

Positive Reward Bias on Human Reinforcement Learning under Increased Dopaminergic Neurotransmission

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Abstract

Learning action values is key to maximize their effective payoff in uncertain reward environments. But how does dopamine affect this reinforcement learning (RL) process in humans? To test the hypothesis that increases in sustained dopamine concentration levels trigger a positive reward bias on human RL, we administered dopamine precursor L-DOPA to healthy adult volunteers performing a restless two-armed bandit task during a double-blind randomized placebo-controlled study. We found that L-DOPA decreases switching between volatile choice options. Using computational modelling, we show that L-DOPA decreases the learning rate and precision of RL but does not affect the policy used to choose between options. These learning effects of L-DOPA are best explained by a positive reward bias on recurrent neural networks (RNNs) trained to perform the same task.

Keywords: human reinforcement learning; dopamine; computation noise; recurrent neural network

Introduction

Dopamine has been described as crucial for reward-guided learning. The phasic mesolimbic dopamine release received abundant evidence to implement the reward prediction error of temporal difference-based reinforcement learning (TD-RL) algorithm (Schultz, 2015). By contrast, dopamine brain concentration levels have been correlated with motivation and parameters of choice policies, including exploration (Chakroun et al., 2023; Howard et al., 2017; Niv, 2007). However, recent work has shown that random noise in TD-RL explains a large fraction of the human decision variability otherwise attributed to exploration (Findling et al., 2019). To investigate possible effects of increased dopaminergic neurotransmission on human TD-RL, we administered L-DOPA to healthy adult volunteers performing a restless two-armed bandit task in a double-blind, randomized, between-subject, placebo-controlled study.

Methods and Results

Population and protocol. In total, 58 healthy participants were included in the study ($n = 28$ for placebo group, $n = 30$ for L-DOPA group; between-subject; all males, 27.75 ± 5.9 years; double-blind design). The participants reported no history of neurological or psychiatric disease, and no family history of psychotic disorders. They reported no addiction to psychoactive drugs, nor history of psychotropic medication. Before taking part in the study, all participants provided informed written consent and passed a medical check. The procedures were approved by the local ethics committee.

After ingestion of ascorbic acid (placebo; group in grey) or L-DOPA (Modopar: 150mg L-DOPA + benserazide; group in red), completion of medical checks and other tasks

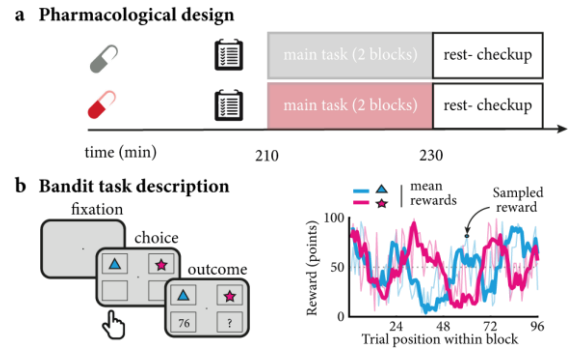


Figure 1. Protocol and behavioral task

unrelated to this study, participants performed a restless two-armed bandit task (Fig. 1a) (96 trials/block; 2 blocks). In each trial, participants were asked to choose one of two shapes to receive its currently associated reward (1-99 points). Participants were asked to maximize their monetary payoff. They were asked to favor precision over speed, and no time limit was imposed on the latency of their responses. (Fig. 1b).

Behavioral results. As expected, the probability to choose the same arm as in the previous trial grew as a function of the obtained reward (Fig. 2a; mixed-effects ANOVA, $F(7,399) = 215.2$, $p < 0.001$). Interestingly, placebo and L-DOPA groups differed with respect to this psychometric curve ($F(1,57) = 16.0$, $p < 0.001$), an effect which depended on the magnitude of the obtained reward (interaction: $F(7,399) = 3.02$, $p < 0.01$). Participants under L-DOPA repeated more their last choice than under placebo following lower-than-average rewards (rank-sum tests: $p < 0.05$, $z(57) > 2.26$, all other bins data : $z(57) < 1.81$, $p > 0.05$, $BF < 1.93$). To investigate whether this tendency to switch less (repeat more) following smaller rewards under L-DOPA is aligned with individual differences in this behavioral metric, we applied a Principal Component Analysis (PCA) on this metric for the placebo group (step #1), and reconstructed the scores of the first component (PC1, 64% expl. var.) for the L-DOPA group (step #2). Finally, we pooled the two groups and applied a median split to PC1 scores (step #3). Like L-DOPA, PC1 was associated with individual differences in the probability to repeat the last choice following smaller rewards. Moreover, PC1 scores differed significantly between the L-DOPA and placebo groups (rank-sum test between placebo and L-DOPA: $p < 0.01$, $z = -2.73$) (Fig. 2a, inset)

Reinforcement Learning model. To capture the suboptimal variability of human decisions, we fitted a noisy TD-RL model (Findling et al., 2019) composed of four free parameters: (1) a learning rate α that controls the update of option values following each obtained reward; (2) a decay rate δ that controls the exponential forgetting of unchosen option values; (3) a learning noise ζ that controls the inverse precision of the TD-RL process; (4) a choice temperature τ that generates exploration through a ‘softmax’ choice policy. (Fig. 2b). To ensure that the inclusion of learning noise (controlled by its Weber fraction ζ -M1&M2) were necessary to fit participants’ choices but not asymmetry in TD-RL (positive and

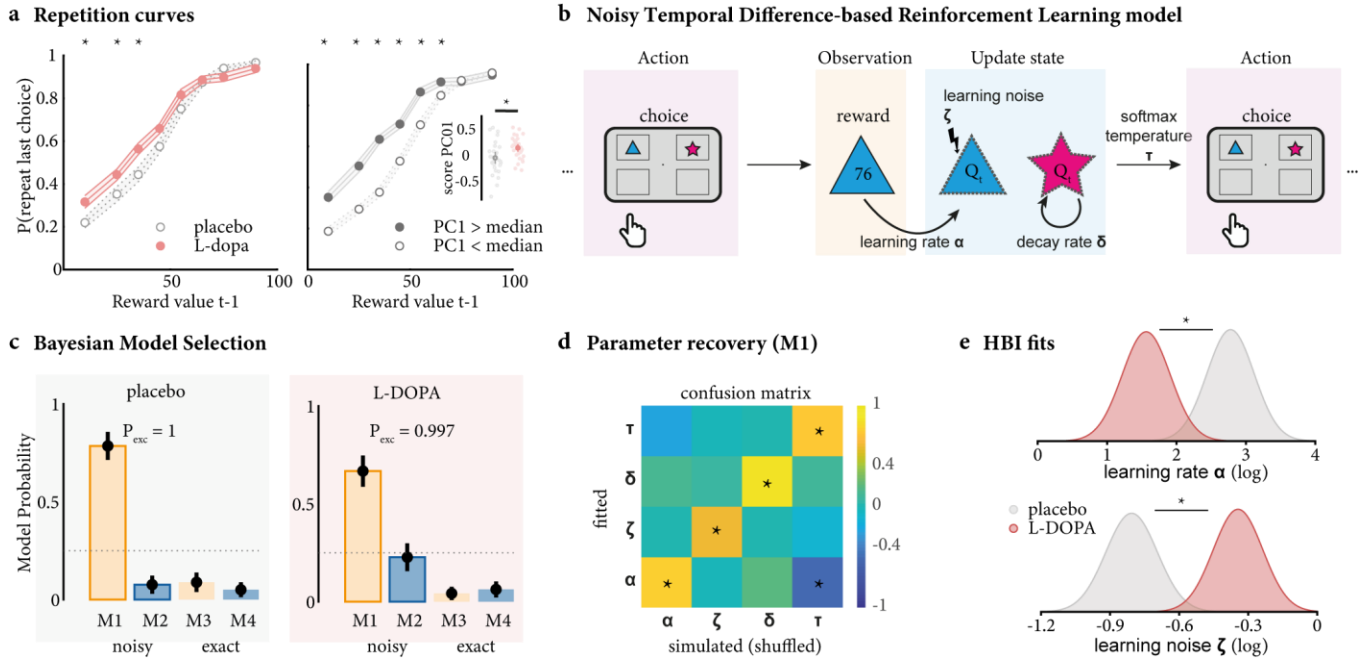


Figure 2. Behavioral results & noisy temporal difference-based Reinforcement Learning model

negative learning rate α added in M2&M4 (Lefebvre et al., 2017)), we performed random-effects Bayesian model selection (Rigoux et al., 2014). The first model M1 described above outperformed the other three models for both placebo and L-DOPA groups (Fig. 2c.; exceedance of $P > 0.997$). Critically, we performed standard parameters recovery to validate our fitting procedure of the winning model M1 (stars show significant correlations; $p < 0.01$) (Fig. 2d).

Then, using a Hierarchical Bayesian Inference (HBI) procedure for parameter fitting at the group level (Piray et al., 2019), we observed that α is significantly lower (two-sample t test, $p = 0.02$, $z(56) = -2.49$) and ζ significantly higher ($p < 0.01$, $z(56) = 2.98$) in the L-DOPA group compared to the placebo group. We did not find any difference across groups for δ and τ .

Recurrent Neural Networks (RNNs). Finally, we trained and tested 10 RNNs corrupted by computation noise in the recurrent layer (Findling & Wyart, 2020) on the same task as humans (Fig. 3a). We then fitted global – not structural (weights) – parameters of the trained RNNs to human behavior, including two key parameters: (1) an input *bias* (β_{in}) that controls the reward received by the RNN as input; (2) an input *gain* (γ_{in}) that controls the magnitude of the reward received by the recurrent layer (Fig. 3a). Using the same HBI procedure (Piray et al., 2019), we found that L-DOPA is associated with a positive increase in input bias β_{in} ($p = 0.011$, $z(56) = 2.63$) but no change in input gain (γ_{in} : $p = 0.37$, $z(56) = -0.91$, Fig. 3b). To determine whether a positive input bias explains L-DOPA effects on TD-RL, we simulated RNNs with varying input bias β_{in} . These simulations were then fitted using the noisy TD-RL model M1 to investigate the relation between TD-RL and RNN parameters. We found that a positive input bias β_{in} on RNN computations reproduces the effect of L-DOPA on the rate and precision of TD-RL (Fig. 3c). In

other terms, applying a positive reward bias at the input of the recurrent layer implementing RL decreases its learning rate and precision. Importantly, affecting the input gain did not produce the same effects (data not shown).

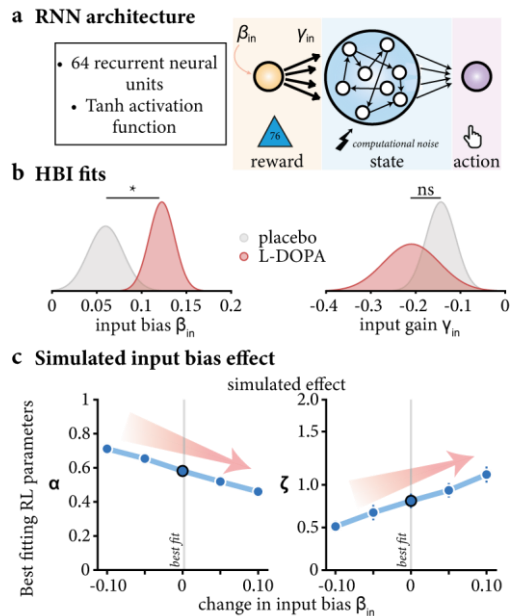


Figure 3. Recurrent Neural Networks (RNNs)

Conclusion

Increases in sustained dopamine concentration levels decrease human switching between volatile choice options, especially following smaller rewards, by decreasing the rate and precision of human reinforcement learning. These learning effects of L-DOPA are best explained by a positive reward bias in RNNs trained in the same conditions.

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