Disruption of Right Prefrontal Cortex by Low-Frequency Repetitive Transcranial Magnetic Stimulation Induces Risk-Taking Behavior

Daria Knoch,1 Lorena R. R. Gianotti,3 Alvaro Pascual-Leone,4 Valerie Treyer,2 Marianne Regard,1 Martin Hohmann,1 and Peter Brugger1

1Department of Neurology, 2PET Center, Division of Nuclear Medicine, University Hospital Zurich, 8091 Zurich, Switzerland, 3The KEY Institute for Brain–Mind Research, University Hospital of Psychiatry, 8032 Zurich, Switzerland, and 4Center for Noninvasive Brain Stimulation, Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, Massachusetts 02215

Decisions require careful weighing of the risks and benefits associated with a choice. Some people need to be offered large rewards to balance even minimal risks, whereas others take great risks in the hope for an only minimal benefit. We show here that risk-taking is a modifiable behavior that depends on right hemisphere prefrontal activity. We used low-frequency, repetitive transcranial magnetic stimulation to transiently disrupt left or right dorsolateral prefrontal cortex (DLPFC) function before applying a well known gambling paradigm that provides a measure of decision-making under risk. Individuals displayed significantly riskier decision-making after disruption of the right, but not the left, DLPFC. Our findings suggest that the right DLPFC plays a crucial role in the suppression of superficially seductive options. This confirms the asymmetric role of the prefrontal cortex in decision-making and reveals that this fundamental human capacity can be manipulated in normal subjects through cortical stimulation. The ability to modify risk-taking behavior may be translated into therapeutic interventions for disorders such as drug abuse or pathological gambling.

Key words: decision-making; dorsolateral prefrontal cortex; inhibitory control; laterality; transcranial magnetic stimulation; risk-taking

Introduction

The ability to make correct decisions in a complex and changing environment requires careful weighing of risks and benefits. The prefrontal cortex (PFC) appears to be critical in such decision-making processes. Decision-making behavior in adolescents, generally more risk-taking in nature, is thought to be the manifestation of an immature prefrontal cortex (Chambers et al., 2003), and patients with traumatic brain injuries or other pathologies affecting the PFC show a tendency for riskier, “out-of-character” decision-making and an apparent disregard for negative consequences of their actions (Bechara et al., 1996; Rahman et al., 2001). This seems particularly true for patients with right-sided lesions (Tranel et al., 2002; Clark et al., 2003), although still little is known about the lateralization of the neural mechanisms involved in decision-making. Some functional imaging studies suggest that the right prefrontal cortex may be particularly critical for the regulation of risk-taking behavior (Rogers et al., 1999; Ernst et al., 2002; Fishbein et al., 2005). However, these studies do not provide a direct causal link between structure and function. We used repetitive transcranial magnetic stimulation (rTMS) to transiently disrupt left or right prefrontal function and thus examine whether risk-taking strategies can be modified in healthy individuals and provide direct evidence for the causal role of lateralized hemispheric control of risk-taking.

Materials and Methods

Subjects. We studied 27 right-handed men (mean age, 23.8 years; range, 21–31 years). All provided written informed consent to participate in the study that had been approved by the local ethics committee. All were naive to TMS and had no history of psychiatric illness or neurological disorders. Subjects received 80 CHF (Swiss francs) for their participation. They were randomly assigned to either left or right prefrontal rTMS or sham stimulation. There was no difference between groups with respect to age (F1224 = 1.64; p = 0.215). No subject reported any adverse side effects concerning pain on the scalp or headaches after the experiment.

Risk task. Subjects were randomly assigned to receive sham or verum rTMS to the left or the right dorsolateral PFC (DLPFC) before performing the Risk Task (Rogers et al., 1999), a well known gambling paradigm that provides a measure of decision-making under risk with little requirements on strategy and working memory. In each of the 100 trials, subjects were presented with six horizontally arranged boxes that could be pink or blue (Fig. 1). The ratio of pink and blue boxes varied from trial to trial and could be 5:1, 4:2, or 3:3. Subjects had to pick the color of the box that hid the “winning token.” They were told that the token was equally likely to be hidden in any of the boxes. Therefore, for each trial, the ratio of pink to blue boxes (referred to as “level of risk”) effectively determined the probability of finding that winning token and thus the level of risk of the choice. Subjects were rewarded with points for picking the color of the box hiding the winning token and punished by loosing points for picking the incorrect color. The amount of reward (or penalty) points

Received Feb. 22, 2006; revised April 6, 2006; accepted May 9, 2006.
This work was supported by the Swiss National Science Foundation and UBS AG. We thank E. Wintsch for programming the risk task used in this study.
Correspondence should be addressed to Dr. Daria Knoch, Department of Neurology, University Hospital Zurich, Frauenklinikstrasse 26, CH-8091 Zurich, Switzerland. E-mail: daria.knoch@usz.ch.
DOI:10.1523/JNEUROSCI.0804-06.2006
Copyright © 2006 Society for Neuroscience 0270-6474/06/266469-04$15.00/0

The Journal of Neuroscience, June 14, 2006 • 26(24):6469 – 6472 • 6469
Transcranial magnetic stimulation. rTMS was administered to the DLPFC before subjects performed the task (“off-line paradigm”) (Fig. 1) using a Magstim (Rapid Magnetic Stimulator; Magstim, Winchester, MA) and figure-of-eight coil (70-mm-diameter double circle, air cooled). The position of the DLPFC was defined as 6 cm anterior to the subject’s head. Stimulation intensity was set at 100% of the individual resting motor threshold (MT), as determined following current guide-

Discussion

There are several reasons that could account for the disadvantageous, risky decision-making after right prefrontal stimulation.
First, happy individuals tend to overestimate the likelihood of positive and underestimate the likelihood of negative outcomes of events (Johnson and Tversky, 1983). Therefore, the enhanced readiness to display risky behavior after right PFC rTMS could be attributable to an increase in happiness induced by rTMS (Gershon et al., 2003). However, we assessed subjects’ mood before and after stimulation using visual analog scales and found them to be independent of the hemisphere stimulated. ANOVA of sham rTMS revealed no main effect for group ($F_{(2,24)} = 5.60, p = 0.011$). Subjects stimulated over the right DLPFC earned significantly fewer points than those who received sham ($p = 0.040$) or the left DLPFC who received real rTMS ($p = 0.020$). Repeated-measures ANOVA of subject group × level of risk × balance of reward revealed a main effect of group ($F_{(2,24)} = 4.92, p = 0.016$), and post hoc analysis demonstrated that subjects who received rTMS over the right DLPFC were more likely to choose the high-risk prospect than those stimulated over the left DLPFC ($p = 0.034$) or those who received sham rTMS ($p = 0.048$). Indeed, seven of nine subjects who received right DLPFC rTMS eventually performed among the subjects more prone to risk-taking, whereas most of those who received left DLPFC rTMS ended up in the group of subjects who were less inclined toward risk-taking. Repeated-measures ANOVA of subject group × level of risk × balance of reward revealed a main effect of balance of reward ($F_{(2,21)} = 17.19; p < 0.001$). No interaction between group and balance of reward was found ($F_{(6,62)} = 1.03; p = 0.414$).

Second, in accordance with the somatic marker hypothesis (Damasio, 1996; Bechara and Damasio, 2005), right PFC rTMS could have affected the detection or processing of markers of reward that arise in bioregulatory processes and guide decision-making. The ventromedial PFC, particularly on the right (Critchley et al., 2000), is indeed believed to play a crucial role in the interpretation and regulation of such bodily sensations. However, the somatic marker hypothesis was formulated in the framework of experiments on the Iowa Gambling Task, which measures decision-making under ambiguity rather than risk. Decision-making under ambiguity does not allow for a fast cost–benefit analysis guided by simple rules. Consecutive outcomes can only be guessed by gradually learning the pattern of reward and punishment associated with specific options. In contrast, in the Risk Task, event probabilities are always explicitly given, learning is minimized, and guidance by any markers is likely less critical for effective performance.

We propose that what is primarily needed in the Risk Task is an active suppression of an option that appears most seductive because of the immediate higher payoffs. However, this inclination is balanced by control mechanisms sensitive to the negative consequences of high losses. Our results demonstrate that suppression of the right, but not the left, PFC by rTMS reduces inhibitory control, leading to overly risky decision-making. A potential objection to any account in terms of inhibition is that orbital rather than dorsolateral areas of the PFC are traditionally implicated in inhibitory control functions. However, orbitofrontal and dorsolateral prefrontal structures are densely interconnected (Ghashghaei and Barbas, 2002), and stimulation of one leads to coactivations of the other (Li et al., 2004; Knoch et al., 2006). We hypothesize that DLPFC rTMS affected orbitofrontal cortex, and such distal impact accounts for the observed behavioral effects. Importantly, TMS over the right PFC did not influence decision times and certainly not in a way that could be interpreted as reflecting an especially hasty behavior. ANOVA of group × quality of decision (safe, risky) revealed no main effect for group ($F_{(1,19)} = 0.44; p = 0.651$) but a main effect for quality of decision. Safe decisions were faster than risky decisions ($F_{(1,19)} = 45.52; p < 0.001$). Specifically, the observation that, in all groups, risky choices took longer than safe choices speaks against a disinhibition at motor level.

Therefore, we conclude that the right (not the left) PFC plays a crucial role in the suppressive control of superficially seductive options. This is consistent with findings of preferential right-hemisphere involvement for inhibitory control of behavior in go/no-go paradigms (Garavan et al., 1999; Aron et al., 2003) and with clinical evidence suggesting a preferential right hemispheric lateralization of syndromes, such as drug abuse or nonsubstance addictions, in which impairments of decision-making seem to reflect a breakdown of these control processes (Starkstein and Robinson, 1997). Indeed, the demonstrated TMS-induced “apetite for risk” resembles that reported previously for drug abusers’ behavior (Fishbein et al., 2005), which suggests a failure in self-regulation (Lieberman and Eisenberger, 2004) or a deficient reflective system (Bechara, 2005) or “cool” system (Metcalfe and Mischel, 1999). It is tempting to speculate whether high-frequency (i.e., 10–20 Hz), instead of low-frequency, rTMS over the right PFC would diminish, rather than increase, subjects’ risk behavior. In a recent experiment (Knoch et al., 2005), we manipulated the naturally occurring inhibition of an automatized habit by rTMS over the PFC and either suppressed or released habitual responses depending on stimulation frequencies. Consistent with this notion, in cocaine addicts, pilot data suggest that targeting the right, but not the left, DLPFC with 20 Hz rTMS leads to a significant suppression of craving (A. J. Camprodon, J. Martinez-Raga, and A. Pascual-Leone, unpublished observations). The observed laterality effect in our study is also compatible with the view that the right PFC is particularly sensitive to punishments or negative events (Davidson, 2004; Bechara and Damasio, 2005). On this account, inhibition of this area produced a selective neglect for negative consequences.

It is important to note that we provided our subjects with no monetary compensation for points accumulated during the task. Instead, subjects were paid a set compensation amount for their participation in the study. The fact that no monetary significance was attached to the points accumulated by the end of the task could be perceived as a limitation, given that there is a lack of...
Reference for subjects to do well during the game. However, most other studies using similar tasks also do not provide monetary rewards (Rogers et al., 1999; Manes et al., 2002; Clark et al., 2003; Fishbein et al., 2005). Given the findings of significant group performance differences in the hypothesized direction in this and other studies, this is likely not a cause for our results.

In summary, we show that risky decision-making engages a predominantly right-lateralized neural network, suggesting that adaptive decision-making depends on the degree of activation of right-sided prefrontal structures. In real-life scenarios, the substantial differences among individuals in risk proneness may correspond to different levels of activity in the right prefrontal cortex. The higher this level, the lower one’s appetite for risk. If this turns out to be true, high-frequency rTMS could be used to increase activity of the right PFC in a therapeutic framework to enhance cognitive control and adaptive decision-making.

References