





DIFFERENTIAL BRAIN RESPONSES TO ALCOHOL-RELATED AND NATURAL REWARDS ARE ASSOCIATED WITH ALCOHOL USE AND PROBLEMS: EVIDENCE FOR REWARD DYSREGULATION

Jorge Martins, Ph.D.

DEPARTMENT OF PSYCHIATRY YALE UNIVERSITY SCHOOL OF MEDICINE

jorge.martins@yale.edu

44th Annual RSA Scientific Meeting / ISBRA Congress, June 19-23, 2021

SUSTANCE USE DISORDERS AND REWARD CUES

Individuals with SUDs and heavy users have *blunted* reactivity to non-drug-related rewards and *enhanced* reactivity to drug-related cues.

Natural Reinforcers



Drug-Related Cues



INFLUENCIAL THEORETICAL PERSPECTIVES OF ADDICTION

The incentive-sensitization theory of addiction (Berridge & Robinson, 1993) posits that cues signaling drug availability take on incentive value of the drugs themselves.

Reward-deficit models posit that risk for drug use is conferred by blunted incentivemotivational value of natural (i.e., nondrug) reinforcers.

- Reward-deficiency hypothesis (Blum et al., 1996, 2013)
- Allostatic model (Koob & Le Moal, 2001, 2008)

Behavioral economic and value-based decision-making models (Bickel et al., 2014; Field, 2020) assert that the ratio of drug-free and drug reward is critical to addiction.

LIMITATIONS OF PREVIOUS RESEARCH

Even though previous research demonstrates that heavy drinkers and individuals with alcohol use disorder (AUD) typically show enhanced reactivity to alcohol-related cues and blunted reactivity to natural reinforcers (e.g., sex, food, money), these indices show low predictive power and inconsistent associations with measures of intensity of use, craving, and likelihood of relapse.

> Witteman et al. (2015) *Psychopharmacology* Rohsenow et al. (1994) *J Consult Clin Psychol.* Field, Marhe & Franken (2014) *CNS Spectrums*

THE CURRENT STUDY

The current study examined reward dysregulation P3–a neurophysiological response representing differential reactivity to alcohol cues and reactivity to natural rewards–as a potential neurobiobehavioral marker of problematic drinking and AUD risk.





IS THE P3 (OR P300) OF THE ERP?

in reactivity to stimuli: P3 amplitude of the ERPs





Source: http://www.hanix.net/En/Products/info/id/100.html

arker of the incentive salience or motivational significance of a er, Porjesz, Chou, & Aunon, 1983; Franken et al., 2011).

he stated reasons

豆

94%

+++++

HYPOTHESES

H1: P3 amplitude elicited by alcohol cues (ACR-P3) would be positively associated with alcohol use and problems.

H2: P3 amplitude elicited by natural rewards (Reward-P3) would be negatively associated with alcohol use and problems.

H3: The *difference* in the ACR-P3 – Reward-P3 (i.e., *Reward dysregulation P3*) would be more strongly associated with alcohol use and problems.

H4: Reward dysregulation P3 would better differentiate at-risk individuals from low/moderate-risk drinkers than either of its constituent components.

METHODS

PARTICIPANTS

156 nondependent young adults – University of Missouri and surrounding community

- 18 to 30 years-old
- Mean age = 21.91 (*SD* = 2.97)
- 61% female
- 88% White

Eligibility criteria:

- Fluent in English
- Aged between 18 to 30 years old
- No current or past attempts to quit drinking
- No alcohol withdrawal symptoms
- No history of head trauma or neurological disorder

Compensated with \$10 per hour

MATERIALS AND MEASURES

Picture-viewing 'oddball' task (e.g., Bartholow et al., 2010; Martins et al., 2019) Alcohol-related self-report measures :

- Alcohol use (NIAAA, 2003):
 - Past 12 mo. drinking quantity and frequency
- Binge drinking (NIAAA, 2003):
 - Past 12 mo. binge-drinking frequency
- Heavy drinking (NIAAA, 2003):
 - Past 12. mo. max. drinks in 24 hours
- Alcohol problems (YAACQ; Kahler et al. 2005)
 - Young Adult Alcohol Consequences Questionnaire (Kahler et al., 2005)
 - Levels of risk for harmful and hazardous drinking (Read et al., 2016)
 - Low/moderate level of risk: n = 77 (YAACQ score ≤ 15)
 - High level of risk: n = 26 (YAACQ total score ≥ 16)

PICTURE-VIEWING 'ODDBALL' TASK



Bartholow et al. (2010) *Psychol Addict Behav.* Martins et al. (2019) *Alcohol Clin Exp Res.*







RESULTS

REGRESSION MODELS PREDICTING DRINKING OUTCOMES

Regression models predicting drinking outcomes:

Model	Alcohol Use				Binge Drinking				Heavy Drinking			Alcohol Problems				
	Adj. R ²	b	SE b	р	Adj. R ²	b	SE b	р	Adj. R ²	b	SE b	р	Adj. pseudo-R ²	b	SE b	р
Model 1: ACR-P3	.11				.09				.07				.15			
ACR-P3		0.53	0.34	.115		0.11	0.04	.004		0.09	0.12	.422		0.03	0.01	.014
Model 2: Reward-P3	.09				.03				.09				.14			
Reward-P3		-1.71	2.01	.398		-0.12	0.24	.619		-1.33	0.68	.051		0.01	0.08	.855
Model 3: ACR-P3 + Reward-P3	.12				.12				.11				.16			
ACR-P3		0.90	0.38	.021		0.16	0.04	<.001		0.27	0.13	.040		0.05	0.02	.004
Reward-P3		-4.33	2.28	.059		-0.59	0.26	.024		-2.12	0.77	<.001		-0.13	0.09	.150
Model 4: Reward Dysregulation P3	.13				.11				.11				.15			
Reward Dysregulation P3		4.15	1.68	.015		0.68	0.19	<.001		1.58	0.57	<.001		0.17	0.07	.018

Note. All ordinary least squares (OLS) regression models were estimated controlling for age (in years), sex (female/male), and race/ethnicity, In addition, regression models predicting alcohol problems controlled for an alcohol use/heavy drinking composite (including alcohol use, binge drinking and heavy drinking).

ROC CURVES: CLASSIFICATION PERFORMANCE

ROC curves summarizing classification performance in discriminating high risk:



Reward dysregulation P3 responses successfully differentiated high-risk from low/moderate-risk drinkers (AUC = .73, 95% CI = .62-.84), and did so almost nearly as well as an alcohol use/heavy drinking composite (AUC = .85, 95% CI = .76-.94): AUCs = .73 vs. .85; *Z* statistic = -1.83, *p*-value = .067.

CONCLUSIONS

TAKE HOME MESSAGES

Consistent with its conceptualization as a neurobiobehavioral marker of risk for heavy and problematic drinking, the *reward dysregulation P3* was quite robustly and consistently associated with all drinking outcomes.

Reward dysregulation P3 showed some ability to discriminate individuals at risk for problematic drinking and did so with similar accuracy as an alcohol use/heavy drinking composite, a "gold standard" measure of risky drinking.

THEORETICAL IMPLICATIONS

Theoretical Model of Vulnerability for Alcohol Dependence:



CLINICAL SIGNIFICANCE

The utility of neurophysiological measures (i.e., reward dysregulation P3) for both clinical diagnosis and vulnerability assessment beyond that provided by self-report measures.

The current findings can contribute to the development of both prevention programs and intervention efforts aimed at reducing the burden of alcohol misuse and AUD.

LIMITATIONS

- The inability to resolve the etiology of the reward dysregulation P3.
- The extent to which the Reward-P3 and ACR-P3 share sources in the reward processing brain circuits is not clear.
- The sample homogeneity in terms of demographic characteristics.
- Limited number and content of stimuli used to elicit P3-ERP responses.

FUTURE DIRECTIONS

- To examine reward dysregulation P3 and its relation to drinking outcomes in more diverse populations and expand the types of reward-relevant cues used (e.g., money).
- To clarify the ontogeny of the reward dysregulation phenotype using longitudinal and/or genetically informed designs (e.g., twin studies).
- To evaluate the specificity vs. generality of its effects—in particular, whether reward dysregulation P3 indexes risk for problematic drinking specifically or is associated with broader, transdiagnostic traits (e.g., externalizing proneness).

ACKNOWLEDGMENTS

University of Missouri-Columbia

- Bruce D. Bartholow, Ph.D.
- Denis M. McCarthy, Ph.D.
- R01-AA025451
- R01-AA019546

Washington University in St. Louis

• David H. Morris, Ph.D.

Florida State University

- Keanan J. Joyner, M.S.
- Christopher Patrick, Ph.D.











THANK YOU!

