

# Sleep-deprivation aggravates cortical gamma dysregulation in juvenile *Syngap1*<sup>+/-</sup> mice.

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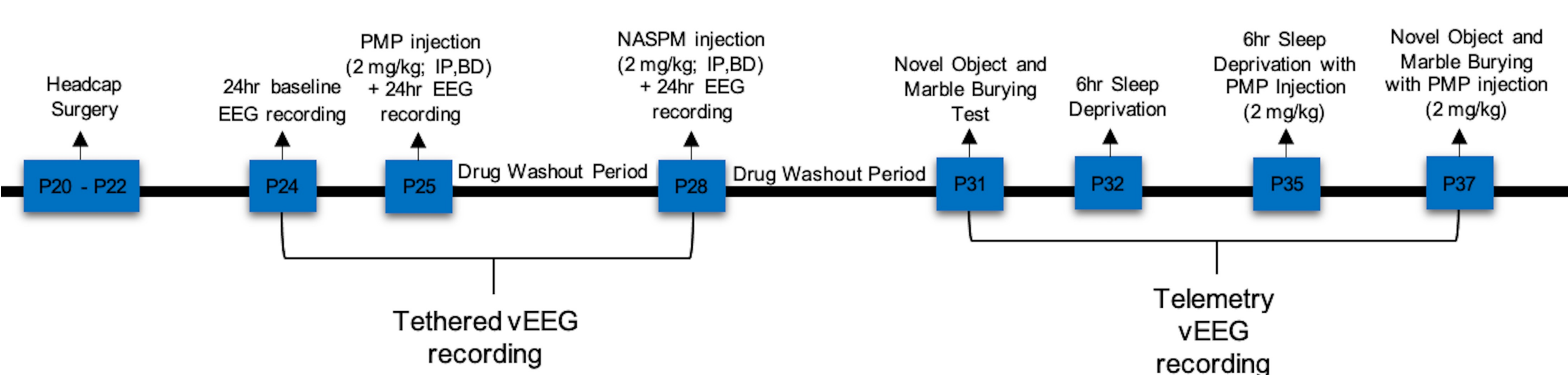
## Introduction

*SYNGAP1* codes for SYNGAP1, a Ras-GTPase activating protein that negatively regulates Ras-ERK signaling and tightly controls AMPA receptor (AMPA) recruitment to the post synaptic density. Autosomal mental retardation type 5 (MRD5), one of the most prevalent intellectual disabilities (IDs) with epilepsy, is caused by heterozygous loss-of-function SYNGAP1 variants. Patients with MRD5 demonstrate abnormal spiking during EEG recordings as well as atonic, myoclonic, absence, and generalized tonic-clonic seizures (Hamdan et al., 2009; Mignot et al., 2016). MRD5 patients also report sleep complications, supporting the relationship between epilepsy and dysfunctional sleep (Parker et al., 2015; Prchalova et al., 2017). Perampanel (PMP) is an FDA approved non-competitive AMPAR antagonist. To investigate the natural history of the epilepsy associated with heterozygous loss-of-function SYNGAP1 mutations and the anti-seizure efficacy of PMP, a *Syngap1* heterozygous loss-of-function mouse model (deletions of exon 7 and 8; clinically refractory) underwent 24h vEEG/EMG recordings at juvenile ages (P25-P40).

## Methods

24h tethered vEEG recording was performed for *Het*<sup>+/-</sup> mice and their age- and sex matched WT littermates at P21-P30, followed by telemetric vEEG for 24h with 6h sleep deprivation at P35. Quantitative EEG (qEEG) analysis included the frequency bands: delta (0.5-4.0 Hz), theta (5.5-8.0 Hz), alpha (8.0-13.0 Hz), beta (13.0-30 Hz), and gamma (35-50 Hz). Specifically, linear regression of gamma frequency power during transition states from wake to sleep was quantified. Spike frequency over 24h EEG was scored by a blind reviewer based on previously published parameters. The effect of low-dose perampanel (PMP; 2mg/kg, IP, BD), an AMPA receptor antagonist, on these potential qEEG biomarkers was investigated. Movement analysis was performed at 5am – 7am using infrared cameras to trace fast-active movements. Additionally, 24h telemetric vEEG was recorded during novel object and marble burying behavioral tests.

Figure 1: Experimental Scheme



## Sleep Bout Analysis

### Juvenile *HET*<sup>+/-</sup> mice displayed altered sleep architecture

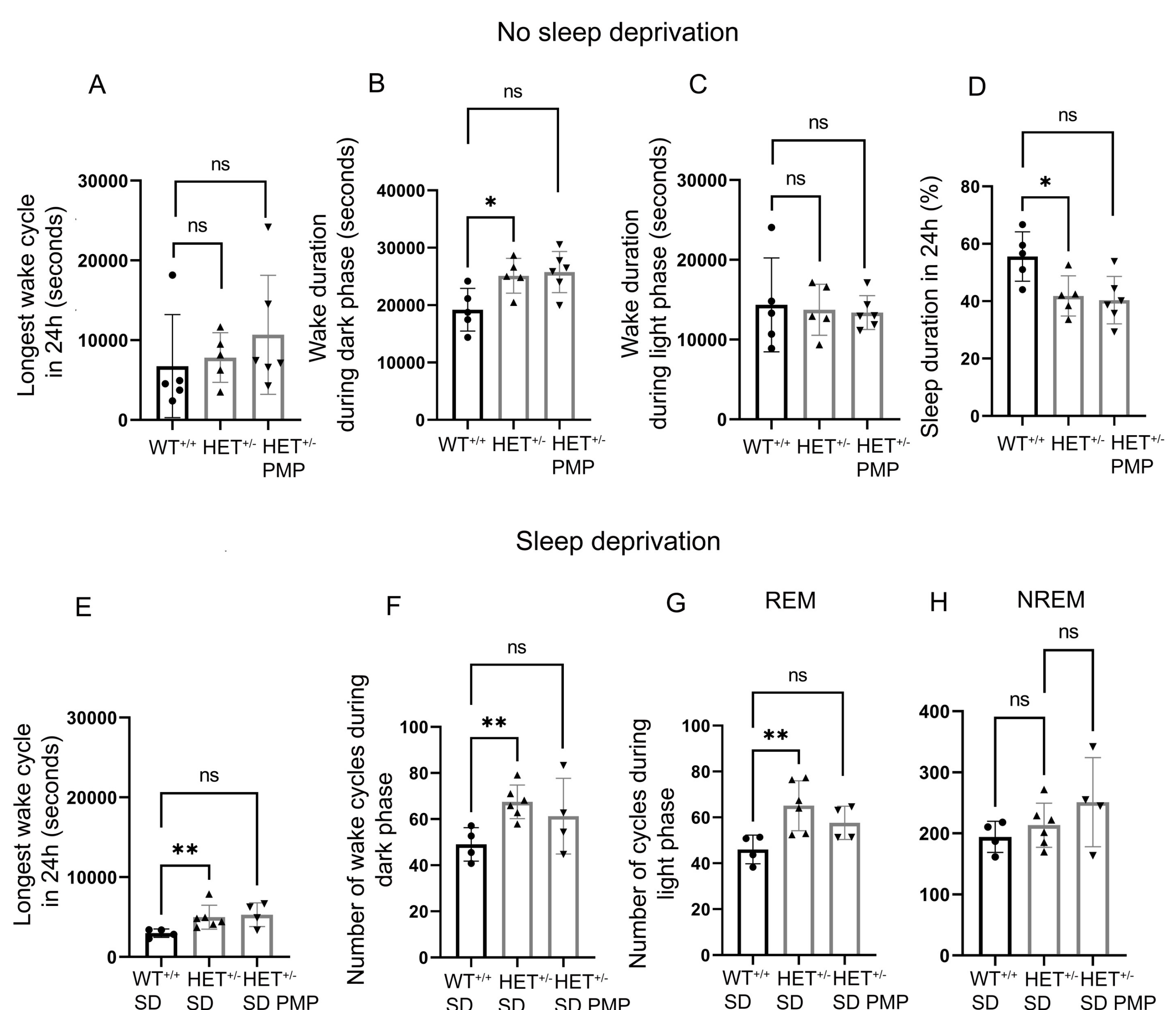


Figure 2: (A) Prior to sleep deprivation, the longest wake cycle remains constant between groups. (B) *HET*<sup>+/-</sup> displayed longer wake duration during the dark phase (*WT*<sup>+/+</sup> vs. *HET*<sup>+/-</sup>: unpaired t-test;  $p < 0.01$ ) (C) while the relation was absent during the light phase. (D) *HET*<sup>+/-</sup> had shorter duration of sleep than *WT*<sup>+/+</sup> in a 24h recording (*WT*<sup>+/+</sup> vs. *HET*<sup>+/-</sup>: unpaired t-test;  $p < 0.05$ ). (E) Unlike prior to 6h sleep deprivation, *HET*<sup>+/-</sup> SD presented with higher longest wake cycle (*WT*<sup>+/+</sup> SD vs. *HET*<sup>+/-</sup> SD: unpaired t-test;  $p < 0.01$ ) (F) and number of wake cycles during the dark phase (*WT*<sup>+/+</sup> SD vs. *HET*<sup>+/-</sup> SD: unpaired t-test;  $p < 0.01$ ). (G-H) Additionally, *HET*<sup>+/-</sup> SD had increased frequency of REM cycles during the light phase (*WT*<sup>+/+</sup> SD vs. *HET*<sup>+/-</sup> SD: unpaired t-test;  $p < 0.01$ ), while the frequency of NREM cycles was constant.

## Cortical Gamma Dysregulation

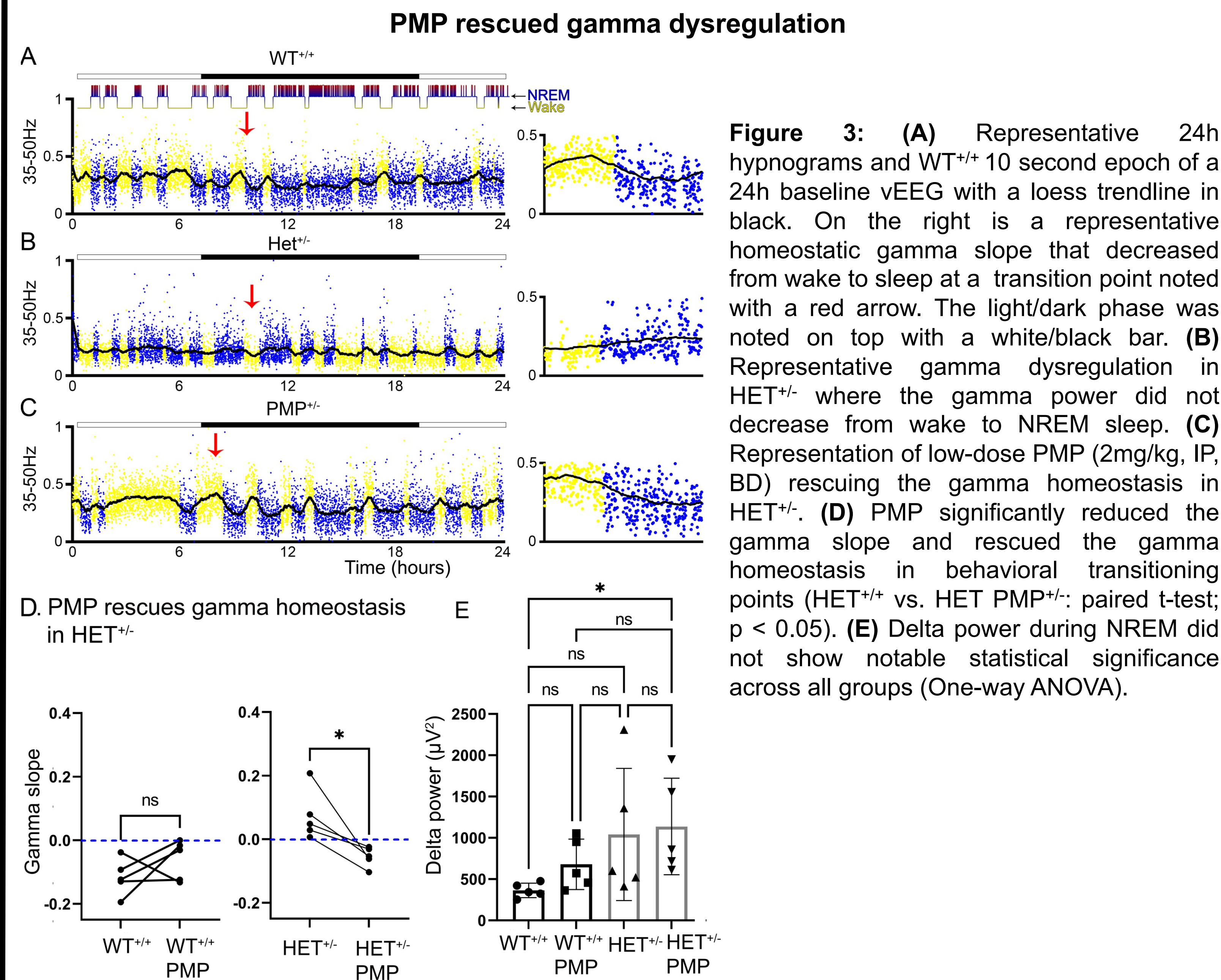


Figure 3: (A) Representative 24h hypnograms and *WT*<sup>+/+</sup> 10 second epoch of a 24h baseline vEEG with a loess trendline in black. On the right is a representative homeostatic gamma slope that decreased from wake to sleep at a transition point noted with a red arrow. The light/dark phase was noted on top with a white/black bar. (B) Representative gamma dysregulation in *HET*<sup>+/-</sup> where the gamma power did not decrease from wake to NREM sleep. (C) Representation of low-dose PMP (2mg/kg, IP, BD) rescuing the gamma homeostasis in *HET*<sup>+/-</sup>. (D) PMP significantly reduced the gamma slope and rescued the gamma homeostasis in behavioral transitioning points (*HET*<sup>+/+</sup> vs. *HET*<sup>+/-</sup> PMP<sup>+/-</sup>: paired t-test;  $p < 0.05$ ). (E) Delta power during NREM did not show notable statistical significance across all groups (One-way ANOVA).

## Sleep Deprivation

### Sleep deprivation aggravated gamma dysregulation

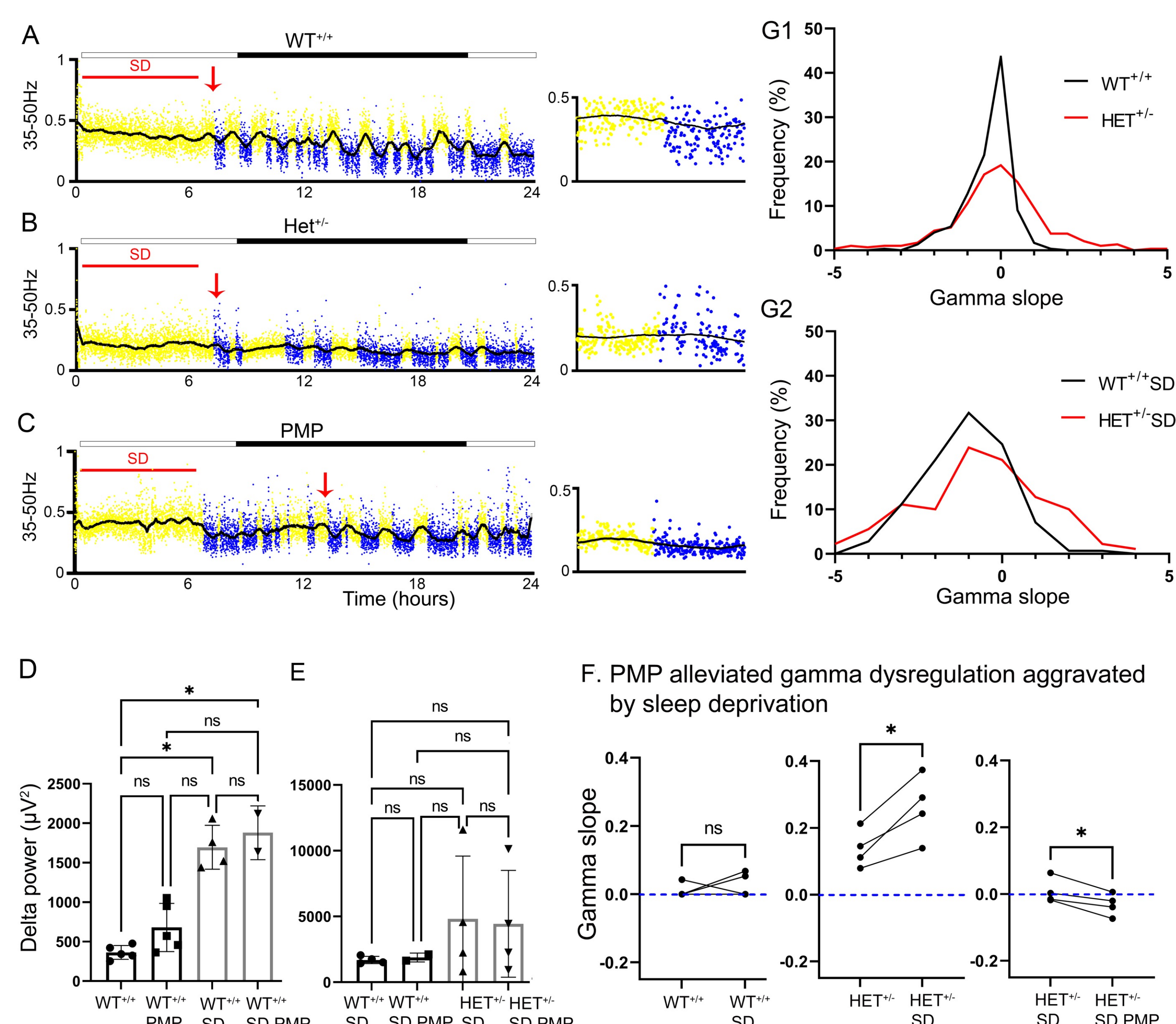


Figure 4: (A) *WT*<sup>+/+</sup> 10 second epoch of a 24h vEEG with 6h sleep deprivation. On the right is a representative gamma homeostasis that decreases from wake to sleep at a transition point noted with a red arrow. The light/dark phase is noted on top with white/black bar, and the sleep deprivation segment is marked in red. (B) *HET*<sup>+/-</sup> displayed increased gamma slope from wake to sleep after sleep deprivation. (C) Low-dose PMP (2mg/kg, IP) rescued gamma dysregulation during sleep transition points in *HET*<sup>+/-</sup> after 6h sleep deprivation. (D) The effect of 6h sleep deprivation was confirmed by comparing the delta frequency power before and after sleep deprivation in *WT*<sup>+/+</sup>. As expected, the delta frequency power increased with 6h sleep deprivation (*WT*<sup>+/+</sup> vs. *WT*<sup>+/+</sup> PMP: One-way ANOVA;  $p < 0.05$ ). (E) Delta power during NREM did not show notable statistical significance across all groups (One-way ANOVA, multiple comparison). (F) Gamma dysregulation was aggravated by 6h sleep deprivation as the magnitude of abnormal positive gamma slope further increased (*HET*<sup>+/-</sup> vs. *HET*<sup>+/-</sup> SD: paired t-test;  $p < 0.05$ ). (G-1-2) Histogram of gamma slope from REM before and after sleep deprivation in *WT*<sup>+/+</sup> and *HET*<sup>+/-</sup>. Following a similar trend, *HET*<sup>+/-</sup> had broader positive tail in gamma slope in with and without sleep deprivation (*WT*<sup>+/+</sup> vs. *HET*<sup>+/-</sup>: one-way ANOVA;  $p < 0.05$ , *WT*<sup>+/+</sup> SD vs. *HET*<sup>+/-</sup> SD: one-way ANOVA;  $p < 0.05$ ).

## Behavioral analysis

### Juvenile *HET*<sup>+/-</sup> mice displayed hyperactivity in movement analysis

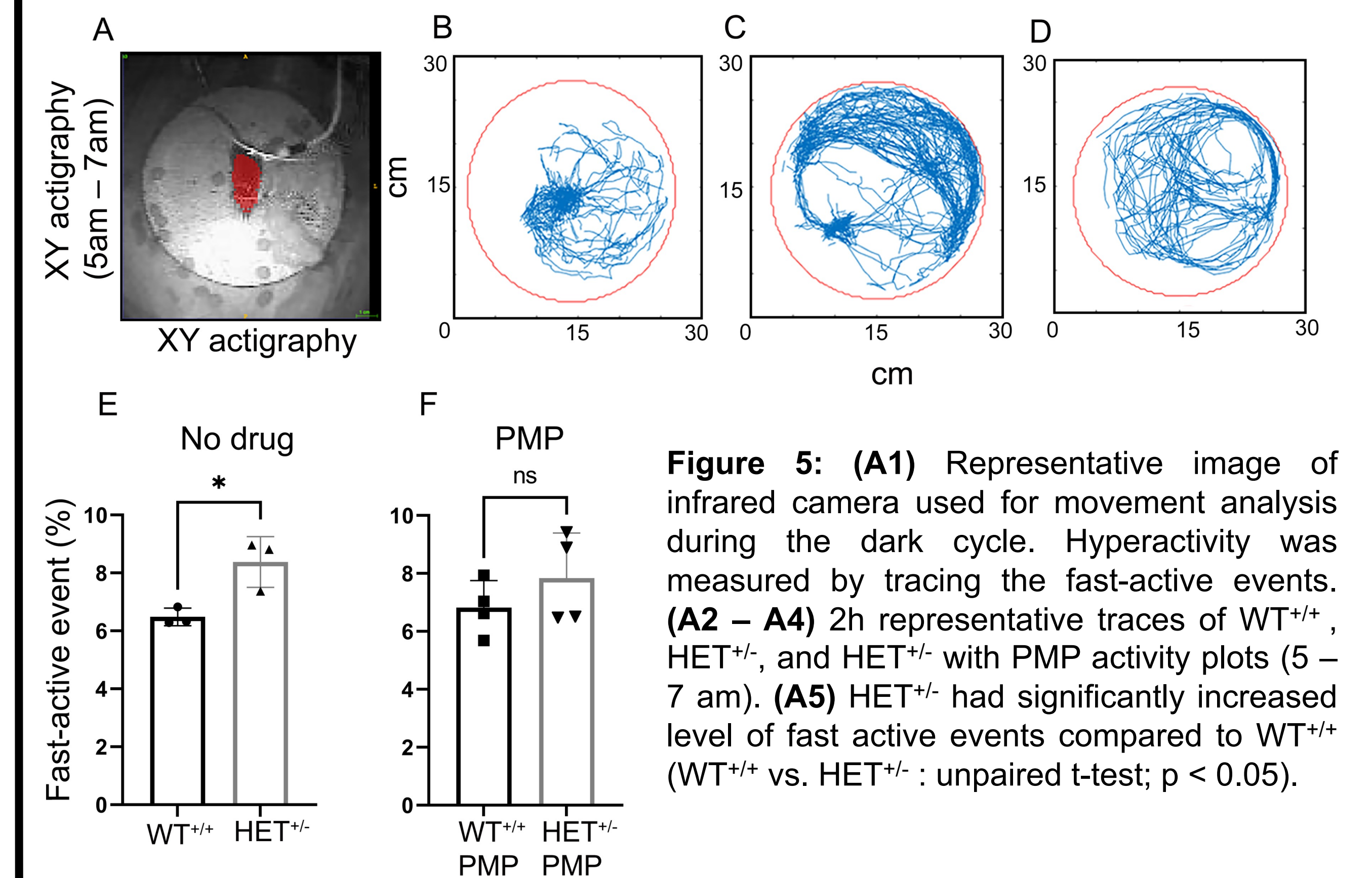


Figure 5: (A1) Representative image of infrared camera used for movement analysis during the dark cycle. Hyperactivity was measured by tracing the fast-active events. (A2 – A4) 2h representative traces of *WT*<sup>+/+</sup>, *HET*<sup>+/-</sup>, and *HET*<sup>+/-</sup> with PMP activity plots (5 – 7 am). (A5) *HET*<sup>+/-</sup> had significantly increased level of fast active events compared to *WT*<sup>+/+</sup> (*WT*<sup>+/+</sup> vs. *HET*<sup>+/-</sup>: unpaired t-test;  $p < 0.05$ ).

### Nesting behavior, marble burying, and novel object tests showed hyperactivity

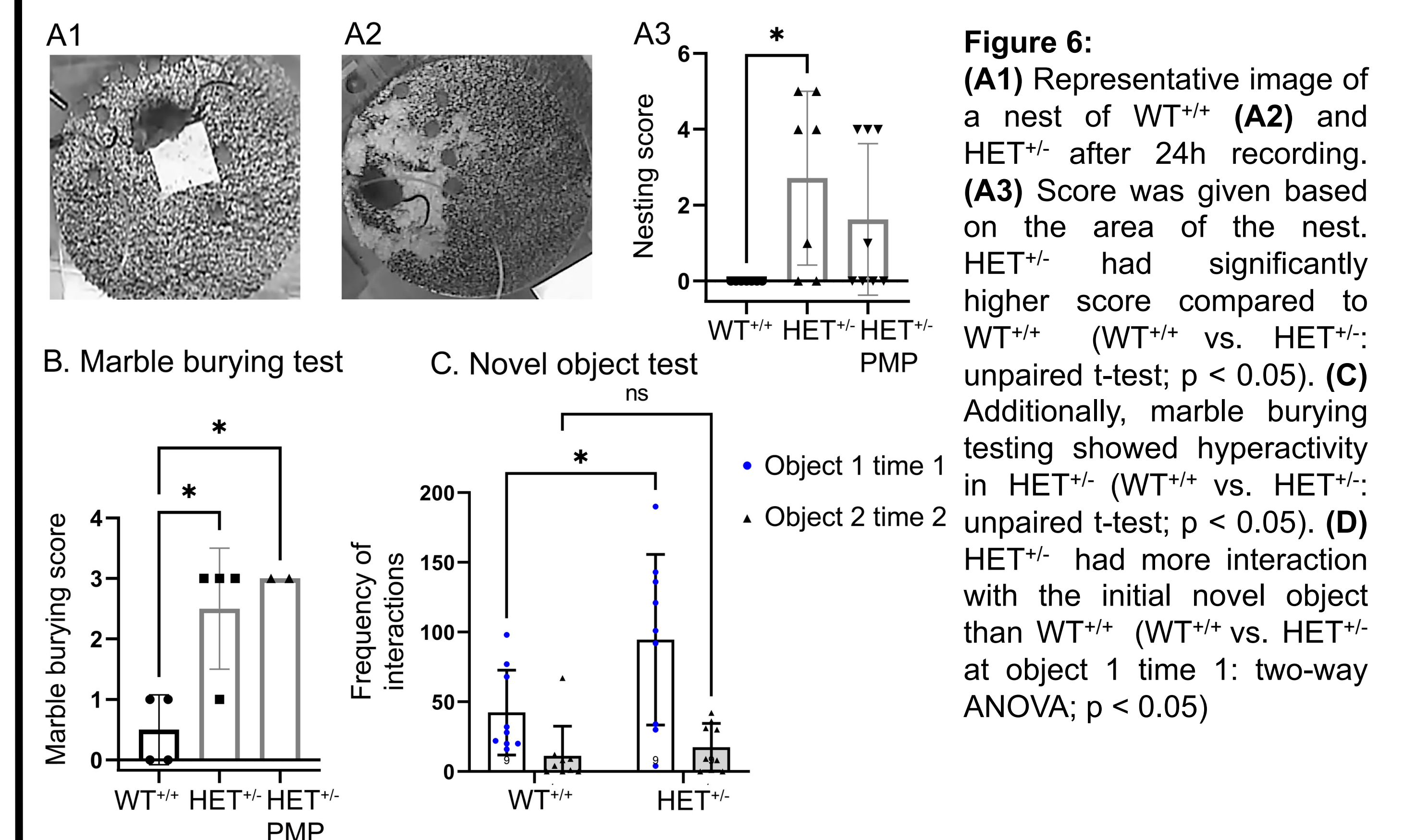


Figure 6: (A1) Representative image of a nest of *WT*<sup>+/+</sup> (A2) and *HET*<sup>+/-</sup> after 24h recording. (A3) Score was given based on the area of the nest. *HET*<sup>+/-</sup> had significantly higher score compared to *WT*<sup>+/+</sup> (*WT*<sup>+/+</sup> vs. *HET*<sup>+/-</sup>: unpaired t-test;  $p < 0.05$ ). (C) Additionally, marble burying testing showed hyperactivity in *HET*<sup>+/-</sup> (*WT*<sup>+/+</sup> vs. *HET*<sup>+/-</sup>: unpaired t-test;  $p < 0.05$ ). (D) *HET*<sup>+/-</sup> had more interaction with the initial novel object than *WT*<sup>+/+</sup> (*WT*<sup>+/+</sup> vs. *HET*<sup>+/-</sup> at object 1 time 1: two-way ANOVA;  $p < 0.05$ ).

## Interictal Spikes

Figure 7: (A) Representative EEG traces of a *Syngap1*<sup>+/-</sup> mouse demonstrating abnormal cortical spikes in the frontal region (denoted by \*) during wake and NREM sleep. (B)

## Summary

- ❖ Sleep bout analysis suggested altered sleep architecture in juvenile *Syngap1*<sup>+/-</sup> mice
- ❖ Gamma dysregulation from wake to sleep was present in juvenile *Syngap1*<sup>+/-</sup> mice.
- ❖ Gamma dysregulation was aggravated after 6h sleep deprivation.
- ❖ Acute treatment with PMP, an AMPAR antagonist, rescued cortical gamma homeostasis.
- ❖ Behavior analyses on juvenile *Syngap1*<sup>+/-</sup> mice suggest hyperactivity.
- ❖ Some juvenile *Syngap1*<sup>+/-</sup> mice displayed abnormal cortical spikes predominantly during NREM sleep stage.