



Review

Electroencephalography of response inhibition tasks: Functional networks and cognitive contributions

René J. Huster^{a,*}, Stefanie Enriquez-Geppert^a, Christina F. Lavalée^a, Michael Falkenstein^b, Christoph S. Herrmann^a^a Experimental Psychology Lab, Carl von Ossietzky University, Oldenburg, Germany^b Leibniz Research Centre for Working Environment and Human Factors (IfADo), Dortmund, Germany

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ABSTRACT

Response inhibition paradigms, as for example stop signal and go/no-go tasks, are often used to study cognitive control processes. Because of the apparent demand to stop a motor reaction, the electrophysiological responses evoked by stop and no-go trials have sometimes likewise been interpreted as indicators of inhibitory processes. Recent research, however, suggests a richer conceptual background. Evidence denotes an association of a frontal-midline N200/theta oscillations with premotor cognitive processes such as conflict monitoring or response program updating, and an anterior P300/delta oscillations with response-related, evaluative processing stages, probably the evaluation of motor inhibition. However, the data are still insufficient to unambiguously relate these electroencephalographic measures to specific inhibitory functions. Beta band activity only recently has become a focus of attention in this task context because of its association with the motor system and regions involved in inhibitory control. Its functional role in response inhibition tasks needs further exploration though. Hence, as things stand, any deduction of differences regarding actual inhibitory capabilities or loads between subject groups or conditions based on electroencephalographic measures has to be treated with caution.

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1. Introduction

Human cognition and behavior vary dramatically from one moment to the other. These variations of course are not exclusively driven by the outcome of a random process, but rather reflect our ability, and the necessity, to adapt to an ever-changing environment and to adjust or maintain our goals accordingly. A broad class of processes, altogether often referred to as cognitive control, render such flexibility possible by supporting goal and stimulus-response representations, issuing task processing strategies or attentional allocation, or by managing interferences in information processing and inhibition of inappropriate response tendencies. Inhibitory mechanisms, especially, have gained much interest due to their putative relevance for a variety of mental disorders such as attention deficit/hyperactivity disorder, schizophrenia or psychopathy. Response inhibition paradigms are often used to study

inhibitory control in both healthy subjects and patient groups. Here, not only behavioral performance measures but also electroencephalographic variables are often considered immediate indicators of inhibitory processes.

This review summarizes studies utilizing go/no-go and stop signal tasks and electroencephalography (EEG) to explore the cognitive processes underlying response inhibition. First, the electrophysiological phenomena associated with these tasks will thoroughly be assessed, accompanied by a description of anatomical networks contributing to the generation of these EEG signals. Then, we will examine EEG effects from experiments that investigated motor inhibition and will assess their behavioral relevance. A number of theories already exist that try to link event-related potentials (ERP) and EEG oscillations to cognition and behavior; thus, a section of this review is devoted to these frameworks. Integrating the reviewed information, we arrive at the conclusion that commonly postulated associations of EEG measures and inhibitory mechanisms are only insufficiently supported. Relevant implications for cognitive and clinical neuroscience are shortly discussed and some recommendations for future ventures are provided.

1.1. Go/no-go and stop signal task characteristics

Most response inhibition paradigms impose the need to adjust response strategies in a multi-tasking situation. Subjects are required to

Abbreviations: aMCC, anterior midcingulate cortex; BA, Brodmann area; CPT, continuous performance test; EEG, electroencephalography; ERP, event-related potential; fMRI, functional magnetic resonance imaging; HD, Huntington's disease; IFC, inferior frontal cortex; MCC, midcingulate cortex; PD, Parkinson's disease; pMCC, posterior midcingulate cortex; preSMA, pre-supplementary motor area; SSRT, stop signal reaction time; TMS, transcranial magnetic stimulation.

* Corresponding author at: Experimental Psychology Lab, Institute for Psychology, Carl von Ossietzky Universität Oldenburg, Germany. Tel.: +49 441 798 4612; fax: +49 441 798 3865.

E-mail address: rene.huster@uni-oldenburg.de (R.J. Huster).

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