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EFFECT OF AMBIENT TEMPERATURE ON SLEEP BREATHING PHENOTYPE IN MICE: THE ROLE OF OREXINS

Chiara Berteotti*, Viviana Lo Martire*, Sara Alvente, Stefano Bastianini, Gabriele Matteoli, Alessandro Silvani, and Giovanna Zoccoli[@]

PRISM Lab, Department of Biomedical and Neuromotor Sciences, and Center for Applied Biomedical Research, Department of Medical and Surgical Sciences, S. Orsola University Hospital, Alma Mater Studiorum - University of Bologna, Bologna, Italy.

* Chiara Berteotti and Viviana Lo Martire have contributed equally to this work

Corresponding author:

[@]Prof. Giovanna Zoccoli, MD, PhD

Department of Biomedical and Neuromotor Sciences, Alma Mater Studiorum, University of Bologna, Bologna, Italy. Piazza di Porta San Donato 2, 40126 Bologna, Italy

Phone: +390512091726 Fax: +390512091737 E-mail: giovanna.zoccoli@unibo.it

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SUMMARY STATEMENT

We studied for the first time the integrative role of orexin neuropeptides in respiratory regulation as a function of ambient temperature during different sleep stages in mice.

ABSTRACT

The loss of orexinergic neurons, releasing orexins, results in narcolepsy. Orexins participate in the regulation of many physiological functions, and their role as wake-promoting molecules has been widely described. Less is known about the involvement of orexins in body temperature and respiratory regulation. The aim of this study was to investigate whether orexin peptides modulate respiratory regulation as a function of ambient temperature ($T°_a$) during different sleep stages. Respiratory phenotype of male orexin knockout (KO-ORX, n=9) and wild-type (WT, n=8) mice was studied at thermoneutrality ($T°_a$ = 30°C) or during mild cold exposure ($T°_a$ = 20°C) inside a whole-body plethysmography chamber. The states of wakefulness (W), non-rapid-eye-movement sleep (NREMS) and rapid-eye-movement sleep (REMS) were scored non-invasively, using a previously validated technique. Both in WT and KO-ORX mice $T°_a$ strongly and significantly affected ventilatory period and minute ventilation values during NREMS and REMS; moreover, the occurrence rate of sleep apneas in NREMS was significantly reduced at $T°_a$ = 20°C compared to $T°_a$ = 30°C. Overall, there were no differences in respiratory regulation during sleep between WT and KO-ORX mice, except for sigh occurrence rate, which was significantly increased at $T°_a$ = 20°C with respect to $T°_a$ =30°C in WT mice, but not in KO-ORX mice. These results do not support a main role for orexin peptides in the temperature-dependent modulation of respiratory regulation during sleep. However, we showed that the occurrence rate of sleep apneas critically depends on $T°_a$, without any significant effect of orexin peptides.

INTRODUCTION

Orexins (orexin A and B), also known as hypocretins (hypocretin 1 and 2, respectively), are neuropeptides identified in 1998 by two independent research groups (de Lecea et al., 1998; Sakurai et al., 1998). The location of orexin-containing cell bodies is restricted to the lateral hypothalamus, the perifornical area, and the dorsomedial hypothalamus. Despite that, orexinergic projections and receptors are widely distributed in the hypothalamus, thalamus, cerebral cortex, circumventricular organs, brain stem, and spinal cord. Originally described as involved in sleep/arousal and feeding regulation (de Lecea et al., 1998; Sakurai et al., 1998), orexin peptides show widespread connections with many different brain regions, and can affect multiple physiological functions (Peyron et al., 1998); indeed their loss promotes narcoleptic phenotypes both in humans (Peyron et al., 2000) and rodents (Chemelli et al., 1999; Hara et al., 2001). Moreover, orexins have also emerged as major regulatory actors of numerous biological processes, and their critical role in orchestrating behavioral and autonomic responses to environmental challenges have been clearly demonstrated (Zoccoli et al., 2011). On these bases, we hypothesized that orexins may play a role in respiratory regulation during sleep, and that this effect may be affected by temperature of the sleep environment. At present, less is known about their involvement in other regulatory systems such as body temperature and respiratory regulation.

Lateral ventricles, cisterna magna or intrathecal microinjections of orexin A increase tidal volume (TV) and phrenic electromyographic burst amplitude. Orexin A exerts a dose-dependent decrease in ventilatory period (VP) when administered in the lateral ventricle (Zhang et al., 2005), but not when administered at the same doses in the cisterna magna (Zhang et al., 2005) or at higher doses in ventrolateral medulla or the spinal cord (Young et al., 2005). In orexin knockout (KO-ORX) mice, which have congenital orexin deficiency, VP, TV, and minute ventilation (MV) were reported not to differ significantly from those of wild-type (WT) mice (Nakamura et al., 2007). However, it has been reported that KO-ORX mice show frequent sleep apneas suggesting a critical role of orexins in

respiratory regulation during sleep (Nakamura et al., 2007). Central and obstructive sleep apnea have been found associated with narcolepsy type 1 in adult patients (Chokroverty, 1986; Sansa et al., 2010; Pataka et al., 2012; Pizza et al., 2013; Hoshino et al., 2019), but these data have not been confirmed in pediatric patients with narcolepsy type 1 (Filardi et al., 2019). To date, contrasting data have also been reported about the role of orexins in body temperature regulation. Some studies indicated a possible involvement of orexins in thermogenesis (Kuwaki, 2015; Madden et al., 2012; Mohammed et al., 2016; Nakamura et al., 2003; Tupone et al., 2011) while other experiments suggested that orexins are not necessary to modulate the effects of $T°_a$ on the wake-sleep cycle or cardiovascular regulation (Lo Martire et al., 2012). In this respect, it should be noted that respiratory regulation and thermoregulation are intertwined. In particular, respiratory variables change as a function of ambient temperature ($T°_a$) (Gordon, 1985). This modulation was verified in WT mice, in which reduced $T°_a$ was found to entail a decrease in VP values, and an increase in TV values. However, these changes were described without taking into account the wake-sleep state (Hodges et al., 2008). Wild-type mice exposed to cold $T°_a$ exhibit an increase during wakefulness in the thermoregulatory energy metabolic rate, which is an adaptive strategy (Hodges and Richerson, 2008; Hodges et al., 2008).

This study was designed primarily to investigate whether the orexin peptides modulate respiratory regulation as a function of $T°_a$ in different sleep stages. We addressed this question measuring TV, VP, and MV in KO-ORX mice exposed to mild cold stress ($T°_a$ = 20°C) compared to thermoneutrality ($T°_a$ = 30 °C). The secondary aim of the study was to verify whether the already described increase in sleep apnea occurrence rate in KO-ORX is modulated by exposure to different $T°_a$ (20°C Vs. 30 °C). Based on the available evidence, we hypothesized that in the absence of orexins peptides, the effects of $T°_a$ on breathing variables would be blunted, and that the occurrence rate of sleep apnea would be increased.

MATERIALS AND METHODS

The study protocol was approved by the Bologna University ethics committee on animal experimentation and complied with the National Institutes of Health guide for the care and use of laboratory animals. All the experiments included in this study were executed noninvasively. Experiments were performed on 8 male C57Bl/6J WT mice and 9 congenic (≥ 10 generations of backcrossing) male KO-ORX mice matched for age (45.3 ± 0.4 weeks and 44.9 ± 0.6 weeks, respectively). The mice were maintained at 23°C with a 12:12 hour light-dark cycle and free access to food and water. Genotypes were assessed as previously described (Bastianini et al., 2011a). The experimental protocol consisted of 2 recordings performed with the mouse placed inside a whole-body plethysmography (WBP) chamber (PLY4223, Buxco, Wilmington, NC, USA) flushed with air at 1.5 L/h and exposed either to mild cold stress ($T°_a$ = 20°C) or to thermoneutrality ($T°_a$ = 30 °C). Each animal under study was exposed to 2 recording sessions, one at $T°_a$ = 20°C and the other one at $T°_a$ = 30 °C. The order of the recording sessions was randomly chosen and balanced between experimental groups leaving from 2 to 28 days' intervals between sessions. The groups were also matched for the interval between sessions (8.7 ± 2.6 days vs. 10.4 ± 3.2 days in KO-ORX vs. WT mice, t_{15} = -0.412, P = 0.686). Each recording session lasted for 8 h during the rest (light) period starting at lights on (9.00 a.m.). The respiratory signal was derived from the differential pressure between the mouse chamber and a 2nd reference chamber, measured with a high-precision differential pressure transducer (DP103-06 + CD223 digital transducer indicator; Validyne Engineering, Northridge, CA, USA). Differential pressure and chamber humidity and temperature were continuously recorded, digitized, and stored at 128 Hz, 4 Hz, and 4 Hz, respectively. The system was calibrated with a 100 µL micro-syringe (Hamilton, Reno, NV, USA) at the end of each recording. Wakefulness, non-rapid-eye-movement sleep (NREMS) and rapid-eye-movement sleep (REMS) were scored based on inspection of the raw respiratory recordings, with a procedure validated against gold-standard conventional electroencephalography and electromyography (Bastianini et al., 2017). As in previous studies with this technique (Bastianini et al., 2015; Silvani et al., 2014), quantitative

analysis of breathing was restricted to stable sleep episodes ≥ 12 s because of the frequent occurrence of movement artefacts during wakefulness. Breath-to-breath values of VP, TV, and MV were obtained as previously reported for each sleep state (Bastianini et al., 2017). The variability of VP and TV was analyzed with a technique originally proposed for the study of heart rate variability (Brennan et al., 2001) and already applied to respiratory physiology (Bastianini et al., 2015; Silvani et al., 2014). Briefly, the short-term (breath-to-breath) and long-term variability of VP and TV were calculated based on Poincaré plots, in which the abscissa and ordinate of each point indicate the duration or amplitude of the n^{th} and $(n+1)^{th}$ successive breaths, respectively. In this analysis, the standard deviation of VP and TV values around the axis oriented with the line of identity of the Poincaré plot estimates the short-term (breath-to-breath) variability of VP and TV (SD_1), while the standard deviation of VP and TV values around the orthogonal axis estimates long-term variability (SD_2). The mean values of VP, TV, MV, and the SD_1 and SD_2 of VP and TV were computed for each mouse after exclusion of the breaths with VP and/or TV that deviated more than 3 standard deviations from the respective mean value in the whole recording (Bastianini et al., 2015b). These computations were thus protected from the effects of breaths with extreme values of VP and/or TV. Finally, apneas and augmented breaths (sighs) were automatically detected as breaths with values of VP (apneas) or TV (sighs) > 3 times the average values of VP or TV, respectively, for each mouse and sleep state, and detection accuracy was checked on raw recordings (Bastianini et al., 2015; Silvani et al., 2014). Because augmented breaths (sighs) often precede apneas during NREMS, we further categorized NREMS apneas as post-sigh apneas if they followed a sigh by ≤ 8 s or as spontaneous apneas if they followed a sigh by > 8 s (Bastianini et al., 2019).

At the end of the experimental protocol, mice were perfused, under deep anesthesia, with saline followed by 4% paraformaldehyde. Brains were cryoprotected in PBS with 20% sucrose and coronally sectioned at 30 µm using a cryostat-microtome at - 22.0 °C. Hypothalamic sections were processed for immunoreactivity for orexin A. Briefly, free-floating sections were washed in 0.3% Triton X-100 in PBS for 30 min. After blocking for 90 min with 3% bovine serum albumin (Sigma

Aldrich, Milan, Italy) in 0.3% Triton X-100 in PBS, sections were incubated overnight at 4°C with rabbit anti–orexin A antiserum (Phoenix Pharmaceuticals, Burlingame, CA, USA) diluted 1:5000 in 0.3% Triton X-100 in PBS and BSA 1%. Sections were then washed in 0.3% Triton X-100 in PBS for 30 min and incubated for 2 h with a Cy3-conjugated AffiniPure Donkey Anti-rabbit IgG (Jackson ImmunoResearch, West Grove, PA, USA) secondary fluorescent antibody diluted 1:200 in 0.3% Triton X-100 in PBS and BSA 1%. Sections were counterstained with Hoechst 33342 (Sigma-Aldrich, Milan, Italy) in order to label cell nuclei. Immunofluorescence images were taken with a Nikon Eclipse TE 2000-S inverted microscope (Nikon Corp., Kawasaki, Japan) equipped with a Nikon digital camera DS-Qi2. The same lot of primary antiserum was used for staining the brains of WT and KO-ORX mice. Control and experimental animals were processed simultaneously for staining to avoid any batch-to-batch variation.

Statistical analysis was performed using SPSS software (Chicago, USA) with 2-way or 3-way mixed-design ANOVAs. In all analyses, genotype was the between-subject factor (2 levels: KO-ORX vs WT), and $T°_a$ was a within-subject (ie, repeated-measure) factor (2 levels: 20°C vs 30°C). Most analyses included the sleep state as another within-subject factor (2 levels, NREMS vs REMS) as appropriate. In order to limit the complexity of the interpretation of statistical analysis, for the special case of the analysis of breathing variability we replaced the sleep state factor with a variability index factor (2 levels: SD_1 vs SD_2), and ran two separate ANOVAs for NREMS and REMS. Independent t-test was then applied to compare the differences between the 2 experimental groups, whereas dependent t-test was used to compare the effect of different conditions (i.e. sleep states or $T°_a$) on a variable which was not affected by mouse genotype (thus we considered both experimental group as a whole). Results are shown as mean ± SEM with significance at $P < 0.05$.

RESULTS

First, we verified the validity of the KO-ORX mice employed in this study as a model of orexin deficiency and of body weight and wake-sleep cycle alterations related to narcolepsy type 1. The orexin A antiserum produced no staining in the brains of KO-ORX mice, whereas it clearly labeled orexin A neurons in WT brains (Figure 1).

The body weight of KO-ORX mice before each recording was significantly higher than that of WT mice (34.2 ± 1.2 g vs. 30.0 ± 0.7 g, $t_{12.3} = -2.962$, $P = 0.012$).

The percentage of recording time spent in wakefulness, NREMS or REMS did not differ significantly between KO-ORX and WT mice (two-way ANOVA: for wakefulness $F_{1,15} = 0.109$, $P = 0.746$; for NREMS $F_{1,15} = 0.226$, $P = 0.641$; for REMS $F_{1,15} = 0.353$, $P = 0.561$) nor was it significantly affected by $T°_a$ (for wakefulness $F_{1,15} = 0.484$, $P = 0.497$; for NREMS $F_{1,15} = 0.595$, $P = 0.452$; for REMS $F_{1,15} = 0.001$, $P = 0.977$) (Table 1). However, two-way ANOVA revealed significant main effects of orexin deficiency (i.e., KO-ORX vs. WT), with no significant interaction between $T°_a$ and orexin deficiency, on specific features of sleep architecture. In particular, KO-ORX mice showed significant fragmentation of wakefulness (i.e. reduced episodes duration) ($F_{1,15} = 7.404$, $P = 0.016$) and NREMS ($F_{1,15} = 5.945$, $P = 0.028$) episodes and shorter REMS latency ($F_{1,15} = 19.313$, $P = 0.001$) compared to WT mice irrespective of $T°_a$ (for fragmentation of wakefulness episodes $F_{1,15} < 0.001$, $P = 0.991$; for fragmentation of NREMS episodes $F_{1,15} = 0.126$, $P = 0.728$; for REMS latency $F_{1,15} = 4.534$, $P = 0.0502$). Accordingly, KO-ORX and WT mice constituted distinct clusters on a scatterplot of reduced REMS latency and reduced wakefulness episode mean duration, particularly at $T°_a = 20$ °C (Figure 2). Overall these results are fully consistent with previous work on KO-ORX mice (Bastianini et al., 2011a; Chemelli et al., 1999), confirming the validity of the KO-ORX mice employed in this study as a model of orexin deficiency and narcolepsy type 1.

The analysis of respiratory variables demonstrated that in both KO-ORX and WT mice, $T°_a$ strongly and significantly affected VP and MV values (three-way ANOVA, main effect: $F_{1,15} = 97.273$, $P < 0.001$, for VP, and $F_{1,15} = 17.515$, $P = 0.001$ for MV) (Figure 3) while it did not have any significant

effect on TV (ANOVA, main effect: $F_{1,15}$ = 1.133, P = 0.304). In particular, the values of VP were significantly lower and those of MV were significantly higher at $T°_a$ = 20 °C than at $T°_a$ = 30 °C irrespective of the sleep state and orexin deficiency (temperature x sleep state interaction on VP: $F_{1,15}$ = 2.285, P = 0.151; temperature x orexin deficiency interaction on VP: $F_{1,15}$ = 0.433, P = 0.520; temperature x sleep state interaction on MV: $F_{1,15}$ = 3.668, P = 0.075; temperature x orexin deficiency interaction on MV: $F_{1,15}$ = 0.001, P = 0.980).

Three-way ANOVA did not reveal any significant main effect of orexin deficiency on sleep apnea occurrence rate ($F_{1,15}$ = 1.934, P = 0.185) while it revealed a significant interaction between $T°_a$ and sleep state ($F_{1,15}$ = 5.039, P = 0.040) on this variable. Dependent t-test considering both experimental groups together confirmed that sleep apnea occurrence rate increased with $T°_a$ during NREMS (t_{16} = - 4.601, P < 0.001) but not during REMS (t_{16} = 0.351, P = 0.730) (Figure 4). Moreover, categorization of NREMS apneas as post-sigh or spontaneous as a function of their proximity to a preceding sigh (Table 2) indicated that the occurrence rate of both post-sigh and spontaneous sleep apneas significantly increased with $T°_a$ (dependent t-test: t_{16} = -5.573, P < 0.001 and t_{16} = -2.348, P = 0.032, respectively).

Since sighs occur almost exclusively during NREMS in mice (Bastianini et al., 2019), the analysis of their occurrence rate was restricted to NREMS. We found a significant interaction between orexin deficiency and $T°_a$ on sigh occurrence rate (two-way ANOVA, $F_{1,15}$ = 6.297, P = 0.024). Sighs were significantly increased at $T°_a$ = 20°C with respect to $T°_a$ = 30°C in WT mice (12.7 ± 2.3 vs 8.2 ± 1.8 episodes/h, respectively; paired t-test, t_7 = 4.111, P = 0.005), but not in KO-ORX mice (7.9 ± 1.2 vs 7.2 ± 0.8 episodes/h, respectively; paired t-test, t_8 = 0.642, P = 0.539). In order to better describe this interaction effect, for each mouse we calculated the difference between sigh occurrence rate at $T°_a$ = 20°C and that at $T°_a$ = 30°C (Δsigh). The difference between sigh occurrence rate at $T°_a$ = 20°C and that at $T°_a$ = 30°C was positive and was significantly lower in KO-ORX with respect to WT mice (independent t-test, t_{15} = 2.509, P = 0.024) (Figure 4).

Sleep apneas and sighs are extreme manifestations of VP and TV variability, respectively. We went on to analyze the overall variability of VP and TV with a method protected from the effects of extreme values of breathing variables (cf. Methods). Three-way ANOVA showed a significant main effect of $T°_a$ on VP variability ($F_{1,15}$ = 110.909, P < 0.001) whereas it did not highlight any significant effect of orexin deficiency ($F_{1,15}$ = 0.002, P = 0.968). In particular, the short-term (breath to breath, SD_1) and the long-term (SD_2) variability of VP were significantly lower at $T°_a$ = 20°C than at $T°_a$ = 30°C both in NREMS (dependent t-test, considering both experimental groups together, t_{16} = -7.185, P < 0.001 for SD_1 and t_{16} = -10.501, P < 0.001 for SD_2) and in REMS (dependent t-test, considering both experimental groups together, t_{16} = -8.546, P < 0.001 for SD_1 and t_{16} = -9.201, P < 0.001 for SD_2) (Figure 5). Three-way ANOVA of TV variability failed to show significant main effects of $T°_a$ ($F_{1,15}$ = 3.408, P =0.085) and orexin deficiency ($F_{1,15}$ = 0.117, P =0.738) whereas it highlighted a significant $T°_a$ x TV variability interaction ($F_{1,15}$ = 11.079, P = 0.005). In particular, the long-term variability (SD_2) of TV was significantly lower at $T°_a$ = 20°C than at $T°_a$ = 30°C in NREMS (dependent t-test, t_{16} = 3.602, P = 0.003) (Figure 6).

DISCUSSION

We investigated whether the orexin peptides modulate respiratory regulation as a function of $T°_a$. Our findings do not support a significant role for the orexin peptides in the temperature-dependent modulation of breathing in different sleep states with one notable exception. The difference between sigh occurrence rate at $T°_a$ = 20°C and that at $T°_a$ = 30°C during NREMS was significantly lower in ORX-KO mice than in WT mice (Figure 4). The mechanisms underlying apneas and sighs are still incompletely understood. Sighs may be the results of an inspiratory- augmenting reflex elicited by activation of lung and chest wall receptors in response to reduced lung compliance, or by stimulation of peripheral chemoreceptors in response to hypoxia or hypercapnia (Nakamura et al., 2003; Qureshi et al., 2009). There is evidence that orexins contribute to central chemoreflex sensitivity to carbon

dioxide levels, but this contribution appears to be restricted to wakefulness (Nakamura et al., 2007), particularly in the daily active period, which corresponds to the dark period in rats and mice (Li and Nattie, 2010). This effect is thus unlikely to explain our findings concerning sigh occurrence rate during sleep in the light (rest) period. This raises the hypothesis that orexins are also involved in the integration of afferent signals from chest wall receptors.

On the other hand, these experiments showed for the first time that the occurrence rate of sleep apneas critically depends on $T°_a$, being exacerbated at thermoneutrality ($T°_a$ = 30 °C) and reduced by mild cold exposure ($T°_a$ = 20 °C), without any significant effect of orexin peptides.

The conclusion that effects of $T°_a$ on breathing do not significantly depend on orexin peptides is in line with previous results showing that in orexin-ataxin3 transgenic mice with genetic ablation of orexin neurons (ATX3-ORX) the effects of $T°_a$ on cardiovascular regulation during different sleep states was preserved compared to WT controls (Lo Martire et al., 2012). Nevertheless, more experiments are needed to understand whether different co-transmitters, released by orexin neurons together with the orexin peptides (Bonnavion et al., 2016), have a role in the adaptive breathing responses to different values of $T°_a$. Ablation of orexin neurons in ATX3-ORX mice or rats resulted in intolerance to cold exposure ($T°_a$ = 5 °C) (Mohammed et al., 2016; Takahashi et al., 2013), suggesting the importance of these neurons in driving the cold defense responses. In particular, in ATX3-ORX mice but not in ORX-KO mice, abdominal temperature rapidly fell and reached the endpoint of 30°C within 50 – 150 min of cold exposure (Takahashi et al., 2013). These data suggest that orexin co-transmitters, rather than orexin peptides, participate in the homeostatic response to cold exposure.

In our experiments, $T°_a$ did not modulate the percentage of recording time spent in the different states of the wake-sleep cycle (Table 1). This result is at variance with our previous results on ATX3-ORX and WT mice (Lo Martire et al., 2012). However, some differences between these experiments must be acknowledged. First, in this study we recorded non-instrumented mice with a pure C57BL/6J

background, whereas we obtained our previous data (Lo Martire et al., 2012) on chronically instrumented mice with a hybrid genetic background (75% C57BL/6J and 25 % DBA/2J). Moreover, while in this study we recorded mice inside a WBP chamber only for 8 hours during the light (resting) period, in the previous study we recorded freely moving mice for 48 hours at each of two values of $T°_a$ (Lo Martire et al., 2012). Third, in this study we changed the value of $T°_a$ acutely at the beginning of each recording session inside a WBP chamber, whereas in the previous work, the values of $T°_a$ were changed 24 hours before each recording session in the home cage (Lo Martire et al., 2012).

We found that when KO-ORX and WT mice were exposed to mild cold stress ($T°_a$ = 20 °C), they coped with this challenge by increasing breathing rate and MV relative to the exposure to $T°_a$ = 30 °C (Figure 3). This strategy has already been described in WT mice (Hodges and Richerson, 2008; Hodges et al., 2008), but only during wakefulness, with no available data during sleep. Moreover, no data on breathing adaptive response to $T°_a$ changes have been reported, so far, in narcoleptic KO-ORX mice lacking orexin peptides.

In our experiments, KO-ORX mice did not exhibit a higher sleep apnea occurrence rate compared with WT controls (Figure 4, Table 2). Thus, our data challenge the view that the loss of orexin peptides is sufficient to increase sleep apnea rate in mice (Nakamura et al., 2007), but they are in broad agreement with recent findings on pediatric children with narcolepsy type 1 (Filardi et al., 2019). Stress related to chronic instrumentation in previous reports (Nakamura et al., 2007), compared to our own experiments on intact mice, might contribute to explain mouse differences, since the occurrence rate of sleep apneas increases with corticosterone levels (Ren et al., 2012).

A new and interesting finding of our study is that NREMS apneas were less frequent in conditions of mild cold exposure ($T°_a$ = 20 °C) than at thermoneutrality ($T°_a$ = 30 °C) (Figure 4). This was an unexpected but robust finding since it was observed both in KO-ORX and WT mice and it concerned both post-sigh and spontaneous sleep apneas (Table 2). It is worth noting that this phenomenon is related to a specific interaction between thermoregulatory responses and NREMS state. Indeed, while we observed similar $T°_a$-dependent increases in the mean value and in the variability of VP during

both NREMS and REMS (Figure 3 and Figure 5), the $T°_a$-dependent increase in sleep apnea occurrence rate was restricted to NREMS (Figure 4 and Table 2). This finding is also of practical interest, as it highlights the critical importance of controlling for $T°_a$ when phenotyping mice for sleep apneas, similarly to what has long been recommended when phenotyping mice for cardiovascular variables (Swoap et al., 2004).

Congenital loss of orexin peptides in KO-ORX mice may lead to developmental compensation. However, at least the behavioural phenotype (Chemelli et al., 1999) and the sleep-related blood pressure control (Bastianini et al., 2011b) of KO-ORX mice are strikingly resembling of those in patients with narcolepsy type 1, who have a near-complete loss of orexin neurons (Berteotti and Silvani, 2018). Our conclusion that orexin peptides are not necessary for most aspects of breathing control as a function of $T°_a$, with the notable exception of sigh occurrence rate, would therefore not be trivial if confirmed. On the other hand, the physiological effects of orexin peptides result from binding to two orexin receptors. Importantly, orexin peptides may exert different effects depending on the orexin receptor type (cf eg (Kakizaki et al., 2019; Willie et al., 2003). Thus, our conclusion is compatible with contrasting effects of activation of the two orexin receptor types on breathing as a function of $T°_a$, and does not imply that orexins have no effect at all on breathing. To make that implication, it would be necessary to perform pharmacological studies targeting orexin action on each of the two orexin receptors.

Our study has a few limitations. We studied male mice to facilitate comparison with previous work on breathing in KO-ORX mice, which also was performed on male mice only (Nakamura et al., 2003; Nakamura et al., 2007). Nevertheless, the fact that we did not include female mice in the study is a limitation of our work. We have not measured the thermoneutral zone of the particular mice under study, and we are not aware of previous data published particularly on KO-ORX mice. For reference, the thermoneutral zone for C57BL/6J mice at approximatively 3 months of age lies between 29°C and 31°C (Ganeshan and Chawla, 2017). Our sample size (n = 8/9 per group) compares favourably with that of previous work on sleep apneas in KO-ORX mice (Nakamura et al., 2007; n = 5 per group).

Nevertheless, we did not perform a statistical power analysis to estimate our type II statistical error rate.

In conclusion, our findings do not support a role of the orexin peptides in the temperature-dependent modulation of respiratory regulation in different sleep states. Orexin peptides only modulated the sigh occurrence rate during NREMS. On the other hand, the occurrence of sleep apneas critically depends on $T°_a$, being exacerbated at thermoneutrality and reduced by mild cold exposure, without any significant effect of the lack of orexin peptides.

LIST OF ABBREVIATIONS

ATX3-ORX = ataxin3-orexin

Δsigh = difference between sigh occurrence rate at $T°_a$ = 20°C and that at $T°_a$ = 30°C

KO-ORX = orexin knockout

MV = minute ventilation

NREMS = non-rapid-eye-movement sleep

REMS = rapid-eye-movement sleep

SD_1 = short-term breath-to-breath (VP or TV) variability

SD_2 = long-term breath-to-breath (VP or TV) variability

$T°_a$ = ambient temperature

TV = tidal volume

VP = ventilatory period

WBP = whole-body plethysmography

WT = wild-type

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COMPETING INTERESTS

No competing interests declared

AUTHOR CONTRIBUTIONS

Conceptualization and methodology: AS, GZ. Investigation and Formal analysis: CB, VLM, SA, SB, GM Immunohistochemistry analysis: CB, VLM. Analysis and interpretation of data for the work: CB, SB. Writing – original draft preparation and Visualization: CB, VLM. Writing – review and editing: SB, GM, SA, AS, GZ. Supervision: GZ. All authors approved the final version of the manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All persons designated as authors qualify for authorship, and all those who qualify for authorship are listed.

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TABLES

Table 1. Wake-sleep architecture as a function of ambient temperature in orexin knock-out and wild-type mice

State	Measure	WT		KO-ORX	
		T°$_a$ **20 °C**	T°$_a$ **30 °C**	T°$_a$ **20 °C**	T°$_a$ **30 °C**
Wakefulness	% of recording time	48.4 ± 1.8	54.5 ± 3.1	48.9 ± 2.9	51.4 ± 4.6
	Mean episode duration (s) *	410 ± 22	446 ± 62	301 ± 28	338 ± 33
NREMS	% of recording time	47.3 ± 1.5	40.8 ± 2.7	47.1 ± 2.7	44.2 ± 4.1
	Mean episode duration (s) *	206 ± 11	220 ± 17	166 ± 10	188 ± 17
REMS	% of recording time	4.1 ± 0.3	4.6 ± 0.6	3.8 ± 0.3	4.3 ± 0.6
	Mean episode duration (s)	126 ± 8	133 ± 22	100 ± 3	117 ± 11
	Latency (s) *	414 ± 45	390 ± 23	188 ± 22	275 ± 38

Percentage of recording time and mean episode duration of wakefulness, non-rapid-eye-movements sleep (NREMS) and rapid-eye-movement sleep (REMS) of orexin-knockout (KO-ORX) and wild-type (WT) mice exposed to different values of ambient temperature (T°$_a$). REMS latency, time from sleep onset to the first epoch of REMS. *, main effect of genotype, $P < 0.05$, ANOVA.

Table 2. Non-rapid-eye-movement sleep apnea subtypes as a function of ambient temperature in orexin knockout and wild-type mice

State	Measure	WT		KO-ORX	
		$T°_a$ **20 °C**	$T°_a$ **30 °C**	$T°_a$ **20 °C**	$T°_a$ **30 °C**
NREMS	Post-sigh apneas (episodes/h) #	0.8 ± 0.3	3.8 ± 0.8	0.5 ± 0.3	5.3 ± 1.0
	Spontaneous apneas (episodes/h) #	1.1 ± 0.4	3.3 ± 0.8	0.8 ± 0.2	5.1 ± 2.5

Occurrence rate of post-sigh and spontaneous apneas during non-rapid-eye-movement sleep (NREMS) in orexin-knockout (KO-ORX) and wild-type (WT) mice exposed to different values of ambient temperature ($T°_a$). Sleep apneas were classified as post-sigh if they followed a sigh by ≤ 8s or as spontaneous if they followed a sigh by > 8s. ANOVA showed no significant main effect of mouse genotype on any of these variables, whereas it showed a significant main effect of $T°_a$ ($F_{1,15}$ = 31.198, $P < 0.001$; $F_{1,15}$ = 5.135, $P = 0.039$) on post-sigh and spontaneous apneas, respectively (#).

Figures

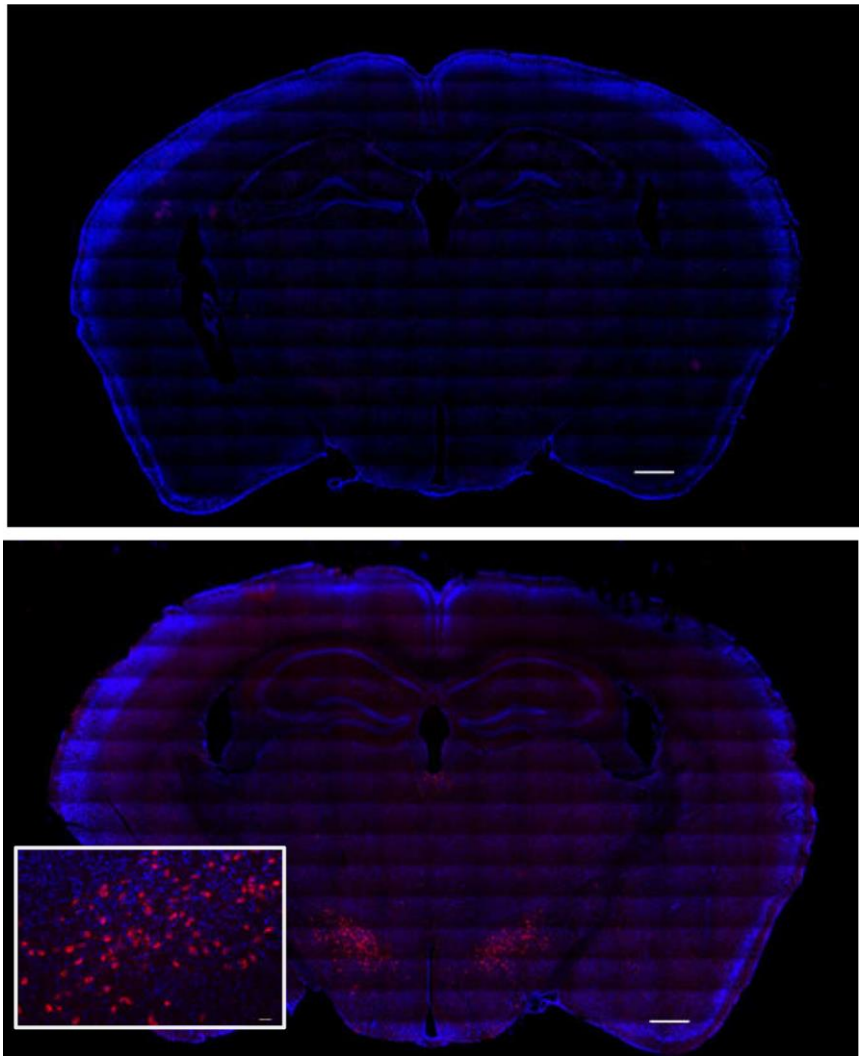

Figure 1. Orexin A immunostaining in orexin knockout and control mice.

Representative sections of orexin A immunostaining (red) with Hoechst nuclear counterstaining (blue) in orexin knockout (KO-ORX, top) and control wild-type (bottom, with higher magnification in inset) mice. Cells with red nucleus are Orexin A + cells, which are altogether lacking in KO-ORX mice, and cells with blue nucleus are Hoechst-stained cells.

Scale bars = 500 μm (lower magnification) and 50 μm (higher magnification).

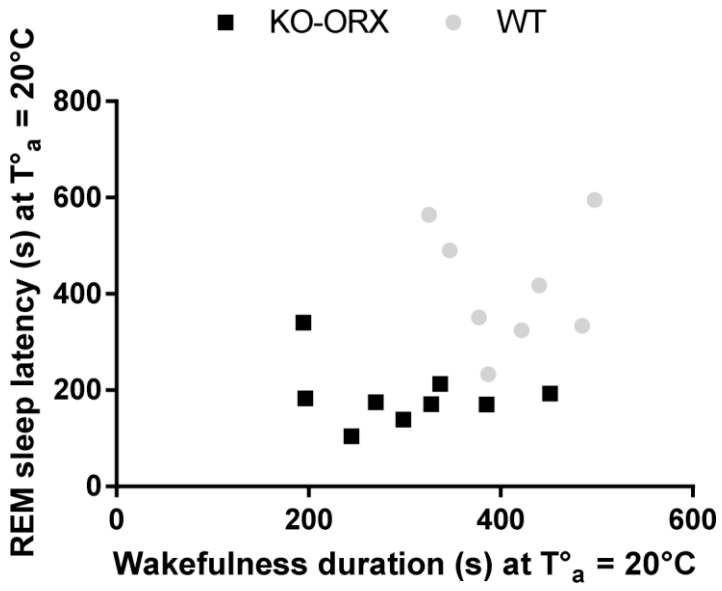

Figure 2. Narcoleptic phenotype in orexin knockout mice.

The graph shows rapid-eye-movement (REM) sleep latency and wakefulness episode mean duration (both at 20 °C of ambient temperature, $T°_a$) for each individual orexin-knockout (KO-ORX, n = 9, black dots) and wild-type (WT, n = 8, grey dots) mouse under study. As expected, KO-ORX mice exhibited a clear narcoleptic phenotype with significantly shorter REM sleep latency and inability to sustain long wakefulness bouts, constituting a cluster clearly distinct from that of WT mice.

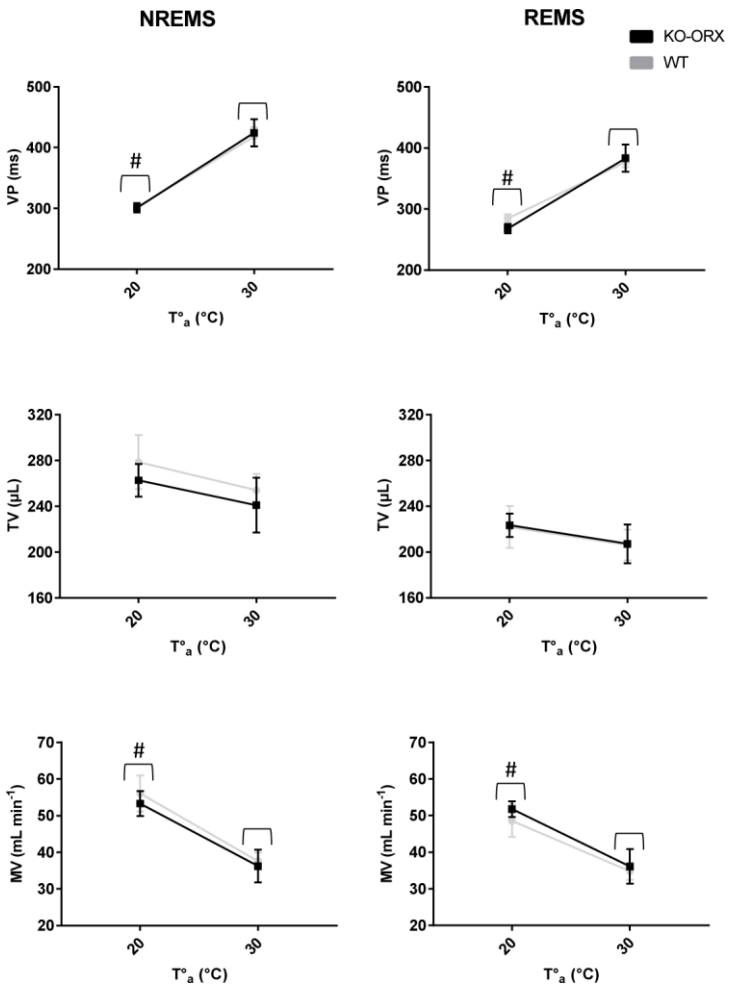

Figure 3. Breathing phenotype in mice exposed to different ambient temperature.

Breathing variables (from top to bottom: ventilatory period, VP; tidal volume, TV, minute ventilation, MV) of orexin-knockout (KO-ORX, n = 9, black dots) and wild-type (WT, n = 8, grey dots) mice during non-rapid-eye-movements sleep (NREMS) and rapid-eye-movement sleep (REMS) at different values of ambient temperature ($T°_a$) . #, significant main effect of $T°_a$ ($P < 0.05$, ANOVA).

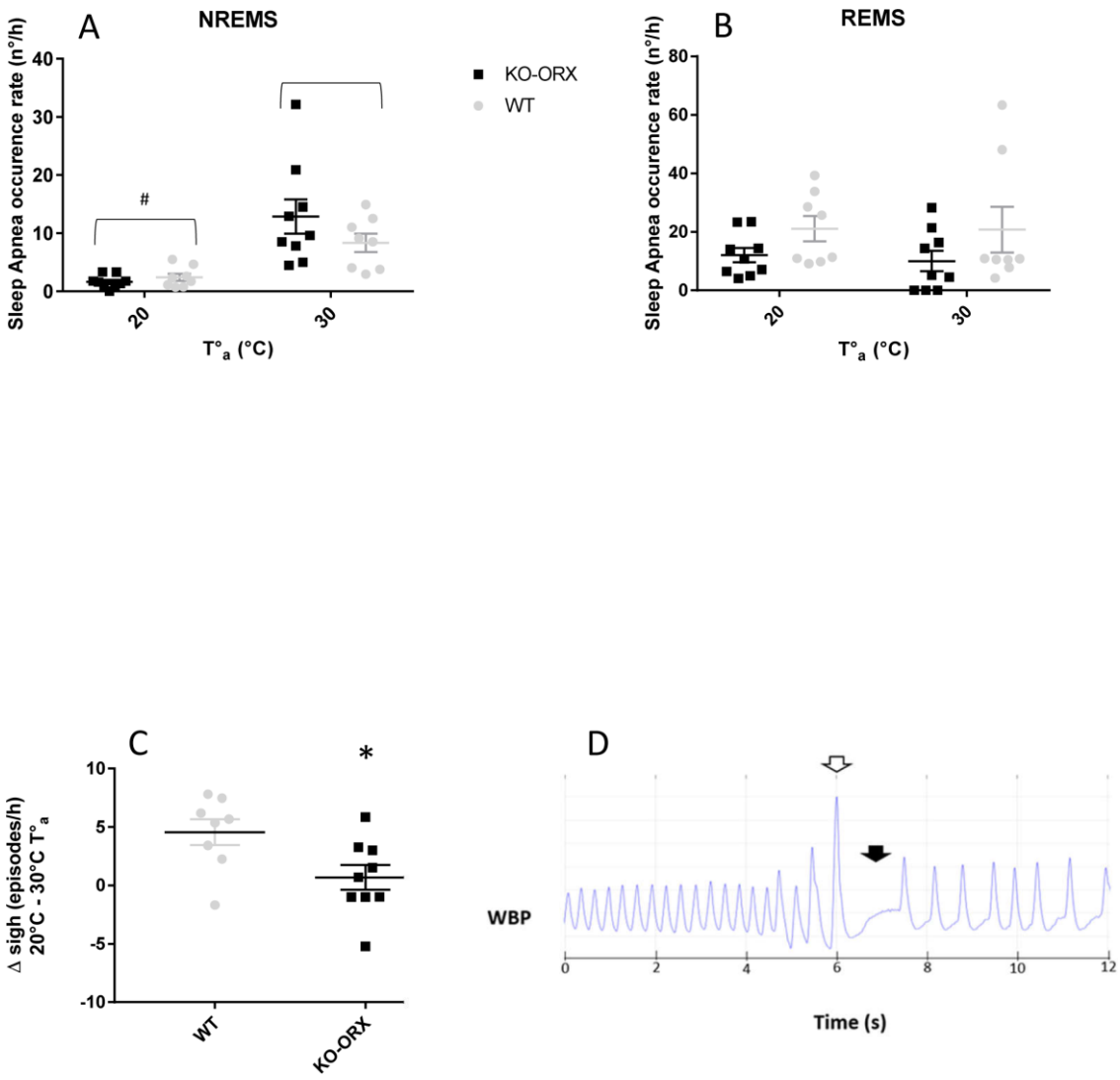

Figure 4. Temperature-dependent regulation of sleep apneas and of augmented breaths

Panel A and B show apnea occurrence rate during non-rapid-eye-movements sleep (NREMS) and rapid-eye-movement sleep (REMS) in orexin-knockout (KO-ORX, n = 9, black bars) and wild-type (WT, n = 8, grey bars) mice exposed to different values of ambient temperature ($T°_a$). #, indicates significant main effect of $T°_a$ ($P < 0.05$, ANOVA).

Panel C shows augmented breath (sigh) occurrence rate differences between $T°_a$ = 20°C and $T°_a$ = 30°C during NREMS in KO-ORX and WT mice. *, $P < 0.05$ vs. WT, independent t-test.

Panel D shows a raw tracing of the whole-body plethysmography (WBP) signal of one KO-ORX mouse during NREMS at $T°_a$ = 20°C. The black arrow indicates a sleep apnea. The white arrow indicates a sigh.

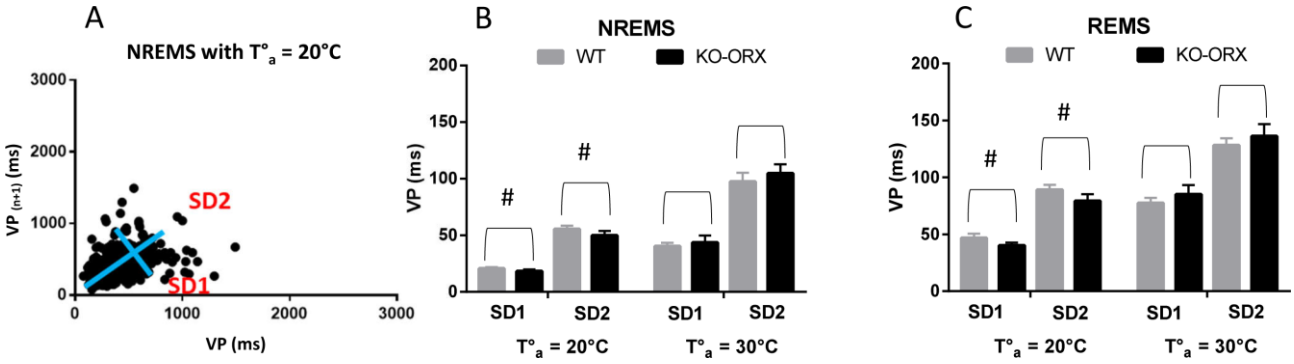

Figure 5. Variability of ventilatory period during sleep.

Panel A shows representative Poincaré plots of ventilatory period (VP) of each breath (n) versus the following breath (n+1) during non-rapid-eye-movements sleep (NREMS) in a representative orexin-knockout (KO-ORX) mouse recorded at ambient temperature ($T°_a$) of 20 °C. Panels B and C show the values (mean ± S.E.M) of indexes of the short-term (SD_1) and long-term (SD_2) variability of VP, which quantify variability along the axes highlighted graphically in panel A, for NREM sleep and REM sleep, respectively. WT, n = 8; KO-ORX, n = 9. #, significant main effect of $T°_a$ ($P < 0.05$, ANOVA).

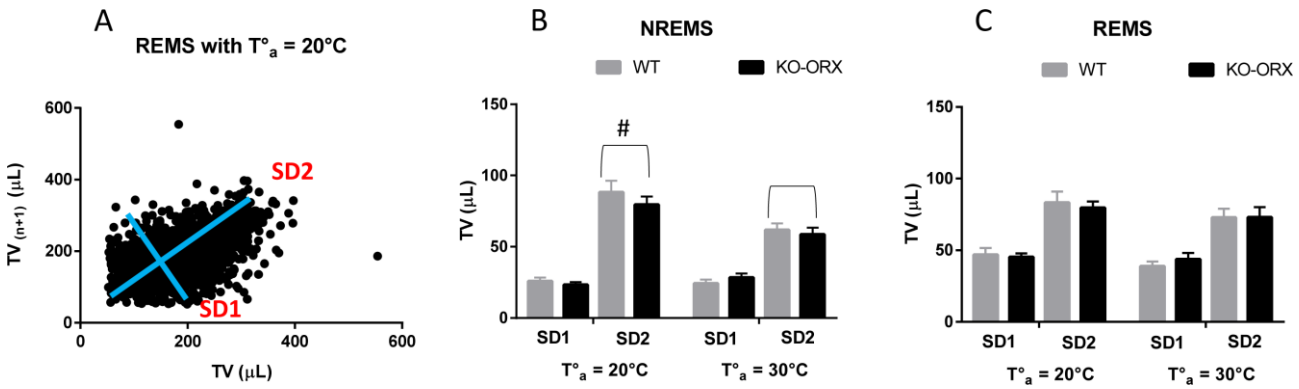

Figure 6. Variability of tidal volume during sleep.

Panel A, shows representative Poincaré plots of tidal volume (TV) of each breath (n) versus the following breath (n+1) during rapid-eye-movements sleep (REMS) in a representative orexin-knockout (KO-ORX) mouse recorded at ambient temperature ($T°_a$) of 20 °C. Panels B and C show the values (mean ± S.E.M) of indexes of the short-term (SD_1) and long-term (SD_2) variability of TV, which quantify variability along the axes highlighted in panel A, for NREM sleep and REM sleep, respectively. WT, n = 8; KO-ORX, n = 9. #, significant main effect of $T°_a$ ($P < 0.05$, ANOVA).