



Universiteit  
Leiden  
The Netherlands

## Subcortical brain volumes in social anxiety disorder: an enigma-anxiety international mega-analysis of 37 samples

Bas, J.M.; Groenewold, N.A.; Amod, A.R.; Laansma, M.A.; Velzen, L.S. van; Aghajani, M.; ... ; Wee, N.J.A. van der

### Citation

Bas, J. M., Groenewold, N. A., Amod, A. R., Laansma, M. A., Velzen, L. S. van, Aghajani, M., ... Wee, N. J. A. van der. (2023). Subcortical brain volumes in social anxiety disorder: an enigma-anxiety international mega-analysis of 37 samples. *Biological Psychiatry*, 93(9), S85-S86.  
doi:10.1016/j.biopsych.2023.02.222

Version: Publisher's Version

License: [Licensed under Article 25fa Copyright Act/Law \(Amendment Taverne\)](#)

Downloaded from: <https://hdl.handle.net/1887/3721461>

**Note:** To cite this publication please use the final published version (if applicable).

**Results:** Participants who received active tFUS showed decreased left amygdala ( $F(1,24)=5.44$ ,  $p=0.03$ ), hippocampal ( $F(1,28)=4.27$ ,  $p=0.05$ ), insular ( $F(1,28)=3.05$ ,  $p=0.04$ ), and dorsal anterior cingulate ( $F(1,28)=5.85$ ,  $p=0.02$ ) BOLD activation during the fear-inducing trials, compared to the sham tFUS group. The decrease in left amygdala BOLD activation was correlated with a decrease in anxiety ratings ( $r(23)=0.414$ ,  $p=0.05$ ).

**Conclusions:** These results suggest that tFUS can be used to change BOLD activation in subcortical regions such as the amygdala, as well as its associated emotional correlates. Future studies can investigate the use of tFUS in individuals with clinical levels of fear and anxiety.

**Funding Source:** Tiny Blue Dot Foundation

**Keywords:** Low Intensity Focused Ultrasound, Amygdala, Fear Extinction, Anxiety

### 39. Subcortical Brain Volumes in Social Anxiety Disorder: An Enigma-Anxiety International Mega-Analysis of 37 Samples

Janna Marie Bas-Hoogendam<sup>1</sup>, Nynke A. Groenewold<sup>2</sup>, Alyssa R. Amod<sup>3</sup>, Max A. Laansma<sup>4</sup>, Laura S. van Velzen<sup>5</sup>, Moji Aghajani<sup>6</sup>, Kevin Hilbert<sup>7</sup>, Christopher R.K. Ching<sup>8</sup>, Sophia I. Thomopoulos<sup>8</sup>, Enigma-Anxiety Working Group members<sup>9</sup>, Ulrike Lueken<sup>7</sup>, Dick J. Veltman<sup>10</sup>, Anderson M. Winkler<sup>11</sup>, Neda Jahanshad<sup>8</sup>, Daniel S. Pine<sup>11</sup>, Paul M. Thompson<sup>8</sup>, Dan J. Stein<sup>3</sup>, and Nic J.A. van der Wee<sup>12</sup>

<sup>1</sup>Institute of Psychology, Leiden University, Leiden University Medical Center, Leiden Institute for Brain and Cognition, <sup>2</sup>Neuroscience Institute, University of Cape Town, South African Medical Research Council (SA-MRC), Red Cross War Memorial Children's Hospital, <sup>3</sup>Neuroscience Institute, University of Cape Town, <sup>4</sup>Amsterdam Neuroscience, Amsterdam UMC, Vrije Universiteit Amsterdam, <sup>5</sup>Orygen and Centre for Youth Mental Health, The University of Melbourne, <sup>6</sup>Institute of Child and Education Studies, Leiden University, <sup>7</sup>Humboldt-Universität zu Berlin, <sup>8</sup>Imaging Genetics Center, Mark and Mary Stevens Neuroimaging and Informatics Institute, Keck School of Medicine, University of Southern California, <sup>9</sup>Full list @ <https://tinyurl.com/bdehypes>, <sup>10</sup>Amsterdam UMC location VUMC, <sup>11</sup>National Institute of Mental Health, National Institutes of Health, <sup>12</sup>Leiden University Medical Center, Leiden Institute for Brain and Cognition

**Background:** Multiple studies have investigated subcortical brain volumes in patients with social anxiety disorder (SAD). Their results are often inconsistent, probably due to variations in methodological approaches, such as study-specific sample selections based on age and clinical characteristics.

**Methods:** Within the framework of the ENIGMA-Anxiety Working Group, we performed a mega-analysis to investigate subcortical volumes in adults and adolescents with SAD relative to healthy controls (HC). Individual participant data from 37 international samples ( $n=1115$  SAD,  $2775$  HC) were obtained using ENIGMA-standardized protocols for image

segmentation and quality control. Linear mixed-effects analyses were adjusted for comparisons across seven bilateral subcortical regions using family-wise error (FWE) correction. Mixed-effects  $d$  effect sizes were calculated.

**Results:** Patients with SAD showed smaller bilateral putamen volume than controls (left:  $d=-0.077$ ,  $pFWE=0.037$ ; right:  $d=-0.104$ ,  $pFWE=0.001$ ), and a significant interaction between SAD and age was found for the left putamen ( $r=-0.034$ ,  $pFWE=0.045$ ). Smaller bilateral putamen volumes (left:  $d=-0.141$ ,  $pFWE<0.001$ ; right:  $d=-0.158$ ,  $pFWE<0.001$ ) and larger bilateral pallidum volumes (left:  $d=0.129$ ,  $pFWE=0.006$ ; right:  $d=0.099$ ,  $pFWE=0.046$ ) were present in adult patients with SAD, but no volumetric differences were apparent in adolescents with SAD. Comorbid anxiety disorders and age of SAD onset were additional determinants of SAD-related volumetric differences in subcortical regions.

**Conclusions:** Subtle alterations in subcortical brain volumes in SAD were identified. Heterogeneity in age and clinical characteristics might partly explain inconsistent previous results. Future longitudinal studies are needed to further explore the association between alterations in subcortical volumes and SAD illness progression from adolescence into adulthood.

**Funding Source:** NIH Big Data to Knowledge (BD2K) award (U54 EB020403 to Paul M. Thompson); Janna Marie Bas-Hoogendam was supported by a Rubicon grant from the Dutch Research Council NWO (019.201SG.022). Nynke A. Groenewold was supported by a Developing Emerging Academic Leaders Fellowship. This work was made possible in part by a grant from Carnegie Corporation of New York. Alyssa R. Amod, Christine Lochner and Dan J. Stein were supported by the South African Medical Research Council (SA-MRC). Dan J. Stein and Nic J. A. van der Wee were supported by the EU7th Frame Work Marie Curie Actions International Staff Exchange Scheme grant "European and South African Research Network in Anxiety Disorders" (EUSARNAD). Nic J. A. van der Wee was also supported by the Anxiety Disorders Research Network European College of Neuropsychopharmacology. The Leiden Family Lab study on Social Anxiety Disorder (LFLSAD) was funded by Leiden University Research Profile 'Health, Prevention and the Human Life Cycle'. The infrastructure for the NESDA study ([www.nesda.nl](http://www.nesda.nl)) is funded through the Geestkracht program of the Netherlands Organisation for Health Research and Development (ZonMw, grant number 10-000-1002) and financial contributions by participating universities and mental health care organizations (VU University Medical Center, GGZ inGeest, Leiden University Medical Center, Leiden University, GGZ Rivierduinen, University Medical Center Groningen, University of Groningen, Lentis, GGZ Friesland, GGZ Drenthe, Rob Giel Onderzoekscentrum). SHIP is part of the Community Medicine Research Network of the University Medicine Greifswald, which is supported by the German Federal State of Mecklenburg- West Pomerania.

This work was supported by multiple grants from the German Research Foundation (DFG): FOR5187 grant (HI 2189/4-1) - Kevin Hilbert; grant BE 3809/8-1 - Katje Beesdo-Baum, grants (JA 1890/7-1, JA 1890/7-2) - Andreas Jansen; grants FOR2107 (KI588/14-1, KI588/14-2) - Tilo Kircher; grants (KR 3822/7-1, KR 3822/7-2) - Axel Krug; grants (NE2254/1-2, NE2254/3-1, NE2254/4-1) - Igor Nenadić; grants (DA1151/5-1,

DA1151/5-2) - Udo Dannlowski; FOR5187 grant (KR 4398/5-1) - Benjamin Kreifelts; (SFB/TRR 58: C06, C07) - Thomas Straube; grants (LU 1509/9-1, LU 1509/10-1, LU 1509/11-1) - Ulrike Lueken. Udo Dannlowski was additionally supported by the Interdisciplinary Center for Clinical Research (IZKF) of the medical faculty of Münster (grant Dan3/012/17 to UD).

This work was further supported by the NIH through multiple grants. Martin P. Paulus, Murray B. Stein, Tali M. Ball and Alan Simmons were supported by NIMH MH65413. Gregory A. Fonzo was supported by NIMH K23MH114023 and Jennifer Urbano Blackford was supported by NIMH K01MH083052. Jacqueline A. Clauss was supported by NIMH 5T32MH112485. Brandee Feola was supported by NIMH T32MH018921. Chad M. Sylvester was supported by NIMH K23MH109983 and R01MH122389. Neda Jahanshad was supported by R01MH117601. Daniel S. Pine was supported by ZIA-MH-002781. In addition, Gregory A. Fonzo received support from the One Mind – Basczucki Brain Research Fund. Jacqueline A. Clauss was additionally supported by the Louis V. Gerstner III Research Scholar Award.

Hyuntaek Oh was supported by the American Foundation for Suicide Prevention (YIG-1-141-20). Ramiro Salas was supported by the McNair Foundation (MIND-MB), VHA (CX000994, CX001937). Pedro M. Pan was supported by the foundation for Research Support of the State of São Paulo (FAPESP 2014 / 50917-0), Brazil and the National Council for Scientific and Technological Development CNPq 465550/2014-2), Brazil. Ardesheer Talati was supported by NARSAD/Brain and Behavioral Research Foundation. Karin Roelofs was supported by the European Research Council (grant# ERC\_CoG-2017\_772337). Qiyong Gong was supported by the National Natural Science Foundation of China (Project Nos. 82120108014 and 81621003). Su Lui acknowledges the support from Humboldt Foundation Friedrich Wilhelm Bessel Research Award. Alexandre Heeren (Louvain) was supported by the F.R.S.-FNRS Belgian Science Foundation (Grant "1.C.059.18F") and by the Belgian Fund for Scientific Research (F.R.S.-FNRS, Belgium) as Research Associate. Alexander G. G. Doruyter was funded by the SA-MRC under the MRC Clinician Researcher Programme; the National Technologies in Medicine and the Biosciences Initiative (NTeMBI), managed by the South African Nuclear Energy Corporation (Necsa) and funded by the Department of Science and Innovation; and Harry Crossley Foundation. Tomas Furmark was supported by the Swedish Research Council, the Swedish Brain Foundation, and Riksbankens Jubileumsfond. Kristoffer N. T. Månsson was supported by the Swedish Research Council (2018-06729).

**Keywords:** Social Anxiety Disorder, Volumetric Neuroimaging, ENIGMA consortium

#### 40. Early Life Stress Predicts Adolescent Trajectories of Emotional Problems and Hippocampal Volume

Jessica Buthmann<sup>1</sup>, Miller G. Jonas<sup>2</sup>, Sache Coury<sup>1</sup>, Jessica Uy<sup>1</sup>, and Ian Gotlib<sup>1</sup>

<sup>1</sup>Stanford University, <sup>2</sup>University of Connecticut

**Background:** As the percentage of the population that experiences early life stress (ELS) continues to rise, it is crucial to

identify trajectories of both neural and emotional development across adolescence that may contribute to the onset of psychopathology. The development of subcortical structures such as the hippocampus, which plays a significant role in stress and emotion regulation, may be particularly salient.

**Methods:** We used longitudinal k-means clustering to identify different trajectories of hippocampal volume and emotional problems across three assessments conducted approximately two years apart (mean age at baseline = 11.33 years). Participants with data from at least two assessments were included in analyses (N=152).

**Results:** We identified three clusters of participants: Cluster A, with low hippocampal volume and emotional problems; Cluster B, with high hippocampal volume and low emotional problems; and Cluster C, with mid-level hippocampal volume and the highest levels of emotional problems. All trajectories were relatively stable across time. Importantly, ELS severity was associated with a two-fold greater likelihood of belonging to Cluster C than to Clusters A (OR=0.49, 95% CI=0.31, 0.79) or B (OR=0.48, 95% CI=0.30, 0.78).

**Conclusions:** Relative to the clusters of participants with lower levels of problems, the participant cluster with mid-level hippocampal volume was associated with the highest level of emotional problems. Importantly, ELS severity predicted membership in this cluster. These findings underscore the importance of considering simultaneously the development of adolescent emotional problems and neural structure in studying the adverse effects of exposure to ELS.

**Funding Source:** NIH

**Keywords:** Adolescent Development, Early Life Stress, Hippocampal Volume

#### 41. Cerebellar Structure and Cognitive Ability in Psychosis and Psychosis Phenotypes

Alexandra Moussa-Tooks<sup>1</sup>, Anna Huang<sup>1</sup>, Baxter Rogers<sup>2</sup>, Jinyuan Liu<sup>1</sup>, Julia Sheffield<sup>1</sup>, Stephan Heckers<sup>1</sup>, and Neil Woodward<sup>1</sup>

<sup>1</sup>Vanderbilt University Medical Center, <sup>2</sup>Vanderbilt University Institute of Imaging Sciences

**Background:** Dysconnectivity theories and advances in cognitive neuroscience have increased interest in cerebellar abnormalities in psychosis. Recent work highlights the unique contributions of cerebellum to motor and cognitive psychological processes. While globally smaller cerebellar volume is most consistently reported, region-specific effects and relationships to psychosis phenotypes remain unclear.

**Methods:** The current study evaluated cerebellar structure in 357 patients (249 schizophrenia-spectrum, 108 bipolar with psychotic features) and 217 non-psychiatric controls. The psychosis sample was also divided into neuropsychologically intact, deteriorated, and compromised groups using estimated premorbid cognitive functioning and current cognitive functioning. Additionally, we used a mediation analysis to evaluate the relationship between cerebellar grey matter volume in the sensorimotor network and psychomotor disturbance via processing speed. Statistical analyses included total intracranial volume, age, sex, and chlorpromazine equivalents as covariates.