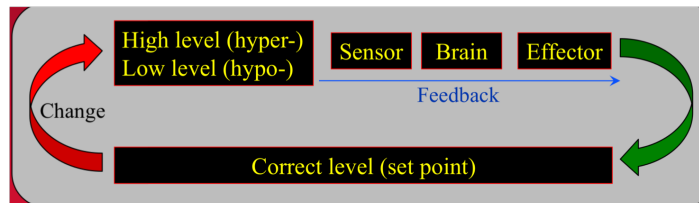


## Circadian rhythm and Sleep

### - Homeostasis

Maintenance of equilibrium by active regulation of internal states:

- Cardiovascular function (blood pressure, heart rate)
- Body temperature
- Food and energy regulation
- Fluid regulation



### - Summary of homeostatic control

Multiple mechanisms control homeostasis

- Emphasises the importance to survival
- Set points are not fixed:
  - Many homeostatic functions show daily rhythms
  - Maintain levels appropriate for the level of activity
  - Therefore efficient in energy use.

#### Example

- During sleep body temperature decreases
- Heart rate decreases
- Respiration rate decreases

➤ Energy conservation

## Biorhythms

Many functions show natural biological rhythms

- Circadian rhythms (daily cycle)
- Body temperature, heart rate, respiration, sleep
- Circannual rhythms (yearly cycle)
- Hibernation, mating behaviour, migration

Linked to:

- Light/dark cycle
- Season (day length probably critical)

## Circadian rhythms

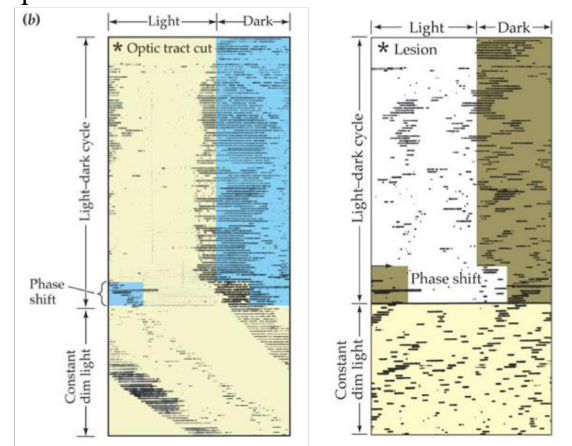
- Bodily functions linked to day length Light/dark cycle important determinant.
- How does light/dark information affect body systems?

### ❖ Optic tract lesion

- Circadian rhythm maintained, even in constant light
- Periodicity changed

### ❖ Suprachiasmatic nucleus lesion

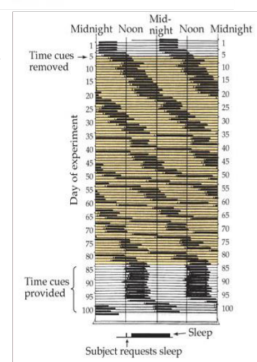
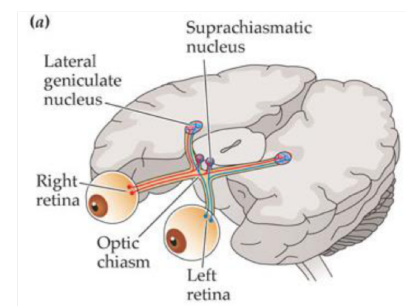
- Circadian rhythm abolished
- No periodicity



Therefore suprachiasmatic nucleus important for circadian rhythm

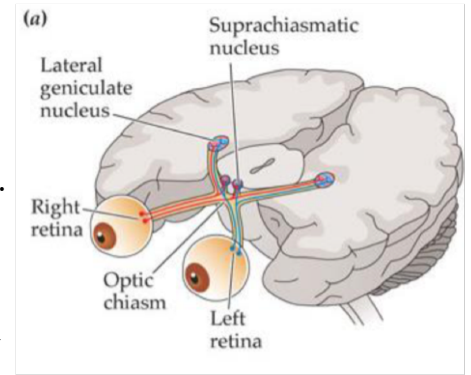
## Suprachiasmatic nucleus (SCN)

- ❖ Located in hypothalamus, just above optic chiasm
- ❖ Cells in SCN show oscillations of activity
- Related to circadian rhythm
- Believed to form the 'biological clock'
- Many functions (e.g. sleep wake cycle) are maintained in constant light or constant dark.
- Periodicity may not be 24 hours
- In normal light/dark cycle SCN rhythm is 'phase locked' to light dark



### How does light information reach SCN

- ❖ Many non-mammalian species have photoreceptors outside the eye.
  - e.g. amphibians and reptiles – pineal gland is light sensitive
- ❖ In mammals a direct pathway from eyes to SCN has been identified
  - Carries light information to SCN
  - Rods and cones do influence SCN function
  - Light sensitive information still reached SCN in the absence of rods and cones
  - Therefore other light receptors also present in eye.



### Circadian rhythms in action: sleep

‘Free running’ sleep rhythm about 25 hrs

Entrainment to light dark cycle maintains a 24 hr periodicity , Mediated through SCN activity

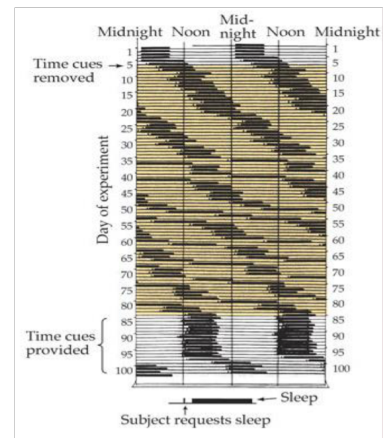
#### Jet-lag

- Rapid shifts in light dark cycle
- Takes a few days for endogenous rhythm to re-entrain

### Passive onset of sleep

#### Bremer (1930)

- Surgically separated midbrain from forebrain in cats
- Animals remained permanently asleep
- Proposed that in the absence of sensory input the cortex became quiescent (i.e. sleep)



#### Moruzzi & Magoun

- Electrical stimulation of the midbrain woke sleeping animals
- Lesions to this area caused persistent sleep
- Activating system in the midbrain, which activates the cortex
- Lack of tonic activating influence of midbrain causes cortical neurones to cease firing, and sleep to ensue.



### **Normal Sleep**

- Normal sleep consists of 1-4 series of phases of increasing depth(Non REM) and REM phases.
- Each phase has a characteristic EEG.
- There is a decrease with age in sleep length.

### **Characteristics of sleep**

#### **Slow-wave sleep(NON REM)**

- Progressive decrease in spinal reflexes
- Progressive reduction in heart rate and breathing rate
- Reduced brain temperature and cerebral blood flow
- Increased hormone secretion (e.g. growth hormone)
- Synchronised cortical activity

#### **REM sleep**

- Spinal reflexes absent
- Rapid eye movements behind closed eyelids
- Increased body temperature and cerebral blood flow
- Desynchronised cortical activity
- Dreams

### **Dreams**

- REM sleep dreams : sexual, clear, sleep paralysis, connected to external stimuli easy to be recalled.
- Nightmares
- Non REM sleep dreams : No story and no recall(Night terrors).

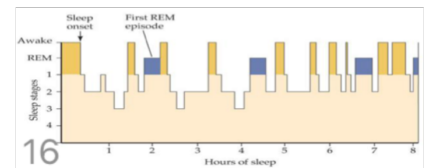
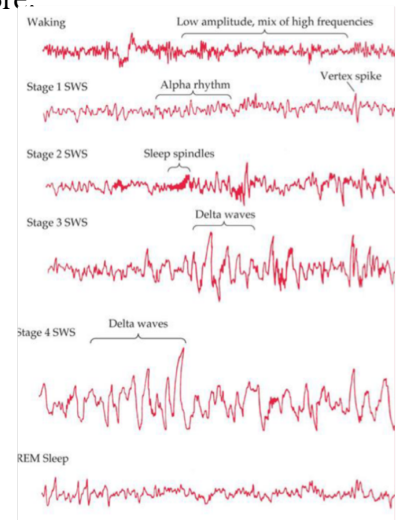
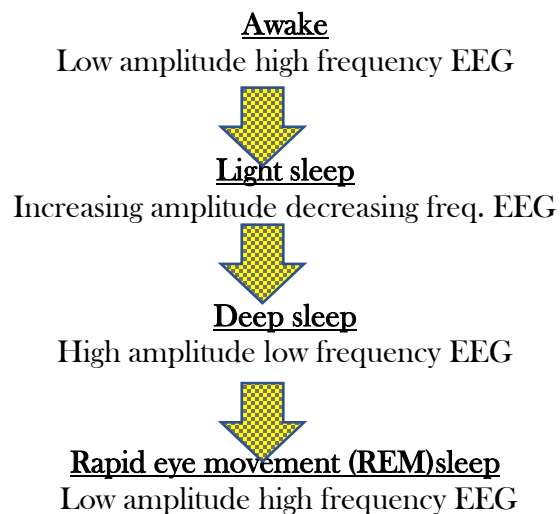
### **Normal night Sleep**

- In the first cycle:
- 15-20 minutes to fall a sleep.
- Over the next 45 min. one descends to stage 3 & 4(Non REM)
- After 45 min. after stage 4 reaches the first REM stage. (REM latency = 45 + 45 = 90 min.)

## Normal sleep

- As the night progresses:
- \* Each REM period gets longer.
- \* And stage 3+4 gets shorter until they disappear.
- \* Further into the night sleep becomes lighter and dreams become more.

## Brain activity during sleep



## Sleep as an active process

Electroencephalographic (EEG) recordings showed abundant neuronal activity in cortex during sleep

- Therefore not passive neuronal quiescence Pattern of the EEG was very different in sleep than in waking
- Waves of activity, indicating synchronous firing of cortical neurones
- Synchronising stimulus coming from sub-cortical areas
- Reticular formation still seen as important Several different levels of sleep
- Sleep is a complex combination of different aspects

## Characteristics of sleep

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## Neuronal circuitry controlling sleep

Cortex “kept awake” by ascending activation from midbrain

5HT inputs inhibit midbrain ‘activating system’ areas

- therefore promotes sleep

Stimulation of area surrounding SCN induces slow wave sleep • mechanism unclear: Probably involves SCN

No one stimulation site can promote REM sleep

- but lesions to specific brainstem areas abolish REM sleep.

## Neurochemistry of sleep

### Neurotransmitters

- 5HT - promotes slow wave sleep – inhibition of ‘activating system’
- Noradrenaline - ? inhibition of muscle tone during REM sleep
- Dopamine - general arousal
- Acetylcholine - induces REM sleep
- Also ‘sleep-promoting substances’
- Factor S, DSIP (delta-sleep inducing peptide), melatonin
- Not much known about their action
- May modulate circadian rhythmicity rather than sleep *per se*

### Disorders of sleep

- **Insomnia** - reduction or absence of sleep - transient or persistent
- **Hypersomnia (narcolepsy)** - excessive drowsiness and falling asleep.
- **Sleep-wake schedule disturbance** - transient or persistent
- **Partial arousal** - e.g. sleep-walking, nightmares \_\_\_\_\_
- Often associated with anxiety, psychological disturbance or drug taking
- Little known about causes
- Limited capacity for pharmacological treatment of sleep disorders

## Summary

### Homeostasis

- Maintenance of constant conditions
- e.g. hunger / satiety system \_\_\_\_\_

### Circadian rhythms

- Biological rhythms with 24 hour periodicity
- Role of SCN as circadian clock: entrainment to light/dark cycle

### Sleep

- Sleep as an active process – EEGs in different stages of sleep
- Characteristics of slow wave sleep and REM sleep
- Disorders of sleep

