ADHD Subtypes and Internalizing Symptoms Modulate **Region-Specific Brain** Lateralization

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Background/Rationale

Inattentive ADHD

Symptoms: Inattention, slow thinking, trouble staying alert **Associated Regions**: Frontal and Executive

Combined ADHD

Symptoms: Impulsivity, trouble with planning, focus, and self-control **Associated Regions**: Visual and spatial processing



- Brain studies rarely examine symptom traits across conditions, often focusing on diagnostic labels
- Anxiety and depression, affect brain asymmetry, but are rarely modeled alongside ADHD or ASD.

Do differences in asymmetry and volume across ADHD subtypes relate to attention and emotion networks, and are they shaped by anxiety and depression symptoms?



Methods and Analyses

Participants & Measures



- 356 youth (ages 10–18) from the POND study - ADHD symptoms scored using SWAN - Anxiety + depression scores assessed using RCADS
- MRI Data and Preprocessing



- MRI used to extract brain volumes from 79 regions
- Calculated asymmetry index for each region
- Left and right hemisphere volumes analyzed separately



Models on Asymmetry Index

Predictors: Subtype, anxiety & depression, interaction Covariates: age, sex, diagnosis

Post hoc & Marginal Effects

Pairwise comparisons between subtypes Slopes for anxiety & depression

within each subtype

Models on L/R Hemisphere Volumes

Predictors and covariates matched to AI models

Post hoc & **Slope Estimates**

Group comparisons Volume change associated with anxiety/depression

Anxiety and depression shape brain asymmetry differently across ADHD subtypes, helping explain challenges with focus, emotion, and behavior.



Results and Key Findings



1. Asymmetry:

- & parietal (Combined) were associated with anxiety/depression

2. Volume:

- Visual cortex decreased with anxiety/depression in all groups

associated with these changes.

Conclusion and Next Steps

Emotional symptoms shape patterns of brain asymmetry in ADHD in a dynamic, subtypespecific way, with differences in regions tied to each group's core cognitive symptoms, showing patterns that may influence how brain structure develops.

Relevance to Holland Bloorview



Findings highlight the need to look beyond diagnoses and consider each child's unique symptom profile for more personalized care.



Regional asymmetry and volume differed by ADHD subtype and were modulated by anxiety and depression.

Differences in asymmetry appeared when anxiety and depression were considered Leftward shift in frontal (Inattentive) Combined shows larger parietal Inattentive ADHD & visual regions than Inattentive Combined ADHD Brain regions are linked to ADHD symptoms. Emotional symptoms change brain asymmetry: frontal for ADHD-I (executive control) and parietal for ADHD-C (motor and visual). Increased anxiety and depression are

> This highlights the need to consider emotional symptoms, as group comparisons may miss important differences.

> > 1. Examine how emotional symptoms and asymmetry change over time.

2. Explore links between asymmetry and other symptoms.

3. Apply symptom-based approaches in larger, more diverse samples.

Emotional symptoms may shape brain development in ADHD, helping explain challenges with focus, emotion regulation, and behavior.



Linking brain differences to symptoms may guide future screening, monitoring, and tailored support for children with ADHD and emotional difficulties.



