



La psychiatrie de demain et les avancées neurobiologiques ?

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SRMMB, 8 décembre 2018

Background

- Major psychoses (schizophrenia, bipolar disorder, major depression disorder) affect nearly 4% of the population
- Diagnoses based on clinical symptoms are made late and current treatments are largely palliative

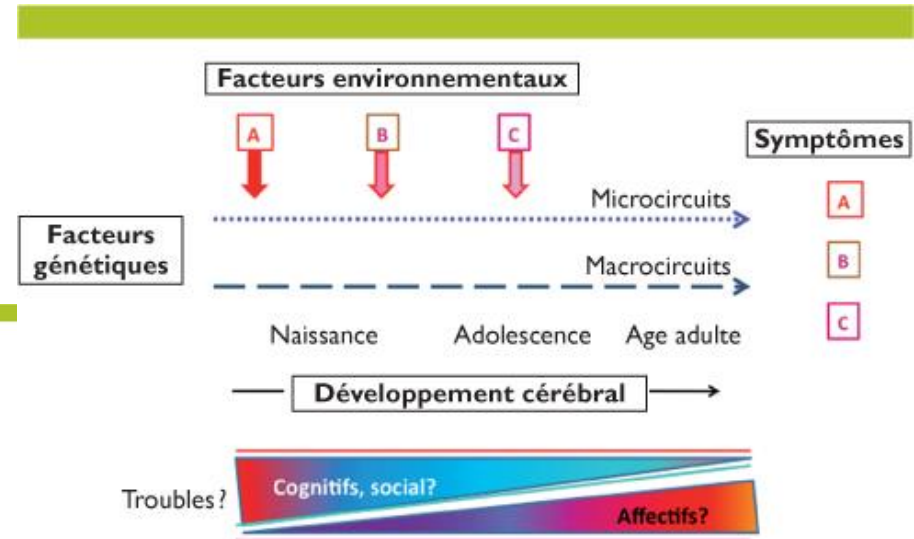
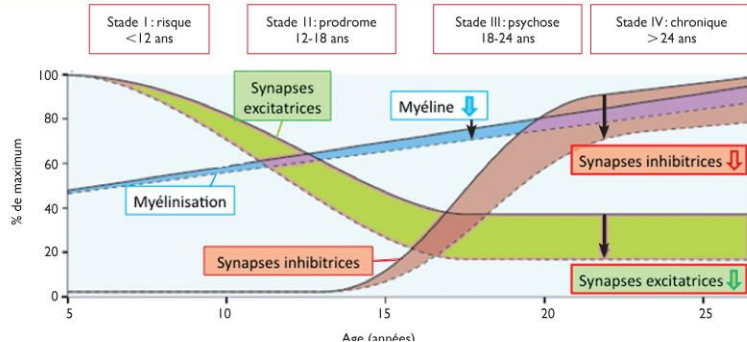
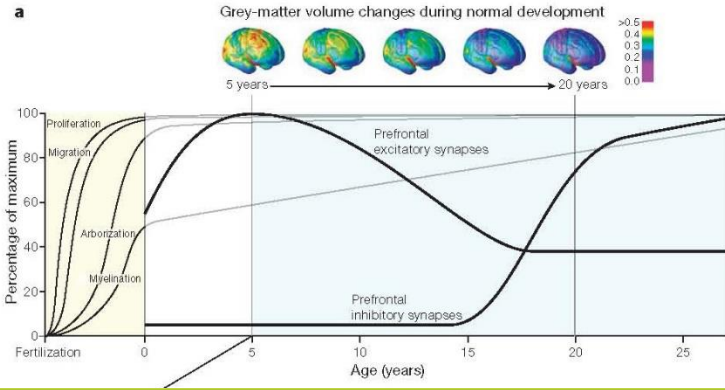
Insufficient response with conventional pharmacological and manual-based psychosocial interventions

Evidence of illness progression and acceleration

- Treatments targeting the period immediately preceding the onset of frank psychotic symptoms (the prodromal period) represent more effective interventions

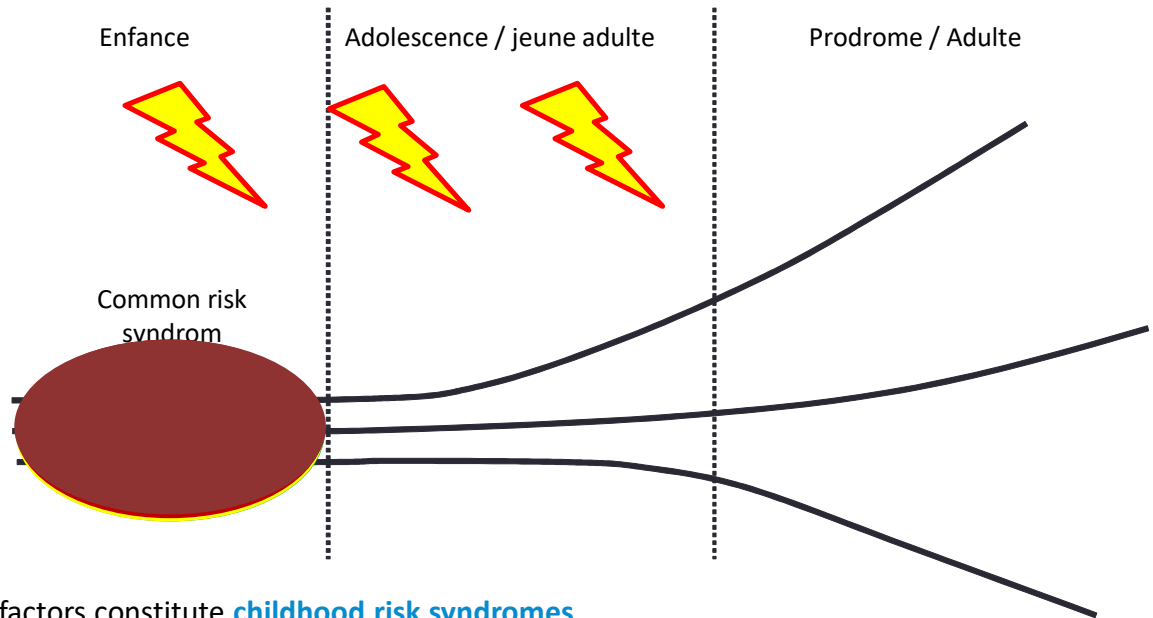
The sooner the treatment – the better the outcome

Major psychoses have a neurodevelopmental component



Schizophrenia, bipolar disorder and recurrent depression share some common roots

- They share several causative mechanisms
- Particularly in their childhood determinants



- A combinatorial genetic and environmental factors constitute **childhood risk syndromes**
- The way environmental factors hit the genetic vulnerability may result in different **developmental trajectories** leading to the clinical phenotype recognized as Sch, BPD and MDD

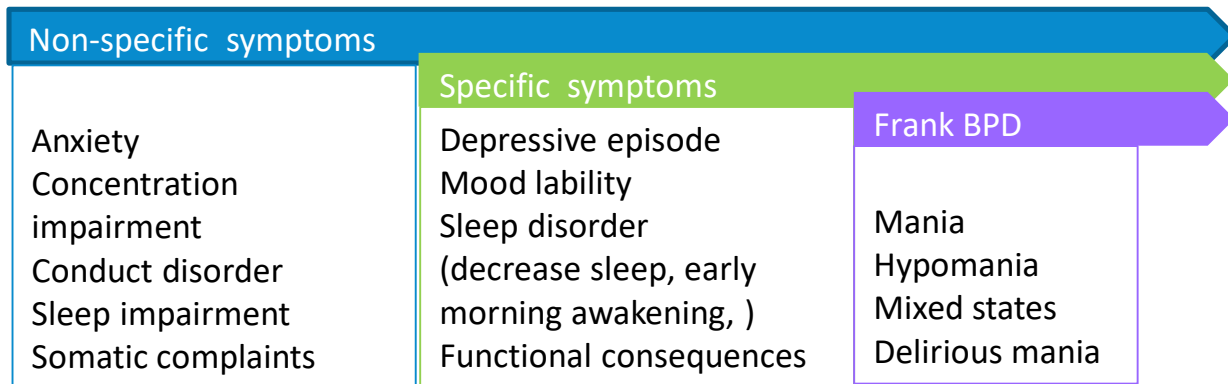
Maziade & Paccalet, *Schizophr Res*, 2013
Maziade, M., Gilbert, E., Berthelot, N., & Paccalet, T. dans J-P. Raynaud, M. Hodes, & S.S-F. Gau (Eds) (2014)

Aims

To define *childhood risk syndromes which are likely* :

- To develop earlier, safer and more effective interventions as well as a paradigm of primary prevention
- To improve our understanding of the pathophysiology or pathogenesis of these neurodevelopmental disorders

How can we define **childhood risk syndromes** ?



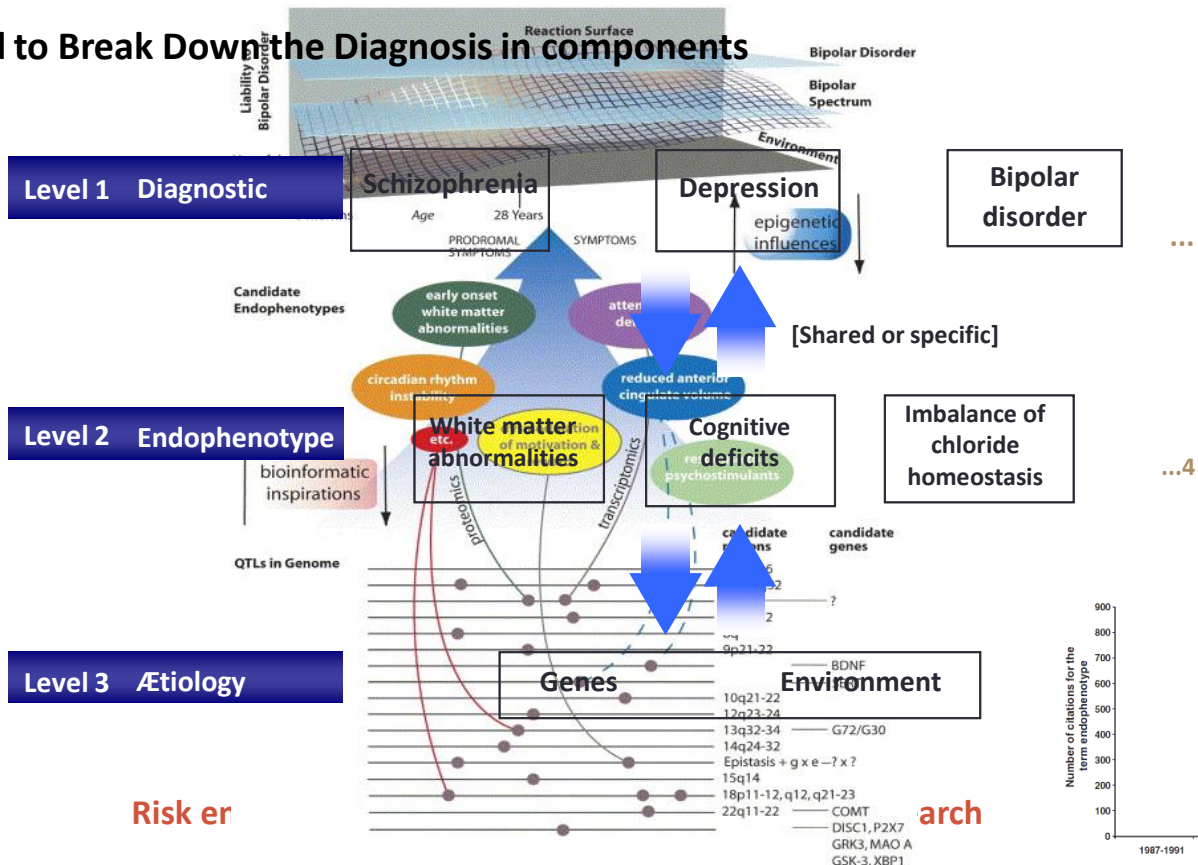
Adapted from P.A. Geoffroy et al. 2013

These early non-specific symptoms are episodic and change over time

An strategy based on the DSM criteria is not pertinent to define **Childhood at-risk syndromes**

Strategy: identifying risk endophenotypes

Need to Break Down the Diagnosis in components



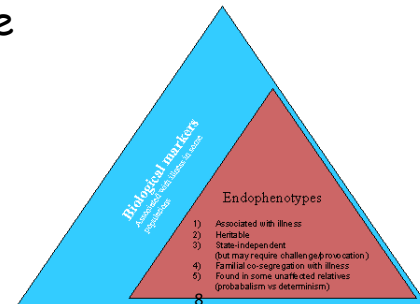
Definition of an endophenotype

Gottesman & Gould, Am J Psy 2003, Braff et al., Schiz Bull, 2007

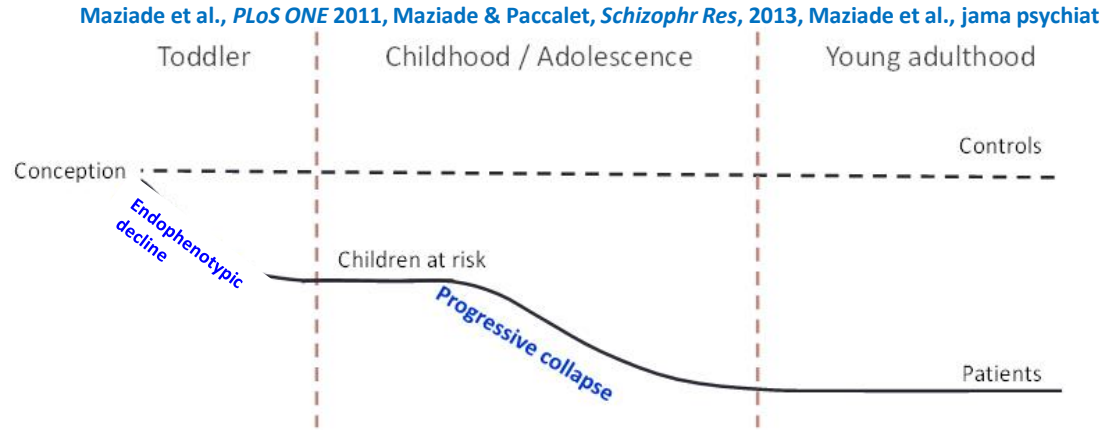
- The endophenotype is associated with illness in general population
- Endophenotype is heritable
- Endophenotype is primarily **state-independent** (manifests in an individual whether or not illness is active)
- Endophenotype is more frequent in a patient's **family members** than in the general population.
- Within families endophenotype and disease co-segregate

A risk endophenotype:

- Present in both children at risk as well as their parents
- Can change along life courses (timing of expression, evolution)

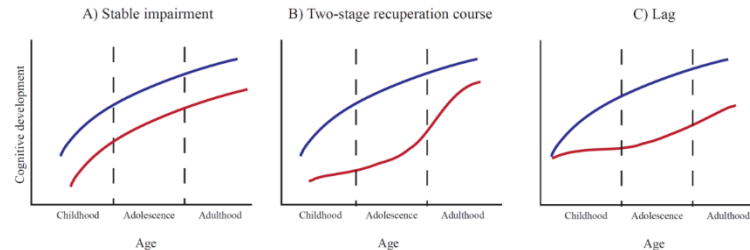


Tracing risk developmental trajectories composed of various endophenotypes or biomarkers



- **Specific trajectories for each risk endophenotype or biomarkers**

Maziade et al. *PLoS ONE* 2011 ; Maziade et Paccalet *Schizophr Res* 2013



Combined Versus isolated Risk Endophenotypes

A single risk endophenotype

High frequency in the population

Multiple risk endophenotypes

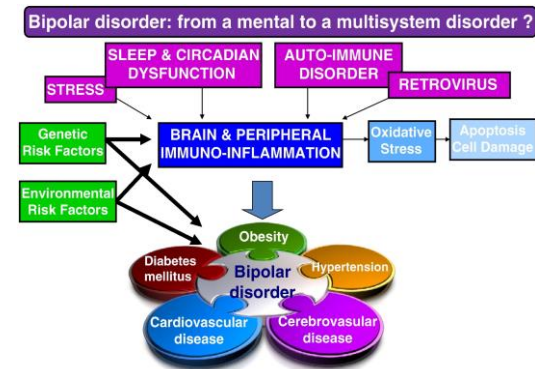
Lower frequency in the population

Clustering of risk endophenotypes -> higher risk to convert

T. Paccalet et al. Schizophr Res. 2016 Aug;175(1-3):186-192.

Information From different modalities

Likely to reflect different underlying processes -> high capacity to determine distinct subtypes when combined



Leboyer M, et al. Can bipolar disorder be viewed as a multi-system inflammatory disease? J Affect Disord. 2012 Dec 1;141(1):1-10.

High risk cohorts: key aims

Eastern Quebec Kindred Study (EQKS): multigenerational families affected by schizophrenia and mood disorders (Dr M. Maziade)

- samples: adult family members (patients and their adults non-affective first-degree relatives) offspring (children/ adolescents and young adults) at risk for schizophrenia and mood disorders
 - Typical sample: 48 Kindred (1274 family members, 136 affected by schizophrenia and 205 by mood disorders) with 25-year follow-up

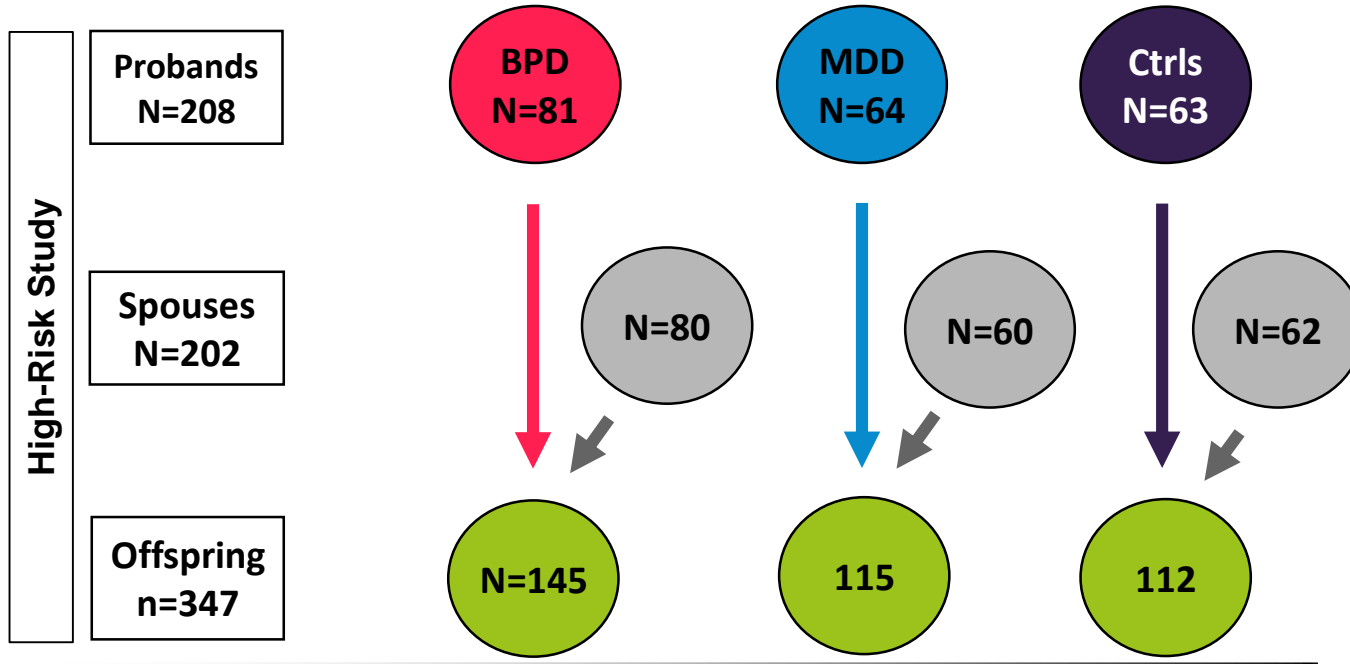
Le programme clinique « Horizon parent enfant » (HoPE)

Installing an **Joint International Research Unit** bringing together, **Université LAVAL, université de Lausanne and NCCR Synapsy***,

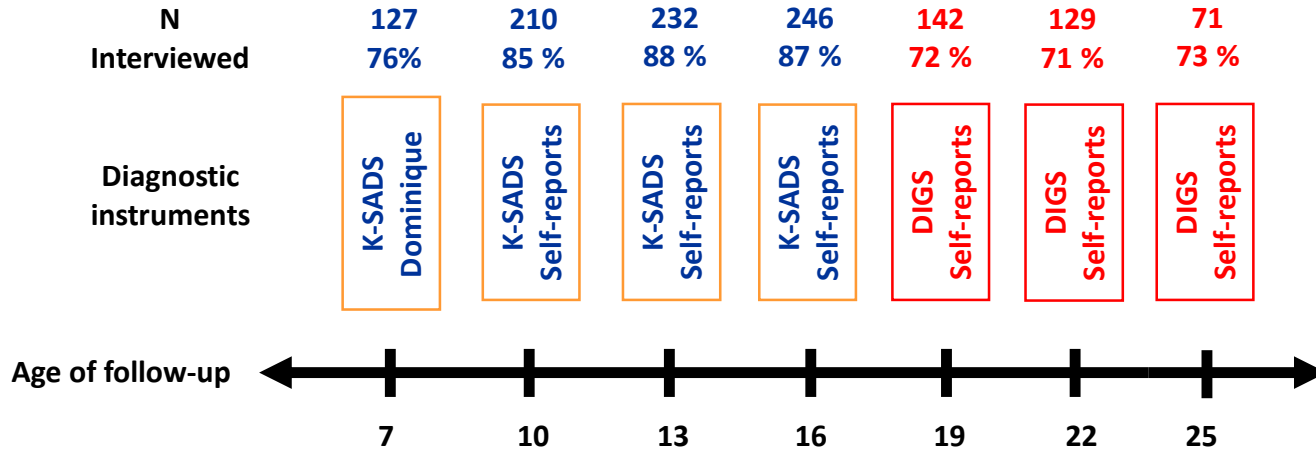
- To jointly carrying out and coordinating high risk cohort studies**
- To accelerate the identification of endophenotypes and their corresponding high risk trajectories in offspring
- To allow for researcher mobility as well as PhD student and resident exchanges

* National Center of Competence in Research for Brain Research and Psychiatry

**Lausanne-Geneva high risk Mood Cohort (300 offspring, 200 probands, 15-year follow-up)



Offspring sample



Evaluation of early life stressors

Probands:

- Systematic evaluation of early life stressors including the age of stressful events;
- CTQ at current follow-up.

Offspring:

- Prospective and repetitive evaluation of life stressors at each follow-up;
- CTQ at current follow-up.

Plateforme de phénotypage

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Plateforme de neuroimagerie

**Imagerie RMN structurelle
quantitative**

**Imagerie RMN
fonctionnelle**

Électroencéphalographie

Électrorétinographie



Plateforme génétique et neurobiologique

**Marqueurs biochimiques
candidats**

**Biomarqueurs
transcriptionnels candidats**

**Rythmes circadien de
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**Microscopie optique
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**Reprogrammation
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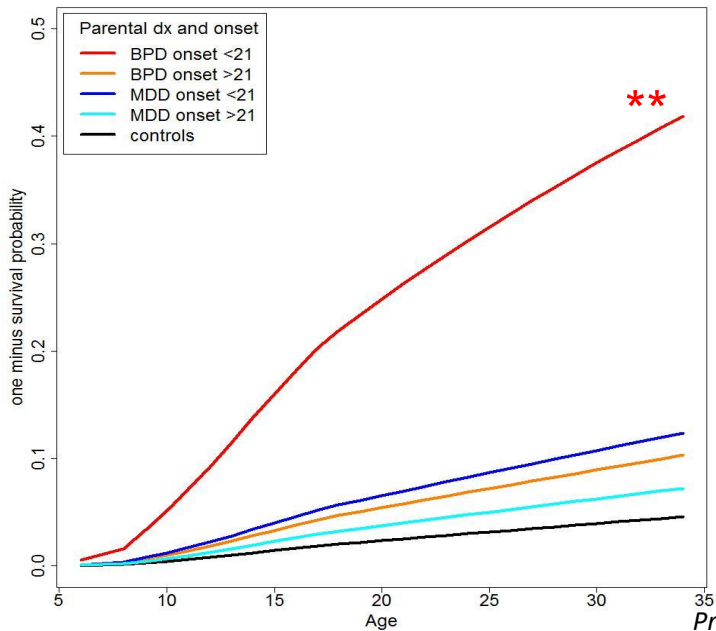
**Biomarqueurs de la
dynamique cellulaire**

- Homéostasie des chlorures (cotransporteurs)
- Stress métabolique
- Stress oxydatif

Subtyping of mood disorders : Age of onset

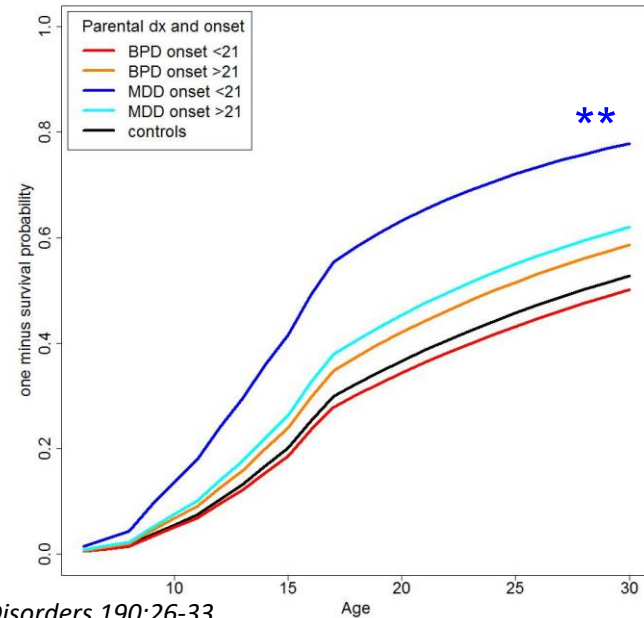


Risk of BPD in offspring as a function of proband mood disorder onset



**** p < .01**

Risk of MDD in offspring as a function of proband mood disorder onset



**** p < .01**



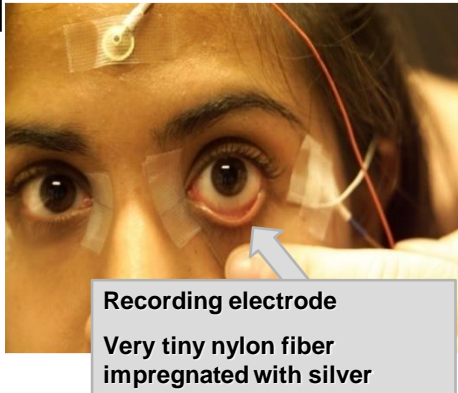
ERG: A Novel Biomarker of iatric Disorders

Collaboration with Prof. Marc Hebert, Centre Cervo, Université Laval,
Québec

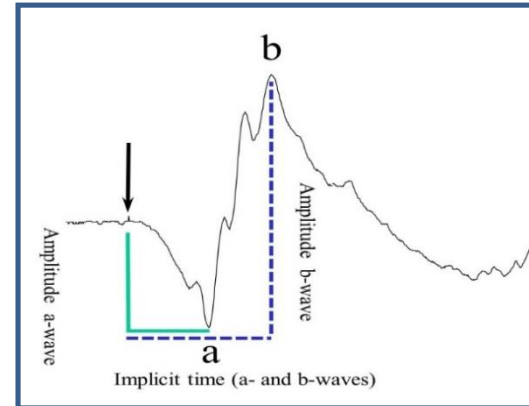
Rationale:

The Retina as an approachable part of the brain

Cone and rod ERGs can be obtained. The waveform is composed of a negative component known as the **a-wave** and a positive component known as the **b-wave**. Both the amplitude and implicit time are measured for each component.



Recording electrode
Very tiny nylon fiber
impregnated with silver



Logistic regression analyses were performed entering all ERG parameters yielding to prediction models for: SZ, BP and SZ Vs. BP diagnosis



As predicted by the ERGs	Clinical Status		
	SZ	CT	
<i>SZ</i>	120 (80%)	21 (14%)	
<i>CT</i>	30 (20%)	129 (86%)	
Total	150	150	OR=25

SZ Vs CT

Sensitivity: 80%

Specificity: 86%

As predicted by the ERGs	True Clinical Status		
	BP	CT	
<i>BP</i>	119 (79%)	18 (12%)	
<i>CT</i>	31(21%)	132 (88%)	
Total	150	150	OR=26

BP Vs CT

Sensitivity: 79%

Specificity: 88%

As predicted by the ERGs	True Clinical Status		
	SZ	BP	
<i>SZ</i>	102 (88%)	11 (9%)	
<i>BP</i>	14 (12%)	108 (91%)	
Total	116	119	OR=72

SZ Vs BP

Sensitivity: 88%

Specificity: 91%

Hébert M, et al., Electroretinographic anomalies in medicated and drug free patients with major depression: Tagging the developmental roots of major psychiatric disorders. Prog Neuropsychopharmacol Biol Psychiatry. 2017 Apr 3;75:10-15

Hébert M, et al., Light evoked potentials measured by electroretinogram may tap into the neurodevelopmental roots of schizophrenia. Schizophr Res. 2015 Mar;162(1-3):294-5

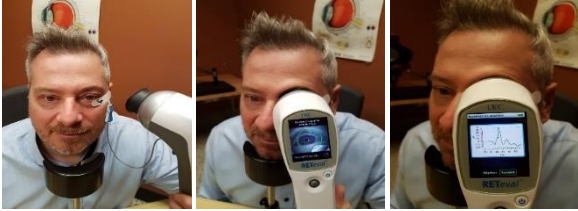
Hébert M, Gagné AM, Paradis ME, Jomphe V, Roy MA, Mérette C, Maziade M. Retinal response to light in young nonaffected offspring at high genetic risk of neuropsychiatric brain disorders. Biol Psychiatry. 2010 Feb 1;67(3):270-4



ELECTRORETINOGRAPHY IN THE LAUSANNE-GENEVA HIGH-RISK COHORT

Marie-Pierre F. Strippoli, Martin Preisig, Marc Hébert, Pierre Marquet

Ambulatory portable device

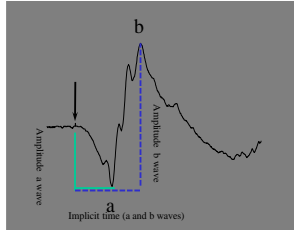


- A) Skin electrode positioning and connection
- B) Eye tracking during recording
- C) Average final ERG response display



LKC RET eval

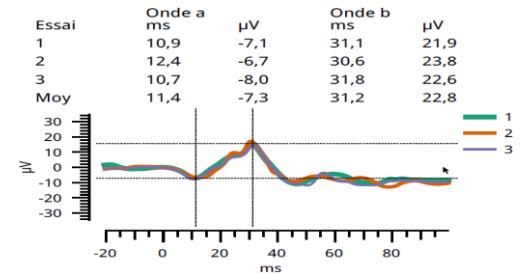
Typical ERG response



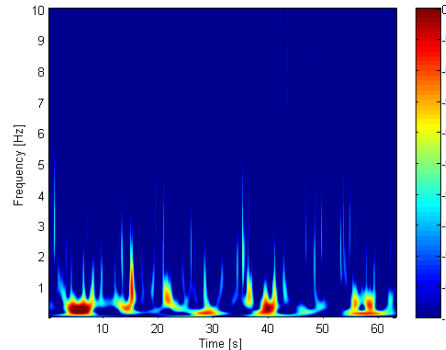
Example of recordings

Flash : 24 cd·s/m², Chromaticité (0,33, 0,33) à 2 Hz

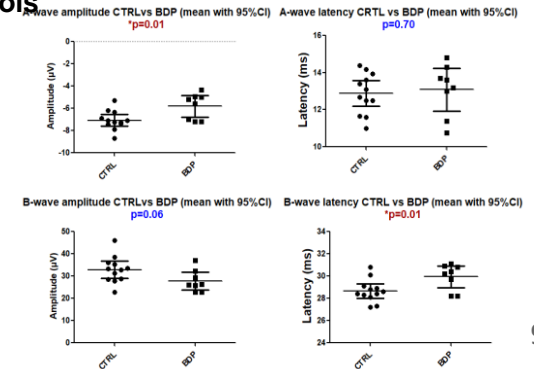
Œil droit



Time – Frequency – Wavelet Analysis



ERG response (7.5 cd/m².s) among BPD and controls



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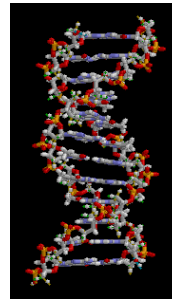


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CERC Neurophotonics

**Cohorts of patients
and their at-risk
offspring**



Schizophrenia

Major
depression

Bipolar
disorders

Samples

**Neurodevelopmental
component**

Induced
pluripotent stem
cells (iPSC)
technology

Development of
cutting-edge
microscopy
techniques

Cellular Biomarkers
and endophenotypes

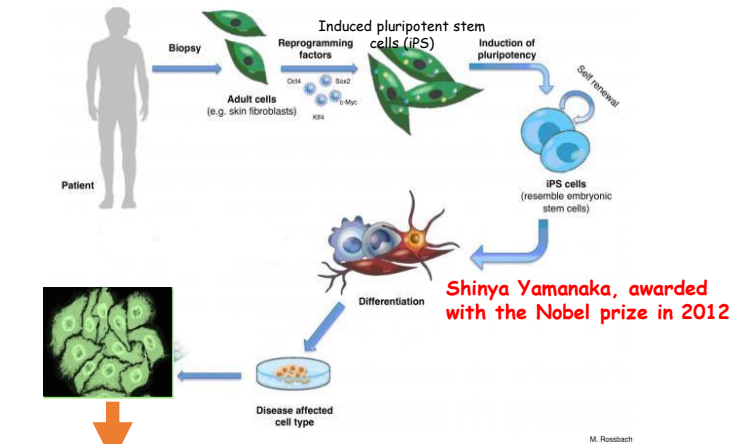
Primary
prevention
strategies



neurophotonics

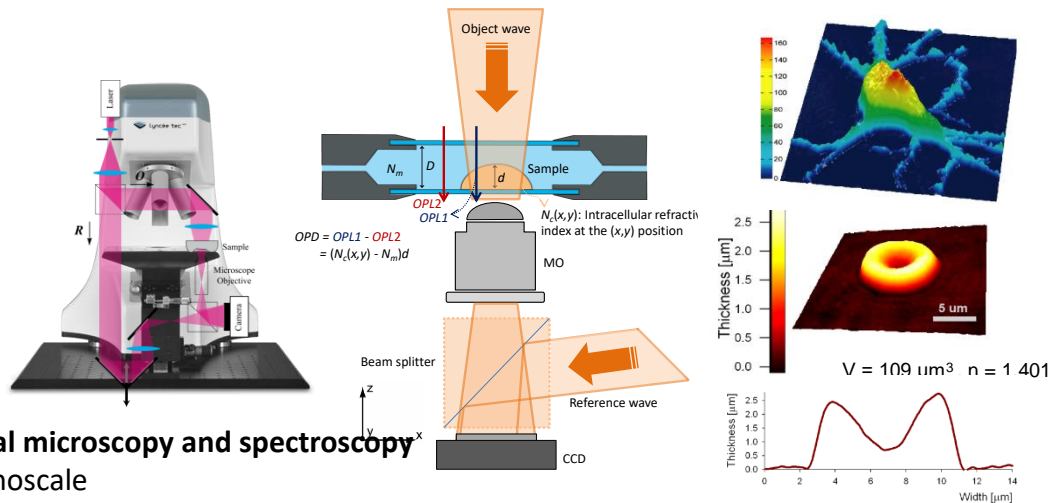
- Identify disease-specific cellular phenotypes
- Personalized medicine

Human Cellular Reprogramming to Create Patient-derived Cells



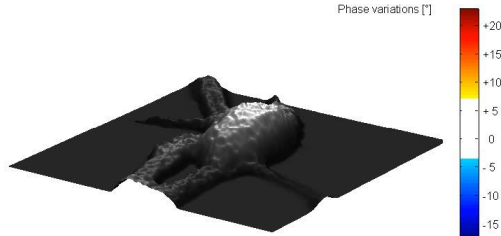
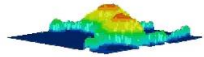
Screening capability:
Automation and parallelization

High resolution multimodal optical microscopy and spectroscopy^x
To analyze cell dynamics at the nanoscale

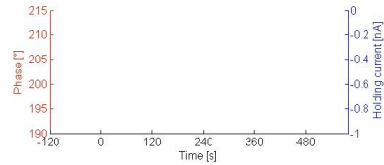


Digital Holographic microscopy

non-invasive monitoring of electrical neuronal activity by measuring transmembrane water movements

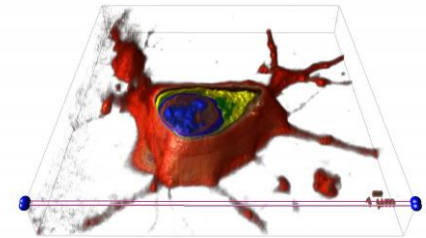
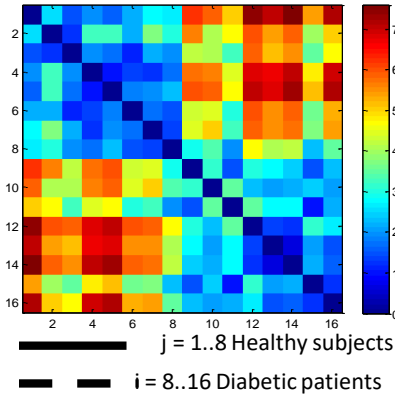
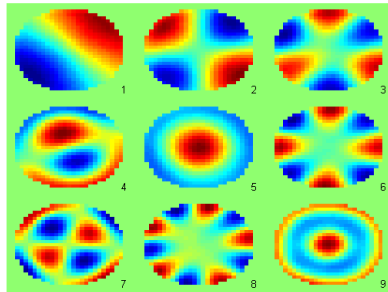
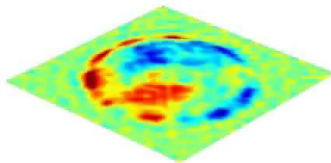
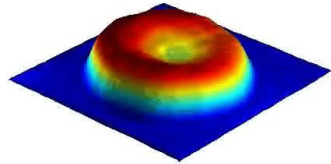
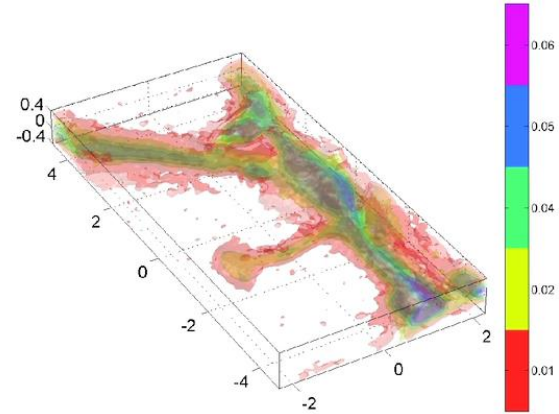


Initial cell phase contrast = 197°



02.0mins

Video Neuronal Remodeling, Axis [μm], Colorbar Δn



they are energy

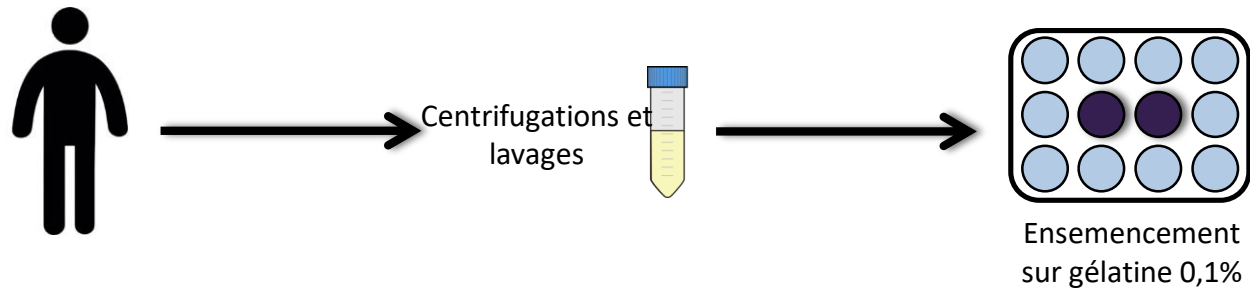
energy distribution

Generation of human induced pluripotent stem cells from urine samples

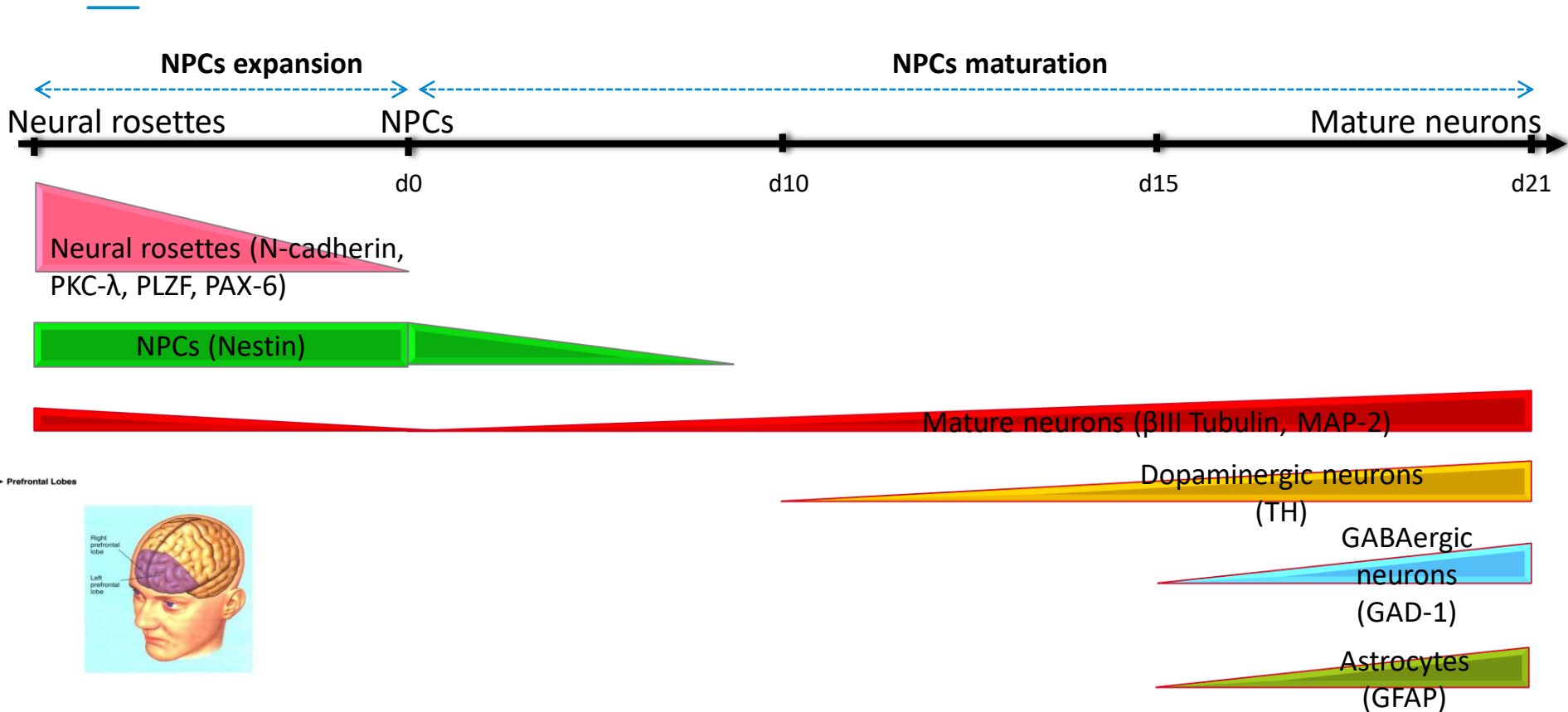
Ting Zhou^{1,7}, Christina Benda^{1,7}, Sarah Dunzinger², Yinghua Huang¹, Jenny Cy Ho³, Jiayin Yang¹, Yu Wang¹, Ya Zhang¹, Qiang Zhuang¹, Yanhua Li¹, Xichen Bao¹, Hung-Fat Tse³⁻⁵, Johannes Grillari^{2,6}, Regina Grillari-Voglauer^{2,6}, Duanqing Pei¹ & Miguel A Esteban^{1,4,5}

¹Key Laboratory of Regenerative Biology, Chinese Academy of Sciences, and Guangdong Provincial Key Laboratory of Stem Cells and Regenerative Medicine, South China Institute for Stem Cell Biology and Regenerative Medicine, Guangzhou Institutes of Biomedicine and Health, Guangzhou, China. ²Aging and Immortalization Research, Department of Biotechnology, University of Natural Resources and Life Sciences, Vienna, Austria. ³Cardiology Division, Department of Medicine, Queen Mary Hospital, Li Ka Shing Faculty of Medicine, University of Hong Kong, Hong Kong, China. ⁴Guangdong Stem Cell and Regenerative Medicine Research Centre, University of Hong Kong, Hong Kong. ⁵Guangzhou Institutes of Biomedicine and Health, Guangzhou, China. ⁶Evercyte, Vienna, Austria. ⁷These authors contributed equally to this work. Correspondence should be addressed to M.A.E. (esteban@gibh.org).

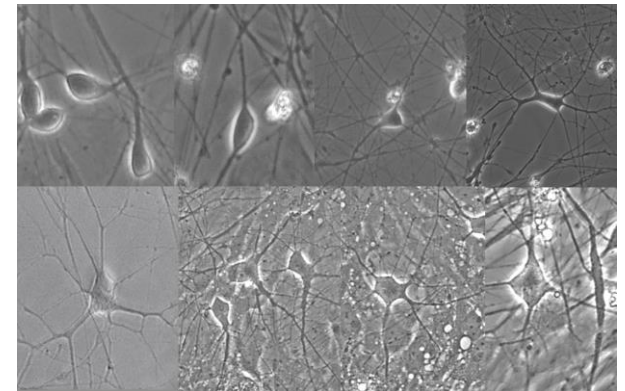
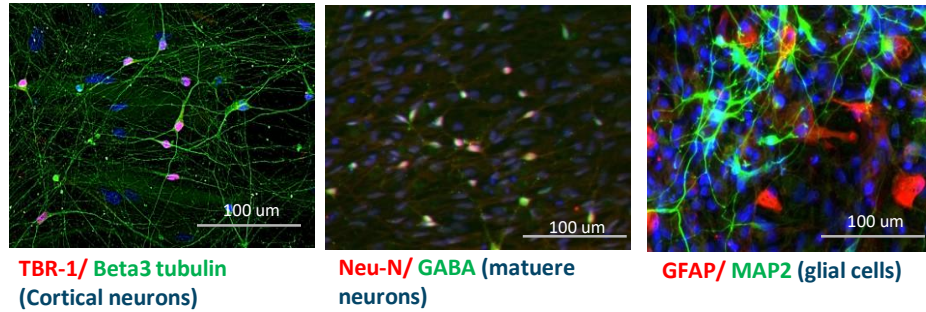
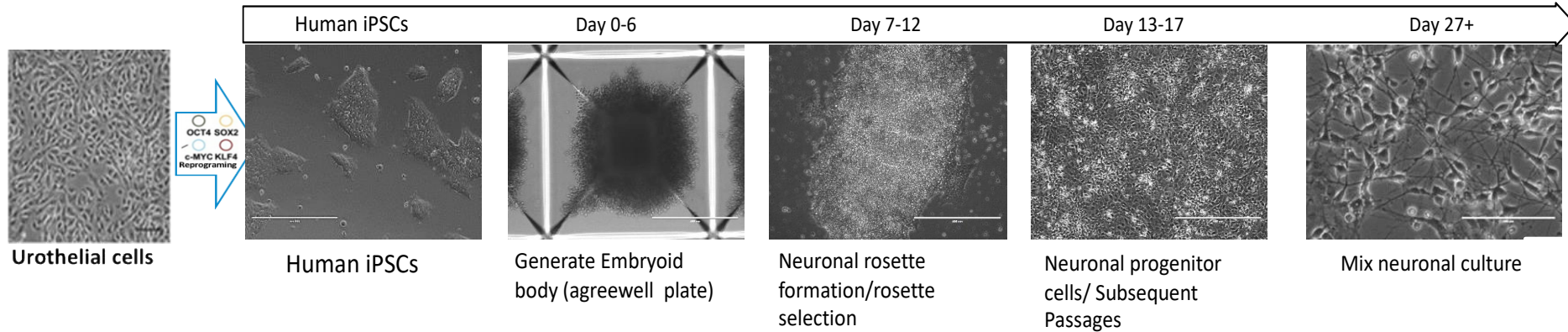
Published online 8 November 2012; doi:10.1038/nprot.2012.115



Maturation of neural stem cells



A process to generate neuronal cells from iPSCs in-vitro



Identification of different neuronal morphologies

Fig: Immunocytochemistry and FACS analysis data shows the majority of cells exhibited cortical neurons marker TBR-1 (40-50%), Mature neurons marker NeuN (50-70%) and Glial cells marker GFAP (10-15%) at week-5 (Control n=4).

Whole cell patch Clamp analysis

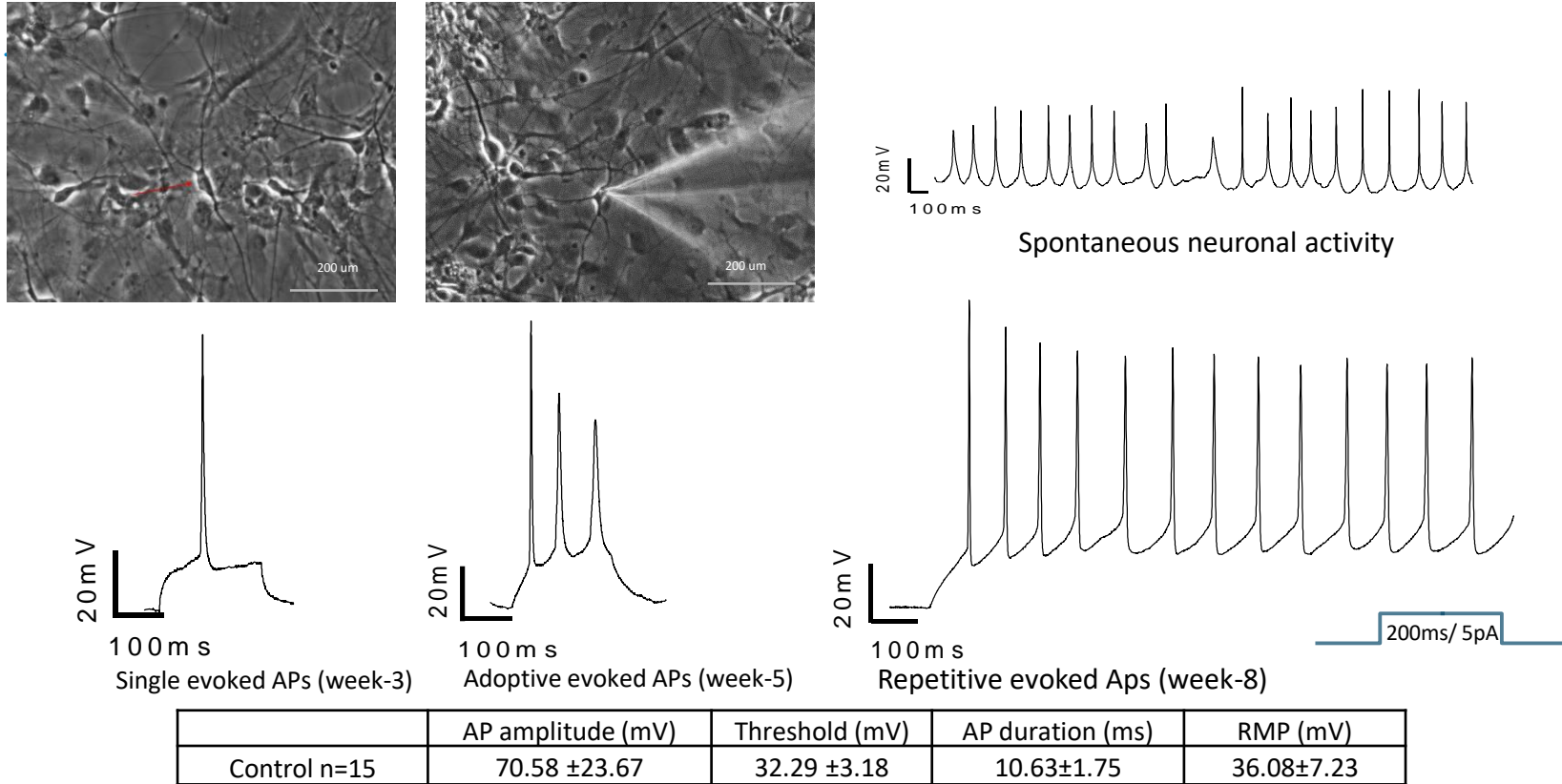
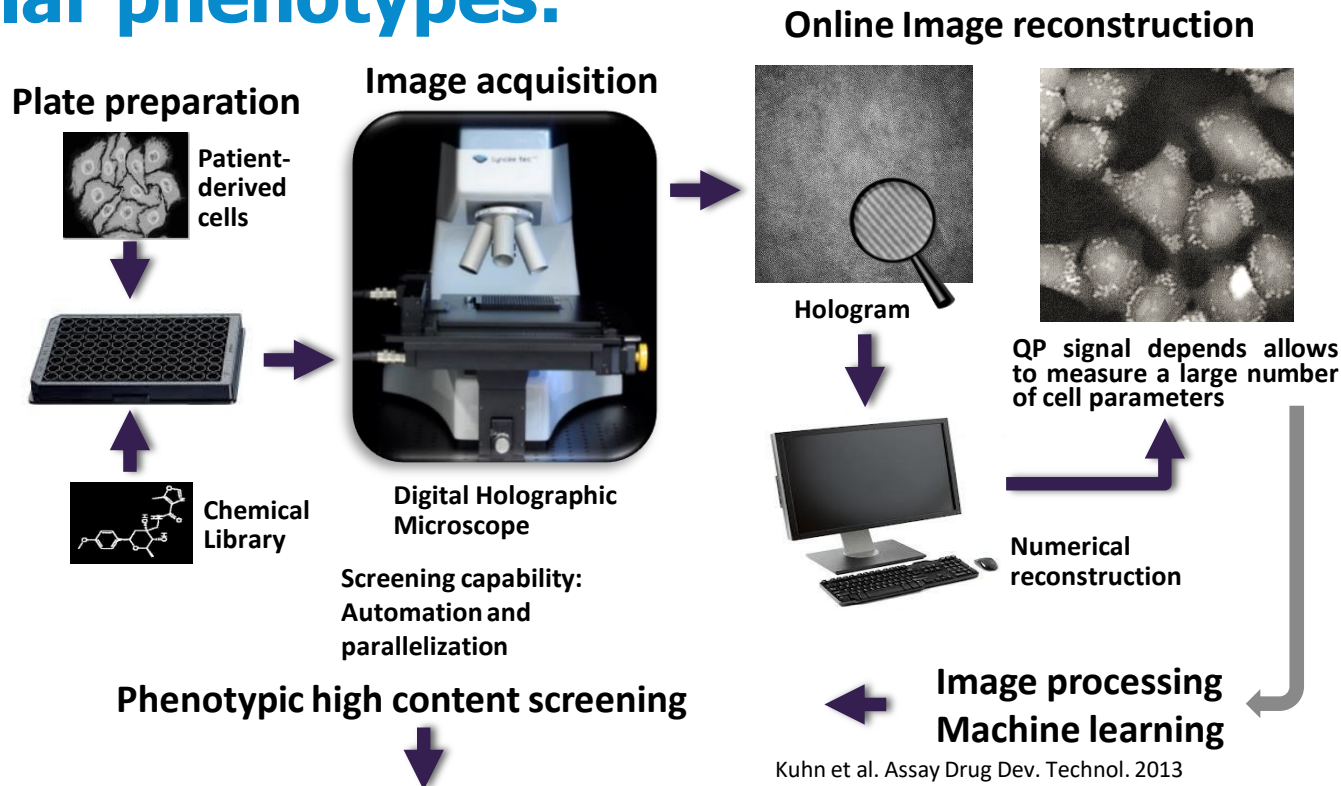


Fig: Functional activity and maturation process of iPSCs derived neurons at different neuronal developmental days. At day week-3 neurons were start showing spontaneous activity and week-8 neurons were start showing repetitive evoked action potential (AP) a conformation of fully matured neurons.

A DHM based high-content screening (HCS) approach to non-invasively identify specific cellular phenotypes:



Identification of new cell biomarkers of diseases

Kuhn et al. Assay Drug Dev. Technol. 2013

L'équipe de Lausanne

Neurophotonics group, UNIL , CHUV

Kaspar Rothenfusser

Kévin Bourgeaux

Carine Adiba

Pierre Marquet

Brain and Mind Institute, EPFL

Pascal Jourdain

Christian Depeursinge

Pierre J. Magistretti



**Biomolecular Screening
Facility, EPFL**

Gerardo Turcatti

Benjamin Rappaz



Lyncée Tec SA

Etienne Cuche

Tristan Colomb

Yves Emery



**Centre for
Psychiatric
Epidemiology and
Psychopathology,
CHUV**

Martin Preisig

Caroline Vandeleur

Marie-Pierre



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Antoine Godin, PhD

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PhD

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Mercier, Ph.D.

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Bertrand de Dorlodot

Andréanne Deschenes

Antoine Grégoire

Pauline Lavergne

Christophe Perron

Kanza Salem

Philippe de Tilleux

Émile Rioux-Pellerin

Valérie Watters



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du développement de l'enfant
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Emilie Binet

Marie-Claude Boisvert

Daphné Lussier

Linda René

Centre intégré
universitaire de santé
et de services sociaux
de la Capitale-Nationale

