

NOTES

NORMAL VARIATIONS

- Physiological adaptations within cardiovascular system in response to changes such as hemorrhage, exercise, postural changes

CARDIOVASCULAR CHANGES DURING EXERCISE

osms.it/cardiovascular-changes-exercise

- Involves central nervous system (CNS), local mechanisms
 - CNS responses:** changes in autonomic nervous system (ANS) due to inputs from cerebral motor cortex
 - Local responses:** exercise causes \uparrow blood flow, O_2 delivery to skeletal muscles
- Exercise results in \uparrow sympathetic (β_1 receptors), \downarrow parasympathetic activity to heart \rightarrow \uparrow cardiac output due to \uparrow heart rate + \uparrow stroke volume
- Muscle changes also occur
 - \uparrow **metabolites** (lactate, potassium, adenosine) are produced \rightarrow metabolites stimulate local vasodilation \rightarrow \uparrow blood flow \rightarrow \downarrow overall total peripheral resistance (TPR)

OVERALL RESPONSE TO EXERCISE

- Central command:** \uparrow cardiac output (CO), vasoconstriction in some vascular beds (excludes exercising skeletal muscle, cerebral, coronary circulations)
 - \uparrow CO \rightarrow \uparrow heart rate, contractility
 - \uparrow contractility \rightarrow \uparrow stroke volume \rightarrow \uparrow pulse pressure
 - \uparrow CO due to \uparrow venous return (sympathetic vein constriction, squeezing action of skeletal muscle on veins)

CV RESPONSES TO EXERCISE OVERVIEW

	RESPONSE
HEART RATE	$\uparrow\uparrow$
STROKE VOLUME	\uparrow
PULSE PRESSURE	\uparrow (increased stroke volume)
CARDIAC OUTPUT	$\uparrow\uparrow$
VENOUS RETURN	\uparrow
MEAN ARTERIAL PRESSURE	\uparrow (slight)
TPR	$\downarrow\downarrow$
ARTERIOVENOUS O_2 DIFFERENCE	$\uparrow\uparrow$ (increased tissue O_2 composition)

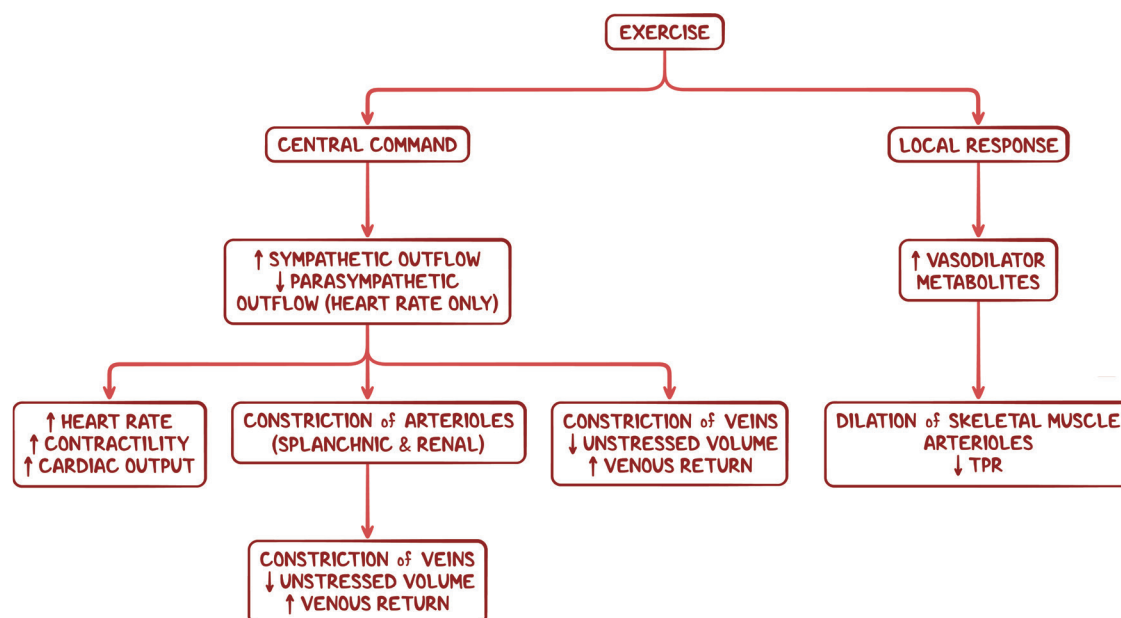


Figure 20.1 Flowchart showing cardiovascular response to exercise.

CARDIOVASCULAR CHANGES DURING HEMORRHAGE

osms.it/cardiovascular-changes-hemorrhage

- Blood loss → ↓ arterial pressure → compensatory responses to restore arterial pressure
 - Response mediated by baroreceptor reflex, renin-angiotensin-aldosterone system (RAAS), vascular actions

Decrease in arterial pressure

- Hemorrhage → ↓ total blood volume → ↓ venous return to heart, ↓ right atrial pressure → ↓ cardiac output → ↓ P_a as a product of cardiac output, TPR

Return of arterial pressure

- **Baroreceptors** in carotid sinus detect ↓ P_a → relay information to medulla via carotid sinus nerve → ↑ sympathetic outflow to heart, blood vessels; ↓ parasympathetic outflow to heart → ↑ heart rate, ↑ contractility, ↑ TPR, constriction of veins
- ↓ mean arterial pressure → ↓ perfusion to kidney → response via RAAS

- Kidney secretes renin from renal juxtaglomerular cells → ↑ angiotensin I production → converted to angiotensin II (causes arteriolar vasoconstriction, stimulates aldosterone secretion)

- Capillary changes favor fluid reabsorption
 - ↑ sympathetic outflow to blood vessels, angiotensin II → arteriolar vasoconstriction → ↓ capillary hydrostatic pressure (P_c) → restricts filtration out of capillaries, favors absorption

OTHER RESPONSES IN HEMORRHAGE

- **Hypoxemia** (↓ arterial P_{O_2}): carotid, aortic bodies chemoreceptors sense ↓ P_{O_2} → ↑ sympathetic outflow to blood vessels → ↑ vasoconstriction, TPR, P_a
- **Cerebral ischemia**: local ↑ P_{CO_2}

- ↓ blood volume → ↓ return of blood to heart
→ detection by atria volume receptors
→ ADH secretion to maintain adequate blood pressure → water reabsorption by renal collecting ducts → arteriolar vasoconstriction

CV RESPONSES TO HEMORRHAGE OVERVIEW

	RESPONSE
CAROTID SINUS NERVE FINDER RATE	↓
HEART RATE	↑
CONTRACTILITY	↑
CARDIAC OUTPUT	↑
UNSTRESSED VOLUME	↓ (produces increased venous return)
TPR	↑
RENIN	↑
ANGIOTENSIN II	↑
ALDOSTERONE	↑
CIRCULATING EPINEPHRINE	↑ (secreted from adrenal medulla)
ANTIDIURETIC HORMONE (ADH)	↑ (stimulated by decreased blood volume)

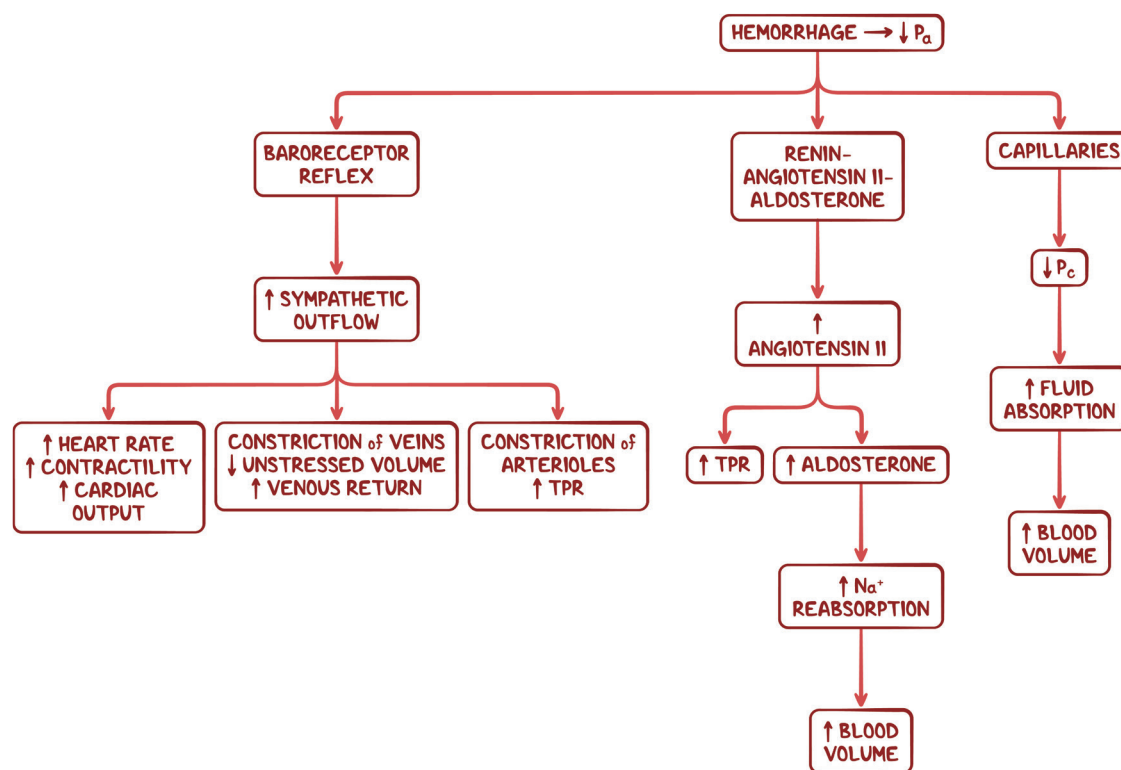


Figure 20.2 Flowchart showing cardiovascular responses to hemorrhage.

CARDIOVASCULAR CHANGES DURING POSTURAL CHANGE

osms.it/cardiovascular-changes-postural

- Standing up quickly → lightheadedness, sometimes fainting (due to delayed constriction of lower extremity blood vessels → orthostatic hypotension)
 - ↓ in systolic blood pressure > 20mmHg/ diastolic blood pressure > 10mmHg within three minutes of standing
- **Initiating event:** pooling of blood in extremities
 - **Moving from supine to standing position:** blood pools in veins of lower extremities → ↓ venous return to heart, ↓ cardiac output → ↓ mean arterial pressure
 - Venous pooling → ↑ hydrostatic pressure in leg veins → ↑ fluid filtration

into interstitial fluid, ↓ intravascular volume

- Severe ↓ blood pressure → syncope

Response of baroreceptor reflex

- Responsible for homeostatic blood pressure maintenance
- Carotid sinus baroreceptors detect ↓ P_a → sends information to medullary vasomotor center → inactivates medulla vagal neurons, activates sympathetic neurons → ↑ sympathetic outflow to heart, blood vessels, ↓ parasympathetic outflow to heart to normalize P_a
- ↑ systemic vascular resistance, cardiac output act in negative feedback mechanism to maintain P_a

CV RESPONSE TO STANDING

	INITIAL RESPONSE	COMPENSATORY RESPONSE
MEAN ARTERIAL PRESSURE	↓	↑ (toward normal)
HEART RATE	—	↑
STROKE VOLUME	↓ (decreased venous return)	↑ (toward normal)
CARDIAC OUTPUT	↓ (decreased stroke volume)	↑ (toward normal)
TPR	—	↑
CENTRAL VENOUS PRESSURE	↓ (pooling of blood in lower extremities)	↑ (toward normal)

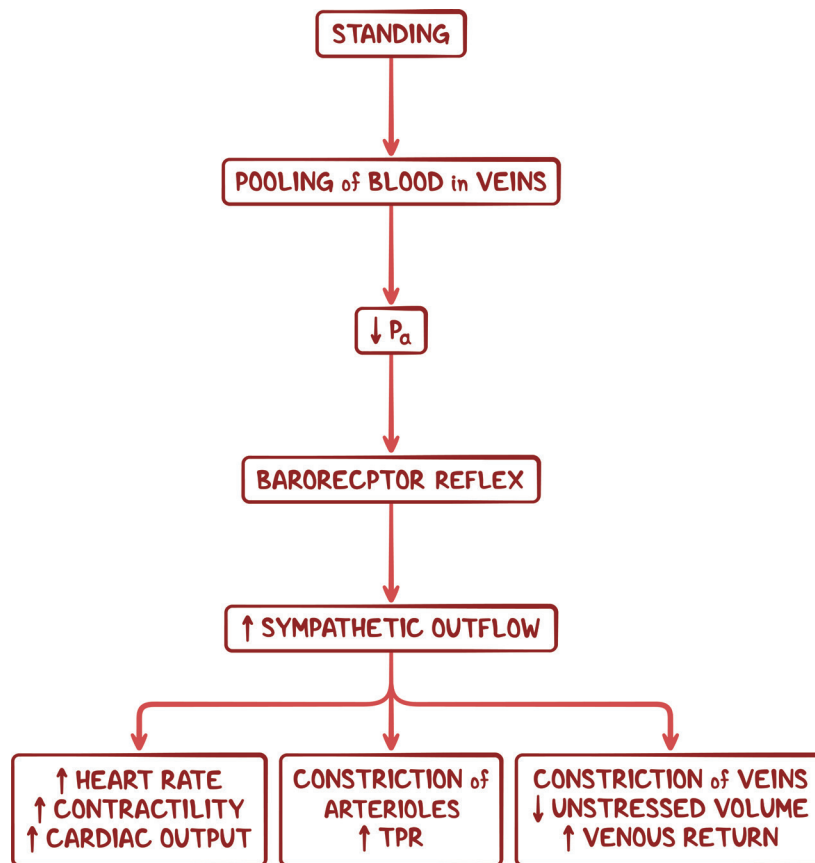


Figure 20.3 Flowchart showing cardiovascular response to postural change.