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Review Article

A review of the literature on the impact of acute and chronic stress upon brain waves

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Abstract

Background: The biological responses associated with stress originate in the brain and involve-different physiological and physical effects. The direct effect of stress on cortical responses can be visualized by recording the brain's electrical waves using an encephalograph. These waves are recorded by means of an electroencephalogram (EEG). EEG is the most commonly used neuroimaging technique to study the patterns of brainwaves and functioning of the brain. It also measures the variation of the electric field produced by neuronal activity a millisecond at a time. To systematically analyze published studies on the difference between brain wave patterns in terms of their frequencies among subjects with acute stress, chronic stress, and normal individuals.

Methodology: The data from published studies was arranged quantitatively and qualitatively by producing a planned summary measure. Studies that focused on brain wave analysis of the EEG of healthy adult subjects with no history of mental illness or head injury were included in the review. The selected literature included many types of stressors that are acute or chronic, and that affected the neuronal electrical activity. The only electronic database utilized to identify relevant studies was PubMed.

Result: Fifteen studies were included that were based on a variety of acute stressors to observe alterations in brain wave activity between stress-free and stressed states. These studies showed that stressors could be a causative factor to generate fluctuations in neuronal oscillations that also leads to significant psychological, physiological and neurobiological deteriorations to some extent. An additional sixteen studies were included, which showed the effect of chronic stress on the asymmetry of the amplitude in the frequencies of brain waves.

Conclusion: The most common change observed was in the alpha frequency (8-13Hz), followed by changes in beta waves (13-30 Hz) and theta (4-8Hz). Though, there is not always the same resultant pattern of waves explored with even the same type of stressors due to interpersonal differences in response to a stressful situation.

Keywords

Chronic Stress, Acute Stress, Brain Waves, Electroencephalography.



Introduction

Everyone, at least once in their lifetime, faces a stressful situation. This stress can be beneficial if it motivates a person to do challenging tasks to achieve their goals. But it can be harmful when it begins to affect the physical or mental health of the subject. The term stress is defined as; when the equilibrium between internal and external environment is disturbed, it alters the bodily mechanisms1. This scenario casts a bad impact on the central, and peripheral regulatory systems that leads to deprived health and mental wellbeing². Stress is also responsible for the progression of chronic disorders. Its long-term exposure is linked with several health problems, including peripheral vascular disease, obesity, diabetes, and depression. Therefore it is essential to evaluate stress levels at the early stage before they start to interfere with everyday routine. Stress can be evaluated based on physiological and behavioral responses. Traditionally, physicians tend to assess stress by using critically designed questionnaires3, i.e. a subjective method. Stress can also be measured by assessing different biological indicators like cortisol4, alpha-amylase levels, body vitals namely blood pressure⁵ and skin conductivity⁶. The direct effect of stress on cortical responses can be obtained by using a neuroimaging technique, electroencephalogram (EEG)7. EEG is the electrophysiological technique used to assess the electrical activity of the brain8. It also measures the variation of the electric field produced by neuronal activity at the millisecond resolution.

Assessment of Acute and Chronic Stress Based on EEG Features

Biological responses associated with stress originate in the brain and involve different types of physiological and physical effects. Previous studies have investigated the variations in EEG signals during stressful

conditions. The alpha frequency band ranges between 8-13 Hz9. Alpha waves are usually recorded in a relaxed, calm and tension-free condition¹⁰, when a subject is exposed to a distress in a controlled laboratory setting a distinct reduction in power is observed¹¹. During the stressful condition, the right hemisphere shows more frontal altered alpha waves then left hemisphere^{12,13}. Other studies discuss the relationship between negative emotions, stress or depression with alpha frequency^{12,14}. Marshall and Lopez Duran suggest a decline in the power of alpha frequency in the prefrontal cortex during a stressful situation¹⁵. As well, there is an increase in alpha power in the frontal cortex during fatigue¹⁶. Yi et al. reported that during chronic stress such as social isolation there is a decrease in the power of alpha frequency¹⁷.

Methodology

Study Characteristics

This systematic review protocol is based on PRISMA guidelines¹⁸. The only electronic database involved in this study is PubMed and the records and data throughout the review is managed by M.S. Word.

Inclusion Criteria

- The studies conducted between 1st January 2000 to 31st March 2019.
- All the full-text original articles published in the English language
- Studies with the subject age range of 19-44 years.
- Studies that focus on brain wave analysis by EEG.
- Studies involving healthy subjects, without any history of mental illness or head injury.

Exclusion Criteria

• Studies assessed depressive symptoms in healthy populations.



- Studies on infants (pediatric studies), neonates, pregnant women.
- Studies focused on other electrophysiological techniques than EEG.
- Studies used EEG for evaluation other than stress.
- Studies involving diseased subjects.

Data Synthesis

The data was arranged quantitatively and qualitatively by producing a planned summary measure, reviewing original articles in the same aspects, extracting and screening the citation and studies, handling the studies, screening them and combining them according to the methods given by the following PRISMA flow diagram (Figure 1 & 2).

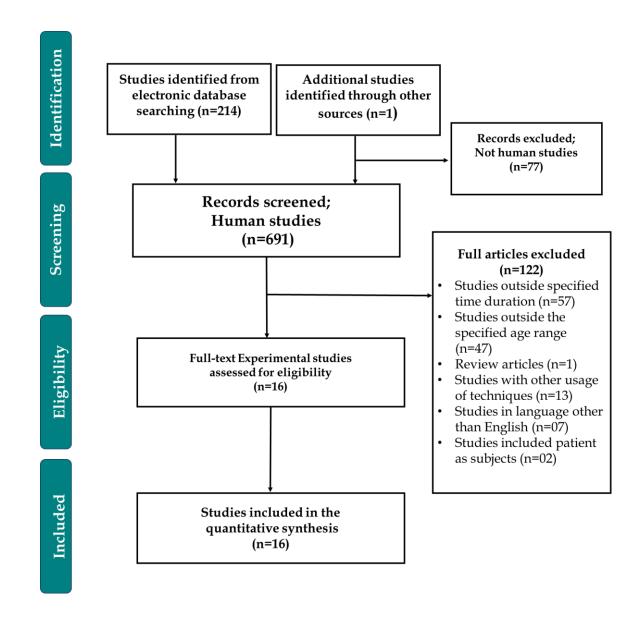


Figure 1: PRISMA Diagram for study selection of chronic stressors in systemic review.



This method was used as a medium for extractions and simplification of the combined data and rate it in its quality and quantity.

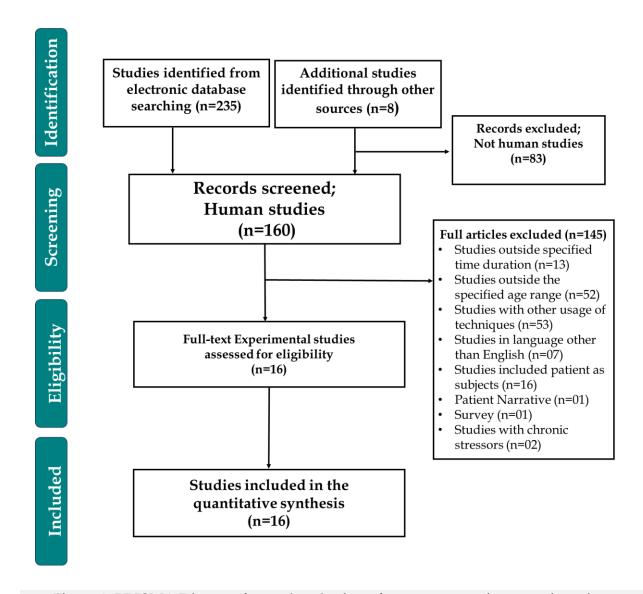


Figure 2: PRISMA Diagram for study selection of acute stressors in systemic review.



Result

Table 1 summarizes the sample size, gender, included brain frequencies, altered oscillations, and type of chronic stressor measured. The stressors mentioned in Table 1 discuss the disturbance in neuronal oscillations. Many studies discuss several reasons for the asymmetry in brain waves that can be a result of continuous exposure to a stressful situation. Different stressors have been reported; one of the stressors is sleep deprivation, which increases alpha waves¹⁹. Another stressor is isolation; during 520 days, isolation shows the increase in beta waves at the frontal region while alpha and delta remain unaffected²⁰. Loganovsky et al. found an increase in alpha at the temporal and frontal area, delta at the anterior brain, and theta at the anterior brain and right temporal region and beta increase at anterior brain while decrease at the temporal region due to

workload²¹. Jacubowski et al. considers two stressors, one is isolation and the other is exercise, and both stressors resulted in high alpha and beta waves²². Hu concluded the influence of different stressors caused by unemployment, and the frequent examination on students and mothers of disabled children²³. They found alpha, beta and theta frequencies increase anteriorly. Luijcks et al. used electro-shocker as a chronic stressor and reported an increase in alpha and slow beta waves frequency at central and parietal-temporal areas, spectrum of gamma wave's decrease at frontal, central and occipital regions²⁴. Vanneste et al. assessed chronic tinnitus and reported that alpha 1 and beta are altered²⁵. However, in this condition, alpha 1 at the subgenual anterior cingulate cortex, beta 3 at dorsal anterior cingulate cortex, delta, theta, alpha 2, beta 1 and 2 remain unaffected. When extreme isolation was studied by Yi et al. they found a decrease in alpha and beta frequency¹⁷.

Table 1: Chronic Stressors That Alter Brain Wave Symmetry.

Author	Year	Sample size	Waves	Result	Brain region	Stressor
Begić et al ²⁶	2000	18 veterans with	delta, theta, alpha	theta 🕇	Theta: Central region	PTSD
		PTSD and 20	1,	beta 🛊	Beta: Frontal, central and left	
		healthy non-	alpha 2 beta 1 &	alpha and delta no	occipital-al	
		veterans	beta 2	significant change		
Hall et al ²⁷	2000	14 subjects with	delta, alpha and	During non-REM	-	Last 6 months
		primary insomnia	beta	sleep:		depression.
				delta 🕈		
				beta 👢		
				alpha 🕇		
Brady et al ²⁸	2000	6 subjects	Theta	theta 🛊	Frontal	Binaural beat sound
						tape
Neylan et al ²⁹	2003	24 PTSD patients	Delta	delta 👢	-	PTSD
		and 18 control				



Hall et al ³⁰	2007	30 patients of insomnia	beta and delta	beta 🕇 delta 🌡	-	Perceived stress
Baumeister et al ³¹	2008	16 right-handed healthy subjects	theta alpha1 alpha2 beta1 and beta2	beta-1 ↓ alpha-1 ↑	Frontal region: Alpha 1 Right Hemispheric frontal brain beta 1	Supplementation of phosphatidylseri-ne
Todder et al ³²	2012	10 right handed PTSD patients+ 10 healthy hospital staff member	Theta	qEEG: No statistical difference between PTSD and control subjects for theta band LORETA: Theta band	Low on right temporal-al lobe, higher theta band patients with PTSD showed lower activity over both the right and left frontal lobes	PTSD
Glos et al ³³	2014	12 healthy young volunteer	Alpha	alpha 🐧	-	Sleep deprivation
Yi et al ²⁰	2015	6 subjects	alpha, beta, and delta	beta ↑	Frontal region	Chronic stress burden of 520-d isolation
Loganovsk et al ²¹	2015	196 subjects	alpha, beta, theta and delta	alpha † beta † theta † delta †	Anterior brain: beta, theta, delta Right Temporal: theta, beta, alpha Frontal: Alpha	Work load
Jacubowski et al ²²	2015	6 subjects	alpha and beta	post isolation alpha, beta texercise alpha, beta	Limited number of channels, no further details of brain regions	Isolation.
Hu et al ²³	2015	18 unemployed, Students and Mothers of disabled children	alpha, beta and theta	alpha ↑ beta ↑ theta ↑	Anterior and frontal region	Unemployment, Frequent examination and graduation, Disabled children



Luijcks et al ²⁴	2015	69 right handed subjects	delta, theta, alpha, slow beta and fast beta, gamma	alpha † fast, slow beta gamma †	Central, parietal- temporal area: alpha, slow beta Frontal, central, occipital <u>:</u> Gamma	Electro-shocker
Vanneste et al ²⁵	2015	55 patients with constant chronic tinnitus	delta, theta, alpha 1, alpha 2, beta 1, beta 2, beta 3 and gamma	Sinificant effect on alpha 1 ↓ beta 3 ↑	Subgenual anterior cingulate cortex: alpha 1 Dorsal anterior cingulate cortex: beta 3	Tinnitus
Giannakakis et al ⁹	2015	18 healthy subjects	theta, alpha, beta and gamma θ, alpha 1,2 beta 1,2,3,4, low and high gamma	alpha and beta feature ↓	Frontal	Video
Yi et al ¹⁷	2016	6 healthy subjects	alpha and beta	beta ↓ alpha ↓	No further differentiation due to limited no. of channels	Mars voyage subjects lived in extreme social isolation

Table 2. Summarizes the sample size, their gender, included brain waves, altered oscillations, and type of acute stressor. The stressors mentioned in Table 2 discuss the disturbance in neuronal oscillations. Acute stressors can be beneficial as these stressors make the body able to adapt according to their surroundings. Alonso et al., applied two psychological and physical stressors, a Stroop test and sleep deprivation in which the Stroop test resulted in an increase in alpha 1 and beta whereas in sleep deprivation, theta increased and there was a decline in alpha 1, finally high alpha decreases and high beta increases in stress responses³⁴. Zambotti et al., applied the Trier social stress test on insomniac patients and compared them with a control group, beta 1 increases in the control group showed no change in brain wave symmetry³⁵. Acute mental arithmetic tasks cause a decrease in alpha and increase in beta and delta and theta stay unchanged³⁶. Allen et al., used a socially evaluated cold presser test (S.E.C.P.T.) and found an increase in theta at the frontal midline and that alpha1, 2 and beta 1, 2 and delta did not responded to the stressor³⁷. Banis et al., used the Distressing Video and Monetary Incentive Delay Task and found alpha power increase in reward cues, which was unaffected during a stressful situation. They also found that theta increased in on reward signal³⁸. In Julien Modolo et al., study, alpha remains unchanged at the occipital region in magnetic frequency (60 Hz) stressor³⁹.



Table 2: Acute Stressors That Change Brain Wave Symmetry.

Author	Year	Sample size	Waves	Result	Brain region	Stressor
Muttray et al ⁴⁰	2000	12 subjects	Alpha 1, Alpha 2, Beta 1, Beta 2, Theta And Delta	alpha 1 : ↓ alpha 2 : ↓ beta 1 : ↓ beta 2: no change	Tempor-o-parieto-occipital: Alpha 1 and beta 1 Temporooccipital: Delta Parietal & temporal regions: Theta	200 ppm 1,1,1- trichloroethane + Color Word Stress test
Tops et al ⁴¹	2004	11 subjects	Alpha	alpha : ↓	Frontal activity	Acute cortisol
Hewig et al ⁴²	2008	37 subjects	Alpha	alpha : 🌡	Frontal	Exam
Master et al ⁴³	2009	54 subjects	Alpha	alpha asymmetery	Frontal EEG. Asymmetry	Trier social stress test
Rozhkov et al ⁴⁴	2009	11 subjects	Theta & Delta	theta : ↑ delta : ↑	Temporospatial	Нурохіа
Scholey et al ⁴⁵	2012	31 subjects	Theta, Alpha And Beta	theta : ↑ alpha : ↑ beta : ↑	Midline frontal and central region	Epigallocatechin gallate (E.G.C.G.)
Lithari et al ⁴⁶	2012	26 right handed healthy subjects	Alpha Beta, Gamma, Delta Theta	theta : ↑ alpha : ↑ beta : ↑	Regions not mentioned	Alcohol intake
Quaeflieg et al ⁴⁷	2014	70 subjects	Alpha	alpha not effected	Frontal	Maastricht acute stress test



Alonso et al ³⁴	2015	30 subjects	Delta Theta Alpha And Beta	Stroop test: alpha1↓ beta : ↑ sleep deprivation: theta : ↑ alpha 1: ↑ stress response high alpha: ↓ high beta: ↑	-	Stroop color word test chronic: Sleep deprivation
de Zambotti et al ³⁵	2015	22 subjects with insomnia & 18 without insomnia	Alpha Beta1 Beta2 Delta Theta And Sigma	Insomniac subjects: beta1: Control: beta 1 no change	-	Trier social stress test.
Al-Shargie et al ³⁵	2016	22 healthy right handed subjects	Delta Alpha Beta And Theta	beta: 1 alpha: 1 waves responded more significantly to stress	-	Mental arithmetic task
Allen et al ³⁷	2016	22 subjects	Alpha1 Alpha 2 Beta 1 Beta 2 Delta & Theta	theta: 1	Frontal midline representing prefrontal cortical activity.	2
Banis et al ⁴⁰	2017	17 subjects	Alpha & Theta	alpha: in reward cues No effect in stressed condition theta: in non reward cue.	-	Distressing video+ Monetary Incentive Delay Task
Modolo et al ³⁹	2017	25 subjects	Alpha	alpha not effected	Occipital region	Magnetic frequency 60 Hz



Discussion

The conditions that are associated with stress produce significant psychological, physiological and neurobiological deteriorations. Distress affects neuronal circuits that further disturb the normal propagation of brain waves; these interruptions can be analyzed by EEG with precision and efficacy.

This review reveals how the different stressors could be a causative factor in generating fluctuations in neuronal oscillations. It should be noted that gamma is the least observed wave in the aboveincluded studies. Above all, only Luijcks et al. reported a decrease in gamma waves at the frontal, central and occipital regions while others reported no change 9,24,25. Slowwave delta least shows the deflection when influenced by chronic stressors; in many studies, delta waves remain unchanged before and after the stressor applied^{20,24-26}. Few studies mentioned the increase in delta waves during chronic stress^{9, 12, 21}. However, Neylan et al. and Hall et al. suggested a decrease in delta waves^{29,30}. Like delta, theta also in some studies reported to not be a respondent of a stressor 9,24,25,31. While Begic et al.²⁶, Brady et al. ²⁸ and Hu et al. ²³ observed a decrease in theta rhythms at central, frontal and anterior regions, respectively. However, Todder et al.32 use QEEG and Low Resolution Electromagnetic Tomographis Analysis (LORETA) techniques and report that there is no difference observed. At the same time, LORETA reveals some other results; they distributed the theta band into higher and lower frequency band, both bands show low activity at different brain sites, the low band found at right temporal lobe while the higher band at the right and left frontal lobe. Now, beta waves are more involved in brain-specific tasks. Most of the studies reported an increase in beta

oscillations at frontal, central, left occipital, anterior, right temporal and parietal temporal regions of the brain ^{18,20,21-23,26,30}. Some detect a decline in this rhythm at the frontal and right hemispheric frontal site of the brain^{8,9,17}. Also, Vanneste et al. observed alteration in frequency bands of beta 3 waves at the dorsal, anterior cingulate cortex²⁵. Finally, the alpha wave remains unchanged in very few cases ^{20, 26}. Mainly, the alpha oscillations were reported to be increased during or after chronic stressors were applied, and the regions indicated were frontal, right temporal, parietal temporal, central and anterior^{18,22,25,28,29,31}.

On the contrary, Giannakakis et al. 9 and Yi et al. 17 suggested the decline in beta frequency in the frontal region of the brain. Additionally, Vanneste et al. found fluctuations in alpha 1 waves after the extensive exposure to stress²⁵. Acute stressors are the second parameters in this review. Lithari et al. 46 included gamma wave in his study, but the rhythms remain un-deflected. Now, the delta waves mostly reported being unchanged during acute stress^{34-37,46}. Whereas, Muttray et al. ⁴⁰ and Rozhkov et al. 44 observed an increase in the frequency of the delta waves at temporooccipital and temporospatial regions of the brain. Theta oscillations are not respondents of acute stressors observed by Massimiliano de Zambotti³⁵ and Al Shargie et al.³⁶ But most of the studies mentioned an increase in theta wave and the regions are parietal and temporal, temporospatial, midline frontal and central part of the brain^{34,40,44,46}. Allen et al.,37 suggested no change in the beta wave. Though, Muttray et al.40 mentioned a decrease in beta rhythm temporoparietal occipital. On the other hand, most of the studies reported an increase in the beta wave at midline frontal and central regions^{34-36,46}. Lastly, the alpha



waves are the most considered wave to study stress. Some studies reported that alpha remains unchanged^{27,35,37,47}. In acute stress, it is reported that alpha wave increases at frontal, midline frontal and central sites^{34,38,43,46}, while other studies reported a decline in alpha waves at temporoparietal-occipital and frontal regions of the brain^{41,42}.

Conclusion

The literature reviewed for this study shows the effect of numerous stressors on brain oscillations that change their frequency, affecting normal functions of the brain. These fluctuations in the power of brain waves could lead to some severe consequences if persisted for too long. Multiple interventions and therapies especially biofeedback techniques making the mark and are now being tested and successfully applied to train the subject to revert the effect of stress. Most significant one amongst these were biofeedback and behavioral structuring techniques with high efficacy rates. Awareness in this regard is highly recommended.

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References

- Azher SZ, Noushad S, Ahmed S. Assessment Of Major Physical Stressors And Its Psychophysiology; A Comprehensive Review. APP. 2014;1(2014):3-8.
- Zatzick DF, Kang SM, Müller HG, Russo JE, Rivara FP, Katon W, Jurkovich GJ, Roy-Byrne P. Predicting posttraumatic distress in hospitalized trauma survivors with acute injuries. Am J Psychiatry. 2002;159(6):941-946.

- 3. Jørgensen ME, Sørensen MR, Ekholm O, Rasmussen NK. Importance of questionnaire context for a physical activity question. Scand J Med Sci Sports. 2013; 23(5):651-656.
- 4. Mannie ZN, Harmer CJ, Cowen PJ. Increased waking salivary cortisol levels in young people at familial risk of depression. Am J Psychiatry 2007; 164(4):617-621.
- Hering D, Kara T, Kucharska W, Somers VK, Narkiewicz K. High-normal blood pressure is associated with increased resting sympathetic activity but normal responses to stress tests. Blood pressure. 2013;22(3):183-187.
- 6. Tarvainen MP, Koistinen AS, Valkonen-Korhonen M, Partanen J, Karjalainen PA. Analysis of galvanic skin responses with principal components and clustering techniques. IEEE Trans Biomed Eng. 2001;48(10):1071-1079.
- 7. Park SY, Song KS, Kim SH. EEG Analysis for Computational Thinking based Education Effect on the Learners' Cognitive Load. ACACOS'15. 2015:23-25.
- 8. Aminoff MJ. Electroencephalography: general principles and clinical applications. Electrodiagnosis in Clin Neur, 6th ed.; Aminoff, MJ, Ed. 2012:37-84.
- Giannakakis G, Grigoriadis D, Tsiknakis M. Detection of stress/anxiety state from EEG features during video watching. 37th Ann Int Conf IEEE Eng. Med Bio Soc (EMBC). 2015; 6034-6037.
- 10. Khare KC, Nigam SK. A study of electroencephalogram in mediators. IJPP. 2000;44(2):173-178.
- 11. Norhazman H, Zaini NM, Taib MN, Omar HA, Jailani R, Lias S, Mazalan L, Sani MM. Behaviour of EEG Alpha Asymmetry when stress is induced and binaural beat is applied. ISCAIE. 2012; 297-301.
- 12. Lewis RS, Weekes NY, Wang TH. The effect of a naturalistic stressor on frontal EEG asymmetry, stress, and health. Biological Psycho. 2007;75(3):239-247.
- 13. Blackhart GC, Minnix JA, Kline JP. Can EEG asymmetry patterns predict future development of anxiety and depression?: A



- preliminary study. Biological Psycho. 2006;72(1):46-50.
- 14. Tiinanen S, Mättä A, Silfverhuth M, Suominen K, Jansson-Verkasalo E, Seppänen T. HRV and EEG based indicators of stress in children with Asperger syndrome in audiovisual stimulus test. Ann Int Conf IEEE Eng. Med Bio Soc. 2011: 2021-2024.
- 15. Marshall AC, Cooper NR, Segrave R, Geeraert N. The effects of long-term stress exposure on aging cognition: a behavioral and EEG investigation. Neurobio Aging. 2015;36(6):2136-2144.
- 16. Zhao C, Zhao M, Liu J, Zheng C. Electroencephalogram and electrocardiograph assessment of mental fatigue in a driving simulator. Accident Analysis & Prevention. 2012;45:83-90.
- 17. Yi B, Nichiporuk I, Nicolas M, Schneider S, Feuerecker M, Vassilieva G, Thieme D, Schelling G, Choukèr A. Reductions in circulating endocannabinoid 2-arachidonoylglycerol levels in healthy human subjects exposed to chronic stressors. Prog Neuropsychopharmacol Biol Psychiatry. 2016;67:92-97.
- 18. Moher D, Liberati A, Tetzlaff J, Altman DG, Prisma Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Medicine. 2009:6(7):e1000097.
- 19. Glos M, Fietze I, Blau A, Baumann G, Penzel T. Cardiac autonomic modulation and sleepiness: physiological consequences of sleep deprivation due to 40 h of prolonged wakefulness. Physio Behav. 2014;125:45-53.
- 20. Yi B, Matzel S, Feuerecker M, Hörl M, Ladinig C, Abeln V, Choukèr A, Schneider S. The impact of chronic stress burden of 520-d isolation and confinement on the physiological response to subsequent acute stress challenge. Behav. Brain Res. 2015;281:111-115.
- 21. Loganovsky K, Perchuk I, Marazziti D. Workers on transformation of the shelter object of the Chernobyl nuclear power plant into an ecologically-safe system show qEEG abnormalities and cognitive dysfunctions: A

- follow-up study. World J Biol Psychiatry. 2016;17(8):600-607.
- 22. Jacubowski A, Abeln V, Vogt T, Yi B, Choukèr A, Fomina E, Strüder HK, Schneider S. The impact of long-term confinement and exercise on central and peripheral stress markers. Physio Behav. 2015;152:106-111.
- 23. Hu B, Peng H, Zhao Q, Hu B, Majoe D, Zheng F, Moore P. Signal quality assessment model for wearable EEG sensor on prediction of mental stress. IEEE Trans Nanobiosci. 2015;14(5):553-561.
- 24. Luijcks R, Vossen CJ, Hermens HJ, van Os J, Lousberg R. The influence of perceived stress on cortical reactivity: a proof-of-principle study. PloS one. 2015;10(6):e0129220.
- 25. Vanneste S, De Ridder D. Stress-related functional connectivity changes between auditory cortex and cingulate in tinnitus. Brain connecti. 2015;5(6):371-383.
- 26. Begić D, Hotujac LJ, Jokić-Begić N. Quantitative EEG in 'positive'and 'negative'schizophrenia. Acta Acta Psychiatr Scand. 2000;101(4):307-311.
- 27. Hall M, Buysse DJ, Nowell PD, Nofzinger EA, Houck P, Reynolds III CF, Kupfer DJ. Symptoms of stress and depression as correlates of sleep in primary insomnia. Psychosom. Med. 2000;62(2):227-230.
- 28. Brady B, Stevens L. Binaural-beat induced theta EEG activity and hypnotic susceptibility. Am J Clin Hypn. 2000;43(1):53-69
- 29. Neylan TC, Lenoci M, Maglione ML, Rosenlicht NZ, Metzler TJ, Otte C, Schoenfeld FB, Yehuda R, Marmar CR. Delta sleep response to metyrapone in post-traumatic stress disorder. Neuropsychopharmaco. 2003;28(9):1666-1676.
- 30. Hall M, Thayer JF, Germain A, Moul D, Vasko R, Puhl M, Miewald J, Buysse DJ. Psychological stress is associated with heightened physiological arousal during NREM sleep in primary insomnia. Behav Sleep Med. 2007;5(3):178-193.



- 31. Baumeister J, Barthel T, Geiss KR, Weiss M. Influence of phosphatidylserine on cognitive performance and cortical activity after induced stress. Nutr. Neurosci. 2008;11(3):103-110.
- 32. Todder D, Levine J, Abujumah A, Mater M, Cohen H, Kaplan Z. The quantitative electroencephalogram and the low-resolution electrical tomographic analysis in posttraumatic stress disorder. Clin EEG Neurosci. 2012;43(1):48-53.
- 33. Glos M, Fietze I, Blau A, Baumann G, Penzel T. Cardiac autonomic modulation and sleepiness: physiological consequences of sleep deprivation due to 40 h of prolonged wakefulness. Physiol Behav. 2014;125:45-53.
- 34. Alonso JF, Romero S, Ballester MR, Antonijoan RM, Mañanas MA. Stress assessment based on EEG univariate features and functional connectivity measures. Physiol Measurement. 2015;36(7):1351.
- 35. de Zambotti M, Sugarbaker D, Trinder J, Colrain IM, Baker FC. Acute stress alters autonomic modulation during sleep in women approaching menopause. Psychoneuroendocrino. 2016;66:1-10.
- 36. Al-Shargie F, Kiguchi M, Badruddin N, Dass SC, Hani AF, Tang TB. Mental stress assessment using simultaneous measurement of EEG and fNIRS. Biomed optics Express. 2016;7(10):3882-3898.
- 37. Allen AP, Hutch W, Borre YE, Kennedy PJ, Temko A, Boylan G, Murphy E, Cryan JF, Dinan TG, Clarke G. Bifidobacterium longum 1714 as a translational psychobiotic: modulation of stress, electrophysiology and neurocognition in healthy volunteers. Transl Psychiatry. 2016;6(11):e939.
- 38. Banis S, Lorist MM. The combined effects of menstrual cycle phase and acute stress on reward-related processing. Biol Psychol. 2017;125:130-145.
- 39. Modolo J, Thomas AW, Legros A. Human exposure to power frequency magnetic fields up to 7.6 mT: An integrated EEG/fMRI study. Bioelectromagnetics. 2017;38(6):425-435.

- 40. Muttray A, Kürten R, Jung D, Schicketanz KH, Mayer-Popken O, Konietzko J. Acute effects of 200 ppm 1, 1, 1-trichloroethane on the human EEG. Eur J Med Res. 2000;5(9):375-384.
- 41. Tops M, Wijers AA, van Staveren AS, Bruin KJ, Den Boer JA, Meijman TF, Korf J. Acute cortisol administration modulates EEG alpha asymmetry in volunteers: relevance to depression. Biol Psychol. 2005;69(2):181-193.
- 42. Hewig J, Schlotz W, Gerhards F, Breitenstein C, Lürken A, Naumann E. Associations of the cortisol awakening response (CAR) with cortical activation asymmetry during the course of an exam stress period. Psychoneuroendocrinology. 2008;33(1):83-91.
- 43. Master SL, Amodio DM, Stanton AL, Yee CM, Hilmert CJ, Taylor SE. Neurobiological correlates of coping through emotional approach. Brain Behav Immun. 2009;23(1):27-35.
- 44. Rozhkov VP, Soroko SI, Trifonov MI, Bekshaev SS, Burykh EA, Sergeeva EG. Cortical-subcortical interactions and the regulation of the functional state of the brain in acute hypoxia in humans. Neurosci. Behav. Physiol. 2009;39(5):417-428.
- 45. Scholey A, Downey LA, Ciorciari J, Pipingas A, Nolidin K, Finn M, Wines M, Catchlove S, Terrens A, Barlow E, Gordon L. Acute neurocognitive effects of epigallocatechin gallate (EGCG). Appetite. 2012;58(2):767-770.
- 46. Lithari C, Klados MA, Pappas C, Albani M, Kapoukranidou D, Kovatsi L, Bamidis PD, Papadelis CL. Alcohol affects the brain's resting-state network in social drinkers. PloS one. 2012;7(10):e48641.
- 47. Quaedflieg CW, Meyer T, Smulders FT, Smeets T. The functional role of individual-alpha based frontal asymmetry in stress responding. Biol Psychol. 2015;104:75-81.

