







BIO333 Comparative Physiology and Pharmacology of Sleep

Genetics of Sleep

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Genetics of Sleep



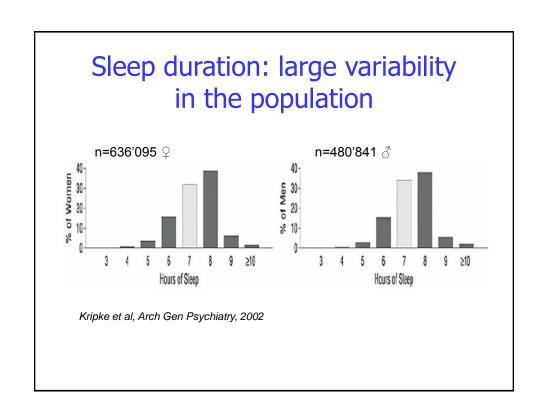
Quantitative traits are determined by:

- small, additive effects of many genes
- the environment
- interaction between genes and environment

Sleep is a complex phenotype

Each component of sleep is a complex phenotype

- Sleep duration
- Preferred timing for activity or sleep: diurnal preference
- Characteristic EEG oscillations
- · Homeostasis of sleep



Sleep studies in Twins

Concordance of sleep habits: MZ > DZ

Genetic factors contribute to:

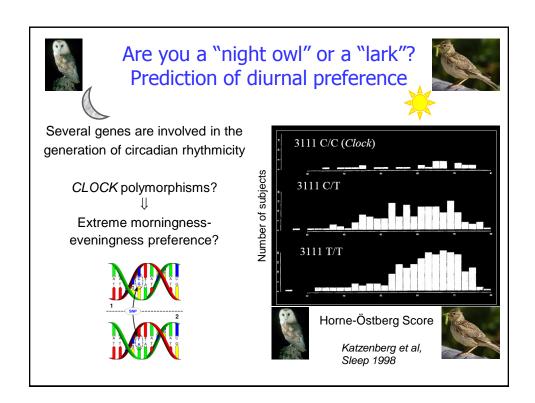
- Duration of NREM sleep (Stages 2 and 4, SWA)
- Density of REM sleep
- 35-45 % of the variance in sleep quality, quantity, and sleep disorders

Geyer, 1937; Gedda & Brenci, 1979; Chouvet et al, 1980; Heath et al, 1990; Partinen et al, 1983; Linkowski et al, 1989; 1991

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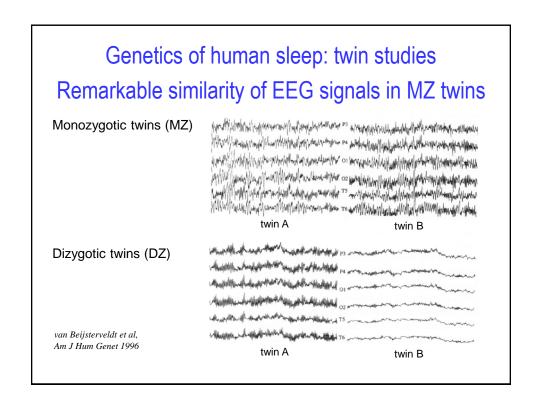
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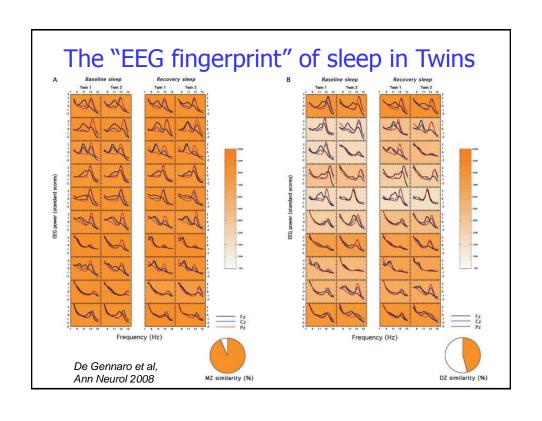


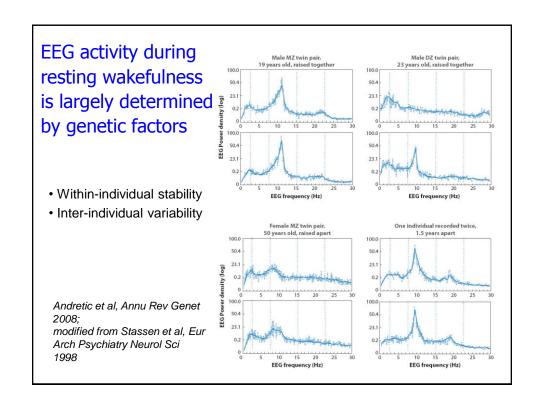
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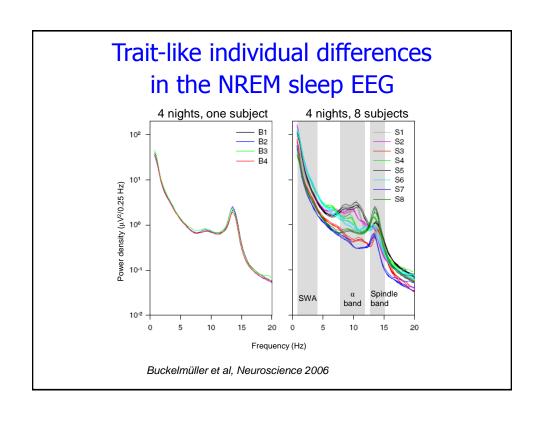
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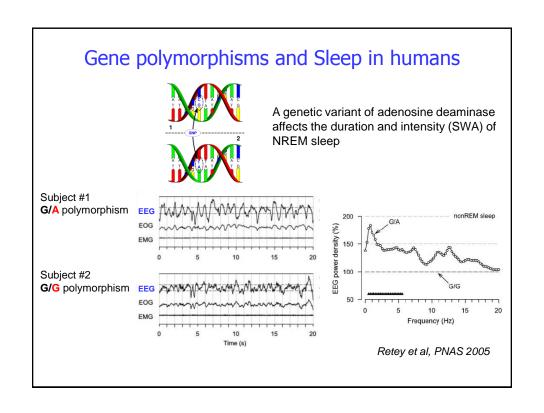
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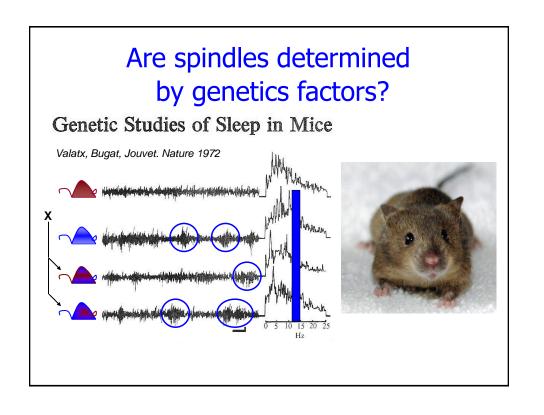


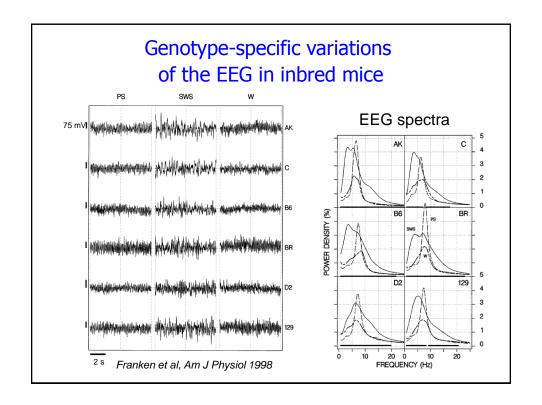








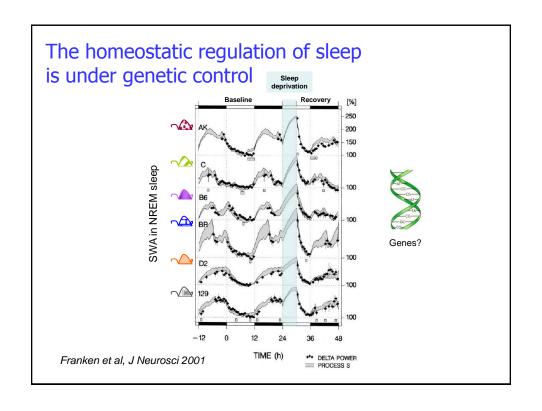




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Genetic analysis of sleep

• Forward genetics ("from phenotype-to-gene")

Mutagenesis screens

Quantitative-Trait-Loci (QTL) approach

Family-based linkage studies

Genome-wide association studies

Reverse genetics ("from-gene-to-phenotype")

Candidate genes in knock-out and transgenic animal models Knock-down (iRNA)

Association and candidate gene studies

Molecular genetics ("from phenotype-to-mRNA")

Transcriptome analyses

Proteomics

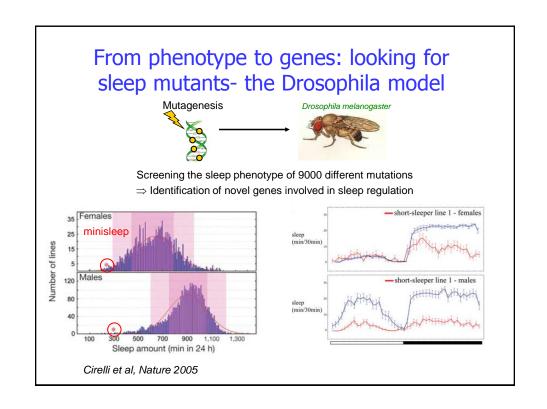


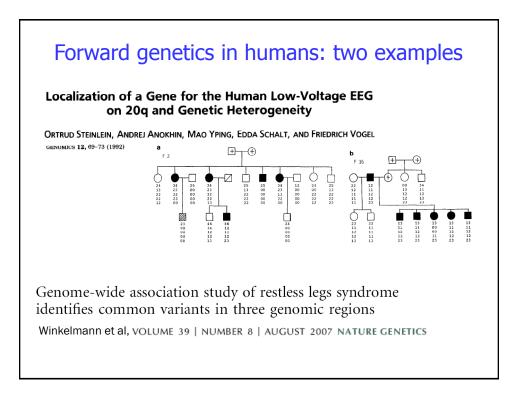






Drosophila melanogaster





Forward genetics to study human sleep disorders

The contribution of genes, environment and gene-environment to sleep disorders is increasingly recognized

Only few sleep disorders have an established genetic basis, incl. 4 rare diseases that may result from a single gene mutation (fatal familial insomnia, familial advanced sleep-phase syndrome, chronic primary insomnia, and narcolepsy with cataplexy)

Most sleep disorders are complex in terms of their genetic susceptibility together with the variable expression of the phenotype even within a same family

Recent linkage, genome-wide and candidate gene association studies resulted in the identification of gene mutations, gene localizations, or evidence for susceptibility genes and/or loci in several sleep disorders

Tafti et al, Ann Med 2005; Hamet & Tremblay, Met Clin & Exp 2006

Genetics of human sleep disorders

Sleep Disorder	Mode of Inheritance	Genetic Evidence
Fatal familial insomnia	Autosomal Dominant	Mutation at codon 178 of the prion protein gene
Primary nocturnal enuresis	Autosomal Dominant	Linkage to chromosome 13
		Linkage to chromosome 8
		Linkage to chromosome 12
		Linkage to chromosome 22
Familial advanced sleep-phase syndrome	Autosomal Dominant	Mutation at codon 662 of the period2 gene
Familial restless legs	Autosomal Recessive	Linkage to chromosome 12
syndrome		Association with MAO-A
	Autosomal Dominant	Segregation analysis
Familial sleep paralysis	Autosomal Dominant	Family analyses
Sleep apnea syndrome	Autosomal Dominant	Family and segregation analyses
	Or Unknown	
Sleepwalking	Autosomal Dominant	Family and twin analyses
	Or Unknown	Association with HLA-DQB1*05/04
Sleep talking	Autosomal Dominant	Family and twin analyses
	Or Unknown	
Bruxism	Autosomal Dominant	Family and twin analyses
	Or Unknown	
Night terrors and	Autosomal Dominant	Family, twin, and segregation analyses
nightmares	Or Unknown	
Kleine-Levin syndrome	Unknown	Association with HLA-DQB1*0201
REM-sleep disorder behavior	Unknown	Association with HLA-DQB1*05/06
Narcolepsy	Autosomal Dominant	Family, twin, and segregation analyses, Association
	Or Unknown	with HLA-DQB1*0602

Franken & Tafti, Front Biosci 2003

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Reverse genetics: "from gene to phenotype" target candidate genes

Knockout & Transgenic



Point-mutation



Mutagenesis



Knockout Albumin D-binding protein

 $\begin{array}{l} \text{c-}fos\\ \text{Dopamine transporter}\\ fosB\\ \text{Histamine }H_1\text{ receptor}\\ \text{Interleukin-}1\text{ type I receptor} \end{array}$

Interleukin-10

Preproorexin Prion protein Prostaglandin D synthase Serotonin receptor 1B TNF 55-kDa receptor

Point-mutation GABA-A α₁ $\begin{array}{c} {\rm Mutagenesis} \\ {\rm Clock} \end{array}$

Transgenic Growth hormone Insulin Orexin/ataxin-3

Main Effect

Decreased sleep continuity
Decreased SWA amplitude
Increased W, decreased SWS
No response to amphetamines and modafinil
Decreased PS
No response to orexin A
Decreased TST during the dark period
No response to IL-1\$
Increased SWS during the dark period
Altered response to libooolysaccharide challen

Increased SWS during the dark period Altered response to lipopolysaccharide challenge Narcolepsy Decreased sleep continuity Increased SWS after tail clipping Increased PS, decreased SWS Decreased TST No response to TNF-α

No effect on diazepam-induced sleep changes

Decreased TST

Decreased SWS Nonspecific background effect Narcolepsy

Tafti & Franken, J Appl Physiol 2002

