

# **Tuning the Brain: Neuromodulation as a Possible Panacea for treating non-pulsatile tinnitus?**

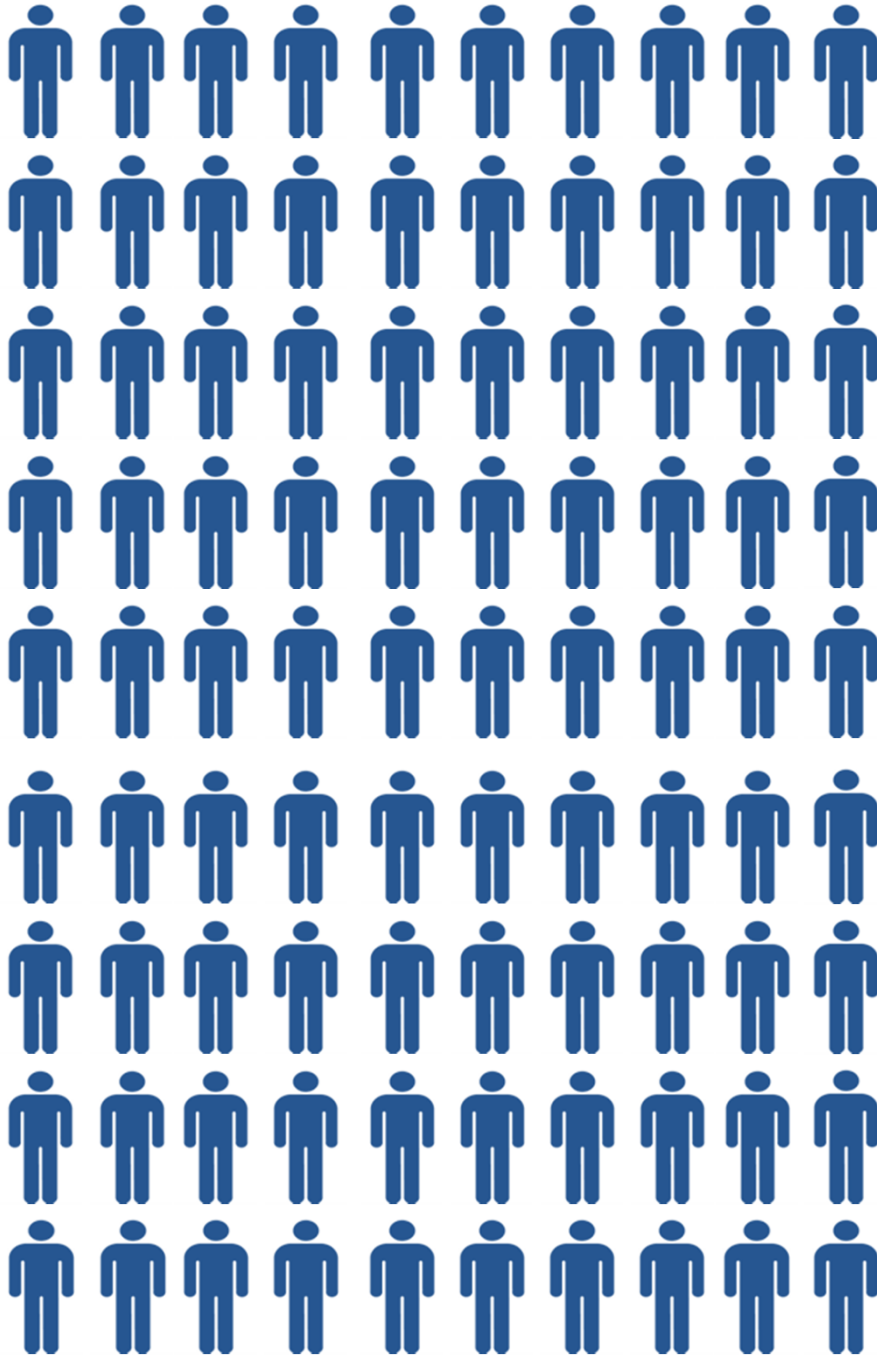


Prof. Sven Vanneste



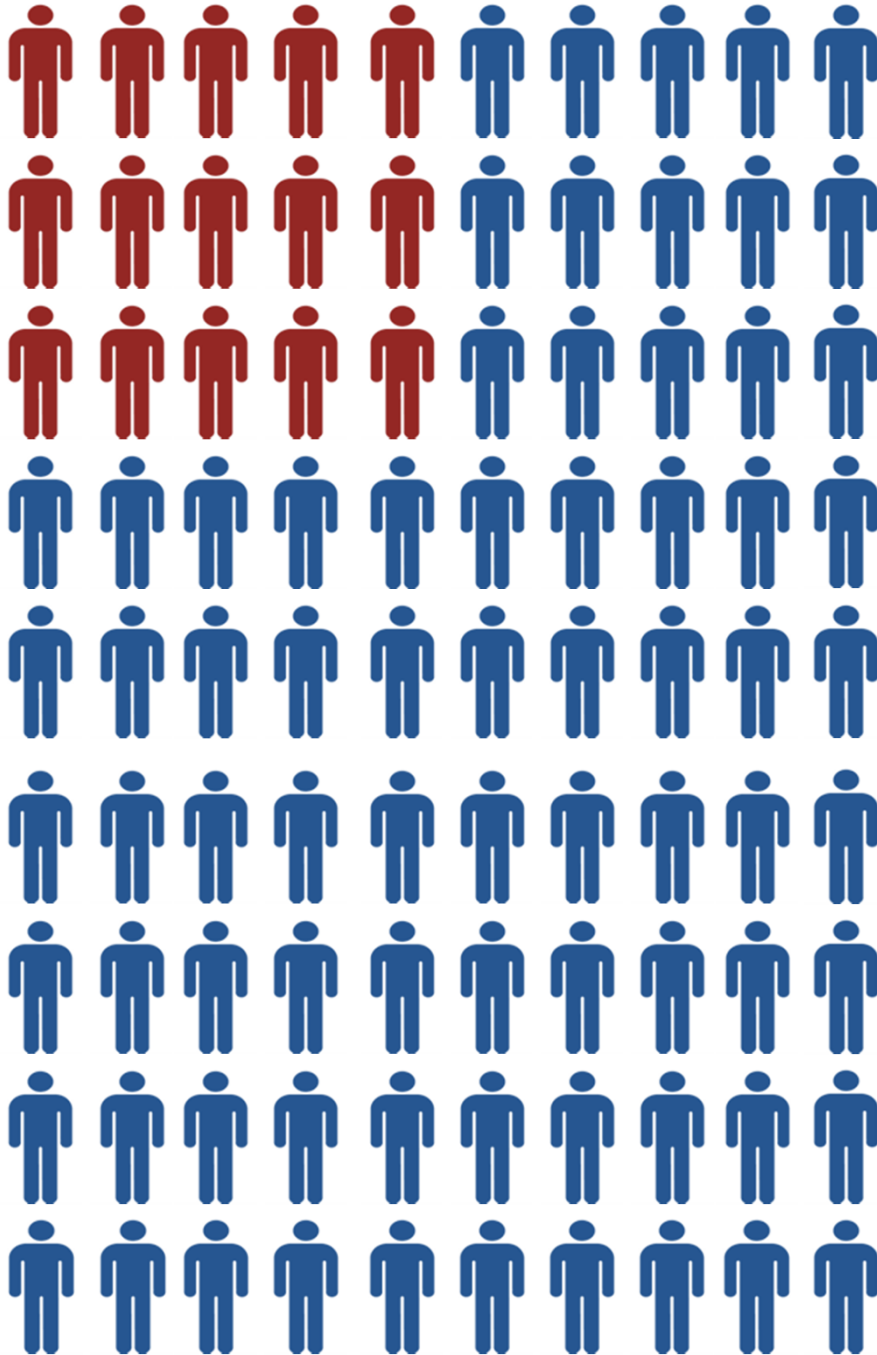
The University of Texas at Dallas  
School of Behavioral and Brain Sciences  
Lab for Clinical & Integrative Neuroscience

## Tinnitus



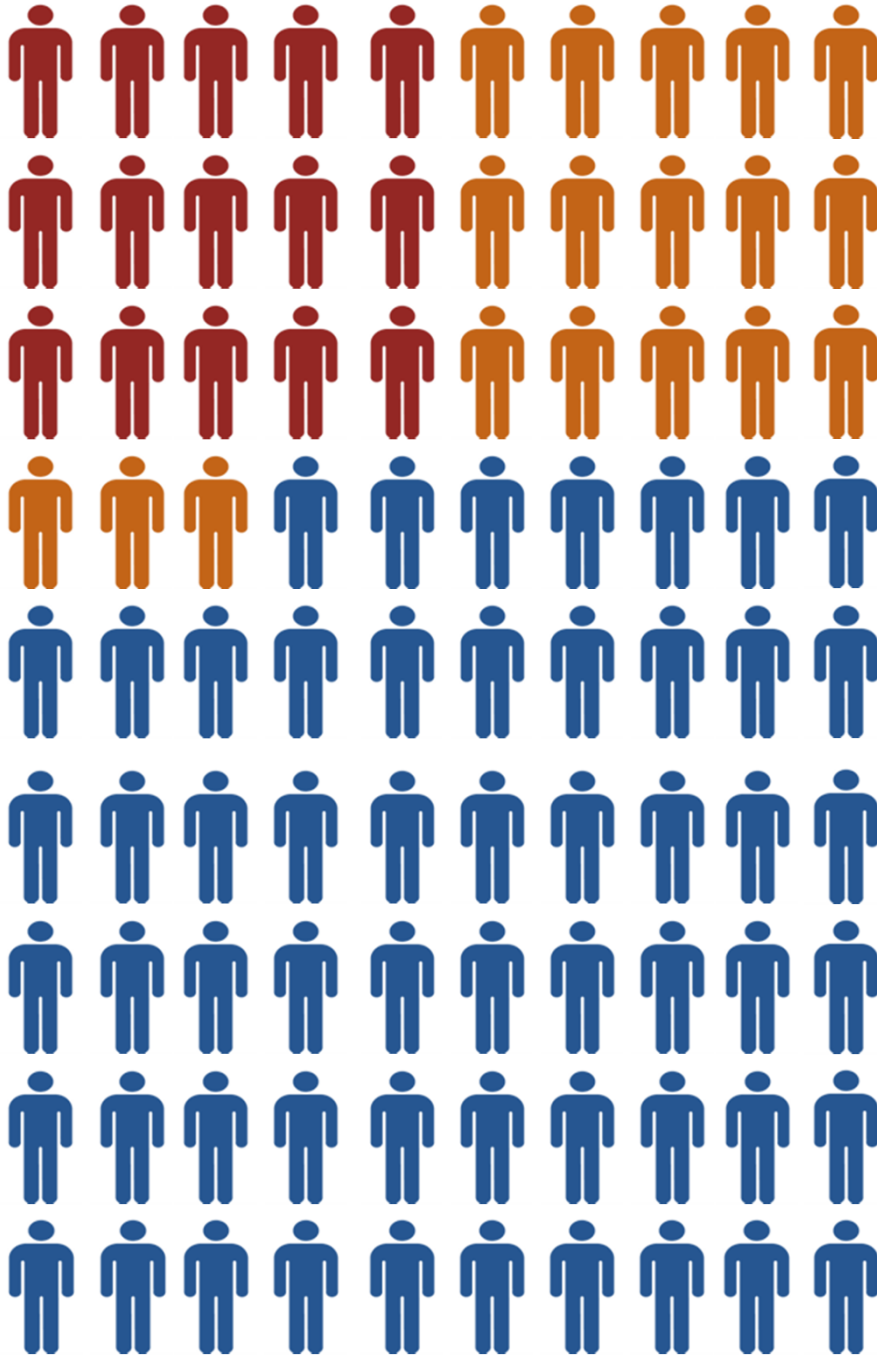
- At some point most people experience tinnitus
- This has been related to listening to loud music, use of medication, trauma or other causes
- This sensation is reversible and subsides approximately between a few seconds to a few days

## Tinnitus



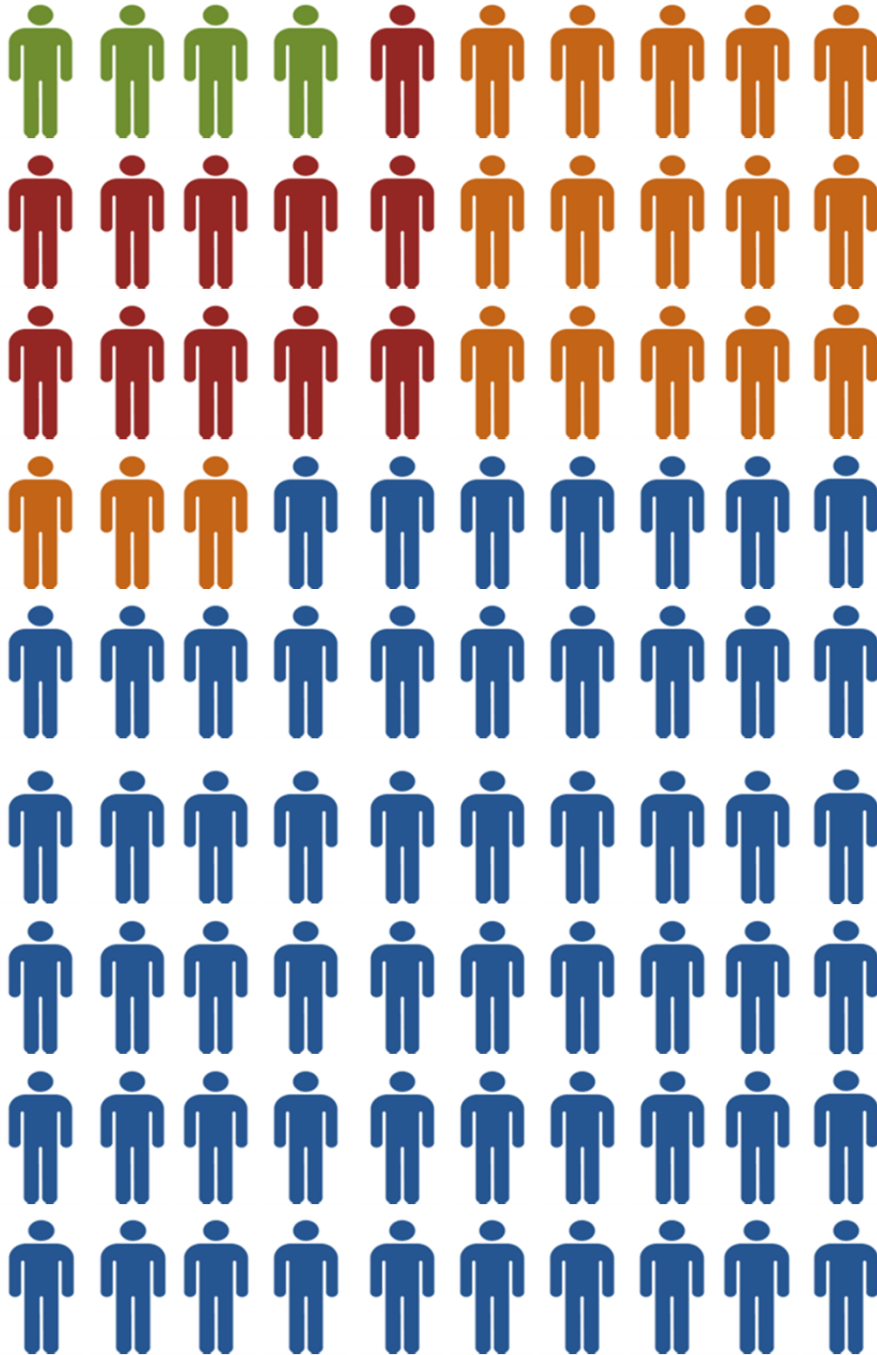
- In an adult population 10 to 15% perceives tinnitus continuously

## Tinnitus



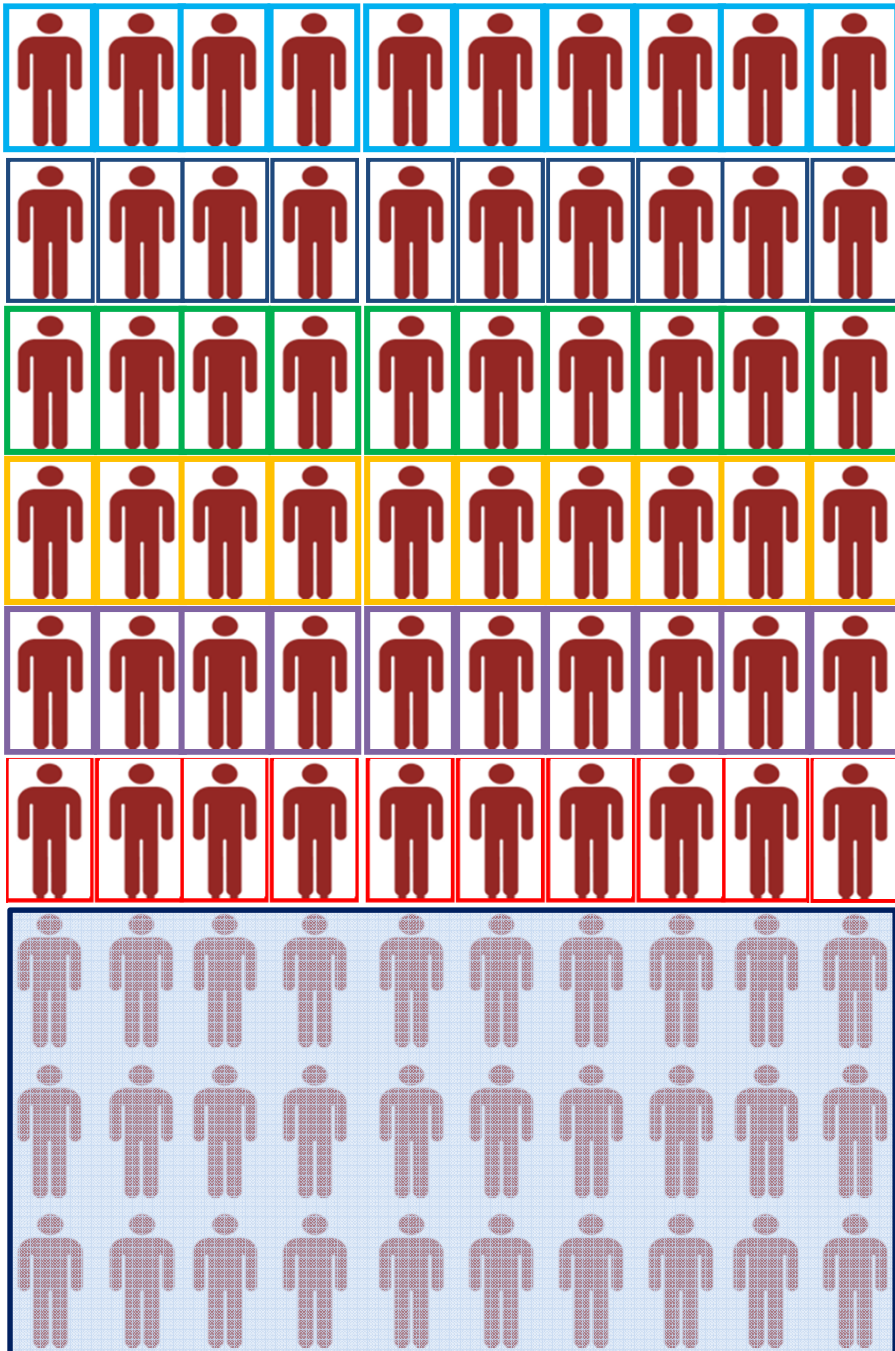
- In an adult population 10 to 15% perceives tinnitus continuously
- Increasing up to 33% in the elderly population

## Tinnitus



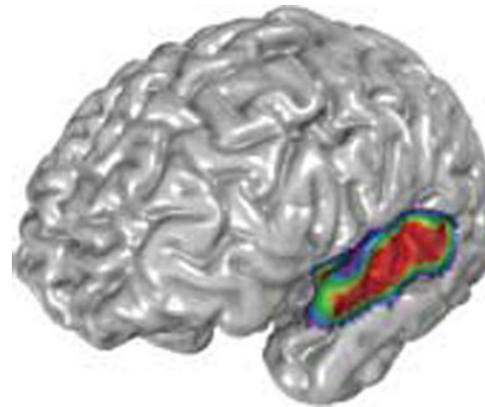
- In an adult population 10 to 15% perceives tinnitus continuously
- Increasing up to 33% in the elderly population
- Up to 25% of the affected people report interference with their lives as tinnitus causes a considerable amount of distress

## Tinnitus treatments



- Counseling
  - Hearing aid
  - Masking
  - Active amplification
  - Medication
  - Neuromodulation (Non-invasive)
- 
- **30% no treatment**
  - Most treatment are based on symptomatic relief.
  - **No causal treatment**
  - **Subtypes?**

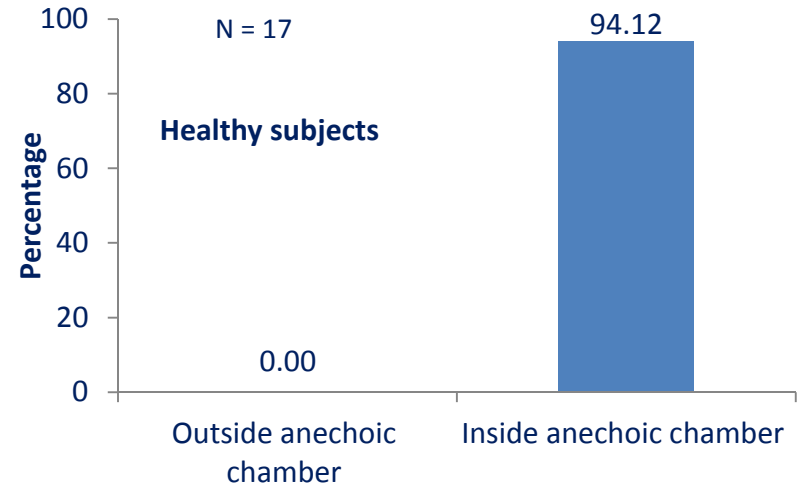
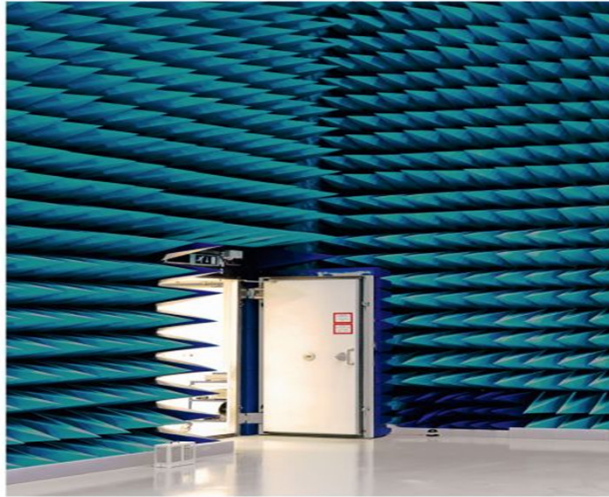
## Loss of auditory input



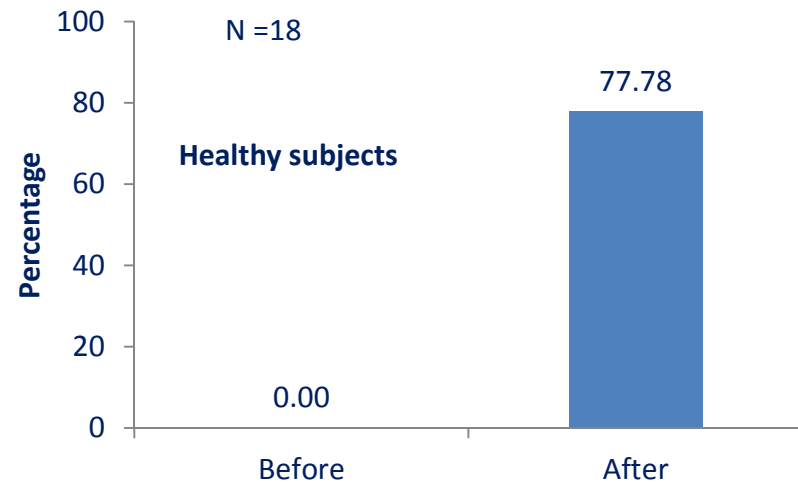
Loss of auditory input sets up a cascade of neurophysiologic changes in the central auditory system culminating to the perception of a phantom sound



## Loss of auditory input



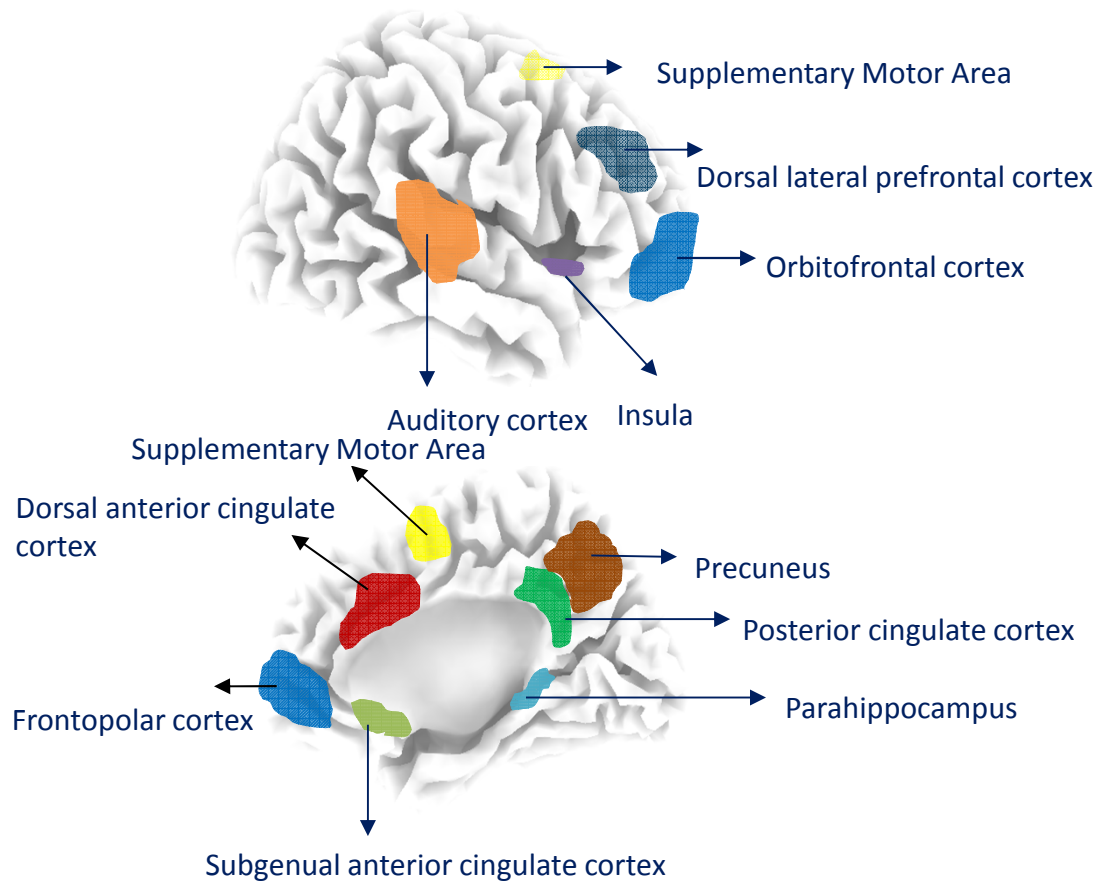
Gilles & Vanneste, submitted



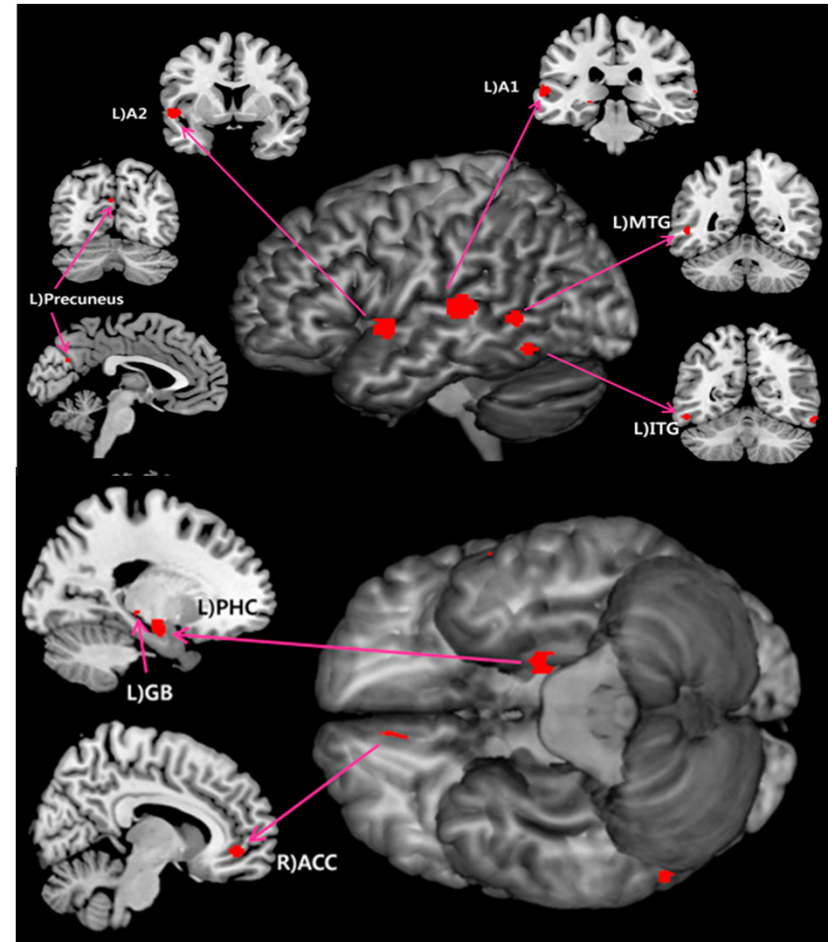
Schaette et al., Plos One, 2012



## The brain involved in tinnitus



Vanneste & De Ridder, *Frontiers in System Neuroscience*, 2012

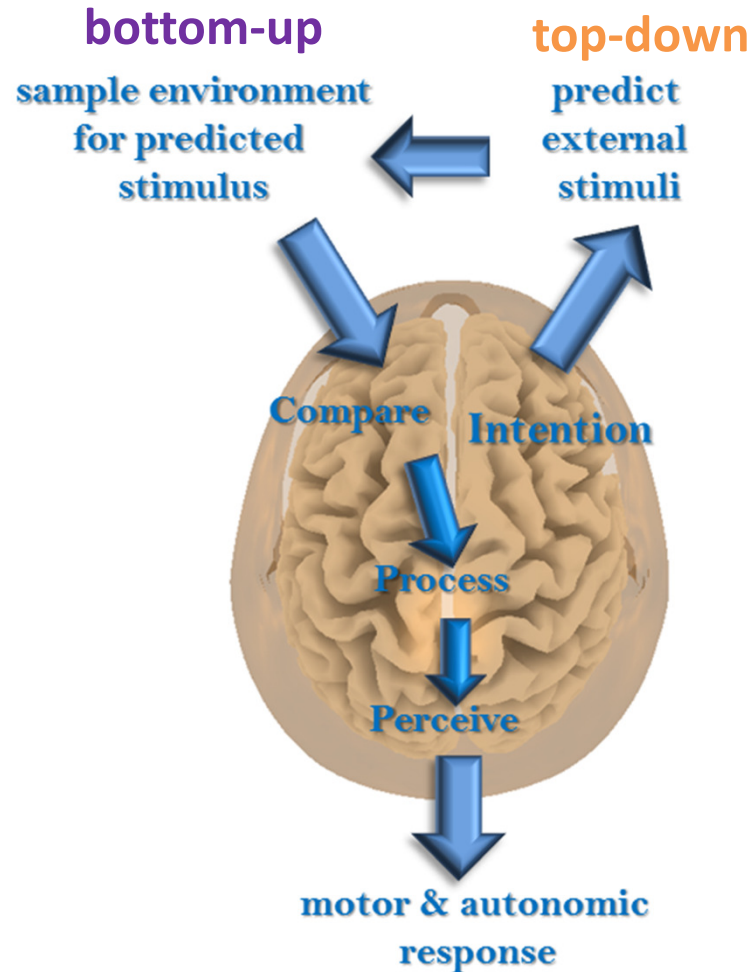


Song, De Ridder & Vanneste, *Journal Nuclear Medicine*, 2012

# Why a phantom sound?

## Active “Bayesian” Brain

- The predictive brain - the architecture of the cortex implements a **top-down prediction algorithm** that **constantly anticipates incoming bottom-up sensory stimuli** (Wacongne et al., PNAS, 2011).



Prediction ↔ External Stimuli

↓  
Prediction error  
(Bayesian updating)

To reduce the uncertainty of future events

Prediction = External Stimuli

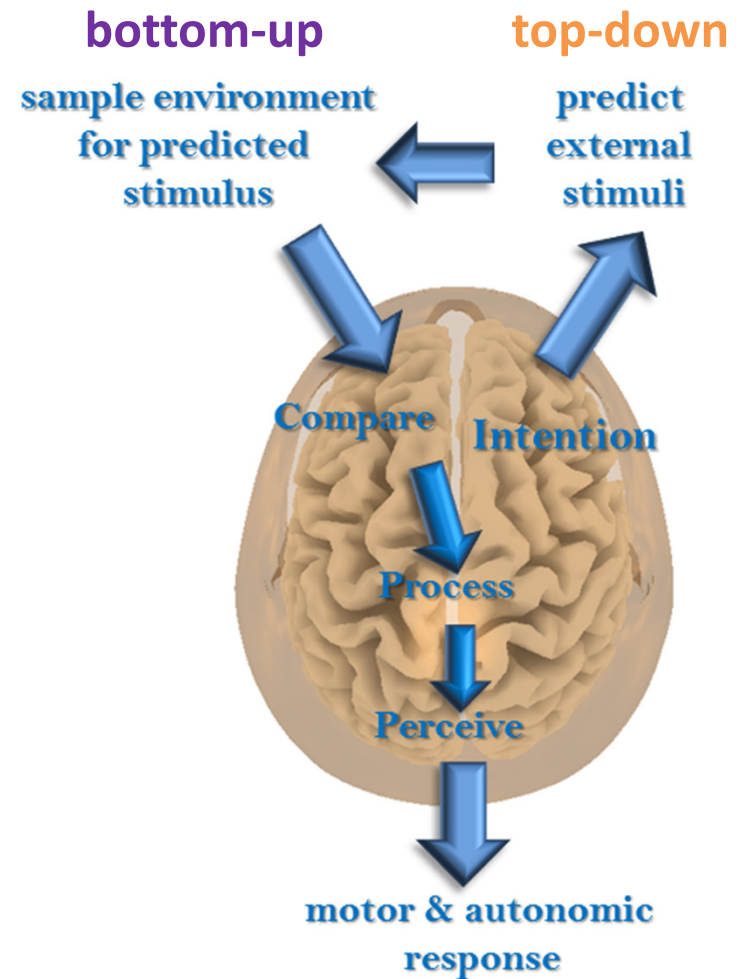
↓  
No Prediction error  
(No updating)

No reduce the uncertainty of future events

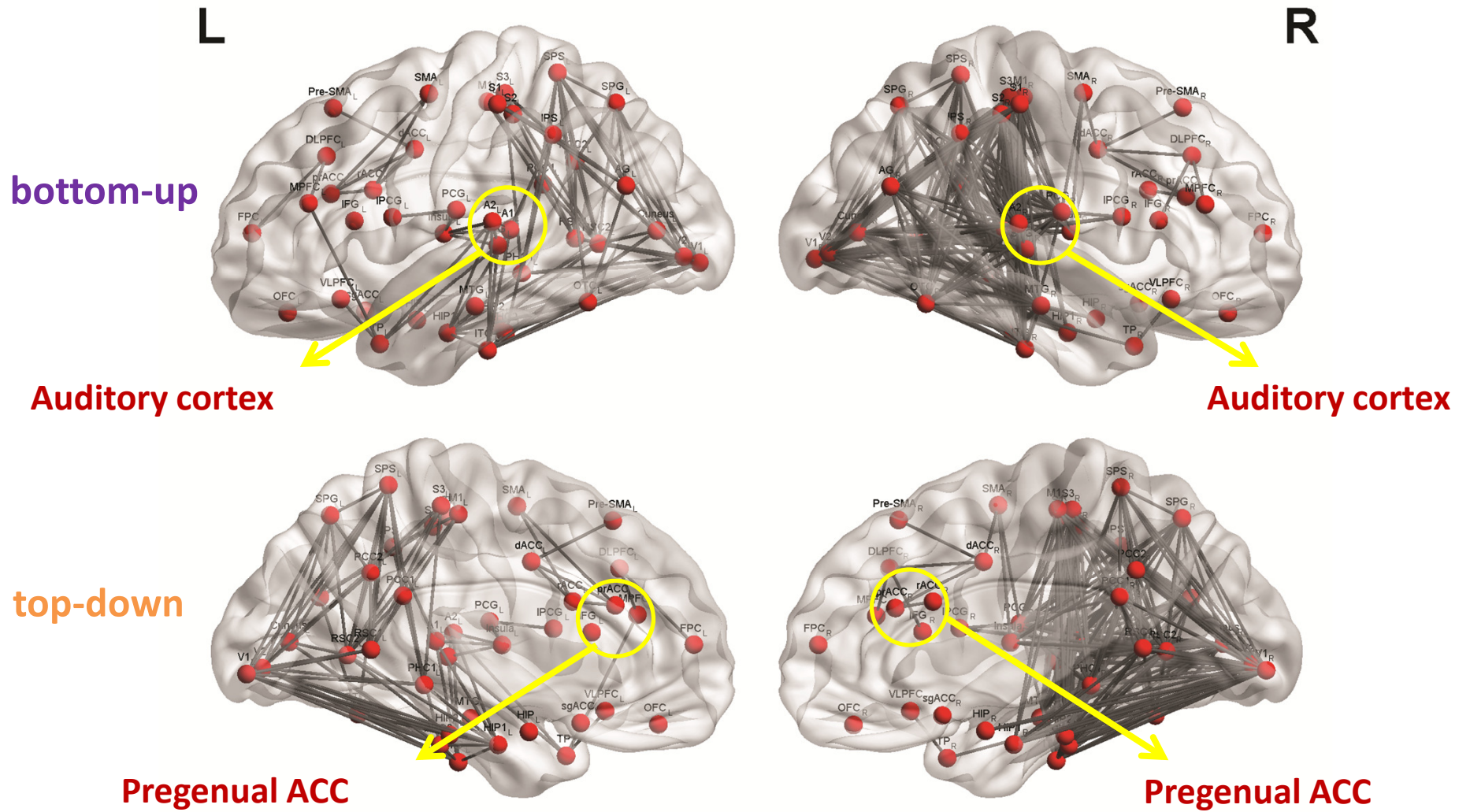
## Why phantom sound?

### Why does the brain generates tinnitus?

1. **Sensory deprivation** leads to limits the amount of information the brain can acquire
2. **increases uncertainty** present in the environment
3. to **reduce the uncertainty** will **look for information** or **fill in the missing information**
4. **reduction the prediction error**

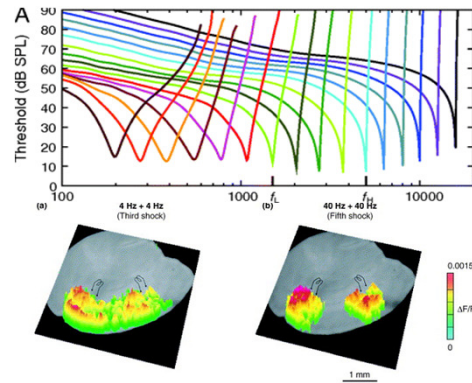


# The brain involved in tinnitus



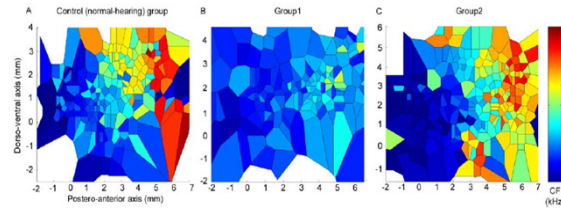
# Hub: Auditory cortex

## 1. Little deafferentation



Spontaneous Hyperactivity

## 2. More deafferentation



Map plasticity

## 3. Very large deafferentation



Memory



## 1. Hyperactivity within the auditory cortex

### a. fMRI

Increased **BOLD activity** within the **auditory cortex**

De Ridder & Vanneste, JNS, 2011



### b. Source localized EEG

A **positive correlation** between the **tinnitus loudness** and the current density within the **auditory cortex** at the **gamma frequency band** ( $r = .65$ )

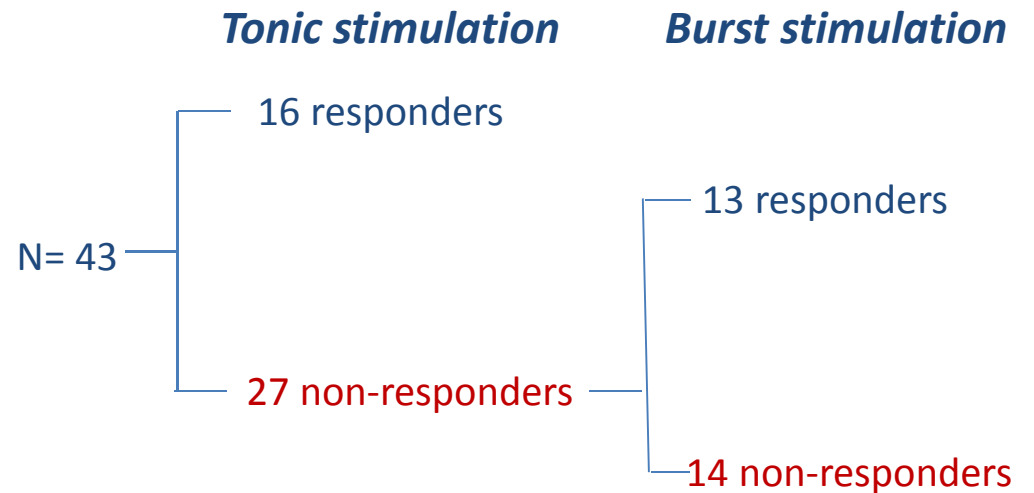
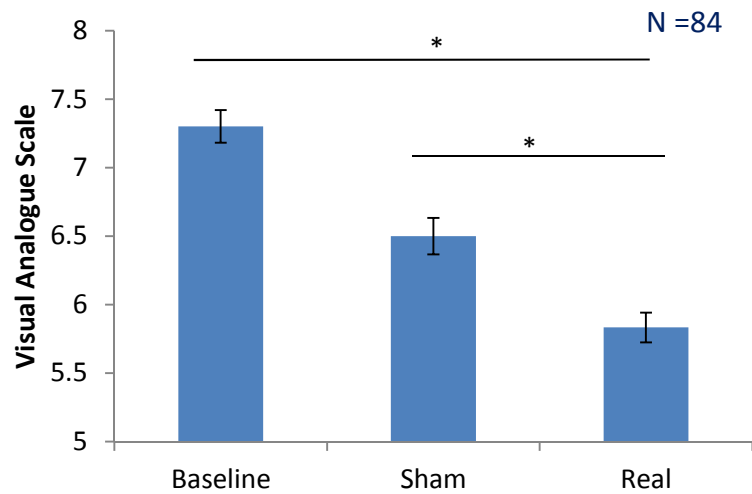
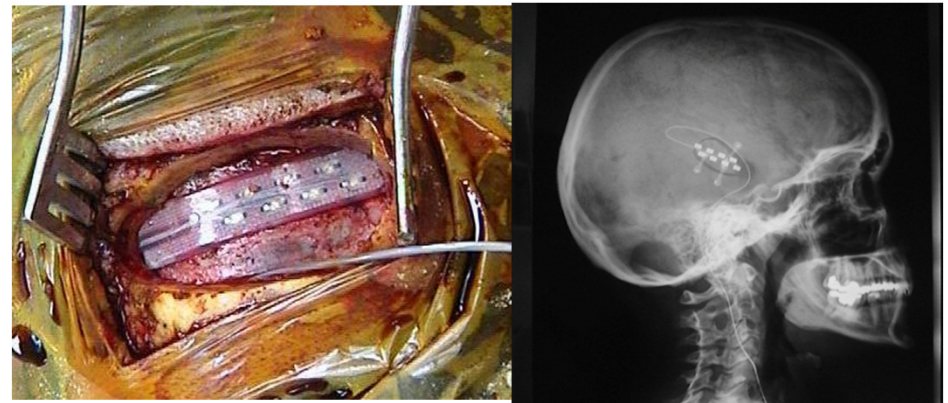
Van der Loo, Vanneste et al., Plos one, 2009

# 1. Hyperactivity within the auditory cortex

## a. Transcranial magnetic stimulation (TMS)



## b. Auditory cortex implant



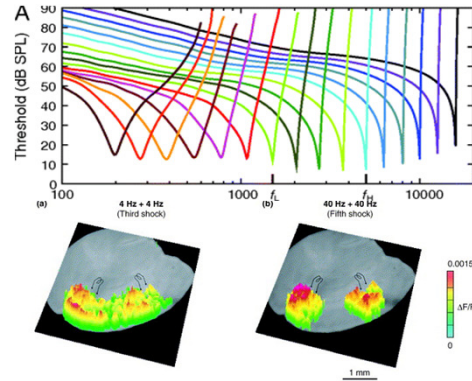
Vanneste et al., European Journal of Neurology, 2010

De Ridder, Vanneste et al., JNS, 2011  
De Ridder & Vanneste, WJN, 2014



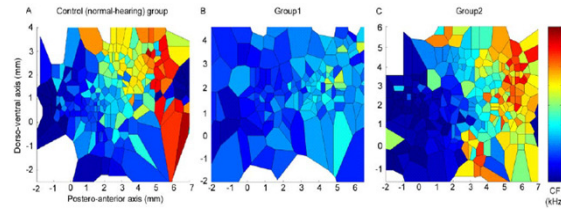
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Map plasticity

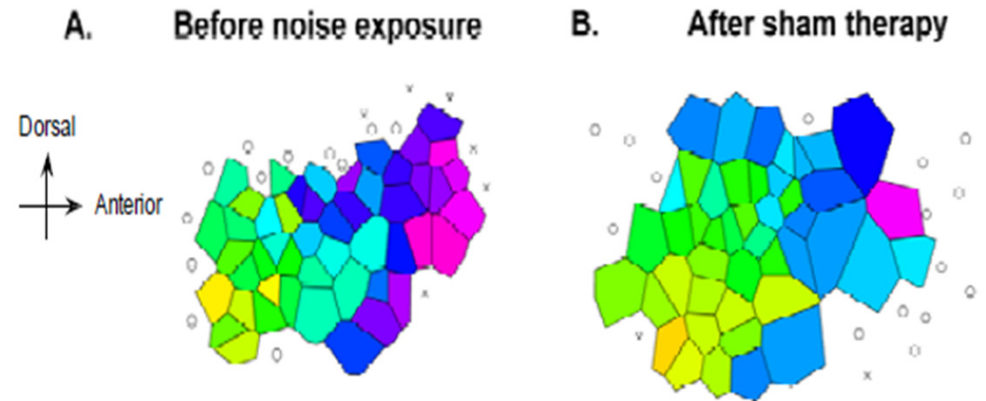
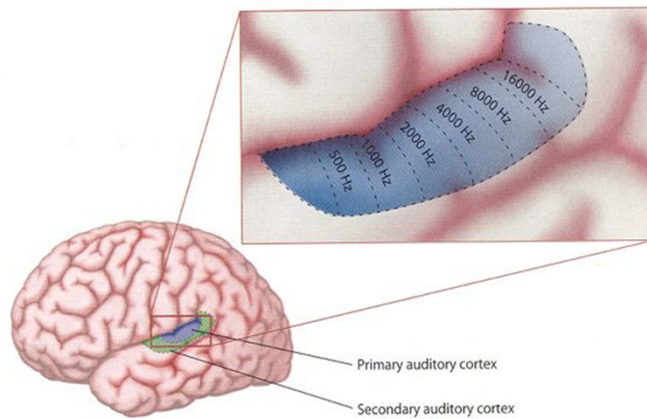
3. Very large deafferentation



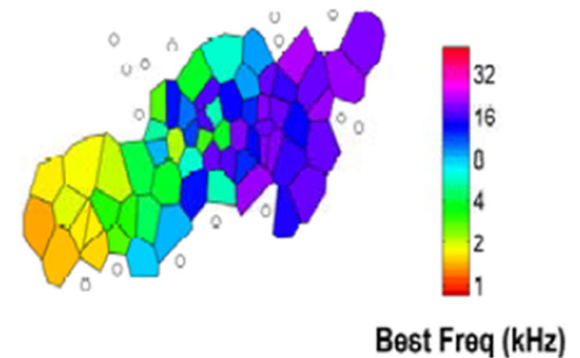
Memory

## 2. Map plasticity

The tonotopic reorganization of the auditory cortex



C. After Multiple VNS Tone Therapy

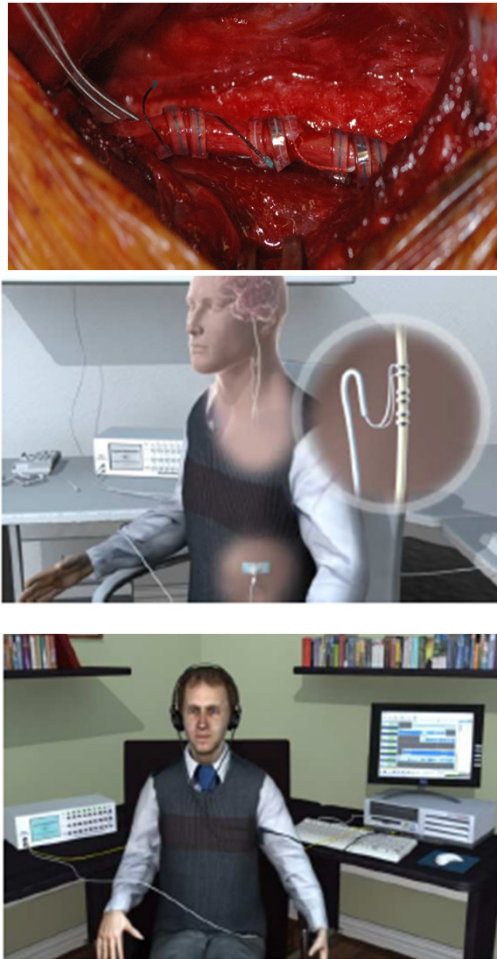


**Cortical reorganization** in the **auditory cortex** in after noise trauma has been associated with tinnitus

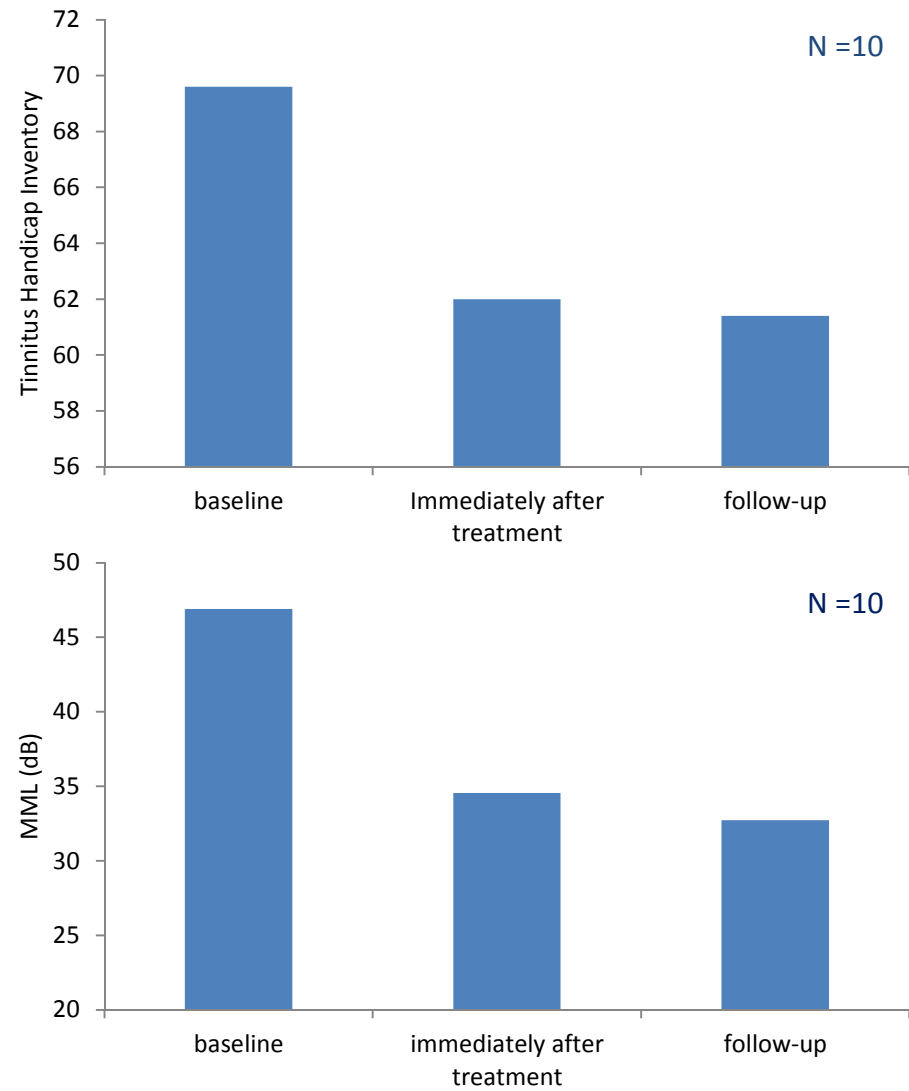
Norena et al., Journal of Neuroscience, 2006  
Mühlnickel et al., PNAS, 1998

Engineer et al., Nature, 2011

## 2. Map plasticity



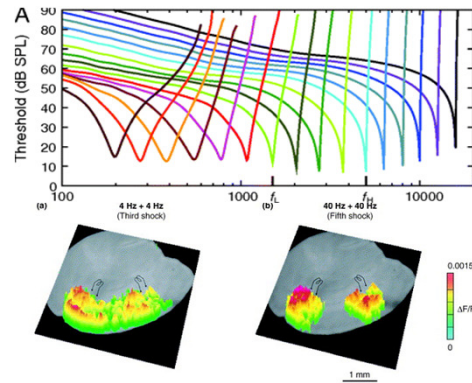
4 week of treatment



De Ridder & Vanneste., Neuromodulation, 2014  
De Ridder & Vanneste, Otology Neurotology, 2015

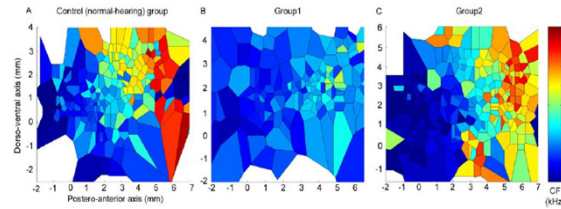
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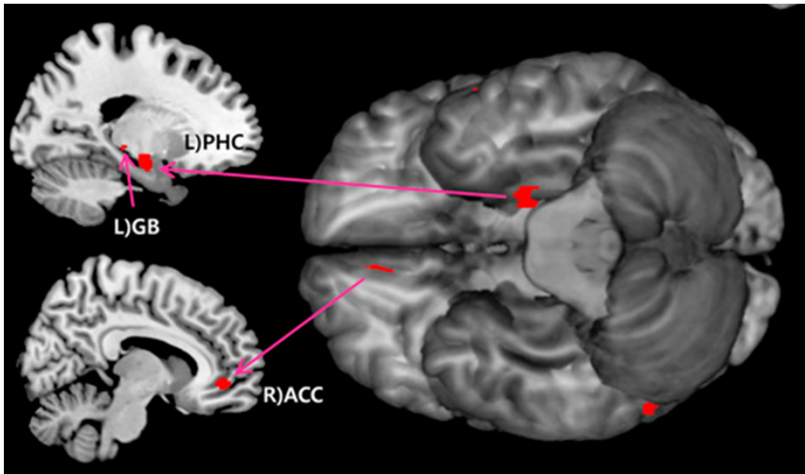
Map plasticity

3. Very large deafferentation

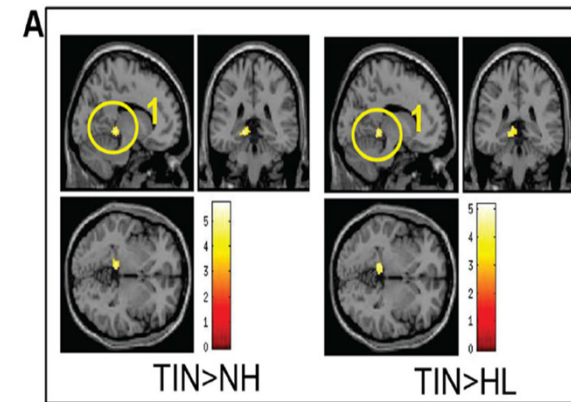


Memory

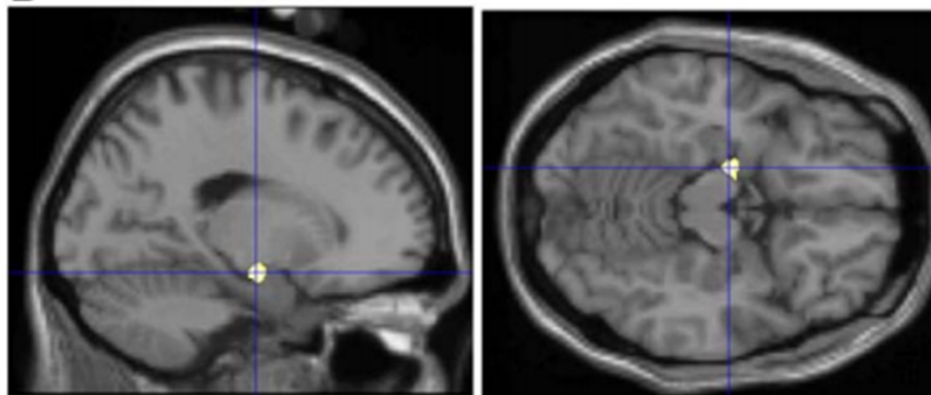
### 3. Memory



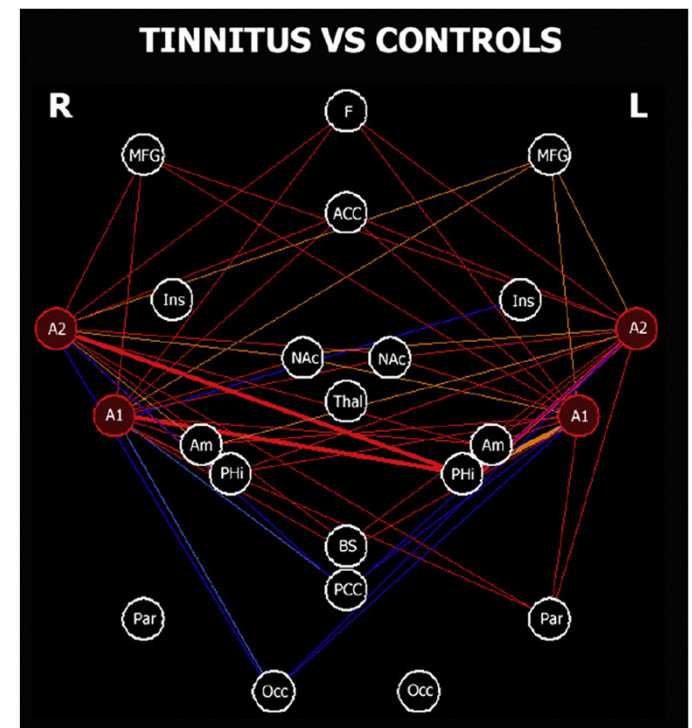
Song & Vanneste, Journal Nuclear Medicine, 2012



Schmidt et al., Plos One, 2013



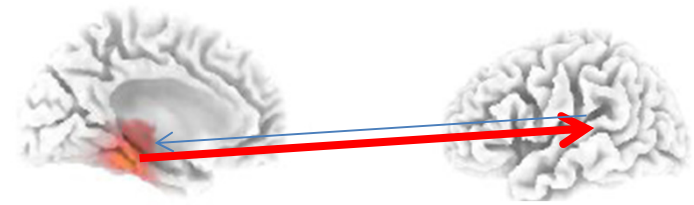
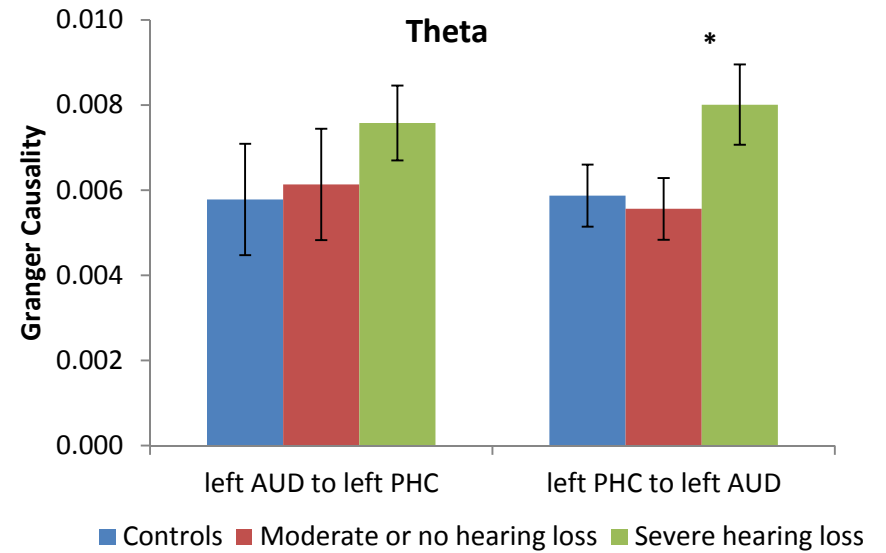
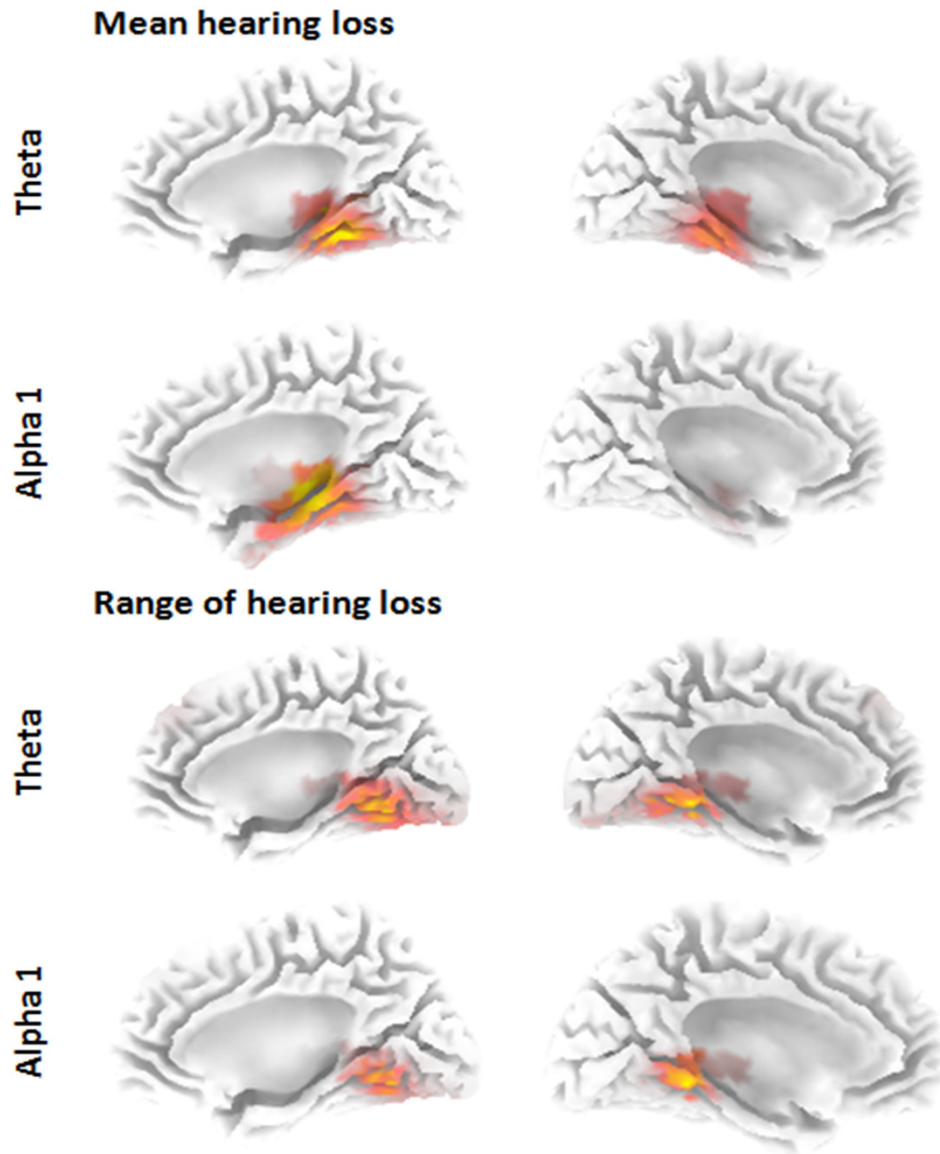
Landgrebe et al., Neuroimage, 2009



Maudoux et al., Plos One, 2012



### 3. Memory

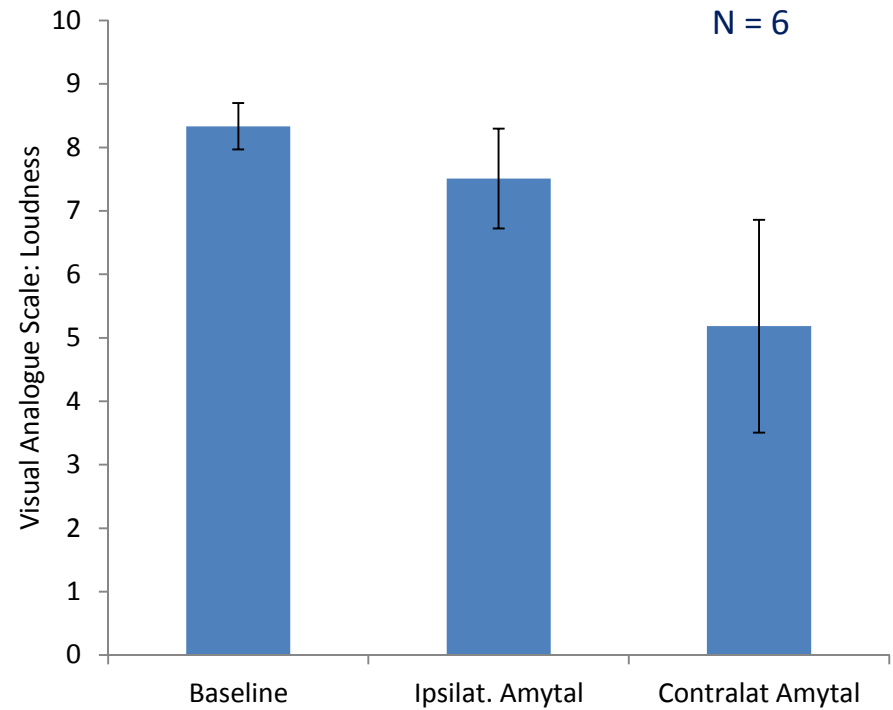
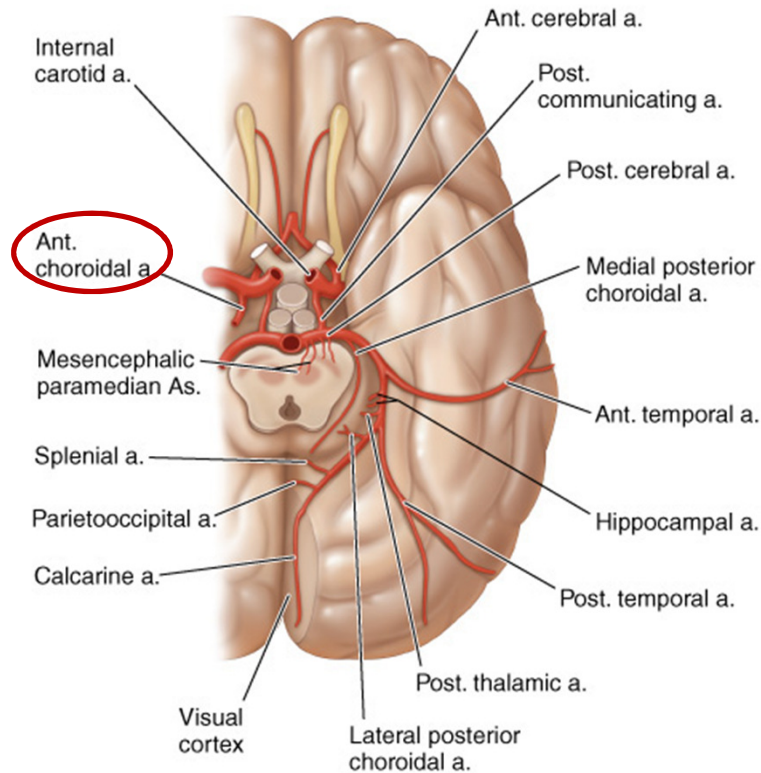


The more hearing loss...

...the more information goes from the parahippocampus to AC

### 3. Memory

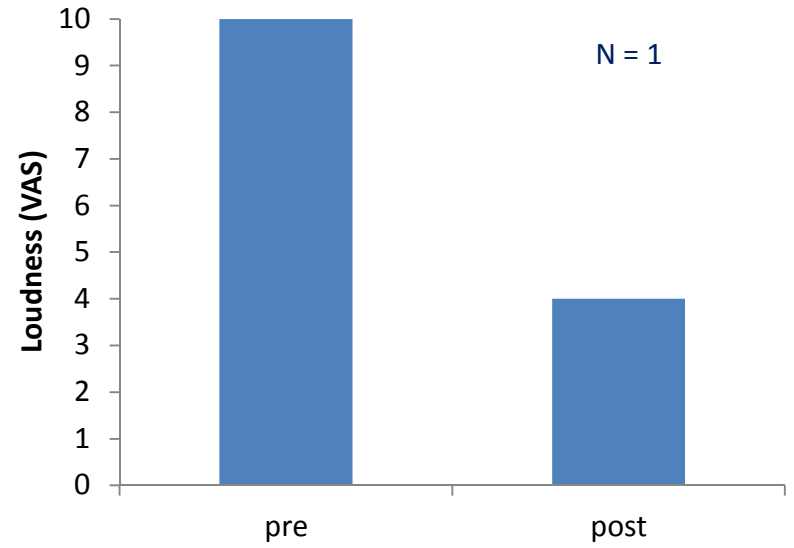
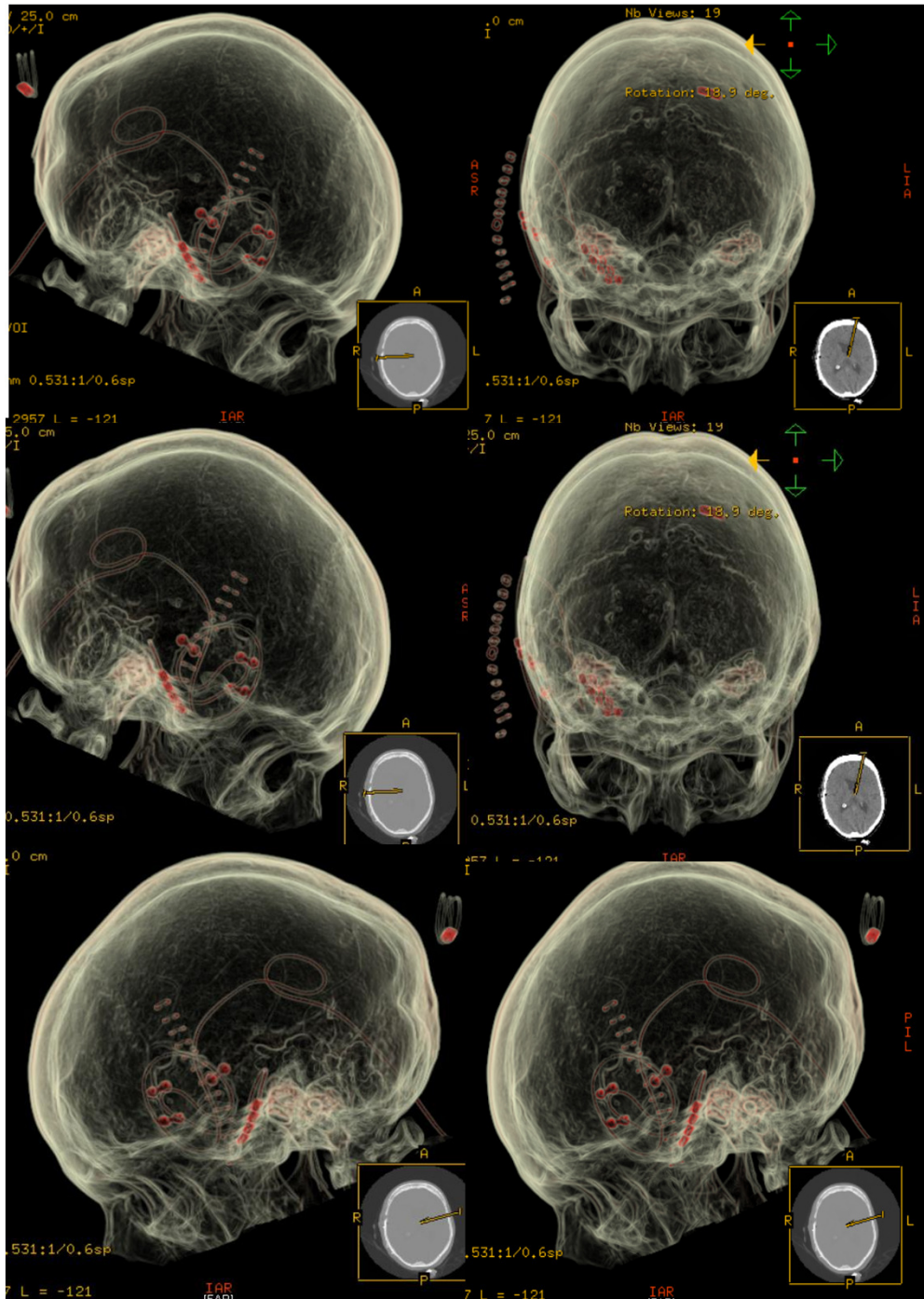
#### Selective anterior choroidal artery amytal injections



Amytal injection **ipsilaterally** resulted in a **maximal suppression of tinnitus of 30%**, and **contralaterally of 60-70%** in **three patients** with unilateral chronic tinnitus



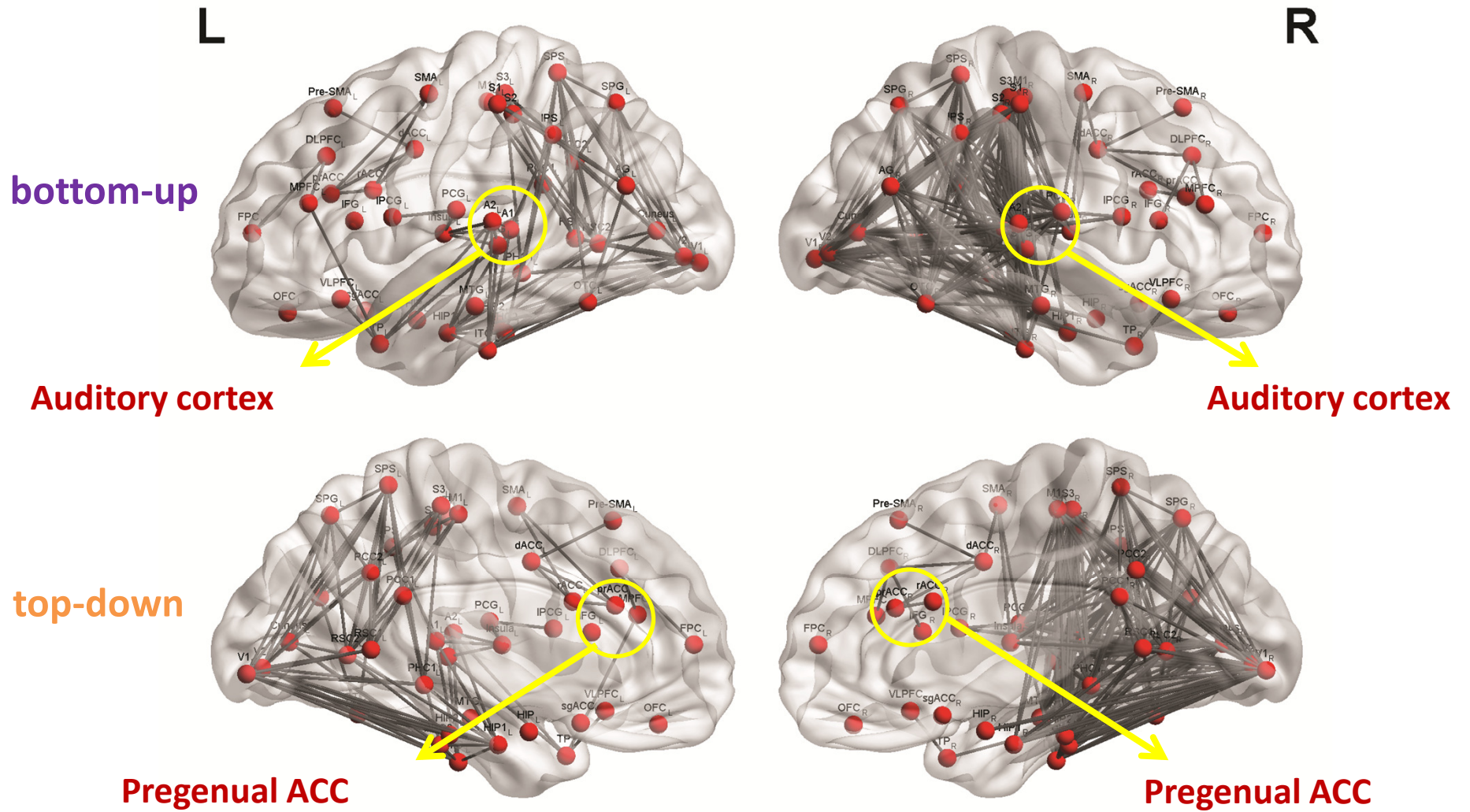
### 3. Memory



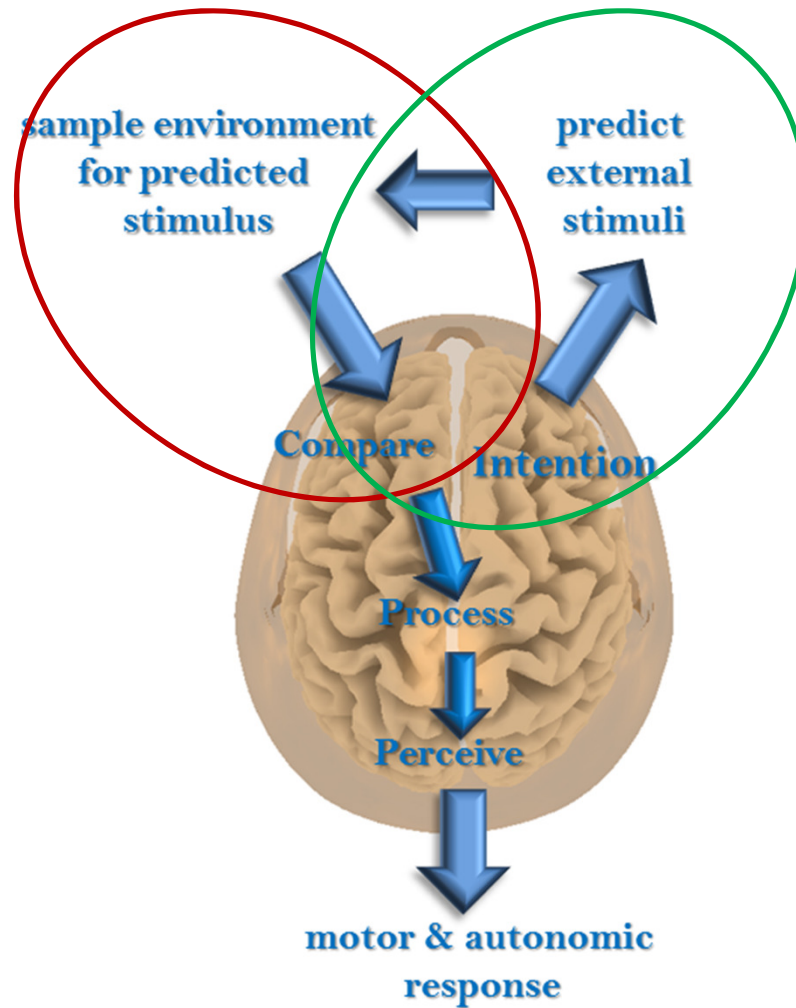
Temporal relief of 3 weeks

De Ridder & Vanneste, JNS, 2015

# The brain involved in tinnitus

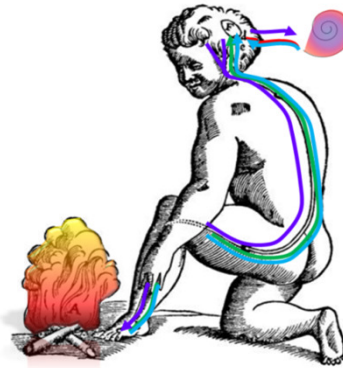


## Hub: Pregenual ACC

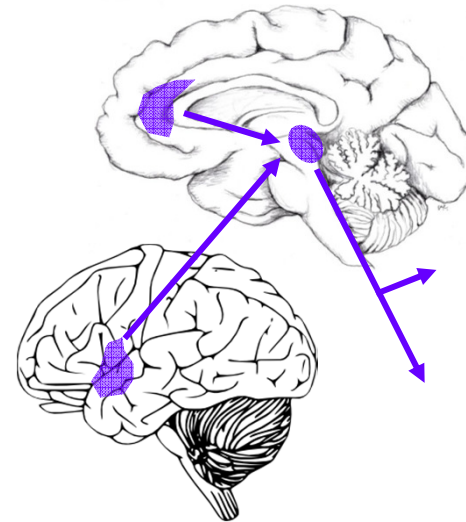
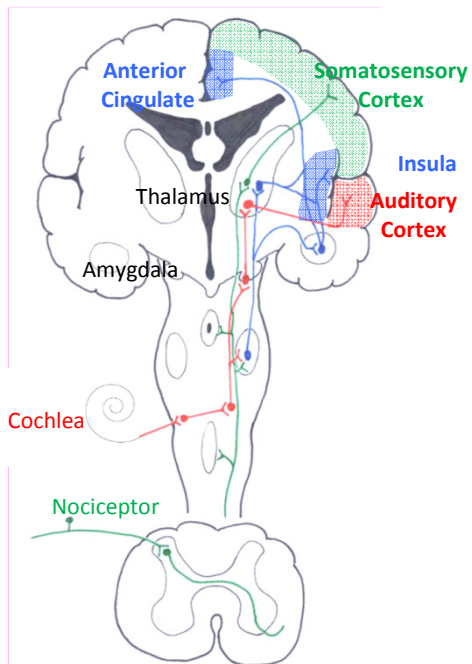


# Hub: Pregenual ACC

Ascending  
Bottom up

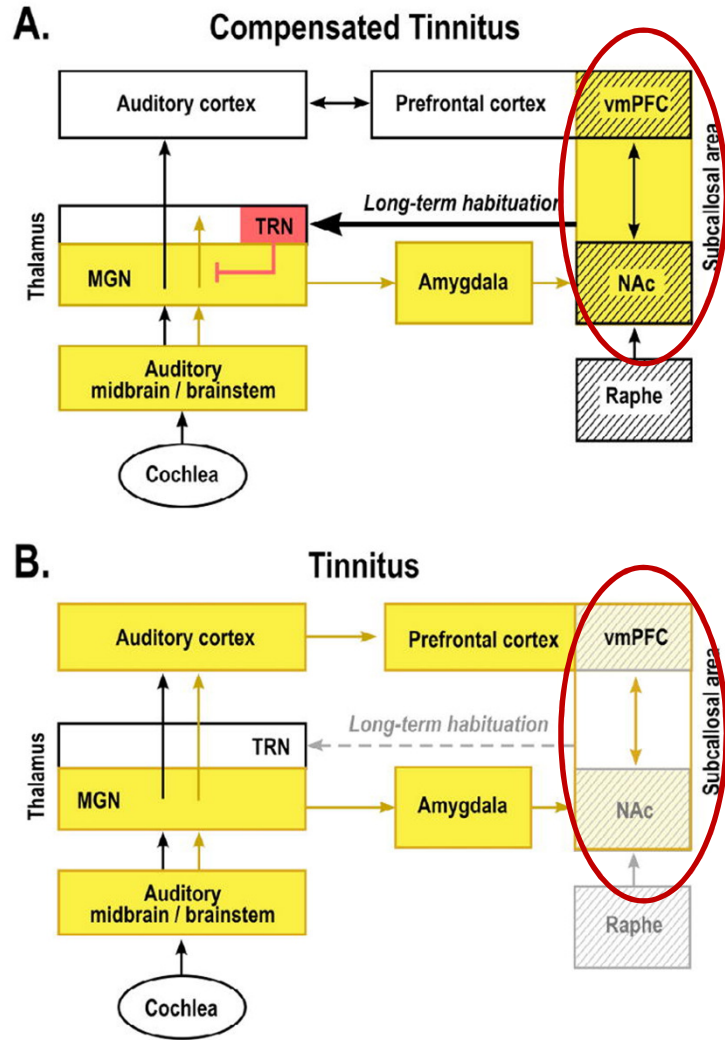


Descending  
Top down



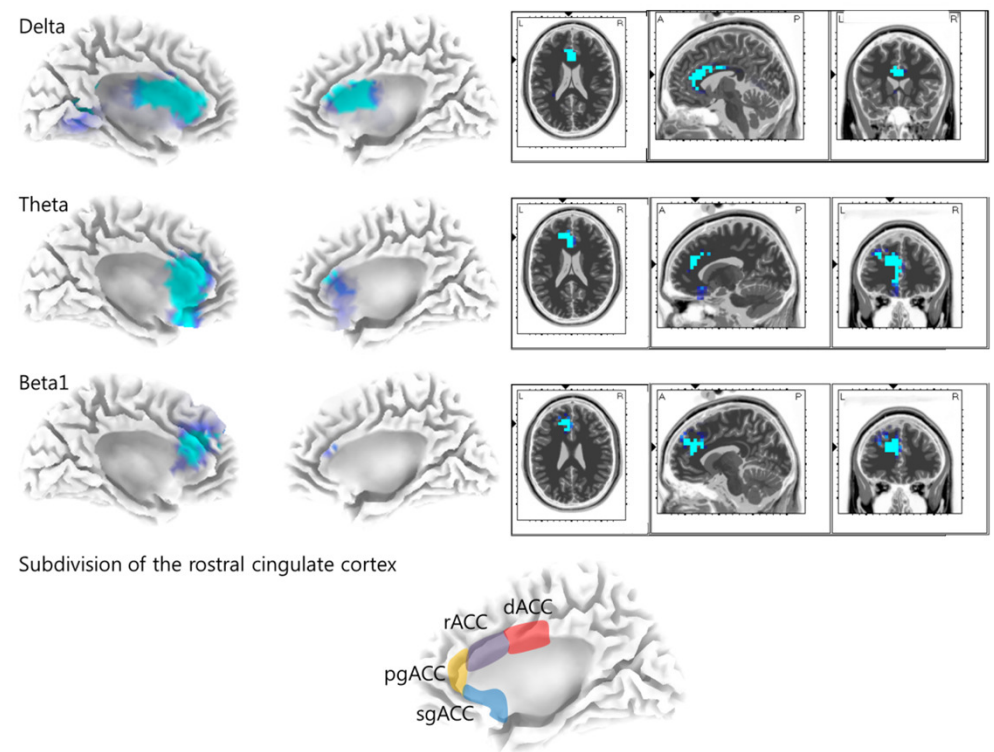


# Noise cancelation system



Rauschecker, Neuron, 2010

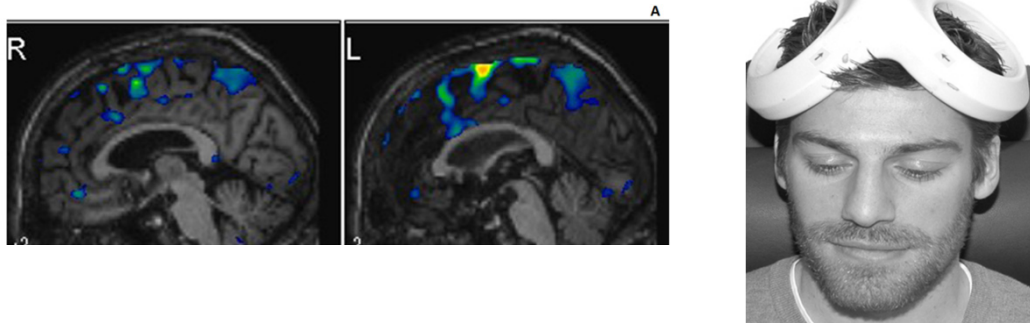
# Hub: Pregenual ACC



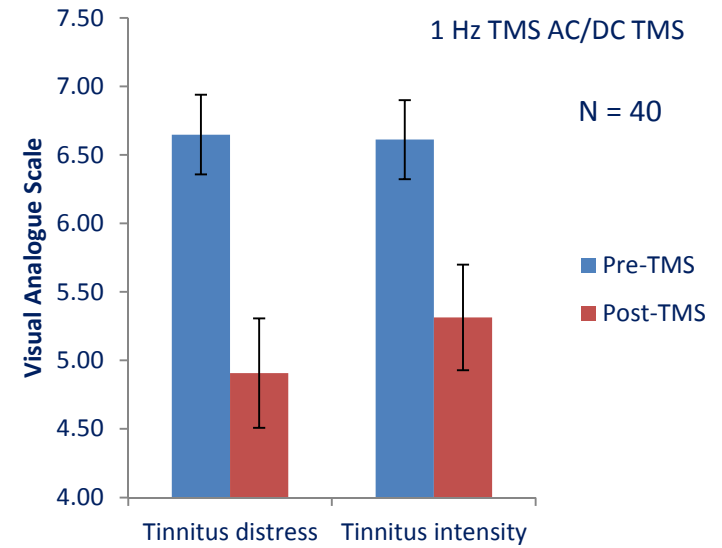
Song & Vanneste, Plos One, 2015

## Noise cancellation system

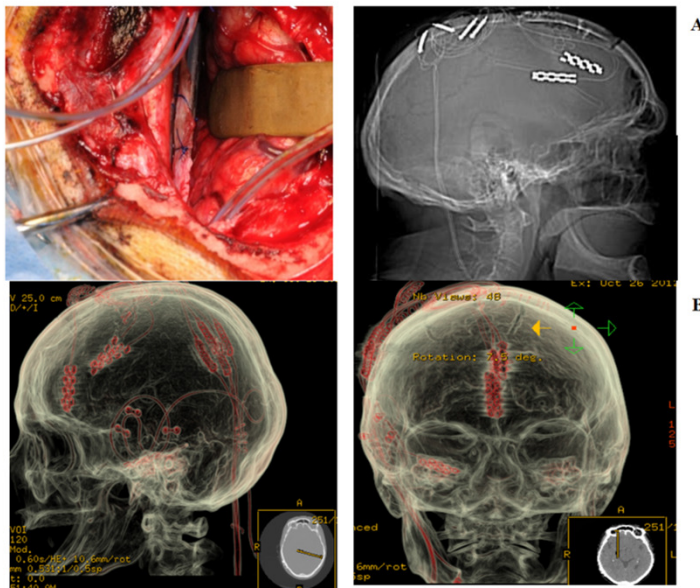
### a. Transcranial magnetic stimulation (TMS)



## Hub: Pregenual ACC

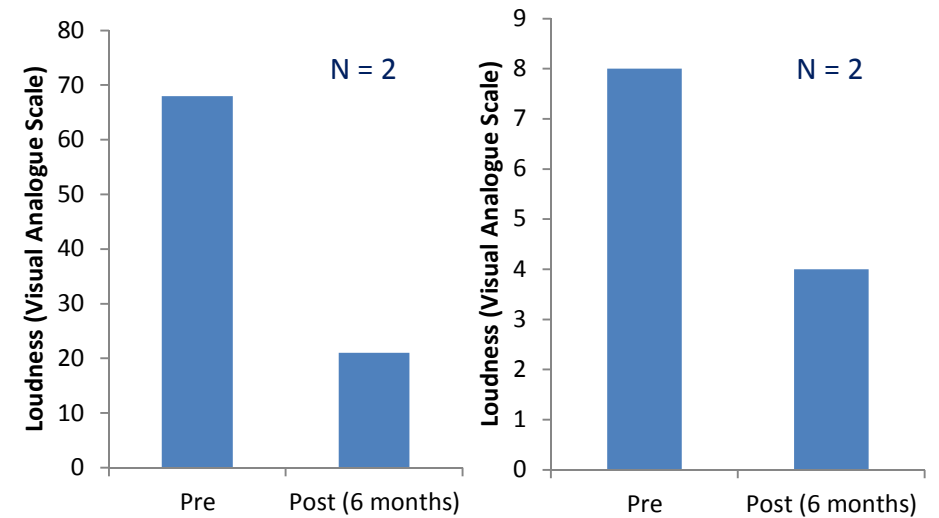


### b. AAC deep brain implant



Permanent relief

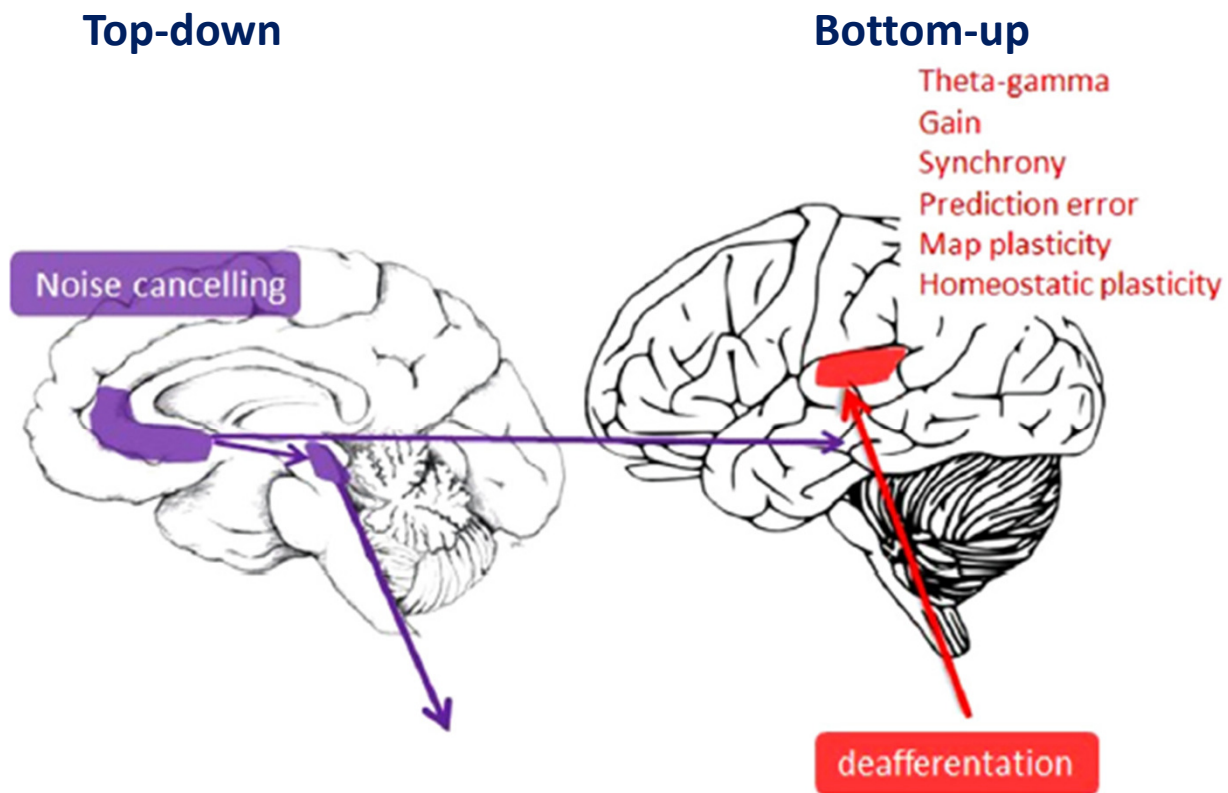
Vanneste et al., Brain Stimulation, 2012



De Ridder & Vanneste, 2015, neurosurgery

## Conclusion

- Different subtypes of tinnitus



- Depending on the underlying mechanism: **different treatment?**