

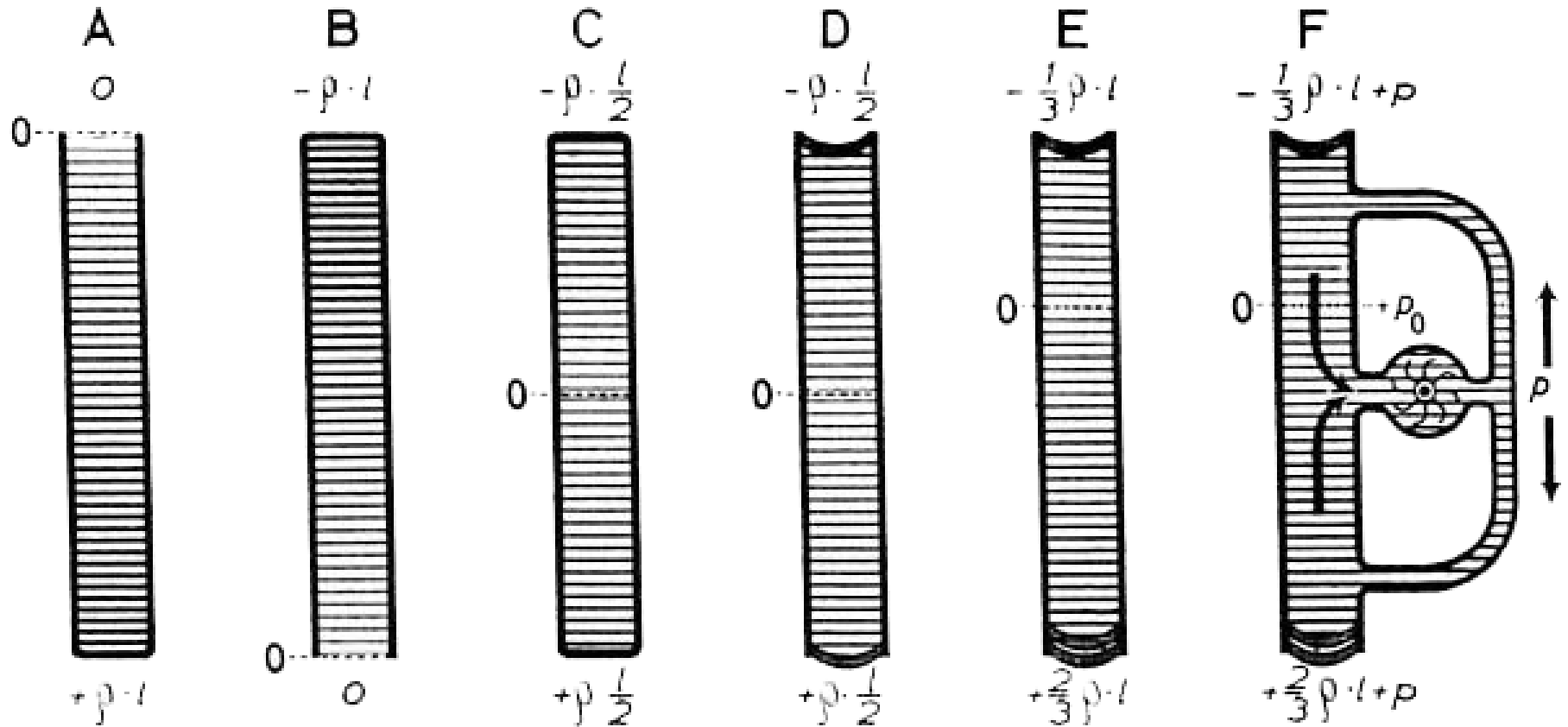
Cardiovascular Response to Gravitational Stress

Thomas Heldt and Roger G. Mark

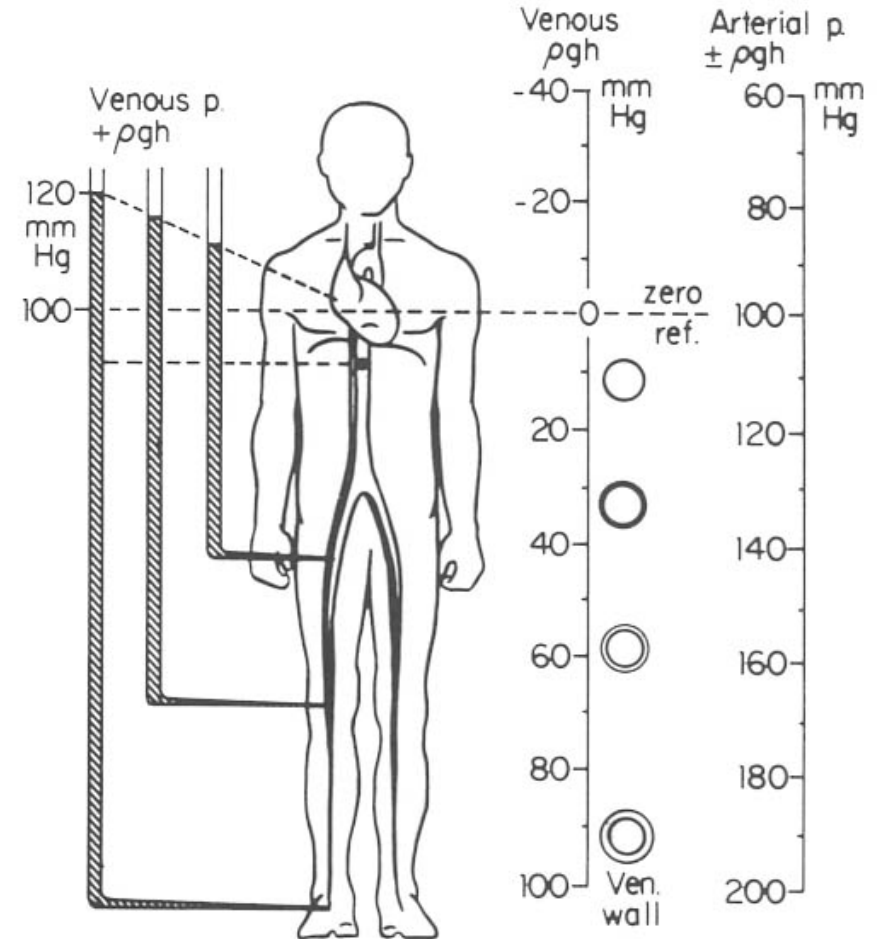
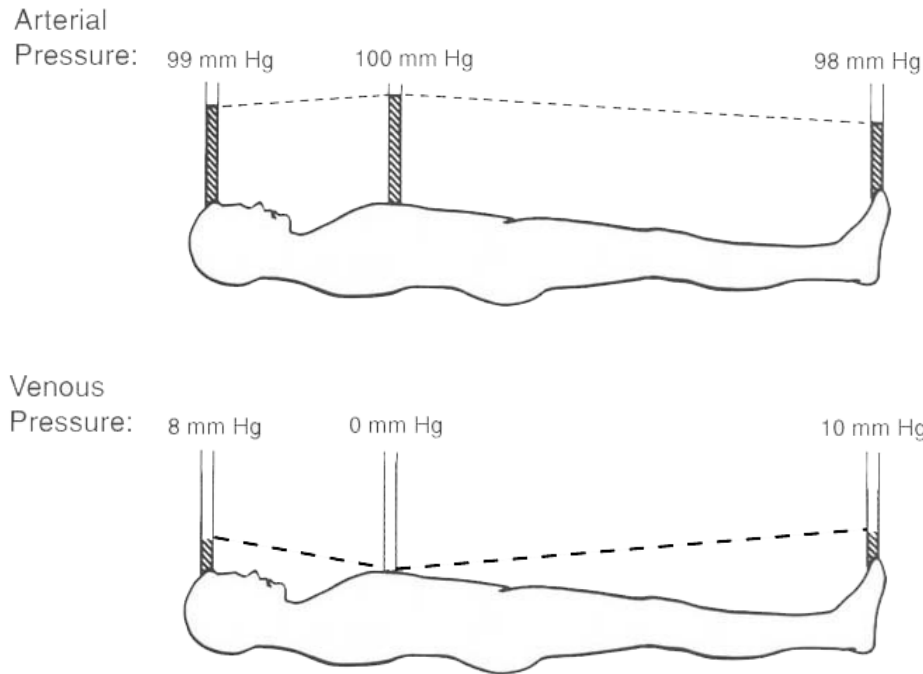
Goals

- Synthesize concepts developed last week to understand cardiovascular response to gravitational stress
- Briefly review spaceflight-related cardiovascular problems
- Consider modeling approach to understand post-flight orthostatic intolerance

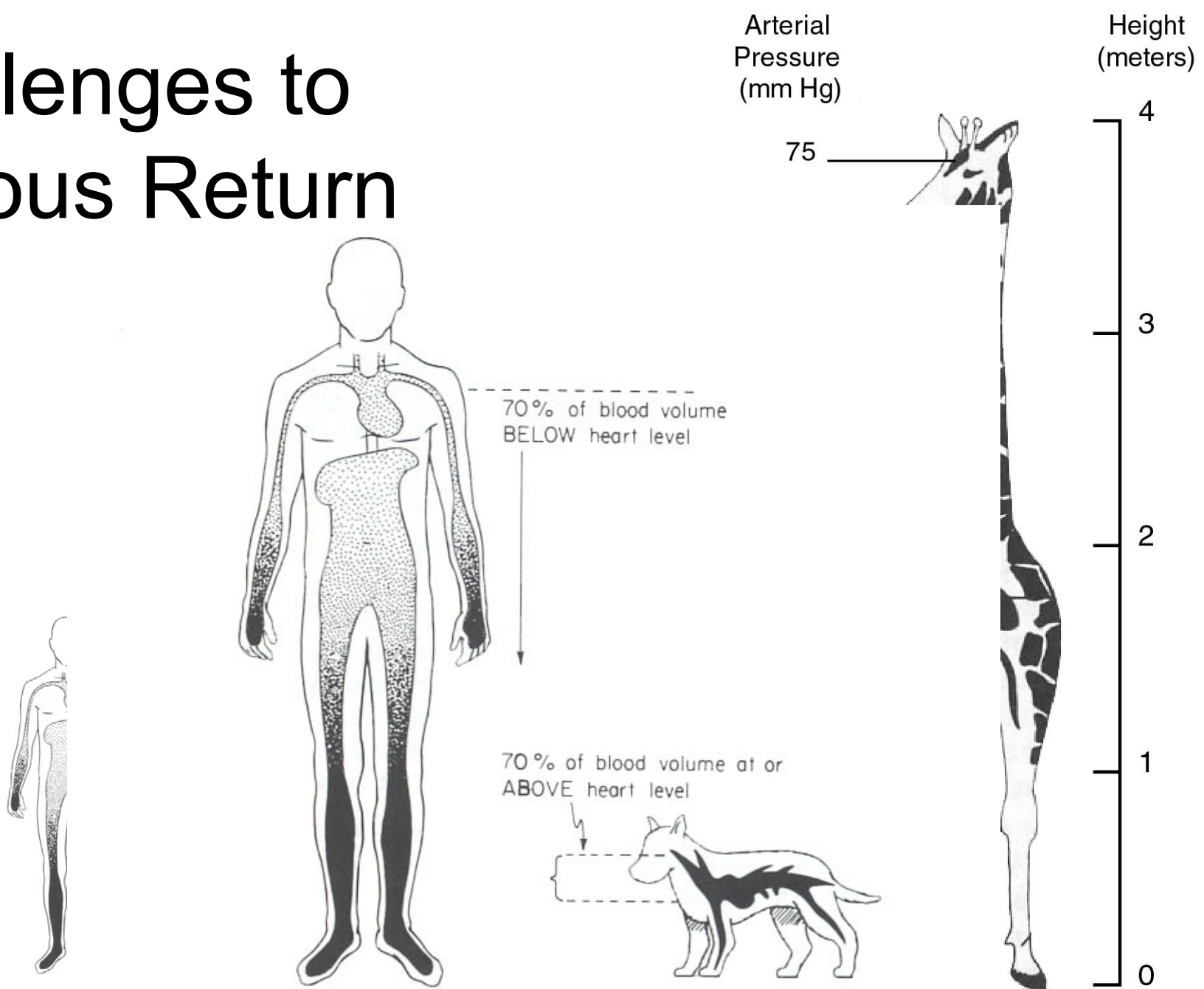
Hydrostatic Pressure



Hydrostatic Pressure in the Circulation



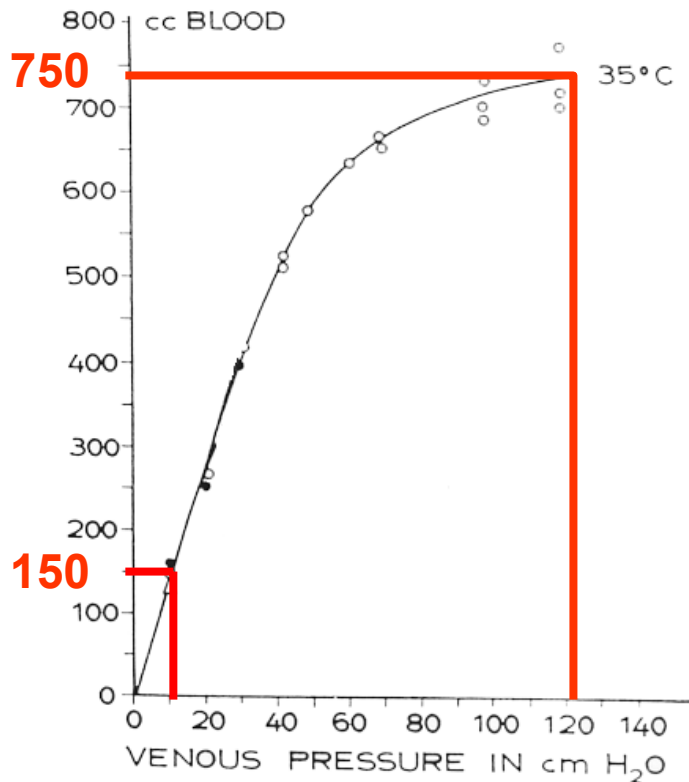
Challenges to Venous Return



adapted from: L.B. Rowell (1986) Human Cardiovascular Control.

Venous Pooling

Pressure-Volume relation
for both legs

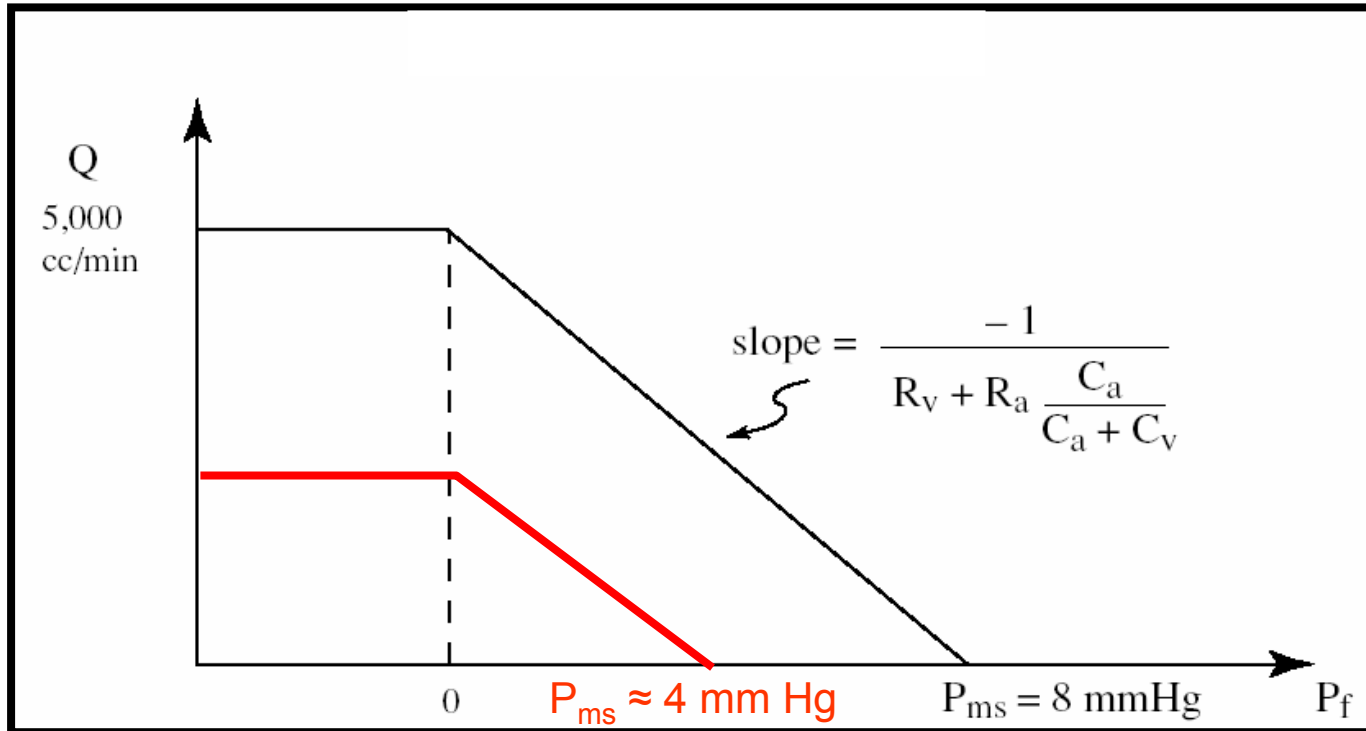


$$\Delta V \approx 600 \text{ ml}$$

Standing up can be conceptualized as a
600 ml-reduction in circulating volume.

Venous Return Curve

(no control)



$V_{total} \approx 5000$ ml
 $V_{ZPFV} \approx 3900$ ml
 $C_{total} \approx 125$ ml/mmHg

$$P_{ms} = \frac{V_{total} - V_{ZPFV}}{C_{total}}$$

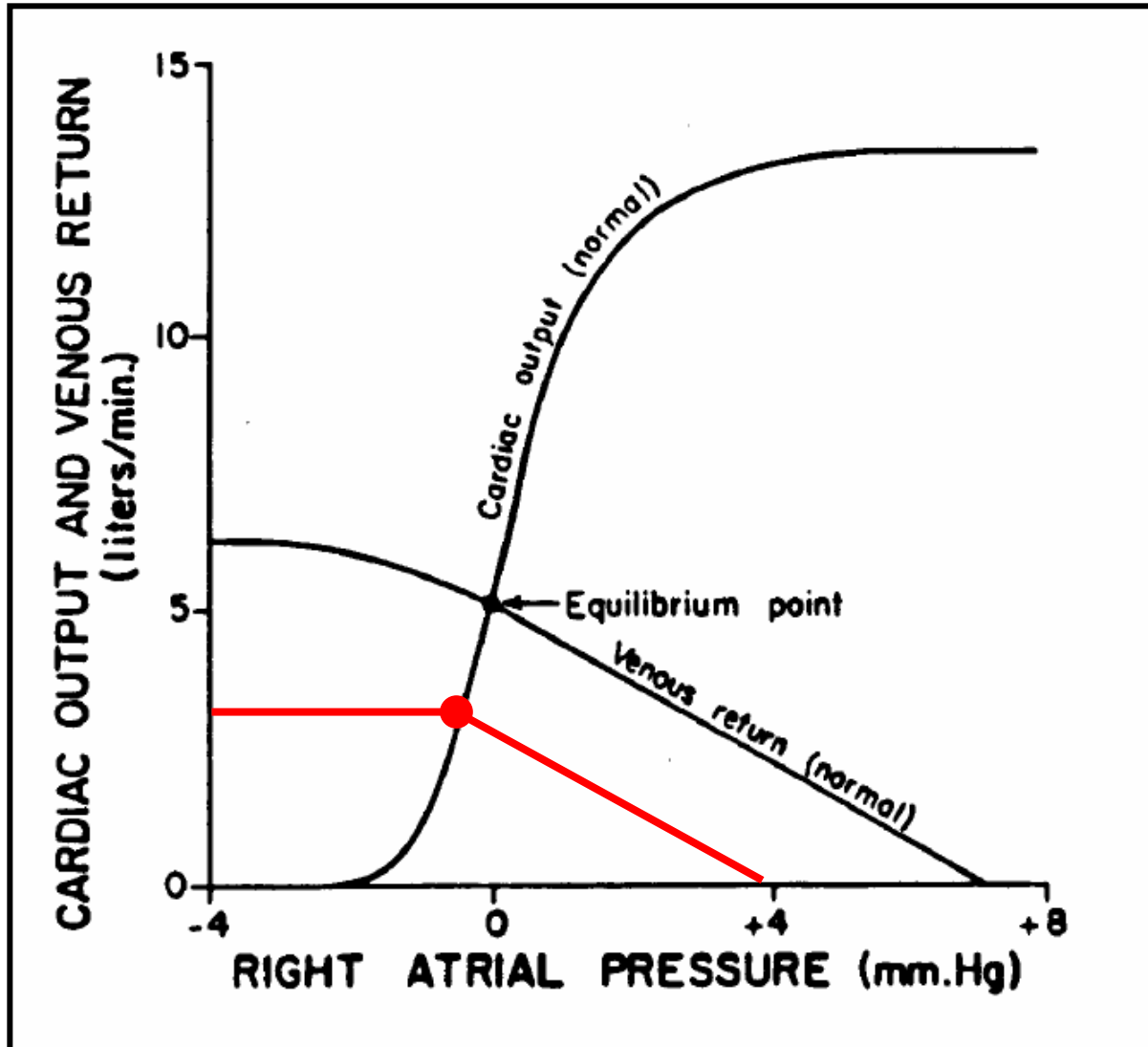
$P_{ms} \approx 8$ mm Hg

$V_{total} \approx 5000$ ml
 $V_{ZPFV} \approx 4500$ ml
 $C_{total} \approx 125$ ml/mmHg

$P_{ms} \approx 4$ mm Hg

Intact Circulation

(no control)



Is a 50%-reduction in CO a lot?

Remember Ohm's law:

$$\Delta V = R \cdot I \quad \Leftrightarrow \quad \Delta P = TPR \cdot CO$$

Since $TPR = \text{const}$ (no control), a 50 %-reduction in CO leads to a 50%-reduction in perfusion pressure.

Autonomic Failure

(disorder of the autonomic nervous system)

Head-up tilt to 70° in 6 patients with pure autonomic failure.

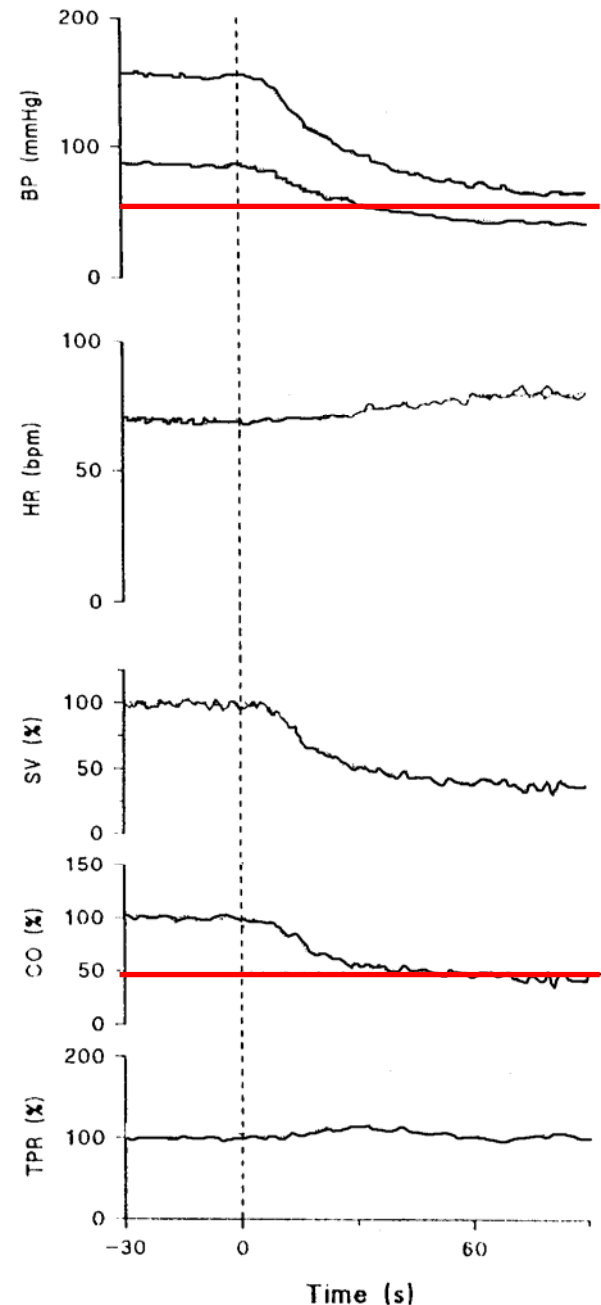
BP recorded at heart-level:

MAP \approx 50 mmHg

BP expected at eye-level:

**MAP = 50 mmHg - ρgh
 \approx 20-30 mmHg**

Blackouts occur!

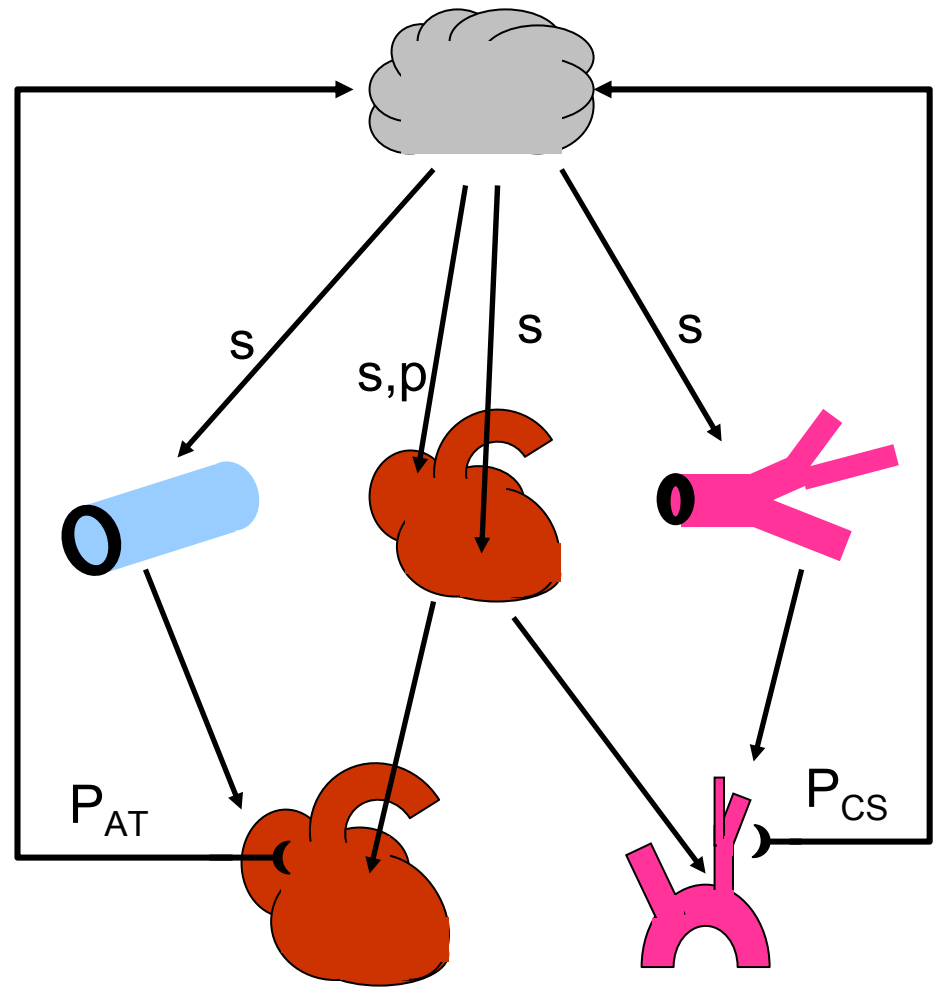


Preliminary Conclusions

- Gravity imposes a **SERIOUS** stress upon the cardiovascular system.
- To withstand this stress, control of circulatory parameters is imperative.

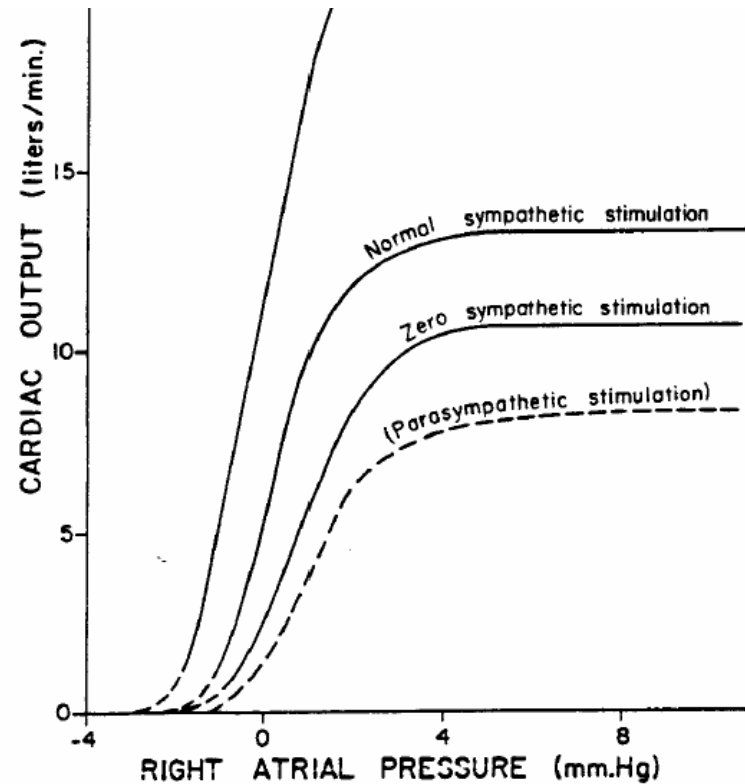
Circulatory Control

- Arterial Baroreflex
- Cardiopulmonary reflex
- Effector mechanisms:
heart rate,
venous tone,
cardiac contractility, and
arteriolar resistance

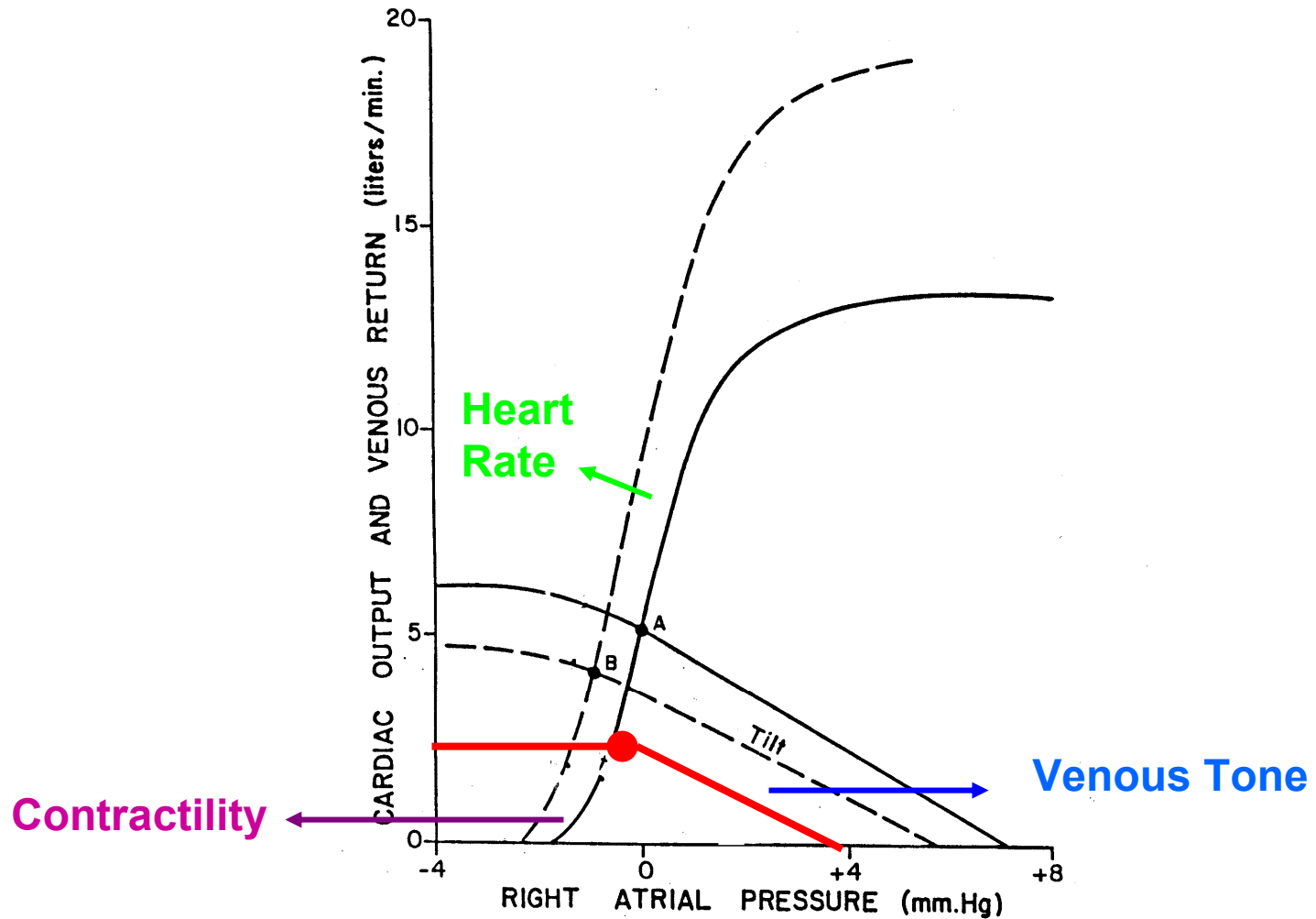


Effects on the cardiac output curve of different degrees of sympathetic and parasympathetic stimulation.

Sympathetic Stimulation



Effects of Control



Normal Physiology

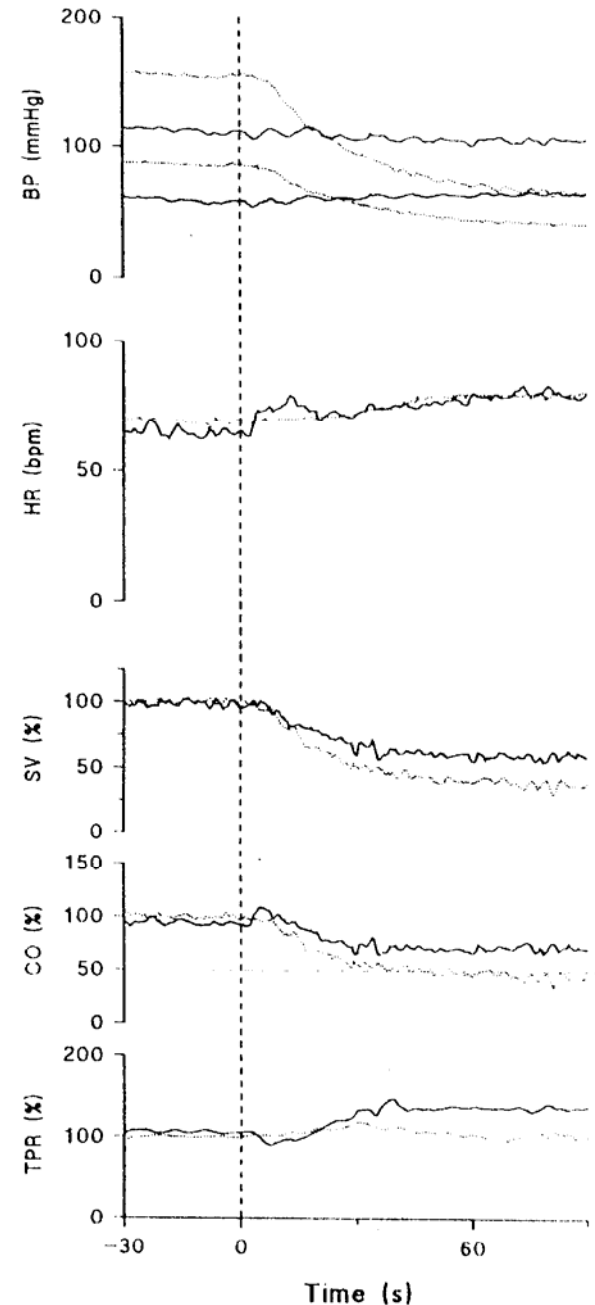
Head-up tilt to 70° in 6 patients with pure autonomic failure (dotted lines) and 6 normal volunteers (solid lines).

BP recorded at heart-level:

MAP \approx 90 mmHg

BP expected at eye-level:

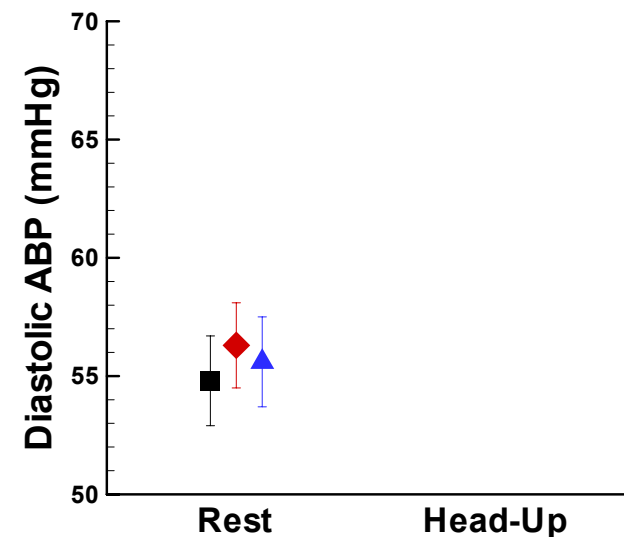
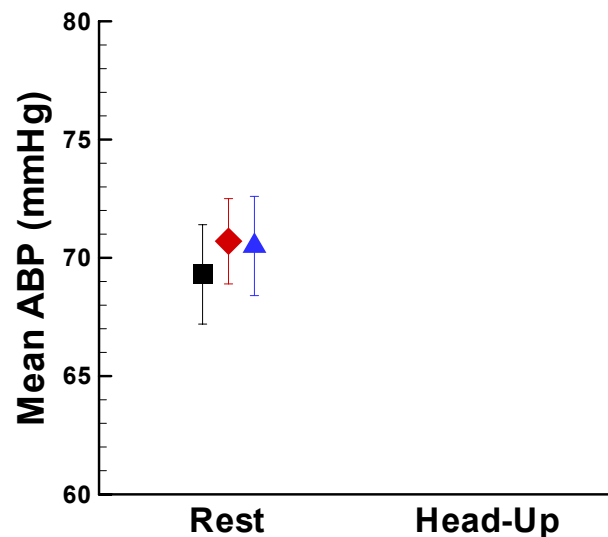
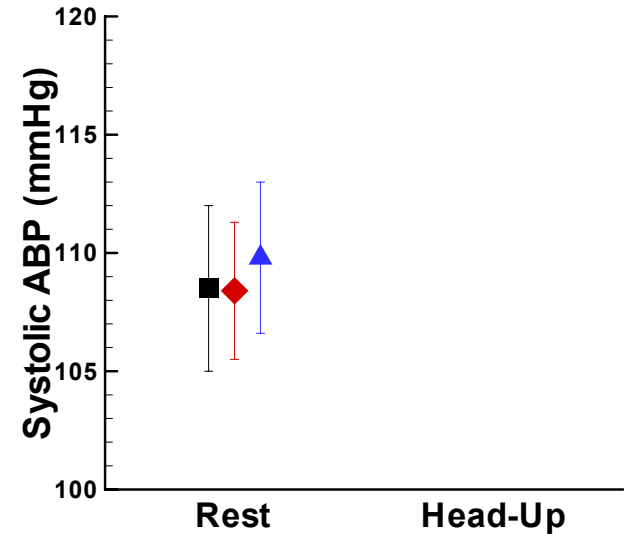
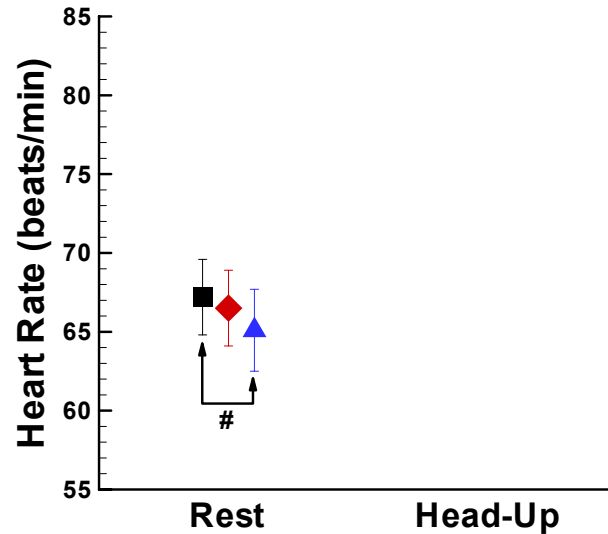
**MAP = 90 mmHg - ρ gh
 \approx 60-70 mmHg**



Steady-state responses

- ▲ : Stand-up
- ◆ : Slow tilt
- : Rapid tilt

■ : mean \pm SE
N = 20

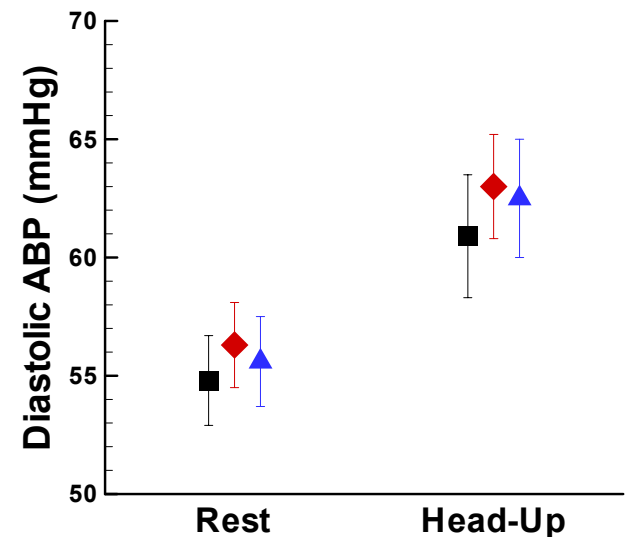
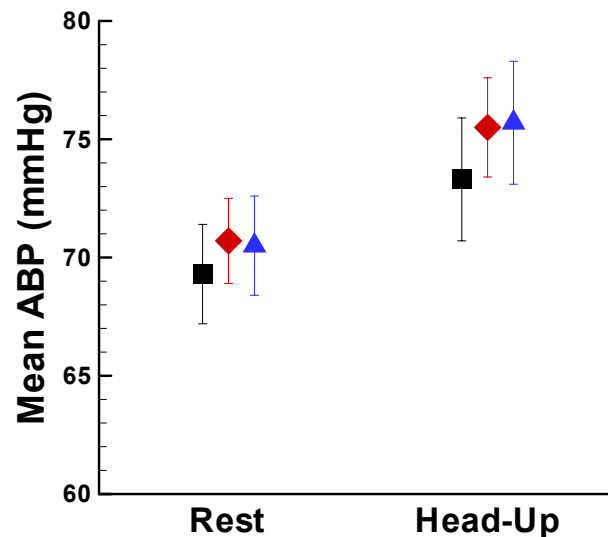
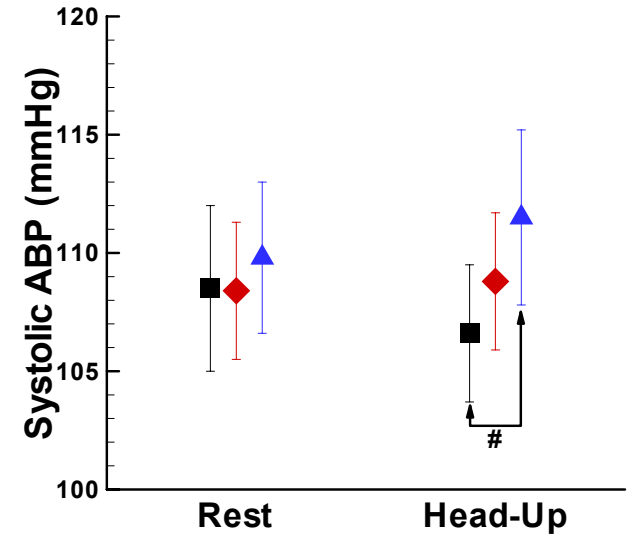
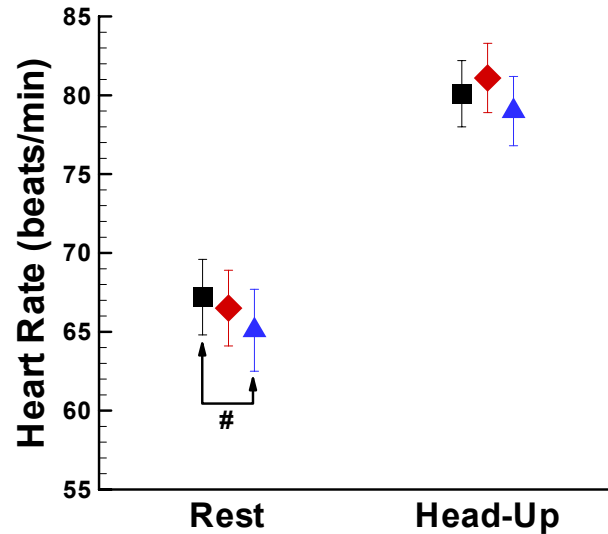


P < 0.05

Steady-state responses

- ▲ : Stand-up
- ◆ : Slow tilt
- : Rapid tilt

■ : mean \pm SE
N = 20

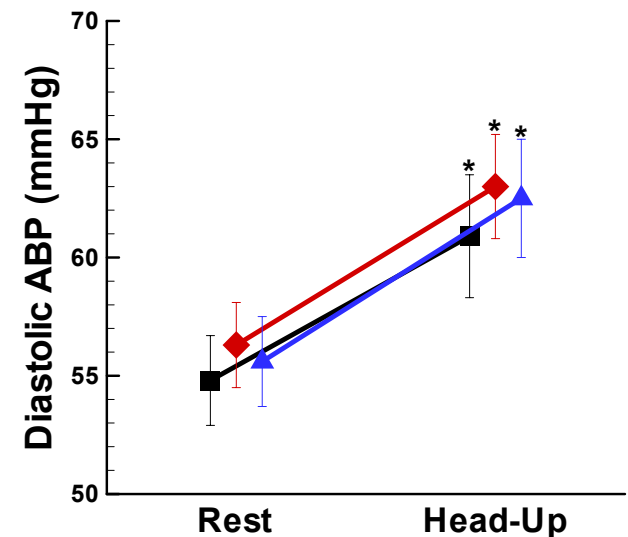
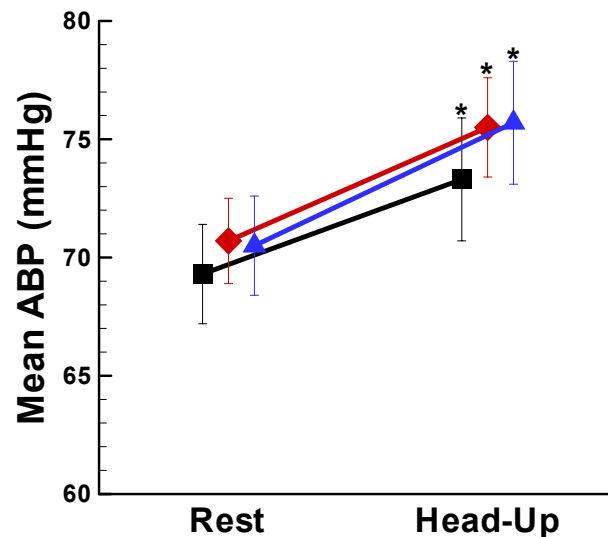
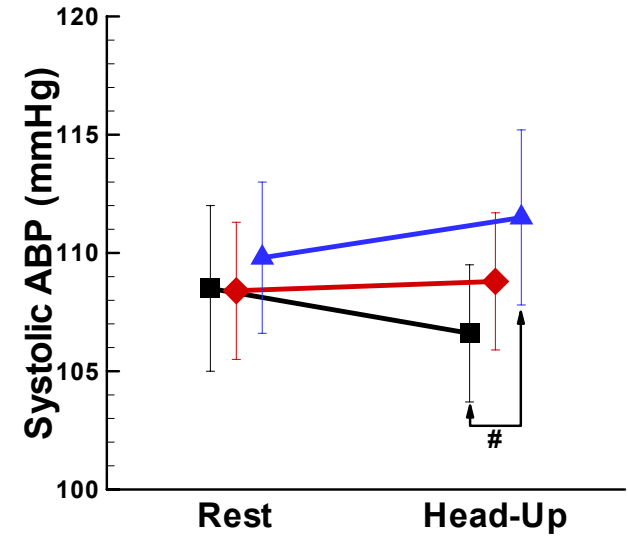
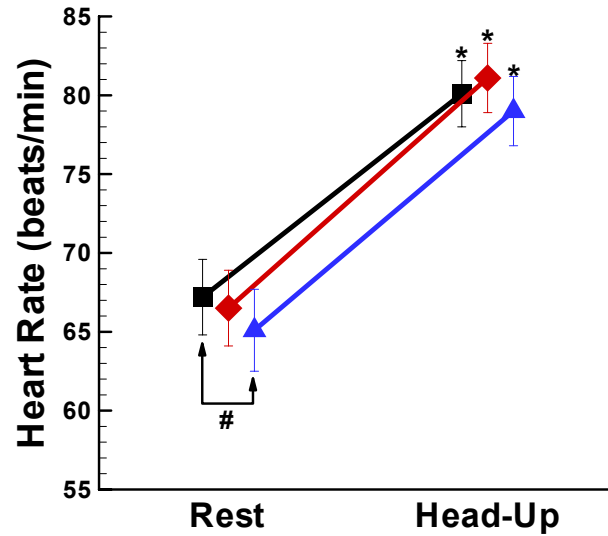


P < 0.05

Steady-state responses

- ▲ : Stand-up
- ◆ : Slow tilt
- : Rapid tilt

■ : mean \pm SE
N = 20



P < 0.05

* P < 0.005
HU vs Rest

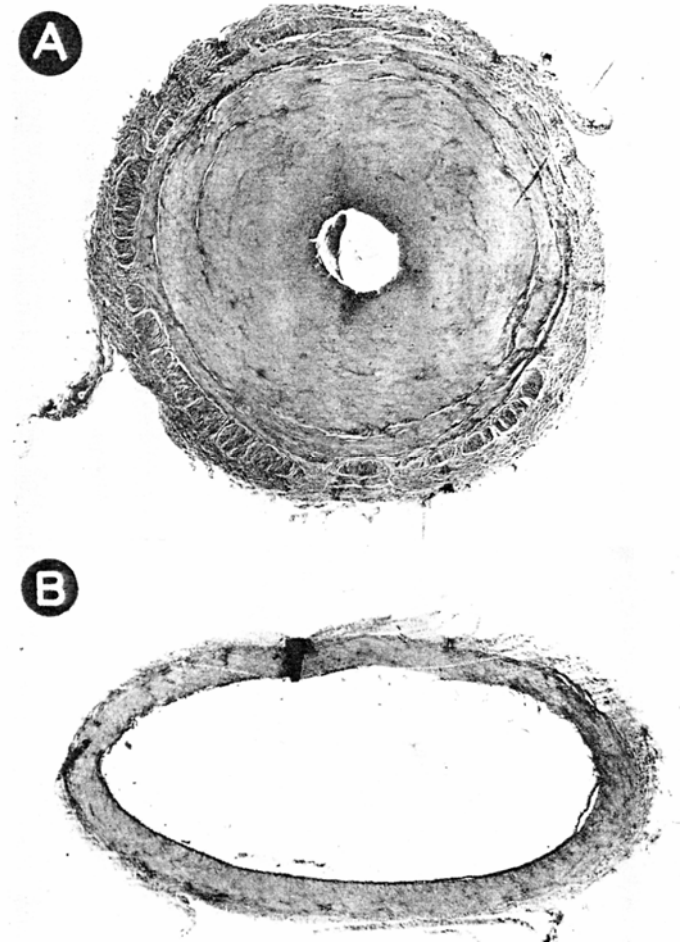
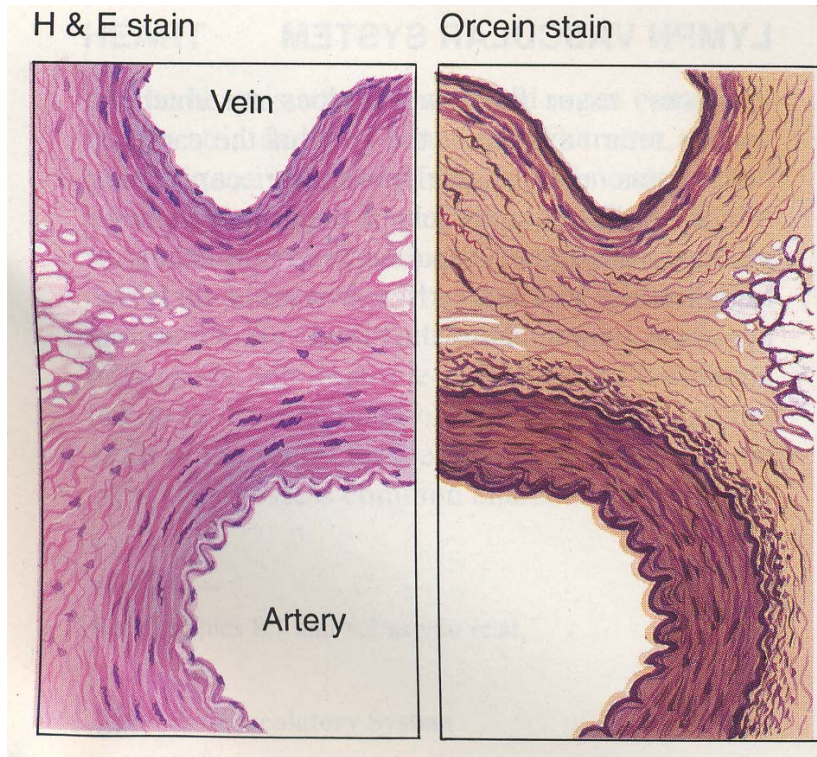
Conclusions

- Several cardiovascular control mechanisms allow for short term and rapid adaptation to gravitational stress.
- In the intact, controlled circulation, mean arterial blood pressure at the level of the heart rises when standing up.
- Longer term adaptation (endocrine, fluid balance) also play important roles.

What about the Giraffe?



Venous Pooling?



Venous Pooling?

CSU-17B/P ANTI-G-SUIT COMBAT EDGE



... Giraffes come with their own anti-g suits:

Thick skin and tight fascia (connective tissue) surround dependent blood vessels. Leg veins and lymphatics have one-way valves to reduce venous pooling and allow muscle pumping.