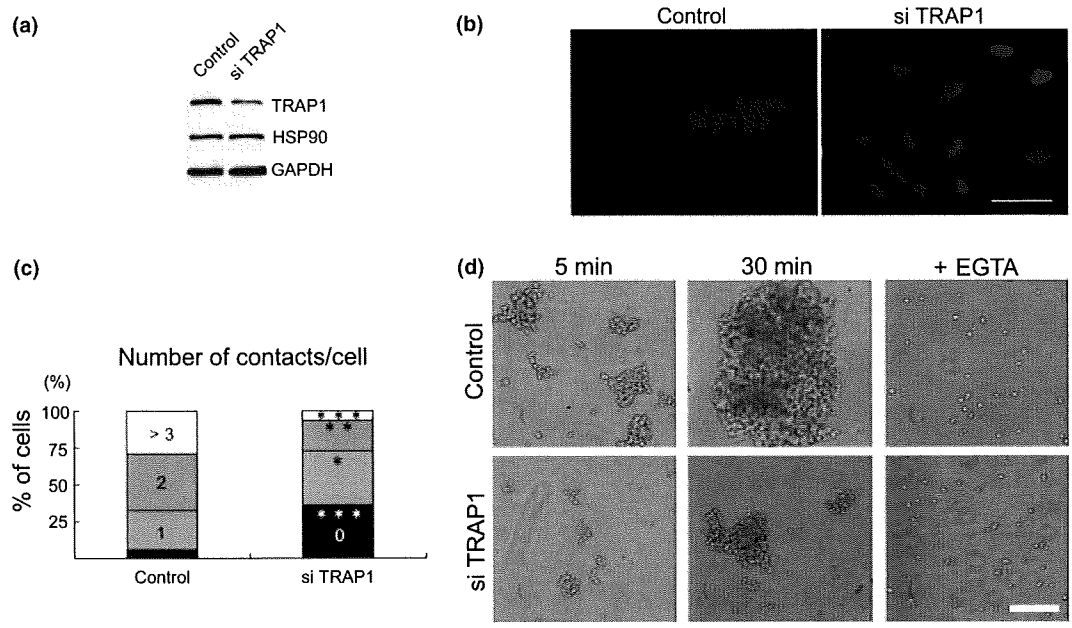

Fig. 2 TRAP1 is involved in cell-cell adhesion. (a) Immunoblotting of SH-SY5Y cells transfected with siRNAs specific to TRAP1 (siTRAP1) or control siRNAs (Control), with anti-TRAP1, HSP90 and GAPDH antibodies. Results are representative of three independent experiments. (b) Immunocytochemistry of TRAP1 knockdown and control cells with anti-TRAP1 antibody (red) and DAPI (blue). Scale bar, 50 μm. (c) Quantification of intercellular adhesion in TRAP1 knockdown cells. Asterisks indicate that the difference is statistically significant. $^{*}p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$ vs. control. (d) Cell-aggregation assay of TRAP1 knockdown cells. Scale bar, 200 μm.

using the same antibody, a ~80% reduction in TRAP1 protein levels by siTRAP1 was observed (Fig. 2b). The siTRAP1 targeted TRAP1 specifically, because levels of HSP90, which has sequence homologous to TRAP1 (Felts *et al.* 2000), was unaffected by the siRNAs (Fig. 2a). Upon knockdown of TRAP1, a striking cell-scattering phenotype was observed in SH-SY5Y cells; cells transfected with siTRAP1 were dispersed throughout the dish, compared to cells transfected with control siRNA that grew in aggregates resembling untransfected SH-SY5Y cells. This phenomenon was detectable as early as 24 h after transfection and became more prominent by 72 h after transfection (Fig. S2a). Immunostaining of actin filaments in the siRNA-treated cells showed no difference in cytoskeletal structure (Fig. S2b). After staining cells for actin, we quantified the percentage of cells with no inter-cellular contacts and detected a 6.2-fold increase in cells transfected with siTRAP1 (36%) compared to cells transfected with control siRNA (5.8%, Fig. 2c). Using the cell aggregation assay, TRAP1 knockdown cells showed much lower efficacy of cell-cell adhesion compared with control cells, suggesting that calcium-dependent cell adhesion is affected (Fig. 2d). These results strongly indicate that TRAP1 regulates downstream molecules crucial for cell adhesion.

N-cadherin is transcriptionally down-regulated in TRAP1 knockdown cells

We further investigated the molecular mechanism responsible for the cell scattering phenotype observed in TRAP1 knockdown cells. Expression levels of cell adhesion molecules, including N-cadherin, are directly related to the cell-scattering phenomenon (Hayashida *et al.* 2006; Yasuda *et al.* 2007) and N-cadherin mediates calcium-dependent cell adhesion in neuronal cells (Takeichi 2007). We therefore determined the expression level of N-cadherin in TRAP1 knockdown cells. We detected that N-cadherin is remarkably decreased throughout the cytoplasm, including around the membrane where cell-adhesion takes place, in the TRAP1 knockdown cells compared to control cells (Fig. 3a). Consistently, immunoblotting experiments showed that expression of N-cadherin is significantly decreased in TRAP1 knockdown cells from as early as 24 h until at least 72 h after transfection, but the expression level of β-catenin, which also regulates cell-adhesion, was unaffected (Fig. 3b). These results suggest that the cell scattering phenotype detected in TRAP1 knockdown cells is at least partially mediated by reduction of N-cadherin expression in those cells.

To determine whether cell viability or migration contributes to the cell-scattering phenotype in TRAP1 knockdown cells, we investigated cell viability by the 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay and migration by the wound healing assay (Fig. S2c and d). Although slight decrease of cell viability in TRAP1 knockdown cells was observed compared to the control cells at 48 h after transfection or later, no changes were detected at 24 h after transfection, when the cell-scattering phenotype of

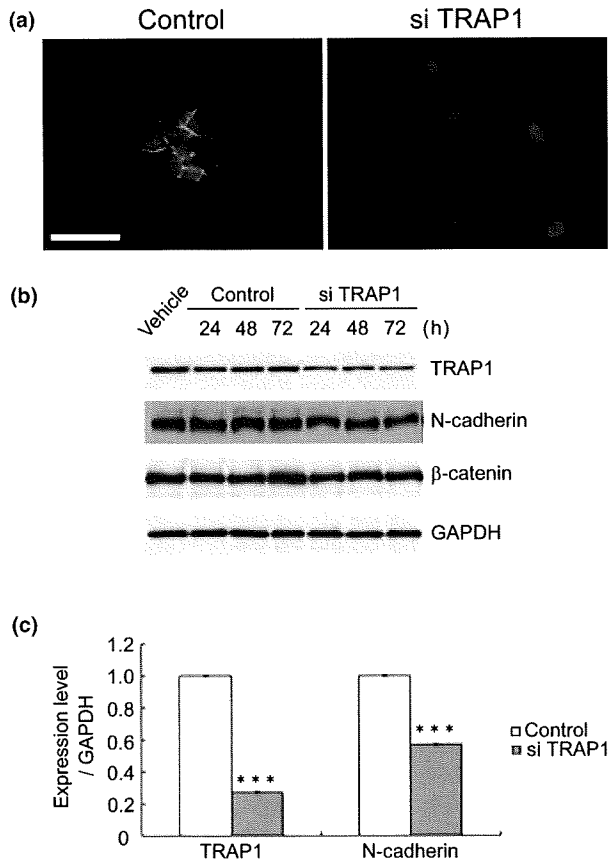

Fig. 3 TRAP1 knockdown results in the down-regulation of N-cadherin. (a) Immunocytochemistry of TRAP1 knockdown cells (right) compared with that of control cells (left) with an anti-N-cadherin antibody (green) and DAPI (blue). Scale bar, 50 μm. (b) Immunoblotting of TRAP1 knockdown cells with anti-TRAP1, N-cadherin, β-catenin and GAPDH antibodies. Results are representative of four independent experiments. (c) Quantitative RT-PCR of TRAP1 and N-cadherin mRNA levels in TRAP1 knockdown cells. GAPDH mRNA was used as an internal control. Data represent the mean ± SD ($n = 3$). ***$p < 0.001$ vs. control.

TRAP1 knockdown cells was already observed (Fig. S2a). No significant changes in the rate of cell migration were observed.

To determine if down-regulation of N-cadherin induced by siTRAP1 occurs at the transcriptional level, we measured levels of N-cadherin mRNA by real-time RT-PCR analysis 48 h after siRNA transfection and found that N-cadherin mRNA in the TRAP1 knockdown cells is about 45% lower than that in the control cells (Fig. 3c). These results indicate that TRAP1 knockdown induces transcriptional down-regulation of N-cadherin.

Taken together, these results suggest that the cell scattering phenotype in the TRAP1 knockdown cells can be mainly attributed to impaired expression of cell adhesion molecules including N-cadherin, which is transcriptionally regulated by TRAP1.

E2F1, a putative transcription factor of N-cadherin, is down-regulated in TRAP1 knockdown cells

To determine if a transcription factor is involved in down-regulation of N-cadherin in TRAP1 knockdown cells, we searched DBTSS (Database of Transcriptional Start Sites) and TRANSFAC (The Transcription Factor Database) and discovered a putative binding site for E2F1 in the promoter region of the N-cadherin gene (Fig. 4a). By immunoblot analysis and real-time PCR, we determined that the amount of both the protein and the mRNA of E2F1 were significantly decreased in TRAP1 knockdown cells (Fig. 4b and c), although the mRNA level of c-Myc, another representative transcription factor, was not affected. Next, we used the luciferase reporter assay to test our hypothesis that E2F1 regulates the expression of N-cadherin. SH-SY5Y cells transfected with the N-cadherin-luciferase plasmid showed strong activity of the reporter, and this activity was suppressed in TRAP1 knockdown cells, mimicking the signal cascade we detected *in vitro* (Fig. 4d). Furthermore, exogenously transfected E2F1 showed a 7.5-fold induction of luciferase reporter activity relative to the control vector (Fig. 4e). These results indicate that E2F1 plays a regulatory role upstream of N-cadherin in the TRAP1 knockdown cells.

Reduced phosphorylation of STAT causes down-regulation of E2F1 in TRAP1 knockdown cells

In search of an upstream molecule that regulates E2F expression, we found a recognition sequence for STAT3 located 89 bp upstream of the transcription initiation site of the E2F1 gene (Fig. 5a). Upon activation, STAT3 proteins are tyrosine-phosphorylated, dimerize and translocate to the nucleus (O'Shea *et al.* 2002). Then the nuclear phospho-STAT3 binds to STAT recognition sites located in the promoter region of downstream genes to promote the transcription of those genes. We detected that the amount of tyrosine-phosphorylated STAT3, but not the total amount of STAT3, was significantly reduced in the TRAP1 knockdown cells (Fig. 5b). Using a reporter construct containing the E2F1 promoter region fused with the luciferase gene, we found that promoter activity of the E2F1 gene was significantly reduced if the STAT3 recognition site was deleted and if TRAP1 was knocked down (Fig. 5c and d). These data indicate that TRAP1 regulates the tyrosine phosphorylation status of STAT3, which controls the expression of E2F, and thus subsequently modulates the transcription of N-cadherin.

Tyrosine phosphorylation of STAT3 and N-cadherin expression are down-regulated in TNFR1 knockdown cells

Tumor necrosis factor receptor-associated protein 1 was originally isolated as a TNFR1 binding protein using the *in vitro* binding assay (Song *et al.* 1995). We confirmed that endogenous TRAP1 was immunoprecipitated with TNFR1 in

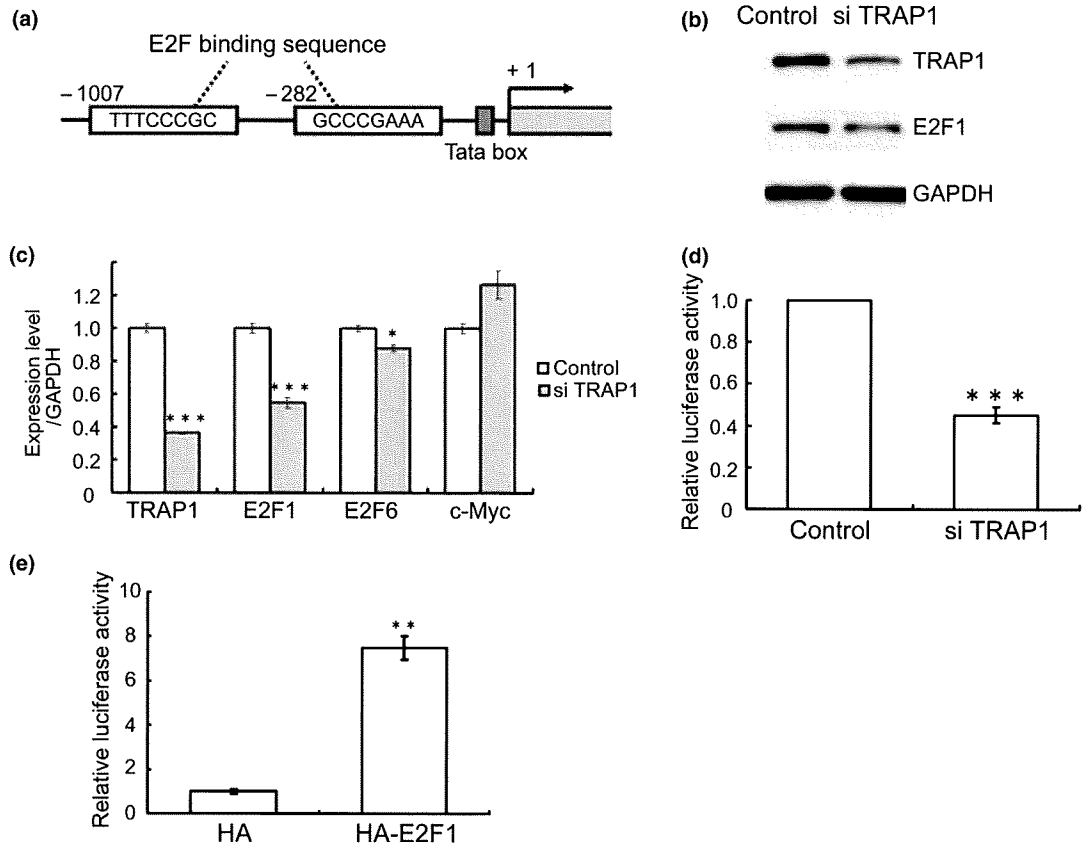

Fig. 4 TRAP1 knockdown decreases transcription activity of the N-cadherin promoter. (a) Schematic illustration of two putative E2F1 binding sequences in the regulatory region of the N-cadherin gene. (b) Immunoblotting of TRAP1 knockdown cells at 48 h after transfection with anti-TRAP1, E2F1 and GAPDH antibodies. Results are representative of three independent experiments. (c) Quantitative RT-PCR of TRAP1, E2F1, E2F6 and c-Myc mRNA levels. GAPDH mRNA was used as an internal control. Data represent the mean ± SD ($n = 3$). (d) Relative transcription activity of the N-cadherin promoter in TRAP1 knockdown cells. (e) Relative transcription activity of the N-cadherin promoter in cells transfected with HA tagged E2F1 (HA-E2F1) compared with that in cells transfected with HA (HA). Data represent the mean ± SD ($n = 3$). $^{*}p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$ vs. control.

SH-SY5Y cells (Fig. 6a). We next investigated whether TRAP1 is functionally associated with TNFR1.

Recently, TNF-α has been reported to activate the Jak-STAT3 pathway through TNFR1 in both peripheral cells and in the brain (Guo *et al.* 1998; Romanatto *et al.* 2007). Given that TRAP1-induced phosphorylation of STAT3 occurs downstream of TNFR1, knockdown of TNFR1 could also lead to a decrease in STAT phosphorylation. We next examined the phosphorylation status of STAT3 in the context of TNFR1 knockdown. An siRNA against TNFR1 (siTNFR1) transfected into SH-SY5Y cells effectively reduced its mRNA level (~78% compared with the control siRNA) and subsequently its protein level (Fig. 6b and c). We detected that the amount of tyrosine-phosphorylated STAT3 was significantly reduced in the TNFR1 knockdown cells (Fig. 6b). Real-time RT-PCR analysis showed decreased mRNA levels of N-cadherin in TNFR1 knockdown cells (Fig. 6c). In addition, we found that exogenous addition of TNF-α for 12 h induced N-cadherin expression (Fig. 6d). This up-regulation was completely blocked if TRAP1 or TNFR1 was knocked down using siRNA, whereas it was not altered in TNFR2 knockdowns (Fig. 6e). Taken together, these results suggest that TRAP1, which binds to the intracellular domain of TNFR1, is involved in the signal transduction pathway from TNFR1 by modulating STAT phosphorylation, resulting in the alteration of N-cadherin expression.

TRAP1 knockdown causes the down-regulation of N-cadherin and alters dendritic spine morphology in cultured hippocampal neurons

We next knocked down TRAP1 using siRNA transfection in cultured hippocampal neurons (Fig. 7a). Because N-cadherin is involved in the morphogenesis of synapses (Togashi *et al.* 2002; Okamura *et al.* 2004), we analyzed whether the morphology of dendritic spines is regulated by TRAP1 via N-cadherin in these neurons (Fig. 7b). According to a standard classification of spine morphology, spines are

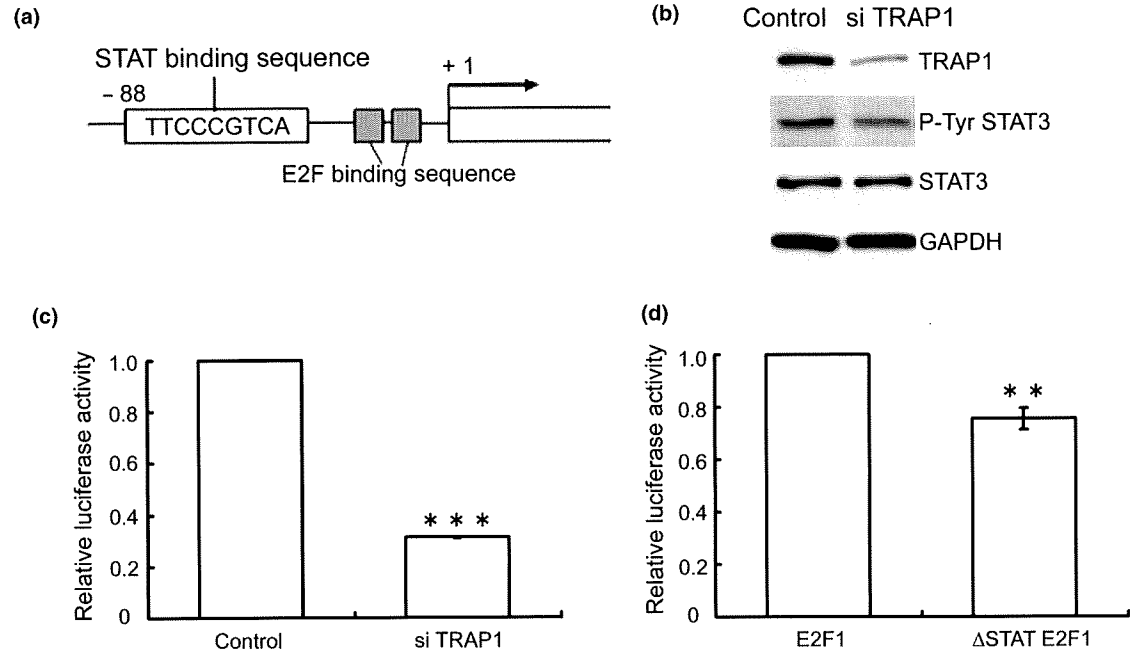

Fig. 5 TRAP1 knockdown decreases transcription activity of the E2F1 promoter. (a) Schematic illustration of a putative STAT binding sequence in the E2F1 promoter region. (b) Immunoblotting of TRAP1 knockdown cells with anti-TRAP1, phosphorylated STAT3 (Tyr705) (p-Tyr STAT3), STAT3 and GAPDH antibodies at 48 h after transfection. Results are representative of three independent experiments. (c) Luciferase assay in TRAP1 knockdown cells transfected with the reporter construct containing the E2F1 promoter. (d) Luciferase assay in TRAP1 knockdown cells transfected with a reporter construct containing the E2F1 promoter (E2F1) or containing E2F1 promoter without STAT3 binding sequence (ΔSTAT E2F1). Data represent the mean ± SD ($n = 3$). $^{**}p < 0.01$, $^{***}p < 0.001$ vs. control.

divided in two types: pedunculated and sessile; the former has a substantial stalk construction whereas the latter does not (Greg *et al.* 1999). In TRAP1 knockdown neurons, spines were predominantly sessile. Only 20.8% of spines displayed peduncular morphology compared with 66.7% in control neurons (Fig. 7c).

Association of SNPs in the *TRAP1* gene with major depression

We then examined the association between SNPs in the *TRAP1* gene and mental disorders, including schizophrenia, bipolar disorder and major depression. Six SNPs in the *TRAP1* gene selected from public databases were genotyped, and the distributions of all six SNPs were verified to be in Hardy-Weinberg proportions in all diagnostic groups (data not shown). As shown in Table 1, a statistically significant association was detected between genetic variations in the *TRAP1* gene and patients with schizophrenia (SNP3, $p = 0.048$), bipolar disorder (SNP1, $p = 0.047$), and major depression (SNP2, $p = 0.003$; SNP3, $p = 0.00086$; SNP4, $p = 0.012$; SNP5, $p = 0.0078$).

Discussion

The primary aim of this study was to elucidate the downstream pathway of TNF-α, whose role is implicated in major depression. Our SNP analyses of the *TRAP1* gene, which binds to the receptor of TNF-α, suggested that the *TRAP1* gene *per se* or another gene in linkage disequilibrium might be associated with psychiatric disorders, particularly with major depression. We showed that TRAP1 is expressed in brain neurons including those in regions closely related to the symptoms of depression (Nestler *et al.* 2002; Berton and Nestler 2006). We further demonstrated that TRAP1 regulates the expression of N-cadherin in the TNF-α/TNFR1 signaling pathway, via regulation of STAT3 tyrosine phosphorylation and E2F expression, resulting in alterations of cell-adhesion efficacy, which causes a morphological change of dendritic spines in cultured hippocampal neurons.

In the CNS, TNF-α is known to be produced by neurons, as well as by astrocytes and microglia (Pan *et al.* 1997). The expression of TNFR1 and TNFR2 in the CNS has also been reported (Bette *et al.* 2003). Although TNFR2 is expressed in non-neuronal cells, TNFR1 is constitutively and broadly expressed in many neurons in the CNS. High levels of TNFR1 expression has been documented in the forebrain regions and in several motor nuclei in the brainstem (Bette *et al.* 2003). Our immunohistochemical analyses showed that the expression pattern of TRAP1 is strikingly similar to that of TNFR1, suggesting that TRAP1 works synergistically with TNFR1 in the brain and contributes to neuronal

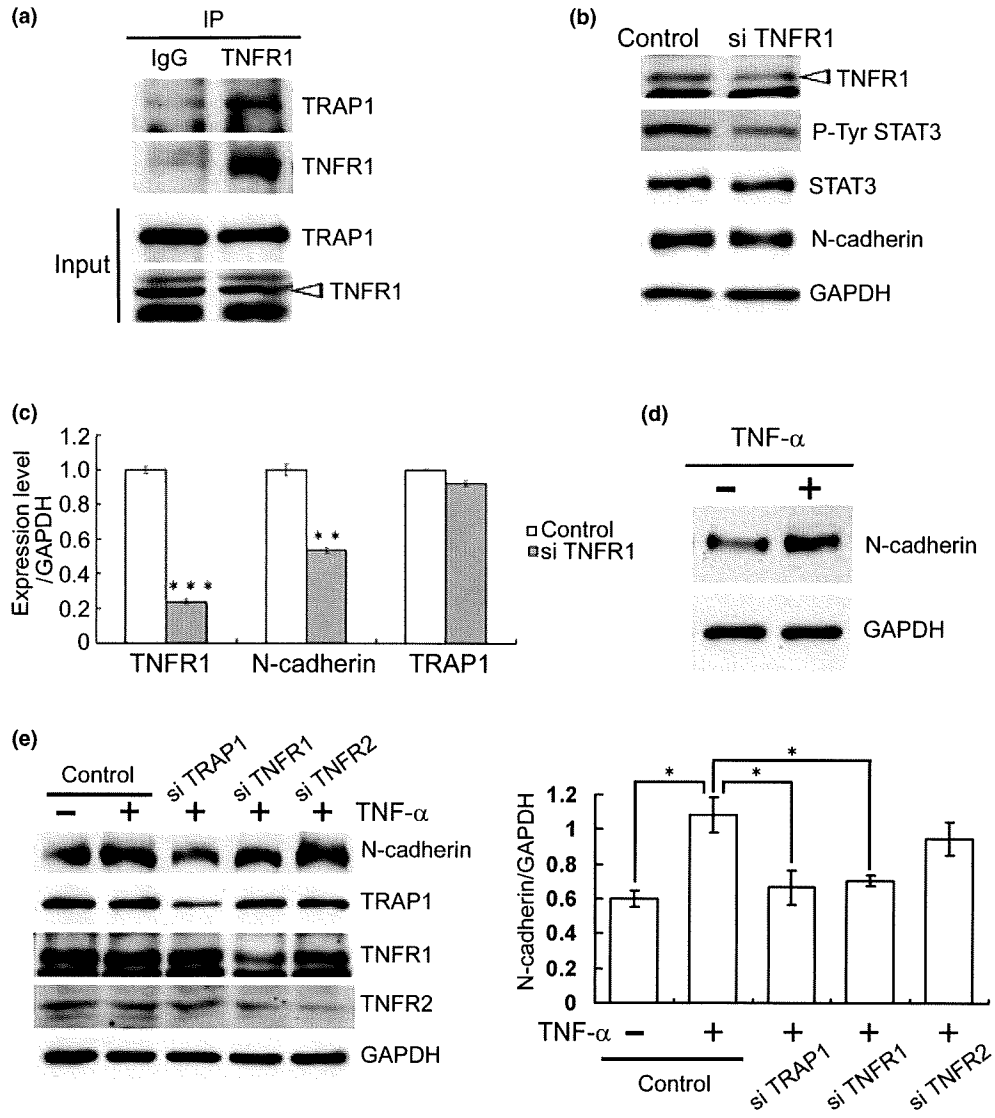

Fig. 6 TRAP1 binds TNFR1 and is involved in N-cadherin expression and phosphorylation of STAT3. (a) Immunoprecipitation of endogenous TNFR1 with endogenous TRAP1 after 15 min of incubation with TNF-α in SH-SY5Y cells. (b) TNFR1 knockdown results in a reduced expression of N-cadherin and tyrosine-phosphorylated STAT3 at 48 h after transfection. (c) Quantitative RT-PCR of TNFR1, N-cadherin and TRAP1 mRNA levels in TNFR1 knockdown. GAPDH mRNA was used as an internal control. (d) TNF-α (100 ng/ml) increases N-cadherin expression at 12 h after treatment. Results are representative of four independent experiments. (e) Knocking down TRAP1 or TNFR1 inhibits N-cadherin up-regulation by TNF-α. GAPDH was used as an internal control. Data represent the mean ± SD ($n = 3$). $^{*}p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$ vs. control.

function. N-cadherin is also expressed in neurons in the adult mouse brain (Redies and Takeichi 1993; Barami *et al.* 1994; Takeichi 2007). Thus, our data verified the co-expression of TNFR1, TRAP1 and N-cadherin in neurons in the brain.

Type I tumor necrosis factor receptor (TNFR1) is localized in the plasma membrane to transmit extracellular TNF-α signals to the intracellular compartment. We have shown that TRAP1 is distributed throughout the cytoplasm including areas near the membrane, and that TRAP1 immunoprecipitates with TNFR1. In addition, we showed that knocking down TNFR1 or TRAP1 has similar effects on N-cadherin expression. Moreover, up-regulation of N-cadherin induced by TNF-α was blocked in TRAP1 or TNFR1 knockdowns. Together, these data indicate that TRAP1 interacts with TNFR1 to modulate cell adhesion.

Considering that mitochondrial TRAP1 undergoes phosphorylation by PINK1 and inhibits cytochrome *c* release from mitochondria (Abeliovich 2007; Pridgeon *et al.* 2007; Mills *et al.* 2008), it is likely that TRAP1 interacts with proteins in various cellular compartments to exert multifaceted functions in the brain, like other members of the HSP90 family (Csermely *et al.* 1998; Pratt 1998).

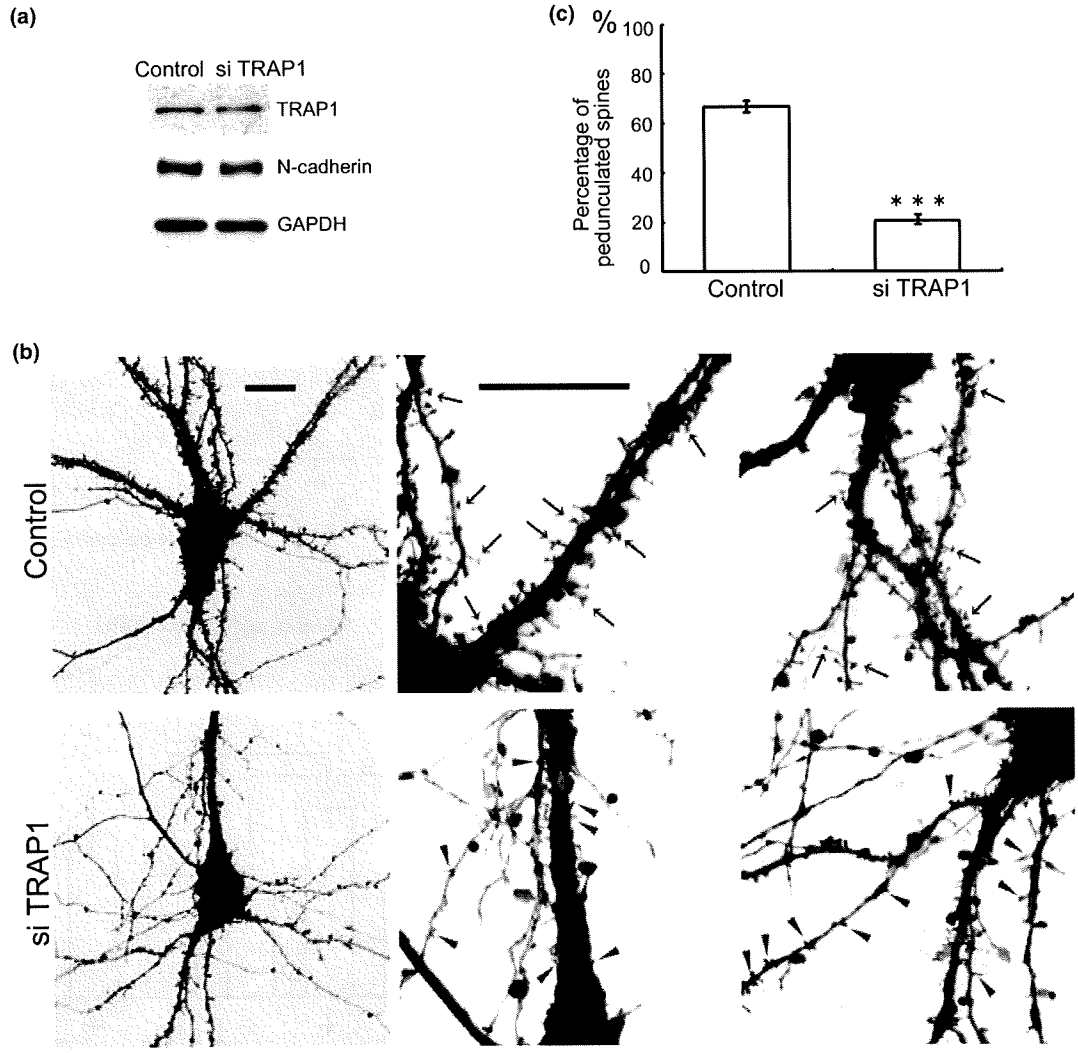

Fig. 7 TRAP1 knockdown alters dendritic morphology in cultured primary hippocampal neurons. (a) Immunoblotting of TRAP1, N-cadherin and GAPDH in TRAP1 knockdown neurons. (b) DiI images of TRAP1 knockdown neurons and control neurons at DIV21. Scale bar, 20 μm. (c) The percentage of pedunculated spines in total spines that are located between 10 and 40 mm from the proximal origin of dendrites in seven each neurons. Data represent the mean ± SD. ***$p < 0.001$ vs. control.

Gene manipulation studies in mice have revealed that a defect in either TNF-α, TNFR1 or cell adhesion molecules has a significantly effects emotional behavior (Manabe *et al.* 2000; Yamada *et al.* 2000; Simen *et al.* 2006). In particular, TNFR1 knockout mice show anti-depression-like behavior (Simen *et al.* 2006). However, little is known about the relationship between TNF-α and cell adhesion molecules in the CNS, although *in vitro* studies in epithelial cells have suggested the involvement of TNF-α in the regulation of cell adhesion molecules (Pober *et al.* 1986; Lassalle *et al.* 1993; Dobbie *et al.* 1999; Young *et al.* 2002). Interestingly, TNF-α-induced over-expression of adhesion molecules has been implicated in the pathogenesis of rheumatoid arthritis, which is frequently accompanied by major depression (Bacon *et al.* 2002; Hurlimann *et al.* 2002; Gonzalez-Juanatey *et al.* 2004). In the present study, we showed that TNF-α up-regulates N-cadherin expression in neuronal cells, thus providing a possible link between TNF-α over-expression and impaired brain functions.

Recent studies have indicated that N-cadherin is an important regulator of synaptic morphology and function (Okamura *et al.* 2004; Tanabe *et al.* 2006; Takeichi 2007). Disrupting N-cadherin in hippocampal neurons with a dominant negative mutant results in altered dendritic spine morphology and aberrant synaptic organization (Togashi *et al.* 2002). Functionally, N-cadherin regulates synaptic plasticity; activity dependent accumulation of N-cadherin at the synapse is essential for spine remodeling and long-term potentiation (Tang *et al.* 1998; Bozdagi *et al.* 2000; Tanaka *et al.* 2000). In addition, activity dependent

Table 1 Allele distributions for six SNPs in the TRAP1 gene among patients with schizophrenia, bipolar disorder and major depression and controls

SNP-ID	dbSNP	Distance from SNP1	Major/ Minor	Location	Cont, $n = 785$	Schizophrenia, $n = 698$			Bipolar disorder, $n = 91$			Major depression, $n = 361$		
							p	OR		p	OR		p	OR
SNP1	rs6500552		T/C	intron1	0.322	0.309	0.45	–	0.396	0.047	1.38	0.328	0.78	–
SNP2	rs1639150	12 189	T/C	intron1	0.45	0.441	0.62	–	0.445	0.91	–	0.384	0.003	0.76
SNP3	rs2108430	21 315	T/C	intron3	0.493	0.529	0.048	1.16	0.527	0.38	–	0.568	0.00086	1.35
SNP4	rs13926	34 928	C/G	exon9 (R307G)	0.496	0.423	0.88	–	0.401	0.52	–	0.482	0.012	1.25
SNP5	rs1136948	37 620	C/G	exon11 (D395E)	0.126	0.107	0.1	–	0.143	0.54	–	0.089	0.0078	0.67
SNP6	rs710891	49 296	T/C	intron16	0.454	0.467	0.48	–	0.429	0.51	–	0.485	0.172	–

Minor allele frequencies in controls are shown. Cont, control; OR, odds ratio.

α-amino-3-hydroxy-5-methylisoxazole-4-propionate (AMPA) receptor trafficking to the synaptic membrane, which is thought to be the molecular basis of learning and memory, is also regulated by N-cadherin (Nuriya and Huganir 2006). These facts indicate that N-cadherin plays important roles in higher brain functions and altered expression of N-cadherin presumably is associated with the pathogenesis of mental disorders. Indeed, N-cadherin is up-regulated in hippocampal neurons by contextual fear conditioning and its dimerization is critical for normal contextual memory formation via the extracellular signal-regulated kinase (ERK) signaling cascade (Schrick *et al.* 2007), also implicated in the pathogenesis of major depression (Dwivedi *et al.* 2001; Coyle and Duman 2003; Einat *et al.* 2003; Hashimoto *et al.* 2006). Our results provide another line of evidence that the signal transduction pathway modulating N-cadherin expression induces morphological changes at synapses, which in turn, plays a key role in cognitive function.

We showed that four SNPs in the *TRAP1* gene may be associated with the pathogenesis of mental disorders, particularly major depression, including two SNPs that cause an amino acid change in the TRAP1 protein: R307G (rs13926) and D395E (rs1136948). Our preliminary study showed that these two non-synonymous SNPs are located in the region critical for the binding of TRAP1 to TNFR1, suggesting that the binding affinity of TRAP1 to TNFR1 or the downstream signaling of TRAP1 might be altered (data not shown). Intronic SNPs have been known to affect alternative splicing, and therefore can be pathogenic (Medina *et al.* 2008; Weickert *et al.* 2008). Functional analysis of SNPs in the *TRAP1* gene, in addition to considering the possibility of linkage disequilibrium is required to clarify the involvement of TRAP1 in the pathogenesis of major depression.

In conclusion, this study provides new and important information towards understanding the causal connections between TNF-α and synaptic function via cell adhesion molecules such as N-cadherin. These findings have important implications for revealing the molecular basis of the pathogenesis of psychiatric disorders, especially major depression, and for future therapeutic interventions for these disorders.

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Supporting Information

Additional Supporting Information may be found in the online version of this article:

Appendix S1 Materials and methods.

Figure S1 Immunohistochemical analysis of TRAP1 in the mouse brain.

Figure S2 (a) Temporal profile of scattered phenotype in TRAP1 knockdown SH-SY5Y cells. Scale bar, 125 μm. (b) Fluorescence images of F-actin in TRAP1 knockdown cells and control cells. Scale bar, 50 μm. (c) Proliferation assay of TRAP1 knockdown cells. (d) Cell migration assay of TRAP1 knockdown cells. Scale bar, 500 μm.

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Impaired regional hemodynamic response in schizophrenia during multiple prefrontal activation tasks: A two-channel near-infrared spectroscopy study

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ABSTRACT

In schizophrenia, dysfunction of the prefrontal cortex (PFC), regarded as a core feature of the disease, has been investigated by different neuroimaging methods. Near infrared spectroscopy (NIRS), a novel neurophysiological method, is being increasingly used in the investigation of frontal dysfunction in schizophrenia. However, NIRS measurements during multiple frontal activation tasks have been rarely reported. The purpose of this study was to compare hemodynamic changes in the PFC between patients with schizophrenia and healthy controls during four different types of frontal lobe tasks using a 2-channel NIRS system. Thirty patients with schizophrenia and thirty age- and gender-matched healthy controls were enrolled in this study. In both groups, changes in oxygenated hemoglobin concentration (Δ[oxyHb]) at the bilateral forehead were measured during Verbal fluency test letter version (VFT-letter), VFT category version, Tower of Hanoi (TOH), the Sternberg and Stroop tasks. Regarding Δ[oxyHb] in PFC, a diagnosis group effect was found for VFT-letter and TOH. Significant negative correlation was found between left Δ[oxyHb] during TOH and negative and cognitive symptom scores in schizophrenia patients. Right Δ[oxyHb] during TOH also showed significant negative correlation with cognitive symptoms scores. No significant correlation between Δ[oxyHb] and clinical characteristics were observed during VFT-letter. These findings suggest that among a battery of frontal lobe tasks administered to schizophrenia patients, VFT-letter and TOH are more sensitive to detect PFC activation, as indicated by Δ[oxyHb] using a 2-channel NIRS. Taken together, these findings and those of previous neuroimaging studies suggest that VFT-letter and TOH might represent possible candidate physiological markers of prefrontal dysfunction in schizophrenia, though extensive testing in clinical settings will be necessary.

1. Introduction

Schizophrenia is a mental disorder emerging in adolescence that is typically characterized by hallucinations and delusions as well as emotional and social dysfunction. Recently, marked cognitive impairments, predominantly in memory, attention, and executive functions have been described in patients with

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schizophrenia and are regarded as being independent of psychiatric symptoms (Heinrichs and Zakzanis, 1998). In fact, cognitive impairments in multiple domains are considered important features of the psychopathology of schizophrenia and have been reported in association with social functions, quality of life, and prognosis of social life (Harvey et al., 1998). These cognitive impairments are related to dysfunction of several areas in the brain in schizophrenia including the prefrontal area. Previous studies on schizophrenia have reported poor performance of neuropsychological tests that assess prefrontal function such as the Verbal Fluency Test (VFT), the Wisconsin Card Sorting Test (WCST – measuring conversion of the concept and flexibility of reaction), and the Stroop task (measuring attention and inhibition, see Ma et al., 2007). Several functional MRI (fMRI) studies indicated involvement of the prefrontal cortex (PFC) in the WCST in healthy controls (Alvarez and Emory, 2006), and decreased activation of the PFC in schizophrenia (Ragland et al., 2007). Assessing prefrontal function is therefore essential to elucidate the schizophrenia pathophysiology.

Near-infrared spectroscopy (NIRS), a novel neuroimaging method, is increasingly used in investigating psychiatric disorders. This method exploits the property of near-infrared light penetrating into tissues where it is absorbed by hemoglobin depending on the oxygenation state of the hemoglobin (Jobsis, 1977). Using different infrared wavelengths, it is thus possible to measure relative changes in oxygenated hemoglobin concentration ([oxyHb]) and deoxygenated hemoglobin ([deoxyHb], Hoshi, 2003; Soul and du Plessis, 1999). It is well established that oxygen consumption, regional cerebral blood response (rCBR), and oxygenated hemoglobin supply are increased in the highly activated neural regions (Hoshi et al., 2001; Fox and Raichle, 1986).

Compared to other neuroimaging methods such as fMRI and PET, NIRS measurement is quite simple, which is advantageous in a clinical setting. NIRS is non-invasive in nature, portable, has a low running cost and it is available for continuous and repetitive measurements, albeit with the limitation of low spatial resolution and the inability to examine deep brain structures. Since several studies have successfully utilized NIRS in various psychiatric disorders such as schizophrenia, bipolar disorder, and dementia (Richter et al., 2007; Kameyama et al., 2006; Suto et al., 2004; Fallgatter et al., 1997), there are growing expectations for clinical NIRS applications in the neuropsychiatric area.

Several NIRS studies have reported a significantly smaller increase in [oxyHb] in the PFC in schizophrenia during execution of frontal lobe tasks like the VFT or the Random Number Generation Task (Takizawa et al., 2008; Ehlis et al., 2008; Hoshi et al., 2006; Folley and Park, 2005; Kubota et al., 2005; Watanabe and Kato, 2004; Shinba et al., 2004; Suto et al., 2004; Fallgatter and Strik, 2000; Okada et al., 1994). However, only few frontal lobe tasks have been assessed in these studies, and a comprehensive look at PFC activity is not available. To address this, we employed a 2-channel NIRS (2ch-NIRS) system and four kinds of cognitive tasks (VFT, Tower of Hanoi or TOH, the Sternberg, and the Stroop) to examine which tasks were suitable for finding significant differences in task-induced changes in [oxyHb], and for showing association between the changes in rCBR and demographic and clinical parameters in schizophrenia. VFT, TOH, the Sternberg and the Stroop tasks measure fluency, executive function, working memory, and attention/inhibition, respectively (Ma et al., 2007; Johnson et al., 2006), and they are generally regarded as representative neuropsychological tasks to elicit PFC activation (Ragland et al., 2007; Alvarez and Emory, 2006; Fincham et al., 2002, Schlösser et al., 2008; Johnson et al., 2006). Using 2ch-NIRS to measure changes in rCBR during these tasks is relatively simple and readily adoptable for clinical purposes.

Unlike previous studies with multi-channel NIRS, in this study, changes in [oxyHb] were measured at the bilateral forehead overlying the PFC using a 2ch-NIRS system. Despite it having only two channels, there are several advantages to the 2ch-NIRS system. For instance, invalid NIRS data from a low signal/noise ratio common to multi-channel systems on haired scalp (Suto et al., 2004) is not a problem for NIRS measurements on the forehead. In addition, preparations for 2ch-NIRS measurements take only few seconds, while several minutes are needed for the placement of the probes with multi-channel systems. Furthermore, identical cross-subject anatomical positioning in 2ch-NIRS is supported by fixing the probes at Fp1-F7 and Fp2-F8 according to the 10/20 international electrode placement system for electroencephalography; similar anatomical channel positioning is difficult in multi-channel systems due to variations in head size. Subjects also feel considerable pain at the scalp with multi-channel systems, but not with 2ch-NIRS, which may improve the quality of the PFC recording. Finally, 2-channel data acquisition has no need for statistical corrections for multiple comparisons as does multi-channel data acquisition (Nakahachi et al., 2008).

The purpose of this study was to compare changes in rCBR in the PFC between schizophrenia and healthy controls, and to investigate potential association between changes in rCBR and demographic and clinical parameters in schizophrenia using four frontal lobe tasks and simple, non-invasive 2ch-NIRS measurements. Based on previous reports indicating an association between hypofrontality and negative symptoms in schizophrenia (Pratt et al., 2008; Semkovska et al., 2001), we hypothesized that PFC activation during these tasks in schizophrenia patients would be less than that of healthy controls. We also anticipated a significant correlation between the magnitude of PFC activation and clinical parameters in schizophrenia patients.

2. Methods

2.1. Subjects

This study was conducted with 30 schizophrenia patients and 30 age/gender-matched healthy controls. All patients with schizophrenia were diagnosed according to the Structured Clinical Interview of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV; American Psychiatric Association, 1994). They were treated as inpatients or outpatients at the Department of Psychiatry, Osaka University Hospital from November 2006 to April 2007. Psychopathology was assessed using the Positive and Negative Syndrome Scale (PANSS; Kay et al., 1987) and summarized using the five-factor model of PANSS (Lindenmayer et al., 1994). Antipsychotic medication-related extrapyramidal

symptoms were assessed using the Drug-Induced Extrapyramidal Symptom Scale (DIEPSS; Inada, 1996). Control subjects were not taking any medications at the time of recruitment and had no personal or family history of psychiatric and/or neurological disorders. All subjects were right-handed as indicated by the Edinburgh Handedness Inventory (Oldfield, 1971). Their premorbid IQs were assessed using the Japanese version of the National Adult Reading Test (JART; Matsuoka et al., 2006). This study was approved by the Ethics Committee of Osaka University, and written informed consent was obtained from all subjects prior to the experiments. All procedures were carried out in accordance with the policies and principles contained in the Declaration of Helsinki. The demographic and clinical characteristics of all subjects are shown in Table 1.

2.2. Tasks and procedure

All subjects sat on a comfortable chair in a silent room. The tasks comprised pre-task (30 s), task and post-task periods (60 s). The durations of the task period of VFT-letter, VFT-category and TOH was 60 s, while the Sternberg and the Stroop tasks had durations of 120 s. Because most previous NIRS studies which applied VFT used a 60-sec task period, we allocated the same period of time to VFT in this study. As for TOH, a 60-sec task period proved to elicit sufficient cortical activation in our preliminary measurements. However, the task period for the Sternberg and the Stroop tasks were set at 120 s based on preliminary findings indicating that 60 s was insufficient for significant activation.

Table 1
Demographic data and clinical characteristics

	Schizophrenia (30)	Healthy controls (30)
Age	38.7±11.7	37.3±8.7
Sex (M/F)	12/18	13/17
Years of education	13.3±2.4**	15.5±2.1
JART	101.2±10.8	105.9±8.4
Onset age	23.4±8.4	
Duration of illness (year)	14.7±13.0	
Duration of antipsychotic medication (year)	11.9±12.5	
Equivalents of CPZ (mg)	842.6±704.2	
Equivalents of BZD (mg)	17.1±11.1 [a]	
Admission (time)	3.0±3.7	
Duration of admission (month)	15.0±41.5	
PANSS		
Positive symptoms	18.8±5.5	
Negative symptoms	18.2±6.4	
General psychopathology	36.8±9.1	
Five-factor model of PANSS		
Positive	15.7±5.3	
Negative	16.7±6.5	
Cognitive	10.9±4.0	
Excitement	6.7±2.5	
Depression/anxiety	9.2±3.0	
DIEPSS	2.5±2.9	

Data are presented as mean±SD. JART, the Japanese version of the National Adult Reading Test; CPZ, chlorpromazine; BZD, benzodiazepines; PANSS, the Positive and Negative Syndrome Scale; DIEPSS, the Drug-Induced Extrapyramidal Symptom Scale.
**$p<0.01$, Mann–Whitney U test was used.
[a] Eleven patients were taking BZD medications.

The VFT-letter version asks the subjects to generate loudly as many nouns as possible, all of which start with the Japanese *hiragana* letters 'a', 'ka', and 'sa', with a duration of 20 s for each letter. The VFT-category version asks the subjects to generate loudly as many nouns as possible related to three different categories: animals, vegetables, and vehicles, with a 20-sec duration for each category. In both tasks, the subjects were asked to pronounce the vowels 'a', 'i', 'u', 'e', 'o' repeatedly during the pre- and post-task periods. These tasks evaluate the ease with which a person can produce words. The total number of generated words was deemed task performance. The generated words during the measurement were written down by testers immediately. This procedure is explained in detail elsewhere (Kubota et al., 2005).

The TOH consists of three pegs of equal size and a number of disks of different sizes which can slide onto any peg. The subjects were instructed to follow three rules to perform the task. First, only one disk may be moved at a time. Second, no disk may be place on top of a smaller disk. Third, at no time may a disk be put in a place other than a peg. Upon following these rules, the subjects were asked to transfer the disks, which were neatly piled up in order of size on one peg, to another peg to form the original conical shape in as few moves as possible. To remove non-specific activation elicited by hand motion, they were instructed to move the smallest disk slowly and continuously during the pre- and post-task periods. Before the measurements, the subjects were asked to perform the task with three disks to confirm that they understood the instructions. In TOH with four disks, the fewest moves to achieve the goal is 15. The total number of effective moves was deemed task performance. If the subjects completed the task within 60 s, they were asked to repeat the task. In this case, the total number of effective moves was deemed task performance. The total number of moves and total number of effective moves during measurement were written down by testers immediately. For details on the procedure see Giménez et al. (2003).

In the Sternberg and the Stroop tasks, digits and characters, respectively, were displayed on a 15-inch monitor connected to a desktop PC placed approximately 1 meter away from the subjects. These tasks were performed using the Multi Trigger System version 2.10 (MedicalTrySystem, Japan). The Sternberg task consisted of a modified version of the Sternberg Item Recognition Paradigm (Sternberg, 1966), which has two phases, namely the encoding phase and the probe phase. During the encoding phase, five random digits were displayed one by one for 2 s. Following an eye fixation mark (cross mark) for 3 s, a probe digit was displayed for 1 s with an inter-stimulus interval (ISI) of 2 s and the probe presentation was repeated three times during the probe phase. For each probe, subjects were asked to recognize whether a probe digit was included or not in the random digits displayed during the encoding phase. For each question, they answered quickly "yes" or "no", as appropriate. The eye fixation mark was displayed for 3 s between each set of digits. The total number of sets was eight. Each random five digits and each combination with a probe digit were different among the eight sets. The presentation was the same for all subjects. The subjects were asked to watch the eye fixation mark during the pre- and post-task periods. They performed practice trials prior to the measurements to allow them to

understand the task's components. The total number of correct answers was deemed task performance. The full performance was 24. The answers during the measurement were written down by testers immediately. For details on the procedure see Casement et al. (2006).

During the Stroop task, each name of four colors (blue, yellow, red, green), written in Japanese *kanji* character, was presented in congruent (e.g., the word BLUE displayed in blue color) or incongruent combinations (e.g., the word YELLOW displayed in red color). This task consisted of twelve

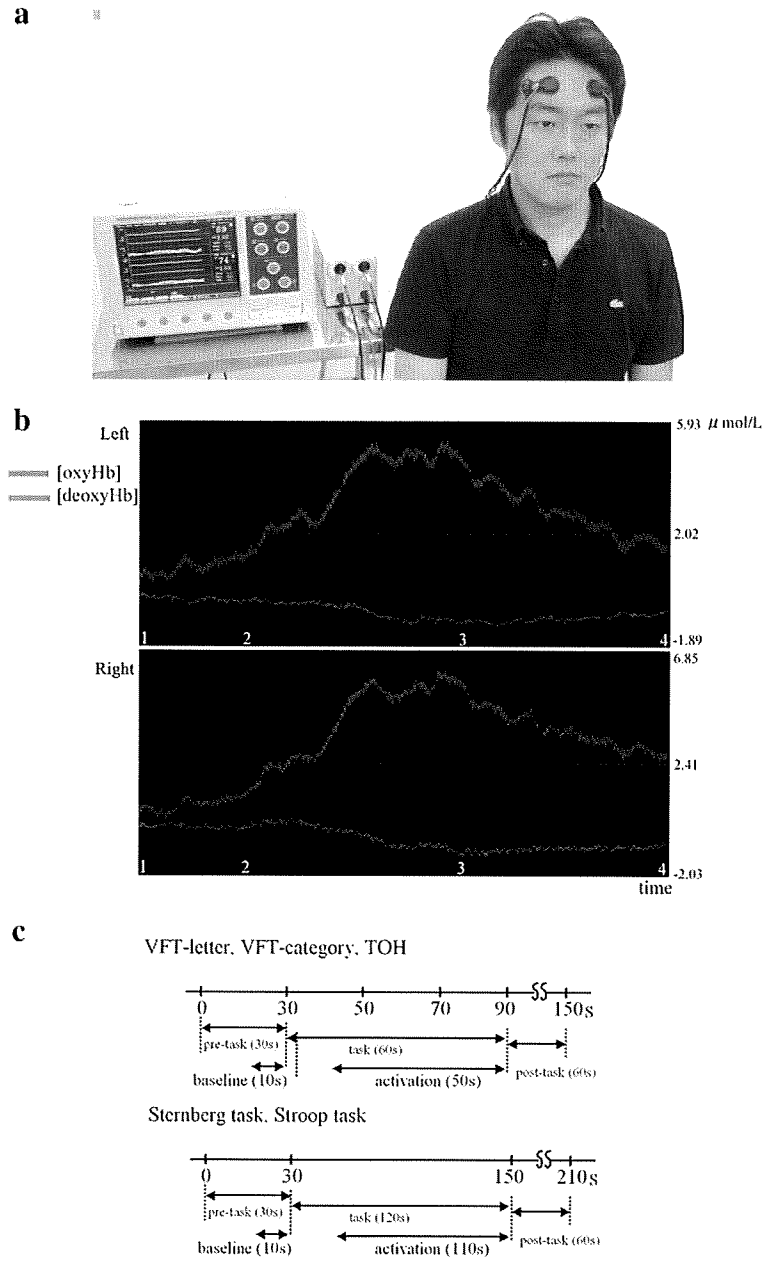

Fig. 1. a. The 2-channel NIRS measurements and the probe setting. b. Actual NIRS data along time course during TOH in one representative healthy control. Upper row shows measurement at left forehead, lower row shows measurement at right forehead. Red line means [oxyHb], blue line means [deoxyHb]. In figure, "1" means the beginning of pre-task, "2" means the beginning of task, "3" means the end of task (also the beginning of post-task), "4" means the end of post task. c. Protocols and procedures of data analysis in each task. Pre-task and post-task periods for all tasks had durations of 30 s and 60 s, respectively. The durations of the task periods of VFT-letter, VFT-category and TOH were 60 s, and those of the Sternberg and the Stroop tasks were 120 s. In data analysis, the mean levels of [oxyHb] ([deoxyHb]) during the last 10 s of the pre-task period were defined as baseline. The mean levels of [oxyHb] ([deoxyHb]) during the last 50 s task period of VFT-letter, VFT-category, and TOH were defined as activation levels. The mean levels of [oxyHb] ([deoxyHb]) during the last 110 s task period of the Sternberg task and the Stroop task were defined as activation levels. The difference between activation and baseline levels was deemed size of activation (Δ[oxyHb], Δ[deoxyHb]). VFT-letter, Verbal Fluency Test-letter; VFT-category, Verbal Fluency Test-category; TOH, Tower of Hanoi. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

congruent and twelve incongruent trials. The colored characters were presented for 1.25 s with an ISI of 1.75 s. Each trial was presented consecutively in a random order to avoid habituation. For each trial, the subjects were asked to orally identify the color of each printed color name, but not the color name displayed on the screen, as quickly as possible. An eye fixation mark was also used during the pre- and post-task periods of this task, and all subjects performed practice trials as well. The total number of correct answers was deemed task performance. The full performance was 40. The answers during the measurement were written down by testers immediately. This procedure is explained in detail elsewhere (Kawaguchi et al., 2005). To address the potential order effect, the order of these tasks was divided into the two following patterns, which were applied to each subject alternately: order A) VFT-letter → VFT-category → TOH → Sternberg task → Stroop task, order B) Stroop task → Sternberg task → TOH → VFT-category → VFT-letter.

2.3. NIRS measurements

NIRS measurements were carried out with a 2-channel system (NIRO-200, Hamamatsu Photonics, Japan). The NIRO-200 utilizes near-infrared light emitted at three different wavelengths (775, 810, and 850 nm) to detect primal changes in [oxyHb] and [deoxyHb] of venous blood in brain cortical regions. Two pairs of emission (light source: laser-diode) and detection probes (light detector: photo-diode) were attached to the bilateral forehead of the subjects. One detection probe was located at Fp1 and the corresponding emission probe at F7, while the other pair of probes was located at Fp2-F8, according to the international 10/20 electrode placement system for electroencephalography (see Fig. 1-a). The distance between the detection probe and the corresponding emission probe was 3 cm. These probe settings enabled us to detect hemodynamic changes in two separate cortical areas. The anatomical location of these areas likely corresponded to part of the superior and inferior frontal gyri (Okamoto et al., 2004). The two sets of probes do not interfere with each other for simultaneous recording of [oxyHb] or [deoxyHb] changes. Recordings were acquired at a sampling rate of 6 Hz. The estimated path length factor was 24 cm. All hemoglobin oxygen concentration values are expressed in μmol/L. Actual NIRS data along time course is shown in Fig. 1-b.

2.4. Statistical analysis

Since [oxyHb] is a more sensitive indicator of changes in rCBR compared to [deoxyHb] (Hoshi et al., 2001; Hoshi, 2003), changes in [oxyHb] laid the foundation for the analyses. The mean levels of [oxyHb] during the last 10 s of the pre-task period was deemed baseline. The mean levels of [oxyHb] during the last 50 s task period of VFT-letter, VFT-category, and TOH, and the last 110-sec task period of the Sternberg task and the Stroop task were deemed activation levels, since stable elevation of [oxyHb] by task execution was observed 10 s after task initiation. The difference between activation and baseline levels was deemed size of activation (Δ[oxyHb]). Task protocols and procedures of data analysis in each task are shown in Fig. 1-c. Statistical analyses were carried out using the SPSS version 10 (SPSS Inc., Chicago, IL). Chi-square test for independence of group and gender, Mann–Whitney test for age, years of education, JART, task performance, were performed. Two designs of repeated-measures ANCOVA were performed. One design of ANCOVA (the design-1 ANCOVA) was performed to test Δ[oxyHb] for each task, using diagnosis group, gender, hemisphere, and task order as the factors, and age, education, and behavioral performance as the covariates. In the design-1 ANCOVA, diagnosis group was set as a factor since our main interest was group difference. Gender was included as a factor based on Kameyama et al. (2004) report of sex differences in cortical activation, as indicated by NIRS. As for the hemisphere factor, potential difference in NIRS activation has been reported in association with linguistic tasks and hemisphere dominance (Kubota et al., 2005). Since the total time of tasks could influence the results of cortical activation, task order was included as a factor. Moreover, age, education, and behavioral performance were set as the covariates since these variables could potentially affect neural activation. Another design of ANCOVA (the design-2 ANCOVA) was performed, using tasks, diagnosis group, gender, hemisphere, and task order as the factors, and age and education as the covariates. In the design-1 ANCOVA, Spearman's rank-correlation and multiple comparisons with Bonferroni's correction (Curtin and Schulz, 1998) were performed between Δ[oxyHb] and demographics and major clinical parameters for the tasks when significant group effects were found. For changes in [deoxyHb], repeated-measures ANCOVA was performed to test for differences between activation and baseline levels (Δ[deoxyHb]) for each task, using diagnosis group, gender, hemisphere, and task order as the factors, and age, education, and behavioral performance as the covariates. The level of significance was set at $p<0.05$.

3. Results

3.1. Performance data

The results for task performance for each task in both schizophrenia patients and healthy control groups are shown in Table 2. For all tasks, task performance was lower in schizophrenia than in healthy controls (Mann–Whitney *U* test).

3.2. NIRS data

The results of Δ[oxyHb] for each task (the design-1 ANCOVA) are shown in Fig. 2. For VFT-letter, the repeated-measures ANCOVA revealed significant difference for

Table 2
Performance data

	Schizophrenia (30)	Healthy controls (30)
VFT-letter	13.0±3.9**	17.4±3.8
VFT-category	23.7±5.0**	28.9±4.6
TOH	6.1±3.1**	11.0±3.6
(Schizophrenia 2/Healthy controls 11)[a]		
Sternberg task	20.8±2.8**	22.6±1.7
Stroop task	37.8±4.0*	39.6±0.7

Performance data are presented as mean±SD. VFT-letter, Verbal Fluency Test-letter; VFT-category, Verbal Fluency Test-category; TOH, Tower of Hanoi.
** $p<0.01$, * $p<0.05$; Mann–Whitney *U* test was used.
[a] Subjects to complete the task.

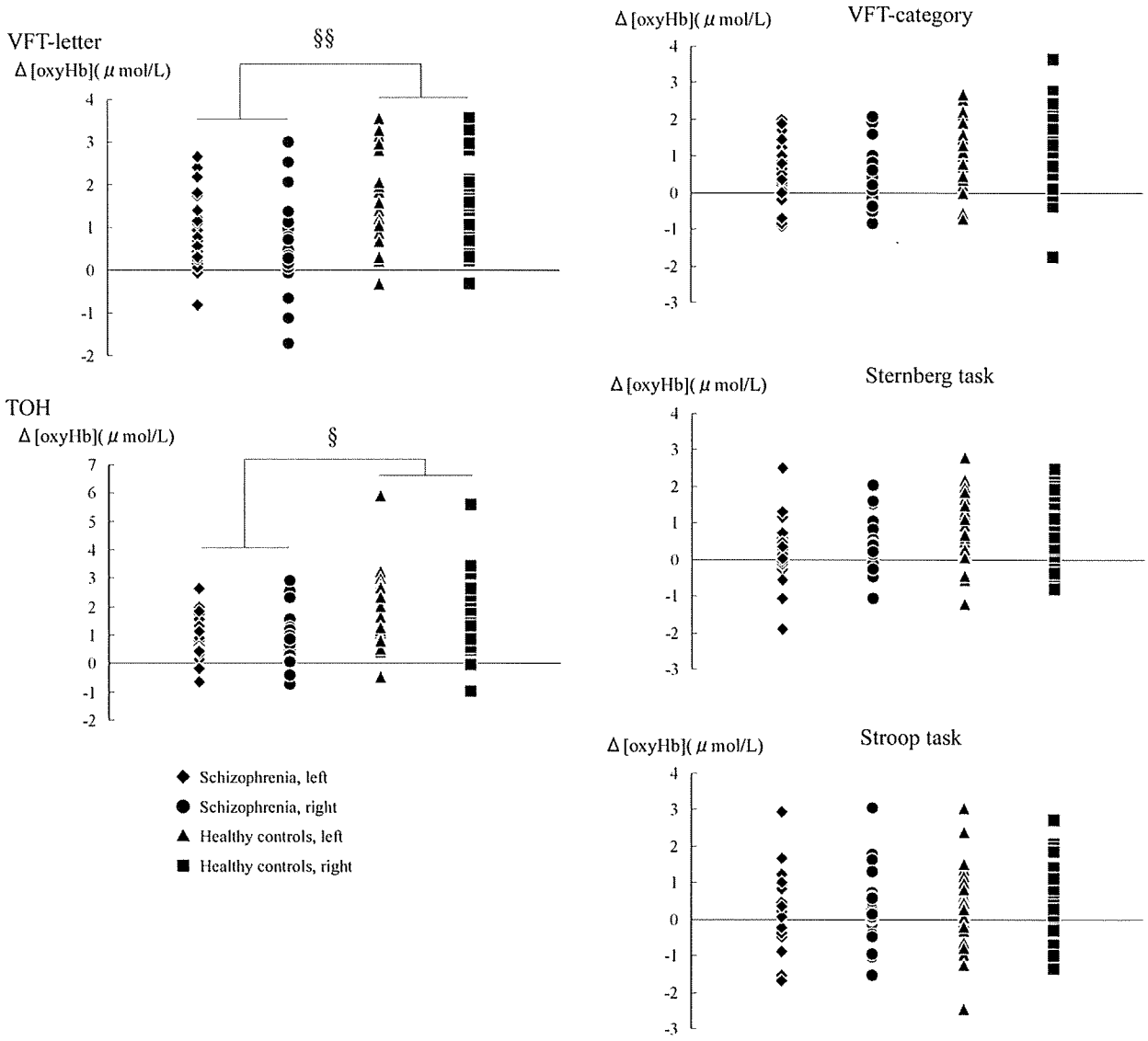

Fig. 2. The results of changes in [oxyHb] (μmol/L; Δ[oxyHb]) in five frontal lobe tasks. During VFT-letter and TOH, the repeated-measures analysis of covariance (the design-1 ANCOVA) revealed significant main effect of diagnosis group. During VFT-category, the Sternberg task, and the Stroop task, the design-1 ANCOVA revealed no significant main effect of diagnosis group. The effect size of each task was as follows: VFT-letter (left: 0.82, right: 0.88), VFT-category (left: 0.61, right: 0.77), TOH (left: 0.90, right: 0.86), the Sternberg task (left: 0.54, right: 0.61), the Stroop task (left: 0.04, right: 0.21). §§ $p<0.01$, § $p<0.05$; significant group effect VFT-letter, Verbal Fluency Test-letter; VFT-category, Verbal Fluency Test-category; TOH, Tower of Hanoi.

diagnosis group ($F(1, 58)=13.138$, $p<0.001$). Post-hoc analysis revealed that healthy controls exhibited a significantly larger increase in Δ[oxyHb] than schizophrenia patients. There was a significant main effect of task order ($F(1, 58)=9.148$, $p=0.004$). Post-hoc analysis revealed that an increase in Δ[oxyHb] in order A was significantly larger than in order B. Regarding TOH, the design-1 ANCOVA revealed a significant main effect for diagnosis group ($F(1, 58)=5.824$, $p=0.02$). Post-hoc analysis revealed that healthy controls exhibited a significantly larger increase in Δ[oxyHb] than schizophrenia patients. There was a significant interaction between diagnosis group and gender ($F(1, 58)=4.432$, $p=0.04$). The post-hoc analysis using Bonferroni's correction revealed that healthy controls showed a significantly larger increase in Δ[oxyHb] than schizophrenia patients in males ($p=0.003$), and male subjects showed a significantly larger increase in Δ[oxyHb] than female subjects in healthy controls ($p=0.016$). In VFT-category and the Sternberg task, the design-1 ANCOVA revealed no significant main effect of diagnosis group ($F(1, 58)=3.905$, $p=0.054$, $F(1, 58)=2.771$, $p=0.102$ respectively). For the Stroop task, the design-1 ANCOVA revealed no significant main effect of diagnosis group ($F(1, 58)=0.379$, $p=0.541$), but there was a significant main effect of task order ($F(1, 58)=8.810$, $p=0.005$). Post-hoc analysis revealed that an increase in Δ[oxyHb] in order B were significantly larger than in order A. Except for TOH, there was no interaction between factors for the tasks. The design-2 ANCOVA revealed a significant main effect of diagnosis group ($F(1, 58)=9.511$, $p=0.003$). The post-hoc analysis using Bonferroni's correction revealed a significant main effect of tasks (VFT-letter – Sternberg task; $p<0.001$, VFT-

Table 3
Spearman's rank correlation coefficients between Δ[oxyHb] and demographic, clinical data

	Schizophrenia(30)				Healthy controls(30)			
	VFL-l	VFL-r	TOH-l	TOH-r	VFL-l	VFL-r	TOH-l	TOH-r
Age	−0.14	−0.17	−0.27	−0.20	−0.11	−0.17	−0.30	−0.29
Years of education	−0.25	−0.15	0.07	0.01	0.05	0.01	0.35	0.39[a]
JART	0.23	0.20	0.45[a]	0.16	−0.09	−0.06	−0.04	0.02
Onset age	−0.19	−0.19	0.27	0.07				
Duration of illness	−0.11	−0.01	−0.48[a]	−0.25				
Equivalents of CPZ	0.00	−0.14	−0.11	−0.42[a]				
PANSS								
Positive symptoms	0.19	0.18	−0.34	−0.12				
Negative symptoms	0.07	0.02	−0.43[a]	−0.29				
General psychopathology	0.26	0.21	−0.27	−0.15				
Five-factor model of PANSS								
Positive	0.20	0.12	−0.33	−0.21				
Negative	0.01	−0.03	−0.39[a]	−0.21				
Cognitive	0.18	0.07	−0.52[a]	−0.53[a]				
Excitement	0.25	0.36	−0.17	0.19				
Depression/Anxiety	0.01	0.13	−0.10	0.08				

Correlation coefficients are presented using Spearman's rank correlation in both groups. JART, the Japanese version of the National Adult Reading Test; CPZ, chlorpromazine; PANSS, the Positive and Negative Syndrome Scale; DIEPSS, the Drug-Induced Extrapyramidal Symptom Scale. VFL-l, Verbal Fluency test Letter-left; VFL-r: Verbal Fluency test Letter-right; TOH, Tower of Hanoi.
[a] $p < 0.05$.

letter – Stroop task; $p<0.001$, VFT-category – TOH; $p=0.011$, VFT-category – Stroop task; $p=0.014$, TOH – Sternberg task; $p<0.001$, TOH – Stroop task; $p<0.001$). The design-2 ANCOVA showed no interaction between any factors.

The results of Δ[deoxyHb] for each task are as follows. In the VFT-category, the repeated-measures ANCOVA revealed a significant main effect of diagnosis group ($F(1, 58)=7.545$, $p=0.008$). Post-hoc analysis revealed that healthy controls exhibited a significantly larger decrease in Δ[deoxyHb] than schizophrenia patients. For TOH and the Sternberg task, the repeated-measures ANCOVA revealed a significant main effect of diagnosis group (TOH: $F(1, 58)=5.957$, $p=0.018$; Sternberg: $F(1, 58)=6.297$, $p=0.015$), and post-hoc analysis revealed that healthy controls exhibited a significantly larger decease in Δ[deoxyHb] than schizophrenia patients. However, there was a significant interaction between diagnosis group and gender ($F(1, 58)=4.951$, $p=0.031$) only for TOH, with post-hoc analysis using Bonferroni's correction indicating a significantly larger decrease in Δ[deoxyHb] in healthy controls compared to schizophrenia patients in males ($p=0.002$), and a significantly larger decrease in Δ[deoxyHb] in male subjects compared to female subjects in healthy controls ($p=0.039$). Regarding VFT-letter and the Stroop task, the repeated-measures ANCOVA revealed no significant main effect of diagnosis group ($F(1, 58)<0.001$, $p=0.989$, $F(1, 58)=2.328$, $p=0.133$ respectively). In the Stroop task, we found a significant effect of task order via the repeated-measures ANCOVA ($F(1, 58)=8.972$, $p=0.004$). Post-hoc analysis revealed that a decrease in Δ[deoxyHb] in order B was significantly larger than in order A. There was no interaction between factors, except for TOH.

3.3. Correlation

For VFT-letter and TOH, in which a significant main effect of diagnosis group was revealed by the repeated-measures ANCOVA (the design-1 ANCOVA), the correlation between Δ[oxyHb] and demographic and clinical parameters was analyzed using Spearman's rank-correlation. These results are shown in Table 3. In schizophrenia patients, left Δ[oxyHb] during TOH showed a significant positive correlation with JART (rho=0.45) and a significant negative correlation with illness duration (rho=−0.48). Right Δ[oxyHb] during TOH correlated negatively with chlorpromazine (CPZ) equivalents (rho=−0.42). Left Δ[oxyHb] during TOH also showed a significant negative correlation with negative symptoms scores on PANSS (rho=−0.43) and with negative (rho=−0.39) and cognitive symptoms scores on the five-factor model of PANSS (rho=−0.52). Similarly, right Δ[oxyHb] during TOH showed a significant negative correlation with cognitive symptoms scores on the five-factor model of PANSS (rho=−0.53). During VFT-letter, no significant correlation was found between Δ[oxyHb] and any of the variables in the analyses. Further analysis of multiple comparisons showed that these correlations between Δ[oxyHb] during TOH and clinical parameters in schizophrenia were not statistically significant.

4. Discussion

In this study, we measured PFC activity during four well-established frontal lobe tasks, namely VFT, TOH, the Sternberg, and the Stroop task, using a 2ch-NIRS system. Our findings indicate a significant main effect of diagnosis group for VFT-letter and TOH as analyzed Δ[oxyHb] by the repeated-measure ANCOVA (the design-1 ANCOVA). Further analysis of the correlation between clinical parameters and Δ[oxyHb] revealed that left Δ[oxyHb] during TOH showed a significant negative correlation with negative symptoms scores on PANSS and with negative and cognitive symptoms scores on the five-factor model of PANSS for schizophrenia patients. However, no significant correlation was found between Δ[oxyHb] and any clinical parameters during VFT-letter. In the design-2 ANCOVA, a significant main effect of diagnosis group was recognized.

4.1. OxyHb data

The use of a 2ch-NIRS system to evaluate PFC activation during VFT was considered appropriate based on findings

from previous studies using multi-channel systems, which indicated that maximum activation in the PFC corresponded to Fp1-Fp7 and Fp2-Fp8 locations, where the probes were placed for our measurements (Takizawa et al., 2008; Ehlis et al., 2008; Kubota et al., 2005; Watanabe and Kato, 2004; Suto et al., 2004). In both schizophrenia and healthy control groups, task performance was found to be better for VFT-category than for VFT-letter, whereas task-induced Δ[oxyHb] were found to be larger during VFT-letter than during VFT-category. In particular, a group difference was more apparent for VFT-letter than VFT-category, which is in line with recent findings by Ehlis et al. (2008). With regard to the retrieval of words during VFT-letter, the task may require larger cognitive demands, as the letter version has been reported unfamiliar to subjects compared to the category version (Martin et al., 1994). This may explain in part why performance of the category-version was better than performance of the letter-version, and Δ[oxyHb] during the letter-version task was larger than that during the category version. In addition, pronounced phonological (letter fluency) deficits in schizophrenia patients (Ehlis et al., 2008; Curtis et al., 1999) may also account for the difference between schizophrenia patients and healthy controls regarding Δ[oxyHb] during VFT-letter. Thus, VFT-letter appears to be more appropriate than VFT-category when screening for prefrontal dysfunction in schizophrenia.

As for TOH, several studies have reported PFC activation. For instance, activation in the right dorsolateral PFC, bilateral parietal, bilateral premotor area, and the left inferior frontal gyrus was reported in normal subjects using fMRI (Fincham et al., 2002). Findings from studies of patients with PFC lesions have proposed that this cortical area plays a crucial role in the execution of TOH (Morris et al., 1997; Goel and Grafman, 1995). Since no neuroimaging studies using TOH have been reported in schizophrenia, an accurate location of the peak of activation remains to be determined. However, the behavior of Δ[oxyHb] in this study was almost identical during TOH and VFT-letter, the means of Δ[oxyHb] in healthy controls were larger for TOH (left: 1.78 ± 1.16, right: 1.77 ± 1.22) than for VFT-letter (left: 1.58 ± 1.01, right: 1.58 ± 1.01), and the effect size of Δ[oxyHb] between healthy controls and schizophrenia patients was larger for TOH (left: 0.90, right: 0.86) than for VFT-letter (left: 0.82, right: 0.88). These reflect the validity of measurements with a 2ch-NIRS system in limited cortical areas like those corresponding to Fp1–Fp7 and Fp2–Fp8. In the present study, there was significant interaction between diagnosis group and gender only for TOH, with male healthy controls showing larger activation than schizophrenia patients. Despite evidence of clinical and biological differences in schizophrenia, particularly in structural brain abnormalities (Nasrallah et al., 1990), specific functional changes in the brain of schizophrenia patients during cognitive tasks in relation to gender have not been reported (Buchsbaum and Hazlett, 1997). Thus, gender difference in cortical activation in schizophrenia needs further investigation.

With regard to the Sternberg task, the measurement areas in this study corresponded well with locations exhibiting significant task-induced activation and significant difference by diagnosis in a previous fMRI study (Johnson et al., 2006). However, no significant difference in Δ[oxyHb] was observed between schizophrenia patients and healthy controls in this study. A number of methodological differences between our study and previous investigations may explain partly the discrepancy in the findings. Firstly, the presence of variability in activation size due to working memory load and diagnosis group effect may account for the difference in the findings. In this regard, previous fMRI studies reported that the relation between activation size and working memory load of the Sternberg task exhibited an inverse U-curve, and that the difference of activation between schizophrenia patients and healthy controls was the smallest when working memory load consisted of a 5-digit paradigm (Johnson et al., 2006; Manoach, 2003), which we used in this study. Secondly, we should consider the differences in data analyses: in previous fMRI studies, the encoding phase and the delay phase were analyzed separately, resulting in significant difference in activation for each phase (Schlösser et al., 2008; Johnson et al., 2006). Since our analyses do not allow phases discrimination, significant findings for each phase cannot be determined in the present study. Thirdly, in the Sternberg task in this study, the encoding and delay phases were comparatively shorter than those used in other studies (Schlösser et al., 2008; Johnson et al., 2006). This might also obscure significant differences in activation. The Stroop task has also been employed in previous PET and fMRI studies where it indicated strong anterior cingulate cortex activation (Alvarez and Emory, 2006). A NIRS study conducted with healthy subjects found a significant increase in Δ[oxyHb] in the left inferior-frontal area induced by the Stroop task (Ehlis et al., 2005). This location was somewhat posterior to our measurement position. Thus, although the main purpose of this study was comprehensive assessment of multiple frontal lobe functions using a 2ch-NIRS system, our measurement position might be outside of the major significant activations induced by the Stroop task. Moreover, recent reports suggest that evident activation is associated with the presentation of incongruent stimuli only (Ehlis et al., 2005; Kerns et al., 2005). However, the analyses used in our study do not allow us to distinguish incongruent from congruent stimuli. Furthermore, Boucart et al. (1999) reported that the main alteration evident during the Stroop task for schizophrenia patients was recognized when the words were surrounded by others. In this study, single words were presented on-screen, one at a time. Thus, we cannot rule out the possibility that group difference in Δ[oxyHb] could have been found, if we employed the paradigm by Boucart et al. (1999). Limitations in analysis methods may hence account for the lack of Stroop task-induced activation in this study.

As for the effect of the task order, we found that task order was relevant in VFT-letter and the Stroop task. As a result of the design-1 ANCOVA, mean activation values were larger during order A than during order B in VFT letter for both groups. However, mean activation values were larger during order B than during order A in the Stroop task for both groups. Because activation values collected in the latter line of experiments decreased, we concluded that a lower number of tasks and a short time of tasks were most appropriate in clinical examinations.

In the present study, we attempted to relate demographic and major clinical parameters to Δ[oxyHb] during performance of those tasks showing significant diagnosis group difference (i.e., VFT-letter and TOH). For both schizophrenia and healthy control groups, Δ[oxyHb] did not correlate with

either age or level of performance. In schizophrenia patients, left Δ[oxyHb] during TOH correlated positively with JART, and inversely with illness duration. These findings support that a higher premorbid IQ correlates with larger activation in the left PFC, while longer illness predicts smaller activation in the same area. In healthy controls, right Δ[oxyHb] during TOH correlated positively with years of education. These data associate higher education with larger activation in the right PFC, which does not hold true in schizophrenia patients. We also tested for a correlation between clinical parameters and Δ[oxyHb] during VFT-letter and TOH in which significant diagnosis group effects were observed. During TOH, we found a significant negative correlation of left Δ[oxyHb] with negative symptoms scores on PANSS as well as negative and cognitive symptoms scores on the five-factor model of PANSS for schizophrenia patients. However, no significant correlation was found during VFT-letter. A negative correlation between executive function and negative symptoms scores on PANSS or cognitive symptoms scores on the five-factor model of PANSS has been previously reported in schizophrenia (Heydebrand et al., 2004; Bell et al., 1994). Our finding of a significant negative correlation between Δ[oxyHb] and negative symptoms scores is consistent with that of these earlier studies and with a report of decreased regional cerebral blood volume in PFC in schizophrenia patients with severe negative symptoms (Gonul et al., 2003). If Δ[oxyHb] correlates with negative and cognitive symptoms scores, specific Δ[oxyHb] induced by TOH, as demonstrated by 2ch-NIRS, may be used as a physiological state marker of schizophrenia. VFT-letter, however, showed significant differences in Δ[oxyHb] between schizophrenia and healthy controls, but no correlation between Δ[oxyHb] and clinical parameters, including negative and cognitive symptoms. Upon confirmation of this finding, Δ[oxyHb] induced by VFT-letter might constitute a potential physiological marker of the disease. In summary, multiple comparisons showed that correlations between Δ[oxyHb] and demographic and clinical parameters in schizophrenia during TOH cannot be deemed significant; albeit, these correlations may hold some meaning.

4.2. DeoxyHb data

Although [deoxyHb] has been considered mostly related to fMRI BOLD signal, some researchers emphasize that [deoxyHb] and [oxyHb] may index neural activation. While decrease in Δ[deoxyHb] during neural activation is typical, Δ[deoxyHb] behavior is in fact more complex. In simultaneous measurements of fMRI and NIRS, some studies report an increase in the BOLD signal, positively related to an increase in [oxyHb] in NIRS (Mehagnoul-Schipper et al., 2002; Toronov et al., 2001; Kleinschmidt et al., 1996). Others found an increase in the BOLD signal, positively related to a decrease in [deoxyHb] in NIRS (Strangman et al., 2002). Furthermore, BOLD signal increase in the area where neural activity was anticipated is sometimes not accompanied by [deoxyHb] decrease (Yamamoto and Kato, 2002). The BOLD signal is therefore not a reliable predictor of [deoxyHb]. As an index of neural activation, Δ[oxyHb] may be suitable, owing to the highest sensitivity amongst the NIRS parameters (Hoshi et al., 2001; Hoshi, 2003). We therefore weighted the results of [deoxyHb] as less important than those of [oxyHb], since the interpretation of [deoxyHb] in NIRS measurement has not been established yet.

The results of the analysis of Δ[deoxyHb] in this study indicated a significant main effect of the diagnosis group was in VFT-category, TOH and the Sternberg task. A significant interaction between diagnosis group and gender was recognized in TOH. A significant effect of task order was recognized in the Stroop task. In TOH, a significant decrease in Δ[deoxyHb] as well as increase in Δ[oxyHb] could be interpreted as significant group difference in the prefrontal activation. However, the results of Δ[deoxyHb] in VFT-category, the Sternberg task, and the Stroop task are difficult to interpret because these three tasks did not show significant differences in Δ[oxyHb].

4.3. Limitations

Our study is subject to several limitations. Since this is a cross-sectional study we cannot be sure that Δ[oxyHb] during TOH and VFT-letter are reliable physiological markers of schizophrenia. Longitudinal studies are necessary. A second limitation lies in the effect of optical path length factor on estimated Δ[oxyHb]. Although the optical path length may vary across individuals, we set the optical path length factor at 24 cm in the present study. Calculations of [oxyHb] and [deoxyHb] were based on the modified Beer–Lambert law, where

$$\Delta OD = \varepsilon(\lambda) * \Delta c * d * B,$$

with ΔOD being the change in absorbance, $\varepsilon(\lambda)$ is the molar absorbance efficient, Δc is the change in the concentration of absorbed materials, d is the distance between optical probes, and B is the differential path length factor. The optical path length ($d*B$) of each subject is needed for quantitative estimation. This requires the assumption that optical path length factors are constant among positions and individuals. Nevertheless, studies using time-resolved spectroscopy methods of NIRS have reported no difference in the path length due to diagnosis (schizophrenia and healthy controls) and laterality (at Fp1-F7 and Fp2-F8), as well as at most 20% path length variability among positions and individuals (Shinba et al., 2004), which could produce about 20% variability in estimated Δ[oxyHb] according to the formula. This Δ[oxyHb] variability corresponds to 20–30% of its standard deviation. If assumed to be noise, the standard deviation of estimated Δ[oxyHb] increases thus lowering the effect sizes, although the effect sizes of Δ[oxyHb] during VFT-letter and TOH were sufficiently large (>0.8). The effect size of Δ[oxyHb] would hence be greater than 0.8 in absence of inter-individual variability of the optical path length when estimating Δ[oxyHb]. Furthermore, taking into account the significant differences in Δ[oxyHb] during VFT-letter and TOH, and the lack of difference during the Stroop task in the present study, we consider that the group difference between schizophrenia patients and healthy controls in our study could not be affected by the path length factor. As measures of the optical path length factor become easier with technological advances, and quantitative accuracy of Δ[oxyHb] improves, the potential clinical application of Δ[oxyHb] may dramatically increase. A third limitation is the potential influence of

antipsychotic medications and benzodiazepines (BZD) on Δ[oxyHb]. A negative correlation was observed between right Δ[oxyHb] and CPZ equivalents during TOH, while no correlation was observed between left Δ[oxyHb] and CPZ equivalents during either TOH or VFT-letter in this study. We do not have a clear explanation for this finding at the present time. Cognitive improvement in schizophrenia has been reported in association with atypical rather than typical antipsychotics (Keefe et al., 1999). The interpretation of the influence of antipsychotics in this study is complicated by the concomitant use of typical and atypical antipsychotics in some patients. Since BZD affects rCBF (Reinsel et al., 2000), we performed further analyses to divide the schizophrenia group into two subgroups, BZD-on group and BZD-off group, to test for possible differences in Δ[oxyHb] between the two subgroups, but none were found (data were not shown). Therefore, we conclude our present results were not influenced by BZD.

4.4. Conclusions

In summary, we have examined hemodynamic changes in [oxyHb] in the bilateral PFC in schizophrenia patients and healthy controls using a 2ch-NIRS system during several cognitive tasks. VFT-letter and TOH appear to offer a better discriminative power than other neuropsychological tests to recognize PFC dysfunction in schizophrenia patients. In addition, Δ[oxyHb] in the left PFC correlated with negative and cognitive symptoms. This finding proposes that TOH and VFT-letter elicit PFC hemodynamic changes which might represent candidate physiological markers of schizophrenia. Despite the limitations of our study, we conclude that the 2ch-NIRS has potential for PFC activity measurements not only in schizophrenia patients, but also in other psychiatric disorders owing to several advantages such as simplicity and low running cost.

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Contributors

K.I. and M.I. designed the study and wrote the protocol and undertook the statistical analysis. K.I., M.A., K.O., Y.Y., N.I., H.T., R.S., and T.Y. conducted data acquisition. K.I. and M.I. analyzed the data. K.I. wrote the first draft of the manuscript. L.C., R.K., T.N., and R.I. contributed to the editing of the final manuscript. All authors revised it critically for important intellectual content and have approved the final manuscript. R.H., H.K., and M.T. supervised the entire project.

Conflict of interest

None.

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