I.C.A.S.M. 2017 *Rome*

NEUROFUNCTIONAL ACTIVATION OF HUMAN VISUAL CORTEX IN AMBLYOPIA INDUCED BY S/NRI TREATMENT AND SENSORY STIMULATION. POTENTIAL APPLICATION FOR AN EYESIGHT IMPROVEMENT.

AEROSPACE MEDICAL INSTITUTE ROME ITALIAN AIR FORCE

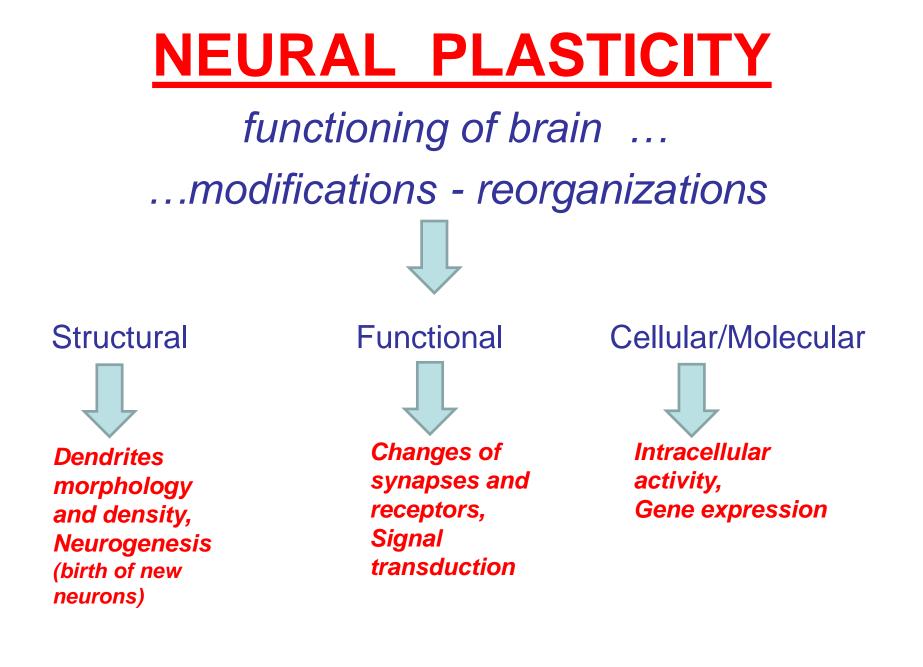
Col. S. IZZO (MD) *; Lt.Col. D. DI MEGLIO (MD) *; Lt.Col. D. VECCHI (MD)*; Col. D. DI BLASIO (MD)*; Col. G. ARDUINO (MD) **

> *Italian Air Force - Aerospace Medical Institute – Rome ** Italian Air Force - Italian Society of Aerospace Psychiatry & Psychology

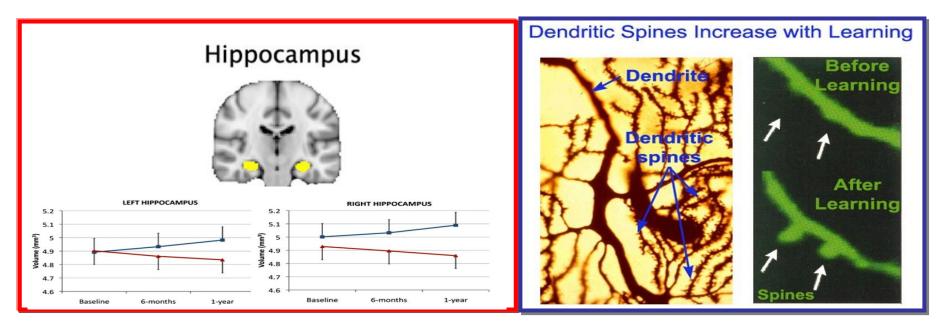
OISCLOSURE « NO CONFLICT OF INTEREST TO DECLARE»



NEURAL PLASTICITY AMBLYOPIA EXPERIMENTAL RESULTS CLINICAL APPLICATION/PROSPECTS

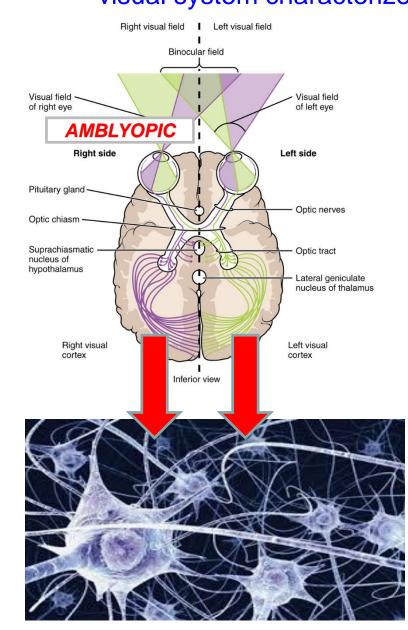


The effective role of long-term antidepressant (ADs) administration in promote the *neurogenesis and synaptogenesis* in the adult hippocampus (1,2,3) as well as in increasing the expression of the *Brain Derived Neurotrophic Factor* (BDNF) and its primary receptor TrkB (4,5,6) has been clearly demonstrated so far



- 1) J.E.Malberg, A.J. Eish, E.J. Nestler, R.S. Duman, Journal of Neuroscience 20 2000;
- 2) R.S. Duman- Dialogues in Clinical Neuroscience- 6 (2) 2004
- 3) T. Hajszan, N.J. Mac Lusky, C. Leranth, Journal of Neuroscience 21 2005;
- 4) M.Nibuya, S. Morinobu, R.S. Duman, Journal of Neuroscience 15 1995;
- 5) E. Castren, Curr. Opin. Pharmacological 4 2004;
- 6) G. S. Tejada, M. Diaz-Guerra, Int. J. Molecular Science 18 (02) 2017

<u>AMBLYOPIA</u>, otherwise known as "*lazy eye*", is a disorder of the visual system characterized by **poor or indistinct vision**



Developmental disease, due to the incomplete growth of the neuronal network in the visual cortex that receive the impulses from the amblyopic eye.

That is considered as an irreversible condition in adulthood !

Amblyopia or Lazy eye





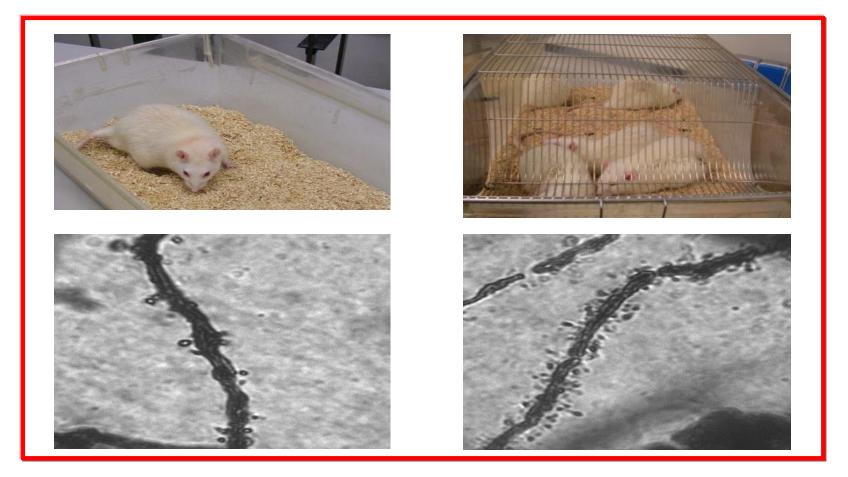


Eye with blurred vision



Eye with normal vision

A model of neuronal restored plasticity has been demonstrated in the visual cortex of amblyopic adults rodents treated with the Selective Serotonin Reuptake Inhibitor (SSRI) fluoxetine (5).



5) J.F.M.Vetencourt, A.Sale, A.Viegi, L.Baroncelli, O.F.O'Leary, E. Castren, L. Maffei, -Science 18- 2008;

the neurofunctional deficits of amblyopia in humans....

.... as a ...

.... reliable model to study the effects of specific, neurotrophic, interventions !!!

Methods

Sample :

3 adult, male, amblyopic subjects (1 bilateral with nystagmus)

Stimulation:

- **daily stimulation** of the amblyopic eye (*alternate a day for bilateral*) for one/two hour/s (*watching TV*) for the whole period of observation;
- "antidepressant" S/NRI intake (duloxetine 60 mg/die)

Measures :

- Best Corrected Visual Acuity (BCVA) in the amblyopic eye at T0, T1 and T2 (respectively 0 6 12 months)
- For one subject, also the measurement of the Visual Evoked Potentials (VEPs), with pattern reversal of 15° and 60° (*checkerboards reversal per second*).



Measurements at T2 showed a functional increase of BCVA from :

- 4 to 7/10 (case with VEPs registered):

- 2 to 5/10 (case with bilateral amblyopia and nystagmus)

- 2 to 5/10

Results

case with VEPs:

- * **INCREASE** of N75-P100 amplitude in **µV** from:
 - -0.42 to 4.14 (in 15° pattern of stimulation)
 - 3.76 to 5.33 (in 60° pattern of stimulation)
- * **DECREASE** of P100 Latency Peak Time in *msec* from:
 - 117.77 to **111.91** (in 15° pattern of stimulation)
 - 112.5 to 102.5 (in 60° pattern of stimulation)

Discussion

- All the cases significantly improved their eyesight (BCVA), with personal benefits
- The VEPs results suggest that (in the case studied):
- > the initial low amplitude in µV at T0 of N75- P100 -0.42 (in 15°) and 3.76 (in 60°) indicates that the neuronal activity was actually impaired, due to the incomplete network, as it is expected in the corresponding visual cortex of the amblyopic eye;
- > the <u>increased amplitude</u> in μV at T2 of N75-P100 to 4.14 (in 15°) and 5.33 μV (in 60°) can be related to a **restored neuronal activity** while processing the electro-visual stimuli.
- > the <u>decreased Latency Peak Time</u> of P100 from 117.77 (in 15°) and 112.5 (in 60°) msec at T0 to 111.91 (in 15°) and 102.5 (in 60°) msec at T2 means that the neuronal connections within the cortical area are more effective in transmitting the impulses.

Conclusions

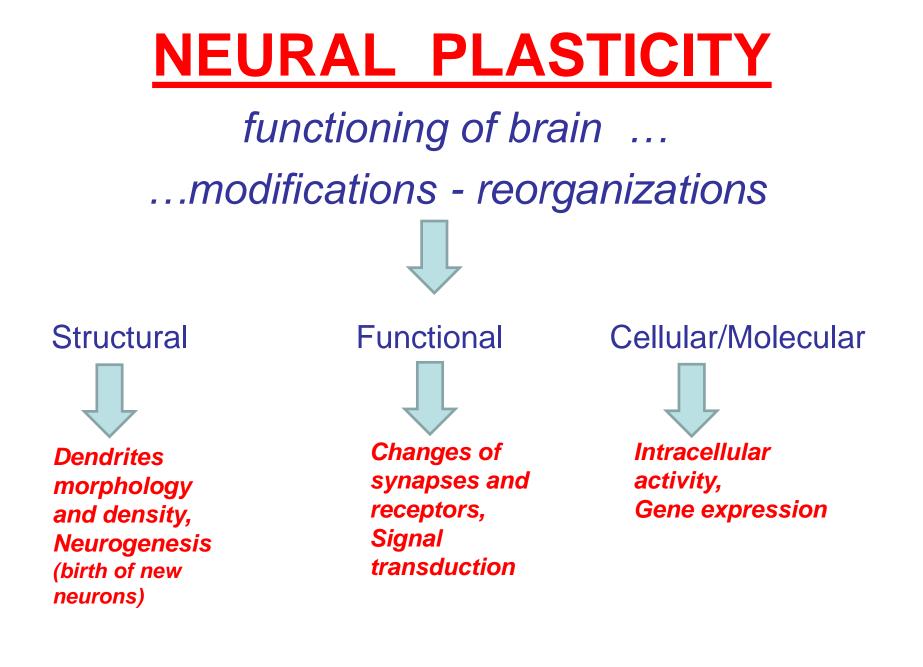
The clinical and the experimental results (*improvement of BCVA, increase of N75-P100 Amplitude in microvolts, the decrease of P100 Latency in milliseconds*), seem to confirm other findings and to demonstrate that also the human adult's neuronal cortex can be activated or shaped, after proper stimulation, in order to support its natural and specific function.

The elicited functional/structural adaptations observed in our cases might be explained through the <u>mechanism of neuroplasticity</u>, likely enhanced simultaneously by the <u>biomolecular effects</u> of the S-NRI Duloxetine (*production of BDNF*) and the <u>active visual-sensory stimulation (watching TV</u>).

Prospects

As shown, since adaptation can occur also in cortical areas never properly developed before (as the amblyopic one), a potential clinical application might be investigated in other neurological conditions, where the neural network/functions has formerly been unexpressed or compromised (congenital/degenerative diseases, stroke, traumatic/functional damages).

Thank you ! QUESTIONS ?



Neural plasticity is emerging as a fundamental and critical mechanism of neuronal function, which allows the brain to receive information and make the appropriate adaptive responses to subsequent related stimuli.

Elucidation of the molecular and cellular mechanisms underlying neural plasticity is a major goal of neuroscience research, and significant advances have been made in recent years.

These mechanisms include regulation of signal transduction and gene expression, and also structural alterations of neuronal spines and processes, and even the birth of new neurons in the adult brain