

Brain Mechanisms of Relapse Prevention Medications for Opioid Use Disorder

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Disclosure Information

Zhenhao Shi, PhD

- No Disclosures

RDoC Domains & Constructs

Positive Valence

Craving
Delay Discounting
Incentive Sensitization

Social Processes

Emotion Recognition
Parental Bonding
Self-Knowledge

Negative Valence

Anhedonia
Negative Reinforcement
Stress

Addiction

Cognitive

Attentional Bias
Inhibitory Control
Performance Monitoring

Arousal / Regulatory

Emotional Reactivity
Sleep Disturbance
Motivated Behavior

Sensorimotor

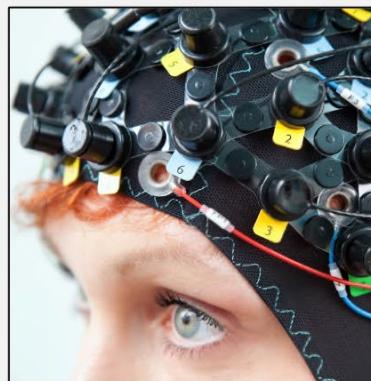
Compulsive Behavior
Habitual Behavior
Response Inhibition

Opioid Use Disorder (OUD)

1. Drug cue-reactivity
2. Inhibitory control
3. Socioaffective processes
4. Interregional connectivity
5. New methods



Functional magnetic resonance imaging (fMRI)



Functional near-infrared spectroscopy (fNIRS)



Event-related potentials (ERP)

1. Drug Cue-Reactivity

Cue-reactivity is a type of learned response which is observed in individuals with an addiction and involves significant physiological and subjective reactions to presentations of drug-related stimuli (i.e., drug cues).



Drug cues

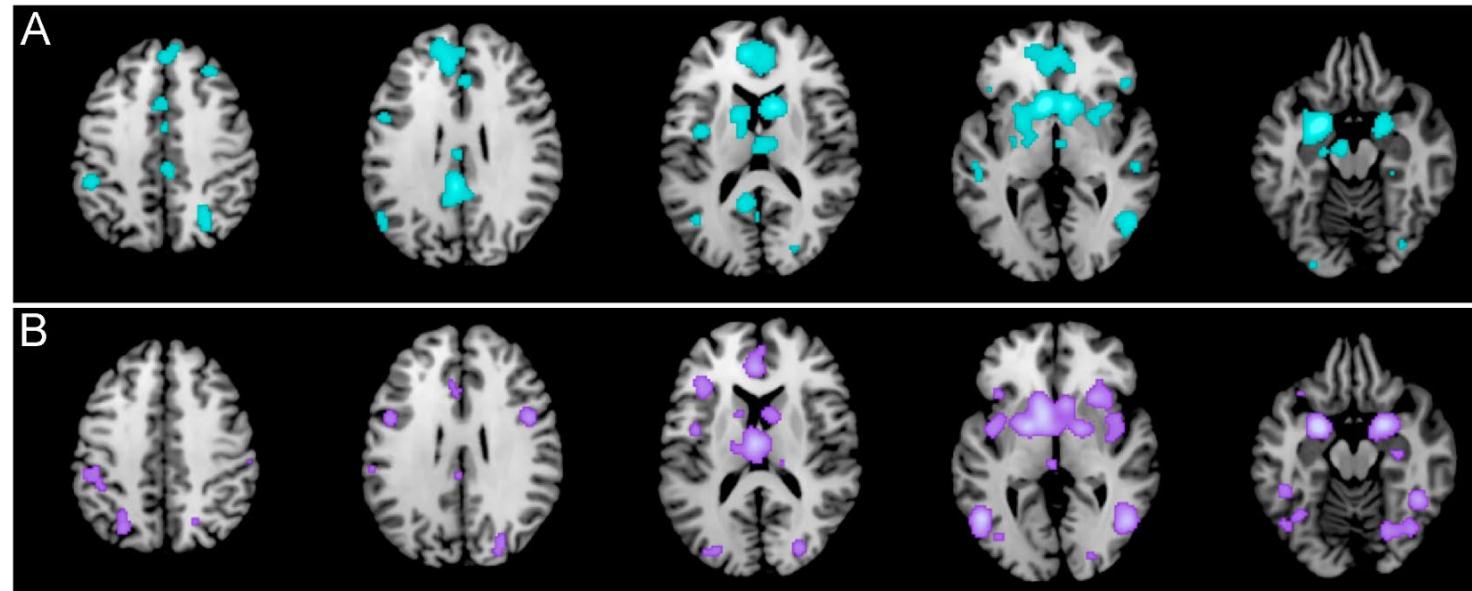
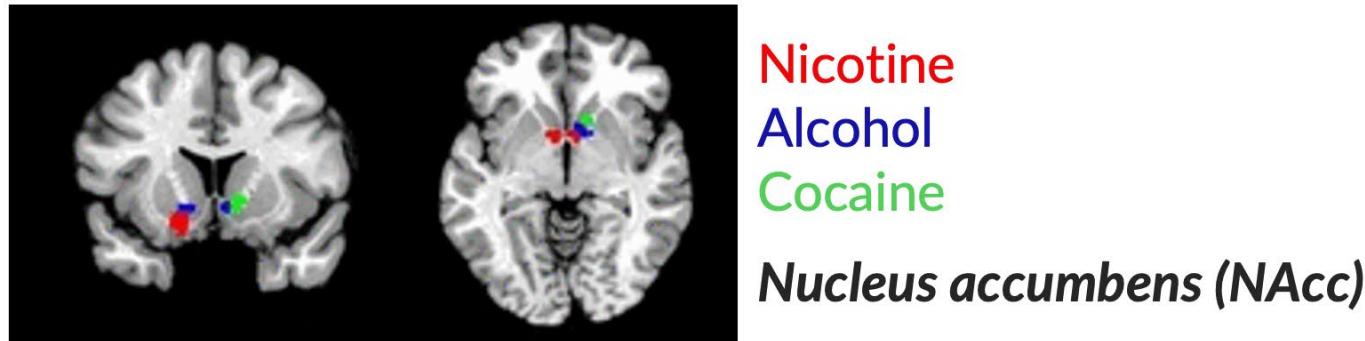


Neutral cues



1. Drug Cue-Reactivity

Meta-Analyses of fMRI Findings

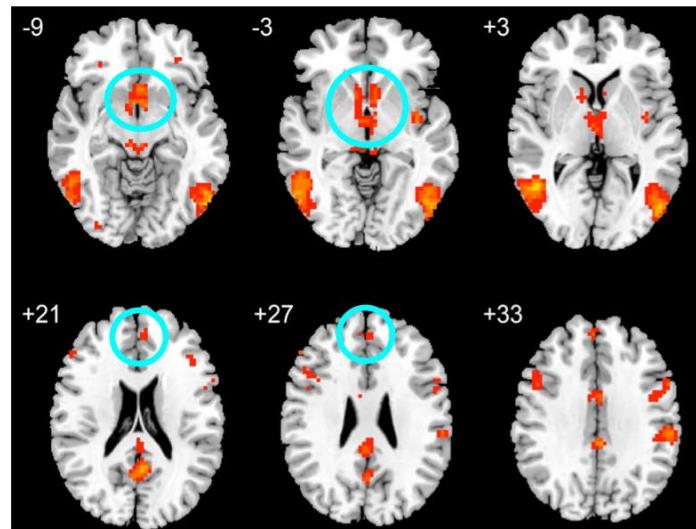


- Drug (alcohol, cannabis, cocaine, heroin, nicotine)
- Natural (food, sex)

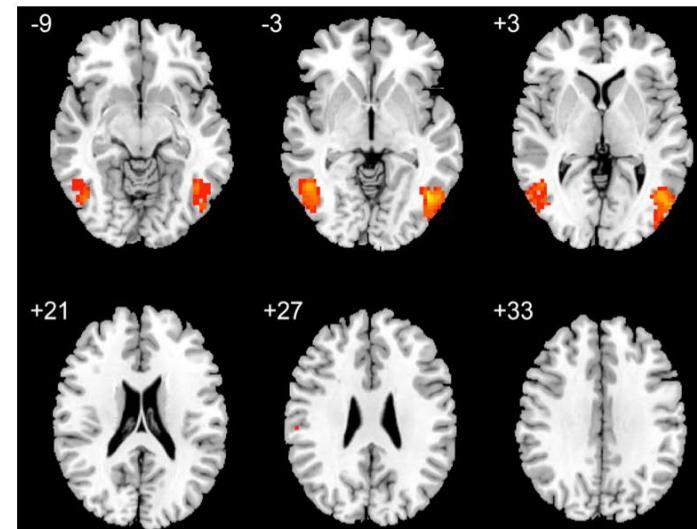
Noori et al. 2016 Eur NPP.
Kuhn & Gallinat 2011 Eur J Neurosci.

1. Drug Cue-Reactivity

Effects of Withdrawal and Abstinence



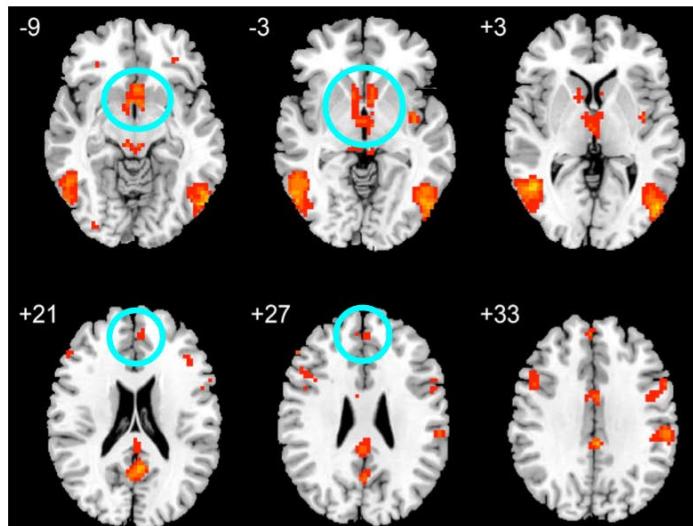
Short Abstinence



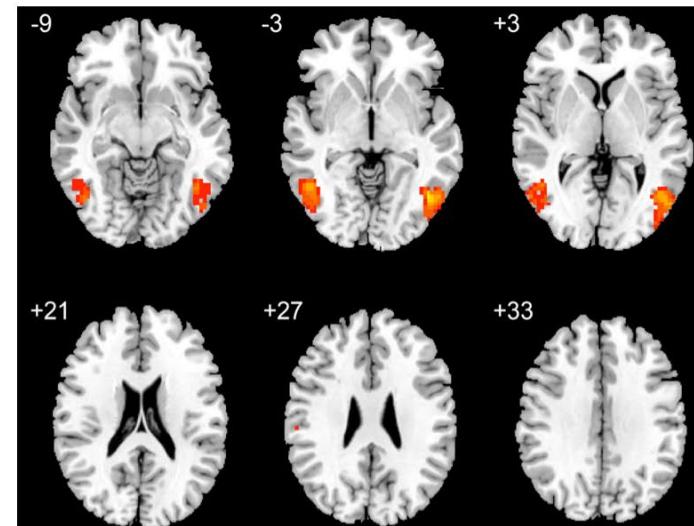
Long Abstinence

1. Drug Cue-Reactivity

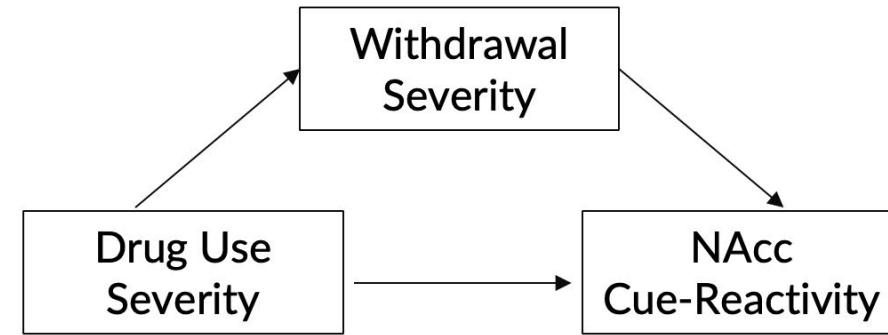
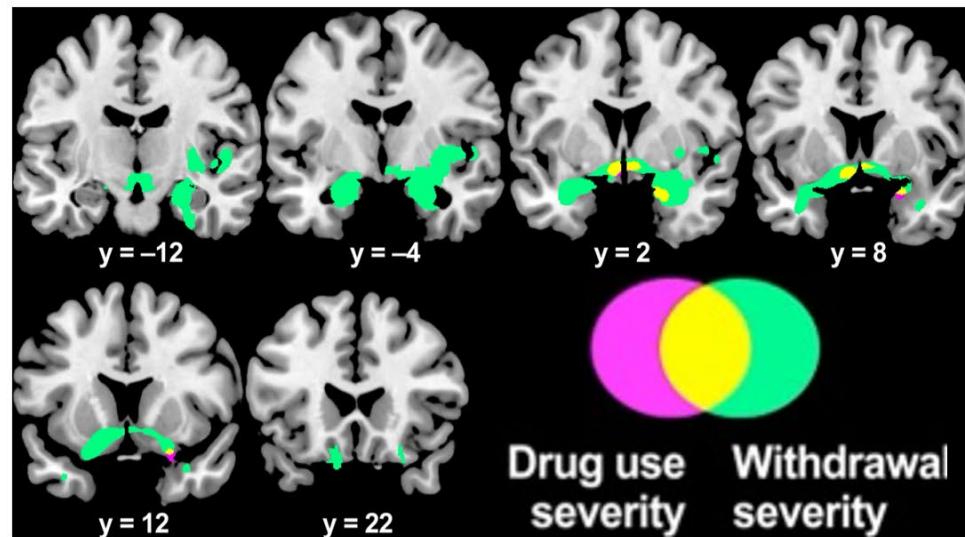
Effects of Withdrawal and Abstinence



Short Abstinence



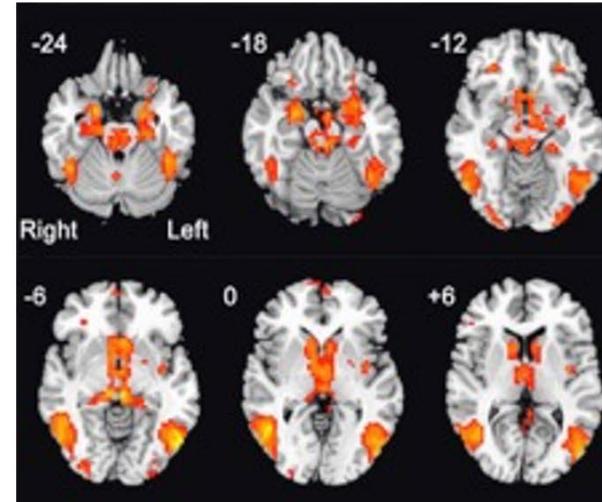
Long Abstinence



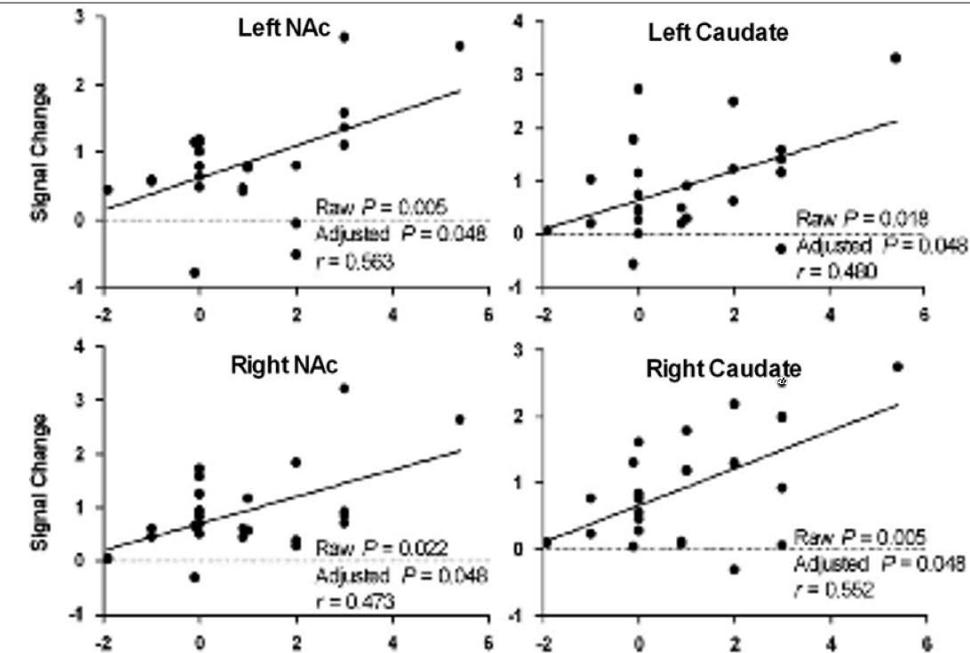
Li et al. 2013 PLoS ONE.
Shi et al. 2021 Addict Biol.

1. Drug Cue-Reactivity

Correlation between:
Brain cue-reactivity and
cue-induced craving

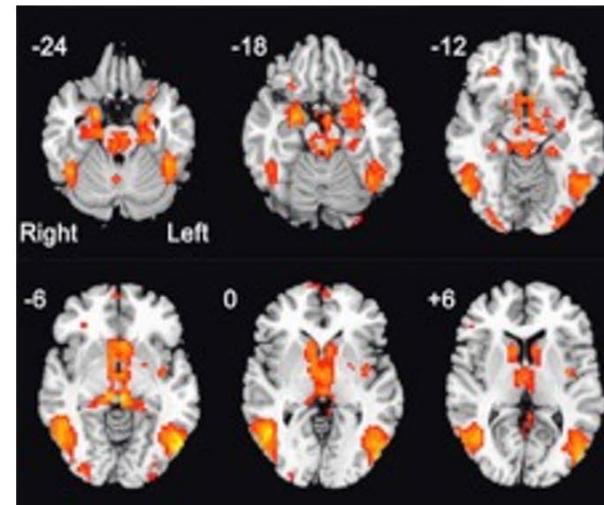


Associations with Self-Reports

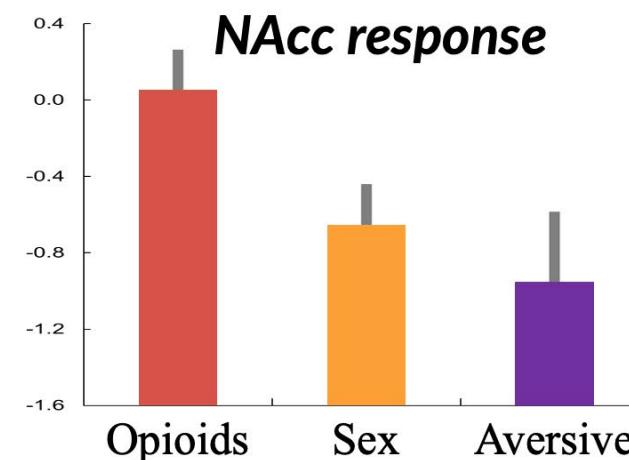
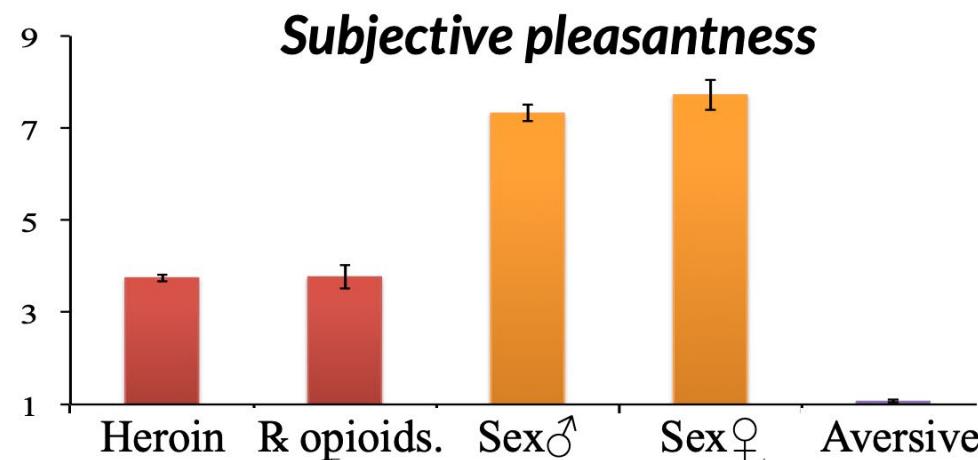
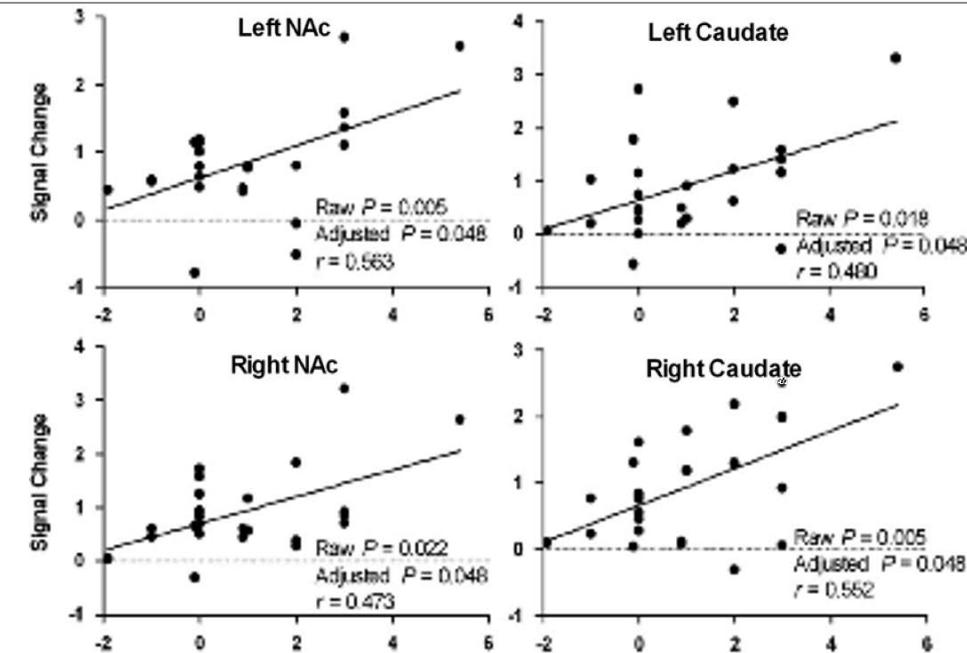


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Correlation between:
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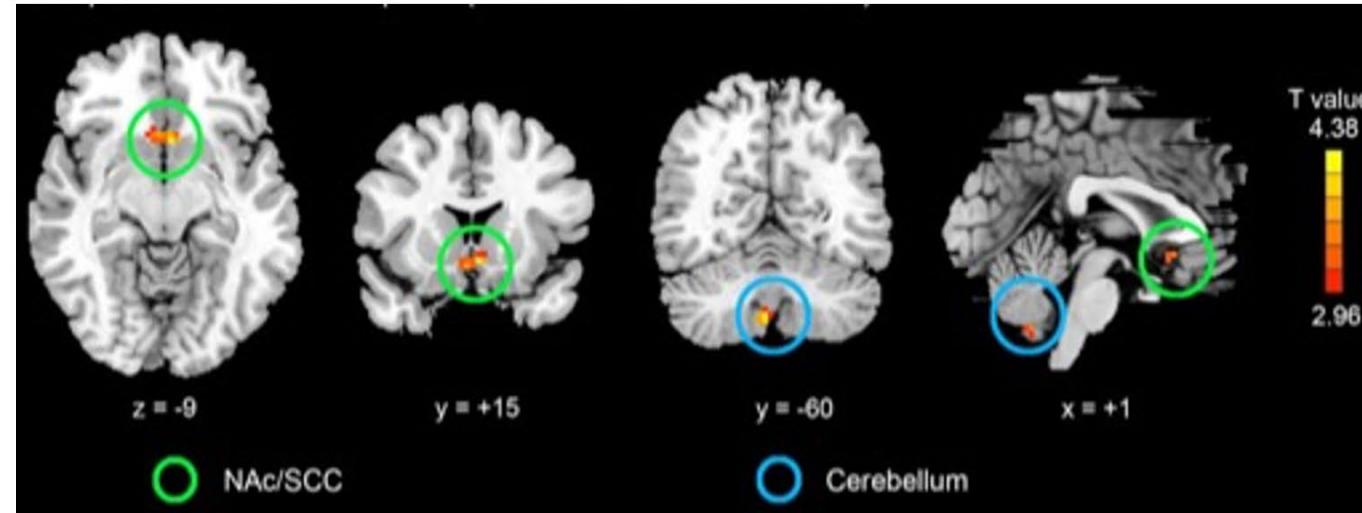
Associations with Self-Reports



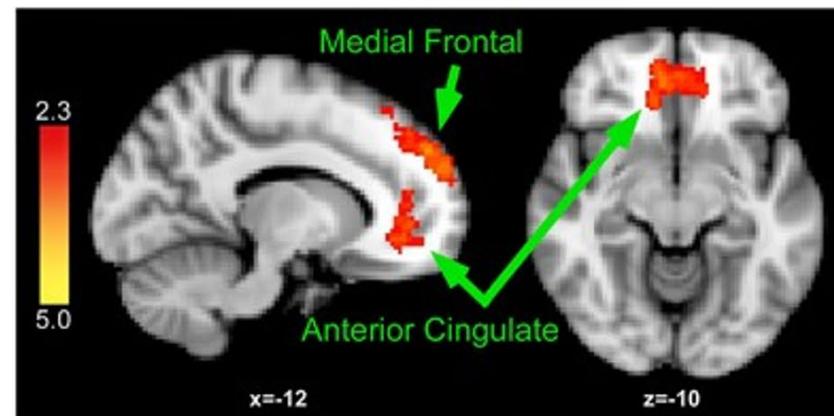
1. Drug Cue-Reactivity

Associations with Outcomes

Methadone maintenance: *Relapsers > Non-relapsers*



Extended-release naltrexone: *Treatment adherence*

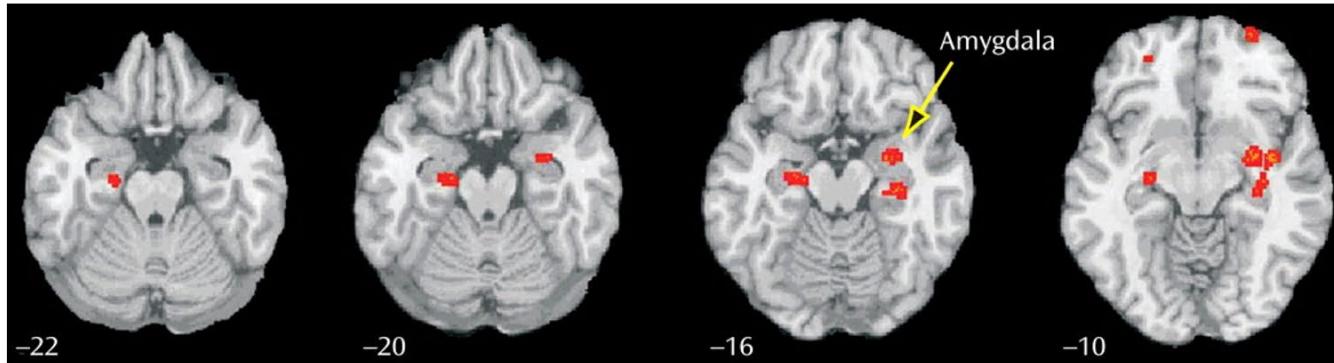


Li et al. 2014 Addict Biol.
Wang et al. 2015 Transl Psychiatry.

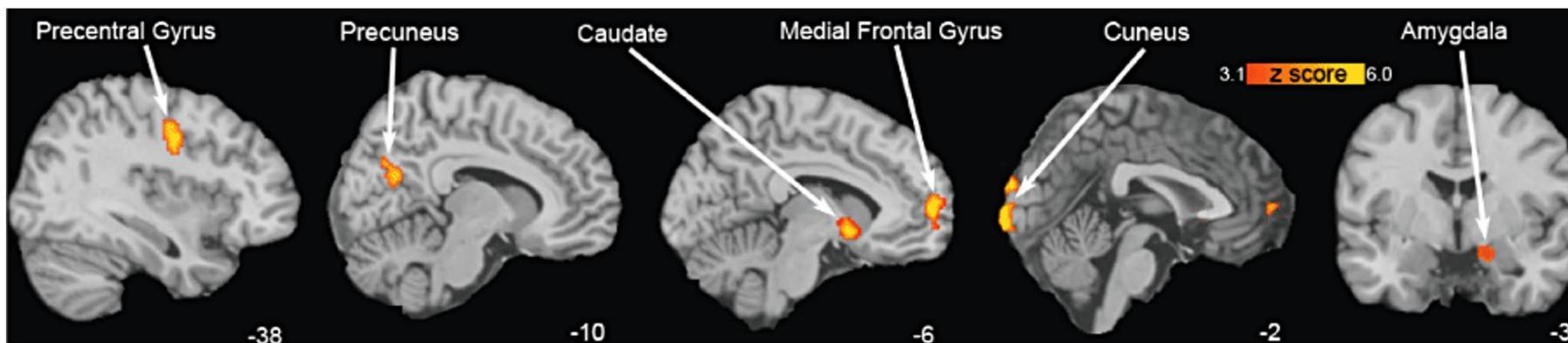
1. Drug Cue-Reactivity

Effects of Treatments

Methadone maintenance: **Pre-dose > Post-dose**



Extended-release naltrexone: **Pre-Tx** (before first injection) > **On-Tx** (two weeks after first injection)

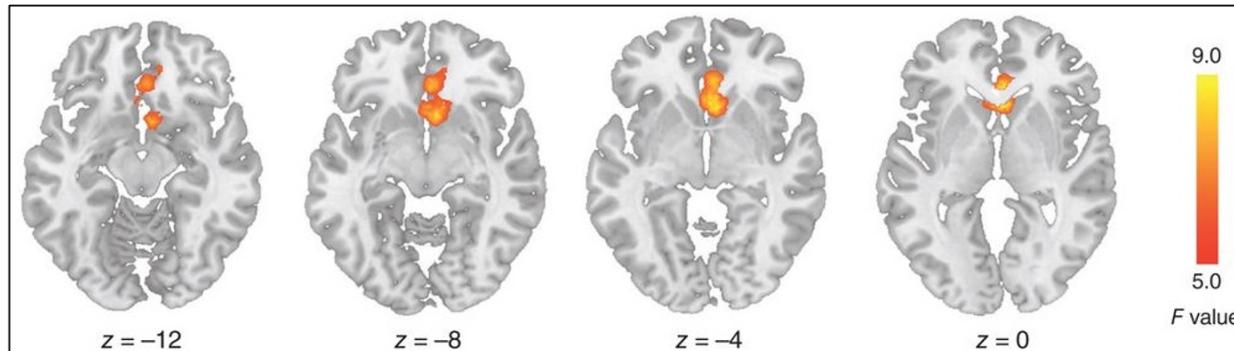
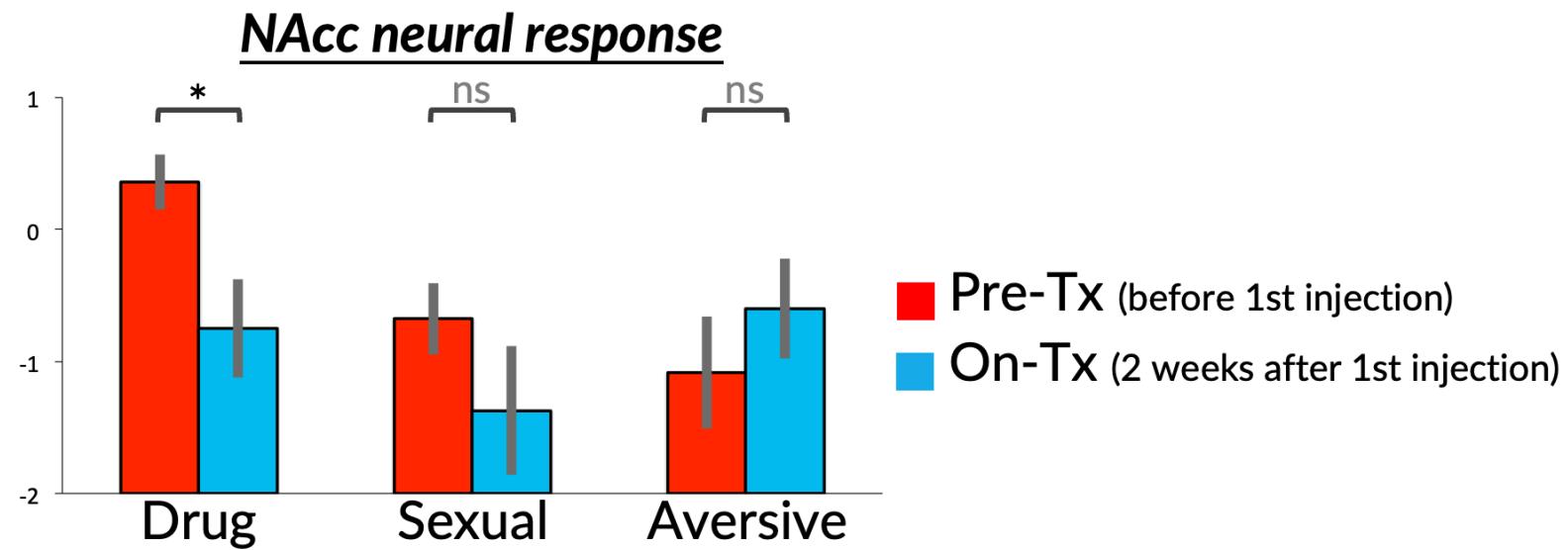


Langleben et al. 2008 Am J Psychiatry.
Langleben et al. 2014 Addict Biol.

1. Drug Cue-Reactivity

Effects of Treatments

Extended-release naltrexone: *Time x Stimulus Interaction*



1. Drug Cue-Reactivity

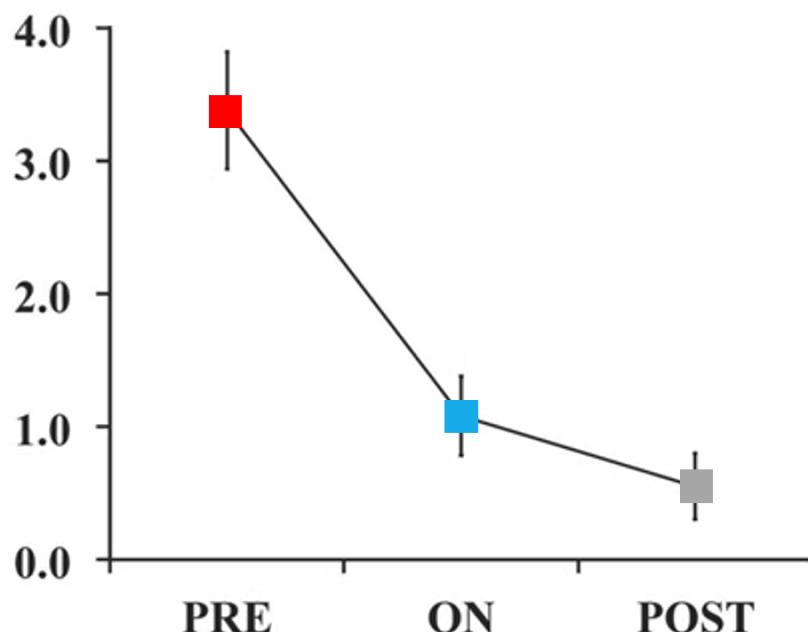
Effects of Treatments

Extended-release naltrexone: **Pre → On → Post**

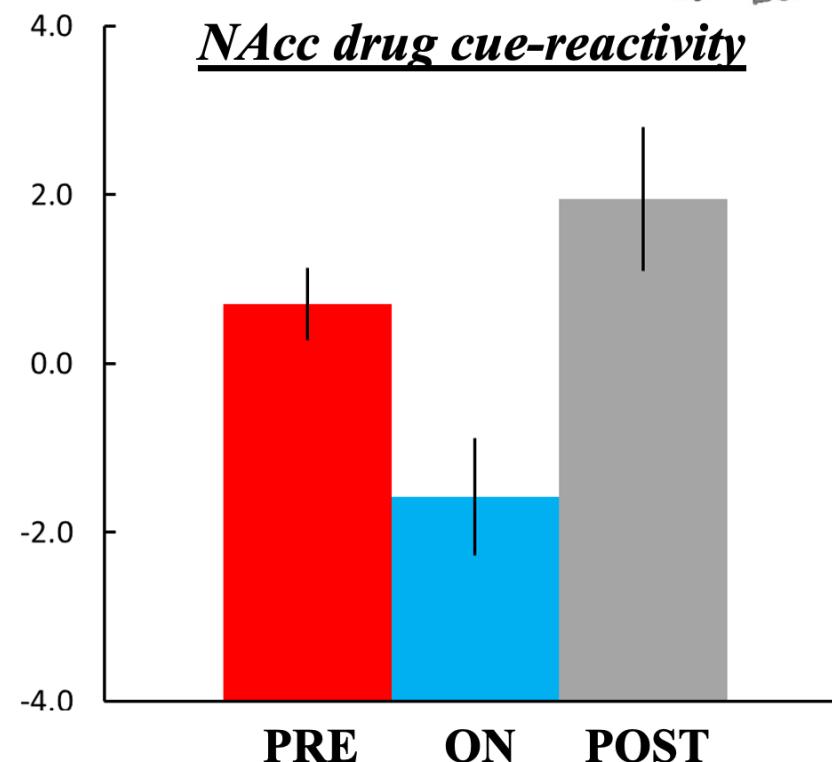
PRE = before 1st injection
ON = 2 weeks after 1st injection
POST = 4 weeks after 3rd injection



Self-reported craving



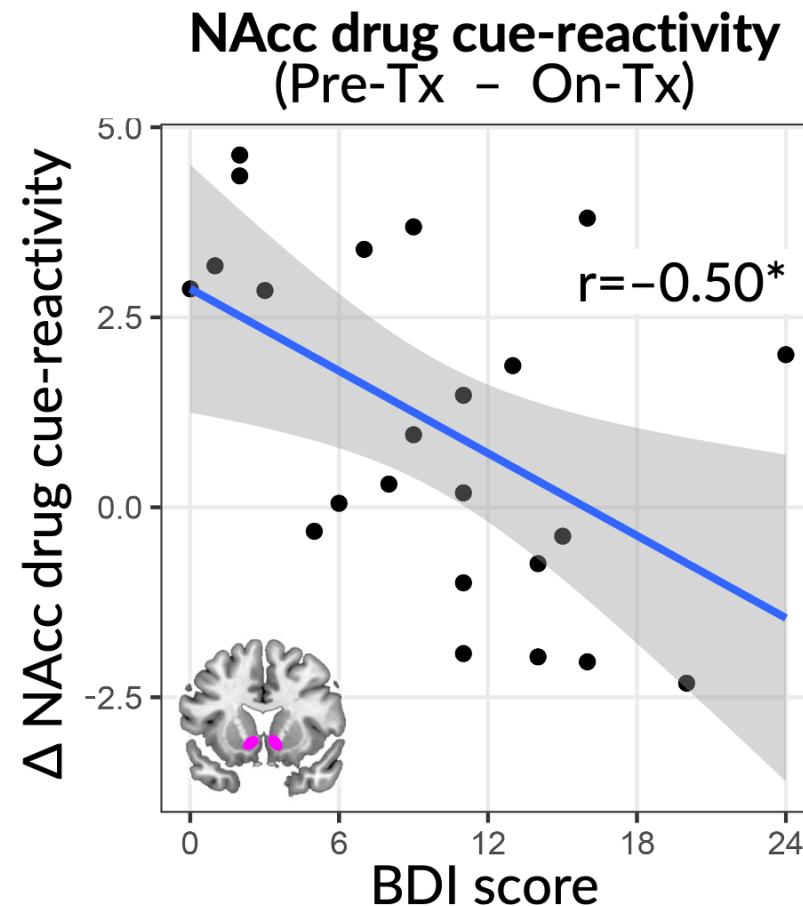
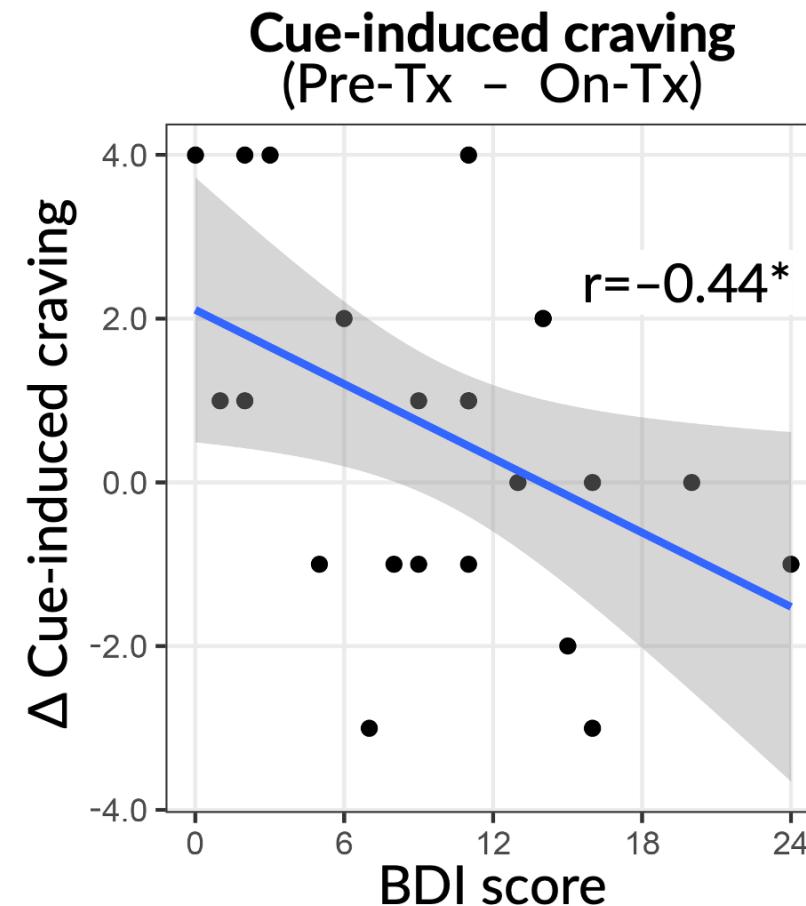
NAcc drug cue-reactivity



1. Drug Cue-Reactivity

Effects of Treatments

Extended-release naltrexone: *Role of Depression*



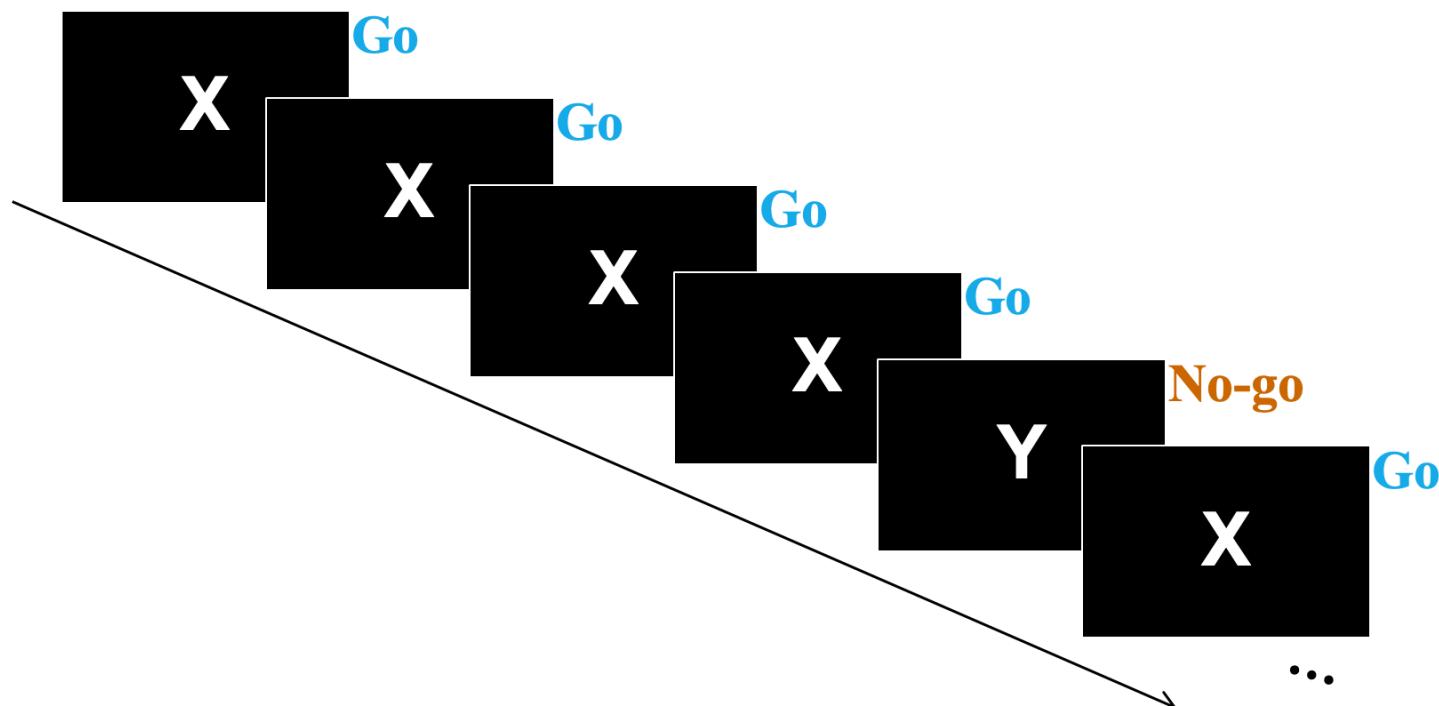
1. Drug Cue-Reactivity

Summary:

- In OUD patients, drug-related cues elicit increased neural response in the brain **reward system** that includes the striatum (NAcc, caudate), amygdala, and PFC.
- Brain cue-reactivity is modulated by **abstinence** duration and severity of **withdrawal** symptoms.
- Brain cue-reactivity is associated with self-reported **craving** for opioids, but not with self-reported **liking** of the cues.
- Brain cue-reactivity may serve as a predictor of **future outcomes**.
- **Treatment** for OUD reduces cue-reactivity, and such reduction may depend on **adherence** and psychiatric **comorbidities**.

2. Inhibitory Control

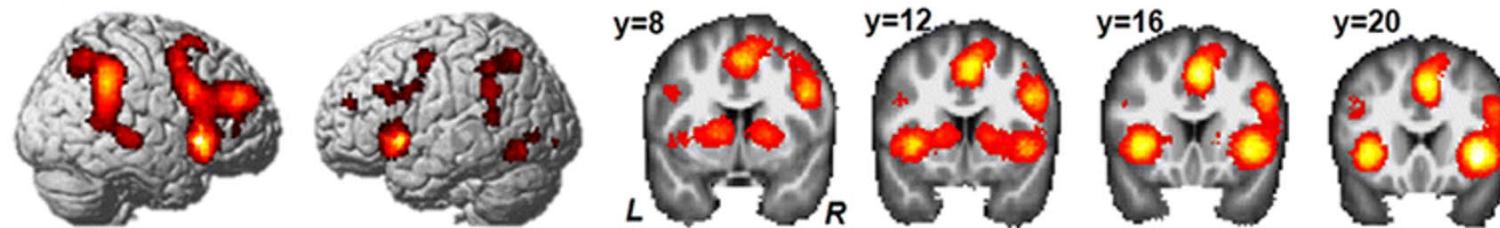
Inhibitory control is a cognitive process that permits an individual to inhibit their impulses and natural, habitual, or dominant behavioral responses to stimuli in order to select a more appropriate behavior that is consistent with completing their goals.



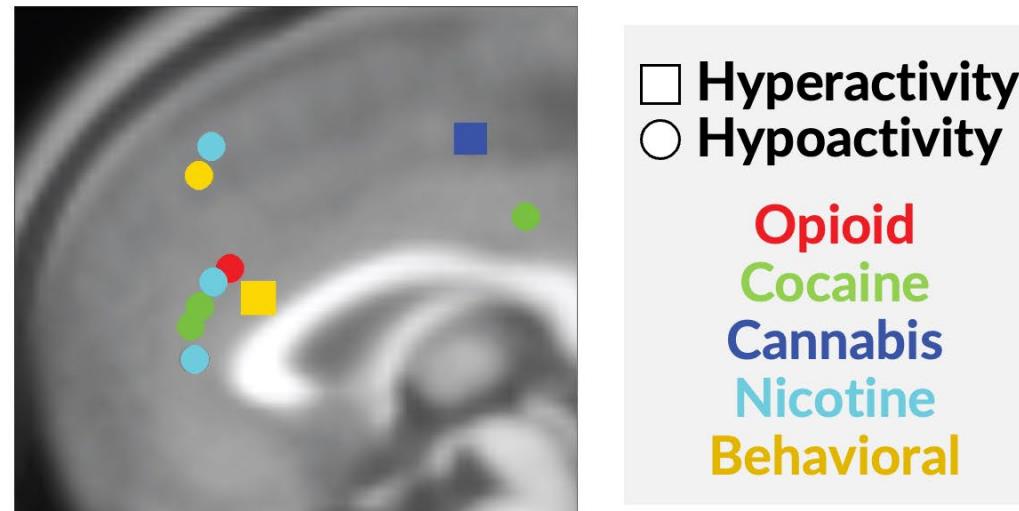
2. Inhibitory Control

Meta-Analyses of fMRI Findings

Healthy population



Patients with addiction vs. Healthy controls



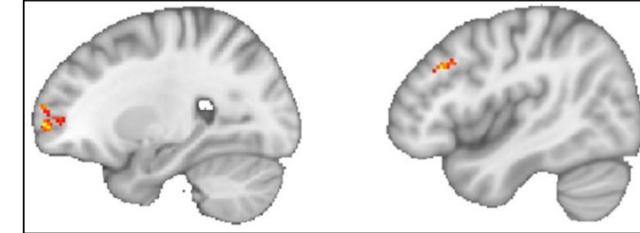
Zhang et al. 2017 Brain Struct Funct.
Luijten et al. 2014 J Psychiatry Neurosci.

2. Inhibitory Control

fMRI and EEG Correlates of Inhibitory Deficit

Brain hypoactivity

Heroin users vs. Healthy controls



- dorsolateral PFC
- frontal pole

Heroin users vs. Healthy controls



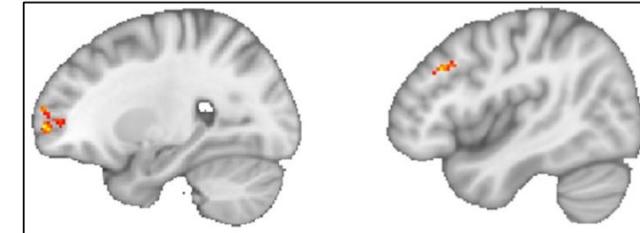
- medial PFC
- anterior cingulate cortex (ACC)

2. Inhibitory Control

fMRI and EEG Correlates of Inhibitory Deficit

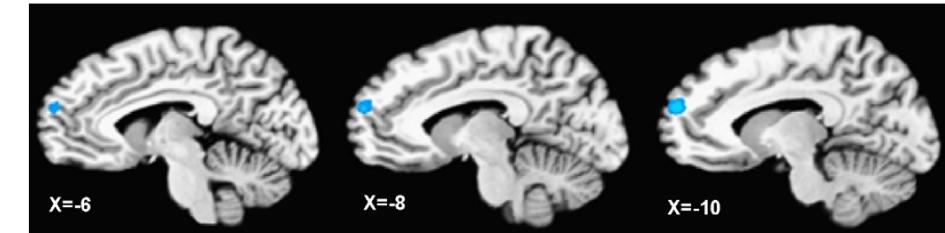
Brain hypoactivity

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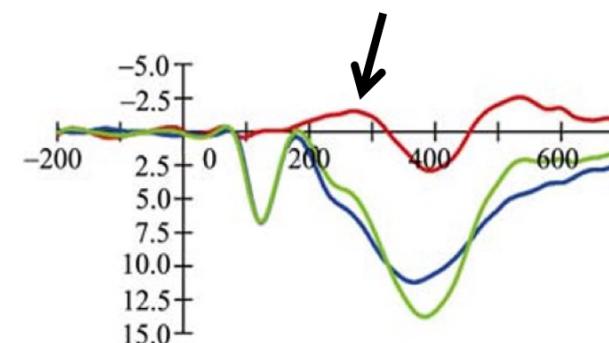
Heroin users vs. Healthy controls



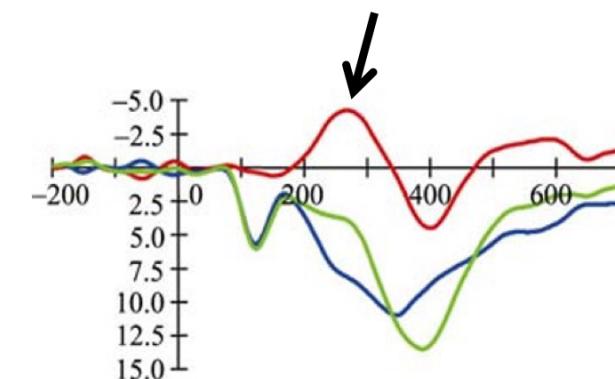
- medial PFC
- anterior cingulate cortex (ACC)

ERP “N2” response
at Fz (medial PFC)

Heroin users



Healthy controls

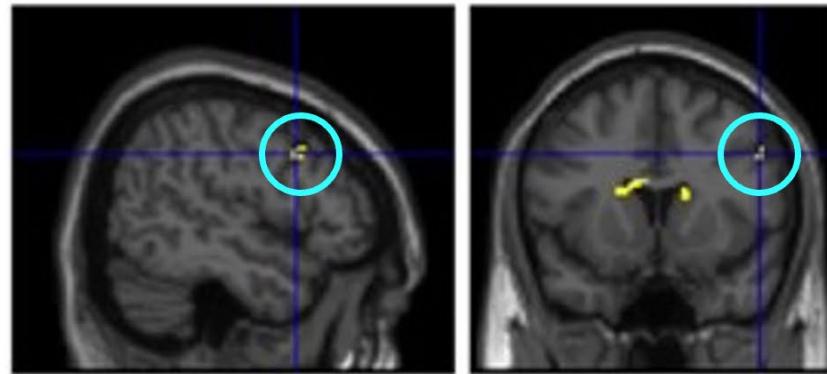


- NoGo
- Go
- Diff (NoGo - Go)

Ceceli et al. 2022 medRxiv.
Fu et al. 2008 Neurosci Lett.
Yang et al. 2009 Sci China C Life Sci.

2. Inhibitory Control

Effects of Treatments

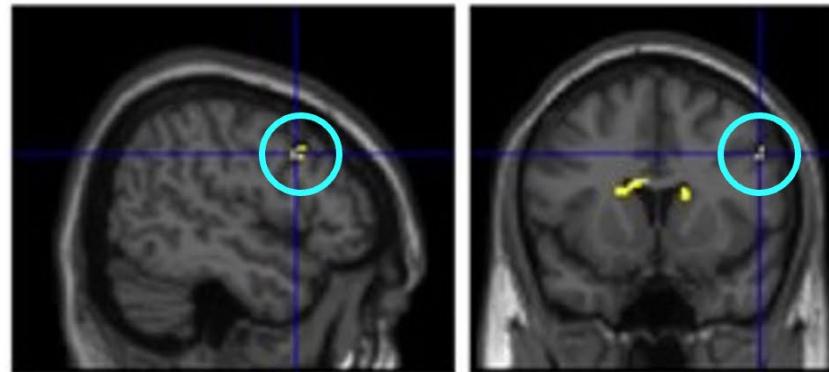


Right inferior frontal gyrus (rIFG):

Acute heroin < Acute saline
in heroin-maintenance treatment

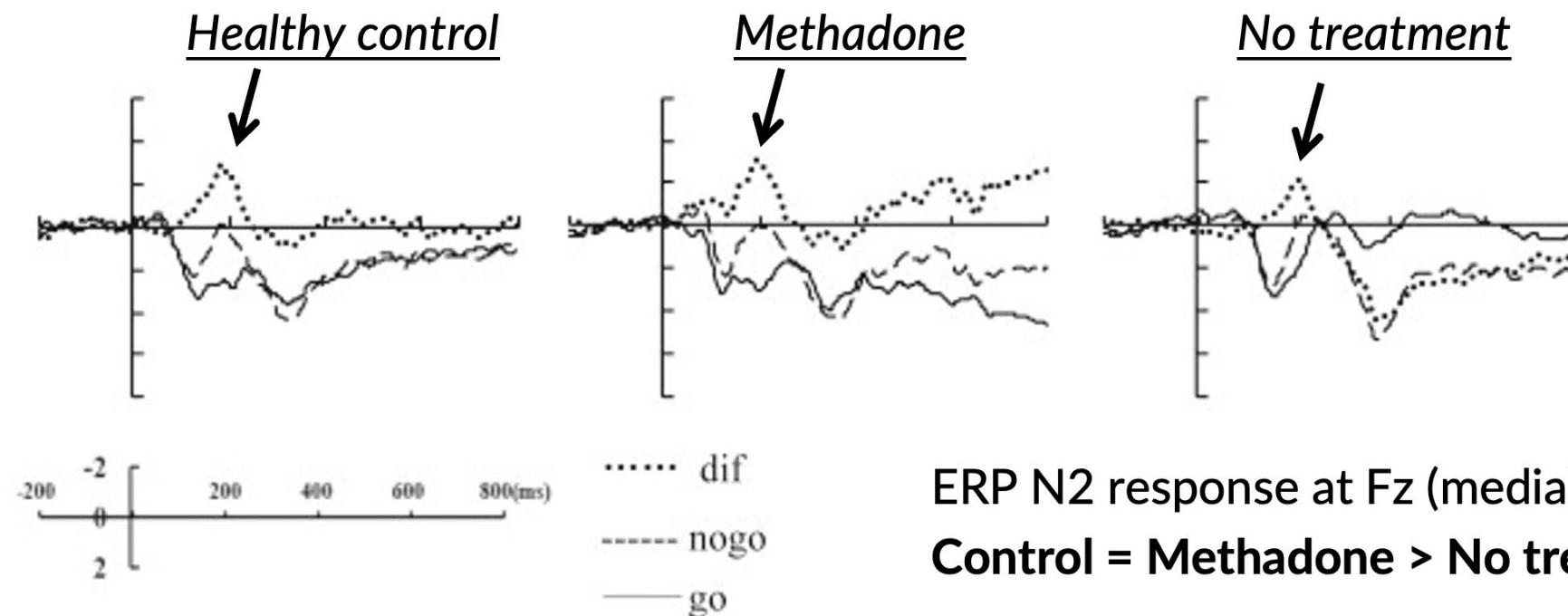
2. Inhibitory Control

Effects of Treatments



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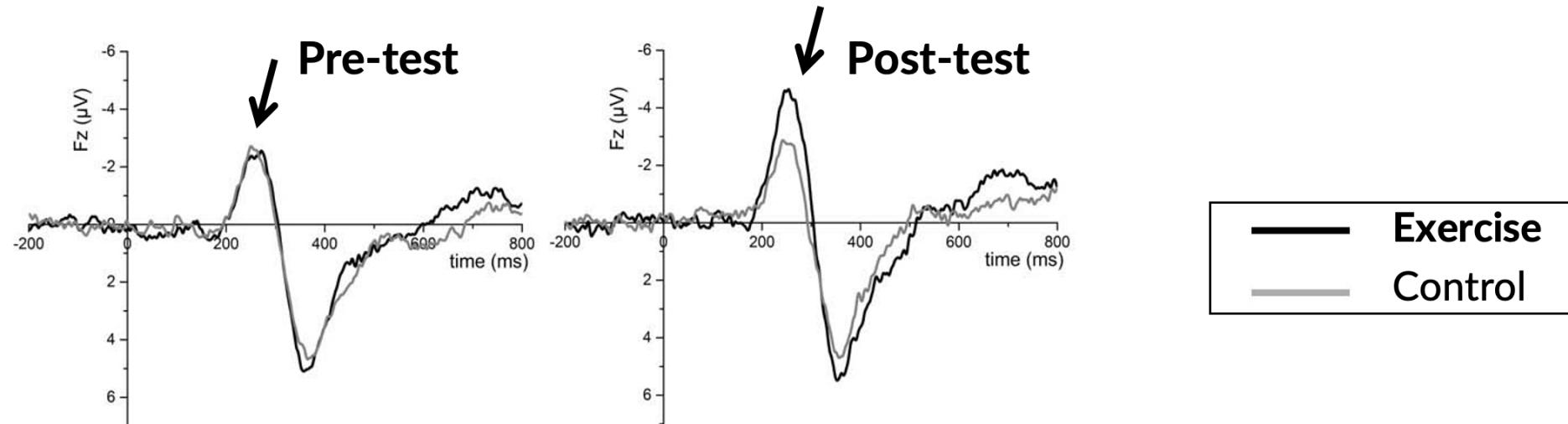


2. Inhibitory Control

Effects of Treatments

Aerobic Exercise

N2 diff. wave: NoGo - Go
at Fz (medial PFC)

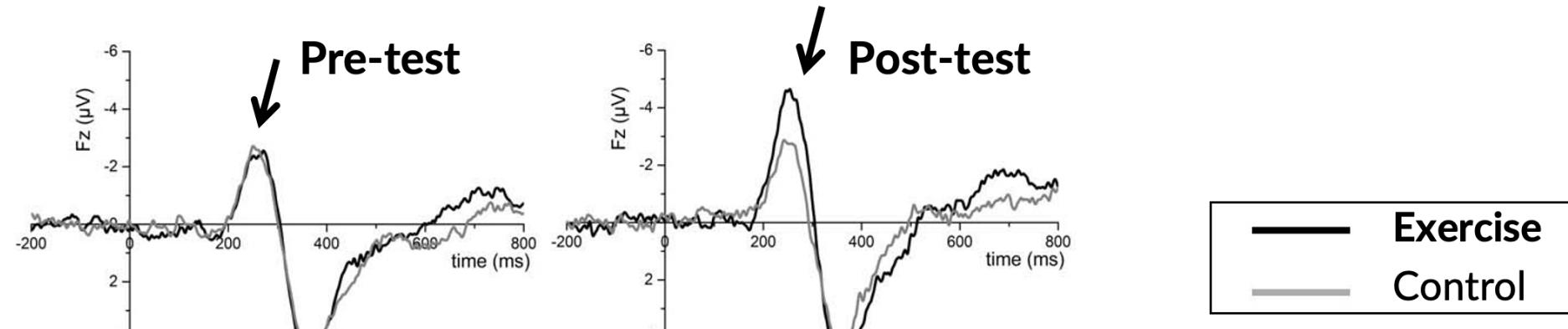


2. Inhibitory Control

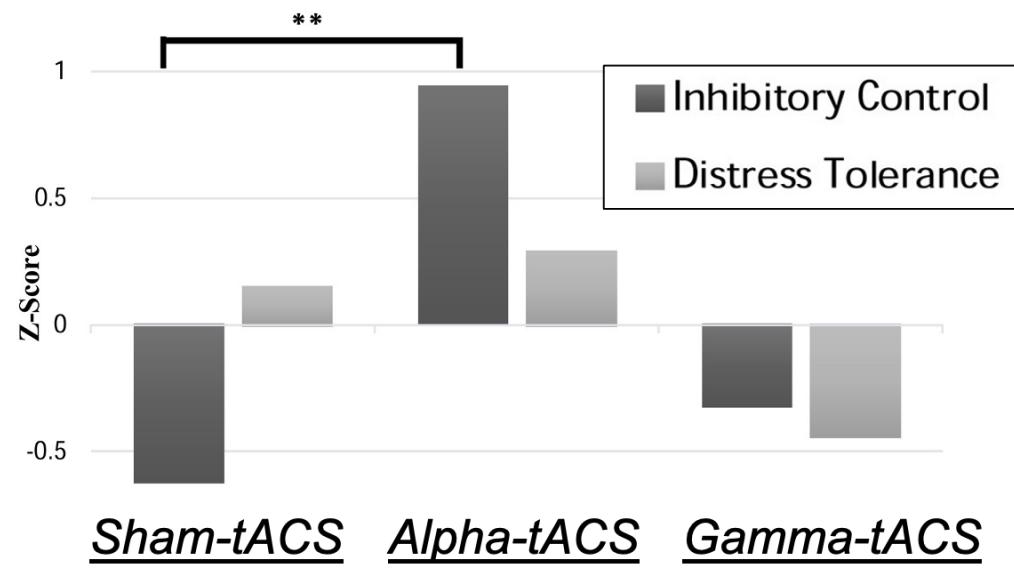
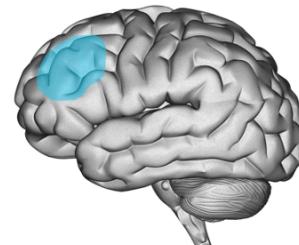
Effects of Treatments

Aerobic Exercise

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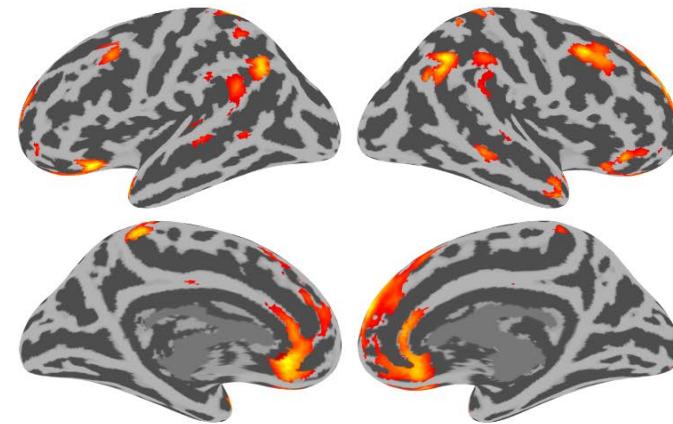
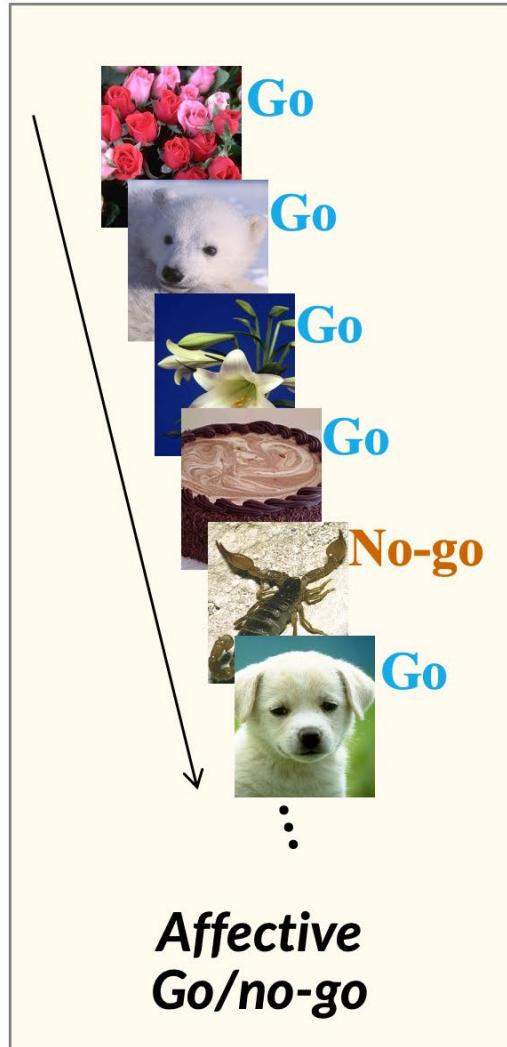


Transcranial alternating
current stimulation (tACS)
at *bilateral dorsolateral PFC*



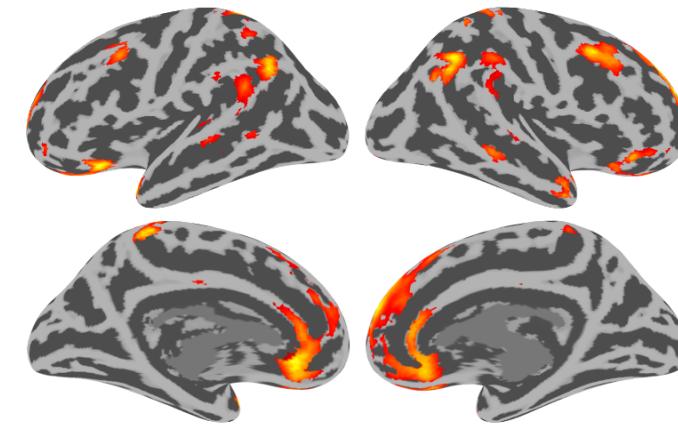
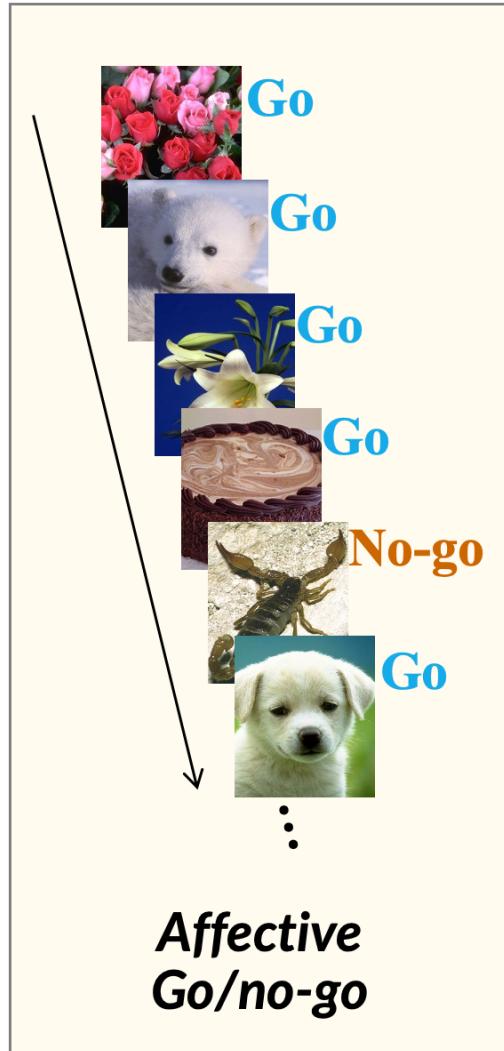
2. Inhibitory Control

Emotional Inhibitory Control

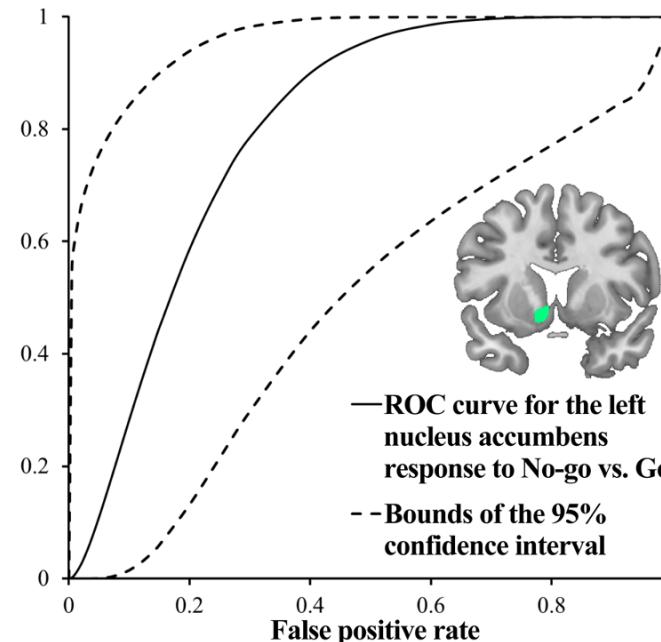
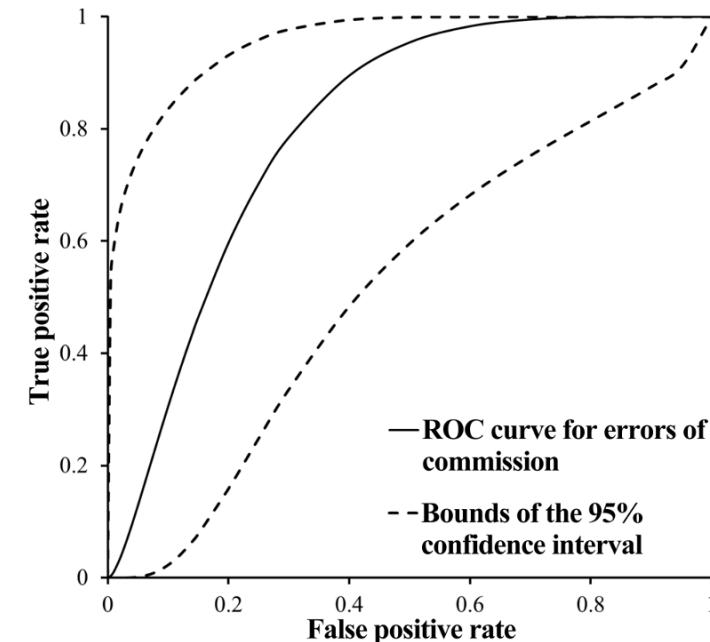


2. Inhibitory Control

Emotional Inhibitory Control

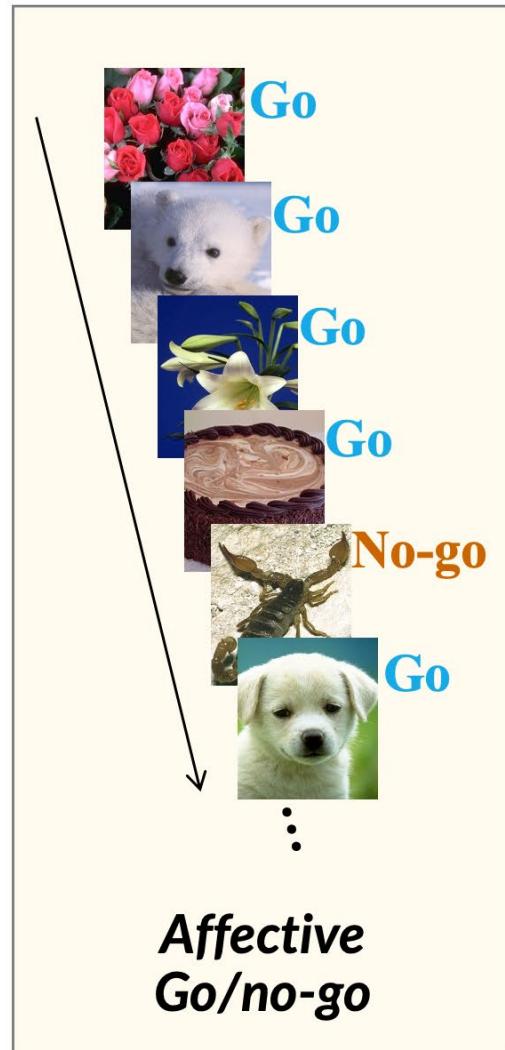


Prediction of adherence to 3-month extended-release naltrexone

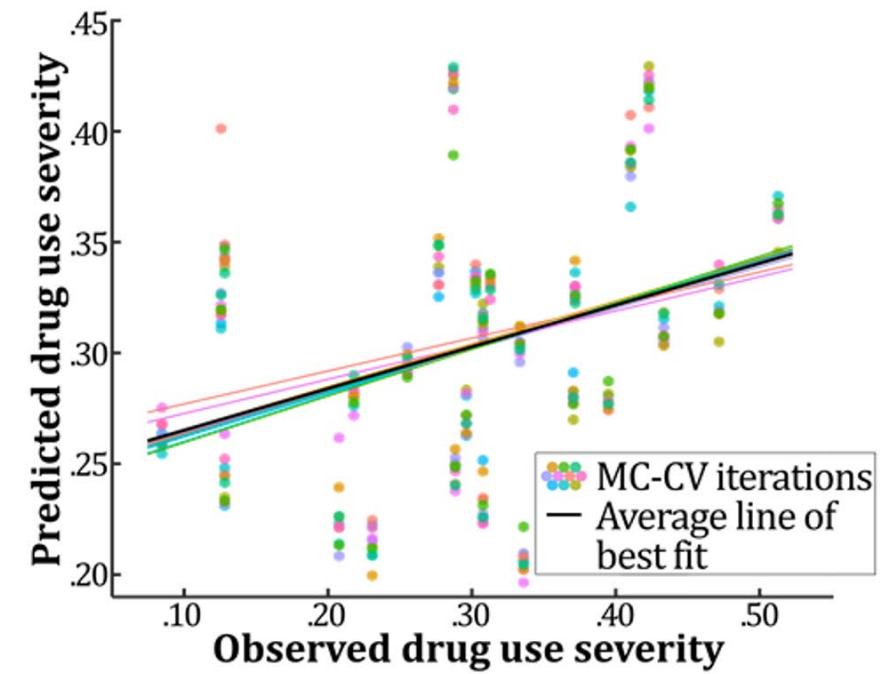
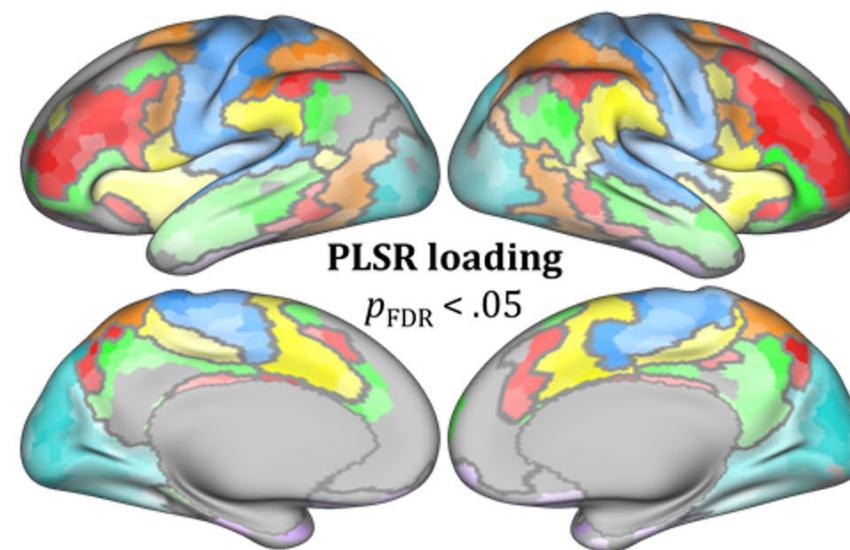


2. Inhibitory Control

Emotional Inhibitory Control



Imaging marker of drug use severity
[using partial least squares regression (PLSR)]



2. Inhibitory Control

Summary:

- OUD patients show reduced ACC/PFC response and N2 amplitude during inhibitory control.
- Medications for OUD (heroin/methadone maintenance) appear to affect the neural correlates of inhibitory control.
- Aerobic exercise and neuromodulation of the dorsolateral PFC appear to improve inhibitory control.
- fMRI measures of emotional inhibitory control may be linked to addiction severity and treatment outcomes.

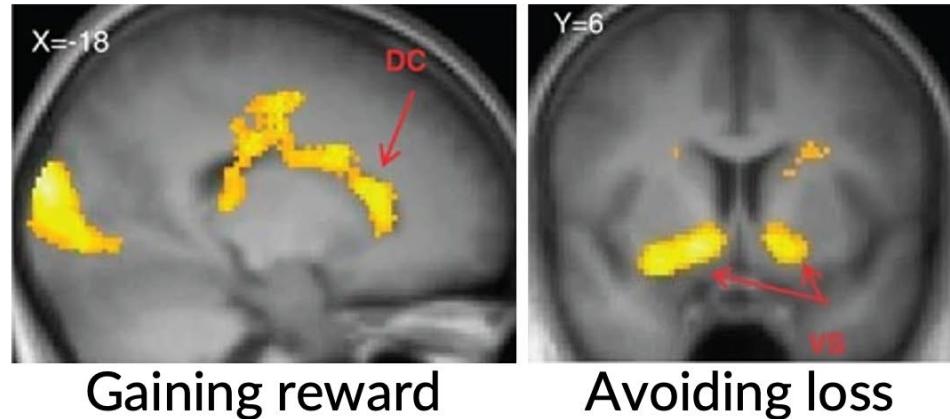
3. Socioaffective Processing

- **Affective neuroscience** is the study of the neural mechanisms of emotion.
- **Social neuroscience** is an interdisciplinary field devoted to understanding the relationship between social experiences and biological systems.



3. Socioaffective Processing

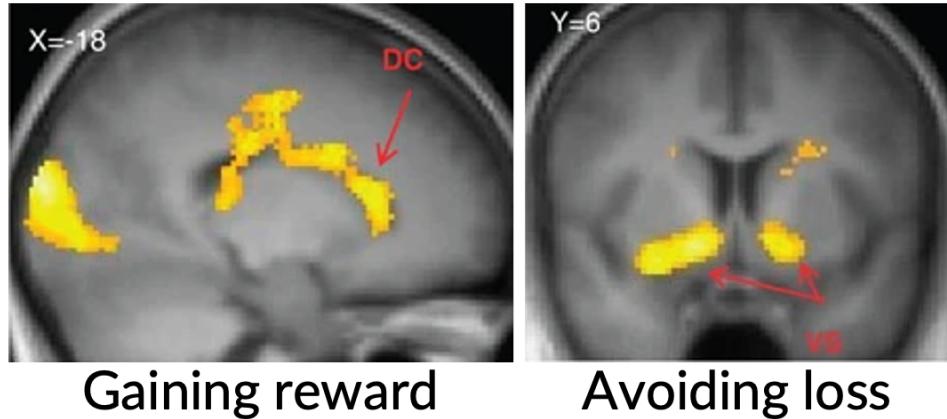
Monetary Reward



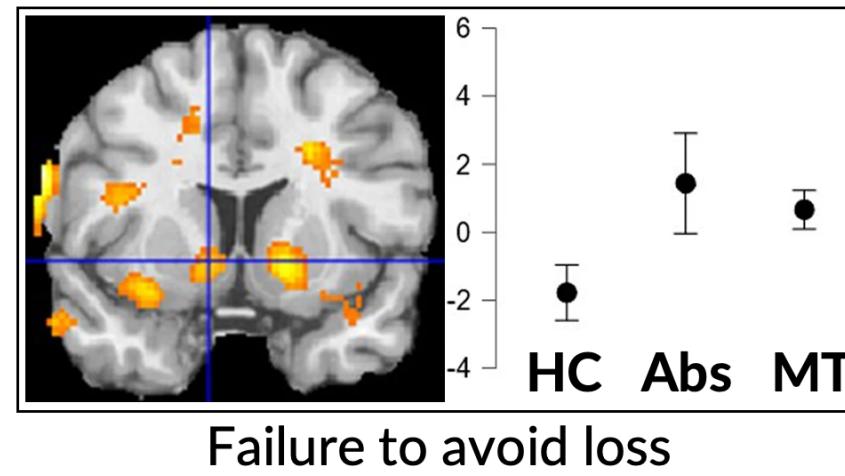
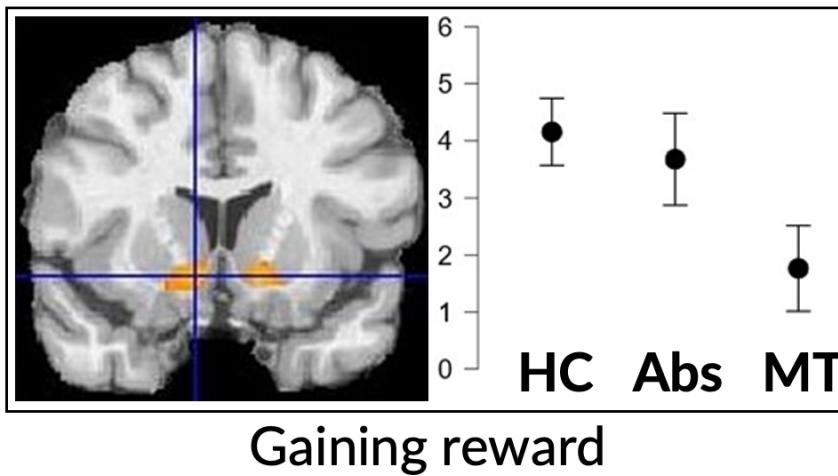
Heroin users (MT)
<
Healthy controls

3. Socioaffective Processing

Monetary Reward



Heroin users (MT)
<
Healthy controls



HC : healthy control
Abs: abstinent
MT : methadone treatment

3. Socioaffective Processing

Natural Reward Cues

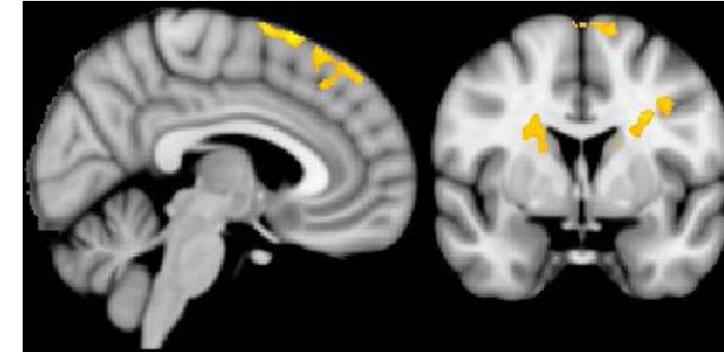


Social



vs. *Non-social*

Depressed OUD < Healthy controls

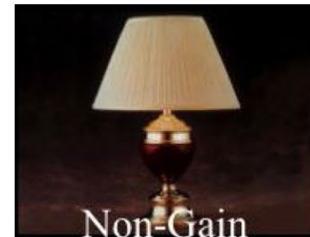


3. Socioaffective Processing

Natural Reward Cues



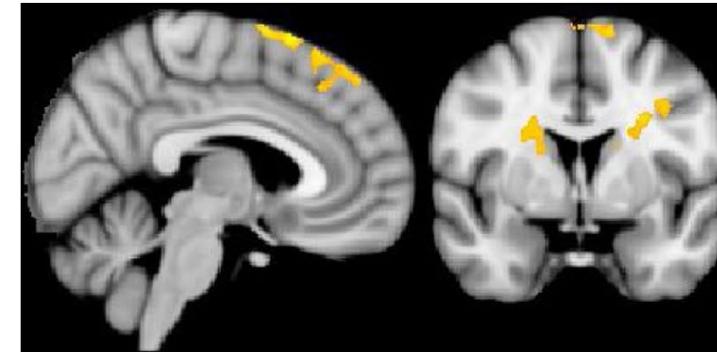
*Social
Gain*



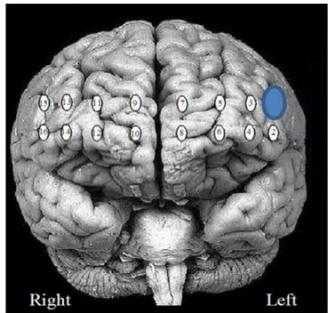
*Non-Gain
Non-social*

vs.

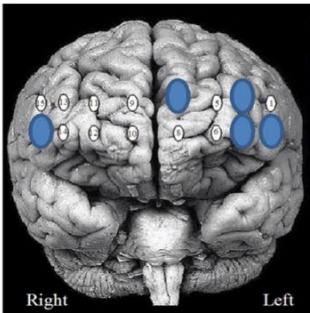
Depressed OUD < Healthy controls



OUD < Control

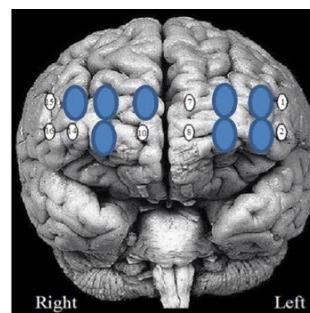


Social cues

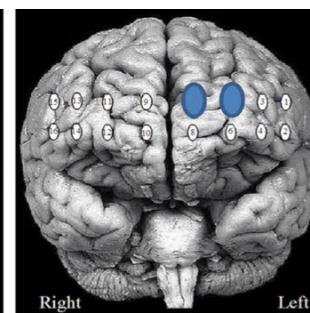


Food cues

OUD+Anhedonia < OUD



Social cues



Food cues

Yi et al. 2019 DAD.
Huhn et al. 2016 Brain Res Bull.

3. Socioaffective Processing

Natural Reward Cues



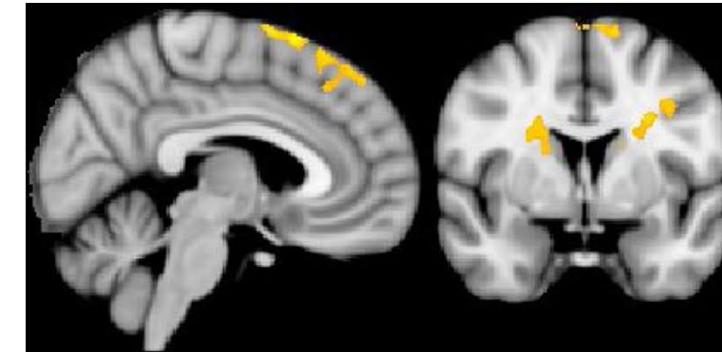
Social
Gain



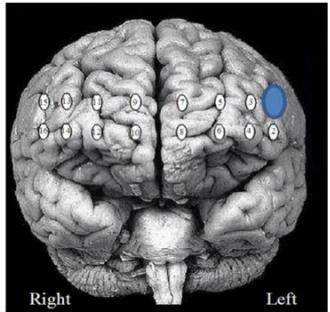
Non-Gain
Non-social

vs.

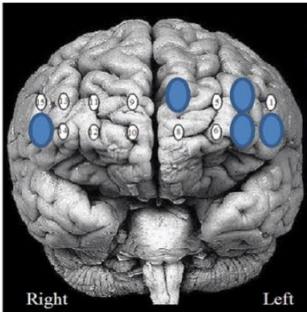
Depressed OUD < Healthy controls



OUD < Control

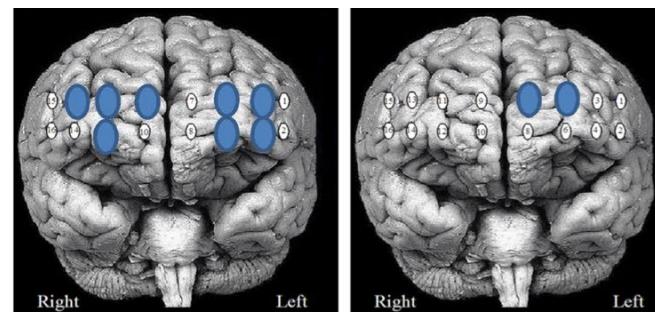


Social cues



Food cues

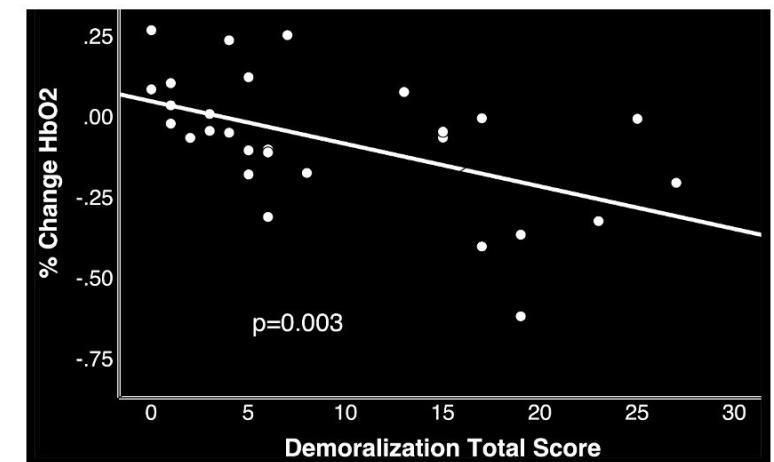
OUD+Anhedonia < OUD



Social cues

Food cues

Demoralization ↑, PFC social response ↓

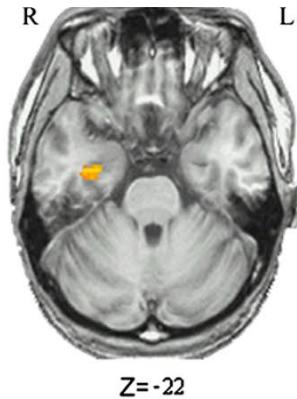


Yi et al. 2019 DAD.
Huhn et al. 2016 Brain Res Bull.
Huhn et al. 2021 Addict Behav.

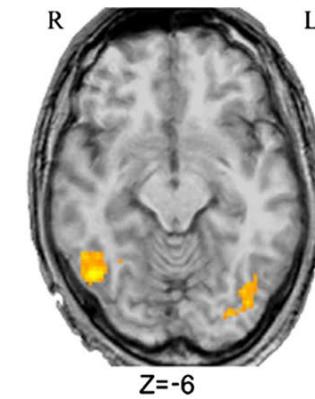
3. Socioaffective Processing

Facial Expressions

Heroin users < controls



Amygdala
emotional - neutral



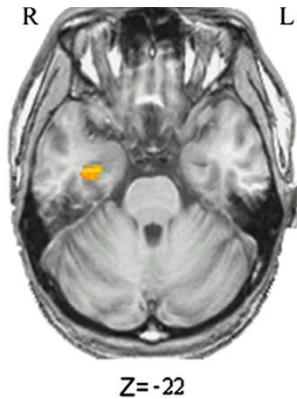
Occipital cortex
positive - negative

Wang et al. 2010 Neuroimage.

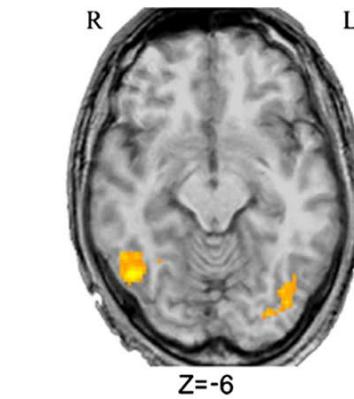
3. Socioaffective Processing

Facial Expressions

Heroin users < controls

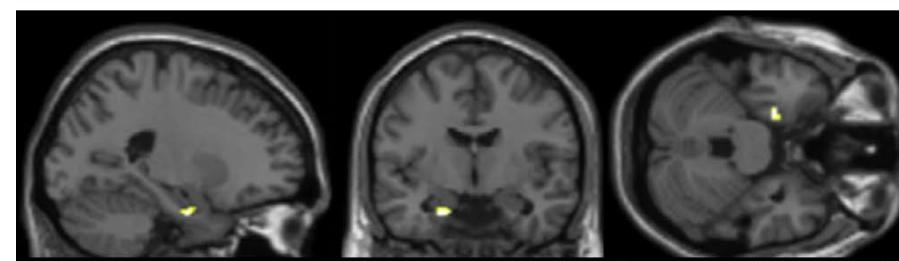


Amygdala
emotional - neutral



Occipital cortex
positive - negative

Amygdala fear response
heroin-maintained and controls

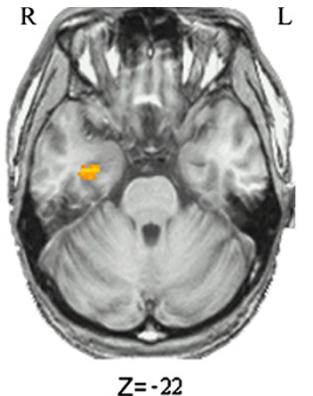


Wang et al. 2010 Neuroimage.
Schmidt et al. 2014 Biol Psychiatry.

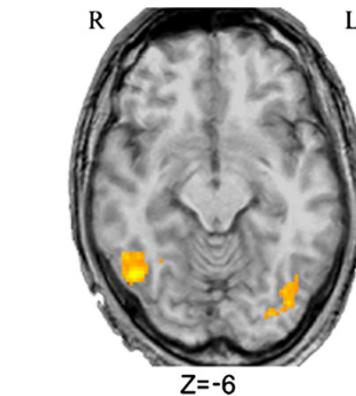
3. Socioaffective Processing

Facial Expressions

Heroin users < controls

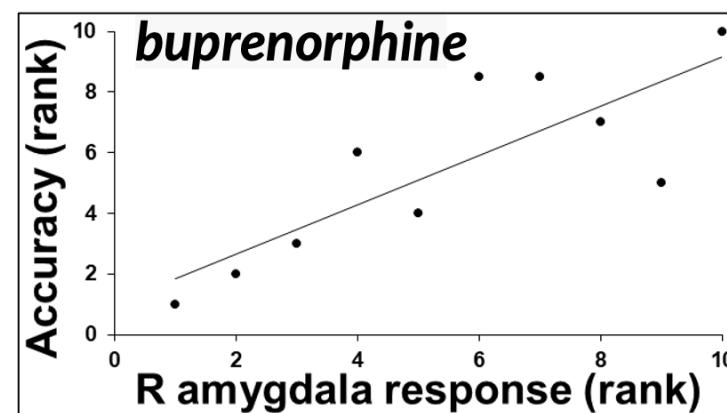
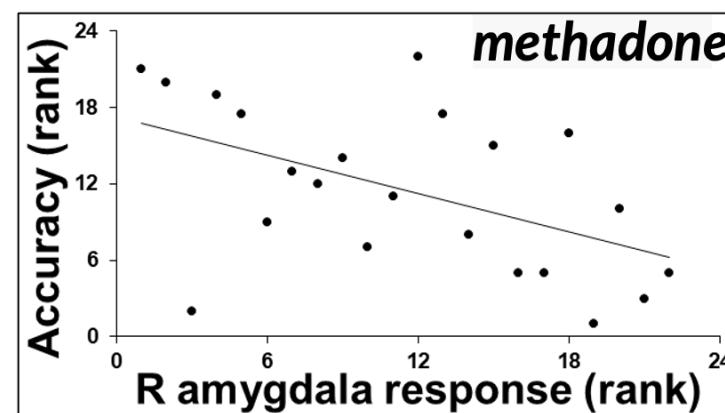
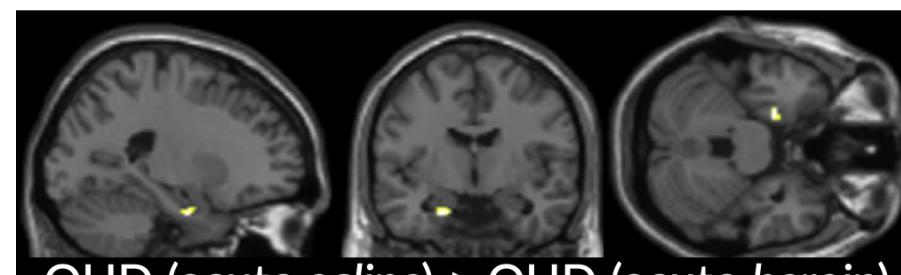


Amygdala
emotional - neutral



Occipital cortex
positive - negative

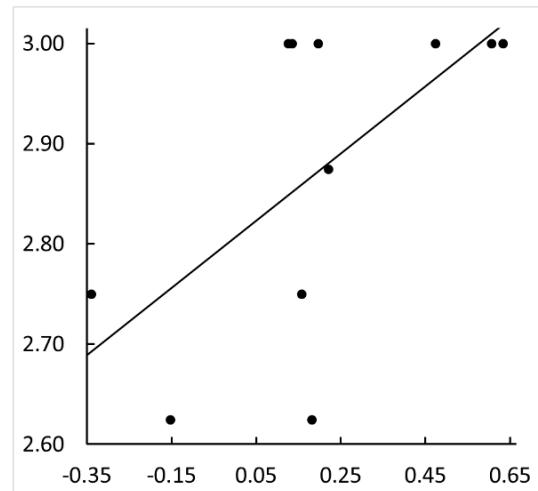
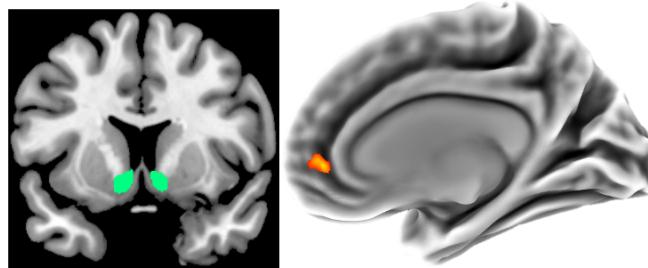
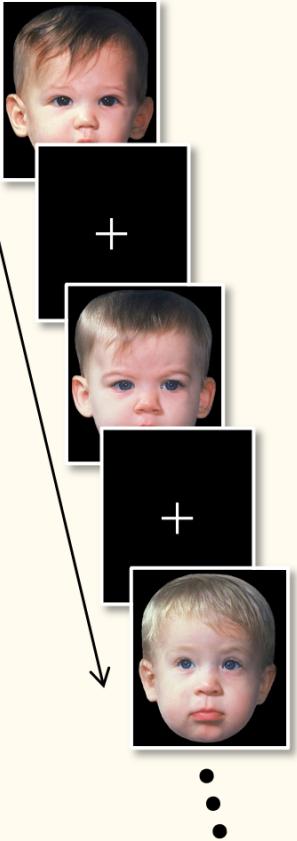
Amygdala fear response
heroin-maintained and controls



Wang et al. 2010 Neuroimage.
Schmidt et al. 2014 Biol Psychiatry.
Shi et al. in prep.

3. Socioaffective Processing

Caretaking Correlates

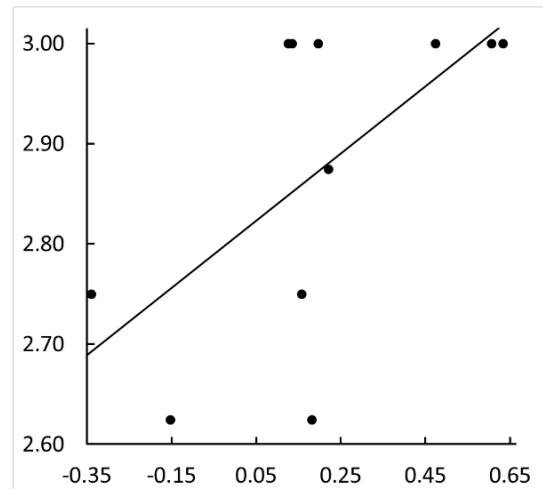
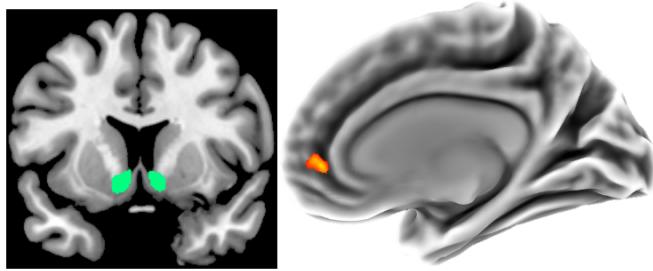
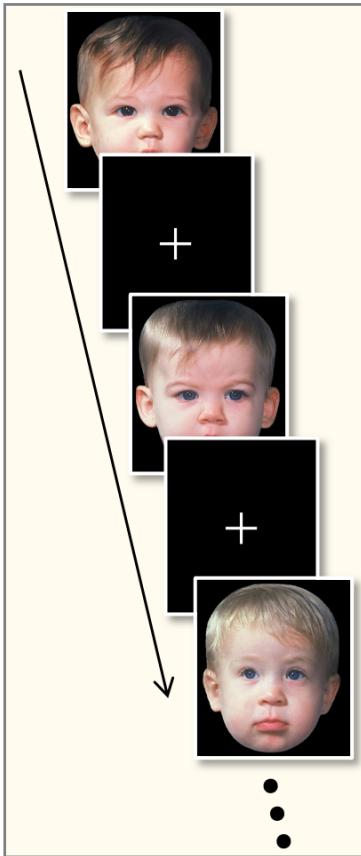


Correlation between
neural response to baby faces
and mother-infant bonding
(methadone-maintained mothers)

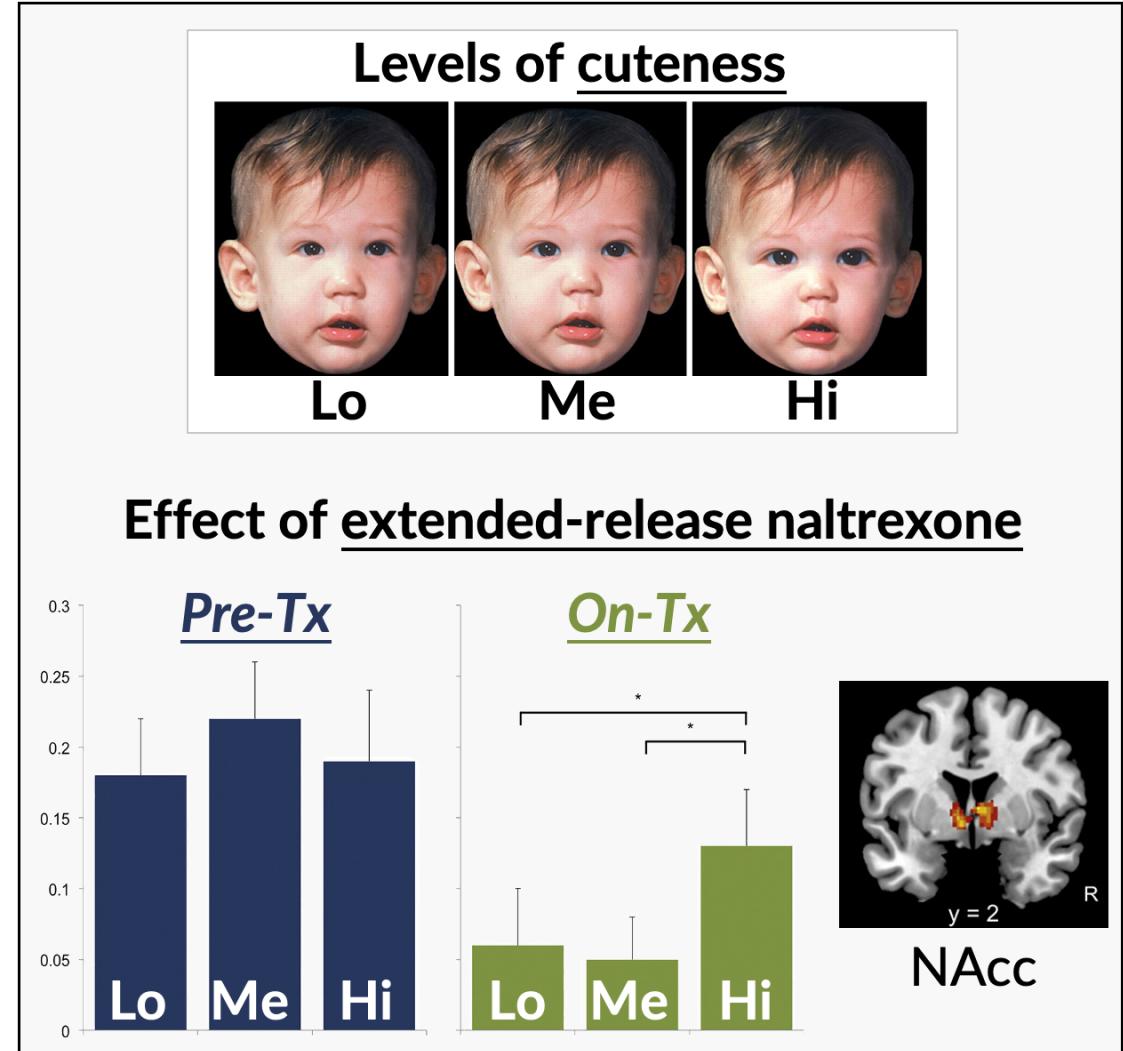
Shi et al. unpublished.

3. Socioaffective Processing

Caretaking Correlates



Correlation between
neural response to baby faces
and **mother-infant bonding**
(methadone-maintained mothers)



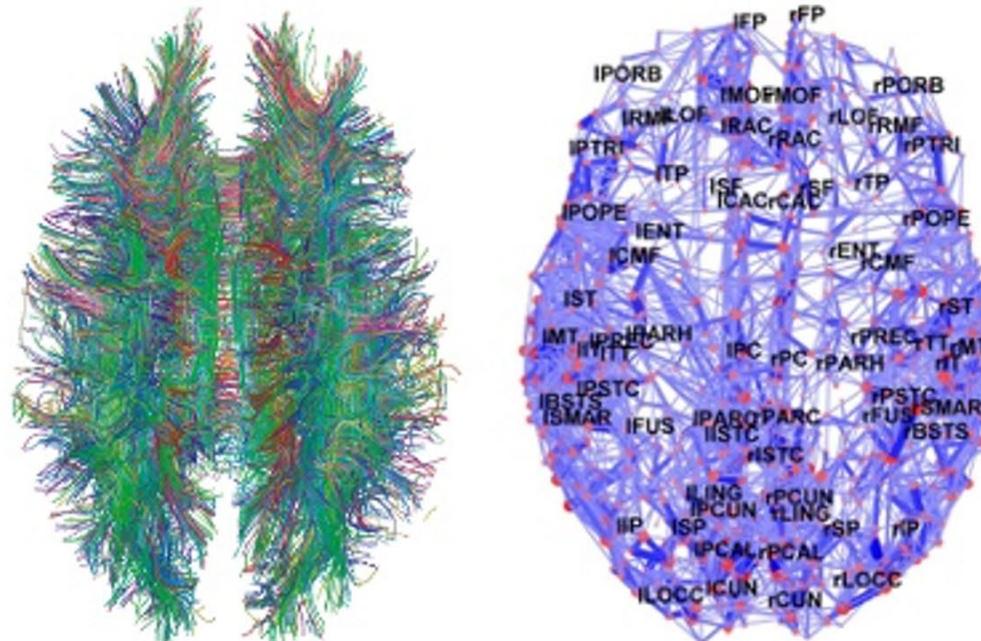
3. Socioaffective Processing

Summary:

- OUD patients show reduced sensitivity to monetary reward in the striatum.
- OUD patients show reduced front-striatal neural response to natural reward cues that may be associated with clinical and behavioral indices of socioaffective deficits (e.g., anhedonia).
- OUD patients appear to show altered amygdala response to facial expressions that may be modulated by treatment status.
- Medications for OUD appear to modulate the neural correlates of caretaking.

4. Interregional Connectivity

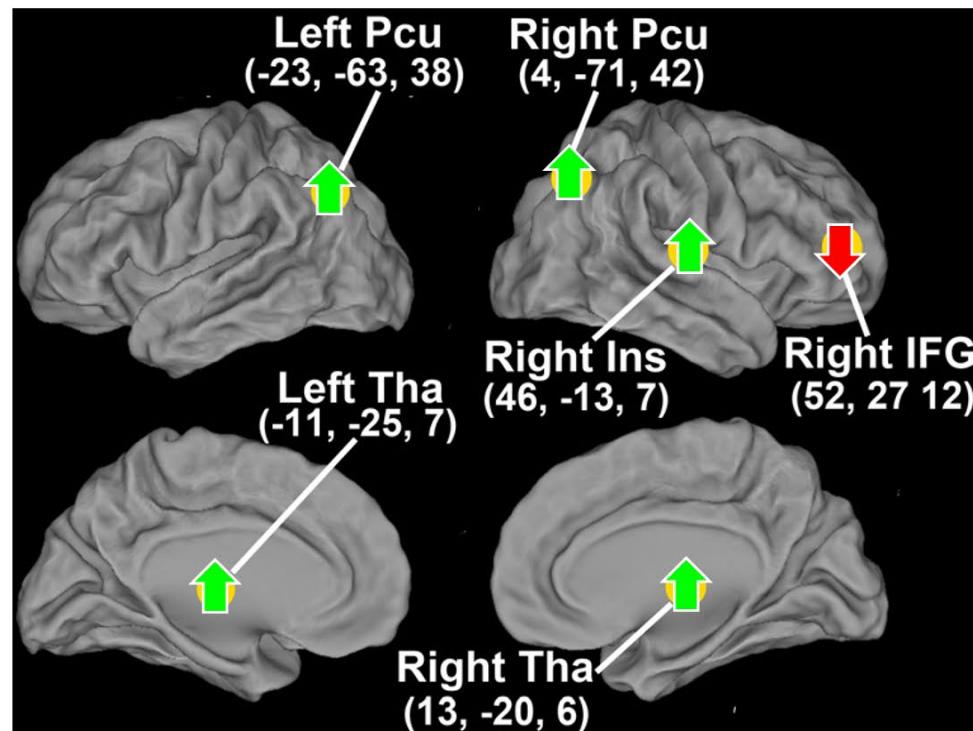
- **Structural connectivity** defines the existence of white matter tracts physically interconnecting brain regions whereas
- **functional connectivity** describes the statistical dependencies between neural signals acquired from different brain areas using measures such as correlation and coherence.



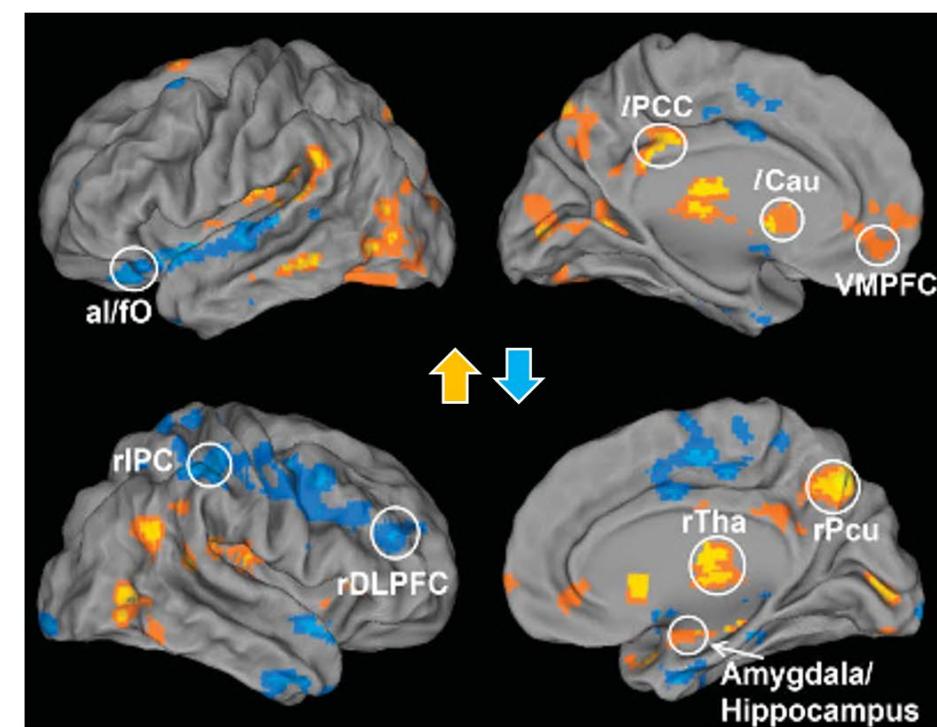
4. Interregional Connectivity

Cortico-Subcortical Connectivity

Amygdala connectivity
OUD vs. control



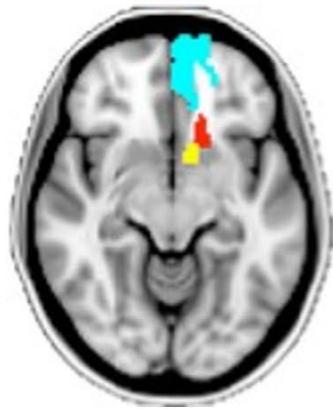
NAcc connectivity
OUD vs. control



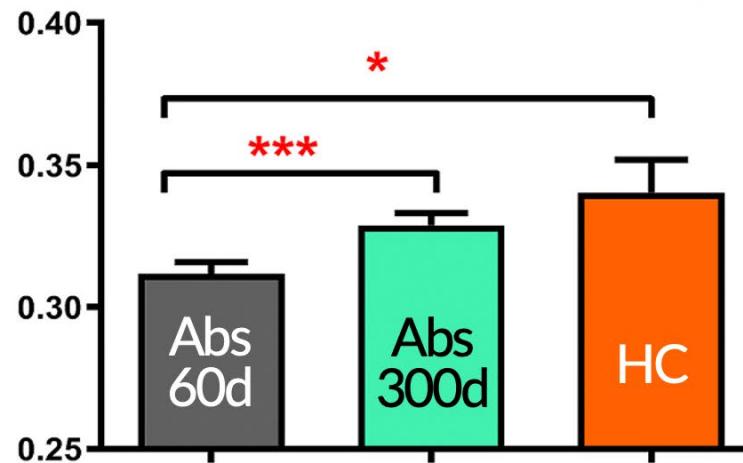
4. Interregional Connectivity

Effect of Abstinence

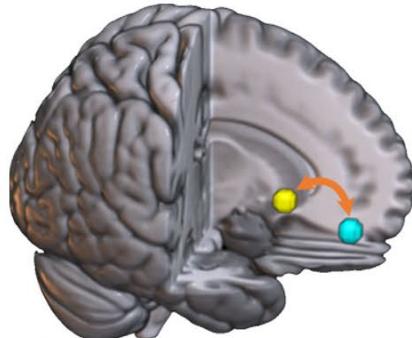
Structural (DTI)



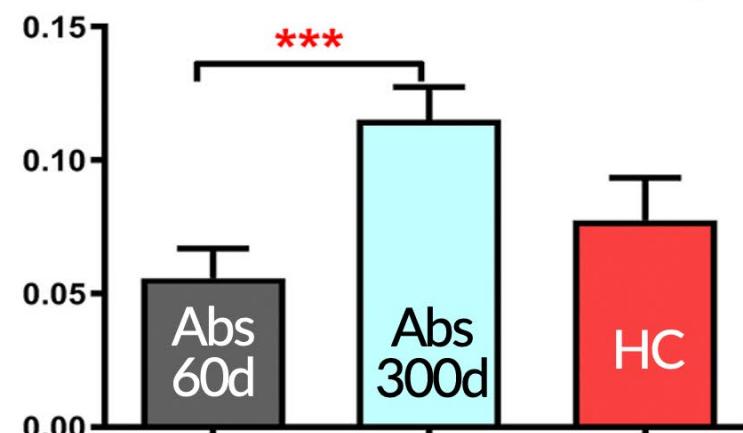
mOFC-NAcc connectivity



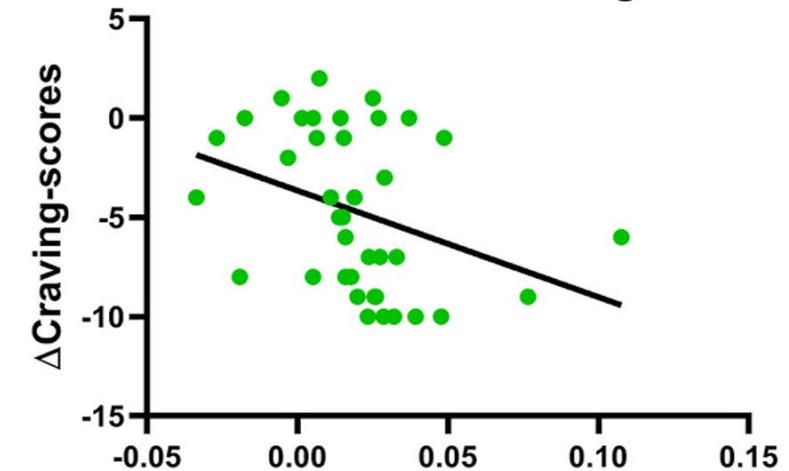
Functional (fMRI)



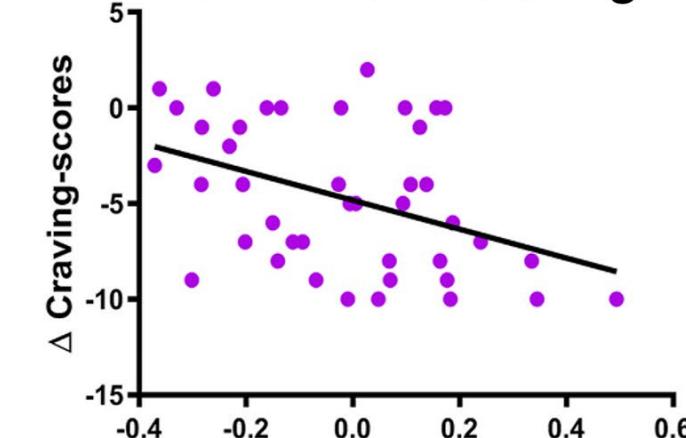
mOFC-NAcc connectivity



Corr. with Δ craving



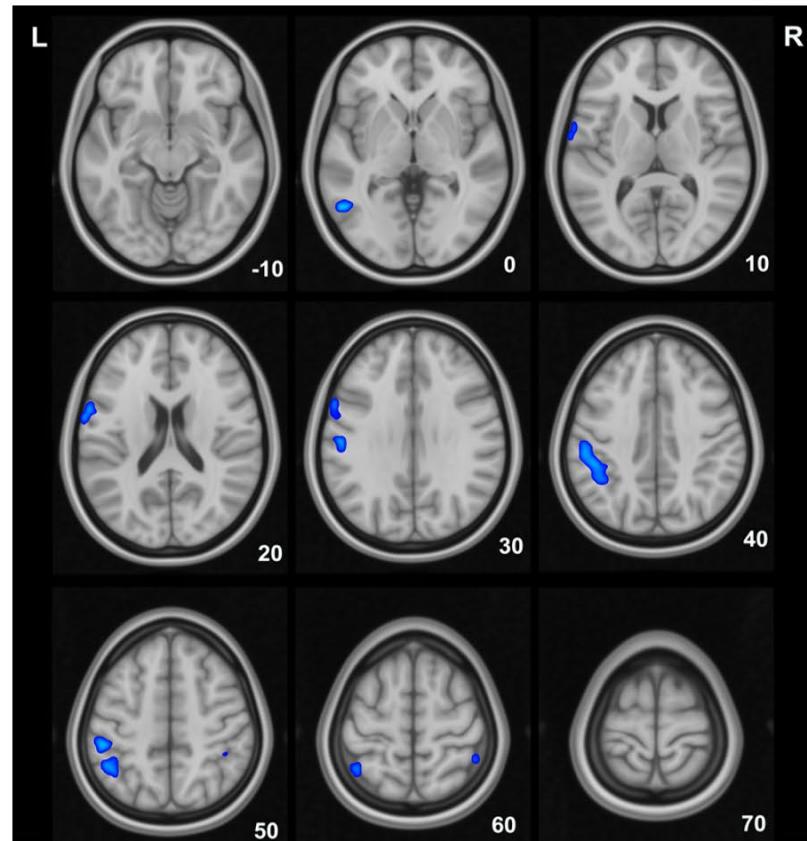
Corr. with Δ craving



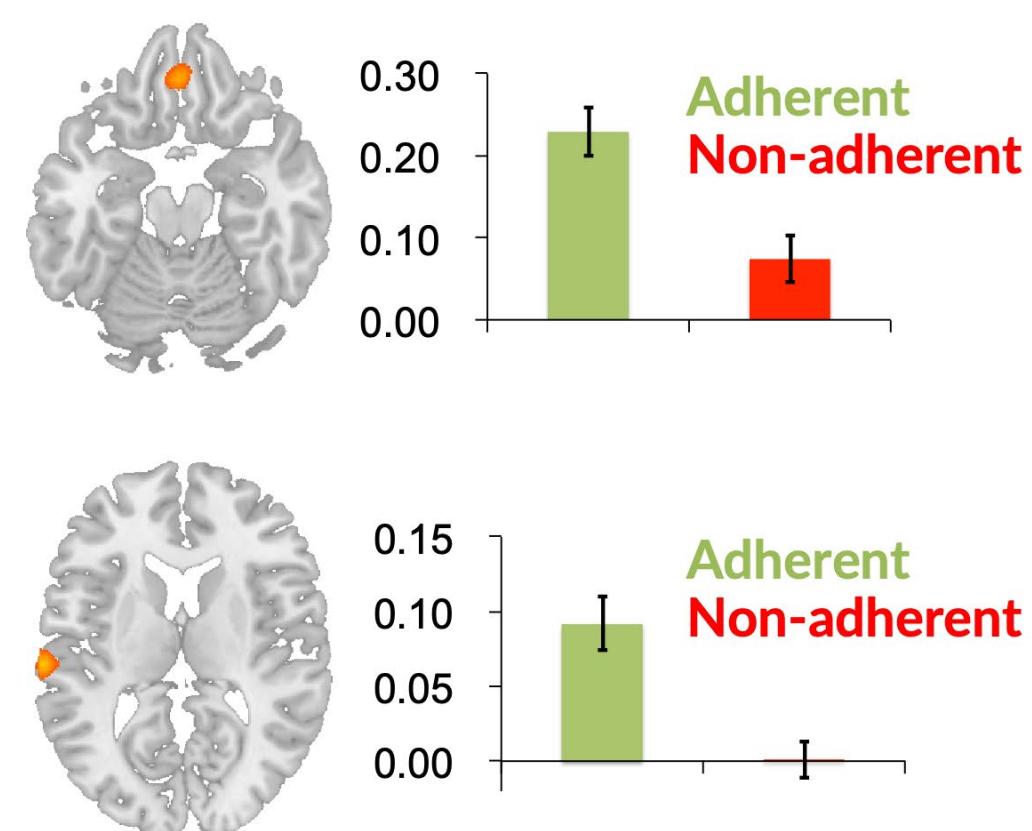
4. Interregional Connectivity

Associations with Outcomes

NAcc connectivity
relapsers < non-relapsers (methadone)



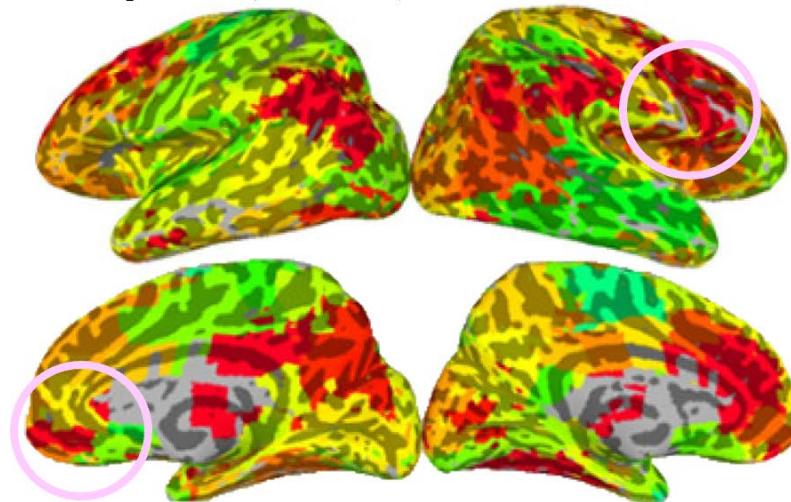
NAcc connectivity
adherence to extended-release naltrexone



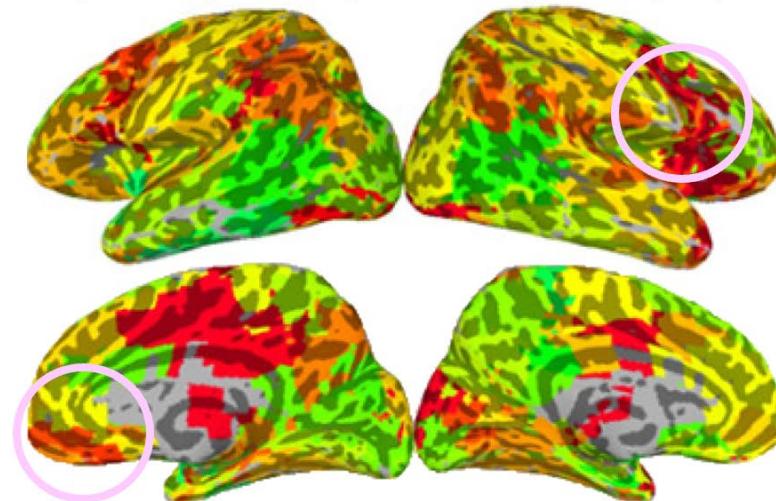
4. Interregional Connectivity

Prenatal Opioid Exposure

Opioid (No Tx). vs. Control



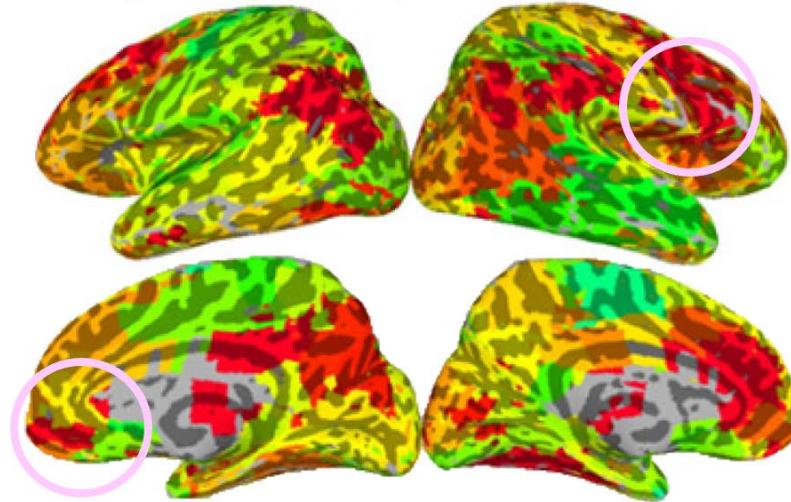
Opioid (No Tx). vs. Opioid (Tx)



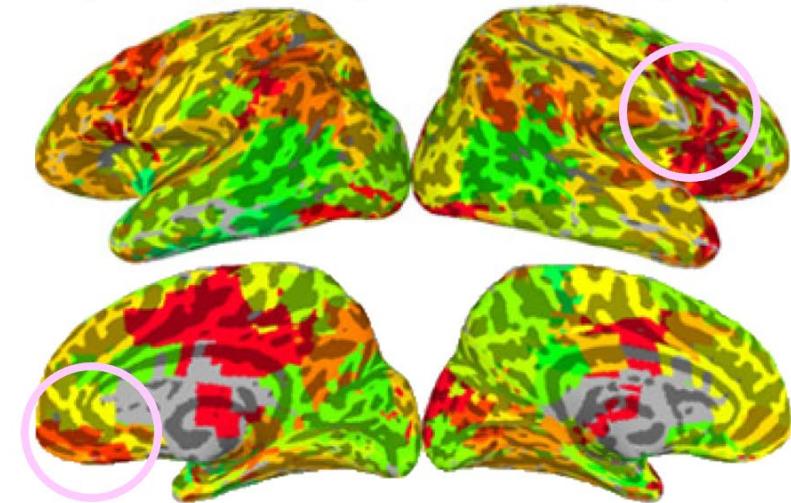
4. Interregional Connectivity

Prenatal Opioid Exposure

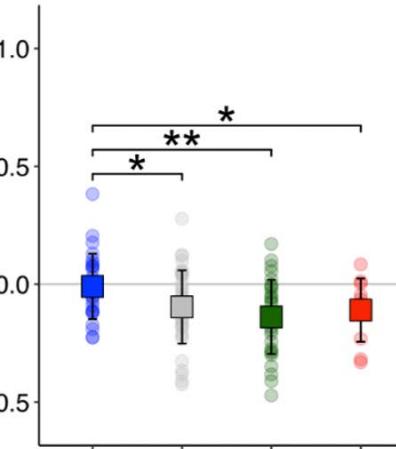
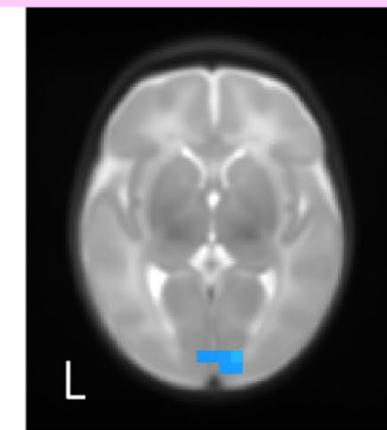
Opioid (No Tx). vs. Control



Opioid (No Tx). vs. Opioid (Tx)

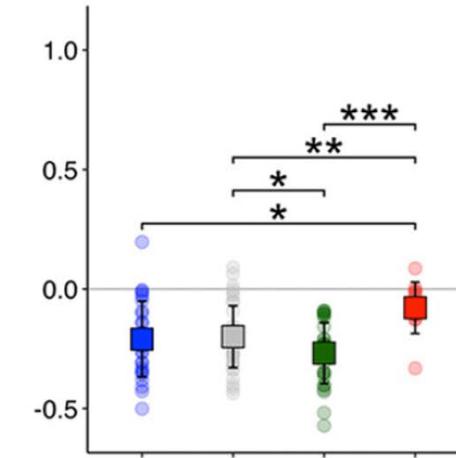
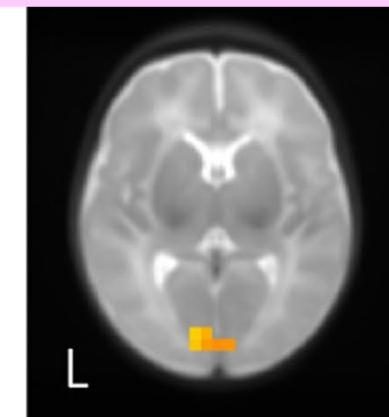


medial orbitofrontal



Control Non-opioid Opioid (Tx) Opioid (No Tx)

right inferior frontal



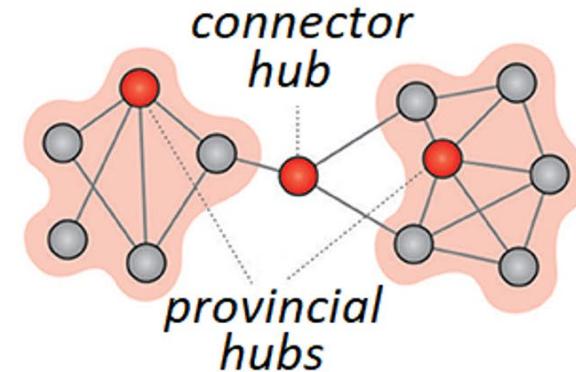
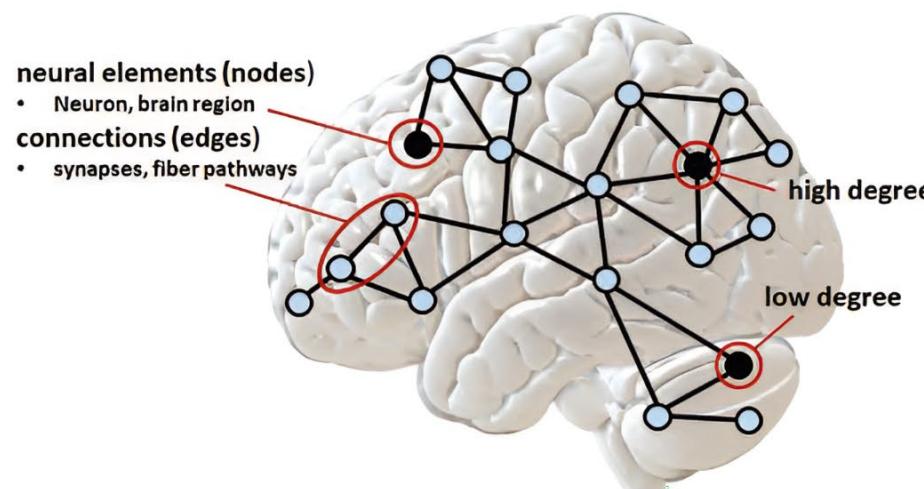
4. Interregional Connectivity

Summary:

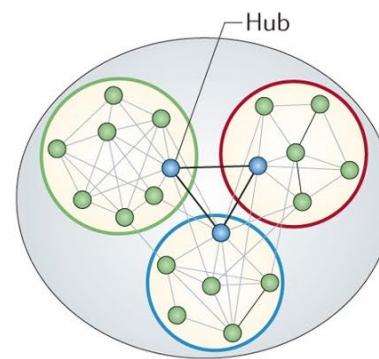
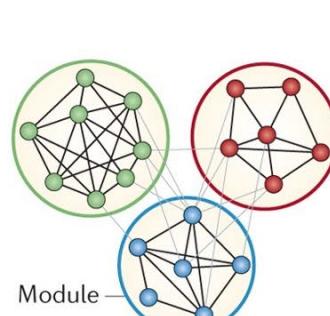
- OUD patients show reduced amygdala and NAcc connectivity with the lateral PFC.
- Fronto-striatal connectivity appears to be associated with treatment status and treatment outcomes.
- Medication for OUD during pregnancy appears to modulate neonate fronto-occipital connectivity.

5. New Methods

Graph-Theoretical Analysis of Brain Networks

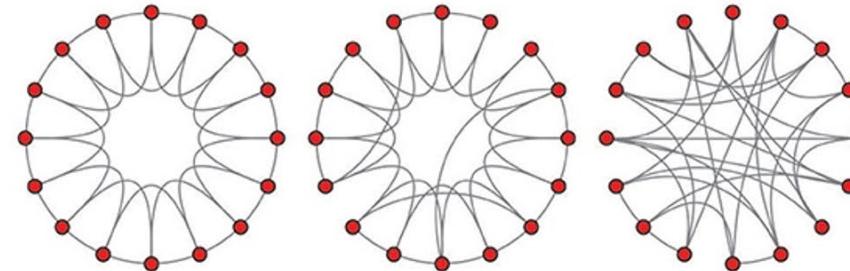


Node centrality



Segregation

Integration

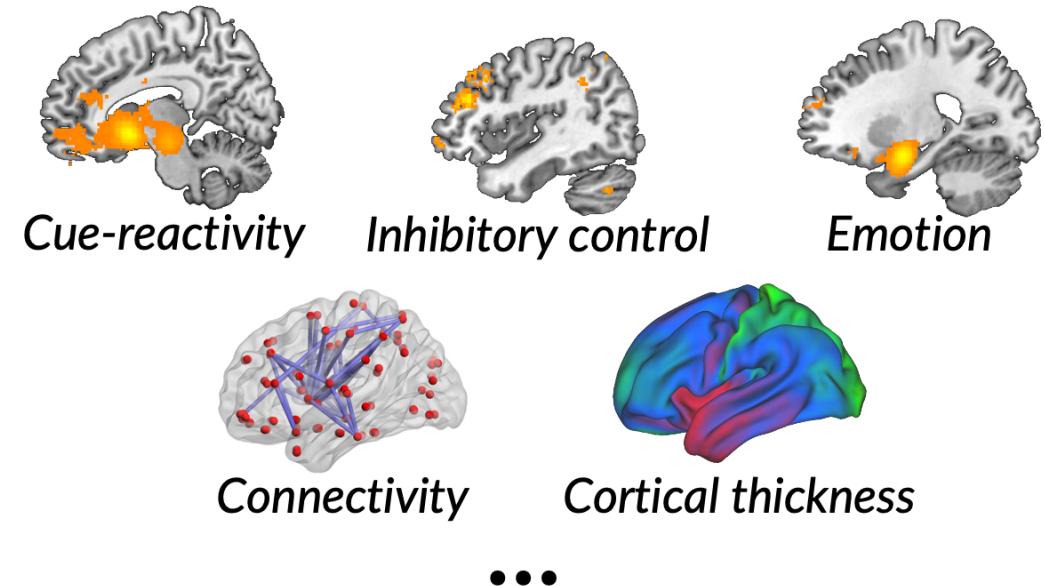
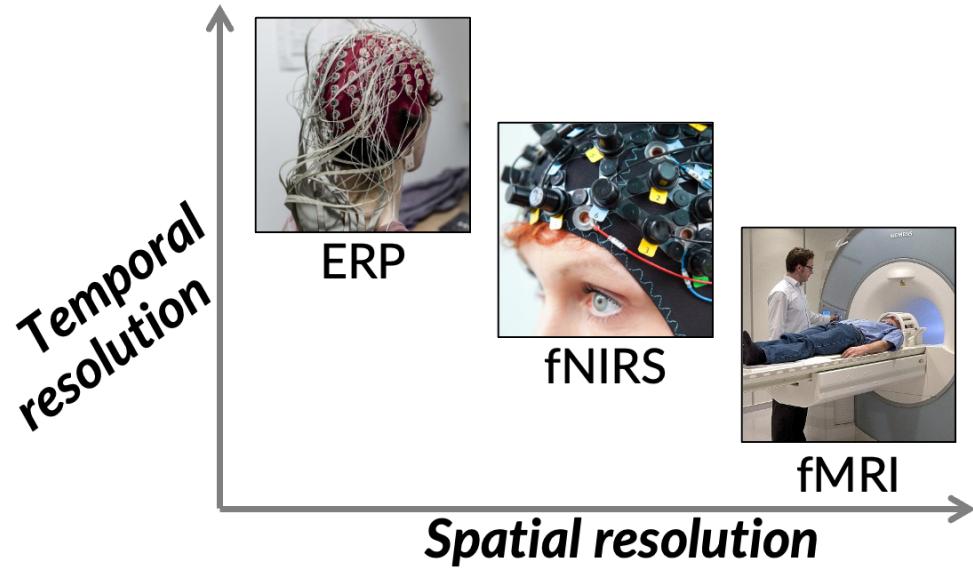


Small-worldness

Ray et al. 2018 ASPCON.
Deco et al. 2015 NRR.
Farahani et al. 2019 Front Neurosci.

5. New Methods

Multimodal Data Fusion

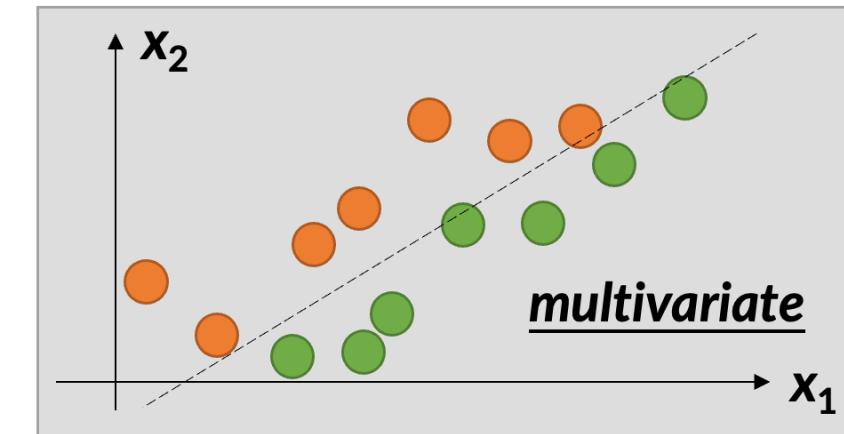
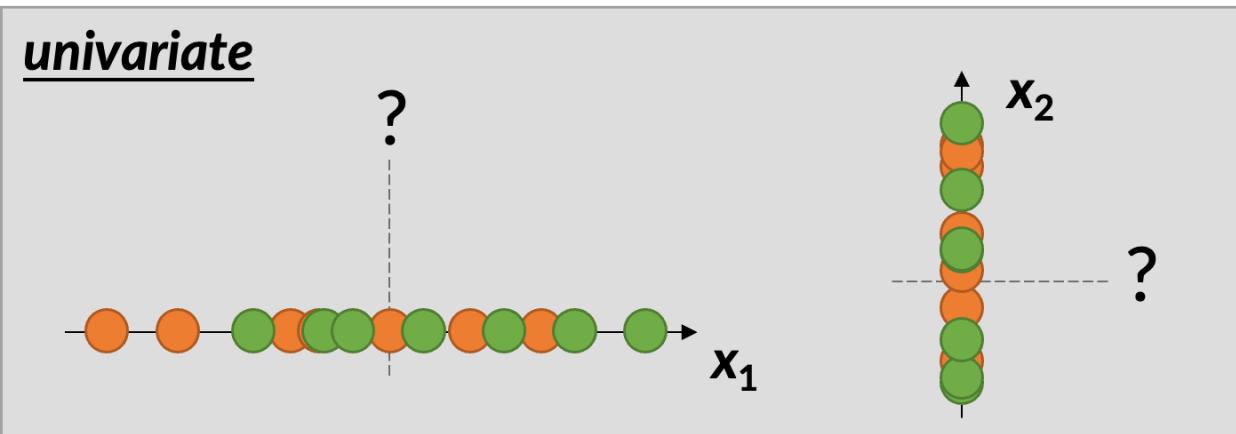


Multivariate approaches to data fusion:

- Independent component analysis (ICA)
- Principle component analysis (PCA)
- Partial least squares regression (PLSR)
- Canonical correlation analysis (CCA)

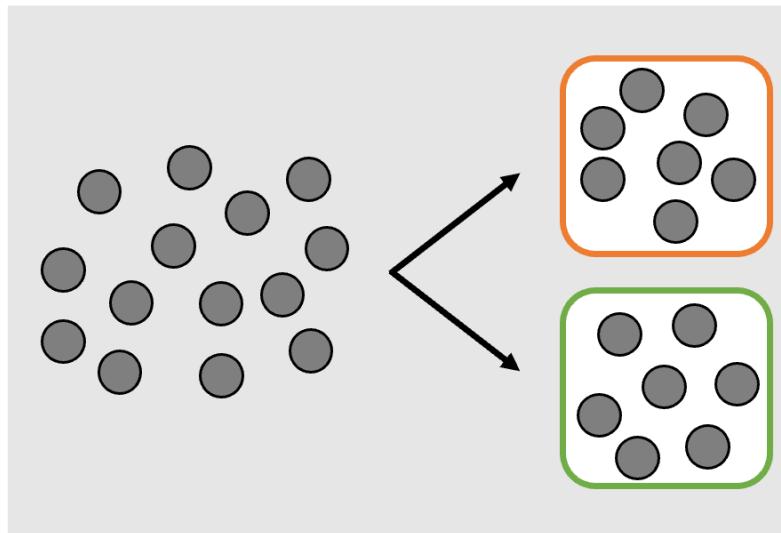
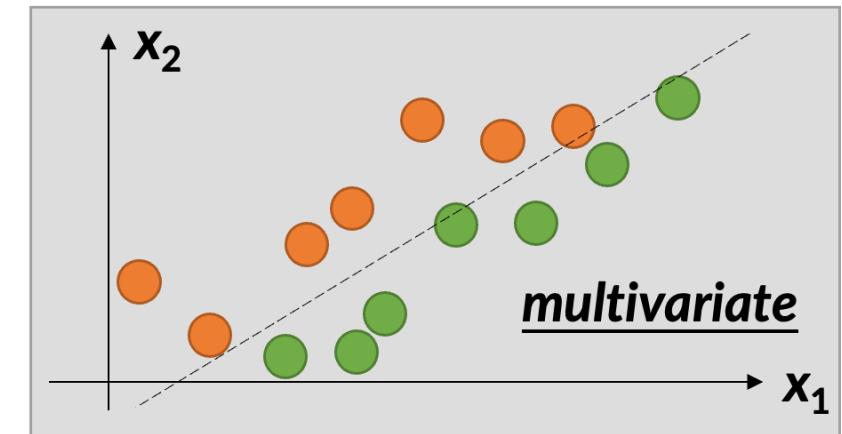
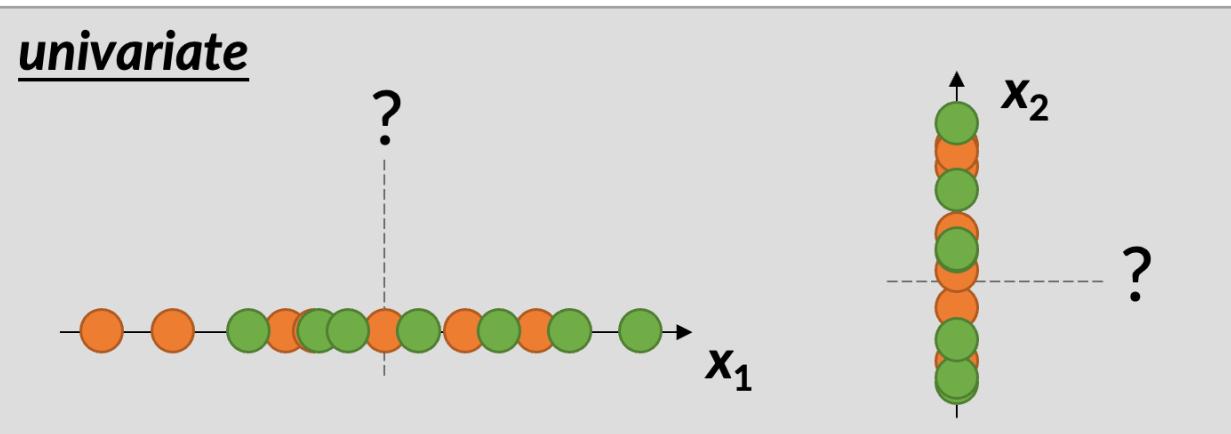
5. New Methods

Machine Learning

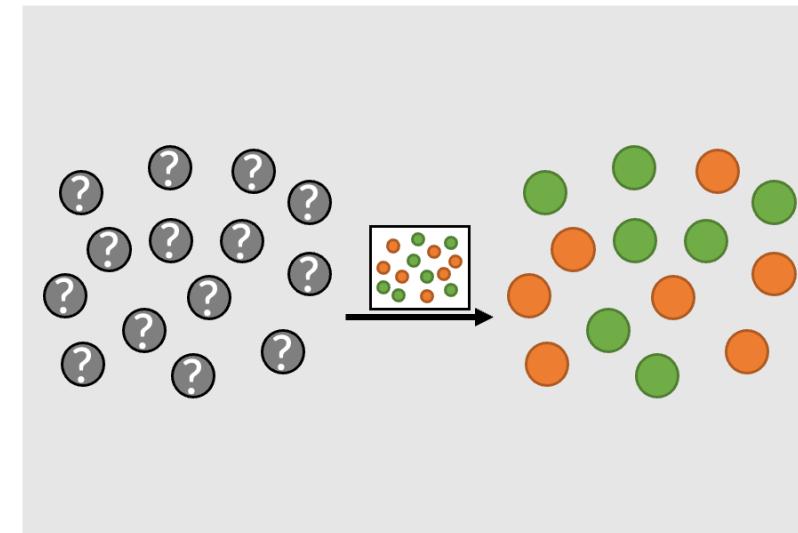


5. New Methods

Machine Learning



Unsupervised learning
(e.g., identifying biotypes)



Supervised learning
(e.g., predicting outcomes)

Further Readings

Current Behavioral Neuroscience Reports
<https://doi.org/10.1007/s40473-019-0170-4>

ADDICTIONS (M POTENZA AND M BRAND, SECTION EDITORS)



Current Understanding of the Neurobiology of Opioid Use Disorder: an Overview

Hestia Moningka^{1,2} · Sarah Lichenstein¹ · Sarah W. Yip¹

(Moningka et al. 2019 NPP)

(Moningka et al. 2019 Curr Behav Neurosci Rep)

Neuropsychopharmacology

www.nature.com/npp

REVIEW ARTICLE

Can neuroimaging help combat the opioid epidemic? A systematic review of clinical and pharmacological challenges fMRI studies with recommendations for future research

Hestia Moningka¹, Sarah Lichenstein², Patrick D. Worhunsky¹, Elise E. DeVito¹, Dustin Scheinost² and Sarah W. Yip¹

Neuroimaging Impaired Response Inhibition and Salience Attribution in Human Drug Addiction: A Systematic Review

Anna Zilverstand,¹ Anna S. Huang,¹ Nelly Alia-Klein,^{1,2} and Rita Z. Goldstein^{1,2,*}
¹Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY 10029, USA
²Department of Neuroscience, Icahn School of Medicine at Mount Sinai, New York, NY 10029, US

(Kwako et al. 2016 Biol Psychiatry)

Neuron
Review

(Zilverstand et al. 2018 Neuron)

Review

Biological Psychiatry

Addictions Neuroclinical Assessment: A Neuroscience-Based Framework for Addictive Disorders

Laura E. Kwako, Reza Momenan, Raye Z. Litten, George F. Koob, and David Goldman

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Thank You!