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What is the 40Hz ASSR?

 \star Originally designed to test hearing loss in 1981

A successor to the auditory brainstem response (ABR)

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*An evoked EEG response entrained to "click" sounds presented at 25ms intervals
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Requires the integrity of cortical GABAergic neural networks

*40Hz ASSR abnormalities are wellcharacterised in people with schizophrenia

*Disruptions probably reflect a failure of cortical networks to rapidly integrate auditory sensory information

 \star ASSR is in clinical trials for:

- Schizophrenia
- Autism
- Down Syndrome
- Hearing loss





ASSR publications (PubMed)

194

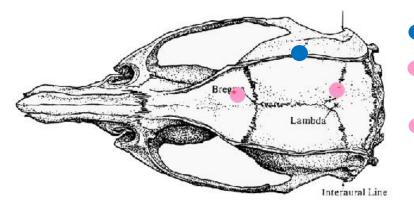
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2021



ASSR for pharmacology using midline EEG

Epidural electrode placements



Typical auditory cortex placement

Frontal (positive): Bregma +2.0 mm AP, 1.0 mm ML.

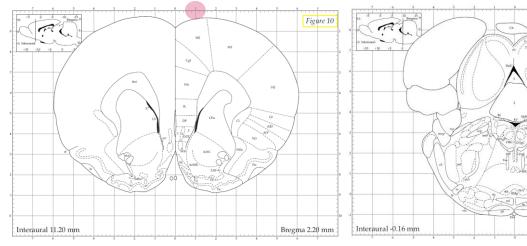
Occipital (negative): Lambda 0.0 mm AP, 1.5 mm ML.

Figure 56

Bregma -9.16 mm

Differential EEG signal acquired at 500Hz with a 0.5-100Hz hardware band-pass filter.

Frontal: over M2/CG1/PFC



Occipital: over V1M

The stimulus used to evoke ASSR

(this is the final protocol)



Sufficiently short blocks to capture 1-hour pharmacodynamics

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120 trials

5min block

35

40

Frequency

60

40

Frequency (Hz)

80

100

45

50 55 60

Detection of ASSR with sleep-EEG montage

0.5s train, 1s ITI 1s train, 2s ITI 1s train, 1.5s ITI 200 trials 200 trials 0.017 0.011 Analysis 0.015 0.010 0.012 0.013 0.009 For each trial: 0.010 Amplitude Amplitude Amplitude 0.008 0.011 Power spectrum for the trial (stim) ٠ 0.008 0.007 Power spectrum for the baseline (pre) ٠ 0.009 0.006 Focus on the spectral value at 40Hz 0.006 ٠ 0.007 0.005 0.004 0.005 ASSR= 40Hz(stim) / 40Hz(pre) ٠ 0.003 colour= subject 0.003 -0.002 25 30 35 40 45 50 20 25 30 25 30 20 55 60 35 20 40 Frequency Frequency **EEG** response on/off 1.5 Typical 40Hz response, Muscular response Amplitude change: on/off 1.23 (spectral ratio) one animal 1.4 **Erequency (Hz)** Amplitude change: 1.15 1.3 1.07 1.2 0.99 1.1 0.91 1.0 20 60 80 100 40 120 0 0.83 0.9 Trial 100 20 0 80 20

60

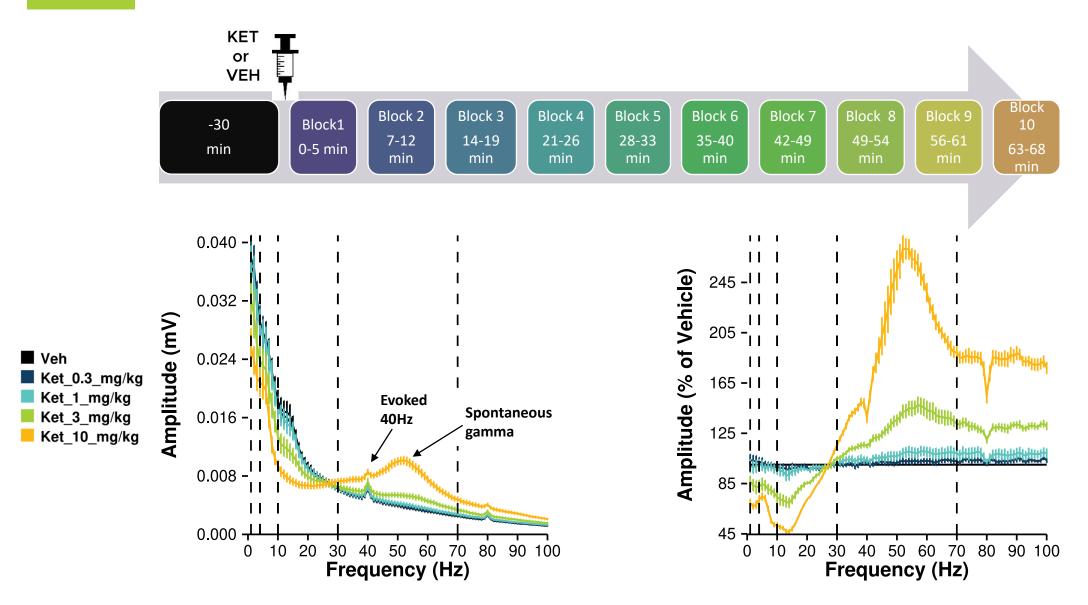
Frequency (Hz)

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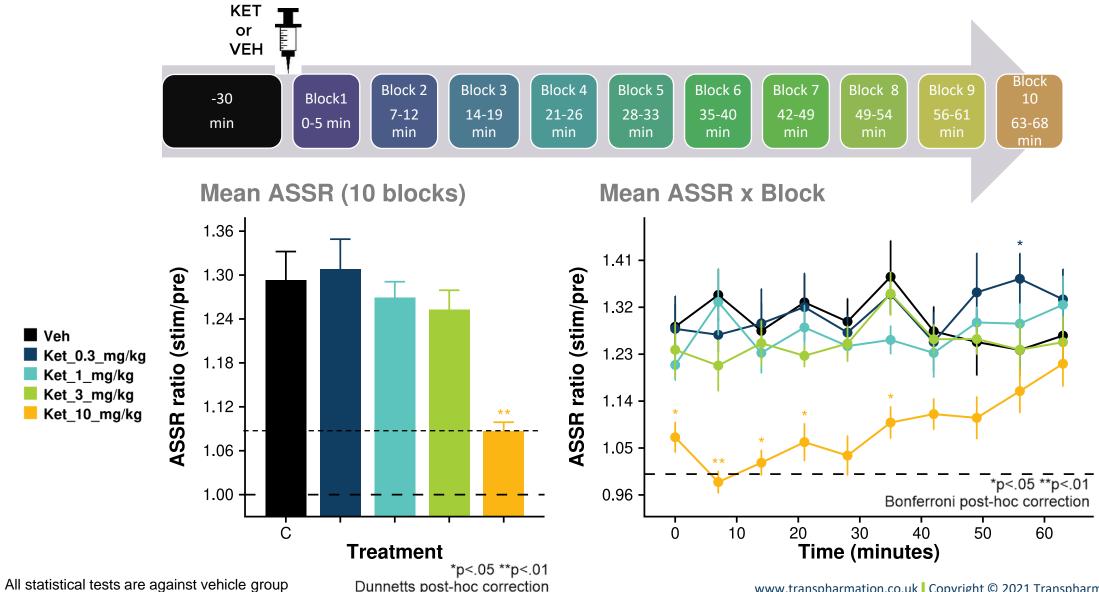


Induction of a deficit using subanaesthetic ketamine



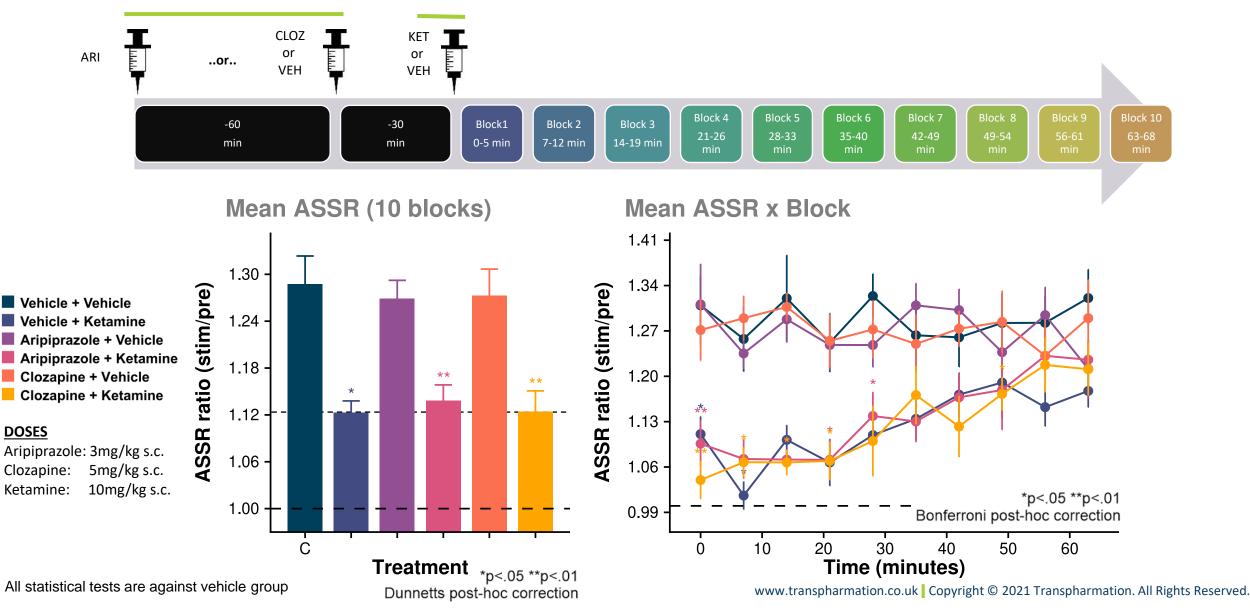


Induction of a deficit using subanaesthetic ketamine



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The deficit was not reversed using atypical antipsychotics aripiprazole or clozapine



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Conclusions



- ASSR in the rat is detected by near-midline epidural EEG recordings that do not specifically target auditory cortex
 - Detection is optimised by presenting 1-second click-trains normalised to the 1-second before each trial
 - 5-minute blocks of trains provide stable estimates of ASSR
- 10 mg/kg ketamine induces a reliable, temporary deficit, pointing to relevance for symptomatic models of schizophrenia
- Atypical antipsychotics targeting 5-HT2 receptors do not reverse this deficit at the tested doses
- Future efforts will...
 - Investigate other pharmacological routes of reversing deficits induced by NMDAR antagonists
 - Explore other disease models
 - Test ASSR evoked by quieter tones, which may be more easily impaired and more easily recovered

Transpharmation Science that translates into results

Thank you.







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References & Recommended Reading

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