**Title: Network Trait marker for working memory deficit in Schizophrenia: a multi-site study**

**Abstract**

Working memory impairment is documented as a core symptom/syndrome and related to cognitive deficits in schizophrenia. Understanding the pathology is very important to diagnosis and treatment of schizophrenia. While the working memory system is regarded as a complex system/process including both a central/core modality independent component and some slave modality specific storage buffer. The core regions mainly comprised the frontal-parietal areas are known to be responsible for some higher level procedures in working memory and have been evident to be impaired when the patients performing a working memory task. In this study, we attempt to find whether functional connectivity within the core working memory network is impaired at resting state. By recruiting a large scale multi-site resting-state fmri datasets, we found that working memory deficits can be characterized by reduced functional connectivity among the caudal LPFC, left IFG, left AI and right IPS. Association analysis of the impaired functional connectivity and clinical scores reveal no significant effect. Our findings indicate that the impaired resting-state functional connectivity within frontal-parietal core working memory network may act as a proxy of impaired top-down control in the working memory procedure, and thus lead to cognitive deficits in schizophrenia. These reduced pattern provide and stable trait marker for the disease and will help us to achieve treatment.

**Introduction**

Working memory is typically defined as the ability to maintain and manipulate information over short periods of time. WM has been shown to be impaired in many neurological and psychiatric syndromes including Schizophrenia. It was thought to be tightly associated with cognitive deficits in Schizophrenia (Green 2000). Examination of the underlying neurological mechanism provided us with insight into the causes, progression and even treatment of schizophrenia. Neuroimaging tools such as functional MRI has proven itself a potential technique to find the pathology of working memory impairment in schizophrenia with a large body of work has demonstrated that such patients have abnormity characterized by imaging (Goldman-Rakic, 1991; Park and Holzman, 1992). WM itself is a complex process which has been multidimensionally related to the psychosis (D’Esposito, 2015). Results in the previous studies have been equivocal, and replication of experiment is needed. Most of these studies focus on task related abnormal activation or connectivity when patients perform a working memory task. However, there’s still no conclusions on the pathology of WM. This may be due to the heterogeneous configurations of tasks and the small sample sizes of the most imaging studies. However, seldom researchers have pay attention to the abnormality of interaction within the WM network which might occur to the resting state fmri of the patients. To overcome this, we assess the resting connectivity of core WM networks in a multi-site study framework. Such experiment configuration would help to find stable trait impairment in Schizophrenia, disregarding their age, sex, disease progress etc. (不对). To make our study powerful and reliable, we collect a large cohort of patients from seven hospitals across China.

There has been abundant imaging studies on WM deficits in Schizophrenia, but the differences among the tasks and material make it difficult to make a conclusion (consensus). Some studies have found evidence for different patterns of functional connectivity during different working memory task conditions (e.g., as a function of load, stimulus type, or task phase). Such findings suggest that functional connectivity changes could reflect differences in task engagement or responsivity of brain networks to modulation, rather than stable changes that persist across all task states. On the other hand, working memory itself is a complex system which consist of different components. It is widely agreed that WM involves several different component processes. One popular and original model of WM is a system encoding and maintaining modality-specific short-term memory and central executive component to manipulate the information. (能否放到前面？) Some studies have found both impairments in the modality-specific perception component and the later manipulation component. There have been evidence of multi-modality deficits: visual spatial, visual object, verbal, and other types of working memory. Recent study also found different modality based working memory measure were correlated with spontaneous low-frequency fluctuations at rest in different areas (Wessel O. van Dam, 2015). Another study found the intrinsic MPFC-DLPFC anti-correlations are related to behavioral measures of WM capacity while these anti-correlations and the behavioral measures are attenuated in the older adults (relationship exists between variation in WM capacity and the intrinsic functional architecture of the human brain as measured by resting-state functional connectivity) (Joseph B.Keller,2015). Zou (2012) found that resting-state activity can predict subsequent task-evoked brain responses and behavioral performance. In a recent meta-analysis, the author draw attention to a consistent and restricted "core network" emerged from conjunctions across analyses of specific task designs and contrasts. This distributed network was believed to be active in WM task ignoring the task type, stimulus type and WM load and may be act as a base part in WM. We restrict our analysis in these core networks.

Schizophrenia has often been conceived as a disorder of connectivity between components of large-scale brain networks (Lynall, 2010). A growing number of studies have reported altered functional connectivity in schizophrenia during putatively “task-free” states and during the performance of cognitive tasks. (Grega Repovs 2012) A few studies has focused on the relationship between WM impairment and disturbed functional connectivity both in the resting state and under various task. The connectivity could be modulated by the task demands. Some imagining studies reporting altered patterns of interregional functional connectivity in patients with schizophrenia during working memory task performance (Meyer-Lindenberg et al., 2001; Quintana et al., 2003; Schlosser et al., 2003a; Whalley et al., 2005). However, seldom studies have investigate the functional connectivity in resting state. Connectivity within the DMN and FP have been found significantly different between? resting state and 0-back, and was further modulated by memory load. (Grega Repovs 2012) Yet most of the existing find are during working memory tasks, we are still eager to find whether we could detect functional connectivity impairments in resting state, which may be a potential trait marker of WM impairment in schizophrenia patients.

**Discussion**

Our results showed reduced resting-state functional connectivity from the caudal LPFC to the left AI and left IFG, pars opercularis. The LPFC is confirmed to be a core region responsible for higher level representation or manipulation in working memory processes (D’Esposito, 2015). Meta-analysis find evidence for the consistent activation of caudal LPFC across different putative executive functions (Nee, 2013). It also showed a working memory load-dependent effect in (Rosttchy, 2012), whereas the rostral LPFC was not. This may indicate that the caudal LPFC was directly involved in manipulating the working memory storage. Another study (Barbalat, 2011) observed impaired control from the left rostral LPFC to caudal LPFC in schizophrenia. Earlier study showed the activation in caudal LPFC regions negatively correlated with the disorganization syndrome score of patients (Barbalat, 2009). Although these findings are under the context of cognition control, there might be similar effect in working memory based on the fact that LPFC belong to a common network subserving a wide domain of cognitive tasks including working memory (Duncan, 2000). Our resting state results support that there might be dysfunction in the caudal LPFC, which may indicate functional impairment when processing working memory items. The impairment may propagate down to the other frontal areas in a hierarchical working memory network, as we found a reduced connectivity to the left AI and left IFG. These are two important regions in working memory. The inferior frontal gyrus/anterior insula (IFG/AI) was suggested to be involved in elaborate attentional and working memory processing (Mattie Tops, 2011). Some evidence has suggested the IFG/AI might involve in cognitive control in working memory tasks. These ventral cortico-limbic control pathways that include the IFG/AI, may adapt to working memory context that differ in the level of predictability. Meta-analysis has find consistent activation in bilateral mid-ventrolateral prefrontal cortex (BA45, 47) within different N-back tasks which suggested a modality and task dependent involvement in working memory (Owen, 2005). The inhibitory processes appear to be mediated by area 45 (left lateral prefrontal structures) (Jonides, 1998) in working memory tasks. For example, Owen, Petrides and their colleagues [6,7] proposed that the mid-ventrolateral region (Brodmann’s area [BA] 45/47) supports the organization of response sequences based on information retrieved from posterior areas, whereas the mid-dorsolateral region (BA 9/46) supports the active manipulation or monitoring of information within working memory (Patricia A Carpenter, 2000). Another within subject study find the left and right IFG showed a conjunction between working memory and inhibition tasks within subjects, which indicate some component of executive function may interactive with the working memory system in working memory tasks (MacNab, 2008). Moreover, there’s evidence of structure abnormality of these areas in schizophrenia patients. For example, the anterior insula is closely associated with working memory processes in healthy participants and shows gray matter reduction in schizophrenia (Clos, 2014). Cortical thinning in inferior frontal and insular is related to dysfunctional brain activation/deactivation during working memory task in schizophrenic patients (Nuria Pujol, 2013). Another review give attention to the role of AI in switching between other large-scale networks to facilitate access to attention and working memory resources when a salient event is detected (Vinod Menon, 2010). The right IFG has been suggested to perform a general purpose inhibitory function, and is related to inhibition of irrelevant memory from entering WM (Anderson et al. 2004; Anderson and Levy 2009, Nee, 2013). (Johan Eriksson, 2015) reviewed that attention is understood to be a cornerstone of working-memory processed. When the perceptual input no longer is present, sustained attention along with a rehearsal process is crucial for maintaining the information in working memory. Individual differences in working memory capacity is also showed to be determined primarily by variability ability in attentional control deployment. In line with these existing findings, we suspect that the schizophrenia patients may lack the attention and the inhibition control ability to maintain and manipulating the working memory items while not disturbed by unrelated staff. (加一下静息态预测任务的研究)

Apart from caudal LPFC, we also found connectivity reduction in the parietal lobe. The intraparietal sulcus (IPS), is a region known to be active during states of high attention to sensory stimulation or performance of attention-demanding tasks, the attention control network, or task positive network. It seems to be a spatial working memory specific region, however, evidence have showed it's anatomically organized in a topographic maps of multisensory attention (Jeffrey S. Anderson, 2010). In a visual working memory task, the subjects’ individual behavioral VWM capacity was predicted by neuronal synchrony in a networks in which the IPS was the most central hub (J. Matias Palva, 2009). With other hub areas like insula, cingulate and orbitofrontal structures formulating a cinguloopercular attention system that underlies the task set maintenance. Taken together, we suspect that the reduced connectivity between the IPS and bilateral IFG may indicate inefficiency in processing novel information in working memory.

Although there have been mounting evidence of altered LPFC connectivity with inferior parietal cortex, we did not detect a significant effect between the left caudal ROI and the IPS.

The frontal-parietal working memory core networks

The complex pattern of hyper- and hypoactivation found across studies implies that researchers should consider the entire network of regions involved in a given task when making inferences about the biological mechanisms of schizophrenia (David C. Glahn, 2005). The organization of human WM has long been the topic of psychological models (Atkinson and Shiffrin, 1968; Hebb, 1949), with maybe the most influential having been proposed by Baddeley and Hitch (1974). According to Baddeley and Hitch’s model, the working memory system can be coarsely divided into a central executive module and some peripheral modality specific components. Working memory is the result of various combinations of processes, no processes (and correspondingly no brain structures) are unique or specific to working memory (Eriksson, 2015). Many brain regions interact during working memory, including "executive" regions in the PFC, parietal cortex, and basal ganglia, as well as regions specialized for processing the particular representations to be maintained, such as the fusiform face area for maintaining face information. Persistent neural activity in various brain regions accompanies working memory and is functionally necessary for maintenance and integration of information in working memory. Although there are different types of material modality, working memory task or contrast, large amount of previous related studies consistently find abnormality in the frontal-parietal network in patients. This network are well recognized as a core for higher order cognition such as working memory and executive control (Duncan and Owen, 2000, Owen, 2005). We restrict our study within a core working memory network which was identified in a meta-analysis research, mainly comprise the frontal-parietal areas, in order to eliminate the bias of different material modality, different processes during the tasks. The reason for such design is that we are interested in the fundamental and underlying causes of WM deficits of the patients. Our finding of the impaired functional connectivity are mainly located in a generic frontal-parietal network including the caudal LPFC, the left AI, the left IFG, and the right IPS. Previous studies of SZ patients when they perform WM tasks provide some evidence for impairment in such a core network. A PET study has found impaired interaction between right lateral prefrontal cortex and bilateral inferior parietal region in SZ patients compared with normal patients during working memory processing (Jae-Jin Kim, 2003). A study confirmed decreased connectivity between R\_IPL and R\_VLPFC, which connection was associated with the task score/performance in visuospatial n-back task (Yann Quide, 2013). Hao-Yang Tan, 2006 find a compensation role of ventral prefrontal areas to the dorsal prefrontal areas with the increase of working memory load in the high-and low-performing patient groups. They also find relatively greater connectivity between ventral prefrontal cortex and PPC in patients while comparison subjects had greater functional connectivity between the dorsal prefrontal cortex and posterior parietal cortex. (怎么说核心网络？) There are some evidence about the structure deficits in IFG and insular in relation to dysfunctional brain activation/deactivation during working memory task in schizophrenia patients (Nuria Pujol, 2013). Recently, a coordinate based meta anlysis confirmed that MFG(BA9), rIFG(BA44) showed decrease in neural activation of schizophrenia unaffected relatives while right frontopolar (BA10), and left IPL(BA40) and bilaterally thalamus showed increased activation , both during working memory tasks(Zhang R, 2016).

In Rottschy, 2012, the WM network was identified by functional neuroimaging using quantitative coordinate-based meta-analysis over almost 200 individual experiments. By pooling various working memory tasks, a main network was identified which mainly comprise the fronto-parietal network. By eliminating the effect of specific task designs and contrasts, a more restricted "core" network emerged from conjunctions analyses. A core network independently of the specific aspects and task features was identified using conjunction analysis. This network mainly comprise the dorsal area 44, anterior insula, (pre-)SMA and IPS. The dorsal areas 44/45 and the pre-SMA are part of the phonological loop, a subsystem that response for verbal working memory material maintenance. There has been evidence that the dorsal region of Broca's area is active only during the first part of the delay period, and is involved in the formation of an articulatory rehearsal program. Generally, the same brain regions dedicated to sensory processing are believed to store sensory information during delay periods and working-memory task performance. A conjunction of verbal vs. non-verbal material in Rottschy's study revealed that the BA44/45 area may also involve in non-verbal WM tasks, that it may not be a modality-specific area in working memory. The reduced functional connectivity may underpin the verbal working memory deficits in schizophrenia. The previous research has established that the PFC is causally involved in normal working memory functioning. However, there is yet no consensus on the details of the functional organization of the PFC. In fact, the lateral PFC clusters in the main network was subdivided to two, that the abstraction level of goals and task rules are suggested to peak in rostral PFC and decrease to the caudal part. The caudal LPFC register a working memory load effect while the rostral part was not.

Working memory impairment in Schizophrenia

A large amount of studies focused on working memory in schizophrenia, most of these are by using task fmri.

Resting state and working memory

The ability to predict task performance with resting state data is unproven. There are a few studies that investigate the relationship between resting state signal and task state signal. In (M Hampson,2006), they found performance on the working memory task was positively correlated with the strength of functional connection between the PCC and MFG/vACC, two regions with the Default mode network, both during the working memory and at rest. This study raise the possibility that the individual differences in coupling strength between these two regions at rest predict differences in cognitive abilities important for this working memory task. Another study showed fractional amplitude of low frequency fluctuations (fALFF) at rest is correlated with domain and demand-specific working memory performance (van Dam, W.O, 2015). The other study found that smaller amplitudes of low-frequency BOLD oscillations during rest, measured by fALFF, were significantly associated with poorer cognitive performance, sometimes similarly in both groups and sometimes only in SZ, in regions known to subserve sustained attention and working memory. Taken together, these data suggest that the magnitude of resting-state BOLD oscillations shows promise as a biomarker of cognitive function in health and disease (Fryer SL, 2015). Some other studies provide evidence for a correlation between working memory performance and functional network integration on different levels of network organization (Alavash, 2015).

There have been studies showing structure deficits associated with working memory performance which may be indicated that both task impairment and dysconnection in rest may have common bases in structure.

Multi-site analysis

As we considered, a single site imaging study may be biased by the scanner, imaging protocol, and clinical measures. To overcome these drawbacks, we acquired high quality fMRI data with common protocol across different sites from unique samples of schizophrenia patients with the same ethnic origin, as a potentially representative participant sample. The subjects are also recruited by the same criteria and the clinical scores are assessed by the standards. Despite these control measures, the data and the statistical results may be influenced by the differences in psychopathology, exposure to antipsychotic medication and the scanners used for image acquisitions across patients from different sites scanner type and some other potential effects. In order to assess the replication of the effects from the entire dataset within smaller subsets, Meta-analysis is used here to pooling results from single site and to increase the statistical power (J A. Turner, 2013, S G, Costafreda, 2009). To model/capture the heterogeneous induced by the different subjective recruitment strategies, cognitive paradigms, acquisition software and hardware, and the individual variance in coregistering to the template, we treat site factor as a random effect. By applying such multi-site experiment design and pooling strategy, we were able to, first, reduce the possibility of biased results in a single site and provide a reliable and generalized results; second, extract novel insights from existing large-scale datasets by increasing the statistical power; third, the sample we collected is a represented right-handed Han Chinese population which was collected from hospitals distributed across China. Despite the differences in scanner type and the potential bias of subjects across sites, these may also benefit that the variation may be covered by the large sample size, the results may be generalize over sites and are more liked to be substantial.

Limitations

The present findings must be considered with respect to several limitations.

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Some researchers suspect that working memory is a distributed system rather than represented in a few isolated core areas. There's evidence showed that schizophrenia patients showed diffuse impairment across brain. These phenomena lead to the possibility that the impairment in WM networks are also distributed within the WM networks. This may explain the difficulty in finding consistent results in imaging research. The bad behavior measure may be composite of weak effect of different regions within the networks. (但是不能解释不同中心的不同？) Some networks studies focus on whole brain network properties such as the global clustering index etc. Such kind of studies are limitless in helping to understand different dimension in the disease. The advantage of our design is it focus on the core regions in related with core deficits in the disease which may be in related to most symptoms in the disease. But this may lack the specificity when explaining symptoms such as hallucination or some modality specific impairment even in the working memory tasks. It’s not able give us the knowledge how the higher order networks interact with lower level regions during the working memory tasks from this study although we suspect that there should be some impairment of these interactions.???

2. We did not find any association between these impaired functional connectivity with PANSS scores (PANSS total, PANSS general, PANSS negative and PANSS positive). One reason is that schizophrenia is a multi-dimensional disease and these scores does not reflect one spectral of impairment like working memory but is a combination of different deficits. Another reason is that the association is too weak to detect.

As pointed in (Duncan 2000), the frontal-parietal networks are comprised of core regions which may involve in multiple cognitive procedures. Because we did not detect the direct association of imaging finding to behavior, we are not sure whether this impairments are also related to other behavior domain.

**Conclusion**

In conclusion, our investigation provides evidence for working memory resting-state function network impairment in schizophrenia, mainly involving the functional connectivity in the frontal-parietal network. Our findings are draw from a large scale multi-site study with subjects collected from 7 hospitals in China which lead to powerful and reliable conclusion that the working memory deficits are mainly ascribed to the dysfunction of high-level nodes comprises the “core” working memory network. The results may informed us the causes of this disease and facilitating future study on the pathology and treatment of this disease.