

Dynamic Causal Modelling for fMRI

SPM for fMRI Course

Professor Peter Zeidman

Group Leader, Neurovascular Modelling Group
Chair, Methods Group

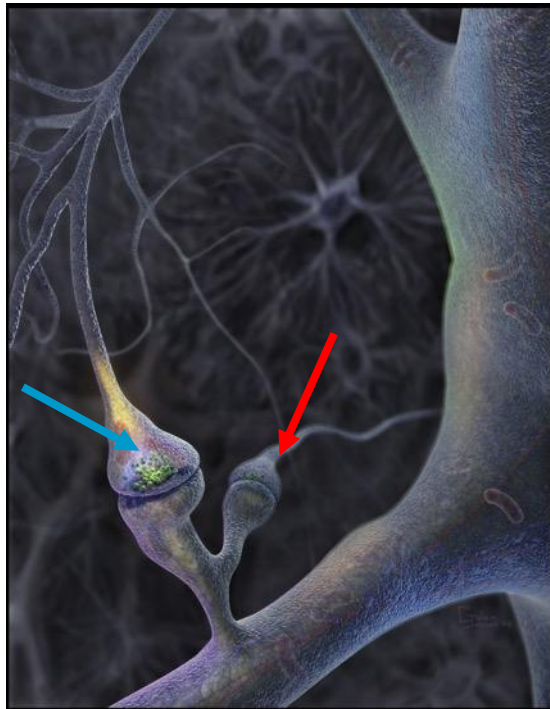
Functional Imaging Laboratory (FIL)
UCL Department of Imaging Neuroscience

Contents

1. Types of **connectivity**
2. Motivating **example**: stroke
3. DCM framework & **Bayesian model comparison**
4. Specific models for **fMRI**
5. Stroke example - **results**
6. Group analysis using **PEB**

Neuronal causes

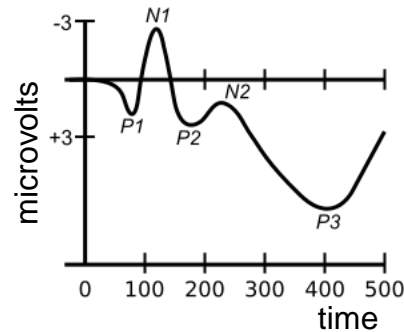
Data Features



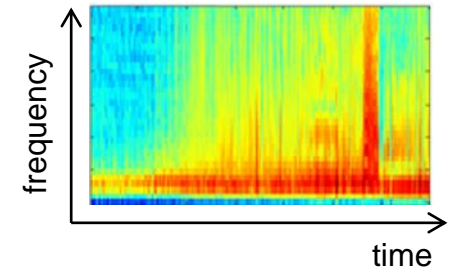
Neural circuitry
(effective connectivity)

EEG / MEG

ERPs



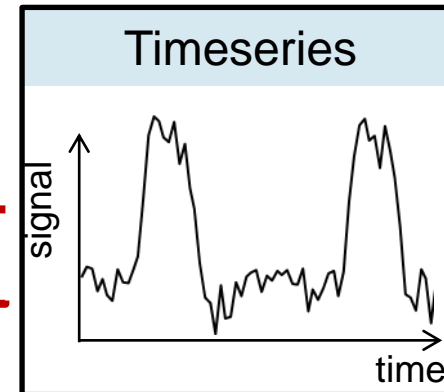
Induced Responses



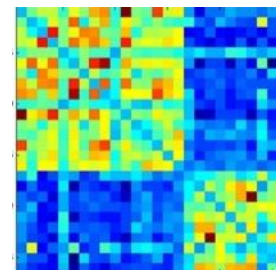
Forward model

Model inversion

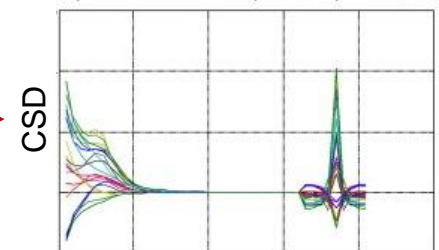
Timeseries



Functional connectivity



Cross-spectral density

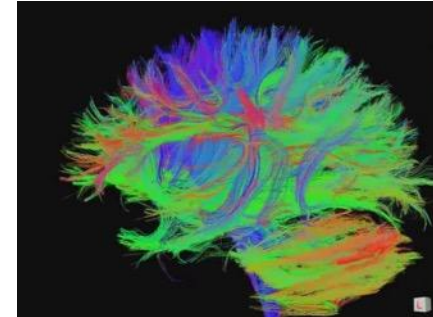


fMRI

Connectivity

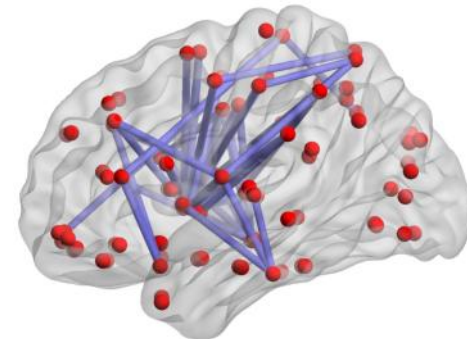
- **Structural Connectivity**

Physical connections of the brain



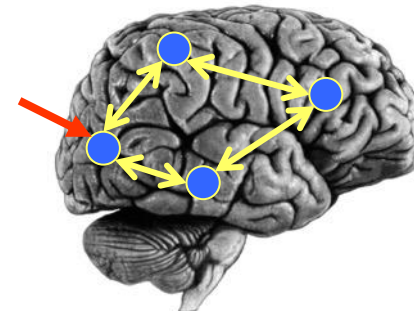
- **Functional Connectivity**

Dependencies between BOLD observations



- **Effective Connectivity**

Causal relationships between brain regions



Dynamic Causal Modelling

is a framework

for inferring the causes of

neuroimaging data

Where DCM sits in the pipeline



Functional MRI
acquisition and
image reconstruction

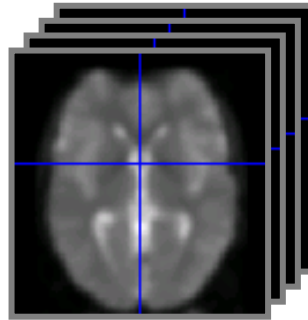
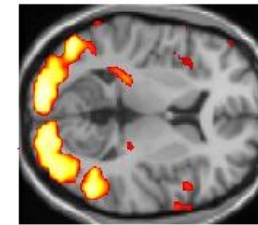
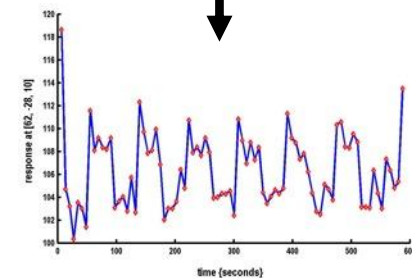


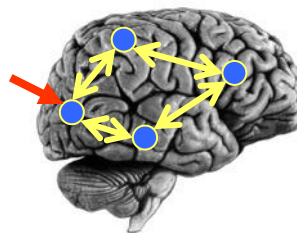
Image preprocessing
(realignment, coregistration,
normalisation, smoothing)



Statistical Parameter
Mapping (SPM) /
General Linear
Model



Timeseries extraction from
Regions of Interest (ROIs)



Dynamic Causal Modelling
(DCM)

Contents

1. Types of **connectivity**
2. Motivating **example**: stroke
3. DCM framework & **Bayesian model comparison**
4. Specific models for **fMRI**
5. Stroke example - **results**
6. Group analysis using **PEB**

Neuropsychologia 50 (2012) 3621–3635

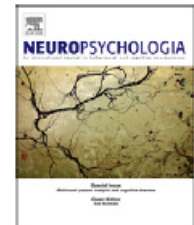


ELSEVIER

Contents lists available at SciVerse ScienceDirect

Neuropsychologia

journal homepage: www.elsevier.com/locate/neuropsychologia



Research Report

Reading without the left ventral occipito-temporal cortex

Mohamed L. Seghier^{a,*}, Nicholas H. Neufeld^{a,b}, Peter Zeidman^a, Alex P. Leff^a, Andrea Mechelli^c, Arjuna Nagendran^a, Jane M. Riddoch^d, Glyn W. Humphreys^{d,e}, Cathy J. Price^a

^a Wellcome Trust Centre for Neuroimaging, Institute of Neurology, UCL, London WC1N 3BG, UK

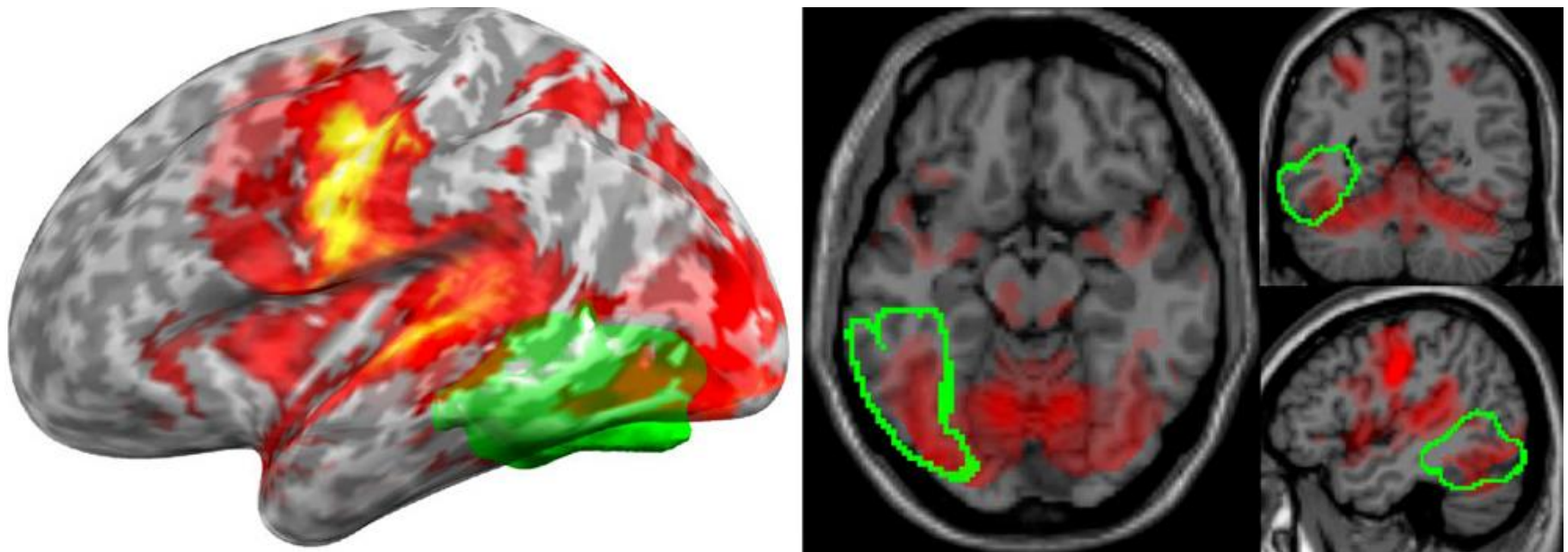
^b University of Toronto, Toronto, ON, Canada M5S 1A8

^c Institute of Psychiatry, King's College London, London SE5 8AF, UK

^d School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK

^e Department of Experimental Psychology, Oxford University, Oxford OX3 9DU, UK

Question: how is Patient AH able to read?



- Reading > fixation (29 controls)
- Lesion (Patient AH)

Question: how is Patient AH able to read?

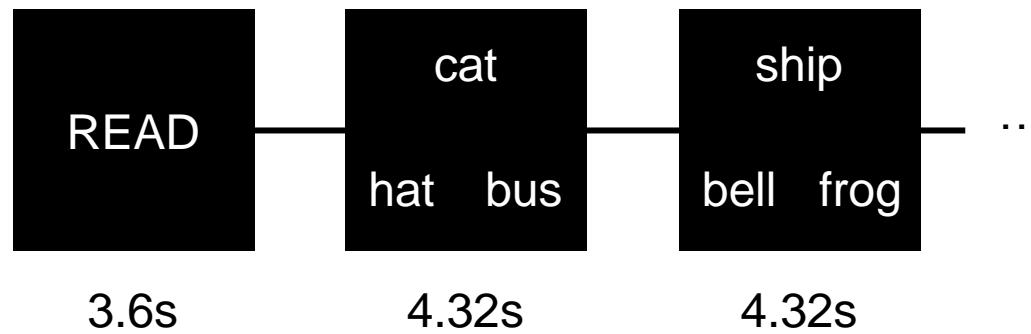
Experimental design

[2 x 3] factorial(-ish) design:

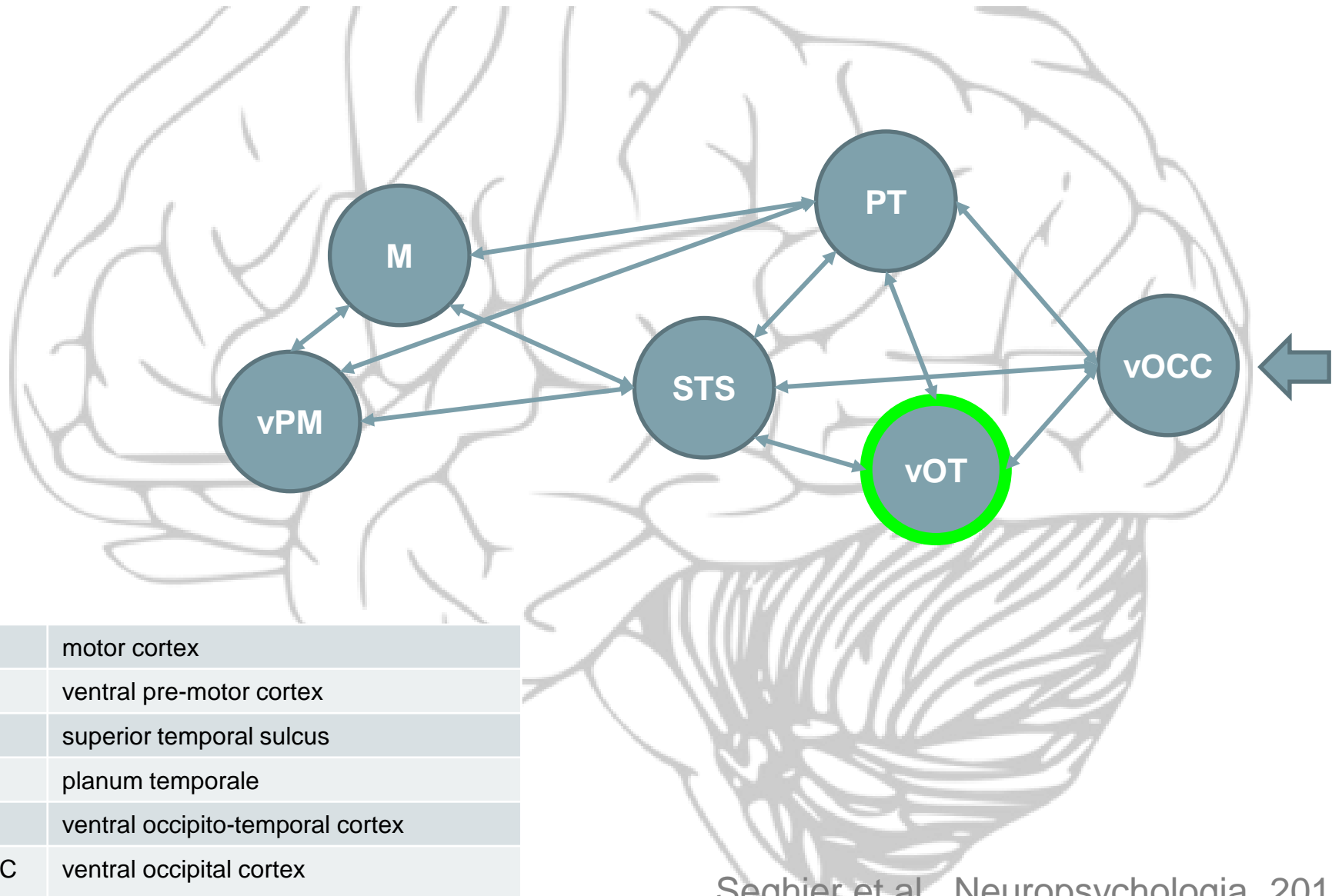
- Stimulus type (words or pictures)
- Naming or reading

+ control conditions

Example block



Hypothesised brain network



Contents

1. Types of **connectivity**
2. Motivating **example**: stroke
3. DCM framework & **Bayesian model comparison**
4. Specific models for **fMRI**
5. Stroke example - **results**
6. Group analysis using **PEB**

The system of interest

Experimental Stimulus



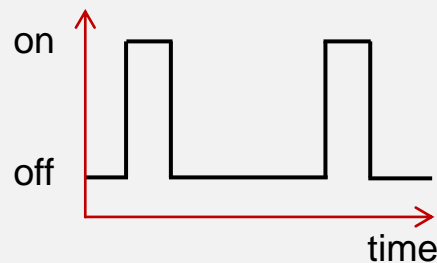
(Hidden) Neural Activity



Observations (BOLD)

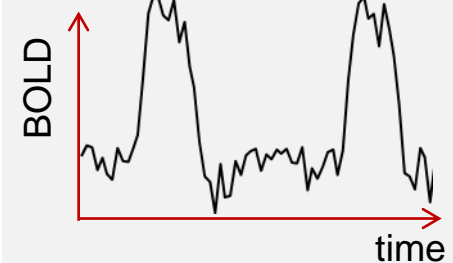


Vector u



?

Vector y

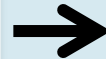
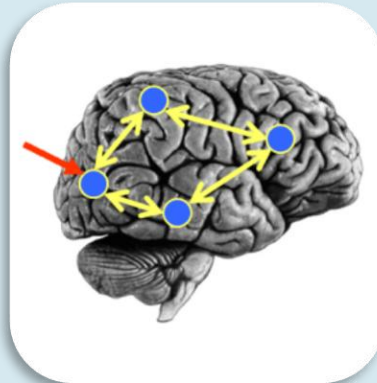


DCM Framework

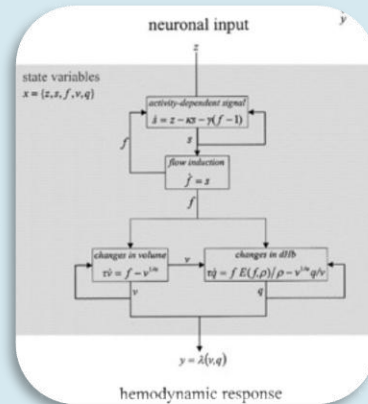
Experimental Stimulus (u)



Neural Model



Observation Model



Observations (y)



How brain activity z changes over time

$$\dot{z} = f(z, u, \theta^n)$$



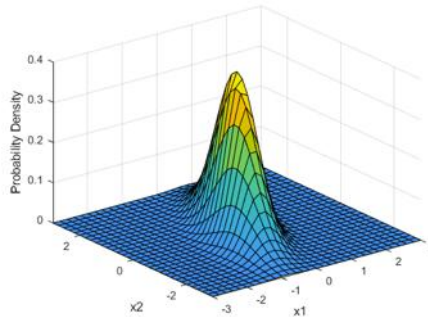
What we would see in the scanner, y , given the neural model?

$$y = g(z, \theta^h)$$

DCM Framework

Model Inversion (estimation) uses an algorithm called Variational Laplace, which produces two outputs:

- Posterior probability distribution over the parameters $p(\theta|y, m)$

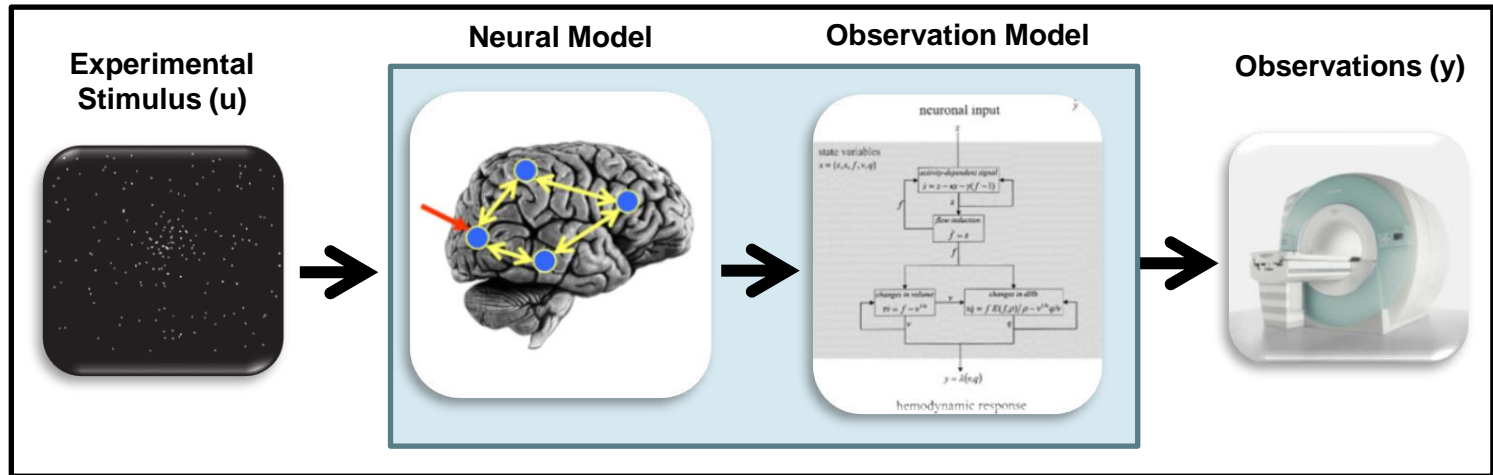


- Approximation of the model evidence $p(y|m)$ called the free energy F

$$F \cong \log p(y|m) = \text{accuracy} - \text{complexity}$$

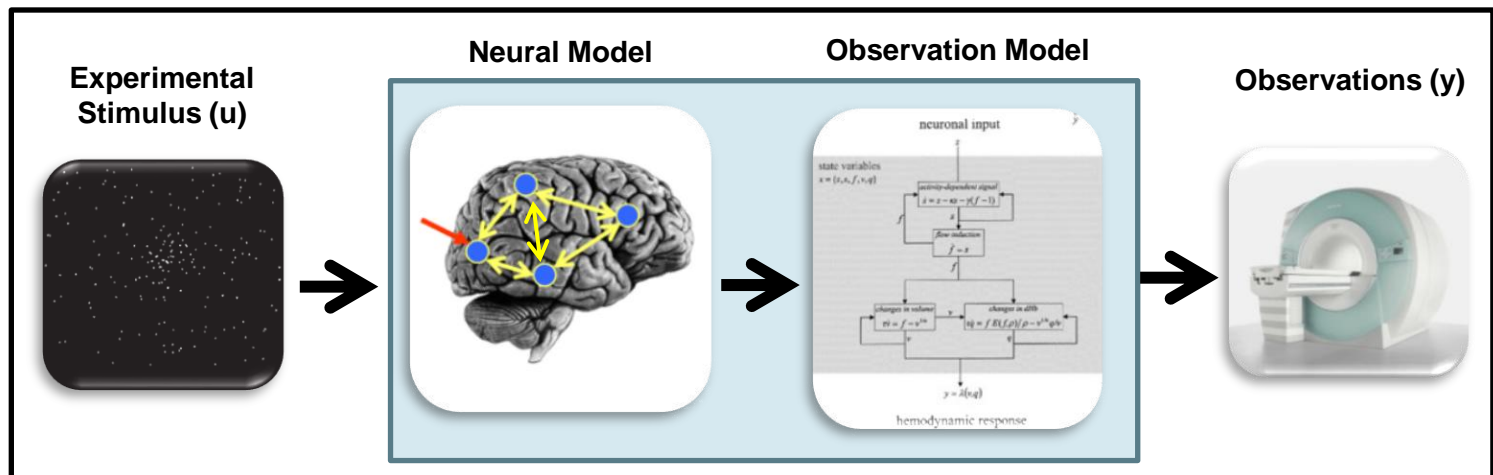
DCM Framework

Model 1:



Model comparison: Which model best explains my observed data?

Model 2:



DCM Framework

1. We embody each of our hypotheses in a generative model.

The generative model separates neural activity from haemodynamics

2. We perform model estimation (inversion)

This identifies parameters $\theta = \{\theta^n, \theta^h\}$ which make the model best fit the data and the free energy F which is a score for the quality of the model

3. We inspect the estimated parameters and / or we compare models to see which best explains the data.

Contents

1. Types of **connectivity**
2. Motivating **example**: stroke
3. DCM framework & **Bayesian model comparison**
4. Specific models for **fMRI**
5. Stroke example - **results**
6. Group analysis using **PEB**

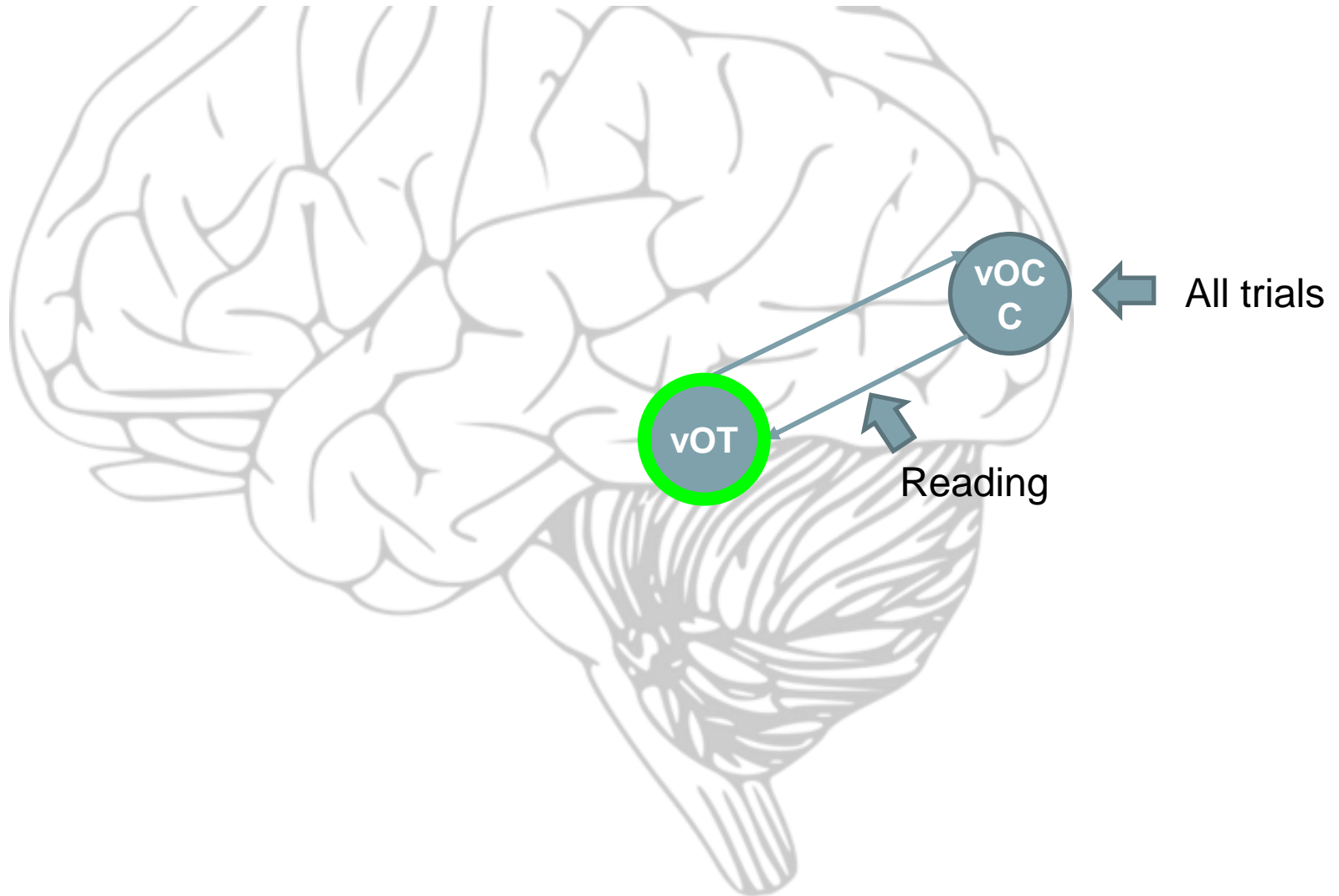
The Neural Model

“How does brain activity, z , change over time?”

$$\dot{z} = \left(A + \sum_{j=1}^m u_j B^j \right) z + Cu$$

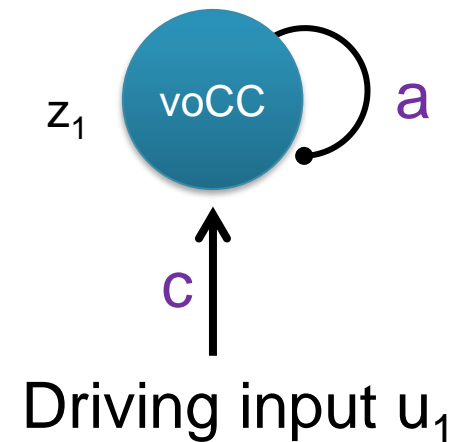
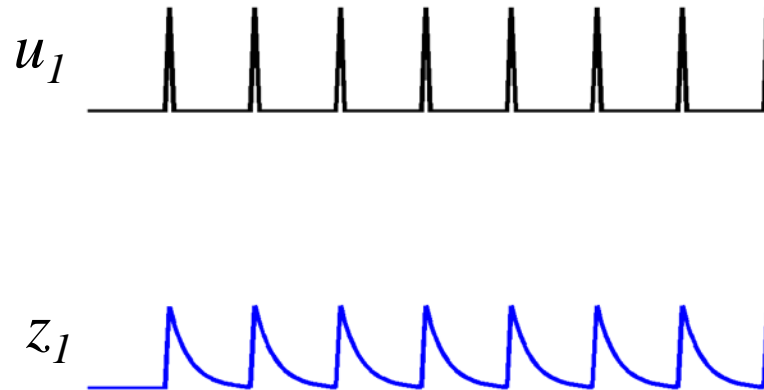
Friston et al. 2003

The Neural Model



The Neural Model

“How does brain activity, z , change over time?”



$$\dot{z}_1 = az + cu_1$$

Inhibitory self-connection (Hz).
Rate constant: controls rate of decay
in region 1. More negative = faster
decay.

The Neural Model

“How does brain activity, z , change over time?”

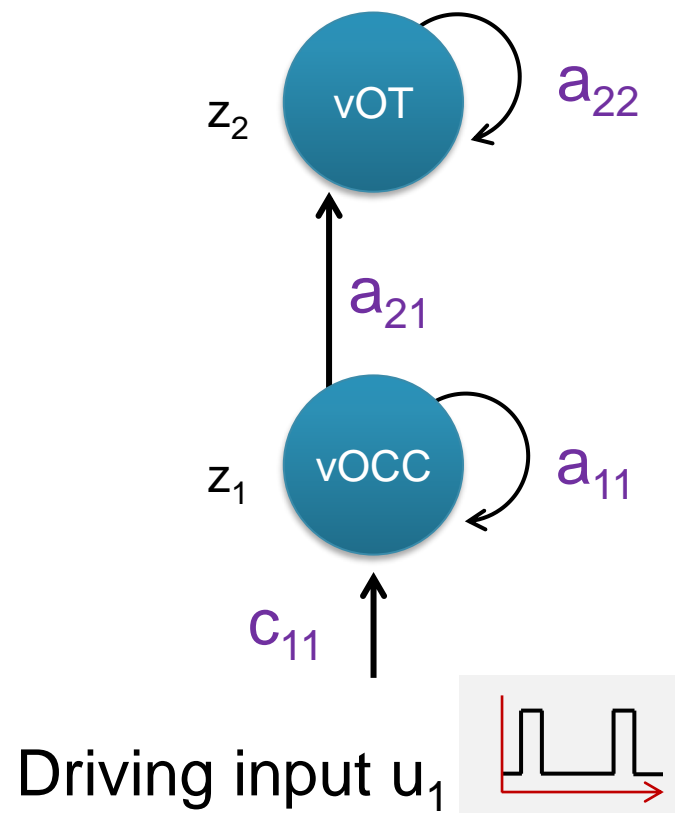
Change of activity in vOCC:

$$\dot{z}_1 = a_{11}z_1 + c_{11}u_1$$

Change of activity in vOT:

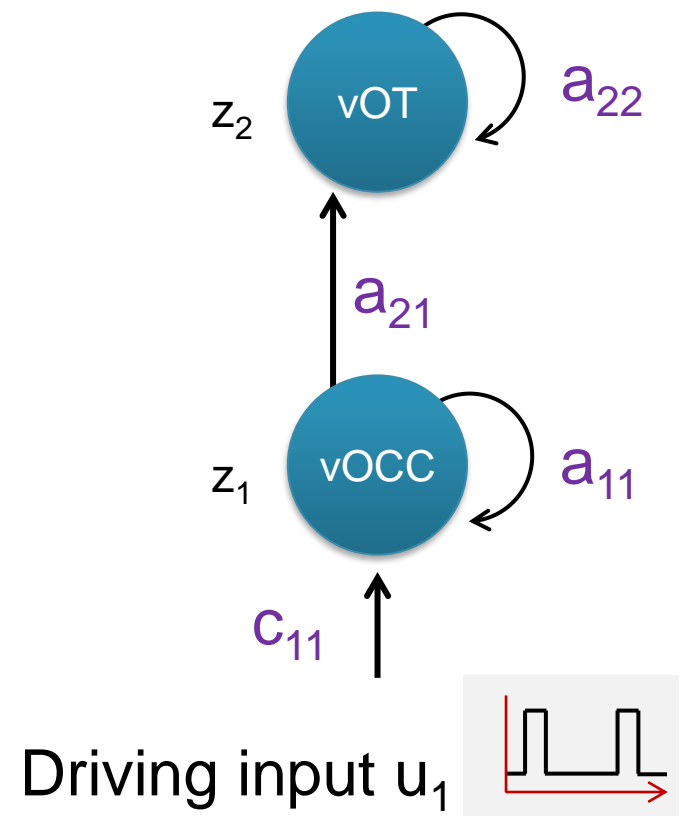
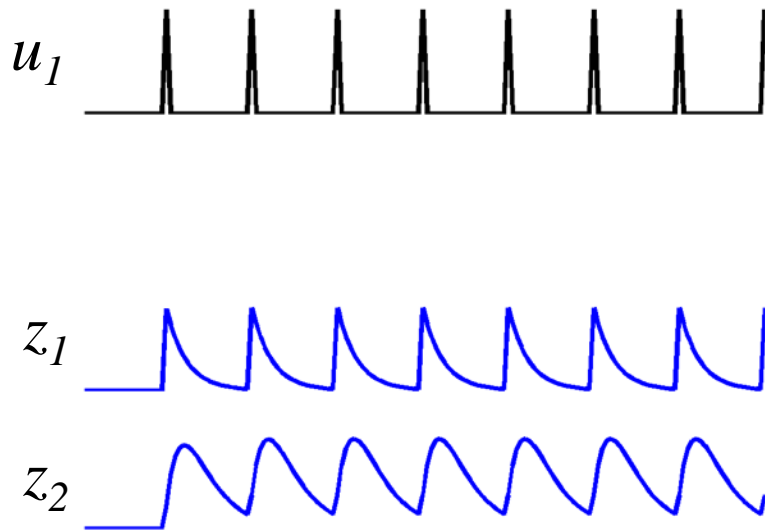
$$\dot{z}_2 = a_{22}z_2 + a_{21}z_1$$





The Neural Model

“How does brain activity, z , change over time?”



The Neural Model

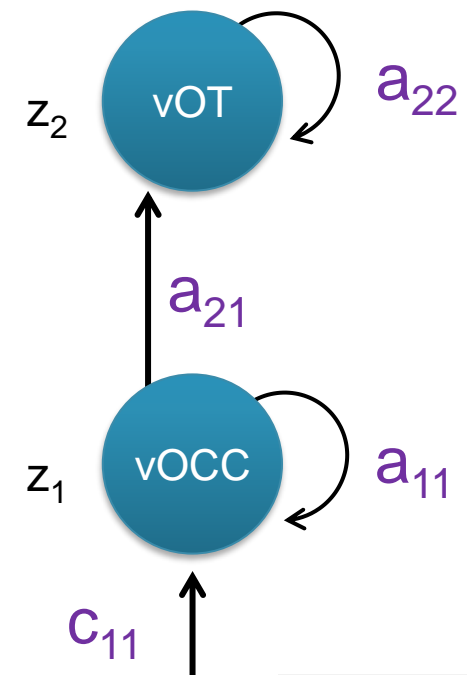
“How does brain activity, z , change over time?”

$$\begin{bmatrix} \dot{z}_1 \\ \dot{z}_2 \end{bmatrix} = \begin{bmatrix} a_{11} & 0 \\ a_{21} & a_{22} \end{bmatrix} \begin{bmatrix} z_1 \\ z_2 \end{bmatrix} + \begin{bmatrix} c_{11} \\ 0 \end{bmatrix} u_1$$

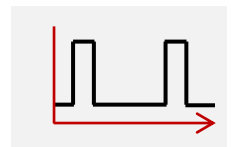


Columns are outgoing connections
Rows are incoming connections

$$\dot{z} = Az + Cu_1$$

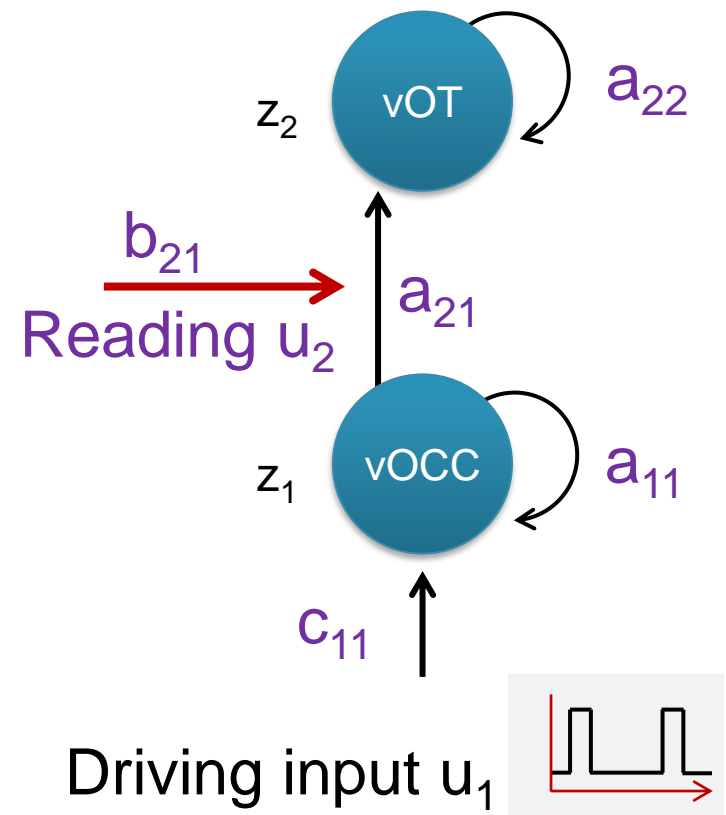
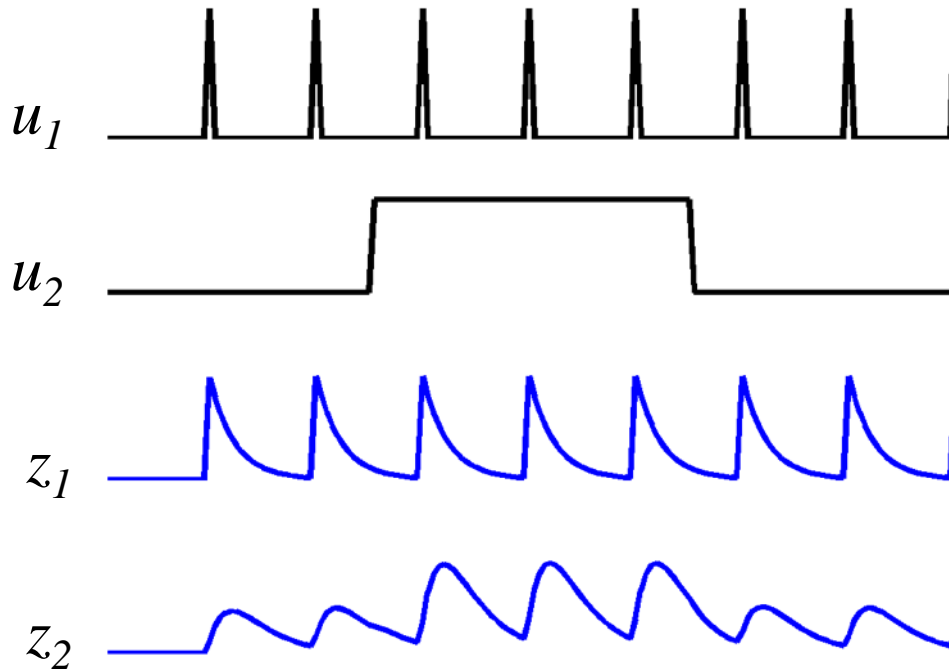


Driving input u_1



The Neural Model

“How does brain activity, z , change over time?”



The Neural Model

“How does brain activity, z , change over time?”

Change of activity in vOCC:

$$\dot{z}_1 = a_{11}z_1 + c_{11}u_1$$

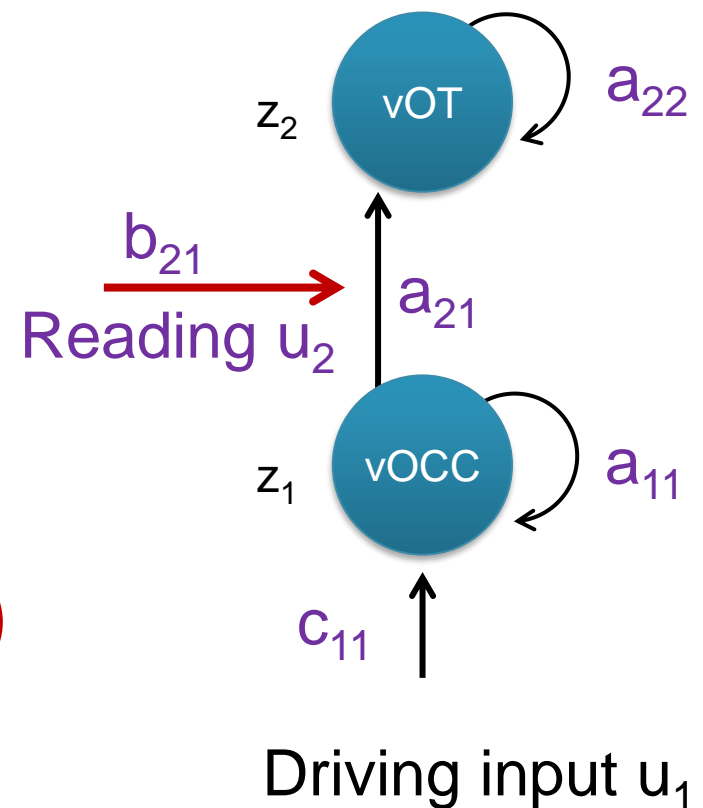
Change of activity in vOT:

$$\dot{z}_2 = a_{22}z_2 + a_{21}z_1 + (b_{21}u_2)z_1$$

↑
Self decay

↑
V1 input

↑
Modulatory input

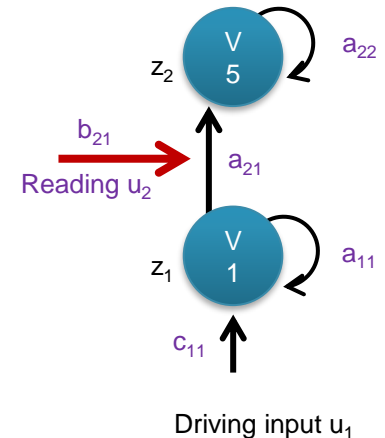


The Neural Model

“How does brain activity, z , change over time?”

For m inputs:

$$\dot{z} = \left(A + \sum_{j=1}^m u_j B^j \right) z + C u$$



Columns: outgoing connections
Rows: incoming connections

A: Structure **B: Modulatory Input** **C: Driving Input**

$$\begin{bmatrix} \dot{z}_1 \\ \dot{z}_2 \end{bmatrix} = \left(\begin{bmatrix} a_{11} & 0 \\ a_{21} & a_{22} \end{bmatrix} + u_2 \begin{bmatrix} 0 & 0 \\ b_{21} & 0 \end{bmatrix} \right) \begin{bmatrix} z_1 \\ z_2 \end{bmatrix} + \begin{bmatrix} c_{11} & 0 \\ 0 & 0 \end{bmatrix} \begin{bmatrix} u_1 \\ u_2 \end{bmatrix}$$

Change in activity per region

External input 2 (attention)

Current activity per region

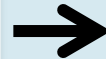
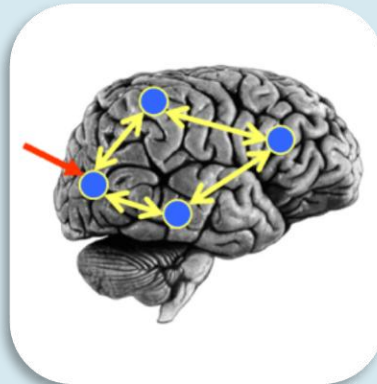
All external input

DCM Framework

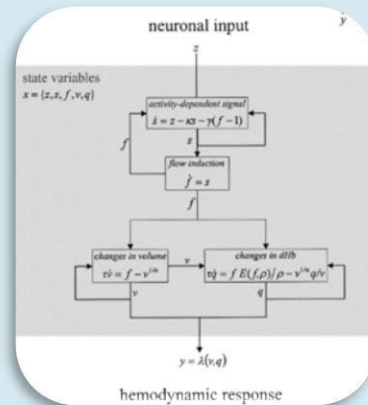
Experimental Stimulus (u)



Neural Model



Observation Model



Observations (y)



How brain activity z changes over time

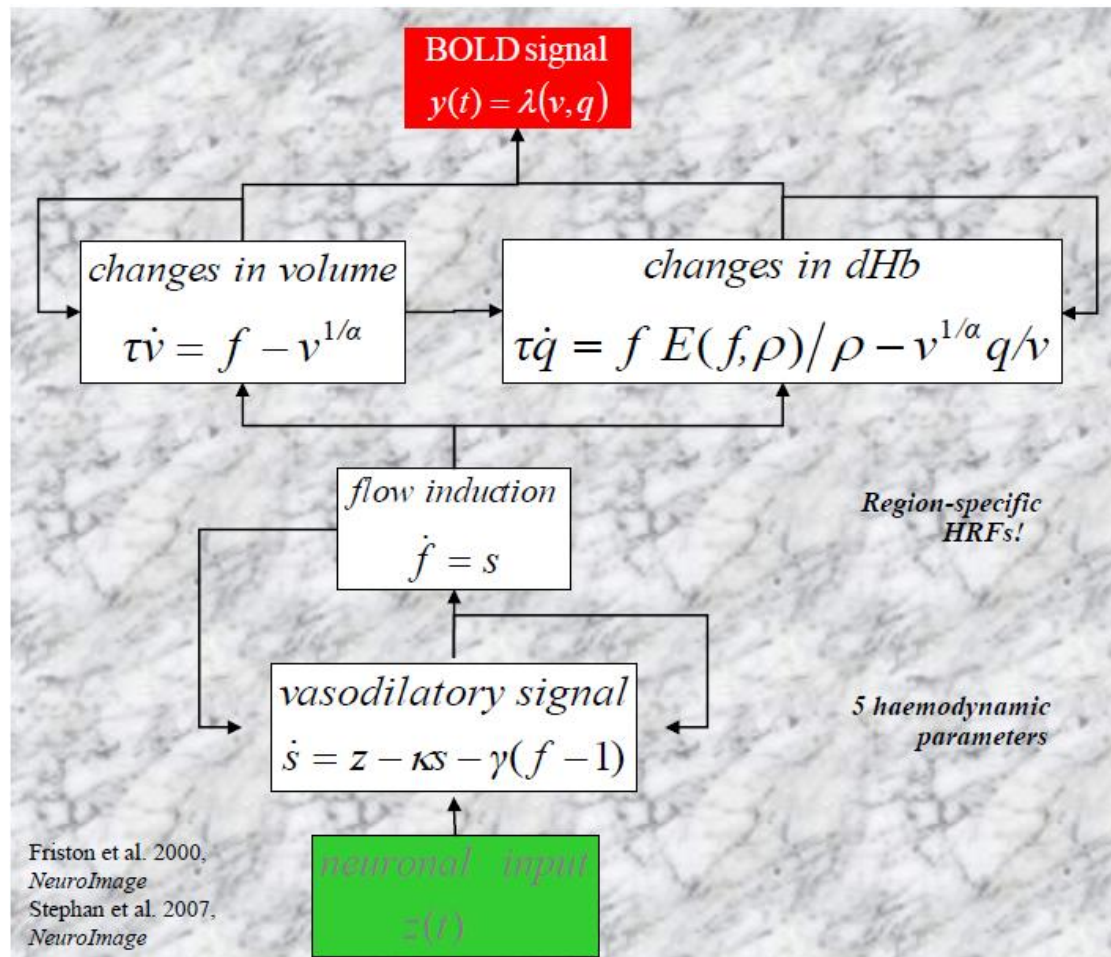
$$\dot{z} = f(z, u, \theta^n)$$



What we would see in the scanner, y, given the neural model?

$$y = g(z, \theta^h)$$

The Haemodynamic Model



Contents

1. Types of **connectivity**
2. Motivating **example**: stroke
3. DCM framework & **Bayesian model comparison**
4. Specific models for **fMRI**
5. Stroke example - **results**
6. Group analysis using **PEB**

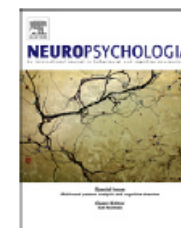
Neuropsychologia 50 (2012) 3621–3635



Contents lists available at SciVerse ScienceDirect

Neuropsychologia

journal homepage: www.elsevier.com/locate/neuropsychologia



Research Report

Reading without the left ventral occipito-temporal cortex

Mohamed L. Seghier^{a,*}, Nicholas H. Neufeld^{a,b}, Peter Zeidman^a, Alex P. Leff^a, Andrea Mechelli^c, Arjuna Nagendran^a, Jane M. Riddoch^d, Glyn W. Humphreys^{d,e}, Cathy J. Price^a

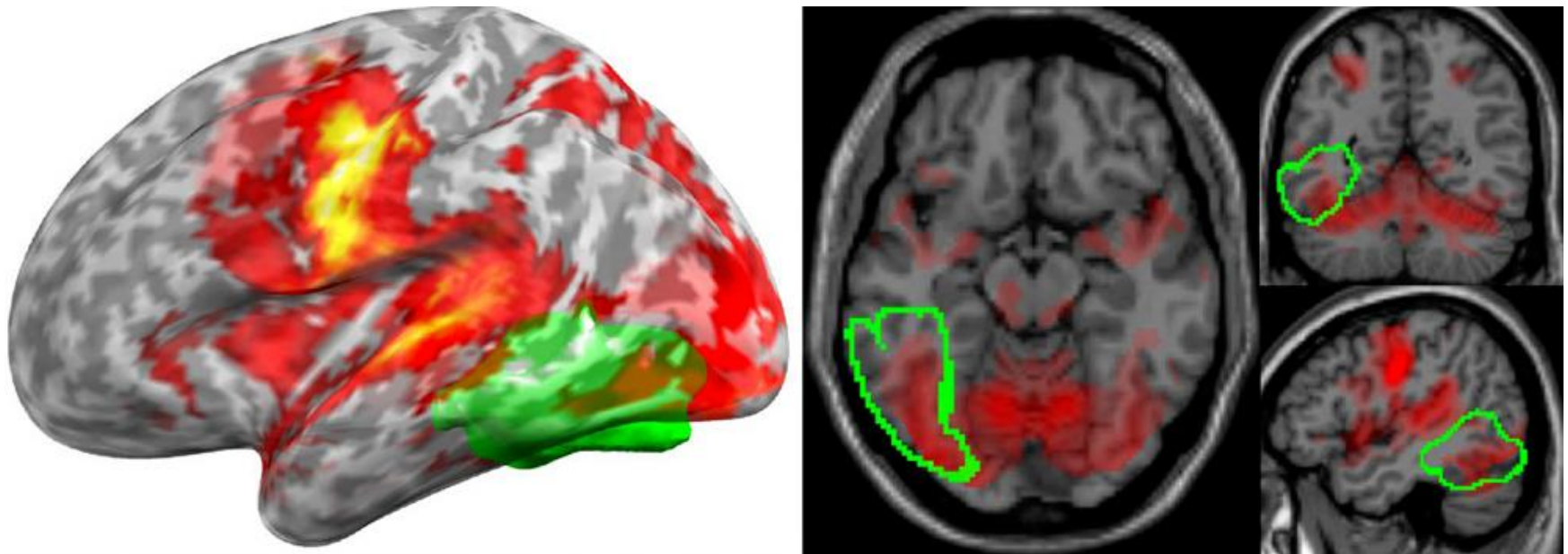
^a Wellcome Trust Centre for Neuroimaging, Institute of Neurology, UCL, London WC1N 3BG, UK

^b University of Toronto, Toronto, ON, Canada M5S 1A8

^c Institute of Psychiatry, King's College London, London SE5 8AF, UK

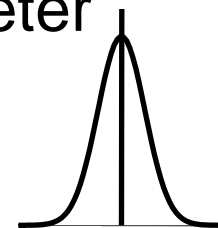
^d School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK

^e Department of Experimental Psychology, Oxford University, Oxford OX3 9DU, UK



- Reading > fixation (29 controls)
- Lesion (Patient AH)

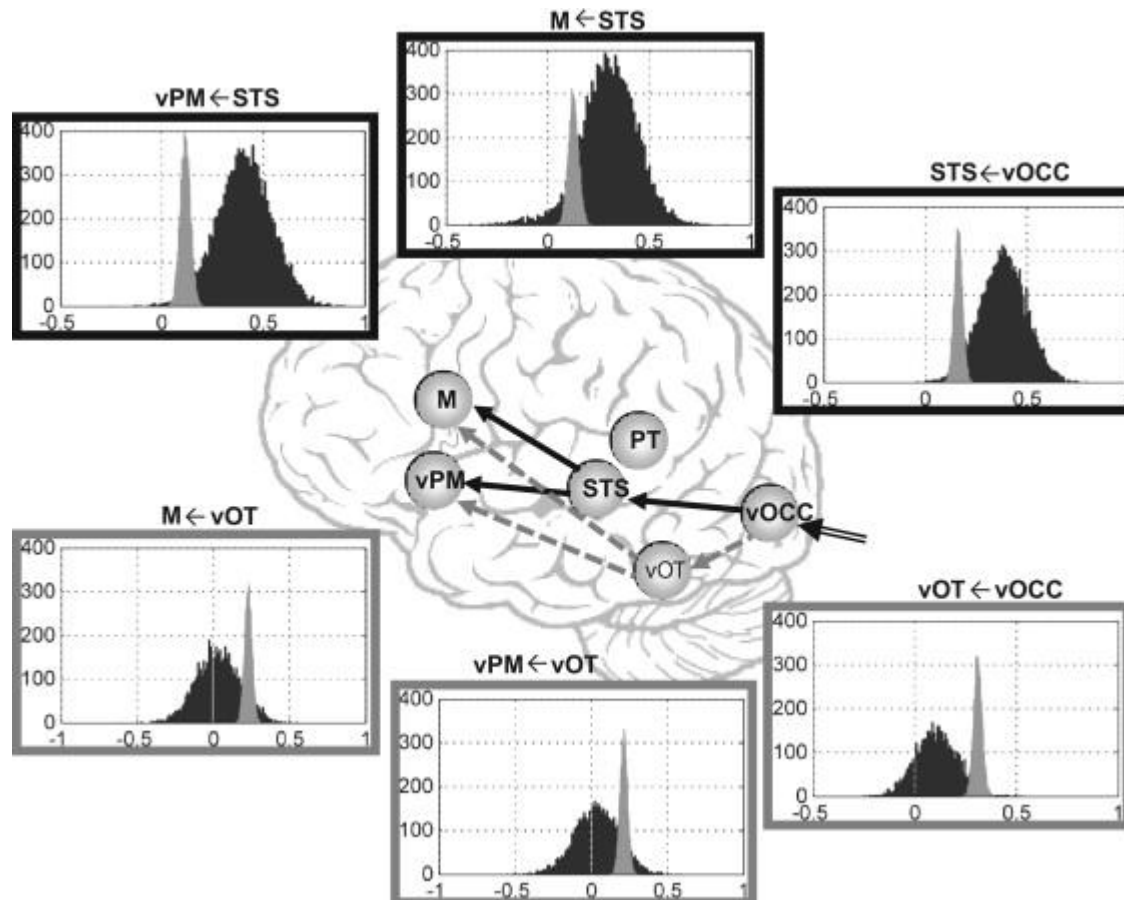
1. We specified DCMs for every subject (patient and controls)
2. We fitted these models to the subjects' data (model estimation or inversion) to give:
 - Posterior probability distribution for each parameter $p(\theta|y, m)$
 - Estimate of the model evidence $p(y|m)$



$$F \cong \log p(y|m) = \text{accuracy} - \text{complexity}$$

 Free energy

3. We chose the models with the highest evidence and then inspected their parameters.



Key:
 Controls
 Patient

Contents

1. Types of **connectivity**
2. Motivating **example**: stroke
3. DCM framework & **Bayesian model comparison**
4. Specific models for **fMRI**
5. Stroke example - **results**
6. Group analysis using **PEB**

Parametric Empirical Bayes (PEB)

The connectivity parameters are taken to the group level and modelled using a (Bayesian) General Linear Model

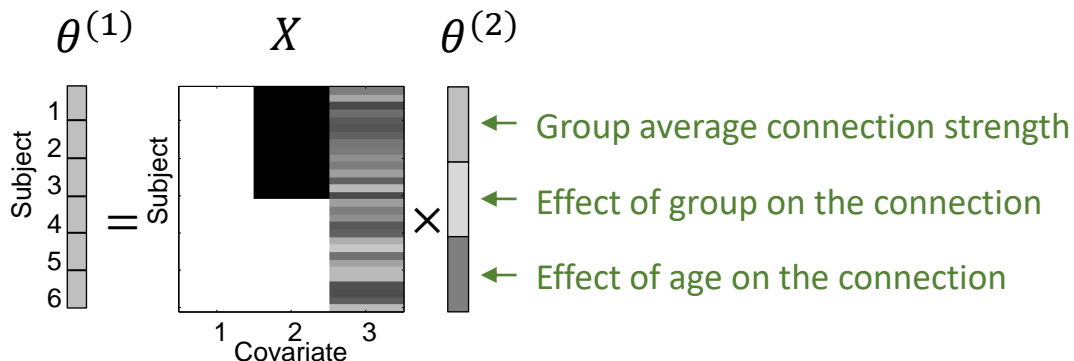
Estimated connections from all participants

Design matrix (covariates)

Group level parameters

$$\theta^{(1)} = X\theta^{(2)} + \epsilon^{(2)}$$

← Unexplained between-subject variability



Outputs:

- One free energy for the entire group-level model (DCMs and GLM).
- Group-level parameters (effect of each covariate on each connection)

Summary

- DCM is a framework which enables us to make inferences about the effective connectivity of brain regions, which we can't directly observe
- We create one or more generative models, each expressing a hypothesis
- We invert the model(s), using Bayesian inference to estimate coupling parameters and the model evidence
- We compare models using Bayesian Model Comparison

Further reading and training

Tutorial papers:

Part 1 - DCM for fMRI	Zeidman, P., Jafarian, A., Corbin, N., Seghier, M.L., Razi, A., Price, C.J., Friston, K.J. A guide to group effective connectivity analysis, part 1: First level analysis with DCM for fMRI. <i>NeuroImage</i> , 200, pp. 174-190. 2019.
Part 2 - Group analysis with PEB	Zeidman, P., Jafarian, A., Seghier, M.L., Litvak, V., Cagnan, H., Price, C.J., Friston, K.J. A guide to group effective connectivity analysis, part 2: Second level analysis with PEB. <i>NeuroImage</i> , 200, pp. 12-25. 2019.