

## Drumming training induces myelin remodelling in Huntington's disease: a diffusion MRI and quantitative magnetization transfer study



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## 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).
- 2. 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).
- 3. Changes in MRI measures did not correlate with changes in drumming and cognitive performance.
- 4. 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.



HD PATIENTS (N=8) CONTROLS (N=7)

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).

[1] Bartzokis et al. (2007), Neurochemical Research; [2] Sampaio-Baptista et al. (2013), The Journal of Neuroscience; [3] Alexander et al. (2007), Neurotherapeutics; [4] Assaf & Basser (2005), Neurolmage; [5] Henkelman et al. (1993), Magnetic Resonance in Medicine; [6] Hofer & Frahm, (2006) NeuroImage; [7] Leh et al. (2007), Neuroscience Letters; [8] Metzler-Baddeley et al. (2014), Journal of Huntington's Disease; [7] Leemans et al. (2009), Magnetic Resonance in Medicine; [8] Schmierer et al. (2007), Journal of Magnetic Resonance Imaging; [9] Ou et al., (2009). NMR in Biomedicine; Wheeler-Kingshott & Cercignani (2009), Magnetic Resonance in Medicine; [10] Fields et al. (2014), The Neuroscientist