

Exploring the role of sleep stages in memory consolidation and cognitive function

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Abstract. The biological process of sleep is crucial for maintaining both physical and mental health. There are two separate stages of sleep, which are rapid eye movement (REM) sleep and non-rapid eye movement (NREM) sleep. They have distinct characteristics and functions that contribute to memory consolidation or cognitive function. The role of each sleep stage in memory consolidation and cognitive function is crucial for optimizing sleep and promoting cognitive performance. This paper reviews the different sleep stages and their contribution to memory consolidation and cognitive function. The findings suggest that NREM sleep aids in transferring information from short-term to long-term memory, also plays an important role in consolidating declarative and procedural memories, and REM sleep is involved in emotional regulation and the integration of emotional information with existing memories. These conclusions highlight the significant role of sleep in memory consolidation and cognitive function.

Keywords: REM, NREM, cognitive, sleep.

1. Introduction

Sleep is a fundamental biological process that is essential for the restoration and repair of the body, as well as the consolidation of memories and the optimization of cognitive function. There are two different stages of sleep, including non-rapid eye movement (NREM) sleep, rapid eye movement (REM) sleep each with distinct characteristics and contributions to memory consolidation and cognitive function. The process of sleeping is dynamic and intricate and it is regulated by various physiological and environmental factors. Understanding the role of each sleep stage in memory consolidation and cognitive function is essential to optimizing sleep for cognitive performance and health. Therefore, this research focuses on exploring the different sleep stages, including NREM and REM, and their specific contributions to memory consolidation and cognitive function to optimize sleep for improving cognitive function and overall health.

2. Non-rapid eye movement sleep (NREM)

N1, N2, and N3 are the three substages that make up the NREM stage of sleep. While N1 and N2 are regarded as light sleep stages, N3 is regarded as profound sleep. During NREM sleep, data can be moved from short-term memory to the long-term memory. There is an increase in cerebral blood flow velocity and brain activity (EEG) that supports retention of memories and neuronal analyzing during NREM sleep, according to studies [1]. NREM sleep also contributes to the clearance of metabolic waste

products into the cerebrospinal fluid (CSF), which could be a potential biomarker for clinical conditions associated with sleep disturbance (as is shown in Figure 1 [2]).

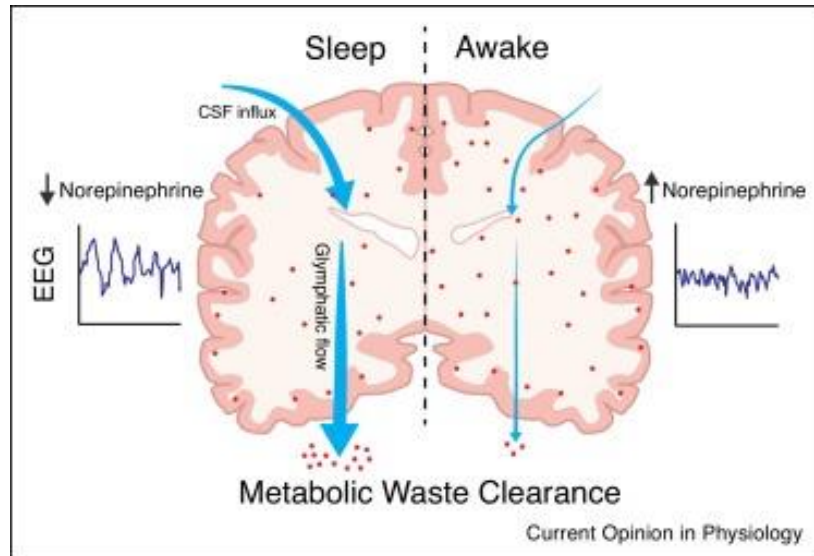


Figure 1. Brain cleaning during sleep [3].

SWS, also known as deep sleep, is characterized by slow-wave activity (SWA) on the EEG. SWS is a specific stage of NREM, and it acts as an important role in the consolidation of declarative and procedural memories, as well as for the restoration of the body [4]. In Figure 2, during SWS, growth hormone is released more frequently and cortisol is released less frequently, indicating that the body is repairing itself. Evidence also suggests that SWS plays a role in the modulation of the immune system, with a decrease in SWS associated with increased inflammatory markers [5].



Figure 2. Association of sleep pattern changing [6].

2.1. Rapid eye movement sleep

Rapid eye movements, muscle atonia, and vivid dreams are characteristics of REM sleep. In especially for procedural and memories of emotion, REM sleep is regarded to be essential for mental regulation and memory consolidation [7]. Studies have shown that REM sleep promotes the consolidation of emotional memories and the integration of emotional information with existing memories [8]. Evidence also suggests that REM sleep contributes to the regulation of the stress response, with a decrease in REM sleep associated with increased cortisol levels [9].

2.2. Sleep across species

NREM and REM sleep have varying contributions and functions across different species. Some marine mammals and birds have adapted to sleep with unihemispheric slow-wave sleep (USWS), which allows them to be aware of potential dangers while they are sleeping. Understanding these adaptations and the underlying neural mechanisms could provide valuable insights into optimizing sleep for cognitive function. Studies have also shown that sleep patterns and functions vary across different developmental stages, with infants and young children having a higher proportion of REM sleep. A greater quantity of stage 1 sleep in older persons is linked to worse cognitive function and a higher risk of dementia. Additionally, sleep disorders like sleep apnea, insomnia, and restless leg syndrome can disturb the framework of sleep and impede cognitive function.

One potential approach to improving sleep and cognitive function is through the use of cognitive behavioral therapy for insomnia (CBT-I) (as is presented in Figure 3.) [10]. CBT-I involves a combination of behavioral interventions and includes sleep deprivation and stimulation management, as well as mental health treatments such as refuting unfavorable sleep-related beliefs. In older persons with insomnia as well as in people with little cognitive impairment, studies have demonstrated that CBT-I can enhance the level of sleep and cognitive function.

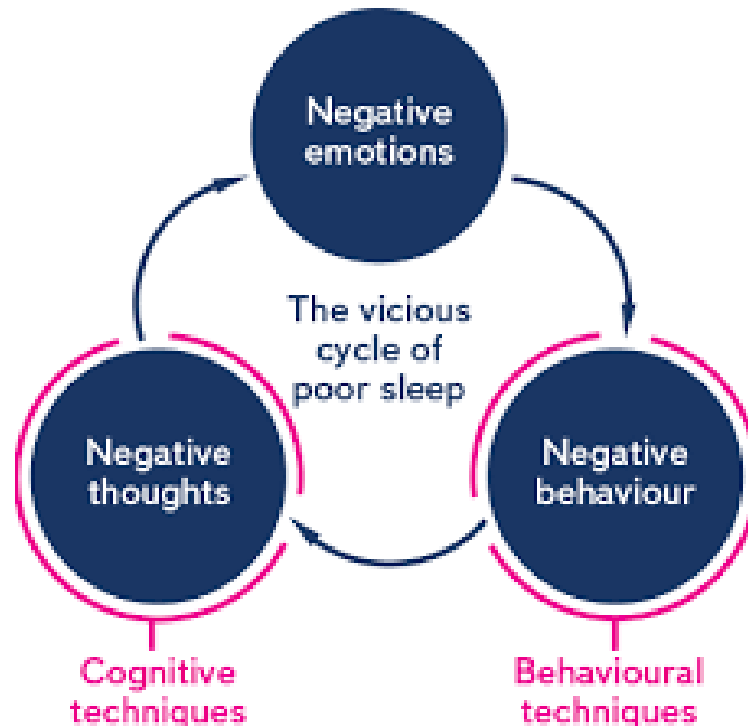


Figure 3. Cycle of how insomnia work [11].

Another promising intervention for improving sleep and cognitive function is through the use of transcranial direct current stimulation (tDCS) [12]. In order to control cortical excitability, tDCS includes the non-invasive delivery of low-level electrical current to the scalp. Studies have indicated that tDCS can improve cognitive function in both healthy people and people with cognitive impairment by enhancing memory consolidation during sleep.

3. Conclusion

This study has examined the various sleep phases, including NREM and REM, and their unique contributions to memory formation and cognitive performance. The best way to maintain general wellness as well as cognitive function is to get enough sleep. NREM sleep improves the consolidation of declarative and procedural recollection as well as memory transfer from short-term to long-term memory. The integration of emotional data and the control of emotions are both highly dependent on

REM sleep. It is important to note that disruptions in sleep architecture, such as sleep disorders, can lead to cognitive impairment and increase the risk of dementia. Thus, optimizing sleep through interventions like cognitive behavioral therapy for insomnia (CBT-I) and transcranial direct current stimulation (tDCS) holds promise for improving cognitive function and overall well-being.

Despite the valuable insights provided by this research, there are limitations that should be acknowledged. To fully comprehend the fundamental processes of sleep and their complicated interactions with cognitive function, more research is required. Future research should concentrate on creating more efficient treatments for sleep disorders and cognitive decline as well as investigating how sleep functions along with patterns change during the developmental process. By addressing these research gaps, we can enhance our understanding of sleep's profound impact on memory consolidation, cognitive function, and overall health, leading to improved strategies for optimizing sleep and promoting well-being in individuals across various stages of life.

References

- [1] Diekelmann, S., & Born, J. (2010). The memory function of sleep. *Nature Reviews Neuroscience*, 11(2), 114-126.
- [2] Rasch, B., & Born, J. (2013). About sleep's role in memory. *Physiological Reviews*, 93(2), 681-766.
- [3] L. Hauglund & Chiara Pavan & Maiken Nedergaard(2020). Cleaning the sleeping brain – the potential restorative function of the glymphatic system Author links open overlay panelNatalie
- [4] Stickgold, R. (2005). Sleep-dependent memory consolidation. *Nature*, 437(7063), 1272-1278.
- [5] Scullin, M. K. (2013). Sleep, memory, and aging: the link between slow-wave sleep and episodic memory changes from younger to older adults. *Psychology and Aging*, 28(1), 105-114.
- [6] Abbas Smile & Stephen Wolter & Dana Nissan(2019). Mechanisms of Association of Sleep and Metabolic Syndrome June
- [7] Lim, A. S., & Redline, S. (2014). Obstructive sleep apnea and cognitive impairment: epidemiology, mechanisms, and treatment. *American Journal of Geriatric Psychiatry*, 22(4), 1235-1245.
- [8] McCall, W. V., & Black, C. G. (2013). The link between sleep dysfunction and depression in older adults. *Current Psychiatry Reports*, 15(9), 390.
- [9] Morley, J. E. (2012). Cognitive behavioral therapy for insomnia in the elderly. *Clinics in Geriatric Medicine*, 28(4), 825-836.
- [10] Morin, C. M., Bootzin, R. R., Buysse, D. J., Edinger, J. D., Espie, C. A., & Lichstein, K. L. (2006). Psychological and behavioral treatment of insomnia: update of the recent evidence (1998-2004). *Sleep*, 29(11), 1398-1414.
- [11] CBT for insomnia – the science behind Sleepio. <https://www.sleepio.com/cbt-for-insomnia/>
- [12] Rybarczyk, B., Lopez, M., Benson, R., Alsten, C., & Stepanski, E. (2002). Efficacy of two behavioral treatment programs for comorbid geriatric insomnia. *Psychology and Aging*, 17(2), 288-298.