Greater social cognition-related right temporal pole activation in World Trade Center Responders with PTSD: preliminary evidence

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Social support is a vital protective fac traumatic events. Social cognitive abi facilitate maintaining a strong suppor thus behavioral & fMRI indices of soc might be greatest among the most re

PLACEHOLDER -

JPDATE WITH FINAL VERSION

responders (no PTSD or other lifetime diagnoses despite high level of WTC ϵ

STUDY AND PARTICIPANTS

clinical assessment Visit 1

(SCID, CAPS-5)

fMRI session Visit 2 (task + rest)

other Visit 3 tasks

behavioral

Higherno lifetime psychopathology

≤ 3 exposures, no lifetime psychopathology

4+ exposures,

DSM-5 criteria *WTC-related*

	Higher- exposed CTL (N=33)	Lower- exposed CTL (N=26)	PTSD (N=23)	p. value
Traditional_responder				
Yes (e.g., police, fire, EMT)	30 (90.9%)	21 (80.8%)	8 (34.8%)	< 0.001
No (e.g., carpenter, photojournalist)	3 (9.1%)	5 (19.2%)	15 (65.2%)	
Sex				
Female	4 (12.1%)	6 (23.1%)	4 (17.4%)	0.547
Male	29 (87.9%)	20 (76.9%)	19 (82.6%)	
Age				
Mean (SD)	54.5 (4.64)	52.8 (6.28)	53.0 (6.49)	0.461
Median [Min, Max]	54.0 [42.0, 63.0]	52.0 [41.0, 64.0]	54.0 [41.0, 65.0]	
Race				
Asian	2 (6.1%)	0 (0%)	1 (4.3%)	0.571
Black	3 (9.1%)	1 (3.8%)	3 (13.0%)	
Hispanic/Latino	7 (21.2%)	3 (11.5%)	5 (21.7%)	
White	21 (63.6%)	22 (84.6%)	14 (60.9%)	

There was no statistically significant

fMRI SOCIAL COGNITION TASK

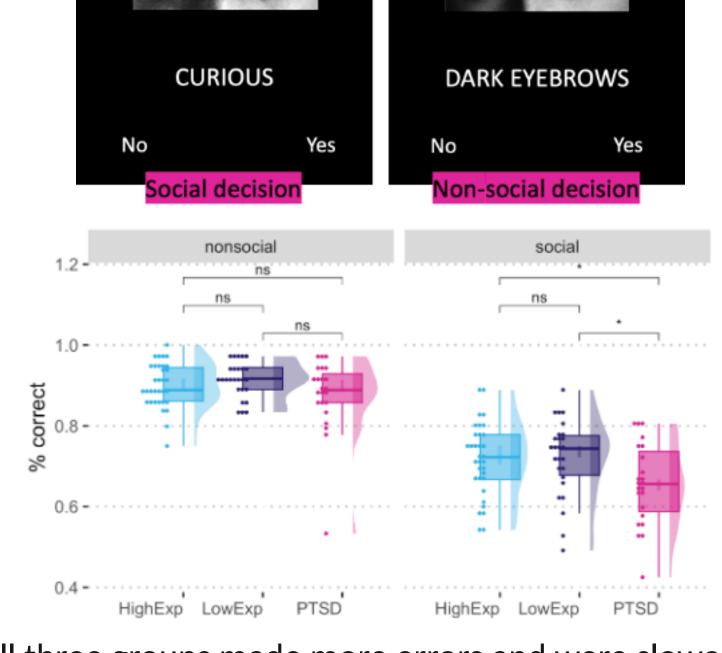
Reading the Mind in the Eyes (RMET-fMRI):

- Behavioral data (n = 82)
- fMRI data (n = 70*)
 - 17 WTC-related PTSD adults
 - 33 higher-WTC exposed adults
 - 22 lower-WTC exposed adults

*4 dropped after QC

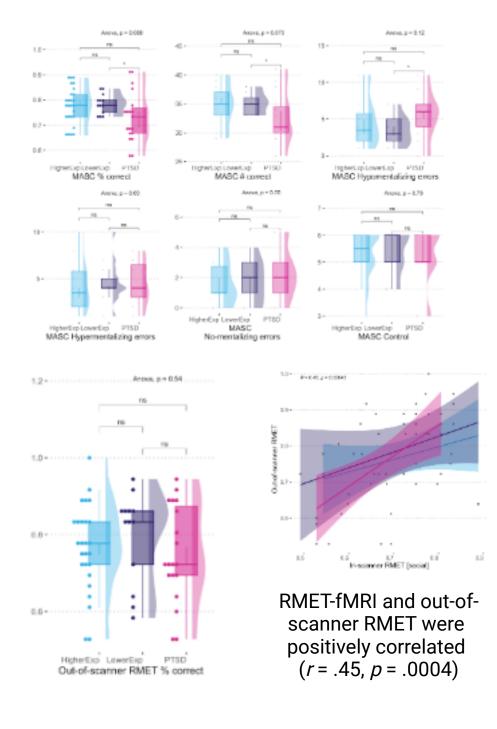
OUT-OF-SCANNER TASKS

 Movie for the Assessment of Social Cognition (MASC; $n = 60^*$) Reading the Mind in the Eyes Task (RMET; $n = 60^*$) *2 dropped after QC



All three groups made more errors and were slower to respond on Social trials (vs. Non-social trials).

main effect of group on the out-ofscanner social cognition tasks.



However, the PTSD group was less accurate and made more hypomentalizing errors on the **MASC** (vs. the lowerexposed group).

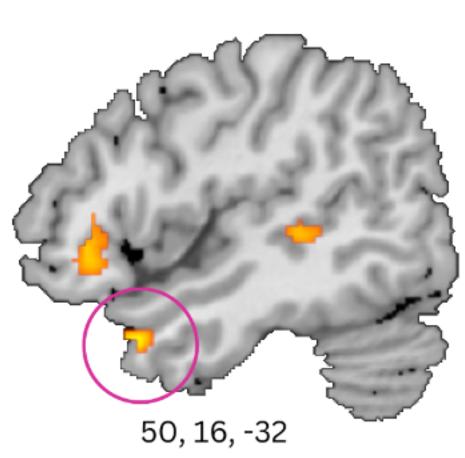
TE-dependent ICAbased denoising for

SPM12: Single-subject and group-level models

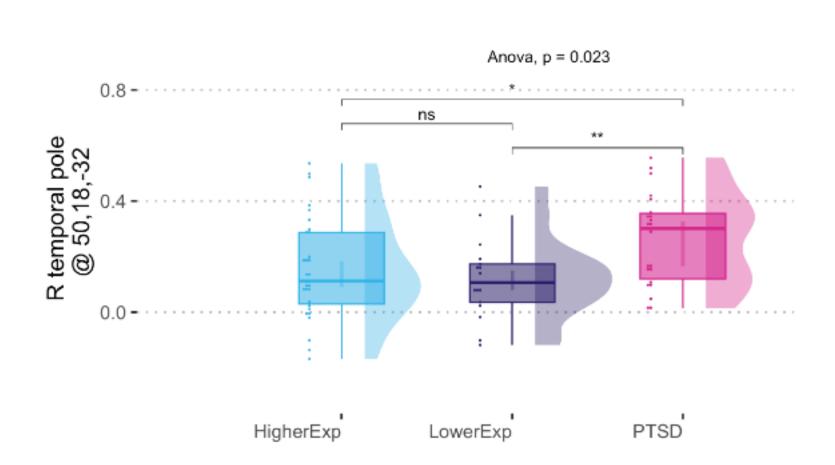
multiecho fMRI

Marsbar: ROI parameter extraction

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In the Social > Non-Social contrast, right temporal pole **BOLD** activation was greater in the PTSD group (vs. both higherand lower-exposed controls).



tbd - stats here?

FUTURE DIRECTIONS

CONCLUSIONS

gical factor associated with

ional dysfunction in PTSD.

al instantiation of social cognition (as a

esilience to traumatic stressors), is an

3 but important area for understanding

TBD

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references & PDF →



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