Electroencephalography Sleep and Arousal Mechanisms

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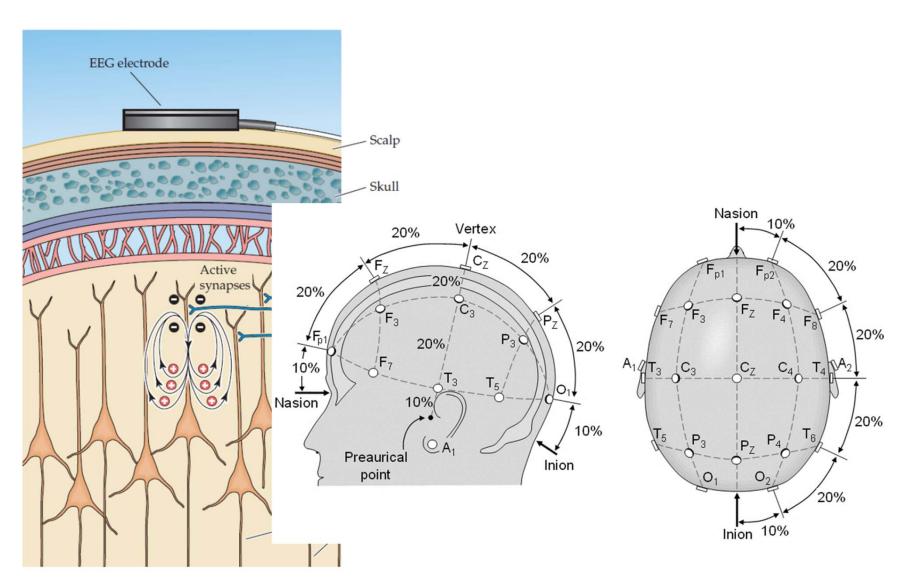


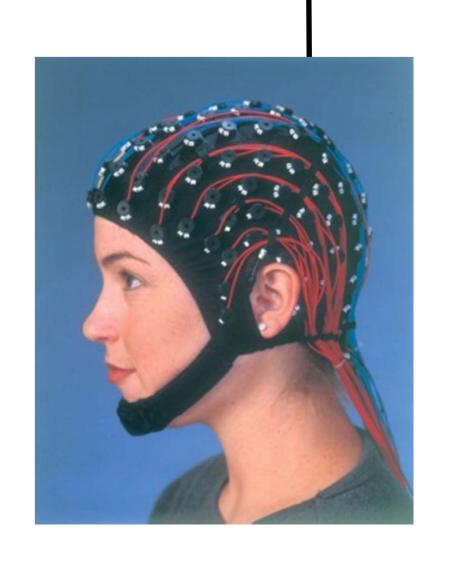
This presentation includes only the most important terms and facts. Its content by itself is not a sufficient source of information required to pass the Neuroscience exam.

Pictures and tables from:

- Principles of Neural Science (5th ed.), Kandel et al. (2013)
- Neuroscience (4th ed.), Purves et al. (2008)
- Joseph LeDoux. Rethinking the emotional Brain, Neuron (2012)
- Přehled lékařské fyziologie (20. vyd.), Ganong (2005)
- Atlas fyziologie člověka (6. vyd.), Silbernagl a Despopoulos (2004)
- Joseph LeDoux. Our emotional brain. https://www.youtube.com/watch?v=tjhCPhhzBqQ

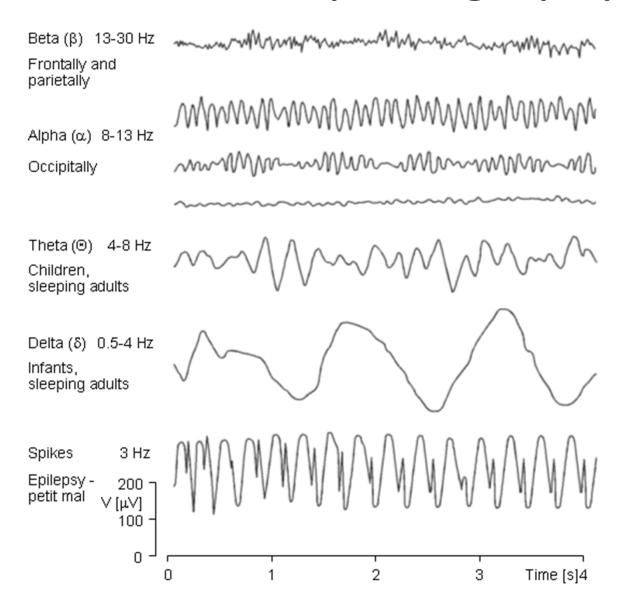
Electroencephalography



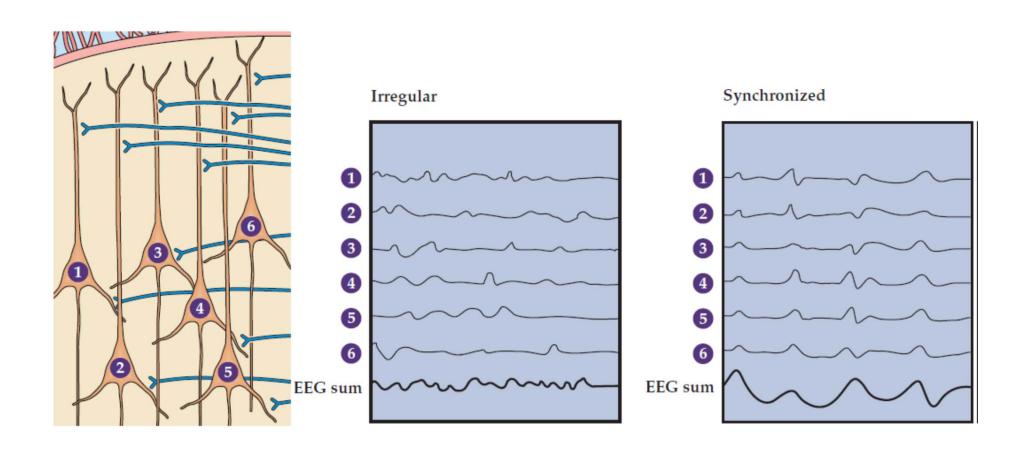




Electroencephalography



Electroencephalography



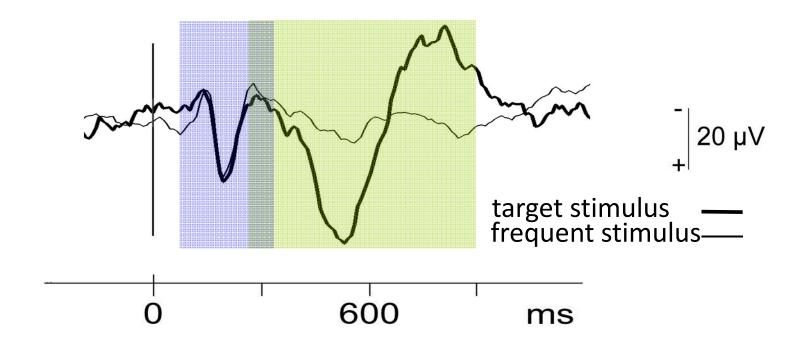
Evoked potentials

- Sensory evoked potential is an electrical manifestation of brain activity evoked by an external sensory stimulus.
- visual, auditory, somatosensory
- event-related potentials
 - generated in several cortical and subcortical regions in the post-stimulus period of 50 500 ms
 - associated with perceptive, cognitive and movement triggering processes (P300)

Event-related potentials

early sensory

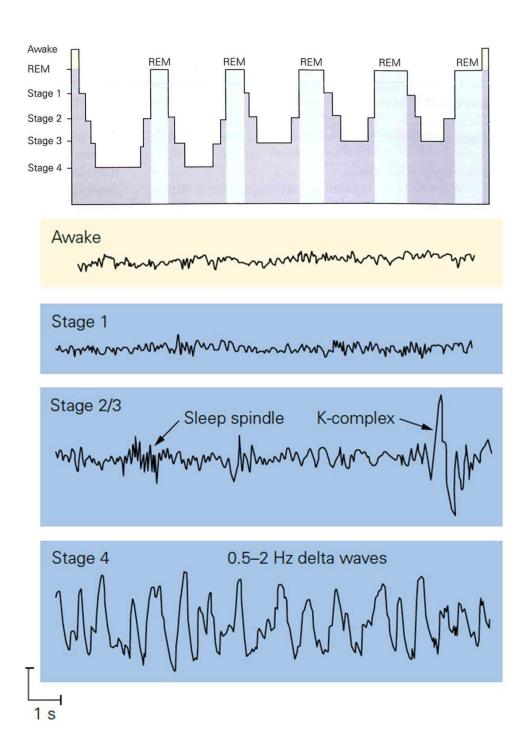
late "cognitive"



- is actively induced and highly organized brain state with different phases
- consumes a third of our lifes
- sleep is essential to life
- What is the function od sleep?

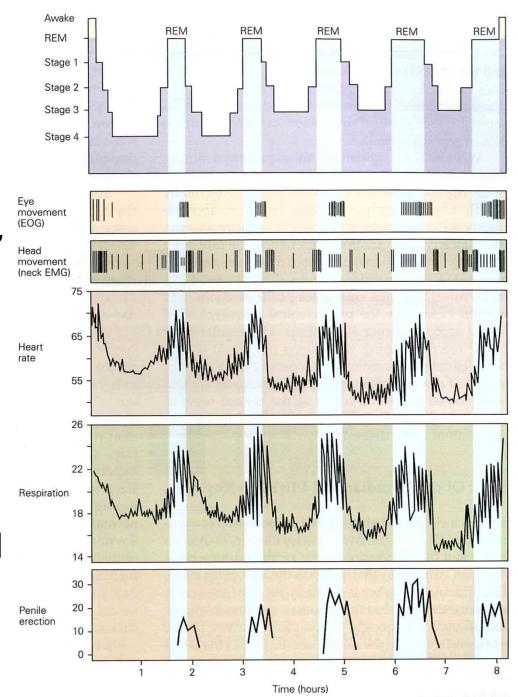
Non-REM sleep

- slow-wave sleep
- Stage 1-4
- EEG synchronization (deceleration of frequency and increase of amplitude)



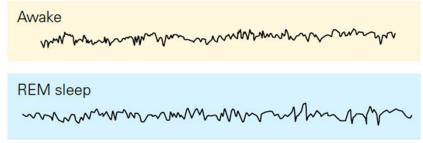
Non-REM sleep

- slow-wave sleep
- ↓ sympathetic outflow,
 ↓ HR, ↓ BP, ↓
 ventilation, ↓
 temperature
- skeletal muscle relaxed (muscle tone and reflexes intact)
- † threshold for arousal by sensory stimuli

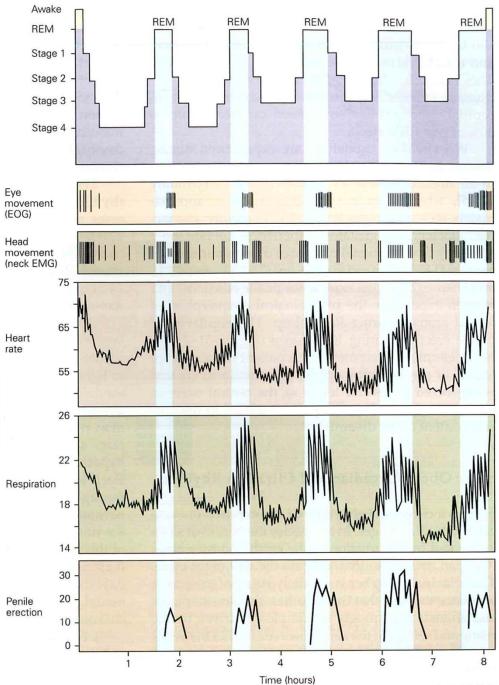


REM sleep

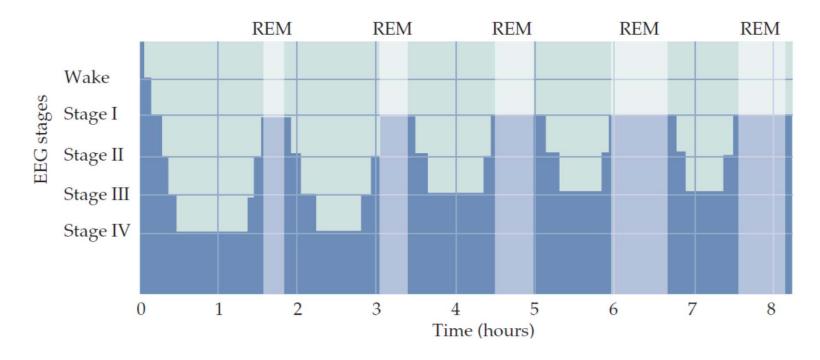
- rapid eye movements
- EEG patterns of REM sleep and wakefulness similar (paradoxical sleep)



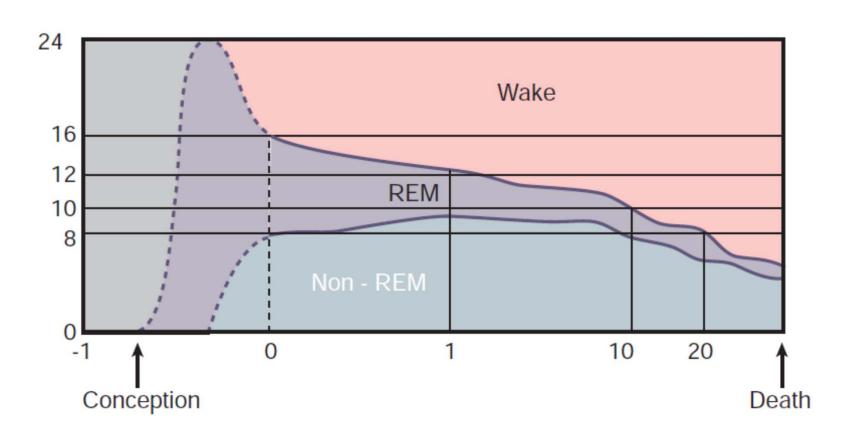
- atonia ↓ skeletal muscle tone (except eye muscle and diaphragm)
- vivid dreams for 80-95% Penile erection of time



- non-REM and REM stages = 90-110 minutes
- 4-6 times per night
- non-REM 3 and 4 stages duration decrease, the depth of non-REM sleep decreases, and REM stages duration increase

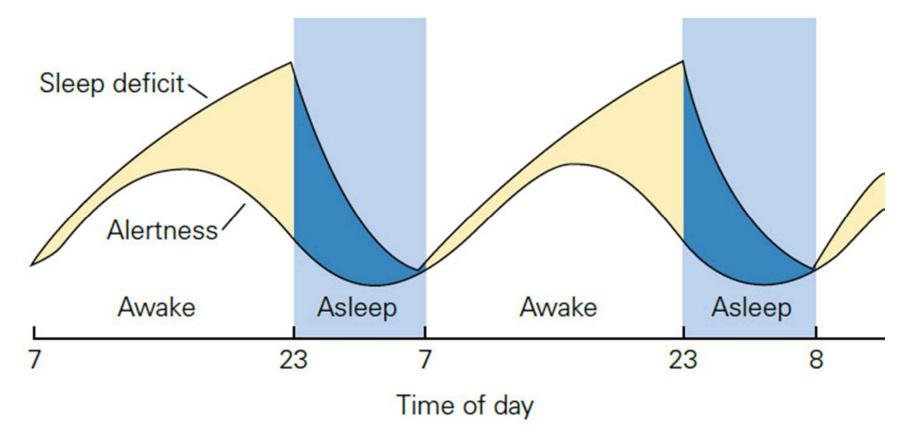


Sleep Sleep changes over the life span



Sleepiness

- = the drive to sleep
- two strongest factors:
 - time since the last full period of sleep (sleep deficit)
 - circadian rhythmicity in arousal



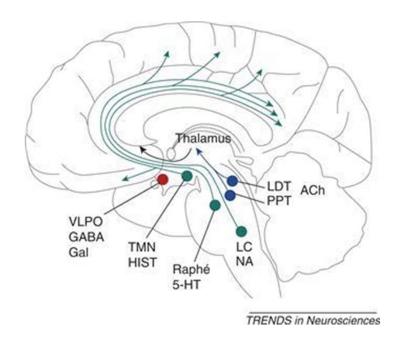
- is a circadian behaviour composed of cyclical (ultradian) stages
- endogenous circadian (= about 24 hours) rhythm
 - present even in complete absence of sun light and other clues as to the time of day
 - typically **slightly longer** than the normal day-night cycle (*e.g.* 25 hours)
 - guided by firing of nucl. suprachiasmaticus
 - synchronized with day-night cycle (retina – nucl. suprachiasmaticus; melatonin)

Brain Stem and Sleep-wake Cycle

 SCN generates the rhythm but it does not generate sleep and arousal.

critical structures located in the rostral pons and caudal midbrain – ascendent arousal system

(widespread projections to other parts of the CNS)



Sleep disorders

>50% population significant difficulties with sleep at least occasionally

Insomnia

- causes:
 - poor sleep habits (coffee, alcohol, food, exercise before sleep)
 - stress, shift work, jet lag
 - often associated with depression

Sleep apnea

• pattern of interrupted breathing during sleep causing waking up many times per night (\downarrow pO₂ + \uparrow pCO₂ \rightarrow arousal response)

Narcolepsy

 irresistible REM sleep attacks during the day without going through non-REM sleep

Sleep disorders Others

Parasomnias (sleep walking, sleep talking, night terrors, etc.)

Circadian Rhythm Sleep Disorders

Restless Leg Syndrome

Sleep disorders

Sleep research, sleeping laboratory

 polygraphic monitoring (namely EEG, EOG, EMG, ECG, breating, saturation, etc.)