Clinical applications of fMRIneurofeedback

David Linden – School for Mental Health and Neuroscience



Neurofeedback – a method for self-regulation of the brain



Design of clinical neurofeedback study

1. What symptom/ syndrome do you want to treat?
And in which patients?



Psychiatry: Depression

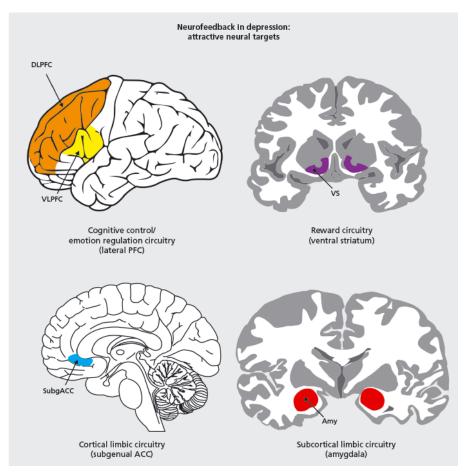
- Improve symptoms of depression (in those who have insufficient response to antidepressants/ psychotherapy) – but what aspect of the clinical syndrome and over what timescale?
- Anhedonia inability to experience joy, lack of motivation
- Might benefit from both the physiological and psychological mechanisms involved in neurofeedback with focus on experience and regulation of emotions



Mental Imagery training in CBT

Holmes et al., Annu. Rev. Clin. Psychol., 2016





Linden, Dialogues Clin Neurosci (2014)





Neurology: Parkinson's disease

- Improve hypokinetic symptoms in PD and possibly reduce dosage of dopaminergic drugs
- Imagery of gait initiation is used in physiotherapy approaches, but effects might be improved by providing feedback about "successful" imagery
- Use neurofeedback of higher motor areas in combination with imagery to improve motor symptoms of PD



Psychiatry: Alcohol dependence

- Help patients maintain abstinence after detoxification – but through what mechanism?
- Craving is a key factor in relapse risk and is associated with increased responsiveness of motivation circuits to alcohol cues
- Use neurofeedback to teach patients downregulation of this cue reactivity



2) What is your mechanistic model for the intervention?





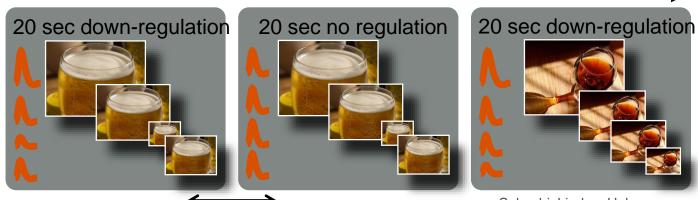
Targeting dysfunctional vs. compensatory activation

- Normalisation of pathological activation
- Recruitment of compensatory circuits
- Re-learning of stimulus-(physiological) response associations



'Motivational Neurofeedback'

Neurofeedback using picture size variations contingent on target area activation



Repeated size sequence as perceptual control ("mirror run") Johnston, & Ihssen (2014).

Frontiers in BN.

→ Task provides real motivational consequences (approach and avoidance)



3) What self-regulation protocol to use?





General classification of NF protocols in cognitive/clinical neuroscience

According to target:

- Average activation of region-of-interest (or difference between two ROIs)
- Relationship of activation time course in two or more areas (e.g., partial correlation coefficient, dynamic causal modeling)
- 3) Multivariate pattern (e.g., MVPA, ICA)

According to strategy/ instructions:

- A) Explicit (cognitive)
- B) Explicit (operant)
- C) Implicit

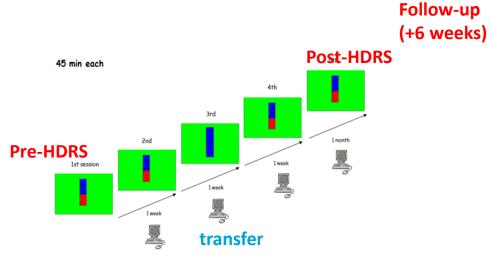
According to feedback signal:

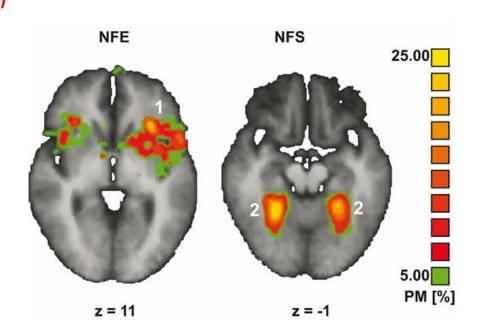
- a) Symbolic or analogue feedback (e.g., thermometer)
- b) Process-relevant stimulus (e.g., alcohol cue, stressful video scene) online or delayed



Clinical example I: Enhancing positive imagery

(classification: 1Aa - average activation, cognitive strategy, simple FB)







Randomised Controlled Trial of fMRI-NF in depression

- Clinical Outcome: Hamilton Depression Rating Scale (HDRS)
- Moderate to severe depression despite psychopharmacological treatment (stable dose >3 months);
- Mean time since first episode ~20 years

Neuropsychopharmacology

www.nature.com/np



OPEN

Targeting the affective brain—a randomized controlled trial of real-time fMRI neurofeedback in patients with depression

David M. A. Mehler^{1,2}, Moses O. Sokunbi³, Isabelle Habes², Kali Barawi^{1,2}, Leena Subramanian^{1,2}, Maxence Range⁴, John Evans², Kerenza Hood⁵, Michael Lührs^{6,7}, Paul Keedwell^{1,8}, Rainer Goebel^{6,7} and David E. J. Linden^{1,2,9}







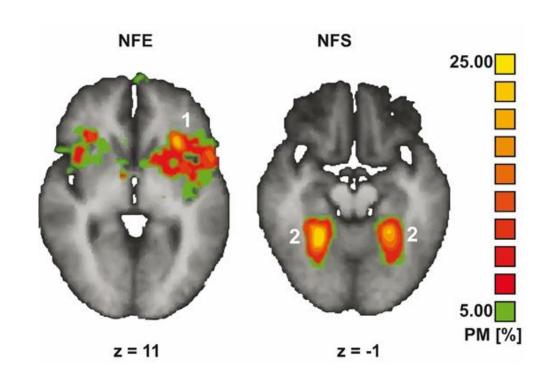
Randomised Controlled Trial

- 1)NFE group (N=16): mental imagery of positive Emotions (e.g. striatal/ paralimbic areas)
- 2)NFS group (N=16): active control, mental imagery of relaxing Scenes (e.g. parahippocampal place area (PPA))
- Passive viewing localiser (NFE: IAPS; NFS: scenes, faces)





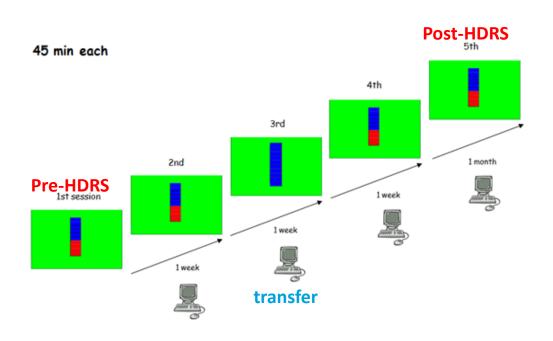
Target areas (localiser)







Study Design

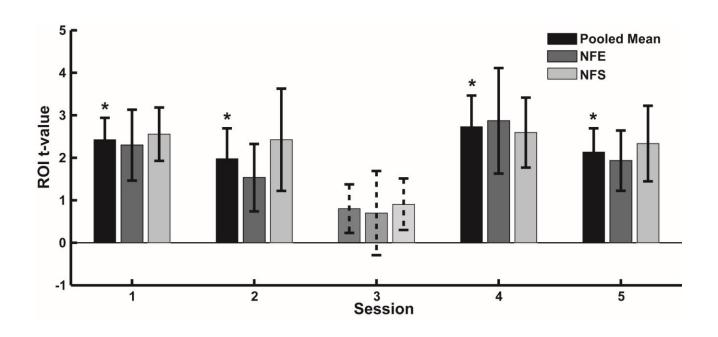


Follow-up (+6 weeks)





Target region upregulation

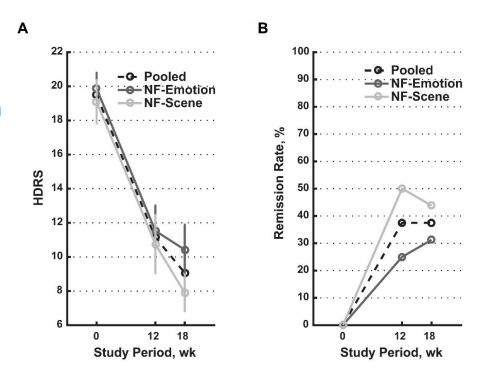






Clinical improvement, but no difference between groups

~40% improvement in both groups



Mehler et al., Neuropsychopharmacology (2018)







Comparison with other NF work

Randomized Clinical Trial of Real-Time fMRI Amygdala Neurofeedback for Major Depressive Disorder: Effects on Symptoms and Autobiographical Memory Recall

Kymberly D. Young, Ph.D., Greg J. Siegle, Ph.D., Vadim Zotev, Ph.D., Raquel Phillips, B.S., Masaya Misaki, Ph.D., Han Yuan, Ph.D., Wayne C. Drevets, M.D., Jerzy Bodurka, Ph.D.

Young, AJP (2017)



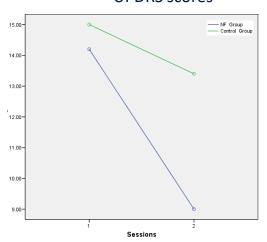


Clinical example II: Activating motor programmes

(classification: 1Aa - average activation, cognitive strategy, simple FB)

Motor networks of PD Activation during NF Activation during NF Order Order

Clinical effects: UPDRS scores



Linden, The Biology of Psychological Disorders, 2019

The Journal of Neuroscience, November 9, 2011 - 31(45):16309 - 16317 - 16309

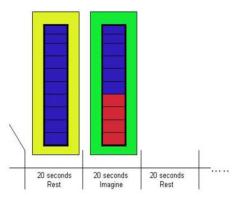
Neurobiology of Disease

Real-Time Functional Magnetic Resonance Imaging Neurofeedback for Treatment of Parkinson's Disease

Leena Subramanian, 1-2 John V. Hindle, 1 Stephen Johnston, 2 Mark V. Roberts, 2 Masud Husain, 4 Rainer Goebel, 2 and David Linden 1-2-5

'Schools of Psychology and Medical Sciences, Bangor University, Bangor LL57 2A5, United Kingdom, "Schools of Medicine and Psychology, Cardiff University, Cardiff CF14 4XN, United Kingdom, "School of Social Sciences, Brunel University, Uzbridge UB8 1BY, United Kingdom, "Institute of Cognitive Neuroscience, University College London, London WCIN 3AR, United Kingdom, and "Department of Cognitive Neuroscience, Maastricht University, 6200 MD Maastricht, The Netherlands

RCT neurofeedback vs. WiiFit only + WiiFlt

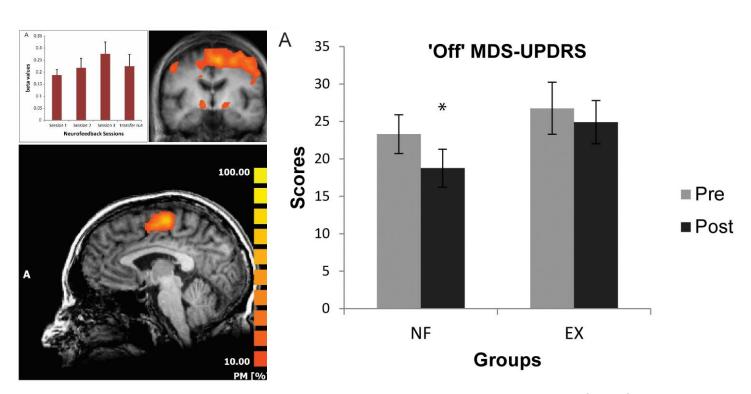






RCT Neurofeedback for Parkinson's Disease

Supplementary Motor Area (SMA)



Subramanian et al, Frontiers Neurosc (2016)





Main Outcomes

- Promising clinical outcome (NF group: improvement of -4.5 points on "off med" MDS-UPDRS motor scale)
- Good feasibility and patient adherence
- Positive feedback from patients
- Power estimate to inform future trials





NEURIPIDES

NEURofeedback for self-stlmulation of the brain as therapy for ParkInson DisEaSe

https://neuripides.eu/

Next steps

- Depression: demonstrate superiority over TAU and over mental imagery control
- Parkinson: confirm feasibility of basal ganglia neurofeedback
- Better understanding of network effects of DBS
- DBS-inspired protocol in clinical trial



Teaching resources on neurofeedback

Link to keynote lectures real-time fMRI:

https://www.rtfin2019.org/107020/wiki/484037/keynote-speakers

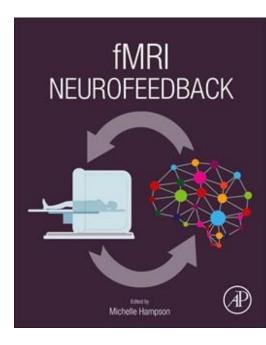
Training workshop rtfin2019:

https://www.rtfin2019.org/107020/wiki/484025/main-speakers



real-time functional imaging and neurofeedback conference

December 7- 11, 2019





SAVE THE DATE: RTFIN 2024

 Functional Imaging and Neurofeedback meeting 2024, 4.-6. November at Heidelberg/Mannheim, Germany

