



# Malignant Evaluation: Neuromodulation, Depression and Reinforcement Learning

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## Overview

Neuromodulators :: RL  
Dopamine – rewards and actions  
Serotonin – aversion, stress, inactivity  
Noradrenaline – unexpected uncertainty  
Acetylcholine – expected uncertainty

=> **NMs control plasticity**

Neuromodulators :: Psychiatry  
Schizophrenia – DA, 5HT  
ADHD – DA, NA  
Parkinson's – DA  
Alzheimer's – Ach  
Depression – 5HT

=> **what controls the controllers?**

**Meta-meta-plasticity**

[cf metaplasticity Doya 2002]

## Psychiatry :: RL ??

- Analyse the plasticity of NMs themselves
- Set NMs as a function of reward / punishment statistics in the environment
- Relate psychiatric dysfunction to normal function via normative roles of NMs

## Depression

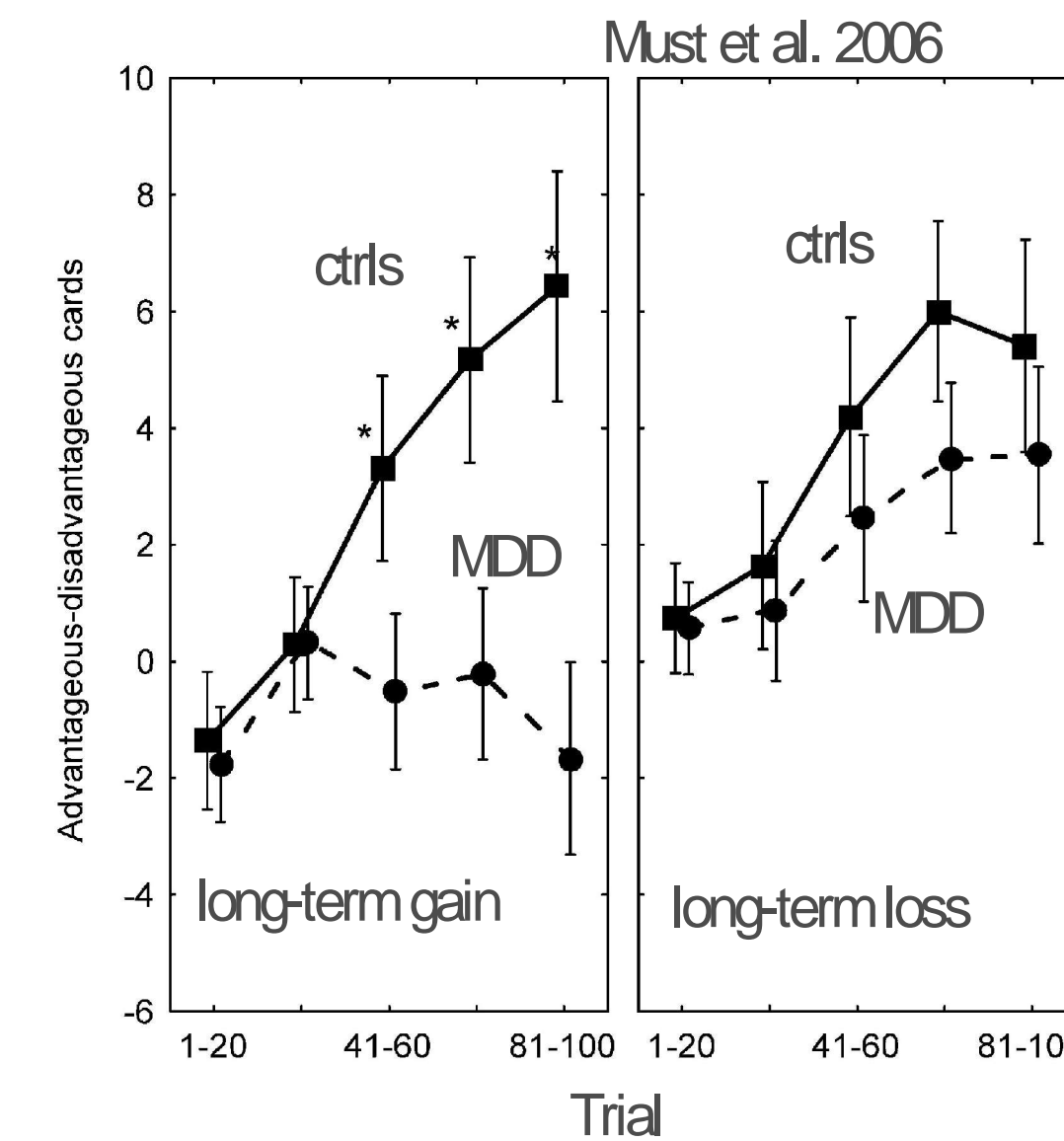
- By 2020: 2<sup>nd</sup> most important disability worldwide
  - malfunction in society**
  - suicide, heart disease
- 5-20% lifetime incidence in USA
- Definition:
  - low mood / anhedonia -> reward experience
  - hopelessness / worthlessness / helplessness
  - indecisiveness / diminished ability to think -> reward usage
  - loss of energy and others
- Aetiology
  - Stress
  - 5HT transporter polymorphism
- Treatment
  - Cognitive behavioural therapy
  - SSRIs (SNRIs, TCA, ECT, stimulants)

## Depressed decisions

Depression :: inefficient use of performance evaluations to guide future actions  
**Serotonin is instrumental**

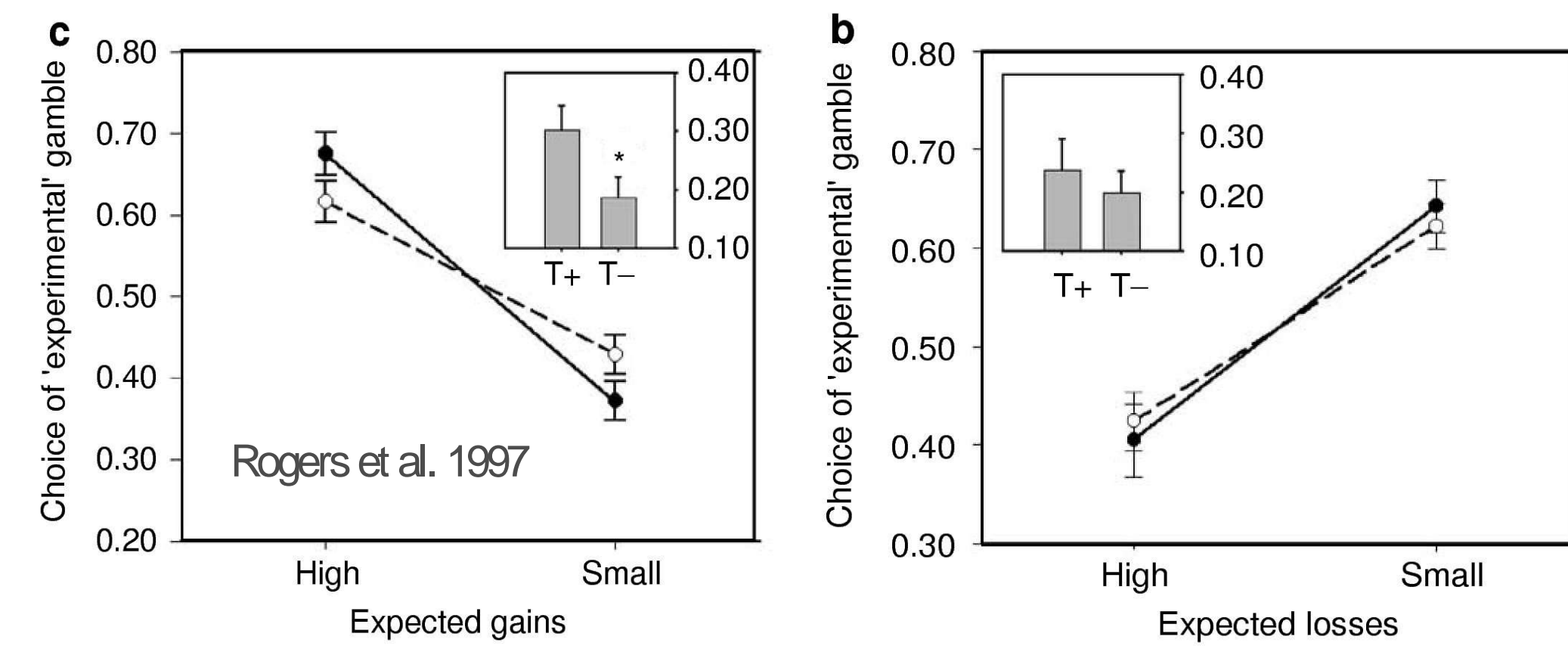
Normal use of negative reinforcement, but suboptimal use of positive reinforcements.

High sensitivity and inefficient use of negative feedback [Elliott et al. 97]



## Serotonin

Tryptophan depletion decreases availability of 5HT. This causes depression relapse and qualitatively recovers aspects of decision making in depressed subjects (also mood-congruent biases).



## 5HT opposes DA

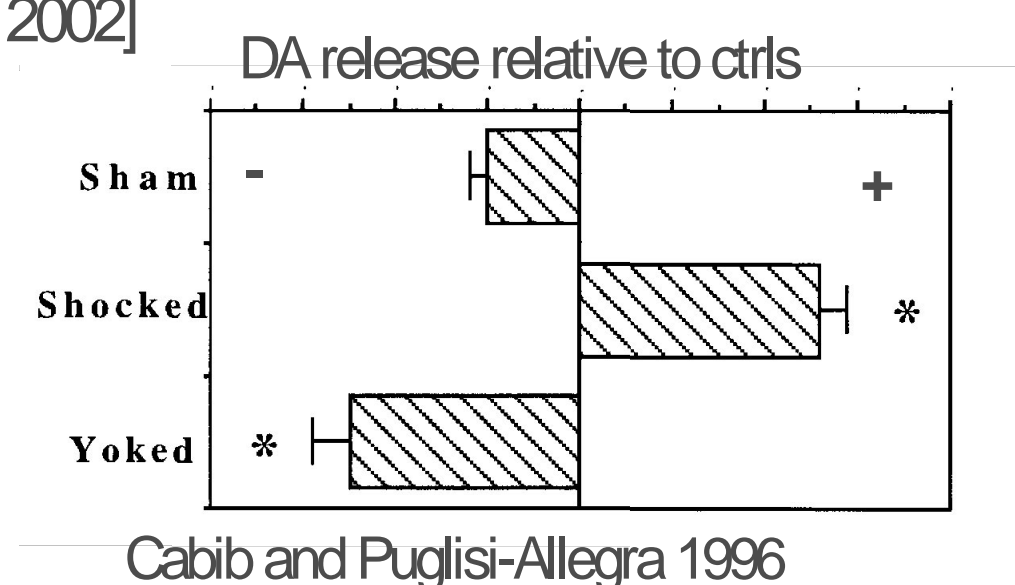
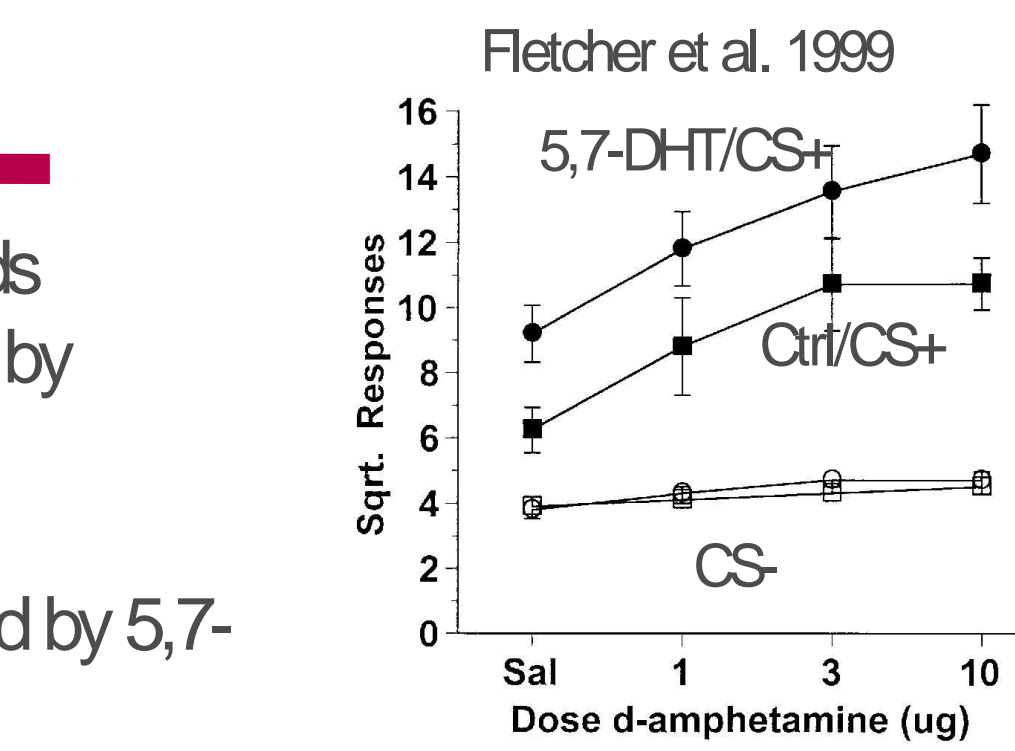
- DA is crucial to learning about rewards
- 5HT mediates response suppression by punishments
- Stress affects DA in NAcc, PFCx
- Conditioned reinforcement potentiated by 5,7-DHT lesions and by amphetamine

=> **5HT opposes DA** [cf. Daw et al. 2002]

D<sub>1</sub> agonist and ADs prevent LH

## Antidepressants

- Act on 5HT but promote DA
- Increase prefrontal DA
- Increase responding for ICSS
- Potentiate place preference maintained by various rewards
- Chronic imipramine effect on LH is antagonised by D<sub>1</sub> antagonist.

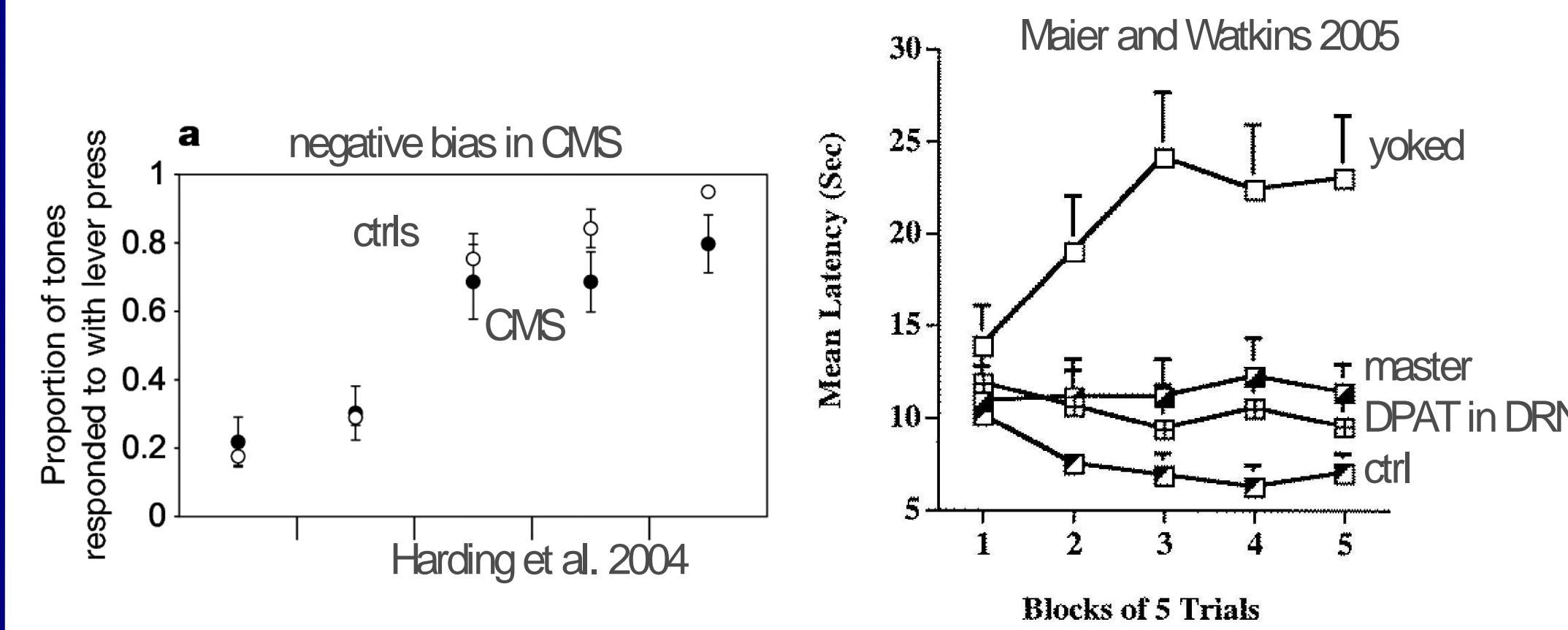


## Stress and 5HT

Stress is used as an inducer in most animal models of depression.

Three main stress paradigms

- Learned Helplessness (LH)
  - Uncontrollable but not controllable shock induces depressive state.
- Chronic Mild Stress (CMS)
  - Varied (but not same) mild stressors induce depressive states
- Behavioural despair



- Behavioural changes in all these models are sensitive to active antidepressants. clinically
- 5HT from dorsal raphe crucial to effect of inescapable shock.
- Previously ineffective mild stressors can be effective after stress (life events?) severe

Stress induces an alteration in the use of rewards. Are different global settings of reward / punishment statistics? This is a RL question.

## Coping with stress

LH and CMS together reveal importance of stress size, variability and controllability. Four basic paradigms:

Paradigm	Paradigm parameters		
	Shock size	variability	Control
LH master	large	low	yes
LH yoked	large	low	no
CMS constant	small	low	no
CMS variable	small	high	no

after Cabib and Puglisi-Allegra 1996

In each of these a different strategy (steady-state action) is optimal. Choose amongst

Lever press, Blunting, Preparation, Nothing

Analyse whether there is regime in which depressive blunting is optimal. Blunting flattens the utility curve, reducing the relevance of both rewards and punishments.

- LH master rat press lever to terminate shock
- LH yoked rat blunting as punishment too large to prepare for it.
- CMS constant prepare to minimise impact of specific punishment
- CMS varied blunting as punishments unpredictable

## Optimal helplessness?

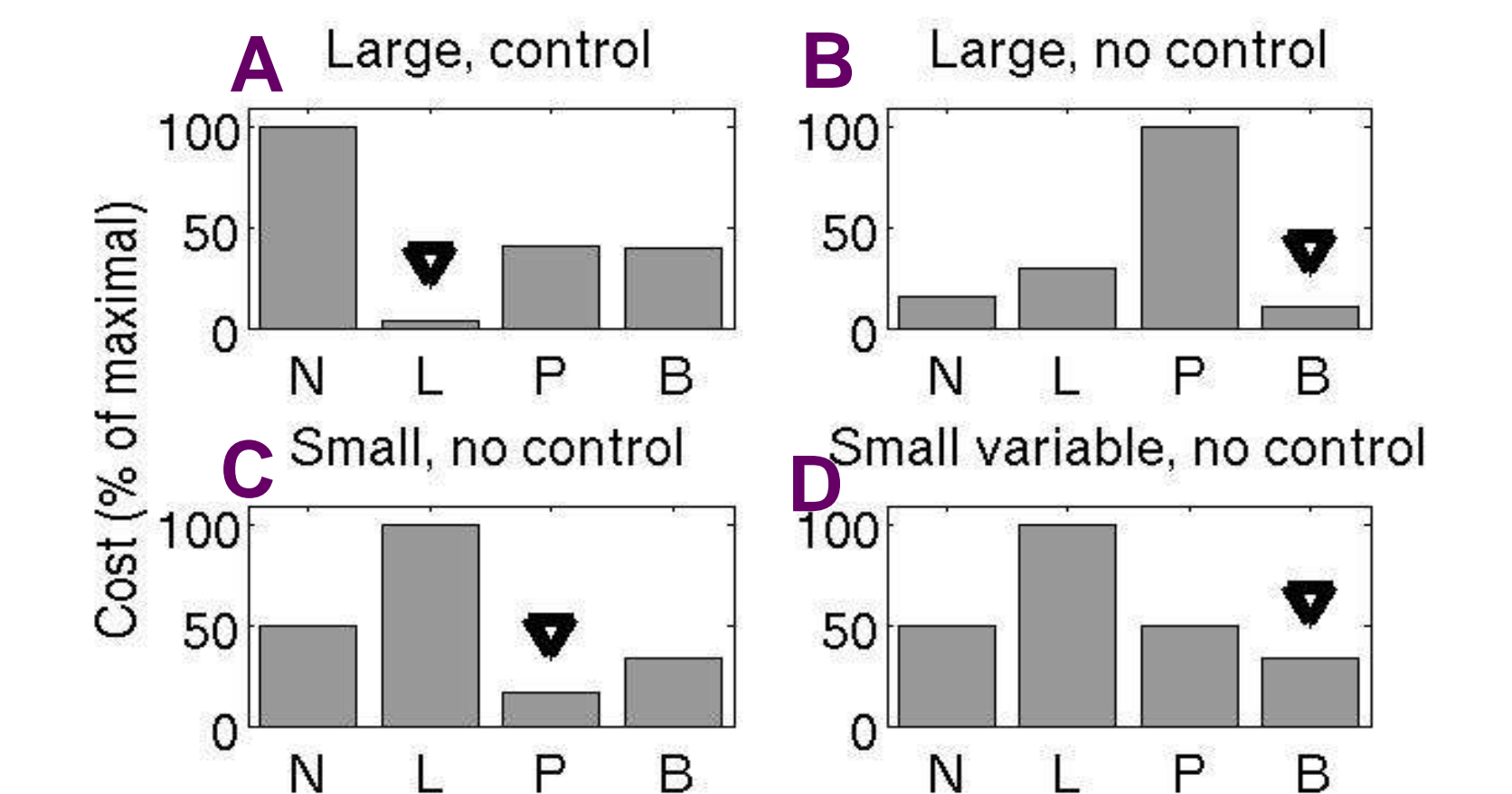
Depressive symptoms as normative stress responses – the case of blunting

In each steady-state scenario (A) LH master (B) LH yoked (C) CMS constant (D) CMS variable, choose least costly action amongst:

- lever press (l) :: cost of action, but may switch off shock
  - cost proportional to shock frequency
- prepare (π) :: for small shocks of known type this is not too costly
  - cost linear in time, varies with shock type
- blunt (b) :: most drastic action – forgo rewards to avoid punishments
  - cost is loss of rewards
- nothing (n) :: just incur shocks as they happen

$$\begin{aligned}
 C^1(n) &\approx S^l \\
 \rightarrow C^1(l) &= f_s S^l - f_r \lambda_r \mathcal{R} + \lambda_s c_l \\
 C^1(\pi) &\approx S_\pi^l \\
 C^1(b) &\approx S_b^l
 \end{aligned}
 \quad
 \begin{aligned}
 C^2(n) &= f_s S^l - f_r \mathcal{R} \lambda_r \\
 C^2(l) &= f_s S^l - f_r \mathcal{R} \lambda_r + \lambda_s c_l \\
 C^2(\pi) &= f_s S_\pi^l - f_r \mathcal{R} \lambda_r + c_\pi(S^l) \\
 \rightarrow C^2(b) &= f_s S_b^l - f_r \mathcal{R}_b \lambda_r
 \end{aligned}$$

Just find a set of (12) parameters that satisfies these equalities, plus 55 inequalities (such as  $c_\pi(S^l) > c_\pi(S^s)$ ).  $C^1(1)$  appears larger than  $C^2(1)$  due to the normalisation only.



## Conclusions

Psychiatry :: related to **normative** emotional function [Nesse 00]

Depression :: as a (pathologically prolonged) optimal response cognition related to pharmacology (CBT vs pharmacology?)

Neuromodulators :: opponency  
plasticity related to normative framework statistics and controllability

Reinforcement learning :: inference of hyperparameters?

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## References

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