



David Eddie, Ph.D.



Written in the body: What biomarkers reflecting brain-body communication can tell us about addiction recovery

November 8, 2018



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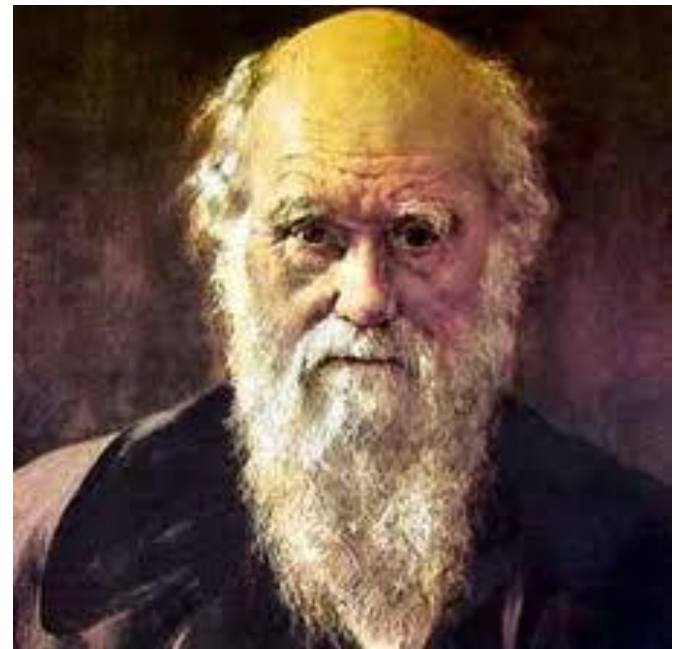
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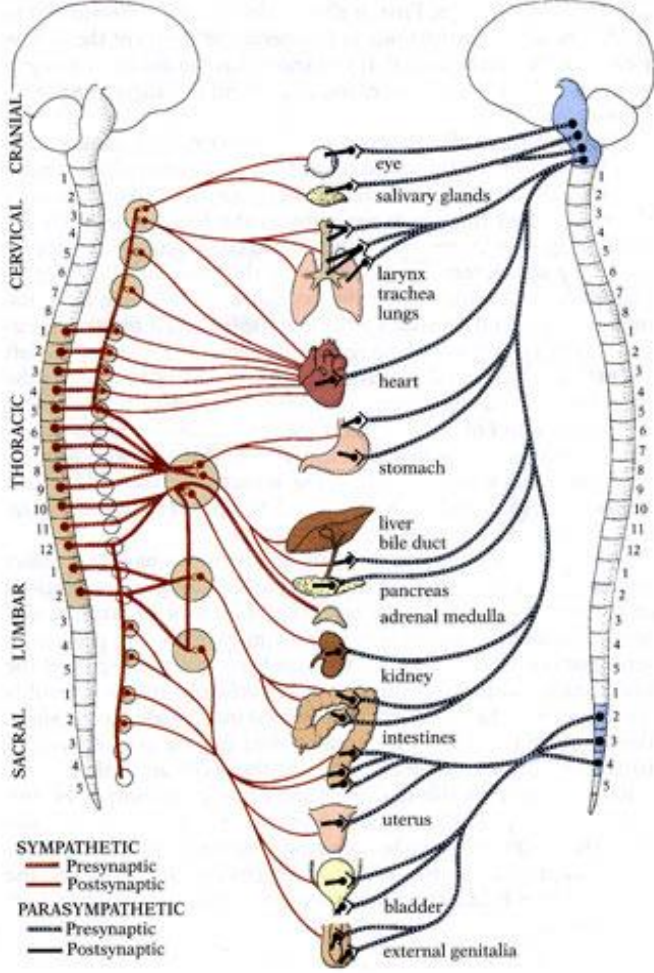
The importance of two-way communication between the brain and the heart during emotion has been known for over 100 years. Darwin, commenting on the work of the French physiologist Claude Bernard wrote:

“...and this deserves special notice, that when the heart is affected it reacts on the brain; and the state of the brain again reacts through the pneumo-gastric nerve (vagus) on the heart; so that under any excitement there will be much mutual action and reaction between these, the two most important organs of the body.” (Darwin, 1872).

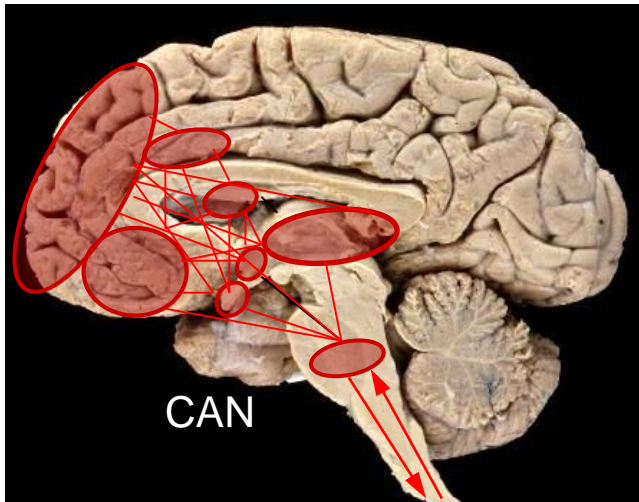
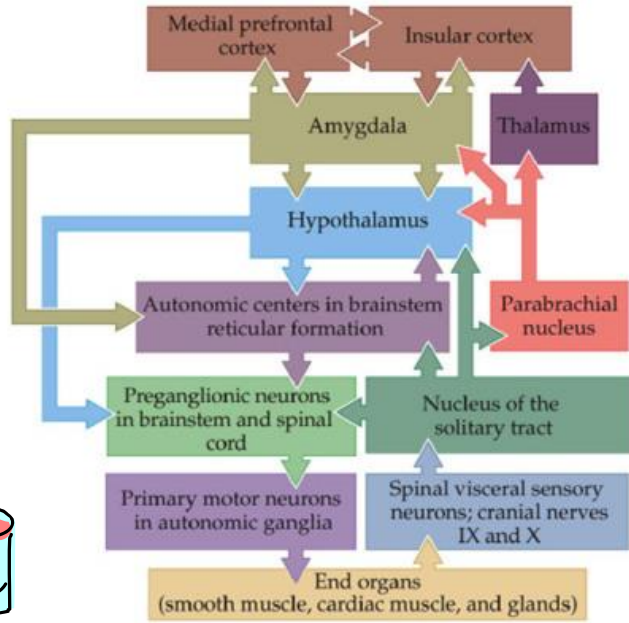


Sympathetic

Parasympathetic

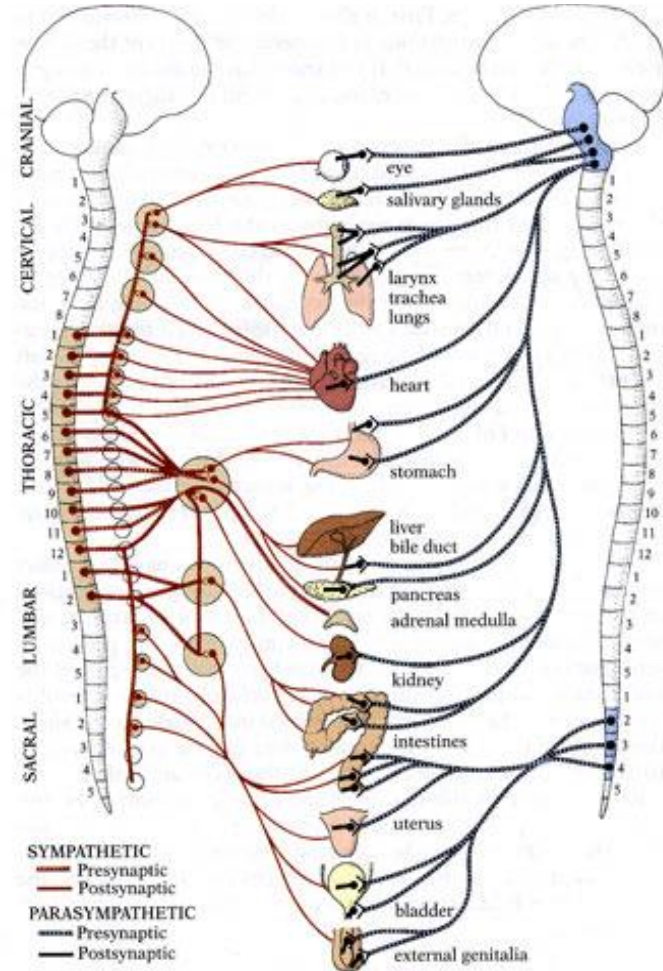


Central Autonomic Network (CAN)

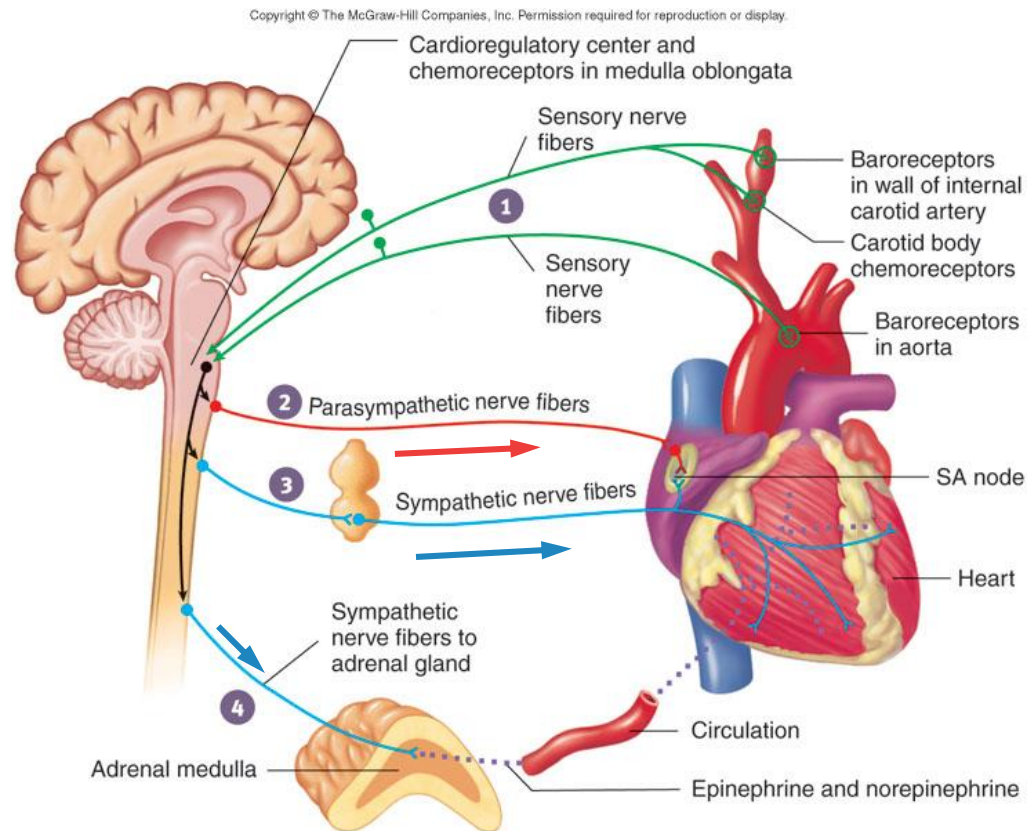


Sympathetic

Parasympathetic



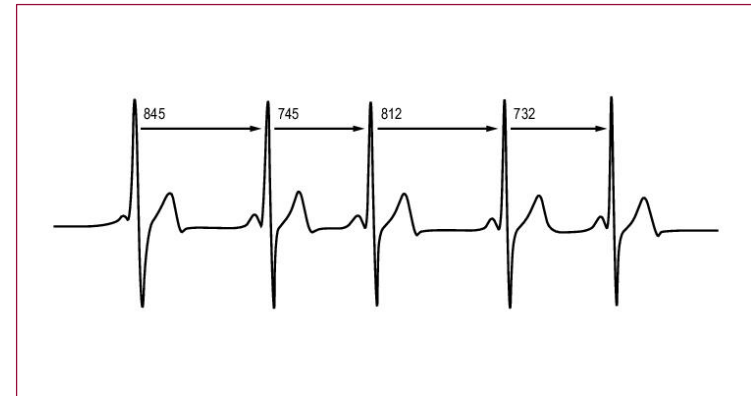
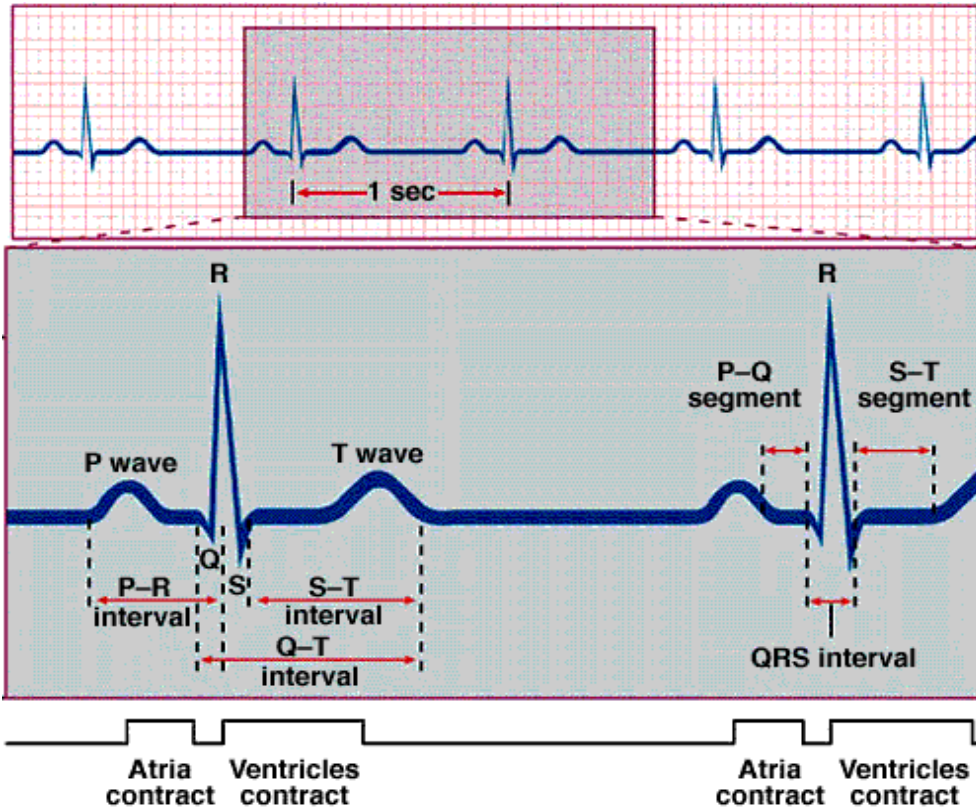
Measuring CAN Activation



Because the CAN affects regulatory actions via the cardiovascular system, indices of neurocardiac processes provide reliable measures of dynamic emotion regulation processes.



Measuring CAN Activation

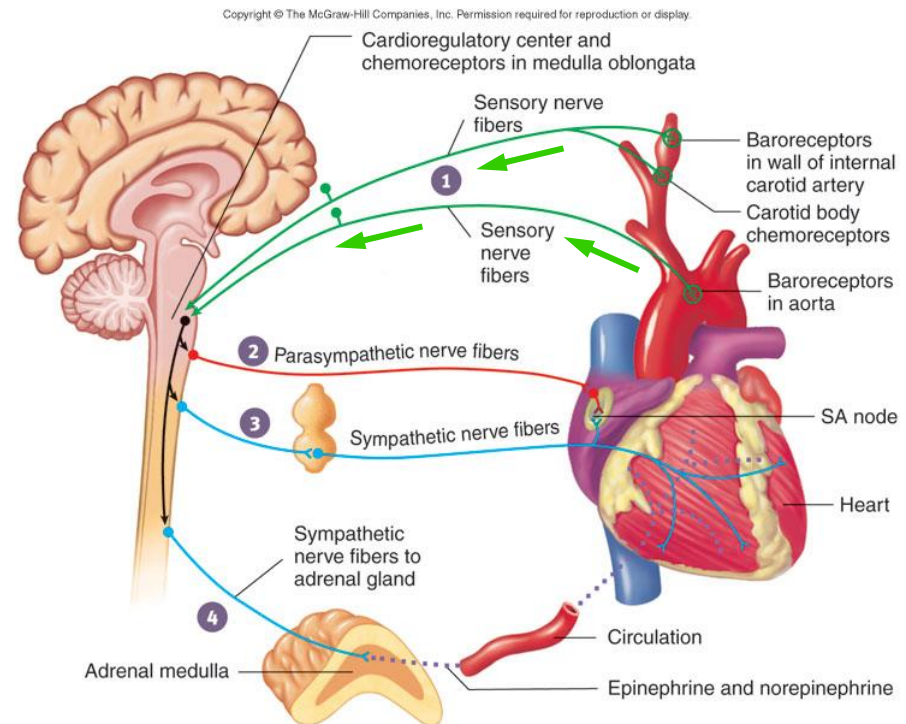


Heart rate variability (HRV) reflects fine-grained, moment-to-moment changes initiated by the CAN in response to environmental and interoceptive stimuli.

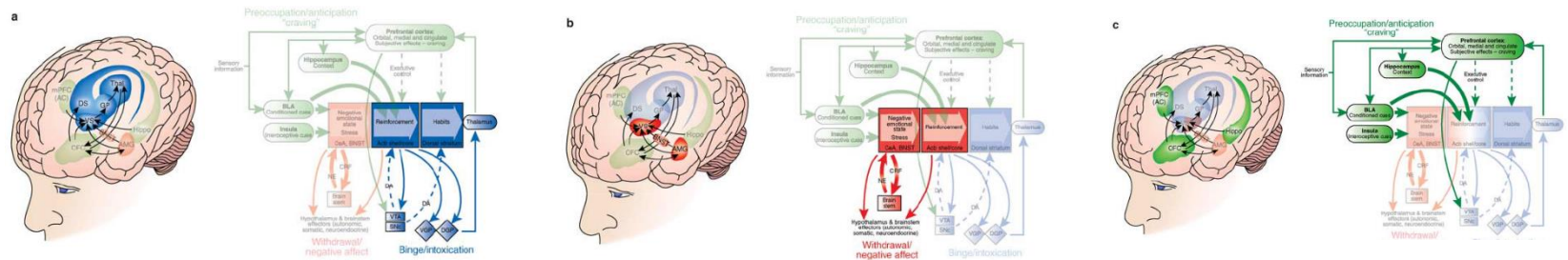


Baroreflex Sensitivity (BRS)

- Bodily mechanism that, together with the CAN, generates HRV. Determines how well the body can respond to neural commands.
- Hypothesize that BRS is a mechanism that is protective by increasing HRV and stress resilience, and reducing HR, cue reactivity and craving (↓ sympathetic activity)



Alcohol impairs feedback between the brain

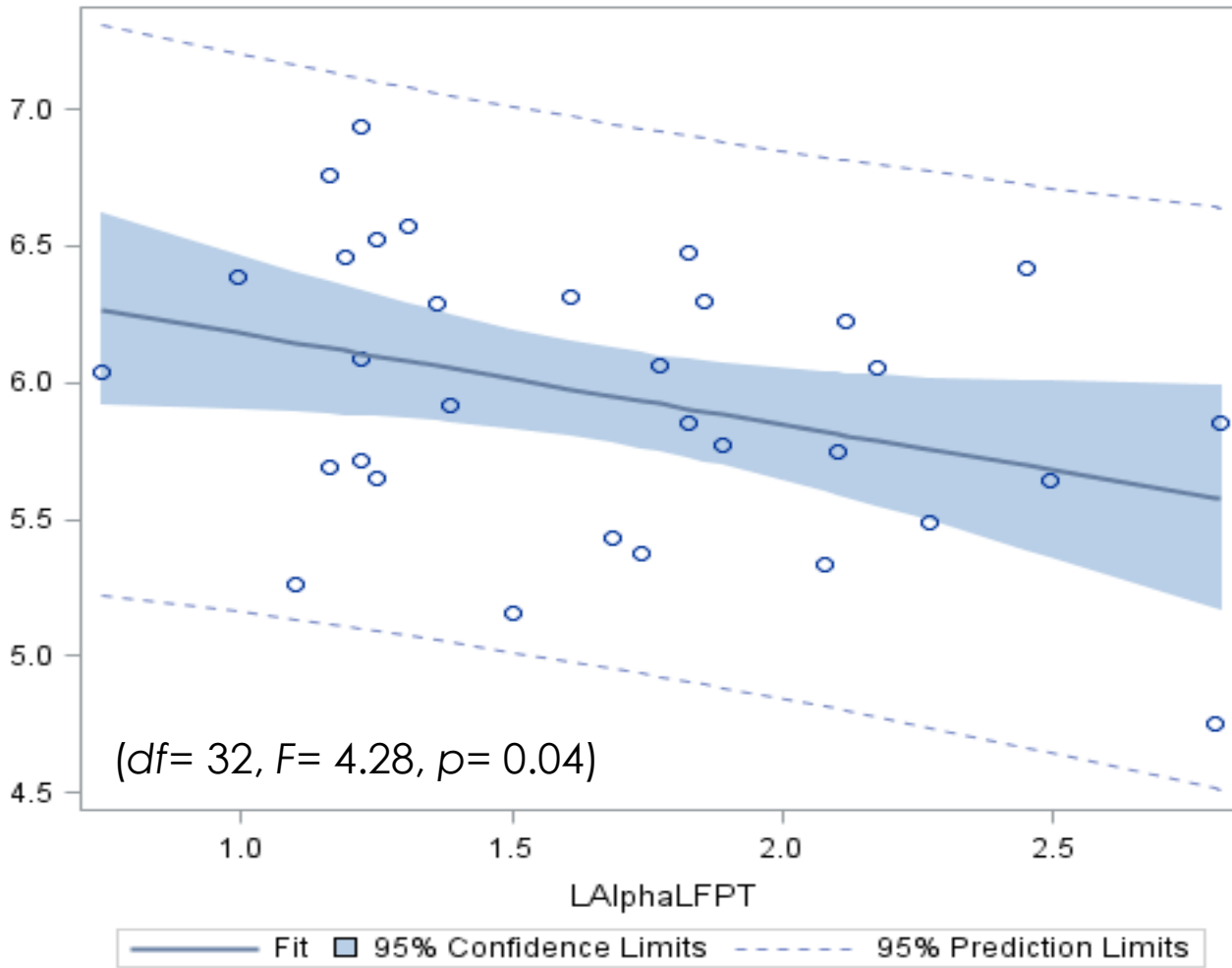


and body

- Increases sympathetic arousal, as measured by heart rate and muscle sympathetic activity (Buckman, Eddie et al., 2015; Eddie et al., 2013; van de Borne, Mark, Montano, Mion, & Somers, 1997)
- Decreases parasympathetic vagus nerve activity, as measured by heart rate variability (Buckman, Eddie et al., 2015; Eddie et al., 2013; Levanon, Goss, & Chen, 2002; Reed, Porges, & Newlin, 1999)
- Negatively influences blood vessels (Bau et al., 2007)
- Dampens baroreflex sensitivity (Buckman, Eddie et al., 2015; Romanowicz et al., 2011; Bar et al., 2006)

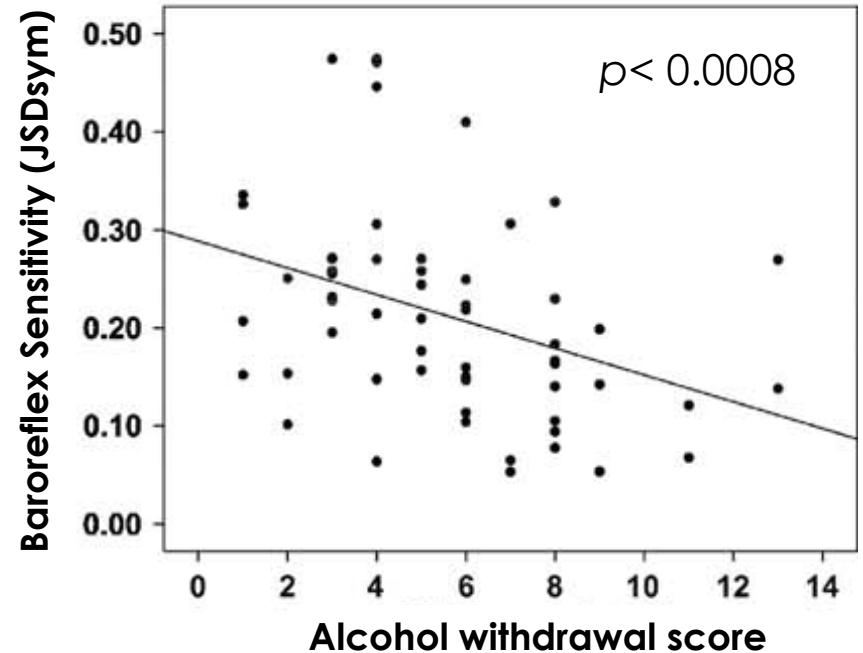
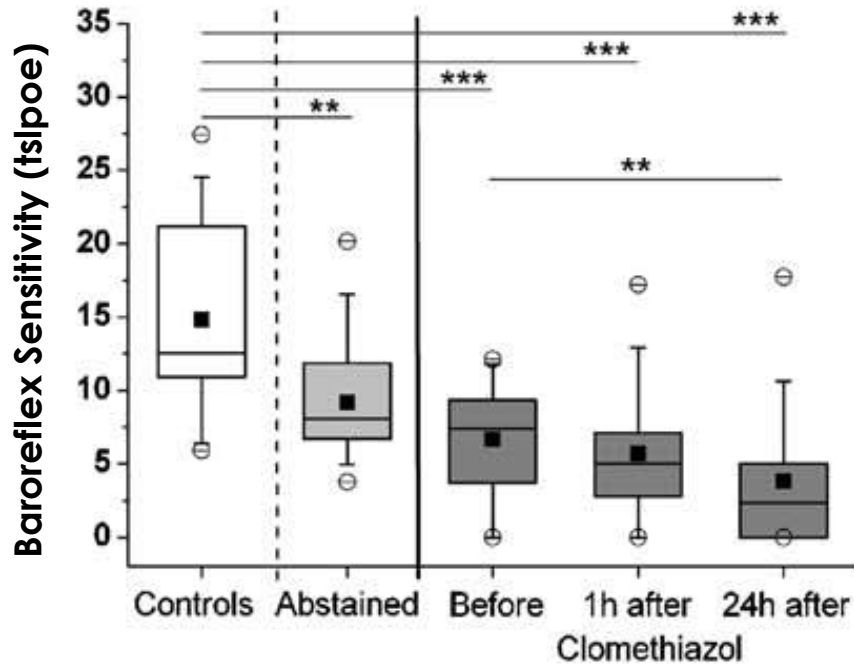


Log Total 30-day Alcohol Pre-Tx



Log Baroreflex Sensitivity





Notes, ** $p < 0.001$, *** $p < 0.0001$; tslope= baroreflex sensitivity to tachycardic events; JSDsym= joint symbolic dynamics sympathetic



Bar, K. J., Boettger, M. K., Boettger, S., Groteluschen, M., Neubauer, R., Jochum, T., . . . Voss, A. (2006). Reduced baroreflex sensitivity in acute alcohol withdrawal syndrome and in abstained alcoholics. *Drug and alcohol dependence*

Acamprosate (Campral) may reduce alcohol use/craving by restoring autonomic balance

Alcohol & Alcoholism Vol. 33, No. 6, pp. 602-605. 1998

RAPID COMMUNICATION



IMPROVED
ABSTRACTS

Alcohol & Alcoholism Vol. 34, No. 2, pp. 197-222, 1999

M. W. A.

A THREE-PATHWAY PSYCHOBIOLOGICAL MODEL



Departments

ROEL

Amsterdam

PERSPECTIVES



Drug Abuse
and Alcoholism

George F. Koob, et al.

Acamprosate in alcohol dependence: how does it work?



ORIGINAL INVESTIGATION

JOHN

Division

The effects of acamprosate on alcohol-cue reactivity and alcohol priming: a controlled trial

Anders Hammarberg • Nitya Jayaram • Olof Beck • Johan Franck • Malcolm...

European Neuropsychopharmacology (2007) 17, 558-566



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www.elsevier.com/locate/euroneuro

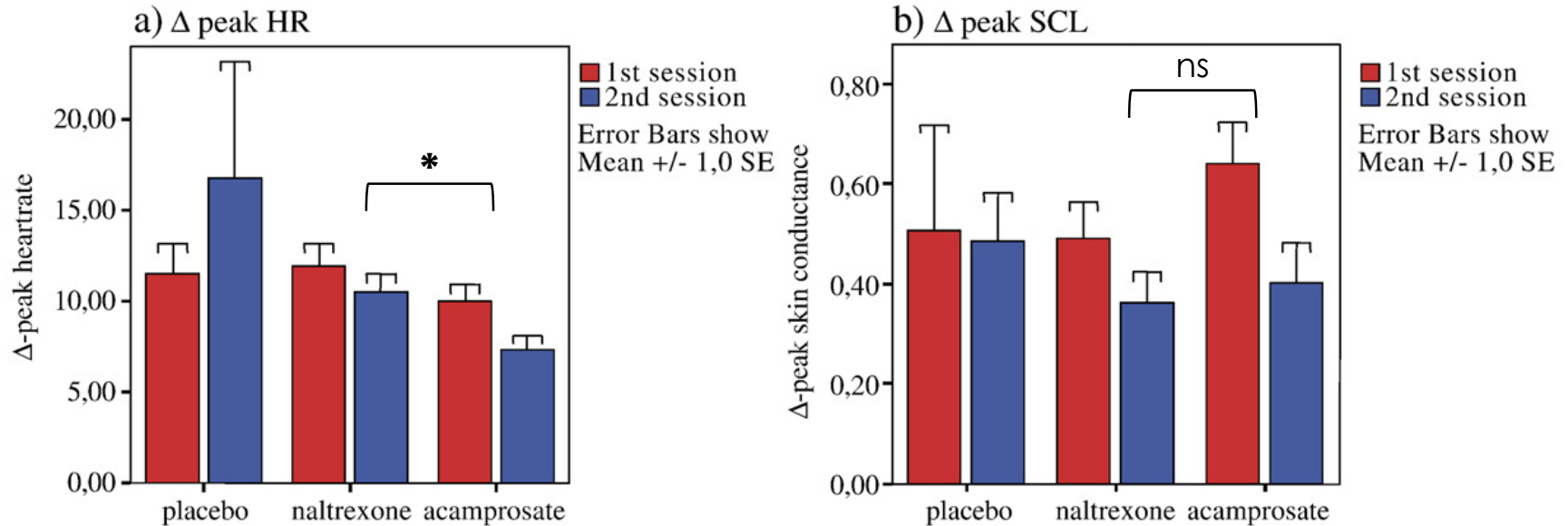


The effect of naltrexone and acamprosate on cue-induced craving, autonomic nervous system and neuroendocrine reactions to alcohol-related cues in alcoholics[☆]

Wendy Ooteman^{a,b,*}, Maarten W.J. Koeter^{a,b}, Roel Verheul^{c,d}, Gerard M. Schippers^{a,b}, Wim van den Brink^{a,b}



Acamprosate (Campral) may reduce alcohol use/craving by restoring autonomic balance



- Physiological reactivity to craving induction before and after three weeks of medication in adults with alcohol use disorder.
- Left bar represents cue-exposure session 1, right bar cue-exposure session 2.
- HR = heart rate, SCL = skin conductance level

Ooteman, W., Koeter, M. W. J., Verheul, R., Schippers, G. M., & van den Brink, W. (2007). The effect of naltrexone and acamprosate on cue-induced craving, autonomic nervous system and neuroendocrine reactions to alcohol-related cues in alcoholics. *European Neuropsychopharmacology*



Prazosin also reduces alcohol use/craving

Noradrenergic targets for the treatment of alcohol use disorder

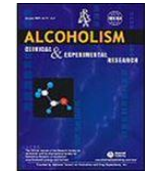
Carolina L. Haass-Koffler^{1,2,3} • Robert M. Swift^{1,4} • Lorenzo Leggio^{2,3}



Received
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Abstract ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH

The
deca
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Prazosin Effects on Stress- and Cue-Induced Craving and

Double-Blind Randomized Clinical Trial of Prazosin for Alcohol Use Disorder



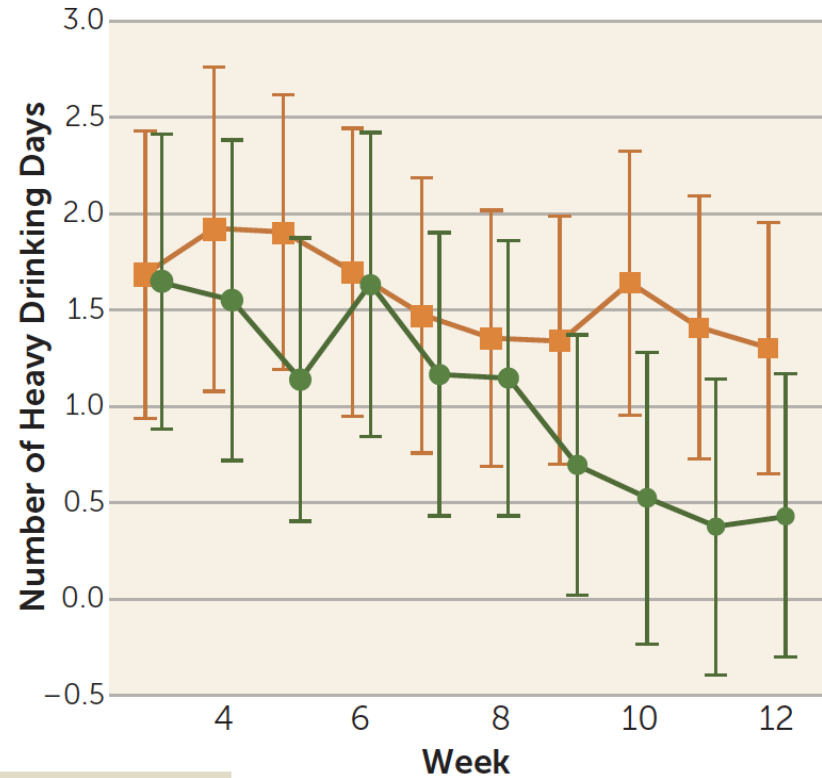
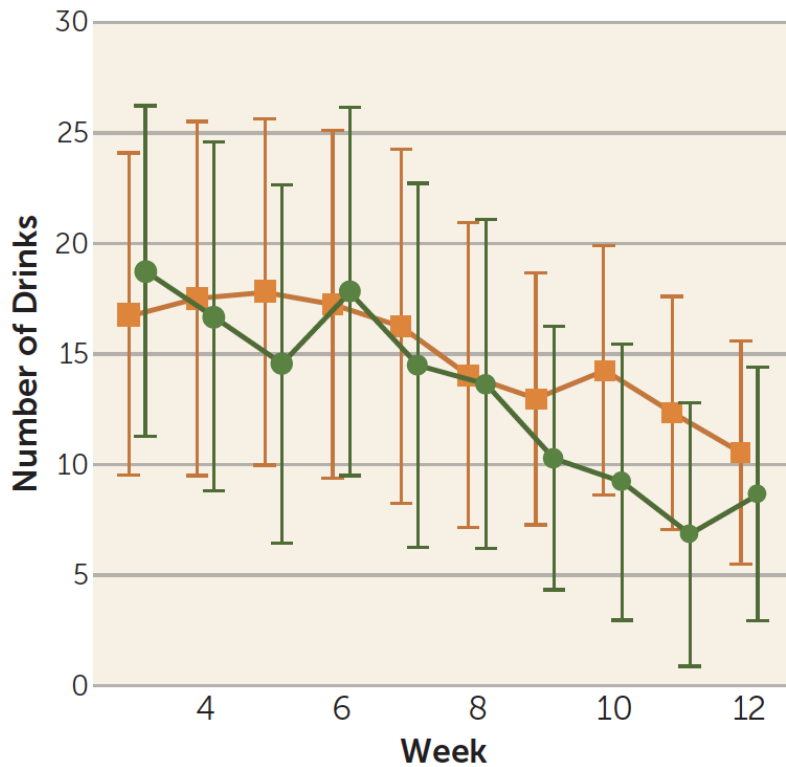
**Editor's
Choice**

A Randomized, Placebo-controlled, Clinical Trial of Prazosin for the Treatment of Alcohol Use Disorder

*Claire E. Wilcox, MD, J. Scott Tonigan, PhD, Michael P. Bogenschutz, MD, Joshua Clifford, BA,
Rose Bigelow, MS, and Tracy Simpson, PhD*



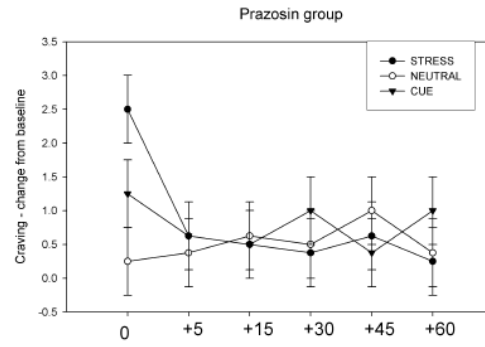
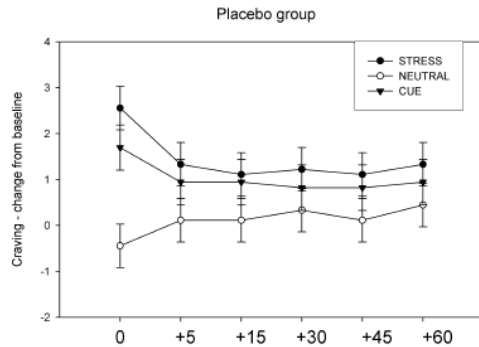
Prazosin also reduces alcohol use/craving



- Significant group x time interaction. Prazosin associated with greater reductions in number drinks and heavy drinking days.

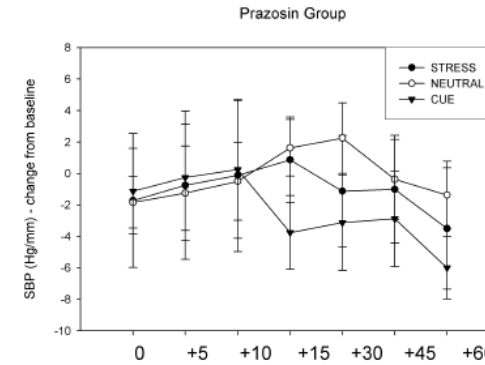
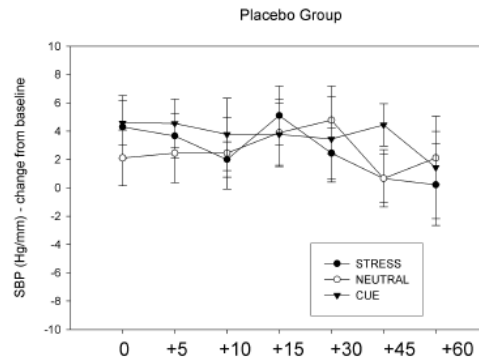
 Simpson, T. L., Saxon, A. J., Stappenbeck, C., Malte, C. A., Lyons, R., Tell, D., . . . Raskind, M. (2018). Double-blind randomized clinical trial of prazosin for alcohol use disorder. *American Journal of Psychiatry*

Alcohol Craving



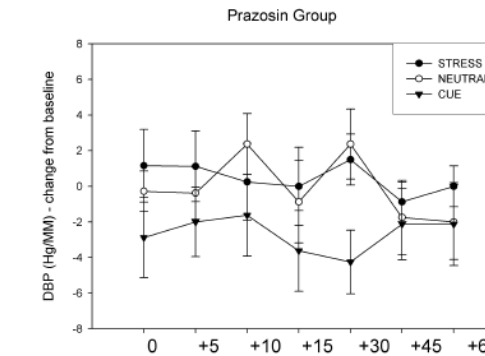
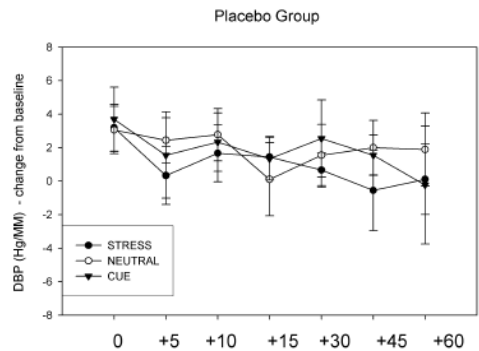
Prazosin reduced alcohol craving during cue exposure (main effect, $p = 0.0001$)

Systolic Blood Pressure



Trend observed for prazosin reducing SBP (main effect, $p = 0.06$)

Diastolic Blood Pressure



Prazosin reduced DBP during cue exposure (main effect, $p = .01$), and resulted in decreased DBP reactivity to alcohol, vs. neutral cues ($p = 0.0003$)





ORIGINAL RESEARCH

Editor's
Choice

A Randomized, Placebo-controlled, Clinical Trial of Prazosin for the Treatment of Alcohol Use Disorder

Claire E. Wilcox, MD, J. Scott Tonigan, PhD, Michael P. Bogenschutz, MD, Joshua Clifford, BA, Rose Bigelow, MS, and Tracy Simpson, PhD

Objectives: The noradrenergic system plays an important role in the pathophysiology of alcohol use disorder (AUD). Medications in this class may reduce drinking. Our aims were to investigate this in a unique sample of individuals with AUD.

Methods: Thirty-six individuals with AUD were randomized to treatment with prazosin, an alpha-1 noradrenergic antagonist, or placebo, for 6 weeks (target daily dose 16 mg). Hierarchical linear modeling was used to examine the effect of treatment group on rate of change in primary (drinks per week [DPW]) and several secondary outcome measures.

indicate that it might have some efficacy in individuals who can tolerate it. Further work exploring the clinical utility of DBP as a treatment matching variable, and defining optimal values using sensitivity and specificity analyses, is warranted.

Key Words: adherence, adrenergic, alcohol use disorder, blood pressure, prazosin

(J Addict Med 2018;12: 339–345)

The norepinephrine system plays an important role in AUD development and maintenance (Koob, 2008;

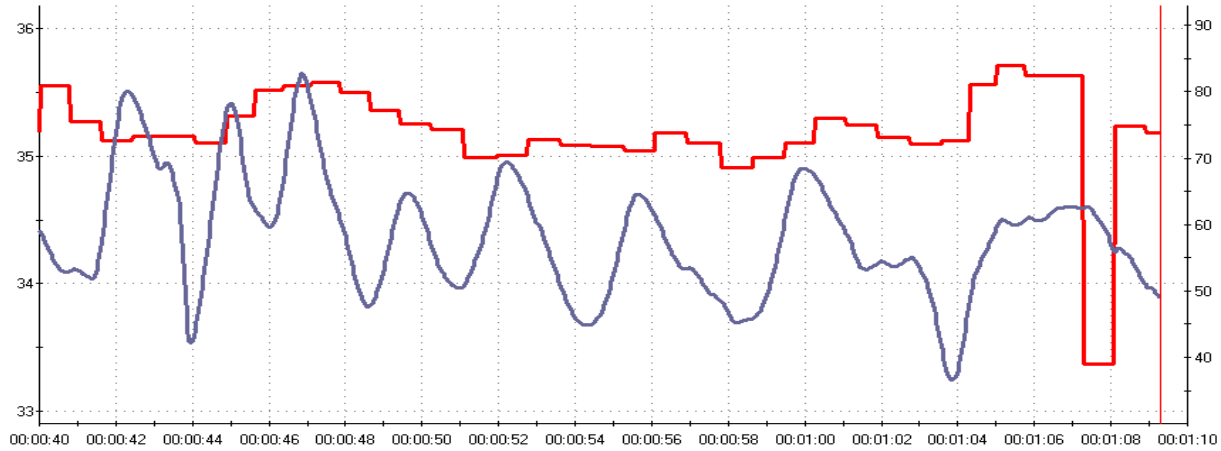
“Prazosin was associated with greater rates of reduction in drinking compared with placebo in individuals with high, but not low diastolic blood pressure.”

Wilcox, C. E., Tonigan, J. S., Bogenschutz, M. P., Clifford, J., Bigelow, R., & Simpson, T. (2018). A randomized, placebo-controlled, clinical trial of prazosin for the treatment of alcohol use disorder. *Journal of Addiction Medicine*



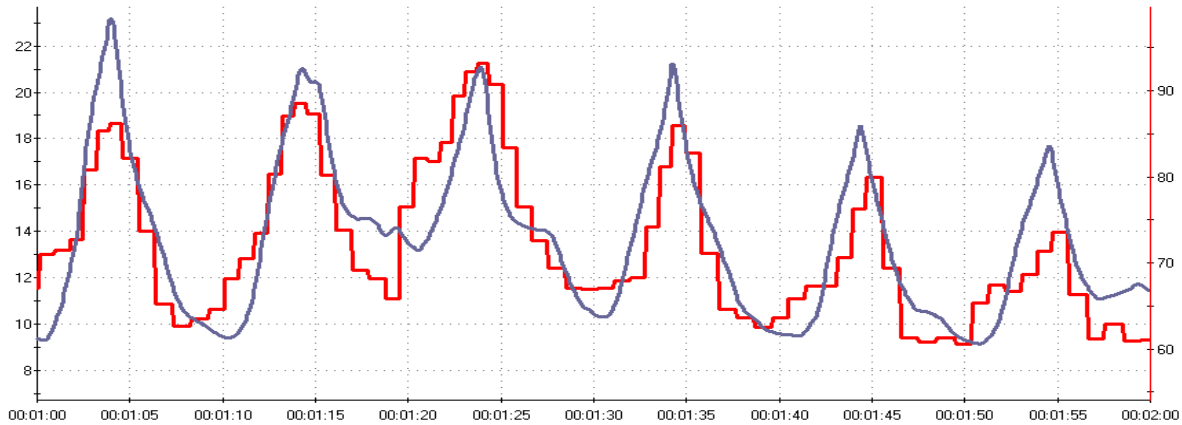
Before and After

Blue =
Respiration



Red = Heart
Rate

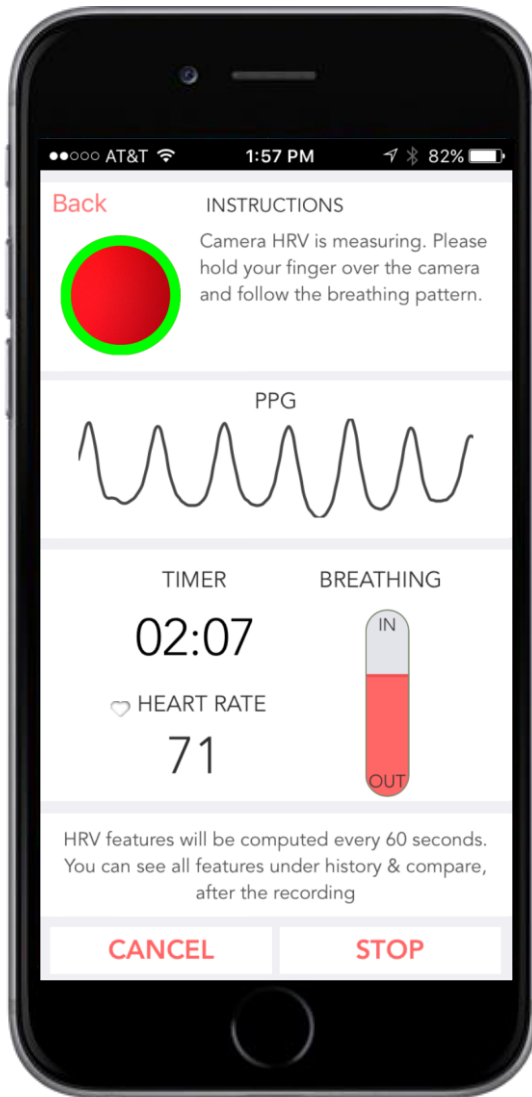
Regular Breathing
(Chaos)

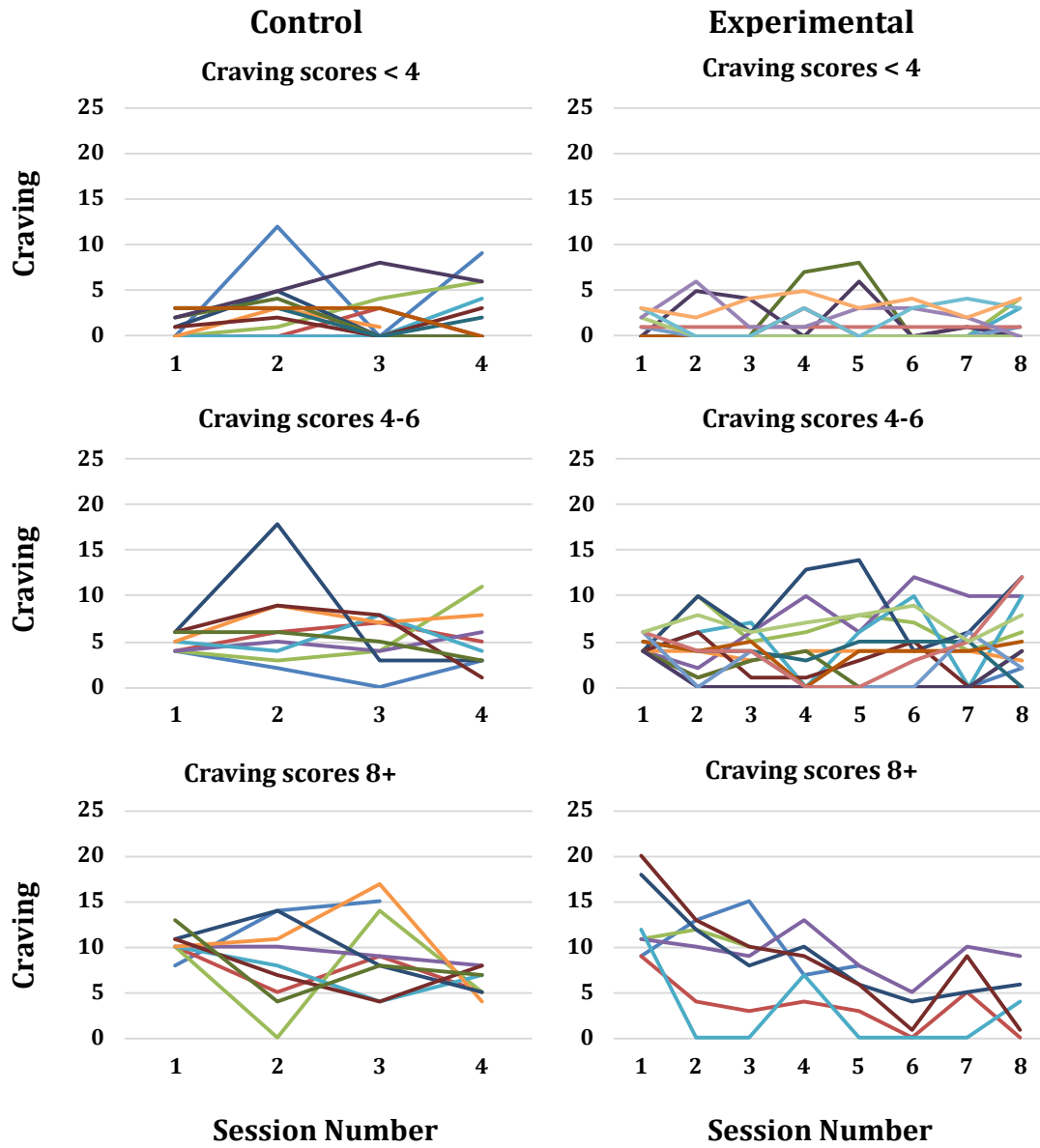


Paced Breathing
(Resonance)



Heart Rate Variability Biofeedback Apps





Control
 $\beta = -0.08 (0.17)$

Experimental
 $\beta = -0.22 (0.07)^*$



Take Home Points

- Brain/body communication plays an important role in addiction and addiction recovery.
- Need to be considering the brain/body relationship in the addictions treatment space (not just the brain).
- Treatments exist that can buffer relapse risk by restoring autonomic balance.





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