

Age-related decline in visuo-spatial working memory is reflected by dorsolateral prefrontal activation and cognitive capabilities

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Abstract

Introduction

 Visuo-spatial working memory (VSWM) performances undergo a decline throughout ageing and are affected by the space in which the task is performed (reaching or navigational). Cerebral oxygenation and cognitive capabilities could explain this decline. We assessed the effects of age on cerebral oxygenation of the dorsolateral prefrontal cortex (dlPFC) in VSWM tasks in reaching and navigational space. We also assessed cognitive correlates of VSWM performance in each space.

Method

 Thirty-one (31) young adults (YA) and 24 healthy older adults (OA) performed a battery of neuropsychological tests and the electronic Corsi Block-tapping Test in reaching space (e- CBT) and in navigational space on the "Virtual Carpet" (VWCT). Participants were asked to memorize and recall a sequential pathway, progressively increasing from 2 to 9 blocks. Their 36 span score reflected VSWM performance. The dlPFC oxygenation (oxyhaemoglobin: ΔO_2Hb and deoxyhaemoglobin: ΔHHb) was measured by using functional NIRS (fNIRS) during the encoding of the sequential pathway in both tasks.

Results

 YA had higher span scores than OA in both spaces. We identified a significantly stronger decrease of ΔHHb in YA compared to OA during encoding in VWCT. OA also exhibited significantly lower cerebral oxygenation in VWCT compared to e-CBT. A decrease of ΔHHb was also associated with a better performance in VWCT. Finally, we identified an association of mental rotation and executive functions with VSWM performance in both tasks.

Conclusion

 VSWM performance and cerebral oxygenation during encoding are impacted by ageing. Space in which the task was performed was associated with different cognitive functions and revealed differences in cerebral oxygenation.

Keywords:

 Functional near-infrared spectroscopy, prefrontal cortex, ageing, visuo-spatial working memory, spatial navigation, cognition

List of abbreviations:

VSWM, visuo-spatial working memory; CBT, Corsi Block Tapping-test; e-CBT, electronic

Corsi Block Tapping-test; VWCT, Virtual Walking Corsi Task; dlPFC, dorsolateral prefrontal

cortex; fNIRS, functional Near-Infrared Spectroscopy; ΔO2Hb, oxyhaemoglobin; ΔHHb,

deoxyhaemoglobin; EF, executive functions; OA, Older adults; YA, Young adults;

CRUNCH, Compensation-related Utilization of Neural Circuits Hypothesis; WM, Working

Memory.

 Ageing is associated with spatial memory decline, including visuo-spatial working memory (VSWM) (Iachini, Iavarone, Senese, Ruotolo, & Ruggiero, 2009). VSWM seems to be one of the major cognitive processes involved in spatial navigation and route learning (Meneghetti, Borella, Carbone, Martinelli, & De Beni, 2016; Lithfous et al., 2013). VSWM could be involved in maintaining spatial information during navigation, recall of previously visited locations and cognitive mapping of the environment (Lithfous et al., 2013).

 The Corsi Block Tapping-Test (CBT) (Corsi, 1972) is one of the most widely used clinical tests to assess VSWM in reaching space and has also been developed on a larger scale for performance in navigational space: the Walking Corsi Test (Piccardi et al., 2008). This test has been further improved by computer control of both a table electronic Corsi Block Test and a computer-controlled set of light and tactile tiles: the "Magic Carpet". These have been used for navigational deficit studies in several pathologies in adult patients (Perrochon, Kemoun, Dugué & Berthoz, 2014), and children (age 6 to adulthood) (Belmonti, Berthoz, Cioni, Fiori & Guzetta, 2015). Studies in ageing have also shown that young adults (YA) outperformed older adults (OA) in VSWM performances in different spaces (reaching vs. navigational) (Piccardi, Iaria, Bianchini, Zompanti, & Guariglia, 2011; Piccardi et al., 2013; Perrochon, Kemoun, Dugué, & Berthoz, 2014; Perrochon et al., 2018).

 Many authors have shown that VSWM performances in reaching and navigation spaces are different, leading to the existence of two distinct VSWM systems (Piccardi et al., 2008, 2013, 2014; Nori et al., 2015). Space seems to impact OA VSWM performances, since performances in reaching space appeared to be superior to those in navigational space (Perrochon et al., 2014; Piccardi et al., 2011). These differences could be based on the fact

 that CBT in navigational space may require more and richer cognitive processes than in reaching space (storage of spatial information), and thus may be more suited for the measure of a spatial memory closer to ecological conditions (Piccardi et al., 2008, 2013, 2014; Nori et al., 2015). Indeed, spatial cognition is associated with various perceptual and cognitive processes, such as executive functions (EF) (Berthoz &Viaud-Delmon, 1999; Wolbers & Hegarty, 2010; Lithfous et al., 2013; Taillade et al., 2013; Korthauer, Nowak, Frahmand, & Driscoll, 2017). EF may allow individuals to maintain their goal, plan and select the appropriate strategies, manage their performance and flexibly adapt their mental state to environmental properties by maintaining relevant information and inhibiting irrelevant ones (West, 1996). Anatomically, EF are known to strongly rely on the frontal lobe and especially the dorsolateral prefrontal cortex (dlPFC) (Baddeley, 1998; Curtis & D'Esposito, 2003). Also, the involvement of VSWM and EF can be reflected in increased cerebral blood flow in the dlPFC during several spatial cognition tasks (Lithfous et al., 2013; Maguire et al., 1998). More precisely for VSWM, a fMRI study has highlighted dlPFC activation in a young population during the encoding of sequences in reaching space (Toepper et al., 2010). In another fMRI study comparing brain activation of a young population in reaching and in navigational space, authors found that the dlPFC was specifically associated with navigational space (Nemmi et al., 2013). Although this theory still requires investigation, Nemmi et al. have hypothesized that the two VSWM systems depending on spaces (Piccardi et al., 2008, 2013, 2014; Nori et al., 2015) may be supported by distinct neural basis (Nemmi et al., 2013).

 Global cognition and EF are declining with age due to impairment in the functional and structural integrity of the brain (Craik & Salthouse, 2011; Raz, 2000; Park, 2000; West, 1996). Specifically, the dlPFC exhibits major shrinkage with age, which could explain the age-related EF decline in normal aging (Raz, 2000; West, 1996). OA compensate for these age-related brain changes by using new strategies and by recruiting new neural structures, as suggested by the Compensation-related Utilization of Neural Circuits Hypothesis (CRUNCH 114 model), a model of neurocognitive ageing (Reuter-Lorenz & Cappell, 2008; Reuter-Lorenz & Lustig, 2005). It appears that OA show different patterns of brain activation than YA. The first pattern is an age-related overactivation occurring at easy and intermediate levels (low cognitive load). As OA reach their maximal load capacity sooner than YA, they recruit more neural circuits involved in the task, a compensatory mechanisms that allows age-equivalent performances. These are interpreted as strategic or neural adjustments to compensate processing inefficiency, local or elsewhere. Another pattern seems to be frequently observed at high levels of difficulty (high cognitive load): we detect an under-activation of the required brain areas in OA compared to YA, which leads to poorer cognitive performances. Compensatory mechanisms for the functional deficiency in the processing mediated by the areas are no longer effective at these levels of cognitive load, as a result of reaching a resource ceiling. This under-activation might reflect poor strategy uses and the subsequent recruitment of brain structures which are inadequate for the task (Logan, Sanders, Snyder, Morris, & Buckner, 2002; Reuter-Lorenz &Lustig, 2005), and therefore may explain low performances in OA. Rather than simply occurring at a high cognitive load, Schneider- Garces, Gordon, Brumback-Peltz & Shin (2010) found evidence that this under-activation may be linked to individual variations in working memory (WM) span; the reaching of a resource ceiling could be associated with a subjective WM span. Yet, the few studies assessing the brain activation in reaching and navigational space have only focused on a young population (Toepper et al., 2010; Nemmi et al., 2013), and little is known about age-related compensation and the brain mechanisms supporting VSWM in both spaces*.*

 This lack of literature is probably due to the technical limitations of neuroimaging systems in real conditions. Recent advances in mobile brain imaging, such as functional Near-Infrared Spectroscopy (fNIRS), allow new opportunities in spatial cognition and navigation studies (Park, Dudchenko & Donaldson, 2018). fNIRS allows to measure local variations of haemoglobin concentration changes related to neuronal activity by the phenomenon of neurovascular coupling (Perrey, 2008). The cortical activity in stimulated area increases the oxygen demand. Oxygen is carried by the haemoglobin. Thus, the local vasculature responds by flooding the cortical area and surrounding tissue with oxygenated form of haemoglobin 144 (Δ O₂Hb) usually accompanied with a concomitant drop in its deoxygenated form (Δ HHb). The fNIRS allows to measure cerebral oxygenation *in situ* with a significant temporal resolution (Perrey, 2008). Besides, this tool seems robust in measuring functional activity during cognitive tasks, as the result of prefrontal cortex activation is similar to magnetic resonance imaging (Cui, Bray, Bryant, Glover, & Reiss, 2011). This device is currently used to examine the neural control of gait in real walking conditions (Perrey, 2014). Also, fNIRS may be used to study the effect of age-related brain activity in VSWM tasks, and more globally in spatial navigation.

 The main objective of this pilot-study was to assess the effect of age on cerebral oxygenation in VSWM tasks according to space (reaching or navigational). A secondary objective of this study was to determine if EF and cerebral oxygenation were involved in VSWM, either in reaching or navigational space. We hypothesized that: i) YA would show a better VSWM performance and therefore higher cerebral oxygenation than OA resulting in a stronger 158 increase of Δ O₂Hb concentration and a stronger decrease in Δ HHb concentration, and ii) performances in cognitive tests would be explicative variables of VSWM performances, especially for navigational space.

2. Material and methods

2.1 Population

 Fifty-five participants were recruited in this cross-sectional study, including 31 YA and 24 healthy OA. The inclusion criteria were: i) age between 18 and 35 years old for YA and over 65 for OA, ii) fluency in the French language. Exclusion criteria were: i) motor, sleep and perception (visual and auditive) disorders, ii) the presence of depressive symptoms (mini Geriatric Depression Scale (GDS) score >1), cognitive impairment (Mini Mental State Examination (MMSE) score <24), an amnesic complaint, the history or presence of neurological and/or psychiatric diseases, and the use of medications altering memory or cognitive functions. Written informed consent was obtained from each participant, and this study was conducted in accordance with the ethical standards set forth in the Declaration of Helsinki (1983).

2.2 Experimental design

 The experimental protocol was divided into two phases: i) VSWM performance assessment in reaching space (i.e., e-CBT: electronic Corsi Block Tapping-test) and in navigational space (i.e., VWCT: Virtual Walking Corsi Task), ii) the administration of a battery of neuropsychological tests. The test administration order was randomized by a computed random number generator algorithm.

2.2.1 VSWM performance assessment

 The e-CBT and VWCT conditions were based on Perrochon et al. (2018) (**Figure 1: A and B**). A main difference with the original study is that in the present study the participant performed the e-CBT while standing up. In both tests, the participant had to memorize

 (encoding phase) a sequence of blocks successively lighting up in red. After a computer- generated audible signal marking the end of the sequence, the participant had to reproduce (restitution phase) the sequence in the same order. The number of items gradually increased from 2 to 9. The participant had 2 trials per sequence length. If he succeeded in reproducing 187 one of the two sequences, the sequence length increased by one item (Berch, Krikorian & Huha, 1998). If the participant failed in both trials, the test ended and his span score was the number of items in the last sequence successfully reproduced.

 In reaching space (i.e., the e-CBT), the participant stood in front of the computer screen in order to maintain the same head angle as during the encoding phase of VWCT and thus to ensure the reliability of the fNIRS measurement (**Figure 1: A**). The computer was mounted at 194 700 mm on a table adjusted (min = 90 cm; max = 120 cm) according to the participant's height. The e-CBT sequences were displayed on a 15-inch computer screen. In this situation, the participant had to point out the blocks one after the other by touching the computer screen in order to reproduce the sequence. Although the screen was close to vertical and the floor (VWCT) was horizontal, we ensured, by the angle of the computer screen, that the participant maintained the same visual direction as much as possible (**Figure 1: A and B**).

201 For navigational space (i.e., VWCT), we used the "Virtual Carpet"^{IM} developed by A. Berthoz and M. Zaoui, previously described in Perrochon et al. (2018). The participant stood on a starting point 1500 mm away from the test projection space during the encoding phase (**Figure 1: B**). During the restitution phase, the participant had to walk on the numbered blocks in the same order as the presentation, beginning from the starting point and returning to it when finished. The projection space (W316ST Optoma® projector, Taiwan) was 3000 207 mm x 2400 mm (scale 1:10 in regards to the e-CBT) and reproduced the same layout as the e-CBT (**Figure 1: C**).

-- Insert Figure 1 about here --------------------------------

 Participants were wearing an fNIRS device (Portalite®, Artinis Medical, Netherlands) during VSWM tasks. The device consists of two bilateral optodes positioned on the right (Fp2) and left (Fp1) dorsolateral areas of the prefrontal lobe (EEG 10-20 system). Both optodes were connected to an independent portable battery maintained by armbands (**Figure 1**). During the baseline measurements and encoding of the sequences, the participant was asked to limit head movements in order to avoid motion artefacts. In support of this, we ensured that the participant could have a global vision of the entire test layout from the starting point without having to move his head.

2.2.2 Cognitive functions assessment

 The participants performed a neuropsychological test battery to measure executive functioning. We used the ZOO map test part A (Wilson, Evans, Emslie, Alderman, & Burgess, 1998) which assesses planning abilities. The participant is asked to navigate through a zoo map while sticking to instructions on places to visit and their order, the variable was the score. We used the Trail Making Test (TMT) (Reitan & Wolfson, 1985) which assesses mental flexibility (part B) and attention (part A) as well as visuo-spatial exploration. The 225 participant must connect in ascending order circles containing numbers from 1 to 25 in part A, whereas he alternate between numbers of letters in part B. For TMT we measured time and the number of errors. We also used REY's figure (Rey, 1941) for planning function, attention and working memory. Participant was asked to copy a figure, without knowing he would be asked to reproduce it after a quick distraction. The score was based on the number of correct reproduced items of the figure for both copy and retrieval conditions. To measure inhibition, we used the Stroop test (Stroop, 1935) consisting in three conditions: naming the colours of squares, reading words of colours in black ink, and naming the ink colour while inhibiting the non-congruent word reading (interference condition). We measured time for the three conditions. In addition to these executive functioning tests, we used the redrawn Mental Rotation Test (MRT) to assess mental rotation capabilities (Peters et al., 1995). In MRT the participant is asked to determine which two of a four sample stimuli are rotated versions of a target stimulus; we measured the score on 24 items. The order of neuropsychological tests was randomized to avoid biases related to cognitive fatigue.

2.3 Outcomes

 The main outcome was bilateral dlPFC activation measured by fNIRS and calculated by the change in oxygenated and deoxygenated haemoglobin relative concentration (respectively ΔO2Hb and ΔHHb) (*Acquisition Software* – Oxysoft® version 3.0.97.1). The Differential Pathlength Factor was calculated from the age of YA and set by default to 5 for OA (Duncan et al., 1996). A baseline was performed before e-CBT and VWCT: the participant had to stare at a red cross located in the centre of the test's layout (i.e., the screen in e-CBT and the carpet in VWCT) for a 20-second period. The baseline was done while standing in front of the screen in e-CBT and on the starting point in VWCT, in order to maintain the same angle of the head in both conditions (**Figure 1: A and B**). We assessed *dlPFC oxygenation only during the encoding of the sequences,* as head motion during the restitution phase was producing significant artifacts. Since there were two sequences of encoding for the span score in each test, we computed the mean oxygenation in both sequences. We used Matlab-based scripts when needed for detection and correction of motion artifacts, and a 0.1 Hz low-pass filter was used to remove physiological and instrumental noise (Fishburn, Ludlum, Vaidya, & Medvedev, 2019). We obtained the relative concentration changes in oxyhaemoglobin

255 (Δ O₂Hb) and deoxyhaemoglobin (Δ HHb) (μ mol.L⁻¹) in the selected interval of the test (i.e., the last 10 seconds), which was normalized by subtracting the mean values of the last 10 seconds of baseline from them. According to CRUNCH, we measured those parameters 258 during the encoding of the $4th$ span and failure span in order to have two points of comparison 259 for patterns of activation (over-recruitment vs. under-recruitment). The 4th span was chosen to assess dlPFC oxygenation at a low/intermediate cognitive load, due to the fNIRS temporal 261 resolution; dlPFC oxygenation measurements in loads lower than the $4th$ span were not available. Indeed, a systematic methodology-focused study have enlightened a certain delay 263 (\approx 6s) between stimulus presentation and cortical hemodynamic response (Herold et al., 2018). In addition, we need the last 10s during the encoding phase for signal analysis. For this reason, we cannot analyse span 3 or lower (14s duration). The failure span was chosen in order to assess prefrontal oxygenation during the subjective resource ceiling, in accordance with the Schneider-Garces et al. (2010) findings.

 The secondary outcomes were span scores in VSWM and cognitive performance. In e-CBT, the sequence validation was approved by the experimenter, while it was computerized in VWCT. During VWCT, the participant had to wear two motion trackers (HTC® Vive Tracker, HTC, Taiwan) coupled with the base stations (HTC® Vive Lighthouse). The entire device was connected to the RigidBodyViewer Software (Collège de France, Paris, France) (**Figure 1: B**). For neuropsychological tests, we focused on the raw scores in MRT, ZOO, REY, Stroop and TMT.

2.4 Statistical analysis

 The normality of our variables data was verified with a Shapiro-Wilk test. Student tests were used in order to compare the socio-demographic variables and neuropsychological scores 279 between both groups. We performed a $2*2$ mixed ANOVA with the two populations (OA vs. YA) and the two spaces (VWCT vs. e-CBT) to study their effect on the VSWM span score. We also conducted 2*2 mixed ANOVAs with the two age groups (YA vs. OA) and the two spaces (VWCT vs. e-CBT) in order to study their effect on cerebral oxygenation parameters 283 during the encoding of the $4th$ span and failure span. Univariable linear regressions were performed to examine relationships between cerebral oxygenation parameters and cognitive function capabilities (independent variables) and span scores in e-CBT and VWCT (dependent variable). Separate multivariable linear regressions by stepwise method were run to examine whether cognitive function variables and cerebral oxygenation parameters would explain VSWM performance in different spaces. For all analyses, the statistical significance level was set at alpha <0.05. The statistical analysis was performed using IBM SPSS® Statistics version 22 (IBM Corp, Armonk, USA).

292 55 participants were included in this study: 31 YA (22.8 ± 2.8 years; 19 female) and 24 OA 293 (70.4 \pm 3.7 years; 17 female). Socio-demographic and cognitive capabilities are presented in **Table 1**. We observed a decreased cognitive performance in OA (vs. YA) in many 295 neuropsychological tests, such as the MRT, ZOO, REY, TMT and STROOP $(p<0.05)$.

 We also observed through the age*space ANOVA on span scores an overall effect of age, 298 with YA showing higher span scores than OA (respectively 7.0 ± 0.2 vs. 5.1 ± 0.2 ; F(1,53) = 299 39.657; p<0.001). We also found an overall effect of space, as participants showed better span 300 scores in reaching space compared to navigational space (respectively 6.5 ± 0.2 vs. 5.5 ± 0.2 ; F(1,53) = 55.496; p<0.001) (**Figure 2**). We found no significant age*space interaction effect on VSWM span scores (p>0.05).

--Insert Figure 2 and Table 1 about here -------------------------

3.1 Effects of ageing on cerebral oxygenation in VSWM tasks

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 ANOVA on dlPFC oxygenation during the $4th$ span encoding revealed no main effects of age 308 and space and no interaction effects for the ΔO_2Hb value (p >0.05 ; **Figure 3: A**), but an age*space interaction effect for ΔHHb (F(1,53) = 4.35; p<0.05; **Figure 3: B**). Post hoc analysis revealed a significantly lower ΔHHb value for YA compared to OA only in 311 navigational space (respectively -0.7 \pm 1.2 vs. -0.1 \pm 1.2 µmol.L⁻¹, p<0.05). We also observed a significantly higher ΔHHb concentration in navigational space compared to reaching space 313 among OA (respectively -0.1 \pm 1.2 vs. -0.7 \pm 1.2 µmol.L⁻¹, p<0.05, **Figure 3: B**).

--Insert table 2 about here---------------------------------

331 For the e-CBT, the span score showed a positive correlation only with the dlPFC ΔO_2Hb during failure span encoding (r = 0.32, p<0.05, **Table 2**). For the VWCT, the span score was

- 333 associated with more oxygenation parameters such as $\Delta H Hb$ concentration during the 4th span
- 334 encoding and failure span encoding $(r = -0.34; p < 0.05, r = -0.50; p < 0.001$ respectively) and
- 335 with the dlPFC Δ O₂Hb during the failure span encoding (r = 0.31; p<0.05).

3.3 Cognitive functions involved in VSWM according to space

337 Most of the neuropsychological tests, such as MRT ($r = 0.64$; $p < 0.001$), ZOO ($r = 0.45$; 338 p<0.001), REY R (r = 0.60; p<0.001), STROOP I (r = -0.63; p<0.001), TMT A (r = -0.54; 339 p<0.001), TMT B (r = -0.40; p<0.01) and \triangle TMTs (r=-0.28; p<0.05) were associated with the 340 span score in reaching space (**Table 2**). Similarly, MRT ($r = 0.68$; $p \le 0.001$), ZOO ($r = 0.34$; 341 p<0.05), REY R (r = 0.59; p<0.001), STROOP I (r = -0.54; p<0.001), TMT A (r = -0.49; 342 p<0.001) and TMT B ($r = -0.33$; p<0.05) were associated with the span score in navigational space.

3.4 Stepwise regression model

 By performing stepwise regression, including age, level of education, sex, MRT, ZOO, REY R, STROOP I and TMT B and dlPFC oxygenation parameters, we found associations between 347 the span score and age, MRT $(p<0.01)$ and ZOO $(p<0.05)$ performance in reaching space (**Table 3**). Furthermore, we observed additional associations between the span score and dlPFC oxygenation during failure span encoding (ΔHHb: p<0.05), MRT (p<0.001) and REY (p<0.05) scores in navigational space (**Table 3**). The total variance accounted for these models was strong, while these variables explain 67% of VSWM performance in reaching space and 63% of VSWM performance in navigational space (**Table 3**).

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- -- Insert Table 3 about here ---------------------------------

4. Discussion

 This is the first study assessing the age-related effect on cerebral oxygenation and the association of cognitive capabilities with VSWM according to space. We observed a significant difference of cerebral oxygenation depending on age, with higher dlPFC activation (i.e., decreased ΔHHb) for YA compared to OA when the participant was encoding the subsequent task in navigational space. dlPFC activation seems to be associated with VSWM performance, specifically in the navigational task. Finally, different EF (i.e., mental rotation, planning capabilities, attention) are associated with VSWM performance according to space.

4.1 Effect of ageing on cerebral oxygenation in VSWM

 First, we observed an effect of ageing on VSWM performance, as YA outperformed OA. These results match findings of other studies, which demonstrated age-related deficits in VSWM performances in similar paradigms (Piccardi et al., 2011, 2013; Perrochon et al., 2014, 2018).

 In navigational space, we found that YA showed a stronger dlPFC activation (i.e., decrease of Δ HHb) compared to OA during the encoding phase in navigation space (4th span and failure span in VWCT). The decrease of ΔHHb is a typical intravascular oxygenation response to brain activity (Villringer, Planck, Hock, Schleinkofer & Dirnagl, 1993; Scholkmann et al., 2014; Buxton, 2012). Thus, in our framework, OA showed an under-activation of dlPFC compared to YA. Whereas it seems coherent for the failure span, this under activation pattern 375 is already appearing at $4th$ span. It may be related to behavioural data, since OA reached on 376 average their VWCT span score at 4.6 ± 0.8 and the mode span score of the OA distribution was 4 (14 participants out of 24). As the reaching of a resource ceiling has been found to be individually WM load dependant (Schneider-Garces et al., 2010 ; Cappell, Gmeindl & Reuter Lorenz, 2010), we can suppose that most of the OA have reached this resource ceiling around 380 4th span, and are no longer able to compensate, leading to under activation pattern. These results corroborate partly with the CRUNCH model (Reuter-Lorenz & Cappell, 2008), since we observed an under-activation of OA compared to YA at high levels of cognitive load.

 At higher levels of cognitive load, OA processing capacity limits are reached, and processing areas show less activity than those of YA, as compensatory mechanisms of the functional deficiency may no longer be effective. The decrease in ΔHHb during encoding was associated to VSWM behavioural performance in VWCT. These data add evidence to the observed age-related effects (weaker ΔHHb decrease) and allow us to assume that OA dlPFC under-activation during the encoding of the sequences may be directly involved in their poorer performance.

 The lower spans (2 and 3) were not usable given their short duration and the delay between stimulus presentation and hemodynamic response. However, low levels of cognitive load remain to be investigated for proof of age-related overactivation by adapting the task to fNIRS data processing.

 Overall, ΔHHb was more affected by age-related effects and associated with VSWM 396 performance in navigational space, whereas Δ O₂Hb was not. Δ HHb is more affected by 397 oxygen consumption than Δ O₂Hb, and therefore is a better indicator of activation than Δ O₂Hb 398 (Scholkmann et al., 2014). However, ΔO_2 Hb is often described as a more reliable indicator for functional brain activity because of its higher amplitude, and is less sensitive to noise (Strangman Culver, Thompson & Boas, 2002; Wolf et al., 2011). Still, ΔHHb is a reliable indicator of functional activation, and we followed the Fishburn et al. (2019) correction method to remove noise effects from the signal. There may possibly be non-neuronal driven changes in haemodynamic, such as physiological confounders in the signal which might influence our results. This is an issue for all haemodynamic-based functional brain imaging techniques. Nevertheless, most of the recommended guidelines, from the design of the protocol to fNIRS instrumentation and analysis approaches to avoid false positives/negatives, were followed (Tachtsidis & Scholkmann, 2016).

 The age-related under-activation during encoding could be linked to poorer cognitive strategies use by OA to encode the stimuli in memory and to plan restitution, hence leading to 411 the recruitment of inaccurate cerebral areas (Reuter-Lorenz & Lustig, 2005; Logan et al., 2002). OA often fail to use controlled and costly processing strategies to support their performance. EF are required in acquiring new skills, selecting appropriate strategies, planning the execution of the task, monitoring behavioural responses and finding alternative strategies if the selected one is not efficient (West, 1996). We observed deficits in most of the assessed EF and their association to performance in VWCT. Considering these observations, we could hypothesize that under-activation during encoding in navigational space could result from the use of inefficient cognitive strategies mediated by the age-related decline in EF. Further studies are needed to investigate this hypothesis as we did not demonstrate it clearly. Except its role in executive functioning and VSWM, the dlPFC may also be implied in processing the movement along a learned route in a navigational environment, as it would be involved in the processing of self-generated locomotor movements and of strategy related to motor imagery (Berthoz, 1997; Nemmi et al., 2013). This study thus highlights the major role of prefrontal circuits in age-related performance in VSWM. .

 Age differences in cerebral activation were only observed in navigational space. Since dlPFC has been specifically linked with navigational space and not reaching space (Nemmi et al.,

 2013), we can assume that it may explain why dlPFC oxygenation differences between our populations is only discriminated in VWCT. However, we found an overall effect of space on $431 \Delta O₂$ Hb, with higher concentration values in reaching space compared to navigational space during failure span encoding. Thus, dlPFC oxygenation seems to be stronger in reaching space. It may be load-dependent, since reaching space allows better performances for both our populations than navigational space, which is known to be more complex and requires more 435 resources (Röser, Hardiess, & Mallot, 2016). Nevertheless, we did not find Δ O₂Hb to be linked with VSWM performance. Another result contrasts with the observations of Nemmi et al. (2013), as we found that ΔHHb was different in OA, with a stronger decrease in reaching space compared to navigational space. However, the observations of Nemmi et al. (2013) 439 were only done in a study of a young adult population (mean age 24.7 ± 4.5), and we cannot state that tests in both spaces lie on a distinct neural basis exactly in the same way as in the OA population. Thus, dlPFC may play a role in better performances of OA in reaching space compared to navigational space; however, we did not find ΔHHb to be linked with performance in reaching space and it remains to be investigated.

4.2 Cognitive correlates of space

 We had assumed that raw scores on cognitive tests would be more associated to VSWM performance in navigational space because of the more active and complex nature of this task compared to the VSWM task in reaching space (Piccardi et al., 2008, 2013, 2014; Nori et al., 2015). Our results would not allow us to confirm this hypothesis, as we observed that both 449 spaces imply distinct cognitive processes (see R^2 values in **Table 3**) as well as common processes. Nonetheless, these results highlight the major association of mental rotation with VSWM performances (Gallou-Guyot et al., 2020). Mental rotation may support the updating and mental manipulation of spatial information as the participant is orientating and moving through the environment (Piccardi et al., 2008; Röser et al., 2016). On one hand, the ZOO test (Wilson et al., 1998) evidenced that planning ability was one of the EF associated with VSWM performance in reaching space. On the other hand, the analyses of the Rey figure (Rey, 1941) confirmed the strong association between executive functioning, in the maintenance of spatial information, the selection of appropriate strategies, the control of performance and mental flexibility and VSWM performance in navigational space .

 Our results allowed us to demonstrate a clear link between executive functioning and VSWM performances in different space. As we observed age-related deficits in all of these cognitive tests (**Table 1**) and a relation between dlPFC oxygenation and VSWM performance, we could suppose that the decline of EF could partly explain the poorer VSWM performance in ageing through their potential role in strategy production in navigational space . In such case it would support the executive hypothesis of cognitive ageing, that age-related memory differences and global decline in cognition may be mediated by the prefrontal area deterioration that supports WM and EF (West, 1996; Raz, 2000). However, we have no proof that EF effectively mediate the age-related variance in VSWM performance. The nature of the relation between age and VSWM performances and how executive functioning mediate this relation thus need to be developed to provide empirical evidences for the executive hypothesis of cognitive ageing.

 To summarise, VSWM performances in navigational space were associated with prefrontal ΔHHb concentration during the encoding of sequences, and appear to be associated with ageing, mental rotation abilities and Rey's figure performances, whereas reaching space VSWM performances were associated with mental rotation abilities and ZOO test performances.

4.3 Limitations

 Several limitations should be considered in future studies. First, fNIRS acquisition could only be done during the encoding phase of the sequences, due to the great number of head rotations and movements during the restitution phase in navigational space that induced large motion artefacts in the signal. Nevertheless, it has been demonstrated by means of EEG power analysis that encoding of visuo-spatial information is more cognitively challenging than retrieval because it requires more cerebral efforts (Jaiswal, Ray & Slobounov, 2010). Moreover, as being said fNIRS analysis could not be done for low spans and thus they still need to be studied to demonstrate if patterns of cerebral activation really fit with CRUNCH model. Second, despite its important temporal resolution, fNIRS cannot be used to investigate deep brain structures involved in spatial memory, such as the hippocampus (Maguire et al., 1998; Lithfous et al., 2013; Latini-Corazzini et al., 2010) . We were also limited to two optodes in this study thus, we could not assess the lateralization effect. Since our device was not a multi-channel fNIRS, we were not able to investigate the involvement of the parietal cortex, which is a key structure in spatial working memory (Constantinidis & Wang, 2004). Furthermore, because of the switch of engaged brain areas due to ageing from posterior to more anterior structures (PASA model) (Davis, Dennis, Daselaar, Fleck, & Cabeza, 2007), it would be relevant in future studies to investigate the effects of age on parietal cortex activation. Third, cognitive tests allowed us to identify several implied cognitive functions such as mental rotation and EF in VSWM tasks, but this work remains to be conducted with more varied cognitive tests, as we limited them to avoid cognitive fatigue.

4.4 *Perspectives*

 This research takes part in the investigation of brain mechanisms that tend to decline in ageing and may be essential factors in age-related deficits in VSWM . VWCT could be used in the early detection of spatial memory impairment, such as in the dementias (Iachini et al., 2009). This study could be reproduced in those with neurological pathologies such as stroke, in which brain damage leads to different haemodynamic responses (Hermand et al., 2019). Finally, fNIRS could be used in complex navigation tests (Perrochon et al., 2014) to reflect the involvement of EF in these tasks.

5. Conclusion

 This study demonstrated that healthy OA seem to have less activation of their dlPFC compared to YA in VSWM tasks. This dlPFC activation seems to be associated with VSWM performance, particularly in navigational space . Finally, we identified the major association of some cognitive functions, such as mental rotation and EF with VSWM performance in reaching and navigational spaces.

Author contributions

- TK: Conceptualization and methodology, data acquisition and analysis, manuscript drafting;
- EH: Methodology, formal analysis, and manuscript review; AB: Conceptualization, software
- and manuscript review; AC and MGG : Methodology and manuscript review; JCD:
- Resources, conceptualization, manuscript review; AP: Conceptualization and methodology,
- data analysis, supervision, resources, manuscript drafting.

Declarations of interest

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Figure and Tables

 Figure 1. Plan of the experimental conditions. The participant is wearing the fNIRS device. The experimental design was intended to maintain the same head angle during both conditions. **A)** e-CBT performed on a computer screen. **B)** VWCT performed on the projected virtual carpet. The participant is wearing two movement tracking sensors on the head and the chest connected to the two HTC base stations attached to the walls. **C)** Test layout.

 Figure 2. Span scores means and standard deviations (represented by error bars) in VWCT 685 and e-CBT for older adults (OA) and young adults (YA). Main effects of age $\binom{***}{*}$: p<0.001) 686 and space $($ ^{+++ ***}: p < 0.001) were represented.

 Figure 3. dlPFC oxygenation means and standard deviations (represented by error bars) for 689 older adults (OA) and young adults (YA) in reaching and navigational space for $4th$ span and $f(x)$ failure span. **A**) $ΔO_2Hb$ during the encoding of $4th$ span. **B**) $ΔHHb$ during the encoding of $4th$ 691 span. We represented differences between YA and OA in VWCT $(\dot{\cdot}; p<0.05)$ and space effect for the OA group (* *: p<0.05). C) ΔO_2 Hb during the encoding of failure span. Main effects of 693 age $($ ^{$#$ **}: p<0.01) and space $($ $#$ ^{***}: p<0.01) are represented. **D**) Δ HHb during the encoding of 694 failure span. We represented significant differences between YA and OA in VWCT $($ ^{*}: 695 p<0.05) and space effect for OA group (x^* : p<0.05).

 Table 1. Demographic, psychologic, and cognitive characteristics of the study participants.

Table 2. Correlations between raw scores in cognitive tests and VSWM tasks and

700 oxygenation parameters in $4th$ span and failure span.

702 **Table 3.** Regression analysis for the variables identified as correlated to VSWM tasks.

Fig. 1. Plan of the experimental conditions. The participant is wearing the fNIRS device. The experimental design was intended to maintain the same head angle during both conditions. A) Picture of the experimental environm performed on the projected virtual carpet. The participant is wearing two movement tracking sensors on the head and the chest connected to the two HTC hase stations attached to the walls. D) Test layout.

Table 1 Demographic, psychologic, and cognitive characteristics of the study participants.

Mean \pm SD and range [minimum; maximum].

 $MMSE = Mini$ Mental State examination; $GDS = Geriatric$ Depression Scale; MRT = Mental Rotation Test; REY C = Rey copy; REY R = Rey restitution; STROOP $D =$ Denomination; STROOP $R =$ Reading; STROOP $I =$ Interference; $TMT = \text{Tail}$ Making Test; WM = Working Memory. Data written in bold show an effect of aging on variables.

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Fig. 2. Span scores means and standard deviations (represented by error bars) in VWCT and e-CBT for older adults (OA) and young adults (YA). Main effects of age (***: $p < 0.001$) and space (***: $p < 0.001$) were represented.

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Fig. 3. dlPFC oxygenation means and standard deviations (represented by error bars) for older adults (OA) and young adults (YA) in reaching and navigational space For maximum span and failure span. A) ΔO -Hb during the encoding of maximum span. Main effects of age (**; p < 0.01) and space (**; p < 0.01) are represented. B) ΔH Hb during the encoding of maximum span. We represent OA group (*: $p < 0.05$).

Table 2

Correlations between raw scores in cognitive tests, VSWM tasks and oxygenation parameters in maximum span and failure span encoding.

 $r =$ correlation coefficient (Bravais-Pearson). Data written in bold show a significant relation between raw scores in cognitive tests and span score.

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Table 3

 $B =$ regression coefficient. $CI =$ confidence interval. $R =$ correlation coefficient. $R^2 =$ coefficient of determination. Data written in bold show a significant relation between raw scores in cognitive tests and span score.

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