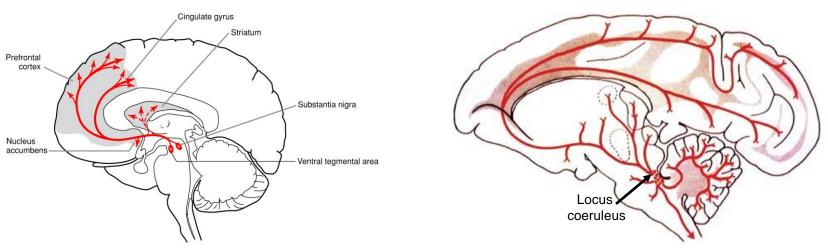
#### The Neural Bases of Habits and Obsessions

#### TIAGO V. MAIA

Institute for Molecular Medicine
School of Medicine
University of Lisbon

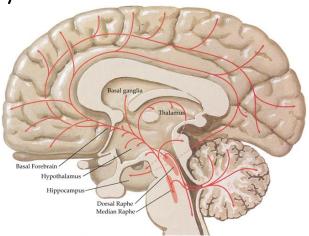
Department of Psychiatry Columbia University

### **Neuromodulatory Systems**



**Dopaminergic Pathways** 

Noradrenergic Pathways

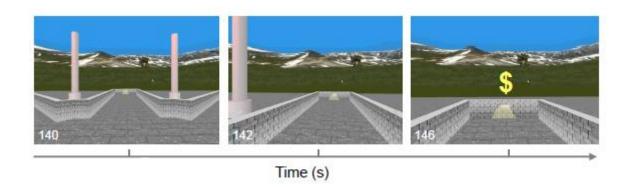


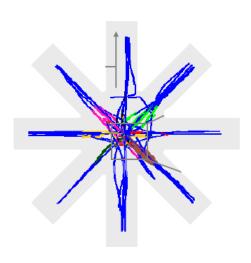
Serotonergic Pathways

#### **Habit Learning in Healthy Humans**

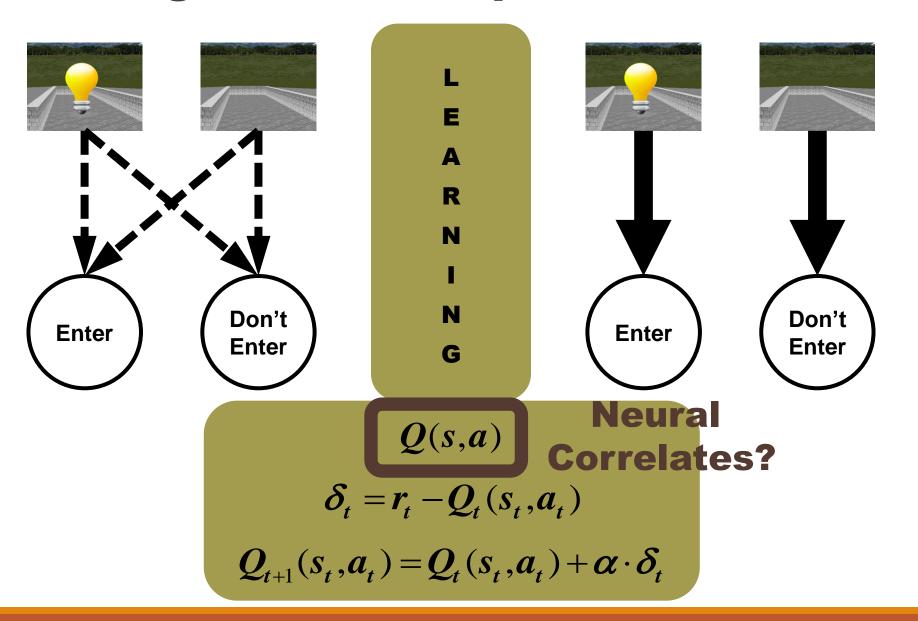
(with Guillermo Horga, Bradley Peterson, and others)

# Virtual-Reality Maze

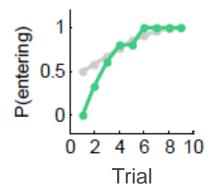




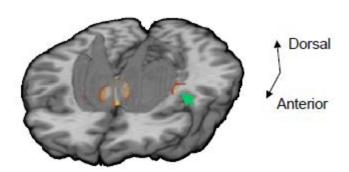
#### **Learning Stimulus-Response Associations**



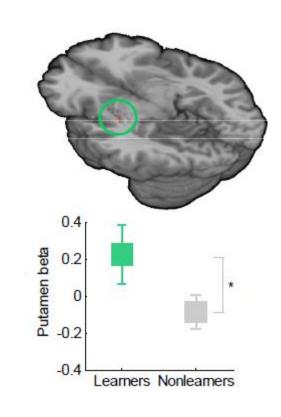
#### Example model fit



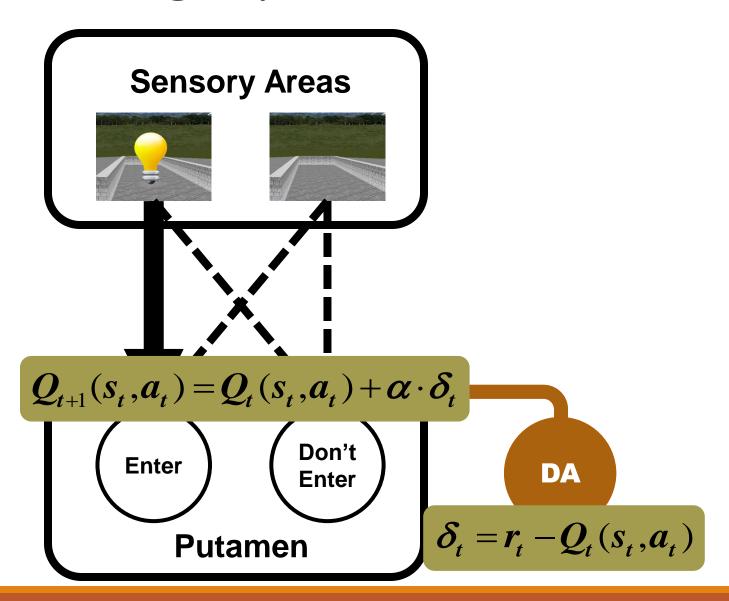
# Areas whose activity correlates with the strength of the habit [Q(s,a)]



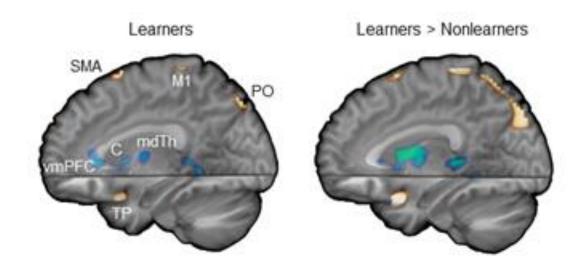
# Putamen activity distinguishes learners from non-learners



## Learning Depends on DA-Modulated Plasticity



#### Changes in Putamen Connectivity with Learning



Q x posterolateral putamen PPI

Stregthening of connections between putamen and sensory and motor areas

Weakening of connectivity between limbic areas and putamen

# The Neural Basis of Habit Learning: Summary

- Habit learning in humans involves the putamen
   Consistent with animal studies
- Changes in connectivity during habit learning confirm predictions from reinforcement-learning models about changes in synaptic efficacy

# Serotonin in Obsessive-Compulsive Disorder

(with Maria Cano-Colino)

# Obsessive-Compulsive Disorder

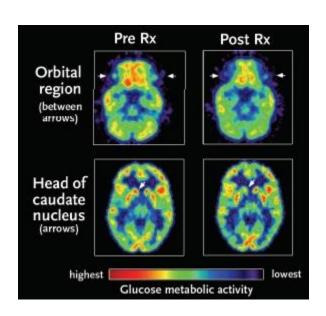
Obsessions: recurrent, persistent, and intrusive ego-dystonic thoughts, impulses, or images

<u>Compulsions</u>: repetitive behaviors or mental acts that are executed with the goal of preventing or reducing distress

#### Serotonin in OCD

Pharmacological treatment of OCD:

- SSRIs
- Clomipramine



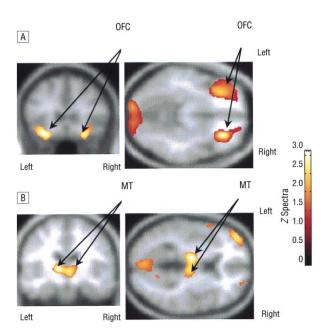
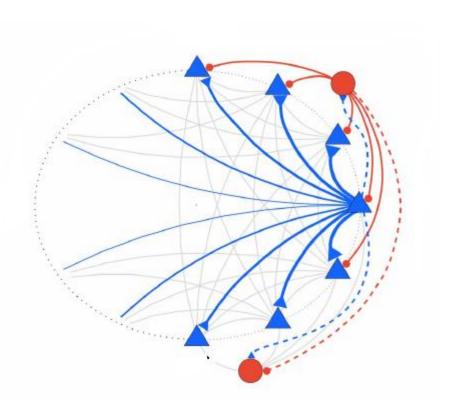
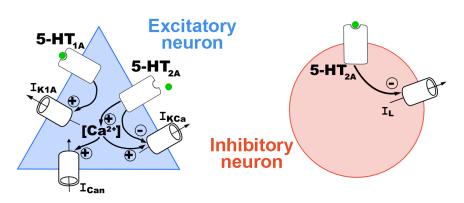


Figure from Saxena et al. (2002)

# **Computational Model**

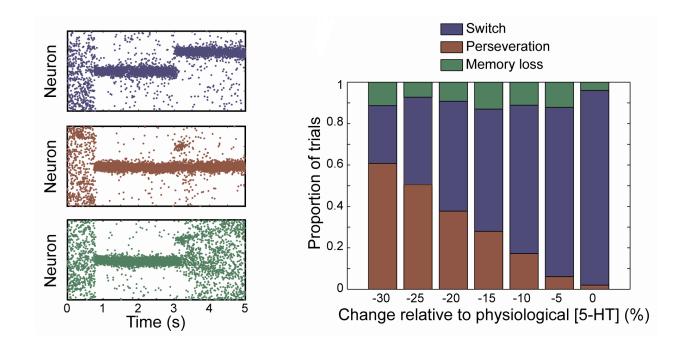




Biophysically detailed model

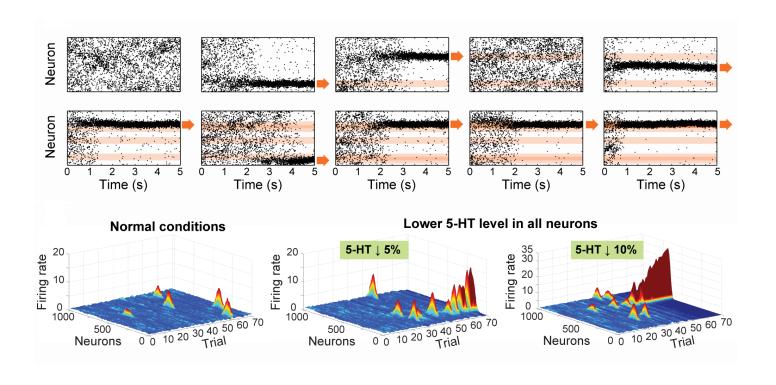
Manipulate (tonic) levels of serotonin

## Low Serotonin Increases Perseverative Neuronal Activity

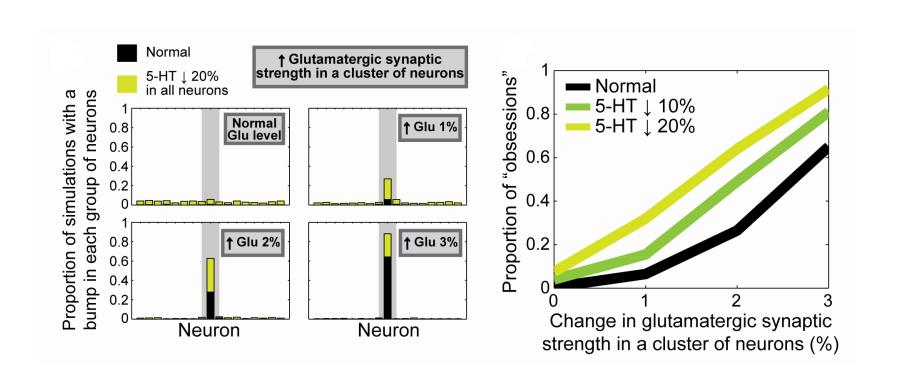


Substantial evidence linking low serotonin to perseverative behavior (e.g., in reversal learning)

# Low Serotonin Increases the Tendency to Develop Obsessions

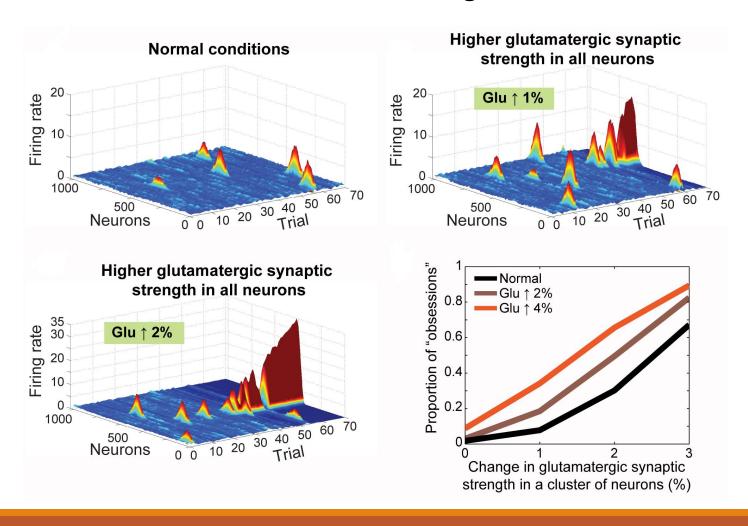


# Low Serotonin Increases the Tendency to Fall into Existing Obsessions

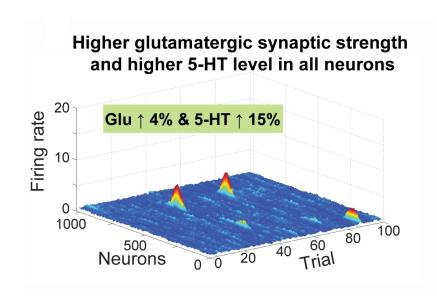


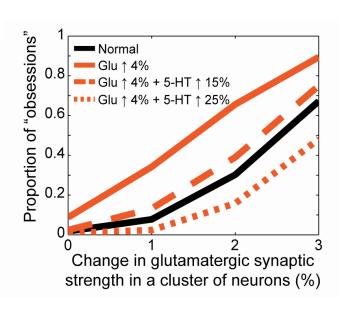
### High Glutamate Increases the Tendency to Develop Obsessions and Fall into Existing Obsessions

Substantial interest in a role of glutamate in OCD



# Increasing Serotonin Reverses the Tendency to Develop Obsessions and Fall into Existing Obsessions Due to High Glutamate



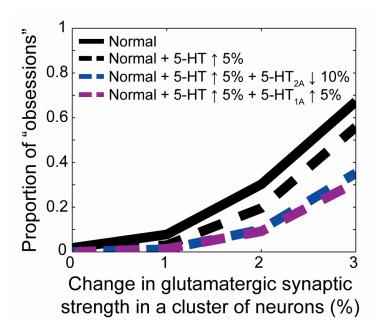


Increasing serotonin beneficial even if the underlying deficit is glutamatergic

→ Implications for reverse inference going from treatment effects to pathogenesis (relevant for many areas of psychiatry)

# Pharmacological Augmentation

- SSRIs often augmented with antipsychotics (e.g., risperidone)
  - 5HT<sub>2A</sub> blockade but several other effects
    - 5HT<sub>2A</sub> important for therapeutic effect?
- Role for 5HT<sub>1A</sub>?



5HT<sub>1A</sub>: pre- vs. post-synaptic effects

# Serotonin and OCD: Summary

- Both low serotonin and high glutamate increase the tendency to develop obsessions and to fall into existing obsessions
- Increasing serotonin reverses these tendencies (even when they are caused by high glutamate)
- 5HT<sub>2A</sub> antagonists, and possibly 5HT<sub>1A</sub> agonists, may augment the therapeutic efficacy of SSRIs
  - But current 5HT<sub>1A</sub> agonists may be of limited use because of presynaptic effects
- Mechanistic insights

## **Overall Conclusions**

The synergistic use of computational modeling, brain imaging, and neuropsychological testing is a powerful approach to the neural substrates of neuropsychiatric disorders.

#### **Acknowledgments**

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