Regional response to light illuminance across the human hypothalamus

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<u>Abstract</u>

Light exerts multiple non-image-forming biological effects on physiology including the stimulation of alertness and cognition. However, the subcortical circuitry underlying the stimulating impact of light is not established in humans. We used 7 Tesla functional magnetic resonance imaging to assess the impact of variations in light illuminance on the regional activity of the hypothalamus while healthy young adults (N=26; 16 women; 24.3 ± 2.9y) were completing two auditory cognitive tasks. We find that, during both the executive and emotional tasks, higher illuminance triggered an activity increase over the posterior part of the hypothalamus, which includes part of the tuberomamillary nucleus and the posterior part of the lateral hypothalamus. In contrast, increasing illuminance evoked a decrease in activity over the anterior and ventral parts of the hypothalamus, encompassing notably the suprachiasmatic nucleus and another part of the tuberomammillary nucleus. Critically, performance of the executive task was improved under higher illuminance and was negatively correlated with the activity of the posterior hypothalamus area. These findings reveal the distinct local dynamics of different hypothalamus regions that underlie the impact of light on cognition. They may suggest that light acts on the orexin and histamine system to affect the quality of wakefulness.

Introduction

Light exerts multiple non-image-forming (NIF) biological effects that influence the quality of sleep and wakefulness, and higher illuminance is known to stimulate alertness and cognition.[1] The biological effects of light primarily rely on a subclass of retinal ganglion cells that are intrinsically photosensitive (ipRGCs) because they express the photopigment melanopsin, which is maximally sensitive to photons with wavelength ~480nm. IpRGCs combine the light signalling of rods and cones to their intrinsic photosensitivity and, collectively, the biological effects of light present a maximal sensitivity to the shorter blue wavelength of visible light.[2] IpRGCs project to multiple subcortical brain areas and their denser projections are found within the hypothalamus, particularly in nuclei involved in sleep and wakefulness regulation.[2,3] The suprachiasmatic nucleus (SCN), which is the site of the principal circadian clock, receives the strongest inputs from ipRGC inputs, over the anterior part of the hypothalamus.[4] Other nuclei also receive ipRGC projections: the subparaventricular zone, one of the main output routes of the SCN, the ventrolateral preoptic nucleus (VLPO) and the preoptic nucleus (PON), involved in sleep initiation and also found in the anterior part of the hypothalamus; the lateral hypothalamus (LH), site of the orexinergic wake-promoting neurons and melanin-concentrating hormone sleep-promoting neurons, found in contrast over the lateral and posterior parts of the hypothalamus.[2,3]

The brain circuitry underlying the biological effects of light has mostly been uncovered in nocturnal rodent models.[1,2] Translation to diurnal human beings, where the

later maturation of the cortex allows for complex cognitive processing,[5] remains scarce.

In particular, whether hypothalamus nuclei contribute to the stimulating impact of light

on cognition in humans is not established.

We addressed this question using ultra-high-field (UHF) 7 Tesla (7T) functional

magnetic resonance imaging (fMRI) in healthy young adults exposed to light of various

illuminance while engaged in two different auditory cognitive tasks. We find that higher

illuminance increased the activity of the posterior part of the hypothalamus

encompassing the mamillary bodies (MB) and parts of the LH and tuberomammillary

nucleus (TMN). In contrast, higher illuminance decreased the activity over the anterior

and ventral parts of the hypothalamus encapsulating notably the SCN and another part

of the TMN. Critically, the pattern of modulation was consistent across the two cognitive

tasks. Importantly, performance of the complex cognitive task was improved under higher

illuminance while the activity of the posterior part of the hypothalamus was correlated to

task performance. The findings reveal the distinct local dynamics of different

hypothalamus areas in response to changing illuminance that may contribute to light's

impact on cognition.

Results

Twenty-six healthy young adults (16 women; 24.3 ± 2.9 y; **Suppl. Table S1**) completed two

auditory cognitive tasks encompassing, respectively, the executive[6] and emotional[7]

domains, while alternatively maintained in darkness or exposed to short periods (< 1 min)

of light of four different illuminances (0.16, 37, 92, 190 melanopic equivalent daylight

illuminance - mel EDI- lux; **Suppl. Table S2**) [**Fig. 1**]. The hypothalamus of each participant

was segmented into 5 subparts – inferior-anterior, superior-anterior, inferior-tubular,

superior-tubular, and posterior [**Fig. 2A**] – so we could consistently extract the regional

effect of illuminance change on fMRI blood-oxygen-level-dependent (BOLD) signal over

most of the hypothalamus volume.

Figure 1. Experimental protocol.
(A) Overall timeline. After prior light history standardisation, participants performed
executive (always first), emotional and attentional tasks (pseudo-randomly 2nd or 3rd, blue
arrow). As the attentional task included fewer light conditions, it is not considered in the
present manuscript (see methods for more details)
(B) Spectral power distribution of light exposures. Monochromatic orange: 0.16 mel EDI
lux; Polychromatic, blue-enriched light (6500K); LOW, MID, HIGH: 37, 92, 190 mel EDI lux.
For the present analyses, we discarded colour differences between the light conditions
and only considered illuminance as indexed by mel EDI lux, constituting a limitation of our
study. See Suppl. Table S2 for full details)
(C-D) Tasks procedures. Time is reported in seconds relative to session onset; participants
were pseudo-randomly exposed to the 4 light conditions. **(C)** Executive task: alternation
of letter detection blocks (0-back) and working memory blocks (2-back). **(D)** Emotional
task: lure gender discrimination of vocalizations (50% angry (red), 50% neutral (white).

The impact of illuminance variations on the activity of the hypothalamus is not uniform

The main analyses aimed at isolating differences in the overall impact of illuminance

changes among the 5 hypothalamus subparts. For each subpart, we extracted an index of

the illuminance impact as their average regression coefficients between their responses

to the tasks and the illuminance levels. These analyses showed significant differences

between the hypothalamus subparts for the executive (generalized linear mixed models

(GLMM); main effect of the subparts; $p = 0.002$) and emotional (GLMM; main effect of

the subparts; $p < 0.0001$) tasks, revealing that, during both tasks, the variations in

illuminance affected the activity of the 5 hypothalamus subparts differently [**Fig.2 B-C,**

Table 1]. For both tasks, there was no significant main effect for any of the covariates and

post hoc analyses showed that the index of the illuminance impact was consistently

different in the posterior hypothalamus subpart compared to the other subparts [$p_{corrected}$

≤ 0.05, except for the difference with superior tubular hypothalamus subpart during the

emotional task: $p_{corrected} = 0.09$; **Table 1**]*.* Importantly, whole-brain analyses confirmed

that increasing illuminance resulted in a local increase and decrease of activity that could

be detected, respectively, over the posterior and inferior subparts of the hypothalamus

[**Fig. 2 D-G**]. This shows that our results do not come from a relatively unspecific and

widespread increase in BOLD signal surrounding the hypothalamus subparts and that the

effect of light was most prominent over the posterior and inferior-anterior subparts.

A

1 - Inferior-Anterior - SCN, SON
2 - Superior-Anterior - POA, PVN
3 - Posterior - MB, LH, TMN
4 - Inferior-Tubular - ARC, VMH, SON, LTN, TMN
5 - Superior-Tubular - DM, PVN, LH

Figure 2. Illuminance impact on the hypothalamus subparts.

(A) Segmentation of the hypothalamus in five subparts in a representative participant. The nuclei encompassed by the different subparts are indicated in the right inset – according to [8]. ARC: arcuate nucleus; DMH; dorsomedial nucleus; LH lateral hypothalamus; LTN: lateral tubular nucleus; MB: mamillary body; POA: preoptic area; PVN: paraventricular nucleus; PNH: posterior nucleus of the hypothalamus; SCN: suprachiasmatic nucleus; SON: supraoptic nucleus; TMN: tuberomammillary nucleus; VMN: ventromedial nucleus.

(B-C) Estimates (beta; arbitrary unit – a.u.) of the collective impact of illuminance variation on the activity of each hypothalamus subpart. (Refer to **Table 1** full statistics)
(B) Executive task: significant main effect of hypothalamus subparts (p=0.002), no significant main effect of task type (p=0.4) or subpart-by-task-type interaction (p=0.61).
(C) Emotional task: significant main effect of hypothalamus subparts (p<.0001), no significant main effect of stimulus type (p=0.053) or subpart-by-stimulus-type interaction (p=0.7).

(D-G) Whole brain analyses of the collective impact of the variations in illuminance over the hypothalamus area - <u>for illustration</u>.
A local positive peak (red; $p_{uncorrected}$<0.001) was detected over the posterior hypothalamus subpart (light blue) in executive **(E)** and emotional **(G)**.
A local negative peak (red; $p_{uncorrected}$<0.001) was detected over the inferior-tubular hypothalamus subparts (light orange) during the executive task **(D)**, while local negative peak (red; $p_{uncorrected}$<0.001) was detected over the inferior-anterior (yellow) and superior-anterior §blue) hypothalamus subparts during the emotional task **(F)** – insets correspond to enlargements over the hypothalamus area.
Arrows from panels B and C arise from and are colour coded according to the hypothalamus subpart that is displayed in panels D to G.
These results indicate that our finding does not arise from a nearby "leaking" activation/deactivation.

(I-L) Estimates of the impact of each illuminance on the activity of the hypothalamus subparts. (Refer for **Table 2** and **Suppl. Tables S3-S7** for full statistics)
Activity dynamics across illuminance for each subpart (colour code as in A). Results are displayed per task or stimulus type although no interactions with task or stimulus type were detected. Significant illuminance-by-hypothalamus-subpart interactions were detected for **(I-J)** the executive task (p=0.041) and **(K-L)** the emotional task (p=0.041).
Small letter indicate significant difference (p < 0.05) between the following subparts at illuminance: **a.** 92 mel EDI lux: posterior vs. superior-anterior; posterior vs. inferior-tubular; **b.** 190 mel EDI lux: posterior vs. superior-anterior; posterior vs. inferior-tubular; **c.** 0 mel EDI lux: posterior vs. superior-tubular; **d.** 92 mel EDI lux: posterior vs. superior-anterior; superior-anterior vs. inferior-tubular; **e.** 190 mel EDI lux: posterior vs. inferior-anterior; posterior vs. superior-anterior; posterior vs. inferior-tubular; superior-anterior vs. superior-tubular; inferior-tubular vs. superior-tubular.

Opposite dynamics between the posterior and inferior/anterior hypothalamus at higher

illuminance

This prompted us to assess the activity of the hypothalamus subparts under each

illuminance to detail the different regional activity dynamics across the hypothalamus.

The statistical analyses confirmed that the activity dynamics across illuminance levels

differed between the 5 subparts during the executive and the emotional tasks (GLMM;

subparts-by-illuminance interaction; p = 0.041) tasks [**Fig. 2 I-L; Table 2**]. Post hoc

contrasts first considered the impact of the changes in illuminance within each subpart

(**Suppl. Tables S3-4**). The activity of the posterior hypothalamus subpart significantly (p <

0.05) increased under the highest illuminance (190 mel EDI) compared with darkness for

both tasks and with the lower illuminances (37 and 92 mel EDI lux) for the emotional task.

In contrast, for both tasks, the activity in the inferior-anterior and inferior-tubular

hypothalamus subparts significantly (p < 0.05) decreased under the highest illuminance

compared with darkness, and with lower illuminances for the emotional task. Finally, the

activity of the superior anterior hypothalamus subpart decreased under higher

illuminance during the emotional but not the executive task, while the activity of the fifth

hypothalamus subpart, the superior tubular subpart, was not significantly affected by

illuminance changes in either task.

Post hoc analyses also yielded several significant differences between

hypothalamus subparts (p < 0.05) (**Table 2; Suppl. Tables S5-6**). For both tasks, the activity

of the posterior hypothalamus subpart was consistently significantly higher than the

activity inferior-tubular subpart under the highest illuminances (92 and 190 mel EDI lux).

For the executive task, the activity of the posterior hypothalamus subpart was also

significantly higher than the superior-anterior subpart under the highest illuminances (92

and 190 mel EDI lux). For the emotional task, the activity of the posterior hypothalamus

subpart was also significantly higher than the superior-anterior subpart under the highest

illuminances (190 mel EDI lux), while the activity superior-tubular hypothalamus subpart

was significantly higher than the activity of the inferior-tubular, inferior-anterior and

superior-anterior hypothalamus subparts (92 and/or190 mel EDI lux).

The overall picture arising from these comparisons is that higher illuminance

increased the activity of the posterior and superior hypothalamus subparts while it

decreased the activity of the inferior and anterior hypothalamus subparts.

Performance to the executive task is improved by light and related to the activity of the

posterior hypothalamus

Following these analyses, we explored whether the changes in activity across illuminances

were related to cognitive performance. We first considered the more difficult (2-back)

subtask of the executive task as it requires higher cognitive functions (see method for a

full rationale).[6] The analysis revealed that accuracy to the executive task was high in all

participants, but accuracy to the more difficult subtask (2-back) improved with increasing

illuminance (GLMM; main effect of illuminance; F = 2.72; **p = 0.034**; Partial R^2 = 0.1; **Fig.**

3A), controlling for age, sex and BMI. Critically, the analysis also showed that performance

under each illuminance was significantly related to the activity of the posterior

hypothalamus subpart (GLMM; main effect of posterior subpart activity; F = 9.43; **p =**

0.0027; Partial R^2 = 0.09). Surprisingly, the association was negative (**Fig. 3B**), suggesting

that the part of variance explained by the hypothalamus subpart is distinct from the

impact of light on performance. In contrast, no significant association was found when

considering the activity of the other four subparts (GLMM; main effect of posterior

subpart activity; F < 0.62; p > 0.4; **Fig. 3 C-D, Suppl. Table S7**). We went on and found that

the accuracy to the simpler control subtask of the executive tasks (0-back, see method)

was not associated with the activity of the posterior hypothalamus subpart (GLMM

controlling for age, sex and BMI; main effect of subpart activity; F = 0.57; p = 0.45; **Fig.**

3E), suggesting that the association with performance is specific to the 2-back subtask.

In the last step, we explored the reaction times during the emotional task

(accuracy to the lure task is not meaningful). We found that reaction times to the

emotional stimuli were not significantly affected by illuminance (GLMM controlling for

age, sex and BMI; main effect of illuminance; F = 1.01; p = 0.41; **Fig. 3F**) and yet, they were

significantly associated with the activity of the posterior hypothalamus subpart across

each illuminance (GLMM; main effect of subpart activity; F = 4.34; **p = 0.04**; **Fig. 3G**). The

association was positive meaning that reaction times were longer if activity estimates

were higher, which could indicate a reinforcement of the emotional response

characterized by longer reactions.[7] No such significant association was detected when

considering reaction times to the neutral items of the task (GLMM controlling for age, sex

and BMI; main effect of illuminance; F = 1.5; p = 0.21; main effect of subpart activity; F =

0.28; p = 0.6; **Fig. 3H**).

Figure 3. Impact of illuminance on performance and relationships with the activity of the posterior hypothalamus subpart.

(A) Accuracy (percentage of correct responses) to the 2-back increased with increasing illuminance (p = 0.034).

(B) Accuracy to the 2-back task is negatively correlated to the activity of the posterior hypothalamus subpart (p = 0.0027).

(C-D) Accuracy to the 2-back task is not correlated to the activity of the inferior-anterior **(C)** and inferior-tubular **(D)** hypothalamus subparts (p > 0.4). Association between superior-anterior and superior-tubular subparts are not displayed but were not significant (p > 0.6). See Suppl. Table S7 for full details.

(E) – Accuracy to the 0-back task is not correlated to the activity of the posterior hypothalamus subpart (p = 0.45).

(F) Reaction times to the emotional stimuli did not significantly change with increasing illuminance (p = 0.41).

(G) Reaction times to the emotional stimuli are correlated to the activity of the posterior hypothalamus subpart (p = 0.04) with higher activity associated to slower reaction times.

(H) Reaction times to the neutral stimuli are not correlated to the activity of the posterior hypothalamus subpart (p = 0.6).

Solid and dashed lines correspond to the significant and not significant linear regression lines, respectively.

Discussion

Animal research has established that the biological impact of light illuminance impinges on many subcortical structures, many of which regulate sleep and wakefulness.[1–4] How these findings translate to human beings is not established. Here, we took advantage of the relatively high resolution and signal-to-noise ratio of UHF 7T fMRI to determine how illuminance affects the activity of the hypothalamus as, based on animal research, it receives the densest projections from ipRGCs.[2,4] We find that the activity of the posterior part of the hypothalamus increases with increasing illuminance while, in contrast, the inferior and anterior hypothalamus show a seemingly opposite pattern and see their activity decrease under higher illuminance. Importantly, performance to the complex cognitive task was improved under higher illuminance and was correlated to the activity

of the posterior part of the hypothalamus under the different illuminance, though

negatively. The results demonstrate that the human hypothalamus does not respond

uniformly to variations in illuminance while engaged in a cognitive challenge, and suggest

that the posterior part of the hypothalamus may be key in mediating the stimulating

impact of light on cognition.

The different nuclei of the hypothalamus do not have clear contrast boundaries

based on MRI signals.[8] As a result, achieving nucleus resolution over the human

hypothalamus even using UFH MRI remains out of reach.[9] Therefore, we cannot assign

the effects we report to a specific nucleus. We can only speculate and present a selection

of plausible scenarios that would need to be tested. The posterior part of the

hypothalamus - delineated in each participant based on an automatic reproducible

procedure[8] - encompasses the MB as well as parts of the LH and the TMN. All these nuclei

could participate to the increased BOLD signal we detect under higher illuminance. The

LH and TMN, respectively, produce orexin and histamine, which are both known to

promote wakefulness, while animal histology reports direct projection of the ipRGCs to

the LH.[2–4] Orexin is a good candidate to constitute the circadian signal that promotes

wakefulness and to counter the progressive increase in sleep needs with prolonged

wakefulness.[10] Our data may therefore be compatible with an increase in orexin release

by the LH with increasing illuminance. This would stimulate cognition and maintain or

increase alertness[1] and may also be part of the mechanisms through which daytime light

increases the amplitude in circadian variations of several physiological features.[11,12] It

could then also be part of the mechanisms through which evening light may disturb

subsequent sleep[13] when illuminance is higher than the recommended maximum of 10

mel EDI lux for evening light.[14] If the TMN was the hypothalamus nucleus underlying the

regional increase in the BOLD signal we report, it could confer a role to histamine in

mediating the stimulating impact of light. Of interest, the TMN receives orexin signal from

the LH.[15] Alternatively, our findings may suggest a role for the MBs in mediating the

impact of light on ongoing cognition, potentially influenced through its innervation by the

TMN.[16]

Previous research indicated that increasing illuminance reduced the activity of the

anterior part of the hypothalamus encompassing the SCN, either following the exposure

to light[17] or during the exposure.[18] We extend this finding by showing that the significant

decrease in activity extends beyond the inferior anterior hypothalamus and therefore

much beyond the SCN. The inferior-tubular and inferior-anterior subparts of the

hypothalamus – also isolated based on an automatic reproducible procedure[8] -

encompass several nuclei such as notably the SCN, SON, ventromedial nucleus of the

hypothalamus, arcuate nucleus and part of the TMN. Again, all these nuclei may be

involved in the reduction in BOLD signal we observe at higher illuminance. In terms of

chemical communication, these changes in activity could correspond to a modification of

the γ-aminobutyric acid (GABA) internal or external signalling of the SCN which has been

implicated in its response to light.[19] GABA produced by the SCN has also been reported

to have excitatory properties such that the BOLD signal changes we report may

correspond to a reduction in excitation.[19] Likewise, the SCN is also producing other

neuropeptides that could affect its downstream targets. As the inferior-tubular subpart

of the hypothalamus also includes part of the TMN it may be the TMN and its GABA

production that is decreased by higher illuminance.[15] The decrease in BOLD signal with

increasing illuminance we report could therefore arguably reflect a decreased inhibitory

signal arising from the anterior and inferior nuclei of the hypothalamus.

Importantly, none of the scenarios we elaborated on are mutually exclusive and

we stress overlooked the potential implication of several nuclei as well as the cellular

diversity of the nuclei of the hypothalamus.[3,20] We further note that the anterior-superior

hypothalamus subpart of the hypothalamus encompassing the VLPO and PON sees its

activity decreasing under higher illuminance during the emotional task, similarly to the

anterior-inferior and inferior-tubular areas. Likewise, similar to the posterior subpart, the

activity of the superior-tubular hypothalamus subpart may be increased under higher

illuminance during the emotional task. Whether this represents a task-specific effect

arising, for instance, from differences in the salience of the auditory stimulus, remains to

be determined.

A critical aspect of our results is that the performance to the 2-back (executive)

subtask was significantly increased when exposed to higher illuminance light. The extent

of this increase was limited, likely because performance was overall high at all

illuminances, but was not detected for the simpler detection letter subtask (0-back). The

result contrasts with many previous 3T MRI investigations on the biological effects of light

on human brain function which did not report behavioural changes induced by repeated

short exposures to light (e.g. [21–23] but see [24,25]). Our 7T MRI study, which includes a sample

size larger than many of these previous studies, supports that BOLD fMRI is sensitive in

detecting subtle impacts of light on the brain and that these detected changes can

arguably contribute to the behavioural changes others reported using longer light

exposure and other approaches (e.g. [26,27] but see [28]).

Importantly, we find that activity of the posterior hypothalamus subpart is

negatively related to the performance to the executive task, making it unlikely that it

mediates directly the positive impact of light on performance. The activity of the posterior

hypothalamus was, however, associated with an increased behavioural response to the

emotional stimuli. The association between behaviour and the posterior hypothalamus is

therefore likely to be complex and may depend on the context, with for instance different

nuclei or neuronal populations contributing in some instances but not in others.[15,20] It is

likely also to work jointly with the decreased activity of the anterior/inferior

hypothalamus we detected as well as with other non-hypothalamus subcortical

structures regulating wakefulness to influence behaviour, which intrinsically primarily

depends on cortical activity. Future research should assess the impact of light on other

subcortical structures and on entire subcortical network to determine how illuminance

modifies their crosstalk as well as their interaction with the cortex, to eventually lead to

behavioural impacts. These analyses could for instance address whether the regional

changes in activity of the hypothalamus we find are upstream of the repeatedly reported

impact of light illuminance on the activity of the pulvinar in the thalamus.[1,24] Although it

does not receive direct dense input from ipRGCs, it is likely to indirectly mediate the

biological impact of light on ongoing cognitive activity.[29]

These knowledge gaps are important to address because acting on light stands as

a promising means to reduce high sleepiness and improve cognitive deficits during

wakefulness as well as to facilitate sleep in the few hours preceding bedtime.[14,30–35] Light

therapy is also a validated means to improve mood and treat mood disorders.[36,37] Light

administration can also be considered a simple means to disturb the brain circuitry

regulating sleep and wakefulness such that it can provide insights about novel means to

improve their quality. For instance, if orexin and histamine were part of the mechanism

through which natural light affects brain functions, their administration may be the most

ecological and/or natural means to affect alertness and cognition. Likewise, as both orexin

and histamine are targets for the treatment of brain disorders, our findings could suggest

that light may constitute a non-pharmacological complementary intervention to

compounds that are being developed to treat arousal, sleep, or cognitive dysfunction in

brain disorders.[38] It remains, however, premature in our view to base recommendations

on the therapeutic use of light based on the MRI findings gathered to date. Targeted

lighting for interventions or for precise interference of subcortical circuits will require a

full understanding of how light affects the brain, particularly at the subcortical level. Our

findings represent an important step towards this goal, at the level of the hypothalamus.

Methods

The data used in this paper arise from a large study that is leading to several publications and part of the methods have been published previously.[29,39,40] The protocol was approved by the Ethics Committee of the Faculty of Medicine at the University of Liège. Participants gave their written informed consent to take part in the study and received monetary compensation for their participation.

Participants. Thirty healthy young adults (19 women; 24.3 ± 2.9 y; **Suppl. Table S1**) were included in the analyses. Exclusion criteria were assessed through questionnaires and a semi-structured interview: history of psychiatric and neurological disorders, sleep disorders, use of psychoactive drugs or addiction; history of ophthalmic disorders or auditory impairments; colour blindness; night shift work during the last year or recent trans-meridian travel during the last 2 months; excessive caffeine (>4 caffeine units/day) or alcohol consumption (>14 alcohol units/week); medication affecting the central nervous system; smoking; pregnancy or breast-feeding (women); counter indication for MRI-scanning. All participants had to score < 18 on the 21-item Beck Anxiety Inventory (up to mild anxiety),[41] and on the Beck Depression Inventory-II (up to mild depression),[42] < 12 on the Epworth Sleepiness Scale,[43] and < 8 on the Pittsburgh Sleep Quality Index.[44] Questionnaires further assessed chronotype with the Horne-Östberg questionnaire[45] and seasonality with the Seasonal Pattern Assessment Questionnaire,[46] but the latter two questionnaires were not used for the inclusion of the participants.

For each task, 4 datasets were missing or corrupted data such that 26 participants were

included in the analyses of each task (23 participants had valid datasets for both tasks).

For the emotional task, two participants' data failed the MRI quality control (QC) check,

and the other two participants were excluded as they did not complete the entire task.

For the executive task, four of the participants' data failed the MRI QC check.

Supplementary Table S1 summarises participants' characteristics respective to each task.

Overall Protocol. Participants completed an MRI session at least one week before the

experiment during which structural images of the brain were acquired and which served

as habituation to the experimental conditions. Participants then maintained a loose sleep-

wake schedule (± 1h from the habitual sleep/wake-up time) during the 7 days preceding

the fMRI experiment to warrant similar circadian entrainment across participants and

avoid excessive sleep loss while maintaining realistic real-life conditions (verified using

sleep diaries and wrist actigraphy - AX3 accelerometer, Axivity, United Kingdom).

Volunteers were requested to refrain from all caffeine and alcohol-containing beverages,

and extreme physical activity for 3 days before participating in the fMRI acquisitions. Data

acquisitions took place in Liège, Belgium, between December 2020 and May 2023.

Participants arrived at the laboratory 1.5 to 2h after habitual wake time for the fMRI scan.

They were first exposed for 5 min to a bright polychromatic white light (1000 lux) and

then maintained in dim light (< 10 lux) for 45 min to standardise the participant's recent

light history. During this period participants were given instructions about the fMRI

cognitive tasks and completed practice tasks on a luminance-controlled laptop (< 10 lux).

The fMRI session consisted of participants completing three auditory cognitive tasks while

alternatively maintained in darkness or exposed to light: an executive task (25 min), an

emotional task (20 min) and an attentional task (15 min) [**Fig. 1**]. The executive task was

always completed first, as it was the most demanding task. The order of the following two

tasks was counterbalanced. Because it included only 3 light conditions (see below) instead

of 5 for the other two tasks, the attentional task was not included in the present analyses.

An eye-tracking system (EyeLink 1000Plus, SR Research, Ottawa, Canada) was monitored

for proper eye opening during all data acquisitions.

Light exposure. An 8-m long MRI-compatible optic fibre (1-inch diameter, Setra Systems,

MA, USA) transmitted light from a light box (SugarCUBE, Ushio America, CA, USA) to the

dual end of the fibre which was attached to a stand fitted at the back of the MRI coil that

allowed reproducible fixation and orientation of the optic fibre ends. The dual branches

illuminated the inner walls of the head coil to ensure relatively uniform and indirect

illumination of participants' eyes. A filter wheel (Spectral Products, AB300, NM, USA) and

optical fibre filters (monochromatic narrowband orange filter - 589mn; full width at half

maximum: 10 nm - or a UV highpass filter - 433–1650nm) were used to create the light

conditions needed for the experiment (see **Fig. 1B** and **Suppl. Table S2** for in-detail light

characteristics).

For the executive and emotional task, the light conditions consisted of three different

illuminance of a white, blue-enriched polychromatic LED light (37, 92, 190 mel EDI lux;

6500K) and one illuminance level of monochromatic orange light (.16 mel EDI lux; 590nm

full width at half maximum - FWHM: 10 nm). For the present analyses, we discarded

colour differences between the light conditions and only considered illuminance as

indexed by mel EDI lux, constituting a limitation of our study. In the executive task,

participants were exposed to 30s to 70s (median 30s) of light blocks separated by 10s of

darkness (< 0.1 lux) and the light blocks were repeated 11 times for each light condition.

For the emotional task, participants were exposed to 30 to 40s (median 35s) light blocks

separated by 20s of darkness (< 0.1 lux) and the light blocks were repeated five times for

each light condition.

The attentional task only included a single illuminance level of the blue-enriched

polychromatic LED light (92 mel EDI lux) and one illuminance level of the monochromatic

orange light (.16 mel EDI lux), otherwise the task would have been too long (> 30 min).

Participants were exposed to 30s of light blocks separated by 10s of darkness (<0.1 lux).

The light blocks were repeated 7 times for each light condition. As mentioned above it is

not considered for the present analyses.

Auditory cognitive tasks. The tasks were programmed with Opensesame (3.2.8).[47]

Participants heard the auditory stimuli through MR-compatible earbuds (Sensimetrics,

Malden, MA). Before starting the tasks, to ensure optimal auditory perception of task

stimuli, participants set the volume through a volume check procedure. Participants used

an MRI-compatible keypad to respond to task items (Current Designs, Philadelphia, PA),

which was placed in the participant's dominant hand. The tasks were separated by about

5 minutes in near darkness, to recalibrate the eye tracking system and to clarify

instructions about the next task to the participant.

Executive Task. The task consisted of an auditory variant of the n-back task[6] with a

working memory 2-back task and a control letter detection 0-back task. Participants were

either asked to detect whether the current item was identical to the letter presented 2

items earlier (2-back) or whether the current item consisted of the letter "K" (0-back) or

using the keypad (one button for "yes", one button for "no"). A block design was used

for this task in which each block included 15 items and lasted 30s. Task blocks were

separated by 10-20s rest periods and were preceded by an auditory instruction (500 ms)

indicating the type of task to be completed. Task levels were pseudo-randomised across

the 4 light conditions with 3 blocks of 0-back and 4 blocks of 2-back per light condition.

Emotional Task. The task consisted of gender discrimination of auditory vocalizations that

were either pronounced with emotional or neutral prosody.[7] Participants were asked to

use the keypad to indicate what they believed the gender of the person pronouncing each

token was. The gender classification was a lure task ensuring participants paid attention

to the auditory stimulation. The purpose of the task was to trigger an emotional response

as participants were not told that part of the stimuli was pronounced with angry

prosodies. The 240 auditory stimuli were pronounced by professional actors (50%

women) and consisted of three meaningless words ("*goster*", "*niuvenci*", "*figotleich*").

The stimuli were expressed in either an angry or neutral prosody, which has been

validated by behavioural assessments[48]Click or tap here to enter text. and in previous

experiments.[7,49,50] The stimuli were also matched for the duration (750 ms) and mean

acoustic energy to avoid loudness effects. During each 30 to 40-s light block, four angry

prosody stimuli and four neutral prosody stimuli were presented in a pseudorandom

order and delivered every 3 to 5 seconds. A total of 160 distinct voice stimuli (50% angry;

50% neutral) were distributed across the four light conditions. The darkness period

separating each light block contained two angry and two neutral stimuli. A total of 80

distinct voice stimuli (50% angry; 50% neutral) were distributed across the darkness

periods.

Data acquisition

The MRI data were acquired in a 7T MAGNETOM Terra MR scanner (Siemens

Healthineers, Erlangen, Germany) with a 32-channel receive and 1-channel transmit head

coil (Nova Medical, Wilmington, MA, USA). Dielectric pads (Multiwave Imaging, Marseille,

France) were placed between the subject's head and receiver coil to homogenize the

magnetic field of Radio Frequency (RF) pulses.

Multislice T2*-weighted fMRI images were obtained with a multi-band Gradient-Recalled

Echo - Echo-Planar Imaging (GRE-EPI) sequence using axial slice orientation (TR = 2340

ms, TE = 24 ms, FA = 90°, no interslice gap, in-plane FoV = 224 mm × 224 mm, matrix size

= 160 × 160 × 86, voxel size = 1.4 × 1.4 × 1.4 mm^3). To avoid saturation effects, the first

three scans were discarded. To correct for physiological noise in the fMRI data the

participants' pulse and respiration movements were recorded using a pulse oximeter and

a breathing belt (Siemens Healthineers, Erlangen, Germany). Following the fMRI

acquisition a 2D GRE field mapping sequence to assess B0 magnetic field inhomogeneities

with the following parameters: TR = 5.2 ms, TEs = 2.26 ms and 3.28 ms, FA = 15°,

bandwidth = 737 Hz/pixel, matrix size = 96 × 128, 96 axial slices, voxel size = (2x2x2) mm^3,

acquisition time = 1:38 min, was applied.

For the anatomical image, a high-resolution T1-weighted image was acquired using a

Magnetization-Prepared with 2 RApid Gradient Echoes (MP2RAGE) sequence: TR = 4300

ms, TE = 1.98 ms, FA = 5°/6°, TI = 940ms/2830 ms, bandwidth = 240 Hz, matrix size =

256x256, 224 axial slices, acceleration factor = 3, voxel size = (0.75x0.75x0.75) mm^3.

Data processing

For the MP2RAGE images, the background noise was removed using an extension

(extension: https://github.com/benoitberanger/mp2rage) of Statistical Parametric

Mapping 12 (SPM12; https://www.fil.ion.ucl.ac.uk/spm/software/spm12/) under Matlab

R2019 (MathWorks, Natick, Massachusetts).[51] Then the images were reoriented using the

'spm_auto_reorient'   function

(https://github.com/CyclotronResearchCentre/spm_auto_reorient) and corrected for

intensity non-uniformity using the bias correction method implemented in the SPM12

"unified segmentation" tool.[52] To ensure optimal co-registration, brain extraction was

done using SynthStrip[53] in Freesurfer (http://surfer.nmr.mgh.harvard.edu/). The brain-

extracted T1-images were used to create a T1-weighted group template using Advanced

Normalization Tools (ANTs, http://stnava.github.io/ANTs/) prior to normalization to the

Montreal Neurological Institute (MNI) space using ANTs (1mm^3 voxel; MNI 152 template).

The hypothalamus of each participant was segmented within 1mm^3 MNI 152 template

into 5 subparts - inferior anterior, superior anterior, inferior tubular, superior tubular,

posterior [cf. **Fig. 2a**] using an automatic computational approach.[8]

For the EPI images, auto reorientation was applied on the images first. Then, voxel-

displacement maps were computed from the phase and magnitude images associated

with B0 map acquisition (taken right after the task), using the SPM fieldmap toolbox. To

correct for head motion and static and dynamic susceptibility-induced variance, the

"Realign & Unwarp" of SPM12 was then applied to the EPI images. The realigned and

distortion-corrected EPI images then underwent brain extraction using the SynthStrip and

then the final images were smoothed with a Gaussian kernel characterized by a FWHM =

3mm. The first level analyses were performed in the native space to prevent any possible

error that may be caused by co-registration.

Statistical analyses

The whole-brain univariate analyses consisted of a general linear model (GLM) computed

with SPM12. For the executive task, task blocks and light blocks were modelled as block

functions. For the emotional task, the auditory stimuli were modelled as stick functions.

For both tasks, a high-pass filter with a 256 s cut-off was applied to remove low-frequency

drifts. For both tasks, stick or block functions were convolved with the canonical

hemodynamic response function. Movement and physiological parameters (cardiac, and

respiration), which were computed with the PhysIO Toolbox (Translational

Neuromodeling Unit, ETH Zurich, Switzerland), were included as covariates of no interest.

[54]

Two separate analyses were completed. In the main analyses, we sought to test whether

brain responses during the tasks were modulated by overall changes in illuminance level.

The regressors of task blocks or events were accompanied by a single parametric

modulation regressor corresponding to the light melanopic illuminance level (.16, 37, 92,

190 mel EDI). The contrasts of interest consisted of the main effects of the parametric

modulation. In the subsequent post hoc analysis, we estimated the responses to the

stimuli under each light condition. Separate regressors modelled each task's block or

event type under each light condition (0, 0.16, 37, 92, 190 mel EDI). The contrasts of

interest consisted of the main effects of each regressor.

The output masks of the segmentation procedure we used to extract regression betas

associated   with   each   of   the   hypothalamus   subpart   using   the   REX   Toolbox

(https://web.mit.edu/swg/software.htm).[55] Betas were averaged (mean) within each

subpart and then across the homologous subparts of each hemisphere. In the main

analyses this yielded 1 activity estimate per stimulus type and per hypothalamus subpart

(i.e. 10 per individual), while in the subsequence analyses, we obtained 5 activity

estimates per stimulus type and per subpart (50 per individual).

For visualization of whole-brain results over the entire sample, all statistical maps

obtained from the first level analysis were first transferred to the group template space

and then the MNI space ($1x1x1mm^3$ image resolution). All the registration steps were

performed with ANTs. The visualisation was focussed on the hypothalamus regions to

assess whether increasing illuminance resulted in local increase and decrease of beta

estimates within the hypothalamus or whether beta estimates were mainly influenced by

a relatively unspecific and widespread increase in BOLD signal surrounding the

hypothalamus.

Statistical analyses of the activity of the hypothalamus subparts were performed in SAS

9.4 (SAS Institute, NC, USA). Analyses consisted of Generalised Linear Mixed Models

(GLMM) with the subject as a random factor (intercept and slope) and were adjusted for

the dependent variable distribution. As the main statistical analysis was completed for

each task, the significance threshold was corrected for multiple comparisons and was set

at $p < 0.025$. Direct post hoc of the main analyses were corrected for multiple comparisons

using a Tukey adjustment. The subsequent more detailed analyses were considered as

post hoc that were not corrected for multiple comparisons ($p < 0.05$). To detect outlier

values within the data sets, Cook's distance > 1 was used for exclusion. No outliers were

detected for activity estimates of both tasks, while four outlier values were removed from

the analyses of the 2-back and 0-back performance.

The main analyses included the activity estimates modulated by light illuminance as a

dependent variable and the hypothalamus subpart and stimulus type (2-back/0-back –

neutral/emotional) as repeated measures (autoregressive (1) correlation), together with

age, sex and BMI as covariates. The second set of post hoc GLMM analyses included the

activity estimates of the hypothalamus subparts as the dependent variable and

hypothalamus subpart, stimulus type and illuminance (0, 0.16, 37, 92, 190 mel EDI lux) as

the repeated measures (autoregressive (1) correlation), together with age, sex, and BMI

as covariates and interaction term between illuminance and hypothalamus subpart. The

final set of analyses included performance metrics as dependent variables (accuracy to

the 2-back or 0-back task - as percentage of correct responses; reaction time – ms - to

emotional or neutral stimuli during the emotional task) and included the same repeated

measures and covariates ads in the preceding set as well as activity of the relevant

hypothalamus subpart.

Optimal sensitivity and power analyses in GLMMs remain under investigation (e.g. [56]). We

nevertheless computed a prior sensitivity analysis to get an indication of the minimum

detectable effect size in our main analyses given our sample size. According to G*Power

3 (version 3.1.9.4),[57] taking into account a power of 0.8, an error rate α of 0.025

(correcting for 2 tasks), and a sample of 26 allowed us to detect large effect sizes r > 0.54

(two-sided; absolute values; CI: 0.19–0.77; R^2 > 0.29, R^2 CI: 0.04–0.59) within a multiple

linear regression framework including one tested predictor (illuminance effect) and three

covariates (age, sex and BMI).

Data and code availability statement

The processed data and analysis scripts supporting the results included in this manuscript

are publicly available via the following open repository:

https://gitlab.uliege.be/CyclotronResearchCentre/Public/xxxx (the repository will be

created following acceptance / prior to publication of the paper).

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Tables

Table 1. Differences between hypothalamus subparts in the collective impact of the

variation in illuminance on their activity.

Executive task							
Main GLMM				Pairwise comparisons			
Effect	F value	P value*	Partial R²	Contrast#	t-value	P$_{uncorrected}$	P$_{corrected}$
Hypothalamus subparts	4.36	**0.002**	**0.08**	1 vs. 2	-0.30	0.76	0.99
				1 vs. 3	-3.48	**0.0006**	**0.0056**
				1 vs. 4	< 0.01	0.99	1
Task	0.74	0.4		1 vs. 5	-0.57	0.57	0.98
Hypothalamus subparts x task type	0.68	0.61		2 vs. 3	-3.17	**0.0017**	**0.015**
				2 vs. 4	0.31	0.76	0.99
				2 vs. 5	-0.27	0.79	0.99
Age	0.33	0.57		3 vs. 4	3.48	**0.0006**	**0.0055**
BMI	0.59	0.45		3 vs. 5	2.54	**0.0041**	**0.033**
Sex	0.01	0.91		4 vs. 5	-0.5	0.57	0.98
Emotional task							
Main GLMM				Pairwise comparisons			
Effect	F Value	P value*	Partial R²	Contrast#	t-value	P$_{uncorrected}$	P$_{corrected}$
Hypothalamus subparts	9.38	**<.0001**	**0.22**	1 vs. 2	0.32	0.75	0.99
				1 vs. 3	-4.76	**< 0.0001**	**< 0.0001**
				1 vs. 4	-0.05	0.96	1
Task	4.13	0.053		1 vs. 5	-2.24	**0.025**	0.17
Hypothalamus subparts x stimulus type	0.55	0.7		2 vs. 3	-5.09	**< 0.0001**	**0.0001**
				2 vs. 4	-0.37	0.71	0.99
				2 vs. 5	-2.57	**0.011**	0.081
Age	0.18	0.67		3 vs. 4	4.71	**< 0.0001**	**< 0.0001**
BMI	0.05	0.82		3 vs. 5	2.52	**0.013**	0.091
Sex	1.54	0.23		4 vs. 5	-2.19	**0.03**	0.19

Outputs of generalized linear mixed model (GLMM) with subject as random factor (intercept

and slope), and task and subpart as repeated measures (ar(1) autocorrelation).

* The corrected p-value for multiple comparisons over 2 tests is p < 0.025.

refer to Figure 2A for correspondence of subpart numbers

Table 2. Statistical outputs of GLMM testing for differences between the activity of each
subpart of the hypothalamus under each illuminance
794
795

Executive task							
Main GLMM				**Comparisons between subparts per illuminance #**			
Effect	**F-value**	**P value**	**Partial R²**	**Illuminance***	**contrast**	**t-value**	**p-value**
Subpart	1.4	0.23		92	2 vs. 3	-2.25	**0.025**
Illuminance	2.15	0.073		92	3 vs. 4	2.58	**0.01**
				190	1 vs. 3	-2.80	**0.0053**
Task	3.24	0.073		190	2 vs. 3	-2.24	**0.025**
Subpart x Illuminance	1.7	**0.041**	**0.09**	190	3 vs. 4	3.15	**0.0017**
Age	1.19	0.29					
BMI	0.01	0.9					
Sex	0.38	0.54					

Emotional task							
Main GLMM				**Comparisons between subparts per illuminance #**			
Effect	**F-value**	**P value**	**Partial R²**	**Illuminance***	**contrast**	**t-value**	**p-value**
Subpart	4.29	**0.0023**	**0.07**	0	3 vs. 5	-2.05	**0.04**
				92	2 vs. 3	-2.53	**0.012**
Illuminance	9.41	**< 0.0001**	**0.035**	92	2 vs. 5	-2.96	**0.0032**
				190	1 vs. 3	-3.31	**0.001**
				190	2 vs. 3	-4.75	**< 0.0001**
Task	0.13	0.72		190	1 vs. 5	-2.5	**0.013**
				190	2 vs. 5	-4.04	**<0.0001**
				190	3 vs. 4	3.13	**0.0018**
Subpart x Illuminance	1.7	**0.041**	**0.026**	190	4 vs. 5	-2.32	**0.021**
Age	0.59	0.45					
BMI	1.54	0.23					
Sex	0.05	0.83					

796   * illuminance in mel EDI lux

797   # only significant comparisons are reported in the main text. For the full table, including

798   post hocs comparing light levels within a subpart, refer to Suppl. Table S3 to S6