

1 NK1-receptor expressing paraventricular nucleus neurones modulate daily variation in heart rate  
2 and stress induced changes in heart rate variability.

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6

7 **Running title:** NK1-expressing PVN neurones involved in cardiovascular control

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12 **Subject area:** Cardiovascular control

13

14 **New findings**

15 • **What is the central question of this study?**

16 There is a substance P dependent pathway projecting from the PVN to the spinal cord;  
17 associated with cardiovascular control. Do these NK1-receptor expressing neurones  
18 influence the cardiovascular system and are they involved in the cardiovascular response to  
19 stress?

20 • **What is the main finding and its importance?**

21 HRV analysis showed increases in LF/HF ratio in response to psychological stress, consistent  
22 with an increase in sympathetic activity. Lesioning NK1-receptor expressing neurones in the  
23 PVN abolished this response and resulted in a 3 hour shift in the daily variation of heart rate.  
24 This shows for the first time the importance of NK1-receptor expressing neurones in the PVN  
25 in cardiovascular control.

26 **Abstract**

27 The paraventricular nucleus of the hypothalamus (PVN) is an established centre of cardiovascular  
28 control, receiving projections from other nuclei of the hypothalamus such as the dorsomedial  
29 hypothalamus and the suprachiasmatic nucleus. The PVN contains a population of “pre-autonomic  
30 neurones” which project to the intermediolateralis of the spinal cord and increase sympathetic  
31 activity, blood pressure and heart rate. These spinally projecting neurones express a number of  
32 membrane receptors including GABA and substance P NK1 receptors. Activation of NK1 expressing  
33 neurones increases heart rate, blood pressure and sympathetic activity. However, their role in the  
34 pattern of overall of cardiovascular control remains unknown. In this work we use specific saporin  
35 lesion of NK1 expressing PVN rat neurones with SSP-SAP and telemetrically measure resting heart  
36 rate and heart rate variability (HRV) parameters in response to mild psychological stress. The HRV  
37 parameter “low frequency/high frequency ratio” is often used as an indicator of sympathetic activity

38 and is significantly increased with psychological stress in control rats ( $0.84 \pm 0.14$  to  $2.02 \pm 0.15$ ;  
39  $p < 0.001$ ;  $n = 3$ ). We find the stress induced increase in this parameter to be blunted in the SSP-SAP  
40 lesioned rats ( $0.83 \pm 0.09$  to  $0.93 \pm 0.21$ ;  $p > 0.05$ ;  $n = 3$ ). We also find a shift in daily variation of heart  
41 rate rhythm and conclude that NK1 expressing PVN neurones are involved with coupling of the  
42 cardiovascular system to daily heart rate variation and the sympathetic response to psychological  
43 stress.

44

## 45 Introduction

46 A population of paraventricular nucleus (PVN) hypothalamic parvocellular neurones projects  
47 directly to sympathetic control “centres” of the medulla and spinal cord (Pyner & Coote, 2000) and  
48 modulates heart rate (HR) and blood pressure (BP) (Coote, 2007). The activity of these neurones  
49 becomes elevated in heart failure as their tonic inhibitory GABA-ergic input becomes reduced  
50 (Pyner, 2014). Although this pathway is therefore of huge importance to cardiovascular medicine,  
51 there is no consensus as to its specific role in cardiovascular control. Theories to date include  
52 mediation of the cardiovascular response to stress, control of blood volume and circadian changes in  
53 HR. In our previous work we have shown that these neurones can be controlled by tachykinin  
54 neuropeptides (Womack *et al.*, 2007). In this work we report the effect of selective lesion of PVN  
55 neurokinin 1 (NK1) receptor expressing neurones on heart rate and heart rate response to  
56 psychological stress in rats.

57 A number of neurotransmitters and modulators are known to act on spinally projecting neurones,  
58 including GABA, glutamate, nitric oxide and adenosine (Pyner, 2009; Nunn *et al.*, 2011; Affleck *et al.*,  
59 2012). However, recent focus has been on the tachykinin family of neuropeptides (including  
60 substance P, SP), since evidence suggests that the tachykinins (including SP), especially NK1 receptor  
61 activating ligands (Culman & Unger, 1995; Culman *et al.*, 2010; Tauer *et al.*, 2012), are important for  
62 the central control of mean arterial blood pressure (Culman & Unger, 1995; Culman *et al.*, 2010). In  
63 our own recent work we characterised, *in vitro*, an SP dependent pathway linking the PVN to  
64 another important cardiovascular control centre in the hypothalamus; the dorsomedial  
65 hypothalamus (DMH) (Womack & Barrett-Jolley, 2007), and an associated SP activated  
66 (sympathostimulatory) pathway projecting from the PVN to the intermediolateral spinal cord  
67 (Womack *et al.*, 2007).

68 The PVN has been known to be a site for integration of the hormonal response to stress (Herman &  
69 Cullinan, 1997) for some time, and it was recently confirmed that a proportion of the noxious stress  
70 response (subcutaneous formalin) was sensitive to intracerebroventricular (ICV) application of a  
71 selective NK1 and NK2 antagonist (Culman *et al.*, 2010). Furthermore, psychological stress (using  
72 elevated plus maze test) is markedly reduced in rats given ICV injection of a selective NK1 receptor  
73 antagonist. In the same study stress-induced c-Fos expression within the PVN is lower after  
74 pharmacological blockade of the NK1 receptor (Ebner *et al.*, 2008). Reduced c-Fos expression in the  
75 PVN is also seen in NK1R<sup>-/-</sup> mice subjected to same stressor (Santarelli *et al.*, 2002). Levels of the  
76 stress hormone cortisol are decrease compared to their wild-type counterparts as a result of this  
77 stress test (Santarelli *et al.*, 2001). However, the theory that the PVN is generally important for the  
78 cardiovascular response to stress (Dayas *et al.*, 2004) remains controversial. For whilst stimulation  
79 of the PVN modifies BP and HR (Kannan *et al.*, 1989; Martin *et al.*, 1991; Martin *et al.*, 1993; Duan *et*  
80 *al.*, 1997; Schlenker *et al.*, 2001); others maintain that the PVN is not involved with the  
81 cardiovascular response to stress itself (Stotz-Potter *et al.*, 1996; Fontes *et al.*, 2001; DiMicco *et al.*,  
82 2002). One possible explanation for this is that since “stress” is a term which describes a wide range  
83 of physiological and psychological stimuli, certain forms of stress (such as subcutaneous formalin,  
84 (Culman *et al.*, 2010)) may activate tachykinin-mediated PVN responses, whereas others do not. It is  
85 also possible that tachykininergic spinally projecting neurones may mediate other facets of  
86 cardiovascular control. For example, PVN “pre-sympathetic” neurones have been implicated  
87 circadian control of BP (Cui *et al.*, 2001).

88 In this work we use a specific saporin lesion of NK1 expressing PVN rat neurones with substance P-  
89 saporin (SSP-SAP) and measure resting heart rate and heart rate variability (HRV) parameters in  
90 response to mild psychological stress. We detected no change in overall daytime heart rate, or in  
91 heart rate response to stress, but we find changes in daily heart rate rhythm and HRV response to  
92 psychological stress. The HRV parameter “low frequency to high frequency ratio (LF/HF)” is often

93 used as an indicator of sympathetic activity and significantly increased with psychological stress. We  
94 find the stress induced increase in this parameter to be blunted in the SSP-SAP lesion rats. We  
95 conclude that NK1 expressing PVN neurones are involved with both the coupling of the  
96 cardiovascular system to daily variations in heart rate and the sympathetic response to psychological  
97 stress.

98

99 **Methods**

100 *Ethical approval*

101 All animal work was carried out in accordance with the UK Animals (Scientific Procedures) Act 1986  
102 under a Home Office Licence. All surgery was performed under general anaesthesia as described in  
103 detail below.

104 *Animals*

105 All procedures were performed on young adult male Wistar rats (200-400g; n=6). Rats were  
106 maintained in the animal facility of the University of Liverpool on a 12-12 hour light-dark cycle. All  
107 animals had unlimited access to water and standard chow diet.

108 *Immunofluorescence*

109 Rats were terminally anaesthetised by intraperitoneal injection of Pentobarbitone (Pentoject,  
110 Animalcare, York, UK; 60 mg kg<sup>-1</sup>) and perfused transcardially with 4% paraformaldehyde in PBS.  
111 Tissues were then removed and dehydrated with 30% sucrose in PBS overnight at 4°C and 14 µm  
112 coronal cryostat sections prepared (Leica, UK). Immunofluorescence was performed using the  
113 primary antibody anti-rabbit Neurokinin-1 receptor (1:500; Abcam, UK) combined with the  
114 secondary antibody donkey anti-rabbit Dylight 594 (1:2000; Abcam, UK), and finally DAPI nuclei  
115 staining (0.1 µg/ml; Invitrogen). Cell counts were performed and efficacy of lesion was confirmed to  
116 be 100%.

117 *Paraventricular nucleus of the hypothalamus - targeted injections of SSP-SAP*

118 Specific lesions of the entire PVN were performed by injection of the cytotoxic Substance P-saporin  
119 (SSP-SAP) (0.04 mg/ml; Advanced Targeting Systems, San Diego, USA); a conjugation of saporin and

120 SSP, the Sar<sup>9</sup>, Met(O<sub>2</sub>)<sup>11</sup> analog of Substance P, shown to be selective in many studies (Khasabov &  
121 Simone, 2013; Talman & Lin, 2013).

122 Prior to surgery adult male Wistar rats (n=6; 200-400g) were put under isoflurane gas anaesthesia  
123 (4% v/v induction; 2% v/v maintenance) surgery was performed under aseptic conditions. Pre-  
124 operative subcutaneous injections of the analgesic buprenorphine (Temgesic, 1.5 mg/kg; Reckitt  
125 Benckiser, Slough, UK), the antibiotic enrofloxacin (Baytril, 0.2 ml/kg; Bayer AG, Leverkusen,  
126 Germany) and the anti-inflammatory meloxicam (Metacam, 100 µg/kg; Boehringer Ingelheim,  
127 Germany) were given. 50 nl SSP-SAP (n=3) or 50 nl PBS (control; n=3) were injected unilaterally in  
128 the right hand side gradually over a few minutes via a 5µl Hamilton syringe at previously defined  
129 PVN coordinates (1.8mm caudal, 1.8mm lateral, 9.2mm vertical at an angle of 10°). These injections  
130 sites were based on the rat atlas and adjusted according to the size of the rat, site specificity was  
131 confirmed using immunofluorescence and dye injections (Figure 1) (Paxinos & Watson, 1986). The  
132 Hamilton syringe was left in the injection site for 5-10 minutes to avoid residual solution moving up  
133 the track from the syringe as much as possible.

#### 134 *Telemetry surgery, recording and mild stress handling*

135 During lesion surgery electrocardiogram transmitters (ETA-F20; Data Sciences International, St Paul,  
136 MN, USA) were also implanted subcutaneously into rats under isoflurane gas anaesthesia. The rats  
137 were monitored postoperatively, and were allowed at least 7 days of recovery before any further  
138 procedures began. This recovery period was found to be sufficient for the re-establishment of  
139 normal HR patterns (Thireau *et al.*, 2008) and for the lesion to take effect. Rats were housed  
140 individually over receiver pads (Data Sciences International) and ECG recorded continuously. The  
141 ECG signal was digitized to a PC with a CED Micro1401 using Spike2 at 5 kHz. Heart rate was  
142 annotated using a custom program. Mild stress was induced by handling of the rats (Balcombe *et al.*,  
143 2004) a few days after recording began.



144 *HRV analysis*

145 Heart rate variability analysis was performed using the Kubios HRV program (Niskanen *et al.*, 2004).  
146 For power spectrum analysis, HR was resampled at 20Hz, and 3 min sections of clean and stable HR  
147 were analysed by fast Fourier transform using Welch's periodogram with 50% overlapping windows  
148 of 32 s. Low-frequency (LF) and high-frequency (HF) bandings were 0.15–1.0 and 1.0–5.0Hz,  
149 respectively (previously verified by (Nunn *et al.*, 2013))

150 *Statistics*

151 Data was analysed by one-way ANOVA unless otherwise stated (Minitab). All data are presented as  
152 means  $\pm$  SEM. Power equations: we assumed a 6% SD of heart rate (Nunn *et al* 2013) and effect size  
153 20%. A statistical power of 80% ( $\alpha= 0.05$ ) required two groups of 3 animals.

154

155 **Results**

156 *Efficacy of Lesion*

157 To confirm the action of the SSP-SAP lesion and the coordinates we have derived based on the  
158 stereotaxic rat atlas (Paxinos & Watson, 1986) we used immunofluorescence of the NK1 receptor on  
159 the PVN. As the lesion was unilateral the side which remained intact was used as a positive control.  
160 Figure 1A shows the intact side of the PVN, red staining indicates NK1-receptor staining, DAPI  
161 nuclear staining is blue. Figure 1B clearly shows the SSP-SAP lesioned side of the PVN; the lesion  
162 resulting in an absence of red NK1 receptor staining.

163 *Effects of PVN NK1 lesion on 24hr heart rate*

164 ECG was obtained in freely moving conscious rats using subcutaneous implantation of telemetric  
165 transmitters, and heart rate data was derived using a custom program. Daily variation in heart rate  
166 was plotted as average per 4 hours. Both control and lesioned animals showed increased heart rate  
167 at night compared to during the day (Figure 2); from  $387 \pm 6$  to  $423 \pm 5$  beats  $\text{min}^{-1}$  in control  
168 ( $p < 0.001$  by one way ANOVA;  $n = 3$  per group) and  $399 \pm 6$  to  $436 \pm 5$  beats  $\text{min}^{-1}$  in lesioned rats  
169 ( $p < 0.001$  by one way ANOVA;  $n = 3$  per group).

170 This data was fit with a standard sigmoidal waveform:

$$amp \times \sin(2\pi ft + \varphi) + base$$

171 Where *amp* is the amplitude in bpm (i.e., the difference between maximum night time and  
172 minimum day time heart rate), *f* is the frequency in  $\text{hr}^{-1}$  (defined as  $1/24$ ),  $\varphi$  is the phase in radians  
173 and base is the baseline heart rate. There was a significant shift in the heart rate phase from  $3.28 \pm$   
174  $0.16$  to  $4.49 \pm 0.20$  radians ( $p < 0.05$  Student's paired *t*-test Figure 2B); equivalent to a 3 hr shift in the  
175 cycle.

176 *Effect of lesion on cardiovascular response to psychological stress*

177 To determine the effect of mild psychological stress on cardiovascular parameters of NK1 receptor  
178 PVN lesioned rats, the animals were subjected to mild handling stress. Activity as little as moving a  
179 cage has been shown to increase heart rate and levels of the stress hormone corticosterone in the  
180 plasma of rats (Seggie & Brown, 1975). Upon handling stress heart rate was seen to significantly  
181 increase in a similar fashion in both control and lesioned rats (Figure 3A, 3B, 3C and 3D);  $345 \pm 2$   
182  $\text{beats min}^{-1}$  to  $414 \pm 5 \text{ beats min}^{-1}$  in control ( $p < 0.001$  by one way ANOVA;  $n=3$  per group) and  $354 \pm$   
183  $3 \text{ beats min}^{-1}$  to  $396 \pm 11 \text{ beats min}^{-1}$  in lesioned rats ( $p < 0.05$  by one way ANOVA;  $n=3$  per group).  
184 No significant difference in heart rate response to stress between the two groups was observed  
185 (Figure 3D).

186 HRV analysis was performed on ECG recordings, as HRV is an indication of autonomic balance. The LF  
187 to HF ratio (LF/HF) in particular, is a useful indicator of sympathetic *versus* parasympathetic balance.  
188 Using power spectra analysis LF/HF was determined using previously validated frequency banding  
189 (Nunn *et al.*, 2013) (Figure 4A and 4B). LF/HF was significantly increased in control rats from  $0.84 \pm$   
190  $0.14$  to  $2.02 \pm 0.15$  (Figure 4C and 4D;  $p < 0.05$  by one way ANOVA;  $n=3$  per group); indicating an  
191 increase in sympathetic activity. This response was ablated in the SSP-SAP lesioned rats (Figure 4C  
192 and 4D;  $p > 0.05$  by one way ANOVA;  $n=3$  per group), suggesting a reduction in sympathetic drive due  
193 to a loss of the NK1 expressing neurones.

194

195 **Discussion**

196 In this work, we show for the first time that PVN NK1 expressing neurones are involved with the  
197 daily variation of heart rate and also the sympathetic component of the response to mild  
198 psychological stress. Interestingly, the changes observed occurred after only unilateral lesion of the  
199 NK1 receptor-expressing neurones of the PVN. One may have expected compensation from the  
200 intact side to have nullified the effects of unilateral lesion. Two clear possibilities are (i) That the  
201 lesioning agent spread to the other side, however, this does not seem to be the case. In addition to  
202 sham controls, the unilateral lesion protocol allows the intact side to act as a control for the treated  
203 side, in terms of NK1 neurone ablation. We found that NK1 neurones were still present in the  
204 untreated side. An alternative hypothesis (ii) is that the effect would indeed have been much  
205 greater if both sides had been treated. For the present experiments, we treated one side only,  
206 partly so the intact side could act as an immunofluorescent control for the treated side (above) and  
207 partly because we were unsure as to what effect this treatment would have on the animals.  
208 Bilateral lesion may be a useful protocol to explore in future investigations of the role of NK1  
209 receptors in the PVN.

210 A number of studies show conclusively that the PVN is important to cardiovascular control (Badoer  
211 *et al.*, 2002; Coote, 2005; Ramchandra *et al.*, 2013) and although others show the PVN to be central  
212 to the HPA component of the stress response (Herman & Cullinan, 1997; Herman *et al.*, 2002;  
213 Tavares *et al.*, 2009), the evidence that the PVN is directly involved in the sympathetic and  
214 cardiovascular stress response is less strong. Our own previous work shows that the spinally  
215 projecting “pre-autonomic” sympathetic PVN neurones express SP receptors and that these  
216 modulate the cardiovascular system (Womack *et al.*, 2007). Their mechanism of action is quite  
217 complex. SP interacts with the resting (tonic) inhibition of spinally projecting neurones by GABA  
218 (Womack *et al.*, 2007). This scheme involves change of the kinetic properties of spinally projecting

219 neurone GABAA receptors and is thus, presumably allosteric. Furthermore this cross-talk is PKC  
220 dependent (Yamada & Akasu, 1996).

221 One of the first studies to investigate the role of SP in cardiovascular response to stress used a  
222 combination of global NK1 knock-out and a selective, but blood brain barrier crossing, antagonist  
223 (intravascular) in mice. Whilst there was a clear reduction in heart rate increase to a noxious  
224 stimulus, it was not possible to determine where the active NK1 receptors were. Elevated plus maze  
225 experiments also showed a marked decrease in the behavioural attributes of stress when rats were  
226 given a specific NK1 receptor antagonist via ICV injection (Ebner *et al.*, 2008). Whilst this does not  
227 identify the location of the relevant NK1 receptors, this stressor also resulted in reduced c-Fos  
228 expression within the PVN of those rats treated with the NK1 receptor antagonist, implicating PVN  
229 NK1 receptors. Recent work by (Culman *et al.*, 2010) has also shown that ICV injection of specific  
230 tachykinin antagonists reduces the cardiovascular (and hormonal) response to stress, again these  
231 receptors could be anywhere accessible to the ICV injection. However, to investigate this further  
232 (Culman *et al.*, 2010) analysed the c-Fos response of PVN neurones in response to stress with and  
233 without tachykinin antagonist. They found the c-Fos response of corticotropin-releasing factor  
234 expressing PVN neurones was blunted by the tachykinin antagonists. This combination of studies  
235 therefore shows that NK1 receptors are involved with the cardiovascular and behavioural responses  
236 to severe (noxious) and psychological stress, and that NK1 receptors mediate at least a component  
237 of the response of PVN neurones by stress. However, we have now added one of the final pieces of  
238 data to this story by showing that reduction of NK1 expressing PVN neurones (by SSP-SAP unilateral  
239 lesion) mediates two specific facets of the LF/HF response to mild psychological stress. This type of  
240 heart rate variability analysis is often used as a method for quantifying the autonomic influence on  
241 the cardiovascular system based on HR variation over time. These natural rhythms occur at different  
242 frequencies associated with the sympathetic and parasympathetic nervous system influences. HRV is  
243 therefore widely used as an accurate indicator of autonomic balance (Malpas, 2002; Baudrie *et al.*,

244 2007; Thireau *et al.*, 2008) and autonomic response to stress (Farah *et al.*, 2006). Although there is  
245 no direct HRV indicator of sympathetic activity, a number of studies, including our own (Nunn *et al.*,  
246 2013), have shown the LF/HR ratio is a valid measure of autonomic balance and therefore it is  
247 possible to infer changes in sympathetic activity using this parameter (Kato *et al.*, 2002; Nunn *et al.*,  
248 2013). In our previous study we methodically verified bandings for LF/HF boundaries and showed  
249 that atropine reduced the HF spectrum power and reserpine reduced the LF/HF ratio (Nunn *et al.*,  
250 2013). Furthermore, in a previous study we directly showed that sympathetic activity of  
251 anaesthetised rats was stimulated by substance p (Womack *et al.*, 2007) in anaesthetised rats. We  
252 are therefore confident that our observed reduction of LF/HF power in freely moving rats does  
253 indeed indicate a genuine reduction of sympathetic activity.

254 We also found that PVN NK1 neurones are also involved with setting the daily variation of the rats'  
255 heart rate. Since the rats were kept under a 12hr light/12 hour dark cycle regimen, this could involve  
256 a changed behavioural response to conditions or it could suggest the involvement of these neurones  
257 in setting circadian cycles. Further experiments under fixed light conditions would be necessary to  
258 confirm the inherent hypothalamic rhythmicity has been affected rather than response to light itself.  
259 However, spinally projecting neurones of the PVN are involved with circadian rhythm. This was first  
260 suggested by (Cui *et al.*, 2001) who showed that spinally projecting neurones received input from  
261 the suprachiasmatic nucleus; a key centre of the hypothalamus involved with circadian rhythm  
262 (Reppert & Weaver, 2002). Neurones in this area have cyclically changing membrane potentials  
263 which allow general changes in activity on a 24 hour rhythm (Belle *et al.*, 2009). Studies show that  
264 this is paralleled by changes in rodent heart rate (Nunn *et al.*, 2013) and we find this involves PVN  
265 NK1 neurones, since their lesion significantly alters the rhythm, shifting it by approximately 3hrs.  
266 This is potentially of huge medical relevance, since in humans, hypertension is strongly linked to  
267 sympathetic activity (Mancia & Grassi, 2014) and circadian variation in cardiovascular control is

268 strongly linked to a spate of heart attacks that occurs in the morning (Muller *et al.*, 1989; Spielberg  
269 *et al.*, 1996; Lefer, 2010).

270 Our current data therefore provides urgently required data to show as directly as possible that the  
271 stress induced in sympathetic activity does involve PVN NK1 receptors and raises the possibility that  
272 potentially, selective inhibition of spinally projecting neurones could be therapeutically useful for  
273 modulation of stress related heart disease.

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447 ***Competing interests***

448 The authors confirm there are no conflicts of interest.

449 ***Author contributions***

450 Both authors have made substantial intellectual contributions to the conception and design of the  
451 study, data acquisition, analysis and interpretation. RBJ conceived the study and designed the  
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453 and manuscript preparation and approved the final version submitted.

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458

459 **Figure Legends**

460 **Figure 1: Selective lesion of NK1 expressing neurones in rat PVN. (A) Unilateral injection with**  
461 **pontamine blue (1%). F=fornix. The dotted line indicates the approximate position of the PVN.**  
462 **Note that no dye crosses to the contralateral side. (B) Low magnification image of coronal section**  
463 **of PVN showing orientation using the 3<sup>rd</sup> ventricle. Intact side (left of the 3<sup>rd</sup> ventricle) and**  
464 **lesioned side (right of the 3<sup>rd</sup> ventricle), showing clear red staining for the NK1 receptor using the**  
465 **primary antibody anti-rabbit Neurokinin-1 receptor (1:500; Abcam, UK) combined with the**  
466 **secondary antibody donkey anti-rabbit Dylight 594 (1:2000; Abcam, UK) and blue DAPI nuclei**  
467 **staining (white arrows indicate staining). Scale bar is 100µm (C) Intact side of the PVN used as a**  
468 **positive control. Scale bar is 50µm (B) Lesioned side of the PVN from the same Wistar rat shows an**  
469 **absence of red NK1 receptor staining; blue DAPI nuclei staining remains. Scale bar is 50µm.**

470 **Figure 2: Daily variation in heart rate in SAP-SSP lesioned rats. (A) Circadian variation in heart rate**  
471 **was plotted as average heart rate per 4 hours in both control and SSP-SAP lesioned rats. This data**  
472 **was fit with a standard sigmoidal waveform and a significant shift in the circadian phase from  $3.28 \pm$**   
473  **$0.16$  to  $4.49 \pm 0.20$  radians was observed ( $p < 0.05$  Student's paired *t*-test). (B) Control and lesioned**  
474 **rats both show increased heart rate at night compared to during the day; from  $387 \pm 6$  to  $423 \pm 5$**   
475 **beats  $\text{min}^{-1}$  in control ( $n=3$ ;  $p < 0.001$  by one way ANOVA) and  $399 \pm 6$  to  $436 \pm 5$  beats  $\text{min}^{-1}$  in**  
476 **lesioned rats ( $n=3$ ;  $p < 0.001$  by one way ANOVA). No differences between the two groups were**  
477 **observed.**

478 **Figure 3: Heart rate response to stress in SAP-SSP lesioned rats. (A) Raw basal heart rate traces of**  
479 **control rats (i) before and (ii) after mild handling stress. (B) Raw basal heart rate traces of SSP-SAP**  
480 **rats (i) before and (ii) after mild handling stress. (C) Average heart rate per 5 minutes in both groups**  
481 **of rats. Arrow indicates time of mild handling stress. (D) Heart rate significantly increases both in**  
482 **control rats from  $345 \pm 2$  to  $414 \pm 5$  beats  $\text{min}^{-1}$  ( $n=3$  per group;  $p < 0.001$  by one way ANOVA) and in**

483 lesioned rats from  $354 \pm 3$  to  $396 \pm 11$  beats  $\text{min}^{-1}$  ( $p < 0.05$  by one way ANOVA;  $n=3$  per group). No  
484 difference in heart rate response to stress between the two groups was observed.

485 **Figure 4: LF/HF response to stress in SAP-SSP lesioned rats. (A)** Representative fast Fourier  
486 transform for control rats **(i)** before and **(ii)** after mild handling stress. **(B)** Representative fast Fourier  
487 transform for SSP-SAP rats **(i)** before and **(ii)** after mild handling stress. In control animals an increase  
488 in LF and decrease of HF power is seen as a result of stress. Both LF and HF are reduced in lesioned  
489 rats after stress. **(C)** Average LF/HF ratio per 5 minutes in both groups of rats. Arrow indicates time  
490 of mild handling stress. **(D)** LF/HF ratio significantly increases in control animals subjected to stress  
491 from  $0.84 \pm 0.14$  to  $2.02 \pm 0.15$  ( $n=3$  per group;  $p < 0.05$  by one way ANOVA). This response was  
492 abolished in SSP-SAP lesioned rats ( $n=3$  per group;  $p > 0.05$  by one way ANOVA).