

Introduction

Obstructive sleep apnea (OSA) is a prevalent sleep-related breathing disorder (Fig. 1) marked by recurrent upper airway collapse during sleep, resulting in sleep disruption, reduced oxygen saturation and an increased risk of mortality and cardiovascular events [1].

The role of the renal nerves (Fig. 2) in blood pressure control is well-established [2]. However, their role in modulating respiration remains largely unexplored.

Our recent data in spontaneously hypertensive rats (SHRs) suggest that low-intensity renal nerve stimulation (RNS) can enhance respiratory functions [3].

Neuromodulation of the renal nerves may therefore offer a therapeutic alternative for OSA or other breathing abnormalities.

This study aimed to investigate ventilatory responses to RNS in a genetic model of obesity-driven OSA (Fig. 3), the Zucker fat rat (ZFR).

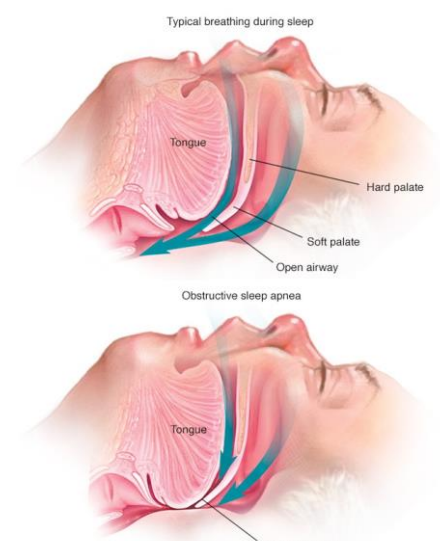


Fig. 1: An illustration of obstructive sleep apnea.

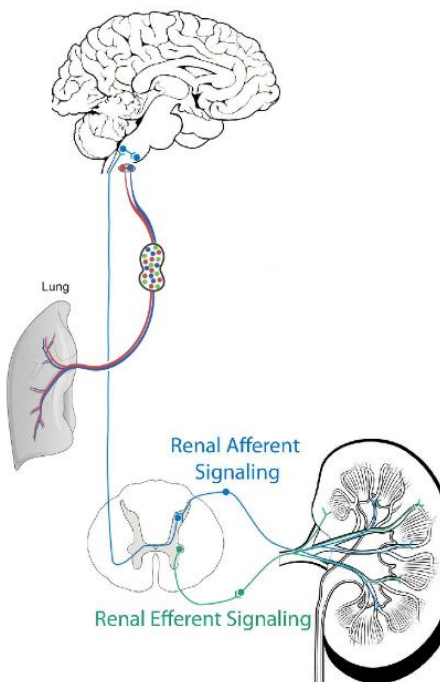


Fig. 2: Renal afferent and efferent signaling pathways.



Fig. 3: The Zucker fat rat (ZFR) model of obesity and obstructive sleep apnea.

Methods

Animals: Male ZFRs ($n = 12$, weight = 914 ± 24 g).

Anaesthesia: Sodium pentobarbital (induction dose: 50 mg.kg^{-1} i.p. and maintenance dose: 10 mg.kg^{-1} i.v. delivered at 2 ml.h^{-1}).

RSN protocol: Bipolar monophasic stimulation of the intact left renal nerve (5 Hz, 0.5 mA, 0.5 ms, 30s; Fig. 4–6) was repeated 5 times, averaged, and performed at 5-min intervals.

Recorded output responses: Mean arterial pressure (MAP), upper airway pressure (UAP), airway pressure (AP), tidal air flow (AF), and diaphragmatic EMG (dEMG).

Calculations: Respiration rate (RR) was derived from integrated dEMG signal, and airway resistance (AR) was calculated by dividing AP values by corresponding AF measurements.



Fig. 4: Grass instruments S88 dual output square pulse stimulator.

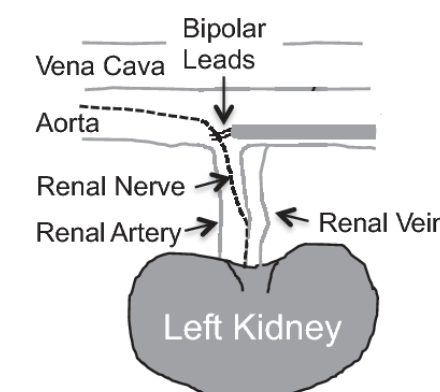


Fig. 5: Bipolar stimulation of the left renal nerve.

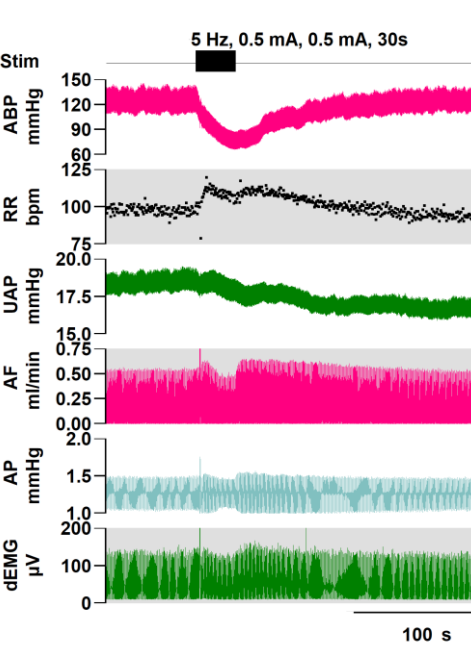


Fig. 6: Raw data Spike trace showing recorded physiological parameters.

Results

Hemodynamically, RNS evoked an immediate but reversible $33 \pm 4 \text{ mmHg}$ ($27 \pm 3\%$) reduction in MAP (Fig. 7).

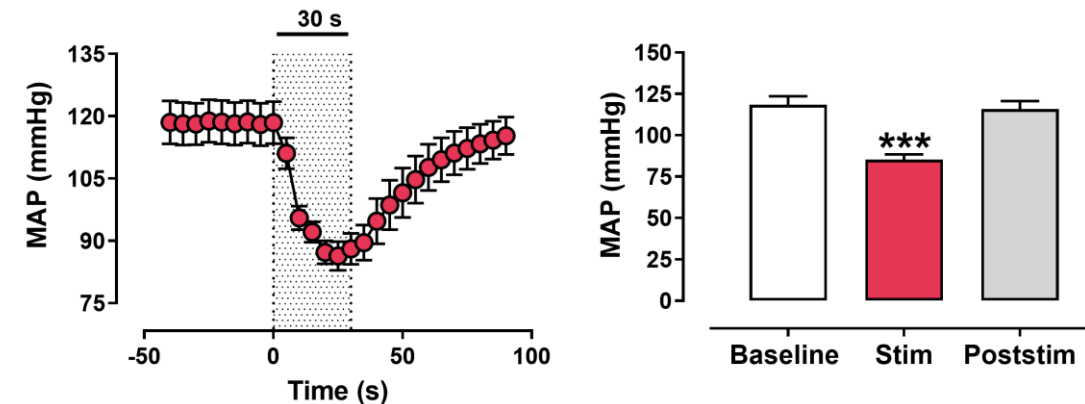


Fig. 7: Effect of renal nerve stimulation (RNS) on mean arterial pressure (MAP) in Zucker fat rats (ZFRs). Data were mean \pm SEM. *** $P < 0.001$ vs. baseline.

RNS increased RR by $7 \pm 2 \text{ breaths.min}^{-1}$ ($7 \pm 2\%$), with effects persisting temporarily beyond stimulation (Fig. 8).

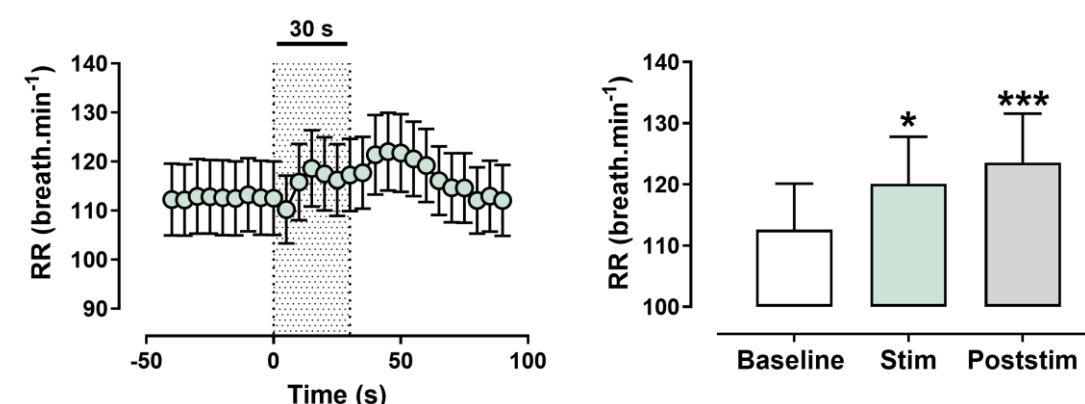


Fig. 8: Effect of renal nerve stimulation (RNS) on respiration rate (RR) in Zucker fat rats (ZFRs). Data were mean \pm SEM. * $P < 0.05$, *** $P < 0.001$ vs. baseline.

RNS did not alter overall AP. However, UAP dropped by $0.6 \pm 0.2 \text{ mmHg}$ ($3 \pm 1\%$) during stimulation and remained relatively low after stimulation (Fig. 9).

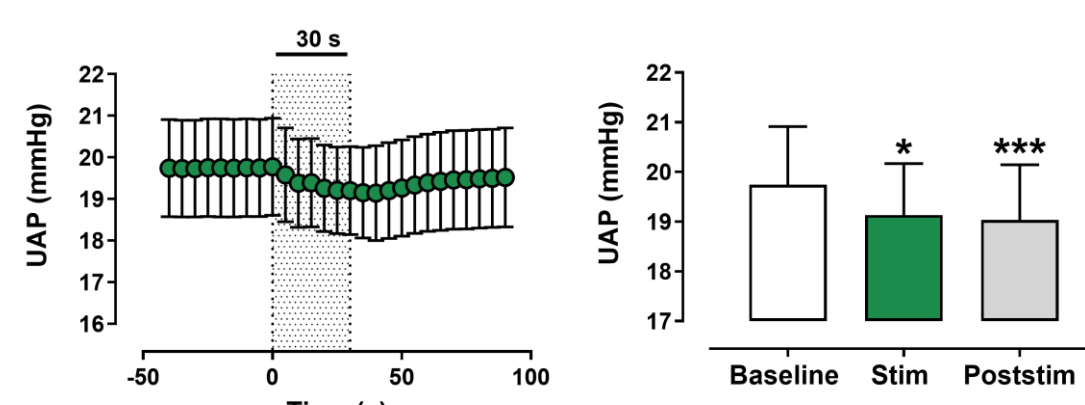


Fig. 9: Effect of renal nerve stimulation (RNS) on upper airway pressure (UAP) in Zucker fat rats (ZFRs). Data were mean \pm SEM. * $P < 0.05$, *** $P < 0.001$ vs. baseline.

RNS increased tidal AF by $0.04 \pm 0.01 \text{ ml.min}^{-1}$ ($16 \pm 3\%$) during stimulation, with increases not instantly returning to baseline after stimulation (Fig. 10).

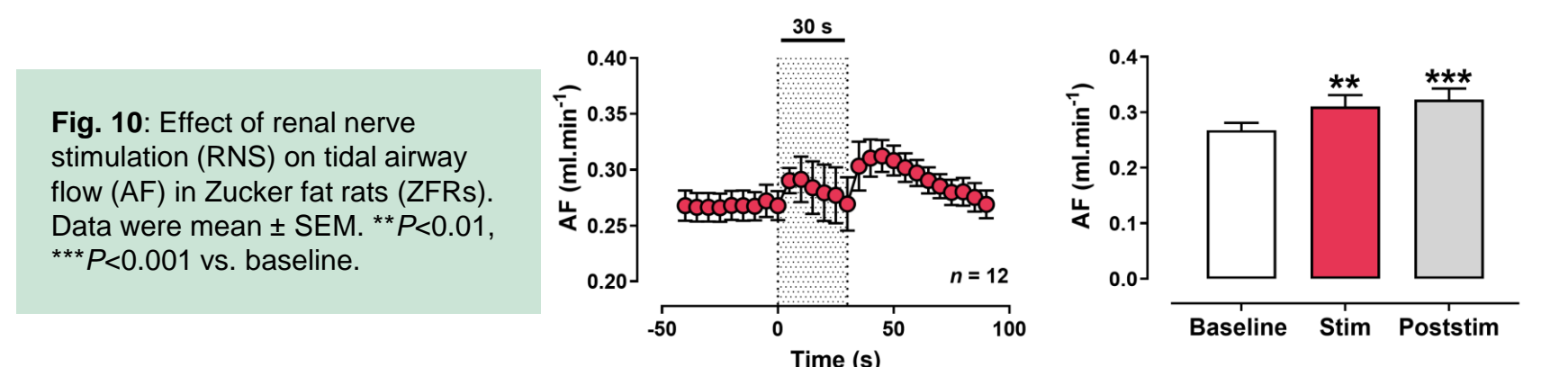


Fig. 10: Effect of renal nerve stimulation (RNS) on tidal airway flow (AF) in Zucker fat rats (ZFRs). Data were mean \pm SEM. ** $P < 0.01$, *** $P < 0.001$ vs. baseline.

RNS lowered AR by $0.6 \pm 0.1 \text{ mmHg.min.ml}^{-1}$ ($12 \pm 2\%$) when the stimulus was on, with the peak reduction briefly maintained when the stimulation was off (Fig. 11).

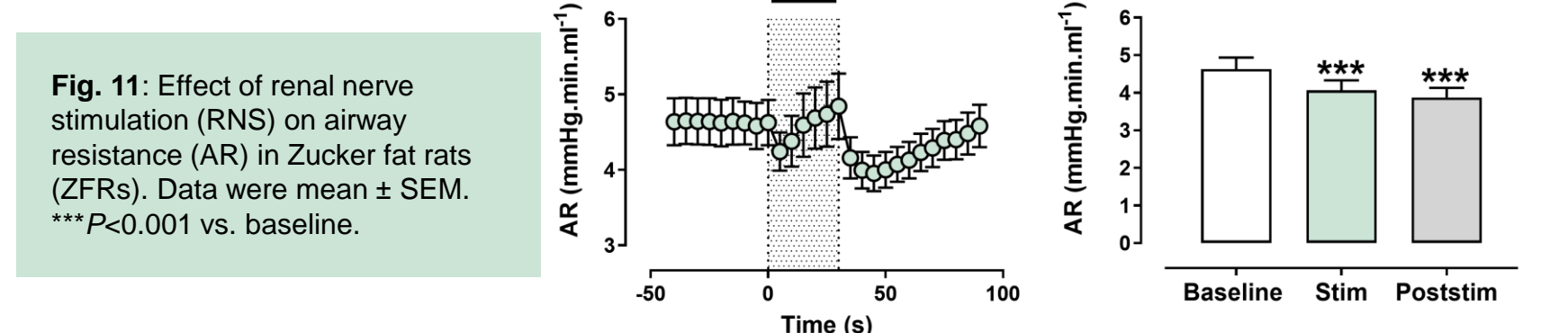


Fig. 11: Effect of renal nerve stimulation (RNS) on airway resistance (AR) in Zucker fat rats (ZFRs). Data were mean \pm SEM. *** $P < 0.001$ vs. baseline.

RNS induced a marked increase of $21 \pm 6\%$ in dEMG, with the increase temporarily persisting at $12 \pm 3\%$ post-stimulation (Fig. 12).

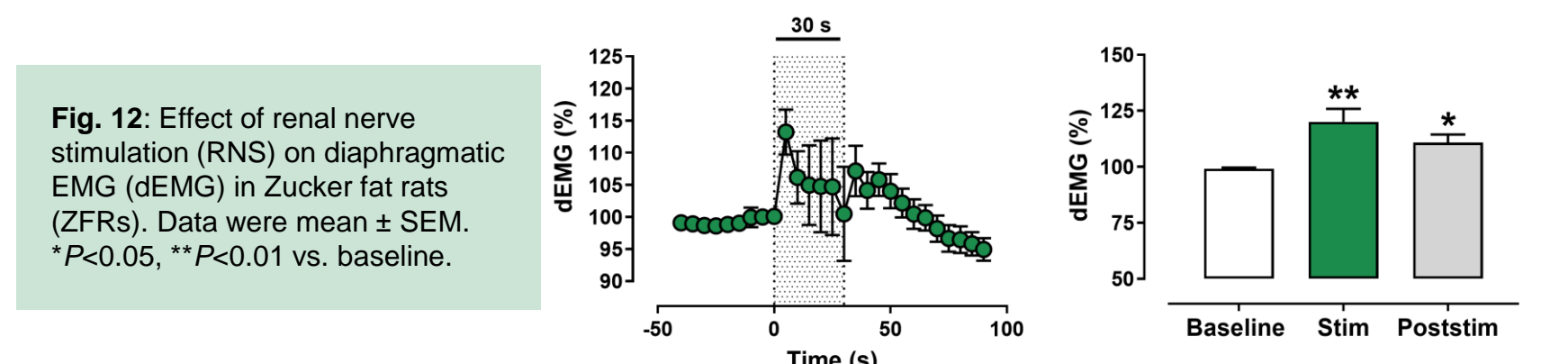


Fig. 12: Effect of renal nerve stimulation (RNS) on diaphragmatic EMG (dEMG) in Zucker fat rats (ZFRs). Data were mean \pm SEM. * $P < 0.05$, ** $P < 0.01$ vs. baseline.

Conclusions

- Our data suggest that the renal nerves are not only involved in the modulation of cardiovascular function, but their role also extends to central regulation of respiration.
- Neurostimulation of the renal nerves effectively enhances ventilatory responses in the ZFR model of obesity-associated OSA.
- Clinically, neuromodulation of the renal nerves may offer an alternative novel therapy for patients with OSA.

References

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