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## Introduction

- Studies in obesity have individually used structural MR, functional resting state and diffusion tensor imaging to uncover mechanisms causing altered ingestive behaviors.
- Few have integrated data from multimodal brain imaging to predict sex-specific brain signatures.
- Aim: To investigate if a multimodal MRclinical signature could predict people with obesity, dependent on sex-related differences.

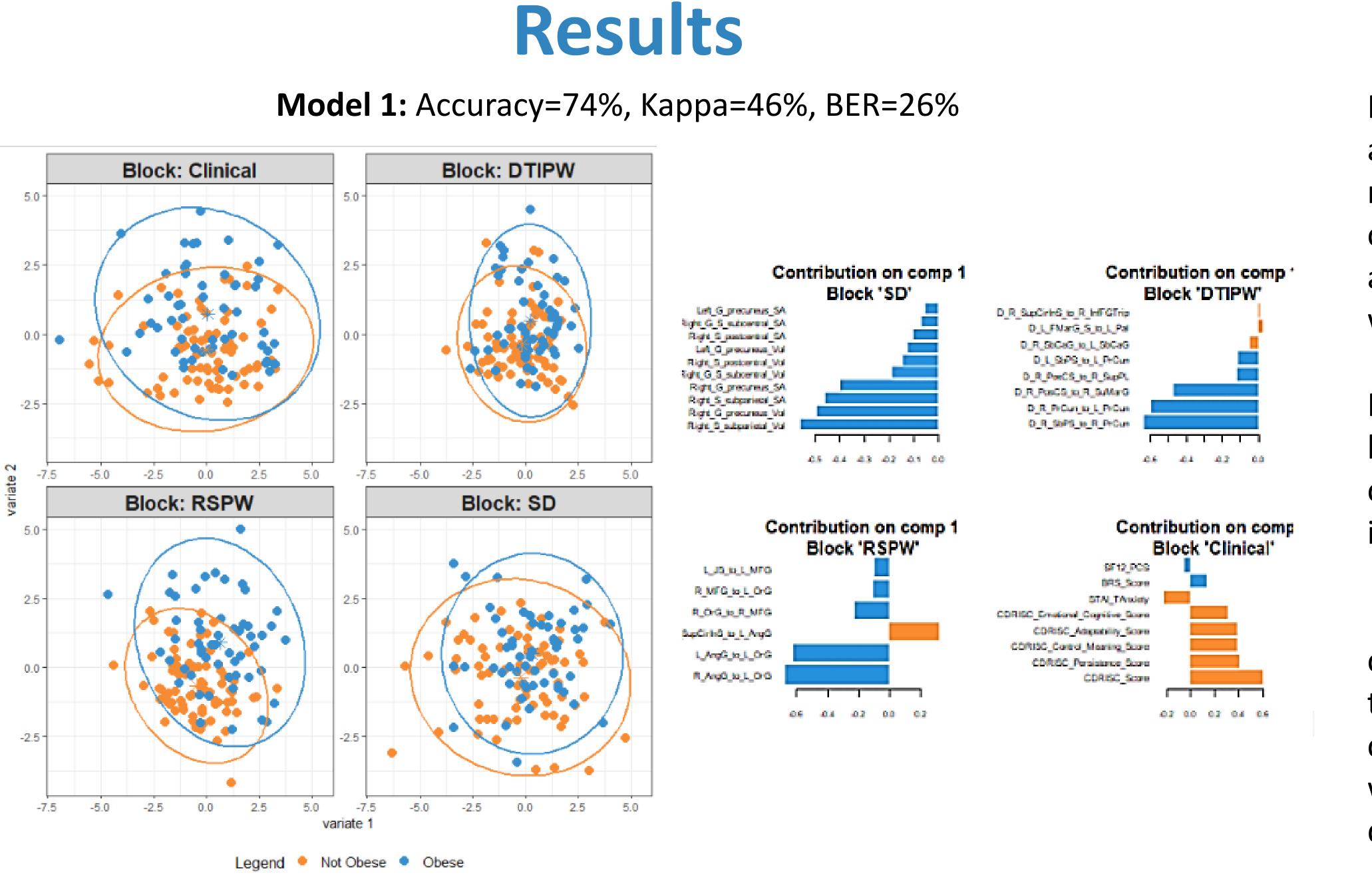
# Methods

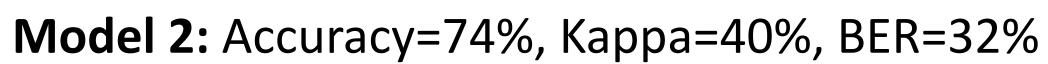
183 participants (Female=118; Male=65; Obese=78; Non-obese=105) underwent multimodal MRI scans.

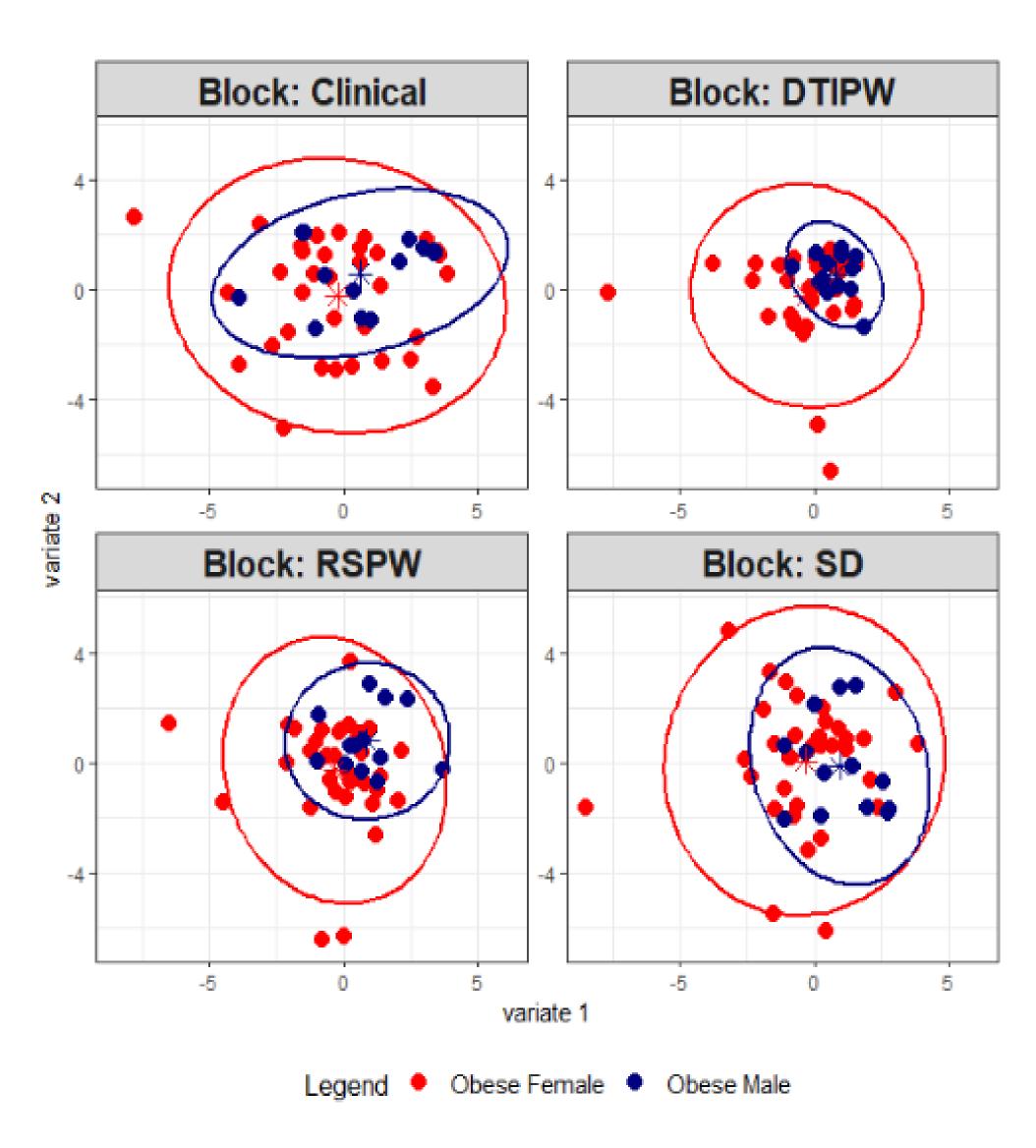
DIABLO was conducted on training and test sets to determine whether clinical features, restingstate functional connectivity, anatomical connectivity and brain morphometry could accurately differentiate participants stratified by obesity and sex.

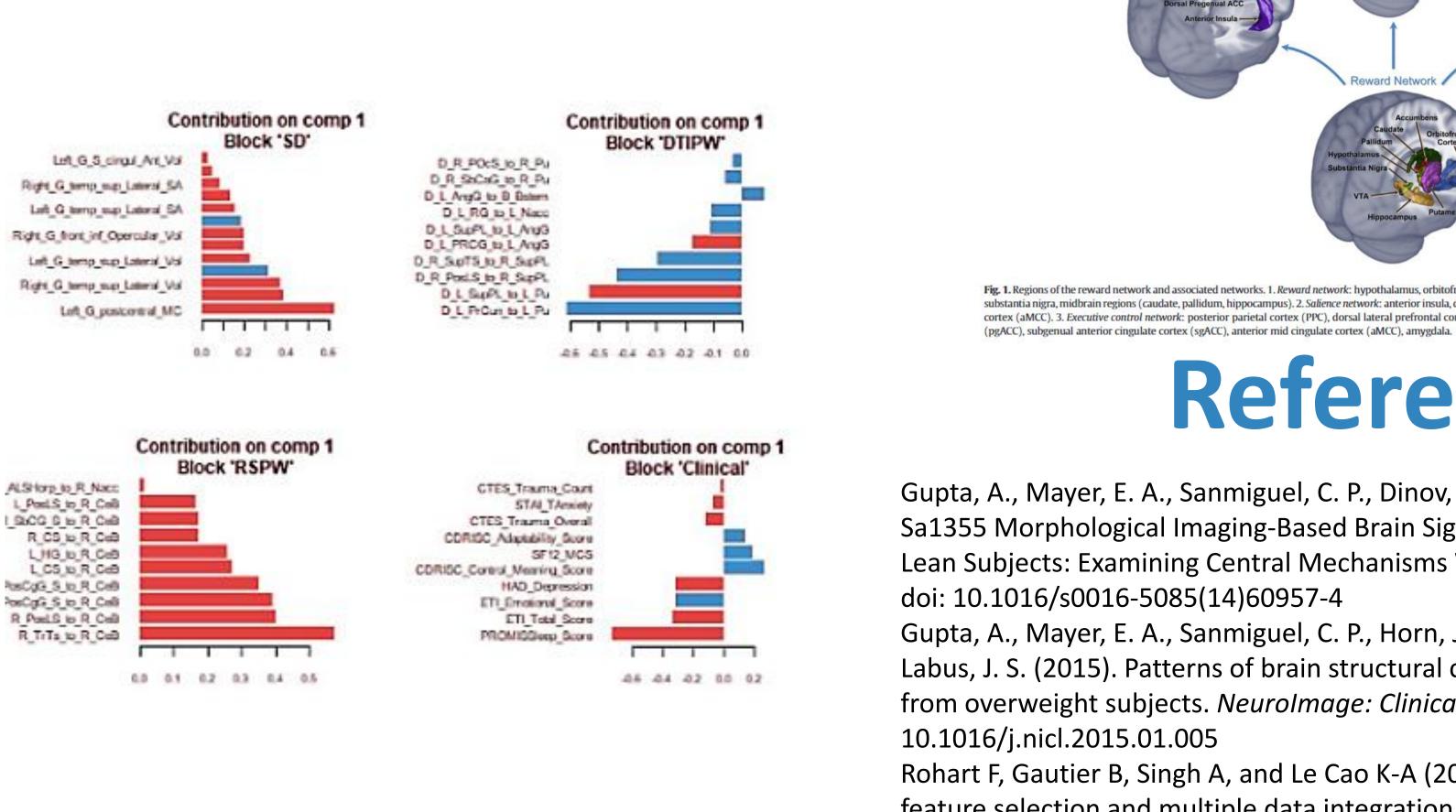
	Non-obese	Obese	Total
Male	42	23	67
Female	63	55	118
Total	195	78	183

# Integrated Multimodal Brain Signatures Predict Sex-Specific Obesity









Indicate that differences in morphometry and anatomical connectivity within the default mode network, and resting-state functional connectivity between the default mode network and orbital gyrus are able to distinguish people with obesity.

Inability to handle large cognitive loads could lead to lowered cognitive restraint and anxiety causing overeating behaviors seen in obese individuals.

Females with obesity had greater mean curvature in the postcentral gyrus and lateral temporal cortex and greater RSFC from the cerebellum to the SMN which were associated with greater likelihood of early life trauma and depression.

## Discussion

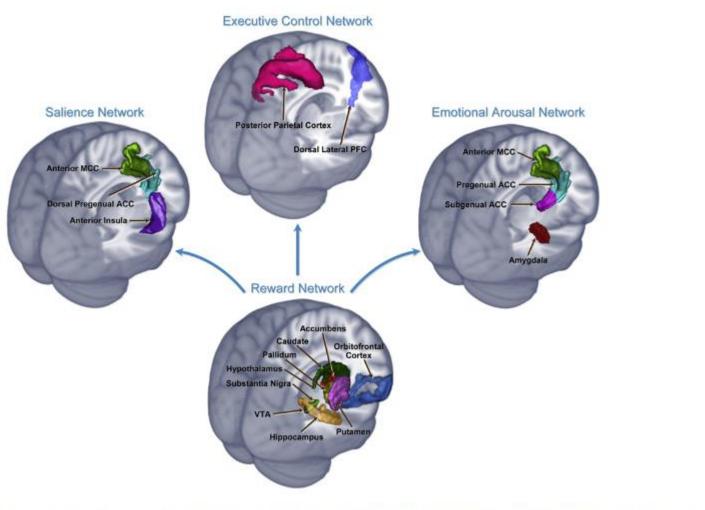


Fig. 1. Regions of the reward network and associated networks. 1. Reward network: hypothalamus, orbitofrontal cortex (OFC), nucleus accumbens, putamen, ventral tegmental area (VTA substantia nigra, midbrain regions (caudate, pallidum, hippocampus). 2. Salience network: anterior insula, dorsal pregenual anterior cingulate cortex (dorsal pgACC), anterior mid cingulate cortex (aMCC). 3. Executive control network: posterior parietal cortex (PPC), dorsal lateral prefrontal cortex (dIPFC). 4. Emotional arousal network: pregenual anterior cingulate cortex

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