

## Background

- Huntington's disease (HD) leads to debilitating cognitive and motor symptoms.
- Impaired myelination might contribute to HD pathology [1]. Myelin formation underlies motor skill learning [2].
- We tested whether motor training stimulated WM remodelling in HD patients, and induced motor and cognitive improvements.
- Training-related changes in FA, RD, Fr, and MPF (fig.1)** were studied in left and right Supplementary Motor Area-Putamen pathways (**SMA-Putamen**), and within three segments of the Corpus Callosum (**CCI, CCII and CCIII**).
- Baseline MPF differences** were assessed to aid interpretation of the post-training microstructure changes.

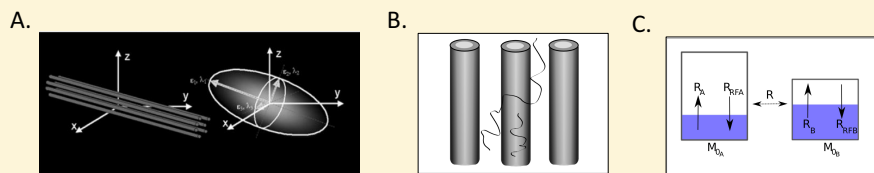


Figure 1. Schematic representations of the models of WM microstructure used in this study. A. The diffusion tensor model (DTI) [1] [2]. B. The Composite hindered and restricted model of diffusion (CHARMED) [3] [4]. C. The two-pool model of magnetization transfer (MT) [4].

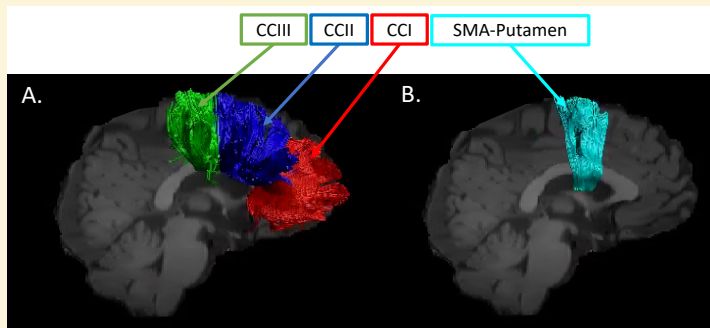


Figure 2. White matter regions of interest [6][7].

## Methods

- Subjects:** 8 HD patients and 7 age & sex-matched healthy controls.
- Intervention:** 2 months of drumming training as previously described in [8]. Improvements were assessed for easy, medium and hard levels of difficulty.
- MRI:** 3 Tesla General Electric HDx MRI system. Diffusion-weighted images were fitted to the **DTI** and the **CHARMED** diffusion models [3][4]. MT-weighted images were fitted to **Ramani's pulsed MT approximation** [5].
- Tractography:** performed using the damped Richardson-Lucy algorithm [6]. Tract reconstructions were performed in ExploreDTI[7].
- Analysis:** training effects on **drumming performance** were analysed with ANOVA. **Percentage change scores** were calculated for **MRI measures** in each tract & for **cognitive outcome measures**. **PCA** was utilised to reduce data dimensionality. **Group differences in training-associated microstructural and cognitive changes** were assessed with **permutation analysis**. **Correlations** were run to assess the relationship between training-associated changes in MRI measures, and changes in drumming and cognitive performance. **TBSS** [8] was run to investigate brain-wise patient-control differences in MPF before training.

## Results & Conclusion

- Behavioural effect of the drumming training:** patients improved their drumming performance for the easy test pattern and controls for the medium difficult test pattern (Fig.3).
- HD patients presented significantly higher changes in MPF in response to training** in CCII [ $t(14) = -20.72, p=0.04$ ], CCIII [ $t(14) = -25.87, p=0.04$ ], and right SMA-putamen pathway [ $t(14) = -25.48, p=0.04$ ] (FDR-corrected) (Fig.4).
- Changes in MRI measures did not correlate with changes in drumming and cognitive performance.**
- Baseline MPF reductions partly overlapped** with areas showing significant changes post-training (i.e. CCII and CCIII) (Fig.4).  
➤ **Behavioural stimulation may result in neural benefits in HD that could be exploited for future therapeutics aiming to delay disease progression.**

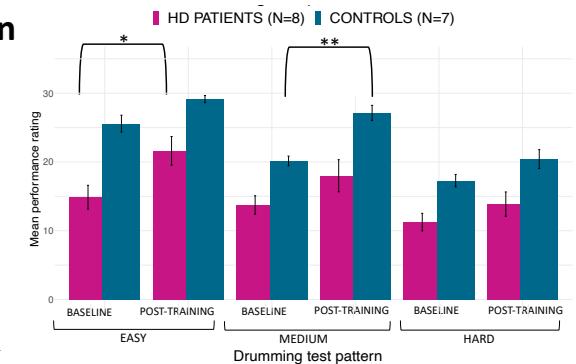


Figure 3. Mean ratings for drumming performance

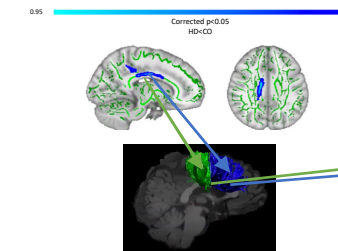


Figure 4. TBSS analysis of baseline MPF values & bar graph of the post-training percentage change in MPF across the inspected tracts (error bars represent the standard error).