

Adolescent Brain Function in Relation to Trauma & PTSD

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Duke

Shared Vulnerability

AUD & OFC

PTSD & vmPFC

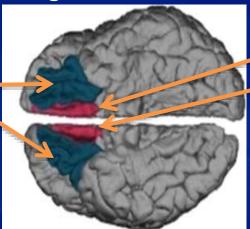
- Extinction of drug cues
- Alcohol use is common
- AUD is not ~5-10%

- Extinction of trauma triggers
- Trauma is common
- PTSD is not ~5-55%



- Stress & Sex Steroids
- Dopamine Pathways
- Ventral Tegmental Area

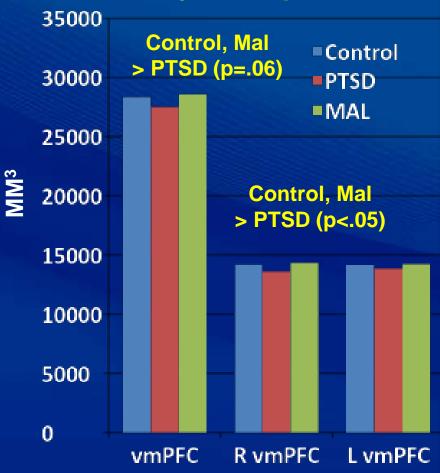
vmPFCdefined by
FreeSurfer
as lateral &
medial OFC

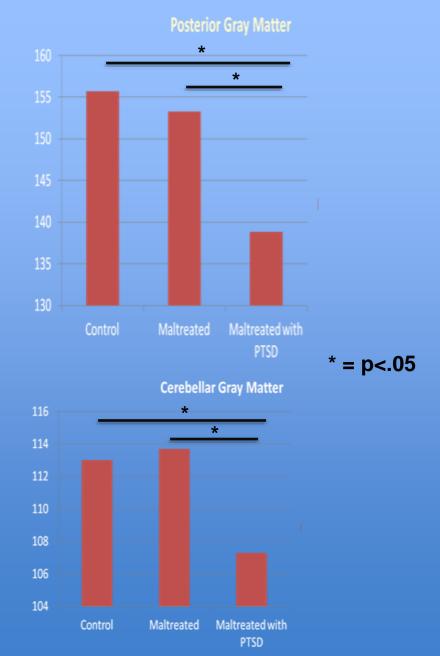


Medial OFC

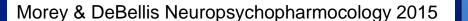


GLM Analysis of vmPFC (F=4.43, P<.03) & ACC Volumes by FreeSurfer Method By Group



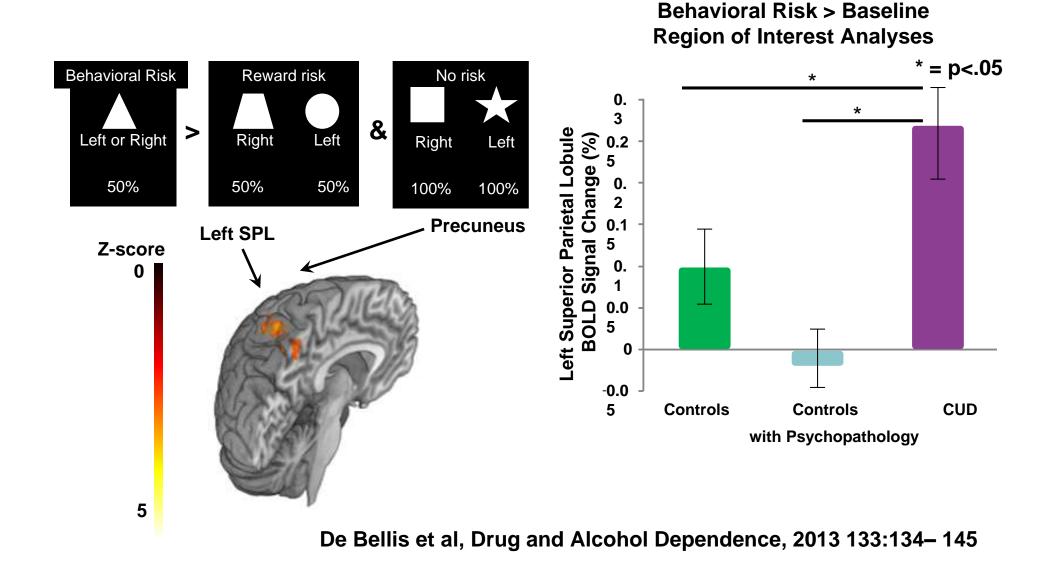




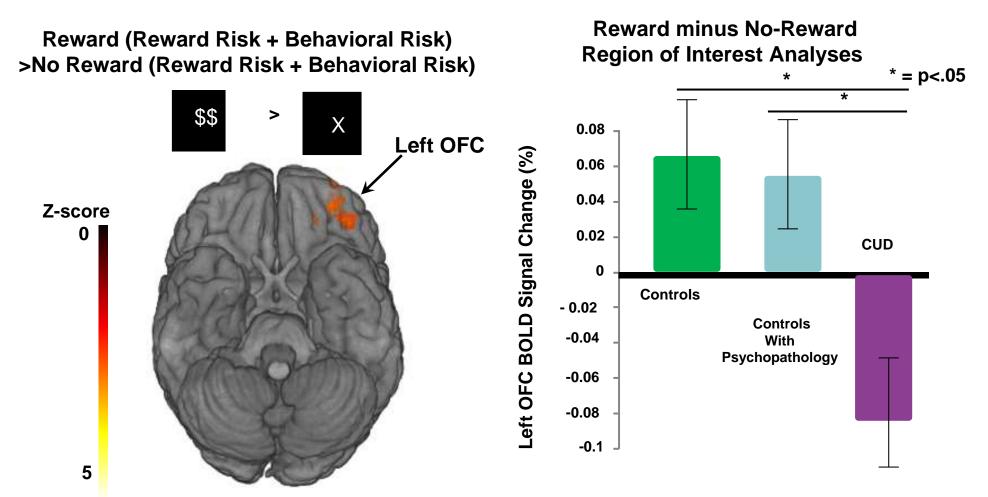




Decision-Making Phase - Neural Mechanisms of Risky Decision - Making in Healthy Controls, Controls with Psychopathology, and Adolescent Onset Cannabis Use Disorder



Neural Mechanisms of Risky Decision-Making and Reward Response in Healthy Controls, Controls with Psychopathology, and Adolescent Onset Cannabis Use Disorder



VmPFC/OFC Activity to Reward/No Reward Distinguished the CUD group From the High Risk Group & Predicted Relapse Within One Year, Greater Number of Substances Tried, and CUD Duration.

De Bellis et al, Drug and Alcohol Dependence, 2013 133:134–145

Types of Trauma Measured in Low Drinking NCANDA Sample Trauma range: (0-5, 260/674 or 38.6% experienced no traumas while 414 (61.4%) experienced at least one trauma

Military	0	0%
Shot	0	0%
Stabbed	1	.15%
Mugged or threatened with a weapon, or robbery	37	5%
Sexual abuse by relative	4	0.5%
Sexual Assault	15	2%
Natural Disasters	82	12.2%
Life Threatening Accidents	55	8.2%
Life Threatening Illness	6	0.9%
Traumatic Death of Family/Friends	217	32.2%
Witnessing a Violent Death	50	7.4%
Unexpectedly discovering a Dead Body	7	1.0%
Hearing about above happening to loved one	148	22%
Other	144	21.4%

NCANDA: PTSD vs No PTSD Symptom Groups

N=674	PTSD Symptoms N=57 (14%)	No PTSD Symptoms (N=617)	
Mean Numbers of Traumas	2.02±1.14	.93±.99	<.0001
Alcohol Fam Dens	.27±.64	.18±.40	.1
Site (A/B/C/D/E)	7/10/19/11/10	83/119/141/136/17 8	NS
Age	16.1±2.2	15.7±2.4	NS
SES	16.4±2.1	16.8±2.5	NS
Sex (F/M) Puberty Stage	34/23 3.3.1±0.5	306/311 3.1±0.7	NS
Ethnicity (Majority/AA/Asian)	36/16/5	459/77/79	.005 Caus <aa< td=""></aa<>
Scanner (GE/S)	39/18	409/208	NS
Svol (mm3)	1216597±15295	1251651±124040	<.05

Adolescent Development of Cortical and White Matter Structure in

the NCANDA Sample: Role of Sex, Ethnicity, Puberty, and Alcohol

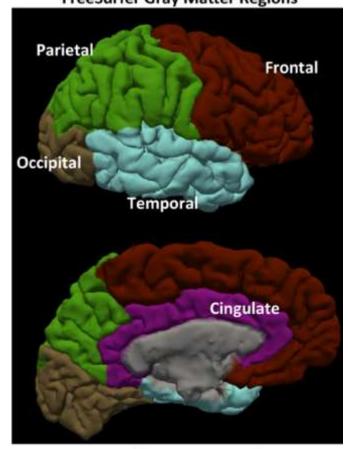
Drinking Cerebral Cortex, 2015, 1–21

PTSD/Trauma Model:

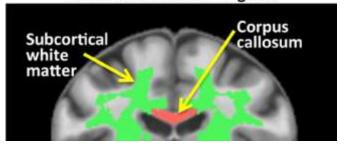
brain-variance-AUD, =

$$\sim \beta_0$$

- + β₁TraumaNumber,
- + β_2 PTSD symptoms;
- + β₃Family-Alcohol-Density,
- + β_4 age; + β_5 mfg; + β_6 ethnicity;
- + β_7 SESi + β_8 sex_i + β_9 svol_i
- + β_{10} PDS_i + ϵ_i



SRI24 White Matter Regions



NCANDA: Brain Results

Frontal Gray Matter Volume	.004		
Insula Gray Matter Volume	.10	NS	<.03
Cingulate Surface Area	NS	NS	.04
Parietal Surface Area	NS	.03	NS
Insula Cortical Thickness	.02	NS	NS
Posterior Corpus Callosum	.05	.006	.10
Lateral Ventricles	NS	.02	NS

Future Questions: Mechanisms

- Does cumulative trauma, PTSD, & genes (FH) lead to youth AUD/SUD through deficits in vmPFC/OFC circuits associated with extinction learning functions? How?
- Are vmPFC/OFC circuit deficits pre-existing?
- Is traumatic stress impacting extinction structures?
- Risk-Resilience
- What brain differences are adaptive and what are pathological and related to treatment resistance?
- What are the gene(s) by environment vulnerabilities in the 50% of severely traumatized individuals who have these shared deficits?
- Are these vulnerabilities amenable to prevention and treatment?



Links to Trauma Measures

- •VA

Adult: http://www.ptsd.va.gov/professional/assessment/adult-sr/index.asp

•VA

Child: http://www.ptsd.va.gov/professional/assessment/child/index.asp

