

Brain chaoticity and avalanche criticality are markers of anesthetic-induced unconsciousness

Charlotte Maschke*, Jordan O'Byrne*, George A. Mashour, Karim Jerbi, Stefanie Blain-Moraes

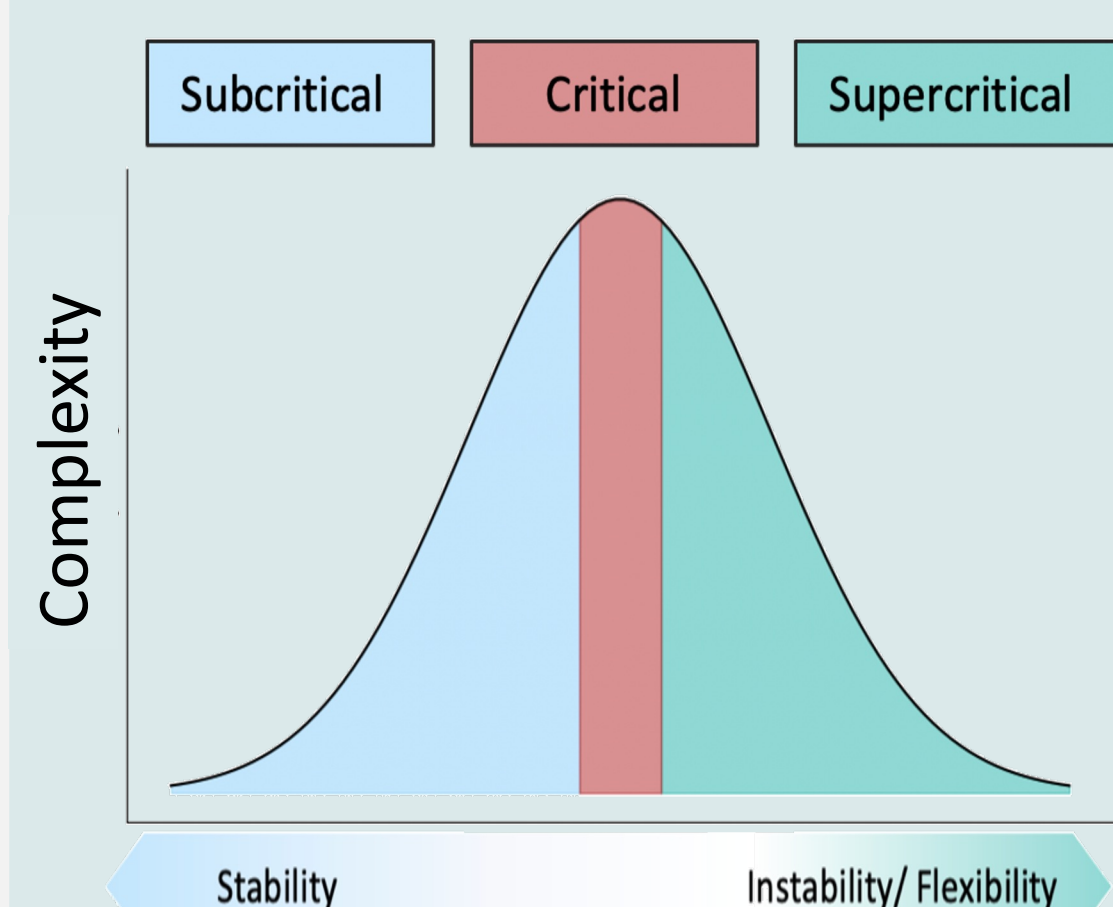
*indicates equal contribution

 @CharlottMaschke

 Charlotte.Maschke@mail.mcgill.ca

INTRODUCTION

Criticality occurs when a system is poised between two dynamical regimes, such as stability and chaos



Electrophysiological (EEG) dynamics at criticality underpin:

- Healthy brain function ^{1,2}
- The emergence of consciousness ²

Our aim is to:

Investigate the **effect of anesthesia** on **avalanche criticality** and the **edge of chaos** in healthy adults.

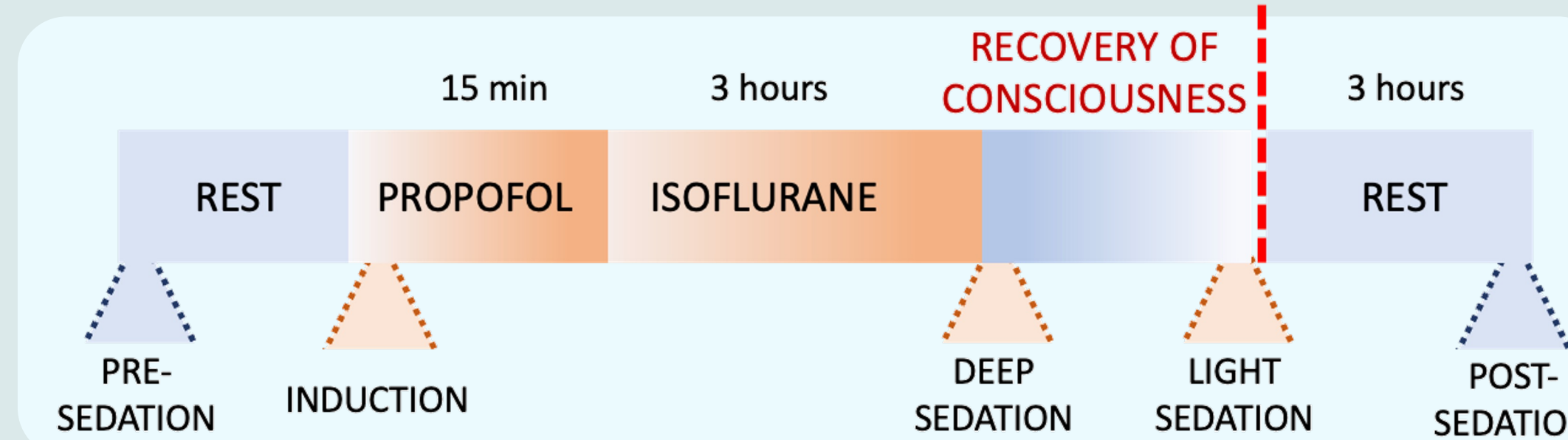
METHODS

DATASET A

Healthy adults (n=9)

Data acquisition

- High-density EEG
- 5min recording during 5 states of an anesthetic protocol (see below)



DATASET B⁴

Healthy adults (n=15)

undergoing exposure to:

- Propofol (n = 5)
- Xenon (n=5)
- Ketamine (n=5)

Data acquisition⁴

- 60 channel EEG
- 5min recording before and during drug exposure

Avalanche Criticality

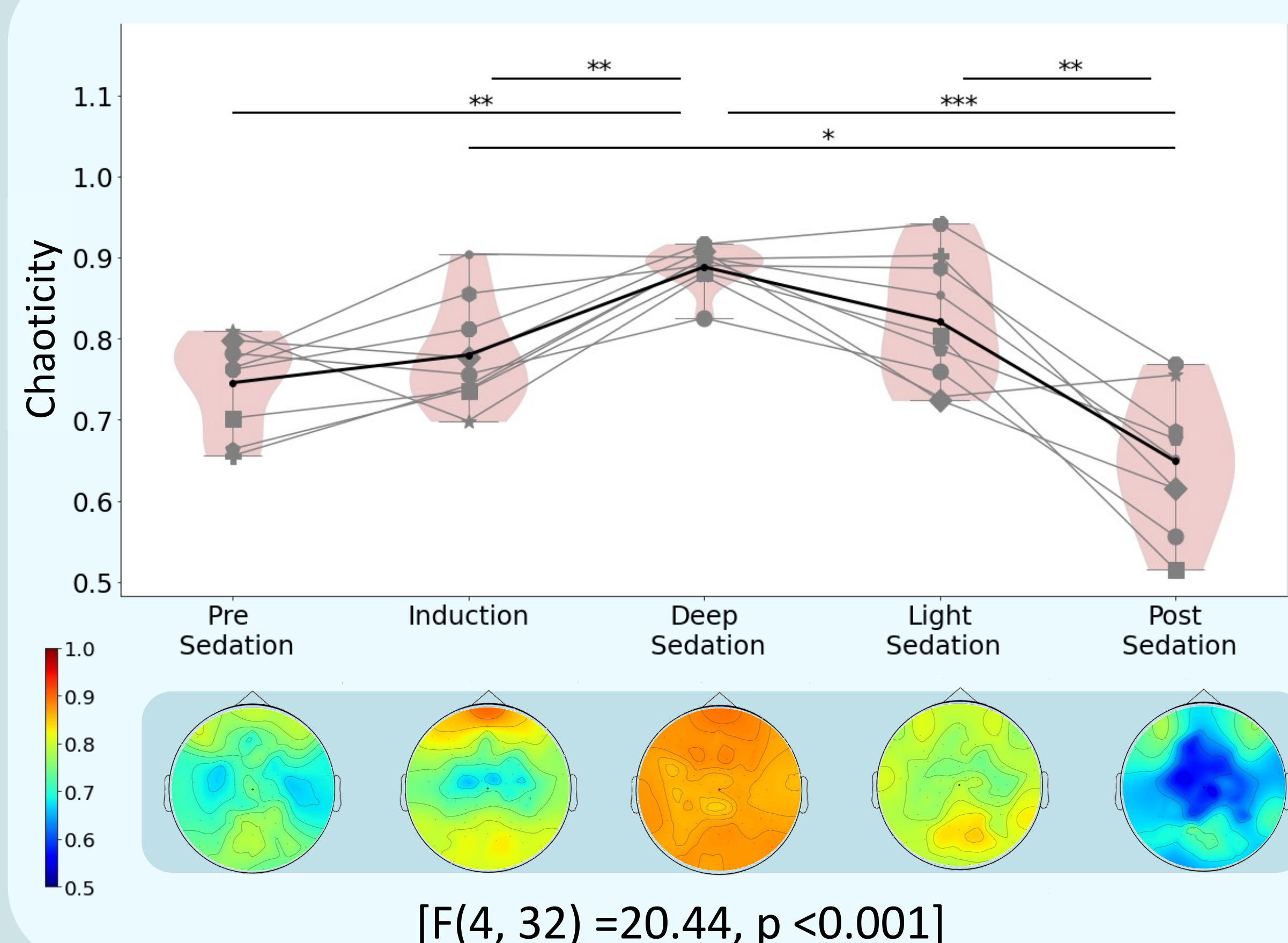
- Avalanche detection using threshold of 2 standard deviations and a bin size of 8 milliseconds
- Deviation from criticality coefficient (ratio of distribution of avalanche size, duration and size/duration)

Edge of chaos

- Peak detection using FOOOF package³ or lowpass filter ranging between 1 and 20 Hz
- Modified 01-Chaos test²

RESULTS

DATASET A



1

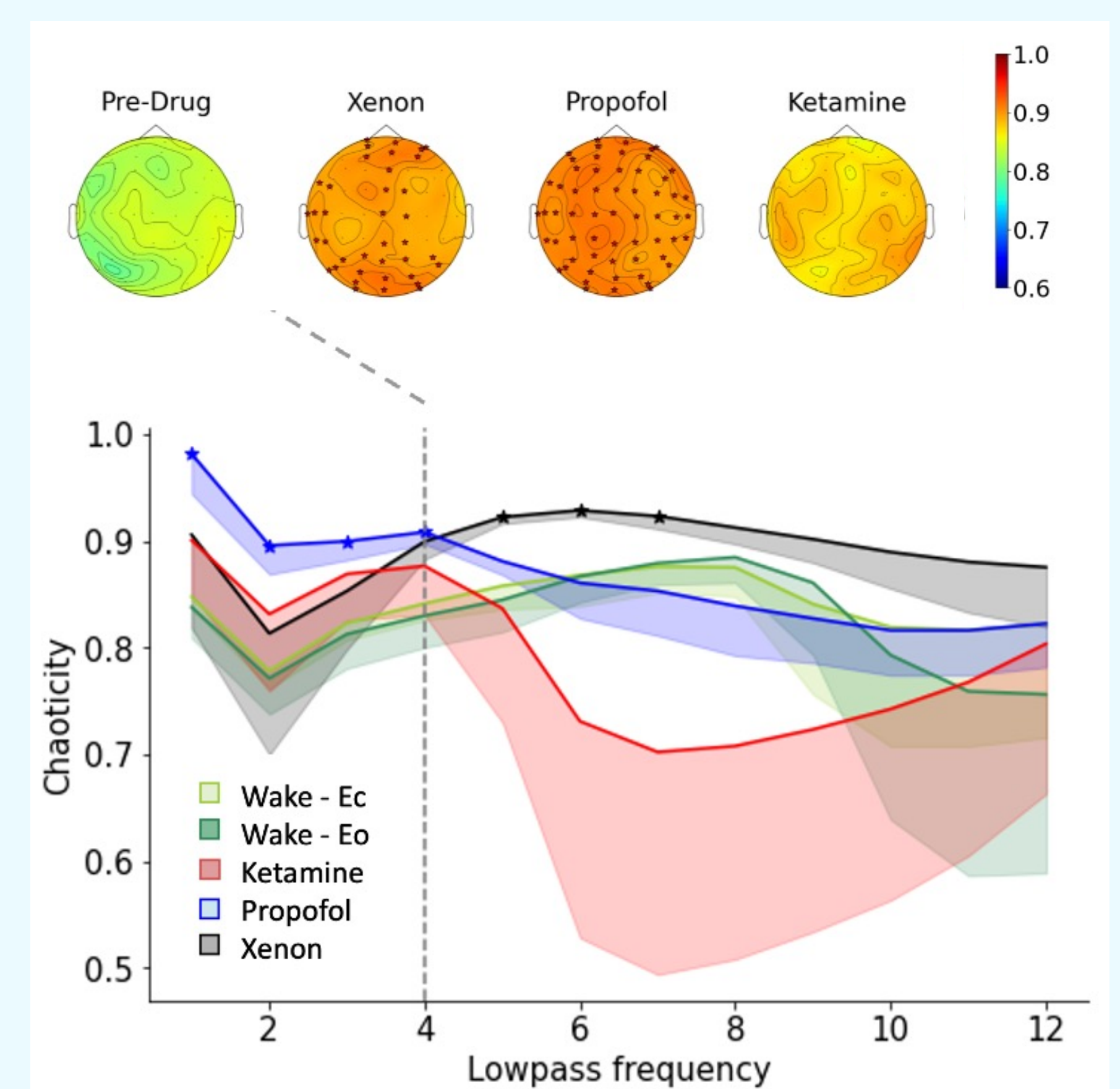
Increased brain chaoticity during anesthetic-induced unconsciousness

Stronger chaoticity during anesthetic-induced unconsciousness, using isoflurane ($p < 0.01$), propofol ($p < 0.05$), and xenon ($p < 0.05$)

Chaoticity did not increase during exposure to Ketamine

- * $P < 0.05$
- ** $P < 0.01$
- *** $P < 0.001$

DATASET B

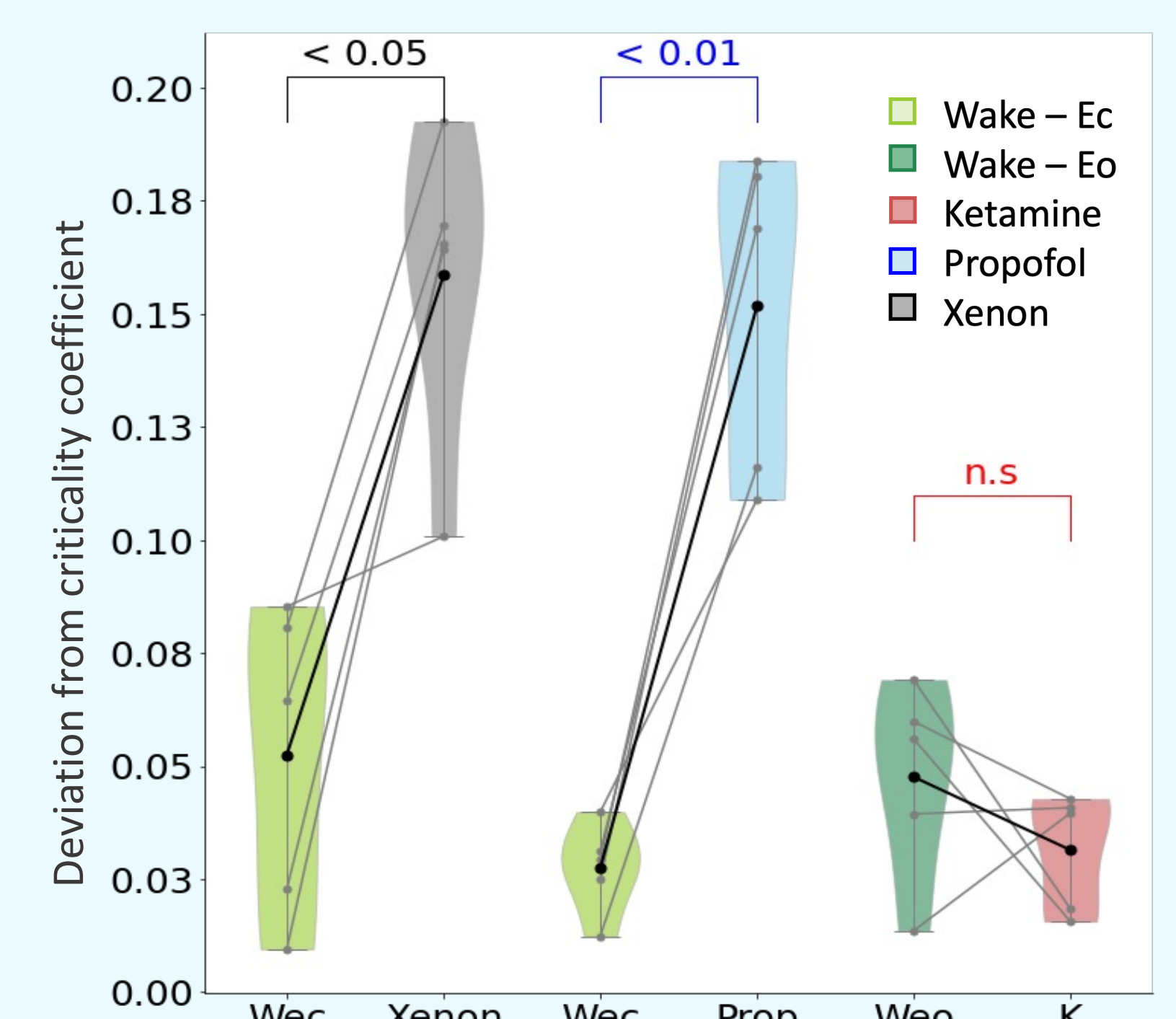


2

Propofol and xenon, but not ketamine, induce a shift away from avalanche criticality

Only propofol ($P < 0.01$) and xenon ($P < 0.05$) resulted in a larger deviation from the criticality coefficient

Ketamine did not significantly alter DCC with respect to wakefulness



CONCLUSION

Our results:

- 1) Support the theory that **consciousness requires the brain to be poised near criticality**.
- 2) Suggest that **different types of criticality** – namely the edge of chaos and avalanche criticality - can be used as a **marker of anesthetic-induced loss of consciousness**.

[1] J. O'Byrne and K. Jerbi, "How critical is brain criticality?," Trends Neurosci., Sep. 2022.

[2] D. Toker et al., "Consciousness is supported by near-critical slow cortical electrodynamics," Proc. Natl. Acad. Sci., vol. 119, no. 7, Feb. 2022.

[3] T. Donoghue et al., "Parameterizing neural power spectra into periodic and aperiodic components," Nat. Neurosci., vol. 23, no. 12, pp. 1655–1665, Dec. 2020.

[4] Sarasso, S. et al. (2015) 'Consciousness and Complexity during Unresponsiveness Induced by Propofol, Xenon, and Ketamine', *Current Biology*, 25(23)