Medial Prefrontal Cortex Glutamate Is Reduced in Schizophrenia and Moderated by Measurement Quality: A Meta-analysis of Proton Magnetic Resonance Spectroscopy Studies

Supplement

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Supplemental Methods – Empirical method for identifying quality thresholds.

We examined three metrics sensitive to the quality of the glutamate measurements for each study: mean + 2 SD for Cramer-Rao lower bound (CRLB), mean + 2 SD for singlet line width (FWHM), and mean COV for glutamate. For each metric, we averaged the values for the patient and control groups. We hypothesized that glutamate measurement quality would have a moderating effect on the meta-analytic results across studies comparing schizophrenia patients to healthy volunteers. Formally, we hypothesized there was a quality threshold Q, for which the meta-analytic result would be significantly stronger in studies surpassing Q than for those falling short of Q. To identify the quality threshold Q in an unbiased manner, we first ranked the studies for each metric. We then calculated the inverse variance-weighted pooled effect sizes from a moving sample of studies ($k = 7$) running from the lowest to the highest quality studies for each quality metric (analogous to a moving average). A best-fitting, 4-parameter, logistic function was fit to this series of pooled effect sizes using the computational resource at<https://mycurvefit.com/> using the following equation:

 $Y = d + ((a - d)/(1 + (X/c)^{h}))$

Where Y = the pooled effect size (k=7) and X = the rank of the set of seven adjacent studies for the quality metric being examined. The best fitting four parameters (a, b, c, and d) for each of the quality metrics is shown below.

Parameter "a" is the asymptote of the pooled effect size for the lowest quality datasets, and parameter "d" is the asymptote of the pooled effect size for the highest quality datasets for each metric. These best fitting parameters were used to generate a logistic transform of the ranks of each quality metric. The empirical quality threshold Q was identified as the inflection point in the logistic transform curve. The inflection point (Q) is the midpoint between parameters "a" and "d" (thus $Q = (a + d)/2$). This point Q was used to stratify studies into low and high quality subgroups for each metric. All studies included in a set of 7 ranked studies for which the moving pooled effect size ($k = 7$) was more negative than Q were stratified into the high quality subgroup for that quality metric. All other studies were stratified into the lower quality subgroup.

Supplemental Results – Exploratory analysis of signal-to-noise as a quality metric.

Spectral signal-to-noise (SNR) was not included as an *a priori* quality metric for testing the hypothesis that the meta-analytic result would be significantly stronger in studies surpassing an empirically identified threshold for measurement quality. We chose this approach in order to limit multiple comparisons for testing this hypothesis. It was our opinion, *a priori*, that SNR would be the least discriminating of the four quality metrics commonly reported (COV, CRLB, FWHM, and SNR). We reasoned that quality metrics based specifically on the glutamate measurement, such as CRLB and COV for glutamate, might have an advantage over those based on the whole spectrum, such as FWHM and SNR. With regard to the latter two, in our own lab we have consistently found low FWHM to be a better predictor of valid glutamate measurements than high SNR.

In response to a question about this issue during peer review, we searched for and extracted SNR mean and SD values from the 36 mPFC studies included in our metaanalysis. Only 23 studies reported these data, and only 20 used an equivalent method for calculating SNR (the LCModel default method). Applying the same procedure as for the other quality metrics, we identified 14 high quality datasets for SNR (mean minus 2 $SD \geq 13$). Six studies were identified as having lower quality SNR values. The 16 studies not reporting SNR were included in the lower-quality subgroup. Moderator analyses showed that effect sizes were not significantly different between lower- and high-quality subgroups for SNR (omnibus model $Q = 2.2$, df =1, p = .13; heterogeneity: $I^2 = 45$, p = .002). When studies not reporting SNR were excluded altogether from the moderator analysis, there was trend for mPFC glutamate to be more reduced in the high-quality versus the lower-quality SNR subgroup, but it was not significant with our corrected alpha (omnibus model Q = 3.9, df =1, p = .048; heterogeneity: I^2 = 42, p = .02). Detailed statistics for each SNR subgroup are shown below. In agreement with our expectation, an empirical quality threshold based on SNR was less successful than the other quality metrics at identifying studies sensitive to reduced mPFC glutamate in schizophrenia.

amean minus 2 standard deviations of SNR values, averaged across patients and controls

Table S1. Excluded studies and reason for exclusion. Abbreviations: glx = glutamate+glutamine, gln = glutamine, HC = healthy control group, MRS = Magnetic R esonance Spectroscopy, NR = Not Reported, SD = Standard Deviation.

Table S2. Included studies of regions for which < 10 datasets are available.

The Legind et al. (2019) ¹⁴⁹ and Stanley et al. (2007) ¹⁵⁷ studies each had 2 datasets. ^aVentromedial Prefrontal defined as having the midpoint of voxel inferior to the most rostral point of the corpus callosum.

Table S3 Medial Prefrontal Glutamate - Study Characteristics, Glutamate Data, and Quality Metrics.

Table S3: Studies ordered by year of publication. First author, year, field strength, sequence and TE are shown in first column. ST = STEAM; PR = PRESS; LAS = LASER; M-PR = MEGA-PRESS; SPEC = SPECIAL; HC = healthy controls; PT = patients; N = sample size; Mean = mean glutamate value; STD = standard deviation of glutamate values; 95% CRLB = mean + 2SD CRLB values averaged across patient and control groups; 95% FWHM = mean + 2SD FWHM values in PPM averaged across patient and control groups; mean COV = coefficient of variation of glutamate values (STD/mean) averaged across patient and control groups.

1st Author/Year/Parameters	HC _N	HC Mean	HC STD	PT N	PT Mean	PT STD	Hedges g	95% CRLB	95% FWHM	mean CoV
Bartha 1999 1.5T ST-20	11	7.58	1.67	11	6.83	2.32	-0.356	NR	NR	0.280
van Elst 2005 2T PR-30	16	2.37	0.8	8	4.34	2.83	1.100	NR	NR	0.495
Olbrich 2008 2T PR-30	32	2.37	1.13	9	3.91	0.87	1.395	NR	NR	0.350
Rusch 2008 2T PR-30	12	2.67	0.7	14	3.56	1.44	0.742	NR	NR	0.333
Lutkenhoff 2010 3T PR-30	21	9.26	5.67	9	7.54	1.9	-0.341	0.264	0.10	0.432
Nenadic 2015 3T PR-30	42	9.878	2.628	18	10.095	2.53	0.082	NR	NR	0.258
Stan 2015 3T M-PR-70	16	0.88	0.08	18	0.82	0.09	-0.685	0.063	NR	0.100
Gallinat 2016 3T PR-80	29	10.42	1.53	29	12.1	1.47	1.105	NR	NR	0.134
Singh 2018 3T PR-33	28	1.24	0.21	28	1.15	0.16	-0.475	NR	NR	0.154
Korenic 2020 3T PR-30	21	8.5	1.3	19	8.2	1.3	-0.226	NR	NR	0.156
Shakory 2020 3T PR-35	31	10.51	1.4	10	10.12	1.15	-0.284	0.09	.092	0.123

Table S4 Hippocampal Glutamate - Study Characteristics, Glutamate Data, and Quality Metrics

Table S4: Studies ordered by year of publication. First author, year, field strength, sequence and TE are shown in first column. ST = STEAM; PR = PRESS; M-PR = MEGA-PRESS; HC = healthy controls; PT = patients; N = sample size; Mean = mean glutamate value; STD = standard deviation of glutamate values; 95% CRLB = mean + 2SD CRLB values averaged across patient and control groups; 95% FWHM = mean + 2SD FWHM values in PPM averaged across patient and control groups; mean COV = coefficient of variation of glutamate values (STD/mean) averaged across patient and control groups.

Moderator effects

Meta-regression analysis showed no effect of either field strength or log TE. The distributions of these regressors, however, were very limited. There were no studies above 3T, and 8 of the 11 studies used TE between 30 and 35 ms. Three datasets were categorized as ≥ 80% unmedicated and 6 datasets as all medicated (2 datasets excluded). Medication status did not significantly moderate effect size (omnibus model Q = 2.2, df =1, p = .14; heterogeneity: $I^2 = 75$, p < .001). Similarly, 4 datasets were categorized as recent onset and 7 as chronic. Neither phase of illness nor mean patient age significantly moderated effect size (omnibus model Q = 0.0, df =1, NS; heterogeneity: $I^2 = 80$, p = .001; and omnibus model Q = 2.5, df =1, p = .114; heterogeneity: $I^2 = 74$, p = .001, respectively).

Table S5 Thalamic Glutamate - Study Characteristics, Glutamate Data, and Quality Metrics

Table S5: Studies ordered by year of publication. First author, year, field strength, sequence and TE are shown in first column. ST = STEAM; PR = PRESS; HC = healthy controls; PT = patients; N = sample size; Mean = mean glutamate value; STD = standard deviation of glutamate values; 95% CRLB = mean + 2SD CRLB values averaged across patient and control groups; 95% FWHM = mean + 2SD FWHM values in PPM averaged across patient and control groups; mean COV = coefficient of variation of glutamate values (STD/mean) averaged across patient and control groups.

Table S6 Dorsolateral Prefrontal Glutamate - Study Characteristics, Glutamate Data, and Quality Metrics

Table S6: Studies ordered by year of publication. First author, year, field strength, sequence and TE are shown in first column. ST = STEAM; PR = PRESS; HC = healthy controls; PT = patients; N = sample size; Mean = mean glutamate value; STD = standard deviation of glutamate values; 95% CRLB = mean + 2SD CRLB values averaged across patient and control groups; 95% FWHM = mean + 2SD FWHM values in PPM averaged across patient and control groups; mean COV = coefficient of variation of glutamate values (STD/mean) averaged across patient and control group

Figure S2 Hippocampal Glutamate

Figure S2: Meta-analysis forest plot for 11 datasets reporting hippocampal glutamate in schizophrenia patients and healthy control subjects. Datasets are listed in order of coefficient of variation (COV) of glutamate averaged across patient and control groups, with lowest COV at bottom. First author, year, field strength, sequence and TE are listed at left. Hedge's *g* and 95% CI are at center and right. ST = STEAM; PR = PRESS; RE = random effects.

Figure S3 Thalamic Glutamate

Figure S3. Meta-analysis forest plot for 9 datasets reporting thalamic glutamate in schizophrenia patients and healthy control subjects. Datasets are listed in order of coefficient of variation (COV) of glutamate averaged across patient and control groups, with lowest COV at bottom. First author, year, field strength, sequence and TE are listed at left. Hedge's *g* and 95% CI are at center and right. ST = STEAM; PR = PRESS; RE = random effects.

Figure S4 Dorsolateral PFC Glutamate

Figure S4. Meta-analysis forest plot for 8 datasets reporting dorsolateral PFC glutamate in schizophrenia patients and healthy control subjects. Datasets are listed in order of coefficient of variation (COV) of glutamate averaged across patient and control groups, with lowest COV at bottom. First author, year, field strength, sequence and TE are listed at left. Hedge's *g* and 95% CI are at center and right. ST = STEAM; PR = PRESS; RE = random effects.

Figure S5. Exploratory meta-analysis forest plot for 5 datasets reporting striatal glutamate in schizophrenia patients and healthy control subjects. Datasets are listed in order of coefficient of variation (COV) of glutamate averaged across patient and control groups, with lowest COV at bottom. First author, year, field strength, sequence and TE are listed at left. Hedge's *g* and 95% CI are at center and right. ST = STEAM; PR = PRESS; SLAS = Semi-LASER; RE = random effects.

Figure S6 Frontal White Matter Glutamate

Figure S6. Exploratory meta-analysis forest plot for 4 datasets reporting frontal white matter glutamate in schizophrenia patients and healthy control subjects. Datasets are listed in order of coefficient of variation (COV) of glutamate averaged across patient and control groups, with lowest COV at bottom. First author, year, field strength, sequence and TE are listed at left. Hedge's *g* and 95% CI are at center and right. ST = STEAM; PR = PRESS; RE = random effects.

Figure S7 Occipital Cortex Glutamate

Figure S7. Exploratory meta-analysis forest plot for 4 datasets reporting occipital cortex glutamate in schizophrenia patients and healthy control subjects. Datasets are listed in order of coefficient of variation (COV) of glutamate averaged across patient and control groups, with lowest COV at bottom. First author, year, field strength, sequence and TE are listed at left. Hedge's *g* and 95% CI are at center and right. ST = STEAM; PR = PRESS; SLAS = Semi-LASER; RE = random effects.

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