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PSYCHIATRY ACADEMY

Neural Underpinnings of AUTISM

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Disclosures



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Demarest Lloyd Jr Foundation	✓			
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Integration and Segregation of Default Mode Network Resting-State Functional Connectivity in Transition-Age Males with High-Functioning Autism Spectrum Disorder: A Proof-of-Concept Study

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Abstract

The aim of this study is to assess the resting-state functional connectivity (RsFc) profile of the default mode network (DMN) in transition-age males with autism spectrum disorder (ASD). Resting-state blood oxygen level-dependent functional magnetic resonance imaging data were acquired from adolescent and young adult males with high-functioning ASD ($n=15$) and from age-, sex-, and intelligence quotient-matched healthy controls (HCs; $n=16$). The DMN was examined by assessing the positive and negative RsFc correlations of an average of the literature-based conceptualized major DMN nodes (medial prefrontal cortex [mPFC], posterior cingulate cortex, bilateral angular, and inferior temporal gyrus regions). RsFc data analysis was performed using a seed-driven approach. ASD was characterized by an altered pattern of RsFc in the DMN. The ASD group exhibited a weaker pattern of intra- and extra-DMN-positive and -negative RsFc correlations, respectively. In ASD, the strength of intra-DMN coupling was significantly reduced with the mPFC and the bilateral angular gyrus regions. In addition, the polarity of the extra-DMN correlation with the right hemispheric task-positive regions of fusiform gyrus and supramarginal gyrus was reversed from typically negative to positive in the ASD group. A wide variability was observed in the presentation of the RsFc profile of the DMN in both HC and ASD groups that revealed a distinct pattern of subgrouping using pattern recognition analyses. These findings imply that the functional architecture profile of the DMN is altered in ASD with weaker than expected integration and segregation of DMN RsFc. Future studies with larger sample sizes are warranted.

Keywords: autism spectrum disorder; default mode network; resting-state fMRI

Resting-State Functional-Connectivity of Default Mode Network (DMN)



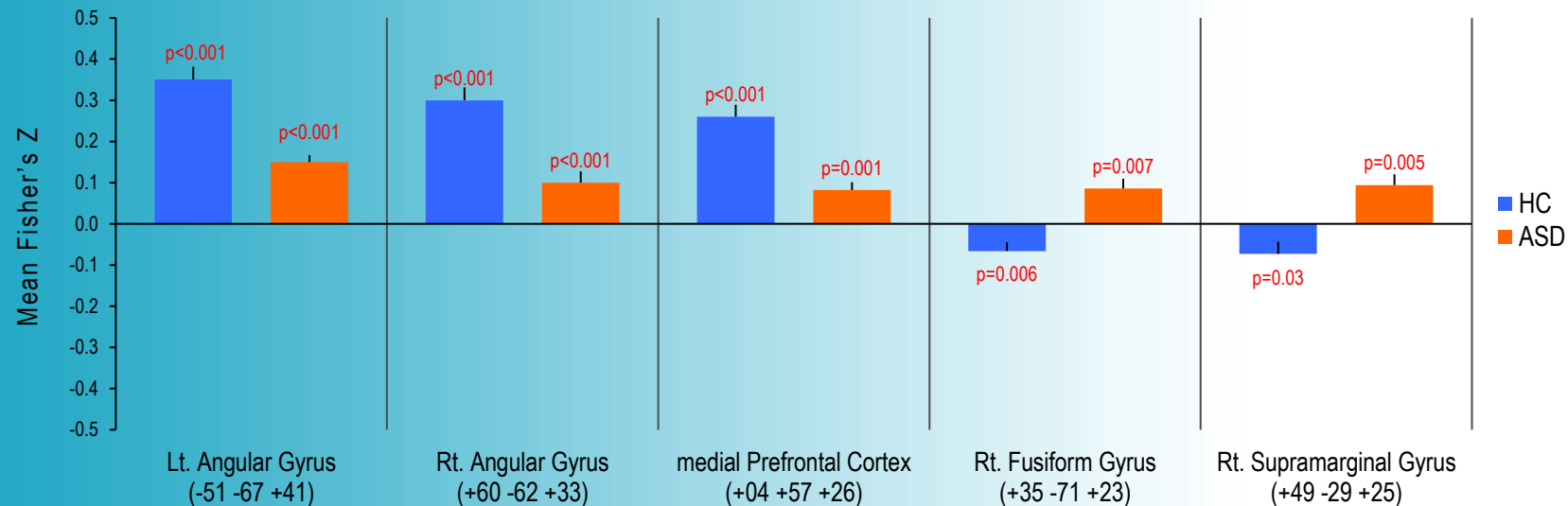
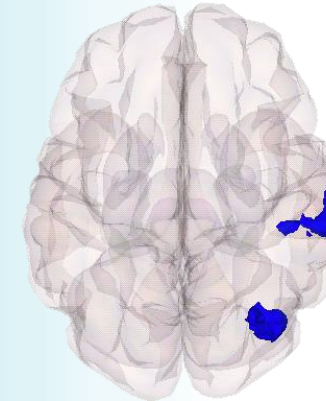
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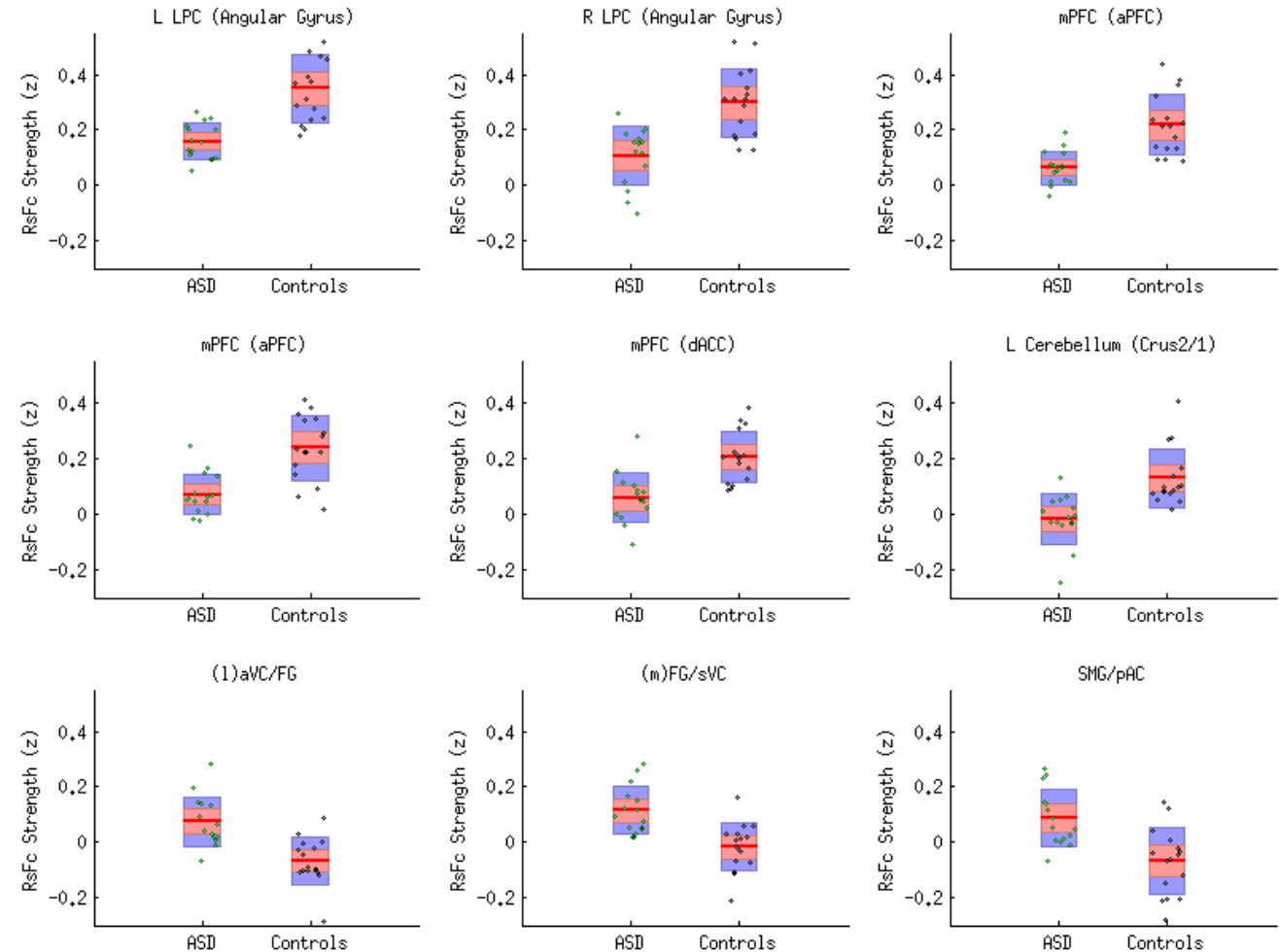
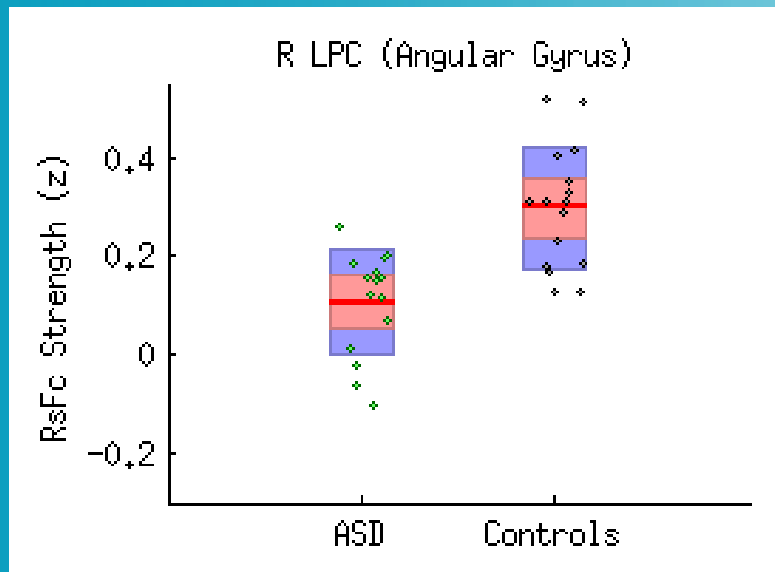
Positive Correlations with DMN



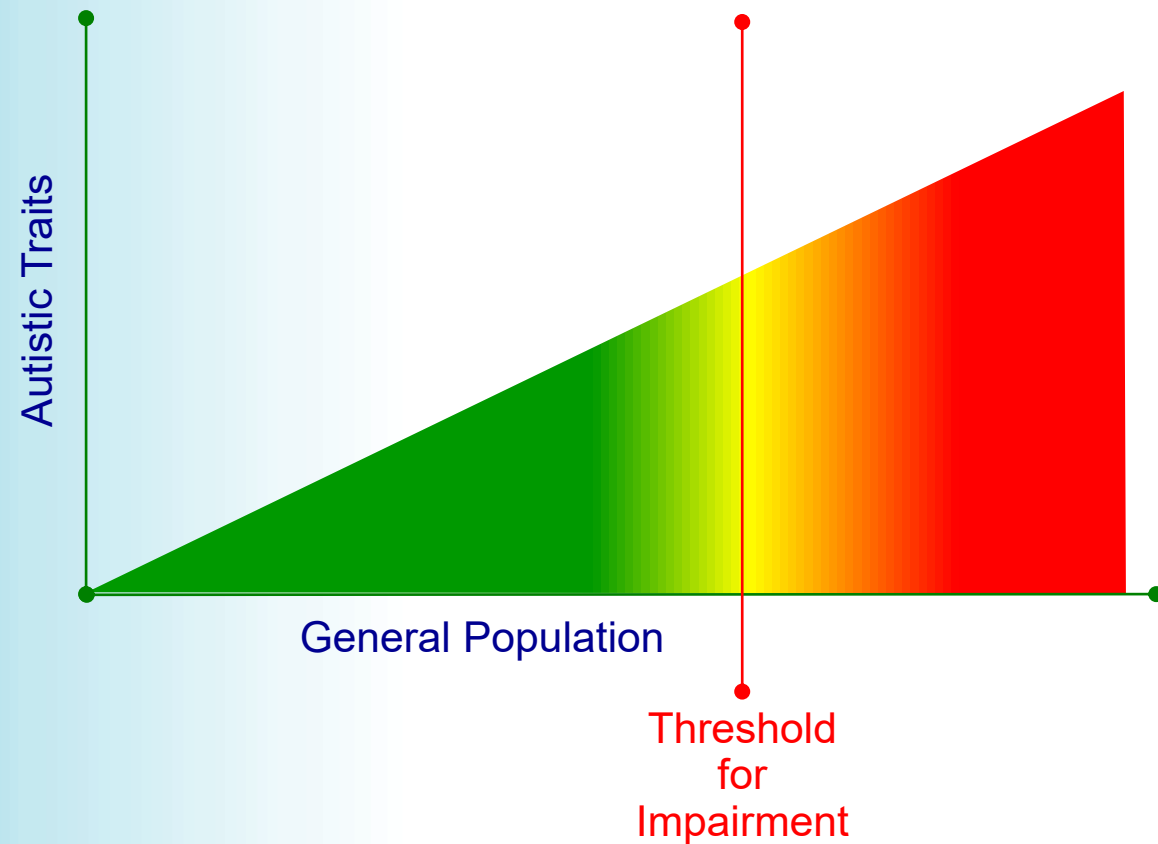
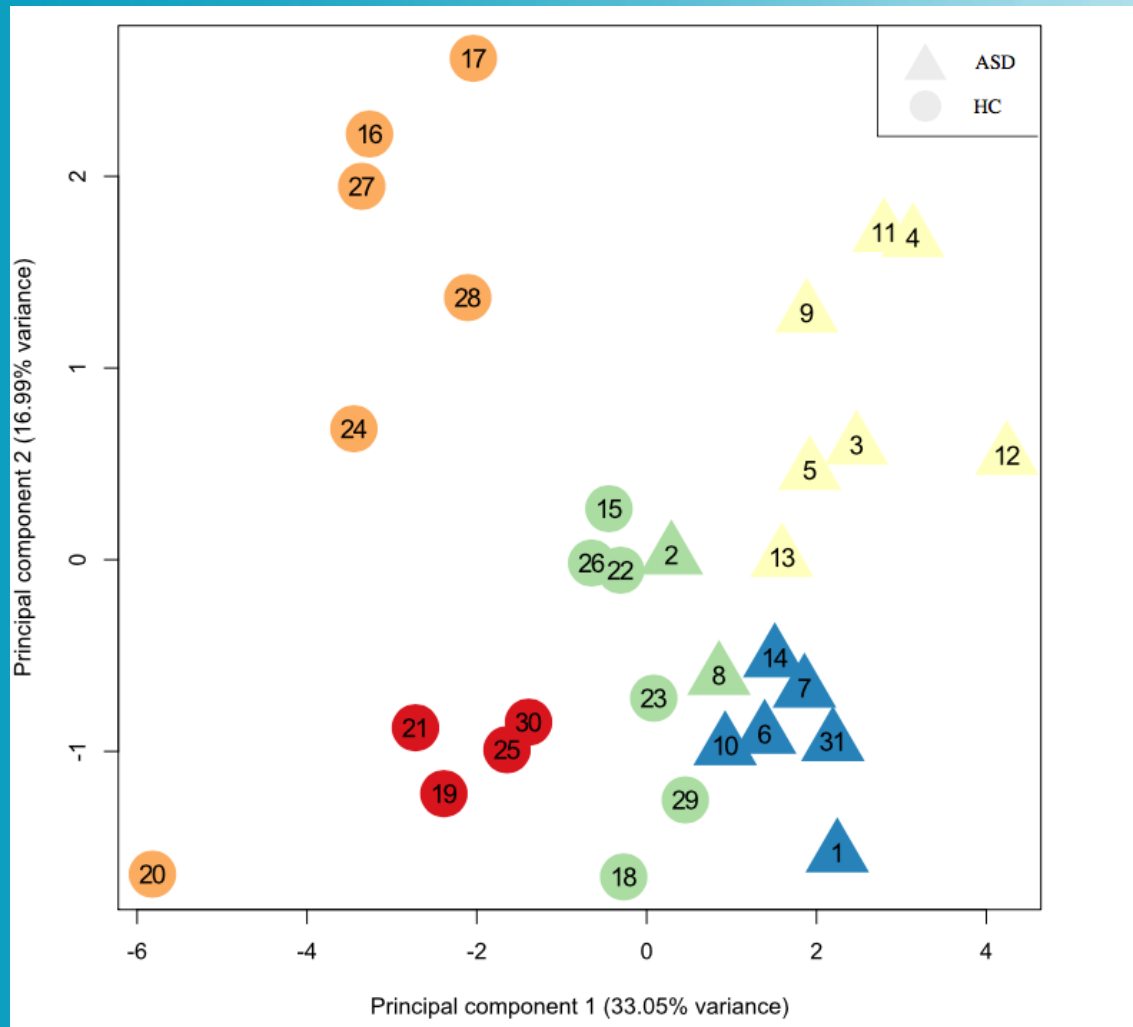
Negative Correlations with DMN



Individual Subject RsFc Strength of the ROIs



Diversity in Atypical DMN Profile in AUTISM



Machine Learning Unsupervised Clustering Analysis

Inter-ROI Connectivity Patterns in AUTISM

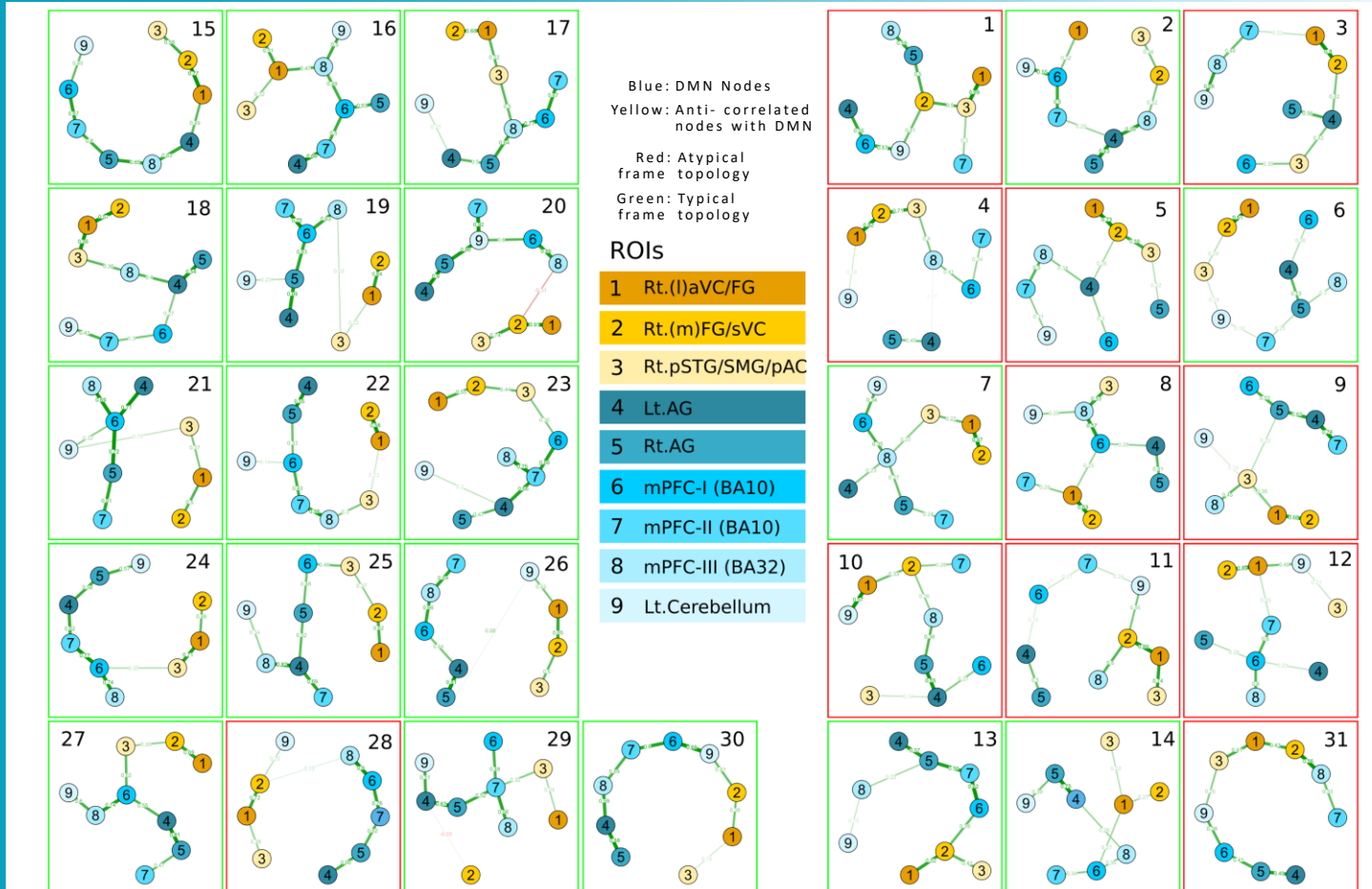


HC

(Specificity = 94% [15/16])

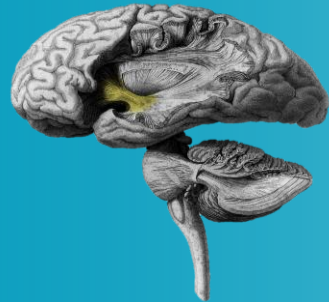
ASD

(Sensitivity = 67% [10/15])



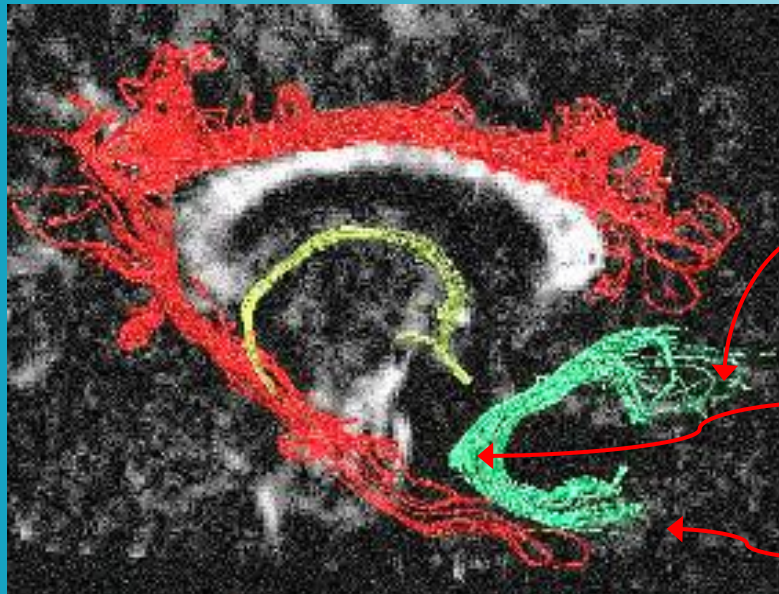
Graph Theoretical
Minimum Spanning Tree Analysis

Diffusion Tensor Imaging Tractography



Left Uncinate Fasciculus Abnormality in ASD

- Connects Amygdala & Hippocampus (MTL) with Orbitofrontal Cortex
- Uncinate fibers form the “Amygdalo-orbitofrontal circuit” (involved in theory of mind, social cognition, stereotypes)



Orbitofrontal Cortex } Intellectual Processing

Left Uncinate Fasciculus } Tract structural abnormality

Amygdala & Hippocampus } Social & Emotional processing

Left Uncinate Fasciculus

	ASD	Control
Fiber Length max	187.92	200.43
Fiber Length mean	65.25	72.70
FA mean	0.36	0.46

FA=Fractional anisotropy (a measure of microstructural integrity)

Neurotransmitter – Glutamate

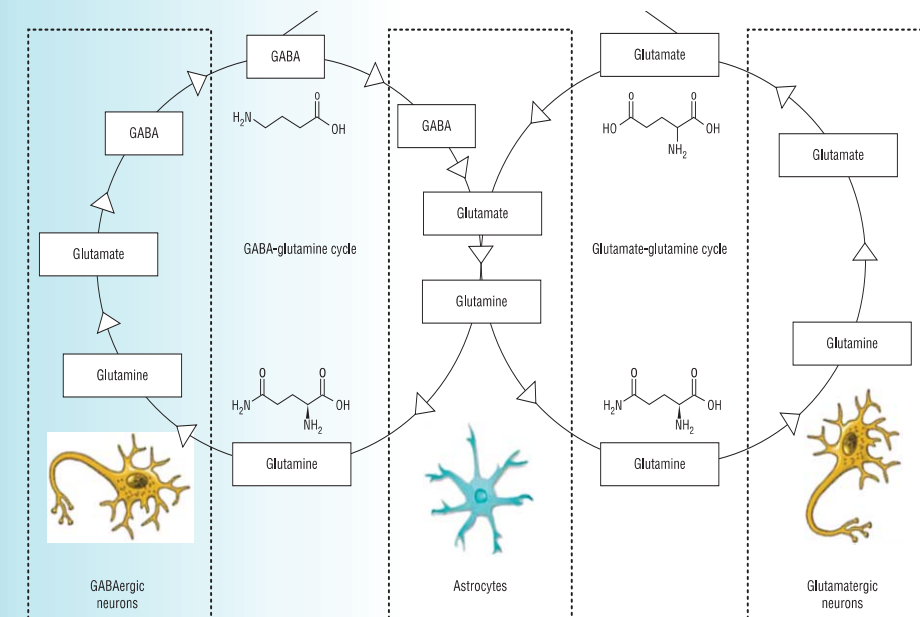


Glutamate

- Primary excitatory neurotransmitter in brain
- Most abundant central neurotransmitter
- Crucial for neurodevelopmental processes (neuronal plasticity and higher cognitive function)
- Glutamate, through its activity on N-methyl-D-aspartate (NMDA) receptor, plays a critical role in cognition and neuronal plasticity
- Over-activity is associated with excitotoxicity (neuronal injury) & apoptosis (cell death)

Glutamate Cycle

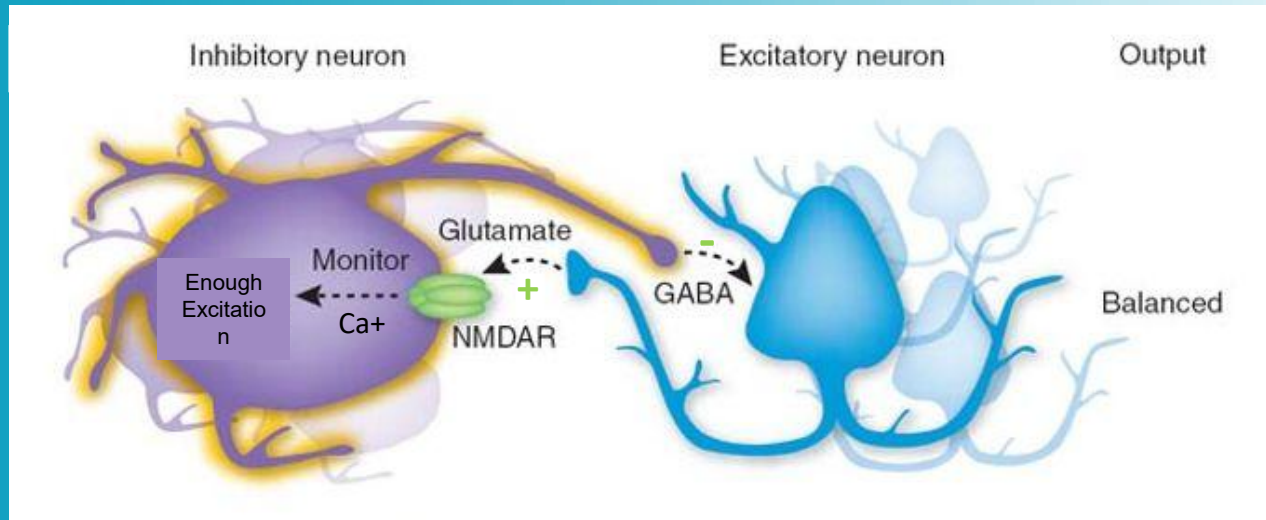
GABA ⇌ Glutamate ⇌ Glutamine Cycle



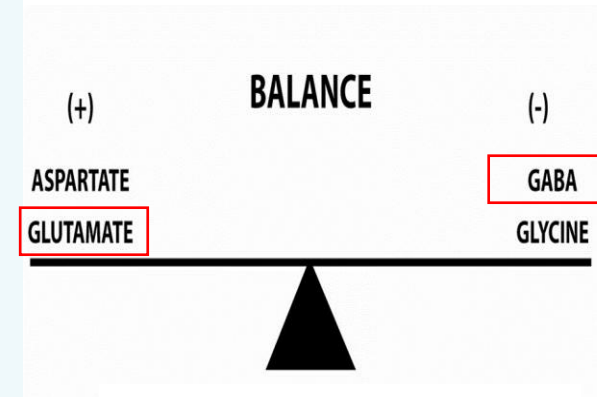
Excitatory-Inhibitory Imbalance in AUTISM



Brain Glutamate – GABA Activity



Neurotransmitters: Excitation and Inhibition



There are 2 major excitatory and two major inhibitory neurotransmitter systems in the brain.

Glutamate Dysregulation in AUTISM



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Evidence Supporting

Increased Glutamate Activity in Autism

- Elevated Glu in:
 - Plasma
 - Cerebral spinal fluid
- Affected postmortem brains have:
 - Increase in NMDA receptors
 - Decrease in glutamic acid decarboxylase proteins
- Autism associated with single-nucleotide polymorphisms (SNPs) in glutamatergic genes encoding for:
 - Kainite, ionotropic, & metabotropic Glu receptors
 - Mitochondrial aspartate/glutamate carrier
 - Astrocytic Glu transporter proteins

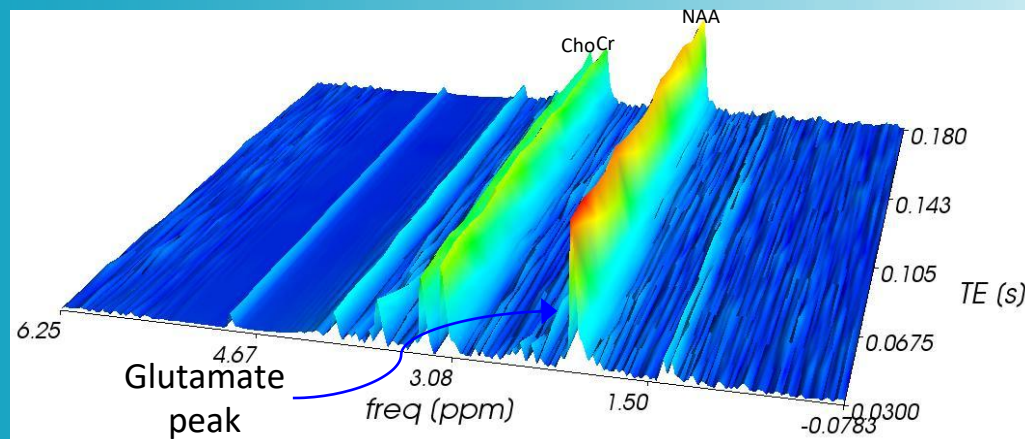
Proton Spectroscopy at 4T



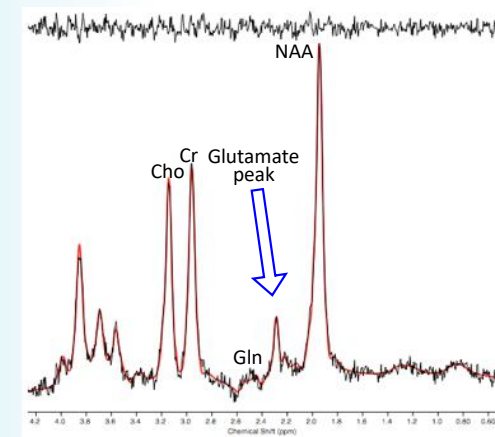
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TE - Stepped (J-PRESS) Spectrum



TE-Averaged Spectrum

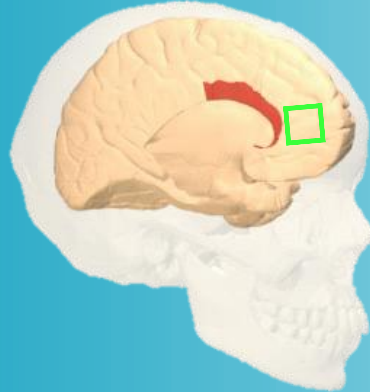


Differentiation & quantification of Glu from Glx spectra (Glu+Gln+GABA) is achieved by acquiring proton spectra @ 4 Tesla (4T) & by applying multi-echo two-dimensional J-resolved (2D-JPRESS) ¹H MRS protocol

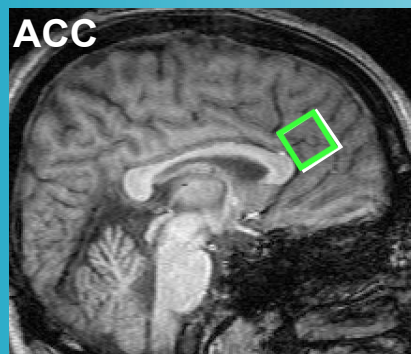
Voxel Placement: Social Brain Regions



Anterior Cingulate Cortex (ACC)

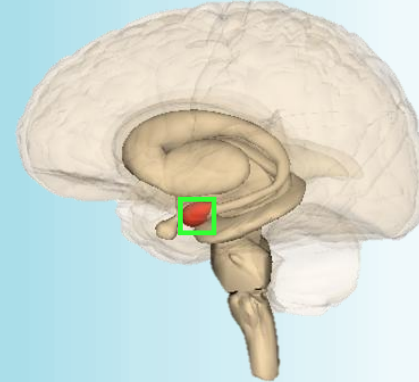


Pregenual ACC [pgACC]

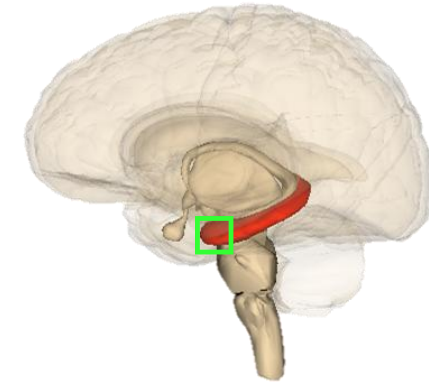


pgACC regulates interaction of Cognitive and Affective processes

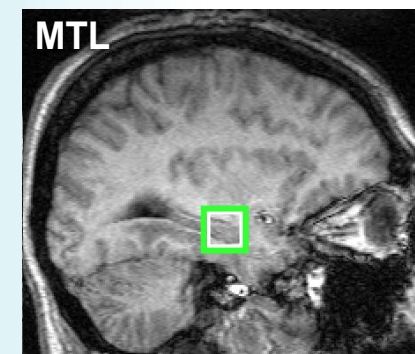
Bilateral Medial Temporal Lobes (MTLs)



Amygdala



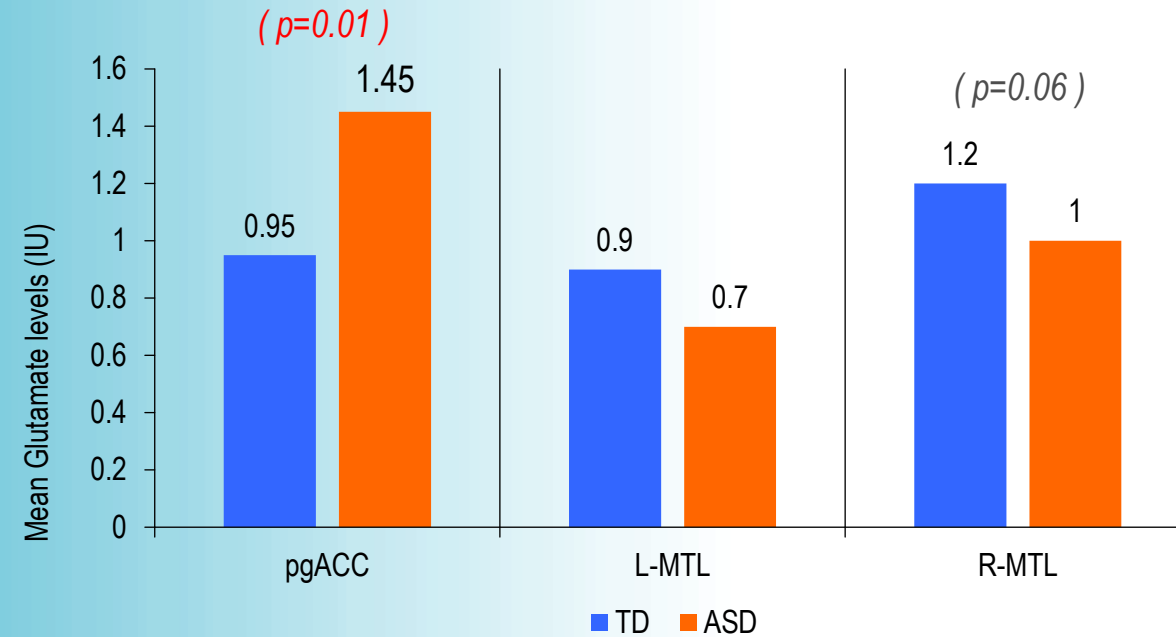
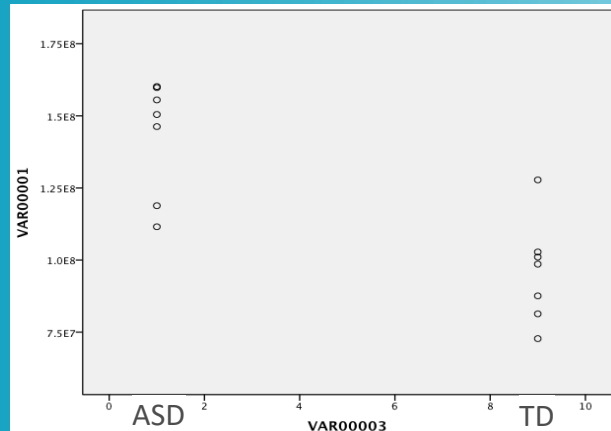
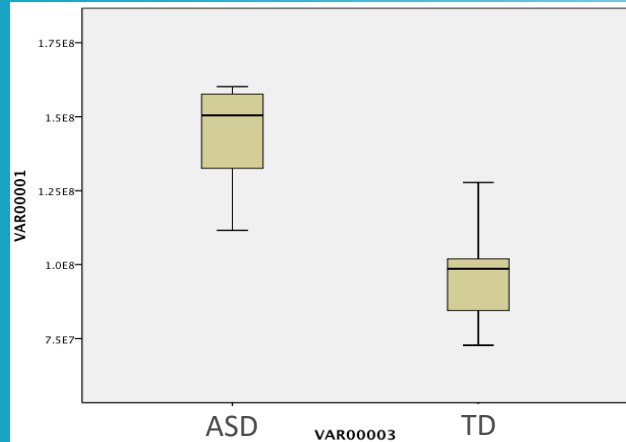
Anterior Hippocampus



MTLs integrate Social and Emotion processes

Glutamate Activity in *pgACC* & MTL

pgACC



Brain Region	GLU Levels (x10 ⁸) (IU)		T-statistic	P-value
	ASD	HCS		
<i>pgACC</i>	1.43 ± 0.20	0.96 ± 0.18	3.413	0.01
L-MTL	0.72 ± 0.08	0.89 ± 0.16	1.937	0.101
R-MTL	0.98 ± 0.06	1.21 ± 0.20	2.242	0.066

MR Spectroscopic Glutamate Activity in AUTISM



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Study	Age Group	Brain Region	GLX* Levels	GLU Levels
Friedman et al., 2003, 2006	Preschoolers	ACC (Global) , Temporal lobes	⇒	
Corrigan et al., 2013	Preschoolers	White matter (Global)	⇓	
Harada et al., 2010	Children	Frontal lobe, Lenticular nuclei (L)		⇔
Hardan et al., 2008	Youth	Thalamus	⇔	
DeVito et al., 2007	Youth	Frontal-Occipital Grey matter	⇓	
Kubas et al., 2012	Youth	Frontal lobe	⇓	
Doyle-Thomas et al., 2014	Youth	Putamen	⇑	
Bejjani et al., 2012	Youth	ACC (Pregenua)	⇑	
Cochran et al., 2015	Adolescents	ACC (Pregenua)	⇔	
Joshi et al., 2012	Adolescents	ACC (Pregenua)		⇑
Elst et al., 2014	Adults	ACC (Pregenua)	⇓	⇓
Bernardi et al., 2011	Adults	ACC (Dorsal)	⇓	
Page et al., 2006	Adults	Amygdalo-Hippocampus (R)	⇑	
Brown et al., 2012	Adults	Auditory Cortex (BL Temporal region)	⇑	⇑

Preschoolers = 0-5 years; Children = 6-12 years; Adolescents = 13-17 years; Youth = 6 – 17 years; Adults=≥18 years

*GLX = Glutamate + Glutamine + GABA; GLU=Glutamate; ACC=Anterior Cingulate Cortex

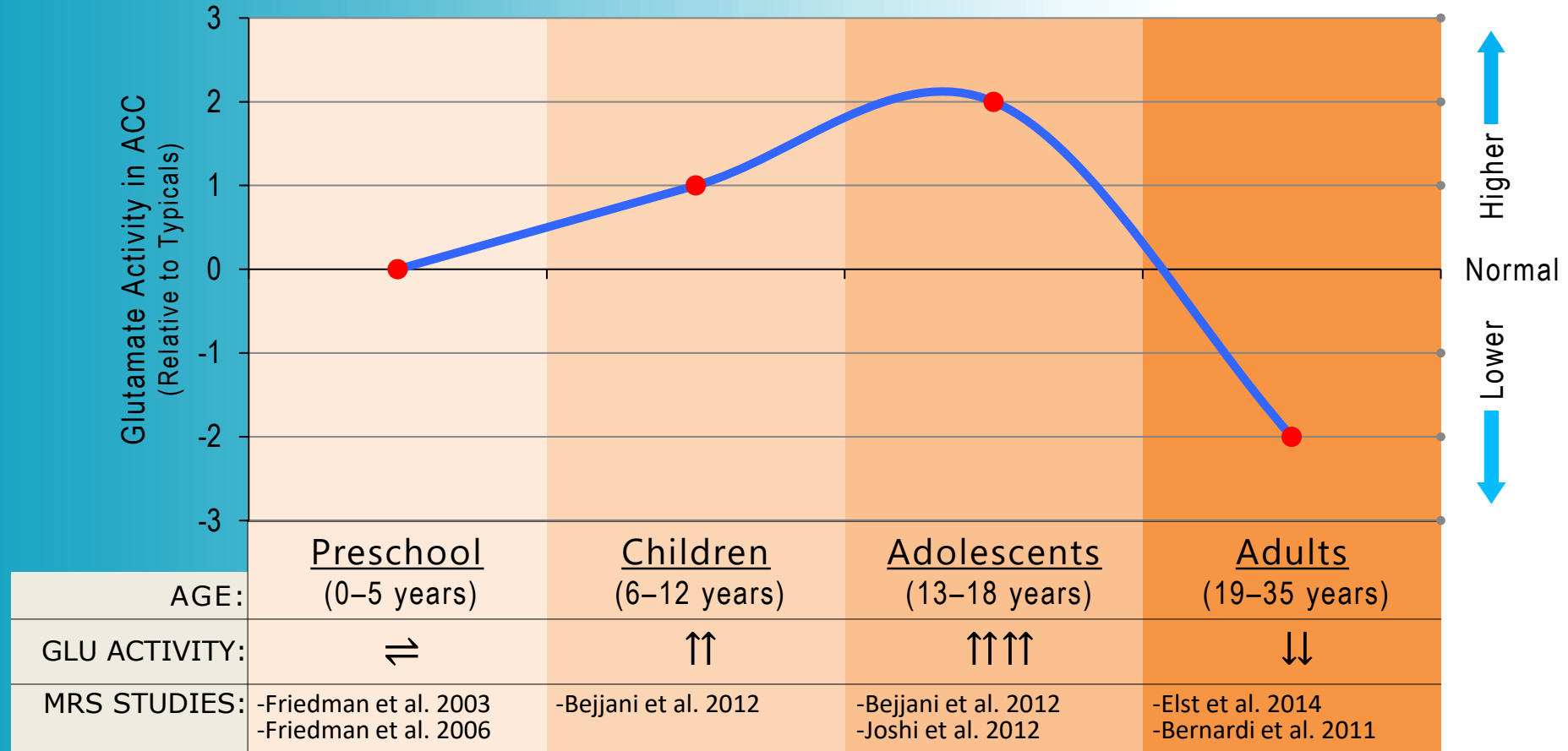
MR Spectroscopic Glutamate Activity in AUTISM



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ACC Glutamate Activity in ASD Across the Lifespan

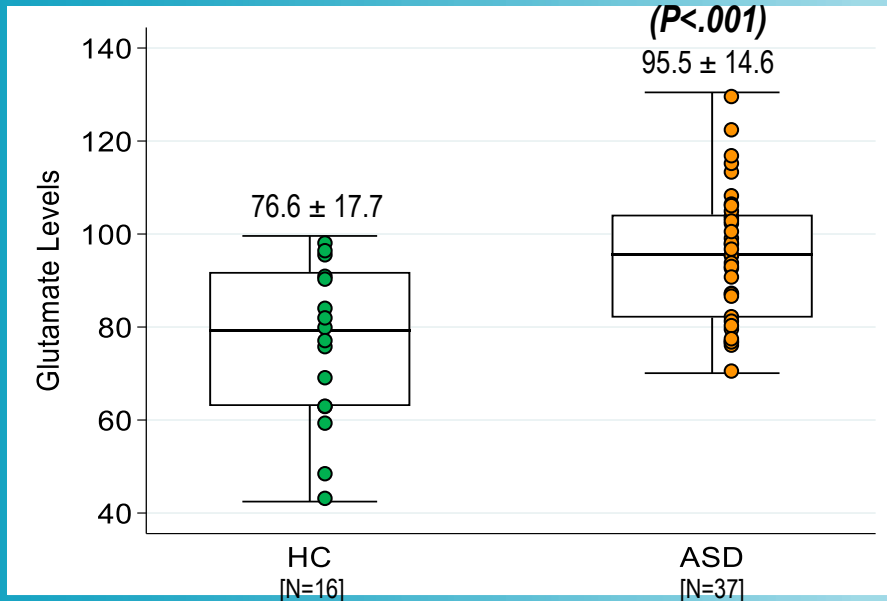


MRS Glutamate Activity in *pgACC*

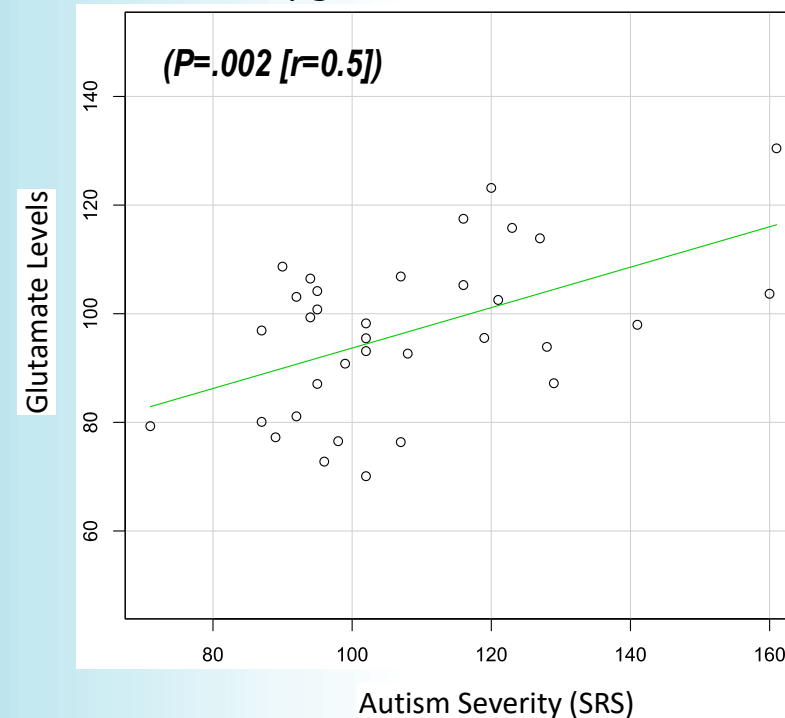


Spectroscopy in Adolescents with HF-ASD

Baseline Glutamate Levels in *pgACC*

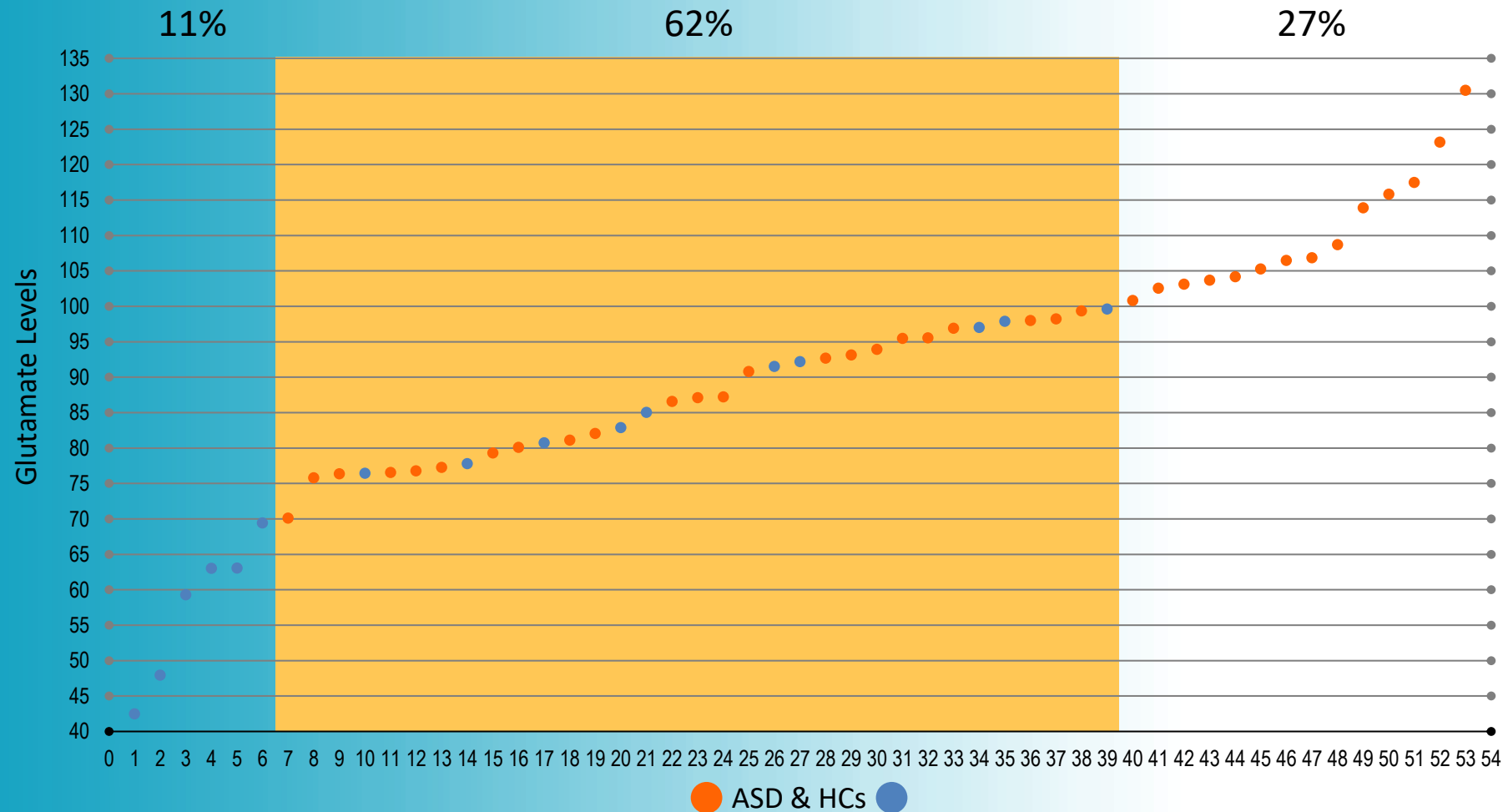


Correlation Between ASD Severity
and *pgACC* Glutamate Levels



Abnormally High *pgACC* Glutamate activity in ASD correlated with severity of Autism

MRS Glutamate Activity in *pgACC*

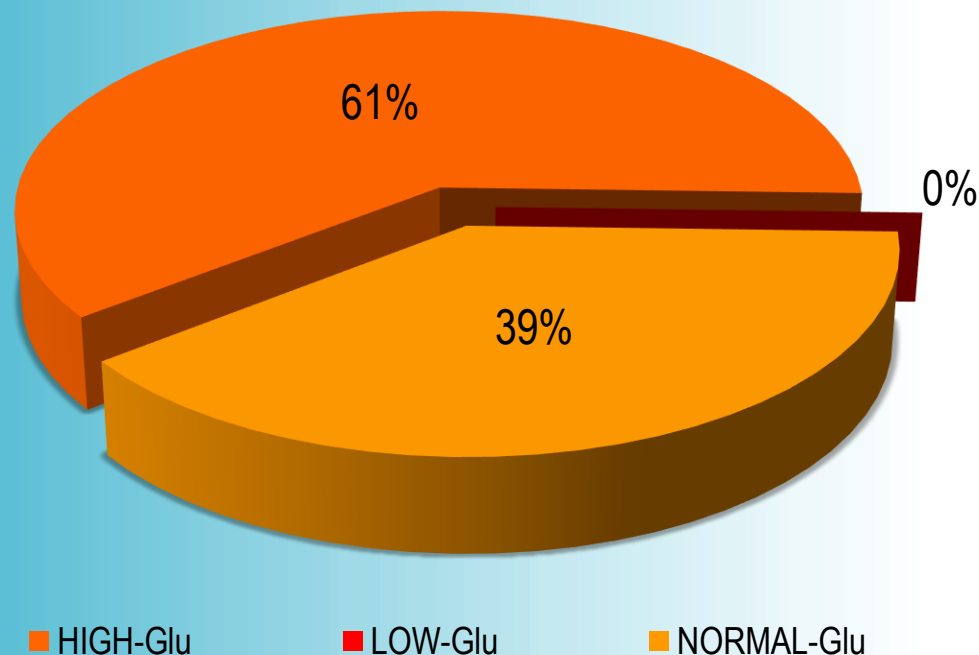


Prevalence of HIGH-Glu Activity in Intellectually Capable AUTISM



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More than a Half of the Youth with AUTISM suffer from abnormally High Brain Glutamate Activity

Behavioral & Neural Response to Memantine in Adolescents with HF-ASD. [NIMH CDA #K23MH100450]



In Summary

- The neurochemical and functional connectivity profile in Autism reflects clinical heterogeneity associated with the disorder
- Selectively, abnormally high Glu activity in *pgACC* brain region in Autism
- *pgACC* glutamate activity positively correlates with symptom severity of Autism and ED
- Identified a subtype of autism based on *pgACC* Glu activity in more than a half of intellectually-capable autism population

12-Week Randomized-Controlled Trial of Memantine Hydrochloride (Namenda) in Adolescents with High-Functioning Autism Spectrum Disorder



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Clinical Trials Registration @ ClinicalTrials.gov

Registration Number: NCT01972074

URL: <https://clinicaltrials.gov/ct2/show/NCT01972074?term=namenda+and+autism&rank=6>

Study Approved by: Partners Human Research Committee Institutional Review Board

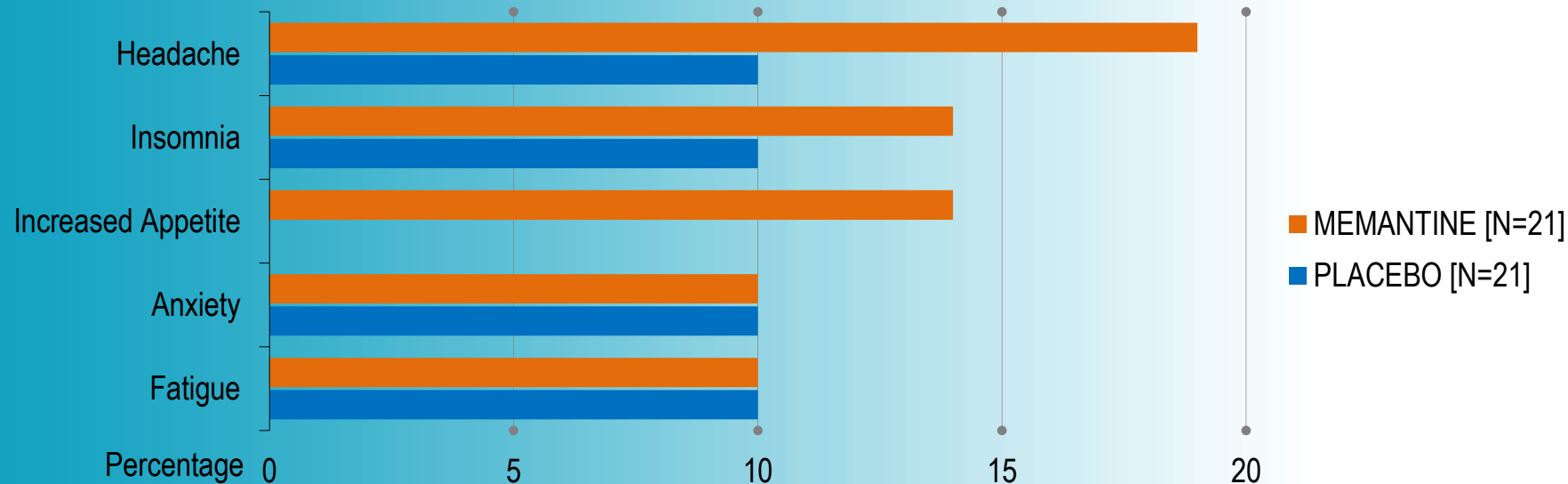
Study Funded by: National Institute of Mental Health Career Development Award #K23MH100450

Tolerability

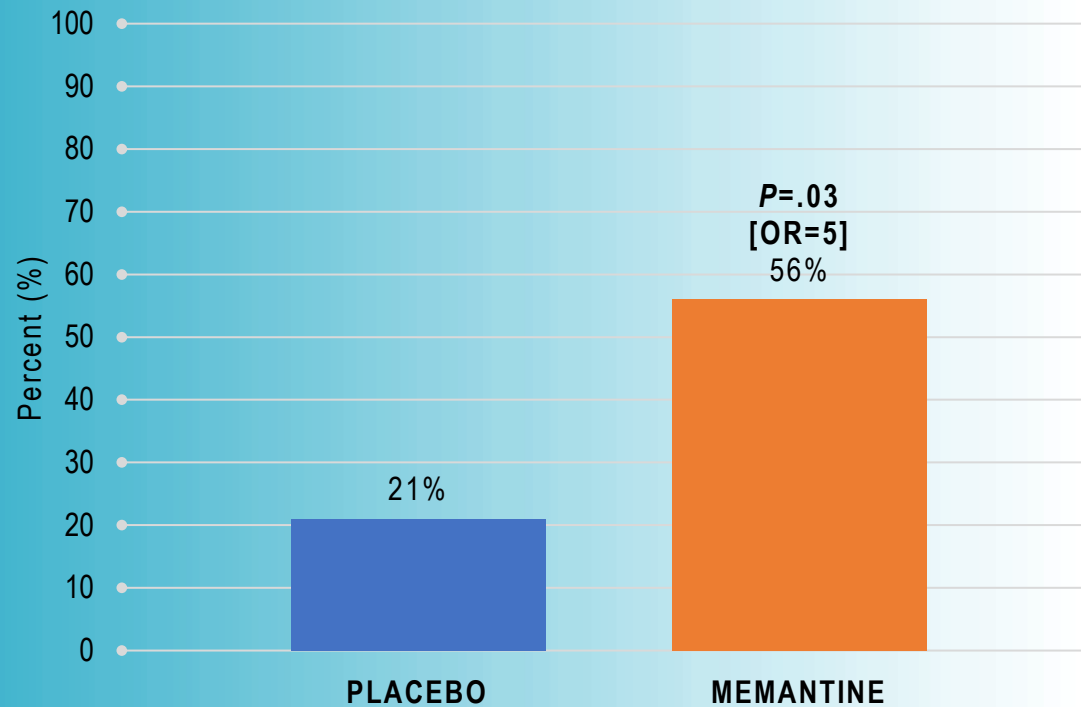


STUDY MEDICATION	MEM ^[N=21]	PBO ^[N=21]	p-value [t-statistic]
Dose ^[Range] (mg/day)	19.7 ±1 [15-20]	19 ±3 [10-20]	0.35 [t ₃₈ = 0.94]
@ Maximum Study Dose (20mg/day)	18 (86)	19 (95)	

Adverse Events (Mild-Moderate Severity)



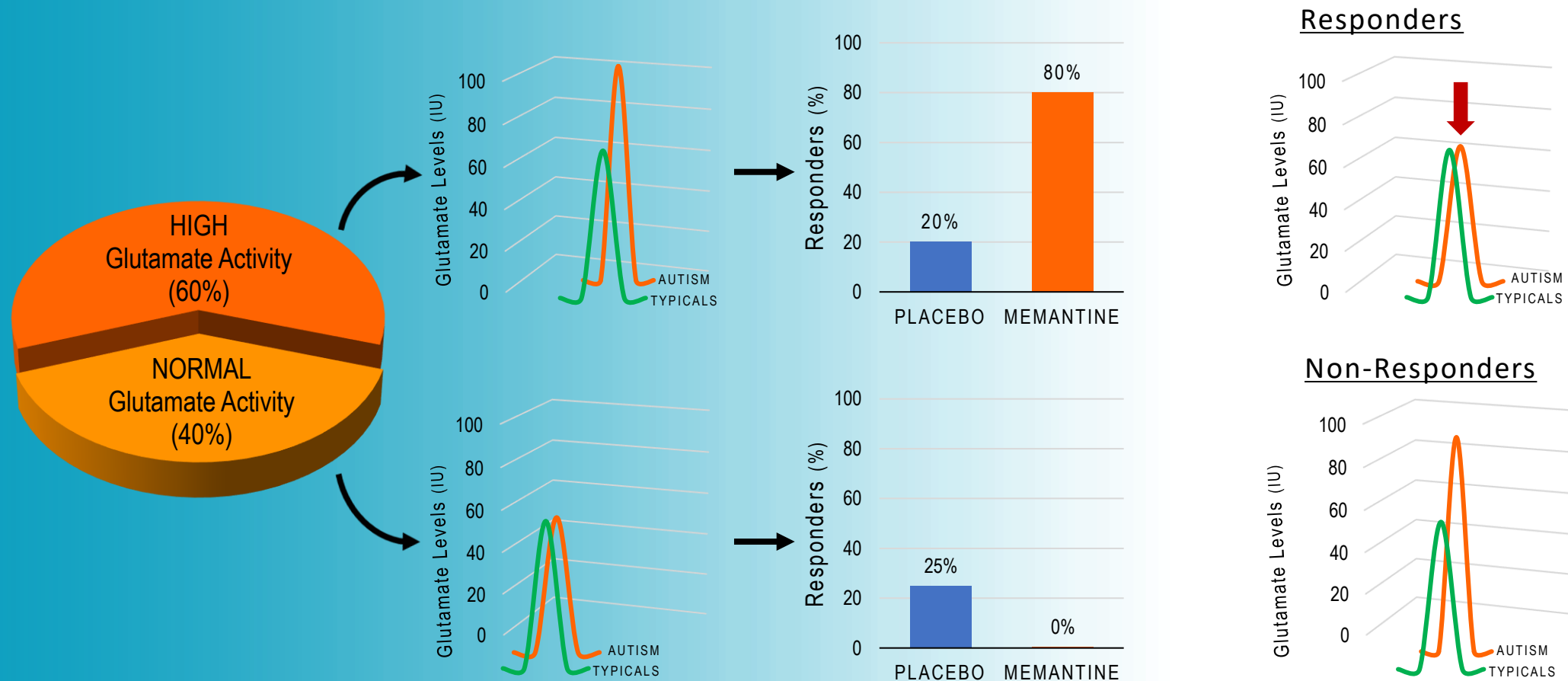
Memantine Treatment Responders



Response criteria: $\geq 25\%$ \downarrow SRS+ASD-CGI-I ≤ 2

Brain Glutamate Activity

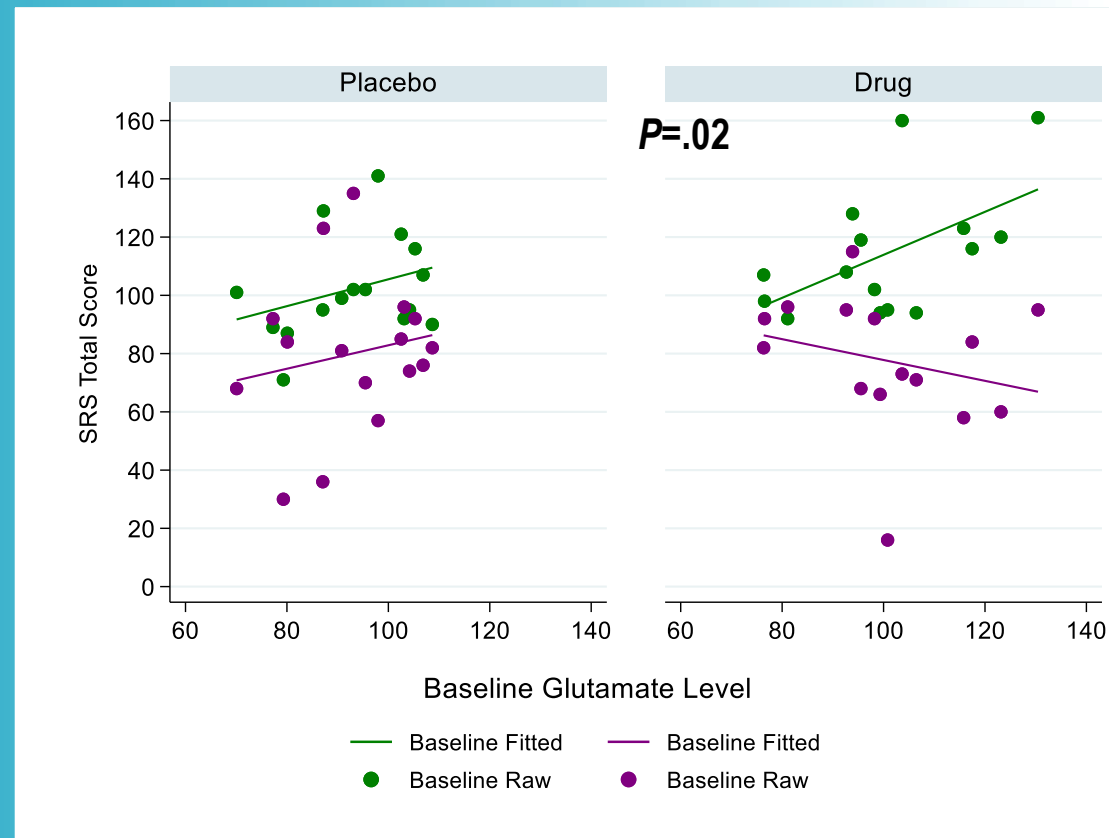
Memantine Treatment



Moderating Effect of Baseline *pg*ACC Glutamate Level on Tx. Response



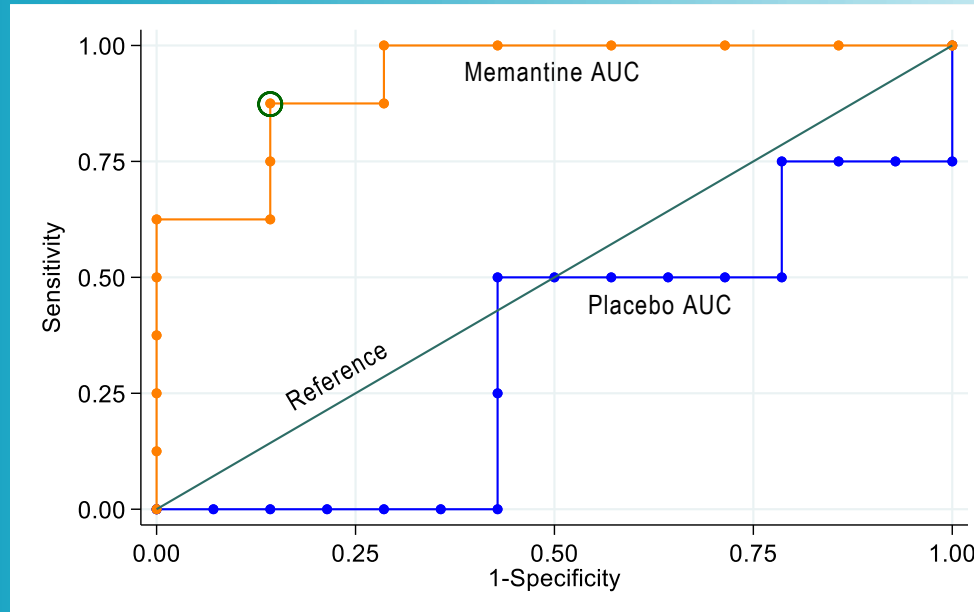
Treatment Response of Autism Severity (SRS)



pgACC Glu Activity as Predictor of Response to Memantine Treatment



ROC Curve Analysis



	MEM [N=15]	PBO [N=18]	P-Value
AUC (95% CI)	0.93 (0.80, 1.00)	0.34 (0.02, 0.66)	<.001

	Optimal Cut-point	Sensitivity	Specificity	PPV	NPV	% Correctly Classified
MEM	99	88%	86%	88%	86%	87%
PBO	97	50%	57%	25%	80%	50%

PPV=Positive Predictive Value; NPV=Negative Predictive Value

In Summary



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- The neurochemical and functional neural connectivity profile in Autism reflects clinical heterogeneity associated with the disorder
- The structural neural connectivity profile associated with ADHD is expressed in HF-ASD youth with comorbid ADHD
- Selectively, abnormally high Glu activity in *pgACC* brain region in Autism
- Additionally higher *pgACC* glutamate activity in the presence of ED
- High *pgACC* Glu activity in more than a half of HF-ASD population that is associated with therapeutic response to Memantine.



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