

## Why Focus on Sleep Hygiene in the Perioperative and Critical Care Settings

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### Questions to be Addressed

- How does Sleep Restore Cognitive Processing?
- Do Sedative-hypnotics produce Sleep?
- What effect does Sleep Disruption have on Cognitive Function
  - Sleep deprivation?
  - Sleep fragmentation?
- What effect does Sleep Disruption have on Immune Function?
- What effect do Sedative-hypnotics have on
  - Cognitive Function?
  - Immune Function?

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### **Potential Conflicts of Interest**

- Patented dexmedetomidine for use as sedative-hypnotic in 1987 with Mika Scheinin
- Reassigned rights to patent
  - Farmos (Orion)
    - Abbott Labs
    - Hospira
  - \$250K to Lab at Stanford University
- Accrued no other financial benefit

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### Questions to be Addressed

- How does Sleep Restore Cognitive Processing and prevent Delirium?

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### Synaptic Homeostasis Theory of Sleep and Cognition

Tononi and Cirelli, 2006

**Awake**  
Nerve cells fire in response to both important (worthy of remembering) (purple) and unimportant (incidental) (orange) stimulation from the environment, strengthening the synapses in the neuronal circuits that have been activated.

Nerve cell  
Irrelevant signal  
Learning signal

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### Synaptic Homeostasis Tononi and Cirelli 2006

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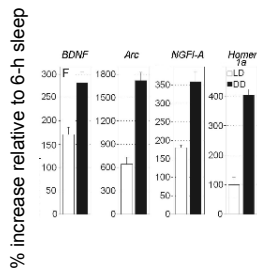
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Wakefulness Increases Expression of Plasticity-related Genes Huber *et al*, Sleep 2007



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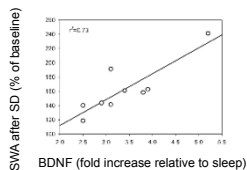
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Wakefulness-induced BDNF is positively correlated with duration of SWA Huber *et al* Sleep 2007



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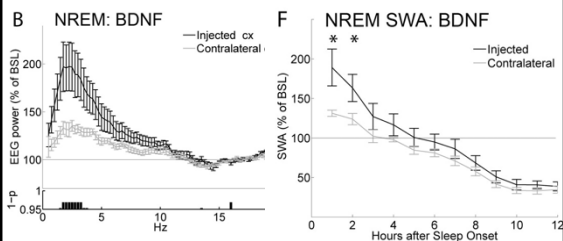
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Exogenously administered BDNF increases NREM and SWA Sleep Faraguna *et al* J Neurosci 2008



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### Questions to be Addressed

- What effect does Sleep Deprivation and Sleep Disruption have on Cognitive Function?

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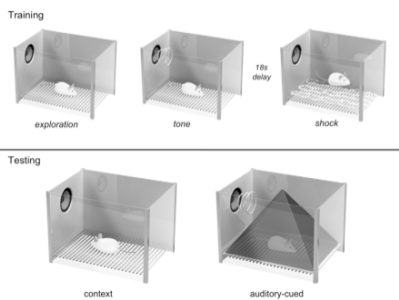
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### Trace Fear Conditioning (TFC)



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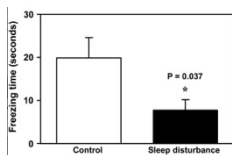
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### Sleep Deprivation Decreases Contextual Memory in TFC

Zhu *et al* Neurobiology of Disease 2012



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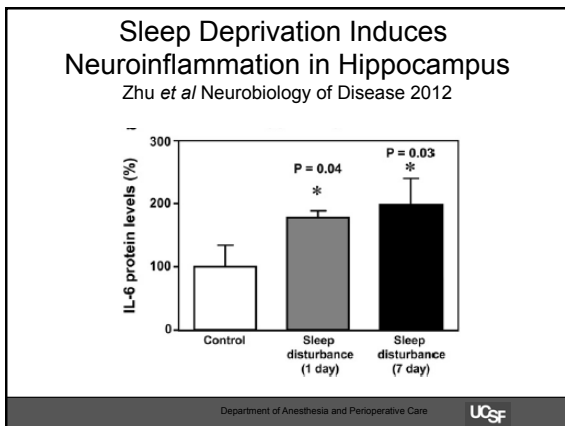
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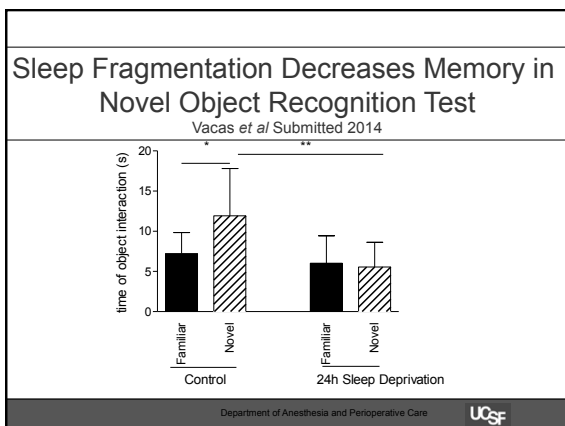
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### Sleep Fragmentation Increases Inflammatory Cytokines in Hc

Vacas *et al* Submitted 2013

TNF mRNA				p value
	avg. ΔCT	SD	RQ	<0,001
Control n=4	16,95	0,69	1	
24h SD n=5	14,52	0,58	<b>5,4</b>	

IL1b mRNA				p value
	avg. ΔCT	SD	RQ	0,1188
Control n=4	14,18	1,79	1	
24h SD n=5	12,85	0,58	<b>2,5</b>	

IL6 mRNA				p value
	avg. ΔCT	SD	RQ	0,2874
Control n=4	15,31	0,75	1	
24h SD n=5	14,98	0,94	<b>1,3</b>	

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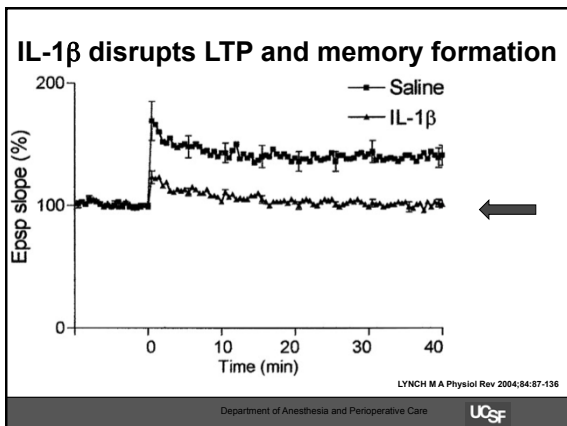
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### Questions to be Addressed

- What effect does Sleep Deprivation have on Immune Function?

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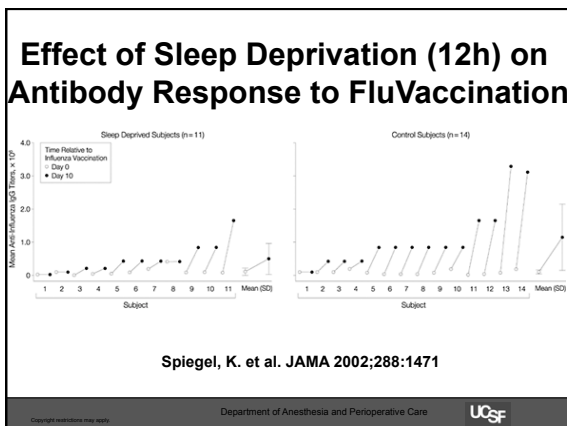
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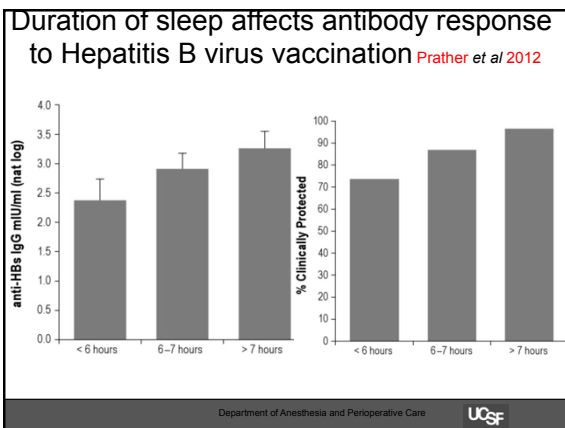
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- Recap**
- Slow wave activity sleep downscapes synaptic potentiation required to enable “space” for new memory formation.
  - BDNF accumulates during wakefulness and drives Slow Wave Activity (0.5 – 4.5 Hz) sleep (nREM stages 3-4), and synaptic downscaling
  - BDNF, SWA, and downscaling are required for normal cognitive processing
  - Sleep deprivation induces neuroinflammation and impairs cognition
  - Sleep Deprivation impairs immunological function – acquired
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- Questions to be Addressed**
- Do Sedative-hypnotics produce natural “sleep?”
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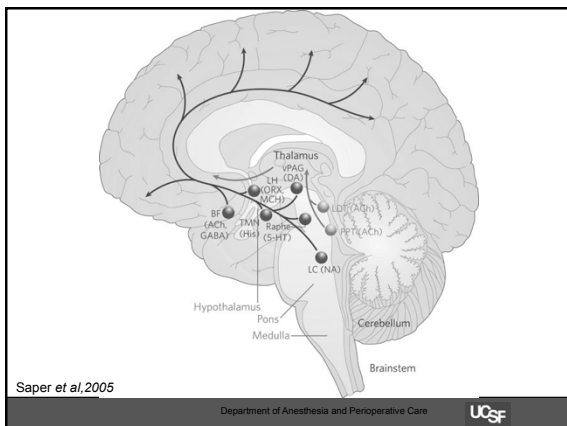
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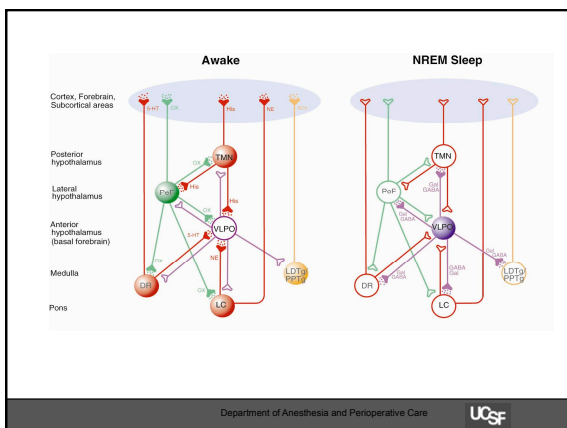
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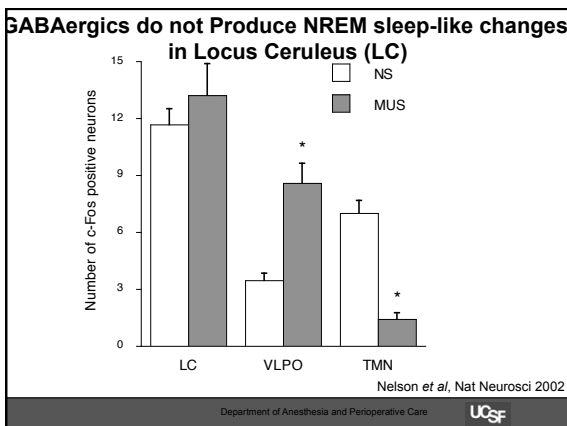
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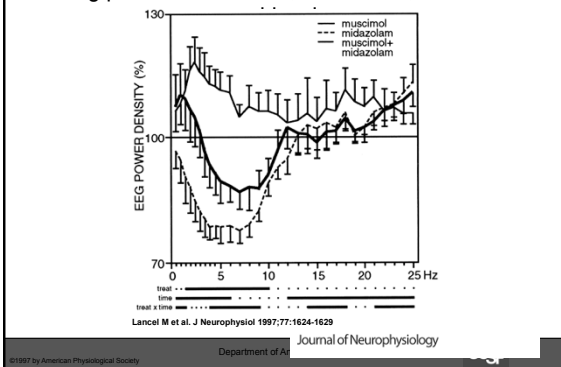
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EEG power densities within non-REM sleep over the 6-h recording period of muscimol, midazolam, and muscimol




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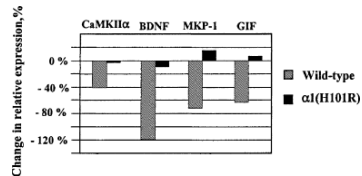
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BDZ decrease Trophic Protein Expression by signaling through  $\alpha 1$  subunit of the GABA<sub>A</sub>R  
*J Neurochem 2004*




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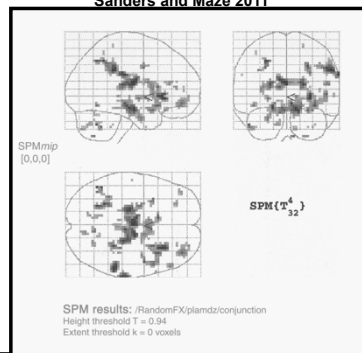
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fMRI (BOLD) placebo – midazolam  
*Sanders and Maze 2011*




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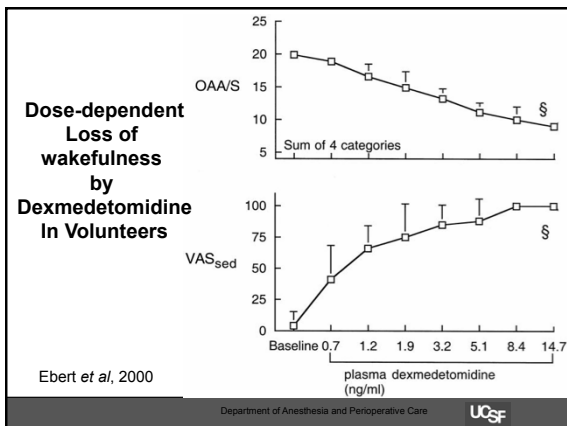
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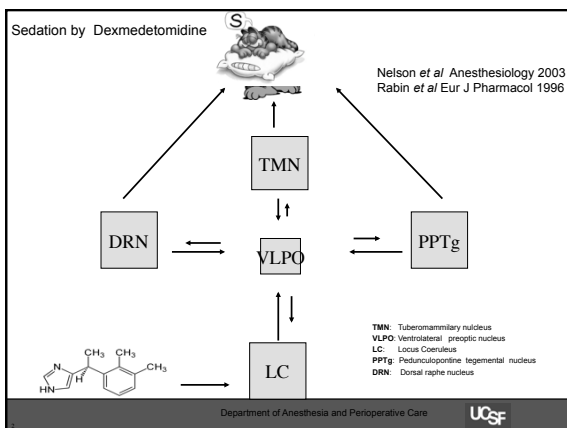
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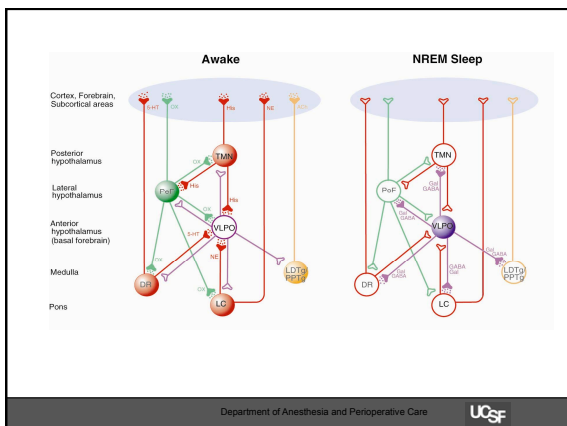
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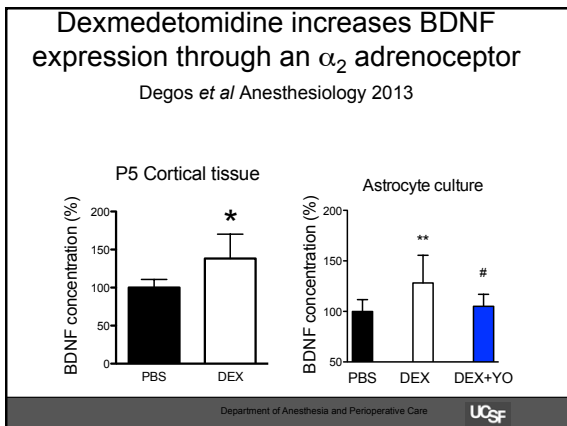
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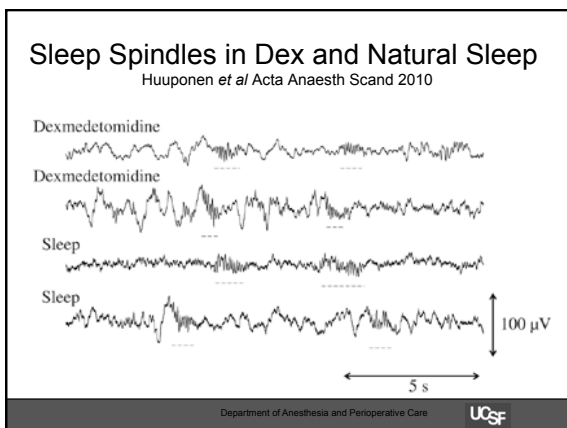
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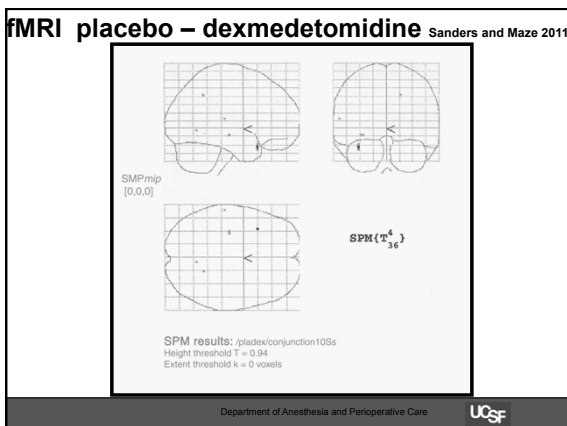
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### Neural substrates required for BDZ- vs $\alpha_2$ -sedation

Nelson *et al*, Nature Neuroscience 2002; Nelson *et al* Anesthesiology 2003  
Zecharia *et al*, J Neuroscience, 2009

b) Sedated with a GABAergic agent

c) Sedated with an  $\alpha_2$  adrenoceptor agonist

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### Differential Effects of Sedative-Hypnotics Data on Sleep Neurobiology

- Converge on Sleep Pathways
  - $\alpha_2$  agonists in the brainstem
  - BDZs in hypothalamus
- EEG Sleep Pattern
  - $\alpha_2$  agonists increase SWS activity
  - BDZs decrease SWS activity
- BDNF Response
  - $\alpha_2$  agonists increase
  - BDZs decrease

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### Questions to be Addressed

- What effects do Sedative-hypnotics have on immune function?

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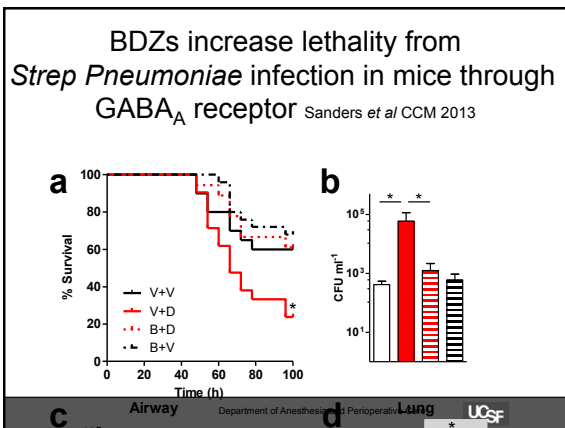
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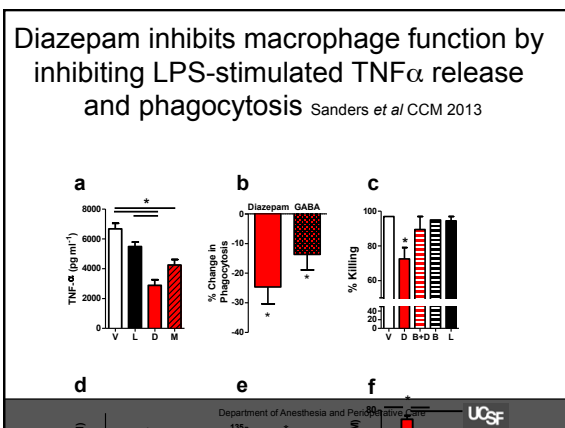
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### Effect of Chronic BDZ use on occurrence of Community Acquired Pneumonia (CAP)

Exposure variable	Cases (n=4,964)	Controls (n=29,697)	Adjusted OR (95%CI)	P value
<b>Benzodiazepines</b>				
No	3,695 (74.44%)	25,071 (84.42%)	1.00	
Yes	1,269 (25.56%)	4,626 (15.58%)	<b>1.54 (1.42-1.67)</b>	<0.001

Obiora *et al* Thorax 2013

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### Effect of Chronic BDZ use on mortality from Community Acquired Pneumonia

Drug	Numbers dead at 30 days (%) (n=947)	30-day Adjusted Hazard Ratio <sup>1</sup> (95% CI)	P value	Long-term mortality (%) (n=1547)	Long-term mortality Adjusted Hazard Ratio <sup>2</sup> (95% CI)	P value
Benzodiazepine						
No	568 (15.4)	1.00		938 (25.4)	1.00	
Yes	379 (29.9)	1.22 (1.06-1.39)*	0.004	609 (40.0)	1.32 (1.19-1.47)	<0.001

Obiora *et al* Thorax 2013

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### Dexmedetomidine reduces sepsis mortality

Taniguchi *et al* Critical Care Medicine 2004

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### Preservation of splenocytes by sedatives during sepsis

Qiao *et al* Critical Care 2009

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**Differential Effects of Sedative-Hypnotics**  
**Data on Immunity**

- Benzodiazepines
  - disable phagocytic function
  - increases mortality rate in sepsis
  - increase rate and MR from CAP
- $\alpha$ 2 agonists
  - preserve vasoconstrictor response to pressors in experimental sepsis (DNS)
  - decrease mortality rate in sepsis
- $\alpha$ 2 agonists > BDZs
  - preservation of splenocytes in sepsis

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**Problems with ICU Sedation**

- Prolonged sedation provokes
  - difficulty in weaning from mechanical ventilation
  - increased length of stay in intensive care unit
- Precludes neurological examination
- Predisposes to infection
- Predisposes to delirium (cognitive dysfunction)

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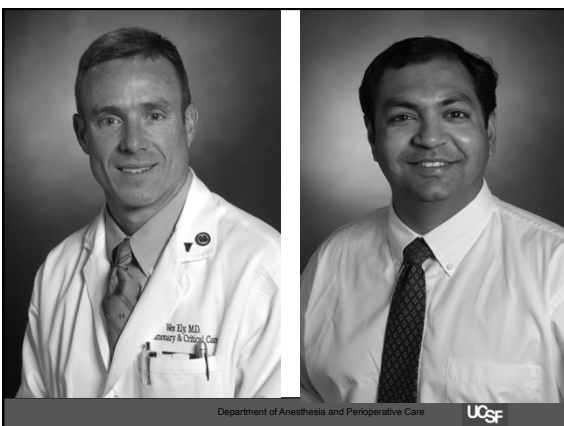
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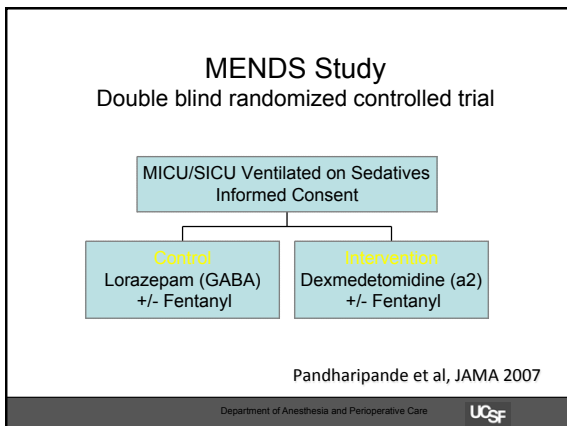
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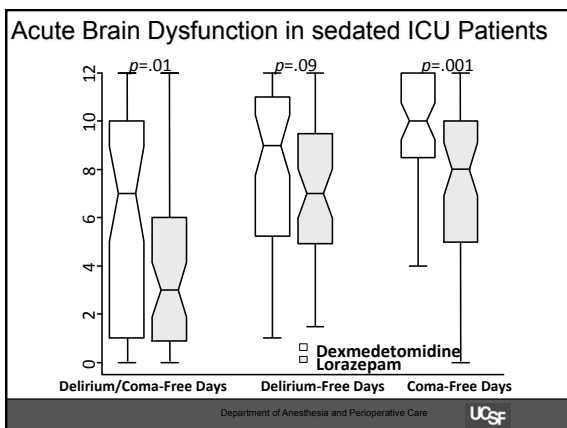
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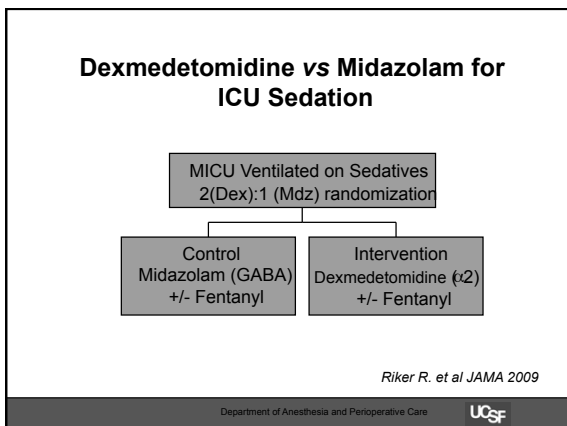
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### Dex Long-term study outcomes

Outcome	Midaz n=122	Dexmed n=244	P value
Time within -2 to +1 RASS	81%	80.8%	0.94
Baseline delirium	54.5%	56%	NS
Delirium during DBT	76%	55%	0.0004
Delirium duration (mean)	2.7	1.4	0.0001
Time to extubation (median)	138.4 h	93.8 h	0.02
ICU LOS	8	6.3	0.03
Infection	20%	10%	0.02

Riker et al JAMA 2009

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### Other Clinical Outcomes From MENDS I

Outcome	Loraz n=50	Dexmed n=51	P value
MV <u>free</u> days	18 (0,23)	22 (0,24)	0.22
ICU stay	9 (6,13.5)	7.5 (5,18)	0.31
Mortality (28 days)	27%	17%	0.18

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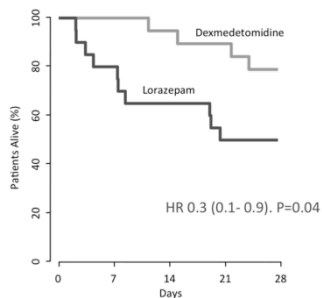
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Pandharipande et al Critical Care 2010

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### Effect of Sedatives in the ICU

- Benzodiazepines enhance likelihood of developing 'acute brain failure'
  - Induces hypnotic effect that
    - Lacks cognitive restorative effects of SWA
    - Enhances infection and death from Sepsis
- Dexmedetomidine may be beneficial
  - Induces sleep that enables
    - Restoration of Cognitive Function
    - Maintenance of immune system function

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### Questions Addressed

- Sleep Restores Cognitive Processing
- Sleep Disruption produces cognitive dysfunction
- Sleep Disruption produces immune dysfunction
- Benzodiazepines produce
  - chemical immobilization
  - Cognitive dysfunction
  - Immune dysfunction
- $\alpha$ 2 agonists
  - Induced similar state to natural sleep
  - Preserves cognitive function
  - Prevents hyperinflammatory state

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### Further Questions to be Addressed

- How does propofol infusion compare with dexmedetomidine infusion?
- Is dexmedetomidine safe for sedation in the neonatal ICU

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### Acknowledgments

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- Su Vacas, Laura Nelson, Rob Sanders, Anna Zecharia
- NIH
- MRC
- Wellcome Trust
- Hospira

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