

Magnetic resonance spectroscopy analysis in the right dorsolateral prefrontal cortex of patients at high-risk of developing schizophrenia

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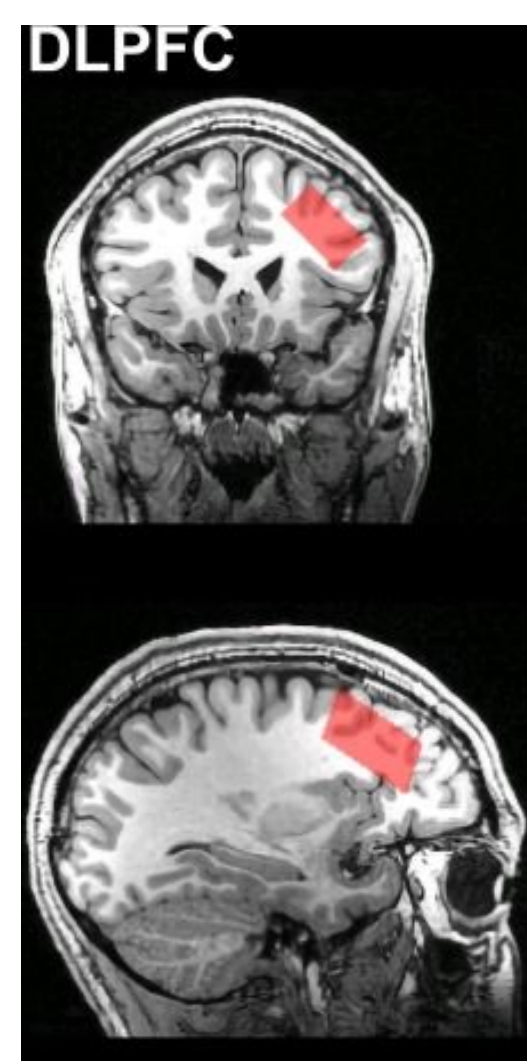
Introduction

- Cognitive deficits can be observed before the first episode of psychosis (FEP)**¹, and in particular related to different memory domains².
- Currently:** no significant metabolic alterations have been consistently reported in the dorsolateral prefrontal cortex (DLPFC) of individuals before and during FEP³.
- Why:** Mapping the effects of specific metabolites on cognition before and after transition to FEP may improve our understanding of how psychotic symptoms emerge.
- Aim:** Compare effects of Glu, Gln, Glx, Ins, NAA, Cr, and GABA in the right dorsolateral prefrontal cortex (DLPFC) on different cognitive domains, for patients at risk of developing a first episode of psychosis (from familial high risk: HR-F, to clinical high risk: HR-NF, to FEP).

Methods

Data Acquisition

- CogState Test⁴: verbal memory, working memory, executive functioning, speed of processing, visual memory, visual attention and social cognition.
- Structural scan with Siemens 3T Magnetom (TE/TR=2.98 ms/2300 ms, TI=900 ms, $\alpha=9^\circ$, FOV = 256x240x176 mm³, 1.00 mm isotropic resolution).
- MRS scan with SPECIAL sequence of DLPFC⁵ and water unsuppressed scan (TR/TE = 3000/8.5 ms, 2048 spectral points, 2000 Hz spectral width, 192 averages, shimming).



Metabolite Quantification

- MATLAB FID-A Toolkit⁶ for spectral preprocessing (combination of receiver channels, motion corruption average removal, spectral registration, phase drift correction, left shifting. No apodization, filtering, baseline correction or residual water peak removal operations).
- LCModel 6.3⁷ basis set fitting (spectral window of 0.4 and 4.2 ppm, eddy current correction, water scaling).
- Gannet 3.1⁸ and SPM-12⁹ for calculation of absolute concentration of neurotransmitters¹⁰.

Statistical Analysis:

Vertex-wise linear model:

$$Im: (\text{cognitive score}) \sim (\text{metabolite}) * (\text{group}) + (\text{age}) + (\text{sex})$$

All 7 cognitive scores and 7 metabolites (mmol/kg) were z-scored and the standard deviation for the metabolite concentration was used as a weight in our model. All of t-values, p-values and Bonferroni corrections are reported.

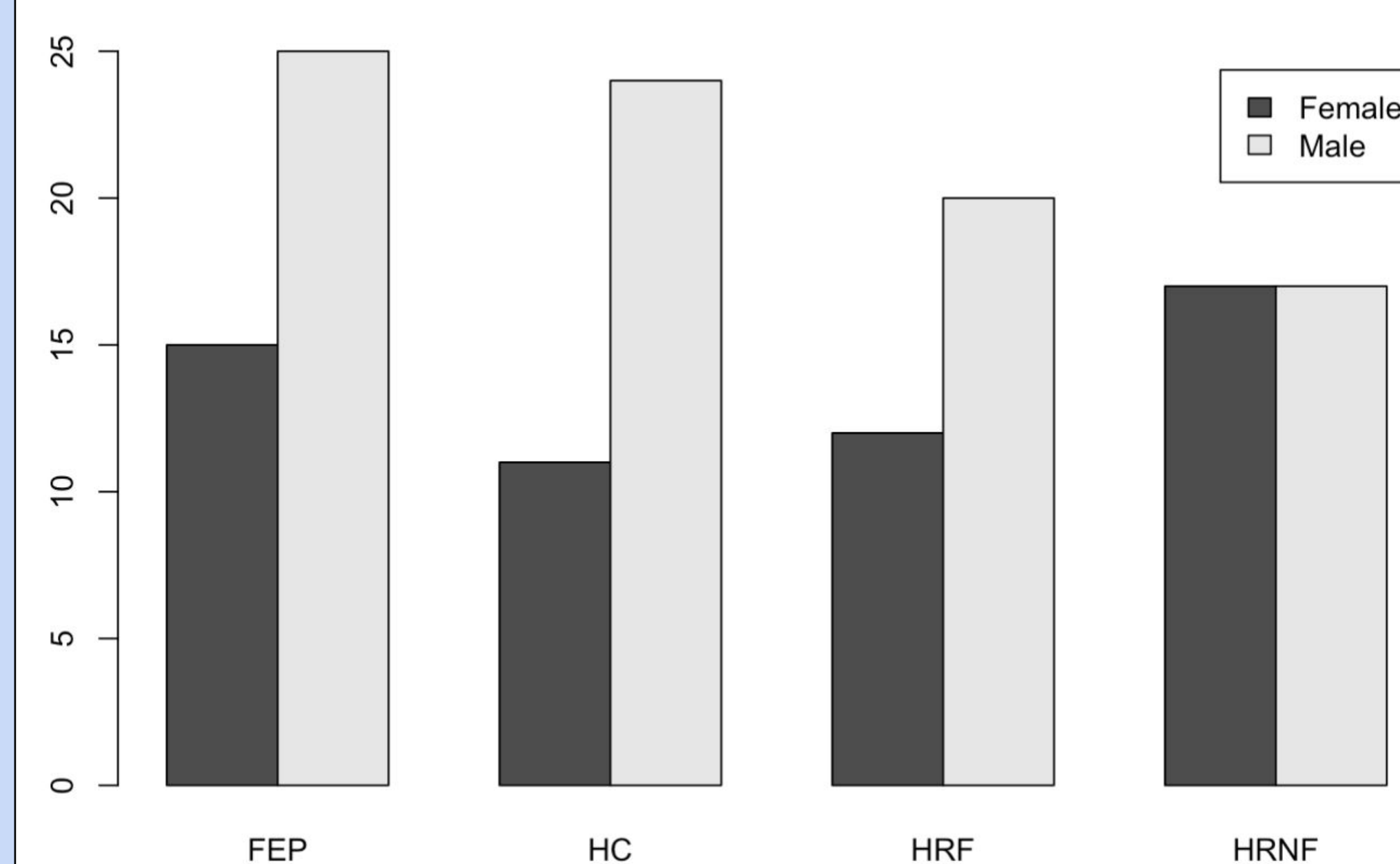
Sample

Source: Prevention and Early Intervention for Psychosis, Douglas Clinic.

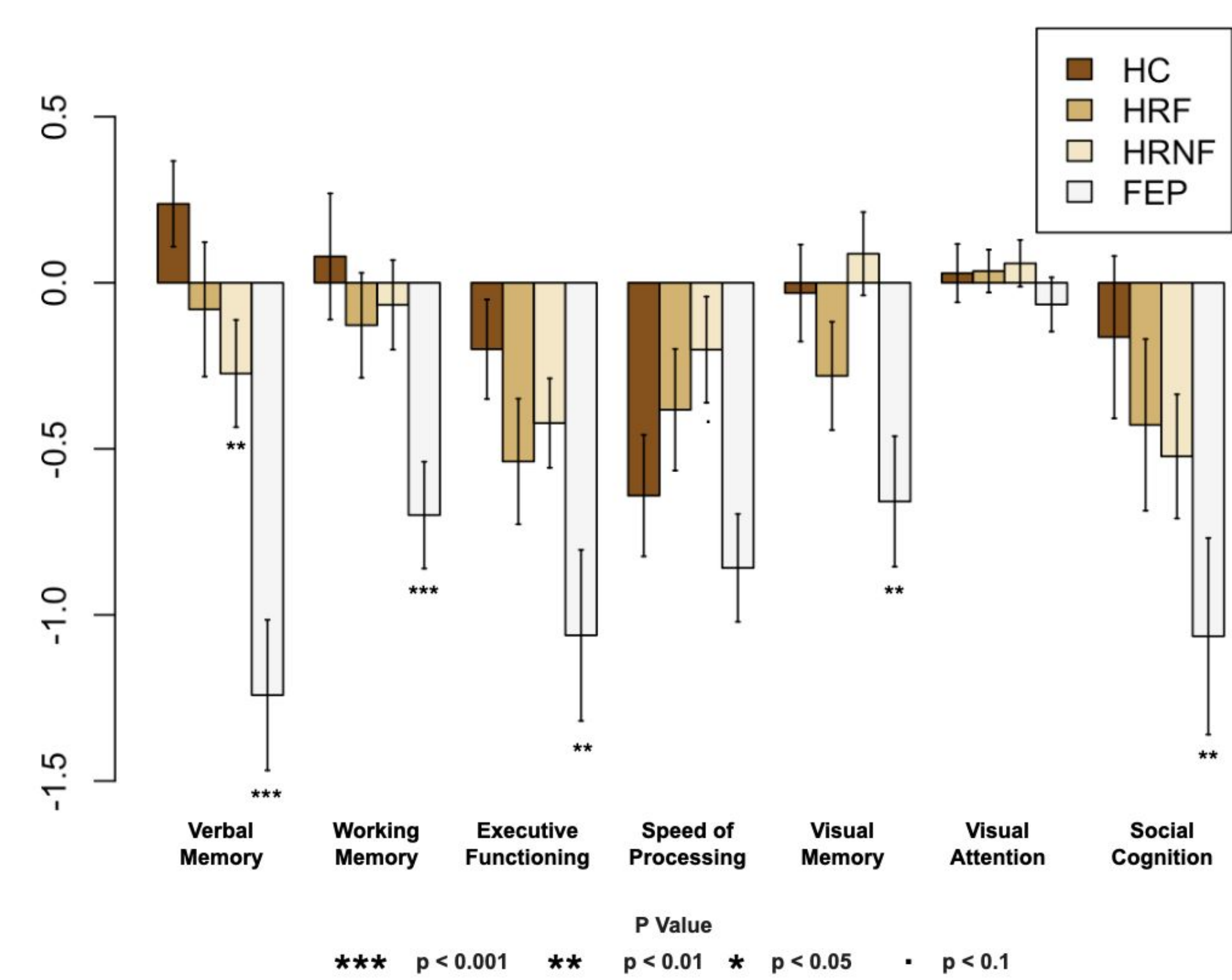
Healthy Control (HC)	n = 35
High risk familial (HR-F)	n = 32
High risk non familial (HR-NF)	n = 34
First Episode of Psychosis (FEP)	n = 40

Age Range: 14-35 years old.

Sex Distribution:



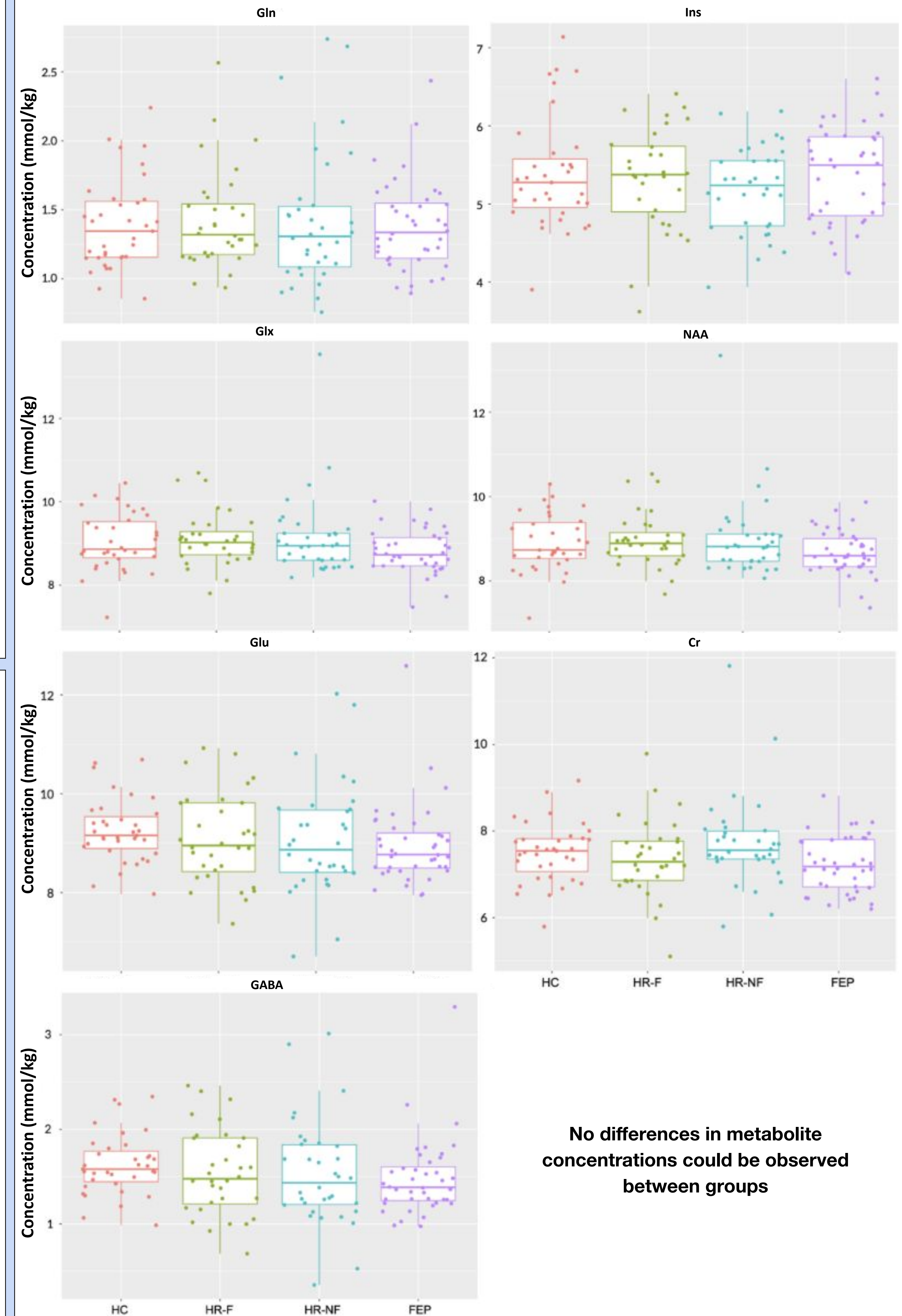
Average Cognitive Scores Per Group



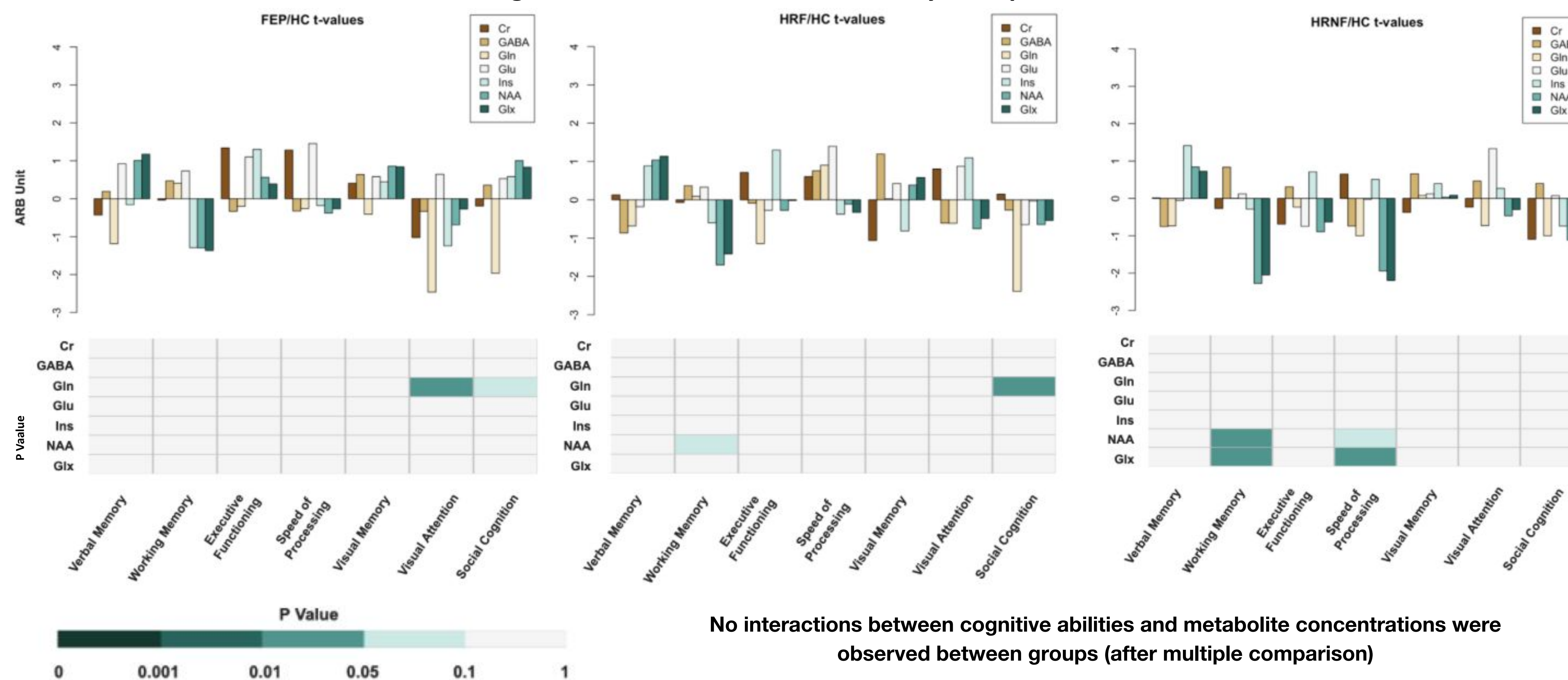
There was a step-wise difference in cognitive deficits across groups:

- Significant cognitive deficits for FEP,
- Significant deficits in verbal memory for HR-NF,
- No significant deficit for HR-NF,
- Note: Significant sex effects for verbal memory (p < 0.001).

Concentrations of Metabolites Per Group



Interactions between Cognitive Scores and Metabolites by Group Compared to Healthy Controls



Summary

- Our results **do not indicate significant effects** of metabolites in the right DLPFC on the cognitive deficits observed across FEP and HR groups.
- Other mechanisms and areas potentially responsible for negative symptomatology should be equally considered** in accounting for the neurobiological basis of psychosis.
- This study could be improved by: **being longitudinal, studying both the Left-DLPFC and Right-DLPFC in tandem.**

References

- Anda et al (2019) *Frontiers in Psychiatry* 10.
- Lepage et al (2014) *The Canadian Journal of Psychiatry* 59: 5-12.
- Wang et al (2020) *Asian Journal of Psychiatry* 54: 102-220.
- Pietrzak et al (2009) *Journal of Clinical and Experimental Neuropsychology* 34 31: 848-849.
- Mekle et al (2014) *Magnetic Resonance in Imaging* 61. 6.
- Simpson et al (2017) *Magnetic Resonance in Imaging* 77. 7.
- Provencher et al (1993) *Magnetic Resonance in Imaging* 30: 672-679.
- Edden et al (2013) *Journal of Magnetic Resonance Imaging* 40: 1445-1452.
- Friston et al (2002) *Brain Mapping the Methods*: 605-631.
- Dhamala et al (2019) *NMR in Medicine* 32.