The CO2 section will discuss the history, mechanisms, and research dealing with the impact of CO2 on astronauts exposed to long duration spaceflight

- CO2 – Acute: Given the history of uneven removal of CO2 from spacecraft areas, there is a history of acute illness that impacts short-term health and performance.
  - Acute CO2 symptoms occur in space flight due to a combination of CO2 scrubbing limitations, microgravity-related lack of convection, and possibly interaction with microgravity-related physiological changes.
  - Reported symptoms mainly include headaches, malaise, and lethargy. Symptoms are treatable with analgesics, rest, temporarily increasing scrubbing capability, and breathing oxygen. This does not treat the underlying pathology.
  - Recommended disposition: Conduct research to determine the optimal CO2 levels that would prevent occurrence of symptoms.

- CO2 – Chronic: Given prolonged exposure to elevated CO2 levels, there is a history that the long-term health of the crew is impacted.
  - Chronic CO2 exposures occur in space flight due to a combination of CO2 scrubbing limitations and microgravity-related lack of convection, with possible contribution from microgravity-related physiological changes.
  - Since acute symptoms are experienced at levels significantly lower than expected, there are unidentified long-term effects from prolonged exposure to elevated CO2 levels on orbit. There have been long term effects seen terrestrially and research needed to further elucidate long term effects on orbit.
  - Recommended disposition: Research required to further elucidate long term effects. In particular, elucidation of the role of elevated CO2 on various levels of CO2 vasodilatation of intracranial blood vessels and its potential contribution to elevation of intracranial pressure.
CONTROL ID: 1004618
PRESENTATION TYPE: Panel Overview
CURRENT CATEGORY: Space Medicine
TITLE: Visual Impairment and Intracranial Hypertension: An emerging spaceflight risk (Part 1 of 2)
AUTHORS (FIRST NAME, LAST NAME): Jennifer A. Fogarty¹, James D. Polk¹, William J. Taver¹, Charles R. Gibson¹, Ashot E. Sargsyan¹, Terrance A. Taddeo¹, David J. Alexander¹, Christian A. Otto¹
CONTACT (E-MAIL ONLY): elkin.romero-1@nasa.gov
INSTITUTIONS (ALL): 1. Space Life Sciences Directorate, NASA Johnson Space Center, Houston, TX, United States.
ABSTRACT BODY:
Panel Overview: What is the risk? Given that astronauts exposed to microgravity experience a cephalad fluid shift, and that both symptomatic and asymptomatic astronauts have exhibited optic nerve sheath edema on MRI, there is a high probability that all astronauts have some degree of increased intracranial pressure (ICP; intracranial hypertension), and that those susceptible (via eye architecture, anatomy, narrow optic disc) have a high likelihood of developing papilledema (optic disc edema, globe flattening), choroidal folds, and/or hyperopic shifts and that the degree of edema may determine long-term or permanent vision impairment or loss. Back to back panels on this topic have been developed to address this emerging risk. The first panel will focus on the 6 clinical cases with emphasis on ophthalmic findings and imaging techniques used pre-, in-, and post-flight. The second panel will discuss the operational mitigation and medical requirements, the potential role of CO2 on ISS, and the research approach being developed. In total these back to back panels will explore what is known about this risk, what has been done immediately to address it, and how an integrated research model is being developed. First panel will be 1.5 hours and will focus on the review of the clinical issue. Presentations (20 minutes each) include:
5 minute introduction: Dr. JA Fogarty
1. Dr. Bill Taver: Clinical Overview (Dr. Polk as back up)
2. Dr. Bob Gibson: Ophthalmic review
3. Drs. Ashot Sargsyan & Doug Hamilton: Imaging
4. Discussion (25 minutes)

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CONTROL ID: 1004651
PRESENTATION TYPE: Panel Overview
CURRENT CATEGORY: Space Medicine
TITLE: Visual Impairment and Intracranial Hypertension: An emerging spaceflight risk (Part 2 of 2)
AUTHORS (FIRST NAME, LAST NAME): Jennifer A. Fogarty¹, James D. Polk¹, William J. Tarver¹, Charles R. Gibson¹, Ashot E. Sargsyan¹, Terrence A. Teddeo¹, David J. Alexander¹, Christian A. Otto¹
CONTACT (E-MAIL ONLY): elkin.romero-1@nasa.gov
INSTITUTIONS (ALL): 1. Space Life Sciences Directorate, NASA Johnson Space Center, Houston, TX, United States.

ABSTRACT BODY:
Panel Overview: What is the risk? Given that astronauts exposed to microgravity experience a cephalad fluid shift, and that both symptomatic and asymptomatic astronauts have exhibited optic nerve sheath edema on MRI, there is a high probability that all astronauts have some degree of increased intracranial pressure (ICP; intracranial hypertension), and that those susceptible (via eye architecture, anatomy, narrow optic disc) have a high likelihood of developing papilledema (optic disc edema, globe flattening), choroidal folds, and/or hyperopic shifts and that the degree of edema may determine long-term or permanent vision impairment or loss. Back to back panels on this topic have been developed to address this emerging risk. The first panel will focus on the 5 clinical cases with emphasis on ophthalmic findings and imaging techniques used pre-, in-, and post-flight. The second panel will discuss the operational mitigation and medical requirements, the potential role of CO₂ on ISS, and the research approach being developed. In total these back to back panels will explore what is known about this risk, what has been done immediately to address it, and how an integrated research model is being developed.

The second panel will also be 1.5 hours.
Presentations (20 minutes each) include:
5 minute introduction: Dr. JA Fogarty
1. Dr. Terry Teddeo: Ops mitigations/medical requirements
2. Dr. David Alexander: Potential Role of CO₂
3. Dr. Christian Otto: Research Plan
4. Discussion (25 minutes)

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