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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.



- Regulation of circulation a complex system of feed backs which are continually in a dynamic balance.
- Individual parameters (BP, blood flow through organs, etc.) regulated by neural and humoral mechanisms, both systemic and local – their quantitative ratio changes dynamically.
- Physiological stimuli (a change of the body position, exertion, etc.) induce rather standard reaction in a healthy person (integration of many particular reflex changes).

- Orthostatic / Clinostatic Reaction
- a change of the body position from lying to standing / from standing to lying
- orthostatic reaction due to gravity:
 - $\rightarrow \uparrow$ BP in all vessels below the heart level
 - $\rightarrow \downarrow$ BP in all vessels above the heart level



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veins – a sudden closure of valves due to \uparrow BP (prevention of backward flow; persists only shortly, valves open immediately again to keep a continual blood flow) + \uparrow venous pressure due to continuous blood inflow from arteries \rightarrow total filling of veins considerably \uparrow , blood flow sustained \rightarrow dilation of veins



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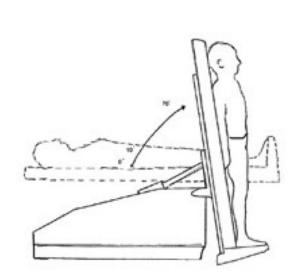
veins $-\downarrow$ volume (in chest veins by ~20%) $\rightarrow \downarrow$ central venous pressure $\rightarrow \downarrow$ venous return $\rightarrow \downarrow$ stroke volume (from 70 to ~ 45 ml) $\rightarrow \downarrow$ BP

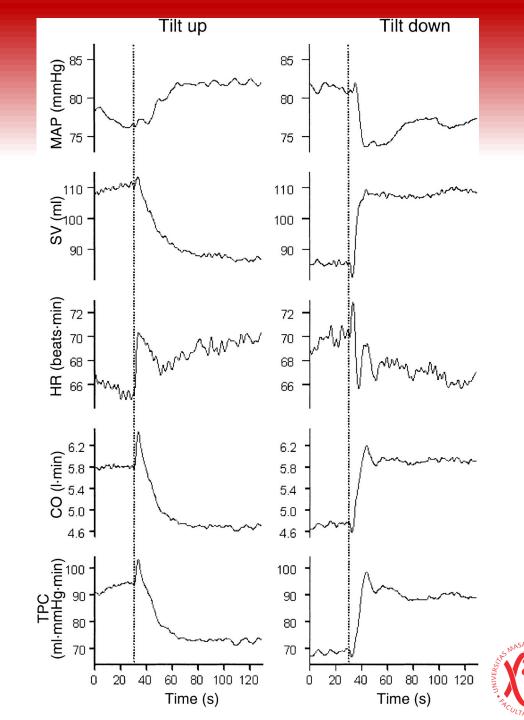
↓ BP + direct action of gravity – inhibition of baroreceptors → ↓ activity of vagus nerve and ↑ activity of sympathetic system → ↑ HR + ↑ SV + ↑ PR

- Orthostatic / Clinostatic Reaction
- a change of the body position from lying to standing / from standing to lying
- orthostatic reaction due to gravity:
 a) acute reaction passes within 1 min



Tilt-up test





- Orthostatic / Clinostatic Reaction
- a change of the body position from lying to standing / from standing to lying
- orthostatic reaction due to gravity:
 a) acute reaction passes within 1 min
 b) subsequently:

↑ capillary filtration $\rightarrow \downarrow$ plasma volume (within ~40 min; by ~10 %)

↑ level of ADH + ↑ activity of RAS + reflex vasoconstriction in kidneys \rightarrow ↓ excretion of salt and water in kidneys



- Orthostatic / Clinostatic Reaction
- a change of the body position from lying to standing / from standing to lying
- orthostatic reaction due to gravity:

The above described complex reaction provides maintenance of BP and, thus, sufficient perfusion of brain. Despite, the brain blood flow \downarrow even by 20%.

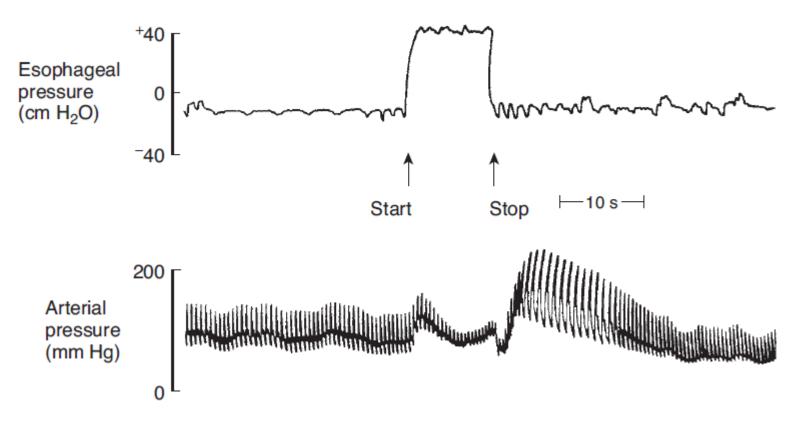
The brain blood flow is \downarrow due to a reflex vasoconstriction induced by \downarrow pCO₂ (\uparrow ventilation during the orthostatic reaction) and sympathetic vasoconstrictive activity.

orthostatic hypotension



Valsalva Maneuver

 forced expiration over closed or narrowed glottis (cough, defecation, lifting of heavy objects, *etc.*)



Valsalva Maneuver

- forced expiration over closed or narrowed glottis (cough, defecation, lifting of heavy objects, *etc.*)
- start of maneuver → ↑ intrathoracic pressure:

art

 \rightarrow \uparrow BP (the intrathoracic pressure contributes to the aortal pressure)

→ compression of chest vessels → ↓ venous return → ↓ stroke volume (Frank-Starling) → ↓ pulse and mean BP → inhibition of baroreceptors → reflex tachycardia and vasoconstriction → mean BP at the level before maneuver

Valsalva Maneuver

- forced expiration over closed or narrowed glottis (cough, defecation, lifting of heavy objects, *etc.*)
- end of maneuver $\rightarrow \downarrow$ intrathoracic pressure:

-10 s

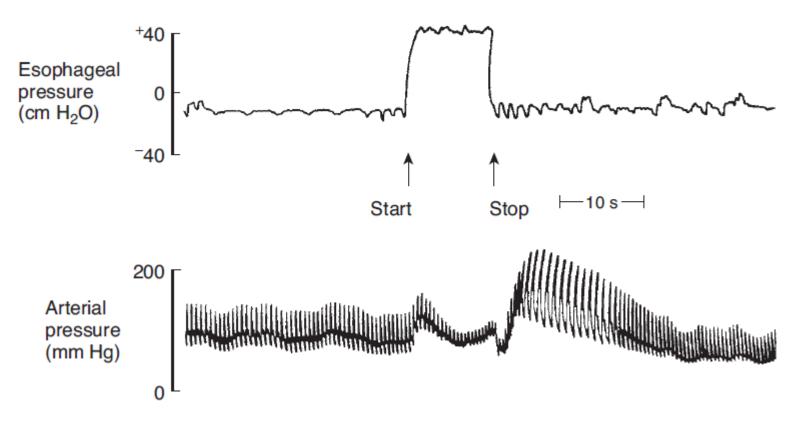
Stop

$\rightarrow \downarrow \mathsf{BP}$

→ compression of chest vessels released → ↑ venous return → ↑ stroke volume (Frank-Starling) → ↑ pulse and mean BP → stimulation of baroreceptors → fast reflex bradycardia and gradual vasodilation (~ ↓ peripheral resistance) → normalizing of BP

Valsalva Maneuver

 forced expiration over closed or narrowed glottis (cough, defecation, lifting of heavy objects, *etc.*)



Diving Reflex

- well developed in diving animals (duck, whale, ...)
- diving excitation of receptors of *n. trigeminus* (namely around eyes and nose) by cold water:
 - \rightarrow apnoe
 - \rightarrow bradycardia
 - \rightarrow peripheral vasoconstriction

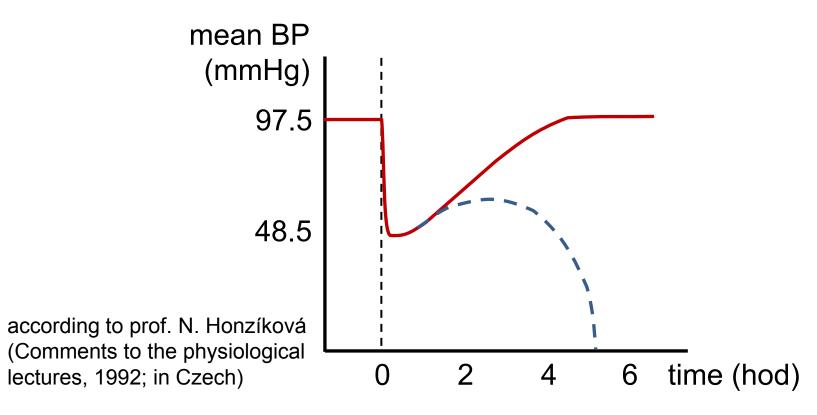
~ conservation of limited O_2 reserves for function of brain and heart \rightarrow prolongation of diving period (whale 2 hours, seal 70 min; they have also higher O_2 reserves in haemoglobin and myoglobin, higher tolerance to hypoxia)

- Reaction on loss of blood
- bleeding \rightarrow hypovolemia $\rightarrow \downarrow$ venous return $\rightarrow \downarrow$ SV $\rightarrow \downarrow$ CO $\rightarrow \downarrow$ BP (even shock)
- The resulting state is dependent on the amount of lost blood and on the velocity of loss of blood!



- Reaction on loss of blood sudden
- bleeding \rightarrow hypovolemia $\rightarrow \downarrow$ venous return $\rightarrow \downarrow$ SV $\rightarrow \downarrow$ CO $\rightarrow \downarrow$ BP (even shock)
- loss of 10 % of the blood volume (~ in a blood donor):
- \rightarrow slightly and transiently \downarrow BP
- loss of 20-30 % of the blood volume :
- $\rightarrow \downarrow$ mean BP to about 60-80 mmHg
- loss of 30-40 % of the blood volume :
- → ↓ mean BP to about 50-67.5 mmHg → shock with brain and heart ischemia and with anuria, may shift into an irreversible state

- Reaction on loss of blood sudden
- bleeding → hypovolemia → ↓ venous return → ↓ SV
 → ↓ CO → ↓ BP (even shock)





- Reaction on loss of blood sudden
- bleeding \rightarrow hypovolemia \rightarrow \downarrow venous return \rightarrow \downarrow SV \rightarrow \downarrow CO[\rightarrow \downarrow BP (even shock)
- Instantaneous reaction (seconds till minutes)
- Reaction within 5 60 min
- Reaction within hours till days



- Reaction on loss of blood sudden
- Instantaneous reaction on \downarrow BP (seconds till minutes)
- ↓ stimulation of baroreceptors → ↓ activity of parasympathicus and ↑ activity of sympathicus → ↑ HR + ↑ CO + ↑ PR → ↑ BP
- limited tissue perfusion due to \uparrow PR \rightarrow metabolic acidosis
- limited renal perfusion due to ↑ PR (v. eff. > v. aff.) → ↑ FF but, anyway, ↓ urine formation → retention of Na⁺ in body (prospectively also of waste nitrogen products – uremia – a risk of renal tubule damage)
- RAS activation (angiotensine II, aldosteron) + ↑ secretion of ADH, thirst → vasoconstriction + retention of salt and water in body → ↑ PR + ↑ volume of body fluids → ↑ BP

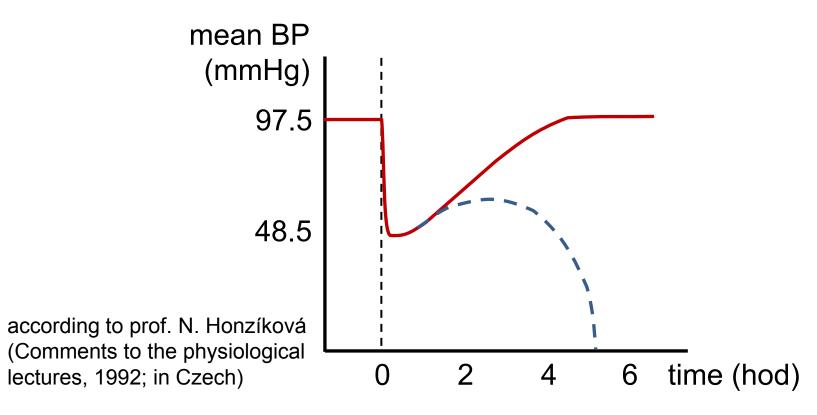
- Reaction on loss of blood sudden
- Reaction on \downarrow BP within 5 60 min
- ↓ capillary hydrostatic pressure → oncotic pressure > hydrostatic pressure → reabsorption of fluids from the interstitial tissue into cappilaries → ↑ volume of intravasal fluid even by 500 ml in adults ("internal transfusion") → ↑
 BP + ↓ haematocrit + ↓ concentration of plasmatic proteins
- The so far described reactions provide the sufficient blood flow through brain and myocardium.



- Reaction on loss of blood sudden
- Reaction on \downarrow BP within hours till days (even weeks)
- restoration of content of salt and water in the organism (↓ GFR due to sympathetic constriction of *v. aff.*, RAS, ADH, thirst)
- restoration of plasmatic proteins including albumin (liver)
- stimulation of erythropoiesis in the bone marrow (erythropoietin)



- Reaction on loss of blood sudden
- bleeding → hypovolemia → ↓ venous return → ↓ SV
 → ↓ CO → ↓ BP (even shock)





- Reaction on loss of blood sudden
- irreversible state (shock) may be caused by:
- primary heart failure: ↓ BP → insufficient perfusion of myocardium → ↓ contractility → ↓ CO → ↓ BP (positive feed back, *circulus vitiosus*)
- serious tissue hypoxia: accumulation of metabolites

 → metabolic acidosis + ↑ permeability of capillaries
 → vasodilation → loss of fluid into the interstitial
 tissue → ↓ BP (positive feed back)

