The impact of exercise intensity on neurophysiological indices of food-related inhibitory control and cognitive control: A randomized crossover event-related potential (ERP) study

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Abstract

Food-related inhibitory control, the ability to withhold a dominant response towards highly 2 3 palatable foods, influences dietary decisions. Food-related inhibitory control abilities may 4 increase following a bout of aerobic exercise; however, the impact of exercise intensity on both 5 food-related inhibitory control and broader cognitive control processes is currently unclear. We 6 used a high-powered, within-subjects, crossover design to test how relative intensity of aerobic 7 exercise influenced behavioral (response time, accuracy) and neural (N2 and P3 components of the scalp-recorded event-related potential [ERP]) measures of food-related inhibitory and 8 9 cognitive control. Two hundred and thirteen participants completed three separate conditions 10 separated by approximately one week in randomized order: two exercise conditions (35% [moderate] or 70% [vigorous] of VO_{2max}) and seated rest. Directly following exercise or rest, 11 12 participants completed a food-based go/no-go task and a flanker task while 13 electroencephalogram data were recorded. Linear mixed models showed generally faster 14 response times (RT) and improved accuracy following vigorous exercise compared to rest, but not moderate-intensity exercise; RTs and accuracy did not differ between moderate intensity 15 16 exercise and rest conditions. N2 and P3 amplitudes were larger following vigorous exercise for 17 the food-based go/no-go task compared to rest and moderate intensity exercise. There were no 18 differences between exercise conditions for N2 amplitude during the flanker task; however, P3 19 amplitude was more positive following vigorous compared to rest, but not moderate exercise. 20 Gender did not moderate exercise outcomes. Results suggest improved and more efficient food-21 related recruitment of later inhibitory control and cognitive control processes following vigorous 22 exercise.

23 Keywords: inhibitory control, cognitive control, exercise, event-related potential, ERP

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1. Introduction

27	Cognitive control is the ability to allocate neural resources in order to adapt and interact
28	with the surrounding environment and update behavior to achieve one's goals (Mackie et al.,
29	2013; Miller and Cohen, 2001). Cognitive control encompasses a variety of component
30	processes, including performance monitoring, inhibitory control, and attention/control allocation,
31	all which involve interplay between the anterior cingulate and prefrontal cortices, among other
32	areas (Botvinick et al., 2001; Miller and Cohen, 2001). Although cognitive control is essential
33	for goal-directed behaviors, the factors that enhance or decrease cognitive control abilities are
34	areas of continued research.
35	One factor that may impact an individual's cognitive control abilities is exercise, with
36	recent literature demonstrating that exercise may have a small enhancing effect on cognitive
37	control component processes (for example Chang et al., 2012; Guiney and Machado, 2013; Kao
38	et al., 2019; Kempton et al., 2011; Ligeza et al., 2018; Ludyga et al., 2016). This general
39	improvement in cognitive control abilities following exercise suggests that, in addition to
40	improving overall physical and mental health (Knapen et al., 2015; LeBouthillier and
41	Asmundson, 2017; Morres et al., 2019), exercise may also acutely improve our ability to
42	accurately identify environmental demands to achieve goal-directed behavior.
43	Although there appears to be a small positive effect of exercise on general cognitive
44	control abilities, not all results are in agreement (Lambourne and Tomporowski, 2010;
45	Tomporowski and Ellis, 1986). This heterogeneity in findings may be partially due to the variety
46	of exercise intensities employed in studies, as different intensities of exercise could have
47	different effects on subsequent cognitive control (Olson et al., 2016; Wohlwend et al., 2017).
48	Meta-analytic evidence shows that light-to-moderate intensity exercise has a small, but

beneficial, effect on cognitive control; however, this positive effect is only present immediately following the acute exercise (Chang et al., 2012). In comparison, moderate-to-vigorous exercise demonstrates the same small positive effect on cognitive control, but the effect lasts longer when compared to lighter intensity exercise (Chang et al., 2012; Moreau and Chou, 2019). Taken together, although exercise may have a small positive effect on cognitive control, the intensity at which exercise is performed may differentially affect subsequent cognitive control abilities and the length to which the effect extends.

One facet of cognitive control that may be particularly influenced by exercise intensity is 56 57 inhibitory control. Inhibitory control is the ability to withhold a dominant response to override 58 basic instincts or habits to produce goal directed behavior (Diamond, 2013; Ko and Miller, 59 2013). A single bout of aerobic exercise acutely enhances inhibitory control abilities (Kamijo et 60 al., 2007; Kao et al., 2017). This enhancement of inhibitory control abilities may be attributed to 61 increased blood flow in the dorsolateral prefrontal cortex during or directly following exercise 62 (Byun et al., 2014; Yanagisawa et al., 2010). There is also evidence that exercise may increase general oscillatory brain activity when compared to a resting state, causing an enhancement of 63 64 multiple cognitive processes rather than inhibitory control abilities specifically (Ciria et al., 65 2018). Further research surrounding the role of exercise intensity in inhibitory control abilities is 66 needed to parse apart what exact intensities of exercise may enhance inhibitory control (Carbine, 67 In Press).

Event-related potentials (ERP) derived from electroencephalogram (EEG) data can be
utilized to understand the neural bases of cognitive and inhibitory control, including how acute
bouts of aerobic exercise affect these cognitive processes. One neural index of inhibitory control
is the N2 component of the scalp-recorded ERP. The N2 is a negative-going ERP that peaks

72	approximately 200 to 350 milliseconds following the onset of a stimulus. N2 amplitude becomes
73	more negative as additional inhibitory resources are recruited to withhold a dominant response
74	towards a stimulus (Folstein and Van Petten, 2008; Larson et al., 2014). The cognitive process
75	which the N2 indexes depends on the task and stimuli being utilized for the experiment at hand,
76	with the N2 reflecting response inhibition during both a go/no-go (Folstein and Van Petten,
77	2008) and flanker tasks (Van Veen and Carter, 2002; Xie et al., 2017). In addition to the N2, the
78	P3 is a positive-going waveform that appears approximately 300 to 600 ms following the
79	presentation of a stimuli, whether auditory or visual (Falkenstein et al., 1999). The P3 is larger
80	when inhibiting a dominant motor response (Gajewski and Falkenstein, 2013) and when
81	suppressing attention towards other nonrelevant stimuli in the environment (Polich, 2007). The
82	functional significance of the P3 is still being debated, however, prominent theories posit that the
83	P3 component is representative of context updating following stimuli or is representative of the
84	allocation of attentional resources to salient stimuli (Polich, 2007).
85	The few studies that have examined the impact of exercise intensity on inhibitory control
86	processes reflected by the N2 ERP component report mixed results. Larger (more negative) N2
87	amplitudes were observed during exercise (at 40% and 60% of VO_2 peak) compared to a seated
88	rest condition, suggesting greater cognitive control implementation during exercise (Olson et al.,
89	2016). However, the effects of exercise on N2 amplitude may be different when measured
90	directly following exercise with N2 amplitude decreasing following moderate exercise (60% of
91	max heart rate) in both adults and children (Pontifex and Hillman, 2007; Stroth et al., 2009).
92	Ligeza et al. (2018) observed differential effects of exercise intensity in a between-subjects
93	design, with N2 amplitude becoming larger at submaximal aerobic intensity (between the first
94	and second ventilatory thresholds) when compared to rest, but smaller after high intensity

95 interval training compared to rest (Ligeza et al., 2018). Taken together, these results suggest that
96 exercise intensity may play a role in inhibitory control as indexed by N2 amplitude, although the
97 direction of that relationship is currently unclear.

98 Although the findings surrounding the inhibitory control processes reflected by the N2 and exercise are variable, the variability in quantifying and implementing intensity of exercise 99 100 may at least partially explain the heterogeneity in results. Themanson et al. (2006) had participants exercise at 85% of their maximal heart rate, which is considered to be high intensity 101 102 exercise. Pontifex and Hillman (2007) along with Stroth et al. (2009) used 60% of the 103 individual's estimated maximum heart rate to define moderate exercise, while Ligeza et al., 104 (2018) used ventilatory thresholds. As Ligeza et al. explains, this wide variety in definitions for 105 exercise intensity may cause each study to be examining different intensities of exercise per 106 participant. As such, standardized methods of exercise intensity based on the physical fitness of 107 the individual participant is essential to understand how exercise intensity affects cognition. 108 Similar to the N2, acute exercise seems to have mixed effects on cognitive control 109 processes reflected by P3 amplitude. In the most exhaustive meta-analysis to date, Kao et al. 110 (2020) concluded that P3 amplitude generally increases following an acute bout of continuous 111 aerobic submaximal exercise when compared to rest. However, for some studies, P3 amplitude 112 after aerobic exercise was moderated by the age of the participant (Brush et al., 2020; Kamijo 113 and Takeda, 2009; Lennox et al., 2019), fitness level (Tsai et al., 2016; Tsai et al., 2014), 114 emotional context of exercise (Miller et al., In Press), and baseline levels of inhibitory control 115 abilities (Drollette et al., 2014), suggesting multiple moderating factors in the relationship 116 between exercise and P3 amplitude (see also Chacko et al., 2020). Interestingly, across various 117 studies included in the meta-analysis, larger P3 amplitude was observed when comparing

continuous aerobic exercise to high intensity interval training and rest, while decreased P3
amplitude was observed between high intensity interval training and rest (Kao et al., 2017). As
outlined by Kao et al. (2020), in general, it seems as if continuous aerobic exercise may be
beneficial to inhibitory control processes (Hillman et al., 2003; Kamijo et al., 2007; O'Leary et
al., 2011), but much like the N2, this relationship may be different depending on the intensity of
exercise.

Moderation of dietary behavior is one specific example of the importance of inhibitory 124 125 control. Despite widespread evidence that a healthy diet reduces the risk of obesity, Type 2 126 diabetes, cardiovascular disease, high blood pressure, and depression to name a few (Carek et al., 127 2011; Cornelissen and Smart, 2013; Fiuza-Luces et al., 2018; Kirwan et al., 2017; Swift et al., 128 2018), the impulse to consume highly palatable and high-calorie foods is difficult to inhibit, even 129 if an individual has recently eaten (Armelagos, 2014; Rogers and Brunstrom, 2016). This is complicated in the current environment where highly palatable, high calorie foods are plentiful 130 131 and food related cues (food related pictures, ads and smells) are ubiquitous. As such, highly 132 palatable and high-calorie foods require specific inhibitory control to reduce automatic urges to 133 consume (Carbine et al., 2017; Guerrieri et al., 2007). 134 Individuals who are obese may display lower inhibitory control (Lavagnino et al., 2016;

Spitoni et al., 2017), suggesting a decreased ability to withhold the dominant response to
moderate caloric intake. In addition, lower inhibitory control is associated with overeating
(Guerrieri et al., 2007), along with higher consumption of carbohydrates and more calories
overall (Ko and Miller, 2013). Inhibitory control predicts saturated fat intake, rather than the
consumption of fruits and vegetables, suggesting that inhibitory control is involved in the

withholding of dietary behavior rather than the initiation of eating healthy foods (Allom andMullan, 2014).

As both the N2 and P3 ERP components can be used to index general inhibitory control, 142 143 both of these event-related potentials can also be used to index food-related inhibitory control. 144 The N2 is more negative as an individual inhibits a response to food stimuli when compared to 145 non-food stimuli (Watson and Garvey, 2013) and more negative when inhibiting to high-calorie 146 foods when compared to low-calorie foods (Carbine et al., 2017; Carbine et al., 2018b). These 147 results suggest an increased need for inhibitory control neural resources when inhibiting a 148 response towards high-calorie foods. Similar to the N2, P3 amplitude becomes larger (i.e., more 149 positive) when inhibiting towards high-calorie foods compared to low-calorie foods (see also 150 Aulbach et al., 2020; Carbine et al., 2017; Carbine et al., 2018a), again suggesting increased 151 cognitive control when inhibiting to high-calorie foods.

152 As a number of studies have demonstrated a relationship between exercise intensity and 153 inhibitory control, it is possible that exercise intensity also moderates the relationship between 154 exercise and food-specific inhibitory control. Generally, researchers have hypothesized that 155 physical activity may indirectly affect eating behavior through strengthening the neural circuits 156 in the prefrontal cortex that influence inhibitory control, which in turn reduces impulses to 157 consume high-calorie foods (Joseph et al., 2011). In one study, after a bout of aerobic exercise, 158 inhibitory control increased (as indexed by accuracy and response time), and subsequently 159 reduced consumption of high-calorie foods directly following the completion of the exercise 160 condition (Lowe et al., 2016). In addition, several studies have observed reduced food intake 161 acutely following exercise (Hagobian et al., 2013; Schubert et al., 2013; Sim et al., 2014).

However, a gap in the literature is research that has rigorously tested the neural mechanisms offood-related inhibitory control following different levels of exercise intensity.

164 *1.1 Aims and hypotheses*

165 Previous studies examining the relationship between exercise and inhibitory control have 166 generally focused on how one intensity of exercise differs from rest, rather than examining how 167 different intensities of exercise differentially effect cognitive control in the same sample of participants. Additionally, although there have been a number of studies that have examined the 168 169 relationship between exercise and cognitive control, how this relationship extends to food-170 specific inhibitory control is less known. As such, the current study used a within-subjects 171 crossover, design to evaluate the impact of moderate and vigorous exercise on both cognitive 172 control and food-related inhibitory control. Given blood-flow based neuroimaging studies that 173 suggest increased cerebral blood flow perfusion during mild-to-moderate intensity exercise, with a subsequent decrease toward resting values during vigorous exercise likely because of 174 175 vasoconstriction during high intensity exercise (Joris et al., 2018; Ogoh and Ainslie, 2009), we 176 hypothesized that there would be an inverted U-shaped relationship between both food specific 177 inhibitory control and general inhibitory control. Specifically, we hypothesized that N2 and P3 178 amplitude would increase for moderate intensity exercise but decrease for high intensity exercise 179 when compared to seated rest for both the food-specific and general cognitive control tasks.

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2. Materials and Method

181 All data for the current study are available on a study-specific Open Science Framework
182 webpage: https://osf.io/u9bdy/.

183 2.1 Participants

184	All experimental procedures were approved by the Institutional Review Board at
185	Brigham Young University and participants provided written informed consent. Exclusion
186	criteria were determined by participant self-report and included being diagnosed with an eating
187	disorder, psychiatric disorder, head injury resulting in loss of consciousness, a body mass index
188	below 18.5, current pregnancy or lactation, or more than 225 minutes of cardiorespiratory
189	exercise on average per week. Participants were between 18 and 45 years of age and self-
190	endorsed the ability to exercise at a vigorous intensity (i.e., jog for 40 minutes). Prior to study
191	enrollment, the Physical Activity Readiness Questionnaire (PAR-Q; (Arraiz et al., 1992) was
192	used to screen the participant's ability to participate in physical activity. If any item was
193	endorsed on the readiness questionnaire then the participant was not enrolled.
194	The sample size for the current study was calculated a priori (see Larson and Carbine,
195	2017) based on a previous study examining the effects of exercise on attention to visual food
196	cues in obese and normal weight women. In the Carbine et al. study, we observed a mean
197	standard error of 2.77 μ V between exercise intensity conditions which was used in the current
198	power analysis. With alpha set at .05 and beta at .80, we would need a sample of 200 participants
199	to detect a mean difference as small as .43 $\mu V,$ which represents a 25% difference between the
200	rest and 70% vigorous-intensity exercise conditions. Thus, we recruited 230 participants for the
201	current study due to an <i>a priori</i> estimated 15% dropout rate.
202	Participant characteristics are described in Table 1. A total of 462 men and women were
203	assessed for eligibility and 230 were randomized to exercise condition order (see Figure 1). Of
204	the 230 participants that were randomized, 212 finished the study. Participants who did not
205	complete the study cited loss of interest and lack of time to commit to the study as reasons for

206 discontinuing participation. Those who did not finish the study did not differ from those who

finished the study on key demographic characteristics that included age (t(24.34) = -0.11, p = 0.91), body mass index (t(20.24) = -1.71, p = 0.10), body fat (t(19.97) = -0.21, p = 0.83) or VO_{2max} (t(18.78) = -0.42, p = 0.68). Heart rate and metabolic equivalent exercise intervention characteristics for the two exercise conditions are presented in Table 2. 2.2 *Procedures overview* Each participant completed four lab visits, which included baseline testing in addition to

three separate conditions conducted in randomized order: vigorous-intensity exercise (70% of VO_{2max}), moderate-intensity exercise (35% of VO_{2max}), and seated rest. At the baseline session, participants were measured for height, weight, and body composition. They then completed a volitional fatigue VO_{2max} test that was used to prescribe the exercise interventions for the future 35% and 70% VO_{2max} conditions. Baseline measurements took place at least two days prior to completion of subsequent study conditions.

219 The order of the three experimental sessions (70% VO_{2max}, 35% VO_{2max}, rest) were 220 randomly assigned using a random number generator. Prior to arrival for each session, 221 participants endorsed that they adhered to each of the following: slept for at least seven hours the 222 night before, were adequately hydrated, did not consume any food or beverages with caloric 223 content in the four hours preceding the session, and did not consume caffeine or perform 224 vigorous exercise during the 24 hours preceding the session (see Carbine et al., 2017). Each of 225 the three conditions were administered the same day of the week, at the same time of day, one 226 week apart. If a participant could not attend on their scheduled day they were re-scheduled for 227 the following week to maintain day of week and time of day consistency.

During the rest condition, instead of exercising participants were seated while theycompleted a battery of questionnaires that included the Dutch Eating Behavior Questionnaire, the

230 Yale Food Addiction Scale, and the Depression Anxiety Stress Scale. The data from these

- 231 questionnaires were collected but are not reported in the current study as they were not part of
- the current hypotheses and are only included here for transparency/completeness of presentation.
- 233 After completing the battery of questionnaires, the participants watched a 40-minute
- 234 documentary titled "What Plants Talk About"

235 (<u>https://www.youtube.com/watch?v=cIftMUWs4q0</u>) so they were in the lab a similar amount of

- time prior to the EEG recording as the exercise sessions, but in a resting situation watching a
- 237 low-arousal video.

After the completion of the exercise or rest bout, participants were escorted up to the

electroencephalogram research suite. The participant was given a towel to dry off while a fan

blew to reduce sweat. Then, the participant was fit with an EEG cap, after which they completed

a food-based go/no-go task and a flanker task (always in that order) during which EEG data were

242 recorded. Upon completion of the computerized tasks, the EEG cap was removed and

243 participants were either given a calendar reminder for their next session date or were

compensated \$40 or provided course credit at the completion of the study.

245 2.3 Measurements

2.3.1 Anthropometrics: For descriptive purposes, height, weight and body composition
were measured. Height was measured to the nearest 0.1 cm using a wall mounted stadiometer
(SECA, Chino, California) and weight was measured to the nearest 0.1 kg (Tanita, Arlington

Heights, IL). GE iDXA was used to describe body composition (GE, Fairfield, CT).

2.3.2 VO_{2max} Test: VO_{2max} was determined using a modified George protocol (George,
1996). Safety guidelines outlined by the American College of Sports Medicine were followed to
ensure participant safety (ACSM, 2018). Participants started the test with a 7-minute warm-up on

253 a treadmill walking at 3 mph with a grade that increased from 0-6%. Then the grade was lowered 254 to 0% and participants chose a comfortable running speed at which to complete the rest of the 255 test. Perceived exertion was measured using the Borg 6-20 scale after every minute of exercise 256 and heart rate was measured continuously throughout the testing using a FT7 Polar heart rate 257 monitor (NY, USA). After three minutes running at the selected pace, the grade increased by 258 1.5% every minute. The test stopped when the participant self-reported voluntary exhaustion. The test was considered maximal if three of the five following criteria were met: the participant 259 260 physically could not continue, their perceived exertion was either 19 or 20 on the Borg scale, 261 their heart rate was within 15 beats per minute of their predicted maximum, their VO_2 began to 262 plateau, or their respiratory exchange ratio was ≥ 1.0 . Participants concluded the test with a four-263 minute walking cool-down. Measurements were taking using the COSMED Quark Ergo 264 metabolic cart (Chicago, IL).

During the moderate-intensity and vigorous exercise sessions, participants jogged at a 265 266 specified percentage (70% or 35%) of their VO_{2max} calculated at their baseline session. The 267 intensity was prescribed directly based on the participant's measured maximal capacity. Within 268 the first five minutes of the session, participants gradually increased exercise intensity until their 269 specified percentage of VO_{2max} was achieved. They then maintained the intensity for the 270 remainder of the exercise session (35 minutes). The exercise bout lasted for 40 minutes, 271 including the buildup to the specified percentage of VO_{2max}. As such, all three pre-EEG activities 272 (rest, moderate, and vigorous) lasted 40 minutes prior to EEG net application and completing the 273 computerized tasks. If the participant needed to stop and take a break at any point during the 274 exercise bout, the time was paused and continued after the participant began exercising again. 275 2.4 Computerized tasks

276 2.4.1 High-calorie go/no-go tasks: Participants were instructed to respond with a button 277 press when they saw a low-calorie food (go-trial) and withhold all responses when a high-calorie 278 food was presented (no-go trial). All stimuli were presented in a random order. Participants 279 completed two blocks of 100 trials each, with 70 go trials and 30 no-go trials. This distribution of 280 go/no-go trials was used to establish a predominance of go trials, making inhibitory behavior 281 more challenging. Pictures of low and high-calorie foods were separated by a fixation cross 282 jittered randomly from 600 to 700 milliseconds. Stimuli remained on the screen for 500 ms, and 283 responses made after 1000 ms were considered omission errors and not used in data analyses. 284 Pictures used for the food stimuli were provided by Killgore and colleagues (2003) who have 285 used these same images in papers published previously (e.g., Killgore et al., 2013; Killgore and 286 Yurgelun-Todd, 2005, 2007). These images were first categorized by 26 separate undergraduates 287 who rated all 120 pictures as either high- or low-calorie foods. Only stimuli that were accurately 288 categorized as high- and low-calorie foods at least 95% of the time were used, resulting in 38 289 pictures for each category (see Carbine et al., 2017). Low-calorie food stimuli included 13 290 vegetables and 25 fruits. High-calorie food images consisted of 16 desserts, 15 high-calorie 291 dinner meals, and 7 high-calorie breakfast meals. This task has been used previously and 292 consistently elicits a more negative N2 and more positive P3 towards high-calorie foods (no-go 293 trials) when compared to low-calorie foods (go trials; Carbine et al., 2017; Carbine et al., 2018a). 294 2.4.2 Flanker task: Upon completion of the go/no-go task, participants completed a 295 modified arrow version of the Ericksen flanker task (Eriksen and Eriksen, 1974). Participants 296 were instructed to respond as quickly and accurately as possible by pressing a button that 297 corresponded to the directionality of the middle arrow. Congruent (e.g., <<<<<) and 298 incongruent (e.g., <<>><>) arrow groups in 36-point Arial white font were randomly presented

in the center of a black screen. To establish pre-potency, flanking arrows were presented for 100
ms prior to the onset of the middle arrow, which remained on the screen for an additional 600
ms. If a participant responded after 1,000 ms, the response was considered an error of omission
and was not included in analyses. Between each trial, a fixation cross was shown for either 800
ms, 1,000 ms, or 1,200 ms. These three fixation cross intervals were split evenly across the 204
trials. Two blocks of 102 trials each were completed with 44% of trials being congruent and 56%
of trials being incongruent.

306 *2.5 EEG data acquisition and reduction*

307 EEG data were collected and are reported according to the guidelines for studies using 308 electroencephalography (Clayson et al., 2019; Keil et al., 2014). Specifically, all EEG data were 309 collected from 128 equidistant passive Ag/AgCl electrodes in a hydrocel geodesic sensor net 310 using an Electrical Geodesics, Inc. series 300 amplifier (20K nominal gain, band-pass = 0.01-100311 Hz). All data were referenced to the vertex electrode during data collection and were digitized 312 continuously at 250 Hz with a 16-bit analog to digital converter. Electrode impedances were kept 313 at or below 50 k Ω per the manufacture's recommendation. Offline, following data collection, 314 data were digitally filtered with a 0.1 Hz high pass filter (0.3 rolloff; 36.9 db/octave) and 30 Hz 315 low pass filter (0.3 rolloff; 19.5 db/octave) in NetStation (v5.3.0.1). Data were subsequently 316 epoched from 200 ms before stimulus onset to 1000 ms following stimulus onset for both the 317 flanker and the food-based go/no-go tasks. For the go/no-go task, trials were segmented to 318 include only correct go and no-go trials. For the flanker task, trials were segmented to include 319 only correct congruent and incongruent trials. Eye movements and blink artifacts were then 320 corrected using independent components analysis (ICA) in the ERP PCA toolkit (Dien, 2010). If 321 a component correlated with two blink templates (one from the ERP PCA toolkit and the other

derived by the authors) at a level of 0.9 or higher, that component was subsequently removed from the data. If any electrode had a fast average amplitude of over 50 microvolts or if the fast average amplitude was greater than 100 microvolts, the channel was defined as bad and replaced using the nearest six electrodes for interpolation (Dien, 2010).

Following artifact correction, data were average re-referenced and baseline adjusted from

327 200 ms before stimulus onset using the ERP PCA toolkit (Dien, 2010). For the food-based

328 go/no-go task, data were analyzed from a region of interest in the frontocentral area consisting of

four a priori chosen electrodes (electrodes 6 [FCz], 7, 106, and 129 [Cz]; Carbine et al. (2017);

330 Carbine et al. (2018a); see Larson, Farrer, & Clayson, (2011a) for electrode montage). Time

331 windows were determined using a collapsed localizer approach over the region of interest

332 wherein we visually examined the grand average waveforms collapsed across all conditions to

determine the appropriate time window (Luck and Gaspelin, 2017). Mean amplitude for the N2

334 was extracted from 200 to 300 ms following stimulus onset, while P3 mean amplitude was

extracted from 400 to 550 ms following stimulus onset (see Carbine et al. (2017) and Carbine et

al. (2018a) for similar time windows).

337 For the flanker task, N2 amplitude was analyzed from the same *a priori* chosen frontocentral region of interest (electrodes 6, 7, 106, and 129) and P3 amplitude was analyzed 338 339 from a frontomedial region of interest consisting of four *a priori* selected electrodes (electrodes 340 129, 31, 55, 80 (Larson et al., 2011a)). A collapsed localizer approach (collapsing across all 341 conditions) over each region of interest was again used to select time windows. The N2 342 amplitude was extracted using an adaptive mean amplitude of 16 ms from 270 ms to 380 ms 343 following target arrow onset while the P3 amplitude was extracted using a mean amplitude from 344 370 to 500 ms following target arrow onset. Mean amplitude was used along with region of

interests due to evidence suggesting that averaging multiple electrodes together increases signal
reliability when compared to a single electrode (Clayson, 2020; Clayson et al., 2013).

347 2.6 Reliability analysis

348 To determine the minimum number of trials necessary to achieve adequate reliability for 349 the N2 and P3 components, dependability estimates of ERPs were assessed through the ERP 350 Reliability Analysis Toolbox v.0.3.2 (Clayson and Miller, 2017) using generalizability theory. 351 To meet assumptions of independent colinearity, dependability estimates were calculated and are 352 reported separately for each condition. Minimum dependability cut-offs were set at 0.5 (although 353 overall dependability ranged from 0.64 to 0.96), and therefore, any participant that did not meet 354 the dependability cut-off of 0.5 was taken out from further data analyses. For specific 355 dependability estimates and minimum and maximum trial numbers by condition and ERP 356 component, see Table 3.

For the go/no-go task, 36 sessions were removed for the N2 component (5.2% of all 357 358 sessions, 13 [75% condition], 10 [35% condition], 13 [rest condition]) while 33 sessions were 359 removed for the P3 component (4.8% of all sessions, 12 [70% condition], 9 [35% condition], 12 360 [rest condition]). Fifty additional sessions were removed due to participant not completing a 361 session or computer malfunction. Thus, the final sample size for the N2 was 200 sessions for 70% exercise, 203 sessions for 35% exercise, and 201 sessions for rest. The final number of 362 363 sessions for the P3 included 201 sessions for 70% exercise, 204 sessions for 35% exercise, and 364 202 sessions for rest. Overall, dependability estimates for each condition were above 0.71 for the 365 N2 and above .64 for the P3, suggesting adequate reliability for both ERP components. 366 For the N2 component derived from the flanker task 63 sessions were removed for not 367 meeting the minimum 0.5 reliability threshold (9.1% of all sessions, 24 [70% condition], 15

368 [35% condition], 24 [rest condition]) while 61 sessions were removed for the P3 component

369 (8.8% of all sessions, 33 [70% condition], 8 [35% condition], 20 [rest condition]). Additionally,

370 51 sessions were excluded from data analyses due to the participant not completing a session or

371 computer malfunction. Thus, for the N2, 189 70% exercise sessions, 198 35% exercise sessions,

and 189 rest sessions were included in the final analyses. The P3 analyses included 181 70%

exercise condition sessions, 205 35% condition sessions, and 193 rest condition sessions.

374 2.7 Behavioral data

Mean accuracy and median response time were extracted for both the food-based go/nogo task and the flanker task. Both mean accuracy and median response time (RT) were separated as a function of trial-type (go/no-go, congruent/incongruent) and exercise/rest condition. Mean accuracy and median RT separated by exercise condition are presented in Tables 4 and 5.

379 *2.8 Statistical analyses*

Means and standard errors are reported for all variables of interest in Tables 4 and 5. 380 381 Alpha for statistical tests was set at 0.05. To determine how exercise intensity affected both 382 behavioral measures (accuracy and RT) and neural measures (N2 amplitude and P3 amplitude) 383 of inhibitory control, eight separate linear mixed models were fit in PC-SAS (v. 9.4). Condition 384 (seated rest, 35% of VO_{2max} , and 70% of VO_{2max}) and trial-type (go vs. no-go or congruent vs. 385 incongruent) were the fixed effects and participant the random effect. The interaction between 386 condition and trial-type was evaluated for all models, except the model evaluating go/no-go 387 response time. This model only evaluated the main effect of condition since there was no 388 response time associated with the no-go (withhold response) trials. The LSmeans procedure was 389 used to evaluate significant main and interactive affects. The Tukey-Kramer adjustment was

made to p-values to compensate for multiple follow-up comparisons. All p-values that arereported have been adjusted accordingly.

To report effect size, Cohens f^2 for multilevel models was estimated from the mixed 392 393 models calculated in SAS using the process described by Selya et al. (2012). In addition, 394 Cohen's d_z for within-subjects comparisons was calculated to report effect size for all follow-up 395 comparisons calculated from the LSmeans procedure. An exploratory analysis was performed to test for potential moderating effect of gender. 396 To do this, the eight mixed models were repeated, but this time included gender as a fixed effect 397 398 and the two-way interactions of gender and condition, and gender and trial-type were evaluated. 399 These models also tested the three-way interaction between gender, trial-type and condition. 400 To aid with interpretability and visual comparisons, z-scores were calculated for each of 401 the primary dependent variables of interest (accuracy, RT, N2 component amplitude, P3 component amplitude) for both the go/no-go task and the flanker task. N2 amplitude and RT 402 403 values were reverse scored as a more negative N2 is seen as larger and faster response time is 404 seen as improved performance. These relationships as a function of exercise condition are 405 displayed in Figure 2.

406

3. Results

407 *3.1 Accuracy*

408 Overall, accuracy on the go/no-go task was high for all conditions and trials (see Table 409 4). There was a significant main effect for condition (rest, 35% and 70%; F(2,420) = 4.56, p =410 .01, $f^2 = 0.01$) and trial-type (go vs. no-go; F(1,636) = 776.08, p < .001, $f^2 = 0.59$) but no 411 significant interaction between condition and trial-type (F(2,636) = 0.30, p = .74, $f^2 < 0.01$). 412 Accuracy was better for the go trials compared to the no-go trials, as expected. Task accuracy

was better for the 70% condition compared to the rest condition (t(2,420) = -3.01, p < .01, $d_z =$ 413 414 0.15), but the 70% condition was not different compared to the 35% condition (t(2,420) = -1.35,415 $p = .37, d_z = 0.09$). There was also no difference between the 35% and rest conditions (t(2,420) = $-1.66, p = .22, d_z = 0.07$). 416

417 For the flanker task, participants were more accurate on the congruent trials compared to the incongruent trials (F(1,636) = 626.52, p < .001, $f^2 = 0.38$; see Table 5), as expected. 418

- However, there was no main effect for exercise condition (F(2,420) = 1.83, p = .16, $f^2 < 0.01$)

420 along with no interaction for accuracy between condition and trial-type (F(2,636) = 1.13, p = .32,

421 $f^2 < 0.01$).

419

422 3.2 Response times

423 For the go/no-go task, correct go trial response time was different between the exercise conditions (F(2,420) = 6.52, p = .002, $f^2 = 0.03$; see Table 4). Response times following the 70% 424 condition were significantly faster than the rest condition ($t(2,420) = 3.60, p < .001, d_z = 0.30$) 425 426 but were not different compared to the 35% condition (t(2,420) = 2.05, p = .10, $d_z = 0.13$). There 427 was also no difference in response time between the rest and 35% conditions (t(2,420) = 1.54, p)428 $= .27, d_z = 0.12$).

429 For the flanker task, there was a significant main effect of exercise condition (F(2,420) =7.47, p < .001, $f^2 = 0.03$) and trial-type (F(1,635) = 6216.94, p < .001, $f^2 = 3.27$), along with a 430 significant condition by trial-type interaction (F(2,635) = 5.28, p < .01, $f^2 = 0.02$). Response 431 432 times were faster for the congruent compared to incongruent trials, as expected. Response times were faster for the 70% condition compared to both the rest (t(2,420) = 2.95, p = .009, $d_z = 0.14$) 433 434 and 35% conditions (t(2,420) = 3.64, p = .001, $d_z = 0.17$). There was no difference in response 435 time between the rest and 35% conditions (t(2,420) = -0.70, p = 0.763, $d_z < .01$). Faster response

times following the 70% condition compared to the other conditions were qualified by a
significant condition by trial-type interaction, where the increase in response speed during the
70% condition was observed primarily during the incongruent compared to the congruent trials

439 for both the rest (t(1,635) = 4.15, p < 0.001, $d_z = 0.29$) and 35% conditions (t(1,635) = 4.17, p < 0.001, $d_z = 0.29$)

440 .001, $d_z = 0.27$; see Table 5).

441 *3.3 Food related inhibitory control*

Figure 3 displays the N2 and P3 waveforms by exercise condition for the food-based 442 443 go/no-go task. There was a significant main effect for both trial-type (F(1,610) = 164.81, p < 100.001, $f^2 = 0.05$; see Table 4) and exercise condition (F(2,394) = 4.63, p = .01, $f^2 = < 0.02$) for the 444 N2 component, however, there was no significant condition by trial-type interaction (F(2,610) =445 0.09, p = .92, $f^2 < 0.01$). The N2 amplitude was more negative (i.e., larger) for no-go trials than 446 go trials, as expected. Follow-up analyses demonstrated that the N2 for the 70% condition was 447 significantly more negative for both the go and the no-go trials compared to both the rest 448 449 $(t(2,394) = 2.46, p = 0.038, d_z = 0.17)$ and 35% conditions $(t(2,394) = 2.79, p = 0.015, d_z = 0.18)$. 450 There was no difference in N2 amplitude between the rest and 35% conditions (t(2, 394) = -0.31, 451 $p < 0.947, d_z = 0.02$).

Similar to the N2, the P3 ERP component also demonstrated a significant main effect for both trial-type (F(1,610) = 432.45, p < 0.001, $f^2 = 0.29$) and exercise condition (F(2,394) = 4.84, p = 0.008, $f^2 = 0.02$; see Table 4). There was also a significant interaction between trial-type and condition (F(2,610) = 3.56, p = 0.03, $f^2 = 0.01$). The no-go trials displayed a significantly more positive (i.e., larger) P3 amplitude than the go trials, as expected. The P3 for the go trials was not different between the three conditions (p's > 0.05), however for the no-go trials the P3 was 458 significantly more positive after the 70% condition compared to both the rest (t(1, 610) = -3.52, p

459 = 0.006, $d_z = 0.22$) and 35% conditions (t(1, 610) = -3.53, p = 0.006, $d_z = 0.24$).

460 *3.4 Cognitive control*

Figures 4 and 5 display the N2 and P3 waveforms by exercise conditions for the flanker 461 462 task. For the N2 component during the flanker task, there was a main effect of trial-type (congruent vs. incongruent; F(1,593) = 279.71, p < .001, $f^2 = 0.21$; see Table 4) but no main 463 effect of exercise condition (F(2,377) = 0.09, p = .91, $f^2 < 0.01$) nor an interaction between 464 condition and trial-type (F(2,593) = 0.82, p = .44, $f^2 < 0.01$). The N2 for the incongruent trials 465 466 was more negative when compared to the congruent trials, as expected. 467 In contrast, for the P3 component there was a significant main effect for condition (F(2, 1)) $(377) = 3.60, p = 0.03, f^2 = 0.01)$ and trial-type ($F(1,593) = 199.10, p < 0.001, f^2 = 0.17$) but there 468 was no interaction between condition and trial-type (F(2,593) = 0.30, p = 0.739, $f^2 < 0.01$). 469 470 Incongruent trials elicited a more positive P3 response when compared to congruent trials, as 471 expected. The 70% condition was significantly more positive than the rest condition (t(2, 377) = $-2.60, p = .03, d_z = 0.17$) but was not different than the 35% condition (t(2, 377) = -0.74, p = .74, p = .74) 472 473 $d_z = 0.04$). There was no significant difference between the rest and 35% conditions (t(2, 377) = -474 $1.90, p = .14, d_z = 0.14$).

475 *3.5 Gender*

Including gender in the previous models had no impact on the interpretation of any of
exercise condition-related relationships. In other words, there were no gender-by-condition
interactions for any of the exercise condition analyses and there were no three-way interactions
between gender, condition and trial-type for any of the primary dependent variables of interest
(RT, accuracy, N2, and P3 components). There was a significant difference between genders for

food go/no-go N2 (F(1, 606) = 5.39, p = .02), and flanker P3 (F(1, 589) = 6.66, p = .01), 481 482 accuracy (F(1, 632) = 13.28, p < .001), and response time (F(1, 631) = 13.69, p < 0.001). Men had more negative go/no-go N2 amplitudes, more positive flanker P3 amplitudes, greater flanker 483 484 accuracy and faster flanker response times. 485 There was also a significant gender-by-trial-type interaction for food go/no-go N2 (F(1,486 606) = 6.43, p = .01), and flanker N2 (F(1, 589) = 20.11, p < .001), P3 (F(1, 589) = 6.32, p = 6.32) .01), accuracy (F(1, 632) = 5.05, p = .02), and response time (F(1, 631) = 37.63, p < .001). The 487 488 difference between go and no-go trial N2 amplitude was greater for men than women (0.22 \pm 489 $0.08 \text{ }\mu\text{V}$; t(2, 606) = 2.54, p = 0.011). The difference between the incongruent and congruent 490 trials was greater for men than women for both the N2 $(0.61 \pm 0.14 \mu V; t(1, 589) = -4.48, p < -4.48)$ 0.001) and P3 ($0.49 \pm 0.19 \mu V$; t(1, 589) = 2.51, p = .012) ERP components. The difference in 491 492 accuracy between the incongruent and congruent trials was greater in women than men $(0.01 \pm$ 493 0.006 %; t(1, 632) = 2.25, p = .025). Similarly, the difference in response time between the incongruent and congruent trials was greater for women than men $(9.52 \pm 1.55 \text{ ms}; t(1, 631) = -$ 494 495 6.13, p < .001).

496

4. Discussion

We used a high-powered, within-subjects crossover design to test the role of exercise intensity on behavioral and neurophysiological measures of cognitive control (flanker task performance and ERP amplitudes) and food-related inhibitory control (go/no-go task performance and ERP amplitudes). The impact of exercise on cognitive control (as measured by the flanker task) was intensity dependent. Specifically, response times were faster following vigorous intensity exercise at 70% of max VO_{2max} compared to both rest and moderate intensity exercise at 35% of max VO_{2max} and P3 component amplitudes for congruent and incongruent trials were more positive following vigorous intensity exercise compared to rest, but not moderate intensity exercise. Notably, response times were disproportionately faster with higher intensity exercise on incongruent compared to congruent trials, suggesting that cognitive control may be specifically more efficient following high intensity exercise. N2 component amplitudes during the flanker task and flanker accuracy did not differ as a function of exercise intensity, indicating that the effects may not be present in all aspects of cognitive control performance, although nuance is required in the interpretation of these findings.

511 The impact of exercise on cognitive control has been evaluated in a number of studies, 512 the majority of which have shown enhanced P3 component amplitude following exercise (Kao et 513 al., 2019) with relatively few studies reporting N2 component results. For example, current N2 514 results that do not differ by exercise condition are consistent with Themanson et al. (2006) who 515 also observed no change in N2 amplitude during a modified flanker task following exercise at a 516 similar intensity as prescribed in our study (roughly 85% of heart rate max, or 169 beats per 517 minute). Similarly, recent work by Chacko et al., (2020) suggests that vigorous-intensity aerobic 518 exercise may be more related to selective attention, but not initial indexing of conflict or control-519 related functions—consistent with findings of enhanced P3 component amplitude, but no 520 condition-related differences for N2 amplitude. However, current N2 results are in contrast to 521 those observed by Ligeza et al. (2018) who observed a more negative N2 following exercise between the 1st and 2nd ventilatory thresholds, which turned out to be about 75% of heart rate 522 523 max. They also observed a blunted (i.e., less negative) N2 following high intensity interval 524 training.

525 Key differences in these studies may explain the seemingly divergent results. First, the 526 exercise performed in our study was most similar to Themanson et al (2006) and in-between the intensities performed in the Ligeza et al. (2018) study. Specifically, our moderate exercise (35%
VO_{2max}) condition was less intense than the aerobic exercise prescribed in Ligeza et al. (2018),
and our vigorous exercise condition (70%) was less intense than their high intensity interval
training condition. In addition, each participant completed the flanker task after the food related
go/no-go task, which may have influenced our results as the effects of exercise on brain activity
may change with time (Ciria et al., 2018).

There are over 20 studies that have evaluated the impact of exercise on attentional 533 534 allocation measured by P3, although it is challenging to bring the findings of these studies 535 together given the variability in exercise duration and intensity, the timing of the neural 536 measurement post-exercise, and the variety of different cognitive tasks performed (Kao et al., 537 2019; Ludyga et al., 2016). In addition, most of the studies had small sample sizes, which 538 reduces statistical power and limits the ability to accurately identify small effects of exercise on cognitive control. The large sample and within-subjects design of the current research 539 540 considerably increases the statistical power and confidence in current results, along with the 541 consistent findings with the large majority of the cognitive control and P3 amplitude literature 542 (Kao et al., 2019).

543 Specifically, studies evaluating exercise completed in the light- to low-moderate intensity 544 range (similar to light walking) seem to agree with our finding that there is no impact on P3 545 amplitude (Kamijo et al., 2004; Kamijo and Takeda, 2009). However, studies that exercise 546 participants at an intensity that is similar to 60 to 75% of heart rate max generally demonstrate 547 that the P3 ERP component is elevated compared to controls (Chang et al., 2017; Kamijo et al., 548 2004; Kamijo et al., 2007; Kao et al., 2017; O'Leary et al., 2011; Pontifex et al., 2015; Scudder et 549 al., 2012). The effect of exercise seems to weaken as intensity of exercise increases, with mixed

results for studies exceeding 75% of heart rate max (Chu et al., 2015; Hillman et al., 2003;
Kamijo et al., 2007; Ligeza et al., 2018). Very high intensity exercise of greater than 90% seems
to either have no impact on the P3 ERP component or a decreased P3 amplitude suggesting that
the inverted U we initially hypothesized may be present at higher intensities of exercise than was
conducted in the current research (Kamijo et al., 2004; Kao et al., 2017; Ligeza et al., 2018).
Thus, current results are a step in understanding the role of exercise intensity levels on cognitive
control functions, but future studies testing higher intensity levels are needed to more fully test

557 an inverted-U hypothesis.

558 A critical component of cognitive control is response inhibition, which involves 559 overcoming or suppression of an action that is inappropriate in a given context. For the current 560 study we were interested in the response to high- and low-calorie foods tested using a food-561 specific go/no-go task. A clear pattern of improved performance and increased ERP amplitudes was present for vigorous exercise (70% of VO_{2max}) compared to rest. Specifically, there was 562 563 improved accuracy, faster response times, and larger N2 and P3 amplitudes for vigorous 564 exercise. Notably, these were all main effects with the exception of P3 component amplitude that 565 showed an interaction and was specific to no-go, but not go trials. These results suggest that the 566 impact of exercise on food-specific response inhibition may be a more general facilitative affect 567 and that this facilitative effect is intensity dependent. Both the N2 and P3 were larger in the 568 vigorous exercise condition compared to the moderate (35% of VO_{2max}) exercise condition and 569 the seated rest condition. Response time and accuracy were both better for the vigorous exercise 570 condition compared to the rest condition.

571 Notably, there were no differences between the moderate intensity exercise and rest572 conditions. The absence of condition-related differences between the moderate intensity exercise

and rest conditions is a consistent finding for both the food-specific go/no-go and flanker tasks indicating that higher intensity exercise appears necessary to modulate inhibitory and cognitive control measures. More specifically, although 35% of VO_{2max} is classified as moderately intense exercise (3-6 METs), these results suggest that 35% of VO_{2max} is insufficiently intense to have a meaningful impact on subsequent neural activity during the go/no-go task. The 70% condition is a vigorously intense activity level (> 6 METS) and while we anticipated a suppression of neural activity at this intensity, the results of the study suggest that if there is a U-shaped relationship,

580 70% of VO_{2max} is still in the range where neural activity is elevated.

581 In general, the findings from the go/no-go food-specific inhibitory control task largely 582 parallel the changes in general cognitive control as observed from the flanker task. Two main 583 exceptions to this that may point to a food specific effect of exercise on response inhibition. 584 First, there was a significant main effect of condition on the N2 component during the go/no-go 585 task, but no main effect of condition during the flanker task. Second, there was a trial-type-by-586 condition interaction for the P3 ERP component during the go/no-go task, but this same 587 interaction was not observed during the flanker task. During the go/no-go task a more positive P3 588 result was observed specifically in the 70% condition for no-go high-calorie pictures, suggesting 589 increased recruitment of later neural resources to increase inhibitory control specifically towards 590 high-calorie foods. This elevated P3 component during no-go trials following vigorous exercise 591 suggests that more neural resources were recruited to inhibit the dominant response for high-592 calorie foods.

There are only a handful of studies that have evaluated the impact of exercise on various event-related potentials to visual food cues. These studies have primarily used passive viewing tasks in contrast to cognitive control tasks (such as a go/no-go task). For example, Hanlon et al.,

596 (2012) showed a reduced late posterior positivity (LPP) amplitude to pictures of plated foods compared to pictures of flowers in women (both healthy weight and those with obesity) after an 597 acute 45-minute bout of high moderate-intensity exercise compared to rest, suggesting reduced 598 599 motivation towards food following exercise. In contrast, participants in Carbine et al. (In Press) 600 performed exercise at moderate (3.7 METS) and vigorous (7.4 METS) intensities and found no 601 difference in the centro-parietal P3 or LPP ERP components following either exercise condition 602 or rest. Given that these two studies were conducted using passive viewing attention-based paradigms, instead of cognitive control or response inhibition paradigms, it is difficult to make 603 604 clear comparisons.

605 There are some studies in adolescents looking at exercise and neural responses to food 606 cues. Two separate studies of adolescents showed decreased P3 amplitudes to food stimuli 607 compared to nonfood stimuli following acute moderate-intensity exercise compared to rest (Fearnbach et al., 2016; Fearnbach et al., 2017). However, the decreased amplitudes were 608 609 moderated by obesity status, since the P3 component amplitude to food stimuli was decreased 610 after exercise only in adolescents with obesity. In another crossover study in adolescents there 611 was no difference in N2 amplitude to a go/no-go task between 60 minutes of seated video game 612 play vs. active video game play (Smith et al., 2020). Taken together, all these studies suggest that 613 there might be a positive role of exercise on reducing attentional allocation towards food cues, 614 however the results are not homogeneous and may be more impactful in adults or be moderated 615 by obesity. Our study adds to this research, suggesting that not only does exercise have the 616 potential to influence neural reflections on food cues but also is able to enhance response 617 inhibition to high-calorie foods. Additionally, our study adds evidence that primarily vigorous

618	exercise (70% VO _{2max}), rather than moderate exercise (35% VO _{2max}), may be beneficial in
619	increasing cognitive control and food-specific inhibitory control functions.

620 As an exploratory portion of this study, we tested the possible moderating role of gender. 621 The gender-related analyses were done primarily to inform future research and to ensure that 622 there were not gender-specific effects given recent findings suggesting that P3 component 623 amplitude to a flanker task may be more positive in female than male exercisers, but not different 624 between genders in more sedentary individuals (Lennox et al., 2019). Notably, we did not have 625 gender-related hypotheses going into the current study. In contrast to the Lennox et al. findings, 626 gender did not interact with exercise intensity for any of the dependent variables in the current 627 study. Despite the absence of interactions with exercise intensity, there were some gender 628 differences that are worth noting even though they did not alter the results of this study. Men in 629 the study tended to have a more negative N2 response for the go/no-go task and a more positive 630 P3 response to the flanker task. They also tended to respond faster and with better accuracy than 631 the women. Our findings of increased amplitude N2 and P3 component amplitudes in men 632 compared to women are consistent with previous work showing larger N2 and error-related ERP 633 component amplitudes in men compared to women as well as decreased accuracy and longer 634 response times in female participants (Clayson et al., 2011; Larson et al., 2011b; Stoet, 2010), 635 suggesting these gender and cognitive control differences are likely not specific to exercise. 636 4.1 Potential mechanisms

Although there have been a number of proposed mechanisms explaining the impact of
exercise on response inhibition and cognitive control, the mechanisms underlying these changes
remain unclear and evidence is still limited. One possible mechanism is neurotransmitter changes
associated with exercise—specifically catecholamines that are associated with cognitive

641	response following higher intensity exercise (e.g., exercise beyond moderate walking)(Joris et
642	al., 2018; Ogoh and Ainslie, 2009). The possibility of catecholamine-related changes is also
643	interesting since catecholamines are involved in altering eating behavior (Wellman, 2000). The
644	concentration of catecholamines in the brain raises with increased exercise intensity but
645	appreciable levels of norepinephrine are not generally observed until around 50% of VO_{2max}
646	(Joris et al., 2018; Ogoh and Ainslie, 2009). This would potentially explain the increase in ERP
647	amplitudes, accuracy and response times in the vigorous intensity condition compared to both the
648	moderate and rest conditions. It is also possible that elevated levels of serum brain derived
649	neurotrophic factor (BDNF) can modulate the relationship between exercise intensity and
650	cognitive performance, particularly since BDNF increases at moderate to high levels of physical
651	activity (Hung et al., 2018; Jimenez-Maldonado et al., 2018).
652	Another possible moderator of the relationship between exercise intensity and cognitive
653	and inhibitory control functions is changes in cerebral blood flow following exercise (Smith and
654	Ainslie, 2017). Specifically, there is a transient change in cerebral blood flow that is intensity
655	dependent. As exercise becomes more intense, cerebral blood flow tends to increase up to an
656	exercise intensity of ~60% VO_{2max} after which blood flow plateaus and begins to decrease
657	toward resting values as exercise intensity continues to increase, likely due to vasoconstriction
658	(Joris et al., 2018; Ogoh and Ainslie, 2009; Smith and Ainslie, 2017). As noted above, it may be
659	that the current ~70% VO _{2max} is not sufficiently vigorous to see a downturn in performance.
660	Future research is needed to address this possibility.
661	There are other neuroelectric mechanisms specific to ERPs and human electrophysiology

that may explain some variance in the relationship between exercise intensity and

663 cognitive/inhibitory control abilities. Specifically, Polich (2007) suggested that increased P3

664	amplitude was the neural response stemming from memory processing coming from inhibiting
665	task-irrelevant brain activation. This inhibition may be influenced by exercise-related changes in
666	arousal regulated by the reticular activating system (Kinomura et al., 1996; McMorris et al.,
667	2018), although recent findings suggest that the locus coeruleus may not be specifically
668	implicated (McGowan et al., 2019). Others suggest that an increase in P3 amplitude may be due
669	to a general arousal effect associated with exercise-related activity that heightens neuroelectric
670	activity (Magnie et al., 2000). In short, although the precise mechanisms remain nonspecific,
671	current findings likely result from an interaction of neurotransmitter, hemodynamic, and
672	neuroelectric increases that may be associated with the general arousal following high intensity
673	exercise.

674 *4.2 Study limitations and strengths*

Study limitations should be considered when interpreting the current results. First, the 675 testing order for the food go/no-go and the flanker was not randomized. The study was 676 677 specifically designed for the food go/no-go paradigm to be completed first since food-related 678 inhibitory control was the primary research question and the general cognitive control question 679 was secondary. Not controlling for task order in the design means we cannot rule-out the 680 possibility that the flanker results were influenced by the food-specific go/no-go task. 681 Differences in findings between the tasks may be related to the timing of presentations, since the 682 flanker was always performed after the go/no-go task. In addition, while the gender differences 683 were interesting, the sampling for the study was not done randomly. Thus, the interpretation of 684 differences between genders should be considered with caution.

685 Despite the limitations, this study is unique and has several strengths. First, this study is
686 one of the first to evaluate the impact of acute exercise across multiple intensities on food-related

687 response inhibition. In addition, the large sample size makes the estimates of effect size more 688 stable and reduces the possibility of inflated effects or missing a small effect. In addition, the study included both genders in roughly equal number, which allowed for some inferences on the 689 690 role of gender on these relationships. Previous investigations lacked the sample size and gender 691 diversity to explore this question. While not perfectly designed (as go/no-go and flanker task 692 order was not randomized) the study also attempted to evaluate if any changes in food-related 693 neural inhibition were a result of general cognitive control changes. The study also is unique in 694 that it evaluates two different exercise intensities that are commonly performed at a duration that 695 is more consistent with weight management recommendations. The apparent differences in the 696 neural and behavioral response between exercise intensities suggests that evaluating different 697 exercise intensities is important because the results of the study change based on the exercise 698 prescription. Finally, the exercise prescription was precisely prescribed base on individually-699 measured maximal aerobic capacity, which is different for each individual.

700

5 Conclusions and future directions

701 Overall, this study supports previous studies that a single bout of exercise has the 702 potential to influence measures of food-related inhibitory control and cognitive control. Results 703 suggest that these benefits extend primarily to higher (i.e., jogging) but not lower intensity 704 exercise (i.e., light walking). Benefits to inhibitory control are important for daily tasks such as 705 withholding a prepotent response (like eating an apple instead of a donut when both are 706 available) particularly during nonroutine circumstances (Banich, 2009). Thus, higher intensity 707 aerobic exercise seems to be an efficient means of increasing inhibitory and cognitive control 708 functions for a period of time after exercise (Kao et al., 2019). Future research is needed to 709 determine specific neural mechanisms, assess if there is an inverted-U at maximal intensity

710	thresholds, test the role of adiposity/obesity, and to evaluate how food-specific inhibitory control
711	and cognitive control are altered with exercise training over time and individual aerobic fitness.
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		Mean	SD	Range
Age (years)	Total	22.46	3.68	18, 44
	Men	23.14	3.65	18, 44
	Women	21.78	3.58	18, 39
Height (cm)	Total	171.73	9.46	148, 195
	Men	178.31	6.77	161.9, 195
	Women	164.77	6.43	148, 179.50
Weight (kg)	Total	69.22	14.07	45.30, 129.30
	Men	76.15	13.73	57.10, 129.30
	Women	61.89	10.22	45.30, 93.35
VO _{2max} (ml kg ⁻¹ min ⁻¹)	Total	44.05	7.80	28.21, 67.87
	Men	48.36	7.42	28.21, 67.87
	Women	39.50	5.17	28.4, 52.95
BMI (kg m ⁻²)	Total	23.29	3.24	17.60, 36.90
	Men	23.80	3.44	17.60, 36.90
	Women	22.74	2.93	18.00, 33.50
Max Heart Rate	Total	195	9.01	169, 225
	Men	193	9.28	169, 225
	Women	196	8.60	175, 214
Body fat (%)	Total	25.97	8.40	9.69, 48.74
	Men	20.73	6.92	17.37, 48.85
	Women	31.51	5.91	9.70, 45.18

Table 1: Mean and standard deviation of height, weight and VO_{2max} (n = 217)

SD = standard deviation.

	35%		70%	
	Mean	SD	Mean	SD
Average Heart Rate				
Male	107.9	12.2	162.2	11.4
Female	110.2	12.9	163.2	11.4
% of Max Heart Rate				
Male	56.7%	5.6%	82.9%	5.0%
Female	55.1%	5.9%	83.9%	5.7%
METs				
Male	55.1	5.4	82.9	4.7
Female	56.9	5.9	84.4	4.8

Table 2: Heart rate and metabolic equivalent characteristics of exercise by condition

MET = Metabolic equivalent; 1 MET = resting metabolism

< 3 METs = light intensity activity, 3 to 6 METs = moderate intensity exercise,

> 6 METs = vigorous intensity exercise. SD = standard deviation.

	Rest		,	35%	70%		
	Estimate	Trial Range	Estimate	Trial Range	Estimate	Trial Range	
Flanker N2							
Congruent	0.83	49, 120	0.77	34,120	0.73	38,120	
Incongruent	0.72	38,114	0.71 41, 113		0.78	31, 113	
Flanker P3							
Congruent	0.84	29, 120	0.82	28, 120	0.64	59, 120	
Incongruent	0.84	22, 114	0.82	22, 113	0.84	46, 113	
GNG N2							
Go	0.96	12, 140	0.96	16, 140	0.95	14, 140	
No-go	0.88	8, 59	0.93	5, 58	0.90	8,60	
GNG P3							
Go	0.94	12, 140	0.92	31, 140	0.92	13, 140	
No-go	0.91	5, 59	0.89	8, 58	0.90	8,60	

Table 3: Dependability estimates and trial ranges for all ERP components

	Rest		35%		70%			
	Mean	SE	Mean	SE	Mean	SE	F	р
Response Time	(ms)						6.52	0.002*
Go	4.35	2.83	5.82	2.83	10.17	2.83		
Response Accu	racy (%)						1.13	0.32
Go	97.42	0.52	98.23	0.52	98.64	0.52		
No-go	87.78	0.52	88.64	0.52	89.58	0.52		
N2 Mean Amplitude (µV)						0.09	0.92	
Go	-1.46	0.15	-1.39	0.15	-1.79	0.15		
No-go	-1.98	0.15	-1.95	0.15	-2.35	0.15		
P3 Mean Amplitude (µV)						3.56	0.03*	
Go	1.19	0.14	1.21	0.14	1.34	0.14		
No-go	2.40	0.14	2.40	0.14	2.90	0.14		

Table 4: Behavioral and ERP means and standard errors for the food-related go/no-go task by condition

Note: Values presented for F and p refer to the exercise condition-by-trial type interaction except for the response time, where it is just the main effect of condition *p < .05, SE = standard error

	Res	Rest		35%		70%		
	Mean	SE	Mean	SE	Mean	SE	F	р
Response Time (ms)						5.28	0.005*	
Congruent	353.40	2.31	355.75	2.32	351.59	2.32		
Incongruent	419.11	2.31	419.11	2.32	411.03	2.32		
Response Accuracy (%)						1.13	0.33	
Congruent	96.04	0.52	95.02	0.53	94.78	0.53		
Incongruent	88.71	0.52	87.92	0.53	88.42	0.53		
N2 Mean Amplitude (μ V)						0.82	0.44	
Congruent	1.27	0.14	1.38	0.13	1.41	0.14		
Incongruent	0.24	0.14	0.16	0.13	0.20	0.14		
P3 Mean Amplitude (µV)						0.30	0.74	
Congruent	2.70	0.16	3.00	0.16	3.02	0.17		
Incongruent	4.05	0.16	4.30	0.16	4.49	0.17		

Table 5: Behavioral and ERP means and standard errors for the flanker task by condition

Note: Values presented for F and p refer to the exercise condition by trial-type interaction

*p < .05, SE = standard error

Figure Legend

Figure 1 Overview of participant recruitment and analyses.

Figure 2 Z-score values of dependent variables for both tasks by exercise condition.

Figure 3 Event-related potential waveforms along with topographical maps for the N2 and P3 on the go/no-go trials. (COLOR)

Figure 4 Event-related potential waveforms along with topographical maps for the N2 on the incongruent trials during the flanker task. (COLOR)

Figure 5 Event-related potential waveforms along with topographical maps for the P3 on the incongruent trials during the flanker task. (COLOR)

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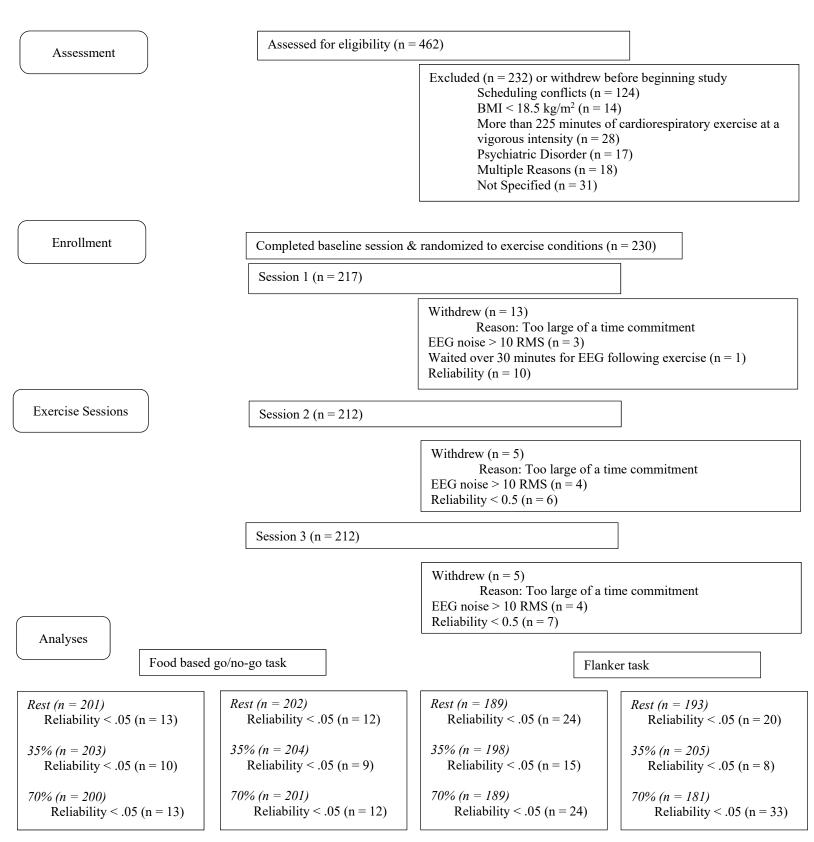


Figure 1: Overview of participant recruitment and analyses. RMS = root mean squared. As a note, numbers presented as being dropped for reliability are re-presented under analyses to show the distribution of data loss across exercise condition rather than session.

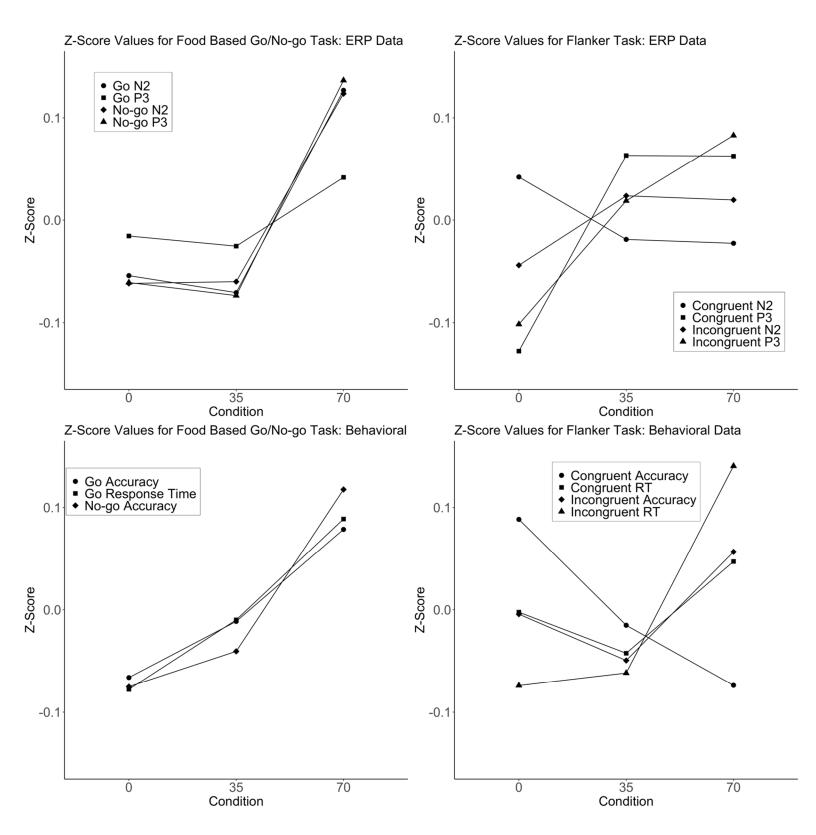


Figure 2: Z-score values of dependent variables for both tasks by exercise condition. Scores for negative-going measures (e.g., N2 amplitude, response times) were reversed so higher z-scores are associated with larger component amplitude or faster performance for ease of interpretation.

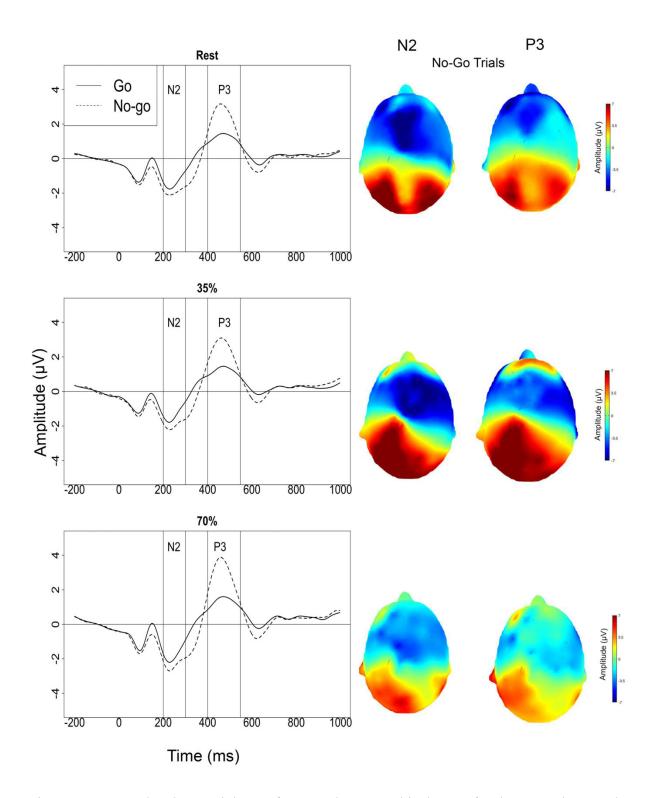


Figure 3: Event-related potential waveforms and topographical maps for the N2 and P3 on the go/no-go trials.

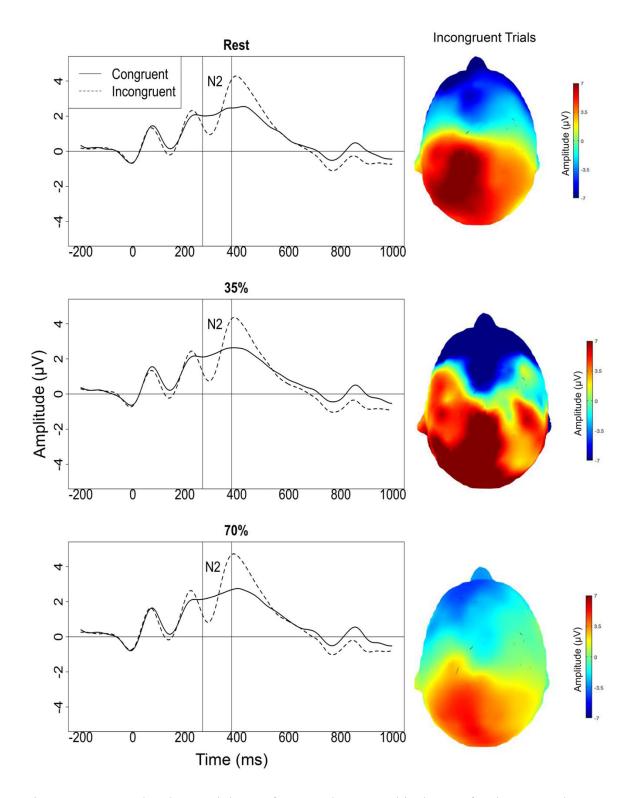


Figure 4: Event-related potential waveforms and topographical maps for the N2 on the incongruent trials during the flanker task.

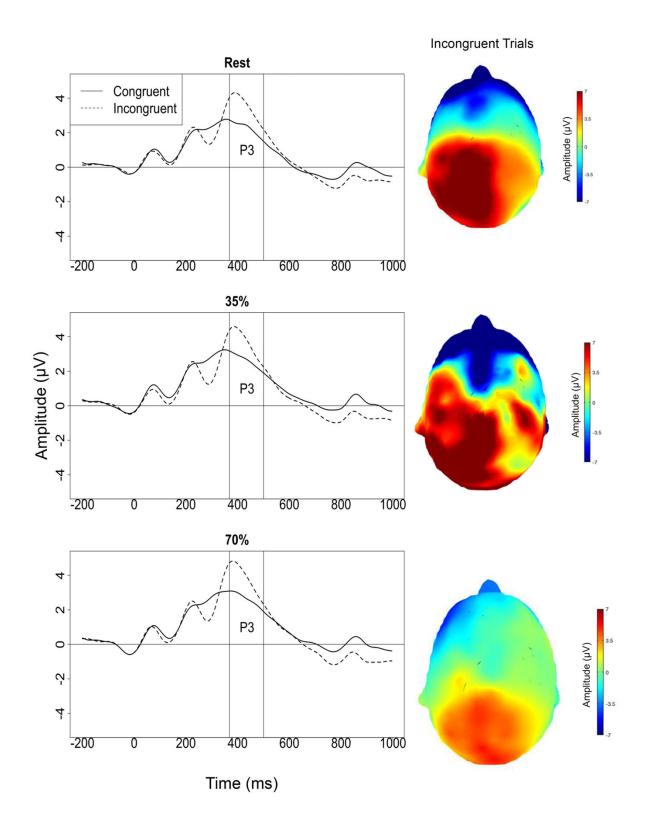


Figure 5: Event-related potential waveforms along with topographical maps for the P3 on the incongruent trials during the flanker task.