Win-concurrent sensory cues can bias decision making towards less favourable odds

Mariya V. Cherkasova, PhD[1], Luke Clark, PhD[2], Jason J.S. Barton, MD, PhD[3], Michael Schulzer, PhD[1], Mahsa Shafiee, PhD[1], Alan Kingstone, PhD[2], A. Jon Stoessl, CM, MD, FRCPC, FAAN, FCAHS,[1] Catharine A. Winstanley, PhD[2]

[1] Department of Medicine, Division of Neurology, University of British Columbia, Vancouver, British Columbia, Canada

[2] Department of Psychology, University of British Columbia, Vancouver, British Columbia, Canada

[3] Department of Ophthalmology, University of British Columbia, Vancouver, British Columbia, Canada

Corresponding author:

Dr. Catharine A. Winstanley or Dr. Mariya V. Cherkasova,
Djavad Mowafaghian Centre for Brain Health
University of British Columbia
2215 Wesbrook Mall
Vancouver, BC, V6T 1Z3, Canada
E-mail: cwinstanley@psych.ubc.ca or cherkaso@mail.ubc.ca

Word count: Abstract: 250 Introduction: 648   Discussion: 1489
                      Figures: 3   Tables: 0

Running title: Sensory cues can promote risky choice

Funding: This work was supported by National Center for Responsible Gaming (NCRG) seed funding awarded to MVC and research allowance funds from post-doctoral fellowships from CIHR and the Michael Smith Foundation for Health Research by which MVC was supported. This work was also partially supported by an operating grant awarded to CAW, LC and AJS

from the Canadian Institutes for Health Research (CIHR; PJT-056012). In the past three years, CAW has consulted for Shire and Hogan Lovells LLP and received due compensation. Luke Clark is the Director of the Centre for Gambling Research at UBC, which is supported by funding from the Province of British Columbia and the British Columbia Lottery Corporation (BCLC), a Canadian Crown Corporation. The Province of British Columbia government and BCLC had no involvement in the ideas expressed herein, and impose no constraints on publishing. LC receives funding from the Natural Sciences and Engineering Research Council (Canada). LC has received a speaker honorarium from Svenska Spel (Sweden) and an award from the NCRG (US). He has not received any further direct or indirect payments from the gambling industry or groups substantially funded by gambling. He has provided paid consultancy to, and received royalties from, Cambridge Cognition Ltd. relating to neurocognitive testing. The authors confirm they have no other conflicts of interest or financial disclosures to make.

Acknowledgments: We thank D. Griffin, R. Gonzalez and E. Librick-Oldfield for consultation on data analysis.

ABSTRACT

Reward-related stimuli can potently influence behaviour; for example, exposure to drug-paired cues can trigger drug use and relapse in people with addictions. Psychological mechanisms that generate such outcomes likely include cue-induced cravings and attentional biases. Recent animal data suggest another candidate mechanism: reward-paired cues can enhance risky decision making, yet whether this translates to humans is unknown. Here, we examined whether sensory reward-paired cues alter decision making under uncertainty and risk, as measured respectively by the Iowa Gambling Task and a two-choice lottery task we refer to as the Vancouver Gambling Task. In the cued version of both tasks, gain feedback was augmented with reward-concurrent audiovisual stimuli. Healthy community volunteers (53 males, 78 females) performed each task once, one with and the other without cues (cued IGT/uncued VGT: n = 63; uncued IGT/cued VGT: n = 68), with concurrent eye-tracking. Reward-paired cues did not affect choice on the Iowa Gambling Task. On the Vancouver Gambling Task, the cued group displayed riskier choice and reduced sensitivity to probability information. The cued condition was associated with reduced eye fixations on probability information shown on the screen and greater pupil dilation related to decision and reward anticipation. This putatively noradrenergic pupil effect was unrelated to the risk-promoting effects of cues: the degree of pupil dilation for risky versus risk-averse choices did not differ as a function of cues. Taken together, our data show that sensory reward cues promote riskier decisions and have additional and distinct effects on noradrenaline-mediated arousal and/ or control states.

SIGNIFICANCE STATEMENT: Animal data suggest that reward-paired cues can promote maladaptive reward-seeking by biasing cost-benefit decision making. Whether this finding translates to humans is unknown. We examined the effects of salient reward-paired audio-visual

cues on decision making under risk and uncertainty in human volunteers. Cues had risk-promoting effects on a risky choice task and independently increased task-related arousal as measured by pupil dilation. By demonstrating risk-promoting effects of cues in human participants, our data identify a mechanism whereby cue reactivity could translate into maladaptive behavioural outcomes in people with addictions. While the neural substrates of this effect in humans remain unknown, our data point to a distinct noradrenaline-mediated effect of cues on arousal/ control states.

Introduction

Reward-linked environmental stimuli, commonly described in psychological studies as "cues", can potently influence behaviour. In addicted individuals, exposure to cues such as drug paraphernalia can trigger cravings, drug use and relapse (Childress et al., 1993). Cues may likewise play a role in supporting behavioural addictions such as Gambling Disorder. Electronic gambling machines, which feature complex and salient audio-visual cues, are associated with some of the highest rates of disordered gambling (Dowling et al., 2005).

The incentive sensitization theory of addiction posits that, through Pavlovian associations with primary rewards (such as intoxication or thrill of winning), cues acquire incentive salience and come to act as motivational magnets (Robinson and Berridge, 1993). By eliciting cravings and capturing attention (Carter and Tiffany, 1999; Field and Cox, 2008), cues might contribute to setting behavioural goals, thus encouraging pursuit of the addiction. However, cue-elicited cravings and attentional biases do not explain how these goals translate into the series of actions required to achieve them, particularly in the face of other often conflicting goals such as abstinence. When the choice is made to engage in addictive behaviour, the benefits may be judged to outweigh the costs. Indeed, impairments in cost-benefit decision making are well documented in substance and behavioural addictions (Grant et al., 2000; Bechara et al., 2001; Hanson et al., 2008; Kovács et al., 2017). Here, we consider whether cues influence cost-benefit decision making, thereby providing a candidate mechanism that enables transition from cue-elicited motivational states to the maladaptive actions that support addiction.

Recent rodent data support this hypothesis. Pairing food rewards with audio-visual cues increased risky choice on a rodent gambling task modelled after the Iowa Gambling Task (IGT) in a dopamine D_3 receptor-dependent manner (Barrus and Winstanley, 2016). To our knowledge, no such data are available in humans. In realistic and simulated gambling paradigms, gambling-

related sensory cues have been found to increase play enjoyment and arousal, as well as to distort estimates of earned profits (Dixon et al., 2010; Dixon et al., 2014; Dixon et al., 2015); however, no effects on choice *per se* have been reported. One study directly examining the effects of lighting and casino sound on IGT performance found that choices were unaffected by these cues, though their presence did elevate mood and abolish the slowing of response times on trials following losses (Brevers et al., 2015). Other evidence suggests that presentation of aversively conditioned stimuli and past reward primes can modulate risk preferences (Guitart-Masip et al., 2010; Ludvig et al., 2015).

We therefore examined the effects of casino-inspired sensory reward cues on decision making in human participants using two laboratory tasks. We chose the IGT (Bechara et al., 1994), as most analogous to the rodent task and given the considerable evidence of impairments on this task in substance use and gambling disorders (Grant et al., 2000; Bechara et al., 2001; Hanson et al., 2008; Kovács et al., 2017). We also used a two-choice lottery Vancouver Gambling Task (VGT) (Sharp et al., 2012; Sharp et al., 2013) to enable a behavioural economic analysis of risk preferences. Versions of both tasks were created in which reward feedback was either accompanied or unaccompanied by audio-visual cues. We hypothesized that these cues would have risk-promoting effects in both tasks.

In addition to decision making, we explored: 1) the pattern of eye fixations during choice to help elucidate the mechanisms of cue-induced behavioural effects; 2) pupil dilation as a proxy of arousal. Changes in pupil size are closely coupled to noradrenaline signaling (Murphy et al., 2014; Joshi et al., 2016) and co-vary with a number of psychological variables, including decision making (Einhäuser et al., 2010; Preuschoff et al., 2011; de Gee et al., 2017), though it is unclear to which decision variables the pupil responds (Einhauser, 2017). In light of the previous

finding that slot machine sounds increased arousal (Dixon et al., 2014), we hypothesized greater pupil dilation in the cued condition.

Materials and Methods

Participants

131 healthy volunteers recruited from the community took part in the study (males: n = 53, females: n = 78, mean age = 25.65 ± 8.28). Participants were required to have normal or corrected-to-normal vision and hearing. Although these were the only inclusion criteria, detailed self-report data were collected from the participants regarding their medication and substance use using Module E from the Structured Clinical Interview for DSM-IV disorders (SCID-IV) (First et al., 2002). Five participants reported ongoing use of psychotropic medications: escitalopram for major depression (n=1); stimulants for attention deficit hyperactivity disorder (n = 4). Two participants met criteria for substance dependence. Because excluding the data from these participants did not change the significance of the findings, we report the results from the entire sample. The study was conducted in accordance with institutional guidelines and the Declaration of Helsinki, and was approved by the Research Ethics Board of the University of British Columbia. Participants gave written informed consent. Compensation for the study corresponded to the bonus amount earned on the tasks.

Procedure

Participants were randomly assigned to two groups. Group 1 (n = 63) performed the IGT with the sensory cues (henceforth 'cued') and the VGT without the sensory cues (henceforth 'uncued'). Group 2 (n = 68) performed the uncued IGT and the cued VGT. The order of tasks

(IGT first vs. VGT first) was randomized and counterbalanced between groups. The two groups did not differ significantly in terms of age or gender composition ($p_s \geq 0.62$).

Eye fixations and pupil size data were obtained using the EyeLink 1000 infrared pupil tracker with a sampling rate of 1000 Hz and resolution of 0.01˚ of visual angle (SR Research Ltd., Mississauga, Ontario). Most participants (n = 85) were tested on the EyeLink 1000 Tower system. The remaining participants were tested using the EyeLink 1000 Desktop system, either because they required glasses or because the Tower system was unavailable. Participants were tested in one of two labs, in which the apparatus differed slightly. The majority (n = 115) were tested in a slightly dimmed lab (illumination = 80 lux) with the eyes positioned at the distance of 60cm from a 22'' monitor. Sixteen participants were tested using the Desktop system in a lab without a dimmer, so the testing room was dark (1 lux); the monitor was 17'' in size, so the viewing distance was adjusted accordingly (47 cm) to preserve stimulus size in visual angle. Prior to each task, a 5-point calibration was performed. Stimulus presentation and data collection were controlled via scripts developed using the eye tracker's proprietary software Experiment Builder.

Iowa Gambling Task

The IGT presented participants a choice between 4 decks of cards. They were informed that with each selected card they could win or lose money and that some decks were more advantageous than others. Unlike the standard IGT, in which both gains and losses can occur on any trial, the current version presented either a net gain or a net loss. This simplified outcome structure facilitated congruency between reward cues and net outcome value, while also achieving closer correspondence to the rodent gambling task (Barrus and Winstanley, 2016), in

which gains and losses are not simultaneous. Two of the decks were high-risk and high-reward decks, resulting in larger gains on successful trials, but also in larger and/or more frequent losses. The remaining two decks were low-risk and low-reward, resulting in smaller gains and smaller and/or less frequent losses. Over time, choosing from the low-risk low-reward decks typically yields a cumulative gain, making this the optimal strategy. Participants were told that they would receive 10% of the amount accumulated over the 100 trials. They started with a bank of $2000, corresponding to $20 (Canadian) in actual money. Each trial comprised the a decision phase, during which the participant chose from one of the four decks (no time limit imposed), followed by a feedback phase (3500ms), during which subjects were shown how much they had won or lost on that trial, with their total earnings updated at the top of the display. The task could yield negative earnings, but these were counted as 0 for the purposes of the bonus payout. Participants wore the eye tracker during the IGT but its temporal structure was not suitable for eye tracking, due to the absence of an inter-trial interval to establish a trial baseline.

In the uncued IGT, feedback regarding gains and losses was given numerically. In the cued version, feedback about gains (but not losses) was augmented by audiovisual reward cues. Gains ($50 for safer decks and $100 for riskier decks) were represented by images of stacks of Canadian $10 bills accompanied by casino jingles (Figure 1A). The $100 and $50 images were identical in luminance and color (luminance: 38.75 cd/m^2; color: .226 u'; .482 v') and differed only in the number of bills in the stack. The auditory jingles were taken from a casino sound library and edited to conform to the temporal structure of the task. The jingle was longer (1200 ms for $50 versus 2700ms for $100), louder (44 dB for $50 versus 52dB for $100) and more complex (greater variation in pitch and tempo) for the larger win.

Vancouver Gambling Task

The VGT assesses risk attitudes and sensitivity to expected value (EV), enabling the impact of reward probability and reward magnitude information on choice to be modeled. Participants made a choice between two prospects on every trial. One prospect featured a larger but less probable gain, while the other featured a smaller and more probable gain. There were 10 unique prospect pairs, each repeated 10 times for the total of 100 trials. These 10 pairs formed a continuum of relative EVs of the options, ranging from pairs that highly favored the 'safer' choice (i.e. the smaller but more probable prospect) to pairs that highly favored the 'riskier' choice (i.e. the larger but less probable prospect). Thus, each pair was associated with a unique Expected Value Ratio (EV-ratio) calculated as $[EV_{(safe)} - EV_{(risky)}]/mean(EV_{(safe)}, EV_{(risky)})$ as per (Sharp et al., 2012).

Each trial started with a 500ms inter-trial interval, displaying a fixation cross in the center of the screen. Next came the decision phase, in which participants were shown the two prospects, and could take as much time as required to choose one. Probabilities for each prospect were represented as pie charts, with a green sector representing the odds of winning, which always summed to 100%: 20% vs. 80%, 30% vs. 70%, 40% vs. 60%. Gain magnitudes were represented using numerals beneath the pie charts, indicating the number of tokens that could be won (1, 2, 3, 4 or 5 tokens), with each token worth 10 Canadian cents in actual money. The decision phase was followed by a 1000 ms anticipation phase with a spinning roulette display.

On each trial, the participant either won the reward depicted in the chosen gamble or received nothing: no losses occurred. In the uncued VGT gain feedback was delivered using numerals, without sound accompaniment. In the cued VGT, the gains were represented by images of coins accompanied by casino jingles (Figure 1B). These visual and auditory cues

scaled in sensory intensity and complexity with gain magnitude. The visual enhancement was as follows: 1 token was represented as a static two-dimensional image of 1 gold coin; 2 tokens as 2 static two-dimensional gold coins with a sparkle (static luminance enhancement); 3 tokens as 3 static three-dimensional gold coins with 3 sparkles (static luminance and depth enhancement); 4 tokens as 4 three-dimensional gold coins with a sparkle running along the circumference of each coin (dynamic luminance and depth enhancement); 5 tokens as 5 three-dimensional spinning gold coins with a sparkle running along the circumference of each coin (dynamic luminance, depth and motion enhancement). Despite the visual enhancement, the visual stimuli for the different reward magnitudes were not substantially different in terms of the overall average luminance (1 coin: 100.79 cd/m^2; 2 coins: 101.54 cd/m^2; 3 coins: 98.93 cd/m^2; 4 coins: 94.37 cd/m^2; 5 coins: 101.18 cd/m^2) and color of the image (1 coin: .215 v', .500 u'; 2 coins: .240 v', .531 u'; 3 coins: .228 v', .525 u'; 4 coins: .186 v', .387u'; 5 coins: .229 v', .528 u'); the 3-dimensional images were slightly lower in luminance because of the shading. The average luminance of the uncued feedback image was 102.44 cd/m^2. The auditory enhancement again consisted of sounds taken from a casino library and edited to conform to the temporal structure of the task. The tunes accompanying the rewards progressively increased in duration (1200 to 2700 ms), loudness (44 to 52dB) and complexity (variation in tempo and pitch) as the reward magnitude increased from 1 token to 5 tokens[1]. To ensure that participants understood the task, they were given 5 practice trials before the start of the 100 test trials. At the end of every 20 trials they were offered a break.

---

[1] The cued Vancouver Gambling Task auditory stimulus accompanying a 2 token win was the same as the auditory stimulus accompanying the smaller ($50) gain on the cued Iowa Gambling Task; the stimulus accompanying a 5 token win on the Vancouver Gambling Task was the same as the one accompanying larger ($100) gains on the cued Iowa Gambling Task.

Following IGT and VGT, participants additionally performed a Pavlovian-instrumental transfer paradigm modelled after (Garofalo and di Pellegrino, 2015): data not shown.

Analyses

Decision making

Statistical analyses were performed using the lme4 package in R (Bates et al., 2015). IGT performance was quantified as the number of advantageous deck choices in each successive block of 20 trials for each subject. The effect of cues on the number of advantageous choices over the progression of the 5 blocks was analyzed using a linear mixed effects model (lmer function) predicting the number of advantageous deck choices as a function of sensory cues in interaction with task block (to evaluate changes in learning rate as a function of feedback type). The model included task order (VGT before IGT or vice versa) as an additional fixed factor and random intercepts for participants.

In light of the previously reported abolition of post-error slowing in the presence of casino lighting and sound (Brevers et al., 2015), we tested the effect of sensory cues on reaction times following losses versus wins. This was achieved by modelling response time as a function of prior outcome (fixed effect) in interaction with sensory cues (fixed effect); task order was included as an additional fixed factor and random intercepts were modelled for participants. Response times were log-transformed for analysis. Given that response times decreased as a function of block (b= 0.05, SE=0.0013, t=37.72, $p < 0.0005$), and the slopes of this effect varied across participants, the model also included random slopes for blocks. However, because previous study did not consider this aspect of the data structure, we also modelled the data ignoring block.

The effect of sensory cues on VGT performance was analyzed using two linear mixed effects models with a logistic link (glmer function). The first modelled choice of a higher-probability (safer) prospect versus a lower-probability (riskier) prospect on a trial-by-trial basis as a function of sensory cues (fixed effect) in interaction with EV-ratio (fixed effect), with task order included as an additional fixed factor and random intercepts for participants. Because participants made riskier choices with successive trial repetitions (b = 0.92, SE = 0.10, t = 9.69, p < 0.0005), and the slope of this effect varied across participants, the model also included random slopes for trial repetition. The second model considered the influence of sensory cues on evaluation of reward probabilities and magnitudes in determining choice. Because both pairs of probabilities and pairs of magnitudes in each gamble were compositional data, we performed isometric log ratio transformations on probability and magnitude pairs, which yielded a single value representing the gamble's probability and a single value representing its magnitude. These two compositional variables were modelled as fixed effect terms in interaction with sensory cues. Finally, because the sensory cue manipulation only affected wins, we modelled choice as a function of prior trial's outcome (win vs. 0-outcome) in interaction with sensory cues. The random effect structure was the same as in the first model, and task order was modelled as a fixed factor.

Gaze fixations

We examined the effect of sensory cues on attention allocated to probability and magnitude information on the screen as indexed by fixations. For each trial, we quantified percent of total time of the decision phase spent looking at each of 3 most fixated interest areas (IA): 1) the two probability information zones, 2) the two magnitude information zones, and 3) the screen centre (Figure 2D). Rectangular IAs were defined based on aggregate fixation

duration heat maps using the EyeLink Data Viewer software; the same IAs were used for both cued and uncued data. We analyzed the extracted % fixation duration values using a linear mixed effects model (lmer function) with sensory cues and IA as fixed effects in interaction; random intercepts and slopes with respect to IA were modeled for participants.

Pupillometry

We focused on the subset of 85 participants (43 completing uncued VGT; 42 completing cued VGT) whose data were collected using the EyeLink 1000 Tower system. Because the EyeLink 1000 in centroid mode measures pupil size in angular units, which represent the area subtended by the pupil from the point of view of the camera (Hayes and Petrov, 2016b), pupil size measures can differ depending on the eye-to-camera distance. This distance differs for Tower and Desktop system and can vary for the Desktop system depending on the experimental layout.

Pupil time-series for the VGT were extracted for each participant and processed using Matlab scripts. First, a linear interpolation was performed over all samples occurring during blinks, using 100ms prior to and after each blink as start and endpoints of the interpolations. Next, the pupil time series were smoothed using a 2nd order Butterworth low pass filter with the cut-off frequency of 4 Hz and down-sampled to 100Hz. The pupil time-series for each trial was then transformed into a time-series representing modulation in pupil area: percent change in pupil area (p) was computed at each time point in the series (t) with respect to baseline $[(p_{(t)}-\text{baseline})/\text{baseline}*100]$. Baseline was taken to be the average pupil area during the first 200ms of the decision phase: as pupillary response lags behind the stimulus by ~ 400 ms, peaking about 1-2 seconds post-stimulus (Partala and Surakka, 2003; Clayton et al., 2004), pupil area during the initial 200ms of the decision phase likely reflects effects from the inter-trial interval and not from

the stimuli shown in the decision phase. Given that the duration of the decision phase was determined by the participant's response time, the pupil modulation series was time-locked to the end (last 500ms) of the decision phase, not its start. Also, because the phasic responses of noradrenergic neurons within the locus coeruleus (LC) appear to be time-locked to the behavioural response rather than the stimulus (Clayton et al., 2004), a period linked to the end of the decision phase is likely most relevant.

We then used the pupil modulation time-series to calculate the area under the curve (AUC) of pupil response for each trial in every participant to be used as the outcome measure in the statistical analyses (Figure 3). The AUC outcome measure combined decision and anticipation phases of the task and excluded the pupil responses generated by the feedback phase because of differences in the visual stimulus for the cued and uncued VGT. For the decision-related pupil response we included data from an interval from 500ms before the end of the decision phase to the 400ms after its end, given the 400ms lag in pupil response. For the anticipation phase the interval spanned from 400ms to 1400ms after the end of the decision phase. We performed statistical analysis of AUC pupil dilation using linear mixed effects models (lmer function); log-transformed AUC values were used to ensure scale similarity with other variables in the model. As we wanted to test a) whether sensory feedback was associated with increased pupil dilation and b) whether this increase was associated with any cue-induced shift in risky choice, we modelled AUC pupil dilation as a function of sensory cues (fixed effect) in interaction with choice (risky vs. safe, fixed factor). The model also included the outcome of the prior trial in interaction with the sensory cues: because cues only accompanied wins and not 0-outcomes, effects of cues should be preferentially linked to these outcomes. Additional models were used to explore relationships between pupil dilation and prospect characteristics

(probabilities and magnitudes), which were modelled as fixed effects in interaction with sensory cues. As the model considering probability and magnitude only of the chosen prospect better fit the data than the one considering probability and magnitude information for both prospects in the gamble (Akaike Information Criterion (AIC): -18511 and -18479, respectively), we report the results only for the model uniquely considering the chosen prospect characteristics. This is in keeping with the view that phasic LC activation reflects decision outcome (Aston-Jones and Cohen, 2005), and pupil dilation response should therefore primarily co-vary with the characteristics of the chosen prospect. Task order was considered as an additional fixed factor. Random intercepts and slopes with respect to trial repetition were modelled for participants. The latter was because of a progressive decrease in pupil response (b = 0.001, SE = 0.0003, t= 3.20, p <0.001) over the course of the task, the slope of which varied across participants. Finally, because pupil foreshortening error at eccentric eye positions can affect pupil size measurements (Hayes and Petrov, 2016b), and there is no validated pupil foreshortening correction algorithm that could be implemented with our data[2], we analyzed the pattern of eye fixations during the time interval pertaining to the pupillometry analysis. This was done in the same way as the fixation analysis for the decision phase, but using different IAs: left, right and centre. These IAs were defined based on the fixation heat map from the time period in question. Because fixation eccentricity (rather than the content of the fixated region) was the variable of interest in this analysis, we examined separately fixations to the left and to the right off centre.

---

[2] Recently, a mathematical algorithm has been developed to correct pupil size measurements using the EyeLink Desktop system Hayes TR, Petrov AA (2016b) Mapping and correcting the influence of gaze position on pupil size measurements. Behav Res Methods 48:510-527.; however, this algorithm does not apply to the Tower system.

Results

Decision making on the Iowa Gambling Task

Sensory cues did not have a significant effect on the number of advantageous choices on the IGT either on its own or in interaction with block ($p_s \leq 0.19$). Participants made more advantageous choices as they progressed through the task blocks (b = 0.92, SE = 0.10, t = 9.69, p < 0.0005), but the slope of this change did not differ as a function of cues (Figure 2A). In addition, participants who performed the IGT first chose less advantageously than the ones who performed it after the VGT (b = -1.32, SE = 0.59, t = -2.21, p = 0.03), but this task order effect did not interact with cues.

For response times (RTs), there was no significant effect of prior outcome (win vs. loss) or sensory cues, or interaction of these two terms ($p_s \geq 0.45$). However, a model ignoring the block structure of the task did yield a significant effect of prior outcome on response time (b = 0.012, SE= 0.0006, t = 2.08, p = 0.03) with longer RTs following losses. Although this term did not interact with cues (p = 0.6), the trend to longer RTs after losses was only evident in the uncued (b = 0.014, SE= 0.0008, t = 1.80, p = 0.07), and not the cued version (p = 0.25) (Figure 2B). Thus, while we did not replicate the previous findings of elimination of post-loss slowing by cues (Brevers et al., 2015), our results suggested a similar trend.

Decision making on the Vancouver Gambling Task

There was a significant main effect of sensory cues on choice (b = 0.58, SE = 0.22, z= 2.64, p = 0.008) without an interaction with EV-ratio (p = 0.55), indicating that choices were more risk-seeking in the presence of the sensory cues. This effect was independent of expected value (Figure 2C). The model considering the impact of sensory cues on the evaluation of probability and magnitude information revealed a significant interaction of sensory cues with the

probability term (b = 0.68, SE = 0.28, z= 2.36, p = 0.02), but not with the magnitude term (p = .32): choices were less probability-driven in cued version than in the uncued version (cued: b = 3.88, SE = 0.33; uncued: b =4.04, SE = 0.35). Finally, although prior 0-outcomes precipitated riskier choices (b = 0.2, SE = 0.04, z = 5.26; p < 0.0005), this did not interact significantly with sensory cues (p = 0.99).

Fixations

The analysis of gaze fixations during decision making provided additional evidence of decreased consideration of probability information in the cued VGT (Figure 2D). There was a significant interaction of cues with IA (b = 0.03, SE = 0.02, t = 1.97; p = 0.05). During the decision phase, the cued group spent less time fixating on the probability pie charts (b = 0.02, SE = 0.01, t = 2.26; p = 0.03), but did not differ significantly from the uncued group on the time spent fixating the other IAs ($p_s \geq 0.1$).

Pupillometry

We first confirmed the behavioural effects of sensory cues on VGT in the pupillometry subsample. The main effect of the sensory cues remained significant (b = 0.58, SE = 0.22, z= 2.64, p = 0.008), as was the interaction of cues with the probability term (b = 0.69, SE = 0.34, z= 2.05, p = 0.04).

A model predicting AUC pupil dilation as a function of sensory cues in interaction with choice (safe vs. risky) and with prior outcome (wins vs. 0-outcomes) revealed a significant effect of cues (b = 0.027, SE = 0.0085, t= 3.18, p =0.002), with greater pupil dilation in the cued VGT (Figure 3A, B, C). Relative to prior 0-outcomes, prior wins predicted greater pupil dilation in the subsequent trial (b = 0.014, SE = 0.002, t= 6.44, p < 0.0005), and this effect interacted with

sensory cues (b = 0.012, SE = 0.004, t = 3.5, p = 0.0005): the potentiation of pupil dilation on

trials following wins (relative to those following 0-outcomes) was amplified by sensory cues

(Figure 3D). Finally, there was a significant effect of choice (b = 0.016, SE = 0.002, t= 8.11, p

<0.0005), with risky choices associated with greater pupil dilation in both cued and uncued

versions (Figure 3E). This effect did not interact with cues (p=.68).

We next explored whether probability and magnitude of the chosen prospect modulated

the amplification of pupil dilation by sensory cues. There were significant and opposite effects

of probability (b = 0.057, SE = 0.019, t= 4.14, p <0.0005) and magnitude (b = 0.002, SE =

0.0009, t= 2.22, p <0.03) on pupil dilation: choosing either less likely and more rewarding

prospects was associated with greater pupil dilation (Figure 3F, G). These effects were present

over and above the effects of risky choice *per se*, as they were apparent in the presence of the

safe vs. risky choice variable in the model (b = 0.01, SE = 0.005, t= 1.97, p = 0.05). Neither the

probability nor the magnitude term interacted with sensory cues to predict pupil dilation,

although there was a trend for the chosen reward size to modulate pupil response more in the

absence of the cues (b = 0.003, SE = 0.002, t= 1.74, p = 0.08).

The analysis of gaze fixations in the cued vs. uncued VGT focusing on the time frame of

the pupillometry analysis did not reveal any significant differences in fixation patterns ($p_s \geq$

0.21). It is unlikely that the small non-significant differences in gaze eccentricity during the pupil

response period that we considered drove the differences in pupil dilation between cued and

uncued conditions: if anything, gaze tended to be more eccentric in the cued VGT (Figure 3H),

which would be associated with larger pupil foreshortening error and consequently smaller

measured pupil area, as the pupil assumes a more elliptical shape with more eccentric gaze.

Discussion

Our data directly demonstrate for the first time that reward-concurrent sensory cues can promote risky choice in human subjects. While cue reactivity literature focuses on cues that represent incentives or predict rewards, here the cues accompanied rewards, rather than rather than being positioned to predict them, in keeping with the way such cues are used in commercial gambling products.

The VGT enabled decomposition of risky choice in terms of sensitivity to expected value, probability and magnitude of the prospects. We found that the risk enhancement produced by sensory cues was independent of expected value, but reflected a decreased influence of reward probability on choice. This finding was further supported by the pattern of eye movements in the course of decision making, with proportionally less time spent fixating on the probability information depicted on the screen. Heavy reliance on probability information leads to risk-averse performance on the VGT (high rates of choosing the higher probability prospects); sensory cues decreased this tendency. The mechanism(s) through which cues shift the emphasis away from probability information remains unclear. One possibility is that augmenting gains with sensory feedback enhances the memorability of gains, which then biases the perceived probability of winning via the availability heuristic. We did not have a subjective measure of perceived gain probabilities, but a conceptually similar effect has been previously reported in gambling research. In electronic gambling machines, "losses disguised as wins" – net loss events that are accompanied by the 'bells and whistles' of winning – appear to be interpreted as actual gains and skew the estimates of earned profits (Dixon et al., 2010; Dixon et al., 2015). An alternative possibility is that because the cues were not aligned with any particular behavioural goal, they may have distracted participants from the default risk-averse strategy of focusing on

probabilities, thereby promoting risk. In either case, our findings lend support to the notion that sensory stimulation in gambling could act to de-emphasize the unfavourable odds of winning.

Pupillometry data pointed to additional and distinct effects. Firstly, we observed that riskier choices were associated with greater pupil dilation, independent of the presence of sensory cues. It is unlikely that the observed effects were driven by luminance, as the analyses only focused on visually identical trial periods. Although carry-over of feedback-related luminance effects could plausibly influence pupil response on the subsequent trial, this would only be relevant to trials preceded by wins. Our analysis found similar effects following 0-outcome trials, which had identical visual stimuli in the feedback period for both cued and uncued versions. Nor could the results be attributed to the effects of pupil foreshortening error from eccentric gaze: our analysis of fixations indicated that this would, if anything, produce the opposite effects on pupil size from the ones we saw. Our findings of strong relationships between pupil dilation and risk support, and extend, previous findings regarding pupil dynamics that accompany decision making. Several studies have examined pupil responses during decision making under uncertainty and observed that pupil dilation tracks the level of uncertainty (Satterthwaite et al., 2007; Lavín et al., 2013), is associated with surprise (Preuschoff et al., 2011), and temporally corresponds to the timing of decisions (Einhäuser et al., 2010). Our data highlight a strong association between pupil dilation and risky choice, which to our knowledge is a novel finding.

We also observed that sensory cues were associated with greater decision- and anticipation-related pupil dilation, an effect that was particularly evident following wins. This cue-driven amplification of pupil dilation points to arousal-promoting effects of sensory reward cues, which are distinct from their risk-promoting effects. As amplified pupil responses were

evident not only during feedback[3], but during the decision and anticipation phases, cue-driven

arousal appears to extend beyond circumscribed effects on feedback experience and to modulate

the experience of the task more generally. As one possible interpretation, the cue manipulation

may have induced a shift in LC-mediated control states proposed by the adaptive gain theory

(Aston-Jones and Cohen, 2005). The exploitation-oriented state, characterized by intermediate

levels of tonic LC neuron firing and high phasic spiking to relevant events, is aimed at

maximizing short-term utility by exploiting available resources and maintaining task

engagement. In contrast, the exploration-oriented state is characterized by high tonic LC activity

and low levels of phasic spiking, with the goal of maximizing long-term utility by disengaging

from the task at hand (if its utility is low) and exploring alternatives. Changes in pupil size have

been reported to co-vary with shifts between exploration-dominated and exploitation-dominated

control states: exploration is associated with larger baseline pupil sizes and smaller phasic

responses, whereas the opposite is seen during putatively exploitation-dominated states (Aston-

Jones and Cohen, 2005; Gilzenrat et al., 2010; Jepma and Nieuwenhuis, 2011; Hayes and Petrov,

2016a). Our findings could indicate that the presence of cues fosters exploitation-oriented states

and thus promotes task engagement. Our between-subject design is not well-suited to examining

cue-dependent modulation of baseline pupil size as a proxy of tonic LC activity, as there are

significant individual variations in pupil size independent of LC activity; a within-subjects

design would be more appropriate for this purpose.

Although we had no direct measure of task engagement or immersion in the present

study, gambling on modern electronic gambling machines that feature intense sensory

---

[3] Although the analyses we report here exclude the feedback phase data, including these data
yields the same results, as can be seen in Figure 3.

stimulation has been associated with states of heightened engagement and focused attention, referred to as the "machine zone" or "dark flow" (Schüll, 2012; Dixon et al., 2014; Dixon et al., 2017). Conceptual similarities between these states and LC-mediated exploitation states point to possible mediation by noradrenergic signaling. Reward-concurrent sensory stimuli could then facilitate maladaptive engagement in gambling games via noradrenergic modulation; a testable hypothesis for future studies using pharmacological challenge designs. Regardless of the mechanism, the pupillometry data point to the effects of sensory reward cues that are unrelated and parallel to their effects on choice and risk, and rather pertain to task experience.

We did not observe a cue-induced risk enhancement on the IGT. This may have been because avoidance of the high-risk high-reward decks is largely driven by loss feedback, whereas the sensory cues were paired with win feedback. Though the lack of risk promoting effects of cues on the IGT appears to be at odds with the animal findings on the cued Rodent Gambling Task (Barrus and Winstanley, 2016), there are important differences between the human and rodent tasks. The human IGT assesses not only risk, but also learning from rewards and punishments. Rats undergo extensive training and learn reward probabilities experientially *before* the actual testing. In this regard, the rodent task could be considered more similar to the VGT, where the probabilities are known rather than gradually learned. While we failed to corroborate the abolition of post-loss slowing reported by (Brevers et al., 2015), our data hinted at a similar trend. The length of the IGT feedback phase (3500ms) may explain the lack of a clear effect: much of loss-related processing may have taken place during that interval, permitting only minor influences of cues on RTs.

Our study had several limitations. First, pupillometry analysis was not performed on the IGT due to the challenge of defining a 'baseline' period given the temporal structure of the task.

Testing in two eye-tracking laboratories using slightly different equipment entailed our VGT pupillometry analysis be restricted to a subset of participants, but we corroborated the behavioural effects within that subsample. Although we limited our analysis to visually identical phases of the two VGT versions, carry-over luminance effects from feedback cannot be ruled out, although as mentioned earlier, we consider this possibility unlikely. A significant limitation is the lack of correction for pupil foreshortening error resulting from gaze eccentricity, which distorts pupil area measures, as the pupil assumes a more elliptical shape, as registered by the camera, at greater eccentricities. To avoid this issue, many pupillometry experiments require central fixation, which is not optimal from the ecological standpoint. As mentioned earlier, our analysis of gaze positions during the relevant time intervals revealed only non-significant differences in fixation eccentricity between cued and uncued VGT versions, which would be expected, if anything, to drive pupil size in the opposite direction of our findings.

In conclusion, we found that sensory reward-paired cues promoted riskier choices in healthy human volunteers. To our knowledge this is the first direct demonstration of risk-promoting effects of such cues in human subjects. We also observed effects of these stimuli on pupil dynamics that were independent of their risk-promoting effects. Rather, they appeared pertain to task experience, be it global task-related arousal or more specific changes in LC-mediated control states, which could promote maladaptive task engagement. Currently, there is no regulation around the integration of sensory cues into commercial gambling products. Both these observations are consistent with the view that the presence of such cues in commercial gambling products may facilitate problematic gambling behaviour.

Aston-Jones G, Cohen JD (2005) An integrative theory of locus coeruleus-norepinephrine function: adaptive gain and optimal performance. Annu Rev Neurosci 28:403-450.

Barrus MM, Winstanley CA (2016) Dopamine D3 Receptors Modulate the Ability of Win-Paired Cues to Increase Risky Choice in a Rat Gambling Task. J Neurosci 36:785-794.

Bates D, Machler M, Bolker B, Walker S (2015) Fitting Linear Mixed-Effects Models Using lme4. Journal of Statistical Software 67:1-48.

Bechara A, Damasio AR, Damasio H, Anderson SW (1994) Insensitivity to future consequences following damage to human prefrontal cortex. Cognition 50:7-15.

Bechara A, Dolan S, Denburg N, Hindes A, Anderson SW, Nathan PE (2001) Decision-making deficits, linked to a dysfunctional ventromedial prefrontal cortex, revealed in alcohol and stimulant abusers. Neuropsychologia 39:376-389.

Brevers D, Noël X, Bechara A, Vanavermaete N, Verbanck P, Kornreich C (2015) Effect of casino-related sound, red light and pairs on decision-making during the iowa gambling task. J Gambl Stud 31:409-421.

Carter BL, Tiffany ST (1999) Meta-analysis of cue-reactivity in addiction research. Addiction 94:327-340.

Childress AR, Hole AV, Robbins SJ, McLellan TA (1993) Cue Reactivity and Cue Reactivity Interventions in Drug Dependence. In: NIDA Research Monograph 137:Behavioral Treatments for Drug Abuse and Dependence (Onken LS, Blaine JD, Boren JJ, eds), pp 73-96. Rockville, MD: National Institute of Health.

Clayton EC, Rajkowski J, Cohen JD, Aston-Jones G (2004) Phasic activation of monkey locus ceruleus neurons by simple decisions in a forced-choice task. J Neurosci 24:9914-9920.

de Gee JW, Colizoli O, Kloosterman NA, Knapen T, Nieuwenhuis S, Donner TH (2017) Dynamic modulation of decision biases by brainstem arousal systems. Elife 6.

Dixon MJ, Harrigan KA, Sandhu R, Collins K, Fugelsang JA (2010) Losses disguised as wins in modern multi-line video slot machines. Addiction 105:1819-1824.

Dixon MJ, Collins K, Harrigan KA, Graydon C, Fugelsang JA (2015) Using sound to unmask losses disguised as wins in multiline slot machines. J Gambl Stud 31:183-196.

Dixon MJ, Harrigan KA, Santesso DL, Graydon C, Fugelsang JA, Collins K (2014) The impact of sound in modern multiline video slot machine play. J Gambl Stud 30:913-929.

Dixon MJ, Stange M, Larche CJ, Graydon C, Fugelsang JA, Harrigan KA (2017) Dark Flow, Depression and Multiline Slot Machine Play. J Gambl Stud.

Dowling N, Smith D, Thomas T (2005) Electronic gaming machines: are they the 'crack-cocaine' of gambling? Addiction 100:33-45.

Einhauser W (2017) Pupil as a marker of cognitive processes. In: Computational and Cognitive Neuroscience of Vision (Zhao Q, ed). Adelaide, Australia: Springer.

Einhäuser W, Koch C, Carter OL (2010) Pupil dilation betrays the timing of decisions. Front Hum Neurosci 4:18.

Field M, Cox WM (2008) Attentional bias in addictive behaviors: a review of its development, causes, and consequences. Drug Alcohol Depend 97:1-20.

First MB, Spitzer RL, Gibbon M, Williams JBW (2002) Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition. In. New York: Biometrics Research, New York State Psychiatric Institute.

Garofalo S, di Pellegrino G (2015) Individual differences in the influence of task-irrelevant Pavlovian cues on human behavior. Front Behav Neurosci 9:163.

Gilzenrat MS, Nieuwenhuis S, Jepma M, Cohen JD (2010) Pupil diameter tracks changes in control state predicted by the adaptive gain theory of locus coeruleus function. Cogn Affect Behav Neurosci 10:252-269.

Grant S, Contoreggi C, London ED (2000) Drug abusers show impaired performance in a laboratory test of decision making. Neuropsychologia 38:1180-1187.

Guitart-Masip M, Talmi D, Dolan R (2010) Conditioned associations and economic decision biases. Neuroimage 53:206-214.

Hanson KL, Luciana M, Sullwold K (2008) Reward-related decision-making deficits and elevated impulsivity among MDMA and other drug users. Drug Alcohol Depend 96:99-110.

Hayes TR, Petrov AA (2016a) Pupil Diameter Tracks the Exploration-Exploitation Trade-off during Analogical Reasoning and Explains Individual Differences in Fluid Intelligence. J Cogn Neurosci 28:308-318.

Hayes TR, Petrov AA (2016b) Mapping and correcting the influence of gaze position on pupil size measurements. Behav Res Methods 48:510-527.

Jepma M, Nieuwenhuis S (2011) Pupil diameter predicts changes in the exploration-exploitation trade-off: evidence for the adaptive gain theory. J Cogn Neurosci 23:1587-1596.

Joshi S, Li Y, Kalwani RM, Gold JI (2016) Relationships between Pupil Diameter and Neuronal Activity in the Locus Coeruleus, Colliculi, and Cingulate Cortex. Neuron 89:221-234.

Kovács I, Richman MJ, Janka Z, Maraz A, Andó B (2017) Decision making measured by the Iowa Gambling Task in alcohol use disorder and gambling disorder: a systematic review and meta-analysis. Drug Alcohol Depend 181:152-161.

Lavín C, San Martín R, Rosales Jubal E (2013) Pupil dilation signals uncertainty and surprise in a learning gambling task. Front Behav Neurosci 7:218.

Ludvig EA, Madan CR, Spetch ML (2015) Priming memories of past wins induces risk seeking. J Exp Psychol Gen 144:24-29.

Murphy PR, O'Connell RG, O'Sullivan M, Robertson IH, Balsters JH (2014) Pupil diameter covaries with BOLD activity in human locus coeruleus. Hum Brain Mapp 35:4140-4154.

Partala T, Surakka V (2003) Pupil size variation as an indication of affective processing. International journal of human-computer studies 59:185-198.

Preuschoff K, 't Hart BM, Einhäuser W (2011) Pupil Dilation Signals Surprise: Evidence for Noradrenaline's Role in Decision Making. Front Neurosci 5:115.

Robinson TE, Berridge KC (1993) The neural basis of drug craving: an incentive-sensitization theory of addiction. Brain Res Brain Res Rev 18:247-291.

Satterthwaite TD, Green L, Myerson J, Parker J, Ramaratnam M, Buckner RL (2007) Dissociable but inter-related systems of cognitive control and reward during decision making: evidence from pupillometry and event-related fMRI. Neuroimage 37:1017-1031.

Schüll ND (2012) *Addiction by design: Machine gambling in Las Vegas* . Princeton University Press.

Sharp ME, Viswanathan J, Lanyon LJ, Barton JJ (2012) Sensitivity and bias in decision-making under risk: evaluating the perception of reward, its probability and value. PLoS One 7:e33460.

Sharp ME, Viswanathan J, McKeown MJ, Appel-Cresswell S, Stoessl AJ, Barton JJ (2013) Decisions under risk in Parkinson's disease: preserved evaluation of probability and magnitude. Neuropsychologia 51:2679-2689.

Figure 1: Iowa and Vancouver Gambling Tasks

A: Iowa Gambling Task

Decision (unlimited)

Feedback (3500 ms)

Uncued   Cued

B: Vancouver Gambling Task

ITI (500 ms)

Decision (unlimited)

Anticipation (1000 ms)

Feedback

win: 3500 ms
no-win: 2500 ms

Uncued   Cued

Figure 2: The effect of sensory reward cues on IGT (A & B) VGT performance (C)

Legend: A) Number of advantageous choices on the IGT as a function of block. B) Post-loss slowing on the IGT. Reaction times are log-transformed. C) Rate of risk-averse choices as a function of Expected Value Ratio. EVR = (EVsafe_choice – EVrisky choice)/mean(EVsafe_choice, EVrisky_choice). The curves are fitted using a 4-parameter logistic function. The downward shift of the curve for VGT with sensory cues indicates greater rate of choosing the riskier prospect with a higher potential payout independent of EV. This risk-promoting effect is driven by diminished influence of probability information on choice. D) Fixation heat map representing fixation durations during the decision phase summarized as group averages in the bar graph (*p <.05).

Figure 3. Pupil dilation during VGT

C

D

E

F

G

Legend: A) Pupil modulation time courses for VGT with and without sensory cues over the different trial epochs. Modulation is computed as % change from baseline in pupil size (measured as area subtended by the pupil in angular units from the point of view of the camera) over the course of last 500ms of the decision phase, the anticipation phase and the feedback phase. B) Area under the curve (AUC) measure of pupil dilation from baseline over the decision and anticipation periods for VGT with and without sensory cues. C) Pupil dilation with respect to baseline following wins and 0-outcomes for VGT with and without sensory enhancement. Pupil dilation is plotted as log-transformed AUC measure depicted in B. D) Pupil dilation with respect to baseline for safe (higher probability prospect) vs. risky (lower probability prospect) choices. E) Pupil dilation with respect to baseline as a function of the chosen prospect's probability. F) Pupil dilation with respect to baseline plotted as a function of the chosen prospect's magnitude. G) Heat mat of fixation durations during the baseline (first 200ms of the decision phase) and the analyzed pupil response period (final 500ms of decision plus the anticipation phase). *p < 0.05; ***p < 0.0005.