



Examining movement kinematic differences in Autism Spectrum Disorder and Parkinson's Disease: a matched-groups comparison study

Examining movement kinematic differences in Autism Spectrum Disorder and Parkinson's Disease: a matched-groups comparison study

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Background

What do we know about movement in Autism Spectrum Disorder (ASD) and Parkinson's Disease (PD)?

- Differences in motor function are apparent in both ASD¹ and PD²
- Both conditions show differences in handwriting^{3,4}
- Analysis of movement kinematics has revealed:
 - Increased jerk in both ASD⁵ and PD⁶
 - Increased sub-movements in ASD⁷ and PD⁸
 - Increased speed and acceleration in ASD⁵
 - Decreased speed and acceleration in PD^{6,9}

What is a shape's angular frequency?

- The number of curvature oscillations per unit angle of θ (where θ is one full 360° / 2 π radians rotation)
- E.g., a square has an angular frequency of four as there are four peaks in the curvature of the trajectory when tracing the perimeter

How does angular frequency relate to movement kinematics?

- In the general population, individuals adapt their speed as a function of the curvature of their movement¹⁰
- This gradient of this adaptation is dependent on the shape's angular frequency¹¹

How does this relate to ASD and PD?

- Problems with handwriting may be explained by inappropriate modulation of speed as a function of curvature
- To date, studies of ASD and PD have not looked at kinematic variables along the angular frequency spectrum

Why is it important to investigate similarities between ASD and PD movement?

- An increased prevalence of PD has been reported in ASD¹²
- Similarities between ASD and PD movement have been noted¹³
 - ASD movement may "look like" PD movement
- PD is often diagnosed based on motor function
 - Recent suggestions of diagnosis from handwriting analysis (~90% accuracy)¹⁴
- Overlap between ASD and PD movement may explain higher levels of diagnosis

What insight will this study provide?

- At present, no studies have directly compared ASD and PD movement
 - This study will implement a matched-groups design
- More in-depth investigation of movement similarity is needed
 - This study will investigate overlap in a range of movement kinematic variables, taking into account the angular frequency spectrum

Analysis Plan

Group matching

Age and non-verbal reasoning (between-groups ANOVAs), gender (chi-squared)

Group differences

Autistic traits, motor difficulties and alexithymic traits (between-groups ANOVAs)

Linear mixed models

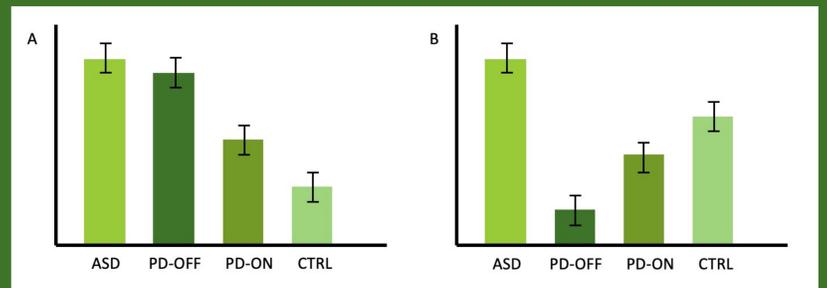
- Separate analyses for each kinematic variable
- Fixed effects- group, shape, group*shape
- Random effects- trial number, participant number
- ANOVA on model coefficients

Expected Results

Significant effects of group

We anticipate increased jerk and sub-movements for both the ASD and PD-OFF groups relative to the PD-ON and CTRL groups (Graph A)

However, we expect increased and decreased velocity, acceleration and beta values for the ASD and PD-OFF groups respectively, relative to PD-ON and CTRL (Graph B)



Effects of shape

→ Our analyses will reveal whether kinematics vary along the angular frequency spectrum

Interaction between shape and group

→ Our analyses will reveal whether there are group differences in the relationship between kinematics and angular frequency

Methods

Participants

Autistic individuals x30

Individuals with Parkinson's Disease (both ON and OFF dopaminergic medication) x30

Control participants x30

Matched on age, gender, and non-verbal reasoning

Step 1 – Online Measures

Demographics

Age
Gender
Diagnosis
Handedness
Medications
Ethnicity

Questionnaires

Autistic traits
→ The Autism Quotient
Movement difficulties
→ The Adult DCD/Dyspraxia Checklist (section 2: current functioning)
Alexithymic traits
→ The Toronto Alexithymia Scale

Non-Verbal Reasoning

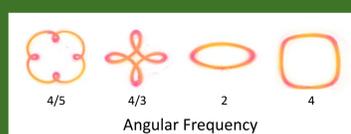
The Matrix Reasoning Item Bank
→ Each trial: select the appropriate shape to fill the empty cell of a 3 x 3 matrix

Approx. 30 mins;
PD complete ON medication

Step 2 – Shape Tracing Task

Participants will trace shapes on a touchscreen device.

- 4 blocks of 12 trials
- Each block = different shape; presented in a random order
- The four shapes cover a range of different angular frequencies
- Movement trajectories will be recorded (x and y coordinates over time)



Approx. 20 mins;
PD complete both ON and OFF medication

Kinematic Variables

Velocity, acceleration and jerk

First-, second- and third order non-null derivatives of the raw positional data

Sub-movements

% of frames which comprise an acceleration sign change (i.e., a flip from accelerating to decelerating).

Beta values

How participants modulate their speed as a function of each shapes' curvature (i.e., the gradient between speed and curvature).

Exploratory Analyses

If group differences in jerk are found...

→ Random forest analysis (or similar) for each group to determine importance of velocity, sub-movements and beta values in predicting jerk

If group differences in beta values are found...

→ Participants may not be appropriately modulating their speed for given shapes
→ We can decompose movement data into a spectrum of energy in the angular frequencies that make up the movement (e.g., we would expect square movements to have high energy around 4)
→ Frequency analysis – assess differences in energy in angular frequency bands for each shape and group

Exploratory analysis of traits...

→ Do autistic traits, motor difficulties or alexithymic traits predict kinematic variables or mediate relationships observed?

Preliminary Findings

ASD pilot study

- ↑ - Increased speed, jerk, sub-movements and beta values in ASD compared to controls
- Bigger difference between groups at higher angular frequencies

Dopamine D2 receptor antagonist haloperidol study

- ↓ - Decreased velocity, acceleration, jerk and beta-values in drug compared to placebo

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