

# **Designing a critical resetting protocol for achieving large phase shifts in humans**

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# Outline

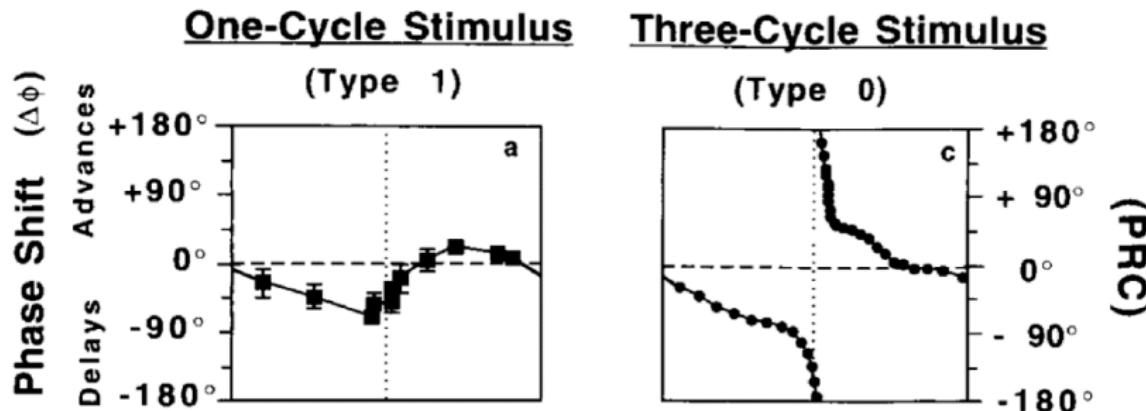
1. Introduction: circadian phase shifting
2. Intrinsic variability and critical phase resetting
3. Feedback control of critical resetting
4. Conclusions

# **Introduction: circadian phase shifting**

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# Weak ("Type 1") and strong ("Type 0") phase response curves

JEWETT, KRONAUER, AND CZEISLER



PRC shape depends on perturbation strength, duration.

## A less commonly-observed response: critical resetting

Large magnitude or  
multiple light stimuli  
centered near core body  
temperature minimum is  
a critical stimulus.

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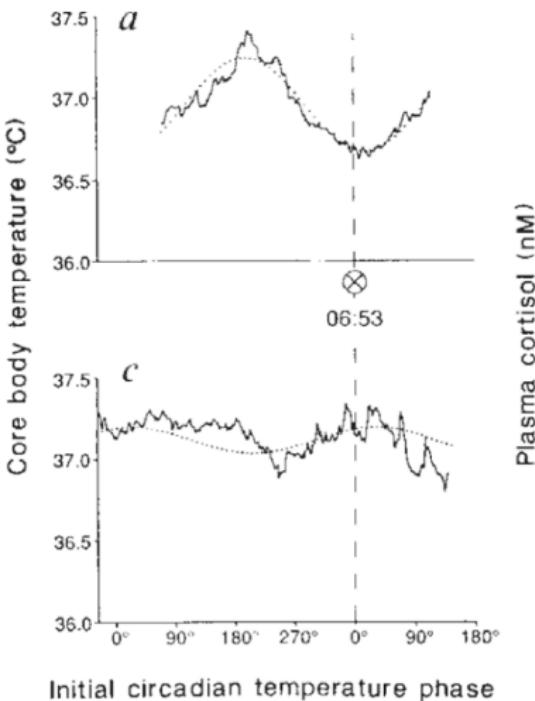
- Loss of amplitude
- Variable shifting
- Loss of rhythms

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## Understanding oscillation explains phase responses

Biochemical states  $x(t)$   
represent are governed by  
dynamics:

$$\frac{dx}{dt} = f(x, p, u).$$

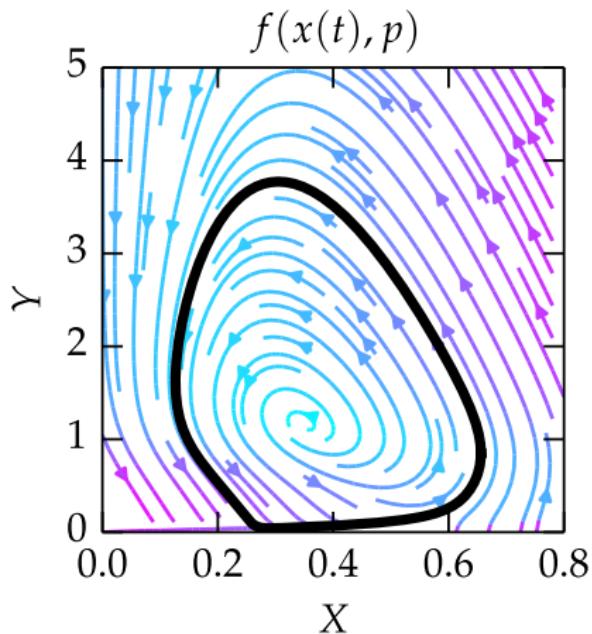
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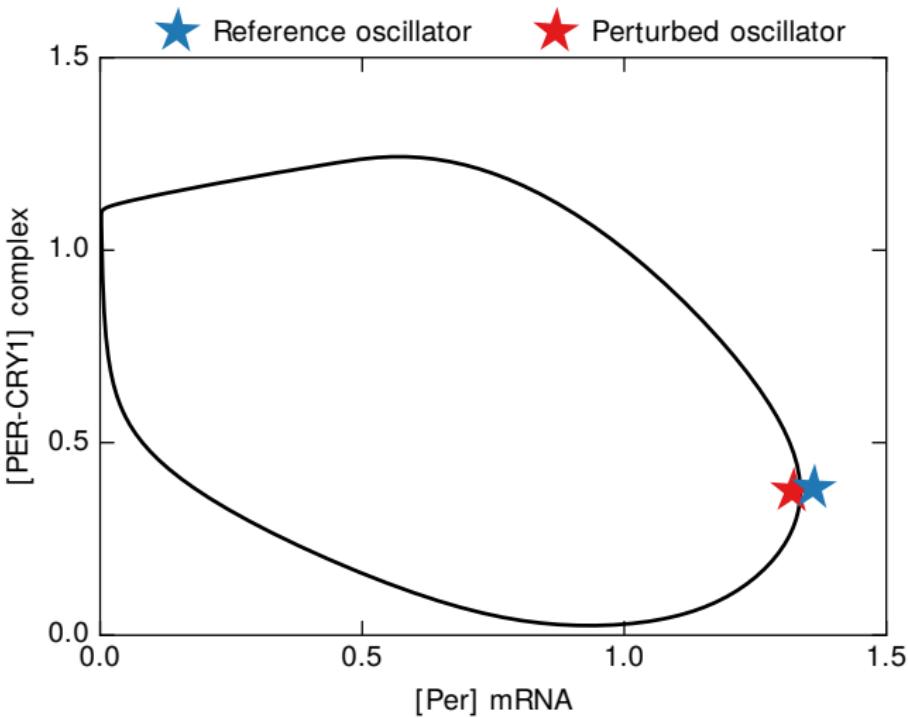


## Type 1 phase response

A stimulus (e.g. light) shifts the oscillator from the limit cycle.

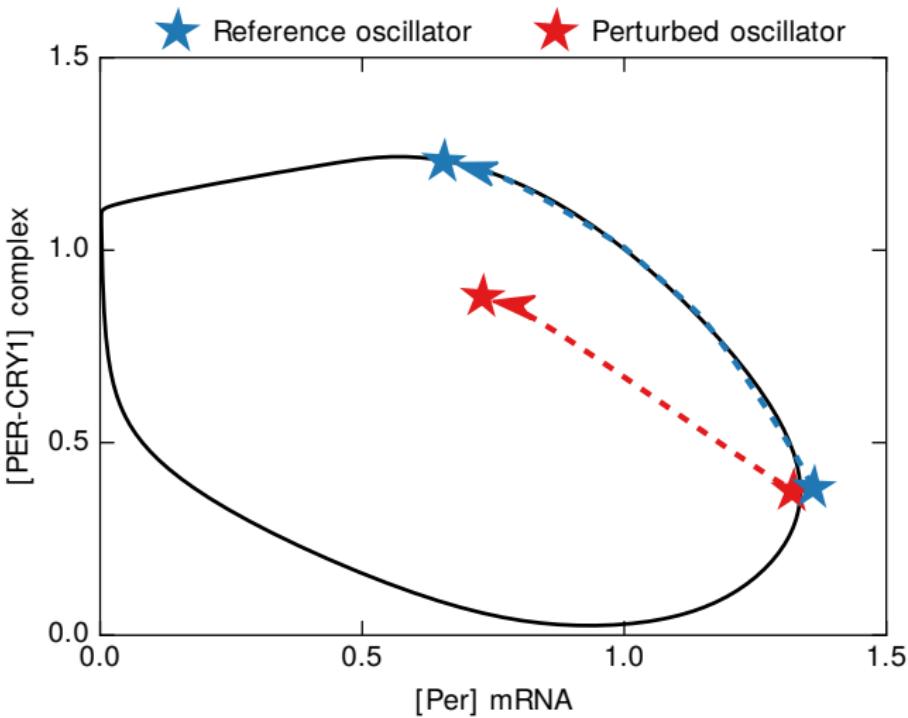
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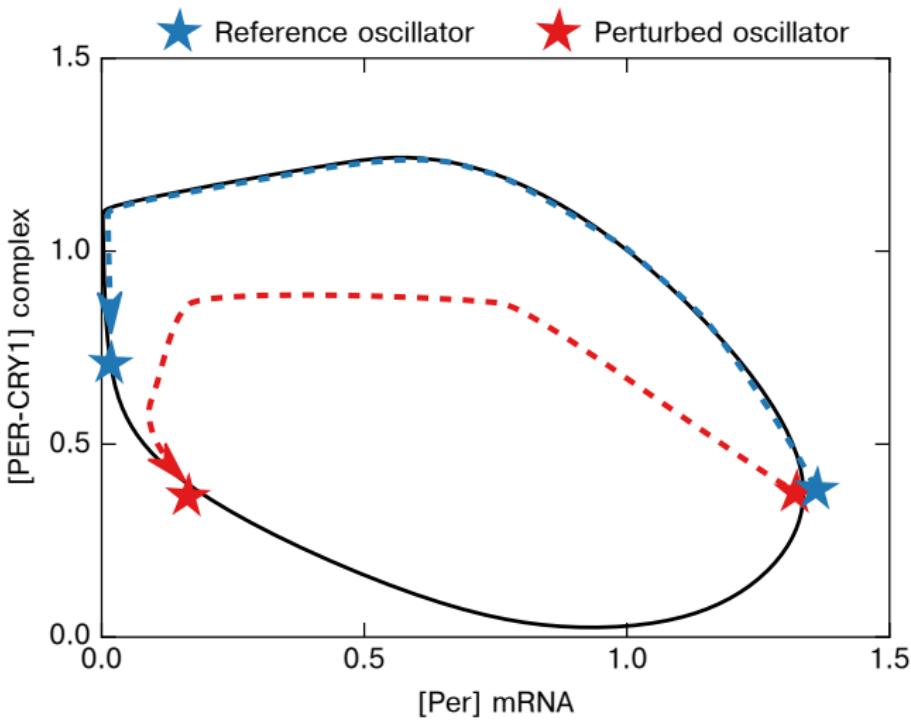
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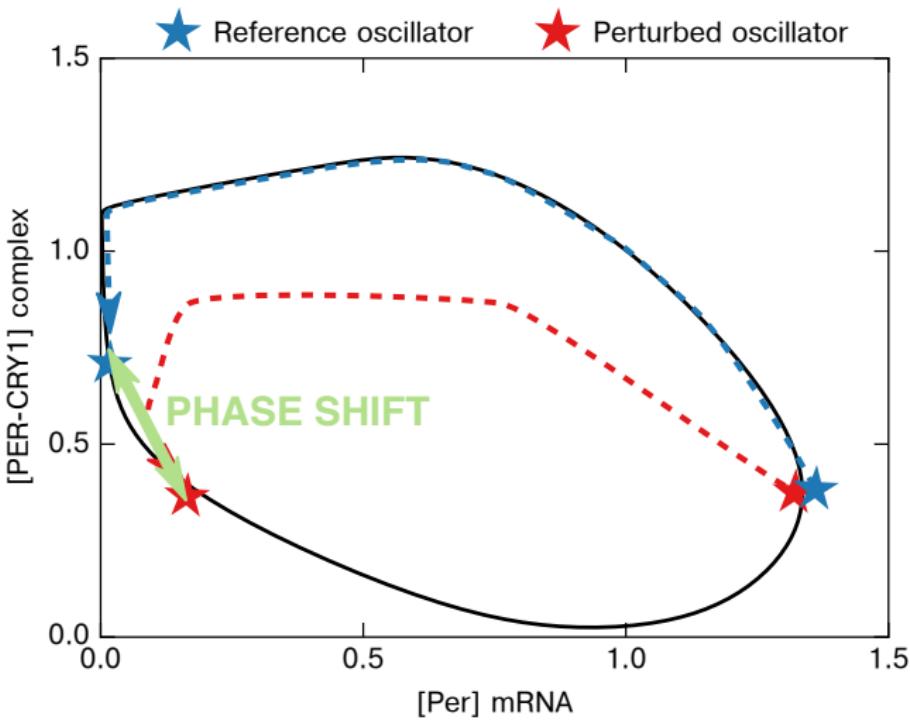
# Type 1 phase response

System dynamics govern its eventual return.



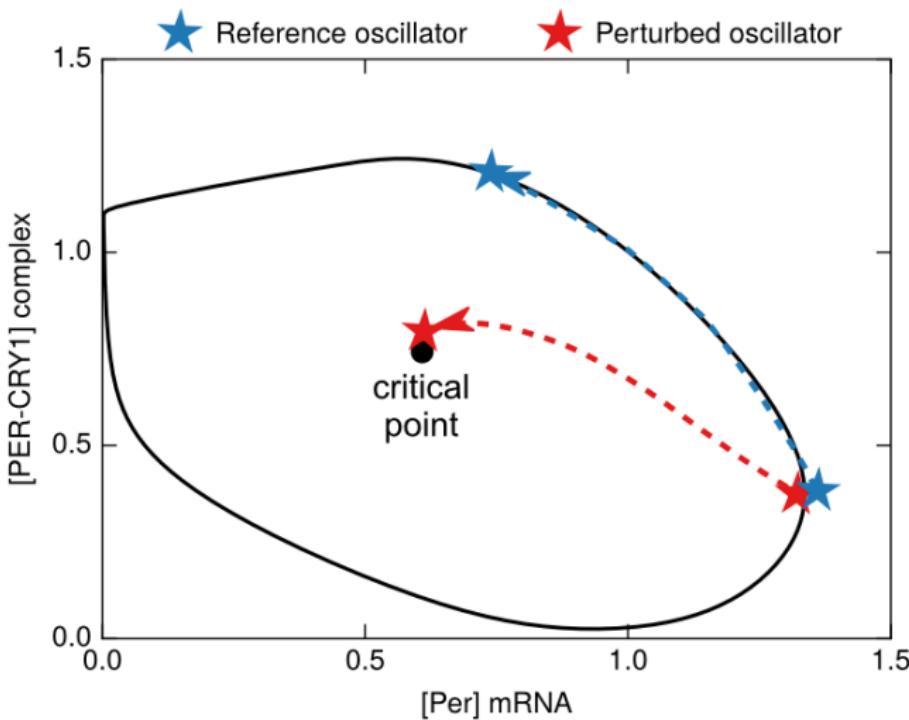
## Type 1 phase response

The oscillator returns to the cycle with a new phase (advance).



## Critical circadian resetting

Oscillator shifted to the center of the limit cycle, result in loss of amplitude and/or loss of oscillation.



## **Critical circadian resetting**

Why is this desirable?

## Critical circadian resetting

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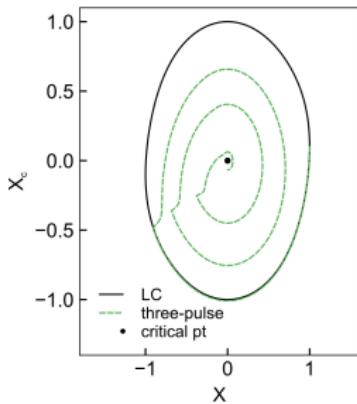
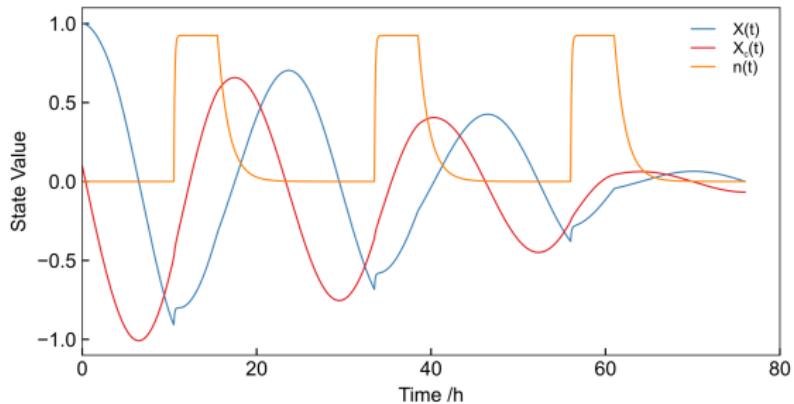
# Critical circadian resetting

Why is this desirable? **Can subsequently reset to any final phase.**



# Critical circadian resetting *in silico*

A multi-cycle critical stimulus reproduces critical phenotype using an established model of human light responses.



# Critical resetting is unreliable

A "critical stimulus" application  
led to wide variability in  
phase/amplitude responses.

TABLE 1 Responses of temperature and cortisol rhythms to near-critical stimuli

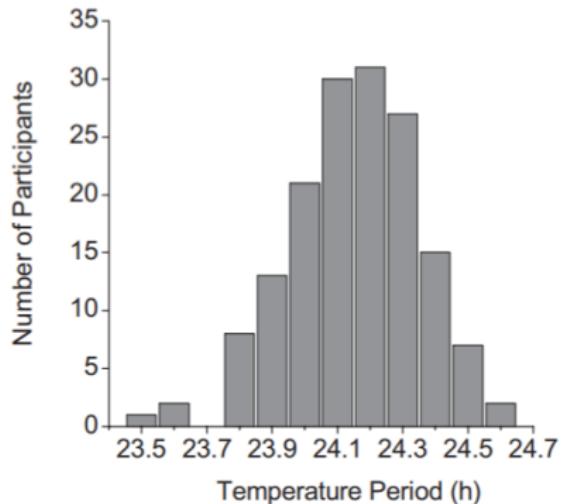
| Subject   | T    | S              | q(t) | q(c) | $\Delta\phi(t)$ | $\sim\Delta\phi(c)$ |
|---|------|----------------|------|------|-----------------|---------------------|
| 642   | +0.2 | $5.0 \times 2$ | 0.30 | 0.45 | —               | —                   |
| 703 (trial 2)   | +0.5 | $5.5 \times 2$ | 0.02 | 0.10 | —               | —                   |
| 917   | -0.4 | $5.6 \times 2$ | 0.24 | 0.38 | —               | —                   |
| Group II: Partial amplitude reduction and phase shift in both variables   |      |                |      |      |                 |                     |
| 724 (trial 1)   | +1.8 | $5.5 \times 2$ | 0.48 | 0.50 | -4.9            | +1                  |
| 724 (trial 3)   | +1.1 | $6.0 \times 2$ | 0.85 | 0.44 | -9.9            | -11                 |
| 724 (trial 4)   | +1.2 | $6.0 \times 2$ | 0.44 | 0.59 | +6.8            | +7                  |
| 910   | +0.6 | $6.2 \times 2$ | 1.22 | 0.53 | +7.7            | +8                  |
| 911   | -0.1 | $9.0 \times 1$ | 0.83 | 0.44 | -3.3            | -4                  |
| 914   | +0.7 | $6.2 \times 2$ | 0.36 | 0.97 | +8.8            | +7                  |
| 922   | +0.8 | $5.6 \times 2$ | 0.95 | 0.52 | -4.7            | -5                  |
| Group III: Substantial loss of rhythmicity in one variable; partial reduction and phase shift in the other variable |      |                |      |      |                 |                     |
| 831   | +0.4 | $8.0 \times 1$ | 0.16 | 0.69 | —               | 0                   |
| 913   | -0.1 | $9.0 \times 1$ | 0.32 | 0.84 | —               | +5                  |
| 916   | +0.7 | $6.2 \times 2$ | 0.31 | 0.82 | —               | +6                  |
| 919   | +0.6 | $5.6 \times 2$ | 0.28 | 0.80 | —               | +5                  |
| 926   | +0.6 | $5.6 \times 2$ | 0.59 | 0.32 | +5.5            | —                   |
| Trials in which cortisol data are not available:  |      |                |      |      |                 |                     |
| Subject   | T    | S              | q(t) | q(c) | $\Delta\phi(t)$ |                     |
| 703 (trial 1)   | +0.2 | $5.4 \times 2$ | 0.60 |      | -7.2            |                     |
| 724 (trial 2)   | +1.2 | $5.5 \times 2$ | 0.30 |      | —               |                     |
| 1027  | 0.0  | $5.5 \times 2$ | 0.15 |      | —               |                     |

# **Intrinsic variability and critical phase resetting**

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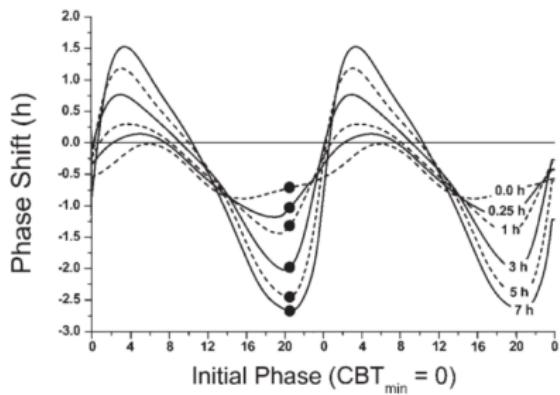
# Humans have a range of intrinsic periods

Could this explain some of the variability in response?  
How would we correct for this?

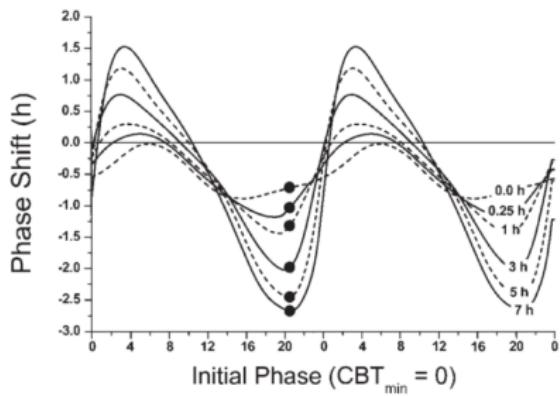


# Intrinsic period influences critical responses

The PRC region targeted by critical resetting experiments is very sensitive.



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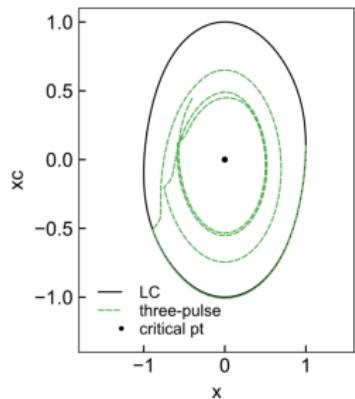
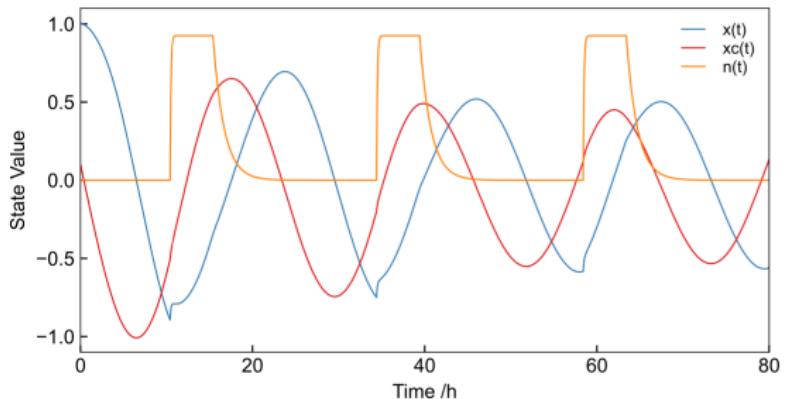
Prediction: This affects ability to critically reset.

Pulse too early (long period): phase delays.

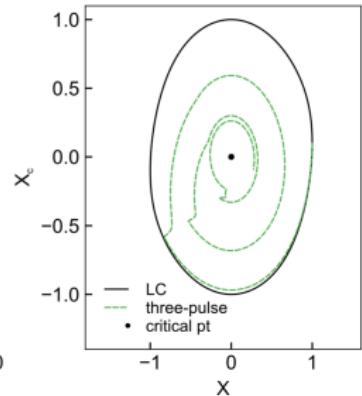
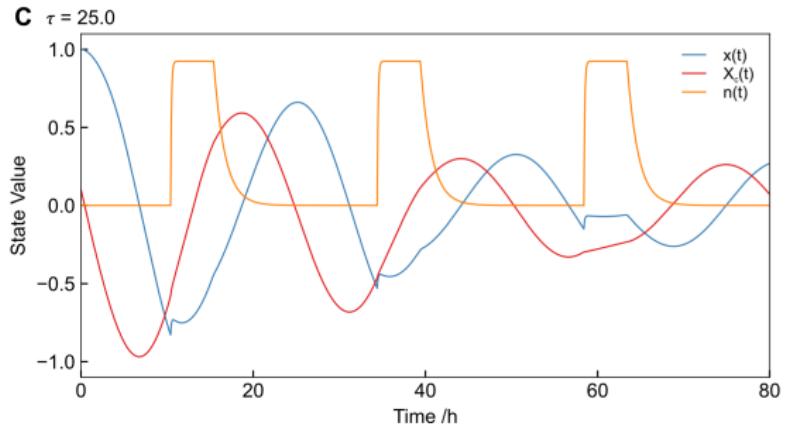
Pulse too late (short period): phase advances.

# Simulation: short period (24.0h)

A  $\tau = 24.0$

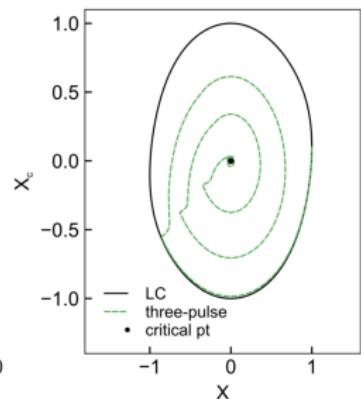
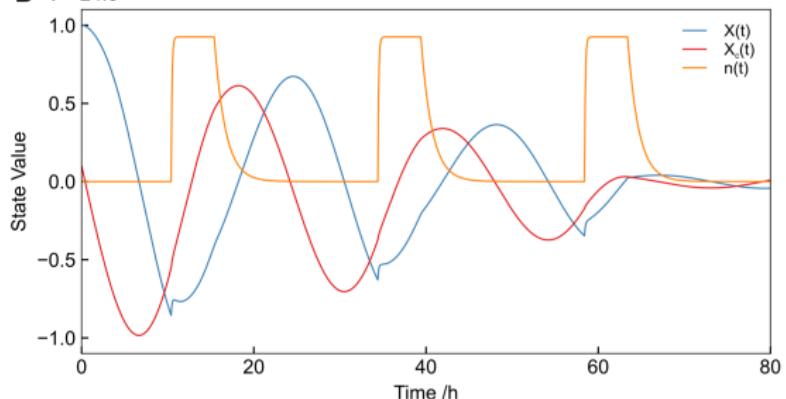


## Simulation: long period (25.0h)



## "Goldilocks" period (24.6h)

B  $\tau = 24.6$



# **Feedback control of critical resetting**

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Use observations from the system to determine control (light) input for a range of periods.

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4. If phase reaches optimal phase, begin delivering light pulse.

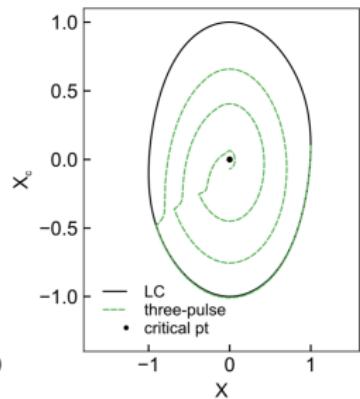
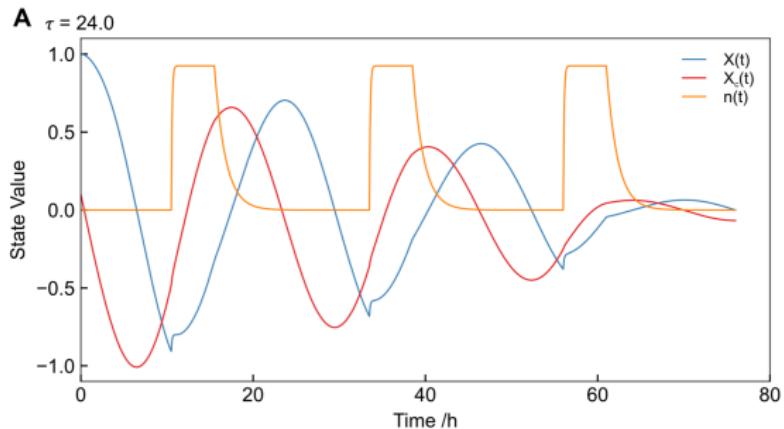
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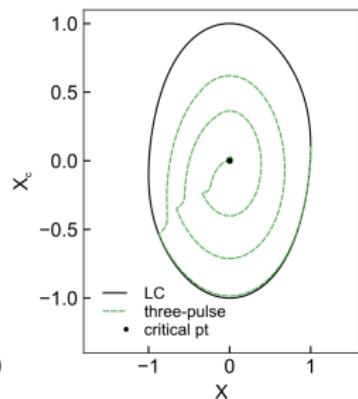
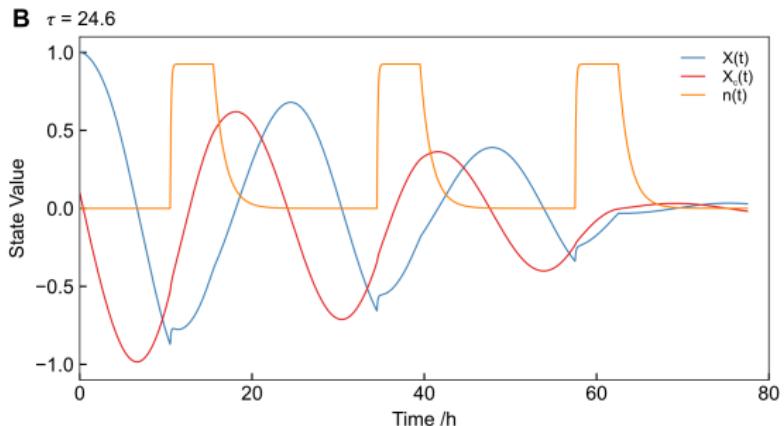
Strategy:

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3. Assess phase every 30 min.
4. If phase reaches optimal phase, begin delivering light pulse.
5. Repeat for three cycles.

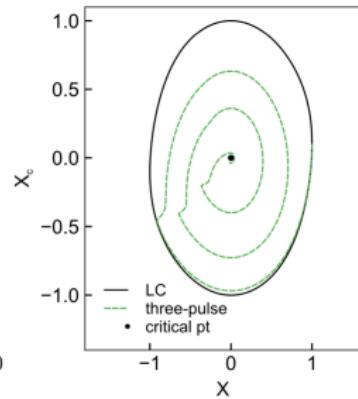
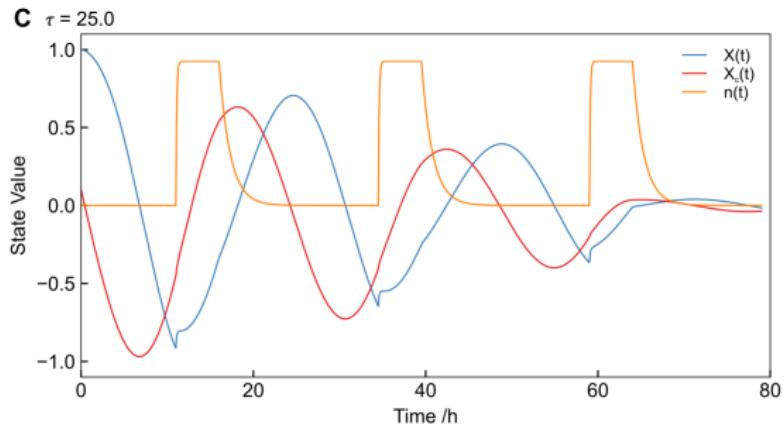
# Feedback control is predicted to allow resetting regardless of intrinsic period



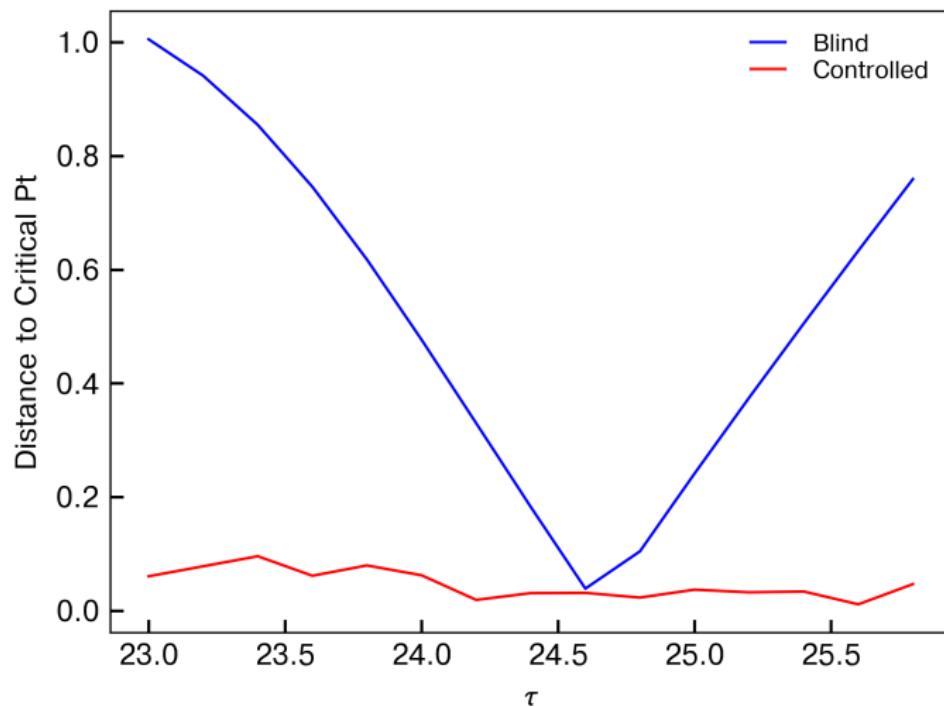
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Feedback control is necessary for precise circadian manipulation.

As such, accurate, real-time *in vivo* phase sensing is essential.  
(See: Lindsey Brown (T60), Yitong Huang (15 minutes!).)

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# Open questions?