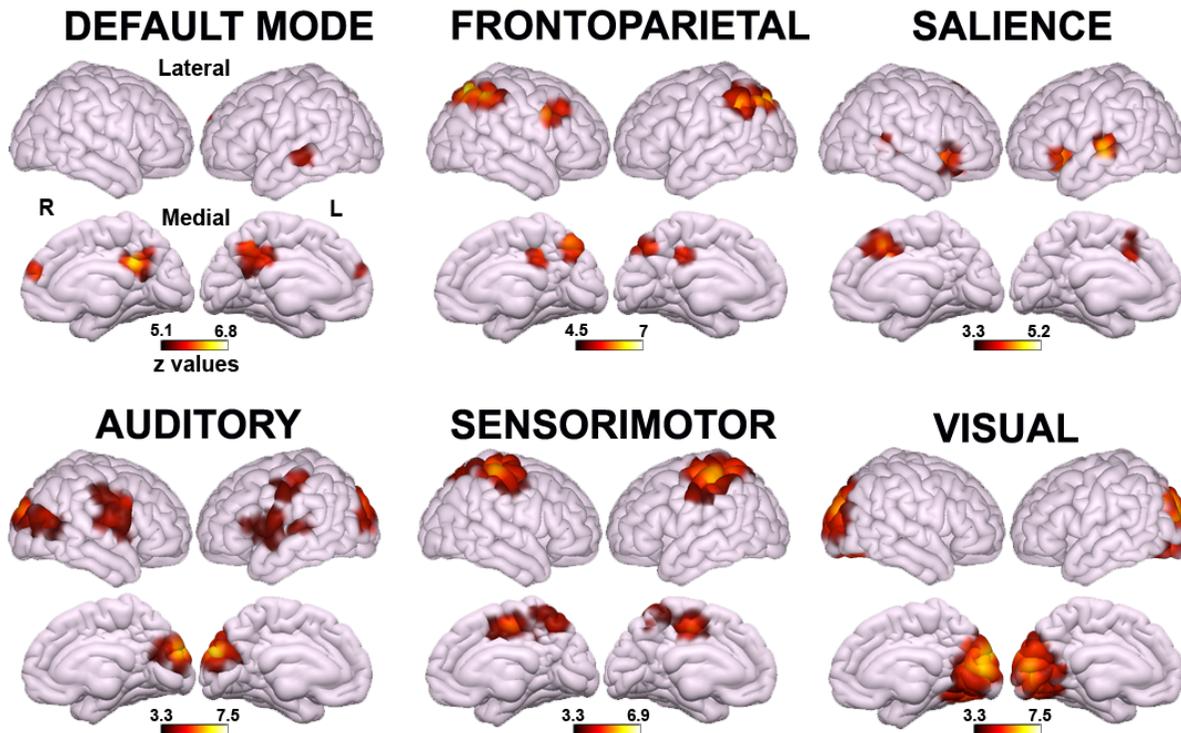
Single-patient classification

Performance measures	Accuracy	TPR healthy	TPR patients	Selected RSNs
	Healthy vs. all patients			
Neuronal	85.3	.82	.87	Auditory, DMN



Which network discriminates best?

MCS > VS/UWS



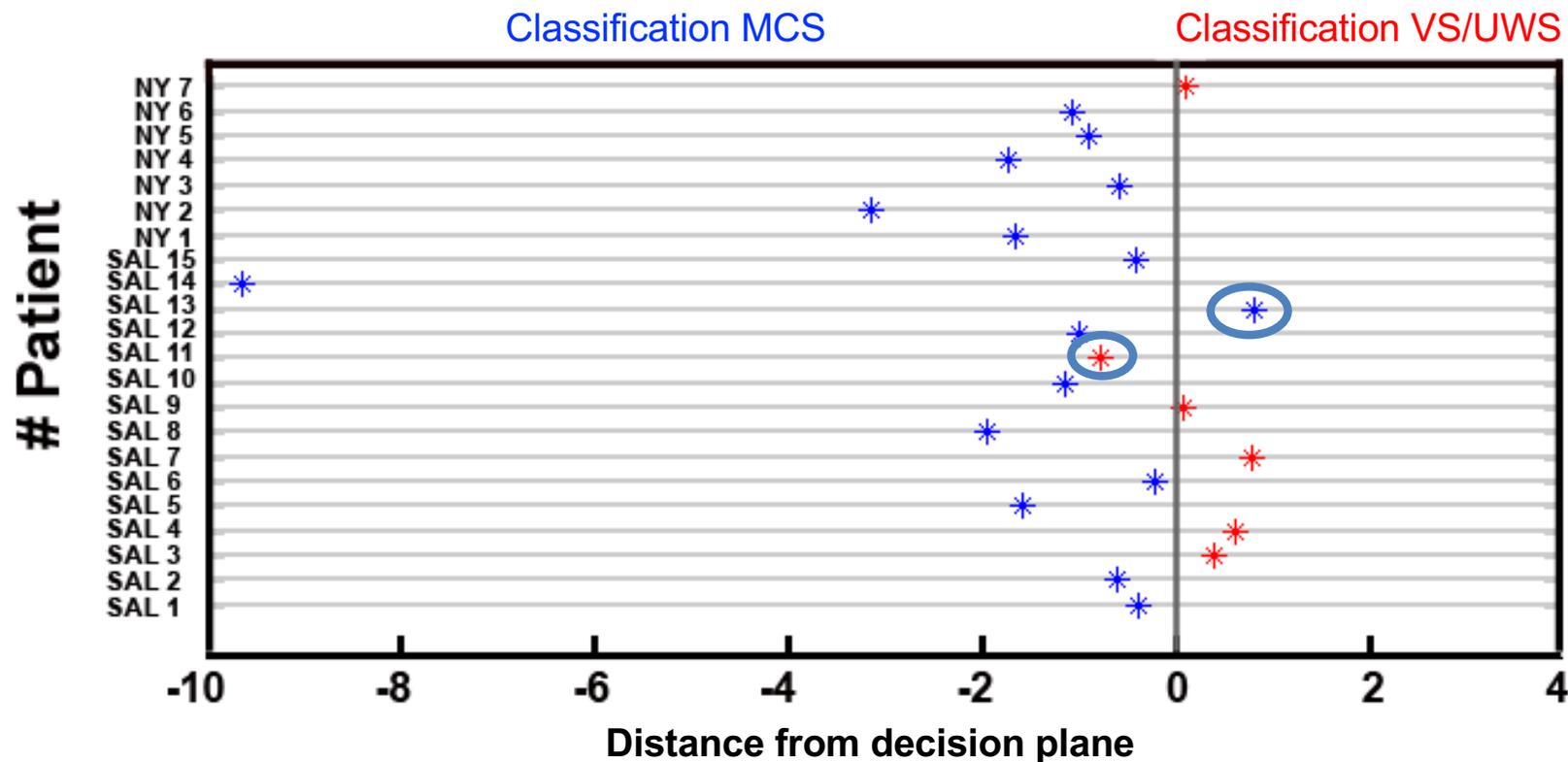
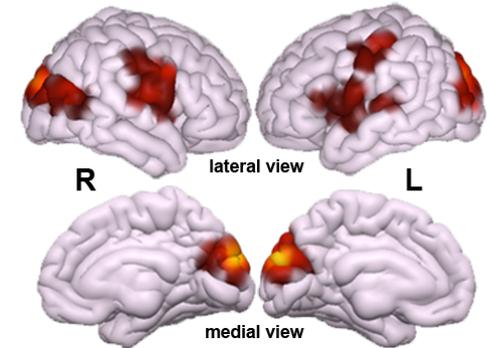
Network	Feature selection criterion (t-test)			Single-feature classification		
	t value	Rank	p value	TP MCS	TN VS/UWS	Accuracy
Auditory	8.32	1	<.001	25	18	43/45
Visual	7.79	2	<.001	23	15	38/45
Default mode	6.95	3	<.001	23	15	38/45
Frontoparietal	6.82	4	<.001	23	15	38/45
Salience	6.21	5	<.001	24	15	39/45
Sensorimotor	5.87	6	<.001	24	13	37/45

FWE $p < 0.05$ (cluster-level)



Crossmodal connectivity classifies DOC

- Training set: 45 DOC (26 MCS, 19 VS/UWS)
 - 14 trauma, 28 non-trauma, 3 mixed
 - 34 patients assessed >1m post-insult
- Test set: **16 MCS**, **6 VS/UWS** (M_{age} : 43y, 15 non-trauma; all chronic), from 2 different centers





Stationary connectivity

RS stationary connectivity :

- is linked to behavior and task performance (*Laird et al., J Cogn Neurosci 2011*)
- reflects physiological & pathological unconsciousness (*Heine et al, Front Psychol 2012*)
- permits single-patient automatic diagnosis (*Demertzi & Antonopoulos et al, Brain 2015*)

But

it remains unclear to what extent it provides a
representative estimate of cognition

(*Peterson et al, NeuroImage Clin 2015*)



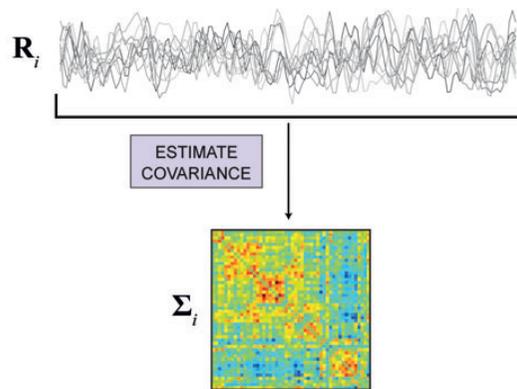
Ongoing interactions among distinct brain regions

(*Hutchison et al, NeuroImage 2013*)

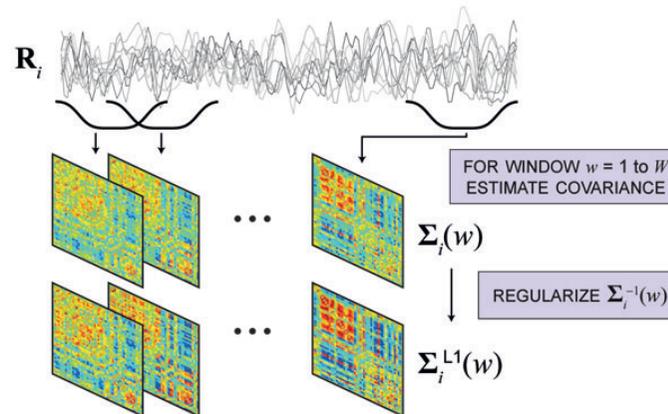


From stationarity to dynamics

Stationary fc



Time-varying fc



Dynamic

$$x_t = A \cdot x_{t-1} + \epsilon_t$$

Brain dynamics and cognition

Typical wakefulness: significance for performance, emotion and cognition

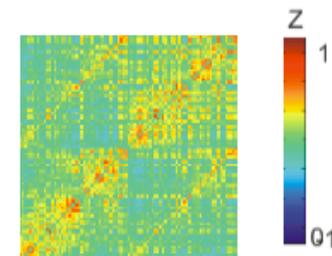
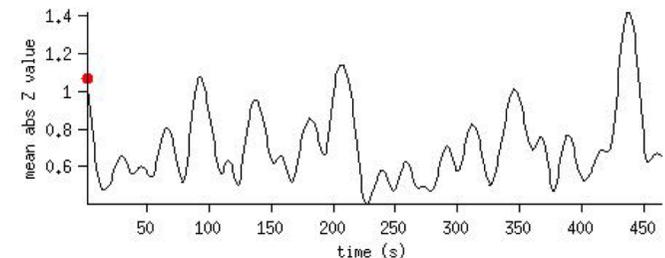
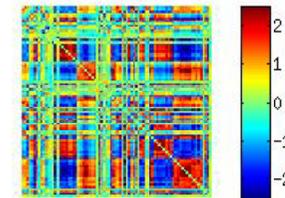
(Alavash et al, *Neuroimage*, 2016; Shine et al *Neuron*, 2016; Friston *Neuroimage*, 1997; Thompson et al, *Hum Brain Mapp*, 2013)

Unconsciousness: rigid spatiotemporal organization, less metastable dynamics

- **sleep** (Tagliazucchi et al, *PNAS* 2013; Wang et al, *PNAS* 2016; Wilson et al., *Neuroimage* 2015; Chow et al, *PNAS* 2013)
- **anesthesia**
 - **in humans** (Tagliazucchi et al, *J. R. Soc. Interface* 2016; Kafashan et al, *Front Neural Circuits*, 2016; Amico et al, *PLoS One* 2014)
 - **in animals** (Barttfeld et al, *PNAS* 2014); Grandjean et al, *Neuroimage* 2017; Liang et al, *Neuroimage* 2015).



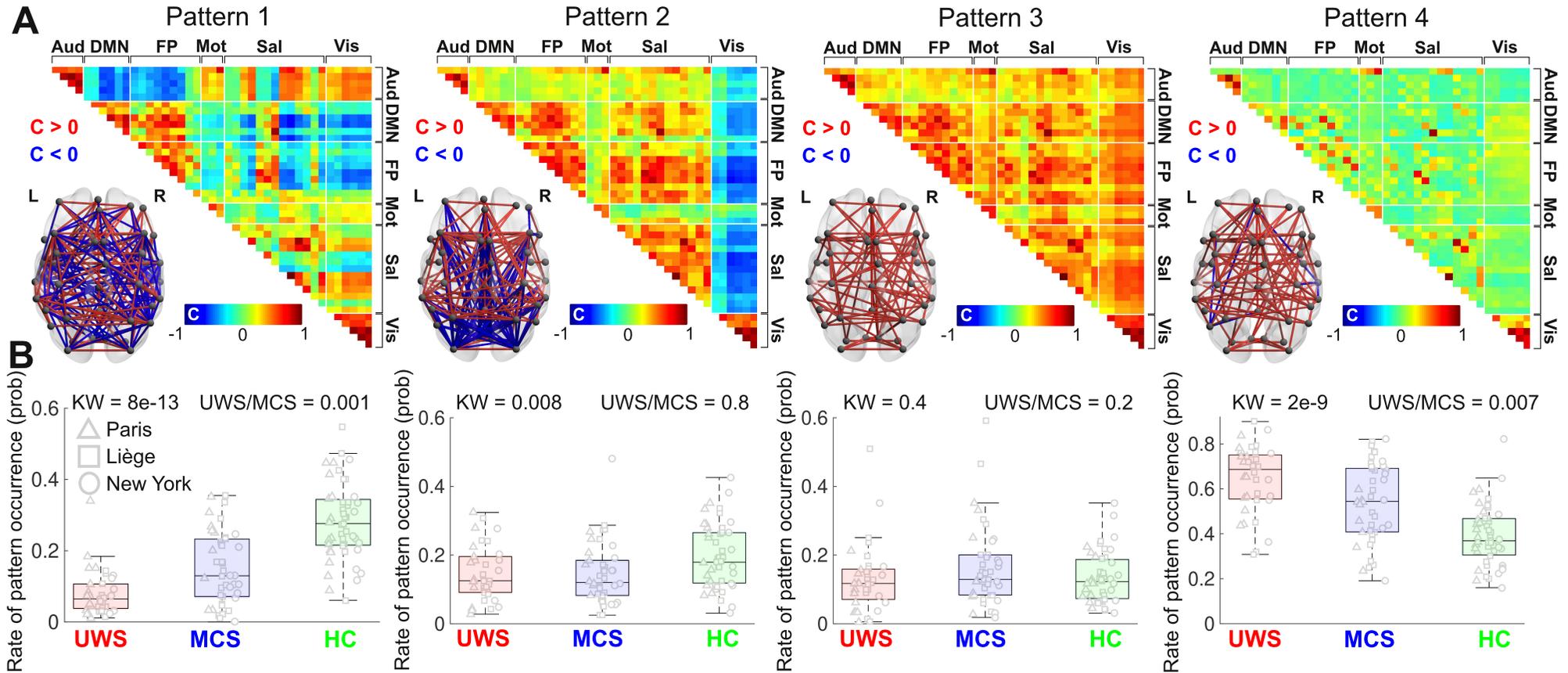
The brain cannot map the complexity of the internal and external world
(Dehaene et al, *Trends Cog Sci*, 2006; Tononi et al, *Nat Rev Neurosci*. 2016)



Barttfeld*, Ulhrig*, Sitt*, et al, *PNAS* 2015



Patterns of recurrent coordinated activity





More chances to transition if in higher conscious state

Markov Process

- *stochastic process that has no memory*
- *selection of next state depends only on current state, and not on prior states*
- *process is fully defined by a set of transition probabilities π_{ij}*
 π_{ij} = probability of selecting state j next, given that presently in state i .
 Transition-probability matrix Π collects all π_{ij}

Transition-Probability Matrix

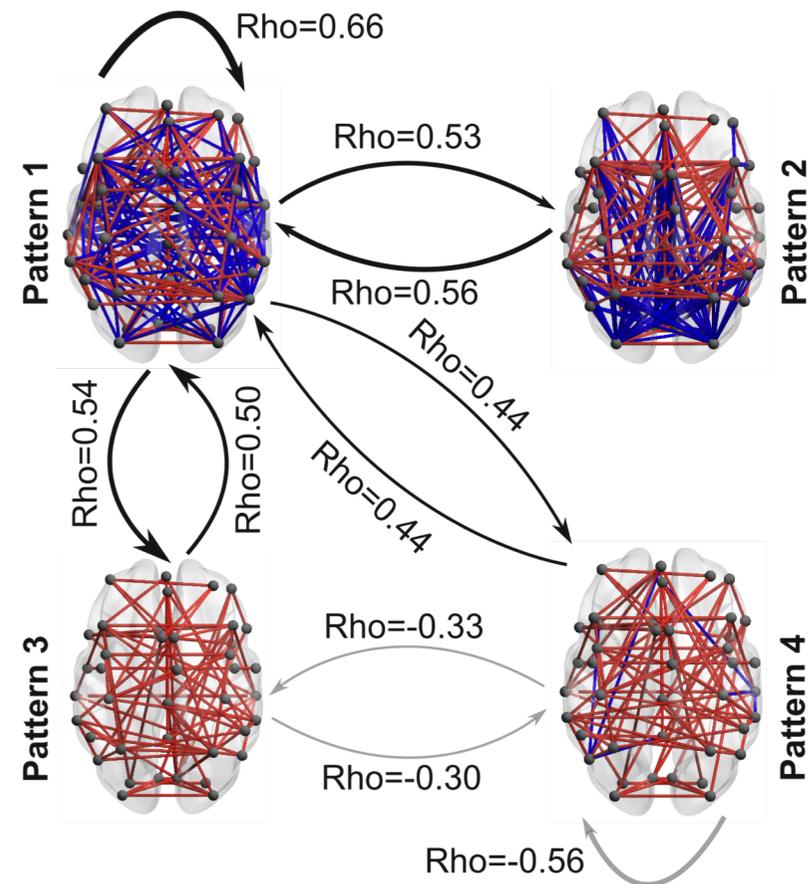
Example

- *system with three states*

$$\Pi \equiv \begin{pmatrix} \pi_{11} & \pi_{12} & \pi_{13} \\ \pi_{21} & \pi_{22} & \pi_{23} \\ \pi_{31} & \pi_{32} & \pi_{33} \end{pmatrix} = \begin{pmatrix} 0.1 & 0.5 & 0.4 \\ 0.9 & 0.1 & 0.0 \\ 0.3 & 0.3 & 0.4 \end{pmatrix}$$

If in state 1, will stay in state 1 with probability 0.1
 If in state 1, will move to state 3 with probability 0.4
 Never go to state 3 from state 2

Consciousness-level dependent





Why does it matter?

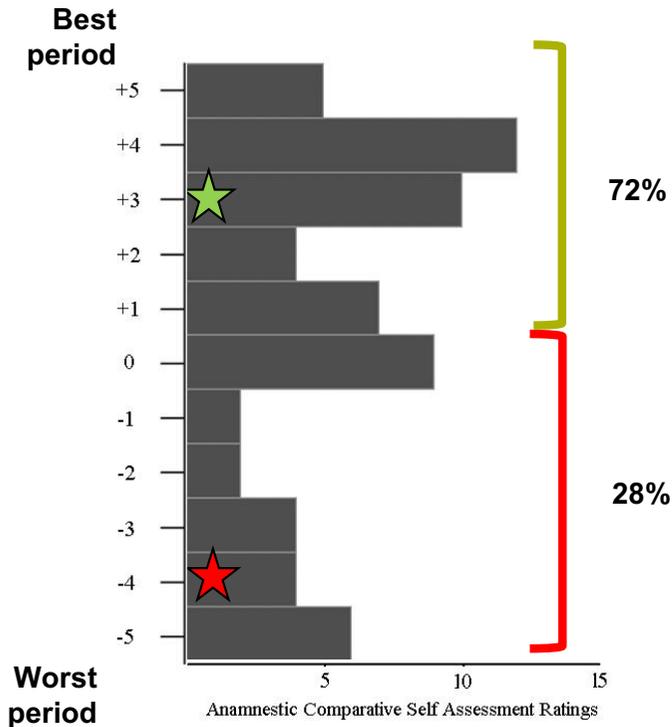


Balancing costs-benefits

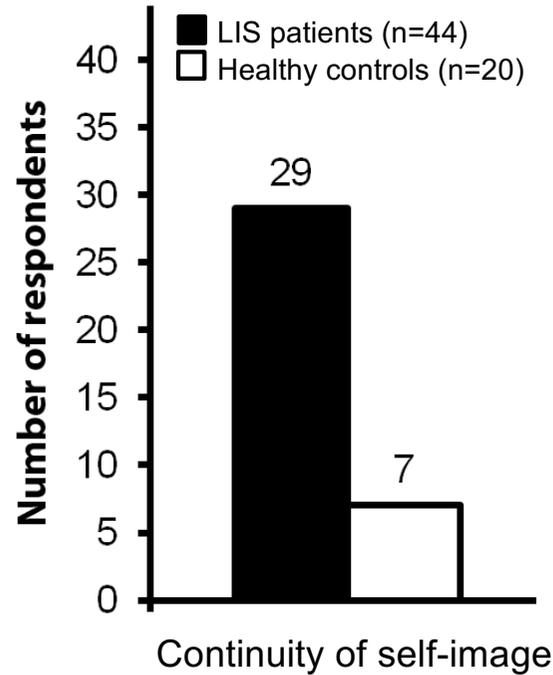
Results of Tests	Beneficial Effects	Harmful Effects
- brain activity than neurological examination	Relatives: decisions to limit life-sustaining treatment	Relatives: may lose hope, purpose, and meaning in life
+ brain activity than neurological examination	Clinical management: may be intensified by the chance of further recovery	Relatives: false hopes
Same as neurological examination	Clinicians & relatives: may be affirmed in their decision about the level of treatment	Clinicians & relatives: may be disappointed & treatment cost/effectiveness may be poor



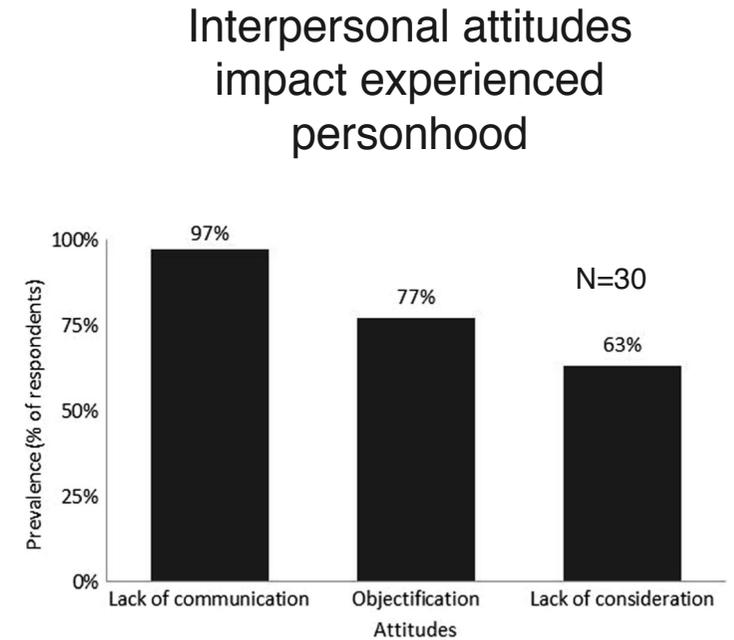
Quality of Life



Bruno et al, *Br Med J Open* 2011



Nizzi & Demertzi et al, *Conscious & Cogn* 2012



Nizzi, Blandin, Demertzi *NeuroEthics* 2018



BRAIN

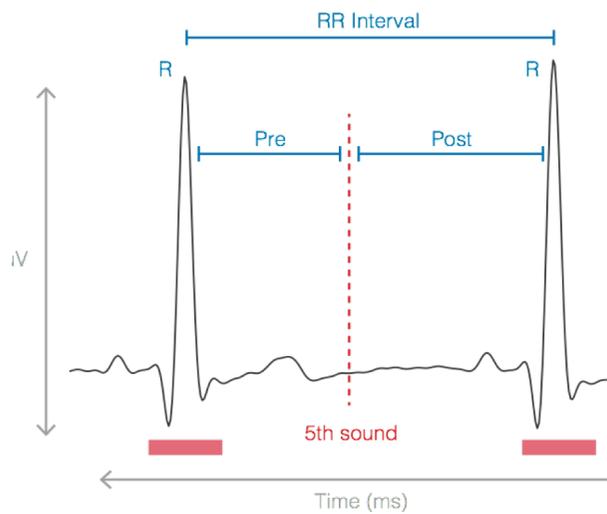


BRAIN-BODY INTERACTIONS

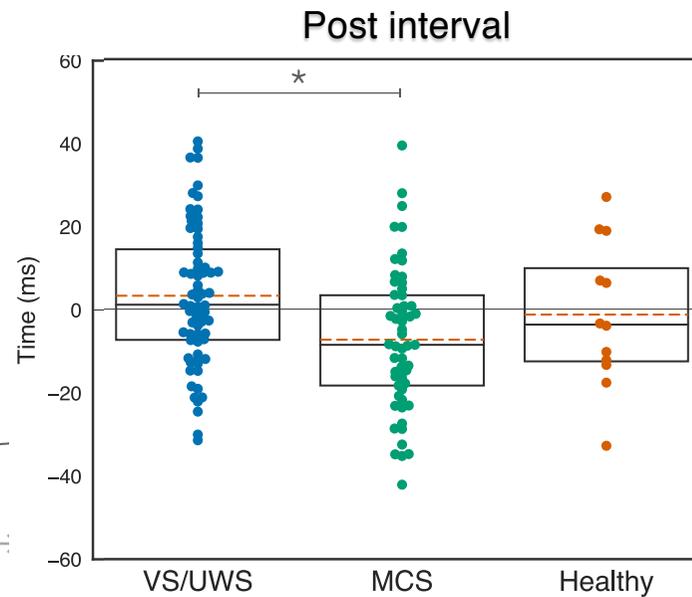


Cognition and somatic markers

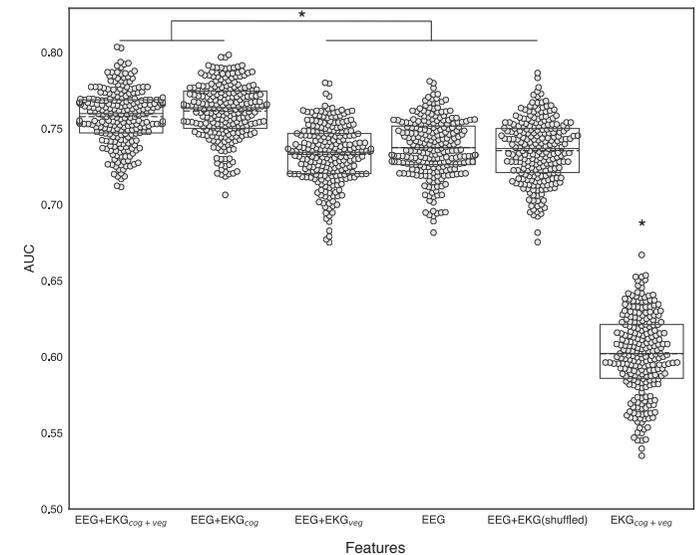
Auditory oddball paradigm



Cardiac cycle phase acceleration only in MCS

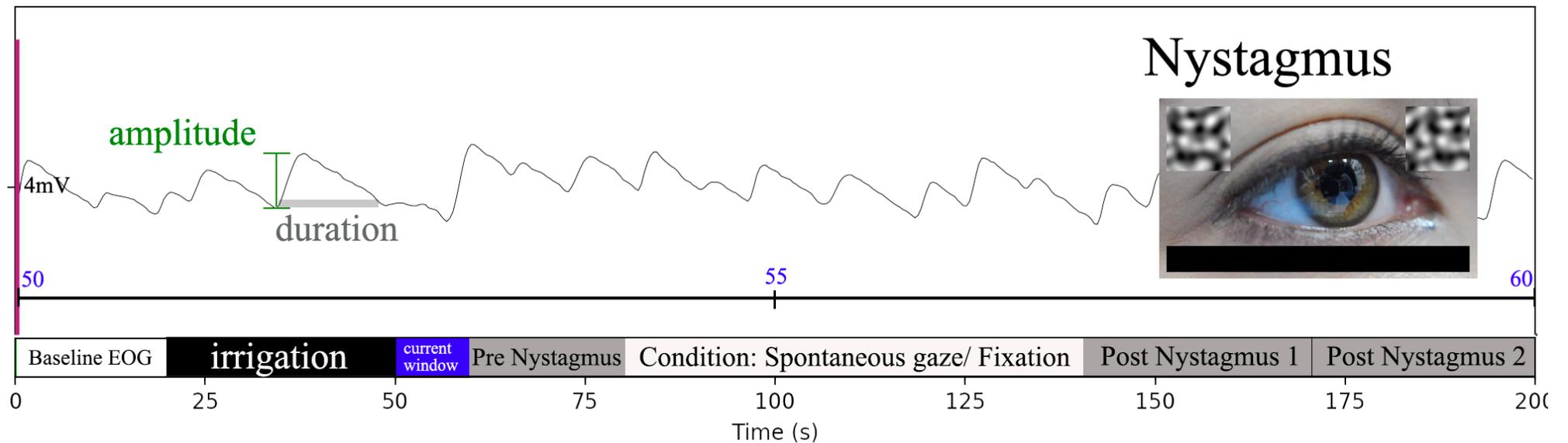
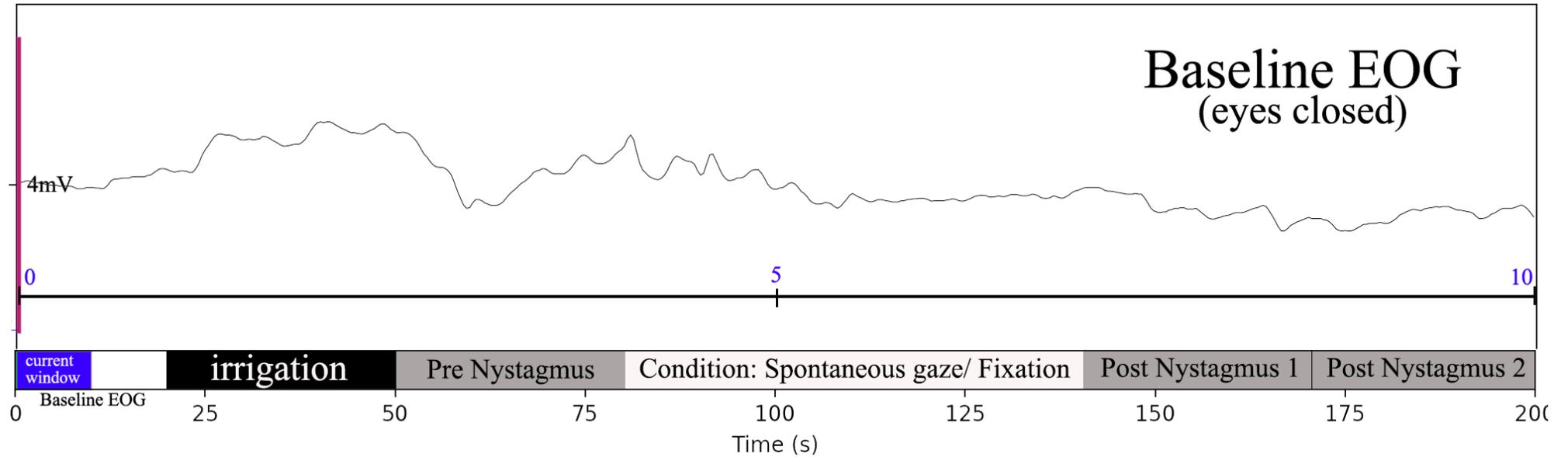


Electrocardiographic markers carry independent information from EEG





Warm water caloric irrigation





Conclusions

Consciousness needs a brain which:

- is intrinsically organized
- shows complexity
- shows dynamic flexibility

Consciousness from brain-body interactions

Consciousness as a collective consensus

Consciousness



PHYSIOLOGY OF
COGNITION LAB

a.demertzi@uliege.be

 ADemertzi