

# Ultra-slow fMRI fluctuations in the fourth ventricle as a marker of drowsiness

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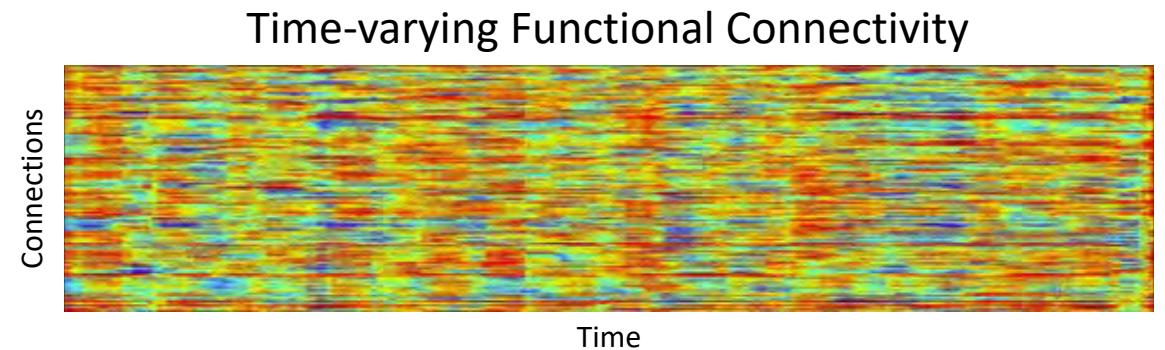
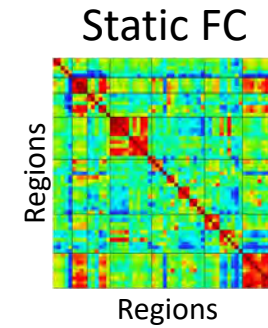
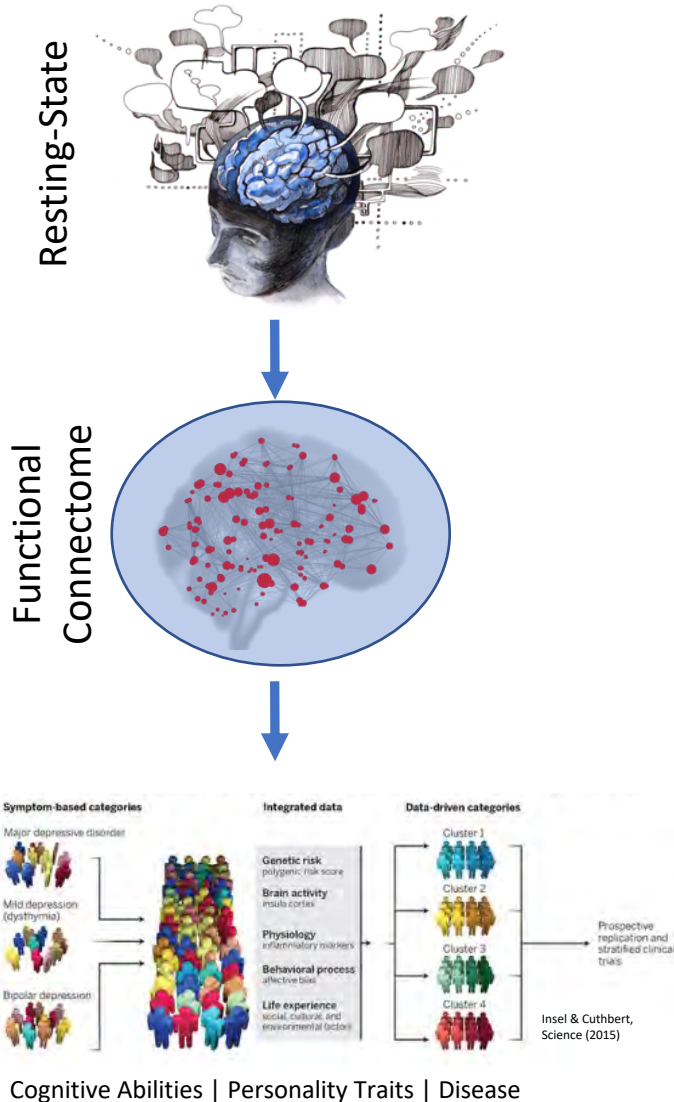
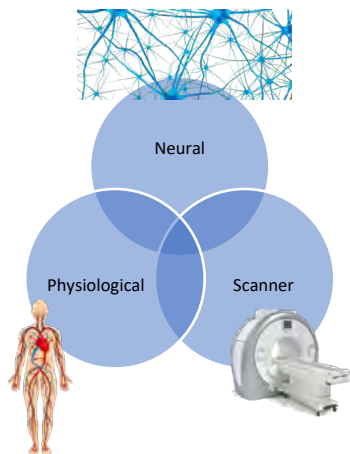


National Institute  
of Mental Health

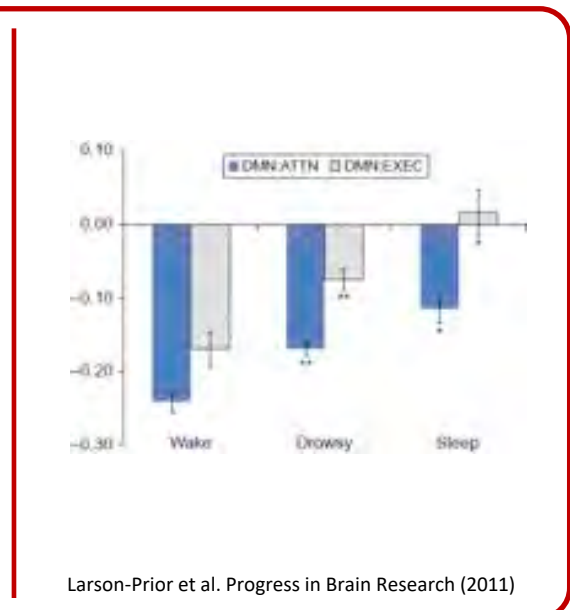
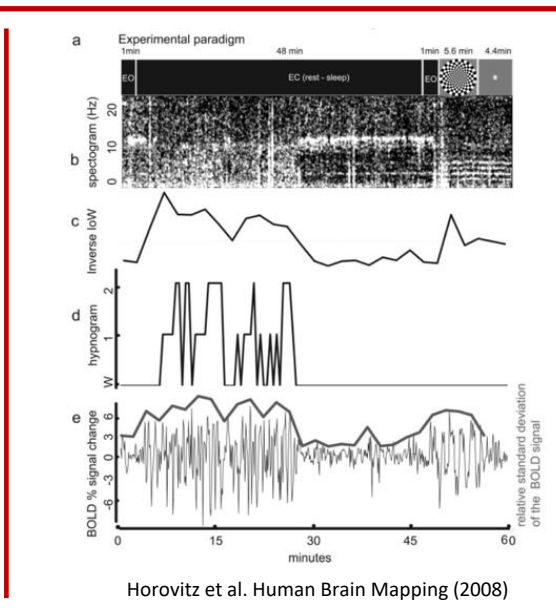
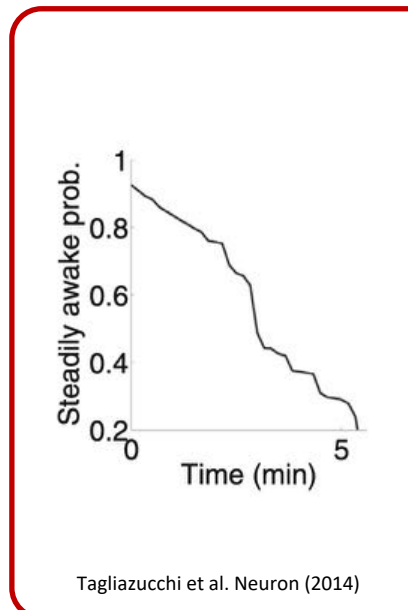
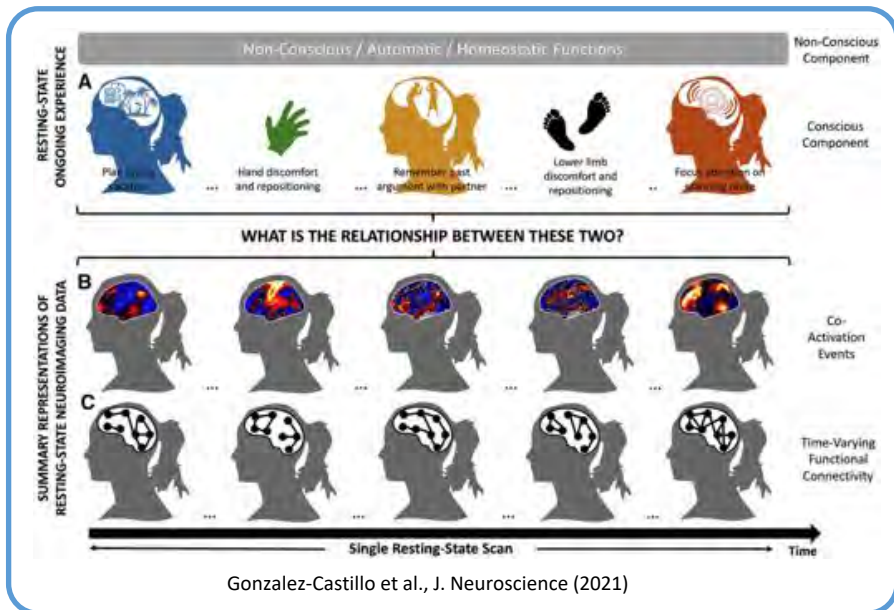
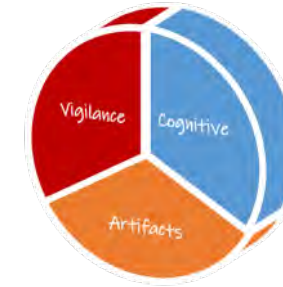
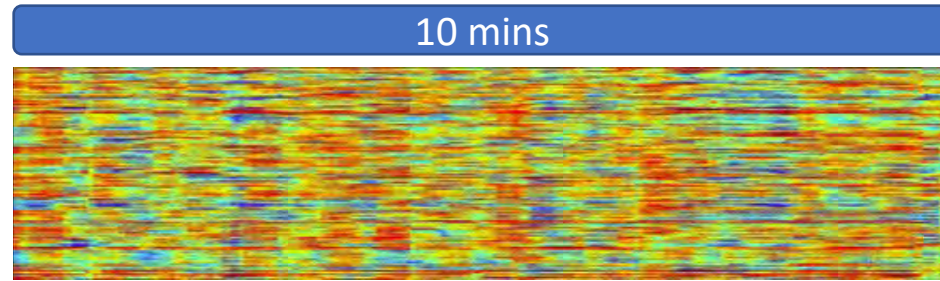
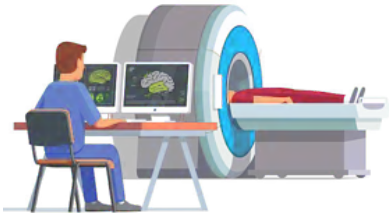
# Introduction | Overall Research Goals



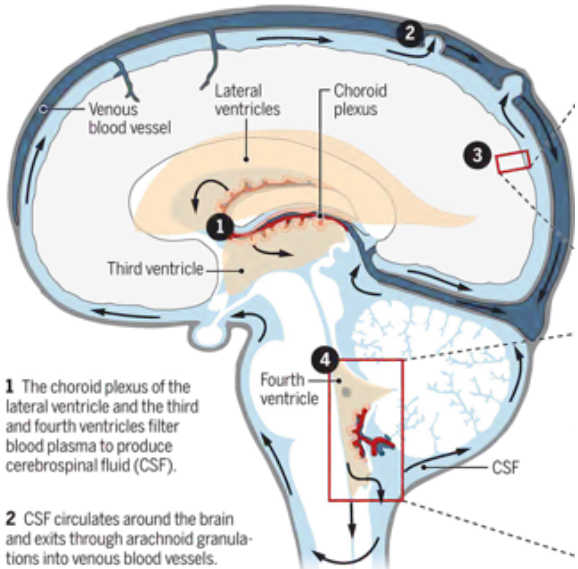
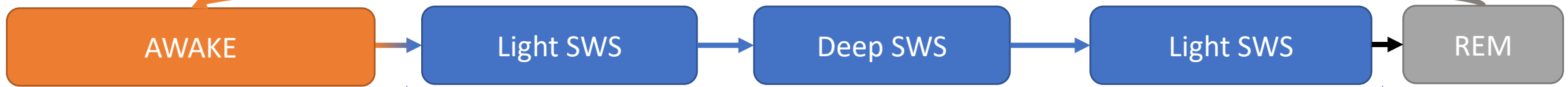
fMRI Methods Development Lab



# Introduction | Overall Research Goals



# Sleep & CSF Flow

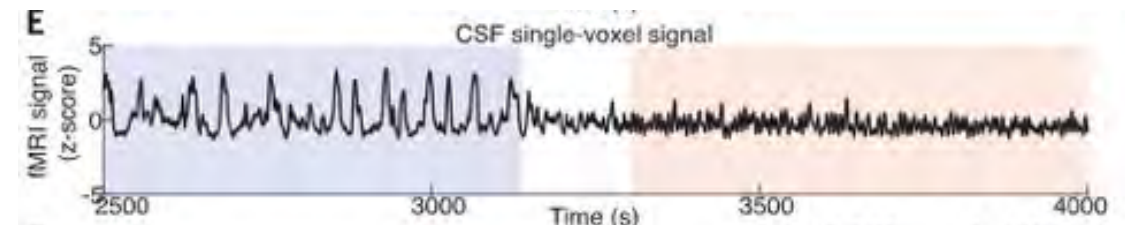
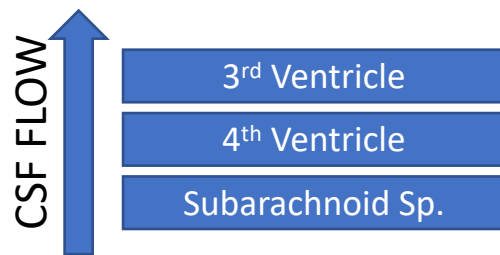


1 The choroid plexus of the lateral ventricle and the third and fourth ventricles filter blood plasma to produce cerebrospinal fluid (CSF).  
 2 CSF circulates around the brain and exits through arachnoid granulations into venous blood vessels.

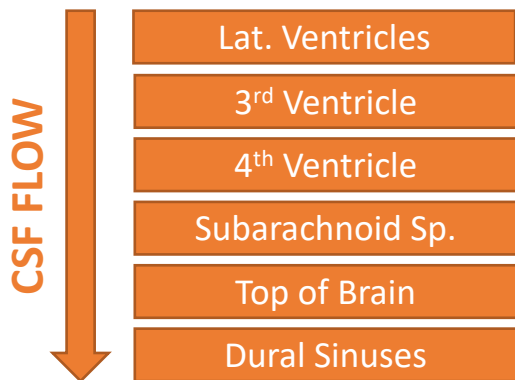
Grubb & Lauritzen Science (2019)

Slow Wave Sleep (SWS) | NREM

[CBF ↓ ~25%] & [CBV ↓ ~10%]



Fultz et al. Science (2019)



Neural Slow Waves  
(EEG)

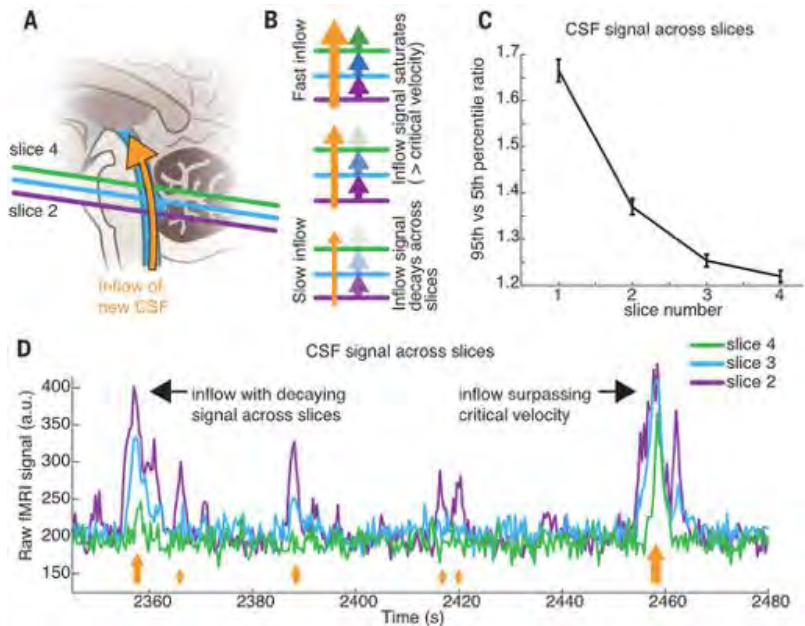
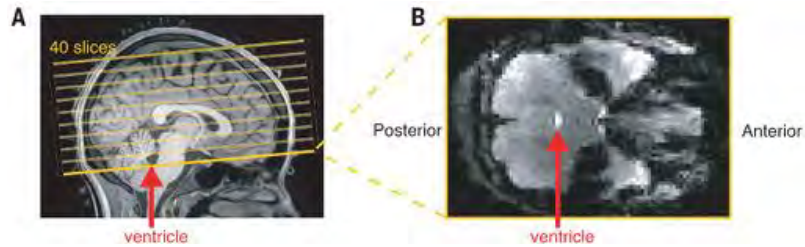
Hemodynamic Oscillations  
(fMRI: BOLD GS)

CSF Flow  
(fMRI: Inflow)

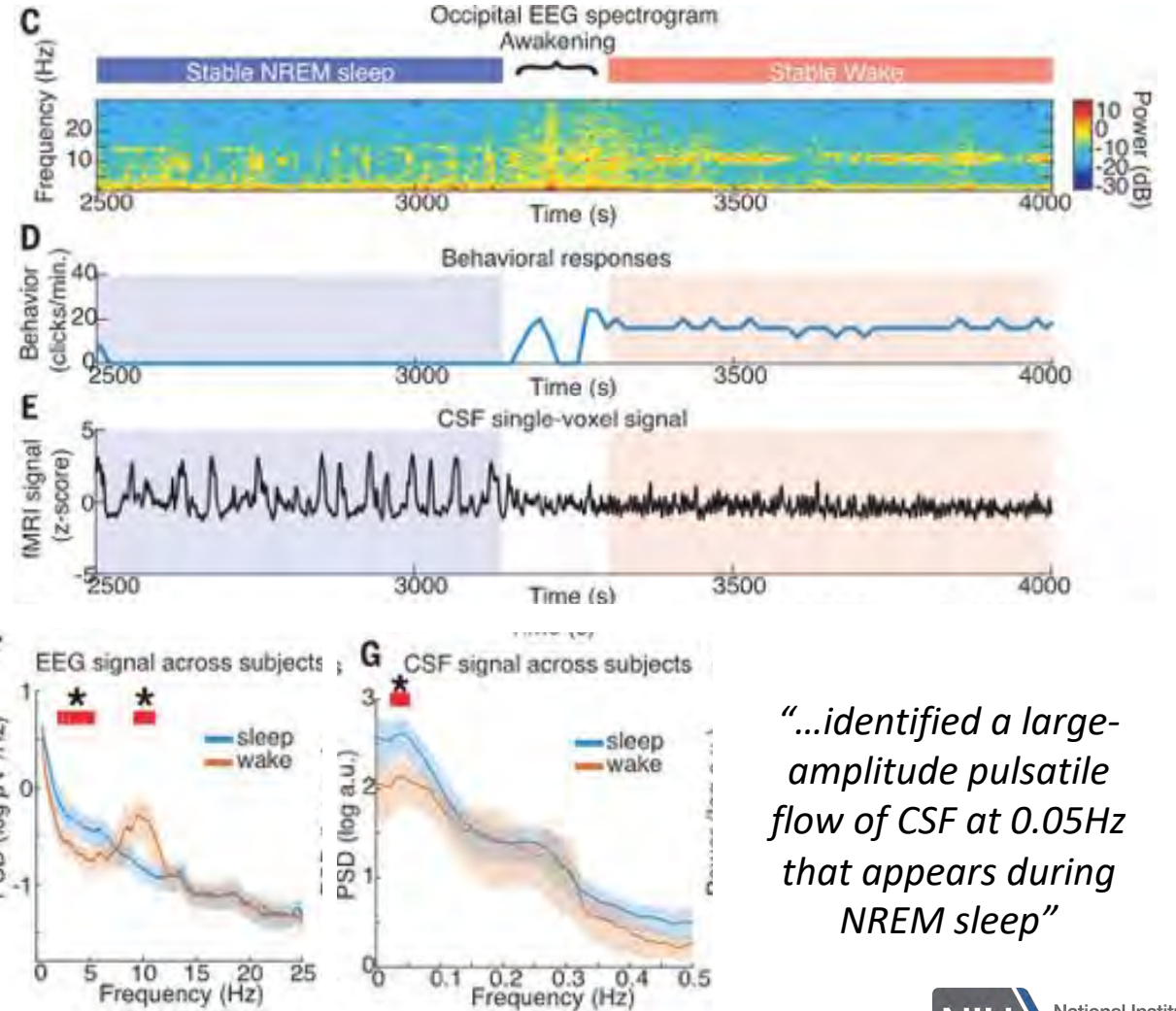


# Introduction | Fultz et al. Science (2019)

fMRI / EEG | 13 Subjects | Press Button | 3T | 400ms



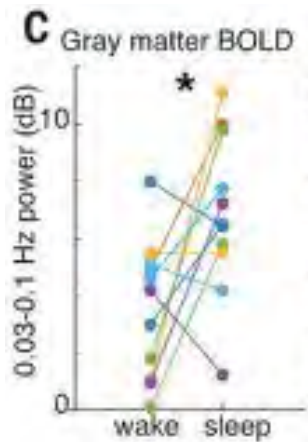
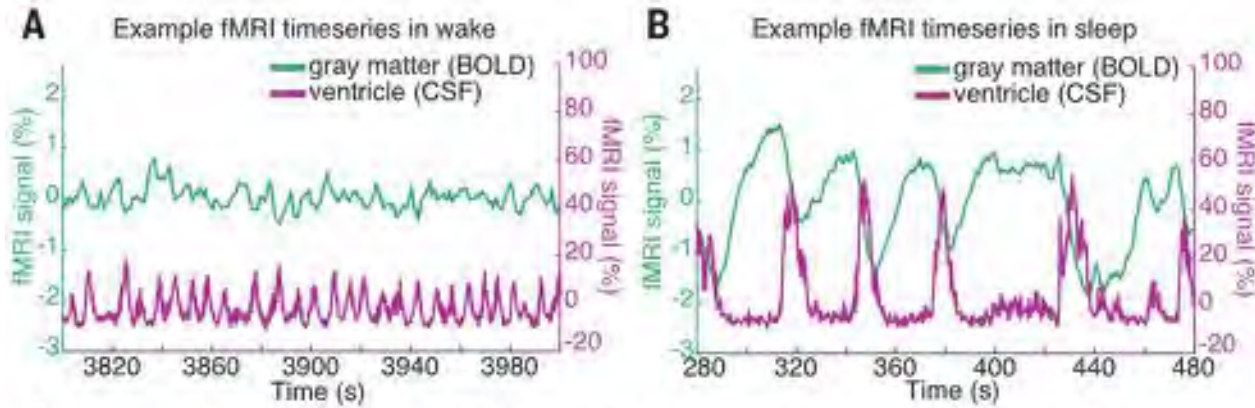
## Distinct Flow Dynamics during Sleep



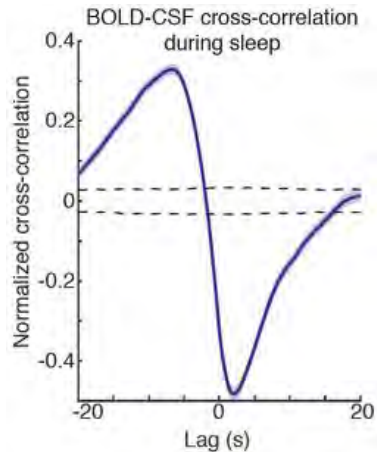
*"...identified a large-amplitude pulsatile flow of CSF at 0.05Hz that appears during NREM sleep"*

# Introduction | Fultz et al. Science (2019)

## Link between CSF Fluctuations and Hemodynamic Signals



↑ BOLD GM Signal during sleep



BOLD Signal and CSF Inflow are tightly anti-correlated

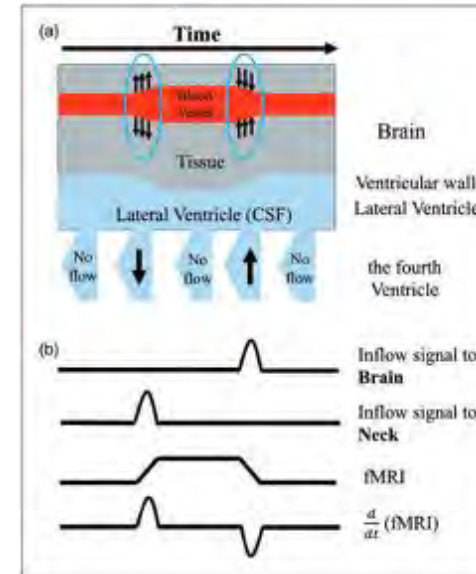
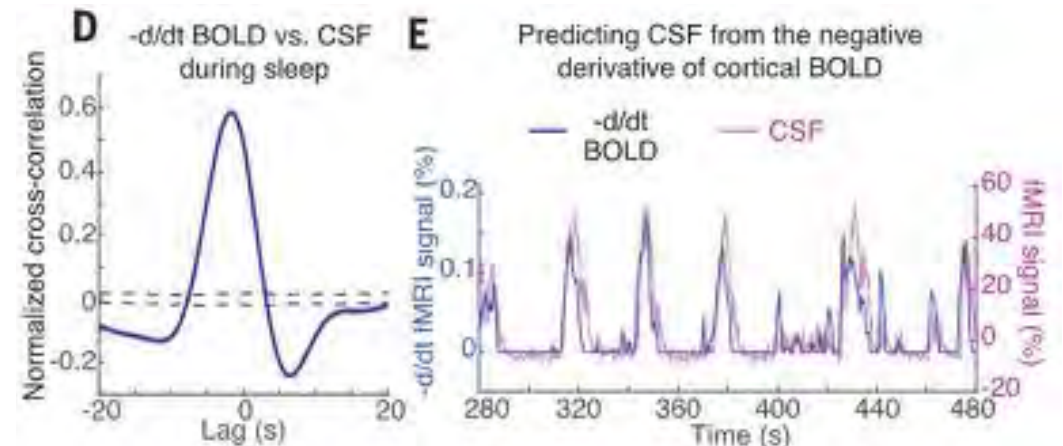


Figure from: Ho-Ching et al. J Cerebral Blood Flow and Metabolism (2022)



Fultz et al. Science (2019)

# Introduction | Our Research Questions

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- Q1. Can this 0.05Hz fluctuation be found on other datasets not necessarily optimized for detecting in-flow?
- Q2. If so, can this signal be used as a simple marker of wakefulness in existing fMRI datasets that lack concurrent EEG and/or eye tracker measurements?
- Q3. Do these fluctuations appear anywhere else in the brain (e.g., contribution to GS) and, if so, how do they affect FC estimates?

# Dataset



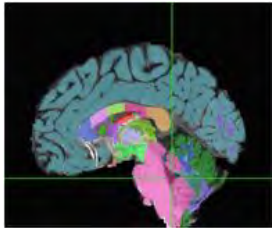
723 Scans / 184 Subjects | 15 mins long | TR = 1s | MB = 5 | 1.6x1.6x1.6mm

7T Resting-state Sample



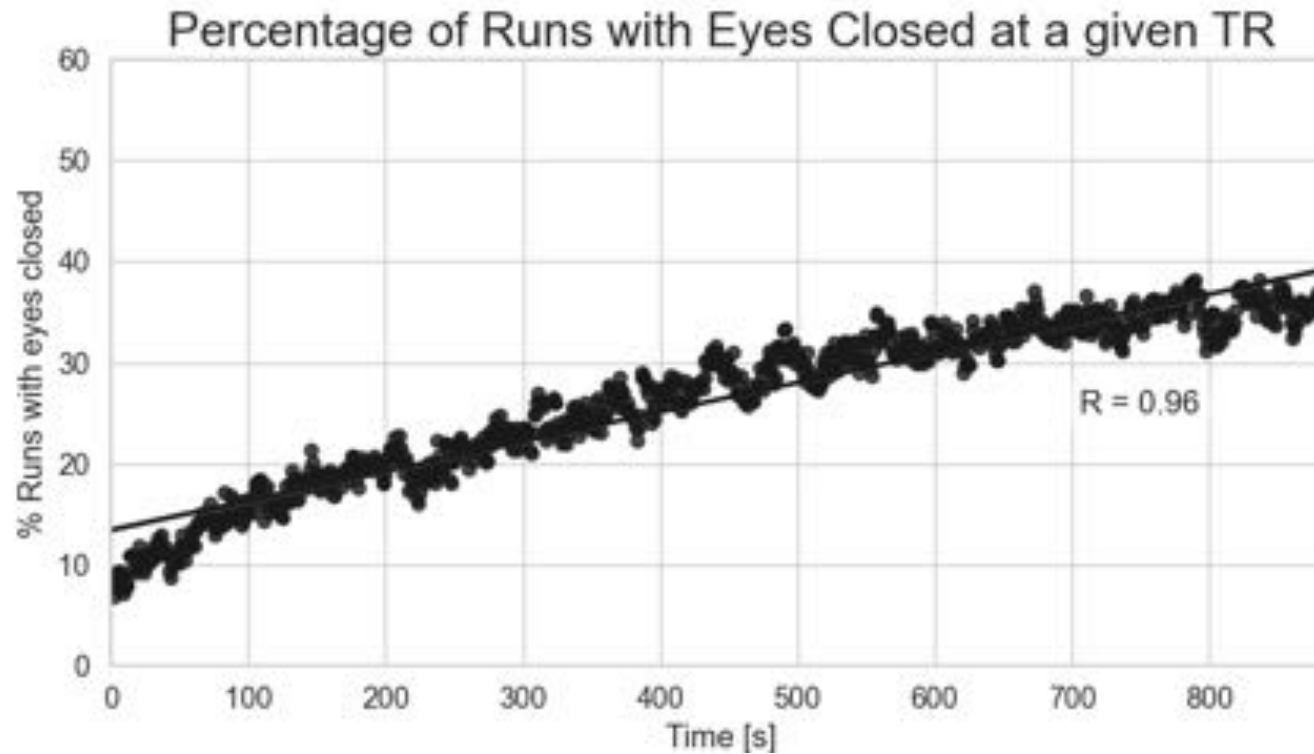
+



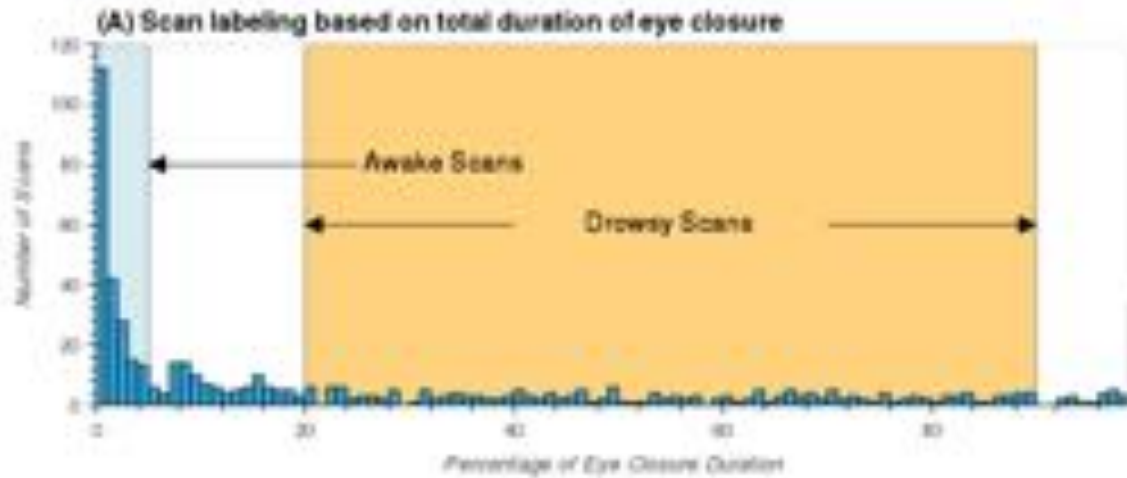
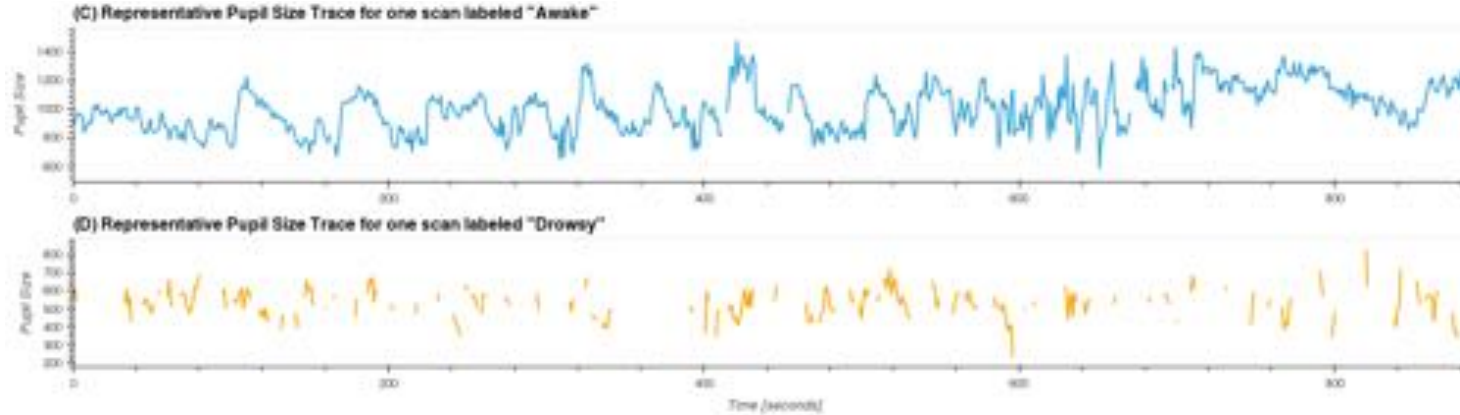
Elimination Criteria		Scans Removed	Scans Remaining
Automatic parcellation for 4 <sup>th</sup> ventricle failed		4	719
ET data not available		149	570
Error while loading ET data		2	568
ET data lacks onset information for synchronization to fMRI scans		4	564
ET data not available for the full fMRI scan		3	561
Scans that do not meet criteria to be labeled as "awake" or "drowsy"		157	404



# Eye Tracking – Tendency to close eyes as scanning progresses

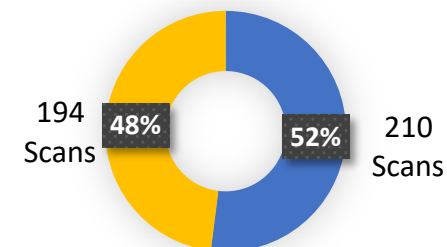


# Eye Tracking – Label Scans [Awake / Drowsy]

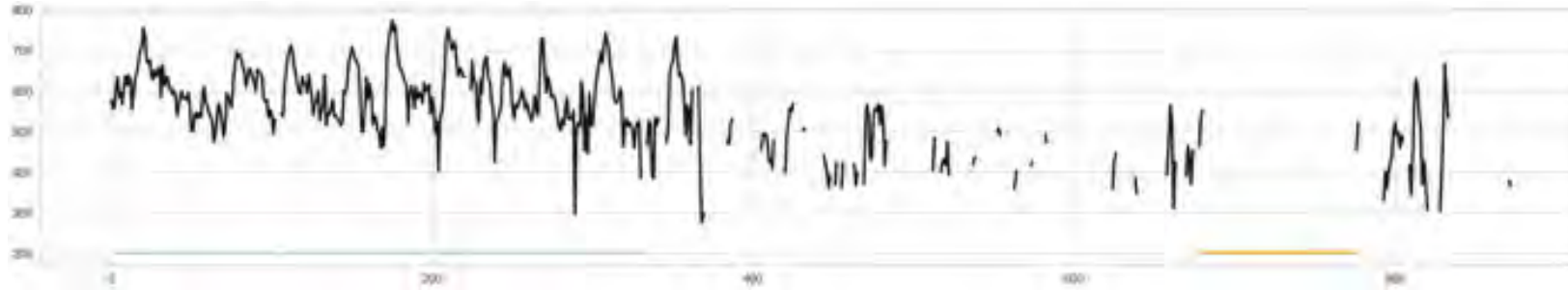


"Awake" scans: defined as those for which pupil size traces indicate subjects had their eyes closed less than 5% of the scan duration.

"Drowsy" scans: defined as those for which pupil size traces indicate subjects had their eyes closed between 20% and 90% of the scan duration.

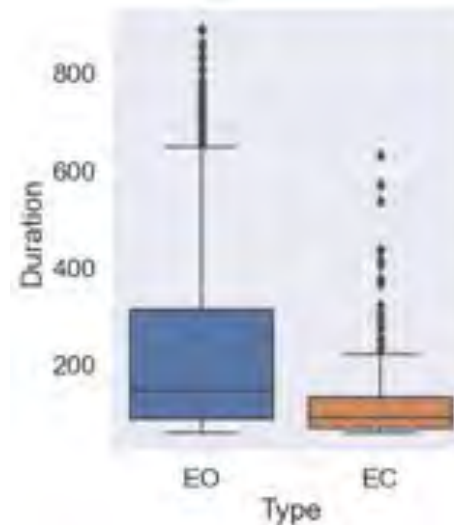
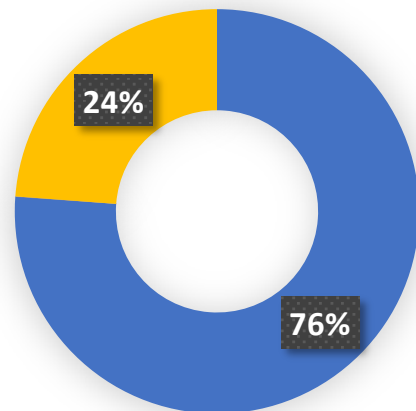


# Eye Tracking – Label Scan Segments [E Open/E Closed]

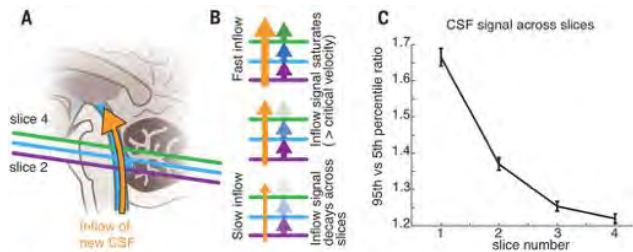


**EC Periods** = Those with eyes continuously closed for 60s or more

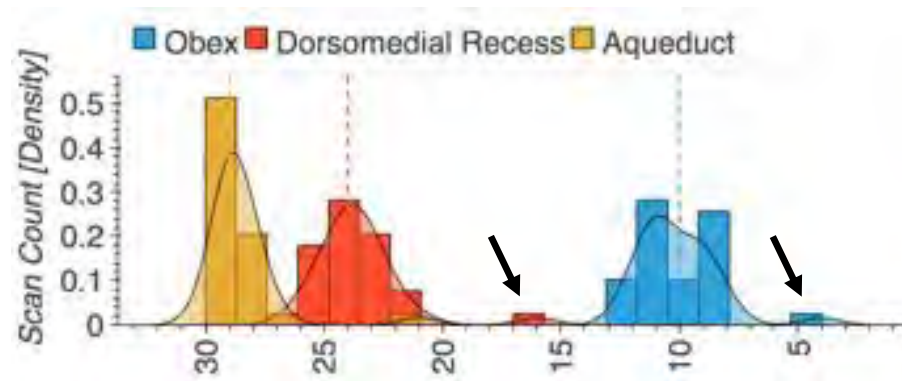
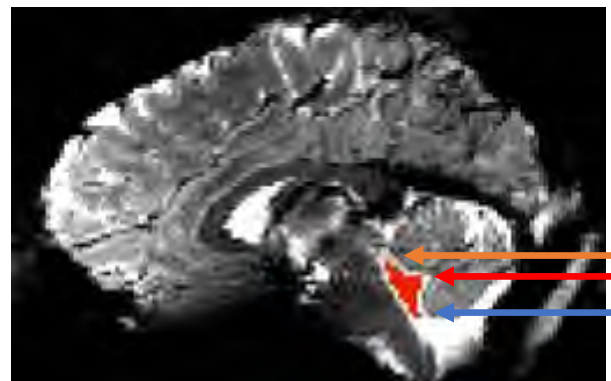
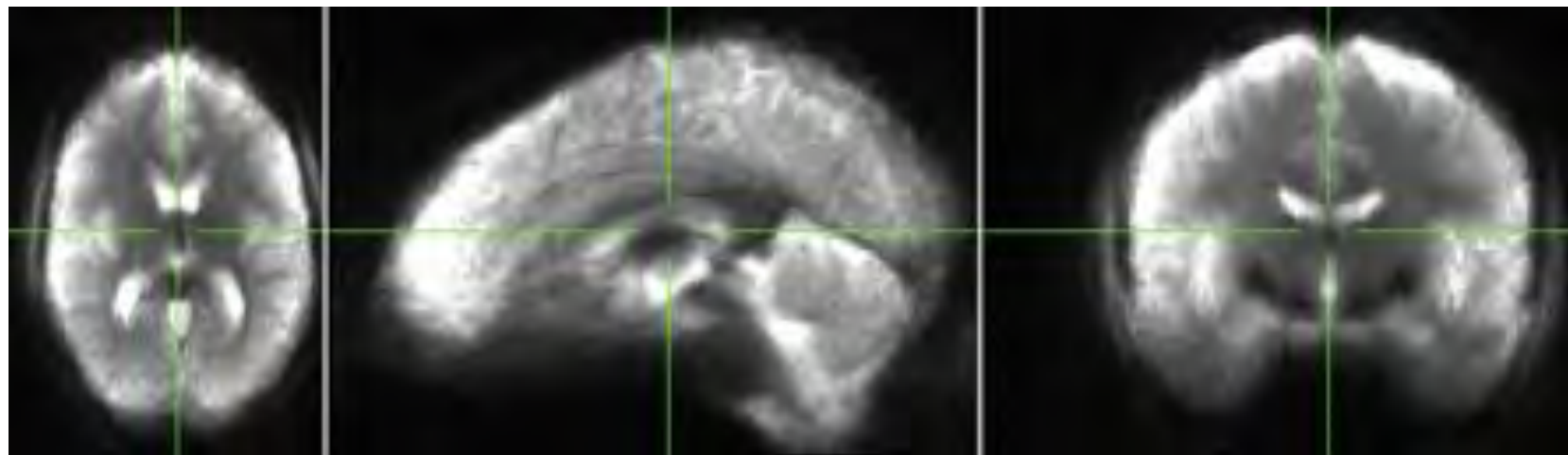
**EO Periods** = Those with eyes continuously open for 60s or more



# fMRI – Confirm Inflow Profile in 4<sup>th</sup> Ventricle

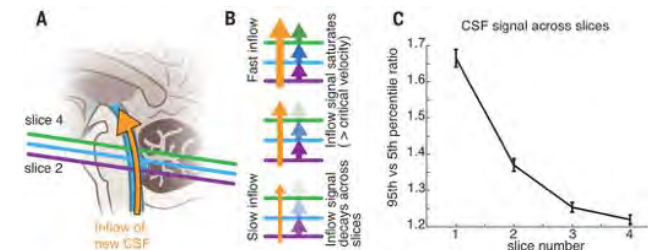


30 Scans | Drowsy | FD < 0.1mm

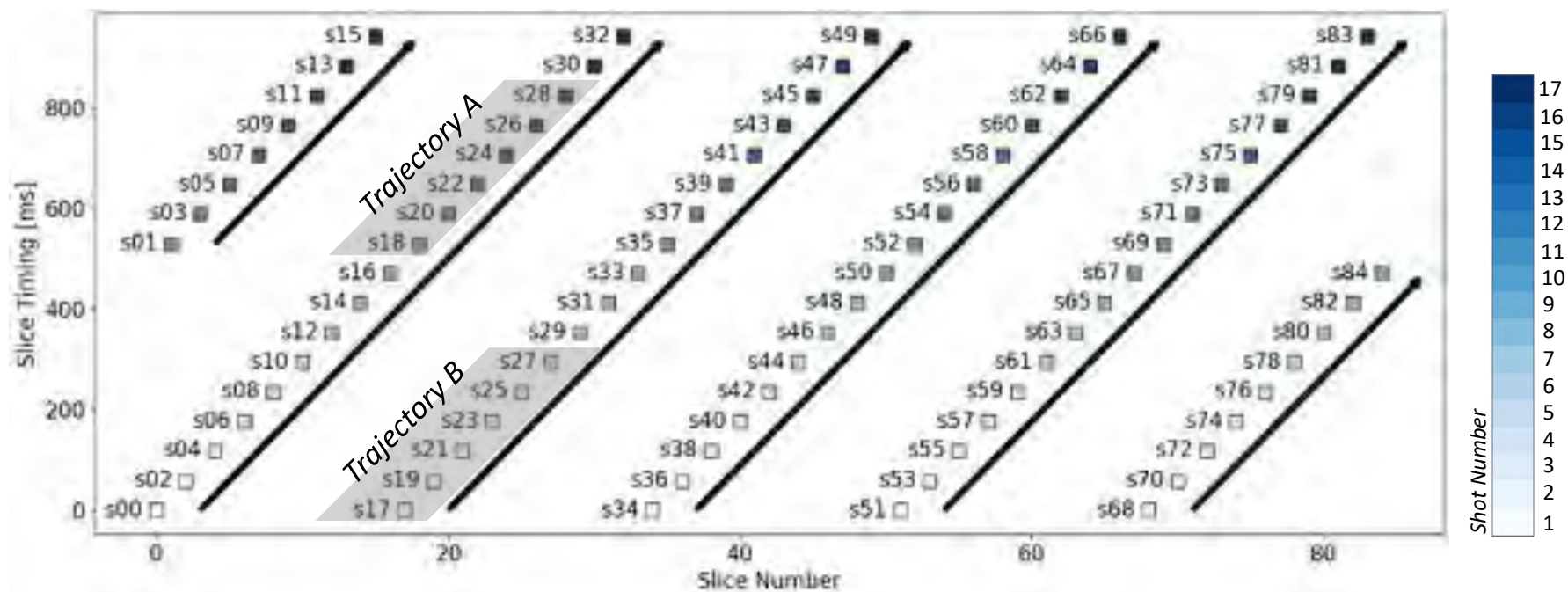
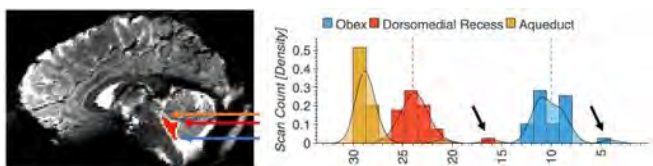




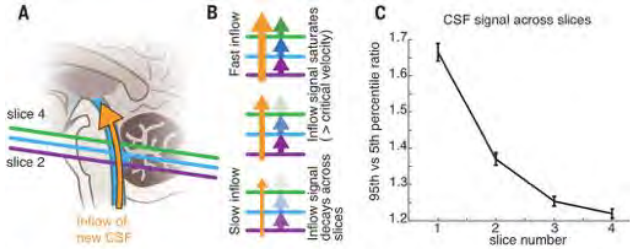
# fMRI – Confirm Inflow Profile in 4<sup>th</sup> Ventricle



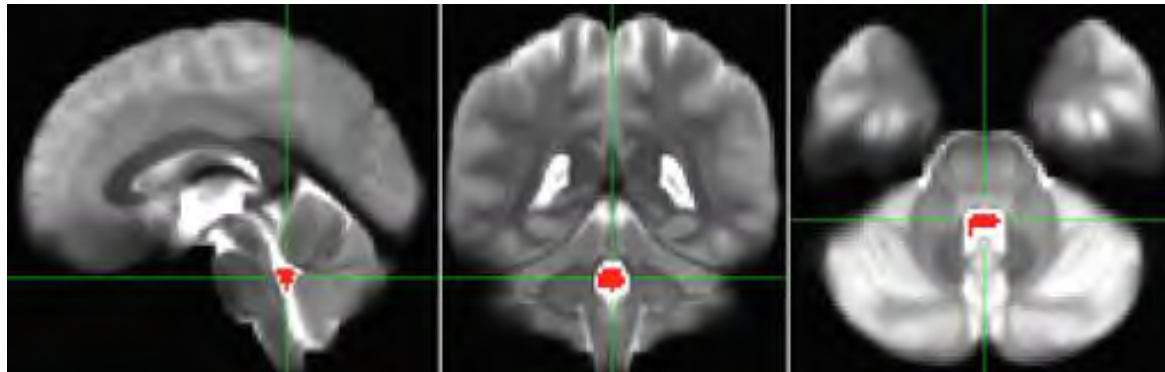
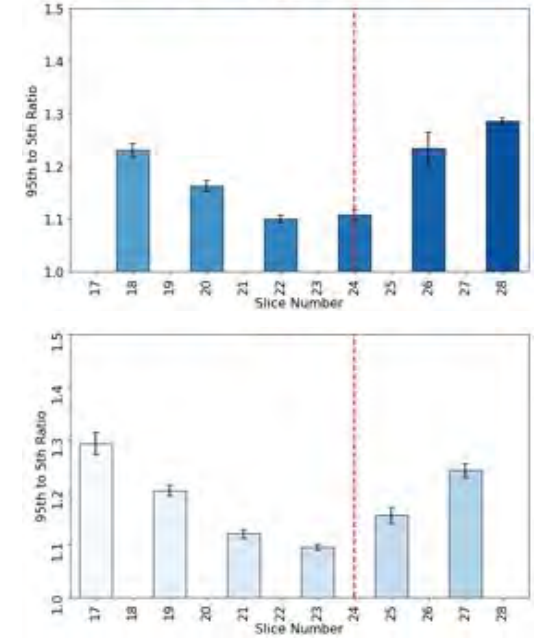
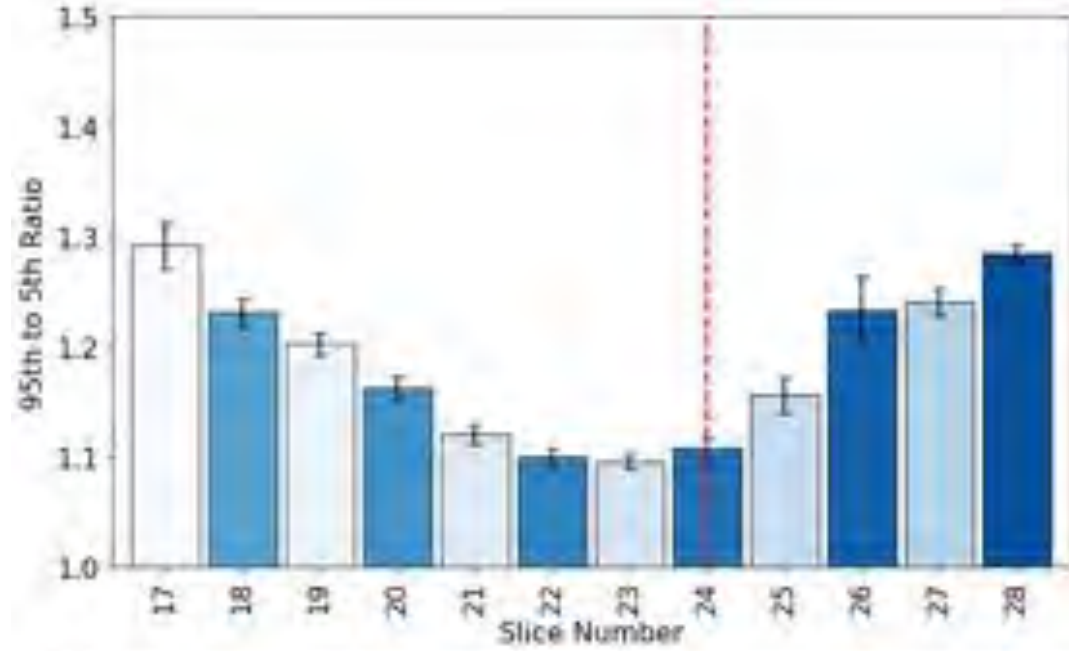
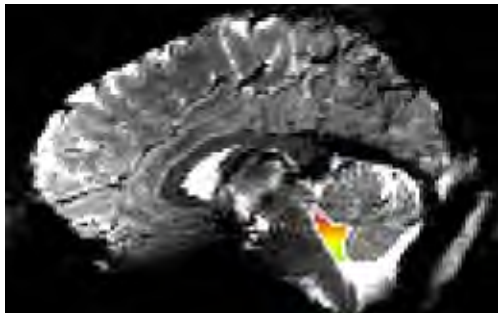
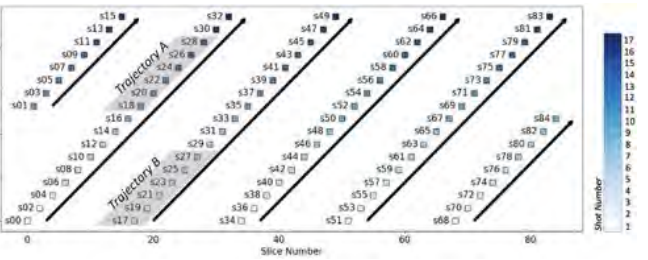
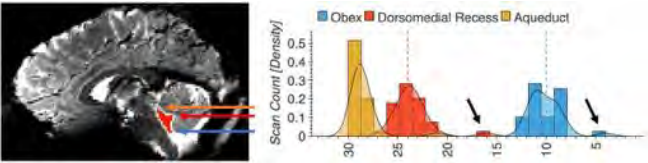
30 Scans | Drowsy | FD < 0.1mm



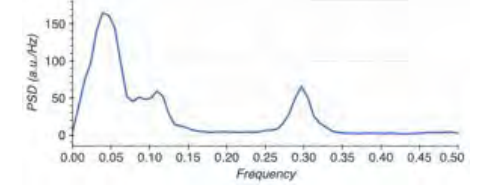
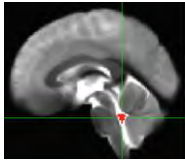
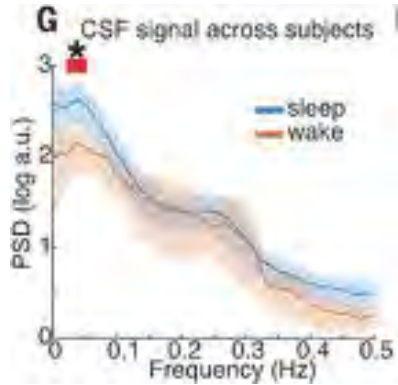
# fMRI – Confirm Inflow Profile in 4<sup>th</sup> Ventricle



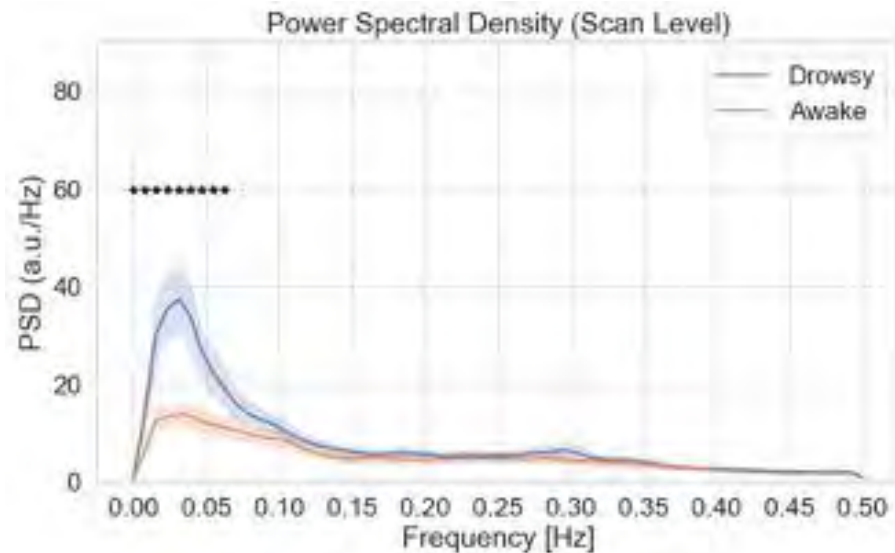
30 Scans | Drowsy | FD < 0.1mm



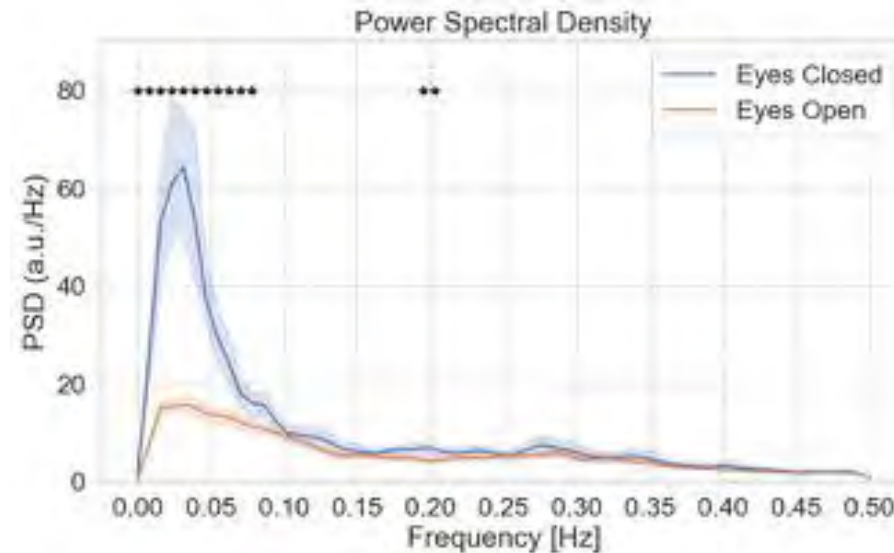
# fMRI – Differences in Power between scan and segment types



## Scan Level [Drowsy / Awake]

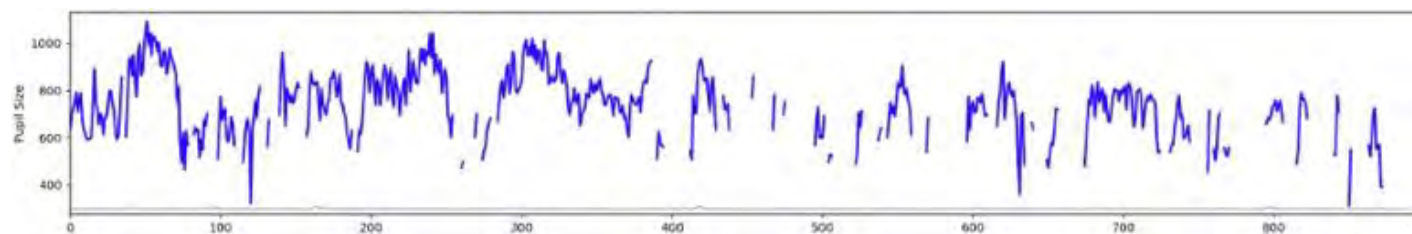
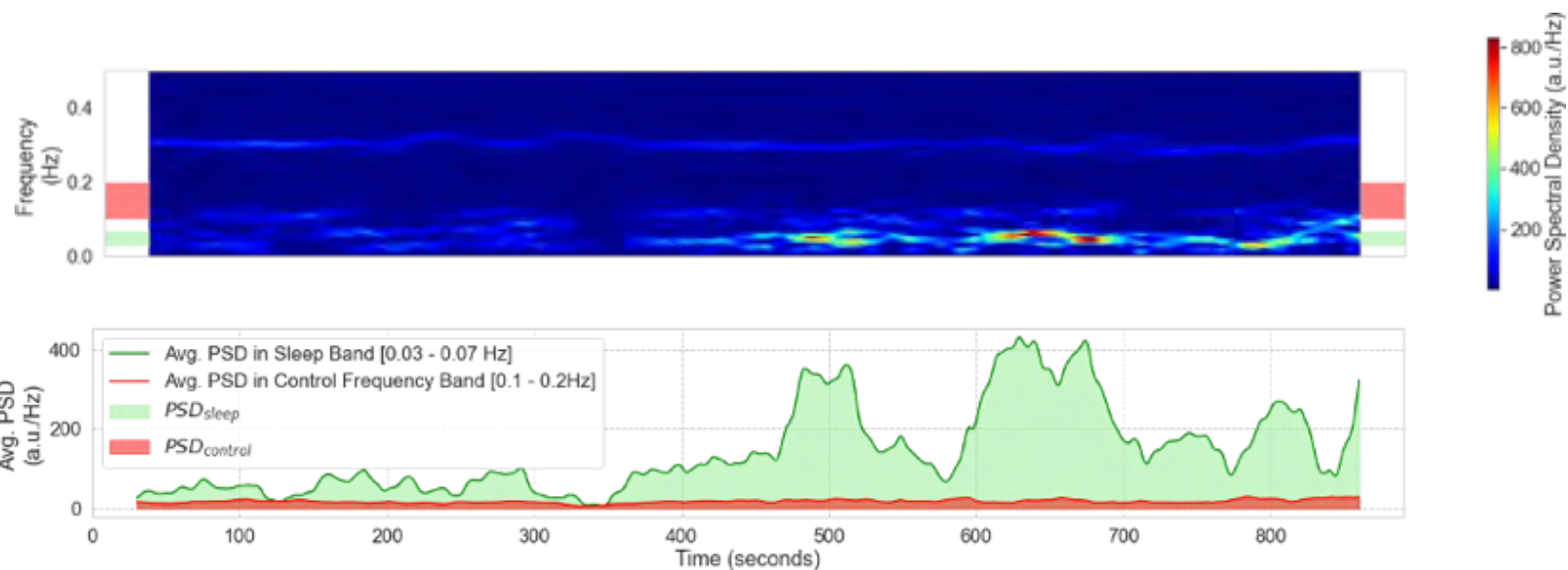
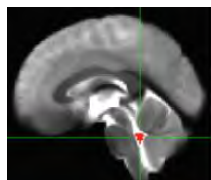


## Segment Level [Eyes Open / Eyes Closed]



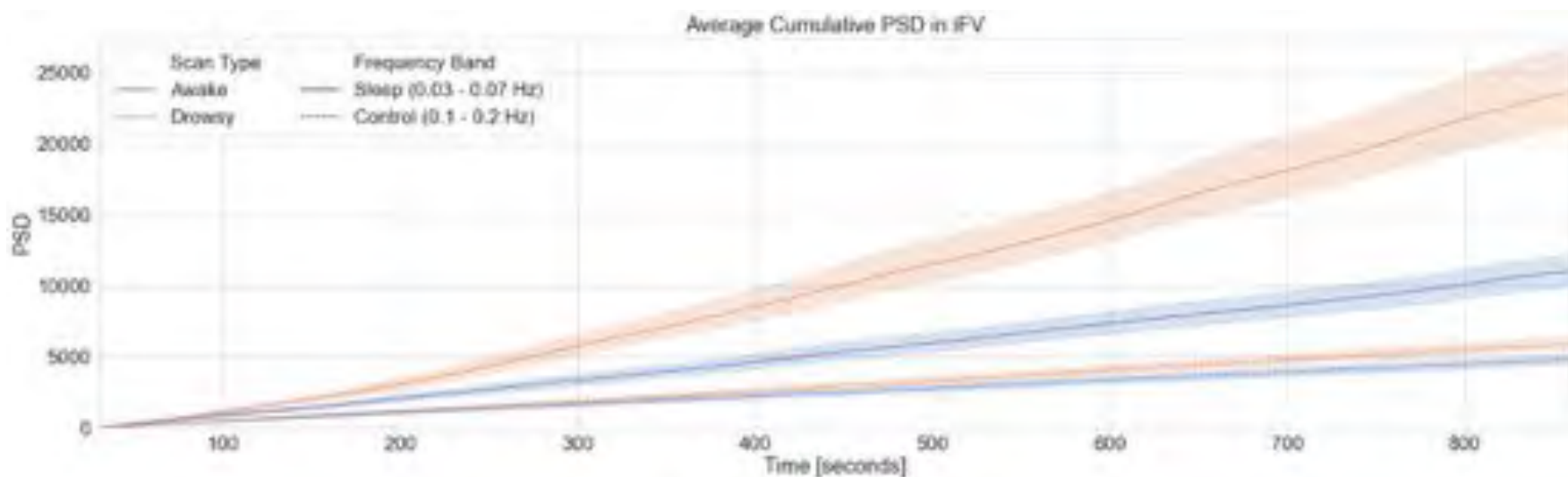
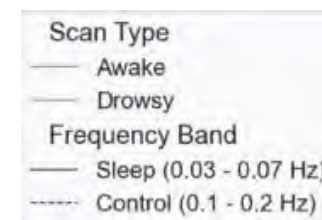
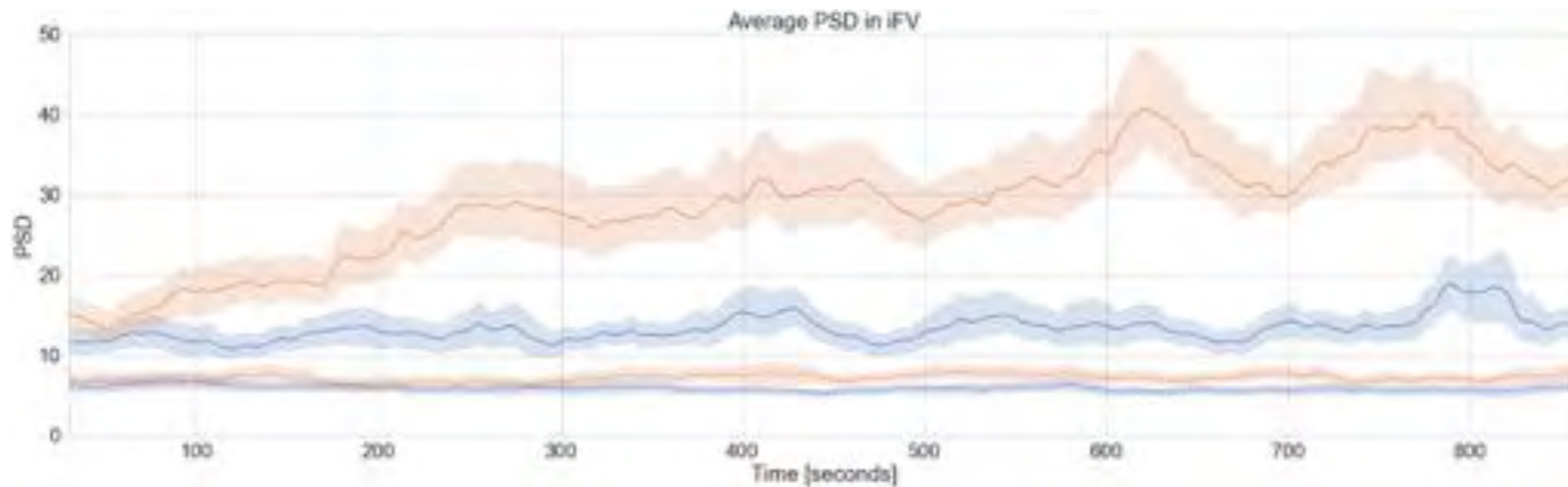
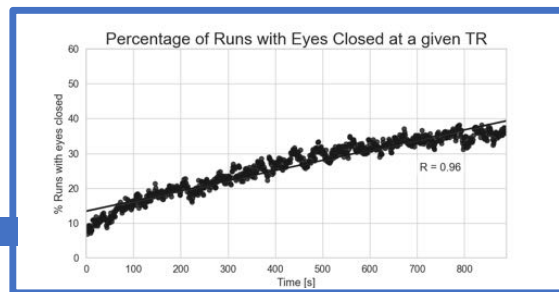


# fMRI – Temporal Evolution of Power in 4<sup>th</sup> Ventricle



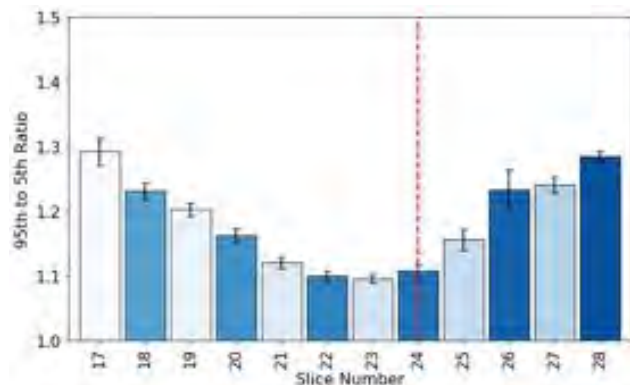


# fMRI – Temporal Evolution of Power in 4<sup>th</sup> Ventricle

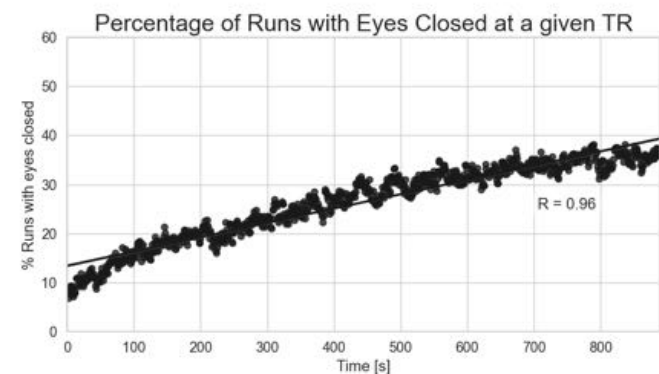
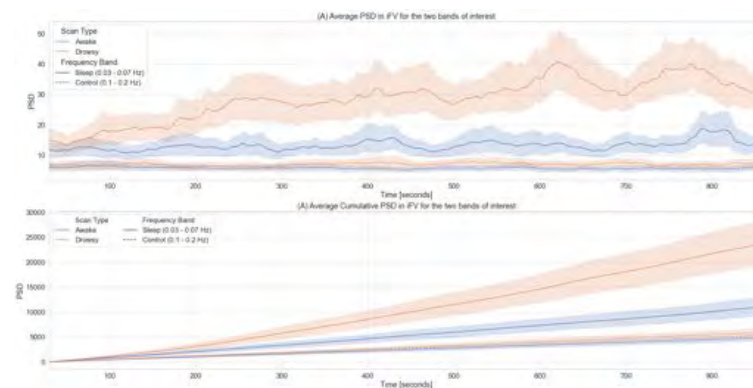
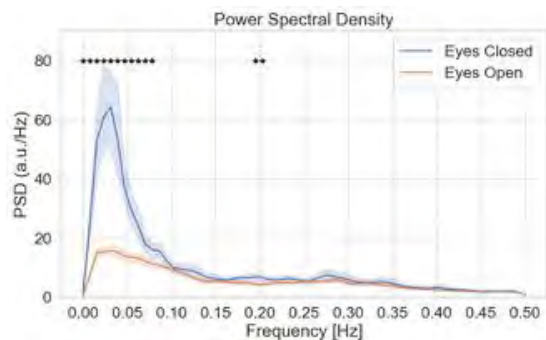
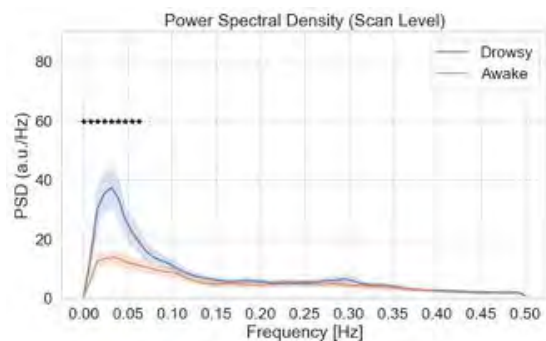


# Our Particular Questions

**Q1.** Can this 0.05Hz fluctuation be found on other datasets not necessarily optimized for detecting in-flow?



**YES**



# Our Particular Questions

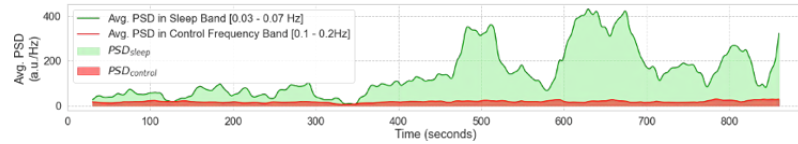
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Q1. Can this 0.05Hz fluctuation be found on other datasets not necessarily optimized for detecting in-flow?

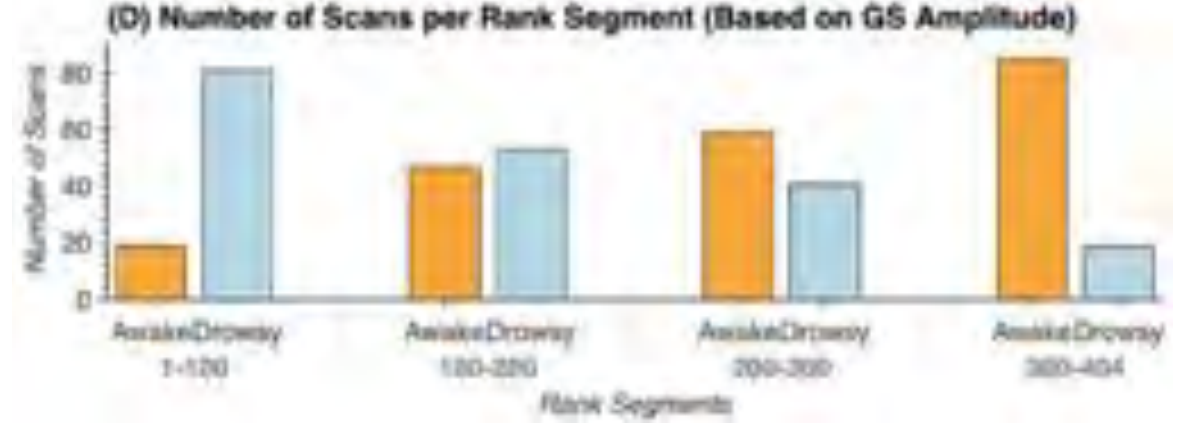
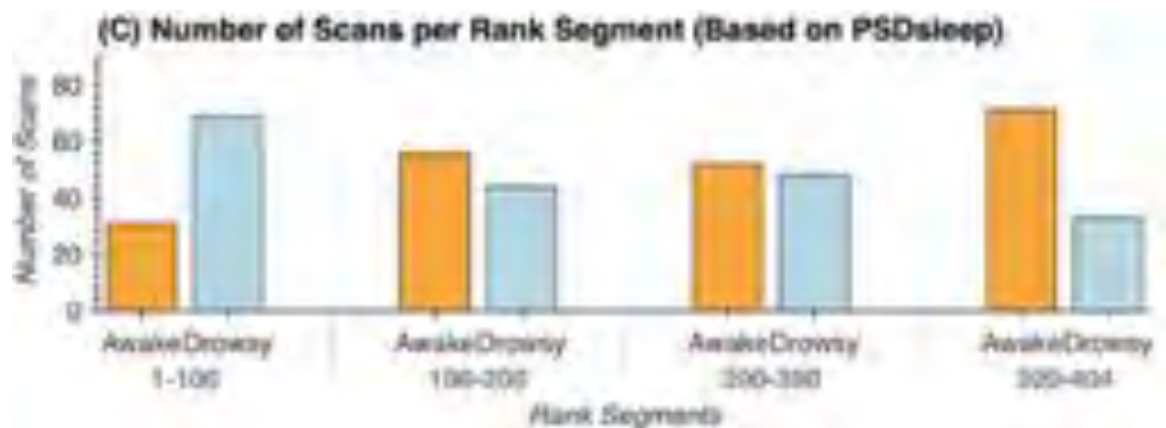
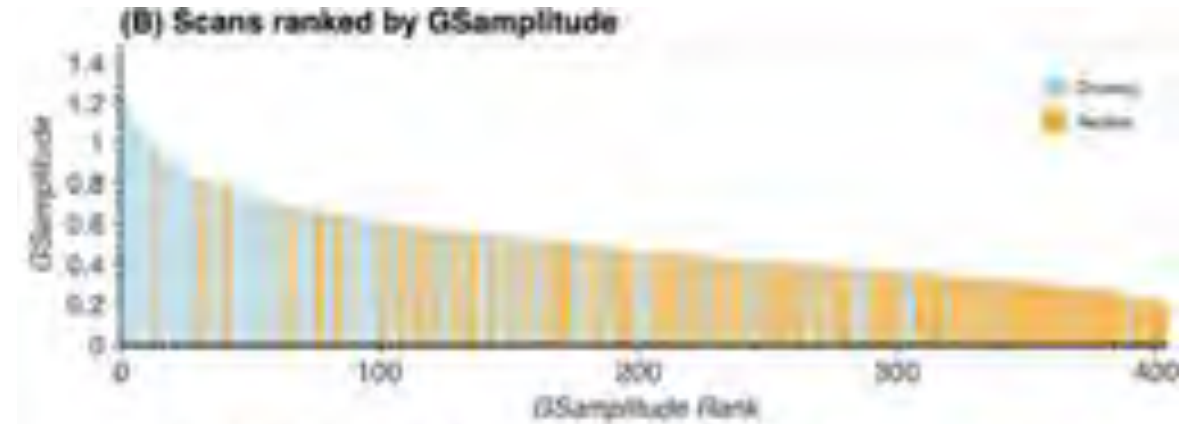
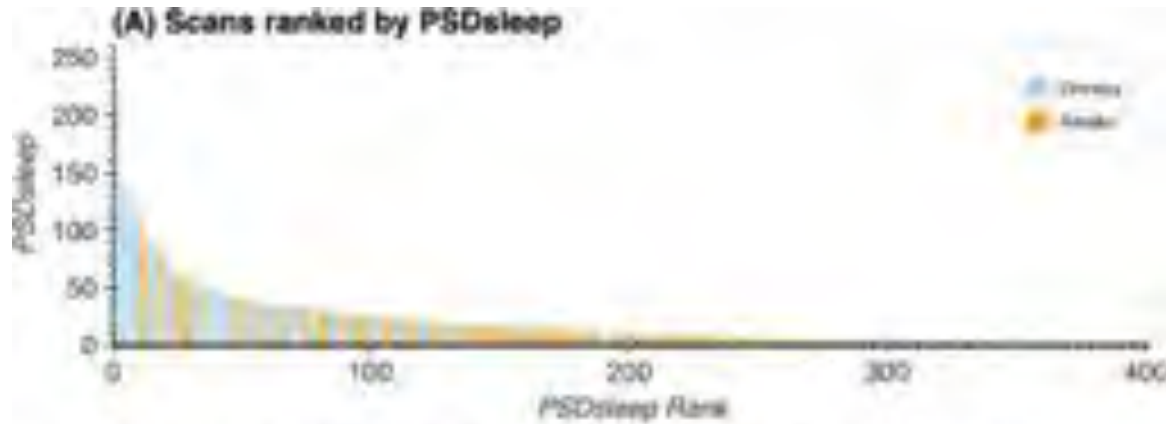
YES

Q2. If so, can this signal be used as a simple marker of wakefulness in existing fMRI datasets that lack concurrent EEG and/or eye tracker measurements?

# Avg. PSD<sub>Sleep</sub> as a marker of drowsiness [ Scan – Level ]

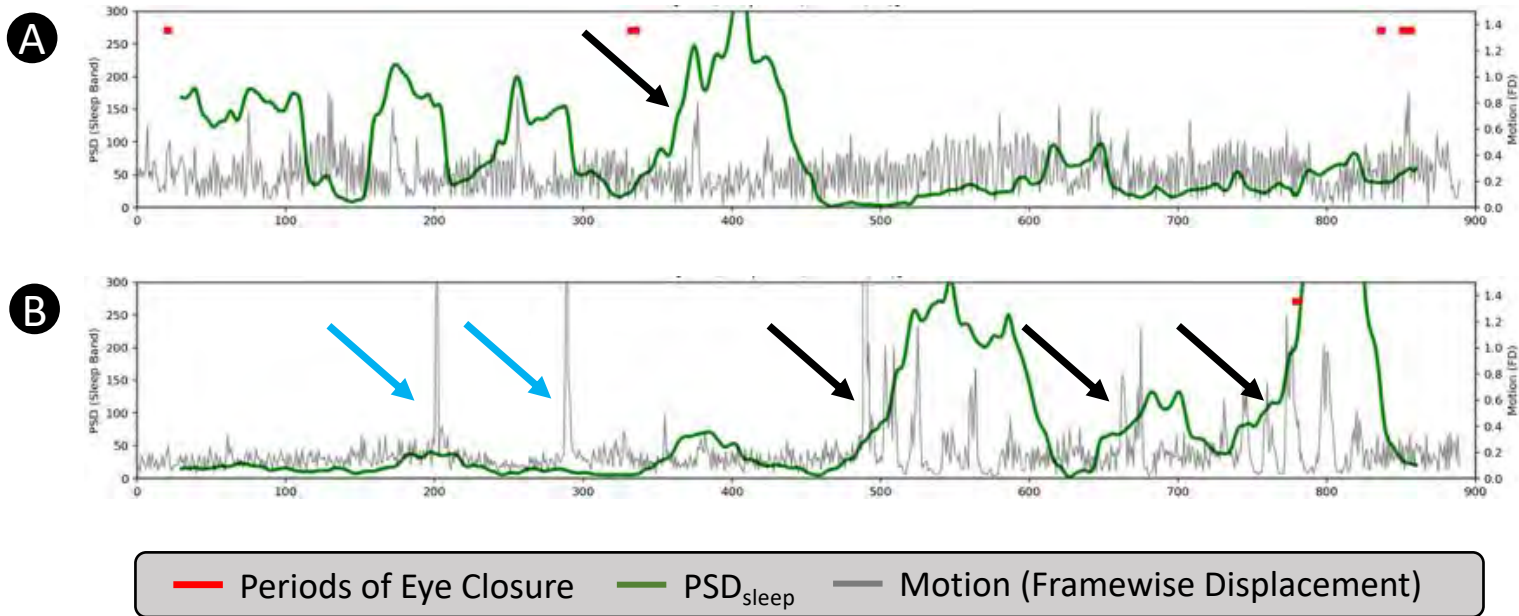
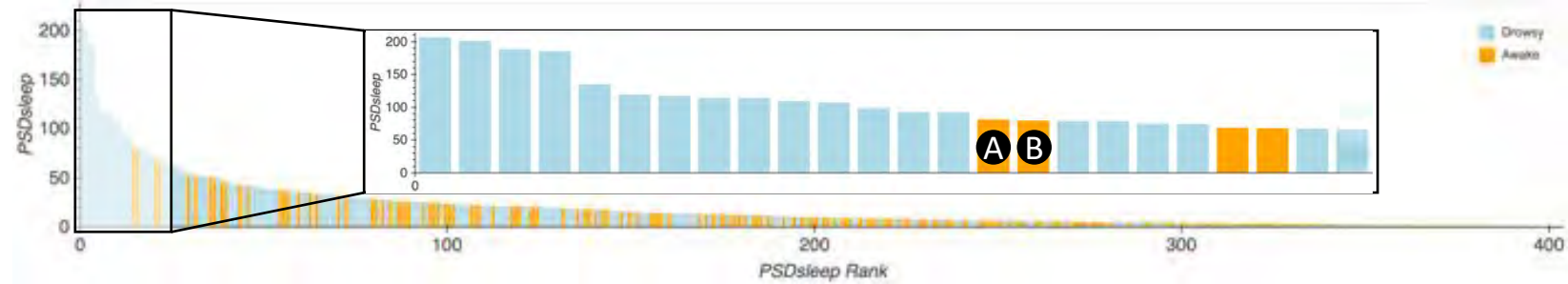


Global Signal

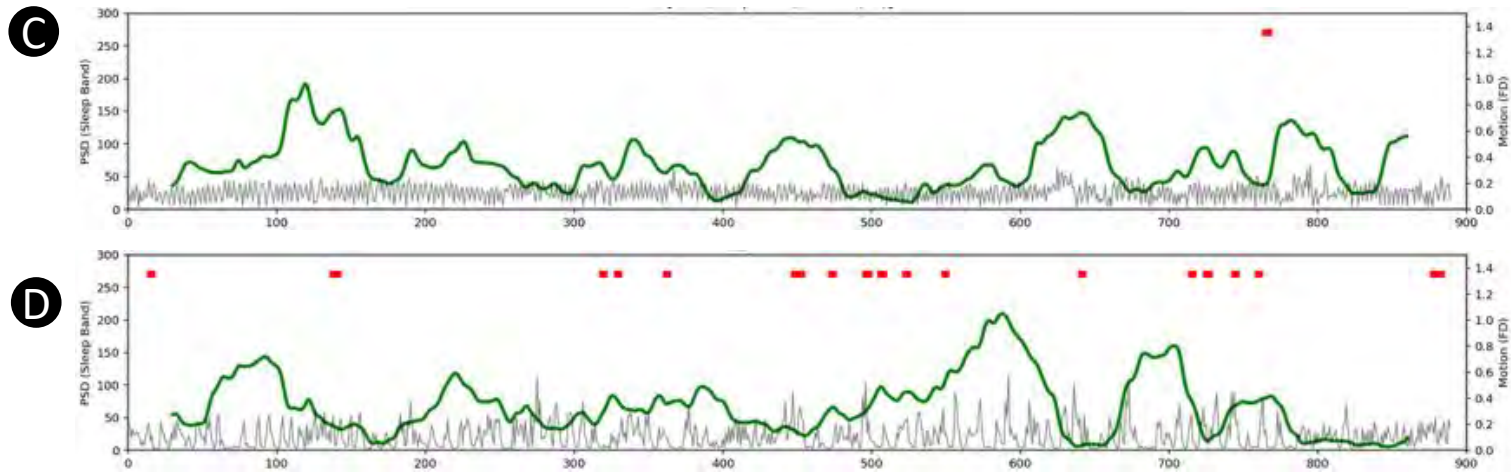
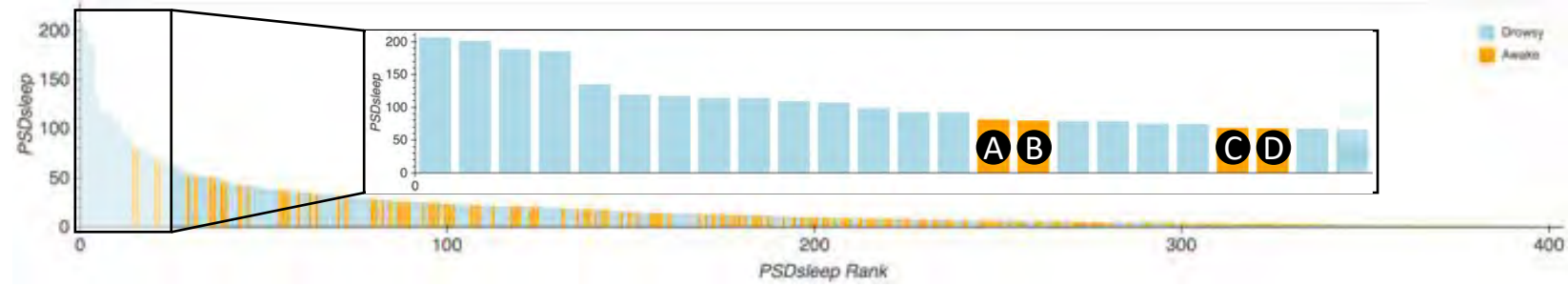




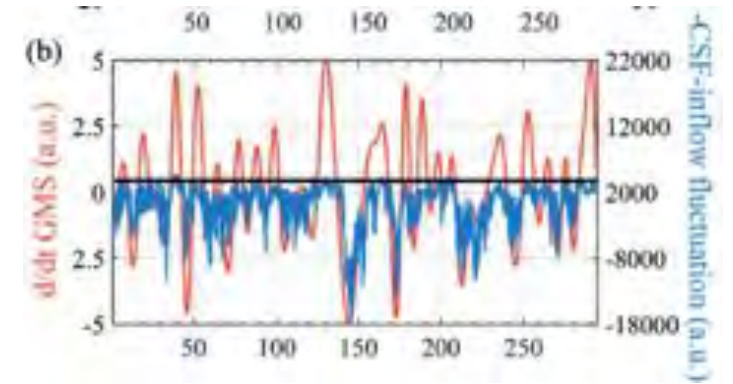
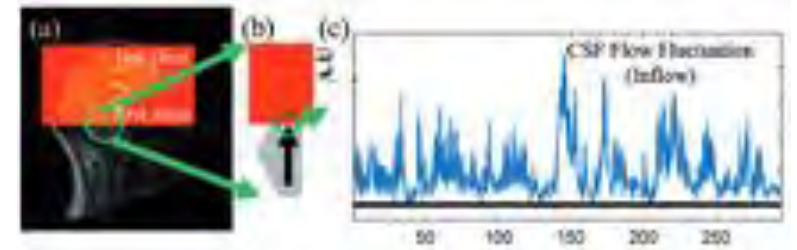
# Examine Failures in PSD<sub>sleep</sub> Ranking



# Examine Failures in PSD<sub>sleep</sub> Ranking



— Periods of Eye Closure — PSD<sub>sleep</sub> — Motion (Frame-wise Displacement)

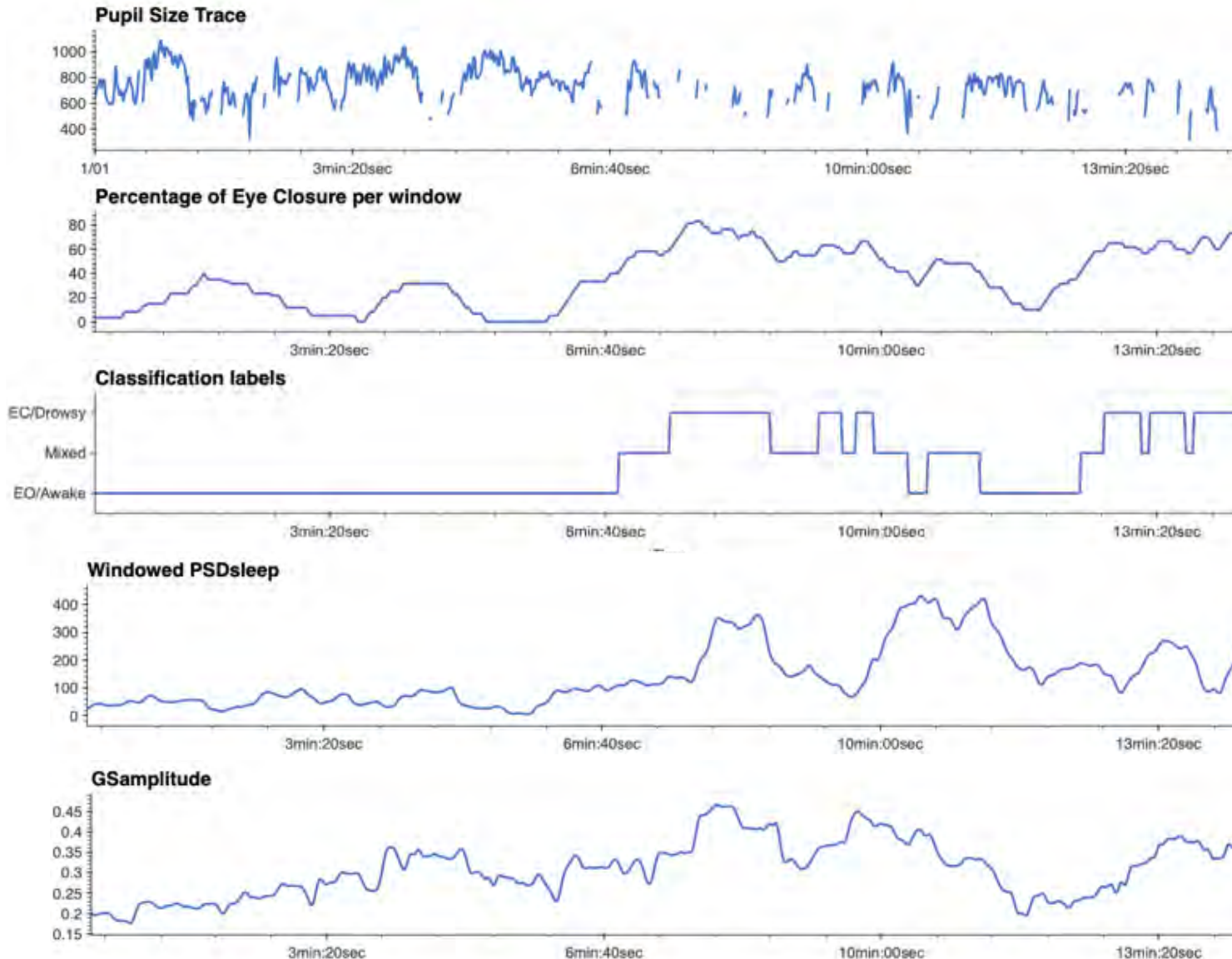


Ultra-slow Inflow Fluctuations in CSF in awake subjects

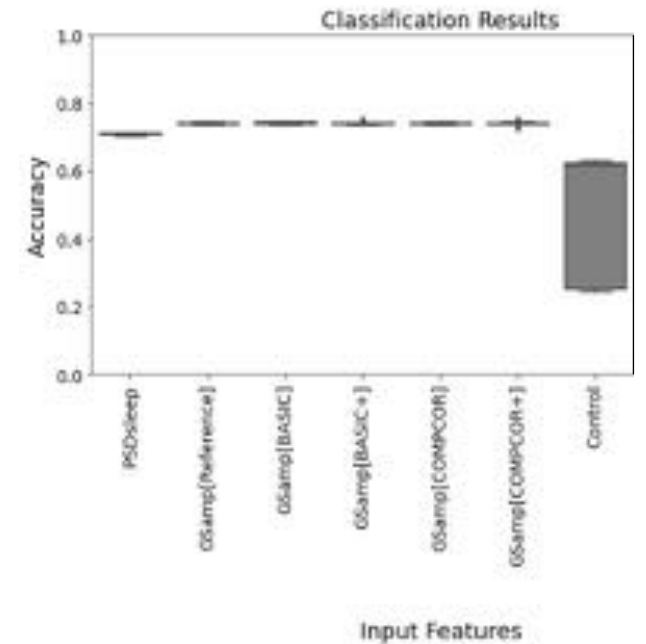
Ho-Ching et al. J Cerebral Blood Flow and Metabolism (2022)

# Avg. PSD<sub>sleep</sub> as a marker of drowsiness [Time-resolved]

Label Generation

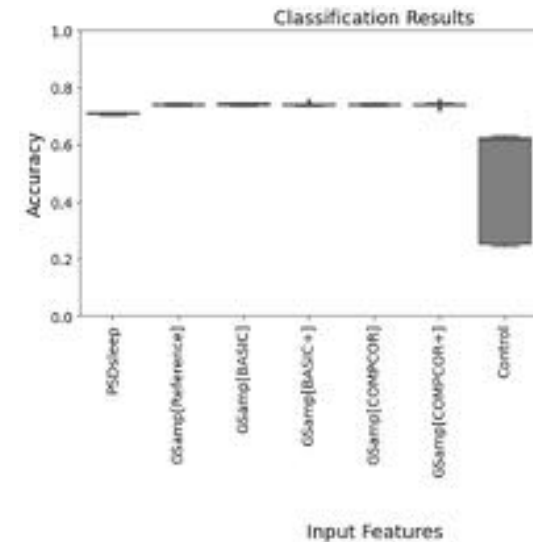
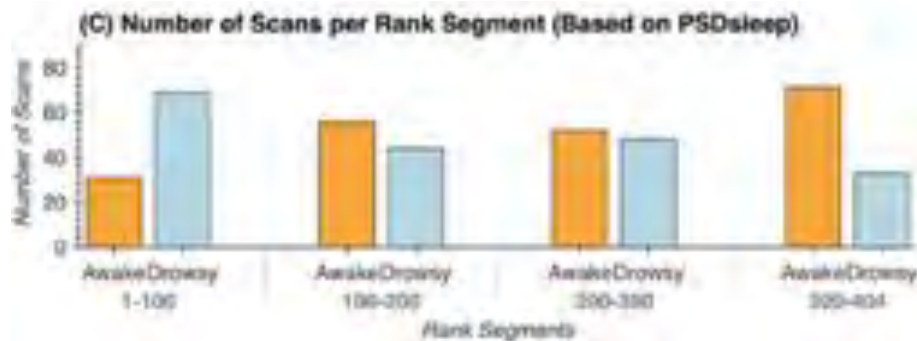


Input Features



# Our Particular Questions

**Q2.** If so, can this signal be used as a simple marker of wakefulness in existing fMRI datasets that lack concurrent EEG and/or eye tracker measurements?



**Limited Value, similar to that of the Global Signal**



# Our Particular Questions

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**Q1.** Can this 0.05Hz fluctuation be found on other datasets not necessarily optimized for detecting in-flow?

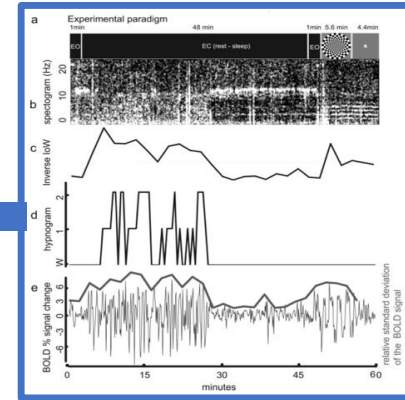
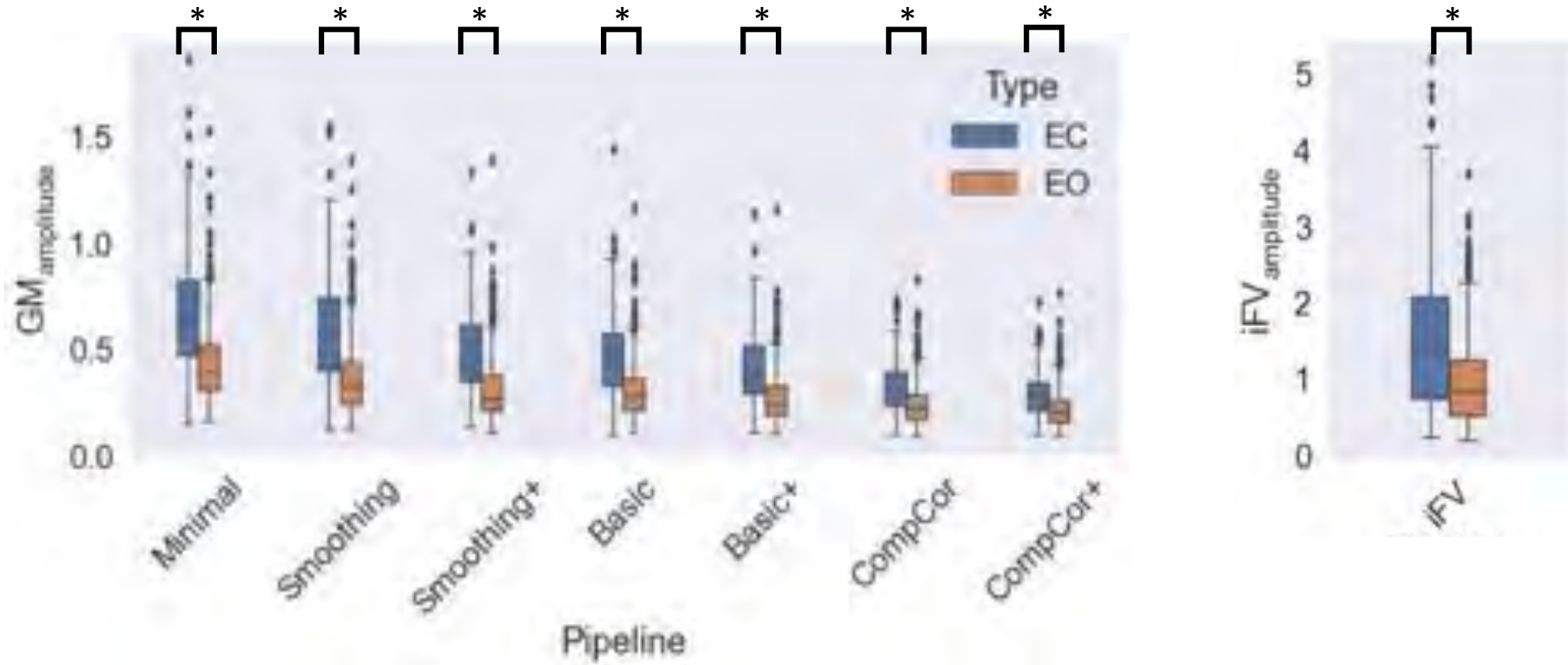
YES

**Q2.** If so, can this signal be used as a simple marker of wakefulness in existing fMRI datasets that lack concurrent EEG and/or eye tracker measurements?

**Limited Value, similar to that of the Global Signal**

**Q3.** Do these fluctuations appear anywhere else in the brain (e.g., contribution to GS) and, if so, how do they affect FC estimates?

# Relationship to the Global Signal

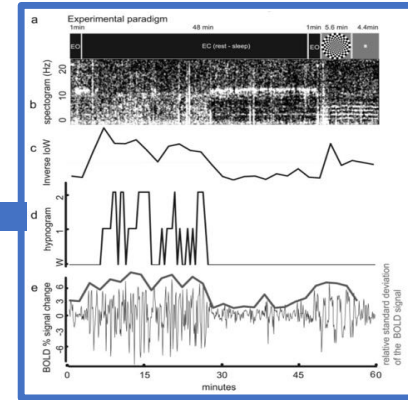
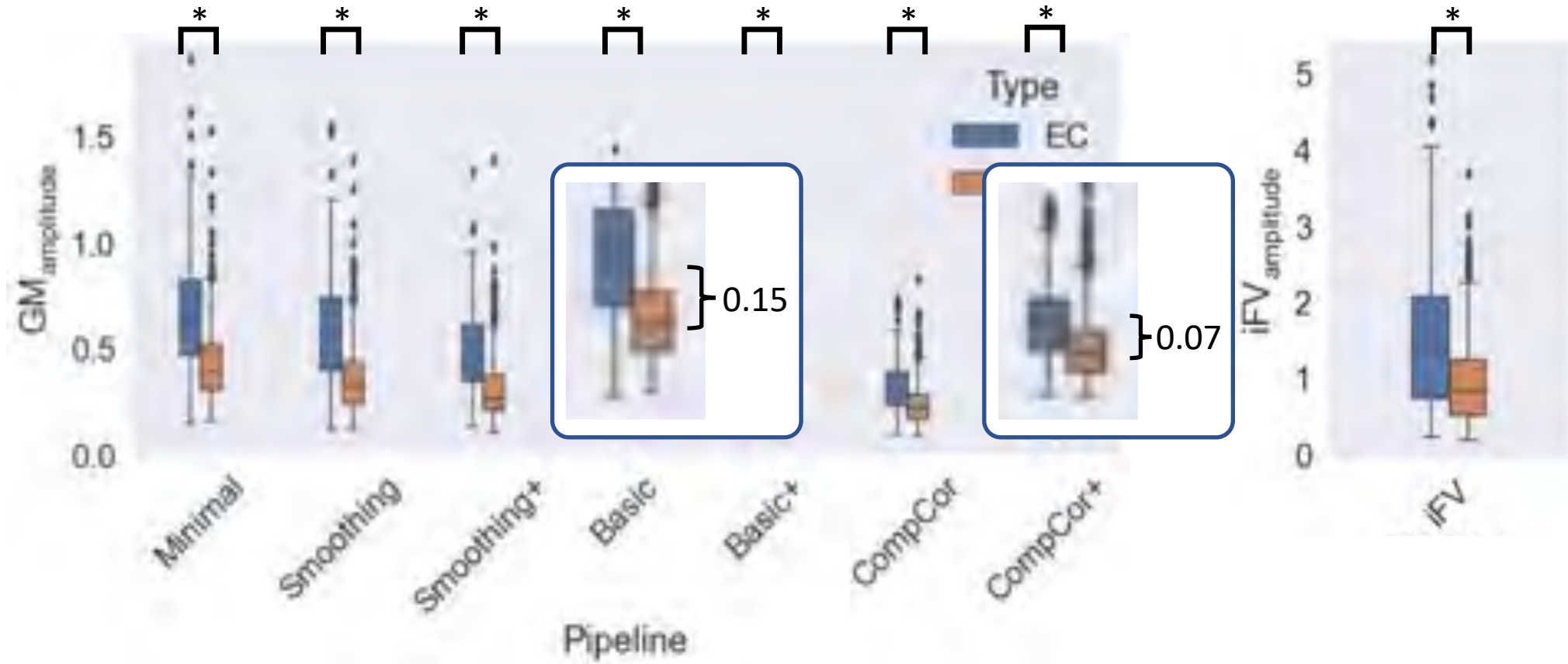


- Minimal | HCP Minimal Preprocessing Pipeline (spatial steps)
- Smoothing | Minimal + Blur (FWHM=4mm) + Band Pass Filtering (0.01 – 0.1 Hz)
- Basic | Smoothing + Regress Motion & 1<sup>st</sup> Derivative
- CompCor | Basic + CompCor Regressors

+ | Shifted version of the FV signal that best correlates with each voxel as extra regressor

Gonzalez-Castillo et al. NeuroImage (2022)

# Relationship to the Global Signal



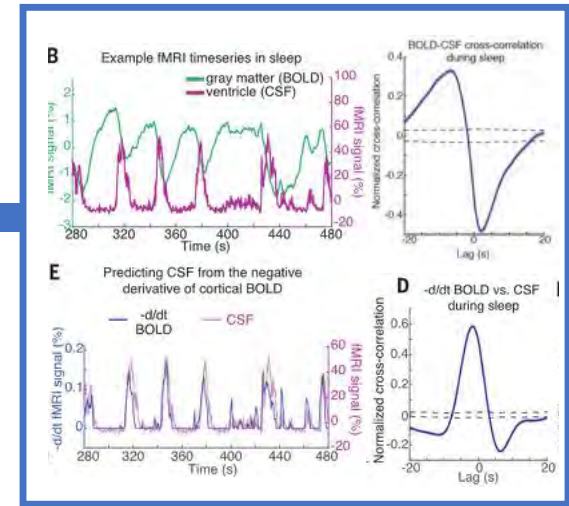
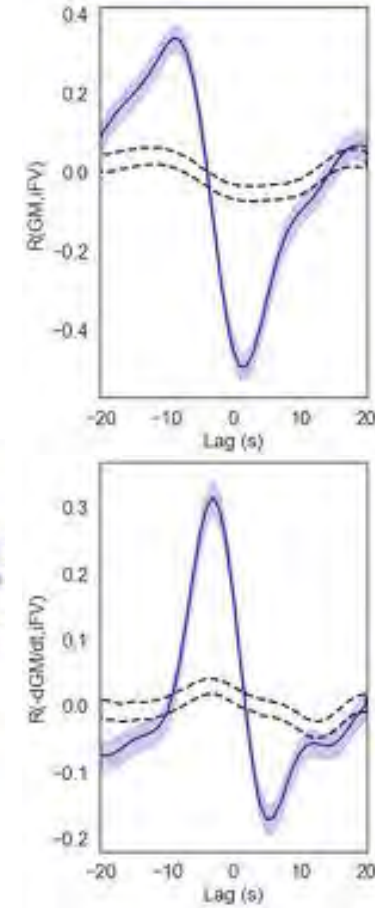
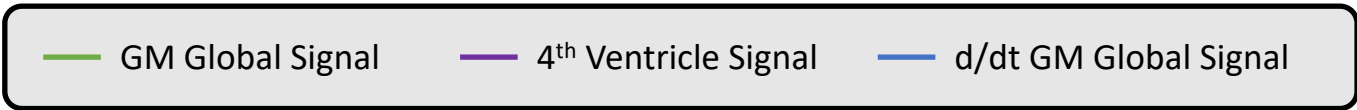
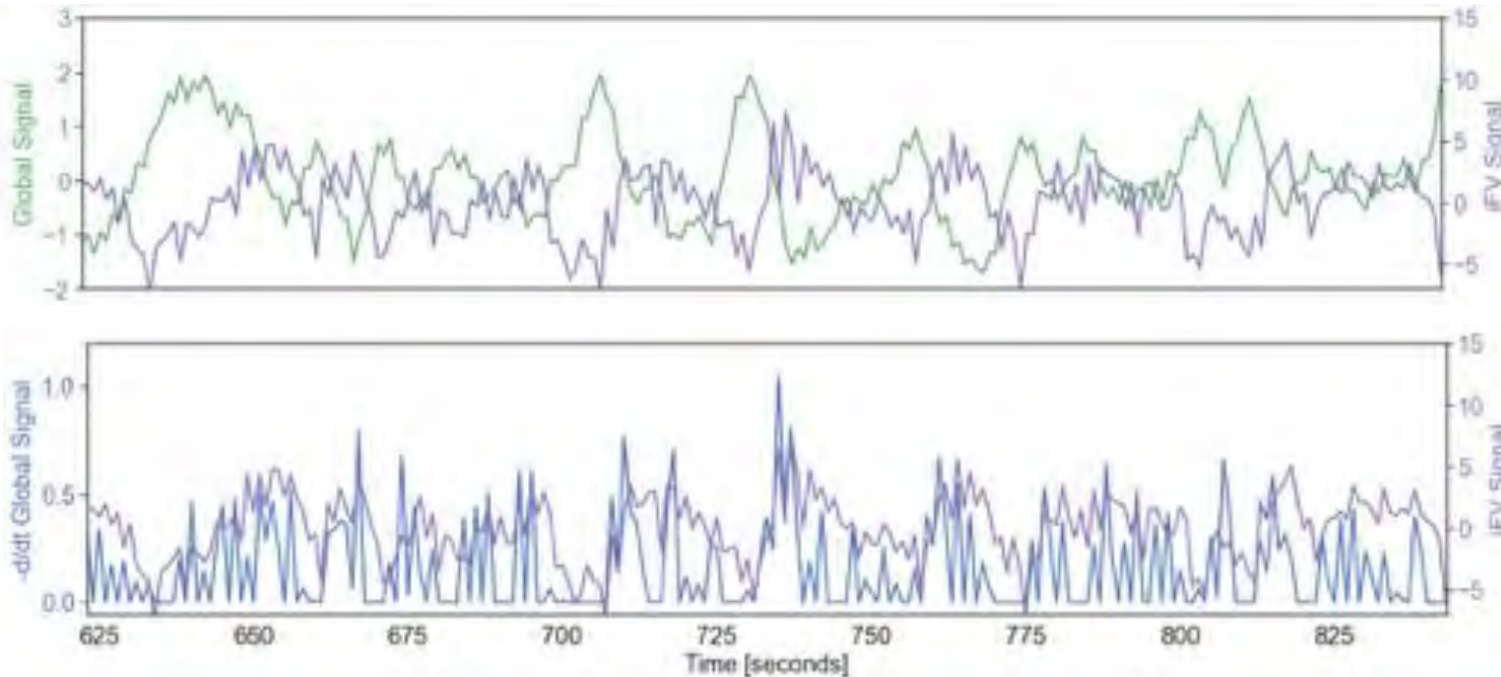
- Minimal | HCP Minimal Preprocessing Pipeline (spatial steps)
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Gonzalez-Castillo et al. NeuroImage (2022)

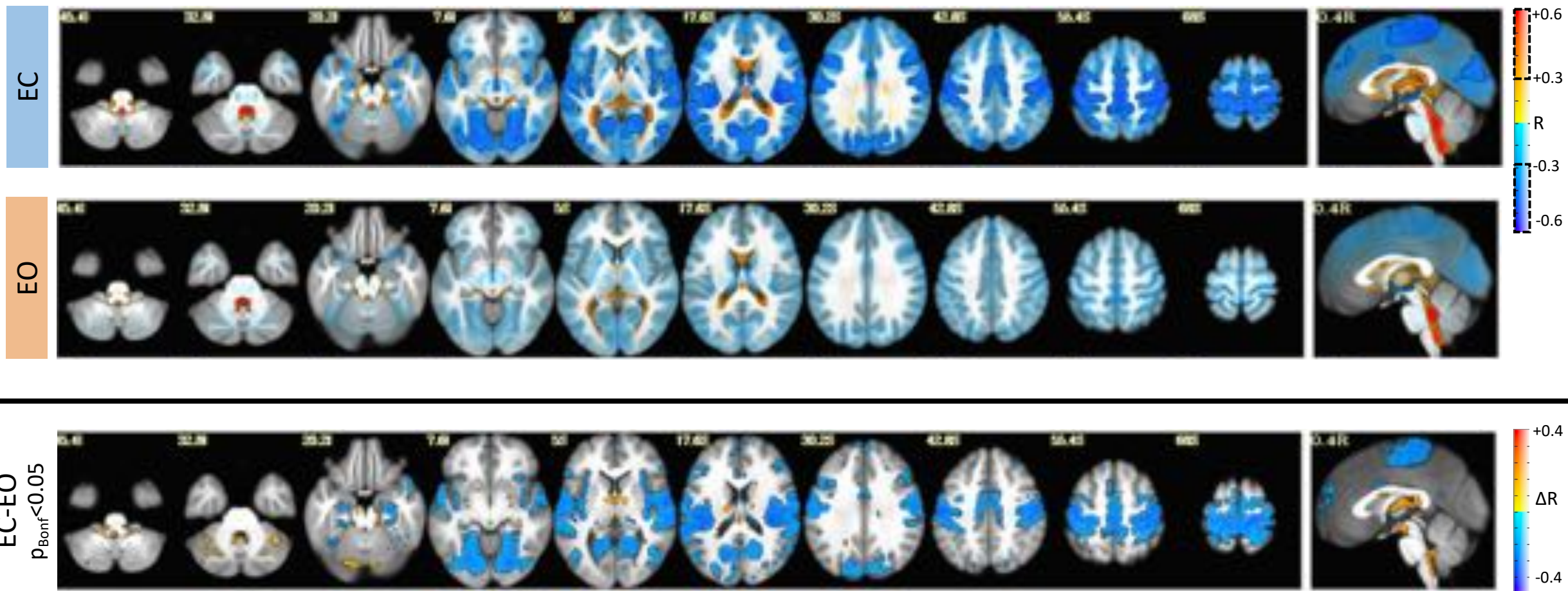
# Relationship to the Global Signal

## Representative Eyes Closed Segment

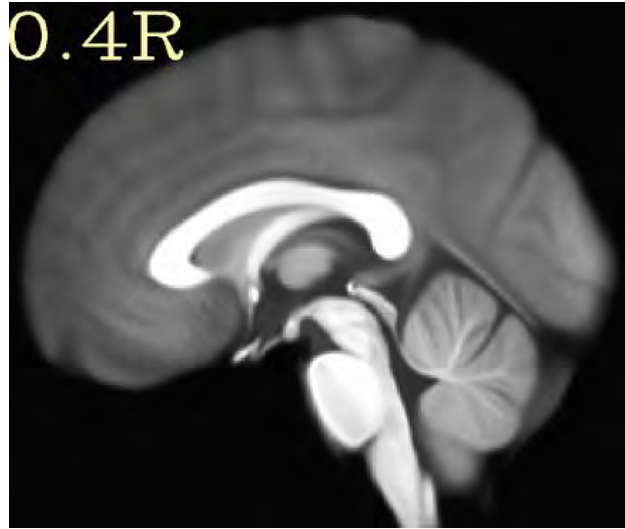
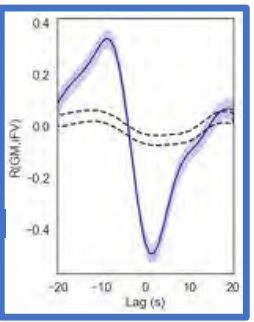




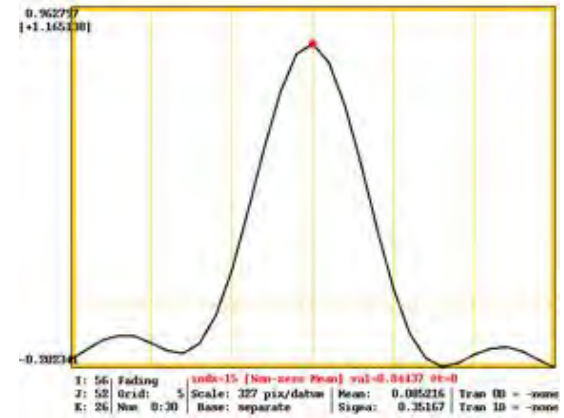
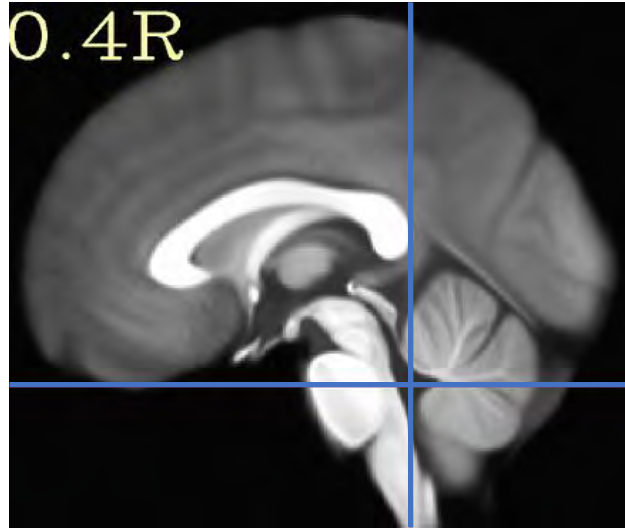
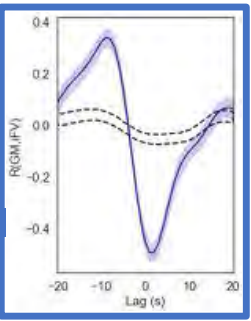
# Where exactly? | Zero-Lag Correlation



# Spatial Profile of Delays

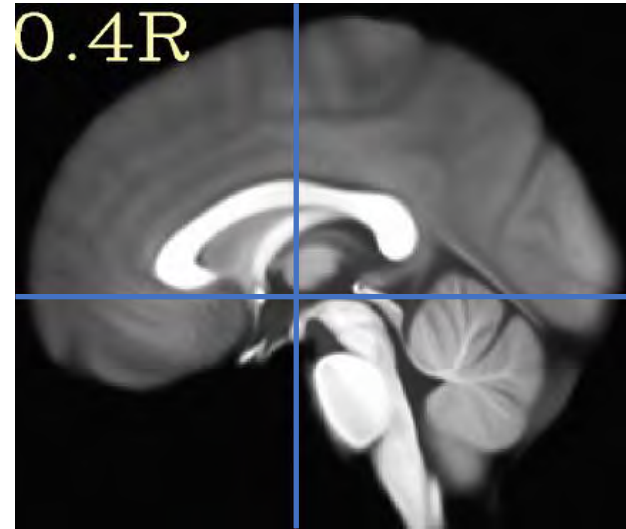
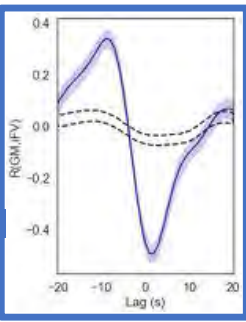


# Spatial Profile of Delays

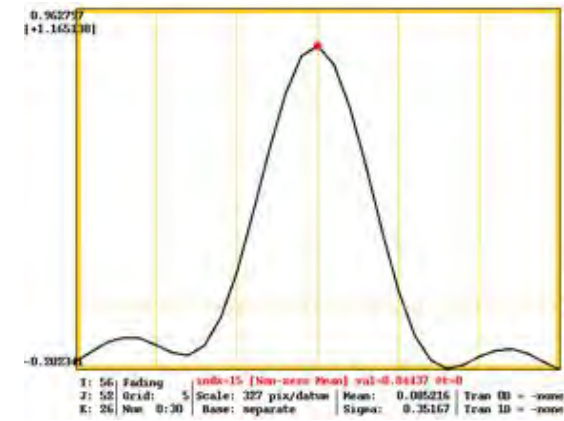


Lag = 0s

# Spatial Profile of Delays



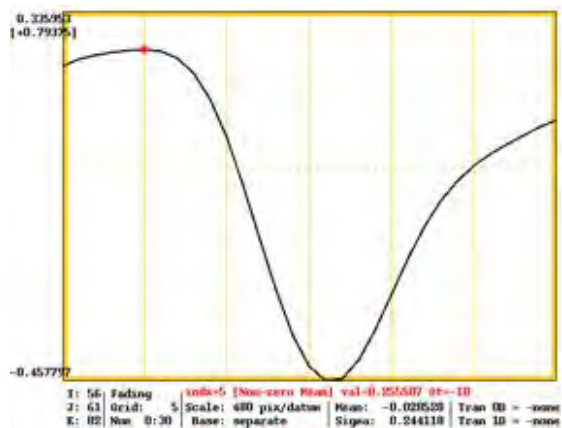
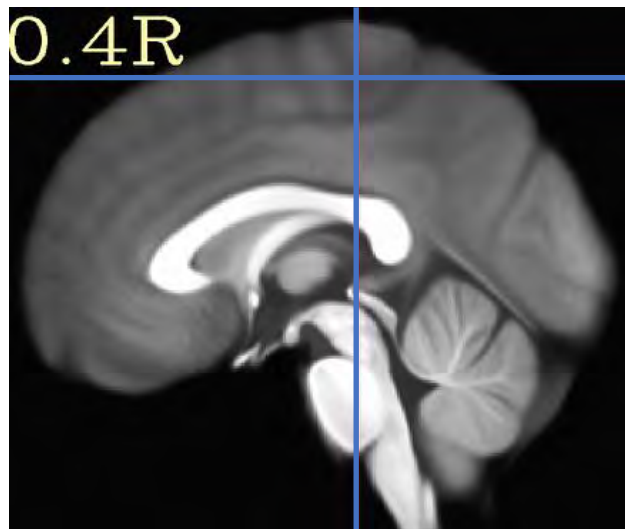
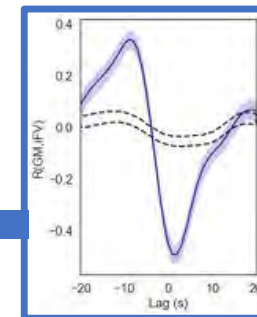
Lag = 7s



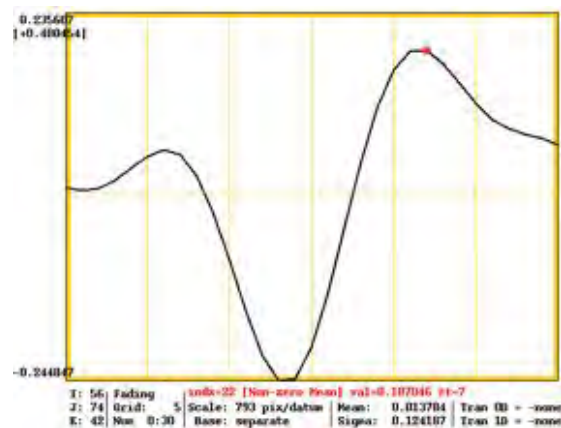
Lag = 0s



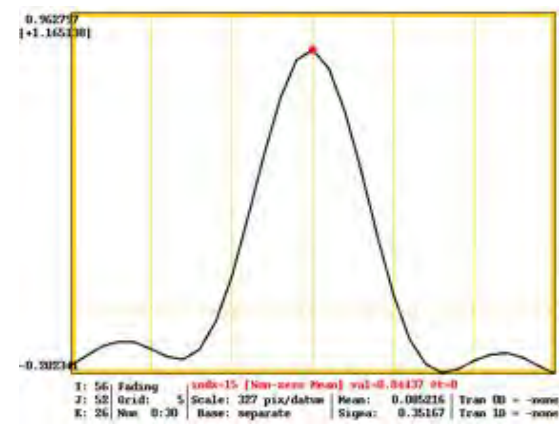
# Spatial Profile of Delays



Lag = -10s

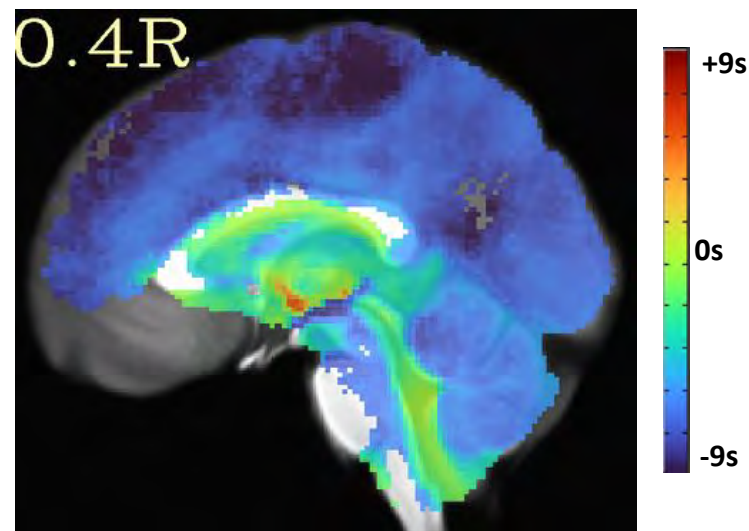
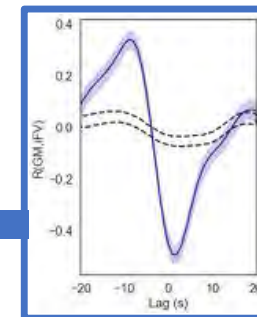


Lag = 7s

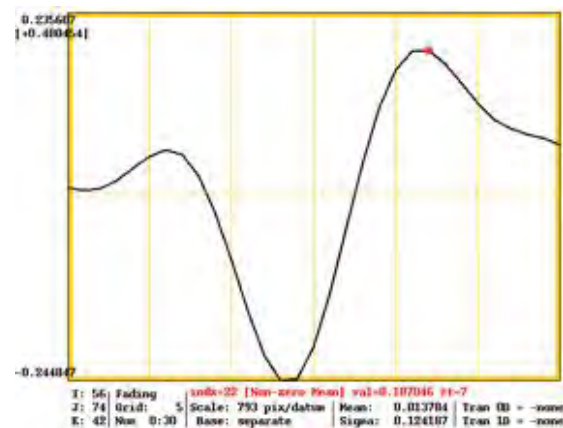


Lag = 0s

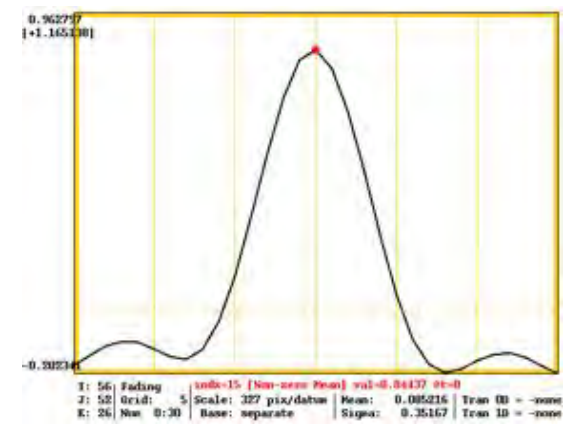
# Spatial Profile of Delays



Lag = -10s

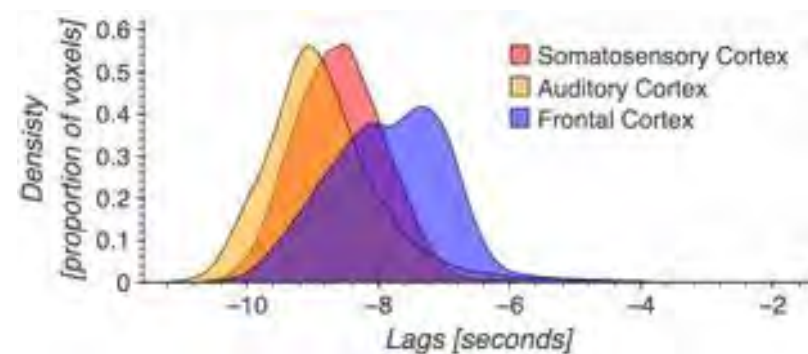
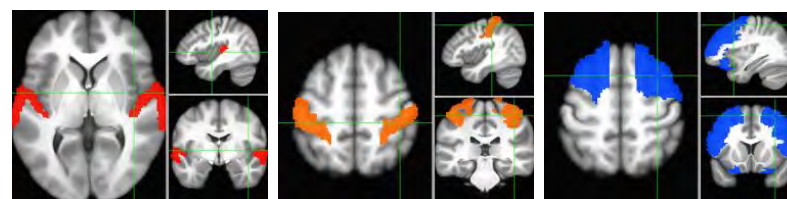
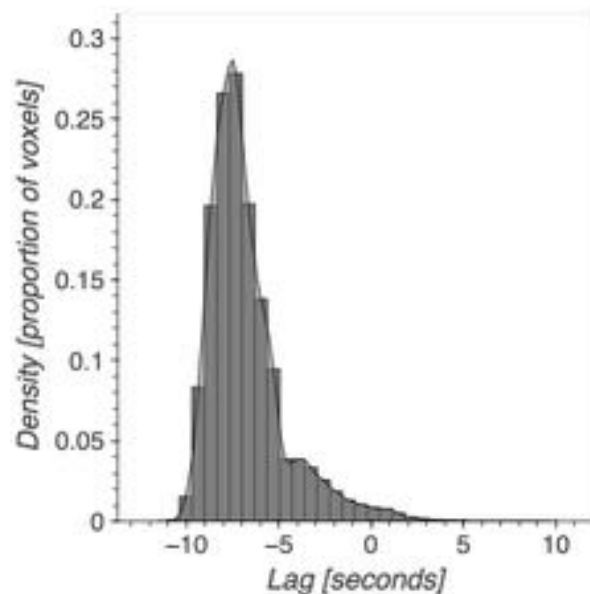
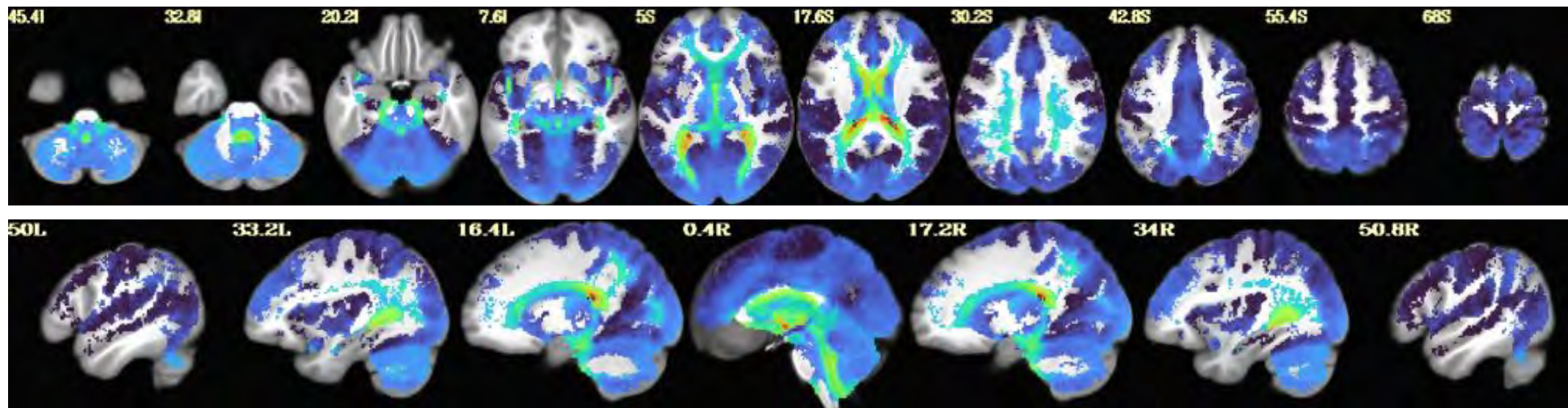
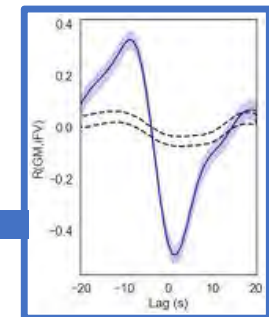


Lag = 7s



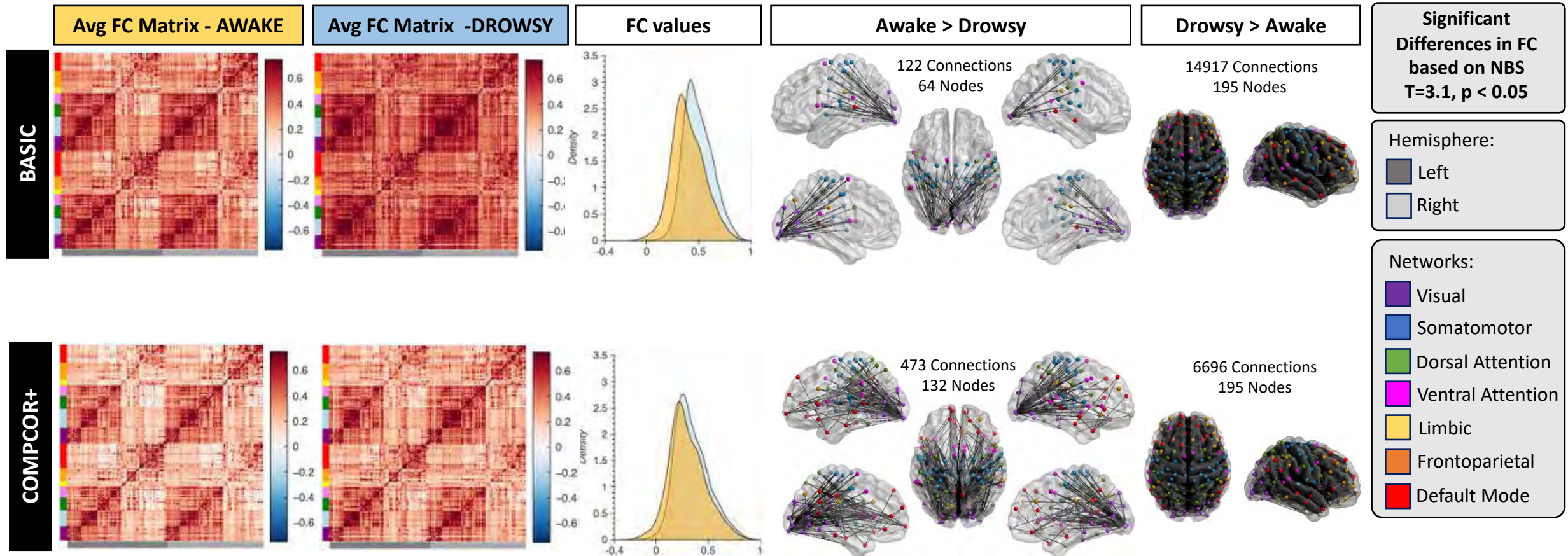
Lag = 0s

# Spatial Profile of Delays





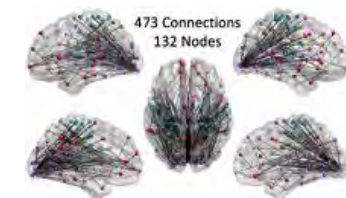
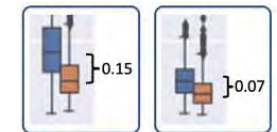
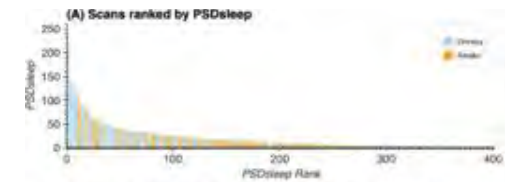
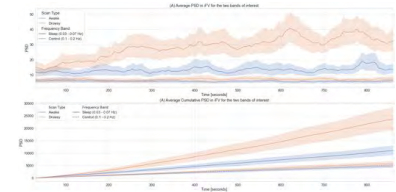
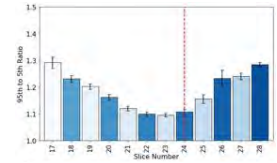
# Modulatory Effects in FC





# Conclusions

- Fourth ventricle ultra-slow fluctuations ( $\sim 0.05\text{Hz}$ ) with inflow characteristics were observed during long periods of eye closure in this larger sample.
- The temporal evolution of these fluctuations can uncover previously reported sample-level patterns of sleep (i.e., propensity of subjects to fall asleep after 3 minutes of scanning)
- Has equivalent predictive value to that of the GS as a marker of drowsiness
- Important contributor to the GS during periods of drowsiness: account for 50% of the increase in  $GS_{\text{amplitude}}$  that accompanies sleep.
- Using ventricular signals as nuisance regressors change FC patterns across the brain in a substantial way.



# Thank you

## National Institute of Mental Health



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