

Combining a Breath-Synchronized Olfactometer and Brain Stimulation to Study the Effect of Odor on Corticospinal Excitability and Effective Connectivity

Cécilia Neige, Laetitia Imbert, Maylis Dumas, Anna Athanassi, Marc

Thévenet, Nathalie Mandairon, Jérôme Brunelin

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- 1 TITLE:
- 2 Combining a Breath-Synchronized Olfactometer and Brain Stimulation to Study the Effect of Odor
- 3 on Corticospinal Excitability and Effective Connectivity
- 4

5 **AUTHORS AND AFFILIATIONS:**

6 Cécilia Neige^{1,2}, Laetitia Imbert^{1,2}, Maylis Dumas^{1,2}, Anna Athanassi³, Marc Thévenet³, Nathalie
 7 Mandairon³, Jérôme Brunelin^{1,2}

8

¹Université Claude Bernard Lyon 1, Centre National de la Recherche Scientifique, Institut National de la Santé
 et de la Recherche Médicale, Centre de Recherche en Neurosciences de Lyon U1028 UMR5292, PSYR2, F 69500, Bron, France

- 11 12
- 13 ² Centre Hospitalier Le Vinatier, F-69500 Bron, France

14 ³ Université Claude Bernard Lyon 1, Centre National de la Recherche Scientifique, Institut National de la Santé

- 16 et de la Recherche Médicale, Centre de Recherche en Neurosciences de Lyon U1028 UMR5292, NEUROPOP, F-
- 17 69500, Bron, France
- 18
- 19 E-mail addresses of the co-authors:
- 20 Cécilia Neige (cecilia.neige@ch-le-vinatier.fr)
- 21 Laetitia Imbert (laetitia.imbert@ch-le-vinatier.fr)
- 22 Maylis Dumas (maylis.dumas@etu.univ-lyon1.fr)
- 23 Anna Athanassi (anna.athanassi@univ-lyon1.fr)
- 24 Marc Thévenet (marc.thevenet@cnrs.fr)
- 25 Nathalie Mandairon (nathalie.mandairon@cnrs.fr)
- 26 Jérôme Brunelin (jerome.brunelin@ch-le-vinatier.fr)
- 27
- 28 Corresponding author:
- 29 Jérôme Brunelin (jerome.brunelin@ch-le-vinatier.fr)
- 30

31 KEYWORDS:

32 olfaction, odor hedonics, primary motor cortex, dorsolateral prefrontal cortex, connectivity,

- 33 brain stimulation.
- 34

35 SUMMARY:

36 This paper describes using a breath-synchronized olfactometer to trigger single- and dual-coil

- 37 transcranial magnetic stimulation during odorant presentation synchronized to human nasal
- 38 breathing. This combination allows us to objectively investigate how pleasant and unpleasant
- 39 odors impact corticospinal excitability and brain-effective connectivity in a given individual.
- 40

41 **ABSTRACT:**

42 It is widely accepted that olfactory stimulation elicits motor behaviors, such as approaching

- 43 pleasant odorants and avoiding unpleasant ones, in animals and humans. Recently, studies using
- 44 electroencephalography and transcranial magnetic stimulation (TMS) have demonstrated a
- 45 strong link between processing in the olfactory system and activity in the motor cortex in

46 humans. To better understand the interactions between the olfactory and the motor systems 47 and to overcome some of the previous methodological limitations, we developed a new method 48 combining an olfactometer that synchronizes the random order presentation of odorants with 49 different hedonic values and the TMS (single- and dual-coil) triggering with nasal breathing 50 phases. This method allows probing the modulations of corticospinal excitability and effective 51 ipsilateral connectivity between the dorsolateral prefrontal cortex and the primary that could 52 occur during pleasant and unpleasant odor perception. The application of this method will allow 53 for objectively discriminating the pleasantness value of an odorant in a given participant, 54 indicating the biological impact of the odorant on brain effective connectivity and excitability. In 55 addition, this could pave the way for clinical investigations in patients with neurologic or neuropsychiatric conditions that could present odor hedonic alterations and maladaptive 56 57 approach-avoidance behavior.

58 59 IN

INTRODUCTION: 60 It is widely accepted that olfactory stimulation elicits automatic reactions and motor behaviors. 61 For example, in humans, the existence of an avoidance motor response (leaning away from the 62 odor source) occurring 500 ms after negative odor onset has been recently demonstrated¹. By 63 recording freely moving human participants exploring odors emanating from flasks, Chalençon 64 et al. (2022) showed that motor behaviors (i.e., speed of approach to the nose and withdrawal 65 of the flask containing the odorant) are closely linked to odor hedonics². Moreover, a close link 66 between processing in the olfactory system and activity in the motor cortex has been recently demonstrated in humans by using electroencephalography¹. Specifically, approximately 350 ms 67 68 after the onset of negative odors, a specific mu rhythm desynchronization, known to reflect 69 action preparation processes, was observed over and within the primary motor cortex (M1), 70 shortly followed by a behavioral backward movement¹. Strengthening the idea of a relationship 71 between the olfactory and motor systems, another recent study showed that exposure to a 72 pleasant odorant increased corticospinal excitability compared to a no-odor condition³. In this 73 study, single-pulse transcranial magnetic stimulation (spTMS) was applied to M1 to evoke a 74 motor-evoked potential (MEP) in a target hand muscle, recorded peripherally with 75 electromyography (EMG) during odor perception. The exposure to pleasant odorant was 76 passively provided by paper strips sodden with pure bergamot essential oil and placed on a metal 77 holder under the nose³. In this context, it remains unclear whether the facilitation of the 78 corticospinal excitability is due to the pleasant odorant stimulation or to unspecific behavioral 79 effects such as sniffing and teeth clenching^{4,5}. Furthermore, it is still unknown how an unpleasant 80 odorant modulates M1 excitability probed by TMS.

81

In summary, this highlights the need to develop a method that offers the following advantages
 over existing techniques used in previous studies^{3,6}: (1) randomizing the presentation of different
 odor conditions (pleasant/unpleasant/no-odor) within the same experimental phase, (2)
 precisely synchronizing odorant presentation and TMS timing according to the human nasal
 breathing phases (inspiration and expiration) when studying the motor system.

87

TMS can also be used as a tool to investigate cortico-cortical interactions, also called effective
 connectivity, between multiple cortical areas and M1 with a high temporal resolution⁷⁻¹². Here,

90 we use a dual-site TMS (dsTMS) paradigm, in which a first-conditioning stimulation (CS) activates 91 a target cortical area, and a second-test stimulation (TS) is applied over M1 using another coil to 92 evoke an MEP. The effect of the CS is evaluated by normalizing the amplitude of the conditioned 93 MEP (dsTMS condition) to the amplitude of the unconditioned MEP (spTMS condition)¹³. Then, 94 negative ratio values denote suppressive cortico-cortical interactions, while positive ratio values 95 denote facilitatory cortico-cortical interactions between the two stimulated areas. The dsTMS 96 paradigm thus provides a unique opportunity to identify the nature (i.e., facilitatory or 97 suppressive), the strength, and the modulations of the effective connectivity between the 98 preactivated area and M1. Importantly, cortico-cortical interactions reflect a complex balance of 99 facilitation and suppression that may be modulated in different timing and mental states or tasks^{7,14}. 100

101

102 To our knowledge, the relatively new dsTMS paradigm has never been used to investigate 103 cortico-cortical interactions during odor perception with different hedonic values. However, 104 neuroimaging studies have shown that exposure to pleasant and unpleasant odorants induces 105 connectivity changes in areas involved in emotion, decision-making, and action control, including 106 the supplementary motor area, the anterior cingulate cortex, and the dorsolateral prefrontal cortex (DLPFC)^{15,16}. Indeed, the DLPFC is a key node mediating emotional control, sensory 107 processing, and higher-level aspects of motor control, such as preparatory processes^{17–19}. In 108 109 addition, both human and animal studies have provided evidence that the DLPFC has diverse neuronal projections to M1^{17,18,20–22}. Depending on the context, these DLPFC projections can 110 either facilitate or inhibit M1 activity^{7,19,20}. Thus, it seems possible that the effective connectivity 111 between DLPFC and M1 is modulated during odor presentation and that pleasant and unpleasant 112 113 odorants recruit separated cortical networks, leading to a differential effect on DLPFC-M1 114 connectivity.

115

Here, we propose a new method suitable for the methodologically rigorous study of the modulations of corticospinal excitability and effective connectivity that might occur during the perception of pleasant and unpleasant odors, all delivered in synchrony with human nasal breathing.

120

121 **PROTOCOL:**

122

All experimental procedures described in the following sections have been approved by an Ethics
 Committee (CPP IIe de France VII, Paris, France, protocol number 2022-A01967-36) in accordance
 with the Declaration of Helsinki. All participants provided written informed consent before study
 enrollment.

- 127
- 128 **1.** Participant recruitment
- 129

130 1.1. Inclusion/exclusion criteria.

131

1.1.1. Include adult (> 18 years) participants. Screen all participants for any contraindications to
 TMS according to international expert guidelines are excluded²³.

134 135 1.1.2. Exclude participants with implanted medical devices (e.g., cochlear implant, cardiac 136 pacemaker, etc.), a personal or family history of seizure, headache, brain trauma, and 137 neuroactive medication. Exclude participants considered "anosmic" according to the European 138 Test of Olfactory Capabilities²⁴. 139 140 Handedness: Check for right-handedness as assessed by the Edinburgh Handedness 1.2. 141 Inventory questionnaire²⁵. 142 NOTE. It is highly recommended to recruit only right-handed participants in studies assessing 143 144 corticospinal excitability and effective connectivity in the motor system^{26,27}. 145 146 Information and informed consent: Give all participants basic information about the study 1.3. objectives, procedures, and risks approved by the Ethics Committee and ask them to sign written 147 148 informed consent. 149 150 2. **Experimental procedure** 151 152 2.1. Patient installation: Ask the participant to sit on a comfortable chair (dental chair type) 153 with both hands relaxed and pronated. Position the paricipant's head on a chin rest to minimize 154 head movement during stimulation. 155 156 2.2. Electromyography recordings 157 158 2.2.1. Prepare the participant's skin before electrode application using an exfoliant scrub to 159 lightly abrade the areas and clean the areas using alcohol pads where electrodes will be applied. 160 161 2.2.2. Apply two silver/silver chloride disposable recording electrodes with a belly-tendon montage of the first dorsal interosseous (FDI) muscle. Add the ground electrode to the styloid 162 163 process of the ulna (Figure 1). 164 165 2.2.3. Connect the electrodes to the amplifier with cables and the data acquisition system. 166 2.2.4. Record the EMG signal using an analog-to-digital (AD) conversion system. Amplify and 167 168 filter EMG signals (gain = 1000) using a bandwidth frequency between 10 Hz and 1 kHz. Digitize 169 at a sampling rate of 2,000 Hz and store each EMG file for offline analysis. 170 171 2.2.5. Check the quality of the signal displayed on the computer screen connected to the data 172 acquisition system. 173 174 2.3. TMS coil_{M1} position. 175 176 2.3.1. Connect this coil to the A stimulator (Figure 1). 177

2.3.2. Place a tight-fitting cap over the participant's head. Use a tape measure to perform
nasion-inion, tragus-tragus, and head-circumference measurements based on standard cranial
landmarks. Identify and mark with a pen the scalp vertex at the intersection of the mid-sagittal
(nasion-inion) and interaural (tragus-tragus) lines²⁸.

182

183 2.3.3. Place tangentially to the scalp the first small figure-of-eight coil (inner diameter: 40 mm) 184 over the presumed hand area of the left M1 (coil_{M1}), which is 5 cm lateral from the vertex, with 185 the handle pointing backward and laterally at a 45° angle to the midsagittal line, resulting in a 186 posterior-anterior current flow (monophasic current waveform). This orientation corresponds to 187 a maximum induced current flowing within M1 within M1²⁹.

188

189 2.3.4. Ensure that the placement of the $coil_{M1}$ is optimal, in accordance with the most recent 190 international recommendations³⁰. Start by delivering a few single pulses at 30% of the maximum 191 stimulator output (%MSO) and check that the stimulation produces an MEP as recorded by the 192 EMG system and displayed on the computer screen connected to the data acquisition system. 193

194 2.3.4.1. If there are no visible responses, gradually increase the stimulation intensity (5
195 %MSO increments) until MEPs are observed. Then, test four spots around the first site by
196 delivering multiple pulses. Determine the mean peak-to-peak MEP amplitude for each site.
197

2.3.4.2. Select the location where the average peak-to-peak MEP amplitude is the highest.
 This is the so-called hotspot location for the participant³⁰. Mark the coil_{M1} location on the cap to
 ensure proper coil placement throughout the experiment.

201

202 2.4. Resting motor threshold (rMT) and TMS intensities

203

2.4.1. Determine the resting motor threshold (rMT) defined as the TMS intensity that produces
 a 50% probability of eliciting an MEP^{23,30}.

206
207 2.4.1.1. Use the available online freeware (TMS Motor Threshold Assessment Tool, MTAT
208 2.1), which is based on a maximum-likelihood parameter estimation using a sequential testing
209 strategy²⁹. The stimulation sequence always starts with the intensity set at 37 %MSO.
210

211 2.4.1.2. Let one experimenter hold the $coil_{M1}$ while another indicates whether the MEP 212 amplitude is > 0.05 mV. The predictive algorithm then determines the next stimulation intensity 213 to be delivered and is stopped after 20 stimulations, which provides sufficient accuracy for the 214 rMT estimation according to previous studies^{31–34}.

215

2.4.2. Set the %MSO for the conditioning and the test pulse stimulation. Use the previouslydetermined rMT value of the participant.

218

NOTE: Here, the intensity for the first conditioning stimulation (coil_{DLPFC}) was set to 110% of the
 rMT^{19,20}. The intensity of the test stimulation (coil_{M1}) was set at 120% of the rMT, an intensity
 that differs slightly from previous studies that used a TS intensity that evoked a MEP of ~1 mV in

all participants^{19,20}. This fixed peak-to-peak intensity occurs at very different points on the input-222 223 output recruitment curves due to the high inter-subject variability in motor output³⁵. Therefore, 224 the stimulation intensity could be optimized using 120% RMT intensity across individuals. 225 226 2.5. TMS coil_{DLPFC} positioning 227 228 2.5.1. Connect this coil to the B stimulator (Figure 1). 229 230 2.5.2. Use the recently updated scalp heuristic to locate the region of the scalp corresponding to the left DLPFC^{36,37} to estimate the position of the second small figure-of-eight coil (internal 231 232 diameter: 40 mm) over the DLPFC (coil_{DLPFC}). Download the online Excel Spreadsheet Calculation Tool³⁶ and enter the nasion-inion and tragus-tragus distances and the head circumference in 233 234 centimeters as inputs. Report the X_{LA} and the Y_{LA} distances directly on the participant's head. 235 236 2.5.3. Place tangentially to the scalp the coil_{DLPFC} over the presumed left DLPFC location, with 237 the handle pointing downward and laterally at a -45° angle to the mid-sagittal line. Mark the 238 coil_{DLPFC} placement on the cap to ensure proper coil placement throughout the experiment. 239 240 NOTE: This scalp-based targeting method for both $coil_{M1}$ and $coil_{DLPFC}$ locations is not optimal. In 241 fact, it is known to be less accurate than the neuronavigation method used to target the brain 242 areas of interest based on individual T1 anatomical magnetic resonance imaging (MRI)³⁸. 243 244 2.6. Delay between the conditioning and test pulses: Set this delay to 10 ms on the pulse 245 generator device. 246 247 NOTE: Here, the delay is fixed at 10 ms based on previous studies showing an inhibitory influence from the left DLPFC to the left M1 at this interval^{19,20}. This inhibitory effect observed at 10 ms is 248 likely due to the activation of the basal ganglia via the DLPFC projections to the pre-SMA, thereby 249 exerting an indirect influence on M1³⁹. The delay can be adjusted in the code according to the 250 user's needs. For example, a longer interstimulation interval (i.e., 25 ms) could be used to 251 252 investigate polysynaptic indirect cortico-subcortical-cortical circuits connecting DLPFC to M1¹⁹. 253 Furthermore, differential facilitatory/inhibitory influences have been demonstrated using dualsite ppTMS between multiple cortical areas, with intervals ranging from 1 ms to 150 ms^{40,41}. Thus, 254 255 the fact that the interval can be adjusted opens the way to a wide range of possibilities for future 256 research studies. 257 258 2.7. **Olfactometer settings** 259 260 2.7.1. Select odorants with pleasant and unpleasant hedonic values. Dilute in advance the 261 odorants individually in mineral oil to create iso-intense perception. 262 263 NOTE: Here, the selection and concentration of odorants (i.e., isoamyl acetate and butyric acid 264 diluted to 0.6% and 0.11% vol/vol concentrations, respectively) were based on previous studies by our group using the same olfactometer setup and odorants^{42,43}. A pilot study confirms that 265

the positive and the negative odors did not differ in terms of intensity but were opposite in hedonic value. In the control condition (i.e., no odorant), only airflow is delivered to the participant.

269

2.7.2. Write the code to deliver the odorants. For each trial, indicate the total duration of the
trial, the odorant to be delivered, the flow rate of the odorant controller (in milliliters per
minute), the flow rate of the carrier air regulator (in milliliters per minute), and the flow rate of
the suction regulator.

274

NOTE: The order of the odorant delivered can be randomized between positive, negative, and
no-odor. Here, each trial has a duration of 12 s. The order of odor delivered was pseudorandomized. In addition, based on a pilot experiment, the flow rate of the odor controller was
set to 200 mL/min, the flow rate of the carrier air regulator at 500 mL/min, and the flow rate of
the suction regulator at 100 mL/min.

280

281 2.7.3. Position the nasal cannula near the participant's nostrils to measure nasal breathing.282 Instruct the participant to breathe normally through the nose.

283

284 2.7.4. Turn on the portable air compressor, the olfactometer case, and the PC containing the285 software. Check all the cable connections (Figure 1).

286

287 NOTE: The olfactometer used in the current study has been described in detail in a previous 288 publication⁴⁴ but has been modified here to allow TMS triggering with variable delays after 289 inspiration onset detection. Briefly, the device is composed of several modules, including 1) an 290 air source and air treatment system coming from a portable air compressor, 2) a stimulation 291 system including electronic and pneumatic devices, 3) a homemade mixing head coupled to a 292 delivery system that allows the diffusion of odorants in the participant's nose, 4) a respiratory sensory system that triggers the olfactometer according to the nasal respiration measurement 293 294 with a nasal cannula and 5) a software control system⁴⁴.

- 295
- 296 297

[Place Figure 1 here]

298 2.7.5. Calibration: Proceed to the calibration phase (about 20 s.), which allows for calibrating 299 the participant's respiratory signal and adjusting the detection thresholds of the expiratory and 300 inspiratory phases. In this software, the expiratory phase is positive, and the inspiratory phase is 301 negative.

302

2.7.6. Odor hedonic and intensity ratings: Deliver the two odorants in a randomized order and
ask participants to rate the hedonic value and intensity of each odorant on visual analog scales
ranging from 1 "not at all pleasant" to 9 "extremely pleasant" and from 1 "not at all intense" to
"extremely intense."

307

2.8. Combining olfactometer and TMS: Set the delay between the detection of the inspirationphase and the trigger for sending the TMS at 600 ms.

310

- 311 NOTE: The setting of the delay is important and has to be determined according to the
- 312 literature and the needs of the user. In this protocol, the delay was set at 600 ms, which has
- been shown to be the maximum conscious perceptual representation of odors⁴⁵. For single-
- pulse TMS condition, this trigger immediately activates the A stimulator, and a pulse is
- delivered by the coil positioned on the left M1 to evoke an unconditioned MEP. For dual-coil
 TMS condition, this trigger is sent to two different devices (via two coaxial cables connected by
- a T-connection): the first one immediately activates the B stimulator and a conditioning pulse is
- delivered by the coil positioned on the left DLPFC; the second one is received by a pulse generator which makes it possible to induce a fixed delay before activating the A stimulator,
- generator which makes it possible to induce a fixed delay before activating the A stimulator,
 thus delivering a test-stimulation through the coil positioned on the left M1 to evoke a
 conditioned MEP (Figure 1).
- 322

324

- 323 **3.** Measurements
- 325 3.1. Run the custom-made coding script in the olfactometer software (see 2.7.2) to deliver all
 326 combinations of spTMS and dsTMS with pleasant and unpleasant odors and no-odors occurring
 327 in a random order.
- 328

NOTE: Here, 20 trials were recorded for each condition (120 trials in total). The experiment was
divided into 6 blocks of 20 trials each. The number of trials for each condition can be changed
according to the user's needs.

332

333 4. Data analyses

334

4.1. For each participant, condition, and trial, extract the peak-to-peak MEP amplitude. This
can be done using one of the open-source Toolboxes available online^{46,47}.

337
338 4.2. Normalize the data by calculating an MEP ratio expressing MEPs elicited by the test
339 stimulation in dsTMS trials relative to MEPs elicited by the test stimulation in spTMS trials¹². Do
340 this separately for each participant and for each odor condition (i.e., no-odor, positive odor, and
341 negative odor). After this procedure, interpret the results as follows: MEP ratios above 1 indicate
342 a facilitatory influence of the DLPFC on M1, whereas MEP ratios below 1 indicate an inhibitory
343 influence of the DLPFC on M1.

344

345 **REPRESENTATIVE RESULTS:**

- 346 The representative data presented here reflect recordings from participants after completing the 347 step-by-step protocol above to provide a preliminary insight into what we might expect.
- 348

Figure 2 shows an example of a representative participant's respiratory signals recorded with the
 olfactometer software. The expiratory and inspiratory phases are well detected when the
 thresholds are crossed. The odorant is triggered immediately after the expiration phase threshold
 and diffuses for 5 s. The TMS pulse is triggered with a delay (600 ms) after the inspiration phase

353 threshold.

This result demonstrates that the method developed here can precisely synchronize odorant diffusion and TMS timing according to human nasal breathing phases.

- 356
- 357 358

- [Place Figure 2 here]
- Figure 3 illustrates the results obtained from EMG data recordings from the right FDI muscle (MEP recordings), according to the conditions (spTMS and dsTMS) and the odor hedonic values (no-odorant, positive odorant and negative odorants) for a representative participant. The peakto-peak amplitude of the MEPs evoked by spTMS (Figure 3A) and by dsTMS (Figure 3B) varied according to the hedonic value of the odorant. When the results are normalized (Figure 3C), all MEP ratios are below 1, indicating a suppressive effect of the left DLPFC on the left M1. This

result demonstrates that the method developed here allows the investigations of modulations of corticospinal excitability and effective connectivity that occur during pleasant and unpleasant odor perception, all delivered in a synchronized manner with human nasal breathing. These results are preliminary and deserve further investigation to conclude on the specific effects of odors hedonic values on corticospinal excitability and effective connectivity.

370 371

372

[Place Figure 3 here]

373 **FIGURE AND TABLE LEGENDS**:

374 Figure 1: Experimental setup. The bold lines represent pneumatic connections. An air 375 compressor is connected to the olfactometer to generate different air flows. A regulator controls 376 the pressure, and the input air flow is directed to 3 channels (through 3 mass regulators): one for 377 the air conveyor (blue line), one for the aspiration system (brown line) to clean and help control 378 the stimulation time and the last one for the odorants⁴⁴. Two U-shaped tubes contain the 379 odorants (green: pleasant; red: unpleasant) in which they are conditioned under pressure in the 380 saturated steam state, ensuring an odorized air flow with stable intensity over time. The mixing 381 head is used to mix the clean and odorized air streams. The airflow (odorized or pure) is delivered 382 to the nostrils through two tubes (gray lines) attached to a nasal cannula, which is also used to 383 record nasal breathing (purple line). Based on the respiratory signal, as soon as the inhalation 384 phase is detected, for the spTMS condition a trigger is sent to a pulse generator device used to 385 set a delay (here: 10 ms), then to a TMS stimulator A connected to $Coil_{M1}$ applied over the left 386 M1 hand muscle representation, while the TMS stimulator B is turned off. For the dsTMS 387 condition, a trigger is immediately sent to the TMS stimulator B connected to the Coil DLPFC applied 388 over the left DLPFC, and the pulse generator device is used to set a delay (here: 10 ms) before 389 triggering the TMS stimulator A connected to the $Coil_{M1}$. The respiratory signal and MEP 390 amplitude acquired by the EMG system are recorded by software installed on a PC.

391

Figure 2: Example of raw data from respiratory recordings for a representative participant. The expiration phase is detected when a threshold (represented by the red line) is crossed. Inspiration phase is detected when a threshold (represented by the blue line) is crossed. The odorant is triggered immediately after the expiration phase threshold and diffuses for 5 s, as shown by the green line. The TMS pulse is triggered with a delay (600 ms) after the inspiration phase threshold.

398 Figure 3: Example of typical raw recordings from the right FDI muscle of a participant. (A) spTMS 399 condition with positive odorant (green), negative odorant (orange), and the no-odorant 400 conditions (gray). (B) dsTMS condition, with positive odorant (green), negative odorant (orange) 401 and the no-odorant conditions (gray). (C) MEP ratios obtained after the normalization procedure 402 for a representative participant. The three MEP ratios are below 1, indicating an inhibitory 403 influence of the DLPFC on M1. Raw MEP traces represent a single trial recording. Bar graphs show 404 the mean, the standard deviation, and the individual MEP value of the 20 trials obtained in each 405 condition.

406

407 **DISCUSSION:**

The protocol above describes a novel method combining the use of a breath-synchronized olfactometer with single- and dual-coil TMS to investigate changes in corticospinal excitability and effective connectivity depending on the hedonic value of the odorants. This setup will allow for objectively discriminating the pleasantness value of an odorant in a given participant, indicating the biological impact of the odorant on brain effective connectivity and reactivity. The critical steps in this protocol involve both TMS parameters (placement, intensities) and olfactometer parameters (odorant selection, timing relative to respiratory phases).

415

416 This combination of spTMS and dsTMS with an olfactometer can be adapted in many ways, 417 depending on the user's needs, and has clear methodological advantages. As mentioned in the 418 introduction, two methodological aspects seemed crucial for a more in-depth investigation of the 419 mechanistic basis of the interactions between the olfactory and motor systems. The first was the 420 possibility of presenting different odor conditions (pleasant/unpleasant/no odor) within the 421 same experimental phase. This is now feasible as it is possible to specify on a trial-by-trial basis which odorant will be delivered to the subject at a constant intensity. This is a crucial point, as it 422 423 allows us to eliminate the systematic intra-individual changes in MEPs amplitude within and 424 between stimulus blocks observed in previous studies, even at relatively long interstimulus intervals^{48,49}. 425

426

Indeed, the application of a TMS pulse to M1 allows the quantification of the observed changes
 in corticospinal excitability with undeniable temporal accuracy. However, a very large number of
 factors can modulate corticospinal excitability, and these need to be controlled as much as
 possible. For example, the simple fact of voluntary inspiration or exhalation (a motor act)
 modifies the corticospinal excitability of non-respiratory finger muscles⁵⁰.

432

The second was the possibility to control and synchronize several factors with the respiratory phases. These include the precise duration and timing of odor diffusion to the participants and the timing of the TMS pulse. More importantly, these different parameters can be modified according to the user's needs, opening the way for future studies.

437

The method presented here opens the way for a wide range of future research and broader questions in the field of olfaction. First, no study has yet examined the temporal precision of the modulation of corticospinal excitability in response to an olfactory stimulus. Is this modulation very early (i.e., before the emergence of perceptual odor representations, estimated to be

between 300 ms and 500 ms after odor onset⁴⁵) or later (i.e., when odor representations are 442 443 extended to larger areas associated with emotional, semantic, and memory processing⁴⁵)? Is the 444 timing of changes in corticospinal excitability the same depending on the hedonic value of the 445 odor? Unpleasant odors, such as pain, often signal potential danger, elicit a faster response to quickly avoid or escape negative situations^{51,52}, and thus modulate corticospinal excitability 446 447 earlier than positive odors. However, this remains speculative. By delivering the TMS pulse at 448 different times after the onset of both positive and negative odors and comparing the changes 449 in corticospinal excitability, the current protocol can address this question. Moreover, while the 450 focus of the present protocol was on the modulation of corticospinal excitability by targeting M1, 451 the TMS technique, due to its high temporal resolution, can also be used to investigate the causal 452 brain-behavior relationships and the time course of other areas during olfactory processes⁵³. 453 Similarly, in the current protocol, we evaluated the effective connectivity between the DLPFC and 454 M1 because there is evidence in the literature that modulations of this connectivity may occur 455 during odor perception. However, other cortico-cortical or cortico-subcortical-cortical networks may be modulated during olfaction or motor control processes, and the connectivity within these 456 networks can be easily assessed with this new method. The only change would then be the 457 458 location of the coils toward the targeted cortical areas. For example, the orbitofrontal cortex has 459 been shown to be involved in coding for odor hedonic value and odor perception⁵⁴, and a recent dual-site TMS study showed that this area has an inhibitory influence on M1 at rest¹². Probing 460 461 changes in the effective connectivity between the orbitofrontal cortex and M1 during perception 462 of positive and negative odors is an interesting avenue of study for a better understanding of the 463 mechanisms behind the interactions between olfactory and motor systems.

464

465 In addition, this method proposes a new way to reliably assess odor hedonic perception in a non-466 verbal or conscious manner. This could pave the way for clinical investigations aimed at 467 understanding abnormal interactions between processing in the olfactory and motor systems. 468 For example, the current method could be used in patients with neuropsychiatric disorders such 469 as major depressive disorder (MDD), which has been associated with alterations in olfactory 470 function, including hedonic perception of odors and maladaptive approach and avoidance behaviors⁵⁵. Furthermore, since the left DLPFC has been shown to be hypoactive in MDD 471 472 patients⁵⁶ and the DLPFC-M1 connectivity is modulated during approach-avoidance behaviors¹⁹. 473 the combination of TMS and an olfactometer may be a promising potential tool to elucidate 474 neurophysiological indicators of dysfunctional connectivity between DLPFC and M1 in MDD 475 patients. Neurophysiological findings can then be correlated with clinical symptomatology, such 476 as the severity of depression or the olfactory anhedonia score, defined as the reduced ability to 477 experience pleasure, found in patients with MDD⁵⁷. Finally, if abnormalities in effective 478 connectivity are revealed in these patients using the method presented here and correlate with 479 clinical symptoms, dual-site TMS could be used repeatedly to neuromodulate DLPFC-M1 480 connectivity and improve clinical symptoms, a protocol called paired-associative cortico-cortical stimulation^{58,59}. 481

482

Although the present method and results provide a proof of concept for future investigations
 into the neural mechanisms underlying the interactions between the olfactory and motor
 systems, some limitations and considerations must be mentioned. First, to increase the reliability

486 and reproducibility of the measurements, the targeted brain areas should be precisely based on 487 anatomical and functional areas (this is especially true for the DLPFC target). Second, as 488 mentioned above and as demonstrated by E-field computational modeling, the scalp-based 489 targeting method used to position the coils is suboptimal compared to MRI guidance⁶⁰. To 490 maximize the accuracy and precision of TMS positioning, a neuronavigation system that co-491 registers the patient's head and structural magnetic resonance imaging (MRI) scan and provides real-time feedback on the coil position should be used³⁸. In addition, computational E-field 492 dosimetry has been shown to provide more efficient and focused stimulation by determining the 493 494 individual coil placement that maximizes E-field delivery to a specific brain target⁶¹. A third point 495 concerns the interpretation of the results: the amplitude of the MEPs. Indeed, it is known that 496 MEP amplitude reflects the intrinsic different neural inputs to the corticospinal cells, including transcortical elements, and the activity of the spinal motoneuron pool⁶²⁻⁶⁴. Therefore, the 497 498 modulation of corticospinal excitability and effective connectivity observed during the exposure 499 to a pleasant odor provides a partial picture of the more complex supraspinal and spinal networks 500 that are likely to be involved in the modulation of the MEP amplitude. Results should be 501 interpreted with caution.

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508

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