

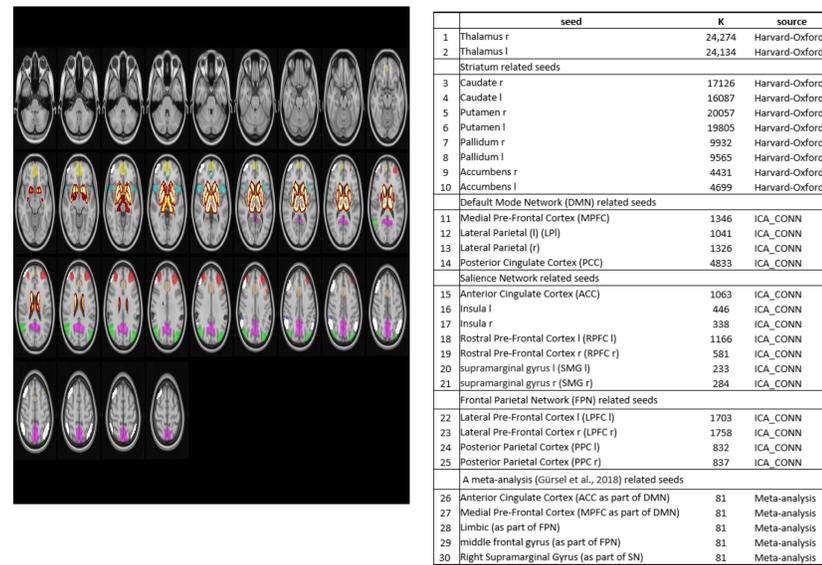
Introduction

OCD (Obsessive Compulsive Disorder) is disabling psychiatric conditioning, with a prevalence of 2%-3% in the general population. OCD is characterized by obsessions (persistent and intrusive thoughts) and compulsions (rituals or repetitive behaviour performed to reduce the anxiety caused by obsessions). The pathophysiology of OCD was often conceptualized via the cortico-striato-thalamo-cortical model (Milad and Rauch, 2012); many studies presented volumetric and connectivity changes in those regions among OCD patients. A meta-analysis focusing on resting-state functional MRI (rs-fMRI) seed analysis (Gürsel et al., 2018) found altered connectivity inside the Default Mode Network (DMN), Salience (SN), and Frontoparietal (FPN) networks as well as hypoconnectivity between these three networks. Additionally, the Fronto-Striatal-Circuitry presented general dysconnectivity (no specific direction of connectivity change). We aimed to test the replicability of the meta-analysis findings in OCD patients.

Methods

A total of 64 participants completed 13 minutes of resting-state fMRI 3T with eyes open (27 OCD patients and 37 age, sex, and education matched healthy controls, HC). Seed to voxel (whole brain) analyses were conducted for 30 seeds based on the reported findings in Gürsel's meta-analysis (figure 1, table 1). Five seeds were created with five-diameter spheres based on the coordinates of the significant group-difference clusters. In addition, 15 seeds were constructed to represent FPN, DMN, SN from the CONN ICA network (Whitfield-Gabrieli et al., 2012), and ten seeds to represent the thalamus and the striatum based on the Harvard-Oxford Atlas sub-Cortical Structural Atlas (Caviness et al., 1996). For each seed-to-voxel analysis, we performed separate second-level GLMs to compare OCD with controls, including maximum motion as a covariate via the CONN toolbox v.19c. We considered findings significant at FWE-corrected p-values ≤ 0.05 at cluster and voxel level. Moreover, we probed the robustness of our findings using two different parcellation approaches 1) utilizing the DiFuMo functional atlas (Dadi et al., 2020) and 2) using Independent Component Analysis (ICA) as data-driven network parcellation to use as seeds.

Figure 1 & Table 1: 30 seeds for the seed to voxel analyses

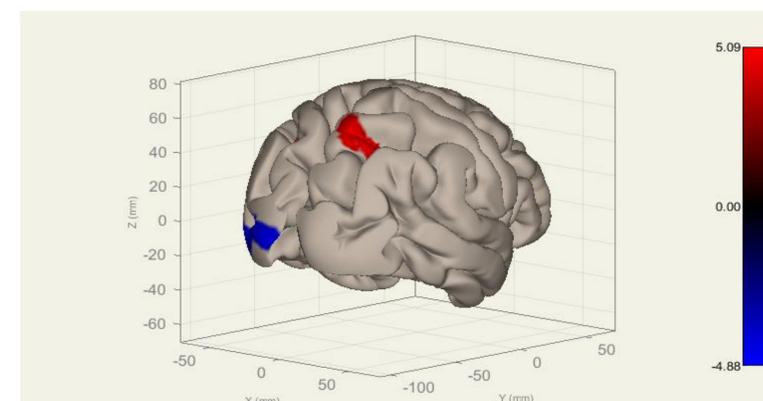


Functional connectivity group differences

Seed	Peak cluster (K, v, z)	K	size pFWE	pFWE* 30 seeds	Cluster location	T-value
DMN						
Lateral Parietal Left (LP_l)	(-32 -94 -2)	677	0.000	0.000	OP l (Occipital Pole Left); ILOC l (Lateral Occipital Cortex, inferior division Left)	-5.28
	(+26 -60 +50)	195	0.035	NS	sLOC r (Lateral Occipital Cortex, superior division Right); Precuneus (Precuneus Cortex)	4.66
Lateral Parietal Right (LP_r)	(-34 -94 -04)	486	0.000	0.006	OP l (Occipital Pole Left); ILOC l (Lateral Occipital Cortex, inferior division Left)	-4.88
	(+24 -54 +40)	450	0.000	0.01	sLOC r (Lateral Occipital Cortex, superior division Right); Precuneus (Precuneus Cortex)	5.09
Posterior Cingulate Cortex (PCC)	(-28 -36 +42)	203	0.028	NS	SPL l (Superior Parietal Lobule Left); sLOC l (Lateral Occipital Cortex, superior division Left)	4.92
	(+02 -82 +34)	181	0.041	NS	Cuneal r (Cuneal Cortex Right); Cuneal l (Cuneal Cortex Left); OP l (Occipital Pole Left)	-4.76
SN						
Anterior Cingulate Cortex (ACC)	(+40 -86 -12)	353	0.002	NS	ILOC r (Lateral Occipital Cortex, inferior division Right); OP r (Occipital Pole Right)	4.9
Insula_l	(+50 -74 -06)	265	0.007	NS	ILOC r (Lateral Occipital Cortex, inferior division Right)	4.80
Insula_r	(+22 -54 +20)	291	0.005	NS	Precuneus (Precuneus Cortex)	-5.02

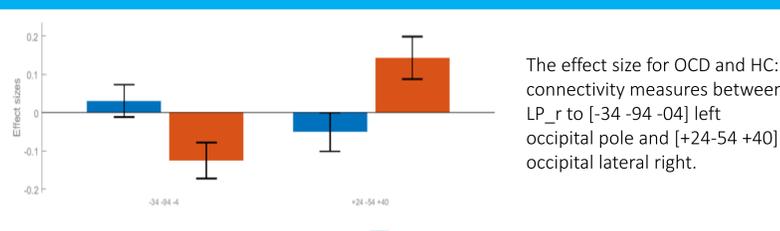
MNI coordinates; Significant = $p < 0.05$ size pFWE corrected. Nine clusters presented significant group differences (OCD vs. HC) for seed regions of the DMN and the SN. After additional correction for the number of seed-to-voxel analyses, three clusters based on DMN seeds remained significant: LP_r to the left occipital pole and LP_r to a cluster comprised the right superior Lateral Occipital Cortex (sLOC_r) and the precuneus.

Highly significant connectivity alterations in OCD



Significant connectivity alterations in OCD: Significant connected clusters to LP_r (OCD>control) after correction for multiplied comparisons and number of ROIs (p_{FWE}^*30 ROIs<0.05): [+24 -54 +40] (sLOC_r, PREC) hyperconnectivity indicated a pattern of stronger positive connectivity in the OCD group; [-34 -94 -04] (OP_l, ILOC_l) hypoconnectivity indicated a pattern of stronger negative (i.e., inverse) connectivity in the OCD group. MNI Coordinates (results were similar to bilateral seed LP_l).

Group effect size for the highly significant clusters



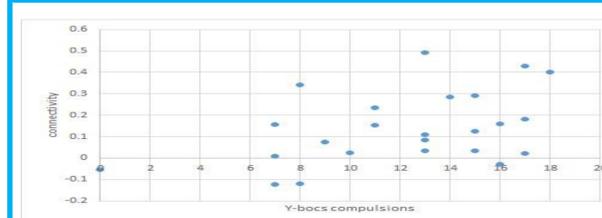
The effect size for OCD and HC: connectivity measures between LP_r to [-34 -94 -04] left occipital pole and [+24 -54 +40] occipital lateral right.

Participant's psychopathology and demographic measures

Demographic	Mean \pm SD		p-value
	HC	OCD	
N	33	24	
Age	35.7 \pm 11.5	37.2 \pm 11.9	0.61
Gender (M/F)	15/18	13/11	0.52
Education level	3	3	0.64
BDI	2.6 \pm 3	19.2 \pm 13.5	0.00
STAI	32.1 \pm 5.9	47.2 \pm 12.8	0.00
OCI	10.3 \pm 9.8	29 \pm 13.1	0.00
IQ_WST	107 \pm 8.4	106 \pm 9.5	0.68
Y-BOCS	-	22.42 \pm 7.6	-

After default pre-processing seven participants were excluded due to quality assurance reports. Mean (standard deviation) of demographic variables and questionnaires scores for OCD and control groups. BDI: Beck Depression Inventory; STAI: The State-Trait Anxiety Inventory; OCI: Obsessive-Compulsive Inventory; IQ_WST: Verbal IQ; Y-BOCS: Yale-Brown Obsessive-Compulsive Scale. Significant= $p < 0.05$

Correlation between hyperconnectivity to OCD compulsion severity



Among OCD patients: positive Pearson correlation between connectivity measures between LP_r and of [+24 -54 +40] to Y-BOCS compulsions scale ($r = 0.43$, $p < 0.05$, $N = 24$).

Discussion

Our findings replicated partly the meta-analysis findings of Gürsel et al., specifically SN and DMN hypoconnectivity, by using seeds based on the meta-analysis. We identified aberration between the SN and, in particular, the DMN to the visual network. This raises the question about the visual system's involvement in OCD symptoms and the abnormal connectivity of a unimodal region as the visual network to the multimodal DMN. Previous studies found evidence for decreased metabolic activities, abnormal connectivity, and volumetric changes in the left inferior parietal and parietal-occipital junction, suggesting the possible existence of visual processing deficits in OCD (Gonçalves et al., 2010). Our findings support those previous discoveries. Several studies (Ravindran et al., 2020; Stern et al., 2016) presented significant hyperconnectivity among OCD patients between DMN-related seeds and the visual cortex primary regions V1 and V2 after viewing or imagining an OCD related stimuli to evoke stress. Since the regions in which we found abnormal connectivity in our study during resting-state are similar, this raises the question of whether the abnormal emotion-related visual-to-DMN connectivity might point towards cognitive occupation with symptoms, also during our rest measure, in the absent of OCD threatening stimuli.

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