Using fMRI connectivity to define a treatment-resistant form of post-traumatic stress disorder

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Soyeon Kim

Introduction

Terrorism

Accidents

Witnessing death or injury

Physical assault

Combat

Sexual abuse



Flashback

Apathy

Intrusive distressing memory

Hopelessness

Nightmare

Avoidance

<u>Introduction</u>

Working memory

Attention

Memory

Verbal learning



Information-processing speed

Inhibition

Flexibility

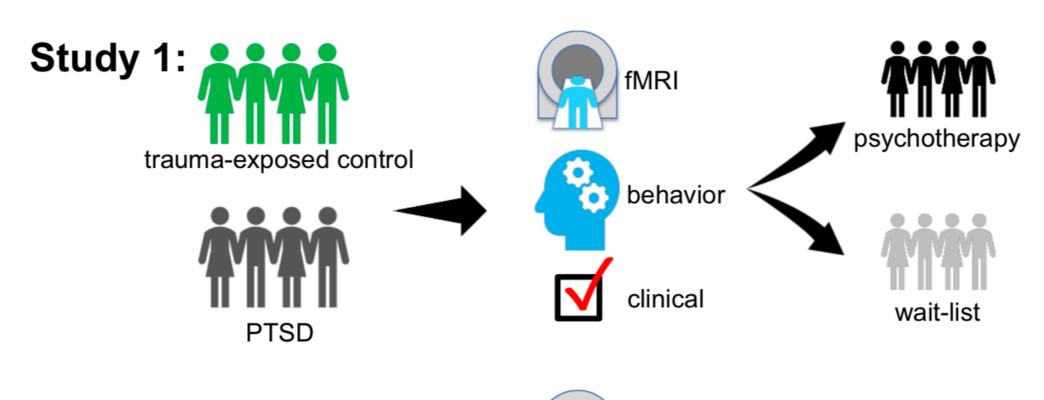
Introduction

Treatments

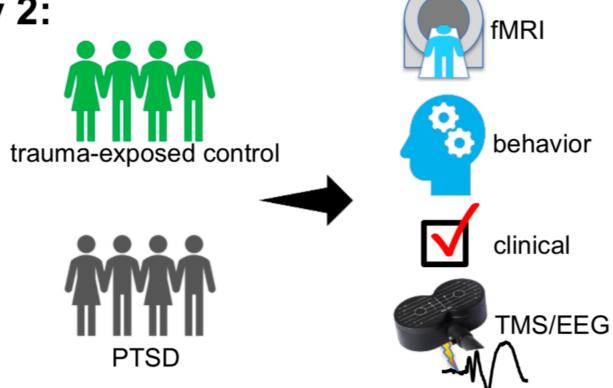
- Prolonged exposure therapy
- Cognitive processing therapy (CPT)
- Eye Movement Destination and reprocessing (EMDR)
- Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs), Valium, ...

Research goals

- Identifying individual differences in cognitive function and resting-state fMRI connectivity within PTSD patients
- Testing this phenotypes can be generalized
- Delineating this phenotypes can predict the treatment outcomes
- Using spTMS/EEG, see certain brain area is related to fMRI connectivity







0 N = 36

O Have experienced a criterion A trauma, but not meet lifetime criteria for any Axis 1 psychiatric disorder

Study 1: A Third I Thi

0N = 76

- O Mostly unmedicated
- O Permitted comorbid mood and anxiety disorders secondary to PTSD
- O Exclusion criteria: history of psychotic, bipolar or substance dependence, neurological disorder, brain injury, ...



Study 2:



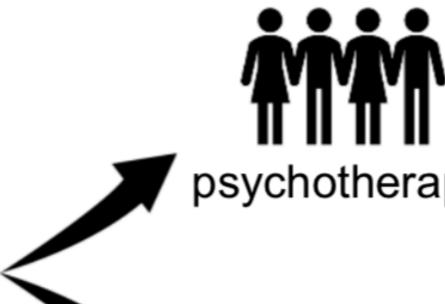








clinical







Resting-State fMRI

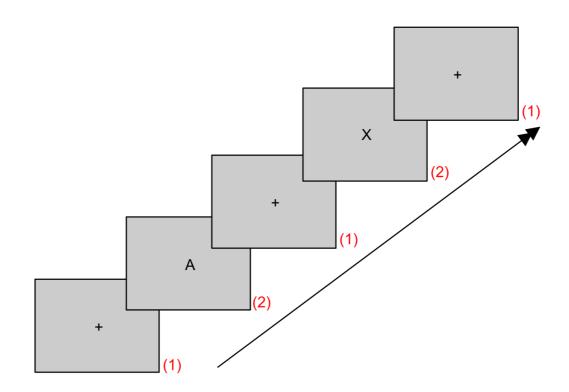
Eight minutes in length

Questionnaires and clinical scales

- WHOQOL-BREF
- Beck Depression inventory-2
- WASI (Wechsler Abbreviated Scale of Intelligence)

Behavioral assessments

- Word list learning task
- Continuous performance task



Behavioral assessments

Digit span forward task

3	7-4-9
4	8-5-2-1
5	2-9-6-8-3
6	5-7-1-9-4-6
7	8-1-5-9-3-6-2
8	3-9-8-2-5-1-4-7
9	7-2-8-5-4-6-7-3-9

Behavioral assessments

Color-word Stroop interference task

BLUE GREEN YELLOW

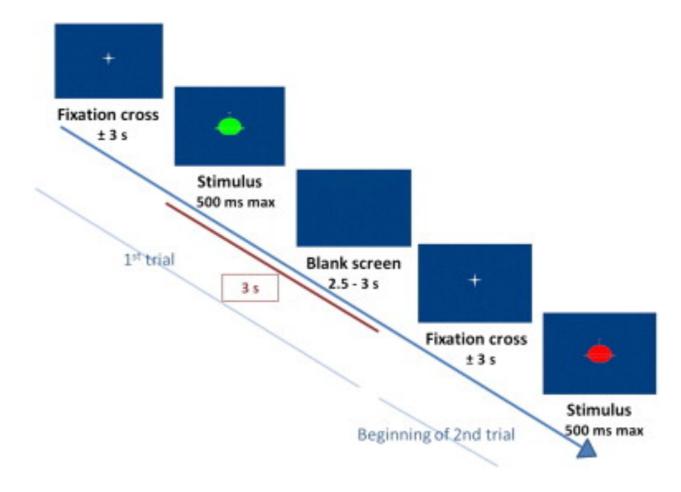
PINK RED ORANGE

GREY BLACK PURPLE

TAN WHITE BROWN

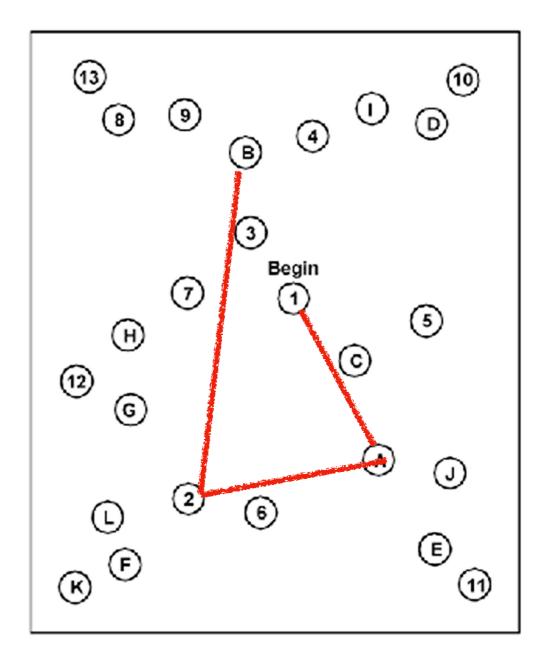
Behavioral assessments

Go/NoGo task



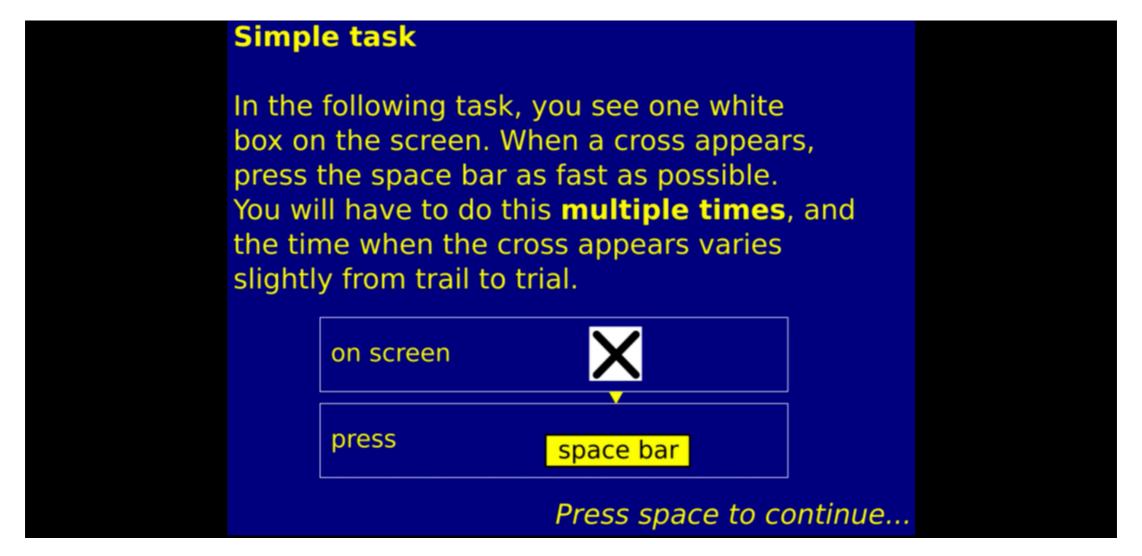
Behavioral assessments

Trails B task



Behavioral assessments

Choice reaction time task





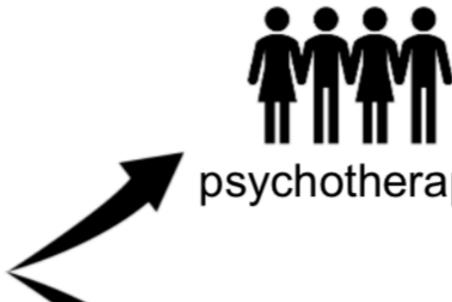








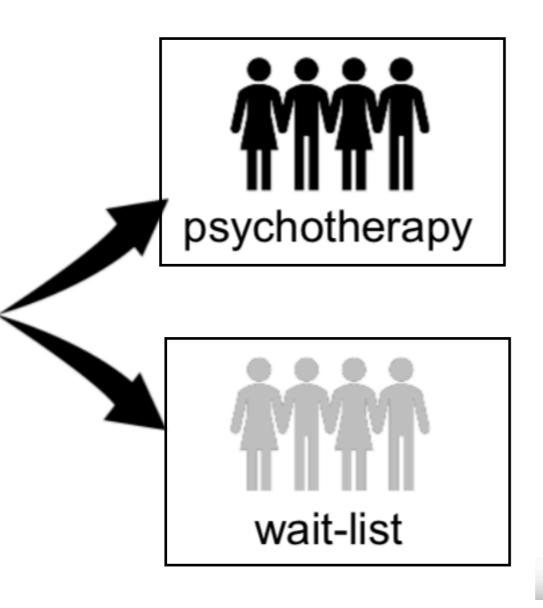
clinical







<u>Methods</u>



Prolonged Exposure Therapy





Study 2:

0 N = 117



0 N = 128

O Including medicated patients

O Iraq/Afghanistan-era combat veterans



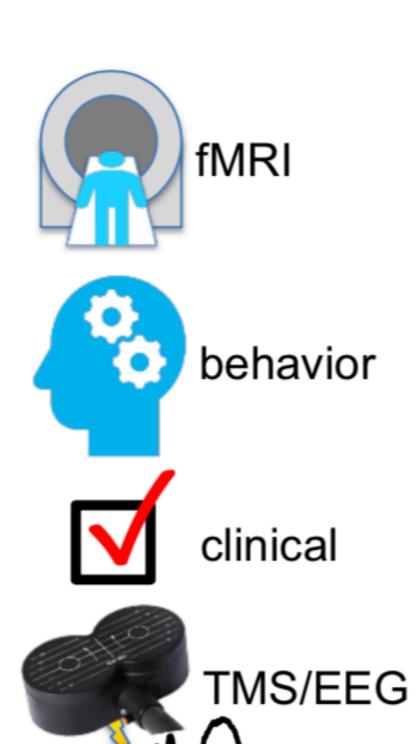




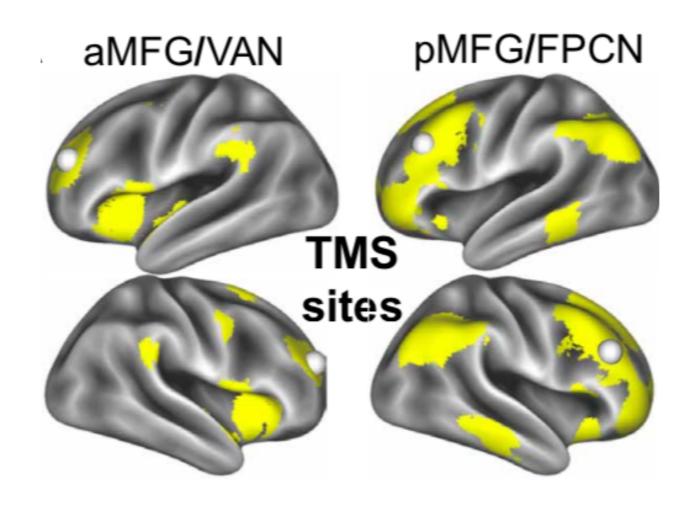








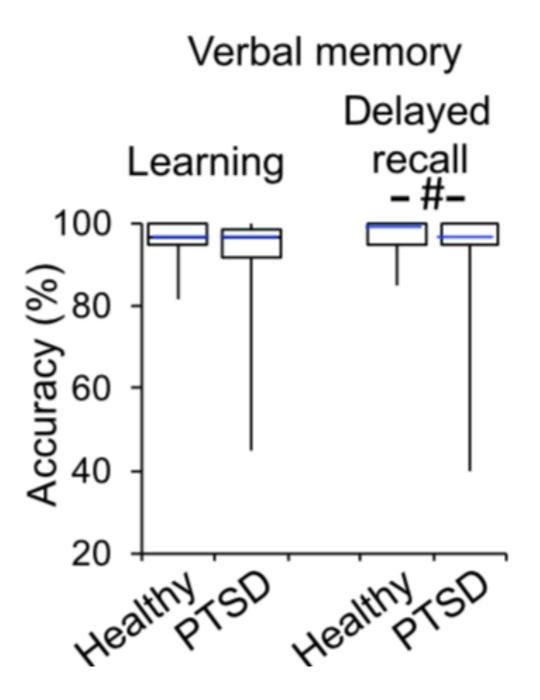
TMS/EEG



RESULTS

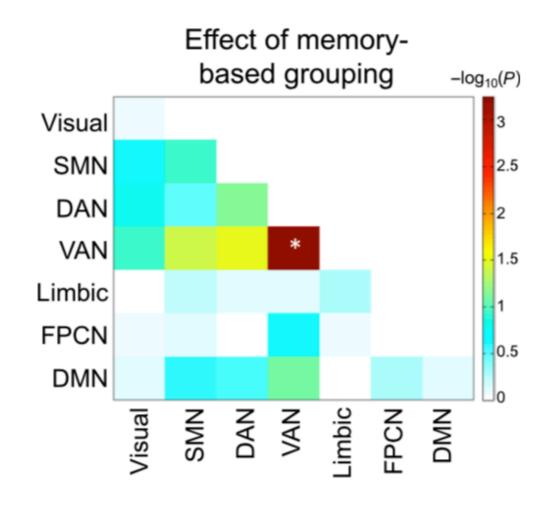
Study 1

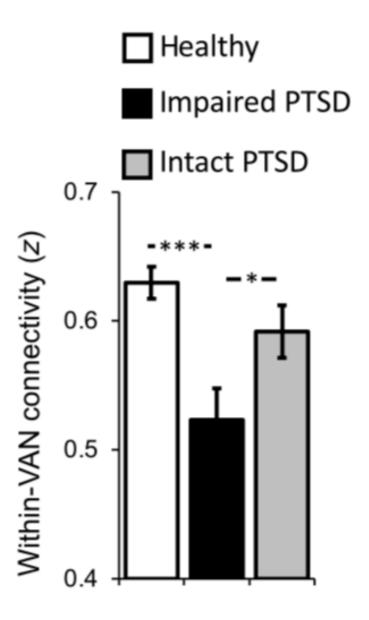
Cognitive functioning



Study 1

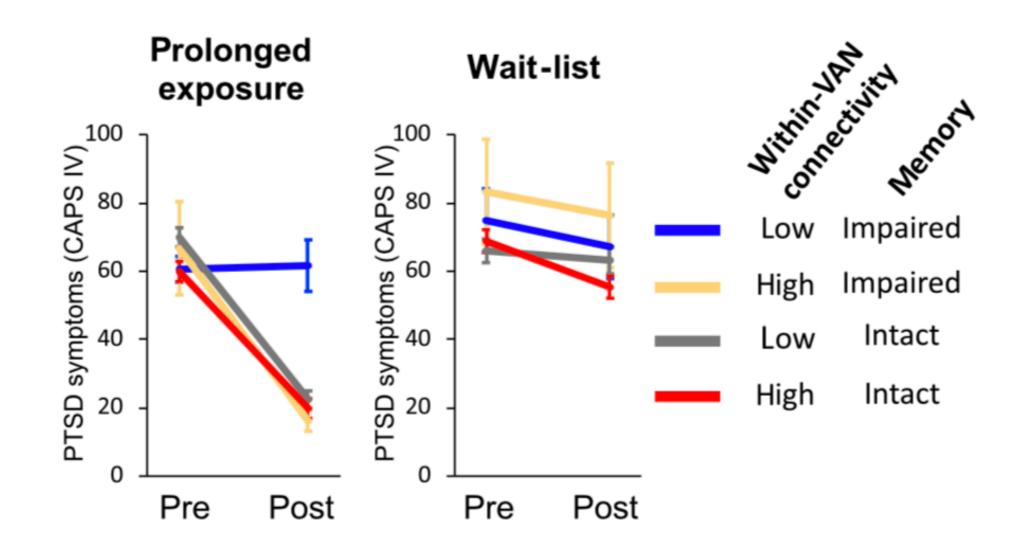
Resting-state fMRI





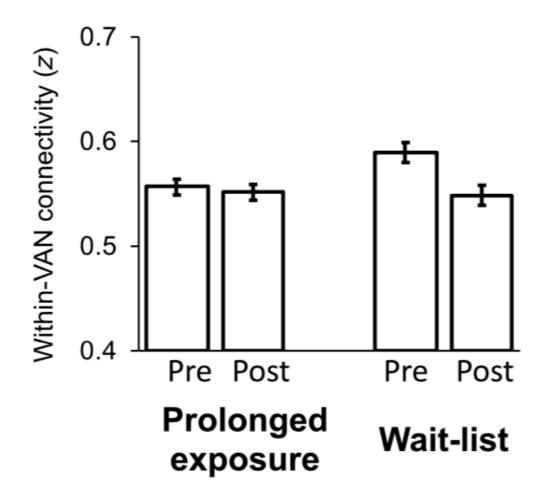
Study 1

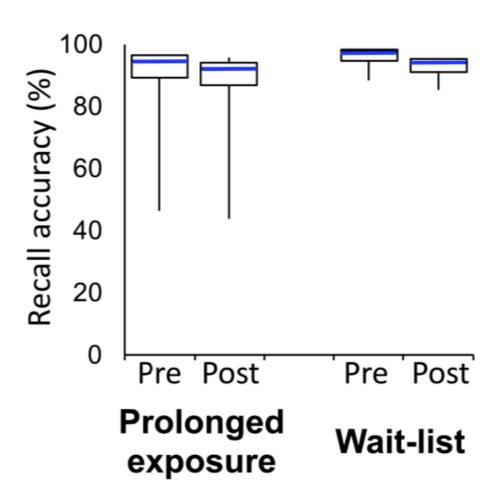
Treatment outcomes



Study 1

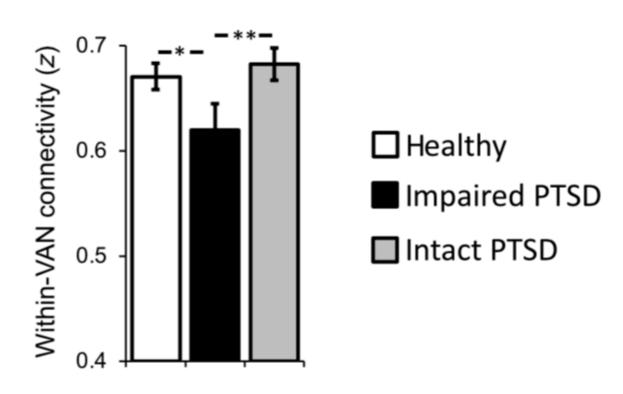
Treatment outcomes





Study2

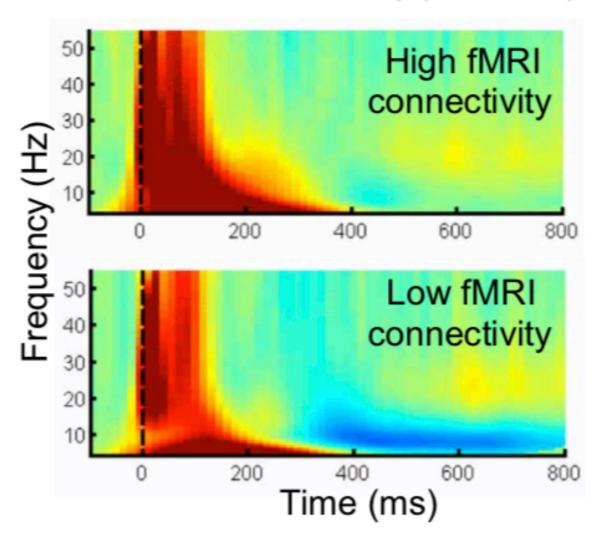
- Cognitive functioning
 - Verbal memory impairment ↑
- Resting-state fMRI



Study 2

- sp TMS / EEG
 - Right aMFG/VAN
 stimulation → within VAN fMRI connectivity
 - Prolonged alpha-range desynchronization

Within-VAN connectivity (residual, z)



<u>Implications</u>

- Identifying neurobehavioral phenotype
- Phenotype can predict treatment outcome
- Finding brain regions related to the degree of within-VAN fMRI connectivity

Future study & limitations

- Identifying which factor of verbal memory and within-VAN connectivity is related
- More generalization
- fMRI are less suited to ultimate clinical translation than EEG

Thank you 🤓