Knowing the time of day presents a selective advantage at multiple biological tiers, including cellular, tissue, and whole organism. This information is critical to ensure appropriate and rapid responses are achieved in a temporally correct manner. The key to this unique selective advantage is anticipation. Typically, a researcher might consider a cell/system that responds to a stimulus based solely on its initiation (ie, in the absence of any form of priming). However, the ability to prepare for an event before it occurs is critical for numerous aspects of life, whether it be preparation for a newborn child, the arrival of a food source, or perhaps at the cellular level the binding of a hormone to its receptor. In the latter case, one might envision priming of a distinct branch of a signal transduction pathway in a temporal manner, to ensure an appropriate cellular response to a predictable, recurring stimulus/stress. One cardiovascular-relevant hypothetical example is illustrated by myocardial responsiveness to changes in pressure/shear stress. Alterations in shear stress occur on a daily basis within a physiological range, peaking during the active/awake period, a time at which physical activity is typically elevated. Increased activity (such as exercise) results in a physiological growth (hypertrophy) of the myocardium. In contrast, a persistent elevation of shear stress results in a pathological hypertrophic response. One potential explanation is that an inappropriate elevation of shear stress during the inactive/sleep phase (ie, as observed in nondipping hypertensives) may contribute to a pathological response, whereas appropriate anticipation of temporal changes in shear stress results in a physiological response.

Central to the concept of biological anticipation are 2 fundamental criteria. First, a stimulus is present/active in a recurring and temporally distinct period. This might include time-of-day
The Cardiomyocyte Circadian Clock: Influence on Myocardial Physiology

Heart Clock
Circadian clocks can be defined as a transcriptionally based molecular mechanism, composed of both positive and negative feedback loops, with a free running period of approximately 24 hours. Time-of-day-dependent oscillations in clock component gene expression have been characterized in both rodent and human hearts. Consistent with the cell autonomous nature of this mechanism, circadian clock component gene expression oscillations observed in the intact heart persist in isolated cultured myocardial tissue and cardiomyocytes. Given the transcriptional nature of this mechanism, several laboratories have investigated oscillations in the transcriptome of the heart over the course of the day. Hearts collected from mice under light/dark (diurnal) and constant dim light (circadian) conditions suggest that expression of approximately 10% to 15% of all myocardial genes oscillate in a time-of-day–dependent manner. However, the reported gene expression oscillations in normal intact hearts could be mediated by extracellular (ie, neurohumoral) and/or intracellular (ie, circadian clock) influences. To determine the contribution of the cardiomyocyte circadian clock, we generated a mouse model wherein this mechanism was selectively disrupted. This mouse is termed cardiomyocyte-specific clock mutant (CCM). Distinct from classic models of shift work involving manipulation of the light-dark cycle, CCM mice are a model of temporal suspension of the cardiomyocyte circadian clock at the wake-to-sleep transition. In addition to identification of clock-controlled genes, phenotypic characterization of CCM mice has been useful for revealing novel roles of the cardiomyocyte circadian clock on myocardial physiology and pathophysiology. The following subsections will highlight some of these roles.

Heart Rate
Accumulating evidence suggests that intrinsic circadian clocks exert some level of control over heart rate. Through maintenance of a controlled environment for a prolonged period of time, Hu et al have reported that circadian rhythms in heart rate variability are driven by an intrinsic mechanism in humans. Consistent with these observations, genetic mouse models of ubiquitous altered circadian clock function exhibit varying degrees of abnormalities in heart rate diurnal/circadian rhythms, depending on which distinct circadian clock component was modified. Additionally, patients with an extended Per3 tandem repeat exhibit elevated heart rate. Furthermore, selective deletion of peroxisome proliferator-activated receptor (PPAR)γ, a putative activator of BMAL1, in the vasculature results in diminished heart rate diurnal variations. We have recently interrogated the influence of the cardiomyocyte circadian clock on heart rate, both in vivo and ex vivo, through the use of CCM mice. In vivo radiotelemetry studies were performed on young wild-type (WT) and CCM mice for continuous 24 hour monitoring of physical

and/or seasonal dependence. Second, the cell/organ/organism possesses a molecular timekeeping mechanism. This timekeeping mechanism must retain sufficient plasticity to be entrained by the environment, thereby maintaining a selective advantage (eg, consider season- and migration-induced alterations in the environment). Indeed, such a timekeeping mechanism has evolved; the circadian clock. Circadian clocks have been identified in both prokaryotes and eukaryotes (although some reports suggest that specific prokaryotes may not possess functional clocks). Circadian clocks are transcriptionally based cell autonomous molecular mechanisms that directly regulate cellular/biological function at multiple temporal levels: daily, seasonal, and lifespan. Circadian clocks have been identified and characterized within almost all mammalian cell types, including cardiomyocytes, vascular smooth muscle cells, endothelial cells, and fibroblasts. Over the last decade, studies from multiple investigative teams have begun to unravel a number of the roles of circadian clocks within the cardiovascular system. Recent advances with regards to the vasculature include observations that mouse models of circadian clock dysfunction exhibit alterations in endothelial function and blood pressure as well as variations in vascular injury susceptibility. In humans, distinct genetic polymorphisms in circadian clock gene components (eg, BMAL1) are associated with increased risk of hypertension. The purpose of this article is to highlight our current knowledge regarding the functions of the cardiomyocyte circadian clock, and to discuss whether disruption of this mechanism plays a potential role in the etiology of cardiovascular disease. Given that several reviews have been published recently on this topic, this article will rapidly focus on distinct areas of novel ongoing research.
Propagation of electric signals between adjacent cells is crucial for action potential transduction. One mechanism by which the myocardium achieves this is through the formation of gap junctions using connexin proteins. These gap junctions offer low resistance, low selectivity channels for cell-to-cell communication. Cardiac gap junctions are composed from 3 connexin isoforms, each with distinct heart localization. Connexin 43 is found in the atrial and ventricular myocytes. Connexin 45 is found in the conduction system of the heart as well as the atrial and ventricular myocytes. Connexin 40 is found in the atrial myocytes and the His-Purkinje cells. The importance of connexin 40 in atrial-ventricular conduction was recently demonstrated in the connexin 40–null mice. Compared to WT hearts connexin 40–null hearts exhibit delayed atrioventricular conduction as well as increased R-R interval. Interestingly, our gene expression microarray analysis identified connexin 40 as being regulated by the circadian clock within atrial cell (approximately 2-fold oscillation in WT hearts, that is chronically repressed in CCM hearts). These data suggests a possible mechanism through which the circadian clock may contribute to diurnal rhythms in heart rate, and also offers a possible explanation for the bradycardia of CCM hearts.

Heart Metabolism

Myocardial metabolism and contractile function are interlinked. Imbalances/impairment of energy metabolism adversely affects cardiac function. Conversely, periods of increased cardiac output are balanced by increased metabolic fluxes, thereby meeting energetic demands. What is becoming increasingly clear is that metabolism is inseparably interlinked with the circadian clock. As illustrated in Figure 1, several feedback loops of the mammalian circadian clock have integrated metabolic functions. Evidence for/against the existence of these metabolic loops in the cardiomyocyte circadian clock will be discussed. Whenever possible, the potential metabolic and functional consequences of these loops on the myocardium will be highlighted.

Rutter et al were among the first to describe a metabolic loop within the mammalian circadian clock, at a molecular level. The investigators discovered that the circadian clock transcription factor CLOCK (circadian locomotor output cycles kaput), as well as the CLOCK homolog NPAS2 (neuronal PAS domain protein 2), is redox-sensitive. The NAD+/NADH ratio influences the DNA binding affinity of both CLOCK/BMAL1 and NPAS2/BMAL1, wherein a decrease in this ratio promotes binding. Importantly, the investigators also showed that lactate dehydrogenase a (LDHa) was induced by CLOCK/BMAL1 and NPAS2/BMAL1 heterodimers, through binding to E-box elements in the promoter of the ldhA gene. LDHa-mediated regulation of the intracellular redox status completes the feedback loop (Figure 1). These studies were performed in neuronal cells, raising the question whether this feedback loop is ubiquitous or cell-type specific. This is particularly relevant for a metabolically active organ such as the heart, which possesses a high lactate dehydrogenase maximal activity, thus raising concerns as to whether levels of this enzyme limits cardiomyocyte redox status under physiological conditions. Consistent with this concern, we find that expression of ldhA does not signifi-
NAD$^+$ salvage pathway. As such, the induction of NAMPT results in increased intracellular levels of NAD$^+$. This results in increased Sirt1 activity. Sirt1 in turn closes this metabolism-based feedback loop, through deacetylation of multiple targets, including BMAL1. Consistent with this hypothesis, nampt expression and cellular NAD$^+$ levels oscillate in a time-of-day–dependent manner in multiple tissues, including the heart. In the case of myocardial nampt, these oscillations are mediated by the cardiomyocyte circadian clock, consistent with the presence of the NAMPT-NAD$^+$-Sirt1 metabolic loop in the heart. Indicative of a critical role, NAMPT has recently been reported to influence cardiomyocyte survival. Sirt1 deacetylases a plethora of protein targets and has been implicated in the regulation of oxidative metabolism (perhaps through PPAR$\gamma$, coactivator [PGC]$\gamma$1), insulin signaling (perhaps through Foxo [forkhead box O]), and myocardial ischemia/reperfusion and oxidative stress tolerance. Time-of-day–dependent oscillations in Sirt1 activity may therefore modulate responsiveness of the myocardium to multiple extracellular stimuli/stresses, in a circadian-like manner. The implications of this metabolic loop clearly extend far beyond simple oscillations in metabolic fluxes.

Major fuel sources for continued contraction of the myocardium are fatty acids and carbohydrate (eg, glucose). We decided to test the hypothesis that glucose and/or fatty acid metabolism is an integral component of the cardiomyocyte circadian clock. The approach to test this hypothesis was 2-fold. (1) Does the cardiomyocyte circadian clock regulate metabolism of either of these fuels (in a time-of-day–dependent manner); and/or (2) do these fuels influence the cardiomyocyte circadian clock?
timing of the cardiomyocyte circadian clock? Initial studies investigating oxidative metabolism diurnal variations in the rat heart revealed time-of-day–dependent oscillations in glucose, but not fatty acid, oxidation. However, glucose oxidation oscillations were not observed in mouse hearts, and neither was significant differences in glucose oxidation between WT and CCM hearts. Similarly, fatty acid oxidation did not oscillate in mouse hearts (although fatty acid oxidation rates were higher in CCM hearts in a time-of-day–independent manner). These somewhat surprising observations suggested that under basal nonstressed conditions, the cardiomyocyte circadian clock does not directly influence myocardial oxidative metabolism. In addition, initial studies in isolated adult rat cardiomyocytes showed that neither glucose nor fatty acids acutely influenced the expression of circadian clock components (neither amplitude nor phase of oscillation).

Collectively, the above-described experimental observations are not consistent with metabolic loops involving glucose and/or fatty acids being operational within the myocardium. However, several lines of evidence exist suggesting that conclusions based on these observations alone may be premature. Gene expression microarray analysis for hearts isolated from WT and CCM littermate hearts over the course of the day identified a large number of genes influencing triglyceride (eg, dgat2 [diacylglycerol O-acyltransferase homolog 2], adpn [adiponutrin]) and glycerogen metabolism (eg, ppp1cc [protein phosphatase 1, catalytic subunit, γ isoform]), the storage forms of fatty acids and glucose respectively, as being cardiomyocyte circadian clock regulated (Figure 1). However, changes in gene expression do not always translate to reciprocal changes in protein levels, enzymatic activities, or most importantly, metabolic fluxes. As such, studies were performed to investigate whether the cardiomyocyte circadian clock regulates nonoxidative metabolism of fatty acids and/or glucose. This appears to be the case. For example, total triglyceride levels exhibit a diurnal variation in mouse hearts both in vivo and ex vivo (peaks near the end of the active phase) which is essentially absent in CCM hearts. This appears to be attributable to circadian clock regulation of lipolysis, which is activated during the sleep/inactive phase.

In the case of glycolen metabolism, we have previously reported that epinephrine-induced glycogenolysis has a time-of-day–dependence in WT hearts, which is attenuated in CCM hearts. More recently, we have revealed a diurnal variation in total protein O-GlcNAcylation in both rat and mouse hearts, which is completely abolished in CCM hearts. Increased myocardial protein O-GlcNAcylation during the active phase suggests increased flux of glucosyl moieties through the hexosamine biosynthetic pathway at this time. Taken together, these data show that the cardiomyocyte circadian clock regulates nonoxidative fatty acid (ie, triglyceride) and glucose (ie, glycogen and O-GlcNac) metabolism.

Nonoxidative metabolism of nutrients is pivotal in the cycling of carbon between storage, oxidation, and generation of signaling molecules. For example, triglyceride is a rich source of fatty acyl groups that act not only as a metabolic fuel, but also influence the activity of a host of proteins/enzymes through transcriptional, translational, and posttranslational mechanisms. Similarly, glucose has emerged as an important signaling molecule in mammalian cells, including cardiomyocytes. One mechanism by which glucose acts as a signaling molecule is through protein O-GlcNAcylation. This reversible posttranslational modification has been shown to target a wide range of proteins (>500), many of which are involved in metabolism, signaling, translation, and transcription. This knowledge encouraged us to revisit the issue as to whether nonoxidative metabolism of fatty acids and/or glucose influences the timing of the cardiomyocyte circadian clock. As mentioned above, initial studies challenging synchronized adult rat cardiomyocytes with elevated concentrations of fatty acids or glucose had no direct effect on the timing of circadian clock gene oscillations. Similarly, we have previously reported that high fat feeding in rats has no effect on the timing of circadian clock gene expression in the heart. However, a recent study has reported that high fat feeding in mice influences the timing of both central and peripheral circadian clocks (although the heart was not investigated). The latter suggests that in certain species, altered dietary macronutrient content may influence cell autonomous circadian clocks, perhaps in a tissue-specific manner. The possibility remains that high fat feeding induced alterations in behavior and associated neurohumoral factors (eg, adipokines) could influence the timing of peripheral circadian clocks, such as that located within the cardiomyocyte. However, currently no evidence is available that support the hypothesis that fatty acids directly influence the cardiomyocyte circadian clock. In contrast, data are emerging in support of the hypothesis that glucose may influence this mechanism. Although initial studies challenging adult rat cardiomyocytes with glucose were negative, these studies were performed in the absence of glutamine. Glutamine is an essential amino acid required for the channeling of glucosyl units through the hexosamine biosynthetic pathway (and subsequent protein O-GlcNAcylation). More recently, we have found that conditions which promote protein O-GlcNAcylation are associated with altered gene and protein expression of cardiomyocyte circadian clock components, as well as protein O-GlcNAcylation of CLOCK. Nonoxidative glucose therefore appears to be an integral component of the cardiomyocyte circadian clock. Consistent with this concept, uncontrolled streptozotocin-induced hyperglycemia results in a phase shifting of the clock within the heart.

An additional metabolic link with the cardiomyocyte circadian clock that warrants discussion is regarding regulation of the responsiveness of the heart to fatty acids. When exposed to increased fatty acid levels, the myocardium responds by increasing both oxidative and nonoxidative fatty acid metabolism, in an attempt to maintain intracellular fatty acid concentrations within a physiological range. This is achieved through both posttranslational (acute) and transcriptional (chronic) events. Initial studies in rat hearts revealed that both the acute and chronic responsiveness of the myocardium has a time-of-day dependence. For example, challenging the heart with fatty acids during the sleep phase results in an acute depression of cardiac output and efficiency, a phenomenon that is not observed during the active phase. In contrast, challenging the rat heart with fatty acids during the active phase results in a greater transcriptional
response at this time. The latter has been shown to be mediated by the cardiomyocyte circadian clock, potentially through clock controlled oscillations in nuclear receptors, such as PPARα, Rev-erα (nuclear receptor subfamily 1, group D, member 1), and PGC1α (Figure 1). Given the temporal dependence with which humans consume meals, these observations are highly relevant to health and disease. Consumption of dietary lipid at one time of the day (versus another) has profound effects not only on the cardiovascular system, but also on whole body energy homeostasis (and therefore susceptibility to weight gain, adiposity, and insulin resistance).

Heart Growth and Repair
Following generation of CCM mice, phenotypic characterization involved echocardiographic assessment of contractile function. Twelve-week-old anesthetized WT and CCM mice were used. Of the parameters measured, ejection fraction, fractional shortening, and left ventricular mass were all significantly elevated in CCM mice. This was associated with a decreased heart rate (as assessed through radiotelemetric studies; see discussion above) and an increased rate of fatty acid oxidation (as assessed through ex vivo metabolic studies; see discussion above). Furthermore, hearts from 22-month-old CCM mice exhibit increased mass with no significant depression in left ventricular ejection fraction. This phenotype of increased ventricular mass, increased contractile function, decreased heart rate, and increased fatty acid oxidation, is reminiscent of exercised trained animals, as opposed to adverse sustained pressure overload. In other words, CCM hearts appear to develop physiological hypertrophy, as opposed to pathological hypertrophy.

Sole and Martino have recently proposed the hypothesis that myocardial pressure overload during the sleep/inactive phase might accelerate the development of pathological hypertrophy. Given our recent observations in CCM mice, we wish to extend this hypothesis to include physiological hypertrophy. Here, we hypothesize that acute elevations in pressure during the active/awake phase (in response to exercise bouts, for example) promotes physiological hypertrophy, whereas persistence of pressure overload into the inactive/sleep phase promotes pathological hypertrophy. Importantly, we hypothesize that the cardiomyocyte circadian clock governs this time-of-day–dependent, physiological versus pathological response of the myocardium to pressure/sheer stress.

The observation that CCM hearts display what appears to be physiological hypertrophy led us to initiate investigations into the molecular mechanisms by which the circadian clock regulates myocardial growth. Physiological hypertrophy can be mediated by the binding of a growth factor, such as insulin-like growth factor-1, to a tyrosine kinase receptor on the surface of the cardiomyocyte. On receptor activation, insulin-like growth factor-1, to a tyrosine kinase receptor on the surface of the cardiomyocyte. On receptor activation, phospho-inositol 3-kinase (PI3K) (composed of p85 and p110α subunits) is recruited to the plasma membrane where it will phosphorylate the membrane PIP_2 (phospholipid phosphatidylinositol 4,5 bisphosphate). This phosphorylation results in colocalization of Akt (v-akt murine thymoma viral oncogene homolog 1) and PDK1 (3-phosphoinositide-dependent protein kinase-1) through their interaction with PIP_3. PDK1 will then phosphorylate and activate Akt. Akt exerts its trophic effects by modulating several pathways. First, Akt activation of mTOR (mammalian target of rapamycin) (and p70S6K) has been demonstrated to upregulate ribosome biogenesis, as well as activate initiation factors required for protein synthesis. Akt is also capable of phosphorylating glycogen synthase kinase (GSK)-3β, inactivating it and thereby releasing its repression of translation initiation factors (thereby allowing protein synthesis required for hypertrophic growth). Studies within our laboratory suggest that several components of the PI3K-AKT-GSK3β-p70S6K pathway may be regulated by the cardiomyocyte circadian clock. For example, gene expression microarray studies revealed that p85, the regulatory subunit of PI3K, is subject to cardiomyocyte circadian clock control at a transcriptional level, and is chronically repressed in CCM hearts. Importantly, the phosphorylation status of Akt, GSK-3β, and p70S6K all oscillate in hearts over the course of the day, and are chronically elevated in CCM hearts. Although targets of this pathway such as Akt or GSK-3β could also be regulated in response to pathophysiologic signals, p85 appears to be unique to physiological hypertrophy signaling.

Data are emerging which suggest that AMP-activated protein kinase (AMPK) is potentially involved in myocardial growth regulation. AMPK, although commonly thought of as a cellular energy gauge, has been shown to have additional roles involved in repressing protein synthesis and in turn cell growth. This became obvious when transgenic mouse models expressing mutated AMPKα subunits exhibited hypertrophy which was commonly associated with increased glycogen storage. Furthermore, several human polymorphisms have been identified in the AMPK subunits. Of these, missense mutations in the γ subunit are associated with left ventricular hypertrophy, abnormal glycogen accumulation and conducting disorders. We find that AMPK activity levels oscillate in the WT heart, peaking during the middle of the active phase. CCM hearts exhibit a significant depression in AMPK activity during the middle of the active phase. Importantly, this is the time at which we propose physiological hypertrophy would result from increased activity. These data suggest that circadian clock control of AMPK activity may in turn influence heart growth. Interestingly, AMPK has been shown to influence the timing of the mammalian circadian clock by multiple laboratories, suggesting that this kinase may be an integral clock component (Figure 1).

Increased protein synthesis required for hypertrophy also involves several translation initiation factors (eukaryotic initiation factors [EIFs]) and elongation factors. Microarray analysis revealed four EIF subunits under cardiomyocyte circadian clock regulation (elf2c3, elf3s3, elf4g2, elf1a). Although we have not measured the activity of these EIFs in WT versus CCM hearts, their enrichment in a pathway required for hypertrophy is intriguing. In addition to its potential role in protein synthesis regulation, the circadian clock is known to influence protein degradation. Indeed, protein ubiquitination and degradation are integral processes in the circadian clock mechanism. Protein turnover is important for the removal of damaged proteins from the cell. Elegant studies by Taegtmeyer and colleagues suggest that increased protein turnover is important during both periods of
myocardial growth and atrophy.73–75 We have found that multiple components of the ubiquitin/proteasome system (eg, usp2 [ubiquitin-specific protease 2], ubc [ubiquitin C], ube3c [ubiquitin protein ligase E3C]) are regulated by the cardiomyocyte circadian clock.24 Although protein turnover rates in WT and CCM hearts have not been measured to date, these measures will likely provide important insight into cardiomyocyte circadian clock regulation of myocardial growth.

The Cardiomyocyte Circadian Clock: Role in the Pathogenesis of Cardiovascular Disease

The onset of various pathological events, such as myocardial infarction, stroke, arrhythmias, abdominal aortic aneurism rupture, and sudden cardiac death have all been shown to be time-of-day–dependent in humans, peaking near the sleep-to-wake transition (ie, early morning).76–77 Many of these diseases, including ischemic stroke and myocardial infarction, have been shown to exhibit both weekly and seasonal variations as well, with increased incidence on Mondays and during the fall.77,78 Classically, these rhythms have been ascribed to fluctuations in extracardiac factors, such as sympathetic activity, shear stress and prothrombotic factors.76

The possibility that a molecular mechanism intrinsic to the cardiomyocyte, such as the circadian clock, may contribute to cardiovascular disease is the subject of contemporary investigation. Within this subsection, we will focus on emerging evidence showing that the cardiomyocyte circadian clock is altered during disease states, and that this molecular mechanism may influence the etiology of several cardiovascular disease states.

A principal role of cell autonomous circadian clocks is to allow anticipation of changes in extracellular/environmental stimuli. The presence of such a mechanism enables the cell/organ/organism to react to a stimulus with appropriate timing and response.3 Therefore, impairment of the clock mechanism may lead to responses outside of the normal physiological range. Interestingly, although essentially all mammalian cell types possess functional circadian clocks, this mechanism appears to be regulated in a cell-type specific manner.79 This raises the possibility that dyssynchronization between distinct cell types (eg, cardiomyocytes, vascular smooth muscle cells, endothelial cells) could occur within a given system/organ (eg, heart) during specific physiological/pathological situations. Whether prolonged circadian dyssynchronization contributes toward the pathogenesis of cardiovascular disease is an interesting hypothesis, which is being investigated by multiple research laboratories.

Alterations in circadian clocks have been demonstrated in various models of cardiovascular disease. In Dahl salt-sensitive rats fed a high salt diet for 6 weeks the development of hypertrophy is associated with decreased amplitude of circadian expression of core clock genes in the heart.80 Similarly, ascending aortic constriction induced pressure overload attenuates rhythmic expression of several circadian clock genes in the rat heart.14,54 However, pressure overload induced hypertrophy in the murine heart does not appear to affect expression of circadian clock genes.81 In an animal model of uncontrolled insulin-dependent diabetes mellitus, circadian clock genes within the heart exhibited a phase shift (3 hours delay) when compared to control hearts.61,82

The master clock, located in the SCN, is entrained by light. This SCN clock is thought to entrain peripheral clocks via modulation of neurohumoral signals.3 As such, alterations in light/dark cycle conditions can have profound effects on both central and peripheral clocks. The rate of resynchronization of cellular clocks following a shift in the light/dark cycle is tissue/organ specific, with a rapid resynchronization of the SCN clock, followed by peripheral clocks. We have demonstrated that reentrainment of clock gene oscillations within the rat heart requires 5 to 8 days following a reversal (ie, 12-hour shift) of the light/dark cycle.19 However, rhythms in heart rate and blood pressure have previously been shown to reset within 1 to 2 days following light/dark cycle reversal.83–85 These data suggest that the heart is out of synchrony with its environment for 3 to 7 days following this light/dark cycle alteration. The impact that this dysynchrony may have on the development of heart disease is beginning to emerge. Martino et al recently reported that circadian misalignment through light/dark cycle manipulation augments pressure overload induced myocardial dysfunction.81 Similarly, a hamster model of ubiquitous altered circadian clock periodicity (22 hours) develops accelerated age-onset cardiorenal disease.86 Consistent with these rodent models of circadian misalignment, shift workers have a significantly greater risk for the development of cardiovascular disease (as well as multiple feature of the cardiometabolic syndrome).87–89 Whether changes in the timing of the cardiomyocyte circadian clock during shift work contributes to disease risk is an attractive, and as yet untested, hypothesis.

As mentioned above, Sole and Martino have recently hypothesized that inappropriate elevations in pressure during the sleep/inactive phase may significantly contribute toward the development of pathological hypertrophy, and ultimately contractile dysfunction (ie, cardiomyopathy).65 Pathological hypertrophy, as opposed to physiological hypertrophy, is associated with a reversion to fetal gene expression (including atrial natriuretic factor and brain natriuretic peptide), increased fibrosis and apoptosis, and concentric growth.90,91 In response to biomechanical stress or neurohumoral signals, pathological hypertrophy can be induced by activation of the heterotrimeric G protein Gq; activation of this receptor may in turn activate Akt, in addition to protein kinase C/IP3-induced calcium release, and activation of calcineurin. Activation of the latter has been shown to play a central role in pathological hypertrophy development.66 Diurnal variations in the responsiveness of the myocardium to pressure overload may potentially be mediated by the cardiomyocyte circadian clock, as discussed above. Consistent with the hypothesis that the cardiomyocyte circadian clock attenuates pressure overload-induced pathological hypertrophic growth during the active phase, the potent calcineurin inhibitor, RCAN1 (regulator of calcineurin 1), is induced in the heart at this time. The RCAN1 rhythm is driven by the cardiomyocyte circadian clock.24 Clearly additional studies are required to investigate this intriguing hypothesis.

We have recently interrogated the effects of ischemia/reperfusion (I/R) on the expression of circadian clock genes
in the heart. Using a rat model of I/R, we observed rapid alterations of the clock within the ischemic (versus nonischemic) region. All of the genes encoding core clock components (ie, bmal1, clock, npas2, per1 [period 1], per2, per3, cry1 [cryptochrome 1], cry2, and rev-erba) exhibited decreased amplitudes in their oscillations (ie, peak-to-trough fold change). This was attributed to either decreased peak expression (npas2, per1, per2, per3, cry1, cry2, and rev-erba) or a rapid and persistent induction (clock and dec1 [stimulated by retinoic acid 13 homolog]). Importantly, known clock controlled gene expression patterns were also altered in the ischemic region. The PAR (proline- and acidic-residue rich) transcription factors dbp (D site of albumin promoter [albumin D-box] binding protein) and tef were significantly repressed in ischemic versus nonischemic regions, whereas e4bp4 (E4 promoter binding protein 4) (an antagonist of PAR transcription factor activity) was rapidly induced. These observations suggest that following I/R the heart is not only out of synchrony with it’s environment, but the ischemic region is out of synchrony with the nonischemic region. We hypothesized that this intra- and interorgan dyssynchrony contribute to I/R-induced cardiac dysfunction.

Given that the cardiomyocyte circadian clock influences myocardial physiology, and that this mechanism becomes rapidly inactivated following an ischemic event, we hypothesized that the cardiomyocyte circadian clock modulates I/R tolerance. Using the murine closed chest infarct model, I/R was induced at distinct times of the day in WT and CCM mice. After 24 hours of reperfusion, WT hearts that underwent 45 minutes of ischemia at the sleep-to-wake transition exhibited a 3.5-fold increase in infarct size compared to those at the wake-to-sleep transition. CCM hearts did not exhibit a rhythm in infarct size, and consistent with previous observations, appear to be temporally suspended at the wake-to-sleep transition. These patterns of infarct size persisted after one month of reperfusion, suggesting the smaller infarcts were not simply attributable to a delay in cell death. Additionally, the largest infarcts exhibited by WT hearts subjected to I/R at the sleep-to-wake transition were associated with a significant increase in fibrosis and left ventricular end diastolic diameter. CCM hearts again did not exhibit a time-of-day dependence in these parameters. The adverse effects of remodeling by the WT hearts which underwent I/R at the sleep-to-wake transition was evident by the greatest depression in ejection fraction and fractional shortening. These data reveal that the myocardium exhibits tolerance to I/R in a time-of-day-dependent fashion, which is mediated by the cardiomyocyte circadian clock.

Previously published studies have revealed the importance of the mitochondrial permeability transition pore (mPTP) in I/R injury. Extensive pre- and postconditioning research has revealed that increasing the reactive oxygen species and Ca2+ threshold for mPTP opening enhances the resistance of the cardiomyocyte to oxidant stress and ultimately cell death. On opening of the mPTP, the mitochondrial membrane potential is lost leading to mitochondrial swelling and rupture. The fraction of mitochondria which undergo mPTP opening following hypoxia is negatively correlated with cardiomyocyte survival. Although the exact components and structure of the mPTP are not fully understood, 3 integral components have been proposed: adenine nucleotide translocase, voltage-dependent anion channel, and cyclophilin (Cyp)D. Of these, genetic ablation studies suggest that only CypD is essential for mPTP opening. CypD deficient mice exhibit significant cardioprotection following I/R. Additionally, mitochondria isolated from hearts of CypD deficient mice are resistant to mitochondrial swelling and mPTP opening in vitro. In contrast, CypD overexpressing mice exhibit mitochondrial swelling and spontaneous cell death. Interestingly, gene expression microarray analysis of WT and CCM hearts identified cypd as a circadian clock regulated gene. RT-PCR analysis confirmed significant time-of-day and genotype effects in the expression level of myocardial cypd. Although cypd mRNA peaks at the sleep-to-wake transition in WT hearts, it is chronically elevated in CCM hearts, inconsistent with cardioprotection (Durgan, Young, unpublished observations, 2009).

Activation of multiple pathways lends cardioprotection following I/R by attenuating mPTP opening. Interestingly, many of these pathways (involving protein kinase [PK]A, PKB, PKC, PKG, AKT, extracellular signal-regulated kinase 1/2) ultimately converge on GSK-3β. When dephosphorylated, GSK-3β is active, and is believed to promote mPTP opening. A less well understood link between GSK-3β and the circadian clock has been proposed in the liver and SCN. In these tissues, as well as cultured NIH3T3 cells, the phosphorylation status of GSK-3β displays a robust circadian oscillation. Indeed, GSK-3β is likely an integral circadian clock component (Figure 1). Rhythmic clock gene expression is delayed by the GSK-3β inhibitor lithium. Conversely, overexpression of GSK-3β advances the phase of clock gene expression. GSK-3β has also been shown to interact with Per2 in vitro and in vivo, and recombiant GSK-3β phosphorylates Per2 in vitro. Because of its integral function within the clock, and its known role in mPTP control, GSK-3β was investigated in WT and CCM hearts as a potential explanation for our I/R tolerance observations. Neither gene expression nor total protein levels of GSK-3β were altered in the heart with respect to the time-of-day, or WT versus CCM. However, phospho–GSK-3β in WT hearts tended to be higher at the wake-to-sleep transition, the time of day at which smallest infarcts were observed. Importantly, CCM hearts possess greater levels of phospho–GSK-3β independent of the time of day, consistent with cardioprotection. These data have lead to the hypothesis that GSK-3β may mediate, at least in part, the effects of the cardiomyocyte circadian clock on myocardial I/R tolerance (Figure 2).

Development of atrial and/or ventricular fibrosis has been implicated in numerous cardiovascular diseases including hypertension, various cardiomyopathies, myocardial infarction, and conduction disorders. Atrial fibrosis leads to the development of atrial fibrillation, the most common clinical arrhythmia. Increasing amounts of fibrosis in the heart have been strongly correlated with an increase in atrial and ventricular tachyarrhythmias and sudden cardiac death, both of which exhibit a strong circadian rhythm in patients. Likewise, increased fibrosis has been linked to decoupling of muscle fibers, conduction slowing, and
conduction blocks. The early stage of fibrosis development involves degradation of the existing extracellular matrix by extracellular matrix metalloproteinases (MMPs). Numerous pathological conditions associated with fibrosis, such as heart failure, myocardial infarction, and hypertension, have also been reported to be associated with increased levels and activities of MMPs. The activity of MMPs is normally counterbalanced by the presence of tissue inhibitors of metalloproteinases (TIMPs). During times of extracellular matrix breakdown MMP levels have been shown to be elevated and TIMP levels repressed. This is followed by a decrease in MMP activity (by TIMP inhibition) and collagen deposition. Following I/R, we observed profoundly lower levels of fibrosis in CCM hearts relative to WT hearts. Gene expression microarray analysis of WT versus CCM hearts revealed an enrichment of genes involved in the turnover of extracellular matrix and deposition of collagen fibers as being regulated by the cardiomyocyte circadian clock. Two MMPs (mmp14 and mmp24) and 2 TIMPs (timp1 and timp3) were identified as being circadian clock regulated. Previous research has demonstrated that activation of the SMAD complex (SMAD2/SMAD3/SMAD4) induces the transcription of several types of collagen, including type I, type III, and type VI. Interestingly, we find that expression levels of both smad3 and smad4 appear to be influenced by the cardiomyocyte circadian clock. Consistent with alterations in SMAD complex components, a large number of collagen genes were identified as clock regulated (col3a1, col4a1, col4a2, col5a1, and col6a3). Collectively, these data suggest a possible role for the cardiomyocyte circadian clock in modulating cardiac fibrosis, which may in turn influence the pathogenesis of cardiovascular disease.

Clock Genes: The Ultimate Thrifty Gene?
The circadian clock mechanism evolved to provide the selective advantage of anticipation. In doing so, the clock ensures that biological events occur at a temporally appropriate time of the day. It has been suggested that one evolutionary pressure for circadian clock selection includes regulation of the cell cycle; by restricting DNA repair and replication to the dark phase, the circadian clock ensures that light phase induced DNA damage (ie, UV irradiation) is not inadvertently transmitted to daughter cells. As with light, metabolic challenges imposed on the cell also have a strong (and predictable) time-of-day dependence, and as such it is not surprising that metabolism has integrated into the circadian clock mechanism (see above discussion and Figure 1). Studies investigating the role(s) of the cardiomyocyte circadian clock suggest that this mechanism may allow the heart to anticipate prolongation of the sleep-phase fast, when the animal in the wild is initially unsuccessful in its forage for food. The concept that it is evolutionarily advantageous to anticipate periods of prolonged fasting has been suggested previously, and may explain, in part, the increased prevalence of cardiometabolic disease in Western society. In 1962, Neel proposed the thrifty gene hypothesis. This hypothesis proposes that humans evolved to store excessive calories (as triglyceride in adipose) during periods of ample nutrient supply (eg, summer), in anticipation of prolonged periods of minimal nutrient availability (eg, winter). The combination of this strong genetic selective pressure, and the present lack of seasonal changes in nutrient supply in the industrialized world, potentially contributes to our ongoing obesity epidemic. Several candidate thrifty genes have been identified through numerous human genomic approaches, and include leptin, MCR4, and POMC.

Figure 2. Hypothetical model for the regulation of myocardial I/R tolerance by the cardiomyocyte circadian clock. GSK-3β, in its dephosphorylated and active form, promotes mPTP opening in response to stresses such as ischemia/reperfusion, and subsequent cell death. Inhibition of GSK-3β, through Akt-mediated phosphorylation, for example, limits mPTP opening. Akt may also promote cardioprotection through GSK-3β independent mechanisms. The cardiomyocyte circadian clock modulates Akt and GSK3β activity, which potentially mediates time-of-day–dependent oscillations in myocardial ischemia/reperfusion tolerance.
prolonged fasting. As reviewed by Bass and colleagues, circadian clocks undoubtedly play a central role in regulating whole body metabolism and adiposity. Circadian clock genes also play a critical role in seasonal alterations in physiology. This includes migration, reproduction, and metabolism. Indeed, the circadian clock is also a seasonal clock, enabling the cell to know the time of year through alterations in the amplitude of clock component gene expression and melatonin oscillations. More recently, Scott et al have shown that polymorphisms in the human clock gene are associated with BMI (a clinical surrogate for adiposity). As such, clock genes are undoubtedly strong thrifty gene candidates. Given the close association between obesity, diabetes, and cardiovascular disease, as well as the direct effects that the circadian clock imposes on myocardial function, clock genes likely influence cardiac physiology and pathophysiology both directly (ie, through the cardiomyocyte circadian clock) and indirectly (eg, through central and peripheral clock effects on behavior and the neurohumoral milieu).

Summary

The cardiomyocyte circadian clock has emerged as a molecular mechanism influencing multiple critical myocardial processes. This mechanism profoundly influences myocardial gene expression, signaling, metabolism, and contractile function in a time-of-day–dependent manner. More specifically, the cardiomyocyte circadian clock appears to regulate heart rate, growth, triglyceride and glycogen metabolism, and contractility, as well as modulate the responsiveness of the myocardium to extracellular factors/stimuli, such as fatty acids and β-adrenergic signaling. This mechanism is altered in multiple animal models of cardiovascular disease and modulates the severity of myocardial damage in response to adverse/pathological stresses (eg, ischemic episodes). It is therefore tempting to speculate that dyssynchrony of the cardiomyocyte circadian clock during shift work, diabetes mellitus, and/or obesity contributes to the pathogenesis of cardiovascular disease.

Acknowledgments

D.J.D. is in the Graduate Program in Physiology and Biophysics, University of Alabama at Birmingham.

Sources of Funding

This work was supported by NIH/National Heat, Lang, and Blood Institute grant HL-074259 (to M.E.Y.); US Department of Agriculture–Agricultural Research Service grant 6250-51000-044 (to M.E.Y.); and National Science Foundation fellowship GK-12 (to D.J.D.).

Disclosures

None.

References

2. McMullen JR, Jennings GL. Differences between pathological and physiological cardiac hypertrophy: novel therapeutic strategies to treat heart failure. 
3. Edey I. Circadian rhythms in a nutshell. 
5. Dunlap J. Molecular basis of circadian clocks. 
8. McNamara P, Seo SB, Rudic RD, Sehgal A, Chakravarti D, FitzGerald GA. Regulation of CLOCK and MOP4 by nuclear hormone receptors in the vasculature: a humoral mechanism to reset a peripheral clock. 
12. Woon PY, Kaisaki PJ, Braganca J, Bihoreau MT, Levy JC, Farrall M, Guaguier D. Aryl hydrocarbon receptor nuclear translocator-like (BMAL1) is associated with susceptibility to hypertension and type 2 diabetes. 
20. Young ME. Anticipating anticipation: pursuing identification of cardiomyocyte circadian clock function. 
25. Barbati A, DiFrancesco D. Control of cardiac rate by “funny” channels in health and disease. 
26. Ten Tusscher KH, Panfilov AV. Influence of diffuse fibrosis on wave propagation in human ventricular tissue. 
Europace. 2007;9(suppl 6):vi38–vi45.


The Cardiomyocyte Circadian Clock: Emerging Roles in Health and Disease

David J. Durgan and Martin E. Young

_Circ Res._ 2010;106:647-658
doi: 10.1161/CIRCRESAHA.109.209957

_Circulation Research_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2010 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7330. Online ISSN: 1524-4571

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circres.ahajournals.org/content/106/4/647

**Permissions:** Requests for permissions to reproduce figures, tables, or portions of articles originally published in _Circulation Research_ can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

**Reprints:** Information about reprints can be found online at:
http://www.lww.com/reprints

**Subscriptions:** Information about subscribing to _Circulation Research_ is online at:
http://circres.ahajournals.org//subscriptions/