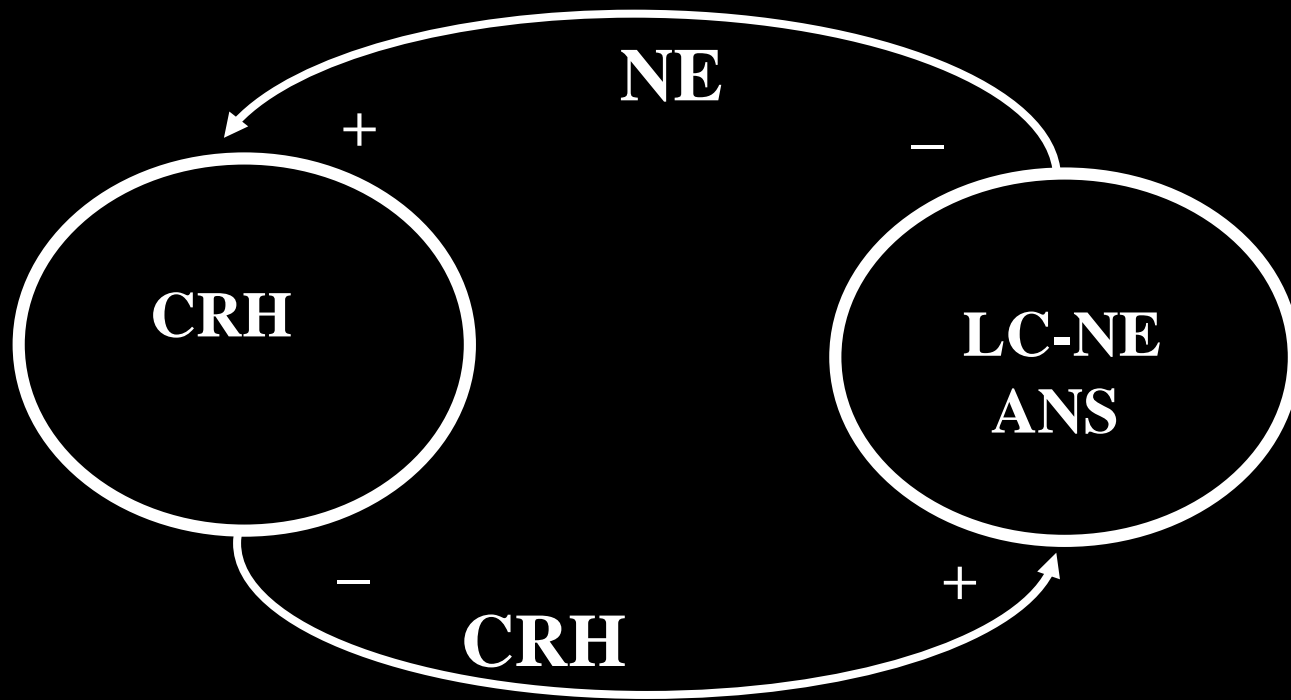


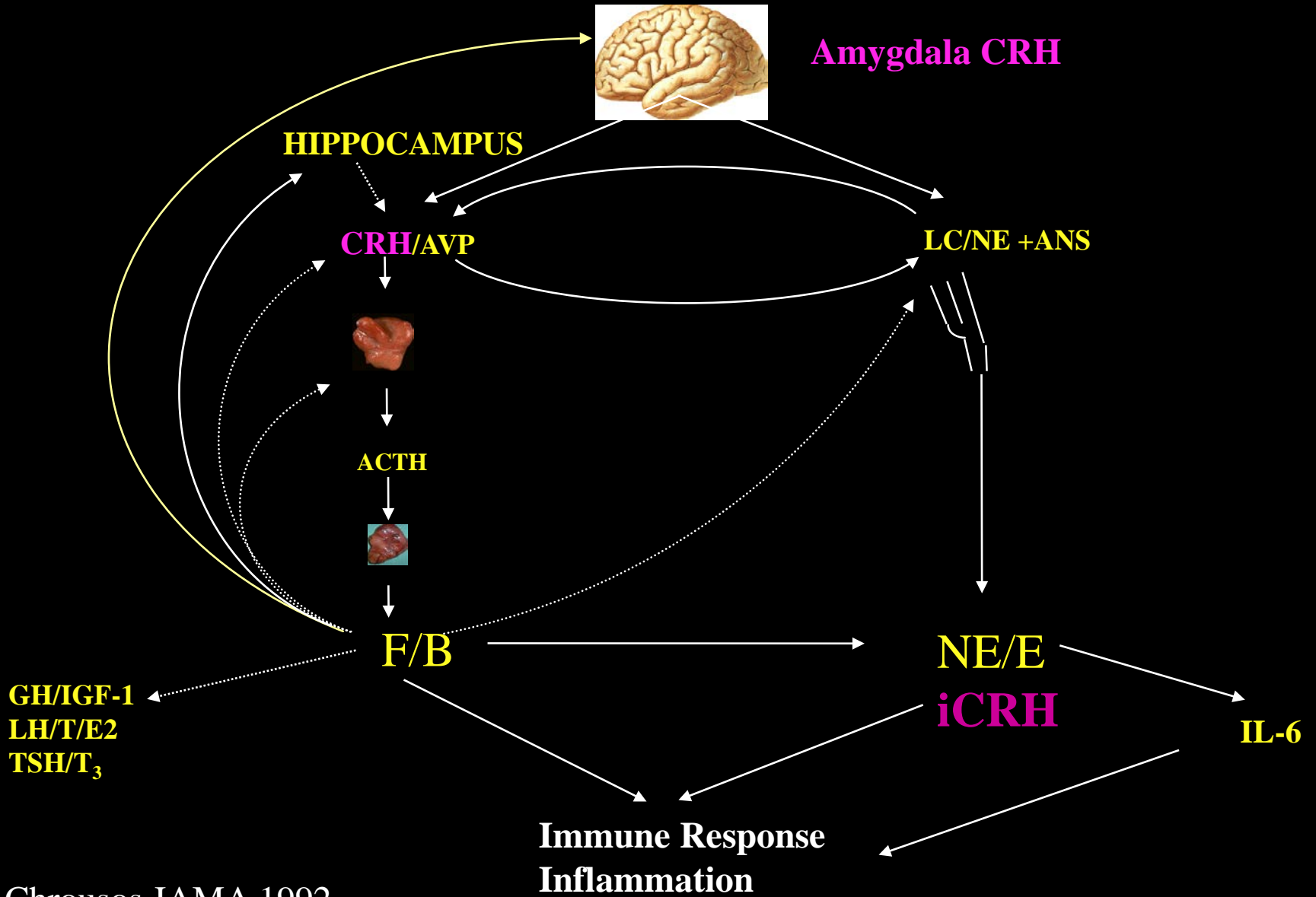
The Circadian Rhythms in Our Lives

**George P. Chrousos, MD,
Professor of Pediatrics and Endocrinology,
National and Kapodistrian University of Athens
(No Disclosures)**

Stress System



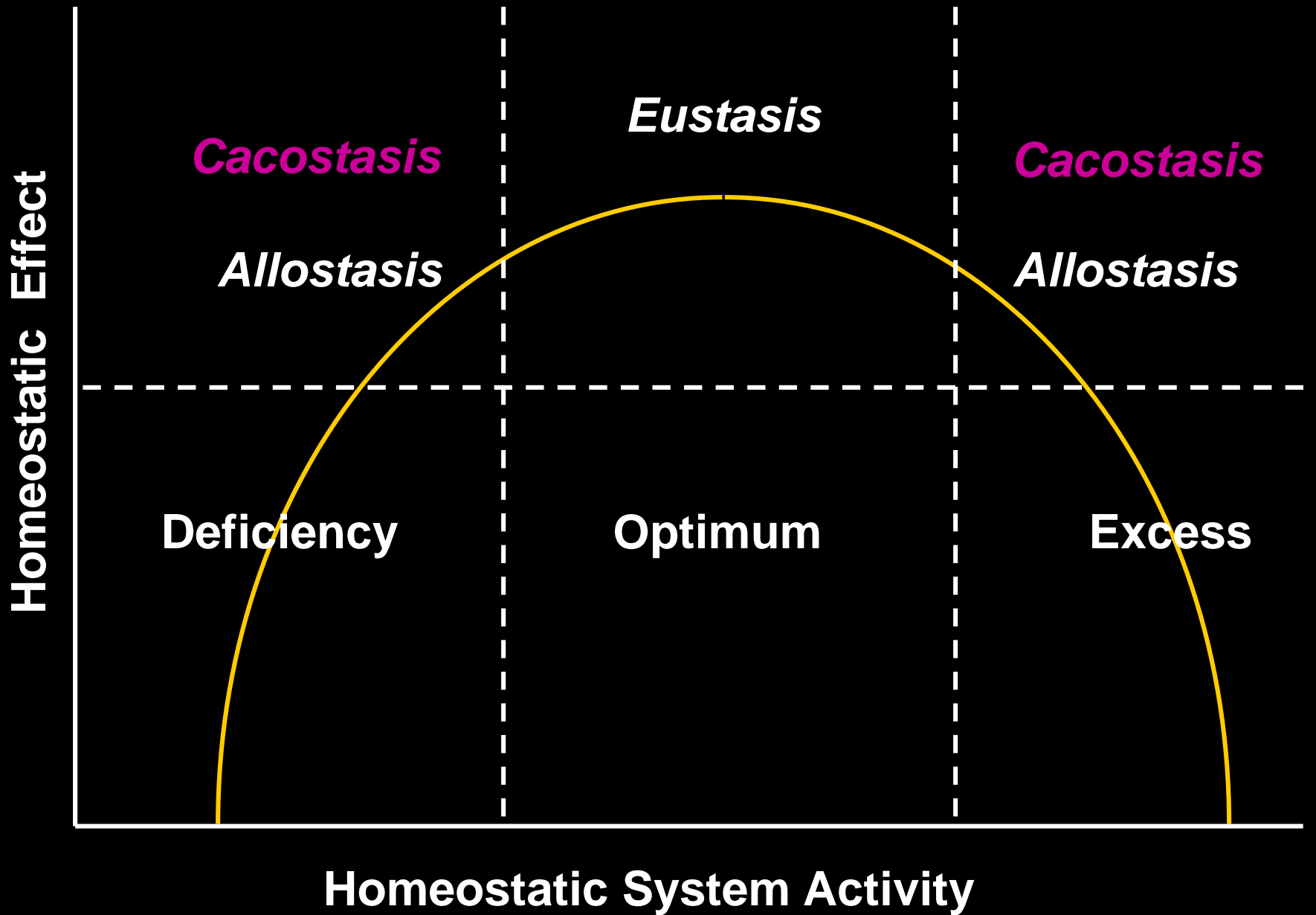
STRESS SYSTEM= HPA axis + LC/NE



«Μηδέν ἄγαν»

‘Everything in moderation’

Inscription at the Oracle of Delphi



HUMAN COMPLEXITY: POST(EPI)GENOMIC ERA

Human genome:

About 3 billion bases (“Non-junk” DNA)

About 20 thousand protein-coding genes

About 22 thousand ncRNA-coding genes

About 16 thousand pseudogenes

**About 200 thousand transcripts
(mRNA, ncRNA)**

About 200-260 thousand proteins

**Single nucleotide polymorphisms (snp’ s or snv’ s),
microsatellites or copy number variants (cnv’s) :**

About >25 million snv’s, 1.5 million indels

About 20 million microsatellites

>5000 cnv’ s (many million bases) ~0,9 % difference

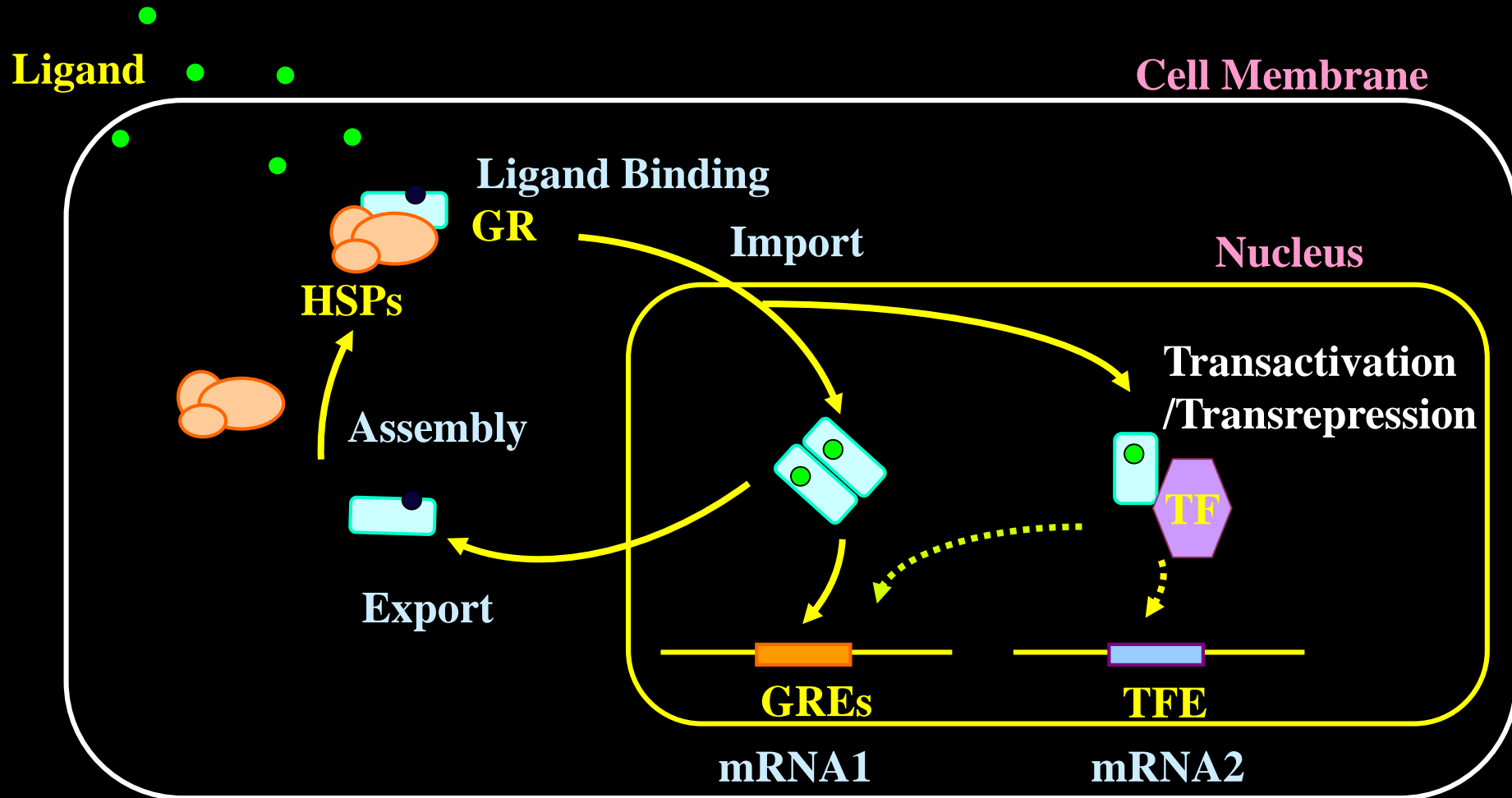
Over 100 k disease-related mutations

60% of promoters have CpG islands, > million regul. regions

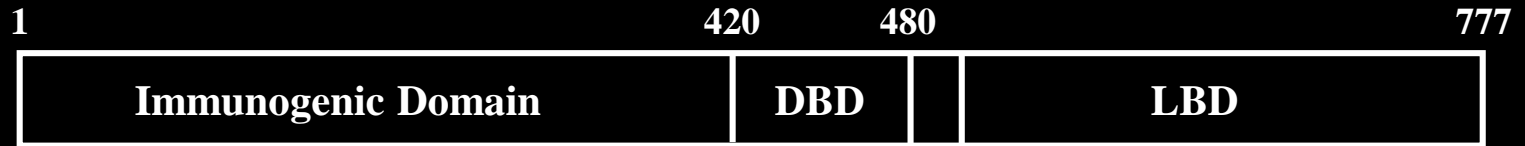


EPIGENETICS/EPIMUTATIONS

Glucocorticoid Receptor Signaling



Functional Domains of Human Glucocorticoid Receptor α



HSP Binding



Dimerization



Nuclear Translocation

NL1



NL2



Transactivation

AF1

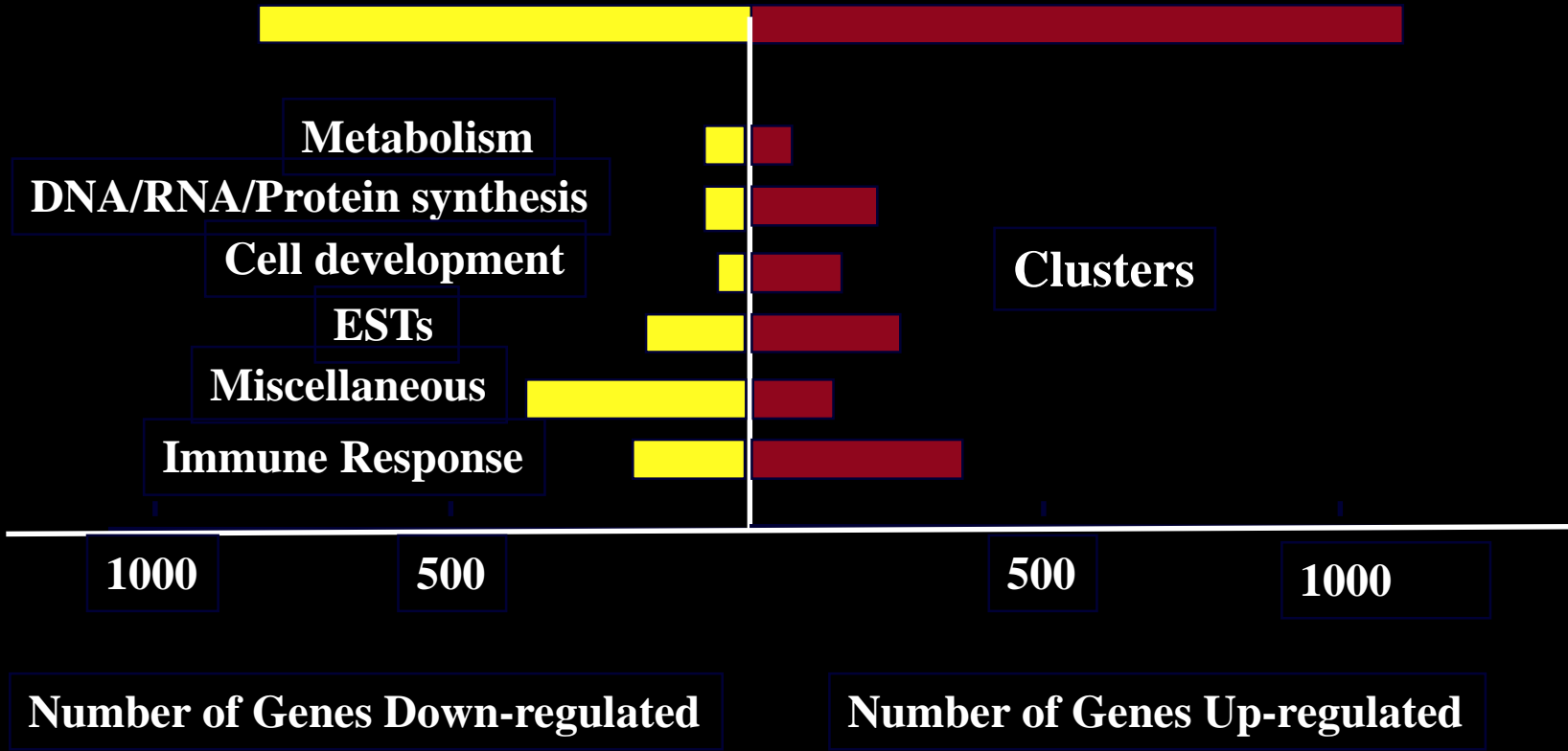


AF2



- **~20 % of the human leukocyte transcriptome responds to glucocorticoids.**
- **Almost 2 thirds of these are stimulated, the rest suppressed.**
- **Glucocorticoid-controlled genes and downstream output genes are involved.**

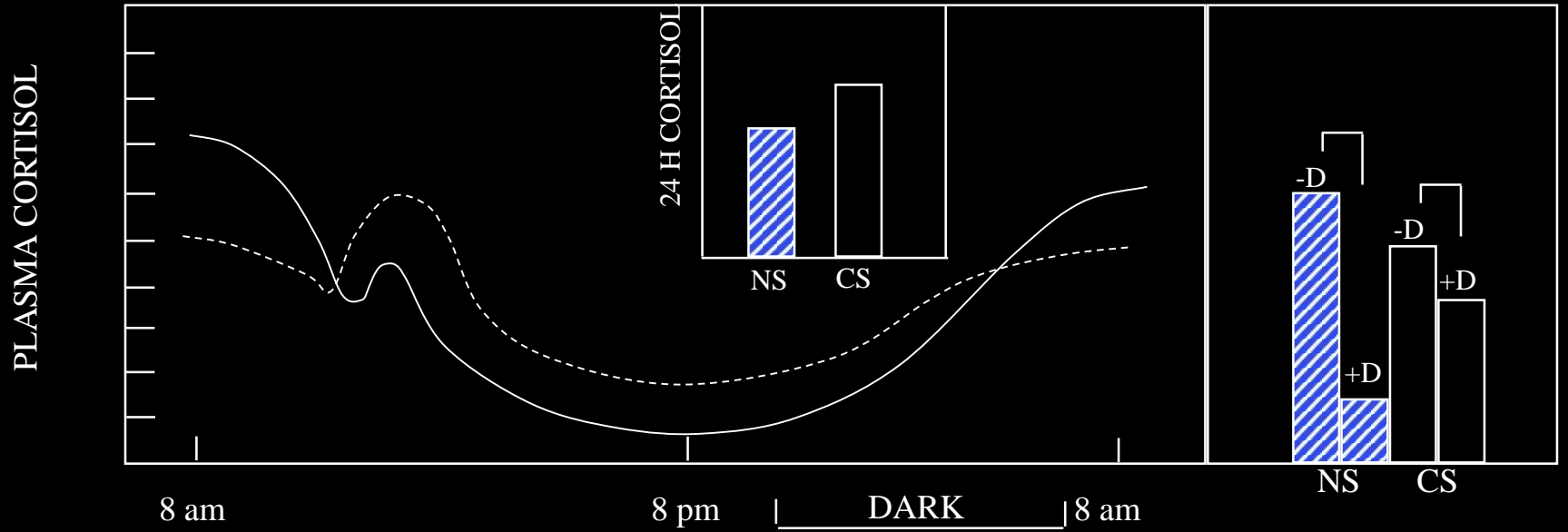
Glucocorticoid Regulated genes



A.

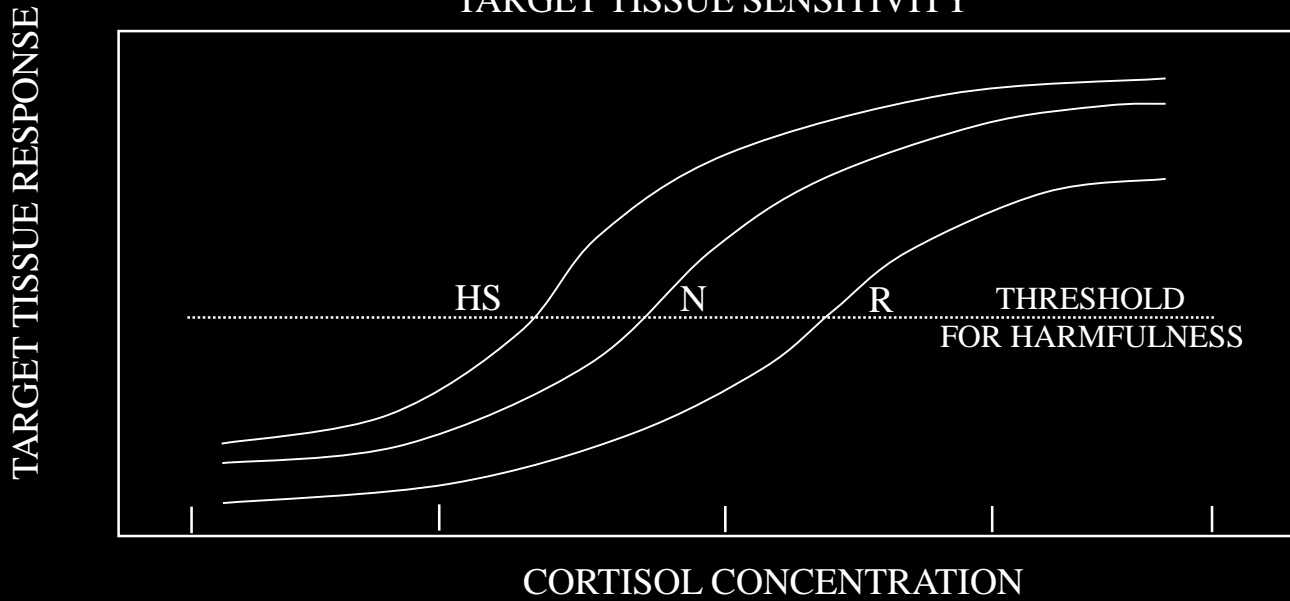
24 H SAMPLING

OVERNIGHT
DEXAMETHASONE TEST



B.

TARGET TISSUE SENSITIVITY

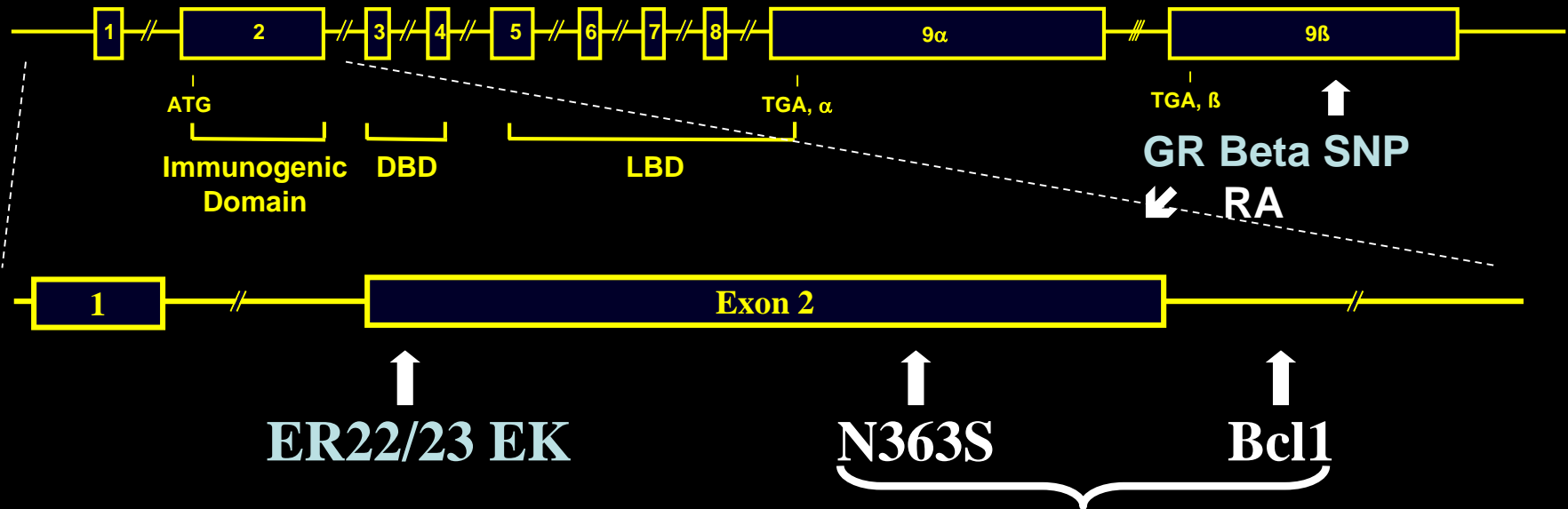


Clinical Manifestations in Tissue Hypersensitivity or Resistance to Glucocorticoids

	<i>Glucocorticoid Excess</i>	<i>Glucocorticoid Deficiency</i>
AFFECTED AREA	GLUCOCORTICOID HYPERSENSITIVITY	GLUCOCORTICOID RESISTANCE
<i>Central Nervous System</i>	Insomnia, anxiety, depression, defective cognition	Fatigue, somnolence, Malaise, defective cognition
<i>Liver</i>	Increased gluconeogenesis* and liposynthesis, insulin resistance	Hypoglycemia, increased insulin sensitivity
<i>Fat</i>	Accumulation of visceral* fat	Loss of weight
<i>Muscles</i>	Insulin resistance*	Increased insulin sensitivity
<i>Blood Vessels</i>	Hypertension*	Hypotension
<i>Bone</i>	Stunted growth, osteoporosis	
<i>Inflammation/Immunity</i>	Immune suppression, suppressed inflammation	Increased inflammation/ autoimmunity

***dysmetabolic syndrome**

Alteration of Tissue Glucocorticoid Sensitivity in Pathologic States: Glucocorticoid Receptor Polymorphisms



“Glucocorticoid Resistant”

Better Body Composition
Healthier Metabolic Profile
Better Survival
Lower Risk of Dementia
Depression

“Glucocorticoid Hypersensitive”

More Body Fat, Less Lean Body Mass
Insulin Resistance
Metabolic s. manifestations
Depression

Primary Pathologic Changes

Genetic/Epigenetic Background
Exogenous Factors, etc.

Effector Molecules

Influence on Various GR Functions

Ligand-binding Activity
Nuclear Translocation
Transactivation

Alteration of Glucocorticoid Receptor (GR) Activity

Secondary Pathologic Changes
due to Alterations of Glucocorticoid Actions
in Specific Tissues

Politically Correct 1980' s

- Hypothesis-driven Research
-

ANATHEMA

- “Shotgun Research”
- “Fishing expedition”

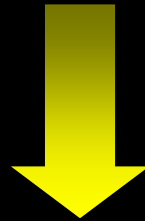
Politically Correct 2000' s

- **Discovery-driven Research**
-

NO LONGER ANATHEMA

- **“Shotgun Research”**
- **“Fishing Expedition”**

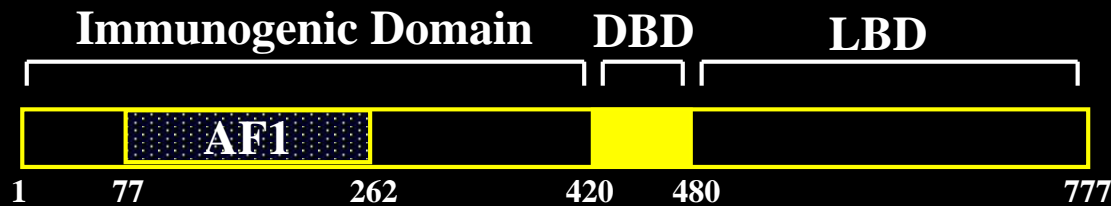
**Finding Molecules
that Potentially Alter GR Action**



**Yeast Two-hybrid Screening
Using GR Fragments as Baits**

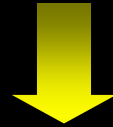
Yeast Two-hybrid Screening Using GR LBD as Bait

Human GR



Bait Fragment

LexA System/Human Jurkat Cell cDNA Library



CLOCK transcription factor

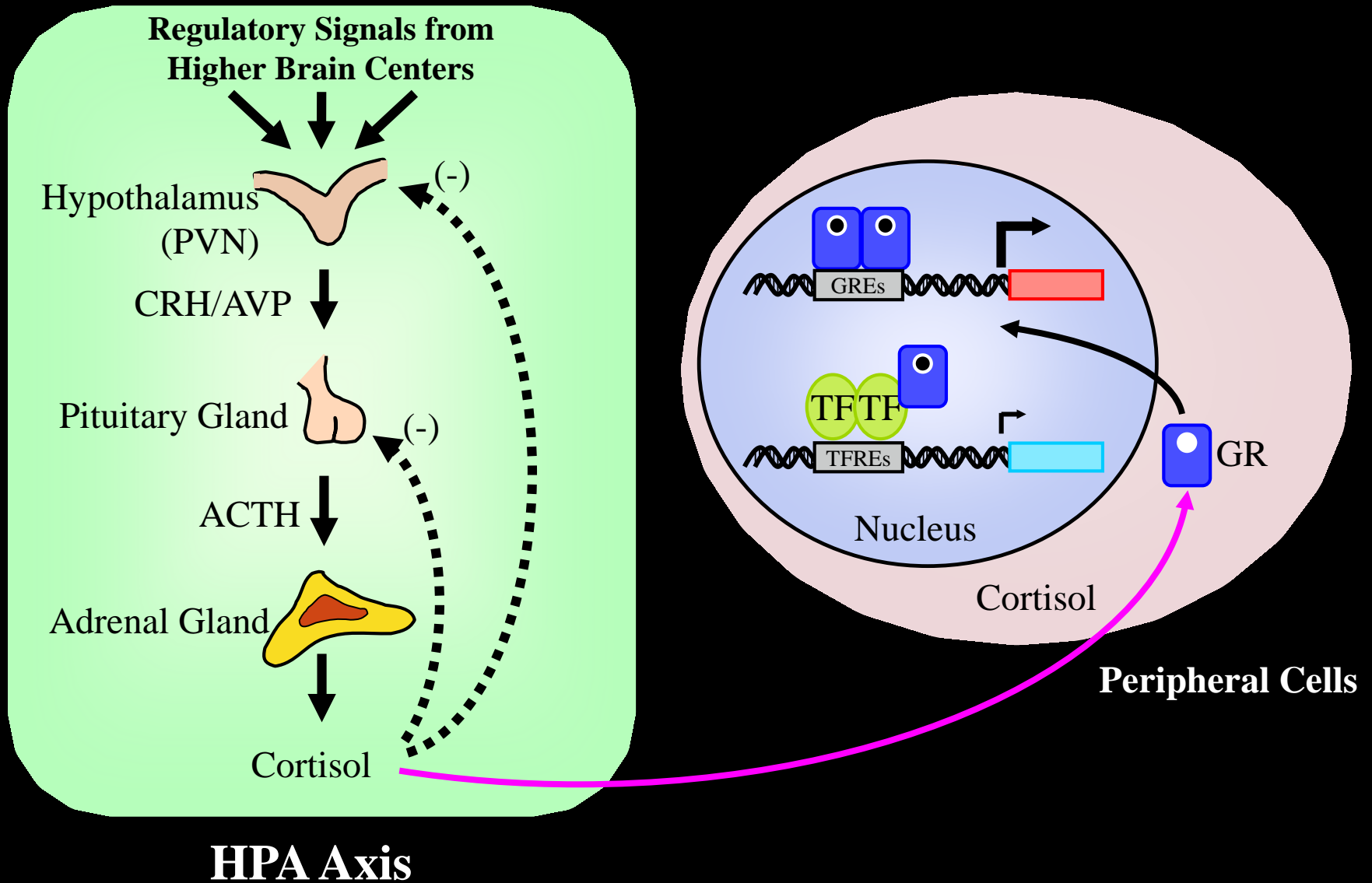
- **15 % of the mammalian transcriptome oscillates with a 24 h rhythm.**
- **Clock-controlled genes and downstream output genes are involved.**

Life on Planet Earth



**Organisms continuously face
unforeseen random short- and
long-term changes in the
environment called “stressors.”**

HPA Axis and Glucocorticoid Signaling System.



Life on Planet Earth



In addition to fighting against various unforeseen stressors.....

organisms live under recurrent changes associated with the rotation of the planet around itself and its revolution around the sun, which are daily, predictable and nonrandom (*circa diem*).

Major Regularly Recurrent Environmental Changes on the Earth.



Rotation of the Earth:

**Day/Night Changes:
Circadian**

Revolution of the Earth:

Seasonal Changes

Revolution of the Moon:

Lunar Changes

Major Regularly Recurrent Environmental Changes on the Earth.



Day/Night Changes:
Circadian

**Seasonal Changes(3 mo),
Lunar (28d) Changes:**
Infradian

**Brief Recurrent Changes
<24 h:**
Ultradian, q90min, other

Adjustment of internal homeostasis and synchronization of physical activities to Day/Night changes.

Day



**Work, Exercise,
Food Intake and Other
Activities: High**

Night



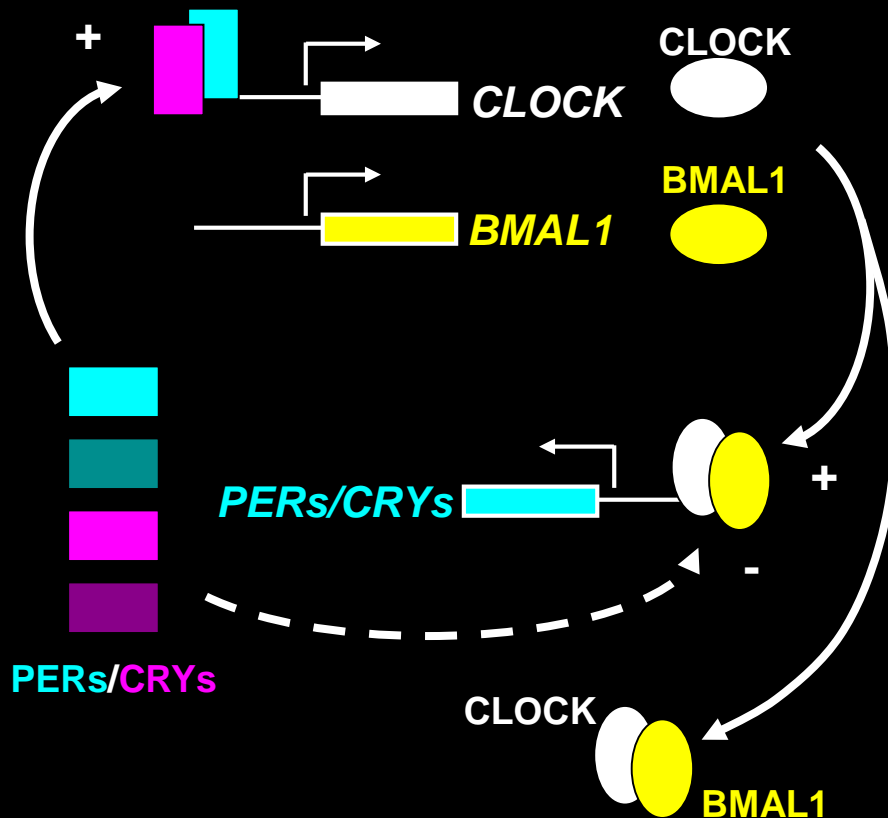
**Rest and Sleep
Activities: Low**

Circadian CLOCK System

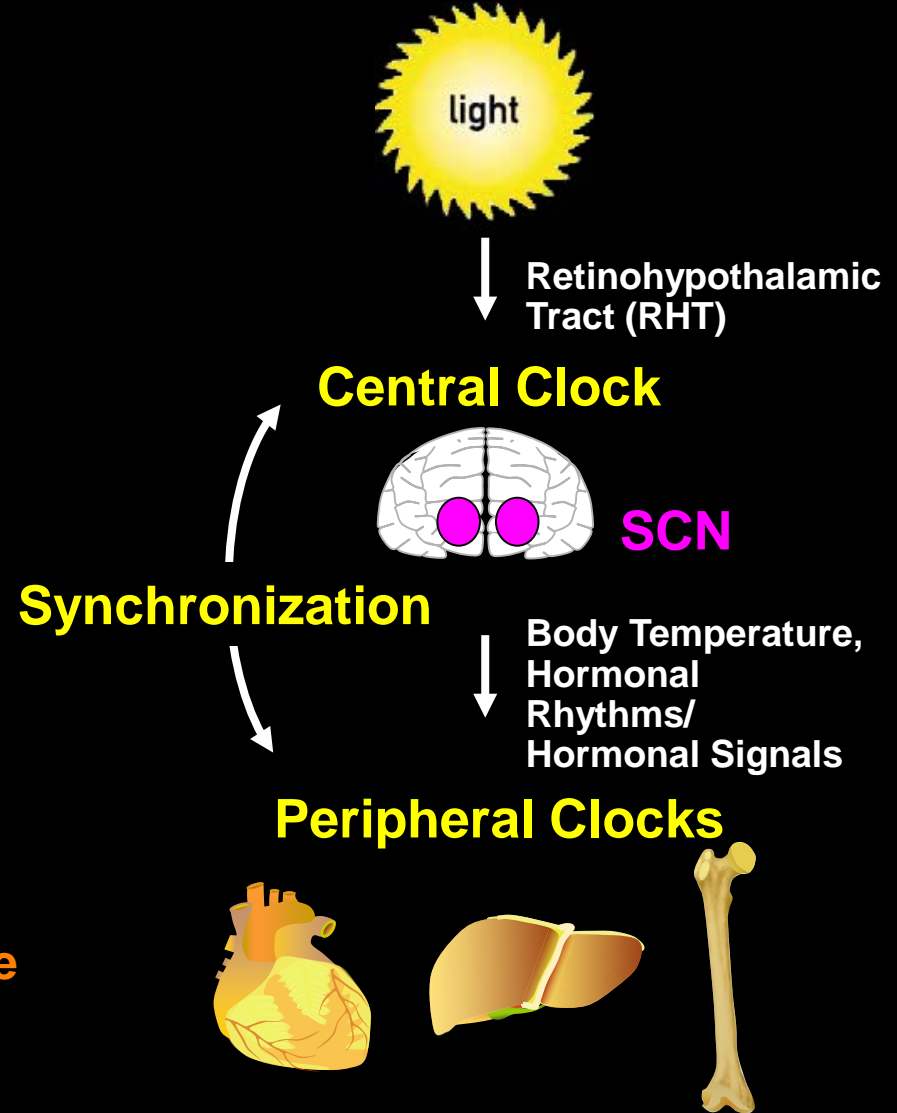
1. A highly conserved and ubiquitous molecular “CLOCK”, which creates internal circadian rhythmicity under the influence of light/dark information (**retino-hypothalamic track**).
2. The central “**master**” **CLOCK** is located in suprachiasmatic nucleus (**SCN**) of the hypothalamus, while the peripheral “**slave**” **CLOCKS** are found virtually in all organs and tissues.
 1. Circadian rhythm of the peripheral **CLOCKS** are synchronized to that of the central master **CLOCK** by as yet unknown mechanisms.

CLOCK/BMAL1: Circadian Rhythm Transcription Factors

Self-oscillating Transcription Loop

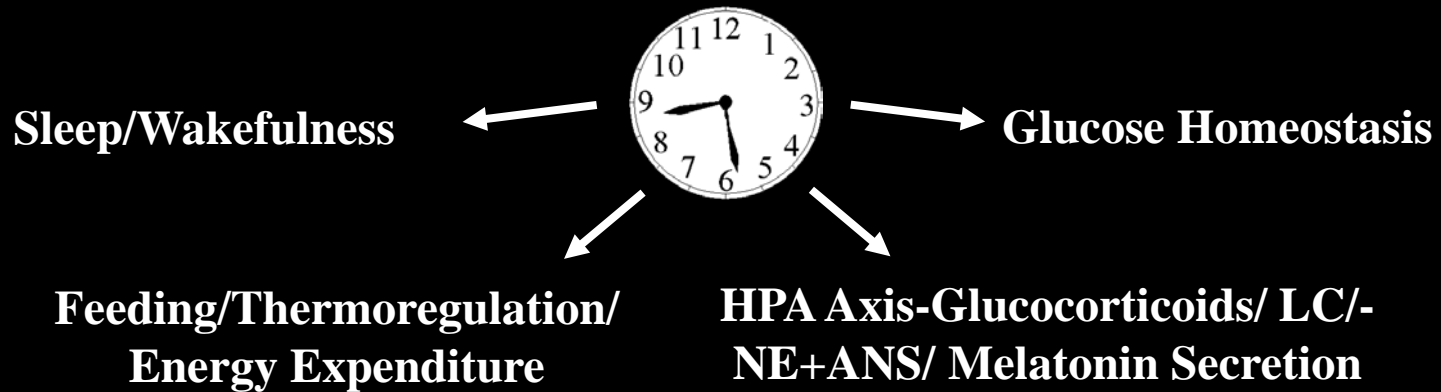


How does CLOCK/BMAL1 influence GR transcriptional activity?

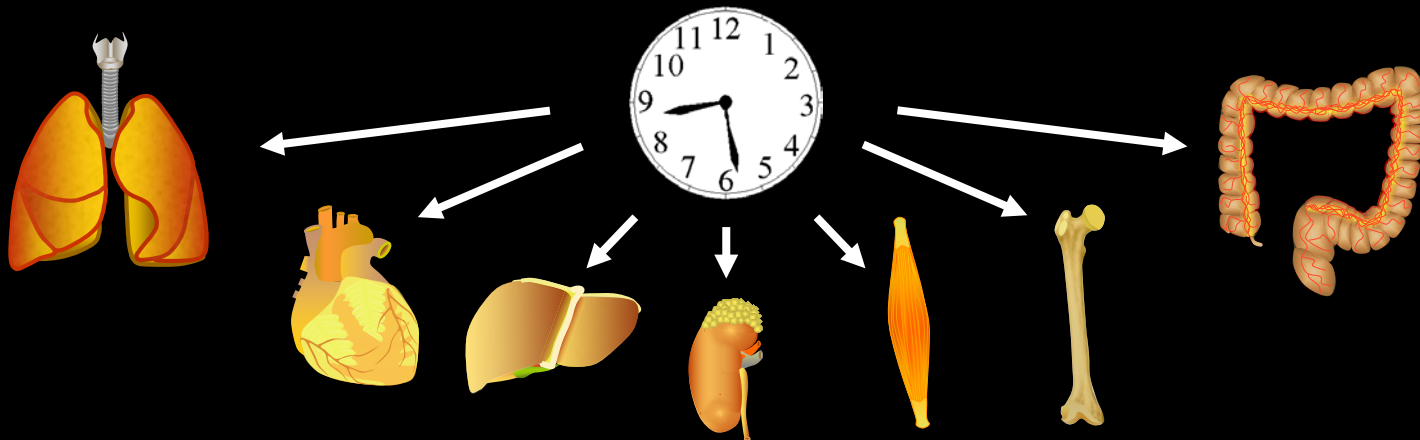


Circadian CLOCK Influences Virtually All Physiologic Functions/Organs

Central CLOCK Output



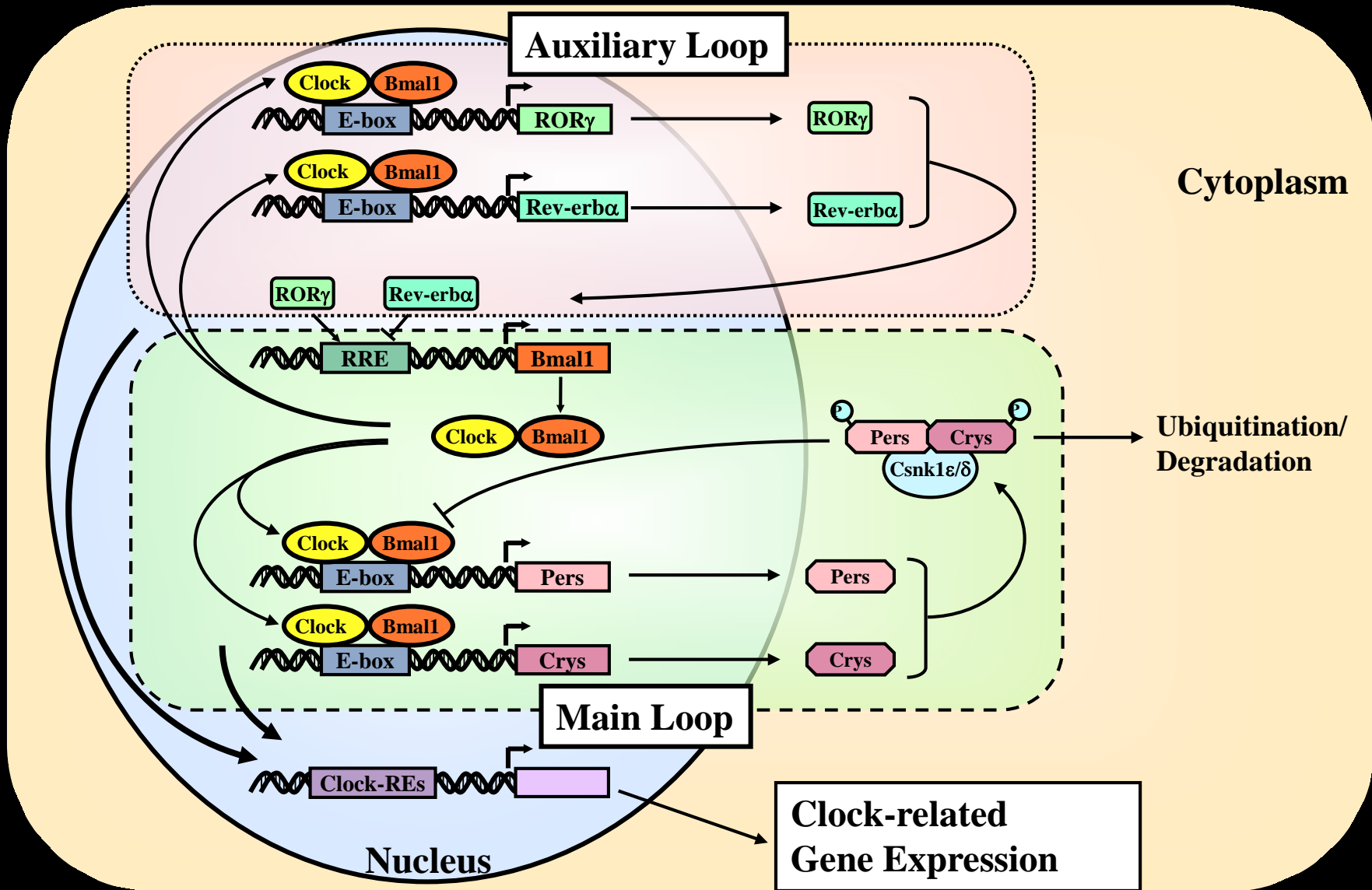
Peripheral CLOCK Outputs



Circadian CLOCK System

1. A **transcriptional loop** creating an intrinsic, self-oscillating circadian rhythm in both central and peripheral **CLOCKS**.
2. Composed of the **Clock/Bmal1** heterodimer and other negative transcription factors (such as the **Periods** (*PER1*, *PER2* and *PER3*) and **Cryptochromes** (*CRY1* and *CRY2*) genes.

CLOCK Circadian Transcriptional Loop



Interaction of the Circadian CLOCK System and the Stress System/HPA Axis

Circadian CLOCK –related Stress System:

Adaptation to the regularly recurrent
Day/Night change

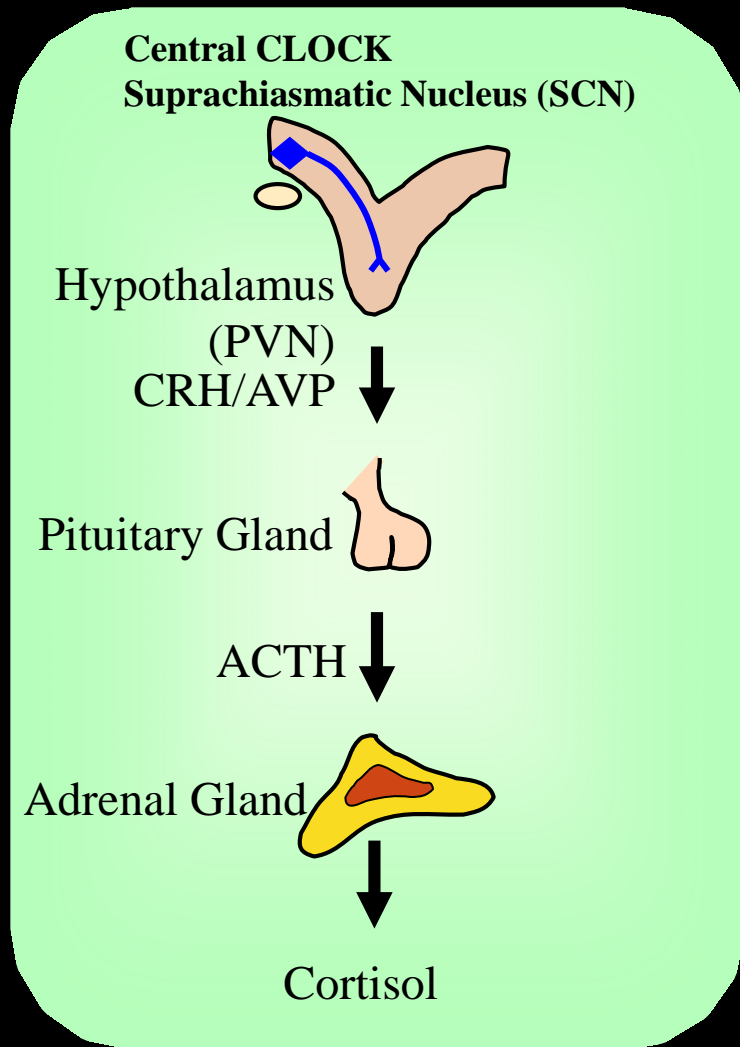
Stressor-related Stress System/HPA Axis:

Adaptation to recurrent Day/Night, but also to
unforeseen and random environmental changes



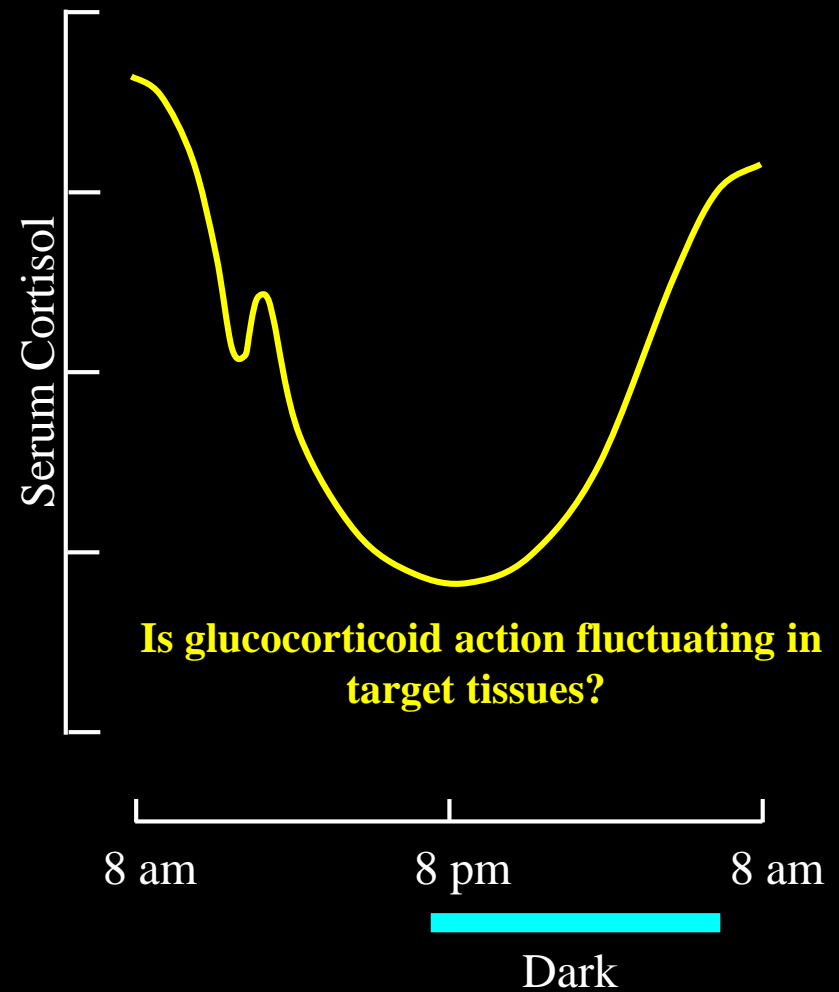
**There are strong links between
these two systems**

Plasma Cortisol Circadian Rhythm



HPA Axis

24 hr Circulating Cortisol



Interaction between Clock/Bmal1 and GR at the Transcriptional Level

Circadian Rhythm Transcription Factor CLOCK/BMAL1 Regulates the Transcriptional Activity of the Glucocorticoid Receptor through Acetylation

Nancy Nader¹, George P. Chrousos² and Tomoshige Kino¹

1: Program in Reproductive and Adult Endocrinology, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD 20892, USA

2: First Department of Pediatrics, Athens University Medical School, Athens 11527, Greece

Clock/Bmal1: Circadian Rhythm Transcription Factors

- 1. Master regulators of the circadian rhythms both in the central nervous system and peripheral tissues/organs.**
- 2. The basic helix-loop-helix (bHLH)-PER-ARNT-SIM (PAS) superfamily of transcription factors.**
- 3. Clock is a histone acetyltransferase (HAT).**

Clock Displays High Sequence Similarity to p160 Nuclear Receptor Coactivator ACTR

Circadian Regulator CLOCK Is a Histone Acetyltransferase

Masao Doi,^{1,3} Jun Hirayama,^{1,2} and Paolo Sassone-Corsi^{1,2,*}

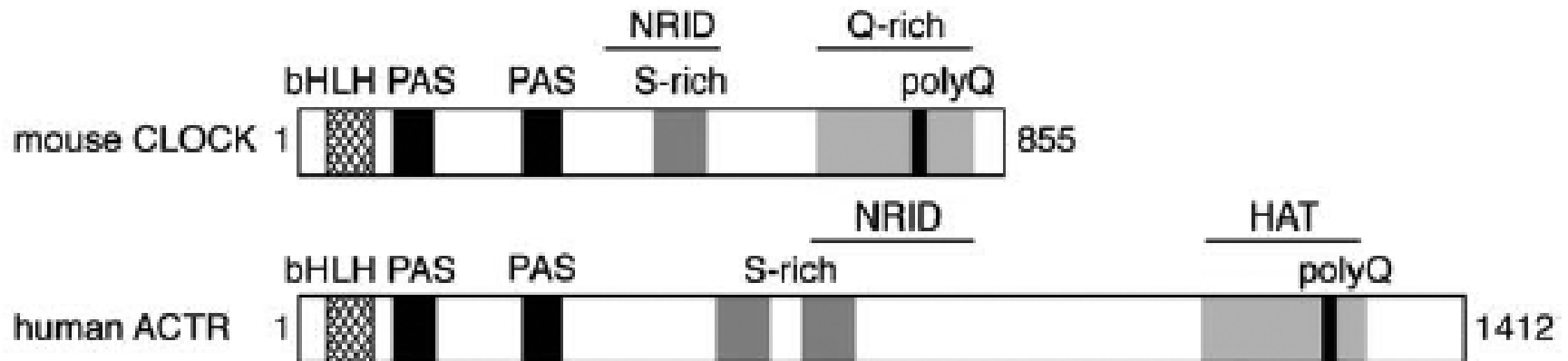
¹Institut de Génétique et de Biologie Moléculaire et Cellulaire, B.P. 10142, 67404 Illkirch, Strasbourg, France

²Present address: Department of Pharmacology, University of California, Irvine, 360D MedSurge II, Irvine, CA 92697, USA

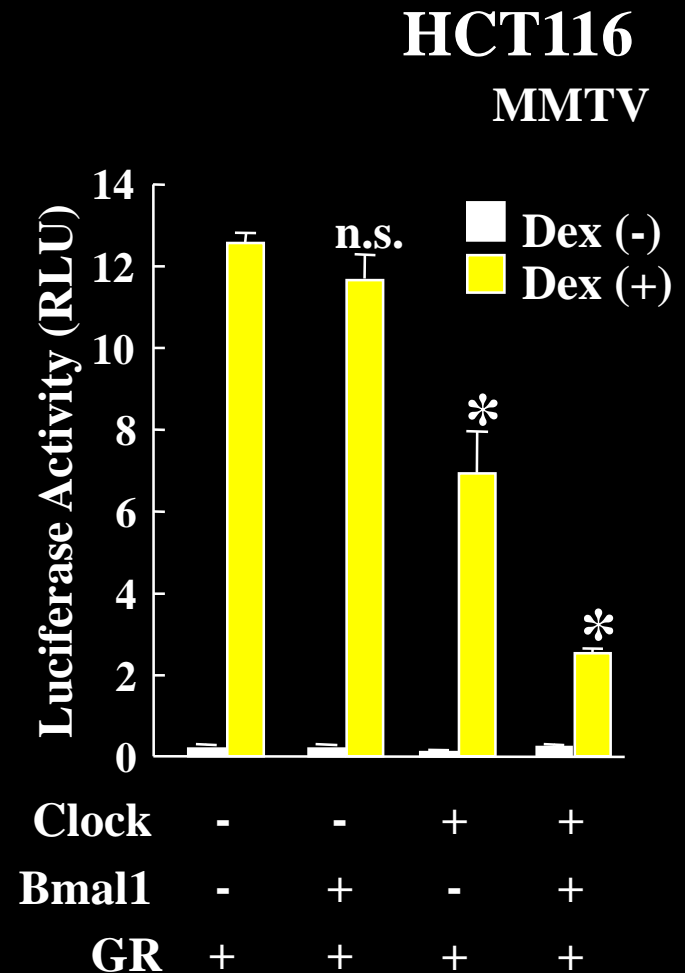
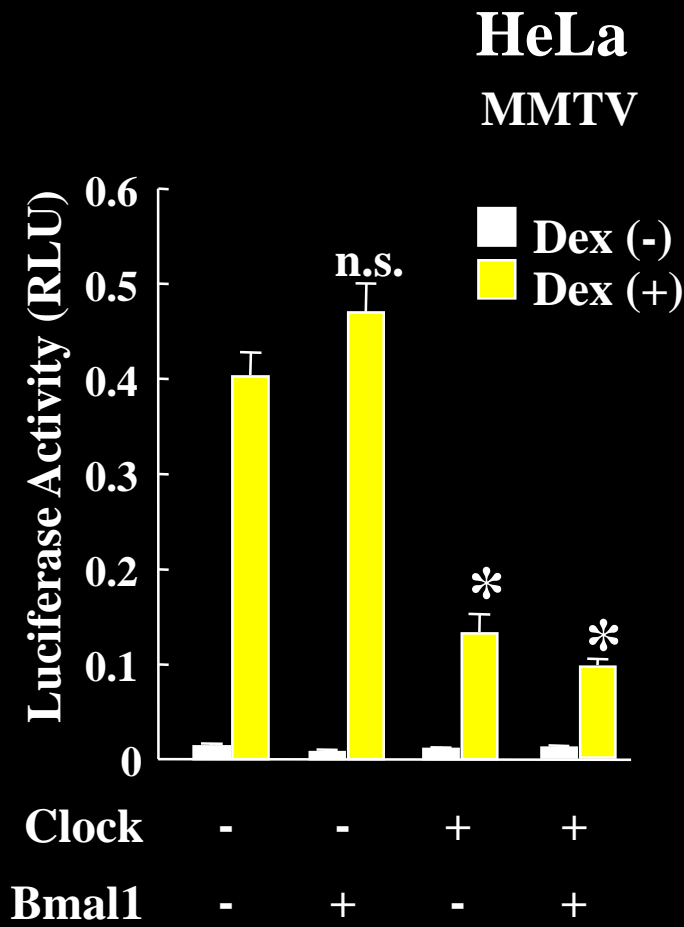
³Present address: Division of Molecular Brain Science, Department of Brain Sciences, Kobe University Graduate School of Medicine, 7-5-1 Kusunoki-cho, Chuo-ku, Kobe 650-0017, Japan

*Contact: paolosc@igbmc.u-strasbg.fr

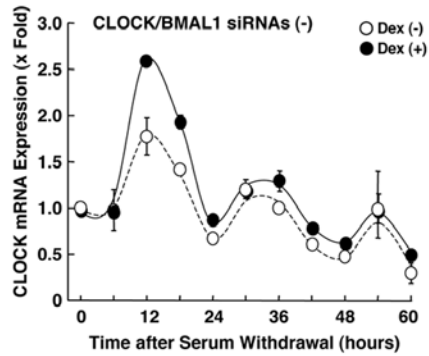
DOI 10.1016/j.cell.2006.03.033



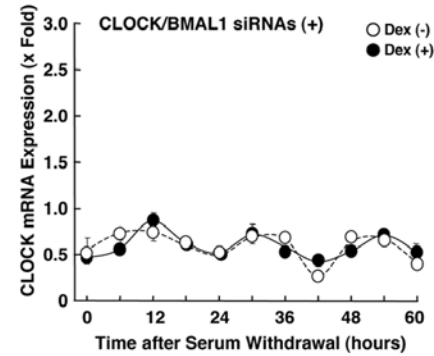
Clock/Bmal1 Represses GR-induced Transcriptional Activity



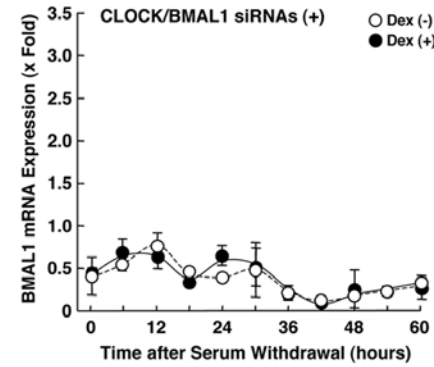
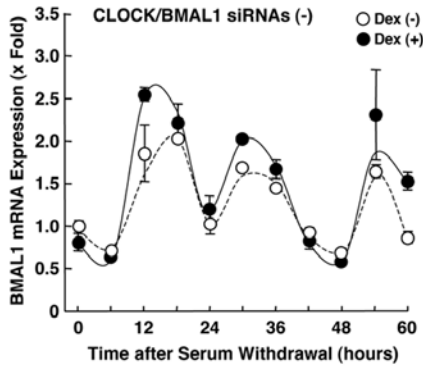
CLOCK mRNA



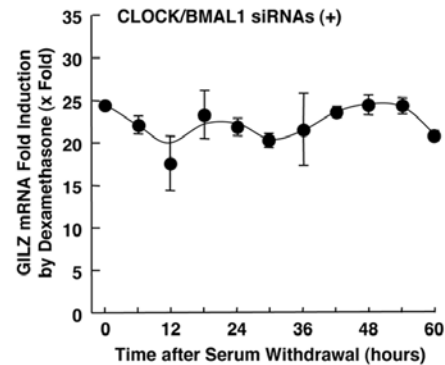
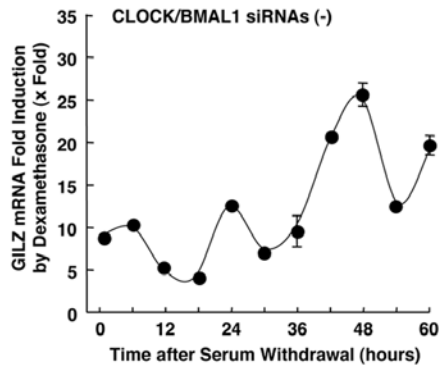
HeLa



BMAL1 mRNA

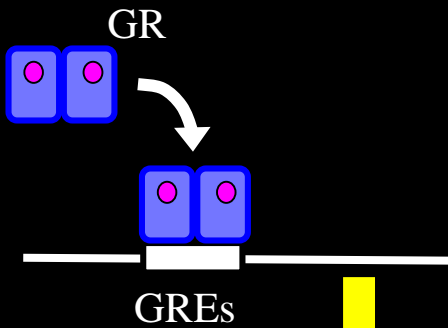


GILZ mRNA Fold Induction by Dexamethasone



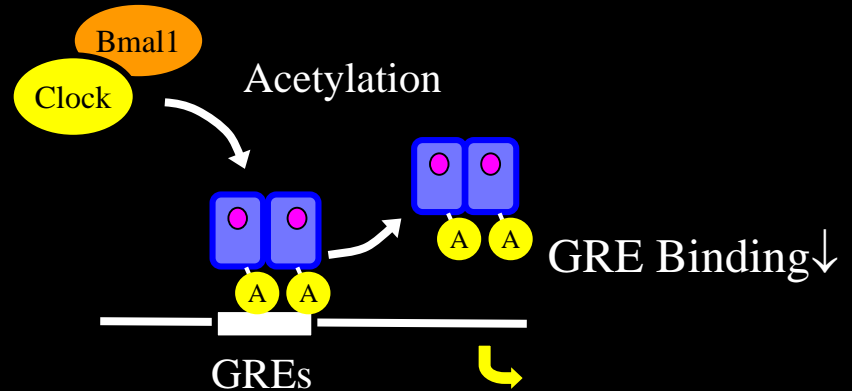
Results #1: Clock/Bmal1 Represses GR Transcriptional Activity through Acetylation

In the Absence of Acetylation by CLOCK

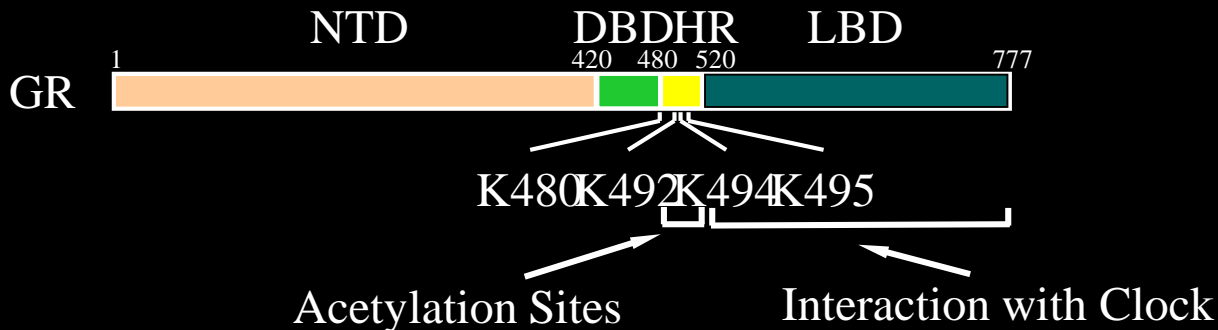


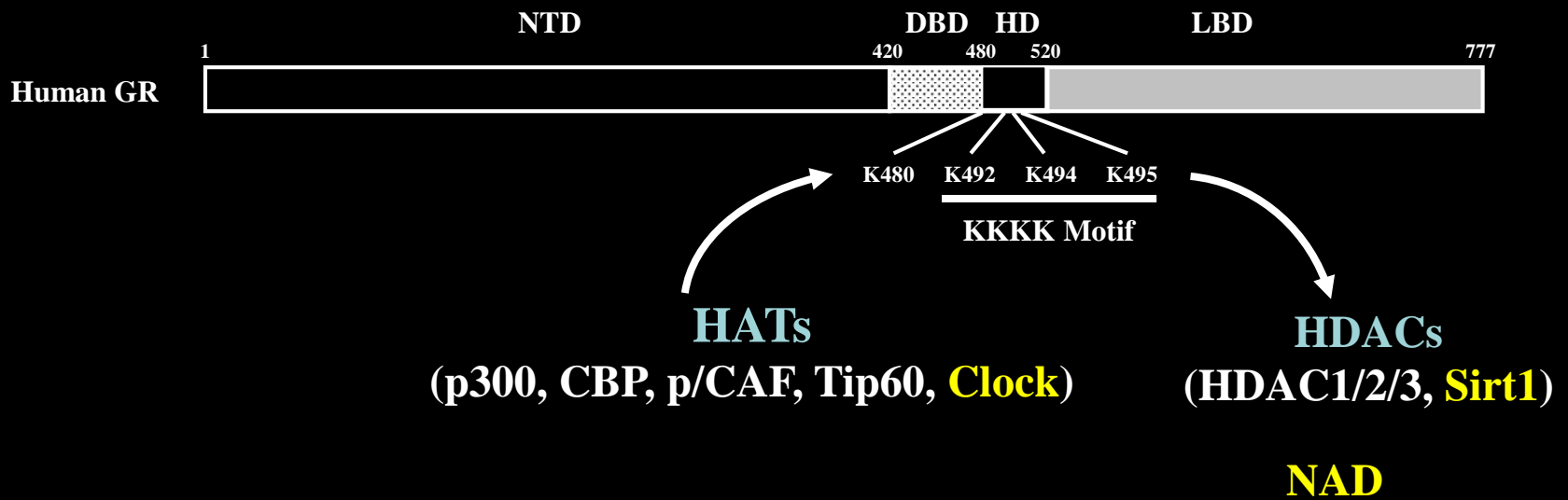
GR-induced Transcriptional Activity

In the Presence of Acetylation by CLOCK

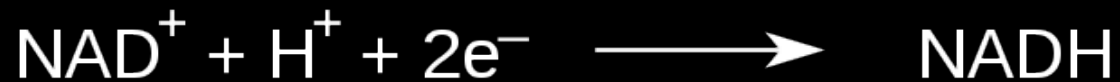
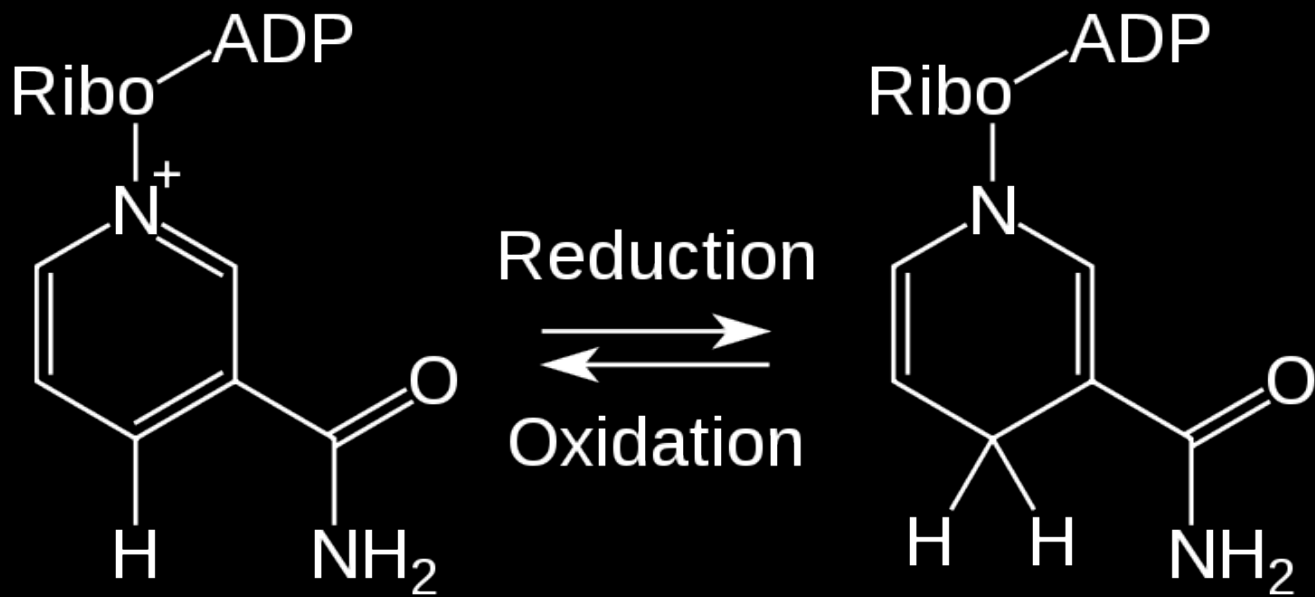


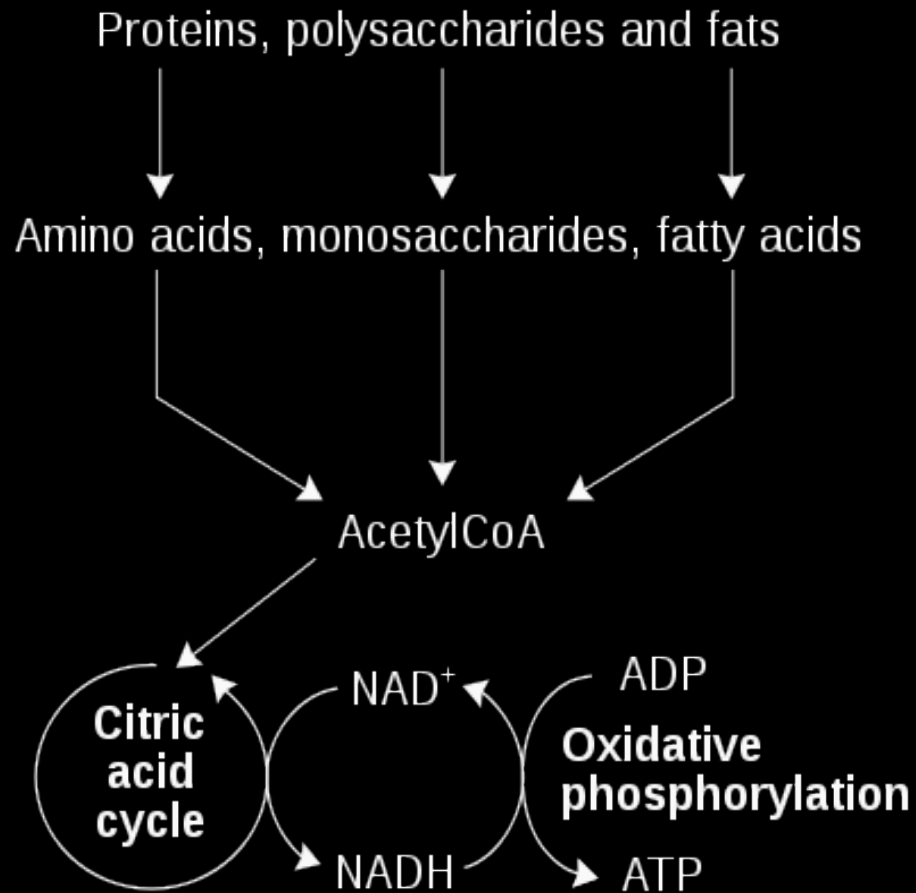
GR-induced Transcriptional Activity ↓





**Nicotinamide phosphoribosyltransferase
(NAMPT) = Visfatin**





**Clock-mediated Regulation of
GR Transcriptional Activity
in Humans**

Peripheral CLOCK Regulates Target-tissue Glucocorticoid Receptor Transcriptional Activity in a Circadian Fashion in Man

Charmandari E, Chrousos GP, Lambrou GI, Pavlaki A, Koide H, Ng SSM and Kino T

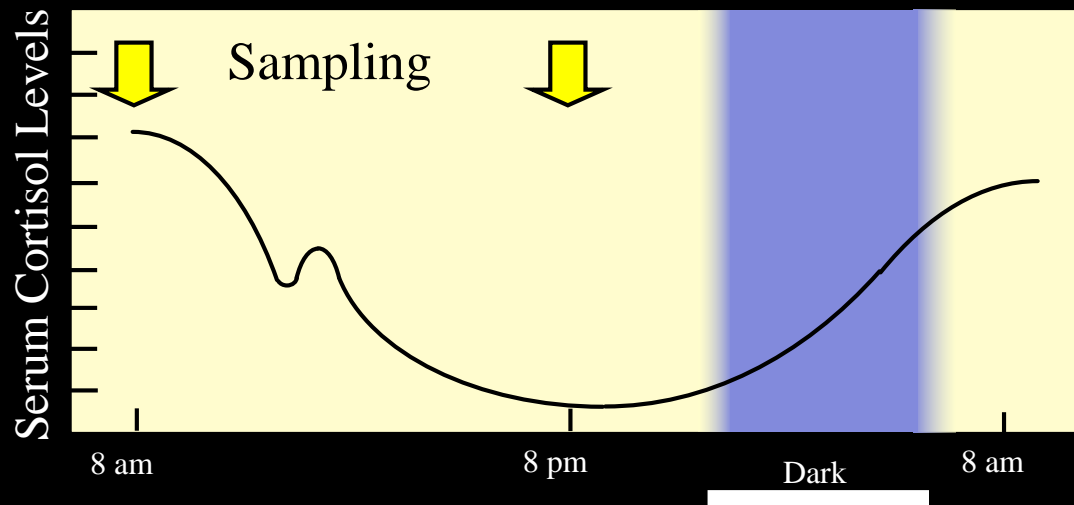
PLoS ONE 6(9): e25612, 2011

Recruitment of healthy volunteers

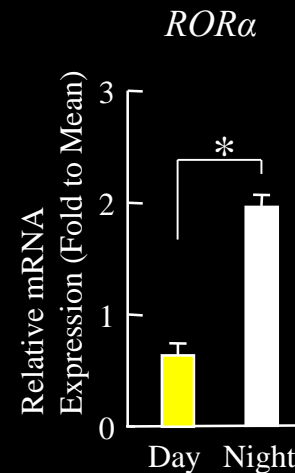
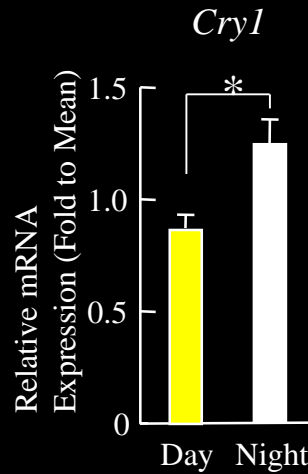
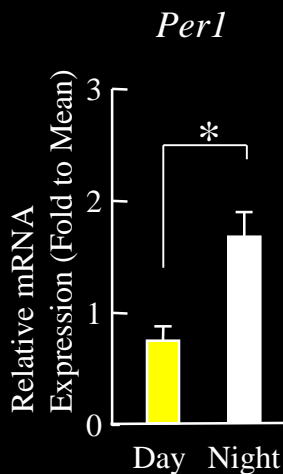
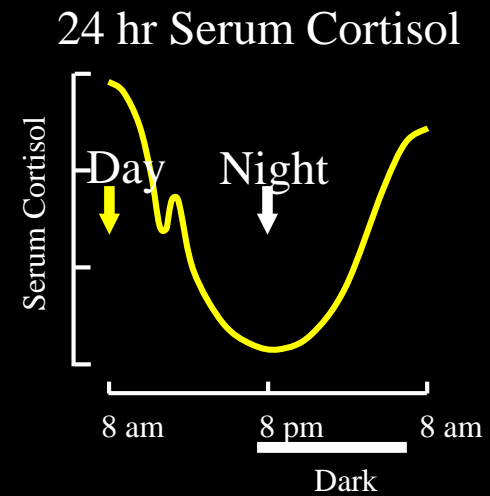
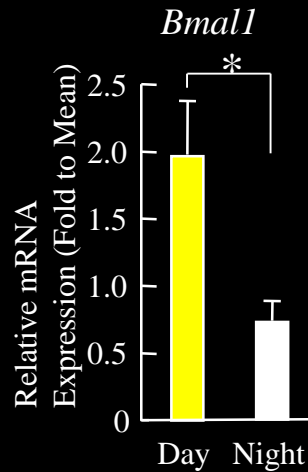
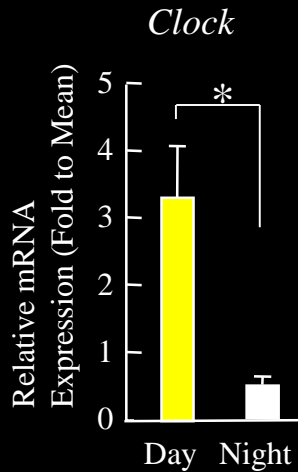
Blood sampling at 8 am and 8 pm for PBMC

1. Evaluation of GR acetylation
2. mRNA Expression of known glucocorticoid-responsive and CLOCK-related genes

Treatment of EBV-transformed lymphocytes with hydrocortisone (HC) for 5 hours

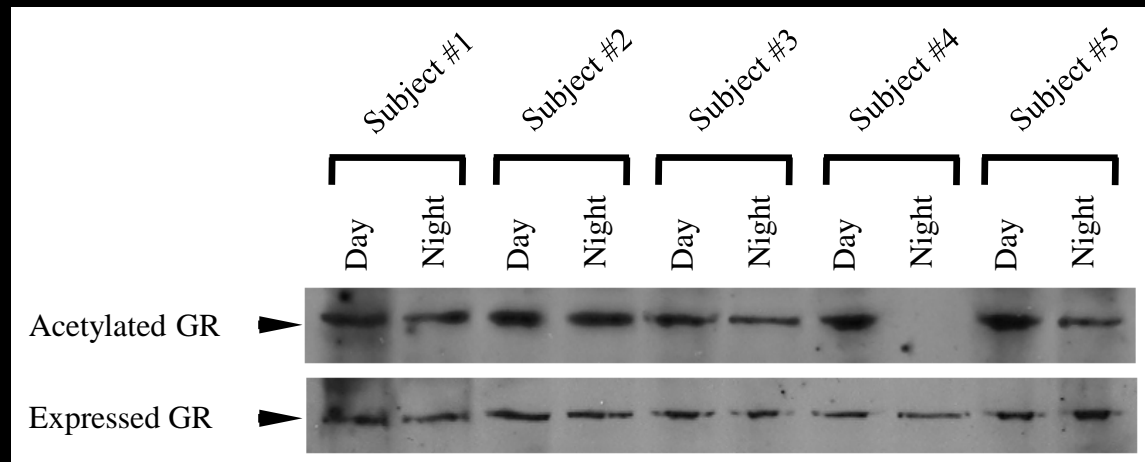
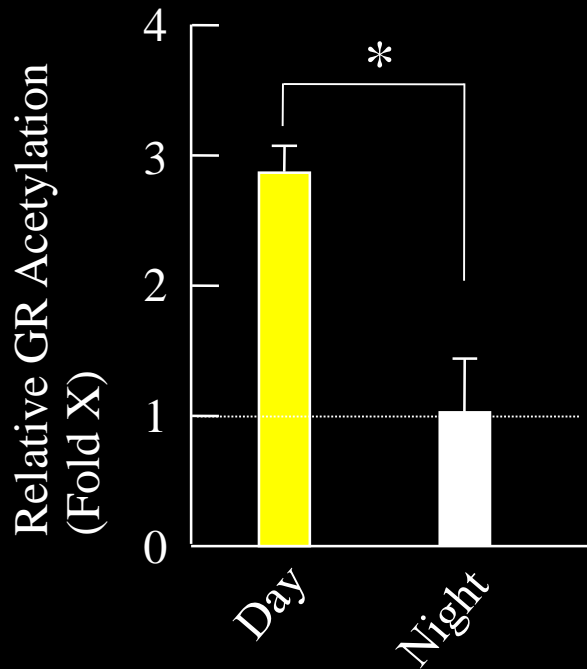


Circadian mRNA Expression of CLOCK-related Genes in PBMCs *in vivo*

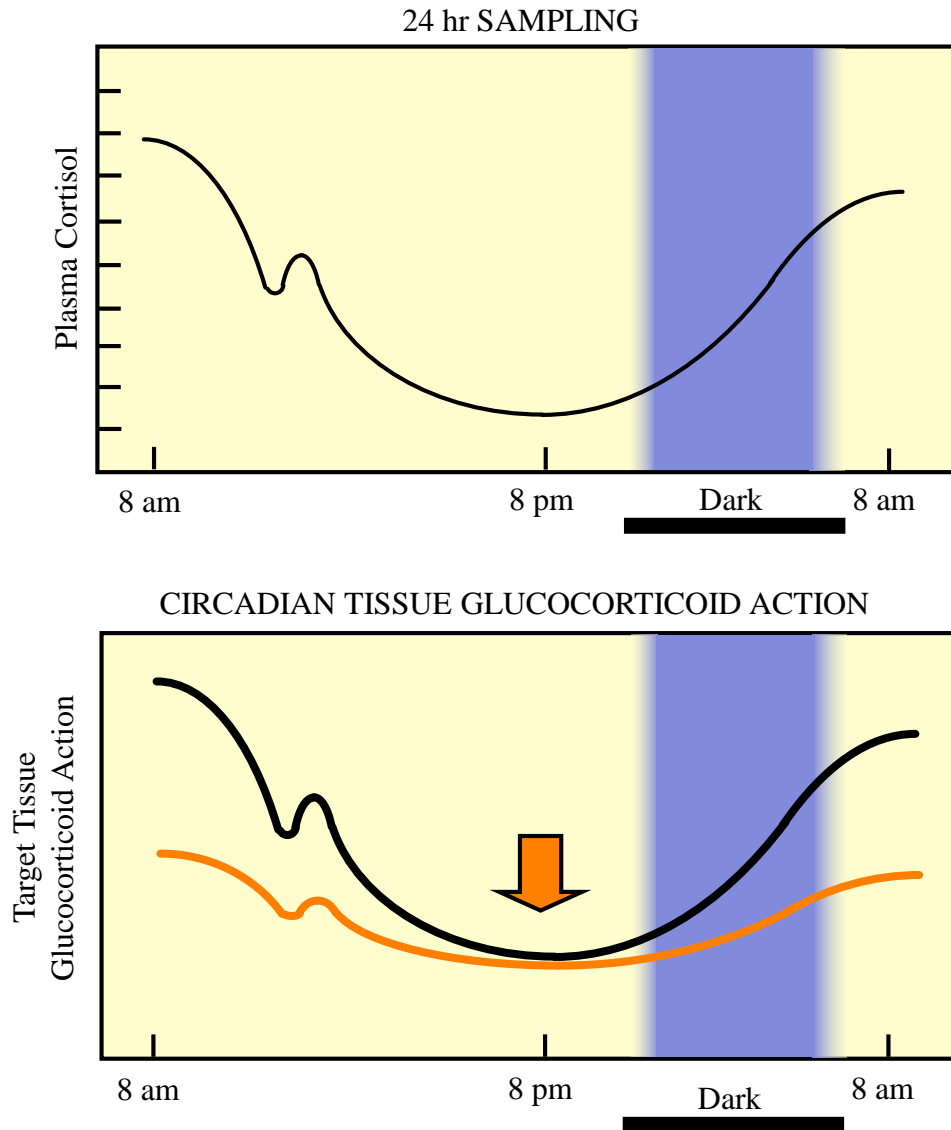


GR is Acetylated in a Circadian Fashion in PBMCs *in vivo*

GR Acetylation

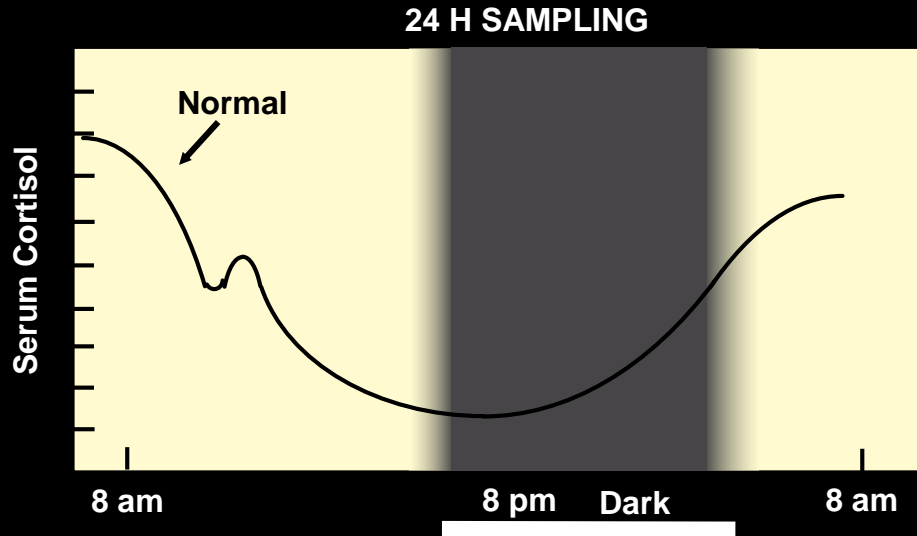


CLOCK-mediated Gene-specific Regulation of Glucocorticoid Action at Peripheral Tissues

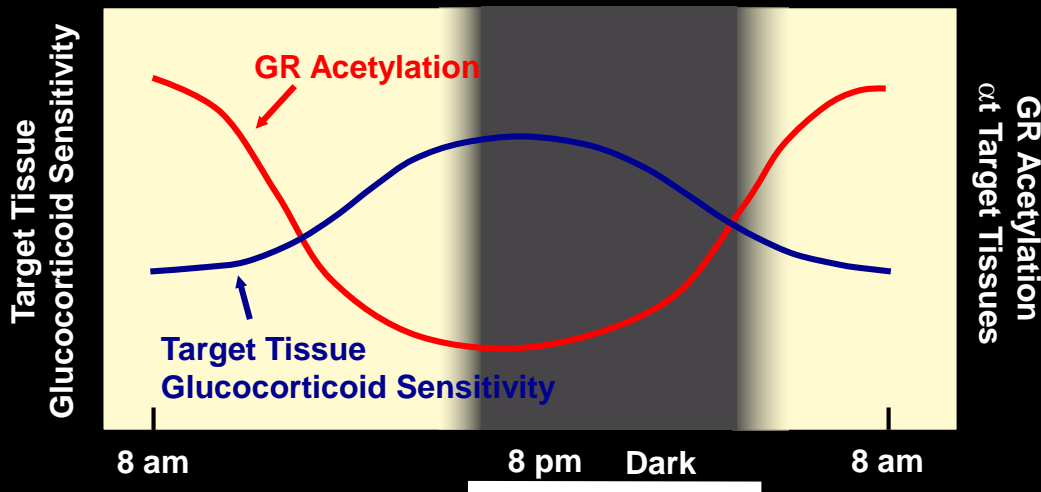


Gene- (and Tissue-) specific
Moderation of Glucocorticoid-
Responsive Gene Action
(Transactivation or
transrepression)

CLOCK-mediated Gene-specific Regulation of Glucocorticoid Action at Peripheral Tissues

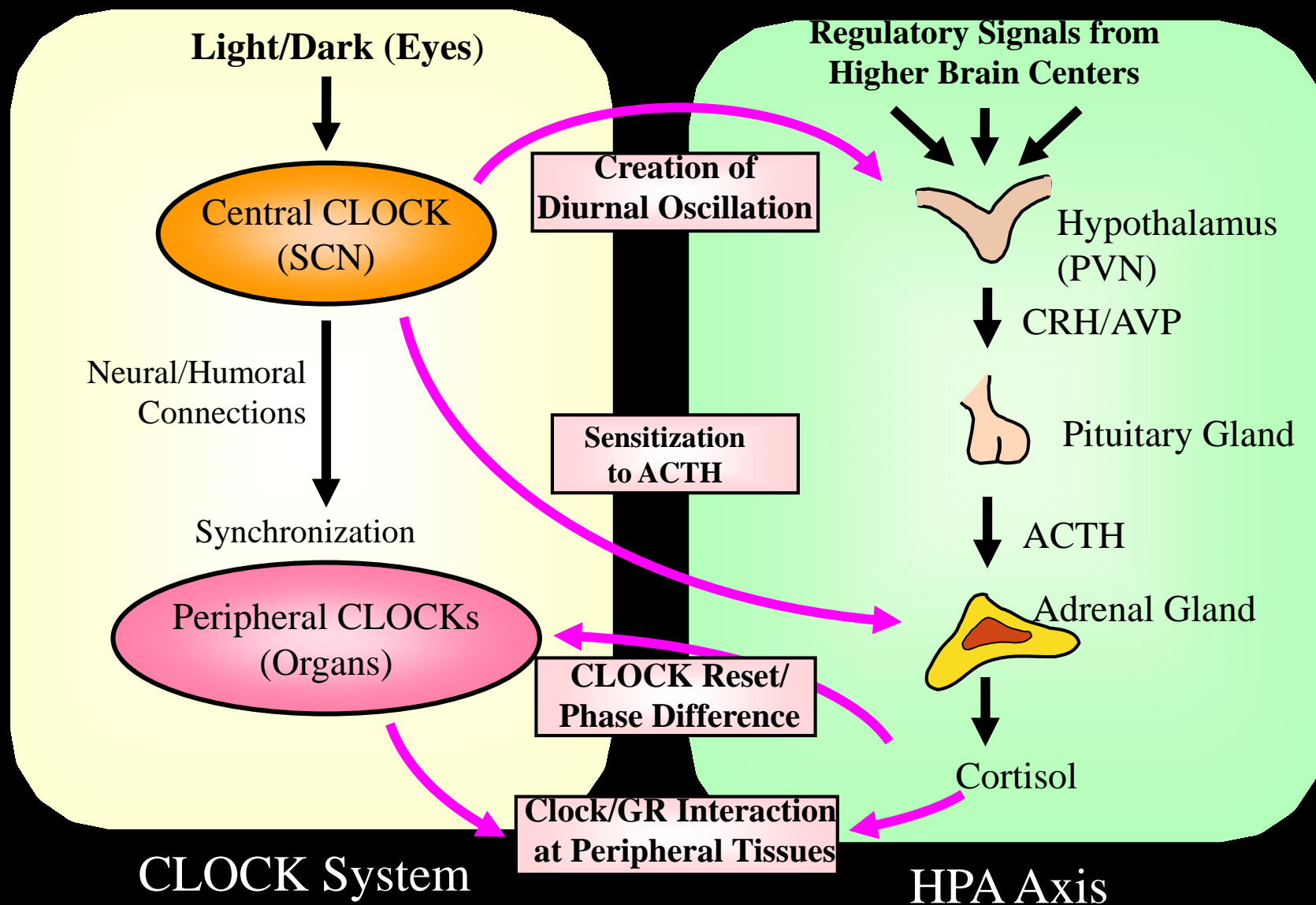


CIRCADIAN TISSUE GLUCOCORTICOID SENSITIVITY/GR ACETYLATION



Gene- (and Tissue-) specific Repression of Glucocorticoid-Responsive Genes

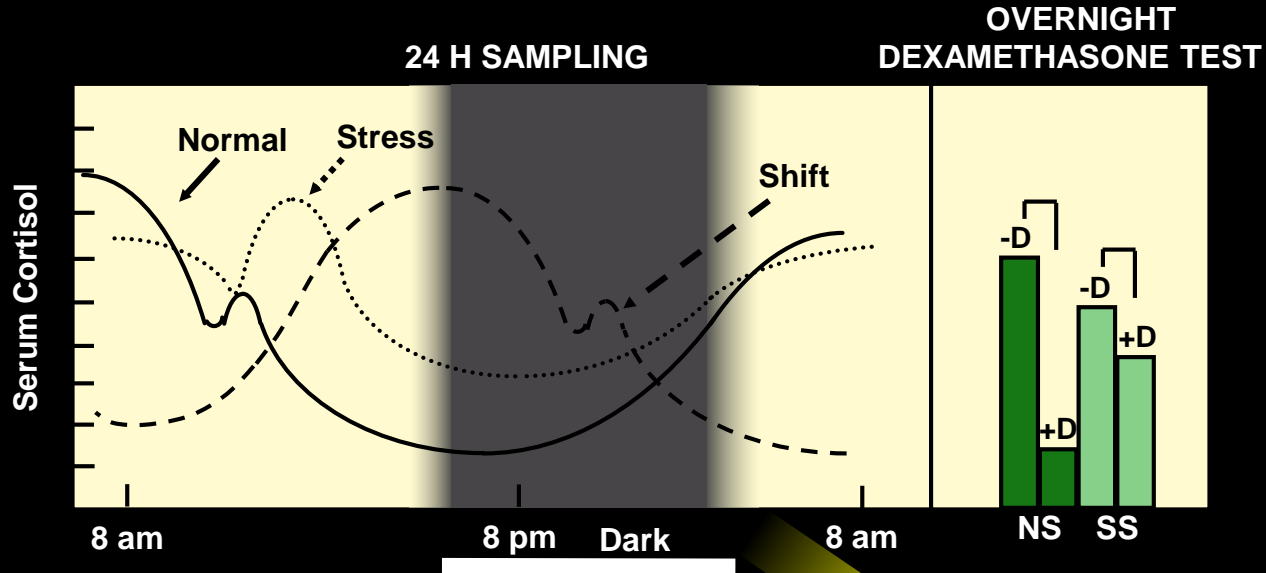
Multiple Interactions between the Circadian CLOCK System and the HPA Axis



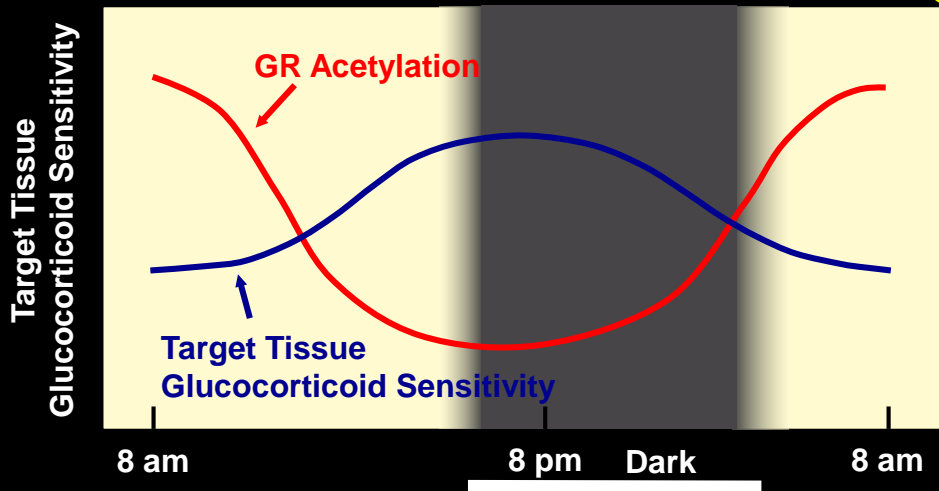
Loss of Circadian Rhythm and Glucocorticoid Excess Cause Similar Metabolic Disturbances

Signs & Symptoms	Loss of Circadian Rhythm	Glucocorticoid Excess
Glucose Metabolism		
Hyperglycemia	++	++
Insulin Resistance	++	++
Fat Metabolism		
Hyperlipidemia	++	+
Fatty Liver	+	+
Central Obesity	++	++
Hypertension	+	+
Appetite	↑	↑
Immunity (Th1 → Th2)	↑	↑

Uncoupling between Circadian Rhythm of Cortisol and Tissue Glucocorticoid Sensitivity



CIRCADIAN TISSUE GLUCOCORTICOID SENSITIVITY/GR ACETYLATION



GR Acetylation
at Target Tissues

Functional
Glucocorticoid
Hypersensitivity

↓

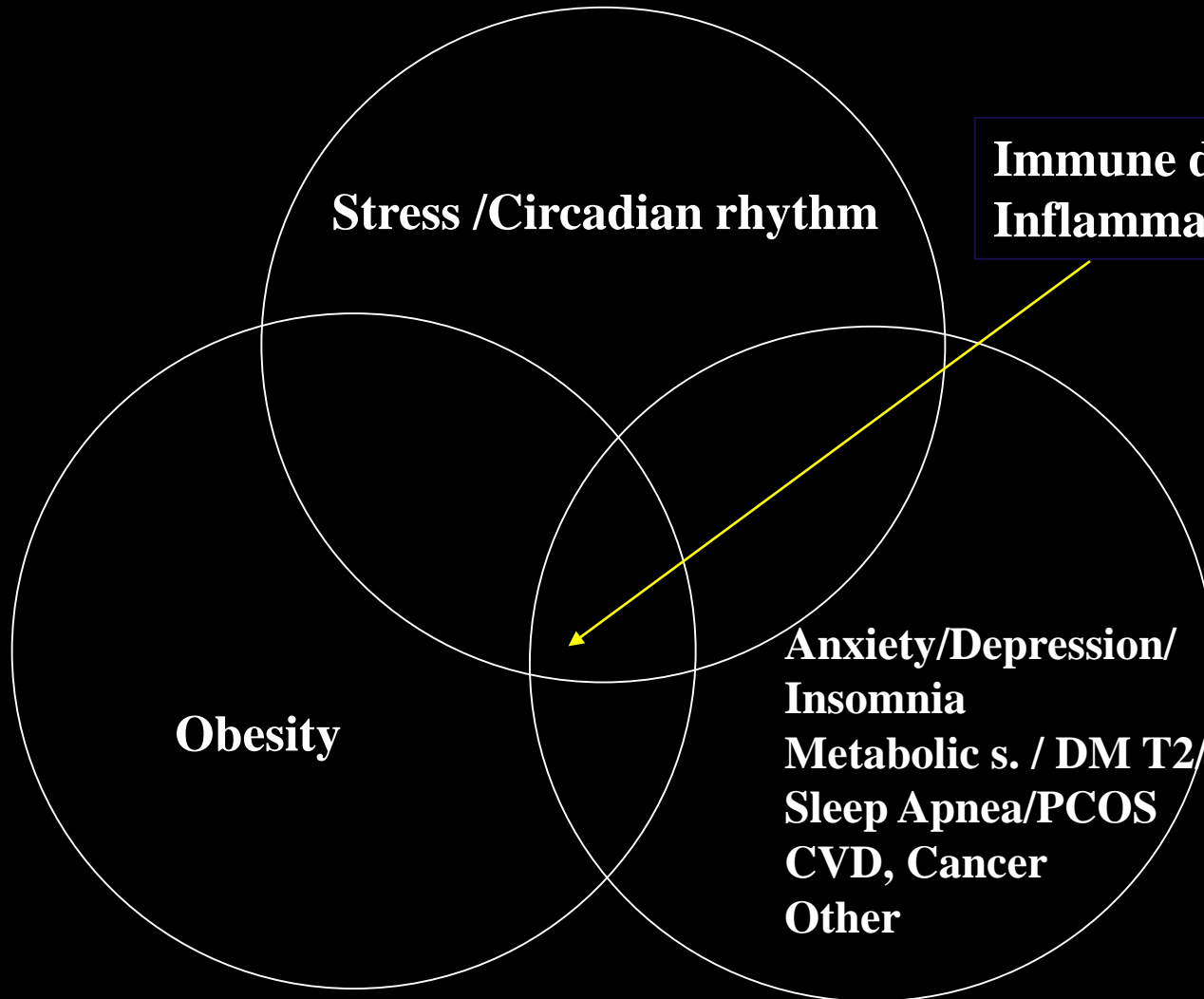
Pathologic Consequences?

Examples of Pathologies Due to Aberrant Coupling of CLOCK and HPA Axis

1. **Chronic Stress-associated Evening Cortisol Elevations.**
2. **Endogenous/Exogenous Cushing Syndrome.**
3. **Trans-time-zone Travel.**
4. **Nightshift Work.**

All above conditions are associated with a high risk for cardiovascular diseases and immune dysfunction.





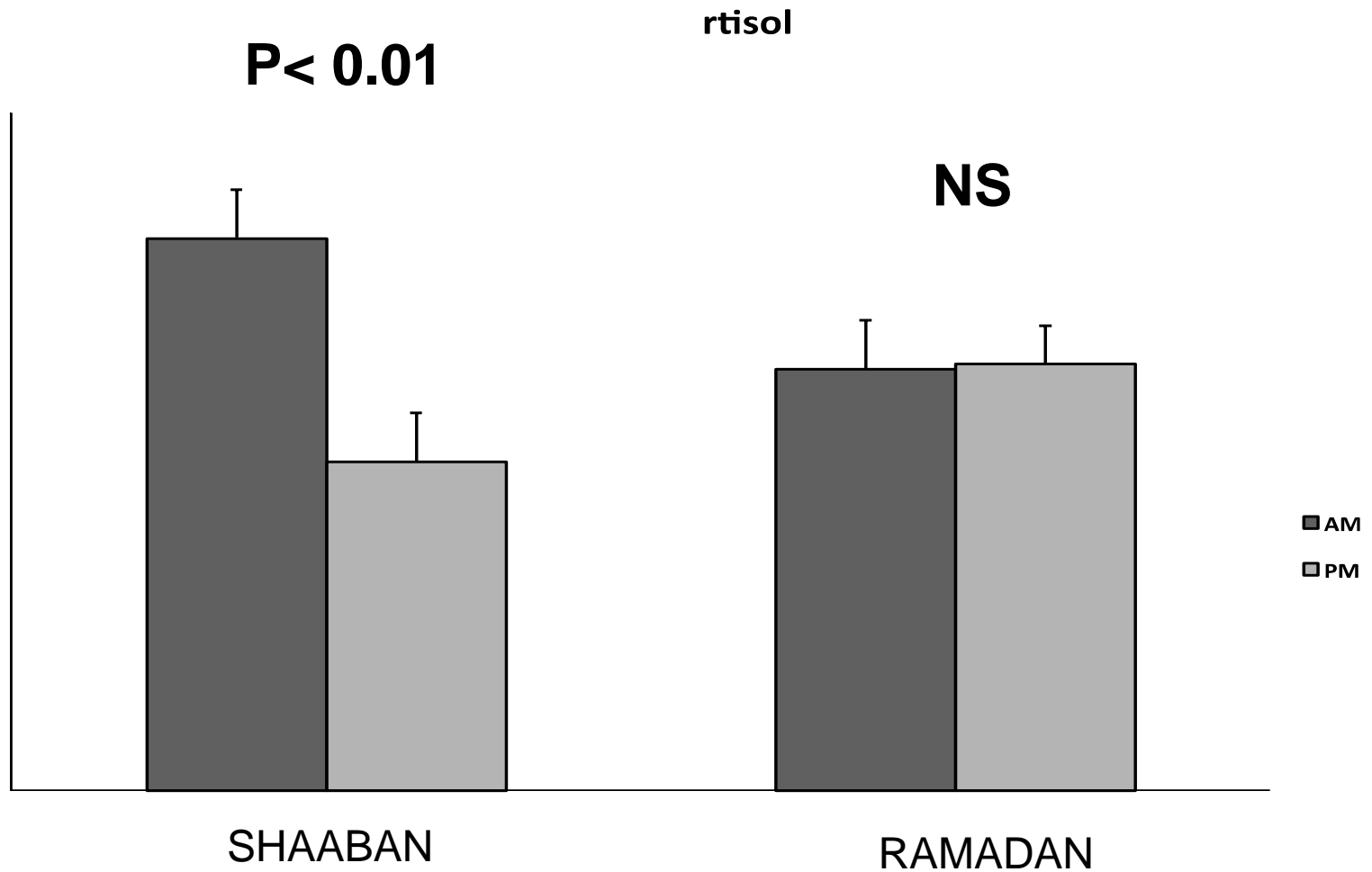
Stress /Circadian rhythm

**Immune dysregulation/
Inflammation**

Obesity

**Anxiety/Depression/
Insomnia
Metabolic s. / DM T2
Sleep Apnea/PCOS
CVD, Cancer
Other**

Serum cortisol Level before and through fasting month:



We compared AM/PM serum cortisol ratios to mRNA expression of ~160 GR action-regulating or glucocorticoid-responsive genes in the subcutaneous fat obtained from 25 obese subjects.

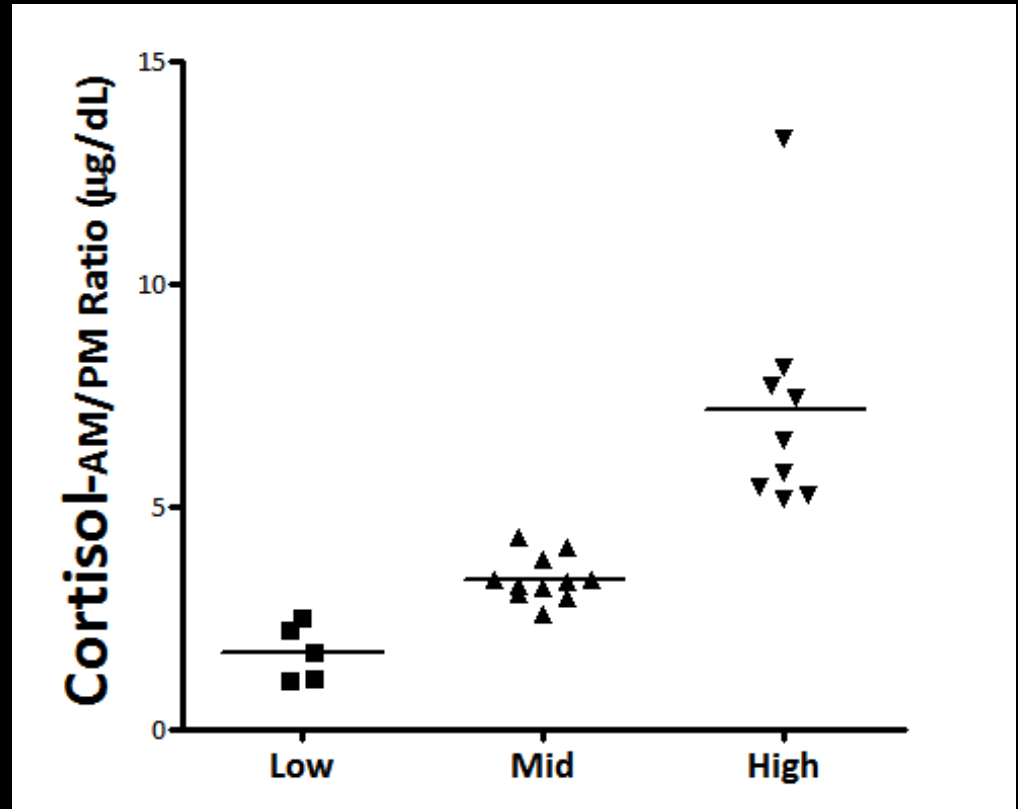
Results (3): Focus on Glucocorticoids

AM/PM Serum Cortisol Ratio

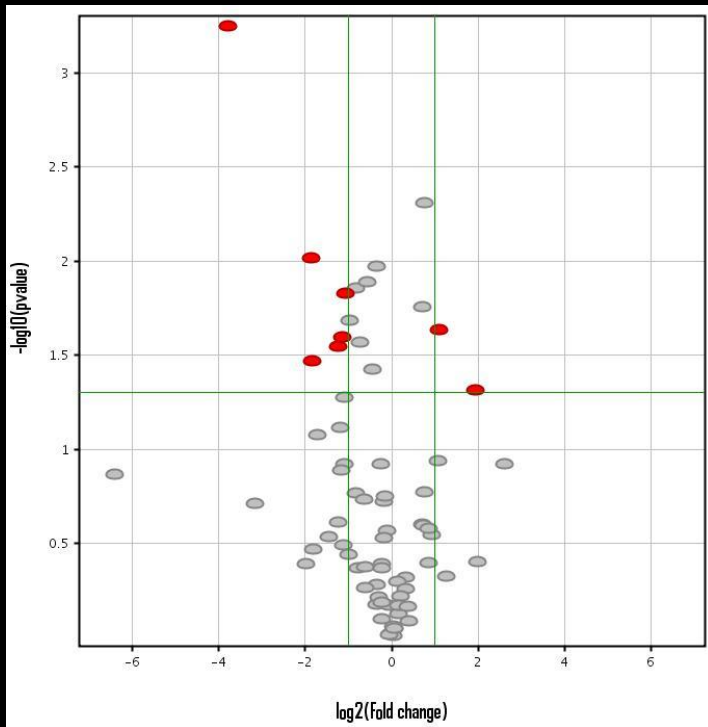
Low: <2.5

Middle: $2.5 \sim 4.5$

High: >4.5



AM/PM Cortisol Ratio Influences mRNA Expression in Human Subcutaneous Fat



Gene Symbol	p-value	Fold Change
NAMPT	5.60E-04	-13.83
FTO	0.009687231	-3.67
CDKN1A	0.034129716	-3.60
KDM3A	0.028344488	-2.37
VHL	0.02523294	-2.21
PRKAA1	0.014816636	-2.10
CEBPB	0.02314632	2.14

Potential Mediators for Cortisol Circadian Rhythm to Fat Physiology/Pathology

NAMPT

- (1) Nicotinamide phosphoribosyltransferase (Visfatin)
- (2) Rate-limiting enzyme for NAD synthesis

FTO

- (1) Fat mass and obesity-associated protein
- (2) Involved in demethylation of DNA
- (3) Associated with susceptibility to diabetes mellitus type 2

KDM3A

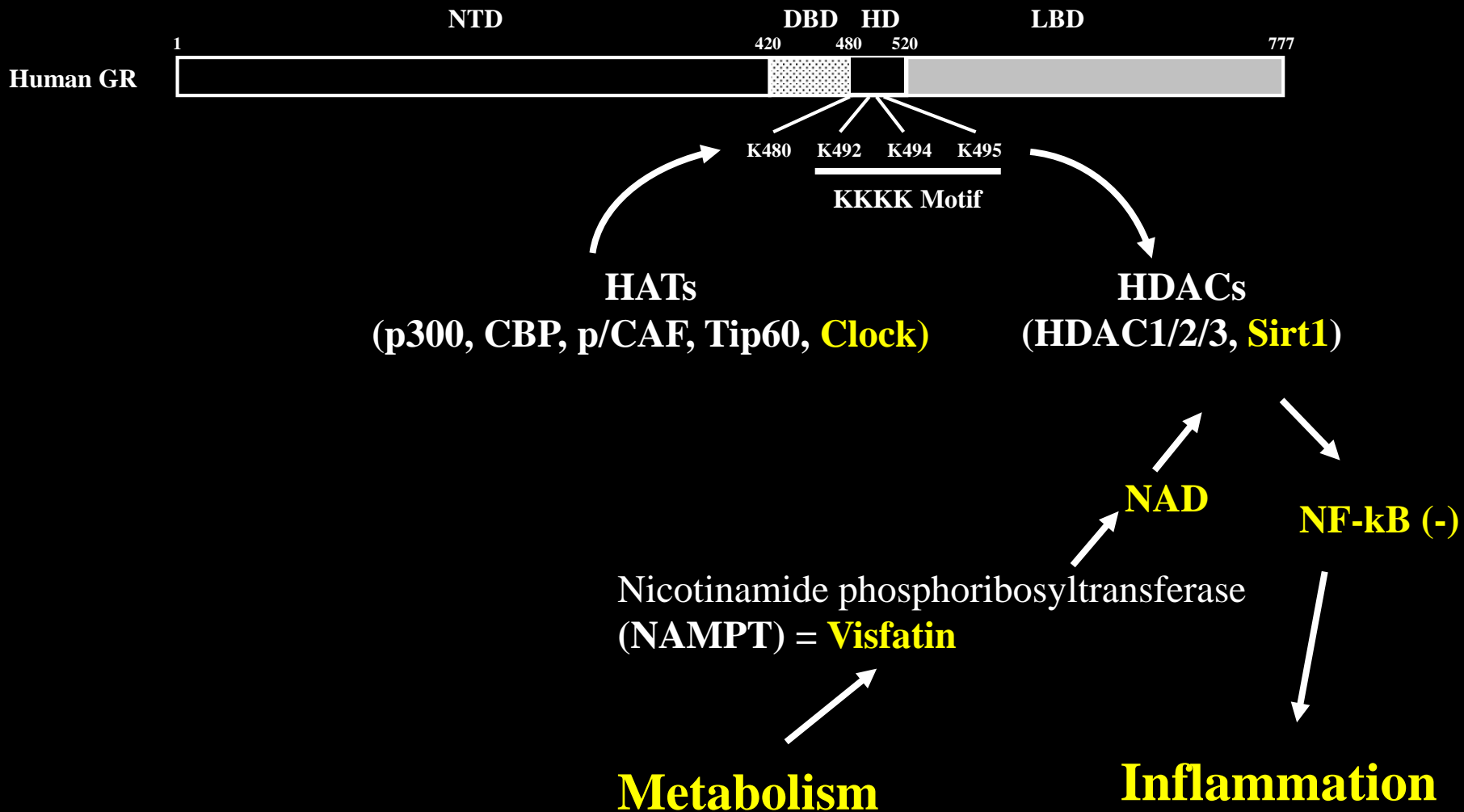
- (1) Lysine-specific demethylase 3A

PRKAA1

- (1) AMP-activated protein kinase (AMPK) α 1 catalytic subunit

CEBPB

- (1) C-EBP β : transcription factor important for adipocyte proliferation/differentiation and lipid metabolism



MUSCLE MASS

**Best predictor of morbidity
and life expectancy**

DEFINITIONS

- **Osteosarcopenia vs. (Lean) Paradoxical Obesity vs. Osteosarcopenic Obesity**
-

Decreased bone mass:

Osteopenia vs. Osteoporosis

T-scores from -1 to -2.5 vs. <-2.5

Decreased muscle mass:

Sarcopenia vs. Sarcasthenia (frailty)

Weight +
Height

Hologic -DXA

BIA-ACC

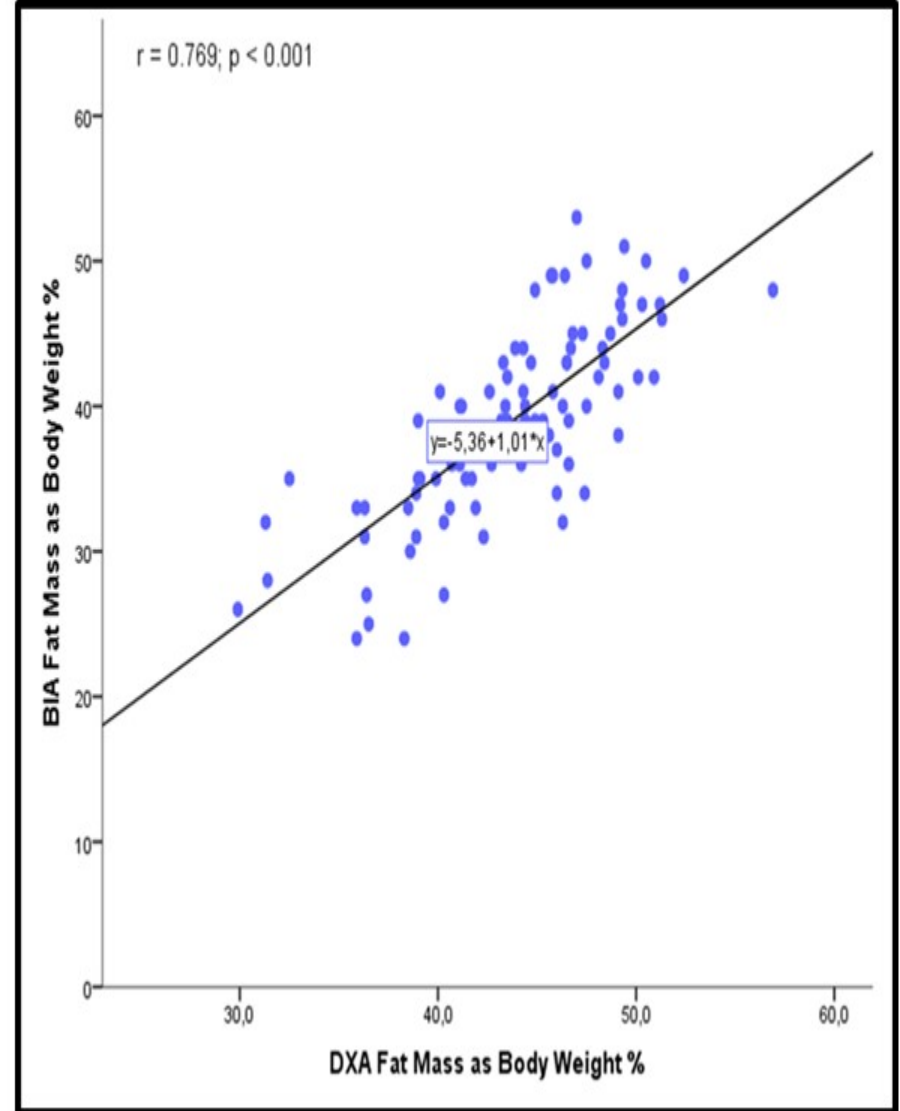
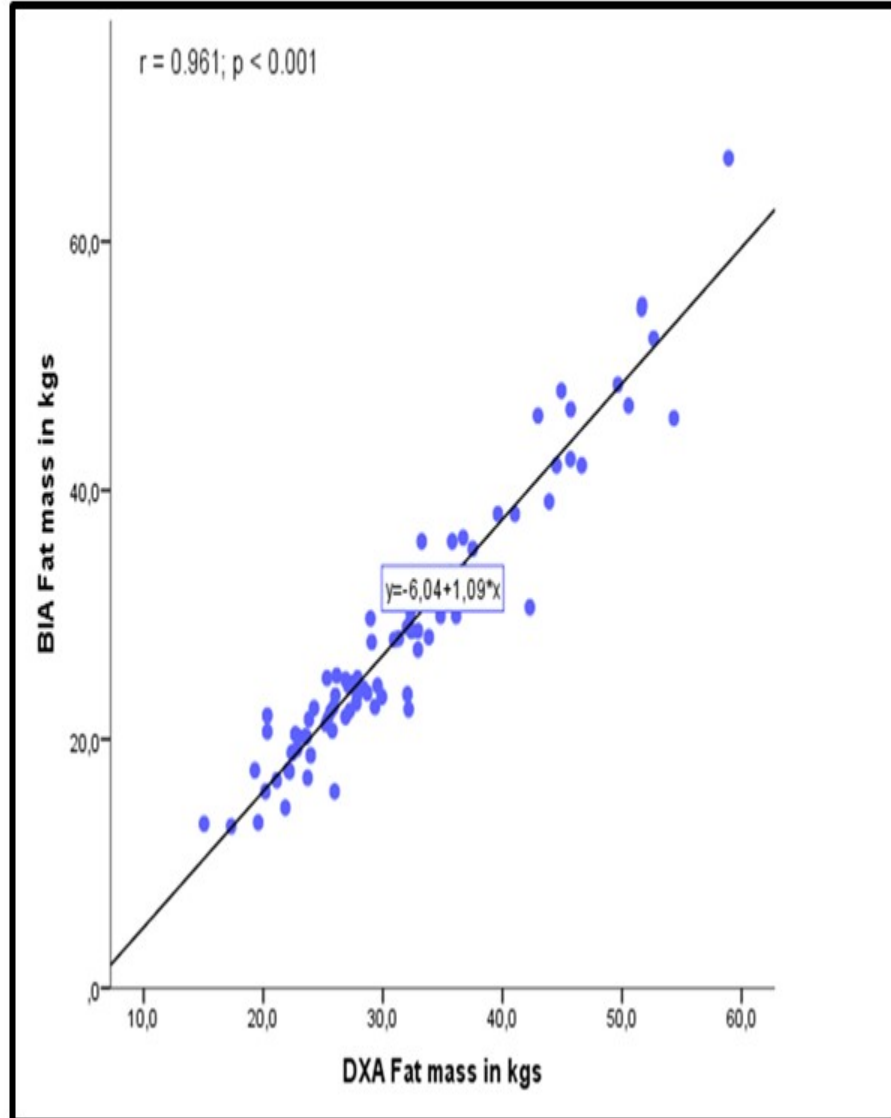


Stress and inflammatory biomarkers and symptoms are associated with bioimpedance measures

Constantine Tsigos^{*}, Charikleia Stefanaki[†], George I. Lambrou[‡], Dario Boschiero[§] and George P. Chrousos^{†,‡,¶}

^{*}School of Health Sciences and Education, Harokopio University of Athens, [†]Division of Endocrinology, Metabolism and Diabetes, University of Athens Medical School, "Eugenideion" Hospital, [‡]First Department of Pediatrics, Choremeio Research Laboratory, University of Athens, [§]BIOTEKNA Co., Venice, Italy, [¶]Biomedical Research Foundation, Academy of Athens, Athens, Greece

Pearson's correlation co-efficient for BIA and DXA Fat Mass in kg & as Body Weight %



Participants were 99571 adult Caucasians (29624 males and 60047 females), ages 20-80 y, grouped by:

- **BMI: Lean, Overweight, Obese**
 - **Presence of Medically Unexplained Symptoms = MUS**
 - **Body Composition**
-

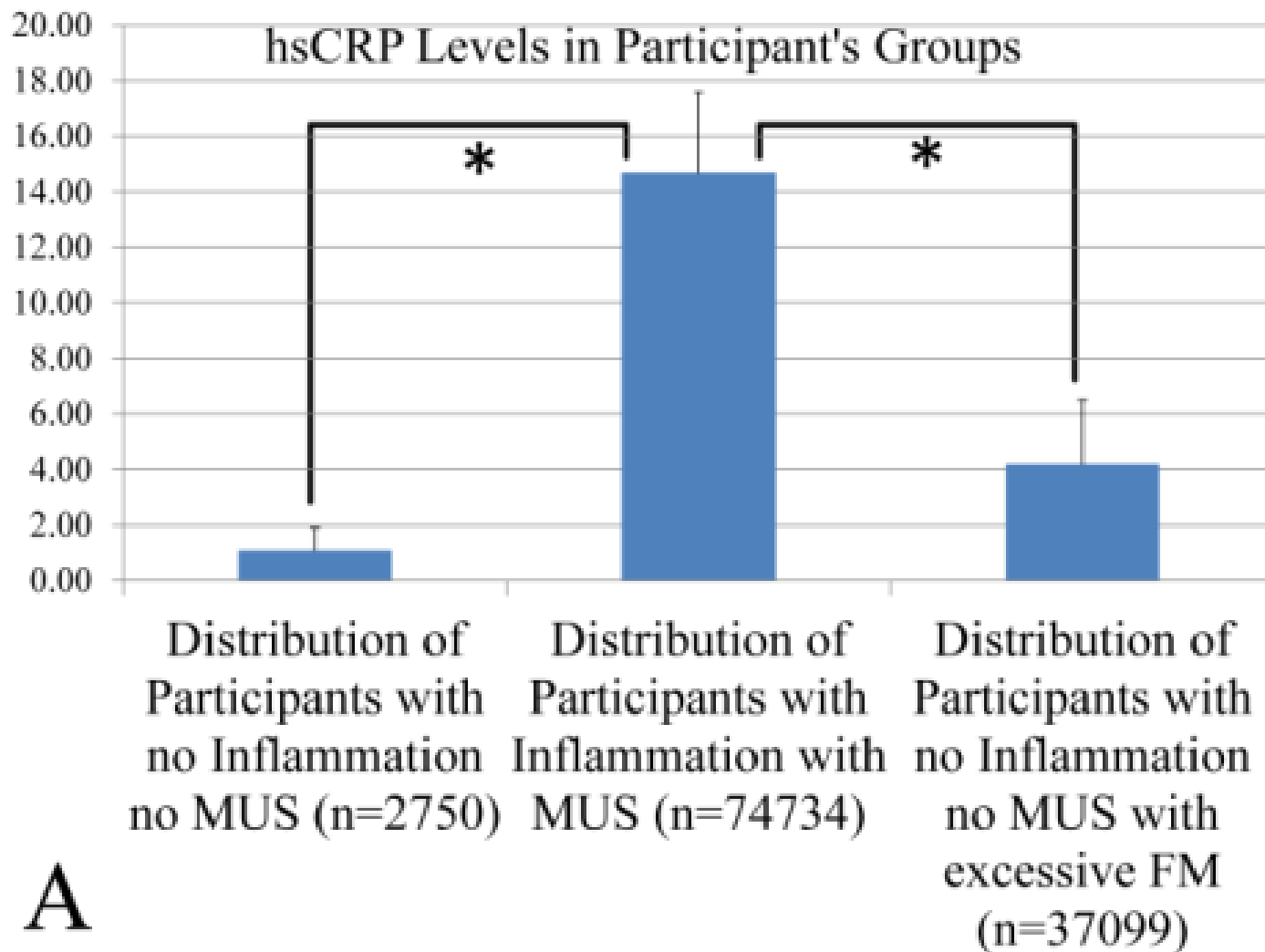
The MUS symptoms examined*:

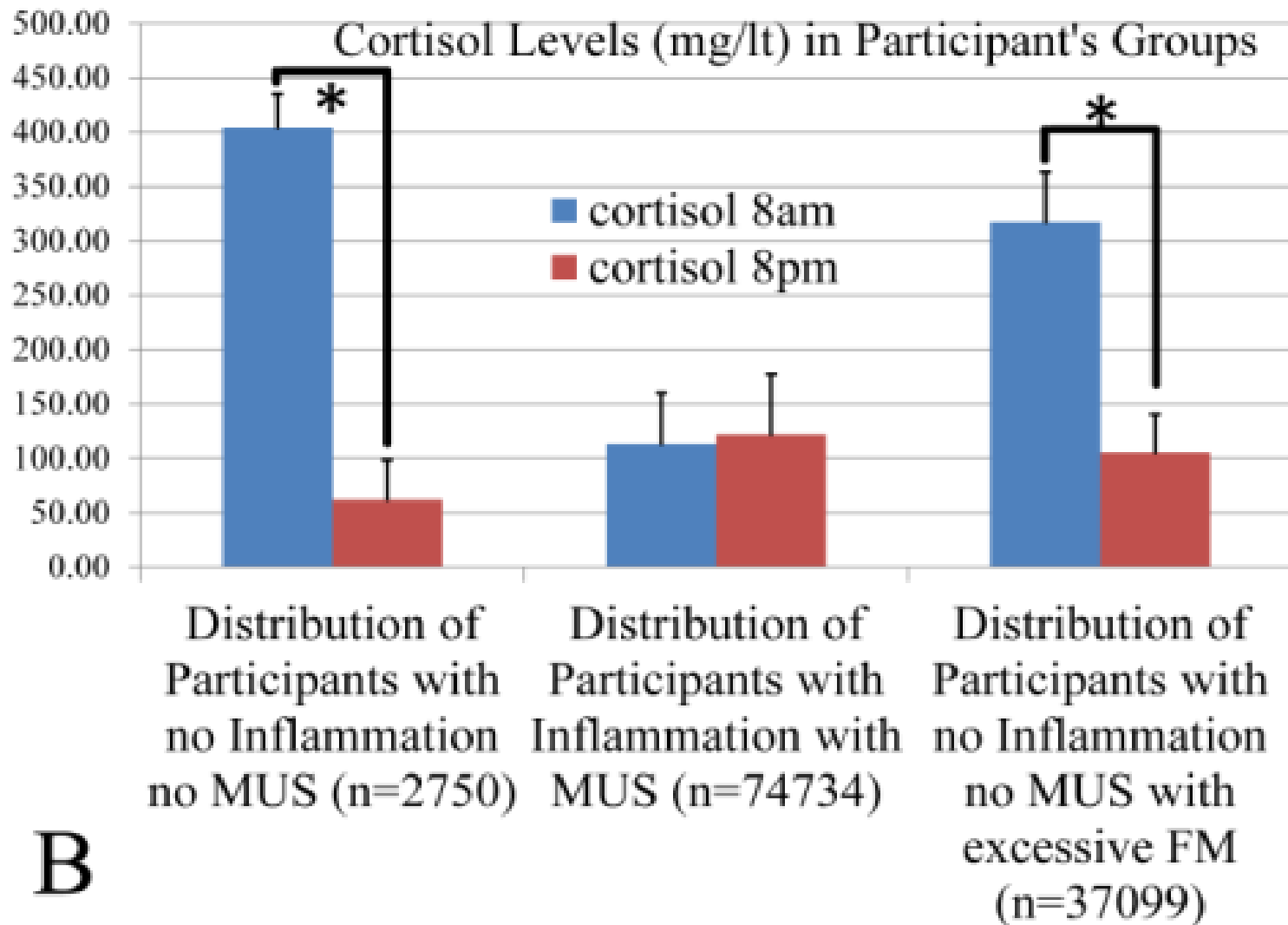
- (i) persistent tiredness or fatigue,
- (ii) depressive symptomatology,
- (iii) persistent insomnia or night awakenings,
- (iv) persistent drowsiness during the day,
- (v) anxiety,
- (vi) apathy,
- (vii) panic attacks,
- (viii) changes in heart rate (arrhythmias/tachycardia) at rest,
- (ix) changes in appetite (appetite loss or excessive hunger),
- (x) night binge eating,
- (xi) stomach cramps, bloating or gastro-esophageal reflux disease (GORD),
- (xii) presence of irritable bowel syndrome (IBS) symptoms,
- (xiii) cold hands and feet,
- (xiv) sweating during sleep.

***Presence of MUS was defined as a positive answer to more than 3 of the above 14 questions.**

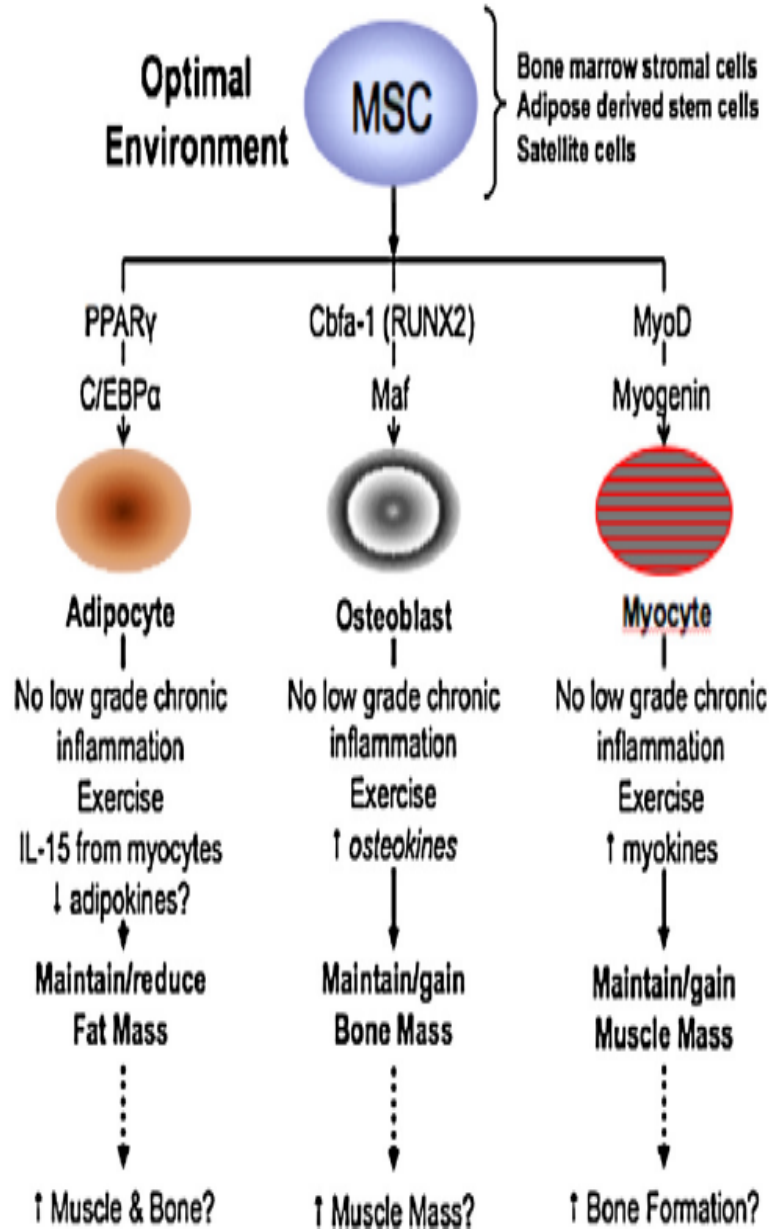
Evaluation included:

- **Advanced Body Composition Analysis by BIA-ACC vs. DEXA**
 - **Indices of Inflammation: hsCRP, Interleukin-6**
 - **Indices of Stress: am and pm Salivary Cortisol, Delta-Cortisol (am-pm)**
-

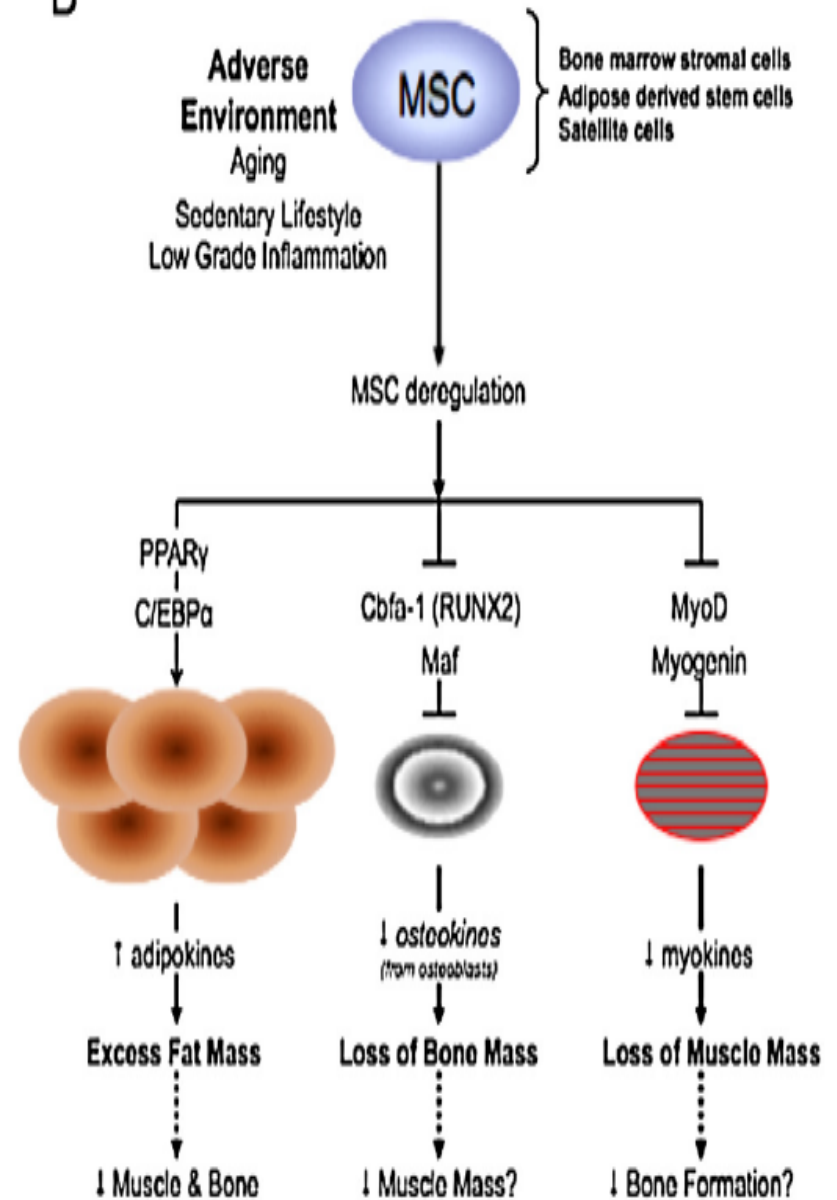




A



B



Healthy Overweight/Obese Youth: Early Osteosarcopenic Obesity Features.

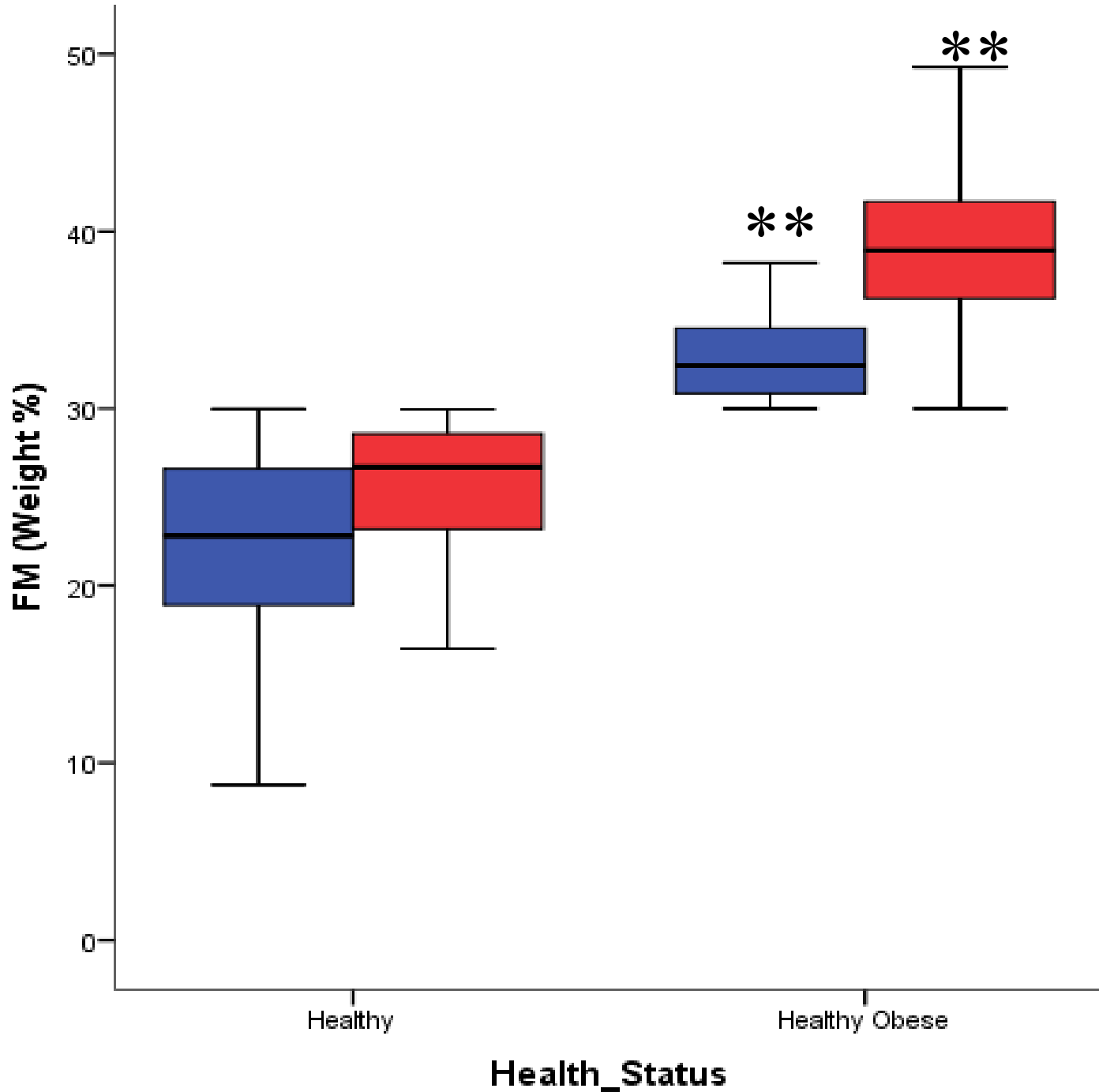
Stefanaki C, Peppas M, Boschiero D, Chrousos GP.

Eur J Clin Invest. 2016 Jul 19. doi: 10.1111/eci.12659.
[Epub ahead of print]

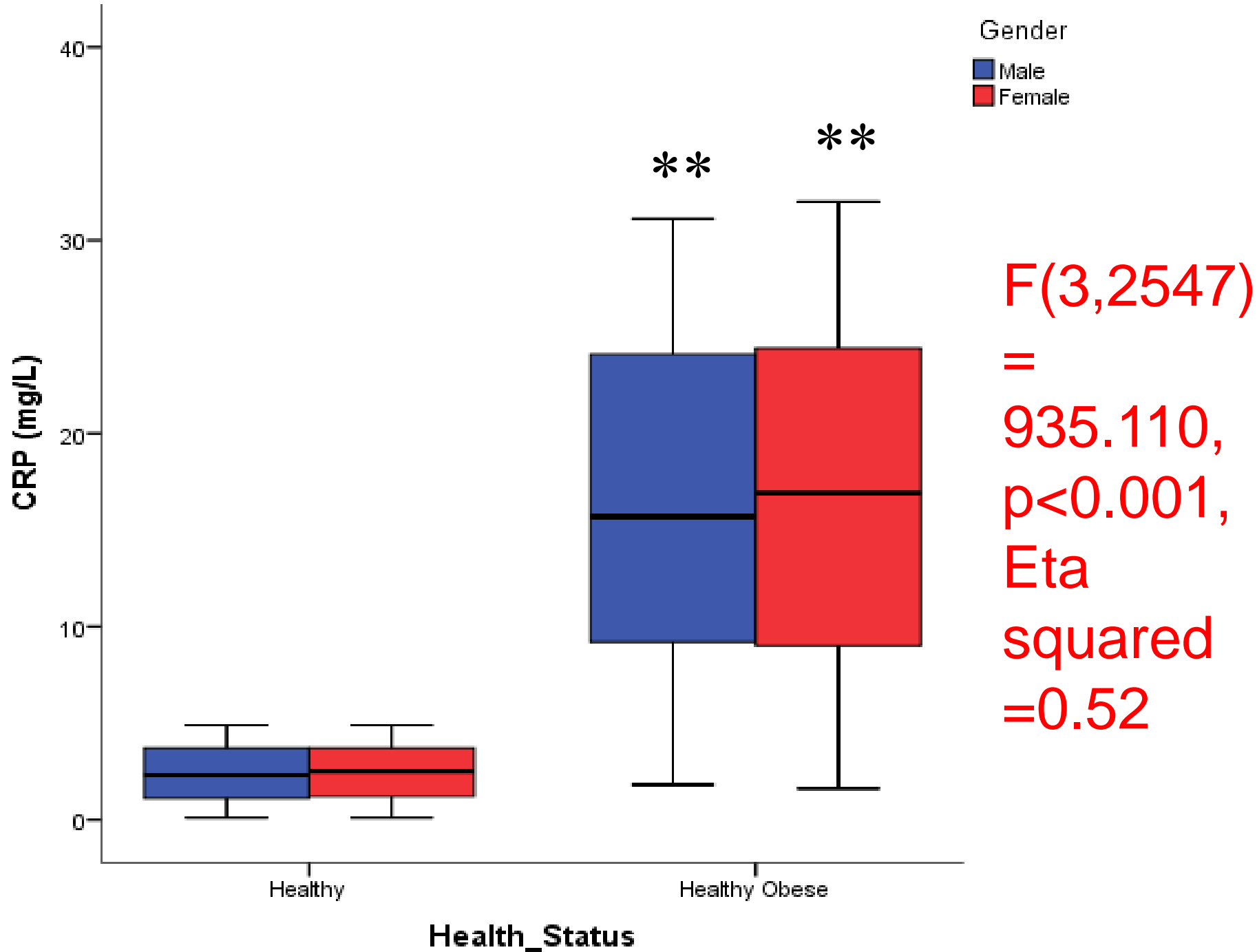
Overall, 2551 subjects (974 males) aged 18–21 years participated in the study.

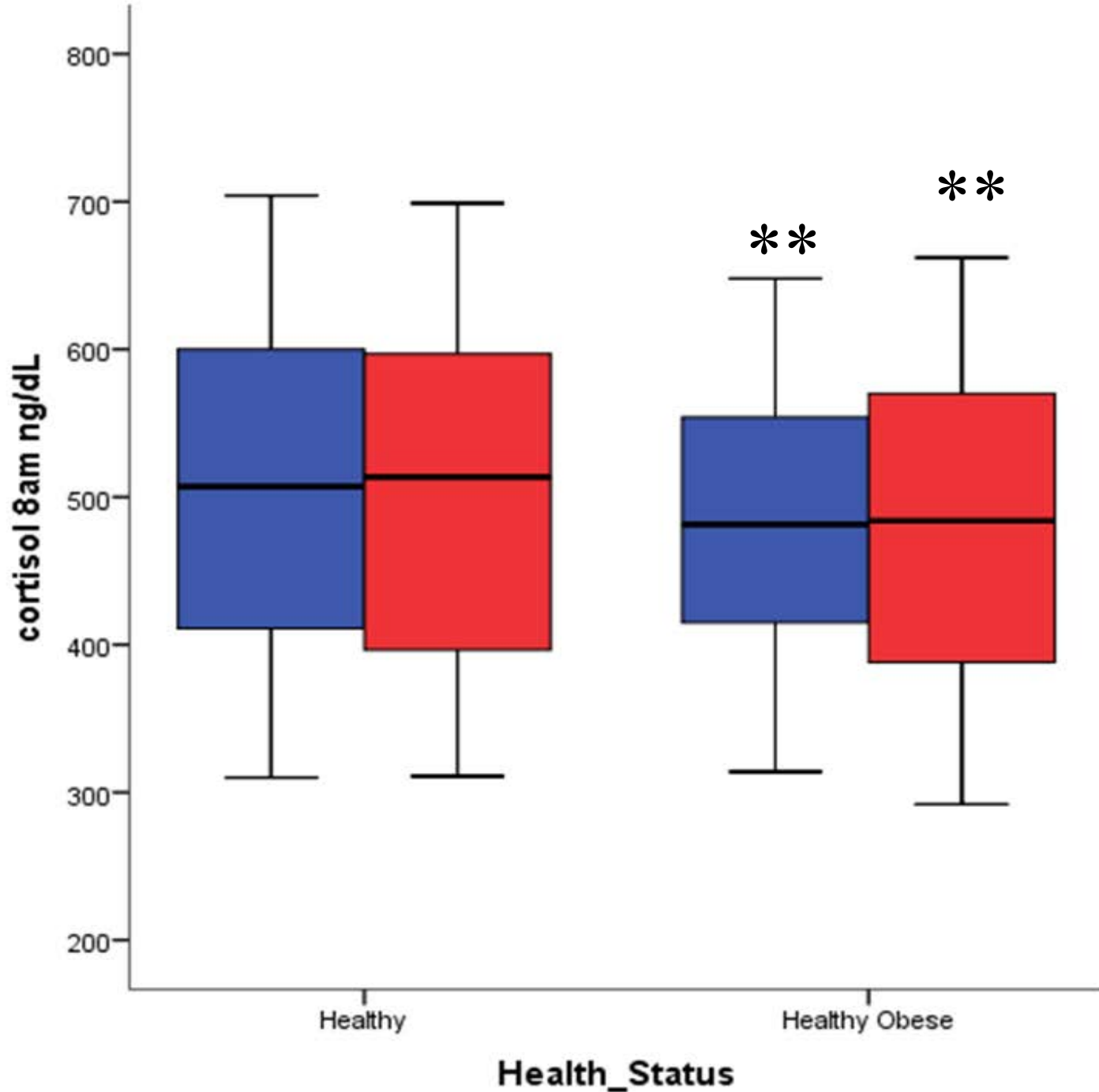
The healthy lean group included 1072 participants [900 males (84%) and 172 females (16%)].

The healthy overweight/obese group included 1479 participants [74 males (5%) and 1405 females (95%)].



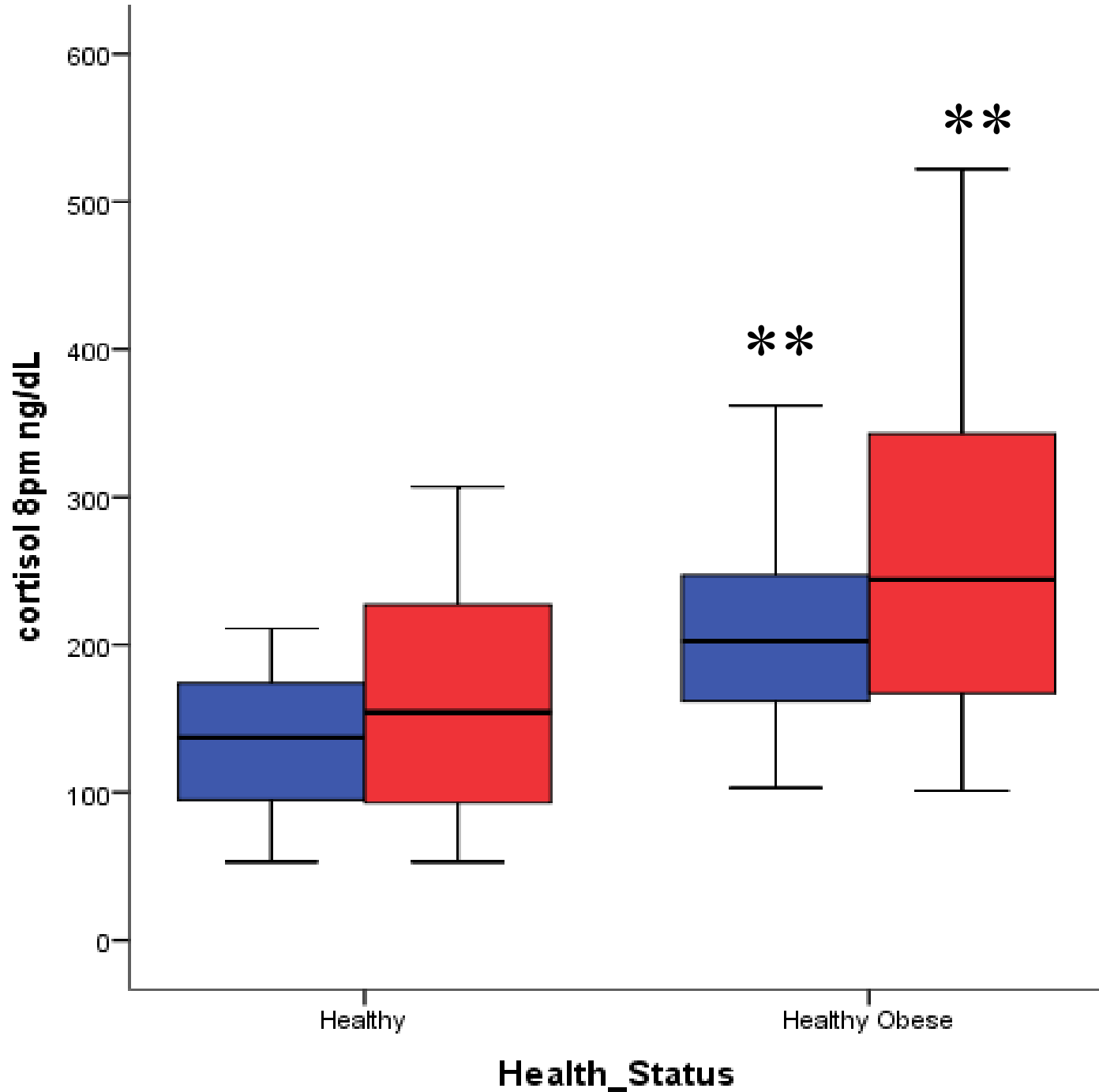
F(3,2547)
=
2824.545,
p<0.001,
Eta
squared
=0.76





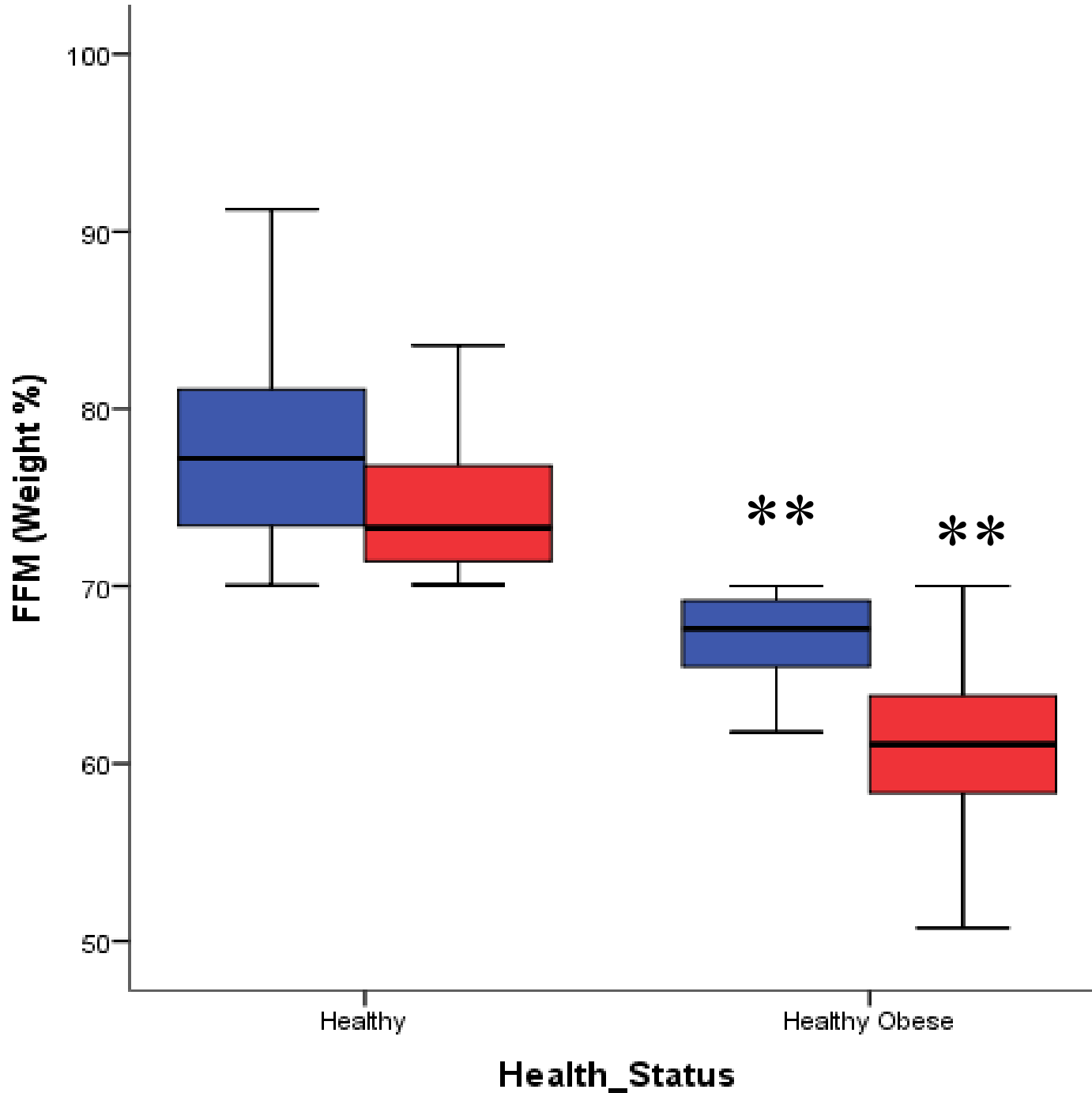
Gender
Male
Female

$F(3,2547) = 10.901, p < 0.001, \text{Eta squared} = 0.012$



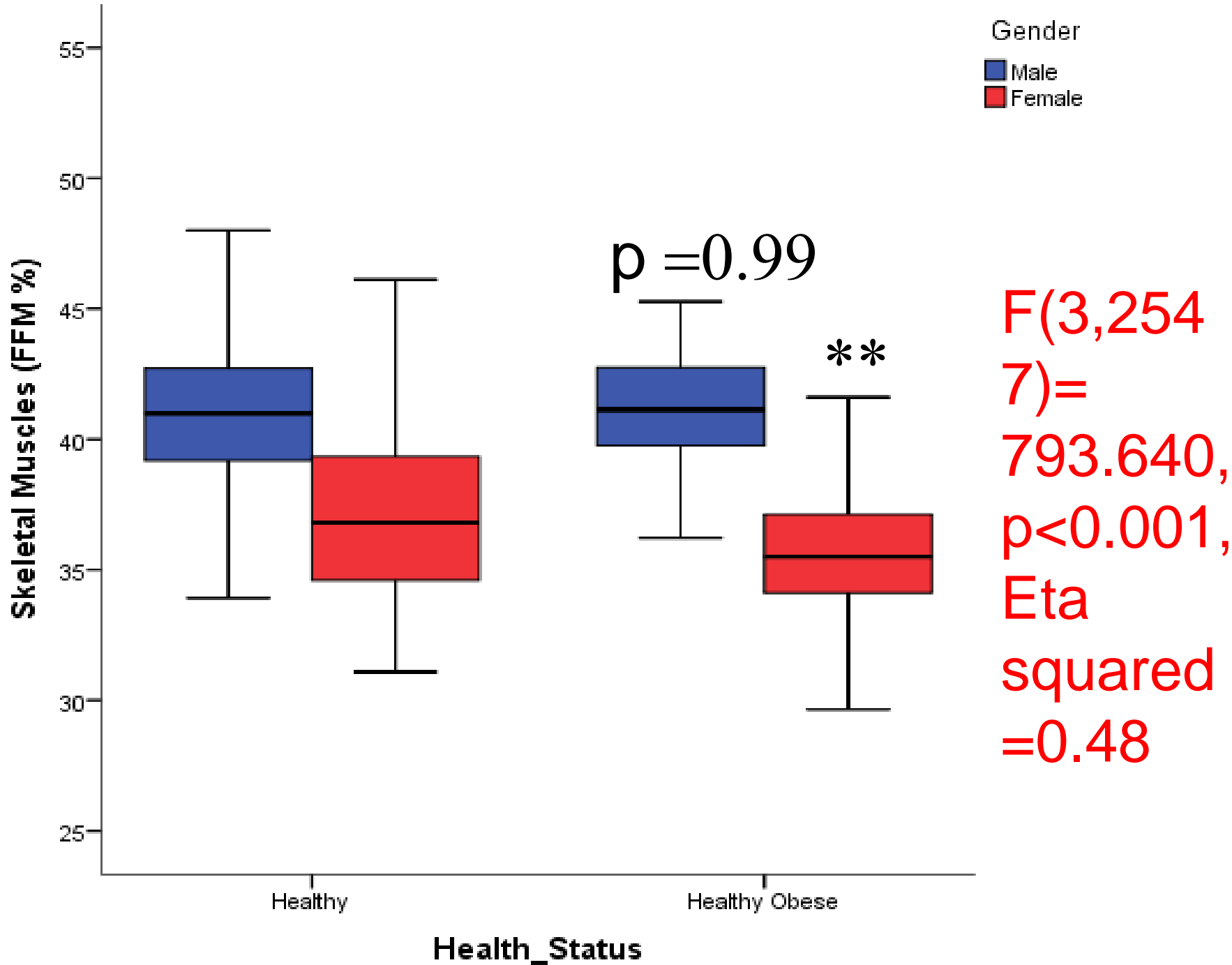
Gender
Male
Female

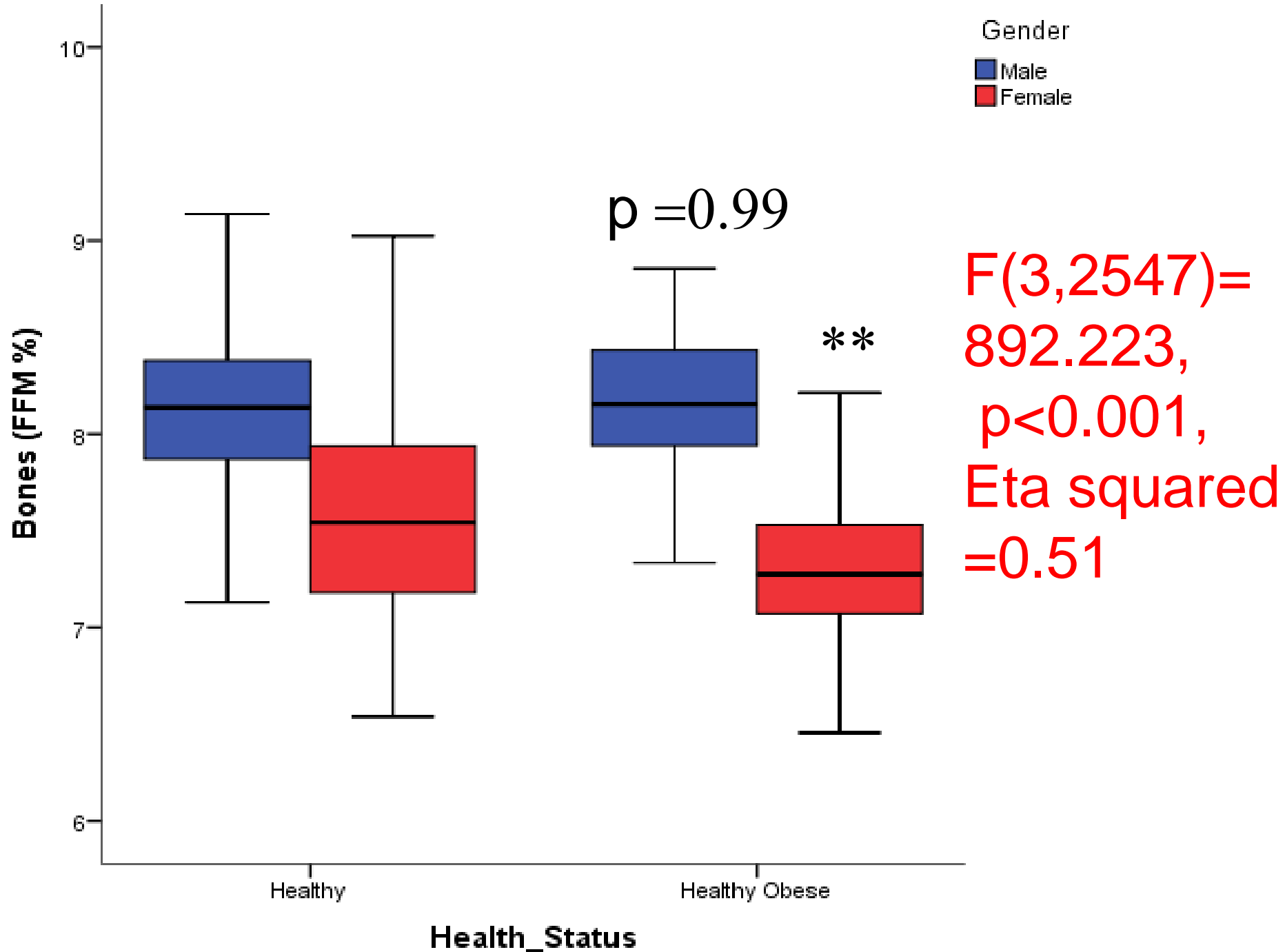
$F(3,2547)$
=
368.272,
 $p < 0.001$,
Eta
squared
= 0.3

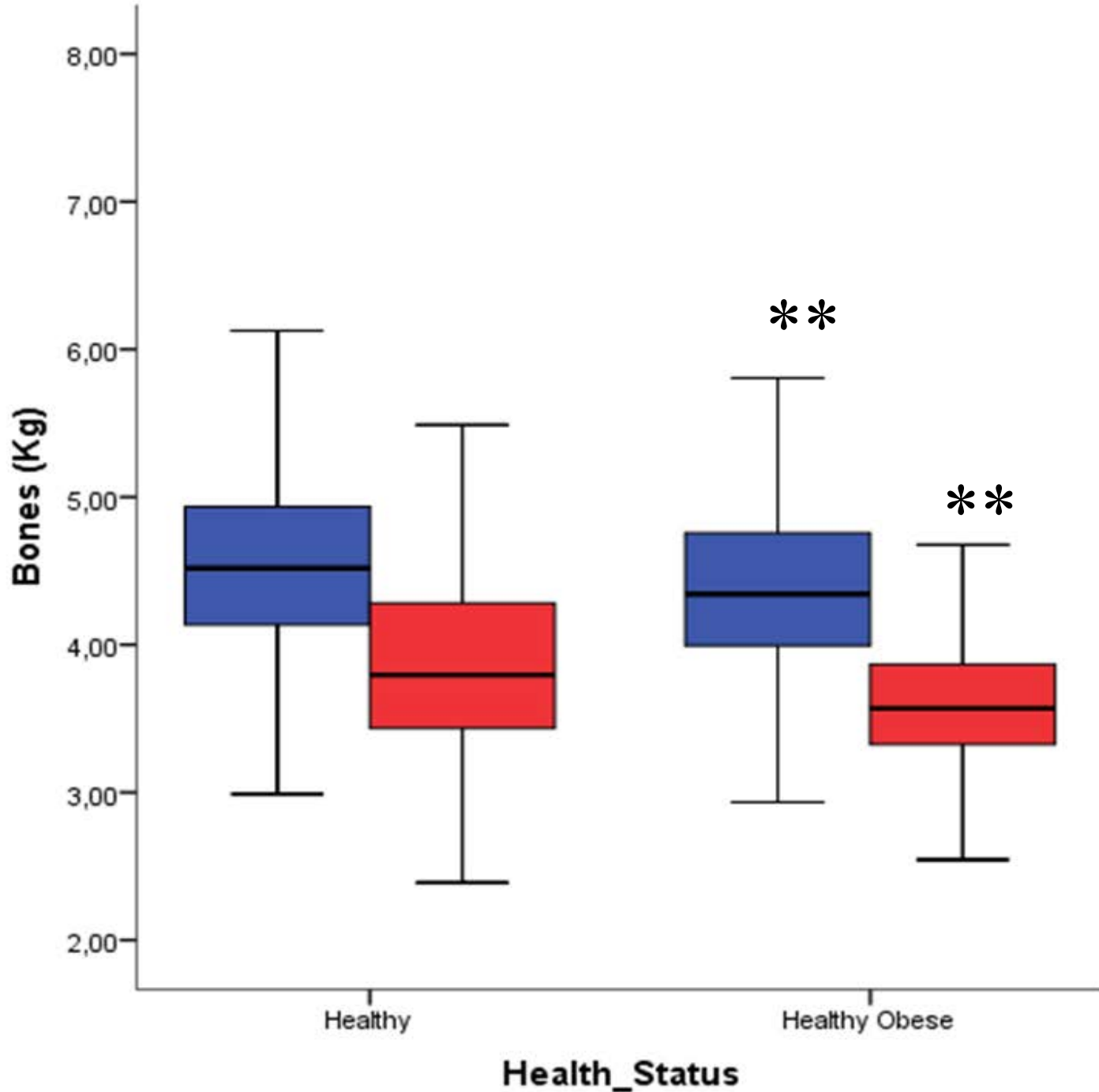


Gender
Male
Female

F(3,254
7)=
2824.54
5,
p<0.001,
Eta
squared
=0.76

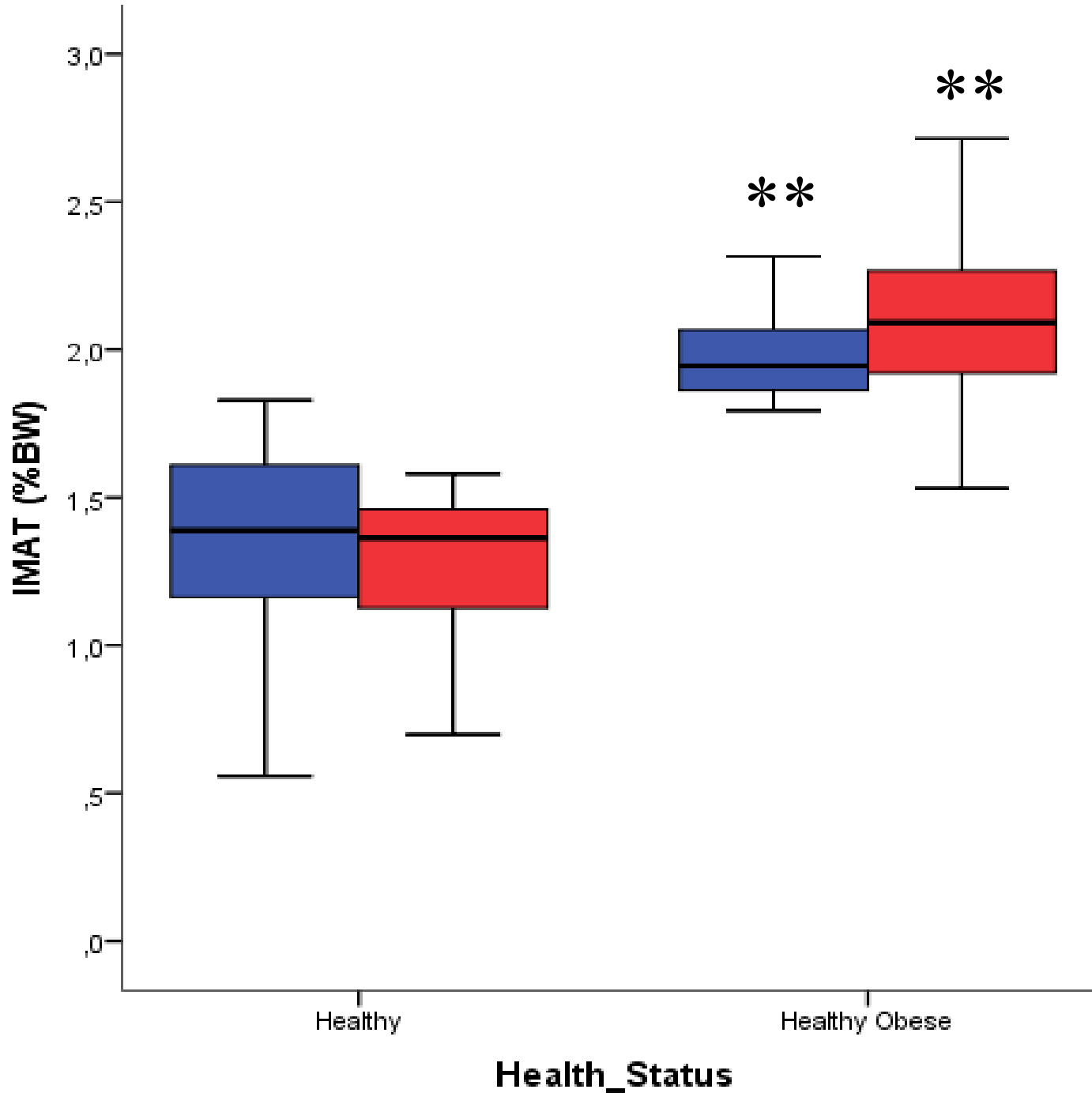






Gender
 Male
 Female

F(3,25
 47)=
 554.67
 9,
 p<0.00
 1,
 Eta
 square
 d=0.39



Gender
Male
Female

$F(3,2547)$
=
1679.870,
 $p < 0.001$,
Eta
squared
= 0.66

CONCLUSIONS

- **Osteosarcopenic phenotype is common and** exists even in the young, suggesting early start of prevention and treatment.
- “Healthy” lean, overweight or obese populations may demonstrate:
 1. **Decreased bone mass;**
 2. **Decreased muscle mass;**
 3. **Increased hsCRP concentrations;**
 4. **Flattening of cortisol circadian rhythm;**
 5. **MUS**
- **BIA-ACC is a highly potent device that may detect osteosarcopenic phenotypes, and may be used for early intervention.**
- **Future cohort studies are needed to establish the definite causative factors behind the negative relations between fat, bone & muscle mass.**

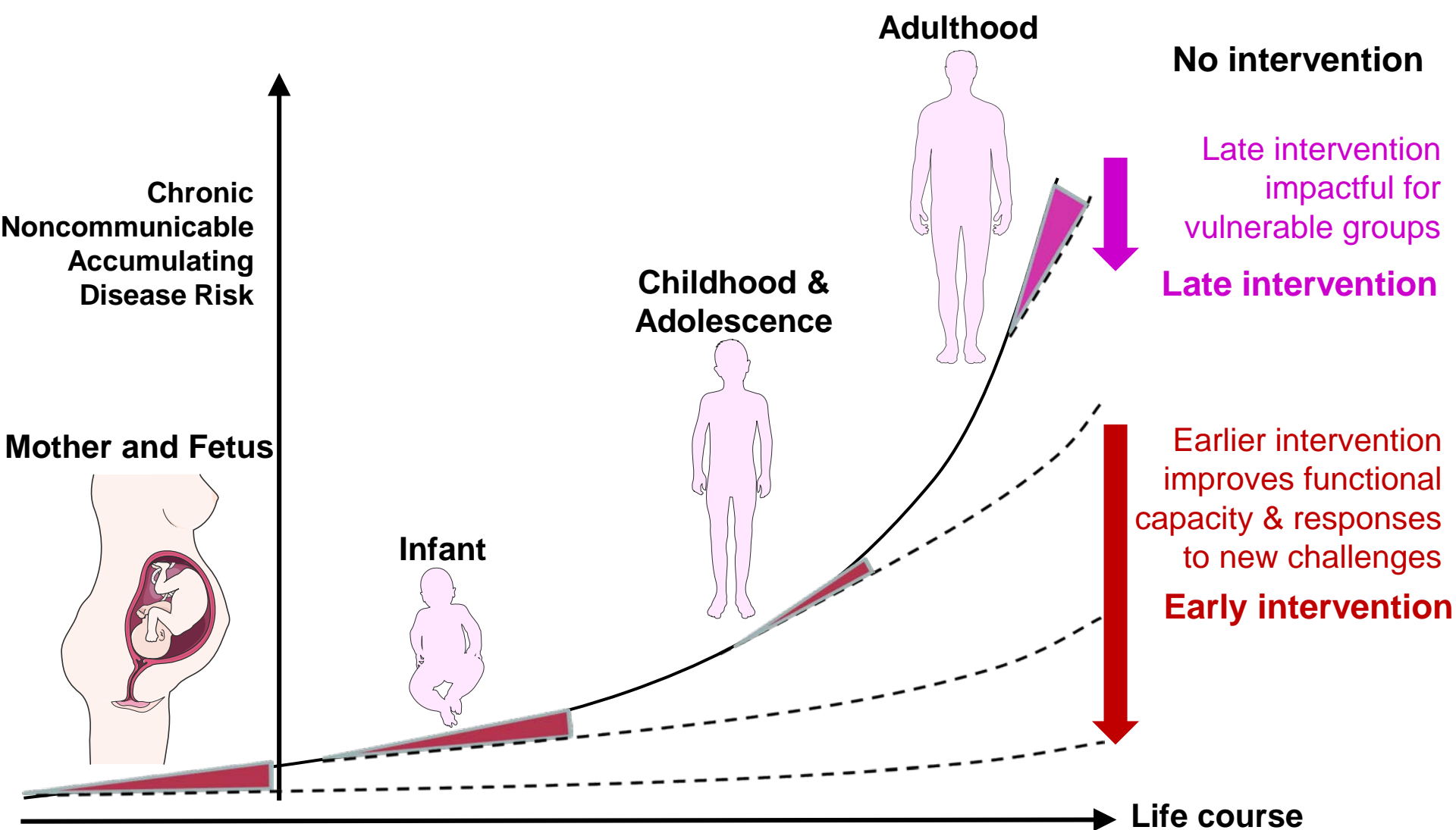
**Social
conditions:
Inequality,
Dignity, etc.**

**Stress/
inflammation↑**

**Sleep disorders,
Accelerated Aging**

**“Chronic Stress and Inflammation
Syndrome” (CSIS)**

**Psychologic and somatic manifestations:
Obesity, Osteosarcopenia, MUS, Anxiety,
Depressive symptomatology, etc.**



Developmental epigenetic plasticity

Inadequate response to stressors



□ **Νάφε και μέμνασο απιστείν'**
'Be equanimous and remember
not to believe easily'