

Inter-Hemispheric Transfer Time and White Matter Integrity in Schizophrenia: a Combined ERP and DTI Study

Thomas J. Whitford^{1,2,3}, Marek Kubicki^{1,3}, Jason S. Schneiderman¹, Kate J. Hawley¹, Margaret Niznikiewicz³, Robert W. McCarley³, Martha E. Shenton^{1,3}, Kevin M. Spencer³

1. Psychiatry Neuroimaging Laboratory, Department of Psychiatry, Brigham and Women's Hospital, Harvard Medical School, MA, USA; 2. Melbourne Neuropsychiatry Centre, Department of Psychiatry, University of Melbourne and Melbourne Health, VIC, Australia; 3. Department of Psychiatry, Veterans Affairs Boston Healthcare System, Harvard Medical School, MA, USA.

Introduction

- Abnormal inter-hemispheric communication has been argued to underlie the symptoms of schizophrenia¹. While structural damage to the corpus callosum (CC) has been proposed as a potential cause of this aberrant communication², no previous studies have directly investigated the relationship between CC integrity and interhemispheric transfer in patients with schizophrenia.
- At least two previous Event-Related Potential (ERP) studies have reported abnormally long inter-hemispheric transmission times (IHTTs) to unilaterally-presented visual stimuli in patients with schizophrenia^{3,4}.
- While several Diffusion-Tensor Imaging (DTI) studies have reported structural abnormalities in the corpus callosum (CC) in patients with schizophrenia⁵, the structural integrity of the visual CC fibers have not been directly investigated.
- The present study aimed to investigate the relationship between IHTT (calculated from ERP latencies) and the structural integrity of the visual CC fibers (measured with the complementary DTI metrics of FA and Mode⁶) in schizophrenia patients and healthy controls.

Methods

Participants

- 30 schizophrenia patients (SZ) and 22 matched healthy controls (HC) underwent ERP recording. Of these participants, 19 patients and 16 controls also underwent DTI scanning.

Stimuli and Task

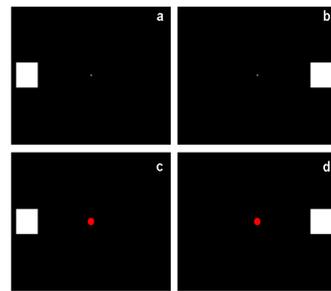
- Unilateral visual stimuli (squares, 2x2 degrees visual angle) were presented for 82ms on the horizontal meridian, 6 degrees lateral to a central fixation cross. On target trials, the central fixation cross transformed into a red circle. There were 4 experimental blocks, each consisting of 60 non-target and 15 target trials, randomly presented. Target trials were subsequently removed from the analysis.

ERP Acquisition and Analysis

- 512 Hz sampling rate, DC-100 Hz filter.
- 68 channels, re-referenced offline to average reference.
- ICA for ocular artifact correction.
- ERPs transformed from voltage to Current Source Density (CSD) waveforms.
- P1 and N1 components measured with a custom made peak-picking algorithm
- IHTTs calculated as the peak latency at the ipsilateral electrode minus the peak latency at the homologous contralateral electrode.

DTI Acquisition and Analysis

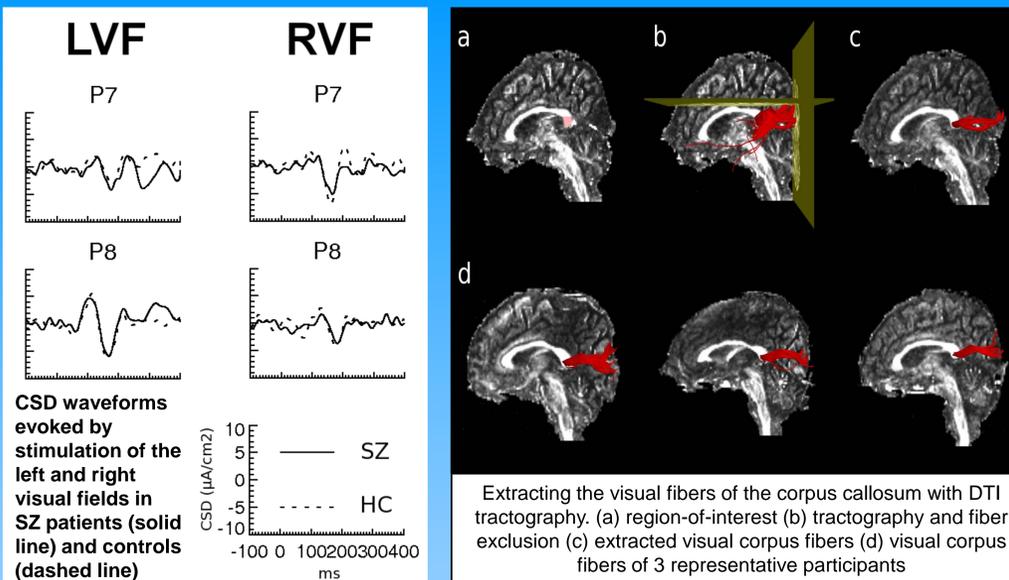
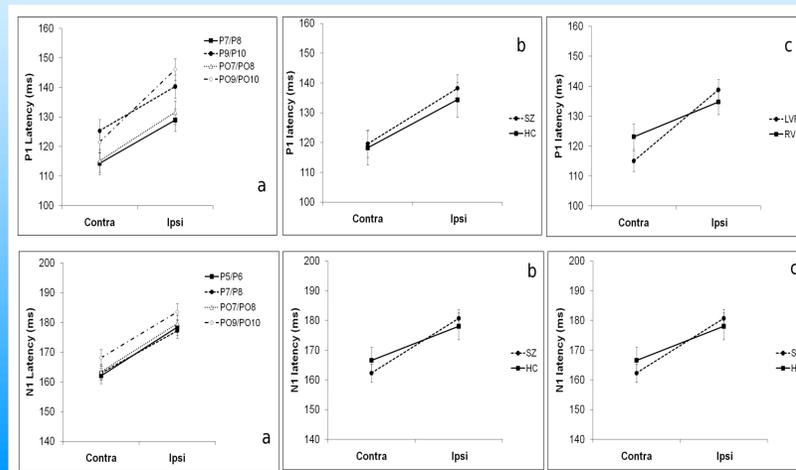
- Diffusion-Weighted Images were acquired on a 3T GE system (51 gradient directions, b=900 s/mm², 8 b0 images, TR 17000 ms, TE 78 ms, 1.7 x 1.7 x 1.7 mm³ voxels) and converted to DTIs.
- Splenium manually defined on midsagittal slice. Defined voxels used as seeds for deterministic (streamline) tractography. Fibers were excluded if they passed through an axial ROI at the dorsal midbody or if they failed to pass through a coronal ROI at the parieto-occipital sulcus.
- Mean FA and Mode were calculated for the extracted visual CC fibers. FA is an index of the asphericity of diffusion, and is sensitive to disruptions in fiber integrity. Mode is an index of the shape of diffusion: specifically, whether diffusion is prolate (i.e., shaped like a cigar) or oblate (i.e., shaped like a pancake).



Visual Stimuli. (a) LVF non-target, (b) RVF non-target, (c) LVF target, (d) RVF target

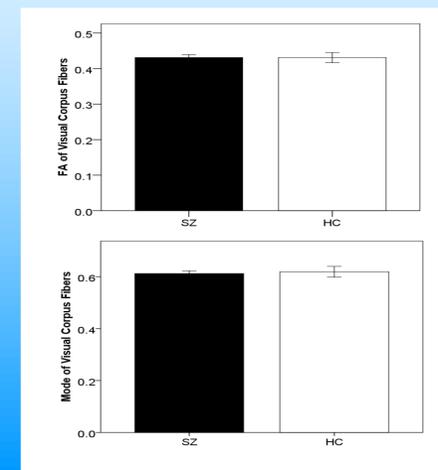
ERP Results

- Highly significant ($p < 0.001$) IHTTs were observed in both the SZ patients and HC for both P1 and N1.
- There were no between-group differences in IHTT in either P1 ($p = 0.68$) or N1 ($p = 0.09$).
- IHTT was asymmetric for P1 ($p = 0.03$). Specifically, IHTT from the left-to-the-right hemisphere was shorter than from the right-to-the-left hemisphere in both groups.



DTI Results

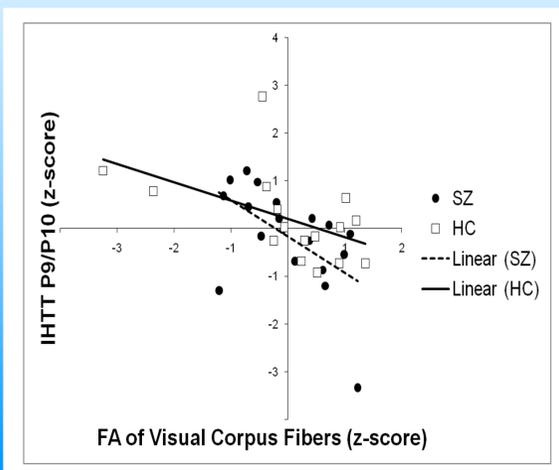
- No between group differences were observed in either the FA ($p = 0.99$) or Mode ($p = 0.75$) of the visual fibers of the corpus callosum.



ERP / DTI Relationship

- Linear regression revealed a highly predictable relationship ($p < 0.005$) between participants' IHTT and their FA and Mode in the visual CC fibers.

$$\text{IHTT}_{P1:P9/P10} = -283 \cdot \text{FA} + 72 \cdot \text{Mode} + 93, r^2 = 0.285$$



Conclusions

- IHTT was predicted by DTI measures of visual CC fiber integrity.
- No evidence that the schizophrenia patients showed abnormalities in either their IHTTs to unilaterally-presented visual stimuli or in the structural integrity of their visual corpus fibers.
- However, structural abnormalities have consistently been reported in patients with schizophrenia in several fasciculi, including the uncinate, arcuate and cingulum bundle⁷.
- These frontally-projecting fasciculi are among the latest to mature, with myelination typically continuing through adolescence and into early adulthood⁸: the primary age of onset for schizophrenia.
- If the observed relationship between transmission time and fiber integrity holds in these fasciculi, then schizophrenia patients would be expected to show marked conduction delays in signals transmitted along these fibers.
- Such delays could feasibly underlie the functional disconnectivity and cognitive disorganization that has repeatedly been argued to underlie the symptoms of schizophrenia^{9,10}.

References

- Crow TJ. 1998. Schizophrenia Research, 30, 111-114.
- Highly et al. 1999. Brain, 122, 99-110.
- Barnett et al. 2005. Schizophrenia Research, 74, 171-178.
- Endrass et al. 2002. Neuroscience Letters, 320, 57-60.
- Kubicki et al. 2007. Journal of Psychiatric Research, 41, 15-30.
- Kindlmann et al. 2007. IEEE Transactions on Medical Imaging, 26, 1483-1499.
- Whitford et al., In Press. In: Shenton and Turetsky: Neuropsychiatric Imaging, Cambridge University Press, New York.
- Schneiderman et al. 2007. Neuropsychobiology, 55, 96-111.
- Andreasen et al. 1999. Biological Psychiatry, 46, 908-920.
- Friston. 1998. Schizophrenia Research, 30, 115-125.

Acknowledgements

Thomas Whitford is supported by an Overseas-Based Biomedical Training Fellowship from the National Health and Medical Research Council of Australia (NHMRC 520627) administered through the Melbourne Neuropsychiatry Centre at the University of Melbourne. Marek Kubicki is supported by grants from the National Institutes of Health (R03 MH068464-0; R01 MH 50747 to MES). Jason Schneiderman is supported by a fellowship from the National Institutes of Health (T32 MH 016259). Robert McCarley is supported by grants from the Department of Veterans Affairs (VA Merit Award, VA Schizophrenia Research Center Grant), the National Institute of Mental Health (MH 040799), and the Boston Center for Intervention Development and Applied Research (CIDAR, P50 MH 080272). Martha Shenton is supported by grants from the National Institutes of Health (K05 MH 070047 and R01 MH 50747), the Department of Veterans Affairs (VA Merit Award and VA Schizophrenia Research Center Grant), and the Boston Center for Intervention Development and Applied Research (CIDAR) funded through a center grant mechanism (P50 MH 080272). Kevin Spencer is supported by grants from the Dept. of Veterans Affairs (Merit 101 CX000154) and the National Institutes of Health (R01 MH080187).