Developmental Considerations in the Neurobiology of Psychiatric Disorders

Outline

- Developmental psychopathology broadly considered
- Temperament
- Child and adolescent psychopathology
- Research on face perception
- The impact of early life stress

What is Developmental Psychopathology?

- Childhood psychopathology
- Adolescent psychopathology
- Risk factors for psychopathology
- Psychopathology across the life span
- "The study of the origins and course of individual patterns of behavior maladaptation" (Sroufe & Rutter)
 - Factors contributing to resilience and adaptive functioning too

What is Developmental Psychopathology?

- Longitudinal course
- Comorbidity
- Functional concomitants (e.g., interpersonal problems)
- Familial context (e.g., positive family history of depression)
- Genetic studies (e.g., twin studies, molecular genetics)
- Psychosocial studies (e.g., family discord, expressed emotion)
- Psychological context (e.g., emotion regulatory problems, stress sensitivity)

Miller (2007) Brain & Cognition

Cultural and socioeconomic context; life stress, trauma, and various forms of abuse; social support and validation

What is Temperament?

"Stable moods and behavioral profiles observed in infancy and early childhood" (Kagan)

Biologically based individual differences in behavior and affect that are stable across time and situation (Goldsmith)

The Neurobiology of Child and Adolescent Psychopathology

- Depression
- Anxiety
- PTSD
- ADHD
- Conduct Disorder
- Autism
- Other Pervasive Developmental Disorders
- Internalizing vs. Externalizing Disorders
 Behavioral Inhibition

Main components and function of the triadic modules.

Modules of the triadic model Approach Avoidance

Main structures Striatum Orbitofrontal cortex

Function Appetitive stimuli Valence/salience value Motivation Motor response Positive affect Amygdala Hippocampus Insula

Aversive stimuli Valence/salience value Fear responses Threat avoidance Negative affect Regulation

Dorsolateral PFC Ventromedial Orbital PFC Anterior cingulate cortex

Salience detection Executive attention Motor control Conflict detection Conflict monitoring Conflict resolution



Figure 1. Examples of neutral and fearful expressions used in the passive-viewing task.⁴¹

Thomas et al. (2001) Archives of General Psychiatry



Figure 2. A, Significant region of the right amygdala (x=11, y=-7, z=-14) observed in the diagnosis (anxious vs healthy children) × condition (fearful vs neutral faces) interaction. B, Percent change in normalized magnetic resonance signal intensity in the right amygdala for the comparison between fearful and neutral faces for anxious and healthy children. Bars reflect the SEM. C, Correlation between the percent change in normalized magnetic resonance signal intensity Related Emotional Disorders (SCARED). Squares reflect healthy children (n=9); circles reflect children with generalized anxiety and/or panic disorder (n=10).

Thomas et al. (2001) Archives of General Psychiatry



Fig. 1. (A) The presentation of stimuli was divided into two phases: a familiarization phase and a test phase that consisted of alternating 24-s blocks of either novel (N) or familiar (F) faces with neutral expression. Subjects viewed a fixation cross (+) during 24-s fixation blocks. (B) Colorized group statistical map superimposed on coronal groupaveraged T1 structural image in Talairach space.

Significant fMRI signal changes (arrows) are shown in the right (peak *P* value = 2.5×10^{-5} ; Talairach coordinates *x*, *y*, *z* = 21, -6.5, -14) and left (*P* = 4.2×10^{-4} ; *x*, *y*, *z* = -21.5, -6.7, -18) amygdalae (Amy) and occipito-temporal cortex (OTC). (C) Percent (%) BOLD signal change (versus fixation) in amygdala to

familiar

inhibited

novel versus familiar faces in adult subjects who were inhibited and uninhibited in the second year of life. One standard error of the mean is indicated.



Figure 7. First point of detection for happy, angry, sad, and fearful faces by physically abused (PA; y-axis) and control (x-axis) children. Points that lie on the slope reflect no differences between groups. Emotions that physically abused children detected sooner than controls lie below the slope line, whereas emotions detected sooner by controls lie above the line.

- Coe et al. (2003) Mild prenatal stress effects (10-min separation with 3 loud noise bursts, 5 days/wk, 6 wks) at age 2-3 yrs
 - > Behavior: decreased focused exploration, increased nondirected locomotor behavior (e.g. pacing)
 - > Higher cortisol levels (basal levels and following DST)
 - > Reduced hippocampal volume (10-12%)
 - > Reduced neurogenesis (32%) (no effect on neuronal maturation)
- Parker et al. (2004, 2006) Mild postnatal stress effects (1-hr separation per wk, 5 wks) at age 50 wks
 - Behavior: decreased maternal clinging, enhanced exploratory and play behaviors, and increased food consumption
 - Lower basal plasma ACTH and cortisol concentrations
 - Lower ACTH and cortisol responses to novel environment

Implications for psychopathology and resilience??

nature neuroscience

Allele-specific FKBP5 DNA demethylation mediates gene-childhood trauma interactions

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Although the fact that genetic predisposition and environmental exposures interact to shape development and function of the human brain and, ultimately, the risk of psychiatric disorders has drawn wide interest, the corresponding molecular mechanisms have not yet been elucidated. We found that a functional polymorphism altering chromatin interaction between the transcription start site and long-range enhancers in the FK506 binding protein 5 (*FKBP5*) gene, an important regulator of the stress hormone system, increased the risk of developing stress-related psychiatric disorders in adulthood by allele-specific, childhood trauma–dependent DNA demethylation in functional glucocorticoid response elements of *FKBP5*. This demethylation was linked to increased stress-dependent gene transcription followed by a long-term dysregulation of the stress hormone system and a global effect on the function of immune cells and brain areas associated with stress regulation. This identification of molecular mechanisms of genotype-directed long-term environmental reactivity will be useful for designing more effective treatment strategies for stress-related disorders.

Biology in Developmental Psychopathology Conclusions

Many questions remain about childhood and adolescent psychopathology

Are we on the right track in our current conceptualization and labeling of childhood and adolescent psychopathology?

Adolescence is a key time period for the development of many forms of psychopathology seen in adulthood
 > Importance of brain developmental processes, hormonal changes, peer influences, societal/cultural norms and

expectations, and the interaction of all these factors

Understanding of the development of psychopathology will come through concurrent investigation across multiple levels of analysis

Genes, neurochemistry, morphology, brain volume and function, structural and functional connectivity, peripheral psychophysiology, behavior, interpersonal relations, environmental factors, cultural and societal/socioeconomic influences



Buss et al. (2003) Behavioral Neuroscience

Key Brain Areas for Emotion

b

d

Orbitofrontal cortex:

а

С

Affective evaluation (decoding punishment and reward value)

Insula:

Integration of sensory, affective, cognitive, and autonomic processing

Amygdala: Vigilance for motivationally salient events; threat detection; emotional memory

Hippocampus: Declarative memory; contextual fear **Dorsolateral PFC:** Approach-related positive affect

Withdrawal-related negative affect; threatrelated vigilance

Anterior cingulate cortex:

Integration of sensory, affective, cognitive, and autonomic processing; conflict monitoring

Key Brain Areas for Emotion



Nucleus Accumbens: Reward processing; positive emotion; salience detection



Figure 1 Correlation between late-afternoon cortisol at age 4.5 years and rs-FC to the left amygdala at 18 years. Connectivity between the left amygdala and vmPFC is significantly negatively associated with childhood cortisol ($R^2 = 0.36$, FDR-corrected P = 0.01). This effect is driven entirely by data for females ($R^2 = 0.61$, FDR-corrected P = 0.01).



through childhood late-afternoon basal cortisol level of the association between ELS and amygdala-vmPFC rs-FC.

cortisol invel.

stress

The SEM demonstrated good fit: $\chi^2 = 1.89$, P > 0.05; root mean square error of approximation (RMSEA) = 0.00; standardized root mean square residual (SRMR) = 0.03; comparative fit index = 1.00. Paths are marked with unstandardized coefficients. *P < 0.05, **P < 0.01.



adolescent anxiety. The SEM demonstrated good fit: $\chi^2 = 9.95$, P > 0.05; root mean square error of approximation (RMSEA) = 0.11; standardized root mean square residual (SRMR) = 0.04; comparative fit index = 0.94. Paths are marked with unstandardized coefficients. *P < 0.05, **P < 0.01.