

Background

- Visual Evoked Poten integrity of the visu excitation and inhibiti
- · Past literature has sł amplitudes in disorc disorder (ASD) and been compared in the
- ASD and SZ share communicative difficu
- E/I imbalance has b these symptoms in b

Specific Aims

- 1. Compare the neural ASD and SZ to adult:
- 2. Assess the relationsh

Method

	N (<i>n</i> male)	Age	IQ *	ADOS CSS *
ASD	27 (22)	25.8 (5.6)	106 (17)	7.3 (2.3)
SZ	19 (16)	23.4 (3.4)	97 (12)	4.9 (3.1)
TD	29 (13)	26.2 (5.8)	114 (15)	1.4 (0.7)

Participants

• Diagnostic groups significantly differed in IQ (ASD=TD>SZ) and ADOS Calibrated (CSS) (ASD=SZ>TD) Severity Score (* *p*<.05)

EEG acquisition and processing

- EEG was recorded at 500 Hz with a 128 HydroCel Geodesic Sensor Net while participants viewed a 22x22 black and white checkerboard (100% contrast) reversing at a rate of 1 Hz (Figure 1)
- EEG was processed in EEGLAB:
 - Filtered from 0.1-30 Hz
 - Re-referenced
 - Segmented from -150 to 300 ms
 - Artifact detected
- · Peak amplitudes and latencies were extracted for the N75 (60-100 ms) and P1 (80-180 ms) components at Oz (Figure 2)

Statistical Analyses

- The difference in N75 and P1 amplitudes was calculated for all participants
- One-way ANOVAs tested for group differences in latency and amplitude for N75 and P100, and P1-N75 amplitude
- Pearson correlations were used to assess relationships of ERP components with autism severity (ADOS) and negative symptom severity (PANSS)



TD

3B

Figure 1. Experimental stimuli reverse at a rate of 1 Hz



Figure 2. Electrode selected for analysis: 75 (Oz)

Individual differences in VEP components correlate with social-communication impairments





Figure 4.

Greater social impairment as measured by the ADOS PANSS correlated greater P1-N75 amplitude difference. These relationships were independent of diagnostic

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Individuals with autism show greater average VEP amplitude

Figures 3A, 3B. VEP grand average (3A) and individual averages (3B) with the N75 and P1 components highlighted

Figure 3C. There was a significant main effect of diagnostic group on P1 amplitude [F(2, 72)=4.88, p=.01] and P1-N75 amplitude [F(2, 72)=4.10, p=.02] such that the ASD group had a greater P1 amplitude and a greater P1-N75 amplitude difference than the TD group. There were no group differences in P1 or N75 latency (p's>.05).

Conclusions

- Differences in the P1-N75 amplitudes of the VEP in adults with ASD are consistent with intact visual processing circuitry but atypical E/I balance, aligning with prior research
- P1-N75 amplitude is associated with clinician-reported social symptomatology diagnostic groups, across demonstrating a **link between** objective neural responses and social function in a transdiagnostic fashion
- These findings suggest shared pathophysiology between SZ and ASD and demonstrate the promise of transdiagnostic research informing socialfor communicative biomarker development in neurodevelopmental disorders
- Future studies will look at the link between basic visual processing and higher order social information processing

References

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