

规避行为的生理病理机制及重复经颅磁刺激作为其干预手段的应用前景分析

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摘 要: 规避行为是一种通过采取或不采取某种行为, 避免不利刺激和事件的适应性策略。适度的规避行为有利于生物规避风险, 节省能量, 从而有利于生存, 而过度或无法正常消除的规避行为不仅与多种心理或精神疾病的发生有关, 还会对它们的症状和预后产生不良影响。本文回顾了近几年关于规避行为的形成及生理病理机制的研究成果, 发现其形成与调节涉及多个脑区和条件反射机制, 而其异常则涉及脑部器质性改变和行为学上的异常。通过对现有异常规避行为干预手段的发展现状及不足的分析, 表明了新型干预方式的发展空间。在此基

基础上,从重复经颅磁刺激(rTMS)的发展和应用现状、前额叶对规避行为所起的调节作用和既往研究成果三个方面对利用低频重复经颅磁刺激减少异常规避行为的可行性进行了分析,分析结果表明,rTMS作为对异常规避行为的干预手段具有一定前景,对此进行后续研究具有一定价值。

关键词: 规避行为; 机制; 干预; 重复经颅磁刺激

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Avoidance: Its Physiological and Pathophysiological Mechanisms and Advances in Interventional Modalities

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Abstract: Avoidance behavior is an adaptive strategy of animals to cease the occurrence of adverse events by facilitating or not facilitating certain actions. Driven by the reward-related processing and fear conditioning, moderate avoidance behavior is essential to the survival of organisms as it helps to hedge risks and save energy. On the other hand, maladaptive avoidance behavior, which individuals over-generate

or unable to remove is often associated with psychiatric disorders, and what's more worsen the condition and affect the treatment. Reflecting on the recent researches on avoidance forming and its physiological and pathological mechanisms, this paper demonstrated that as it was the combination of logic decision-making and adaptive fear guided the arise of avoidance, its acquisition and regulation involved multiple brain areas serving in the reward and punishment system, as well as different conditioned reflexes. The maladaptation of avoidance behavior is often caused by organic changes of the brain and associated with behavioral abnormalities. This paper summarized the current intervention on avoidance behavior, and found such techniques inadequate. Then analyzed the feasibility of reducing maladaptive avoidance through low-frequency repetitive transcranial magnetic stimulation (rTMS) based on 3 aspects: ① its principles, development and applications, ② the role of the prefrontal cortex (PFC) in avoidance regulation, ③ previous work on interfering avoidance through rTMS on the PFC. In the end, this paper demonstrated an outlook of facilitating low-frequency TMS as an intervention on maladaptive avoidance and the value of conducting follow-up studies.

Key words: Avoidance behavior; Mechanisms; Intervention; Repetitive transcranial magnetic stimulation (rTMS)

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规避行为 (Avoidance Behavior) 指暴露于不良刺激或事件 (Adverse Stimuli/

Event) 时, 采取或不采取某种行为使得该事件不发生, 是一种生物体避免潜在伤害的适应性策略, 有利于生物体规避风险, 避免对自身生存有负面影响的事件。当规避行为过度形成或无法正常消除时, 则会导致心理或精神疾病, 如焦虑症、抑郁症以及回避型人格障碍等。

1 规避行为的研究进展

1.1 规避行为的产生

规避行为产生的原因在于生物体为达到目的的同时也需要节约能源, 根据最低投入法则 (Law of Least Effort), 它们总是选择最有效的方法, 但是其产生的机制尚不明确。慢移鼠标 (Slow Computer Mouse) 试验和心理旋转 (Mental Rotation) 试验的研究 [1] 发现, 受试者在使用突然变慢的鼠标时会对中立的图片表现出厌恶情绪, 并且相较于旋转 135° 能完全重合的图形, 受试者更加偏爱旋转 45° 就能重合的图形, 这些现象表示刺激产生的负价, 即 Anterior Cingulate Cortex (ACC) 产生的影响任务决策的信号 [2], 可能就是规避行为产生的基础。

目前对于规避行为产生的行为机理, 学界尚未有统一观点, 有些研究者认为规避行为源自巴甫洛夫的经典条件反射, 也有理论认为是经典条件反射和依赖结局的奖赏与惩罚的操作性条件反射的结合 [3], 即对于潜在负面结果的恐惧以及对于风险与潜在收益的评估共同导致了规避行为的形成。脑功能成像是研究规避行为产生的神经机制的重要手段, 主要研究的脑区有参与决策的大脑皮质以及产生恐惧等情绪的边缘系统。以往的功能影像研究显示, 规避行为的产生与大脑奖赏/惩罚系统有密切的关系, 主要的脑区包括眼眶前、内额叶皮质、杏仁核、纹状体和多巴胺能的中脑 [3]。

个体是否做出规避行为主要由大脑前额叶皮层进行决策——背外侧前额叶皮层负责联结来自海马体和背侧纹状体的神经, 主要参与逻辑决策和产生工作记忆 [4]; 腹内侧前额叶皮质主要汇集皮质下的腹侧纹状体、杏仁核等边缘系统的信号, 从而参与基于奖励的学习 (Reward Based Learning), 期待金钱回报以及幽默感。基于规避反应由恐惧和风险评估共同产生的前提, 可以认为背外侧和腹内侧前额叶共同参与规避行为的决策。

杏仁核是形成有条件恐惧的主要部位。普通人类受试者中,接受即将受到电击的信号后生理唤醒(反应条件恐惧)强度大于不受到电击的信号,当已掌握消除电击的方法(获得规避)后,生理唤醒强度小于掌握消除电击方法前接受即将受到电击信号后的生理唤醒强度,而脑功能成像显示纹状体与杏仁核的活跃度呈同样的趋势,说明规避反应起到减少恐惧的效果,同时杏仁核与纹状体可能同步合作亦介导恐惧的消失 [5]。

在训练大鼠形成有信号主动规避时,调动了前额叶前边缘皮质去抑制中央杏仁核介导的巴甫洛夫反应。前额叶损伤时,小鼠的巴甫洛夫反应增加,同时规避行为减少;中央杏仁核作用相反,在中央杏仁核受损后,巴甫洛夫反应减少,规避反应增加 [6]。也有研究发现,个体右侧前额叶皮质静息状态下 θ -band 较左侧越强,则采取风险行为的可能性越高,相应的,采取规避行为的可能性降低;担忧情绪与左脑额叶的 β 激活有关,似乎也能印证该观点 [7]。

1.2 规避反应的调节

以往的小鼠实验发现,基底神经节的信号输出通过黑质网状部控制了主动规避。黑质网状部的兴奋将规避反应阻断为一种条件感觉刺激信号,但保存了从有害时间逃避的能力;如果抑制黑质网状部,则将发生规避反应。基底神经节控制动作、学习,起到门控作用。因为上丘脑受到黑质网状部抑制,产生规避行为时上丘脑信号活跃,意味着黑质网状部活跃度在规避行为中受到抑制 [8]。

1.3 规避反应的消退

当某一信号出现后的潜在危险消失,不再伴随该信号出现时,比如小阿尔伯特看到毛茸茸的物体(信号)后不再会被惊吓,那么已经形成的规避反应则会渐渐消退。规避反应的消退在女性中普遍花费更长时间,可能与女性对于奖励的敏感性更高有关 [9]。恐惧记忆的形成、巩固与消退都依赖于大脑不同部位 GABA 受体的激活。位于杏仁核和海马体的 GABA 受体可能起到恐惧记忆的获得与巩固作用,从而抑制规避反应的消退 [10]。

2 关于异常规避行为的研究进展

2.1 阿片受体 (Opioid Receptor) 的研究

在海洛因成瘾的研究中, 相比未成瘾者, 海洛因成瘾者在游戏中的规避反应更多, 在危险信号出现不会产生伤害后仍比控制组更多地进行躲避, 因此得分更少。对于啮齿动物的实验显示, 可能由于中脑部调控厌恶条件作用 (Aversive Conditioning) 的阿片受体在阿片激动剂的作用下活性降低, 因此规避反应无法消退 [11]。

2.2 异常规避行为的后果

如果给抑郁组和无抑郁组作抑制 / 激活系统量表评分比较, 抑郁组的 BIS (Behavioral Inhibition System) 得分高于无抑郁组。而 Scholten (2006) 研究发现 [12], 精神分裂症患者中 BIS 高的患者心率加快、心率变异性降低, 这两种现象已被证实和规避行为有关 [13], 对危险的感知比较强, 病程更长, PANSS 中阴性症状更轻。这说明回避机制过于激烈容易发生在抑郁等精神障碍的患者身上。

2.3 异常规避行为的治疗

认知偏差矫正 (Cognitive Bias Modification, CBM) 和镇定剂是异常规避行为的常用治疗手段。以往的研究发现, 认知偏差矫正促使受试者对社会情景做出更积极的解释, 对规避机制过弱有治疗作用 [14]。但是持续时间有待确定, 且未发现 CBM 对社会焦虑有治疗作用。人际与社会节律疗法可以使受试者处理日常事务的时间增加, 能够有效预防未来的情感事件 [15], 但其治疗效果和年龄等因素有关。镇定剂仍是双向情感障碍的常用预防性药物, 但其多有严重的不良反应 [16]。

3 经颅磁刺激的应用及用于治疗异常规避行为的前景

3.1 经颅磁刺激的发展及应用

经颅磁刺激 (Transcranial Magnetic Stimulation, TMS) 是一种建立在电磁诱导的基础上, 模拟大脑血流动力学的神经调控性无创技术。TMS 通过头皮传递电刺激: 电流脉冲通过线圈产生的磁场穿过头皮和头骨, 最终无痛到达大脑内部, 诱导运动皮质区兴奋性改变, 从而诱导大脑活动性改变, 并持续到刺激期以外 [17]。并且, 这种改变具有长期的后效应, 因此 TMS 似乎能够成为神经病学和精神病学疾病的治疗手段。

TMS 通过线圈产生特斯拉的磁场, 1990 年, Tofts 提出中枢神经系统的 TMS 诱导电流分布的模型 [18]。由于快速变换的磁场诱导产生环形电流, 电流流动的平面垂直于磁场, 所以由 TMS 诱导的电流在线圈下方呈环状流动, 如果环形线圈平行地放置在头皮上方, 其产生的电流平面就平行于线圈和头皮。TMS 诱导产生的磁场强度会被脑外组织削弱 (如头皮、头骨、脑脊膜等), 但它诱导的电场仍然足以使其表面的轴突去极化, 同时激活皮层中的网络 [19]。然而, 由于脑灰质的阻抗大于脑白质, 皮层下的结构的电流会弱于表面层, 所以皮层下结构, 如基底神经节和下丘脑不会被 TMS 激活。

皮质区的 TMS 可以导致目标肌肉抽搐, 引起肌电图上动作诱发电位 (MEP)。MEP 通常用来评价皮质脊髓束兴奋性。目前 TMS 的生理机制尚未阐明, 主要的知识信息仍然来自动物研究和海马体切片的体外实验。应用在运动皮层的 TMS 首先激活与大脑表面平行的中间神经元, 锥体细胞的突触激活, 引发在脊柱运动神经元 (也叫皮质脊髓束) 上投射的锥体轴突的抽动减少。由于 TMS 诱导的皮质脊髓抽动, 运动神经元活化引起目标肌肉收缩, 引起 MEP, 肌腹上的表面电极将其记录在肌电图上, MEP 的峰值振幅用于估计皮质脊髓束的兴奋性 [20]。

TMS 刺激按一次发放的脉冲数主要分为三种: ① 单脉冲 (Single Pulse): 用于研究运动阈值 (Motor Threshold) 和光幻视阈值 (Phosphene Threshold)。② 成对脉冲 (Paired Pulse): 由两个连续脉冲通过同样的线圈组成, 通过一个几毫秒的短相互刺激间隔 ISI 或一个数十到数百毫秒的长 ISI 来传递脉冲。用于研

究皮质内网络的抑制性或兴奋性，同时也取决于强度和 ISI 的使用情况，研究皮质内抑制和兴奋机制。③ 重复刺激 TMS (rTMS)：改变和调节皮质活动性，并持续到刺激期之后，是治疗神经和精神疾病的潜在治疗方法，改变皮质脊髓的通路，用于大脑制图基础科学。rTMS 后效应的生理基础没有明确阐述，许多研究都支持一种解释机制，即 rTMS 后效应像动物中的长时期增强 (LTP) 和长时期抑制 (LTD) [21] [22]。TMS 刺激按频率则分为两种：高频率 rTMS 和低频 rTMS。其中，高频率 rTMS 会降低脑血管收缩活动度 (VMR)，而低频 rTMS 则会诱导双侧 VMR 长时间持续增加，但对平均流速 (MFV) 是短时间持续的。而且，由 rTMS 诱导的心率变异性改变表明可能是自主神经系统的调节。

许多 rTMS protocols 反映了不同的后效应。rTMS 的后效应取决于刺激频率和刺激期持续时长 [23]。低频刺激 (< 1 Hz) 有抑制作用，高频刺激 (> 5 Hz) 有兴奋作用。后效应的持续时间似乎与刺激时长成正比，即长时间刺激会诱导一段长时间后效应。

除简单 rTMS protocols 外，新 rTMS protocols 也在不断发展。最常用的是 θ 节律刺激 (TBS)，在动物实验中被用于诱导突触可塑性。TBS 的模式基于大脑的自然状态在海马体中产生 θ 节律。TBS 由爆发的高频刺激组成。简单 rTMS protocols 包括由相同时间间隔分隔的相同的刺激，其效应取决于刺激频率。TBS 包括爆发的高频刺激伴随重复的 200 ms 的 ISI。

TMS 的临床应用也处于发展之中。在患图雷特氏综合症的儿童中，用 rTMS 针对皮质的辅助运动区 (SMA) 进行治疗，可以缓解抽搐症状 [24]。rTMS 对抑郁症有很好的治疗效果，多组随机对照实验和发表的文献支持 rTMS 抗抑郁治疗的安全性和有效性 [25]。rTMS 可治疗难治性抑郁症，以静息状态网络为基础的生物标志物可预测 rTMS 的治疗效果 [26]。酒精依赖可能导致脑血流动力学参数的改变，可通过高频 rTMS 应用改善 [27]。在随机对照实验中，在酒精依赖个体中大脑中动脉 (MCA) 的搏动指数 (PI) 和大脑前动脉 (ACA) 的阻力系数 (RI) 都会增加，而健康对照组仍维持正常。在高频 rTMS 治疗组中，可观察到 MCA 和 ACA 中的平均流速 (MV)、PI 和 RI 均有明显改变，而假 rTMS 治疗组变化并不明显。

3.2 rTMS 治疗异常规避行为的前景

rTMS 作为一种无创性的,能对清醒病人的大脑进行集中刺激 [28] 并引起大脑皮层兴奋性的长期性改变的干预方法 [29],已经成为多种神经和精神疾病的治疗手段。在抑郁症尤其是难治性抑郁症的治疗方面也通过多种机制取得了显著的效果,成为抑郁症尤其是难治性抑郁症的主流治疗手段之一。目前有证据支持,针对前额叶区域的 rTMS 对抑郁症中的规避行为也有潜在疗效。

前额叶在规避行为的形成中起到了重要的作用。规避行为是个体在意识到某一行为的风险时决策的结果,而前额叶在决策中起到了重要的作用。内侧前额叶是注意力的神经基础,影像学研究表明,目标导向性注意力与额叶视区功能有关 [30] [31];而刺激引发性注意力与内侧前额叶活动有关 [32] [33] [34]。而这两种注意力又统一于额下回交界的功能 [35]。由此可见,前额叶对生物所能意识到的信息有较大的影响。还有一项实验对腹侧前额叶进行 TMS 刺激,发现腹侧前额叶具有将注意力选择性地分配到不同信息上从而保证回应准确性的作用 [36] [37]。并且,在针对灵长类动物的一些电生理和损伤实验中发现,前额叶还起到积累与决策相关的信息 [38] [39] [40] [41] [42] [43]、根据目标任务对信息进行分类 [44] [45] [46] 以及储存信息的作用 [47] [48] [49] [50]。而在面对风险时,前额叶对决策行为的影响也显得较为突出。一系列实验让受试者在 EEG 检测下进行风险决定,发现越是倾向于承担风险的个体,其左右脑前额叶在静息状态下活动强度的不对称性越高 [7] [51];并且前额叶 θ 波段活动越弱 [48] [49]。还有研究表明,进行风险任务之前,右脑前额叶皮层基线活动水平越高,受试者承担风险的意愿越低 [52]。前额叶的多个子区域都与风险决策有关:一系列基于风险任务的影像学研究发现,背侧前额叶能实现对不同选项的评估 [53],右脑背侧前额叶还能在风险背景下实现对回应行为的抑制和控制 [54] [55] [56]。腹内侧前额叶皮层则参与收集对决策有影响的来自机体的信号,储存与选择有关的信息 [55],对由决策导致的不利结果做出反应,从而指导下一次决策。在对青少年的研究中发现,受试者做出较安全的决定时,腹侧前额叶和内侧前额叶的活动增强 [56]。而一些损伤研究则表明相应脑区的结构和功能改变会导致决策偏向性,增加高风险行为 [57] [58] [59] [60]。这些结果显示,利用低频 rTMS 调节前额

叶的活动强度具有调节规避行为的可能。

其次,通过干预前额叶功能来调节个体在面对风险时的决策行为的可行性也得到了一系列实验的证实。一些实验将经颅直流电刺激作为干预手段,对右脑背侧前额叶进行阳极经颅直流电刺激,对左脑背侧前额叶进行阴极经颅直流电刺激,从而增强右脑背侧前额叶活动,减弱左脑背侧前额叶活动,能使个体倾向于更安全的选择且对高风险行为可能带来的奖励不敏感〔60〕〔61〕;还有实验进一步表明,在奖励框架(Gain Frame)下通过阳极经颅直流电刺激增强右脑背侧前额叶活动会降低受试者对风险的规避,而在损失框架(Loss Frame)下则会增强受试者对风险的规避〔62〕;而对双侧背侧前额叶的经颅阳极直流电刺激则会进一步增加受试者对风险的规避〔63〕。然而,有实验得出通过经颅直流电刺激增强左或右脑背侧前额叶功能都对受试者的风险规避意愿没有影响的结论〔64〕。结论的不统一可能是由于任务设置、奖励与损失框架等的不同以及样本量过小,对刺激引起变化的范围界定不清等原因造成〔64〕。将rTMS作为干预手段的可行性也得到了实验支持,对右脑背侧前额叶进行高频rTMS以增强其活动能减少可卡因上瘾者的吸食可卡因这一高风险决定〔65〕;而对左脑背侧前额叶进行抑制性的低频rTMS则导致冰毒成瘾者对冰毒的线索引发性渴望增强从而增加吸食冰毒这一高风险行为〔28〕。而在另一项以正常人群为对象的实验中,对右脑背侧前额叶进行低频rTMS以暂时干扰其功能则会增加受试者的风险行为〔66〕。这些实验作为实例和额叶在风险决策中起到的关键作用都表明了通过对前额叶的干预治疗规避行为的可行性。

另外,还有一些行为学实验通过药物或酒精成瘾者和正常人群的对比,发现右侧脑岛中部(Right Mid-insula)活动的增强会增加采取风险行为,并推测脑岛活动增强会干扰对风险决定可能导致的消极后果的预测〔67〕〔68〕。而另一些基于风险任务(Risk Task)的行为学实验则发现前扣带回(Anterior Cingulate Cortex)中的风险预测偏差(Risk Prediction Error)使其具有减少风险行为倾向的作用〔69〕〔70〕。这些结果表明,大脑皮层还有更多区域可以利用rTMS来干预规避行为,从而再一次说明了这一干预手段的应用前景。

4 总结

规避行为作为生物生存至关重要的一种生理机制，其形成和调节所涉及的结构和机制繁多，包括前脑、中脑和脑白质中组成大脑奖赏/惩罚系统的多个脑区和条件反射机制，因而这一机制异常所涉及的病理机制也较为复杂，使得干预难度增加，目前的药物和行为治疗仍不尽如人意。而 rTMS 作为一种在精神和神经疾病中已经得到较为广泛应用的无创干预手段，其作为异常规避行为为干预方式的可行性得到了神经基础和实验证据的支持，具有一定的应用前景。

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