

# HIV exposure and gender effects on the relationship between cognitive scores and <sup>1</sup>H-MRS measures in the basal ganglia at 7 years

## Study

Neuropsychological testing and single voxel <sup>1</sup>H-MRS (SVS) data acquired in the Basal Ganglia (BG) on a Siemens 3T Allegra Head Scanner (Siemens, Erlangen, Germany) in Cape Town, South Africa were performed as part of an ongoing longitudinal study. MRS data were acquired with a real-time motion and B<sub>0</sub> corrected [1] point resolved spectroscopy (PRESS) sequence (TR 2000 ms, TE 30 ms, 64 averages, Scan Time: 2.16 min). Water reference scans were acquired for eddy current compensation, frequency/phase correction, and to compute absolute metabolite levels. Spectra were analysed with LCModel. Statistical analyses performed in R.

Twenty-five 7-year old HIV-uninfected children, 16 HIV-unexposed (HUU) and 9 HIV-exposed (HEU), (8 girls; mean age ± standard deviation: 7.3 ± 0.1; 6 Cape Coloured/19 Xhosa) were analysed. HEU children were exposed to treatment for prevention of mother-to-child transmission (PMTCT). The Kaufmann Assessment Battery for children 2<sup>nd</sup> edition (KABC-II) [2] was performed and standard scores for the KABC-II subtests and global Non Verbal Index (NVI) were calculated using USA norms. We performed regression analyses of metabolites with a select number of KABC-II scales/subtests (Sequential Processing, Learning Ability, Simultaneous Processing, and Hand Movements (HM)).

## Background

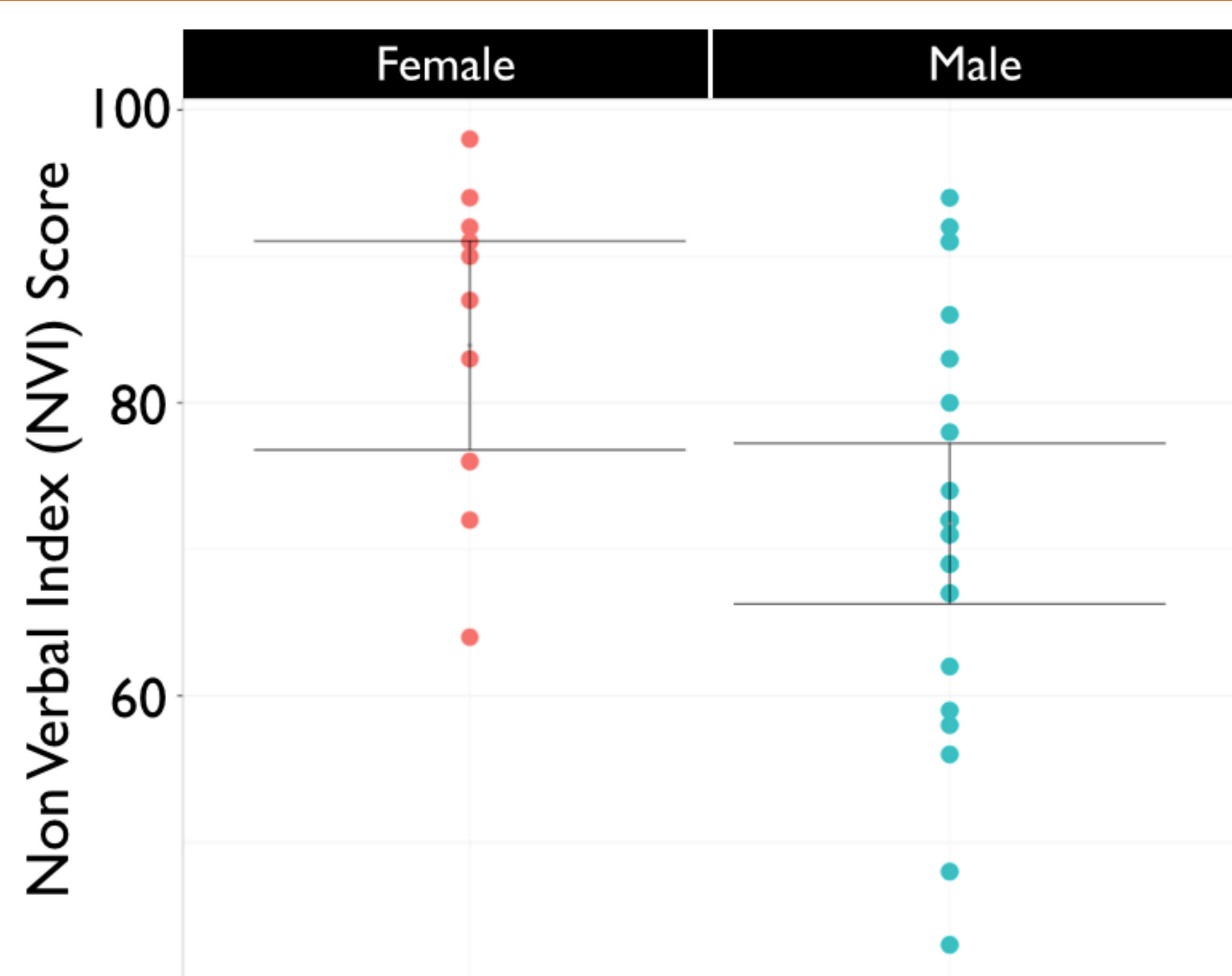
In South Africa, 95% of HIV-positive pregnant women and 68% of HIV-exposed infants have been receiving antiretroviral therapy (ART) [3,4]. Studies [5,6,7,8] suggest long-term effects associated with perinatal ART exposure - including an increased risk of neurological symptoms such as cognitive delay and motor abnormalities - motivating additional study of HIV-exposed uninfected (HEU) children. The increased risks may involve exposure to HIV antibodies, antiretroviral (ARV) drugs and environmental factors [9].

MR spectroscopy (MRS) is a non-invasive tool used to measure metabolite levels in the brain. Metabolite levels often correlate with neuropsychological measures [10,11]. Choline is a marker of cellular density [12]. The metabolite creatine is found in neurons and glia, and is associated with energy metabolism [12].

**We explored the relationship between metabolite levels in the right basal ganglia (BG) and neuropsychological measures at age 7, focusing on the potential effects of gender and HIV exposure.**

## Results

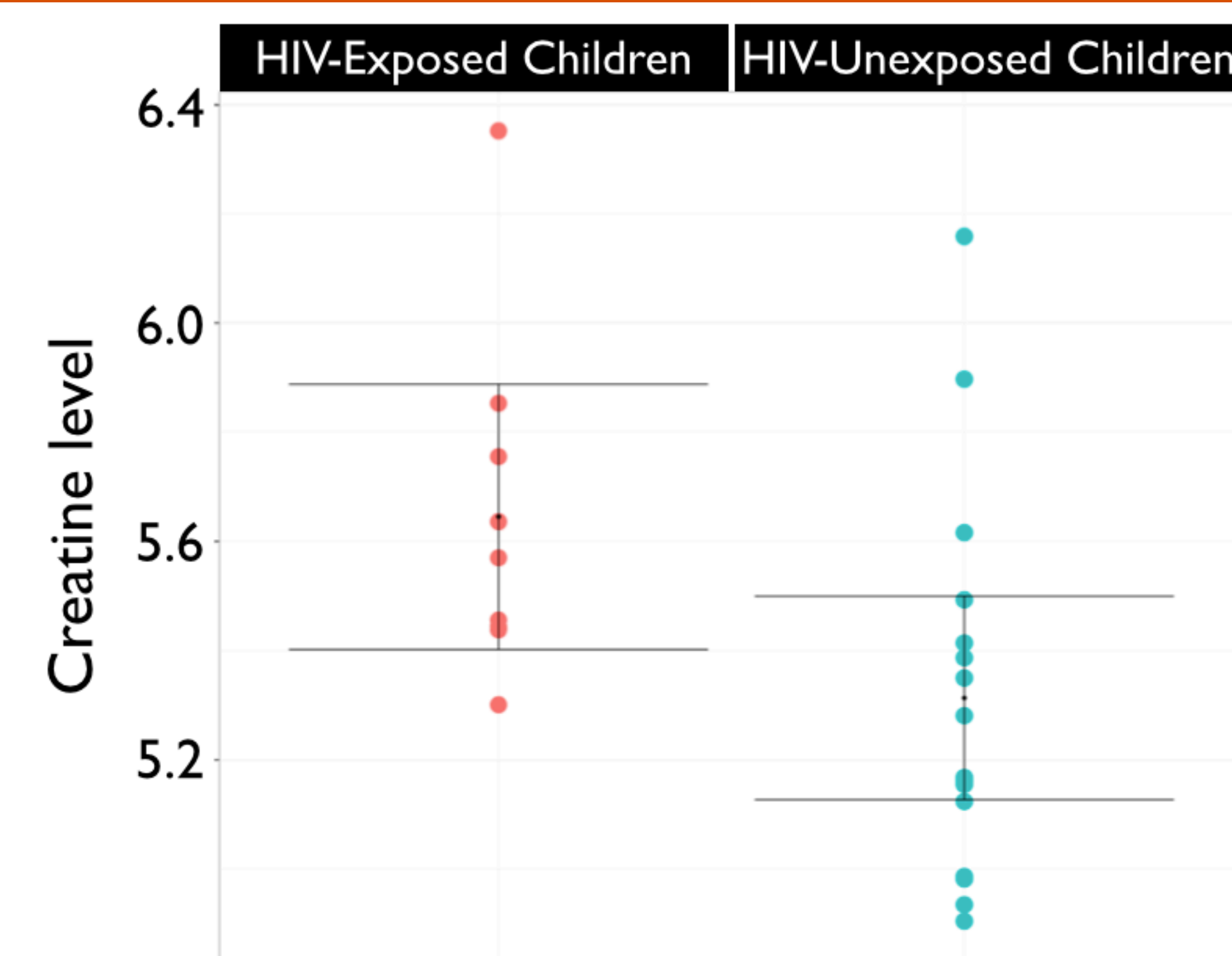
### 1 Girls have HIGHER mean Non Verbal Index scores



**Result:** Girls have higher global NVI test scores than male children (Male = 72 ± 13, Female = 84 ± 11;  $p = 0.008$ ). Bars represent confidence intervals.

**Interpretation:** The NVI measures the ability to recognise spatial relationships and patterns. The higher mean NVI scores among girls at age 7 may represent developmental differences at school age, suggesting girls may develop these abilities earlier than boys.

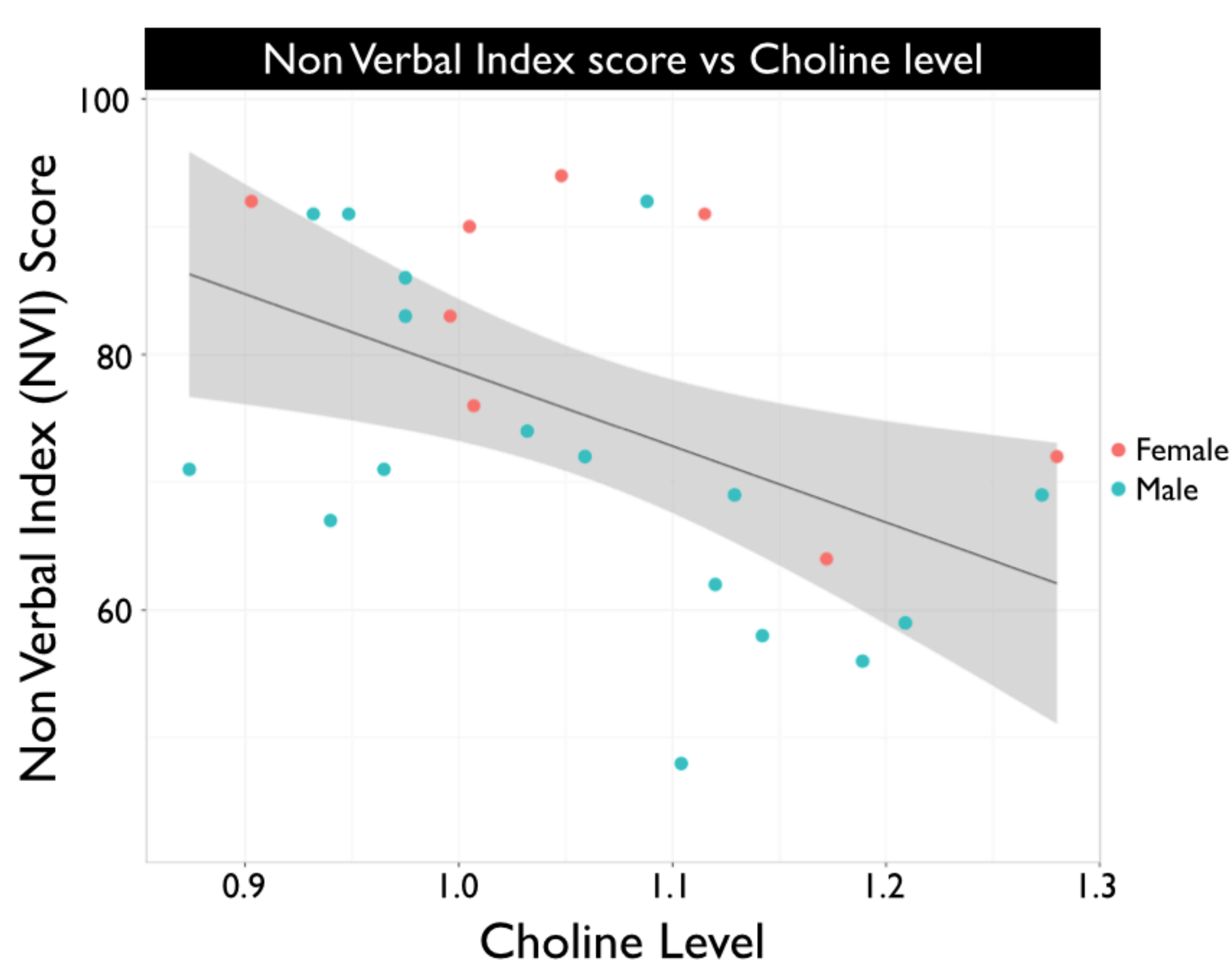
### 2 HEU children have HIGHER mean creatine levels



**Result:** We found HEU children have significantly higher mean creatine levels ((HEU) 5.6 ± 0.3 vs (HUU) 5.3 ± 0.3 ;  $p = 0.03$ ). Result remains significant with the exclusion of the highest creatine value. Bars represent confidence intervals.

**Interpretation:** Increased creatine levels among HEU children suggest abnormal energy metabolism in the BG, and may indicate a possible compensatory mechanism.

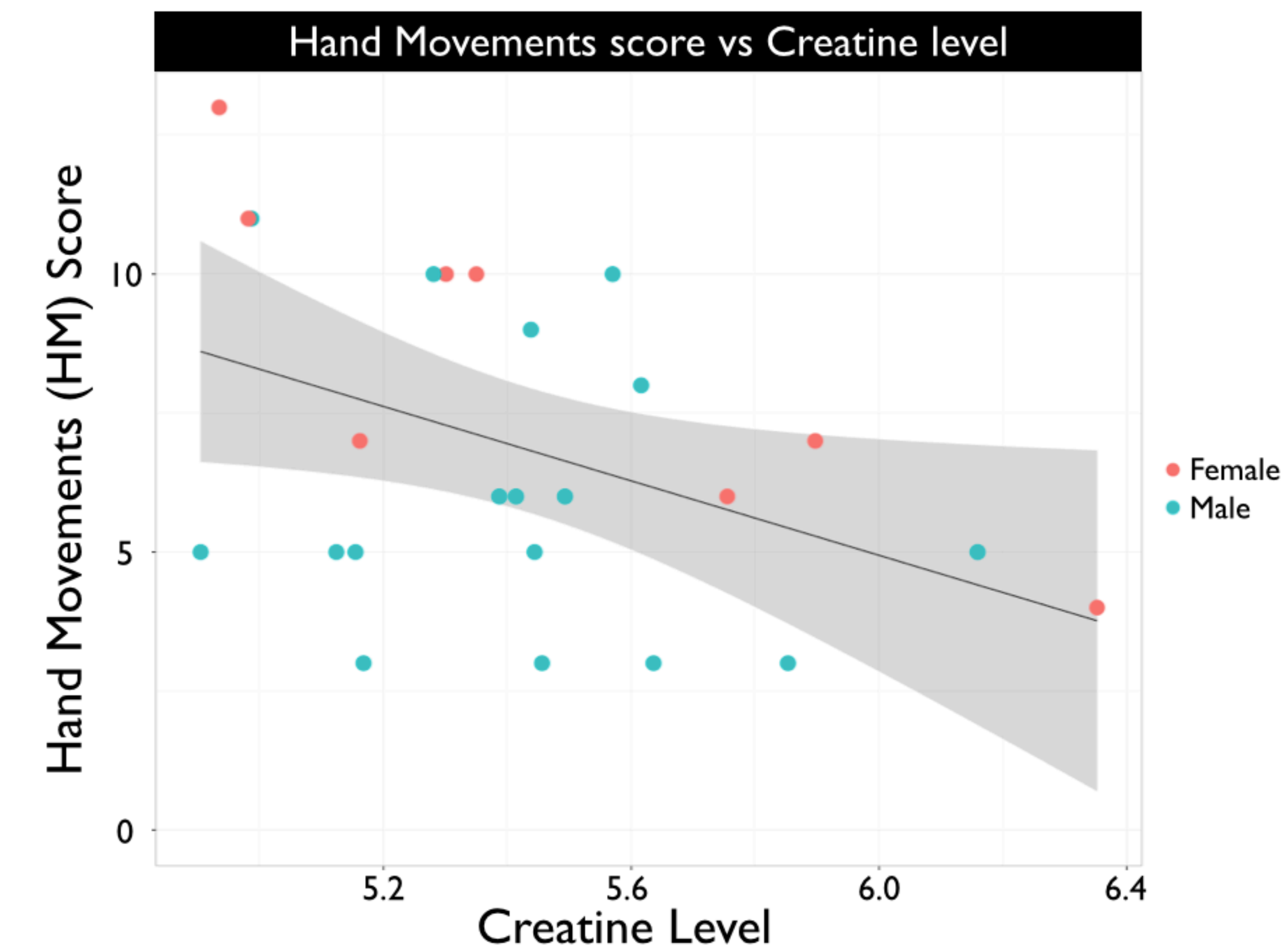
### 3 Non Verbal Index scores correlate with choline levels across all children



**Result:** Higher choline levels in the BG are associated with lower Non Verbal Index (NVI) test scores among all children (slope = -61,  $p = 0.007$ ).

**Interpretation:** Gender differences in NVI scores (result 1) do not influence the relationship between choline and NVI scores; the correlation is independent of gender. The negative correlation between NVI and choline levels has not been previously reported, however it is not completely unexpected. Previous studies [12] find significant negative correlations between choline levels and measures of intelligence. NVI scores correlate strongly with achievement and intelligence tests [2].

### 4 Hand Movement scores correlate with creatine levels across all children



**Result:** We find an inverse relationship between HM scores and creatine levels (slope = -3.4,  $p = 0.04$ ) in all children, driven by girls (slope = -5.2,  $p = 0.01$ ).

**Interpretation:** The relationship between HM scores (visual spatial memory or motor function) and creatine levels is driven by girls. The gender difference may explain the absence of HIV exposure effects despite the differences in creatine levels (result 2). Creatine is expected to be constant across populations, and has rarely been examined in relation to pathology, demographics, or cognitive measures; this result suggests that further exploration of how creatine levels correlate with other variables is warranted.

## References

[1] Hess et al. 2011. Real-time motion and B<sub>0</sub> corrected single voxel spectroscopy using volumetric navigators. *Magnetic Resonance in Medicine* 66:314-323. [2] Kaufman, A.S. and Kaufman, N.L. 2004. Kaufman Assessment Battery for Children, Second Edition Examiners Manual. Circle Pines, MN: American Guidance Service. [3] World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund. 2011. Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. *Progress report 2011*. [4] Joint United Nations Programme on HIV/AIDS. 2012. Together We Will End AIDS. *WHO Library Cataloguing-in-Publication Data* ISBN 978-92-9173-978-3. [5] Heldari, S., L. Mofenson, M.F. Cotton, R. Marlink, Cahn P., and Katabira E. 2011. Antiretroviral drugs for preventing mother-to-child transmission of HIV: A review of potential effects on HIV-exposed but uninfected children. *J Acquir Immune Defic Syndr* 57:290-296. [6] Barret, B., Tardieu, M., Rustin, P., Lacroix, C., Chabrol, B., Desguerre, I., Dollfus, C., Mayaux, M., and Blanche, S. for the French Perinatal Cohort Study Group. 2003. Persistent mitochondrial dysfunction in HIV-1-exposed but uninfected infants: clinical screening in a prospective cohort. *AIDS* 17:1769-1785. [7] Brackis-Cott, E., Kang, E., Dolzal, C., Abrams, E.J., and Mellins, C.A. 2009. The impact of perinatal HIV infection on older school-age children's and adolescents' receptive language and word recognition skills. *AIDS patient care and STDs* 23:415-412. [8] Van, R., Mupfala, A., and Dow, A. 2008. Impact of HIV/AIDS epidemic on the neurodevelopment of preschool-aged children in Kinshasa, Democratic Republic of Congo. *Pediatrics* 122:123-128. [9] Filteau, S. 2009. The HIV-exposed, uninfected African child. *Tropical Medicine and International Health* 14:276-287. [10] Pouwels, P.J.W. et al. 1999. Regional Age Dependence of Human Brain Metabolites from Infancy to Adulthood as Detected by Quantitative Localized Proton MRS. *Pediatric Research* 44:474-485. [11] Keller, M. et al. 2004. Altered neurometabolite development in HIV-infected children: Correlation with neuropsychological scores. *Neurology* 62:1810-1817. [12] Ross, A. and Sachdev, P. 2004. Magnetic resonance spectroscopy in cognitive research. *Brain Research Reviews* 44:83-102. [13] Soares, D. and Law, M. 2009. Magnetic resonance spectroscopy of the brain: review of metabolites and clinical applications. *Clinical Radiology* 64:12-21.