

APPLIED CARDIOVASCULAR PHYSIOLOGY

The cardiovascular reflexes: Cardiac reflexes are fast-acting reflex loops between the heart and central nervous system (CNS) that contribute to regulation of cardiac function and maintenance of physiologic homeostasis. As with most homeostatic questions, it is useful to structure your response into:



Cardiac receptors are linked to the CNS by myelinated or unmyelinated afferent fibers that travel along the vagus nerve. Cardiac receptors can be found in the atria, ventricles, pericardium, and coronary arteries. Extracardiac receptors are located in the great vessels and carotid artery. Sympathetic and parasympathetic nerve input is processed in the CNS. After central processing, efferent fibers to the heart or the systemic circulation will provoke a particular reaction. The **baroreceptor reflex** is the most important cardiac reflex and maintains second to second control of BP via a negative feedback loop. Long term it acts via a set point which may be elevated in settings such as essential hypertension. Changes in blood pressure are monitored by circumferential and longitudinal stretch receptors located in the carotid sinus and aortic arch. The CPU is the NTS in the cardiovascular centre of the medulla. The effectors are the autonomic nervous system. **Chemoreceptor Reflex:** Chemoreceptive cells are located in the carotid bodies and the aortic body. These cells respond to changes in pH status and blood oxygen tension. The **Bainbridge reflex** is elicited by stretch receptors located in the right atrial wall and the cavalatrial junction. An increase in right-sided filling pressure sends vagal afferent signals to the cardiovascular center in the medulla. These afferent signals inhibit parasympathetic activity, thereby increasing the heart rate. The purpose of this reflex is to ensure the extra-blood arriving at the heart is pumped out. The **Bezold-Jarisch reflex** responds to noxious ventricular stimuli sensed by chemoreceptors and mechanoreceptors within the LV wall by inducing the triad of hypotension, bradycardia, and coronary artery dilatation. The **Cushing reflex** is a result of cerebral ischemia caused by increased intracranial pressure. Cerebral ischemia at the medullary vasomotor center induces initial activation of the sympathetic nervous system. Such activation will lead to an increase in heart rate, blood pressure, and myocardial contractility in an effort to improve cerebral perfusion. As a result of the high vascular tone, reflex bradycardia mediated by baroreceptors will ensue. The **oculocardiac reflex** is provoked by pressure applied to the globe of the eye or traction on the surrounding structures. Stretch receptors are located in the extraocular muscles and their activation results in increased parasympathetic tone. - See Miller 7th edition for further details

Shock is defined as inadequate tissue perfusion resulting in tissue damage. It is usually further classified according to the physiological cause into four categories. Hypovolemic shock is due to a **decrease in the circulating blood volume**, most commonly due to haemorrhage, but gastrointestinal or non-sensible losses may also cause this state. Low resistance shock is a result of the **dramatic decrease in total peripheral resistance**, this may be seen in spinal cord injuries, anaphylaxis and most commonly excessive inflammatory response in sepsis. Cardiogenic shock is due to **decreased cardiac output** from an **intrinsically cardiac cause**, normally due to a large MI, myocarditis, or valvular disease. Obstructive shock is due to a **decrease in cardiac output due to obstruction** from an cause **extrinsic to the heart**, such as cardiac tamponade, tension pneumothorax or PE.

Cardiovascular response to shock is similar for all types of shock, however the underlying pathology will determine the degree of success to the physiological response. Note this information has already been covered in responses to 1000ml of blood loss. **Blood pressure is maintained** by baroreceptor response and sympathetic activation resulting in increased CO (preload, contractility and HR) and reduced run-off (increased TPR). Renin-angiotensin-aldosterone system activation, Chemoreceptors, Vasopressin, Adrenergic release by the adrenal medulla augments sympathetic response and finally there is increased thirst. **Blood redistribution is also an important response**, decreased renal perfusion (which in combination with the RAAS system and Vasopressin release also decreases urine output), decreased muscle perfusion, maintained cerebral perfusion and a net reabsorption of interstitial fluid due to starling forces. **Delayed responses** in the setting of shock due to blood loss include hepatic synthesis of plasma proteins, increased erythropoietin and subsequent erythropoiesis will lead to a reticulocyte count peak at day ten.

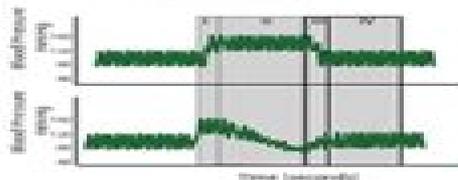
Normal aging Myocardial changes include: **A decrease in the resting and maximum cardiac index, the maximum heart rate, diastolic compliance, sensitivity to catecholamines and the number of functioning myocytes.** There is an accumulation of pigment within the myocytes and increase in contraction and relaxation time (diastolic cycle) of the heart. Peripheral vascular changes include: **An increase in total peripheral resistance as well as decreases in arterial and venous compliance** (see windkessel effect), and capillary density in some tissue beds. **A blunted baroreceptor response mechanism** due to decreased stretch in the carotid and aortic bodies and impaired response due to impaired sympathetic responses (less noradrenergic and adrenergic sensitivity). Haemodynamic consequences of the above include: **increased pulse pressure (windkessel) and mean arterial pressure, increased afterload** due to raised blood pressure.

Cardiovascular effects of IPPV and PEEP. From respiratory sectors IPPV and PEEP cause a reduction in cardiac output by **reducing venous return to the right atrium** because of increased intrathoracic pressure. With normal inspiration there is negative intrathoracic pressure which acts as a pump to draw blood into the chest from the major veins and this is abolished with positive intrathoracic pressure. The reduction in RV filling leads to less LV filling and therefore preload, which is exacerbated in hypovolaemic states. Furthermore the **increased airway pressures lead to increased pulmonary vascular pressures and this increases RV strain**. It is noted that whilst PEEP may improve PaO2 the decrease in CO may actually lead to decreased O2 delivery to the tissues (remember that $DO_2 = CO \times a_t \times Hb + \text{dissolved } O_2$). There is some **increase in peripheral vascular resistance to counter the decreased CO** but this is often inadequate. Interestingly, in heart failure patients the reduced RV filling may actually improve function by moving an overloaded RV to a more favourable position on the starling curve.

Cardiovascular changes during pregnancy include: **Upward and leftward cardiac displacement, aortocaval compression after 20/40 with associated maternal hypotension and decreased uteroplacental flow** (hence left lateral positioning). Placental blood flow of 625 mL/min. **1, 30-50% increase in circulating volume** (mediated by aldosterone, oestrogen and progesterone) - **12% increase in HR, 25% increase in stroke volume, 30-40% increase in cardiac output, 20-40% decrease in TPR** due to the placental circulation low resistance running in parallel with other systemic organs), **5-10 mmHg decrease in diastolic pressure at 12-20/40, increase in renal plasma flow and GFR (75% and 50% respectively)**. During labor: **300-500 ml. autotransfusion with uterine contractions and - 25% increase in cardiac output.**

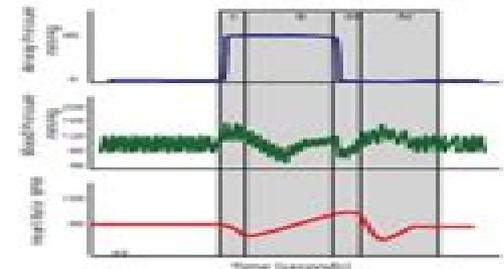
Valsalva Manoeuvre was first described by the Italian Anatomist Antonio Valsalva in the early 18th century. It refers to the cardiovascular responses to forced expiration against a closed glottis for a duration of ten seconds or more. There are four main phases described in the diagram below.

- Phase I** Increased intrathoracic pressure causes a **brief increase in preload** as the pulmonary vasculature empties to the LA/LV. This causes an increase in CO and therefore blood pressure and a **fast baroreceptor driven decrease in heart rate**.
- Phase II** The increased intrathoracic pressure causes **reduced venous return which leads to decreased preload and CO**. As blood pressure now falls the **baroreceptor response is an increase in HR and TPR**. The increase in TPR means that the diastolic pressure will be increased more than the systolic and as a result the **pulse pressure narrows**.
- Phase III** The intrathoracic pressure now drops, **transiently decreasing preload and CO** as blood pools in the pulmonary vasculature. There is a transient decrease in blood pressure.
- Phase IV** As CO returns to normal, the residual increase in TPR (and probable venous constriction) means that there is an **overshoot** and blood pressure spikes (with associated fast baroreceptor decrease in HR) before stabilising.



In heart failure most mechanisms are blunted and the pressure on the aorta leads to an increase in blood pressure and a characteristic 'square wave' pattern of blood pressure changes.

In autonomic dysfunction the TPR is not increased which impairs the response of phase II and removes the cause of the overshoot in Phase IV.



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Applied Cardiovascular Physiology George R. Kelman,1979 **Applied Cardiovascular Physiology** Michael Pinsky,2012-12-06 A concise yet complete overview of the treatment of cardiovascular instability in the critically ill patient The authors consider all aspects ranging from basic physiology and pathophysiology to diagnostic tools and established and novel forms of therapy The whole is rounded off with an integration of these principles into a series of clinically relevant scenarios

Applied Cardiovascular Physiology George Richard Kelman,1971 **Levick's Introduction to Cardiovascular Physiology** Neil Herring,David J. Paterson,2018-04-17 A sound knowledge of cardiovascular physiology is fundamental to understanding cardiovascular disease exercise performance and may other aspects of human physiology Cardiovascular physiology is a major component of all undergraduate courses in physiology biomedical science and medicine and this popular introduction to the subject is intended primarily for these students A key feature of this sixth edition is how state of the art technology is applied to understanding cardiovascular function in health and disease Thus the text is also well suited to graduate study programmes in medicine and physiological sciences

An Introduction to Cardiovascular Physiology J R Levick,2013-10-22 An Introduction to Cardiovascular Physiology is designed primarily for students of medicine and physiology This introductory text is mostly didactic in teaching style and it attempts to show that knowledge of the circulatory system is derived from experimental observations This book is organized into 15 chapters The chapters provide a fuller account of microvascular physiology to reflect the explosion of microvascular research and include a discussion of the fundamental function of the cardiovascular system involving the transfer of nutrients from plasma to the tissue They also cover major advances in cardiovascular physiology including biochemical events underlying Starling's law of the heart nonadrenergic non cholinergic neurotransmission the discovery of new vasoactive substances produced by endothelium and the novel concepts on the organization of the central nervous control of the circulation This book is intended to medicine and physiology students

Cardiovascular Physiology 8/E David E. Mohrman,Lois Jane Heller,2014 Suitable for USMLE and exam review this title helps you gain a fundamental knowledge of the basic operating principles of the intact cardiovascular system and how those principles apply to clinical medicine

Smith and Aitkenhead's Textbook of Anaesthesia Jonathan Thompson,Iain Moppett,Matthew Wiles,2019-04-09 This highly successful textbook is internationally renowned as a core text for trainee anaesthetists and is essential reading for candidates for the Fellowship of Royal College of Anaesthetists and similar examinations The previous 6th edition was awarded First Prize at the BMJ Medical Book awards The book provides full coverage of the sciences underpinning practice in anaesthesia critical care and pain management together with details of clinical anaesthesia and perioperative care In combining these aspects anaesthetists new to the specialty have found the textbook particularly useful during the first few years of training as well as when preparing for professional examinations It has also proved a valuable day to day reference for allied professionals such as operating department

practitioners and physician assistants who need an understanding of clinical practice in anaesthesia and related specialties. The goal for this Seventh Edition has remained to equip the reader with the basic knowledge and practical considerations required to administer anaesthesia and perioperative care for a whole range of surgical conditions in patients with all common medical comorbidities. Reflecting the expanding role of anaesthesia beyond the operating theatre it also includes essential material related to safety and quality assurance, consent, resuscitation, intensive care medicine, pre-hospital care and chronic pain management. This book's scope includes the full range of clinical practice from anaesthetic equipment and pre-operative assessment through to post-operative care, local anaesthesia, anaesthesia for individual specialties and the management of chronic pain. The text covers the principles of pharmacology, anaesthetic agents and physics for the anaesthetist. This Seventh Edition has been restructured into four sections: Basic Sciences, Physics and Apparatus, Fundamentals of Anaesthesia and Perioperative Medicine, and Clinical Anaesthesia. There are four new chapters reflecting the UK postgraduate anaesthetic examination syllabus and changes in clinical practice: The older patient, Anaesthesia in low and middle income areas, Management of critical incidents, and Data analysis, clinical trials and statistics. Thirty new contributors provide a new perspective or contribute new chapters. This edition makes extensive use of new line drawings and diagrams and for the first time many of these are available in colour. Chapters have been extensively cross-referenced to aid the reader and avoid repetition to include substantially more information without increasing the overall size of the book. The content of each chapter is closely aligned to the syllabus of the Primary FRCA examination. Sample online questions and answers are provided for each chapter and linked to the relevant part of each chapter.

The Veterinary ICU Book Wayne E. Wingfield, Mark R. Raffe, 2020-06-03 This book is dedicated to the fundamental clinical signs of astute observation, careful differential diagnosis and analytical therapeutic decision making in emergency veterinary settings. It clearly defines the physiological and clinical principles fundamental to the management of the critically ill small animal patient. With clear guidelines for organizing an emergency critical care unit, the book also discusses ethical and legal concerns. The 80 expert authors have created a clinically specific resource for the specialist residents in training, veterinary practitioners, technicians and students. Published by Teton New Media in the USA and distributed by CRC Press outside of North America.

Smith and Aitkenhead's Textbook of Anaesthesia - E-BOOK Jonathan Thompson, Iain Moppett, Matthew Wiles, 2025-04-11 For over 40 years this award-winning textbook has been the core text for anaesthetists new to the specialty and other healthcare professionals involved in perioperative care. Now in its eighth edition, this high-quality clinically relevant resource continues to offer essential reading covering all aspects of anaesthesia in surgery. Covering day-to-day clinical practice in anaesthesia and perioperative medicine from preoperative assessment and optimisation to clinical anaesthesia and postoperative care, this practical guide also contains an overview of the scientific principles that underpin these practices. It includes topics such as relevant pharmacology and basic physiology, data analysis,

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Basic and Advanced Sciences for Anaesthetic Practice: Prepare for the FRCA Nicholas Pace,2015-11-16 This eBook is one of 10 carefully selected collections of key articles from the Anaesthesia and Intensive Care Medicine journal a continually updated evidence based learning resource based on the RCOA Curriculum It is ideal for trainees preparing for the FRCA or similar exams It will also prove an invaluable authoritative refresher for life long learning and CPD Related MCQs are included to test your understanding

National Library of Medicine Current Catalog National Library of Medicine (U.S.),1971

Cardiovascular Physiology Robert M. Berne,Matthew N. Levy,2001 This book presents fundamental concepts clearly and concisely Students gain a solid understanding of how the cardiovascular system functions in both health and disease Illustrations and pedagogical features focus student learning In addition the clinical commentaries help students apply what they ve learned to real life clinical situations

Midwest Centrarchid Fishes Steven Cooke,David P. Philipp,2009-09-08 Centrarchid fishes also known as freshwater sunfishes include such prominent species as the Largemouth Bass Smallmouth Bass and Bluegill They are endemic to Eastern North America where they form part of a multi million dollar sports fishing industry but they have also been widely introduced around the globe by recreational anglers in aquaculture programs and by government fisheries agencies Centrarchid Fishes provides comprehensive coverage of all major aspects of this ecologically and commercially important group of fishes Coverage includes diversity ecomorphology phylogeny and genetics hybridization reproduction early life history and recruitment feeding and growth ecology migrations bioenergetics physiology diseases aquaculture fisheries management and conservation Chapters have been written by well known and respected scientists and the whole has been drawn together by Professors Cooke and Philipp themselves extremely well respected in the area of fisheries management and conservation Centrarchid Fishes is an essential purchase for all fish biologists ecologists fisheries managers and fish farm personnel who work with centrarchid species across the globe

Cardiovascular Physiology Carol Ann Margaret Courneya,Michael J. Parker,2011 This text provides a clear clinically oriented exposition of the essentials of cardiovascular physiology for medical students residents nurses and allied health professionals Detailed illustrations and online animated figures help students understand key cardiovascular concepts

The Yale Journal of Biology and Medicine ,1984 **The British National Bibliography** Arthur James Wells,1999

JPMA. The Journal of the Pakistan Medical Association Pakistan Medical Association,1983 *American Journal of
Respiratory and Critical Care Medicine* ,1999-03 **Bio-Medical Library Bulletin** ,1968 Medical and Health Care
Books and Serials in Print ,1997

Applied Cardiovascular Physiology: Bestsellers in 2023 The year 2023 has witnessed a remarkable surge in literary brilliance, with numerous captivating novels captivating the hearts of readers worldwide. Let's delve into the realm of popular books, exploring the fascinating narratives that have captivated audiences this year.

Applied Cardiovascular Physiology : Colleen Hoover's "It Ends with Us" This touching tale of love, loss, and resilience has gripped readers with its raw and emotional exploration of domestic abuse. Hoover skillfully weaves a story of hope and healing, reminding us that even in the darkest of times, the human spirit can triumph.

Applied Cardiovascular Physiology : Taylor Jenkins Reid's "The Seven Husbands of Evelyn Hugo" This captivating historical fiction novel unravels the life of Evelyn Hugo, a Hollywood icon who defies expectations and societal norms to pursue her dreams. Reid's captivating storytelling and compelling characters transport readers to a bygone era, immersing them in a world of glamour, ambition, and self-discovery.

Discover the Magic : Delia Owens' "Where the Crawdads Sing" This mesmerizing coming-of-age story follows Kya Clark, a young woman who grows up alone in the marshes of North Carolina. Owens crafts a tale of resilience, survival, and the transformative power of nature, captivating readers with its evocative prose and mesmerizing setting.

These popular novels represent just a fraction of the literary treasures that have emerged in 2023. Whether you seek tales of romance, adventure, or personal growth, the world of literature offers an abundance of captivating stories waiting to be discovered.

The novel begins with Richard Papan, a bright but troubled young man, arriving at Hampden College. Richard is immediately drawn to the group of students who call themselves the Classics Club. The club is led by Henry Winter, a brilliant and charismatic young man. Henry is obsessed with Greek mythology and philosophy, and he quickly draws Richard into his world. The other members of the Classics Club are equally as fascinating. Bunny Corcoran is a wealthy and spoiled young man who is always looking for a good time. Charles Tavis is a quiet and reserved young man who is deeply in love with Henry. Camilla Macaulay is a beautiful and intelligent young woman who is drawn to the power and danger of the Classics Club. The students are all deeply in love with Morrow, and they are willing to do anything to please him. Morrow is a complex and mysterious figure, and he seems to be manipulating the students for his own purposes. As the students become more involved with Morrow, they begin to commit increasingly dangerous acts.

The Secret History is a masterful and gripping novel that will keep you speculating until the very end. The novel is a warning tale about the dangers of obsession and the power of evil.

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Table of Contents Applied Cardiovascular Physiology

1. Understanding the eBook Applied Cardiovascular Physiology
 - The Rise of Digital Reading Applied Cardiovascular Physiology
 - Advantages of eBooks Over Traditional Books
2. Identifying Applied Cardiovascular Physiology
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Applied Cardiovascular Physiology
 - User-Friendly Interface
4. Exploring eBook Recommendations from Applied Cardiovascular Physiology
 - Personalized Recommendations
 - Applied Cardiovascular Physiology User Reviews and Ratings
 - Applied Cardiovascular Physiology and Bestseller Lists
5. Accessing Applied Cardiovascular Physiology Free and Paid eBooks
 - Applied Cardiovascular Physiology Public Domain eBooks
 - Applied Cardiovascular Physiology eBook Subscription Services
 - Applied Cardiovascular Physiology Budget-Friendly Options
6. Navigating Applied Cardiovascular Physiology eBook Formats
 - ePub, PDF, MOBI, and More
 - Applied Cardiovascular Physiology Compatibility with Devices
 - Applied Cardiovascular Physiology Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Applied Cardiovascular Physiology
 - Highlighting and Note-Taking Applied Cardiovascular Physiology
 - Interactive Elements Applied Cardiovascular Physiology
8. Staying Engaged with Applied Cardiovascular Physiology

- Joining Online Reading Communities
- Participating in Virtual Book Clubs
- Following Authors and Publishers Applied Cardiovascular Physiology
- 9. Balancing eBooks and Physical Books Applied Cardiovascular Physiology
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Applied Cardiovascular Physiology
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Applied Cardiovascular Physiology
 - Setting Reading Goals Applied Cardiovascular Physiology
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Applied Cardiovascular Physiology
 - Fact-Checking eBook Content of Applied Cardiovascular Physiology
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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