

# **Sleep Disorders: Identifying Biomarkers and Clinical Applications**

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2017

# Illnesses in Gulf War Veterans

- Complex set of symptoms that most resemble Chronic Fatigue Syndrome or Fibromyalgia:
  - fatigue, memory loss, sleep disturbances, joint pain, rash with depression/anxiety
- Sleep disorders such as insomnia, unrefreshing sleep are prevalent; in one small study mild sleep disorder breathing was found more frequently vs controls
- Psychological (anticipation, PTSD) and physical (desert, physostigmine, vaccines, CW, oil wells etc.) exposure were numerous, but none are constantly associated with illness
- No clear physical or biochemical abnormality. No consistent explanations, most agree it may be multifactorial
- Ascertainment/study results likely biased due to media attention

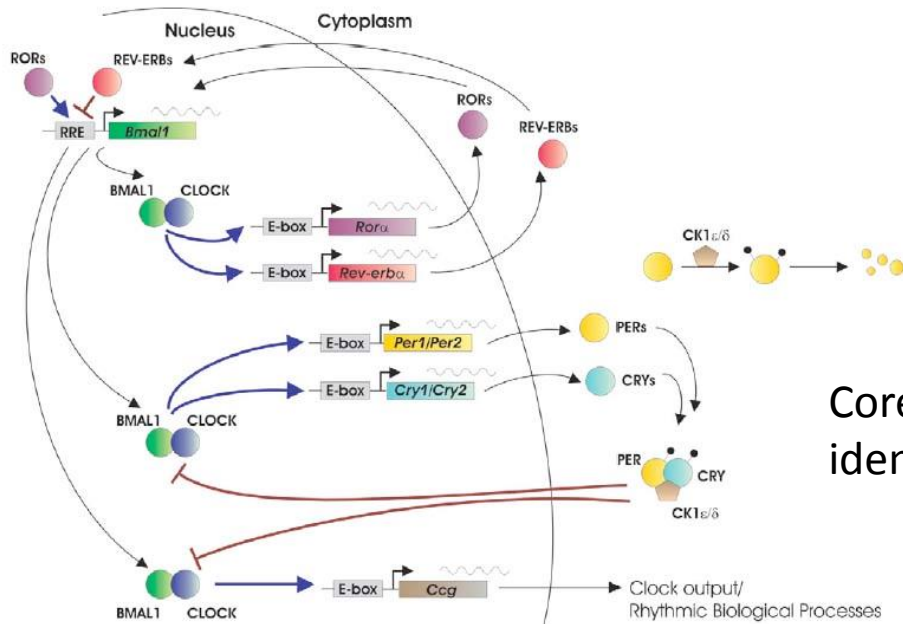
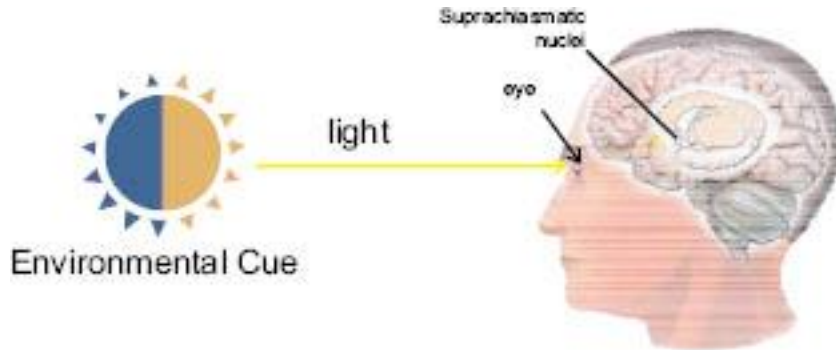
# Why Study Sleep?

- Opportunity for major discovery: why we sleep is one of the last remaining biological mysteries.
- 70 million Americans complain of sleep problems:
  - ✓ Sleep apnea (~20%)
  - ✓ Insomnia (~10%)
  - ✓ Restless Legs Syndrome/Periodic Leg Movements (~3%)
  - ✓ Hypersomnia/Fatigue/Narcolepsy (~4%)
- Technology now exists to objectively analyze sleep data in ways that were previously impossible
- Move toward home based technology and therapies

# Circadian Clock mechanisms well understood

4,256/7497=57% of genes  
are cycling

Zhang R, et al. Proc Natl  
Acad Sci U S A. 2014.



Core genes  
identified

Suprachiasmatic Nucleus (SCN)  
Hypothalamus



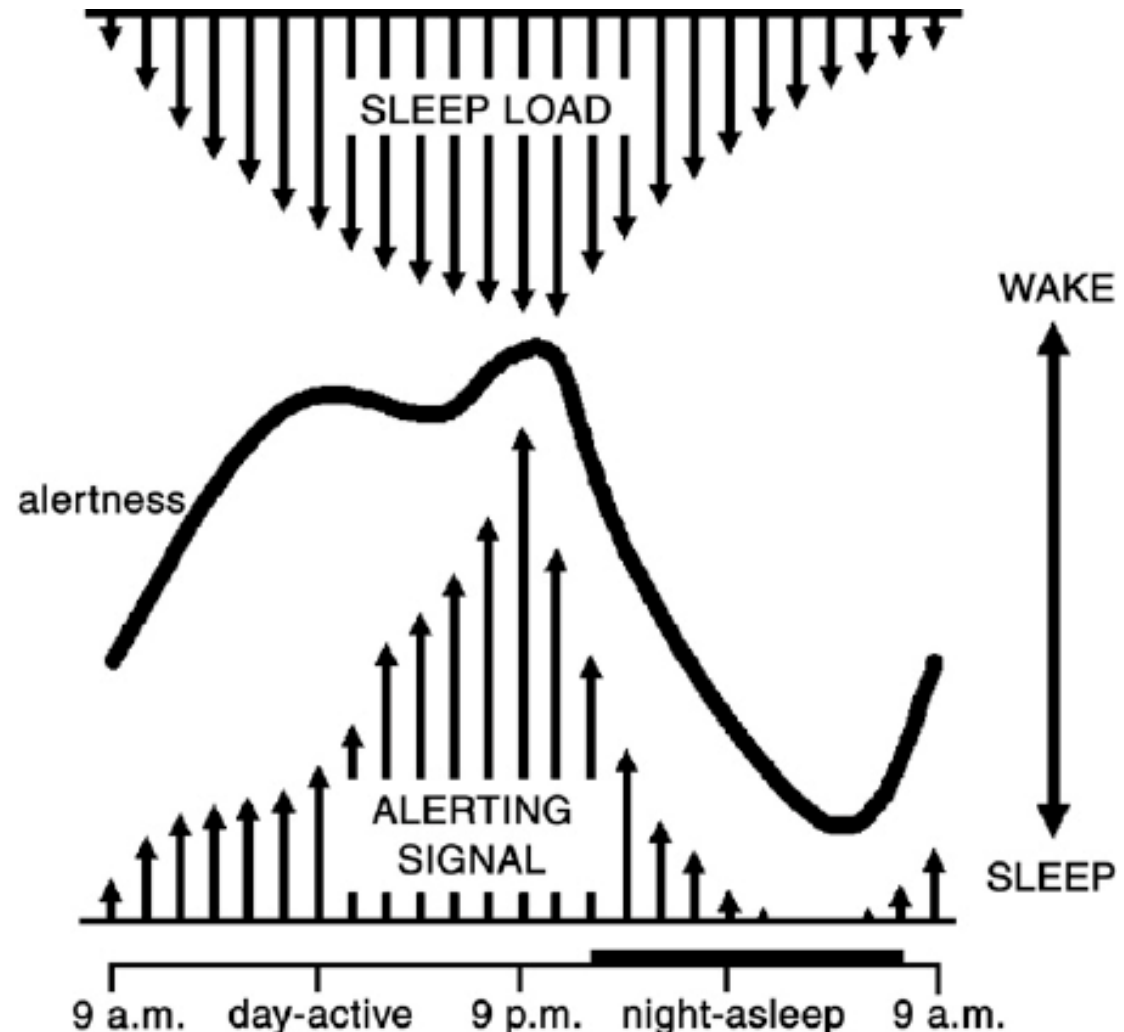
Synchronization of Cellular Functions



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# Sleep Homeostasis mechanisms not understood

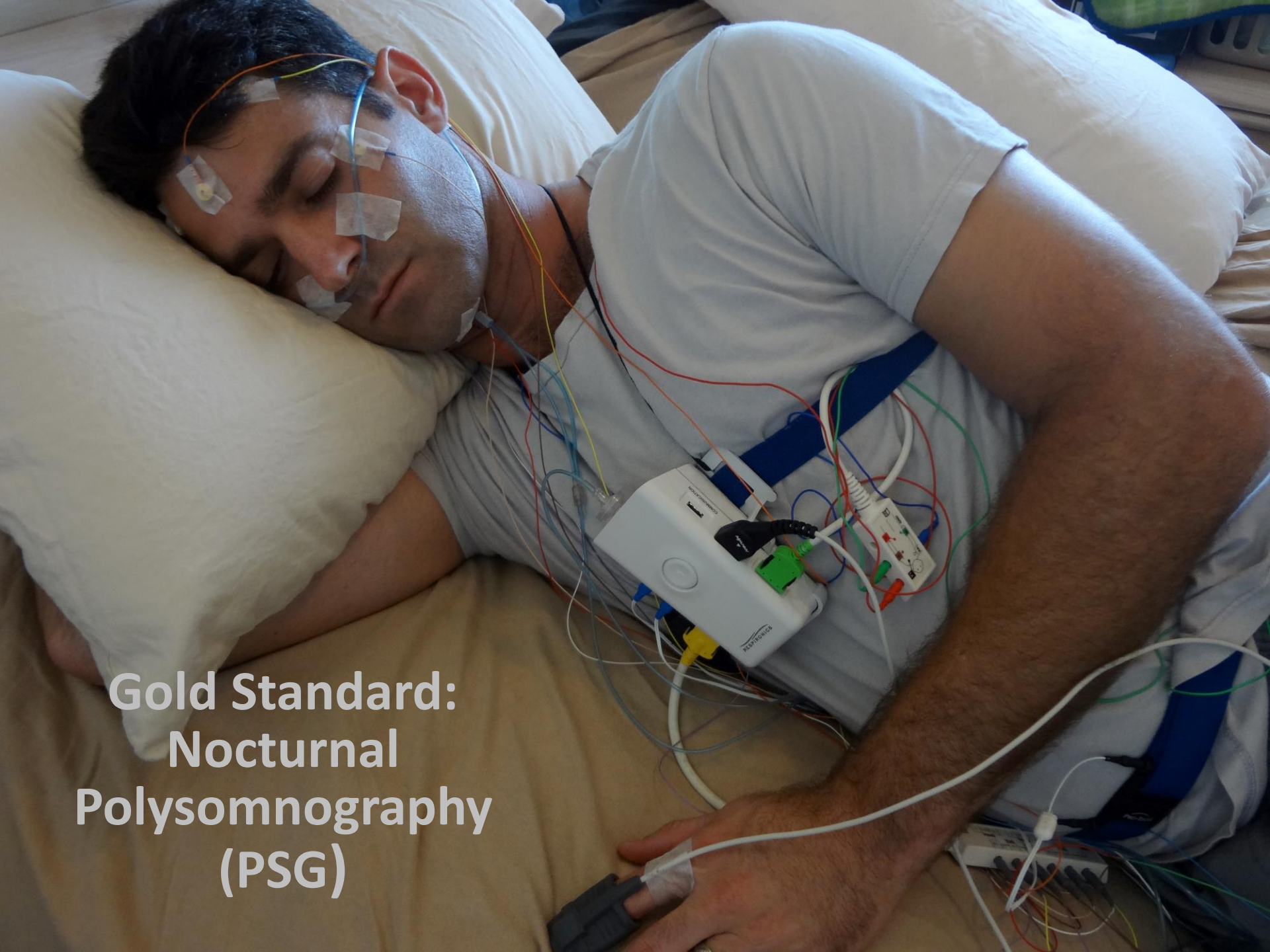
- Sleep and circadian physiology interact to maintain wakefulness during the day and control sleep during the night
- In the cortex and hypothalamus combined,  $4811/11078=43\%$  of genes are sleep debt dependent, with about 1,520 (13%) sleep debt specific (Mackiewicz et al, *Physiological Genomics*, 31( 3): 441-457, 2007)
- No Core gene identified



# Sleep Disorders

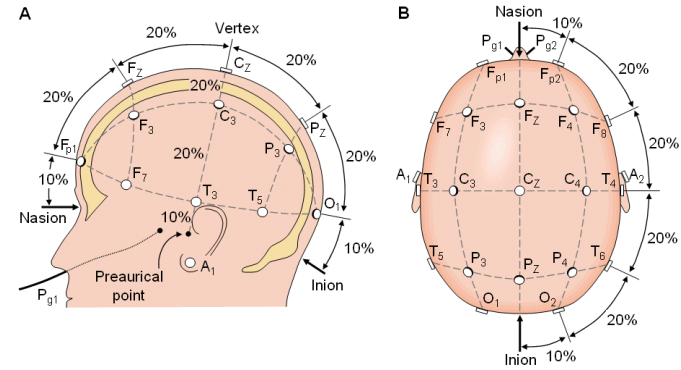
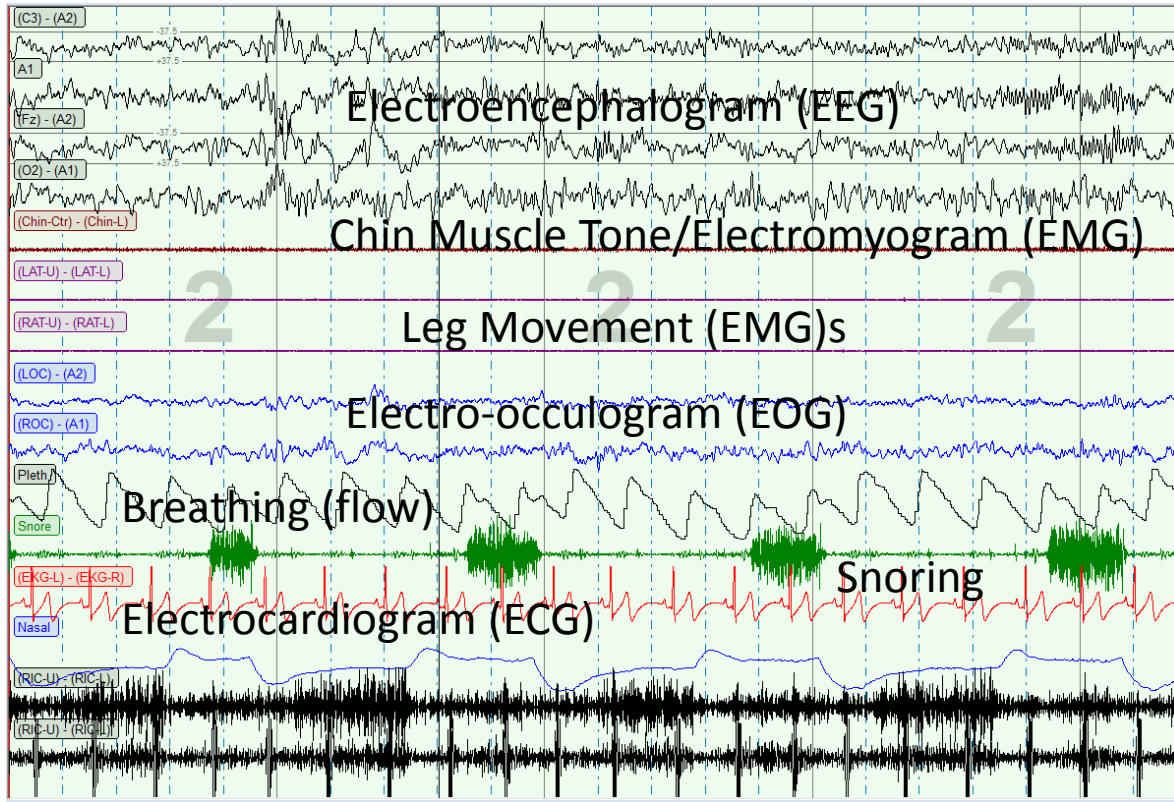
- Obstructive sleep apnea (~20%)
  - ✓ Sleepiness
  - ✓ Cardiovascular risk
- Insomnia (~10%)
  - ✓ Poor quality of life
  - ✓ Anxiety/Depression
- Restless Legs Syndrome/Periodic Leg Movements (~3%)
  - ✓ Depression
  - ✓ Cardiovascular risk
- Hypersomnia/Fatigue/Narcolepsy (~4%)
  - ✓ Link of long sleep with Bipolar disorder/Schizophrenia



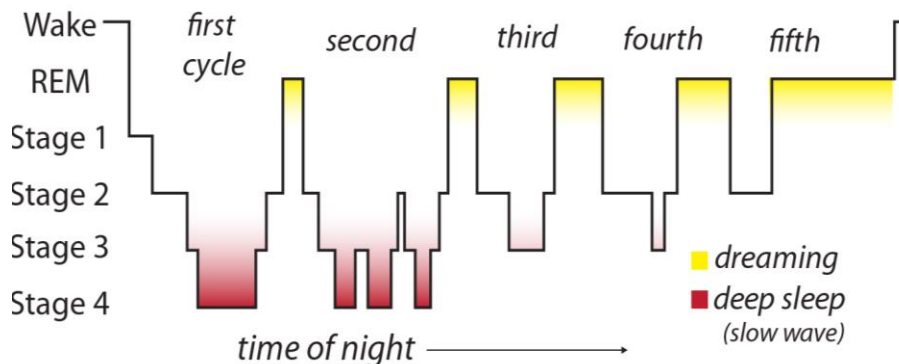


**Gold Standard:  
Nocturnal  
Polysomnography  
(PSG)**

# Gold Standard: Nocturnal Polysomnography (PSG)



Sleep hypnogram for one night of sleep



- Desynchronized EEG with sawtooth waves, atonia with EMG twitches, rapid eye movements.
- EEG slows and alpha rhythm disappears, defining sleep onset and unconsciousness.
- Appearance of K-complexes and sleep spindles in the alpha/sigma frequency range.
- Increasing amounts of low frequency, high amplitude delta slow-waves.



# Critical needs in the field and how we are solving them

- There is no single “on line” questionnaire that assess sleep habits and subjective sleep symptoms for all disorders
  - ✓ The field is still fragmented by discipline, with questionnaires that have been validated only in the context of single, pure sleep disorders populations
  - ✓ Creation of the on line Alliance Sleep Questionnaire (ASQ) and associated App
- Need for better analytics of PSG signals
  - ✓ Currently only summary statistics such as sleep stages, sleep efficiency, the Apnea Hyponea Index (AHI), periodic Leg movement Index (PLMI), REM sleep latency are provided, all scored by humans
  - ✓ Use of machine learning to reveal new biomarkers
- Need for better ‘at home” data collecting systems but what sensors should they have?
  - ✓ EEG, triaxial accelerometer, O2 sat, transcutaneous or expiratory Co2, snoring sound, cardioballistography, nasal or oral pressure cannula, Respiratory belts, EMG, Photo Pletysmography (PPG), EKG etc
- Need for biological biomarkers
  - ✓ Could we find biological markers of sleep disorders, hypoxia (sleep apnea), sleep deprivation/debt, circadian phase?
  - ✓ Genetics and proteonomics
- Need for at home, on line interventions with monitoring
  - ✓ cBTI on line
  - ✓ EEG with feedback therapies (rythm)

# Alliance Sleep Questionnaire (ASQ) Taskforce



Stanford University



Harvard University

Emmanuel Mignot, Chair  
Jim Walsh, Co-chair  
Laura Barger  
Ruth Benca  
Chuck Czeisler  
Janine Hall  
Pam Hyde  
Clete Kushida  
Eileen Leary  
Greg Maislin  
Allan Pack  
Paul Peppard  
Shantha Rajaratnam  
Sharon Schutte-Rodin  
Meredith Rumble  
Shannon Sullivan

Many others as consultants



St. Luke's Hospital



University of  
Wisconsin-Madison



University of Pennsylvania

# ASQ Uses Branching Logic:

## Restless Legs Syndrome Section

File Edit View History Bookmarks Tools Help

Alliance Sleep Questionnaire

https://mysleep.stanford.edu/rls/enter

Most Visited ASQ ASQ Admin SHC Website SOM Sleep STRIDE Tools eProtocol - My Dash... Alliance Sleep Questio... SQL Introduction

**STANFORD** SCHOOL OF MEDICINE | Alliance Sleep Questionnaire  
CENTER FOR SLEEP SCIENCES AND MEDICINE

PROGRESS [signout](#)

### Negative Responses

Have you ever had unpleasant feelings or sensations in your legs that occurred on a regular basis, and mainly while sitting or lying down?\*

Yes, it is still a problem for me now  
 Yes, in the past, but I do not have it now  
 No  
 Don't know

Have you ever felt the need or urge to move your legs that occurred on a regular basis, and mainly while sitting or lying down?\*

Yes, it is still a problem for me now  
 Yes, in the past, but I do not have it now  
 No  
 Don't know

[<< back](#) [Save & Continue >>](#)

Discard changes on current page and go to previous page

File Edit View History Bookmarks Tools Help

Alliance Sleep Questionnaire

https://oursleep.stanford.edu/rls/enter

Most Visited ASQ ASQ Admin IRT Bastion SHC Website SOM Sleep Center for Narcolepsy ...

**STANFORD** SCHOOL OF MEDICINE | Alliance Sleep Questionnaire  
CENTER FOR SLEEP SCIENCES AND MEDICINE

PROGRESS [signout](#)

### Positive Responses

Have you ever had unpleasant feelings or sensations in your legs that occurred on a regular basis, and mainly while sitting or lying down?\*

Yes, it is still a problem for me now  
 Yes, in the past, but I do not have it now  
 No  
 Don't know

Have you ever felt the need or urge to move your legs that occurred on a regular basis, and mainly while sitting or lying down?\*

Yes, it is still a problem for me now  
 Yes, in the past, but I do not have it now  
 No  
 Don't know

Are these unpleasant sensations in your legs or the urge to move your legs always due to a "Charlie-horse" or muscle cramp?

Yes  
 No  
 Don't know

### Additional questions

Answer the next set of questions only for those feelings that are not muscle cramps

If you get up and move around, do these unpleasant sensations in your legs get any better with moving or walking?

Yes  
 No  
 Don't know

Are these sensations worse in the evening or night than in they are in the morning?

Yes  
 No

When you actually experience these unpleasant sensations in your legs or the urge to move your legs, how distressing are they?

Not at all distressing  
 A little bit distressing  
 Moderately distressing

# ASQ Report

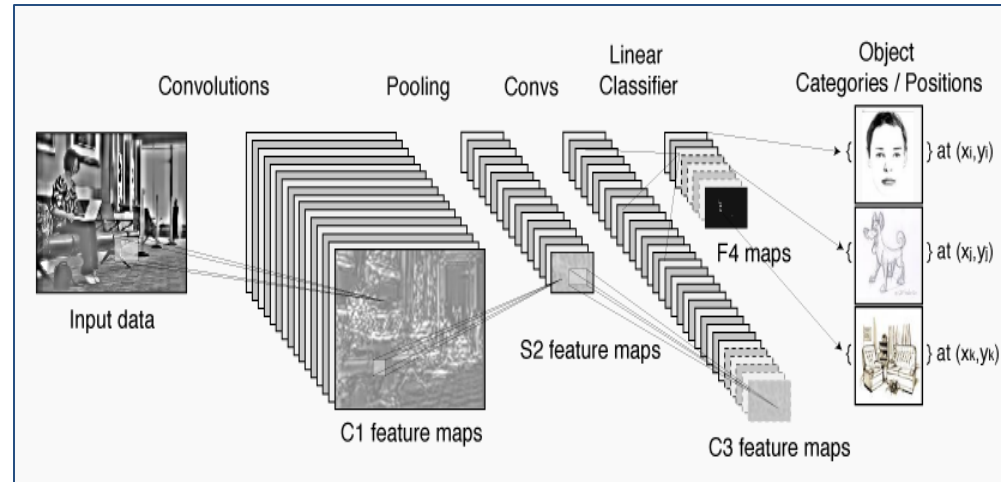
<b>Insomnia Symptoms:</b>			Test, Full, MRN n/a
<b>Insomnia Scale (ISI):</b>	28	<b>Meets ISQ diagnostic criteria:</b>	No
<b>Difficulty falling asleep:</b>	Very severe	<b>Problems waking too early:</b>	Very severe
<b>Difficulty staying asleep:</b>	Very severe	<b>Frequent awakenings:</b>	Always (5-7 times per week)
<b>Satisfaction with current sleep pattern:</b>	Very dissatisfied	<b>Extent prob interferes with daily functioning:</b>	Very much interfering

<b>Restless Legs Symptoms:</b>			Test, Full, MRN n/a
<b>Current Probability:</b>	Unlikely	<b>Current Severity Level:</b>	Not applicable
<b>Limb discomfort/ unpleasant sensation while sitting/ lying down:</b>	Yes, it is still a problem for me now	<b>Frequency of symptoms:</b>	n/a
<b>Urge to move with relief upon movement:</b>	Yes, it is still a problem for me now	<b>Level of distress:</b>	n/a
<b>Unpleasant sensations assoc with muscle cramps:</b>	Don't know	<b>Age of onset:</b>	5
<b>Began with pregnancy:</b>	n/a	<b>Ended with same pregnancy:</b>	n/a

(validated in about 10,000 subjects @ Stanford sleep clinic)

# Improved PSG analytics: Machine learning Convolutional Neural Network (ConvNet)

- A supervised prediction model in which the input data is low-level e.g. an image or a spectrogram.
- Features are constructed through a network of filter and subsampling layers.
- Deeper networks may construct more complex features.
- Resulting features depend on input data, as parameters change iteratively during training.
- Often used in computer vision or speech recognition tasks.



Example borrowed from:  
<http://www.computervisionblog.com/2015/03/deep-learning-vs-machine-learning-vs.html>

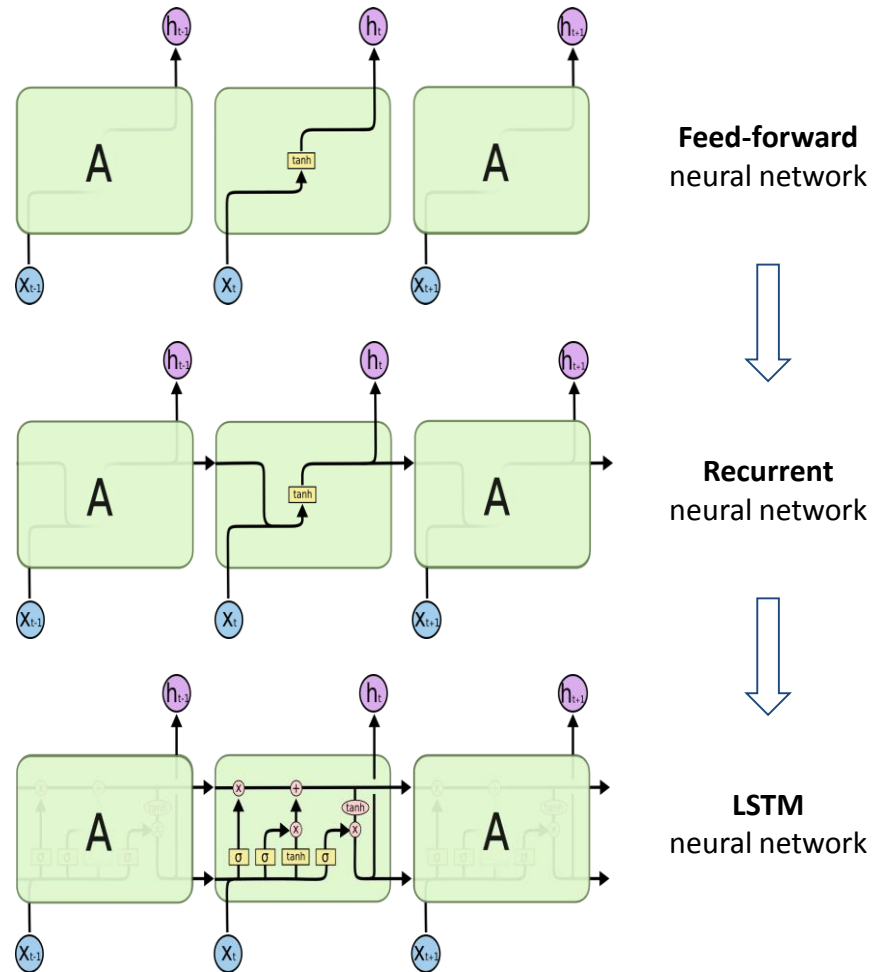


Example borrowed from:  
<http://cs231n.github.io/convolutional-networks/>

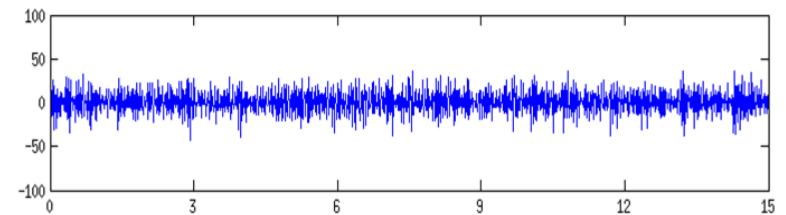
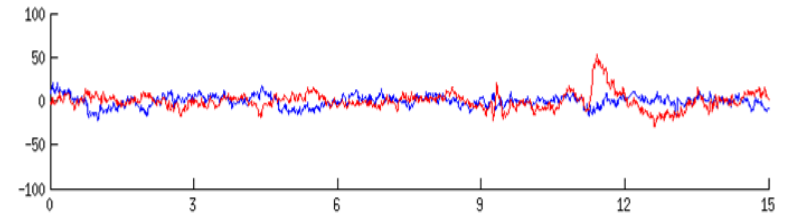
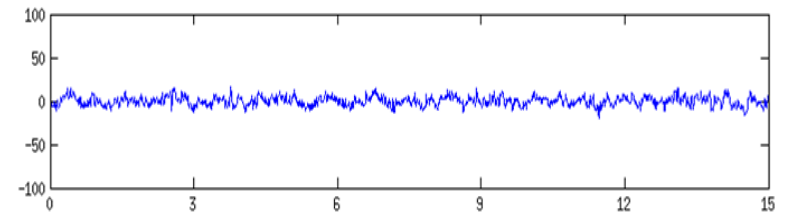
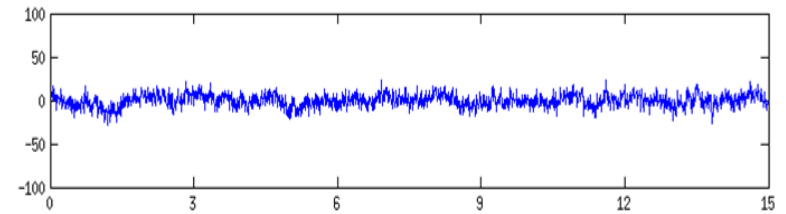
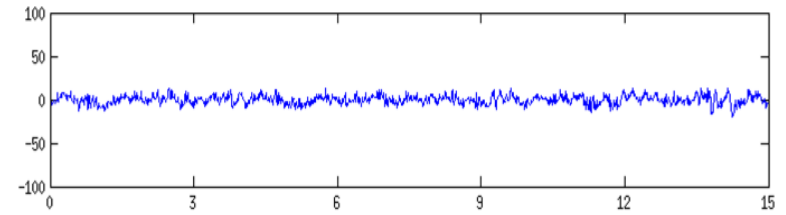
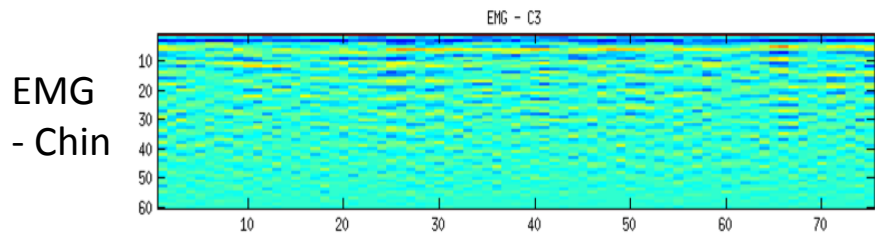
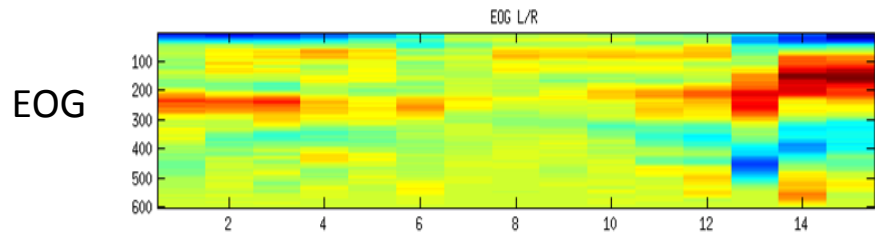
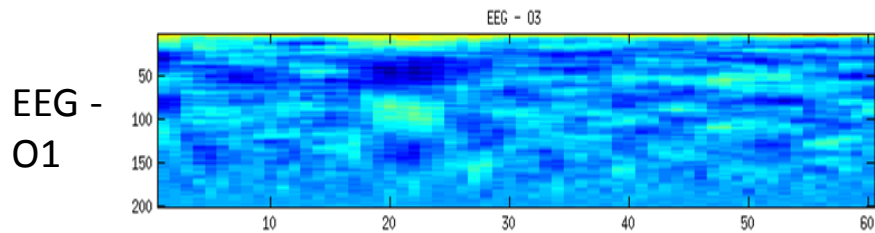
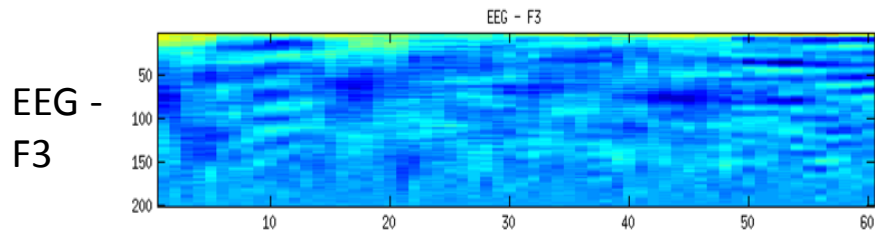
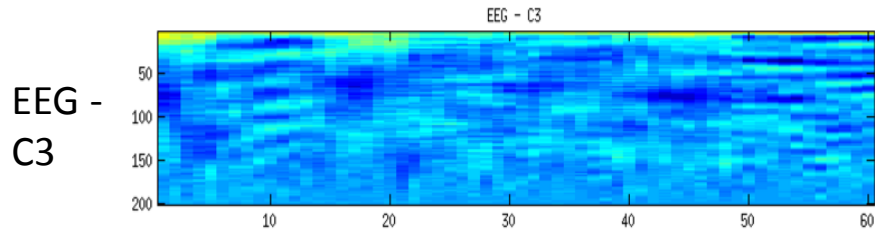


# Machine Learning

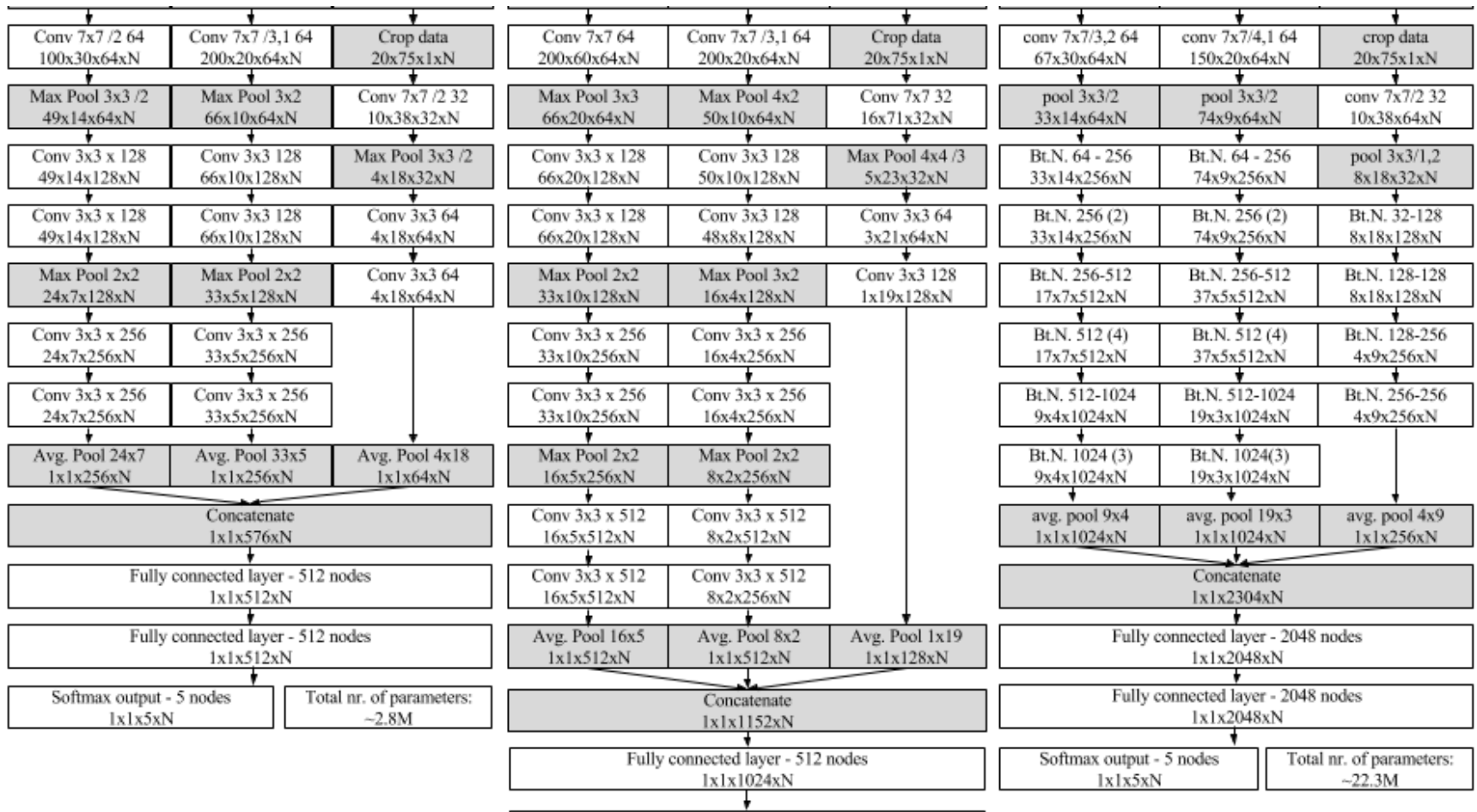
- Feed-forward neural network (FFNN):
  - Process each observation independently
  
- Recurrent neural network (RNN):
  - Introduces a temporal dimension
  - Used to model change in frequency
  
- Long Short-Term Memory (LSTM) network
  - Introduces support for long-term dependencies
  - Context-aware decisions



# Sleep data representation. Overlapping autocorrelations: Wake

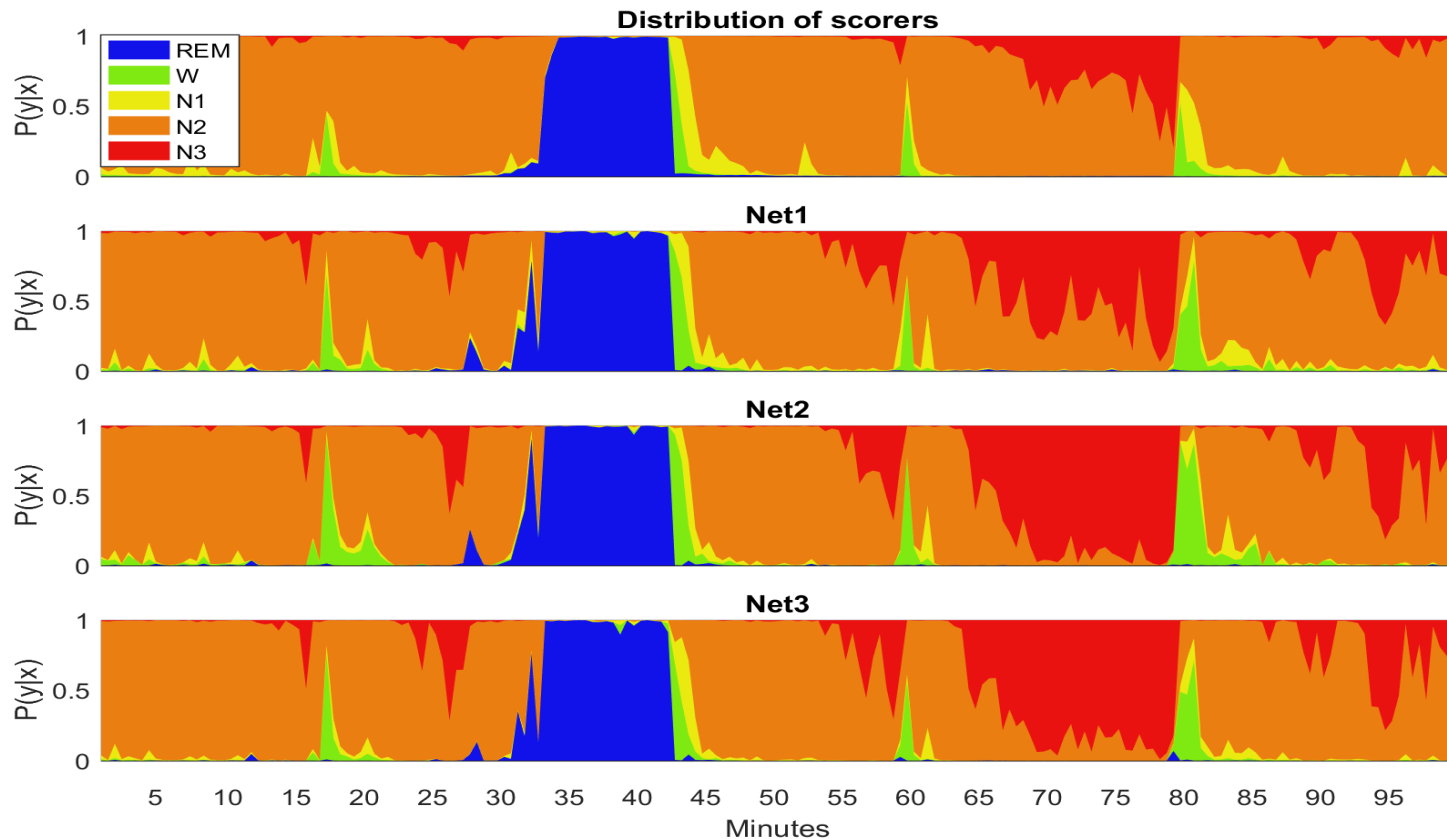


## Three networks models are used



# Comparison with the AASM Inter-Scorer Reliability

## Performance of networks used

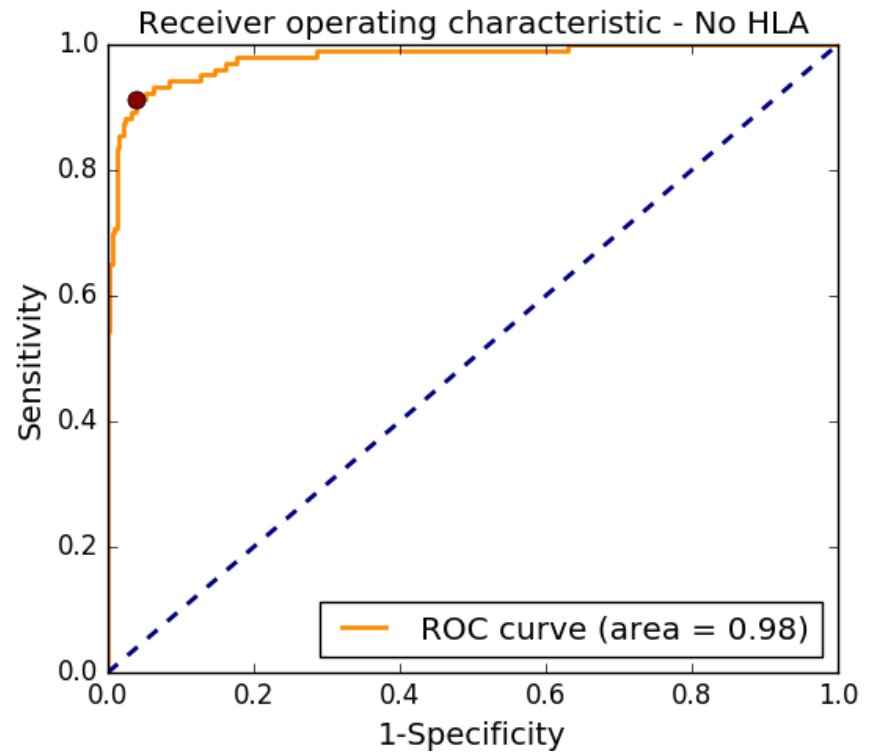
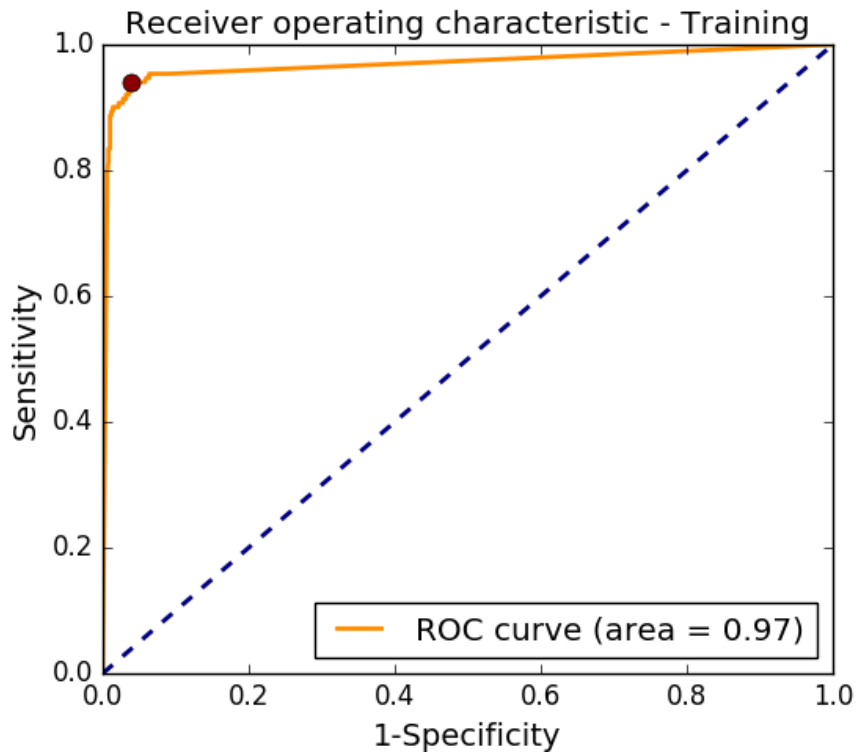


# Selection of narcolepsy features using Lasso regression

#	Description	Relative importance
1	REM latency (Automatically extracted)	1
2	Mean co-occurrence of REM and wake	0.80
3	Mean value of REM x the time till 10 % of the cumulative fraction of REM is reached.	0.68
4	The maximum value of co-occurrence of N2 and REM.	0.66
5	The mean value of N2 x the time till 10 % of the cumulative fraction of N2 is reached.	0.61
6	Time till 10 % of the cumulative fraction of the co-occurrence of all 5 stages is reached.	0.55
7	Mean value x the Shannon entropy of the co-occurrence of N2 and N3.	0.40
8	Time till 10 % of the cumulative fraction of the co-occurrence of N1 and N2 is reached.	0.37
9	Maximum value of co-occurrence of wake and N1	0.36
10	Maximum value of co-occurrence of wake and REM	0.35

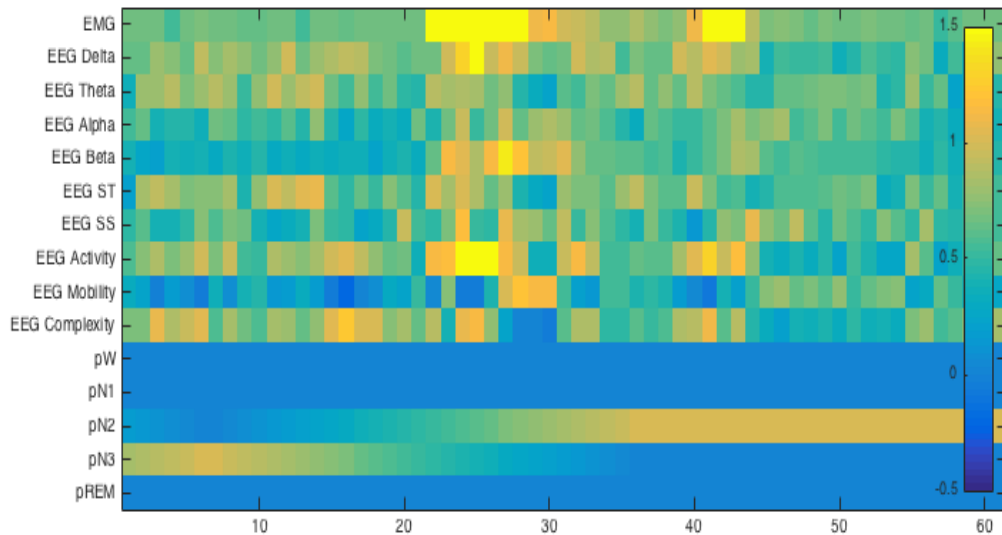
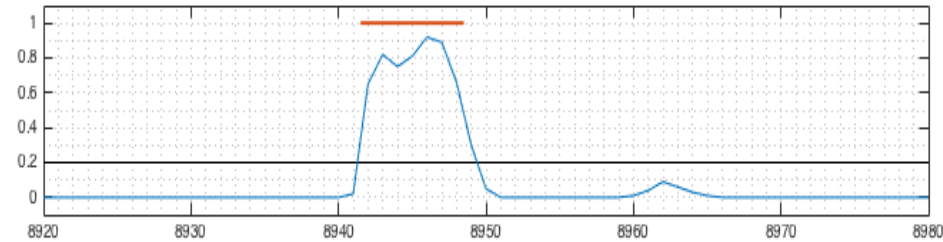
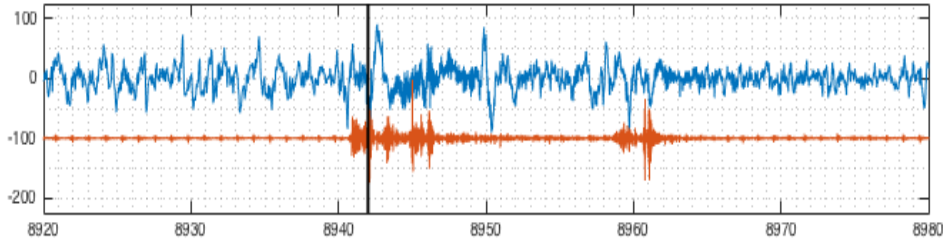


# Validation to diagnose narcolepsy

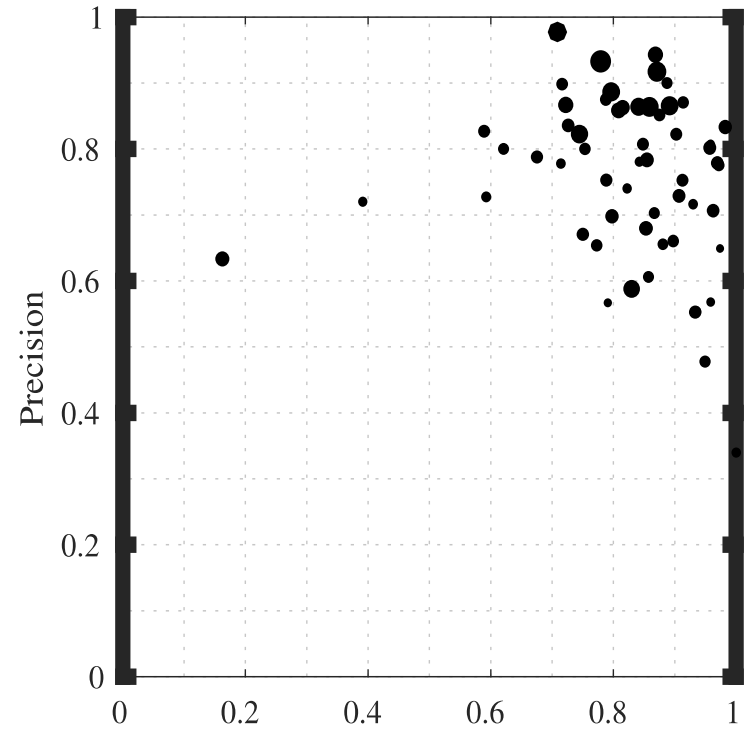


Stephansen et al., in preparation

# LSTM detection of arousals



OVERALL  
Precision = 0.76  
Recall = 0.82  
F1 = 0.79  
auPR = 0.84



Performance per individual  
(dot size=n observation)

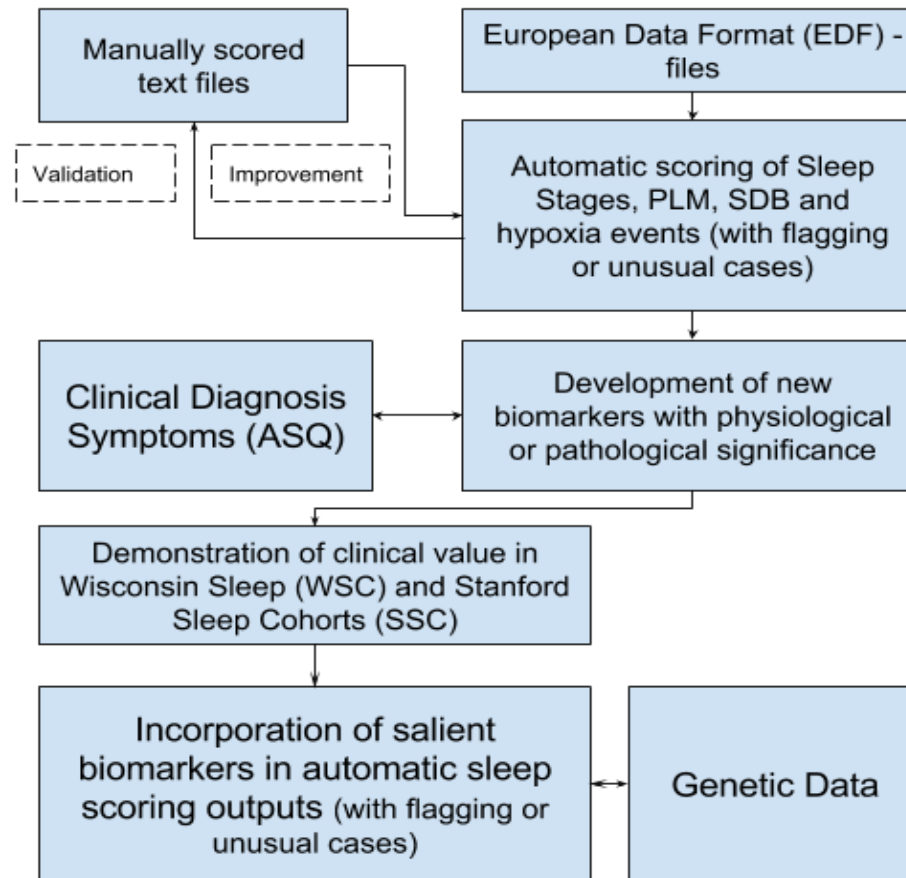
# Goal 1: A single, multimodal PSG analyzer

- Doing classic and novel sleep stage identification
- Detecting macro and microarousals (autonomic and EEG)
- Detecting all breathing abnormalities during sleep, including subtypes of sleep apneas
- Detecting periodic leg movements during sleep, including subtypes
- The detector would reveal a complex multi-dimensional phenotype for each individual
- To apply in the context of the Stanford Technology Analytics and Genomics of sleep (STAGES) study

# Need to Measure Phenotypes Across Disciplines

<p>Insomnia, hypersomnia/narcolepsy, and psychiatric comorbidity</p>	<ul style="list-style-type: none"> <li>• EEG power spectra features per sleep stage*</li> <li>• Delta power during wake, Slow Wave Sleep during sleep corrected for habitual sleep amounts</li> <li>• Hilbert Huang Transform analysis of the EEG (see letter of support of Dr. Huang) †</li> <li>• Sleep stage transition analysis*</li> <li>• Sleep stage space analysis and automatic sleep/wake scoring by 10 sec epochs*</li> <li>• Slow wave/delta power dynamics across the night and sleep cycle analysis</li> <li>• Coherence analysis (inter- and intra- hemispheric, per sleep stage)</li> <li>• Microarchitecture analysis (spindles*, k-complex, saw tooth waves detection)</li> <li>• REM sleep features (REM density, REM sleep atonia)*</li> <li>• Microarousal detections out of various sleep stages†</li> <li>• Measures of circadian phase through analysis of all signals in correlation with body temperature†</li> </ul>
<p>RLS and PLMs (may predispose to depression and cardiovascular disease)</p>	<ul style="list-style-type: none"> <li>• PLMI, periodicity index, dynamics across the night and by sleep stage, with and without arousal (frequency of PLMs)*</li> <li>• Time locked analysis of EEG, EMG, ECG locked on PLM (impact of PLMs)*</li> </ul>
<p>Sleep disordered breathing (SDB)  (predisposes to cardiovascular disease and sleepiness)</p>	<ul style="list-style-type: none"> <li>• Apnea Hypopnea Index and other derivatives (by sleep stage, with various definitions with and without oxygen desaturation and arousal, central or obstructive) (frequency of respiratory events)*</li> <li>• Time locked analysis of Oxygen saturation, EEG, EMG, ECG locked on SDB events per sleep stage (severity of respiratory events)*</li> <li>• Oxygen saturation at baseline and end of the night, per sleep stage, time spent at various levels of Oxygen saturation*</li> <li>• Breathing frequency, inspiration and expiration time per sleep stage†</li> </ul>
<p>Parkinson's disease early biomarkers</p>	<ul style="list-style-type: none"> <li>• REM sleep without atonia*</li> <li>• Sleep fragmentation, loss of spindles*</li> <li>• ECG-power spectra changes across sleep stages*</li> </ul>
<p>Alzheimer's disease early biomarkers</p>	<ul style="list-style-type: none"> <li>• Power spectra in REM sleep*</li> <li>• Coherence analysis</li> </ul>
<p>Seizure activity during sleep</p>	<ul style="list-style-type: none"> <li>• Analysis of shape, PR, QT, arrhythmia, and conduction defects across sleep stages</li> </ul>

# Analytical Flow Chart of large scale PSG analysis





Hippenstocks Strategien



**The whole thing is more than the sum of its parts –  
tell me, is that your feeling only or more than that?**

**Dirk Meissner**

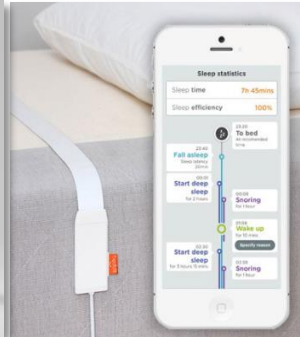
## Goal 2: A simplified, usable portable PSG system

- The brain during sleep is going through an automatic program uninfluenced by sensory inputs and motor activity
- We believe that longitudinal studies could be method to check brain health periodically
- What minimal number of sensors must be included to capture all the useful information a full PSG can provide
  - old markers such as AHI, new markers like EEG biomarkers of depression or neurodegenerative disease
- Must be portable and comfortable
- Signals could be sent over the internet and automatically processed
- Potentially, feedback could be given to subject to correct abnormality (like for CBTi)



### Beddit Sleep Tracker

Follow your sleep and learn to improve your health & wellbeing with Beddit sleep meter



Whitings Aura pad

Basis



Fitbit



### Sleep



Tory Burch FitBit

ResMed S+



# Consumer Sleep Tracking Devices

# Comfortable EEGs



BU7187 with Headband 579  
76% signal quality.



# Showing results for "sleep apps"

## iPhone Apps



**Sleep Cycle alarm clock**  
Health & Fitness  
\$0.99  
In-App Purchases  
Essentials



**Sleep Pillow Sounds: white...**  
Health & Fitness  
Get



**Relax Melodies: Sleep zen sound...**  
Health & Fitness  
Get



**iHome+Sleep, the alarm clock app...**  
Utilities  
Get  
In-App Purchases



**Alarm Clock Free Utilities**  
Download



**Alarm Clock HD - Free Utilities**  
Get



**White Noise Lite: Relax. Sleep...**  
Health & Fitness  
Get



**Sleep Machine Lite**  
Productivity  
Get



**Free Relaxing Sounds Of Natu...**  
Health & Fitness  
Get  
In-App Purchases



**Sleep Pillow Sounds: white...**  
Health & Fitness  
\$1.99



**Applets Utilities**  
Get  
In-App Purchases



**Alarm Clock 4 Free Utilities**  
Get  
In-App Purchases



**Rain, Rain Sleep Sounds**  
Health & Fitness  
Get  
In-App Purchases



**Sleep Well**  
Lifestyle  
Get  
In-App Purchases



**Sleep Time : Sleep Cycle Smart Alar...**  
Health & Fitness  
Get



**iDream - Sleep Maker**  
Lifestyle  
Get  
In-App Purchases



**Brain Wave 32 BINAURAL PROGRAMS**  
Health & Fitness  
\$2.99



**Alarm Clock Pro Utilities**  
\$0.99



**Naturespace: Relax Meditate...**  
Health & Fitness  
Get  
In-App Purchases



**Sleep Better - Smart Alarm Clo...**  
Health & Fitness  
Get  
In-App Purchases



**UP - Tracker Required...**  
Health & Fitness  
Download



**Voice Recognition - Recorder &...**  
Business  
Get



**Sleepmaker Rain Free**  
Medical  
Get



**My Baby Today | BabyCenter**  
Health & Fitness  
Get



**Weather Clock Free**  
Lifestyle  
Get



**Relax Melodies Oriental...**  
Health & Fitness  
Get  
In-App Purchases



**SleepBot - Smart Cycle Alarm wit...**  
Health & Fitness  
Get



**SleepStream 2 Pro: Sleep. Rela...**  
Lifestyle  
\$2.99  
In-App Purchases



**Alarm Clock Sleep Sounds Free...**  
Health & Fitness  
Get  
In-App Purchases



**iHome Set Utilities**  
Get



**Nightstand Central Free ...**  
Productivity  
Get



**Relaxing Sounds - Sleep well, relie...**  
Health & Fitness  
Get



**Christmas Countdown!**  
Entertainment  
Get



**Sleep Machine**  
Health & Fitness  
\$1.99



**Relax Melodies Premium: Sleep...**  
Health & Fitness  
\$2.99



**iDream - Dream Interpreter and...**  
Medical  
Get



**Silva Relaxation-Relax, Relieve...**  
Health & Fitness  
Get



**Alarm Clock Music Free**  
Utilities  
Get



**iBabyLog : Baby Breastfeeding...**  
Medical  
Get



**White Noise Ambience Lite**  
Health & Fitness  
Get



# CBT-i Coach

By **US Department of Veterans Affairs (VA)**

Open iTunes to buy and download apps.

## The future: at home therapies



[View in iTunes](#)

**Free**

Category: **Health & Fitness**

Released: Jun 05, 2013

Version: 1.0

Size: 33.0 MB

Language: English

Seller: US Department of Veterans Affairs (VA)

© US Department of Veterans Affairs

Rated 4+

**Compatibility:** Requires iOS 4.3 or later. Compatible with iPhone, iPad, and iPod touch. This app is optimized for iPhone 5.

### Customer Ratings

Current Version:

★★★★☆ 12 Ratings

**More iPhone Apps by US Department of Veterans Affairs (VA)**



PTSD Coach

### Description

CBT-i Coach is for people who are engaged in Cognitive Behavioral Therapy for Insomnia with a health provider, or who have experienced symptoms of insomnia and would like to improve their sleep habits. The app will guide users through the process of learning about sleep, developing positive sleep routines, and improving their sleep

[US Department of Veterans Affairs \(VA\) Web Site](#) ▶ [CBT-i Coach Support](#) ▶ [Application License Agreement](#) ▶ [...More](#)

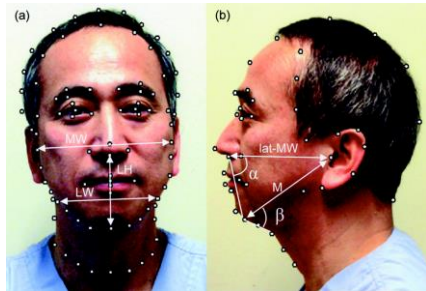
### iPhone Screenshot



# The STAGES study: Genetics and Technology in 30,000 subjects

## Supplementary sleep data

- Sleep schedule evaluation by actigraphy
- Sleep anatomy evaluation by photography



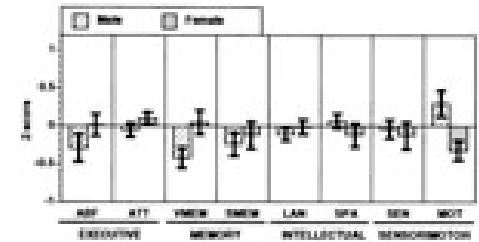
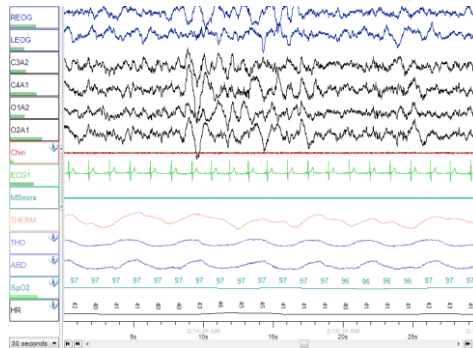
## Subjective sleep data (ASQ)

- Sleep habits
- Sleep symptoms (e.g. sleepiness)
- Sleep Disorders (insomnia, OSA, Restless leg syndrome, narcolepsy, parasomnia)

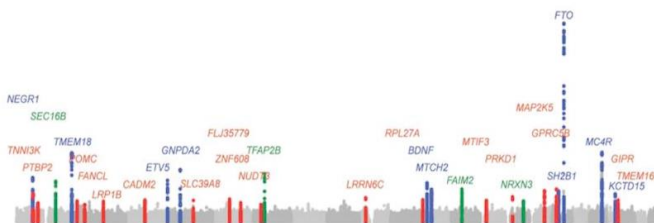
## Computerized Neurocognitive Battery (CNB)

- Attention, executive functions
- Performance Vigilance Tests

## Objective Sleep Nocturnal Polysomnography (Sleep analytics, Machine learning)



Open source



Genetic data  
GWAS, sequencing

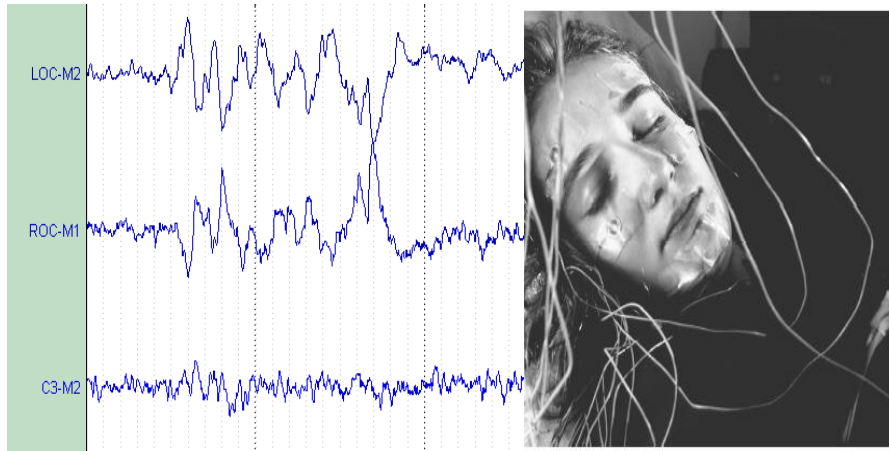


# Why Use Genetic Analysis?

- Genetics and molecular biology are exploding fields and their applications are growing exponentially
- With genetic analysis, it is possible to find the mechanism behind a disease or a physiological process even if there are no clues on where to look
- Once genes and/or pathways have been identified, new treatment strategies and diagnostic tools can be developed

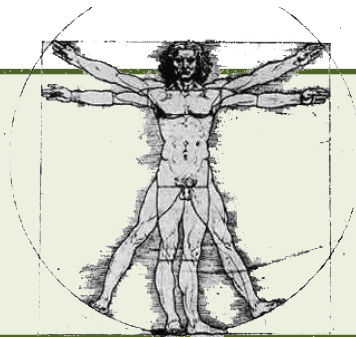
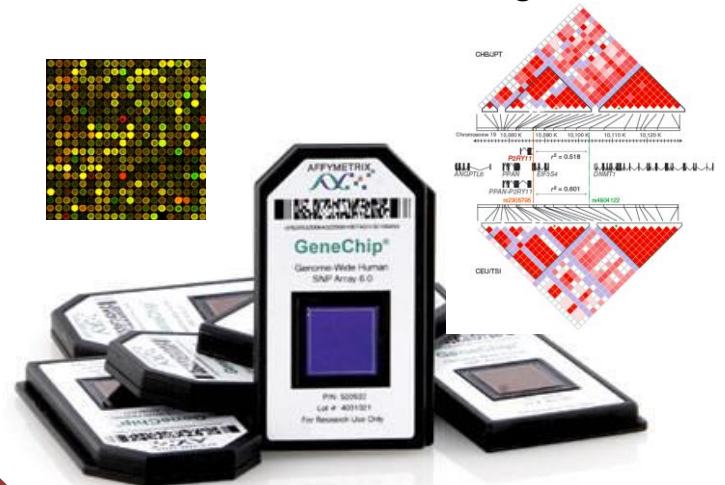
**Sleep is an objectively measurable biology with strong genetic effects, therefore it will be tractable by genetic analysis**

# Sleep Phenotype



# Gene Variant (SNP)

Systematic measurement of single nucleotide polymorphisms (SNPs) across the entire human genome.



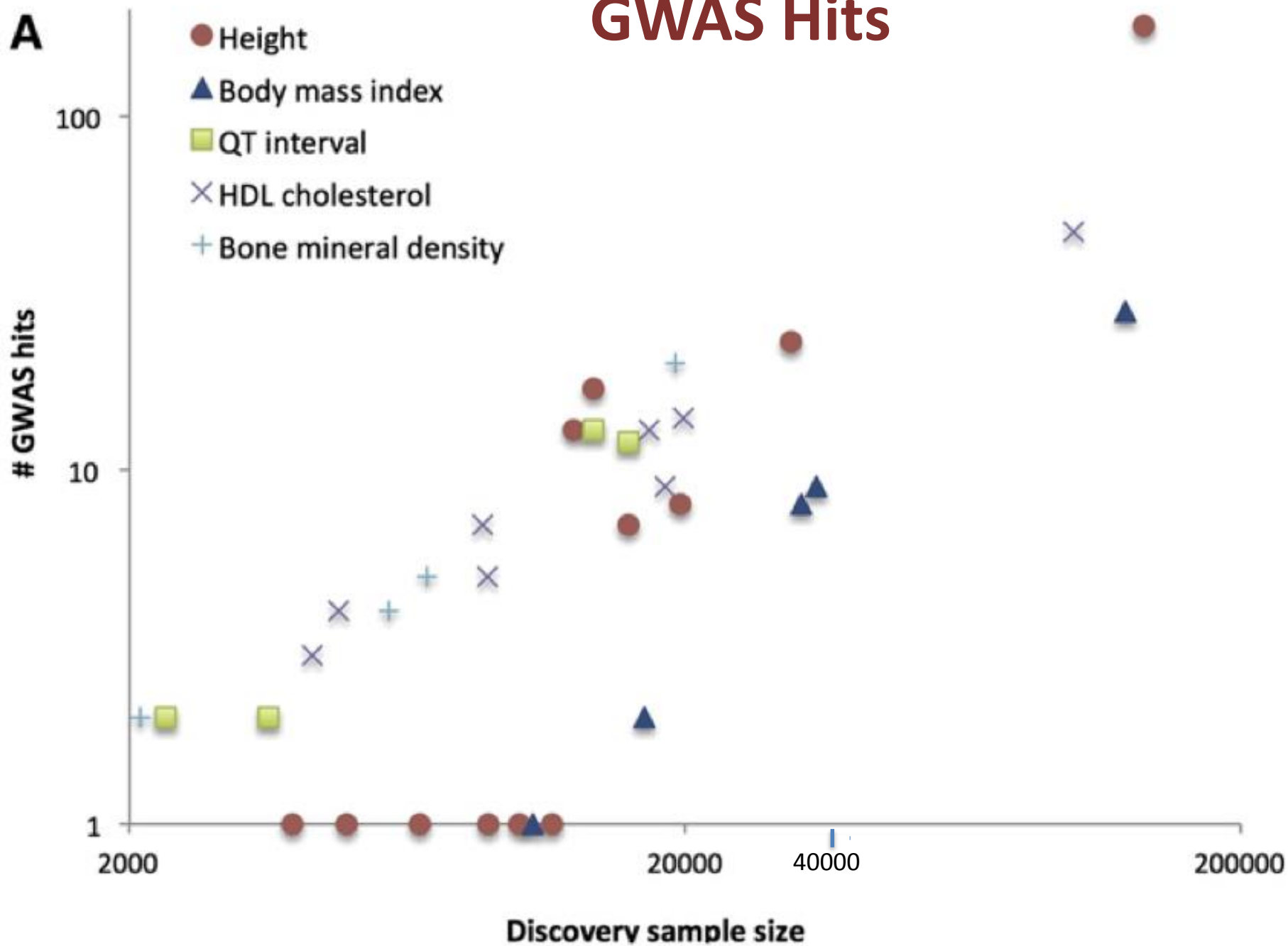
**Genome-wide Association Study (GWAS)  
or Exome / Whole Genome Sequencing\***

\*Need large sample size

**\*Need large sample size for genetic studies**

# GWAS Hits

**A**



# Example Of How Genetics Have Been Used To Identify Underlying Genes/Pathways In A Disease Of Unknown Mechanism

Analysis of SNP genotypes across genome indicates pathways

Genes identified

**complement** factor H (*CFH*)

**complement** component 2 (*C2*)

**complement** component 3 (*C3*)

**complement** factor I (*CFI*)

*HTRA1/ARMS2*

Pathway identified

**Complement is involved**

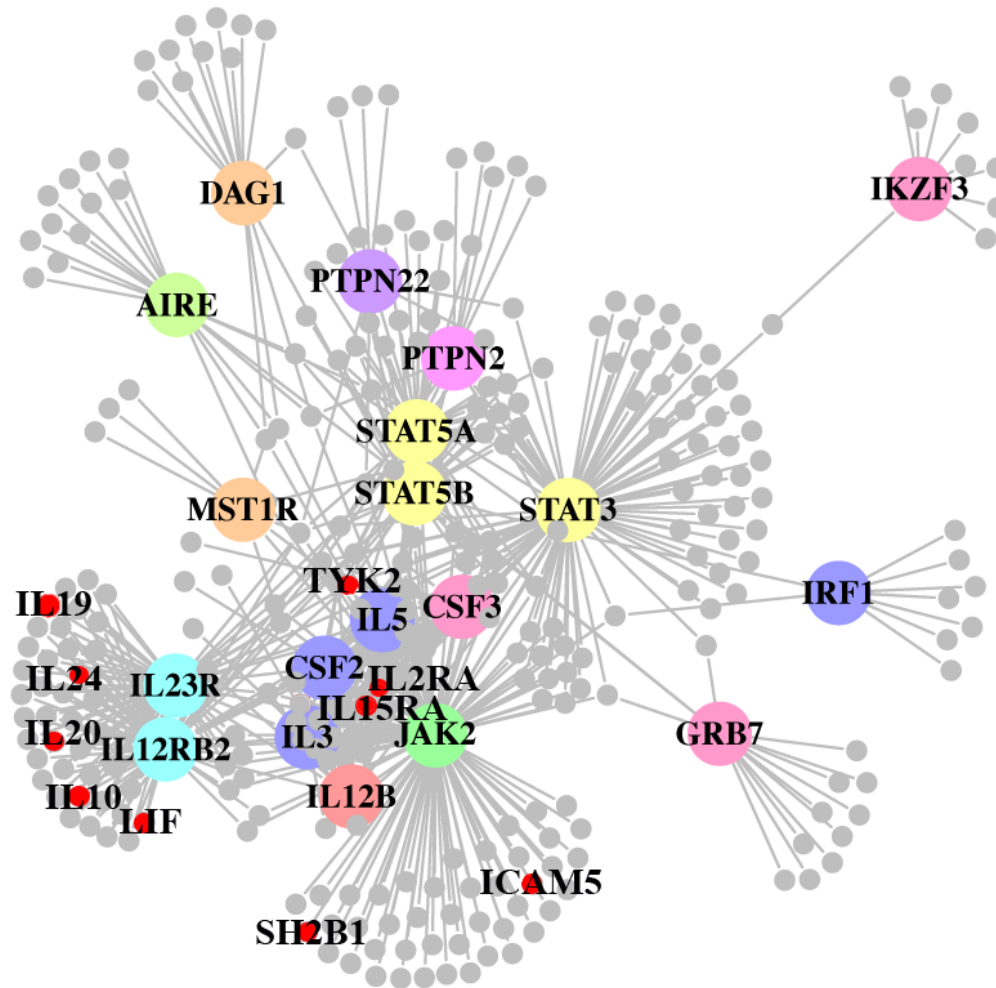
Six new treatment in pipelines

Complement-Based Therapies



## Age Related Macular Degeneration (AMD)

# Pathway Analysis of Genetic Markers



# Large samples GWA on subjective sleep

- Overlapping circadian genes found through GWA and basic biology (Kalmbach et al., 2017)
- Tight relationships with neuropsychiatry:
  - Genetic architecture of Long sleep duration overlaps with that of Schizophrenia/bipolar (Lane et al. 2017)
    - This complements our finding on KLS and TRANK1
- May redefine some pathologies:
  - Insomnia shares genetic architecture with anxiety
  - Restless leg syndrome shares MEIS1 and genetic architecture with insomnia (Lane et al. 2017)

**>>> Mandates studies with objective sleep**