

# NAVSEA 1 – Measurement of Nitrogen and Hypercapnic Narcosis Using NASA's MATB-II Software



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# INTRODUCTION

- Elevated nitrogen partial pressure ( $PN_2$ ) can decrease cognitive performance by causing narcosis during deep air diving.
- Elevated arterial partial pressures of carbon dioxide ( $PaCO_2$ ) and oxygen ( $PaO_2$ ) may further increase the overall narcotic effect.
- The US Navy has need to predict the degree of cognitive performance deficit associated with the narcotic gases a working diver may experience at operationally relevant depths.
- Monitoring inspired ( $P_i$ ) or end-tidal ( $P_{ET}$ )  $CO_2$  during a dive is a theoretically practical way for a diver to be warned of impending narcosis.
- $P_{ET}CO_2$  is a reasonable surrogate for  $PaCO_2$  under resting conditions at the surface and up to moderate elevations (50-55 mmHg) during exercise at depth. *However*, it is unknown whether  $P_{ET}CO_2$  can be relied upon to predict  $PaCO_2$  at higher levels.

- **This series of experiments is designed to:**

- (1) Quantify the effects of elevated  $\text{PaCO}_2$  and  $\text{PaO}_2$  on nitrogen narcosis.
- (2) Establish the relationship between  $\text{P}_{\text{ET}}\text{CO}_2$  and  $\text{PaCO}_2$  in the upper range of interest (50-70 mmHg) during immersed rest and hyperbaric exercise.
- (3) Use this information to construct an algorithm which can predict  $\text{PaCO}_2$  from  $\text{P}_{\text{ET}}\text{CO}_2$  and correlate this to an “equivalent narcotic depth” for  $\text{PaCO}_2$  in the working deep sea diver.

# STUDY DESIGN

- The Multi-Attribute Task Battery-II (MATB-II) is a NASA developed, computer based flight simulation software designed to evaluate operator cognitive performance and workload during an operationally realistic scenario. (*See Abstract*)
- 8 Pilot subjects were studied during head-out immersion at rest and at 50 watts of output on an exercise cycle ergometer.
- $\text{PaCO}_2$  and  $\text{P}_{\text{ET}}\text{CO}_2$  were measured by arterial blood gas and mass-spectrometry respectively at sea-level and hyperbaric conditions, with and without exercise.
- MATB-II scores while breathing narcotic gases were normalized to baseline

# STUDY DESIGN

- **Surface Phase**

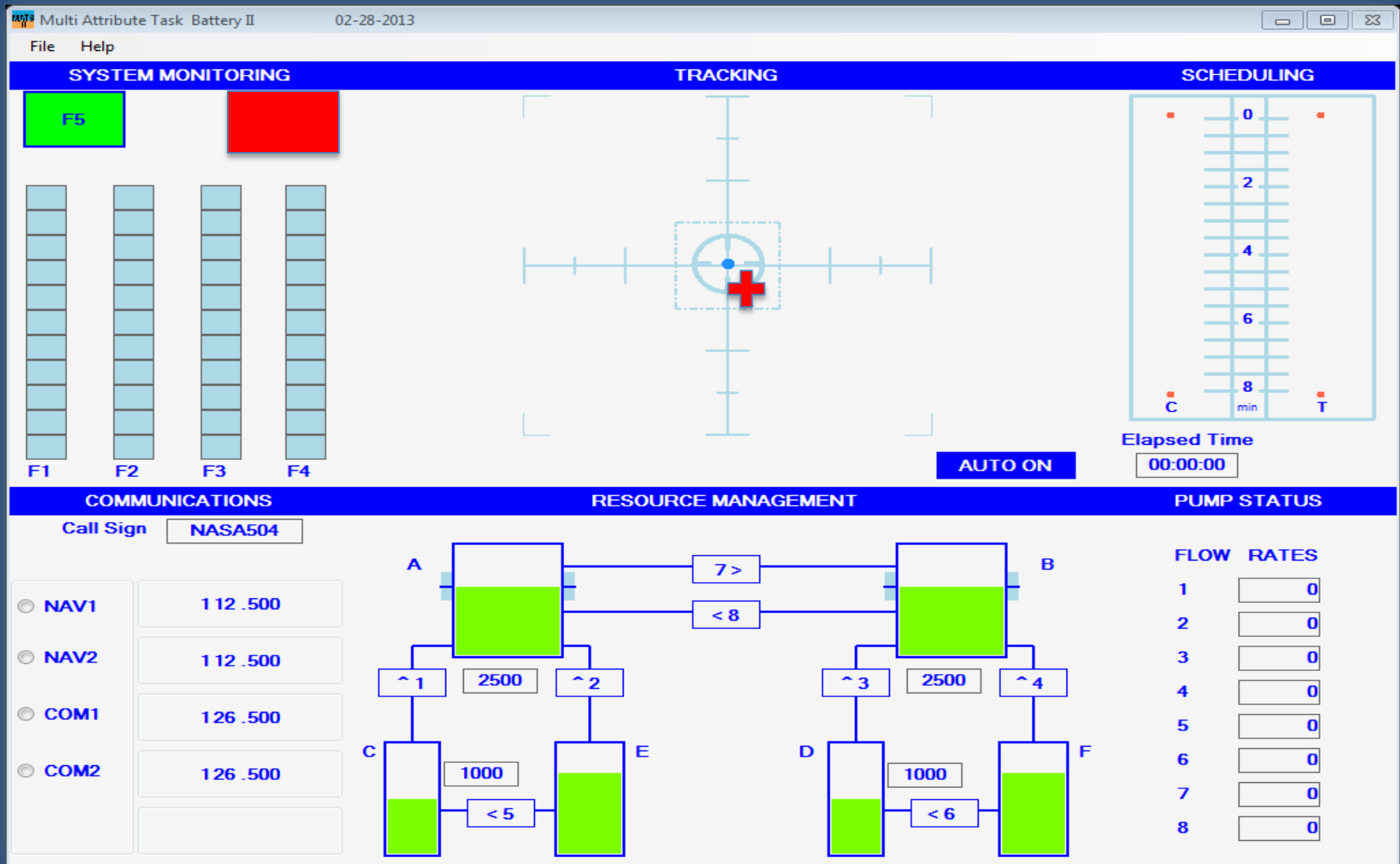
- With and without exercise
- PN<sub>2</sub>: 0.8 and 0
- PO<sub>2</sub>: 0.2 and 1.0
- PCO<sub>2</sub>: 0 and 7.5%



- **Hyperbaric Phase**

- With OR without exercise
- EAD: 158 or 200 fsw
- PN<sub>2</sub>: 4.5 or 5.6
- PO<sub>2</sub>: 0.2 and 1.3, or 0.2
- PCO<sub>2</sub>: 0 and 7.5%

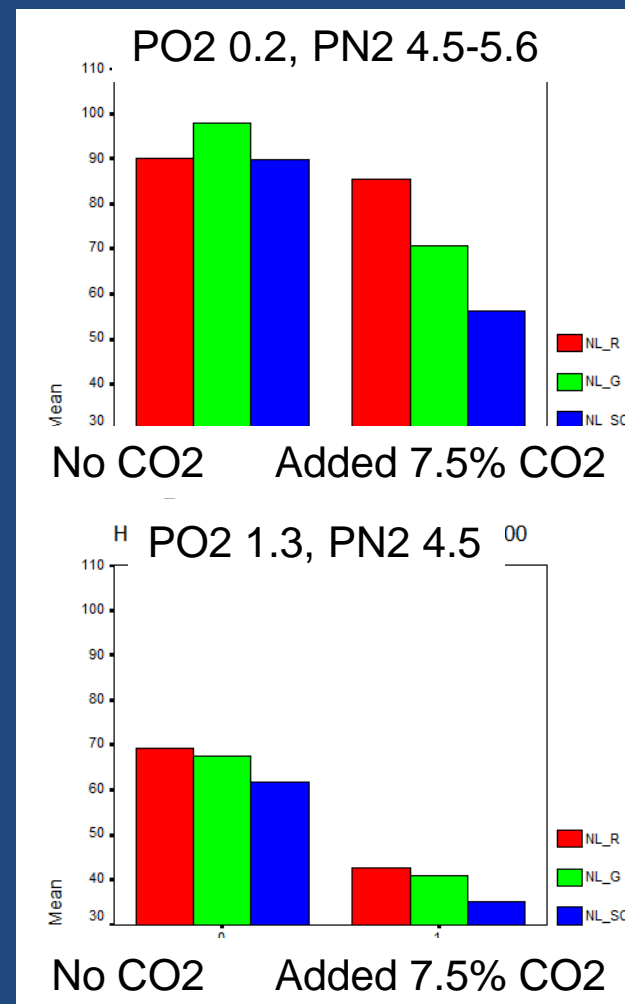
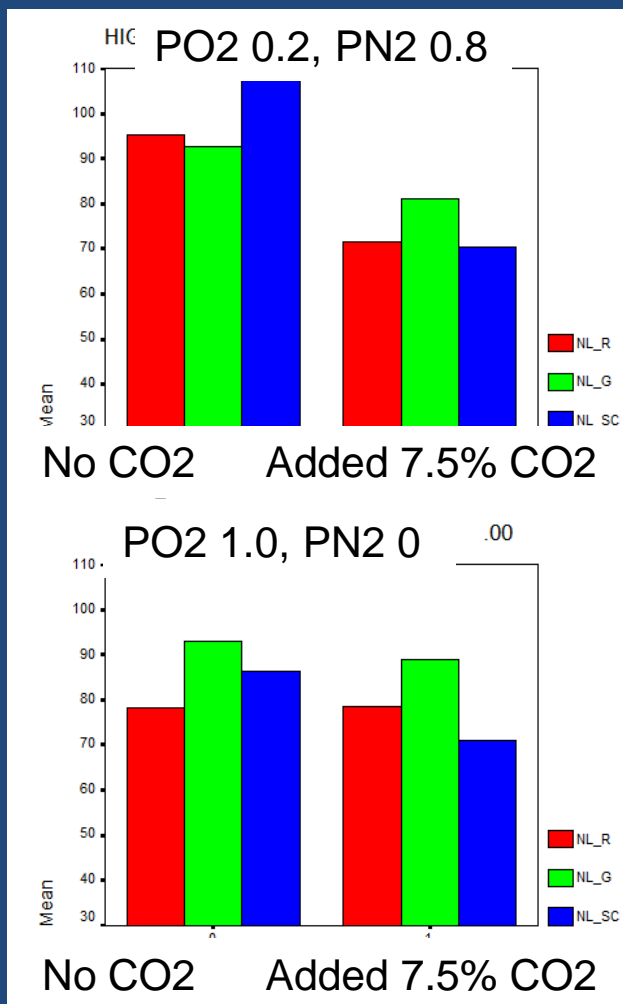






# RESULTS

- Elevated  $PN_2$  and  $PCO_2$  decreased overall accuracy for the system-monitoring (SYSMON) attention & surveillance tasks by 30% from baseline ( $P < 0.001$ ).



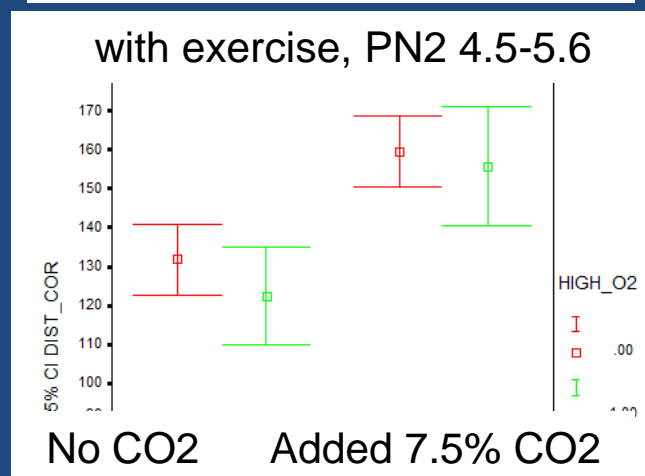
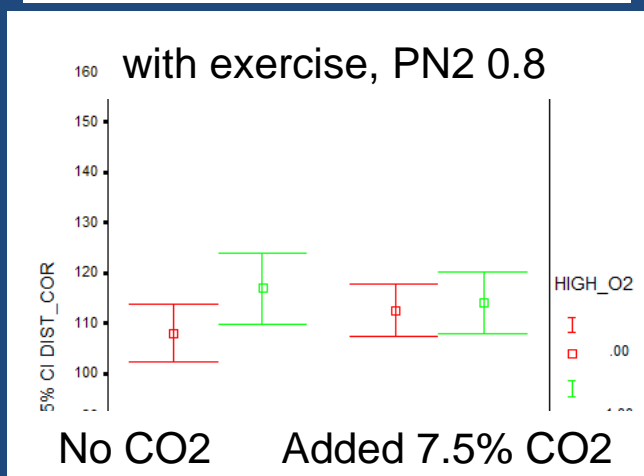
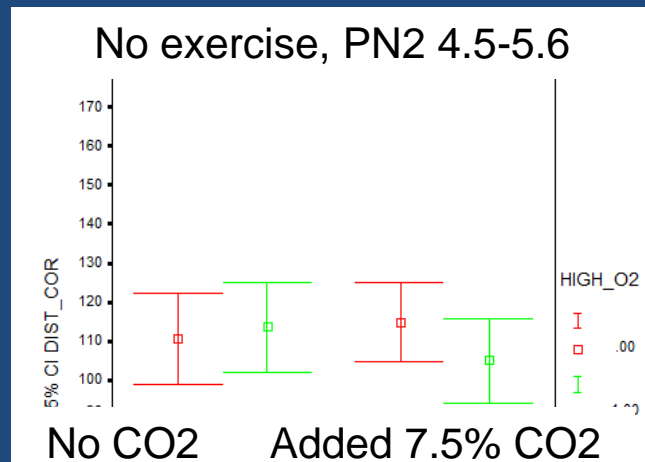
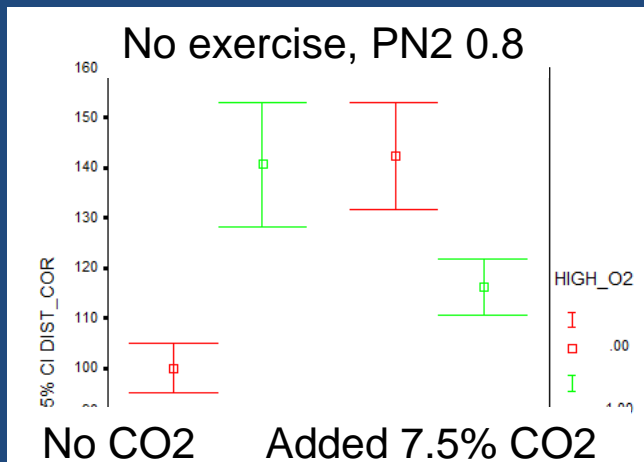
Accuracy of red and green lights (not significant)

Accuracy of scales: ( $PCO_2$ :  $p=0.002$ ,  $PN_2$ :  $p=0.03$ ,  $PO_2$   $p=0.01$ )

# RESULTS

- Tracking task (TRACKING) accuracy at low cognitive workload was not consistently affected by elevated  $PN_2$  or  $PCO_2$  but accuracy decreased at high workloads for both narcotic and non-narcotic gases.
- Corrected tracking distances by exercise,  $PN_2$ ,  $PCO_2$  and  $PO_2$ :*

Low O<sub>2</sub>  
High O<sub>2</sub>

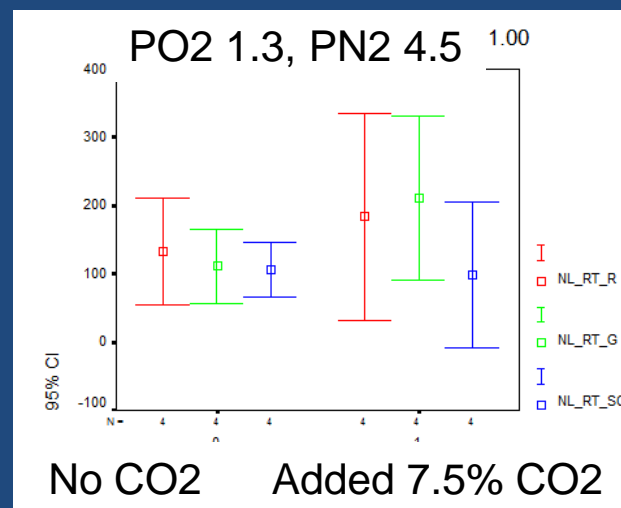
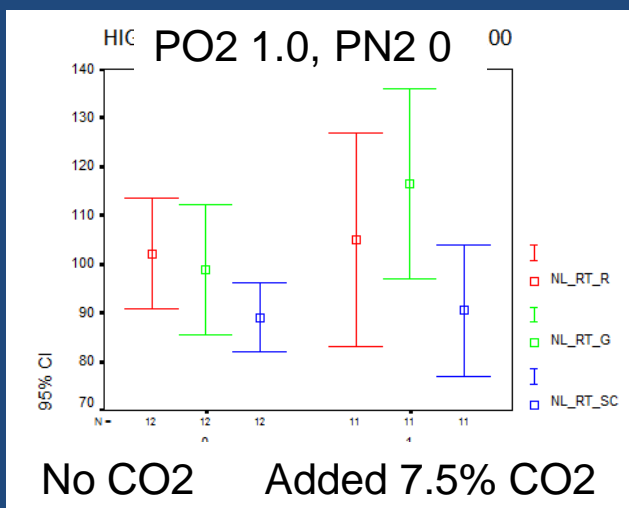
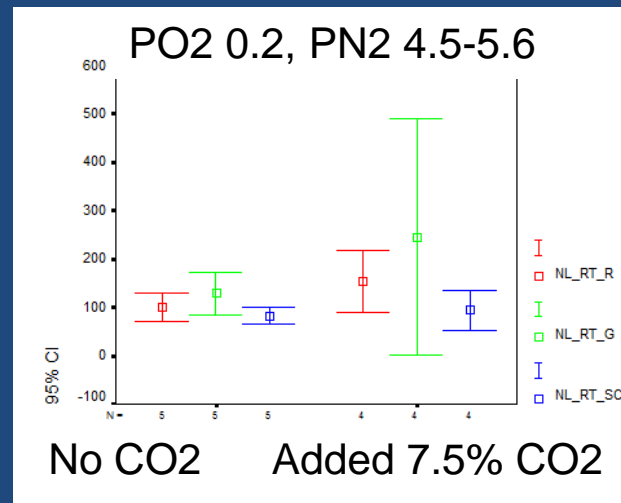
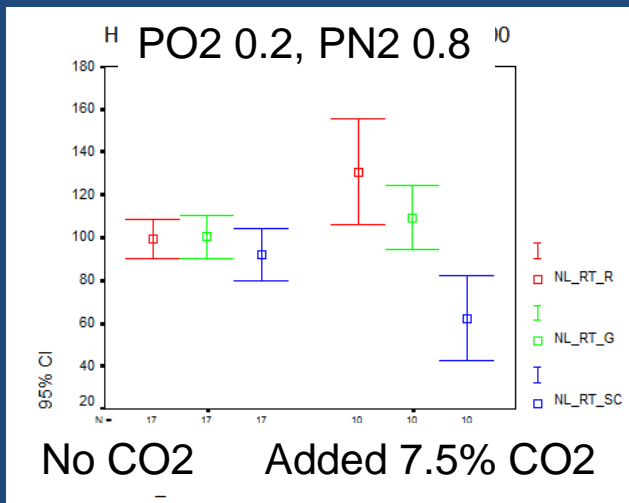


ANOVA p-values: (exercise p=0.003,  $PN_2$  p<0.014,  $PCO_2$  p<0.003,  $PO_2$  p=0.860).



# RESULTS

*Reaction time for SYSMON tasks for added PCO<sub>2</sub> and PN<sub>2</sub>:*



# CONCLUSIONS

- The MATB-II is sensitive enough to detect the cognitive effects of breathing narcotic gases.
- Preliminary results indicate that ability to multi-task and pay attention to surroundings is affected by narcotic breathing gases.
- Cognitive performance declines with increased partial pressures of nitrogen, carbon dioxide and oxygen
  - Which is worse, and to what degree is yet to be determined, particularly for oxygen
- Ability to focus on a single task may be less affected depending on overall task loading.



# ACKNOWLEDGEMENTS



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## REFERENCES

1. Salzano JV, Camporesi EM, Stolp BW, Moon RE. Physiological responses to exercise at 47 and 66 ATA. *J Appl Physiol*. Oct 1984;57(4):1055-1068.
2. Fothergill DM, Carlson NA. Effects of N<sub>2</sub>O narcosis on breathing and effort sensations during exercise and inspiratory resistive loading. *J Appl Physiol*. Oct 1996;81(4):1562-1571.
3. Linnarsson D, Hesser CM. Dissociated ventilatory and central respiratory responses to CO<sub>2</sub> at raised N<sub>2</sub> pressure. *J Appl Physiol*. Nov 1978;45(5):756-761.
4. Fothergill DM, Taylor WF, Hyde DE. Physiologic and perceptual responses to hypercarbia during warm- and cold-water immersion. *Undersea Hyperb Med*. Spring 1998;25(1):1-12.
5. Case EM, Haldane JB. Human physiology under high pressure: I. Effects of Nitrogen, Carbon Dioxide, and Cold. *J Hyg (Lond)*. Nov 1941;41(3):225-249.
6. Fothergill DM, Hedges D, Morrison JB. Effects of CO<sub>2</sub> and N<sub>2</sub> partial pressures on cognitive and psychomotor performance. *Undersea Biomed Res*. Jan 1991;18(1):1-19.
7. Sliwka U, Krasney JA, Simon SG, Schmidt P, Noth J. Effects of sustained low-level elevations of carbon dioxide on cerebral blood flow and autoregulation of the intracerebral arteries in humans. *Aviat Space Environ Med*. Mar 1998;69(3):299-306.
8. Clark JM. *Physiology and medicine of hyperbaric oxygen therapy Chapter 23*. Philadelphia: Saunders/Elsevier; 2008.
9. Cherry AD, Forkner IF, Frederick HJ, et al. Predictors of increased PaCO<sub>2</sub> during immersed prone exercise at 4.7 ATA. *J Appl Physiol*. Jan 2009;106(1):316-325.
10. Liu Z, Vargas F, Stansbury D, Sasse SA, Light RW. Comparison of the end-tidal arterial PCO<sub>2</sub> gradient during exercise in normal subjects and in patients with severe COPD. *Chest*. May 1995;107(5):1218-1224.
11. Schroger E, Wolff C. Behavioral and electrophysiological effects of task-irrelevant sound change: a new distraction paradigm. *Brain Res Cogn Brain Res*. Jul 1998;7(1):71-87.
12. Jaaskelainen IP, Schroger E, Naatanen R. Electrophysiological indices of acute effects of ethanol on involuntary attention shifting. *Psychopharmacology (Berl)*. Jan 1999;141(1):16-21.
13. Gill MI, Pollock NW, Vacchiano C, et al. Influence of elevated oxygen (O<sub>2</sub>) partial pressure on carbon dioxide (CO<sub>2</sub>) narcosis. *Undersea Hyperb Med*. 2010;37(5):2010 Abstracts: DCI Theory And Mechanisms.
14. Schoene RB, Robertson HT, Pierson DJ, Peterson AP. Respiratory drives and exercise in menstrual cycles of athletic and nonathletic women. *J Appl Physiol*. Jun 1981;50(6):1300-1305.