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

$$Q = \Delta P / R$$

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

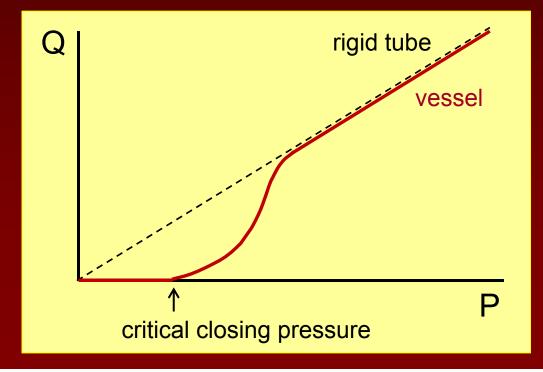
r radius of the vessel

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Poiseuille – Hagen formula

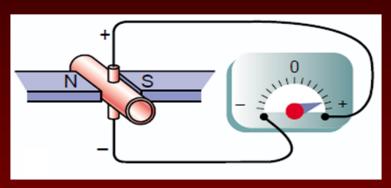
$$Q = \Delta P \cdot \pi r^4 / 8\eta I$$



- 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



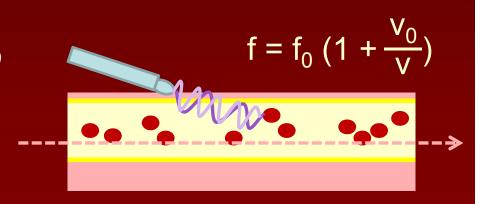
Guyton and Hall.

Textbook of Medical Physiology, 11th edition

- 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
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2. Doppler Effect

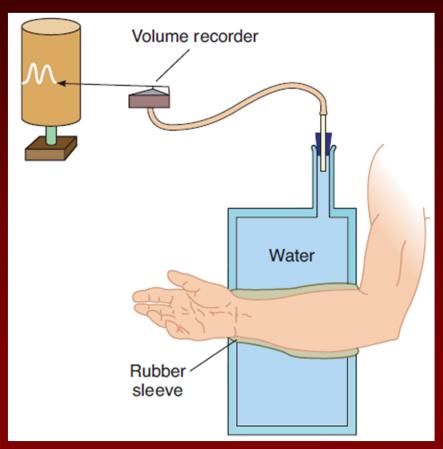
- the ultrasonic Doppler flowmeter; most common
- ultrasonic waves of a known wave length (frequency)
- waves reflect from the red and white blood cells → a change (↑)
 of the wave length (↓ frequency)
- reflected waves are picked up by a sensor
- change of the wave length (frequency) is proportinal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



both steady blood flow and its pulsatile changes can be measured

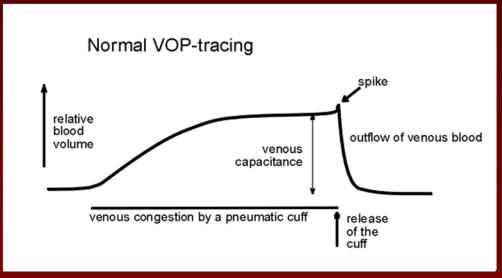
3. Plethysmography

- 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



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http://schueler.ws/?page_id=21

4. Fick Principle - Direct Fick Method

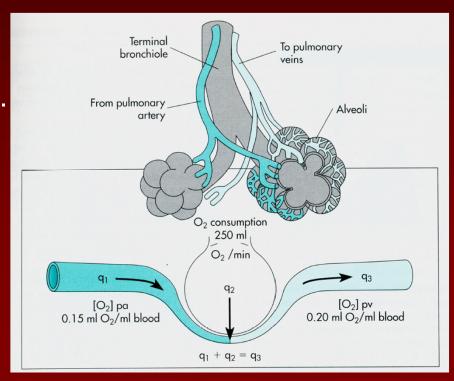
$$Q = \frac{A / time}{AV diff}$$

- blood flowing from the right heart to the lungs about 150 ml O₂ / 1 l
- blood flowing from the lungs to the left heart about 200 ml O₂ / 1 l

The blood catches 50 ml O₂ / 1 l during passage through the lungs.

The total O₂ 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 N₂O – Kety method

N₂O concentration in the venous blood

N₂O removed from blood by brain / time

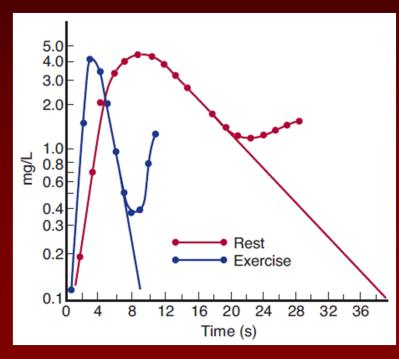
cerebral blood flow =

averaged arteriovenous difference of N₂O

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⁻¹.s]



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thermodilution

Regulation of Blood Flow

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

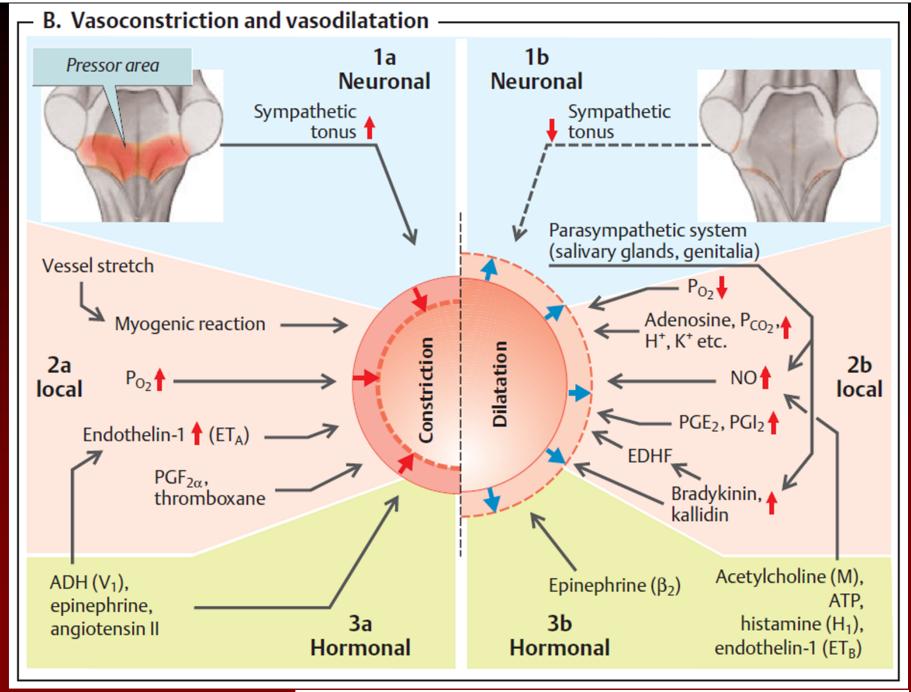
Resting Tone

- tonic activity of vasocontrictive sympathetic fibres
- a role might play also: myogenic response of vessels to the blood pressure (later), high concentration of O₂ in the arterial blood, Ca²⁺

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

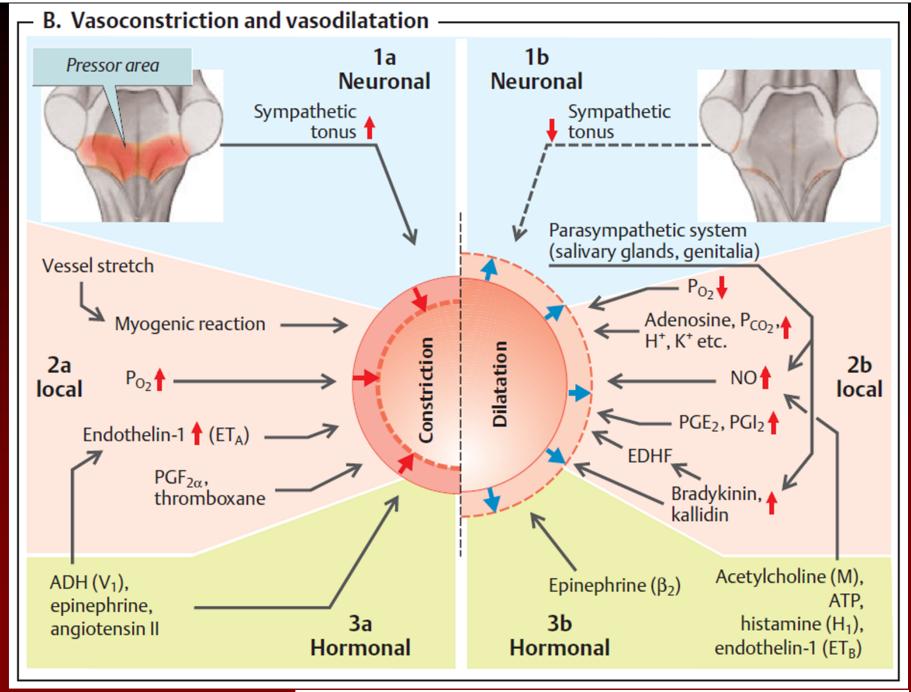
- mechanical stimulation, depolarization and subsequent contraction of the smooth muscle cells in the vascular wall → vasoconstriction
- return of the blood flow back on the original level

It plays an important role in the brain and kidneys.

Regulation Mediated by Endothelium

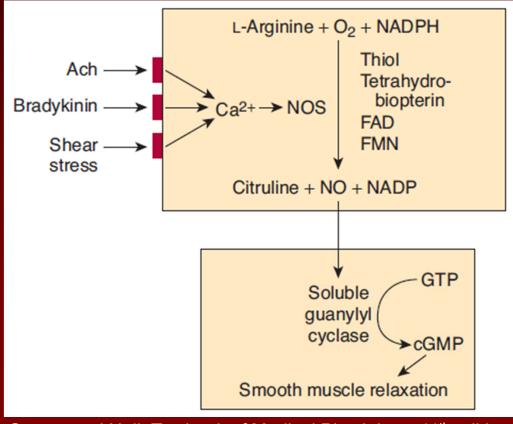
endothelial-derived relaxing factor (EDRF) - NO

- → 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 A₂

- 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_A specific for ET-1, in many tissue vessels, → vasoconstriction
 ET_B 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

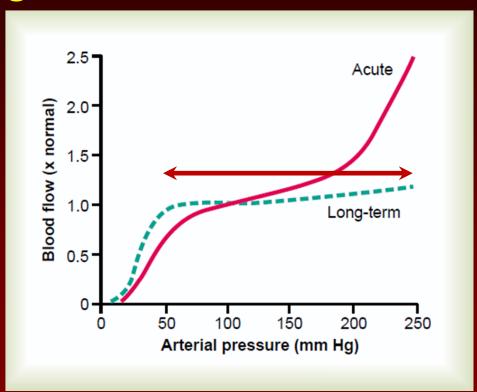
seconds to minutes, but incomplete (about ¾ of the desired effect)

- 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.

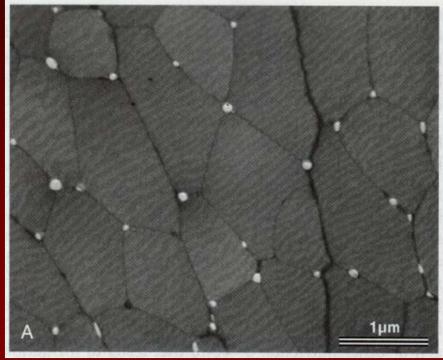
Chronic regulation

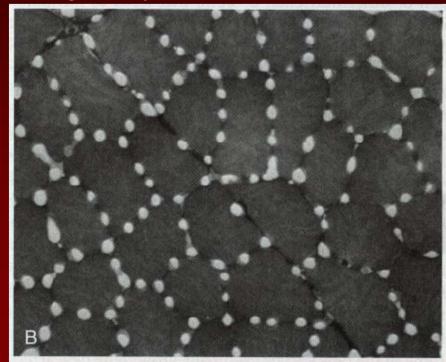
- mediated by changes of the tissue vascularity
- ❖ the key role lack of O₂, also nutrients
- angiogenic or vascular growth factors small peptides, best characterized: vascular endothelial growth factor (VEGF), fibroblast growth factor, and angiogenin
- fast in young individuals and in newly formed tissue

Chronic regulation

unstimulated muscle

regularly stimulated muscle





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Regulation of Blood Flow

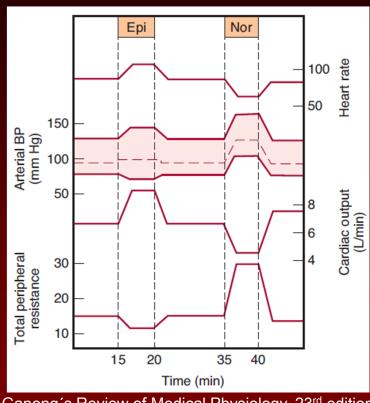
Local

Systemic

- A. Neural
- B. Humoral

Humoral regulation Vasoconstrictive substances

- norepinephrine
 - \rightarrow generalized vasoconstriction (α_1 -rec.)
- epinephrine (high levels)
 - \rightarrow vasodilatation in the skeletal muscles, liver and coronary arteries (β_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

LMW kininogen

Tissue
kallikrein

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Humoral regulation

Other factors

❖ ions

vasoconstriction: ↑ Ca²⁺, slightly ↓ H⁺

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

acetate, citrate (anions) – only mild effect