

Consciousness & Anesthesia



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Disclosure

- **Patent (pending) on the use of directional/effective connectivity for measuring states of consciousness**

Outline

- **Terminology related to consciousness**
- **Neurobiology of consciousness and general anesthesia**
- **Assessing networks during consciousness and general anesthesia**

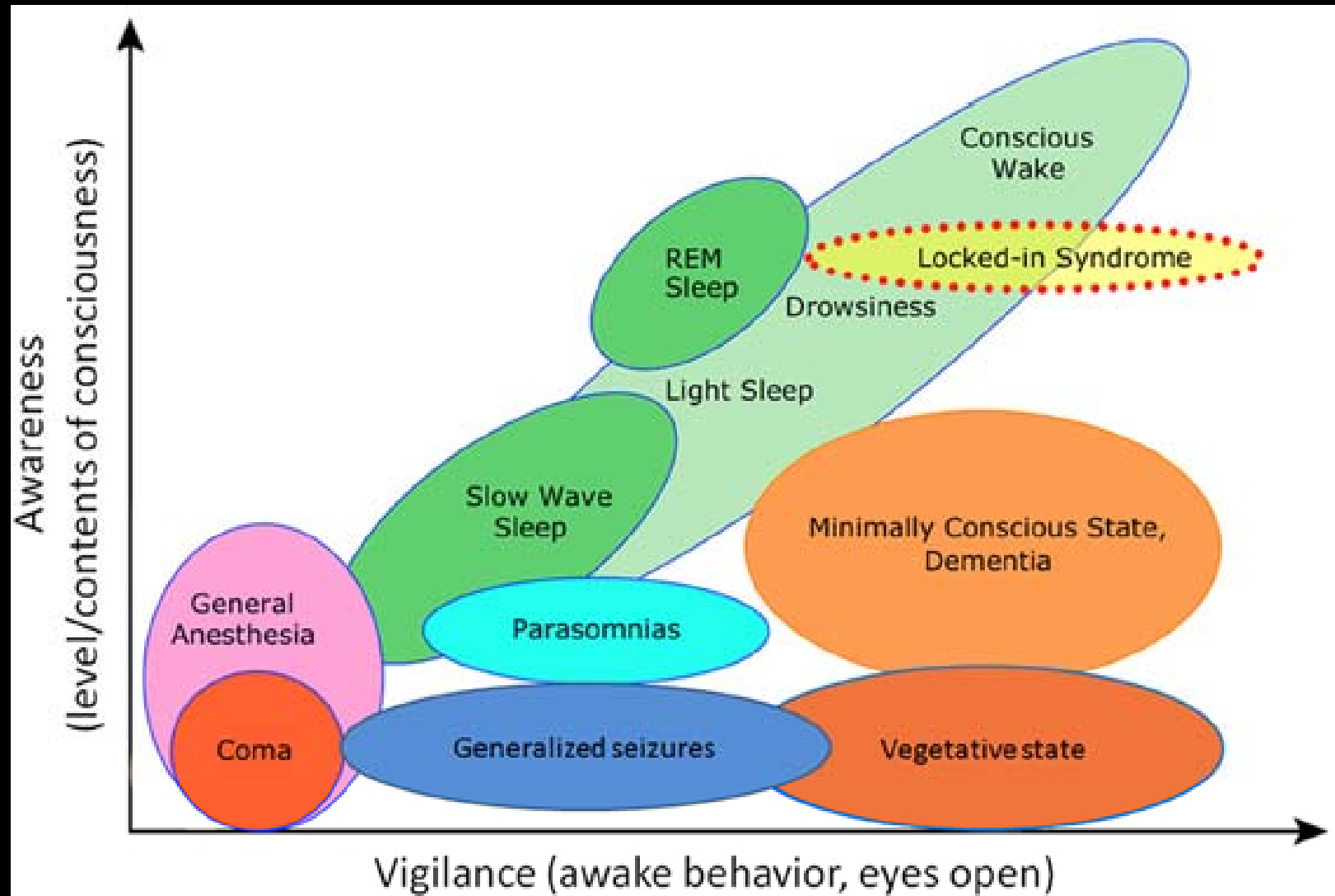
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Awake vs. Aware

- **Wakefulness** can be manifest as sleep-wake cycles in the absence of experience
- **Awareness** refers to the experiential component of consciousness

Awake vs. Aware



Levels vs. Contents

- ***Levels*** refer to the overall state of consciousness
- ***Contents*** refer to the particular qualities (or “qualia”) of consciousness

Phenomenal vs. Access

- ***Phenomenal consciousness*** is pure experience
- ***Access consciousness*** refers to the availability of that experience

Connected vs. Disconnected

- ***Connected consciousness*** relates to environmental stimuli
- ***Disconnected consciousness*** relates to endogenous experience

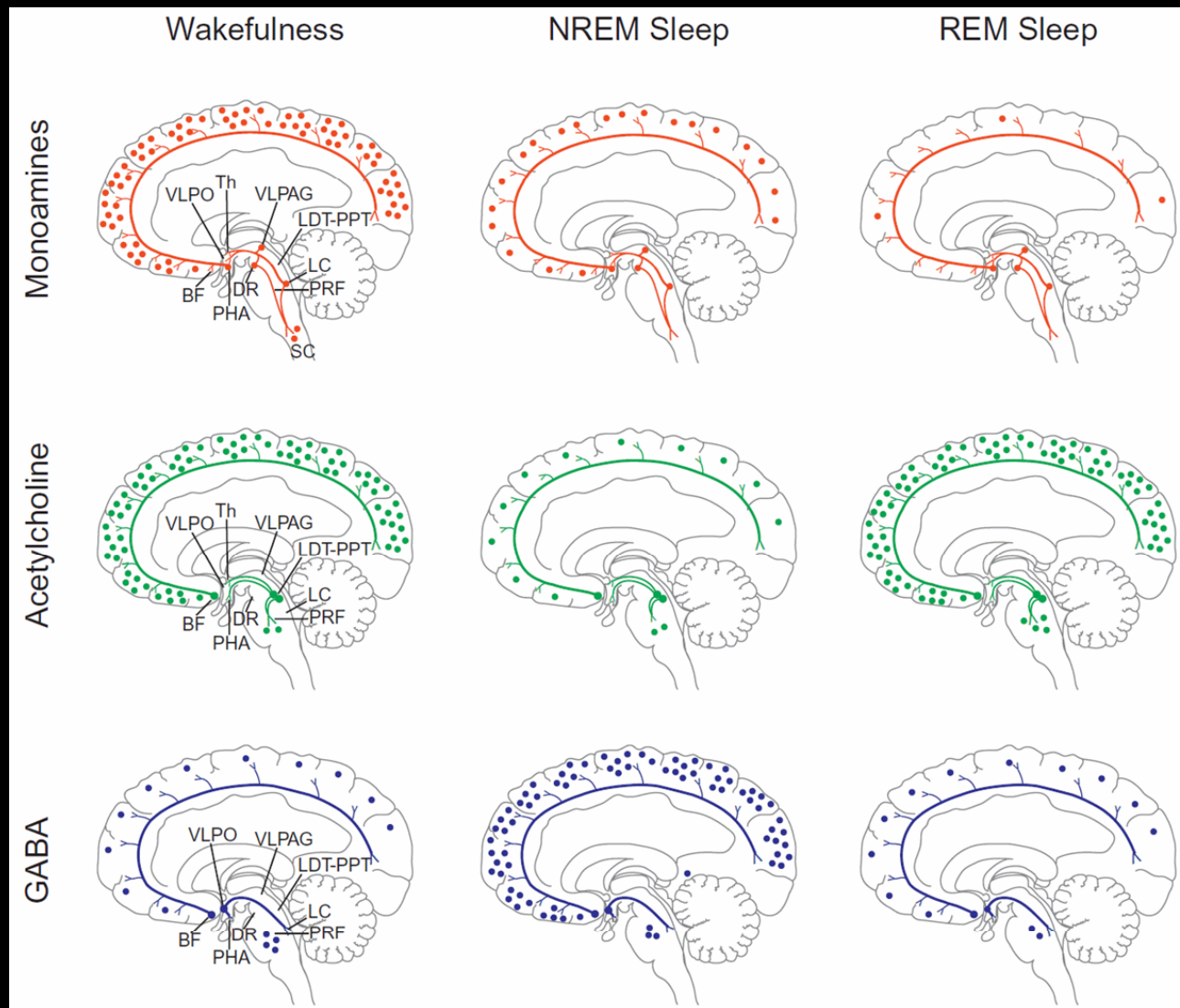
Easy vs. Hard Problems

- ***Easy problems*** of consciousness relate to integration, verbal report, etc.
- ***Hard problem*** relates to experience itself

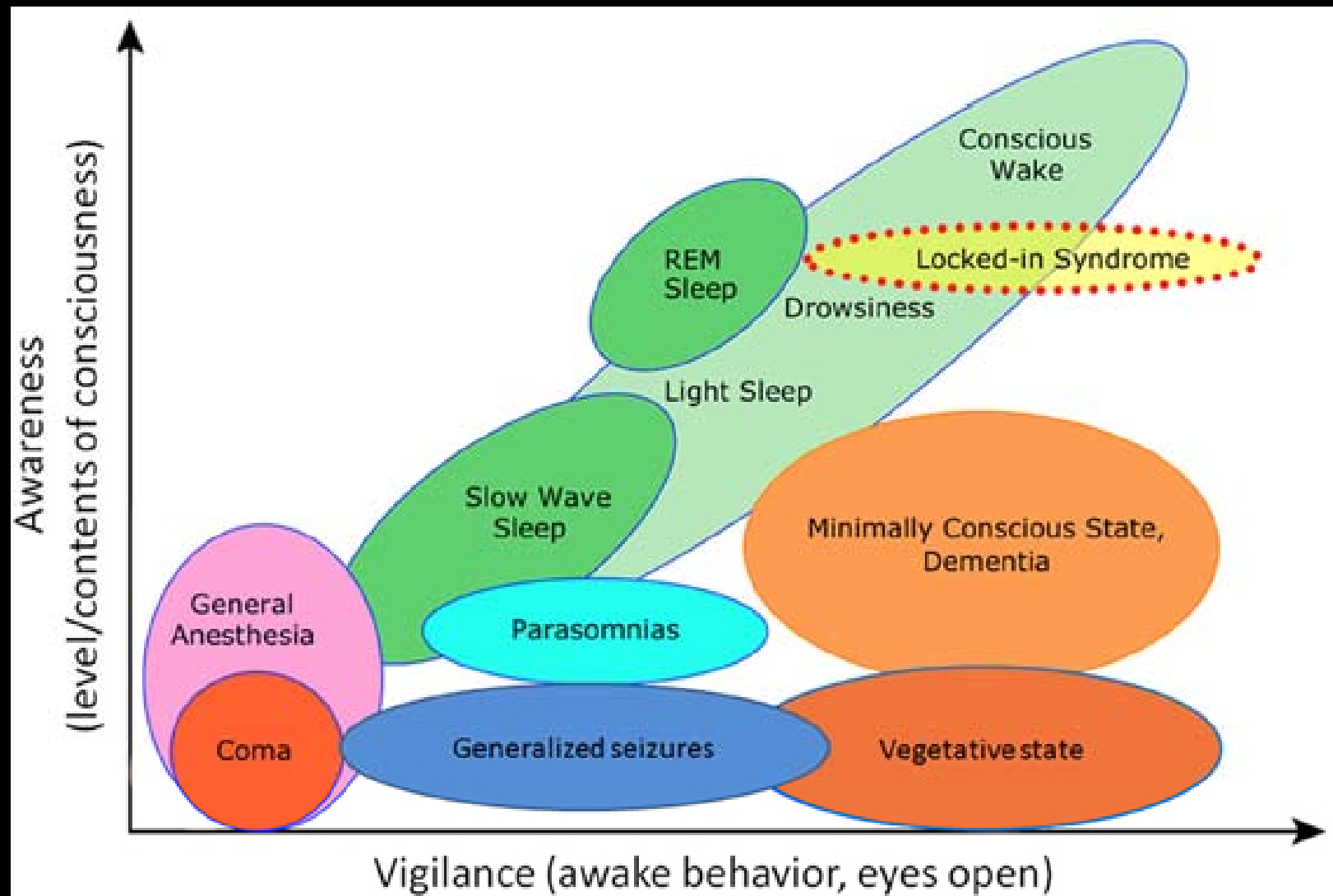
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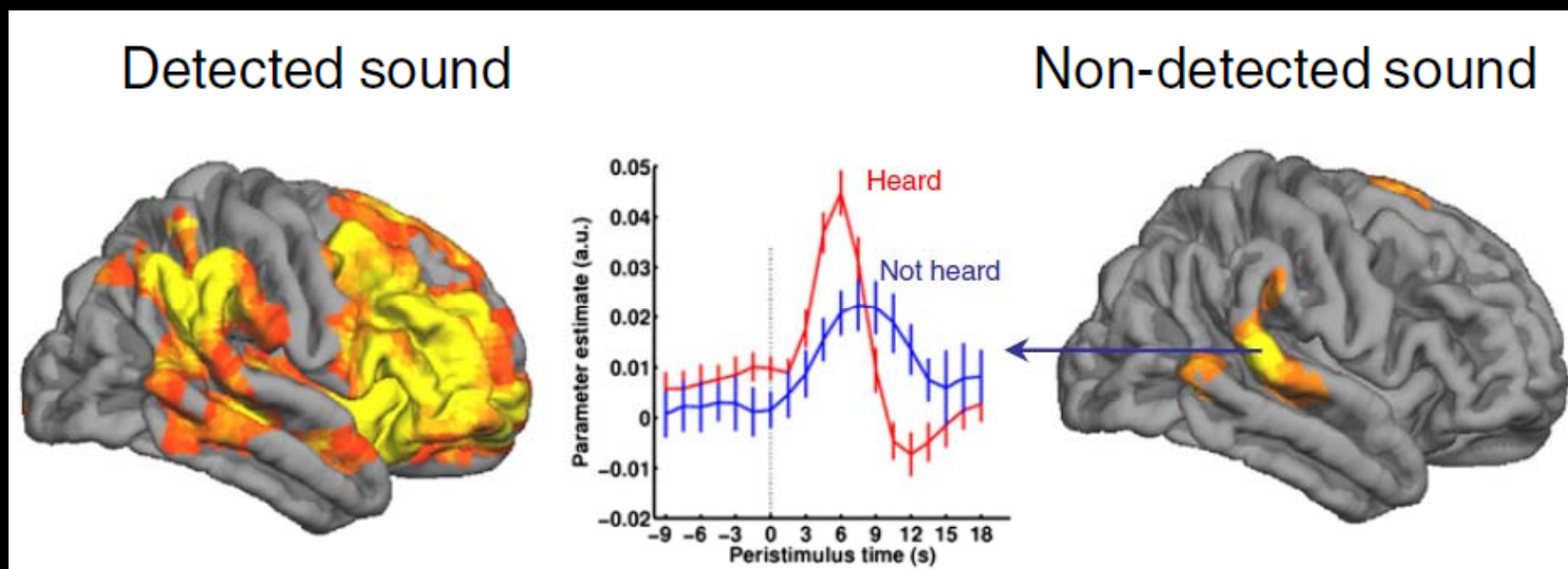
Neurochemistry of wakefulness & sleep



Wakefulness \neq Awareness

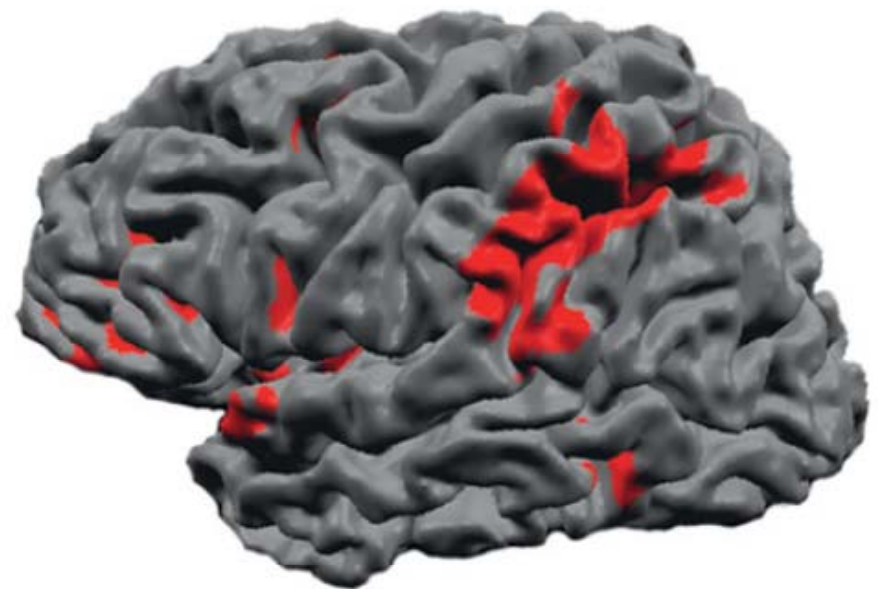
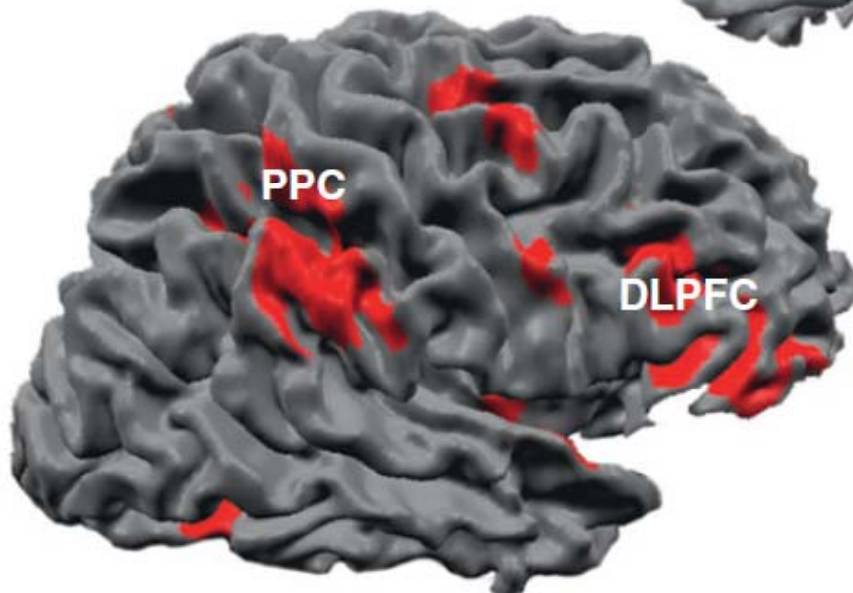
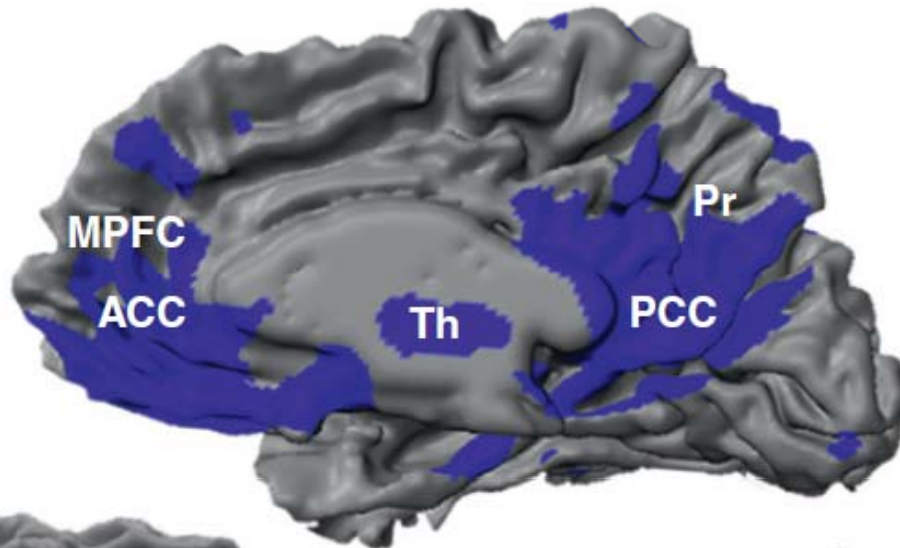


Consciousness is not correlated with primary sensory processing



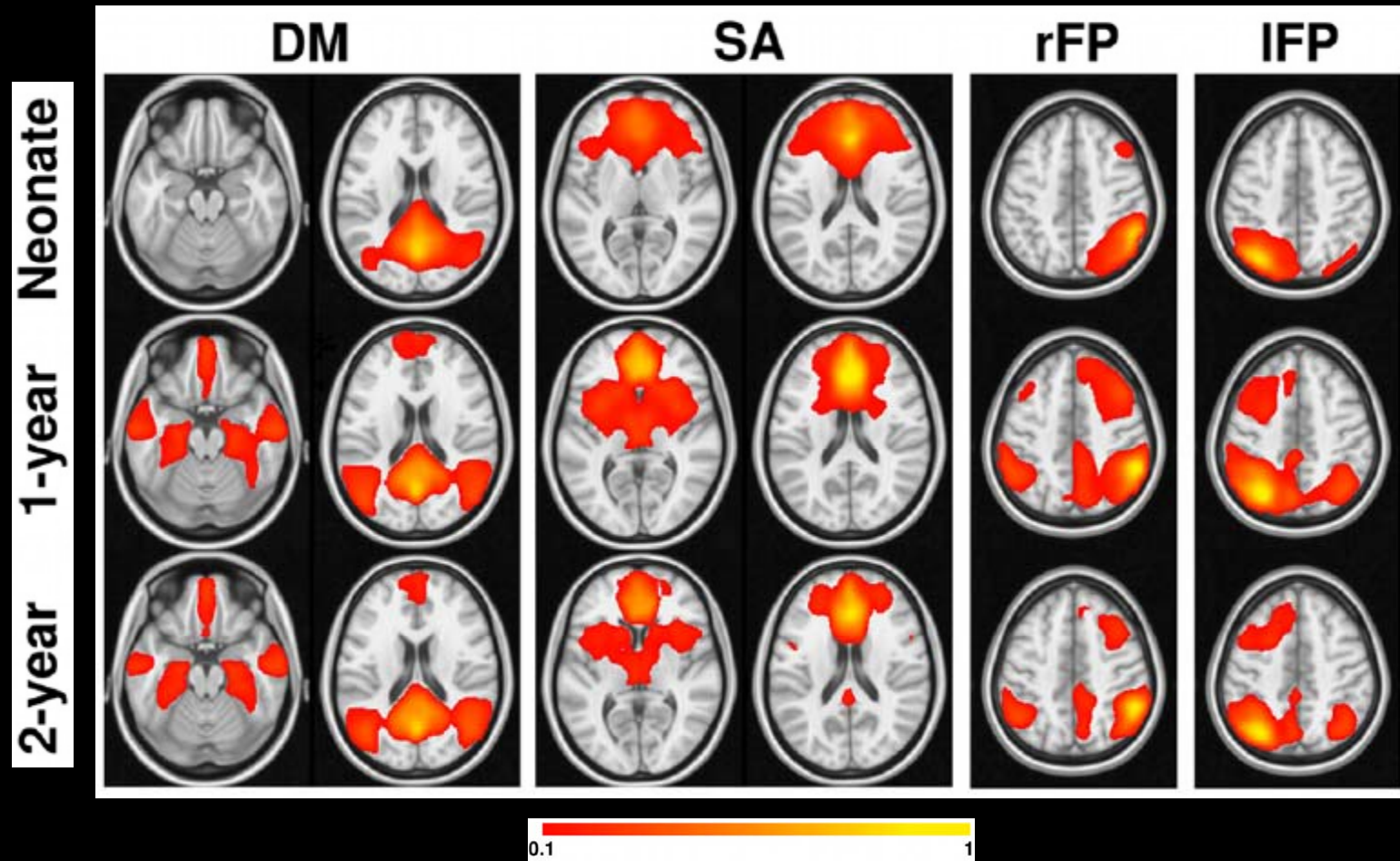
Sadaghiani et al, J Neurosci, 2009;29:13410
Dehaene & Changeux, Neuron, 2011;70:200

Internal awareness network

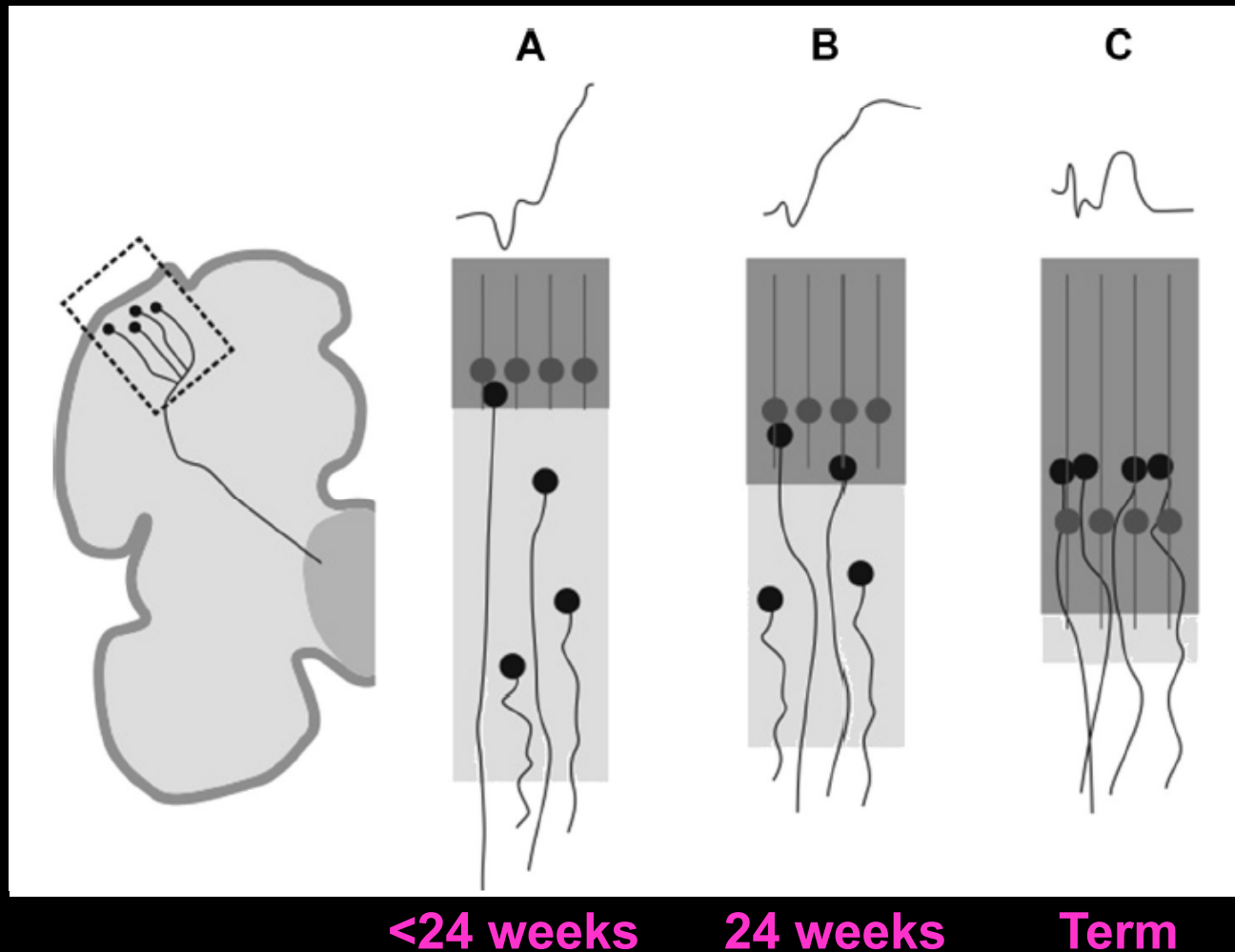


External awareness network

The developing neuroanatomy of consciousness

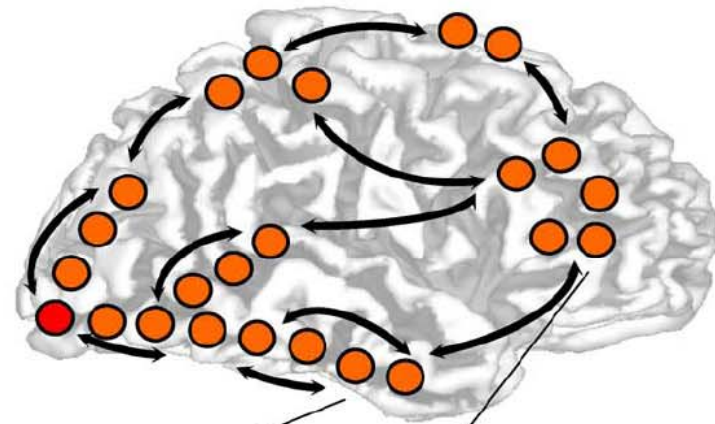
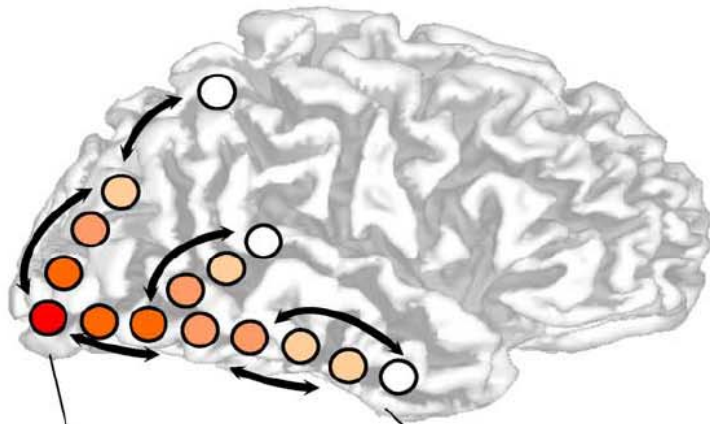


The developing neuroanatomy of consciousness



subliminal processing

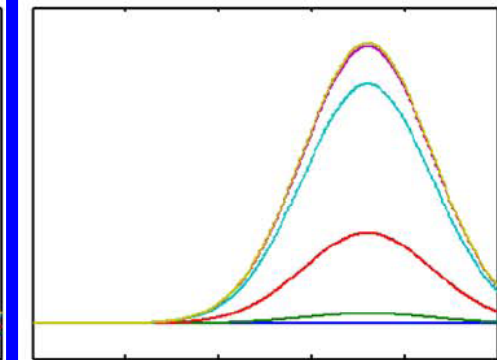
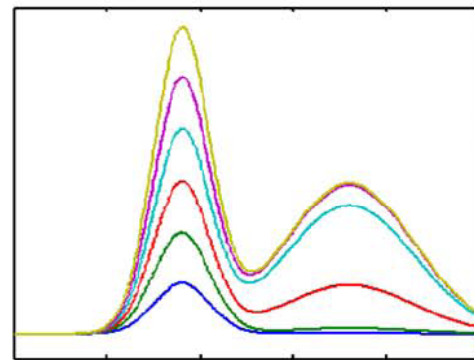
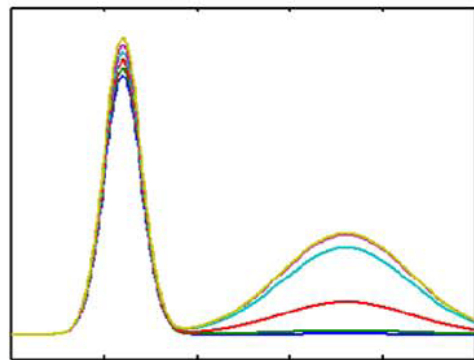
conscious processing



Early visual areas

Higher visual areas

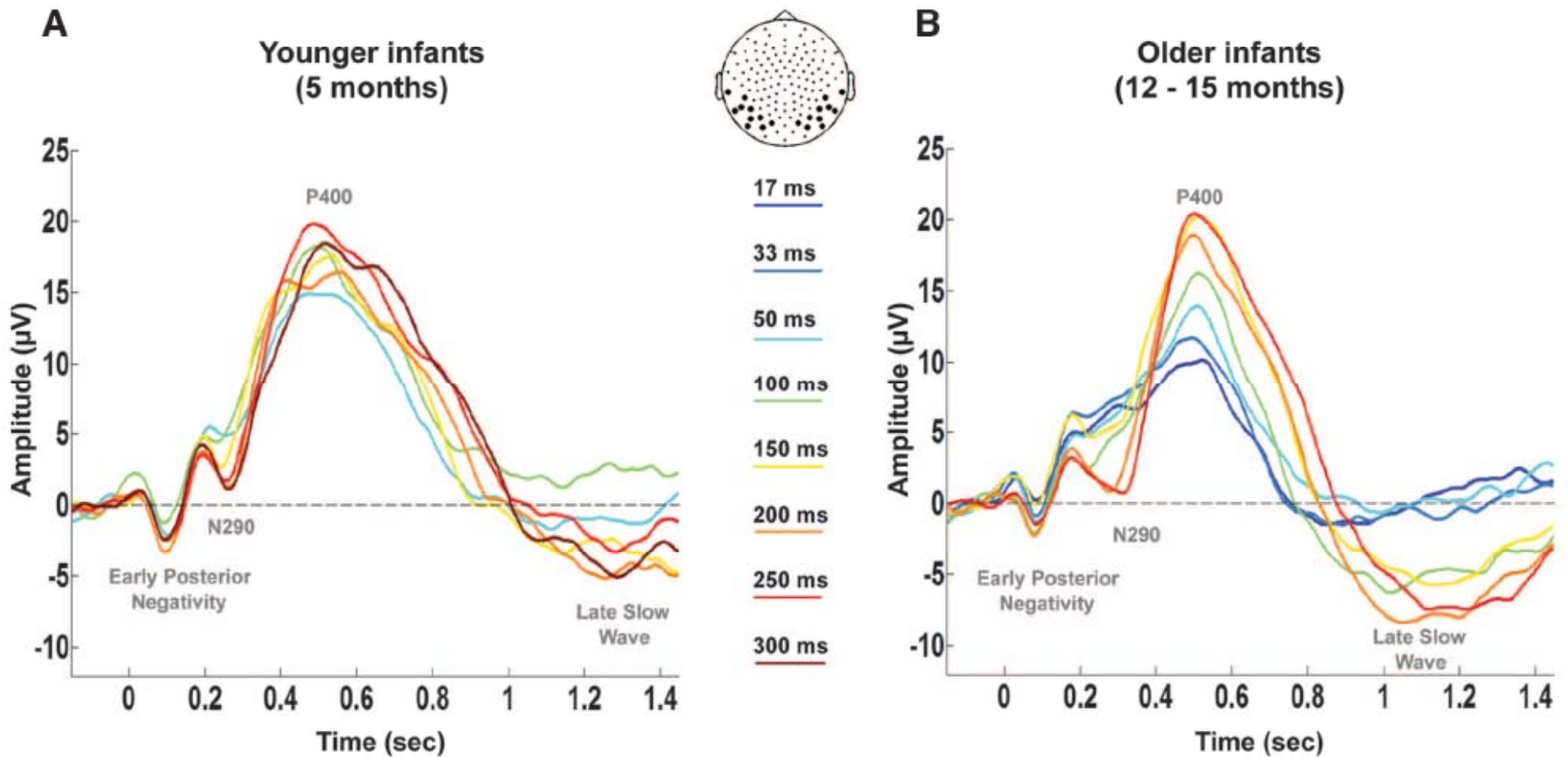
Prefrontal areas



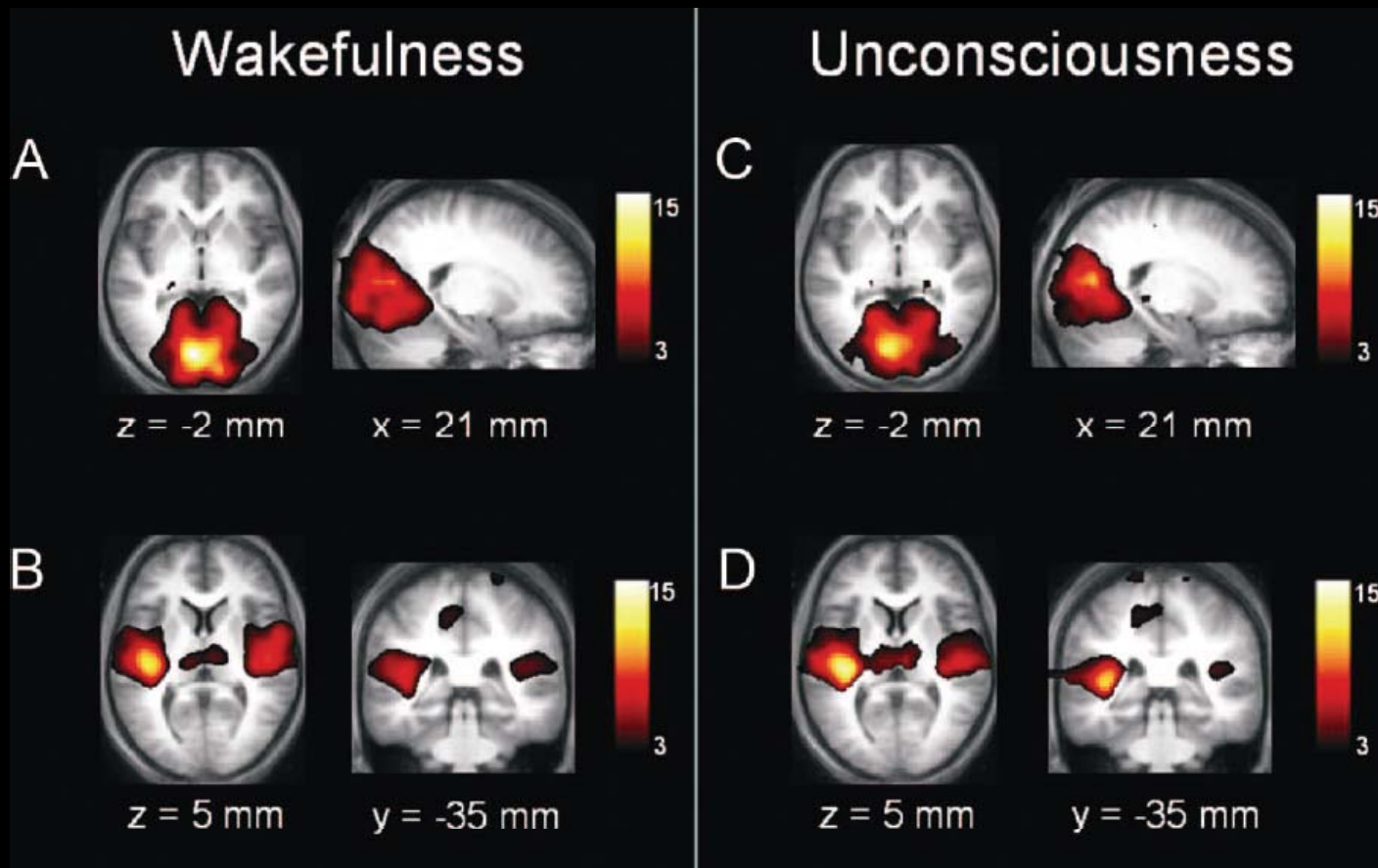
Masking strength
weak masking
↑
conscious
at threshold
↓
subliminal
strong masking

time following stimulus onset (ms)

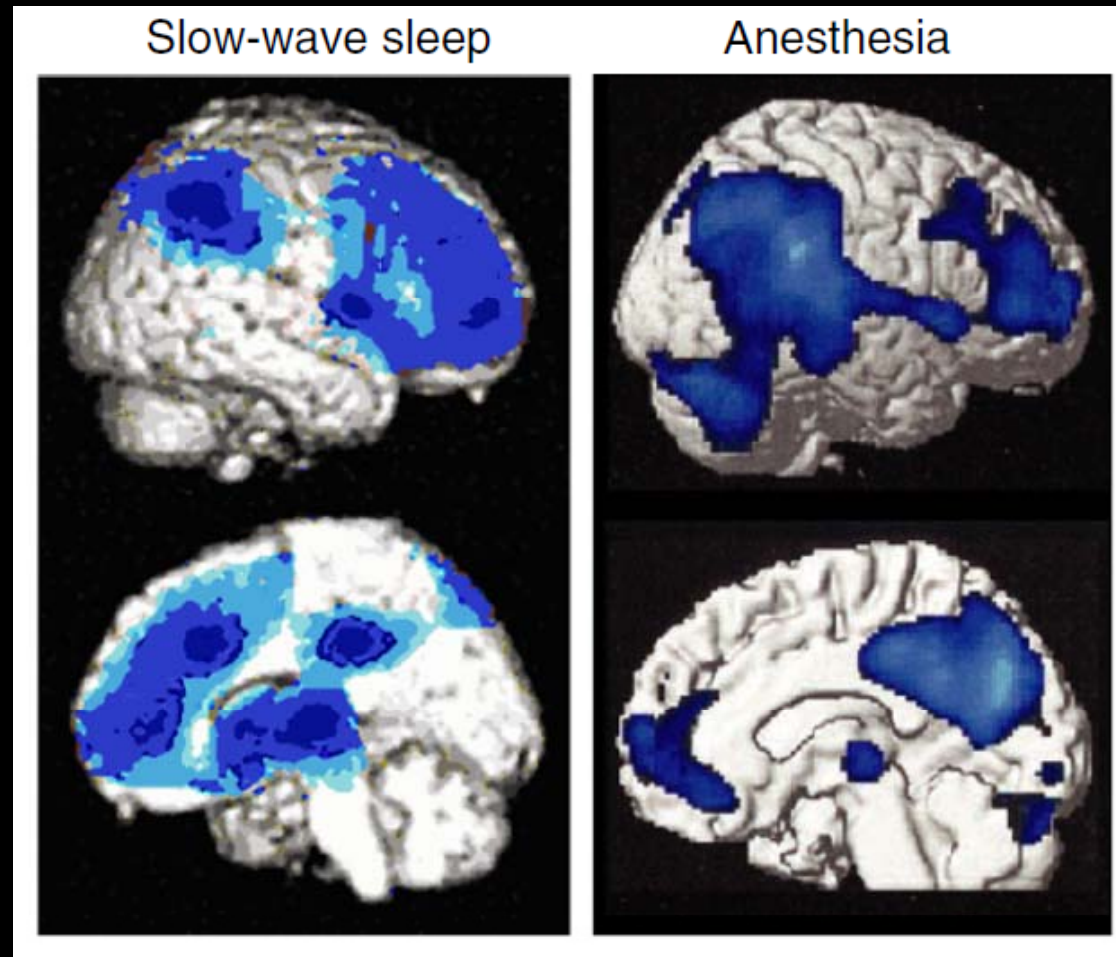
The developing neurophysiology of consciousness



Anesthetic-induced unconsciousness is not correlated with primary processing

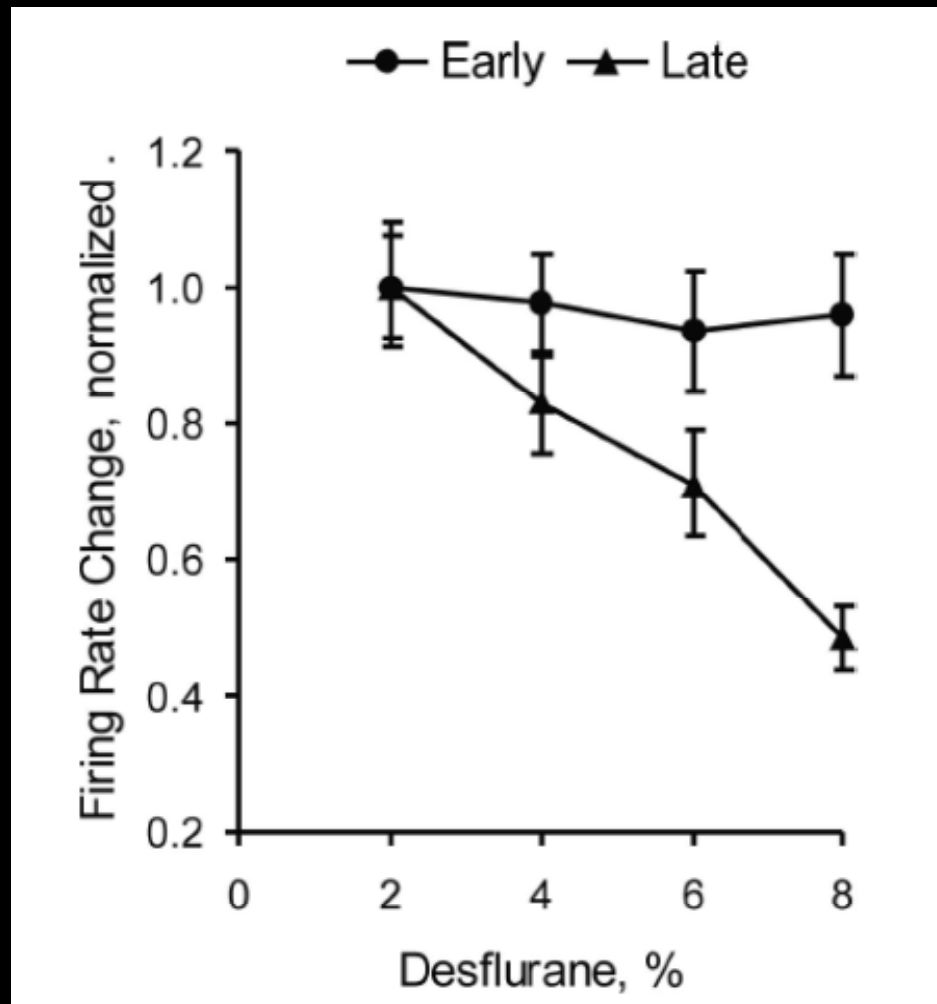


Deactivation of frontoparietal networks during anesthesia and sleep

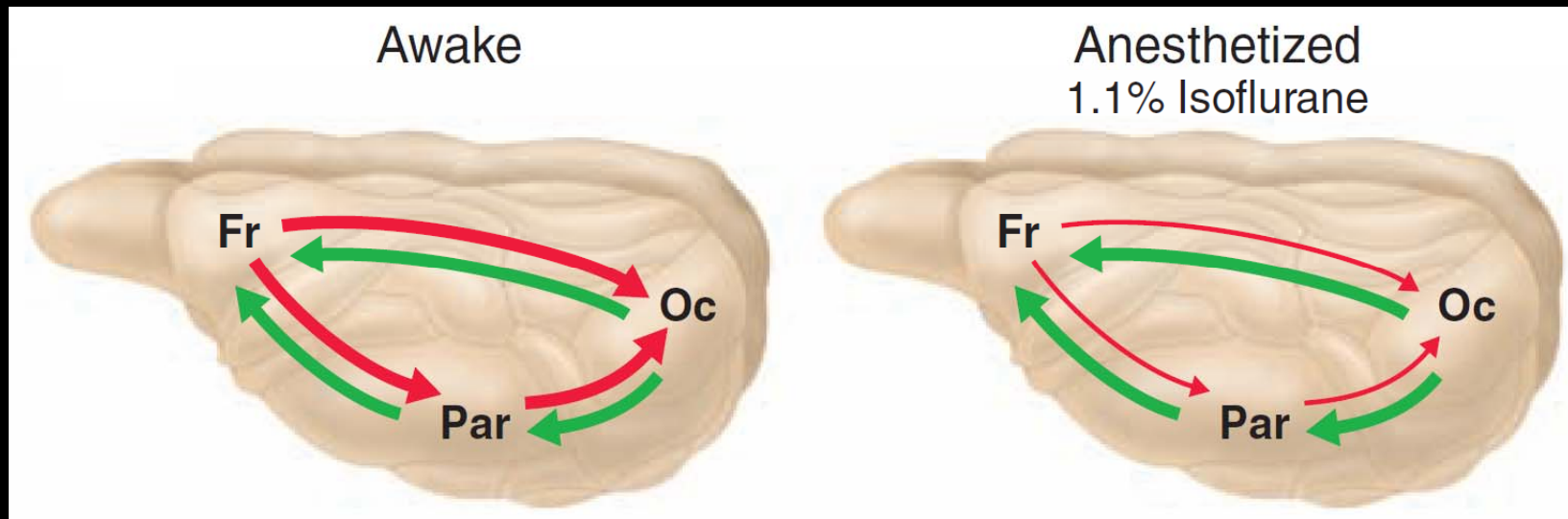


Maquet et al, J Neurosci, 1997;17:2807
Kaisti et al, Anesthesiology, 2002;96:1358

General anesthetics suppress long-latency potentials



Feedback connectivity is selectively inhibited during anesthesia in rats



Imas et al, *Neurosci Lett*, 2005;387:145
Alkire et al, *Science*, 2008;322:876

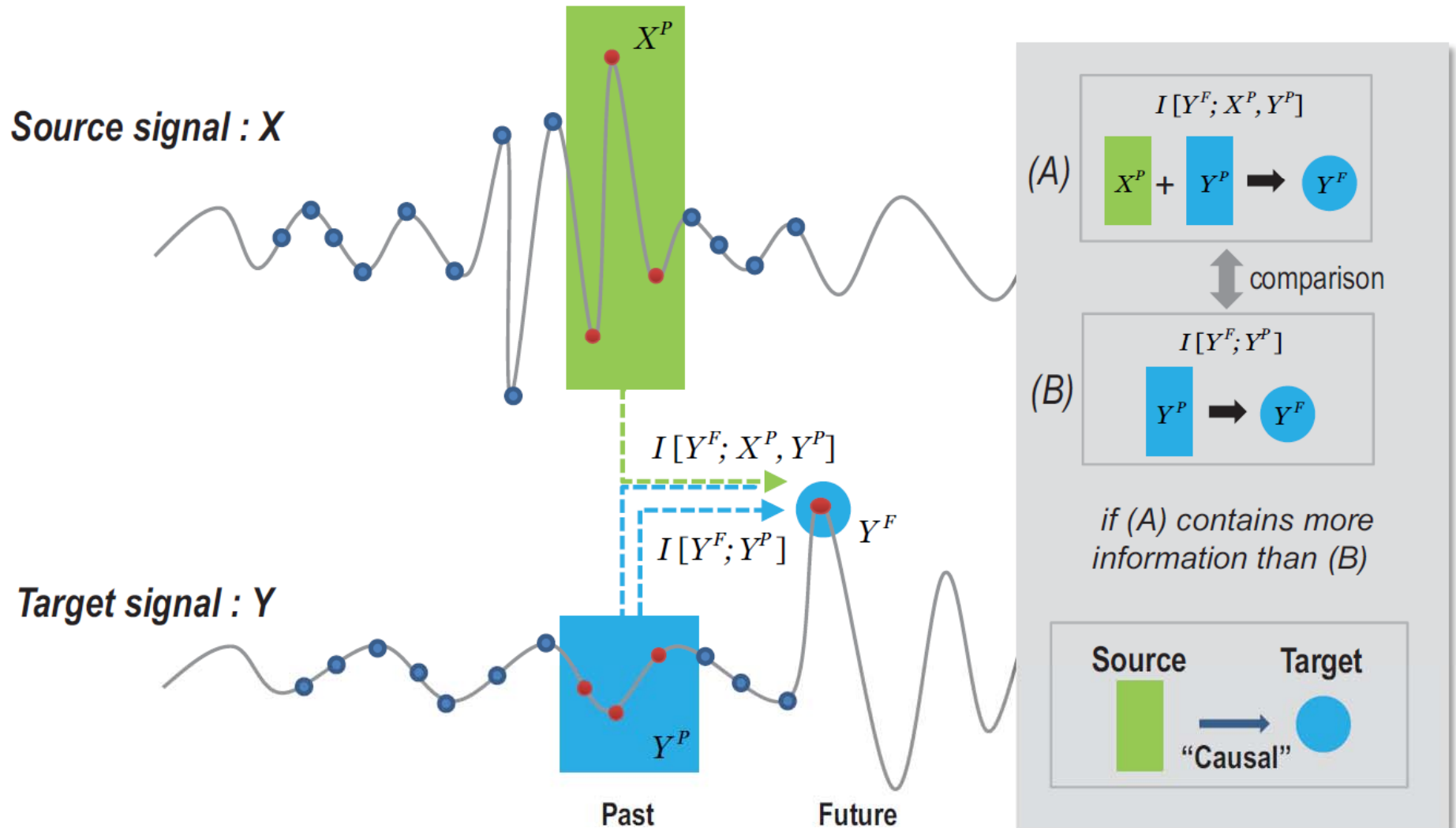
Summary

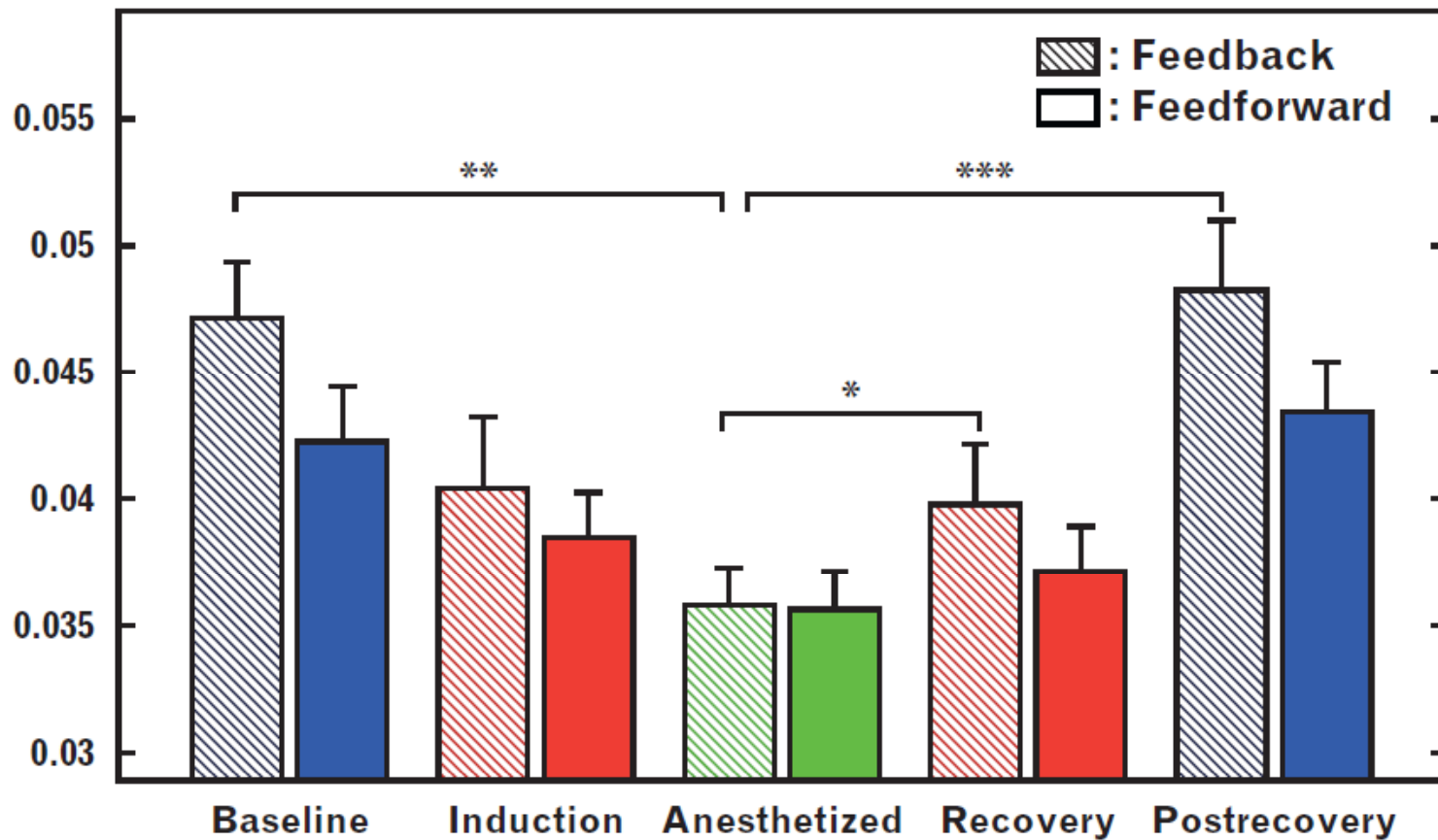
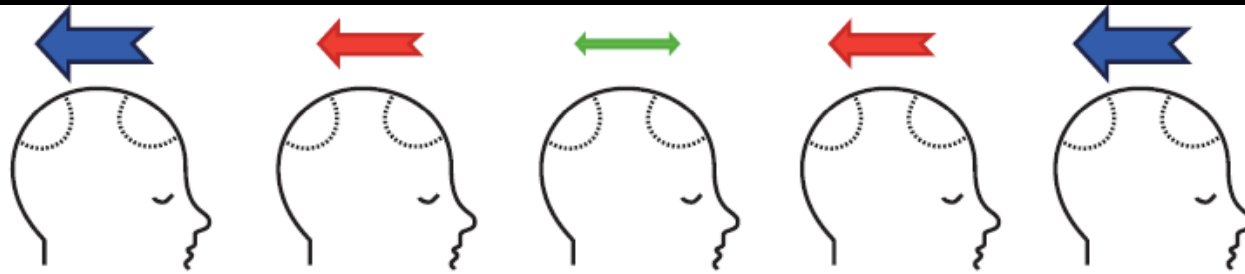
- **Neither consciousness nor anesthetic-induced unconsciousness is correlated with primary sensory processing**
- **Both relate to long-latency activity in extended frontal-parietal networks**
- **Experiments in animals suggest inhibition of anterior-posterior connectivity by GABAergic anesthetics**

Outline

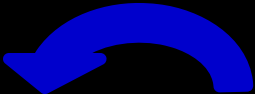
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Transfer entropy




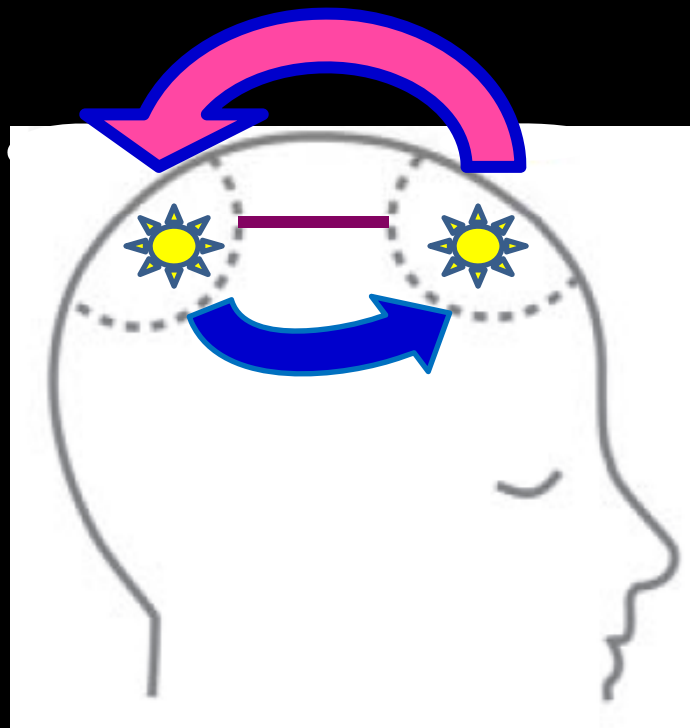


Frontoparietal disruption confirmed with high-density EEG and fMRI


Directional Connectivity


Functional Connectivity

Permutation Entropy 



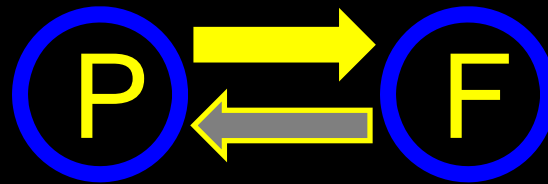
Conscious



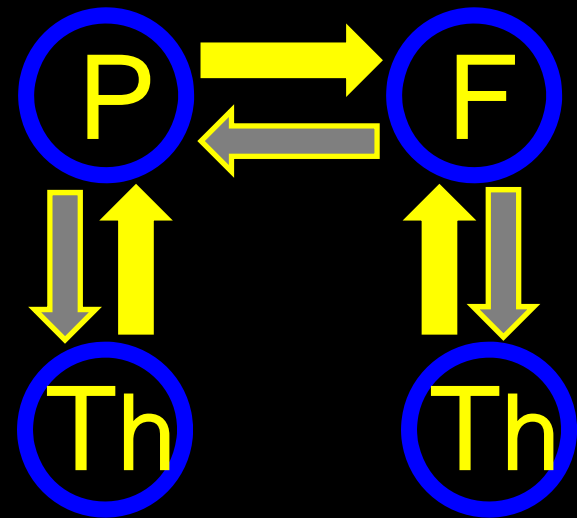
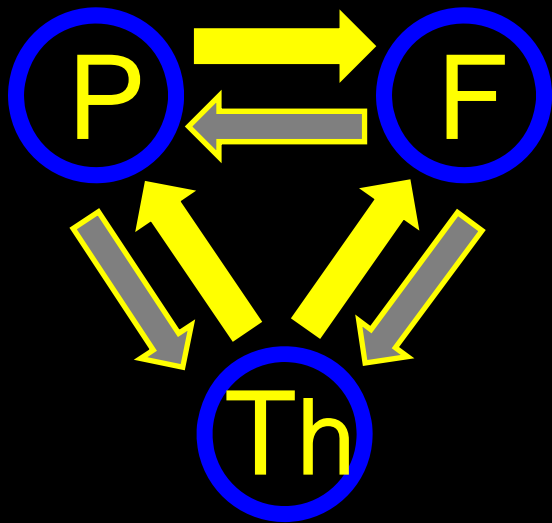
Propofol

Jordan et al, *Anesthesiology*, 2013;119:1031
Mashour, *Anesthesiology*, 2013;119:1003

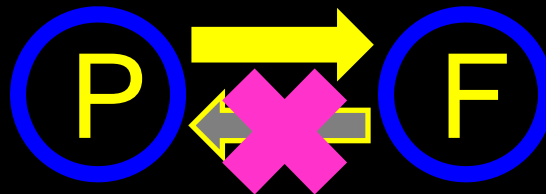
Model 1: Corticocortical



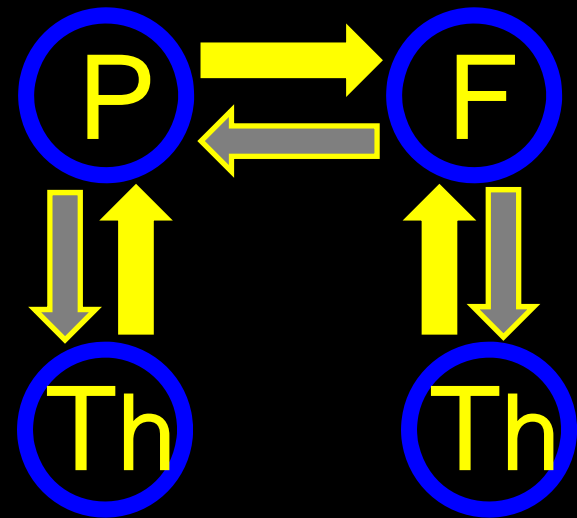
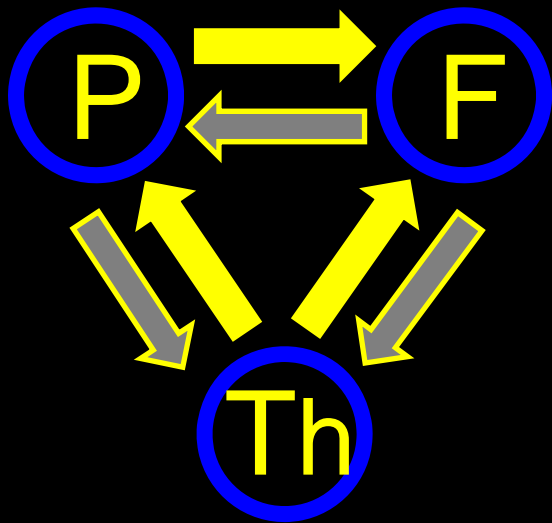
Models 2 & 3: Thalamocortical



Model 1: Corticocortical

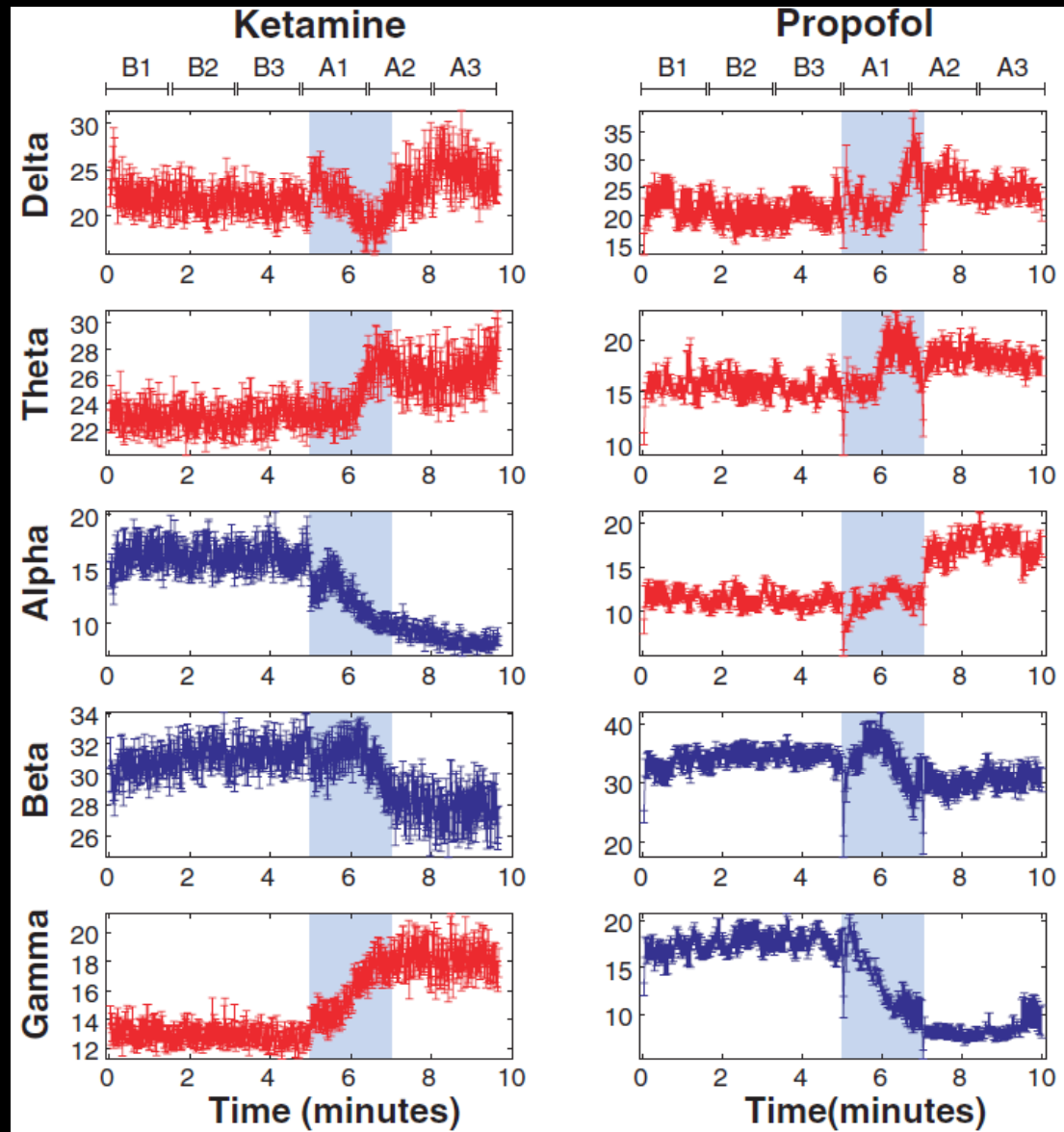


Models 2 & 3: Thalamocortical

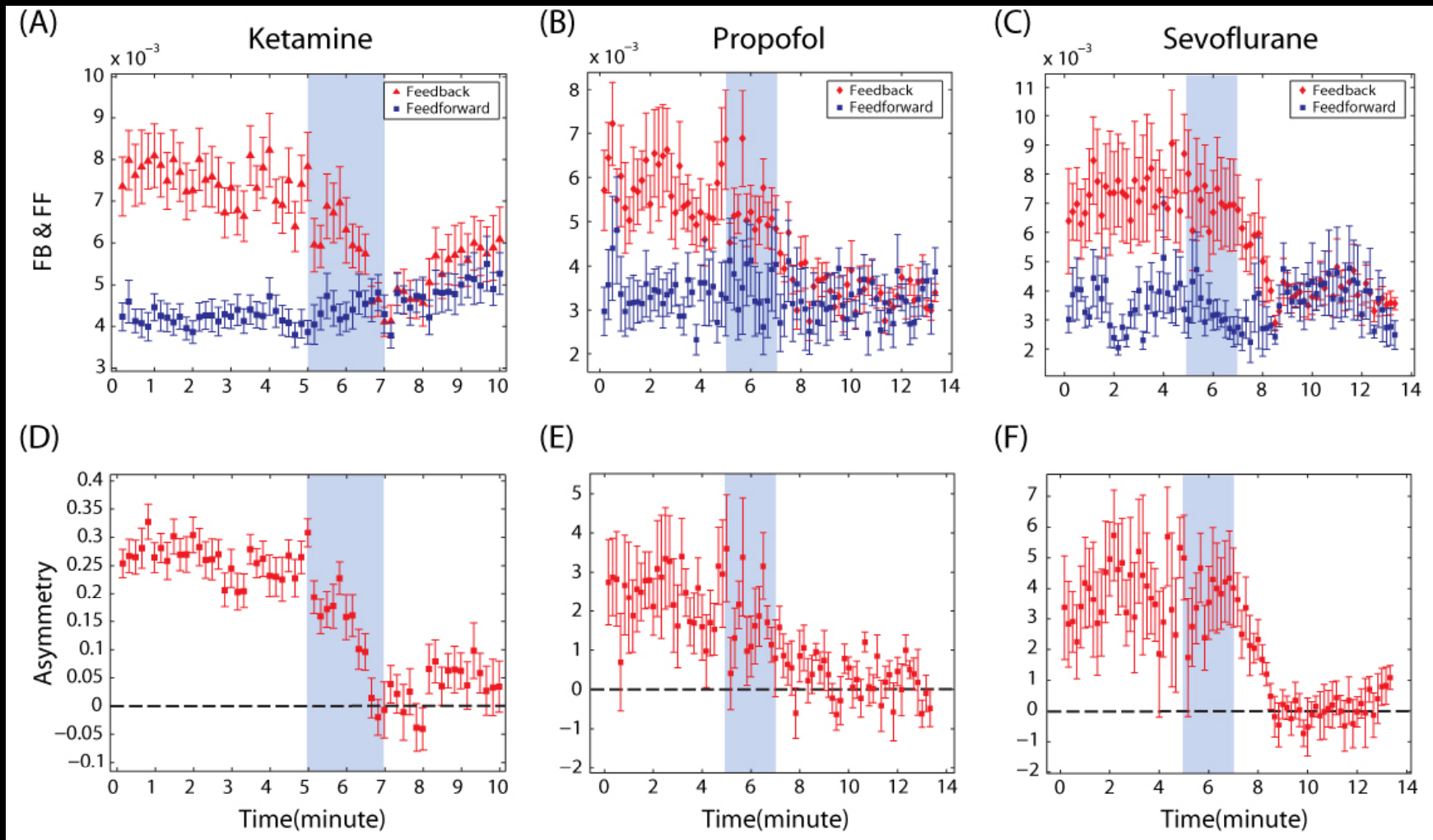


What about ketamine?

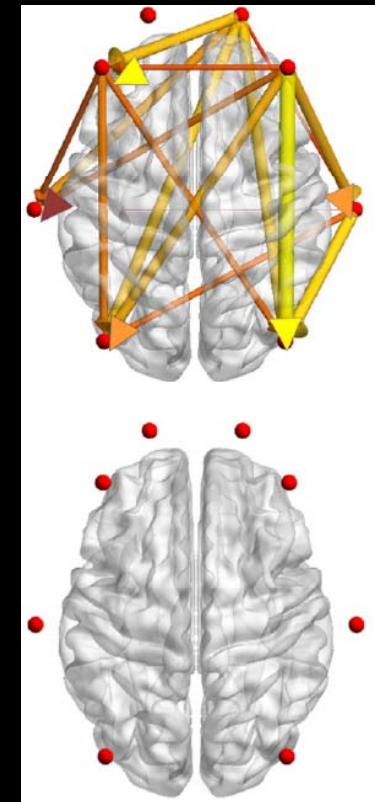
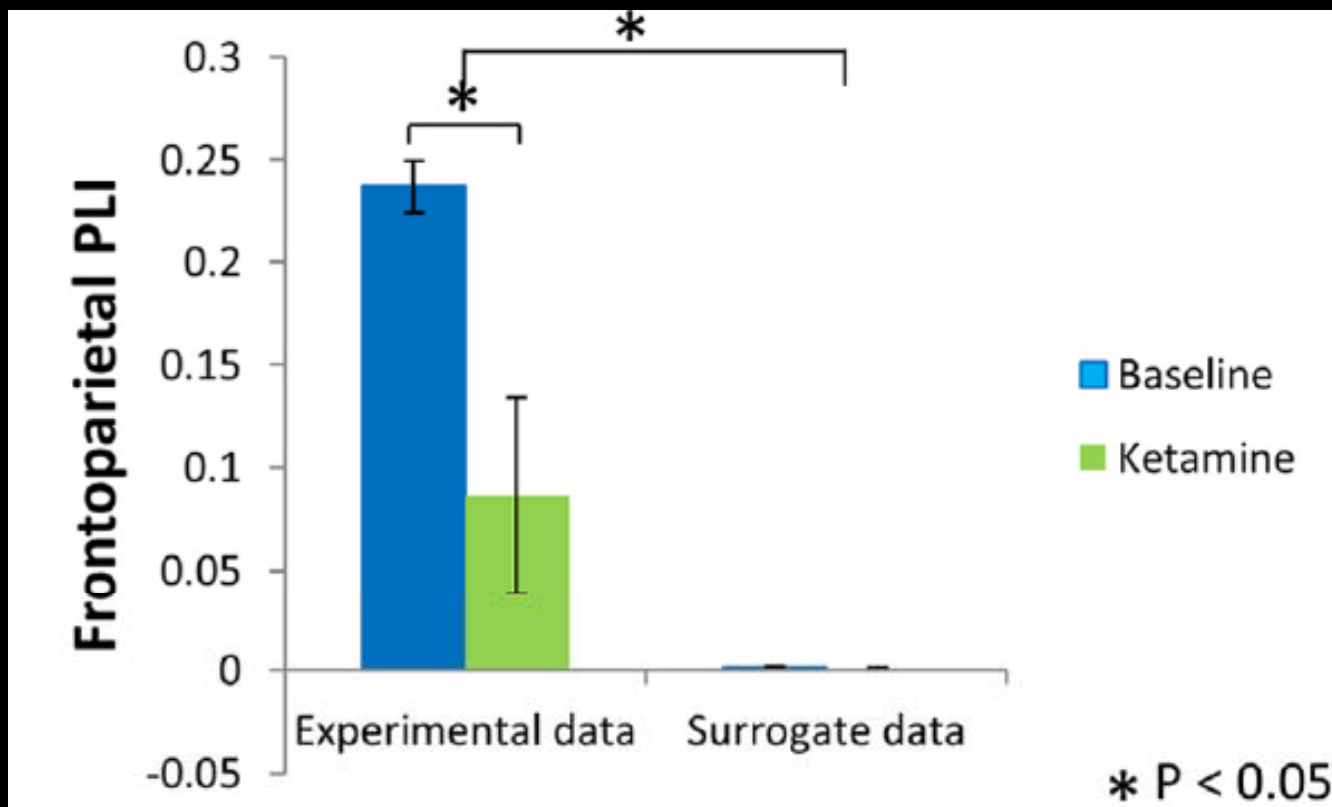
Distinct neurophysiology of anesthetic induction



Inhibition of frontoparietal connectivity by ketamine, propofol, & sevoflurane



Ketamine disrupts frontoparietal phase relationships



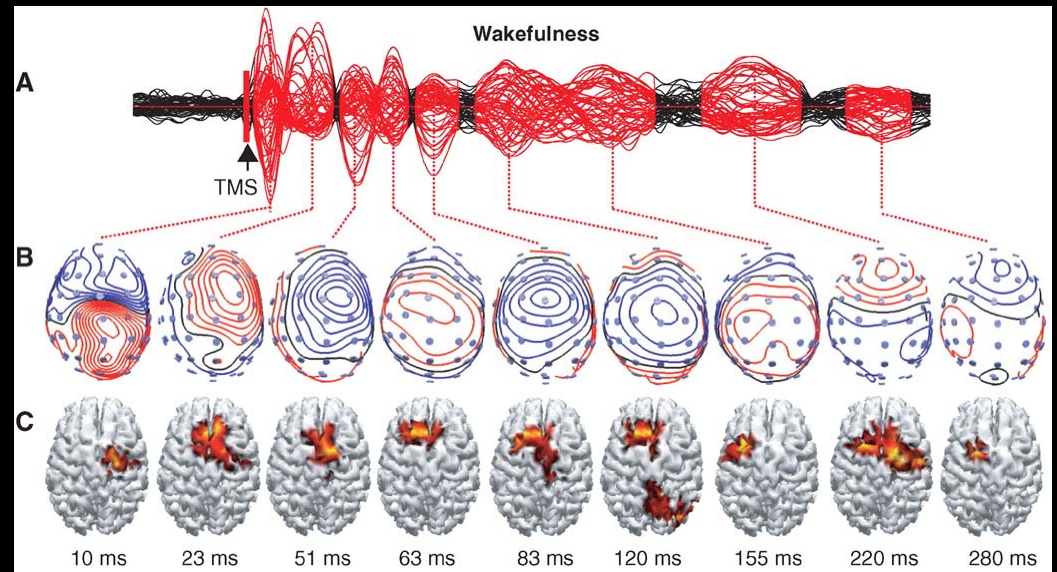
Summary

- **Experiments in humans demonstrate consistent patterns of network disruption across multiple anesthetic drug classes**
- **Findings supported by multiple analytic techniques and imaging modalities**

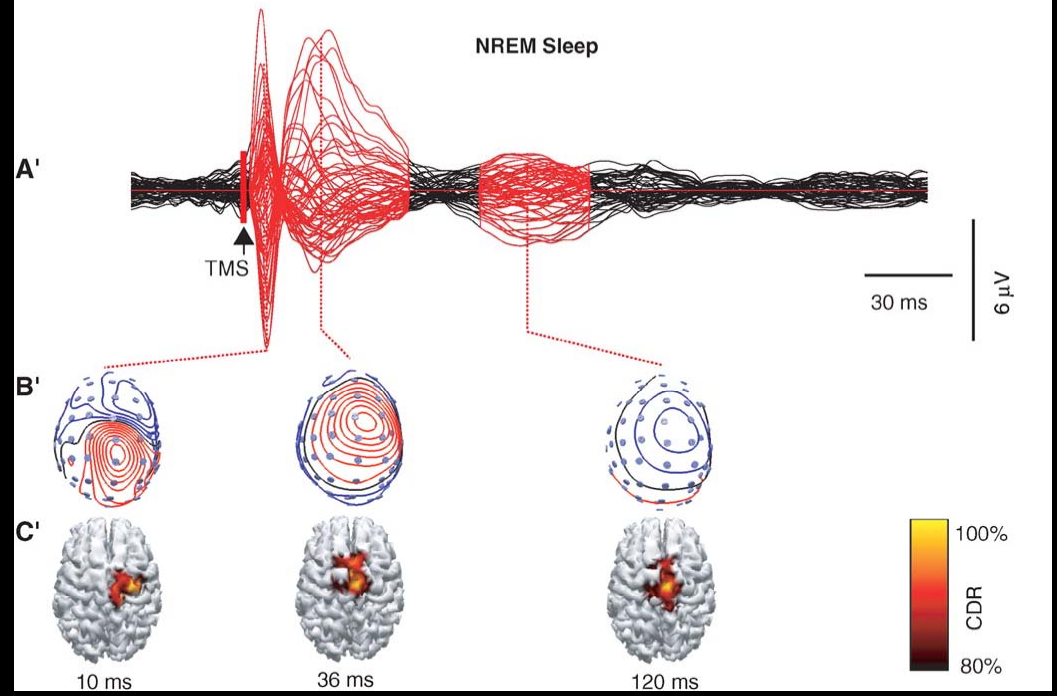
Perturbational approach to assessing unconsciousness



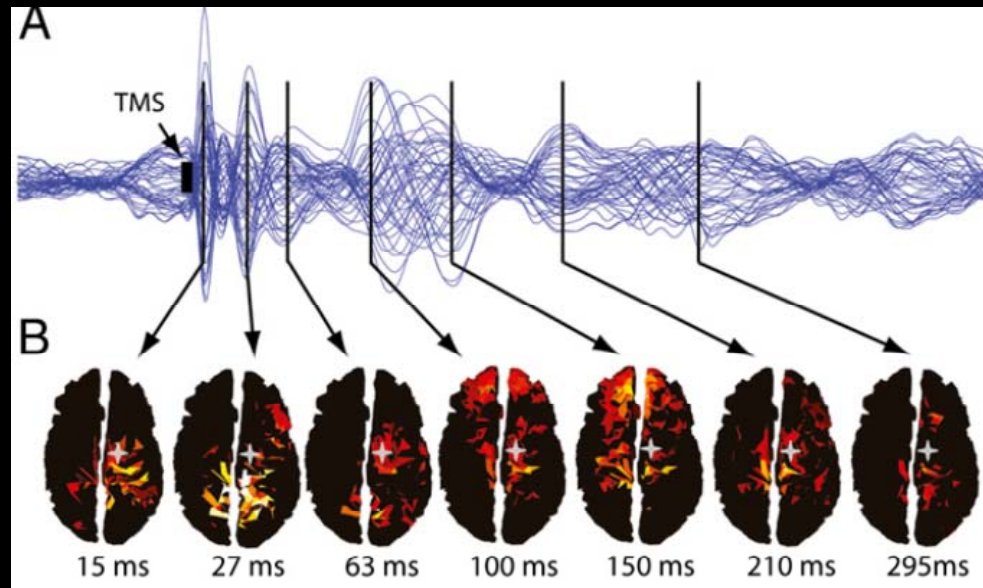
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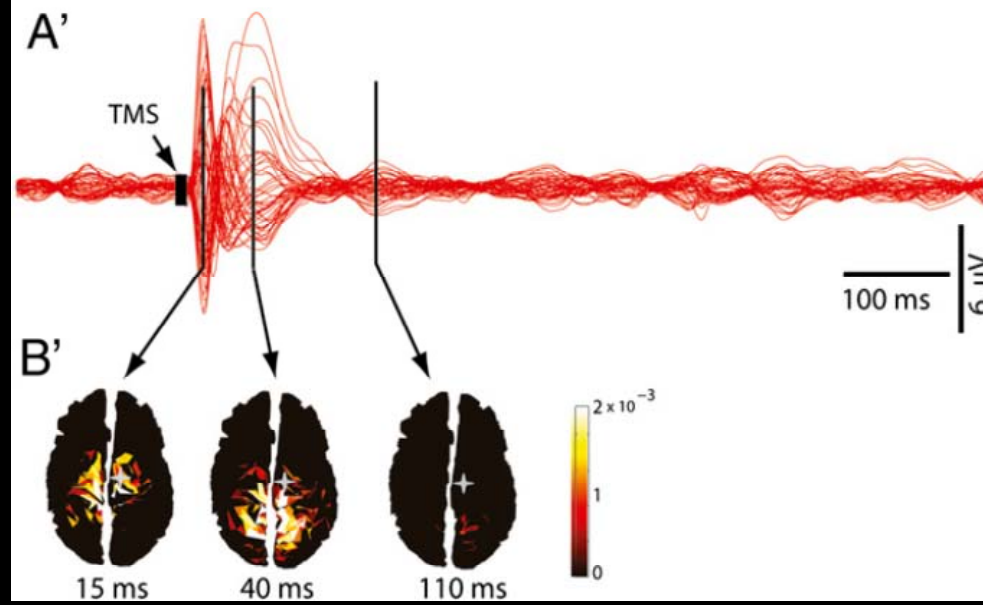
NREM sleep



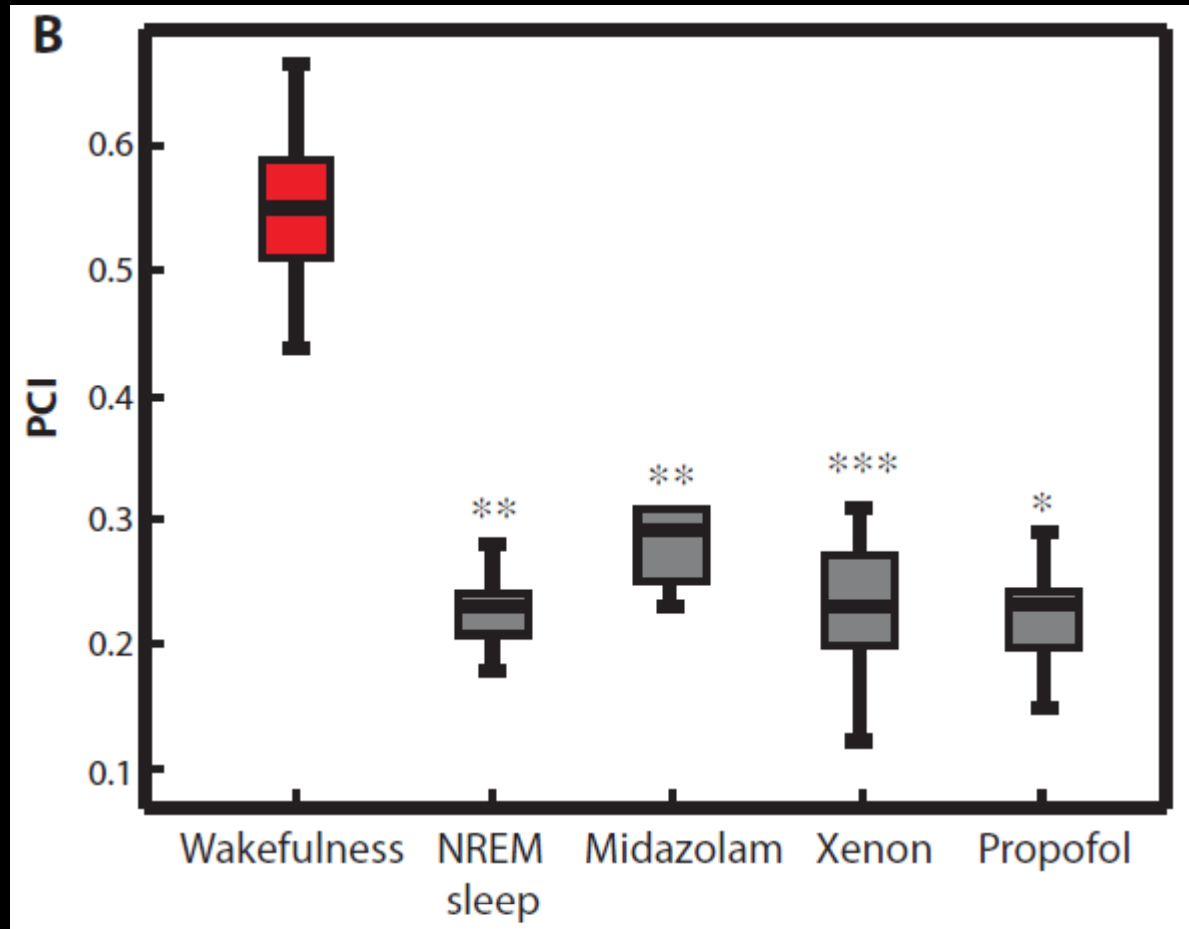
Conscious



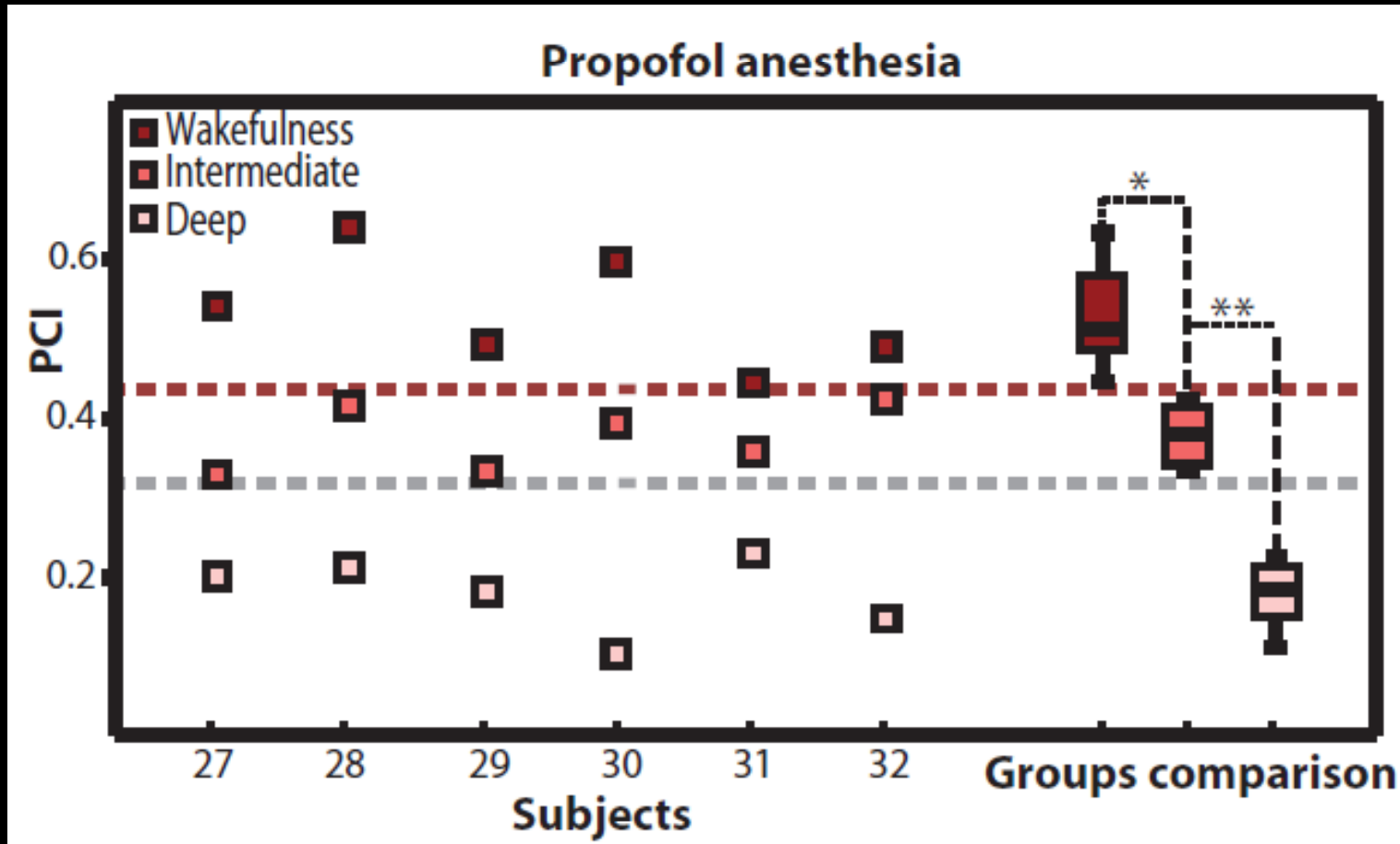
Midazolam



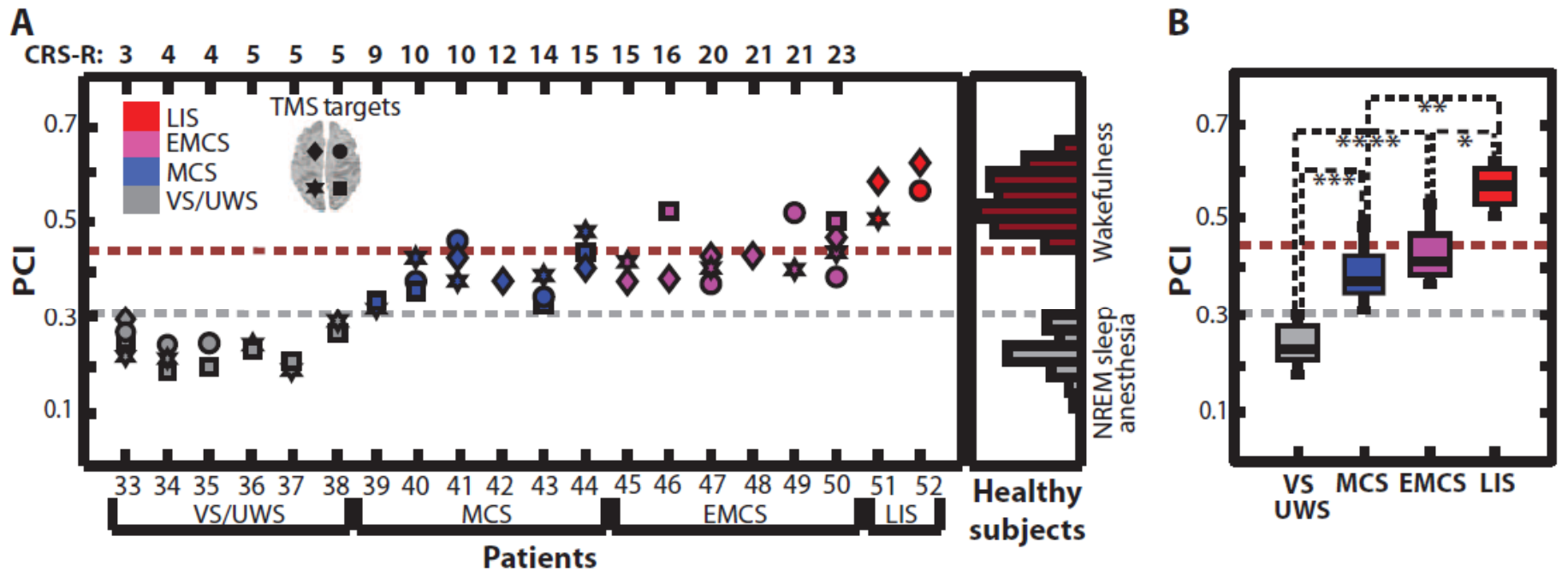
Perturbational Complexity Index



Perturbational Complexity Index



Perturbational Complexity Index



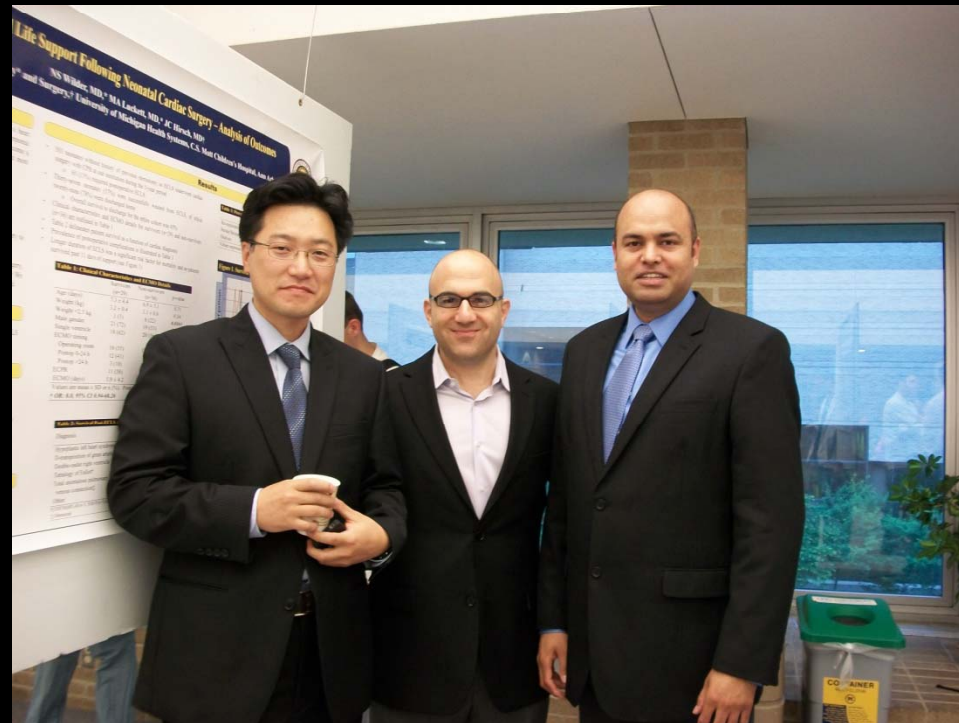
Summary

- **TMS/EEG is a perturbational approach to assess levels of consciousness**
- **Cortical communication in response to perturbation is reduced across sleep, anesthesia, and pathological states**

Future directions

- **More robust measures of connectivity**
- **Real-time assessment in a routine clinical setting**
- **Better understanding of network stability**

Acknowledgments—Laboratory



Dr. UnCheol Lee

Dr. Dinesh Pal

Acknowledgments—Laboratory



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- Canadian Institutes of Health Research
- Cerephex Corporation

Past

- National Institutes of Health (KL2)
- Foundation for Anesthesia Education & Research
- American Society of Anesthesiologists