Default Mode Network alterations in refractory schizophrenia patients with auditory verbal hallucinations


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BACKGROUND

• Auditory Verbal Hallucinations (AVH) are one of the most common and distressing symptoms of schizophrenia. Understanding the neural mechanism that underlies AVH, as a phenotype of resistant schizophrenia, has been an important issue in psychiatric research.

• Alterations in functional connectivity during rest have been frequently reported in patients with schizophrenia. Though the Default Mode Network appears to be abnormal in schizophrenia patients, little is known about refractory schizophrenia.

• The aim of this study is to explore the role of the DN resting state activity in AVH.

METHODS

• We collected Resting State Functional Magnetic Resonance Imaging (R-fMRI) data with a 3T scanner from:
  • 19 schizophrenia patients with chronic AVH (AL)
  • 14 schizophrenia patients without AVH (NA)
  • 20 healthy controls (HC).

• Following standard preprocessing, we examined the functional connectivity (FC) of two DN subsystems and the two DN hubs (P<0.0045, corrected).

RESULTS

• Compared to HC, schizophrenia patients exhibited higher FC between pIPL ROI and bilateral occipital fusiform gyrus and bilateral lingual gyrus among others and between Rsp ROI and bilateral lateral occipital cortex, bilateral intracalcarine cortex and left occipital fusiform gyrus.

• Compared to non hallucinating and healthy controls, hallucinating patients exhibited:
  • Higher FC between: dMPFC ROI and bilateral central opercular cortex, bilateral insular cortex, and bilateral precentral gyrus among others; and between Temp ROI and cerebellum
  • Lower FC between: vMPFC ROI and bilateral paracingulate cortex, bilateral anterior cingulate cortex and bilateral subcallosal cortex; and between HF ROI and bilateral posterior cingulate cortex and bilateral precuneus cortex

CONCLUSIONS

• This is one of the first studies to examine the intrinsic activity of the default mode network in two different phenotypes of patients with schizophrenia.

• The results show that hallucinating and non-hallucinating patients displayed different patterns of functional connectivity in the DN. Whereas hallucinating patients showed an increased functional connectivity between dorsomedial prefrontal and temporal regions of the DN, non-hallucinating patients showed an increased functional connectivity between ventromedial prefrontal and posterior regions of the DN.

• Differences in the DN may emerge from the abnormal auditory perception experienced by refractory schizophrenia patients.

No potential conflict of interest