

# PET and SPECT in Psychiatry

Rudi A.J.O. Dierckx  
Andreas Otte  
Erik F.J. de Vries  
Aren van Waarde  
*Editors*

Johan A. den Boer  
*Guest Editor*

 Springer

---

## PET and SPECT in Psychiatry



---

Rudi A.J.O. Dierckx • Andreas Otte  
Erik F.J. de Vries • Aren van Waarde  
Editors

Johan A. den Boer  
Guest Editor

# PET and SPECT in Psychiatry

 Springer

*Editors*

Rudi A.J.O. Dierckx  
Department of Nuclear Medicine  
and Molecular Imaging  
University Medical Center Groningen  
University of Groningen  
Groningen  
The Netherlands

University of Ghent  
Ghent  
Belgium

Andreas Otte  
Faculty of Electrical Engineering  
and Information Technology  
University of Applied Sciences Offenburg  
Offenburg  
Germany

Erik F.J. de Vries  
Department of Nuclear Medicine  
and Molecular Imaging  
University Medical Center Groningen  
University of Groningen  
Groningen  
The Netherlands

Aren van Waarde  
Department of Nuclear Medicine  
and Molecular Imaging  
University Medical Center Groningen  
University of Groningen  
Groningen  
The Netherlands

*Guest Editor*

Johan A. den Boer  
PRA International, Zuidlaren  
The Netherlands

Department of Nuclear Medicine  
and Molecular Imaging  
University Medical Center Groningen  
(UMCG), Groningen  
The Netherlands

ISBN 978-3-642-40383-5

ISBN 978-3-642-40384-2 (eBook)

DOI 10.1007/978-3-642-40384-2

Springer Heidelberg New York Dordrecht London

Library of Congress Control Number: 2014933210

© Springer-Verlag Berlin Heidelberg 2014

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed. Exempted from this legal reservation are brief excerpts in connection with reviews or scholarly analysis or material supplied specifically for the purpose of being entered and executed on a computer system, for exclusive use by the purchaser of the work. Duplication of this publication or parts thereof is permitted only under the provisions of the Copyright Law of the Publisher's location, in its current version, and permission for use must always be obtained from Springer. Permissions for use may be obtained through RightsLink at the Copyright Clearance Center. Violations are liable to prosecution under the respective Copyright Law.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

While the advice and information in this book are believed to be true and accurate at the date of publication, neither the authors nor the editors nor the publisher can accept any legal responsibility for any errors or omissions that may be made. The publisher makes no warranty, express or implied, with respect to the material contained herein.

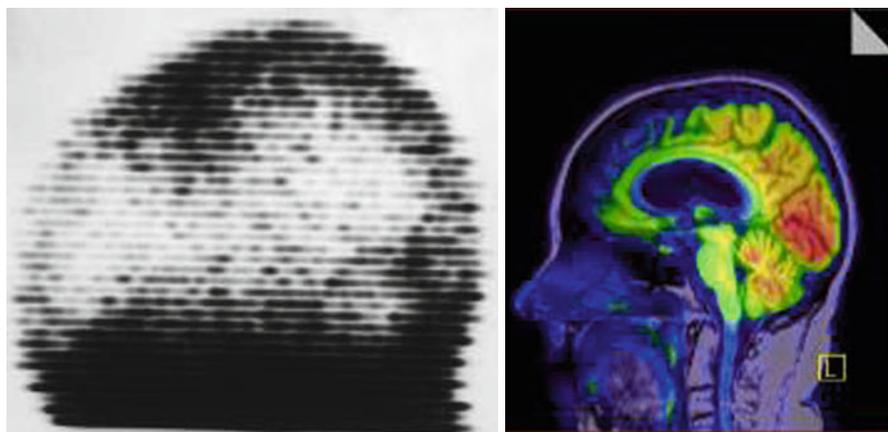
Printed on acid-free paper

Springer is part of Springer Science+Business Media ([www.springer.com](http://www.springer.com))

---

## Foreword

In this ambitious undertaking, the editors have assembled the most comprehensive and updated compilation of material, describing the use of single-photon and positron emission tomography in the neurosciences. Three volumes address the use of SPECT and PET in psychiatry, in neurology and in neurobiological systems. A large international team of experts have come together to accomplish this task.



On the *left*, a 1969 blood–brain barrier scan in cerebral lymphoma and on the *right* a PETMR study in frontotemporal dementia. Institute of Nuclear Medicine 2012

The progress achieved in this area has been staggering. The two images below, obtained half a century apart, speak a thousand words.

In this context, this volume triad is needed and timely. Novel instrumentation and probes, and significant advances in the understanding of the pathophysiology of the various pathological entities described in these texts, have led to clear clinical benefit. This is apparent in the movement disorders, in the identification of non-lesional MR focal epilepsies, and now in a rapidly emerging field, in the diagnosis of fibrillar amyloid plaque deposition, in mild cognitive-impaired individuals. The next few years will see a rapid expansion of this already fast progressing field.

The editors are to be congratulated in bringing together and to print this significant volume of expertise and experience.

Peter J. Ell, FMedSci, DR HC  
Emeritus University College London,  
Institute of Nuclear Medicine

---

## Preface

The neuroscientist of today disposes of a powerful instrumentarium for functional imaging that has never made more impressive advances than before, helping to better understand the mechanisms of diseases and to develop and design drug treatment options with a superior efficacy and safety profile. Among this instrumentarium, positron emission tomography (PET) and single-photon emission computed tomography (SPECT) have become forerunners in the functional imaging arena, much more than functional magnetic resonance imaging, and for this reason, this book is dedicated to PET and SPECT.

Although there have been some textbooks on PET or SPECT in the neurosciences, e.g. De Deyn et al. 1997, or Otte et al. 2004, the number of these books is limited, and – to the best of our knowledge – there is no recent comprehensive publication on PET and SPECT in the neurosciences, especially a compilation by a large number of international experts, as it is undertaken in the project at hand.

When the idea to edit a book on PET and SPECT in neurosciences came up, it was soon realized that all the new data would never fit into one single volume. Hence it was decided to write a trilogy. *PET and SPECT in Psychiatry* is the first volume of this trilogy: volume 2 (*PET and SPECT in Neurology*) and volume 3 (*PET and SPECT in Neurobiological Systems*) will complete the series.

In all volumes, we have tried to assemble the combined expertise of renowned authors whose dedication to the investigation of psychiatric and neurological disorders or of neurobiological systems through nuclear medicine technology has achieved international recognition. Prior to writing the trilogy, Rudi Dierckx organized an International Symposium on PET and SPECT in Neurology and Psychiatry in Groningen, the Netherlands (April 23–25, 2012). At this symposium, many of the authors included in this trilogy were invited to present a state-of-the-art review of their specific field of research. The editors, who are nuclear medicine specialists, radiochemists and biologists with a strong exposure to neurosciences, have also invited experts from the psychiatry, neurology and molecular neurobiology fields to enhance the editorial board as guest editors for each volume of the trilogy. For volumes 1, 2 and 3, these were respectively Johan A. (Hans) den Boer, Professor in Biological Psychiatry; Klaus L. (Nico) Leenders, Professor in Neurology; and Paul Luiten, Professor in Neurobiology. Furthermore, we tried to increase the quality of our books by introducing an external peer-review system with experts in the field in

addition to review by the editors. The external peer reviewers are listed in the corresponding *Appendix*.

We are very happy that our book is produced by one of the premier publishers in the field. This guarantees a high quality of reproduction and allows for the inclusion of many colour figures, which is essential in the field of functional neuroimaging.

We are intrigued by the enthusiastic response from contributors from all over the world who made this endeavour successful. We also would like to thank all external peer reviewers who have done an excellent work for ensuring the quality of this compilation. Finally, we would like to thank Dr. Ute Heilmann and Dr. Sylvana Freyberg from Springer-Verlag for their continuous help and support during the development of this book.

We sincerely hope that this book will become a key tool not only for all physicians in nuclear medicine, psychiatry, neurology or geriatrics, but also for all professionals working to understand or treat brain disorders. In addition, the trilogy may be interesting and important for industry, as PET and SPECT imaging of the brain is becoming more and more important in today's ageing population.

May this book serve as a guide towards the present use of PET and SPECT in brain disorders and as a catalyst for future research. There is much to be explored, and the engine has been started already.

Groningen, The Netherlands  
 Offenburg, Germany  
 Groningen, The Netherlands  
 Groningen, The Netherlands  
 Groningen, The Netherlands

Rudi A.J.O. Dierckx  
 Andreas Otte  
 Erik F.J. de Vries  
 Aren van Waarde  
 Johan A. den Boer

---

## References

- De Deyn PP, Dierckx RA, Alavi, Pickut BA (ed) (1997) A textbook of SPECT in neurology and psychiatry. John Libbey, London/Paris/Rome/Sydney
- Otte A, Audenaert K, Peremans K, Van Heering C, Dierckx RA (ed) (2004) Nuclear medicine in psychiatry. Springer, Berlin/Heidelberg/New York/Hong Kong/London/Milan/Paris/Tokyo

---

# Contents

## Part I Basics

- 1 Neuroimaging in Psychiatric Drug Development and Radioligand Development for New Targets** . . . . . 3  
Akihiro Takano, Christer Halldin, and Lars Farde
- 2 PET Quantification in Neuropsychiatry** . . . . . 15  
Michel Koole, Cindy Casteels, and Koen Van Laere
- 3 Pharmacological Interventions That Have the Potential to Alter Neurotransmitter Levels in the Human Brain** . . . . . 45  
Fokko J. Bosker, Janine Doorduyn, Minke E. Jongsma, Anniek K.D. Visser, Joanna Udo de Haes, Thomas I.F.H. Cremers, Kieran Rea, Robin Tyacke, David J. Nutt, Johan A. den Boer, and Ben H.C. Westerink
- 4 The Role of P-Glycoprotein in Psychiatric Disorders and in Psychiatric Treatment** . . . . . 65  
Onno L. de Klerk

## Part II Depression and Related Disorders

- 5 Molecular Imaging of Depressive Disorders** . . . . . 93  
Henricus G. Ruhé, Anniek K.D. Visser, Vibe G. Frokjaer, Bartholomeus (Benno) C.M. Haarman, Hans C. Klein, and Jan Booij
- 6 Functional Brain Imaging of Suicidal Behavior** . . . . . 173  
Stefanie Desmyter, Stijn Bijttebier, and Cornelis van Heeringen
- 7 SPECT and PET in Late-Life Depression** . . . . . 185  
Tiago S. Vieira, Richard Oude Voshaar, Peter Paul De Deyn, Rudi A.J.O. Dierckx, and Aren van Waarde
- 8 Neuroimaging in Seasons and Winter Depression** . . . . . 209  
Christoph Spindelegger, Matthäus Willeit, Nicole Praschak-Rieder, Rupert Lanzenberger, and Siegfried Kasper

<b>9</b>	<b>Bipolar Disorders</b> . . . . .	223
	Bartholomeus (Benno) C.M. Haarman, Rixt F. Riemersma-Van der Lek, Henricus G. Ruhé, Jan Cees de Groot, Willem A. Nolen, and Janine Doorduyn	
<b>10</b>	<b>PET and SPECT in Psychiatric Complications of Parkinson's Disease</b> . . . . .	253
	Valteri Kaasinen	
<b>11</b>	<b>Psychiatric Disorders in Dementia</b> . . . . .	271
	Yannick Vermeiren, Debby Van Dam, and Peter Paul De Deyn	
<b>12</b>	<b>Imaging of the Antidepressant Drug Response Using SPECT and PET</b> . . . . .	325
	Ralf P. Clauss, Max Zöttl, and Mike Sathekge	
<b>Part III Anxiety Disorders</b>		
<b>13</b>	<b>Neurotransmission: A Review of PET and SPECT Studies in Anxiety Disorders</b> . . . . .	349
	Mats Fredrikson, Vanda Faria, and Tomas Furmark	
<b>14</b>	<b>Neurobiology of Posttraumatic Stress Disorder: The Role of Nuclear Neuroimaging</b> . . . . .	371
	Alex G.G. Doruyter, Dan J. Stein, and James M. Warwick	
<b>15</b>	<b>Neuroimaging in PTSD-Related Psychotherapies</b> . . . . .	397
	Marco Pagani and Marco Cavallo	
<b>16</b>	<b>Dissociative Identity Disorder and Fantasy Proneness: A Positron Emission Tomography Study of Authentic and Enacted Dissociative Identity States</b> . . . . .	411
	A.A.T. Simone Reinders and Antoon T.M. Willemsen	
<b>17</b>	<b>OCD: Serotonergic Mechanisms</b> . . . . .	433
	Jennifer I. Lissemore, Marco Leyton, Paul Gravel, Debbie Sookman, Thomas E. Nordahl, and Chawki Benkelfat	
<b>Part IV Psychosis and Cognitive Disorders</b>		
<b>18</b>	<b>Molecular Imaging in Schizophrenia Spectrum Disorders</b> . . . . .	453
	Hans C. Klein, Janine Doorduyn, and Bart N. van Berckel	
<b>19</b>	<b>Neuroimaging of Delirium</b> . . . . .	463
	Arjen J.C. Slooter and Jan-Cees de Groot	
<b>20</b>	<b>PET and SPECT Findings in Patients with Hallucinations</b> . . . . .	471
	Matthijs G. Bossong and Paul Allen	

## Part V Impulse Control and Related Disorders

- 21 PET and SPECT in Personality Disorders** . . . . . 493  
M. Mercedes Perez-Rodriguez, Luis H. Ripoll,  
Larry J. Siever, and Antonia S. New
- 22 Molecular Imaging Studies in Stimulant Addiction:  
A Cross-Species Perspective** . . . . . 515  
Jeffrey W. Dalley and Bruce Russell
- 23 Abnormalities in Reward Processing in Drug Addiction:  
Lessons from Neuropsychology and Neuroimaging Studies** . . . . . 535  
Rita Z. Goldstein
- 24 SPECT and PET in Eating Disorders** . . . . . 555  
Aren van Waarde, Kurt Audenaert, Geraldo F. Busatto,  
Carlos Buchpiguel, and Rudi A.J.O. Dierckx
- 25 Impulsivity Imaging.** . . . . . 583  
Mariza Vorster, Nozipho Nyakale, and Mike Sathekge
- 26 Brain SPECT in the Impulsive-Aggressive Dog** . . . . . 621  
Kathelijne Peremans, Simon Vermeire, Tim Waelbers,  
Eva Vandermeulen, André Dobbeleir, Bart De Spiegeleer,  
and Kurt Audenaert
- 27 Obesity an Addiction? Imaging of Neurotransmitter  
Systems in Obesity** . . . . . 641  
Elsmarieke van de Giessen, Silja McIlwrick, Dick Veltman,  
Wim van den Brink, and Jan Booij
- 28 Neuroimaging Studies of Psychopathy.** . . . . . 657  
Maia Pujara and Michael Koenigs
- 29 Neurobiology of Aggression: Neuroimaging Findings** . . . . . 675  
Michael Soyka

## Part VI Miscellaneous Subjects

- 30 Application of PET and SPECT to the Study of Autism  
Spectrum Disorders.** . . . . . 691  
Diane C. Chugani
- 31 PET and SPECT Imaging in ADHD** . . . . . 709  
Gilles N. Stormezand
- 32 SPECT and PET Imaging of Apathy** . . . . . 731  
Jacques Darcourt, Renaud David, Renaud Guignard,  
and Philippe Robert

---

<b>33</b>	<b>PET and SPECT Studies in the Chronic Fatigue Syndrome/Myalgic Encephalomyelitis</b> . . . . .	743
	Andor W.J.M. Glaudemans	
<b>34</b>	<b>PET and SPECT in Sleep Disorders</b> . . . . .	759
	Thien Thanh Dang-Vu, Jordan O’Byrne, Gladys Mikolajczak, Oupam Malhi, Lindsay Reed, Audrée Arcelin, Nidhusha Vijayakumar, and Martin Desseilles	
<b>35</b>	<b>PET and SPECT Imaging of Non-pharmacological Interventions for Psychiatric Disorders</b> . . . . .	789
	Andrej Doma	
	<b>The Editors</b> . . . . .	819
	<b>Reviewers</b> . . . . .	821
	<b>Anthology of Apologies</b> . . . . .	825
	<b>Index</b> . . . . .	827

---

## Contributors

**Paul Allen** Department of Psychosis Studies, Institute of Psychiatry,  
King's College London, London, UK

**Audrée Arcelin** Department of Exercise Science,  
Concordia University, Montreal, QC, Canada

**Kurt Audenaert** Department of Psychiatry and Medical Psychology,  
University Hospital, Ghent University, Ghent, Belgium

**Chawki Benkelfat** Department of Psychiatry,  
McGill University, Montreal, QC, Canada

Department of Neurology and Neurosurgery, McConnell Brain Imaging Center,  
Montreal Neurological Institute, McGill University, Montreal, QC, Canada

**Bart N. van Berckel** Department of Radiology and Nuclear Medicine,  
VU University Medical Center, Amsterdam, The Netherlands

**Stijn Bijttebier** Department of Psychiatry, Unit for Suicide Research,  
Ghent University, University Hospital, Ghent, Belgium

**Johan A. den Boer** PRA International, Zuidlaren, The Netherlands

Department of Nuclear Medicine and Molecular Imaging, University Medical  
Center Groningen (UMCG), Groningen, The Netherlands

**Jan Booij** Department of Nuclear Medicine, Academic Medical Center,  
University of Amsterdam, Amsterdam, The Netherlands

**Fokko J. Bosker** University Center for Psychiatry, University Medical Center  
Groningen, Groningen, The Netherlands

**Matthijs G. Bossong** Department of Psychosis Studies, Institute of Psychiatry,  
King's College London, London, UK

**Wim van den Brink** Department of Psychiatry, Addiction Research,  
Amsterdam Institute for Addiction Research, Academic Medical Center,  
University of Amsterdam, Amsterdam, The Netherlands

**Carlos Buchpiguel** Department of Radiology, Nuclear Medicine Service, Clinical Hospital, School of Medicine, University of São Paulo, São Paulo, Brazil

**Geraldo F. Busatto** Department of Psychiatry, Faculty of Medicine, Universidade de São Paulo, São Paulo, Brazil

**Cindy Casteels** Division of Nuclear Medicine, Department of Imaging and Pathology, University Hospitals Leuven, KU Leuven, Leuven, Belgium

Nucleaire Geneeskunde en Moleculaire Beeldvorming, Katholieke Universiteit Leuven, Universitair Ziekenhuis, Leuven, Belgium

**Marco Cavallo** Department of Mental Health, “San Luigi Gonzaga” Hospital Medical School, University of Turin, Turin, Italy

Department of Translational Medicine, “Amedeo Avogadro” University of Eastern Piedmont, Novara, Italy

**Diane C. Chugani** Division of Clinical Pharmacology and Toxicology, Carman and Ann Adams Department of Pediatrics and the Department of Radiology, Children’s Hospital of Michigan, Detroit Medical Center, Wayne State University School of Medicine, Detroit, MI, USA

**Ralf Clauss** Nuclear Medicine, Royal Surrey County Hospital, Guildford, Surrey, UK

**Thomas I.F.H. Cremers** Department of Biomonitoring and Sensing, University of Groningen, University Center for Pharmacy, Groningen, The Netherlands

**Jeffrey W. Dalley** Department of Psychology, University of Cambridge, Cambridge, UK

Department of Psychiatry, Addenbrooke’s Hospital, University of Cambridge, Cambridge, UK

Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge, UK

**Debby Van Dam** Laboratory of Neurochemistry and Behavior, Institute Born-Bunge, University of Antwerp, Wilrijk, Belgium

**Thien Thanh Dang-Vu** Department of Exercise Science, Concordia University, Montreal, QC, Canada

Center for Studies in Behavioral Neurobiology, Concordia University, Montreal, QC, Canada

**Jacques Darcourt** Nuclear Medicine Department, Centre Antoine Lacassagne. UMR CEA TIRO, Université de Nice Sophia Antipolis, Nice, France

**Renaud David** Memory Center CMRR – CHU Nice, Université de Nice Sophia Antipolis, Nice, France

**Stefanie Desmyter** Department of Psychiatry, Unit for Suicide Research, Ghent University, University Hospital, Ghent, Belgium

**Martin Desseilles** Department of Psychology, University of Namur Medical School, Namur, Belgium

Clinique Psychiatrique des Frères Alexiens, Henri-Chapelle, Belgium

**Peter Paul De Deyn** Department of Biomedical Sciences, Laboratory of Neurochemistry and Behavior, Institute Born-Bunge, University of Antwerp, Wilrijk, Belgium

Department of Neurology Alzheimer Research Center, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

Department of Neurology and Memory Clinic Hospital Network Antwerp (ZNA) Middelheim and Hoge Beuken, Antwerp, Belgium

**Rudi A.J.O. Dierckx** Department of Nuclear Medicine and Molecular Imaging, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

University of Ghent, Ghent, Belgium

**André Dobbeleir** Faculty of Veterinary Medicine, Department of Veterinary Medical Imaging and Small Animal Orthopaedics, Ghent University, Merelbeke, Belgium

**Andrej Doma** Department of Nuclear Medicine, University Medical Center Ljubljana, Ljubljana, Slovenia

**Janine Doorduyn** Department of Nuclear Medicine and Molecular Imaging, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands

**Alex G.G. Doruyter** Medical Imaging and Clinical Oncology, Nuclear Medicine Division, Tygerberg Hospital, Stellenbosch University, Cape Town, South Africa

**Lars Farde** Department of Clinical Neuroscience, Center for Psychiatric Research, Karolinska Institutet, Stockholm, Sweden

**Vanda Faria** Department of Psychology, Uppsala University, Uppsala, Sweden

**Mats Fredrikson** Department of Psychology, Uppsala University, Uppsala, Sweden

**Vibe G. Frokjaer** Center for Integrated Molecular Brain Imaging and Neurobiology Research Unit, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark

**Thomas Furmark** Department of Psychology, Uppsala University, Uppsala, Sweden

**Elsmarieke van de Giessen** Department of Nuclear Medicine (F2N), Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

**Andor W.J.M. Glaudemans** Department of Nuclear Medicine and Molecular Imaging, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Rita Z. Goldstein** Department of Psychiatry and Department of Neuroscience, Friedman Brain Institute, Icahn School of Medicine at Mount Sinai, The Leon and Norma Hess Center for Science and Medicine, New York, NY, USA

**Paul Gravel** Department of Psychiatry, McGill University, Montreal, QC, Canada  
Department of Neurology and Neurosurgery, McConnell Brain Imaging Center, Montreal Neurological Institute, McGill University, Montreal, QC, Canada

**Jan Cees de Groot** Department of Radiology, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Renaud Guignard** Nuclear Medicine Department, Centre Antoine Lacassagne. UMR CEA TIRO, Université de Nice Sophia Antipolis, Nice, France

**Bartholomeus (B.)C.M. Haarman** University of Groningen, University Medical Center Groningen, Academic Centre of Psychiatry, Groningen, The Netherlands

Department of Psychiatry, Mood and Anxiety Disorders, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands

**Joanna Udo de Haes** Clinical Pharmacology, Merck Sharp and Dohme, Oss, The Netherlands

**Christer Halldin** Department of Clinical Neuroscience, Center for Psychiatric Research, Karolinska Institutet, Stockholm, Sweden

**Cornelis van Heeringen** Department of Psychiatry, Unit for Suicide Research, Ghent University, University Hospital, Ghent, Belgium

**Minke E. Jongsma** Department of Biomonitoring and Sensoring, University of Groningen, University Center for Pharmacy, Groningen, The Netherlands

**Valtteri Kaasinen** Department of Neurology and Turku PET Centre, University of Turku and Turku University Hospital, Turku, Finland

**Siegfried Kasper** Division of Biological Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria

**Hans C. Klein** Program for Geriatric Psychiatry, University Center Psychiatry, Nuclear Medicine and Molecular Imaging, University Medical Center Groningen, Groningen, The Netherlands

- Onno L. De Klerk** Topreferent Trauma Center, Geestelijke Gezondheids Zorg Drenthe, Assen, The Netherlands
- Michael Koenigs** Department of Psychiatry, University of Wisconsin-Madison, Madison, WI, USA
- Michel Koole** Department of Nuclear Medicine and Molecular Imaging, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands
- Koen Van Laere** Division of Nuclear Medicine, Department of Imaging and Pathology, University Hospitals Leuven, KU Leuven, Leuven, Belgium  
Nucleaire Geneeskunde en Moleculaire Beeldvorming, Katholieke Universiteit Leuven, Universitair Ziekenhuis, Leuven, Belgium
- Rupert Lanzemberger** Division of Biological Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria
- Marco Leyton** Department of Psychiatry, McGill University, Montreal, QC, Canada  
Department of Neurology and Neurosurgery, McConnell Brain Imaging Center, Montreal Neurological Institute, McGill University, Montreal, QC, Canada
- Jennifer I. Lissemore** Department of Psychiatry, McGill University, Montreal, QC, Canada
- Oupam Malhi** Department of Exercise Science, Concordia University, Montreal, QC, Canada
- Silja Mcilwrick** Cognitive Science Center, University of Amsterdam, Amsterdam, The Netherlands
- Gladys Mikolajczak** Department of Psychiatry, University of Liege, Liege, Belgium
- Pieter J. Naudé** Department of Molecular Neurobiology, University of Groningen, Groningen, The Netherlands
- Antonia S. New** The Mental Health Patient Care Center and the Mental Illness Research Education and Clinical Center, James J. Peters Veterans Affairs Medical Center, Bronx, NY, USA  
Department of Psychiatry, Mount Sinai School of Medicine, New York, NY, USA
- Willem A. Nolen** University of Groningen, University Medical Center Groningen, Academic Centre of Psychiatry, Groningen, The Netherlands  
Department of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Thomas E. Nordahl** Department of Psychiatry and Behavioral Sciences, University of California at Davis School of Medicine, UC Davis Medical Center, Sacramento, CA, USA

**David J. Nutt** Neuropsychopharmacology Unit, Imperial College London, London, UK

**Nozipho Nyakale** Nuclear Medicine Department, Steve Biko Academic Hospital, University of Pretoria, Pretoria, South Africa

**Jordan O’Byrne** Department of Exercise Science, Concordia University, Montreal, QC, Canada

Center for Studies in Behavioral Neurobiology, Concordia University, Montreal, QC, Canada

**Richard Oude Voshaar** University of Groningen, University Medical Center Groningen, University Center of Psychiatry, Groningen, The Netherlands

**Marco Pagani** Institute of Cognitive Sciences and Technologies, CNR, Rome, Italy

Department of Nuclear Medicine, Karolinska Hospital, Stockholm, Sweden

**Kathelijne Peremans** Department of Veterinary Medical Imaging and Small Animal Orthopaedics, Faculty of Veterinary Medicine, Ghent University, Merelbeke, Belgium

**M. Mercedes Perez-Rodriguez** The Mental Health Patient Care Center and the Mental Illness Research Education and Clinical Center, James J. Peters Veterans Affairs Medical Center, Bronx, NY, USA

Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY, USA

**Nicole Praschak-Rieder** Division of Biological Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria

**Maia Pujara** Department of Psychiatry, University of Wisconsin-Madison, Madison, WI, USA

**Kieran Rea** Pharmacology Department, National University of Ireland, Galway, Ireland

**Lindsay Reed** Department of Exercise Science, Concordia University, Montreal, QC, Canada

**A.A.T. Simone Reinders** Department of Psychosis Studies, King’s College London, Institute of Psychiatry, London, UK

**Rixt F. Riemersma-Van der Lek** University of Groningen, University Medical Center Groningen, Academic Centre of Psychiatry, Groningen, The Netherlands

Department of Psychiatry, Mood and Anxiety Disorders, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Luis H. Ripoll** Department of Psychiatry, Icahn School of Medicine  
at Mount Sinai, New York, NY, USA

**Philippe Robert** Memory Center CMRR – CHU Nice, Université de Nice Sophia  
Antipolis, Nice, France

**Henricus G. Ruhé** Department of Psychiatry, University of Groningen,  
University Medical Center Groningen, Groningen, The Netherlands

Program for Mood and Anxiety Disorders, Department of Psychiatry,  
University Medical Center Groningen, University of Groningen,  
Groningen, The Netherlands

Program for Mood Disorders, Department of Psychiatry, Academic Medical  
Center, University of Amsterdam, Amsterdam, The Netherlands

Program for Mood and Anxiety Disorders, University Center for Psychiatry,  
University Medical Center Groningen, University of Groningen, Groningen,  
The Netherlands

**Bruce Russell** School of Pharmacy, University of Auckland,  
Grafton, Auckland, New Zealand

**Mike Sathekge** Nuclear Medicine Department, Steve Biko Academic Hospital,  
University of Pretoria, Pretoria, South Africa

**Larry J. Siever** The Mental Health Patient Care Center and the Mental Illness  
Research Education and Clinical Center, James J. Peters Veterans Affairs  
Medical Center, Bronx, NY, USA

Mount Sinai School of Medicine, New York, NY, USA

**Arjen J.C. Slooter** Department of Intensive Care Medicine, University Medical  
Center Utrecht, University of Utrecht, Utrecht,  
The Netherlands

**Debby Sookman** Department of Psychiatry, McGill University,  
Montreal, QC, Canada

Department of Psychology, Obsessive-Compulsive Disorder Clinic, McGill  
University Health Center, Montreal, QC, Canada

**Michael Soyka** Department of Psychiatry, Ludwig Maximilian University,  
Psychiatric Hospital, Munich, Germany

Privatklinik Meiringen, Meiringen, Switzerland

**Bart De Spiegeleer** Drug Quality and Registration, Faculty of Pharmaceutical  
Sciences, Ghent University, Ghent, Belgium

**Christoph Spindelegger** Division of Biological Psychiatry,  
Department of Psychiatry and Psychotherapy, Medical University of Vienna,  
Vienna, Austria

**Dan J. Stein** Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa

**Gilles N. Stormezand** Department of Nuclear Medicine and Molecular Imaging, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Akihiro Takano** Department of Clinical Neuroscience, Center for Psychiatric Research, Karolinska Institutet, Stockholm, Sweden

**Robin Tyacke** Neuropsychopharmacology Unit, Imperial College London, London, UK

**Eva Vandermeulen** Faculty of Veterinary Medicine, Department of Veterinary Medical Imaging and Small Animal Orthopaedics, Ghent University, Merelbeke, Belgium

**Dick Veltman** Department of Psychiatry, Addiction Research, Amsterdam Institute for Addiction Research, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

**Simon Vermeire** Faculty of Veterinary Medicine, Department of Veterinary Medical Imaging and Small Animal Orthopaedics, Ghent University, Merelbeke, Belgium

**Yannick Vermeiren** Laboratory of Neurochemistry and Behavior, Institute Born-Bunge, University of Antwerp, Wilrijk, Belgium

**Tiago S. Vieira** Nuclear Medicine Department, Centro Hospitalar de São João, Porto, Portugal

**Nidhusha Vijayakumar** Department of Exercise Science, Concordia University, Montreal, QC, Canada

**Anniek K.D. Visser** Department of Nuclear Medicine and Molecular Imaging, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands

**Mariza Vorster** Nuclear Medicine Department, Steve Biko Academic Hospital, University of Pretoria, Pretoria, South Africa

**Aren van Waarde** Department of Nuclear Medicine and Molecular Imaging, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Tim Waelbers** Faculty of Veterinary Medicine Imaging and Small Animal Orthopaedics, Department of Veterinary Medical, Ghent University, Merelbeke, Belgium

**James M. Warwick** Department of Nuclear Medicine, Faculty of Health Sciences, Tygerberg Hospital, Stellenbosch University, Cape Town, South Africa

---

Medical Imaging and Clinical Oncology, Nuclear Medicine Division  
Tygerberg Hospital, Stellenbosch University, Cape Town, South Africa

**Ben H.C. Westerink** Department of Biomonitoring and Sensoring, University of Groningen, University Center for Pharmacy, Groningen, The Netherlands

**Matthäus Willeit** Division of Biological Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria

**Antoon T.M. Willemsen** Department of Nuclear Medicine and Molecular Imaging, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Max Zöttl** Department of Psychiatry, Canterbury Health Ltd., Priory Clinic, Canterbury, Kent, UK

---

**Part I**  
**Basics**

# Neuroimaging in Psychiatric Drug Development and Radioligand Development for New Targets

1

Akihiro Takano, Christer Halldin, and Lars Farde

## Contents

1.1 Introduction .....	4
1.2 PET Application for Drug Development.....	4
1.2.1 PET Microdosing for Pharmacokinetic Evaluation .....	4
1.2.2 PET Receptor Occupancy to Demonstrate Target Engagement and in Relation to Pharmacodynamics.....	5
1.2.3 Pathophysiology Biomarkers for Diagnosis or Efficacy Studies .....	9
1.3 Radioligand Development: Targeting Neurology and Psychiatry .....	10
References.....	13

## Abstract

Positron emission tomography (PET) is an imaging modality used to measure physiological and biochemical markers in brain. Neuroreceptors, transporters, or enzymes are visualized and quantified with appropriate PET radioligands. In the development of drugs for treatment of psychiatric disorders, there are three major applications of PET. First, PET microdosing is used for pharmacokinetic evaluation. By injection of minute amount of radiolabelled drug, information about brain exposure can be obtained already at the early phase of drug development. Another application is receptor occupancy studies. Here, the competition between a drug and a PET radioligand binding is examined at the target sites. The competitive effect is useful to have when selecting the doses tested in further clinical trials. The third application is to use imaging biomarkers for diagnosis or efficacy. To widen the use of PET, the development of the PET radioligands for new targets is vital. Several criteria and characteristics such as binding affinity, selectivity and lipophilicity are important when selecting new PET radioligand candidates for targets in brain.

---

A. Takano (✉) • C. Halldin • L. Farde  
Department of Clinical Neuroscience, Center for Psychiatric Research,  
Karolinska University Hospital, R5:02, Stockholm SE-171 76, Sweden  
e-mail: [akihiro.takano@ki.se](mailto:akihiro.takano@ki.se)

## 1.1 Introduction

Drug development requires considerable investments of time and money. Since the technique of binding assay was introduced in the late 1950s (Yalow and Berson 1959), numerous compounds have been selected based on *in vitro* affinity data, evaluated in preclinical models and subsequently tested for efficacy in psychiatric diseases such as schizophrenia and mood disorder. However, as the pathophysiology of psychiatric diseases has not been fully understood, the industrial drug projects have had an evident element of “trial and error.” Lack of or insufficient efficacy is thus a major reason for attrition and adds to failure for safety reasons (Arrowsmith 2011a, b). In some drug projects, the failure may be related to difficulties with dose finding. In other words, the doses used in preclinical and clinical trials were too low or too high. The fundamental question is thus whether the drug failed due to suboptimal brain exposure and target engagement of the drug or whether the target was invalid.

Positron emission tomography (PET) is an imaging modality by which it is possible to measure physiological and biochemical markers in the brain by using appropriate radioligands. Most PET radioligands are labeled with radionuclides having a short half-life such as C-11 (half-life, 20.4 min) or F-18 (109.8 min). Following the successful introduction of PET for neuroreceptor imaging in the 1980s (Farde et al. 1986), the technique has been widely used to visualize and quantify drug target sites, mainly neuroreceptors, enzymes, and transporters in the human brain *in vivo*.

In this chapter, we will focus on the major applications of PET in drug discovery and development. The need for development of novel radioligands for new targets will be given particular attention.

---

## 1.2 PET Application for Drug Development

### 1.2.1 PET Microdosing for Pharmacokinetic Evaluation

After radiolabeling of the drug itself with short-lived radionuclides, such as C-11 or F-18, the distribution of the drug can be examined in the living body. This approach has been referred to as “microdosing” (Lappin and Garner 2003). A “microdose” is defined as a dosage level less than 1/100 of the dose estimated to induce a pharmacological effect. In addition, a maximum dose has been set to 100  $\mu\text{g}$  (EMA 2003). Due to effective radiosynthesis and high specific radioactivity, the dose administered in a PET study is usually less than 1  $\mu\text{g}$ .

There are several other approaches for microdosing, such as accelerator mass spectrometry (AMS) and LC/MS/MS. AMS is an ultrasensitive methodology that can be used to quantify C-14 in biological samples such as blood, urine, or tissue biopsies. LC/MS/MS is a technique that can measure very low

concentrations of unlabeled compounds in plasma, urine, or CSF. When compared with AMS and LC/MS/MS, PET has the advantage of extending the microdose concept from body fluids to organs in the whole body. In other words, AMS and LC/MS/MS technologies provide pharmacokinetic information based on the plasma levels of the compounds. PET extends traditional pharmacokinetics by providing information about drug concentration in the target organ or region. However, a limitation is that the short half-life of the PET radionuclides limits the time of data acquisition to about 2 h for C-11-labeled drugs and 12 h for F-18-labeled drugs.

Some failures in CNS drug development have been attributed to poor brain exposure of the drug (Taylor 2002). The PET-microdosing approach may thus be of particular importance in the development of CNS drugs since it has the potential to confirm sufficient brain exposure in early phase of drug development. The information is of particular value before investments are made into expensive phase II and III trials.

At least 1 % of injected radioactivity in the brain has been the finding for most of the drugs viewed as having acceptable brain exposure. However, no strict guidelines have yet been established for decision making. To efficiently translate small animal's results into human condition, microdosing PET study of nonhuman primate (NHP) is a useful intermediate since it can serve as a good predictor of brain exposure of the candidate drugs (Schou et al. 2013).

Although the drugs used in the field of psychiatry are mainly targeted to the CNS, whole body PET measurements can provide useful information in relation to potential side effects. A limitation of PET is that the radiolabeled drug will be metabolized in the living body. Measurement of radioactivity by PET machine can thus not differentiate the parent radiolabeled drug from radiolabeled metabolites. To overcome this problem, radiolabeling and administration of the metabolite only may provide additional information (Seneca et al. 2009).

Although the requirements for preclinical safety data for microdosing study have been reduced by regulatory authorities (Verbruggen et al. 2008), the radioligand production has to follow good manufacturing practice (GMP) (US FDA Code of Federal Regulations Title 21). This requirement has increased the costs of PET-microdosing studies in the human subjects.

### **1.2.2 PET Receptor Occupancy to Demonstrate Target Engagement and in Relation to Pharmacodynamics**

A number of PET radioligands have been developed for several key targets related to neurotransmission (Table 1.1 and Fig. 1.1) (Halldin et al. 2001). Using these tools, it is possible to map and quantify the *in vivo* distribution of the target neuroreceptors or transporters. Details on quantification of the radioligand binding are described elsewhere in this textbook (Chapter 2).

**Table 1.1** Representative PET radioligands for neurotransmitter systems

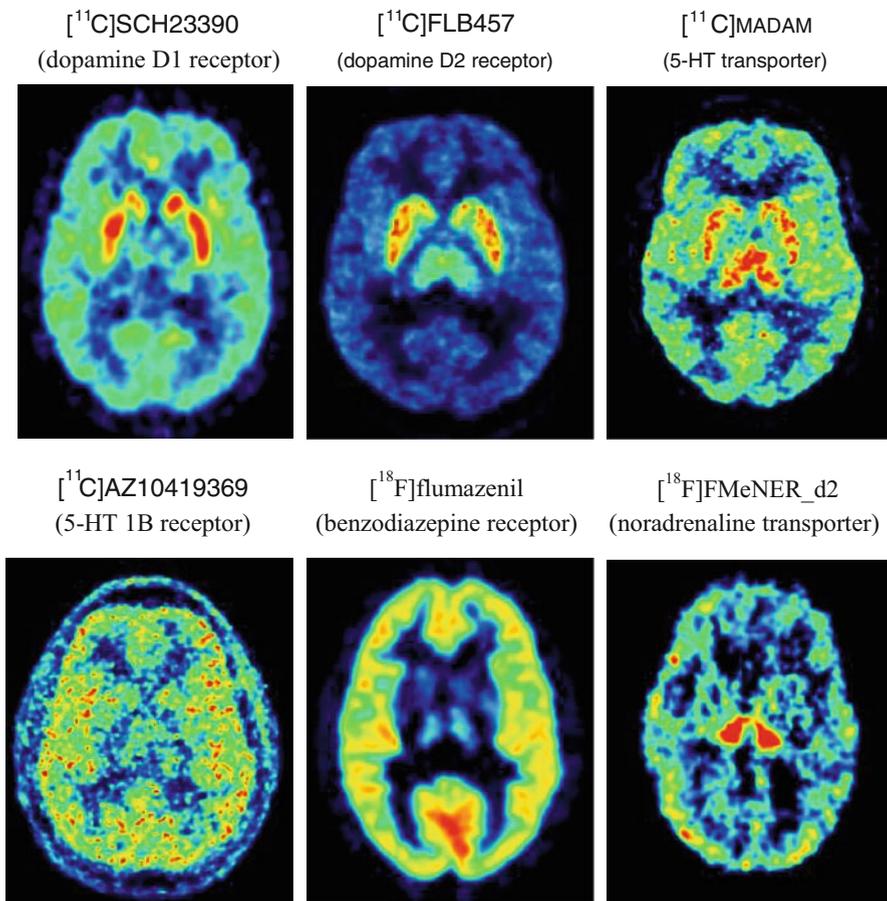
Neurotransmitter system		PET radioligand
Dopamine	D1	[ <sup>11</sup> C]SCH23390 [ <sup>11</sup> C]NNC112
	D2	[ <sup>11</sup> C]raclopride [ <sup>11</sup> C]FLB457
	Transporter	[ <sup>11</sup> C]PE2I [ <sup>18</sup> F]FEPE2I
	5HT	[ <sup>11</sup> C]WAY10065 [ <sup>11</sup> C]AZ10419369 [ <sup>11</sup> C]MDL100907 [ <sup>11</sup> C]MADAM [ <sup>11</sup> C]DASB
GABA-benzodiazepine		[ <sup>11</sup> C]Flumazenil [ <sup>18</sup> F]Flumazenil [ <sup>11</sup> C]Ro15-4513
Norepinephrine	Transporter	[ <sup>18</sup> F]FMeNER-D2
Cannabinoid	CB1	[ <sup>11</sup> C]MePPEP [ <sup>18</sup> F]FMPEP-d2

The change of radioligand binding between baseline and after drug administration is used to calculate the drug occupancy at the target neuroreceptor, transporter, or enzyme (Figs. 1.2 and 1.3).

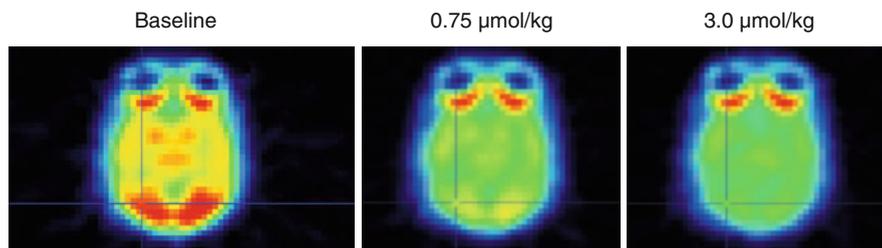
PET determination of receptor occupancy has been most extensively applied for antipsychotic drug binding to the dopamine D2 receptor (Farde et al. 1988). The relationship between in vivo dopamine D2 receptor occupancy and antipsychotic drug effect was early established. More than 65–70 % of dopamine D2 receptor occupancy is required to obtain antipsychotic efficacy, but at more than 80 % of occupancy, there is a high risk for extrapyramidal symptoms (Farde et al. 1986; Kapur et al. 2000). The atypical antipsychotic clozapine is an exception since this drug has antipsychotic effect at lower dopamine D2 occupancy (Farde et al. 1992; Nordström et al. 1995).

The PET occupancy approach has now become widely applied to drug development and extended to several other targets including the serotonin and noradrenaline neurotransmission systems and enzymes such as monoamine oxidase B (Meyer et al. 2004; Hirvonen et al. 2009; Sekine et al. 2010). The target occupancy by a new candidate drug is usually estimated for different doses, so that the curvilinear relationship between dose/plasma level and occupancy can be established (Fig. 1.4). This key information will help efficient dose setting in phase II and III studies by avoiding doses that are too low or too high. For new targets, the relationship between target occupancy and clinical efficacy or side effects may be insufficiently understood. In such cases, the relationship between occupancy and pharmacodynamics can only be established after phase II and III studies when clinical data becomes available.

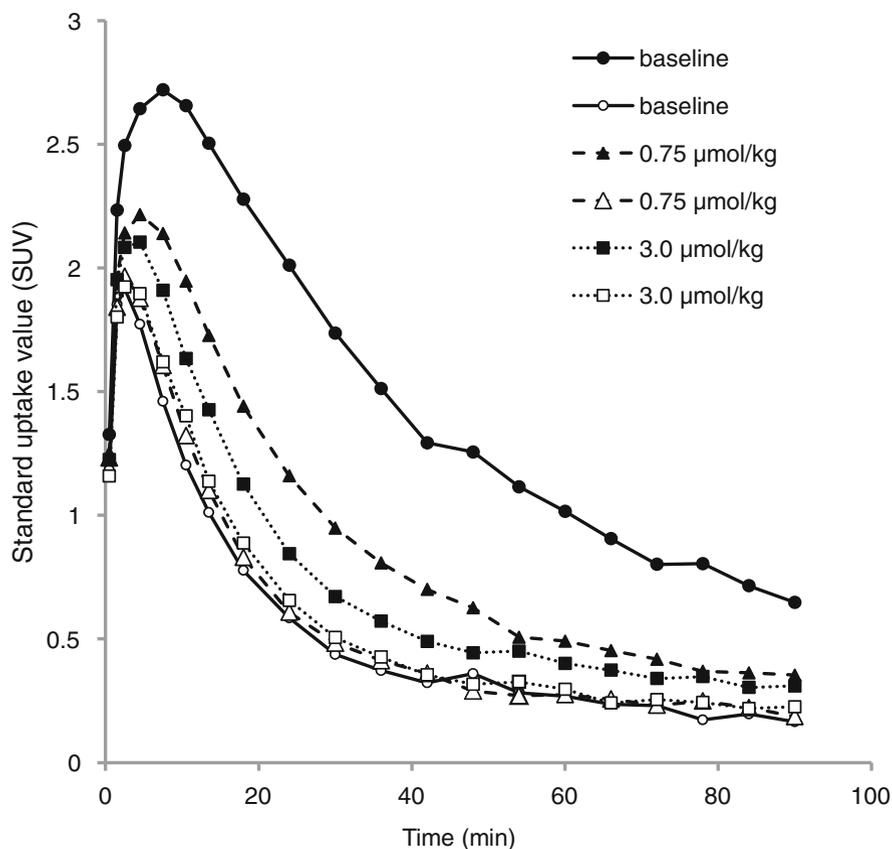
A recent successful example of the occupancy approach is [<sup>11</sup>C]AZ10419369, a PET radioligand for the serotonin 5HT1B receptor subtype (Figs. 1.2, 1.3 and 1.4). This radioligand was developed in a collaboration between Karolinska Institutet and AstraZeneca and has been used for the occupancy measurement by AZD3783,



**Fig. 1.1** Horizontal brain sections through the striatal level showing the regional distribution of the binding of commonly used PET radioligands. Images represent radioactivity summed after radioligand injection (9–51 min for  $[^{11}\text{C}]\text{SCH23390}$ , 0–87 min for  $[^{11}\text{C}]\text{FLB457}$ , 7–93 min for  $[^{11}\text{C}]\text{MADAM}$ , 3–63 min for  $[^{11}\text{C}]\text{AZ10419369}$ , 9–93 min for  $[^{18}\text{F}]\text{flumazenil}$ , 90–210 min for  $[^{18}\text{F}]\text{FMeNER\_d2}$ )



**Fig. 1.2** Horizontal PET images showing  $[^{11}\text{C}]\text{AZ10419369}$  binding to the 5HT1b-receptor at baseline and after AZD3483 i.v. administration in a cynomolgus monkey

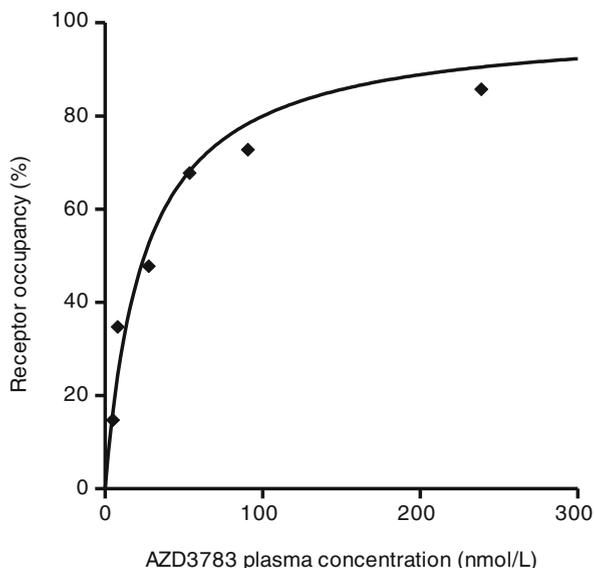


**Fig. 1.3** Time activity curves for the regional [ $^{11}\text{C}$ ]AZ10419369 binding in a cynomolgus monkey illustrated in Fig. 1.2. Filled marks represent occipital cortex. Open marks represent the cerebellum

a candidate drug for treatment of depression (Pierson et al. 2008; Varnäs et al. 2011). The occupancy estimations were first performed in NHP and later in human subjects. The relationship between the dose and 5HT<sub>1B</sub> occupancy by AZD3783 was similar between nonhuman primates and human subjects (Varnäs et al. 2011). Despite the value demonstrated for nonhuman primate studies of AZD3783 to predict binding in the human brain, some caution must be exercised whenever making such predictions for new drug targets.

In an optimal occupancy study, a wide range of doses are investigated, ideally covering the interval from 0 to 100 %. However, in reality, due to the risk of side effects, the selection of the doses administered to human subjects is likely to be limited to lower doses. Due to a limited range of data, it may thus be difficult to confirm whether a maximal occupancy can be reached and whether the binding affinity estimates (Kiplasma values (Karlsson et al. 1995)) are reliable.

**Fig. 1.4** The curvilinear relationship between plasma concentration of the 5HT<sub>1b</sub> receptor antagonist AZD3783 and target receptor occupancy in cynomolgus monkeys (Modification of figure in Varnäs et al. 2011)



For some drugs, a pharmacologically active metabolite having affinity for the target may contribute to occupancy at the target sites (Takano et al. 2011). In NHP, the occupancy of the metabolite can be estimated by injection of the metabolite only. PET in NHP may thus provide additional useful information prior to the human PET study.

### 1.2.3 Pathophysiology Biomarkers for Diagnosis or Efficacy Studies

For most psychiatric disorders, there are not generally accepted biomarkers in spite of considerable efforts to reveal the pathophysiologies. The recent progress in neuroimaging of psychiatric disorders will be discussed in detail in other sections of this textbook.

A general approach applied in drug development is to use PET to measure physiological parameters such as cerebral blood flow or brain glucose metabolism using [<sup>15</sup>O]H<sub>2</sub>O or [<sup>18</sup>F]FDG. Change in cerebral blood flow or brain glucose metabolism at drug treatment can thereby be detected, which indirectly serves to confirm a drug effect in the brain. The combined study of occupancy at a biochemical marker and a physiological biomarker has a promising potential to further confirm target engagement but has so far been utilized in a few studies only (Halldin et al. 2001).

In a back-translational approach, animal models for psychiatric disorders can be investigated using micro-PET (Higuchi et al. 2010; Klunk et al. 2004). As the animal does not have to be sacrificed after each PET measurement, longitudinal evaluation of chronic administration of the candidate drugs can be performed. Such