# PREDICTING THE WIDE-RANGING EFFECTS OF ENHANCING DOPAMINE ON COGNITION

Published: 30-01-2014 Last updated: 27-08-2024

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**Ethical review** Approved WMO **Status** Recruitment sto

**Status**Recruitment stopped **Health condition type**Cognitive and attention disorders and disturbances

**Study type** Observational non invasive

# **Summary**

#### ID

NL-OMON38150

#### Source

ToetsingOnline

#### **Brief title**

DOPAMINE AND COGNITION

#### **Condition**

Cognitive and attention disorders and disturbances

#### **Synonym**

distractability, lack of motivation

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Radboud Universiteit Nijmegen

**Source(s) of monetary or material Support:** Veni grant, Human Frontiers; James McDonnell Foundation; Donders Centre for Cognitive Neuroimaging Principle Investigator

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budget.

#### Intervention

Keyword: cognition, dopamine, individual differences

### **Outcome measures**

#### **Primary outcome**

The current study will collect the following primary study parameters

Baseline measures:

Barratt Simplified Measure of Social Status (Average score)

Multidimensional Scale of Perceived Social Support (Average score)

Dominance scale (Average score)

The Beck Depression Inventory (Average score)

The Barratt Impulsiveness Scale (Average score)

The BIS/BAS (Behavioural Inhibition Scale/Behavioural Activation (BIS/BAS)

Scale (Average score)

The Daneman and Carpenter listening span test (Average score)

Outcome measures:

Social Learning (Beta value for personal learning)

Social Learning (Win-stay, lose-shift behaviour)

Social Learning (Perseveration)

Working memory (Accuracy and reaction time)

Motivation x activation reinforcement learning task (Pavlovian bias)

Probabilistic reversal learning (Lose-switch, win-stay behaviour)

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Probabilistic reversal learning (Perseveration)

Pavlovian to Instrumental Transfer (Vigour changes upon Pavlovian stimuli)

Demand selection task task (Bias towards easy/difficult condition)

#### **Secondary outcome**

Secondary measures will also be collected for each task (see section 6.1.2 of

the research protocol (C1) for further details)

# **Study description**

#### **Background summary**

It is known that adequate dopaminergic stimulation is important for many psychological functions including, memory, learning and social cognition. It is also known that dopamine levels can be increased by a number of pharmaceutical agents such as methylphenidate, and that such agents are associated with significant individual differences. At present our ability to predict individual differences in the effect of enhancing dopamine across a wide-range of tasks is limited.

#### Study objective

The current study aims to further our understanding of the relationship between baseline measures - such as impulsivity, working memory and social support - and the effects of enhancing dopamine (via methylphenidate administration) across a wide range of tasks. The results of this study will help make progress towards the development of a model which enables the effects of enhancing dopamine on various domains of cognition to be predicted from an individual's scores on a selection of baseline measures.

#### Study design

A within-subject, double-blind, placebo-controlled, design will be employed. All subjects will visit the Donders Centre for Cognitive Neuroimaging (DCCN) for two testing sessions that will last between 5 and 6 hours. On study day one, 50 subjects will receive oral capsules of 20mg methylphenidate and 50 subjects will receive oral placebo capsules. On study day two subjects will receive the capsule (methylphenidate or placebo) that they did not receive on study day one. Methylphenidate can be administered safely without any relevant risk of serious adverse events and has been approved for clinical use in the

#### Netherlands.

Subjects will be recruited via posters and from the Donders database of subjects who have expressed an interest in participating in research (sona-systems). The investigator will send an information brochure to subjects that respond to these adverts. Approximately one week after receiving the information brochure a member of the research team will contact the potential subject by phone or email to answer any questions they have and schedule an appointment. When subjects arrive at the Donders Centre on the day of testing they will be asked, by a member of the research time, for their written fully informed consent before taking part in any study related activities.

On study day one participants will first undergo a medical screening interview to ensure that they do not meet any of the exclusion criteria. Subjects will then complete a baseline measure of working memory, receive one oral capsule of either 20mg MPH or placebo, rest for approximately 1.5 hours, and then complete the battery of cognitive tests. On study day two, subjects will complete the same procedure, but without the medical screening interview; in this session subjects will receive the capsule (methylphenidate or placebo) that they did not receive on study day one.

Between study days subjects will have copies of a number of questionnaires emailed or posted to them. Questionnaires will take approximately 1 hour to complete.

#### Study burden and risks

Subjects will be asked to complete a battery of computerized tests after administration of methylphenidate or placebo. On the day preceding the drug session, subjects will have to adhere to some simple restrictions with respect to medication, alcohol and drug intake. Also, on the morning of each session, subjects will have to refrain from smoking and stimulant containing drinks. The most common side effect of taking methylphenidate is a headache (occurring in over 10% of people who take the drug). Other, less common, side effects include feeling dizzy, nauseous or anxious. However, our prior experience with administering methylphenidate has found that the drug is well tolerated by subjects. Considering the extensive exclusion criteria, the screening procedure, and constant monitoring of the subjects we do not expect (S)AE side effects. The consent discussion starts sufficiently in advance of the initiation of study-related procedures to allow potential subjects time to reflect on the potential benefits and risks and possible discomforts. Overall we believe that the risk associated with participation in this study can be regarded as minimal.

## **Contacts**

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# **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

#### Inclusion criteria

Healthy volunteers between 18 and 45 years of age

#### **Exclusion criteria**

Neuropsychiatric disorders; history of drug abuse; heart problems (see section 3.3 in research protocol (C1) for full list of exclusion criteria)

# Study design

## **Design**

Study type: Observational non invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Placebo

Primary purpose: Other

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 14-04-2014

Enrollment: 100

Type: Actual

## **Ethics review**

Approved WMO

Date: 30-01-2014

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 06-03-2014

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 27-05-2014

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

ID: 26989 Source: NTR

Title:

## In other registers

Register ID

CCMO NL47166.091.13

NTR-new NL4411 NTR-old NTR4653

OMON NL-OMON26989

# **Study results**

Date completed: 01-09-2014

Actual enrolment: 106

#### **Summary results**

Trial is onging in other countries