

Unhealthy lifestyle is associated with risk-taking in traffic and moderated by the serotonin transporter gene promoter polymorphism

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Introduction

- Road traffic injuries are a serious public health issue.
- Risk-taking behaviour has been associated with impulsivity and aggression and so is unhealthy lifestyle (alcohol/drug abuse, smoking, greater fast-food consumption).
- Impulsive behaviour has been associated with low capacity of the central serotonergic system. Serotonin transporter gene promoter polymorphism (5-HTTLPR) [1] has been associated with impulsivity, alcohol use, speed limit exceeding and traffic accidents [2,3].

The aim

- Find out whether subjects with less healthy lifestyles take more risks in traffic and whether impulsivity and the serotonin transporter genotype could mediate or moderate any such associations.

Figure 1. Schematic representation of the study concept.

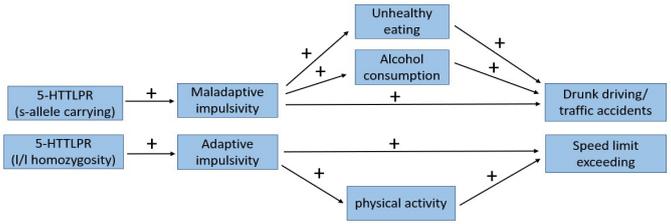


Table 2. Comparison of demographic and traffic behaviour variables between speed limit exceders (n=137) and subjects with no speeding ticket (n=680).

Independent variable	Subjects with no speeding ticket	Speed limit exceders
Sex, male % (n)	42.5 (289)	82.5 (113)***
Age, mean (SD)	35.9 (12.0)	39.8 (14.0)**
Healthy eating, mean (SD)	9.5 (2.5)	9.4 (2.4)
Junk food consumption, mean (SD)	3.8 (1.0)	4.0 (1.1)
Energy drink consumption, once a week or more, % (n)	7.5 (51)	14.6 (20)**
Alcohol problems (AUDIT), mean (SD)	4.6 (4.5)	5.6 (4.7)*
Vigorous physical activity, hours per week, mean (SD)	3.7 (6.4)	5.7 (7.0)**
BMI (body mass index), mean (SD)	25.2 (5.0)	26.7 (5.8)**
Fast decision making, mean (SD)	17.9 (4.6)	20.0 (4.5)***
Excitement seeking, mean (SD)	18.8 (5.2)	21.7 (4.6)***
Physical aggression (Buss-Perry), mean (SD)	14.5 (5.0)	17.1 (5.9)***
Verbal aggression (Buss-Perry), mean (SD)	12.3 (3.6)	14.0 (4.0)***
Driver anger score (DAS 33), mean (SD)	55.7 (26.4)	64.6 (24.7)**
Traffic accidents, % (n)	22.2 (151)	52.6 (72)***
Traffic violations (DWI), % (n)	1.5 (10)	5.8 (8)**
Traffic violations (other), % (n)	14.7 (100)	47.4 (65)***

* p < 0.05, ** p < 0.01, *** p < 0.001 statistically significant difference.

Figure 2. Path analysis model for drunk driving (DWI; males, n = 402)

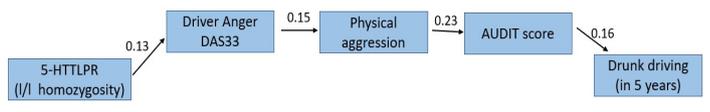
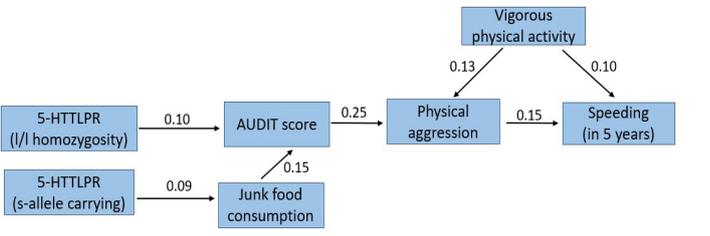


Figure 3. Path analysis model for speeding (n = 817)



A sub-sample (n = 817, 49.2% males and 50.8% females) of the Estonian Psychobiological Study of Traffic Behaviour (EPSTB [2;3;4] with mean age (SD) = 36.6 (12.4) years participated in this study. Subjects filled in:

- Eating questionnaire;** Subjects answered questions about the frequency (1 – 7, from never to several times in a day) of eating different foods and drinking energy drinks (n=816). As an indicator of unhealthy eating, we used the sum of scores of french fries and hamburgers (junk food consumption). As an indicator of healthy eating, we used the sum of scores of fruit/berries and vegetables.
- The Alcohol Use Disorders Identification Test (AUDIT)** was used to identify subjects who have problematic alcohol consumption (n=744).
- Physical activity and body mass index.** We asked subjects how much time they spent in the past week (hours per week) on vigorous physical activity (activities that require great physical energy and make the subject breathe a lot faster than regularly (e.g. doing hard work, exercising); (n=812). In addition, body mass index (BMI) was calculated by data provided by subjects about their height and weight (BMI = kg/m², n=777).
- Adaptive and Maladaptive Impulsivity Scale** with 24 items was used to measure different facets of impulsivity (adaptive impulsivity: fast decision-making and excitement seeking; maladaptive impulsivity: disinhibition and thoughtlessness; n = 772).
- Buss - Perry Aggression Questionnaire** [5] with 29 items was used to measure aggression, anger and hostility (n = 744).

Data about **traffic accidents and violations** (driving while intoxicated by alcohol (DWI), speeding, other violations) during a 5-year period from Estonian Traffic Insurance Fund and Estonian Police and Border Guard Board databases (n=817).
5-HTTPR were genotyped: n = 644; l/l' 32.0%; s/l' 49.2%; s/s' 18.8%; l/l homozygotes were compared with the s' allele carriers.

Results

Table 1. Comparison of demographic and traffic behaviour variables between subjects with DWI (n = 18) and subjects with no DWI violations (n=799).

Independent variable	No DWI	DWI
Sex, male % (n)	48.2 (385)	94.4 (17)***
Age, mean (SD)	36.5 (12.4)	40.9 (13.2)
Healthy eating, mean (SD)	9.5 (2.4)	8.0 (1.9)**
Junk food consumption, mean (SD)	3.9 (1.0)	4.2 (1.6)
Energy drink consumption, once a week or more, % (n)	8.6 (69)	11.1 (2)
Alcohol problems (AUDIT), mean (SD)	4.7 (4.4)	9.7 (8.2)*
Vigorous physical activity (hours per week) mean (SD)	4.0 (6.5)	4.7 (8.0)
BMI (Body mass index), mean (SD)	25.4 (5.1)	26.8 (5.1)
Thoughtlessness, mean (SD)	15.0 (4.8)	16.1 (4.9)
Disinhibition, mean (SD)	17.2 (4.5)	19.2 (4.2)
Physical aggression (Buss-Perry), mean (SD)	14.8 (5.1)	19.2 (7.6)***
Verbal aggression (Buss-Perry), mean (SD)	12.6 (3.7)	14.3 (4.5)
Driving anger score (DAS 33), mean (SD)	57.2 (26.4)	69.5 (15.0)*
Traffic violations (speeding), % (n)	16.1 (129)	44.4 (8)**
Traffic violations (other), % (n)	19.0 (152)	72.2 (13)***

* p < 0.05, ** p < 0.01, *** p < 0.001 statistically significant difference.

Conclusions

- Significant associations exist between risky traffic behaviour and aspects of lifestyle such as consumption of alcohol or junk food or energy drinks, as well as engagement in vigorous physical activity.
- Traits such as aggressiveness and the variation in the serotonergic system appear as mediating and moderating factors of these associations.

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Declaration of conflicting interests

The authors declare that they have no conflicts of interest.

References

[1] Lesch, K.-P., Bengel, D., Heils, A., Sabol, S.Z., Greenberg, B.D., Petri, S., Benjamin, J., Muller, C.R., Hamer, D.H., Murphy, D.L., 1996. Association of Anxiety-Related Traits with a Polymorphism in the Serotonin Transporter Gene Regulatory Region. *Science* 274, 1527–1531. doi:10.1126/science.274.5292.1527

[2] Eensoo, D., Paaver, M., Vaht, M., Loit, H.-M., Harro, J., 2018. Risky driving and the persistent effect of a randomized intervention focusing on impulsivity: The role of the serotonin transporter promoter polymorphism. *Accident Analysis & Prevention* 113, 19–24. doi:10.1016/j.aap.2018.01.021

[3] Luht, K., Tokko, T., Eensoo, D., Vaht, M., Harro, J., 2019. Efficacy of intervention at traffic schools reducing impulsive action, and association with candidate gene variants. *Acta Neuropsychiatrica* 31, 159–166. doi:10.1017/neu.2019.2

[4] Paaver, M., Eensoo, D., Pulver, A., Harro, J., 2006. Adaptive and maladaptive impulsivity, platelet monoamine oxidase (MAO) activity and risk-admitting in different types of risky drivers. *Psychopharmacology* 186, 32–40. doi:10.1007/s00213-006-0325-3

[5] Harro, J., Laas, K., Eensoo, D., Kurrikoff, T., Sakala, K., Vaht, M., Panik, J., Mäestu, J., Veidebaum, T., 2019. Orexin/hypocretin receptor gene (HCRTR1) variation is associated with aggressive behaviour. *Neuropharmacology* 156, 107527. doi:10.1016/j.neuropharm.2019.02.009