WEBVTT

NOTE duration: "01:00:40.2880000"

NOTE language:en-us

NOTE Confidence: 0.88865805

 $00:00:00.000 \longrightarrow 00:00:02.040$ You did in order to receive

NOTE Confidence: 0.88865805

00:00:02.040 --> 00:00:03.400 CME credit for attendance,

NOTE Confidence: 0.88865805

 $00:00:03.400 \longrightarrow 00:00:05.745$ please see the chat room for instructions.

NOTE Confidence: 0.88865805

 $00{:}05{:}05{:}750 \dashrightarrow 00{:}00{:}08{:}470$ You can text the unique ID for this

NOTE Confidence: 0.88865805

 $00:00:08.470 \dashrightarrow 00:00:10.790$ conference any time between 1:45 and 3:15 PM,

NOTE Confidence: 0.88865805

 $00:00:10.790 \longrightarrow 00:00:12.470$ and if you're not already

NOTE Confidence: 0.88865805

00:00:12.470 --> 00:00:14.150 registered with the LC me,

NOTE Confidence: 0.88865805

 $00:00:14.150 \longrightarrow 00:00:16.495$ you will need to do that first.

NOTE Confidence: 0.88865805

 $00:00:16.500 \longrightarrow 00:00:18.180$ If you have any questions

NOTE Confidence: 0.88865805

00:00:18.180 --> 00:00:19.188 during the presentation,

NOTE Confidence: 0.88865805

00:00:19.190 --> 00:00:21.178 I encourage you to make use of

NOTE Confidence: 0.88865805

 $00{:}00{:}21.178 \dashrightarrow 00{:}00{:}23.241$ the chat room throughout the hour

NOTE Confidence: 0.88865805

 $00:00:23.241 \longrightarrow 00:00:25.527$ and we will either read those

NOTE Confidence: 0.88865805

00:00:25.527 --> 00:00:27.620 questions allowed at the end or

 $00:00:27.620 \longrightarrow 00:00:29.656$ invite you to unmute yourself at

NOTE Confidence: 0.88865805

 $00{:}00{:}29.656 \dashrightarrow 00{:}00{:}31.586$ the close of the presentation.

NOTE Confidence: 0.88865805

 $00:00:31.590 \longrightarrow 00:00:33.135$ Recorded versions of these lectures

NOTE Confidence: 0.88865805

00:00:33.135 --> 00:00:35.240 will be available on line within two

NOTE Confidence: 0.88865805

 $00:00:35.240 \longrightarrow 00:00:37.264$ weeks at the link provided in the chat.

NOTE Confidence: 0.88865805

00:00:37.270 --> 00:00:37.836 And finally,

NOTE Confidence: 0.88865805

 $00:00:37.836 \longrightarrow 00:00:39.534$ please feel free to share the

NOTE Confidence: 0.88865805

 $00:00:39.534 \longrightarrow 00:00:40.655$ announcements for our weekly

NOTE Confidence: 0.88865805

00:00:40.655 --> 00:00:41.905 lecture series to anyone else

NOTE Confidence: 0.88865805

 $00:00:41.905 \longrightarrow 00:00:43.230$ who might be interested,

NOTE Confidence: 0.88865805

00:00:43.230 --> 00:00:44.625 or contact Debbie Lovejoy to

NOTE Confidence: 0.88865805

00:00:44.625 --> 00:00:46.360 be added to our email list.

NOTE Confidence: 0.88865805

 $00{:}00{:}46.360 \dashrightarrow 00{:}00{:}48.528$ So with that I'm going to turn it

NOTE Confidence: 0.88865805

00:00:48.528 --> 00:00:51.088 over to Brian Minor who is going

NOTE Confidence: 0.88865805

 $00:00:51.088 \longrightarrow 00:00:53.038$ to be introducing today's speaker.

00:00:53.040 --> 00:00:54.528 OK, good afternoon everyone.

NOTE Confidence: 0.88865805

00:00:54.528 --> 00:00:56.760 When you first join the conference,

NOTE Confidence: 0.88865805

00:00:56.760 --> 00:00:58.284 you might have noticed,

NOTE Confidence: 0.88865805

 $00{:}00{:}58.284 \dashrightarrow 00{:}01{:}00.850$ but I'll just draw attention to it.

NOTE Confidence: 0.88865805

 $00:01:00.850 \longrightarrow 00:01:03.010$ Our next joint Yale Harvard Sleep

NOTE Confidence: 0.88865805

00:01:03.010 --> 00:01:05.319 Medicine Seminar will be on Wednesday,

NOTE Confidence: 0.88865805

00:01:05.320 --> 00:01:06.044 December 9th,

NOTE Confidence: 0.88865805

 $00:01:06.044 \longrightarrow 00:01:08.578$ same time 2:00 o'clock and the speaker

NOTE Confidence: 0.88865805

 $00{:}01{:}08.578 \dashrightarrow 00{:}01{:}11.268$ for that talk will be Janet Mollington,

NOTE Confidence: 0.88865805

 $00:01:11.270 \longrightarrow 00:01:13.130$ who's a professor in neurology

NOTE Confidence: 0.88865805

 $00{:}01{:}13.130 \dashrightarrow 00{:}01{:}14.618$ at Harvard Medical School,

NOTE Confidence: 0.88865805

 $00:01:14.620 \longrightarrow 00:01:17.154$ and she's going to be talking about

NOTE Confidence: 0.88865805

 $00:01:17.154 \longrightarrow 00:01:19.790$ the cost of insufficient sleep.

NOTE Confidence: 0.88865805

 $00:01:19.790 \longrightarrow 00:01:22.527$ So today it is my pleasure to

NOTE Confidence: 0.88865805

00:01:22.527 --> 00:01:24.210 introduce doctor Brendan Lucey,

NOTE Confidence: 0.88865805

 $00:01:24.210 \longrightarrow 00:01:26.926$ who has become a close colleague of

 $00:01:26.926 \longrightarrow 00:01:30.240$ mine in the field of sleep and aging.

NOTE Confidence: 0.88865805

 $00:01:30.240 \longrightarrow 00:01:31.784$ Doctor Lucy completed his

NOTE Confidence: 0.88865805

00:01:31.784 --> 00:01:33.714 undergraduate work at the University

NOTE Confidence: 0.88865805

 $00:01:33.714 \longrightarrow 00:01:35.468$ of Vermont in Burlington,

NOTE Confidence: 0.88865805

 $00{:}01{:}35.470 \dashrightarrow 00{:}01{:}38.179$ where he graduated summa cum Lau Dai

NOTE Confidence: 0.88865805

00:01:38.179 --> 00:01:40.688 before going on to Johns Hopkins,

NOTE Confidence: 0.88865805

 $00:01:40.690 \longrightarrow 00:01:43.876$ where he got his medical degree.

NOTE Confidence: 0.88865805

 $00:01:43.880 \longrightarrow 00:01:46.538$ This was followed by postgraduate training,

NOTE Confidence: 0.88865805

 $00:01:46.540 \longrightarrow 00:01:49.908$ first as a resident in neurology at the

NOTE Confidence: 0.88865805

 $00{:}01{:}49.908 \dashrightarrow 00{:}01{:}52.740$ Barnes Jewish hospital in Saint Louis.

NOTE Confidence: 0.88865805

 $00:01:52.740 \longrightarrow 00:01:55.212$ He did a fellowship in clinical

NOTE Confidence: 0.88865805

 $00:01:55.212 \longrightarrow 00:01:56.448$ neurophysiology at Brigham

NOTE Confidence: 0.88865805

00:01:56.448 --> 00:01:58.060 and Women's Hospital,

NOTE Confidence: 0.88865805

 $00{:}01{:}58.060 \dashrightarrow 00{:}02{:}01.126$ and he's also completed a Masters of

NOTE Confidence: 0.88865805

 $00:02:01.126 \longrightarrow 00:02:03.600$ Science and clinical investigation.

00:02:03.600 --> 00:02:05.136 After his postgraduate training,

NOTE Confidence: 0.88865805

 $00{:}02{:}05.136 --> 00{:}02{:}08.184$ he spent four years as chief of neurology

NOTE Confidence: 0.88865805

 $00:02:08.184 \longrightarrow 00:02:10.536$ on Nellis Air Force Base in Nevada,

NOTE Confidence: 0.88865805

 $00:02:10.540 \longrightarrow 00:02:13.300$ and he rose to the rank of major

NOTE Confidence: 0.88865805

 $00:02:13.300 \longrightarrow 00:02:16.208$ in the United States Air Force.

NOTE Confidence: 0.88865805

00:02:16.210 --> 00:02:18.632 And then he came back to Washington

NOTE Confidence: 0.88865805

00:02:18.632 --> 00:02:20.120 University in Saint Louis,

NOTE Confidence: 0.88865805

 $00{:}02{:}20.120 \dashrightarrow 00{:}02{:}22.885$ where he is now a tenured associate

NOTE Confidence: 0.88865805

 $00{:}02{:}22.885 \to 00{:}02{:}25.392$ professor of neurology and the director

NOTE Confidence: 0.88865805

00:02:25.392 --> 00:02:27.477 of their Sleep Medicine Section.

NOTE Confidence: 0.88865805

00:02:27.480 --> 00:02:29.600 With respect to his research,

NOTE Confidence: 0.88865805

00:02:29.600 --> 00:02:32.568 he's been well funded by the NIH,

NOTE Confidence: 0.88865805

00:02:32.570 --> 00:02:35.108 especially the National Institute on aging,

NOTE Confidence: 0.88865805

00:02:35.110 --> 00:02:37.546 as well as some non governmental

NOTE Confidence: 0.88865805

 $00:02:37.546 \longrightarrow 00:02:39.576$ organizations for his work which

NOTE Confidence: 0.88865805

00:02:39.576 --> 00:02:41.226 is really focused on looking

 $00:02:41.226 \longrightarrow 00:02:43.796$ at sleep as a potential novel

NOTE Confidence: 0.88865805

 $00{:}02{:}43.796 \dashrightarrow 00{:}02{:}46.140$ modulator of Alzheimer's pathology.

NOTE Confidence: 0.88865805

00:02:46.140 --> 00:02:48.170 He's received two very prestigious

NOTE Confidence: 0.88865805

00:02:48.170 --> 00:02:51.219 awards from the N IAD Gemstar Ward,

NOTE Confidence: 0.88865805

 $00:02:51.220 \longrightarrow 00:02:54.292$ which is focused on some specialists

NOTE Confidence: 0.88865805

 $00:02:54.292 \longrightarrow 00:02:56.822$ who are transitioning to aging

NOTE Confidence: 0.88865805

 $00:02:56.822 \longrightarrow 00:02:59.958$ research as well as the pool be sin.

NOTE Confidence: 0.88865805

 $00:02:59.960 \longrightarrow 00:03:01.770$ Urging leaders career Development Award.

NOTE Confidence: 0.88865805

 $00:03:01.770 \longrightarrow 00:03:04.154$ This is a K Award given by the

NOTE Confidence: 0.88865805

00:03:04.154 --> 00:03:06.668 NIH that really looks to identify

NOTE Confidence: 0.88865805

 $00:03:06.668 \longrightarrow 00:03:08.963$ and develop emerging leaders in

NOTE Confidence: 0.88865805

 $00:03:08.963 \longrightarrow 00:03:11.339$ the field of aging research.

NOTE Confidence: 0.8636372

 $00:03:11.340 \longrightarrow 00:03:13.741$ He has looked at sleep quality and

NOTE Confidence: 0.8636372

 $00:03:13.741 \longrightarrow 00:03:16.244$ amyloid beta kinetics and whether these

NOTE Confidence: 0.8636372

 $00:03:16.244 \longrightarrow 00:03:18.599$ can be modulated by pharmacological

 $00:03:18.599 \longrightarrow 00:03:20.159$ behavioral manipulation of sleep.

NOTE Confidence: 0.8636372

 $00{:}03{:}20.160 \dashrightarrow 00{:}03{:}22.736$ He has looked at sleep and circadian

NOTE Confidence: 0.8636372

 $00{:}03{:}22.736 \dashrightarrow 00{:}03{:}25.663$ biology and the fact of these on

NOTE Confidence: 0.8636372

00:03:25.663 --> 00:03:27.415 Alzheimer's disease and related

NOTE Confidence: 0.8636372

 $00{:}03{:}27.415 \dashrightarrow 00{:}03{:}29.897$ disorders and he's also looked at

NOTE Confidence: 0.8636372

 $00:03:29.897 \longrightarrow 00:03:31.807$ whether we can manipulate sleep

NOTE Confidence: 0.8636372

 $00{:}03{:}31.807 \dashrightarrow 00{:}03{:}33.468$ to prevent Alzheimer's disease.

NOTE Confidence: 0.8636372

 $00:03:33.468 \longrightarrow 00:03:35.598$ And on a personal note,

NOTE Confidence: 0.8636372

 $00{:}03{:}35.600 \to 00{:}03{:}38.127$ I just want to acknowledge my relationship

NOTE Confidence: 0.8636372

00:03:38.127 --> 00:03:40.472 with doctor Lucy and what would a

NOTE Confidence: 0.8636372

00:03:40.472 --> 00:03:42.699 friend and colleague he has been to me.

NOTE Confidence: 0.8636372

 $00:03:42.700 \longrightarrow 00:03:43.992$ We've known each other

NOTE Confidence: 0.8636372

 $00:03:43.992 \longrightarrow 00:03:45.607$ for a couple years now.

NOTE Confidence: 0.8636372

00:03:45.610 --> 00:03:47.434 We started out cheering a paper

NOTE Confidence: 0.8636372

 $00:03:47.434 \longrightarrow 00:03:49.480$ session together at the sleep meeting,

NOTE Confidence: 0.8636372

 $00:03:49.480 \longrightarrow 00:03:52.184$ and since that time he is really been

00:03:52.184 --> 00:03:54.024 very generous in terms of reaching

NOTE Confidence: 0.8636372

 $00:03:54.024 \longrightarrow 00:03:56.768$ out to me to help me with my own

NOTE Confidence: 0.8636372

 $00:03:56.768 \longrightarrow 00:03:58.850$ research and the field of sleeping.

NOTE Confidence: 0.8636372

 $00:03:58.850 \longrightarrow 00:04:00.788$ Aging is a pretty small field,

NOTE Confidence: 0.8636372

 $00:04:00.790 \longrightarrow 00:04:04.003$ so it's it's nice to have a friend and.

NOTE Confidence: 0.8636372

 $00:04:04.010 \longrightarrow 00:04:06.243$ I really appreciate all the help that

NOTE Confidence: 0.8636372

00:04:06.243 --> 00:04:08.794 he's given me and I think it's really

NOTE Confidence: 0.8636372

 $00:04:08.794 \longrightarrow 00:04:11.005$ exciting to have him here today to

NOTE Confidence: 0.8636372

 $00{:}04{:}11.005 \dashrightarrow 00{:}04{:}13.147$ talk about a topic that we haven't

NOTE Confidence: 0.8636372

 $00{:}04{:}13.147 \dashrightarrow 00{:}04{:}15.350$ heard so much about in this session.

NOTE Confidence: 0.8636372

 $00{:}04{:}15.350 \dashrightarrow 00{:}04{:}17.627$ And so he is going to be speaking today

NOTE Confidence: 0.8636372

 $00:04:17.627 \longrightarrow 00:04:19.288$ about the bidirectional relationship

NOTE Confidence: 0.8636372

 $00{:}04{:}19.288 \to 00{:}04{:}21.988$ between sleep and Alzheimer's disease so.

NOTE Confidence: 0.8636372

00:04:21.990 --> 00:04:22.644 Doctor Lucy,

NOTE Confidence: 0.8636372

 $00:04:22.644 \longrightarrow 00:04:24.933$ thank you for coming and I will

 $00:04:24.933 \longrightarrow 00:04:26.340$ turn it over to you.

NOTE Confidence: 0.8252603

00:04:28.620 --> 00:04:31.470 Thank you very much, doctor minor.

NOTE Confidence: 0.8252603

 $00{:}04{:}31.470 \dashrightarrow 00{:}04{:}34.308$ I'm honored to have the invitation

NOTE Confidence: 0.8252603

 $00:04:34.308 \longrightarrow 00:04:37.620$ to speak to you today about

NOTE Confidence: 0.8252603

 $00:04:37.620 \longrightarrow 00:04:40.268$ sleep and Alzheimer's disease.

NOTE Confidence: 0.8252603

 $00:04:40.270 \longrightarrow 00:04:43.406$ And the work that I've been involved

NOTE Confidence: 0.8252603

 $00:04:43.406 \longrightarrow 00:04:46.727$ in and many others at Washington

NOTE Confidence: 0.8252603

 $00:04:46.727 \longrightarrow 00:04:49.179$ University and other institutions.

NOTE Confidence: 0.8252603

 $00{:}04{:}49.180 --> 00{:}04{:}51.370$ These are my excuse me.

NOTE Confidence: 0.8252603

00:04:51.370 --> 00:04:53.590 My disclosures I've put asterisk

NOTE Confidence: 0.8252603

 $00:04:53.590 \longrightarrow 00:04:55.366$ with my active research

NOTE Confidence: 0.8252603

00:04:55.366 --> 00:04:57.479 support primarily from the NIH,

NOTE Confidence: 0.8252603

 $00:04:57.480 \longrightarrow 00:04:59.755$ as well as other research

NOTE Confidence: 0.8252603

 $00:04:59.755 \longrightarrow 00:05:02.522$ support that has funded some of

NOTE Confidence: 0.8252603

 $00:05:02.522 \longrightarrow 00:05:04.910$ the work that I'll be showing.

NOTE Confidence: 0.8252603

 $00{:}05{:}04.910 \dashrightarrow 00{:}05{:}07.192$ I like to disclose that I consult

 $00{:}05{:}07.192 \dashrightarrow 00{:}05{:}09.322$ for Merck and additional disclosure

NOTE Confidence: 0.8252603

 $00{:}05{:}09.322 \dashrightarrow 00{:}05{:}11.486$ that's not directly relevant

NOTE Confidence: 0.8252603

 $00:05:11.486 \longrightarrow 00:05:13.650$ for my financial interests,

NOTE Confidence: 0.8252603

 $00:05:13.650 \longrightarrow 00:05:15.394$ but is that doctors,

NOTE Confidence: 0.8252603

00:05:15.394 --> 00:05:16.266 Randall Bateman,

NOTE Confidence: 0.8252603

 $00:05:16.270 \longrightarrow 00:05:18.650$ and David Holtzman as well

NOTE Confidence: 0.8252603

 $00:05:18.650 \longrightarrow 00:05:20.078$ as Washington University?

NOTE Confidence: 0.8252603

 $00:05:20.080 \longrightarrow 00:05:21.628$ Have a licensed intellectual

NOTE Confidence: 0.8252603

 $00{:}05{:}21.628 \dashrightarrow 00{:}05{:}23.563$ property to a company called

NOTE Confidence: 0.8252603

 $00{:}05{:}23.563 \dashrightarrow 00{:}05{:}25.989$ C2 N Diagnostics that they also

NOTE Confidence: 0.8252603

 $00:05:25.989 \longrightarrow 00:05:27.565$ a financial investment in.

NOTE Confidence: 0.8252603

 $00{:}05{:}27.570 \dashrightarrow 00{:}05{:}29.802$ I do not unfortunately have a

NOTE Confidence: 0.8252603

 $00:05:29.802 \longrightarrow 00:05:32.289$ financial investment in C2 N Diagnostics.

NOTE Confidence: 0.77621853

00:05:35.690 --> 00:05:38.162 So the objectives today for our

NOTE Confidence: 0.77621853

00:05:38.162 --> 00:05:41.537 discussion is going to go over a brief

 $00:05:41.537 \longrightarrow 00:05:44.009$ Alzheimer's disease primmer kind of to

NOTE Confidence: 0.77621853

 $00{:}05{:}44.088 \dashrightarrow 00{:}05{:}46.545$ get everybody on the same page about

NOTE Confidence: 0.77621853

 $00{:}05{:}46.545 \dashrightarrow 00{:}05{:}50.045$ about a D when I present to an adi

NOTE Confidence: 0.77621853

 $00:05:50.045 \longrightarrow 00:05:53.320$ audience I always give asleep primmer.

NOTE Confidence: 0.77621853

 $00:05:53.320 \longrightarrow 00:05:56.211$ Then we'll go over the evidence for

NOTE Confidence: 0.77621853

 $00:05:56.211 \longrightarrow 00:05:58.014$ a bidirectional relationship between

NOTE Confidence: 0.77621853

00:05:58.014 --> 00:05:59.978 sleep and Alzheimer's disease,

NOTE Confidence: 0.77621853

 $00:05:59.980 \longrightarrow 00:06:01.240$ and then discuss.

NOTE Confidence: 0.77621853

 $00{:}06{:}01.240 \dashrightarrow 00{:}06{:}02.920$ Discuss several potential mechanisms

NOTE Confidence: 0.77621853

00:06:02.920 --> 00:06:05.310 that may mediate that relationship,

NOTE Confidence: 0.77621853

 $00{:}06{:}05.310 \dashrightarrow 00{:}06{:}07.968$ including a beta reduction and clearance,

NOTE Confidence: 0.77621853

 $00:06:07.970 \longrightarrow 00:06:12.080$ Cal Phosphorylation and the erection system.

NOTE Confidence: 0.77621853

00:06:12.080 --> 00:06:14.930 So Alzheimer's disease is progressive,

NOTE Confidence: 0.77621853

 $00:06:14.930 \longrightarrow 00:06:16.110$ neurodegenerative disease.

NOTE Confidence: 0.77621853

 $00:06:16.110 \longrightarrow 00:06:19.060$ It's characterized by the deposition

NOTE Confidence: 0.77621853

 $00:06:19.060 \longrightarrow 00:06:21.770$ of extracellular amyloid beta plaques.

00:06:21.770 --> 00:06:24.620 The deposition of amyloid plaque

NOTE Confidence: 0.77621853

 $00:06:24.620 \longrightarrow 00:06:26.330$ is concentration dependent,

NOTE Confidence: 0.77621853

 $00:06:26.330 \longrightarrow 00:06:29.110$ so the greater the concentration

NOTE Confidence: 0.77621853

 $00:06:29.110 \longrightarrow 00:06:32.600$ of amyloid beta in the brain,

NOTE Confidence: 0.77621853

 $00:06:32.600 \longrightarrow 00:06:36.020$ such as insoluble in the cerebral

NOTE Confidence: 0.77621853

00:06:36.020 --> 00:06:39.684 spinal fluid, the more likely you

NOTE Confidence: 0.77621853

 $00:06:39.684 \longrightarrow 00:06:42.208$ will have plaque formation.

NOTE Confidence: 0.77621853

 $00:06:42.210 \longrightarrow 00:06:46.004$ And different forms of amyloid beta are

NOTE Confidence: 0.77621853

 $00:06:46.004 \longrightarrow 00:06:50.338$ more likely to form analyte path plaques.

NOTE Confidence: 0.77621853

 $00:06:50.340 \longrightarrow 00:06:51.488$ For instance,

NOTE Confidence: 0.77621853

 $00:06:51.488 \longrightarrow 00:06:54.932$ amyloid beta 42 is most likely

NOTE Confidence: 0.77621853

 $00:06:54.932 \longrightarrow 00:06:57.899$ to aggregate as plaque inform,

NOTE Confidence: 0.77621853

 $00{:}06{:}57.900 \dashrightarrow 00{:}06{:}59.793$ inform amyloid deposition.

NOTE Confidence: 0.77621853

00:06:59.793 --> 00:07:01.686 There's also neurofibrillary

NOTE Confidence: 0.77621853

 $00:07:01.686 \longrightarrow 00:07:04.770$ tangles of hyper phosphorylated Tau

 $00:07:04.770 \longrightarrow 00:07:07.185$ aggregates that form inside neurons.

NOTE Confidence: 0.77621853

 $00:07:07.190 \longrightarrow 00:07:11.310$ An results in neuronal death.

NOTE Confidence: 0.77621853

00:07:11.310 --> 00:07:12.918 Loss of synaptic,

NOTE Confidence: 0.77621853

 $00:07:12.918 \longrightarrow 00:07:16.134$ synaptic loss of neurons and synaptic

NOTE Confidence: 0.77621853

 $00:07:16.134 \longrightarrow 00:07:19.490$ to function lead to brain atrophy such

NOTE Confidence: 0.77621853

 $00:07:19.490 \longrightarrow 00:07:23.526$ as as seen in the figure on the left.

NOTE Confidence: 0.77621853

00:07:23.530 --> 00:07:26.140 Formation is also involved in

NOTE Confidence: 0.77621853

00:07:26.140 --> 00:07:27.706 eventually memory problems,

NOTE Confidence: 0.77621853

 $00{:}07{:}27.710 \dashrightarrow 00{:}07{:}30.330$ other cognitive deficits and dementia.

NOTE Confidence: 0.85796946

 $00:07:38.380 \longrightarrow 00:07:41.102$ This slide shows some of the neuroimaging

NOTE Confidence: 0.85796946

 $00{:}07{:}41.102 \dashrightarrow 00{:}07{:}44.667$ that can look at the changes in the brain

NOTE Confidence: 0.85796946

 $00:07:44.667 \longrightarrow 00:07:47.270$ that we see with Alzheimer's disease.

NOTE Confidence: 0.85796946

 $00:07:47.270 \longrightarrow 00:07:49.610$ In the left column are images

NOTE Confidence: 0.85796946

 $00{:}07{:}49.610 \dashrightarrow 00{:}07{:}51.170$ taking from individuals with

NOTE Confidence: 0.85796946

00:07:51.240 --> 00:07:53.730 Alzheimer's disease and on the right,

NOTE Confidence: 0.85796946

 $00:07:53.730 \longrightarrow 00:07:56.160$ or individuals who are clinically normal.

 $00:07:56.160 \longrightarrow 00:07:58.180$ The first set of scans,

NOTE Confidence: 0.85796946

 $00:07:58.180 \longrightarrow 00:07:59.389$ A&BRFDG pet scans.

NOTE Confidence: 0.85796946

00:07:59.389 --> 00:08:00.598 Looking at metabolism,

NOTE Confidence: 0.85796946

 $00:08:00.600 \longrightarrow 00:08:03.264$ you can see that there's lower

NOTE Confidence: 0.85796946

 $00:08:03.264 \longrightarrow 00:08:05.660$ metabolism in the 80 brain.

NOTE Confidence: 0.85796946

 $00:08:05.660 \longrightarrow 00:08:07.920$ Looking at the MRI changes,

NOTE Confidence: 0.85796946

00:08:07.920 --> 00:08:09.744 there's significant atrophy that

NOTE Confidence: 0.85796946

 $00:08:09.744 \longrightarrow 00:08:12.480$ occlude occurs in those with Alzheimer's

NOTE Confidence: 0.85796946

 $00:08:12.552 \longrightarrow 00:08:14.677$ disease and Pittsburgh Compound B.

NOTE Confidence: 0.85796946

 $00:08:14.680 \longrightarrow 00:08:17.010$ Amyloid pet scans show significantly

NOTE Confidence: 0.85796946

 $00{:}08{:}17.010 \dashrightarrow 00{:}08{:}19.340$ increased amyloid deposition and those

NOTE Confidence: 0.85796946

 $00{:}08{:}19.408 \dashrightarrow 00{:}08{:}21.124$ with Alzheimer's disease compared

NOTE Confidence: 0.85796946

 $00{:}08{:}21.124 \dashrightarrow 00{:}08{:}23.698$ to those who are clinically normal.

NOTE Confidence: 0.8187831

00:08:26.470 --> 00:08:29.060 In recent years we've also.

NOTE Confidence: 0.8187831

 $00:08:29.060 \longrightarrow 00:08:33.196$ There's also been a development of Tau pet,

00:08:33.200 --> 00:08:37.295 which allows for us to look at Tau Pathology

NOTE Confidence: 0.8187831

 $00{:}08{:}37.295 \dashrightarrow 00{:}08{:}41.104$ in vivo and this figure from Keith

NOTE Confidence: 0.8187831

00:08:41.104 --> 00:08:45.119 Johnson's group that was published in 2016,

NOTE Confidence: 0.8187831

 $00:08:45.120 \longrightarrow 00:08:48.816$ and the annals of neurology shows that as

NOTE Confidence: 0.8187831

 $00:08:48.816 \longrightarrow 00:08:52.887$ the mini mental state exam score declines,

NOTE Confidence: 0.8187831

00:08:52.890 --> 00:08:55.086 there's increasing tab pathology.

NOTE Confidence: 0.8187831

 $00{:}08{:}55.086 \dashrightarrow 00{:}08{:}58.380$ In the medial temporal regions that

NOTE Confidence: 0.8187831

 $00:08:58.461 \longrightarrow 00:09:01.371$ then spreads out through the temporal

NOTE Confidence: 0.8187831

 $00:09:01.371 \longrightarrow 00:09:04.509$ lobes and the remainder of the Cortex.

NOTE Confidence: 0.8187831

00:09:04.510 --> 00:09:06.885 And using neuroimaging and also

NOTE Confidence: 0.8187831

 $00{:}09{:}06.885 \dashrightarrow 00{:}09{:}09{:}09{:}260$ measuring employed beta and Tau

NOTE Confidence: 0.8187831

 $00:09:09.335 \longrightarrow 00:09:11.219$ in cerebral spinal fluid,

NOTE Confidence: 0.8187831

 $00:09:11.220 \longrightarrow 00:09:14.566$ we've been able to, as a field,

NOTE Confidence: 0.8187831

 $00:09:14.570 \longrightarrow 00:09:17.769$ determine when we see changes in these

NOTE Confidence: 0.8187831

 $00:09:17.769 \longrightarrow 00:09:20.320$ different biomarkers across 80 pathogenesis.

NOTE Confidence: 0.8187831

 $00{:}09{:}20.320 \dashrightarrow 00{:}09{:}23.841$ So this figure shows a typical what's

00:09:23.841 --> 00:09:26.340 sometimes called Jacks curves for

NOTE Confidence: 0.8187831

 $00:09:26.340 \longrightarrow 00:09:29.052$ Clifford Jack from the male clinic

NOTE Confidence: 0.8187831

 $00:09:29.052 \longrightarrow 00:09:31.809$ who have been the lead author.

NOTE Confidence: 0.8187831

00:09:31.810 --> 00:09:34.460 A number of papers describing

NOTE Confidence: 0.8187831

 $00:09:34.460 \longrightarrow 00:09:36.050$ this biomarker model.

NOTE Confidence: 0.8187831

 $00:09:36.050 \longrightarrow 00:09:39.002$ On the X axis we have the clinical

NOTE Confidence: 0.8187831

 $00:09:39.002 \longrightarrow 00:09:41.552$ disease stage of Alzheimer's disease

NOTE Confidence: 0.8187831

00:09:41.552 --> 00:09:44.437 from cognitively normal to mild

NOTE Confidence: 0.8187831

00:09:44.437 --> 00:09:46.615 cognitive impairment between the

NOTE Confidence: 0.8187831

00:09:46.615 --> 00:09:48.975 dashed lines and then dementia,

NOTE Confidence: 0.8187831

 $00{:}09{:}48.980 \dashrightarrow 00{:}09{:}52.179$ and you can see that very early

NOTE Confidence: 0.8187831

00:09:52.179 --> 00:09:54.250 on amyloid deposition begins.

NOTE Confidence: 0.8187831

 $00{:}09{:}54.250 \dashrightarrow 00{:}09{:}57.594$ This can be 15 to 20 years before

NOTE Confidence: 0.8187831

 $00{:}09{:}57.594 \dashrightarrow 00{:}10{:}00.119$ cognitive and cognitive symptom.

NOTE Confidence: 0.8187831

 $00:10:00.120 \longrightarrow 00:10:02.880$ Begin and by the time cognitive

 $00:10:02.880 \longrightarrow 00:10:04.260$ symptoms start employed,

NOTE Confidence: 0.8187831

 $00:10:04.260 \longrightarrow 00:10:07.716$ deposition is nearly at its peak.

NOTE Confidence: 0.8187831

 $00:10:07.720 \longrightarrow 00:10:11.560$ Towel lags behind that.

NOTE Confidence: 0.8187831

 $00{:}10{:}11.560 \dashrightarrow 00{:}10{:}15.053$ About 5 to 7 years before clinical

NOTE Confidence: 0.8187831

 $00:10:15.053 \longrightarrow 00:10:18.517$ symptoms followed by changes in brain

NOTE Confidence: 0.8187831

00:10:18.517 --> 00:10:21.637 structure such as hippocampal atrophy,

NOTE Confidence: 0.8187831

 $00:10:21.640 \longrightarrow 00:10:24.640$ changes in memory and followed by

NOTE Confidence: 0.8187831

 $00{:}10{:}24.640 \dashrightarrow 00{:}10{:}26.640$ clinical deterioration when the

NOTE Confidence: 0.8187831

 $00:10:26.726 \longrightarrow 00:10:30.036$ individual progressed toward full dementia.

NOTE Confidence: 0.82900655

 $00:10:32.840 \longrightarrow 00:10:35.269$ A major goal of the field for

NOTE Confidence: 0.82900655

 $00{:}10{:}35.269 {\:{\mbox{--}}\!>} 00{:}10{:}37.600$ processing last 20 years has been

NOTE Confidence: 0.82900655

00:10:37.600 --> 00:10:39.625 to define these biomarker changes

NOTE Confidence: 0.82900655

00:10:39.625 --> 00:10:42.598 to both define who who is likely

NOTE Confidence: 0.82900655

 $00{:}10{:}42.598 --> 00{:}10{:}45.890$ to get Alzheimer's disease, too.

NOTE Confidence: 0.82900655

00:10:45.890 --> 00:10:51.082 222 correctly. Attempted categorized

NOTE Confidence: 0.82900655

00:10:51.082 --> 00:10:54.486 individuals into the right.

00:10:54.490 --> 00:10:56.810 Disease processes there are other

NOTE Confidence: 0.82900655

 $00:10:56.810 \longrightarrow 00:10:59.130$ causes of dementia than Alzheimer's

NOTE Confidence: 0.82900655

00:10:59.203 --> 00:11:01.358 disease and potentially to guide

NOTE Confidence: 0.82900655

00:11:01.358 --> 00:11:04.012 intervention trials and to push the

NOTE Confidence: 0.82900655

00:11:04.012 --> 00:11:06.604 intervention period as early as possible,

NOTE Confidence: 0.82900655

00:11:06.610 --> 00:11:09.658 and some of that is coming to fruition

NOTE Confidence: 0.82900655

 $00:11:09.658 \longrightarrow 00:11:12.074$ with trials that are beginning

NOTE Confidence: 0.82900655

00:11:12.074 --> 00:11:14.694 during the clinically normal period.

NOTE Confidence: 0.82900655

 $00{:}11{:}14.700 \dashrightarrow 00{:}11{:}16.488$ In some specialized groups.

NOTE Confidence: 0.86044985

 $00:11:19.620 \longrightarrow 00:11:22.212$ So I'd like to to to move on to

NOTE Confidence: 0.86044985

00:11:22.212 --> 00:11:25.254 some of the evidence that connects

NOTE Confidence: 0.86044985

 $00{:}11{:}25.254 \dashrightarrow 00{:}11{:}27.390$ sleep and Alzheimer's disease.

NOTE Confidence: 0.86044985

 $00{:}11{:}27.390 \dashrightarrow 00{:}11{:}30.168$ We've known for decades that individuals

NOTE Confidence: 0.86044985

 $00:11:30.168 \longrightarrow 00:11:32.490$ with dementia have disturbed sleep.

NOTE Confidence: 0.86044985

 $00:11:32.490 \longrightarrow 00:11:35.050$ But what's been increasingly recognized

 $00:11:35.050 \longrightarrow 00:11:39.209$ over proxy in the last 15 years is that

NOTE Confidence: 0.86044985

 $00{:}11{:}39.209 \dashrightarrow 00{:}11{:}42.499$ changes in sleep may serve as a marker

NOTE Confidence: 0.86044985

 $00:11:42.499 \longrightarrow 00:11:45.271$ for risk of future cognitive impairment

NOTE Confidence: 0.86044985

00:11:45.271 --> 00:11:48.108 or risk of future Alzheimer's disease.

NOTE Confidence: 0.86044985

 $00:11:48.108 \longrightarrow 00:11:51.830$ Or a marker for the underlying pathology.

NOTE Confidence: 0.86044985

00:11:51.830 --> 00:11:54.550 So in a study in 2011 from Ricardo

NOTE Confidence: 0.86044985

 $00{:}11{:}54.550 \dashrightarrow 00{:}11{:}57.287$ Osorio from NYU individuals who reported

NOTE Confidence: 0.86044985

 $00{:}11{:}57.287 \dashrightarrow 00{:}12{:}00.257$ insomnia had a faster progression from

NOTE Confidence: 0.86044985

 $00{:}12{:}00.339 \dashrightarrow 00{:}12{:}03.135$ normal cognition to dementia and in

NOTE Confidence: 0.86044985

00:12:03.135 --> 00:12:06.092 multiple other studies list some of them,

NOTE Confidence: 0.86044985

 $00{:}12{:}06.092 \dashrightarrow 00{:}12{:}09.222$ many of them listed at the bottom of

NOTE Confidence: 0.86044985

 $00:12:09.222 \longrightarrow 00:12:11.737$ the slide have associated numerously

NOTE Confidence: 0.86044985

 $00:12:11.737 \longrightarrow 00:12:14.698$ parameters with either 80 pathology or

NOTE Confidence: 0.86044985

 $00{:}12{:}14.698 \dashrightarrow 00{:}12{:}17.296$ risk or risk of cognitive impairment

NOTE Confidence: 0.86044985

 $00:12:17.296 \longrightarrow 00:12:18.685$ in the future.

NOTE Confidence: 0.86044985

 $00:12:18.685 \longrightarrow 00:12:21.260$ And so basically parameters include

00:12:21.260 --> 00:12:23.718 total sleep time, sleep efficiency,

NOTE Confidence: 0.86044985

 $00:12:23.718 \longrightarrow 00:12:26.442$ non ram, slide activity and sleep

NOTE Confidence: 0.86044985

 $00:12:26.442 \longrightarrow 00:12:28.250$ disorders like sleep apnea.

NOTE Confidence: 0.86214674

 $00{:}12{:}34.460 \dashrightarrow 00{:}12{:}36.348$ Considering total sleep time

NOTE Confidence: 0.86214674

 $00{:}12{:}36.348 \dashrightarrow 00{:}12{:}38.708$ and risk of impaired cognition,

NOTE Confidence: 0.86214674

 $00:12:38.710 \longrightarrow 00:12:41.068$ many studies have shown that both

NOTE Confidence: 0.86214674

 $00:12:41.068 \longrightarrow 00:12:43.272$ short and long sleep duration

NOTE Confidence: 0.86214674

 $00:12:43.272 \longrightarrow 00:12:45.476$ are associated with increased

NOTE Confidence: 0.86214674

00:12:45.476 --> 00:12:47.680 risk of cognitive impairment.

NOTE Confidence: 0.86214674

 $00:12:47.680 \longrightarrow 00:12:51.448$ So at the in this top bullet point,

NOTE Confidence: 0.86214674

00:12:51.450 --> 00:12:54.410 short sleep duration of less

NOTE Confidence: 0.86214674

 $00:12:54.410 \longrightarrow 00:12:57.820$ than equal to five hours in.

NOTE Confidence: 0.86214674

00:12:57.820 --> 00:13:01.523 Cohort of 18 / 1800 community dwelling

NOTE Confidence: 0.86214674

 $00:13:01.523 \longrightarrow 00:13:05.229$ older women had increased risk of

NOTE Confidence: 0.86214674

 $00:13:05.229 \longrightarrow 00:13:08.594$ cognitive impairment after two years.

00:13:08.600 --> 00:13:10.900 Another study of over 3000

NOTE Confidence: 0.86214674

 $00:13:10.900 \longrightarrow 00:13:12.280$ dwelling older men,

NOTE Confidence: 0.86214674

 $00:13:12.280 \longrightarrow 00:13:14.645$ those reporting greater than 9

NOTE Confidence: 0.86214674

00:13:14.645 --> 00:13:17.010 hours of sleep Cross Sectionally

NOTE Confidence: 0.86214674

 $00:13:17.094 \longrightarrow 00:13:19.198$ had increased cognitive impairment

NOTE Confidence: 0.86214674

 $00{:}13{:}19.198 \dashrightarrow 00{:}13{:}21.828$ and there's many other studies

NOTE Confidence: 0.86214674

 $00:13:21.828 \longrightarrow 00:13:24.235$ that I could I could go over.

NOTE Confidence: 0.86214674

00:13:24.240 --> 00:13:26.898 Some show also showing short sleep

NOTE Confidence: 0.86214674

 $00:13:26.898 \longrightarrow 00:13:29.215$ duration being associated with cognitive

NOTE Confidence: 0.86214674

00:13:29.215 --> 00:13:31.600 problems or long sleep duration,

NOTE Confidence: 0.86214674

00:13:31.600 --> 00:13:32.480 or both,

NOTE Confidence: 0.86214674

 $00:13:32.480 \longrightarrow 00:13:36.625$ such as this figure on the right that that

NOTE Confidence: 0.86214674

 $00:13:36.625 \longrightarrow 00:13:40.307$ came out recently in JAMA Network Open.

NOTE Confidence: 0.86214674

00:13:40.310 --> 00:13:43.566 Journal this was a pooled study of two

NOTE Confidence: 0.86214674

 $00:13:43.566 \longrightarrow 00:13:46.460$ cohorts of over 20,000 individuals,

NOTE Confidence: 0.86214674

 $00:13:46.460 \longrightarrow 00:13:50.128$ and they found that the self reported

00:13:50.128 --> 00:13:53.557 sleep duration that was very low is

NOTE Confidence: 0.86214674

 $00:13:53.557 \longrightarrow 00:13:56.203$ probably less than five hours of

NOTE Confidence: 0.86214674

00:13:56.298 --> 00:13:59.698 sleep per night or on the higher end,

NOTE Confidence: 0.86214674

 $00:13:59.700 \longrightarrow 00:14:03.484$ say 7 1/2 hours of sleep per night.

NOTE Confidence: 0.86214674

 $00:14:03.490 \longrightarrow 00:14:05.490$ That was self reported.

NOTE Confidence: 0.86214674

 $00:14:05.490 \longrightarrow 00:14:07.990$ There was declines in cognitive

NOTE Confidence: 0.86214674

 $00:14:07.990 \longrightarrow 00:14:10.659$ performance on a cognitive composite of.

NOTE Confidence: 0.86214674

00:14:10.660 --> 00:14:11.662 Several tests.

NOTE Confidence: 0.86214674

00:14:11.662 --> 00:14:15.169 And so this suggests that potentially short,

NOTE Confidence: 0.86214674

 $00{:}14{:}15.170 \dashrightarrow 00{:}14{:}18.250$ and I think it's very good evidence

NOTE Confidence: 0.86214674

00:14:18.250 --> 00:14:21.300 that short and long sleep duration

NOTE Confidence: 0.86214674

 $00{:}14{:}21.300 \dashrightarrow 00{:}14{:}24.576$ could be a marker for cognitive

NOTE Confidence: 0.86214674

 $00{:}14{:}24.576 \dashrightarrow 00{:}14{:}27.588$ impairment and also a predictor of it.

NOTE Confidence: 0.86214674

 $00:14:27.590 \longrightarrow 00:14:30.406$ I think that the I think the the

NOTE Confidence: 0.86214674

 $00:14:30.406 \longrightarrow 00:14:32.933$ reason why short sleep duration could

 $00:14:32.933 \longrightarrow 00:14:36.280$ be a risk factor is fairly evident.

NOTE Confidence: 0.86214674

 $00{:}14{:}36.280 \dashrightarrow 00{:}14{:}38.656$ They're just not getting enough restorative

NOTE Confidence: 0.86214674

00:14:38.656 --> 00:14:40.840 sleep for longer sleep duration.

NOTE Confidence: 0.86214674

 $00:14:40.840 \longrightarrow 00:14:42.910$ I suspect that the quality

NOTE Confidence: 0.86214674

 $00:14:42.910 \longrightarrow 00:14:44.980$ of the sleep is poor,

NOTE Confidence: 0.86214674

 $00{:}14{:}44.980 \dashrightarrow 00{:}14{:}47.374$ either due to an unrecognized sleep

NOTE Confidence: 0.86214674

00:14:47.374 --> 00:14:50.359 problem or other or other other issue.

NOTE Confidence: 0.8388676

 $00{:}14{:}52.730 \dashrightarrow 00{:}14{:}55.142$ Obstructive sleep apnea has been associated

NOTE Confidence: 0.8388676

 $00:14:55.142 \longrightarrow 00:14:57.360$ with increased risk of dementia.

NOTE Confidence: 0.8388676

 $00:14:57.360 \longrightarrow 00:15:00.055$ This is work from Christine Ya Phase

NOTE Confidence: 0.8388676

 $00{:}15{:}00.055 \dashrightarrow 00{:}15{:}02.533$ Group at UCSF that's published in

NOTE Confidence: 0.8388676

 $00:15:02.533 \longrightarrow 00:15:05.969$ JAMA nine years ago and this study of

NOTE Confidence: 0.8388676

 $00:15:05.969 \longrightarrow 00:15:08.645$ 300 older women who are cognitively

NOTE Confidence: 0.8388676

00:15:08.645 --> 00:15:11.652 normal and followed for four years,

NOTE Confidence: 0.8388676

 $00:15:11.652 \longrightarrow 00:15:14.976$ oxygens de saturation index greater than

NOTE Confidence: 0.8388676

 $00:15:14.976 \longrightarrow 00:15:18.295$ equal to 15 was associated with 1.7.

00:15:18.300 --> 00:15:20.810 Your odds of getting cottonmouth,

NOTE Confidence: 0.8388676

 $00{:}15{:}20.810 \dashrightarrow 00{:}15{:}22.878$ cotton impairment or dementia

NOTE Confidence: 0.8388676

 $00:15:22.878 \longrightarrow 00:15:25.980$ compared to those with less than

NOTE Confidence: 0.8388676

00:15:26.067 --> 00:15:28.815 15 de saturation events per hour,

NOTE Confidence: 0.8388676

 $00:15:28.820 \longrightarrow 00:15:31.795$ and this is after adjusting

NOTE Confidence: 0.8388676

 $00:15:31.795 \longrightarrow 00:15:33.580$ for multiple covariates.

NOTE Confidence: 0.8388676

 $00:15:33.580 \longrightarrow 00:15:37.713$ And if spending greater than 7% of

NOTE Confidence: 0.8388676

00:15:37.713 --> 00:15:40.971 the night in apnea hypocapnia had

NOTE Confidence: 0.8388676

00:15:40.971 --> 00:15:45.920 an odds ratio of two for having risk

NOTE Confidence: 0.8388676

 $00{:}15{:}45.920 \dashrightarrow 00{:}15{:}49.125$ of cognitive impairment or dementia,

NOTE Confidence: 0.8388676

00:15:49.130 --> 00:15:52.115 again also adjusting for multiple

NOTE Confidence: 0.8388676

00:15:52.115 --> 00:15:53.309 potential confounders.

NOTE Confidence: 0.8204676

00:15:57.490 --> 00:16:00.322 Studies have also looked at cognitively

NOTE Confidence: 0.8204676

 $00{:}16{:}00.322 \rightarrow 00{:}16{:}03.024$ normal individuals and whether or not

NOTE Confidence: 0.8204676

 $00:16:03.024 \longrightarrow 00:16:05.621$ their sleep is disturbed when they have

00:16:05.621 --> 00:16:08.290 evidence of Alzheimer's disease pathology.

NOTE Confidence: 0.8204676

 $00{:}16{:}08.290 \dashrightarrow 00{:}16{:}11.930$ The figure on the left is from Adam Spira in

NOTE Confidence: 0.8204676

 $00:16:12.014 \longrightarrow 00:16:15.488$ the Baltimore longitudinal study of aging,

NOTE Confidence: 0.8204676

00:16:15.490 --> 00:16:17.402 or where Conley Normal,

NOTE Confidence: 0.8204676

 $00{:}16{:}17.402 \dashrightarrow 00{:}16{:}20.270$ older a dults who reported less than

NOTE Confidence: 0.8204676

00:16:20.360 --> 00:16:23.216 or equal to six hours of sleep per

NOTE Confidence: 0.8204676

 $00:16:23.216 \longrightarrow 00:16:25.581$ night had greater amyloid deposition

NOTE Confidence: 0.8204676

 $00:16:25.581 \longrightarrow 00:16:28.719$ on pet scans compared to those.

NOTE Confidence: 0.8204676

 $00{:}16{:}28.720 \dashrightarrow 00{:}16{:}32.017$ Or reporting sleeping 6 to 7 hours

NOTE Confidence: 0.8204676

00:16:32.017 --> 00:16:35.228 or greater than 7 hours per night.

NOTE Confidence: 0.8204676

00:16:35.230 --> 00:16:36.631 From my institution.

NOTE Confidence: 0.8204676

 $00:16:36.631 \longrightarrow 00:16:39.433$ UL Joo measured sleep efficiency using

NOTE Confidence: 0.8204676

 $00:16:39.433 \longrightarrow 00:16:41.684$ actigraphy and cognitively normal older

NOTE Confidence: 0.8204676

 $00:16:41.684 \longrightarrow 00:16:44.246$ adults who also had cerebral spinal

NOTE Confidence: 0.8204676

00:16:44.320 --> 00:16:46.860 fluid for amyloid beta concentrations,

NOTE Confidence: 0.8204676

 $00:16:46.860 \longrightarrow 00:16:49.821$ so she was able to establish whether

00:16:49.821 --> 00:16:51.970 they were cognitively everything,

NOTE Confidence: 0.8204676

 $00:16:51.970 \longrightarrow 00:16:53.830$ whether they are employed

NOTE Confidence: 0.8204676

00:16:53.830 --> 00:16:55.225 negative or positive,

NOTE Confidence: 0.8204676

 $00:16:55.230 \longrightarrow 00:16:57.274$ based on the employee.

NOTE Confidence: 0.8204676

 $00:16:57.274 \longrightarrow 00:16:58.807$ Beta 42 concentrations.

NOTE Confidence: 0.8204676

00:16:58.810 --> 00:17:01.385 The concentration of amyloid beta

NOTE Confidence: 0.8204676

 $00:17:01.385 \longrightarrow 00:17:03.960$ decreases when your amyloid positive

NOTE Confidence: 0.8204676

 $00:17:04.038 \longrightarrow 00:17:06.918$ so less than or equal to 500 picograms

NOTE Confidence: 0.8204676

 $00:17:06.918 \dashrightarrow 00:17:09.664$ fermil was consistent with being amyloid

NOTE Confidence: 0.8204676

 $00:17:09.664 \longrightarrow 00:17:12.580$ positive and a larger percentage of.

NOTE Confidence: 0.8145365

 $00:17:15.460 \longrightarrow 00:17:18.603$ Individuals who are kind of normal amyloid

NOTE Confidence: 0.8145365

 $00:17:18.603 \longrightarrow 00:17:21.822$ positive or more likely to have lower

NOTE Confidence: 0.8145365

 $00:17:21.822 \longrightarrow 00:17:25.150$ sleep efficiency compared to those who are

NOTE Confidence: 0.8145365

 $00:17:25.150 \longrightarrow 00:17:27.940$ cognitively normal but amyloid negative.

NOTE Confidence: 0.8145365

 $00:17:27.940 \longrightarrow 00:17:31.900$ So evidence that from these two studies that

 $00:17:31.900 \longrightarrow 00:17:35.500$ changes in sleep can reflect underlying

NOTE Confidence: 0.8145365

 $00:17:35.500 \longrightarrow 00:17:38.650$ changes in amyloid beta pathology.

NOTE Confidence: 0.8145365

 $00:17:38.650 \longrightarrow 00:17:43.326$ Looking at non ram slow wave activity.

NOTE Confidence: 0.8145365

 $00{:}17{:}43.330 \dashrightarrow 00{:}17{:}46.386$ This is also been a marker of great

NOTE Confidence: 0.8145365

 $00:17:46.386 \longrightarrow 00:17:49.440$ interest to our group and other groups.

NOTE Confidence: 0.8145365

 $00:17:49.440 \longrightarrow 00:17:52.624$ Figure on the left is from Matthew Walker's

NOTE Confidence: 0.8145365

 $00:17:52.624 \longrightarrow 00:17:55.947$ group at UC Berkeley and they studied 26.

NOTE Confidence: 0.8145365

 $00:17:55.950 \longrightarrow 00:17:57.129$ Can't be normal.

NOTE Confidence: 0.8145365

 $00{:}17{:}57.129 {\:{\circ}{\circ}{\circ}}>00{:}17{:}59.880$ Older adults and using pet scans looked

NOTE Confidence: 0.8145365

 $00:17:59.954 \longrightarrow 00:18:02.480$ at the medial prefrontal cortex and

NOTE Confidence: 0.8145365

 $00:18:02.480 \longrightarrow 00:18:05.408$ the Android Burden there and show that

NOTE Confidence: 0.8145365

 $00:18:05.408 \longrightarrow 00:18:07.748$ is amyloid increased in this region.

NOTE Confidence: 0.8145365

 $00{:}18{:}07.750 \dashrightarrow 00{:}18{:}11.789$ There is a decrease in non REM

NOTE Confidence: 0.8145365

 $00{:}18{:}11.789 \dashrightarrow 00{:}18{:}12.943$ slave activity.

NOTE Confidence: 0.8145365

00:18:12.950 --> 00:18:15.145 Here in Washington University we

NOTE Confidence: 0.8145365

00:18:15.145 --> 00:18:18.809 looked at a mix of Conley Normalan,

 $00:18:18.810 \longrightarrow 00:18:20.758$ mildly impaired older adults.

NOTE Confidence: 0.8145365

 $00:18:20.758 \longrightarrow 00:18:23.193$ There is total of 38.

NOTE Confidence: 0.8145365

00:18:23.200 --> 00:18:25.640 About 80% were cognitively normal,

NOTE Confidence: 0.8145365

 $00:18:25.640 \longrightarrow 00:18:28.965$ and we found that non REM sleep

NOTE Confidence: 0.8145365

 $00:18:28.965 \longrightarrow 00:18:32.372$ activity at both 1 to 4.5 Hertz and

NOTE Confidence: 0.8145365

 $00:18:32.372 \longrightarrow 00:18:35.626$ and also it was the most significant

NOTE Confidence: 0.8145365

 $00:18:35.626 \longrightarrow 00:18:38.806$ effect that wanted to herds,

NOTE Confidence: 0.8145365

 $00:18:38.810 \longrightarrow 00:18:42.870$ was was inversely associated with.

NOTE Confidence: 0.8145365

00:18:42.870 --> 00:18:45.260 Tau deposition on pet scans,

NOTE Confidence: 0.8145365

 $00:18:45.260 \longrightarrow 00:18:48.606$ where as the sort of activity decreased,

NOTE Confidence: 0.8145365

 $00:18:48.610 \longrightarrow 00:18:51.532$ there was an increase in the

NOTE Confidence: 0.8145365

 $00:18:51.532 \longrightarrow 00:18:54.921$ Tau deposition and this is after

NOTE Confidence: 0.8145365

 $00{:}18{:}54.921 \dashrightarrow 00{:}18{:}57.605$ adjusting for multiple covariates.

NOTE Confidence: 0.8145365

 $00:18:57.610 \longrightarrow 00:18:59.315$ These figures show regional analysis

NOTE Confidence: 0.8145365

 $00:18:59.315 \longrightarrow 00:19:01.440$ where we use the same model,

00:19:01.440 --> 00:19:03.869 but instead of using the global composite,

NOTE Confidence: 0.8145365

 $00:19:03.870 \longrightarrow 00:19:05.385$ included each region separately and

NOTE Confidence: 0.8145365

 $00:19:05.385 \longrightarrow 00:19:07.354$ these are the regions that remain

NOTE Confidence: 0.8145365

00:19:07.354 --> 00:19:08.946 significant even after adjusting

NOTE Confidence: 0.8145365

 $00:19:08.946 \longrightarrow 00:19:10.140$ for multiple comparisons,

NOTE Confidence: 0.8145365

 $00:19:10.140 \longrightarrow 00:19:12.506$ so they were they were highly significant

NOTE Confidence: 0.8145365

00:19:12.506 --> 00:19:14.641 in terms of the relationship with

NOTE Confidence: 0.8145365

 $00:19:14.641 \longrightarrow 00:19:17.098$ with an on ramp slow of activity.

NOTE Confidence: 0.85056037

 $00{:}19{:}22.490 \dashrightarrow 00{:}19{:}24.614$ So the two questions that really

NOTE Confidence: 0.85056037

 $00:19:24.614 \longrightarrow 00:19:27.278$ underlie my work are based on the

NOTE Confidence: 0.85056037

 $00{:}19{:}27.278 \dashrightarrow 00{:}19{:}29.248$ idea that sleep dys
function is

NOTE Confidence: 0.85056037

 $00:19:29.248 \longrightarrow 00:19:32.003$ associated with the risk of cognitive

NOTE Confidence: 0.85056037

00:19:32.003 --> 00:19:33.903 impairment and Alzheimer's disease,

NOTE Confidence: 0.85056037

 $00:19:33.910 \longrightarrow 00:19:36.766$ and there's a long lead time for

NOTE Confidence: 0.85056037

 $00:19:36.766 \longrightarrow 00:19:37.990$ Alzheimer disease pathogenesis.

NOTE Confidence: 0.85056037

 $00:19:37.990 \longrightarrow 00:19:41.662$ So we chicken in the egg question about this.

 $00:19:41.670 \longrightarrow 00:19:43.262$ About this bidirectional relationship.

NOTE Confidence: 0.85056037

 $00:19:43.262 \longrightarrow 00:19:46.560$ What is what is what is coming first?

NOTE Confidence: 0.85056037

00:19:46.560 --> 00:19:49.416 Or is it for? Is it possible?

NOTE Confidence: 0.85056037

00:19:49.420 --> 00:19:52.748 Is what I think that you could have.

NOTE Confidence: 0.85056037

 $00:19:52.750 \longrightarrow 00:19:54.630$ Sleep disturbances that are being

NOTE Confidence: 0.85056037

00:19:54.630 --> 00:19:56.510 caused by Alzheimer's disease pathology

NOTE Confidence: 0.85056037

00:19:56.568 --> 00:19:58.373 but also Alzheimer's disease with

NOTE Confidence: 0.85056037

 $00{:}19{:}58.373 \dashrightarrow 00{:}20{:}00.178$ sleep disturbances can be promoting.

NOTE Confidence: 0.85056037

00:20:00.180 --> 00:20:03.498 Same resumes pathology.

NOTE Confidence: 0.85056037

 $00:20:03.500 \longrightarrow 00:20:06.300$ And in the remainder of the talk,

NOTE Confidence: 0.85056037

 $00{:}20{:}06.300 \dashrightarrow 00{:}20{:}08.916$ I want to go through a few mechanisms

NOTE Confidence: 0.85056037

 $00:20:08.916 \longrightarrow 00:20:11.499$ that may explain this relationship.

NOTE Confidence: 0.8965814

 $00{:}20{:}17.500 \dashrightarrow 00{:}20{:}20{:}300$ Actually, I before I get to the mechanisms

NOTE Confidence: 0.8965814

 $00:20:20:300 \longrightarrow 00:20:23.262$ I didn't want to make one point about

NOTE Confidence: 0.8965814

 $00:20:23.262 \longrightarrow 00:20:25.619$ the complexity of trying to sort out.

00:20:27.880 --> 00:20:29.074 What what, what,

NOTE Confidence: 0.8409617

 $00{:}20{:}29.074 \to 00{:}20{:}31.860$ what changes are occurring and when in

NOTE Confidence: 0.8409617

 $00:20:31.941 \longrightarrow 00:20:34.769$ terms of sleep and 80 the pathogenesis,

NOTE Confidence: 0.8409617

 $00{:}20{:}34.770 \dashrightarrow 00{:}20{:}39.586$ the factors that affect 80 risk and sleep.

NOTE Confidence: 0.8409617

00:20:39.590 --> 00:20:43.132 Are many so age, sex, physical activity,

NOTE Confidence: 0.8409617

 $00{:}20{:}43.132 \dashrightarrow 00{:}20{:}44.650$ depression, vascular disease,

NOTE Confidence: 0.8409617

 $00{:}20{:}44.650 \dashrightarrow 00{:}20{:}47.000$ health disparities could affect both

NOTE Confidence: 0.8409617

 $00:20:47.000 \longrightarrow 00:20:50.537$ sleep quality as well as the risk

NOTE Confidence: 0.8409617

 $00{:}20{:}50.537 \dashrightarrow 00{:}20{:}52.745$ of developing Alzheimer's disease.

NOTE Confidence: 0.8409617

 $00:20:52.750 \longrightarrow 00:20:55.786$ And some of these factors may

NOTE Confidence: 0.8409617

00:20:55.786 --> 00:20:57.810 affect each each other.

NOTE Confidence: 0.8409617

 $00:20:57.810 \longrightarrow 00:20:58.820$ For instance,

NOTE Confidence: 0.8409617

00:20:58.820 --> 00:21:01.345 decreased physical activity with age,

NOTE Confidence: 0.8409617

 $00:21:01.350 \longrightarrow 00:21:02.865$ increased medical comorbidities

NOTE Confidence: 0.8409617

 $00:21:02.865 \longrightarrow 00:21:05.895$ such as vascular disease with age,

NOTE Confidence: 0.8409617

 $00:21:05.900 \longrightarrow 00:21:08.490$ and it's not understood how

 $00{:}21{:}08.490 \dashrightarrow 00{:}21{:}10.562$ these factors may interact.

NOTE Confidence: 0.8409617

 $00{:}21{:}10.570 \dashrightarrow 00{:}21{:}12.515$ Modify or mediate each other

NOTE Confidence: 0.8409617

 $00:21:12.515 \longrightarrow 00:21:14.908$ and it just illustrate that that

NOTE Confidence: 0.8409617

 $00:21:14.908 \longrightarrow 00:21:17.158$ point I'd like to highlight this

NOTE Confidence: 0.8409617

00:21:17.158 --> 00:21:19.329 paper from Carla Styles for go.

NOTE Confidence: 0.8409617

 $00:21:19.330 \longrightarrow 00:21:21.283$ So and Tom Gill at Yale that

NOTE Confidence: 0.8409617

 $00:21:21.283 \longrightarrow 00:21:23.277$ when I was putting together

NOTE Confidence: 0.8409617

00:21:23.277 --> 00:21:25.429 my career development award,

NOTE Confidence: 0.8409617

 $00:21:25.430 \longrightarrow 00:21:25.815$ really,

NOTE Confidence: 0.8409617

00:21:25.815 --> 00:21:28.125 really brought together a lot of

NOTE Confidence: 0.8409617

 $00:21:28.125 \longrightarrow 00:21:30.927$ things that I was reading and thinking

NOTE Confidence: 0.8409617

 $00{:}21{:}30.927 \dashrightarrow 00{:}21{:}33.279$ about and was a nice framework

NOTE Confidence: 0.8409617

 $00:21:33.360 \longrightarrow 00:21:35.460$ for me and I think illustrates

NOTE Confidence: 0.8409617

 $00:21:35.460 \longrightarrow 00:21:37.656$ the effect of just age alone.

NOTE Confidence: 0.8409617

 $00:21:37.656 \longrightarrow 00:21:40.840$ On trying to get at the bottom of.

 $00:21:40.840 \longrightarrow 00:21:42.600$ Of the relationship between

NOTE Confidence: 0.8409617

 $00{:}21{:}42.600 \dashrightarrow 00{:}21{:}44.360$ sleep and Alzheimer's disease.

NOTE Confidence: 0.8409617

 $00:21:44.360 \longrightarrow 00:21:46.904$ Now we know that there are

NOTE Confidence: 0.8409617

00:21:46.904 --> 00:21:49.200 multiple factors that a sleep,

NOTE Confidence: 0.8409617

00:21:49.200 --> 00:21:50.080 sleep, sleep,

NOTE Confidence: 0.8409617

 $00:21:50.080 \longrightarrow 00:21:51.840$ sleep factors that change

NOTE Confidence: 0.8409617

00:21:51.840 --> 00:21:53.160 during normal aging,

NOTE Confidence: 0.8409617

 $00:21:53.160 \longrightarrow 00:21:55.800$ such as decreased slow wave activity.

NOTE Confidence: 0.8409617

 $00:21:55.800 \longrightarrow 00:21:58.260$ And there can be sex differences

NOTE Confidence: 0.8409617

 $00:21:58.260 \longrightarrow 00:22:00.640$ for some of these factors.

NOTE Confidence: 0.8409617

 $00:22:00.640 \longrightarrow 00:22:02.368$ There's precipitating factors that

NOTE Confidence: 0.8409617

 $00:22:02.368 \longrightarrow 00:22:04.960$ occur with usual aging like increased

NOTE Confidence: 0.8409617

00:22:05.020 --> 00:22:07.240 incidence of primary sleep disorders,

NOTE Confidence: 0.8409617

00:22:07.240 --> 00:22:08.936 change in health status.

NOTE Confidence: 0.8409617

 $00:22:08.936 \longrightarrow 00:22:11.056$ There can be psychosocial factors

NOTE Confidence: 0.8409617

 $00:22:11.056 \longrightarrow 00:22:13.768$ like social isolation and bereavement.

 $00:22:13.770 \longrightarrow 00:22:15.675$ And these can interact together

NOTE Confidence: 0.8409617

 $00:22:15.675 \longrightarrow 00:22:17.580$ to affect sleep that could

NOTE Confidence: 0.8409617

00:22:17.654 --> 00:22:20.089 potentially lead to adverse outcomes,

NOTE Confidence: 0.8409617

 $00:22:20.090 \longrightarrow 00:22:22.556$ and these adverse outcomes in and

NOTE Confidence: 0.8409617

 $00:22:22.556 \longrightarrow 00:22:24.200$ of themselves could potentially

NOTE Confidence: 0.8409617

 $00:22:24.270 \longrightarrow 00:22:25.978$ feedback and impair asleep.

NOTE Confidence: 0.8409617

00:22:25.980 --> 00:22:28.927 And so I think that just underlies

NOTE Confidence: 0.8409617

 $00:22:28.927 \longrightarrow 00:22:29.769$ the complex.

NOTE Confidence: 0.8409617

 $00:22:29.770 \longrightarrow 00:22:32.521$ The complexity of the task to really

NOTE Confidence: 0.8409617

 $00{:}22{:}32.521 \rightarrow 00{:}22{:}34.230$ establish the relationship between

NOTE Confidence: 0.8409617

 $00{:}22{:}34.230 \dashrightarrow 00{:}22{:}36.078$ sleep in Alzheimer's disease,

NOTE Confidence: 0.8409617

 $00{:}22{:}36.080 \dashrightarrow 00{:}22{:}38.060$ especially with the eye toward

NOTE Confidence: 0.8409617

 $00{:}22{:}38.060 \dashrightarrow 00{:}22{:}40.573$ using it using a sleep intervention

NOTE Confidence: 0.8409617

 $00:22:40.573 \longrightarrow 00:22:42.818$ to prevent or delay AD.

NOTE Confidence: 0.86940813

 $00:22:46.790 \longrightarrow 00:22:48.880$ OK, now onto the mechanism.

 $00:22:48.880 \longrightarrow 00:22:51.624$ So first I want to talk about is

NOTE Confidence: 0.86940813

 $00{:}22{:}51.624 \dashrightarrow 00{:}22{:}54.300$ amyloid beta production and clearance.

NOTE Confidence: 0.8335245

 $00{:}22{:}57.470 \dashrightarrow 00{:}22{:}59.810$ We know that amyloid beta fluctuates

NOTE Confidence: 0.8335245

 $00:22:59.810 \longrightarrow 00:23:01.860$ with the sleep Wake Cycle.

NOTE Confidence: 0.8335245

 $00:23:01.860 \longrightarrow 00:23:04.695$ This has been shown in mice and

NOTE Confidence: 0.8335245

 $00:23:04.695 \longrightarrow 00:23:07.447$ the figure on the on the left,

NOTE Confidence: 0.8335245

 $00:23:07.450 \longrightarrow 00:23:09.802$ where the interstitial fluid

NOTE Confidence: 0.8335245

 $00{:}23{:}09.802 \dashrightarrow 00{:}23{:}12.154$ concentration of amyloid beta.

NOTE Confidence: 0.8335245

 $00:23:12.160 \longrightarrow 00:23:14.320$ Oscillates with the minutes awake

NOTE Confidence: 0.8335245

 $00:23:14.320 \longrightarrow 00:23:17.020$ per hour when those are lower,

NOTE Confidence: 0.8335245

 $00{:}23{:}17.020 \dashrightarrow 00{:}23{:}20.188$ their concentration is lower.

NOTE Confidence: 0.8335245

 $00:23:20.190 \longrightarrow 00:23:23.256$ And it's also been seen in humans.

NOTE Confidence: 0.8335245

 $00:23:23.260 \longrightarrow 00:23:25.474$ This is a study that was

NOTE Confidence: 0.8335245

00:23:25.474 --> 00:23:27.614 conducted by Randall Bateman at

NOTE Confidence: 0.8335245

00:23:27.614 --> 00:23:29.390 watching Washington University,

NOTE Confidence: 0.8335245

 $00:23:29.390 \longrightarrow 00:23:33.338$ where lumbar catheters or placed in CSF

 $00:23:33.338 \longrightarrow 00:23:36.909$ was sampled every hour for 36 hours.

NOTE Confidence: 0.8335245

 $00:23:36.910 \longrightarrow 00:23:39.844$ A beta 42 and a beta 40 were shown

NOTE Confidence: 0.8335245

00:23:39.844 --> 00:23:43.174 to oscillate over this 36 hour period

NOTE Confidence: 0.8335245

 $00:23:43.174 \longrightarrow 00:23:46.618$ and to be associated with with sleep,

NOTE Confidence: 0.8335245

 $00:23:46.620 \longrightarrow 00:23:49.406$ and so the triangles are the total

NOTE Confidence: 0.8335245

 $00:23:49.406 \longrightarrow 00:23:52.098$ sleep time in minutes per hour.

NOTE Confidence: 0.8335245

 $00:23:52.100 \longrightarrow 00:23:55.444$ You'll notice that there is a delay of

NOTE Confidence: 0.8335245

00:23:55.444 --> 00:23:57.613 approximately 5 hours between changes

NOTE Confidence: 0.8335245

 $00:23:57.613 \longrightarrow 00:24:00.539$ in a beta and changes and sleep,

NOTE Confidence: 0.8335245

 $00{:}24{:}00.540 \dashrightarrow 00{:}24{:}03.732$ and this is due to the transit time

NOTE Confidence: 0.8335245

 $00:24:03.732 \longrightarrow 00:24:07.250$ from the brain to the lumbar catheter.

NOTE Confidence: 0.8335245

 $00:24:07.250 \longrightarrow 00:24:09.718$ In the lower back.

NOTE Confidence: 0.8715732

 $00:24:12.150 \longrightarrow 00:24:14.950$ One mechanism that that

NOTE Confidence: 0.8715732

 $00:24:14.950 \longrightarrow 00:24:18.450$ that has been proposed to.

NOTE Confidence: 0.8715732

 $00:24:18.450 \longrightarrow 00:24:20.990$ Mediate the changes in concentration

 $00:24:20.990 \longrightarrow 00:24:23.022$ with changes in sleep.

NOTE Confidence: 0.8715732

 $00{:}24{:}23.030 \dashrightarrow 00{:}24{:}25.580$ Wake activity is neuronal activity.

NOTE Confidence: 0.8715732

 $00:24:25.580 \longrightarrow 00:24:28.628$ So neural activity decreases during sleep.

NOTE Confidence: 0.8715732

 $00:24:28.630 \longrightarrow 00:24:32.186$ In this study they had monitored sleep.

NOTE Confidence: 0.8715732

 $00:24:32.190 \longrightarrow 00:24:36.271$ You can see slow waves that were

NOTE Confidence: 0.8715732

 $00:24:36.271 \longrightarrow 00:24:40.009$ recorded and they correlated with.

NOTE Confidence: 0.8715732

 $00:24:40.010 \longrightarrow 00:24:42.674$ Metabolic activity on a pet scan

NOTE Confidence: 0.8715732

 $00:24:42.674 \longrightarrow 00:24:45.637$ showed that as the slave activity

NOTE Confidence: 0.8715732

 $00:24:45.637 \longrightarrow 00:24:48.377$ increased that there was a

NOTE Confidence: 0.8715732

 $00:24:48.377 \longrightarrow 00:24:51.075$ decrease in metabolic activity in

NOTE Confidence: 0.8715732

 $00{:}24{:}51.075 \dashrightarrow 00{:}24{:}53.949$ the regions that they looked at.

NOTE Confidence: 0.8715732

 $00:24:53.950 \longrightarrow 00:24:56.560$ More.

NOTE Confidence: 0.8715732

 $00:24:56.560 \longrightarrow 00:25:00.355$ Controlled experiments in animal models

NOTE Confidence: 0.8715732

 $00{:}25{:}00.355 \dashrightarrow 00{:}25{:}04.150$ have shown that stimulating pathway

NOTE Confidence: 0.8715732

 $00:25:04.257 \longrightarrow 00:25:07.657$ electrical stimulation has increased

NOTE Confidence: 0.8715732

 $00:25:07.657 \longrightarrow 00:25:11.907$ amyloid beta concentrations in the

00:25:11.907 --> 00:25:14.789 interstitial fluid and blocking.

NOTE Confidence: 0.8715732

 $00:25:14.790 \longrightarrow 00:25:17.598$ Oral activity has decreased them and

NOTE Confidence: 0.8715732

00:25:17.598 --> 00:25:20.034 other proteins that are released

NOTE Confidence: 0.8715732

 $00:25:20.034 \longrightarrow 00:25:22.932$ with neural activity such as Tau

NOTE Confidence: 0.8715732

00:25:22.932 --> 00:25:24.381 and Alpha Synuclein,

NOTE Confidence: 0.8715732

 $00:25:24.390 \longrightarrow 00:25:27.750$ have shown the same effect in mice,

NOTE Confidence: 0.8715732

 $00:25:27.750 \longrightarrow 00:25:29.190$ where stimulation increases,

NOTE Confidence: 0.8715732

 $00:25:29.190 \longrightarrow 00:25:31.110$ the concentration of both.

NOTE Confidence: 0.818451100000001

 $00{:}25{:}34.030 \dashrightarrow 00{:}25{:}36.732$ On the foot on the opposite side

NOTE Confidence: 0.818451100000001

 $00:25:36.732 \longrightarrow 00:25:39.056$ of production we have clearance

NOTE Confidence: 0.818451100000001

 $00:25:39.056 \longrightarrow 00:25:41.771$ and there's a clearance mechanism

NOTE Confidence: 0.818451100000001

 $00:25:41.771 \longrightarrow 00:25:44.844$ that's been proposed to to control

NOTE Confidence: 0.818451100000001

 $00{:}25{:}44.844 \dashrightarrow 00{:}25{:}47.109$ the oscillation of amyloid beta.

NOTE Confidence: 0.818451100000001

 $00:25:47.110 \longrightarrow 00:25:50.164$ This is the glymphatic system where

NOTE Confidence: 0.818451100000001

00:25:50.164 --> 00:25:53.818 convective bulk flow of fluid from the

 $00:25:53.818 \longrightarrow 00:25:56.872$ arterial system to the venous system

NOTE Confidence: 0.818451100000001

 $00:25:56.872 \longrightarrow 00:26:00.580$ removes solid waste products from the brain.

NOTE Confidence: 0.818451100000001

 $00:26:00.580 \longrightarrow 00:26:04.258$ First described in.

NOTE Confidence: 0.818451100000001

 $00:26:04.260 \longrightarrow 00:26:07.403$ If it's Association with sleep in this

NOTE Confidence: 0.818451100000001

 $00:26:07.403 \longrightarrow 00:26:10.201$ landmark paper from making it regards

NOTE Confidence: 0.818451100000001

00:26:10.201 --> 00:26:12.937 lab at the University of Rochester,

NOTE Confidence: 0.818451100000001

 $00:26:12.940 \longrightarrow 00:26:16.139$ where dye injected on the cortical surface.

NOTE Confidence: 0.818451100000001

00:26:16.140 --> 00:26:19.796 In this case, the green died during sleep,

NOTE Confidence: 0.818451100000001

00:26:19.800 --> 00:26:22.085 penetrates into the prank comma

NOTE Confidence: 0.818451100000001

 $00:26:22.085 \longrightarrow 00:26:24.370$ much more deeply than that.

NOTE Confidence: 0.818451100000001

 $00{:}26{:}24.370 \dashrightarrow 00{:}26{:}27.100$ The red dye injected during during

NOTE Confidence: 0.818451100000001

 $00{:}26{:}27.100 \dashrightarrow 00{:}26{:}29.899$ wakefulness and the proposed mechanism is

NOTE Confidence: 0.818451100000001

 $00:26:29.899 \longrightarrow 00:26:33.049$ that when we're when individual is younger,

NOTE Confidence: 0.818451100000001

 $00:26:33.050 \longrightarrow 00:26:34.448$ this flow is.

NOTE Confidence: 0.818451100000001

00:26:34.448 --> 00:26:36.778 Very efficient at removing waste

NOTE Confidence: 0.818451100000001

00:26:36.778 --> 00:26:39.029 products such as amyloid beta,

00:26:39.030 --> 00:26:41.305 but becomes disrupted with age

NOTE Confidence: 0.818451100000001

 $00:26:41.305 \longrightarrow 00:26:43.580$ leading to those we didn't.

NOTE Confidence: 0.818451100000001

00:26:43.580 --> 00:26:45.400 Emily beta accumulating in

NOTE Confidence: 0.818451100000001

 $00:26:45.400 \longrightarrow 00:26:47.220$ the brain forming pathology,

NOTE Confidence: 0.818451100000001

 $00:26:47.220 \longrightarrow 00:26:49.752$ further disrupting it and acting as

NOTE Confidence: 0.818451100000001

 $00:26:49.752 \longrightarrow 00:26:52.230$ a especially a feedback mechanism.

NOTE Confidence: 0.8068333

00:26:54.410 --> 00:26:56.340 I think that's you know,

NOTE Confidence: 0.8068333

 $00:26:56.340 \longrightarrow 00:26:58.650$ since since a beta of fluctuates,

NOTE Confidence: 0.8068333

 $00:26:58.650 \longrightarrow 00:27:00.206$ a sleep wake activity,

NOTE Confidence: 0.8068333

 $00:27:00.206 \longrightarrow 00:27:02.151$ it immediately raises the question

NOTE Confidence: 0.8068333

00:27:02.151 --> 00:27:04.420 of if you can manipulate sleep,

NOTE Confidence: 0.8068333

 $00:27:04.420 \longrightarrow 00:27:06.952$ can you manipulate amyloid beta and

NOTE Confidence: 0.8068333

 $00:27:06.952 \longrightarrow 00:27:09.805$ studies in mice have shown that

NOTE Confidence: 0.8068333

 $00{:}27{:}09.805 \dashrightarrow 00{:}27{:}11.969$ sleep deprivation does increase.

NOTE Confidence: 0.8068333

 $00:27:11.970 \longrightarrow 00:27:14.958$ Soluble amyloid beta concentrations

 $00:27:14.958 \longrightarrow 00:27:20.110$ in this very elegant study from Ulju.

NOTE Confidence: 0.8068333

 $00:27:20.110 \longrightarrow 00:27:22.435$ Slow wave sleep was selectively

NOTE Confidence: 0.8068333

 $00:27:22.435 \longrightarrow 00:27:24.760$ disrupted using tones while participants

NOTE Confidence: 0.8068333

 $00:27:24.831 \longrightarrow 00:27:27.134$ were sleeping and they had a lumbar

NOTE Confidence: 0.8068333

00:27:27.134 --> 00:27:29.377 puncture in the morning following the

NOTE Confidence: 0.8068333

 $00:27:29.377 \longrightarrow 00:27:31.741$ intervention and also did it twice

NOTE Confidence: 0.8068333

 $00:27:31.741 \longrightarrow 00:27:34.330$ with a sham procedure where slowed

NOTE Confidence: 0.8068333

 $00:27:34.330 \longrightarrow 00:27:36.924$ sleep was not being disrupted and

NOTE Confidence: 0.8068333

 $00{:}27{:}36.924 \dashrightarrow 00{:}27{:}39.532$ what she had shown was that great of

NOTE Confidence: 0.8068333

 $00:27:39.532 \longrightarrow 00:27:42.166$ the disruption in slow wave sleep.

NOTE Confidence: 0.8068333

 $00{:}27{:}42.170 \dashrightarrow 00{:}27{:}44.366$ The greater the increase in slave

NOTE Confidence: 0.8068333

 $00:27:44.366 \longrightarrow 00:27:46.335$ activity between the two interventions

NOTE Confidence: 0.8068333

 $00:27:46.335 \longrightarrow 00:27:49.373$ and was really elegant about this method,

NOTE Confidence: 0.8068333

 $00{:}27{:}49.380 \dashrightarrow 00{:}27{:}52.020$ is it is olated.

NOTE Confidence: 0.8068333

00:27:52.020 --> 00:27:54.860 Non REM slow wave sleep and did not

NOTE Confidence: 0.8068333

 $00:27:54.860 \longrightarrow 00:27:56.961$ actually result in differences in

 $00:27:56.961 \longrightarrow 00:27:59.595$ the total sleep time between the

NOTE Confidence: 0.8068333

 $00{:}27{:}59.595 {\:{\circ}{\circ}{\circ}}>00{:}28{:}01.669$ participants and there was no difference

NOTE Confidence: 0.8068333

00:28:01.669 --> 00:28:04.419 in a beta for any changes in total

NOTE Confidence: 0.8068333

00:28:04.419 --> 00:28:07.762 sleep time and I thought it was very

NOTE Confidence: 0.8068333

 $00:28:07.762 \longrightarrow 00:28:10.287$ elegant and well executed study.

NOTE Confidence: 0.8068333

 $00:28:10.290 \longrightarrow 00:28:14.945$ My lab has been very interested in.

NOTE Confidence: 0.8068333

00:28:14.950 --> 00:28:18.128 Translating the findings from mice to humans,

NOTE Confidence: 0.8068333

 $00:28:18.130 \longrightarrow 00:28:19.478$ and to do this,

NOTE Confidence: 0.8068333

 $00:28:19.478 \longrightarrow 00:28:23.357$ we we brought in 30 to 60 year old

NOTE Confidence: 0.8068333

 $00:28:23.357 \longrightarrow 00:28:26.297$ cognitively normal participants in place.

NOTE Confidence: 0.8068333

 $00{:}28{:}26.300 \dashrightarrow 00{:}28{:}29.499$ Lumbar catheters at 7:00 in the morning

NOTE Confidence: 0.8068333

 $00{:}28{:}29.499 \dashrightarrow 00{:}28{:}31.693$ and sampled cerebral spinal fluid

NOTE Confidence: 0.8068333

 $00{:}28{:}31.693 \dashrightarrow 00{:}28{:}34.677$ every two hours for 36 hours and had

NOTE Confidence: 0.8068333

 $00:28:34.755 \longrightarrow 00:28:37.650$ them under different sleep conditions.

NOTE Confidence: 0.8068333

 $00:28:37.650 \longrightarrow 00:28:40.828$ In this study there was eight participants,

 $00:28:40.830 \longrightarrow 00:28:43.656$ but they all came back and

NOTE Confidence: 0.8068333

00:28:43.656 --> 00:28:45.540 repeated the study so.

NOTE Confidence: 0.8068333

00:28:45.540 --> 00:28:46.532 Four of the participants

NOTE Confidence: 0.8068333

 $00:28:46.532 \longrightarrow 00:28:48.020$ did all three of the arms.

NOTE Confidence: 0.8068333

00:28:48.020 --> 00:28:51.008 They did the control group, which is in blue.

NOTE Confidence: 0.8068333

 $00:28:51.008 \longrightarrow 00:28:52.319$ They did sleep.

NOTE Confidence: 0.8068333

 $00{:}28{:}52.320 \dashrightarrow 00{:}28{:}54.528$ The sleep deprived group in red

NOTE Confidence: 0.8068333

 $00:28:54.528 \longrightarrow 00:28:57.320$ and the green drug group where they

NOTE Confidence: 0.8068333

 $00{:}28{:}57.320 \to 00{:}28{:}59.798$ received sodium oxybate and the goal

NOTE Confidence: 0.8068333

00:28:59.798 --> 00:29:02.495 of sodium oxybate was to increase

NOTE Confidence: 0.8068333

 $00{:}29{:}02.495 \mathrel{--}{>} 00{:}29{:}04.705$ slow wave sleep and hopefully

NOTE Confidence: 0.8068333

 $00:29:04.710 \longrightarrow 00:29:06.775$ decrease the concentration of amyloid

NOTE Confidence: 0.8068333

 $00:29:06.775 \longrightarrow 00:29:08.840$ beta and cerebral spinal fluid.

NOTE Confidence: 0.8068333

 $00:29:08.840 \longrightarrow 00:29:10.488$ The other four participants

NOTE Confidence: 0.8068333

00:29:10.488 --> 00:29:12.136 repeated the study twice,

NOTE Confidence: 0.8068333

 $00:29:12.140 \longrightarrow 00:29:15.095$ so there's twenty time courses

 $00:29:15.095 \longrightarrow 00:29:18.050$ that went into this data.

NOTE Confidence: 0.8068333

 $00{:}29{:}18.050 \dashrightarrow 00{:}29{:}20.228$ Because the participants were all kept

NOTE Confidence: 0.8068333

00:29:20.228 --> 00:29:23.118 awake for the first 12 hours of the study,

NOTE Confidence: 0.8068333

 $00:29:23.120 \longrightarrow 00:29:25.528$ we normalized all of the time points

NOTE Confidence: 0.8068333

 $00:29:25.528 \longrightarrow 00:29:28.190$ to the average of that first 12 hours.

NOTE Confidence: 0.8068333

 $00:29:28.190 \longrightarrow 00:29:30.218$ That's why the curves line up,

NOTE Confidence: 0.8068333

 $00:29:30.220 \longrightarrow 00:29:32.586$ and then at 9:00 PM at the

NOTE Confidence: 0.8068333

 $00:29:32.586 \longrightarrow 00:29:33.600$ vertical dashed line,

NOTE Confidence: 0.8068333

 $00{:}29{:}33.600 \dashrightarrow 00{:}29{:}34.948$ the control participants were

NOTE Confidence: 0.8068333

 $00:29:34.948 \longrightarrow 00:29:37.320$ allowed to sleep as they were able.

NOTE Confidence: 0.8068333

 $00{:}29{:}37.320 \dashrightarrow 00{:}29{:}39.468$ The drug group got their first

NOTE Confidence: 0.8068333

00:29:39.468 --> 00:29:41.890 dose of sodium oxybate and a second

NOTE Confidence: 0.8068333

 $00:29:41.890 \longrightarrow 00:29:43.732$ dose at 1:00 in the morning,

NOTE Confidence: 0.8068333

 $00:29:43.740 \longrightarrow 00:29:45.710$ and then the sleep deprived

NOTE Confidence: 0.8068333

 $00:29:45.710 \longrightarrow 00:29:47.286$ group was permitted to.

 $00:29:47.290 \longrightarrow 00:29:49.130$ They just stay with that.

NOTE Confidence: 0.8068333

00:29:49.130 --> 00:29:50.542 They just stayed awake.

NOTE Confidence: 0.8068333

00:29:50.542 --> 00:29:51.954 They were behaviorally kept

NOTE Confidence: 0.8068333

 $00:29:51.954 \longrightarrow 00:29:53.529$ awake without any stimulants.

NOTE Confidence: 0.8068333

 $00:29:53.530 \longrightarrow 00:29:56.099$ The shaded area is the overnight period,

NOTE Confidence: 0.8068333

 $00:29:56.100 \longrightarrow 00:29:58.005$ accounting for the transit time

NOTE Confidence: 0.8068333

 $00{:}29{:}58.005 \dashrightarrow 00{:}30{:}00.300$ from the brain and captures this.

NOTE Confidence: 0.8068333

00:30:00.300 --> 00:30:02.700 Period for all the participants

NOTE Confidence: 0.8068333

 $00:30:02.700 \longrightarrow 00:30:06.099$ and we found that a beta 3840

NOTE Confidence: 0.8068333

 $00:30:06.099 \longrightarrow 00:30:09.249$ and 42 is was increased about 30%

NOTE Confidence: 0.8068333

 $00{:}30{:}09.250 \dashrightarrow 00{:}30{:}13.070$ compared to the control group.

NOTE Confidence: 0.8068333

 $00:30:13.070 \longrightarrow 00:30:14.980$ As far as these isoforms,

NOTE Confidence: 0.8068333

 $00:30:14.980 \longrightarrow 00:30:17.266$ we've talked about a beta 42.

NOTE Confidence: 0.8068333

 $00:30:17.270 \longrightarrow 00:30:20.007$ This is the one most likely to

NOTE Confidence: 0.8068333

 $00:30:20.007 \longrightarrow 00:30:22.239$ aggregate into plaque in the brain.

NOTE Confidence: 0.8068333

 $00:30:22.240 \longrightarrow 00:30:25.384$ Abeta 40 is the most abundant

 $00:30:25.384 \longrightarrow 00:30:27.480$ form of amyloid beta.

NOTE Confidence: 0.86718524

 $00:30:27.480 \longrightarrow 00:30:29.890$ Followed by a beta 38.

NOTE Confidence: 0.79840666

 $00{:}30{:}33.230 \longrightarrow 00{:}30{:}35.540$ We've looked at in these samples at

NOTE Confidence: 0.79840666

 $00:30:35.540 \longrightarrow 00:30:37.634$ other proteins that are released with

NOTE Confidence: 0.79840666

 $00:30:37.634 \longrightarrow 00:30:39.722$ synaptic activity that some one of

NOTE Confidence: 0.79840666

00:30:39.722 --> 00:30:42.110 which you've looked at Alpha Synuclein,

NOTE Confidence: 0.79840666

 $00:30:42.110 \longrightarrow 00:30:44.740$ which in the sweet ride

NOTE Confidence: 0.79840666

00:30:44.740 --> 00:30:46.318 participants also increases.

NOTE Confidence: 0.79840666

00:30:46.320 --> 00:30:48.660 Significantly, and this is unpublished

NOTE Confidence: 0.79840666

 $00{:}30{:}48.660 \dashrightarrow 00{:}30{:}51.625$ data that was done in collaboration

NOTE Confidence: 0.79840666

 $00{:}30{:}51.625 \dashrightarrow 00{:}30{:}54.901$ with Paul Worley's lab at Johns

NOTE Confidence: 0.79840666

00:30:54.901 --> 00:30:56.930 Hopkins Neural Pentraxin two,

NOTE Confidence: 0.79840666

 $00{:}30{:}56.930 \dashrightarrow 00{:}30{:}58.950$ which also is increased.

NOTE Confidence: 0.8143345

 $00:31:02.530 \longrightarrow 00:31:05.130$ Finally, in this experiment we

NOTE Confidence: 0.8143345

 $00:31:05.130 \longrightarrow 00:31:07.210$ infused all the participants

 $00:31:07.210 \longrightarrow 00:31:09.928$ with carbon 13 labeled leucine.

NOTE Confidence: 0.8143345

 $00:31:09.930 \longrightarrow 00:31:11.740$ This is for stable isotope

NOTE Confidence: 0.8143345

00:31:11.740 --> 00:31:13.188 labeling kinetics to measure

NOTE Confidence: 0.8143345

 $00:31:13.188 \longrightarrow 00:31:14.709$ production and clearance rates.

NOTE Confidence: 0.8143345

 $00:31:14.710 \longrightarrow 00:31:17.390$ They were infused at 9:00 PM and you

NOTE Confidence: 0.8143345

 $00:31:17.390 \longrightarrow 00:31:20.151$ can see the delay before you start

NOTE Confidence: 0.8143345

 $00{:}31{:}20.151 \dashrightarrow 00{:}31{:}22.948$ to see any labeled Amyloid Beta and

NOTE Confidence: 0.8143345

 $00:31:22.948 \longrightarrow 00:31:25.398$ the labeling curve at the rise in

NOTE Confidence: 0.8143345

 $00{:}31{:}25.398 \dashrightarrow 00{:}31{:}28.260$ the percent labeled Peak and then

NOTE Confidence: 0.8143345

 $00:31:28.260 \longrightarrow 00:31:31.740$ it starts to starts to drop and.

NOTE Confidence: 0.8143345

 $00:31:31.740 \dashrightarrow 00:31:33.750$ Based on the kinetic modeling,

NOTE Confidence: 0.8143345

 $00{:}31{:}33.750 \dashrightarrow 00{:}31{:}36.242$ the changes in concentration that we we

NOTE Confidence: 0.8143345

 $00:31:36.242 \longrightarrow 00:31:38.958$ found were due primarily to production.

NOTE Confidence: 0.8143345

 $00:31:38.960 \longrightarrow 00:31:41.508$ That seemed to be the really the

NOTE Confidence: 0.8143345

 $00:31:41.508 \longrightarrow 00:31:43.983$ necessary and critical factor that was

NOTE Confidence: 0.8143345

 $00:31:43.983 \longrightarrow 00:31:46.173$ driving the changes in concentration,

 $00:31:46.180 \longrightarrow 00:31:49.486$ and the reason sort of just

NOTE Confidence: 0.8143345

 $00:31:49.486 \longrightarrow 00:31:51.690$ the simple reason too.

NOTE Confidence: 0.8143345

 $00:31:51.690 \longrightarrow 00:31:53.778$ That when you look at the curves to

NOTE Confidence: 0.8143345

 $00:31:53.778 \longrightarrow 00:31:56.095$ tell it there's there's not a difference

NOTE Confidence: 0.8143345

 $00:31:56.095 \longrightarrow 00:31:58.649$ in clearance is that the curves are

NOTE Confidence: 0.8143345

 $00:31:58.649 \longrightarrow 00:32:00.923$ superimposable in terms of the upslope,

NOTE Confidence: 0.8143345

 $00:32:00.930 \longrightarrow 00:32:03.900$ their peak time and the down the down slope.

NOTE Confidence: 0.8143345

 $00:32:03.900 \longrightarrow 00:32:06.609$ The fact that there's a little bit

NOTE Confidence: 0.8143345

 $00:32:06.609 \longrightarrow 00:32:09.794$ of it's a little bit lower here for

NOTE Confidence: 0.8143345

 $00:32:09.794 \longrightarrow 00:32:13.050$ the for the in the control group.

NOTE Confidence: 0.8143345

 $00:32:13.050 \longrightarrow 00:32:15.661$ Is not a significant part of the

NOTE Confidence: 0.8143345

 $00:32:15.661 \longrightarrow 00:32:17.991$ modeling help explain that I just

NOTE Confidence: 0.8143345

 $00{:}32{:}17.991 \dashrightarrow 00{:}32{:}19.891$ want to show this sensitivity

NOTE Confidence: 0.8143345

 $00{:}32{:}19.891 \dashrightarrow 00{:}32{:}22.342$ analysis that was done as part of

NOTE Confidence: 0.8143345

 $00:32:22.342 \longrightarrow 00:32:24.343$ the paper we published this result.

 $00:32:24.343 \longrightarrow 00:32:27.327$ Here we change the production rate plus or

NOTE Confidence: 0.8143345

 $00:32:27.327 \dashrightarrow 00:32:30.518$ minus 99% and you can only see the black.

NOTE Confidence: 0.8143345

 $00:32:30.520 \longrightarrow 00:32:33.096$ The black set of baseline line because

NOTE Confidence: 0.8143345

 $00:32:33.096 \longrightarrow 00:32:35.620$ there's no difference in the labeling curve.

NOTE Confidence: 0.8143345

 $00:32:35.620 \longrightarrow 00:32:38.602$ But as you change the fractional

NOTE Confidence: 0.8143345

00:32:38.602 --> 00:32:42.338 turnover rate to plus or minus 5 to 20%.

NOTE Confidence: 0.8143345

00:32:42.340 --> 00:32:44.538 You begin to see that the curve

NOTE Confidence: 0.8143345

 $00:32:44.538 \longrightarrow 00:32:46.357$ separate or the faster turnover

NOTE Confidence: 0.8143345

 $00{:}32{:}46.357 \dashrightarrow 00{:}32{:}48.763$ and green has a steeper upslope,

NOTE Confidence: 0.8143345

 $00:32:48.770 \longrightarrow 00:32:51.182$ earlier peak time and then drops

NOTE Confidence: 0.8143345

 $00{:}32{:}51.182 \dashrightarrow 00{:}32{:}53.279$ faster with the opposite being

NOTE Confidence: 0.8143345

 $00:32:53.279 \longrightarrow 00:32:55.339$ true for the slower turnover.

NOTE Confidence: 0.8143345

00:32:55.340 --> 00:33:00.479 And in a real world example of these changes,

NOTE Confidence: 0.8143345

 $00{:}33{:}00.480 \dashrightarrow 00{:}33{:}03.335$ is looking at different individuals

NOTE Confidence: 0.8143345

 $00:33:03.335 \longrightarrow 00:33:05.619$ with different amyloids status.

NOTE Confidence: 0.8143345

 $00:33:05.620 \longrightarrow 00:33:11.038$ So this is a study of 101 older older

 $00:33:11.038 \longrightarrow 00:33:15.750$ adults who had the labeling infused.

NOTE Confidence: 0.8143345

 $00:33:15.750 \longrightarrow 00:33:18.950$ And our zero and then were sampled for

NOTE Confidence: 0.8143345

 $00:33:18.950 \longrightarrow 00:33:22.479$ 36 hours and the amyloid negative group.

NOTE Confidence: 0.8143345

 $00:33:22.480 \longrightarrow 00:33:24.430$ Medic changes of a beta 3840

NOTE Confidence: 0.8143345

 $00:33:24.430 \longrightarrow 00:33:26.720$ and 42 are all overlapping.

NOTE Confidence: 0.8143345

 $00:33:26.720 \longrightarrow 00:33:30.410$ You don't see any differences, but an animal.

NOTE Confidence: 0.8143345

 $00:33:30.410 \longrightarrow 00:33:32.180$ A positive individuals.

NOTE Confidence: 0.8143345

00:33:32.180 --> 00:33:33.006 Data 42,

NOTE Confidence: 0.8143345

 $00:33:33.006 \longrightarrow 00:33:35.897$ which is more likely to aggregate into

NOTE Confidence: 0.8143345

 $00:33:35.897 \longrightarrow 00:33:39.065$ plaque as a steeper rise and earlier peak,

NOTE Confidence: 0.8143345

 $00:33:39.070 \longrightarrow 00:33:41.737$ and then it drops faster on the

NOTE Confidence: 0.8143345

00:33:41.737 --> 00:33:44.743 tail and the reason why you see

NOTE Confidence: 0.8143345

 $00{:}33{:}44.743 \dashrightarrow 00{:}33{:}47.395$ this faster turnover is that the

NOTE Confidence: 0.8143345

 $00:33:47.488 \longrightarrow 00:33:50.099$ A Beta 42 is being retained in

NOTE Confidence: 0.8143345

 $00:33:50.099 \longrightarrow 00:33:53.420$ the brain as insoluble plaque.

 $00:33:53.420 \longrightarrow 00:33:54.888$ And essentially functionally from

NOTE Confidence: 0.8143345

 $00{:}33{:}54.888 \dashrightarrow 00{:}33{:}57.730$ the point of view of the catheter,

NOTE Confidence: 0.8143345

 $00:33:57.730 \longrightarrow 00:34:01.349$ which is in the lower back essentially

NOTE Confidence: 0.8143345

 $00{:}34{:}01.349 \dashrightarrow 00{:}34{:}04.178$ being cleared from the from the.

NOTE Confidence: 0.8143345

 $00:34:04.180 \longrightarrow 00:34:04.740$ Fluid.

NOTE Confidence: 0.8191028

 $00:34:06.790 \longrightarrow 00:34:09.844$ I think that the stabilized and

NOTE Confidence: 0.8191028

 $00:34:09.844 \longrightarrow 00:34:11.880$ labeling the stabilized labeling

NOTE Confidence: 0.8191028

00:34:11.963 --> 00:34:14.910 kinetics is a very powerful method to

NOTE Confidence: 0.8191028

 $00{:}34{:}14.910 \dashrightarrow 00{:}34{:}17.881$ look at protein kinetics in vivo and

NOTE Confidence: 0.8191028

00:34:17.881 --> 00:34:20.772 a number of proteins have been looked

NOTE Confidence: 0.8191028

 $00{:}34{:}20.772 \dashrightarrow 00{:}34{:}22.580$ at for neurodegenerative diseases,

NOTE Confidence: 0.8191028

 $00:34:22.580 \longrightarrow 00:34:25.093$ and I just if there's more if

NOTE Confidence: 0.8191028

00:34:25.093 --> 00:34:27.390 you'd like more information to

NOTE Confidence: 0.8191028

00:34:27.390 --> 00:34:30.240 review this very complicated topic,

NOTE Confidence: 0.8191028

 $00:34:30.240 \longrightarrow 00:34:33.280$ there is this review article

NOTE Confidence: 0.8191028

 $00:34:33.280 \longrightarrow 00:34:36.320$ that came out last year.

00:34:36.320 --> 00:34:38.768 I just want to point out as well

NOTE Confidence: 0.8191028

 $00:34:38.768 \longrightarrow 00:34:41.129$ that not all proteins that we've

NOTE Confidence: 0.8191028

 $00:34:41.129 \longrightarrow 00:34:43.637$ looked at are affected by sleep.

NOTE Confidence: 0.8191028

 $00:34:43.640 \longrightarrow 00:34:45.901$ When we looked at proteins that are

NOTE Confidence: 0.8191028

00:34:45.901 --> 00:34:48.030 not released with synaptic activity,

NOTE Confidence: 0.8191028

 $00:34:48.030 \longrightarrow 00:34:50.226$ we don't see any changes with

NOTE Confidence: 0.8191028

 $00:34:50.226 \longrightarrow 00:34:50.958$ sleep deprivation,

NOTE Confidence: 0.8191028

00:34:50.960 --> 00:34:52.368 so neurofilament light chain,

NOTE Confidence: 0.8191028

00:34:52.368 --> 00:34:54.990 which is a marker for Alzheimer's disease,

NOTE Confidence: 0.8191028

 $00{:}34{:}54{.}990 \dashrightarrow 00{:}34{:}58{.}212$ is not increased sleep duration and

NOTE Confidence: 0.8191028

 $00:34:58.212 \longrightarrow 00:35:02.017$ the same is true with for GF AP.

NOTE Confidence: 0.8191028

 $00:35:02.020 \longrightarrow 00:35:04.428$ And what happens if you sleep deprived?

NOTE Confidence: 0.8191028

 $00:35:04.430 \longrightarrow 00:35:06.150$ If you're sleep deprived for

NOTE Confidence: 0.8191028

 $00{:}35{:}06.150 \dashrightarrow 00{:}35{:}07.870$ a long period of time,

NOTE Confidence: 0.8191028

 $00:35:07.870 \longrightarrow 00:35:09.985$ chronic sleep deprivation that's been

 $00:35:09.985 \longrightarrow 00:35:12.990$ tested in mice and sleep deprivation.

NOTE Confidence: 0.8191028

 $00:35:12.990 \dashrightarrow 00:35:17.034$ 21 days resulted in increased amyloid

NOTE Confidence: 0.8191028

 $00:35:17.034 \longrightarrow 00:35:19.730$ deposition in multiple regions

NOTE Confidence: 0.8191028

 $00:35:19.836 \longrightarrow 00:35:23.106$ compared to compared to controls.

NOTE Confidence: 0.8191028

 $00:35:23.110 \longrightarrow 00:35:26.603$ Suggesting that this could this could be

NOTE Confidence: 0.8191028

 $00:35:26.603 \longrightarrow 00:35:30.179$ a mechanism whereby sleep disturbance,

NOTE Confidence: 0.8191028

 $00:35:30.180 \longrightarrow 00:35:32.900$ increasing wakefulness during sleep increases

NOTE Confidence: 0.8191028

 $00:35:32.900 \longrightarrow 00:35:35.620$ the concentration which overtime promotes.

NOTE Confidence: 0.8191028

 $00{:}35{:}35.620 \dashrightarrow 00{:}35{:}39.850$ The deposition of amyloid plaque.

NOTE Confidence: 0.8191028

 $00:35:39.850 \longrightarrow 00:35:41.884$ A second mechanism I'd like to

NOTE Confidence: 0.8191028

 $00{:}35{:}41.884 \dashrightarrow 00{:}35{:}44.530$ go over is Tau phosphorylation.

NOTE Confidence: 0.8191028

00:35:44.530 --> 00:35:46.650 I didn't mention Tau previously,

NOTE Confidence: 0.8191028

 $00:35:46.650 \longrightarrow 00:35:49.200$ but we have looked at Tao,

NOTE Confidence: 0.8191028

 $00:35:49.200 \longrightarrow 00:35:52.175$ which is also released with neural activity,

NOTE Confidence: 0.8191028

 $00:35:52.180 \longrightarrow 00:35:55.580$ and we see that it is increased 30

NOTE Confidence: 0.8191028

 $00:35:55.580 \dashrightarrow 00:35:58.565$ to 40% compared to control for a

00:35:58.565 --> 00:36:01.100 number of different forms of Tao.

NOTE Confidence: 0.8191028

 $00:36:01.100 \longrightarrow 00:36:02.375$ This is 381,

NOTE Confidence: 0.8191028

 $00:36:02.375 \longrightarrow 00:36:04.500$ eighty one or two 181,

NOTE Confidence: 0.8191028

 $00:36:04.500 \longrightarrow 00:36:07.050$ Syrian 202 or 202, and three.

NOTE Confidence: 0.8191028

 $00:36:07.050 \longrightarrow 00:36:09.870$ I mean 217 or T 217.

NOTE Confidence: 0.8191028

 $00:36:09.870 \longrightarrow 00:36:12.418$ This is the same.

NOTE Confidence: 0.8191028

 $00:36:12.420 \longrightarrow 00:36:15.500$ Data from using the samples from the

NOTE Confidence: 0.8191028

 $00:36:15.500 \longrightarrow 00:36:18.371$ study have already been discussing with

NOTE Confidence: 0.8191028

 $00:36:18.371 \longrightarrow 00:36:21.787$ the same normalization and it looks very

NOTE Confidence: 0.8191028

 $00{:}36{:}21.875 \dashrightarrow 00{:}36{:}25.075$ similar to the to the amyloid beta data,

NOTE Confidence: 0.8191028

 $00{:}36{:}25.080 \dashrightarrow 00{:}36{:}27.618$ so that sleep duration is increasing

NOTE Confidence: 0.8191028

 $00{:}36{:}27.618 \dashrightarrow 00{:}36{:}30.821$ Tau soluble forms of Tau and human

NOTE Confidence: 0.8191028

 $00:36:30.821 \longrightarrow 00:36:33.677$ cerebral spinal fluid and prolonged sleep

NOTE Confidence: 0.8191028

 $00:36:33.677 \longrightarrow 00:36:36.825$ duration and mice can promote Tau pathology.

NOTE Confidence: 0.8191028

 $00:36:36.830 \longrightarrow 00:36:37.744$ This paper,

 $00:36:37.744 \longrightarrow 00:36:40.029$ published last year and science

NOTE Confidence: 0.8191028

 $00{:}36{:}40.029 \dashrightarrow 00{:}36{:}42.460$ involved seeds of Tau injected.

NOTE Confidence: 0.8191028

 $00:36:42.460 \longrightarrow 00:36:44.782$ The Locusts Arulius and those animals

NOTE Confidence: 0.8191028

 $00:36:44.782 \longrightarrow 00:36:46.735$ that were chronically sleep deprived

NOTE Confidence: 0.8191028

00:36:46.735 --> 00:36:48.460 had increased Tau pathology on

NOTE Confidence: 0.8191028

 $00:36:48.460 \longrightarrow 00:36:50.995$ the same side that the seeds were

NOTE Confidence: 0.8191028

 $00:36:50.995 \longrightarrow 00:36:52.815$ injected compared to the controls.

NOTE Confidence: 0.8481379

 $00:36:56.880 \longrightarrow 00:36:58.728$ One very interesting and

NOTE Confidence: 0.8481379

 $00{:}36{:}58.728 \dashrightarrow 00{:}37{:}01.038$ unexpected finding was that when

NOTE Confidence: 0.8481379

00:37:01.038 --> 00:37:03.820 we looked at phosphorylated Tau,

NOTE Confidence: 0.8481379

 $00{:}37{:}03.820 \dashrightarrow 00{:}37{:}06.300$ we saw differences depending on

NOTE Confidence: 0.8481379

 $00{:}37{:}06.300 \dashrightarrow 00{:}37{:}08.780$ the site that was phosphory lated.

NOTE Confidence: 0.8481379

00:37:08.780 --> 00:37:11.944 So looking at phosphorylated T 181 very

NOTE Confidence: 0.8481379

 $00:37:11.944 \longrightarrow 00:37:15.729$ similar to the unphosphorylated form but P.

NOTE Confidence: 0.8481379

 $00:37:15.730 \longrightarrow 00:37:19.370$ 202 was I think it's pretty clear

NOTE Confidence: 0.8481379

 $00:37:19.370 \longrightarrow 00:37:22.445$ the sleep duration is much lower

 $00:37:22.445 \longrightarrow 00:37:25.735$ and it's the same as the control.

NOTE Confidence: 0.8481379

00:37:25.740 --> 00:37:28.668 It's slightly above the drug group,

NOTE Confidence: 0.8481379

 $00:37:28.670 \longrightarrow 00:37:30.134$ whereas phosphorylate 217

NOTE Confidence: 0.8481379

 $00:37:30.134 \longrightarrow 00:37:31.598$ was actually increased.

NOTE Confidence: 0.8481379

00:37:31.600 --> 00:37:35.496 Instead of being 30 to 40% increase its

NOTE Confidence: 0.8481379

 $00:37:35.496 \longrightarrow 00:37:39.528$ 65 to 80% increased above controls.

NOTE Confidence: 0.8481379

 $00:37:39.530 \longrightarrow 00:37:43.370$ And another way to look at this is the ratio,

NOTE Confidence: 0.8481379

 $00:37:43.370 \longrightarrow 00:37:45.285$ which gives a measure of

NOTE Confidence: 0.8481379

00:37:45.285 --> 00:37:46.434 the phosphorylation rate,

NOTE Confidence: 0.8481379

 $00:37:46.440 \longrightarrow 00:37:49.472$ and here during the sleep period and it

NOTE Confidence: 0.8481379

 $00:37:49.472 \longrightarrow 00:37:51.819$ actually across the whole time course,

NOTE Confidence: 0.8481379

 $00:37:51.820 \longrightarrow 00:37:53.735$ the all of the intervention

NOTE Confidence: 0.8481379

 $00{:}37{:}53.735 \dashrightarrow 00{:}37{:}54.884$ groups are overlapping,

NOTE Confidence: 0.8481379

 $00:37:54.890 \longrightarrow 00:37:57.422$ whereas there's a decline in the

NOTE Confidence: 0.8481379

 $00:37:57.422 \longrightarrow 00:37:58.688$ phosphorus phosphorylation ratio

 $00:37:58.688 \longrightarrow 00:38:01.120$ for 202 where the secret group is

NOTE Confidence: 0.8481379

 $00:38:01.120 \longrightarrow 00:38:03.339$ actually lower than the control group.

NOTE Confidence: 0.8481379

 $00:38:03.340 \longrightarrow 00:38:06.404$ And in here we can see the 202.

NOTE Confidence: 0.8481379

00:38:06.410 --> 00:38:07.712 Seventeen is phosphorylated

NOTE Confidence: 0.8481379

 $00:38:07.712 \longrightarrow 00:38:09.448$ at a greater rate.

NOTE Confidence: 0.8481379

 $00:38:09.450 \longrightarrow 00:38:13.182$ In the in the secret group

NOTE Confidence: 0.8481379

 $00:38:13.182 \longrightarrow 00:38:15.048$ compared to control.

NOTE Confidence: 0.8481379

 $00:38:15.050 \longrightarrow 00:38:18.690$ I think the phosphorylated T 217 is

NOTE Confidence: 0.8481379

 $00{:}38{:}18.690 \dashrightarrow 00{:}38{:}22.428$ very interesting form of touted to be

NOTE Confidence: 0.8481379

 $00:38:22.428 \longrightarrow 00:38:25.028$ increased 'cause it's recently been

NOTE Confidence: 0.8481379

 $00:38:25.028 \longrightarrow 00:38:28.567$ shown to be a marker for the early AD.

NOTE Confidence: 0.8481379

 $00:38:28.570 \longrightarrow 00:38:31.454$ This is a paper that was published

NOTE Confidence: 0.8481379

 $00:38:31.454 \longrightarrow 00:38:33.867$ in nature medicine earlier this

NOTE Confidence: 0.8481379

00:38:33.867 --> 00:38:36.592 year from the Domeli inherited

NOTE Confidence: 0.8481379

 $00{:}38{:}36.592 \dashrightarrow 00{:}38{:}38.227$ Alzheimer Disease Network.

NOTE Confidence: 0.8481379

00:38:38.230 --> 00:38:40.226 Looking at individual mutations

 $00:38:40.226 \longrightarrow 00:38:42.222$ that Predispose Domani inherited

NOTE Confidence: 0.8481379

 $00:38:42.222 \longrightarrow 00:38:45.060$ for AD and phosphorylated T 217.

NOTE Confidence: 0.8481379

00:38:45.060 --> 00:38:47.652 Increases earlier even than 181 and

NOTE Confidence: 0.8481379

 $00:38:47.652 \longrightarrow 00:38:51.667$ appears to be a marker for amyloid plaque.

NOTE Confidence: 0.8481379

 $00:38:51.670 \longrightarrow 00:38:53.955$ There's also been extremely promising

NOTE Confidence: 0.8481379

 $00:38:53.955 \longrightarrow 00:38:56.860$ data came out over the summer,

NOTE Confidence: 0.8481379

 $00:38:56.860 \longrightarrow 00:39:00.058$ showing that in the blood phosphorylated

NOTE Confidence: 0.8481379

 $00:39:00.058 \longrightarrow 00:39:05.020 \text{ T } 217 \text{ as a marker for amyloid plaque.}$

NOTE Confidence: 0.8481379

 $00:39:05.020 \longrightarrow 00:39:07.547$ And so I think the implications of

NOTE Confidence: 0.8481379

 $00:39:07.547 \longrightarrow 00:39:10.464$ the relation of our finding with sleep

NOTE Confidence: 0.8481379

 $00:39:10.464 \longrightarrow 00:39:13.104$ deprivation increasing this form of of

NOTE Confidence: 0.8481379

00:39:13.182 --> 00:39:15.708 tower not not yet fully understood,

NOTE Confidence: 0.8481379

00:39:15.710 --> 00:39:17.770 but certainly suggests that we're

NOTE Confidence: 0.8481379

 $00:39:17.770 \longrightarrow 00:39:20.408$ increasing the risk at the very

NOTE Confidence: 0.8481379

 $00:39:20.408 \dashrightarrow 00:39:22.928$ earliest stages of Alzheimer's disease.

 $00:39:22.930 \longrightarrow 00:39:24.850$ I don't have an explanation for

NOTE Confidence: 0.8481379

00:39:24.850 --> 00:39:26.765 how sleep is potentially affecting

NOTE Confidence: 0.8481379

00:39:26.765 --> 00:39:27.909 Tau phosphorylation,

NOTE Confidence: 0.8481379

 $00:39:27.910 \longrightarrow 00:39:31.740$ but I'm going to give my best thoughts on it.

NOTE Confidence: 0.8481379

00:39:31.740 --> 00:39:33.436 Tell phosphorylation is complex.

NOTE Confidence: 0.8481379

 $00:39:33.436 \longrightarrow 00:39:36.719$ I showed this slide nearly to state that

NOTE Confidence: 0.8481379

 $00:39:36.719 \longrightarrow 00:39:39.399$ to show that this shows that the town,

NOTE Confidence: 0.8481379

00:39:39.400 --> 00:39:40.615 the Tau protein,

NOTE Confidence: 0.8481379

 $00{:}39{:}40.615 \dashrightarrow 00{:}39{:}42.640$ and the different regions that

NOTE Confidence: 0.8481379

 $00:39:42.640 \longrightarrow 00:39:44.757$ are have been known to be.

NOTE Confidence: 0.8481379

 $00{:}39{:}44.760 \dashrightarrow 00{:}39{:}47.148$ I've been found to be phosphorylated

NOTE Confidence: 0.8481379

 $00:39:47.148 \dashrightarrow 00:39:49.479$ and the enzymes involved and you

NOTE Confidence: 0.8481379

 $00{:}39{:}49.479 \dashrightarrow 00{:}39{:}51.477$ can see that there are numerous

NOTE Confidence: 0.8481379

 $00:39:51.477 \longrightarrow 00:39:52.800$ enzymes and numerous.

NOTE Confidence: 0.7997596

 $00:39:55.080 \longrightarrow 00:39:57.700$ Sites that are phosphorylated and

NOTE Confidence: 0.7997596

 $00:39:57.700 \dashrightarrow 00:40:00.320$ a potential mechanism that makes.

 $00:40:00.320 \longrightarrow 00:40:02.820$ Lane this is that.

NOTE Confidence: 0.7997596

 $00:40:02.820 \longrightarrow 00:40:05.745$ Work in Mysore last two years that is shown

NOTE Confidence: 0.7997596

 $00:40:05.745 \longrightarrow 00:40:08.705$ that changes in sleep wake activity effect,

NOTE Confidence: 0.7997596

 $00:40:08.710 \longrightarrow 00:40:12.265$ protein phosphorylation. In the brain.

NOTE Confidence: 0.7997596

00:40:12.265 --> 00:40:14.815 So in this 2018 nature paper,

NOTE Confidence: 0.7997596

 $00:40:14.820 \longrightarrow 00:40:17.692$ mice were sleep deprived for one to six

NOTE Confidence: 0.7997596

00:40:17.692 --> 00:40:21.313 days and over that time the amount of

NOTE Confidence: 0.7997596

 $00:40:21.313 \longrightarrow 00:40:23.707$ phosphoproteome increased at every every

NOTE Confidence: 0.7997596

00:40:23.707 --> 00:40:26.717 time point that they that they measured,

NOTE Confidence: 0.7997596

 $00:40:26.720 \longrightarrow 00:40:30.365$ and one of the one of the proteins that

NOTE Confidence: 0.7997596

 $00:40:30.365 \longrightarrow 00:40:34.364$ they had found was was affected was Mark 2,

NOTE Confidence: 0.7997596

 $00:40:34.370 \longrightarrow 00:40:37.930$ which is a kinase that has been shown

NOTE Confidence: 0.7997596

 $00{:}40{:}37.930 \dashrightarrow 00{:}40{:}41.698$ to have one of many that has a role.

NOTE Confidence: 0.7997596

 $00:40:41.700 \longrightarrow 00:40:43.470$ Intel phosphorylation.

NOTE Confidence: 0.773841

 $00:40:45.770 \longrightarrow 00:40:49.242$ And then a paper last year published

 $00:40:49.242 \longrightarrow 00:40:52.023$ in science showed that that

NOTE Confidence: 0.773841

 $00:40:52.023 \longrightarrow 00:40:55.008$ phosphorylation of proteins at synapses

NOTE Confidence: 0.773841

 $00:40:55.008 \longrightarrow 00:40:58.739$ cycles with the sleep wake activity.

NOTE Confidence: 0.773841

 $00:40:58.740 \longrightarrow 00:41:02.030$ And here in a they found 2200

NOTE Confidence: 0.773841

 $00:41:02.030 \longrightarrow 00:41:04.693$ proteins that that fossil peptides

NOTE Confidence: 0.773841

 $00:41:04.693 \longrightarrow 00:41:07.578$ that cycled across the day

NOTE Confidence: 0.773841

00:41:07.578 --> 00:41:10.590 and during sleep deprivation.

NOTE Confidence: 0.773841

 $00:41:10.590 \longrightarrow 00:41:12.324$ That number drops.

NOTE Confidence: 0.773841

 $00:41:12.324 \longrightarrow 00:41:16.370$ So there was only two point 3%.

NOTE Confidence: 0.773841

 $00:41:16.370 \longrightarrow 00:41:19.520$ Of the proteins that they measured.

NOTE Confidence: 0.773841

00:41:19.520 --> 00:41:22.220 We were cycling during the

NOTE Confidence: 0.773841

00:41:22.220 --> 00:41:23.840 sleep deprivation period.

NOTE Confidence: 0.8687948

 $00:41:26.540 \longrightarrow 00:41:30.590$ And there are previous examples of

NOTE Confidence: 0.8687948

 $00:41:30.590 \longrightarrow 00:41:33.290$ behavioral or environmental intervention

NOTE Confidence: 0.8687948

00:41:33.380 --> 00:41:35.990 changing Tau phosphorylation.

NOTE Confidence: 0.8687948

00:41:35.990 --> 00:41:41.278 Is 2001 JJVC paper three days of starvation?

00:41:41.280 --> 00:41:43.924 Increase the activity of

NOTE Confidence: 0.8687948

00:41:43.924 --> 00:41:45.907 protein phosphatase 2A,

NOTE Confidence: 0.8687948

 $00:41:45.910 \longrightarrow 00:41:50.530$ which is another enzyme involved in town.

NOTE Confidence: 0.8687948

 $00:41:50.530 \longrightarrow 00:41:53.942$ Phosphorylation and another study.

NOTE Confidence: 0.8687948

 $00:41:53.942 \longrightarrow 00:41:59.060$ Prolonged starvation in mice also increased.

NOTE Confidence: 0.8687948

 $00:41:59.060 \longrightarrow 00:42:02.848$ Fast forward T 217.

NOTE Confidence: 0.8687948

 $00:42:02.850 \longrightarrow 00:42:03.939$ Over that time,

NOTE Confidence: 0.8687948

 $00:42:03.939 \longrightarrow 00:42:07.029$ and this is one of the models that

NOTE Confidence: 0.8687948

 $00:42:07.029 \longrightarrow 00:42:09.789$ was proposed to explain how starvation

NOTE Confidence: 0.8687948

 $00:42:09.789 \longrightarrow 00:42:13.358$ could lead to Tao hyper phosphorylation.

NOTE Confidence: 0.8687948

00:42:13.360 --> 00:42:14.796 As you can see,

NOTE Confidence: 0.8687948

 $00{:}42{:}14.796 \dashrightarrow 00{:}42{:}16.591$ it's quite it's quite complicated

NOTE Confidence: 0.8687948

00:42:16.591 --> 00:42:18.178 with phosphorylation potentially

NOTE Confidence: 0.8687948

 $00:42:18.178 \longrightarrow 00:42:21.073$ changing the activity of different

NOTE Confidence: 0.8687948

00:42:21.073 --> 00:42:23.296 kinases and phosphatases with

 $00:42:23.296 \longrightarrow 00:42:25.810$ the end result of altering Tau

NOTE Confidence: 0.8687948

 $00:42:25.810 \longrightarrow 00:42:28.140$ phosphorylation and leading to Tau.

NOTE Confidence: 0.8687948

 $00:42:28.140 \longrightarrow 00:42:28.675$ Hyperphosphorylation,

NOTE Confidence: 0.8687948

00:42:28.675 --> 00:42:31.350 and I think something potentially

NOTE Confidence: 0.8687948

 $00:42:31.350 \longrightarrow 00:42:33.677$ similar could be going on with.

NOTE Confidence: 0.8687948

00:42:33.680 --> 00:42:35.730 Sleep on the on phosphopeptides,

NOTE Confidence: 0.8687948

 $00:42:35.730 \longrightarrow 00:42:38.962$ but I think a lot more work is

NOTE Confidence: 0.8687948

 $00:42:38.962 \longrightarrow 00:42:41.059$ really needed in this area.

NOTE Confidence: 0.8169042

 $00:42:43.210 \longrightarrow 00:42:46.015$ Last time we talked about

NOTE Confidence: 0.8169042

 $00:42:46.015 \longrightarrow 00:42:47.698$ the erection system,

NOTE Confidence: 0.8169042

 $00{:}42{:}47.700 \dashrightarrow 00{:}42{:}51.102$ so inducing sleep with dual or exin

NOTE Confidence: 0.8169042

 $00:42:51.102 \longrightarrow 00:42:53.997$ receptor antagonists decreases the soluble

NOTE Confidence: 0.8169042

 $00:42:53.997 \longrightarrow 00:42:57.237$ concentration of amyloid beta in mice.

NOTE Confidence: 0.8169042

00:42:57.240 --> 00:43:00.992 This is Elmer Accent and given across

NOTE Confidence: 0.8169042

 $00:43:00.992 \longrightarrow 00:43:05.001$ these light dark periods and keeps the

NOTE Confidence: 0.8169042

 $00:43:05.001 \longrightarrow 00:43:08.451$ amount of interstitial fluid a beta.

 $00:43:08.460 \longrightarrow 00:43:11.320$ The concentration very very steady

NOTE Confidence: 0.8169042

 $00{:}43{:}11.320 \dashrightarrow 00{:}43{:}13.036$ and prolonged administration.

NOTE Confidence: 0.8169042

00:43:13.040 --> 00:43:15.674 Of Alma Rex and decreased amyloid

NOTE Confidence: 0.8169042

 $00{:}43{:}15.674 \dashrightarrow 00{:}43{:}18.120$ plaque in multiple brain regions,

NOTE Confidence: 0.8169042

00:43:18.120 --> 00:43:19.503 including Intercel Cortex,

NOTE Confidence: 0.8169042

 $00:43:19.503 \longrightarrow 00:43:20.886$ the pyriform cortex.

NOTE Confidence: 0.73230743

00:43:23.080 --> 00:43:26.128 And an APP, PS1 transgenic mice

NOTE Confidence: 0.73230743

 $00:43:26.128 \longrightarrow 00:43:28.160$ that develop amyloid deposition.

NOTE Confidence: 0.73230743

 $00:43:28.160 \longrightarrow 00:43:31.208$ As you can see in this,

NOTE Confidence: 0.73230743

 $00:43:31.210 \longrightarrow 00:43:34.381$ this micrograph in a knocking out the

NOTE Confidence: 0.73230743

 $00{:}43{:}34.381 \dashrightarrow 00{:}43{:}37.490$ rexon gene leads to decreased amyloid

NOTE Confidence: 0.73230743

 $00:43:37.490 \longrightarrow 00:43:41.368$ deposition and these are age matched animals,

NOTE Confidence: 0.73230743

 $00{:}43{:}41.370 \dashrightarrow 00{:}43{:}44.088$ strongly suggesting a role for for

NOTE Confidence: 0.73230743

 $00:43:44.088 \longrightarrow 00:43:47.076$ the rexon system in developing mcloyd

NOTE Confidence: 0.73230743

 $00:43:47.076 \longrightarrow 00:43:50.346$ pathology there is some evidence in

 $00:43:50.346 \longrightarrow 00:43:53.788$ humans that directs and efficiency can.

NOTE Confidence: 0.73230743

 $00{:}43{:}53.790 \dashrightarrow 00{:}43{:}55.995$ Can can alter amyloid deposition

NOTE Confidence: 0.73230743

 $00:43:55.995 \longrightarrow 00:43:59.458$ is a study from the University of

NOTE Confidence: 0.73230743

00:43:59.458 --> 00:44:02.383 Montpellier looking at narcolepsy type

NOTE Confidence: 0.73230743

00:44:02.383 --> 00:44:06.008 one subjects who had amyloid pet scan?

NOTE Confidence: 0.73230743

 $00:44:06.010 \longrightarrow 00:44:08.817$ And then age and sex matched controls

NOTE Confidence: 0.73230743

 $00:44:08.817 \longrightarrow 00:44:12.029$ from the Admin Cohort and Mattie Cohort.

NOTE Confidence: 0.73230743

 $00:44:12.030 \longrightarrow 00:44:14.935$ And they found that there was decreased

NOTE Confidence: 0.73230743

 $00{:}44{:}14.935 \to 00{:}44{:}17.567$ amyloid pathology on these pet scans

NOTE Confidence: 0.73230743

 $00{:}44{:}17.567 \dashrightarrow 00{:}44{:}20.195$ compared to their their matched controls.

NOTE Confidence: 0.73230743

 $00:44:20.200 \longrightarrow 00:44:23.860$ So some suggestive evidence that the

NOTE Confidence: 0.73230743

 $00:44:23.860 \longrightarrow 00:44:26.670$ direction deficiency may lead to.

NOTE Confidence: 0.73230743

00:44:26.670 --> 00:44:30.279 Altered amyloid pathology.

NOTE Confidence: 0.73230743

 $00{:}44{:}30.280 \dashrightarrow 00{:}44{:}32.935$ And so putting this bidirectional

NOTE Confidence: 0.73230743

 $00:44:32.935 \longrightarrow 00:44:33.997$ relationship altogether,

NOTE Confidence: 0.73230743

 $00{:}44{:}34.000 \dashrightarrow 00{:}44{:}36.660$ you know we have processes

 $00:44:36.660 \longrightarrow 00:44:39.320$ that can decrease sleep time.

NOTE Confidence: 0.73230743

 $00{:}44{:}39.320 \dashrightarrow 00{:}44{:}43.016$ It could be from aging, sleep disorders,

NOTE Confidence: 0.73230743

 $00:44:43.016 \longrightarrow 00:44:45.606$ or multiple other factors that

NOTE Confidence: 0.73230743

 $00:44:45.606 \longrightarrow 00:44:48.369$ are known to impact sleep,

NOTE Confidence: 0.73230743

00:44:48.370 --> 00:44:49.966 social, environmental, mental,

NOTE Confidence: 0.73230743

00:44:49.966 --> 00:44:52.222 physical activity, medical comorbidities,

NOTE Confidence: 0.73230743

 $00:44:52.222 \longrightarrow 00:44:55.202$ and this increased wakefulness at

NOTE Confidence: 0.73230743

00:44:55.202 --> 00:44:58.025 night impacts the production and

NOTE Confidence: 0.73230743

 $00{:}44{:}58.025 \dashrightarrow 00{:}45{:}00.863$ release of amyloid beta and Tau.

NOTE Confidence: 0.73230743

 $00{:}45{:}00.870 \dashrightarrow 00{:}45{:}03.243$ The clearance of amyloid beta and Tau

NOTE Confidence: 0.73230743

 $00:45:03.243 \longrightarrow 00:45:06.594$ and the end result is you have higher

NOTE Confidence: 0.73230743

 $00:45:06.594 \longrightarrow 00:45:08.406$ concentrations of those proteins.

NOTE Confidence: 0.73230743

 $00{:}45{:}08.410 \dashrightarrow 00{:}45{:}09.998$ Phosphorylation of Tau appears

NOTE Confidence: 0.73230743

 $00:45:09.998 \longrightarrow 00:45:11.983$ to be affected as well,

NOTE Confidence: 0.73230743

 $00:45:11.990 \longrightarrow 00:45:13.970$ and that promotes the formation

00:45:13.970 --> 00:45:15.554 of Alzheimer disease pathology,

NOTE Confidence: 0.73230743

00:45:15.560 --> 00:45:15.957 neurodegeneration,

NOTE Confidence: 0.73230743

 $00{:}45{:}15.957 \dashrightarrow 00{:}45{:}18.339$ which then feeds back through synaptic.

NOTE Confidence: 0.73230743

 $00:45:18.340 \longrightarrow 00:45:20.320$ Internal dysfunction to disrupt sleep.

NOTE Confidence: 0.70218706

 $00:45:22.630 \longrightarrow 00:45:26.726$ And in numerous these factors such as aging,

NOTE Confidence: 0.70218706

00:45:26.730 --> 00:45:29.796 erexin and these other factors here,

NOTE Confidence: 0.70218706

 $00:45:29.800 \longrightarrow 00:45:32.360$ such as social and environmental,

NOTE Confidence: 0.70218706

 $00:45:32.360 \longrightarrow 00:45:36.350$ also can have effects on.

NOTE Confidence: 0.70218706

 $00{:}45{:}36.350 \dashrightarrow 00{:}45{:}39.665$ No degeneration, and I think

NOTE Confidence: 0.70218706

 $00:45:39.665 \longrightarrow 00:45:42.317$ that this provides multiple.

NOTE Confidence: 0.89008534

 $00:45:45.510 \longrightarrow 00:45:47.940$ Areas for us to investigate potential

NOTE Confidence: 0.89008534

00:45:47.940 --> 00:45:50.973 changes that we may see in sleep

NOTE Confidence: 0.89008534

 $00:45:50.973 \longrightarrow 00:45:52.761$ wake activity during different

NOTE Confidence: 0.89008534

00:45:52.761 --> 00:45:54.750 stages of Alzheimer disease,

NOTE Confidence: 0.89008534

 $00:45:54.750 \longrightarrow 00:45:56.988$ as well as the potential for

NOTE Confidence: 0.89008534

 $00:45:56.988 \longrightarrow 00:45:59.633$ interventions to try to change the

00:45:59.633 --> 00:46:01.785 trajectory of Alzheimer's disease.

NOTE Confidence: 0.89008534

 $00:46:01.790 \longrightarrow 00:46:05.408$ To show that there is some

NOTE Confidence: 0.89008534

 $00:46:05.408 \longrightarrow 00:46:07.820$ evidence that you can.

NOTE Confidence: 0.89008534

 $00:46:07.820 \longrightarrow 00:46:10.736$ Do a sleep intervention and change

NOTE Confidence: 0.89008534

 $00:46:10.736 \longrightarrow 00:46:13.924$ the directory of some of these

NOTE Confidence: 0.89008534

00:46:13.924 --> 00:46:16.236 proteins we've been discussing.

NOTE Confidence: 0.89008534

00:46:16.240 --> 00:46:18.991 I'd just like to highlight this work

NOTE Confidence: 0.89008534

00:46:18.991 --> 00:46:21.978 again from UL joo published in 2019.

NOTE Confidence: 0.89008534

 $00:46:21.980 \longrightarrow 00:46:23.306$ Annals of neurology,

NOTE Confidence: 0.89008534

 $00{:}46{:}23.306 \rightarrow 00{:}46{:}25.074$ where individuals with obstructive

NOTE Confidence: 0.89008534

00:46:25.074 --> 00:46:27.609 sleep apnea at a baseline study

NOTE Confidence: 0.89008534

 $00:46:27.609 \longrightarrow 00:46:29.883$ had a lumbar puncture and measured

NOTE Confidence: 0.89008534

 $00{:}46{:}29.883 \dashrightarrow 00{:}46{:}32.227$ cerebral spinal fluid for amyloid beta.

NOTE Confidence: 0.89008534

 $00:46:32.230 \longrightarrow 00:46:34.280$ This is 40 and 42,

NOTE Confidence: 0.89008534

00:46:34.280 --> 00:46:37.150 as well as Tau and total protein,

 $00:46:37.150 \longrightarrow 00:46:41.406$ and then they were treated with C Pap.

NOTE Confidence: 0.89008534

 $00:46:41.410 \longrightarrow 00:46:43.630$ And then they return for another

NOTE Confidence: 0.89008534

 $00:46:43.630 \longrightarrow 00:46:46.972$ sleep study on C Pap told by another

NOTE Confidence: 0.89008534

00:46:46.972 --> 00:46:49.197 lumbar puncture the next morning,

NOTE Confidence: 0.89008534

 $00:46:49.200 \longrightarrow 00:46:52.196$ and what she found what doctors you

NOTE Confidence: 0.89008534

 $00:46:52.196 \longrightarrow 00:46:55.216$ found was that the greater the change

NOTE Confidence: 0.89008534

 $00:46:55.216 \longrightarrow 00:46:58.628$ in the nature of the drop in the hi,

NOTE Confidence: 0.89008534

 $00:46:58.630 \longrightarrow 00:47:00.258$ more of the decrease.

NOTE Confidence: 0.89008534

00:47:00.258 --> 00:47:03.140 In Emma Lloyd beta 42 and Tao,

NOTE Confidence: 0.89008534

 $00:47:03.140 \longrightarrow 00:47:05.600$ suggesting that this is just over.

NOTE Confidence: 0.89008534

 $00{:}47{:}05.600 --> 00{:}47{:}08.680$ I believe it was.

NOTE Confidence: 0.89008534

00:47:08.680 --> 00:47:10.905 Relatively short period of time

NOTE Confidence: 0.89008534

 $00:47:10.905 \longrightarrow 00:47:13.130$ of three months, but it's.

NOTE Confidence: 0.847264

00:47:15.380 --> 00:47:16.276 Extrapolating forward,

NOTE Confidence: 0.847264

00:47:16.276 --> 00:47:18.964 it certainly provides evidence that if

NOTE Confidence: 0.847264

00:47:18.964 --> 00:47:21.936 we were to do this on an ongoing basis,

 $00:47:21.940 \longrightarrow 00:47:25.090$ we might decrease the formation of amyloid

NOTE Confidence: 0.847264

 $00:47:25.090 \longrightarrow 00:47:28.647$ plaques or the spreading of tab mythology.

NOTE Confidence: 0.847264

00:47:28.650 --> 00:47:32.180 And I I think I, I think that as we get

NOTE Confidence: 0.847264

 $00:47:32.180 \longrightarrow 00:47:34.940$ more evidence that we can affect the.

NOTE Confidence: 0.847264

 $00{:}47{:}34.940 \dashrightarrow 00{:}47{:}36.292$ These these critical proteins,

NOTE Confidence: 0.847264

 $00:47:36.292 \longrightarrow 00:47:37.982$ these proteins that are critical

NOTE Confidence: 0.847264

 $00:47:37.982 \longrightarrow 00:47:39.379$ for Alzheimer's disease.

NOTE Confidence: 0.847264

 $00:47:39.380 \longrightarrow 00:47:43.884$ We really need to know when to target.

NOTE Confidence: 0.847264

00:47:43.890 --> 00:47:45.105 A sleep intervention.

NOTE Confidence: 0.847264

 $00:47:45.105 \longrightarrow 00:47:47.130$ So should we do it?

NOTE Confidence: 0.847264

00:47:47.130 --> 00:47:49.250 You know, after before amyloid

NOTE Confidence: 0.847264

 $00:47:49.250 \longrightarrow 00:47:52.398$ plaque is begin to form or after,

NOTE Confidence: 0.847264

 $00{:}47{:}52.400 \dashrightarrow 00{:}47{:}54.855$ but before there's significant cow

NOTE Confidence: 0.847264

00:47:54.855 --> 00:47:58.299 pathology and I think that that's the

NOTE Confidence: 0.847264

 $00:47:58.299 \longrightarrow 00:48:01.907$ timing of when an intervention will occur is.

 $00:48:01.910 \longrightarrow 00:48:03.730$ To be really critical here,

NOTE Confidence: 0.847264

 $00{:}48{:}03.730 \dashrightarrow 00{:}48{:}06.222$ as well as what is the intervention

NOTE Confidence: 0.847264

 $00:48:06.222 \longrightarrow 00:48:09.190$ which I think as I've been alluding to,

NOTE Confidence: 0.847264

 $00:48:09.190 \longrightarrow 00:48:10.646$ could be incredibly complicated

NOTE Confidence: 0.847264

00:48:10.646 --> 00:48:12.466 depending on the underlying sleep,

NOTE Confidence: 0.847264

 $00:48:12.470 \longrightarrow 00:48:13.918$ disorder and other characteristics

NOTE Confidence: 0.847264

 $00:48:13.918 \longrightarrow 00:48:15.004$ of the participants.

NOTE Confidence: 0.847264

 $00:48:15.010 \longrightarrow 00:48:17.290$ But the ultimate goal is to

NOTE Confidence: 0.847264

 $00:48:17.290 \longrightarrow 00:48:18.810$ administer a sleep intervention

NOTE Confidence: 0.847264

00:48:18.879 --> 00:48:21.196 that would move them from high risk,

NOTE Confidence: 0.847264

 $00{:}48{:}21.200 \dashrightarrow 00{:}48{:}24.770$ potentially down to the lower risk.

NOTE Confidence: 0.847264

 $00:48:24.770 \longrightarrow 00:48:30.170$ For developing cognitive symptoms from AD.

NOTE Confidence: 0.847264

00:48:30.170 --> 00:48:32.006 So just to conclude,

NOTE Confidence: 0.847264

 $00:48:32.006 \longrightarrow 00:48:34.760$ we discussed some of the evidence

NOTE Confidence: 0.847264

 $00:48:34.845 \longrightarrow 00:48:37.601$ for the bidirectional relationship

NOTE Confidence: 0.847264

 $00{:}48{:}37.601 \dashrightarrow 00{:}48{:}41.046$ between sleep and Alzheimer's disease.

00:48:41.050 --> 00:48:44.245 Sleep may be a potential marker of a D,

NOTE Confidence: 0.847264

 $00:48:44.250 \longrightarrow 00:48:46.530$ but I think additional work needs

NOTE Confidence: 0.847264

 $00:48:46.530 \longrightarrow 00:48:49.272$ to be done to define exactly

NOTE Confidence: 0.847264

 $00:48:49.272 \longrightarrow 00:48:51.540$ what sleep parameter might.

NOTE Confidence: 0.847264

 $00:48:51.540 \longrightarrow 00:48:54.468$ Be most efficient in terms of

NOTE Confidence: 0.847264

 $00:48:54.468 \longrightarrow 00:48:57.235$ being something that we could

NOTE Confidence: 0.847264

 $00:48:57.235 \longrightarrow 00:48:59.377$ follow relatively easily,

NOTE Confidence: 0.847264

 $00:48:59.380 \longrightarrow 00:49:03.650$ either to assess clinical risk.

NOTE Confidence: 0.847264

 $00:49:03.650 \longrightarrow 00:49:07.511$ Or or to follow in a drug trial and

NOTE Confidence: 0.847264

 $00:49:07.511 \longrightarrow 00:49:09.923$ understanding how other factors such

NOTE Confidence: 0.847264

00:49:09.923 --> 00:49:12.761 as age or sex physical activity

NOTE Confidence: 0.847264

 $00:49:12.851 \longrightarrow 00:49:15.479$ affect the use of that marker.

NOTE Confidence: 0.847264

 $00{:}49{:}15.480 \dashrightarrow 00{:}49{:}17.566$ I think using sleep as an intervention

NOTE Confidence: 0.847264

 $00:49:17.566 \longrightarrow 00:49:19.560$ to prevent or delay Alzheimer's.

NOTE Confidence: 0.847264

 $00{:}49{:}19.560 \dashrightarrow 00{:}49{:}21.348$ These are really need to narrow

 $00:49:21.348 \longrightarrow 00:49:23.405$ down more and what the mechanism

NOTE Confidence: 0.847264

 $00:49:23.405 \longrightarrow 00:49:24.997$ is exactly that's working.

NOTE Confidence: 0.847264

 $00:49:25.000 \longrightarrow 00:49:27.136$ Is it changes in amyloid beta

NOTE Confidence: 0.847264

00:49:27.136 --> 00:49:28.987 production and clearance or the

NOTE Confidence: 0.847264

 $00{:}49{:}28.987 \dashrightarrow 00{:}49{:}31.521$ release of proteins like Tao or the

NOTE Confidence: 0.847264

00:49:31.521 --> 00:49:33.498 phosphorylation of Tau or all of them,

NOTE Confidence: 0.847264

 $00{:}49{:}33.500 \dashrightarrow 00{:}49{:}36.398$ and you know is there a special

NOTE Confidence: 0.847264

 $00{:}49{:}36.398 \dashrightarrow 00{:}49{:}39.708$ role for the erection system here.

NOTE Confidence: 0.847264

 $00:49:39.710 \longrightarrow 00:49:42.706$ And I've already talked briefly about the,

NOTE Confidence: 0.847264

00:49:42.710 --> 00:49:44.955 you know what intervention might

NOTE Confidence: 0.847264

 $00{:}49{:}44.955 \dashrightarrow 00{:}49{:}47.200$ be appropriate depending on what

NOTE Confidence: 0.847264

 $00:49:47.269 \longrightarrow 00:49:48.717$ the sleep problem is,

NOTE Confidence: 0.847264

 $00:49:48.720 \longrightarrow 00:49:50.432$ it could drastically change

NOTE Confidence: 0.847264

 $00:49:50.432 \longrightarrow 00:49:52.144$ what would be selected.

NOTE Confidence: 0.847264

00:49:52.150 --> 00:49:54.300 I think that longitudinal intervention,

NOTE Confidence: 0.847264

 $00:49:54.300 \longrightarrow 00:49:54.792$ interventional,

 $00:49:54.792 \longrightarrow 00:49:57.252$ and implementation studies are really

NOTE Confidence: 0.847264

 $00{:}49{:}57.252 \dashrightarrow 00{:}50{:}00.399$ critically needed in order to to address the.

NOTE Confidence: 0.847264

 $00:50:00.400 \longrightarrow 00:50:03.748$ These these questions.

NOTE Confidence: 0.847264

 $00:50:03.750 \longrightarrow 00:50:06.235$ I'd like to thank you all for

NOTE Confidence: 0.847264

00:50:06.235 --> 00:50:08.224 your attention like to thank

NOTE Confidence: 0.847264

 $00:50:08.224 \longrightarrow 00:50:10.344$ the participants for their time.

NOTE Confidence: 0.847264

00:50:10.350 --> 00:50:11.766 As you can imagine,

NOTE Confidence: 0.847264

00:50:11.766 --> 00:50:13.890 the catheter studies that I lead

NOTE Confidence: 0.847264

 $00:50:13.958 \longrightarrow 00:50:16.652$ are very intensive and I appreciate

NOTE Confidence: 0.847264

 $00{:}50{:}16.652 \dashrightarrow 00{:}50{:}18.448$ their willingness to undertake

NOTE Confidence: 0.847264

 $00:50:18.518 \longrightarrow 00:50:20.947$ them and I'd like to thank everyone

NOTE Confidence: 0.847264

 $00:50:20.947 \longrightarrow 00:50:23.304$ listed here and in the picture,

NOTE Confidence: 0.847264

 $00{:}50{:}23.304 \dashrightarrow 00{:}50{:}25.932$ which is the Alzheimer's disease research

NOTE Confidence: 0.847264

 $00:50:25.932 \longrightarrow 00:50:28.409$ community here at Washington University.

NOTE Confidence: 0.847264

 $00:50:28.410 \longrightarrow 00:50:28.930$ Thank you.

00:50:35.560 --> 00:50:37.440 Alright, thank you doctor Lucy,

NOTE Confidence: 0.87911785

 $00{:}50{:}37.440 \dashrightarrow 00{:}50{:}39.701$ that was quite a tour through pretty

NOTE Confidence: 0.87911785

00:50:39.701 --> 00:50:42.431 much all of a nice primer on everything

NOTE Confidence: 0.87911785

 $00{:}50{:}42.431 \dashrightarrow 00{:}50{:}45.630$ you need to know about sleep and its

NOTE Confidence: 0.87911785

 $00:50:45.630 \longrightarrow 00:50:47.554$ connection with Alzheimer's disease.

NOTE Confidence: 0.87911785

 $00:50:47.560 \longrightarrow 00:50:50.296$ So we do have a question and at

NOTE Confidence: 0.87911785

 $00:50:50.296 \longrightarrow 00:50:53.185$ this point I do want to welcome

NOTE Confidence: 0.87911785

 $00:50:53.185 \longrightarrow 00:50:55.728$ people to unmute themselves and ask

NOTE Confidence: 0.87911785

 $00{:}50{:}55.728 \dashrightarrow 00{:}50{:}58.464$ a question or to put a question in

NOTE Confidence: 0.87911785

 $00:50:58.464 \longrightarrow 00:51:01.060$ the chat and so we'll start with

NOTE Confidence: 0.87911785

 $00{:}51{:}01.060 \dashrightarrow 00{:}51{:}03.309$ the first question in the chat,

NOTE Confidence: 0.87911785

 $00:51:03.310 \longrightarrow 00:51:05.697$ which is will the need of seeing

NOTE Confidence: 0.87911785

 $00:51:05.697 \longrightarrow 00:51:08.249$ the full scope of sleep disruption.

NOTE Confidence: 0.87911785

 $00:51:08.250 \longrightarrow 00:51:10.705$ Forced the usage of full

NOTE Confidence: 0.87911785

 $00:51:10.705 \longrightarrow 00:51:12.669$ polysomnographers fee versus just

NOTE Confidence: 0.87911785

00:51:12.669 --> 00:51:14.966 screening for OSA with home sleep.

 $00:51:14.970 \longrightarrow 00:51:15.990$ Apnea testing

NOTE Confidence: 0.9068349

 $00:51:20.790 \longrightarrow 00:51:24.258$ so I think that.

NOTE Confidence: 0.9068349

 $00:51:24.260 \longrightarrow 00:51:27.540$ I think that it would depend on what.

NOTE Confidence: 0.9068349

 $00:51:27.540 \longrightarrow 00:51:30.354$ What what you're looking to to measure.

NOTE Confidence: 0.9068349

 $00:51:30.360 \longrightarrow 00:51:32.778$ So the home sleep apnea test.

NOTE Confidence: 0.9068349

00:51:32.780 --> 00:51:36.407 If you were, if you were looking to target.

NOTE Confidence: 0.87275124

 $00:51:38.900 \longrightarrow 00:51:41.288$ Sleep apnea and to treat that

NOTE Confidence: 0.87275124

 $00:51:41.288 \longrightarrow 00:51:43.944$ and try to prevent or delay

NOTE Confidence: 0.87275124

 $00:51:43.944 \longrightarrow 00:51:46.374$ Alzheimer's disease than a home.

NOTE Confidence: 0.87275124

 $00:51:46.380 \longrightarrow 00:51:49.020$ Sleep apnea test may be appropriate.

NOTE Confidence: 0.87275124

 $00:51:49.020 \longrightarrow 00:51:51.235$ I think that otherwise it's

NOTE Confidence: 0.87275124

00:51:51.235 --> 00:51:53.860 likely not going to provide any.

NOTE Confidence: 0.8001033

 $00{:}51{:}55.950 \dashrightarrow 00{:}51{:}58.265$ Helpful information I do think

NOTE Confidence: 0.8001033

 $00:51:58.265 \longrightarrow 00:52:00.580$ home monitoring in general though

NOTE Confidence: 0.8001033

 $00:52:00.652 \longrightarrow 00:52:02.747$ could play an important role.

 $00:52:02.750 \longrightarrow 00:52:05.336$ So the study that I showed

NOTE Confidence: 0.8001033

 $00:52:05.336 \longrightarrow 00:52:08.095$ where we looked at non ram

NOTE Confidence: 0.8001033

 $00{:}52{:}08.095 \dashrightarrow 00{:}52{:}10.897$ slow of activity at our center.

NOTE Confidence: 0.8001033

 $00:52:10.900 \longrightarrow 00:52:14.260$ We use a device that's worn on the

NOTE Confidence: 0.8001033

 $00:52:14.260 \longrightarrow 00:52:16.790$ forehead called the sleep profiler.

NOTE Confidence: 0.8001033

00:52:16.790 --> 00:52:20.798 It records a single EG from the forehead

NOTE Confidence: 0.8001033

 $00:52:20.798 \longrightarrow 00:52:24.897$ and we do that for multiple nights.

NOTE Confidence: 0.8001033

 $00:52:24.900 \longrightarrow 00:52:27.040$ And and that allows that.

NOTE Confidence: 0.8001033

 $00:52:27.040 \longrightarrow 00:52:29.175$ We've shown how that relates

NOTE Confidence: 0.8001033

00:52:29.175 --> 00:52:30.456 to Poly Sonography,

NOTE Confidence: 0.8001033

 $00{:}52{:}30.460 \dashrightarrow 00{:}52{:}33.997$ and I think that you know that sort of

NOTE Confidence: 0.8001033

 $00{:}52{:}33.997 \dashrightarrow 00{:}52{:}35.820$ monitoring or actigraphy monitoring

NOTE Confidence: 0.8001033

 $00:52:35.820 \longrightarrow 00:52:39.450$ would be feasable to be done at home.

NOTE Confidence: 0.8001033

 $00{:}52{:}39.450 \dashrightarrow 00{:}52{:}41.700$ Another possibility that's that's in

NOTE Confidence: 0.8001033

 $00:52:41.700 \longrightarrow 00:52:44.589$ the paper that we published in 2019,

NOTE Confidence: 0.8001033

 $00:52:44.590 \longrightarrow 00:52:46.730$ is that if we could,

 $00:52:46.730 \longrightarrow 00:52:48.865$ we could look at different

NOTE Confidence: 0.8001033

 $00:52:48.865 \longrightarrow 00:52:50.146$ different sleep measures.

NOTE Confidence: 0.8525315

 $00:52:52.840 \longrightarrow 00:52:54.404$ Collected by different different

NOTE Confidence: 0.8525315

 $00:52:54.404 \longrightarrow 00:52:56.750$ methods and show how they relate

NOTE Confidence: 0.8525315

 $00:52:56.814 \longrightarrow 00:52:58.500$ in the same the same models.

NOTE Confidence: 0.8525315

 $00:52:58.500 \longrightarrow 00:53:01.252$ We might be able to to identify a

NOTE Confidence: 0.8525315

 $00:53:01.252 \longrightarrow 00:53:03.912$ similar question or set of questions or

NOTE Confidence: 0.8525315

 $00:53:03.912 \longrightarrow 00:53:06.527$ similar monitoring that we could do as

NOTE Confidence: 0.8525315

 $00{:}53{:}06.527 \dashrightarrow 00{:}53{:}08.795$ an example in those 38 subjects where

NOTE Confidence: 0.8525315

 $00:53:08.795 \longrightarrow 00:53:13.187$ you found that non ram slow of activity.

NOTE Confidence: 0.8525315

 $00:53:13.190 \longrightarrow 00:53:14.561$ When it decreases,

NOTE Confidence: 0.8525315

 $00:53:14.561 \longrightarrow 00:53:16.846$ we have increased choupette signal.

NOTE Confidence: 0.8525315

 $00{:}53{:}16.850 \dashrightarrow 00{:}53{:}20.114$ We also we also found that the Minutes

NOTE Confidence: 0.8525315

 $00:53:20.114 \longrightarrow 00:53:22.425$ reported napping was was positively

NOTE Confidence: 0.8525315

00:53:22.425 --> 00:53:24.790 associated with Tau pet signals,

 $00:53:24.790 \longrightarrow 00:53:26.995$ so that the longer they

NOTE Confidence: 0.8525315

 $00{:}53{:}26.995 \dashrightarrow 00{:}53{:}29.200$ reported napping during the day,

NOTE Confidence: 0.8525315

 $00:53:29.200 \longrightarrow 00:53:31.708$ the greater the evidence of Tauopathy

NOTE Confidence: 0.8525315

 $00:53:31.708 \longrightarrow 00:53:35.223$ on pet that was in the same participants

NOTE Confidence: 0.8525315

 $00:53:35.223 \longrightarrow 00:53:38.900$ using the dissolver cord on the same nights.

NOTE Confidence: 0.8525315

00:53:38.900 --> 00:53:41.110 And I mean, 38 participants.

NOTE Confidence: 0.8525315

00:53:41.110 --> 00:53:41.984 I wouldn't.

NOTE Confidence: 0.8525315

00:53:41.984 --> 00:53:46.014 I wouldn't put a lot of a lot of

NOTE Confidence: 0.8525315

 $00{:}53{:}46.014 \dashrightarrow 00{:}53{:}48.923$ my cards on that, but it certainly.

NOTE Confidence: 0.8525315

00:53:48.923 --> 00:53:51.730 Suggest that if you could do more

NOTE Confidence: 0.8525315

 $00{:}53{:}51.810 \dashrightarrow 00{:}53{:}54.636$ studies or more participants at with

NOTE Confidence: 0.8525315

 $00:53:54.636 \longrightarrow 00:53:57.748$ other groups and really validate that

NOTE Confidence: 0.8525315

 $00:53:57.748 \longrightarrow 00:54:01.168$ that question gives you similar information,

NOTE Confidence: 0.8525315

 $00:54:01.170 \longrightarrow 00:54:03.150$ you could potentially imagine

NOTE Confidence: 0.8525315

 $00:54:03.150 \longrightarrow 00:54:06.120$ using something like that to screen

NOTE Confidence: 0.8525315

 $00:54:06.202 \longrightarrow 00:54:08.257$ for evidence of towel risk,

 $00:54:08.260 \longrightarrow 00:54:10.148$ risk of tap ethnology.

NOTE Confidence: 0.8852378

 $00:54:12.940 \longrightarrow 00:54:16.290$ So as a follow up comment, the comment is.

NOTE Confidence: 0.8852378

00:54:16.290 --> 00:54:19.319 It would be nice of the sleep if the

NOTE Confidence: 0.8852378

 $00:54:19.319 \longrightarrow 00:54:21.811$ sleep fields could come to agreement on

NOTE Confidence: 0.8852378

 $00:54:21.811 \longrightarrow 00:54:24.766$ the automated identification of slow slow

NOTE Confidence: 0.8852378

 $00:54:24.766 \longrightarrow 00:54:27.700$ wave activity versus Delta versus M3.

NOTE Confidence: 0.9022557

00:54:31.050 --> 00:54:32.651 And I, you know,

NOTE Confidence: 0.9022557

 $00:54:32.651 \longrightarrow 00:54:35.273$ I think related to that point.

NOTE Confidence: 0.9022557

 $00{:}54{:}35.280 {\:{\circ}{\circ}{\circ}}>00{:}54{:}37.616$ You know, sleep disturbance

NOTE Confidence: 0.9022557

00:54:37.616 --> 00:54:40.536 sleep complaints come in in

NOTE Confidence: 0.9022557

 $00:54:40.536 \longrightarrow 00:54:43.539$ so many different flavors.

NOTE Confidence: 0.9022557

 $00:54:43.540 \longrightarrow 00:54:47.617$ And so I'm sort of wondering is it?

NOTE Confidence: 0.9022557

 $00:54:47.620 \longrightarrow 00:54:51.400$ Should we really just be focusing on?

NOTE Confidence: 0.9022557

 $00:54:51.400 \longrightarrow 00:54:52.600$ Slow wave activity?

NOTE Confidence: 0.9022557

 $00:54:52.600 \longrightarrow 00:54:55.000$ Or is it? Is that premature?

 $00{:}54{:}57.750 \dashrightarrow 00{:}55{:}00.990$ I I don't I I don't think I would

NOTE Confidence: 0.8203879

 $00{:}55{:}00.990 \dashrightarrow 00{:}55{:}04.219$ focus exclusively on slave activity.

NOTE Confidence: 0.8203879

 $00:55:04.220 \longrightarrow 00:55:08.840$ I there are a number of like I had discussed.

NOTE Confidence: 0.8203879

 $00:55:08.840 \longrightarrow 00:55:11.445$ There's there are multiple sleep

NOTE Confidence: 0.8203879

 $00:55:11.445 \longrightarrow 00:55:15.181$ parameters that have been found to be

NOTE Confidence: 0.8203879

 $00:55:15.181 \longrightarrow 00:55:17.786$ associated or associated with risk

NOTE Confidence: 0.8203879

 $00:55:17.786 \longrightarrow 00:55:20.743$ of cognitive impairment or risk of or

NOTE Confidence: 0.8203879

00:55:20.743 --> 00:55:24.740 evident risk of having a D pathology.

NOTE Confidence: 0.8203879

 $00:55:24.740 \longrightarrow 00:55:28.288$ And I think it.

NOTE Confidence: 0.8203879

00:55:28.290 --> 00:55:30.271 I think what I think about using

NOTE Confidence: 0.8203879

 $00{:}55{:}30.271 \dashrightarrow 00{:}55{:}32.938$ sleep as a marker is that the rise

NOTE Confidence: 0.8203879

 $00:55:32.938 \longrightarrow 00:55:34.683$ of these blood based markers,

NOTE Confidence: 0.8203879

 $00:55:34.690 \longrightarrow 00:55:36.526$ which is really just come in

NOTE Confidence: 0.8203879

 $00:55:36.526 \longrightarrow 00:55:38.210$ the last couple of years.

NOTE Confidence: 0.8203879

 $00:55:38.210 \longrightarrow 00:55:40.121$ I think changes a little bit the

NOTE Confidence: 0.8203879

 $00:55:40.121 \longrightarrow 00:55:42.114$ way that I've been thinking about

 $00:55:42.114 \longrightarrow 00:55:43.969$ using sleep changes across AD.

NOTE Confidence: 0.8203879

 $00{:}55{:}43.970 \dashrightarrow 00{:}55{:}46.252$ The original thought when we when I

NOTE Confidence: 0.8203879

 $00:55:46.252 \longrightarrow 00:55:48.370$ started on this work eight years ago

NOTE Confidence: 0.8203879

 $00:55:48.370 \longrightarrow 00:55:50.402$ is that it would be a noninvasive

NOTE Confidence: 0.8203879

 $00{:}55{:}50.402 \dashrightarrow 00{:}55{:}52.866$ measure that could be used in the

NOTE Confidence: 0.8203879

 $00:55:52.866 \longrightarrow 00:55:54.850$ clinic to assess for risk along

NOTE Confidence: 0.8203879

 $00:55:54.850 \longrightarrow 00:55:55.810$ with other factors.

NOTE Confidence: 0.8203879

 $00:55:55.810 \longrightarrow 00:55:58.006$ I really don't think it will

NOTE Confidence: 0.8203879

 $00:55:58.006 \longrightarrow 00:55:59.104$ ever replace and.

NOTE Confidence: 0.8203879

 $00{:}55{:}59.110 \dashrightarrow 00{:}56{:}02.070$ Amyloid pet scan or a Tau pet scan

NOTE Confidence: 0.8203879

00:56:02.070 --> 00:56:05.517 or CSF measures for amyloid and Tau,

NOTE Confidence: 0.8203879

 $00:56:05.520 \longrightarrow 00:56:08.138$ but something that could be a non

NOTE Confidence: 0.8203879

 $00:56:08.138 \longrightarrow 00:56:09.832$ invasively screened and potentially

NOTE Confidence: 0.8203879

 $00:56:09.832 \longrightarrow 00:56:12.347$ followed in an intervention trial.

NOTE Confidence: 0.8203879

 $00:56:12.350 \longrightarrow 00:56:15.241$ With the rise of these blood markers

00:56:15.241 --> 00:56:18.711 which are seem to be very robust in

NOTE Confidence: 0.8203879

 $00{:}56{:}18.711 \dashrightarrow 00{:}56{:}21.365$ terms of identifying people with 80

NOTE Confidence: 0.8203879

 $00:56:21.365 \longrightarrow 00:56:24.312$ pathology and are going to be more

NOTE Confidence: 0.8203879

 $00:56:24.312 \longrightarrow 00:56:26.438$ less expensive and probably better

NOTE Confidence: 0.8203879

 $00:56:26.438 \longrightarrow 00:56:28.568$ tolerated by participants in patients,

NOTE Confidence: 0.8203879

 $00:56:28.570 \longrightarrow 00:56:31.396$ I think that defining how sleep

NOTE Confidence: 0.8203879

00:56:31.396 --> 00:56:33.280 changes across 80 pathogenesis.

NOTE Confidence: 0.8203879

00:56:33.280 --> 00:56:34.548 Could be critically important,

NOTE Confidence: 0.8203879

00:56:34.548 --> 00:56:36.133 maybe not as a marker,

NOTE Confidence: 0.8203879

 $00:56:36.140 \longrightarrow 00:56:39.032$ but for defining when you would

NOTE Confidence: 0.8203879

 $00:56:39.032 \longrightarrow 00:56:40.478$ want to intervene.

NOTE Confidence: 0.8203879

 $00:56:40.480 \longrightarrow 00:56:43.390$ That what that intervention with

NOTE Confidence: 0.8203879

 $00:56:43.390 \longrightarrow 00:56:45.718$ that intervention would be.

NOTE Confidence: 0.8203879

 $00{:}56{:}45.720 \dashrightarrow 00{:}56{:}49.440$ I think to to use it as a screening method.

NOTE Confidence: 0.8203879

 $00:56:49.440 \longrightarrow 00:56:52.037$ I think we need to do PSG's.

NOTE Confidence: 0.8203879

 $00:56:52.040 \longrightarrow 00:56:54.588$ That could be a real challenge given

 $00:56:54.588 \longrightarrow 00:56:56.810$ just the numbers of individuals that

NOTE Confidence: 0.8203879

 $00{:}56{:}56{.}810 \dashrightarrow 00{:}56{:}59{.}730$ we're talking about as we as we go

NOTE Confidence: 0.8203879

00:56:59.730 --> 00:57:02.088 forward from what the models project,

NOTE Confidence: 0.8203879

 $00:57:02.090 \longrightarrow 00:57:04.184$ the many millions that will be

NOTE Confidence: 0.8203879

 $00:57:04.184 \longrightarrow 00:57:06.180$ at risk of Alzheimer's disease.

NOTE Confidence: 0.8203879

 $00:57:06.180 \longrightarrow 00:57:10.320$ But if we can, you know.

NOTE Confidence: 0.8203879

 $00:57:10.320 \longrightarrow 00:57:13.040$ Use some of these.

NOTE Confidence: 0.8203879

 $00:57:13.040 \longrightarrow 00:57:16.376$ EG based and another sleep parameters

NOTE Confidence: 0.8203879

 $00:57:16.376 \longrightarrow 00:57:19.211$ to validate more easily deployable

NOTE Confidence: 0.8203879

 $00:57:19.211 \longrightarrow 00:57:22.844$ methods that I think would be very

NOTE Confidence: 0.8203879

 $00:57:22.844 \longrightarrow 00:57:25.528$ powerful as a screening tool.

NOTE Confidence: 0.827884

 $00:57:27.260 \longrightarrow 00:57:28.916$ So another question is what is

NOTE Confidence: 0.827884

 $00{:}57{:}28.916 \to 00{:}57{:}30.355$ your thought about why sodium

NOTE Confidence: 0.827884

 $00:57:30.355 \longrightarrow 00:57:31.760$ oxybate did not decrease amyloid

NOTE Confidence: 0.827884

00:57:31.760 --> 00:57:34.010 or Tau in your experiments or in

00:57:34.010 --> 00:57:35.438 the experiments you mentioned?

NOTE Confidence: 0.9076933

00:57:36.480 --> 00:57:39.348 That's a great question.

NOTE Confidence: 0.9076933

 $00:57:39.350 \longrightarrow 00:57:44.618$ I think there's two potential explanations.

NOTE Confidence: 0.9076933

 $00:57:44.620 \longrightarrow 00:57:48.100$ One is that we did have a wide

NOTE Confidence: 0.9076933

00:57:48.100 --> 00:57:50.486 wide variability in the effect

NOTE Confidence: 0.9076933

 $00:57:50.486 \longrightarrow 00:57:52.856$ of sodium oxybate on sleep,

NOTE Confidence: 0.9076933

 $00:57:52.860 \longrightarrow 00:57:55.555$ meaning that although we had

NOTE Confidence: 0.9076933

 $00:57:55.555 \longrightarrow 00:57:57.172$ statistically significant differences

NOTE Confidence: 0.9076933

 $00{:}57{:}57.172 \dashrightarrow 00{:}57{:}59.810$ and all the sleep measures we

NOTE Confidence: 0.9076933

 $00:57:59.810 \longrightarrow 00:58:02.480$ looked at such as total sleep time,

NOTE Confidence: 0.9076933

 $00:58:02.480 \longrightarrow 00:58:06.686$ sleep efficiency, other other things for.

NOTE Confidence: 0.9076933

 $00:58:06.690 \longrightarrow 00:58:07.980$ Sleep deprivation group

NOTE Confidence: 0.9076933

 $00:58:07.980 \longrightarrow 00:58:10.130$ compared to control and drug.

NOTE Confidence: 0.9076933

 $00:58:10.130 \longrightarrow 00:58:12.420$ We did not have statistically

NOTE Confidence: 0.9076933

 $00:58:12.420 \longrightarrow 00:58:13.794$ significant differences between

NOTE Confidence: 0.9076933

 $00:58:13.794 \longrightarrow 00:58:15.720$ the control and drug group,

 $00:58:15.720 \longrightarrow 00:58:19.444$ so it may be that we didn't

NOTE Confidence: 0.9076933

 $00:58:19.444 \longrightarrow 00:58:22.379$ have an adequate effect on.

NOTE Confidence: 0.9076933

 $00.58:22.380 \longrightarrow 00.58:23.294$ On sleep,

NOTE Confidence: 0.9076933

 $00:58:23.294 \longrightarrow 00:58:26.036$ in order to change the concentrations,

NOTE Confidence: 0.9076933

 $00:58:26.040 \longrightarrow 00:58:28.800$ the other is that you know the slow

NOTE Confidence: 0.9076933

 $00:58:28.800 \longrightarrow 00:58:30.604$ waves that are pharmacologically

NOTE Confidence: 0.9076933

 $00:58:30.604 \longrightarrow 00:58:33.712$ induced by sodium oxybate may be

NOTE Confidence: 0.9076933

 $00:58:33.712 \longrightarrow 00:58:36.548$ different than physiologic slow waves,

NOTE Confidence: 0.9076933

 $00:58:36.550 \longrightarrow 00:58:40.512$ in which case methods such as closed

NOTE Confidence: 0.9076933

 $00:58:40.512 \longrightarrow 00:58:43.223$ loop acoustic stimulation to increase

NOTE Confidence: 0.9076933

 $00:58:43.223 \longrightarrow 00:58:46.879$ low waves may be a better approach to.

NOTE Confidence: 0.9076933

 $00:58:46.880 \longrightarrow 00:58:49.460$ To increase flow waves and

NOTE Confidence: 0.9076933

00:58:49.460 --> 00:58:51.524 decrease the concentrations of.

NOTE Confidence: 0.9076933

 $00{:}58{:}51.530 --> 00{:}58{:}52.799$ Amyloid and Tau.

NOTE Confidence: 0.8710914

 $00:58:55.130 \longrightarrow 00:58:58.460$ Alright, well we are at the top of the hour.

00:58:58.460 --> 00:59:00.665 Want to thank our speaker again for

NOTE Confidence: 0.8710914

 $00{:}59{:}00.665 \dashrightarrow 00{:}59{:}02.961$ this this great tour and then Lauren

NOTE Confidence: 0.8710914

00:59:02.961 --> 00:59:04.887 I think you had an announcement

NOTE Confidence: 0.8710914

 $00:59:04.955 \longrightarrow 00:59:07.115$ for everybody before they peel off.

NOTE Confidence: 0.8710914

 $00:59:07.120 \longrightarrow 00:59:08.092$ Yeah thanks everybody.

NOTE Confidence: 0.8710914

00:59:08.092 --> 00:59:10.937 Just wanted to let you know that we do

NOTE Confidence: 0.8710914

 $00:59:10.937 \dashrightarrow 00:59:13.521$ not have a talk next week because it's the

NOTE Confidence: 0.8710914

00:59:13.521 --> 00:59:15.776 American College of Physicians Conference.

NOTE Confidence: 0.8710914

 $00:59:15.780 \longrightarrow 00:59:18.292$ But we will resume on October 28 with

NOTE Confidence: 0.8710914

 $00:59:18.292 \longrightarrow 00:59:20.768$ the talk by Frank sheer at Harvard.

NOTE Confidence: 0.8710914

 $00{:}59{:}20.770 \dashrightarrow 00{:}59{:}22.672$ Who's going to be speaking about

NOTE Confidence: 0.8710914

 $00:59:22.672 \longrightarrow 00:59:24.735$ night work and disease in the

NOTE Confidence: 0.8710914

00:59:24.735 --> 00:59:26.195 role of circadian misalignment?

NOTE Confidence: 0.8710914

 $00:59:26.200 \longrightarrow 00:59:28.992$ So look forward to seeing you all then

NOTE Confidence: 0.8710914

 $00:59:28.992 \longrightarrow 00:59:31.765$ thanks so much. Thank you alright.

NOTE Confidence: 0.8710914

00:59:31.765 --> 00:59:33.400 Thanks again, Brendan.

00:59:33.400 --> 00:59:37.590 Thank you friend, thank you.

NOTE Confidence: 0.8710914

00:59:37.590 --> 00:59:40.047 I you know it is worth noting,

NOTE Confidence: 0.8710914

 $00:59:40.050 \longrightarrow 00:59:42.834$ I think at peak we were we had

NOTE Confidence: 0.8710914

 $00:59:42.834 \longrightarrow 00:59:45.049$ about 85 participants so.

NOTE Confidence: 0.8710914

 $00:59:45.050 \longrightarrow 00:59:45.899$ Oh, that's great.

NOTE Confidence: 0.8710914

 $00:59:45.900 \longrightarrow 00:59:46.466$ I think.

NOTE Confidence: 0.8710914

 $00:59:46.466 \longrightarrow 00:59:48.447$ Yeah, I think it was hard to

NOTE Confidence: 0.84200066

 $00:59:48.450 \longrightarrow 00:59:50.445$ tell. I would see the pings coming

NOTE Confidence: 0.84200066

00:59:50.445 --> 00:59:52.188 would cost like the screen would

NOTE Confidence: 0.84200066

 $00:59:52.188 \longrightarrow 00:59:54.106$ be like so and so's entered the

NOTE Confidence: 0.84200066

 $00{:}59{:}54.110 \dashrightarrow 00{:}59{:}55.796$ waiting room. So yeah. Yeah yeah.

NOTE Confidence: 0.84200066

 $00:59:55.800 \longrightarrow 00:59:57.788$ So there was. There was a lot

NOTE Confidence: 0.84200066

 $00{:}59{:}57.790 \dashrightarrow 01{:}00{:}00.466$ of activity, so good that's great.

NOTE Confidence: 0.84200066

 $01:00:00.470 \longrightarrow 01:00:02.336$ Alright, well thank you so

NOTE Confidence: 0.84200066

 $01:00:02.336 \longrightarrow 01:00:04.196$ much for the invitation and

 $01:00:04.200 \longrightarrow 01:00:06.438$ for the thank you for coming

NOTE Confidence: 0.8906467

 $01:00:06.438 \longrightarrow 01:00:08.680$ virtually and I'll be in touch.

NOTE Confidence: 0.80393

 $01:00:13.340 \longrightarrow 01:00:15.560$ Some reason I muted myself somehow,

NOTE Confidence: 0.80393

 $01:00:15.560 \longrightarrow 01:00:18.104$ but I also want to say that the

NOTE Confidence: 0.80393

 $01{:}00{:}18.104 \dashrightarrow 01{:}00{:}20.369$ paper was just accepted today.

NOTE Confidence: 0.80393

 $01:00:20.370 \longrightarrow 01:00:22.960$ Oh good, the one you sent me.

NOTE Confidence: 0.80393

 $01:00:22.960 \longrightarrow 01:00:26.290$ OK, yeah, so I'm sure by the time so.

NOTE Confidence: 0.80393

 $01:00:26.290 \longrightarrow 01:00:29.250$ So if you were going to use anything

NOTE Confidence: 0.80393

 $01{:}00{:}29.250 \dashrightarrow 01{:}00{:}31.840$ in an application, you'll be able to

NOTE Confidence: 0.80393

 $01{:}00{:}31.840 \longrightarrow 01{:}00{:}34.060$ decide as impressed. Yeah, OK, good,

NOTE Confidence: 0.80393

 $01:00:34.060 \dashrightarrow 01:00:37.219$ alright? Alright, Thanks again. Take

NOTE Confidence: 0.78336304

 $01:00:37.220 \longrightarrow 01:00:40.286$ care bye bye.