

Beyond the validation of a biomarker in the periodic catatonia







de Billy C, Jeanjean L C, Mainberger O, Obrecht A, Clauss J M E,Schorr B, de Sousa P L, Lamy J, Noblet V, Landré L, Berna F, Sauleau E A, Foucher JR



Dr Clément de BILLY - MD Non invasive Neuromodulation center of Strasbourg





Neuromodulation in psychiatry February 10th 2023 Forum amphi 301 Strasbourg



None

FEBRUARY 10TH

NEUREX: NEUROMODULATION IN PSYCHIATRY

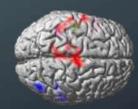
Focus on the periodic catatonia

- Polymorphic psychosis with psychomotor impairment
- Progressive remittent bipolar evolution
- Diagnosis of phenotype! (lifetime)
- High heritability
- Neuroimaging group studies: 2 ROIs

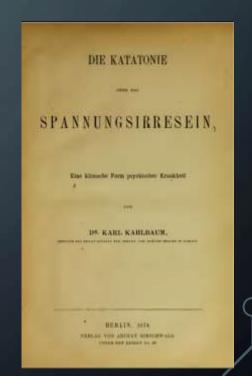




Walther et coll. Schizophr Bull 2017

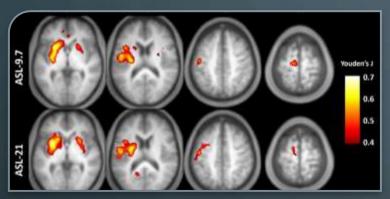


Foucher et coll.
Neuropsychopharmacol
Biol Psychiatry 2018



de CRESPIN de BILLY, et al. The Lancet Psychiatry, 2021

Cerebral blood flow measurements





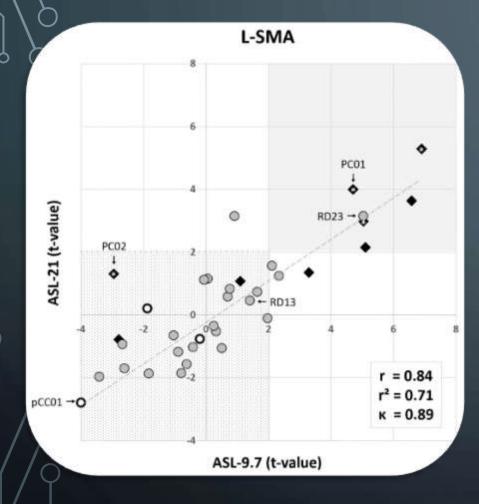
- rCBF via MRI (ASL no contrast agent)
- Images at rest and during tasks
- 3x2 measures (TE 9.7ms and 21ms)
- 2 ROIs: L-PM and/or L-SMA
- Single subject data
- Compared to 40 Controls database

Foucher et al., Journal of Magnetic Resonance Imaging, 2011

A bayesian statistical model

- modelling of an estimation of Se and Sp
- Possibility of repetitive analysis
 - Bayesian Updating ability!
- Uses of prior data
- More intuitive representation of the result
 - Belief in a result

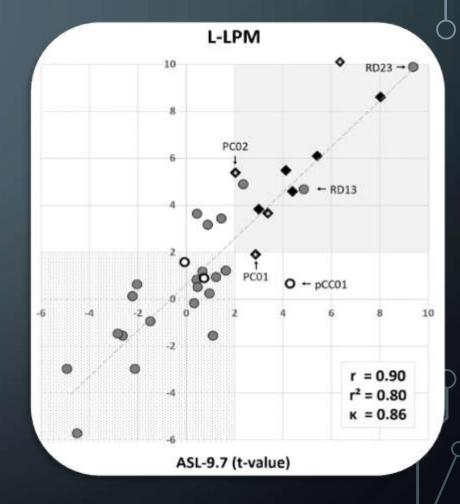
Results

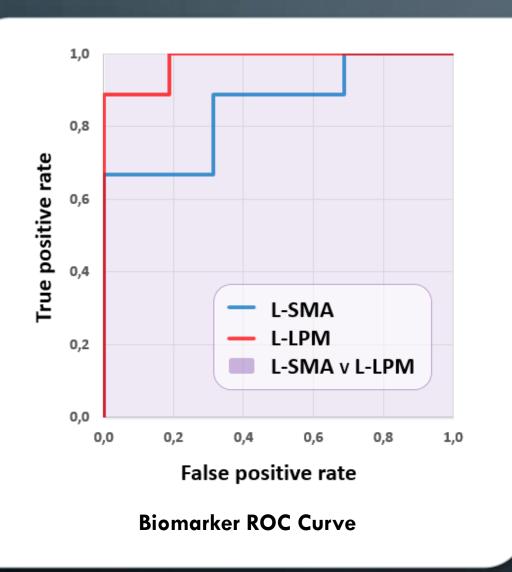


High Accuracy

High Repetability

Reliable measurement





Results

- 9 CP and 26 non-CP in a proof of concept study
- Se of 98 % and Sp of 88 %
- Non informative prior

Foucher JR, <u>de Billy C</u>, et al. Neuropsychobiology. 2019

Properties



Sp/other forms of catatonia!



Sensitive to other motor Impairment

Replication of results

Analysis with a new prior (Weighted data from previous study)

Inclusion of 13 CP and 8 non-CP

Se of 77% and Sp of 78%

Patients with more unclear diagnosis, diagnostic corrections

Ibrahim JG et al. Stat Med. 2015.

Update of the biomarker

Non informative prior with full data

Update of the Bayesian model

Estimation of the biomarker potential

Correctly used: Se to 82% and Sp to 98%

Conclusion

Before Test	In case of SSD	After Test
14,2	PPV	73
14,2	NPV	3

Biomarker sensitive and specific

Good PPV and NPV if associated with clinical examination

Replication of results in further studies

 model allowing repeated analysis using weighted past data

Perspectives



More accurate diagnosis for boundary patients



Genetic studies with follow-up of carrier parents?



Phenotype scaffolding using a reverse phenotyping approach (ASD cases)



Basic and therapeutic research

SPECIAL THANKS TO





Laura-Adela HARSAN

Director of the IMIS team



Paulo LOUREIRO de SOUSA MRI Physicist





Dr Jack FOUCHER

MD. PhD in psychiaty and neurology



Pr Fréderic de BLAY
director of the physiology
department





Pr Bernard GENY director of the physiology service









THANK YOU FOR YOUR ATTENTION

FOR ANY INFORMATION:

Dr Clément de CRESPIN de BILLY

<u>clement.de-billy@chru-strasbourg.fr</u>

+33.3.88.11.69.21