

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

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

24 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.

31 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 span score reflected VSWM performance. The dIPFC oxygenation (oxyhaemoglobin: ΔO_2 Hb and deoxyhaemoglobin: Δ HHb) was measured by using functional NIRS (fNIRS) during the encoding of the sequential pathway in both tasks.

39 **Results**

40 YA had higher span scores than OA in both spaces. We identified a significantly stronger 41 decrease of Δ HHb in YA compared to OA during encoding in VWCT. OA also exhibited 42 significantly lower cerebral oxygenation in VWCT compared to e-CBT. A decrease of Δ HHb 43 was also associated with a better performance in VWCT. Finally, we identified an 44 association of mental rotation and executive functions with VSWM performance in both 45 tasks.

46 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.

50

51 Keywords:

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

54

55 List of abbreviations:

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

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

58 cortex; fNIRS, functional Near-Infrared Spectroscopy; ΔO_2 Hb, oxyhaemoglobin; Δ HHb,

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

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

61 Memory.

63

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).

70 The Corsi Block Tapping-Test (CBT) (Corsi, 1972) is one of the most widely used clinical 71 tests to assess VSWM in reaching space and has also been developed on a larger scale for 72 performance in navigational space: the Walking Corsi Test (Piccardi et al., 2008). This test 73 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 74 75 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 76 77 & Guzetta, 2015). Studies in ageing have also shown that young adults (YA) outperformed 78 older adults (OA) in VSWM performances in different spaces (reaching vs. navigational) 79 (Piccardi, Iaria, Bianchini, Zompanti, & Guariglia, 2011; Piccardi et al., 2013; Perrochon, 80 Kemoun, Dugué, & Berthoz, 2014; Perrochon et al., 2018).

81

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

87 that CBT in navigational space may require more and richer cognitive processes than in 88 reaching space (storage of spatial information), and thus may be more suited for the measure 89 of a spatial memory closer to ecological conditions (Piccardi et al., 2008, 2013, 2014; Nori et 90 al., 2015). Indeed, spatial cognition is associated with various perceptual and cognitive 91 processes, such as executive functions (EF) (Berthoz &Viaud-Delmon, 1999; Wolbers & 92 Hegarty, 2010; Lithfous et al., 2013; Taillade et al., 2013; Korthauer, Nowak, Frahmand, & 93 Driscoll, 2017). EF may allow individuals to maintain their goal, plan and select the 94 appropriate strategies, manage their performance and flexibly adapt their mental state to 95 environmental properties by maintaining relevant information and inhibiting irrelevant ones (96 West, 1996). Anatomically, EF are known to strongly rely on the frontal lobe and especially 97 the dorsolateral prefrontal cortex (dIPFC) (Baddeley, 1998; Curtis & D'Esposito, 2003). Also, 98 the involvement of VSWM and EF can be reflected in increased cerebral blood flow in the 99 dlPFC during several spatial cognition tasks (Lithfous et al., 2013; Maguire et al., 1998). 100 More precisely for VSWM, a fMRI study has highlighted dlPFC activation in a young 101 population during the encoding of sequences in reaching space (Toepper et al., 2010). In 102 another fMRI study comparing brain activation of a young population in reaching and in 103 navigational space, authors found that the dIPFC was specifically associated with navigational 104 space (Nemmi et al., 2013). Although this theory still requires investigation, Nemmi et al. 105 have hypothesized that the two VSWM systems depending on spaces (Piccardi et al., 2008, 106 2013, 2014; Nori et al., 2015) may be supported by distinct neural basis (Nemmi et al., 2013).

107

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 dIPFC exhibits major shrinkage with age, which could explain the age-related EF decline in normal aging (Raz, 2000; West, 1996). OA compensate for these 112 age-related brain changes by using new strategies and by recruiting new neural structures, as 113 suggested by the Compensation-related Utilization of Neural Circuits Hypothesis (CRUNCH 114 model), a model of neurocognitive ageing (Reuter-Lorenz & Cappell, 2008; Reuter-Lorenz & 115 Lustig, 2005). It appears that OA show different patterns of brain activation than YA. The 116 first pattern is an age-related overactivation occurring at easy and intermediate levels (low 117 cognitive load). As OA reach their maximal load capacity sooner than YA, they recruit more 118 neural circuits involved in the task, a compensatory mechanisms that allows age-equivalent 119 performances. These are interpreted as strategic or neural adjustments to compensate 120 processing inefficiency, local or elsewhere. Another pattern seems to be frequently observed 121 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. 122 123 Compensatory mechanisms for the functional deficiency in the processing mediated by the 124 areas are no longer effective at these levels of cognitive load, as a result of reaching a 125 resource ceiling. This under-activation might reflect poor strategy uses and the subsequent 126 recruitment of brain structures which are inadequate for the task (Logan, Sanders, Snyder, 127 Morris, & Buckner, 2002; Reuter-Lorenz &Lustig, 2005), and therefore may explain low 128 performances in OA. Rather than simply occurring at a high cognitive load, Schneider-129 Garces, Gordon, Brumback-Peltz & Shin (2010) found evidence that this under-activation 130 may be linked to individual variations in working memory (WM) span; the reaching of a 131 resource ceiling could be associated with a subjective WM span. Yet, the few studies 132 assessing the brain activation in reaching and navigational space have only focused on a 133 young population (Toepper et al., 2010; Nemmi et al., 2013), and little is known about age-134 related compensation and the brain mechanisms supporting VSWM in both spaces.

136 This lack of literature is probably due to the technical limitations of neuroimaging systems in 137 real conditions. Recent advances in mobile brain imaging, such as functional Near-Infrared 138 Spectroscopy (fNIRS), allow new opportunities in spatial cognition and navigation studies 139 (Park, Dudchenko & Donaldson, 2018). fNIRS allows to measure local variations of 140 haemoglobin concentration changes related to neuronal activity by the phenomenon of 141 neurovascular coupling (Perrey, 2008). The cortical activity in stimulated area increases the 142 oxygen demand. Oxygen is carried by the haemoglobin. Thus, the local vasculature responds 143 by flooding the cortical area and surrounding tissue with oxygenated form of haemoglobin 144 $(\Delta O_2 Hb)$ usually accompanied with a concomitant drop in its deoxygenated form (ΔHHb). 145 The fNIRS allows to measure cerebral oxygenation in situ with a significant temporal 146 resolution (Perrey, 2008). Besides, this tool seems robust in measuring functional activity 147 during cognitive tasks, as the result of prefrontal cortex activation is similar to magnetic 148 resonance imaging (Cui, Bray, Bryant, Glover, & Reiss, 2011). This device is currently used 149 to examine the neural control of gait in real walking conditions (Perrey, 2014). Also, fNIRS 150 may be used to study the effect of age-related brain activity in VSWM tasks, and more 151 globally in spatial navigation.

152

153 The main objective of this pilot-study was to assess the effect of age on cerebral oxygenation 154 in VSWM tasks according to space (reaching or navigational). A secondary objective of this 155 study was to determine if EF and cerebral oxygenation were involved in VSWM, either in 156 reaching or navigational space. We hypothesized that: i) YA would show a better VSWM 157 performance and therefore higher cerebral oxygenation than OA resulting in a stronger 158 increase of ΔO_2 Hb concentration and a stronger decrease in Δ HHb concentration, and ii) 159 performances in cognitive tests would be explicative variables of VSWM performances, 160 especially for navigational space.

161 2. Material and methods

162 2.1 Population

163 Fifty-five participants were recruited in this cross-sectional study, including 31 YA and 24 164 healthy OA. The inclusion criteria were: i) age between 18 and 35 years old for YA and over 165 65 for OA, ii) fluency in the French language. Exclusion criteria were: i) motor, sleep and 166 perception (visual and auditive) disorders, ii) the presence of depressive symptoms (mini Geriatric Depression Scale (GDS) score >1), cognitive impairment (Mini Mental State 167 168 Examination (MMSE) score <24), an amnesic complaint, the history or presence of 169 neurological and/or psychiatric diseases, and the use of medications altering memory or 170 cognitive functions. Written informed consent was obtained from each participant, and this 171 study was conducted in accordance with the ethical standards set forth in the Declaration of 172 Helsinki (1983).

173 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.

179 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 computergenerated 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 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.

190

191 In reaching space (i.e., the e-CBT), the participant stood in front of the computer screen in 192 order to maintain the same head angle as during the encoding phase of VWCT and thus to 193 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 195 height. The e-CBT sequences were displayed on a 15-inch computer screen. In this situation, 196 the participant had to point out the blocks one after the other by touching the computer screen 197 in order to reproduce the sequence. Although the screen was close to vertical and the floor 198 (VWCT) was horizontal, we ensured, by the angle of the computer screen, that the participant 199 maintained the same visual direction as much as possible (Figure 1: A and B).

200

For navigational space (i.e., VWCT), we used the "Virtual Carpet"[™] 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 e208 CBT (Figure 1: C).

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

210 Participants were wearing an fNIRS device (Portalite®, Artinis Medical, Netherlands) during 211 VSWM tasks. The device consists of two bilateral optodes positioned on the right (Fp2) and 212 left (Fp1) dorsolateral areas of the prefrontal lobe (EEG 10-20 system). Both optodes were 213 connected to an independent portable battery maintained by armbands (Figure 1). During the 214 baseline measurements and encoding of the sequences, the participant was asked to limit head 215 movements in order to avoid motion artefacts. In support of this, we ensured that the 216 participant could have a global vision of the entire test layout from the starting point without 217 having to move his head.

218 2.2.2 Cognitive functions assessment

219 The participants performed a neuropsychological test battery to measure executive 220 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 221 222 a zoo map while sticking to instructions on places to visit and their order, the variable was the 223 score. We used the Trail Making Test (TMT) (Reitan & Wolfson, 1985) which assesses 224 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, 226 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 227 228 and working memory. Participant was asked to copy a figure, without knowing he would be 229 asked to reproduce it after a quick distraction. The score was based on the number of correct 230 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 231 232 squares, reading words of colours in black ink, and naming the ink colour while inhibiting the 233 non-congruent word reading (interference condition). We measured time for the three 234 conditions. In addition to these executive functioning tests, we used the redrawn Mental 235 Rotation Test (MRT) to assess mental rotation capabilities (Peters et al., 1995). In MRT the 236 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 237 238 was randomized to avoid biases related to cognitive fatigue.

239 2.3 Outcomes

240 The main outcome was bilateral dIPFC activation measured by fNIRS and calculated by the 241 change in oxygenated and deoxygenated haemoglobin relative concentration (respectively 242 ΔO_2 Hb and Δ HHb) (Acquisition Software – Oxysoft® version 3.0.97.1). The Differential 243 Pathlength Factor was calculated from the age of YA and set by default to 5 for OA (Duncan 244 et al., 1996). A baseline was performed before e-CBT and VWCT: the participant had to stare 245 at a red cross located in the centre of the test's layout (i.e., the screen in e-CBT and the carpet 246 in VWCT) for a 20-second period. The baseline was done while standing in front of the 247 screen in e-CBT and on the starting point in VWCT, in order to maintain the same angle of 248 the head in both conditions (Figure 1: A and B). We assessed *dlPFC oxygenation only* 249 during the encoding of the sequences, as head motion during the restitution phase was 250 producing significant artifacts. Since there were two sequences of encoding for the span score 251 in each test, we computed the mean oxygenation in both sequences. We used Matlab-based 252 scripts when needed for detection and correction of motion artifacts, and a 0.1 Hz low-pass 253 filter was used to remove physiological and instrumental noise (Fishburn, Ludlum, Vaidya, & 254 Medvedev, 2019). We obtained the relative concentration changes in oxyhaemoglobin

 $(\Delta O_2 Hb)$ and deoxyhaemoglobin (ΔHHb) (µmol.L⁻¹) in the selected interval of the test (i.e., 255 the last 10 seconds), which was normalized by subtracting the mean values of the last 10 256 257 seconds of baseline from them. According to CRUNCH, we measured those parameters during the encoding of the 4th span and failure span in order to have two points of comparison 258 for patterns of activation (over-recruitment vs. under-recruitment). The 4th span was chosen to 259 260 assess dIPFC oxygenation at a low/intermediate cognitive load, due to the fNIRS temporal resolution; dlPFC oxygenation measurements in loads lower than the 4th span were not 261 262 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., 264 2018). In addition, we need the last 10s during the encoding phase for signal analysis. For this 265 reason, we cannot analyse span 3 or lower (14s duration). The failure span was chosen in 266 order to assess prefrontal oxygenation during the subjective resource ceiling, in accordance 267 with the Schneider-Garces et al. (2010) findings.

268

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.

276 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. 280 YA) and the two spaces (VWCT vs. e-CBT) to study their effect on the VSWM span score. 281 We also conducted 2*2 mixed ANOVAs with the two age groups (YA vs. OA) and the two 282 spaces (VWCT vs. e-CBT) in order to study their effect on cerebral oxygenation parameters during the encoding of the 4th span and failure span. Univariable linear regressions were 283 284 performed to examine relationships between cerebral oxygenation parameters and cognitive 285 function capabilities (independent variables) and span scores in e-CBT and VWCT 286 (dependent variable). Separate multivariable linear regressions by stepwise method were run 287 to examine whether cognitive function variables and cerebral oxygenation parameters would 288 explain VSWM performance in different spaces. For all analyses, the statistical significance 289 level was set at alpha <0.05. The statistical analysis was performed using IBM SPSS® 290 Statistics version 22 (IBM Corp, Armonk, USA).

291	3.	Results

55 participants were included in this study: 31 YA (22.8 ± 2.8 years; 19 female) and 24 OA (70.4 ± 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 neuropsychological tests, such as the MRT, ZOO, REY, TMT and STROOP (p<0.05).

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We also observed through the age*space ANOVA on span scores an overall effect of age, with YA showing higher span scores than OA (respectively 7.0 ± 0.2 vs. 5.1 ± 0.2 ; F(1,53) = 39.657; p<0.001). We also found an overall effect of space, as participants showed better span 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).

303

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

305 3.1 Effects of ageing on cerebral oxygenation in VSWM tasks

306 -----Insert figure 3 about here-----

ANOVA on dIPFC oxygenation during the 4th span encoding revealed no main effects of age and space and no interaction effects for the ΔO_2 Hb value (p>0.05; **Figure 3: A**), but an age*space interaction effect for Δ HHb (F(1,53) = 4.35; p<0.05; **Figure 3: B**). Post hoc analysis revealed a significantly lower Δ HHb value for YA compared to OA only in navigational space (respectively -0.7 ± 1.2 vs. -0.1 ± 1.2 µmol.L⁻¹, p<0.05). We also observed a significantly higher Δ HHb concentration in navigational space compared to reaching space among OA (respectively -0.1 ± 1.2 vs. -0.7 ± 1.2 µmol.L⁻¹, p<0.05, **Figure 3: B**).

315	For the failure span encoding, we observed an overall effect of age, with YA showing higher
316	ΔO_2 Hb concentration than OA (respectively 6.3 ± 0.5 vs. 3.8 ± 0.6 µmol.L ⁻¹ , F(1,53) = 11.07;
317	p<0.01). We also found an overall effect of space, with participants showing higher ΔO_2Hb
318	values in reaching space compared to navigational space (respectively 6.2 \pm 0.6 vs. 3.8 \pm 0.5
319	μ mol.L ⁻¹ , F(1,53) = 7.36; p<0.01; Figure 3: C). However, we did not find any significant
320	age*space interaction effect (p>0.05). Finally, we found a significant age*space interaction
321	effect on the Δ HHb concentration (F(1,53) = 6.90; p<0.05). Post hoc analysis revealed a
322	significant difference between groups only in navigational space, with a lower ΔHHb
323	concentration for YA compared to OA (respectively -1.7 \pm 2 vs0.3 \pm 1.4 $\mu mol.L^{\text{-1}},$ p<0.05).
324	Post hoc also revealed that only OA showed significant differences of Δ HHb between both
325	spaces, with a lower value in reaching space compared to navigational space (respectively -
326	$0.3 \pm 1.4 \text{ vs.} -1.3 \pm 1.3 \mu\text{mol.L}^{-1}$, p<0.05, Figure 3: D).
327	
328	3.2 Association between dlPFC activation and VSWM performance
329	
330	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 332

- associated with more oxygenation parameters such as Δ HHb 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 ΔO_2 Hb during the failure span encoding (r = 0.31; p<0.05).

336 3.3 Cognitive functions involved in VSWM according to space

333

337 Most of the neuropsychological tests, such as MRT (r = 0.64; p<0.001), ZOO (r = 0.45; p<0.001), REY R (r = 0.60; p<0.001), STROOP I (r = -0.63; p<0.001), TMT A (r = -0.54; 338

339 p<0.001), TMT B (r = -0.40; p<0.01) and Δ 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<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 343 space.

344 3.4 Stepwise regression model

345 By performing stepwise regression, including age, level of education, sex, MRT, ZOO, REY 346 R, STROOP I and TMT B and dIPFC 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 348 (Table 3). Furthermore, we observed additional associations between the span score and 349 dlPFC oxygenation during failure span encoding (Δ HHb: p<0.05), MRT (p<0.001) and REY 350 (p<0.05) scores in navigational space (Table 3). The total variance accounted for these 351 models was strong, while these variables explain 67% of VSWM performance in reaching 352 space and 63% of VSWM performance in navigational space (Table 3).

- 353
- 354 ------ Insert Table 3 about here -----

355 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 dIPFC activation (i.e., decreased Δ HHb) for YA compared to OA when the participant was encoding the subsequent task in navigational space. dIPFC 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.

363 *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).

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In navigational space, we found that YA showed a stronger dlPFC activation (i.e., decrease of 369 Δ HHb) compared to OA during the encoding phase in navigation space (4th span and failure 370 371 span in VWCT). The decrease of Δ HHb is a typical intravascular oxygenation response to brain activity (Villringer, Planck, Hock, Schleinkofer & Dirnagl, 1993; Scholkmann et al., 372 373 2014; Buxton, 2012). Thus, in our framework, OA showed an under-activation of dIPFC 374 compared to YA. Whereas it seems coherent for the failure span, this under activation pattern is already appearing at 4th span. It may be related to behavioural data, since OA reached on 375 376 average their VWCT span score at 4.6 ± 0.8 and the mode span score of the OA distribution 377 was 4 (14 participants out of 24). As the reaching of a resource ceiling has been found to be 378 individually WM load dependant (Schneider-Garces et al., 2010 ; Cappell, Gmeindl & ReuterLorenz, 2010), we can suppose that most of the OA have reached this resource ceiling around 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 Δ HHb during encoding was associated to VSWM behavioural performance in VWCT. These data add evidence to the observed age-related effects (weaker Δ HHb 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.

394

395 Overall, AHHb was more affected by age-related effects and associated with VSWM 396 performance in navigational space, whereas $\Delta O_2 Hb$ was not. ΔHHb is more affected by 397 oxygen consumption than ΔO_2 Hb, and therefore is a better indicator of activation than ΔO_2 Hb 398 (Scholkmann et al., 2014). However, ΔO_2 Hb is often described as a more reliable indicator for 399 functional brain activity because of its higher amplitude, and is less sensitive to noise 400 (Strangman Culver, Thompson & Boas, 2002; Wolf et al., 2011). Still, ΔHHb is a reliable 401 indicator of functional activation, and we followed the Fishburn et al. (2019) correction 402 method to remove noise effects from the signal. There may possibly be non-neuronal driven 403 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).

408

409 The age-related under-activation during encoding could be linked to poorer cognitive 410 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., 412 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, 413 414 planning the execution of the task, monitoring behavioural responses and finding alternative 415 strategies if the selected one is not efficient (West, 1996). We observed deficits in most of the 416 assessed EF and their association to performance in VWCT. Considering these 417 observations, we could hypothesize that under-activation during encoding in navigational 418 space could result from the use of inefficient cognitive strategies mediated by the age-related 419 decline in EF. Further studies are needed to investigate this hypothesis as we did not 420 demonstrate it clearly. Except its role in executive functioning and VSWM, the dlPFC may 421 also be implied in processing the movement along a learned route in a navigational 422 environment, as it would be involved in the processing of self-generated locomotor 423 movements and of strategy related to motor imagery (Berthoz, 1997; Nemmi et al., 2013). 424 This study thus highlights the major role of prefrontal circuits in age-related performance in 425 VSWM. .

426

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

429 2013), we can assume that it may explain why dlPFC oxygenation differences between our 430 populations is only discriminated in VWCT. However, we found an overall effect of space on 431 ΔO_2 Hb, with higher concentration values in reaching space compared to navigational space during failure span encoding. Thus, dIPFC oxygenation seems to be stronger in reaching 432 433 space. It may be load-dependent, since reaching space allows better performances for both our 434 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 ΔO_2 Hb to be 436 linked with VSWM performance. Another result contrasts with the observations of Nemmi et 437 al. (2013), as we found that Δ HHb was different in OA, with a stronger decrease in reaching 438 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 440 state that tests in both spaces lie on a distinct neural basis exactly in the same way as in the 441 OA population. Thus, dIPFC may play a role in better performances of OA in reaching space 442 compared to navigational space; however, we did not find Δ HHb to be linked with 443 performance in reaching space and it remains to be investigated.

444 4.2 Cognitive correlates of space

445 We had assumed that raw scores on cognitive tests would be more associated to VSWM 446 performance in navigational space because of the more active and complex nature of this task 447 compared to the VSWM task in reaching space (Piccardi et al., 2008, 2013, 2014; Nori et al., 448 2015). Our results would not allow us to confirm this hypothesis, as we observed that both spaces imply distinct cognitive processes (see R^2 values in Table 3) as well as common 449 processes. Nonetheless, these results highlight the major association of mental rotation with 450 451 VSWM performances (Gallou-Guyot et al., 2020). Mental rotation may support the updating 452 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.

459 Our results allowed us to demonstrate a clear link between executive functioning and VSWM 460 performances in different space. As we observed age-related deficits in all of these cognitive 461 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 462 463 ageing through their potential role in strategy production in navigational space. In such case 464 it would support the executive hypothesis of cognitive ageing, that age-related memory 465 differences and global decline in cognition may be mediated by the prefrontal area 466 deterioration that supports WM and EF (West, 1996; Raz, 2000). However, we have no proof 467 that EF effectively mediate the age-related variance in VSWM performance. The nature of the 468 relation between age and VSWM performances and how executive functioning mediate this 469 relation thus need to be developed to provide empirical evidences for the executive hypothesis 470 of cognitive ageing.

471 To summarise, VSWM performances in navigational space were associated with prefrontal 472 Δ HHb concentration during the encoding of sequences, and appear to be associated with 473 ageing, mental rotation abilities and Rey's figure performances, whereas reaching space 474 VSWM performances were associated with mental rotation abilities and ZOO test 475 performances.

476 *4.3 Limitations*

477 Several limitations should be considered in future studies. First, fNIRS acquisition could only 478 be done during the encoding phase of the sequences, due to the great number of head rotations 479 and movements during the restitution phase in navigational space that induced large motion 480 artefacts in the signal. Nevertheless, it has been demonstrated by means of EEG power 481 analysis that encoding of visuo-spatial information is more cognitively challenging than 482 retrieval because it requires more cerebral efforts (Jaiswal, Ray & Slobounov, 2010). 483 Moreover, as being said fNIRS analysis could not be done for low spans and thus they still 484 need to be studied to demonstrate if patterns of cerebral activation really fit with CRUNCH 485 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., 486 487 1998; Lithfous et al., 2013; Latini-Corazzini et al., 2010). We were also limited to two 488 optodes in this study thus, we could not assess the lateralization effect. Since our device was 489 not a multi-channel fNIRS, we were not able to investigate the involvement of the parietal 490 cortex, which is a key structure in spatial working memory (Constantinidis & Wang, 2004). 491 Furthermore, because of the switch of engaged brain areas due to ageing from posterior to 492 more anterior structures (PASA model) (Davis, Dennis, Daselaar, Fleck, & Cabeza, 2007), it 493 would be relevant in future studies to investigate the effects of age on parietal cortex 494 activation. Third, cognitive tests allowed us to identify several implied cognitive functions 495 such as mental rotation and EF in VSWM tasks, but this work remains to be conducted with 496 more varied cognitive tests, as we limited them to avoid cognitive fatigue.

497 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). 501 This study could be reproduced in those with neurological pathologies such as stroke, in 502 which brain damage leads to different haemodynamic responses (Hermand et al., 2019). 503 Finally, fNIRS could be used in complex navigation tests (Perrochon et al., 2014) to reflect 504 the involvement of EF in these tasks.

505 5. Conclusion

506 This study demonstrated that healthy OA seem to have less activation of their dlPFC 507 compared to YA in VSWM tasks. This dlPFC activation seems to be associated with VSWM 508 performance, particularly in navigational space . Finally, we identified the major association 509 of some cognitive functions, such as mental rotation and EF with VSWM performance in 510 reaching and navigational spaces.

511 Author contributions

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

517 **Declarations of interest**

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677 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.

683

Figure 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.

687

688 Figure 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 4th span and 689 failure span. A) ΔO_2 Hb during the encoding of 4th span. B) Δ HHb during the encoding of 4th 690 span. We represented differences between YA and OA in VWCT (*: p<0.05) and space effect 691 for the OA group (* *: p<0.05). C) ΔO_2 Hb during the encoding of failure span. Main effects of 692 age (** **: p<0.01) and space (## **: p<0.01) are represented. **D**) Δ HHb during the encoding of 693 failure span. We represented significant differences between YA and OA in VWCT (*: 694 p<0.05) and space effect for OA group (* *: p<0.05). 695

696

697 **Table 1**. Demographic, psychologic, and cognitive characteristics of the study participants.698

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

700 oxygenation parameters in 4^{th} span and failure span.

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

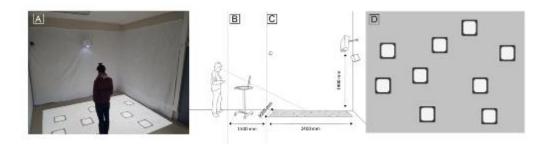


Fig. 1. Plan of the experimental conditions. The participant is wearing the fNIRS device. The experimental design was intended to maintain the same head angle during both conditions. A) Picture of the experimental environment, VWCT is being performed by a participant. B) e-CBT performed on a computer screen. C) 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 hase stations attached to the walls. D) Test layout.

participants.				
	Variables (unity) or [rank]	Young adults (n = 31)	Older adults (n = 24)	P value
	Age (years)	22.8 ± 2.8 [19;31]	70.4 ± 3.7 [65;80]	<0.001
Demosrahia	Female (%)	61.3 % (n = 19)	70.8 % (n = 17)	0.47
Demographic, psychologic and	Educational level	3.0 ± 0	3.3 ± 1.4	0.19
cognitive characteristics	MMSE [0-30] GDS [0-4]	0.1 ± 0.2	28.2 ± 1.5 0.1 ± 0.3	0.79
	Female hormonal cycle	5.3 % (n = 1)		
Cognitive tests: Mental Rotation	MRT [0-24]	5.9 ± 3.7	2.2 ± 1.5	<0.001
Planning	ZOO [max 8]	6.1 ± 2.8	3.9 ± 3.2	<0.001
Attention. WM. Planning	REY C [0-36] REY R [0-36]	35.7 ± 0.6 25.9 ± 4.9	$\begin{array}{c} 35.2\pm1.4\\ \textbf{18.0}\pm\textbf{6.2} \end{array}$	0.07 < 0.001
	STROOP D (s)	50.6 ± 7.1	66.6 ± 12.9	<0.001
	STROOP R (s)	37.9 ± 5.2	47 ± 8.7	<0.001
Inhibition	STROOP I (s)	79.6 ± 17	132.1 ± 30.2	<0.001
	Δ STROOP (I–D) (s)	28.9 ± 16.4	65.4 ± 21	<0.001
	TMT A (s)	22.1 ± 6.9	40.1 ± 14.6	<0.001
Coonitive flevibility	TMT B (s)	50.5 ± 18.4	87.6 ± 59.2	<0.01
Cognitive flexibility. Visuo-spatial	Δ TMTs (B-A)	28.4 ± 18.2	47.5 ± 51.4	0.06
exploring	Errors TMT A (n.u)	0.1 ± 0.2	0.1 ± 0.3	0.45
	Errors TMT B (n.u)	1.5 ± 3.7	2.1 ± 3.4	0.49

 Table 1

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

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

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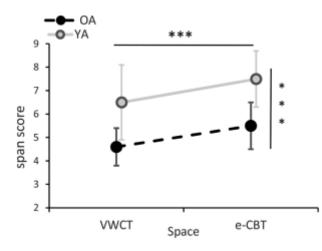


Fig. 2. Span scores means and standard deviations (represented by error bars) in VWCT and e-CBT for older adults (OA) and young adults (YA). Main effects of age (***: p < 0.001) and space (***: p < 0.001) were represented.

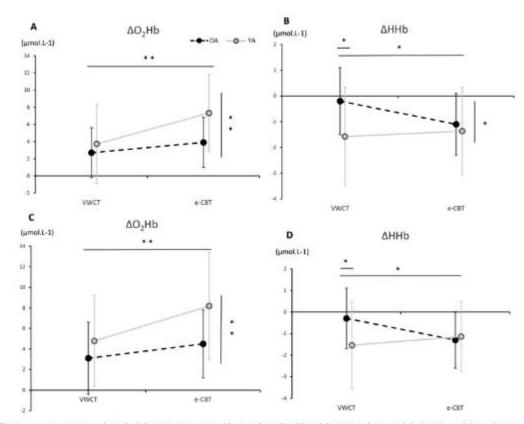


Fig. 3. dIPFC oxygenation means and standard deviations (represented by error bars) for older adults (OA) and young adults (YA) in reaching and navigational space for maximum span and failure span. A) ΔO_2 Hb during the encoding of maximum span. Main effects of age (**; p < 0.01) and space (**; p < 0.01) are represented. B) Δ HHb during the encoding of maximum span. We represented differences between YA and OA in VWCT (*: p < 0.05), space effect for the OA group (*: p < 0.05) and the main effect of age (n the right of the figure (*: p < 0.05). C) ΔO_2 Hb during the encoding of failure span. Main effects of age (**: p < 0.01) and space (**: p < 0.01) and space (**: p < 0.05) and the main effect of age on the right of the figure (*: p < 0.05). C) ΔO_2 Hb during the encoding of failure span. Main effects of age (**: p < 0.01) and space (**: p < 0.01) are represented. D) Δ Hib during the encoding of failure span. We represented significant differences between YA and OA in VWCT (*: p < 0.05) and space effect for OA group (*: p < 0.05).

Table 2

		e-CBT		VWCT		
Cognitive domain	Psychological tests	r value	P value	r value	P value	
Mental Rotation	MRT	0.64	<0.001	0.68	<0.001	
Planning	ZOO	0.45	<0.001	0.34	<0.05	
Attention. WM. Planning	REY R	0.60	<0.001	0.59	<0.001	
Inhibition	STROOP I	-0.63	<0.001	-0.54	<0.001	
Cognitive flexibility. Visuo-spatial	TMT A TMT B ∆ TMTs (B-A)	-0.54 -0.40 -0.28	<0.001 <0.01 <0.05	-0.49 -0.33 -0.21	<0.001 <0.05 0.116	
exploring Span level	Oxygenation parameters					
Maximum span	$\Delta O_2 Hb$ ΔHHb	0.41 -0.15	<0.01 0.26	0.29 0.52	<0.05 <0.01	
Failure span	∆O2Hb ∆HHb	0.32 -0.11	<0.05	0.31 0.50	<0.05 <0.001	

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

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

Table 3

Regression analysis	for the variables identified as correlated to VSWM tasks,

Variables	e-CBT ($R = 0.81$; $R^2 = 0.67$)			VWCT ($R = 0.80; R^2 = 0.63$)				
	B value P	P value	95 % CI		B value	P value	95 % CI	
			Lower bound	Upper bound			Lower bound	Upper bound
Age	-0.3	<0.05	-0.023	0.014	0.1	0.280	-0.027	0.008
Level of education	0.1	0.324	-0.144	0.426	-0.01	0.871	-0.336	0.285
Sex	-0.2	0.235	-0.022	0.902	-0.1	0.271	-1.034	0.297
∆HHb (failure span)					-0.2	<0.05	-0.322	-0.005
MRT	0.3	<0.01	0.045	0.223	0.4	< 0.001	0.091	0.303
REY					0.3	<0.05	0.008	0.129
200	0.2	<0.05	0.019	0.187				

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.