

## Peripheral Chemosensitivity during Head Out Water Immersion

James R. Sackett, Zachary J. Schlader, Suman Sarker, Christopher L. Chapman, & Blair D. Johnson. University at Buffalo, Buffalo, NY

Carbon dioxide (CO<sub>2</sub>) retention is a potentially dangerous issue in divers who use a self-contained underwater breathing apparatus. The peripheral chemoreceptors contribute to ventilatory control and the rise in ventilation ( $V_E$ ) during hypercapnia. However, it is unknown if head out water immersion (HOWI) blunts peripheral chemosensitivity (PCS). **PURPOSE:** We tested the hypothesis that PCS is blunted during two hours of HOWI. **METHODS:** We assessed PCS to hypoxia (PCS<sub>O<sub>2</sub></sub>) and hypercapnia (PCS<sub>CO<sub>2</sub></sub>) in 3 participants (age:  $25 \pm 4$  y, BMI:  $28 \pm 3$  kg/m<sup>2</sup>) before, during, and after thermoneutral ( $35 \pm 0^\circ$  C) HOWI.  $V_E$ , arterial oxygen saturation (%SaO<sub>2</sub>), and the partial pressure of end tidal CO<sub>2</sub> (PETCO<sub>2</sub>) were recorded continuously. We determined PCS<sub>O<sub>2</sub></sub> by having participants inhale 2-6 breaths of 100% N<sub>2</sub>, followed by 3 min of room air breathing, 4 separate times. We determined PCS<sub>CO<sub>2</sub></sub> by having participants inhale 1 breath of 13% CO<sub>2</sub>, 21% O<sub>2</sub>, and 66% N<sub>2</sub>, followed by 3 min of room air breathing, 4 separate times. The mean of the 3 highest consecutive  $V_E$  values, the lowest %SaO<sub>2</sub>, and the peak PETCO<sub>2</sub> were determined within 2 min following each hypoxic or hypercapnic administration. The PCS<sub>O<sub>2</sub></sub> and PCS<sub>CO<sub>2</sub></sub> data are reported as the slope of the linear regression line of  $V_E$  vs. %SaO<sub>2</sub> or PETCO<sub>2</sub>, respectively. Measurements were taken at baseline, at 10, 60, and 120 min of HOWI, and post HOWI. **RESULTS:**  $V_E$  was not different during the trial (baseline:  $12.9 \pm 1.1$  L/min; at 10 min:  $12.6 \pm 2.0$  L/min, 60 min:  $12.2 \pm 2.0$  L/min, and 120 min:  $11.9 \pm 1.5$  L/min; post:  $11.9 \pm 0.8$  L/min;  $p = 0.39$ ). PETCO<sub>2</sub> was statistically indistinguishable during the trial (baseline:  $45.9 \pm 0.8$  mmHg; at 10 min:  $47.8 \pm 0.9$  mmHg, 60 min:  $48.3 \pm 0.9$  mmHg, and 120 min:  $48.0 \pm 1.3$  mmHg; post:  $43.2 \pm 2.4$  mmHg;  $p = 0.10$ ). PCS<sub>O<sub>2</sub></sub> was lower at 10 min of HOWI ( $0.25 \pm 0.10$  L/min/%SaO<sub>2</sub>,  $p = 0.09$ ) and post HOWI ( $0.32 \pm 0.16$  L/min/%SaO<sub>2</sub>,  $p = 0.04$ ) vs. baseline ( $0.41 \pm 0.17$  L/min/%SaO<sub>2</sub>). The PCS<sub>CO<sub>2</sub></sub> tended to be lower ( $p = 0.09$ ) at 10 min of HOWI ( $0.07 \pm 0.03$  L/min/mmHg) vs. 120 min of HOWI ( $0.08 \pm 0.03$  L/min/mmHg). **CONCLUSION:** These preliminary data indicate that PCS<sub>O<sub>2</sub></sub> and PCS<sub>CO<sub>2</sub></sub> are altered during HOWI while breathing room air. The transient decrease in PCS might contribute to CO<sub>2</sub> retention in divers using a self-contained underwater breathing apparatus.