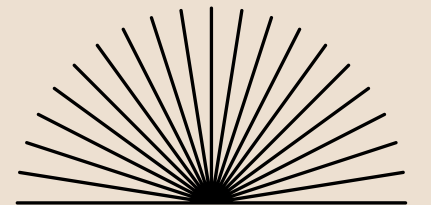


*Master's research project*

*Neurodevelopmental Phenotype  
of Bipolar Disorder,  
a Spectroscopy MRI study*

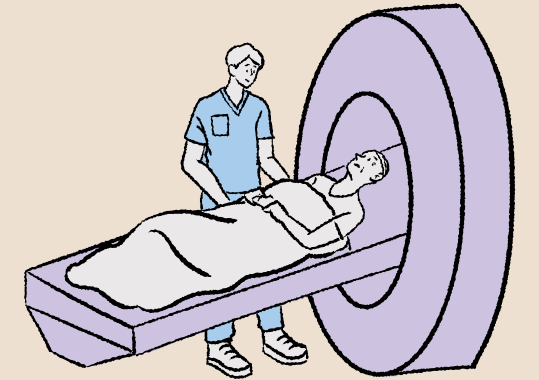
Supervised by **Antoine Lefrère** and **Christine Deruelle**,  
Collaboration with **Julien Sein**



Presented by **Léane Petitgas**  
CanoP | 2025

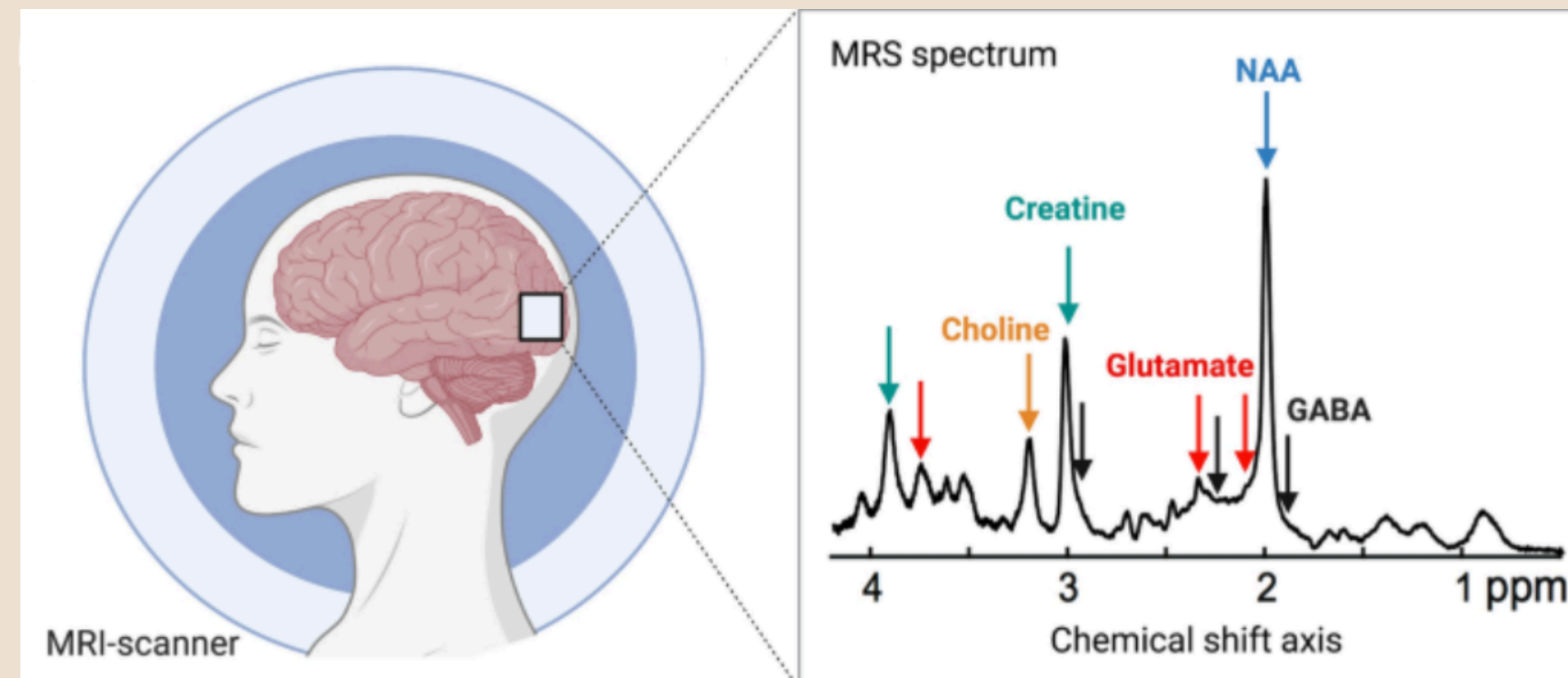
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# Introduction



## H- Magnetic Resonance Spectroscopy (MRS)

- Analyses the **chemical composition** using hydrogen nuclei signals
- Generates spectra that represent **metabolite level**
- Each peak = one metabolite
- Quantification via peak integration or curve-fitting
- Referenced to an **internal reference** or external phantom.




<i>Metabolites</i>	<i>Position (ppm)</i>	<i>Role</i>
Lactate (Lac)	1.3 ppm	Anaerobic metabolism
N-AcetylAspartate (NAA)	2.0 ppm	Neuronal integrity
Glutamate (Glu)/ Glutamine (Gln) / Glx / GABA	2.1–2.5 ppm	Excitatory and inhibitory neurotransmission
Aspartate (Asp)	2.8 ppm	Cellular energy metabolism, Excitatory neurotransmission
Creatine (Cr)	3.0 ppm	Energy metabolism marker
Choline (Cho)	3.2 ppm	Membrane turnover and cellular density
Taurine (Tau)	3.4 ppm	Amino acid derivative and neurotransmitter
Myo-Inositol (m-Ins)	3.5 ppm	Glial function and osmoregulation

# Literature Review



## Bipolar disorder :



Chabert et.al (2022): meta-analysis of MRS (N= 873 BD, N=800 controls).

- 1
  - **Alteration in tNAA levels** in depressive and remitted patients ———> impairments in neuronal plasticity
  -  **Gln levels** in remitted patients (only in the ACC) ———> due to the euthymic periods

Tannous et.al (2021): children and adolescents (N=24 BD, N=25 controls).

- 2
  -  **tNAA levels** ———> either neuronal alterations or mitochondrial dysfunction.
  -  **tCho levels** ———> phospholipid metabolism dysregulation, essential for cell membrane integrity.

# Literature Review

Neurodevelopmental disorders :



Disorder	Results
Schizophrenia	<ul style="list-style-type: none"><li>• ⚡ tNAA levels</li><li>• ⚡ tCho/Cr ratio levels</li></ul>
Autism Spectrum Disorder	<ul style="list-style-type: none"><li>• ⚡ tNAA levels</li><li>• ⚡ GABA levels</li><li>• ⚡ Glu levels</li><li>• ⚡ tCho levels</li></ul>
Extremely Preterm newborn	<ul style="list-style-type: none"><li>• ⚡ tCho/Cr ratio levels</li><li>• ⚡ tNAA/Cr ratio levels</li></ul>
ADHD/Dyslexia	<ul style="list-style-type: none"><li>• ⚡ tCho levels</li></ul>



# Objective



Characterize the **neurodevelopmental phenotype** in BD using **MRS**, aiming to identify biomarkers through metabolite analysis.




# Hypothesis



## Neurodevelopmental load

-  **t N-AcetylAspartate (tNAA) levels**  
= marker of greater severity
-  **Glutamatergic levels**  
= marker of greater severity

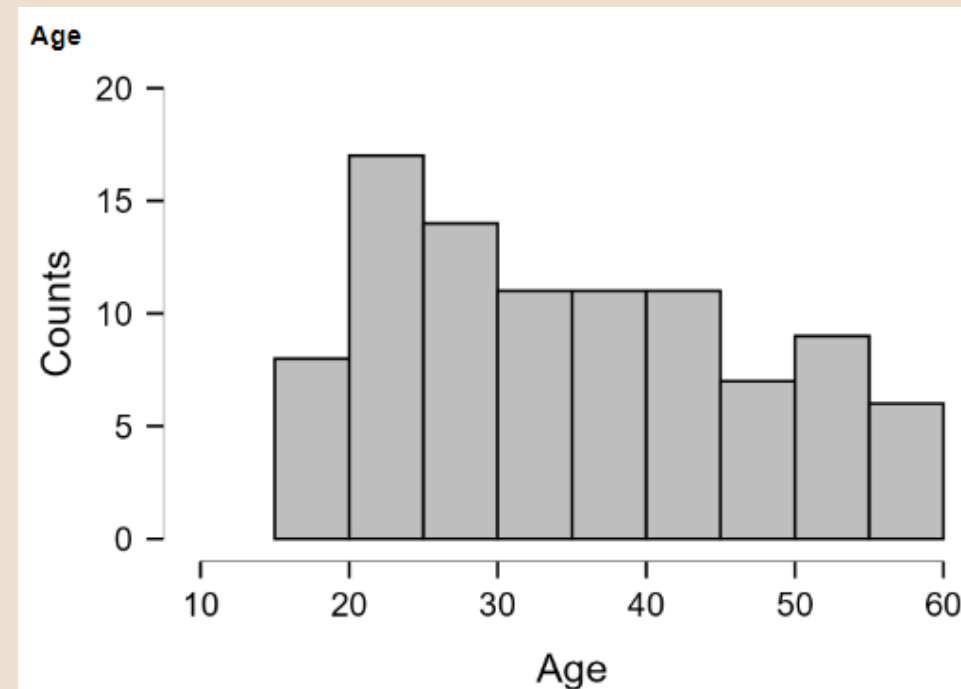
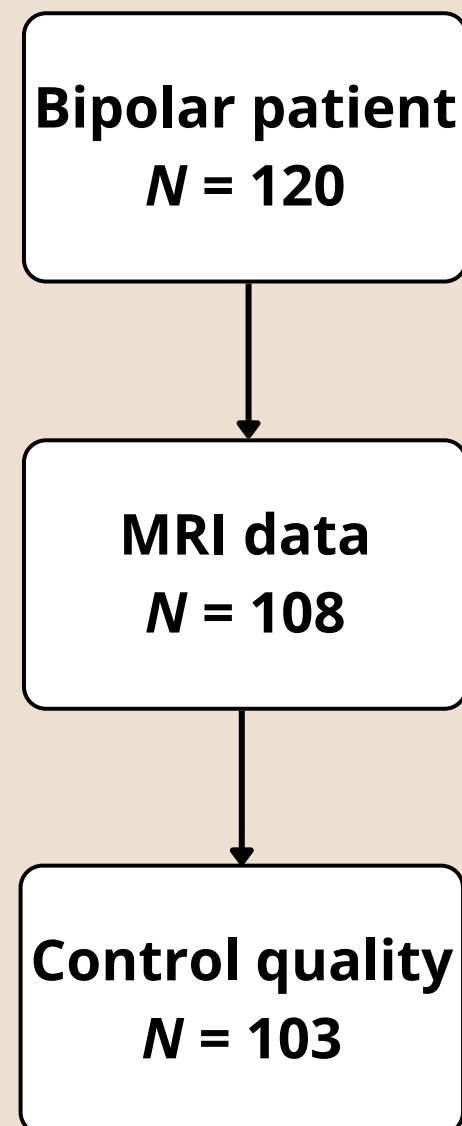
-  **tCholine (tCho) levels**  
= marker of neurodevelopment

# Methodology

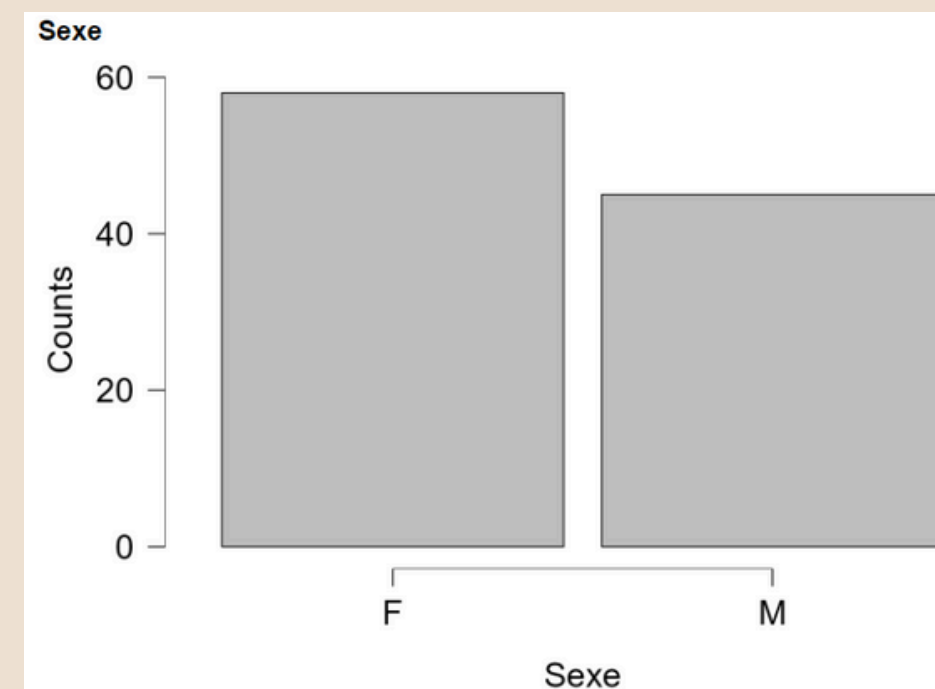
## NEMO Cohort:

Recruited at the Bipolar Expert Centre, Sainte-Marguerite Hospital.

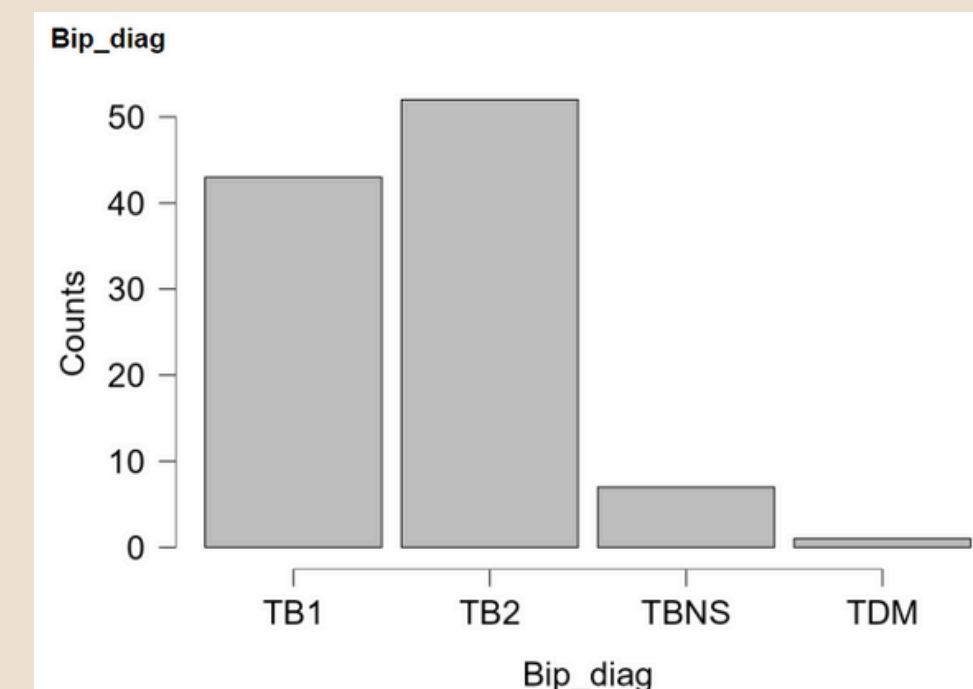
Population of 120 bipolar patients, no control.



Median age at 35 years old (18-59)



58 women // 45 men



43 BD-I // 52 BD-II

# Methodology

## NEMO Cohort:

.

### Inclusion Criteria

- Aged 18 to 60 years,
- Have received a diagnosis of BD-I, BD-II or BD not otherwise specified, according to the diagnostic criteria of the DSM-V.

### Exclusion Criteria

- Presence of symptomatic or unstable physiological or medical conditions,
- Comorbid ASD or SCZ,
- History of severe head trauma,
- Comorbid neurological disorder,
- Moderate to severe substance use disorders,
- Being under guardianship,
- Inability to provide informed consent,
- Insufficient command of the French language.

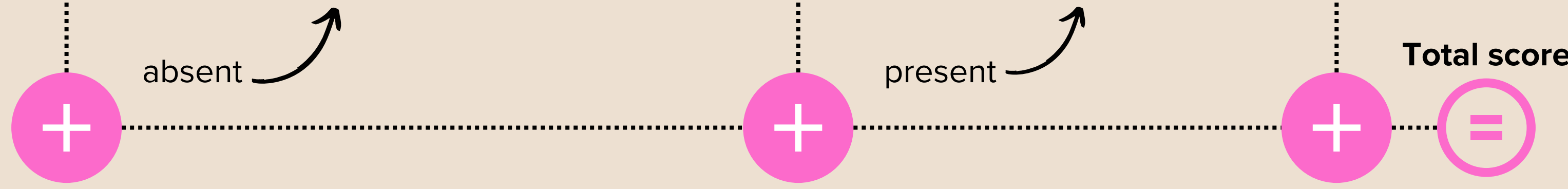


# Methodology

## NDP load measurement :

Continously :

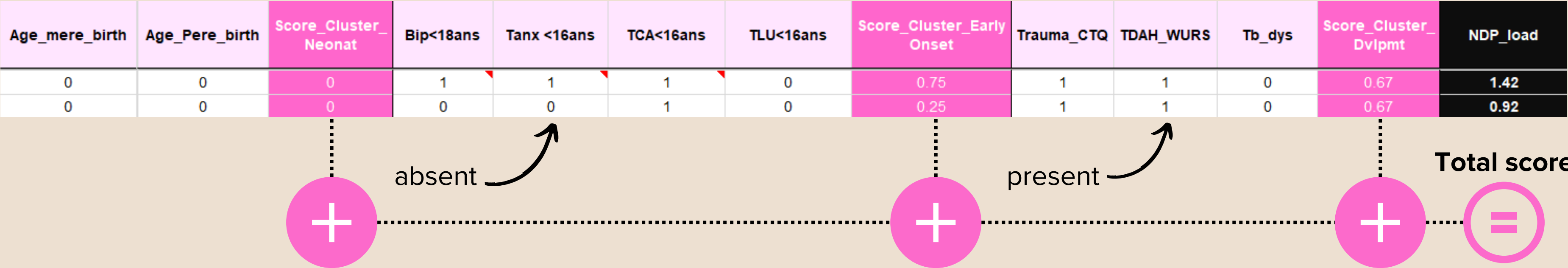
Age_mere_birth	Age_Pere_birth	Score_Cluster_Neonat	Bip<18ans	Tanx <16ans	TCA<16ans	TLU<16ans	Score_Cluster_Early Onset	Trauma_CTQ	TDAH_WURS	Tb_dys	Score_Cluster_Dvlpmt	NDP_load
0	0	0	1	1	1	0	0.75	1	1	0	0.67	1.42
0	0	0	0	0	1	0	0.25	1	1	0	0.67	0.92



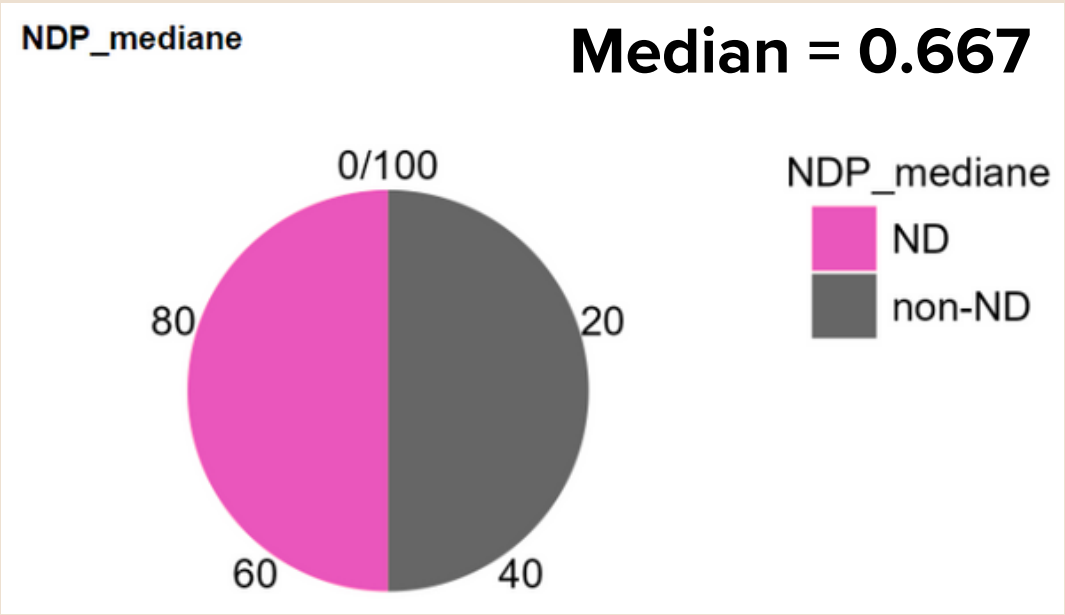
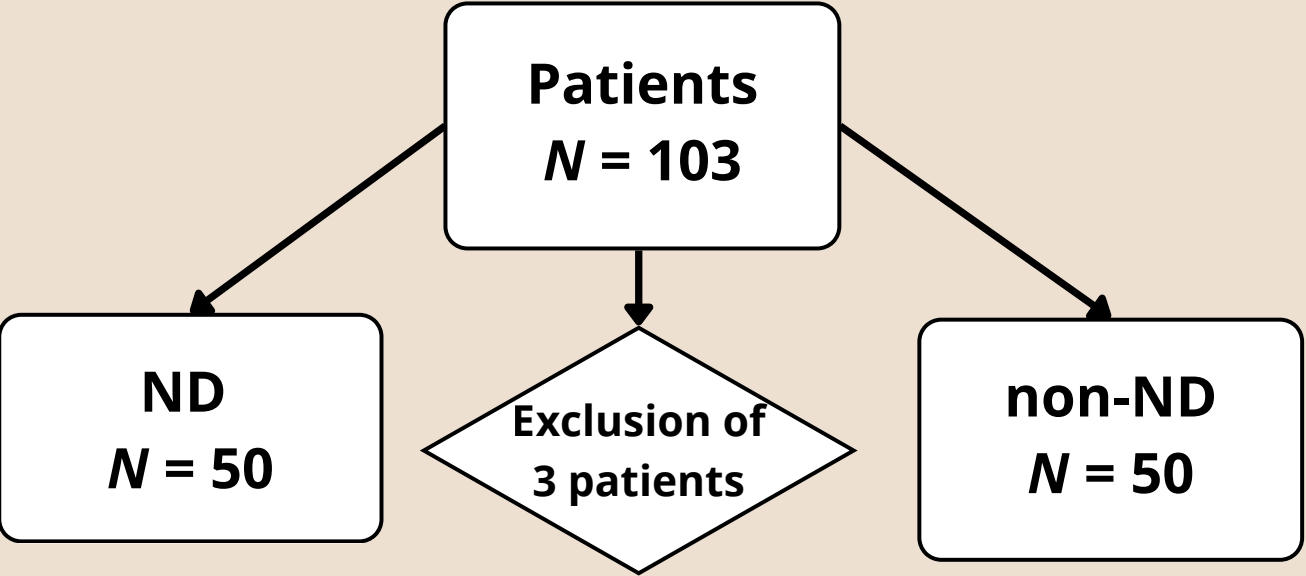
# Methodology

## NDP load measurement :

Continously :



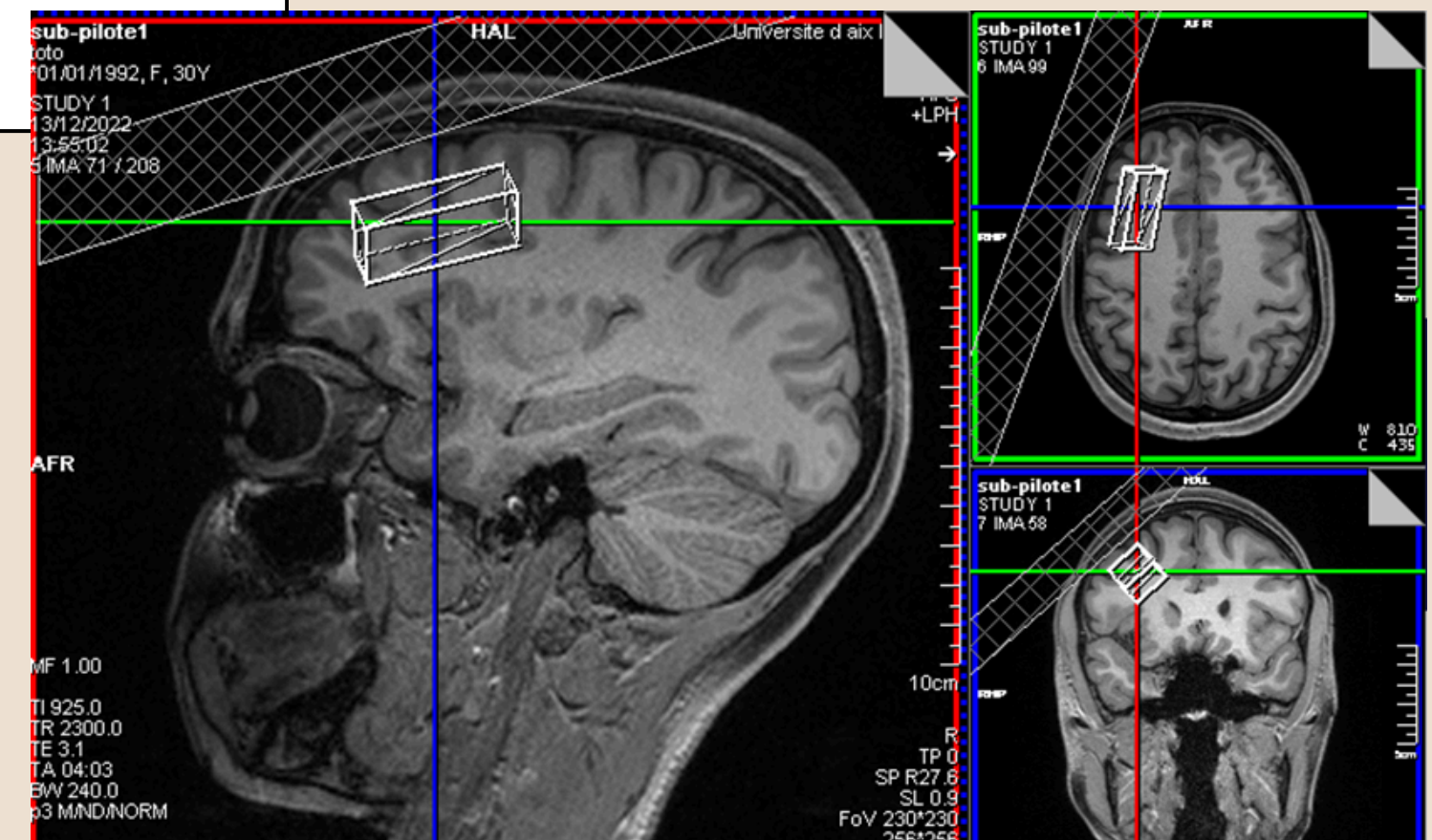
By\_group :



# Methodology

## Imaging

- 3.0 T Siemens MRI
- SVS (Single Voxel Spectroscopy)
- PRESS sequence (Point RESolved Spectroscopy)
- **Right and Left PreFrontal Cortex** (40 x 10 x 20 mm<sup>3</sup>)
- Saturation band on the bone





Collaboration with **Julien Sein**,  
**CERIMED**

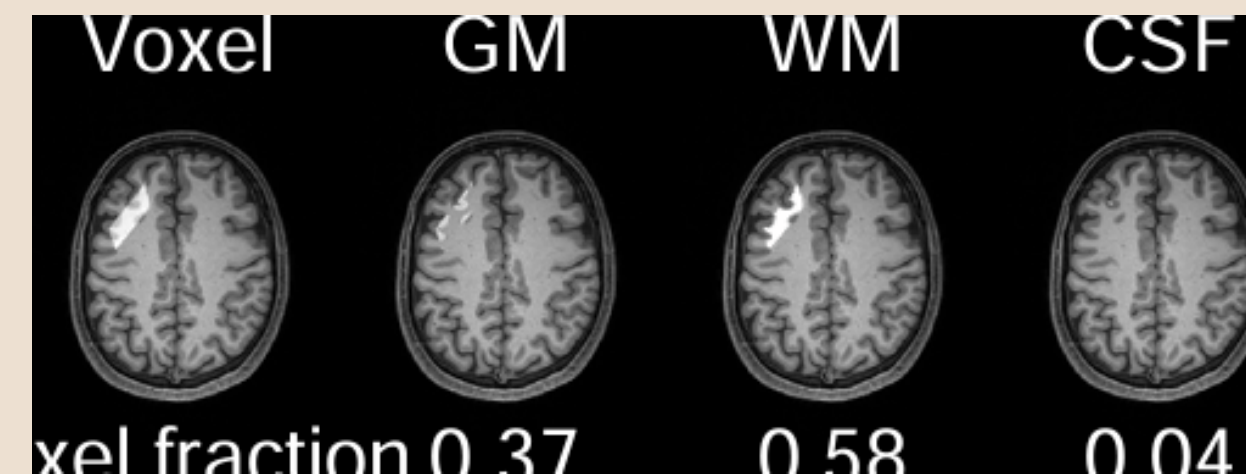
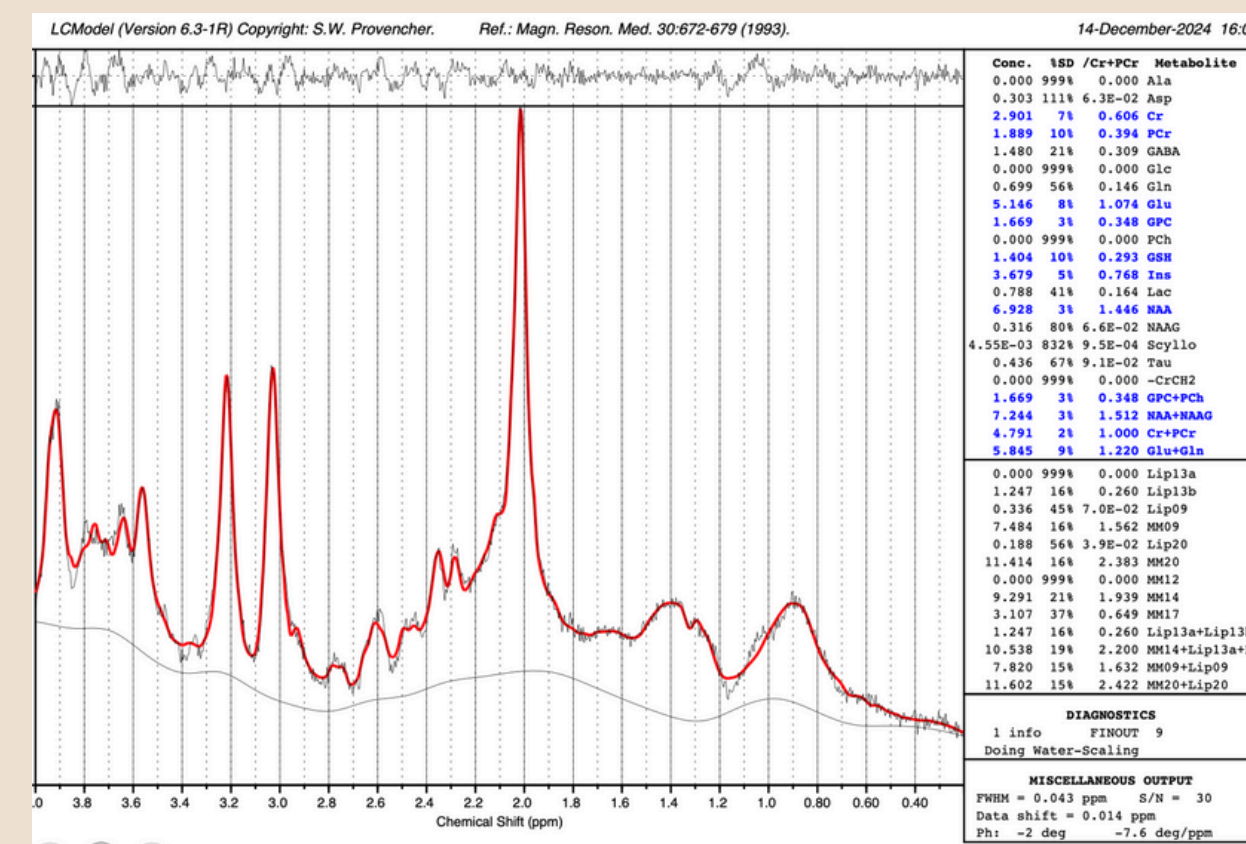
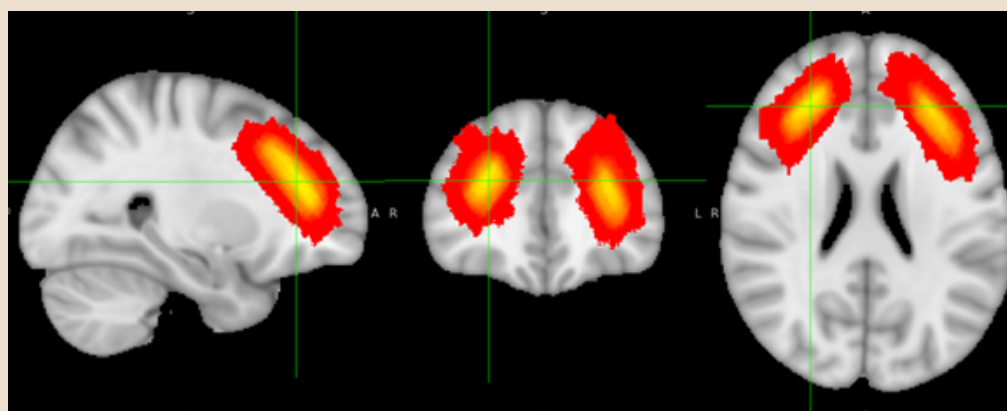
# Methodology

## Data analysis

- **LCModel** software (water as reference)
- Correction of different tissues (GM, WM, CSF)

## Quality control

- Spectra control + voxel placement :  
**103 patients**
- Metabolite fitting :  
**Gln, Glu, Glx, mIns, tNAA, tCho and tCr**



# Methodology

## Sensibility Analysis

### LCModel software :

- Most used in MRS,
- Reliability and reproducibility
- Quality control metrics

### Osprey Software :

- More recent,
- Tissue segmentation,
- Quality control metrics,
- Simplified data handling but

**Clermont Ferrand basis set**

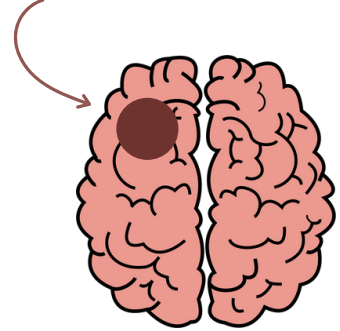
**MRSCloud basis set**



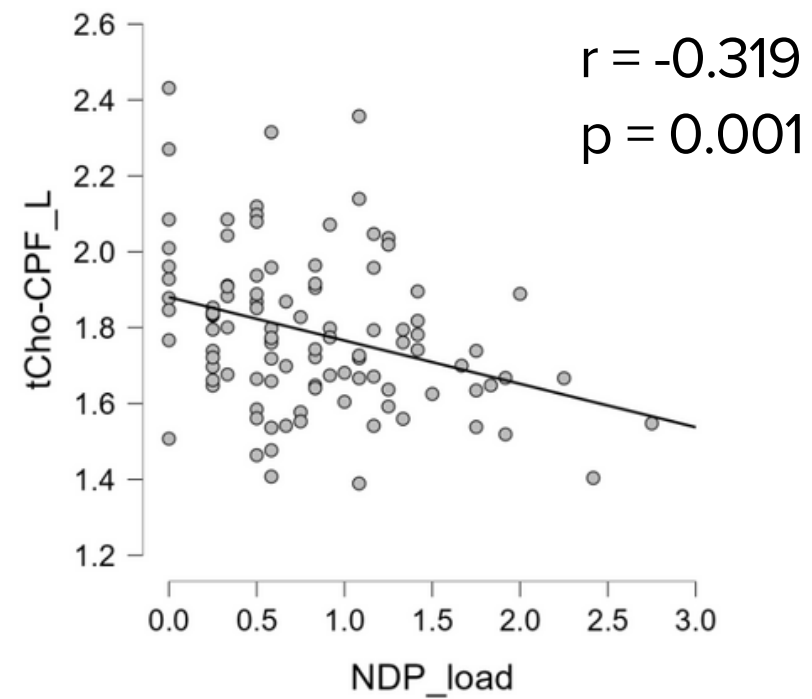
# Results

Relationship between **NDP load** and metabolite level  
Continuously:

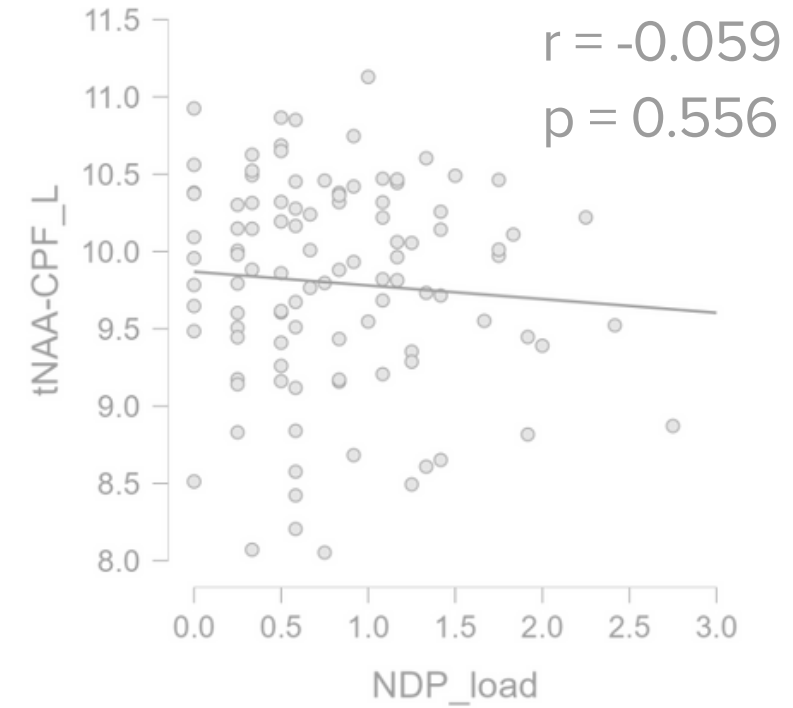
Left PFC



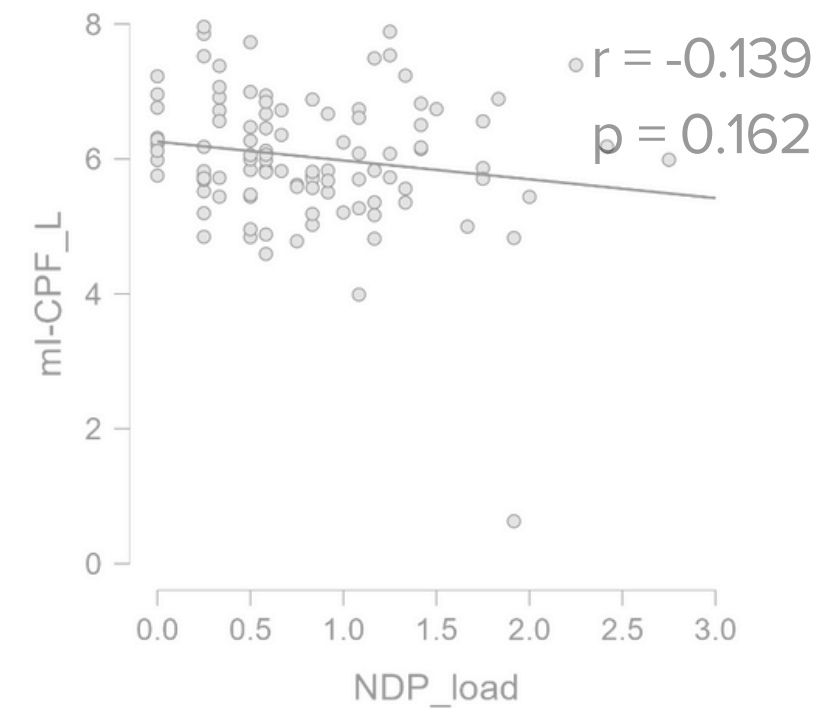
**tCho**



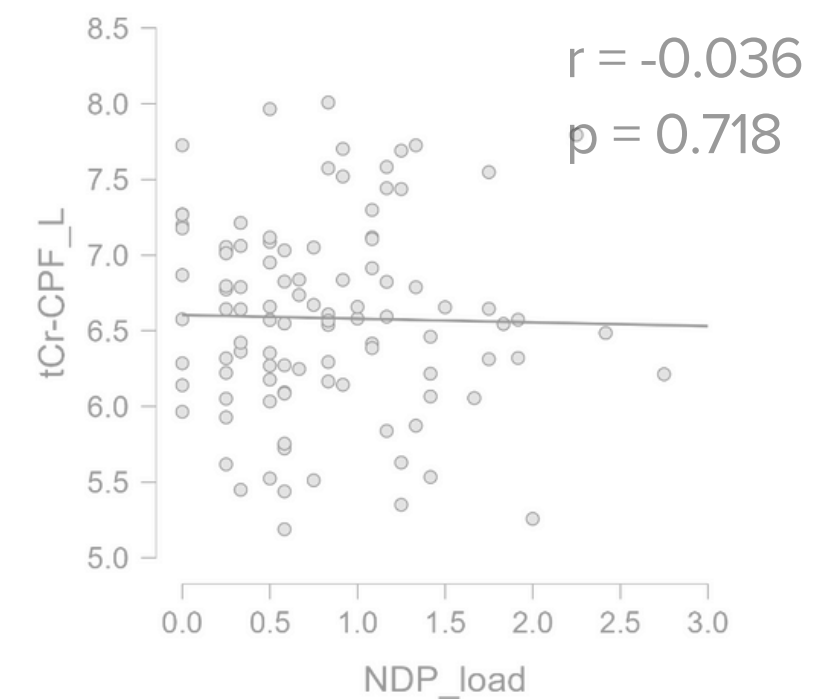
**tNAA**



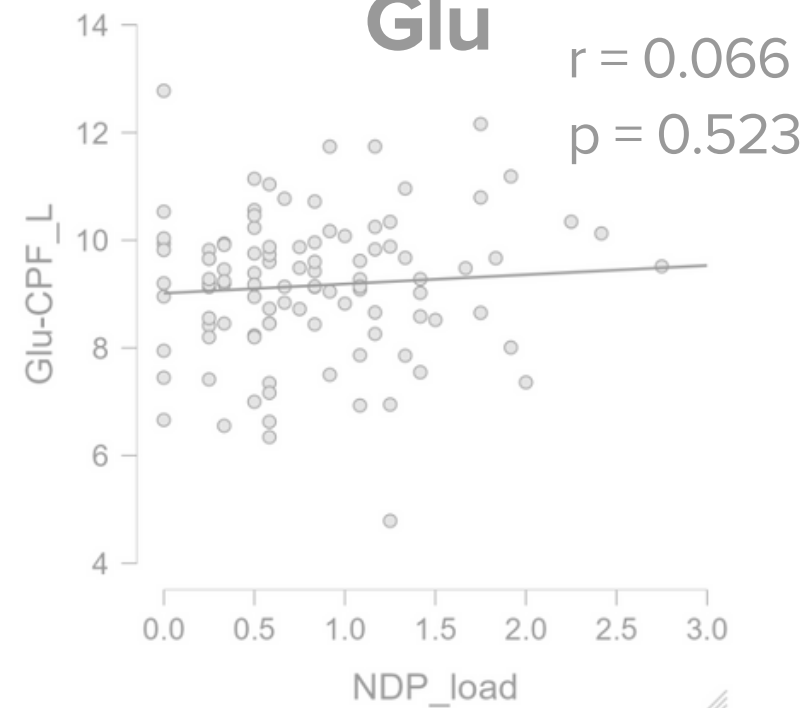
**ml**



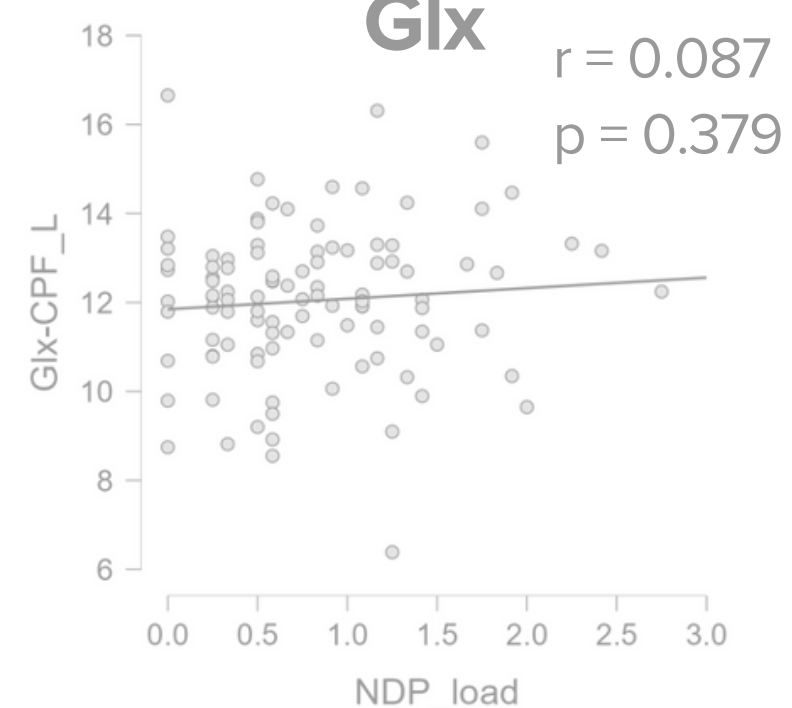
**tCr**



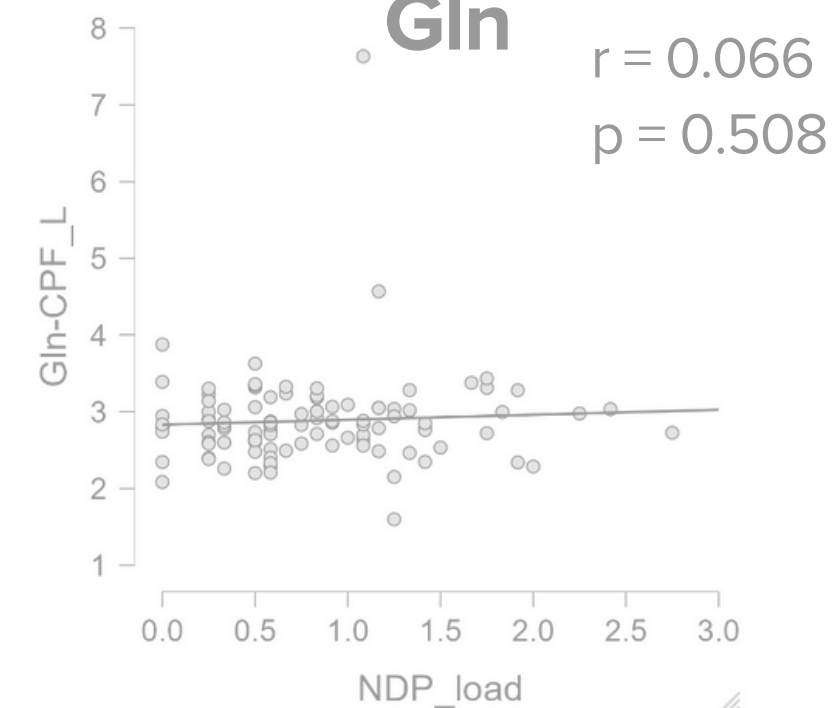
**Glu**



**Glx**

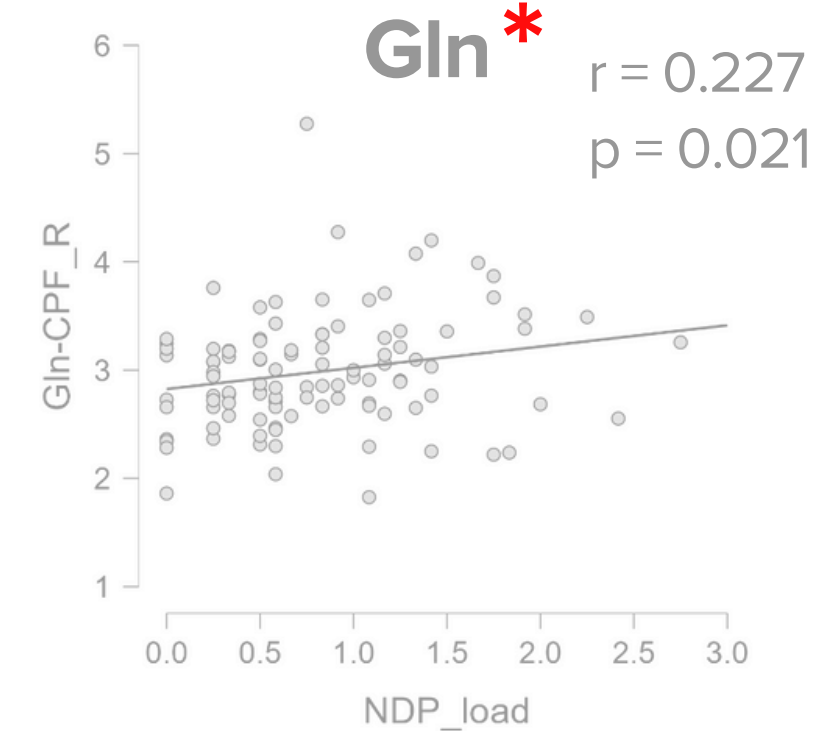
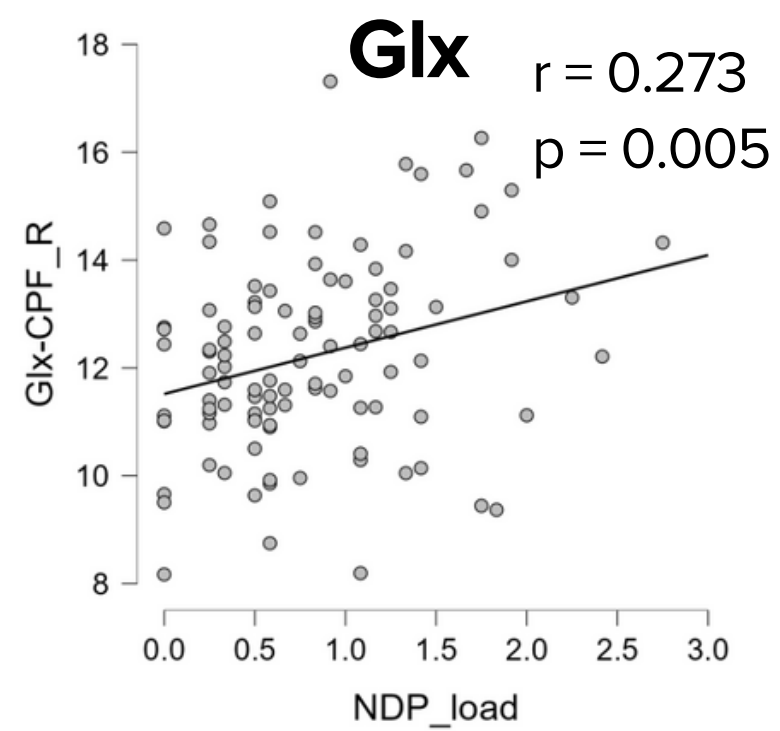
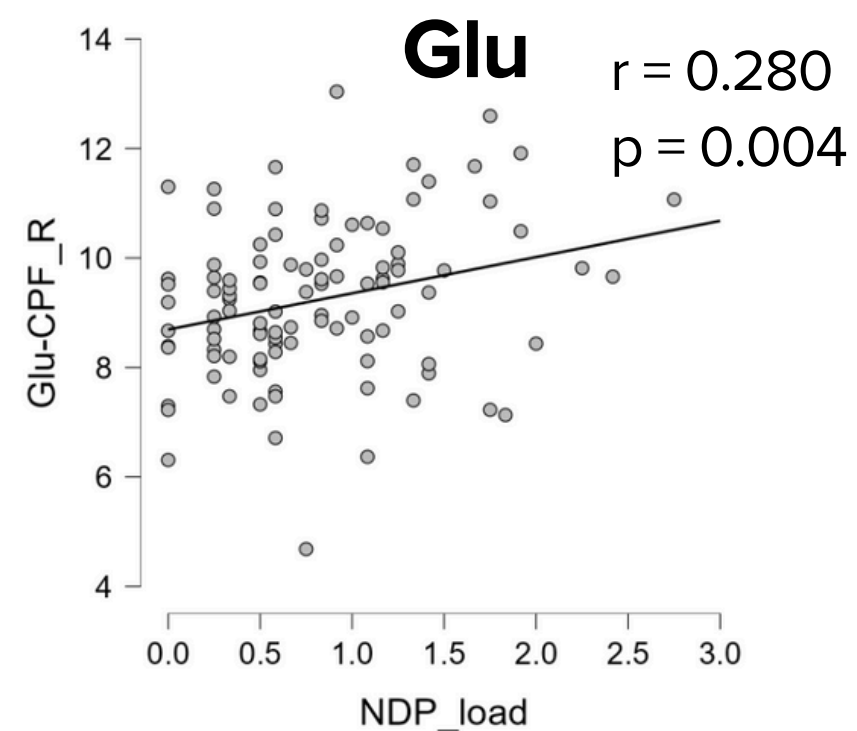
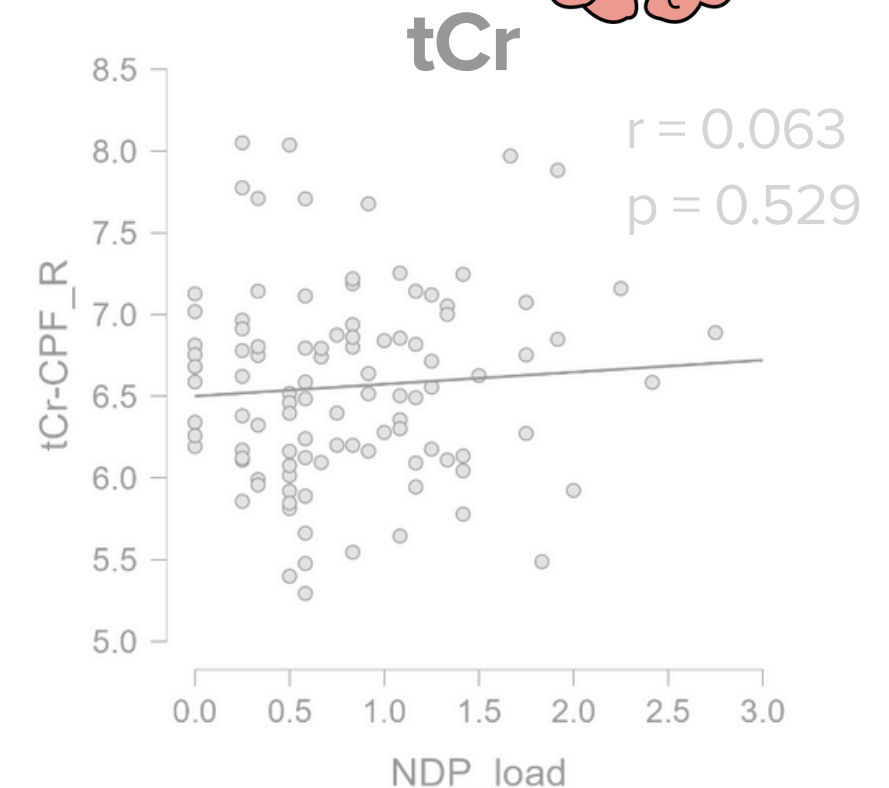
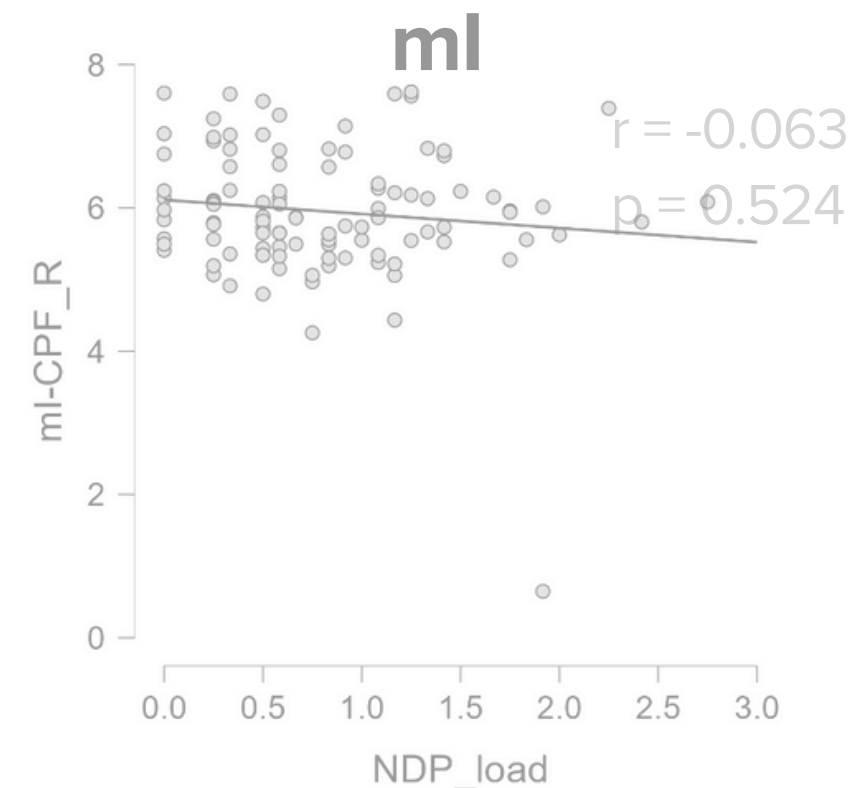
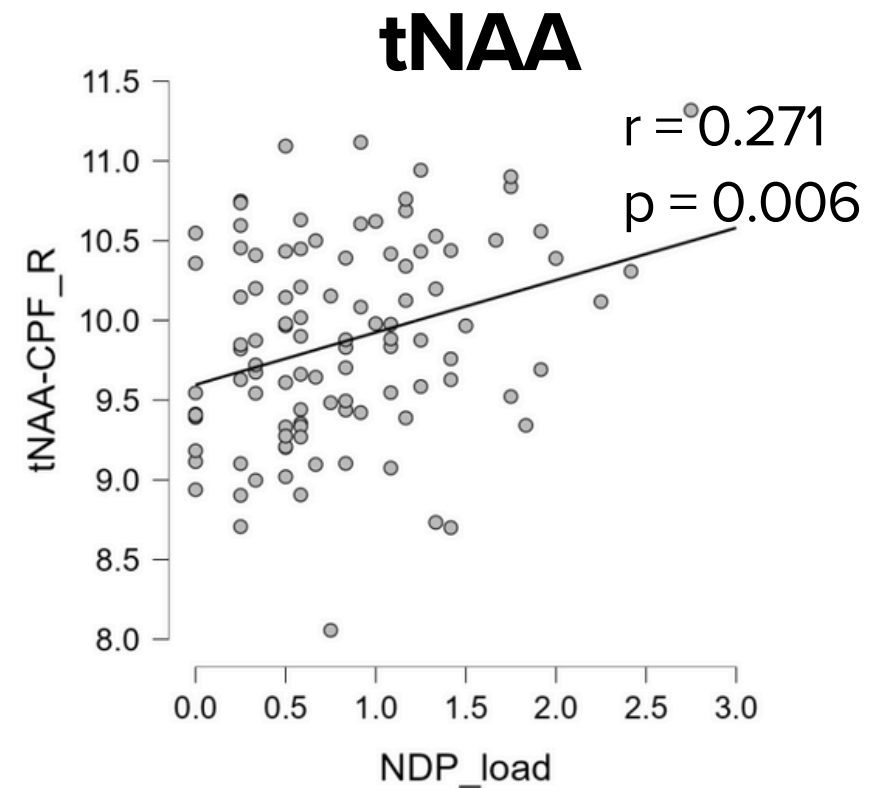
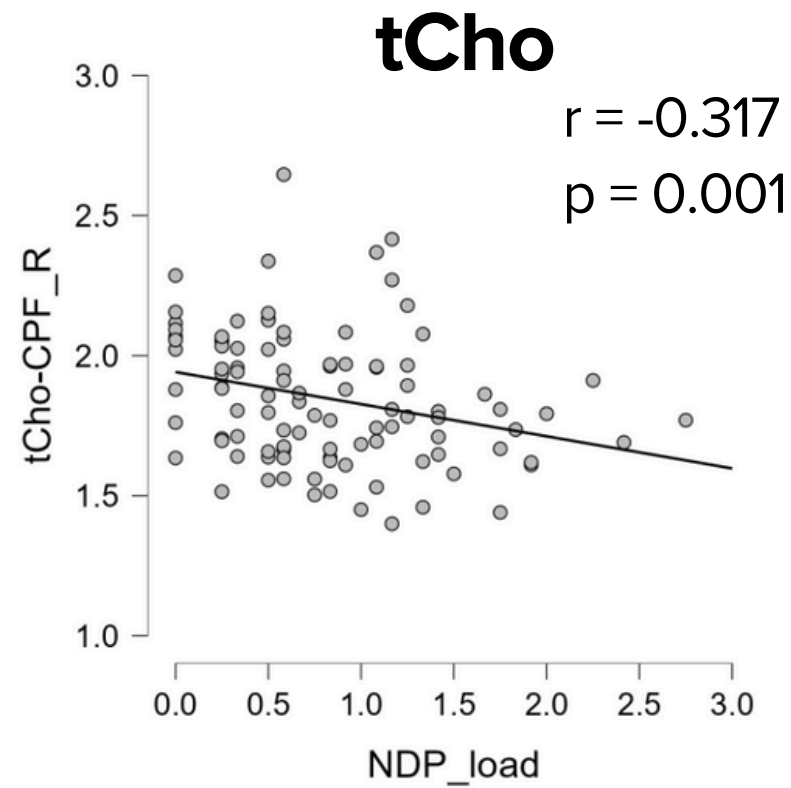
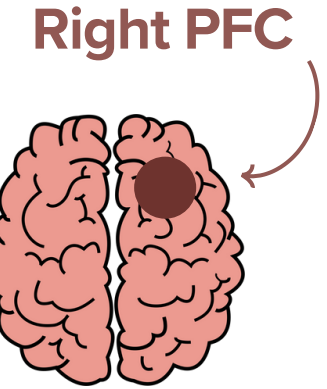


**Gln**



# Results

Relationship between **NDP load** and metabolite level  
Continuously:



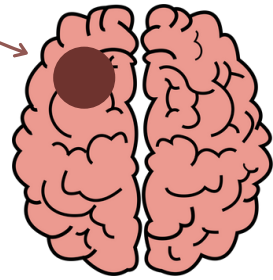
\*cofactors correction

# Results

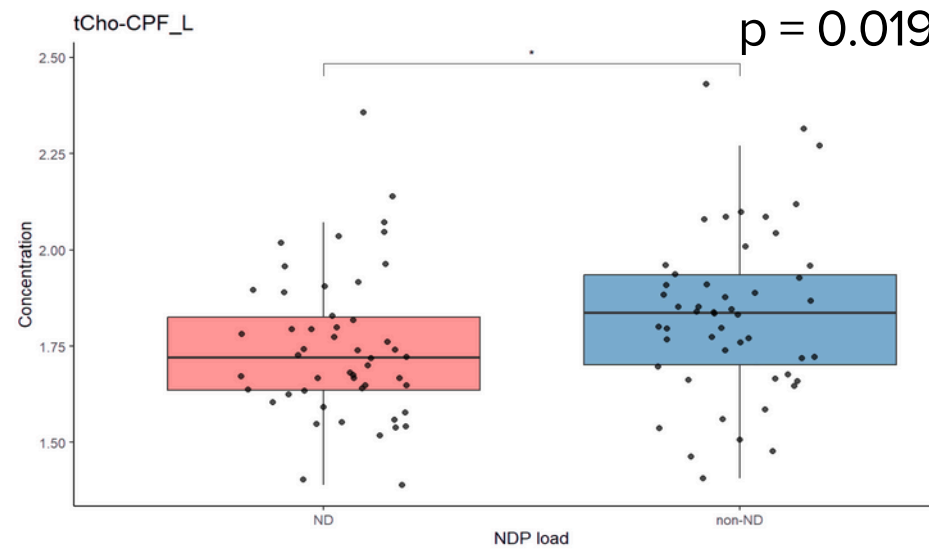
Relationship between **NDP load** and metabolite level

By\_group:

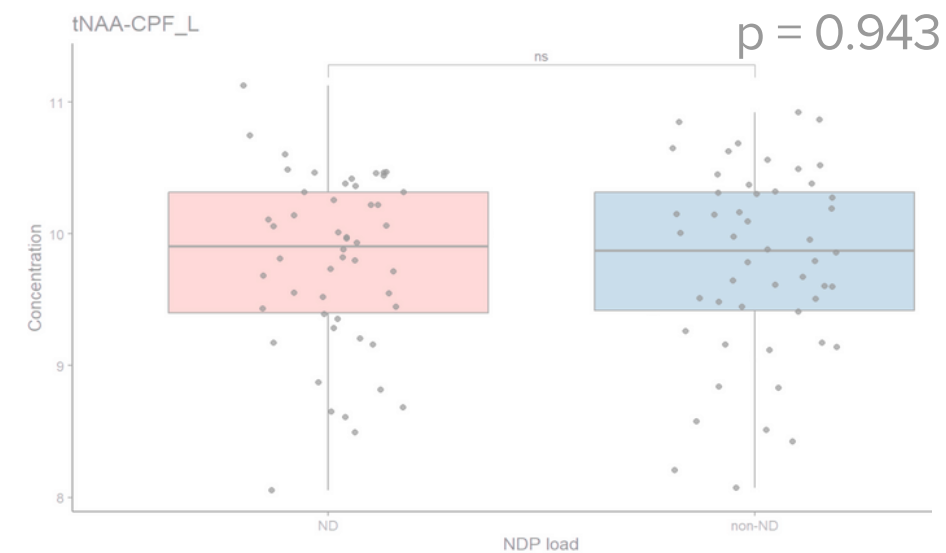
Left PFC



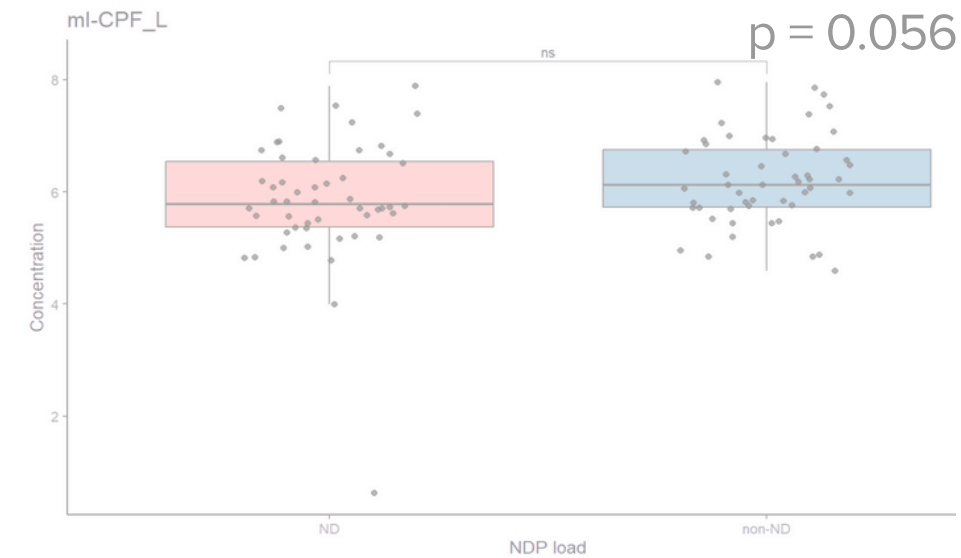
**tCho**



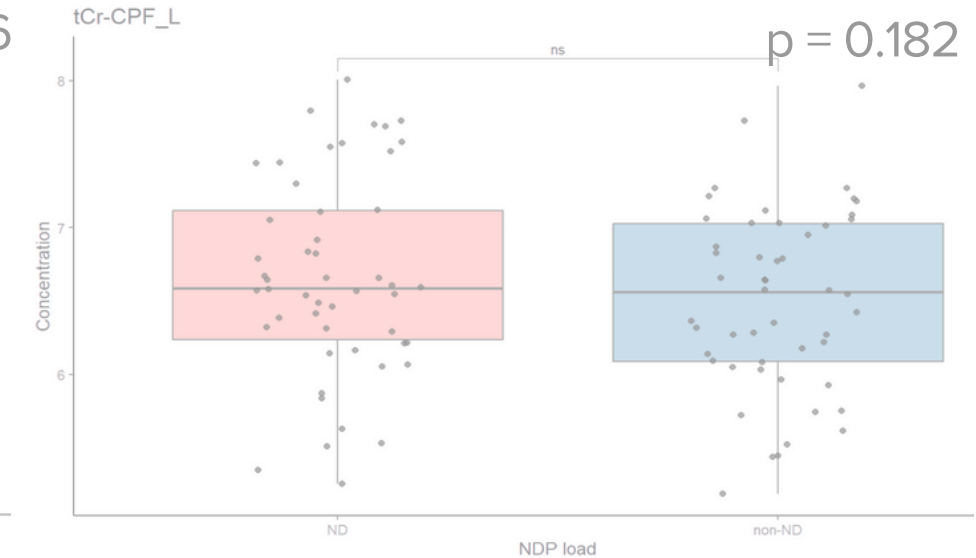
**tNAA**



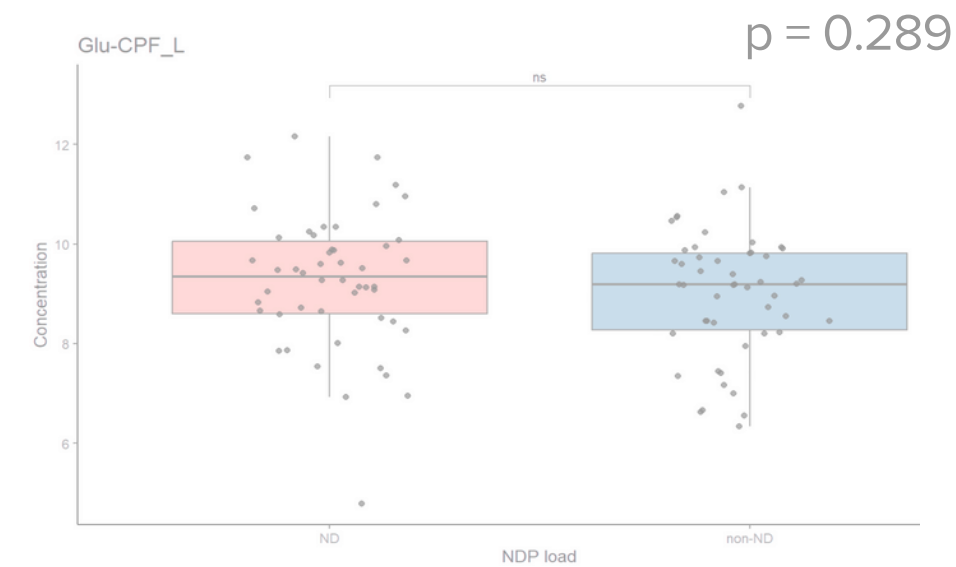
**ml**



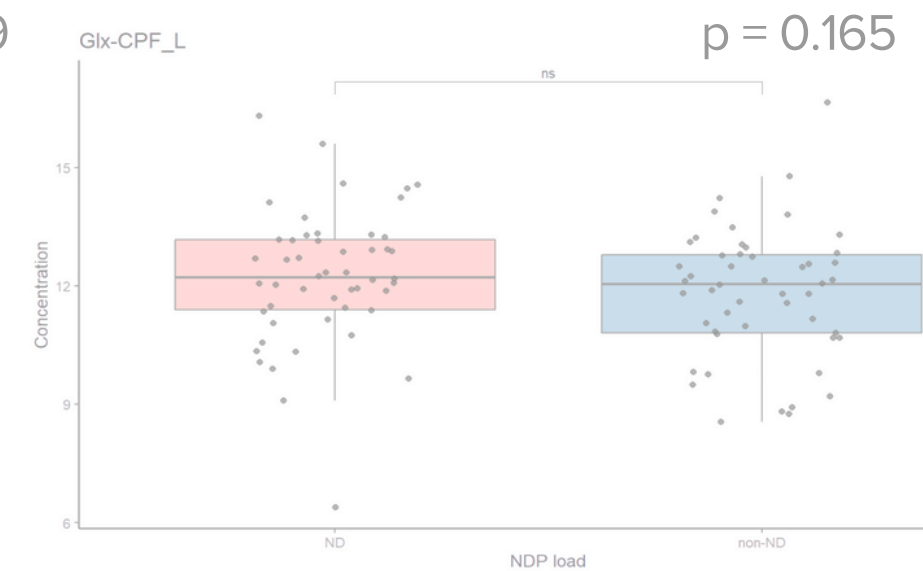
**tCr**



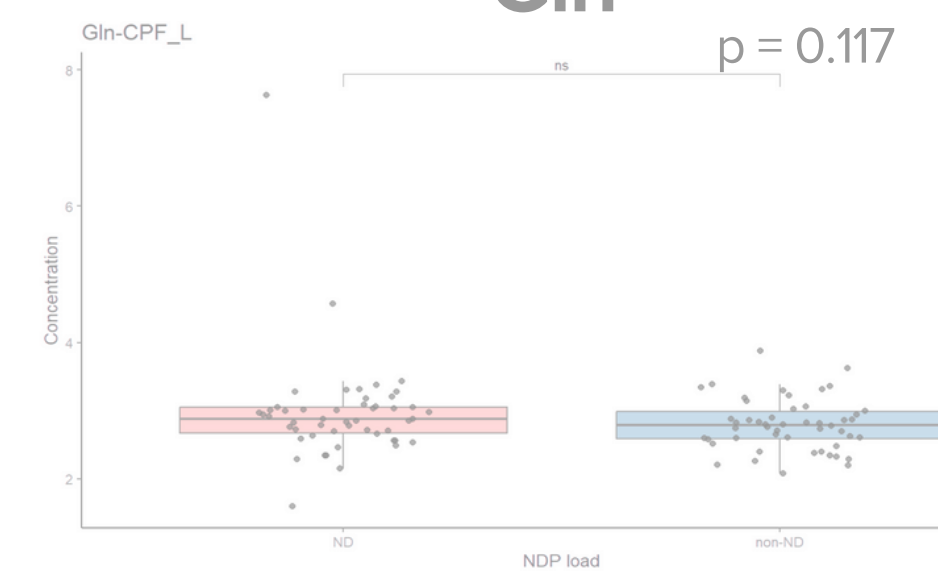
**Glu**



**Glx**



**Gln**



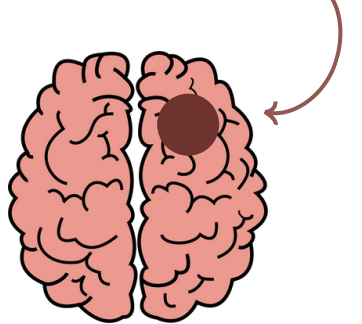


# Results

Relationship between **NDP load** and metabolite level

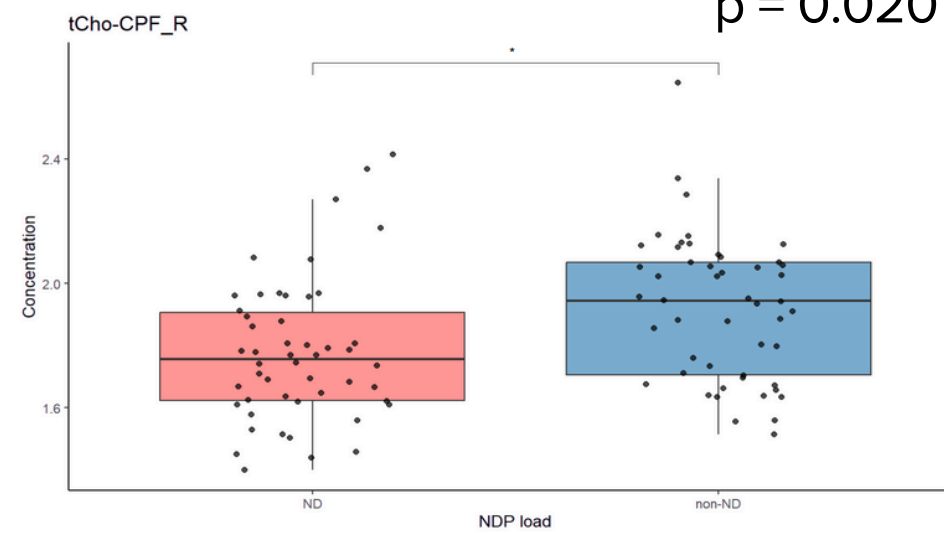
By\_group:

Right PFC



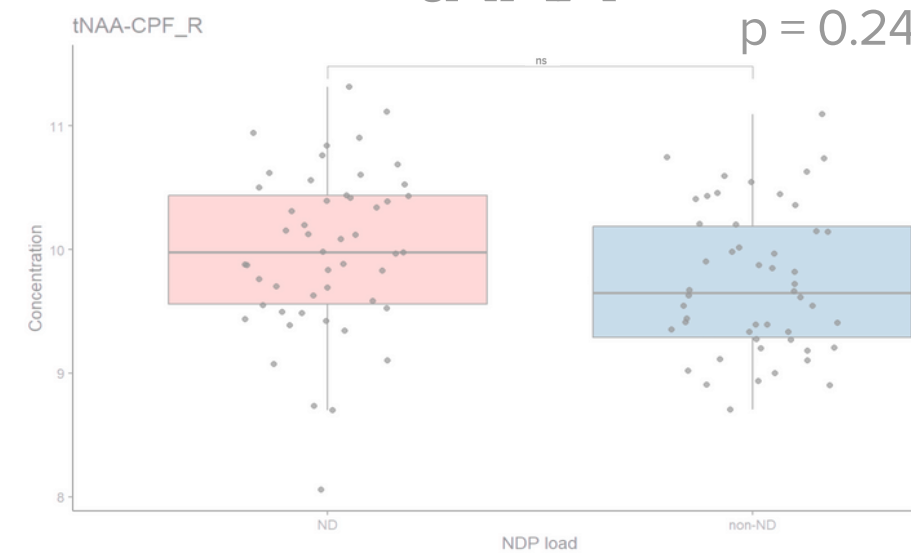
**tCho**

p = 0.020



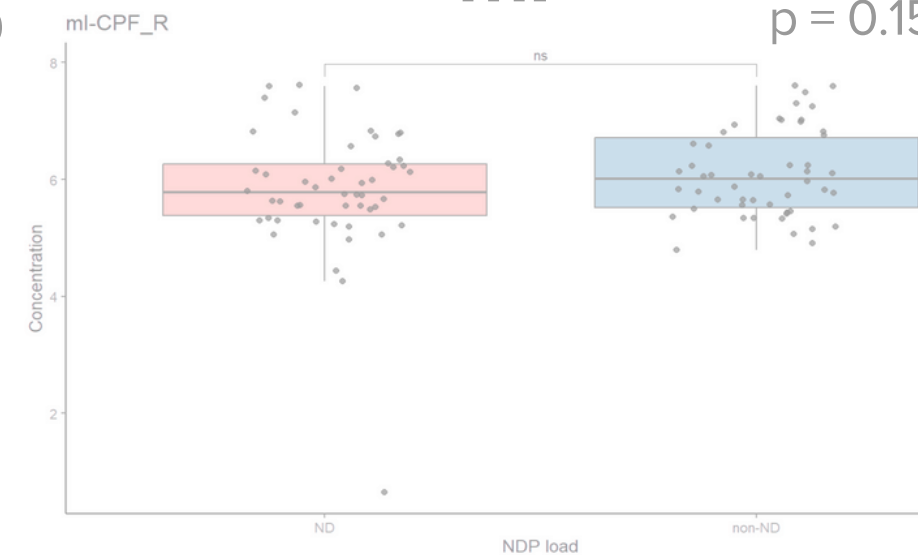
**tNAA\***

p = 0.249



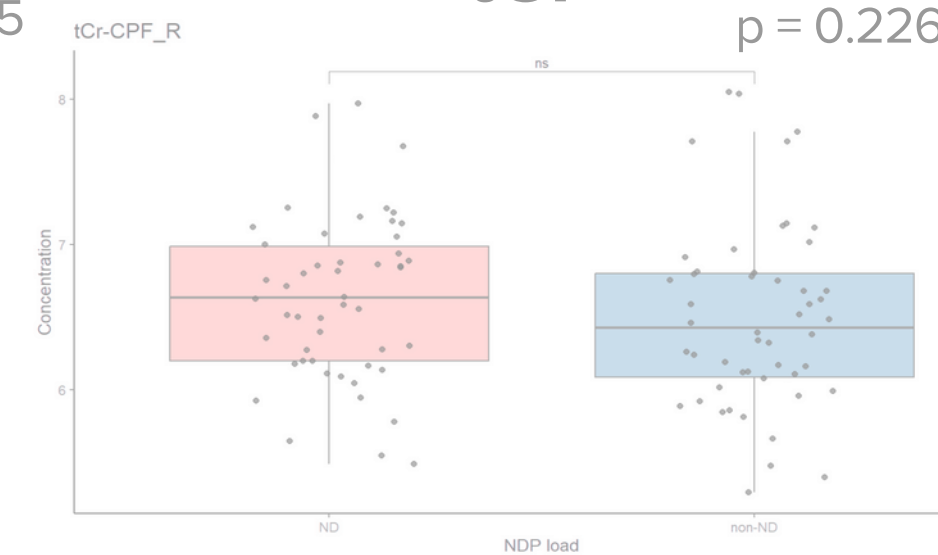
**ml**

p = 0.155



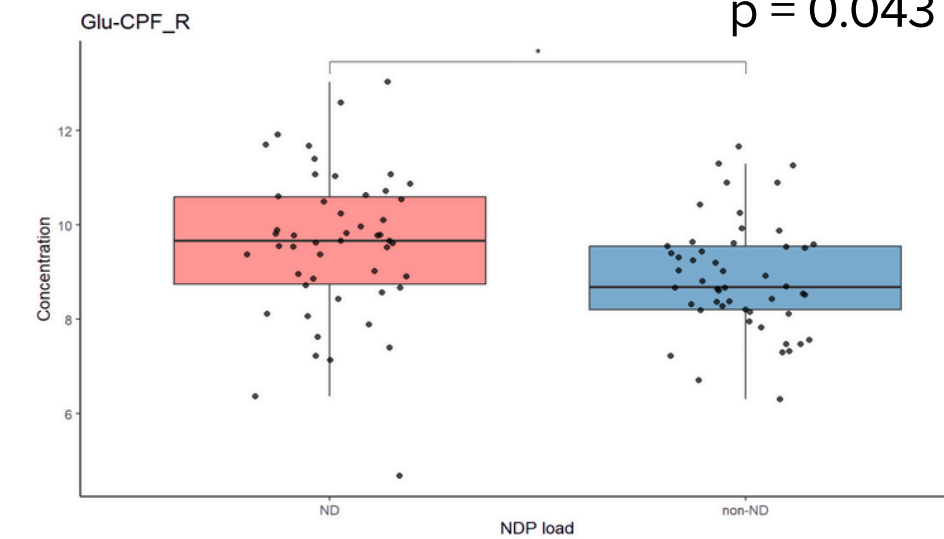
**tCr**

p = 0.226



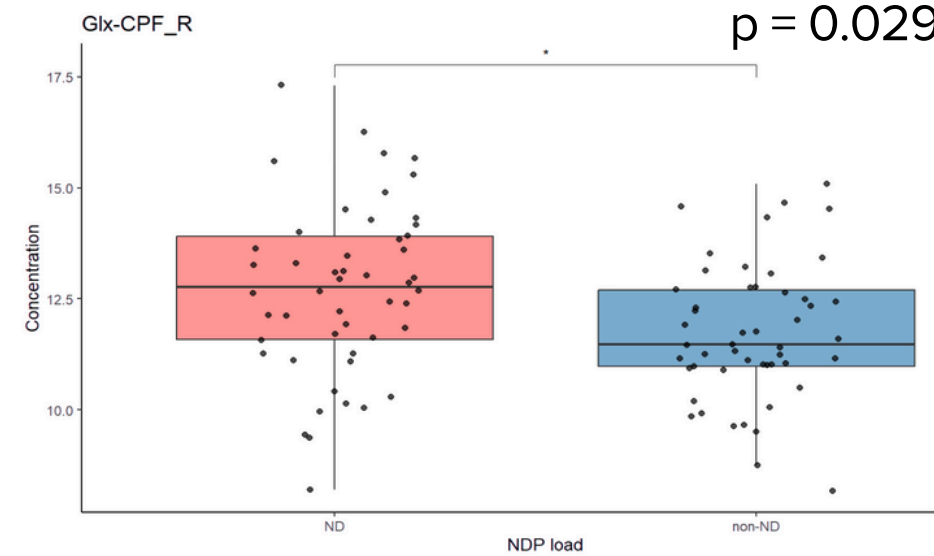
**Glu**

p = 0.043



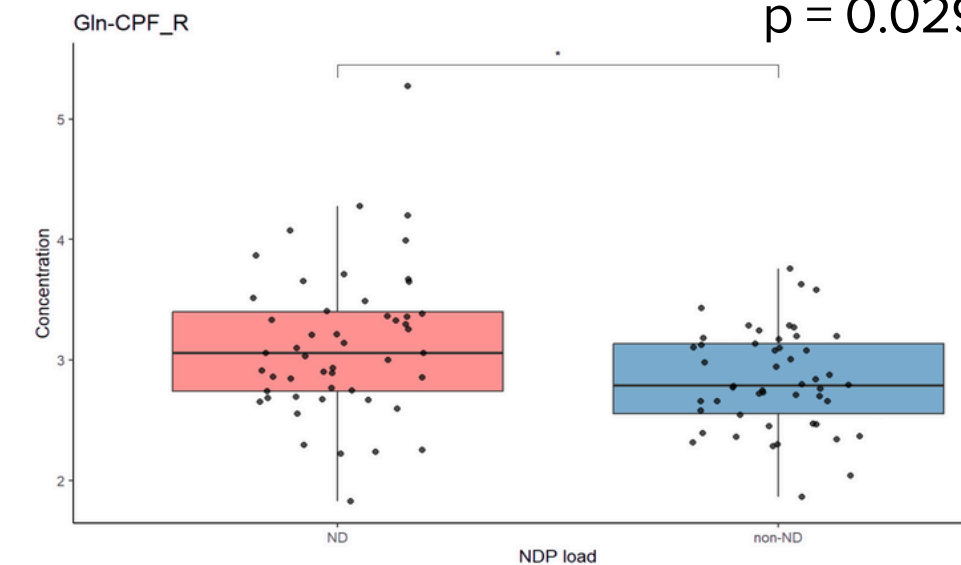
**Glx**

p = 0.029



**Gln**

p = 0.029



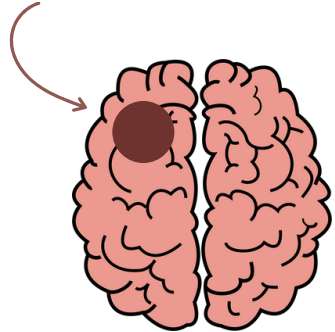
\*cofactors correction

# Results

Relationship between **NDP load** and metabolite level

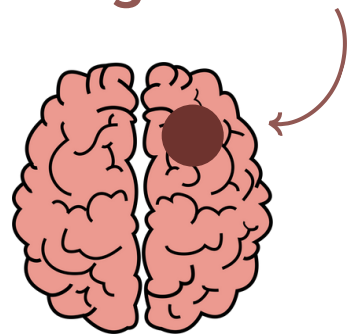
## LCModel - Clermont Ferrand

Left PFC



- tCho ⊖

Right PFC



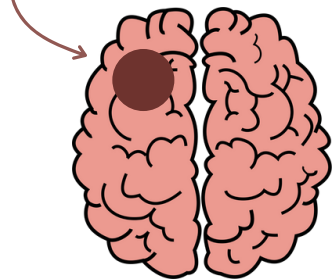
- Glu ⊕
- Glx ⊕
- tNAA ⊕
- tCho ⊖

# Results

Relationship between **NDP load** and metabolite level

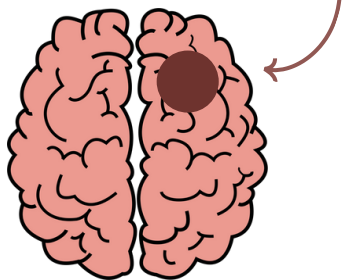
## LCModel - Clermont Ferrand

Left PFC



- tCho  $\ominus$

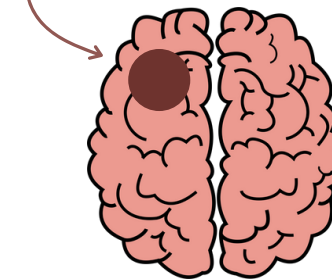
Right PFC



- Glu  $\oplus$
- Glx  $\oplus$
- tNAA  $\oplus$
- tCho  $\ominus$

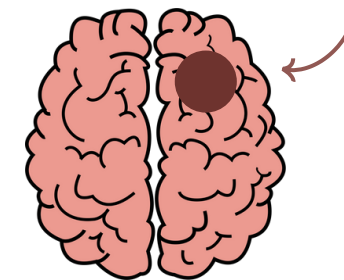
## Osprey

Left PFC



- tCho  $\ominus$

Right PFC



- tCho  $\ominus$

# Discussion







## Neurodevelopmental load :

- ↗ NDP load, ↘ tCho levels in the bilateral PFC
- tCho in MRS : indirect marker of **membrane integrity, cellular turnover, and neuroplasticity.**
- ↘ tCho ↪ disruption in membrane metabolism and plasticity.
- Also found in pediatric BD AND in **neurodevelopmental disorders (ASD, ADHD, Scz).**
- ↗ tCho levels in premature newborns ↪ **better IQ, verbal functions, memory**

# Discussion



## Neurodevelopmental load :

-  **NDP load**,  **tNAA, Glu, Gln and Glx levels in the right PFC**
- Glu, Gln, Glx: reflection of excitatory neurotransmission.
- tNAA: marker of neuronal integrity and metabolism.
-  **Glu/Gln/Glx + tNAA**  increased neuronal metabolism AND excitatory hyperactivity
- Difference in tNAA (continuous) and Gln (categorical) → cofactors correction.
- Also found in **BD and neurodevelopmental disorders** (ASD, ADHD, Scz)

# Discussion

## Strengths

### Classical categorisation of BD

- BD-I, BD-II  $\longrightarrow$  no associated metabolites
- NDP stratification = better biological relevance

### NDP analytical approach

- Stable results with **continuous** // **categorical approach**

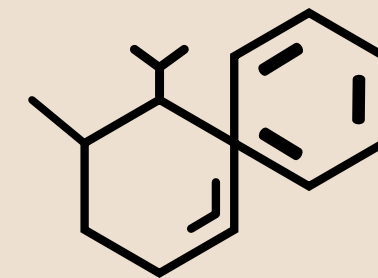
### Sensibility analysis



- Analysis confirmed with 3 different MRS software

## Limits

- **Caution in Glu/Gln/Glx and tNAA interpretation**  
(located only in the right PFC + not confirmed with Osprey)
- **No control group**
- **Not all metabolite**

# Conclusion



-  **tCho levels** in bipolar patients with a **neurodevelopmental phenotype**.  
 **Biomarker of the neurodevelopmental phenotype**



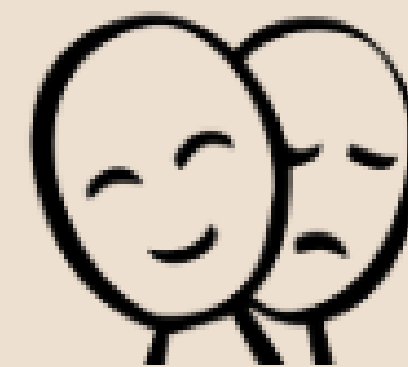
- **Glutamatergic and tNAA anomalies** are promising but **require confirmation**.



- **Identify earlier and better target interventions for BD with neurodevelopmental forms.**



- Validating the **NDP score** as a **clinical stratification tool**
- **Preclinical models**
- Investigate the relationship between tCho levels, **structural connectivity** and **cognitive metrics**







Antoine Lefrere



Samantha Neilson



Julien Sein



Jean Luc Anton



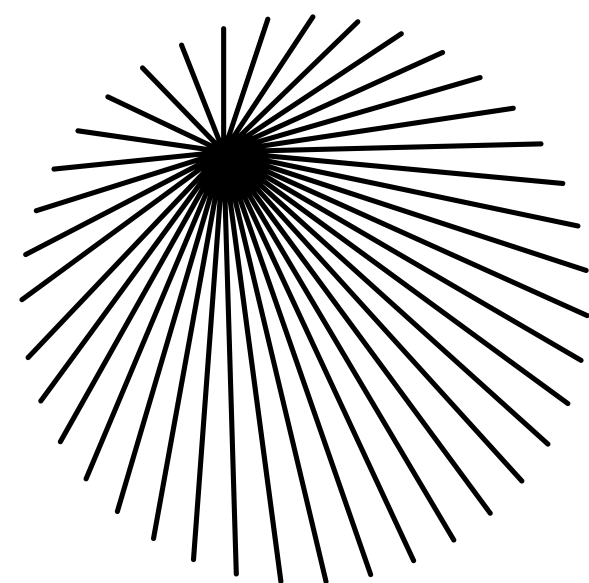
Bruno Nazarian



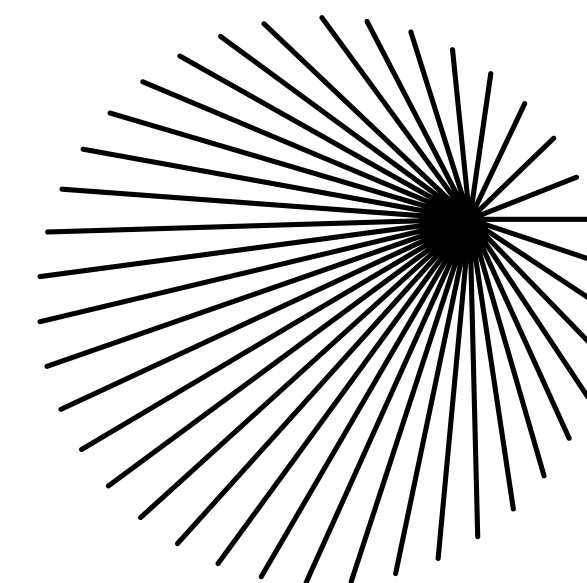
Christine Deruelle

Diane Havard

Isabelle Muraccioli



*Thank You*



Presented by **Léane Petitgas**  
CanoP | 2025

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