

Test-Retest Reliability of EEG Markers of Cognition

ER Giglia¹, R McMackin¹, S Dukic^{1,2}, A Coffey¹, S Bista¹, M Mitchell¹, A Fasano¹, T Buxo¹, M Heverin¹, R Reilly^{3,4}, N Pender^{1,5}, O Hardiman^{*1,6}, B Nasseroleslami^{*1}

¹Academic Unit of Neurology, Trinity College Dublin, the University of Dublin; ²Department of Neurology, University Medical Centre Utrecht Brain Centre, Utrecht University; ³Trinity College Institute of Neuroscience, Trinity College Dublin, the University of Dublin; ⁴Trinity Centre for Biomedical Engineering, Trinity College Dublin, the University of Dublin; ⁵Department of Psychology, Beaumont Hospital Dublin; ⁶Department of Neurology, Beaumont Hospital Dublin; *Joint last authors

Aim: Evaluate the reliability of EEG-based markers of cognition to facilitate research into cognitive changes over time in ALS

Background

- EEG is safe, welltolerated, and costeffective: well-suited to longitudinal cognitive research
- Preliminary work for this study was presented at the International Symposium on ALS/MND 2020. This update includes:
 - 4 new subjects
 - Quantitative results

Methods

Healthy
volunteersAgeSexTime of sessionsn=1025.9 ± 2.54 years50% Female
50% Male50% AM
50% PM

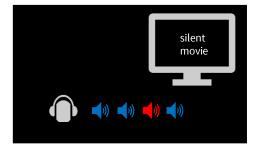


Fig 1. Auditory frequency oddball paradigm.Participant listens passively to a string of standard and deviant tones while watching a silent movie.

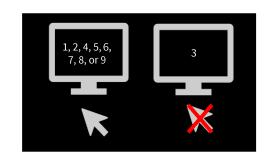
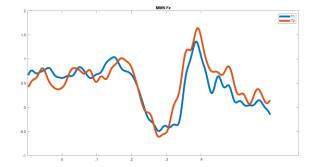
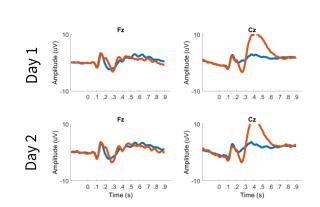


Fig 2. Sustained Attention to Response TaskParticipant clicks a computer mouse in response to the digits 1, 2, and 4-9, while withholding a response to 3.

- Repeated EEG visits: two consecutive days, same time of day
- 5 features identified from **MMN** (auditory oddball task) and **P300** (SART) components:
 - Amplitude and latency of the peak, average amplitude and latency of the component, area under the component
 - Intraclass correlation coefficient (two-way, random effects, absolute agreement model)¹ calculated for each feature between days at Fz, Cz, and Pz

Results





average MMN and SART responses MMN responses are shown at the Fz electrode. SART (P300) responses are shown at electrodes Fz and Cz.

Figure 3. Group

Table 1. Intraclass Correlation Coefficients of MMN and P300 component features. Intraclass correlation coefficients (ICC) of amplitude and latency of the peak, mean amplitude and latency, and area under the component for MMN and P300 components across two days, listed with lower bound (LB), upper bound (UB), and coefficient of variation (CoV) at frontocentral (Fz), central (Cz), and parietocentral (Pz) electrodes. Common ranges for ICC interpretation are: <0.5poor; 0.5-0.75- fair; 0.75-0.90- good; >.90- excellent. Negative ICC values reflect greater variation among subjects than between days.

MMN	Fz				Cz				Pz				
	ICC	LB	UB	CoV	ICC	LB	UB	CoV	ICC	LB	UB	CoV	
Amplitude of peak	0.781	0.174	0.945	-0.363	0.815	0.315	0.953	-0.684	0.265	-2.922	0.828	-0.738	
Latency of peak	0.537	-0.449	0.876	0.164	0.252	-2.934	0.824	0.356	-0.905	-25.413	0.598	0.460	
Mean amplitude	0.664	-0.396	0.917	-0.874	0.532	-0.737	0.881	-1.356	-0.633	-13.364	0.643	1.554	
Mean latency	0.793	-0.130	0.954	0.120	0.382	-2.072	0.854	0.238	-0.482	-3.451	0.804	0.190	
Area under component	0.493	-0.699	0.867	-0.602	0.685	-0.111	0.919	-0.771	-0.673	-14.194	0.635	-1.085	
D200	Fz					Cz				Pz			
D200		F	Z			C	Z			Pz			
P300	ICC	F: LB	z UB	CoV	ICC	Cz LB	z UB	CoV	ICC	Pz LB	UB	CoV	
P300 Amplitude of peak		LB	UB	•••	ICC 0.943	LB	UB			LB	UB		
	0.828	LB 0.309	UB 0.957	1.004		LB 0.772	UB 0.986	0.433	0.975	LB 0.867	UB 0.994	0.510	
Amplitude of peak	0.828 0.907	LB 0.309 0.649	UB 0.957 0.977	1.004 0.160	0.943	LB 0.772 -1.908	UB 0.986 0.862	0.433 0.100	0.975 0.703	LB 0.867 -0.252	UB 0.994 0.927	0.510	
Amplitude of peak Latency of peak	0.828 0.907 0.935	LB 0.309 0.649 0.739	UB 0.957 0.977 0.984	1.004 0.160 1.079	0.943 0.416 0.939	LB 0.772 -1.908 0.749	UB 0.986 0.862 0.985	0.433 0.100 0.509	0.975 0.703 0.939	LB 0.867 -0.252	UB 0.994 0.927 0.985	0.510 0.100 0.678	

Discussion

- Many of the selected biomarkers show moderate or greater reliability (ICC>0.5) and several show excellent reliability (ICC>0.9).
- Reliability of these methods varies greatly depending on waveform features and electrodes of interest, highlighting the importance of choosing appropriate biomarkers during study design.
- Good test-retest reliability justifies the use of cognitive EEG biomarkers for the longitudinal study of cognition in ALS, which will aid the development of cognitive treatments and supports for those living with ALS



