MUSCULOSKELETAL-INDUCED NUCLEATION IN ALTITUDE DECOMPRESSION SICKNESS

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INTRODUCTION

- Musculoskeletal activity has the potential to both improve and compromise decompression safety
  - enhancing inert gas elimination during oxygen breathing
  - promoting bubble nuclei formation and gas phase separation
- Timing, pattern and intensity of exercise and the level of tissue supersaturation may be critical to the net effect
  - understanding mechanisms may help quantify risk
- NASA Prebreathe Reduction Program (PRP) studies
  - combined oxygen prebreathe and exercise followed by low pressure (4.3 psi) microgravity simulation
  - produced two operational protocols used for EVA
    - CEVIS and ISLE
- Current study investigates the influence of ambulation exercise on bubble formation and risk of DCS
## CEVIS PROTOCOL

(Not to scale)

<table>
<thead>
<tr>
<th>PRP Phase II</th>
<th>Time (min)</th>
<th>Pressure (psi)</th>
<th>Activity</th>
<th>Breathe Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100</td>
<td>14.7</td>
<td>Non-Ambulatory</td>
<td>Air</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>10.2</td>
<td>Exercise</td>
<td>Oxygen</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>9.6</td>
<td>Non-Ambulatory</td>
<td>Air</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>4.3</td>
<td>Exercise</td>
<td>Oxygen</td>
</tr>
</tbody>
</table>

- **10 min at 75% VO₂peak**
- **40 min intermittent light**
METHODS

- 4 experiments replicate CEVIS protocol, each with exception
  - Expt 1 – ambulation both preflight and at 4.3 psi
  - Expt 2 – non-ambulatory preflight; ambulatory at 4.3 psi
  - Expt 3 – ambulatory preflight; non-ambulatory at 4.3 psi
  - Expt 4 – reverse heavy/light exercise order; non-ambulatory

- Decompression stress assessment
  - ultrasound during each of 14 epochs in 4 h 'spacewalk'
    - aural Doppler for right heart bubbles (Spencer grade 0-IV)
    - two-dimensional imaging for left heart bubbles (test termin.)
  - venous blood to assess microparticle response to deco stress

- Fisher Exact Tests (one-tailed) compare test/control groups

- Plan - 25-50 subjects per experiment
  - trials suspended with 70% confidence of DCS risk >15% or grade IV VGE risk >20%
EXERCISE STRATEGIES

Controlled walking

Suit simulator set up for multiple semi-recumbent intermittent light exercise simulating astronaut tasks
EVA SUIT SIMULATOR EXERCISES

- 6 exercises
  - sit-ups, arm pulls, full body pulls, torque wrenching, walking
- Subjects cycle through
  - specific exercises
  - Doppler/2-D echo monitoring
  - Rest break
- 4 minute intervals for each
  - pace guided by an automated task prompter
  - manual prompting if needed
ULTRASONIC ASSESSMENT

Doppler Bubble Detector

Transthoracic Echo (TTE)

LV
RV
LA
RA
BLOOD MICROPARTICLE ASSESSMENT

- MPs are 0.1-1.0 µm diameter cell membrane fragments
  - pro-inflammatory
- 5 mL blood samples drawn at 3 points
  - baseline
  - post-10.2 psi repress
  - post-4.3 psi repress
RESULTS

- **15 Experiment 1 trials complete**
  - 11 male, 4 female

- **Expt 1 vs. CEVIS**
  - DCS greater
    - 4/15 (27%) vs. 0/45 (0%), respectively (p=0.0001)
  - peak grade IV VGE frequency greater
    - 4/15 (27%) vs. 3/45 (7%), respectively (p=0.0334)
  - cumulative grade IV VGE across all trial epochs not different
    - 10/183 (5%) vs. 26/630 (4%), respectively (p=0.220)
  - microparticle data for 9/15 trials (4 with DCS outcomes)
    - high variability not yet resolved statistically

- **DSMB review allowed Expt 1 trials to continue**
  - to improve statistical power of microparticle assessment
DISCUSSION

- Expt 1 trial results support thesis that decompression stress is increased by ambulation exercise.
- Additional trials may improve the statistical power to evaluate the relationship between decompression stress and microparticle accumulation.
- Future experiments will test decompression stress of:
  - ambulation at altitude (supersaturated) vs. ambulation at ground level (undersaturated).
  - light exercise after heavy exercise induced nucleation.

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