

Inserm

La science pour la santé
From science to health



fondation
fondamental



Toward Precision Psychiatry: Advancing Neuroimaging Biomarkers Discovery and Personalized Interventions for Mood Disorders

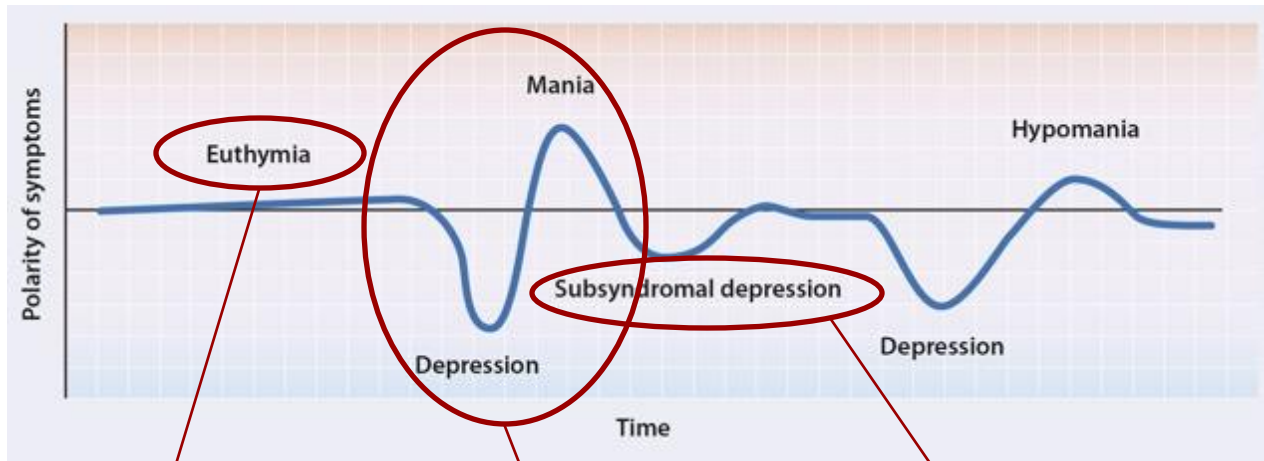
Pauline Favre

INSERM U955 - Institut Mondor pour la Recherche Biomédicale
— Team « Translational NeuroPsychiatry »

NEUROSPIN – CEA Paris-SACLAY
— dept. UNIACT – Team « PsyBrain »

Bipolar Disorder

= severe and chronic mood disease



“Traits”
characteristics

“States” characteristics

Therapeutic
options?



Manic episode:

Elated, “high,” “up”
Increased energy, craving activity
Racing thoughts and ideas
Feeling “super” powers



Depressive episode:

Empty, “low,” “down”
Zapped, little or no energy
Trouble concentrating
Negative thoughts

- 1% of the general population
- Very high medico-social cost (~7500€ / patient / an)
- Late diagnosis (~10 years)
- Heterogeneity
- Significant functional and socio-professional disabilities

Research questions



- Can neuroimaging help to better **understand** and diagnose bipolar disorder?



- Can we use machine learning with MRI features to better **diagnose** bipolar disorder?



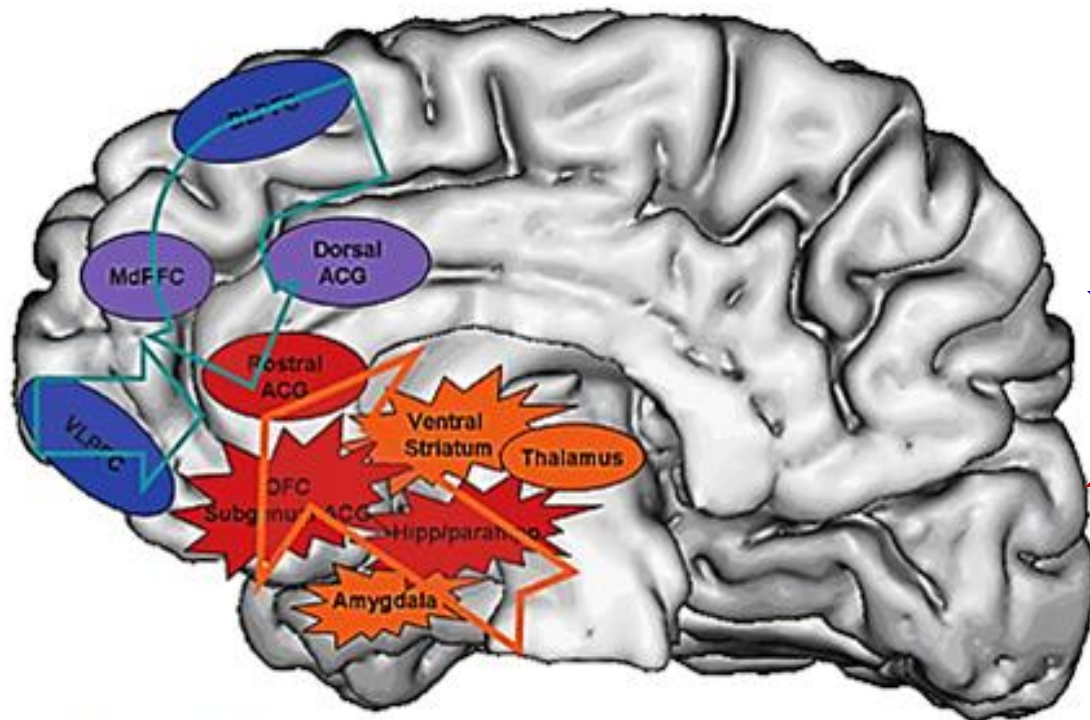
- Can we use neuroimaging discoveries to **manage** symptoms of mood disorder?



Neuroimaging-based Biomarkers of Bipolar Disorder

Can neuroimaging help to better understand and diagnose bipolar disorder?

Neurobiological model of BD



DORSAL SYSTEM:

Lateral prefrontal areas
(ventral & dorsal)

→ Cognitive control

VENTRAL SYSTEM:

Sub-cortical & limbic +
orbito-frontal cortex

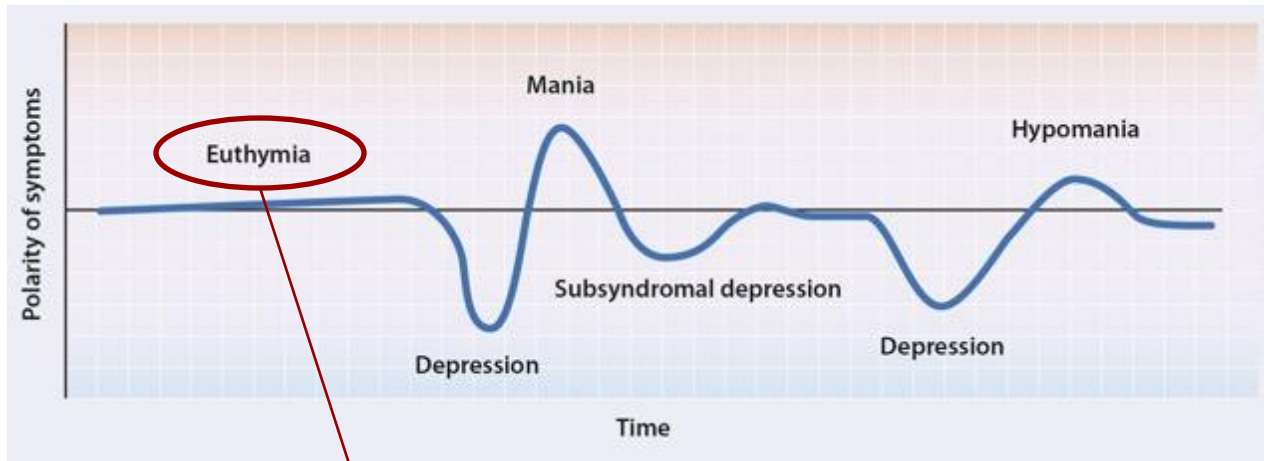
→ Emotions perception &
génération

Orienting/Emotion Identification
Automatic Emotion Regulation
Voluntary Emotion Regulation
**Regions Implicated in Both Automatic
and Voluntary Emotion Regulation**

Bipolar Disorder (BD): Hyperactive ventral
system → Emotional dysregulation

Bipolar Disorder

= severe and chronic mood disease



"Traits"
characteristics



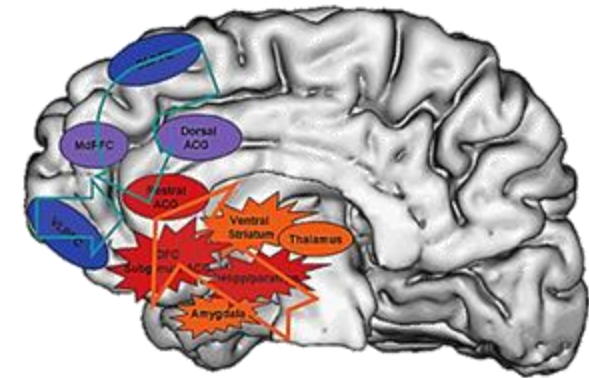
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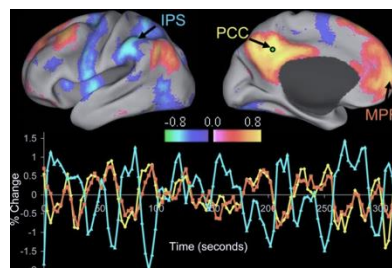
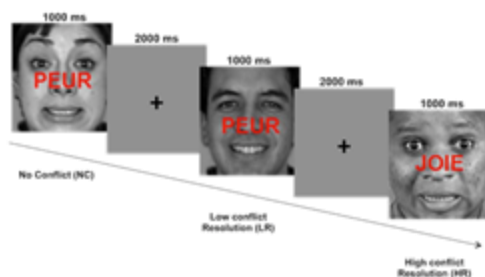
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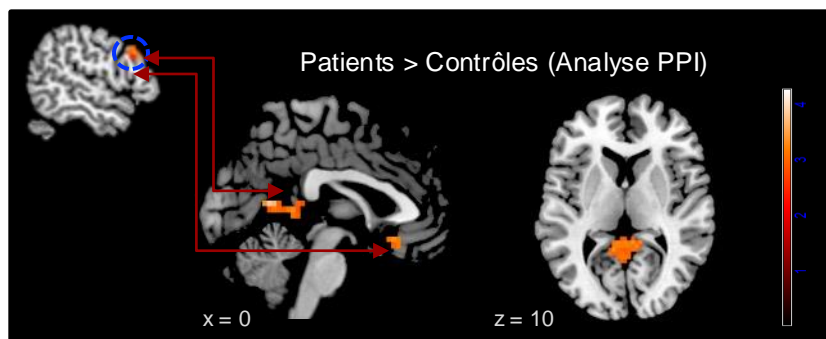
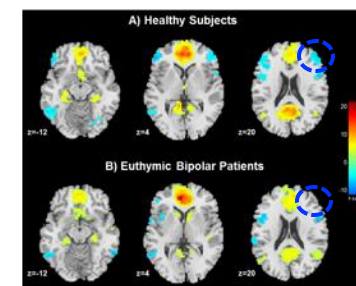
Abnormal functional connectivity in BD

- Emotional Stroop task (PPI analysis – seed: dlPFC)

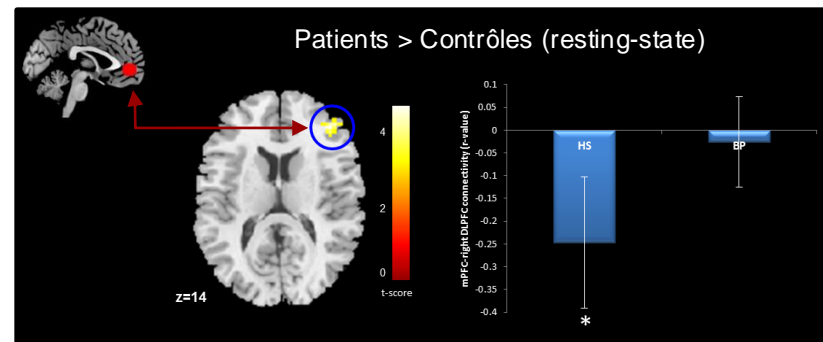


Fox et al., 2005

- Resting-State (seed-to-voxels analysis: vmPFC)



Favre et al., Plos One, 2015

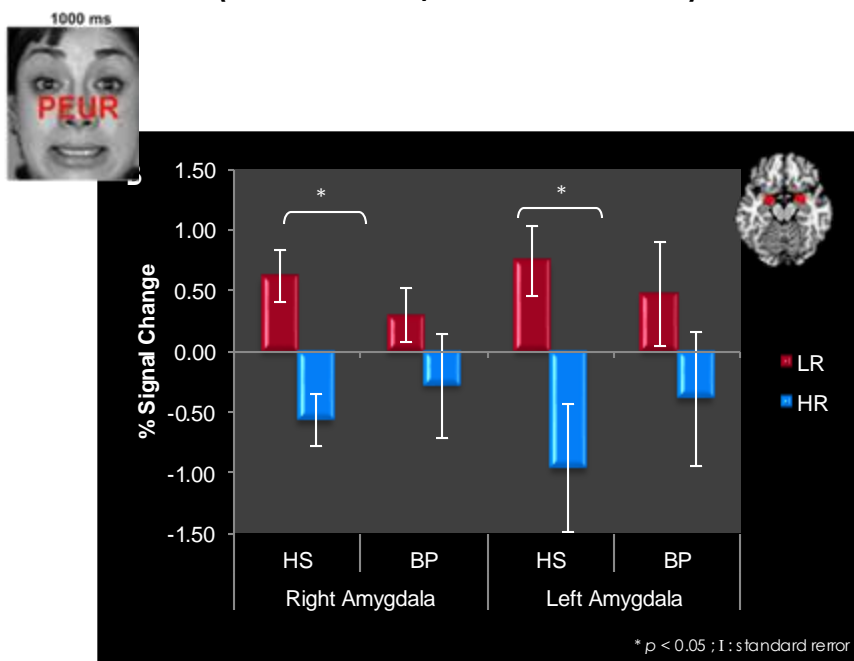


Favre et al, JAD, 2014

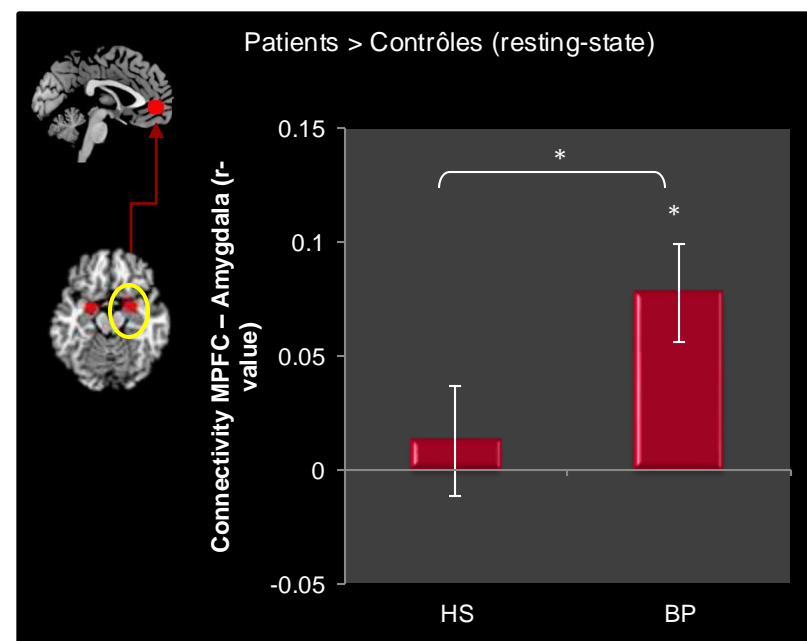
Abnormal functional connectivity between the **Central Executive Network** and the **Default Mode Network** in patients with BD both at rest and during cognitive-emotional tasks

Abnormal functioning of the amygdala

- Emotional Stroop Task (PPI analysis – DLPFC)



- Resting-State FC (ROI analysis – vmPFC-Amygdala)



Altered activation during emotional task and abnormal increase functional connectivity with the vmPFC at rest in euthymic patients with Bipolar Disorder vs. healthy controls

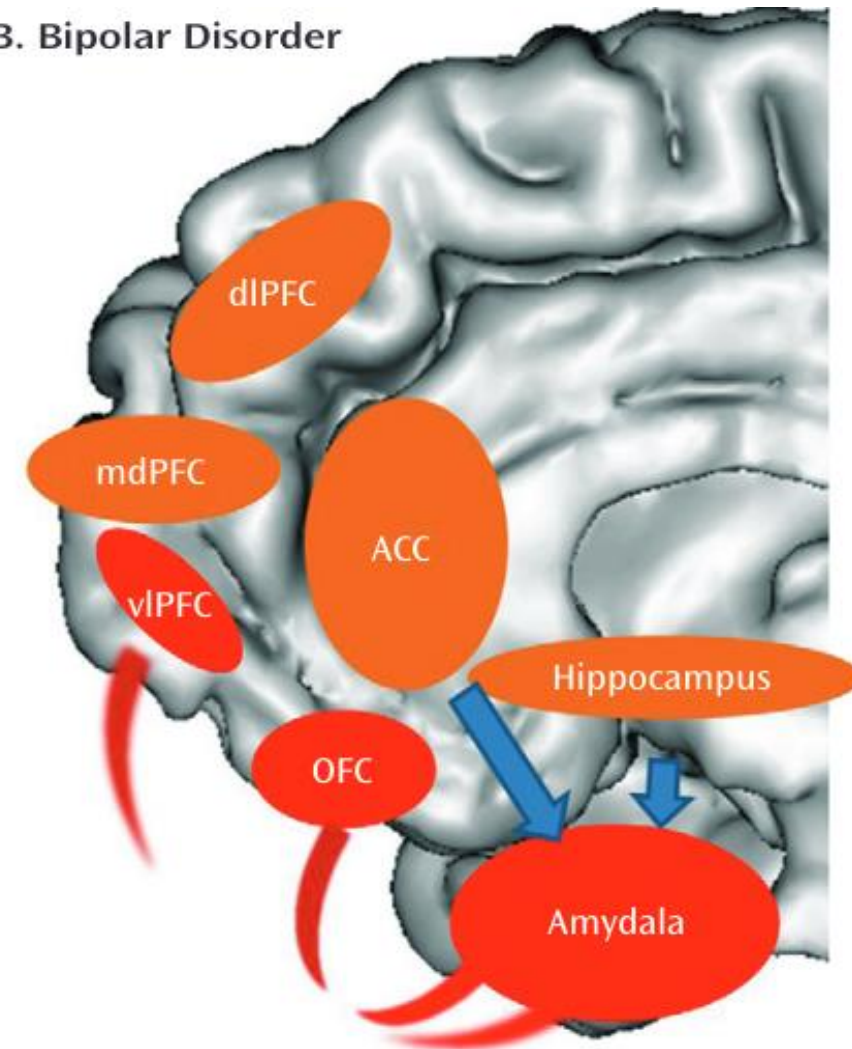
The Amygdala: a key region in the pathophysiology of BD

- Abnormal connectivity with the mPFC¹
- Hyperactivity in response to emotional stimuli^{2,3,4}

But:

- Small samples
- Heterogeneous population
- Various mood states
- No consideration of the subnuclei

B. Bipolar Disorder



Phillips et Swartz,
2014

1. Favre et al, 2014

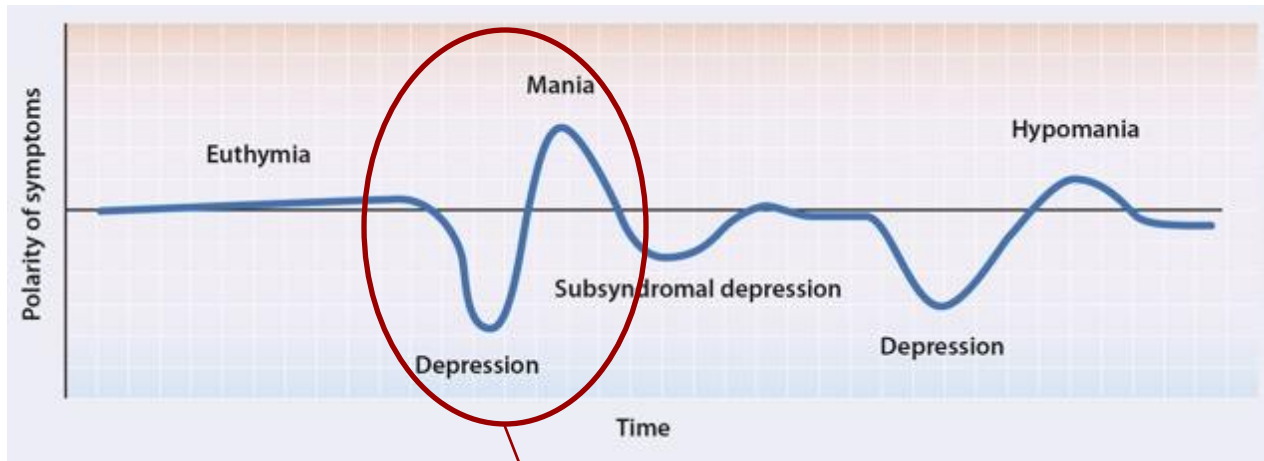
2. Lawrence et al, 2004

3. Blumberg et al, 2005

4. Strakowski et al, 2012

Bipolar Disorder

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"States" characteristics



Manic episode:

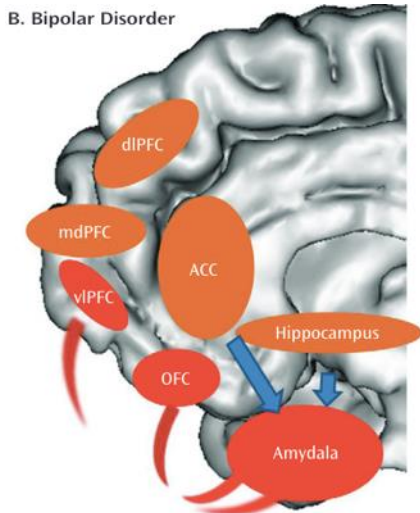
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B. Bipolar Disorder



Study objectives

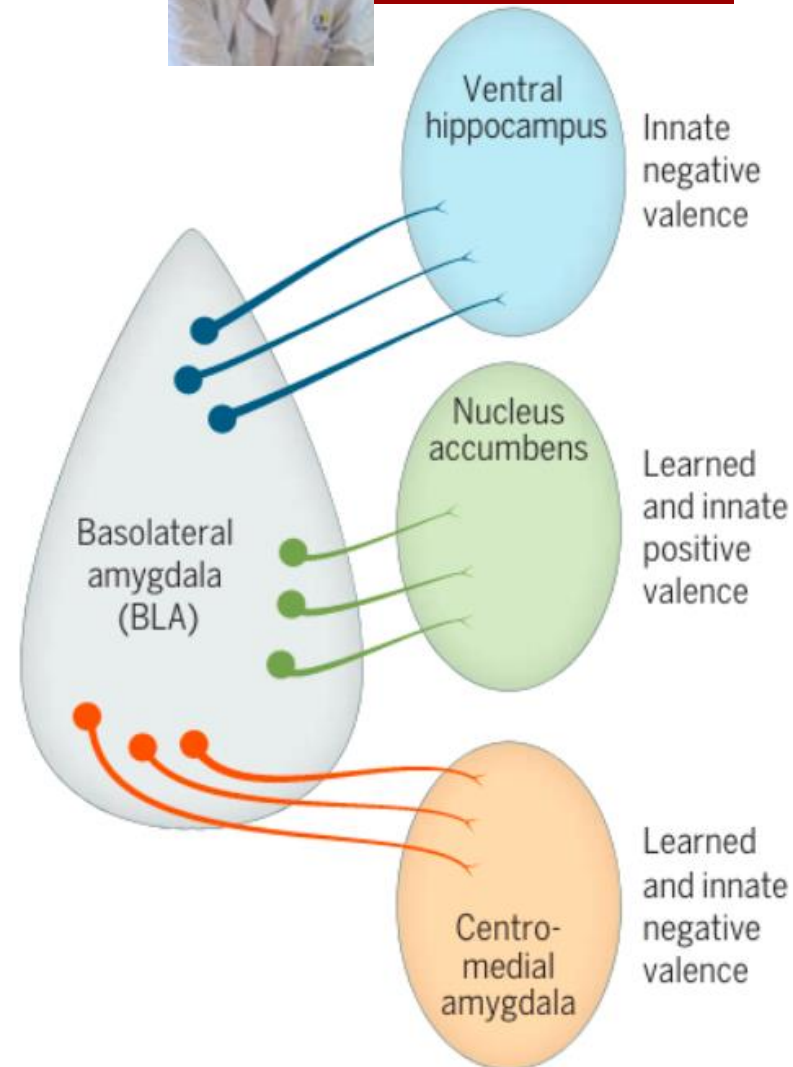
(Krystal et al., 2024)

- Measure of amygdala's subnuclei FC
- Functional networks with coding for specific emotional valence

FC differences between BD patients and HC?

Correlation with the mood state?

FC differences between subgroup of patients with manic/depressed mood state?



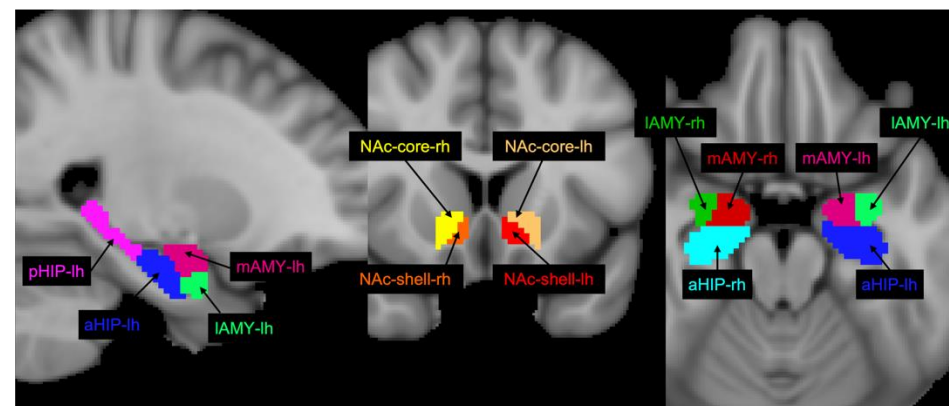
Study Methods

(Krystal et al., 2024)



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- Multicentric study: Créteil, Grenoble, Geneva
- 127 BD patients and 131 healthy controls (18-65 yrs)
- Preprocessing with MRI QC and fMRI prep
- Resting-state functional connectivity
 - ROI-to-ROI analyses
 - Tian's subcortical atlas (2020)
 - 12 ROIS
 - Computation of functional connectivity matrices (Nilearn)



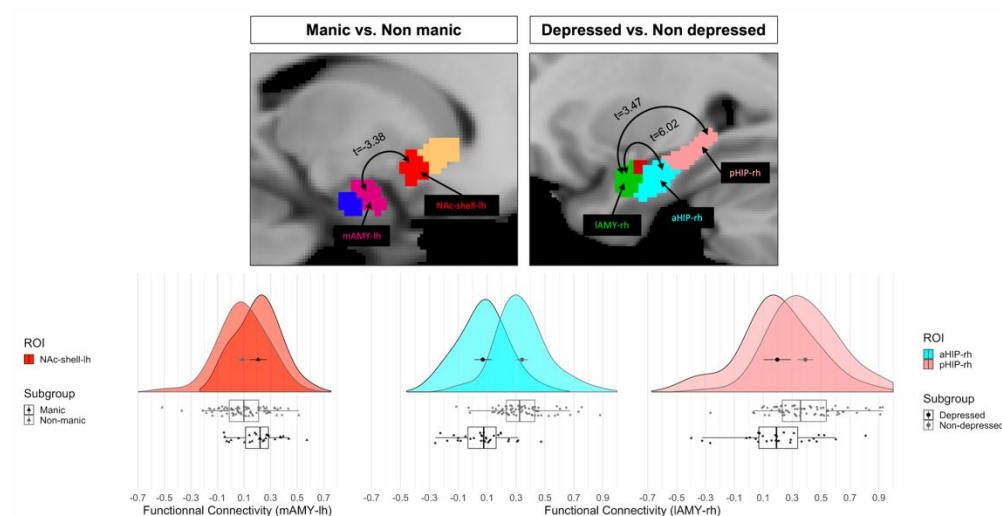
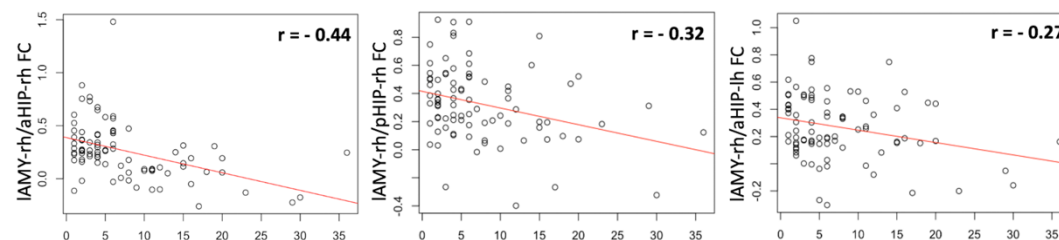
- lateral (**IAMY**) medial (**mAMY**) nuclei of the amygdala
- Anterior (**aHIP**) and Posterior (**pHIP**) Hippocampus
- Central (**NAc-core**) and peripheral (**NAc-shell**) parts of the nucleus accumbens

Study Results

(Krystal et al., 2024)



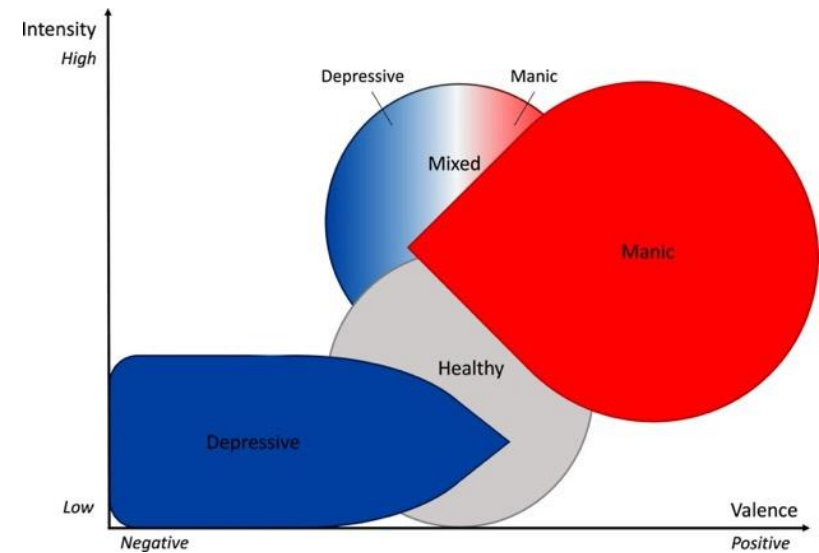
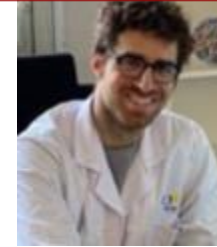
- No difference between BD patients and HC
- Significant correlations between depression scores and lateral AMY – HIP connectivity
- Increase FC medial AMY – Nac in manic vs. non manic patients
- Decrease FC lateral AMY – HIP in depressed vs. non depressed



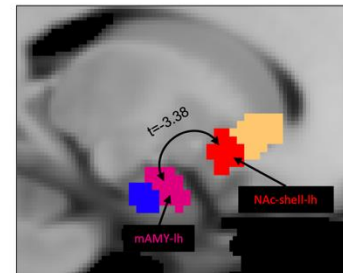
Discussion

(Krystal et al., 2024)

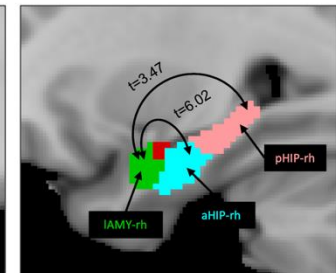
- Valence specific brain networks are correlated with mood states of bipolar disorder
- Important to consider amygdala subnuclei ++
- Limits: retrospective study, patients with low symptoms levels, comorbidities (anxiety++), subgroups with small samples
- Need further prospective studies in unipolar depression, manic patients and schizophrenia

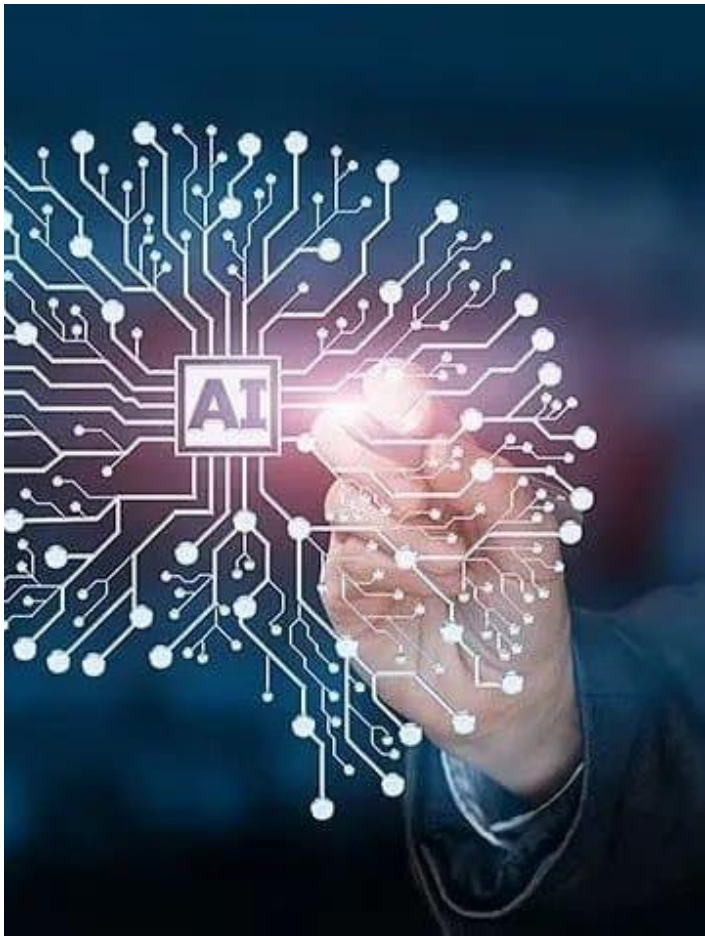


Manic vs. Non manic



Depressed vs. Non depressed





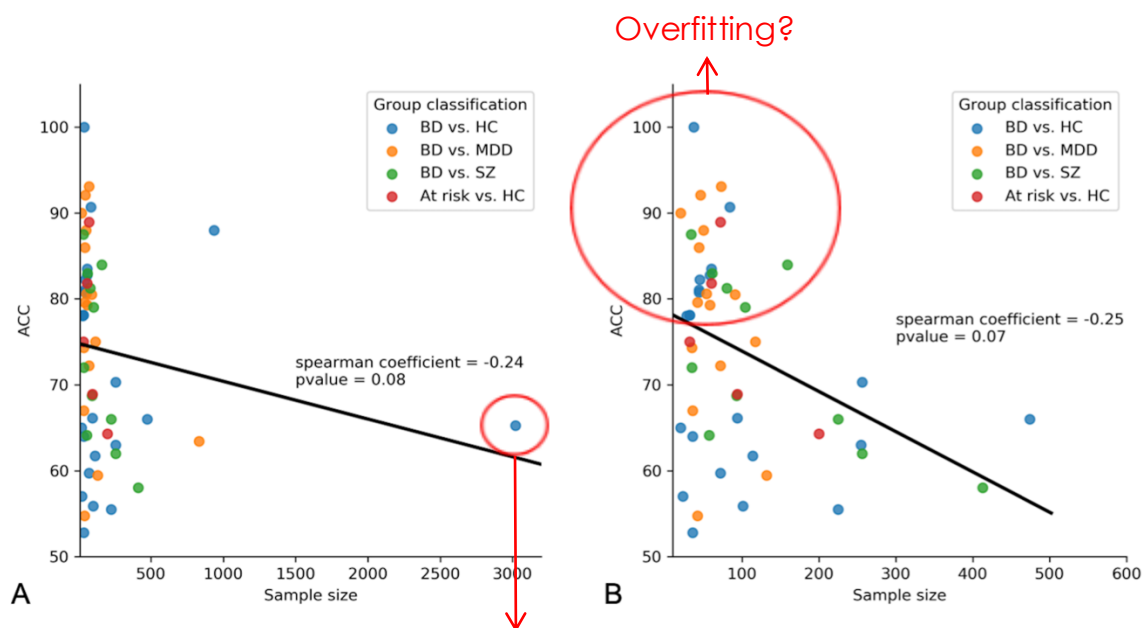
Neuroimaging-based Prediction of Bipolar Disorder

Can we use machine learning to better diagnose
bipolar disorder?

Systematic literature review:

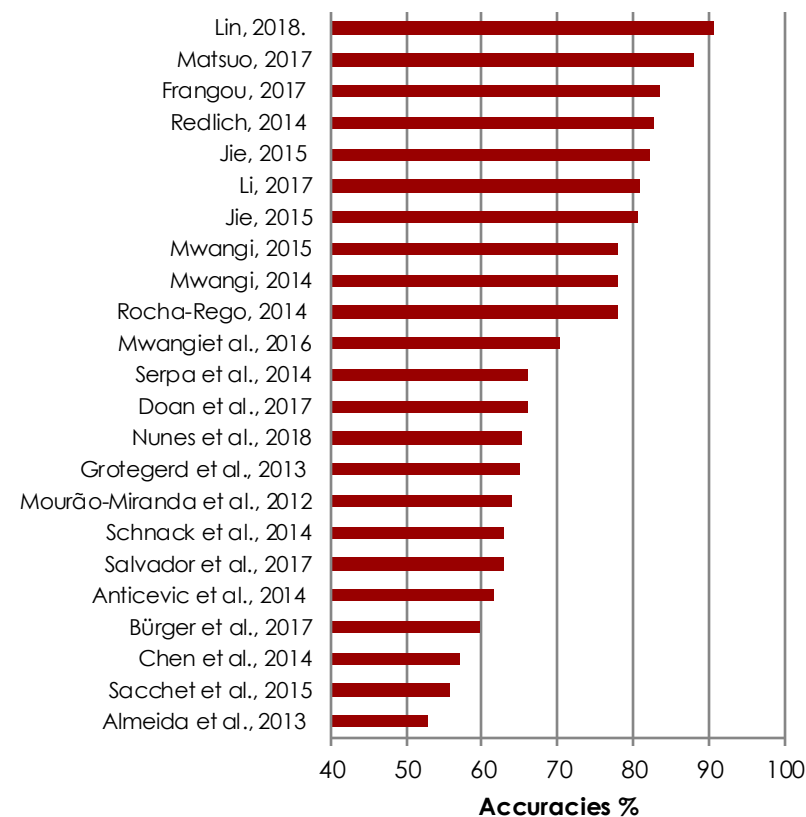
“Will machine learning applied to neuroimaging in bipolar disorder help the clinician? A critical review and methodological suggestions”

- 24 studies BD vs. Healthy controls
- 16 studies BD vs. Major depressive disorder
- 12 studies BD vs. Schizophrenia



Nunes et al., 2020; ENIGMA; N>3000

Classification BD vs. HC



Claude, Houenou, Duchesnay & Favre, 2020 Bipolar Disorders

Why Most Published Research Findings Are False

John P. A. Ioannidis

Power failure: why small sample size undermines the reliability of neuroscience

ENIGMA Bipolar Disorder DTI Working Group (N = 3033)

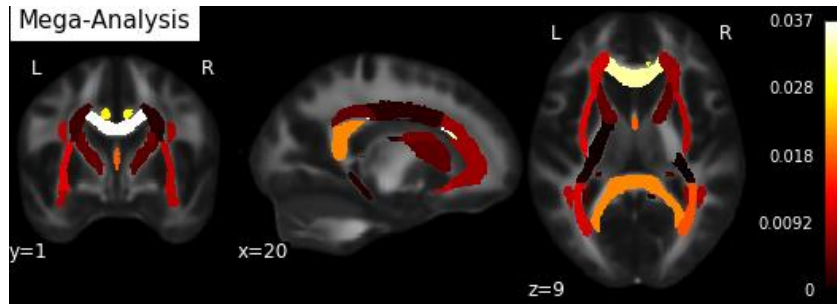


→ Diffusion-weighted MRI data from 26 international cohorts (harmonized pipeline)

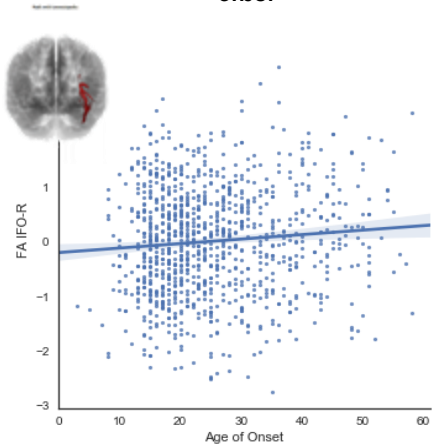


ENIGMA – BD : DTI Results (N > 3000; 26 centers worldwide)

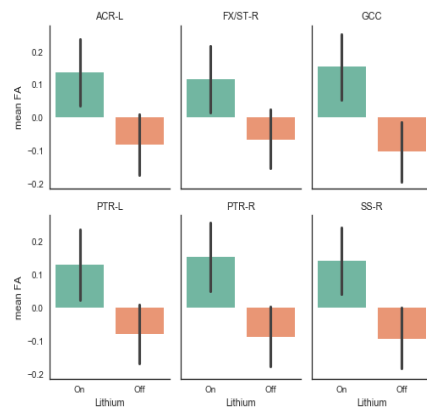
Univariate statistics (Mega- and Meta-analyses)
→ decreased FA on 29/44 tracts



■ IFO-R more preserved when later onset

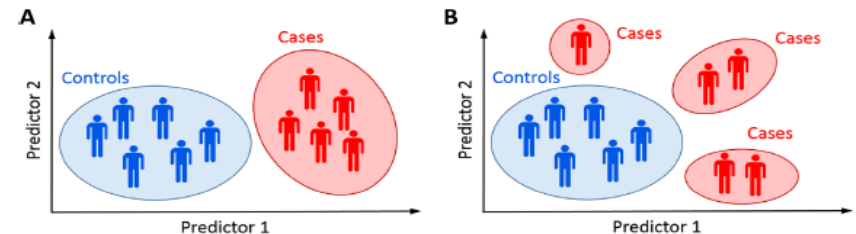
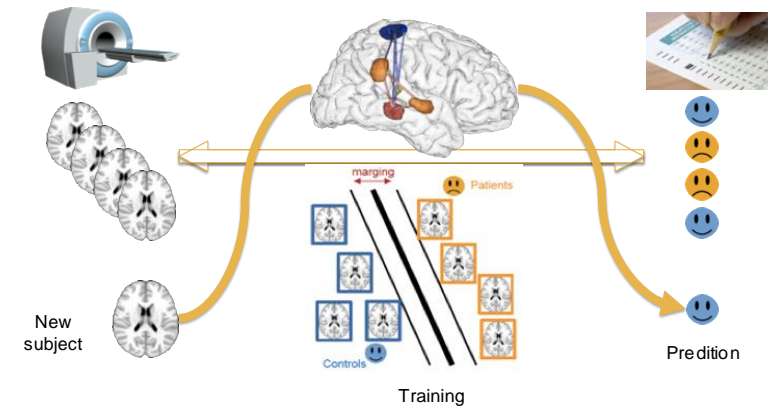


■ Patients on lithium with higher FA



Favre, et al, 2019, Neuropsychopharmacology

Diagnosis prediction and stratification with Machine Learning?



Marquand et al., Biol. Psy., 2016

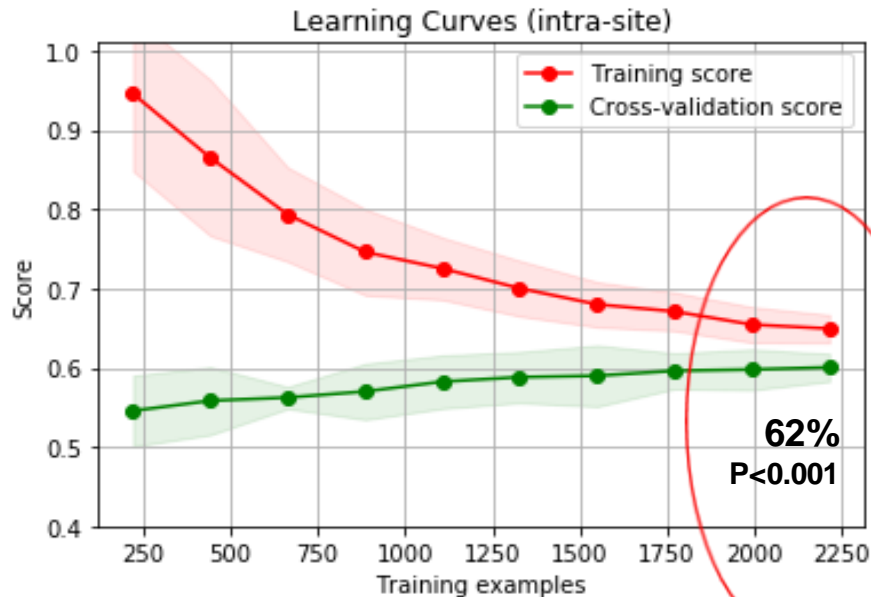
ENIGMA BD-DTI:

Supervised Machine Learning

Method: Linear SVM with nested double CV (SciKit learn)

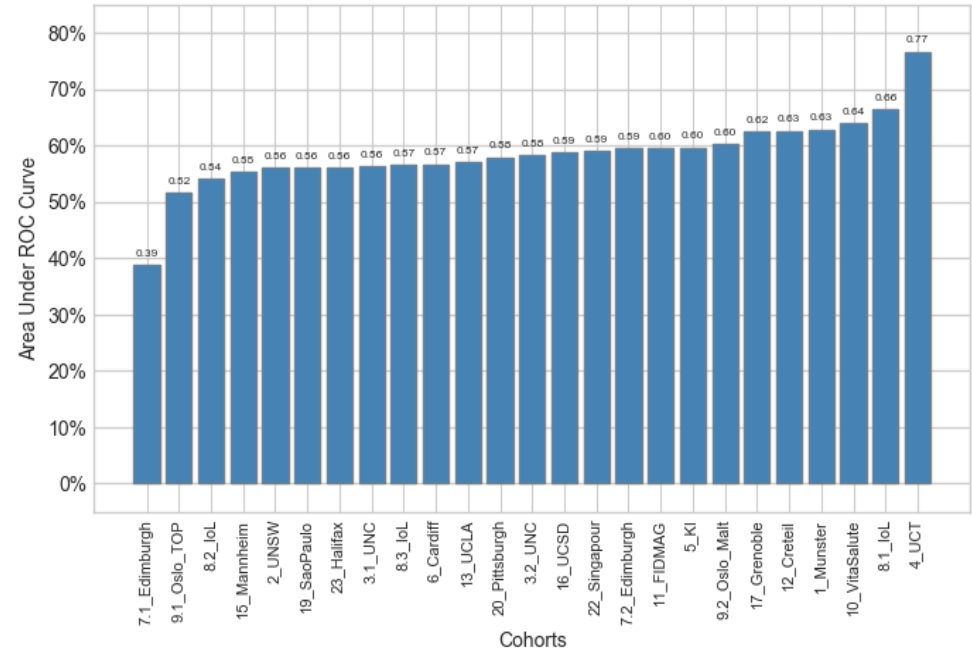
Intra-site (5 folds-CV):

ROC-AUC = 62.22% (62.09% / 58.35%)

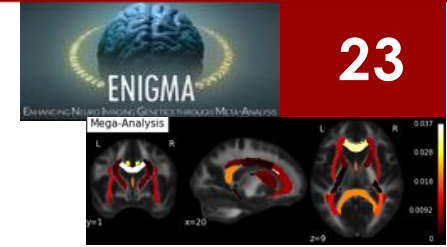


Leave one-site-out (26 folds):

ROC-AUC = 57.46% (60.29% / 54.63%)

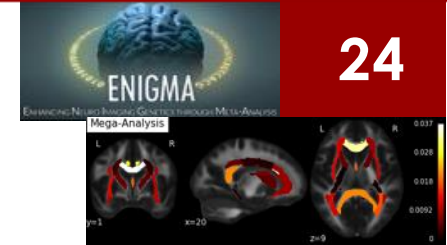


→ The accuracy of the classification is highly significant but the classification performance is « moderate »

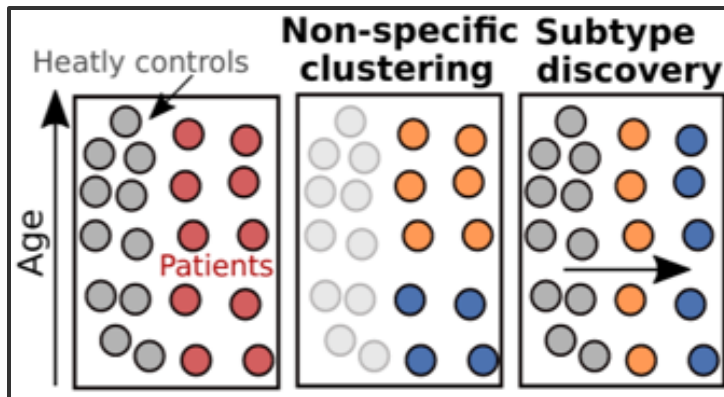


ENIGMA BD-DTI

Unsupervised Machine Learning



Stratification with machine Learning



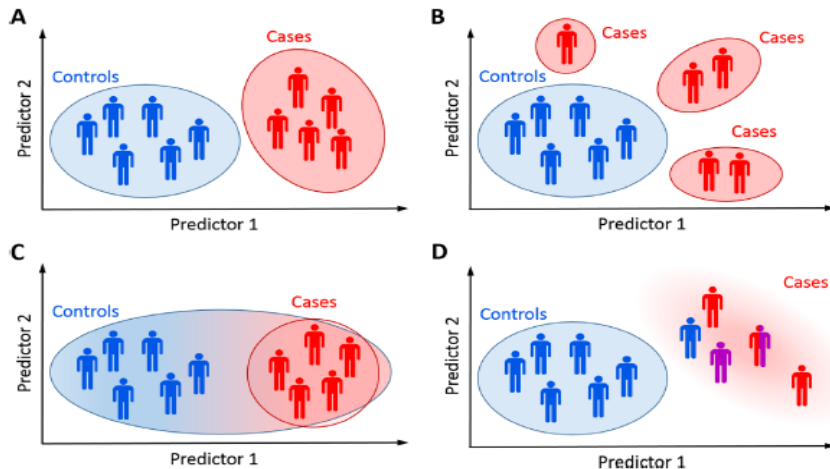
UCSL = Unsupervised Clustering driven by Supervised Classification (*Louiset et al., 2021*)



- Measures: FA of the 43 tracts
- UCSL algorithm
- Comparison of clinical characteristics

- No sign. differences in age / sex / site
- FA (all tracts): Cluster 1 > Cluster 0
- **Proportion of patients under Lithium significantly higher in Cluster 1**

Discussion : Prediction and Stratification of Mood Disorders



- Robust but moderate classification performances of BD diagnosis based on structural MRI with big cohorts ($N > 3000$)
- Adding more modalities might help the algorithms → deep learning?
- Big impact of the medication
- ➔ Need to better understand the heterogeneity of the disorder
- ➔ Need for well phenotyped big cohorts

Discussion and perspectives

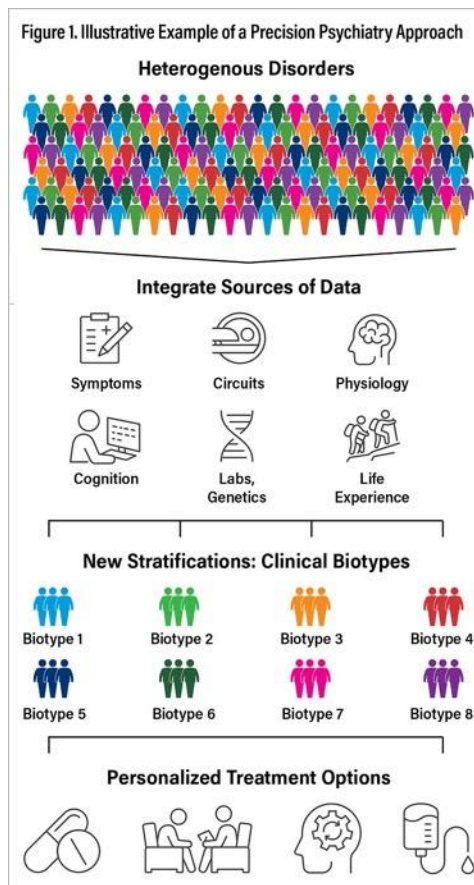


Integration of multi-modal and longitudinal data

Challenge n°1: Disorders stratification

Challenge n°2: Predict disease evolution

Challenge n°3: Predict treatment response



- Development of the “***FrenchMinds***” cohort
- **Multicentric, multimodal & longitudinal study**
- **Targeted conditions:** severe recurrent depression, bipolar disorder, schizophrenia, first psychotic episodes, autism (without intellectual disability)
- **Objective:** precision psychiatry, advanced diagnostic tools
- **Identification of biomarkers** to better classify patients
- **Collected data:** clinical, genetic, electrophysiological, brain imaging, environmental

PROPSY: One step further towards Precision Medicine in Psychiatry

WP 6 Transversal for integration and implementation of results



Building the cohort
FRENCH-MINDS with
multimodal databases to
identify homogenous
clusters of patients

WP 1: FRENCH-MINDS
a unique cohort of patients with
mood/psychotic/neurodev
disorders to build multimodal
databases (Clinical, genomics,
metabolomics, immune, brain
imaging, Ecological Momentary
Assessment...) and identify
biomarkers/algorithms for patient
stratification



Physiopathology
underlying homogeneous
subgroups of psychiatric
disorders

WP 2: Developing
pre-clinical studies towards
mechanisms discovery



New diagnostic tools and
therapeutic strategies
towards precision
medicine

WP 3: Supporting clinical
trials towards diagnostic
tools and treatments
discovery in e-health,
Immuno-modulation, Non
invasive brain stimulation,
Invasive brain stimulation,
Physical health ,



Development of a new
French biomedical mental
health sector,
Incl. digital, biotech, medtech,
pharma, medical devices etc.

WP 4: Creating tools
to develop a new biomedical
sector

- Digital tools
- Electrophysiology
- Algorithm
- Probiotic
- Immuno-modulation
- Brain stimulation



Education, awareness,
attractiveness, and policy
briefs

WP 5: Education
and implementation

- Public and stakeholder
Information
- Summer Schools
- University diploma
- Academy
(Neuro modulation, psycho-
social therapy)
- Knowledge hub

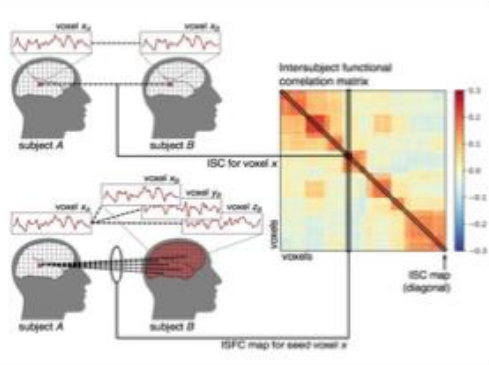
➔ <https://pepr-propsy.fr/2024/09/30/frenchminds/>

PROPSY : MRI protocol

- 3T sequences: 3DT1, FLAIR, SWI, fMRI Movie Data, diffusion
- 7T sequences: MP2rage, fMRI tâche, spectroscopie, IRM de capture



Naturalistic stimuli : movies + PEER data



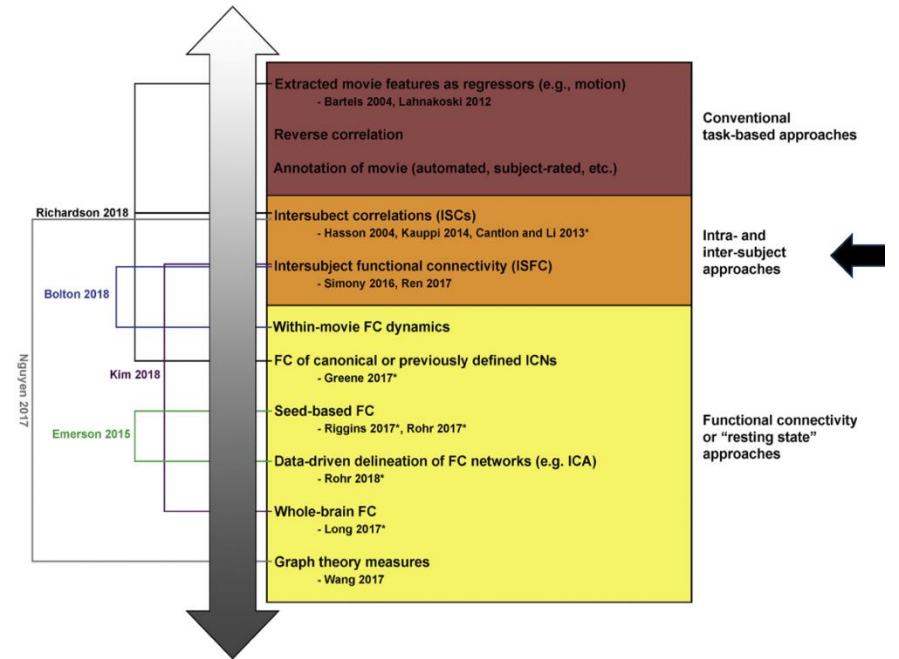
(Nastase et al. 2019)



(Alexander et al. 2017)

Analytic flexibility

Highly dependent on time-locked signal



Not dependent on time-locked signal

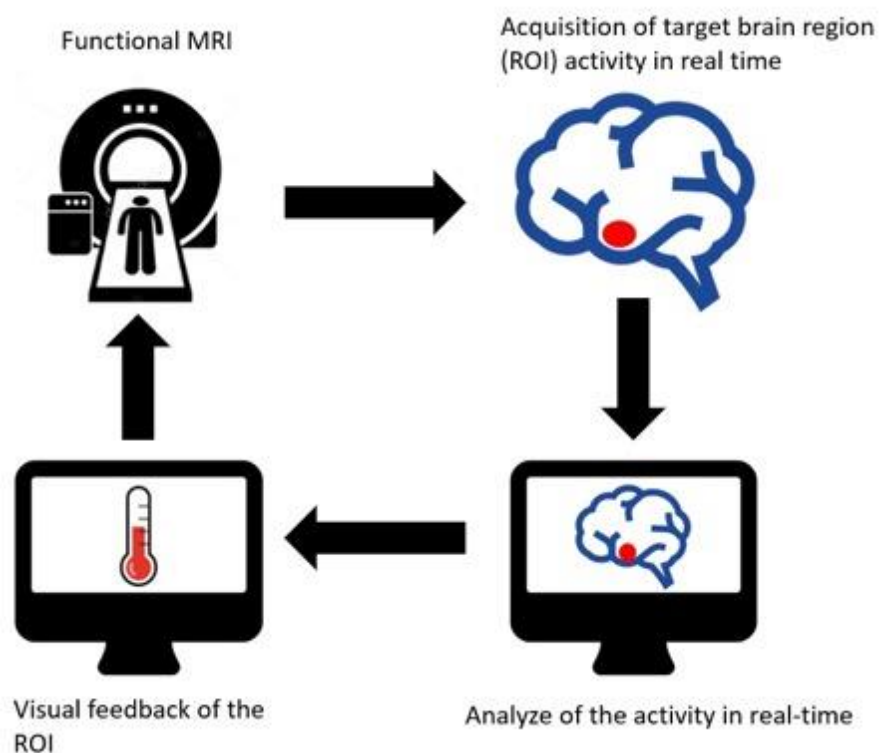
Vanderwal et al., 2019



Neuroimaging-based treatment for Bipolar Disorder

Can we use neuroimaging discoveries to manage symptoms of mood disorder?

Real-time fMRI Neurofeedback



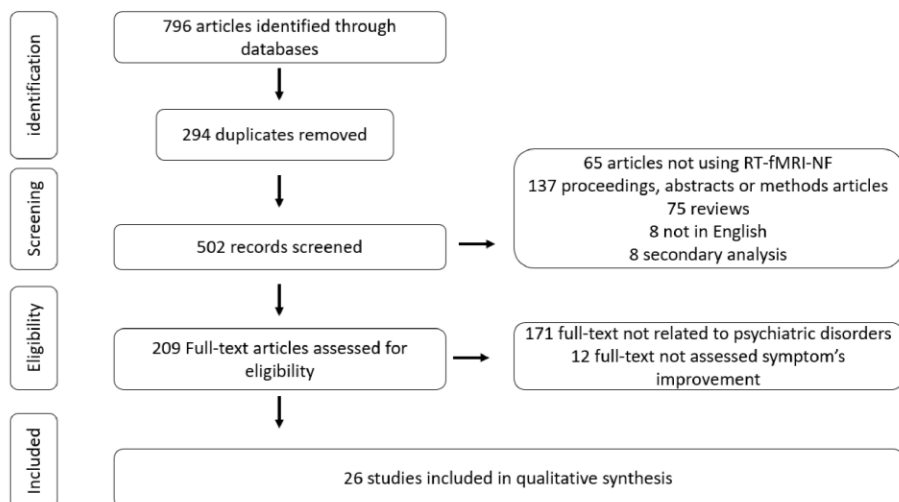
- RT-fMRI-NF is a newly developed technique
- Participants are learning to control their own brain activity through the feedback signal
- fMRI allows to record the activity of **deep brain structures**
- Efficacy demonstrated in epilepsy, chronic pain, hemispatial neglect, and **psychiatric symptoms!**

Systematic review

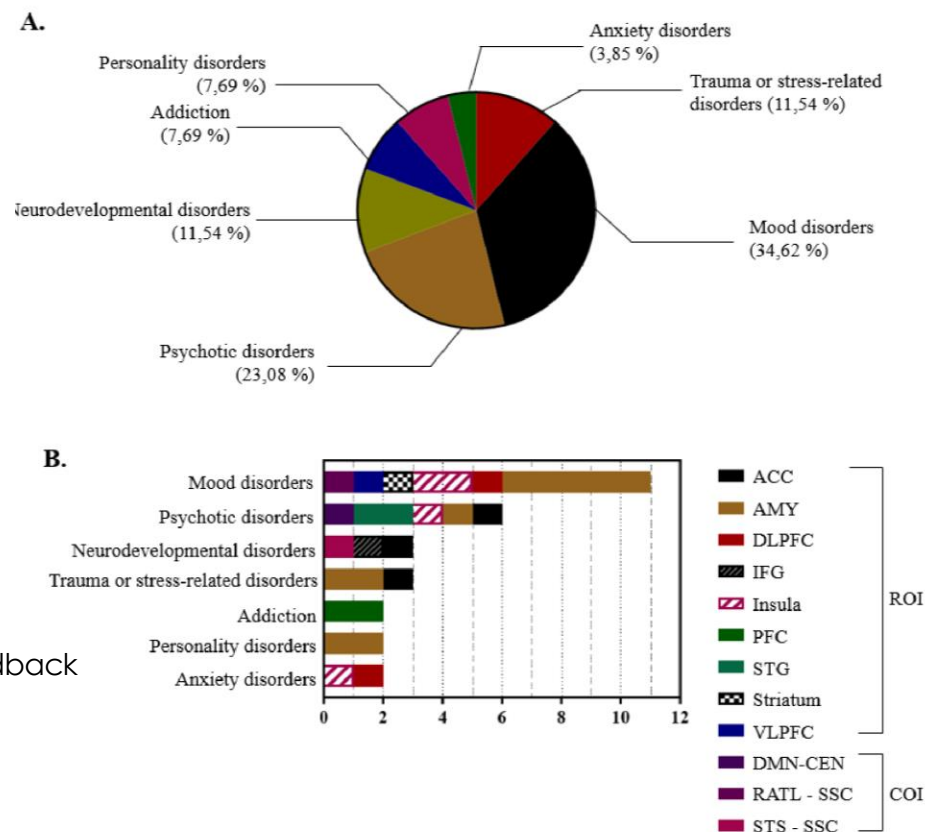
“Real-time fMRI neurofeedback as a new treatment for psychiatric disorders?”



36



- 19 studies showing **significant symptoms improvement** after neurofeedback
- 12 with non significant improvement
- 1 with no superior effect relative to the control (sham) group

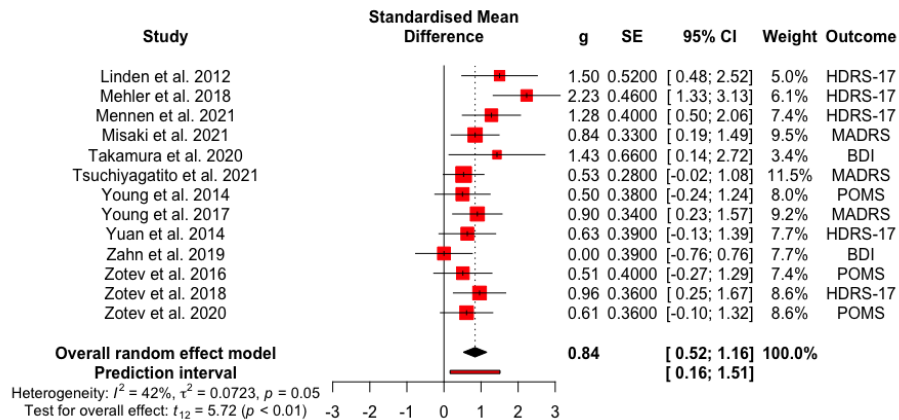


Meta-analysis

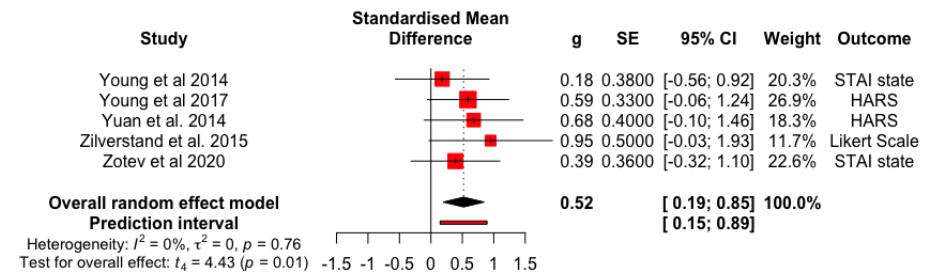
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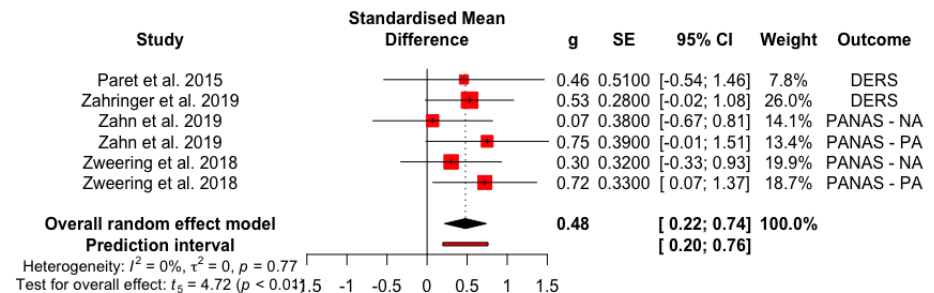
Depression



Anxiety



Emotion regulation

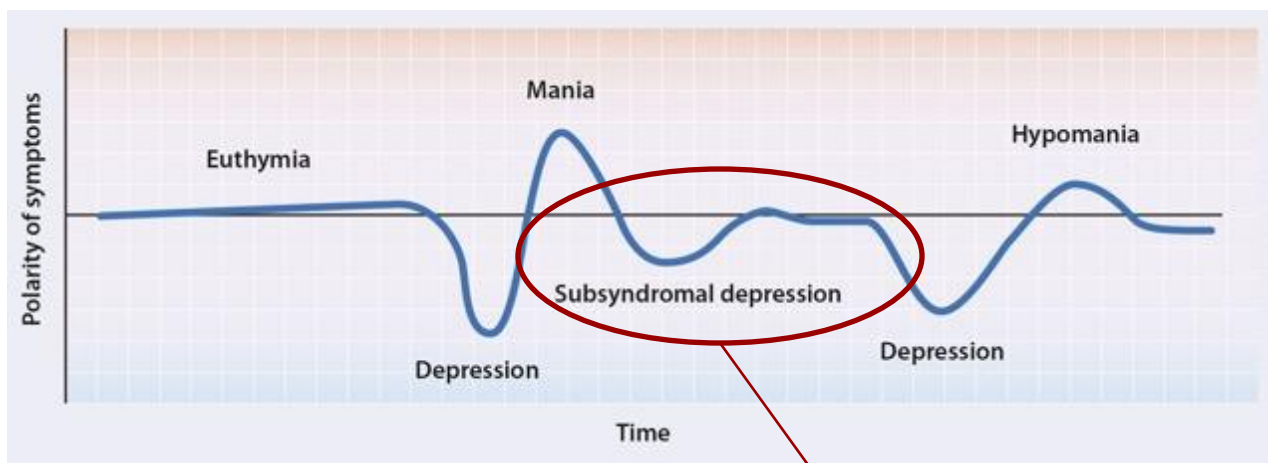


- Large effect size on depressive symptoms
- Medium effect size on anxiety and emotion regulation

BUT NO STUDIES ON BIPOLAR DISORDER SO FAR!

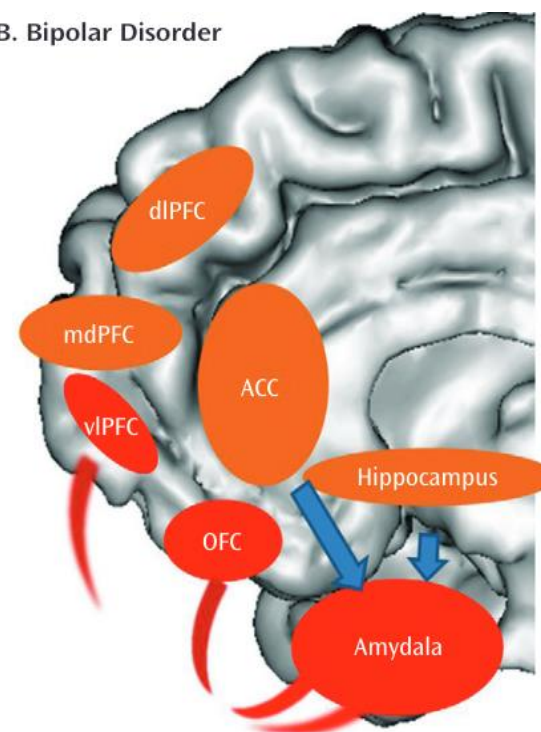
Bipolar Disorder

→ What treatment?



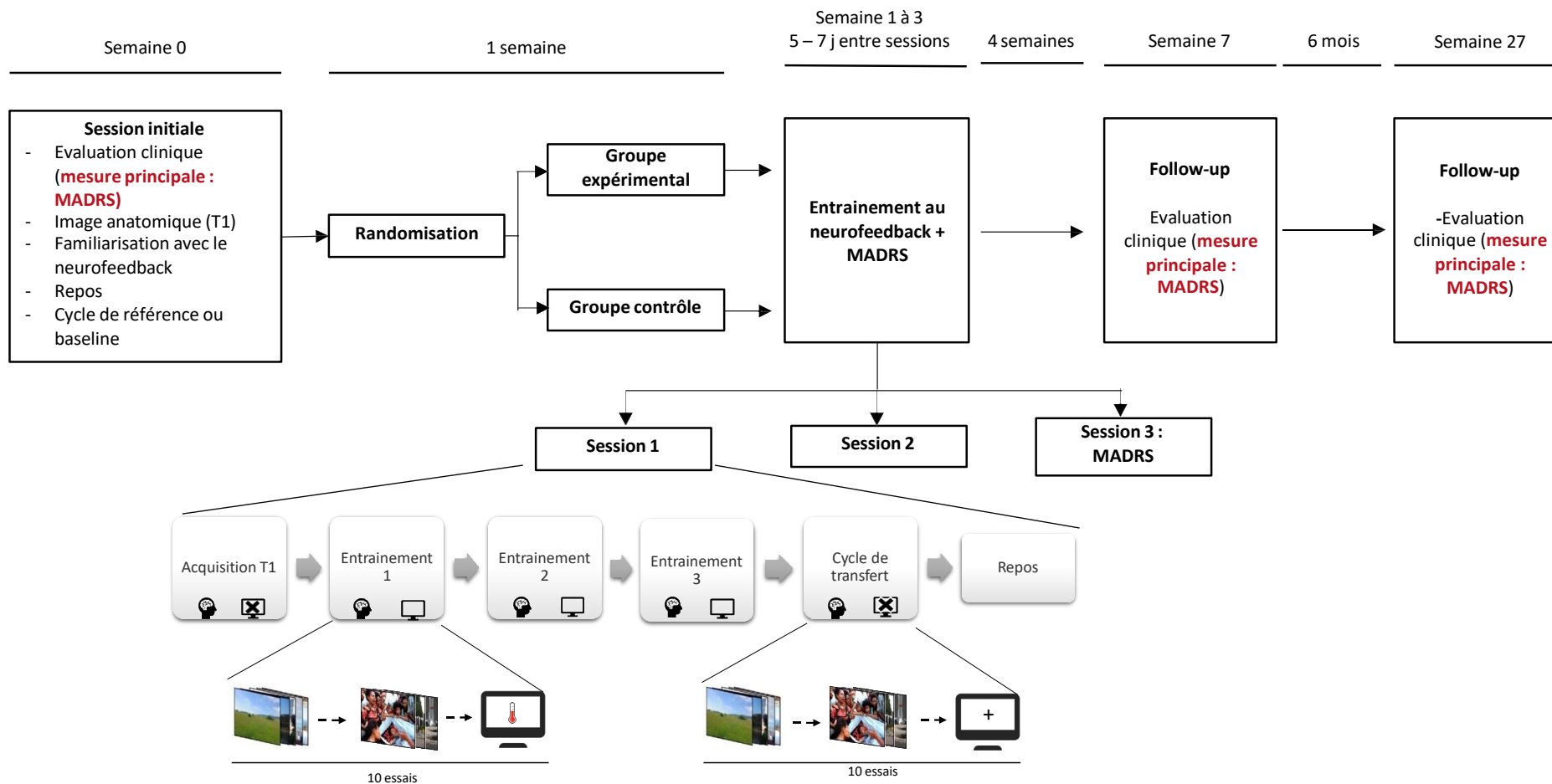
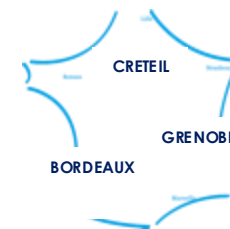
Therapeutic options?
→ **Neurofeedback?**

B. Bipolar Disorder

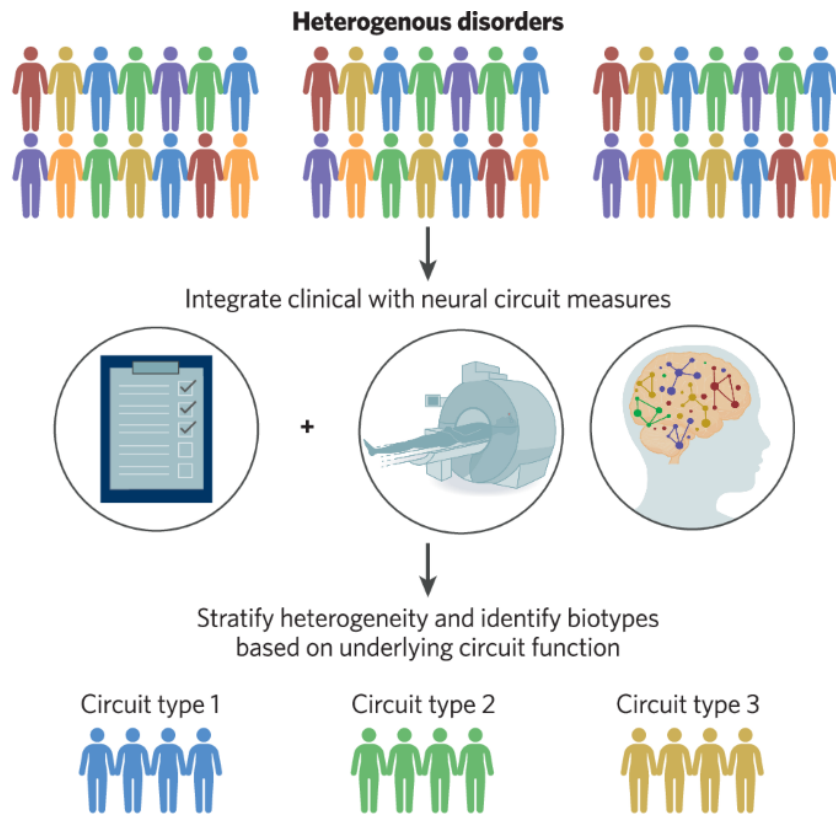


Phillips et Swartz, 2014

NeuroFeed-BD : Essai randomisé contrôlé en double aveugle



Challenges in brain imaging of mood disorder



- **Identify neurobiological markers** that can help to optimize the diagnostic accuracy
- **Refine, individualize and personalize the therapeutic approach** by identifying markers of resistance and response to the treatments

➔ **PRECISION PSYCHIATRY**