A COMBINED RS-EEG/RS-fMRI CHARACTERIZATION OF THE ALZHEIMER CONTINUUM

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INTRODUCTION AND AIMS

Alzheimer's disease (AD) is the most prevalent cause of dementia. Unavailability of a reliable and reproducible early diagnostic process compromises the prompt management of the disease and the success of disease-modifying therapies.

The aim of this study was to evaluate electroencephalogram (EEG) performances alone or combined with resting state functional MRI (rs-fMRI) in order to characterize amnestic mild cognitive impairment (MCI) subjects with an AD-like cerebrospinal fluid (CSF) biomarkers profile within the Alzheimer Continuum.

METHODS

- ✓ Thirty-nine AD, 86 amnestic MCI and 86 healthy controls (HC) underwent EEG and/or rs-fMRI. MCI subjects were divided according to their CSF profile: those with phosphorylated tau/βamiloyd-42 ≥ 0.13 (MCI-ATpos) and those with the ratio < 0.13 (MCI-ATneg).
- ✓ Current source density (CSD) analysis was applied to EEG data at a lobar level. To combine the two techniques, networks mostly affected by AD pathology were identified using Independent Component Analysis (ICA) applied to rs-fMRI data. Afterwards, EEG CSD and graph analyses were focused on these networks (Fig. 1).

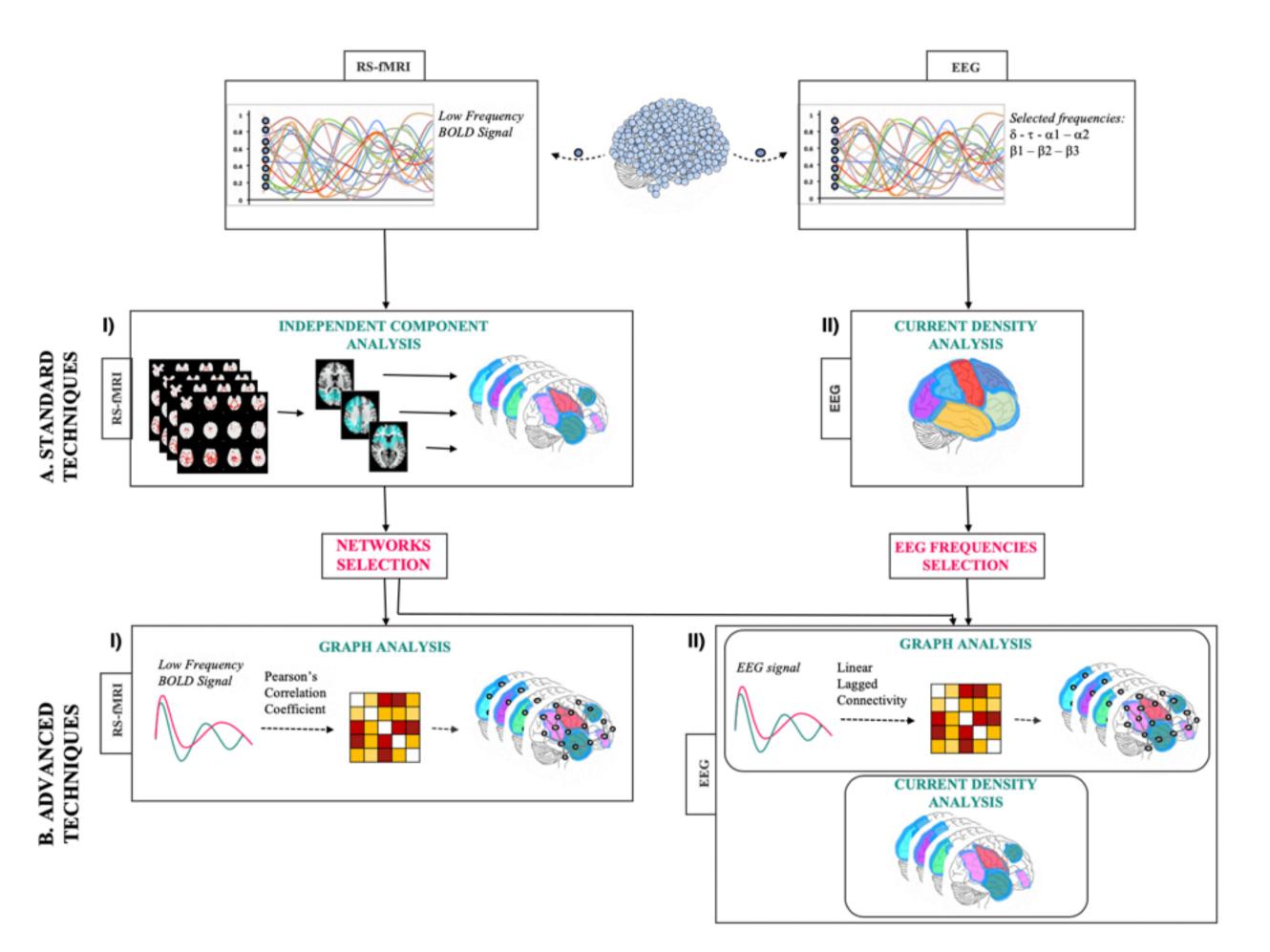


Figure 1. Graphical representation of methodological framework.

RESULTS

✓ When compared to healthy subjects, Alzheimer's disease patients showed decreased functional connectivity within default mode network (DMN), primary visual network (PVN), visual-associative network (VISASS) and right frontal-parietal network (RFP) (Fig. 2).

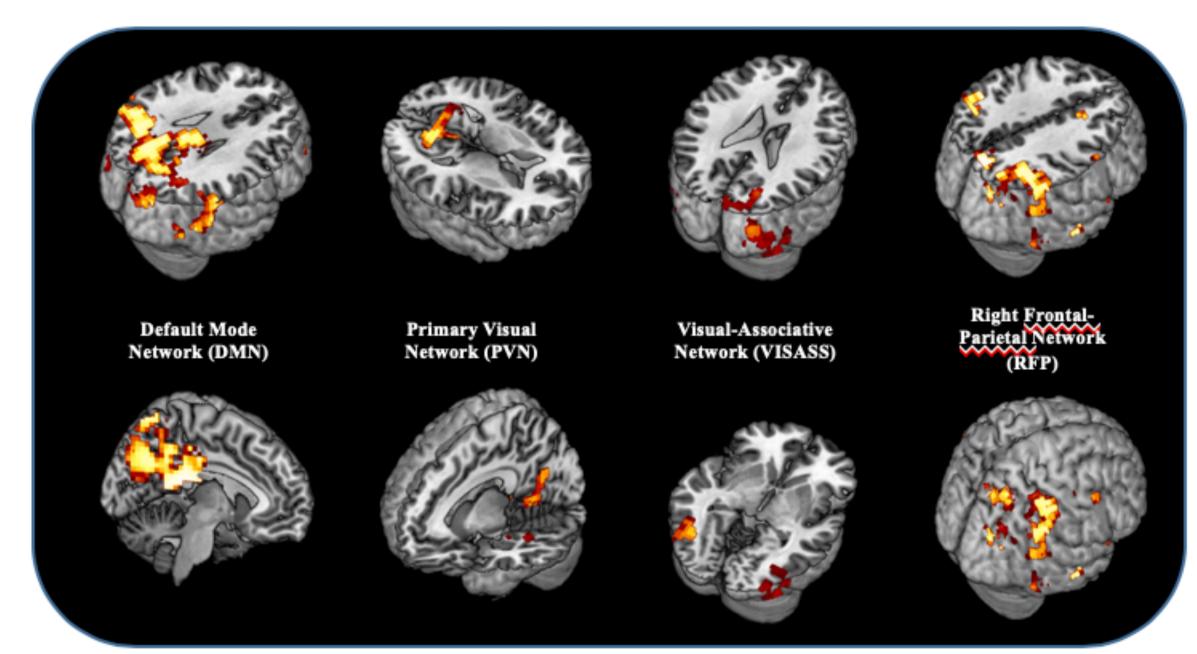


Figure 2. Independent component analysis.

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RESULTS

✓ AD patients showed an increase of delta and theta and a decrease of alpha2 and beta1 densities. MCI-ATpos showed higher theta density than MCI-ATneg patients (Fig. 3-A,B). After the application of rs-fMRI networks to CSD analysis, alpha2 band distinguished MCI-ATpos patients from MCI-ATneg, AD and HC (Fig. 3-B).

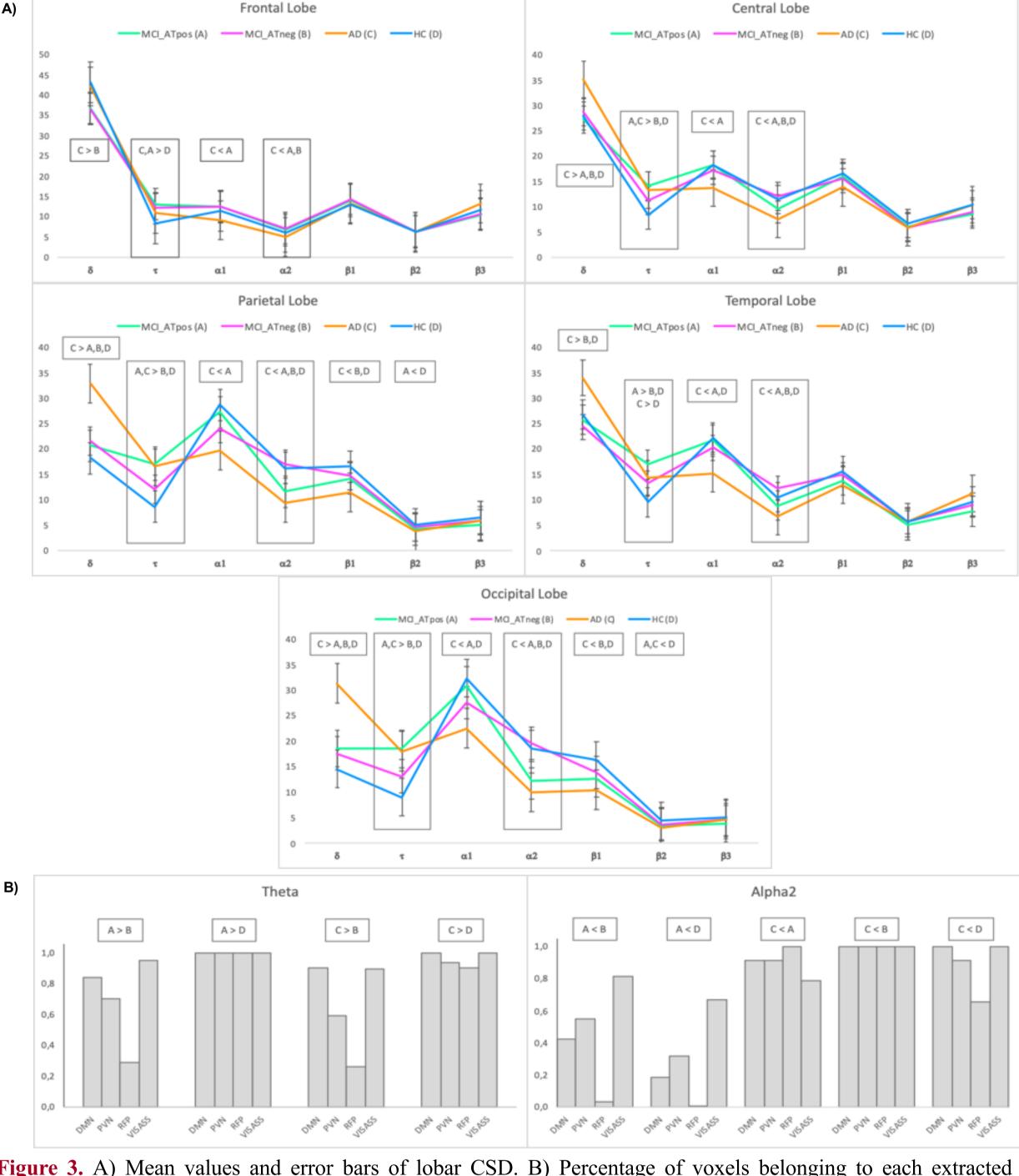


Figure 3. A) Mean values and error bars of lobar CSD. B) Percentage of voxels belonging to each extracted network that showed differences at CSD analysis at selected frequencies. Abbreviations: A=MCI-ATpos, B=MCI-ATneg, C=AD, D=HC, DMN=Default-mode network, PVN=Primary visual network, RFP=Right frontal-parietal network, VISASS=Visual-associative network.

✓ Graph analysis from rs-fMRI data and EEG data at theta frequency allowed to distinguish MCI-ATpos and AD from MCI-ATneg and healthy subjects at network level (Fig 4-A,B). Graph analysis from EEG data at alpha2 frequency showed a trend of progressive alteration of network metrics throughout the Alzheimer continuum (Fig. 4-C).

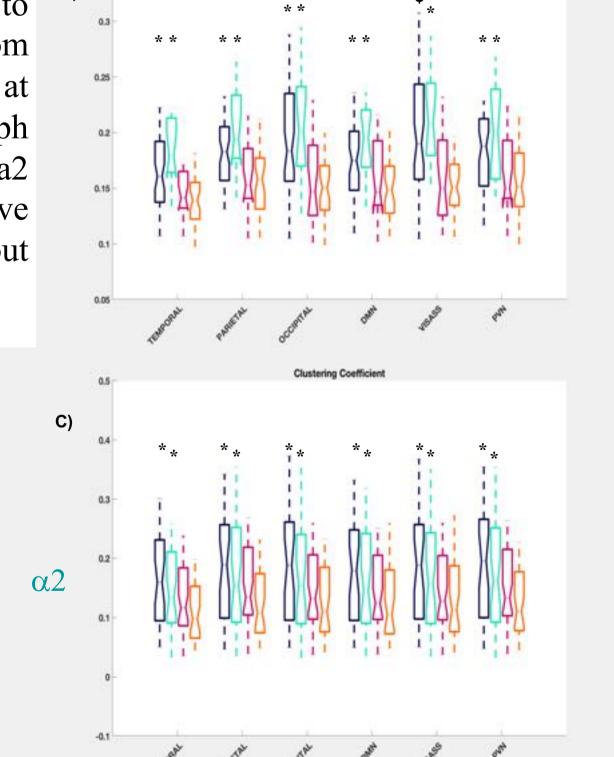


Figure 4. Network metrics from rs-fMRI (A) and EEG at theta (B) and alpha2 (C) frequencies (AD: orange, HC: blue, MCI-ATpos: violet, MCI-ATneg: light blue). * p <0,05 vs AD, \$ p <0,05 vs MCI-ATpos. Abbreviations: DMN=Default-mode network, PVN=Primary visual network, VISASS=Visual-associative network,

CONCLUSIONS

- ✓ **Theta** frequency band is sensitive to AD-like CSF biomarker profile and it is therefore a promising early noninvasive marker of AD.
 - →Biomarker category: Amyloidopathy (A) and Tauopathy (T)
- ✓ **Alpha2**, as highlighted by the integration of EEG and rs-fMRI, correlates with disease progression within the Alzheimer Continuum.
 - → Biomarker category: Neurodegeneration (N)



