SLEEP 2024

HOUSTON,TX
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Measuring the Resistance to Glymphatic Flow in Humans

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A JOINT MEETING









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Learning Objectives

Upon completion of this activity, participants should be able to:

- Explain how how resistance to glymphatic flow is measured in humans
- Understand the effect that EEG powerbands and hypnogram stages have on glymphatic flow resistance
- Understand the latest in-human translation of preclinical research on glymphatic function



This presentation is based on the following manuscript in collaboration with listed co-authors







The use of continuous brain parenchymal impedance dispersion to measure glymphatic function in humans

Paul Dagum, Laurent Giovangrandi, Swati Rane Levendovszky, Jake J. Winebaum, Tarandeep Singh, Yeilim Cho, Robert M. Kaplan, Michael S. Jaffe, Miranda M. Lim, Carla Vandeweerd, Jeffrey J. Iliff

doi: https://doi.org/10.1101/2024.01.06.24300933

Glymphatic function

The new biology of sleep

The newly discovered glymphatic system plays a critical role in sleep's cognitive recovery and clearance of neurodegenerative proteins and metabolic waste products.

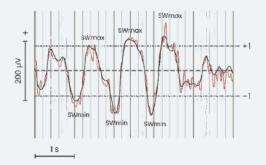


Glymphatic System: A waste clearance pathway in the brain that relies on interchange of cerebrospinal fluid (CSF) and interstitial fluid (ISF).

1

Synchronized Oscillations

The cleaning power of slow wave activity (SWA) during deep sleep is augmented by a 60% increase in the interstitial fluid (ISF) volume created via AQP-channels.



2

Arterial Pulsatility

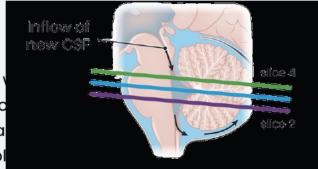


Arterial pulsatility in the brain provides the motive force that moves cerebrospinal fluid (CSF) into the perivascular spaces surrounding major arteries.

3

Pulse waves of CSF

Pulsatile waves of CSF flow increase value clearance and are entrained to resta slow wave oscillations by hemodyna oscillations and neurovascular coupl



What we know about glymphatic function

mostly from rodent work

In mice, glymphatic flow results in 60% shift in fluid from intracellular to interstitial, widening interstitial channels

In mice, high EEG delta power, low beta power and low heart rate increase glymphatic function

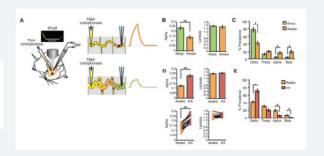
Synchronized neuronal oscillations propagate flow through the large ionic waves they create

Glymphatic function in humans has been demonstrated using intrathecal contrast MRI

1

Sleep Drives Metabolite Clearance from the Adult Brain

Lulu Xia¹⁻, Hongyi Kang¹⁻, Qiwu Xu¹, Michael J, Chen¹, Yonghong Liao¹, Meenakshisundaram Thiyagarajan¹, John O'Donnell¹, Daniel J, Christensen¹, Charles Nicholson², Jeffrey J, Iliff¹, Takahiro Takano¹, Rashid Deane¹, and Maiken Nedergaard^{1,†}
¹Division of Glial Disease and Therapeutics, Center for Translational Neuromedicine, Department of Neurosurgery, University of Rochester Medical Center, Rochester, NY 14642, USA



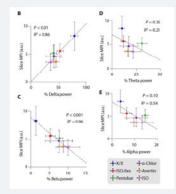
2

SCIENCE ADVANCES | RESEARCH ARTICLE

NEUROPHYSIOLOGY

Increased glymphatic influx is correlated with high EEG delta power and low heart rate in mice under anesthesia

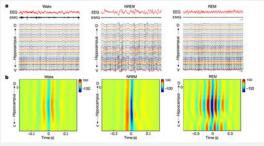
Lauren M. Hablitz¹, Hanna S. Vinitsky¹, Qian Sun¹, Frederik Filip Stæger², Björn Sigurdsson², Kristian N. Mortensen², Tuomas O. Lilius^{2,1}, Maiken Nedergaard^{1,2}*



3

Neuronal dynamics direct cerebrospinal fluid perfusion and brain clearance

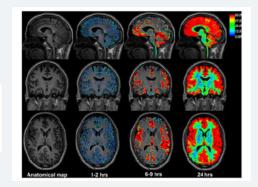
https://doi.org/10.0036/s41986-024-0708-6 Li-Feng-Stei¹⁰² Anteies Dries¹⁰³ Kesshei Bhasiin¹⁰³, Daniel Quinterei¹, Igor Snirnov¹ Snoethan Rojes¹⁰³ Sneethan Rojes¹⁰³ Sneethan Rojes¹⁰³



4

Brain-wide glymphatic enhancement and clearance in humans assessed with MRI

Geir Ringstad, ¹² Lars M. Valnes, ³ Anders M. Dale, ^{4,5,6} Are H. Pripp, ⁷ Svein-Are S. Vatnehol, ⁸ Kyrre E. Emblem, ⁸ Kent-Andre Mardal, ¹³⁰ and Per K. Eide^{2,11}

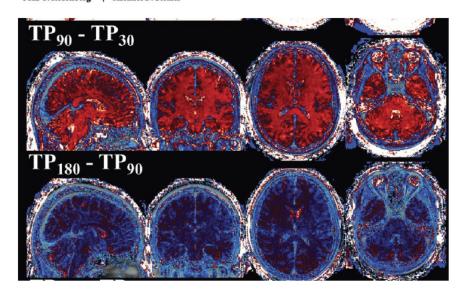


Using intravenous contrast-enhanced MRI to measure glymphatic function in humans

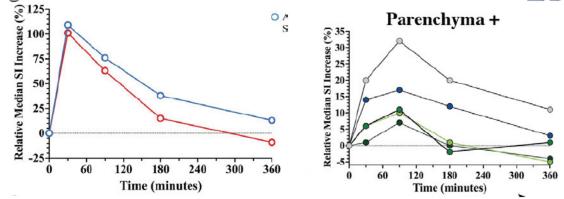
CE MRI is the current benchmark

Quantification approaches for magnetic resonance imaging following intravenous gadolinium injection: A window into brain-wide glymphatic function

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Sutton B. Richmond<sup>1</sup> | Swati Rane<sup>2</sup> | Moriah R. Hanson<sup>1</sup>
Mehmet Albayram<sup>3</sup> | Jeffrey J. Iliff<sup>4,5,6</sup> | Dawn Kernagis<sup>7</sup> |
Jens T. Rosenberg<sup>8</sup> | Rachael D. Seidler<sup>1,9</sup>
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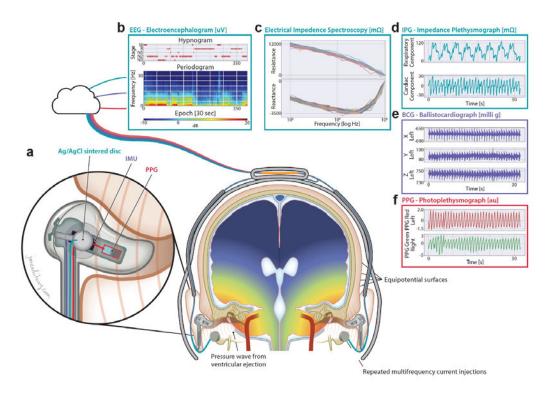
- 50% of the contrast is cleared from the blood in the first 110 min
- MRI signal intensity peaks in the brain parenchyma at 90 min
- Participants maintained supine and awake for the 360 min duration

The lack of continuous in-human measurement of glymphatic function limits our understanding of this transformative biology and its potential in therapeutic discovery

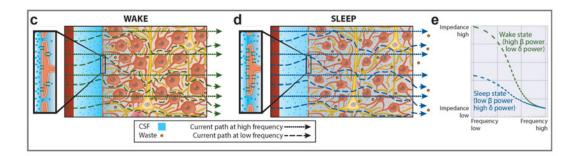


The science of how we measure glymphatic function

Using the latest in microtechnology, biophysics and signal analysis we continuously measure glymphatic flow resistance during sleep



We measure resistance to flow using impedance spectroscopy over a broadband range of frequencies using dedicated hardware, allowing for continuous overnight measurements



We concurrently measure EEG, HR and PTT through novel approaches using miniaturized and simplified instrumentation

Benchmarking Study: Primary Objective

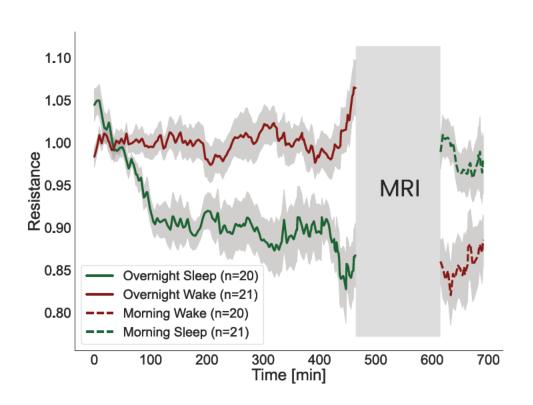
Measuring glymphatic function continuously during sleep which is currently not possible

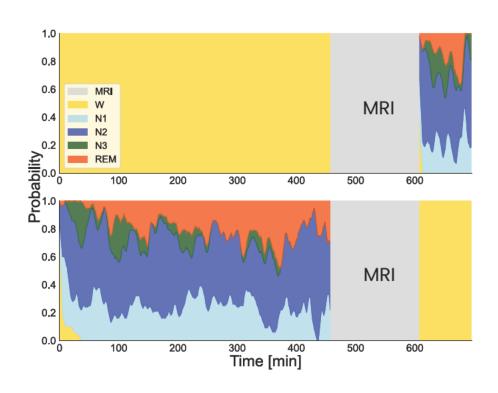
Device worn in sleep state We benchmarked against CE Device worn in wake state MRI in a randomized cross over design 1100 0700 0930 Repeat MRI 60% cleared IV Contrast MRI 80% cleared illages Wake Overnight Sleep (1.5 hrs) Wake MRI (2.5hrs) Sleep Overnight Wake (1.5 hrs) 0830 MRI Signal Intensity Peaks in Parenchyma

Average Hypnogram

Continuous measure of glymphatic flow resistance using multifrequency impedance spectroscopy







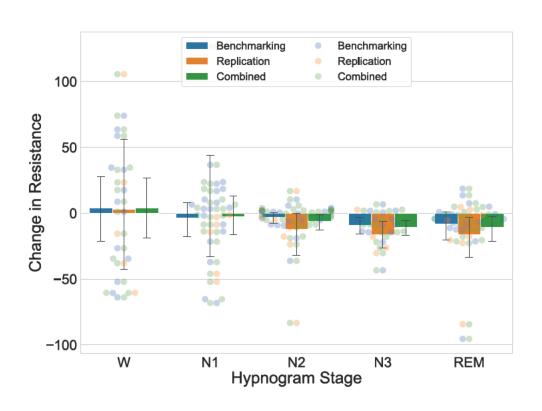
Resistance decreased with overnight sleep versus wake (p<0.001)

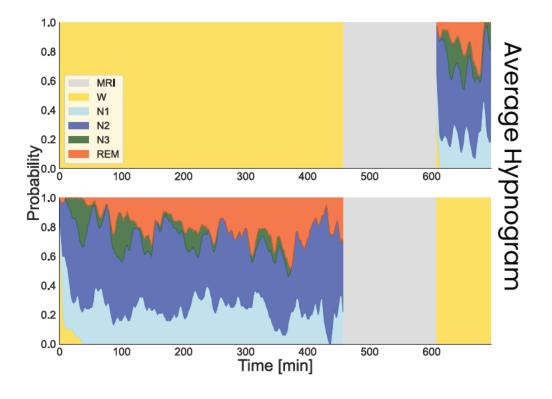
In morning, resistance increased with wake but did not return to prior evening value (p<0.01)

Following overnight wake, resistance decreased with sleep recovery (p<0.01)



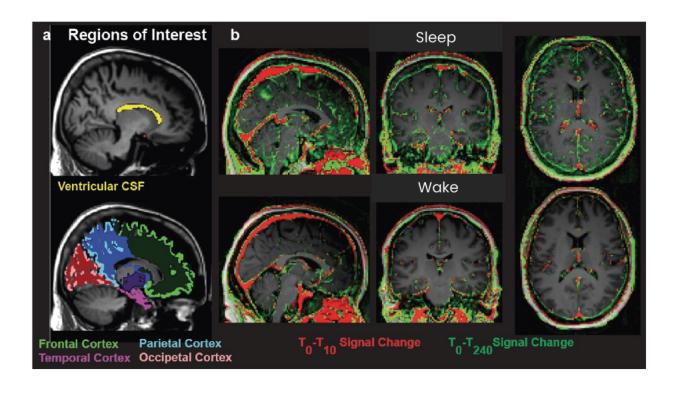
Decrease in resistance occurred during N2, N3 and REM sleep but not N1 or Wake (combined studies, p<0.05)





Does glymphatic flow resistance explain changes in MRI signal intensity within and between sleep and wake states?

Our null hypothesis was that sleep active physiology has no effect on the signal and that it can be explained entirely by blood and CSF contrast, and biological confounders



null hypothesis

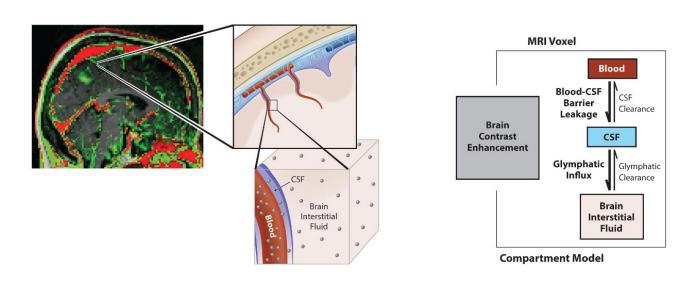
Predictors	Estimates	CI	p
(Intercept)	34.1338	1.8407 - 66.4269	0.041
ICA	6.8897	1.6506 - 12.1287	0.011
Ventricles	181.7404	154.1633 – 209.3174	<0.001
age	-0.2226	-0.7334 - 0.2882	0.398
gender [male]	-1.8408	-4.6085 - 0.9269	0.198
APOEe4 [TRUE]	0.1313	-3.0403 – 3.3029	0.936
Random Effects			
σ^2	94.372		
$ au_{00~ m ROI}$	13.118		
N _{ROI}	8		
Observations	198		
Marginal R ² / Conditional R ²	0.767 / NA		



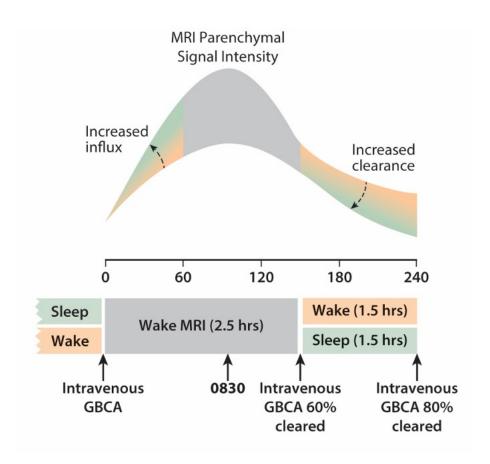
Under the glymphatic hypothesis CSF influx and clearance increase with elements of sleep active physiology

The cross-over design allowed us to test this hypothesis in both the overnight and the morning interventions

Increased CSF influx will increase MRI signal intensity

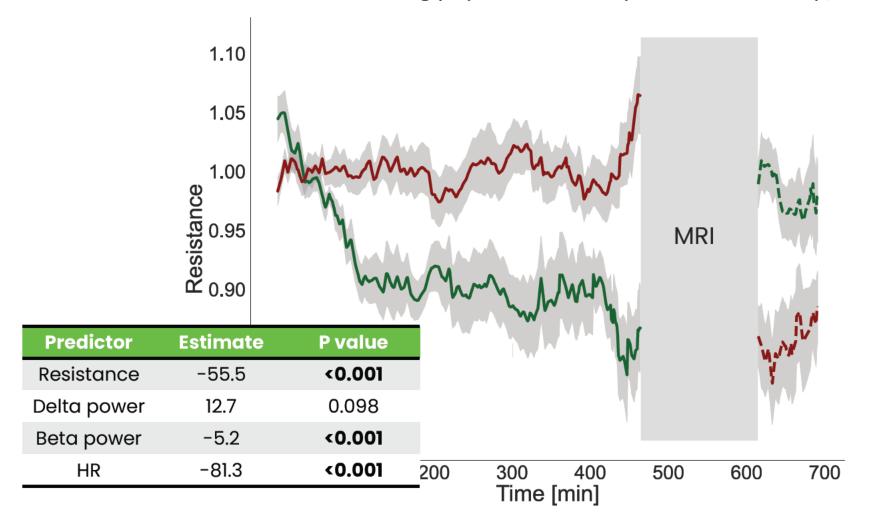


Increased CSF clearance will decrease MRI signal intensity



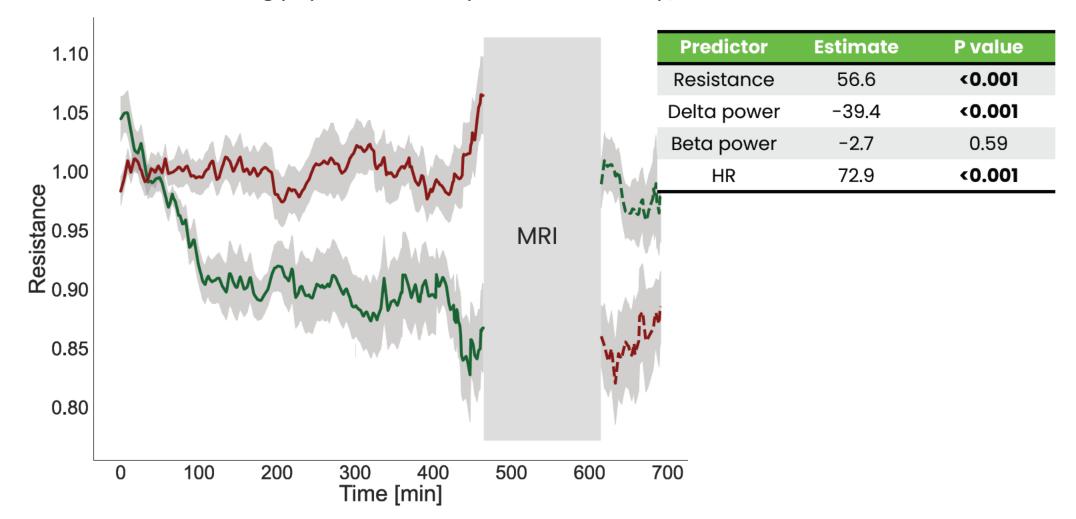


Sleep is necessary to lower resistance and promote glymphatic flow



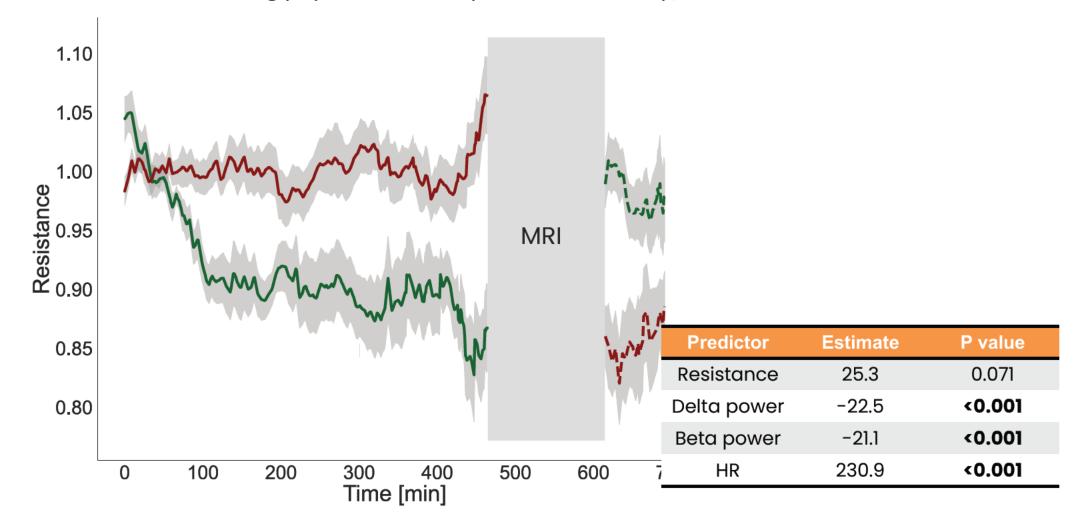


Sleep is necessary to lower resistance and promote glymphatic flow



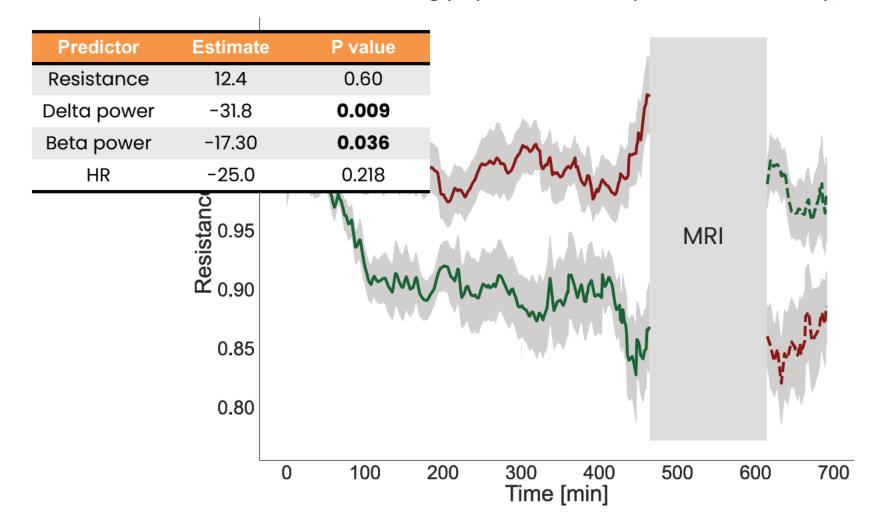


Sleep is necessary to lower resistance and promote glymphatic flow



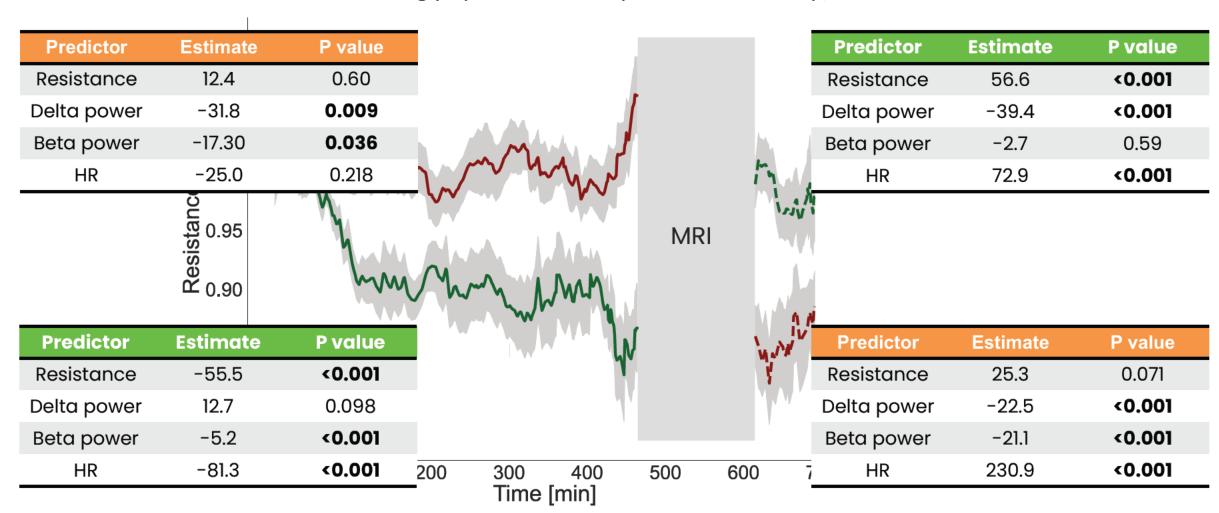


Sleep is necessary to lower resistance and promote glymphatic flow



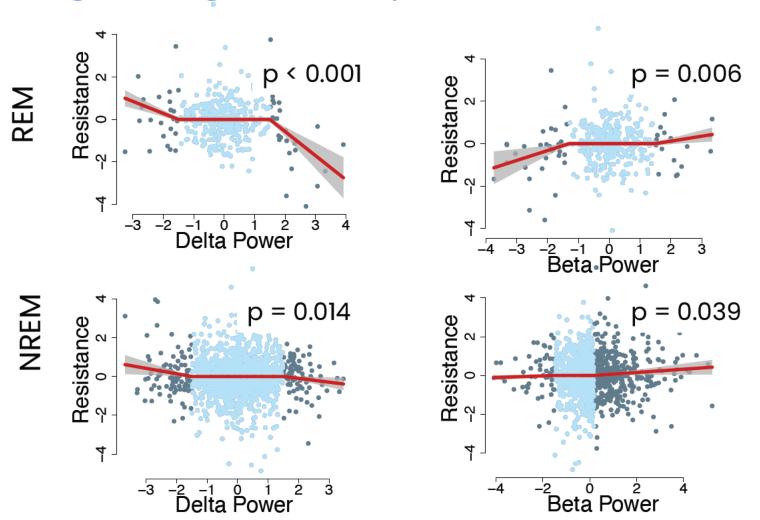


Sleep is necessary to lower resistance and promote glymphatic flow





These large changes in resistance associate strongly with large changes in EEG power



These associations occurred with REM and NREM sleep separately and across REM-NREM transitions

Do they represent bursts of synchronized neuronal oscillations?

Conclusions



- Glymphatic flow resistance can be measured in humans and predicts influx and clearance of parenchymal CSF
- Large changes in resistance associate with large changes in delta and beta power in REM and NREM sleep

Resistance decreases during N2, N3 and REM sleep



Thank You

Contact: Paul Dagum, MD PhD