# Cover sheet

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| --- | --- |
| **Study title** | Feasibility of gamma-band EEG activity entrainment by 40 Hz visual stimulation during sleep |
| **Internal code** | Gamma\_Sleep |
| **Date of protocol (yyyy-MM-dd)** |  |
| **Version of protocol** | v1.0 |

|  |  |
| --- | --- |
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# Signatures

Munich, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location, date Prof. Dr. Manuel Spitschan

# Synopsis

## Basic information

|  |  |
| --- | --- |
| **Study title** | Feasibility of gamma-band EEG activity entrainment by 40 Hz visual stimulation during sleep |
| **Internal code** | Gamma\_Sleep |
| **Date of protocol (yyyy-MM-dd)** |  |
| **Version of protocol** | v1.0 |

## Research question

Gamma-band brain activity, especially at the frequency of 40 Hz, is fundamental for a range of cognitive functions including memory. It is already impaired at early stages of Alzheimer’s Disease (Traikapi & Konstantinou, 2021) and recent research has been focusing on enhancing it by means of periodic sensory stimulation. First studies on mice (Iaccarino et al., 2016) and humans (He et al., 2021) point toward potential cognitive and circadian benefits, which may be related to improved clearance of pathological molecules such as amyloid-beta. Applying 40 Hz sensory stimulation during sleep could not only boost molecule clearance, which is posited to happen mainly during sleep, but also allow for a more convenient intervention for patients.

The present study addresses questions of feasibility and effectiveness of visual 40 Hz stimulation during sleep in a young, healthy cohort. Results should inform on if and how such a procedure could be tested on early-stage dementia patients.

## Study design

In this within-subjects study, participants will be invited to the sleep laboratory on three occasions, over a study period of one week. In an initial 1,5-hour session, visual stimulation will be applied during wakefulness. Then participants will be asked to maintain a regular sleep-wake schedule before coming in for two consecutive nights on a weekend, for 20 hours in total. Electroencephalography (EEG) and Polysomnography (PSG) will be recorded while they sleep. The first night will serve as a control and sleep baseline, with passive measurements only. Visual stimulation during sleep will be additionally applied in the second, experimental night. EEG power at 40 Hz will be compared between nights and sleep stages; self-reported sleep quality and PSG-derived sleep parameters will be assessed as well.

## Study sample

### Exclusion criteria

|  |  |  |
| --- | --- | --- |
| **Domain** | **Criterion** | **Assessment method** |
| Age | <18, >35 years of age | Self-report |
| Colour vision | Abnormal colour vision | Self-report |
| Neurological disturbances | Any history of neurological symptoms, especially epilepsy, migraine, stroke, brain tumour, concussion | Self-report |
| Sleep disturbances | Any symptoms in the past year, especially insomnia, sleepwalking, bruxism, narcolepsy, restless legs syndrome, sleep apnoea | Self-report |
| Psychiatric disturbances | Any symptoms in the past year, especially depressed mood, extreme mood swings, excessive worries, hallucinations or paranoia, suicidal thoughts | Self-report |
| Substance abuse | Abuse of alcohol, nicotine, cannabis, prescription drugs, illicit drugs | Self-report |
| Chronotype | Chronotype measure MSFsc < 01:30 (“extremely early”) or > 06:00 (“extremely late”) | Micro Munich Chronotype Questionnaire |

### Sample size and sample size calculations

We will recruit a total of 30 participants.

## Protocol in brief

Upon completion of an online screening questionnaire and inclusion in the study, participants will come to the sleep laboratory on a day of their choice. In that session, visual stimulation will be delivered to subjects while awake with eyes closed, effects will be measured with EEG. After one week maintaining a regular sleep-wake schedule, on a Friday or Saturday, participants will return to the sleep laboratory 1,5 hours before their usual bedtime on weekends. EEG will be recorded during wakefulness, then participants will be asked to go to sleep, while PSG and EEG continue to be recorded. On the second night, visual stimulation will be administered during sleep. The experimenter will control the stimulation depending on PSG sleep parameters and the effects will be measured with EEG. In the mornings, participants will also complete a sleep quality scale.

Table of Contents

[Cover sheet 1](#_Toc126314432)

[Contact details 2](#_Toc126314433)

[Signatures 2](#_Toc126314434)

[Synopsis 3](#_Toc126314435)

[Basic information 3](#_Toc126314436)

[Research question 3](#_Toc126314437)

[Study design 3](#_Toc126314438)

[Study sample 3](#_Toc126314439)

[Inclusion criteria 3](#_Toc126314440)

[Exclusion criteria 3](#_Toc126314441)

[Sample size and sample size calculations 4](#_Toc126314442)

[Protocol in brief 4](#_Toc126314443)

[List of abbreviations 7](#_Toc126314444)

[Background 8](#_Toc126314445)

[State of the art 8](#_Toc126314446)

[Summary of proposed study 8](#_Toc126314447)

[Reasons for proposed study 9](#_Toc126314448)

[Objectives 9](#_Toc126314449)

[Study duration 9](#_Toc126314450)

[Entire study 9](#_Toc126314451)

[For each participant 9](#_Toc126314452)

[Study sample 9](#_Toc126314453)

[Description of study sample 9](#_Toc126314454)

[Inclusion criteria 9](#_Toc126314455)

[Exclusion criteria 10](#_Toc126314456)

[Recruitment 10](#_Toc126314457)

[Sample size 10](#_Toc126314458)

[Protocol 10](#_Toc126314459)

[Overview 10](#_Toc126314460)

[Screening 10](#_Toc126314461)

[Demographic variables 10](#_Toc126314462)

[Health variables 10](#_Toc126314463)

[Questionnaires 11](#_Toc126314464)

[In-laboratory measurements 11](#_Toc126314465)

[Light stimuli 11](#_Toc126314466)

[Timeline 11](#_Toc126314467)

[Instruments 12](#_Toc126314468)

[Participant remuneration 12](#_Toc126314469)

[Risks and benefits 12](#_Toc126314470)

[Target criteria 13](#_Toc126314471)

[Data protection 13](#_Toc126314472)

[Legal consent 13](#_Toc126314473)

[Pseudonymization 13](#_Toc126314474)

[Processing of personal data during the study 13](#_Toc126314475)

[Data analysis 14](#_Toc126314476)

[Cooperation and data exchange with other research Institutes 14](#_Toc126314477)

[List of data types 14](#_Toc126314478)

[Insurance information 15](#_Toc126314479)

[Participant information sheet and informed consent form 15](#_Toc126314480)

[Study materials 15](#_Toc126314481)

[Appendix A 16](#_Toc126314482)

[Appendix B 17](#_Toc126314483)

[References 18](#_Toc126314484)

# List of abbreviations

|  |  |
| --- | --- |
| EEG | Electroencephalography |
| PSG | Polysomnography |
| AD | Alzheimer’s Disease |
| W | Wakefulness |
| N2 | Deep sleep stage 2 |
| N3 | Deep sleep stage 3 |
| REM | Rapid-eye movement sleep |

# Background

## State of the art

Gamma-band EEG activity, particularly at the frequency of 40 Hz, is fundamental for cognitive functions such as memory and already impaired in early stages of AD (Traikapi & Konstantinou, 2021). To counter this decline in gamma-band activity, periodic sensory stimulation has emerged as a new promising avenue: presenting auditory or visual stimuli periodically at 40 Hz can effectively entrain this form of neuronal activity in a non-invasive and non-pharmacological manner (McDermott et al., 2018). First studies reported multiple significant benefits of 40 Hz sensory stimulation in AD-model mice (Iaccarino et al., 2016; Martorell et al., 2019), preliminary evidence for similar findings in humans has recently been published as well (Chan et al., 2022; He et al., 2021).

In these studies, patients with mild AD were exposed to the intervention for one hour a day, for several weeks or months. It led to improvements in AD biomarkers, cognition, and even circadian rhythms, a domain also affected by AD. One of the proposed mechanisms is the clearance of neurotoxic molecules, which 40 Hz sensory stimulation seems to support, at least in mice (Iaccarino et al., 2016). This clearance process is usually thought to be most active during sleep (Wang & Holtzman, 2020). Moreover, it has been shown that pulses of light can be used to shift circadian phase, especially if applied during the night (Joyce et al., 2022). Considering the above, applying this intervention during sleep could add value in terms of convenience as well as effectiveness.

However, the feasibility of 40 Hz visual stimulation during sleep is unclear. So far, periodic visual stimulation during sleep has only been applied at frequencies lower than 10 Hz, to elicit circadian effects (Zeitzer et al., 2014) or to entrain brain activity in the corresponding frequencies, with effect magnitudes depending on sleep stage (Norton et al., 2017; Sharon & Nir, 2018). With subjects’ eyes closed, visual stimulation at 40 Hz does seem to promote entrainment but so far, that has only been shown during wakefulness (Fitzgibbon et al., 2016; Jones et al., 2019; Murphy & Öngür, 2019). Therefore, determining whether 40 Hz visual stimulation can effectively enhance gamma-band EEG activity without disrupting young, healthy subjects’ sleep is a crucial first step toward a more convenient and effective intervention for AD patients.

## Summary of proposed study

In this within-subjects study, we will assess the effects of high-wavelength (red), low-illuminance (dim), temporally modulated (flickering) light delivered to subjects through closed eyes at a frequency of 40 Hz on EEG activity in different states. Over the course of one week, subjects will be asked to A) come to the laboratory for a stimulation session during wakefulness, B) maintain a constant sleep-wake schedule between sessions, C) sleep at the laboratory for one night for a baseline assessment, and D) on the following night, return to the laboratory to receive the intervention during sleep. The experimental setup at the sleep laboratory will include PSG and EEG, as well as a stimulation device in form of a modified sleep mask. Stimulation will be administered based on subjects’ sleep stages as estimated by PSG to minimize arousals. EEG power at 40 Hz will be compared between nights and sleep stages; self-reported sleep quality and PSG-derived sleep parameters will be assessed as well.

## Reasons for proposed study

Enhancing the brain’s endogenous 40 Hz frequency seems to be beneficial for elderly people at risk for or at an early stage of dementia. Sensory stimulation could be a non-invasive and low-cost intervention to boost 40 Hz activity, which is especially desirable given the high cost and limited effectiveness of current medication options. Receiving such stimulation during sleep would be more practical for patients than having to allocate a portion of their day to the rather boring task of attending to a periodic sensory stimulus. Moreover, there could be positive effects on amyloid-beta clearance and circadian markers.

However, the feasibility of periodic visual stimulation during sleep to modulate EEG gamma activity is unclear. Therefore, the intervention should first be tested on a young and healthy sample to assess potential effects on EEG power and sleep quality. Results should inform on whether and how to adapt such a stimulation procedure for elderly people.

# Objectives

The goal of this study is to determine the feasibility of periodic visual stimulation during sleep to modulate EEG gamma activity. Specifically, we will:

1. Evaluate if applying visual stimulation during sleep is feasible in a young healthy cohort;
2. Test whether EEG activity at 40 Hz can effectively be entrained in different sleep stages;
3. Explore whether the visual stimulation has any impact on sleep quality and architecture.

These specific aims will be approached through a well-controlled within-subjects laboratory study.

# Study duration

## Entire study

The entire study will take place over a total of 5 months.

## For each participant

Each subject taking part in the study will be enrolling for 1 week, including a total of 3 in-laboratory visits.

# Study sample

## Description of study sample

In this study, we will recruit and enrol healthy participants aged 18-35 years, with normal colour vision, no extreme chronotypes, no substance abuse and no neurological, psychiatric, or sleep disturbances.

## Exclusion criteria

|  |  |  |
| --- | --- | --- |
| **Domain** | **Criterion** | **Assessment method** |
| Age | <18, >35 years of age | Self-report |
| Colour vision | Abnormal colour vision | Self-report |
| Neurological disturbances | Any history of neurological symptoms, especially epilepsy, migraine, stroke, brain tumour, concussion | Self-report |
| Sleep disturbances | Any symptoms in the past year, especially insomnia, sleepwalking, bruxism, narcolepsy, restless legs syndrome, sleep apnoea | Self-report |
| Psychiatric disturbances | Any symptoms in the past year, especially depressed mood, extreme mood swings, excessive worries, hallucinations or paranoia, suicidal thoughts | Self-report |
| Substance abuse | Abuse of alcohol, nicotine, cannabis, prescription drugs, illicit drugs | Self-report |
| Chronotype | Chronotype measure MSFsc < 01:30 (“extremely early”) or > 06:00 (“extremely late”) | Micro Munich Chronotype Questionnaire |

## Recruitment

We will recruit participants through a variety of means, including fliers, posters, and posts on social media. Additionally, participants will be recruited through mailing lists from General and Experimental Psychology, LMU, and Chronobiology & Health, TUM. On recruitment materials, a QR-code will be displayed that leads to study information and the screening questionnaire.

## Sample size

In this study, we will be following a within-subjects design where each participant participates in both conditions, serving as their own control. We expect to run this study in a total of 30 participants. An *a-priori* simulation-based power analysis indicates that this sample size is sufficient to detect an effect of *d* = 0.7 at levels of *1-ß* = .8 and *ɑ* = .05.

# Protocol

## Overview

The planned study is based on a 4 X 2 within-subjects design. It is a laboratory study and an interventional clinical trial. The within-subject factors are condition (control night, experimental night) and sleep stage [wakefulness (W), deep sleep stage 2 (N2), deep sleep stage 3 (N3), rapid-eye movement sleep (REM)]. All participants will undergo one stimulation session during wakefulness and a few days later, on the weekend, one control night followed by one experimental night. The order of conditions will be the same for all participants to help counter the "First Night Effect" (Agnew Jr. et al., 1966) and so any potential undiagnosed sleep disturbances can be spotted via PSG before subjects undergo the stimulation during sleep.

## Screening

### Demographic variables

At screening, we will ask participants for their age and gender.

### Questionnaires

During screening, participants will complete a survey delivered via the online platform REDCap on a server set up and maintained by the Chronobiology & Health team at TUM. The server is set up as a virtual machine hosted by the Leibniz-Rechenzentrum der Bayerischen Akademie der Wissenschaften. The exclusion criteria questionnaire will cover all health variables, including colour vision and substance abuse, as well as neurological, psychiatric, and sleep disturbances. The Micro Munich Chronotype Questionnaire (μMCTQ; Ghotbi et al., 2020) will also be administered to estimate chronotype.

## In-laboratory measurements

Participants will come to laboratory 5 hours prior to their habitual bedtime and leave the laboratory 1 hour after their behavioural bedtime. Their habitual bedtime will be established using the information given at screening. From three days before the study, participants will abstain from non-steroidal anti-inflammatory drug (NSAID) and alcohol intake. On the day of the study, participants will be asked to abstain caffeine intake and avoid acute physical activity. Three participants will be tested at a time.

### Light stimuli

#### Stimulus presentation

We will examine four stimuli: (A) no light (dark), (B) constant light at the half-max luminance available in virtual-reality head-mounted display HTC Vive Pro Eye, and two active stimulus conditions (C) and (D). Stimuli will be wide-field. A fixation cross will be displayed in the centre of the screen to avoid fixational eye movements. Stimuli will vary parametrically in temporal and spatial frequency.

## Timeline

On the first session at the laboratory, scheduled on a day and time of the subject's choice, the exclusion criteria are verified, informed consent is provided, and the skin reflectance is measured at the forehead. Then, room lights are dimmed and the EEG is set up. Two blocks of 15 min are recorded, in which the stimulation is applied while subjects remain awake with eyes closed. A short break between blocks should help maintain subjects' alertness.

Due to laboratory availability and participant convenience, two nights in a row are then scheduled at the laboratory on the following weekend. Participants are asked to keep a constant sleep-wake schedule until the sleep sessions and to refrain from unusual amounts of alcohol and caffeine. On the two days of the sleep sessions, no alcohol and no more than the usual amount of caffeine should be consumed. Subjects are asked to come to the lab 1,5 hours before their habitual bedtime on free days, as indicated in the μMCTQ.

Having arrived at the lab on the first night, subjects are given enough time to complete their usual sleep routine before PSG, EEG, and stimulation mask are set up. The mask is not energized on the baseline night. Subjects remain in a semi-recumbent position for 15 min in order to record a wakefulness baseline, then they lay down to sleep. Participants are given 8 hours of sleep opportunity before they are awakened. After the setup is removed, the Sleep Quality Scale (SQS) is administered and participants leave the lab.

Subjects return in the evening for the second study night. The same procedure is followed except for the recording during wakefulness, which was already covered in the first session so as to avoid an increase in alertness by light stimulation just before sleep onset. After the setup is complete, subjects lay down to sleep right away. On this night, the stimulation is activated as described above. In the morning, after 8 hours of sleep opportunity, the setup is removed and the SQS is administered, then the experiment is terminated.

## Instruments

In this study, we will be using a range of instruments for visual stimulation and measurements. The following table gives the devices, the manufacturer, their purpose, and any certification status.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Device** | **Manufacturer** | **Purpose** | **Certification** | |
| HTC Vive Pro Eye | HTC | Visual stimulation | [Consumer device] | |
| ActTrust2 | Condor (São Pãolo, Brasil) | Measurement of rest-activity cycles and light exposure | IEC60601-1:2006, IEC60601-1-2:2007, IEC60601-1-11:2010 | |
| e-Celsius | BodyCap | Measurement of core body temperature using an ingestible pill | CE |
| OCT2000 | TOPCON | Fundus photographs | CE | |

Appropriate certiciates are appended in Appendx A. All devices were purchased from internal funds of the investigator and were not sponsored by the manufacturer(s).

# Participant remuneration

Participants will be remunerated for their time with 100 € only when completing all sessions. The following exceptions may apply:

1. If, at the first session, stimulation during wakefulness fails to elicit any effect and the experiment is therefore terminated, they are entitled to 15 €.
2. If, after the control night, they must abandon the experiment due to medical reasons (sudden illness, suspected sleep disturbance), they are entitled to 30 €.

Risks and benefits

Flickering light can cause seizures in a minority of people. However, a frequency of 40 Hz is barely perceptible as flicker and not harmful to people with no history or diagnosis of Epilepsy. Rigorous screening will ensure that only healthy subjects are recruited and exposed to the stimulation.

Participants’ sleep quality may be affected by the intervention due to the unfamiliar setup and use of light during the night. This is restricted to the two experimental nights. The sessions are to be scheduled on weekends, so potential sleepiness on the following day has no major foreseeable consequences and participants have a chance to recover before returning to work. Subjects with diagnosed or suspected sleep disturbances will not be enrolled. Should a sleep disturbance be suspected based on PSG outputs of the control night, then the experiment will be aborted before the subject can be subjected to the visual stimulation during sleep.

In sum, we consider the detailed risks to be minor for healthy subjects given the biomedical knowledge that can be gained from the study.

# Target criteria

The purpose of this study is to characterise, for the first time, the impact of specific spatial and temporal regimes of light stimulation on neuroendocrine physiology. As the study is geared towards a fundamental characterisation of a biological system, the question of target criteria concerns largely the quality of the protocol. As we have included a dim light condition along with several light-related stimuli,

# Data protection

## Legal consent

Prior to any data collection, participants will be informed of how their data are processed and will have ample opportunities to ask questions. Participants will receive paper consent forms and detailed information about processing of their personal data, which will include their name and signature. These consent forms (see attached Legal *Declaration of Consent* including *Information Sheet* in accordance with the EU General Data Protection Regulation) will be retained in a locked cabinet at Klinikum rechts der Isar. Only selected people will have keys to this cabinet. Upon the start of their participation, in-lab subjects are assigned a subject ID number. This subject number will be used to label data obtained on the task. At no point will the subjects’ names be tied to their subject number. There will be no method to go from subject ID number to subject name or match subject data to subject identity.

## Pseudonymization

At enrolment of the study, participants will be assigned a pseudonym participant ID which is necessary to ensure scheduling of appointments and planning of logistics of participation, will be stored in password-protected spreadsheet in a restricted MRI location. The linkage list between name and participant ID cannot be read, copied, modified or removed by unauthorized persons and its password will only be known to the experimenter and PI.

All data collected in this project will be only labelled using the pseudonyms and stored directly in a pseudonymised form. I.e., the data will be collected under a numerical ID without a reference to contact details and processed without any assignment to personal data of the participants.

The documentation of data and its archiving occurs in a pseudonymised form in a protected electronic database, to which only a limited number of authorised employees have access, including here doctoral students, who are obligated to professional and data secrecy. This data secrecy obligation will also continue to exist after termination of their employment.

## Processing of personal data during the study

The processing of personal data will be carried out in such a way that the data can no longer be attributed to a data subject without the use of additional information. The additional information is kept separately and is subject to appropriate technical and organizational measures. Once data have been collected either in-lab or online, they are stored on secure, password-protected lab computers and server space accessible only to trained lab personnel.

Collected data may be used for the preparation of anonymised scientific research work and may also be published and used in an anonymised form in medical journals and scientific publications, so that a direct reference to participant person cannot be established.

## Data analysis

The collected and saved data will be classified as health data under the "very high" protection level. The analysis of EEG data is performed in-house. All participating laboratory physicians and employees are subject to medical confidentiality as stipulated by German law.

## Cooperation and data exchange with other research Institutes

Pseudonymised data will be shared with the Department of General and Experimental Psychology, Ludwig-Maximilians University, and the Department of Psychiatry and Psychotherapy, Technical University of Munich.

## List of data types

|  |  |  |
| --- | --- | --- |
| **Type of data** | **Location** | **Note** |
| Participant name | Informed consent forms | Forms will be locked in a storage cabinet |
| Participant signature |
| Name and participant ID linkage list | Password-protected spreadsheet on shared network drive accessible only to project personnel | Only the project team have access |
| Demographic data (age, gender identity, chronotype) | Data collected on password-protected storage server | All digital data will be pseudonymised and labelled with participant ID |
| Electrophysiological data (PSG, EEG) |
| Subjective sleep assessment (SQS) |

# Insurance information

Does not apply

# Participant information sheet and informed consent form

The participant information sheet and informed consent form are attached to the application.

# Study materials

All study materials are attached to the ethics application (Appendix B).

# Appendix A

2022.11.17\_AppendixA\_ActTrust.pdf

2022.11.17\_AppendixA\_BodyCap.pdf

2022.11.17\_AppendixA\_TOPCON.pdf

# Appendix B

2022.11.17\_AppendixB\_AUDIT-de.pdf

2022.11.17\_AppendixB\_AUDIT-en.pdf

2022.11.17\_AppendixB\_LEBA-de.pdf

2022.11.17\_AppendixB\_LEBA-en.pdf

2022.11.17\_AppendixB\_MCTQ-de.pdf

2022.11.17\_AppendixB\_MCTQ-en.pdf

2022.11.17\_AppendixB\_PSQI-de.pdf

2022.11.17\_AppendixB\_PSQI-en.pdf

# References

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