

A history of maternal childhood maltreatment is associated with neonatal amygdala and hippocampal resting state functional connectivity

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Introduction—Maternal childhood maltreatment history may be a risk factor for offspring psychopathology

evidence suggesting that some of these effects may be transmitted across generations.^{1,2}

• Maternal history of CM is associated with increased offspring stress reactivity and negative emotionality.^{3,4}

Participants—65 mother-infant dyads at UC, Irvine

• Mothers completed the Childhood Trauma Questionnaire (CTQ) midgestation; CTQ total score was log-transformed

Exclusion criteria

- Mothers: psychotropic medication, substance use, steroid use; high-i pregnancy
- Infants: congenital, genetic, neurologic disorders; pre-term birth (<34

Resting-state functional connectivity MRI acquired during infant natural sleep

- Siemens 3T (TIM Trio)
- Volumes with framewise displacement >0.3 mm and functional scans with <4 minutes of data were excluded



Amygdala and hippocampal connectivity to the cortex in association with maternal history of childhood maltreatment

- Cortical fMRI data processed through surface-based infant HCP-style pipeline
 - ANTs rician denoising, N4 bias field correction, and nonlinear warp used to improve masking/segmentation
- Segmentations generated with ANTs JointLabel Fusion
- Left and right amygdala and hippocampus segmented using a multi-template based method combining T1 and T2 weighted high-resolution images with manual correction by Styner lab at UNC
- Individualized regions of interest (ROIs) transformed to atlas space and used as seeds for rsFC
- Each hemisphere's ROI blood oxygen-level dependent (BOLD) signal time series is correlated to each cortical vertices' times series
- Whole-brain greyordinate regression model performed using internal MPlus 8'
- **Predictor:** Log CTQ total score
- Covariates: Gestational age at birth and infant age at scan were included to account for neonatal brain maturity at the time of MRI scan acquisition; sex was included because of sex-specific differences in developmental trajectories and risk for psychopathology
- Outcome: Correlation vector between the amygdala or hippocampus timeseries and all cortical vertices' times series (left/right amygdala and hippocampus analyzed separately)
- Multiple comparison testing to identify significant regions using cluster-based detection • Cluster detection threshold of z=3.1 (p=0.001) to reduce false-positives in family-wise error based on Eklund et al.⁸

Citations

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• Childhood maltreatment (CM) confers deleterious long-term mental and physical health consequences with growing

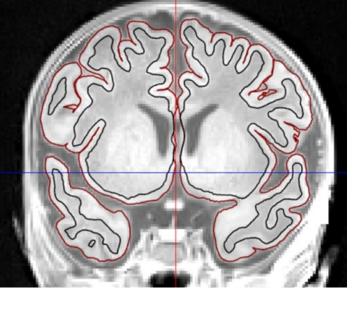
• Children of mothers exposed to CM show increased prevalence of emotional and behavioral problems,⁵ which may be associated with altered amygdala and hippocampal functioning.⁶

		Mean (SD) or N
	Maternal age in 1 st trimester, Years	27.72 (5.40)
	Maternal CTQ total score	36.62 (14.92)
-risk	Infant gestational age at birth, Weeks	38.95 (1.43)
84 weeks)	Infant age at rsFC MRI scan, Days	24.15 (10.65)
	Infant Sex: Male	35 (53.8%)

T1	T2	rsFC
3D MP-RAGE	Turbo spin echo	Gradient-echo, EPT
TR/TE:	TR/TE:	TR/TE:
2400ms/3.16ms	3200ms/255ms	2000/30ms

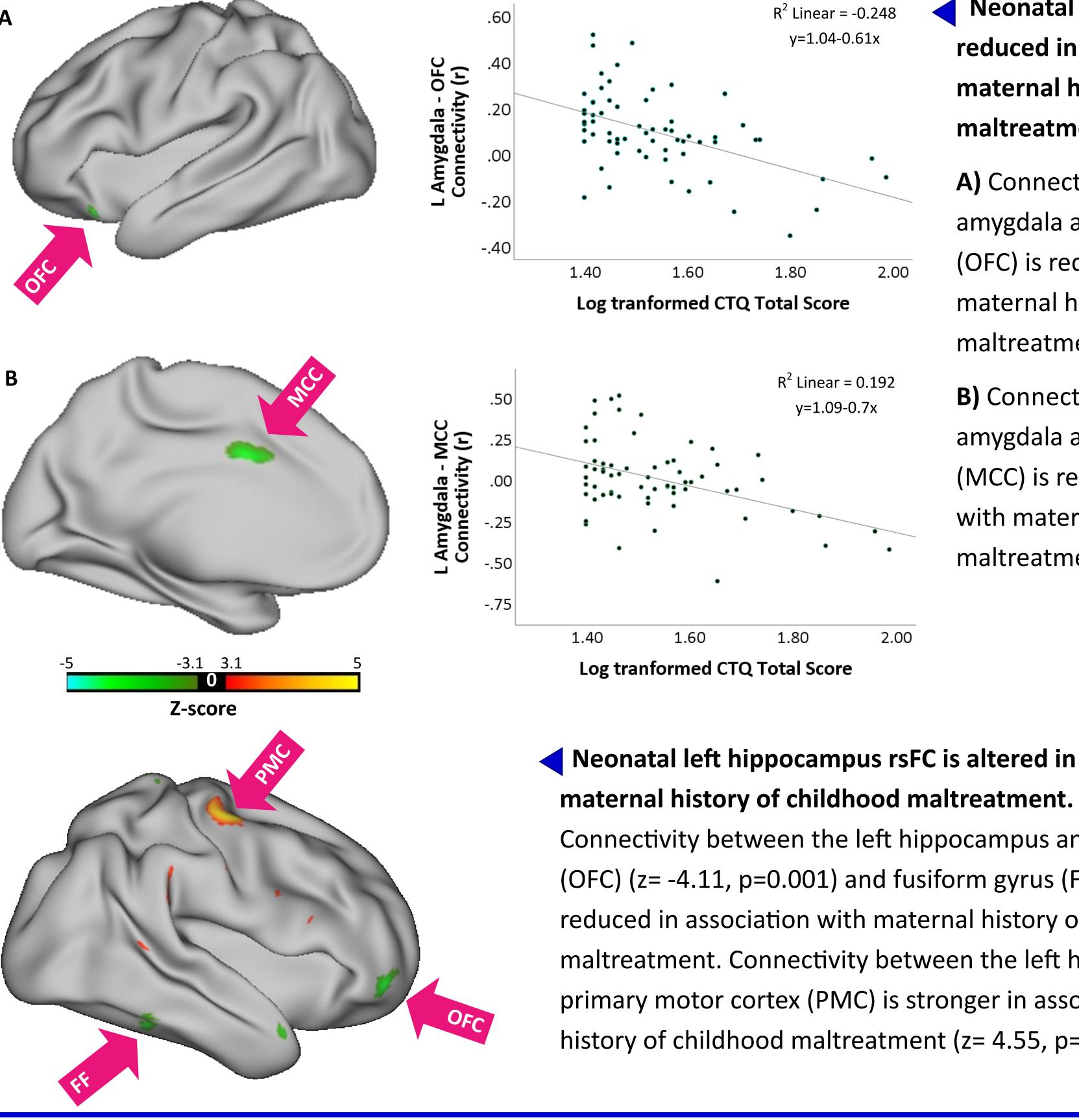
Acknowledgements

- R01 MH105538 (Fair, Buss)
- NICHD R01 HD060628 (Wadhwa)
- NIMH F30 MH118762 (Marr)
- ROO MH091238, RO1 MH096773 (Fair)
- NIMH R01 MH091351 (Buss, Wadhwa)
- Supplement to R01 MH091351 (Buss, Fair)
- National Library of Medicine Postdoctoral Fellowship (Feczko)
- NIMH ROOMH111805 (Graham)





Results—Maternal history of childhood maltreatment is associated with alterations in offspring left amygdala and left hippocampus connectivity



Discussion

• Maternal CM history is associated with reduced offspring amygdala OFC and MCC connectivity and may relate to increased prevalence of affective disorders in children of CM-exposed mothers.

- The OFC is involved in impulse control, decision-making, learning and reinforcement, control of reward and punishment-related behavior, and modulation of physiological changes associated with emotion⁹; suppression of amygdala to OFC connectivity is thought to relate to anger and recklessness in PTSD.¹⁰
- The MCC is involved in social decision-making¹¹ and emotional awareness.¹² MCC disease vulnerabilities include depression and PTSD¹³ with one study suggesting that alterations to the MCC may represent familial risk for PTSD.¹⁴
- Alterations in amygdala to OFC and cingulate cortex connectivity have been demonstrated in adult studies of PTSD.¹⁵

• Maternal CM history is associated with reduced hippocampus OFC and FF connectivity and stronger hippocampus PMC connectivity.

- The primary motor cortex is involved in voluntary movement.¹⁶ Increased motor cortex activation has been reported in PTSD and is thought to be related to autonomic stress response regulation.^{17,18}
- The fusiform gyrus is involved in object, facial, and pattern recognition.¹⁹ Alterations in hippocampal to fusiform gyrus connectivity have been shown following childhood maltreatment.²⁰ There is evidence of alterations in limbic to sensory processing and integration regions following pre- and postnatal exposures.²¹

• Since alterations in amygdala and hippocampal connectivity can be observed shortly after birth, this effect may originate during the child's intrauterine period of life.

• Future work aims at identifying environmental and maternal biologic mediators that might underlie the intergenerational transmission of maternal childhood stress.





Neonatal left amygdala rsFC is reduced in association with maternal history of childhood maltreatment.

A) Connectivity between the left amygdala and orbitofrontal cortex (OFC) is reduced in association with maternal history of childhood maltreatment (z= -4.03, p=0.001).

B) Connectivity between the left amygdala and mid cingulate cortex (MCC) is reduced in association with maternal history of childhood maltreatment (z = -3.71, p = 0.001).

Neonatal left hippocampus rsFC is altered in association with

Connectivity between the left hippocampus and orbitofrontal cortex (OFC) (z= -4.11, p=0.001) and fusiform gyrus (FF) (z= -4.13, p=0.001) is reduced in association with maternal history of childhood maltreatment. Connectivity between the left hippocampus and primary motor cortex (PMC) is stronger in association with maternal history of childhood maltreatment (z= 4.55, p=0.001).