



Introduction

Impulsive choice behavior involves choosing between a smaller reward after a shorter delay (smaller-sooner, SS) versus a larger reward after a longer delay (larger-later, LL). The delay and/or amount of the rewards can be manipulated to determine general

patterns of preference for the SS or LL options.

• A tendency to make **impulsive choices (SS)** has been linked with impaired choice behavior such as drug use, gambling, and poor financial decisions.

Conversely, self-control is a predictor of adaptive choice behavior, such as improved school performance, better interpersonal relationships, and better financial decisions.

Impulsive choice behavior is also linked with ADHD^{1,2,3,4} and this may be due to an overresponsive **Nucleus Accumbens core (NAc)**⁵.

NAc is believed to play a central role in determining the value of rewards that guides choice behavior.

Our previous research⁶ with NAc lesions indicated deficits in adjusting to increases in reward magnitude, so that when reward magnitude increased, choice behavior did not change significantly.

Also, recent work from our lab⁷ showed that dynamic tasks may result in more random and more impulsive behavior.

The previous NAc lesion studies^{6,7} used dynamic procedures and thus may be susceptible to non-specific deficits of the lesions when dealing with dynamic environments.

Purpose: Here, we tested NAc lesions in a **systematic steady state procedure** that maximizes opportunities for learning the reward options. Also, we tested reward sensitivity in the absence of differences in delay to verify the effects. We determined whether the NAc is necessary for the computation of reward value in an impulsive choice task, when the magnitude of reward for one of the alternatives was increased over phases.

Hypothesis: Rats with NAc lesions should show deficits in adjusting to increases in LL magnitude in comparison to sham control rats.

Methods

Animals. 24 male Sprague Dawley rats

Pair-housed, food restricted (85% weight), 90 days old.

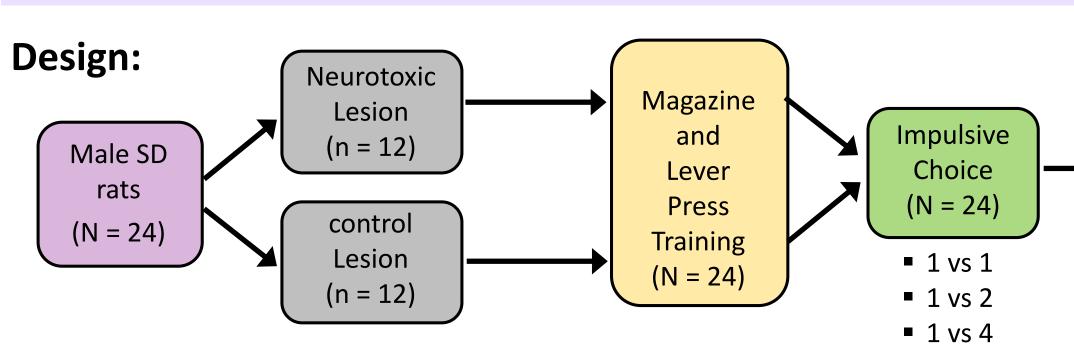
Apparatus. 24 operant chambers (Med-Associates, St. Albans, VT).

Procedure

Surgery: Rats received neurotoxic lesions of the NAc or control lesions.

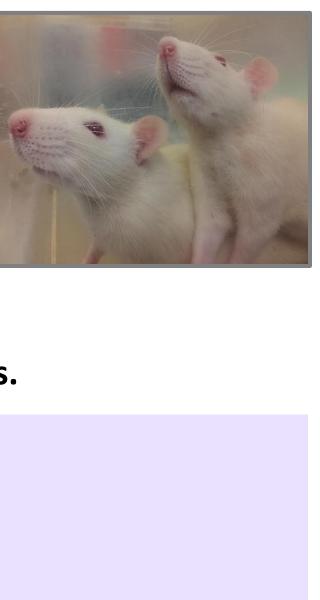
Surgical procedure:

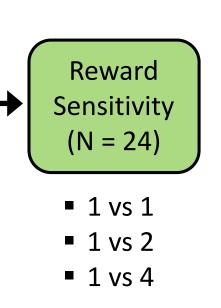
- Rats anesthetized with isoflurane
- Rats placed on a stereotaxic frame
- 1-2 cm incision at top of the head
- Skull exposed and bregma located
- Holes made with precision drill (at each side of skull to dura)
- 30 gauge infusion needle injected bilaterally:



Nucleus accumbens core lesions decrease reward magnitude sensitivity in steady state impulsive choice

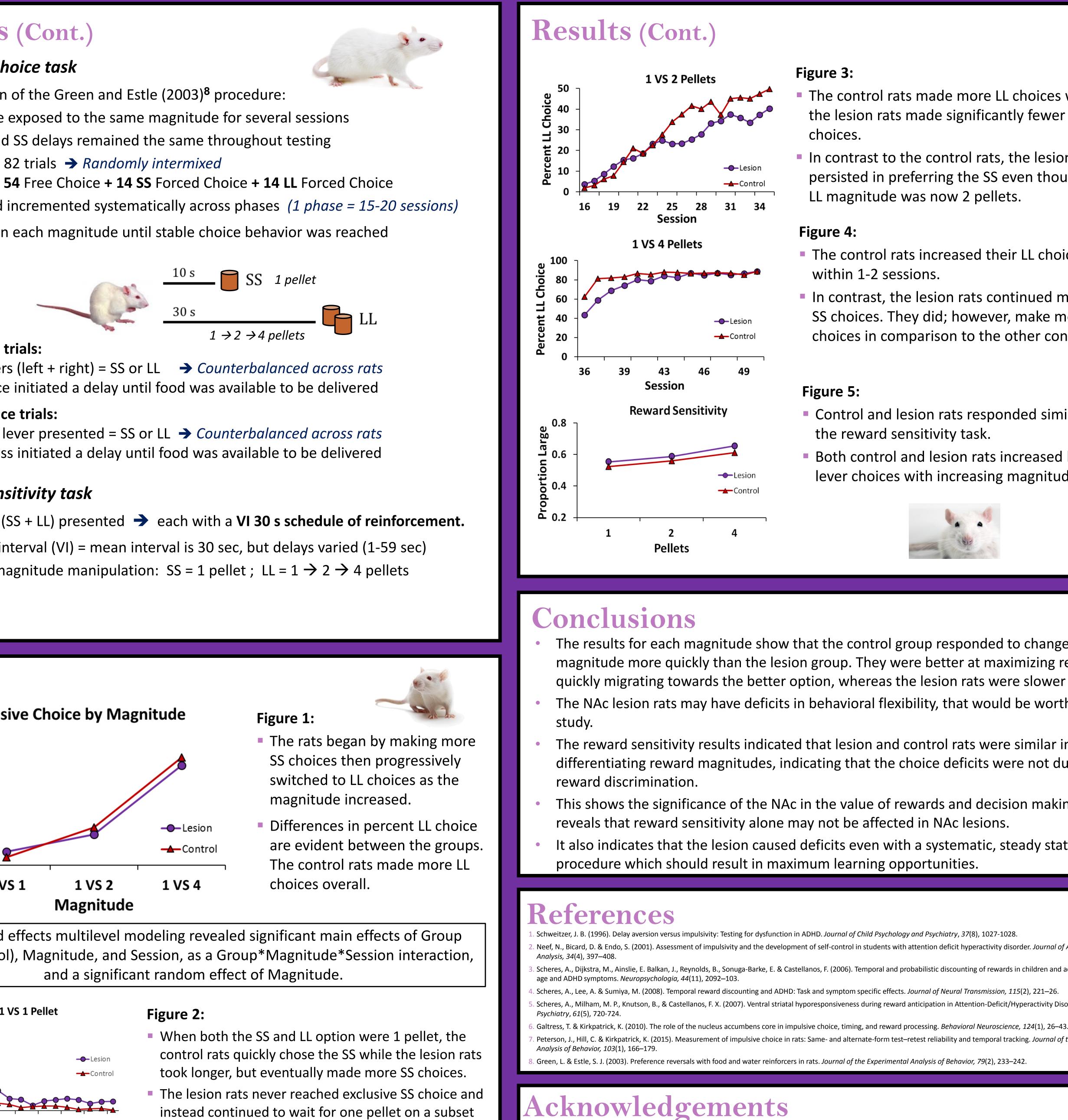
Sydney Edmisten, Melina S. Campa, Jennifer R. Peterson* & Kimberly Kirkpatrick Kansas State University





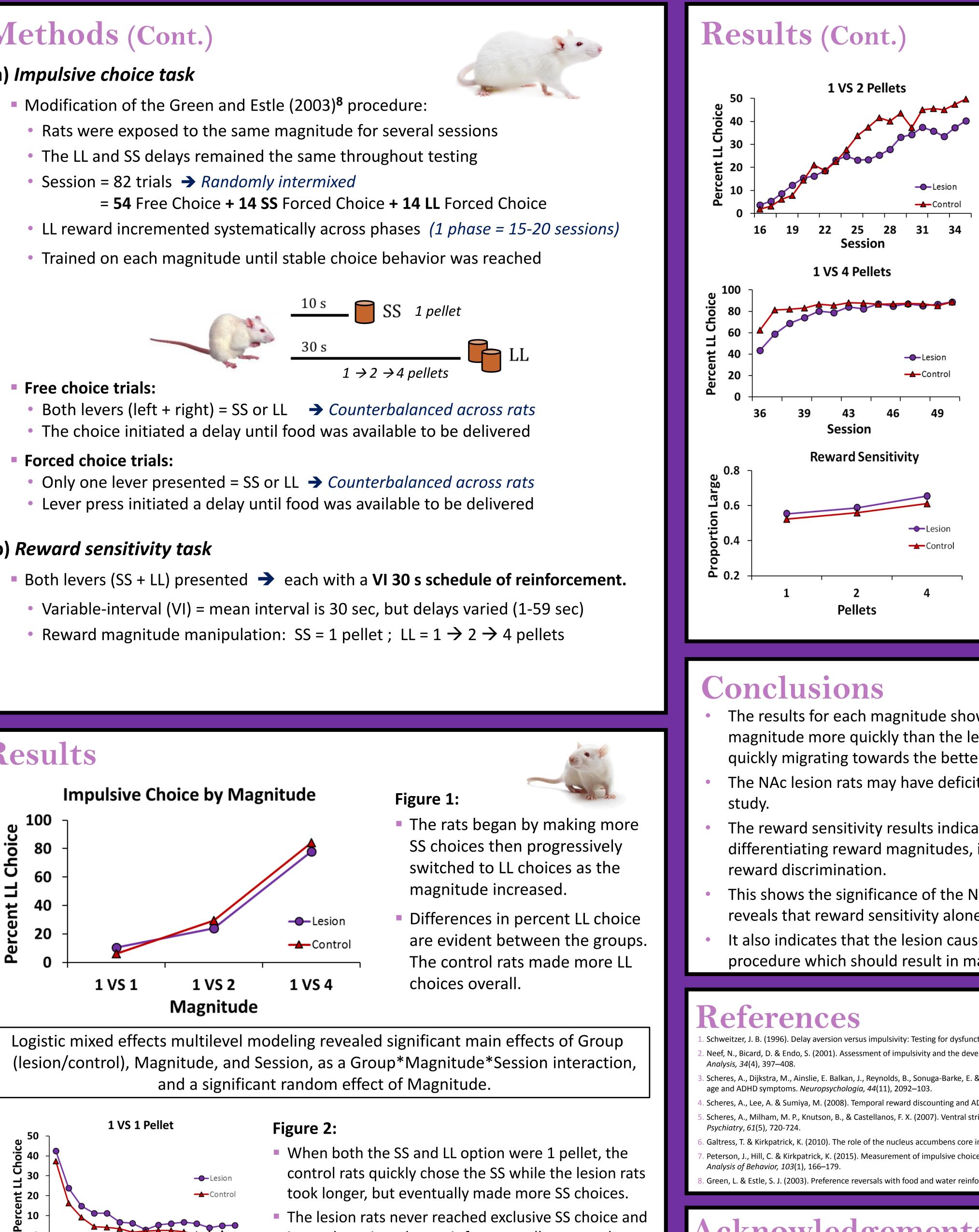
Methods (Cont.)

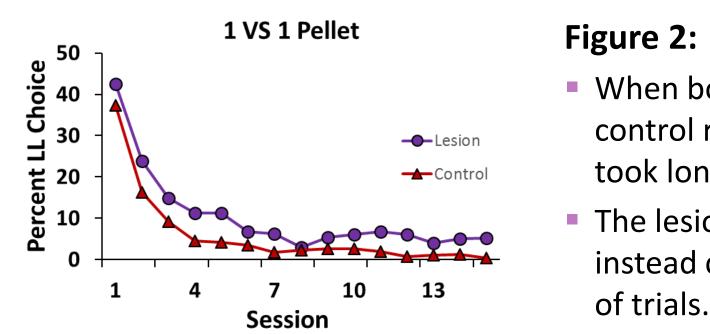
a) Impulsive choice task



b) Reward sensitivity task

Results





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Figure 3:

- The control rats made more LL choices while the lesion rats made significantly fewer LL choices.
- In contrast to the control rats, the lesion rats persisted in preferring the SS even though the LL magnitude was now 2 pellets.

Figure 4:

- The control rats increased their LL choices within 1-2 sessions.
- In contrast, the lesion rats continued making SS choices. They did; however, make more LL choices in comparison to the other conditions.

Figure 5:

- Control and lesion rats responded similarly in the reward sensitivity task.
- Both control and lesion rats increased large lever choices with increasing magnitude.



The results for each magnitude show that the control group responded to changes in LL magnitude more quickly than the lesion group. They were better at maximizing rewards by quickly migrating towards the better option, whereas the lesion rats were slower to do so. The NAc lesion rats may have deficits in behavioral flexibility, that would be worth further

The reward sensitivity results indicated that lesion and control rats were similar in differentiating reward magnitudes, indicating that the choice deficits were not due to poor

This shows the significance of the NAc in the value of rewards and decision making but reveals that reward sensitivity alone may not be affected in NAc lesions. It also indicates that the lesion caused deficits even with a systematic, steady state procedure which should result in maximum learning opportunities.

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