

1 Article

## 2 Effects of Pet Insects on Cognitive Function Among 3 the Elderly: An fMRI Study

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15 **Abstract:** (1) Background: Animal-assisted therapy has positive effects on cognitive function,  
16 depression, performance ability, and social functioning in elderly patients. The aim of this study  
17 was to evaluate the effects of rearing pet insects on the cognitive function of healthy elderly  
18 participants, with fMRI (functional magnetic resonance imaging) being used for this purpose. (2)  
19 Methods: Community-dwelling elderly women ( $\geq 60$  years) with normal cognitive function were  
20 enrolled during April 2015. They were randomized at a 1:1 ratio into two groups: insect-rearing  
21 and control (n=16) groups, with the insect-rearing group being further classified into two groups  
22 for analysis according to the subjects' scores in the Wisconsin Card Sorting Test, WCST) at the first  
23 fMRI: insect-rearing group I with a relatively high score (n=13), and insect-rearing group II with a  
24 relatively low score (n=6). All subjects were educated on a healthy lifestyle for better cognitive  
25 function at every visit, and the insect-rearing groups received and reared crickets as pet insects.  
26 The fMRI was performed at baseline and after 8 weeks using the WCST as a stimulus. The WCST  
27 consisted of two variations, a high level baseline (HLB) and semi-WCST version. (3) Results: There  
28 were no significant differences in the baseline characteristics among the three groups. There was a  
29 significant difference accuracy of the HLB–semi-WCST ( $p < 0.05$ ) in insect-rearing group II after 8  
30 weeks from the baseline test. In the fMRI analysis involving the WCST reaction test, increased  
31 activation was observed in the right dorsal lateral prefrontal cortex and parietal cortex in  
32 insect-rearing group II when the semi-WCST, rather than the HLB, was performed. There were no  
33 significant differences in the other groups. (4) Conclusion: The rearing of pet insects as an  
34 animal-assisted therapy is cost-effective, easy, and occupies little space. In this study, it showed  
35 positive effects on executive functions and performance improvement in elderly women. Further  
36 larger studies on the effects of pet insects on cognitive function are warranted.

37 **Keywords:** cognitive function; pet insects; animal-assisted therapy; Wisconsin Card Sorting Task;  
38 functional magnetic resonance imaging; elderly women

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### 41 1. Introduction

42 People aged 65 or older make up 14.2% of the South Korean population, and South Korea is one  
43 of the countries where the population is aging rapidly [1]. Elderly patients have a high prevalence of  
44 comorbidity, and many of them take multiple medications, that is, polypharmacy is common, with  
45 an increased risk of medication-related complications, which results in a subsequent poor quality of  
46 life. Furthermore, medical expenses for the elderly constitute a third of the total medical expenses in  
47 South Korea, which results in a burden not only for individuals but also for the nation [1]. There is  
48 therefore a need to find noninvasive and economical treatment tools for the elderly, and physicians  
49 should play an important role in finding these tools.

50 Various studies have tried to use animal-assisted therapy (AAT) to treat physical and mental  
51 illnesses, and it has shown some positive results, especially in the elderly. These positive results  
52 include improvements in cognitive function, depression, performance ability, and social function  
53 [2-4]. AAT also showed beneficial results in elderly people with psychiatric disorders (dementia,  
54 depression, and schizophrenia), as well as in relatively healthy elderly subjects [2-7]. AAT is a  
55 noninvasive and relatively safe intervention that has been shown to have good potential as a useful  
56 alternative therapy for neuropsychotherapy. A diverse range of species have been used for AAT;  
57 however, most studies have involved mammals such as dogs and cats [2]. Insects could be used as a  
58 species of mediators, and pet insect-associated therapy is a new area. The area related insects have  
59 recently been expanded to not only agriculture, but also other areas, because the demand for the  
60 culture insect industry is growing. For example, the educational curriculum for children (elementary  
61 school students) has included natural organisms such as insects for science classes and activities [8].

62 The rearing of insects costs less than that of animals and occupies less space, and they are  
63 relatively easy to care for. It is therefore expected that they can be used for therapeutic interventions  
64 in the elderly. A previous study reported the possibility of the beneficial effects of pet insects on  
65 cognitive function and depression scores in the community-dwelling elderly [9]. However, this  
66 study had a limitation in that it depended on questionnaires to verify cognitive function. Functional  
67 magnetic resonance imaging (fMRI) measures brain activation using changes in deoxyhemoglobin in  
68 specific regions in reaction to stimuli [10, 11]. In particular, evaluation of visuospatial working  
69 memory tasks is an effective tool for assessing cognitive performance [12, 13]. To the best of our  
70 knowledge, there is no study using fMRI to assess the effect of AAT on cognitive function. Therefore,  
71 this study aimed to use fMRI to evaluate the effects of rearing pet insects on the cognitive  
72 functioning of elderly subjects.

## 73 2. Methods

### 74 2.1. Subject Eligibility

75 Community-dwelling right-handed elderly women ( $\geq 60$  years) with normal cognitive function  
76 (Mini-Mental State Examination [MMSE] score  $\geq 24$ ) were enrolled during April 2015 through a  
77 community center in South Korea. All subjects were asked to submit written consent to participate  
78 in the research. Subjects were eligible for the study if they were relatively healthy and consented to  
79 participate in the study. Subjects were excluded if they met any of the following exclusion criteria:  
80 (i) decreased activities of daily living due to severe physical disease, (ii) metal substances in the body  
81 that could affect the fMRI such as dental implants, artificial joints, or pacemakers, (iii) the taking of  
82 psychiatric medication or a history of psychiatric disease [14], (iv) severely impaired cognitive

83 function (MMSE score <24) or a clinical diagnosis of dementia, (v)claustrophobia, (vi)  
84 contraindications for MRI[15], and (vii)withdrawal of consent to participate in the study.

85 The protocol was approved by the Institutional Review Board of Kyungpook National  
86 University Hospital and was conducted in compliance with research ethics (protocol No. KNUH  
87 2015-04-032).

## 88 2.2. Screening

89 All recruited subjects were initially screened and their demographic and medical information  
90 was collected. A questionnaire was conducted to determine the following: age, smoking status,  
91 drinking status, regular exercise, past medical history (hypertension, diabetes, dyslipidemia, and  
92 history of stroke), and education level, any of which could possibly affect cognitive function.  
93 In the first visit to hospital, the subjects' height, weight, waist circumference, blood pressure, and  
94 pulse rate were measured. All measurements were performed by the same trained person according  
95 to standardized protocols. Body height and weight were measured with a reliable digital  
96 height-weight scale. Subjects stood straight without shoes and wore light clothing. Waist  
97 circumference (WC) was measured at the middle of the body between the lower line of the ribs and  
98 the upper line of the pelvis. Body mass index (BMI) was calculated as weight in kg divided by  
99 height squared in meters. Blood pressure and pulse rate were measured using an autonomic blood  
100 pressure monitor, with the subjects sitting quietly for 5minutes before measurements. Blood  
101 pressure was measured twice, with a brief break in between.

102 The MMSE was used to assess the baseline cognitive function of the subjects at screening. The  
103 MMSE is a 30-point test that evaluates orientation to time (5 points), orientation to place (5 points),  
104 memory registration (3 points), attention and calculation (5 points), memory recall (3 points),  
105 language (8 points), and copying ability (1 point) [16]

## 106 2.3. Randomization and Study Procedure

107 The subjects were selected through the screening process and randomly allocated into two  
108 groups in a 1:1 ratio: the insect-rearing group and control group. All subjects underwent the same  
109 tests during fMRI imaging (see below) at baseline and after 8 weeks.

110 The oriental garden cricket (*Teleogryllus emma*) was selected as a pet insect for the insect-rearing  
111 group, in consultation with insect experts. The reasons for choosing the crickets were, first, the  
112 crickets are common in East Asia, and the chirping and appearance of crickets would be familiar to  
113 elderly Koreans; second, the connection between crickets and farm life can create nostalgia in the  
114 elderly, which can manifest as an affection for insects [17]; third, their small size(26–40mm) means  
115 there is little space limitation for insect rearing; and, finally, they can be raised indoors at room  
116 temperature and are relatively easy to care for because they are omnivorous [18]. The insect-rearing  
117 group received pet insects (4–5 crickets, a uniform distribution of males and females) in a cage and  
118 then reared them. Sufficient fodder and all tools necessary for rearing were provided by the  
119 researchers. In addition, the researchers provided appropriate training on how to keep the pet  
120 insects. Every week, the research assistant confirmed the study subjects' compliance and conducted  
121 telephone counseling to encourage the cricket rearing.

122 The control group was compensated for the possible auditory effects of pet crickets by the  
123 receipt of a CD containing meditative music with the natural chirping sound of the crickets, and the  
124 research assistant conducted telephone counseling every week to ensure compliance

## 125 2.4. fMRI (Functional Magnetic Resonance Imaging)

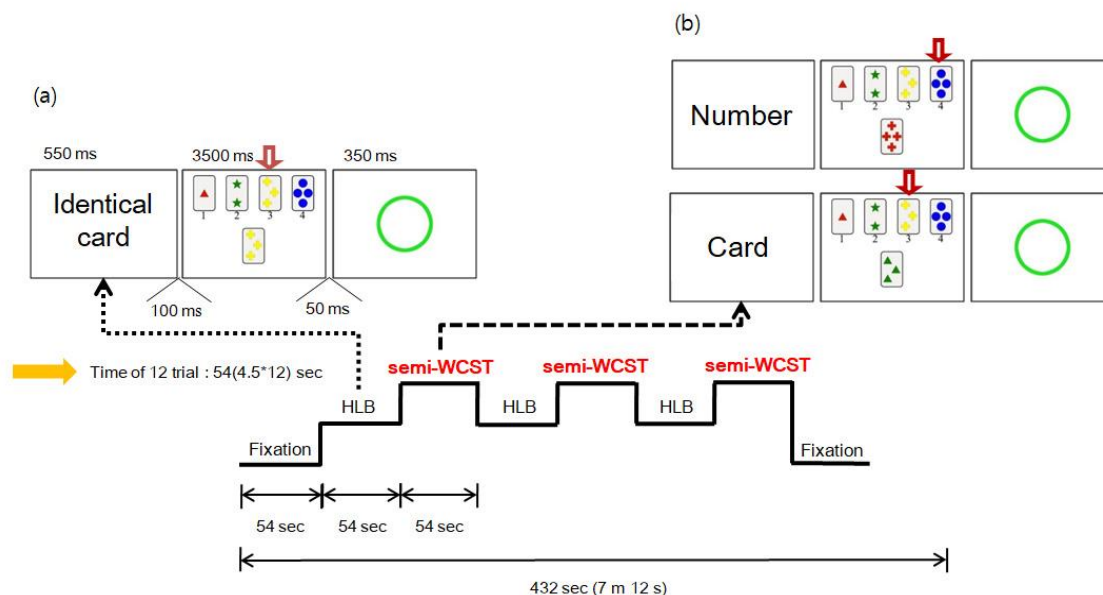
126 Blood oxygen level dependent (BOLD) fMRI was acquired on a 3.0-T GE Exite instrument (GE  
127 Healthcare) using an 8-channel head coil and a gradient-echo echo-planar imaging (EPI) sequence.

128 T2-weighted MRI images were also acquired. The fMRI protocol used the following acquisition  
129 parameters: echo time (TE) = 40 ms, repetition time (TR) = 3000 ms, field of view (FOV) = 22cm,  
130 acquisition matrix =  $64 \times 64$ , and cross-sectional slice thickness of 4mm. All images were acquired  
131 parallel to the intercommisural line (anterior commissure–posterior commissure line, ac–pc line).

## 132 2.5. Paradigm for the Testing of Working Memory Processing: Wisconsin Card Sorting Test (WCST)

133 The research assistants thoroughly explained the study protocol to the subjects and a skilled  
134 professional conducted the study according to the planned paradigm. The WCST[19] is a known  
135 task for testing executive functions. With consideration of the age of the subjects, two conditions of  
136 the WCST were utilized: a high level baseline (HLB) and a semi-WCST test. In the HLB version  
137 (choose the matching card), when a “matching card” was displayed, the subject was required to  
138 select the matching card from the four cards presented on the screen and give the number of the  
139 matching card. In the semi-WCST version (with the category by which to select the card informed  
140 in advance), a word indicating the category of the card to be selected was presented, followed by a  
141 “card” directive. If the “number” was given, the “card” was repeated until the next directive was  
142 presented, and a same number card among four cards presented on the screen was selected. There  
143 were three categories presented: number, shape, and color.

144 First, the rest condition was measured to show the fixation before and after the task, and then  
145 the HLB test and semi-WCST were alternately repeated (Figure1).



146

147 **Figure 1.**Paradigm for working memory processing. (a)High level baseline (HLB), (b) semi-Wisconsin

148 Card Sorting Test (WCST), and (c) WCST task block design

149 The visual stimuli were shown using standardized software, with the latency and response  
150 rates of the correct responses being collected to judge the performance of the subjects by their  
151 responses made on the MRI-compatible reply button.

## 152 2.6. Image Analysis

153 The fMRI data image processing and the statistical analysis were performed using SPM5  
154 (Wellcome Department of Imaging Neuroscience, London, UK; online at  
155 <http://www.fil.ion.ucl.ac.uk>) running within MATLAB (MathWorks Inc., Natick, MA). The  
156 preprocessing included alignment of the functional images for movement correction, coregistration  
157 to the individual structural image, and spatial normalization of all images to the Montreal  
158 Neurological Institute (MNI) template and coordinate system. Differences in brain activation  
159 among groups were analyzed using random effects analysis after the analysis of individual data.  
160 Differences in brain activation when performing the semi-WCST were evaluated using  
161 within-group paired *t*-tests. The SPM *t*-score maps were thresholded at  $p < 0.05$  with family wise  
162 error (FWE) correction using Monte Carlo simulations performed using the 3dClustSim program  
163 ([https://afni.nimh.nih.gov/pub/dist/doc/program\\_help/3dClustSim.html](https://afni.nimh.nih.gov/pub/dist/doc/program_help/3dClustSim.html)).

## 164 2.7. Statistical Analysis

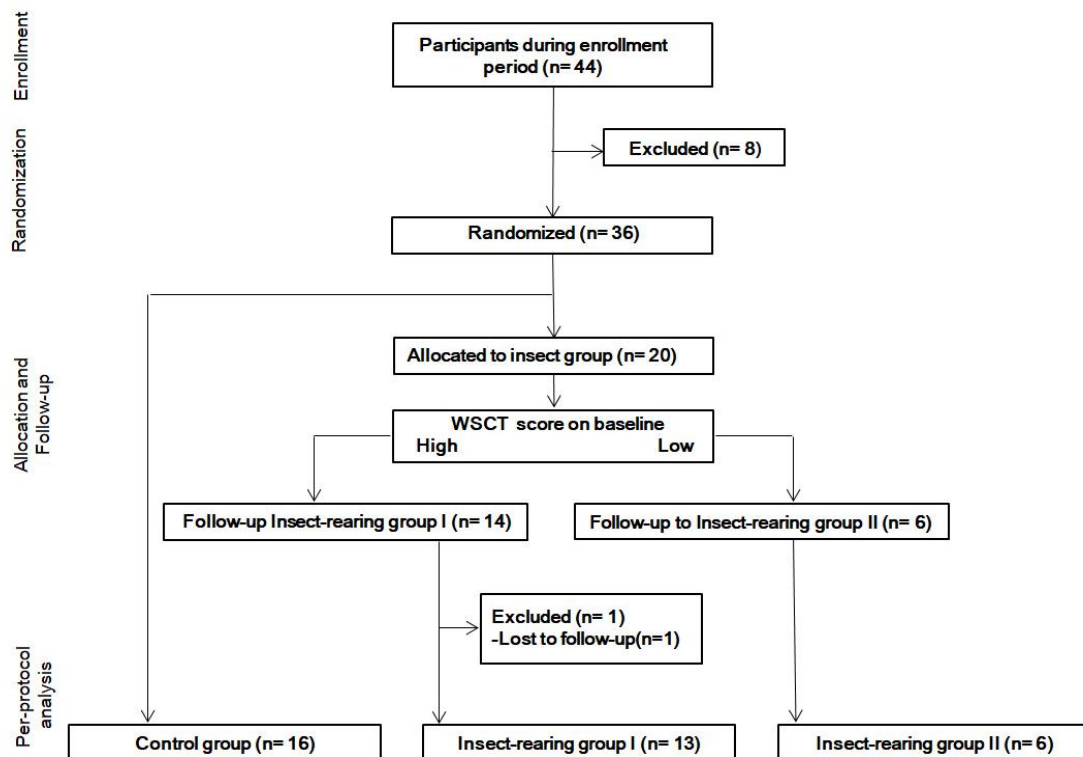
165 All subjects had MMSE scores more than 24 at baseline, and the subjects were randomized into two  
166 groups in a 1:1 ratio. However, significant deviation of executive function at baseline fMRI was  
167 found among the subjects in the insect-rearing group. Therefore, the insect-rearing group was  
168 further classified into two groups based on the results of the initial WCST: those with a relatively  
169 high score were allocated to insect-rearing group I, and those with a relatively low score to  
170 insect-rearing group II. The general characteristics of the subjects were analyzed using ANOVA and  
171 Pearson's Chi-square tests. The differences in accuracy between the HLB and semi-WCST tests were  
172 statistically compared within and among groups using paired *t*-tests, ANCOVA, and 2-way ( $2 \times 2$ )  
173 ANOVA. The fMRI images were analyzed using a flexible factorial design. A *p*-value of  $< 0.05$  was  
174 considered to indicate statistical significance. IBMSPSS statistics version 25 was used for all  
175 statistical analyses.

## 176 3. Results

### 177 3.1. Baseline Characteristics of the Subjects

178 A total of 44 participants were recruited and screened during the enrollment period. Eight  
179 subjects were excluded because they met one or more of the exclusion criteria. The remaining 36  
180 subjects were randomized into the insect-rearing ( $n=20$ ) or control group ( $n=16$ ). One subject in the  
181 insect-rearing group was lost to follow-up. The insect-rearing group was further classified into two  
182 groups according to the baseline WCST score: insect-rearing group I (high score,  $n=13$ ) and  
183 insect-rearing group II (low score,  $n=6$ ; Figure 2).

184 There were no significant differences in the demographic and clinical characteristics among the  
185 three groups (table 1). The mean ages were 66.38, 68.31, and 70.67 years for the control,  
186 insect-rearing I, and insect-rearing II groups, respectively, while the average MMSE scores at  
187 baseline were 27.94, 27.77, and 27.50.



188

189 **Figure 2.**Flow diagram of the study participants.190 **Table 1.** Baseline characteristics of the subjects in the control, insect-rearing I, and insect-rearing II groups

	Control group (n=16)	Insect-rearing group I (n=13)	Insect-rearing group II (n=6)	p-value*
Age, years	66.38±5.39	68.31±3.75	70.67±3.93	0.15
Height, cm	152.44±5.54	156.16±4.38	153.95±6.57	0.19
Weight, kg	52.48±9.10	65.28 ±24.31	57.60±3.69	0.12
BMI	22.49±3.26	26.93±11.06	24.31± 0.98	0.26
Waist, cm	80.06±8.81	84.19±11.26	85.17±6.43	0.39
Blood pressure, mm Hg				
Systolic	134.25±19.05	137.46±12.89	137.50±21.30	0.86
Diastolic	72.31±13.73	78.15±8.95	71.50±11.06	0.34
Heart rate, beats/min	70.00±9.71	68.85±7.61	68.83±4.02	0.92
Psychometric tests				
MMSE(cognitive function)	27.94±1.98	27.77±1.74	27.50±1.64	0.88
Smoking status				
Non- or ex-smoker	15(93.8)	13(100.0)	6(100.0)	1.000 <sup>†</sup>
Current smoker	1(6.3)	0(0.0)	0(0.0)	
Alcohol consumption				

None	12(75.0)	12(92.3)	5(83.3)	0.613 <sup>†</sup>
Any	4(25.0)	1(7.7)	1(16.7)	
Exercise				
None	15(93.8)	12(92.3)	5(83.3)	0.762 <sup>†</sup>
Regular	1(6.3)	1(7.7)	1(16.7)	
Education				
≤Elementary school	8 (50.0)	8 (61.5)	5 (83.3)	0.125 <sup>†</sup>
≥Middle school	8 (50.0)	5 (38.5)	1 (16.7)	
Clinically diagnosed underlying disease				
Hypertension	6(37.5)	7(53.8)	1(16.7)	0.317 <sup>†</sup>
Diabetes	1(6.3)	2(15.4)	0(0.0)	0.762 <sup>†</sup>
Dyslipidemia	5(31.3)	9(69.2)	2(33.3)	0.113 <sup>†</sup>
CVA	0(0.0)	1(7.7)	0(0.0)	0.543 <sup>†</sup>

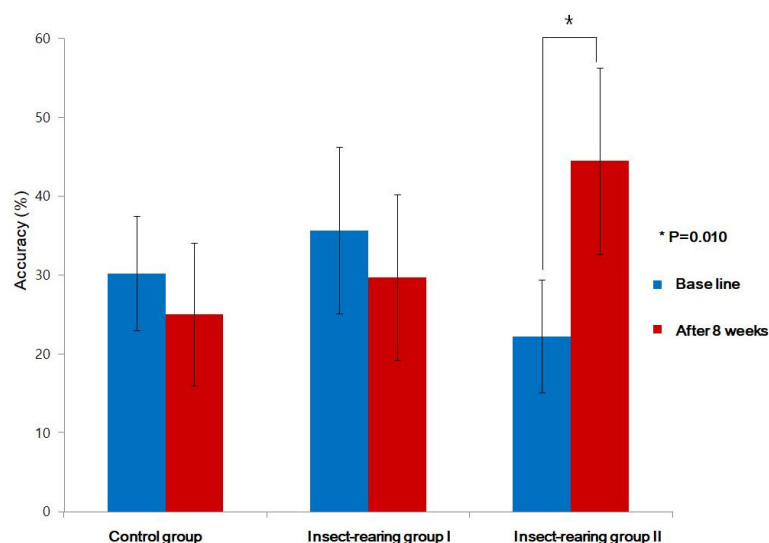
191 The data are presented as mean ± standard deviation or number (%).

192 <sup>†</sup>The two groups were compared using independent *t*-tests or Pearson's  $\chi^2$  test except when indicated  
193 otherwise.

194 <sup>†</sup>Fisher's exact test.

### 195 3.2. WCST Response Data Results

196 At baseline, the average HLB–semi-WCST accuracies were 30.21%, 35.68%, and 22.22% in the  
197 control, insect-rearing I, and insect-rearing II groups, respectively, with there being no significant  
198 difference among groups. After 8 weeks, the corresponding average values were 25.00%, 29.70%,  
199 and 44.44%, and the difference was close to being statistically significant (0.06). In insect-rearing  
200 group II, the mean accuracy of the difference between the HLB and semi-WCST tests improved  
201 from 22.22% at baseline to 44.44% after 8 weeks, showing a statistically significant improvement  
202 ( $p=0.01$ , Figure 3, Table 2). There were no other significant differences in the intra group  
203 HLB–semi-WCST test accuracies between the baseline test and that after 8 weeks.



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**Figure 3.**High level baseline (HLB)–semi-Wisconsin Card Sorting Test (WCST) accuracy, paired *t*-test ( $p=0.010$ ).

207 Table2. WCST response pre- and post-intervention among the groups

		Control group	Insect-rearing group I	Insect-rearing group II	p-value <sup>†</sup>
Accuracy (%)	Baseline	30.21±13.64	35.68±17.49	22.22±6.80	0.180
	After 8 weeks	25.00±16.43	29.70±17.36	44.44±11.25	0.060
	p-value*	0.329	0.319	0.010	

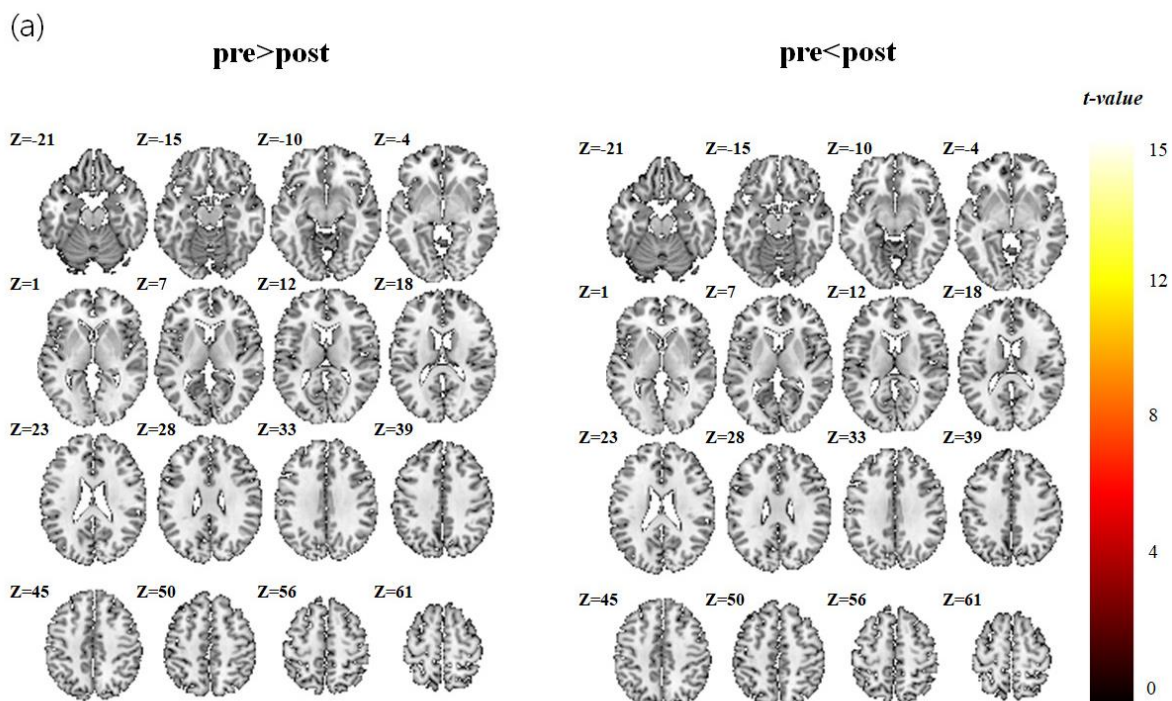
208 \*Paired *t*-test and † ANOVA of HLB–semi-WCST accuracy (%).WCST=Wisconsin Card Sorting

## 209 3.3. fMRI Data Analysis Results

210 The brain activation maps calculated for the acquisitions before and after 8 weeks are shown in  
 211 Table 3 and Figure 4 for the control and insect-rearing groups. There was no significant group  
 212 difference in brain activation area (paired *t*-test) during the fMRI test between the acquisitions  
 213 before and after the intervention in either the control group or insect-rearing group I. However, in  
 214 insect-rearing group II, the brain activation areas during the WCST test were different before and  
 215 after the pet insect-assisted therapy. In this group, the paired *t*-tests analyzing the differences before  
 216 and after pet insect-assisted therapy showed peak *t*-scores of 16.29 in the left mid frontal area, 8.53  
 217 in the left superior medial frontal gyrus, 5.51 in the right inferior frontal gyrus, 8.96 in the right  
 218 putamen, 8.88 in the left insula, 8.88 and 7.88 in the left and right hippocampi, and 17.61 and 8.01 in  
 219 the left and right fusiform gyri.

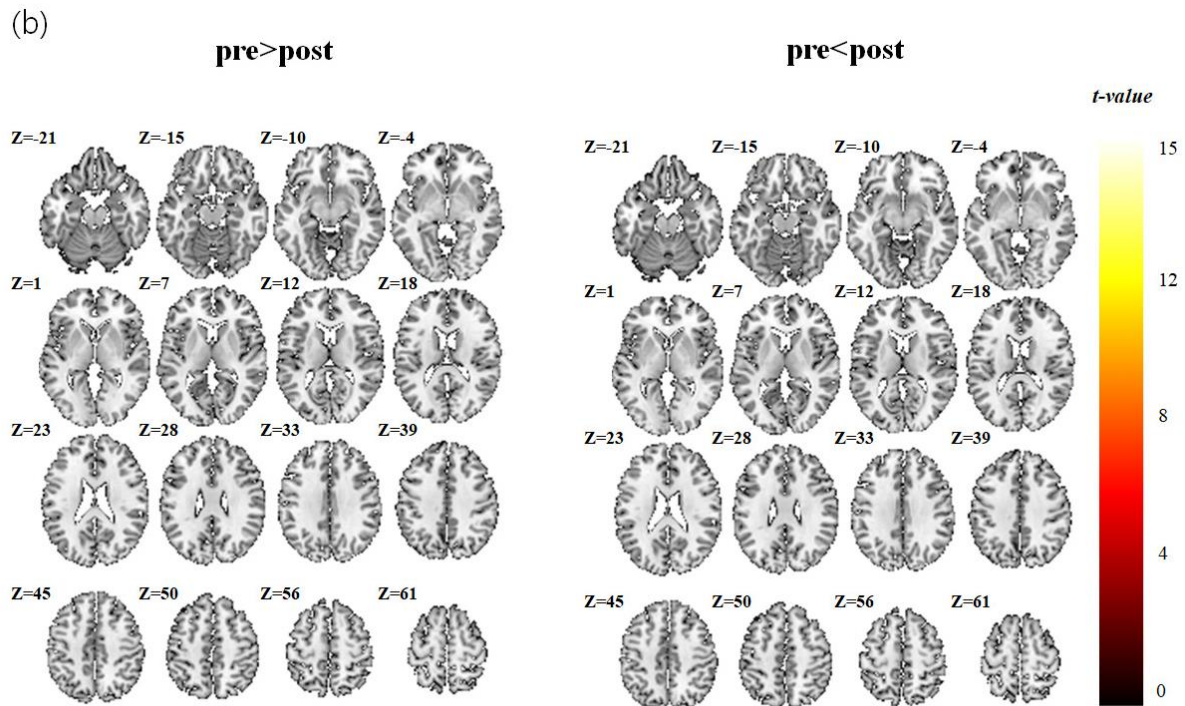
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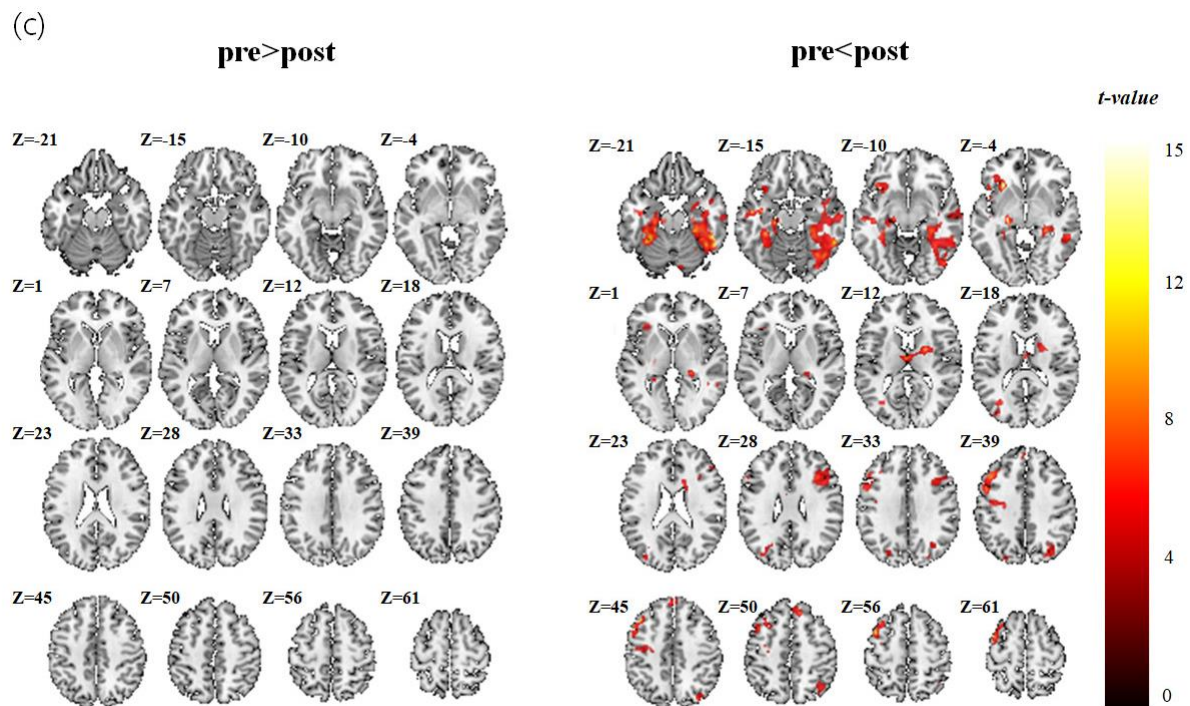


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**Figure 4.** Brain activation maps for paired  $t$ -test analysis ( $p < 0.05$ , with FWE correction using Monte Carlo simulation by 3dClusSim and a minimum cluster size of 163). (a) Control group, (b) Insect-rearing group I, (c) Insect-rearing group II

230

Table 3. Brain activation map scores for paired t-test analysis of insect-rearing group

Contrast	Region	Cluster size	Coordinates (mm)			Peak T	
			x	y	z		
semi – HLB	Middle frontal gyrus	L	544	-46	22	44	16.29
	Superior medial frontal gyrus	L	97	-2	48	40	8.53
	Precentral gyrus	L	79	-42	-10	36	5.07
	Superior parietal lobule	R	-100	38	-60	50	4.77
	Inferior frontal gyrus	R	158	38	16	34	5.51
	Precuneus	L	20	-24	-82	36	4.31
		R	110	28	-80	38	4.58
	Putamen	R	57	22	0	12	8.96
		L	60	-4	-12	10	6.88
	Thalamus	R	49	4	-12	12	5.03
		L	173	-32	14	-14	8.88
	Inferior orbito-frontal gyrus	L	147	-36	20	-14	5.26
	Hippocampus	L	133	-20	-22	-14	8.88
		R	236	24	-34	-4	7.88
	Fusiform gyrus	L	572	-36	-36	-20	17.61
		R	1072	28	-30	-20	8.01

231 p <0.05, with FWE correction using Monte Carlo simulation by 3dClusSim and a minimum cluster size of 163.

232 The x, y, and z coordinates are the Montreal Neurological Institute (MNI) coordinates. Cluster size is the  
 233 number of voxels activated in a regional cluster. L = left, R =right, T is the t-values of the supra threshold  
 234 voxels.

#### 235 4. Discussion

236 This study was a randomized single-arm controlled trial that investigated the effects of rearing  
 237 pet insects on cognitive function in elderly women. The effects on cognitive function were assessed  
 238 using fMRI. The insect-rearing group II, with a relatively low average baseline executive function,  
 239 showed significant differences in both WCST response and fMRI results after pet insect-assisted  
 240 therapy. This result showed that the rearing of pet insects had a beneficial effect on executive  
 241 function in community-dwelling elderly women with low cognitive function.

242 fMRI has frequently been used in neuropsychological studies of memory. Memory can be  
 243 divided into short-term memory (working memory) and long-term memory, and fMRI primarily  
 244 shows working memory according to the functioning of the frontal lobe. It was reported that the

245 left frontal lobe encodes working memory and retrieves working memory from the right frontal  
246 lobe [20]. Frontal cortex activation during the performance of memory tasks was demonstrated  
247 using fMRI. fMRI can also be used to distinguish activation in three areas of the frontal cortex:  
248 anterior frontal cortex (AFC), dorsolateral frontal cortex (DLFC), and ventrolateral frontal cortex  
249 (VLFC). The DLFC and VLFC are located above and below the inferior frontal gyrus, respectively,  
250 while the AFC is located in front of the inferior frontal gyrus. There are no clear boundaries but the  
251 regions can be divided into Brodmann areas, with the VLFC including Brodmann areas 44, 45, and  
252 47; the DLFC, areas 9 and 26; and the AFC, areas 8 and 10. AFC, VLFC, and DLFC are distinguished  
253 according to their activation levels in different tasks: (i) updating and maintaining the contents of  
254 working memory, (ii) selecting, manipulating, and monitoring the contents of working memory, and  
255 (iii) selecting process, target, and sub-goal. These three functions closely match the patterns of VLFC,  
256 DLFC, and AFC activation, respectively [21]. The prefrontal cortex is included in the frontal lobe,  
257 and an advanced study has shown that the prefrontal cortex is associated with executive function  
258 [22].

259 The WCST is a multifaceted test requiring the use of a distributed brain network, and task  
260 execution ability may be impaired by various factors. Some of these are related to frontal lobe  
261 function [23]; most neuroimaging studies on WCST have reported a significant increase in  
262 metabolic or neural activity in the frontal or prefrontal cortical region. In addition, in most studies,  
263 an increase in brain activation has been found in the dorsolateral prefrontal cortex (DLPFC), and in  
264 some studies it has also been found in the ventromedial prefrontal cortex (VMPFC) [19]. Functionally,  
265 the lateral prefrontal cortex (LPFC) is involved in organizing, keeping, and manipulating  
266 information in the short term, depending on the type of cognitive task [24].

267 In working memory tasks, the brain areas activated include the left and right Dorsolateral  
268 prefrontal cortex, (DLPFC), left Ventrolateral prefrontal cortex (VLPFC), premotor cortex, right  
269 frontal pole, bilateral inferior parietal lobules, right insula, right temporal gyrus, and a subcortical  
270 region at the junction of the left thalamus, caudate, and lenticular nucleus. These brain areas are  
271 also functionally connected for performing working memory tasks [25], with working memory  
272 being a main cognitive function [14]. In this study, insect-rearing group II showed enhanced  
273 activation signals in the left medullary frontal area, right DLPFC, parietal cortex, left insula, and  
274 both hippocampi after the rearing of pet insects. During the WCST, the brain showed greater  
275 activation for executive tasks involving the frontal (especially DLPFC) and parietal cortex and the  
276 hippocampi, which are working memory areas. This indicates that the executive ability required to  
277 perform the WCST task was improved, and that the rearing of insects had a positive effect,  
278 improving cognitive function.

279 Insect-rearing group II showed a relatively low score at baseline, which may be considered to  
280 be the result of a low understanding of how to perform the WCST. However, subjects did not  
281 significantly differ among groups in their MMSE score, with all groups showing a normal range. A  
282 previous study suggested that the delayed recall items of the MMSE are an index of working  
283 memory capacity [26]. We made no evaluation of the sub-content items of the MMSE, and even if  
284 the MMSE scores were within normal ranges, there may still have been cognitive impairment with  
285 false-negatives. The most common impairments of cognitive function in patients with false-negative  
286 results are memory and frontal lobe-executive functions [27]. Advanced studies have already  
287 indicated that MMSE is insufficient to evaluate the executive function of the frontal lobe [28, 29].  
288 The MMSE evaluation showed that all subjects were in the normal cognitive state, but we can infer  
289 that the group with low WCST scores had relatively low cognitive functioning.

290 However, there was no significant difference in the accuracy rate and brain activation in the  
291 WCST response data among the three groups. Furthermore, when the differences between the  
292 WCST response data acquired before and after the intervention were compared within groups,  
293 there was no significant change in the control or insect-rearing I group. Previous studies have  
294 reported that AAT could improve cognitive function in elderly subjects [5], and a significant  
295 improvement in cognitive function score was found in a previous study [30] using pet insects in  
296 Korea. Based on these previous studies, we expected that fMRI-detected cognitive function would  
297 be improved in this study. The reasons for the absence of significant differences among the three  
298 groups after 8 weeks of pet insect-assisted therapy may include the following. First, the number of  
299 subjects was small, which may have resulted in the failure to find statistically significant differences  
300 in analysis conducted within groups after randomized classification. Second, all the subjects were  
301 elderly women and most of them (58%) had an educational level below that of elementary school  
302 graduation. Previous studies [31, 32] have shown that age, sex, and education level are significantly  
303 associated with cognitive and neuropsychological test results. However, the subjects were limited  
304 to elderly women, and both age and education level showed no significant difference among the  
305 groups. Third, the subjects were limited to those who had favorable cognitive functioning with a  
306 score of 24 points or more on the MMSE. As the subjects had a normal range of cognitive function at  
307 baseline, there is the possibility that a noticeable improvement in cognitive function was not  
308 detectable after a study period of 8 weeks. However, it is difficult for subjects with relatively low  
309 cognitive function to conduct the complex WCST and to receive education about the protocol before  
310 the test; a high MMSE score was an inevitable criterion because of the study design characteristics.  
311 Fourth, the study period of 8 weeks was relatively short and may have been insufficient to see a  
312 change in cognitive function. However, this was an inevitable limitation because oriental garden  
313 crickets only live for up to 8 weeks. A previous study [33] on elderly subjects in a nursing home  
314 conducted AAT for 12 months. The mean Mental Function Impairment Scale (MENFIS) was  
315 reduced after 6 months, which means that cognitive function improved after 6 months. In another  
316 study [34] on elderly Alzheimer's disease patients, cognitive function improvement measured by  
317 the MMSE was observed in a group who underwent AAT for 6 months. We suggest that to achieve  
318 meaningful improvement in cognitive function using insect-assisted therapy, the study should be  
319 conducted for a longer period.

320 This study has a few limitations. First, all subjects were community-dwelling elderly Asian  
321 women living in a single Korean city. Thus, it may be impossible to generalize the results to other  
322 ethnicities or younger populations. Second, the period of study was 8 weeks, which was relatively  
323 short. As mentioned above, this short duration may have been insufficient to show improvement in  
324 cognitive function. Third, the reliability of the WCST score may have been lower at baseline than at  
325 8 weeks. To conduct the WCST, the method was explained in advance, but the elderly subjects may  
326 have found it difficult to understand. Also, there is the possibility of a learning effect because the  
327 same test was performed twice.

328 Despite these limitations, this study also has its strengths. First, it was a randomized controlled  
329 design. Second, it is the first study to use fMRI to investigate the effect of rearing pet insects on  
330 cognitive function. Although a previous study [30] investigated the clinical effects of rearing pet  
331 insects, this study used a more objective approach by analyzing brain imaging data. Third, every  
332 week, the research assistant confirmed compliance with the rearing of the pet insects and conducted

333 telephone counseling to encourage the practice. Fourth, the precise effects of rearing pet insects on  
334 cognitive improvement were determined by performing WCST and fMRI imaging together, and  
335 these are well known to be reliable and valid tools. Finally, as mentioned above, the restricted  
336 subject diversity could be a strength because it should minimize the confounding effects of  
337 variables such as age, sex, residential area, and comorbid diseases.

338 In conclusion, the rearing of pet insects was found to have a positive effect on improving  
339 executive function and performance in elderly women. Rearing insects is cost-effective, easy,  
340 occupies less space than the raising of larger animals, and can be usefully used as a type of AAT  
341 that is non-pharmacologically based and noninvasive. Further larger studies of pet insects with  
342 longer study periods are warranted.

343

344 **Acknowledgments:** This research was supported by Kyungpook National University Research  
345 Fund, 2018. Study design, data collection and analyses were completely performed by the authors.

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