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1 **Learning by heart: Cardiac cycle reveals an effective time window for learning**

2

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11

Cardiac cycle and learning

12 *ABSTRACT*

13 Cardiac cycle phase is known to modulate processing of simple sensory information. This
14 effect of the heartbeat on brain function is likely exerted via baroreceptors, the neurons
15 sensitive for changes in blood pressure. From baroreceptors the signal is conveyed all the
16 way to the forebrain and the medial prefrontal cortex. In the two experiments reported here,
17 we examined whether learning, as a more complex form of cognition, can be modulated by
18 the cardiac cycle phase. Human participants (Experiment 1) and rabbits (Experiment 2) were
19 trained in trace eyeblink conditioning, while neural activity was recorded. The conditioned
20 stimulus was presented in contingency with either the systolic or diastolic phase of the cycle.
21 The tone used as the conditioned stimulus evoked amplified responses in both humans
22 (electroencephalogram from 'vertex' (Cz)) and rabbits (hippocampal CA1 local-field
23 potential) when its onset was timed at systole. In humans, the cardiac cycle phase did not
24 affect learning, but rabbits trained at diastole learned significantly better than those trained at
25 a random phase of the cardiac cycle. In summary, our results suggest that neural processing
26 of external stimuli and also learning can be affected by targeting stimuli based on the cardiac
27 cycle phase. These findings might be useful in applications aimed at maximizing or
28 minimizing the effects of external stimulation.

29 *NEW & NOTEWORTHY*

30 It has been shown, that rapid changes in bodily states modulate neural processing of external
31 stimulus in brain. Here, we show that modulation of neural processing of external stimulus
32 and learning about it depends on the phase of the cardiac cycle. This is a novel finding that
33 can be applied to optimize associative learning.

34 **Keywords:** baroreceptor, classical conditioning, hippocampus, theta oscillation

Cardiac cycle and learning

35 INTRODUCTION

36 In 1884, William James reminded “brain physiologists”, as he called them, that bodily states
37 affect how we experience the world. James’ philosophy has the fundamental idea of the
38 consciousness being an inseparable stream of bodily and mental states. Since the 1880’s
39 science has verified in many ways that bodily states do alter the way we perceive or
40 experience the outer world through the inner world. Wilson (2002) suggests that episodic
41 memory consists of embodied experiences of the world. In his view, new forming episodic
42 memories are merged from contextual experiences of the environment as sensory information
43 and information of the body in different states experiencing the world and itself within it. As
44 the time passes on and these memories “become crystalized” they are not anymore modified
45 by the bodily sensations. Therefore, if episodic memories are embodied, how is bodily
46 information merged with sensory information?

47 Information about the state of internal organs travels to the brain through neural and humoral
48 pathways (Critchley and Harrison 2013). Baroreceptors, stretch and pressure -sensitive
49 sensory neurons found in blood vessels, activate during each heart beat as the vessel walls
50 distort. Their function is crucial in maintaining suitable blood pressure and they convey
51 information about the timing and strength of heartbeat to the nucleus of the solitary tract
52 (NTS, Critchley and Harrison 2013; Jänig 2006). The NTS is connected to the hypothalamus,
53 the parabrachial nucleus and the periaqueductal gray, which in turn are connected to forebrain
54 regions such as the amygdala, insular cortex, cingulate cortex and orbitomedial prefrontal
55 regions (Critchley and Harrison 2013). These anatomical and functional connections hint at
56 the idea that the heartbeat via baroreceptor activity could affect cognition and behavior
57 (Lacey and Lacey 1974, 1978).

Cardiac cycle and learning

58 Indeed, the reported detection of a visual stimulus can be enhanced by presenting the stimuli
59 time-locked to a certain cardiac cycle phase (for T-wave, see Park et al. 2014; for P-wave, see
60 Sandman et al. 1977). Likewise, visual evoked potentials are modulated as a function of
61 cardiac cycle phase (Walker and Sandman 1982). Thus, baroreceptor activity affects
62 cognition at least on the sensory level. There are indications that baroreceptor activity might
63 affect even more complex cognitive processes such as short-term memory performance
64 (Martins et al. 2014) and emotional appraisals of facial expressions (Gray et al. 2012). To our
65 knowledge, it has not been tested whether baroreceptor activity could influence hippocampus
66 dependent associative learning.

67 The hippocampus is the critical hub of complex learning and episodic memory in the
68 mammalian brain (Squire 1992). Different frequencies of hippocampal electrophysiological
69 oscillatory activity reliably index different behavioral states. Theta (~4–8 Hz being peak
70 frequency, depending on the species) is the most prominent oscillation in the hippocampus
71 (e.g., Buzsáki 1989). Theta is elicited by external stimuli and paced by cholinergic input from
72 the medial septum and glutamatergic input from the entorhinal cortex (Buzsáki 2002). The
73 critical role of the hippocampal theta in declarative learning is supported by a multitude of
74 experimental findings (Berry and Thompson 1978; Berry and Seager 2001; Griffin et al.
75 2004; Nokia and Wikgren 2010, 2014; for conflicting findings, see Múnera et al., 2001).
76 Overall, temporally robust hippocampal theta-band responses to the conditioned stimulus
77 predict good learning (Nokia et al. 2015).

78 In addition to contributing to cognitive processes via its mutual connections with the
79 neocortex (Buzsáki 1989), the hippocampus has connections with the hypothalamus
80 including supramammillary nucleus and posterior nucleus (Abrahamson and Moore 2001;
81 Cavdar et al. 2001; Pan and McNaughton 2004). The hypothalamus regulates the function of

Cardiac cycle and learning

82 the autonomic nervous system; therefore, for example, it affects blood pressure and heart beat
83 (Guyenet 2006), both directly and indirectly (Fanselow and Dong 2010). A few studies
84 actually propose that hippocampal theta oscillations are temporally aligned with the cardiac
85 cycle (Komisaruk 1970; Pedemonte et al. 2003) and cycles of rhythmic behavior like
86 mammalian sniffing (Macrides et al. 1982) and rats' whisking with their snout hairs (Grion et
87 al. 2016).

88 Here, to elucidate the potential connection between different phases of the cardiac cycle,
89 brain activity and associative learning, we subjected humans (Experiment 1) and rabbits
90 (Experiment 2) to trace eyeblink conditioning (see Figure 1), a hippocampus-dependent task
91 considered to model declarative learning both in animals and in humans (Solomon et al.
92 1986; Holland and Bouton 1999). The onset of the conditioned stimulus (CS) was timed to
93 either the systolic or the diastolic phase of the cardiac cycle (see Figure 2). In rabbits, we also
94 included a group that was trained irrespective of cardiac cycle phase. Brain activity during
95 training was recorded from the scalp in humans (electroencephalogram, EEG) and directly
96 from the hippocampus in rabbits. In rabbits, we expected to see strong phase synchrony
97 between the ongoing hippocampal theta rhythm and the cardiac cycle. Further, we expected
98 both neural responses to the conditioning stimuli and learning at the behavioral level to be
99 different between the experimental groups in both humans and in rabbits. However, we had
100 no presumption concerning which phase, diastole or systole, would be optimal for learning.

101

102 **EXPERIMENT 1: HUMAN EYEBLINK CONDITIONING AND EVENT RELATED** 103 **POTENTIALS**

104 *MATERIALS AND METHODS*

Cardiac cycle and learning

105 *Participants*

106 Participants, recruited mainly via e-mail lists, gave an informed written consent to this study
107 and were free to discontinue participation at any point. The study was approved by the
108 University of Jyväskylä Ethical Committee. Thirty (23 female and 7 male, aged 18–32 years)
109 right-handed adults took part in the study. All participants were healthy with no history of
110 psychiatric or neurological illnesses or medication affecting brain function. One participant
111 had to be excluded from all analyses because of a software malfunction. Due to technical
112 difficulties electrophysiological data from five participants were not analyzed.

113 *Experimental procedure*

114 Before the experiment, participants filled out a modified BIS/BAS personality inventory and
115 answered background questions about age, gender, height, weight, and schooling. In addition,
116 their blood pressure was measured before (and after) the experiment.

117 Participants were informed that the aim of the study was to record physiological and neural
118 responses to different types of stimuli. After recording 5 minutes of resting data, the trace
119 eyeblink conditioning procedure was started. The experiment was controlled by custom-
120 written software running on an Arduino-based device that received input signal from the
121 electrocardiogram (ECG) -recording device whenever the signal exceeded the threshold set
122 roughly at 2/3 of the peak amplitude of the R-peak. The participants were randomized into
123 systole ($n = 15$) and diastole ($n = 14$) groups. In systole group, the trial onset was delayed by
124 a 100 ms from the rising slope of the R-peak, whereas in diastole group the trial onset was
125 delayed by 500 ms. The conditioned stimulus was a 200-ms, 440-Hz tone delivered via a
126 loudspeaker situated to the lower right-hand corner of the room. A 600-ms trace interval
127 separated the tone offset and the unconditioned stimulus (US) onset. The US was an airpuff

Cardiac cycle and learning

128 (0.4 bar source pressure, 100 ms) targeted to the corner of the left eye and it was delivered via
129 a plastic tube attached to modified safety goggles.

130 Before the actual conditioning phase, 4 air puffs alone were delivered at 5-second intervals to
131 accustom the participant to it. The conditioning procedure consisted of 80 trials. The first
132 (unpaired) and last (extinction) ten trials were CS-alone trials. The inter trial interval (ITI)
133 varied randomly between 9 to 19 seconds.

134 *Recordings and data analysis*

135 During the experiment, heart rate, eyeblinks and brain activity were recorded. The
136 participants were in a seated position during the experiment. Heart rate was recorded using
137 three ECG electrodes: one placed near the sternum and one over the right ribs, and the
138 grounding electrode over the left flank. Eyeblinks were recorded using two electromyography
139 (EMG) electrodes, which were placed underneath the participant's left eye. EEG data was
140 recorded using a 64-channel EEG-cap (64 BrainCap with Multitrodes, EASYCAP GmbH,
141 Woerthsee-Etterschlag, Germany). Resting state data was recorded for 5 minutes before and
142 after the actual experiment.

143 Eyeblinks

144 The EMG signal was high-pass filtered (> 60 Hz), rectified, and then low-pass filtered (< 20
145 Hz) off-line using Brain Vision Analyzer software. One of the authors (JW) blind to the
146 experimental group visually assessed all trials for conditioned responses. An eye-blink was
147 considered a CR if it occurred within a period of 500ms before the US onset. The exclusion
148 criterion was subjectively rated as excessive EMG activity during the 500ms time period
149 before the CS onset. The trials were grouped into 8 blocks of 10 for the sake of analysis and
150 the percentage of CRs per block was calculated. The learning curves of the systole and
151 diastole groups were compared using repeated measures ANOVA.

Cardiac cycle and learning

152 Brain responses

153 Valid EEG data was gathered from 24 participants (Systole: n = 12; Diastole: n = 12).
154 BrainVision Analyzer 2.1 (Brain Products GmbH, Gilching, Germany) was used to remove
155 bad channels and low-pass filter (< 30 Hz) the raw data. Independent component analysis
156 (ICA) was run on the data and components related to eye blink, eye movement and heart beat
157 artifacts were removed. The heartbeat itself is an event which induces a stereotypical activity
158 pattern in the electroencephalogram, called heartbeat evoked potential (HEP). It is found in
159 recordings over the somatosensory cortex (Kern et al. 2013) as well as fronto-cortical
160 (Schandry and Montoya 1996) and fronto-temporal (Montoya et al. 1993) areas. Therefore,
161 including an ECG channel in the ICA was used to remove a potential confounder from the
162 EEG data.

163 Event-related potentials (ERPs) recorded from the Cz channel were used for further analysis.
164 ERPs were calculated from a 500-ms time window at -100 to 400 ms in relation to the CS
165 onset. These epochs were first baseline-corrected by subtracting the average amplitude during
166 the 100-ms time window prior to CS onset. Then the baseline-corrected epochs were
167 averaged. For each participant, an average peak for N1 (minimum amplitude within 90 to 130
168 ms post-CS onset) and P2 (maximum amplitude within 150 to 230 ms post-CS onset) were
169 calculated from the paired trials (n = 60).

170 *RESULTS*

171 *CS evoked a larger N1 response when presented to the systole*

172 An independent samples t-test on ERPs showed that the N1 responses were larger in the
173 systole group compared to the diastole group ($t(22) = 3.14$, $p < 0.01$, Cohen's $d = 1.28$; see

Cardiac cycle and learning

174 Figure 3). The P2 responses were also larger in amplitude in the systole group, but the
175 difference did not reach statistical significance ($t(22) = 1.23$, $p = 0.23$, Cohen's $d = 0.52$).

176 Due to potential confounding effect of heart-beats on ERPs, the ICA was used to remove
177 heart-related artefacts. Figure 4 depicts the effects of ICA on the EEG recorded at the Cz
178 electrode. As seen, there is a small ($\sim 1 \mu\text{V}$) deflection at about 350-400 ms after the R-peak in
179 the signal before the ICA. However, the corrected EEG signal is virtually flat. Thus, it can be
180 concluded that neither the heart beat related evoked potentials nor artifacts related to cardiac
181 cycle contribute to CS-evoked ERP amplitudes.

182 *Cardiac cycle phase did not modulate learning in humans*

183 Repeated measures ANOVA on the effects of Block (1–7, extinction block excluded) and
184 Group (systole vs. diastole) on CR percentage revealed a significant main effect of Block (F
185 $[6, 162] = 39.89$, $p < 0.001$, $\text{partialEta}^2 = 0.57$), indicating that the amount of conditioned
186 responses increased as a function of training. Neither the main effect of group ($F [1, 27] =$
187 0.03 , $p = 0.864$, $\text{partialEta}^2 = 0.001$) nor the interaction between Group and Block ($F [6, 162]$
188 $= 0.585$, $p = 0.742$, $\text{partialEta}^2 = 0.021$) reached significance, indicating that timing the CS
189 onset based on different phases of the cardiac cycle did not have an effect on learning trace
190 eyeblink conditioning (see Figure 5).

191 *INTERIM DISCUSSION*

192 As even relatively complex cognitive processes have been shown to be modulated by
193 baroreceptor activity, we assumed that learning hippocampus-dependent trace eyeblink
194 conditioning would differ between the humans trained at systole vs. diastole. Contrary to this
195 expectation, both groups learned the task equally well. However, the systole group showed
196 larger evoked responses (N1) to the conditioned stimulus. This suggests that cardiac cycle

Cardiac cycle and learning

197 phase affects sensory processing of external stimuli but these effects do not directly carry

198 over to learning at the behavioral level.

199

Cardiac cycle and learning

200 **EXPERIMENT 2: RABBIT EYEBLINK CONDITIONING AND HIPPOCAMPAL** 201 **FIELD RESPONSES**

202 *MATERIALS AND METHODS*

203 *Subjects*

204 The subjects were 25 adult female New Zealand White rabbits (Lidköpings Kaninfarm,
205 Sweden) weighing ~2.8 kg at the time of surgery. The rabbits were housed in individual
206 cages in the laboratory center of the University of Jyväskylä. Food and water were freely
207 available, and room temperature and humidity were controlled. The rabbits were maintained
208 on a 12/12-hour light/dark cycle, with lights on at 8:00 a.m. All experiments were carried out
209 during the light period. All experimental procedures, caretaking and handling were executed
210 in accordance with Directive 2010/63/EU of the European Parliament and the Council of
211 September 22, 2010 on the protection of animals used for scientific purposes. Animal
212 handling was done only by trained personnel and rabbits were introduced to human contact
213 and handling for a sufficient amount of time before the surgery.

214 *Surgery*

215 Before the surgery, rabbits were treated with subcutaneous injections (s.c.) of an anti-
216 inflammatory drug (50 mg/ml carprofen [Rimadyl vet, Pfizer Inc. Animal Health], dose: 0.1
217 ml/kg) and with 2 ml of an analgesic drug (0.3 mg/ml buprenorphine [Temgesic, Schering-
218 Plough Europe] diluted with 0.9 ml of 0.9% NaCl) to moderate acute pain after surgery. The
219 rabbits were anesthetized with an intramuscular injection (i.m.) of ketamine-xylazine cocktail
220 (7.8 mL of 50 mg/ml Ketaminol vet [Intervet International B.V.] mixed with 2.8 ml of 20
221 mg/ml Narcoxyl vet [Intervet International B.V.]). A dose of 0.8 ml/kg of the cocktail was
222 injected i.m. before surgery. During surgery, additional doses of either the cocktail or

Cardiac cycle and learning

223 ketamine alone were injected s.c. approximately every 20–30 min. or as needed. Before the
224 surgery, the rabbit's fur was shaved from the top of its head. Then, the rabbit was positioned
225 in a stereotaxic instrument (Kopf Instruments) with the bregma 1.5 mm higher than the
226 lambda. Eye gel was inserted into the rabbit's eyes. At this point, 2.0 ml of lidocaine (10
227 mg/ml Lidocain [Orion Pharma]) was injected s.c. in the area of surgery before making the
228 opening incision.

229 A longitudinal incision was made on the scalp and local anesthetic (2 g of lidocaine-
230 hydrochloride Xylocain [AstraZeneca]) was administered to the wound. The skull was drilled
231 with holes for electrodes and four holes for the anchoring screws (5 mm anterior and 5 mm
232 lateral to the bregma; 13 mm posterior and 5 mm lateral to the bregma). Two of the screws
233 were connected together, and they were used as a reference. The other two served as the
234 ground for the electrophysiological recordings. For eight rabbits, eight monopolar recording
235 electrodes (Formvar-insulated nichrome wire; 0.05 mm bare [A-M Systems]) were
236 chronically implanted in the left dorsal hippocampus, with four electrodes aiming at the CA1
237 (4 mm posterior, 3.5–6.5 mm laterally and from the bregma; electrode tip depth from the
238 bregma 6–8 mm) and four above the hippocampal fissure (5 mm posterior, 4–7 mm laterally
239 from the bregma; electrode tip depth 6.2–8.5 mm below the bregma). For nine rabbits, eight
240 monopolar electrodes were implanted in both hippocampi (see coordinates above). For four
241 animals, a 32-channel (E32B-20-S04-L10.0-200, ATLAS Neuroengineering) adjustable four-
242 shank probe was chronically implanted in the left dorsal hippocampus (5 mm posterior, 4 mm
243 laterally from the bregma) with a microdrive (nDrive xL, NeuroNexus). Wires, skull screws,
244 a preamplifier interface, one mounting screw for an air puff mount and the incision area were
245 cemented with dental acrylic. To prevent nausea after surgery, metoclopramide (0.1 ml/kg,
246 concentration 5mg/ml; Primperan [Sanofi Winthrop Industrie]) was administered s.c. and the
247 rabbit was returned to its home cage wrapped in a towel. Recovery was monitored and the

Cardiac cycle and learning

248 rabbits were medicated with analgesic (buprenorphine [Temgesic, Schering-Plough Europe]
249 diluted with 0.9 ml of 0.9% NaCl) four hours after surgery and then every eight hours for the
250 next 44 hours.

251 *Experimental procedure*

252 The experimental procedure is illustrated in Figure 1. After one week of recovery from
253 surgery, animals were accustomed to a Plexiglas restraining box without restraining and their
254 overall behavior was monitored. Local field potentials (LFPs) and EMG from the right eye
255 were recorded 5 minutes prior, during and 1 minute after each session. ITI always varied
256 randomly between 30 and 60 s. LabVIEW (National Instruments) was used to monitor the
257 cardiac cycle and blinking on-line, to execute the experimental procedures and to present
258 stimuli. After the ITI was expired, trial presentation was always delayed for one second every
259 time the rabbit was spontaneously blinking. The percentage of learned responses performed
260 by each animal was analyzed after every session using MATLAB (The MathWorks Inc.).
261 During the first training session (CS-Alone), 60 tone-alone (200-ms, 5-kHz, 75-dB tone)
262 trials were presented regardless of cardiac cycle phase. In addition to hippocampal LFPs,
263 EMG from the right eye was also recorded to determine the frequency of spontaneous
264 eyeblinks elicited by the tone later used as a CS.

265 Trace eyeblink conditioning was carried out with the tone specified above as the CS and a
266 100-ms air puff (0.35 bar source pressure) to the right eye as an unconditioned stimulus (US).
267 A trace period of 500 ms was used. A total of 60 training trials were presented during each
268 session, regardless of neural state and in the absence of spontaneous blinking. The trials were
269 timed so that the CS started either at the systolic or the diastolic phase of the cardiac cycle, or
270 irrespective of cardiac cycle phase. A total of 14 sessions were conducted.

Cardiac cycle and learning

271 *Recordings and data analysis*

272 Cardiac cycle

273 The cardiac cycle was monitored with a pulse oximeter (Shimmer Optical Pulse Sensor,

274 Realtime Technologies Ltd) attached to the rabbit's shaved right earlobe.

275 Photoplethysmography (PPG) is a robust measure for monitoring the cardiac cycle (see

276 Wisely and Cook 2001). The temporal relation between ECG and PPG in rabbits was

277 confirmed during surgery with an anesthetized rabbit by recording the ECG with two needles

278 positioned on both sides of the animal, leaving the heart in between.

279 Eyeblinks

280 Bipolar EMG from the trained eye was recorded using stainless steel wire-hooks placed

281 around the right upper and lower eyelids for the duration of the training sessions. The raw

282 EMG signal was conveyed to a filter-amplifier (A-M Systems Model 2100), amplified 1000x

283 and band-pass filtered from 100 to 500 Hz. The EMG signal was high-pass filtered off-line

284 (>100 Hz) and Hilbert-transformed. An envelope curve following the peaks of the signal was

285 calculated. Baseline EMG activity was defined for each animal and session as the mean of the

286 peak EMG amplitude during a 250-ms pre-CS period (MEAN_{pre}). The mean of the standard

287 deviation of the EMG activity during the 500-ms pre-CS period (SD_{pre}) was also determined.

288 Eyeblinks were defined as EMG activity exceeding a threshold of [MEAN_{pre} + 4 × SD_{pre}]

289 for at least 10 ms. Trials with eyeblinks during the 100-ms period immediately preceding CS

290 onset were rejected. Eyeblinks 100ms prior to US onset were counted as conditioned

291 responses.

292 Hippocampal local-field potentials

Cardiac cycle and learning

293 For neural recordings of monopolar electrodes, a tenfold amplification was performed with a
294 preamplifier (MPA8I, MultiChannel Systems [MCS]) attached to the electrode connector in
295 the rabbit's head. Then the signal was band-pass filtered (1–5000 Hz) with a 64-channel filter
296 amplifier (MCS). Lastly, the signal was further low-pass filtered (500 Hz) and digitized at a
297 rate of 2 kHz with a MCS USB-ME64 System (MC_Rack software). SPSS (IBM) and
298 MATLAB (MathWorks) were used for offline data analysis. Rabbits implanted with the 32-
299 channel probes (Atlas Neuroengineering) were recorded with a wireless data acquisition
300 system (W2100-HS32-headstage, MultiChannel Systems [MCS]) with a 20 kHz sampling
301 rate.

302 To assess the temporal accuracy of the theta-band responses to the conditioning stimuli, a
303 phase-locking value (PLV) was calculated (Palva et al. 2005b). The PLV is based on
304 amplitude-normalized phase information and is thus resistant to changes or differences in
305 signal amplitude. This allows comparable measurements to be obtained from data recorded
306 over time in multiple subjects. The hippocampal LFP data were first band-pass filtered
307 between 4 and 8 Hz. Then, a Hilbert transform was run on the signal to obtain the phase
308 information, and the amplitude of the transformed signal was normalized to 1 by dividing
309 each data point by its absolute value. Finally, the PLV was obtained by averaging over 60
310 trials (one session) and taking the absolute value of the mean. The PLV varies between 0 and
311 1, 0 indicating no phase locking and 1 indicating perfect phase locking. For statistical
312 analyses, the mean of the PLV during the CS and subsequent trace-period (700 ms) was
313 derived and averaged over one session for each subject.

314 The phase synchrony (PS, Palva et al. 2005b) of the hippocampal theta (band-pass filtered
315 between 4–8 Hz) and PPG (band-pass filtered between 3–6 Hz) was analyzed next. The LFP
316 and PPG sweeps were selected randomly from occasions where theta ratio was high (>80%)

Cardiac cycle and learning

317 and the PPG signal quality was good. Both signals were Hilbert-transformed and their
318 amplitudes normalized to 1, as explained above. Then, the phase difference of the two signals
319 was calculated by multiplying the first signal with the complex conjugate of the second signal
320 (each data point of each sweep). Finally, the PS was derived by averaging the phase
321 difference matrix over sweeps, taking the absolute value.

322 Neural responses evoked by the CS in hippocampal CA1 were averaged within each session
323 per animal. Negative peak amplitudes of these event-related potentials (ERPs) were analyzed
324 from 25 to 60 ms after CS onset (see Figure 6B) and normalized to CS-Alone session
325 amplitudes [$(\{\text{session ERP amplitude} - \text{CS-Alone ERP amplitude}\} / \text{CS-Alone ERP}$
326 $\text{amplitude}) * 100$]. The placement of the electrodes in CA1 was confirmed with histology and
327 in addition by inspecting sharp-wave ripples.

328 *Statistical analyses*

329 Repeated-measures analysis of variance (ANOVA), with training sessions (or blocks of two
330 sessions) as a within-subjects factor and group as a between-subjects factor, was used to
331 analyze changes across training and differences between experimental groups. For post hoc
332 comparisons, Bonferroni-corrected p-values are reported. One-way ANOVA or an
333 independent samples t-test was used for comparisons between groups one dependent variable
334 at a time. One-way ANOVA was used to test the difference between the groups using the
335 session from the last four training sessions for each individual animal where they achieved
336 their best performance in conditioned responses.

337 *Histology*

338 Rabbits were anesthetized with an i.m. injection of ketamine-xylazine cocktail and then
339 overdosed with an i.v. pentobarbital (Mebunat vet, Orion-Yhtymä Oyj) injection. Then, the
340 brain was perfused with physiological saline followed by 9% formalin solution through the

Cardiac cycle and learning

341 ascending aorta. The locations of the electrode tips were marked by passing a DC current
342 (200 mA, 10 s) through them. The brain was then removed and stored in formalin for several
343 days. The brain was coronally sectioned with a vibratome into 60- μ m-thick slices. The slices
344 were attached to gelatinized slides, dried, and stained with Prussian blue and cresyl violet.
345 The electrode locations were determined with the help of a microscope.

346 *RESULTS*

347 *Hippocampal theta phase was not in synchrony with cardiac cycle phase*

348 Phase synchrony between hippocampal fissure LFP and the PPG signal reflecting the cardiac
349 cycle was analyzed from periods of spontaneously occurring theta oscillations (theta ratio >
350 80% during ITI). The average phase synchrony from all sessions and all rabbits was 0.17 (SD
351 = 0.07), on a scale of 0 to 1, with 1 indicating perfect phase synchrony. That is, no phase
352 synchrony between theta and the cardiac cycle was detected. The mean heart rate of the
353 rabbits during the sessions was ~180 beats per minute (bpm), which is within normal
354 variation (130 bpm to 325 bpm; see Pritchett-Corning et al. 2011).

355 *CS evoked larger hippocampal responses when presented to the systole*

356 Histological examinations confirmed that recording electrodes were in or near the
357 hippocampal CA1, as intended, in 19 animals (see Figure 6A). Note that four of the rabbits
358 had been implanted with multisite silicon probes that were adjusted constantly during the
359 experiment. Therefore they are not included in this analysis.

360 Event-related potentials to the CS recorded from the CA1 had a mean latency of 41 ms (SD =
361 4.80 ms) from CS onset. The amplitude of this response was moderated by the phase of the
362 cardiac cycle so that the amplitudes were higher in the Systole group (n = 6) compared to the
363 Diastole group (n = 7) (repeated measures ANOVA, interaction of group and session: F [12,

Cardiac cycle and learning

364 96] = 0.28, $p = 0.99$; main effect of session: $F [6, 96] = 0.47, p = 0.83$; main effect of group
365 $F[2, 16] = 4.44, p < 0.05$; Systole vs. Diastole, Bonferroni-corrected post-hoc comparison: p
366 = 0.027).see Figure 6C).

367 Phase-locked hippocampal theta-band responses to the CS were not different between the
368 Diastole, the Systole, and the Random group during trace conditioning (repeated measures
369 ANOVA, interaction of group and session: $F [12, 108] = 1.23, p = 0.27$; main effect of
370 session: $F[6, 108] = 1.29, p = 0.267$; main effect of group $F [2, 18] = 0.24, p = 0.79$).

371 *Rabbits trained at diastole learned better than those trained irrespective of cardiac cycle*
372 *phase*

373 Twenty-one out of the 25 animals learned trace eyeblink conditioning. Learning differed
374 between the Diastole ($n = 10$), Systole ($n = 8$) and the Random ($n = 7$) groups (repeated
375 measures ANOVA, interaction of group and session: $F [12, 132] = 0.79, p = 0.66$; main effect
376 of session: $F [6, 132] = 11.08, p < 0.0001$; main effect of group $F [2, 22] = 3.94, p < 0.05$; see
377 Figure 7A). Specifically, learning was better, when the CS onset was timed to the diastole
378 phase of the cardiac cycle compared to when it was presented in a random phase (Diastole vs.
379 Random, Bonferroni-corrected post-hoc comparison: $p = 0.036$).

380 There was also a significant difference between the groups in the best performance (CR %)
381 they reached during the last four sessions of conditioning (one-way ANOVA: $F [2, 22] =$
382 $4.38, p = 0.025$). Post hoc comparisons indicated that the best performance in the Diastole
383 group ($M = 82.36, SD = 11.93$) was significantly higher than that in the Random group ($M =$
384 $52.33, SD = 32.54$) (Bonferroni-corrected $p = 0.022$). However, the Systole group ($M =$
385 $68.64, SD = 15.67$) did not significantly differ from the other two groups (Bonferroni-
386 corrected post-hoc comparisons: Systole vs. Diastole: $p = 0.524$; Systole vs. Random: $p =$
387 0.422 ; see Figure 7B).

Cardiac cycle and learning

388 *INTERIM DISCUSSION*

389 As anticipated, the cardiac cycle phase affected both neural responses as well as behavior
390 during trace eyeblink conditioning in rabbits. Namely, hippocampal responses evoked by the
391 conditioned stimulus were larger in amplitude in the Systole group compared to the Diastole
392 group. Further, rabbits learned trace eyeblink conditioning better when the CS onset was
393 timed to the diastole phase of the cardiac cycle. In fact, almost all (90%) of the animals in the
394 Diastole group reached a limit of 80% CRs per session, whereas only half in the Systole
395 group and less than third in the Random group reached this limit during the 14 sessions of
396 trace eyeblink conditioning. The animals in the Diastole group also learned exceptionally
397 well when compared to previous results from our lab using the same paradigm for trace
398 eyeblink conditioning (Nokia and Wikgren 2014; Nokia et al. 2015; Waselius et al. 2017).

399

Cardiac cycle and learning

400 **DISCUSSION**

401 Neural responses, as well as simple sensory phenomena have been shown to vary depending
402 on the timing of the stimuli in relation to the phase of the cardiac cycle. Here, both human
403 participants and rabbits were subjected to trace eyeblink conditioning where the onset of the
404 conditioning trial was timed either to the systolic or diastolic phase of the cardiac cycle. This
405 task revealed that neural responses (scalp EEG in humans and LFPs from hippocampal CA1
406 in rabbits) to the tone-CS differed between the Systole and Diastole groups. Namely, the
407 responses to the tone-CS were enhanced when targeted to the systolic phase. On the contrary,
408 an enhancement of the learning rate was evident in the Diastolic group in rabbits. No effect of
409 cardiac cycle phase on learning rate was found in humans.

410 Earlier studies show, that behavioral (Sandman et al. 1977; Gray et al. 2012; Martins et al.
411 2014; Park et al. 2014) and neural (Walker and Sandman 1982) responses in humans can be
412 modulated by presenting stimuli time-locked to the cardiac cycle phase. In Experiment 1
413 neural responses to the tone used as a conditioned stimulus measured with EEG differed
414 between participants trained at diastolic vs. systolic phase of the cardiac cycle. However, both
415 of the groups learned the task at the same pace. It is to be noted that single-cue trace eyeblink
416 conditioning is a relatively easy task for humans and learning occurs rapidly. Factors known
417 to affect the learning rate include, for example, awareness (Manns et al. 2000), and
418 cholinergic blockade by scopolamine (Solomon et al. 1993). While cardiac cycle might have
419 some effect on the way a stimulus is processed (as indicated by previously reported ERP and
420 sensory threshold studies), the effect might be too subtle to manifest in associative learning
421 which is a process governed by a multitude of top-down and bottom-up factors. It might be
422 that making the task a bit more demanding (e.g., increasing the trace period or lowering the
423 amplitude of the conditioned stimulus near to the detection threshold) might yield differences

Cardiac cycle and learning

424 also at a behavioral level. Running Experiment 1 again using the same parameters but with
425 elderly adults could also reveal differences in learning between groups, as it is known that
426 aging has a deteriorating effect on the ability to learn trace eyeblink conditioning (for
427 example, see Woodruff-Pak et al. 2001). In the future, it would be important to use a more
428 demanding task that should make the initial learning rate slower but eventually result in
429 progressing to a better overall performance of conditioned responses.

430 In Experiment 2, we utilized the same set-up as in Experiment 1, but conducted the study in
431 rabbits with chronically implanted recording electrodes in the hippocampus. First we tested
432 whether there is a temporal correlation between the cardiac cycle and hippocampal theta
433 oscillation (see, Komisaruk 1970; Pedemonte et al. 2003). Much to our surprise, there was no
434 phase synchrony between theta and the cardiac cycle. Next, we examined hippocampal
435 responses to the conditioned stimulus. Our previous studies indicate that hippocampal
436 responses at the theta-band (4–8 Hz) are generally better time-locked to the CS-onset in
437 subjects that learn well (Nokia et al. 2015). Like in human participants in Experiment 1,
438 neural responses evoked by the tone-CS were also modulated by the cardiac phase in rabbits.
439 That is, the hippocampal CA1-evoked potentials were larger in the Systole group compared
440 to the Diastole group. However, the phase-locking of CA1 theta-band responses evoked by
441 the CS did not differ between groups. This is perhaps a consequence of the lack of synchrony
442 between theta and the cardiac cycle. Last but not least, rabbits trained at diastole learned trace
443 eyeblink conditioning better than those trained at systole.

444 We admit, that the timing of the US in the Experiment 2 was incoherent compared to the
445 timing of the CS, since the heart rate varied greatly in rabbits. This could have affected
446 learning in trace eyeblink conditioning. At the same time, we emphasize that varying the
447 trace interval between the CS and US could have affected the learning even more and the

Cardiac cycle and learning

448 results of the experiment would have been hard to interpret. If we could have managed to
449 come around with a solution, where trace interval would have been stable and timing of CS
450 and US would have been in the same phase of the cardiac cycle, the results could have been
451 different i.e. learning rates in Systole group would have been lower. Also, we recorded neural
452 responses to CS only in the CA1 region which is in the end of the trisynaptic circuit of the
453 hippocampus. Neural responses in the CA3 and the dentate gyrus could have been modulated
454 differently i.e. responses to the CS during the diastolic phase could have been larger than
455 those elicited in the systolic phase.

456 Taken together our results suggest that the effects that the cardiac cycle phase has on neural
457 responses to a conditioned stimulus, or learning at the behavioral level, cannot be explained
458 by the connection between hippocampal theta and learning (Nokia et al. 2015; Waselius et al.
459 2017; see also Hasselmo et al. 2002). Based on our current results it would seem, that the
460 neural state affecting learning fluctuates also according to baroreceptor signaling based on the
461 pressure in arteries. This signal is conveyed to the brain via the NTS but which brain regions
462 and what mechanisms are affected by the fluctuating signal remains unclear and should be
463 studied further. It is known that input from sensory terminals arrives to the hippocampus
464 through two primary, connected pathways: the non-lemniscal (via the medial septal nucleus)
465 and the lemniscal (through the primary auditory cortex and the entorhinal cortex) (see
466 Bickford et al. 2002). The function of the non-lemniscal pathway is reflected in hippocampal
467 theta activity when cholinergic input from the medial septum to the hippocampus is strong
468 (Buzsáki 2002). At the same time, the pulsatile activity of baroreceptors is constantly
469 projected to the hippocampus through the lemniscal pathway, via the neocortex.
470 Hippocampal responses to external stimuli are modulated by the functioning of these two
471 pathways and possibly by some other mechanisms as yet unknown. In the future we should
472 run a cardiac cycle phase -contingent experiment and record i.e. the activity of ventral portion

Cardiac cycle and learning

473 of the medial prefrontal cortex (vMPFC) which has inputs from baroreceptors (see Resstel et
474 al. 2004). Also, we could study peripheral sensitivity (see Edwards et al. 2009) of auditory
475 organs during different phases of the cardiac cycle.

476 *CONCLUSIONS*

477 We found that the phase of the cardiac cycle at stimulus onset affects neural responses to a
478 behaviorally relevant external stimulus in humans and in rabbits. Furthermore, learned
479 behavioral responding to the stimulus was modulated in rabbits. That is, very rapid changes
480 in bodily state can affect learning. Monitoring cardiac cycle and timing of the stimulus in
481 contingency with it might be used to optimize the effect of external stimulation and learning.

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Cardiac cycle and learning

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615 **FIGURE CAPTIONS**

616 Figure 1. Trace eyeblink conditioning.

617 Rabbits (n = 25) and humans (n = 29) were trained in trace eyeblink conditioning with tone as
618 a conditioned stimulus (CS) and an air puff aimed toward the eye as an unconditioned
619 stimulus (US). The trace period was 500 ms for the rabbits and 600ms for the human
620 participants. UR = unconditioned response, CR = conditioned response.

621

622 Figure 2. In both human participants (A, Experiment 1) and rabbits (B, Experiment 2) the 623 conditioned stimulus was timed either to the diastole or the systole.

624 The cardiac cycle can be divided into two phases, systole and diastole. During systole, the
625 heart contracts and pumps blood to arteries. During this phase the electrocardiogram (ECG)
626 shows the QRS-complex reflecting ventricular depolarization and the T-wave, reflecting
627 ventricular repolarization. Diastole follows systole. During diastole, the heart relaxes and fills
628 with blood and the P-wave is seen in ECG. It reflects atrial depolarization which occurs when
629 the ventricles are almost full of blood. A) In human participants, the ECG was recorded and
630 used for CS timing. B) In rabbits, the oxygen saturation signal (photoplethysmogram, PPG)
631 was measured from the earlobe using a pulse oximeter. The PPG is at its lowest at the
632 beginning of the systole phase. The highest peak in the PPG can be observed during the
633 relaxation of the heart just before the atrial contraction (ECG P-wave), that is, during
634 diastole. The CS was timed to start either at the systole (trough, arrowhead) or the diastole
635 (peak, double arrowhead) or irrespective of cardiac cycle phase (Random, not shown).

636

637 Figure 3. Topographies of the event-related potentials to the tone-CS (A) and maximum

638 amplitudes of N1 and P2 responses measured at Cz-electrode (B) in human participants in

639 Experiment 1. The N1 response was significantly larger when the tone onset was contingent

640 with the systolic phase (n = 12) compared to diastolic phase (n = 12). The P2 response was

Cardiac cycle and learning

641 also larger in amplitude but did not reach statistical significance. In B, error bars equal
642 standard error of mean. Asterisks in B denote p-value of < 0.01 .

643

644 Figure 4. (A) Effect of ICA-based artefact correction on EEG recorded at Cz electrode. The
645 EEG traces in the upper panel are grand average responses to the heart beat. The arrows mark
646 the onsets of CSs in the Systole and Diastole groups. As can be seen, there are minor
647 deflections related to cardiac cycle in the signal before ICA correction (Raw) but after that
648 (Corrected), the signal is virtually flat. (B) ECG topography in the same time scale is plotted
649 in the lower panel.

650

651 Figure 5. Human participants in Experiment 1 learned trace eyeblink conditioning at the same
652 rate regardless of group (Systole vs. Diastole). Error bars equal standard error of mean. UP =
653 unpaired, CC = conditioning, EXT = extinction.

654

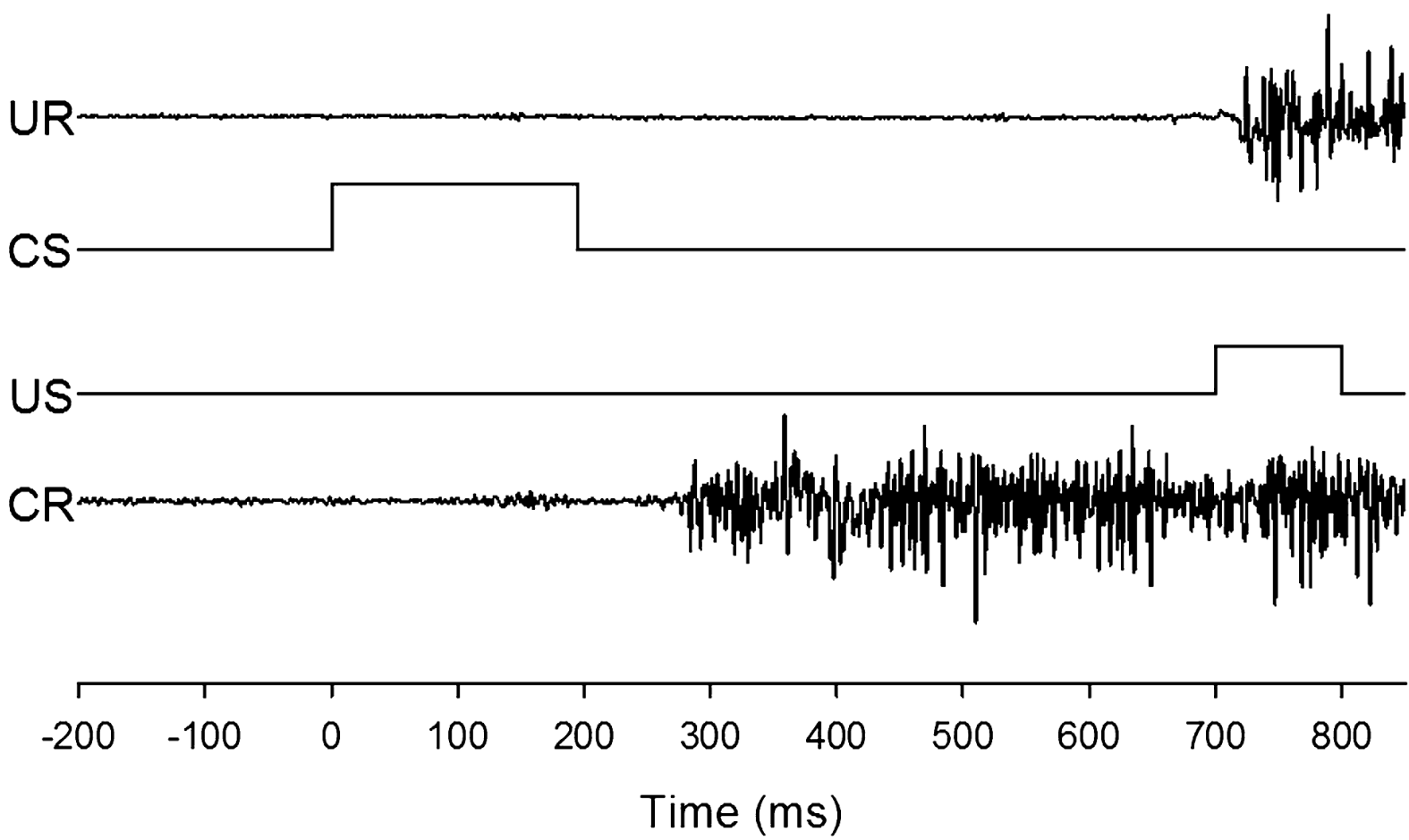
655 Figure 6. In Experiment 2, relative amplitudes of event-related potentials to the conditioned
656 stimulus (CS) recorded from the rabbit hippocampal CA1 were larger in Systole group
657 compared to the Diastole group.

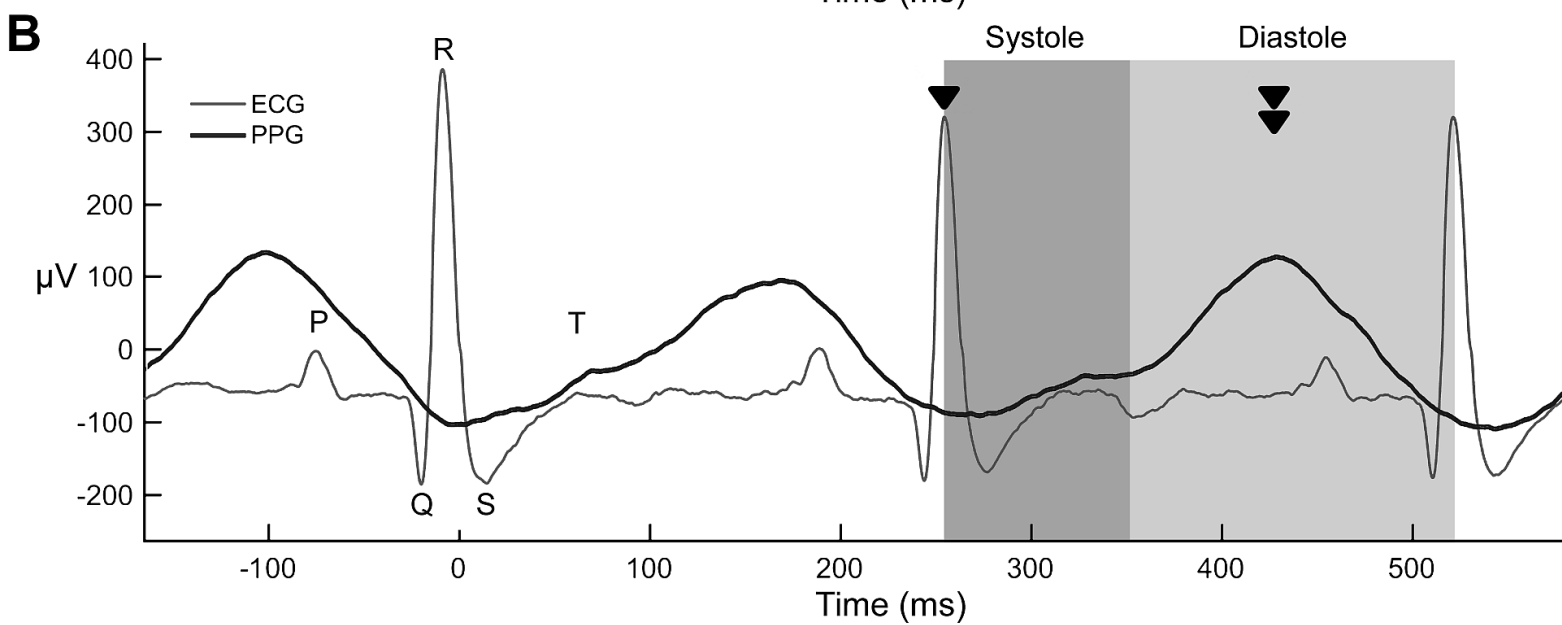
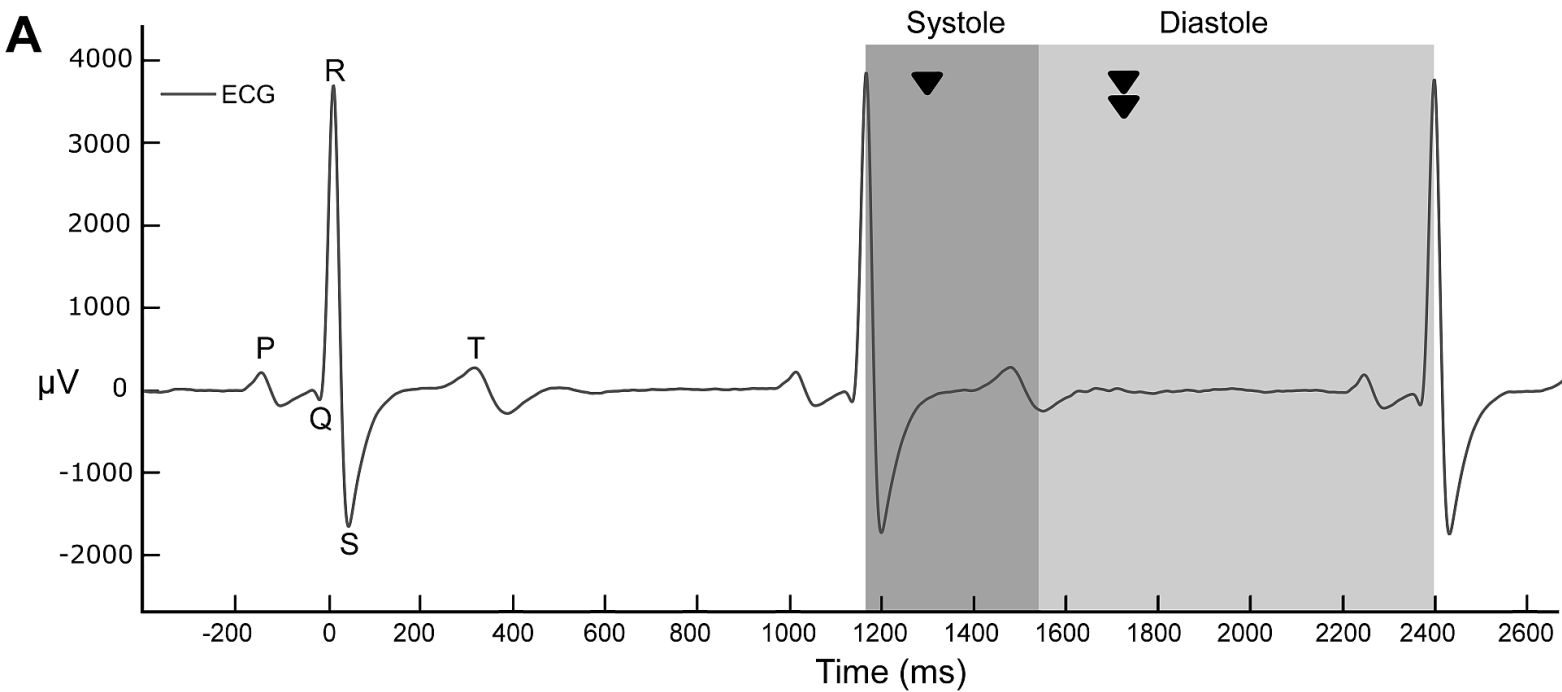
658 A) A 60-micron cresyl violet–stained slice of a rabbit left dorsal hippocampus with the
659 locations of CA1 and pyramidal cell layer (pyr) indicated. The electrode tip location was
660 marked by passing direct current through the electrode (arrow). B) Example of a
661 representative CS-evoked ERP (average of 60 trials) in hippocampal CA1. Negative peak
662 amplitudes of ERPs were analyzed from 25 to 60 ms after CS onset (vertical gray bar). C)
663 ERPs in CA1 were averaged per session, per animal. The value from the CS-Alone session
664 was used as a baseline to calculate the relative change (%) in amplitude of the ERP during
665 subsequent conditioning sessions (see Methods). Throughout the 7 session blocks of trace
666 eyeblink conditioning the responses to CS were amplified in the Systole group and attenuated
667 in the Diastole group ($p < 0.05$). Error bars equal standard error of mean.

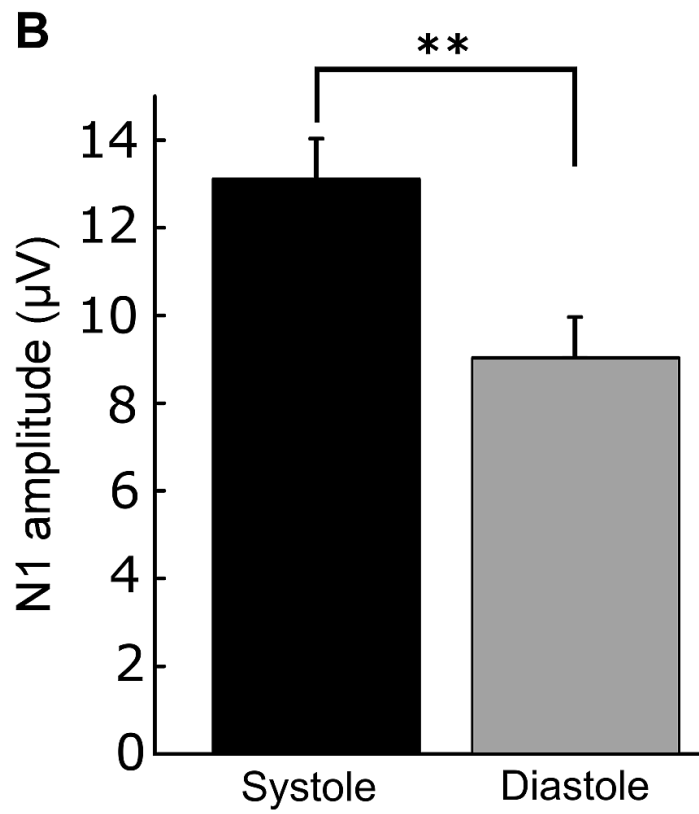
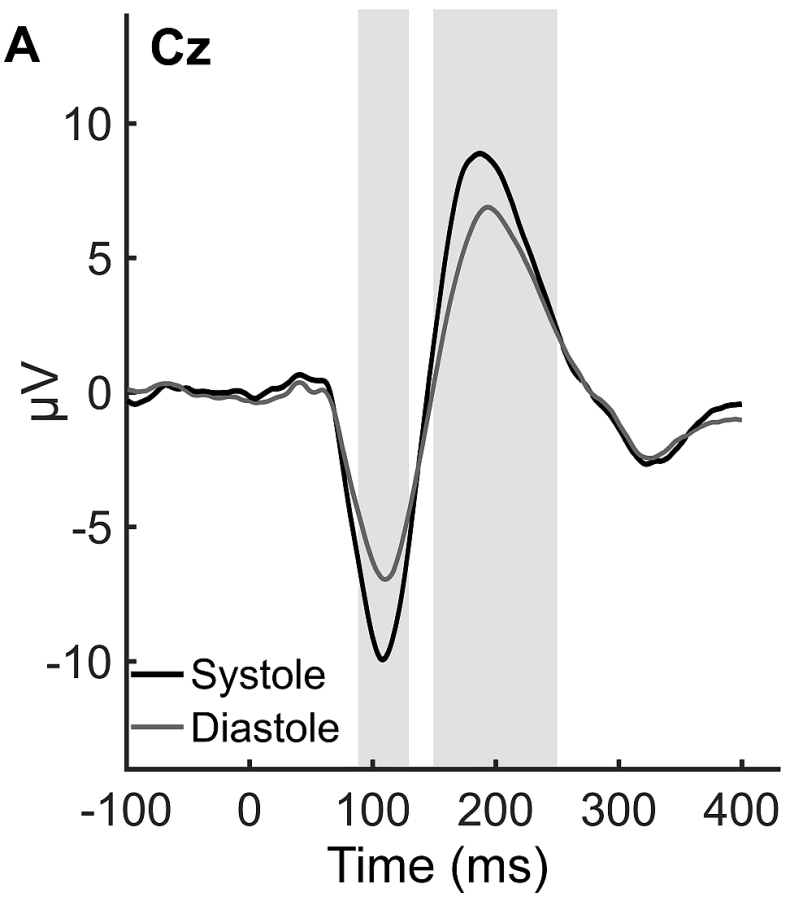
668

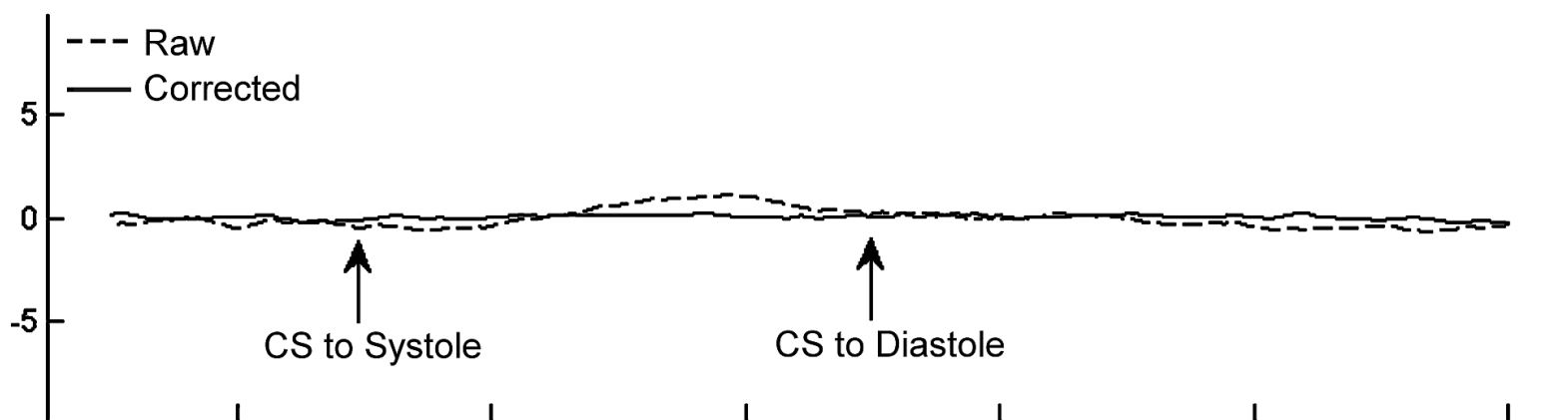
669 Figure 7. In Experiment 2, rabbits trained at diastole learned better than those trained
670 irrespective of cardiac cycle phase.

671 A) Learning was faster and conditioned responding remained at a higher level in the Diastole
672 group throughout trace eyeblink conditioning. Asterisk refers to repeated-measures ANOVA
673 indicating statistically significant difference (Bonferroni-corrected post-hoc comparisons, $p <$
674 0.05) between the Diastole group and the Random group. B) B) The best performance was
675 determined as the highest achieved performance in learned responses during one session from
676 the last four training sessions for each individual animal. There was a significant difference
677 between the Diastole and the Random groups ($p < 0.05$). C) The cumulative number of
678 learned responses plotted as a function of trial number in the Diastole, Systole and Random
679 groups indicates no initial difference in responding. Error bars equal standard error of mean.







A**B**