

Why don't you try harder? Computational approach to motivation deficits



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A case of motivation deficit



The issue with motivation deficits

- ✓ Frequent in most neurological and psychiatric conditions (e.g., apathy in Parkinson's disease)
- ✓ Poorly assessed by questionnaires (e.g., Starkstein's scale)

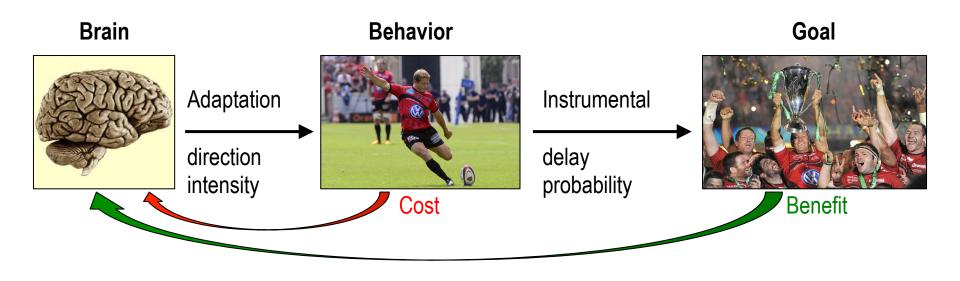
1. Are you interested in learning new things?	not at all	slightly	some	a lot
2. Does anything interest you?	not at all	slightly	some	a lot
3. Are you concerned about your condition?	not at all	slightly	some	a lot
4. Do you put much efffort into things?	not at all	slightly	some	a lot
5. Are you always looking for something to do?	not at all	slightly	some	a lot
6. Do you have plans and goals for the future?	not at all	slightly	some	<u>a lot</u>
7. Do you have motivation?	not at all	slightly	some	a lot
8. Do you have the energy for daily activities?	not at all	slightly	some	a lot
8. Do you have the energy for daily activities?9. Does someone have to tell you what to do each day?	not at ail not at all	slightly slightly	some some	a lot a lot
9. Does someone have to tell you what to do each day?	not at all	slightly	some	a lot
9. Does someone have to tell you what to do each day?10. Are you indifferent to things?	not at all not at all	slightly slightly	some some	a lot a lot
9. Does someone have to tell you what to do each day?10. Are you indifferent to things?11. Are you unconcerned with many things?	not at all not at all not at all	slightly slightly slightly	some some some	a lot a lot a lot

- Quick and simple but: depends on quality of insight
 - no link with underlying neural mechanisms

Use a computational approach

- Decompose motivation into variables and processes formalized in a mathematical model
- Fit the model on the behavior observed in objective tests to obtain computational phenotypes

Empirical definition of motivation

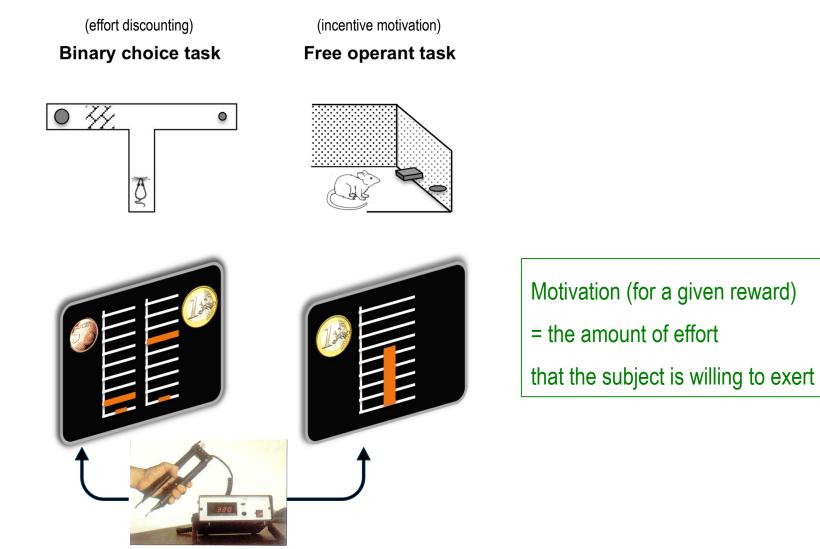


Motivation is a concept used by an observer to understand the behavior of an agent

In the framework of goal-directed behavior:

- Motivation as a process = adapts direction and intensity of the behavior
- Motivation as a <u>content</u> = the goal (an anticipated world state)
- Motivation as a <u>quantity</u> = the cost that the agent is willing to accept (corresponds to goal value)

Empirical assessment of motivation

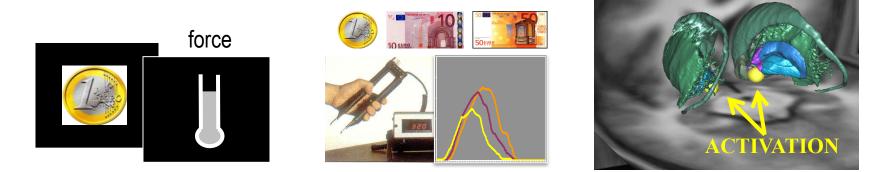


ANIMALS

Combining neuroimaging and patient studies

Neuroimaging studies

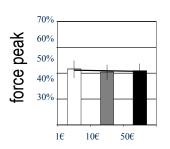
Implication of ventral striato-pallidum in subliminal motivation (Pessiglione et al. Science 2007) of both mental and physical effort (Schmidt et al. Plos Biol 2012)



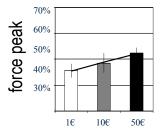
Clinical studies

Motivation deficit (apathy) induced by bilateral striato-pallidal lesions (Schmidt et al. Brain 2008) or striatal dopamine depletion (Le Bouc et al., J Neurosci 2016)





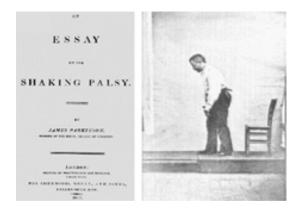
Auto-activation deficit



Parkinson's disease

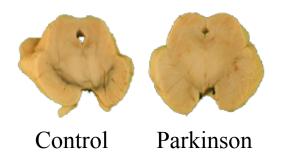
How the brain adjusts the intensity of effort production

The issue of apathy in Parkinson's disease



Symptoms include both motor deficit (e.g. akinesia) and motivational deficit (e.g. apathy)

- > How can we explain a reduction of behavior?
 - dysfunction of motor control
 - under-estimation of goal value
 - over-estimation of action cost

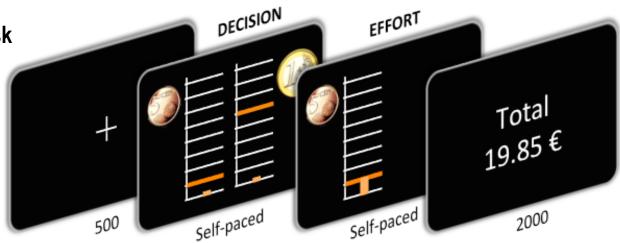


PD is primarily characterized by dopamine depletion, and treated with dopamine enhancers
➤ What is the role of dopamine in these deficits?
(would dopamine impact motor control, goal value, action cost, or any combination ?)

Two tasks implementing cost/benefit trade-off

Effort-based choice task (binary options)

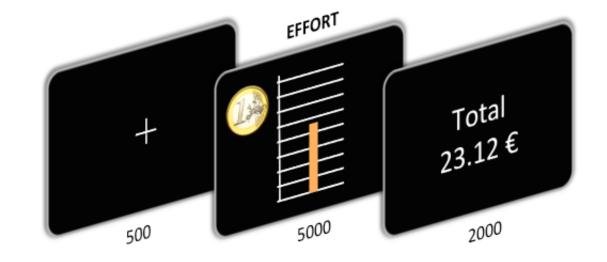
Payoff = chosen option



- Force level is normalized to individual maximal force
- Payoff is proportional to peak force

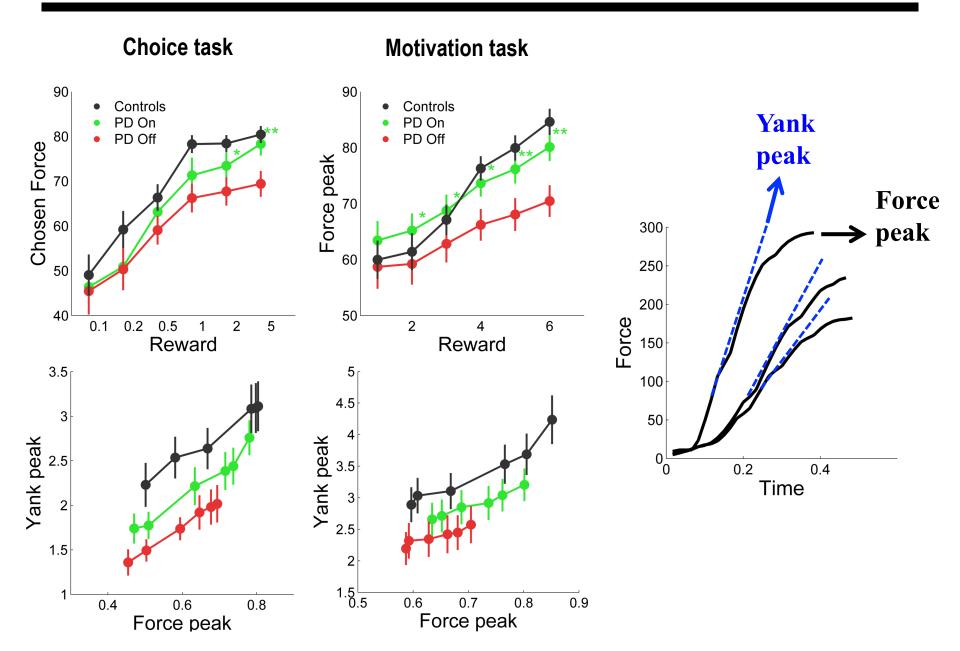
Incentive motivation task (continuous options)

Payoff = reward * force

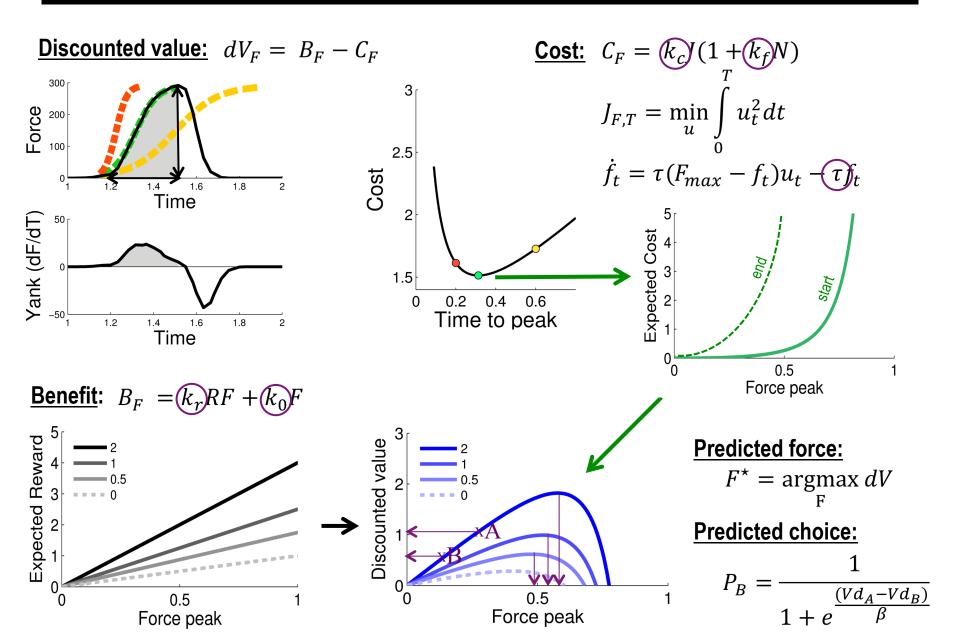


Reading the role of dopamine in force profile

Le Bouc et al. J Neurosci 2016

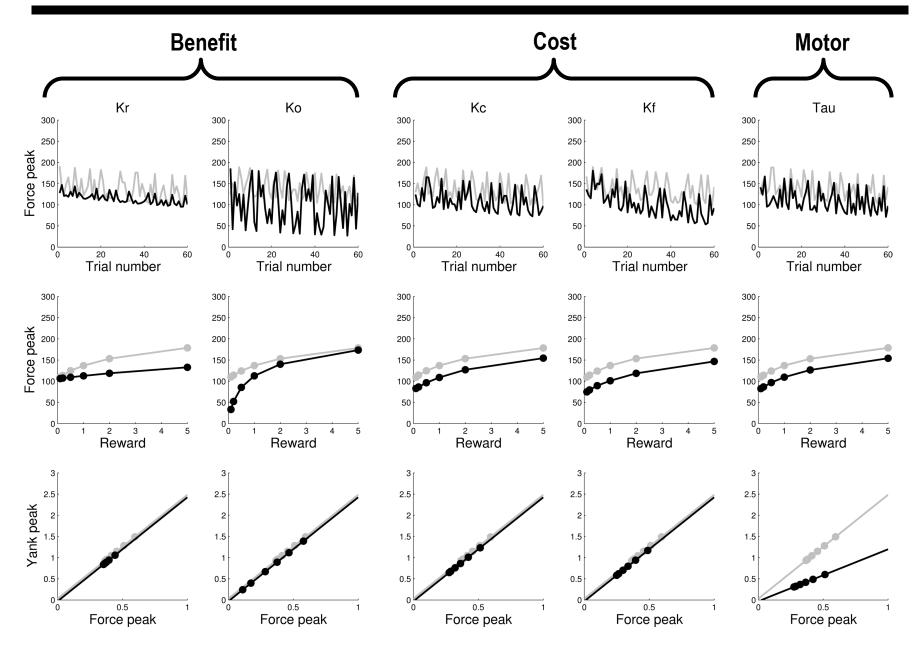


Merging economic decision and motor control



Simulating the effects of free parameters

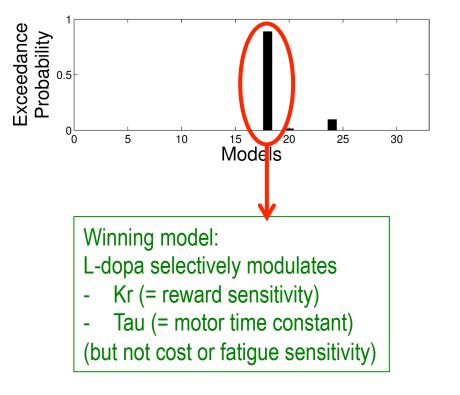
Le Bouc et al. J Neurosci 2016



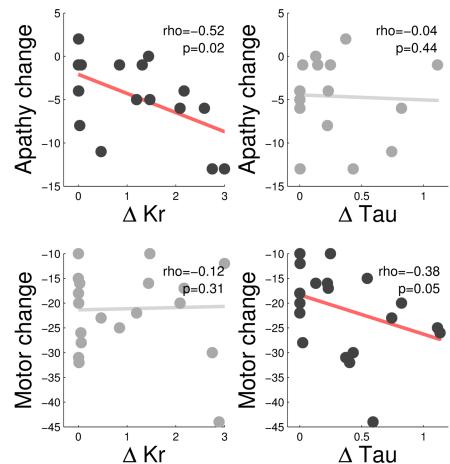
Dissociation of dopamine functions

Bayesian model selection

(fitted on choice, force and yank data)



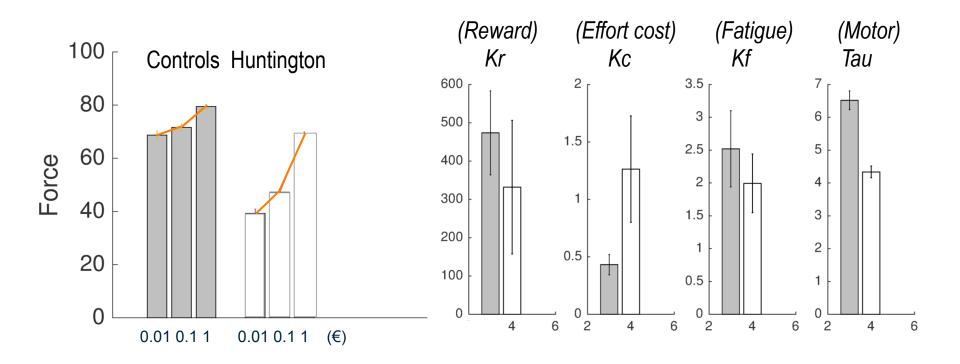
Clinico-computational correlation



> 2 independent effects (Kr and Tau) of dopamine enhancers (through separate pathways ?)

Computational phenotyping of Huntington's disease





- > 3 computational features associated with HD: \downarrow Kr, \uparrow Kc and \downarrow Tau
- Separate neural underpinnings?

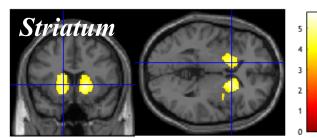
Clinical scales

Model parameters

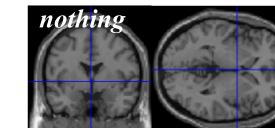
UHDRS



Motivation deficit

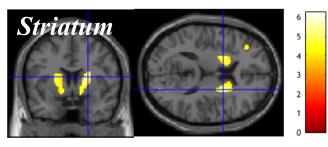


Starkstein



- ➤ Atrophy in DS => ↓Tau
- ➤ Atrophy in VS/VP => ↓Kr
- Atrophy in alns/dACC => ↑Kc





3

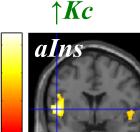
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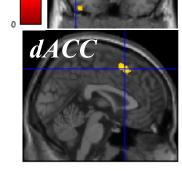
\Kr

Pallidum

3

2

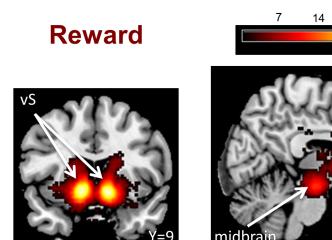


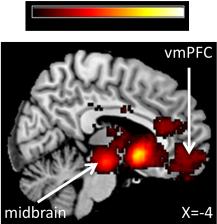


Meta-analysis of fMRI studies

Α

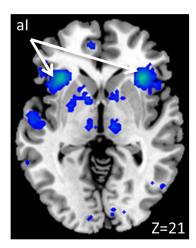




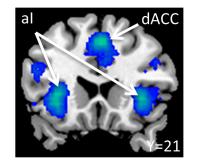


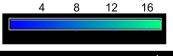
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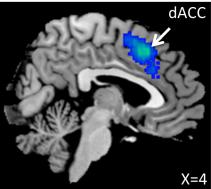
В



Effort







Outline

How the brain adjusts the intensity of effort production

- > Normative model (integrating motor control into economic decision theory)
- Dissociated implication of ventral striato-pallidal complex in incentive motivation

- anterior insula and cingulate cortex in effort cost

> Dopamine adjusts both sensitivity to incentives and motor activation rate

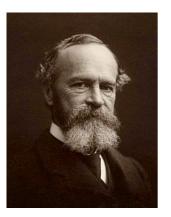
How the brain allocates effort production over time

The issue of continuous cost/benefit trade-off



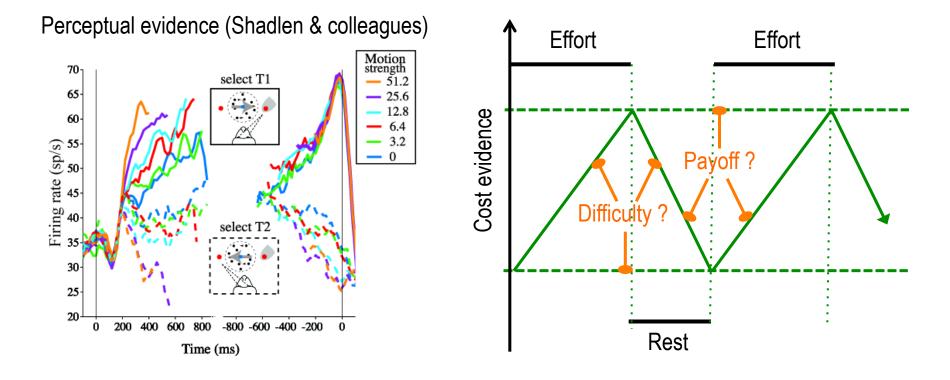
- > What if the effort allocation problem unfolds over time?
- ➢ How do we know when to have a break?
- > Is there an opponent system signaling effort cost and limiting performance?

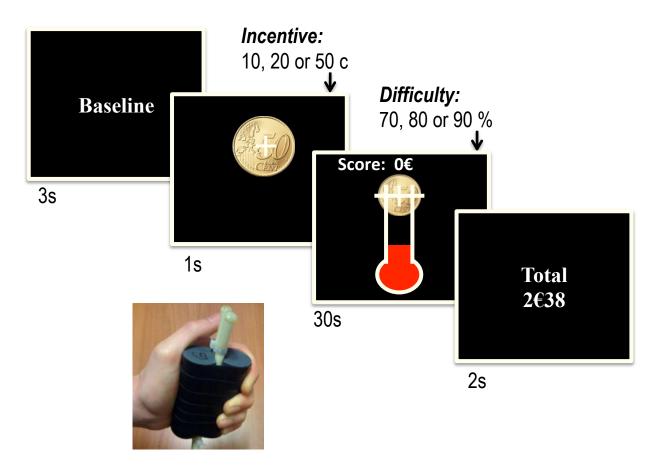
An accumulation model for effort allocation



William James (1905):

'Ordinarily, we stop when we meet the first effective layer, so to call it, of fatigue. (...) But if an unusual necessity forces us to press onward, a surprising thing can happen. The fatigue gets worse up to a critical point, when gradually or suddenly it passes away (...). We have evidently tapped a level of new energy'

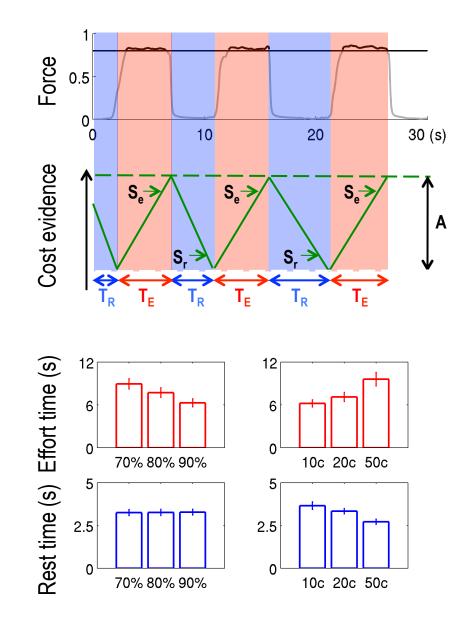


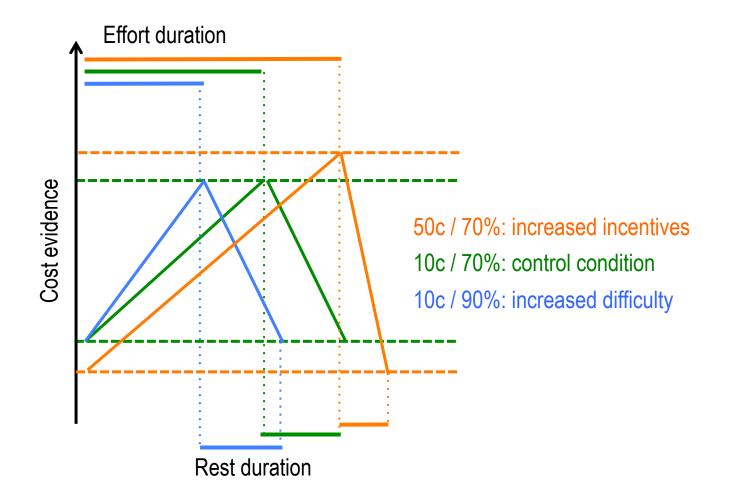


- Force level is normalized to individual maximal force
- Payoff is proportional to the cumulative effort duration
- Participants believe they play for real money

Different factors impact effort and rest durations

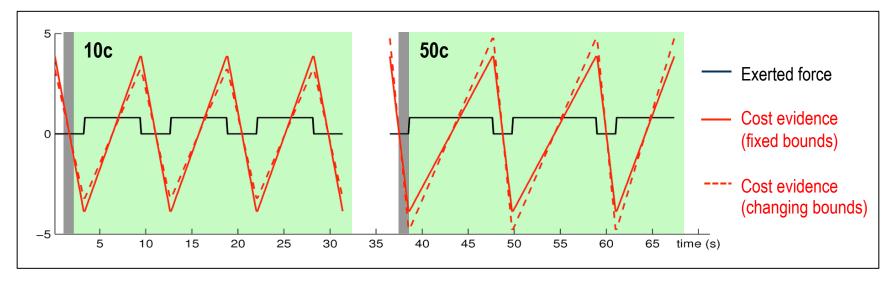
Meyniel et al. PNAS 2013



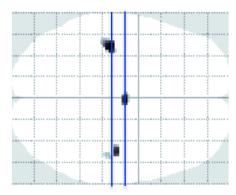


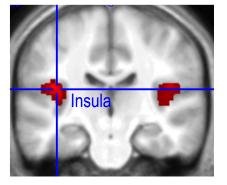
The cost evidence signal viewed through fMRI

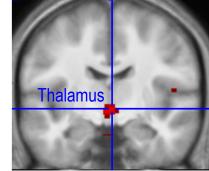
Modeled cost evidence accumulation signal



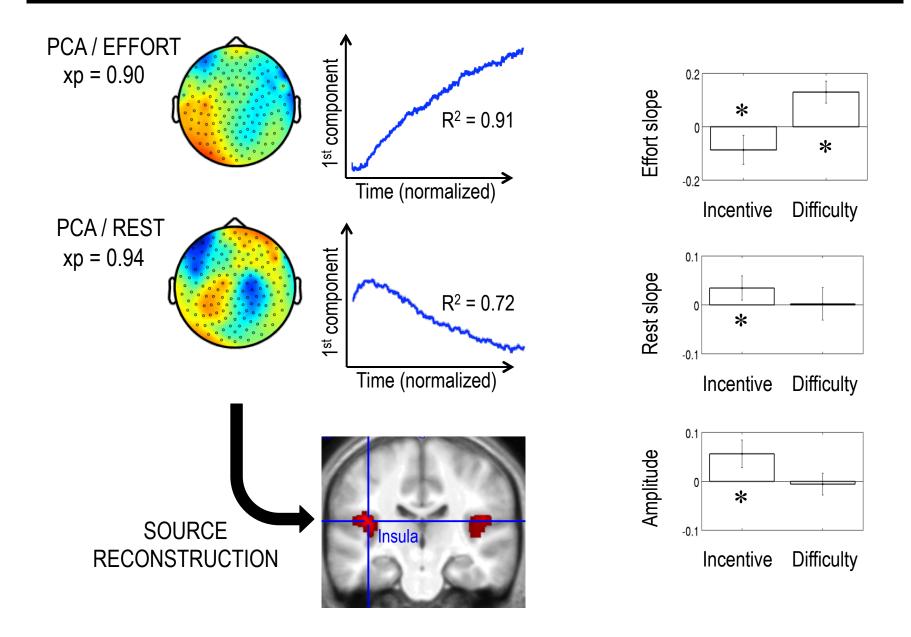
Localization of cost evidence accumulation signal (best fit with changing bounds)





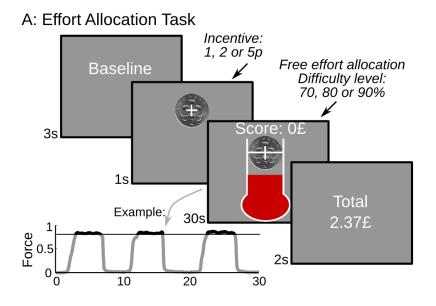


The cost evidence signal viewed through MEG



Effects of anti-depressant drugs on effort allocation

Meyniel et al. eLife 2016

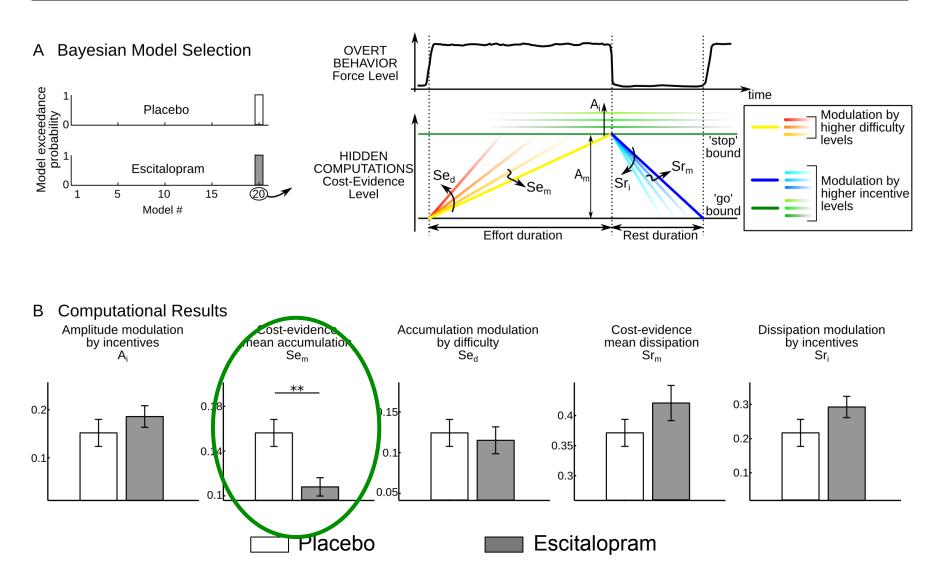


B: Treatments and testing schedule Test #1 Test #2 Test #3 Initial Intermediate Late phase phase phase 20r Placebo (29 subjects) 10 Number of tests included (pooled over subjects) 20 Escitalopram (29 subjects) 20 Agomelatine 25 mg (30 subjects) 20 Agomelatine 50 mg (27 subjects) 0 10 20 30 40 50 60 Time (days) since treatment initiation C: Behavioral performance Vionetary payoff (£) ** T 36 34 32 30 28 26 Intermediate Pooled over Initial phase Late phase phase phases

Only SSRI have an effect (improved performance)

SSRI effect specific to effort cost accumulation

Meyniel et al. eLife 2016



SSRI enhance the slope of cost evidence accumulation

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 anterior insula and cingulate cortex in effort cost
- > Dopamine adjusts both sensitivity to incentives and motor activation rate

How the brain allocates effort production over time

- Descriptive model (accumulation-to-bound model applied to cost monitoring)
- > Posterior insula represents the decision variable (cost evidence)
- > Serotonin prolongs effort by lowering the rate of cost evidence accumulation
 - ⇒ Better treat reduced reward sensitivity with psychostimulants (DA)
 enhanced effort cost sensitivity with antidepressants (5HT)

A test battery for motivation disorders



Model parameters

Sensitivity to reward, punishment, effort, delay, etc.

- = cardinal dimensions of psychiatric conditions (links to apathy, impulsivity etc.)
- = possibly susceptible to different treatments (DA for reward, 5HT for effort ...)

Computational phenotyping

- Behavioral tests at bedside => computational parameters
- Computational fingerprint => disease evolution and treatment effects

Thanks to the MBB team

https://sites.google.com/site/motivationbrainbehavior



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Raphaël Le Bouc

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