

# Abnormal patterns of brain connectivity in major depression

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|                              |                                     |
|------------------------------|-------------------------------------|
| <b>Ethical review</b>        | Approved WMO                        |
| <b>Status</b>                | Recruiting                          |
| <b>Health condition type</b> | Mood disorders and disturbances NEC |
| <b>Study type</b>            | Observational non invasive          |

## Summary

### ID

NL-OMON38392

### Source

ToetsingOnline

### Brief title

APOBCIMD

### Condition

- Mood disorders and disturbances NEC

### Synonym

"have the blues", mood disorder

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universiteit Maastricht

**Source(s) of monetary or material Support:** NWO/FES

## Intervention

**Keyword:** Biomarkers, Connectivity, fMRI, Unipolar depression

## Outcome measures

### Primary outcome

Differences in structural T1, DTI, functional resting-state and functional task-related connectivity and effective connectivity between:

- 1) depressed patients and healthy controls
- 2) depressed patients and healthy participants with a genetic vulnerability to depression
- 3) healthy controls and healthy participants with a genetic vulnerability to depression
- 4) depressed patients before and after 9 months of treatment

Correlations between:

- 1) severity of depression and functional/anatomical connectivity
- 2) cognitive performance and functional/anatomical connectivity
- 3) treatment success and changes in functional/anatomical connectivity

### Secondary outcome

Not applicable

## Study description

## **Background summary**

Major depression is characterized by persistent, pervasive feelings of sadness, guilt, and worthlessness. This baseline state has triggered a wealth of positron emission tomography (PET) or single photon computed tomography (SPECT) resting state studies. It was shown that patients suffering from major depression show decreased brain activation in prefrontal cortex regions, implicated in cognition, and increased activation in the regions involved in emotion processing. These neuroimaging methods have significant limitations which might be overcome by using non-invasive functional Magnetic Resonance Imaging (fMRI). Furthermore, newly developed fMRI methods that assess slow fluctuations in the blood oxygen level dependent (BOLD) response allow the investigation of the functional connectivity between brain regions. Insight into changes in functional connectivity will increase our knowledge about what goes wrong in \*a depressed brain\*.

## **Study objective**

The objective of the study is to answer the following research questions:

- 1) What differences do exist in functional connectivity between patients with unipolar depression and healthy controls?
- 2) Can changes in functional connectivity be used as neurobiological marker for depression?
- 3) Do changes in anatomical connectivity underlie these changes in functional connectivity?
- 4) Is the severity of the depression related to the changes in functional/anatomical connectivity?
- 5) How does connectivity change after treatment?
- 6) Do healthy controls with an increased risk to develop depression, also show the changes in functional/anatomical connectivity that are found in depressed patients?
- 7) What is the effect of sad mood induction on effective connectivity, and is there a difference between the effect on healthy volunteers with and without a family history of depression and depressed participants?
- 8) Do depressed people have difficulty disengaging their attention from emotional stimuli compared to healthy participants, and
- 9) Does treatment modify the abnormal attentional patterns of depression?

## **Study design**

Research questions 1 till 4 and questions 6-8 will be answered with a between-subject design: functional and anatomical connectivity, mood and cognition will be measured in all three groups of participants. Research questions 5 and 9 will be answered with a within-subject design: the group of depressed patients will be tested before and 9 months after treatment. Research question 7 will be answered with a within-subject design: effective

connectivity will be measured before and after a mood induction.

## **Study burden and risks**

### **BURDEN**

Depressed patients recruited from the participating centres will be tested on two occasions: once before treatment and once 9 months later. People with depression recruited from the general population who do not receive treatment will be tested once. For those participants a screening session of about 2 hours will take place before testing. Healthy volunteers will be tested once. A test session includes MRI scanning (63 min in total, including performing two cognitive tasks (25 min) and mood induction (10 min) and two resting state scans (8 min each)) and performing two cognitive tasks outside the scanner (50 min) and lasts in total about two hours. Additionally, all participants will be asked to complete a series of questionnaires at home (30 min) before each session.

### **RISKS**

Although the risks involved in this study are minor, there is in MRI research the possibility of an incidental finding. Further, while the effects of musical sad mood induction procedure are considered transient, there is the possibility of a longer lasting effect on participants\* mood.

## **Contacts**

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## **Trial sites**

### **Listed location countries**

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

#### PATIENTS

Between 18 - 70 years old and able to give voluntary informed consent

Diagnosis of unipolar depression. The diagnosis of depression will be made by the participants\* treating psychiatrist/ psychologist and confirmed with the Structured Clinical Interview for DSM-IV (SCID-I).

Severity of the depression: moderate to severe (BDI-II score  $\geq 20$ )

Duration of the depression: longer than 2 months

Are already receiving or will receive in the coming weeks treatment for depression;HEALTHY

#### PARTICIPANTS WITH FAMILY HISTORY OF DEPRESSION

Between 18 - 70 years old

No current or history of major psychiatric illness

A first-degree relative (i.e. father, mother, brother or sister) that has been diagnosed with unipolar depression. This diagnosis needs to be confirmed by the GP, psychologist or psychiatrist of the family member;HEALTHY CONTROLS

Between 18 - 70 years old

No current or history of major psychiatric illness

No family history of major depression

### Exclusion criteria

#### PATIENTS

Meeting DSM-IV criteria for schizophrenia, schizo-affective disorder, bipolar disorder or an anxiety disorder as a primary diagnosis

Meeting DSM-IV criteria for drug dependence as a primary diagnosis

High suicidal risk (evaluated by the treating clinicians as part of standard therapy procedures)

MRI contra-indications, such as claustrophobia, metal parts in the body and, for women, current pregnancy or breastfeeding

Serious medical or neurological illness

Currently taking centrally acting medication which is known to have a large effect on brain functioning, such as benzodiazepam

#### HEALTHY PARTICIPANTS WITH FAMILY HISTORY OF DEPRESSION

Meeting DSM-IV criteria for drug dependence, except caffeine or nicotine

MRI contra-indications, such as claustrophobia, metal parts in the body and, for women, current pregnancy or breastfeeding

Serious medical or neurological illness

Currently taking centrally acting medication which is known to have a large effect on brain functioning, such as benzodiazepam

#### HEALTHY CONTROLS

Meeting DSM-IV criteria for drug dependence, except caffeine or nicotine

MRI contra-indications, such as claustrophobia, metal parts in the body and, for women, current pregnancy or breastfeeding.

Serious medical or neurological illness

Currently taking centrally acting medication which is known to have a large effect on brain functioning, such as benzodiazepam

## Study design

### Design

|                     |                                 |
|---------------------|---------------------------------|
| Study type:         | Observational non invasive      |
| Intervention model: | Other                           |
| Allocation:         | Non-randomized controlled trial |
| Masking:            | Open (masking not used)         |
| Control:            | Active                          |
| Primary purpose:    | Basic science                   |

### Recruitment

|                           |            |
|---------------------------|------------|
| NL                        |            |
| Recruitment status:       | Recruiting |
| Start date (anticipated): | 08-11-2011 |
| Enrollment:               | 150        |
| Type:                     | Actual     |

## Ethics review

|                    |   |
|--------------------|---|
| Approved WMO       |   |
| Date:              | 09-02-2011  |
| Application type:  | First submission  |
| Review commission: | METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht) |
| Approved WMO       |   |

Date: 09-03-2012  
Application type: Amendment  
Review commission: METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

| Register | ID             |
|----------|----------------|
| CCMO     | NL34583.068.10 |