

Overview of Resting-State fMRI

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Outline

• What is resting-state fMRI?

Computational methodology

• Applications to brain disorders and cognitive neuroscience





Anatomical: T1, T2.....
Diffusion Tensor-MRI
MRS
Perfusion (DSC, ASL...)
fMRI-BOLD >
.....



fMRI-BOLD





Task-state fMRI?

Contrast within a scanning session is necessary!





Task-state fMRI

What is activation?





Task-state fMRI

What is abnormal activation for patients?

Abnormal activated level?



Abnormal baseline?

So, baseline state is important!



State-fMRI design vs. time-locked event-related design

- A period of time (quite a few minutes or longer)
- On-going brain activity
- Computation: quite different from task state GLM activation detection
- Resting-state: simple design, baseline



What is resting-state fMRI?

- Eyes closed or open with no task
- Quite a few minutes or longer
- "Not to fall asleep"
- "Not to think of anything in particular"
- Low frequency fluctuation (LFF, 0.01 0.08 Hz) (Biswal et al., 1995)



Resting-state BOLD-fMRI signal reflects spontaneous neuronal activity (Logothetis et al., 2001, Nature; Rauch et al., 2008, PNAS)

However, partly due to physiological and physical noises (respiration, cardiovascular pulsation, etc) (Cordes et al., 2001; Birn et al., 2006; Goerke et al., 2005)



Techniques for spontaneous neuronal activity (SNA)

Every functional technique:

Single unit recording, MEG and EEG

*** PET and SPECT**

NIRS (Obrig et al., 2000)

Perfusion fMRI (Zou et al., 2009)

* BOLD fMRI





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Computation methods for task-state fMRI

- Functional segregation (activation detection)
- Functional integration (inter-regional relationship or connectivity)

Number of papers: former >> latter



Computation methods for resting-state fMRI

- Functional segregation (local features)
- Functional integration

 (inter-regional relationship or connectivity)

Number of papers: former << latter



Functional integration or connectivity

Un-directional: linear correlation, ICA... Directional: SEM, DCM, GCA...



Most of resting-state fMRI studies : integration (connectivity)

 Correlation: (Biswal et al., 1995;)
 ICA: (Kiviniemi et al., 2003; van de Ven et al., 2004; Greicius et al., 2004)

Hierarchical Clustering: (Cordes et al., 2000; Salvador et al., 2005)

Self Organization Map: (*Peltier et al., 2003*)





The first Resting-state fMRI study

(Biswal et al., 1995, MRM)



Bilateral finger tapping (task vs. rest)



Resting-state correlation of low frequency fluctuation (LFF, 0.01 – 0.08 Hz)

(Courtesy of Dr. WENG Xu-Chu)



Linear Correlation

- Spontaneous LFF was highly synchronous among:
- Bilateral motor cortices (Biswal et al., 1995)
- Bilateral visual cortices (Lowe et al., 1998;
 - Kiviniemi et al., 2004)
- Bilateral auditory cortices (Cordes et al., 2001)
- ✤ Bilateral amygdala (Lowe et al., 1998)
- ✤ Bilateral thalamus (Stein et al., 2000)
- Language cortices (Hampson et al., 2002)
- Default mode network (Greicius et al., 2003; Fox et al., 2005..)



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Spatial ICA for resting-state fMRI





Vascular component

Visual component

(Kiviniemi et al., 2000)



Functional integration or connectivity

***** Un-directional: linear correlation, ICA...

✤ Directional: SEM, DCM, GCA... →

Identifying neural drivers with functional MRI: an electrophysiological validation (David et al., 2009, PLoS Biol)

Rat model of absence epilepsy showing spontaneous spike-and-wave discharges originating from the first somatosensory cortex (S1BF)

* fMRI

Intracerebral EEG: (1) first somatosensory cortex S1BF; (2) ventrobasal thalamus; (3) striatum

Identifying neural drivers with functional MRI: an electrophysiological validation

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(David et al., 2009, PLoS Biol)



Granger Causality



"Integrative" is really good, but:



Decreased functional connectivity

Question: Is A, B, C, or....abnormal?



Much fewer resting-state fMRI studies: Segregation

* rms, power spectrum, ALFF: (Biswal et al., 1995; Li et al., 2000; Kiviniemi et al., 2000; Zang et al., 2007)
 * Regional Homogeneity: (Zang et al., 2004)
 * TCA: (Liu et al., 2000; Morgan et al., 2004)
 * Multiple Regressors: (Fransson, 2005)
 * Autoregressive Noise Model: (Cordes et al., 2005)
 * Fractional Gaussian Noise: (Maxim et al., 2005)



rms, power, ALFF

For a given frequency: root mean square (rms) standard deviation amplitude

Square root of the power

rms: white matter vs. gray matter = 0.6 : 1 (*Biswal et al., 1995; Li et al., 2000*)



rms, power, ALFF

*****Power spectrum:





Higher power at 0.033Hz in visual area (*Kiviniemi et al., 2000*)

Amplitude of Low Frequency Fluctuation (ALFF) (Zang et al., 2007, Brain Dev; Yang et al., NeuroImage)



0.01-0.08 Hz

Steps: square root, average of 0.01-0.08 Hz, standardization by global mean







PET (*Raichle et al., 2001*)



ALFF (Zang et al., 2007)

noise



Improvement: fractional ALFF



(Zou et al., 2008, J Neurosci Methods)



Improvement: fractional ALFF



(Zou et al., 2008, J Neurosci Methods)



fALFF at different frequency band



Slow 4: 0.027-0.073 Hz Slow 5: 0.01-0.027 Hz

(Zuo et al., 2009, NeuroImage)

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Regional Homogeneity (ReHo)

Similarity or coherence of the time courses within a functional cluster (Zang et al., 2004, NeuroImage)







ReHo

Kendall Coefficient of Concordance (KCC) (Kendall & Gibbons, 1990)

$$W = \frac{\sum (R_i)^2 - n(\overline{R})^2}{\frac{1}{12}K^2(n^3 - n)}$$

$$\overline{R} = \frac{(n+1) \times K}{2}$$

 $W=0\sim 1$

K: number of time series n: number of time points



Regional Homogeneity (ReHo)

(Zang et al., 2004)

Activation map by general linear model (GLM):



Left finger Right finger tapping tapping



ReHo: motor task state vs. continuous resting state (Zang et al., 2004)





Motor > Rest

a) Higher ReHo in bilateral primary motor cortices during right finger tapping than restingstate

b) Higher ReHo in default mode network (PCC, MPFC, IPL) during resting-state (Raichle et al., 2001; Greicius et al., 2003)



ReHo: Right motor task-state vs. left (Zang et al., 2004)

GLM activation

Right > Left

Left > Right

ReHo



ReHo: (Zang et al., 2004)

Task vs. Rest

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Task vs. Task





ReHo and ALFF: application to brain disorders

- **ADHD:** *Zhu et al., 2005, 2007; Cao et al., 2006*
- **AD/MCI:** *He et al.*, 2007; *Bai et al.*, 2008
- Schizophrenia: Liu et al., 2006; Shi et al., 2007; Hoptman et al., 2009
- **Aging:** Wu et al., 2007
- * **PD:** Wu et al., 2008
- **Depression:** Yuan et al., 2008; Yao et al., 2008
- **Epilepsy:** Cheng et al., 2008; Zhang et al., 2008, 2009
- * **PTSD:** Lui et al., 2009
- Autism: Paakki et al., 2010



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诚聘博士后(在职、脱产)!

欢迎合作研究!



Thanks for your attention!