

Human Cardiovascular Adaptation to Short-term Weightlessness

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Example of cephalad fluid shift



Pre-flight press briefing



FD-2

Inflight: Fluid shift

Cardiac preload:

- Central venous pressure?
- Blood volume?
- Stroke volume cardiac output?

Cardiac afterload:

- Blood pressure
- Systemic vascular resistance
- Baroreflexes sympathetic nervous ac.

Cardiac muscle mass



Central venous pressure in space

$\begin{array}{c} \text{CVP} \\ (\text{cm } \text{H}_2\text{O}, \text{N} = 3) \end{array} \text{ Seated } Supine, \text{legs-up } 0 \text{ G} \end{array}$

8.4 1	5.0	2.5
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Buckey et al., J. Appl. Physiol. 81:19-25, 1996.





Foldager et al. J. Appl. Physiol. 81: 408-12, 1996















Heart distension in 0 G



The pressure in the interpleural space surrounding the heart is decreased by 0 G.

Therefore:

This pressure must also be measured!



Cardiac distension pressure



Atrial distension pressure



Atrial distension pressure = CVP ! TBW results differ between studies, however all spaceflight studies are low "n" studies. Regardless of mechanism, it is known that PV is decreased.



Figure 7. Mean TBW during space flight. Data are adjusted to 70 kg body mass. The error bars represent the standard error of the mean of the four observations on each of the five mission periods.

Plasma volume losses are similar after short and long-duration spaceflight



Where does the plasma volume go?



Fig. 3. Mean fluid compartment volumes before and during space flight. Data from Leach and colleagues (Leach et al., 1996) (*N*=6). TBW, total body water; ECF, extracellular fluid; PV, plasma volume; ISF, interstitial fluid; ICF, intracellular fluid; FD7–8, flight days 7–8.



Fig. 4. Mean percentage change in fluid compartment volumes from pre-flight to flight days 7–8. Data from Leach and colleagues (Leach et al., 1996) (*N*=6). ICF, intracellular fluid; ISF, interstitial fluid; ECF, extracellular fluid; PV, plasma volume.

Figures from Leach et al. 1996 in Watenpaugh DE. Fluid volume control during short-term space flight and implications for huma J Exp Biology 204 (18):3209-3215, 2001.



Prisk et al. J. Appl. Physiol. 75:15-26,1993.







Fritsch-Yelle et al. J. Appl. Physiol. 80:919-914, 1996. Systemic Vascular Resistance Mean over 4 hrs (mmHg•min/l)



Compared to the supine position?



1 G 0 G 1 G seated (1 wk) supine

Systemic Vascular Resistance Mean over 4 hrs (mmHg•min/l)



Figure 1. Baroreflex testing The left panel shows astronaut Rhea Seddon performing baroreflex testing on herself during the SLS-1 mission.



Eckberg D L et al. J Physiol 2010;588:1129-1138

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The Journal of Physiology

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Fig. 3. LV mass measured by MRI before (Pre) and after (Post) the D-2 mission on 4 astronauts. Circles with error bars represent mean \pm SE before and after spaceflight.

Cardiac MRI was conducted pre-flight and post-flight: 10 days of microgravity exposure It is unclear on what post-flight day MRI data was acquired and there was no follow-up

Perhonen MA, Franco F, Lane LD, et al. Cardiac atrophy after bed rest and spaceflight. J Appl Physiol 91: 645-653, 20

Postflight:

- Orthostatic tolerance
- Aerobic exercise capacity

Presyncope increases with Flight Duration





Isotonic Fluid Load

The operational fluid load (salt tablets and water before landing) was imposed to correct the dehydration. Used static stand test and cardiovascular index of deconditioning (CID) to quantify results.

However, the efficacy of the operational fluid load was not determined: it is unknown how much plasma volume is actually replaced.

Does not restore plasma volume to pre-flight levels: currently, there is approximately a 9% loss



Bungo MW, Charles JB, Johnson PC. Cardiovascular Deconditioning During Space Flight and the Use of Saline as a Countermeasure to Orthostatic Intolerance. Aviat.



Orthostatic intolerance:

Mitigated by:

- Oral salt and fluid loading
- Antigravity garment
- Additional clinical treatment

Florinef[®] Does not Correct Post-spaceflight Orthostatic Hypotension



	Presyncopal on Landing Day $(n=8)$			Nonpresyncopal on Landing Day $(n=21)$		
	Supine	Standing	Standing-supine	Supine	Standing	Standing-supine
Plasma norepinephrine, pg/ml	213 ± 28	467 ± 42	254 ± 37	209 ± 15	466 ± 44	257 ± 38
Peripheral vascular resistance, mmHg·1 ⁻¹ ·min	$15.5 \pm 0.9^*$	$22.9 \pm 1.8^*$	7.4 ± 1.5	$21.2 \pm 1.9^*$	$31.8 \pm 2.3^*$	10.6 ± 1.9
Diastolic pressure, mmHg	$66 \pm 2^{\dagger}$	$69 \pm 4^{+}$	3 ± 3	$73 \pm 2^{\dagger}$	$77 \pm 2^{+}$	4 ± 1
Systolic pressure, mmHg	$109 \pm 3^*$	$99 \pm 4^{+}$	$-10 \pm 2^{*}$	$114 \pm 2^*$	$108 \pm 3^{+}$	$-5 \pm 2^{*}$
Heart rate, beats/min	$62 \pm 2^{\dagger}$	$81 \pm 5^{+}$	19 ± 5	$54 \pm 1^{+}$	$71 \pm 2^{+}$	17 ± 2
Stroke volume, ml	86 ± 5	45 ± 5	-41 ± 3	83 ± 4	41 ± 2	-43 ± 3
Cardiac output, 1/min	$5.3 \pm 0.5^*$	$3.6 \pm 0.4^*$	-1.7 ± 0.2	$4.4 \pm 0.2^{*}$	$2.9 \pm 0.2^{*}$	-1.6 ± 0.2
Mean flow velocity (middle cerebral artery), cm/s	58.9 ± 5.7	$51.2 \pm 2.5^*$	-7.5 ± 1.6	53.4 ± 5.5	$43.1 \pm 2.1^*$	-11.4 ± 2.3
Cerebral vascular resistance, mmHg·cm ⁻¹ ·s	1.5 ± 0.2	$1.1 \pm 0.2^*$	-0.4 ± 0.1	1.9 ± 0.1	$1.5 \pm 0.1^*$	-0.4 ± 0.1
Plasma epinephrine, pg/ml	19 ± 3	30 ± 3	12 ± 2	24 ± 3	38 ± 4	14 ± 4
Plasma renin activity, ng ml ⁻¹ ·h ⁻¹	1.7 ± 0.4	2 ± 0.5	0.3 ± 0.2	1.3 ± 0.2	1.6 ± 0.2	0.2 ± 0.1
Plasma volume, liters	3.2 ± 0.2			3.4 ± 0.1		

Table 2. Preflight measurements

Values are means \pm SE; *n*, no. of subjects. Supine, standing, and standing-supine difference measurements for all variables (plasma volume was only measured supine) separated into presyncopal and nonpresyncopal groups before flight (average of 2 preflight data sessions). **P* \leq 0.05 between groups. †*P* \leq 0.01 between groups.

Fritsch-Yelle, JM. et al. 1996

	Presyncopal on Landing Day $(n=8)$			Nonpresyncopal on Landing Day $(n=21)$		
	Supine	Standing	Standing-supine	Supine	Standing	Standing-supine
Plasma norepinephrine, pg/ml	330 ± 67	$420 \pm 46^{*}$	$105 \pm 41^*$	278 ± 18	$618 \pm 88^{*}$	$340\pm62^*$
Peripheral vascular resistance, mmHg·l ⁻¹ ·min	16.0 ± 1.3	$22.9 \pm 2.5^*$	6.4 ± 2.9	21.1 ± 1.6	$33.8 \pm 2.7^*$	12.6 ± 2.6
Diastolic pressure, mmHg	74 ± 4	$61 \pm 4^{+}$	$-14 \pm 7^{\dagger}$	76 ± 2	$81 \pm 2^{\dagger}$	$3 \pm 2^{\dagger}$
Systolic pressure, mmHg	$110 \pm 4^*$	$80 \pm 3^{\dagger}$	$-28 \pm 4^{\dagger}$	$120 \pm 2^*$	$109 \pm 3^{\dagger}$	$-11 \pm 3^{\dagger}$
Heart rate, beats/min	$72 \pm 5^*$	$114 \pm 8^{\dagger}$	$41 \pm 6^*$	$62 \pm 2^*$	$91 \pm 4^{\dagger}$	$29 \pm 3^*$
Stroke volume, ml	78 ± 4	28 ± 2	-51 ± 5	77 ± 5	32 ± 9	-44 ± 5
Cardiac output, 1/min	5.5 ± 0.3	3.3 ± 0.3	-2.4 ± 0.3	4.7 ± 0.3	2.9 ± 0.2	-1.8 ± 0.3
Mean flow velocity (middle cerebral artery), cm/s	52.4 ± 4.7	40.0 ± 2.9	-12.4 ± 2.2	47.6 ± 2.3	39.7 ± 1.6	-7.5 ± 1.2
Cerebral vascular resistance, mmHg·cm ⁻¹ ·s	1.7 ± 0.3	$1.1 \pm 0.1^{\dagger}$	-0.7 ± 0.2	2.0 ± 0.1	$1.6 \pm 0.1^{+}$	-0.4 ± 0.1
Plasma epinephrine, pg/ml	42 ± 5	66 ± 12	20 ± 13	23 ± 2	48 ± 6	25 ± 7
Plasma renin activity, ng ml-1.h-1	2.7 ± 1.2	3.4 ± 1.5	1.3 ± 0.6	2.2 ± 0.3	3.7 ± 0.6	1.5 ± 0.3
Plasma volume, liters	2.7 ± 0.2			3.2 ± 0.2		

Table 1. Landing day measurements

Values are means \pm SE; *n*, no. of subjects. Supine, standing, and standing-supine difference measurements for all variables (plasma volume was only measured supine) are separated into presyncopal and nonpresyncopal groups on landing day. **P* < 0.05 between groups. †*P* < 0.01 between groups.

Catecholamine Responses to Standing



Maximum Oxygen Uptake Preflight, In-flight and Postflight (all max tests)



Levine et al., Maximal exercise performance after adaptation to microgravity. JAP 81(2): 686-694, 1996.

However -

Sympathetic nervous activity is high in space!

Vasodilatation and sympathetic activation





Norsk & Christensen Respir .Physiol. Neurobiol. 169 (Suppl. 1):S26-9, 2009.



ISS026E012919

Paoli Nespoli European Space Agency astronaut



Acknowledgements:

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Niels J. Christensen (Herlev Univ. Hosp., Denmark) Ali Asmar (Univ. CPH, Denmark) Morten Damgaard (Univ. CPH, Denmark).

Laboratory technical assistance

Jakob Utzon-Frank (Univ. ,CPH, Denmark) Inge H. Petersen (Univ., CPH, Denmark)

ESA assistance

Poul Knudsen (Damec ApS) Thomas A. E. Andersen (Damec ApS)

Allain Maillet (Cadmos, CNES) Stephanie Herr (Cadmos, CNES)

Simone Thomas (ESA) Astronauts (ESA)

NASA assistance

Clinic at NASA-Johnson Space Center Astronauts National Aeronautics and Space Administration





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