## Regulation of Blood Flow

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This presentation includes only the most important terms and facts. Its content by itself is not a sufficient source of information required to pass the Physiology exam.

#### Definition of Blood Flow

mathematical formulation – analogy with the electric current

Ohm's law

$$I = U / R \longrightarrow Q = \Delta P / R$$

Q blood flow

ΔP difference of pressure at the beginning and at the end of a vessel

R resistance of the vessel (peripheral resistance)

#### Definition of Blood Flow

$$Q = \Delta P / R$$

Poiseuille – Hagen formula

 $Q = \Delta P \cdot \pi r^4 / 8\eta I$ 

$$R = 8\eta I / \pi r^4$$

- r radius of the vessel
- η viscosity of the blood
- l length of the vessel

This formula applies to the steady laminar flow in a rigid tube!

Blood viscosity is not constant, *plasma skimming*, turbulent flow, elastic vessels!

#### Definition of Blood Flow

 $Q = \Delta P / R$ 

 $R = 8\eta I / \pi r^4$ 

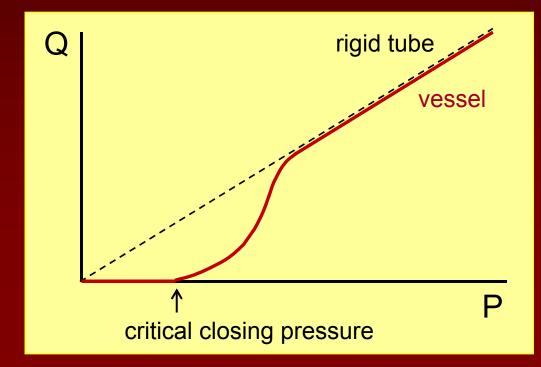
r radius of the vessel

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Poiseuille – Hagen formula

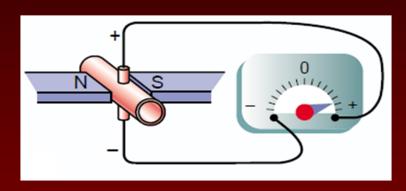
 $Q = \Delta P \cdot \pi r^4 / 8\eta I$ 



- A. with a cannula inserted into a vessel
- B. without direct contact with the blood flow
  - 1. Electrical Induction Principle
  - 2. Doppler Effect
  - 3. Plethysmography
  - 4. Fick Principle

#### 1. Electrical Induction Principle

the electromagnetic flowmeter

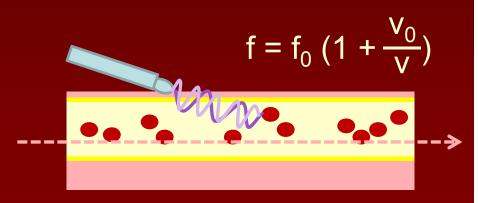


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- the generated electromotive force is proportional to the velocity of blood flow
- can detect changes in the velocity <0.01 s → recording of both steady blood flow and its pulsatile changes
  </p>

#### 2. Doppler Effect

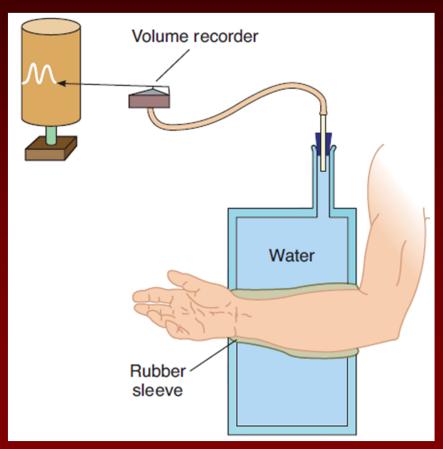
- the ultrasonic Doppler flowmeter; most common
- ultrasonic waves of a known wave length (frequency)
- waves reflect from the red and white blood cells → a change (↑)
   of the wave length (↓ frequency)
- reflected waves are picked up by a sensor
- change of the wave length (frequency) is proportinal to the velocity of blood flow



both steady blood flow and its pulsatile changes can be measured

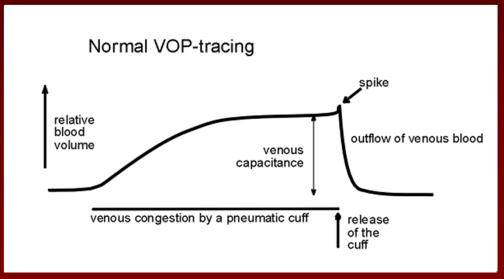
#### 3. Plethysmography

- usually as the venous occlusion plethysmography
- can be used on limbs
- venous drainage of the limb is stopped (e.g. with an arm cuff)
- increasing volume of the limb is lineary proportional to the arterial inflow of blood



#### 3. Plethysmography

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http://schueler.ws/?page\_id=21

#### 4. Fick Principle - Direct Fick Method

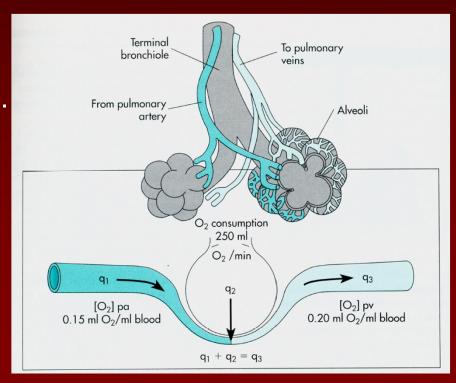
$$Q = \frac{A / time}{AV diff}$$

- blood flowing from the right heart to the lungs about 150 ml O<sub>2</sub> / 1 l
- blood flowing from the lungs to the left heart about 200 ml O<sub>2</sub> / 1 l

The blood catches 50 ml O<sub>2</sub> / 1 l during passage through the lungs.

The total O<sub>2</sub> consumption is 250 ml / 1 min.

$$CO = \frac{250 \text{ ml } O_2 / \text{min}}{50 \text{ ml } O_2 / \text{I}} = 5 \text{ I / min}$$



#### 4. Fick Principle – Method of Indicatory Gas

- to determine the instantaneous blood flow through a specific tissue
- for example the cerebral or coronary blood flow using inhaled nitrous oxide N<sub>2</sub>O – Kety method

N<sub>2</sub>O concentration in the venous blood

N<sub>2</sub>O removed from blood by brain / time

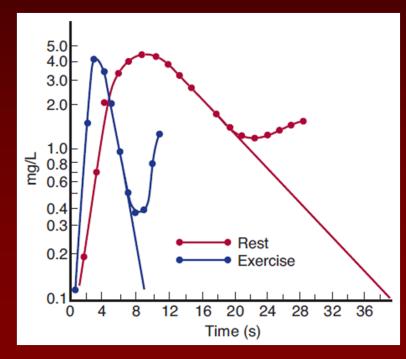
cerebral blood flow =

averaged arteriovenous difference of N<sub>2</sub>O

#### 4. Fick Principle - Indicator Dilution Technique

- known amount of an indicator (dye or radioactive isotope) is injected into a peripheral (an arm) vein (A, [mg])
- concentration of the indicator in serial samples of the arterial blood is determined
- estimation of the averaged concentration of the indicator in the arterial blood after a single circulation (C, [mg/ml])

$$CO = \frac{A}{C(t_2 - t_1)}$$
 [mg] [mg.ml<sup>-1</sup>.s]



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thermodilution

## Regulation of Blood Flow

$$Q = \Delta P \cdot \pi r^4 / 8\eta I$$

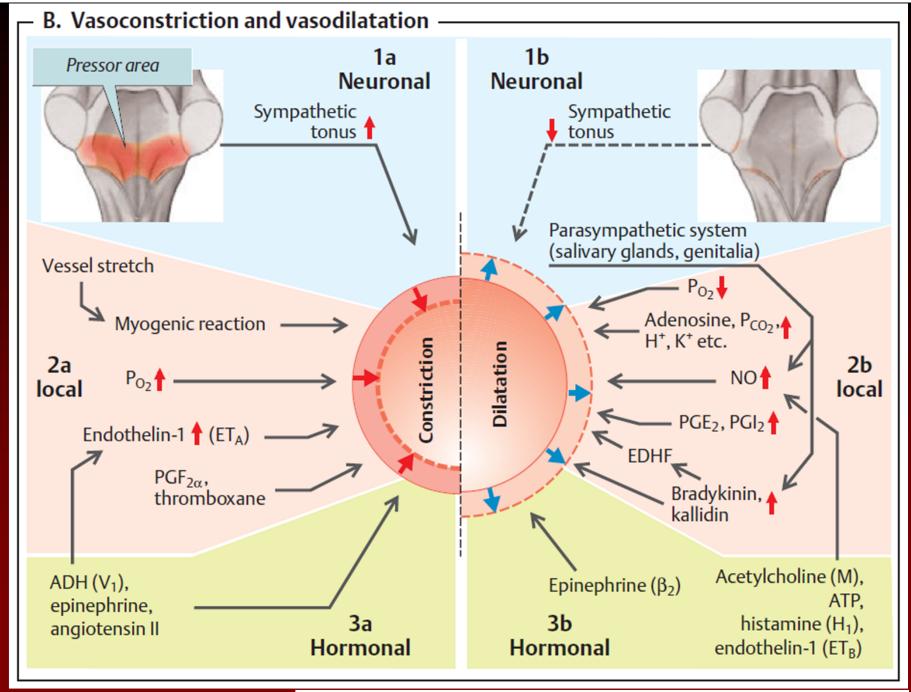
#### **Resting Tone**

- tonic activity of vasocontrictive sympathetic fibres
- a role might play also: myogenic response of vessels to the blood pressure (later), high concentration of O<sub>2</sub> in the arterial blood, Ca<sup>2+</sup>

#### **Basal Tone**

in response to denervation; due to spontaneous depolarizations of the vascular smooth muscles

# Regulation Local Systemic



#### A. Acute

seconds to minutes, but incomplete (about ¾ of the desired effect)

- 1. Metabolic Autoregulation
- 2. Myogenic Autoregulation
- 3. Regulation Mediated by Endothelium

#### B. Chronic

hours, days to weeks, even months

## Metabolic Autoregulation

insufficient blood flow  $\langle \uparrow \rangle$  metabolic demands of a tissue  $\langle \downarrow \rangle$  or stopped blood supply

↑ concentration of metabolites, ↓ pH, ↑ osmolarity in the interstitium, ↑ tissue temperature; ↓ pO₂, nutrients

vasodilatation

Preferred to the systemic regulation in case of hypoxia (to preserve the adequate tissue perfusion).

It plays the key role in e.g. brain, heart and skeletal muscles.

## Metabolic Autoregulation

active hyperemia reactive hyperemia

## Myogenic Autoregulation (Bayliss effect)

- ↑ blood pressure
- → ↑ blood flow and ↑ tension in the vascular wall

$$Q = \Delta P / R$$

Law of Laplace T = P . r

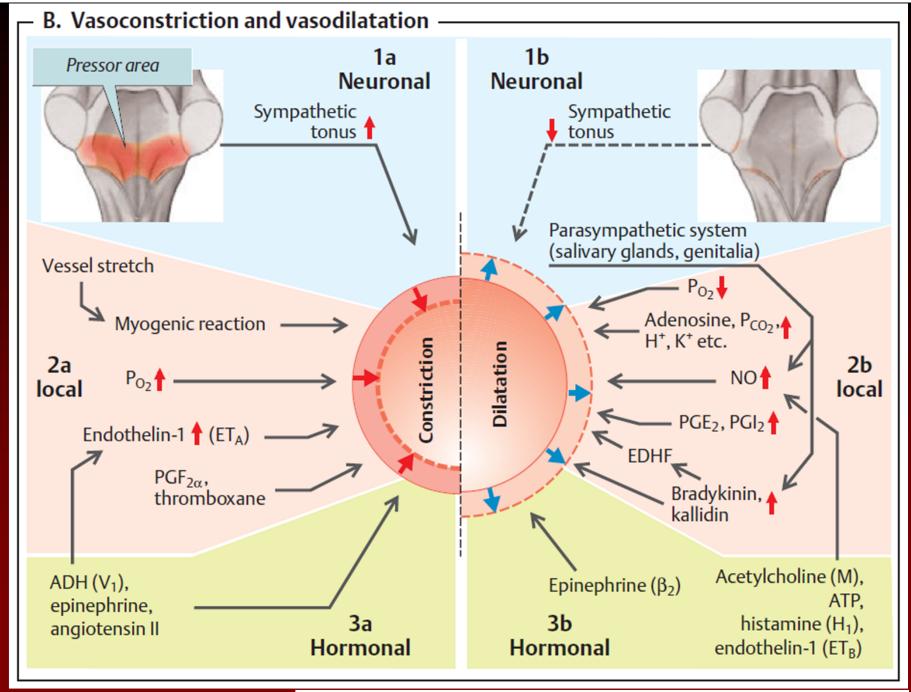
- mechanical stimulation, depolarization and subsequent contraction of the smooth muscle cells in the vascular wall → vasoconstriction
- return of the blood flow back on the original level

It plays an important role in the brain and kidneys.

## Regulation Mediated by Endothelium

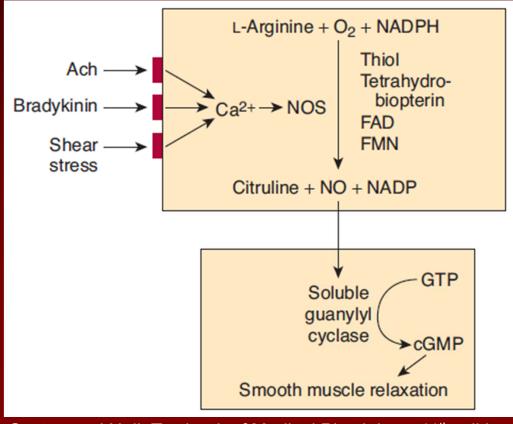
endothelial-derived relaxing factor (EDRF) - NO

- → vasodilatation
- synthesized in the endothelial cells of arteriols and small arteries due to the shear stress induced by the flowing blood
- synthesis stimulated by the products of thrombocyte aggregation and also by many primary vasoconstrictive substances



Regulation Mediated by Endothelium

endothelial-derived relaxing factor (EDRF) - NO



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## Regulation Mediated by Endothelium

#### prostacyclin

- synthesized in the endothelial cells from the arachidonic acid
- inhibition of thrombocyte aggregation and vasodilation

#### thromboxane A<sub>2</sub>

- synthesized from the arachidonic acid by thrombocytes
- support of thrombocyte aggregation and vasoconstriction

A balance between them is crucial for formation of the localized clot and preservation of the blood flow.

## Regulation Mediated by Endothelium endothelins

- polypeptides synthesized by endothelial cells (ET-1, ET-2, ET-3)
- 2 endothelin receptors:
   ET<sub>A</sub> specific for ET-1, in many tissue vessels, → vasoconstriction
   ET<sub>B</sub> ET-1 to ET-3, function?
- ❖ ET-1 one of the most potent vasoconstrictive substances
- the exact physiological role not known
- restricts bleeding, play a role in closing ductus arteriosus at birth

#### Serotonin (5-OH tryptamine)

#### vasoconstrictive effect

- in a damaged tissue
- direct local effect
- released from thrombocytes

#### vasodilatory effect

- in an undamaged tissue
- through increased activity of NO synthase

#### Other mechanisms

temperature, ...

damaged vessels

specialized tissues (kidneys, brain, etc.)

#### A. Acute

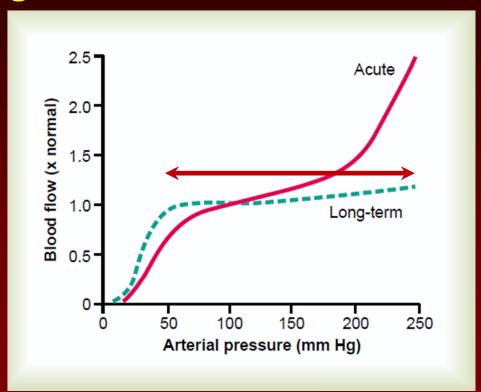
seconds to minutes, but incomplete (about ¾ of the desired effect)

- 1. Metabolic Autoregulation
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#### B. Chronic

hours, days to weeks, even months

## Chronic regulation



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Especially important in case of the long-term change of metabolic demands of a tissue - to provide sufficient blood flow without circulation overload.

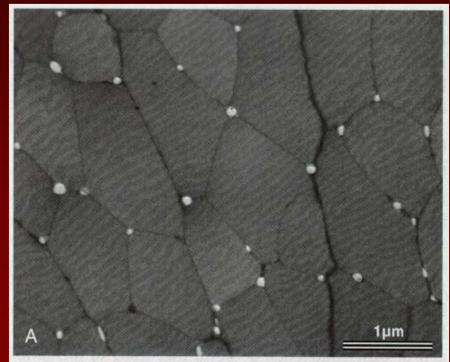
## Chronic regulation

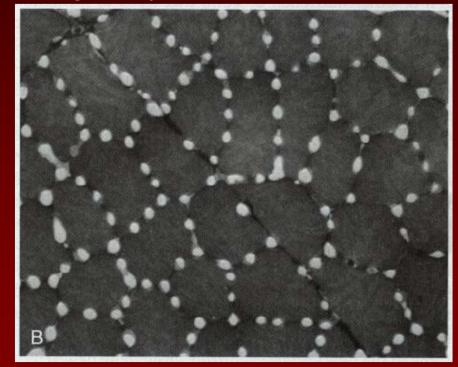
- mediated by changes of the tissue vascularity
- ❖ the key role lack of O₂, also nutrients
- angiogenic or vascular growth factors small peptides, best characterized: vascular endothelial growth factor (VEGF), fibroblast growth factor, and angiogenin
- fast in young individuals and in newly formed tissue

## Chronic regulation

unstimulated muscle

regularly stimulated muscle





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## Regulation of Blood Flow

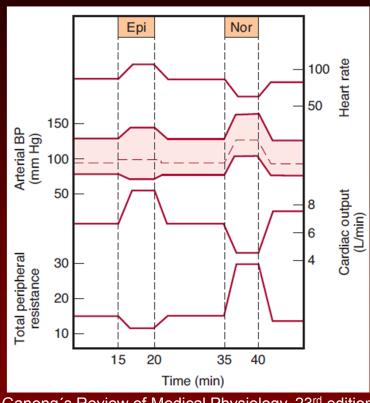
Local

**Systemic** 

- A. Neural
- B. Humoral

## Humoral regulation Vasoconstrictive substances

- norepinephrine
  - $\rightarrow$  generalized vasoconstriction ( $\alpha_1$ -rec.)
- epinephrine (high levels)
  - $\rightarrow$  vasodilatation in the skeletal muscles, liver and coronary arteries ( $\beta_2$ -rec.)
  - → vasoconstriction in other tissues



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- angiotensin II
  - → generalized vasoconstriction (+ ↑ water intake and ↑ aldosterone)
- vasopressin (antidiuretic hormone)
  - → generalized vasoconstriction (+ ↑ reabsorption of water in the kidneys)

## Humoral regulation

#### Vasodilatory substances

- atrial natriuretic peptide (ANP)
  - → \ reactivity of the vascular smooth muscles on vasoconstrictive stimulation (+ ↑ natriuresis - mechanisms)
- VIP (vasoactive intestinal peptide)
  - → vasodilatation (+ many other effects in GIT, namely relaxation of the intestinal smooth muscles including sphincters)

#### histamine

- released in tissues (from the mast cells), or from basophiles in the blood, during tissue damage or inflammation (also allergic)
- → vasodilatation of arteriols + ↑ permeability of capillaries (edemas; anaphylactic shock) through EDRF

## Humoral regulation

Vasodilatory substances

kinins - bradykinin and lysylbradykinin (kallidin)

• small polypeptides, half-life - several minutes

→ vasodilatation of arteriols + ↑ permeability of capillaries

(similar to histamine)

inflamed tissue

skin, salivary and GIT glands (in common conditions)

XII 

Plasma
kallikrein 

Prekallikrein

HMW kininogen

Bradykinin

LMW kininogen

Tissue
kallikrein

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## Humoral regulation

Other factors

#### ❖ ions

vasoconstriction: ↑ Ca<sup>2+</sup>, slightly ↓ H<sup>+</sup>

vasodilatation:  $\uparrow K^+, \uparrow Mg^{2+}; \uparrow H^+, notably \downarrow H^+$ 

acetate, citrate (anions) – only mild effect