



Electrode localisation for electrical field (EF) modelling in tDCS studies using magnetic resonance imaging

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Transcranial direct current stimulation (tDCs):

- Sub-threshold effects (does not elicit an action potential but) modulate the pattern of already active neurons.
- Increased neuroplasticity during use
- Limited studies on tDCS mechanisms of action. Has been associated

Literature shows that tDCS stimualtion effects differ even if the same stimulation protocol is being followed (electrode placement, current, duration)

The variability in our modelling results shown in background, demonstrates why the same montage could produce differing results.

An automatic electrode localisation pipeline provides a stricter quality control metric post-hoc. It relies on minimum one structural scan and provides a cheap alternative to using the NeuroNavigator technology.

with Ca2+ and CMP concentrations in mice. Additionally has shown to influence LTP and LFP.

Background

- Distribution of electric field magnitude and focality measured as mesh volume (n=79)
- Electrical field was calculated using T1 and T2 images with SimNIBS⁷ for a 2mA current



Upon noticing large variability in focality and field magnitude, likely derived from electrode position differences, we saw the need for accurate modelling.



8000 Mesh volume (mm³) with 75.0% of the 99.9th percentile of field magnitude for vector fields





2.

The Challenges

Pipelines developed to identify EEG electrodes from T1 and/or T2 MR images do not work for tDCS electrodes.

Originally set out to adapt Bhutada et al.¹ Methods below:

They are either based on:

- Curvature values on a T1 derived brain mesh¹.
- Specific imaging techniques so EEG electrodes will portrude (Ultra short Echo Time sequence²).
- Hough Transform used to detect spheres in 3D data sets².
- 10-20 EEG template facilitating search in MR images³.



T1 picks up the Ten20 electrode paste which we apply a 2mm layer, not the actual electrodes.

Thus, the edges are not perfect and the paste thickness differs throughout the electrode depending on hair thickness and scalp temperature.

DBSCAN reduces noise and marks relevant coordinates in white and light blue. Any other points get excluded from spectral clustering.

Spectral clustering is used to find a minimum of two corners, from which we can calculate the electrode centre coordinates.

- Allowing insight into the immediate and postponed blood oxygen dependent (BOLD) changes in brain regions and networks.
- Both tasks are inhibition tasks, which involve presupplementary motor area (preSMA) activation and increased connectivity.
- OCD patients have shown performance deficiencies in both tasks.

<	Anode	Cathode
Locus	FC1	FC2
Electrode Size	4 x 4 cm	5 x 5 cm
Conductor	Ten20 paste	Ten20 paste

techniques.

GSN^{LMU}

- Testing pipeline for accuracy with other electrode montages \rightarrow looking for other centres to share data.
- A freely accessible tool for investigating effect of electrode location and electric field magnitue in tDCS and tACS research.

obliqueslice function at 30° allows for angled cuts at a coordinate identified by region props. This cleans the data prior to submitting it to the Hough Transform.

without oblique slicing

Future Perspectives

DBSCAN and other noise reduction

with oblique slicing

Patients undergo both conditions during their two scans >1 week apart, they are **randomly** assigned the order of the conditions.

- An increased reliability of our results and relevant insights into the central mechanisns of tDCS stimulation. Do differences in electric field strength have a significant influence on BOLD acitvation and connectivity changes.
- Investigation of inter-individual differences in gyrification and skull thickness of the preSMA and areas with greates electric field focality. Gyrification strongly determines neuronal orientation, which has been shown particular importance in *in vivo* studies for the polarizing effect of tCDS⁶. Are we able to reproduce this in humans?
- Investigating whether tDCS efficacy can be explained by target specificity, as certain targets are able to achieve higher electrical density due to their anatomical location. What are the preferred anatomical locations for administering tDCS?

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