

SLEEP: WHAT IS IT AND WHY DO WE NEED IT ?

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WHAT IS SLEEP ?



DEFINITION OF SLEEP

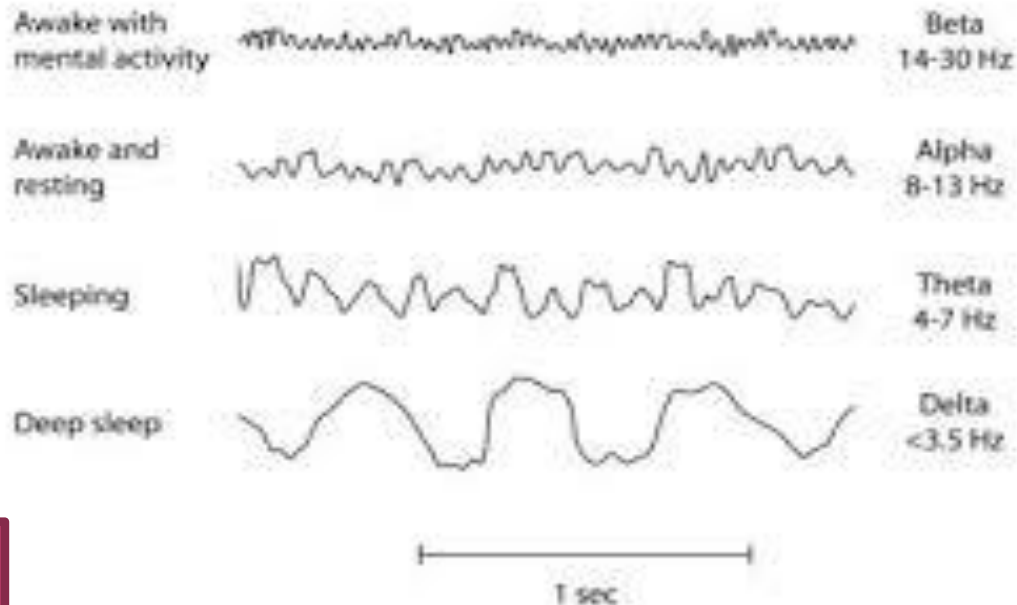
- Reversible cyclic physiologic dissociation from environment
- Characterized by physiologic and neurologic stage specific features
- Age specific variants of norm
- Restorative
- Normative physiologic function sleep dependent
- Universal across time and species

SLEEP IS HETEROGENOUS

- **Non-REM : Stage I**
Stage II
Stage III
- **REM**

EEG DEFINES SLEEP AND SLEEP STAGES

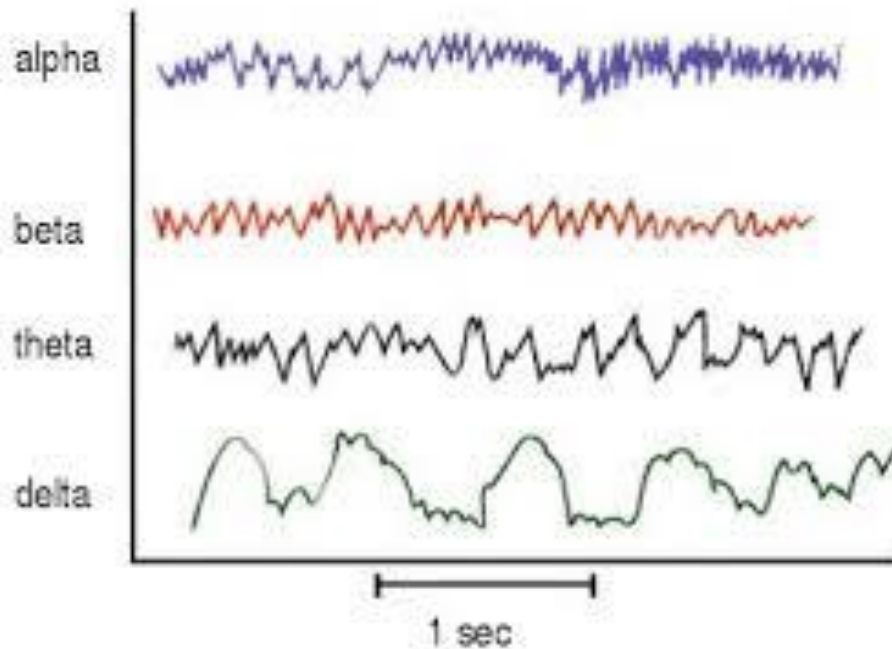
Normal Adult Brain Waves



DECREASING
FREQUENCY

DECREASING
VOLTAGE

WAVEFORMS OF SLEEP

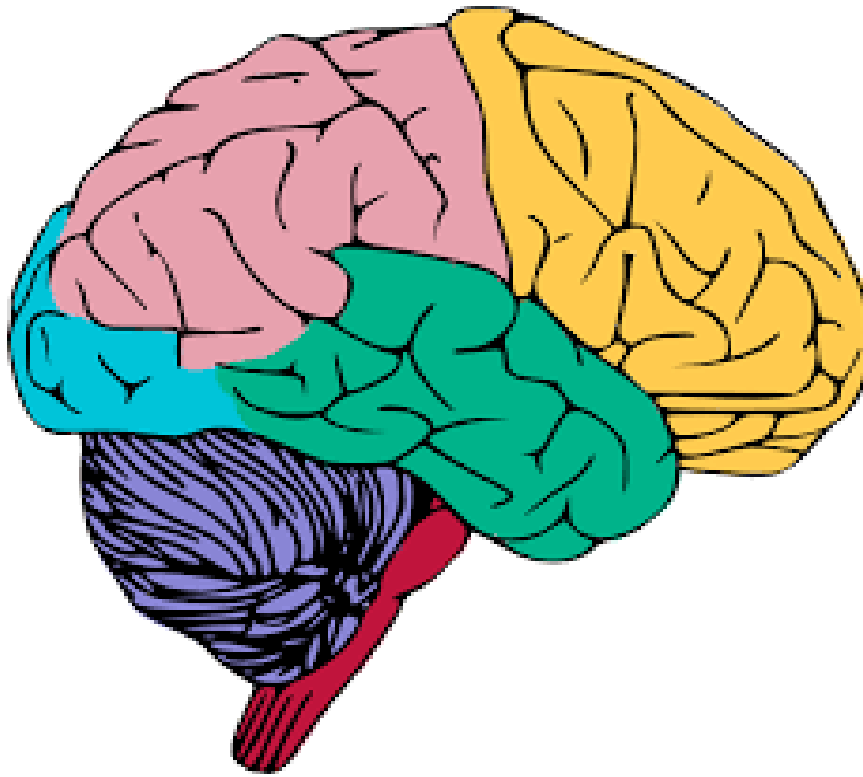


PARIETO-
OCCIPITAL

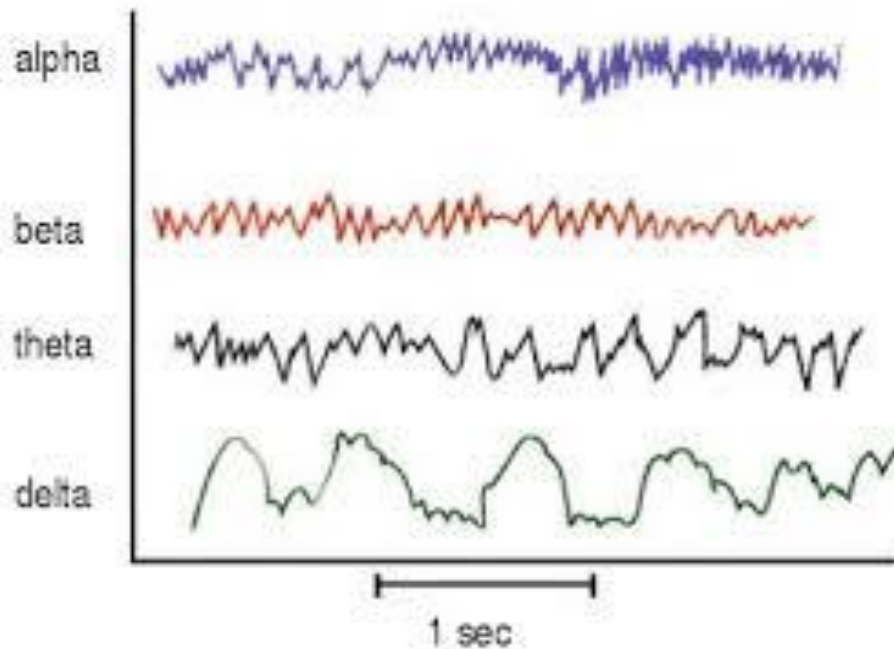
FRONTO-
CENTRAL

CENTRAL OR
TEMPORAL

DIFFERENT WAVEFORMS DIFFERENT NEUROANATOMY



WAVEFORMS OF SLEEP



**PARIETO-
OCCIPITAL**

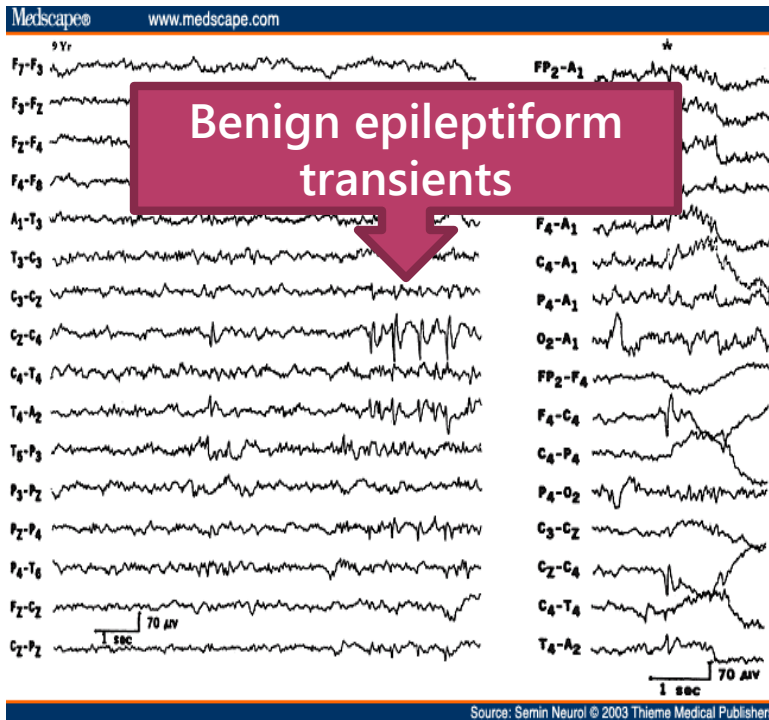
**FRONTO-
CENTRAL**

**CENTRAL OR
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WAVEFORMS

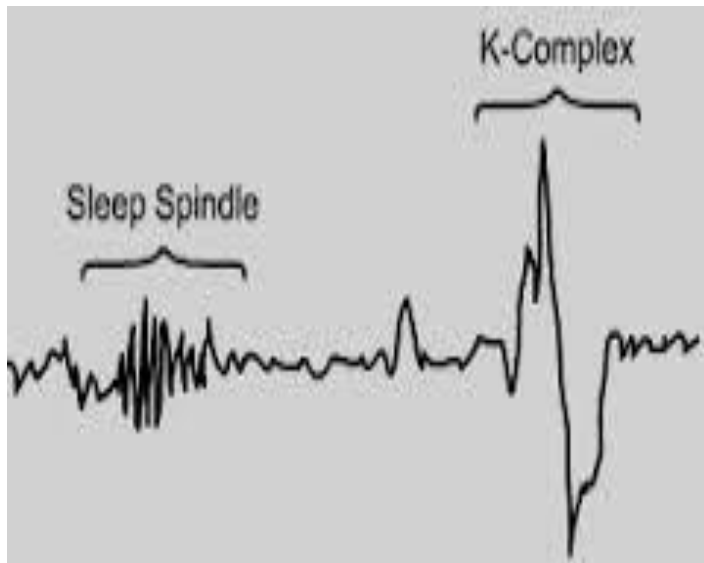
- **Specific cortical activity**
- **Specific Arousal Thresholds**
- **Specific metabolic and autonomic functions**

N1 SLEEP



- Transition from awake to sleep
- As Alpha decreases ...theta , beta and vertex waves.
- Slow rolling eye movement
- ~ 5% of sleep

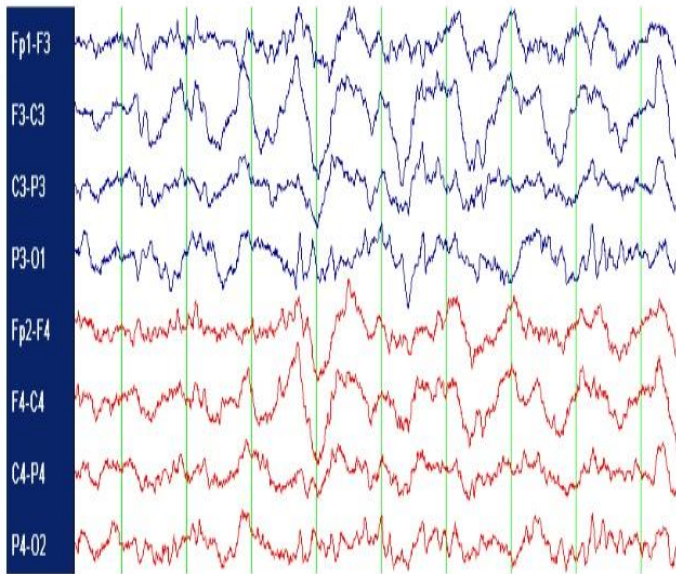
N2 SLEEP



- K complex >0.5 sec
- Associated with Sleep Spindles
- Begin to see Delta waves $< 50\%$.
- $\sim 50\%$ of sleep

N3 SLEEP

Stage N3

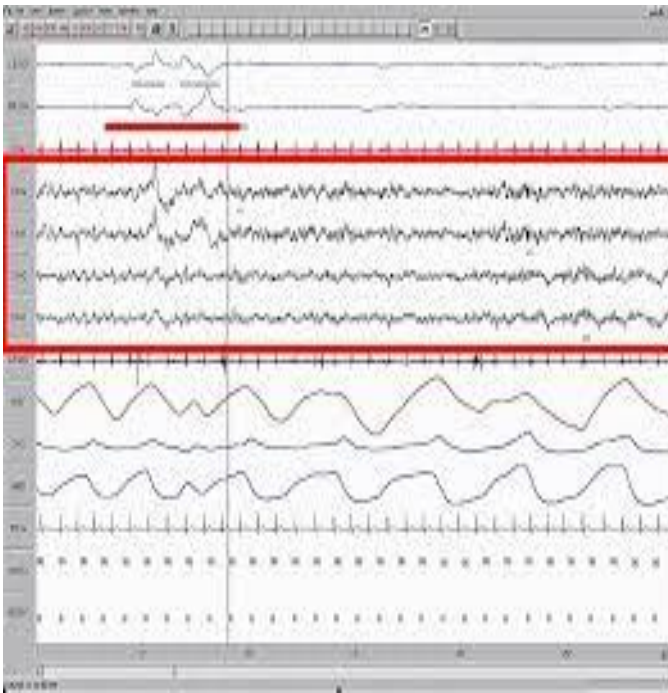


- Delta waves > 50%
- 20% of Sleep
- Memory consolidation
- Slow Wave Sleep
- ~ 10% of dreams but more realistic

N3 SLEEP

- **Memory consolidation**
- **Somatotropic axis**
- **Decreases with age. Females > Males (Sign of Aging).**

REM SLEEP



- REM
- Motor reduction or absence (hypotonia or atonia)
- Low voltage high frequency waves

REM SLEEP

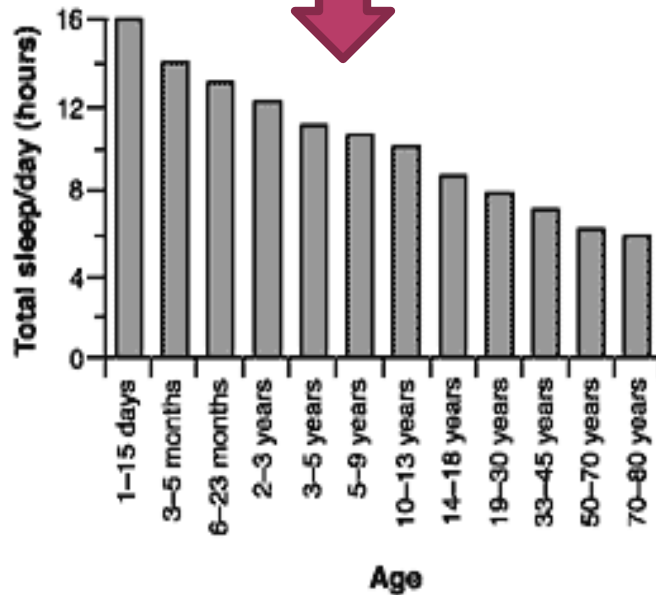
- **Cardiopulmonary Variability**
- **Paradoxical Sleep**
- **Cyclic ; ultradian**
- **Dreams ...90% . Vivid and bizarre.**
- **20-25% of sleep**

REM SLEEP

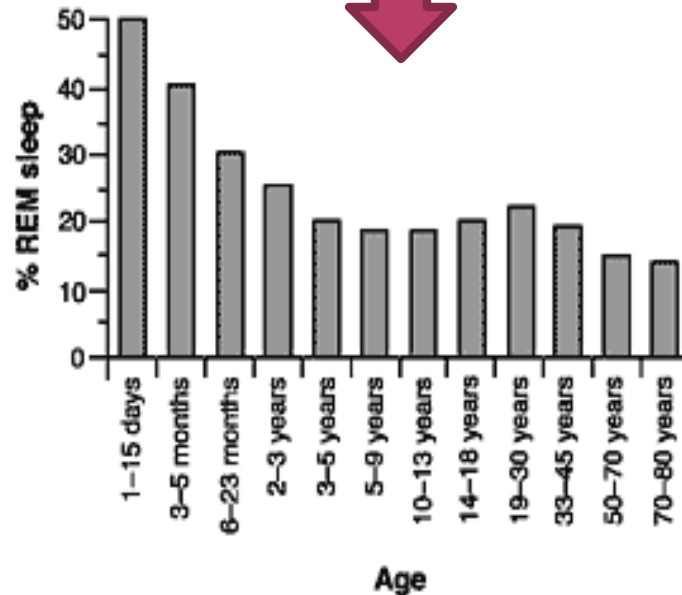
- **Mood**
- **Memory**
- **Neuronal development especially in infants**

REM SLEEP OVER THE LIFE SPAN

Sleep declines over time



REM Declines over time and cycles become longer

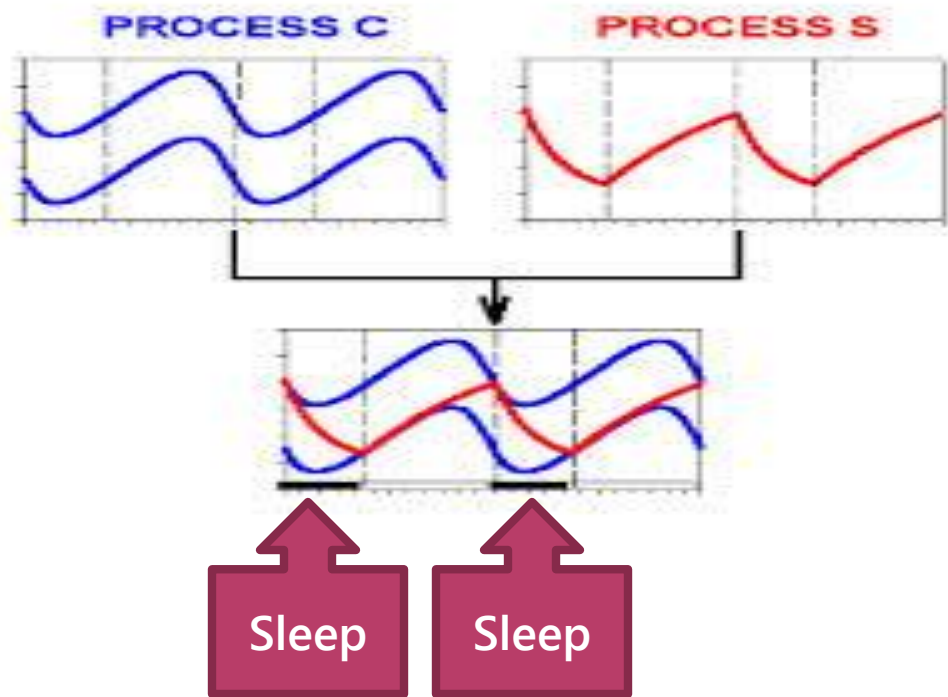


Data from Roffwarg, H.P., J.N. Muzic, and W.C. Dement. 1966. Ontogenetic development of the human sleep-dream cycle. *Science*, 152: 604-619.

REM OVER TIME

- Newborn + infants....50%
- Puberty....40%
- Adult....25%
- Elderlydeclines

WHAT MAKES US SLEEP ?



■ TWO PROCESS SLEEP-WAKE CYCLE

- PROCESS S...WAKE DEPENDENT

- PROCESS C...WAKE INDEPENDENT

PROCESS S

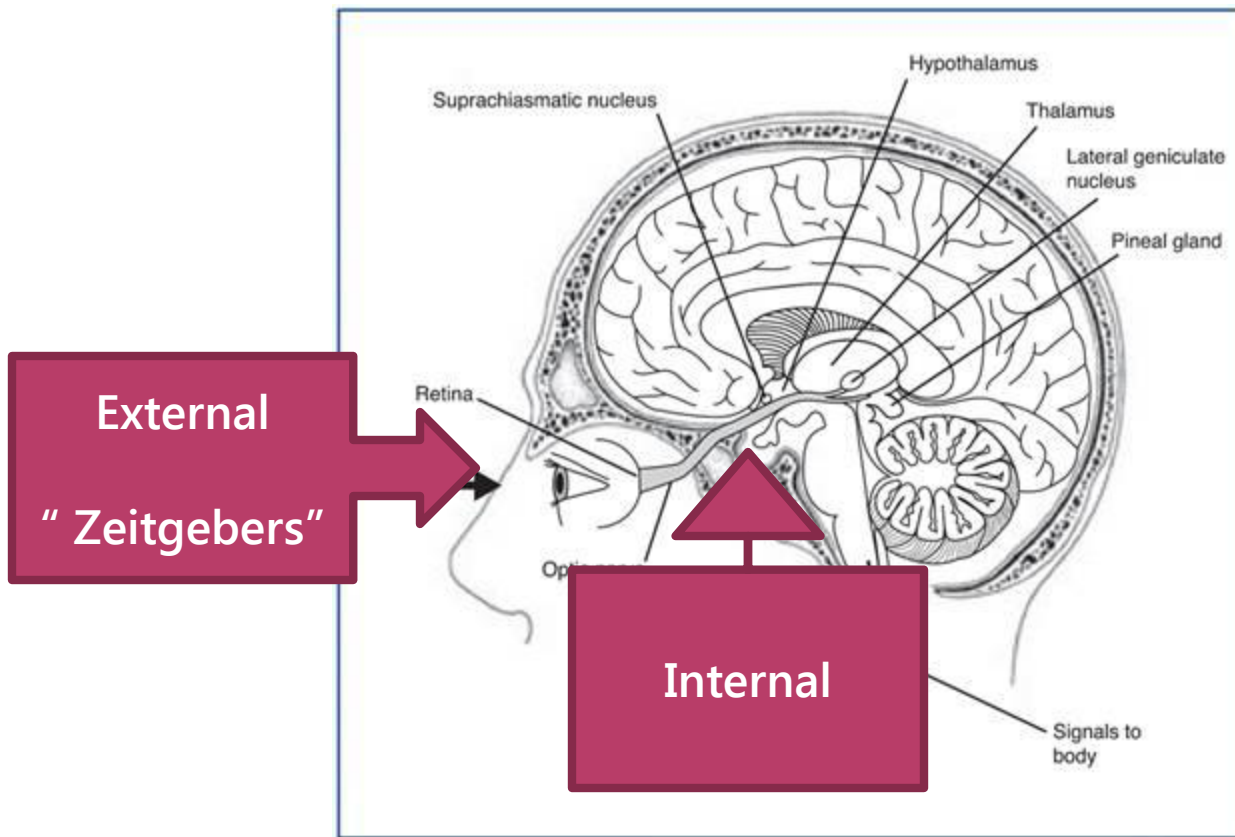
- Sleep onset based on level of wakefulness and activity
- As Sleep progresses level of wakefulness should increase

■ TWO PROCESS SLEEP-WAKE CYCLE

- PROCESS S...WAKE DEPENDENT

- PROCESS C...WAKE INDEPENDENT

PROCESS C (CIRCADIAN)



Genetics , Medication , Disease and Affective Disorders

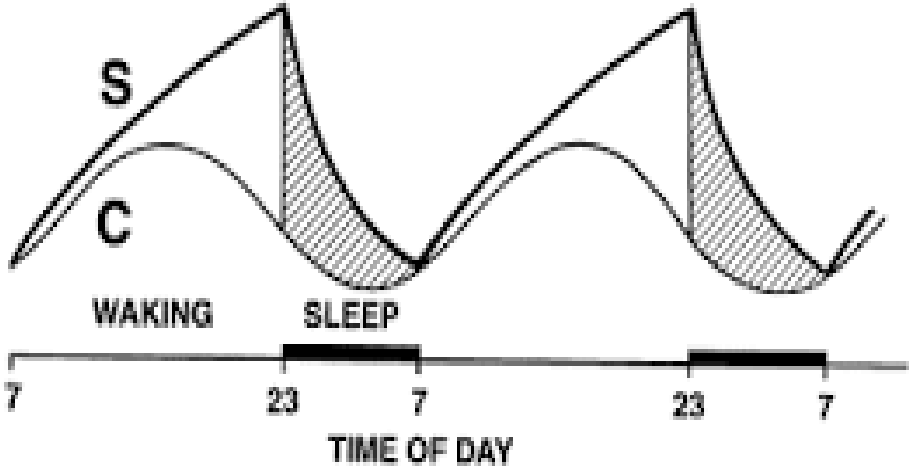
PROCESS C

- SCN...above optic chiasm at base of III Ventricle
- Delays in young
- Advance in elderly
- Affected by visual changes (cataracts)...esp. low frequency wavelengths .

PROCESS C AND AGING

- **Amplitude and timing of the cycle decreases with age**
- **Loss of cortical mass**
- **Decreased cortical synapses**
- **Decreased neurotransmitters**

SLEEP WAKE CYCLE



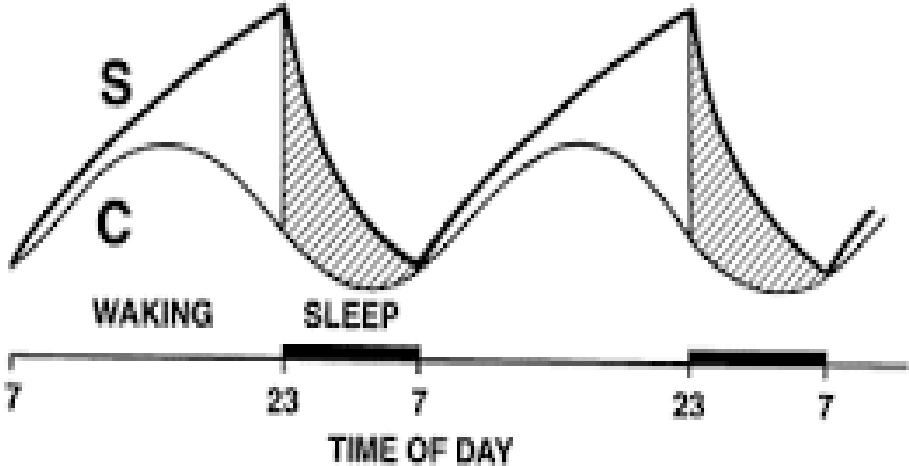
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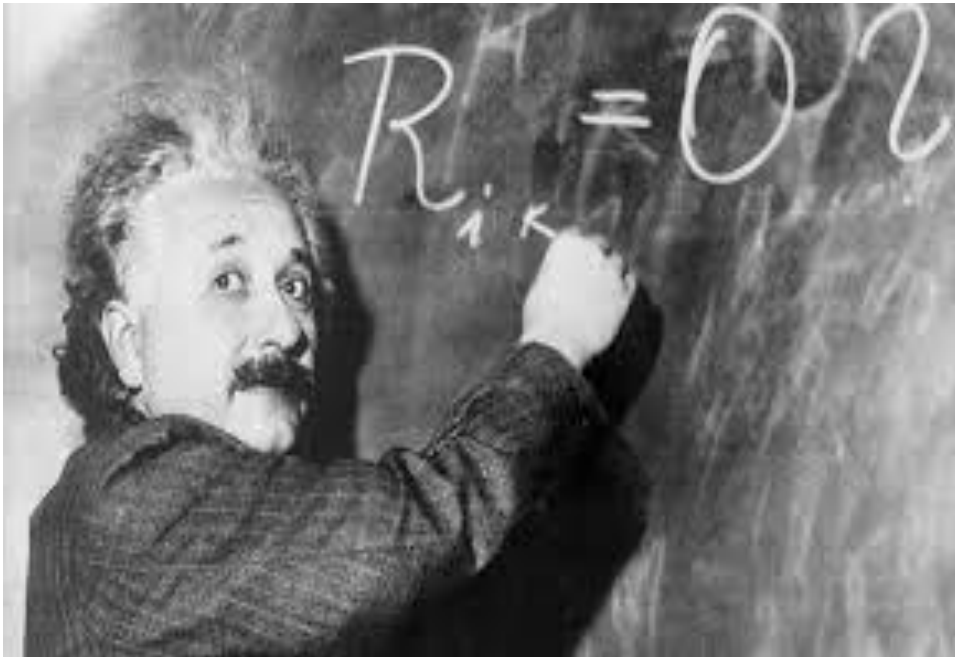
BORBELY'S TWO PROCESS SLEEP- WAKE CYCLE (A.BORBELY SECRETS OF SLEEP 1984)



SLEEP WAKE CYCLE

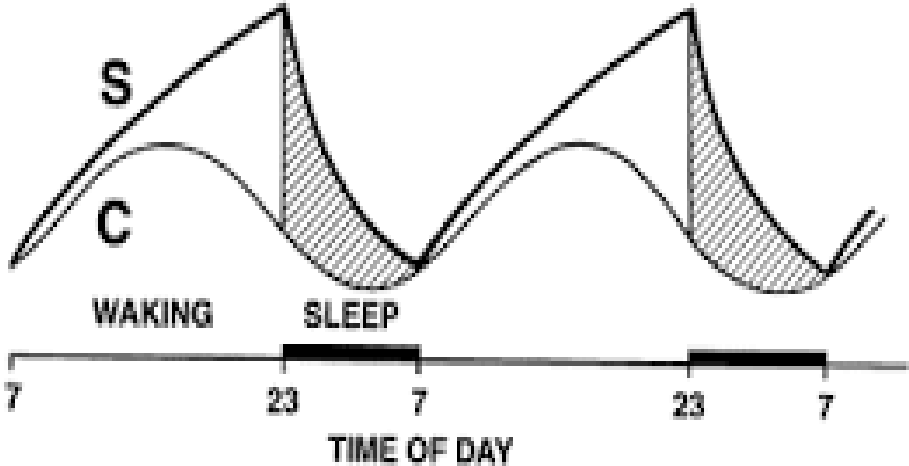


HOW DOES THIS WORK ?



IT'S WORSE THAN ROCKET SCIENCE

SLEEP WAKE CYCLE



SLEEP

Arousal

Sleep



Sleep
Promoting

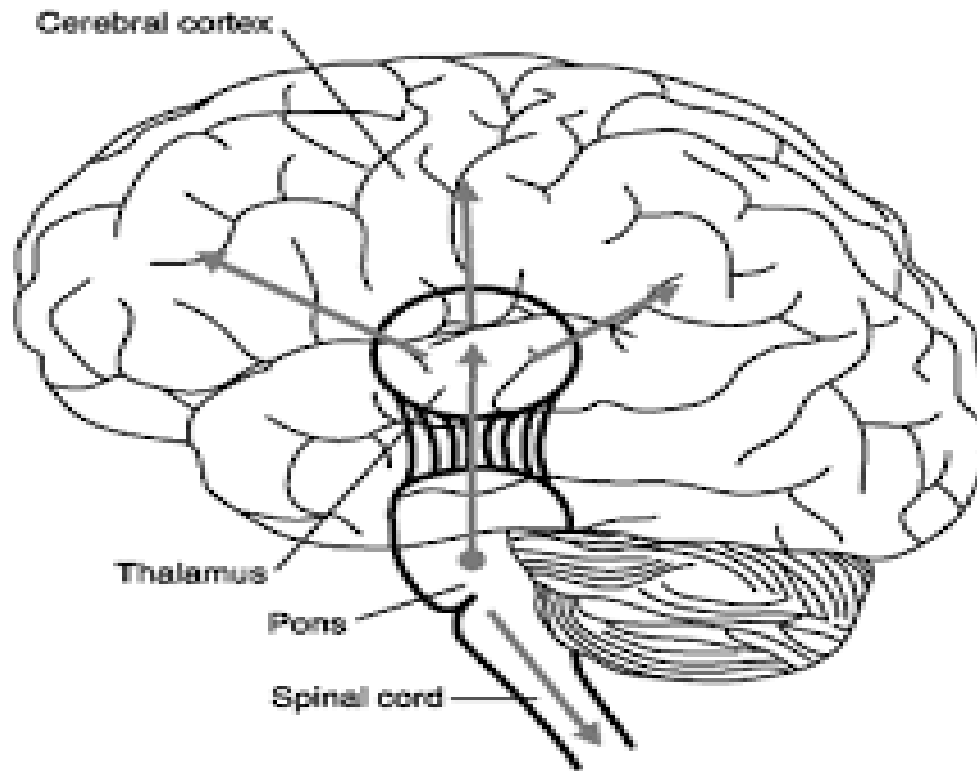
BIOCHEMICAL BASIS OF SLEEP

- Acetylcholine
- Adenosine
- GABA
- NE
- Dopamine
- Orexin

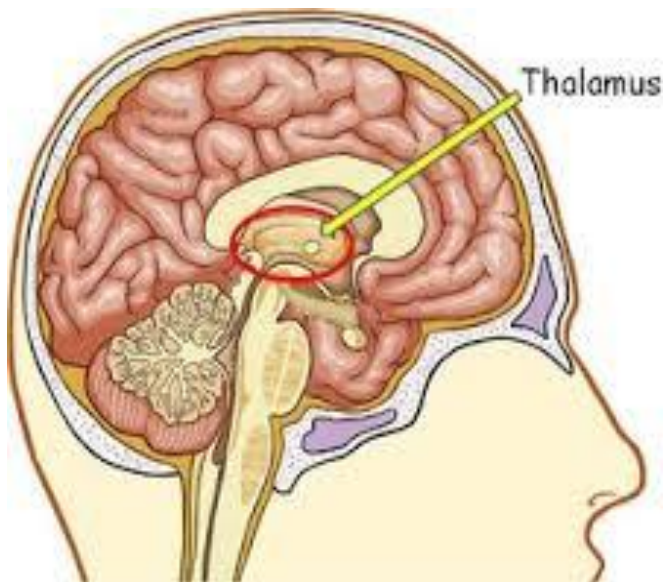
SLEEP PROMOTION

AWAKE

NEUROANATOMY OF SLEEP



THALAMUS



- Delta waves and Spindles
- Relay that blocks afferents activity
- Blocks efferents to Pons in REM

BIOCHEMICAL INFORMATION TRANSLATED ELECTRICALLY ACROSS THE BRAIN



WHAT IS SLEEP ?

- A complex anatomically and biochemically interactive process .
- Associated with a reversible withdrawal from external environment
- Goal oriented
- Heterogeneous / Stage Specific
- Cyclic
- Restorative

RESTORATIVE

- Energy Conserving
- Metabolic Function
- Memory Consolidation
- Immunologic Processing
- Regeneration / Repair
- Growth especially in neonate/young
- Well-being

APOPTOSIS (CELL DEATH)

- PROGRAMMED
- INDUCIBLE
- INCREASES IN INFLAMMATORY STATES
- INFLAMMATORY STATES ARE QUANTITATIVELY AND QUALITATIVELY RELATED TO SLEEP

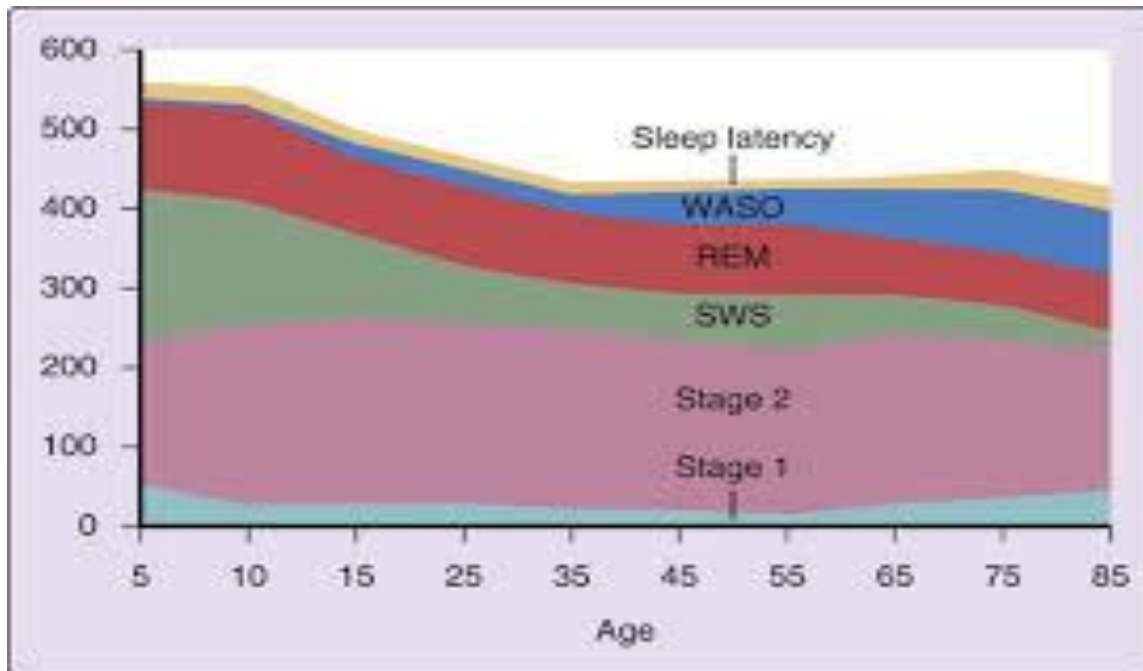
RESTORATIVE

- Energy Conserving
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- Well-being

WELL BEING



AGE AND SLEEP



HOW MUCH DO WE NEED ?



**“ I HAVE YET TO SEE ANY
PROBLEM HOWEVER
COMPLICATED , WHICH,
WHEN LOOKED AT THE
RIGHT WAY, DID NOT
BECOME MORE
COMPLICATED.”**

PAUL WILLIAM ANDERSON