

Eye movements abnormalities during free-viewing task in frontal lobe syndrome: a biomarker for frontotemporal lobar degeneration?

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Introduction

Frontotemporal degeneration (FTD) encompasses a complex spectrum of disorders and often poses a diagnostic challenge, particularly when distinguishing late-onset primary psychiatric disorders (PPD) from behavioural FTD (bvFTD). There is a growing need for biomarkers to aid diagnosis. **Eye movement analysis has emerged as a potential physiological surrogate marker of brain function (1,2).**

Aim

To investigate eye movement patterns during a **free-viewing task** in patients with **FTD, PPD, and healthy controls (HC)**, and to explore correlations between **eye movements and cognitive/behavioral performance**.

Material and methods

129 subjects were enrolled: **39 FTD, 18 PPD, and 72 age-matched HC**. Participants viewed 20 neutral images (**Figure 1**) for 10 seconds each, while eye movements were recorded using **Eyelink 1000 Plus system**. Patients were classified according to established clinical criteria. The Clinical Dementia Rating (**CDR**), Montreal Cognitive Assessment (**MoCA**), and Frontal Behavioral Inventory (**FBI**) scores were used to assess disease severity, cognitive function, and behavioral symptoms, respectively.

Results

The final sample included **31 FTD** (of whom 20 bvFTD), **17 PPD**, and **72 HC** (3). The mean age was **68 years**; the mean MoCA score was **19/30** for FTD and **22/30** for PPD. Patients with **frontal lobe syndrome** showed a similar visual exploration pattern, characterized by **fewer but longer fixations** and **fewer saccades** than HC (**Figure 2**). Compared to controls, **bvFTD** patients exhibited **more blinks** per trial, while **PPD** patients showed **more blinks** overall and a **larger mean saccadic amplitude**. The mean saccade duration was able to differentiate bvFTD from PPD, being higher in the latter (Figure 3). **Static (4) bvFTD** viewers displayed higher **apathy** levels, greater dementia **severity**, and poorer **cognitive** performance (language and recall) compared to **dynamic (4) FTD** viewers ($p < 0.05$). In contrast, static and dynamic PPD viewers did not differ significantly (**Figure 4**).



Figure 1. An example of neutral images used in our experiment; the red circle represent a fixation (the longer is the diameter of the circle, the higher is fixation duration of the patient).

Frontal behavioural battery A (FBI A)

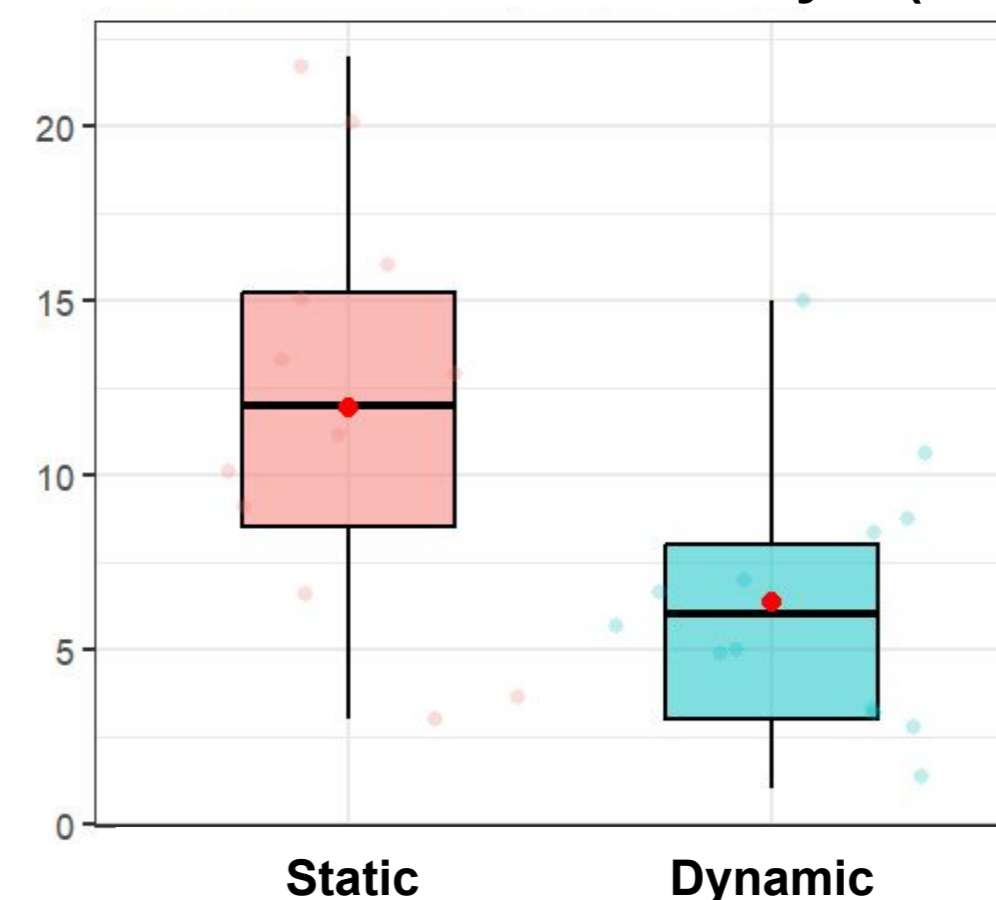


Figure 4 **Static** FTD viewer (displaying fewer longer fixations on average) show a greater **apathy** (i.e. higher FBI A) than **dynamic** FTD viewer.

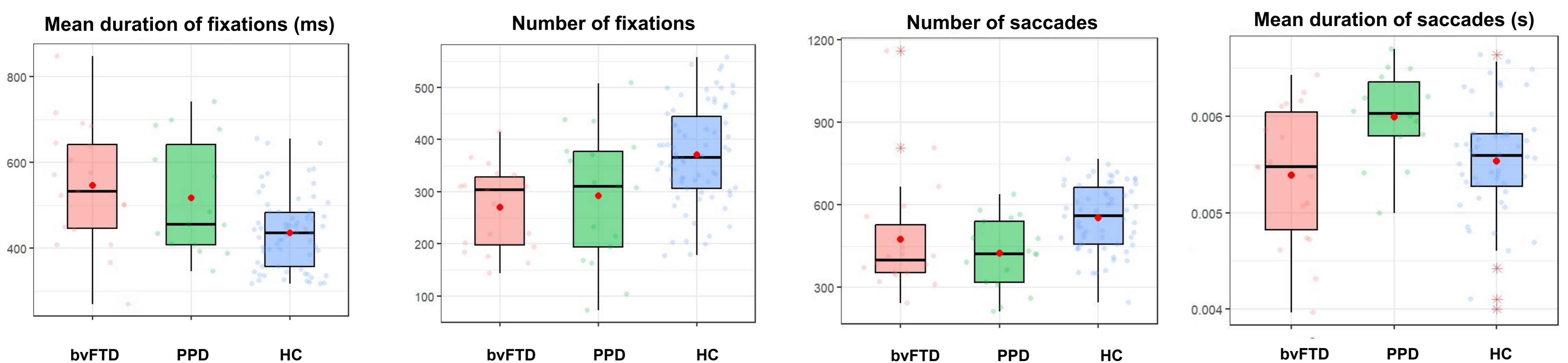


Figure 2. Eye movement metrics in patients with frontal lobe syndrome (bvFTD and PPD) vs HC. $bvFTD$ vs HC and PPD vs HC = $p < 0.05$.

Figure 3. Mean duration of saccades value differentiates bvFTD from PPD patients ($p < 0.05$)

Discussion and conclusions

Eye movement analysis during free-viewing tasks revealed a distinct oculomotor signature in frontal-lobe syndrome compared to healthy condition. Static viewing patterns reflected greater disease severity and apathy in FTD patients.

Saccadic metric could be a promising biomarker to differentiate bvFTD from PPD.

Free-viewing tasks offer a practical, non-invasive method for capturing disease-relevant information in FTD, even in patients with executive and attentional deficits.

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(2) Russell LL, Greaves CV, Convery RS, Bocchetta M, Warren JD, Kaski D, Rohrer JD. Eye movements in frontotemporal dementia: Abnormalities of fixation, saccades and anti-saccades. Alzheimers Dement (N Y). 2021 Dec 31;7(1):e12218. doi: 10.1002/trc2.12218. PMID: 35005203; PMCID: PMC8719345.
(3) 9/129 patients were excluded due to poor eye tracker data quality.
(4) PCA (principal component analysis) was performed separately in FTD and PPD group: two subgroup emerged, static and dynamic viewers, the first showing longer and fewer fixations, the latter on the opposite briefer and more numerous fixations.