# Lecture Notes: Physiology

Monday, April 10, 2006 Jeff Flint and Rob MacLeod

#### Vocabulary:

Baroreceptor Atherosclerosis Coronary Arteries Accommodation – output varies with respect to time Ischemia Arrhythmias Tachycardia/bradycardia Aerobic/Anaerobic

### **Control of Blood Flow/Pressure:**



Figure above shows a set of the control mechanisms for regulating blood pressure. Note that each has different power (feedback gain) and a different time course. Some respond quickly but fade while others are slow but very powerful.

### 1. Local Control

- a. Goal adequate blood supply in response to varying requirements
- b. See previous day's notes for this
- 2. Central control
  - a. Baroreceptor reflex



- b. Figure above shows response of baroreceptors to changes in pressure. Note that it is sensitive to change in pressure, i.e., it responds quickly to a change in pressure and then fades fairly soon (within minutes to hours).
- c. Control system
  - i. sensor: baroreceptor (pressure sensor)
    - 1. pressure  $\rightarrow$  action potential (frequency)
    - 2. stretch activated channels
    - 3. accommodation/fast onset (~seconds); diminish over minutes.
  - ii. Feedback: to brain  $\rightarrow$  sympathetic arm of ANS
  - iii. Effector: Vasoconstriction, heart rate, stroke volume.
  - iv. Set point: system responds to <u>change</u>. So other systems are responsible for maintaining long term control of blood pressure.

### Summary:

- Many systems require blood pressure
- Each has its own mechanism
  - Time course
  - o Duration
  - o Strength
- All work together to maintain blood pressure
- <u>Blood Pressure is important</u>

## **Diseased States of Cardiovascular System:**

Ischemia – Imbalance between supply and demand (teeter tauter)

- Supply is not adequate.
  - o Hypoxia (low O<sub>2</sub>)
  - Anaerobic metabolism
  - $\circ \quad \downarrow pH \uparrow lactate$
  - o Pain
  - Muscle fatigue/failure.
- Causes

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- o Blocked arteries
- Blood loss
- o Increased demand
- Cardiac Ischemia
  - o Causes
    - Blocked coronary arteries
    - Increased demand
      - "Angina"
  - Complete block

- "Infarction" (MI) heart attack
  - Diagnosis is tricky
    - ECG
    - Enzymes in blood
    - Ultrasound
    - MRI
- Plumbing Problem

## Arrhythmia

- Abnormal heart rhythm
  - Taclycardia (faster)
    - Atrial (AT)
    - Ventricular (VT)
      - Abnormal sequence of activation
      - Ventricular Fibrillation
      - Shock is the intervention for this
    - Diagnosis is ECG based (rate and morphology)
  - Bradycardia (slower)