

1 **The iron-dopamine D1 coupling modulates neural signatures of**
2 **working memory across adulthood**

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11 **1 Abstract**

12 Brain iron overload and decreased integrity of the dopaminergic system have been independently
13 reported as brain substrates of cognitive decline in aging. Dopamine (DA), and iron are co-localized in
14 high concentrations in the striatum and prefrontal cortex (PFC), but follow opposing age-related
15 trajectories across the lifespan. DA contributes to cellular iron homeostasis and the activation of D1-
16 like DA receptors (D1DR) alleviates oxidative stress-induced inflammatory responses, suggesting a
17 mutual interaction between these two fundamental components. Still, a direct in-vivo study testing
18 the iron-D1DR relationship and their interactions on brain function and cognition across the lifespan is
19 rare. Using PET and MRI data from the DyNAMiC study (n=180, age=20-79, %50 female), we showed
20 that elevated iron content was related to lower D1DRs in DLPFC, but not in striatum, suggesting that
21 dopamine-rich regions are less susceptible to elevated iron. Critically, older individuals with elevated
22 iron and lower D1DR exhibited less frontoparietal activations during the most demanding task, which
23 in turn was related to poorer working-memory performance. Together, our findings suggest that the
24 combination of elevated iron load and reduced D1DR contribute to disturbed PFC-related circuits in
25 older age, and thus may be targeted as two modifiable factors for future intervention.

26 Keywords: Dopamine, Iron, Working memory, Age, BOLD

27 **2 Introduction**

28 Aging is associated with cognitive decline (Gorbach et al., 2017; Salthouse, 2012) and concomitant
29 alterations in structural, functional, and molecular properties of the brain (Andrews-Hanna et al., 2007;
30 Bäckman et al., 2000; Gorbach et al., 2017; Zimmerman et al., 2006). Elevated iron content and
31 decreased integrity of the dopaminergic system are typically reported as independent brain substrates
32 of age-related cognitive decline (Bäckman et al., 2006, 2011; Cools & D'Esposito, 2011; Daugherty et
33 al., 2015; Gustavsson et al., 2022; Hallgren & Sourander, 1958; Kalpouzos, 2018; Landau et al., 2009;
34 Nyberg, Andersson, et al., 2009; Salami et al., 2019). Intracellular non-heme iron is involved in several
35 fundamental neurobiological processes, including dopamine (DA) metabolism (Hare & Double, 2016;

36 Mills et al., 2010). More specifically, iron is a cofactor of tyrosine hydroxylase during DA synthesis,
37 indicating a critical role of iron in DA metabolism as well as in the development of the dopaminergic
38 system (Erikson et al., 2001; Ortega et al., 2007; Unger et al., 2014; Zucca et al., 2017).

39 Iron is stored in the ferritin protein which keeps it from harming brain cells and is released upon
40 metabolic demand. However, unbound iron accumulates with advancing aging and exerts detrimental
41 effects on cellular integrity. Elevated iron content contributes to poorer myelin integrity (Steiger et al.,
42 2016) and grey-matter atrophy (Daugherty & Raz, 2015, 2016), as well as altered frontostriatal activity
43 (Kalpouzos et al., 2017; Rodrigue et al., 2020; Salami et al., 2021) along with disrupted functional
44 connectivity in aging (Salami et al., 2018). Similar to consequences of elevated iron in aging, disruption
45 of the DA system contributes to age-related neurocognitive impairment (Bäckman et al., 2006, 2011;
46 Cools & D'Esposito, 2011; Landau et al., 2009; Nyberg, Dahlin, et al., 2009; Rieckmann et al., 2011;
47 Salami et al., 2019). Given DA and iron are co-localized in high concentrations in the striatum, age-
48 related iron dyshomeostasis combined with disturbance of the DA system may become harmful for
49 brain integrity and cognition. Direct in-vivo studies testing the synergistic effects between the
50 dopaminergic system and iron on brain function and cognition in aging are rare.

51 Past studies suggest that iron may cause neurotoxicity through DA oxidation, which may in turn
52 contribute to loss of dopaminergic neurons (Hald & Lotharius, 2005; Hare & Double, 2016; Youdim et
53 al., 1993; Zucca et al., 2017). Animal studies have demonstrated that iron-induced damage causing DA
54 depletion (Poetini et al., 2018) and deterioration of dopaminergic cells (Kaur et al., 2003) could be
55 restored after iron chelation. In contrast, a longitudinal study showed that dopaminergic cell death
56 precedes iron elevation in parkinsonian monkey (He et al., 2003). A study with young, middle-aged,
57 and older rhesus monkeys reported an association between iron and stimulus-evoked levels of DA
58 (Cass et al., 2007), with older monkeys exhibiting more iron accumulation and less DA release.
59 Although it remains unclear whether elevated iron is the cause or consequence of DA degeneration, it

60 is relatively well acknowledged in animal studies that these two key chemical components of the brain
61 interact with each other (Hare & Double, 2016).

62 As opposed to ample animal studies on iron-DA coupling, evidence for such an association across the
63 adult lifespan in humans is scarce. A recent longitudinal study showed that developmental changes in
64 pre-synaptic, but not post-synaptic, DA receptors were positively associated with iron accumulation
65 through adolescence and young adulthood (Larsen et al., 2020). Still, iron and DA play ambivalent roles
66 during early and later adulthood (Johansson et al., 2022; Kalpouzos et al., 2017; Salami et al., 2021).
67 Recent work showed that older individuals with genetic predisposition for lower DA (by proxy of the
68 *COMT* Val158Met genetic polymorphism) accumulated more iron in the dorsolateral prefrontal cortex
69 (DLPFC) and striatum over 3 years (Gustavsson et al., 2022). Postsynaptic DA markers, particularly DA
70 D1-like receptor (D1DRs) which are the most abundantly expressed receptor subtypes, are among the
71 most age-sensitive DA systems (Karrer et al., 2019). Moreover, the activation of D1 and D2 receptors
72 alleviates oxidative stress-induced inflammatory responses (Shao et al., 2013; Yan et al., 2015; Zhu et
73 al., 2018). Hence, with diminished DADRs, the capacity of the protective response counteracting
74 oxidative stress and neuroinflammation due to iron overload is lessened, and may lead to increased
75 damage and ferroptosis (Hald & Lotharius, 2005).

76 Motivated by the lack of human studies, we investigated the relationship between dopaminergic
77 receptors and iron content, and their interactions on brain function and cognition. Using the largest
78 D1DR dataset across the world, we studied 180 healthy individuals (20-79 years old) who underwent
79 D1DR Positron Emission Tomography (PET) assessment using [¹¹C]SCH23390, iron approximation made
80 with magnetic resonance imaging (MRI) based quantitative susceptibility mapping (QSM;
81 (Langkammer et al., 2012)), and functional magnetic resonance imaging (fMRI) while performing a
82 working-memory task. We first examined regional variation in the link between D1DR and iron content
83 with the hypothesis that greater iron content is related to lower D1DR, with a possible interaction with
84 age (C.f. Salami et al., 2021; Kalpouzos et al., 2018). We targeted DLPFC and striatum, because of

85 abundantly expressed D1DR (Shohamy & Adcock, 2010), pronounced age-related D1DR differences
86 (Karrer et al., 2017), and association between *COMT* polymorphism (i.e., a dopaminergic gene) and
87 iron accumulation reported in these regions (Gustavsson et al., 2022). Given the association of iron
88 and DA to neural circuits of working memory (c.f., Salami et al., 2021; Salami et al., 2019), we predicted
89 an interactive effect of iron and D1DR on load-dependent BOLD modulation and working memory
90 processing (Gustavsson et al., 2022; Spence et al., 2020). To this end, we applied multivariate partial-
91 least squares (PLS; ((McIntosh & Lobaugh, 2004)) which enables a simultaneous analysis of iron
92 content, D1DR, age, on BOLD associations across all task conditions in a data-driven fashion. If these
93 variables are simultaneously related to neural circuits of WM, PLS should reveal a single network
94 showing that older individuals with elevated iron and decreased D1DR (i.e., toxic iron-DA coupling)
95 exhibit lower task-related BOLD-response, particularly within the frontoparietal network. However, if
96 D1DR and iron differentially modulate BOLD response (c.f., Salami et al., 2019; Salami et al., 2021), PLS
97 should reveal different networks.

98 **2. Results**

99 **2.1 Demographics.**

100 Demographic information along with data on body mass index (BMI), brain volumes, D1DR, and N-back
101 performance are presented in Table 1.

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Table 1. Participant characteristics			
		Mean	SD
	N (Women)	162 (79)	
	Age	50	17
	Age range	20-78	
	MMSE	28.8	1.1
	BMI	25.2	3.9
	Education	15	3.4
	Volume ^a		
	DLPFC	20478	2696
	Striatum	11473	1282
	Iron ^b		
	DLPFC	0.0430	0.0140
	Striatum	0.0998	0.0286
	D1DR		
	DLPFC	0.3582	0.0690
	Striatum	1.6130	0.2182
	WM performance		
	1-back accuracy ^c	75.18	6.65
	1-back (H-FA) ^d	0.86	
	2-back accuracy	60.99	8.77
	2-back (H-FA)	0.72	
	3-back accuracy	48.10	9.57
	3-back (H-FA)	0.59	

Note. MMSE = Mini Mental State Examination, DLPFC = Dorsolateral prefrontal cortex, SD = Standard deviation.
^a Volume (mL) adjusted for total intracranial volume
^b Approximation of iron, based on susceptibility in parts per million
^c Accuracy calculated as the sum of correct responses
^d Proportion of false alarms (FA) subtracted from proportion of hits (H)

The MANCOVA conducted on N-Back performance showed a significant main effect on load conditions ($F_{2,155} = 228.24, p < 0.001, \text{Wilk's } \Lambda = 0.253, \text{partial } \eta^2 = 0.747$), and an age-group effect on load conditions ($F_{4,310} = 9.43, p < 0.001, \text{Wilk's } \Lambda = 0.795, \text{partial } \eta^2 = 0.108$). Post-hoc analysis for the lowest WM load (1-back) showed that the older participants performed less accurately compared to both middle-aged ($t_{89} = -3.974, p < 0.001$) and younger participants ($t_{71} = -5.707, p < 0.001$). There was no significant difference between younger and middle-aged participants ($p = 0.07$). For 2-back, older participants performed significantly poorer compared to both middle-aged ($t_{105} = -4.015, p < 0.001$) and younger participants ($t_{85} = -8.905, p < 0.001$). Middle-aged participants performed significantly

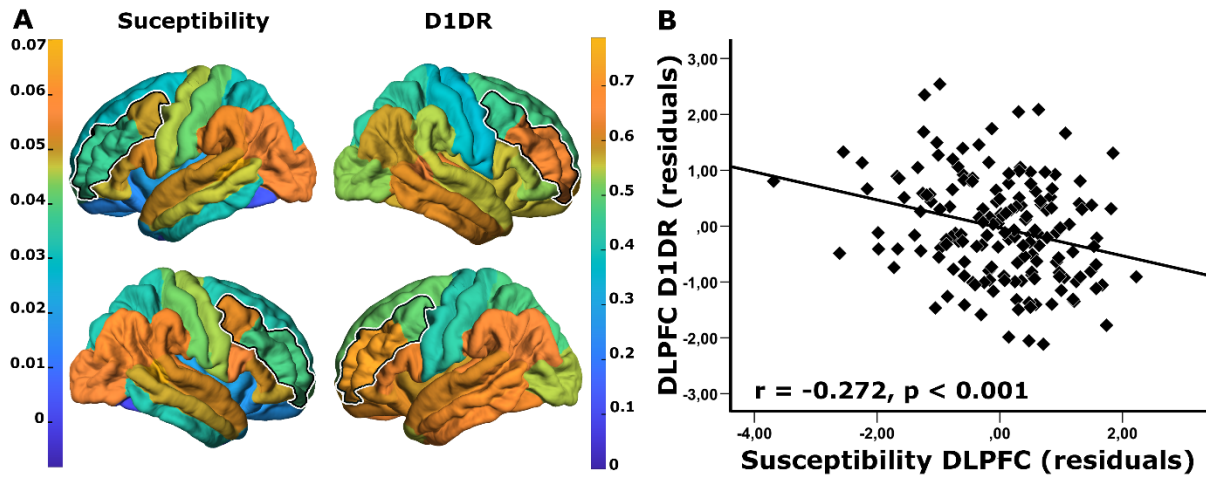
125 poorer compared to younger participants ($t_{98} = -4.176$, $p < 0.001$). Lastly, for highest WM load (3-back),
126 older participants performed significantly poorer compared to both middle-aged ($t_{105} = -5.300$, $p <$
127 0.001) and younger participants ($t_{102} = -7.950$, $p < 0.001$). Middle-aged participants performed
128 significantly poorer compared to younger participants ($t_{105} = -2.921$, $p = 0.004$).

129 **2.2 Iron content in DLPFC, but not in striatum, was negatively associated with D1DR**

130 Both striatal and DLPFC iron increased with advancing age (striatum: $r = 0.551$, $p < 0.001$; DLPFC: $r =$
131 0.244 , $p = 0.002$). D1DRs in both regions decreased with advancing age (striatum: $r = -0.62$, $p < 0.001$;
132 DLPFC: $r = -0.565$, $p < 0.001$).

133 The partial correlation analysis for iron content and D1DR in DLPFC showed a significant negative
134 association across the whole sample ($r = -0.272$, $p < 0.001$), suggesting that greater iron content was
135 linked to lower D1DR (Fig. 1B). Further group level analyses revealed that this correlation was similarly
136 expressed across different age groups (Younger: $r = -0.10$, $p = 0.48$; Middle-aged: $r = -0.30$, $p = 0.026$;
137 Older: $r = -0.37$, $p = 0.006$). However, striatal iron content was unrelated to D1DR across the whole
138 sample ($r = -0.101$, $p = 0.20$; supplementary materials, Fig. 1B). No significant association was observed
139 within each age groups ($P_s > 0.05$), except for a trend-level link in the older individuals ($r = -0.24$, $p =$
140 0.08).

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143 **Figure 1.** The relationship between iron content and D1DR in dorsolateral prefrontal cortex. **(A)**
144 Surface map representing distribution of cortical iron (susceptibility in parts per million; left column)
145 and D1DR ($[^{11}\text{C}]\text{SCH23390 BP}_{\text{ND}}$; right column) with dorsolateral prefrontal cortex (DLPFC) outlined.
146 **(B)** Scatterplot depicting the association between greater iron content and lower D1DR in DLPFC. All
147 values are z-transformed residuals adjusting for age.

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149 **2.3 Iron-D1DR couplings in DLPFC modulates WM-related BOLD in a load-dependent fashion**

150 Given the iron-D1DR link in DLPFC, we next investigated whether iron-D1DR coupling modulated
151 neural correlates of PFC-related function across the adult lifespan. We used behavioural PLS to assess
152 the presence of multivariate spatial patterns of task-related BOLD response dependent on age, iron
153 content, and D1DR across load conditions during N-back working memory task. The analysis identified
154 two significant latent variables (LVs). LV1 represented a brain-wide network with increased activation
155 in older individuals in a load-independent fashion. This network was largely unrelated to D1DR or iron
156 in DLPFC (supplementary materials 5.1.2, Table 1, Fig 2).

157 The second LV represented the canonical WM network (c.f. Nagel et al., 2009; Salami et al., 2018). This
158 LV (permuted $p = 0.02$, 17.97% of cross-block covariance: Fig. 3A) demonstrated that older individuals
159 with elevated iron content and lower D1DR in DLPFC exhibited lower BOLD response in the
160 frontoparietal network during 3-back (Fig. 3B). In contrast, higher BOLD response in the frontoparietal

161 network during 1-back was associated with older age and lower D1DR in DLPFC, but not with iron
162 content. For 2-back, no associations were considered reliable as the CI:s overlapped with zero (Fig. 3B).
163 As opposed to the frontoparietal WM network, the default-mode network (Fig. 3A (Blue areas);
164 supplementary Table 2) was less deactivated during 3-back in older individuals with higher iron content
165 and lower D1DR in DLPFC. Taken together, these results revealed that iron-D1DR coupling modulates
166 neural correlates of the working memory in a load-dependent fashion.

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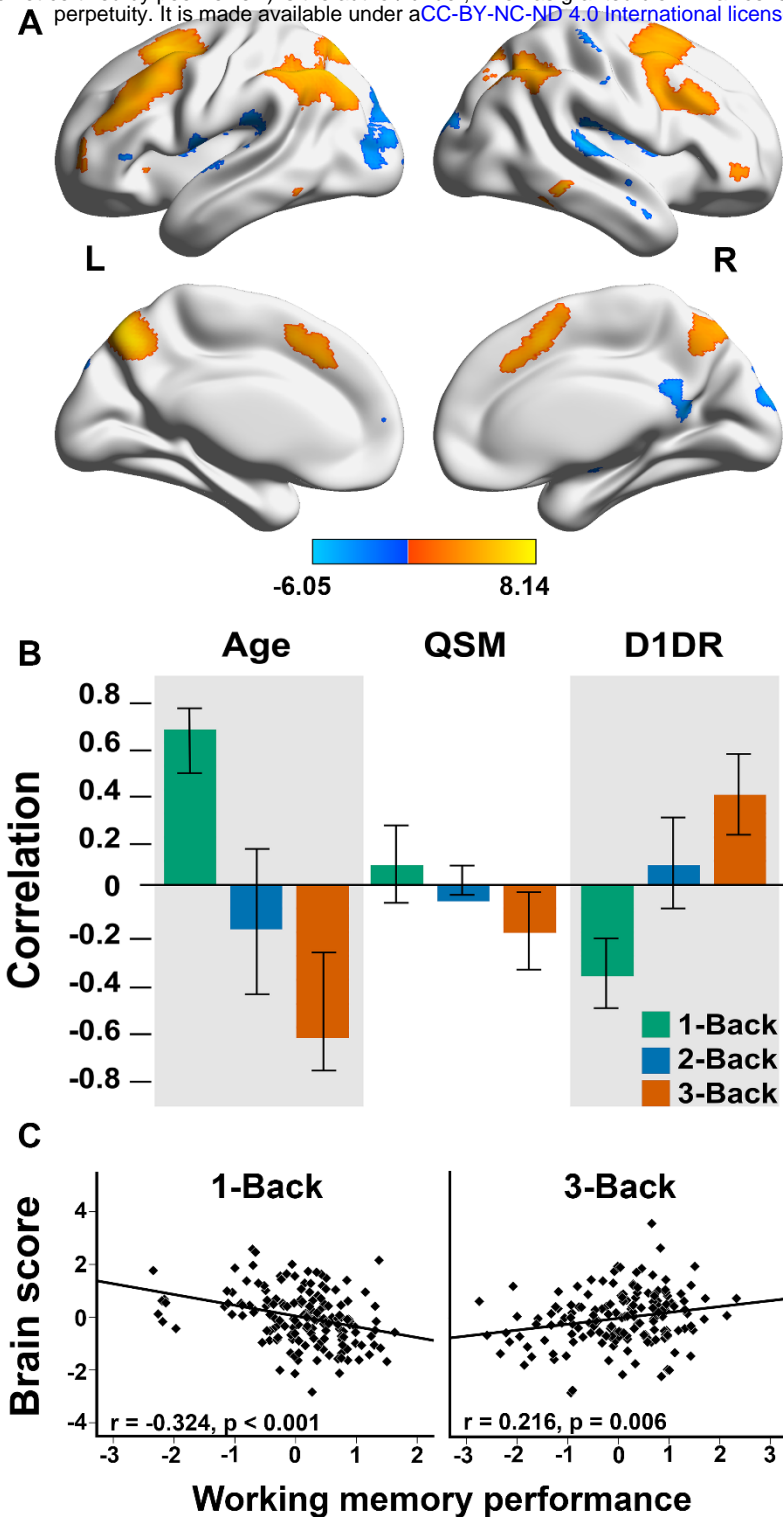
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180 **Figure 3.** Multivariate relationship of BOLD response patterns during working-memory task identified
181 by task PLS. **A)** The regions depicted in a yellow colour mainly correspond to the frontoparietal
182 network, whereas the blue colour mainly represents the default-mode network. The frontoparietal
183 network showed greater activation in correspondence to the behavioural measures across different
184 task conditions, whereas the default-mode network showed greater deactivation (i.e., less
185 activation). **B)** BOLD association across age, iron content (QSM), and D1DR. Interpretation of the
186 figure should be as reliable positive and negative associations of activation (BOLD response) when
187 the confidence intervals (CI:s) do not overlap with zero. As the frontoparietal network displayed
188 increased activation, a positive association is interpreted as greater activation, whereas a negative

189 association is interpreted as less activation. For the default-mode network the opposite applies. **C)**
190 Greater activation was associated with poorer performance during 1-back, but greater performance
191 during 3-back. All values are z-transformed residuals adjusting for age.

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193 **2.4 Load-dependent BOLD response is differentially associated with task performance.**

194 We have shown that increasing age was concomitant with increased and decreased activations within
195 the frontoparietal network during 1-back and 3-back, respectively. We next tested the relationship of
196 brain activation in relation to task performance. The brain score during 1-back was negatively
197 associated with 1-back performance ($r = -0.324$, $p < 0.001$; Fig. 3C), but positively with 3-back ($r = 0.216$,
198 $p = 0.006$; Fig. 3C). No significant association was observed during 2-back ($r = 0.05$, $p=0.4$). Taken
199 together, our results suggest that less frontoparietal activity during 3-back as well as greater
200 frontoparietal activity during 1-back are associated with less efficient working memory function.

201 **2.5 Control analyses**

202 To confirm that the results obtained from the partial correlation analyses were not due to confounding
203 variables, we performed additional analyses in which we controlled for sex, education, and regional
204 grey-matter volume. The inclusion of the additional variables did not result in a noticeable change of
205 the outcome and all the patterns remained consistent. A full description of the results is given in the
206 supplementary results.

207 **3. Discussion**

208 In this study, we provide first in-vivo evidence for an association between D1DR and brain iron across
209 the adult lifespan, and how iron-D1DR synergy may contribute to disturbed brain responses during
210 WM task performance across the lifespan. The main findings were that greater iron content was
211 associated with lower D1DR in DLPFC, but not in striatum, across the adult lifespan. We also found that
212 older individuals with elevated iron content and lower D1DR in DLPFC – a presumably deleterious
213 synergy – exhibited lower frontoparietal activity along with less deactivation of the DMN during high

214 demand condition and in turn poorer WM performance. Although the associations revealed by these
215 data are cross-sectional, a plausible interpretation is that elevated iron and lower D1DR together form
216 a toxic couple (c.f. Hare & Double, 2016), which would contribute to reduced network dynamics and
217 impaired WM processing.

218 A key finding of the present study is the association between higher iron content and lower D1DR in
219 DLPFC across the adult lifespan. The exact mechanism underlying the association between iron content
220 and DA receptors is poorly understood. The dopaminergic system is important to cellular iron
221 homeostasis, as documented in *in vitro* studies (Dichtl et al., 2018; Liu et al., 2021). Supporting this
222 idea, we recently demonstrated that older adults with genetic predisposition for lower DA levels
223 accumulated more iron in DLPFC and striatum over time compared to individuals with presumably
224 higher DA levels (Gustavsson et al., 2022). Age-related differences in pre- and postsynaptic DA markers
225 (Bäckman et al., 2006, 2010) may also contribute to iron dyshomeostasis in aging, resulting in
226 disruption of transportation of iron via transferrin and storage in the ferritin protein (Ward et al.,
227 2014). Disruption of iron handling may lead to increase of ferrous iron, which triggers oxidative stress,
228 neuroinflammation, and cell loss due to ferroptosis (Daugherty et al., 2015; Mazhar et al., 2021; Salami
229 et al., 2021). The activation of D1 and D2/3 receptors alleviates oxidative stress-induced inflammatory
230 responses (Shao et al., 2013; Yan et al., 2015; Zhu et al., 2018). However, whether age-related loss of
231 DA receptors leads to an iron-related increase of oxidative stress and ferroptosis, or whether an age-
232 related increase of iron causes loss of DA receptor cells can only be determined in a longitudinal
233 setting.

234 We did not observe any significant association between iron and D1DR in striatum, except for a trend-
235 level negative association in older age. The reason for these regional variations is unclear. One
236 possibility is that, as D1DR are more expressed in striatum compared to cortex (Shohamy & Adcock,
237 2010), striatal regions are less vulnerable or better at attenuating the damage from higher iron
238 content. If too many receptors diminishes, or the threshold of the capacity for dealing with oxidative

239 stress is exceeded, the iron-induced damage to the cells may lead to ferroptosis (Lillig et al., 2008). This
240 concords well with Parkinson's Disease studies reporting regional variations in synuclein pathology
241 despite brain-wide iron accumulation (McCann et al., 2016), suggesting that additional factors may
242 contribute to iron serving a pathological role.

243 The multivariate PLS analysis revealed that in older age the combination of higher iron and lower
244 D1DR within DLPFC was related to high frontoparietal recruitment during low-demanding tasks along
245 with weak frontoparietal upregulation at higher task demand, which in turn was associated with
246 poorer working memory performance. These results concord with the Compensation-Related
247 Utilization of Neural Circuits Hypothesis (CRUNCH; (Cappell et al., 2010; Mattay et al., 2006; Nyberg
248 et al., 2014; Reuter-Lorenz & Cappell, 2008; Schneider-Garces et al., 2010)), which postulates that
249 neural activity increases at low demanding task-levels in older adults compared to younger adults,
250 but is reduced at more demanding levels.

251 The unique and shared contributions of iron content and neuroinflammation to astrocytic dysfunction
252 in the neurovascular coupling has been proposed to account for the reduced BOLD response
253 (Kalpouzos et al., 2017; Salami et al., 2018, 2021). Higher iron content has been related to inflammation
254 (Haider, 2015; Salami et al., 2021), which can be detrimental to cells during prolonged periods (Hald &
255 Lotharius, 2005; Zecca et al., 2004), thus contributing to astrocytic dysfunction. In vitro studies have
256 demonstrated that DA receptors activation may alleviate and suppress neuroinflammation (Liu et al.,
257 2021; Shao et al., 2013; Yan et al., 2015). A more efficient dopaminergic system (e.g., manifested by
258 greater receptor availability) protect against negative effects of iron and neuroinflammation on brain
259 function. In support of this notion, a past study showed that age-related D1DR alteration alone may
260 contribute to less efficient engagement of working memory circuits (Bäckman et al., 2011). Relatedly,
261 the importance of DA for the frontoparietal BOLD response has been further demonstrated through
262 pharmacological administration of a dopaminergic antagonist, leading to poorer working-memory
263 performance (Fischer et al., 2010). Our results add novel contribution to the previous work, by showing

264 that the combination of elevated iron and D1DR reduction in DLPFC in aging, possibly reflecting
265 synergistic iron-D1DR effects, exerts a deleterious effect in neural circuits of WM. Furthermore, during
266 the most demanding WM condition (3-back), lower activation in the frontoparietal network was
267 related to worse performance, in concordance with previous reports (Salami et al., 2021). Longitudinal
268 data are needed to identify the primary mechanism of disturbed working memory circuit in older age.
269 Our study is the first to link regional iron content to DA receptor availability, by showing that greater
270 iron content is related to lower D1DR. Critically, an interplay between age-related elevated iron
271 content and diminished D1 receptor availability may provide a mechanistic understanding of how iron-
272 DA coupling may exert deleterious effects on neural function and ultimately cognition. Elevated brain
273 iron has been implicated in several neurodegenerative disorders, including Parkinson's disease, which
274 is characterized by loss of dopaminergic cells (Ward et al., 2014). Thus, the observed findings have
275 implications for better understanding the mechanisms behind DA-related neurodegeneration.

276 **4 Materials and methods**

277 This study uses data from the DopamiNe Age Connectome Cognition (DyNAMiC) project approved by
278 the Umeå University Regional Ethical Board. All participants signed informed consent prior to data
279 collection (for details about DyNAMiC, see Nordin et al., 2022).

280 **4.1 Participants**

281 One-hundred and eighty adults (mean age 49.8 ± 17.4 years; range 20-78; 90 females) from Umeå,
282 Sweden, were recruited to participate in the project and underwent the full protocol, including
283 cognitive testing, MRI, and PET assessments. All participants were native Swedish speakers, right-
284 handed, and had no history of neurological illnesses. Of the sample of 180 participants, 3 dropped out
285 of PET scanning, 4 were excluded due to incidental brain abnormalities, 3 due to failed reconstruction
286 of QSM images. Additionally, brain and behavioural data were screened for univariate and multivariate
287 outliers. Univariate outliers were defined as values greater or less than 3.29 SD from the mean
288 (Tabachnick & Fidell, 2013) and excluded as pairwise deletions per ROIs and modality. Multivariate

289 outliers were identified according to Mahalanobis distance ($p < 0.001$; Tabachnick & Fidell, 2013). As a
290 result, five participants were identified as univariate outliers on their iron ($n=3$) or D1DR ($n=2$) values,
291 and three were multivariate outliers. Thus, data from 162 individuals were used in the analyses
292 involving iron content and D1DR. Furthermore, three outliers were identified based on their online
293 WM performance and excluded from analyses.

294 **4.2 Neuroimaging acquisition and preprocessing**

295 Participants underwent positron emission tomography on a Discovery 690 PET/CT scanner (General
296 Electric) and MRI on a Discovery MR750 3.0 T scanner (General Electric) equipped with a 32-channel
297 phased-array head coil at two separate occasions at Umeå University Hospital.

298 *PET acquisition.* PET was conducted to assess whole-brain D1DR using radioligand [^{11}C]SCH23390 at
299 rest (for details see Nordin et al., 2022). The scanning session started with a low-dose CT image,
300 followed by an intravenous bolus injection of the radioligand. Participants were instructed to lay still
301 and stay awake with eyes open. An individually fitted thermoplastic mask was attached to the bed
302 surface during scanning to minimize head movement.

303 *Structural MR acquisition.* High-resolution anatomical T1-weighted images were acquired using 3D
304 fast-spoiled gradient echo sequence with the following parameters: 176 sagittal slices, slice thickness
305 = 1 mm, voxel size $0.49 \times 0.49 \times 1 \text{ mm}^3$, repetition time (TR) = 8.2 ms, echo time (TE) = 3.2 ms, flip angle
306 = 12° , field of view (FOV) = $250 \times 250 \text{ mm}$, no spacing.

307 *Iron acquisition.* Images for iron estimation was obtained using a 3D multi-echo gradient-recalled echo
308 sequence (meGRE). The parameters were as follows: 124 axial slices, voxel size $1 \times 1 \times 1.2 \text{ mm}^3$, TR =
309 31 ms, flip angle = 17° , FOV = $256 \times 256 \text{ mm}$, no spacing. The first TE was 1.78 ms followed by seven
310 additional TEs with a 2.87 ms interval.

311 *Functional MR acquisition.* The functional images were sampled using single-shot multiband EPI
312 sequence with 37 axial slices, voxel size $1.95 \times 1.95 \times 3.9 \text{ mm}^3$, 0.5 mm spacing, TR = 2.000 ms, TE = 30

313 ms, flip angle = 80°, and FOV = 250 × 250 mm. Ten dummy scans were collected at the start of the
314 sequence.

315 *In-scanner working memory task.* A numerical N-back task was administered in the scanner (Salami et
316 al., 2018). A sequence of single numbers appeared on the screen for 1.5s, with an interstimulus interval
317 of 0.5s. During every item presentation, subjects indicated whether the digit on the screen was the
318 same as the one shown 1, 2, or 3 digits back by pressing one of the two adjacent buttons with the index
319 (Yes response) or middle finger (No response). Each working-memory load condition (1-, 2-, and 3-
320 back) was presented over nine blocks in random order (interblock interval, 22 s) with each block
321 consisting of 10 trials. For every block, 10 trials were performed with four matches (requiring a “yes”
322 response) and six nonmatches (requiring a “no” response). The N-back blocks were counterbalanced
323 and trial sequence was the same for all participants. The maximum score for each condition was 81,
324 72, 63, respectively. Performance was calculated as an error-adjusted discrimination score by
325 subtracting the proportion of false alarms (i.e., a wrong answer judged to be correct, or, in other terms,
326 answering Yes, when the correct answer is No) from the proportion of correct hits (i.e., answering Yes
327 when the correct answer is Yes).

328 *PET processing*

329 PET data obtained with [¹¹C]SCH23390 was processed with the following steps: To estimate receptor
330 availability (i.e., D1DR) in targeted regions, binding potential relative to non-displaceable binding in a
331 reference region (BP_{ND}; Innis et al., 2007) was used with cerebellum as reference. The processing of
332 the PET data included correction for head movement by using frame-to-frame image co-registration,
333 and co-registered with T1-weighted MRI data with re-slicing to MRI voxel size using Statistical
334 Parametric Mapping (SPM12: Wellcome Trust Centre for Neuroimaging,
335 <http://www.fil.ion.ucl.ac.uk/spm/>). To model the regional time-activity course (TAC) data we used
336 simplified reference tissue model (SRTM; Lammertsma & Hume, 1996).

337 *MRI processing*

338 *Quantitative susceptibility mapping.* Approximation of iron content was inferred from susceptibility
339 values derived from QSM images. Morphology-enabled dipole inversion (MEDI; T. Liu et al., 2011) is a
340 method for QSM estimation that selects the solution that minimizes the discrepancy in the number of
341 voxels belonging to edges between the susceptibility image and the magnitude image. Here, we used
342 the recommended nonlinear variant of MEDI proposed by Liu et al.(2013). Initially, the total field map
343 was estimated from the complex meGRE images by performing a nonlinear least square fitting on a
344 voxel-by-voxel basis. The resulting frequency map was then spatially unwrapped using a guided region-
345 growing unwrapping algorithm (Xu & Cumming, 1999). The background fields, the superimposed field
346 contributions that are not caused by the sources inside the brain and mainly generated by air-tissue
347 interference, were eliminated using a nonparametric technique based on Projection onto Dipole Fields
348 (PDF: Liu et al., 2011). Finally, the corrected frequency map was used as input for the field-to-source
349 inverse problem to calculate susceptibility maps. The MEDI Toolbox
350 (<http://weill.cornell.edu/mri/pages/qsm.html>) was used to calculate QSM images.

351 Due to the singularity of dipole kernel at the centre of k-space, the generated QSM images contain
352 relative susceptibility values, which may not necessarily be comparable across subjects. To address this
353 issue, a region of the corticospinal tract was selected as a zero-reference region due to its resilience to
354 age-related degeneration (de Groot et al., 2015) and stable susceptibility across adulthood (Li et al.,
355 2014). Using white-matter areas as reference regions has previously been recommended due to their
356 low standard deviations of susceptibility, indicating low inter-subject variation similar (Straub et al.,
357 2017) or even lower than CSF (Deistung et al., 2013). The process of zero-referencing is described in
358 detail by Garzón and colleagues (2017).

359 Automated segmentation of cortical and deep gray-matter structures was performed with the
360 Freesurfer image analysis suite — version 6 (<http://surfer.nmr.mgh.harvard.edu/>) using T1-weighted
361 images (Fischl et al., 2002; Fischl, Salat, et al., 2004; Fischl, Van Der Kouwe, et al., 2004).

362 Next, QSM and the segmentation results were resampled to the native structural space. Then, statistics
363 including average and standard deviation were computed on the QSM maps. We merged segmented
364 rostral and caudal middle frontal regions from the left and right hemispheres to form DLPFC (Fig. 1A),
365 and the left and right caudate and putamen to form striatum (supplementary materials Fig. 1A).

366 Prior to computing statistics on the QSM maps, the boundary of segmentations was eroded by one
367 voxel, and a fraction (15%) of the most extreme values was removed to avoid the influence of high
368 signal from neighbouring vessels and obtain more robust estimates (Garzón et al., 2017).

369 *Functional MRI analyses.* Pre-processing of the fMRI data, performed in SPM12 software, included
370 slice-timing correction and motion correction by unwarping and re-alignment to the first image of each
371 volume. The fMRI volumes were then normalized to a sample-specific template generated using
372 Diffeomorphic Anatomical Registration using Exponentiated Lie algebra (DARTEL: Ashburner, 2007),
373 affine alignment to MNI standard space, and spatial smoothing with a 6-mm full width at half maximum
374 (FWHM) Gaussian kernel (voxel size = $2 \times 2 \times 2 \text{ mm}^3$).

375 The pre-processed fMRI data were analysed with spatiotemporal PLS (McIntosh et al., 2004; McIntosh
376 & Lobaugh, 2004) to assess the BOLD association with iron, D1DR, and age across the three
377 experimental WM conditions (1-, 2-, and 3-back). PLS determines time-varying distributed patterns of
378 neural activity as a function of experimental variables (1-, 2-, and 3-back) and regional iron and D1DR.
379 This technique allows for the identification of patterns/networks, which reflect association changes
380 across all regions of the brain simultaneously, rather than assemblies of independent regions, thus
381 ruling out the need for multiple-comparison correction. A detailed description of spatiotemporal PLS
382 analysis for fMRI data has been given in previous reports (Garrett et al., 2010; Grady & Garrett, 2014;
383 Salami et al., 2010, 2012, 2014).

384 The onset of each stimulus within each block of images (1-, 2-, and 3-back) was averaged across blocks
385 for each condition. A cross-block correlation matrix was computed as the correlation between neural
386 activity across experimental conditions (1-, 2-, and 3-back) and variables of interest (age, D1DR, iron)

387 across different regions. Then, the correlation matrix was decomposed using singular value
388 decomposition (SVD), to identify a set of orthogonal latent variables (LVs) representing linear
389 combinations of the original variables:

$$390 \text{SVD}_{\text{CORR}} = \text{USV}'$$

391 This decomposition produces a left singular vector of regional susceptibility weights (U), a right singular
392 vector of BOLD weights (V), and a diagonal matrix of singular values (S). This analysis produces
393 orthogonal LVs that optimally represent relations between the variables of interest (age, D1DR, iron)
394 and BOLD. Note that PLS is not mathematically susceptible to collinearity similar to the multiple
395 regression approach (Leibovitch et al., 1999). Each LV contains a spatial pattern exhibiting the brain
396 regions whose activity shows the strongest simultaneous relations to the input variables. To obtain a
397 summary measure of each participant's expression of a particular LV pattern, subject-specific "brain
398 scores" are computed by multiplying each voxel's (i) weight (V) from each LV (j) by the BOLD value in
399 that voxel for person (m), and summing over all (n) brain voxels:

$$400 \sum_{i=1}^n v_{ij} \text{BOLD}_{im}$$

401

402 Taken together, a brain score represents the degree to which each subject contributes to the
403 multivariate spatial pattern captured by a latent variable.

404 The statistical significance of each LV was assessed using permutation testing. This procedure involved
405 reshuffling the rows of the data matrix and recalculating the LVs of the reshuffled matrix using the
406 same SVD approach. The number of times a permuted singular value exceeds the original singular value
407 yields the probability of significance of the original LV (McIntosh et al., 1996). In the present study,
408 1000 permutations were performed. In addition, the stability of voxel saliencies contributing to each
409 LV was determined with bootstrap estimation of standard errors (SEs), using 1000 bootstrap samples

410 (Efron & Tibshirani, 1986). The Bootstrap Ratio (BSR: the ratio between voxel saliences and estimated
411 SEs) was computed and voxels with $BSR > 3.29$ (similar to a Z-score of 3.29, corresponding to $p = 0.001$)
412 were considered reliable. All reliable clusters comprised contiguous voxels, with a distance between
413 clusters of at least 10 mm. Moreover, the upper and lower percentiles of the bootstrap distribution
414 were used to generate 95% confidence intervals (CIs) around the correlation scores to facilitate
415 interpretation (McIntosh & Lobaugh, 2004). For instance, a significant difference between correlation
416 scores in different conditions is indicated by non-overlapping CIs. Similarly, brain or correlation scores
417 were considered unreliable when CIs overlapped with zero.

418 PLS uses all conditions of an experiment and variables of interest at once, thus offering an additional
419 dimension by simultaneously considering both similarities and differences across the experimental
420 variables. If the variables of interest (i.e., age, iron content, D1DR) are similarly related to brain regions,
421 PLS reveals a pattern with reliable loadings (with/without quantitative differences) for all variables. If
422 a single variable dominates the pattern, PLS should reveal a reliable loading for that variable only.
423 Alternatively, if different variables (e.g., D1DR and iron) differentially modulate BOLD response (e.g.,
424 Load-dependent effects of dopamine on BOLD as shown in Salami et al., (2019) versus load-
425 independent effect of iron on BOLD shown in Salami et al., 2021), PLS may reveal two distinctive
426 networks.

427 *Additional statistical analyses*

428 To assess age-effects on cognitive performance, a multivariate analysis of covariance (MANCOVA) was
429 conducted with WM load-conditions as dependent variables and age-groups (younger vs. middle-aged
430 vs. older) as between-subjects factors. Follow-up independent t-tests were conducted to assess
431 significant differences between age groups. To assess the relationship between iron content and D1DR,
432 we conducted partial correlation analyses for each region of interest with iron content and D1DR as
433 dependent variables, controlling for age. As control analyses, we performed the same analyses but
434 included sex, education, and regional grey-matter volume as covariates.

435

436 **Author credit statement**

437 AS and GK designed the study. JG, GK and AS performed the research. JG, GK, AS, JJ, FF, GP, MA, and
438 BAP analysed and interpreted the data. JG, FF, GK, AS, GP, and BAP wrote the manuscript which was
439 edited by all authors.

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444 **Conflict of interest**

445 The authors declare no conflict of interest.

446 **Ethics approval**

447 This study was approved by the Regional Ethical board and the local Radiation Safety Committee in
448 Umeå, Sweden.

449 **Data availability statement**

450 Data from the DyNAMiC project cannot be made publicly available due to ethical and legal restrictions.
451 However, access to these original data may be available upon request from the corresponding author.

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