
TMS METHODS

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TMS METHODS AND THINGS I WISH I KNEW BEFORE I STARTED DOING TMS RESEARCH

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TMS METHODS AND THINGS I WISH I REALLY LISTENED AND PAID DUE ATTENTION TO BEFORE I STARTED DOING TMS RESEARCH

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TMS METHODS (AND MORE)

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TMS RECAP

- Non-invasive, temporary, safe way to interfere with brain function.
 - Direct experimental manipulation allows causal inference.
 - Macroscopic / network level effects.
 - Exact mechanism of effect unknown.
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OVERVIEW

- METHODS

- Key parameters
- Online
- Offline
- ‘Advanced’

- PRACTICAL CONSIDERATIONS

- Safety & Screening
 - TMS artefact
 - Variability
 - An example study
 - Key decisions
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DISCLAIMER

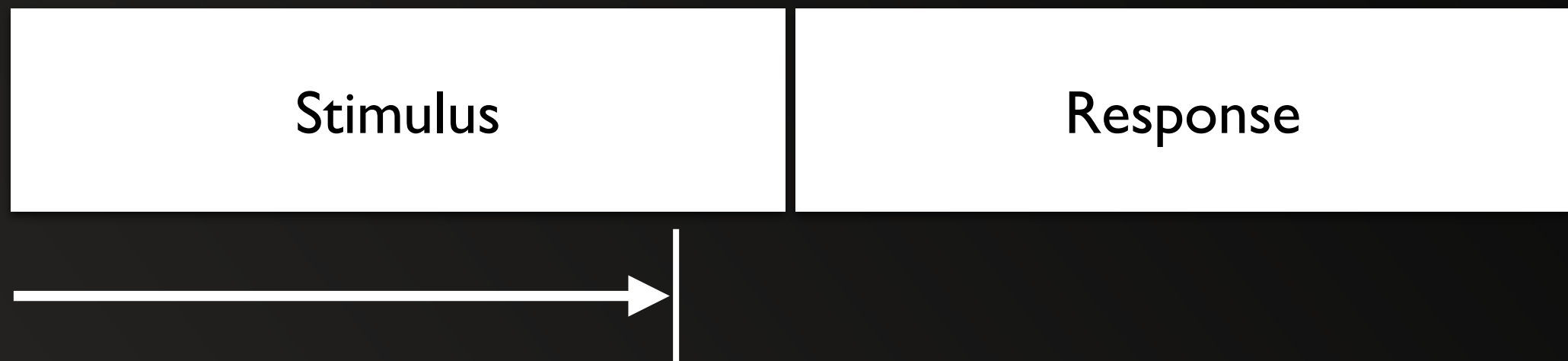
- Versatile technique with wide range of applications.
 - Wide range of interests and expertise present.
 - General introduction & ‘horoscopic’ recommendations.
 - Examples are usually from ‘psychological’ context, i.e., we want to understand some behaviour/task process with TMS.
 - This is definitely not the only way TMS can be used!
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KEY PARAMETERS

- Site and orientation of stimulation
 - Intensity
 - Number of pulses
 - Frequency or pattern of pulses
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ONLINE

- Single pulse, event-related TMS.
- Single pulse TMS can be delivered at specific time points.
- Varying this timepoint informs us *when* a brain area is involved.



ONLINE

- Repetitive pulse, event-related TMS.
- Tells us if an area is required over a longer period.
- Helpful if precise neural timecourse is unknown.

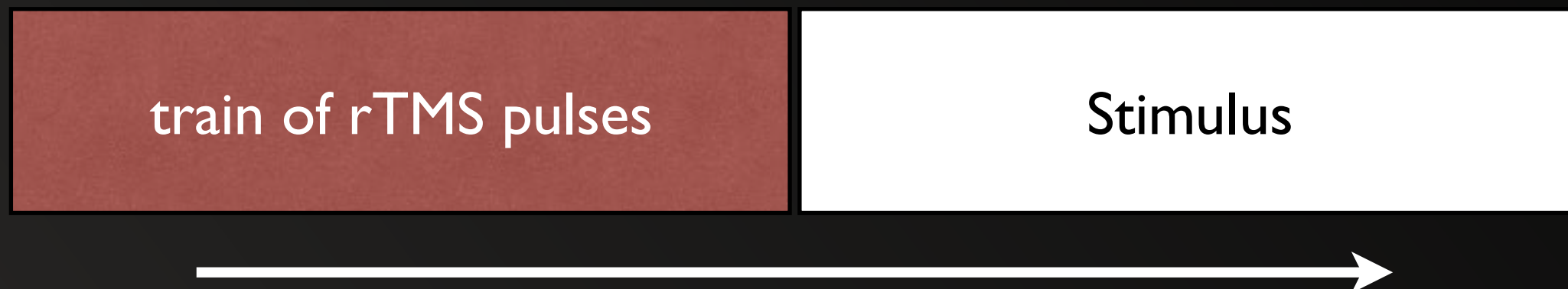
Stimulus

Response



OFFLINE

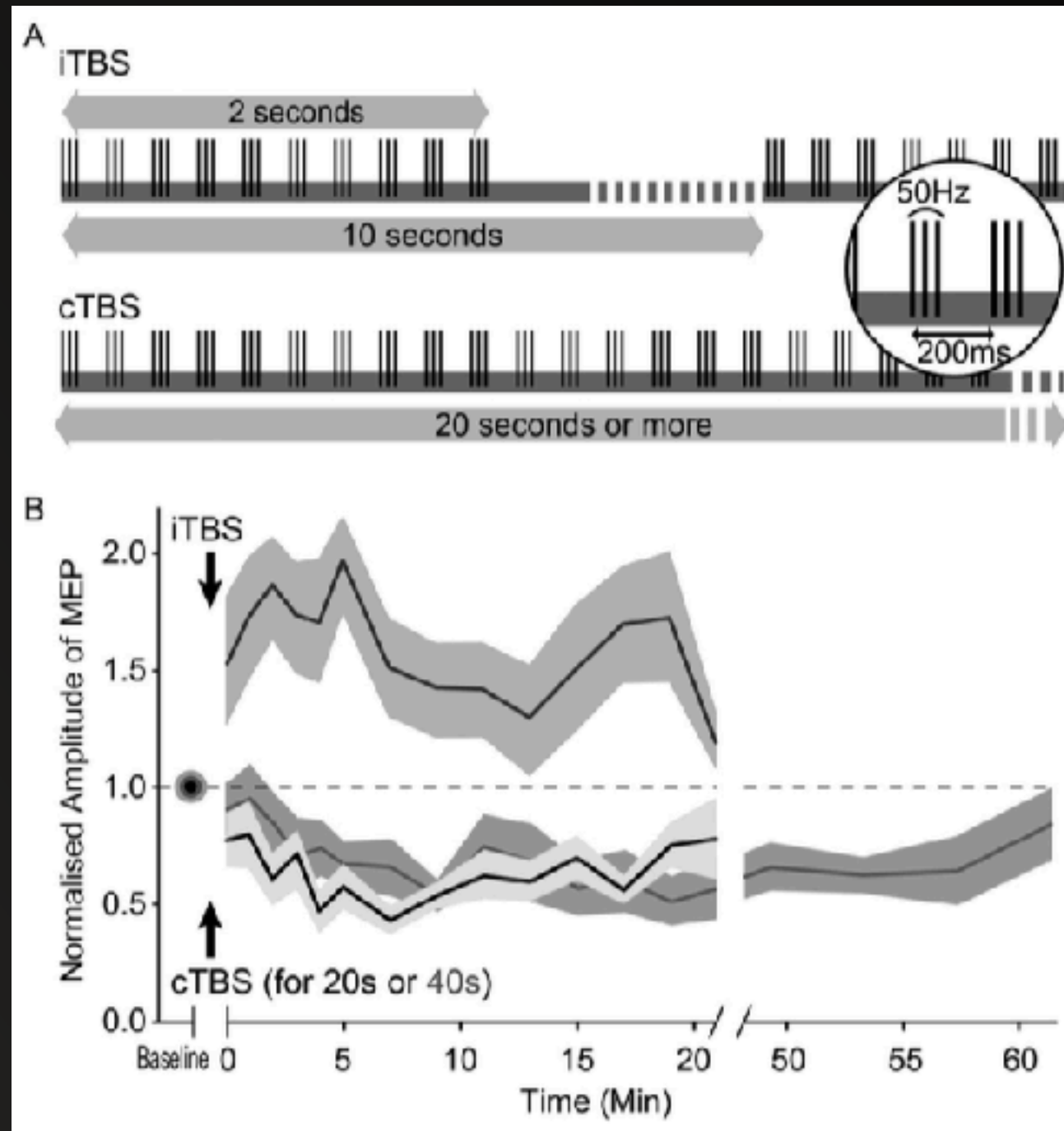
- Trains of rTMS pulses cause an aftereffect when behaviour can be tested.
- Repetitive TMS (rTMS)
 - low frequency
 - high frequency
 - theta burst (intermittent, continuous) Huang et al., 2005



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- Low frequency TMS (<2 Hz) typically suppresses neural activity.
 - High frequency TMS (>10 Hz) typically facilitates neural activity.
 - Affects neural plasticity: LTD-like and LTP-like effects

-
- Low frequency TMS (<2 Hz) typically suppresses neural activity.
 - High frequency TMS (>10 Hz) typically facilitates neural activity.
 - Affects neural plasticity: LTD-like and LTP-like effects
 - CAVEAT: simplification - methods developed in M1.
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- cTBS suppresses neural activity
- iTBS facilitates neural activity.

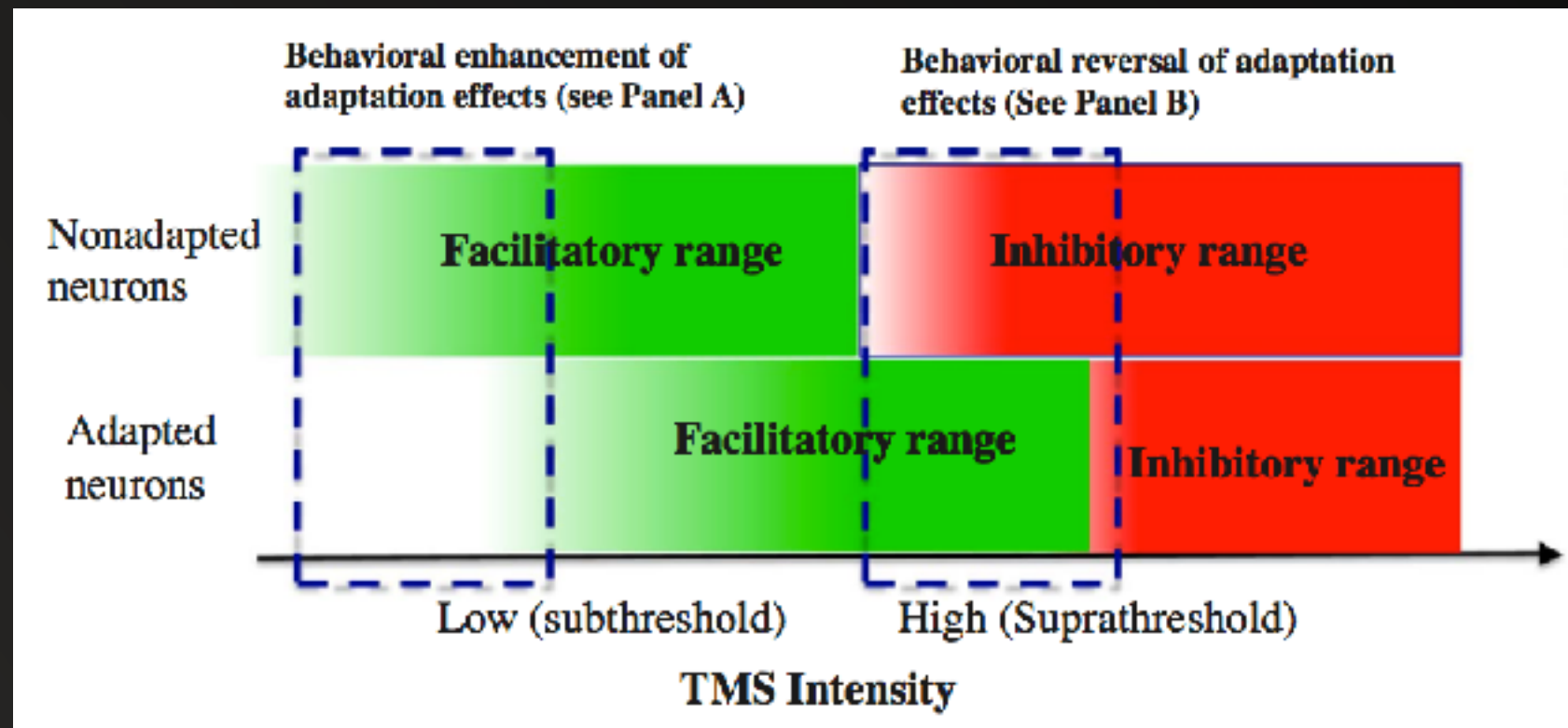


‘ADVANCED’

- State-dependent TMS
- Information-based and closed-loop approaches

STATE-DEPENDENT

- Underlying state of the cortex changes the effect of TMS.
- Can lead to ‘paradoxical’ facilitations of behaviour.
- This can be manipulated, i.e. through selective adaptation.



INFORMATION-BASED

- Measured neural activity used to influence a stimulation parameter.
 - Can be used to 'close the loop' e.g. EEG activity can influence stimulation timing or tACS frequency.
 - Romei et al., 2016, Bergmann et al., 2016, Thut et al., 2017
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PRACTICAL CONSIDERATIONS

- Safety and Screening
 - TMS discharge artefact
 - Variability
 - An example study
 - Key decisions
-

SAFETY AND SCREENING

- TMS is safe and well tolerated but some crucial considerations.
 - Some populations can't have TMS.
 - Minor adverse effects ~5% (Maizey, 2013)
 - Seizure induction after screening ~0.0001%
 - Rossi et al., 2009; Wassermann et al., 1998; Oberman et al., 2012
-

TMS DISCHARGE ARTEFACT

- Auditory and cutaneous artefact on each TMS pulse.
 - A good control condition is essential for correct inference.
 - Sham TMS is commonly used but 'best' sham varies.
 - Sham coil
 - Control site (commonly vertex)
 - There is no perfect sham TMS!
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VARIABILITY

- TMS can be highly variable intra- and inter-individually.
 - Even with well-established effects in motor regions (Suppa, 2016).
 - Aim to minimise this where possible, e.g. within subject design.
 - Responders & non-responders (be aware).
 - Consider what could contribute to this in your domain.
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AN EXAMPLE STUDY

- 2 x behavioural sessions (psychophysical threshold estimation)
 - fMRI localiser
 - 6 x TMS session (3 sites and 2 experimental conditions)
 - sham, left hemisphere and right hemisphere
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KEY DECISIONS

- What population(s) are you interested in?
 - Where to stimulate?
 - Neuronavigation ([f]MRI, MNI or manual)?
 - When to stimulate (online/offline)?
 - Which TMS pulse protocol?
 - Outcome measure?
-

KEY DECISIONS (SIMPLIFIED)

- WHO to stimulate?
 - WHERE to stimulate and HOW to ensure accuracy?
 - WHEN to stimulate and HOW to do it?
 - WHAT to measure and HOW?
-

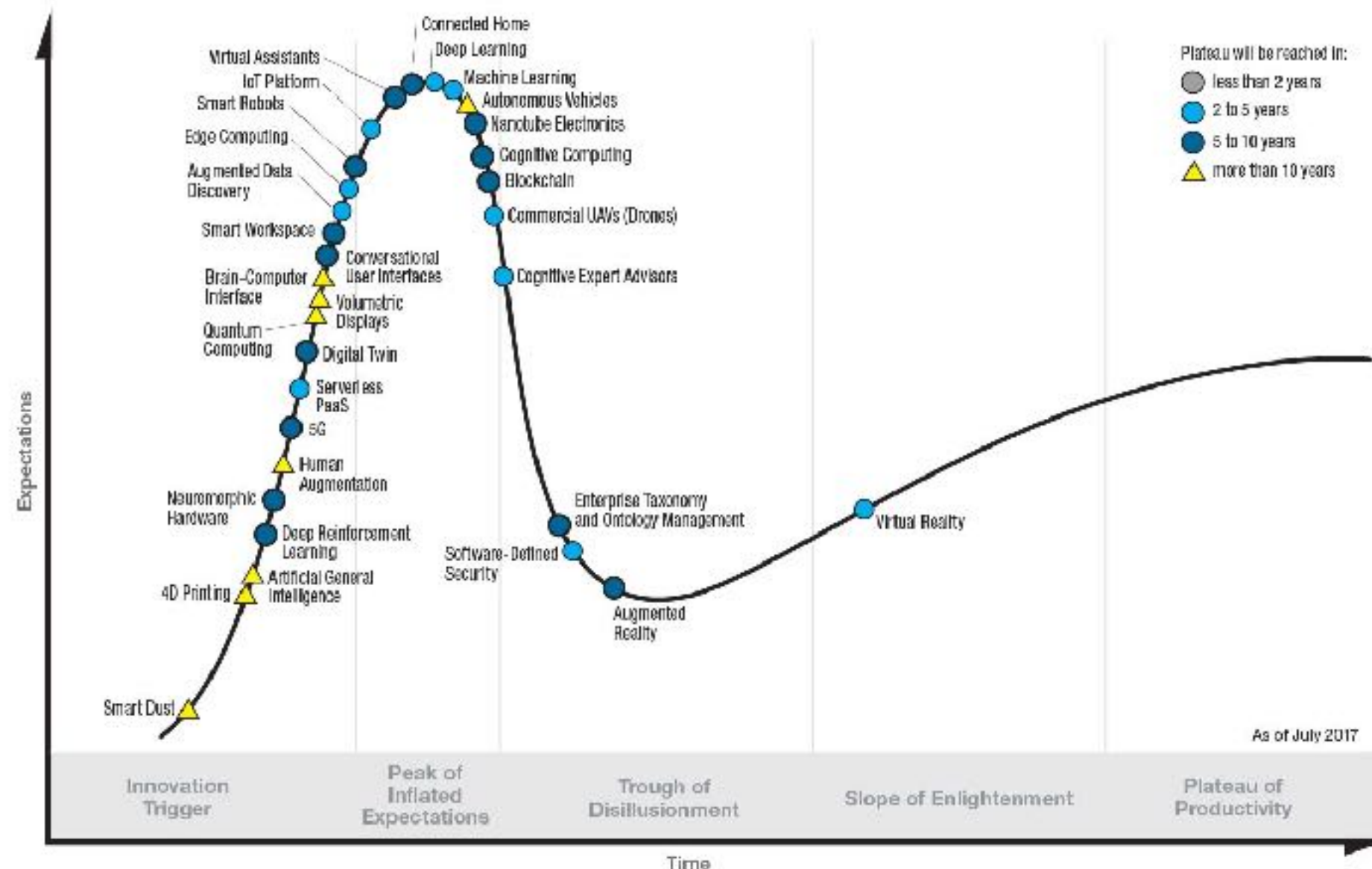
KEY DECISIONS (SIMPLIFIED)

- WHO to stimulate?
 - WHERE to stimulate and HOW to ensure accuracy?
 - WHEN to stimulate and HOW to do it?
 - WHAT to measure and HOW?
 - WHY?
-

WHY TMS?

- Unique insights into brain-behaviour link - new source of evidence.
 - Relatively novel technique (modern TMS: 1985).
 - Relatively simple data analysis.
 - Low study conversion costs (behavioural).
 - Established SOPs, training and ethics applications.
 - Low actual costs
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Gartner **Hype Cycle** for Emerging Technologies, 2017



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