White matter connectivity analysis in patients suffering from depression.
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Introduction

• Major depressive disorder (MDD) is characterized by a profound dysregulation of affect and mood: cognitive dysfunction, insomnia, fatigue and appetite disturbance.
• Up to 80% of patients will suffer from a relapse.
• Understanding the neural correlates underlying the depression is critical for improving the efficacy of diagnostic and treatment strategies.
• Dysfunction of the circuits connecting frontal and subcortical brain regions, leads to a “disconnection syndrome”[1].
• Using graph theory-based analysis, we examined white matter changes in the organization of networks in patients suffering from depression.

Material and Methods

Data:
• LONGIDEP is a routine care cohort of patients suffering from MDD who underwent clinical, neuropsychological testing and imaging study.
• DTI scans: 30 directions using an EPI sequence with a b-value of 1000s/mm².
• 20 MDD patients and 20 healthy controls (CTL) subjects.

Network node definition:
• Parcellation of the cerebral cortex into 66 cortical and 14 subcortical regions using Freesurfer image analysis [2].
• Each regions represents a node of the cortical network.

Diffusion tractography:

Network analysis:
• Computation of various metrics that characterize the global organization of anatomical networks.
• Fiber density (number of fibers normalized by ROI volume) characterizes the strength of inter-regional connections.
• Regional nodal properties: Strength (reflects how the node is interacting with many other nodes in the network), Betweenness (in integrating dispersed networks) and Clustering (in local networks).
• Two-sample Student t-test between the two groups with age, gender, duration of disease and medication load [3] as nuisance covariates, combined with a permutation test.

Results

• Widespread white matter abnormalities in patients with MDD: reduced connection between the frontal and parietal lobes, and between the frontal pole and limbic regions.
• In the frontal pole: reduced strength and reduced clustering.
• Higher betweenness in right and left thalamus and in right putamen for MDD.

Conclusion

• Decreased fiber density in circuits connecting subcortical brain regions with the frontal and parietal cortex, supporting the theory of limbic-frontal circuit dysfunction in MDD.
• Less segregated network organization in the frontal lobe, implicated in abnormalities of emotion regulation and cognition in MDD.
• Thalamus and putamen: highly interactive regions that likely participate in more functional interactions.