Foundations of functional MRI: physics and neurophysiology

Methods and Models in fMRI, 25.09.2018

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Translational Neuromodeling Unit (TNU) Institute for Biomedical Engineering (IBT) University and ETH Zürich Many thanks to K. E. Stephan for material

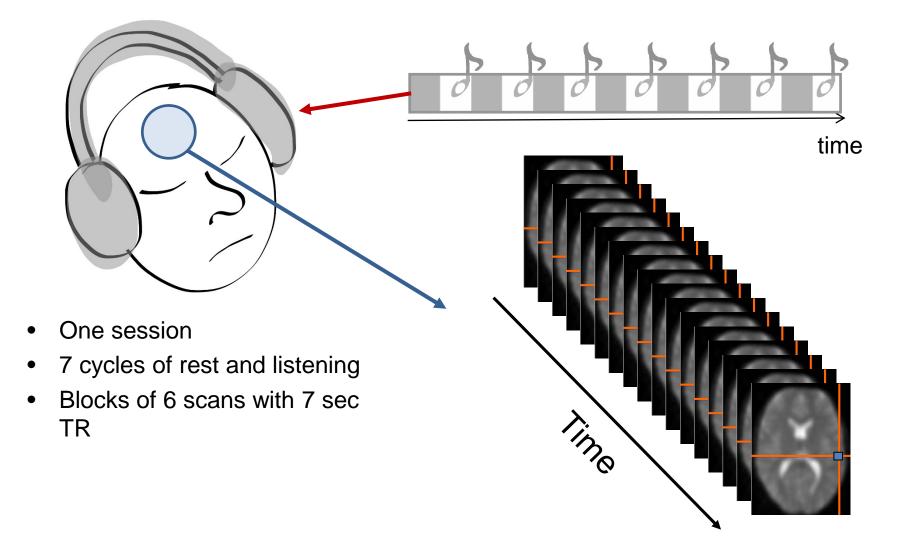




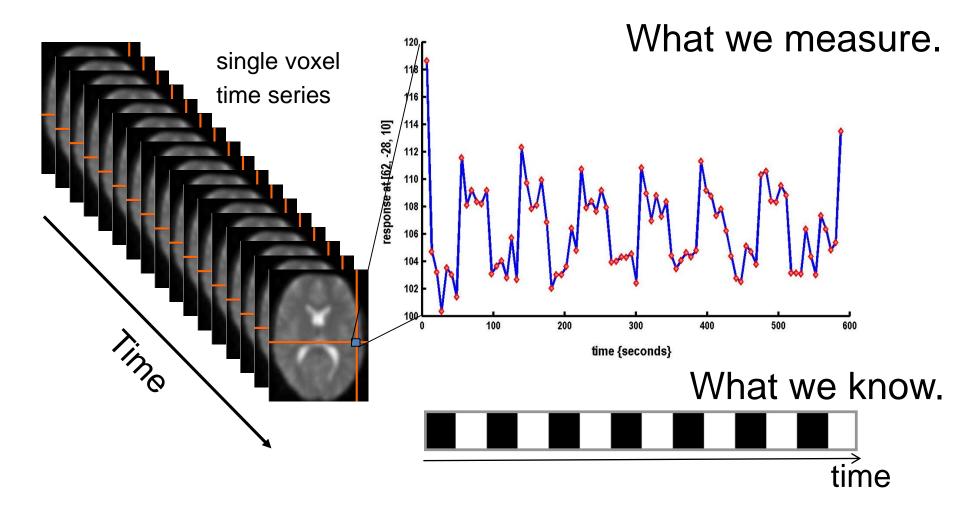


Eidgenössische Technische Hochschule Zürich Swiss Federal Institute of Technology Zurich

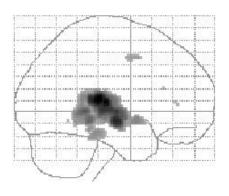
A very simple experiment

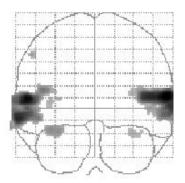


How is brain data related to the input?

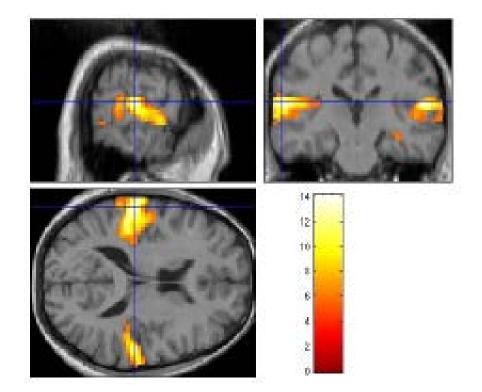


Statistical maps





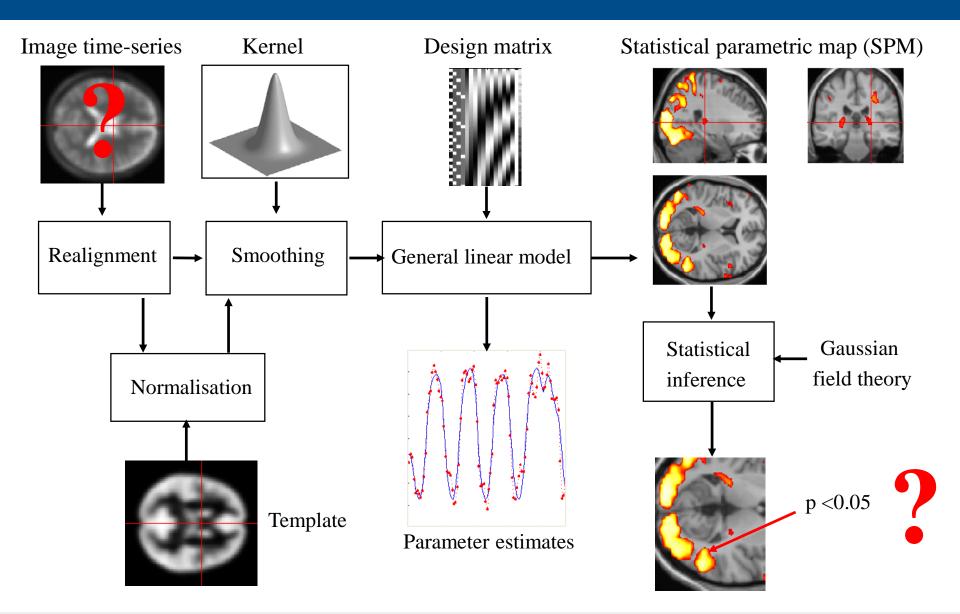
 $SPM{T_{73}}$



Glass brain

Sections

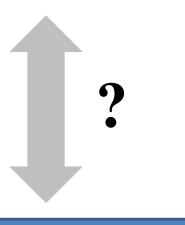
Overview of SPM



Indirect relationship between cognitive processes, neural processing and fMRI

Cognitive processes (Sensory, motor, etc.)

Information processing in ensembles of neurons, e.g. synaptic processes and neural spiking



Measured MRI signal

Control and measure

Try to infer something about

Indirect relationship between cognitive processes, neural processing and fMRI

Cognitive processes (Sensory, motor, etc.)

Control and measure

Information processing in ensembles of neurons, e.g. synaptic processes and neural spiking
Changes in blood flow, oxygen concentration, blood volume
Changes in MRI contrasts due to changes in

Changes in MRI contrasts due to changes in relative hemoglobin concentrations

Measured MRI signal

1. What do we measure with MRI?

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Cognitive processes (Sensory, motor, etc.)

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Changes in blood flow, oxygen concentration, blood volume

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Try to infer something about

relative hemoglobin concentrations

Changes in MRI contrasts due to changes in

Measured MRI signal

1. What do we measure with MRI?

1. What do we measure with MRI?

- Magnetic resonance measures the collective signal of many spins (of protons, i.e. hydrogen atoms).
- The magnetic resonance depends on the properties of the nucleus and – most important – on its surrounding.

\rightarrow But how does it work?

Material in a magnetic field

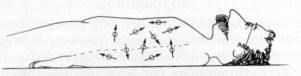


Figure 1-3 Under normal conditions, nuclear magnetic dipoles in the body are randomly distributed, which results in zero net magnetization.

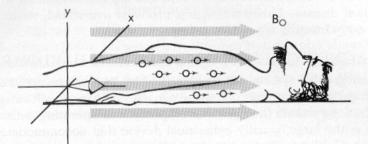
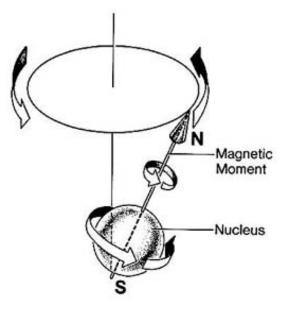


Figure 1-4 When a strong external magnetic field (B_0) is applied, the patient becomes polarized and net magnetization (M) appears.

Protons align with the magnetic field. We can measure the average magnetization.



Spin = rotation of a proton around some axis → magnetic moment

Images: www.fmri4newbies.com

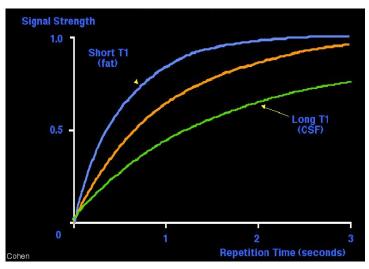
Excitation and relaxation of spins



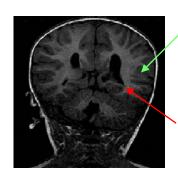
Excitation and relaxation of spins



Signal decay depends on tissue

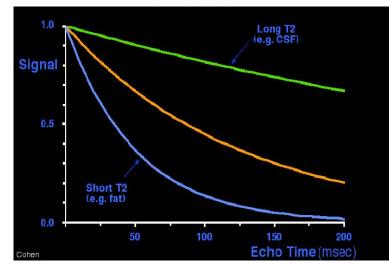


T1 = time constant of how quickly the protons realign with magnetic field

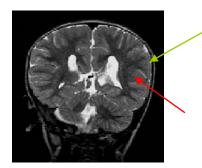


fat has high signal \rightarrow bright

CSF has low signal \rightarrow dark



T2 = time constant of how quickly the protons diphase when recovering to equilibrium



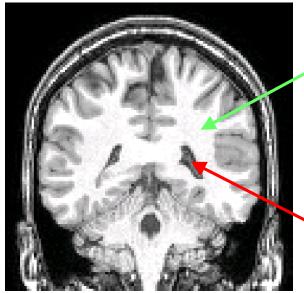
fat has low signal → dark

CSF has high signal \rightarrow bright

Images: fmri4newbies.com

Signal decay depends on tissue

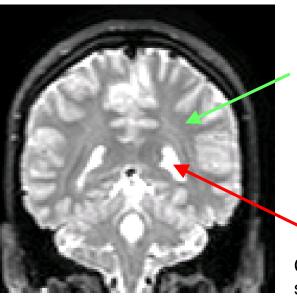
T1 = How quickly do protons realign with magnetic field?



fat has high signal \rightarrow bright

CSF has low signal \rightarrow dark

T2 = How quickly do protons emit energy (phase out) when recovering to equilibrium?



fat has low signal \rightarrow dark

CSF has high signal \rightarrow bright

T2* magnetization decay

- Decay of transverse magnetization has two factors:
 1) molecular interactions (tissue properties) (T2)
 2) local inhomogeneities of the magnetic field
- The combined time constant is called T2*.
- fMRI uses acquisition techniques (e.g. EPI) that are sensitive to changes in T2*.

The general principle of MRI:

- excite spins in static field by RF pulses & detect the emitted RF
- use an acquisition technique that is sensitive to local differences in T1, T2 or T2*
- construct a spatial image

2. What do we measure with fMRI?

Cognitive processes (Sensory, motor, etc.)

Information processing in ensembles of neurons, e.g. synaptic processes and neural spiking

Changes in blood flow, oxygen concentration, blood volume

Changes in MRI contrasts due to changes in relative hemoglobin concentrations

Measured MRI signal

Control and measure

Try to infer something about

2. What do we measure with fMRI?

fMRI uses T2* contrasts

- fMRI uses MRI sequences that measure T2* decay of protons.
- Depends on:
 - Molecular interaction
 - Local inhomogeneities of magnetic field

Functional MRI (fMRI)

Fast acquisition of T2*-weighted images (mostly echo planar imaging (EPI))

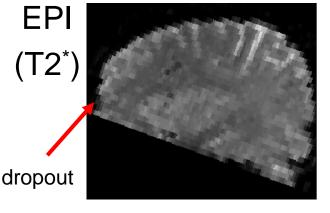
Spatial resolution: 1-3 mm (standard 3 T scanner)

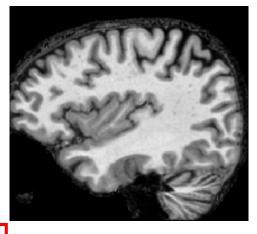
Sampling speed: 1 slice: 50-100 ms \rightarrow 2-4 secs per volume

Problems:

- distortion and signal dropouts in certain regions
- sensitive to head motion of subjects during scanning

Requires spatial pre-processing and statistical analysis.





What makes T2* weighted images "functional"?

T1

Magnetic properties of hemoglobine

CHEMISTRY: PAULING AND CORYELL PROC. N. A. S.

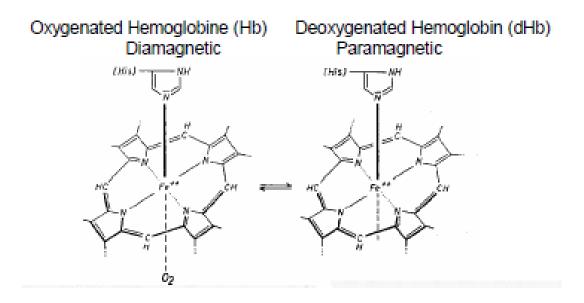
THE MAGNETIC PROPERTIES AND STRUCTURE OF HEMOGLOBIN, OXYHEMOGLOBIN AND CARBONMONOXYHEMOGLOBIN

210

By Linus Pauling and Charles D. Coryell

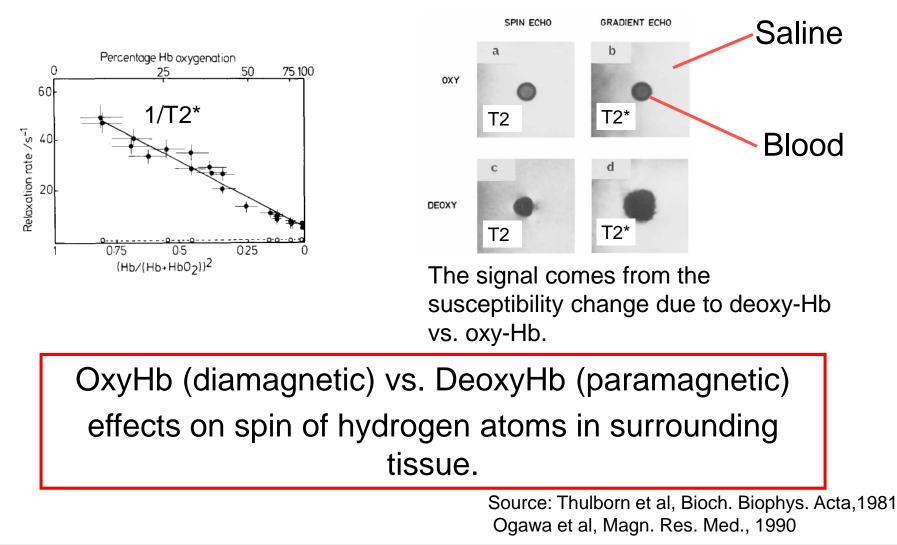
GATES CHEMICAL LABORATORY, CALIFORNIA INSTITUTE OF TECHNOLOGY

Communicated March 19, 1936



Magnetic properties of oxy- and deoxyhemoglobin

The more oxy-hemoglobin the larger (slower) is T2*



The BOLD effect

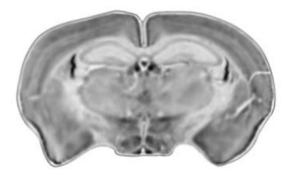
 BOLD (Blood Oxygenation Level Dependent) contrast measures inhomogeneities in the magnetic field due to changes in the level of O₂ in the blood

Oxygenated hemoglobin:

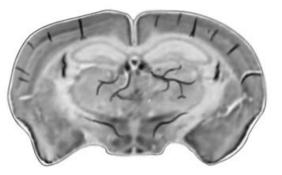
Diamagnetic (non-magnetic) \rightarrow no signal loss!

Deoxygenated hemoglobin:

Paramagnetic (magnetic) \rightarrow signal loss!



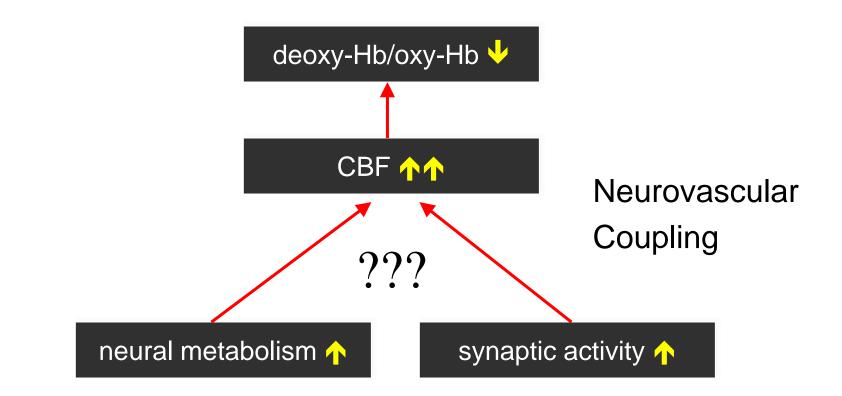
100 % O₂



Normal air

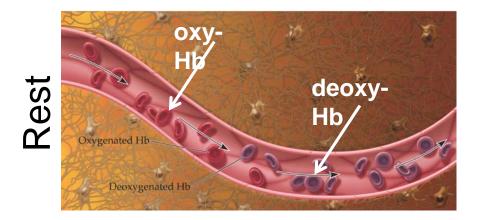
Source: Ogawa et al, Magn. Res. Med., 1990

The BOLD signal

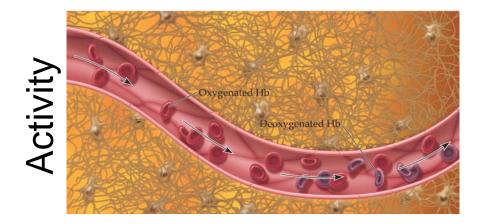


Increased neural activity leads to an over-compensatory increase of regional CBF, which decreases the relative amount of deoxy-Hb \rightarrow higher T2* signal intensity

Increased blood flow



↑ neural activity → ↑ blood flow → ↑ oxyhemoglobin → ↑ T2* → ↑ MR signal



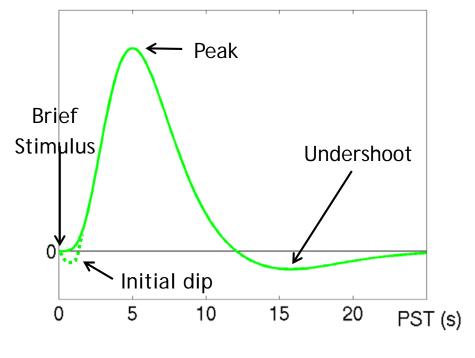
The hemodynamic response function (HRF)

sometimes shows initial undershoot \rightarrow initial dip

peaks after 4-6 secs

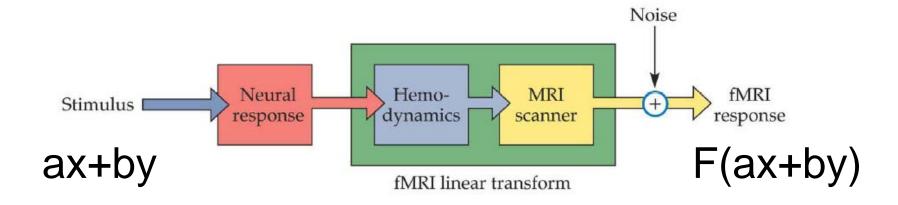
back to baseline after approx. 30 secs

can vary between regions and subjects



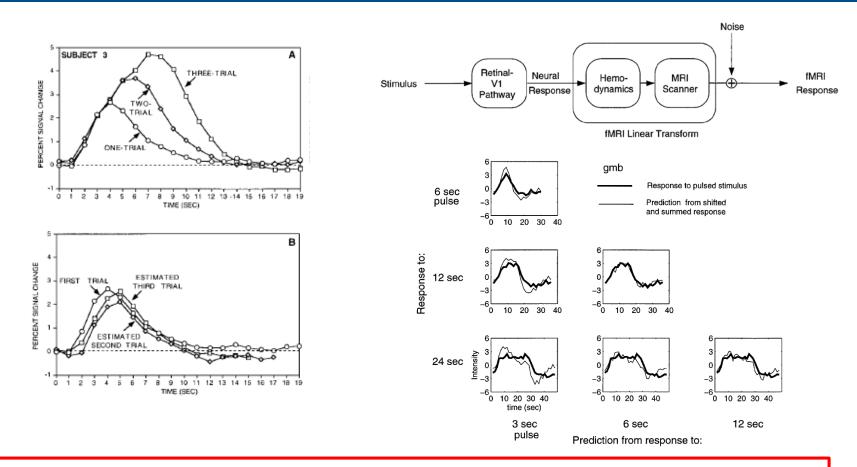
Hemodynamic response function = BOLD response to a brief stimulus

Approximation of HRF with linear transform?



F(ax+by) = aF(x) + bF(y)

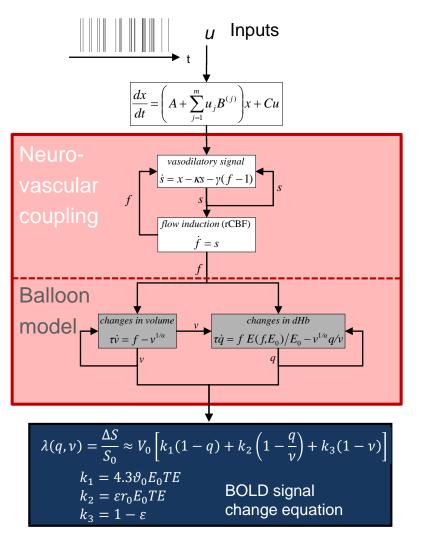
Evidence for linearity from early experiments

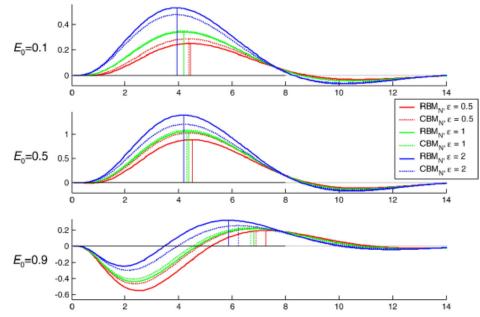


Although the HRF is non-linear, it is often a good approximation to consider the HRF being a linear transform.

Source: Dale and Buckner, Hum Brain Mapp, 1997; Boynton et al, J Neurosci, 1996

BOLD is a non-linear function of rCBF





- Blood volume and deoxyhemoglobine concentration are important
- cf. DCM in part 2.

Source: Stephan et al., NeuroImage, 2007

3. How is the BOLD signal related to neural activity?

Cognitive processes (Sensory, motor, etc.)

Control and measure

Information processing in ensembles of neurons, e.g. synaptic processes and neural spiking

Changes in blood flow, oxygen concentration, blood volume

Changes in MRI contrasts due to changes in relative hemoglobin concentrations

Measured MRI signal

Try to infer something about

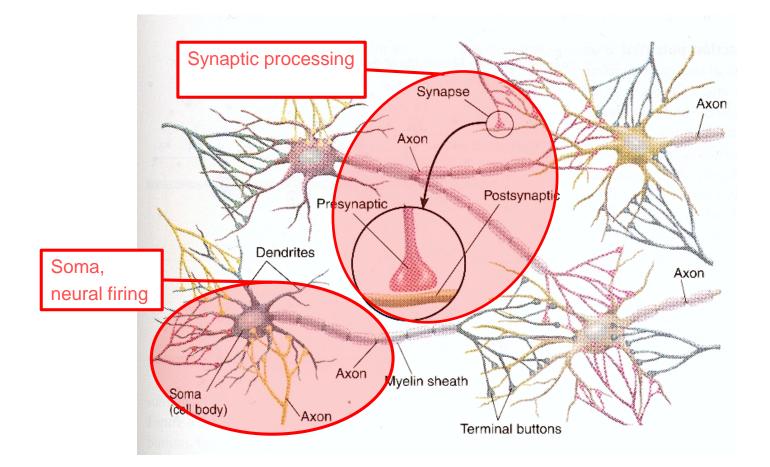
3. How is the BOLD signal related to neural processing?

3. How is the BOLD signal related to neural activity?

Three important questions:

- 1. Which electrophysiological measure is best reflected by the BOLD signal neuronal action potentials or local field potentials (LFP)?
- 2. Does the BOLD signal reflect energy demands or synaptic activity?
- 3. What does a negative BOLD signal mean?

Where does the signal come from: Soma or synapse?



Source: http://psychology.uwo.ca/fmri4newbies/Tutorials.html

Comparing BOLD with electrophysiology – early experiments

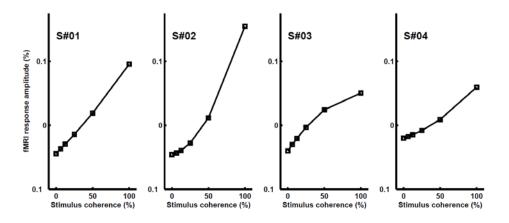
Moving dot stimuli

Compare average monkey physiology to average BOLD signal in humans.

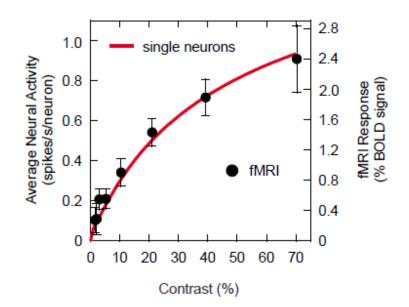
Is the average firing rate of cells in monkey MT related to the BOLD activity measured in humans.

→ There is a good agreement between spiking (firing rate) and BOLD.

1% signal change ≈ 9 spikes/second

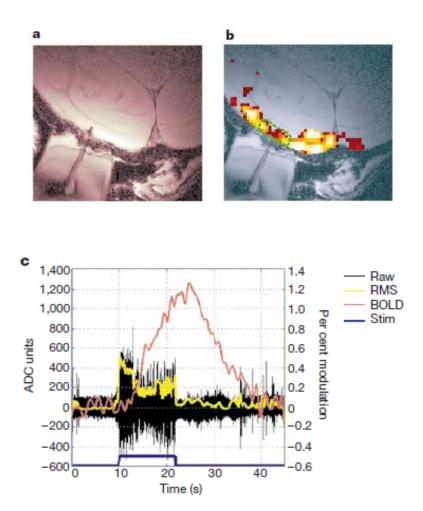




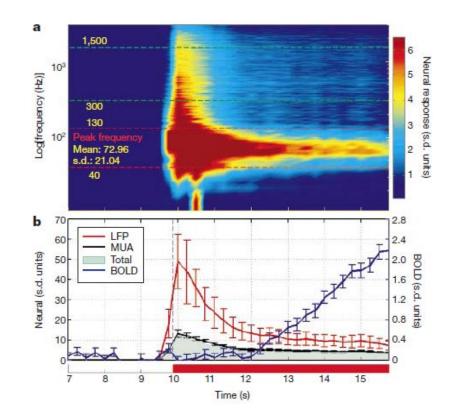


Source: Heeger et al, Nat Neurosci, 2000; Rees et al, Nat Neurosci, 2000

MUA/LFP and BOLD

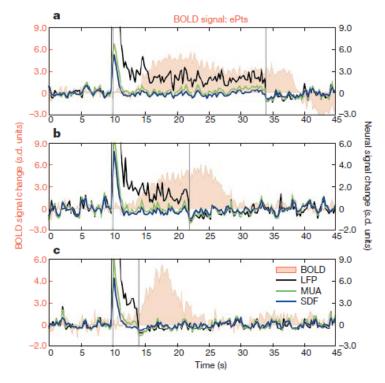


combined BOLD fMRI and electrophysiological recordings



Source: Logothetis et al, Nature, 2001

LFP correlates best with the BOLD-signal



Local Field Potentials (LFP)

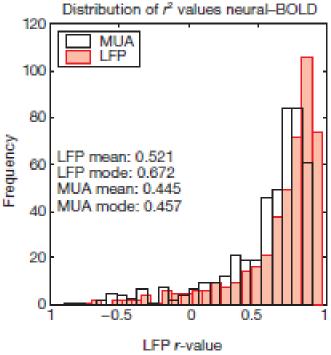
 reflect summation of post-synaptic potentials

Multi-Unit Activity (MUA)

reflects action potentials/spiking

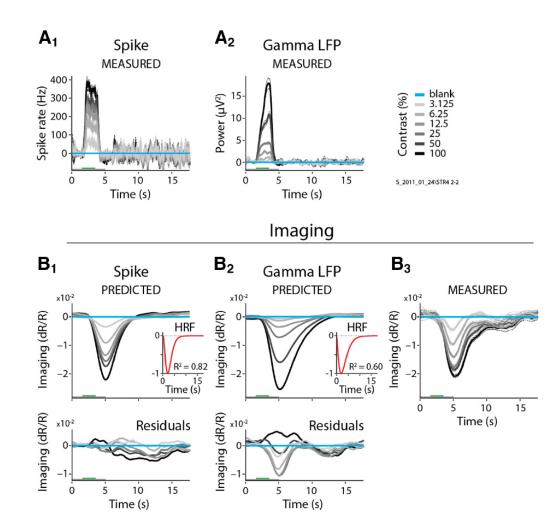
 \rightarrow found that BOLD activity is more closely related to LFPs than MUA

C



Source: Logothetis et al, Nature, 2001

The debate continuous



- response to visual stimuli of varying contrast.
- used optical imaging instead of fMRI.
- removed blank trials

 \rightarrow Spikes predict imaging better than LFP.

Source: Lima et al, J Neurosci, 2014

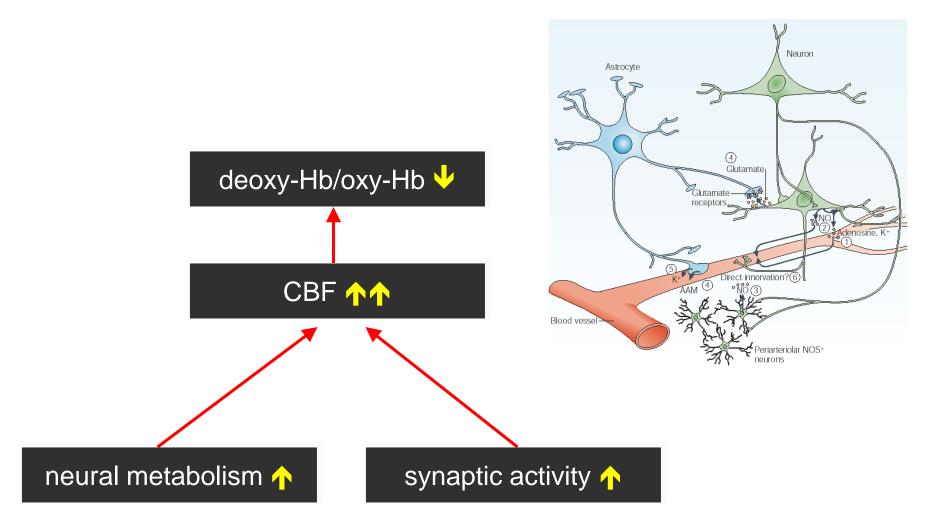
The BOLD signal is correlated to postsynaptic activity

- The BOLD is correlated to both LFPs and spikes.
 - Controversy goes on: which of the two is more closely linked?
 - rCBF-increase can be independent from spiking activity, but so far no case has been found where it was independent of LFPs.
- Present conclusion of the field: BOLD more strongly reflects the input to a neuronal population as well as its intrinsic processing, rather than its spiking output.
 - \rightarrow Final decision is not taken yet.

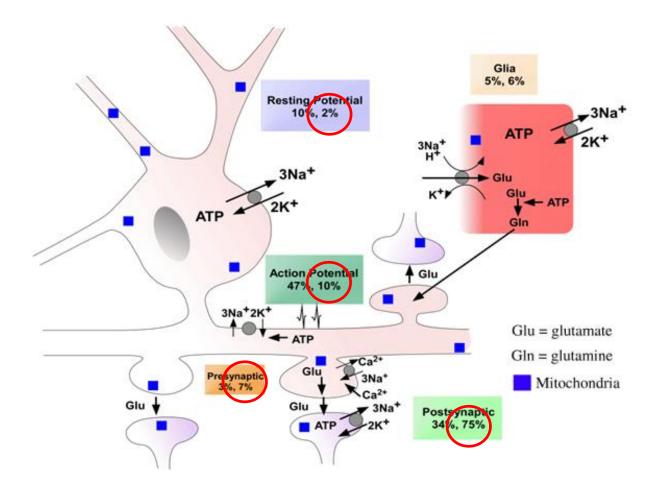
3. How is the BOLD signal related to neural activity?

- Three important questions:
- 1. Is the BOLD signal more strongly related to neuronal action potentials or to local field potentials (LFP)?
- 2. Does the BOLD signal reflect energy demands or synaptic activity?
- 3. What does a negative BOLD signal mean?

What drives the BOLD signal?

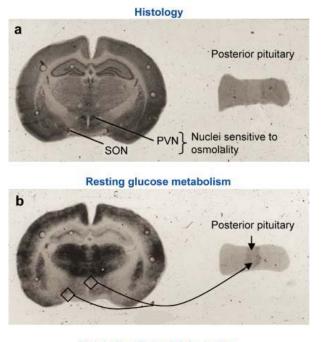


Cortical Metabolism

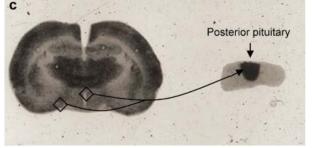


http://student.biology.arizona.edu/honors99/group7/glycolysis.jpg Based on: Attwell and McLaughlin, J Cer. Blood Flow Metab, 2001

Localisation of neuronal energy consumption



Metabolic effect of dehydration



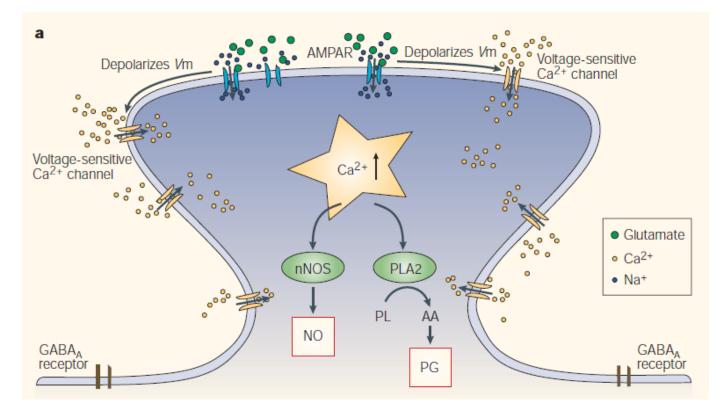
Salt loading in rats and 2deoxyglucose mapping

 \rightarrow glucose utilization in the posterior pituitary but not in paraventricular and supraoptic nuclei (which release ADH & oxytocin at their axonal endings in the posterior pituitary)

 \rightarrow neuronal energy consumption takes place at the synapses, not at the cell body

Schwartz et al., Science, 1979

Excitatory action might directly regulate rCBF

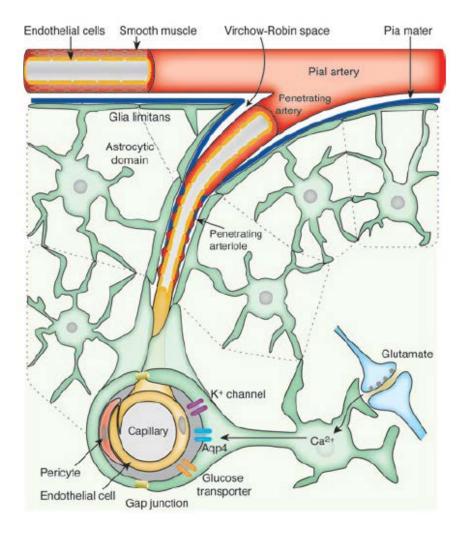


NO (nitric oxid) and PG (prostaglandin) have vasodilatory effects → Importance of Calcium

But: Very little contact between neurons and vasculature.

Source: Lauritzen, Nat Rev. Neurosci, 2005

Glia cells and blood supply



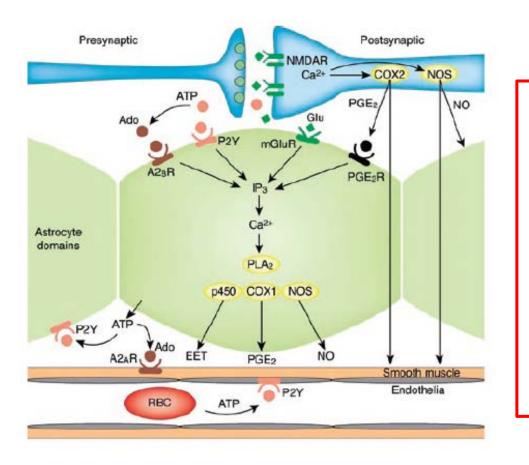
Astrocytes have many contacts with blood vessels.

Glia limitans can regulate blood flow of larger vessels

Domains of astrocytes are in line with a potential function in regulating blood flow.

Source: ladecola and Nedergaard, Nat Rev Neurosci, 2007

Several pathways for blood flow regulation



Forward control of blood flow seems to occur via several mechanisms. To date, two major pathways have been

associated with NO and

PG.

Astrocytes are important.

Source: ladecola and Nedergaard, Nat Rev Neurosci, 2007

fMRI - physics and physiology 42

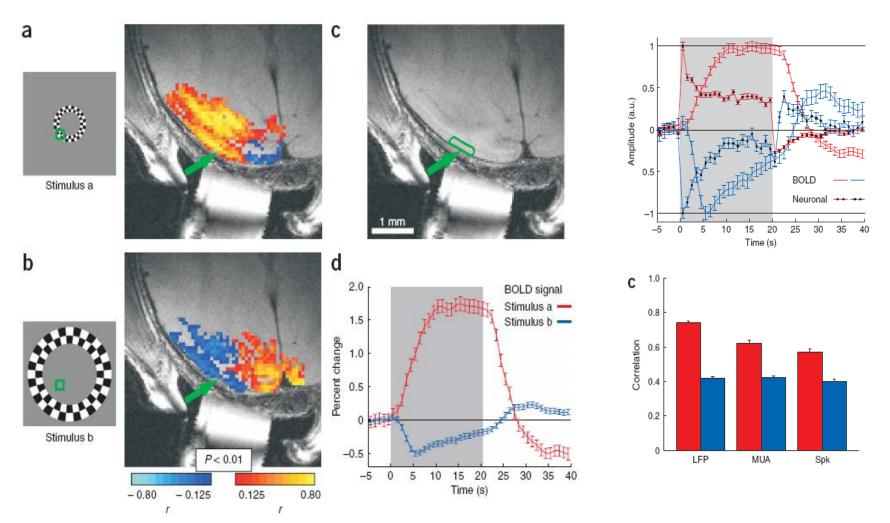
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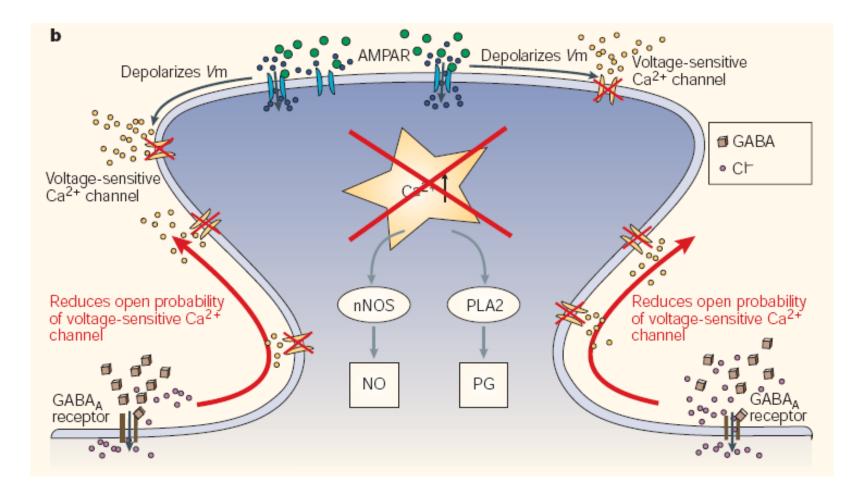
3. What does a negative BOLD signal mean?

Negative BOLD is correlated with decreases in LFPs



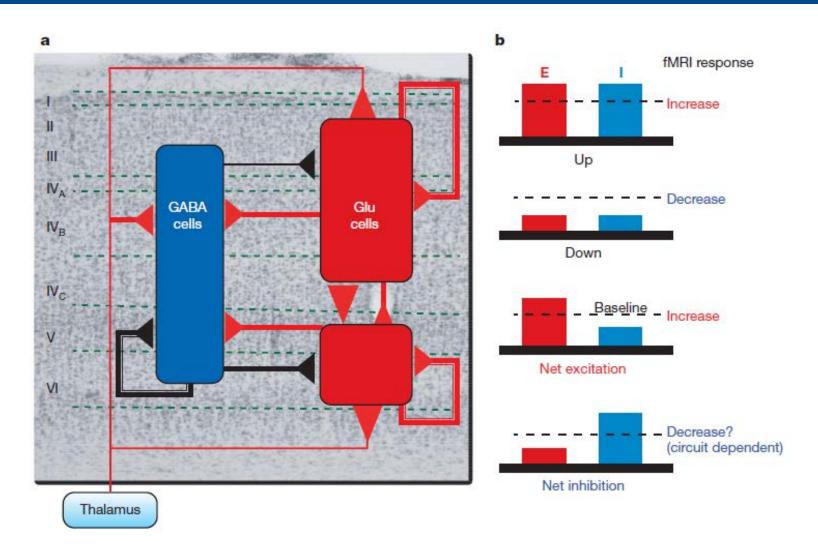
Shmuel et al., Nat Neurosci, 2006

Impact of inhibitory postsynaptic potentials (IPSPs) on blood flow



Source: Lauritzen, Nat Rev. Neurosci, 2005

Excitatory-inhibitory networks and BOLD



Source: Logothetis, Nature, 2008

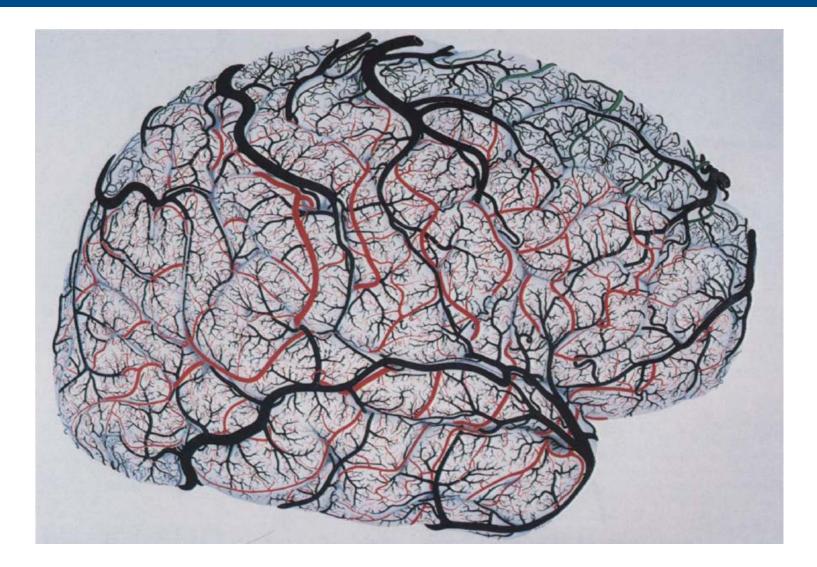
BOLD Summary

- The BOLD signal seems to be more strongly related to LFPs than to spiking activity (ongoing controversy).
 - The BOLD signal may primarily reflect the input to a neuronal population as well as its intrinsic processing.
- Blood flow seems to be controlled in a forward fashion by postsynaptic processes leading to the release of vasodilators (e.g., NO and prostaglandines).
- Negative BOLD signals may result from IPSPs.
- Various drugs can interfere with the BOLD response.
- We are far from completely understanding neurovascular coupling!

Summary Overview

- MRI measures the decay of magnetization of protons which depends on tissue properties.
- 2. fMRI measures changes in magnetic properties due to the ratio of oxy- vs. deoxy-hemoglobin in cerebral blood.
- The BOLD signal is locally best correlated to the local field potential, which is itself highly correlated to spiking.

Thank you!



Source: Duvernoy et al, Brain Res. Bull., 1981

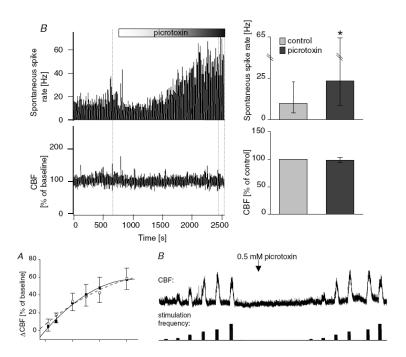
More Information

- McRobbie et al, From Picture to Proton, Cambridge University Press, 2007
- Huettel et al, Functional Magnetic Resonance Imaging, Sinauer, 2004
- Logothetis and Wandell, Ann. Rev. Neurosci., 2004 (BOLD in general)
- Logothetis et al, Nature, 2001 (LFP vs. BOLD)
- Logothetis, Nature, 2008 (What can we do with BOLD? What not?)
- Lauritzen, Nat. Rev. Neurosci., 2005 (Calcium, Bold in Cerebellum)
- Iadecola and Needergard, Nat. Neurosci., 2007 (Glia cells)
- <u>http://psychology.uwo.ca/fmri4newbies/Tutorials.html</u>

Additional slides

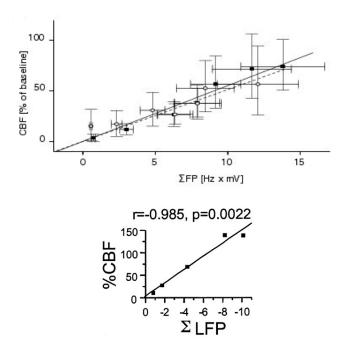
The following slides contain additional material with references to papers. These are interesting papers, but will not be part of the exam.

Dissociation between action potentials and rCBF





 ... and without disturbing neurovascular coupling per se

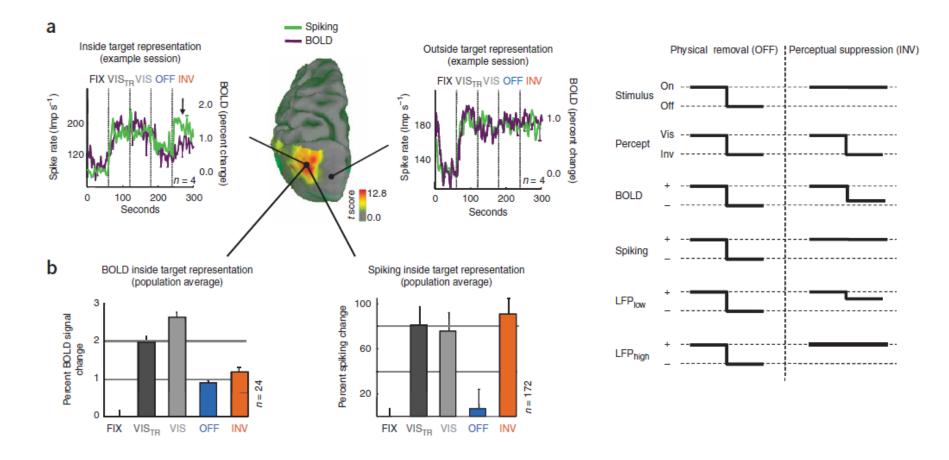


⇒ rCBF-increase can be independent from spiking activity, but seems to be always correlated to LFPs

> Source: Thomsen et al., J Physiol, 2004 Lauritzen & Gold, J Neurosci, 2003

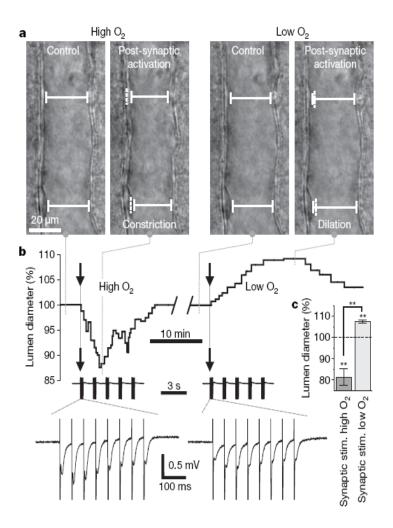
fMRI - physics and physiology 52

Relation of BOLD and electrophysiology



Source: Maier et al, Nat Neurosci, 2008

Influence of oxygen on blood control



O₂ levels determine whether synaptic activity leads to arteriolar vasodilation or vasoconstriction (via prostaglandines)

Figure 1 Lowering po2 converts vasoconstriction to vasodilation.

a, Arteriole before and after synaptic activation in high O₂ (left) and low O₂ (right). Dashed vertical lines indicate the previous position of the vessel wall. **b**, Top: vessel lumen diameter changes over time in the same vessel shown in **a**. Arrows indicate time of afferent stimulation. Bottom: two expanded timescales show the stimulation protocol (350-ms, 20-Hz train repeated 5 times at 0.75 Hz) and the first train of the field excitatory postsynaptic potentials evoked, verifying synaptic activity. **c**, Summary data (n = 6). In all figures, experimental values are the mean \pm s.e.m. Double asterisk, P < 0.01.

Gordon et al. 2008, Nature