Studying neural dynamics and neuropathological burden in Alzheimer's disease with complex systems analysis

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The **neuropathological hallmarks** of Alzheimer's disease (AD): tau tangles, **amyloid plaques**, and cortical atrophy



Healthy brain AD brain

Lerch et al. (2005)



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Local disruptions to activity within individual brain regions

Broader disruptions to communication patterns between pairs of brain regions Represent local regional dynamics with univariate timeseries features like fALFF



AMAMA

Represent **pairwise functional coupling** with features like the Pearson correlation coefficient Aβ plaque deposition is related to neural activity alterations in the default mode network



Default Mode Network (DMN)



Early Aβ plaque accumulation



DMN is active during: Wakeful rest Autobiographical memory Thinking about others



Aβ plaque deposition colocalizes with altered restingstate activity relative to controls (Sperling et al. Neuron 2009)

Images adapted from Palmqvist et al. (2017) Nature Comms

II : How does **Aβ plaque** deposition affect **neural function**?





EQEMBI

100 mg/mL injection, for intravenous use

(lecanemab-irmb) 100 mg/mL INJECTION FOR INTRAVENOUS USE

Understanding specific **mechanism(s)** through which Aβ plaques **disrupt neuronal function and communication** will be vital for ongoing AD drug development

- Refining drug mechanisms
- Optimizing biomarkers for neural activity following clearance of Aβ plaques

Image source: <u>Alzheimer's Research UK</u>

Potential link between AB plaques and altered neural activity in the DMN: excitation-inhibition (E/I) imbalance



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Potential link between AB plaques and altered neural activity in the DMN: excitation-inhibition (E/I) imbalance

Neuroimaging: blood oxygen level-dependent (**BOLD**) functional magnetic resonance imaging (**fMRI**)



Fractional amplitude of lowfrequency fluctuations (**fALFF**)



Pearson correlation

coefficient

r = 0.80

How can we leverage **complex systems analysis** to better understand how **Aβ plaques** modulate **neural activity in the DMN**?

Neuroimaging: blood oxygen level-dependent (BOLD) functional magnetic resonance imaging (fMRI)



Brain region

Timepoint



Comparing Aβ plaque burden and DMN activity with the **Prospective Imaging Study of Ageing (PISA)**

<u>Neuroimage Clin.</u> 2021; 29: 102527. Published online 2020 Dec 8. doi: <u>10.1016/j.nicl.2020.102527</u> PMCID: PMC7750170 PMID: <u>33341723</u>

A prospective cohort study of prodromal Alzheimer's disease: Prospective Imaging Study of Ageing: Genes, Brain and Behaviour (PISA)

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Identifying the DMN with spatial independent component analysis (ICA)

Data: Time series from all fMRI voxels per participant (TR=2.68s)

MMMMM

mmm

Mumm

MMMM

MMMMM

MMMM

Data preprocessed by Dr Joseph Giorgio

Source components:

subregions of the DMN

ICA

Weights: coefficient indicating how much a voxel contributes to the source component



Analysing **DMN activity dynamics** in the context of high- vs. **lowamyloid plaque burden** in mild cognitive impairment + AD



Preliminary finding: features related to power spectrum shape and lagged self-correlation structure distinguish high-vs. low-amyloid brains



Example high-performing power spectrum shape feature 1:

SP_Summaries_fft.wmax_75



Preliminary finding: features related to **power spectrum shape** and **lagged self-correlation structure** distinguish high- vs. low-amyloid brains



Example high-performing power spectrum shape feature 2:

SB_MotifThree_quantile_cccc



Count the frequency of C-C-C-C patterns (i.e., 4 consecutive BOLD frames with high amplitude)



Top 50(+) hctsa features outperform the fALFF



Summary: the tl;dr



Takeaway 1: Time-series features related to the power spectrum shape and lagged self-correlation structure are significantly altered in the high-amyloid DMN, suggesting that BOLD activity is fluctuating at a lower frequency with greater periods of sustained high activity with high AB.

Takeaway 2: Our data-driven analysis identified many features that out-perform the standard fALFF, suggesting potential biomarkers for further analysis.

Limitation: Amyloid centiloid burden is not spatially specific to DMN, and high versus low amyloid do not directly align with clinical diagnosis.

Future directions: Include functional connectivity properties within DMN subcomponents, and compare information gained with fMRI activity relative to standard biomarkers.

Thank you!



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