

# Chronobiologic Aspects of Heart Rate Variability

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HEART RATE VARIABILITY — 2006  
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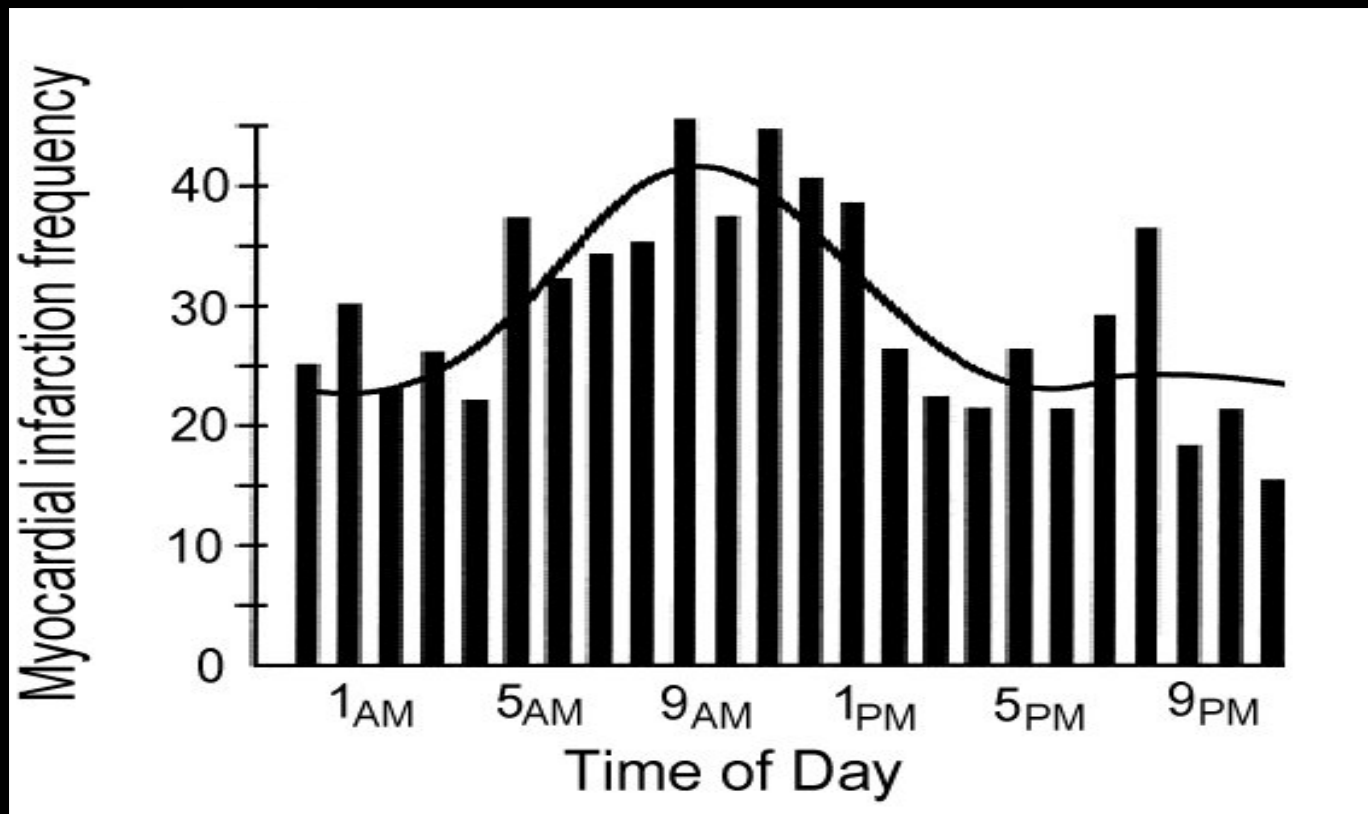
# Overview

- Morning peak in cardiovascular risk
- Potential factors involved
- “Circadian” what does it mean?
- Circadian pacemaker & the heart
- Circadian rhythm in human cardiovascular physiology?
- Circadian rhythm in responsiveness?
- Clinical implications?

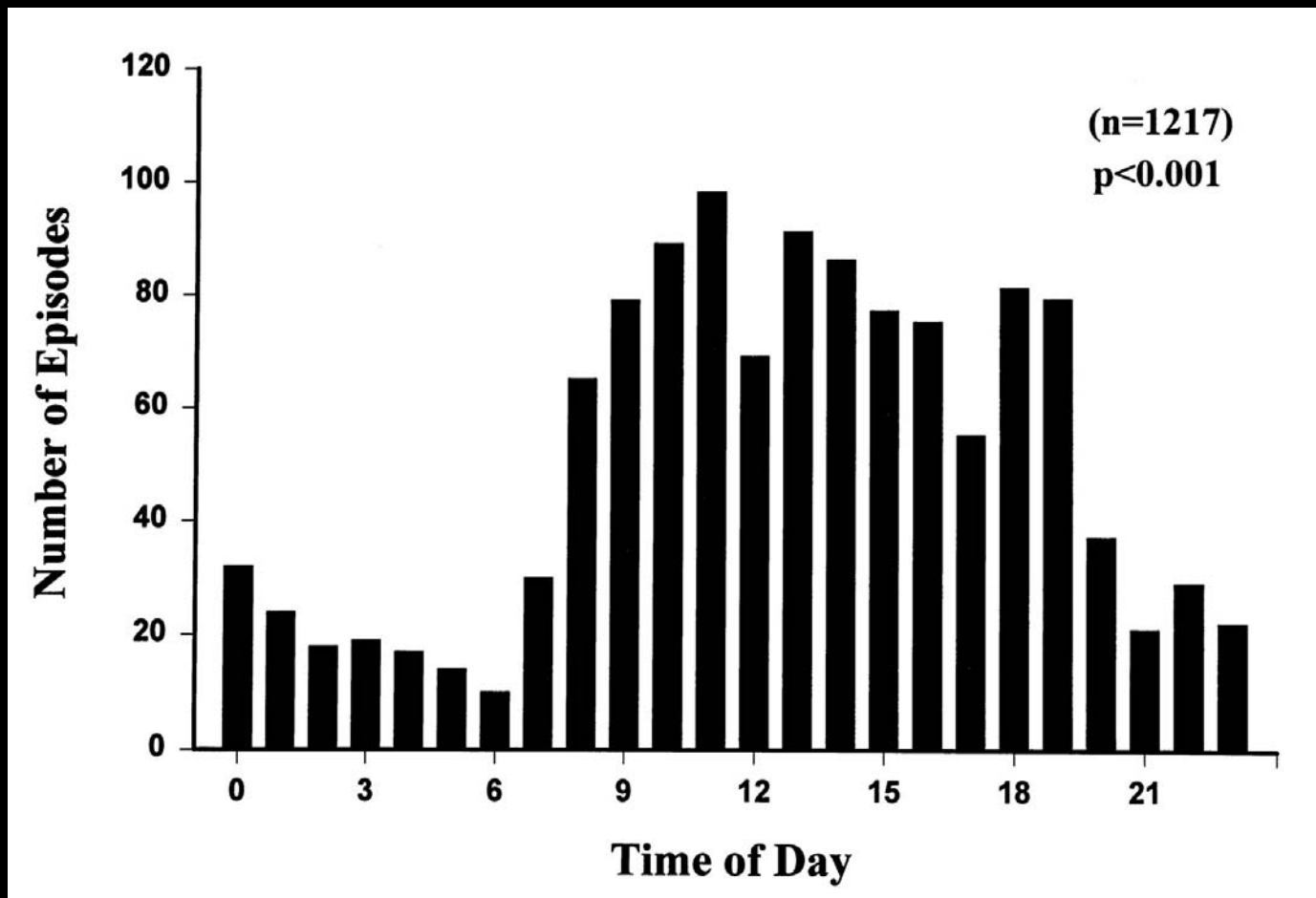
# Overview

- Morning peak in cardiovascular risk

Robust epidemiological data show day/night pattern in incidence of myocardial infarction, with a peak at ~9AM



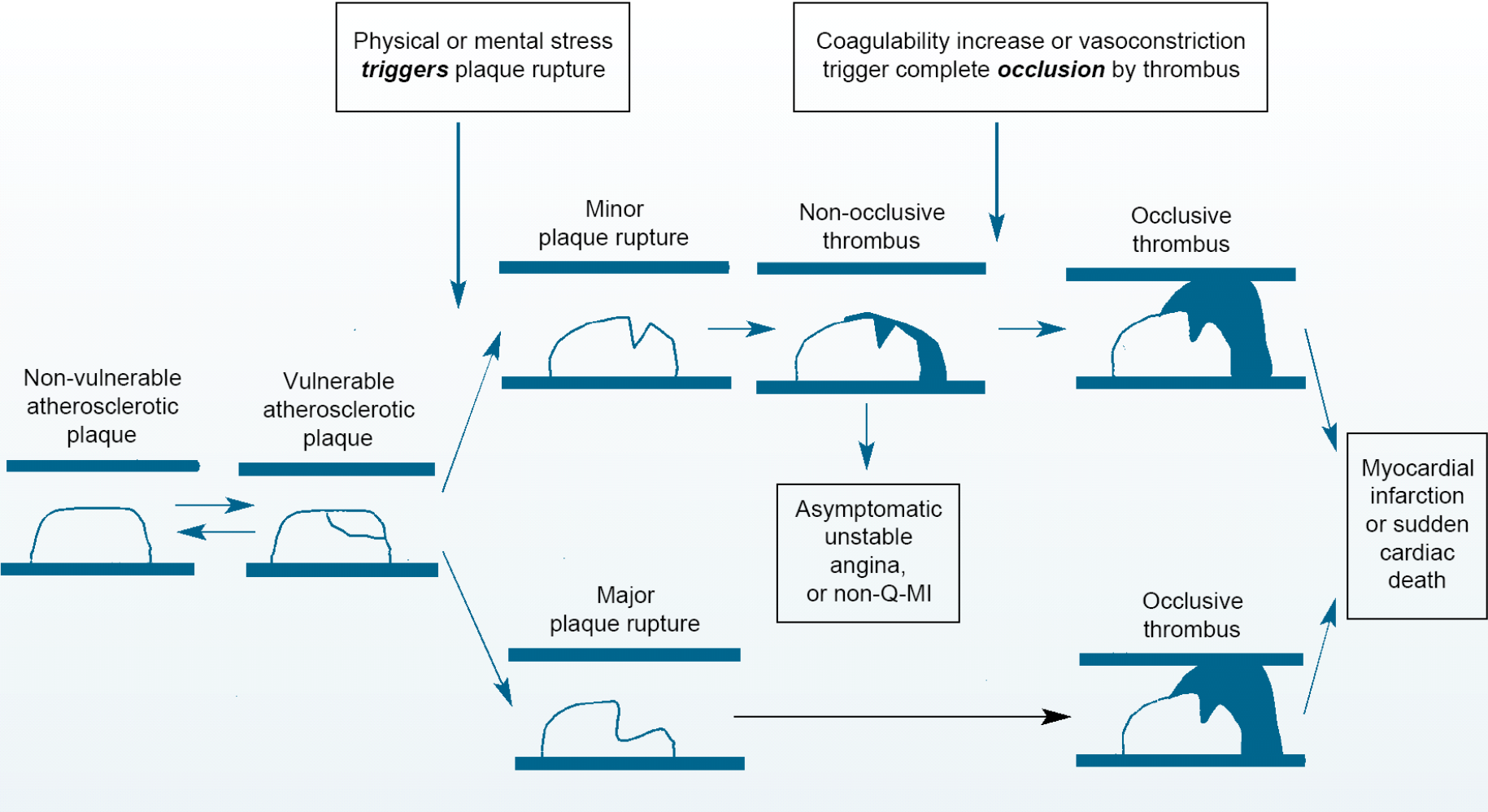
# Day/night pattern in episodes of rapid ventricular tachyarrhythmias (HR >250 bpm)



# Overview

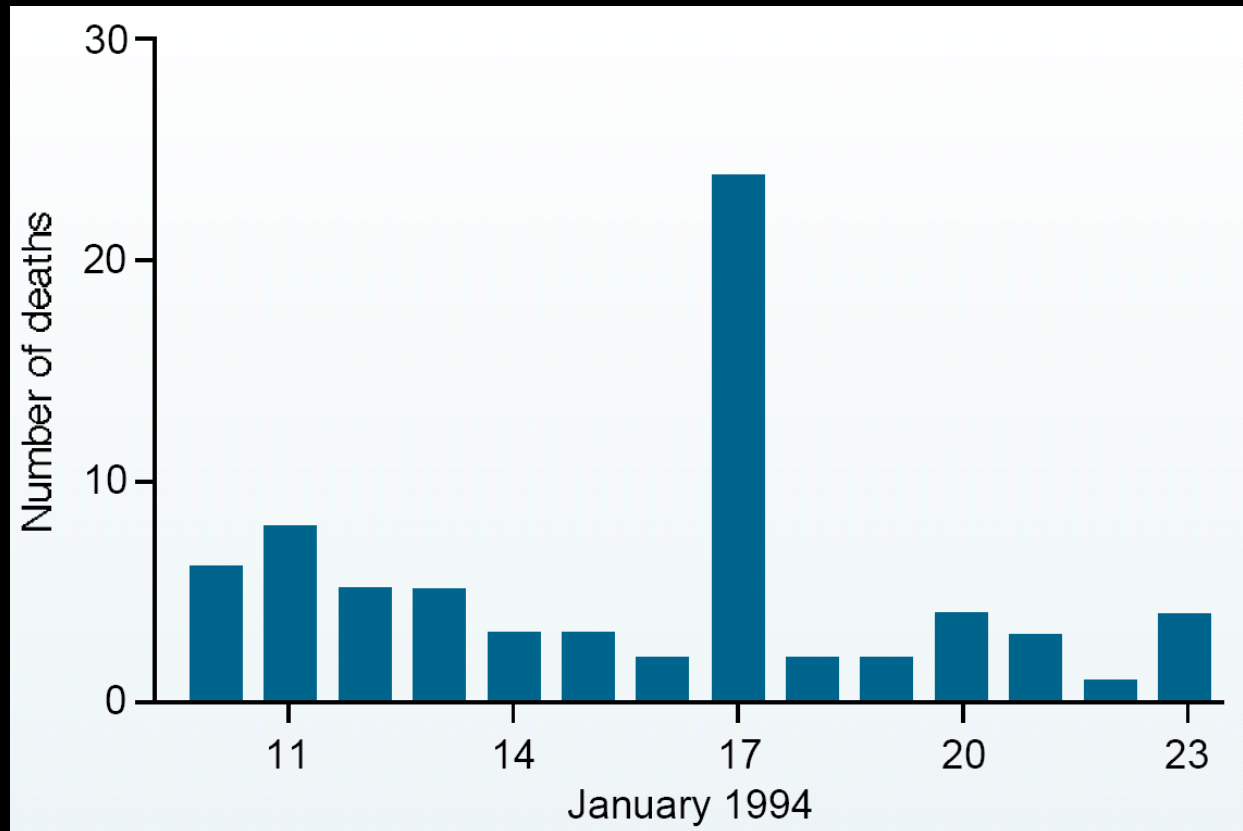
- Morning peak in cardiovascular risk
- Potential factors involved

# Model of Triggering Coronary Thrombus



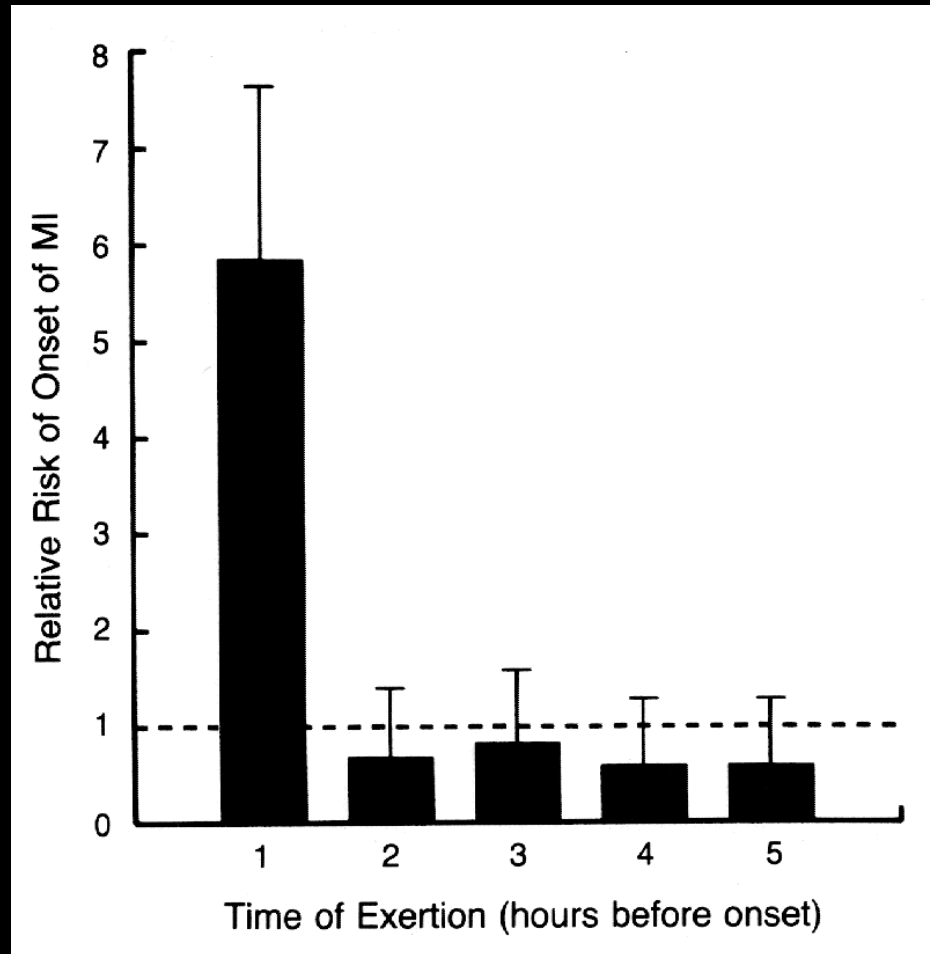
Adapted from Muller J, *Am Heart J*, 1999: 12: 355-425

## Increase in SCD on Jan. 17, 1994 - the day of the Northridge Earthquake

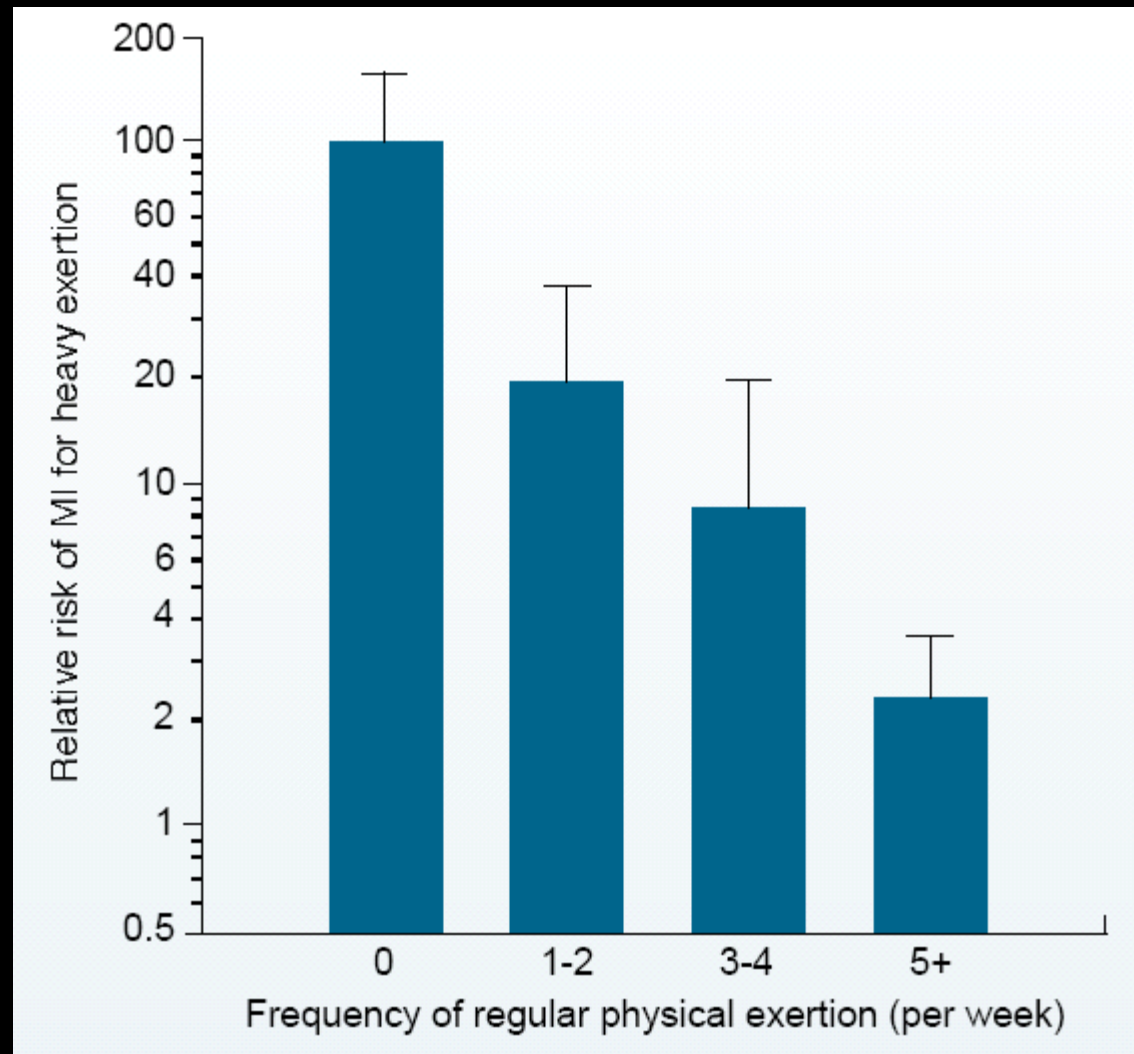




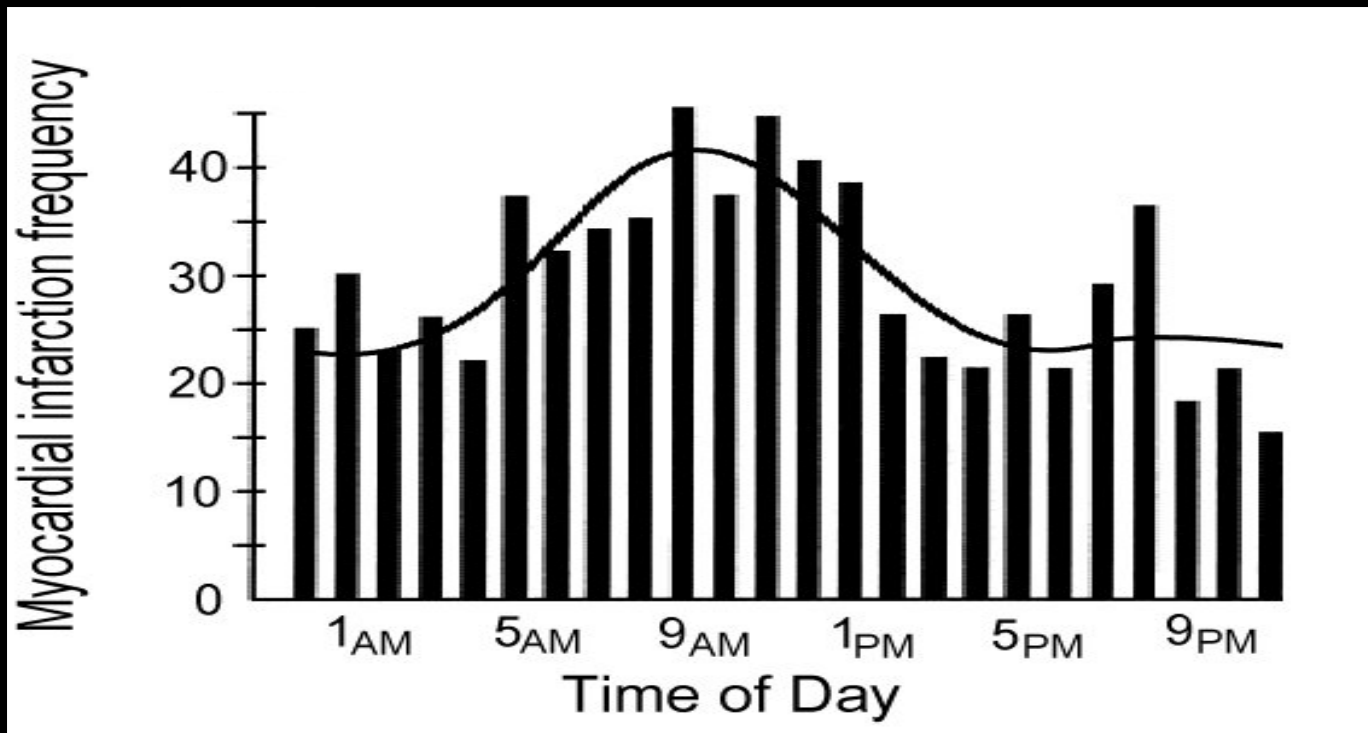
# Triggering of MI by Heavy Exertion (>METS)



# Reduction of triggering of MI by regular exercise



**Aside of behavioral influences  
(sleep/wake, posture/activity) ,  
are there endogenous circadian rhythms that may contribute  
to the morning peak in cardiovascular incidents?**



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# “Circadian” what does it mean?

## Circadian rhythm

“About a day”

endogenous rhythm of ~24 hours

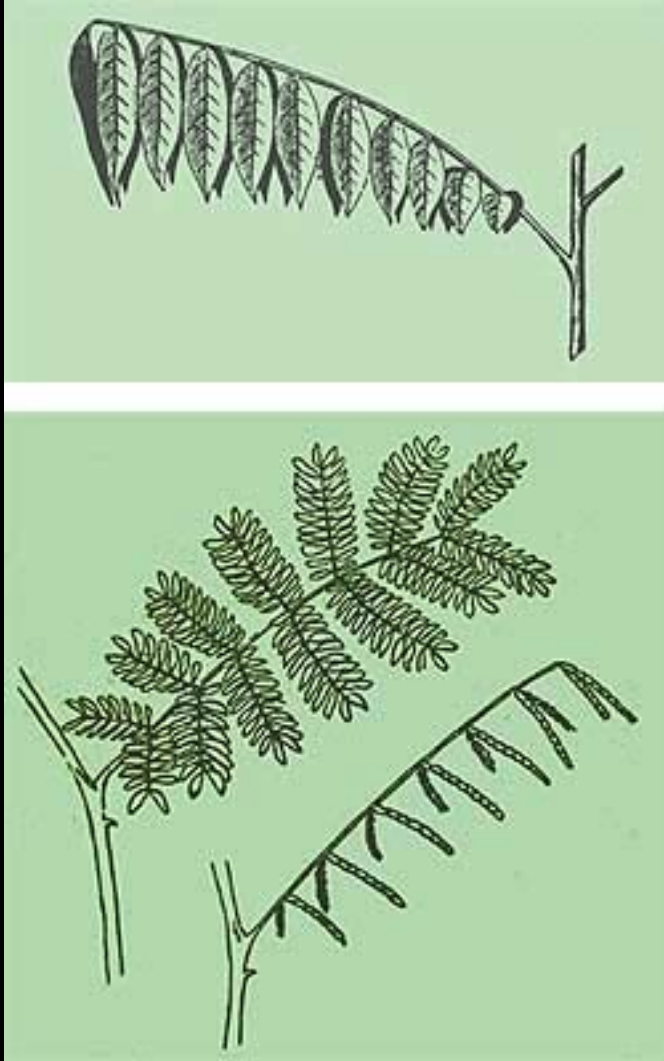
coined by Franz Halberg in 1959

## Nycthemeral rhythm

“Daily”

no endogenous nature implied

# First demonstration



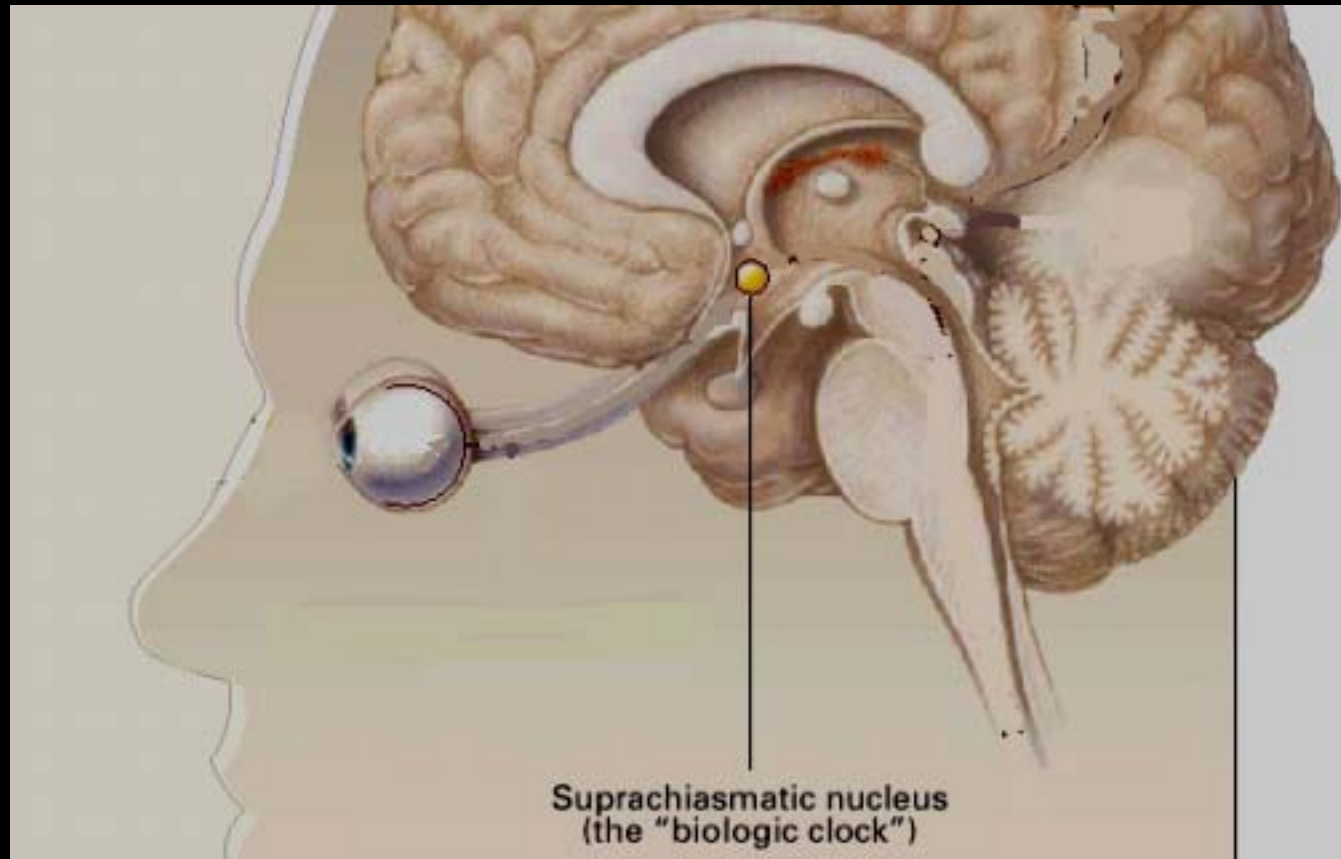
In 1729, Jean-Jacques d'Ortous de Mairan placed a Heliotrope plant in the dark to test whether the daily opening and closing of the leaves would be dependent on the sun.

The rhythm persisted, suggesting the rhythm may be of endogenous origin.

# Overview

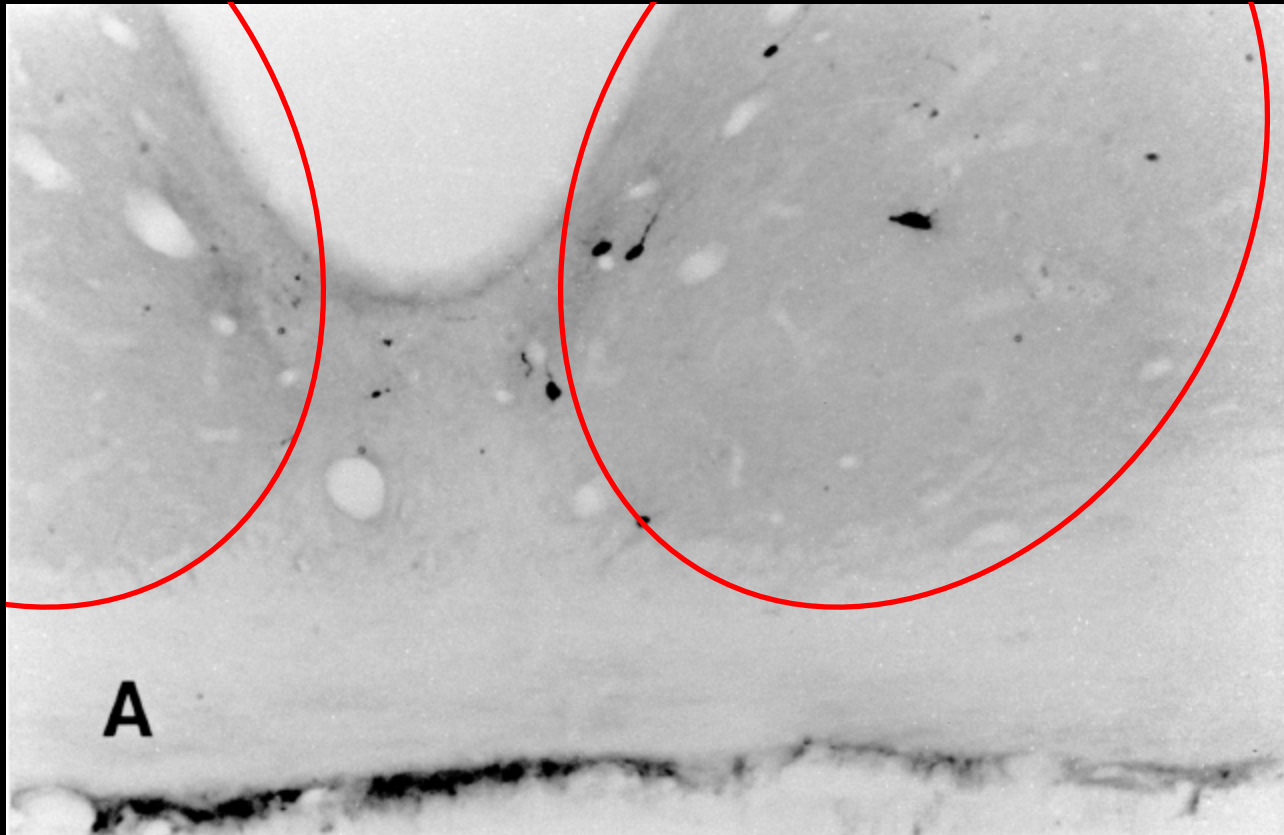
- Morning peak in cardiovascular risk
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- “Circadian” what does it mean?
- Circadian pacemaker & the heart

# Human biological clock





# Suprachiasmatic nucleus projects to the heart via multisynaptic pathway



Pseudorabies staining of SCN neurons 4 days after myocardial inoculation

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# **Techniques to assess human circadian rhythmicity are based on two principles:**

**Minimizing the influence of behavioral and environmental 'masking' factors**

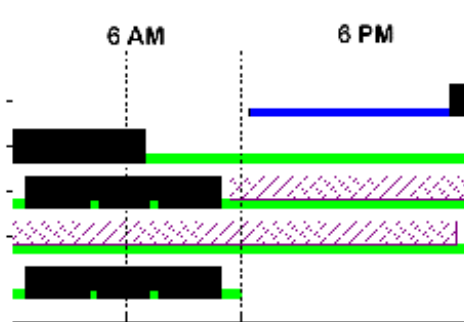
**-> Constant Routine protocol**

**or**

**Distributing the influence equally across the circadian cycle**

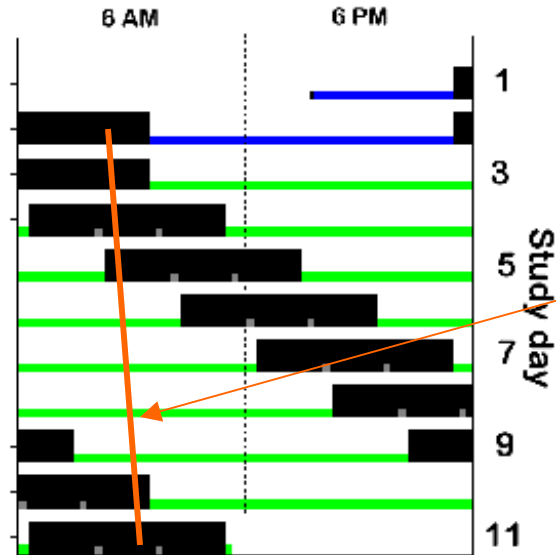
**-> Forced Desynchrony protocol**

# Circadian rhythm in human cardiovascular functioning?



## Constant Routine:

- 9 healthy young subjects
- 38 h awake
- Constant posture
- Constant temperature
- Constant dim light (<5 lux)
- Snacks every 2 h



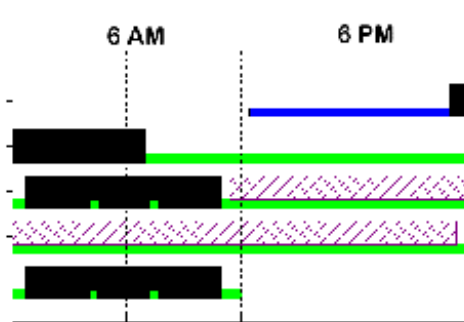
## Forced Desynchrony:

- 5 healthy young subjects
- Dim light (<5 lux)
- 2 baseline days
- 7 cycles of 28-h sleep-wake period
- Measurements at all circadian phases

Fitted core body temperature minimum

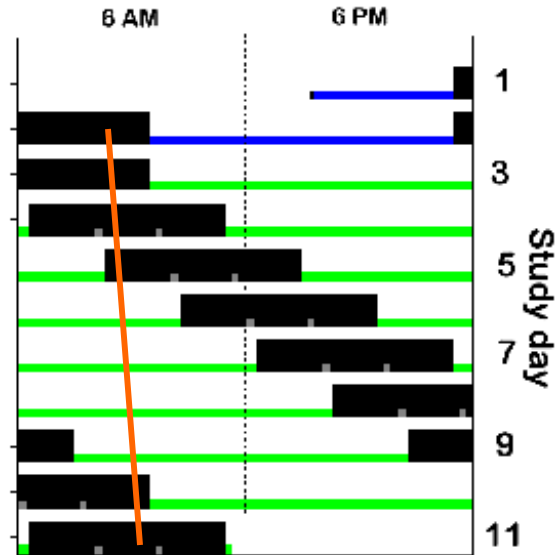
Data with courtesy of Steven Shea, Michael Hilton, and coworkers

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## Measurements:

- Cardiac vagal tone (power of high frequency band in ECG inter-beat interval)
- Cardiac sympathetic tone (iso-volumetric ventricular contraction time)
- Urinary epinephrine and norepinephrine
- Circulating cortisol
- Systemic blood pressure
- Core body temperature to assess endogenous circadian phase

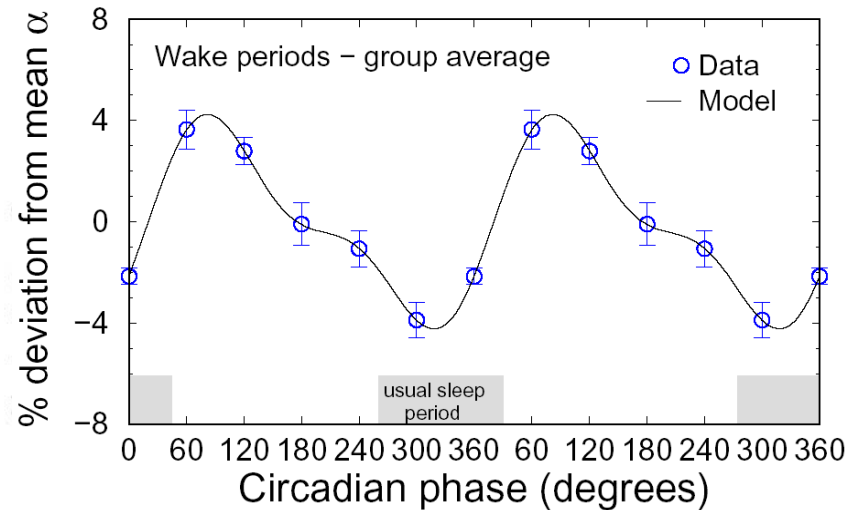
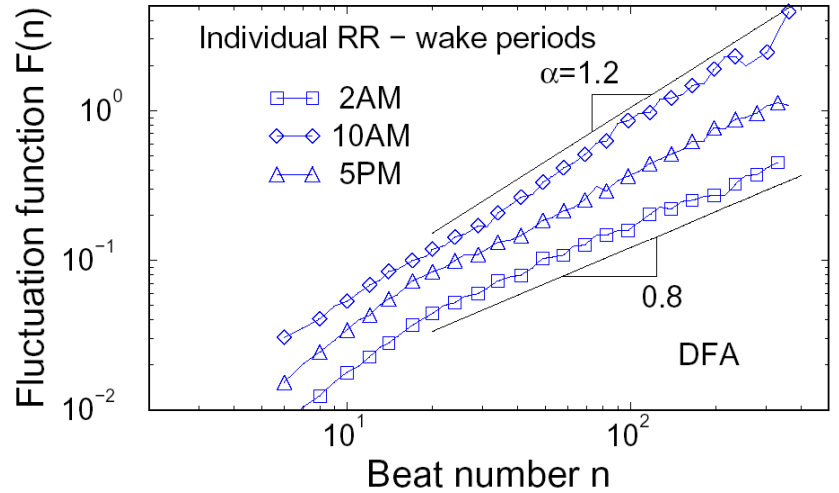
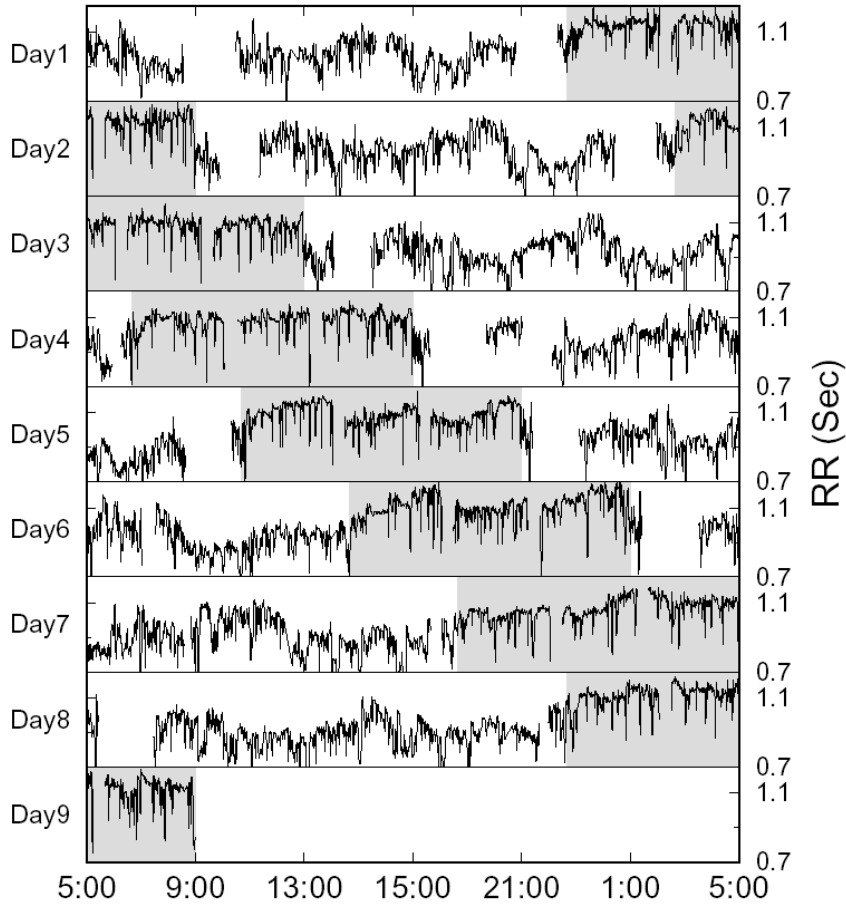
Data with courtesy of Steven Shea, Michael Hilton, and coworkers

Unpublished data not shown

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# Circadian rhythms in heartbeat correlations

## Individual during wake periods

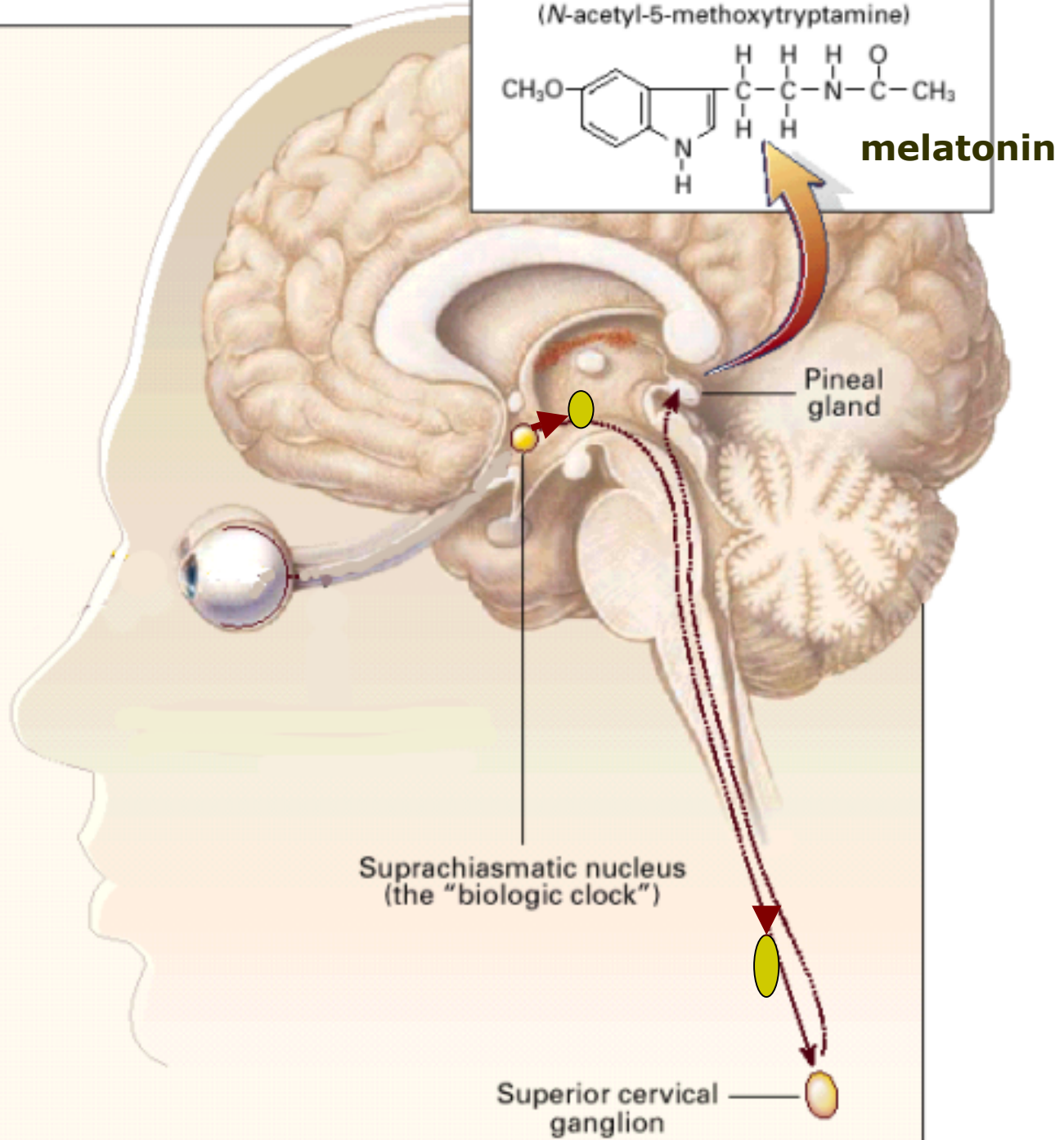




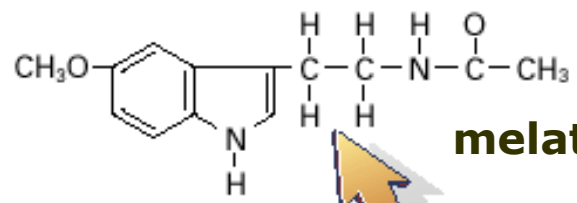
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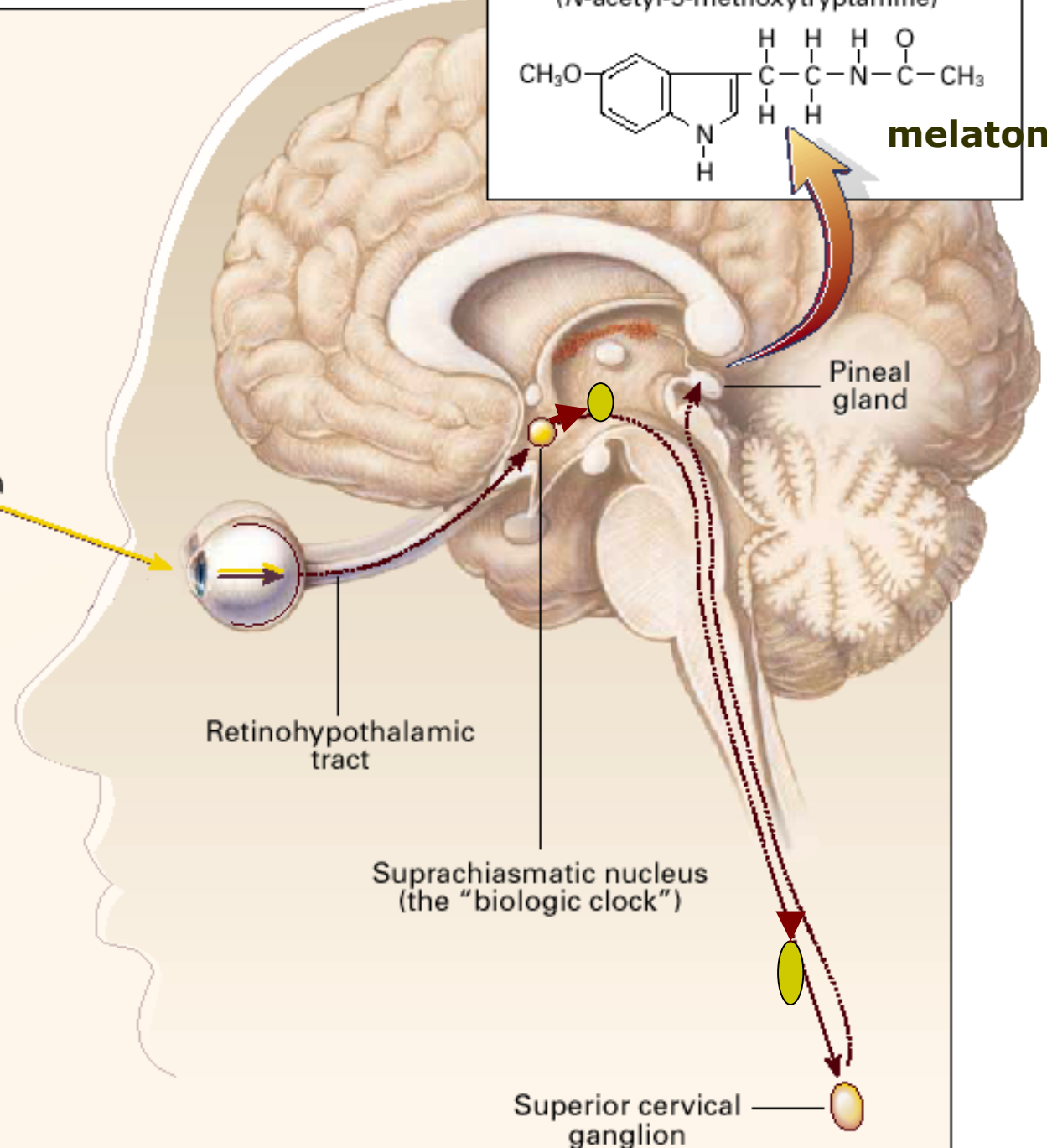
(N-acetyl-5-methoxytryptamine)



**melatonin**



Inhibition



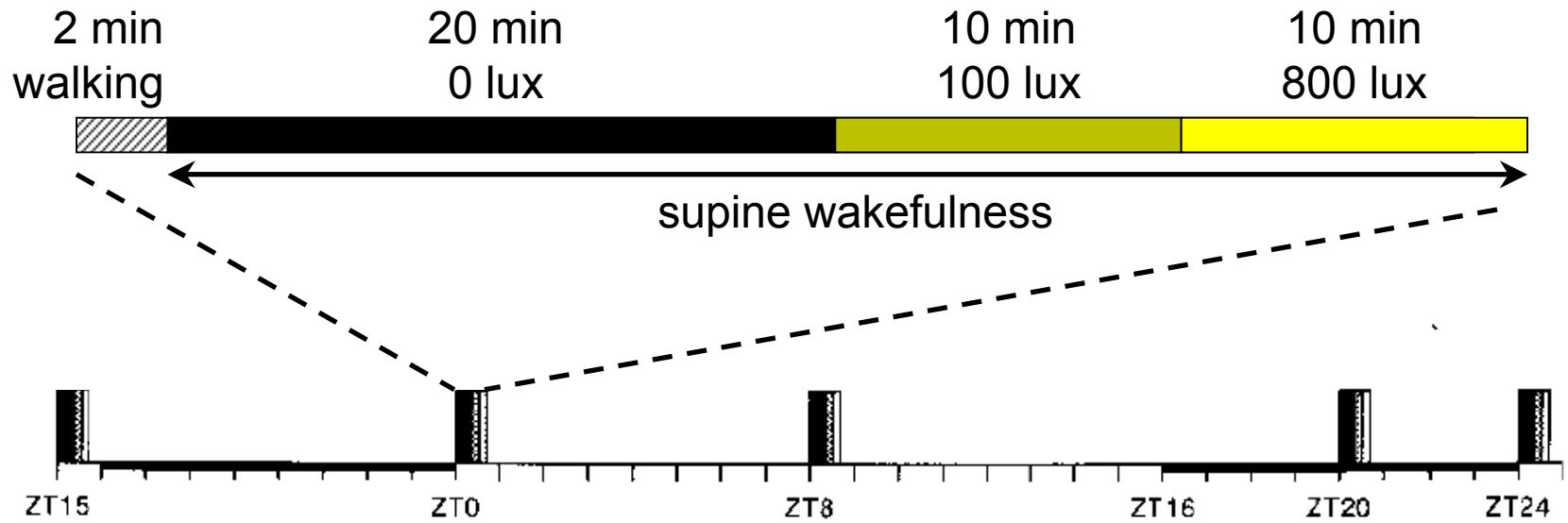
Retinohypothalamic tract

Suprachiasmatic nucleus (the "biologic clock")

Pineal gland

Superior cervical ganglion

# Acute effect of light on autonomic regulation of the heart in humans?



Subjects: 10 healthy men 20-40 y, non smoking, no medication

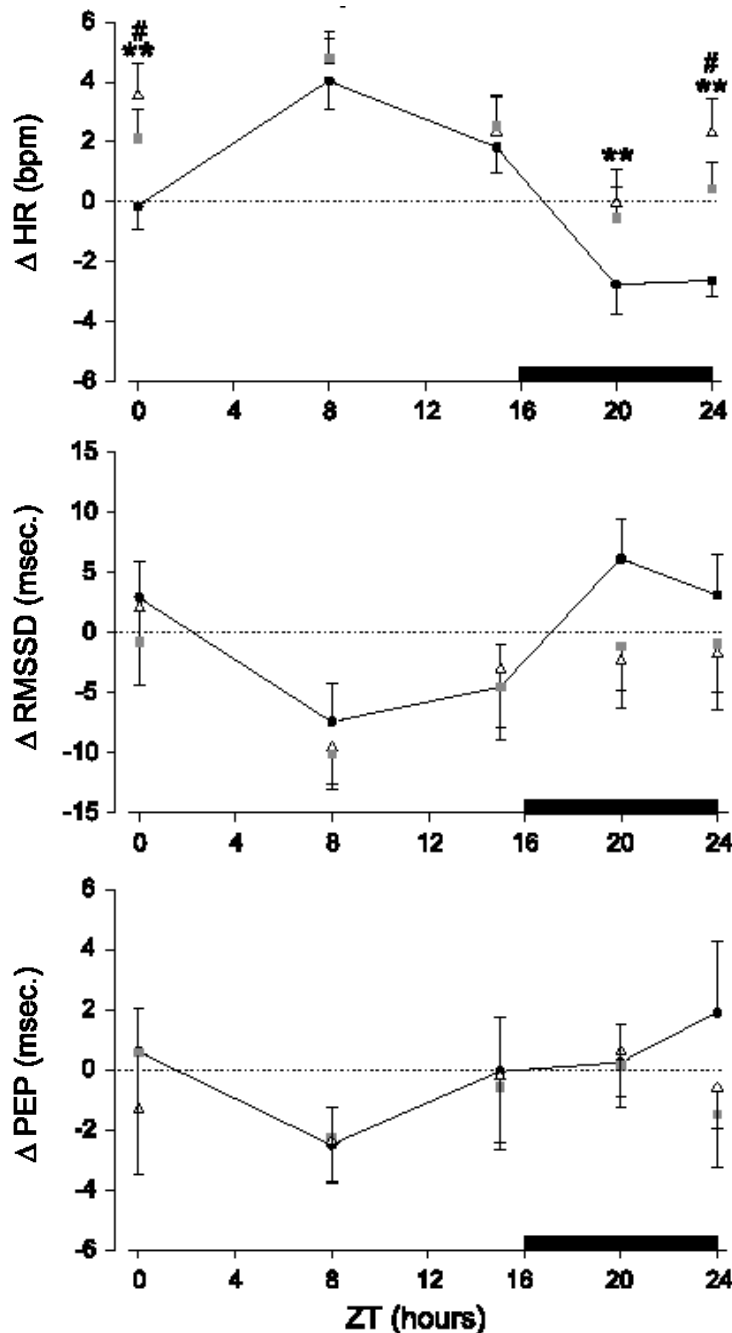
Recordings: under awake, supine, resting conditions

Illumination: Reproducible exposure to the same light intensities

Measuring system: VU-AMS (Free University, Amsterdam, the Netherlands)

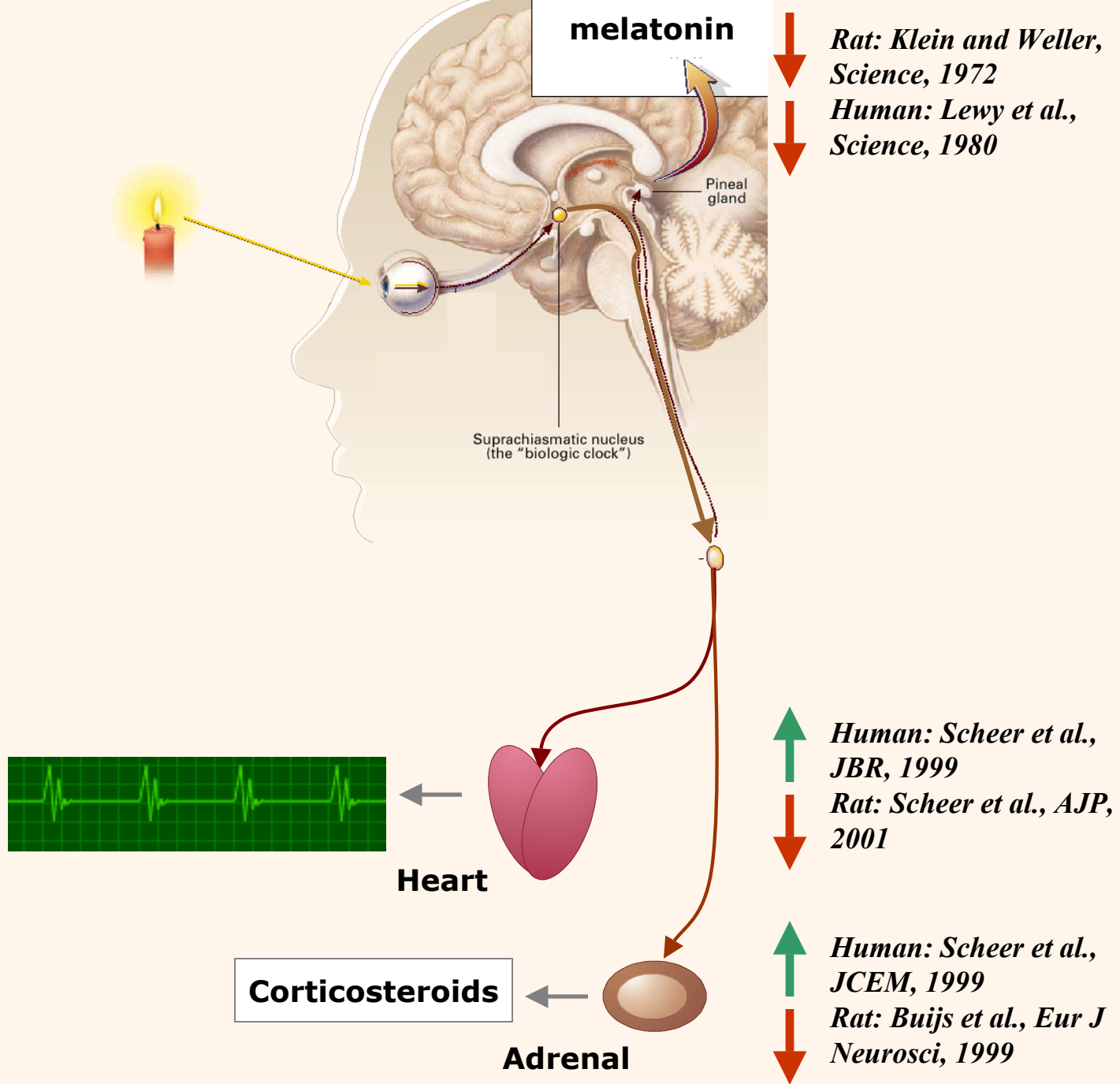
Measures: HR, RMSSD, PEP (ECG & ICG)

# Acute effect of light on the heart in humans



- Significant daily rhythm in HR and RMSSD but not PEP
- Light stimulates HR
- time-of-day dependent
- Intensity dependent
- involvement of sympathetic n.s.?

significant difference compared to 0 lx: \*  $P < 0.05$ ; \*\*  $P < 0.01$ ;  
 significant difference compared to 100 lx: #  $P < 0.05$ .

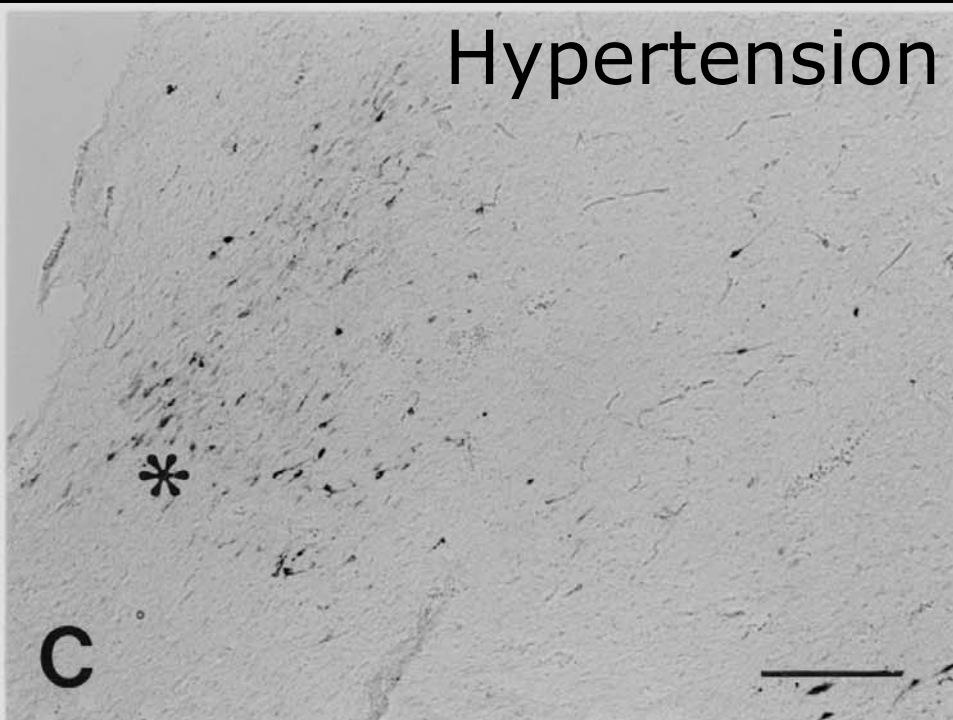
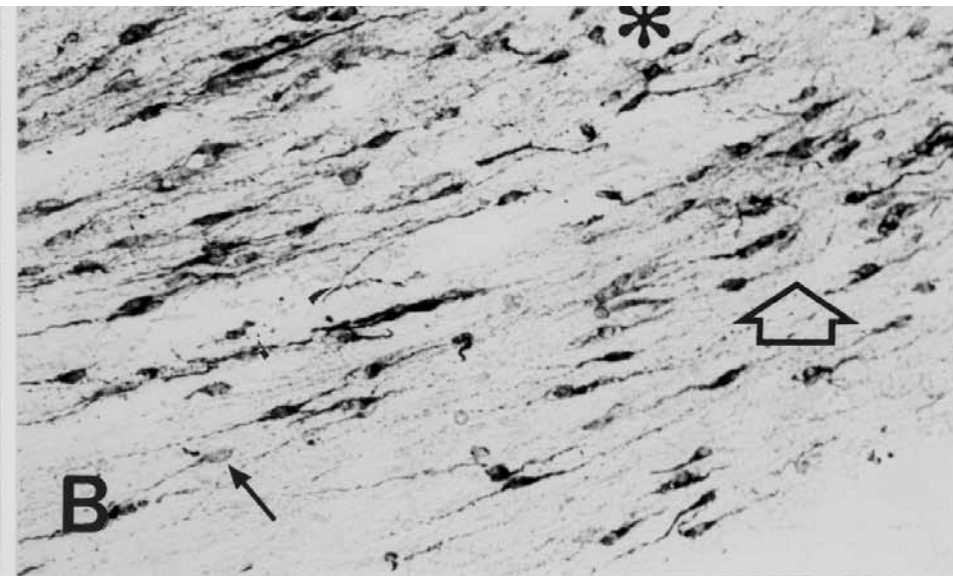
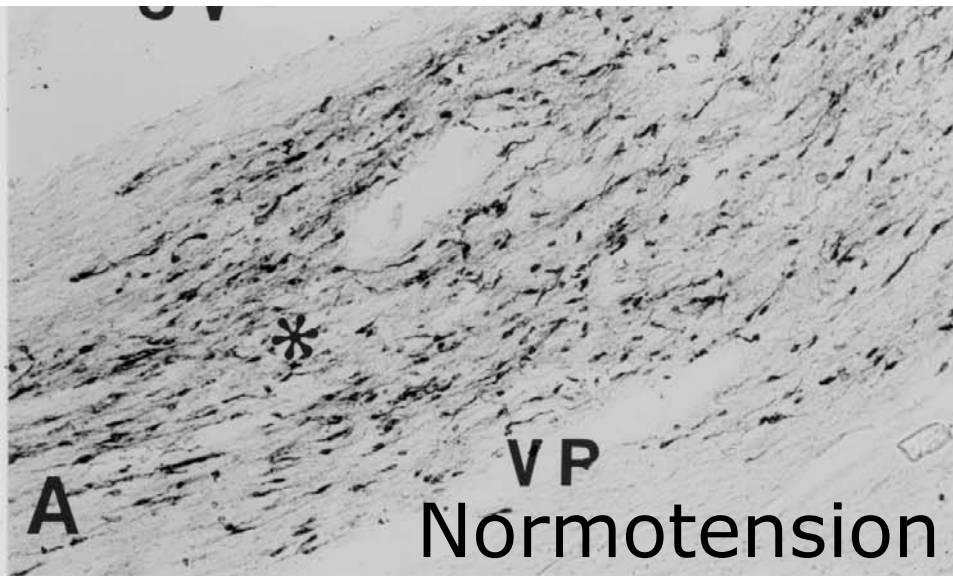


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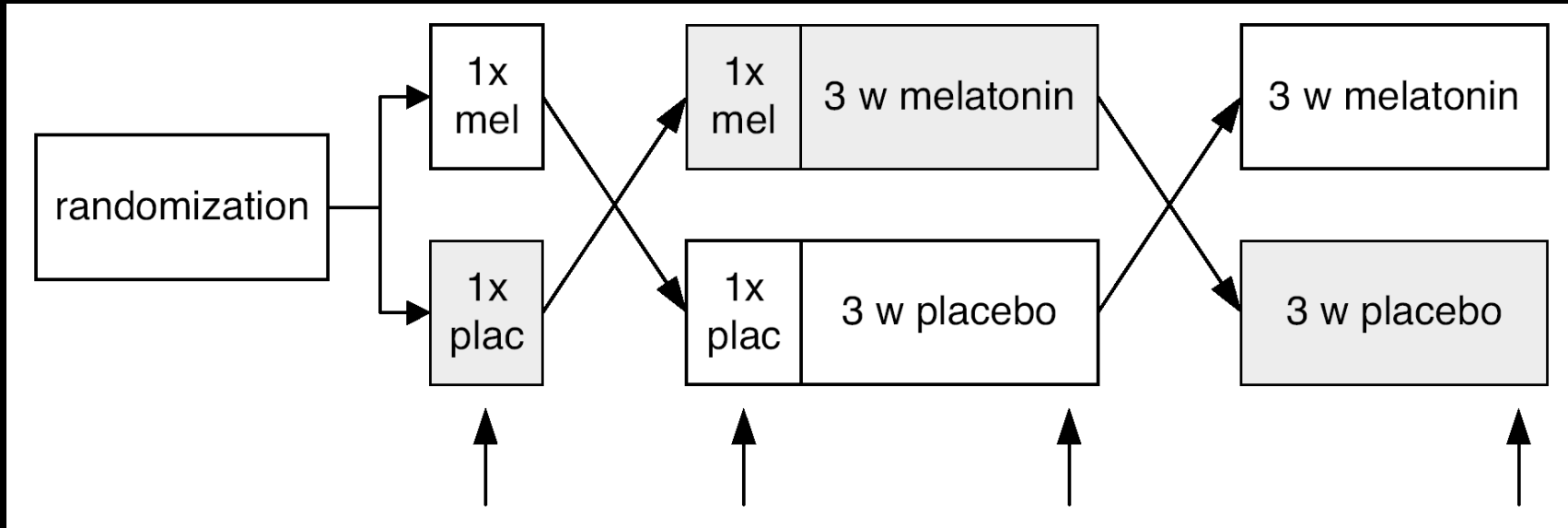
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# Suprachiasmatic nucleus neurotransmitter content and transcription is suppressed in hypertensive patients

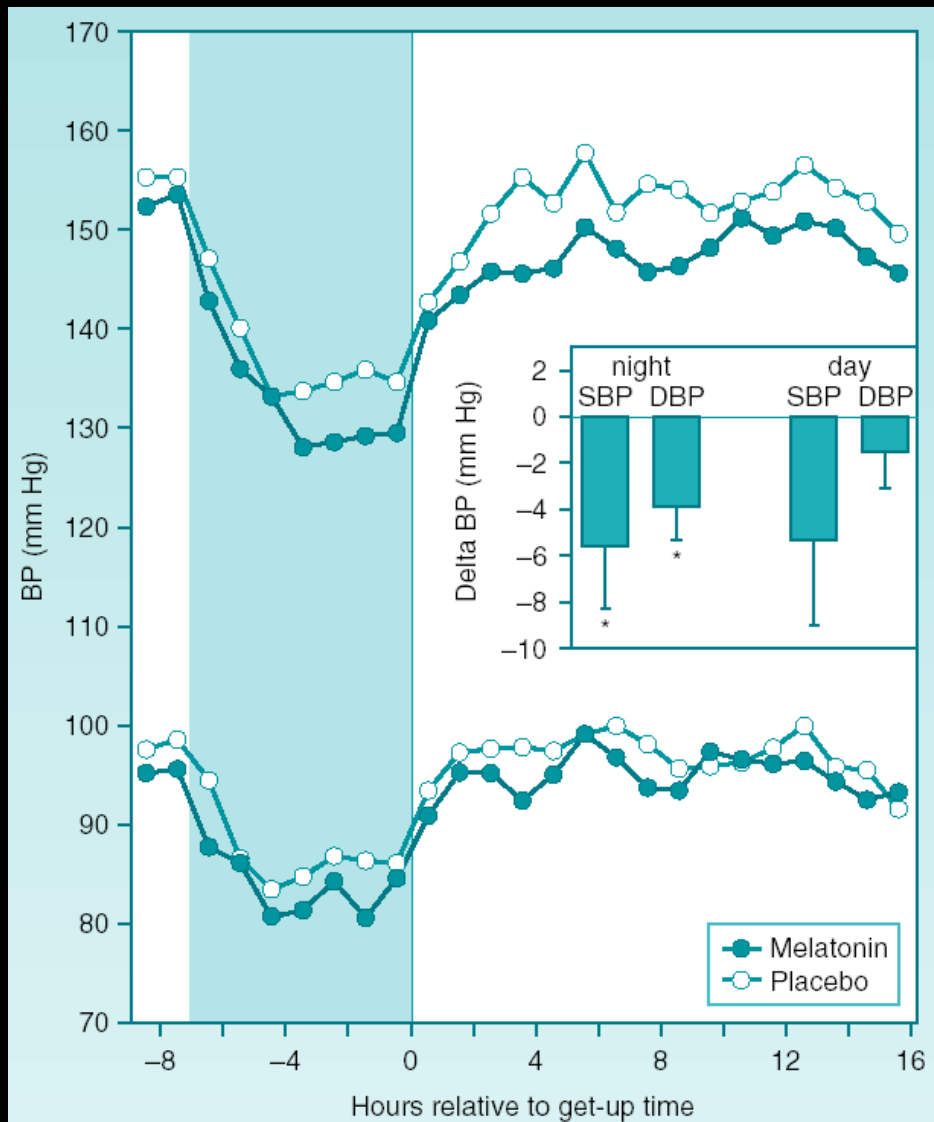


# Can melatonin, the night time signal for the circadian timing system, ameliorate hypertension?



Arrows indicate ambulatory blood pressure recordings

# Prolonged nighttime melatonin administration lowers blood pressure in hypertensive men



Scheer FAJL et al., Hypertension. 2004;43:192-7

# Summary of Main Findings

- Suprachiasmatic nucleus projects to the heart via multi-synaptic pathway
- Significant endogenous circadian rhythms in most cardiovascular variables – independent of changes in behavior (robust finding: CR & FD)
- Circadian peaks in cardiac sympathetic indices and circadian trough in cardiac vagal tone occurred around usual time of awakening (although subjects remained awake)
- Magnitude of cardiac response to change in behavior and environment (arousal and light) varied with circadian phase
- Suprachiasmatic nucleus seems disturbed in hypertensive patients while nighttime melatonin ameliorates hypertension

Unpublished data not shown

# Acknowledgements

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