



# ***tES: Mechanisms, technologies and therapeutic applications***

## ***Organizers:***

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# ***Definition: transcranial Electrical Stimulation (tES)***

- Transcranial electrical stimulation encompasses all methods of non-invasive current application to the brain used in research and clinical practice, including ECT.
- Primary focus of this workshop is on contemporary forms of *low current electrical stimulation* used in research and clinical applications (last decade), employing basic, well-defined waveforms
  - 5-20 min stimulation, peak current 1-2mA
  - Conventionally 2 electrodes – target region + elsewhere on scalp or body
  - Saline soaked sponges wrapped around a conductive rubber electrode (though gel may be used) *or* array of smaller electrodes for more focal stimulation (High Definition-tDCS)

(Guleyupoglu..Bikson (2013) Classification of methods in tES and evolving strategy from historical approaches to contemporary innovations. J Neurosci Methods 297-311)

# *tES Techniques*

- Transcranial direct current stimulation (*tDCS*) 2000-
  - *Constant unidirectional* low current stimulation delivered via scalp electrodes, modulates resting membrane potential
- Transcranial alternating current stimulation (*tACS*) 2008-
  - *Alternating* currents (sinusoidal waveform at 10-40 Hz) delivered via scalp electrodes to entrain in a frequency-specific fashion the neural oscillations
- Transcranial random noise stimulation (*tRNS*) 2006-
  - Alternating current applied at *random* frequencies from 0.1 to 640 Hz, adding neural 'noise' to targeted regions and potentiating task-related neural activity.

(Filmer et al (2014) *TINS* 37(12), 742-753)

# ***Motivation for tES Workshop***

- Increase in applications using tDCS/tACS for therapeutics
- Neuromodulation less well represented than pharmacologic and psychosocial/cognitive-behavioral interventions in NIMH portfolio
- Good safety and tolerability profile
- Low cost, portability
- Potential for stand-alone or multimodal, learning-based interventions (cognitive, motor)
- Advances in understanding mechanisms, biomarkers of responsiveness, and technology (electronics, montages supported by computational models) may help inform stimulation protocols

*(Guleyupoglu..Bikson (2013) Classification of methods in tES and evolving strategy from historical approaches to contemporary innovations. J Neurosci Methods 297-311)*

# Goals for Workshop

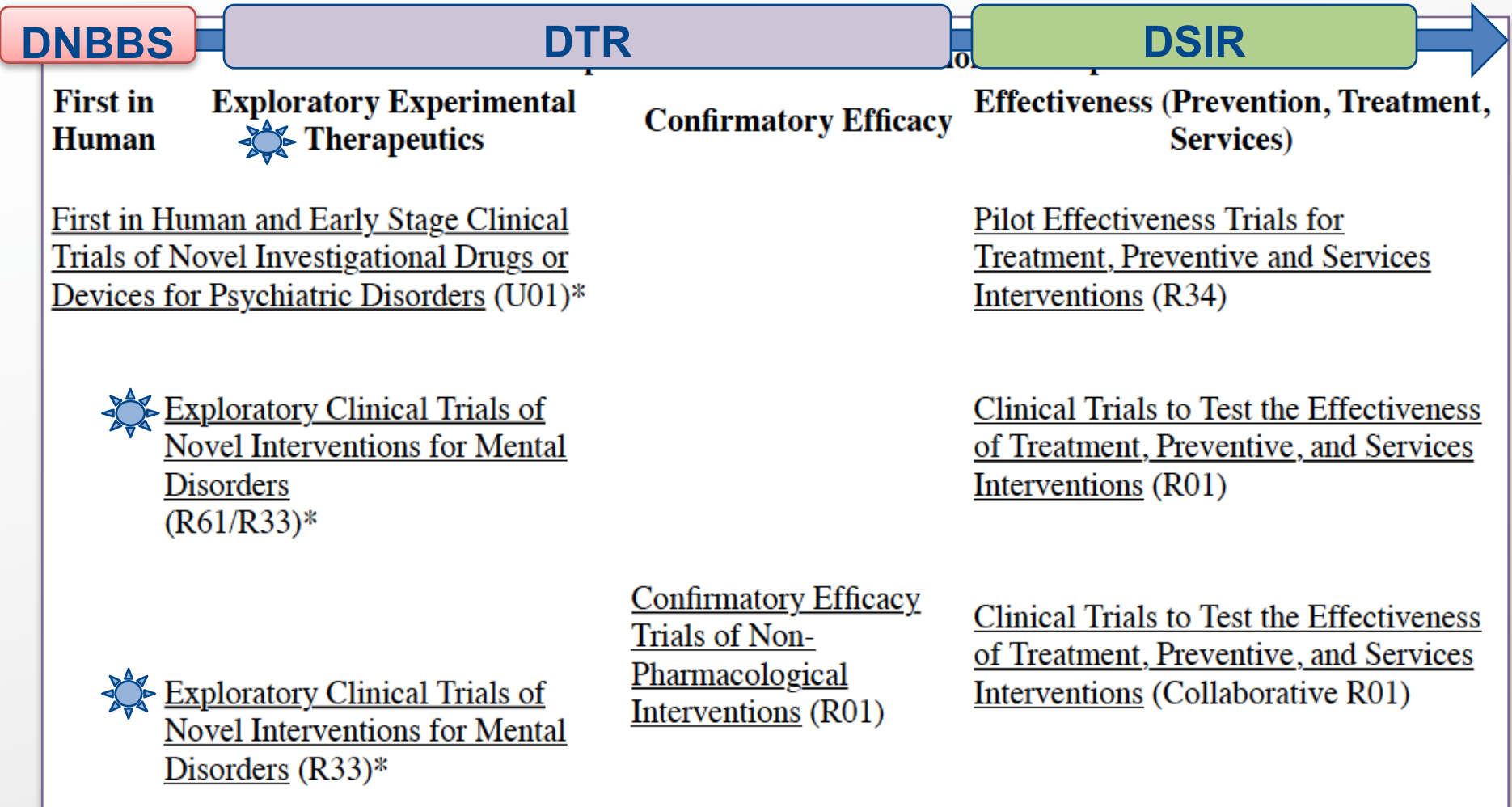
- To critically assess the use and potential of tES and identify research needs for optimizing protocols and further developing therapeutic applications of these modalities
  - Examine the *physiological mechanisms* underlying tES effects
  - Examine the *technologies* and technical strategies for optimizing treatment protocols
  - Examine the state of the science with respect to *therapeutic applications and trial designs*
  - Identify *research gaps, obstacles, strategies for overcoming these, and opportunities* for further developing these modalities for therapeutic applications

# ***Experimental Medicine Approach 2012-***

- **Progress in treatment development lagging due to insufficient understanding of pathophysiology and an absence of new targets**
- **Goal is to identify or verify new targets for treatment development or identify therapies that directly influence disease outcome or knowledge of disease**
- **Studies can be small, but include biomarkers and neurocognitive outcomes that can help determine mechanisms of action**
- **Negative results can be informative in ruling out a target, e.g., if target is engaged without therapeutic results, target may be ruled out as worthy of further study**

*(T. Insel, blog, June 12, 2012 [nimh.nih.gov](http://nimh.nih.gov))*

# Clinical Trial Pipeline - NIMH



# *Experimental Therapeutics Approach*



## **R61/R33 Phased mechanism for exploratory clinical trials of novel interventions – required elements**

- **Well-defined, objectively-measured intervention *target* (disease mechanism or mechanism of intervention effect)**
- ***Dose/parameter optimization* (R61)**
- **Demonstrate that the intervention *engages/alters* the target (R61)**
- **A priori *go/no-go criteria* for R61 to determine whether to *proceed to R33 phase***
- ***Replicate* effect of intervention on target and examine clinical effects (R33 phase)**



# *Increased Transparency and Data Sharing*

- ***Increased transparency*** – prospective trial registration, monitoring, posting of results in public database

*ClinicalTrials.gov*

- ***More comprehensive reporting*** - to address concerns about failure to publish, publication bias or lack of access to raw data (patient-level data)
  - Individual-level data from clinical studies (raw and processed) archived and shared through the

*NIMH Data Archive (NDA)*



# Research Domain Criteria (RDoC) Initiative

Research framework for studying psychopathology based on dimensions of neurobiology and observable behavior, 2009-

- Matrix of biobehavioral domains & constructs (e.g., cognition/ cognitive control, working memory, negative & positive valence/reward learning) X levels of analysis
- Goal to understand brain disorders at multiple *levels of analysis*—*genes - molecules - cells - circuits - behavioral dimensions – self report*
- Integrative: Map constructs onto specific biological systems or circuits
- Foster targeted, individualized/precision medicine based on modern clinical neuroscience

# *Research Domain Criteria (RDoC) cont'd*

- **Transdiagnostic sampling, subtyping within or across DSM categories, dimensional measures**
- **Compatible with circuit-based approach to interventions and targeting specific symptoms or domains (e.g., hallucinations, cognitive control)**

# ***Introductions***