

DCM for resting-state fMRI

Dr George Thomas



DEMENTIA RESEARCH CENTRE

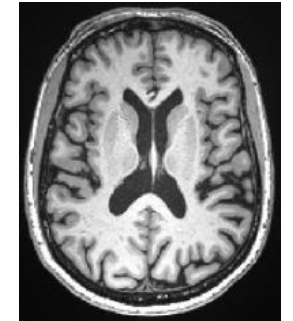
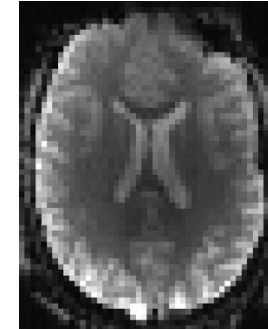
Learning objectives

1. When and why should you use resting-state DCM?
2. How does it differ from 'conventional' DCM?
3. What is a spectral DCM?
4. How do you specify a subject level spectral-DCM and test group-level hypotheses? (practical)

When and why to use resting-state DCM

Why use resting-state DCM?

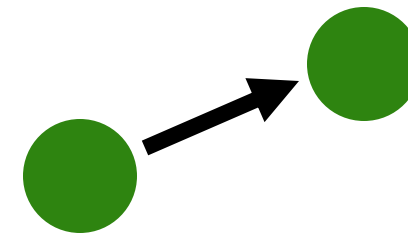
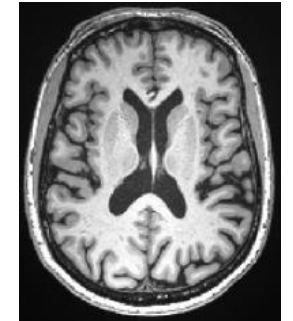
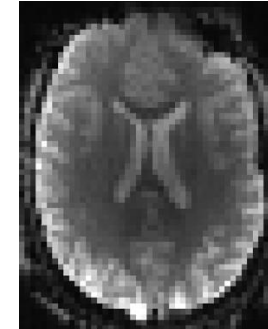
1. You have / are planning to collect* some resting-state fMRI data
2. You have / are planning to collect some anatomical data
3. **You have a question you want to answer**



* Would task-based be better for your question?

What do you need?

1. Some resting-state fMRI data
2. Some anatomical data
3. **A question you want to answer**
 - a) **Some pre-defined regions you are interested in**
 - b) **Some hypotheses about how they are communicating with each other**



Defining hypotheses



- DCM is not an exploratory methodology.
- No task – hypotheses are likely to be related to group differences
- Which regions are likely to be important in your group?
- How do you think **directional** connectivity between these regions might change?

Region selection



- Co-ordinates will not be driven by task activation
- Some other options include:
 - From the literature
 - Structural segmentation
 - Seed-based functional connectivity
 - ICA-type analyses
- **Most importantly – driven by your hypothesis**

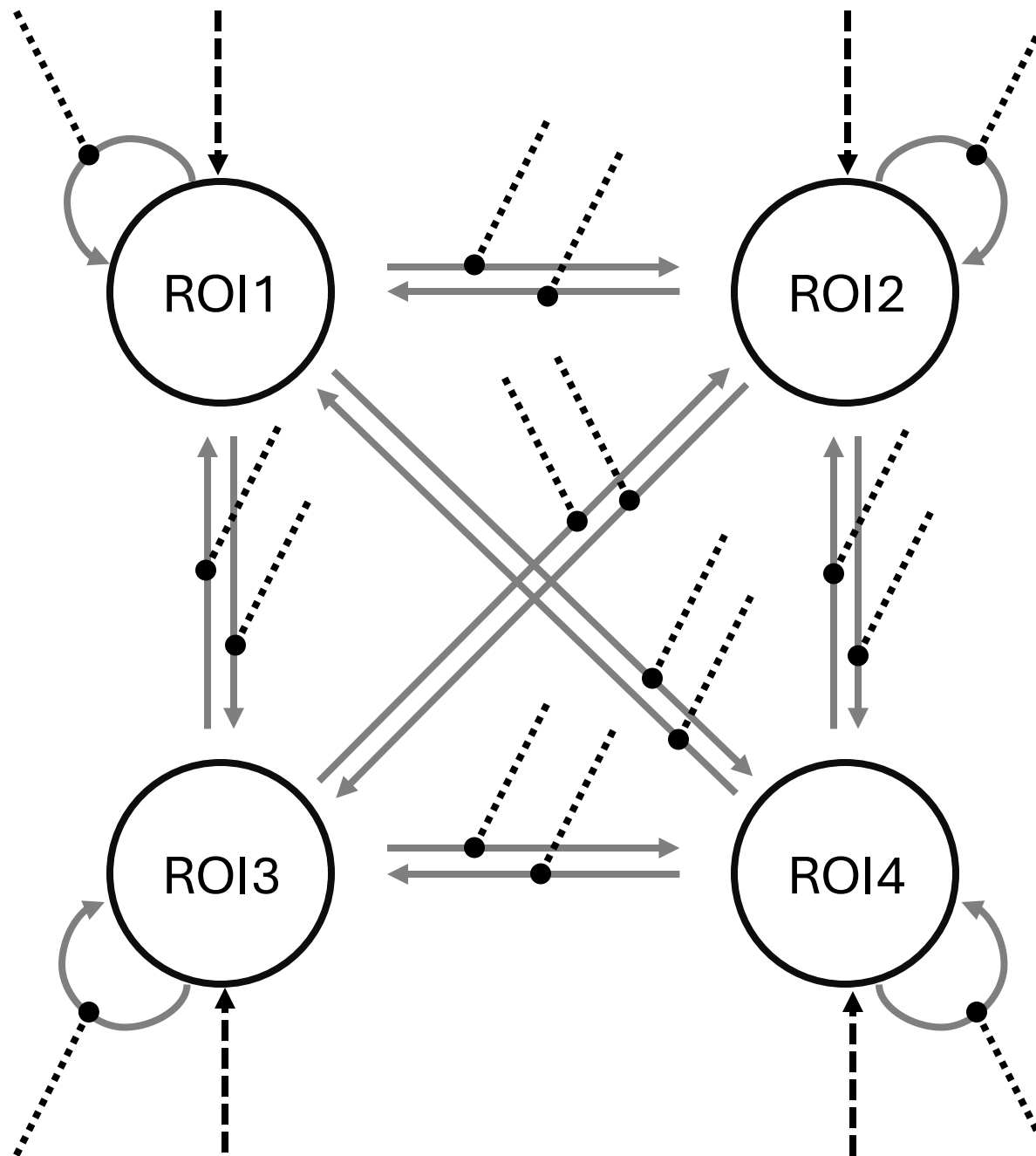
How does resting-state DCM differ from task DCM?

→ Extrinsic connections

↻ Intrinsic connections

--- Driving inputs
No external inputs in
resting-state fMRI!

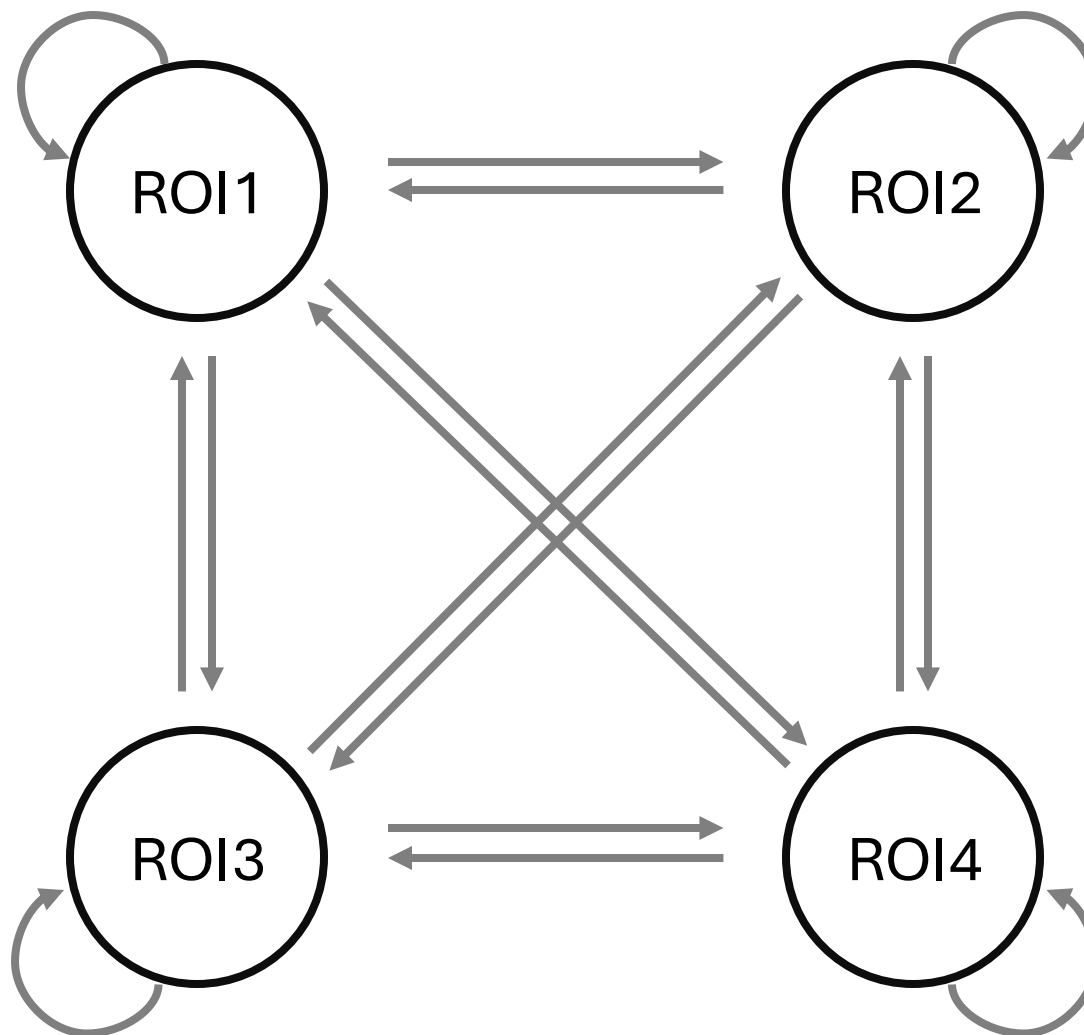
...● Modulatory inputs



→ Extrinsic connections

↻ Intrinsic connections

No external inputs in
resting-state fMRI!



$$\begin{aligned}\dot{\mathbf{z}} &= \mathbf{J}\mathbf{z} \\ \mathbf{J} &= \mathbf{A}\end{aligned}$$

- No C matrix (driving)
- No B matrix (modulation)
- No inputs (u)
- Just the A matrix (connectivity)

- You just need to define intrinsic and extrinsic connectivity matrices

$$\underbrace{\mathbf{J} = -0.5 \cdot \exp(\mathbf{A}_I)}_{\text{Intrinsic (self-inhibition)}} \cdot \underbrace{\mathbf{A}_E}_{\text{Extrinsic (between-region)}}$$

$$\mathbf{A}_I = \begin{bmatrix} A_{I\,1} & 0 & 0 & \dots \\ 0 & A_{I\,2} & 0 & \dots \\ 0 & 0 & A_{I\,3} & \dots \\ \vdots & \vdots & \vdots & \ddots \end{bmatrix} \quad \mathbf{A}_E = \begin{bmatrix} 0 & A_{E\,1,2} & A_{E\,1,3} & \dots \\ A_{E\,2,1} & 0 & A_{E\,2,3} & \dots \\ A_{E\,3,1} & A_{E\,3,2} & 0 & \dots \\ \vdots & \vdots & \vdots & \ddots \end{bmatrix}$$

PROBLEM – Nothing is happening!

What drives the system?


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



Hidden
neuronal states



Connectivity
parameters



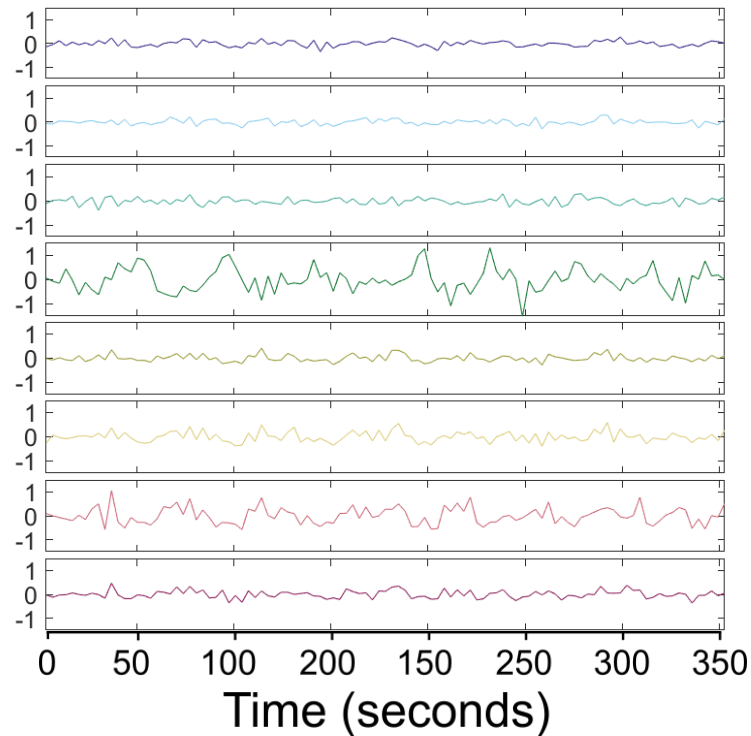
Endogenous
neuronal
fluctuations

ANOTHER PROBLEM – these fluctuations are
time-varying and difficult to estimate

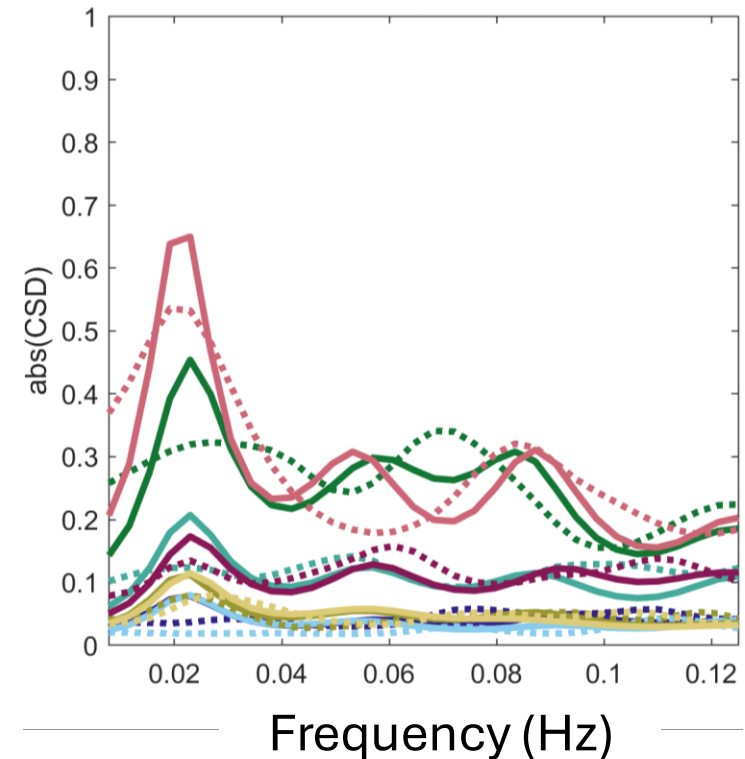
Spectral DCM

Simplifying model inversion

- **Q)** How to simplify computation?
- **A)** Model cross-spectral densities, rather than timeseries



Fourier
transform*



* of cross-correlation function

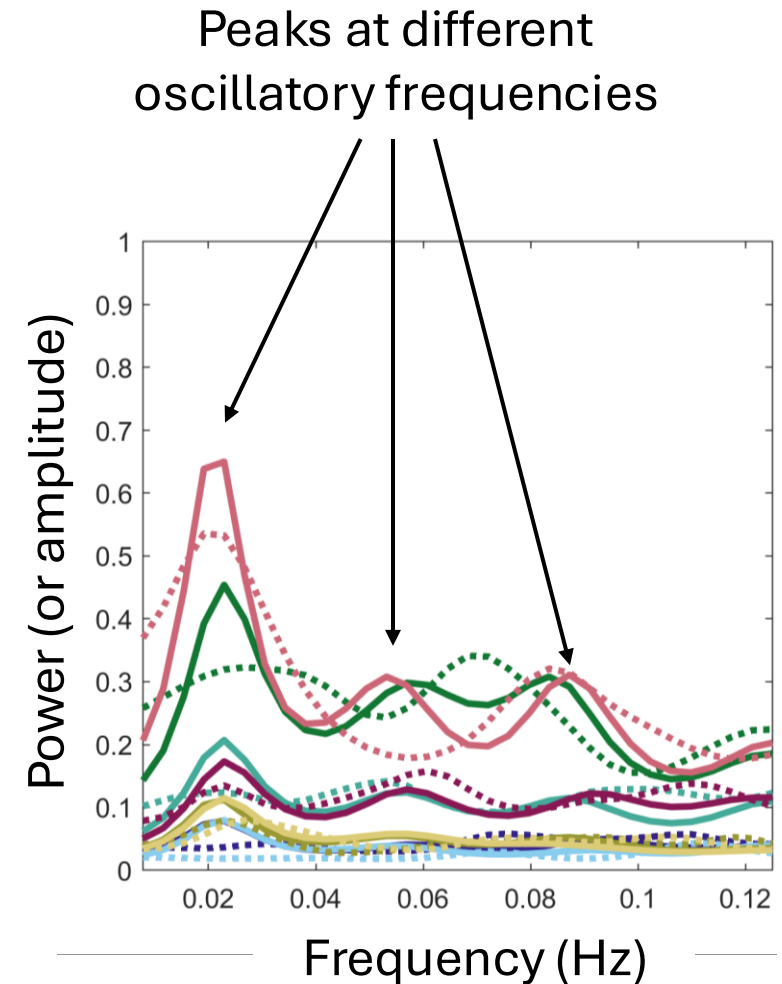
Cross-spectral density

- Correlation in activity between regions (i,j) at different temporal lags (τ)
- At zero lag ($\tau = 0$), this is standard functional connectivity between i,j
- DCM looks at all lags

$$c_{ij}(\tau) = \frac{\rho_{ij}(\tau)}{\sqrt{\rho_{ii}(0) \cdot \rho_{jj}(0)}}$$

Cross-correlation function

Fourier
transform



Cross-spectral density

Why is this simpler?

- Move from time to frequency domain
- No longer need to estimate **time-varying** neuronal fluctuations
- Just need to estimate their **time-invariant** covariance
- This can be described by **two** parameters $\{\alpha, \beta\} \subset \theta$:

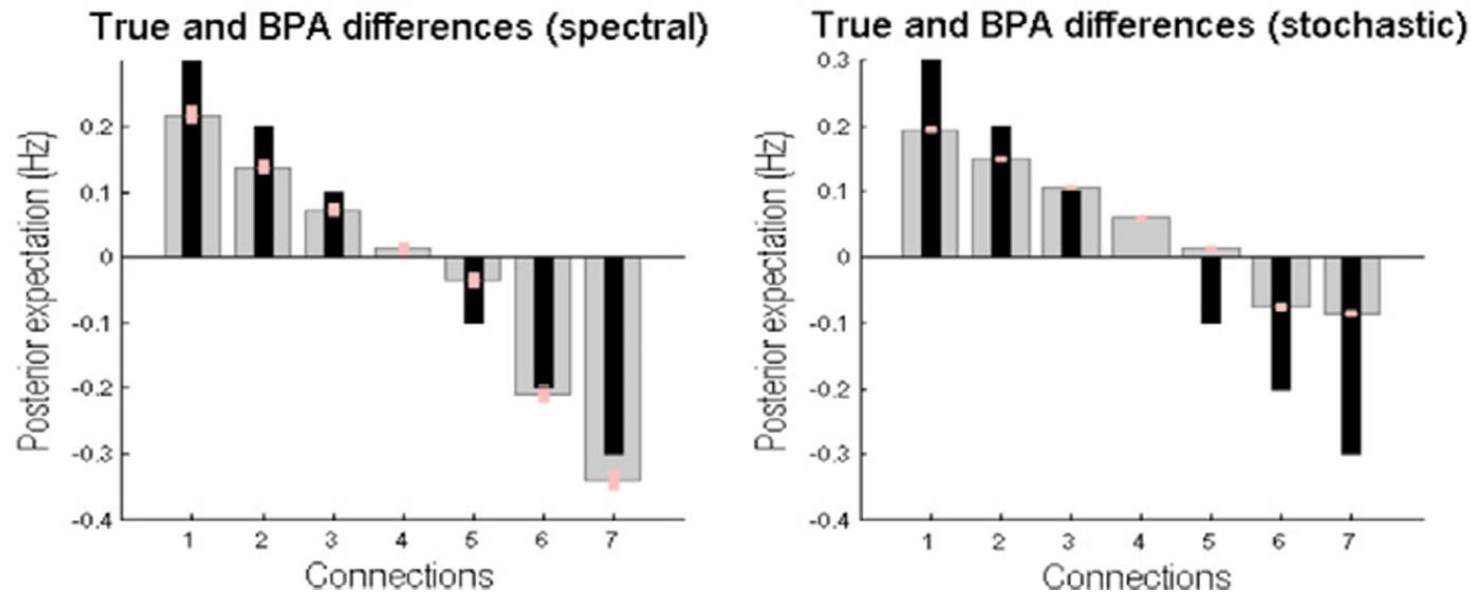
$$g_v(\omega, \theta) = \alpha_v \omega^{-\beta_v}$$

$$g_e(\omega, \theta) = \alpha_e \omega^{-\beta_e}$$

- These describe the amplitudes and exponents of the spectral density of the neuronal fluctuations

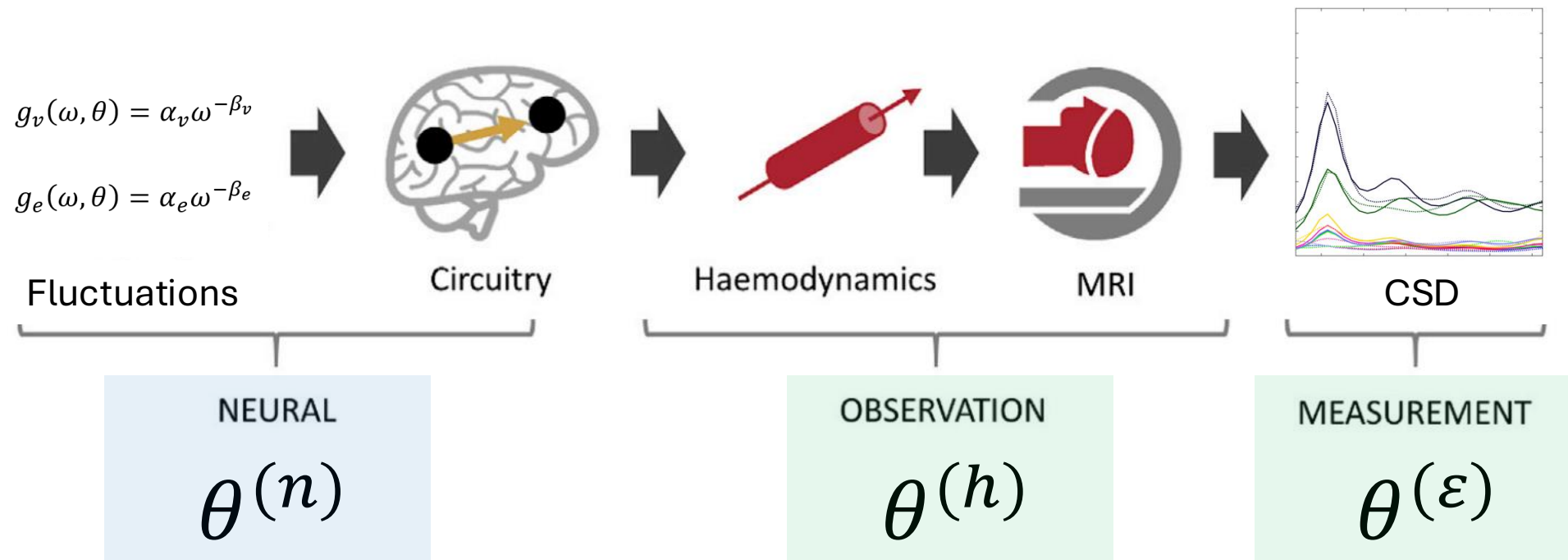
Does it work well? (yes)

- Not just computationally more efficient:



Razi, 2015,
Neuroimage

- **BUT:** assumes that effective connectivity is stationary over time



$$\dot{z} = f(z(t), \theta^{(n)}) + v(t)$$

$$y = g(z(t), \theta^{(h)}) + X_0 \beta_0 + \varepsilon(t)$$

Model inversion / testing hypotheses

Model inversion (example in practical)

- Method is identical to that used for ‘conventional’ DCM
- How well does it explain the data vs how far does it stray from priors?
- Model evidence, $\ln p(y|m)$, approximated by free energy

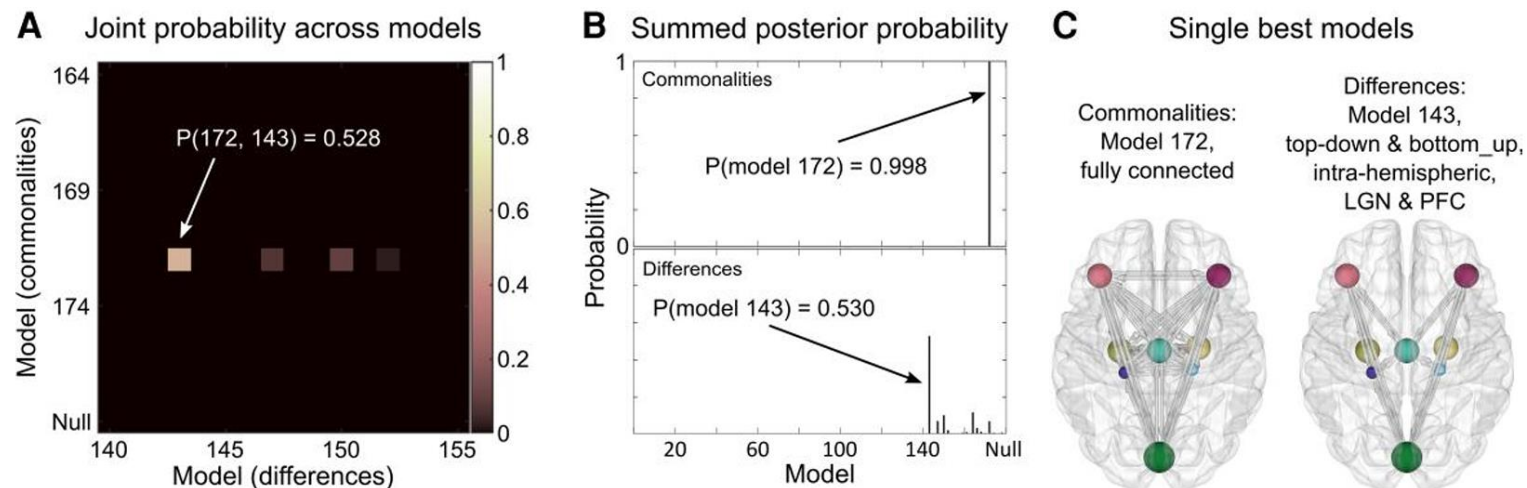
Table 1

Priors on parameters (haemodynamic priors have been omitted for simplicity).

Parameter	Description	Prior mean	Prior variance
$\ln(-A_{ii})$	Inhibitory self connections	$\ln \frac{1}{2}$	$\frac{1}{256}$
A_{ij}	Extrinsic effective connectivity	$\frac{1}{128}$	$\frac{1}{64}$
$\ln(\alpha)$	Amplitude of fluctuations	0	$\frac{1}{64}$
$\ln(\beta)$	Exponent of fluctuations	0	$\frac{1}{64}$

Testing hypotheses (example in practical)

- Again, identical methods to those used for task-based DCM
- Parametric empirical Bayes (PEB) to build a group level model
- Compare group-level models using Bayesian model comparison (BMC) or nested models using Bayesian model reduction (BMR)



Thanks!

Reading

- Intro to spectral DCM:

Friston, K.J. *et al.* (2014) 'A DCM for resting state fmri', *NeuroImage*, 94, pp. 396–407. doi:10.1016/j.neuroimage.2013.12.009.

- Validation of spectral DCM:

Razi, A. *et al.* (2015) 'Construct validation of a DCM for resting state fmri', *NeuroImage*, 106, pp. 1–14. doi:10.1016/j.neuroimage.2014.11.027.

- Peter Zeidman tutorial papers:

Zeidman, P., Jafarian, A., Corbin, N., *et al.* (2019) 'A guide to group Effective Connectivity Analysis, part 1: First Level Analysis with DCM for fmri', *NeuroImage*, 200, pp. 174–190. doi:10.1016/j.neuroimage.2019.06.031.

Zeidman, P., Jafarian, A., Seghier, M.L., *et al.* (2019) 'A guide to group Effective Connectivity Analysis, part 2: Second level analysis with PEB', *NeuroImage*, 200, pp. 12–25. doi:10.1016/j.neuroimage.2019.06.032.

- Example application in Parkinson's disease:

Thomas, G.E. *et al.* (2022) 'Changes in both top-down and bottom-up effective connectivity drive visual hallucinations in parkinson's disease', *Brain Communications*, 5(1). doi:10.1093/braincomms/fcac329.