frequency mild modulation



¹Institute of Neuroscience and Medicine (INM-7), Research Center Jülich, Jülich, Germany ²Department of Neurosurgery, Stanford University, Stanford, CA, USA

e-mails: t.manos@fz-juelich.de, magteld.zeitler@gmail.com, ptass@stanford.edu

Several brain diseases are characterized by abnormally strong neuronal synchrony. Coordinated Reset (CR) stimulation [1,2] was computationally designed to specifically counteract abnormal neuronal synchronization processes by desynchronization. In the presence of spike timing-dependent plasticity (STDP) [3] this leads to a decrease of synaptic weights and ultimately to an anti-kindling [4], i.e. unlearning of abnormal synaptic connectivity and abnormal neuronal synchrony. The long-lasting desynchronizing impact of CR stimulation has been verified in pre-clinical and clinical proof of concept studies (e.g. [5]). However, as yet it is unclear how to optimally choose the CR stimulation frequency, i.e. the repetition rate

at which the CR stimuli are delivered. We have chosen a certain range of stimulation durations, where we were able to achieve a reasonable success rate (i.e. anti-kindling) at least for suitable stimulation frequencies. For this purpose, CR stimulation was applied with Rapidly Varying Sequences (RVS) [4] and Slowly Varying Sequences (SVS) [6] in a wide range of stimulation frequencies and intensities. The RVS turn out to be more robust against stimulation frequencies; however, the SVS can obtain stronger anti-kindling effects [7]. In cases where the initial combination of CR intensity and frequency did not perform efficiently, we implement three plausible therapy-like stimulation protocols, which aim to ameliorate the long-

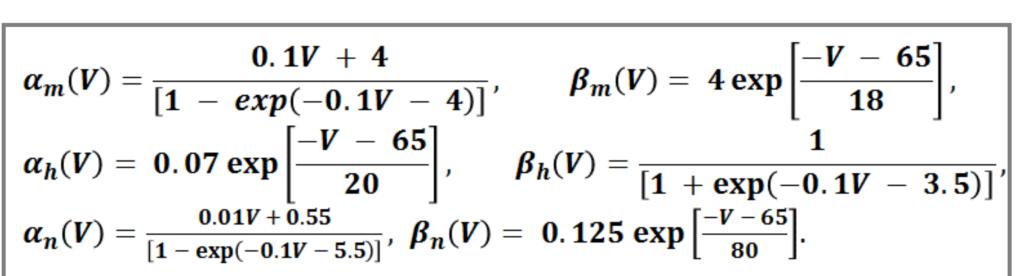
lasting effects. The first one prolongs the CR on period before ceasing it completely, the second one consists of repetition of CR on/off trial-periods with the same fixed CR frequency while the third one incorporates a control mechanism monitoring the degree of synchronization at the end of the CR off period and adjust CR's period for the following trials via a mild modulation. The last one manages both to induce global desynchronization and to show very good robustness among different signals and network dependent variations [8]. These findings can be implemented into stimulation protocols for first in man and proof of concept studies aiming at further improvement of CR stimulation.

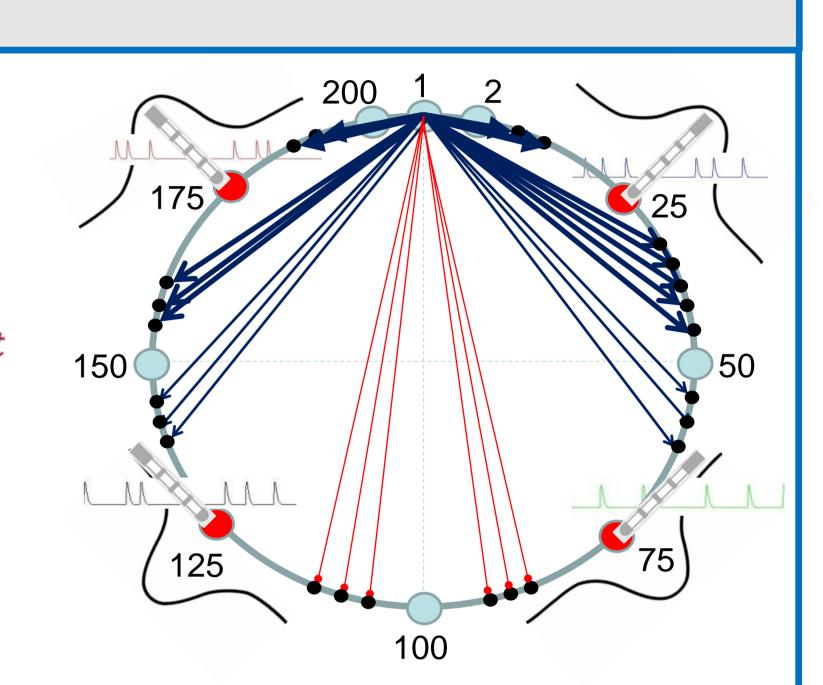
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MODELS - METHODS

The Hodgkin-Huxley model $\begin{bmatrix} C \frac{dV_i}{dt} = I_i - g_{Na} m_i^3 h_i (V_i - V_{Na}) - g_K n_i \\ \frac{dm_i}{dt} = \alpha_m (V_i) (1 - m_i) - \beta_m (V_i) m_i \\ \frac{dh_i}{dt} = \alpha_h (V_i) (1 - h_i) - \beta_h (V_i) h_i \\ \frac{dn_i}{dt} = \alpha_n (V_i) (1 - n_i) - \beta_n (V_i) n_i \\ \frac{ds_j}{dt} = \frac{0.5(1 - s_j)}{1 + exp[-(V_j + 5)/12]} - 2s_j$





Spike timing-dependent plasticity (STDP) rule

$$\Delta c_{ij} = egin{cases} eta_1 e^{rac{-\Delta t_{ij}}{\gamma_1 \, au}}, & \Delta t_{ij} \geq 0 \ eta_2 rac{\Delta t_{ij}}{ au} e^{rac{\Delta t_{ij}}{\gamma_2 \, au}}, & \Delta t_{ij} < 0 \end{cases},$$

Each single synaptic weight c_{ij} is updated in an event-like manner, i.e. we *add* or *subtract* an increment $\delta \cdot \Delta c_{ij}$ for *excitatory* or *inhibitory* connections respectively, with *learning rate* $\delta > 0$ <u>every time a neuron spikes</u>. Furthermore, we restrict the values of c_{ij} on the interval [0,1] mS/cm² for both excitatory and inhibitory synapses, ensuring in this way that their strengthening or weakening remains bounded.

Coordinated Reset (CR)

$$F_i = [V_r - V_i(t)] \cdot K \sum_{k=1}^{N_s} D(i, x_k) \rho_k(t) G_{stim}(t)$$

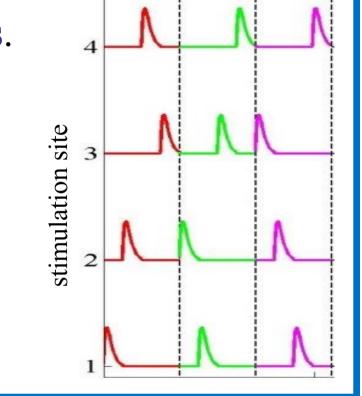
external

CR stimulation

The stimulation signals \rightarrow single brief excitatory post-synaptic currents. The evoked time-dependent normalized conductances of the postsynaptic membranes are represented by α -functions:

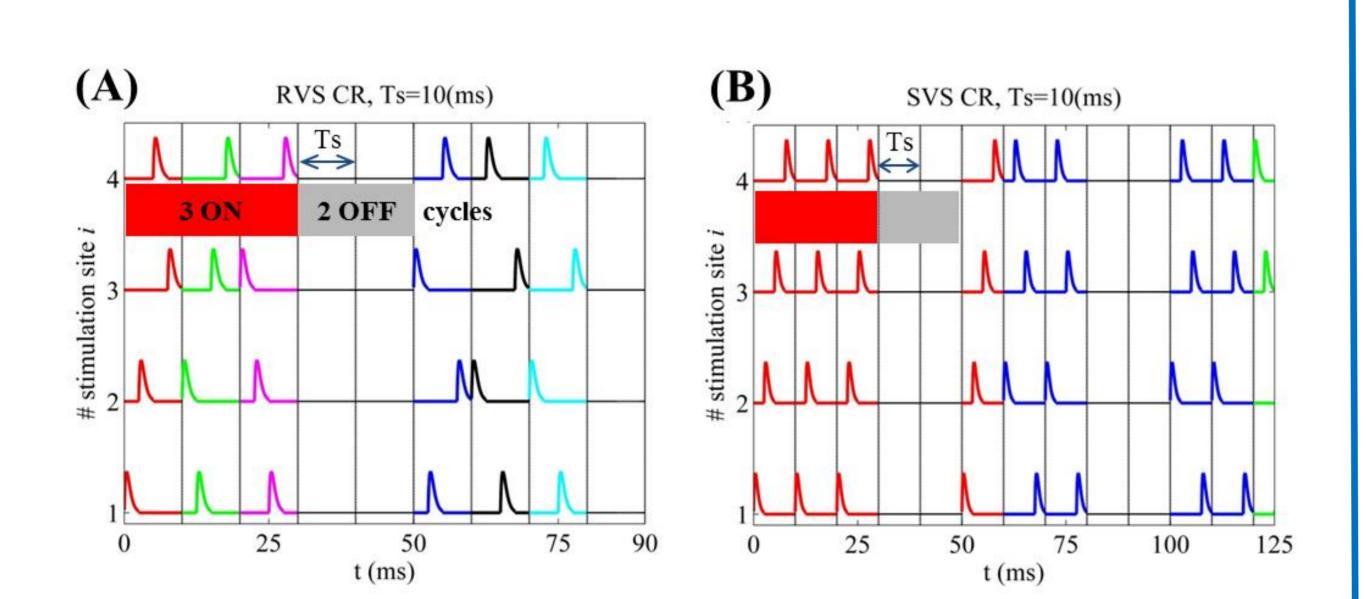
$$G_{stim}(t) = \frac{t - t_k}{\tau_{stim}} e^{-(t - t_k)/\tau}, \qquad t_k \le t \le t_{k+1}.$$

 $au_{stim} = T_s/(6Ns)$: the time-to-peak of G_{stim} , and t_k is the onset of the k^{th} activation of the stimulation site. K: stimulation intensity.

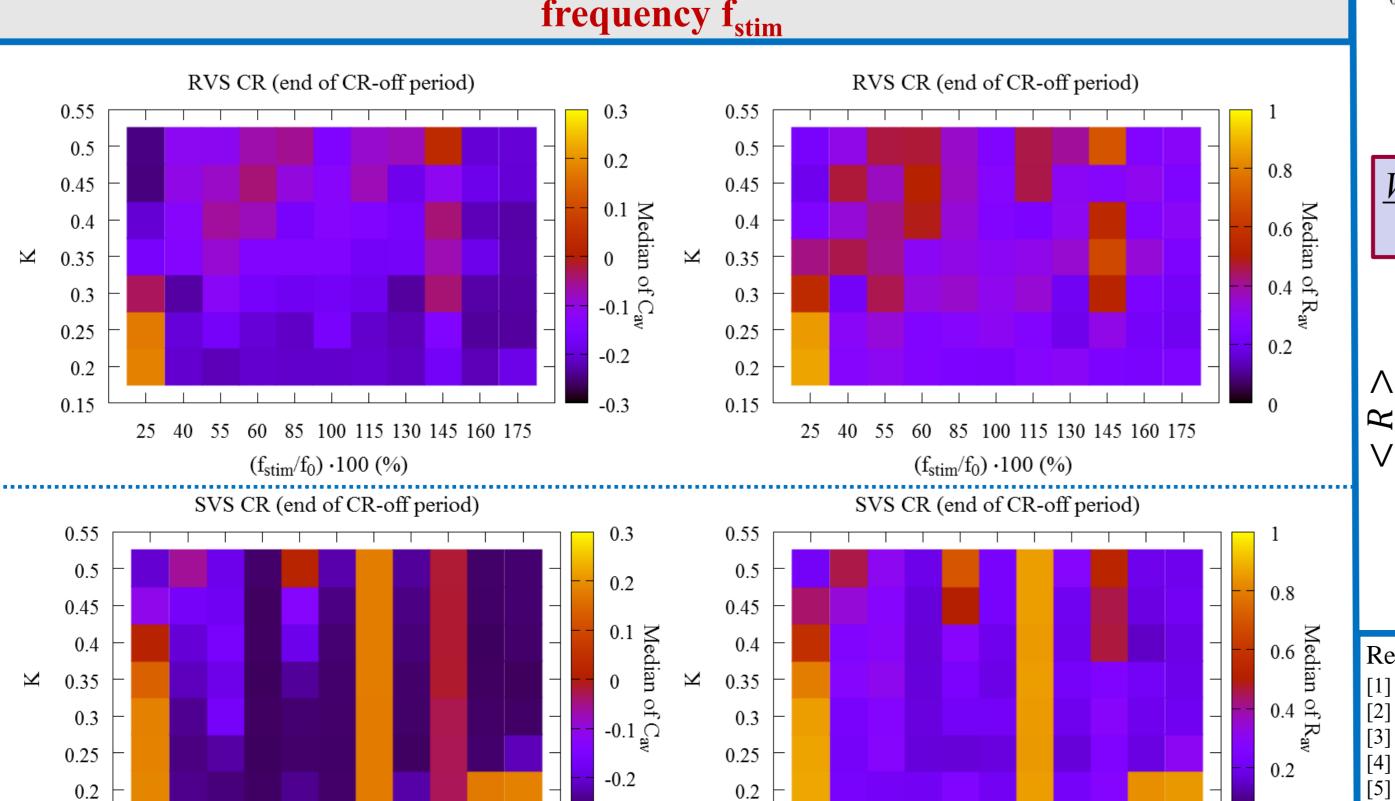


RESULTS

Time evolution of CR stimulation signals



C_{av} (average synaptic connectivity) and R_{av} (1st order parmeter) at the end of CR-off period as a function of stimulation intensity K and stimulation frequency $f_{\rm stim}$



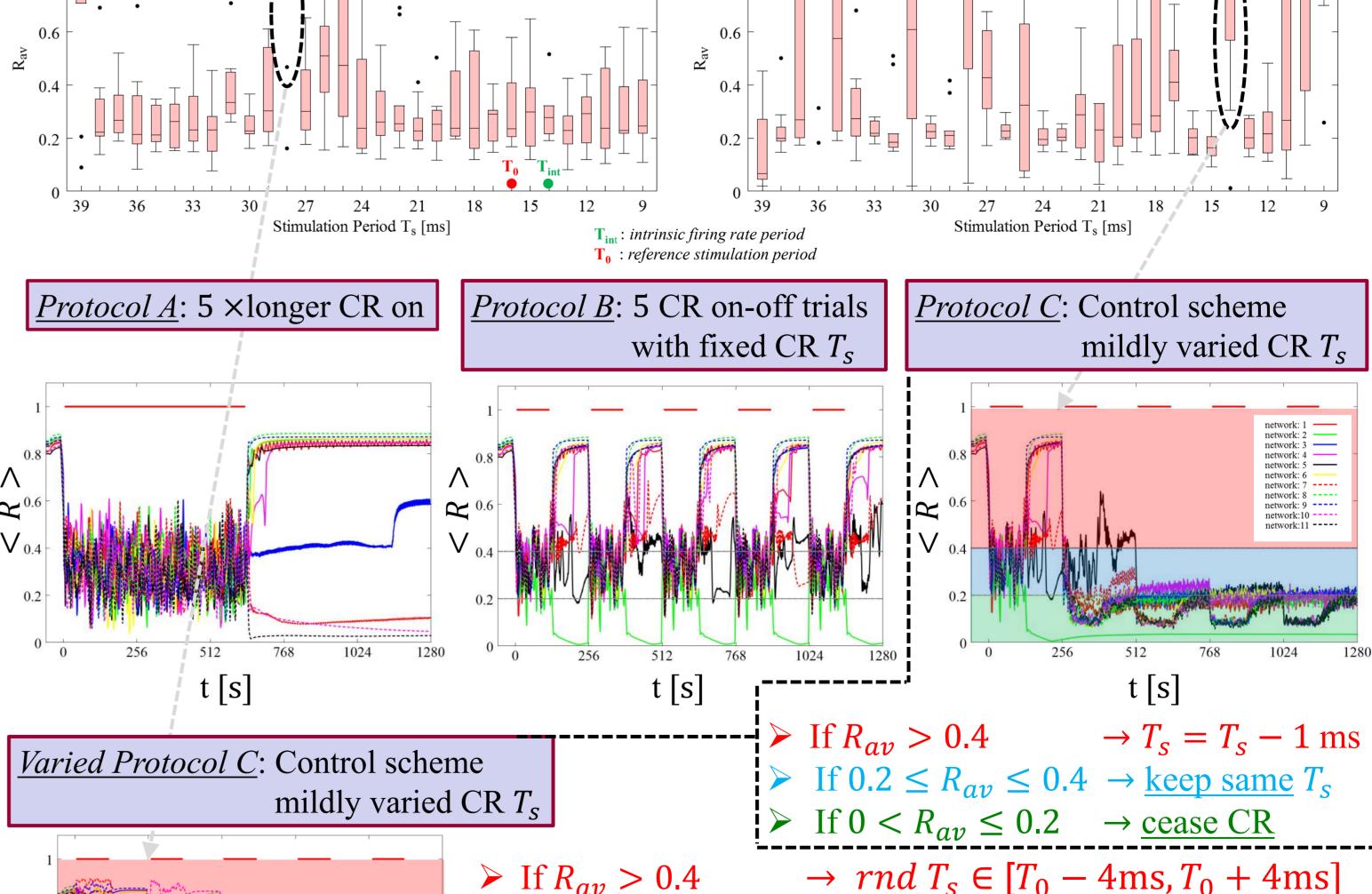
25 40 55 60 85 100 115 130 145 160 175

 $(f_{stim}/f_0) \cdot 100 (\%)$

25 40 55 60 85 100 115 130 145 160 175

 $(f_{\text{stim}}/f_0) \cdot 100 \ (\%)$

Finer T_s —period grid analysis for the RVS CR stimulation intensity K=0.20



Testing these Protocols for both RVS & SVS CR stimulation and many (K, T_s) —pairs, it turns out that t[s] Protocol C and varied C perform better than A and B

ightharpoonup If $0.2 \le R_{av} \le 0.4 \rightarrow \text{keep the same } T_s$

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