

Pulmonary Oxygen Toxicity Guidance
Beyond $PO_2 = 1.3$ Atm
(Task # 10-05)
Barbara Shykoff



DSDBP



Pulmonary Oxygen Toxicity Guidance Beyond $PO_2 = 1.3$ Atm

Previously, to measure pulmonary effects relevant to MK16 rebreather or shallow, 100% oxygen exposures, NEDU conducted many dives with $PO_2 = 1.3$ to 1.4 atm.

Questions addressed:

How does injury accumulate?

How long does recovery take?

- Responses vary widely among individuals.
- We characterize injury by fractional incidence of symptoms or of changes in pulmonary function.



Pulmonary Oxygen Toxicity Guidance Beyond $PO_2 = 1.3$ Atm

Problem addressed by current effort:

A dive may involve oxygen-accelerated decompression, a deep excursion, or some other period at $PO_2 > 1.4$ atm.

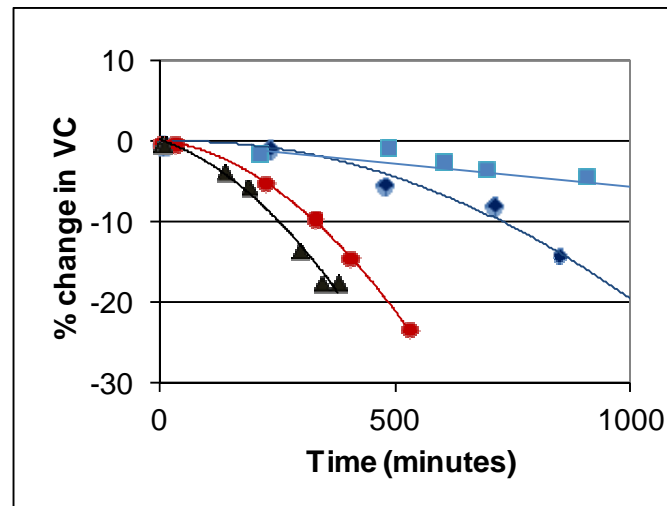
- How do these exposures add to dives with $PO_2 = 1.3$ atm?
- How do they affect recovery times?

We are measuring pulmonary function and recording symptoms after exposures to $PO_2 = 2$ atm.



Pulmonary Oxygen Toxicity Guidance Beyond $PO_2 = 1.3$ Atm

On the average, the onset of pulmonary injury is a function of time and PO_2 , and recovery is a function of time and exposure duration.



Data from U Penn (Lambertsen's lab). Light blue squares: $PO_2 = 1$ atm (Eckenhoff et al. 1987). Dark blue diamonds: $PO_2 = 1.5$ atm; Red circles: $PO_2 = 2$ atm; Black triangles: $PO_2 = 2.5$ atm (Clark et al. 1999).

The functional relationships may change with PO_2 .

- Lung pathology in rats after lethal exposures differs with PO_2 (Demchenko et al. 2007)



Pulmonary Oxygen Toxicity Guidance Beyond $PO_2 = 1.3$ Atm

Protocol: Dry exposure to $PO_2 = 2$ atm using hoods

Dives	Number completed (23 May)
– Single 2-hr dives	$n = 12$
– Single 3-hr dives	$n = 19$
– Two 3-hr dives	
• surface interval (SI) = 3 hrs	$n = 24$
• SI = 6 hrs	$n = 11$
• SI = 15 to 18 hrs	$n = 31$ (19)
– Three 30-min dives, SI = 2 hrs	$n = 23$

Goal: $n = 24$ to 36 for each set



Pulmonary Oxygen Toxicity Guidance Beyond $PO_2 = 1.3$ Atm

Approach #1:

Compare incidences of symptoms and of decreased pulmonary function parameters to those after dives with $PO_2 = 1.3$ atm.

Use SIs to look at recovery in terms of residual oxygen time (ROT) at $PO_2 = 1.3$ atm.

e.g., if ROT = A hrs after a 3-hr dive at 2 atm, and

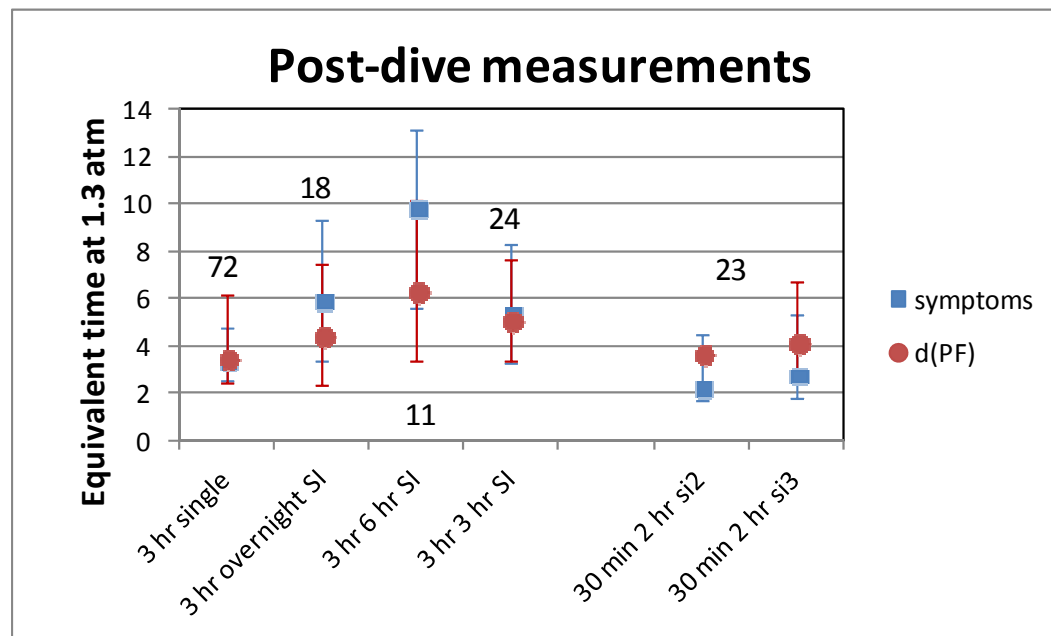
ROT = A+B after two 3-hr dives with a 6-hr SI,
then that 6-hr SI reduced ROT to B hrs.

Approach #2: More in-depth modeling with the full data set.



Pulmonary Oxygen Toxicity Guidance Beyond $\text{PO}_2 = 1.3 \text{ Atm}$

PRELIMINARY RESULTS – MAY CHANGE !!



Numbers above data indicate the number of measurements.
Error bars show binomial 95% confidence limits.



Pulmonary Oxygen Toxicity Guidance Beyond $PO_2 = 1.3$ Atm

- Still to do:
 - Increase n for the 6-hour SI and for other selected sets.
 - Add data, currently collected but not reduced, for an additional 12 subjects for the overnight SI.
 - Deal with delayed signs and symptoms, not just those within a few hours of surfacing.
 - Use more sophisticated modeling approaches.