# The utility of Magnetoencephalography in Multiple Sclerosis - a Systematic Review

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#### **OVERVIEW**

- We conducted a Systematic Review of studies, looking at 30 studies from 13 centres
- MS patients had reduced power in some induced responses (motor beta, visual gamma)
- Increased latency and reduced connectivity were seen for somatosensory evoked fields
- There was an association between upper alpha connectivity and cognitive function
- MEG shows promise, although work is too preliminary to recommend current clinical use

#### **METHODS**

We identified MEG studies carried out in MS using databases illustrated below (PRISMA 2020 Flow diagram for systematic reviews). We included original research articles with a cohort of minimum of five multiple sclerosis patients and quantifying of at least one MEG parameter. We used a modified version of the JBI (mJBI) for casecontrol studies to assess for risk of bias.

## Identification of studies via databases and registers Records identified from Ovid Databases (n=216) Medline FMBASE Duplicate records removed PsychInfo Cochrane Trials Register from OVID (n =71) (n=0) Trip Database (n=400) Records screened Records excluded (n = 616) Reports excluded due to duplication between TRIP and Reports provisionally eligible (n = 46) Ovid (n = 6) Clinical Trial Records (n=6)\* Reports assessed for eligibility ports excluded: Review (n = 1) TMS/no control (n = 1) (n = 34)EEG study (n = 1) Not humans (n = 1) Studies included in review Reports of included studies (n = 30)

### CONCLUSION

- Good evidence that MEG shows evidence of altered neural activity, perturbed connectivity, and association with clinical impairment in MS
- Event-related designs are of particular value and show replicability between centres
- Areas of interest are beta changes in the motor cortex, changes in visual gamma in the visual cortex and alterations in somatosensory processing in Somatosensory Evoked Fields
- Evidence that diminished alpha connectivity is seen in patients and this is associated with altered cognitive functioning
- Currently no clear whether these changes are specific to MS or can be observed in other disease state
- Further studies should look to explore cognitive control in more depth using in-task designs and undertake longitudinal studies to determine whether these changes have prognostic value.

**References:** Waldman, A. T. *et al.* (2020) 'Structural correlates of atypical visual and motor cortical oscillations in pediatric-onset multiple sclerosis', *Human Brain Mapping*, 41(15), pp. 4299–4313. doi: 10.1002/hbm.25126.

Costers, L. et al. (2021) 'The role of hippocampal theta oscillations in working memory impairment in multiple sclerosis', *Human Brain Mapping*, 42(5), pp. 1376–1390. doi: 10.1002/hbm.25299.

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This paper has been accepted and is in press witth Neuroimage Clinical (Khan et al.,

#### **RESULTS**

- 30 studies from 13 centers
- 433 MS patients and 347 controls

# 1.Is MS associated with altered MEG activity compared to healthy controls

- Most studies suggest increased latencies of evoked fields in MS
- Evidence of impaired gating suggesting impairment of the usual refractory period
- Evidence of abnormal neuronal activity appears to be best demonstrated in simple paradigms (button press, visual stimulus and nerve stimulation)

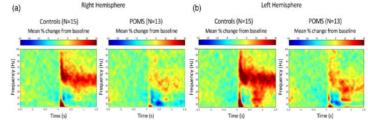
## 2. Is MS associated with perturbed connectivity compared to healthy controls

- There is good evidence for perturbed connectivity in relation to somatosensory evoked fields
- Resting state studies also show some degree of altered connectivity and topology in patients versus controls

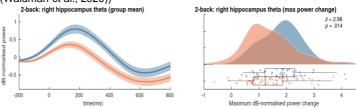
#### Assessment of bias

The lowest mJBI score was the 3 and the highest was 8, with the mean mJBI score being 6.7 indicating moderate quality of studies

#### Selected studies



Waldman et al, 2020 undertook a visuomotor task in patients with Paediatric Onset Multiple Sclerosis (POMS) vs controls: Visual Time Frequency Response and Visual amplitude plots are shown. a and b show group-averaged time-frequency for controls and paediatric onset multiple sclerosis (POMS) with reduction in visual gamma band in both hemispheres; c and d show the visual gamma power (30-80Hz) compared between POMS (red) and controls (black) in right (c) and left (d) hemispheres (Adapted from (Waldman et al., 2020))



Costers and colleagues (2020) examined adult patients with MS versus controls using a n-back task. Showing time-frequency max power change in right hippocampus. Left panel shows shaded error (using standard error) of group mean power changes in the right hippocampus. Right panel shows a raincloud plot of maximum power changes in hippocampus (Adapted from (Costers *et al.*, 2021))