

# Effects of sham-controlled double blind transcranial direct current stimulation in patients with disorders of consciousness

**THIBAUT Aurore**  
PhD Student  
Physiotherapist  
Coma Science Group  
Cyclotron Research Centre &  
University & University Hospital of Liège  
Belgium



Université  
de Liège



[www.comascience.org](http://www.comascience.org)

# AIM of the study

Assessing the effect of **transcranial direct current stimulation (tDCS)** on cognition in patients with disorder of consciousness

In a double blind sham controlled randomized study

# Why direct current stimulation?

Stimulation	Population	Effects	Authors
<b>Prefrontal cortex</b>	Healthy subjects	Memory	Marshall et al, J Neurosci 2004
	Alzheimer's patients	Memory	Ferrucci et al, Neurology 2008
	Stroke patients	Attention	Jo et al, Am J Phys Med Rehabil 2009
	Aphasic patients	Language	Baker et al, Stroke 2010

- Non-invasive
- Easy to apply
- Cheap equipment

# Methods



> Anode <

> Cathode <



- Direct current
- 2 mA
- 20 minutes

Randomised  
double blind  
sham controlled

# Methods

CRS-R

CRS-R

CRS-R

CRS-R

∨ tDCS ∨

< 20' > <

24h

∨ tDCS ∨

> < 20' > >

**Responder** : CRS-R post tDCS

> pre-tDCS

> sham

> pre-sham

**Statistics:** Stata 10.0

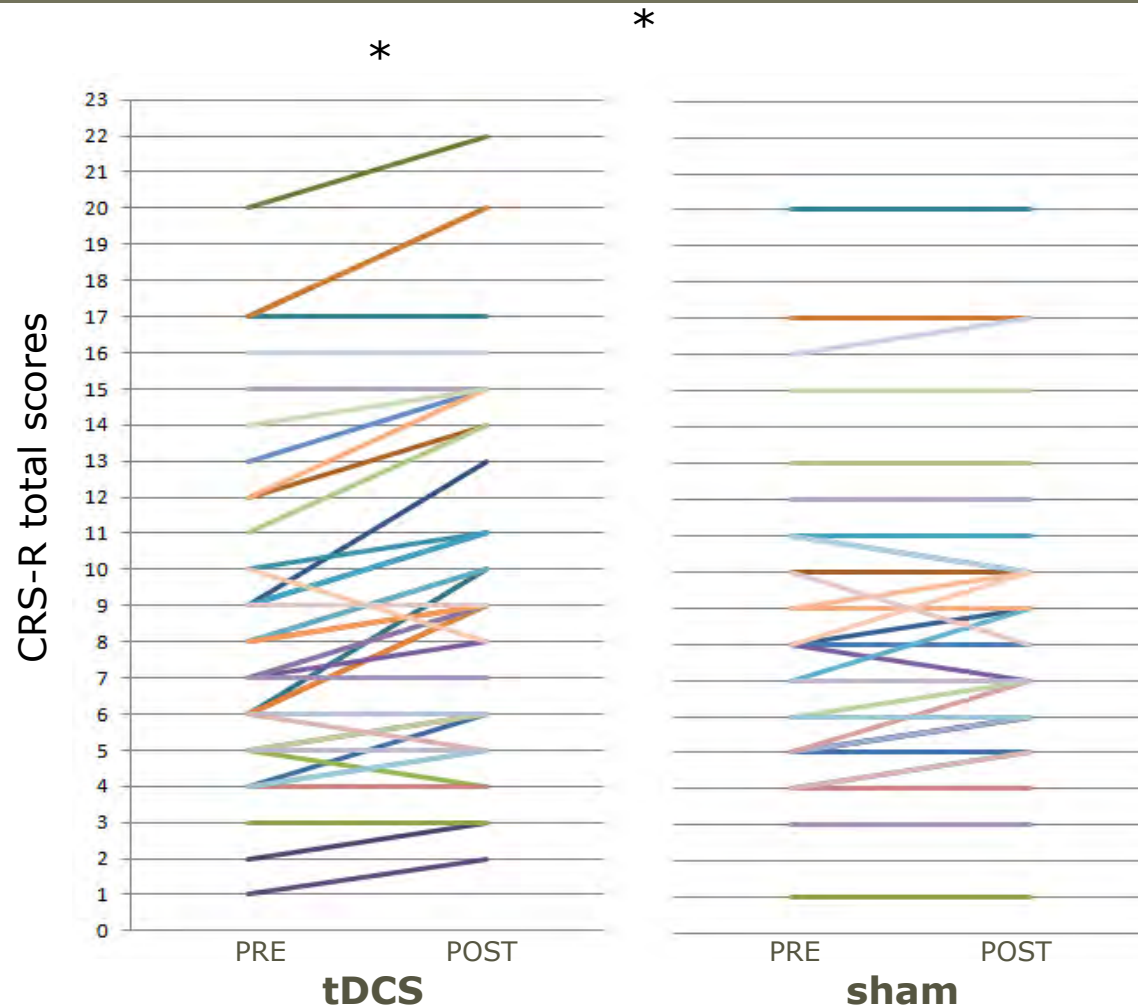
ANOVA

Wilcoxon signed-rank test

# Population

- 55 patients (16 women)
- 25 VS/UWS, 30 MCS
- aged  $43 \pm 18$  y
- 25 traumatic / 30 non-traumatic
- 20 acute / 35 chronic ( $>3$  months post insult)

# Group data (n=55)



N=55

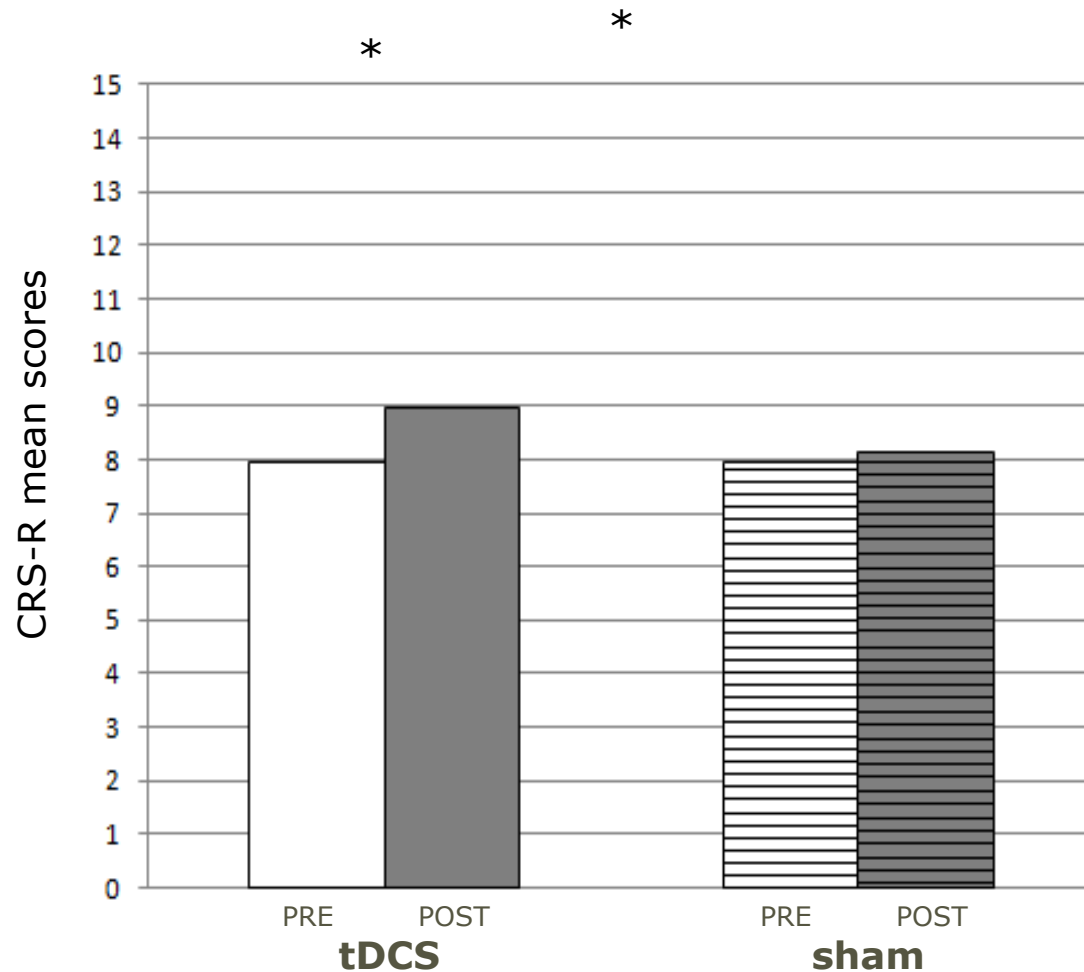
**17 responders**

• 2 UWS; acute

• 15 MCS;

7acute/8chronic

# Group data (n=55)

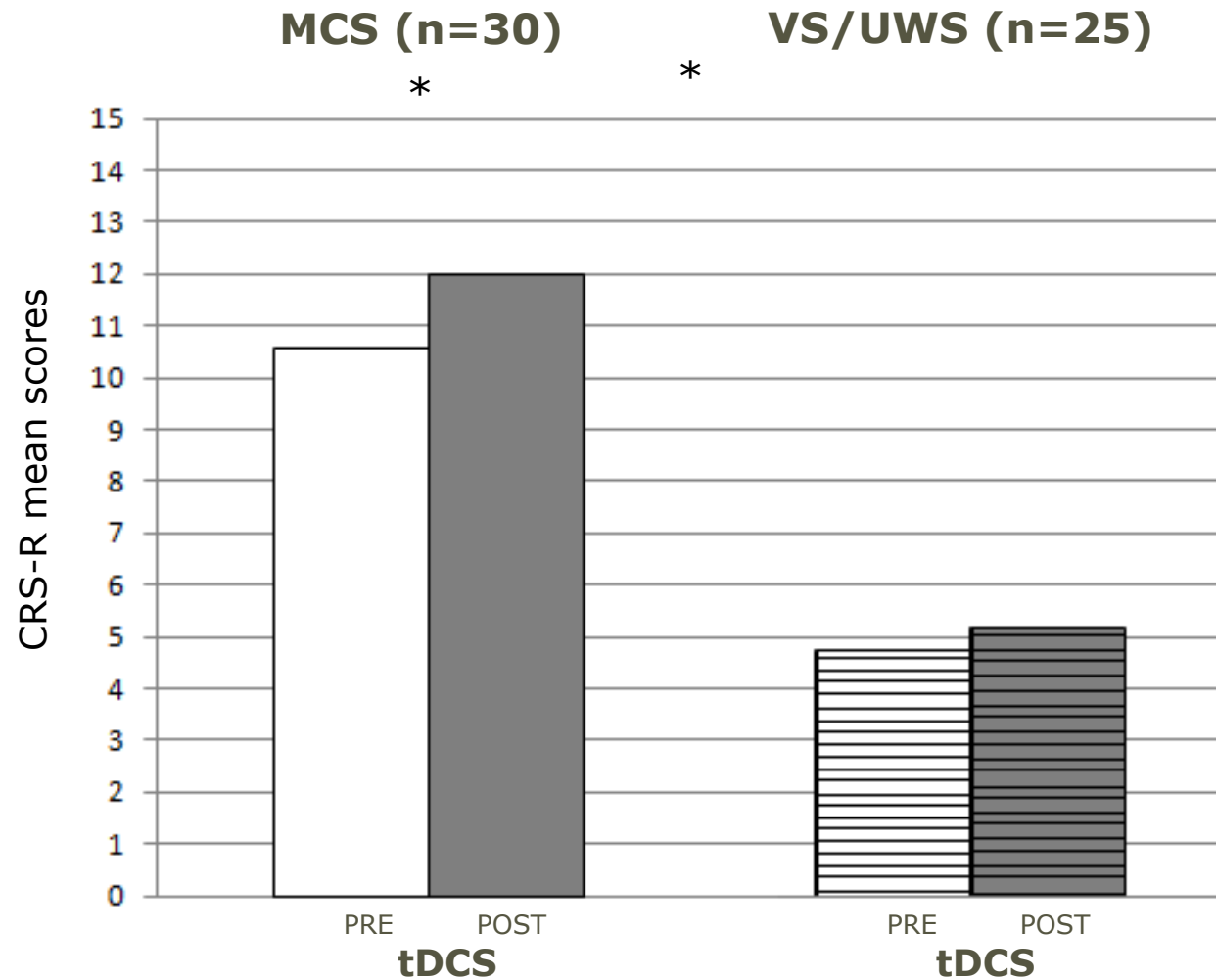


## 17 responders

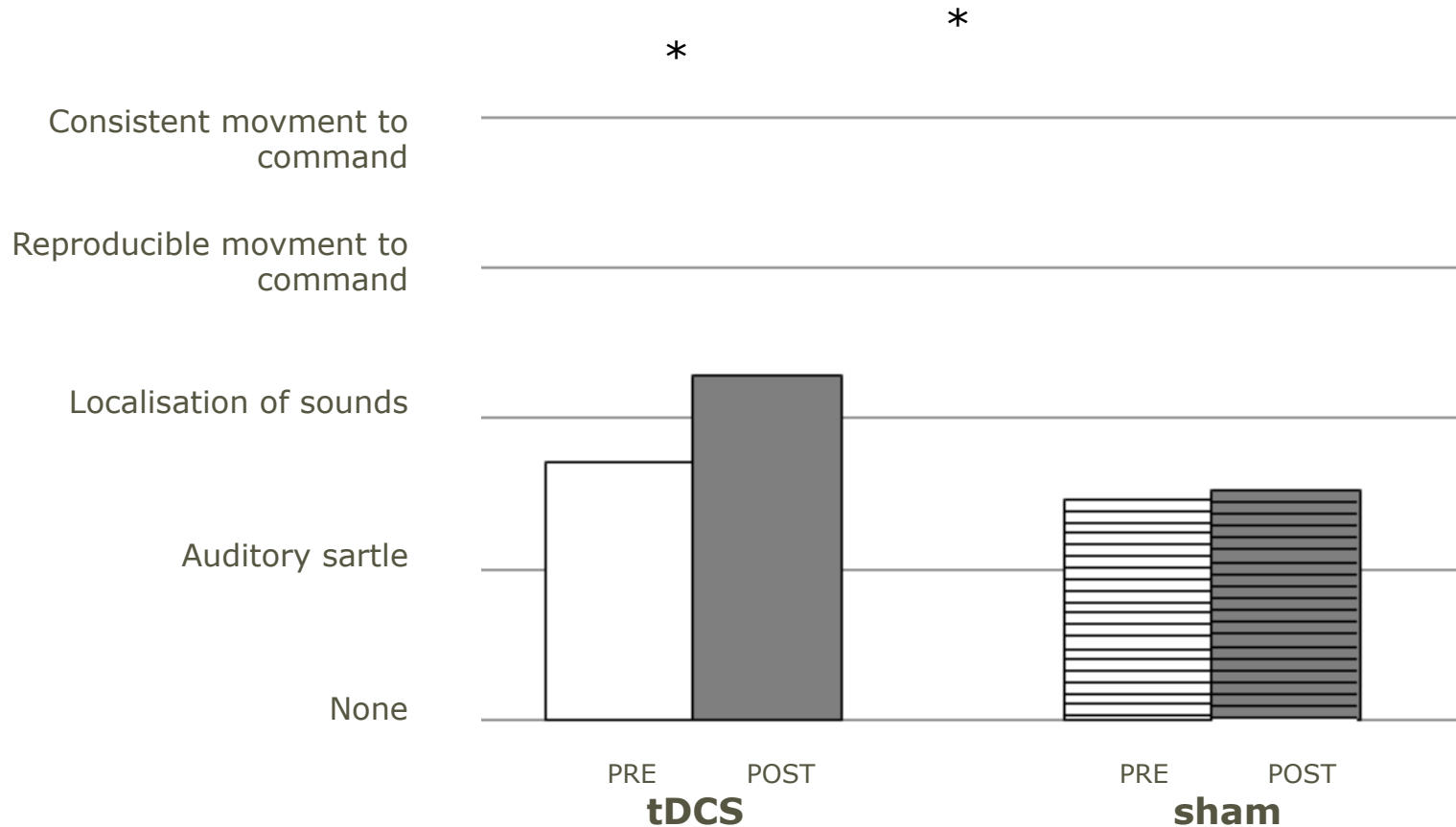
- 2 UWS; acute
- 15 MCS;  
7acute/8chronic



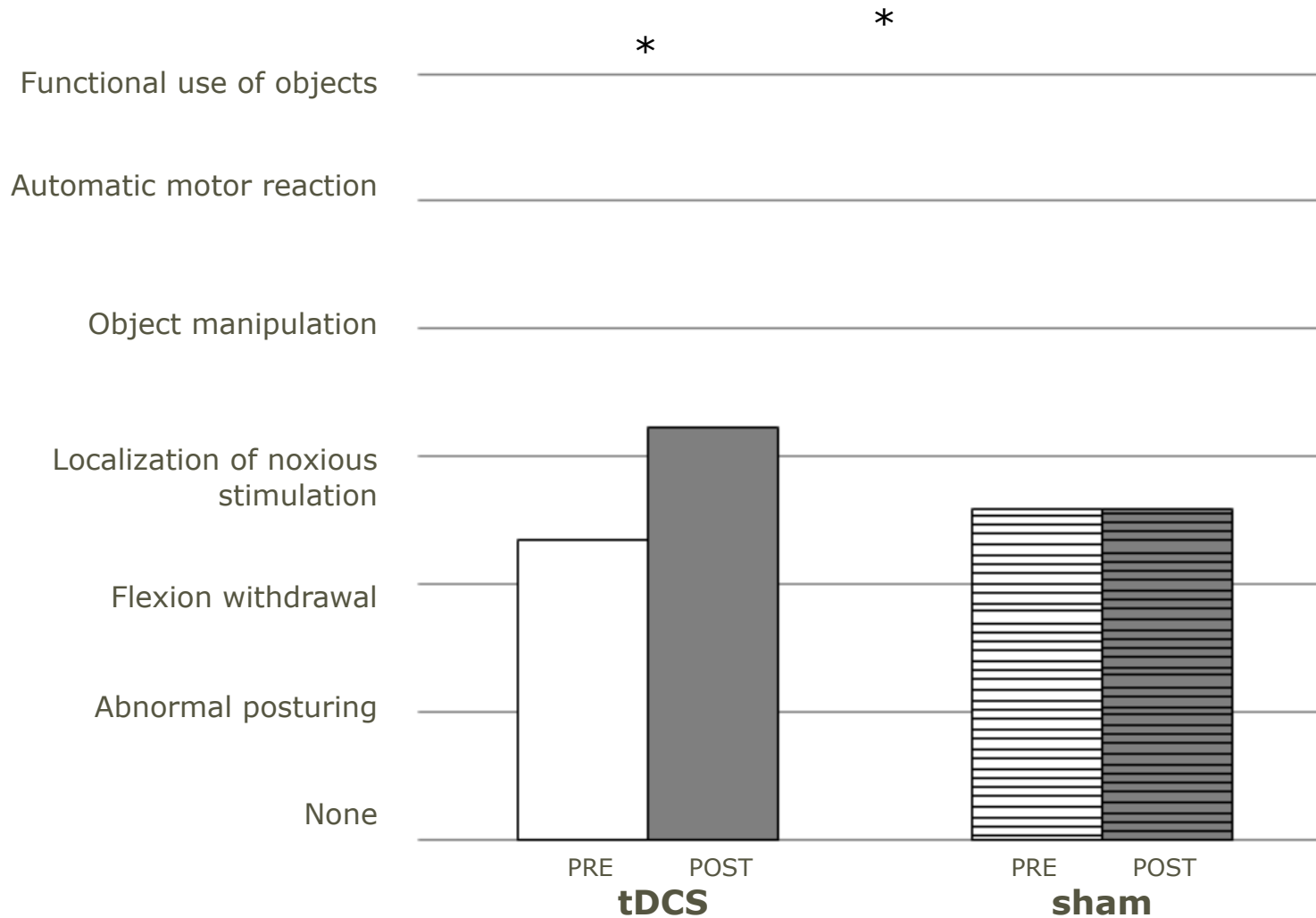
# UWS/UV vs MCS



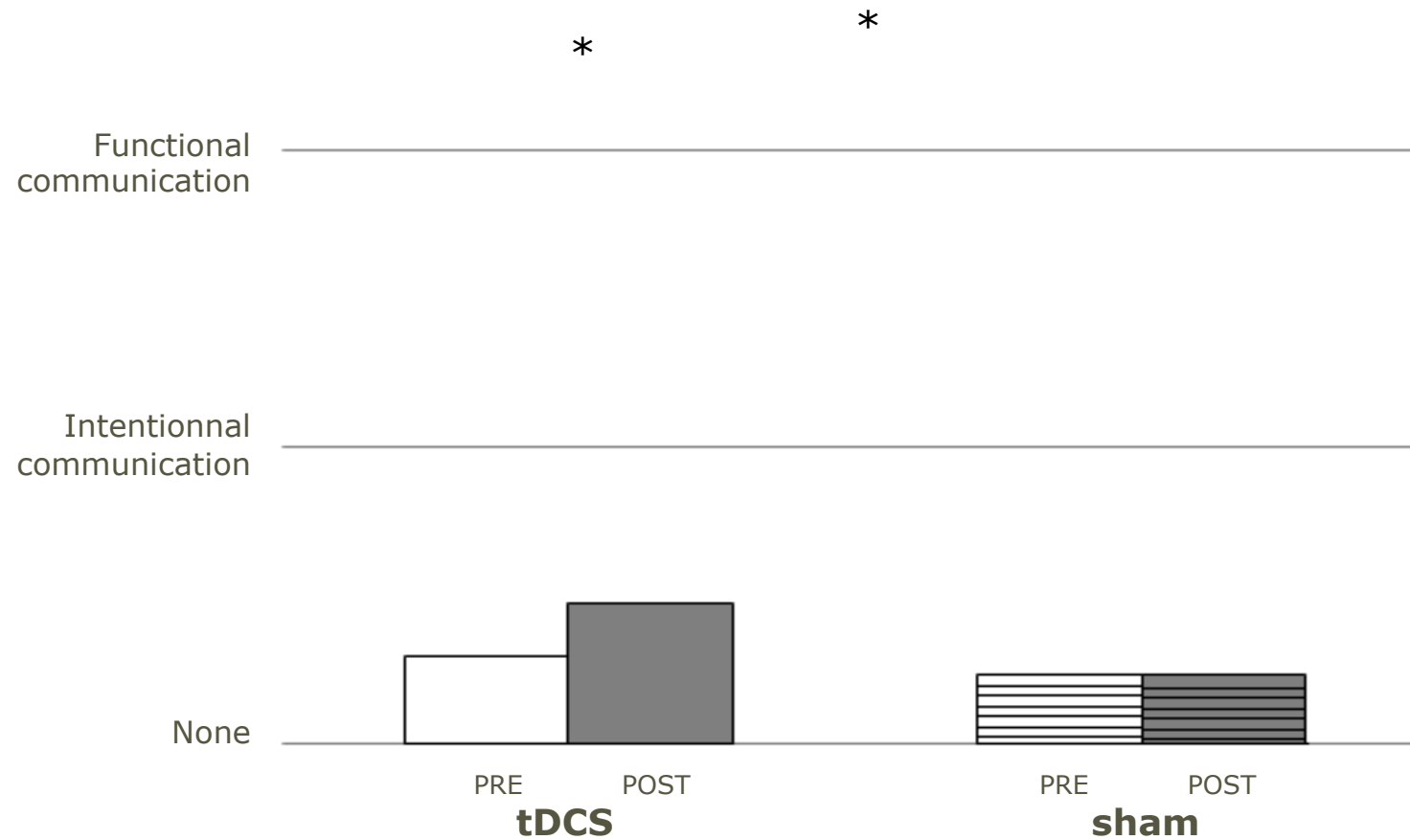
# Responders: audition subscale



# Responders: motor subscale



# Responders: communication



# tDCS presumed mode of action

## Short term effects

Modification of neuronal excitability (action potential)

## Long term effects

Action on opening of ion channels ( $\text{Na}^+$ ,  $\text{Ca}^{2+}$ )

Increase NMDA receptors excitability

improve neuron excitability

# Neuroimager

## Prefrontal stimulation

- Improvement of DMN connectivity (MRI)
- Increase of regional electrical activity in the PF and AC cortexes (EEG) ( $\beta$  and  $\delta/\theta$ ) ↓

## Motor stimulation

- rCBF increase in the left M1, right prefrontal cortex, right S1 (PET-scan)
- Functional connectivity increased within premotor, motor and sensorimotor areas (EEG)

# tDCS – advantages

**DBS** and **Amantadine** improve cognitive functions of patients with disorder of consciousness

But invasive and pharmacological

**tDCS** improve cognition of patients in minimally conscious state without risk of brain damage or seizure

# tDCS criticisms

## *Limitations:*

- Short term effect
- Moderate clinical changes
- Superficial effect
- Improve electrode position



# tDCS – long term

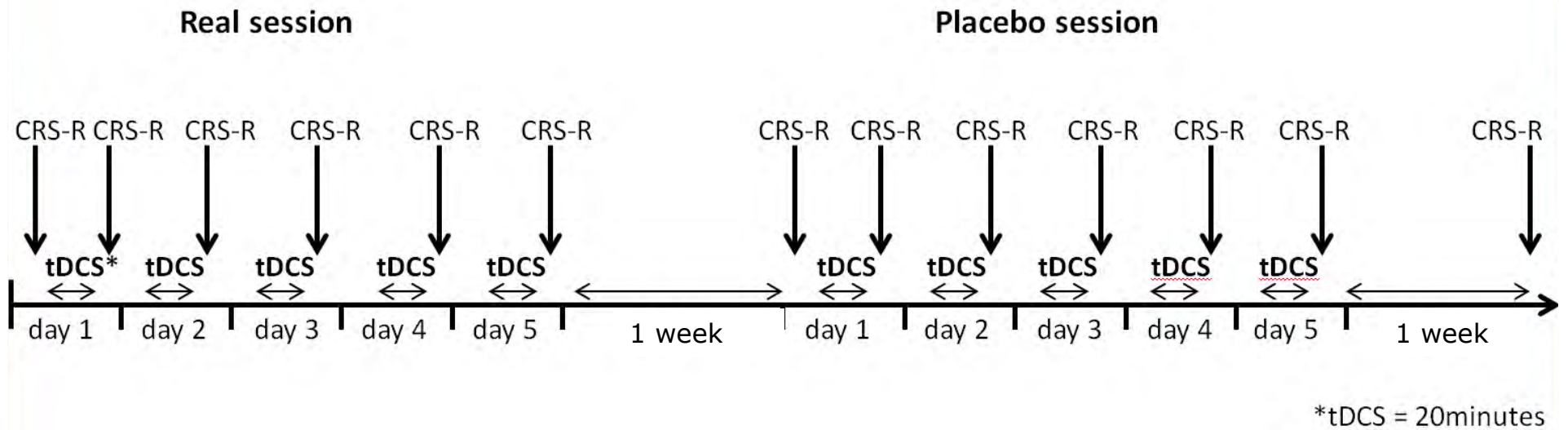
## **Effects last $\pm$ 90 minutes**

- Short improvement
- Back to initial state

## **Daily stimulations** (5days)

improvement and extension  
of benefits

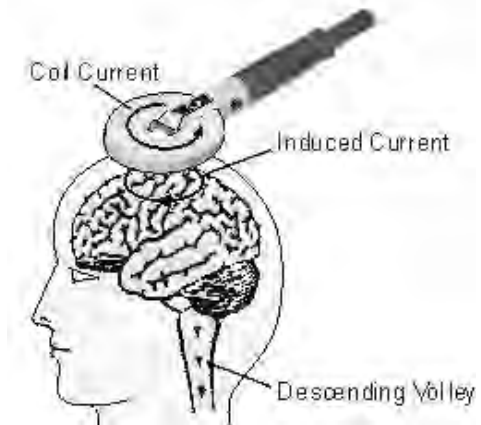
# tDCS – long term



Prospective, randomized, controlled and double-blind study

# tDCS - M1

## Cognitive effects + Motor effects ?



### Parameters:

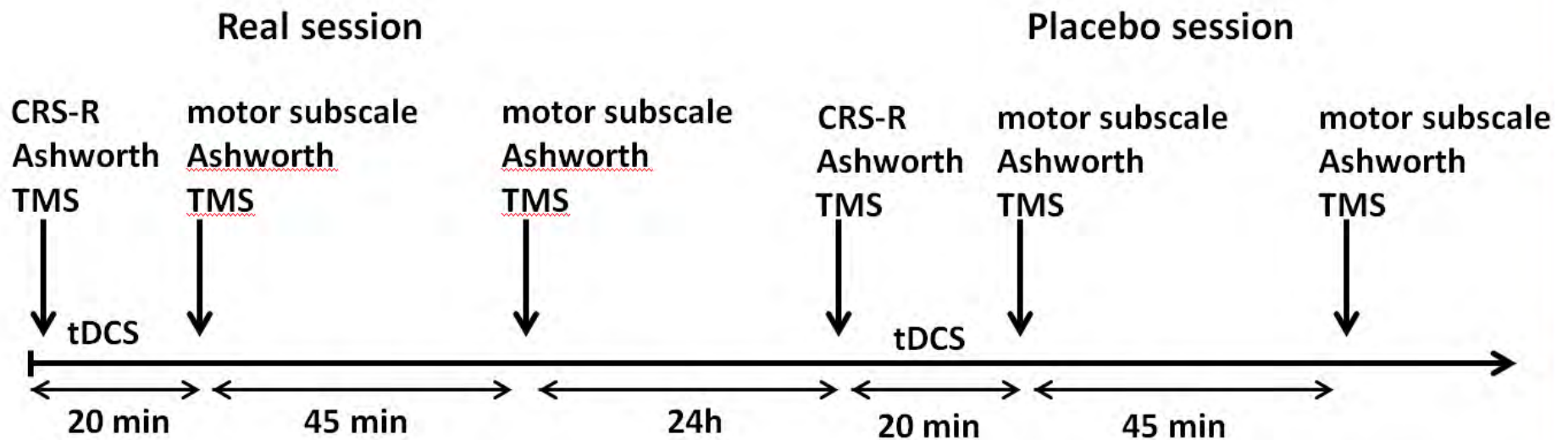
2 mA – 20 min

Anode: M1

Cathode: supraorbicular  
controlateral cortex

- 1. Behavioral assessments:  
**CRS-R & Ashworth**
- 2. **TMS**: MEP & motor threshold

# tDCS – M1



# tDCS – neurophysiology

## 1. Comparison of the results with:

- cortical lesions (MRI)
- cerebral metabolism (PET-scan)

Stimulation of preserved or damaged cortex?

## 2. EEG before and after tDCS

Better understanding of neurophysiological effect of tDCS

# Conclusion

**tDCS** improves **cognition** in minimally conscious state patients both acute and chronic; traumatic and non traumatic

Future studies:

1. long term tDCS
2. tDCS on M1
3. neurophysiological effects