

Supplementary Materials

Cognitive dysfunction and anxious-impulsive personality traits are endophenotypes for drug dependence

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Supplementary Methods

Study sample

Consistent with previous research (25, 26, 112), a considerable number of drug-dependent individuals also met criteria for major depression (44%) and/or anxiety disorder (42%). Two drug-dependent individuals (4%) satisfied the diagnostic criteria for obsessive-compulsive disorder and one drug user was HIV positive. There were correspondingly higher levels of concomitant medication prescribed to the drugs users and their siblings than to the healthy volunteers. Thus, four drug-dependent individuals (8%) were prescribed d-amphetamine and twenty-three drug-dependent individuals (46%) received methadone on prescription. Further concomitant medication in the drug user group was as followed: antidepressants (serotonin-reuptake inhibitors: 16%, tricyclic antidepressants: 10%), benzodiazepines (diazepam 8%), medication for hypertension (telmisartan 2%, propranolol 2%) or pain relief (gabapentin 4%), and agents for the treatment of asthma (beclomethasone 4%), HIV (abacavir/lamivudine 2%), or heartburn (omeprazole 2%).

Affective disorders were also present in the sibling group: three siblings had a current diagnosis of major depressive disorder (6%) and 12 had an anxiety disorder (24%). Two siblings were currently prescribed antibiotics (4%), another two were taken medication against heartburn (4%). There were no axis I disorders in the control group; one control volunteer received treatment for asthma (beclomethasone), another was receiving medication for heartburn (omeprazole), and one control volunteer was receiving antibiotics for the treatment of acne. We deliberately specified the eligibility criteria to be minimally exclusive because minor psychopathology in relatives or co-morbidity in drug-dependent individuals may be clinical markers of genetic risk and the identification of endophenotypes will not benefit from exclusion of high-risk individuals.

During the assessment session, all participants were asked whether anyone (or anyone else) in their family uses drugs or drinks heavily. If this was the case, participants were asked whether the use was problematic and why. The sibling pairs were assessed simultaneously but separately from each other and their reports about parental drug use concurred in all 50 pairs.

Some individuals in the sibling or volunteer groups were tobacco smokers (siblings: 54% current, 38% past tobacco smokers; volunteers: 12% current, 46% past tobacco smokers) and reported recreational use of cannabis (siblings: 10% current, 66% past; volunteers: 22% past). All urine screens provided by siblings and healthy volunteers were negative for drugs of abuse

Figure S1: Recruitment process: Stimulant-dependent individuals with a biological sibling were either referred by treatment services or self-referred to the study. The two most common reasons for the exclusion of the stimulant-dependent individuals were a non-biological sibling or a co-morbid psychotic disorder. Only stimulant-dependent individuals, who passed the screening process with regard to inclusion/exclusion criteria, were asked to contact one sibling to consider participation. The most common reason for exclusion for siblings was alcohol abuse. Healthy control volunteers were recruited through local advertisements also underwent a careful screening process. The two most common reasons for exclusion were current treatment with antidepressants or a family history of mental health problems. Healthy volunteers were matched as closely as possible to the sib-pairs with regard to age, gender and education level.

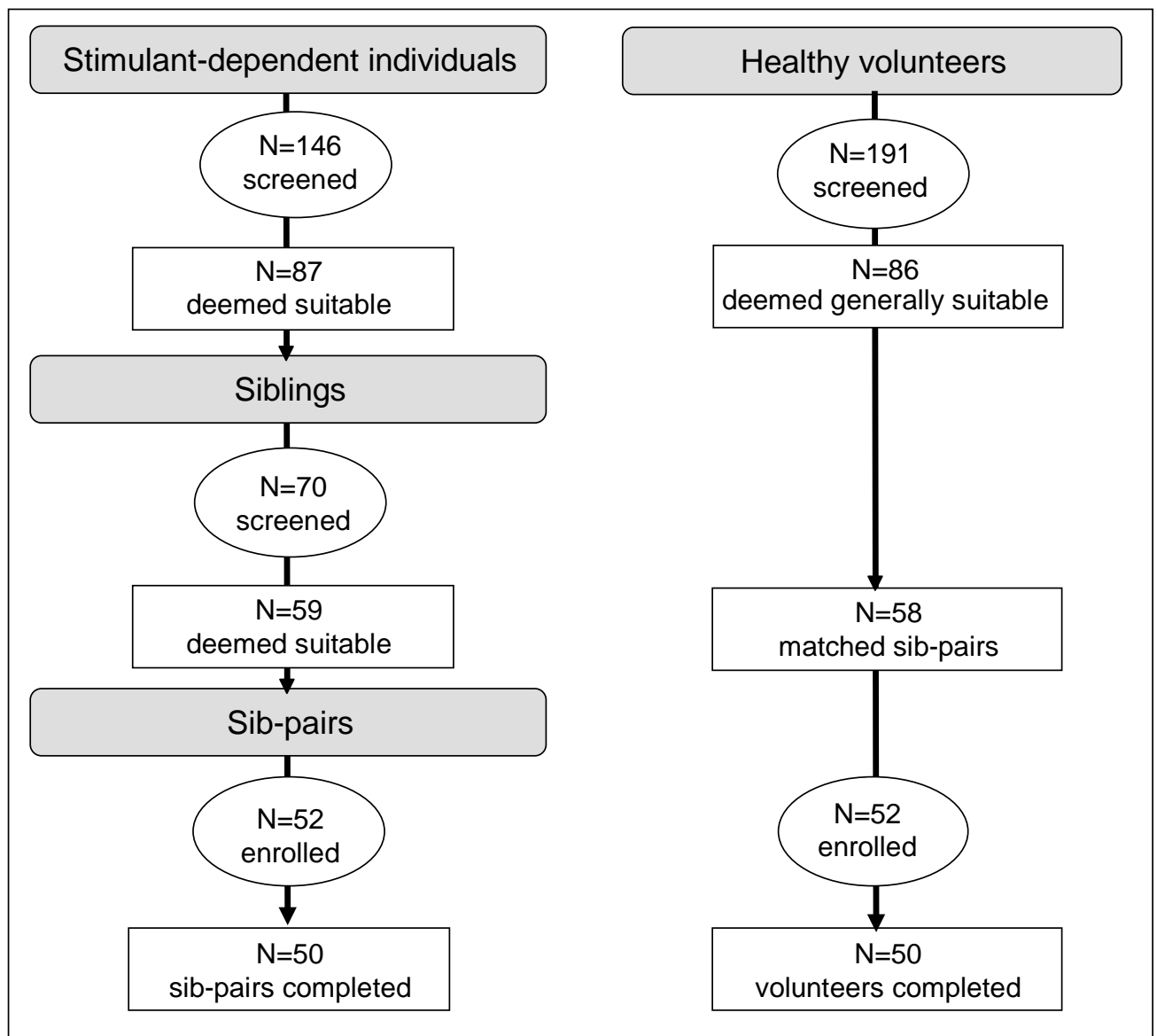


Table S1: Correlation Matrix

		Executive function	Visual memory	Attention	Response control	Emotional functioning	Psychosocial functioning	Impulsive-Compulsive	Self-evaluation traits
Executive function	Pearson <i>r</i>	1.000	0.108	0.143	0.319	0.416	0.313	-0.341	0.236
	<i>P</i>		0.190	0.085	<0.001	<0.001	<0.001	<0.001	0.004
Visual memory	Pearson <i>r</i>	0.108	1.000	-0.007	0.055	0.114	-0.025	-0.077	0.120
	<i>P</i>	0.190		0.937	0.505	0.165	0.766	0.348	0.145
Attention	Pearson <i>r</i>	0.143	-0.007	1.000	0.315	0.040	0.052	0.035	0.173
	<i>P</i>	0.085	0.937		<0.001	0.630	0.530	0.677	0.037
Response control	Pearson <i>r</i>	0.319	0.055	0.315	1.000	0.240	0.169	-0.128	0.193
	<i>P</i>	<0.001	0.505	<0.001		0.003	0.040	0.121	0.018
Emotional functioning	Pearson <i>r</i>	0.416	0.114	0.040	0.240	1.000	0.507	-0.479	0.585
	<i>P</i>	<0.001	0.165	0.630	0.003		<0.001	<0.001	<0.001
Psychosocial functioning	Pearson <i>r</i>	0.313	-0.025	0.052	0.169	0.507	1.000	-0.171	0.421
	<i>P</i>	<0.001	0.766	0.530	0.040	<0.001		0.036	<0.001
Impulsive-compulsive traits	Pearson <i>r</i>	-0.341	-0.077	0.035	-0.128	-0.479	-0.171	1.000	-0.331
	<i>P</i>	<0.001	0.348	0.677	0.121	<0.001	0.036		<0.001
Self-Evaluation traits	Pearson <i>r</i>	0.236	0.120	0.173	0.193	0.585	0.421	-0.331	1.000
	<i>P</i>	0.004	0.145	0.037	0.018	<0.001	<0.001	<0.001	

TABLE S2. Summary of the Neuropsychological Tests Used for the Cognitive Assessment

Domain	Task ^a	Description	Behavioral Variables	Evidence for Impairment Associated With Stimulant Abuse
CANTAB executive function battery	Spatial Working Memory	A self-ordered search task involving a search through a spatial array of colored boxes for tokens, without returning to a box which had already contained a token (76); duration: 8 minutes	Strategy score (a high strategy score reflects an inefficient strategy); total errors; token-search time (ms)	Preclinical (77); clinical (16;18)
	One-Touch Stockings of Cambridge	A spatial planning test involving planning a sequence of moves to achieve a goal arrangement of colored balls without moving the balls (78); duration: 10–15 minutes	Mean attempts to solve planning problems at varying levels of difficulty (easy solutions require 1–2 moves, medium solutions require 2–4 moves, hard solutions require 5–6 moves of mental planning)	Preclinical (79); clinical (15;16)
CANTAB visual memory battery	Pattern Recognition Memory	A two-choice test of abstract visual pattern recognition memory (80); duration: 5 minutes plus 25-minute delay	Percentage correct; response time (ms)	Preclinical (79); clinical (15)
	Paired Associates Learning	A test of episodic memory which involves the learning of spatial locations of geometric visual patterns (81); duration: 10–15 minutes	First trial memory score (sum of patterns correctly located after first presentation); total trials needed to learn the paired associates; total errors made to learn the paired associates	Preclinical (82); clinical (15;18)
CANTAB attentional battery	Reaction Time	A reaction time task which uses a procedure to separate response latency from movement time (83); duration: 5 minutes	Accuracy score; premature responses; response time (ms)	Preclinical (84;85); clinical (86)
	Rapid Visual Information Processing	A test of sustained attention in which infrequent 3-digit sequences have to be detected from among serially presented digits (87); duration: 8 minutes	A' (target sensitivity, a measure of discriminability between signal and noise; scores range from –1 to 1, with 0.5 equal to chance; higher A' indicate better target discrimination); B'' (response bias, a measure of an individual's response strategy (liberal versus conservative); scores range from –1 to 1); commission errors (incorrectly identified targets); omission errors (missed targets); response time (ms)	Preclinical (88); clinical (18;21)
Response Control	Stop-Signal Task	A test of response inhibition which uses staircase functions to generate an estimate of stop signal reaction time. Stop signals are presented such that the probability of successful inhibition is approximately 50% (89;90); duration: 20 minutes	Percent of successful stop trials; reaction time on successful go trials (ms); reaction time following stop trials (ms); SSRT (measure of response inhibition)	Preclinical (91;92); clinical (21;93-95)

^a The tasks were administered to all participants approximately 2 hours after their arrival in the following order: Pattern Recognition Memory (immediate), Rapid Visual Information Processing, Spatial Working Memory; Reaction Time, Pattern Recognition Memory (delay), Paired Associates Learning, and One-Touch Stockings of Cambridge; the Stop-Signal Task was administered approximately 2 hours later.

TABLE 3. Summary of the Measures of Clinical, Emotional, Psychosocial, and Personality Assessment in a Study of Endophenotypes for Drug Dependence^a

Clinical Assessment	Abbreviation	Description
Structured Clinical Interview for DSM-IV-TR (42)	SCID	Diagnostic examination used to determine DSM-IV axis I and axis II disorders.
Drug Abuse Screening Test (44)	DAST-20	A quantitative index of whether a person's drug use is harmful or not. A cutoff score greater than 5 indicates probable drug abuse.
Alcohol Use Disorders Identification Test (45)	AUDIT	A quantitative index of whether a person's alcohol consumption is harmful. A cutoff score greater than 8 indicates probably alcohol abuse.
National Adult Reading Test (96)	NART	Estimation of premorbid intelligence levels of English-speaking individuals.
Childhood Trauma Questionnaire (97)	CTQ	Assessment of childhood maltreatment with regard to sexual, physical, and emotional abuse; emotional and physical neglect. The cutoff scores for the three abuse subscales are: for emotional abuse ≥ 13 , for physical abuse ≥ 10 , and for sexual abuse ≥ 8 .
Emotional Functioning		
Beck Depression Inventory-II (98)	BDI-II	Index of depression severity; cut off scores for mild (14–19), moderate (20–28) severe depression (29–63)
Snaith-Hamilton Pleasure Scale (99)	SHAPS	A quantitative index of the presence and severity of anhedonia; cut-off score: ≥ 3
Spielberger Anxiety Inventory (100)	STAI	A quantitative index of the general propensity to be anxious (STAI-T) and a temporary state of feeling anxious (STAI-S). Cut-off score for clinically-relevant anxiety: >40
Perceived Stress Scale (101)	PSS-14	A quantitative index of the degree to which situations are appraised as stressful. Higher scores reflect higher levels of stress.
Psychosocial Functioning		
Community Integration Questionnaire (102)	CIQ	A quantitative index of an individual's integration into home and family life, social activity, and productive activity. Higher scores reflect better integration.
Impulsive and Compulsive Traits		
Barratt Impulsiveness Scale, Version 11 (103)	BIS-11	A quantitative index of trait-impulsivity. Scores are summed to yield one total score of the subscales for attention, motor behavior, nonplanning. Higher scores reflect greater levels of impulsivity.
Sensation-Seeking Scale, Form V (104)	SSS-V	A quantitative index of sensation-seeking. Scores are summed to yield one total score of the subscales for thrill and adventure seeking, experience seeking, disinhibition, boredom susceptibility. Higher scores reflect greater levels of sensation-seeking traits.
Behavioral-Approach/Behavioral Inhibition Scale (105)	BIS/BAS	The BIS items assess behavioral tendencies in the anticipation of punishment and the BAS items assess behavior in the anticipation of rewarding outcomes.
Padua Inventory for Obsessive-Compulsive Symptoms (106)	PI-WSUR	A quantitative index of common obsessional and compulsive behaviors. Scores are summed to yield one total score of the subscales for thoughts of harming self/others, impulses to harm self/others, contamination / washing, checking compulsions, and dressing/grooming. Higher scores reflect higher symptom levels.
Self-Evaluation traits		
General Self-Efficacy Scale (107)	GES	A quantitative index of a person's optimistic self-beliefs to cope with daily hassles and life events. Higher scores reflect higher levels of self-efficacy.
Social Comparison Rating Scale (108)	SCRS	A measure that uses the semantic-differential approach to assess how individuals evaluate themselves in relation to others. Higher scores reflect a better assimilation / more similarities with others.

Internal-External Scale (109) I-E A quantitative index of the degree to which a person feels that rewards in life are contingent on his/her own behavior or are controlled by external forces^a. Higher scores reflect more external control beliefs.

^a The three items of the Internal-External Scale referring to situations at school have been found inappropriate for adults(110;111) and were therefore removed from the scale.

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