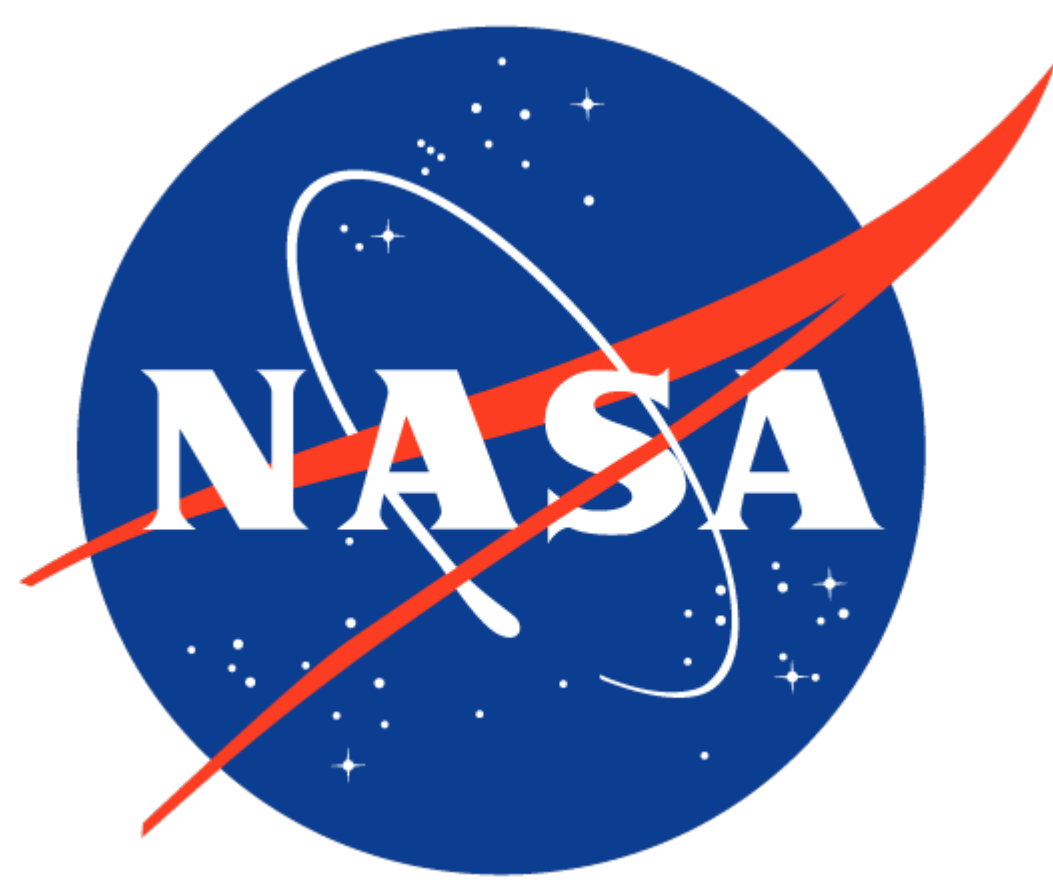


Impairment of Human Ocular Tracking with Low-Dose Alcohol

Terence L Tyson (SJSUF), Nathan H Feick (SJSUF), Dr. Patrick F Cravalho (SJSUF), Tiffany Tran (SJSUF), Dr. Erin Flynn-Evans (NASA), Dr. Leland Stone (NASA)

Previous studies have documented adverse effects of alcohol on oculomotor performance. For example, moderate-dose alcohol (yielding a Blood Alcohol Concentration or BAC of 0.04-0.1%) has been shown to decrease steady-state pursuit gain (Fransson et al., 2010, *Clin Neurophysiol*, 121(12): 2134; Moser et al., 1998, *J Neurol*, 245(8): 542; Roche & King, 2010, *Psychopharmacology*, 212(1): 33), to increase saccade latency (Moser et al., 1998, *J Neurol*, 245(8): 542; Roche & King, 2010, *Psychopharmacology*, 212(1): 33), to decrease peak saccadic velocity (Fransson et al., 2010, *Clin Neurophysiol*, 121(12): 2134; Roche & King, 2010, *Psychopharmacology*, 212(1): 33), and to increase the frequency of catch-up saccades (Moser et al., 1998, *J Neurol*, 245(8): 542). Here, we administered two doses of ethanol on different days, yielding moderate (0.06%) and low (0.02%) levels of initial BAC, to examine the effects on human ocular tracking over BACs ranging from 0.00 to 0.07%. Twelve subjects (8 females) participated in a 5-day study. Three days of at-home measurements of daily activity and sleep were monitored, followed by two laboratory days where, ~5 hours after awakening, we administered one of the two possible single doses of alcohol. Using a previously published paradigm (Liston & Stone, 2014, *J Vis*, 14(14): 12), we measured oculomotor performance multiple times throughout the day with three pre-dosing baseline runs and bi-hourly post-dosing test runs until the subject recorded a BAC of 0.00% for two hours. BAC was measured before each run using an Alco-Sensor IV breathalyzer (Intoximeters, Inc., St. Louis, MO). For each of the oculometric measures, for each subject, we computed the within-subject % deviation for each test run from their baseline averaged across their three pre-dosing runs. We then averaged the data across subjects in 0.01% BAC bins. Finally, we used linear regression to compute the slope and x-intercept (threshold) of the mean binned % deviation as a function of BAC. We found that pursuit initiation was impaired at very low BAC levels, with significant ($p < 0.002$) linear trends in latency (+1.3%/0.01%BAC) and initial acceleration (-4.6%/0.01%BAC) with extrapolated absolute thresholds at or below 0.01% BAC. We also found that steady-state tracking was impaired showing significant ($p < 0.002$) linear trends in gain (-3.8%/0.01%BAC) and catch-up saccade amplitude (+9.1%/0.01%BAC), again with extrapolated absolute thresholds around 0.01% BAC. We also found a significant ($p < 0.02$) increase in pursuit direction noise (+9.8%/0.01%BAC) with

an extrapolated absolute threshold below 0.01% BAC. Many aspects of ocular tracking are impaired in a dose-dependent manner beginning at a BAC level around 0.01%, with significant effects at levels lower than previously reported and up to 8-times lower than the legal limit for driving in most states.



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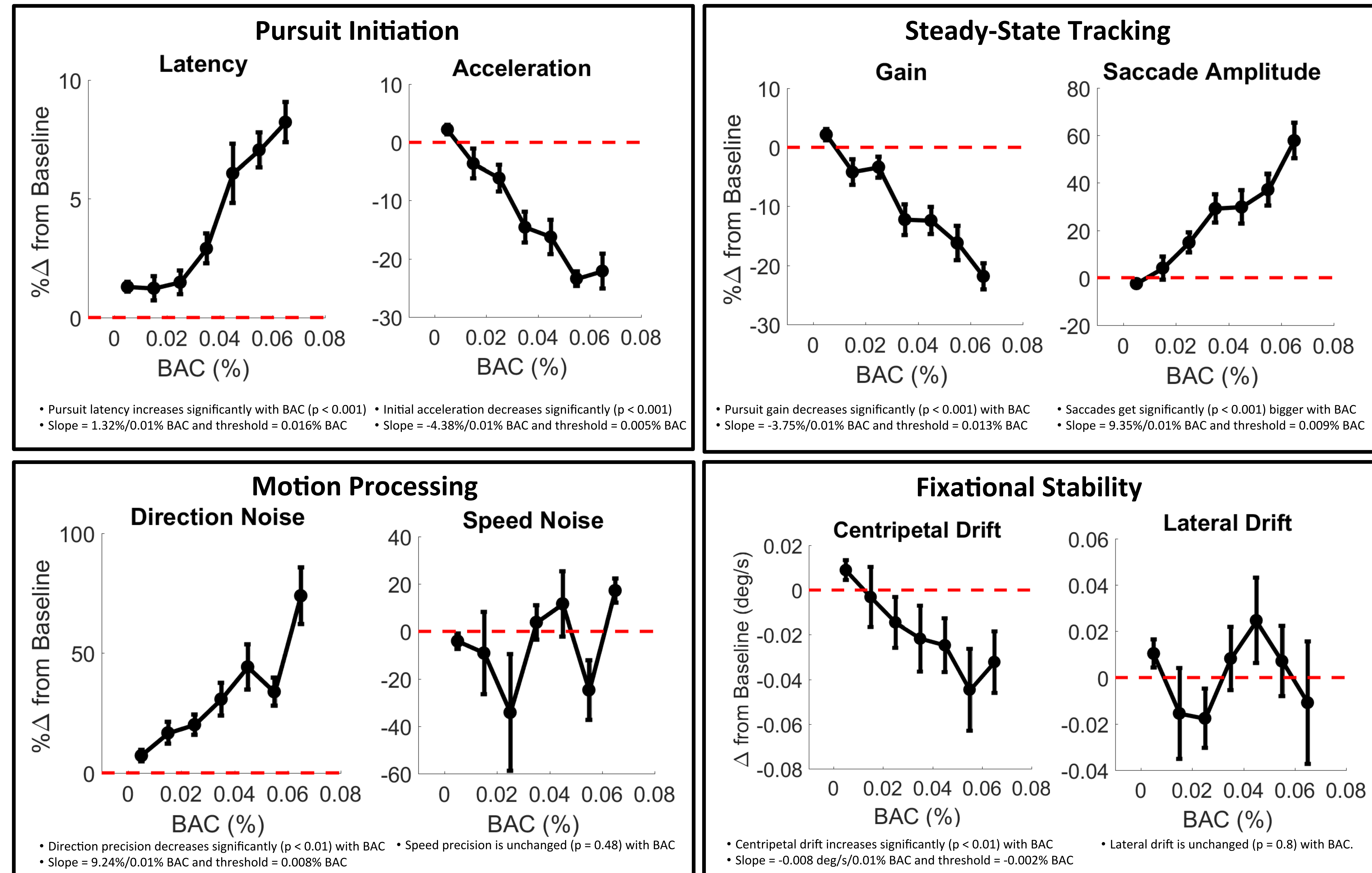
INTRODUCTION

Previous studies have shown that some features of oculomotor performance are impaired at or slightly below the driving legal limit of most U.S. States (0.08% BAC). Specifically, alcohol impairs saccade latency (Moser et al., 1998; Roche & King, 2010), saccadic velocity (Fransson et al., 2010; Roche & King, 2010), and steady-state tracking (Fransson et al., 2010; Moser et al., 1998; Roche & King, 2010) at levels between 0.04% and 0.1% BAC. Here we used a suite of standardized oculometric measures (see Liston & Stone, 2014) to examine the effect of low levels of alcohol (down to 0.01% BAC) to assess the impact on dynamic visual processing and oculomotor control (Stone & Krauzlis, 2003; Krukowski & Stone, 2005; Stone et al., 2009). We found that very low levels of alcohol generate significant impairment in visual motion processing and pursuit.

METHODS

- 13 healthy participants (8 females, mean age \pm SD = 25.2 \pm 2.1 years) with normal or corrected-to-normal acuity.
- 3-day at-home pre-study schedule including 8.5 hours in bed at night with regular timing verified by actigraphy, call ins, and sleep logs.
- 2-day laboratory study where subjects consumed a single low-dose of ethanol (40% ABV Vodka mixed with juice), with three pre-dose and 6-9 post-dose oculomotor testing sessions using a 5-minute Rashbass-like ocular tracking task (Krukowski & Stone, 2005).
- Subjects were asked to track radial step-ramp motion of a small spot in a random direction (90 trials sampling directions around the full circle every 4°) with randomized fixation duration (i.e., target motion onset) thus generating large spatial, directional, and temporal uncertainty in the stimulus trajectory.
- We computed 21 largely independent measures of oculomotor performance, plotted mean \pm SEM across subjects, and used linear regression to quantify the slope and threshold of any deviation from baseline.

RESULTS



CONCLUSIONS

- Visuomotor performance is significantly impaired in a dose-dependent manner at BAC levels starting as low as 0.01%, which is 8-times lower than the legal limit for operating a motor vehicle in most States.
- For most metrics of pursuit, saccades, fixation, and visual motion processing, performance deficits increase quasi-linearly by between 1.3% and 9.4% for each 0.01% increase in BAC.

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