Gender differences in bed rest: preliminary analysis of vascular function
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Orthostatic intolerance is a recognized consequence of spaceflight. Numerous studies have shown that women are more susceptible to orthostatic intolerance following spaceflight as well as bed rest, the most commonly used ground-based analog for spaceflight. One of the possible mechanisms proposed to account for this is a difference in vascular responsiveness between genders. We hypothesized that women and men would have differing vascular responses to 90 days of 6-degree head down tilt bed rest. Additionally, we hypothesized that vessels in the upper and lower body would respond differently, as has been shown in the animal literature. Thirteen subjects were placed in bedrest for 90 days (8 men, 5 women) at the Flight Analogs Unit, UTMB. Direct arterial and venous measurements were made with ultrasound to evaluate changes in vascular structure and function. Arterial function was assessed, in the arm and leg, during a reactive hyperemia protocol and during sublingual nitroglycerin administration to gauge the contributions of endothelial dependent and independent dilator function respectively. Venous function was assessed in dorsal hand and foot veins during the administration of pharmaceuticals to assess constrictor and dilator function. Both gender and day effects are seen in arterial dilator function to reactive hyperemia, but none are seen with nitroglycerin. There are also differences in the wall thickness in the arm vs the leg during bed rest, which return toward pre-bed rest levels by day 90. More subjects are required, especially females as there is not sufficient power to properly analyze venous function. Day 90 data are most underpowered.
Gender differences in bed rest: preliminary analysis of vascular function

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ABSTRACT

Orthostatic hypotension is a prominent consequence of spaceflight. Symptom studies suggest that more women experience orthostatic hypotension following spaceflight than men. One possible mechanism to account for this is a difference in vascular function between genders. Therefore, we investigated whether there were gender differences in vascular function throughout the course of bedrest in subjects to determine whether this was a potential emerging risk factor for orthostatic hypotension. We hypothesized that women would be more susceptible to orthostatic hypotension and presyncope due to vascular remodeling that leads to structural and functional changes. We measured brachial and anterior tibial artery responses to nitroglycerin and phenylephrine. We also tested the hypothesis that arteries in the arm and leg would remodel differently during bed rest. A total of 10-12 subjects completed 90 days of head-down tilt bed rest, which is the most widely accepted ground-based analog of spaceflight. Flow-mediated dilation and intimal-medial thickness has been shown to be clinically relevant indicators of dysfunction in patients exhibiting disease. We do not have sufficient statistical power to draw conclusions regarding differences in orthostatic hypotension between genders.

INTRODUCTION

• Orthostatic hypotension continues to be a problem following spaceflight, especially long duration spaceflight.

• Females are more susceptible to orthostatic hypotension and presyncope.

• Numerous citations in the literature point to a venous return structural and functional changes.

• Animal literature shows a differential remodeling of vasculature that leads to structural and functional changes. There is also bed rest evidence for increased arterial dilator function.

• We tested the hypothesis that arteries in the arm and leg would remodel differently during bed rest.

HYPOTHESIS

We hypothesized that gender will influence the vascular responses to bed rest.

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METHODS

• Females are more susceptible to orthostatic hypotension and presyncope.

• Numerous citations in the literature point to a venous return structural and functional changes.

• Animal literature shows a differential remodeling of vasculature that leads to structural and functional changes. There is also bed rest evidence for increased arterial dilator function.

• We studied arterial and venous function in subjects confined to 90 days of head-down tilt bed rest which is the most widely accepted ground-based analog of spaceflight.

RESULTS I: Reactive Hyperemia

There were no differences in flow-mediated dilation response in the arm at any time point. However, the flow-mediated dilation response in the leg was significantly increased at day 49. There is a trend for a gender difference over the course of bedrest in the anterior tibial artery (p = 0.07). On day 21, there is a significant difference in the anterior tibial artery between men and women.

Arterial responses to nitroglycerin did not change over the duration of bed rest (day effect) in either the brachial or anterior tibial artery, however, the anterior tibial artery dilation more than the brachial artery (p = 0.001).

We were unable to detect any differences in the dorsal hand or foot vein responses to pharmacological agents during bed rest.

CONCLUSIONS:

These data show that some arterial and venous measures change during bed rest, while others do not. The challenge is to elucidate which arterial or venous measures change during bed rest.

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Limitations

A major limitation for this study is the subject number at the varying time points. This is largely due to the forced evacuation of subjects for Hurricane Rita. Those subjects, therefore, only completed 44-53 days of the designed 90 day bed rest protocol. Thus, only a subset of subjects completed the full 90 days of bed rest. Due to the relatively small number of women participating, the statistical power was limited.