

# SOCIAL DYSFUNCTION IS ASSOCIATED WITH ALTERED FACIAL EMOTION NEURAL PROCESSING ACROSS DIVERSE NEUROPSYCHIATRIC DISORDERS

Simon Braak<sup>1\*</sup>, G. Bakker<sup>2</sup>, T. Su<sup>1</sup>, Y. Pijnenburg<sup>3</sup>, A.V. Campos<sup>4,5</sup>, A. de la Torre-Luque<sup>4,6</sup>, A. Beckenstrom<sup>7</sup>, A. Malik<sup>8</sup>, G.R. Dawson<sup>8</sup>, H. Marston<sup>9</sup>, J. Linera<sup>10</sup>, J.L. Ayuso-Mateos<sup>4,11</sup>, C. Arango<sup>4,6,12</sup>, M.J. van Tol<sup>13</sup>, N. Van der Wee<sup>14</sup>, M.J. Kas<sup>15</sup>, M. Aghajani<sup>1,16</sup>, B.W.J.H. Penninx<sup>1</sup>

<sup>1</sup> Amsterdam UMC, Vrije Universiteit Amsterdam. <sup>2</sup> Amacrine Scientific Consulting. <sup>3</sup> Alzheimer Center Amsterdam. <sup>4</sup> Centre of Biomedical Research in Mental Health, CIBERSAM ISCIII. <sup>5</sup> Hospital Universitario de la Princesa. <sup>6</sup> Complutense University of Madrid. <sup>7</sup> P1vital Products Ltd. <sup>8</sup> P1vital Ltd. <sup>9</sup> Boehringer Ingelheim Pharma. <sup>10</sup> Hospital Ruber Internacional. <sup>11</sup> Universidad Autonoma de Madrid, Instituto de Investigación Sanitaria Princesa. <sup>12</sup> Gregorio Marañon University Hospital.

<sup>13</sup> University Medical Center Groningen. <sup>14</sup> Leiden University Medical Centre. <sup>15</sup> University of Groningen. <sup>16</sup> Leiden University.

\*Contact: s.braak@amsterdamumc.nl

## INTRODUCTION

- Social dysfunction is common across diverse neuropsychiatric disorders.
- Altered neural processing of negative and positive emotions has been reported in these disorders.
- Therefore, perturbed socioaffective neural processing might be a shared neurobiological correlate for social dysfunction (Figure 1).
- This study examined whether alterations in neural processing of negative and positive valence is coupled to social dysfunction across schizophrenia (SZ) and Alzheimer's disease (AD) patients and whether these results can be generalized to depressive (DEP) and anxiety (ANX) disorders.**

## METHODS

### Participants:

- Data from the PRISM [2] and NESDA [3] studies were used.
- PRISM included patients with SZ (N=46), probable AD (N=40), and two age-matched healthy control (HC) groups (SZcontrols: N=26, ADcontrols: N=27).
- NESDA included patients with DEP (N=46), ANX (N=45), comorbid DEP and ANX (COM) (N=57) and HC (N=52).

### Assessments:

#### Social function

- Social Functioning Scale (SFS) (PRISM) (measures behavioural aspects of social dysfunction)
- World Health Organization Disability Assessment Schedule 2.0 (WHODAS) (NESDA) (measures perceived social disability)
- De Jong-Gierveld Loneliness Scale (LON) (PRISM & NESDA) (measures subjective experiences of social dysfunction)

#### Facial emotion processing fMRI task paradigm

- All participants performed an implicit facial emotion processing fMRI task (Figure 2).

### Analysis:

Subject-level statistical maps were created for each emotion. Group-level general linear model analyses (whole-brain) were performed that included social functioning measures while correcting for clinical and demographic variables. Statistical thresholding was set at  $z=3.1$ ,  $p < 0.05$  corrected for multiple comparisons.

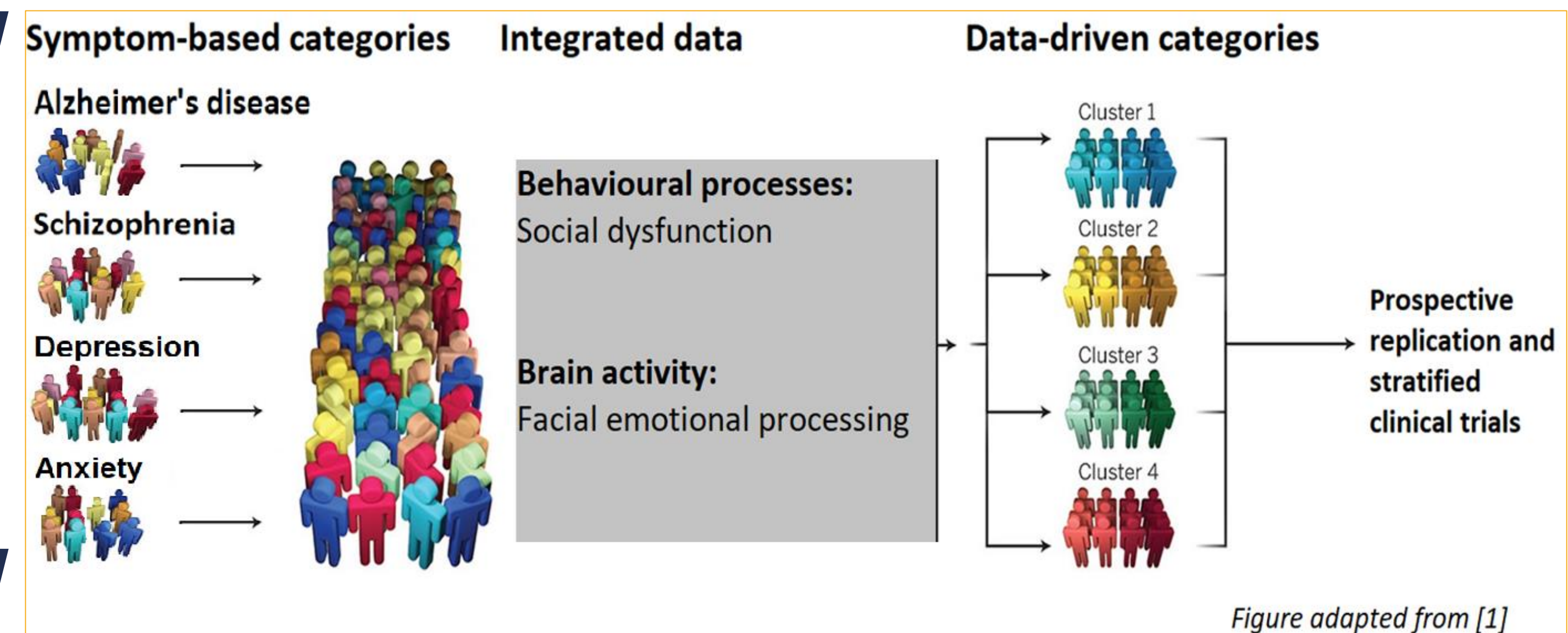


Figure adapted from [1]

Figure 1. Precision medicine by the Research Domain Criteria framework. It deconstructs diagnostic classifications into data-driven categories using integrated data.

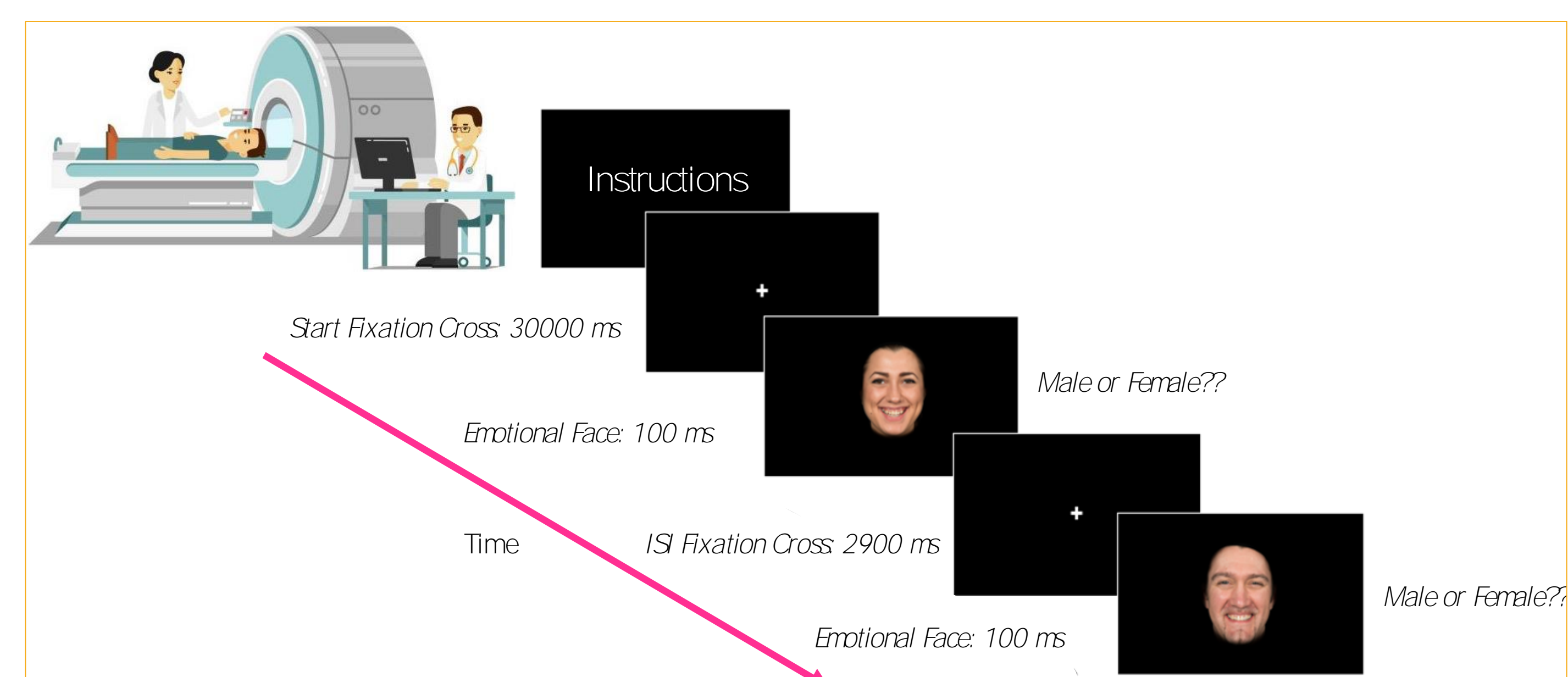


Figure 2. Time course of stimulus presentation for the implicit facial emotional processing task during the scanning session. An example of the PRISM study.

## RESULTS

- PRISM:** Data revealed an association across SZ/AD/HC participants wherein higher SFS social dysfunction scores were coupled to greater activation within fronto-parieto-limbic brain regions in response to sad emotions (Figure 3); but less activation in these brain regions in response to happy emotions. Many of these brain regions are involved in the default mode network and include the medial prefrontal cortex, precuneus and angular gyrus.
- In NESDA-** and consistent with PRISM results, higher WHODAS social dysfunction scores across DEP/ANX/COM/HC participants were associated with greater activation within the left angular gyrus in response to sad emotions (Figure 4). The angular gyrus has been implicated in social cognition and attention [4].
- No diagnosis by social dysfunction interaction effects were observed for the findings in either dataset.
- No relationship was found for total LON scores in either dataset.

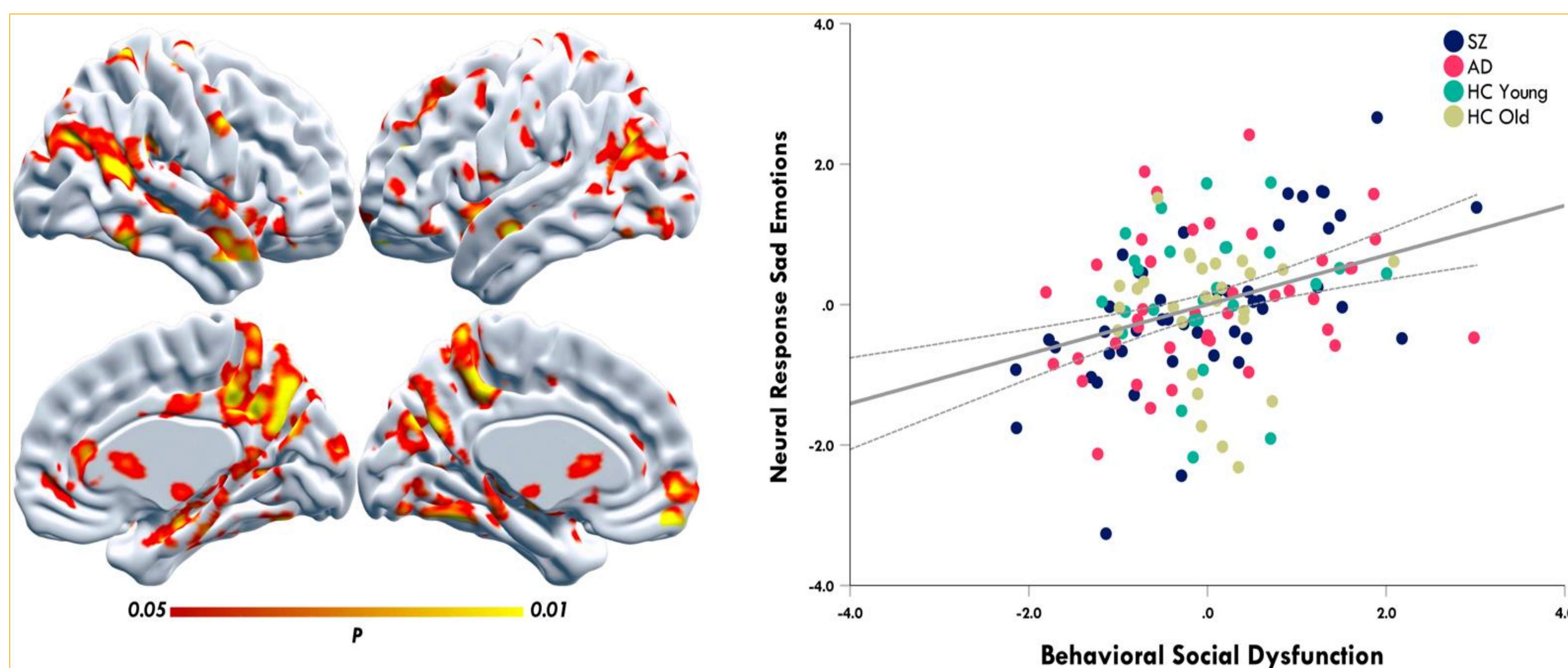


Figure 3. SFS scores and sad emotion processing. Values on the y and x axis are Z-score residuals. Higher scores on the x axis indicate more severe social dysfunction. Higher scores on the y axis indicate stronger neural responses to sad emotions.

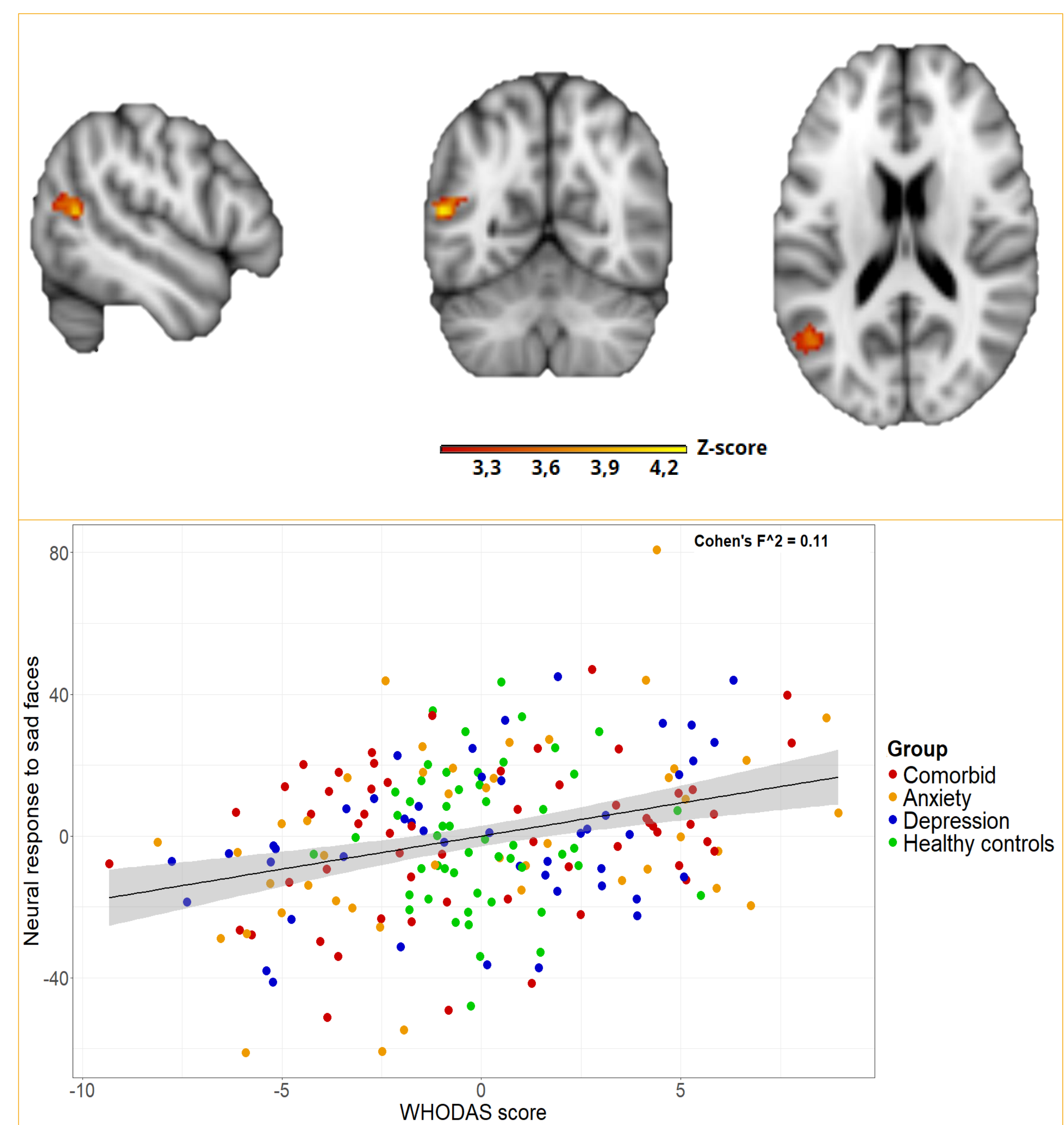


Figure 4. WHODAS scores and sad emotion processing. Values on the y and x axis are residuals. Higher scores on the x axis indicate more severe social dysfunction. Higher scores on the y axis indicate stronger neural responses to sad emotions.

## CONCLUSION

**SOCIAL DYSFUNCTION ACROSS NEUROPSYCHIATRIC DISORDERS CONVERGES SPECIFICALLY ON SAD EMOTIONAL VALENCE PROCESSING OF THE BRAIN**

## LIMITATIONS

- Cross-sectional analyses can only demonstrate associations rather than causality, therefore it remains unclear if social dysfunction gives rise to alterations in neural processing of sad emotions or vice versa.
- The use of questionnaires to capture the notoriously complex phenomenon of social dysfunction is a vast simplification.

## REFERENCES

- [1] Insel, T. R., & Cuthbert, B. N. (2015). Brain disorders? precisely. *Science*, 348(6234), 499-500.  
 [2] Bilderbeck, A. C., Bwjj Penninx, C. Arango, N. van der Wee, R. Kahn, I. Winter-van Rossum, A. Hayden, M. J. Kas, A. Post, G. R. Dawson., 2019. Overview of the Clinical Implementation of a Study Exploring Social Withdrawal in Patients with Schizophrenia and Alzheimer's Disease. *Neurosci Biobehav Rev* 97, 87-93.  
 [3] Penninx, Bwjj, M. Eikelenboom, E. J. Giltay, A. M. van Hemert, H. Riese, R. A. Schoevers, A. T. F. Beekman., 2021. Cohort Profile of the Longitudinal Netherlands Study of Depression and Anxiety (NESDA) on Etiology, Course and Consequences of Depressive and Anxiety Disorders. *J Affect Disord* 287, 69-77.  
 [4] Seghier, M.L., Multiple functions of the angular gyrus at high temporal resolution. *Brain Struct Funct*, 2023. 228(1): p. 7-46.

## ACKNOWLEDGEMENTS

The PRISM project received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 115916. The PRISM2 project received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 101034377. This Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA. This presentation reflects only the author's views and neither the IMI 2JU nor EFPIA nor the European Commission are liable for any use that may be made of the information contained therein.

The infrastructure for the NESDA study ([www.nesda.nl](http://www.nesda.nl)) has been funded through the Geestkracht program of the Netherlands Organisation for Health Research and Development (ZonMw, grant number 10-000-1002) and by participating universities and mental health care organizations (Amsterdam University Medical Centers (location VUmc), GGZ inGeest, Leiden University Medical Center, University Medical Center Groningen, University of Groningen, Lentis, GGZ Friesland, GGZ Drenthe, Rob Giel Onderzoekcentrum).

## DISCLOSURE

No conflicts of interest.

