

原 著 論 文

Task-related attention effects in the brain regions on autism spectrum disorder

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Abstracts

Brain function in autism spectrum disorder (ASD) has been studied by functional magnetic resonance imaging (fMRI). In particular, task-based fMRI studies have examined brain regions in ASD using language or face stimuli while resting-state fMRI studies have investigated functional networks. Most of the studies have focused on the core features of ASD namely to social interaction deficits. In this study, we devised a novel experimental paradigm to combine task-based and resting-state fMRI to examine functional features of ASD. We provide data suggesting that our novel paradigm can provide an interesting path to explore in the search of biomarkers for ASD.

Keywords : resting state fMRI, repetitive-task fMRI, Autism Spectrum Disorder (ASD), Functional connectivity.

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition ^{1,2)} characterized by several deficits in behavior such as difficulties with communication ³⁻⁵⁾ and social interactions ^{6,7)}, as well as restricted or repetitive patterns of behavior ⁸⁻¹⁰⁾. Although not considered as a major feature, attention problems such as intense focusing and concentration on a single item are also common in ASD ¹¹⁾. Brain function in ASD patients have been studied by functional MRI (fMRI). Specifically, task-based fMRI studies have examined brain regions involved in ASD by using language or face stimuli and resting-state fMRI studies have investigated functional networks ¹²⁻¹⁵⁾. Most of the studies have focused on the core ASD features related to deficits in social interactions.

Here, we propose a novel experimental paradigm combining task-based and resting-state fMRI to examine attention related features in ASD. We identified functional brain areas affected by ASD by meta-analysis (Neurosynth). The functional connectivity between these brain regions was evaluated while the participants performed a repetitive task (finger tapping throughout the fMRI acquisition period). This experimental paradigm does not provide fMRI response for events of the task because it has no rest period but provides the similar fMRI response time courses as seen in the resting-state fMRI.

As a proof-of-principle study, we performed fMRI on healthy participants and attempted to find functional connectivity differences between the typical resting-state fMRI and fMRI in the repetitive task condition (repetitive task-based fMRI).

Materials and Methods

This study was approved by the Institutional Review Board of Tohoku Fukushi University (RS190607). Ten healthy volunteers participated to this study. MRI measurements were conducted by a 3-Tesla MRI scanner (Skyra-fit; Siemens) with a 20 channel matrix head coil. From the ten subjects' structural images (T1) and functional images were measured. Parameters for structural images were repetition time 1900 ms, matrix size 256×256 , in-plane resolution = 1×1 mm², slice thickness = 1 mm, and number of slices = 192. The imaging orientation was sagittal. For functional fMRI measurements, the following parameters were used: repetition time = 1000 ms, echo time = 24 ms, matrix size = 64×64 , in-plane resolution = 3.4×3.4 mm², slice thickness = 3.4 mm, and number of volumes = 480. Repetitive-task fMRI and resting-state fMRI data were acquired from. In the resting-state fMRI session, subjects were asked to lie on the bed and not to wander their mind with their eyes open and to gently focus their eyes on the center of the visual field. The resting-state fMRI session was followed by repetitive-task fMRI session. In the task-fMRI session, subjects performed finger tapping by both hands continually throughout the 8 min scan with their eyes open. The lights in the room were turned off during all MRI scans.

The brain areas related to ASD were identified from Neurosynth. This is a platform for the large-scale, automated synthesis of fMRI data¹⁷⁾. The keyword of ASD was used for the identification of brain areas.

Results and Discussion

Seventeen brain areas previously related to ASD were identified using Neurosynth¹⁷⁾. Table 1 shows the coordinates and anatomical labels of these functional brain regions and SupplementFig. 1 shows the maps of the areas. To examine the connectivity between those brain regions we performed a correlation analysis (Pearson's correlation between two brain areas). The correlation maps were almost the same for the resting-state fMRI and the repetitive task-based fMRI (Fig. 2). The difference map and p-value map were obtained by subtracting the two brain maps from each other (Fig. 3). Only the left medial frontal cortex and the left occipital cortex had significant correlation value (Table 1; SupplementFig. 1).

These two functional areas affected by ASD are not implicated in the motor function involved in the repetitive task performed by the subject during the fMRI scan. The identified area in the left occipital cortex is known to process visual information related to faces, objects, and attention and the one in the left medial frontal cortex processes information related to behavioral control, attention, rewards, emotion, decision making etc. Therefore, the correlation changes observed in these brain regions might be due to a secondary function involved in the repetitive task, such as staying focused to perform the same task for several minutes¹⁸⁻²⁰⁾. One of the conceivable functions is the attention because the behavior of staying focused during the task can be interpreted as the task-related attention and both brain regions are involved in the attention processing^{21,24)}. This task-related attentional modulation of the functional connectivity may reflect plausible difference between ASD and typically developing controls (TDC)²¹⁾. A previous study supports it by showing changes in cortical thickness of the left occipital cortex in relation with attention in which the change was a result of compensation of attentional network²⁴⁾.

Table 1. The brain areas related to ASD identified from Neursynth.

	peak_x	peak_y	peak_z	(MNI coordinates)
1	22	-4	-44	R. Fusiform Gyrus
2	-4	-6	-34	L. Pituitary
3	42	-56	20	R. Angular Gyrus
4	-2	-60	36	L. Precuneous Cortex
5	44	2	-24	R. Temporal Pole
6	-6	38	-22	L. Medial Frontal Cortex
7	-66	-16	-14	L. Middle Temporal Gyrus
8	-30	-62	12	L. Precuneous Cortex
9	46	-2	-24	R. Superior Temporal Gyrus
10	-62	-20	-14	L. Middle Temporal Gyrus
11	38	6	-26	R. Temporal Pole
12	-32	-64	6	L. Occipital Cortex
13	50	-46	-42	R. Cerebellum
14	-2	58	20	L. Frontal Pole
15	-2	-56	38	L. Precuneous Cortex
16	-42	6	-30	L. Temporal Pole
17	48	-32	4	R. Superior Temporal Gyrus

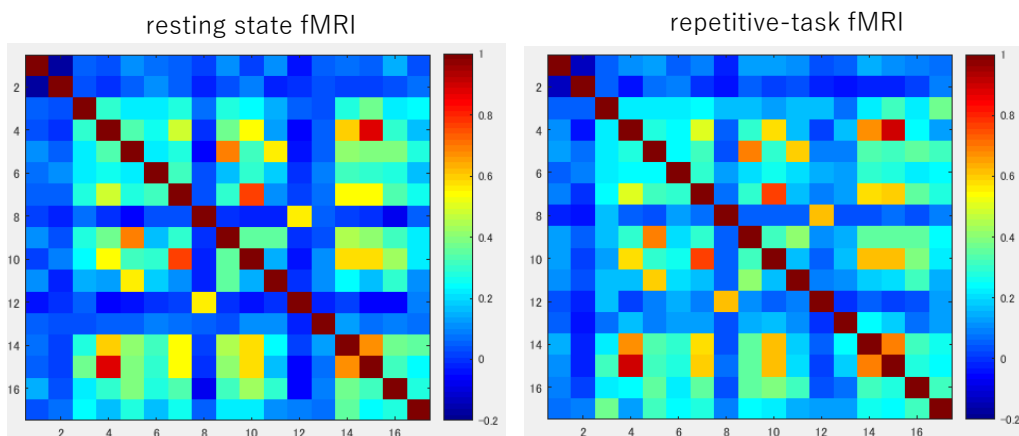


Figure 1. Correlation (Pearson's) maps for resting state fMRI (left) and repetitive-task fMRI (right)

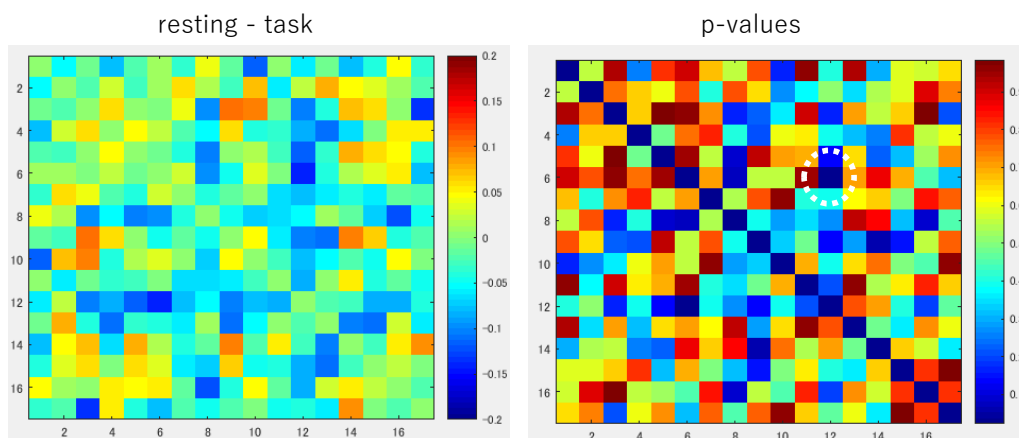


Figure 2. Difference map between resting state fMRI and repetitive-task fMRI (left) and the p-value (paired-t test) map corresponding to the difference map (right). The white dotted circle indicates the only connectivity difference satisfying the significant level of $p < 0.05$.

The connectivity change induced by the repetitive task in ASD related brain areas might be a candidate biomarker for ASD. However, further studies are needed. In particular, a comparison of the autism spectrum quotient score and the connectivity changes in ASD patients is necessary. Nevertheless, our paradigm has the advantage to use fMRI response induced by task performing and might be more sensitive than other methods based on resting-state fMRI because of focal activation resulting in a less partial volume effect. Moreover, the task is simple and easy to perform and does not require difficult or high cognitive skills.

In conclusion, this study shows that our novel experimental paradigm provides an interesting avenue to explore in the search for biomarkers for ASD.

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Supplementary Figure 1. Locations of the 17 functional brain areas identified.
The color bars stand for a statistical value (t-value).

