

# A unified model for the neural bases of auditory time perception

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#### Interval timing and time-based decision making

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A unified model of time perception accounts for duration-based and beat-based timing mechanisms

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## **Outline**

- I. Timing substrates
- II. Timing mechanisms
- **III. Rhythm and Timing**
- IV. Unified timing model
- V. Discussion

# I. Timing substrates

SENSORY CORTEX

**HIPPOCAMPUS** 

PREFRONTAL CORTEX



SMA/PMC

**BASAL GANGLIA** 

**CEREBELLUM** 

#### Cerebellum

# Neurophysiological work in animal models (Braitenberg, Llinas, Cohen, de Zeeuw et al.):

- Cerebellar role in adaptive timing and learning
   e.g. eye-blink conditioning experiments, vestibulo-ocular reflex
- Analysis of basic cerebellar circuitry suggests timing capabilities esp. Inferior olive

#### Neuropsychological work in patients with cerebellar degeneration (lvry et al.):

• Patient groups: Unilateral/bilateral CB lesions; Parkinson's patients; Ataxics

• **Timing tasks:** Motor: Finger tapping, circle drawing

Perceptual: duration discrimination

• Response Measure: Variability – motor vs. clock (cf. Wing & Kristofferson, 73)

• Timing mechanisms: Event-based (tapping) vs. Emergent (cont. circle) timing

• **Results**: CB patients impaired on event-based timing tasks

PD patients impaired on emergent timing tasks

## Basal ganglia

#### Neurophysiological work in animal models with lesions/pharmacology (Meck):

• Timing tasks: Peak-interval timing

• Response Measure: Gaussian PI response function (mean & precision)

• **Timing mechanisms:** Striatal Beat Frequency model (Matell and Meck, 2004)

Results: PI response function shifts horizontally with DA +/-

(i.e., internal clock speeds up or down)

Magnitude of leftward shift  $\alpha$  DA (+) dose

Magnitude of rightward shift α DA (-) affinity to D2 receptor

#### Neuropsychological work in patients (Artieda/Pastor/Harrington et al.):

Parkinson's patients impaired on time perception and production tasks, implicating the nigrostriatal dopaminergic system.

#### **Neuroimaging work in humans (Grahn/McAuley et al.):**

• Role of striatum in beat (regular time) perception

## **Emerging consensus...**

#### **CEREBELLUM:**

- Involved in sub- and not supra-second time perception
- Critical for behavior requiring real-time prediction
- Error-based learning mechanism (climbing fiber input as teaching signal)

#### **BASAL GANGLIA:**

- Dorsal striatum (putamen and caudate) key for time perception
- Role of striatum in timing is dopamine dependent (nigrostriatal dopamine)
- Striato-frontal network (BG-SMA-PMC-DLPFC) key for timing
- BG computations based on dopamine-dependent reinforcement learning

#### **CORTEX/PFC/HIPPOCAMPUS:**

- Not critical; modulatory function; mediate working memory/attention
- Auditory cortical areas (e.g. STG) more involved than visual cortex

## **II. Timing Mechanisms**

Sub-second vs. Supra-second timing

Event-based timing vs. Emergent timing

lvry et al.

Implicit vs. Explicit timing

Coull et al.

Automatic vs. Cognitive timing

**Lewis and Miall** 

Duration-based (Absolute) (ΔT<sub>i</sub>)

vs. Beat-based timing (Relative)  $(\Delta T_i / T_{beat})$ 

Griffiths et al.

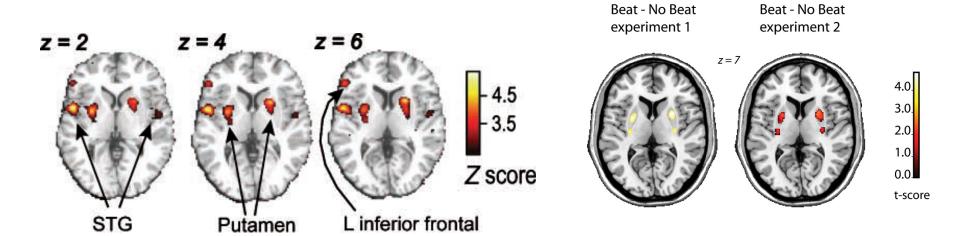
## **Beat-based timing**

A regular beat offers beneficial temporal cues in perceptual timing

(Povel & Essen, 1985)

Parkinson's patients show deficits in perceptual timing tasks.

(Artieda et al. 1992, Harrington et al. 1998, Grahn & Brett, 2009)



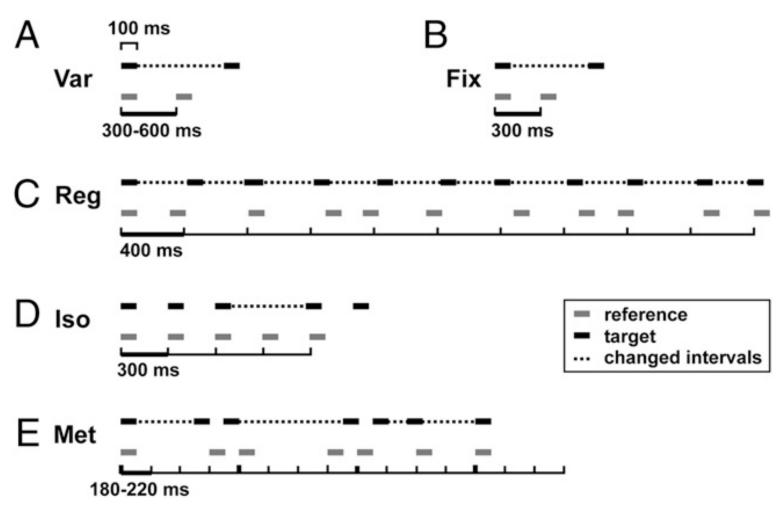
Grahn and Brett, 2007

Grahn and Rowe, 2009

Basal ganglia, pre-SMA/SMA, and pre-motor cortex implicated in perception of beat-based and metrical rhythmic sequences.

## **Duration-based timing**

#### **Patients with Spino Cerebellar Ataxia type 6:**



# **III. Rhythm & Timing**

**Aim:** Test for dissociation between the timing functions of cerebellum and basal ganglia according to the rhythmic context of time intervals.

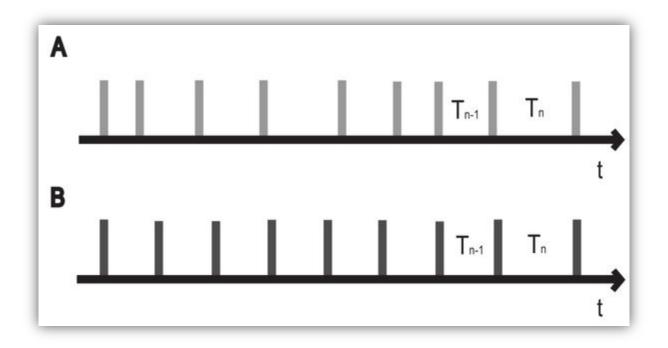
## **Hypotheses:**

**H1**: Beat-based timing more accurate than duration-based timing

H2: Cerebellum more involved in absolute, duration-based timing

**H3**: Basal ganglia more involved in relative, beat-based timing

## **Stimulus and Task**

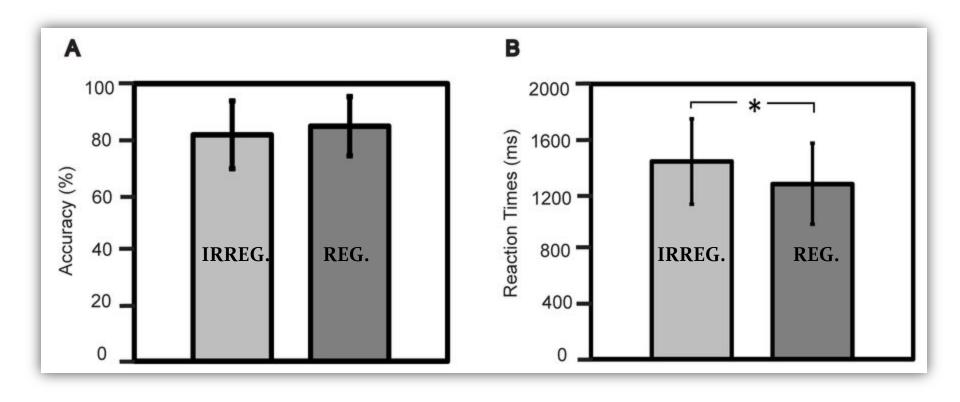


> Judge the duration of the final compared to the penultimate interval  $T_n > / < T_{n-1}$ 

**Sequence A:** Irregular with 15% average jitter

**Sequence B:** Regular with an isochronous beat

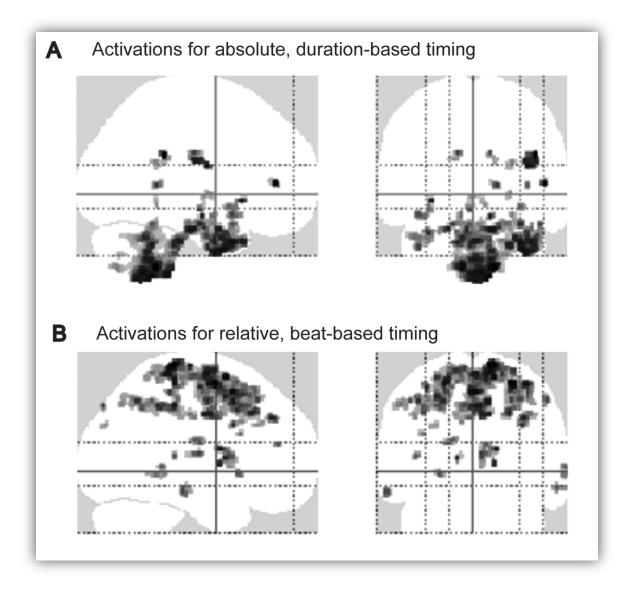
## Behaviour in scanner



**81.53% 84.72%** ± 12.28% ±10.64%

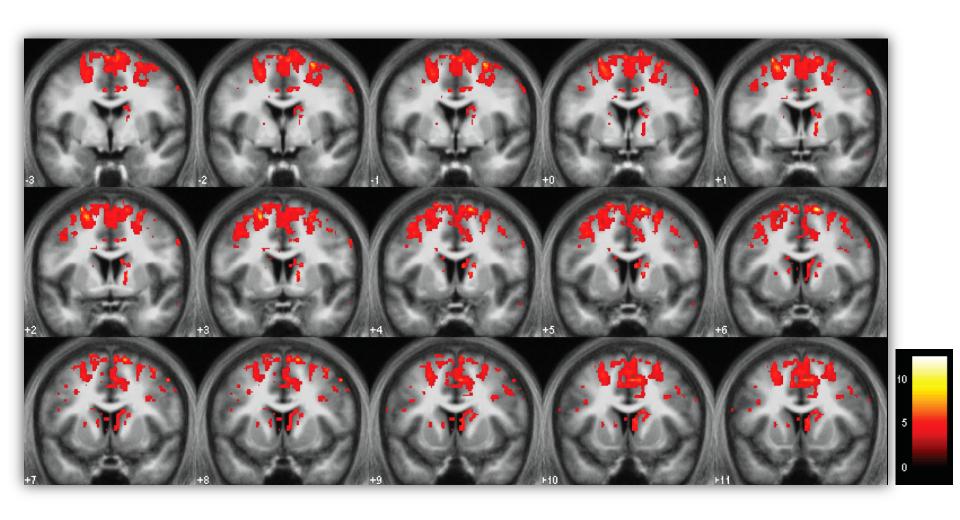
**1438 1275** ± 297 ms ± 312 ms

## **fMRI** Results



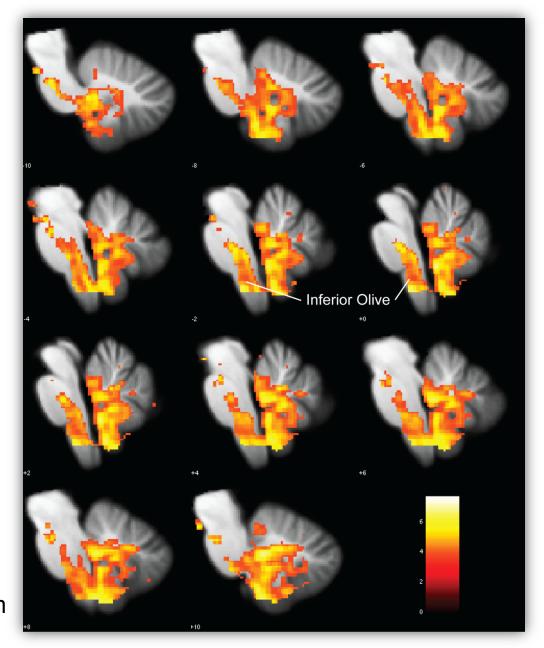
MNI space; t-value > 4.00 and extent threshold > 10 voxels

## Striatal, premotor and prefrontal activations



x = -3 mm to + 11 mm

## Olivocerebellar activations



p < 0.001 (unc.) x = -10 to +10 mm

Teki et al., 2011 J Neurosci

## IV. Unified model

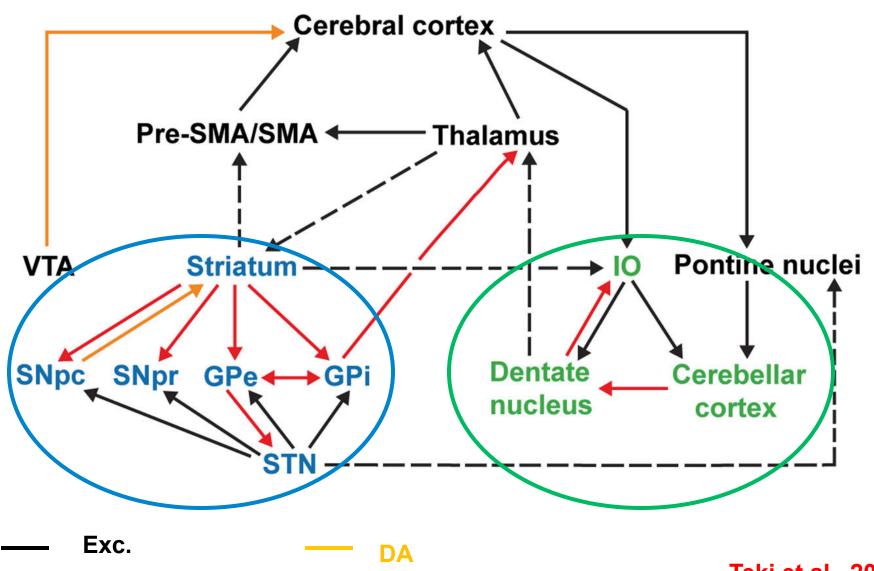
#### I. Assumptions:

- Motor structures specialized for timekeeping in the brain
- Striatum serves as default/central timekeeper
- Timing functions of BG and CB not necessarily independent
- Beat-based clock operates for timing stimuli in predictable, beat-based context
- Duration-based clock more active for stimuli in irregular, isolated context

#### II. Features:

- BG network timing signal based on SBF model
- CB network timing signal based on known neurophysiology
- The two key networks interact to improve the precision of the timing signal

## **Unified model**



Anat.

Inh.

Teki et al., 2012 Front Int Neurosci

## **Unified model**

#### III. Anatomy:

CB and BG networks based on known anatomy

#### Novel CB⇔BG connections:

Interconnections between striatal and cerebellar networks (cf. Strick lab):

Dentate => Thalamus => Striatum

(Hoshi et al., 2005)

• STN => Pontine nuclei => Cerebellar cortex

(Bostan et al., 2010)

#### **Sensory input:**

Striatum to superior temporal lobe

(Yeterian & Pandya, 1998)

Cerebellum and auditory function

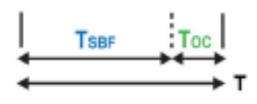
(Huang & Liu, 1985; Petachhi et al., 2005)

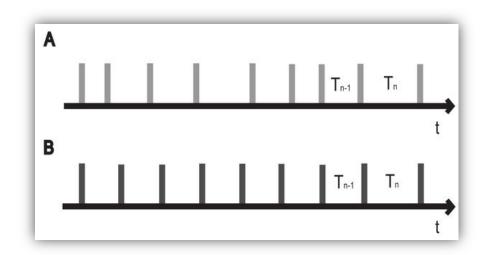
## **Unified model**

#### IV. Function:

Serial processing: beat-based timing with error-correction by duration-based clock

#### A. Isolated context:





#### **B.** Regular context:

beat-based clock produces less errors in predicting next time intervals => less error-correction required and <u>lesser</u> contribution of CB clock

#### C. Irregular context:

beat-based clock produces larger errors in predicting next time intervals => greater error-correction required and greater contribution by CB clock

## Is striatum the default clock?

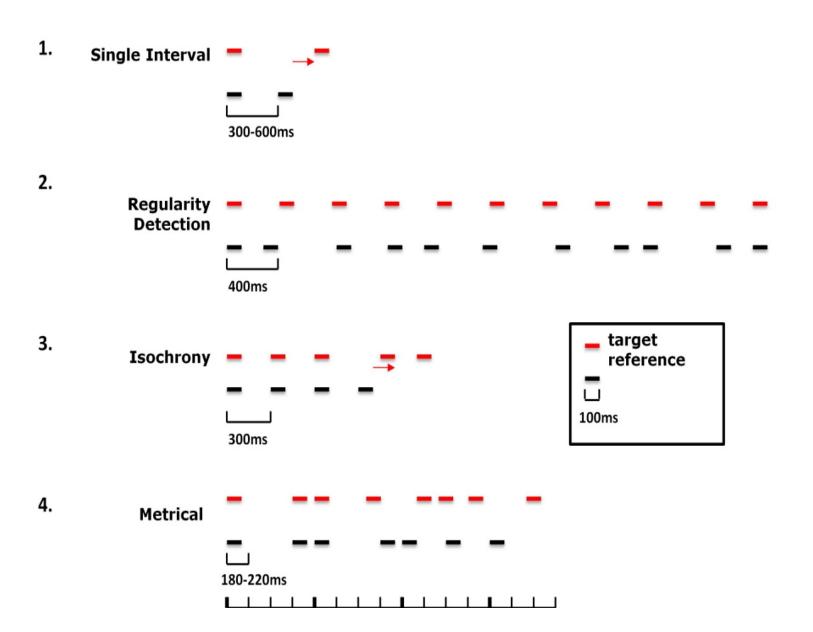
Is there a strict functional dissociation in timing functions of BG and CB?

• CB lesions do not affect relative timing (Grube) or emergent timing (Ivry)

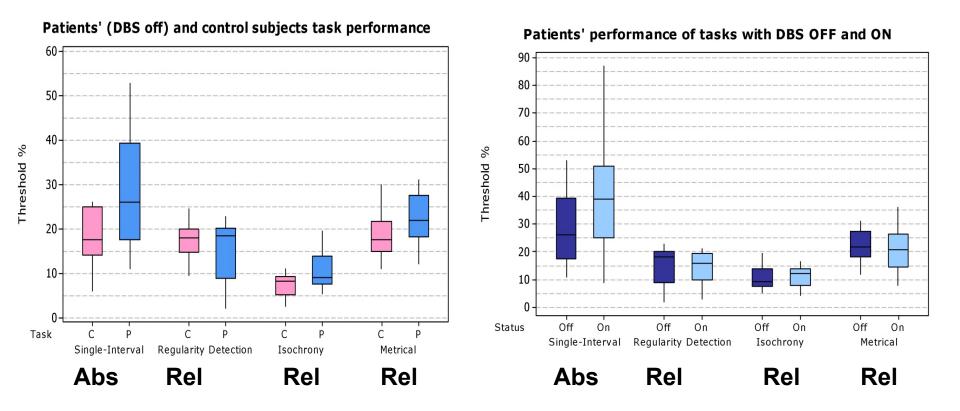
#### But...

- Striatal lesions affects both relative and absolute timing. New evidence from:
  - 1) Parkinson's disease
  - 2) Huntington's disease and Multiple Systems Atrophy

## I. PD patients



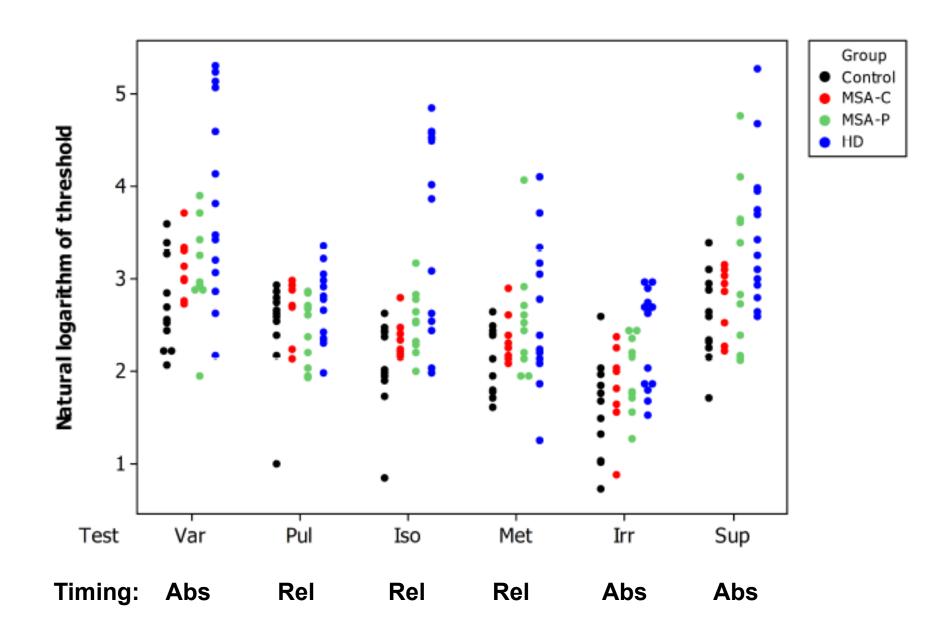
## I. PD patients



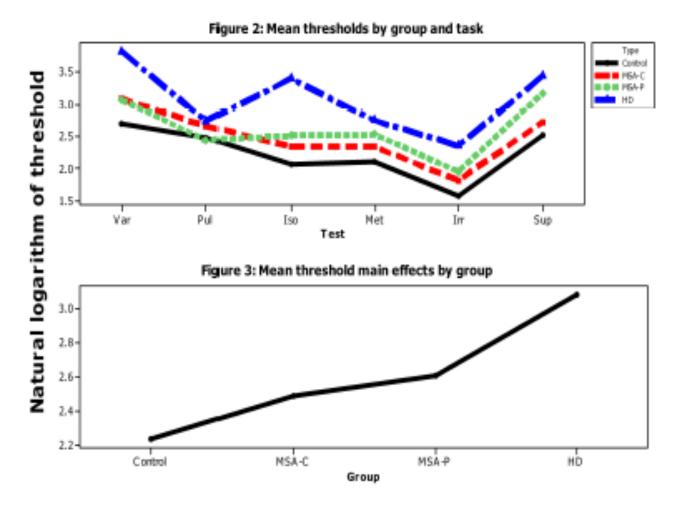
- PD (DBS OFF) worse than controls on single-interval discrimination (abs task)
- PD (DBS ON) worse than PD (DBS OFF) on same absolute timing task

> PD patients also impaired on absolute timing tasks

## II. HD/MSA patients



## II. HD/MSA patients



 HD & MSA-P patients are significantly worse than controls on absolute and relative timing tasks

## **Model summary**

 Unified model emphasizes projections between CB and BG which were earlier looked at in isolation wrt interval timing.

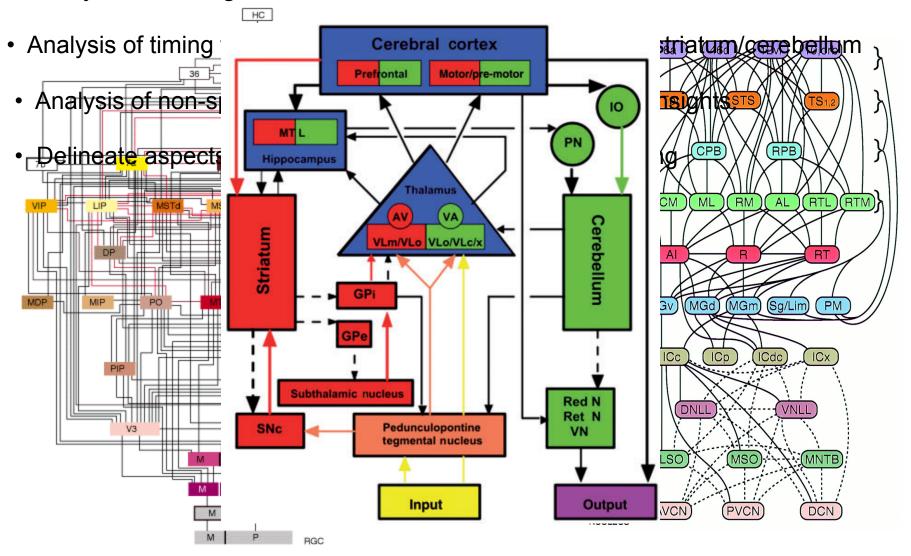
Model is asymmetrical in that BG clock (and relative timing) is default mode.

 Analysis of time by motor circuits maybe achieved by parallel processing in striatum and cerebellum.

 Patients with striatal lesions (PD, HD, MSA-P) impaired on both absolute and relative timing tasks.

## V. Discussion

Analysis of timing circuits and network models like in vision and audition



Van Essen et al., 1992

Kaas & Hackett, 2000

