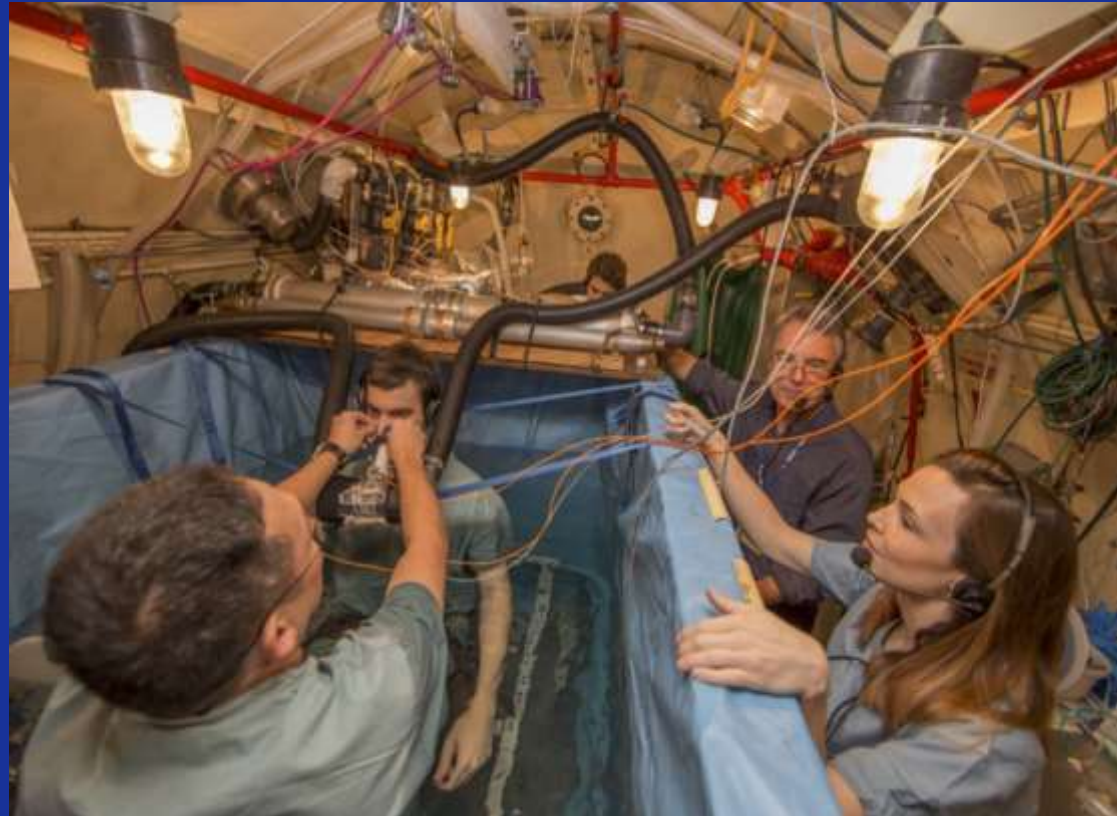




NAVSEA – Hypercapnia: Cognitive Effects and Monitoring



Year 2: Sensitivity, Reliability and Context Sensitive PO₂ Findings



Freiberger JJ, Derrick BJ, Natoli MJ, Schinazi EA, Walker A, Martina SD, Parikh M, Harlan NP, Alvarez MA, Roberts AB, Akusevich I, Vann RE, Moon RE, Bennett PB.

Duke Center for Hyperbaric Medicine and Environmental Physiology, Department of Anesthesiology, Duke University Medical Center, Durham, NC 27710, USA



Study's Critical Questions

- Can we quantify N_2 narcosis (equivalent narcotic depth)?
 - What is a significant level of narcosis?
 - What mission critical skills are impaired?
- Do CO_2 and O_2 affect N_2 narcosis?
 - Are the narcotic properties of the gases different?
 - Are CO_2 and O_2 independently narcotic?
 - Are the effects additive or is there a synergistic “interaction” (multiplicative)?
 - What is the duration of their narcotic effects (adaptation)?
- Is $ETCO_2$ an adequate surrogate for $PaCO_2$?
 - What is the relationship of $ETCO_2$ to $PaCO_2$ at depth during exercise?
 - How can we measure and eventually predict physiologically relevant values of CO_2 ?



Study Design



Figure 4, Protocol summary

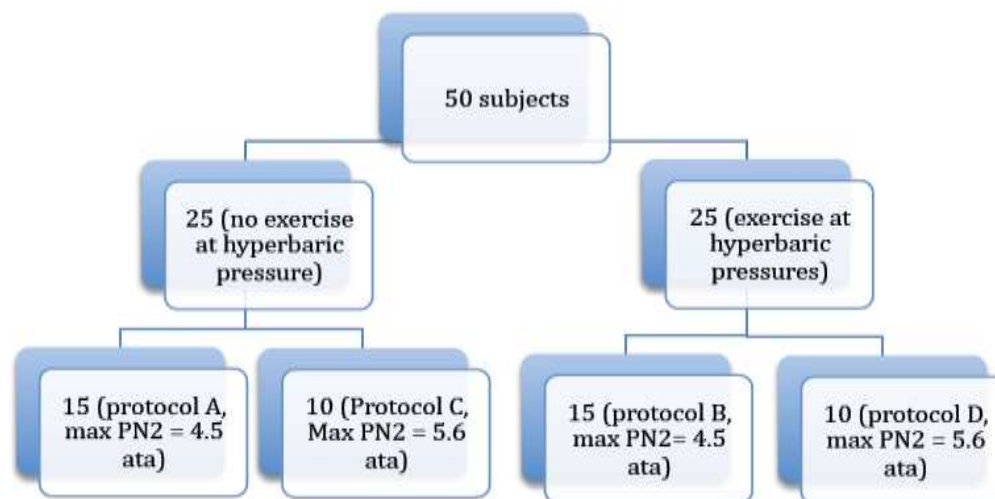


Table 2, Conditions of hyperbaric phase of Protocols A-D

Protocol name	Number of subjects	Exercise + / -	Pressures (fsw)	Added CO ₂	PO ₂ (ata)	PN ₂ (ata)	EAD (fsw)
A	15	-	122.1 158.4	+ and -	0.2, 1.3	4.5	152
B	15	+	122.1 158.4	+ and -	0.2, 1.3	4.5	152
C	10	-	158.4	+ and -	0.2	5.6	197.5
D	10	+	158.4	+ and -	0.2	5.6	197.5



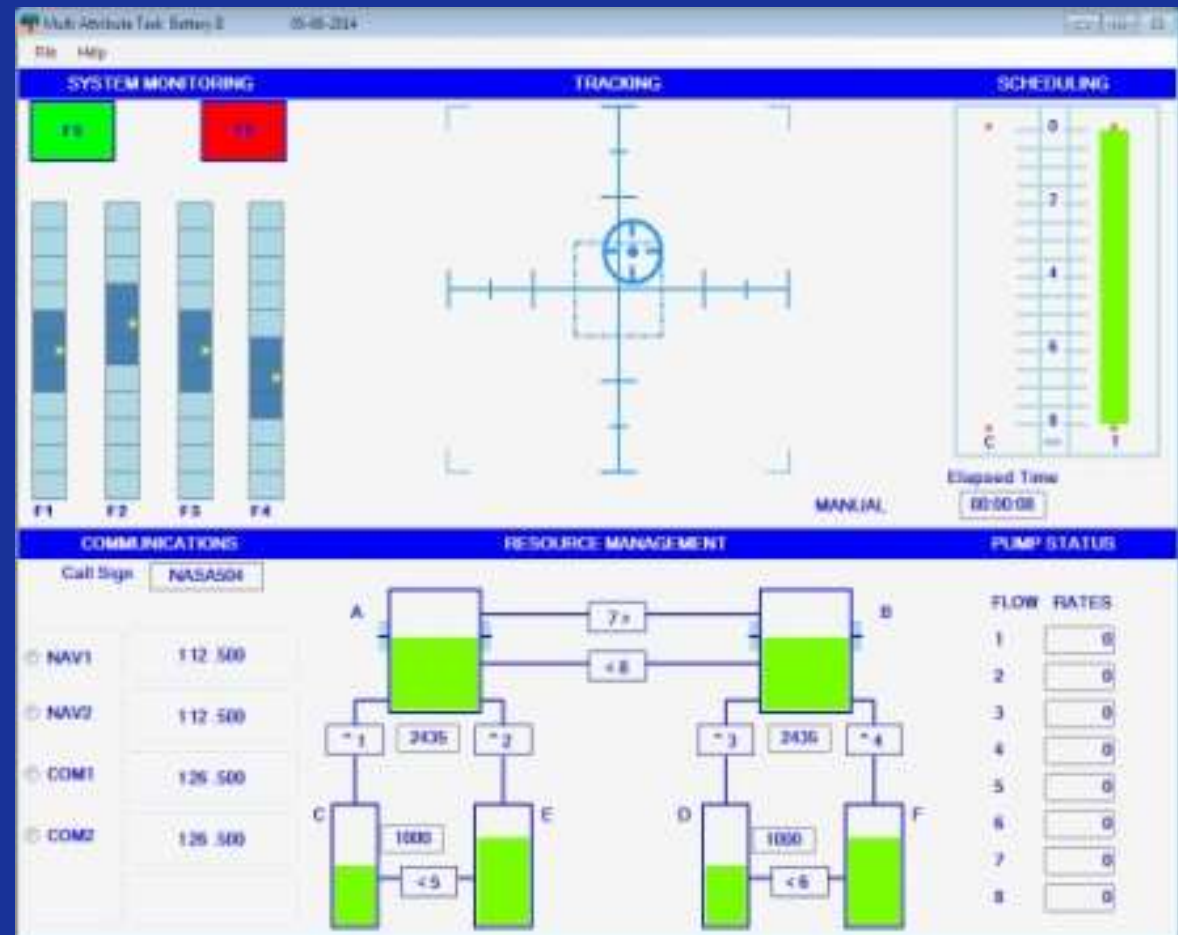
MATB Tasks



Duke Anesthesiology
Department of Anesthesiology, Perioperative and Critical Care Medicine

Cognitive Impairment Measurements Methods

- TRACKING (each 1/second, last 3 minutes of stage)
 - RMS pixel distance from origin
 - visual / motor
- SYSMON
 - correct response (lights and scales)
 - reaction time
 - inappropriate keystrokes
 - attention / reaction time
- COMM (5/stage)
 - correct radio
 - correct frequency
 - reaction time
 - inappropriate keystrokes
 - attention / memory / reaction time
- RESMAN (each 15 seconds)
 - tank levels
 - attention / planning / strategy





Methods:

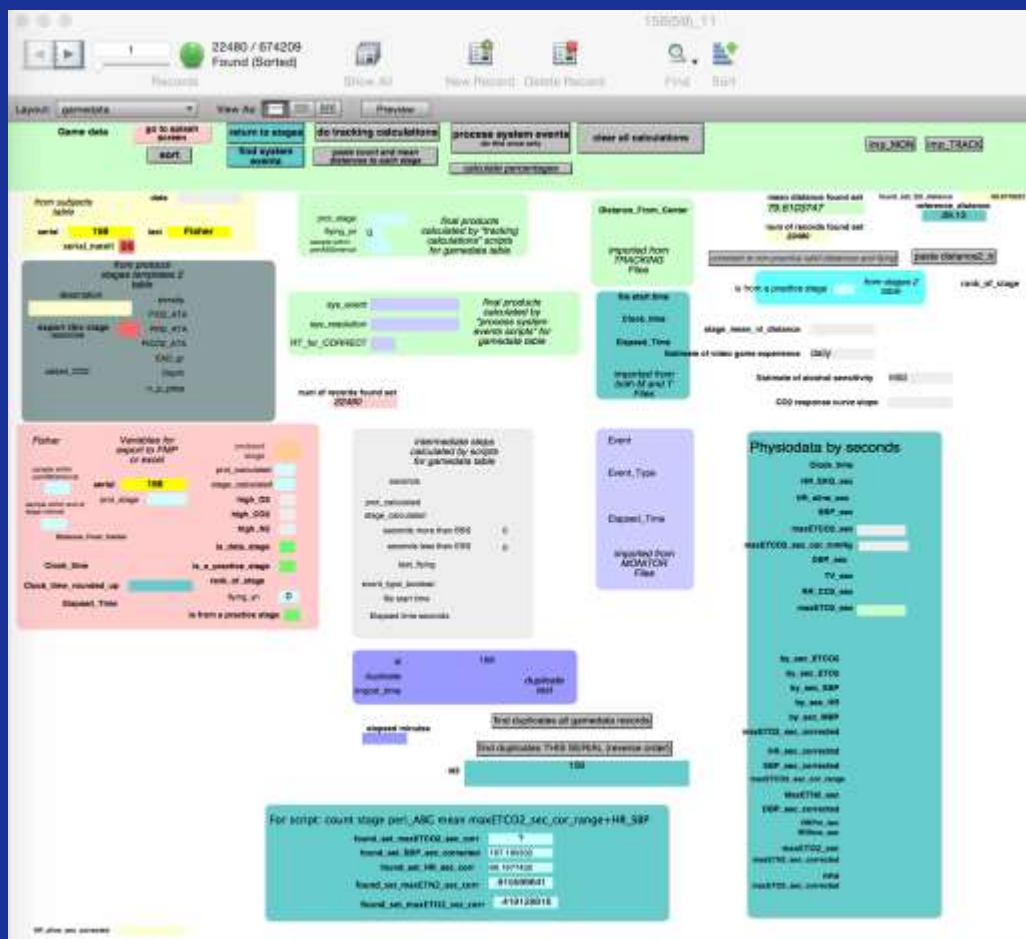


- 33 subjects
- Practice to plateau level
- Trials:
 - $\text{PiCO}_2=0$ and 0.075 ATA (7.5 kPa)
 - $\text{PiO}_2=0.21$ ATA (21.3 kPa), 1.0 ATA (101.3 kPa) and 1.22 ATA (123 kPa)
 - $\text{PiN}_2=0$ and 0.79 ATA (80.0 kPa), 4.6 ATA (465 kPa) and 5.6 ATA (567.3 kPa)
- Preliminary Analysis
 - pre-to-post test correlations, means, 95% CI, repeated measures ANOVA, linear regression.
 - controlled for recent video game experience, exercise and pre-test hypercapnic ventilatory response (HCVR)



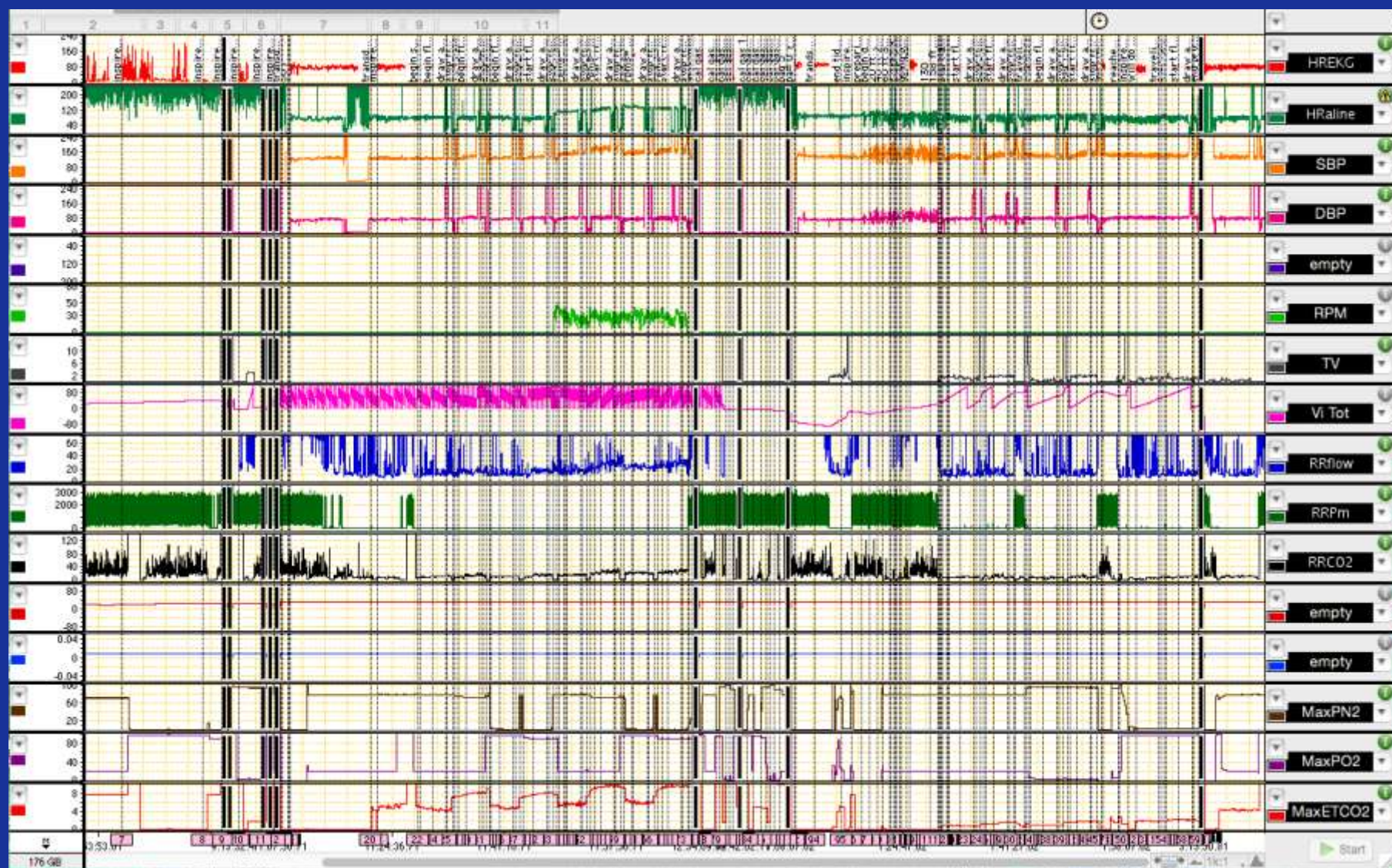


by second datapoint





Physiology Data: Lab Chart output





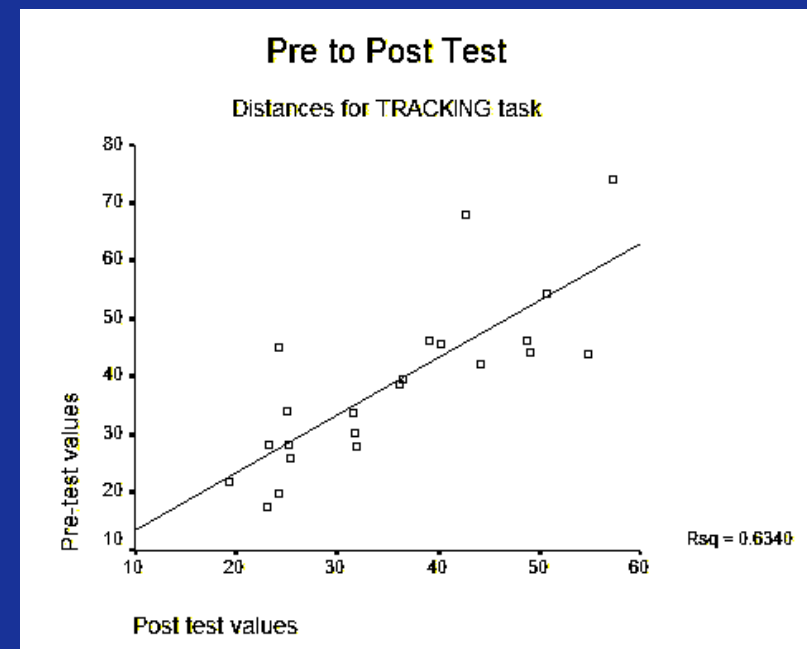
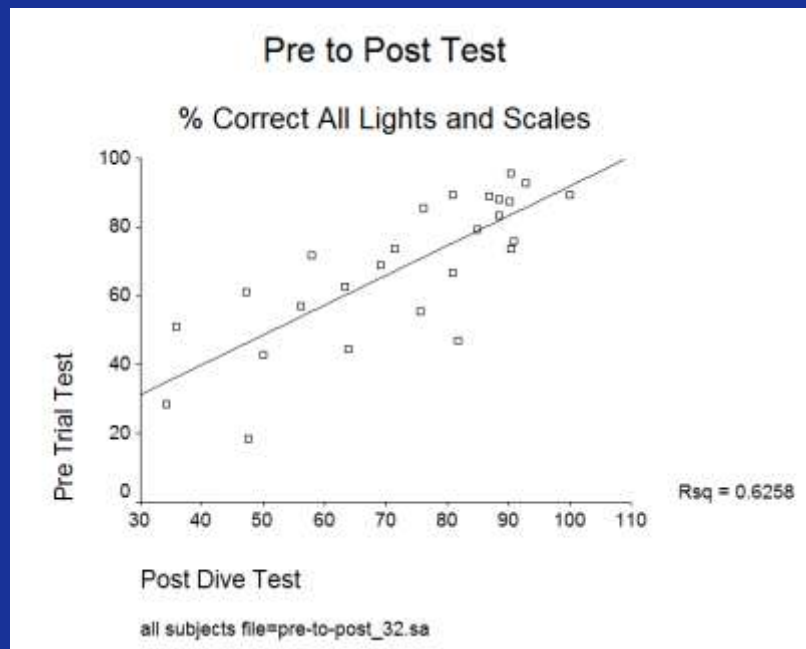
80	D	Zyla
83	C	Snyder
85	B	Spencer
86	A	Bray
89	B	Bennett
91	F	Baldwin
94	Fb	Parker
110	B	Simken

gas	narcosis		mean	normal	N	N	CV	mean_SD	RT	%	RT	%	RT	RT	N	HR	SBP	DBP	MBP	HerABQ	mean	mean	mean	%	%	%	RT	%	%	
flow	group	description	distance	dist	subjects	distances		distance	RED	RED	GREEN	GREEN	SCALES	SCALES						max cor	PaCO2	PaO2	pH	arterial	Freq	Ratio	inapp	COMM	pump A	pump B
1	air	01_rest_surface_air	43	100	32	5540	0.80	29	69	1.25	72.2	7.20	64	2.82	30	88	134	97	107	29	35.12	33.00	107	7.49	85	98	7	1.84	91	88
2	CO2	02_rest_surface_CO2	48	115	32	5696	0.85	32	68	1.62	87.3	7.89	58	2.92	30	77	167	106	113	29	57.79	49.32	142	7.35	89	92	7	1.04	87	85
3	O2	03_rest_O2_1ATA	41	100	32	5648	0.80	29	65	1.56	74.6	7.82	60	2.74	30	89	137	98	109	30	32.10	30.85	543	7.49	92	96	8	1.31	91	89
4	O2CO2	04_rest_O2_1ATA_CO	43	106	32	5948	0.58	28	73	1.49	74.0	7.84	67	2.93	30	75	163	100	112	30	55.38	48.23	506	7.35	93	97	8	1.09	91	91
1	air	05_ex_surface_air	43	104	32	5860	0.82	30	71	1.35	85.0	7.84	81	3.39	30	88	181	101	118	30	36.64	35.29	103	7.44	93	96	7	2.27	89	90
2	CO2	06_ex_surface_CO2	62	140	32	5941	0.85	41	65	2.44	81.2	2.83	51	2.88	29	111	197	110	128	28	65.24	54.86	145	7.30	93	97	7	2.43	89	89
3	O2	07_ex_O2_1ATA	43	105	32	5855	0.81	30	76	1.39	83.1	7.74	81	3.16	31	106	177	100	114	29	36.94	36.41	545	7.42	91	94	6	1.97	88	89
4	O2CO2	08_ex_O2_1ATA_CO	46	112	31	5838	0.69	33	69	1.10	87.2	7.70	57	2.70	31	113	193	108	124	29	64.87	53.65	492	7.31	93	97	5	0.98	88	90
1	O2N2	11A_rest_1_2_4_5	48	110	6	1111	0.76	37	68	1.95	80.8	2.33	41	3.18	6	74	152	105	121	5	64.87	53.65	492	7.31	93	97	5	0.98	88	90
1	O2N2	11B_ex_1_2_4_5	47	119	10	1754	0.74	36	74	4.04	83.7	2.26	55	2.94	10	102	174	89	110	8	34.80	35.64	379	7.47	81	100	9	3.99	91	84
6	N2	11C_rest_21_5_6	39	95	2	305	0.77	37	70	0.89	85.0	7.10	59	2.12	2	82	171	116	134	2	39.19	37.92	342	7.43	75	90	5	3.70	84	85
6	N2	11D_ex_21_5_6	96	179	10	1826	1.61	78	73	1.82	81.9	2.42	43	3.68	9	104	192	100	117	10	36.71	34.85	127	7.47	80	100	3	1.92	100	100
5	O2N2CO2	12A_rest_1_2_4_5_CO	45	105	6	1042	0.82	30	77	1.80	58.5	2.33	43	2.79	8	86	185	124	145	5	40.53	40.59	112	7.41	80	100	8	0.93	84	85
5	O2N2CO2	12B_ex_1_2_4_5_CO2	98	236	10	1598	1.15	56	45	1.91	48.8	2.77	24	2.96	10	109	196	111	130	8	63.89	55.34	341	7.33	89	93	5	2.80	89	89
9	N2CO2	12C_rest_21_5_6_CO	36	93	2	368	0.59	26	69	0.99	72.2	7.18	56	1.89	2	82	176	115	139	2	69.18	56.31	370	7.31	88	89	5	2.13	85	85
9	N2CO2	12D_ex_21_5_6_CO2	77	183	8	1644	0.94	46	56	1.84	48.2	2.79	30	3.40	8	113	192	119	128	10	59.78	52.25	149	7.34	86	86	0	2.37		
6	N2	14A_rest_21_4_5	40	93	7	1230	0.50	24	80	1.17	80.6	7.88	66	2.63	6	77	172	120	137	6	66.58	62.19	163	7.28	71	80	13	1.73	86	87
6	N2	14B_ex_21_4_5	37	100	8	1424	0.50	24	69	1.23	89.0	7.89	54	3.10	8	120	178	82	106	7	36.10	34.23	140	7.45	82	100	10	2.16	89	91
7	N2CO2	15A_rest_21_4_5_CO	50	113	7	1220	0.69	35	67	1.56	74.1	2.05	62	3.37	6	88	187	119	141	6	39.68	42.14	133	7.41	88	89	5	1.76	89	89
7	N2CO2	15B_ex_21_4_5_CO2	51	132	8	1396	0.62	30	68	1.35	72.8	2.07	48	2.88	9	124	195	108	126	7	64.79	53.32	160	7.33	84	83	5	1.08	92	80
3	O2	19_USN_dive_40_ft	43	88	13	2251	0.52	25	82	1.33	58.9	7.84	54	2.60	17	77	149	94	107	11	71.08	58.56	143	7.30	73	78	4	6.10	86	88
	air	20_post_dive_test	37	94	28	5211	0.51	25	82	1.28	73.3	7.88	72	2.73	27	73	164	104	121	21	30.45	34.15	990	7.48	98	96	2		92	94
					total N	380	58404								total N	366					36.14	33.32	101	7.49	85	98	6		89	89
																					445									



Preliminary Results Summary

- Pre-to-post test scores were well correlated
- Arterial CO₂ and O₂ and end-tidal CO₂, O₂, N₂ and their interactions are significant predictors of performance
- Strong narcosis / cognitive impairment signal for 0.075ATA CO₂.
- Low to moderate narcosis signal for 4.5 to 5.6ATA N₂
- The effect of O₂, depends on its context (interactions with other gases)





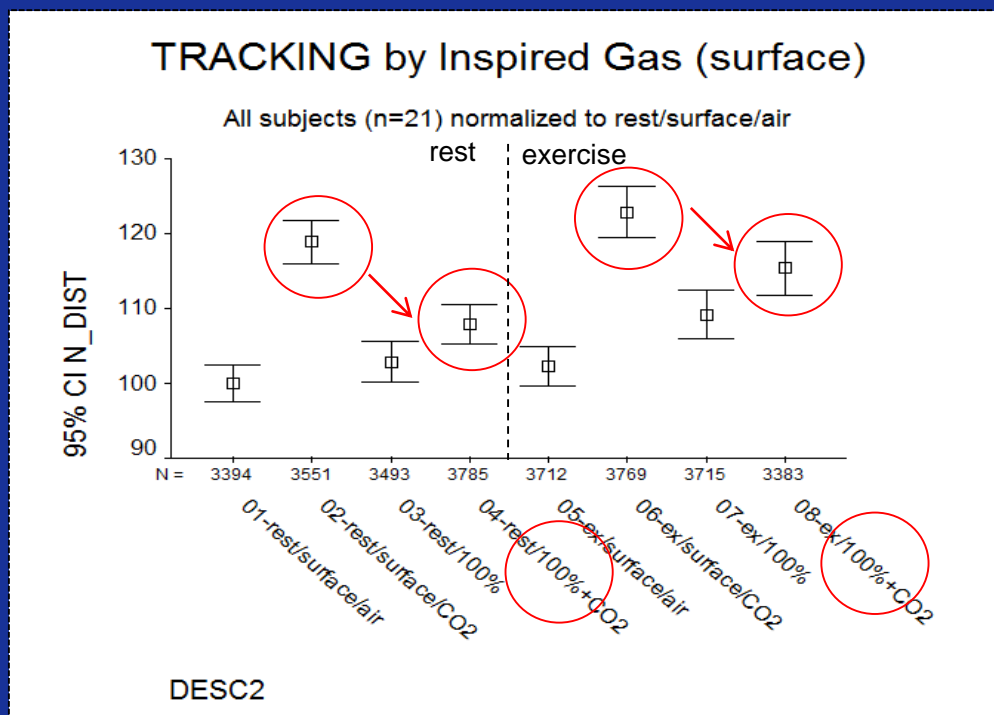
Surface Oxygen effect: performance improved (Figure 1)



On the surface O_2 appears to counteract CO_2 associated cognitive impairment.
100%

- CO_2 caused a 17 to 31% performance decrement rest and exercise respectively ($p < .001$ ANOVA with Tukey's HSD post-hoc correction)
- Stages with higher PiO_2 s in that only a 7-12% decrement was observed.
- Confirms the findings of Gill and Vann

Figure 1 shows the mean TRACKING distances ($\pm 95\%$ CI) for immersed surface conditions. Performance impairment from 0.075ATA CO_2 was reversed by increased $PiO_2 = .925$. (higher scores are worse)



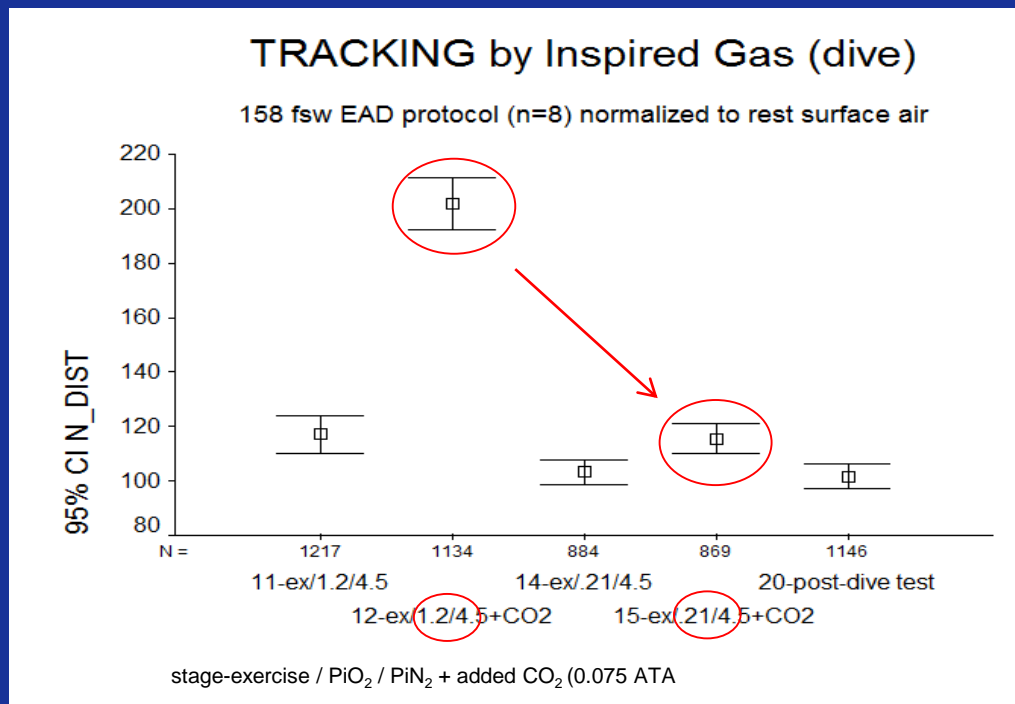


Dive Oxygen effect: performance impaired (Figure 2)



- Elevated PiN_2 alone at 4.5 ATA did not significantly impair TRACKING performance ($p=.366$),
- **At constant 4.5ATA** an elevated PiO_2 (1.2ATA) was associated with a 15% (normocapnic) to 85% (hypercapnic) performance decrement ($p<.001$) compared to a normoxic PiO_2 (0.21ATA).
- $PiO_2 = 1.2ATA$ was associated a 50% failure rate
- O_2 narcotic effect versus toxicity?

Figure 2 shows the severe impairment of TRACKING performance during 0.075ATA CO_2 challenge at 158 feet seawater while breathing a gas with a $PiO_2=1.2ATA$. Scores were improved by switching to a lower $PiO_2=0.21ATA$.





Preliminary Conclusions:

1. According to the Meyer-Overton theory of anesthetic potency, O_2 should cause cognitive impairment when breathed at hyperbaric pressures.
2. Prior investigators have noted mixed effects, however, this may be because oxygen is a substrate for cellular respiration, a potent vasoconstrictor, and it is CNS toxic at > 1.4 ATA.
3. Accordingly, a partial pressure below 1.4 ATA may be insufficient to detect a measurable narcotic effect. Additional subjects and gas partial pressures should be tested to confirm these preliminary findings.
4. Incipient CNS O_2 toxicity secondary to CO_2 -mediated release of protective O_2 cerebral vasoconstriction will need to be distinguished from narcosis.



Review of Critical questions:

Do CO₂ and O₂ affect N₂ narcosis?

- Are CO₂ and O₂ independently narcotic?
 - **probably**
- Are the effects additive or is there a synergistic (multiplicative) interaction with N₂?
 - **interaction (O₂ and CO₂), (N₂ and CO₂)?**
- Are the narcotic properties of the gases different?
 - **probably but pending**





Upcoming Results

- Create the algorithm to compute the “equivalent narcotic depth” based on gas partial pressures
 - Test the lower limits of gas partial pressures (40 additional subjects)
 - inclusion of subjective findings, adaptation (divers versus non-divers)
 - hypercapnic ventilatory response, VO₂ max
- Assess the relationship between end-tidal and arterial partial pressure of CO₂ (PCO₂) to predict elevated arterial PCO₂

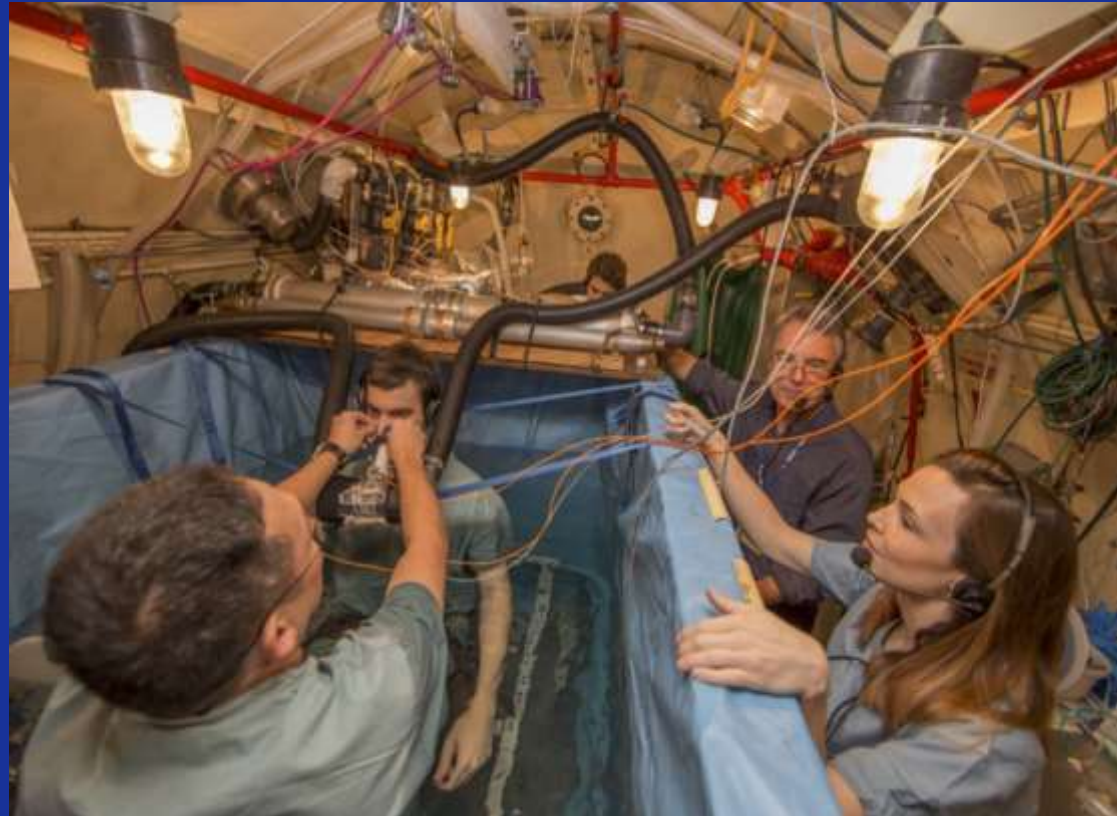




NAVSEA – Hypercapnia: Cognitive Effects and Monitoring



Year 2: Sensitivity, Reliability and Context Sensitive PO₂ Findings



Freiberger JJ, Derrick BJ, Natoli MJ, Schinazi EA, Walker A, Martina SD, Parikh M, Harlan NP, Alvarez MA, Roberts AB, Akusevich I, Vann RE, Moon RE, Bennett PB.

Duke Center for Hyperbaric Medicine and Environmental Physiology, Department of Anesthesiology, Duke University Medical Center, Durham, NC 27710, USA