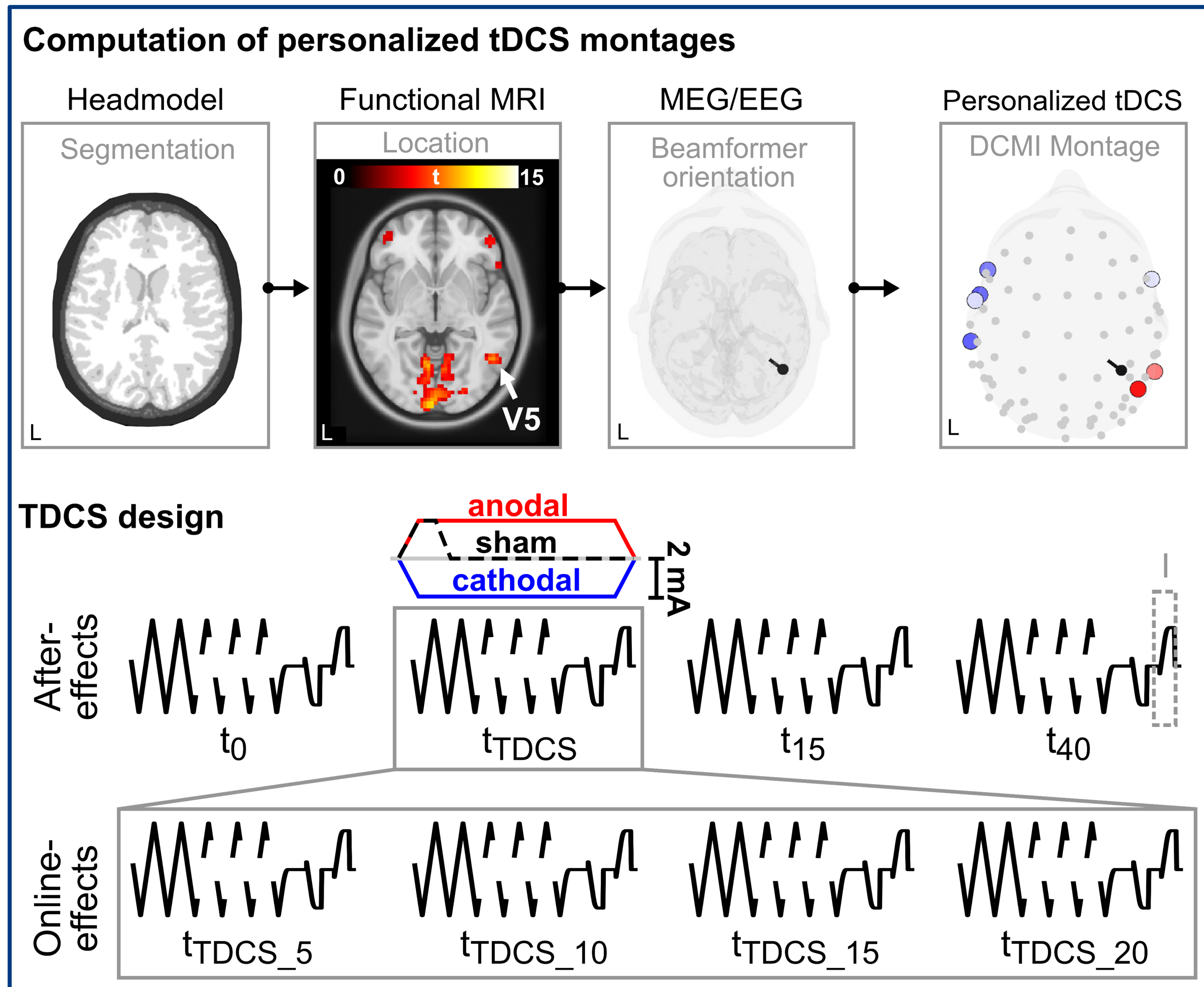


## Background

In patients suffering from psychosis, impairments in the initiation of smooth pursuit eye movement (SPEM) have been associated with altered activity in the visual area V5 [1,2]. Transcranial direct current stimulation (tDCS) might serve as a model to transiently modulate V5 activity in the healthy brain to understand SPEM mechanisms in the patient population. Since *normative* tDCS, i.e., using the same tDCS montage across participants, in general shows limited replicability, *personalized* tDCS has been introduced to algorithmically optimize tDCS montages based on individual anatomical and functional information. A recent study showed that normative tDCS did not modulate SPEM but proposed personalized tDCS to yield more effective tDCS electric fields [3].

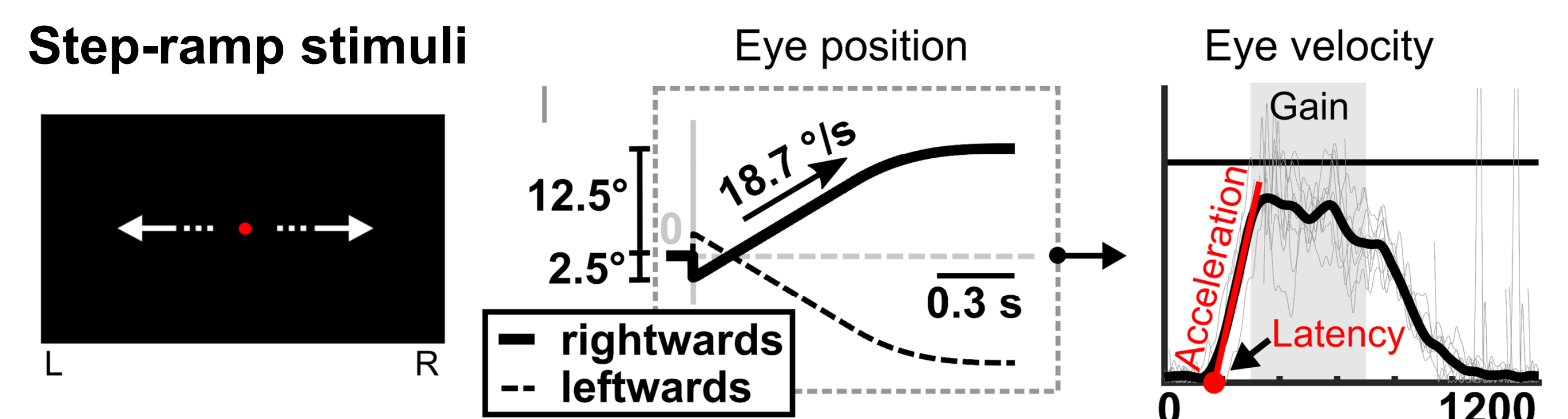
→ Here we applied *personalized tDCS targeting V5* in healthy participants to mimic SPEM deficits observed in psychosis patients.



## Methods

- For N = 19 healthy participants, individual area V5 was defined (fMRI; combined MEG/EEG), and individual head models were computed
- Personalized tDCS was applied targeting right V5 (2 mA, 20 min)
- Eye movements were analysed with respect to SPEM initiation (step-ramp stimuli), overall pursuit performance (ongoing SPEM stimulus) and top-down modulation of SPEM (ongoing SPEM stimulus with blanking; 18.7 °/s target velocity, ±15° amplitude)
- Linear mixed model analysis was performed including tDCS condition (anodal, cathodal, sham), stimulus direction (leftwards, rightwards) and measurement timepoints to assess online-effects ( $t_{TDCS\_5}$ ,  $t_{TDCS\_10}$ ,  $t_{TDCS\_15}$ ,  $t_{TDCS\_20}$ ) and after-effects ( $t_0$ ,  $t_{TDCS}$ ,  $t_{15}$ ,  $t_{40}$ ) of tDCS
- Impairing (cathodal) or facilitating (anodal) tDCS effects were hypothesized for pursuit initiation directed ipsiversive to the right V5 [4]

## Step-ramp stimuli

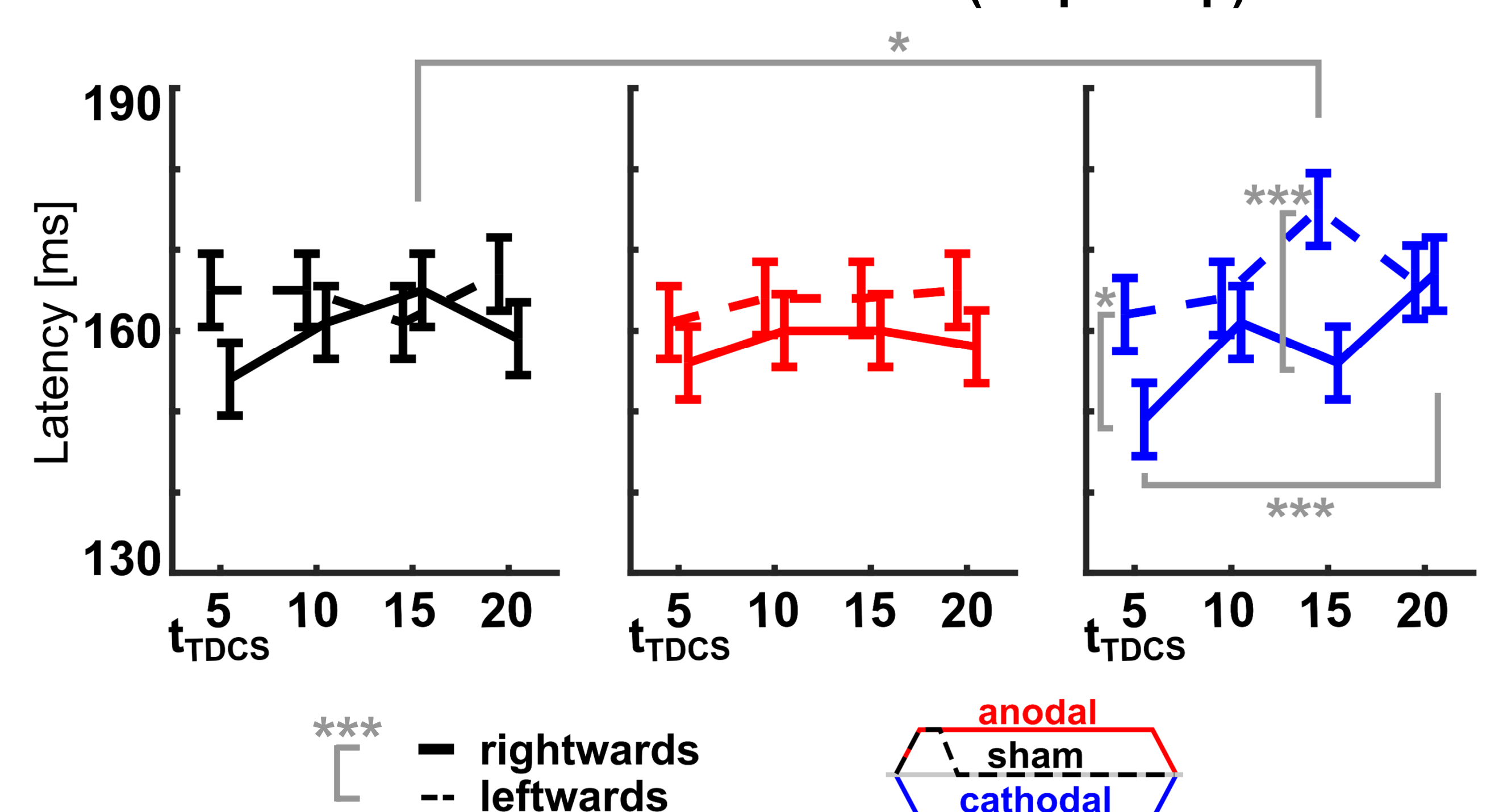


## Results

Personalized tDCS modulated SPEM initiation during tDCS (online-effect; interaction effects of tDCS condition x stimulus direction x timepoints):

- Step-ramp acceleration ( $p = .02$ )
  - post-hoc tests did not survive conservative Bonferroni-correction
- Step-ramp latency ( $p = .015$ )
  - Cathodal tDCS delayed oculomotor response latencies, specifically for eye movements ipsiversive to the stimulation target in the right V5
  - ...thereby reducing rightward latencies to the level of overall slower latencies observed for leftwards eye movements
  - Paradoxical effects were observed during the third quarter of tDCS
- No tDCS modulation was observed for after-effects, for any other eye movement task, for normative tDCS, nor for personalized tDCS targeting the right frontal eye field as a control region

## tDCS online-effects on SPEM initiation (step-ramp)



## Conclusion

- **Personalized cathodal tDCS targeting V5 modulates SPEM initiation...**
  - Acceleration modulations relate to psychosis [1,2], but post-hoc tests did not survive conservative correction; More specific analysis might stabilize these results (*ongoing analysis*)
  - Cathodal tDCS hampers oculomotor response latencies ipsiversive to the stimulated hemisphere, as described before in lesion studies [4]
  - Latency deficits are not associated with psychosis deficits [1,2], but with other disorders such as Parkinson's disease [5]
- **... while normative tDCS did not show an effect**
  - No tDCS effect was observed in a matched sample using normative tDCS ( $p > 0.609$  [3])
  - Overall, results indicate an increased efficacy of personalized tDCS that may elevate the individual gain by tDCS, especially in therapeutic applications

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