

# Neuroinflammation in irritable bowel syndrome: a [18F]DPA-714 PET study

#### **Maaike Van Den Houte**







### Introduction

- Irritable bowel syndrome (IBS)
  - Disorder of gut-brain interaction
  - Abdominal pain and altered bowel habits
- High level of comorbidity with
  - o mood and anxiety disorders
  - functional somatic disorders

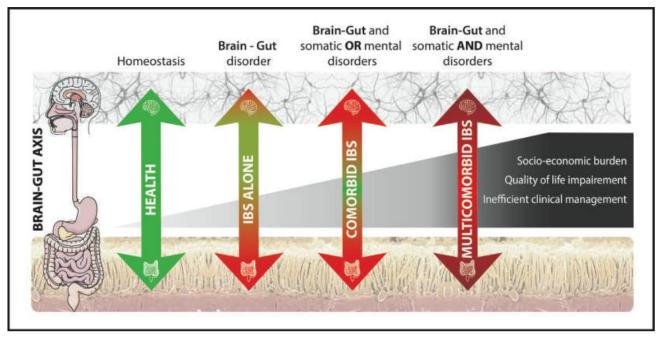


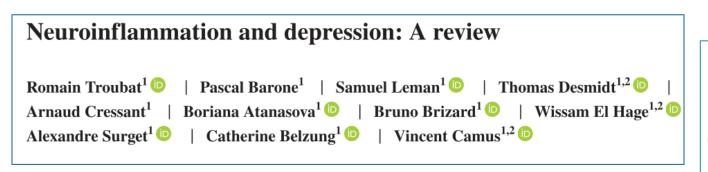
Figure credit: Discoverie consortium



### Introduction

• Evidence for (low-grade) peripheral immune dysregulation in IBS

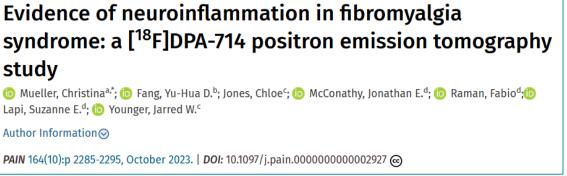
• Inflammation in the CNS, known as **neuroinflammation**, has been implicated in **mood and pain** disorders often comorbid with IBS



Review

Chronic pain and neuroinflammation

Pascale Vergne-Salle\*, Philippe Bertin



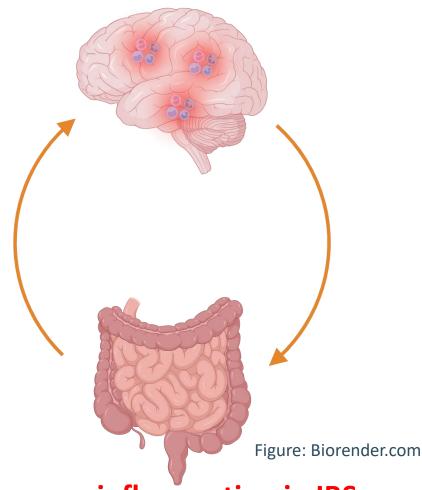


### Introduction

#### Neuroinflammation could contribute to

- Visceral hypersensitivity
- Comorbid mood and pain disorders
- High levels of fatigue
- Cognitive dysfunction
- Increased stress sensitivity

often seen in IBS

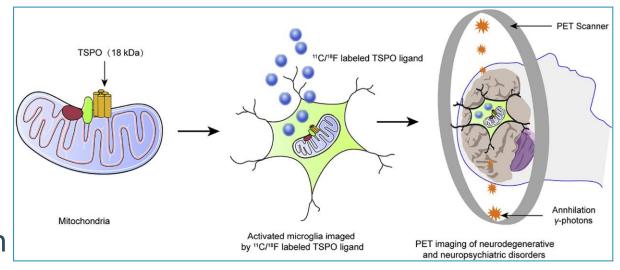


However, currently no studies directly investigating neuroinflammation in IBS



# Measuring neuroinflammation

- Neuroinflammation: activation and increased density of microglia and astrocytes in the brain
- Translocator protein (TSPO) is upregulated with increased microglial density
- **PET imaging** with radiotracer that binds to TSPO in the brain (eg. [18F]DPA-714)
- Total volume of distribution (Vt) of radiotracer as a marker of neuroinflammation



From: Zhang et al., 2021, Acta Pharmaceutica Sinica B



# Research questions

- 1) Do **IBS patients have increased levels of neuroinflammation** compared to healthy controls?
- 2) Within the IBS patient sample, is neuroinflammation related to psychiatric and functional somatic comorbidity?
  - a. Comorbid vs. non-comorbid
  - b. Correlation with comorbidity severity



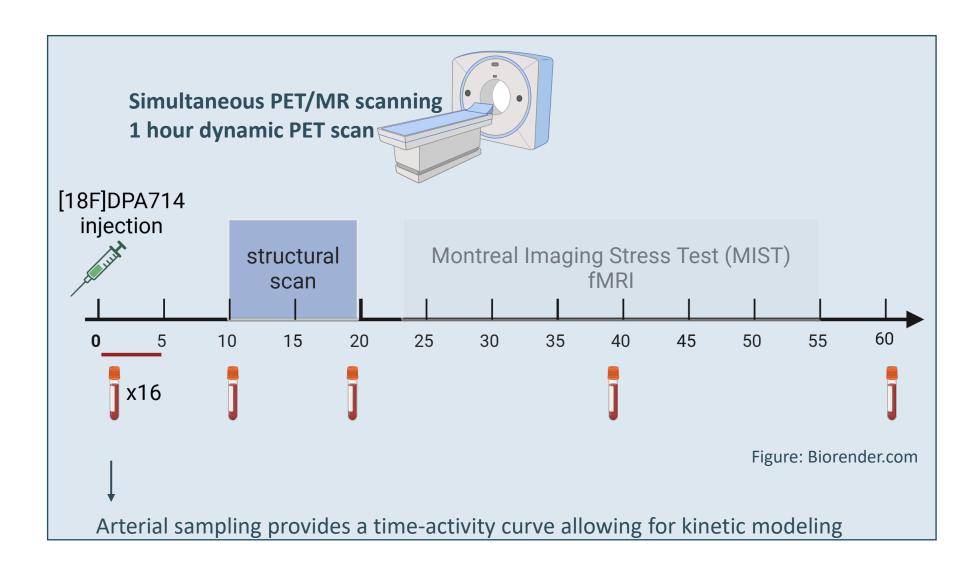
## Design

#### **Screening**

IBS: Rome IV



- Psychiatric comorbidity:
   MINI interview
- Fibromyalgia and chronic fatigue syndrome criteria
- Comorbidity severity:
  - o PHQ-9
  - GAD-7
  - o MFI
  - o FIQ
  - → Composite score



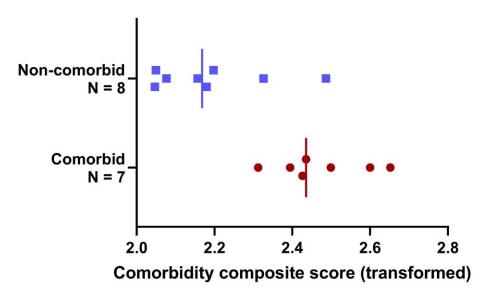
# Sample description: patients vs. HC

	IBS patients	Healthy controls
Sample size	15	15
Mean age (SD)	43.3 (13.4)	41.8 (13.6)
% women	53%	73%
Mean BMI (SD)	23.3 (4.3)	23.0 (3.2)



# Sample description: IBS patients

Comorbidity composite score (depression, anxiety, pain, and fatigue severity)



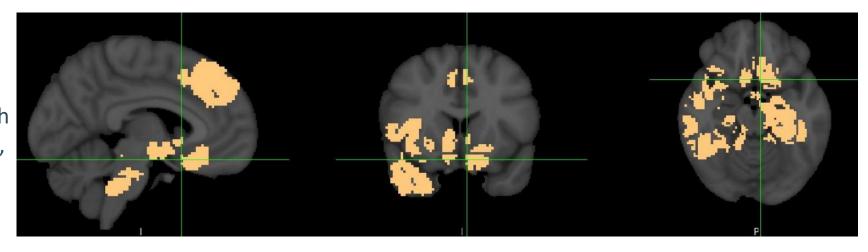
Comorbid: fulfilling diagnostic criteria of at least one of these:

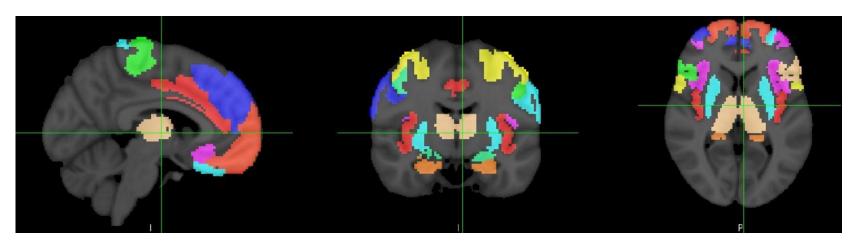
- Depressive episode (past 2 years)
- Anxiety disorder
- Fibromyalgia
- Chronic fatigue syndrome



# 2 complimentary analysis methods

1. voxel-wise analysis using a mask containing brain regions associated with peripheral inflammation (Kraynak et al., 2018)



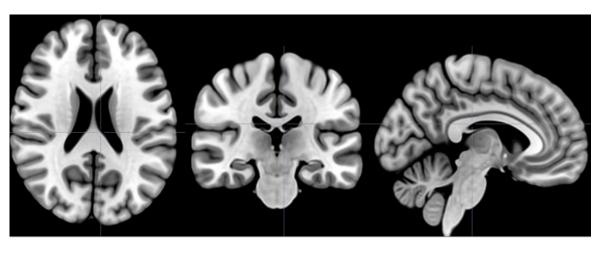


**2. Region of interest analysis**: averaging Vt within 17 bilateral regions of interest. ROIs with evidence for case-control differences in TSPO expression in psychiatric or pain disorders (De Picker et al., 2023)

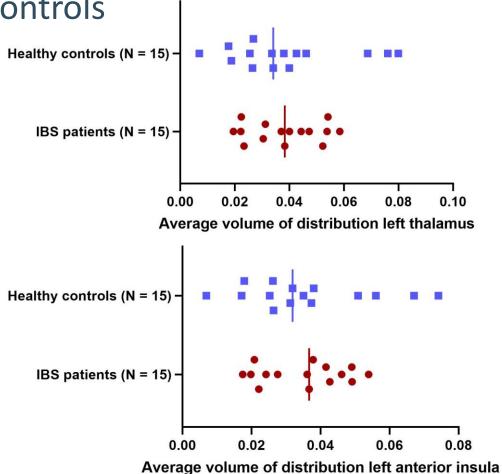


### Results

### 1. Neuroinflammation in patients vs. healthy controls



Voxel-wise analysis: no significant differences

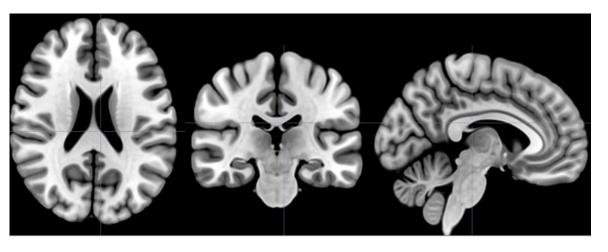


ROI analysis: no significant differences

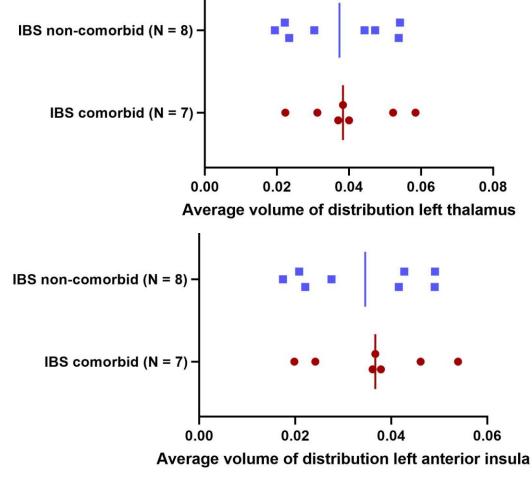


### Results

#### 2a. Neuroinflammation in comorbid vs. non-comorbid IBS



Voxel-wise analysis: no significant differences

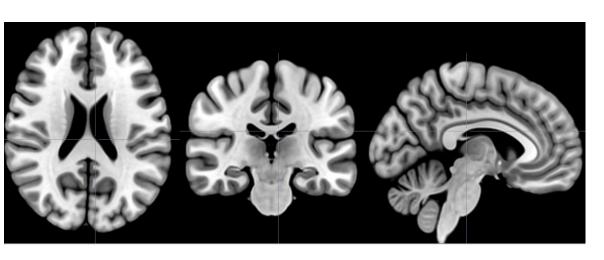


ROI analysis: no significant differences

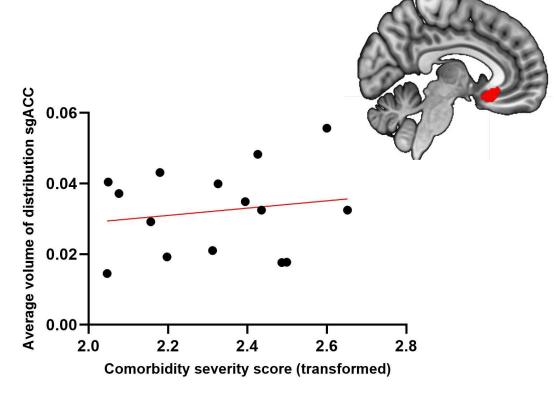


### Results

### 2b. Association between neuroinflammation and comorbidity composite score



Voxel-wise analysis: no significant associations



Weak association between comorbidity severity score and Vt in right sgACC ( $p_{uncorr} = 0.0459$ )







### Conclusion

Our findings do not support the hypothesis of increased neuroinflammation in IBS.

Within the patient sample, neuroinflammation was not related to (the severity of) psychiatric and functional somatic comorbidities.





# **Laboratory for Brain- Gut Axis Studies**



# Thank you!



# Brain and stress axis function collaborators:

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