Uncovering episodes of (dis)connected consciousness in clinically unresponsive emergency patients: study protocol for a prospective study

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Paralysis with awareness

DC & CC and their consequences: \rightarrow under-studied

Figure 1 - Schematic illustration of disconnected and connected consciousness (adapted from Martial *et al.*¹)

Figure 2 - Neurobiological disconnected - neurophysiological mechanisms that may be involved in the emergence of episodes of DC (adapted from Martial *et al.*¹)

T1 T0 T2 Methods **⋰** Inclusion $\Box =$ **J+0 Between** Months 201 patients included in the video- $\Box =$ ŢŢŢ +1 & +6 J+1 & J+3

monitored two-bed resuscitation room (aged > 18, all etiologies)

- **Group 1** : **Clinically** unconscious patients
- Group 2 : Patients with consciousness fluctuations
- **Group 3 : Conscious patients**
- Admission of the patient in the resuscitation room
- Unexpected visual stimuli
 - ✓ Stickers, objects (pink plush elephant, trophy, Eiffel tower sticker, ...)
- Unexpected auditory stimuli
- ✓ Words from the same semantic category & animals sounds
- Biological & neurophysiological data acquisition ✓ Cerebral oximetry (SedLine[®] device)
 - ✓ Frontal EEG (SedLine[®] device)
 - ✓ Blood sample biomarkers (β -endorphin & epinephrine)
- **First interview** when the patient is declared medically fit :
 - ✓ Connected consciousness: Free recall & Implicit recall
- First and second follow-up sessions :
- ✓ PTSD questionnaires ✓ Quality of life questionnaires ✓ Anxiety questionnaires
- ✓ Disconnected consciousness: NDE & Dreams Questionnaires

Hypothesis & Expected Results

CC and DC episodes : 10% - 20% experience episodes of CC & DC ^{1,2,4,5}

Conclusion

- First rigorous prospective study \rightarrow audio and video recordings.
- First study to test the "neurobiological disconnected model"

Blood gases : $/CO_2 \& 100 \text{ o} 2 = DC^{4-5}$

Blood samples : β -endorphin & epinephrine \rightarrow CC or DC¹

EEG cortical peak : Patient state index (Psi) peak & raw EEG

spikes \rightarrow DC/CC episodes ⁶

through a multimodal approach.

Clinical implication for both patients & clinical team.

Large-scale study \rightarrow significant amount of valuable data that will allow future studies.

References: [1] Martial et al., (2020). Trends Cogn. Sci. [2] Parnia et al., (2014). Rescucitation. [3] Lennertz et al., (2023). BJA. [4] Lempert et al., (1994). Ann. Neurol. [5] Klemenc-Ketis et al., (2010). Crit. Care. [6] Chawla et al., (2009). J. Palliat. Med.



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