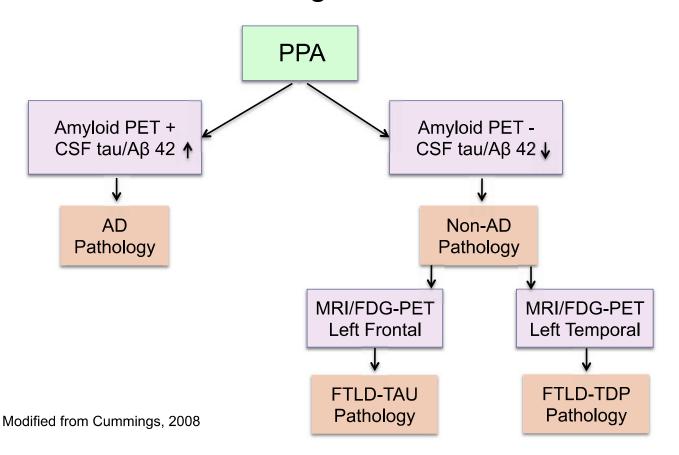
Language and the Brain: Evidence from Dementia



Steven Z. Rapcsak, M.D. Department of Neurology

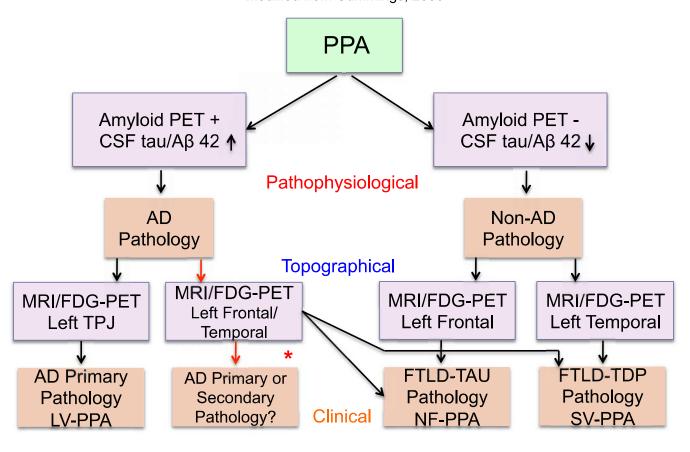


PPA in the Age of Biomarkers

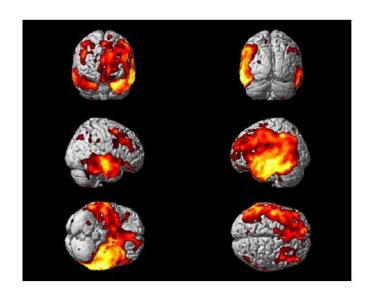


Diagnosis of PPA Using Biomarkers

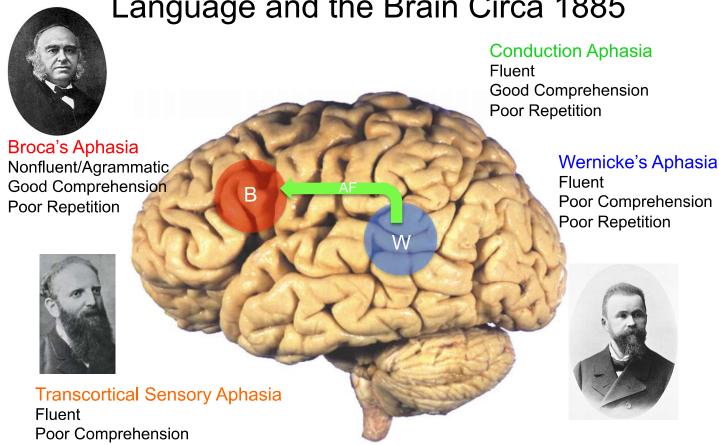
Modified from Cummings, 2008

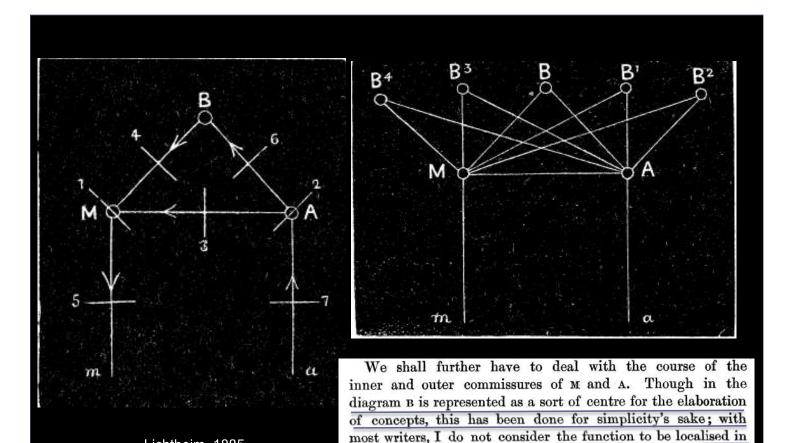


Evidence for Dual-Pathway Models of Language: Functional Neuroanatomy of Speech Production and Comprehension



Language and the Brain Circa 1885





one spot of the brain, but rather to result from the combined

should be distributed over many spots; and the commissures M B and A B, would not form two distinct and separate paths, but consist of converging radiations from various parts of the cortex to the points A and M (see Diagram 7, p. 478). This admission

Hence the point B

action of the whole sensorial sphere.

Preserved Repetition

Lichtheim, 1885



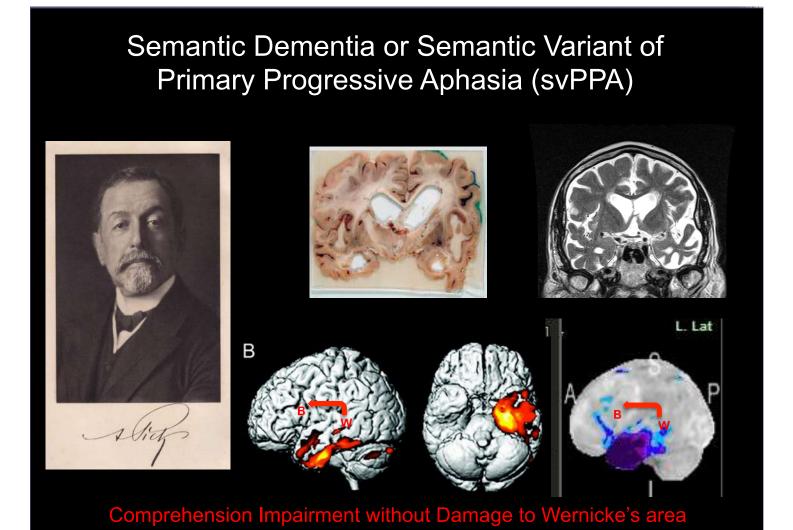
On the relationship between senile cerebral atrophy and aphasia*1

1892

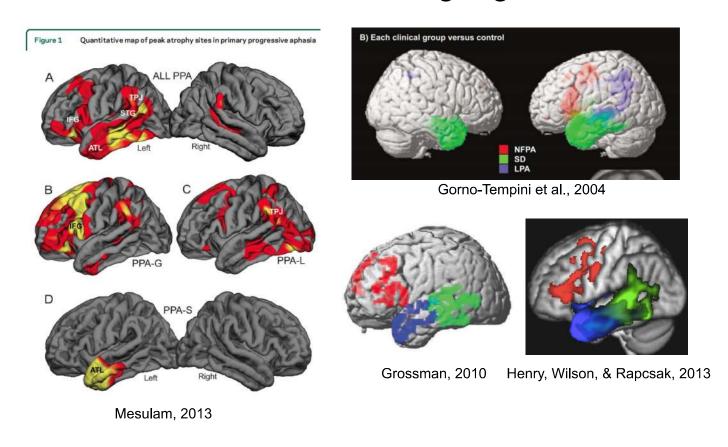
Translated by D. M. GIRLING and G. E. BERRIOS



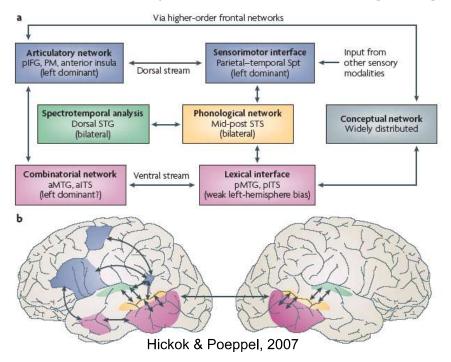
- Progressive fluent aphasia, with impaired comprehension and naming
- Preserved motor speech and repetition
- Language profile similar to transcortical sensory aphasia (Wernicke/Lichtheim)
- "...pronounced atrophy of the gyri of the left hemisphere, particularly of the left temporal lobe...the origin of the disturbance is in the second and third left temporal gyri."
- "...it seems right to state that a more or less sharply *circumscribed* type of aphasia may exist at a particular point in time and be related to *circumscribed*, perhaps simple atrophic, brain changes."



PPA Variants and the Language Network

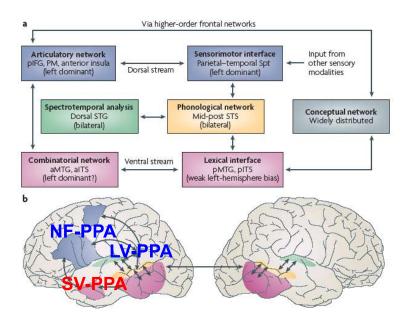


Dual-Pathway Model of Language



Dorsal Pathway: mapping phonological representations to articulatory networks for **speech production** (sensory-motor integration), also implicated in **phonological short-term memory** and phonological awareness

PPA Variants within the Dual-Pathway Model of Language



Hickock & Poeppel, 2007

Dorsal Pathway: Grammar, Motor Speech, Phonology,

Nonfluent/Agrammatic PPA: <u>Broca's</u> Logopenic Variant PPA: <u>Conduction</u> Good Comprehension

Ventral Pathway: Semantics

Semantic Variant PPA: <u>Transcortical</u>

<u>Sensory</u>

Poor comprehension

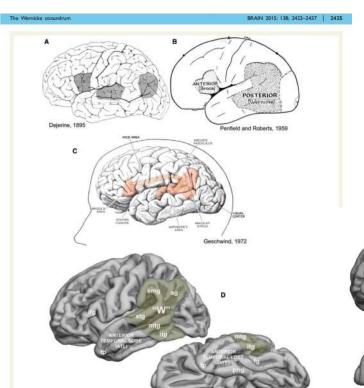
PPA variant of Wernicke's aphasia?

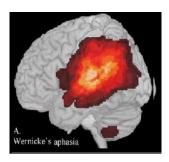
Fluent

Poor repetition

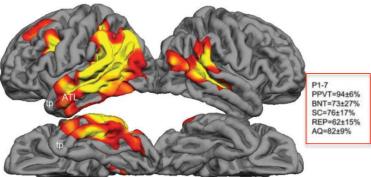
Poor comprehension

Is Wernicke's Area Critical for Language Comprehension?

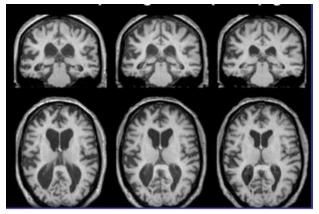




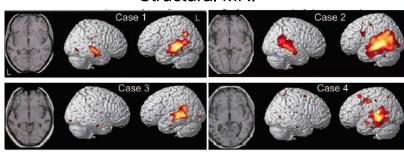
Robson et al., 2012



Logopenic Variant PPA: Neuroimaging



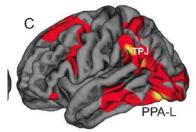
Structural MRI



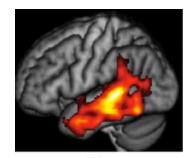
Gorno-Tempini et al., 2008

Rohrer et al., 2009





PPA-L

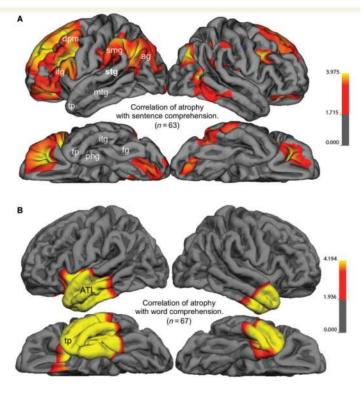


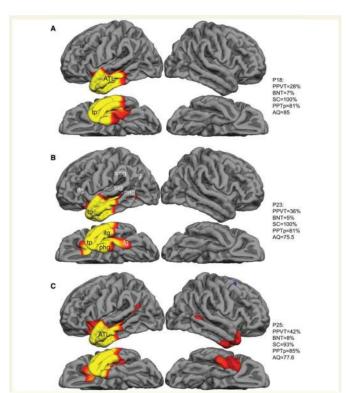
Mesulam, 2013

Dickerson, 2011

Wilson et al., 2010

Distinct Neural Correlates of Sentence vs. Single Word Comprehension in PPA

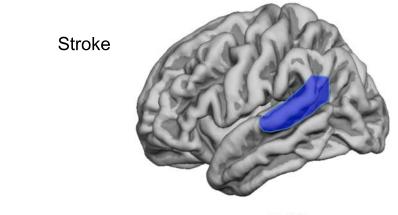




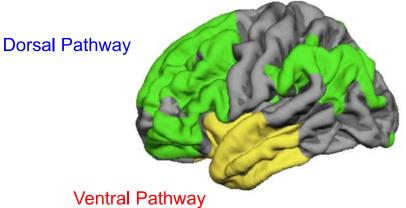
Mixed Group

Mesulam, 2015

svPPA



Classic location of Wernicke's area, considered critical for both word and sentence comprehension.



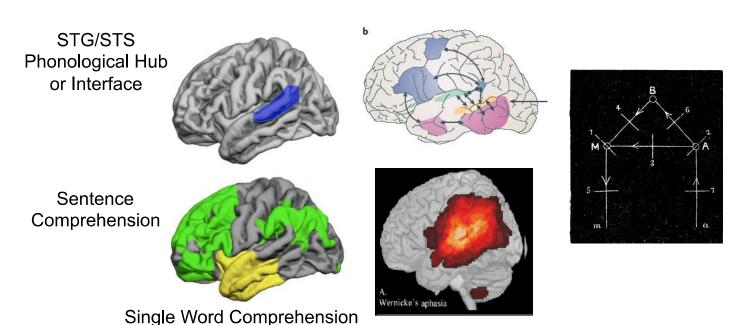
Investigation in PPA shows that sentence comprehension (green) and word comprehension (yellow) are controlled by different areas. There is only partial overlap with the classic location of Wernicke's area.

Based on Mesulam, 2015

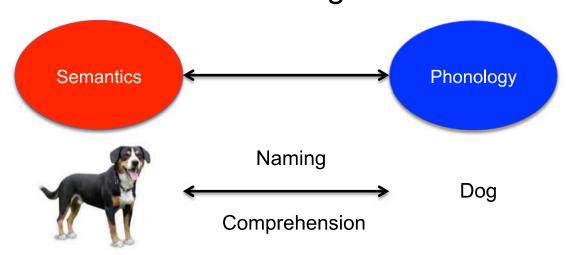
Wernicke's Aphasia: Dual Deficit/Double Disconnection Involving Dorsal (Speech Production, Repetition, Phonological STM, Sentence Comprehension) and Ventral Language Pathways (Single Word Comprehension)

Severe Damage to Phonological Representations in STG/STS (Wernicke's area)

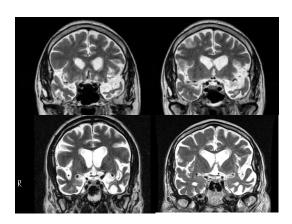
Critical for Both Speech Production and Comprehension



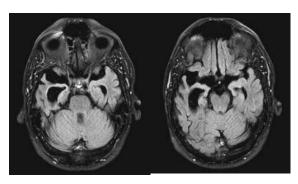
Evidence Regarding the Organization of Lexical-Semantic Knowledge in the Brain and the Interaction between Words and their Meanings



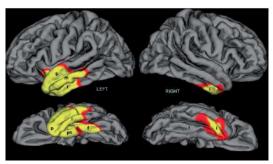
Semantic Variant PPA: Neuroimaging



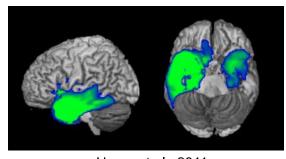
Structural MRI



VBM/Cortical Thickness

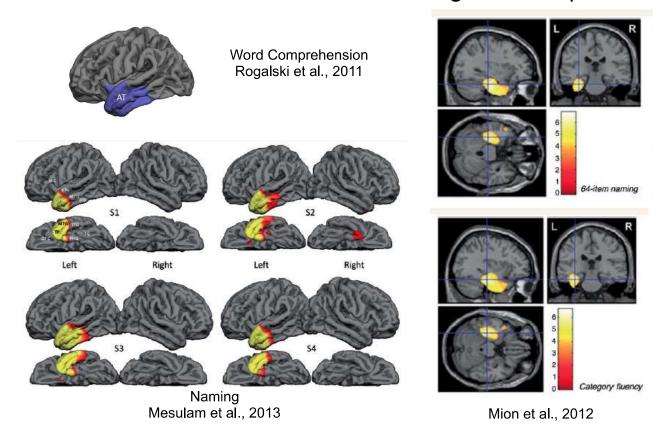


Mesulam et al., 2009

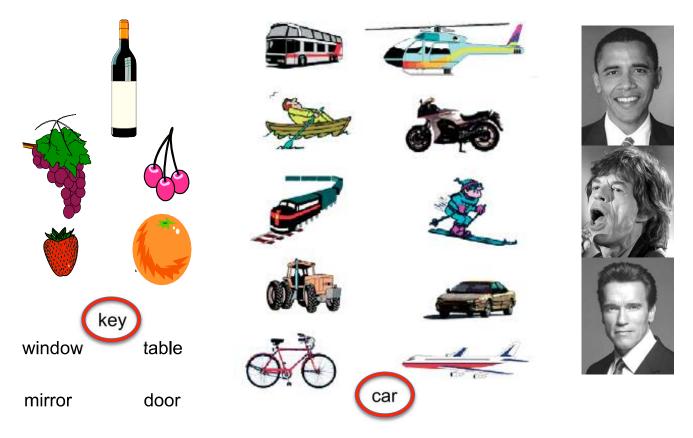


Henry et al., 2011

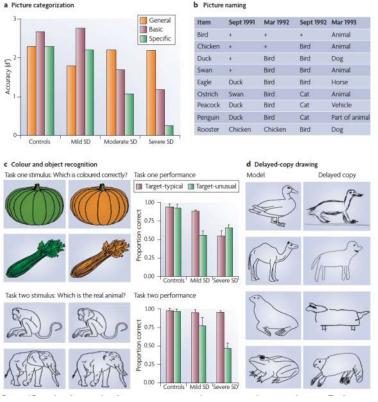
Semantic Variant PPA: Lesion-Deficit Correlations Verbal Tasks: Left ATL Involved in Naming and Comprehension



Semantic Variant PPA: Impaired Verbal and Nonverbal Knowledge of Objects/People Consistent with Multimodal Semantic Deficit



Levels of Specificity: Preservation of General/Categorical Relative to Specific/Individuating Semantic Information in SD



Patterson, 2007

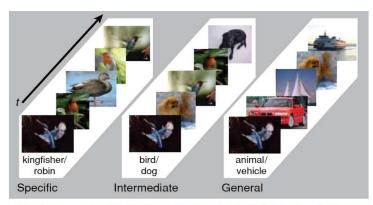


Figure 1. Some examples of the stimuli used and a schematic of the block design. On each trial, a word was viewed, followed by a picture, and the subjects were asked to indicate whether the picture matched the word.

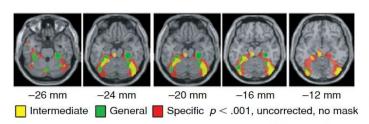


Figure 3. Experimental conditions significantly activated above baseline. Extent of temporal lobe activation was significant at p < .001, uncorrected, for the whole brain in the contrast of specific classification with baseline (red), intermediate classification with baseline (yellow), and general classification with baseline (green).

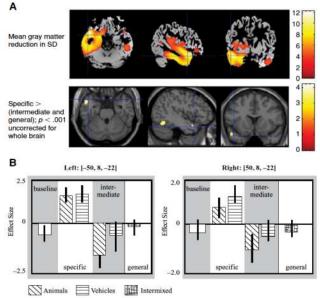
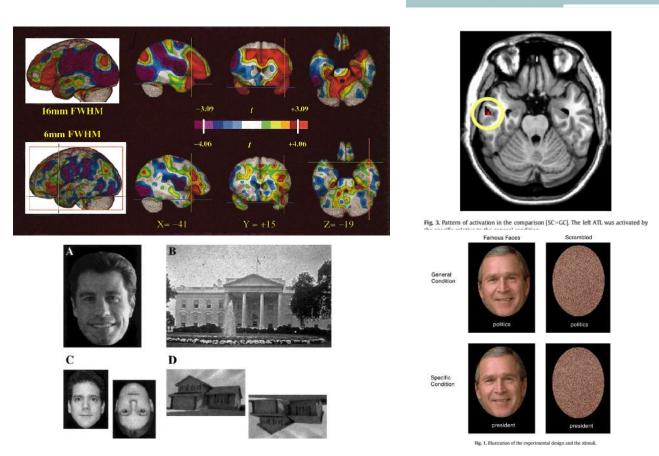
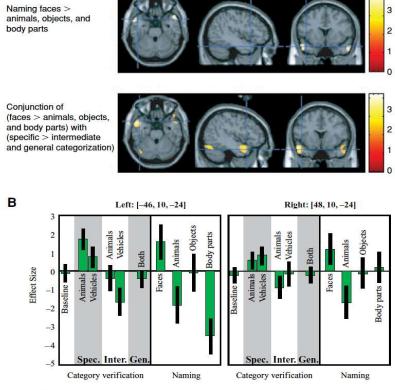


Figure 2. Localization of atrophy and activation. (A) Top row: Mean gray matter reduction for 6 patients with semantic dementia (SD). The peak was identified at [-44, 14, -27]; a volume of 8 mm around this peak and the corresponding region in the right hemisphere were defined as regions of interest for the PET analysis. The crosshairs indicate the peak of activation from the functional imaging study contrasting specific with intermediate and general categorization. Bottom row: Whole-brain activation for healthy controls significant at p < .001, noncrected, contrasting the specific with the intermediate and general categorization conditions. A corresponding peak in the right hemisphere did not surmount the whole-brain threshold but fell within the region of interest and was statistically reliable with small-volume correction. The crosshairs indicate the peak of maximal atrophy from the volumetric analysis of SD data. (B) Mean-centered effect sizes (percentage of regional blood flow change) at the left and right peaks for the six different stimulus conditions in our experiment: specific categorization for animals and for vehicles, intermediate categorization for animals and wehicles, general categorization, and the baseline task. The effect was observed for both animal and vehicle scans.



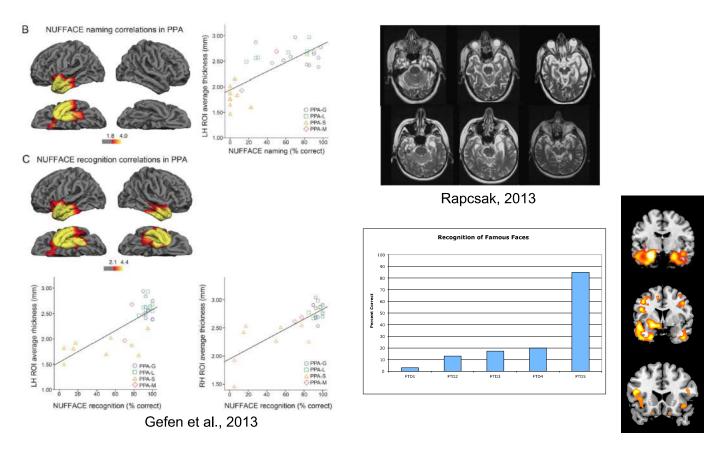


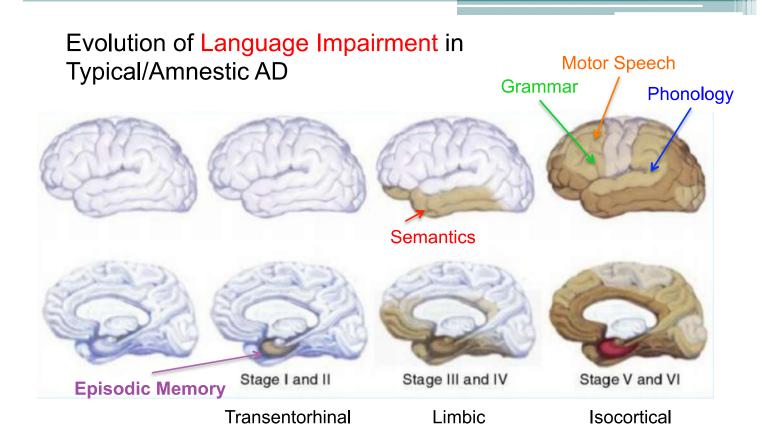


A

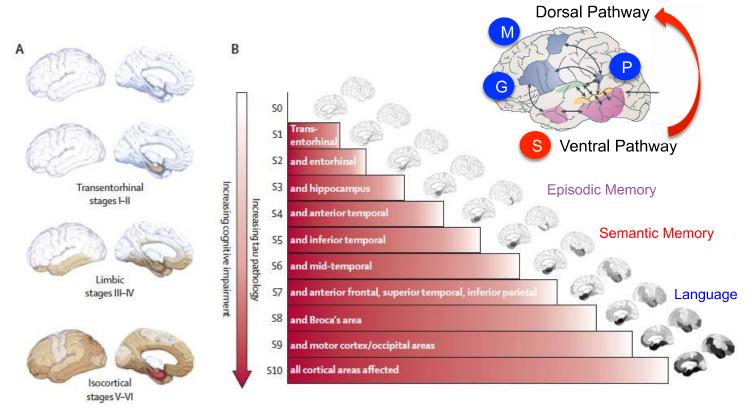
Figure 4. Naming faces versus objects, animals, and body parts. (A) Top: Silent naming of unique faces versus nonunique items (animals, objects, and body parts) from Gorno-Tempini, Cipolotti, and Price (2000). Bottom: Conjunction of (specific > general categorization) from the present study and (naming faces > naming animals, objects, and body parts) from Gorno-Tempini et al. (2000). Note that, in the case of the conjunction, the color scale for the t values relates to the minimal t. (B) Mean centered effect sizes (percentages of regional blood flow change) at the peak voxel.

Semantic Variant PPA: Lesion-Deficit Correlations Famous Person Knowledge and ATL



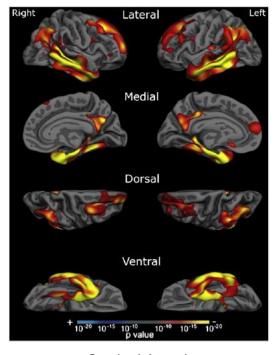


Ventral Pathway: Semantics/Naming, Verbal Fluency, Comprehension Dorsal Pathway: Phonology, Grammar, Motor Speech

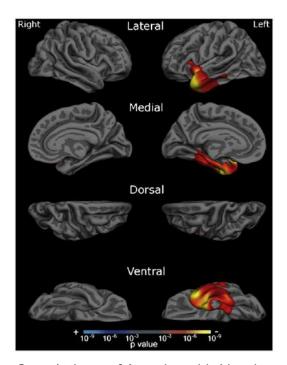


Modified from Villemagne et al., 2015

Neural Correlates of Anomia in AD

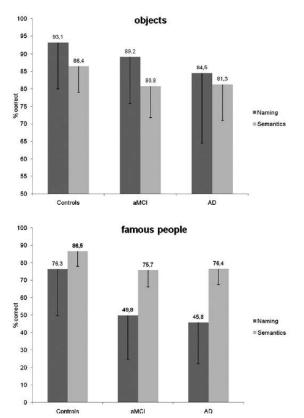


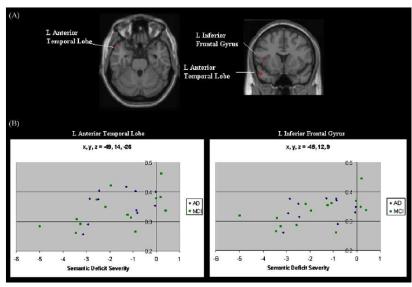
Cortical Atrophy



Correlations of Atrophy with Naming

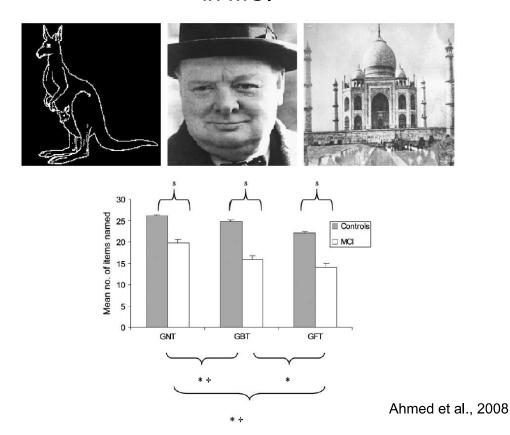
Impaired Semantic Knowledge of Objects and People is Associated with Left Anterior Temporal Lobe Atrophy in AD



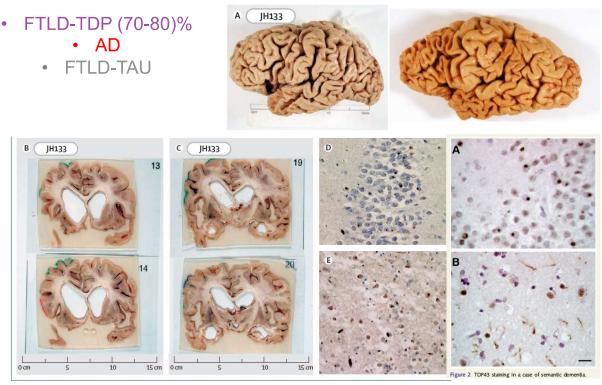


Joubert et al., 2010 (n=31; aMCI = 15, early AD = 16)

Impaired Naming of Objects, Famous People, and Buildings in MCI



Semantic Variant PPA: Neuropathology



Hodges & Patterson, 2007/Hodges et al., 2010

Category-Specific Semantic Deficits: Living vs. Nonliving

AD

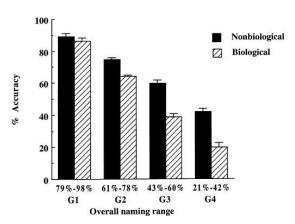
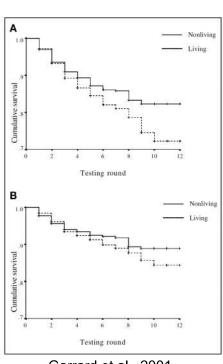


Fig. 1. Mean naming accuracy of DAT/MCI participants on nonbiological and biological items at successive ranges of overall naming impairment.

Whatmough et al., 2003

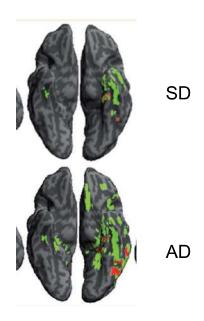


Garrard et al., 2001

Total Naming Living Category Final Services R Nonliving Category The services are serviced and services are serviced and services are serviced and services are serviced and services are services and services are services and services are services are services and services are services and services are services and services are services and services are services are services are services and services are services

Brambati et al., 2006

Category-Specific Semantic Deficits: Living vs. Nonliving



Libon et al., 2013

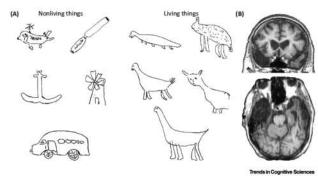
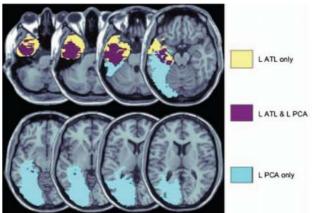
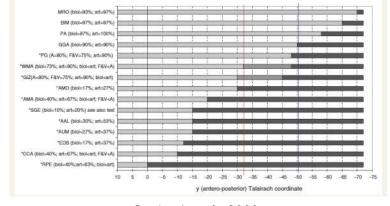


Figure 2. The Nature of Category-Specific Deficits. (A) Drawings from patient SE of common objects of living and nonliving things, showing a ober absence of districtive feature information for living things and a preservation of details for nonliving things. Northing objects, to pole fit betterm gight heldogree, chiest, earbor, windmil, but, buting objects, croples, zebra, duck, penguin, camel. Reproduced from [17] with permission from Taylor and Francis. (B) MRI scan from patient SE showing extensive damage in the right anterior temporal lobe (ATL; image shown in radiological convention, previously unpublished).

Patient	Disease	Naming		Word-picture matching	
		Living	Non-living	Living	Non-living
JBR	HSVE	0.16	0.63	0.31	0.97
jΗ	HSVE	0.53	0.72	0.63	0.97
RC	HSVE	0.22	0.66	0.38	0.88
YW	HSVE	0.59	0.84	0.66	0.88
Mean		0.38	0.71	0.49	0.92

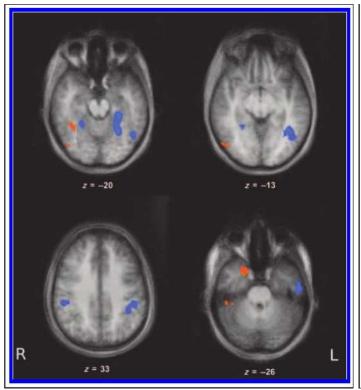
Herpes Simplex Viral Encephalitis Clarke et al, 2016; Lambon Ralph, 2007

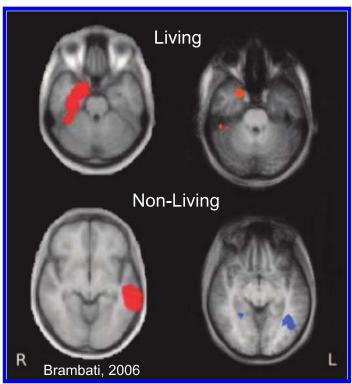




Antonucci et al., 2008

Capitani et al., 2009





fMRI Red: living/animals ventral, Blue: nonliving/tools ventral plus dorsal

Anzellotti et al., 2011

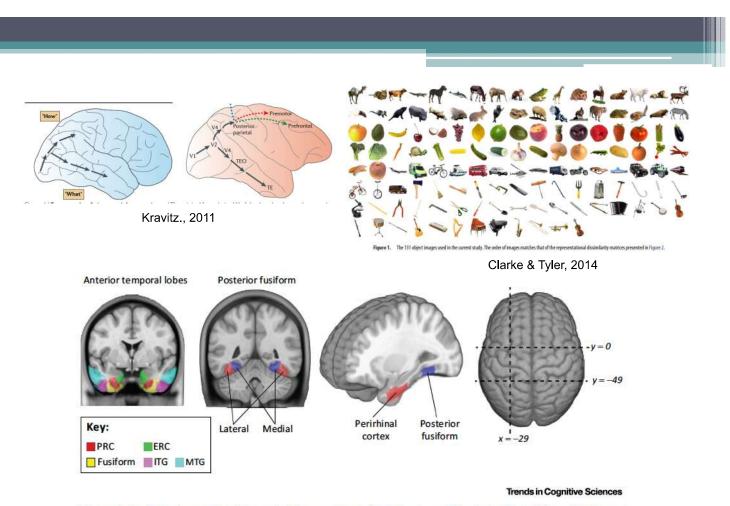
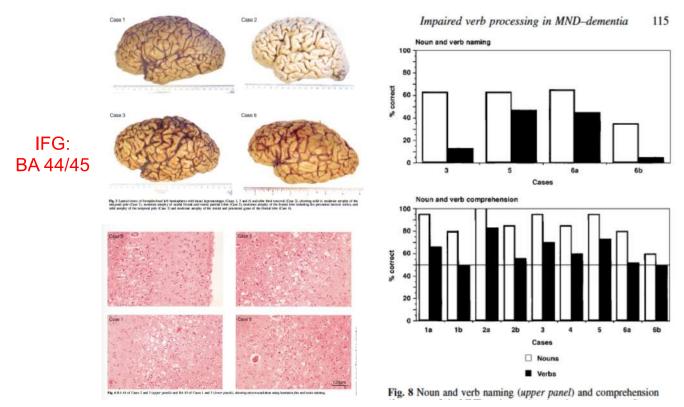
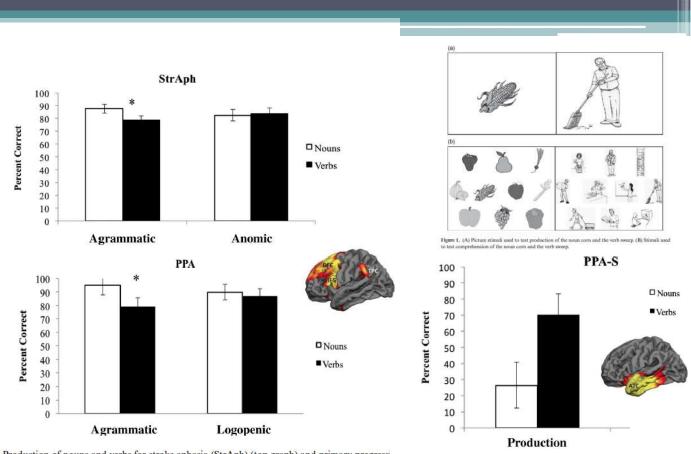


Figure 1. Regions Supporting Conceptual Processing in the Anterior and Posterior Ventral Visual Pathway.

Category-Specific Semantic Deficits: Verbs vs. Nouns



Bak et al., 2001



Ire 2. Production of nouns and verbs for stroke aphasia (StrAph) (top graph) and primary progress... asia (PPA) participant groups (lower graph).

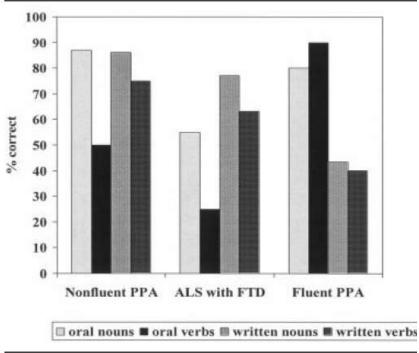


Fig 1. Median scores for oral and written naming in each group. PPA = primary progressive aphosia; ALS = amyotrophic lateral sclerosis; FTD = frontotemporal dementia.

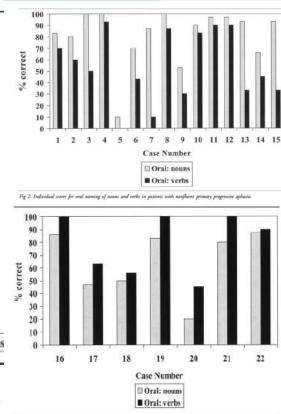
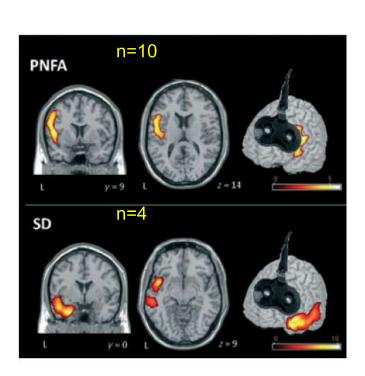
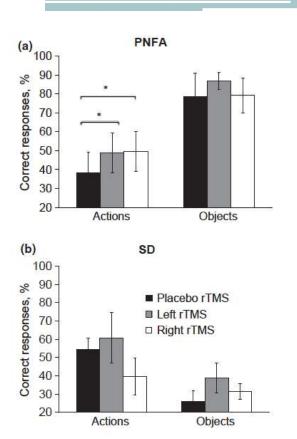


Fig 4. Individual scores for oral naming of nouns and verbs in patients with fluent primary progressive aphasia.

Hillis et al., 2004





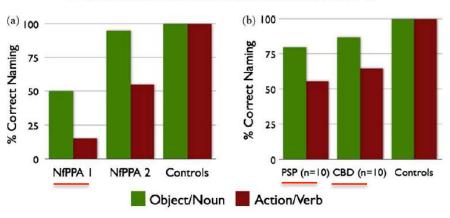


Fig. 5. Object and action naming for two patients suffering from Non-fluent Progressive Primary Aphasia (NfPPA) and matched controls (panel a); groups of Progressive Supranuclear Palsy (PSP) and Corticobasal Degenration (CBD) and matched controls (panel b); data from Cotelli et al. (2006).

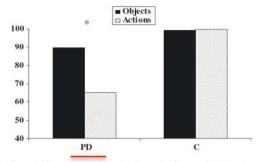
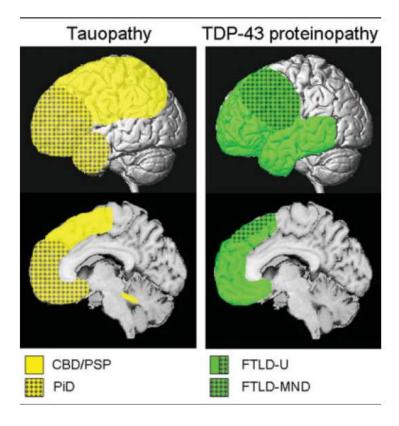


Figure 2 Mean scores for oral action and object naming in each group. PD: Parkinson's disease, C: control subjects. Results are expressed as mean of percentage of correct responses. *Action-object naming, P < 0.05.

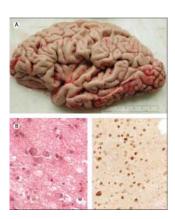
Cotelli et al., 2007



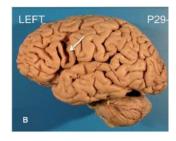
Josephs et al., 2008

Nonfluent/Agrammatic PPA: Neuropathology

- FTLD-TAU (60-70%)
 - Pick's Disease (PiD)
 - Corticobasal Degeneration (CBD)
 - Asymmetrical rigidity, limb apraxia, alien hand, dystonia, myoclonus
 - Progressive Supranuclear Palsy (PSP)
 - Vertical gaze palsy, axial rigidity, frequent falls
 - Strong association between apraxia of speech and extrapyramidal disorders (CBD and PSP)
- FTLD-TDP
 - Agrammatism without apraxia/motor speech disorder
 - Association with motor neuron disease (ALS)
 - Muscle weakness, wasting, fasciculations, bulbar symptoms, upper motor neuron signs
- AD neuropathology



PiD (Grossman, 2012)



CBD (Mesulam et al., 2014)

Verbs < Nouns

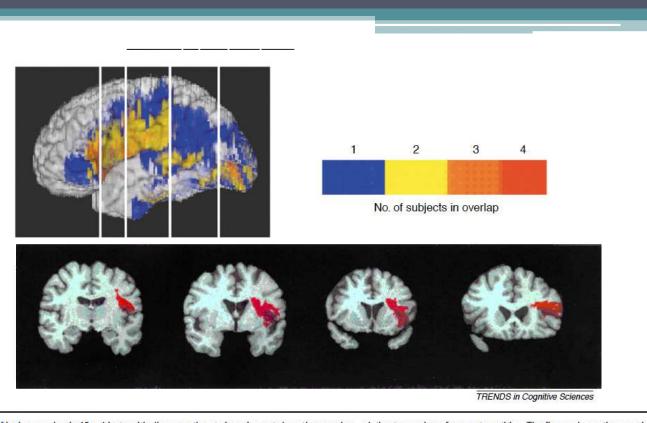


Fig. 3. Areas of lesion overlap in 13 subjects with disproportionate impairments in action naming, relative to naming of concrete entities. The figure shows three regions of maximal overlap: (1) the left frontal operculum, underlying white matter, and anterior insula; (2) the left mesial occipital cortex; and (3) the paraventricular white matter underneath the supramarginal gyrus and posterior temporal region. The color bar indicates the number of subjects in the overlap. Reproduced with permission from Ref. [26].

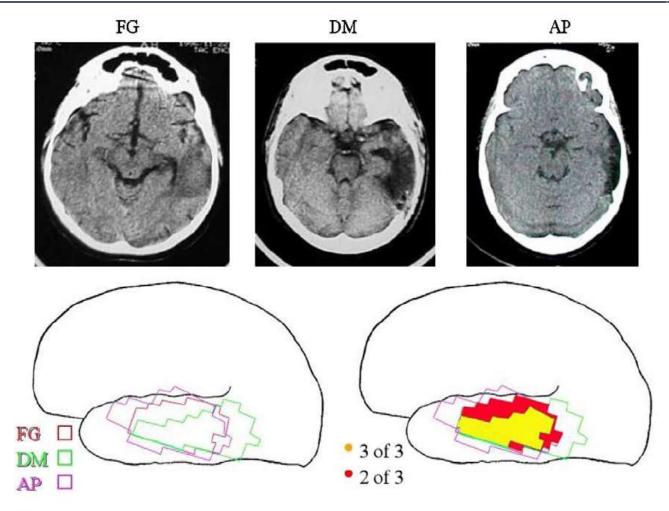
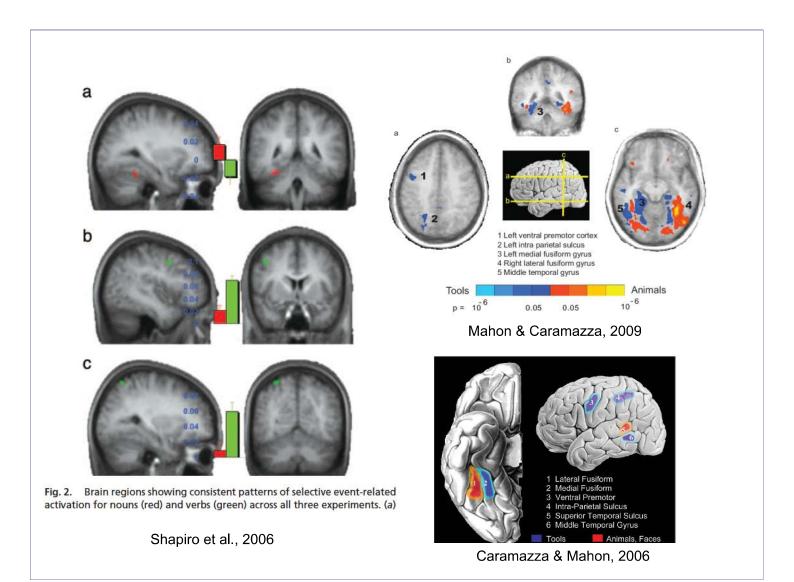


Fig. 1. Noun-impaired patients with temporal lesion (three patients): single lesions and overlap areas.



frontocentral cortex activation to action words, phrases and sentences

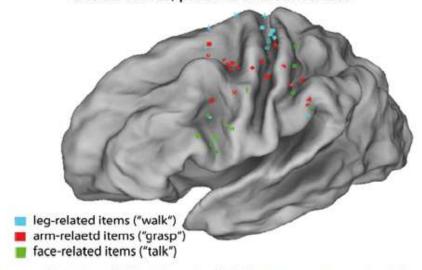
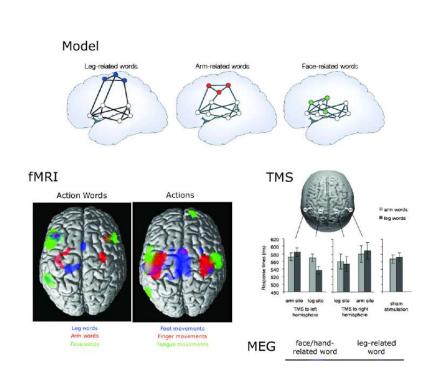
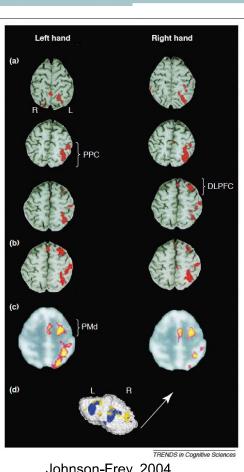


Fig. 7. Manifestation of the sign-action link in motor system activation to action words. Maximal activation foci reported by a range of fMRI studies targeting the processing of verbs and nouns typically used to speak about face-, arm- or legactions ("talk", "grasp", "walk") and that of food and tool nouns whose referent objects afford mouth- or hand-actions. Activation foci for face-, arm- and leg-items are shown in green, red and blue, respectively. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this

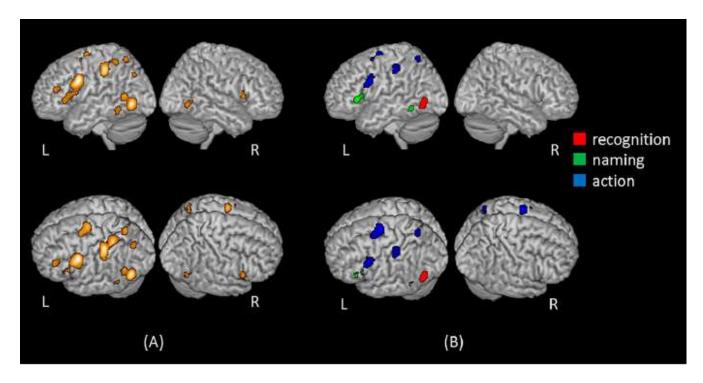
From Carota, Moseley and Pulvermüller (2012).



Kiefer & Pulvermuller, 2012



Johnson-Frey, 2004



Ishibashi et al., 2016

G. Vigliocco et al. / Neuroscience and Biobehavioral Reviews 35 (2011) 407-426

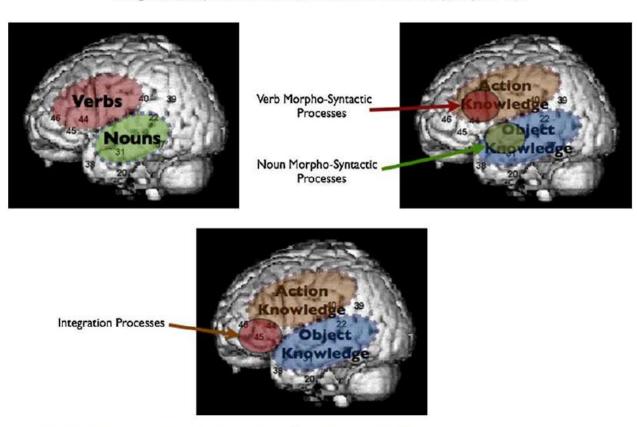
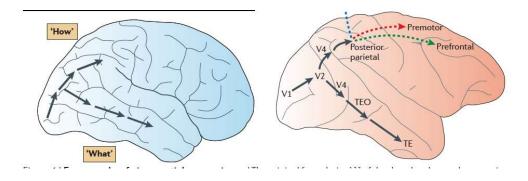


Fig. 2. Schematic overview of different neural models concerning the processing of nouns and verbs.



Kravitz., 2011

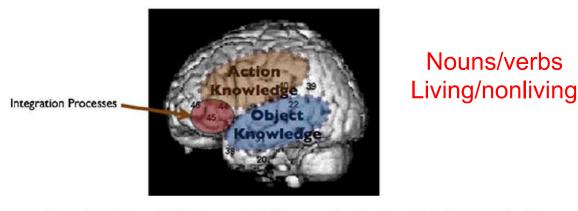


Fig. 2. Schematic overview of different neural models concerning the processing of nouns and verbs.

Conceptual Knowledge, Lexical-Semantic Networks, Sensorimotor Experience, Embodied Cognition

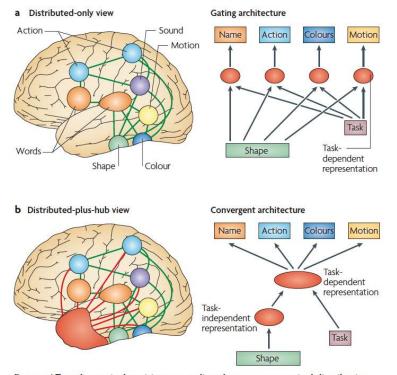


Figure 1 | Two theoretical positions regarding the neuroanatomical distribution of the cortical semantic network and schematic models based on these views.

Patterson, 2007

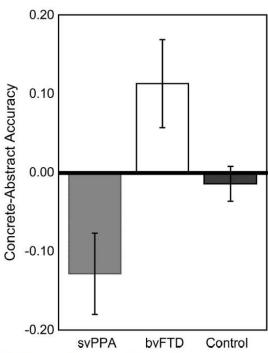


Fig. 2. Magnitude of the Concreteness Effect (CE). The normed accuracy for concrete words minus abstract words, or the magnitude of CE. Negative values indicate a reversal of the CE. svPPA patients are plotted in grey, bvFTD in white, and control in black. Error bars represent standard error of the mean.

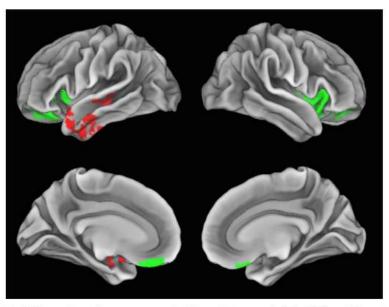


Fig. 4. Regression of grey matter probability with reversal of the CE for svPPA and CE bvFTD. Red indicates areas of atrophy that significantly correlate with the Reversal of Concreteness Effect-better knowledge for abstract words-in svPPA patients. Green indicates areas of atrophy that significantly correlate with the Concreteness Effect-better knowledge for concrete words-in bvFTD patients. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

Cousins et al., 2016

