

# Computational Psychiatry Course

## Zurich 2015

Frederike Petzschnner & Klaas Enno Stephan



Translational Neuromodeling Unit



Universität  
Zürich<sup>UZH</sup>



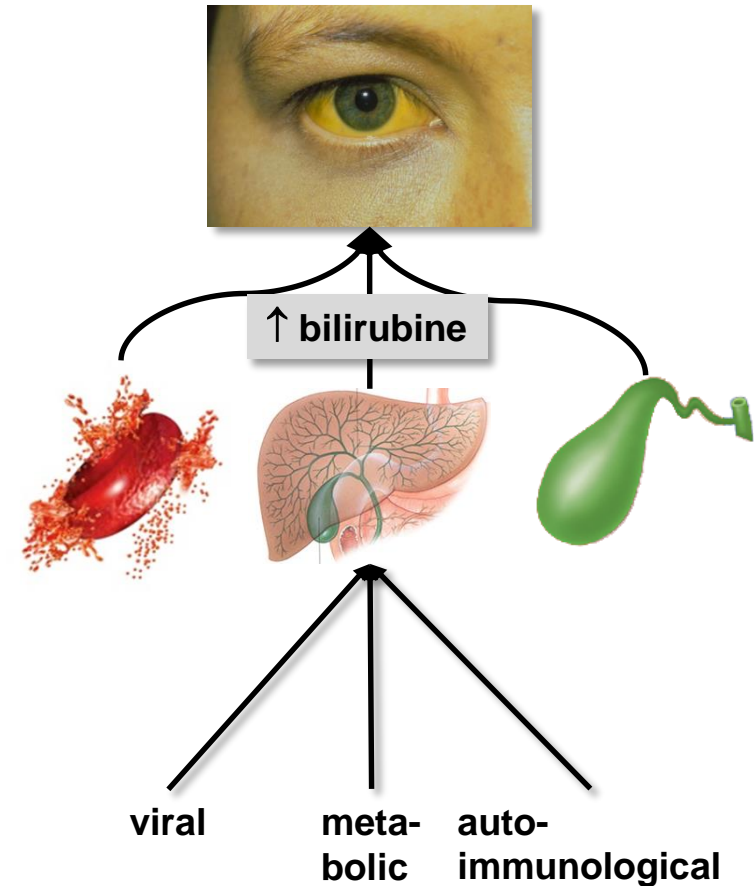
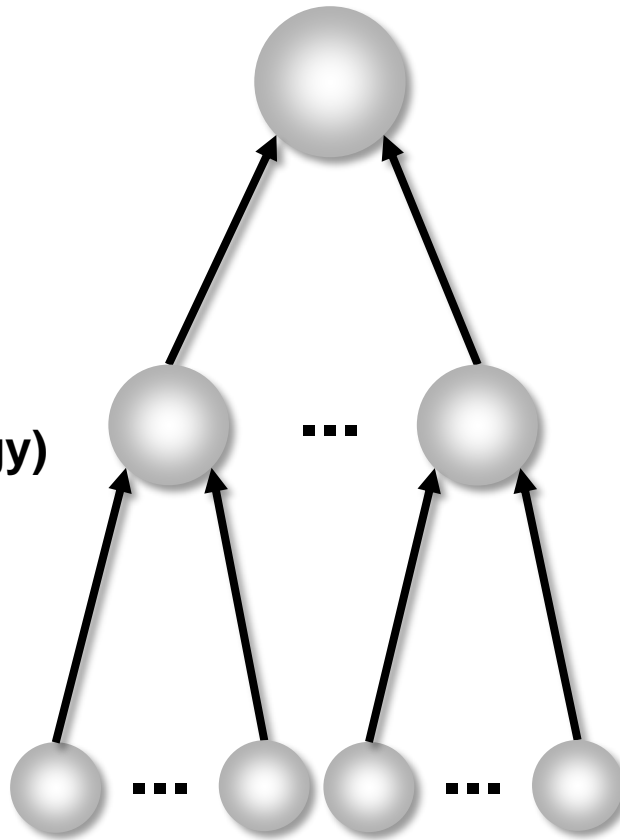
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# From differential diagnosis to nosology

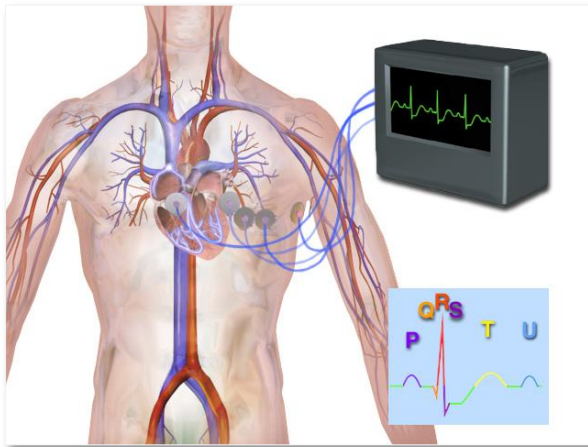
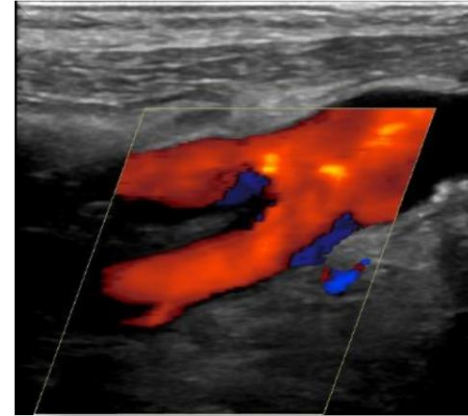
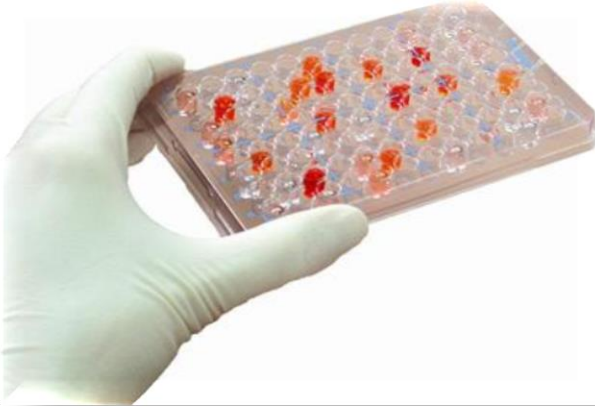
**SYMPTOM**

**MECHANISMS  
(pathophysiology)**

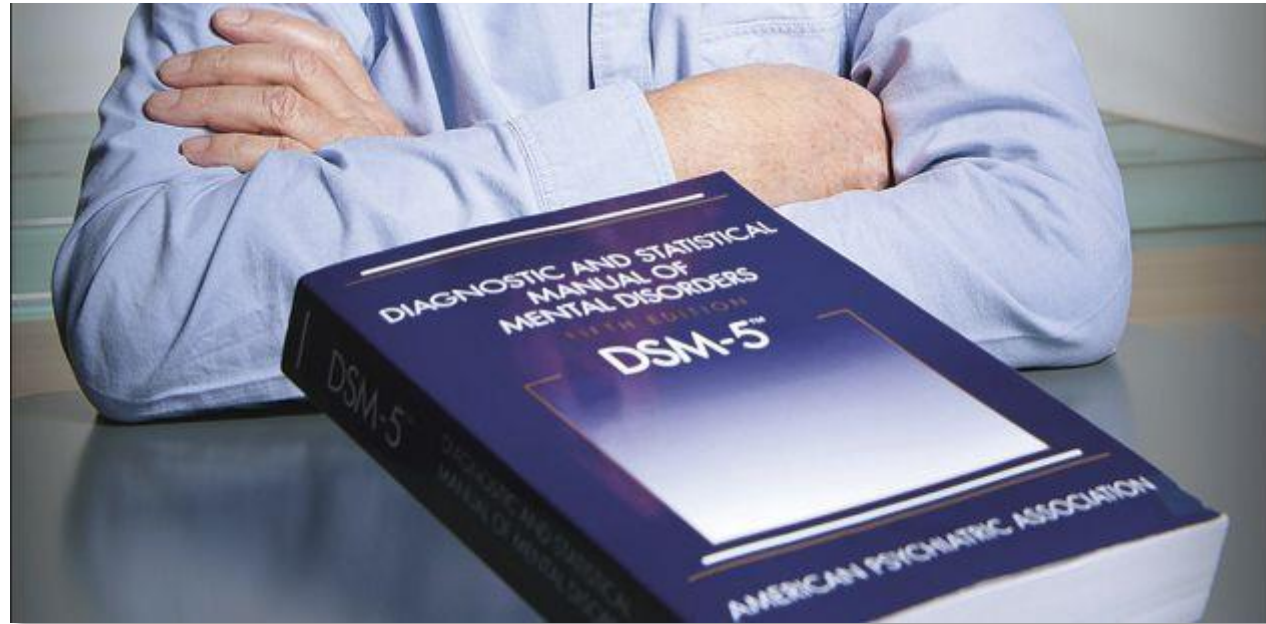
**CAUSES  
(aetiology)**



**>3,000 FDA-approved clinical tests in medicine**



# 1 diagnostic instrument in psychiatry



# Diagnostic and Statistical Manual of Mental Disorders (DSM)



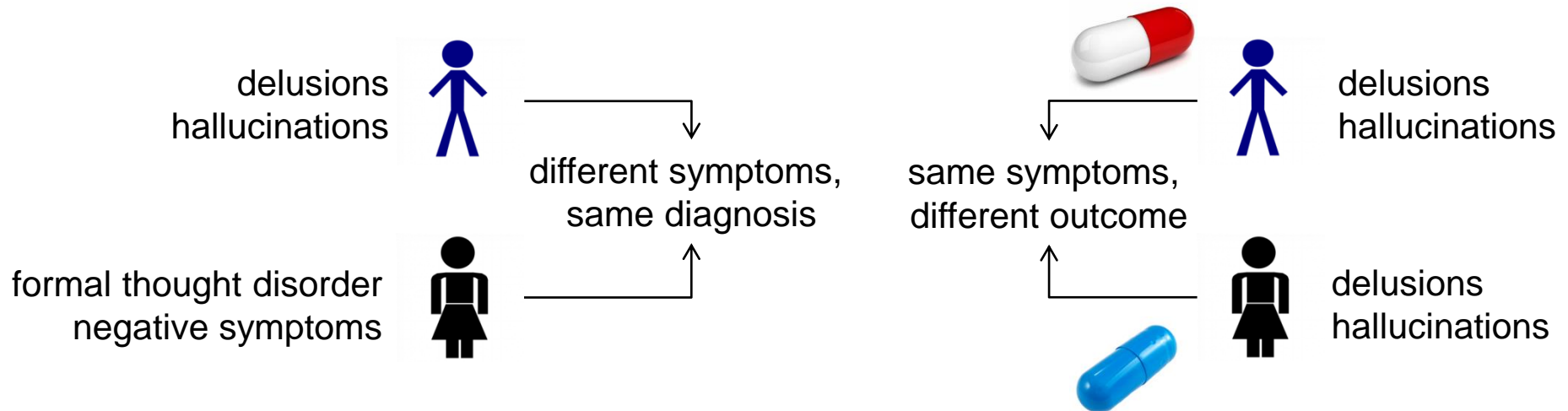
# DSM-IV: Schizophrenia

- Delusions
- Hallucinations
- Formal thought disorder
- Grossly disorganized or catatonic behavior
- Negative symptoms: flat affect, anhedonia, avolition, alogia, asociality

≥ 2 symptoms  
over ≥ 1 month

+ social or occupational dysfunction

+ continuous signs of the disturbance persist for at least six months



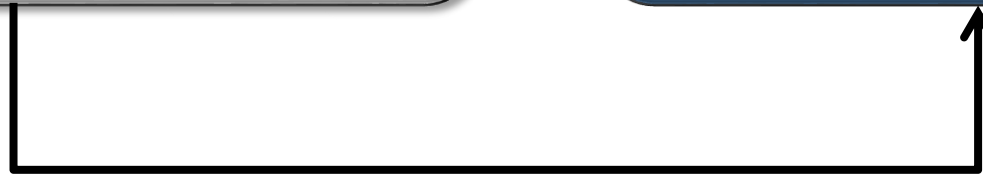
# Psychiatric diseases = spectrum diseases



**polygenetic basis**  
**gene-environment interactions**  
**individual beliefs**

**variability in clinical  
trajectory and treatment  
response**

**multiple disease mechanisms**





Molecular Psychiatry (2012) 17, 1174–1179

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[www.nature.com/mp](http://www.nature.com/mp)

## PERSPECTIVE

**Why** has it taken so long for biological psychiatry to develop clinical tests and what to do about it?

S Kapur<sup>1</sup>, AG Phillips<sup>2</sup> and TR Insel<sup>3</sup>



**We often take DSM too seriously  
(or forget about its original purpose).**

**Trying to develop clinical tests based on constructs which are  
inherently heterogenous is not a promising strategy.**



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## **PERSPECTIVE**

Why has it taken so long for biological psychiatry to develop clinical tests and what to do about it?

S Kapur<sup>1</sup>, AG Phillips<sup>2</sup> and TR Insel<sup>3</sup>

# From reinforcement learning models to psychiatric and neurological disorders

Tiago V Maia<sup>1,2</sup> & Michael J Frank<sup>3,4</sup>

Opinion

*Special Issue: Cognition in Neuropsychiatric Disorders*

## Computational psychiatry

P. Read Montague<sup>1,2</sup>, Raymond J. Dolan<sup>2</sup>, Karl J. Friston<sup>2</sup> and Peter Dayan<sup>3</sup>

<sup>1</sup>Virginia Tech Carilion Research Institute and Department of Physics, Virginia Tech, 2 Riverside Circle, Roanoke, VA 24016, USA

<sup>2</sup>Wellcome Trust Centre for Neuroimaging, University College London, 12 Queen Square, London, WC1N 3BG, UK

<sup>3</sup>Gatsby Computational Neuroscience Unit, Alexandra House, 17 Queen Square, London, WC1N 3AR, UK

Cell  
PRESS

## Great Expectations: Using Whole-Brain Computational Connectomics for Understanding Neuropsychiatric Disorders

Gustavo Deco<sup>1,2,\*</sup> and Morten L. Kringelbach<sup>3,4</sup>

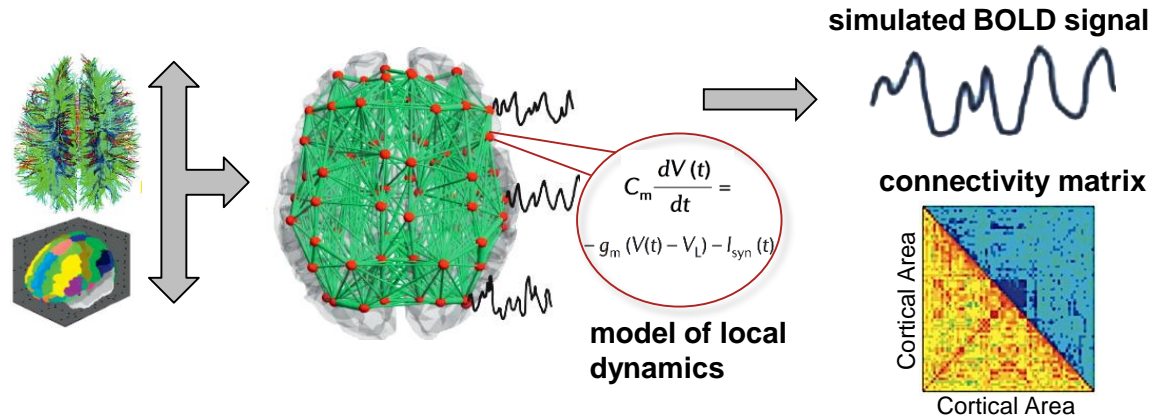
## Computational Psychiatry

Xiao-Jing Wang<sup>1,2,3,\*</sup> and John H. Krystal<sup>3,4,5,6</sup>

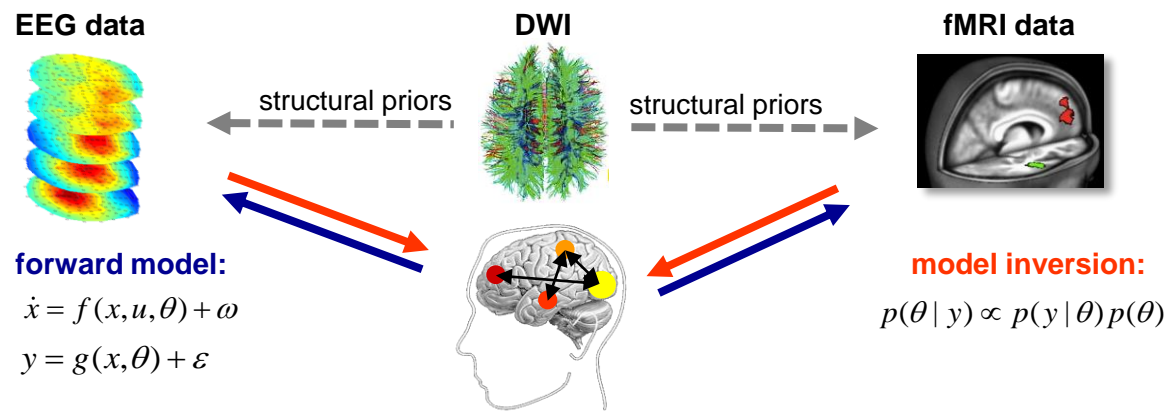
## Translational Perspectives for Computational Neuroimaging

Klaas E. Stephan,<sup>1,2,3,\*</sup> Sandra Iglesias,<sup>1</sup> Jakob Heinzle,<sup>1</sup> and Andreea O. Diaconescu<sup>1</sup>

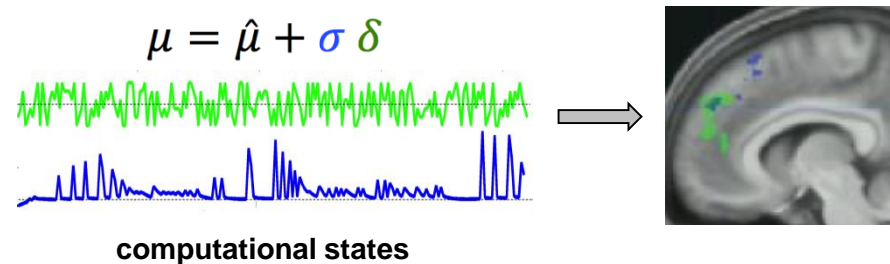
## Biophysical network models



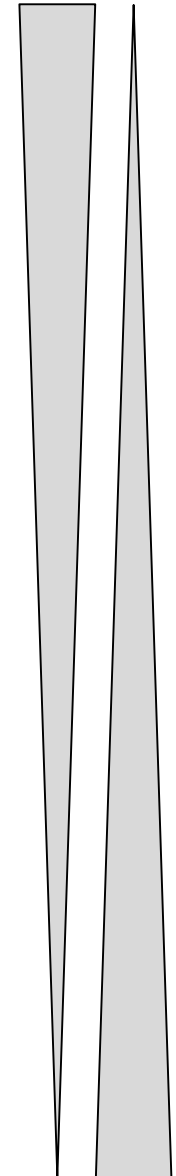
## Generative models (DCM)



## Computational models of neuromodulation

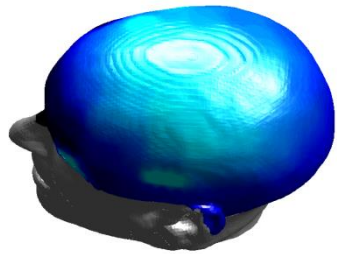
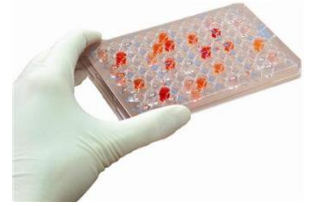


## Biological realism

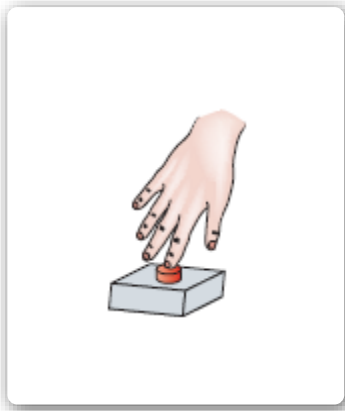
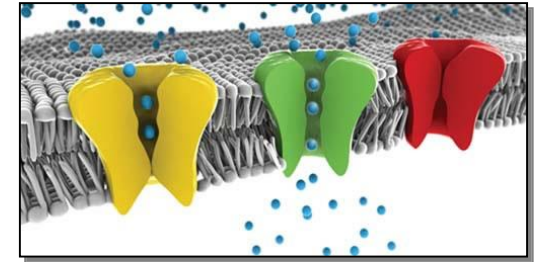


Estimability

# Generative models as "computational assays"



$$\begin{array}{c} \xleftarrow{p(y | \theta, m) \cdot p(\theta | m)} \\ \xrightarrow{p(\theta | y, m)} \end{array}$$



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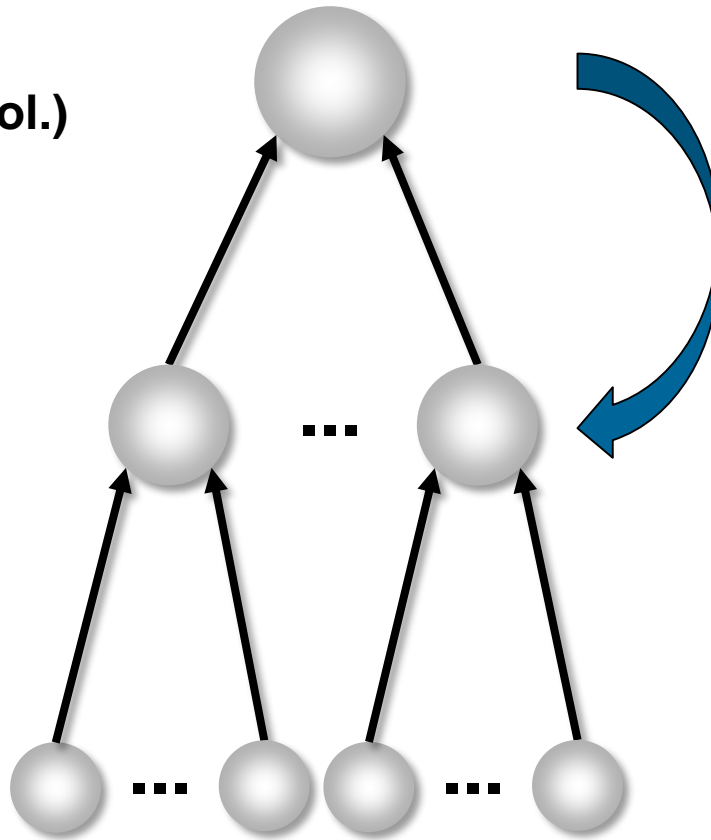


# Generative models of disease symptoms

**SYMPTOM**  
(behav. or physiol.)

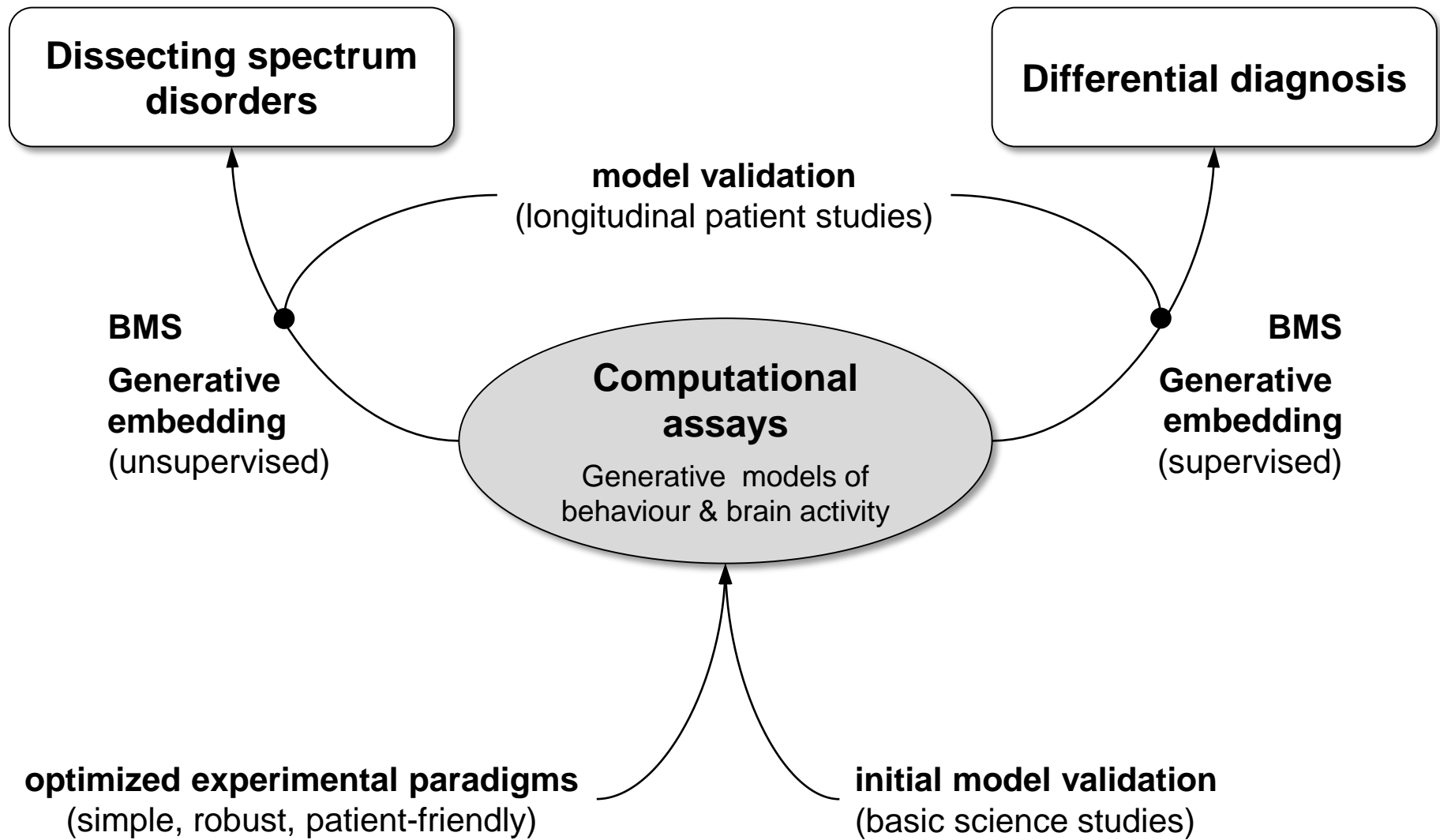
**MECHANISMS**  
(computation,  
physiology)

**CAUSES**  
(aetiology)



**differential diagnosis**  
via model selection

**spectrum dissection**  
into mechanistically  
distinct subgroups



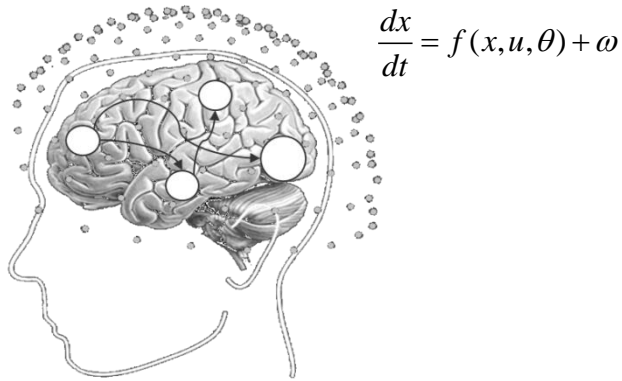
**“All models are wrong,  
but some are useful.”**

George E.P. Box (1919-2013)

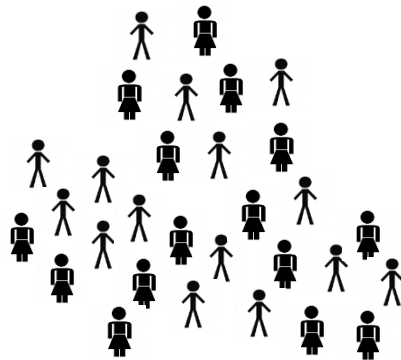




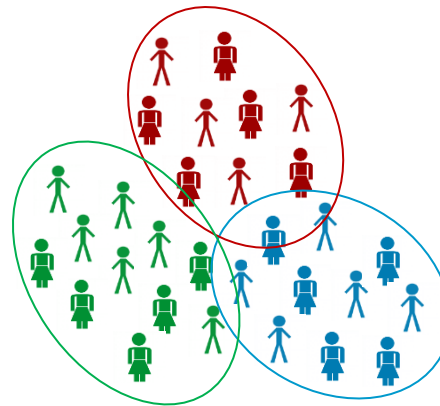
# 1 Computational assays: Models of disease mechanisms



# 2 Application to brain activity and behaviour of individual patients



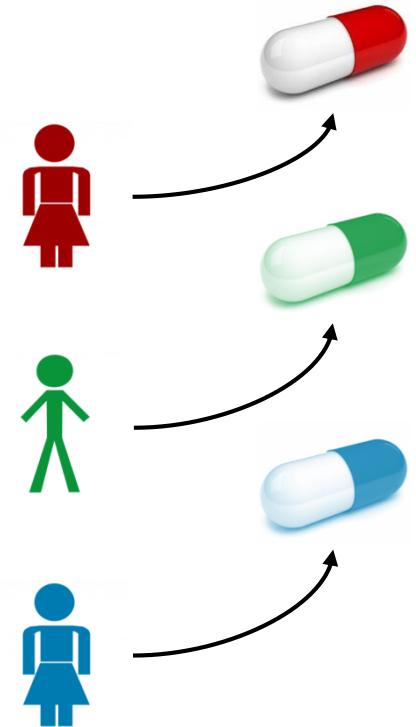
# 3 Detecting physiological subgroups (based on inferred mechanisms)



- disease mechanism A
- disease mechanism B
- disease mechanism C

# Translational Neuromodeling

# 4 Individual treatment prediction



# Three major challenges

1. **Highly interdisciplinary: mutual teaching!**
2. **Evolving methodology: open source and benchmarking!**
3. **Validation against clinical problems: new types of organisations!**



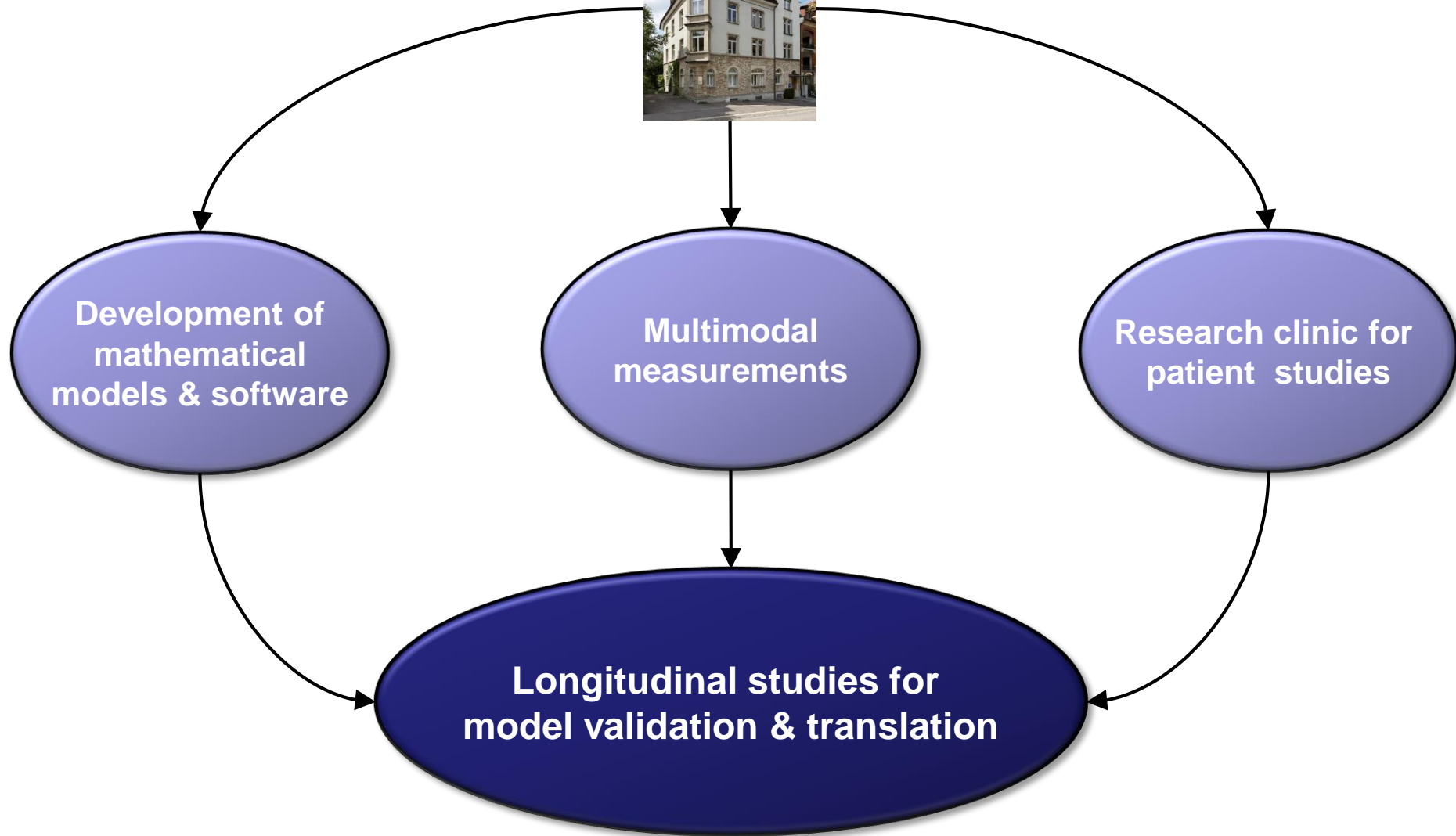
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Zürich** <sup>UZH</sup>



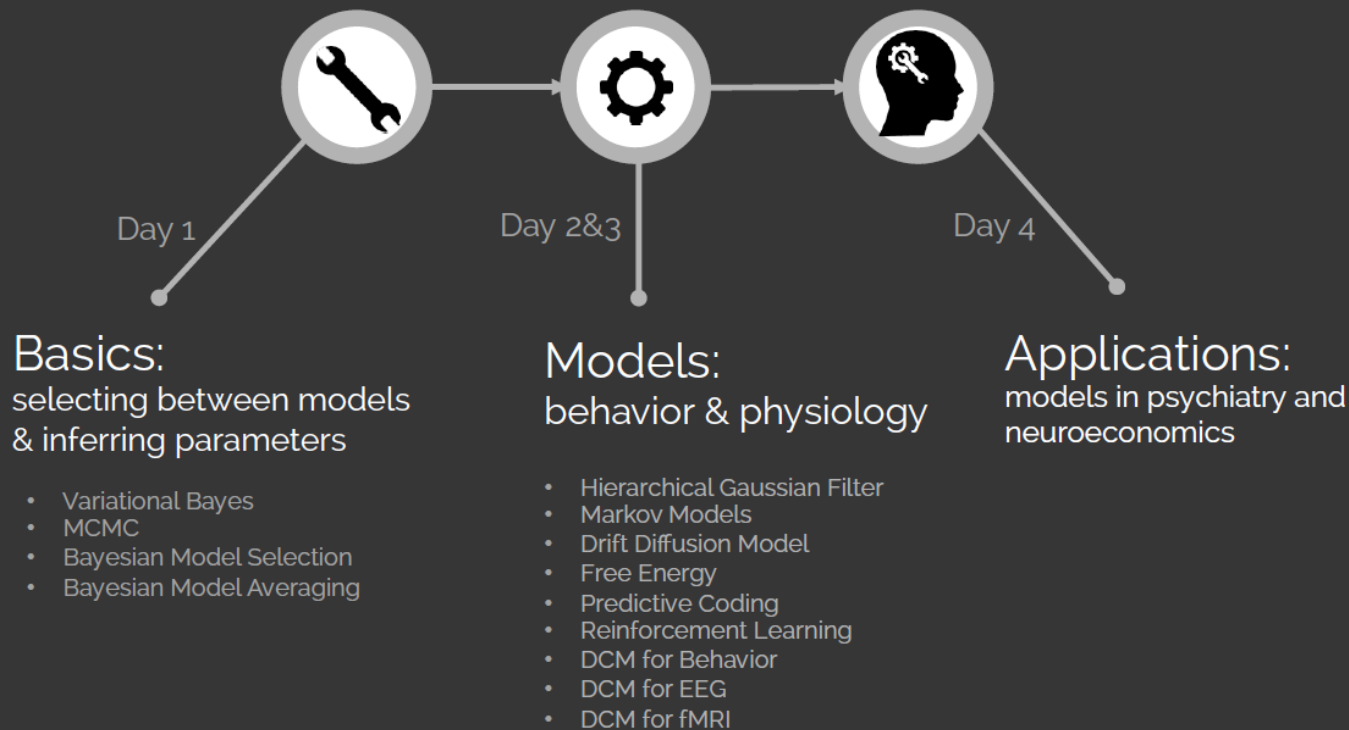
Translational Neuromodeling Unit

**ETH**

Eidgenössische Technische Hochschule Zürich  
Swiss Federal Institute of Technology Zurich



# COURSESTRUCTURE



# Contents



- **Basic computational techniques**
  - approximate inference: VB, MCMC
  - model comparison
- **Generative models of behaviour**
  - hierarchical Bayesian models
  - drift diffusion models
  - predictive coding & active inference
  - Markov decision processes
  - reinforcement learning
- **Generative models of physiology**
  - DCM for fMRI
  - DCM for EEG
  - behavioural DCMs

# This course



- arose from our previous local CP courses
- key features
  - theoretical lectures & practical demonstrations coupled
  - open source software only
  - computation in a broad sense: models of physiology and behaviour
  - broad scope – many external presenters
- an experiment

**Welcome & Thank You**