# Analysis Plan

Table of Contents

[Analysis Plan 1](#_Toc206249114)

[About 1](#_Toc206249115)

[Experiment Overview 1](#_Toc206249116)

[Pre-processing 1](#_Toc206249117)

[Cleaning 1](#_Toc206249118)

[Parcellation 2](#_Toc206249119)

[HMM Model 2](#_Toc206249120)

[Hypotheses 2](#_Toc206249121)

## About

This analysis plan pertains to the fMRI-BOLD data from a movie viewing task for the HMM Video studies. At the time of writing the analysis plan, data acquisition was completed but no statistical analyses were conducted. See GitHub link for timestamps on analysis pipeline (<https://github.com/jxli25/Video_HMM>). Analyses will only take place once this analysis plan has been uploaded, and time stamped on the Open Science Framework. If the researchers decide to conduct additional analysis, this will be stated in any publication (“post-hoc analyses”).

## Data Collection

The experiment involved showing participants a 4 minute video stimulus. Approximately 40 of these participants had a diagnosed psychotic illness, and 40 were controls. fMRI-BOLD scans were conducted on participants during movie viewing. Participants also completed the following rating scales:

• Positive and Negative Symptom Scale (PANSS)

• Hamilton Depression Rating Scale (HDRS)

• Young Mania Rating Scale (YMRS)

• Simpsons-Angus Scale (SAS) for extrapyramidal side effects

• Clinical Global Impression – Severity (CGI-S), a measure of symptom severity

• Social and Occupational Functioning Assessment Scale (SOFAS), a continuous measure of overall functioning

We from the above complete dataset, we will randomly assign 10 clinical and 10 control participants to a hold-out dataset (HOD) used for analysis.

## Pre-processing

### Cleaning

Scans were normalised to the the MNI152NLin6Asym standard space. Head-motion related movement artefacts were removed. A band-pass filter was applied (high pass = 0.01Hz, low pass = 0.15Hz) to filter out large scale frequency drifts and physiological noise. Spatial smoothing was not applied.

### Parcellation

fMRI-BOLD sequences were standardised and parcellated according to the Yeo-17-thick atlas.

## HMM Model

### Training

We will train an HMM Model on our data after subtracting a hold-out dataset of 10 control group and 10 clinical group participants. We will perform HMM analysis on the clinical and control group separately using the same settings as below. The settings as per Table 1 will be used for this model.

Table HMM Model input settings for object Options on MATLAB using the HMM-MAR package

|  |  |
| --- | --- |
| Options. \_\_\_\_\_\_\_ | Setting |
| K | 15 |
| covtype | full |
| DirichletDiag | Will use HOD to estimate optimal DirichetDiag out of candidate priors (0.5, 1, 2, 5, 10).  For each candidate\_prior, fit HMM to the training set with the specified Dirichet prior.  For each trained model, compute how well it predicts the hold-out data.   * Predictive log-likelihood; use learned parameters to evaluate likelihood of the hold-out sequence * Free energy; Evaluate the variational free energy on unseen data   Select the DirichletDiag that maximises the predictive log-likelihood on hold-out set. |
| cyc | 300 |
| initrep | 10 |
| initcyc | 10 |

### Outputs, Analyses and Hypotheses

Prior to statistical testing, appropriate checks will be made to check assumption are fulfilled (e.g. normalcy, variance). If unfulfilled, table will be updated with updated methods.

#### Decoding Brain States

To decode Brain States identified by the HMM Model, we will correlate their Fractional Occupancy with each annotated video segment.

We will further validate these associations by using 16 general terms of the Neurosynth database “ anxiety, language, negative, positive, outside, task switch- ing, inhibition, conflict, feedback, pain, somatosensory, sensor- imotor, music, auditory, emotion, and face perception” (Meer et al., 2020), then correlate the spatial distribution of each brain state to the topic maps. For each BS, we will calculate the voxel-wise Pearson correlation with each of the 16 terms (Chang et al., 2013).

#### Research Questions

Where the same Analysis Method is used for multiple runs to answer the same Question, a correction is applied to reduce the chance of a Type I error.

Video segments refer to the 9 separate clips making up the whole video stimulus observed by all participants, first composed and used by Mavadati et al. (2013).

Table Questions, relevant variables and planned Statistical Analysis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Research Question | Variable(s) | | | Hypothesis and Analysis Method |
| Independent | Dependent | Confounding |
| Are the Transition Probabilities between each Brain State to each other Brain State different between Clinical and Control groups? (i.e. are people with psychosis more likely to transition to different states from the same starting brain state compared to people without psychosis?) | Psychosis diagnosis | Transition Probabilities |  | **H: There are significant differences in transition probabilities between experimental and control groups.**   1. Apply a threshold of 20% to identify the most frequent transitions, and visualise this. 2. Analyse differences between the clinical and control group for each transition probability (# BS x # BS matrix) using t-tests. |
| Is there a difference in the Fractional Occupancy of the each Brain States between the Clinical and Control groups while watching the whole video?  What about for specific video segments? For example, does the clinical group occupy Brain States similar to the Default Mode Network during emotionally salient video segments, more than the Control group? | Psychosis diagnosis | Fractional Occupancy |  | **H: There is significant difference in FO of each HN between clinical and control groups.**  Take the segmented data and calculate FO of each BS for each segment within each group. Conduct **MANOVA**. If a significant effect is found, interpret using post-hoc t-tests*.* Repeat this for the video as a whole. |
| Are the Switching Rates different between the Clinical and Control group for the whole video? For each video segment? | Psychosis diagnosis | Switching Rates |  | **H: There is a significant difference between switching rates between the two groups.**  Perform t-test on SRs between clinical vs control groups. |
| Is there a difference in cardiac response in the Control group compared to the Clinical group when watching the whole video? For each video segment? | Psychosis diagnosis | Heart Rate  PPG amplitudes | Age, Sex, Ethnicity, Chlorpromazine Equivalent Psychotropic Dose | **H: There is a significant difference in cardiac response between mean and experimental groups**  Extract HR and PPG amplitudes for each segment and analyses difference between groups using t-tests for each segment and whol video. |
| Is there an association between symptoms severity as measured by the scores used, and heart rate variability or switching rates? | PANSS, HDRS, YMRS, SAS, CGI-S, SOFAS | Switching Rates | Age, Sex, Ethnicity, Chlorpromazine Equivalent Psychotropic Dose | **H: There is a significant correlation between switching rates and higher scores.**  For clinical group, calculate Pearson’s correlation coefficient between SR and PANSS, HDRS, CGI-S AND SOFAS |

## References

CHANG, L. J., YARKONI, T., KHAW, M. W. & SANFEY, A. G. 2013. Decoding the role of the insula in human cognition: functional parcellation and large-scale reverse inference. *Cereb Cortex,* 23**,** 739-49.

MAVADATI, S. M., MAHOOR, M. H., BARTLETT, K., TRINH, P. & COHN, J. F. 2013. DISFA: A Spontaneous Facial Action Intensity Database. *IEEE Transactions on Affective Computing,* 4**,** 151-160.

MEER, J. N. V. D., BREAKSPEAR, M., CHANG, L. J., SONKUSARE, S. & COCCHI, L. 2020. Movie viewing elicits rich and reliable brain state dynamics. *Nature communications,* 11**,** 5004.