Homework Assignment for Week 4

NIMH Neuroimaging Primer: Found at http://www.nimh.nih.gov/health/publications/neuroimaging-and-mental-illness-a-window-into-the-brain/neuroimaging-and-mental-illness-a-window-into-the-brain.shtml

Pay Attention: ADHD Through the Lifespan

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Week 4: Neuro-Imaging of ADHD





Homework Review

Neuro-Imaging Findings

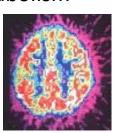
Smaller, Less Active, Less Developed Brain Regions

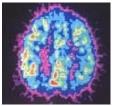
- 3-10% reduced regional volumes in these 3 regions:
 - Orbital-Prefrontal Cortex (primarily right side)
 - Genetics contributes to under-development of this region while acquired ADHD may be related to smaller inferior dorsolateral frontal region
 - Basal Ganglia (mainly striatum & globus pallidus)
 - Cerebellum (central vermis area, more on right side)
- Anterior cingulate (mostly shows underactivity)
- Size of this network is correlated with degree of ADHD symptoms, particularly inhibition
- No gender differences
- 3 year lag in brain development but achieving typical brain volumes by age 16
- Results are not due to taking stimulant medication

Never-Medicated Adults with ADHD Show Decreased Cerebral Metabolism

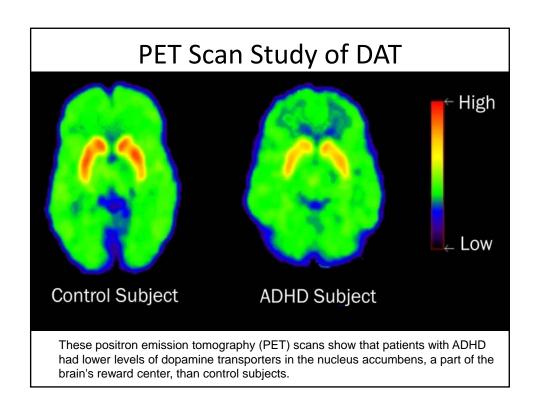
- Global and regional glucose metabolism by PET scan reduced in adults who have been Normal hyperactive since childhood
- ADHD subjects showed 8.1% decrease in cortical activity
- Largest reductions in:
 - Premotor cortex
 - Superior prefrontal cortex

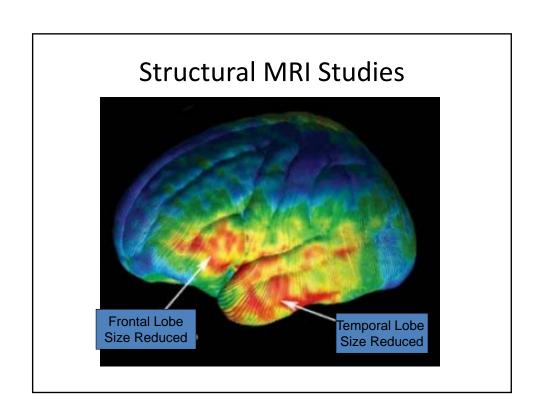
Copyright © 1990 Massachusetts Medical Society. All rights reserved; permission pending. Zametkin AJ, et al. *N Engl J Med.* 1990;323:1361-6.





ADHD



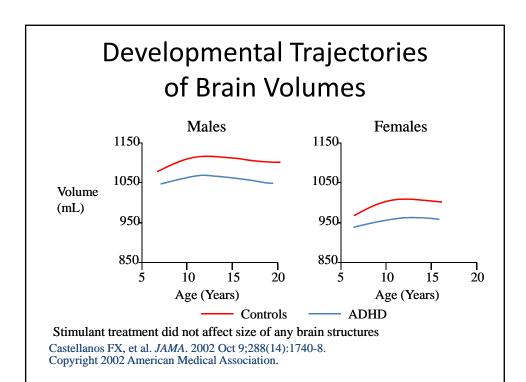


Mid-Lecture Questions

Developmental Trajectories of Brain Volume Abnormalities in Youth with ADHD

- Design: MRI case control study
- N = 152 youth with ADHD and 139 controls of both genders
- Objective: assess volumetric changes overtime in medicated vs. unmedicated youth with ADHD and controls

Castellanos, et al. JAMA. 2002 Oct;288(14):1740-8.



Developmental Trajectories of Brain Volume Abnormalities in Youth with ADHD

Main Findings:

- Smaller brain volumes in all regions independently of medication status
- Smaller total cerebral (-3.2%) and cerebellar (-3.5%) volumes
- Volumetric abnormalities (except caudate) persisted with age
- No gender differences
- Volumetric findings correlated with severity of ADHD

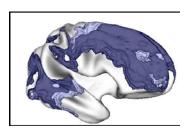
Conclusions:

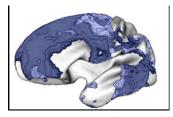
 Genetic and or early environmental influences on brain development in ADHD are fixed, nonprogressive, and unrelated to stimulant treatment

Castellanos, et al. JAMA. 2002 Oct;288(14):1740-8.

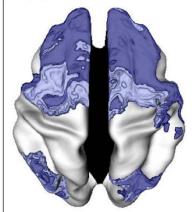
Delayed brain growth in ADHD (3 yrs.)

From Shaw, P. et al. (2007). ADHD is characterized by a delay in cortical maturation. *Proceedings of the National Academy of Sciences*, 104, 19649-19654.





Ns: ADHD=223; Controls = 223



Greater than 2 years' delay 0 to 2 years delay

Delayed cortical maturation in ADHD

From Shaw, P. et al. (2007). ADHD is characterized by a delay in cortical maturation. *Proceedings of the National Academy of Sciences, 104,* 19649-19654.

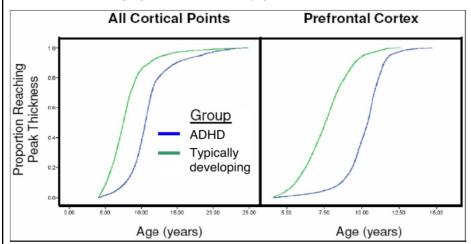


Fig. 3. Kaplan–Meier curves illustrating the proportion of cortical points that had attained peak thickness at each age for all cerebral cortical points (*Left*) and the prefrontal cortex (*Right*). The median age by which 50% of cortical points had attained their peak differed significantly between the groups

Mid-Lecture Questions

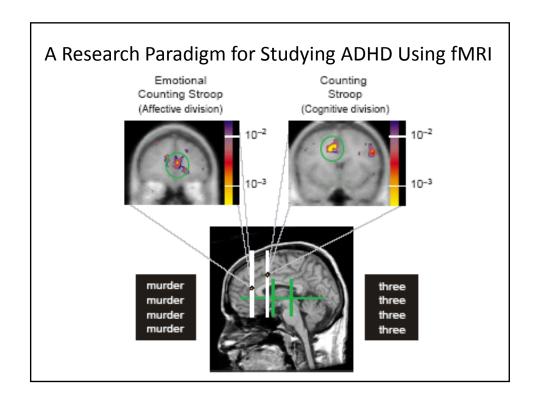
Anterior Cingulate Cortex

- Key part of the executive attention system
- Has 2 divisions: cognitive and emotional
- May help keep working memory on-line during cognitive tasks and monitors for errors
- <u>Under-activity</u> in ADHD demonstrated in numerous studies

Anterior Cingulate Cortex involved in...

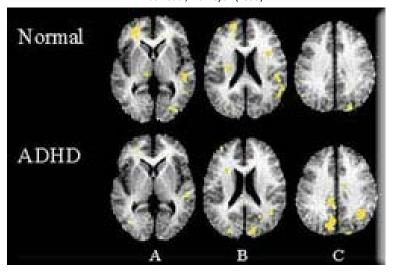
- Emotion/motivation
- Anticipation/timing
- Attention: target selection/filtering (selection for action)
- Novelty
- Motor control/response selection (willed action)
- Working memory
- Pain/nociception
- Error detection
- Reward
- · Competition monitoring
- Difficulty monitoring
- Autonomic control
- Prediction error
- · Feedback-mediated decision-making

Bush et al. Biol Psych. 1999



Failure to Activate Cingulate Gyrus During Counting Stroop Task

Bush et al, Biol Psych (1999)



Failure to Activate Cingulate Gyrus During Counting Stroop Task

Normal Controls ADHD

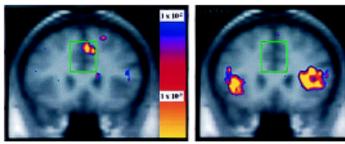
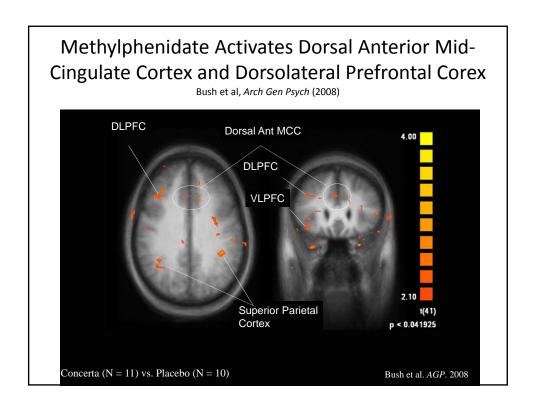
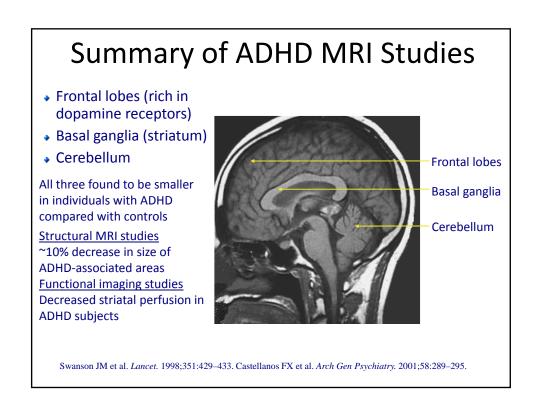


Figure 3. Anterior cingulate cognitive division activates in the normal control group but not in the ADHD group during the counting Stroop. The ACcd showed significantly higher activity in the normal control group during the interference blocks minus the neutral blocks. In contrast, while the ADHD group did display significant activity in a frontostriato–insular–thalamic network, they did not show significant activation anywhere in cingulate cortex. *Bush et al*, *Biol Psych* 1999

Mid-Lecture Questions

Methylphenidate Activates Dorsal Anterior Mid-Cingulate Cortex & Dorsolateral Prefrontal Cortex Bush et al, Arch Gen Psych (2008) P = 0.02 vs PBO OROS MPH Placebo • fMRI at baseline and again at week 6 • OROS MPH group showed higher daMCC activation at 6 weeks vs placebo • N=21 adults with ADHD; dosing to 1.3 mg/kg/day OROS MPH or placebo





ADHD NeuroImaging Studies Summary

- Neuroimaging studies confirm that ADHD is associated with abnormalities in frontalsubcortical networks with some involvement of the cerebellum and the parietal cortex
- Neuroimaging techniques are **not** valid tools for ADHD diagnosis; imaging measures are not sensitive or specific enough to be used for diagnostic purposes

Bush G, Valera EM, Seidman LJ. Biol Psychiatry. 2005;57:1273-1284.

Future Directions of ADHD Neuroimaging Research

- Diffusion Tensor Imaging
- Resting State Imaging
- Gene x Functional Studies
- Clinical Intervention Strategies

Homework Assignment for Week 5

READING: Surgeon General on ADHD 1999
(Namely pages 142-150) Found at
http://profiles.nlm.nih.gov/ps/access/NNBBJB.pdf)

Quiz Questions