Sleep, Consciousness and the Electroencephalogram (EEG)



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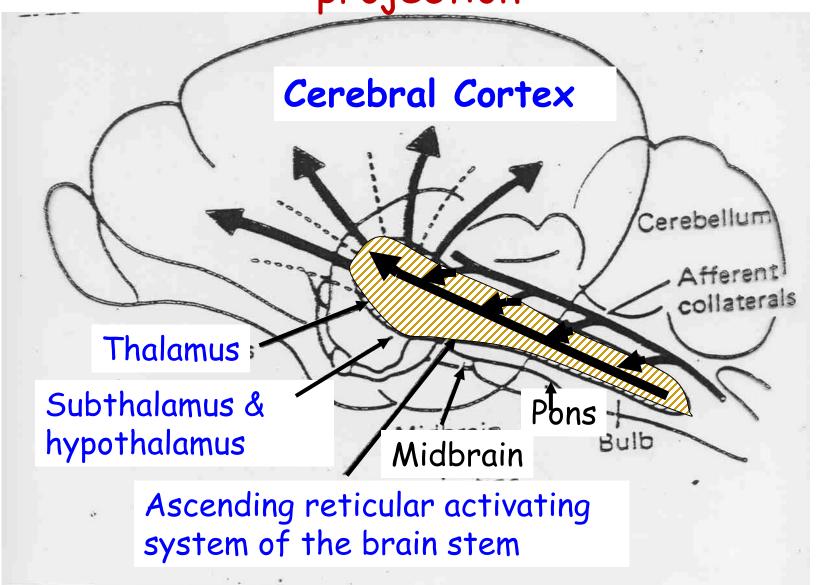
At the end of this lecture you should be able to

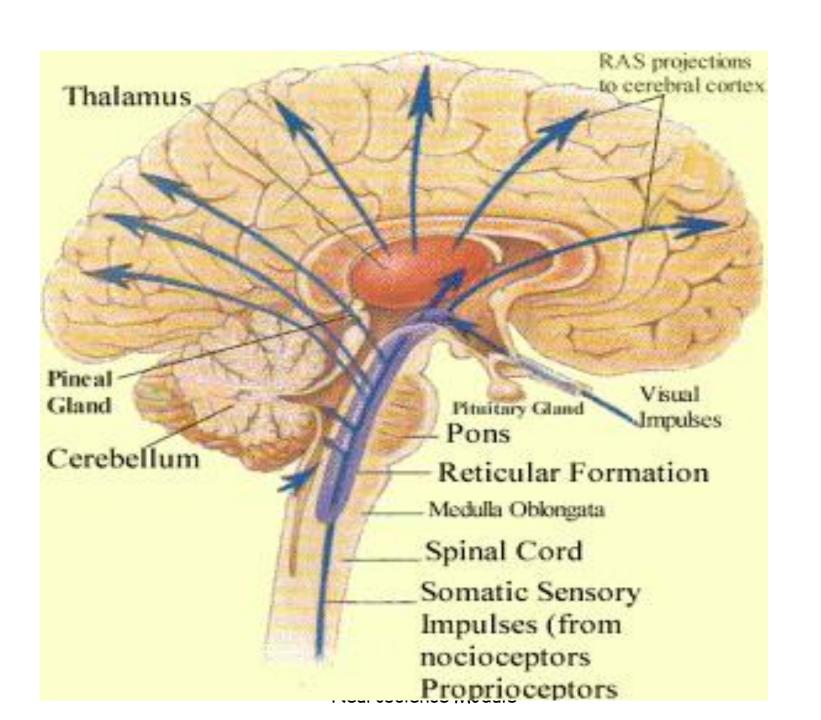
- Outline the role of the reticular activating area in maintaining cortical alertness
- The basic EEG patterns
- State the main clinical use of the EEG
- Separate sleep in to REM and non REM sleep and outline the characteristics of these

The Reticular Activating System (RAS)

- In the core of the brain stem at the midbrain, pons and medulla
- Afferents from all sensory pathways
 - Somatosensory, visual, auditory
- Efferents activate thalamus and via this the whole cerebral cortex
- Non Specific (diffuse) activation of cerebral cortex
 - Via intralaminar and reticular thalamic nuclei non specific nuclei
 - (contrast with specific activation by sensory pathways)
- Maintains the alert, conscious state

Non specific thalamo-cortical projection





Neurotransmitters of RAS

· Noradrenaline (Locus cereuleus)

Serotonin (Raphe nucleus)

Acetylcholine

 Inhibition of the above can give rise to sleep

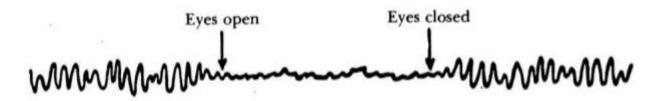
Electroencephalogram [EEG]

Recorded using scalp electrodes

- Records the dendritic post synaptic potentials of thousands of brain neurons
 - Constantly changing electrical difference between the total dendritic activity and the nerve cell body
 - Sum of dentritic activity is negative relative to the cell body, the cell is depolarised

- Predominant pattern <u>alpha wave</u> (8-12Hz and 50-100µV)
- When awake, eyes closed, mind wandering
 - Less in children (adult pattern in adolescence)
 - Reduced when ↓ glucose, ↓ temperature,
 ↓ cortisol, ↑PaCO₂

Beta rhythm (alpha block)



- Occurs with mental concentration or after sensory stimulation
- High frequency, low voltage waves identified (13-30Hz)
- · "Arousal" or "alerting" response
- Gamma oscillations (30-80Hz) occurs when aroused person tries to focus attention

Normal Adult Brain Waves

Awake mental activity

www.www.www.www.www.

Beta 14-30 Hz

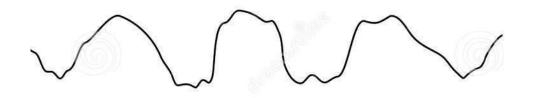
Awake resting

Alpha 8-13 Hz

Children Brain diseases

Theta 4-7 Hz

Deep sleep Infants Brain diseases



Delta <3.5 Hz

1 sec





Sleep

- Unconsciousness from which a person can be roused by sensory or other stimuli
- On average around <u>6-8</u>
 hours /day but varies
 between people
- Probably needed for learning/ memory consolidation



Sleep deprivation

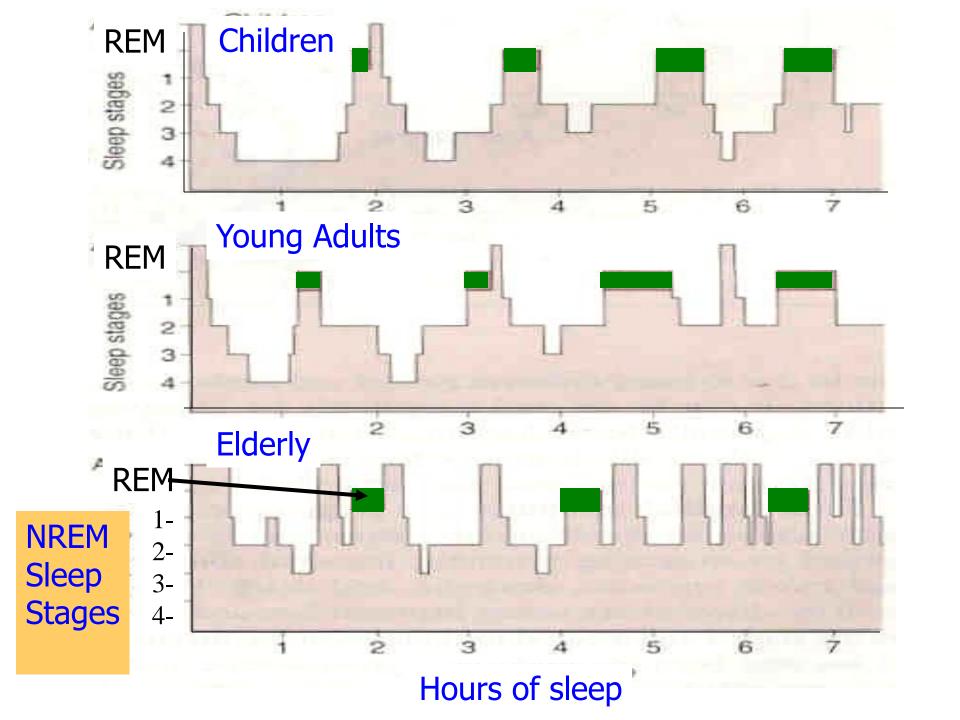
- Deterioration of higher brain functions
 - Learning & memory
 - Judgment
- More prolonged deprivation affects lower brain levels
 - Dysarthria
 - Tremor
 - Nystagmus
 - Increased heart rate and blood pressure

Physiological changes during sleep

- Sleep is divided in to sleep cycles which last 90 minutes
- Around 5 cycles a night

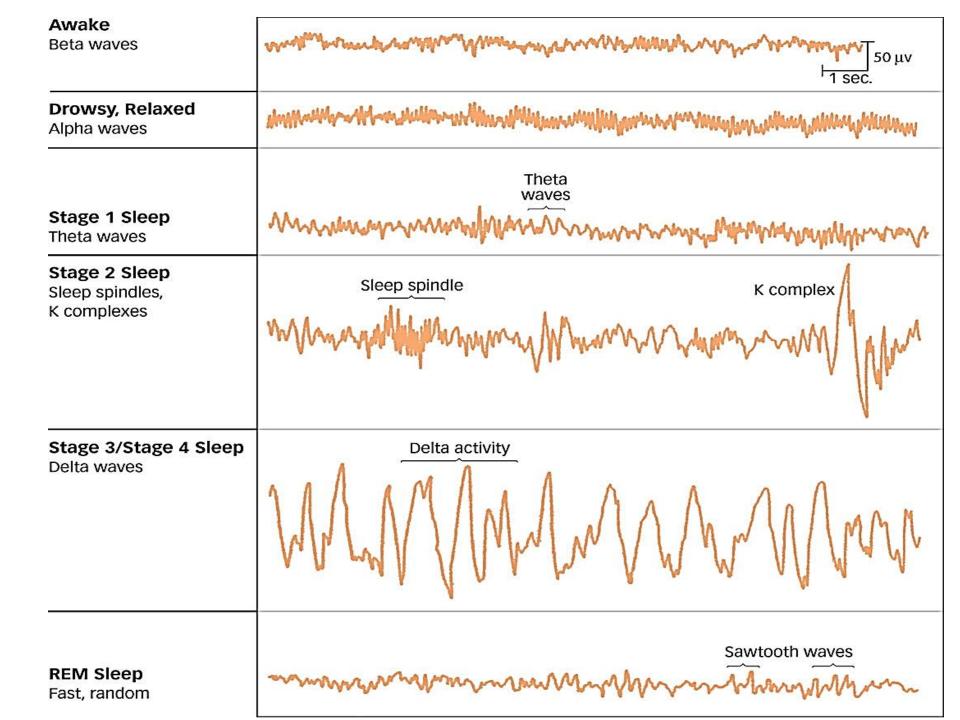
Non REM (NREM)
sleep
[70 minutes]

Rapid eye movement sleep [20 minutes]



Non REM sleep

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NREM Associations

- Reduced blood pressure
- · Deep and infrequent breathing
- Reduced BMR

- Sleep walking
- Night terrors
- Bed wetting

REM sleep

- Mixed frequency eye movements but reduced tone of neck muscles
 - Inhibition of voluntary muscle activity
- EEG similar to alert state with eyes open
- Associated with <u>dreaming</u>, teeth grinding (bruxism)

Waking

Reduced stage 3 and 4 sleep

Increased REM

Mechanism of sleep production

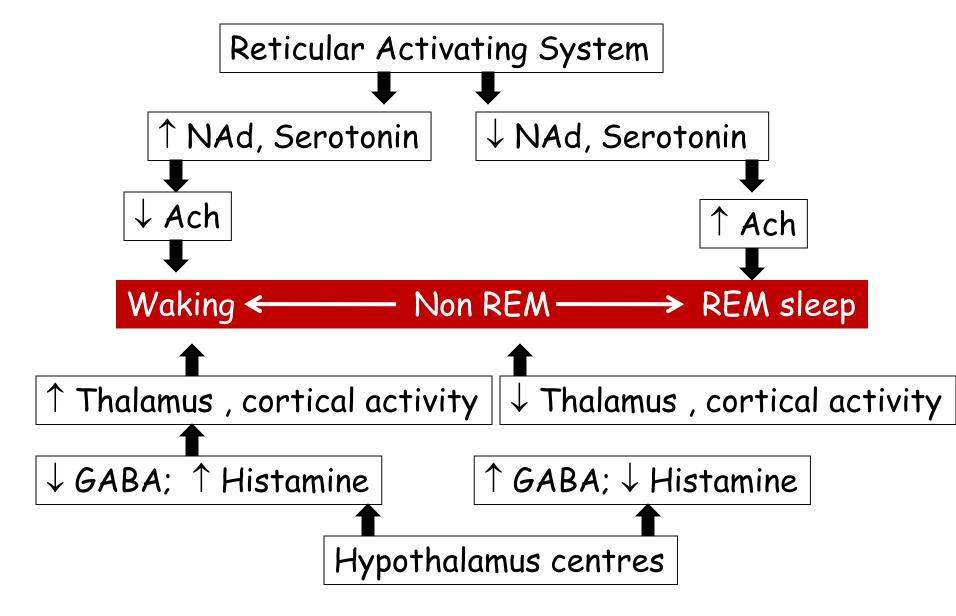
NREM

- Diencephalic sleep zone, Medullary reticular formation
- Basal forebrain sleep zone
- Others:
 mechanoreceptors of
 skin; serotonin
 antagonists, adenosine

REM

- Pons, limbic cortex and visual association area have increased activity
- Reduced activity of the prefrontal cortex & parietal cortex

Regulation of sleep stages





At Night I Can't Sleep.

In The Morning
I Can't
Wake Up...

Epilepsy

- Uncontrolled, excessive activity of part or all of the brain
- General onset: both cerebral hemispheres activated with increased discharge
 - Tonic clonic: 'grand mal'- excessive stimulation of the activating area and results from a reverberating circuit
 - Absent seizures: 'petit mal'
- Partial seizures: arise from localised brain area; consciousness may be present or lost

Clinical Uses of the EEG

Generalised brain diseases e.g encephalopathy

· Diagnose and monitor Epilepsy

 Diagnose localised brain abnormalities (e.g. Subdural fluid- but better to do neuroimaging)

FP1-F7 F7-T3 T3-T5 T5 01 FP1-F3 1/3-C3 C3-P3 P3-01 FP2-F4 F4-C4 C4-P4 P4-02 FP2 F8 F8-T4 14-16 T6-O2

FP1-F7 F7-T3 T3-T5 T5-01 FP1-F3 F3-C3 C3-P3 P3-O1 FP2-F4 F4-C4 C4-P4 P4-02 FP2 F8 F8 T4 T4-T6 T6-O2

Hypsarrythmia



Absence seizure

Coma

- Loss of consciousness from which arousal is not possible
- Reduced oxygen consumption by the brain
- Block in the ascending pathway from the thalamus to the RAS

What is your brain rhythm?

