



Exam II Review Slides



Exam II!
Whee!



BI 121 Lecture 8



...We're back & rarin' to go for last 2 weeks!

I. Announcements HR & BP Lab 4 tomorrow + Required Notebook Check. Include Nutrition Analyses. Q?
Please read Blood Chemistry Lab 5 twice < Thurs. Thanks!

II. Cardiovascular System LS 2012 ch 9, Torstar Books 1984, DC 2013 Module 4, Guyton & Hall (G&H) 2011 +...

A. Circulatory vs Cardiovascular (CV)? cf + parts
LS pp 229, CV vs Lymphatic, DC pp 23, 31

B. CV Pulmonary & Systemic circuits
DC fig 4-1 p 24, LS fig 9-2b p 231

C. Arteries, capillaries, veins G&H +Torstar

D. Varicose veins? Phlebitis? DC

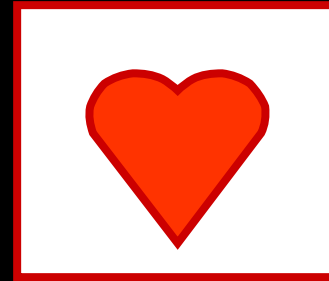
E. ♥ layers, box, chambers, valves, inlets, outlets
LS fig 9-4 p 233, fig 9-2a p 231; DC pp 23-6

F. Normal vs abnormal blood flow thru ♥ & CV system
Billy has a hole in his ♥ SI Fox 2009 fig 13.16, 13.17

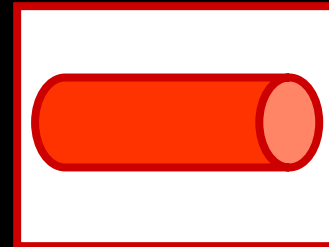


III. Comments on Exam I & Exams Returned

Cardiovascular (CV) = Heart + Vessels + Blood!



+

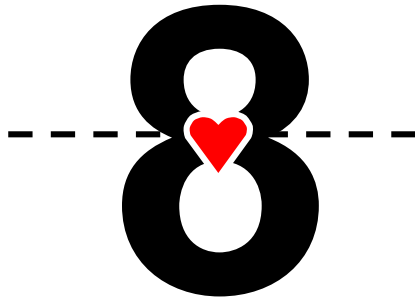


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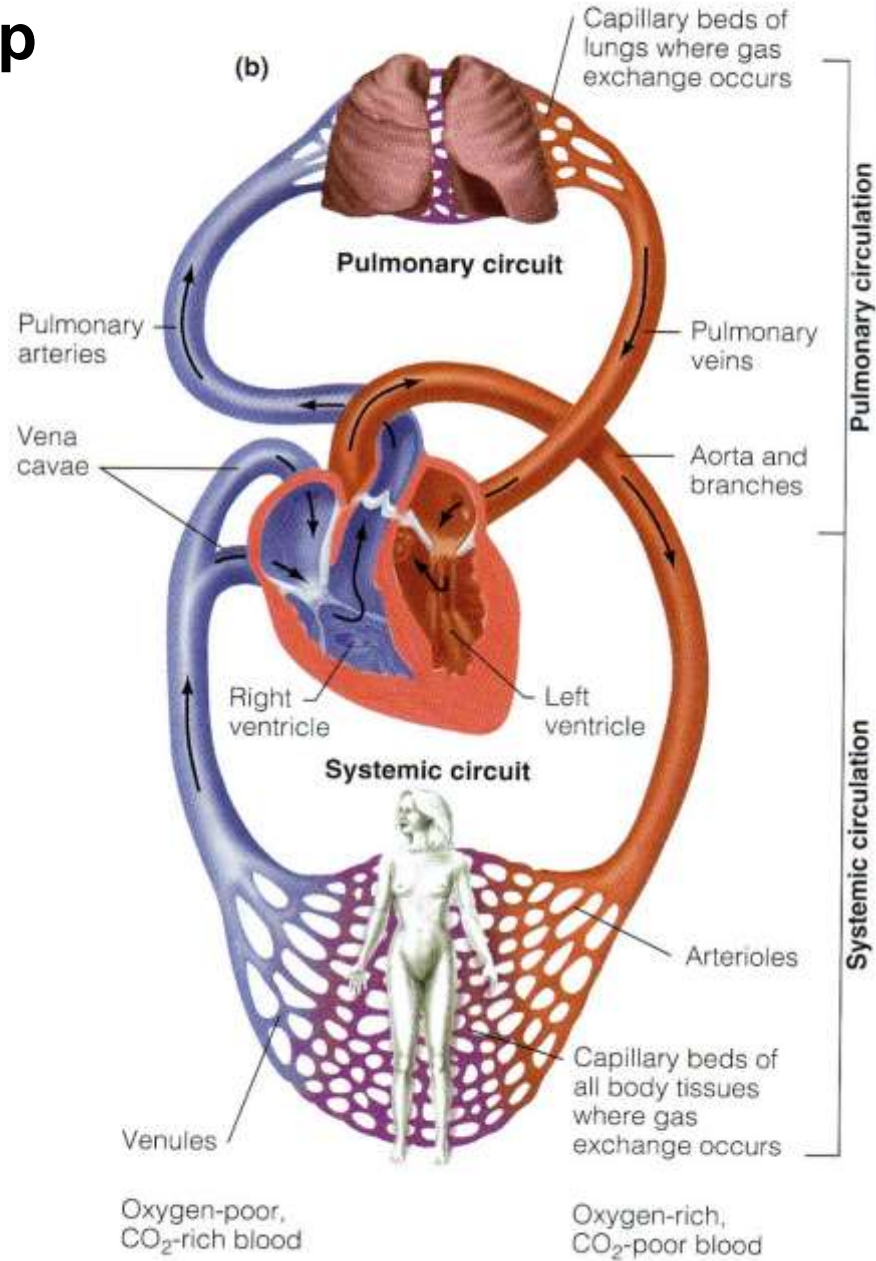


NB: Figure-8 loop

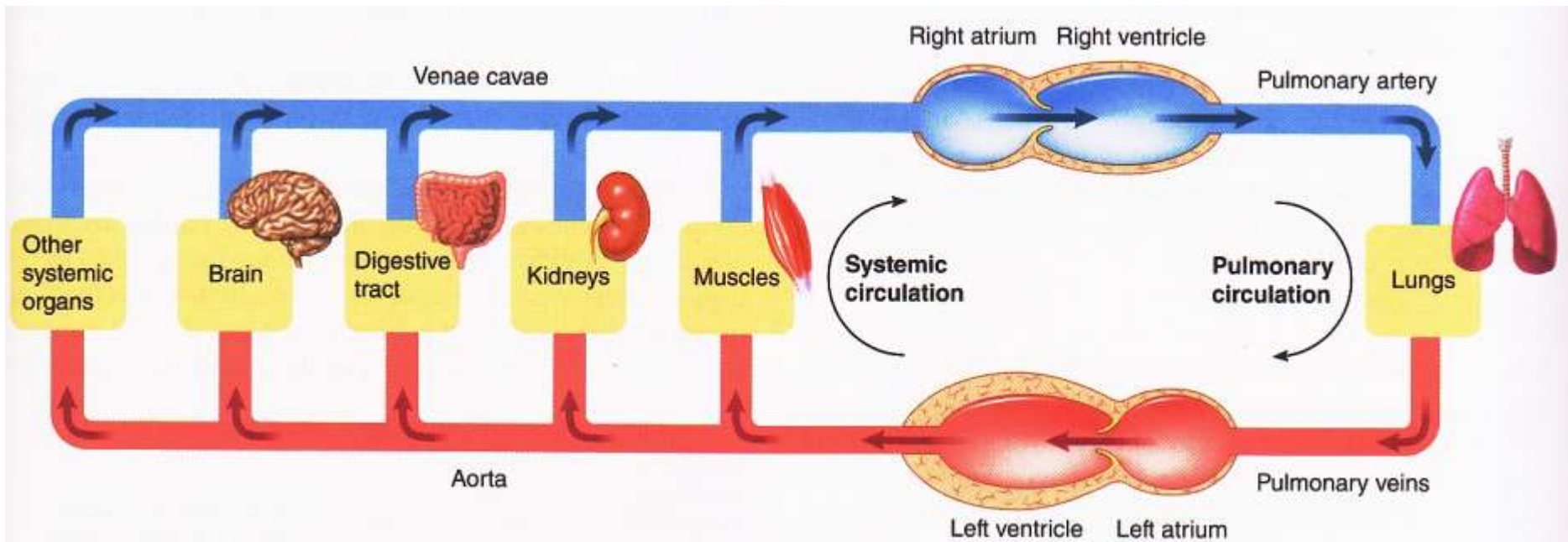
Pulmonary

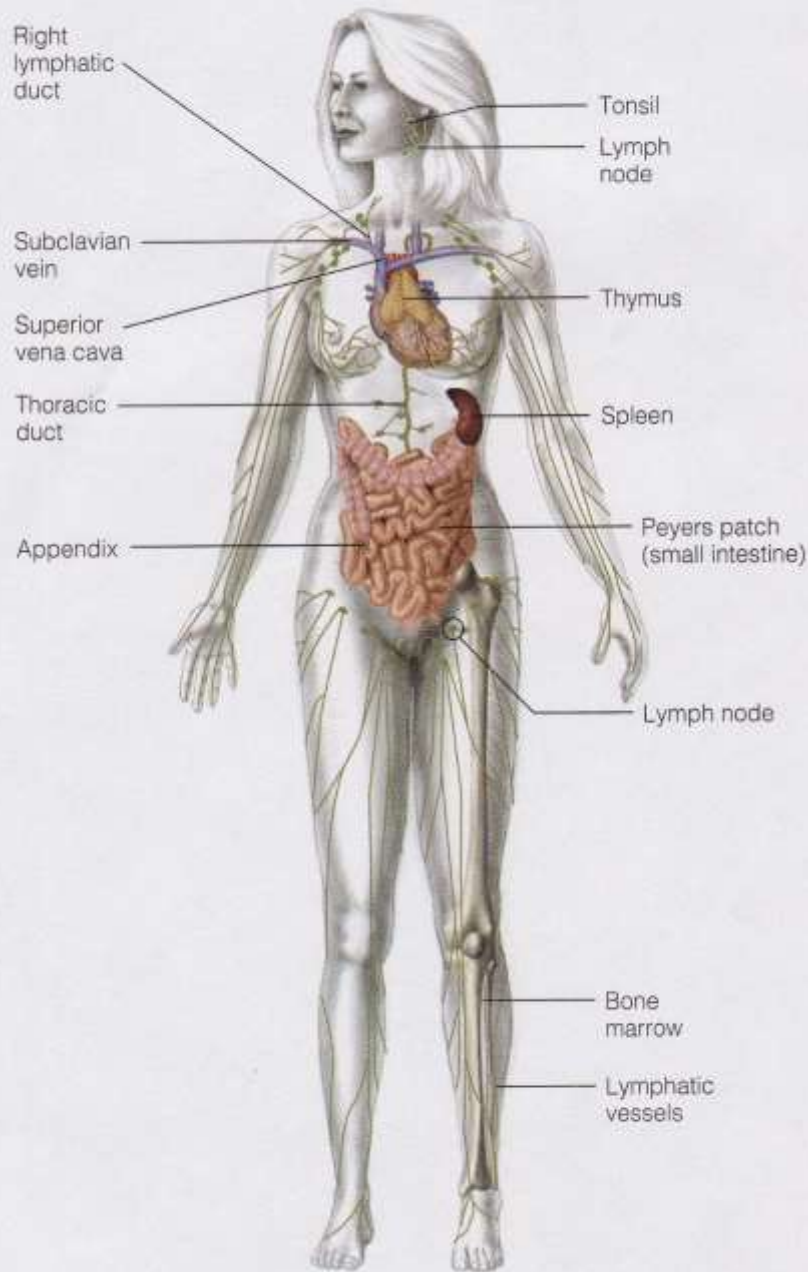


Systemic



Dual Pump Action & Parallel Circulation



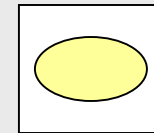


Lymphatic System

1. Lymph Nodes

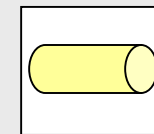
2. Vessels

3. Lymph

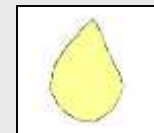


No pump!

+

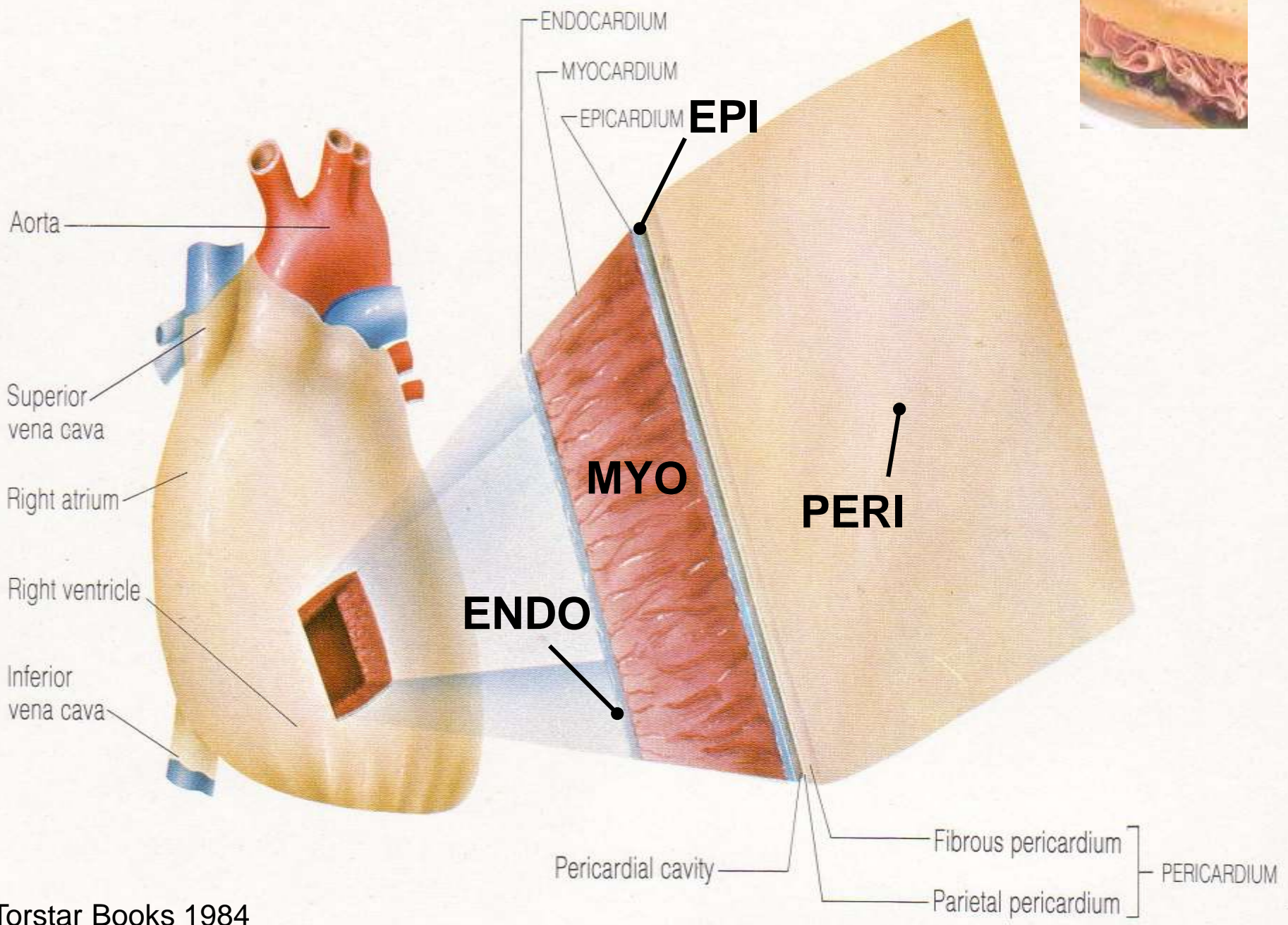


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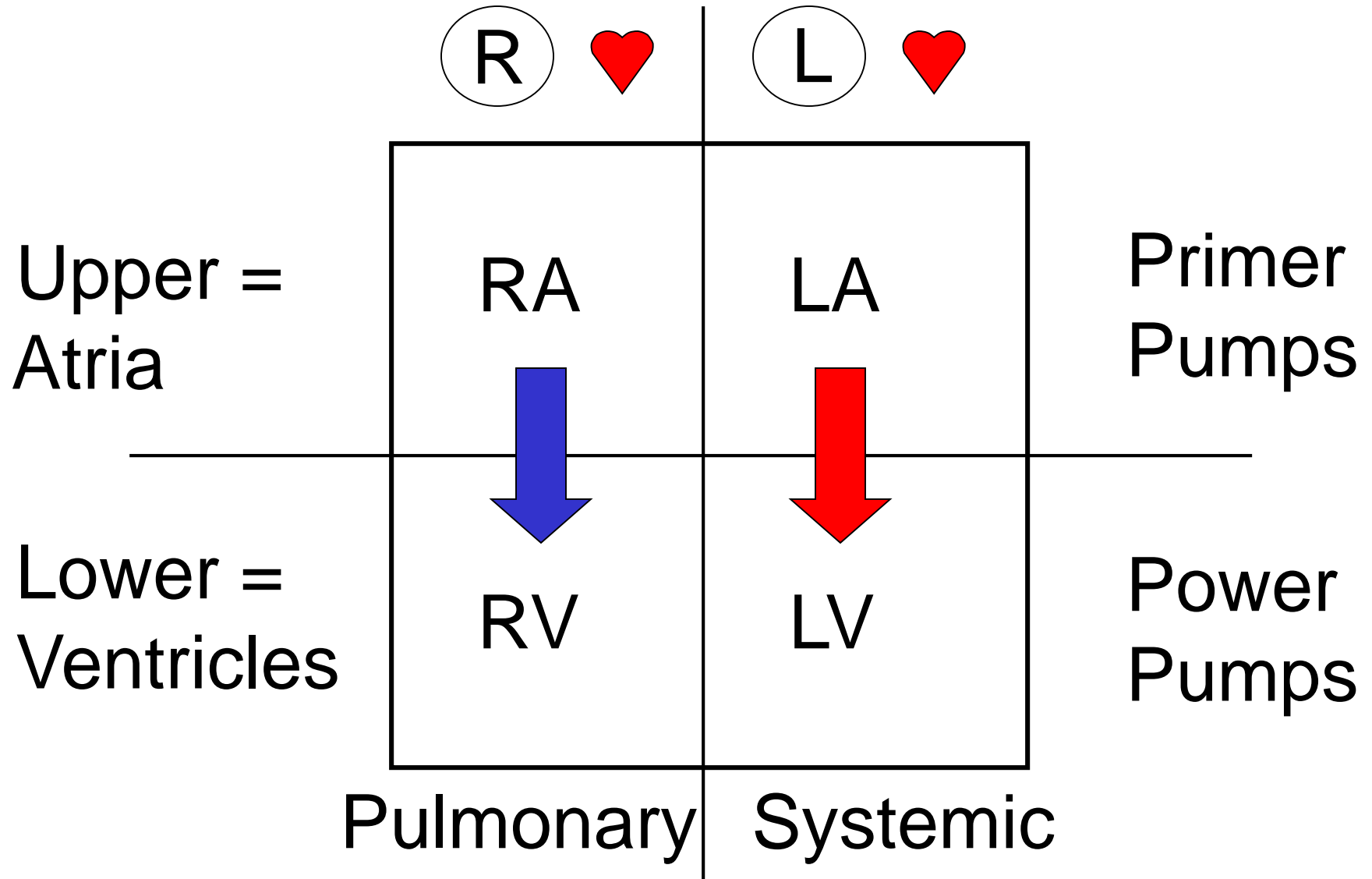


Lymphatic System Blockage in Elephantiasis from Mosquito-borne Parasitic Filaria Worm





Human  = 4-chambered box?
2 separate pumps?



Heart Valves Ensure Unidirectional Blood Flow!



Right AV valve



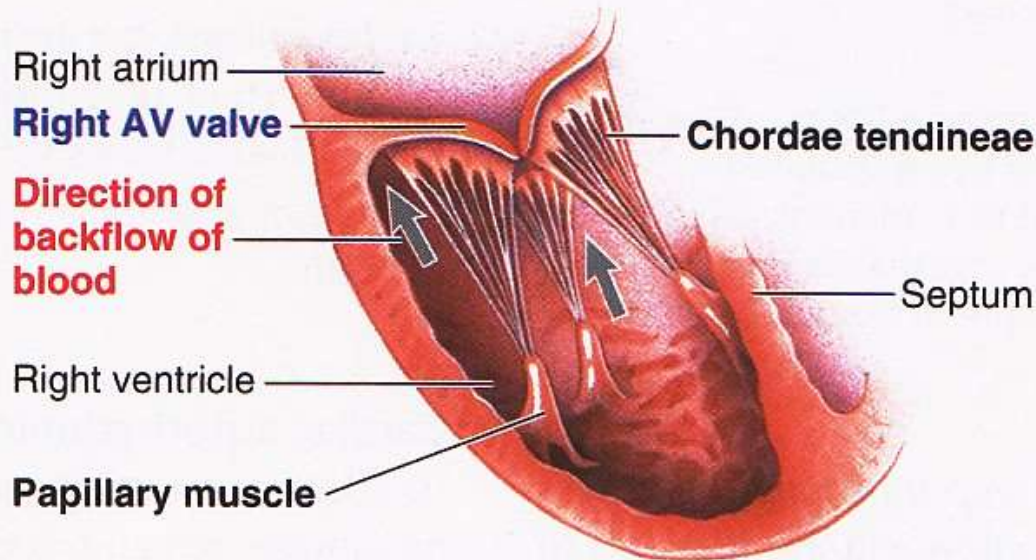
Left AV valve

Mom's
valve!



Aortic or pulmonary valve

(b) Heart valves in closed position, viewed from above



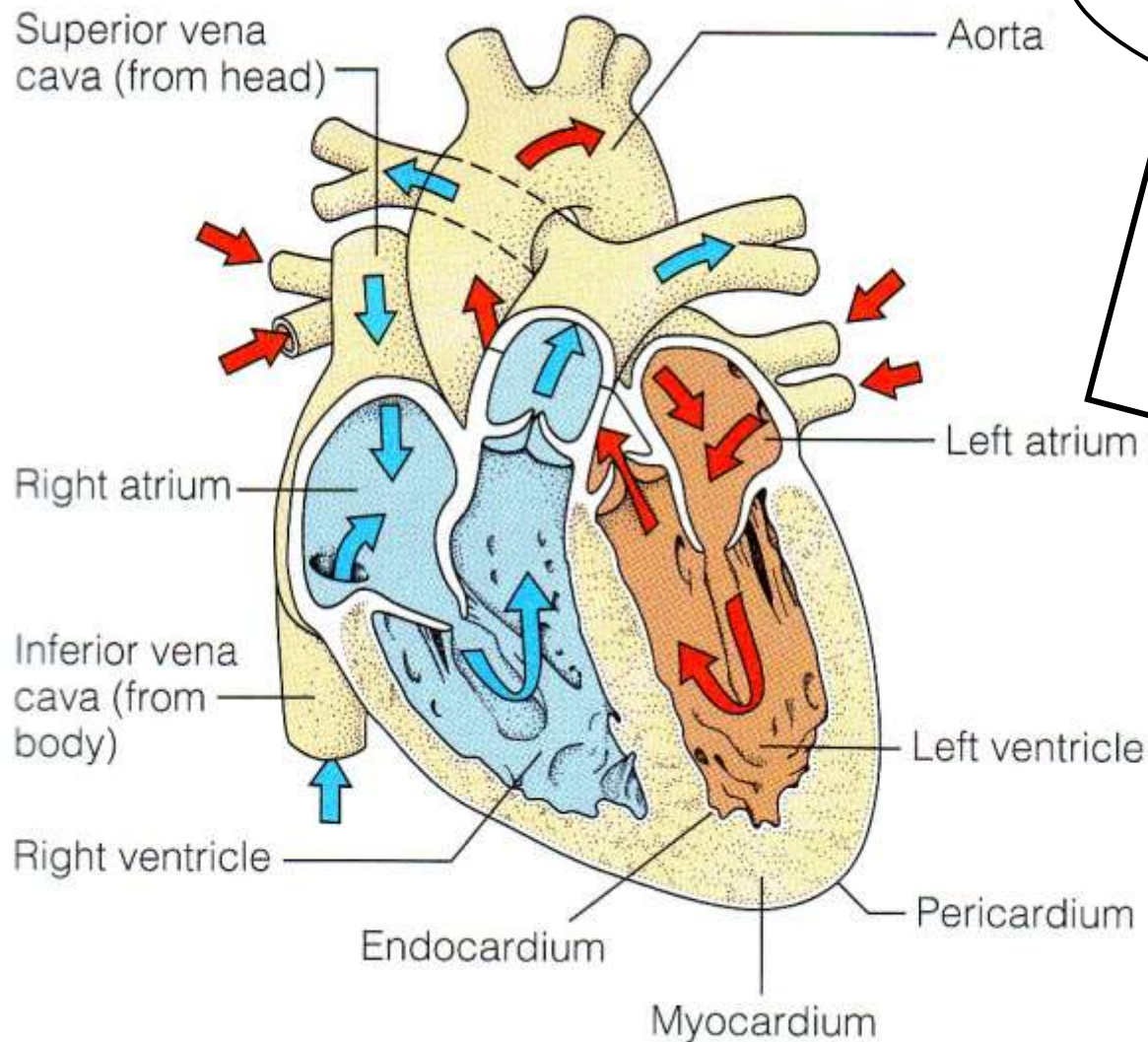
(c) Prevention of eversion of AV valves

● **FIGURE 9-4** Heart valves.

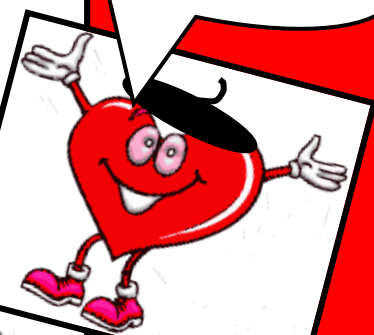
Valves must
be normal &
healthy to
work well!



Veins → Atria → Ventricles → Arteries



VAVA!



<https://www.nhlbi.nih.gov/health-topics/how-heart-works>

What about Exam I scores?...



BI 121 Lecture 9

I. Announcements Lab notebook due today! Lab 4 HR & BP.
Thursday, Lab 5 Blood Chemistry. Read 2x pp 5-1 thru 5-6. Q?

II. Overview of Labs HR & BP. ♥ Cycle. Blood chem lab review

III. Cardiovascular Connections LS 2012 ch 9

Normal vs abnormal blood flow! Q?

IV. CV Physiology in the News NHLBI & AHA websites
Nicole Kidman & exercise? ACSM, AHA, CDC guidelines

V. CV Pathophysiology & Risk Reduction LS ch 9, 10 +...

A. AMI, CVA, CVD, PVD, TIA, HTN? + surgical treatments

B. Atherosclerosis? LS fig 9-27, 9-25, 9-26 pp 266-8

C. How to minimize risk of CVDs? Treatment triad:

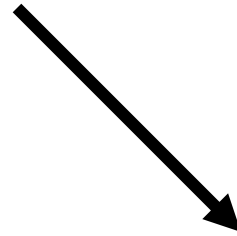
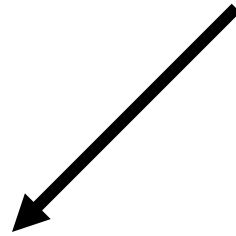
Exercise, Diet, Drugs + Surgery

D. Food choices make a difference?

What's HAPOC?



Cardiac Cycle

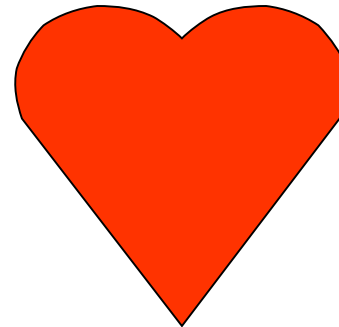
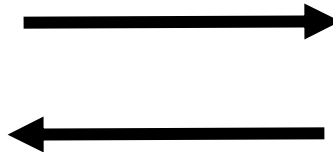
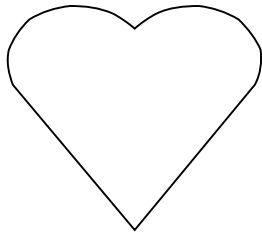


Systole

Contract
& Empty

Diastole

Relax
& Fill



How much aerobic?



Continuous exercise
≥ 50% muscle mass
≥ Conversational pace
20-60 min/session
3-5 days/wk



<http://www.acsm.org/about-acsm/media-room/news-releases/2011/08/01/acsm-issues-new-recommendations-on-quantity-and-quality-of-exercise>

How much strength?

- ✓ 2-3 days/wk
- ✓ 8-10 exercises for major muscle groups
- ✓ ≥ 1 set/exercise
- ✓ 8-12 (most) or 10-15 (frail/ $> 50-60$ yr) repetitions/set



CVDs

AMI

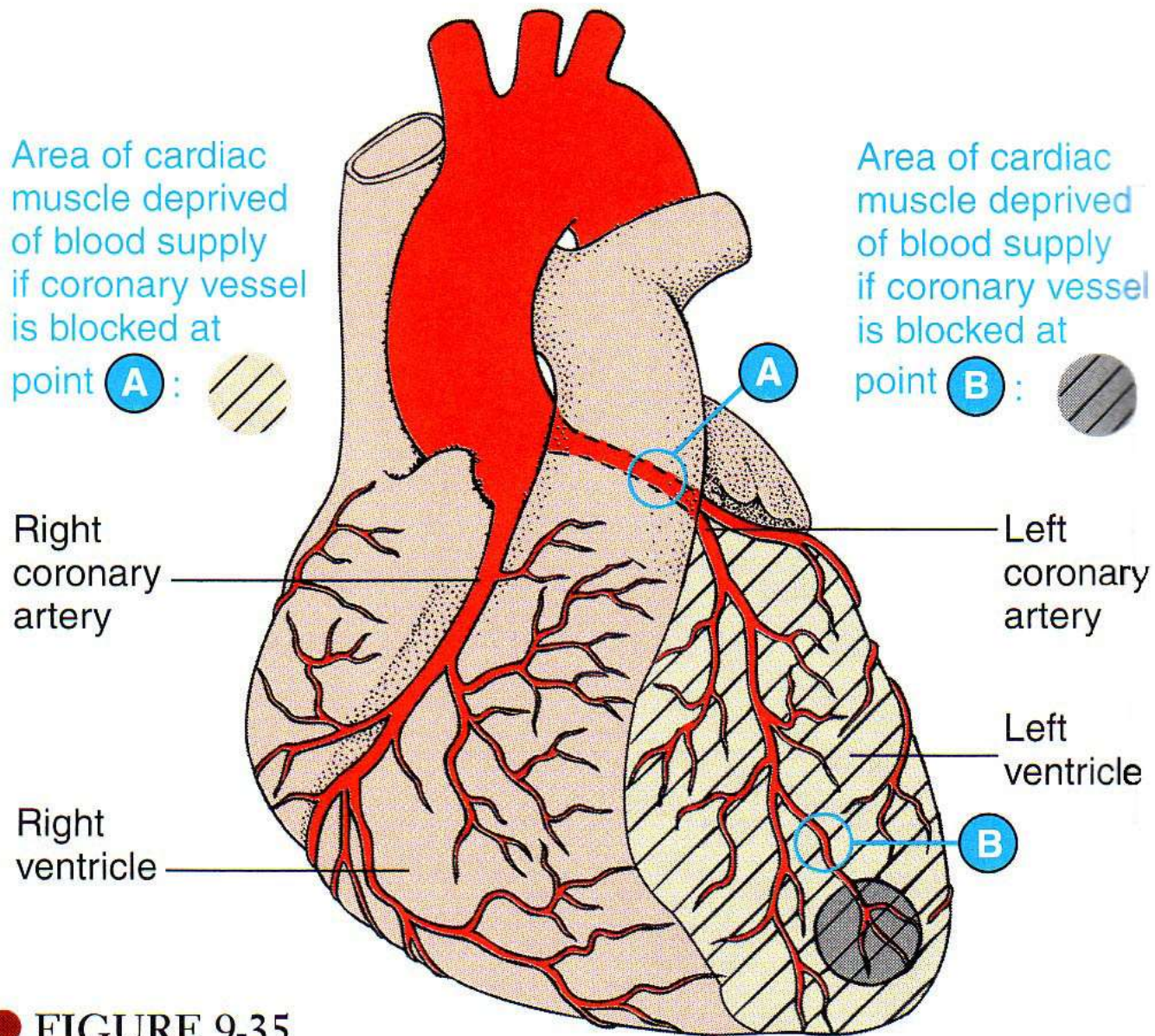
CVA



TIA

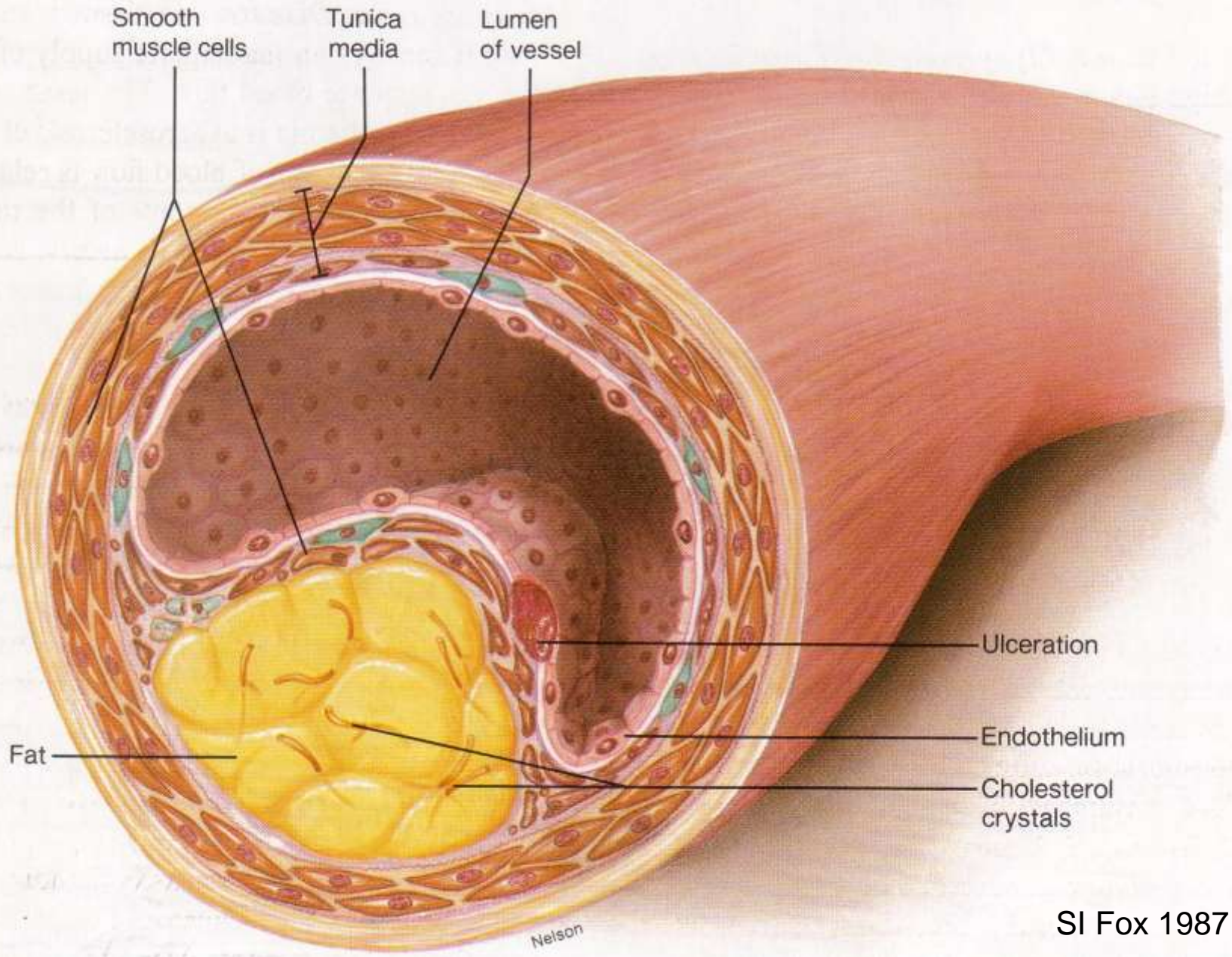
HTN

PVD



● FIGURE 9-35

Extent of myocardial damage as a function of the size of the occluded vessel

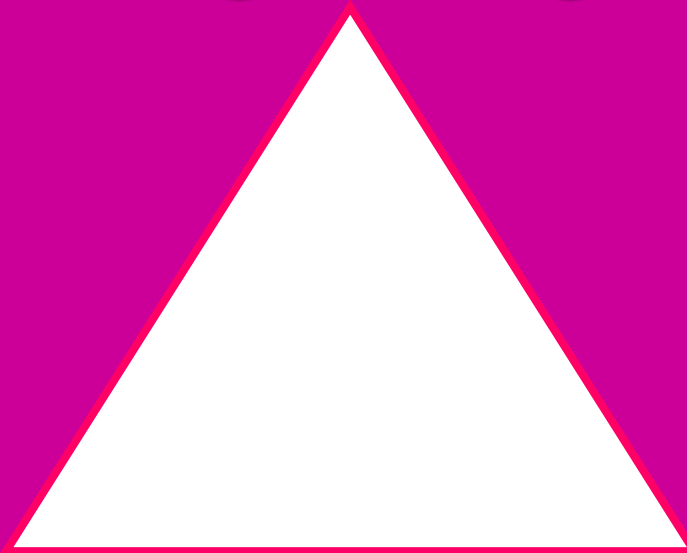


Treatment Triad

NB: Last blasted resort!!



Drugs/Surgery



Exercise

*Dietary
Modification*

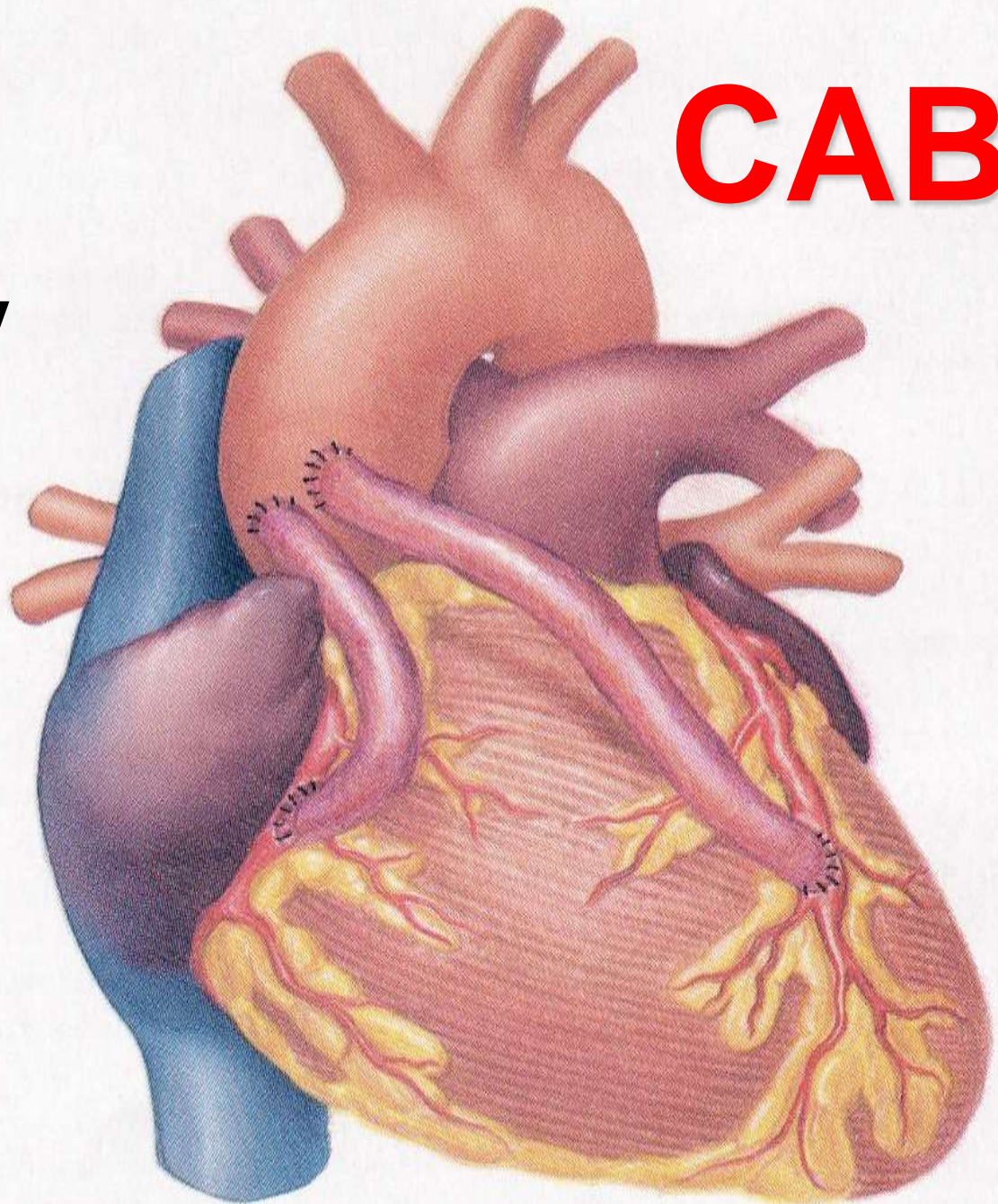
CABG

Coronary

Artery

By-pass

Graft

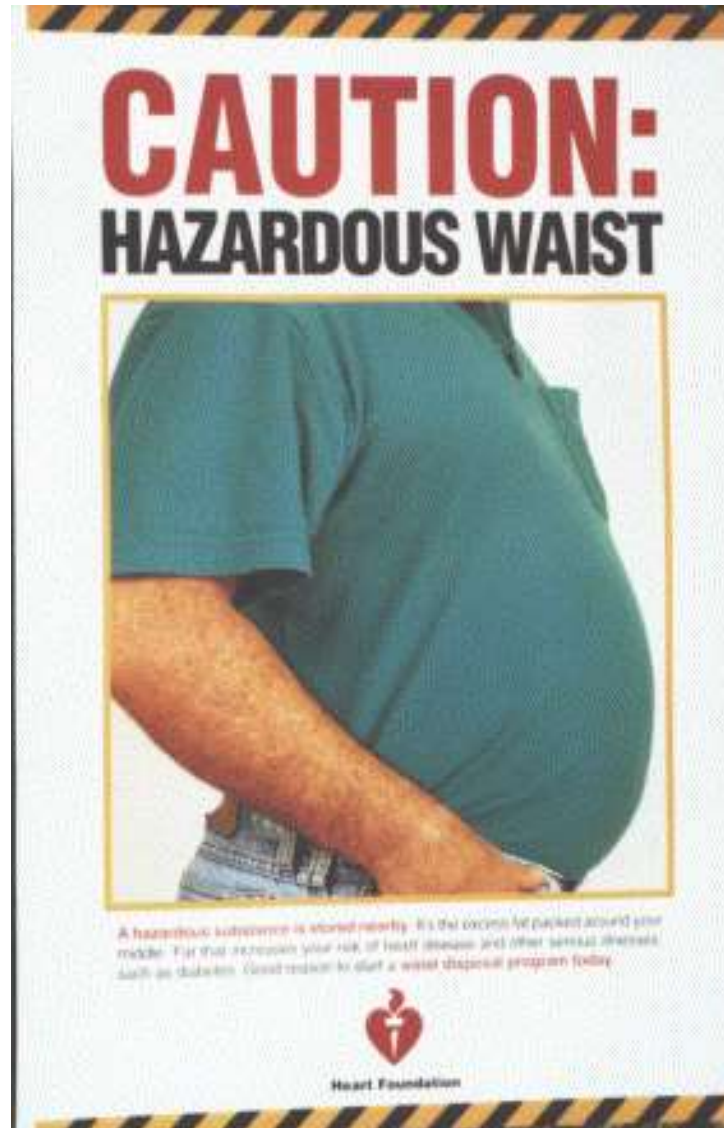


Apple type of obesity predisposed to CVD!

Pear type of fat pattern...



implies lower disease risk!

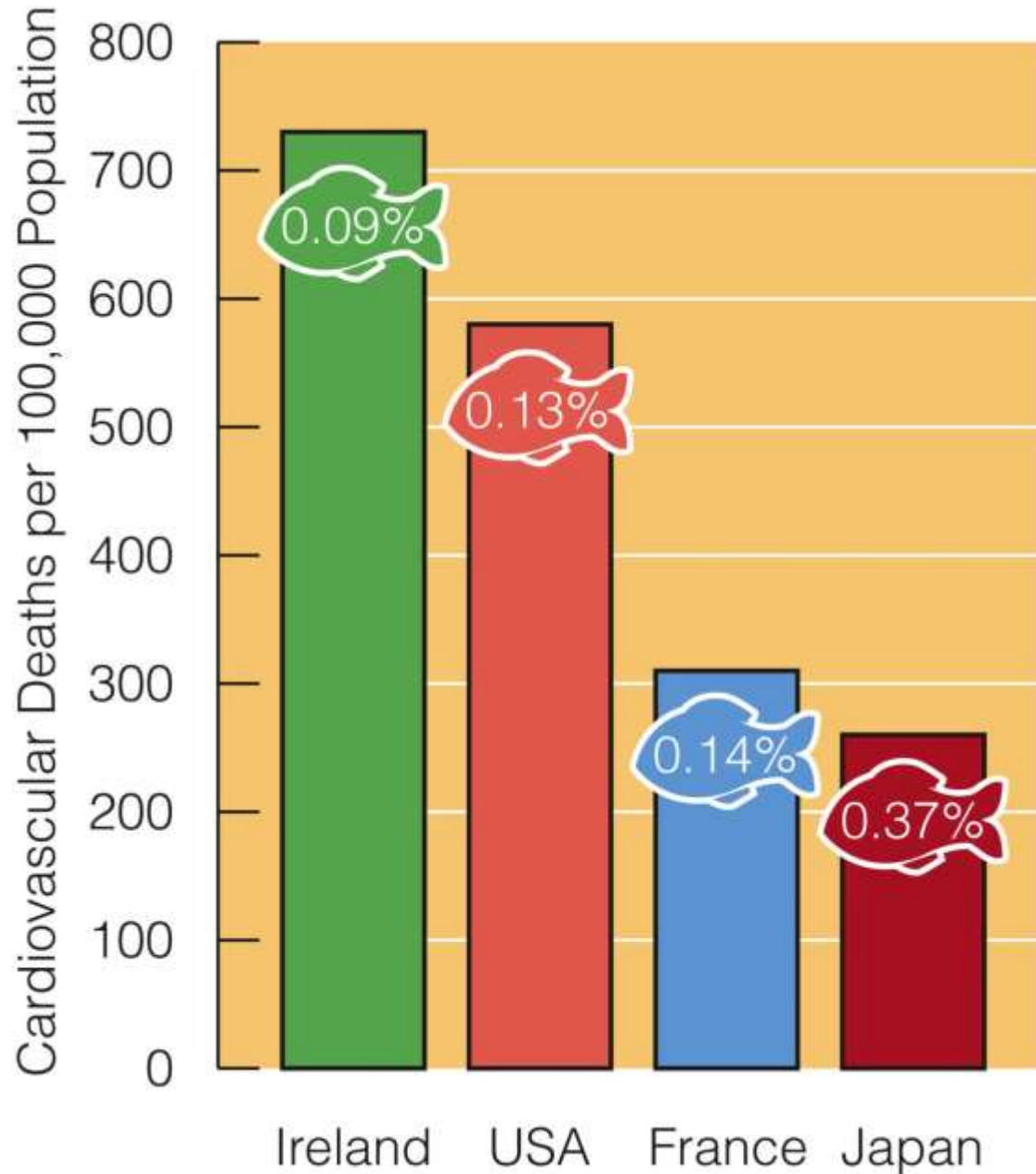


Eat more apples...



to help prevent the apple type of obesity!

Fish Oil Intakes & Cardiovascular Death Rates





Healthy Oils to Minimize Atherosclerosis HAPOC?

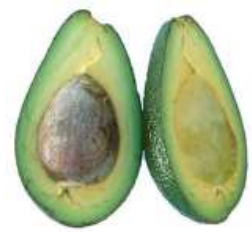
H

A

P

O

C



BI 121 Lecture 10

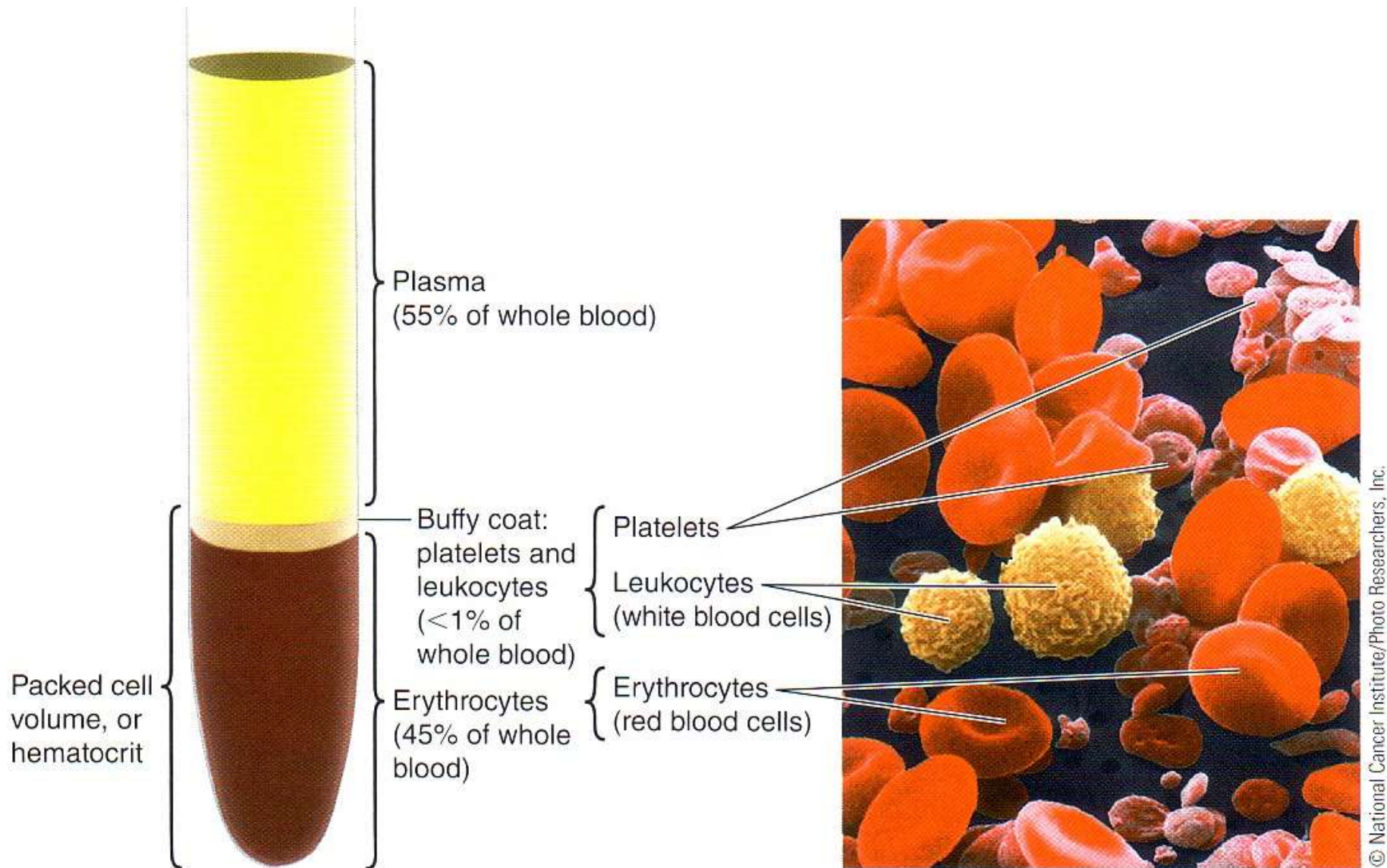


...Fun lab week with much personal data!

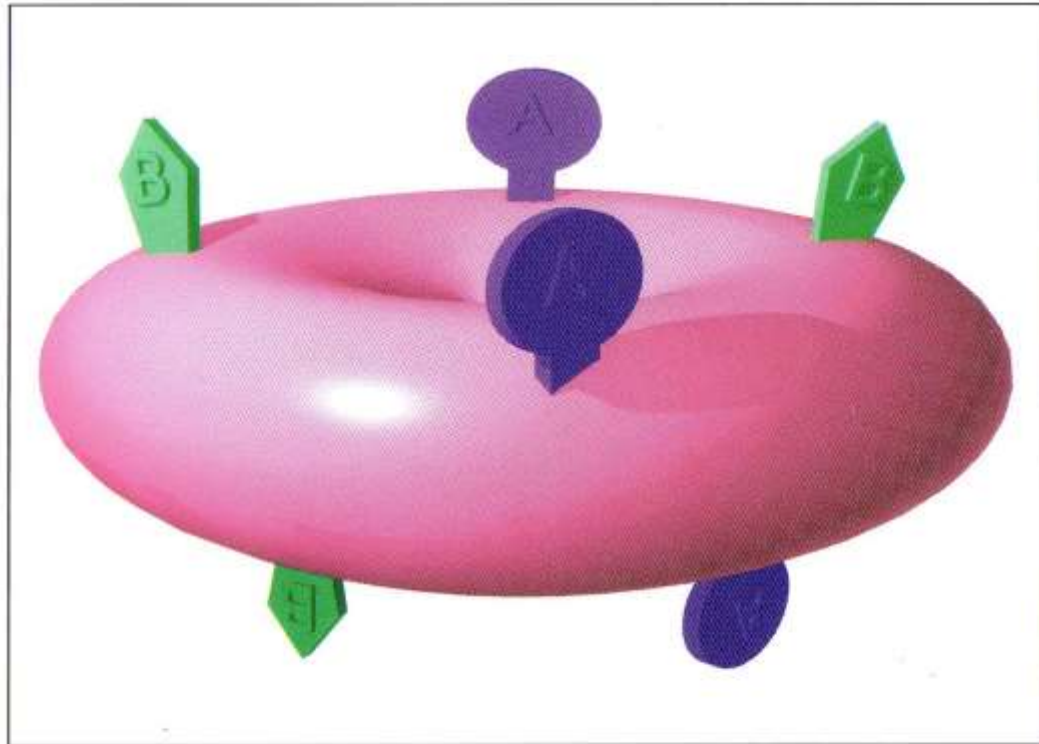
- I. Announcements** Remember to read Lab 5 before Thursday. Thanks for helping us be well-prepared. Q from last time? Calculating grade from estimated final. Keys to success? Q?
- II. CVDs Prevention & Treatment Follow-up or Q?**
Exercise, dietary modifications anti-inflammatory oils?
- III. Blood Form & Function** LS ch 11 pp 296-304, 309-12
DC Module 5 + SI Fox + *National Geographic* Lennart Nilsson
 - A. Formed vs. nonformed/cells vs. plasma
fig+tab 11-1
 - B. Red blood cells/erythrocytes: O₂-carrying
sickle cells, ABO blood typing, Rh factor
pp 299-304.
 - C. White blood cells/leukocytes: Defense/immunity
differential + general functions pp 309-12
 - D. Platelets/thrombocytes: Initial clotting p 304
- IV. Blood Glucose & Diabetes Mellitus** LS ch 17, DC Module 13



What's in Blood? Plasma & Blood Cells



AB



A & B Antigens
(Agglutinogens)

Erythroblastosis Fetalis?

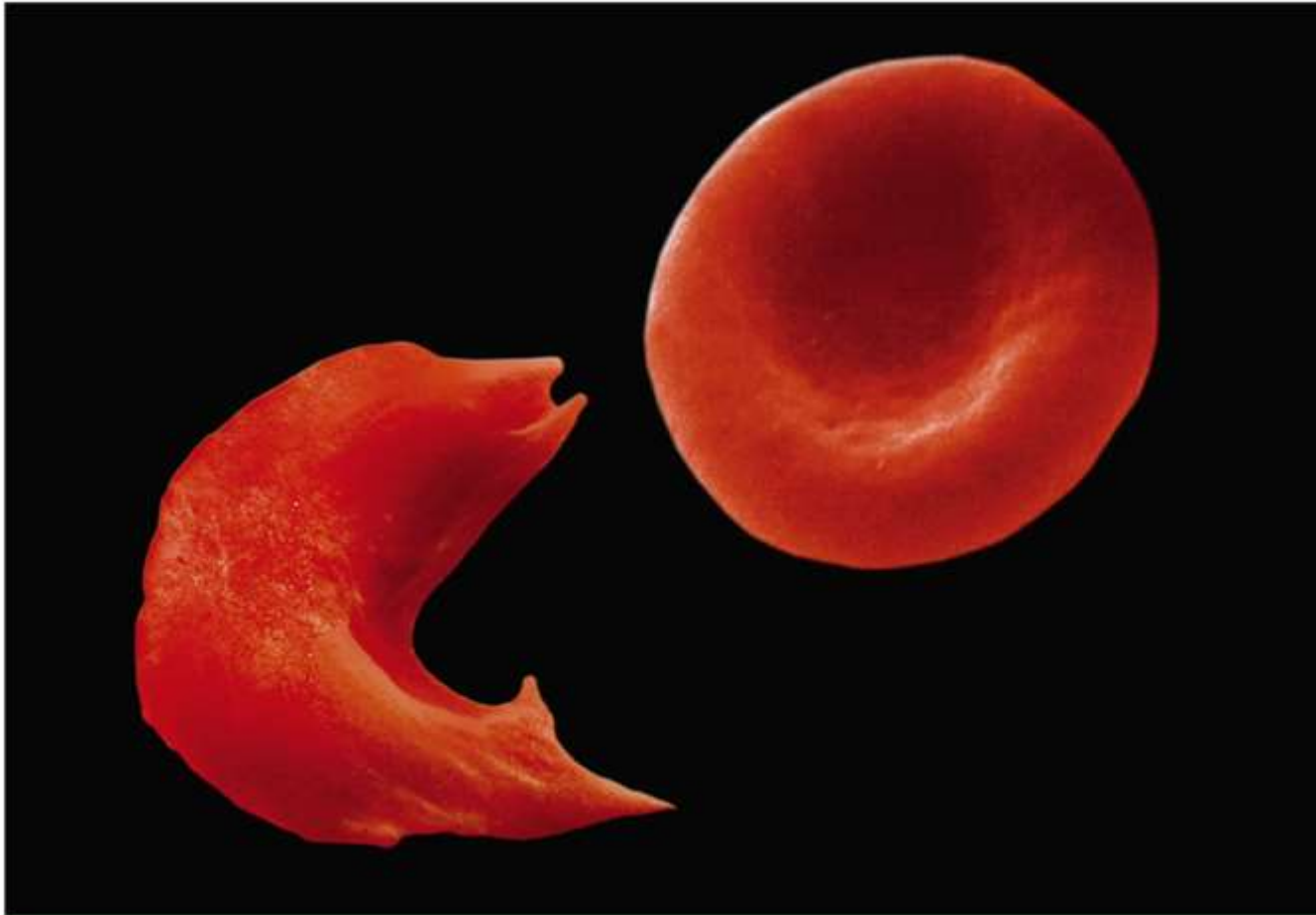
**eg, Rh- mom
Rh+ baby**

<http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/001298.htm#Alternative%20Names>

Sickle-shaped blood cells

Normal red blood cells

© Dr. Stanley Flegler/Visuals Unlimited



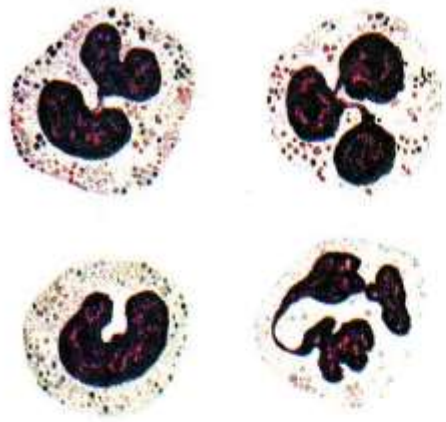
What a difference one amino acid can make!

Amino acid sequence of normal hemoglobin:

Val — His — Leu — Thr — Pro — Glu — Glu

Amino acid sequence of sickle-cell hemoglobin:

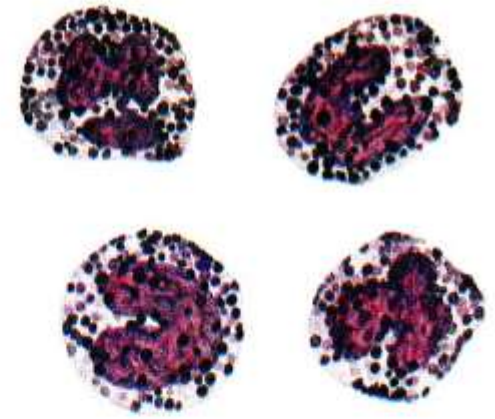
Val — His — Leu — Thr — Pro — Val — Glu



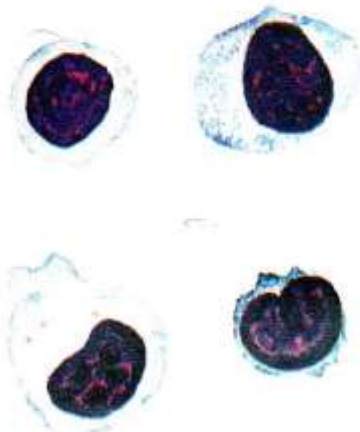
NEUTROPHILS



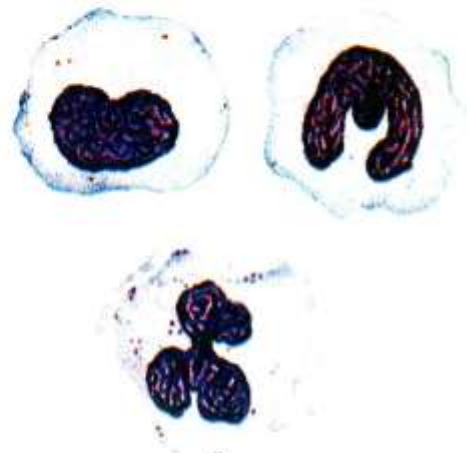
EOSINOPHILS



BASOPHILS



LYMPHOCYTES



MONOCYTES



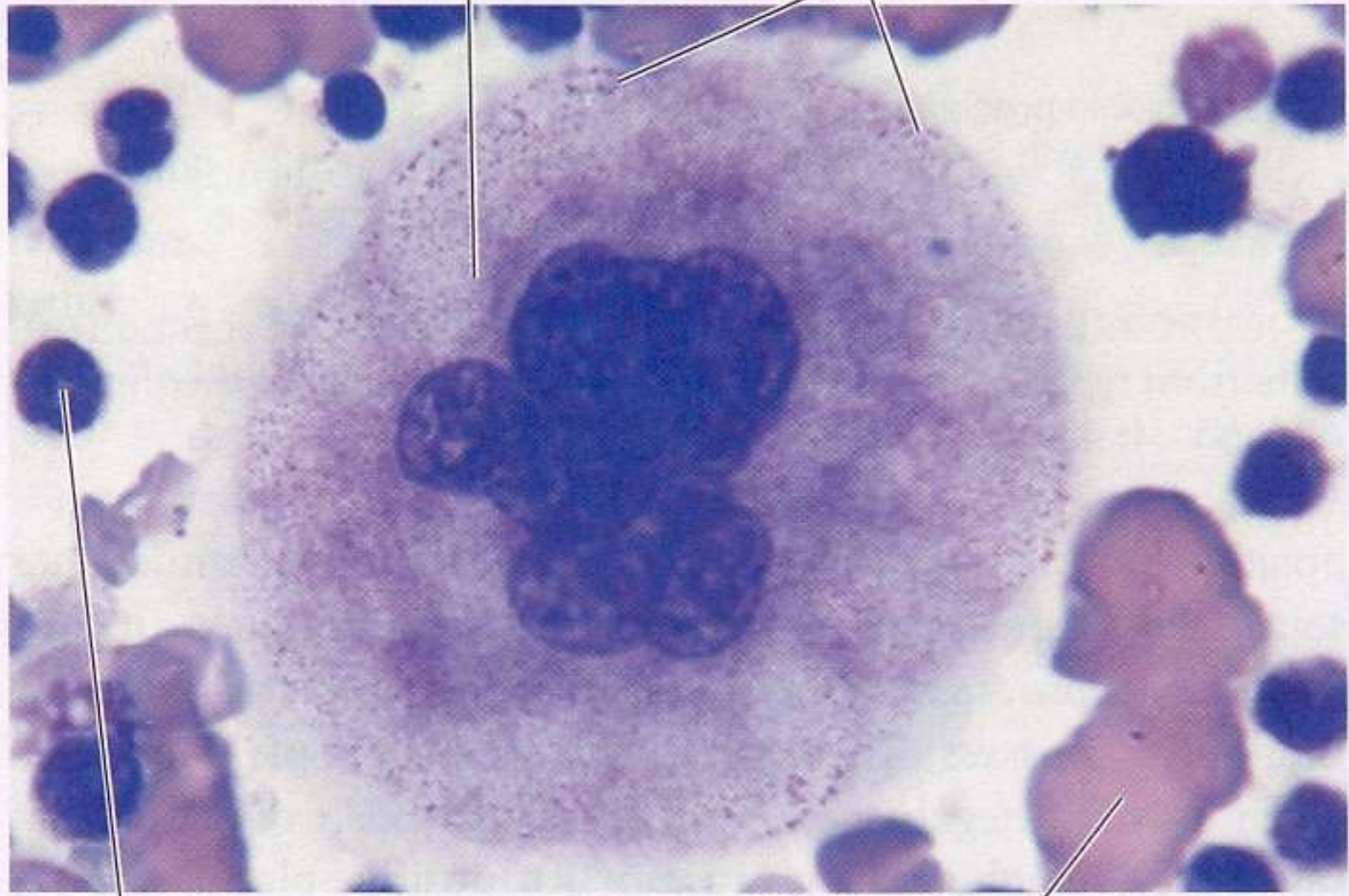
PLATELETS



ERYTHROCYTES

Megakaryocyte

Clusters of platelets
about to shed off



Developing
leukocyte

Cluster of developing
erythrocytes

Carolina Biological/Visuals Unlimited

BI 121 Lecture 11

Fun lab today! Lifetime data!
Thanks for being prepared!



I. Blood Cell Connections Q?

II. Lab 5 Review: Safety & Techniques Q?

III. Blood Glucose & Insulin LS pp 530-2, DC pp 110-2

IV. Introduction to Endocrinology LS ch 17, DC Module 13, SI Fox+

A. Endocrine vignette: Cushing's syndrome LS fig17-20 p 521-2

B. Endocrine system DC p 103 fig 13-1, LS fig 17-1, tab 17-1

C. What's an endocrine? + classes ~ LS pp 495 – 6

D. Hypothalamus (Master) – Pituitary (subcontroller)

DC pp 104-6 + LS pp 499-506

E. Posterior pituitary + hormones DC p 108, LS fig 17-4 p 502

F. Anterior pituitary + hormones DC pp 105-7, LS pp 502-6

G. GH: Body builder's dream? Fountain of youth? LS pp 506-11

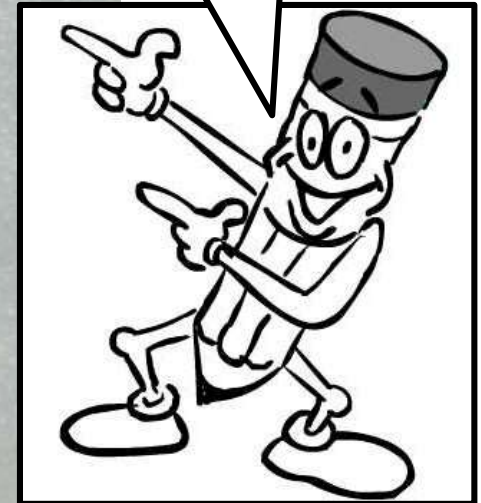
H. Peripheral endocrine organs DC pp 109-13, LS pp 513-36

1. Pancreas 2. Thyroid 3. Adrenals

Glucose:
Sugar in Blood



**NB: Read
& Record!**



Normal: 70-99
Pre-Diabetes: 100-125
Diabetes: \geq 126 mg/dL

1^o Q? Clumping in Any Wells?

Type AB+

Here?

Here?

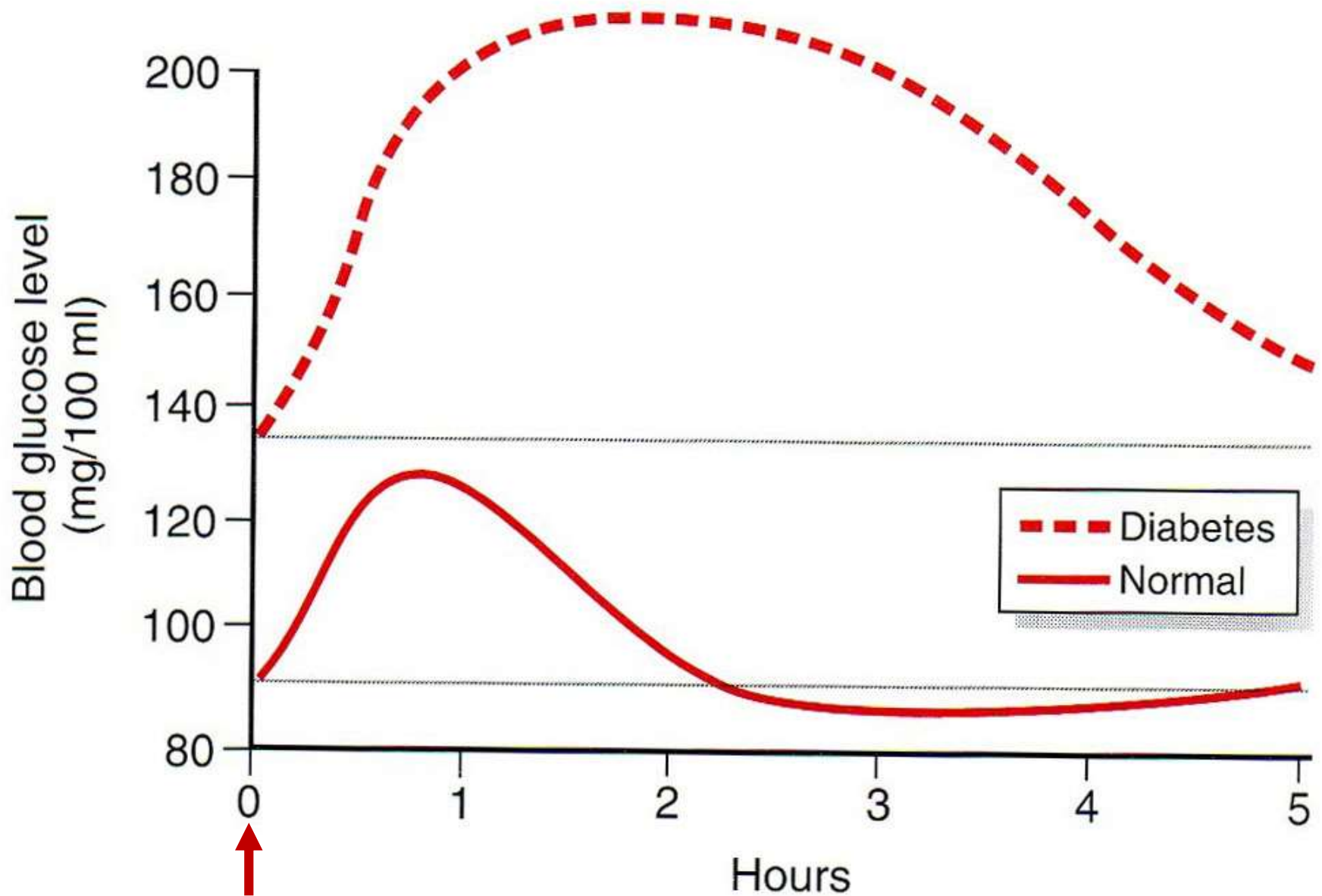
Here?



Source: S Wong, BI 121 Lab, 2016

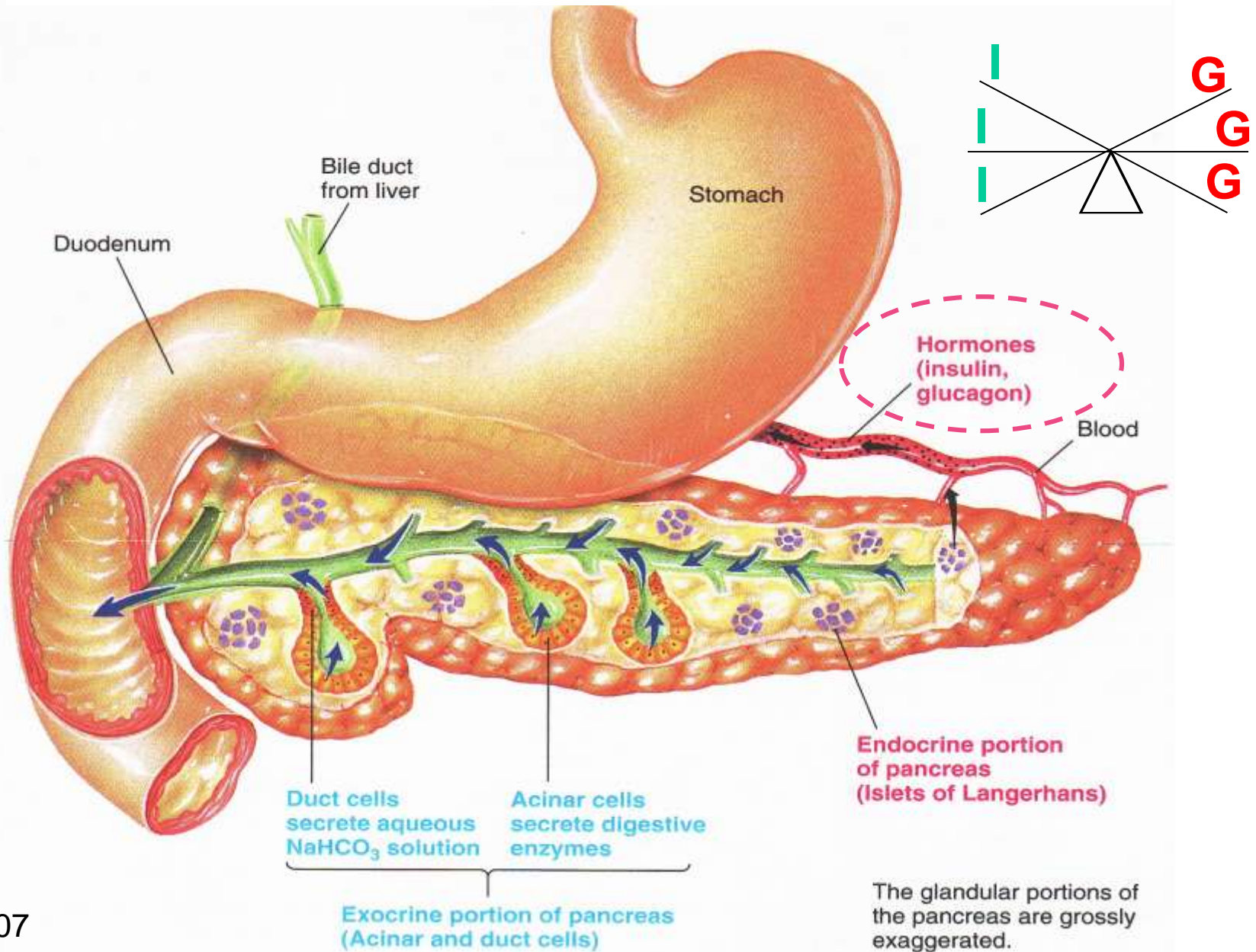


Diabetic & Normal Response to Glucose Load

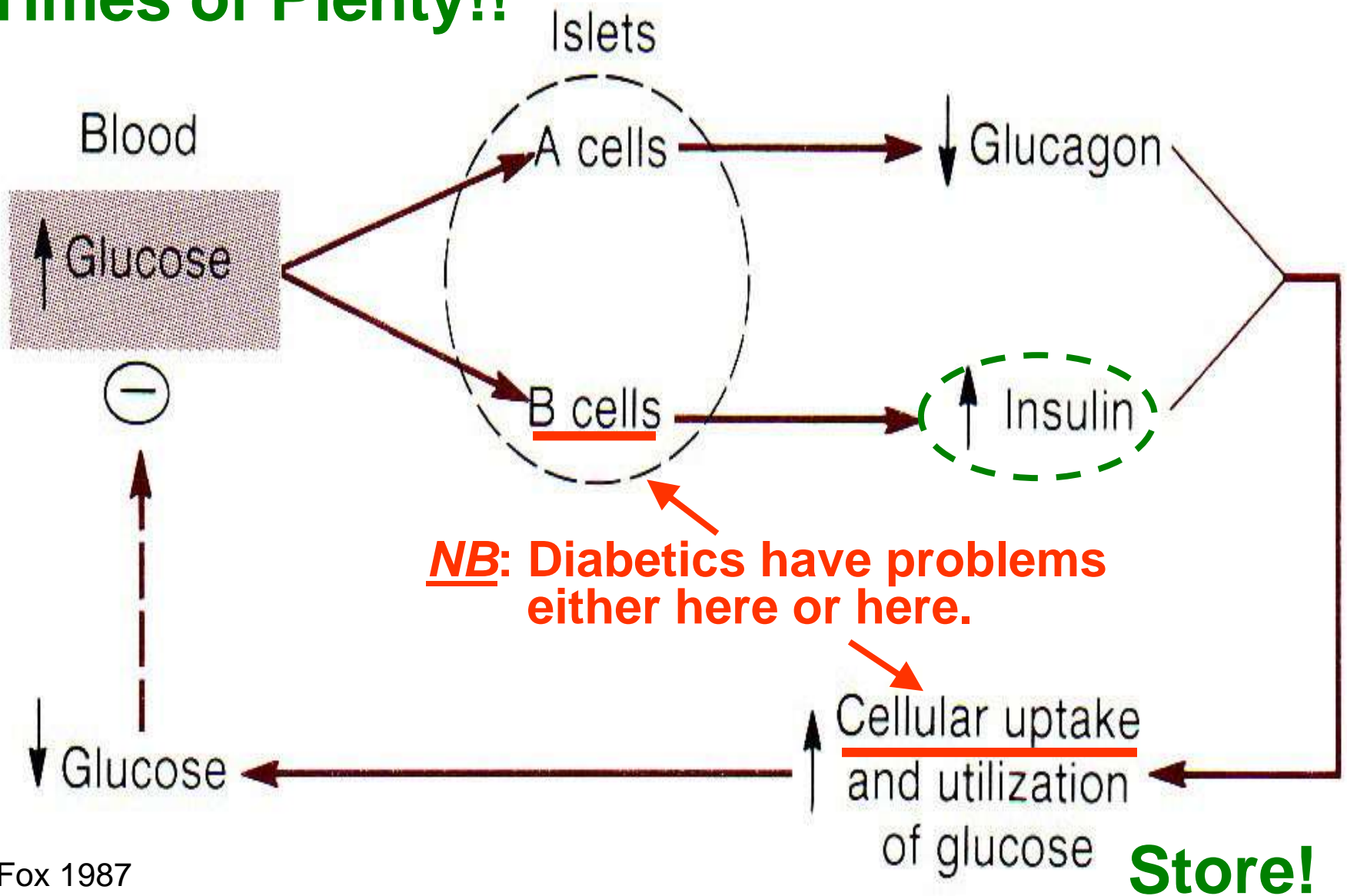


Ingest Glucola or eat meal

Endocrine Pancreas: Insulin (I) & Glucagon (G) See-Saw Hormones in Regulating Blood Glucose



Times of Plenty!!



Fox 1987

<https://ed.ted.com/lessons/what-does-the-pancreas-do-emma-bryce>

<https://www.youtube.com/watch?v=8dgoeYPoE-0>

TABLE
4-7

Warning Signs of Diabetes

These signs appear reliably in type 1 diabetes and, often, in the later stages of type 2 diabetes.

- Excessive urination and thirst
- Glucose in the urine
- Weight loss with nausea, easy tiring, weakness, or irritability
- Cravings for food, especially for sweets
- Frequent infections of the skin, gums, vagina, or urinary tract
- Vision disturbances; blurred vision
- Pain in the legs, feet, or fingers
- Slow healing of cuts and bruises
- Itching
- Drowsiness
- Abnormally high glucose in the blood

Diabetics must constantly juggle diet, exercise & medication to control blood glucose!

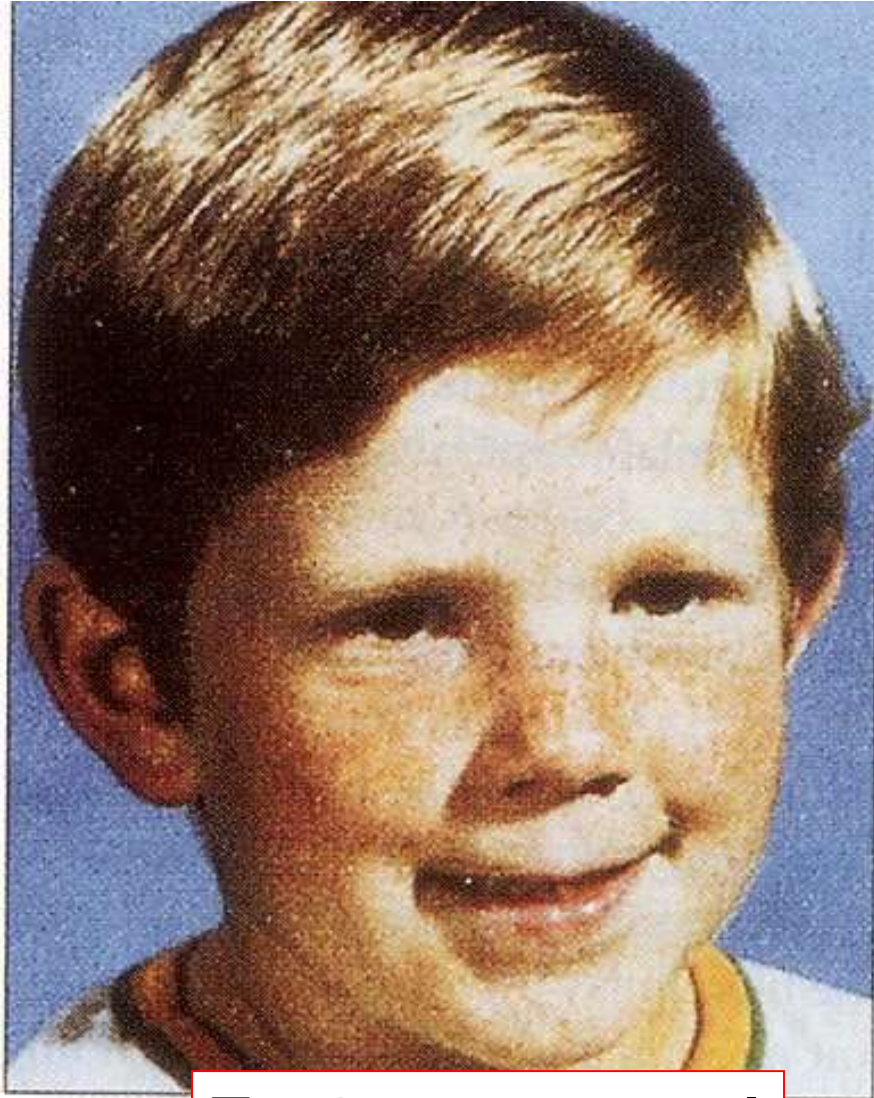
Medication



Exercise

Diet

***Cushing's Syndrome = Hypersecretion
of Cortisol: Hypothalamic (CRH),
Pituitary (ACTH), or Adrenal (Cortisol)***



T = 0, near normal

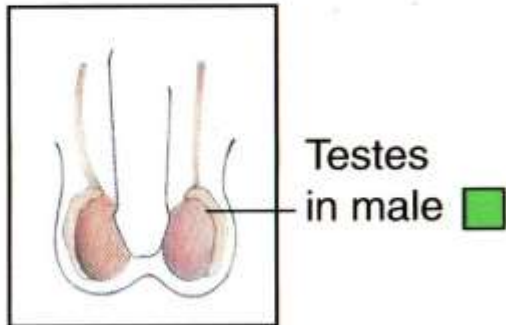
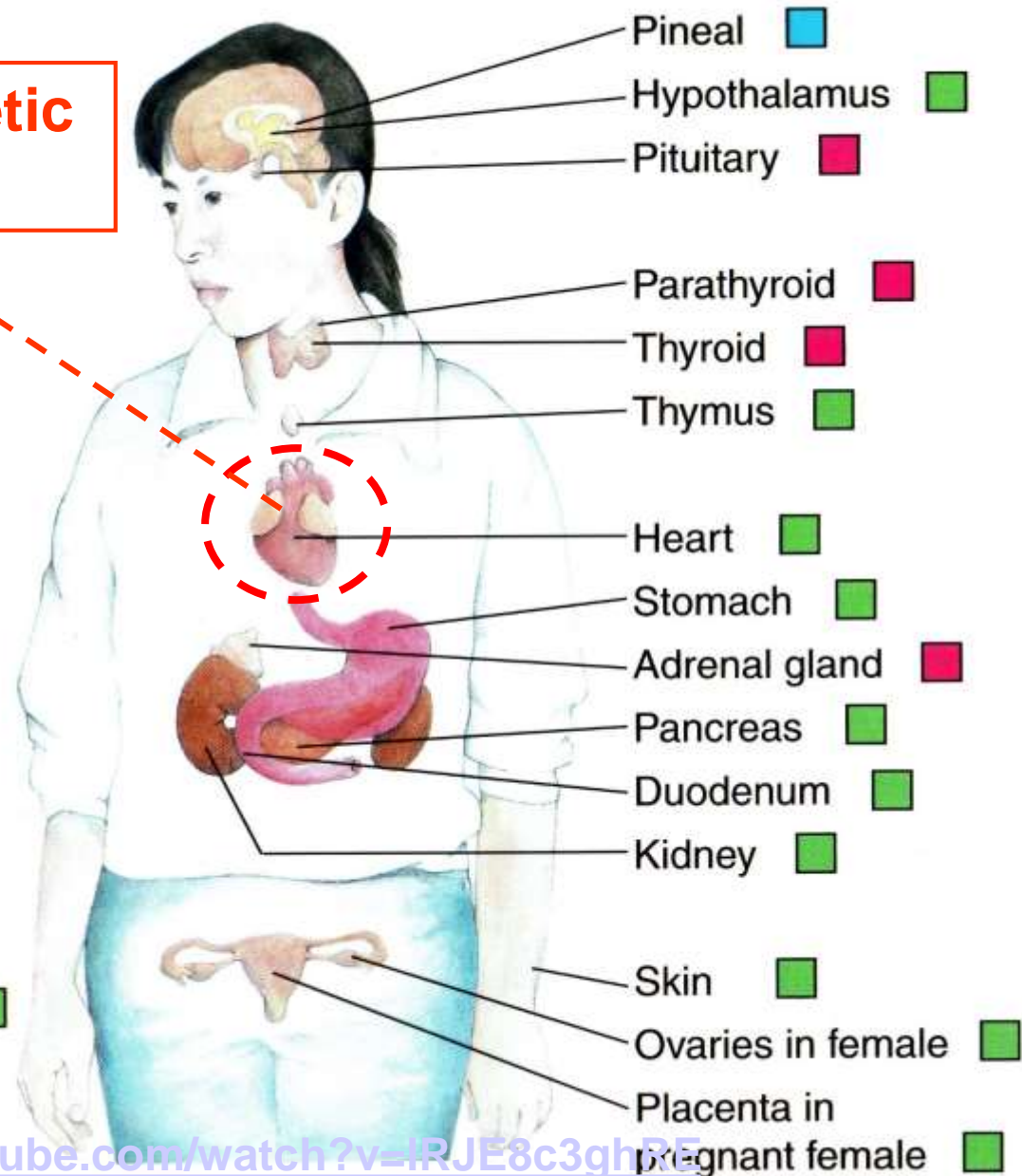


T = 4 months later

Endocrine System

ANP = Atrial Natriuretic Polypeptide

- Solely endocrine function
- Mixed function
- Complete function uncertain



<https://www.youtube.com/watch?v=IRJE8c3ghRE>

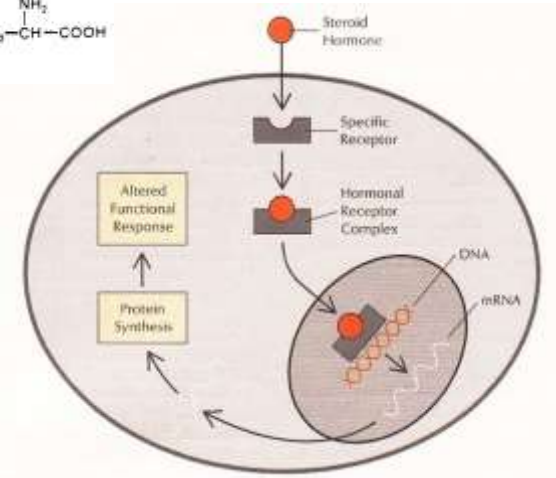
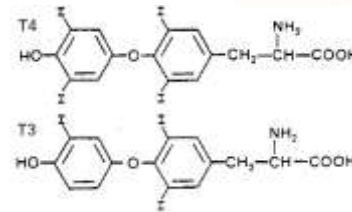
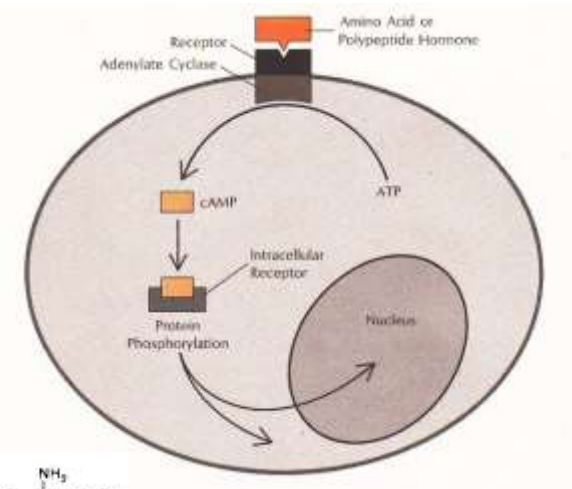
<https://www.hopkinsallchildrens.org/Patients-Families/Health->

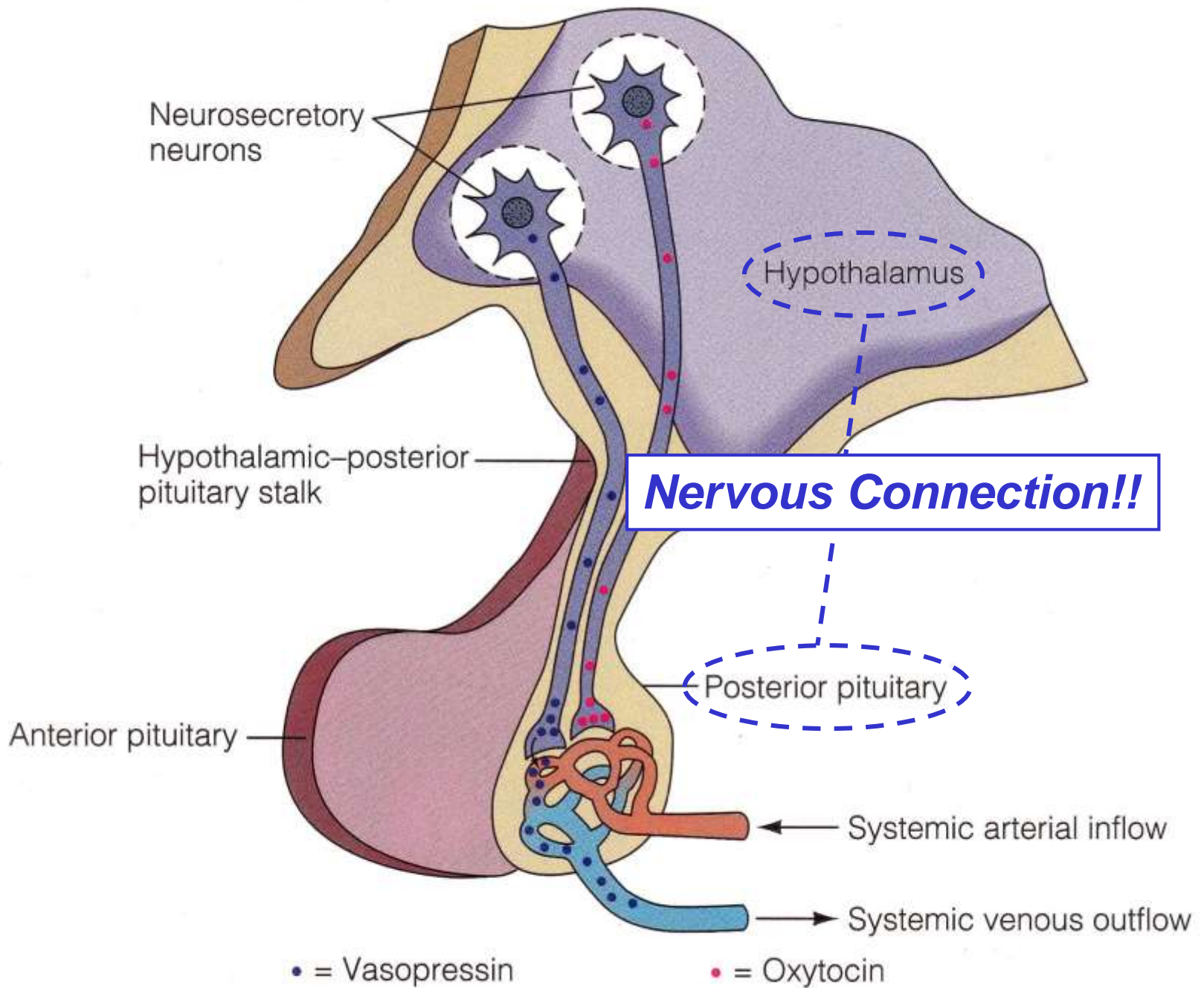
Hormone/Endocrine Classifications

Exogenous

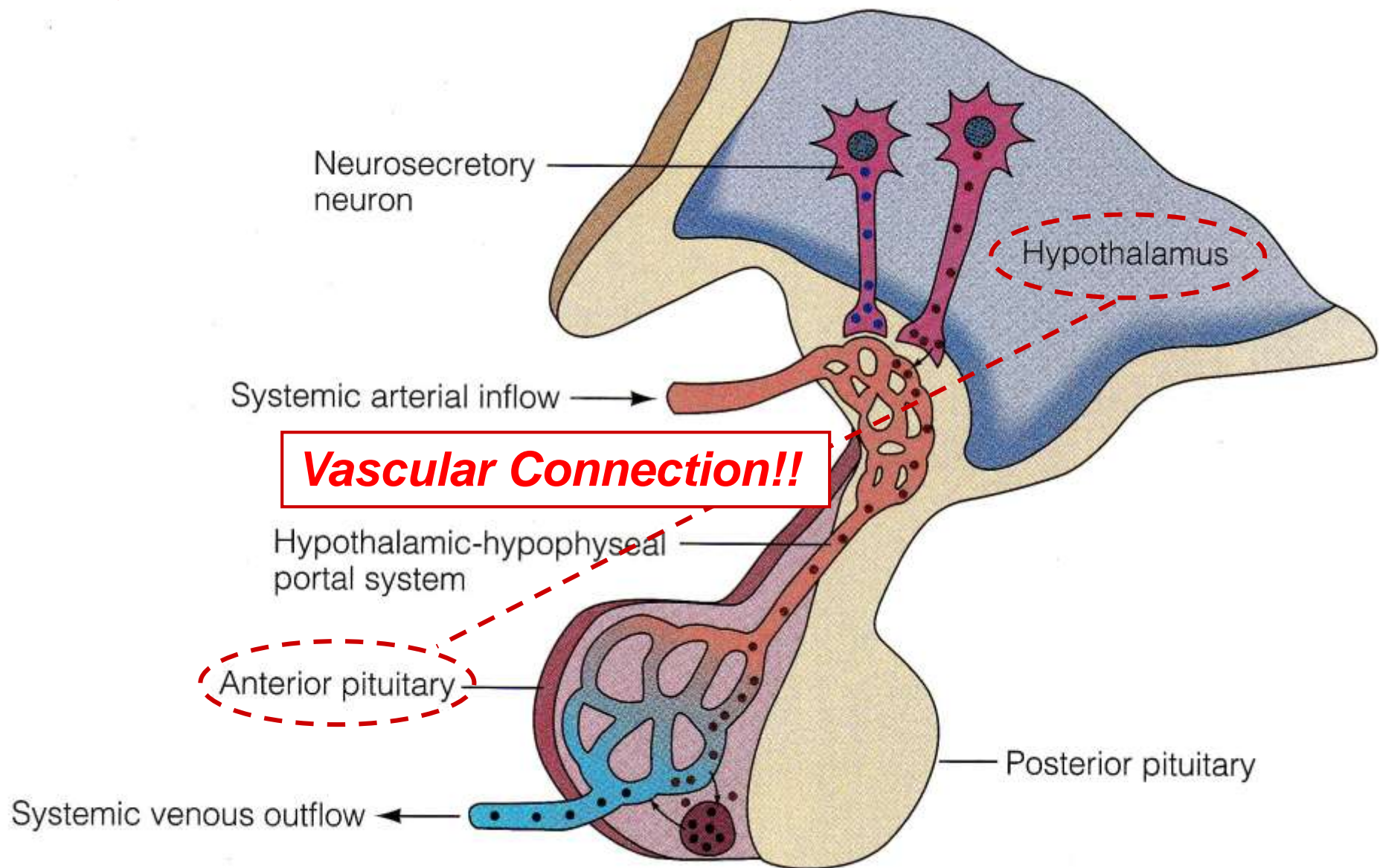


Endogenous





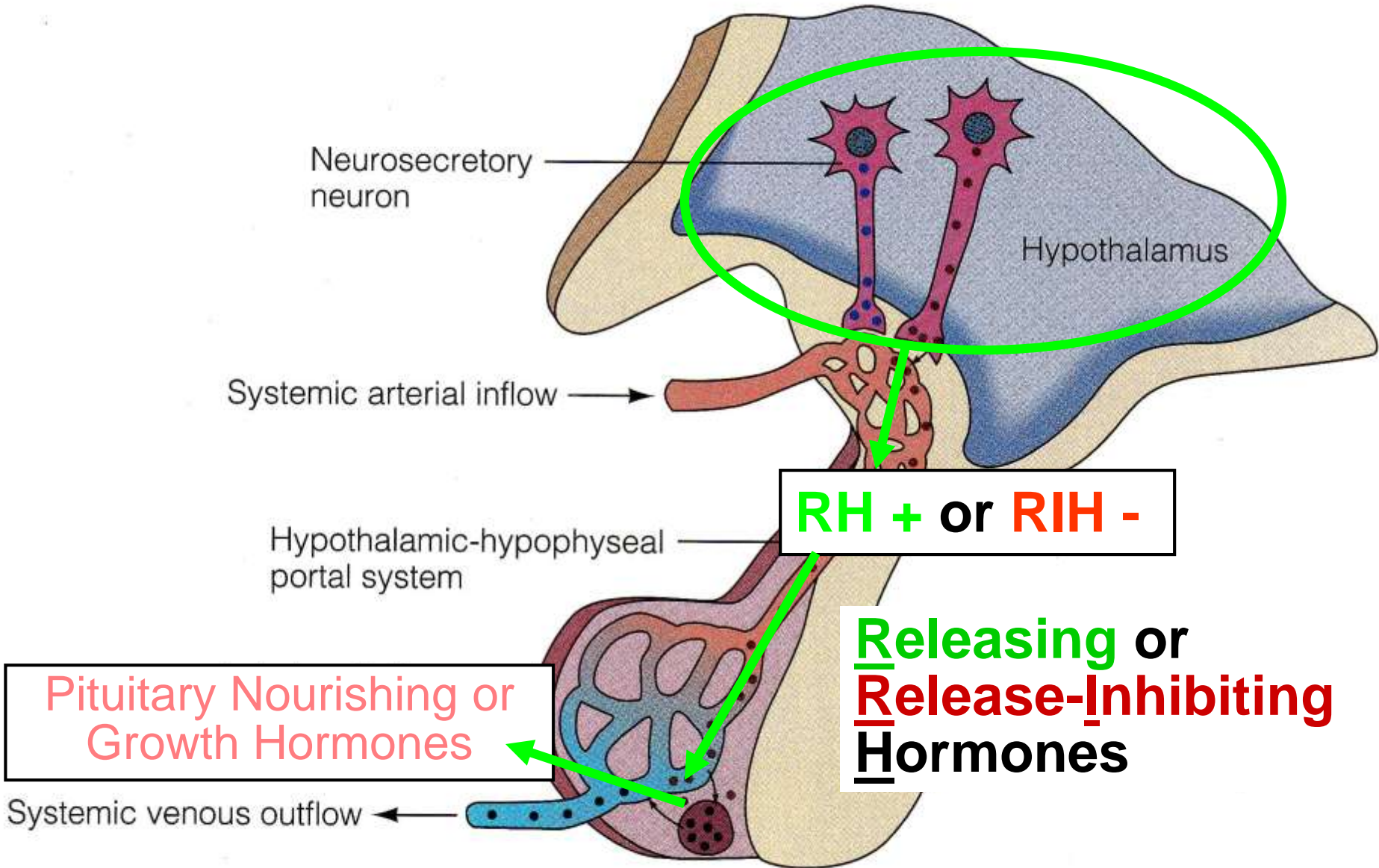
Hypothalamus-Anterior Pituitary Vascular Connection!



Vascular Connection!!

• • = Hypophysiotropic hormones

• = Anterior pituitary hormone



RH + or RIH -

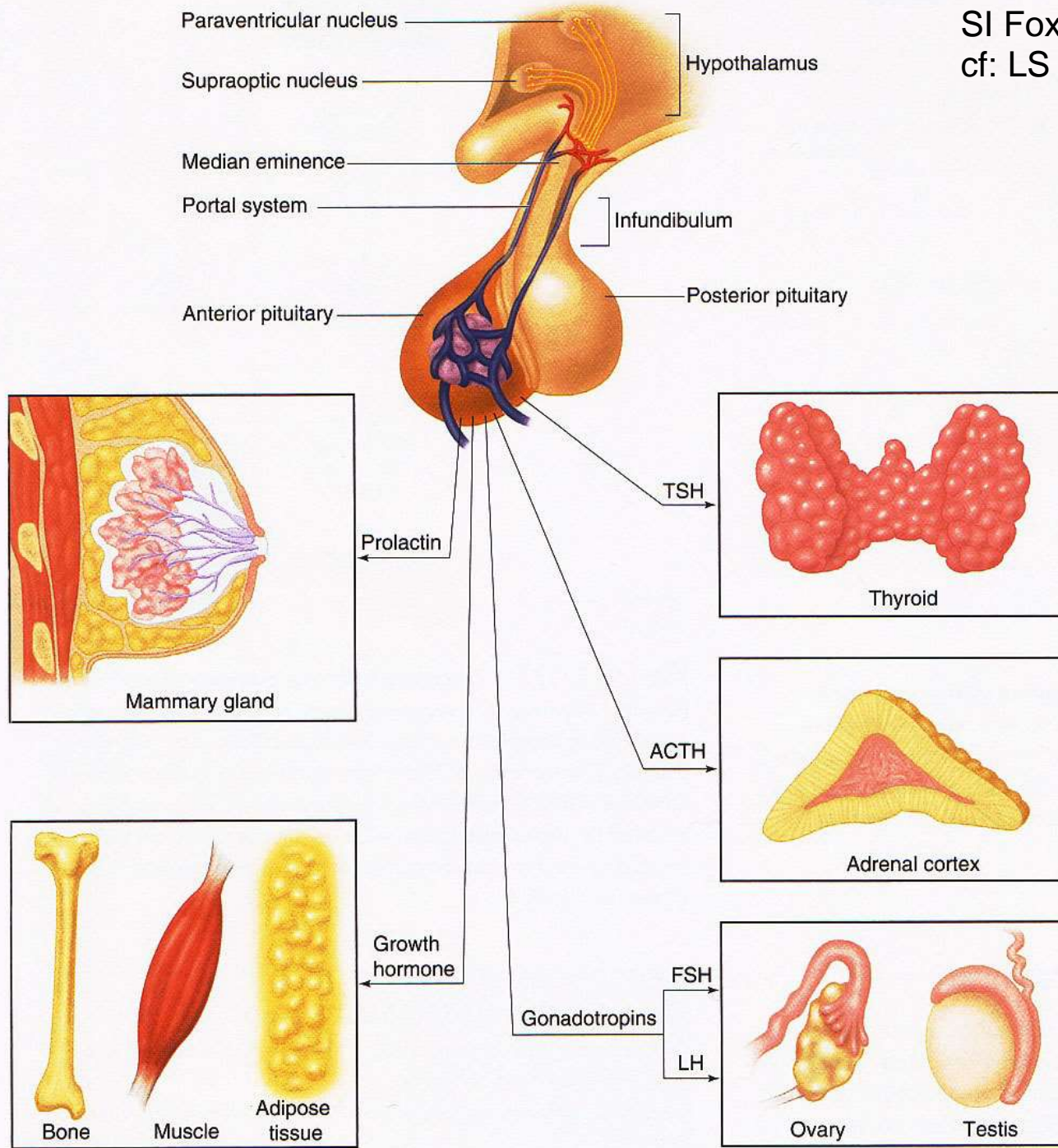
Releasing or Release-Inhibiting Hormones

Pituitary Nourishing or Growth Hormones

• • = Hypophysiotropic hormones

• = Anterior pituitary hormone

Hypophysis ≡ Pituitary



Thanks for your help with blood chemistry!...



BI 121 Lecture 12

- I. Announcements Optional notebook check + Lab 6 tomorrow. Pulmonary Function Testing. Exam II > your Q on Thurs. Q?
- II. Endocrine Connections Feedback loops, growth hormone, thyroid & adrenals DC Module 13 pp 109-13, LS pp 513-36
- III. Nervous System & Excitable Cells DC Module 9, LS ch 5, 4, 7
 - A. How is the nervous system organized? fig 5-1 p 108
 - B. Neurons? What kind? fig 5-2 p 109
 - C. Brain structure & function fig 5-7, 5-8 pp 116 – 7
 - D. Protect your head with a helmet!
Bicycle head injury statistics, NHTSA & BHSI
- IV. Brain + Autonomic Nervous System Overview DC pp 71-77, LS pp 178 – 85, tab 7-1 p 183 + Stories to remember **fight-or-flight!**
- V. Neuromuscular Connections LS ch 7 pp 186-92, DC pp 69-71
How does the signal cross the nerve-muscle gap? LS fig 7-5
 - A. Normal function? Ca²⁺ for bones!...but what else? LS p 190
 - B. What do black widow spider venom, botulism, curare & nerve gas have in common? Botox? LS p 189-91

GH/STH Effects: Insulin Resistance/Type II Diabetes?

↑ Amino Acid uptake & Protein synthesis

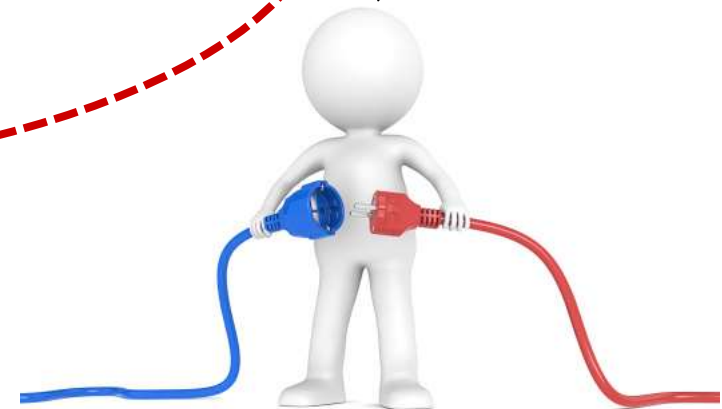
↑ Lipolysis & Fatty Acid mobilization

↓ Glucose uptake
(skeletal muscle & adipocytes)

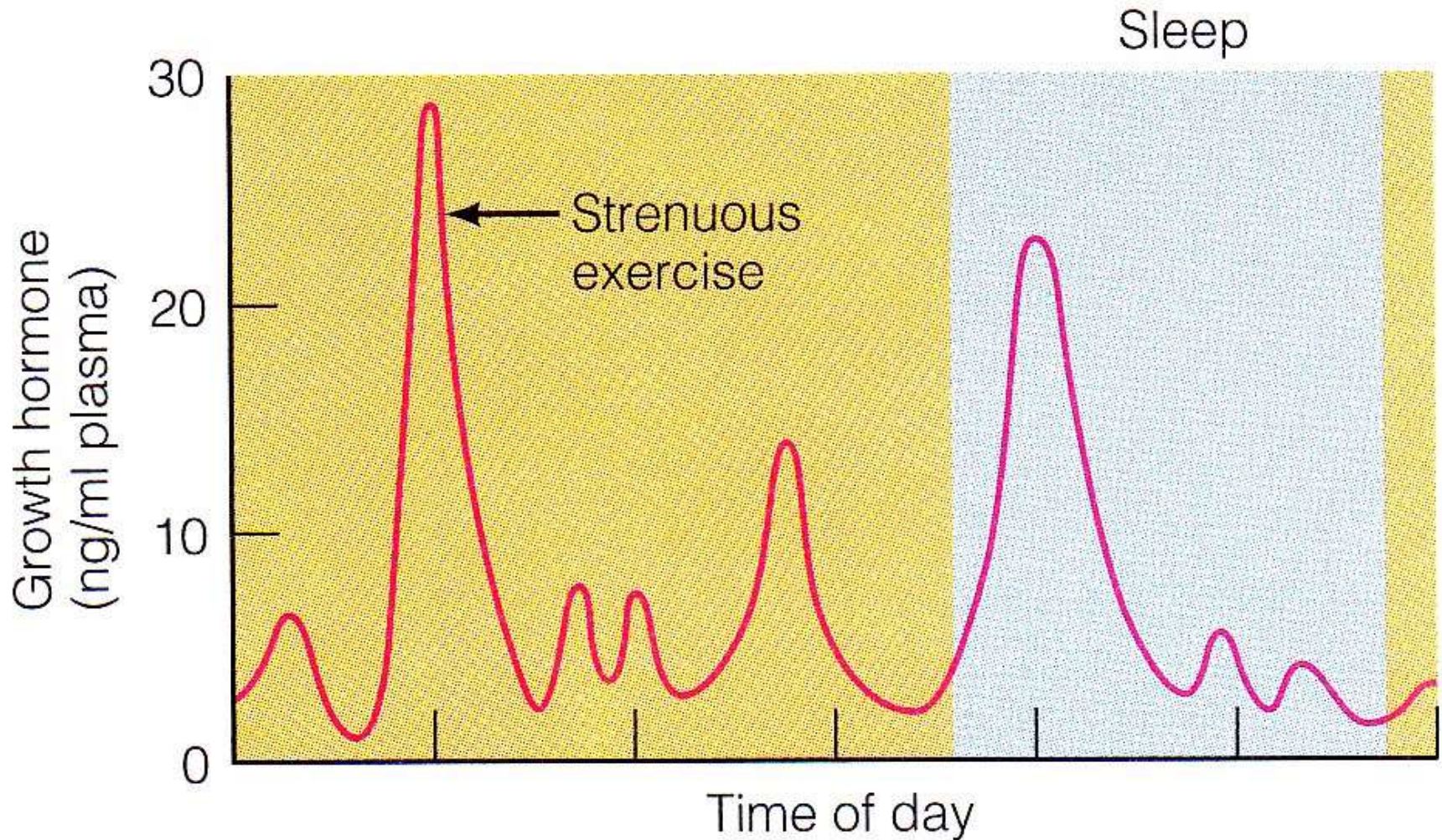
↑ Glucose production
(liver glycogenolysis)

↑ Insulin secretion

Mismatch!!



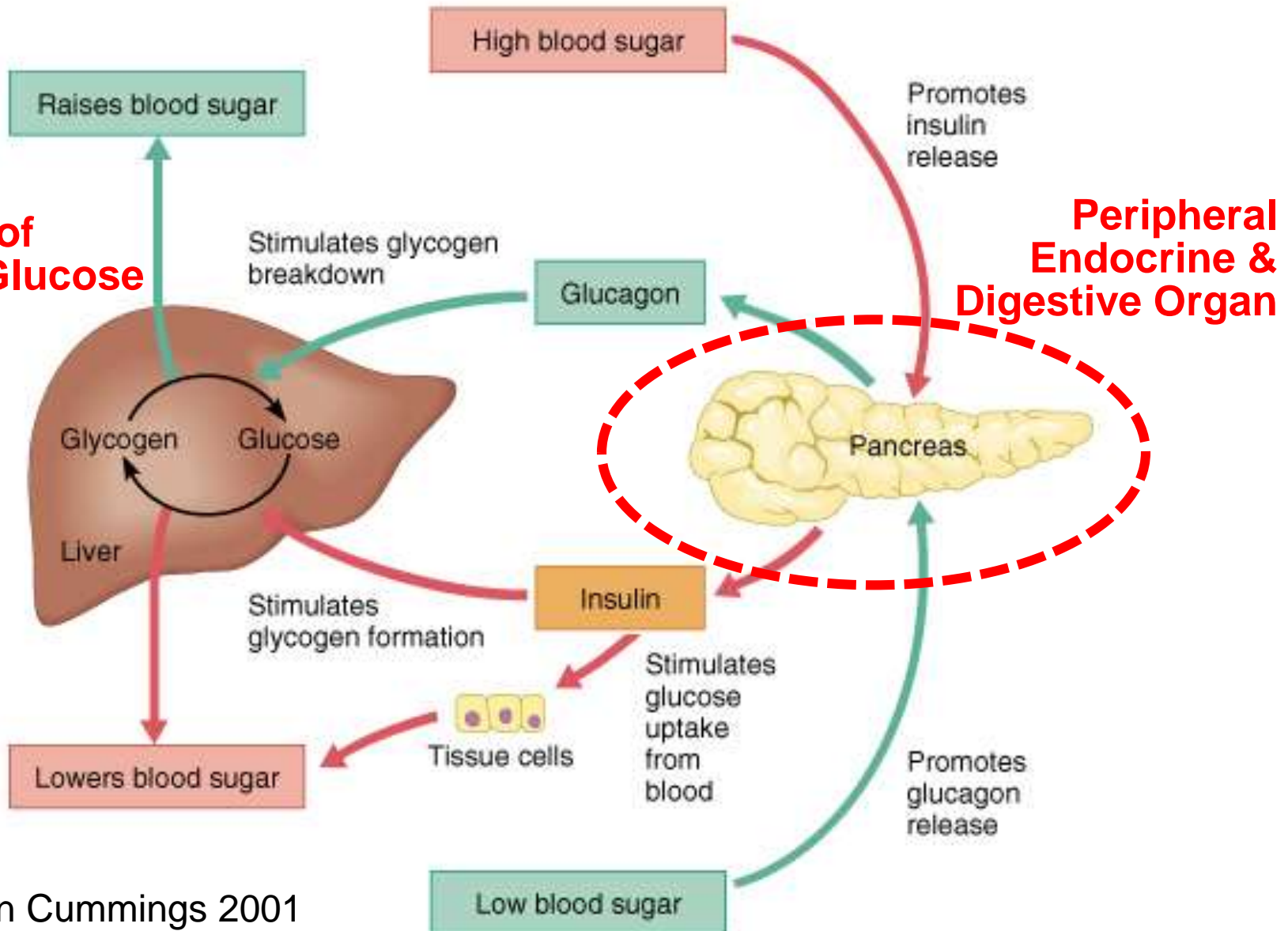
Increase GH naturally with exercise & sleep!!



ng/ml = nanograms per milliliter

Insulin Stores Sugar, Glucagon Mobilizes Sugar!

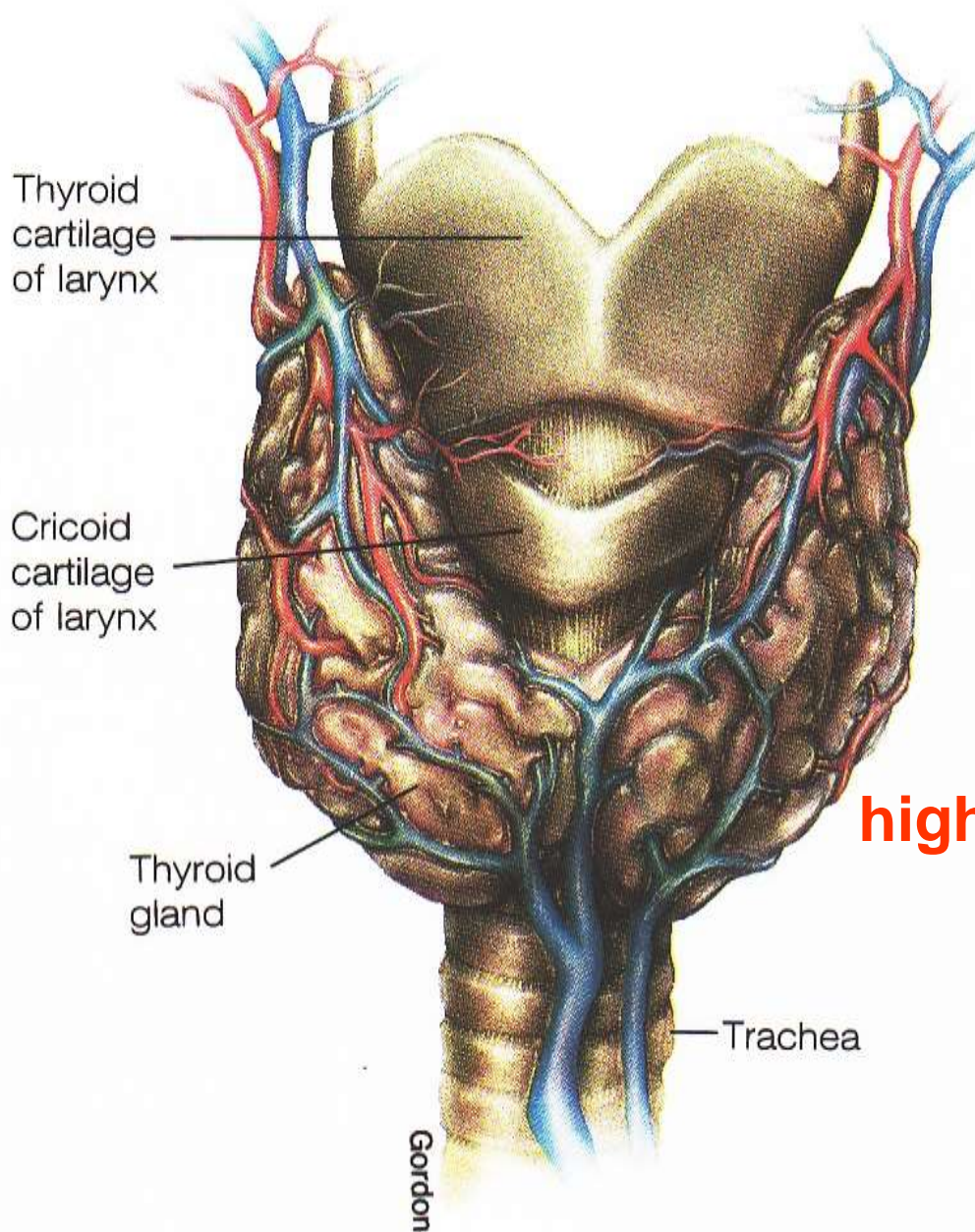
**~ 4-6 hr of
Stored Glucose**



Benjamin Cummings 2001

<https://www.youtube.com/watch?v=y9Bdi4dnSlg>

<https://www.fuseschool.org>



**Thyroid →
metabolism
highly vascularized**

(a)

<https://ed.ted.com/lessons/how-does-the-thyroid-manage-your-metabolism-emma-bryce>

DC 2003

Adrenal gland

Cortisol

Adrenal cortex

Adrenal medulla

**Adrenalin
Hormones**

Kidney

**Stress
hormones!**



Adrenals/Suprarenals



FIGURE 13-12

Adrenal Gland The adrenal glands sit atop the kidney and consist of an outer zone of cells, the adrenal cortex, which produces a variety of steroid hormones, and an inner zone, the adrenal medulla. The adrenal medulla produces adrenalin and noradrenalin.

BI 121!!



Zona glomerulosa
secretes aldosterone

Guyton & Hall 2000

Zona fasciculata

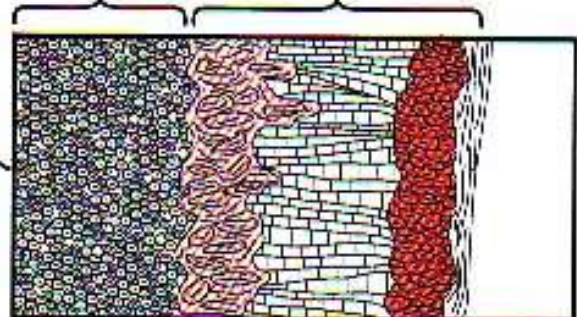
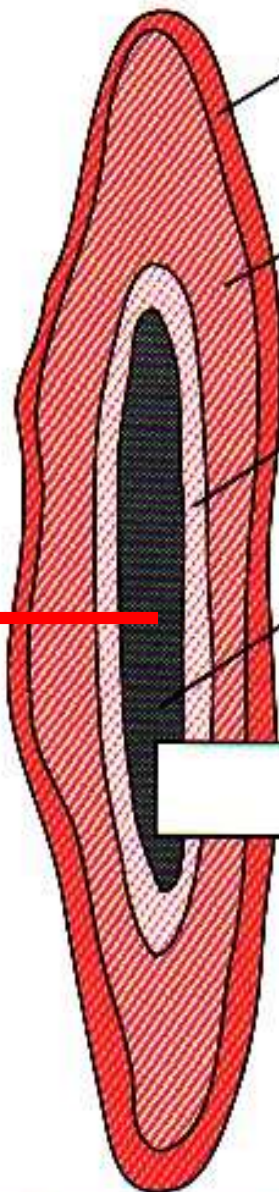
Cortisol
and
androgens

Zona reticularis

Medulla

Cortex

Epinephrine
80%
Norepinephrine
20%

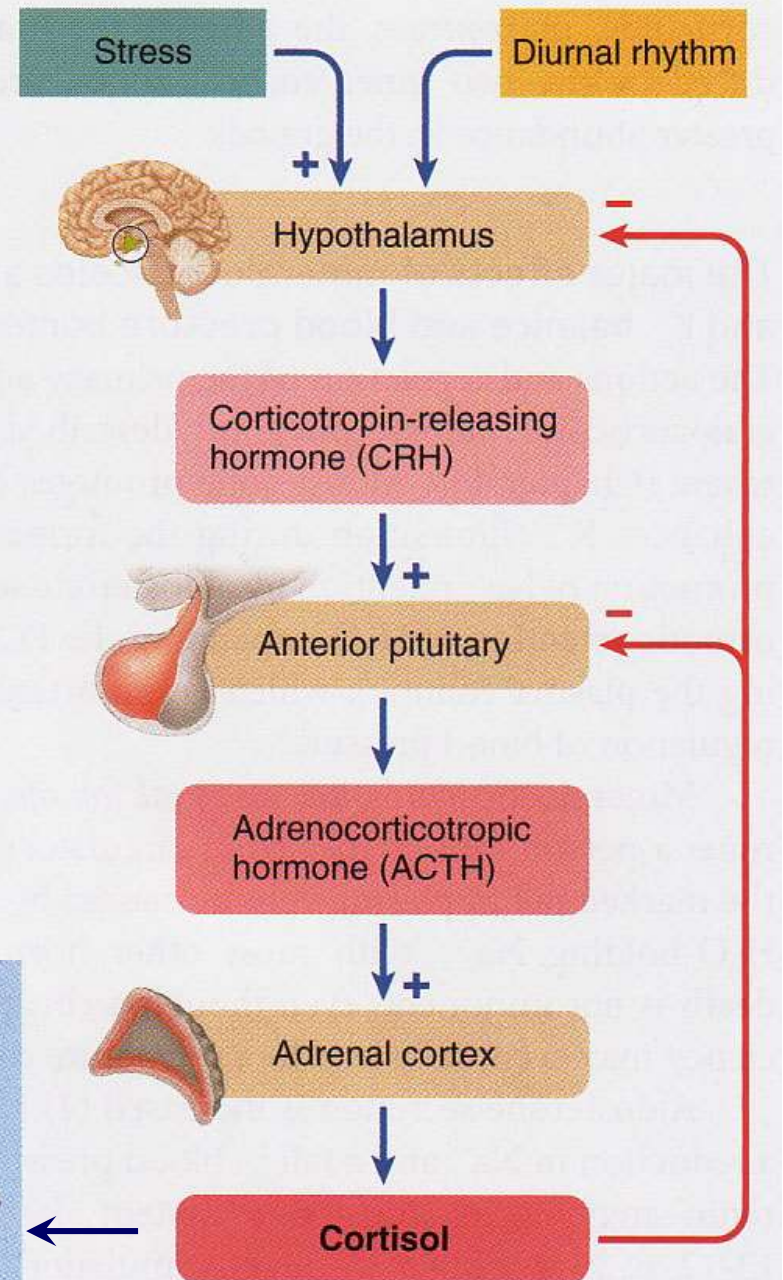


Magnified section

FIGURE 77 - 1

Secretion of adrenocortical hormones by the different zones of the adrenal cortex.

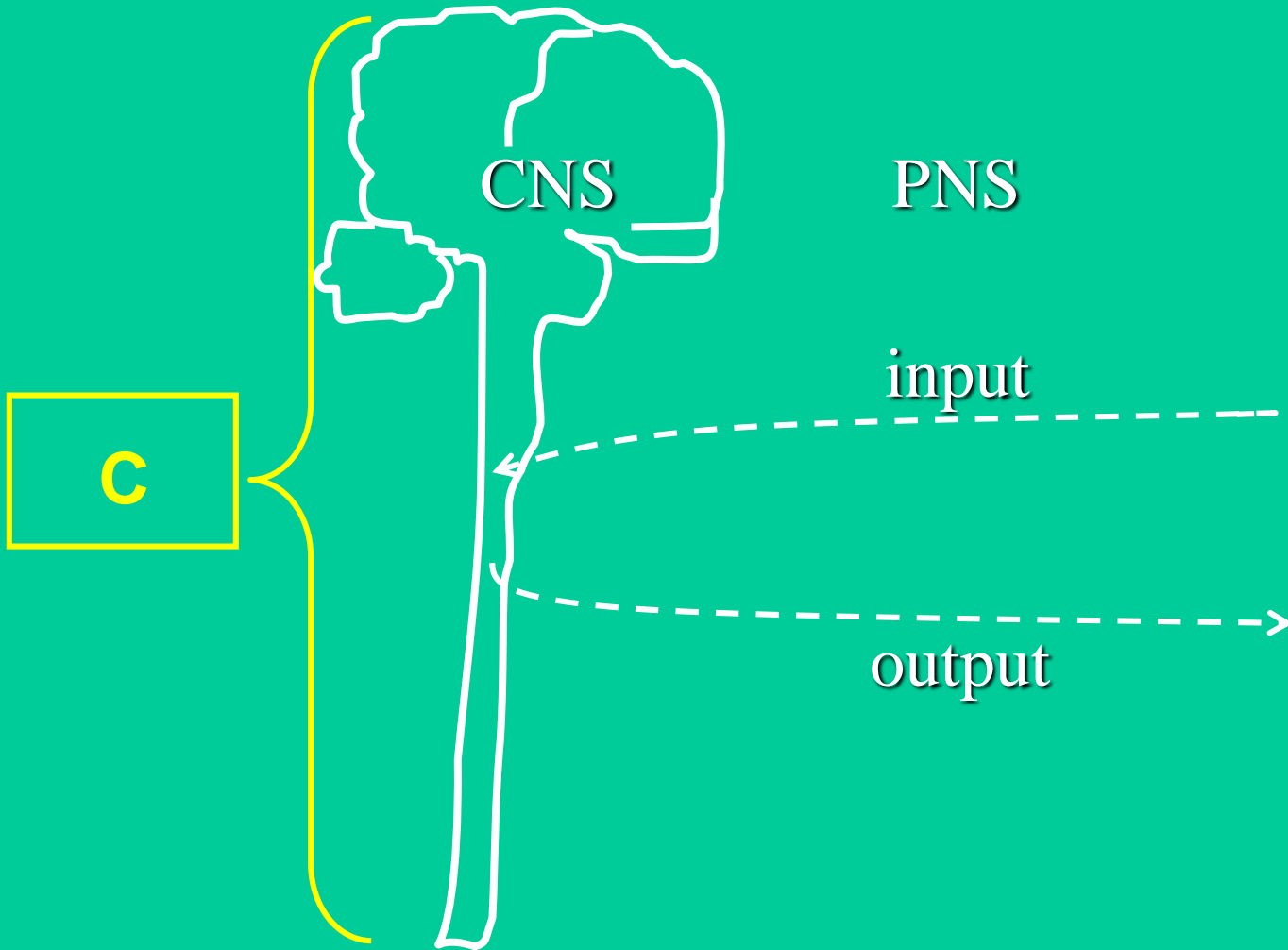
Stress Promotes Cortisol Secretion

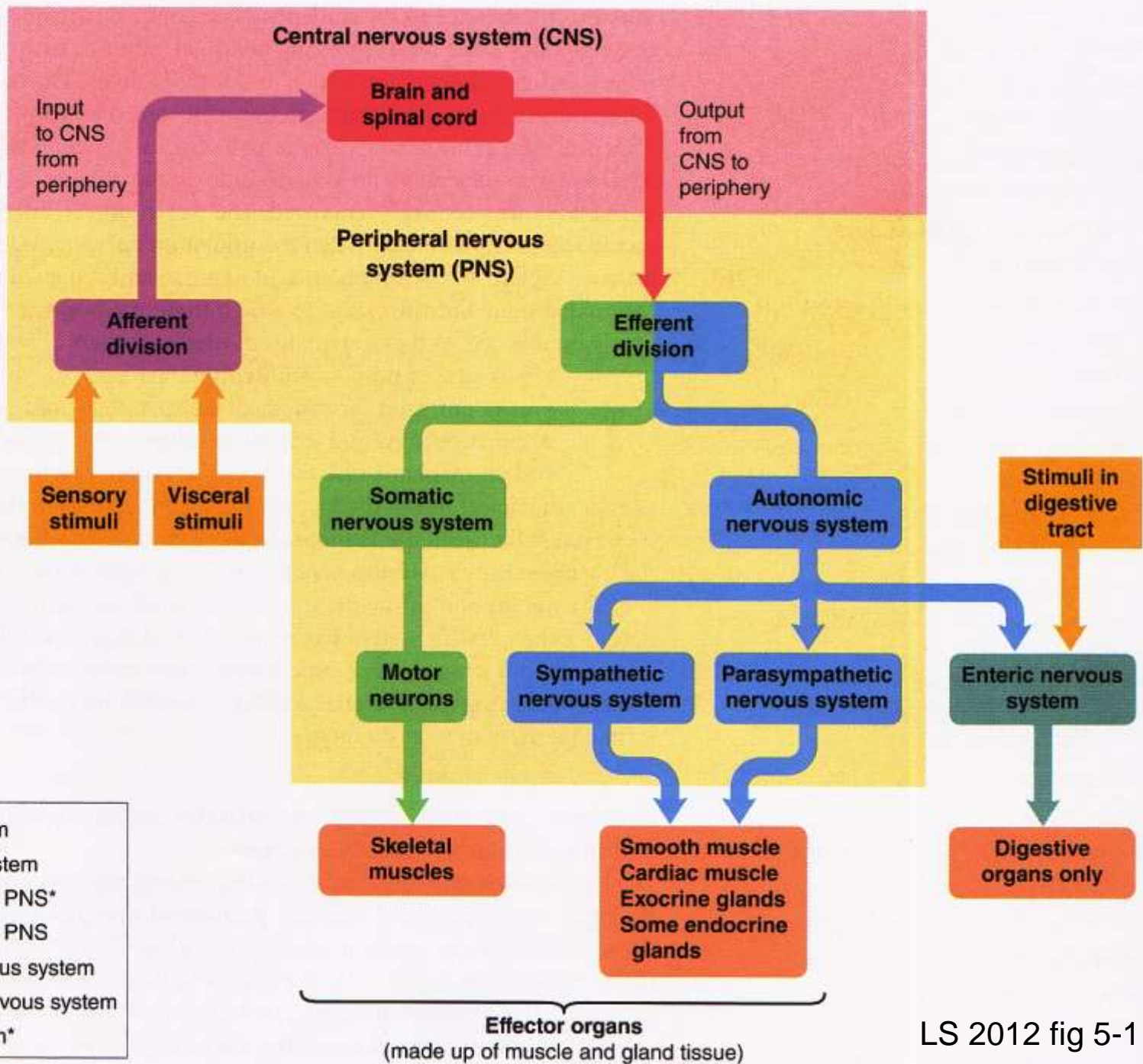
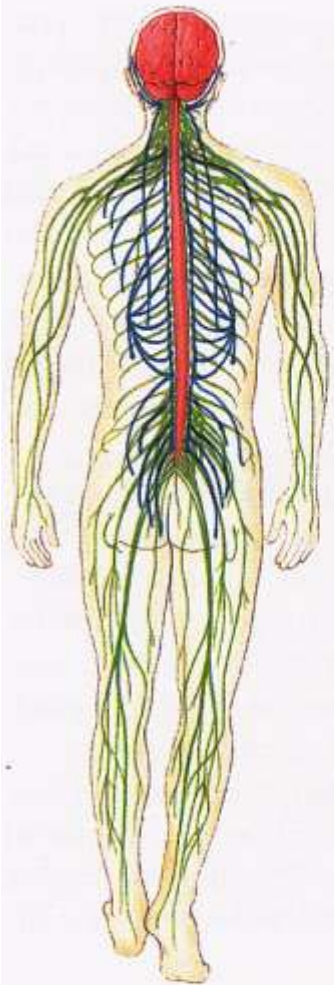


Metabolic fuels and building blocks available to help resist stress

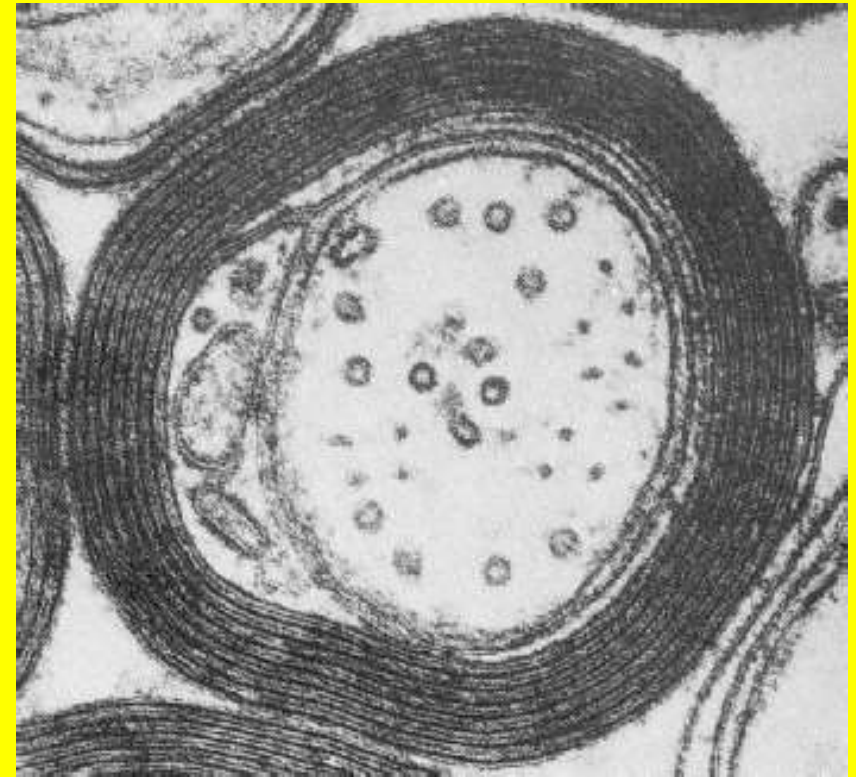
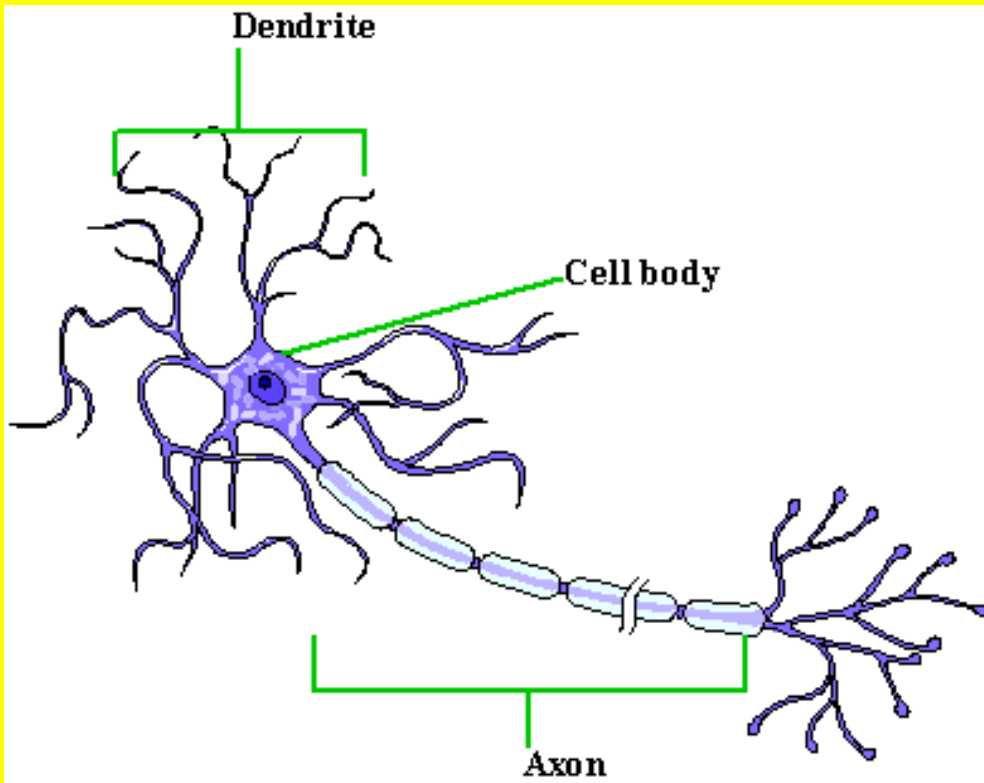
- ↑ Blood glucose (by stimulating gluconeogenesis and inhibiting glucose uptake)
- ↑ Blood amino acids (by stimulating protein degradation)
- ↑ Blood fatty acids (by stimulating lipolysis)

Nervous System



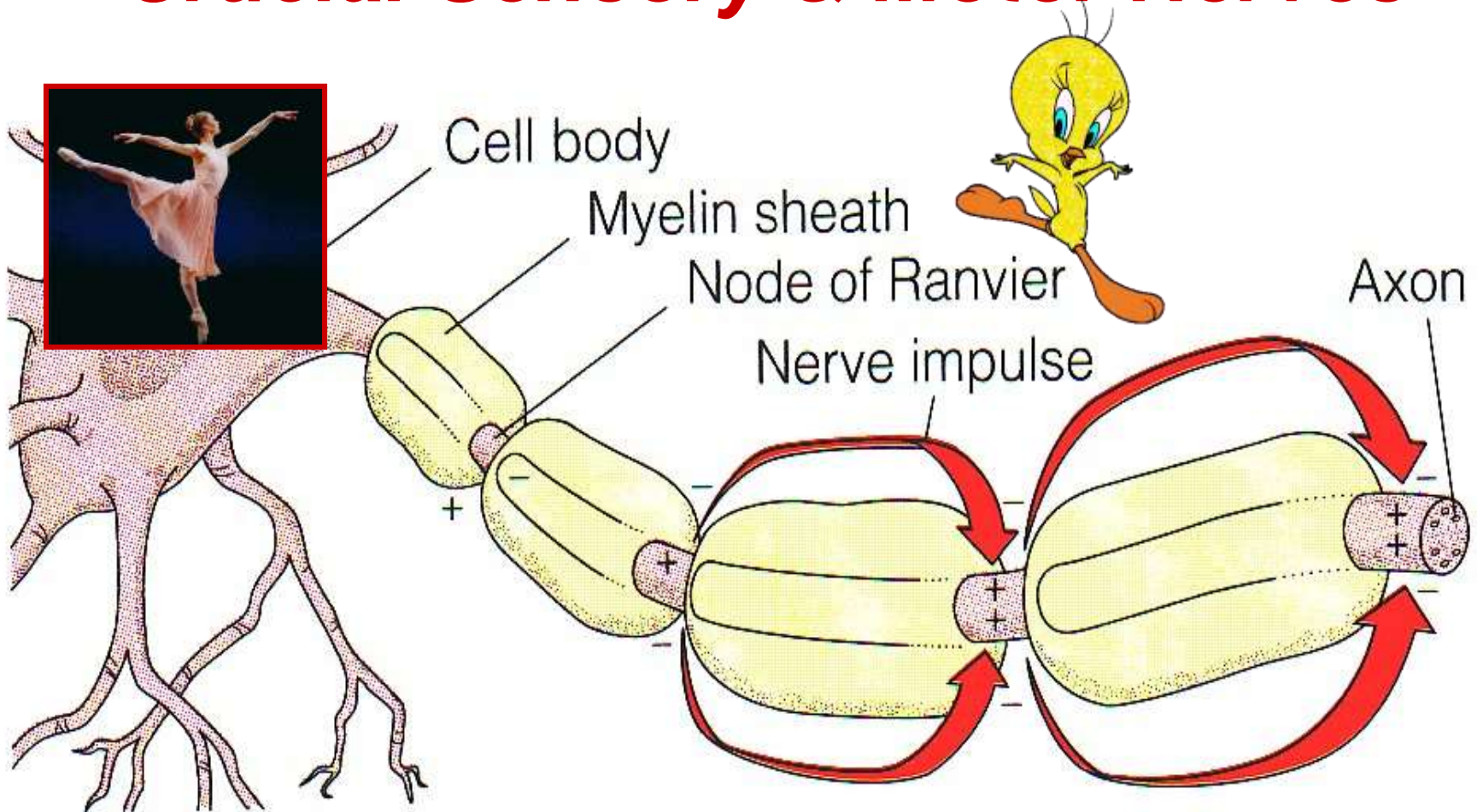


What is myelin? Why is it important?

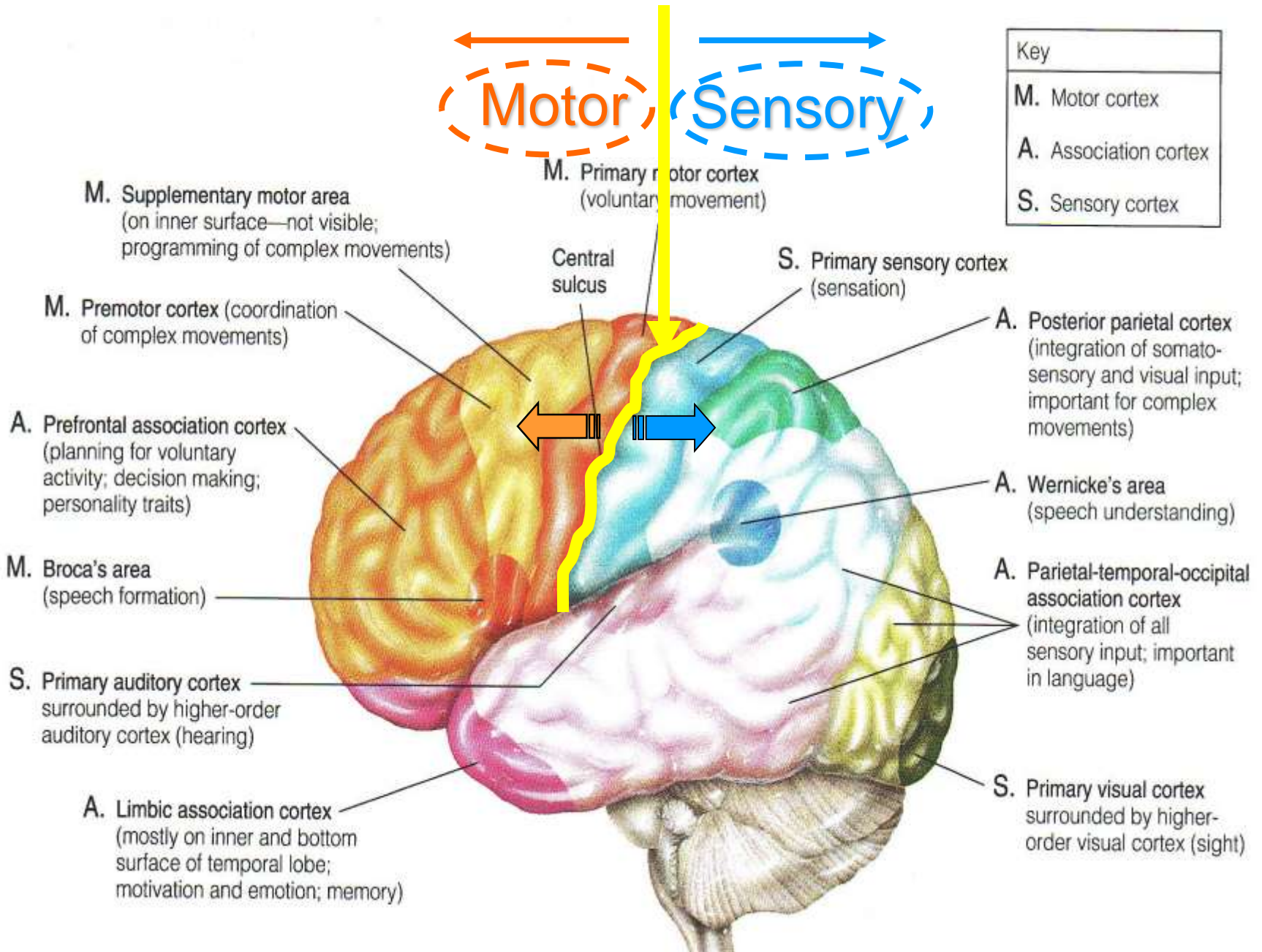


Lipid insulative coat
 $\uparrow \vec{v}$, *conserves ions & ATP*

Saltatory/Leaping Conduction! *Crucial Sensory & Motor Nerves*



L. saltare to hop or leap! Fr. salt, sautier, sauté, leap, high air, vault





Helmets Cheap, Brains Expensive!! Use Your Head, Get a Helmet!!



<http://www-nrd.nhtsa.dot.gov/Pubs/812018.pdf>
<http://www.bhsi.org/stats.htm>

~ 500,000 bicyclists/yr visit emergency rooms

As of 2014, the population estimate of

State of Wyoming 584,153

Albany OR 51,980

Corvallis OR 54,953

Springfield OR 60,263



~ 26,000 traumatic brain injuries

743 of ~900 cyclist deaths, 2013 \equiv ~ 2% of all traffic fatalities

13% of deaths children \leq 14 yr, 87% σ

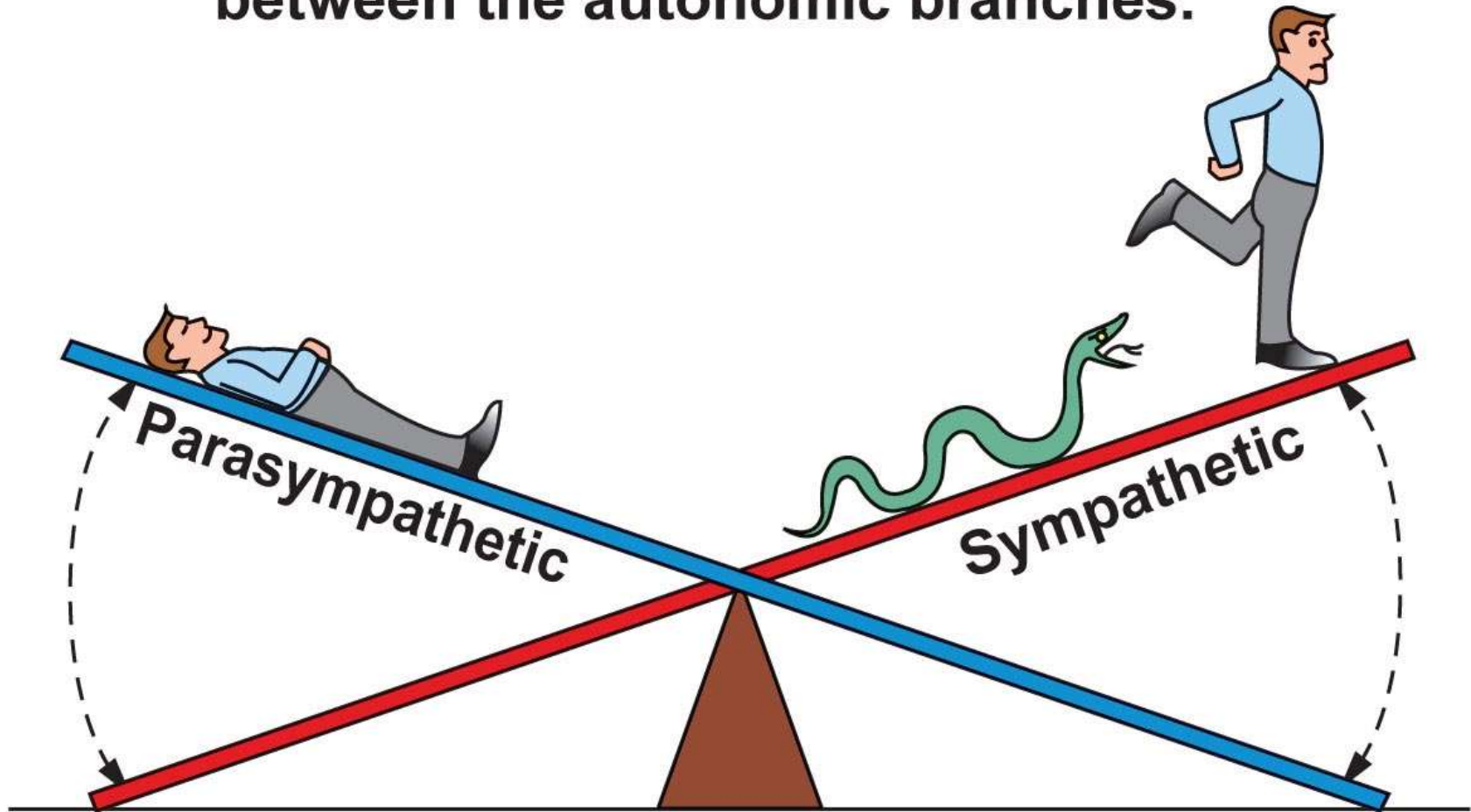
11% involved wrong-way riding!

Bicycle crashes & injuries are under reported,
since majority not serious enough for ER visits.

Helmets may reduce head & brain injury risk by 85%!

~\$2.3 billion/yr = indirect injury costs from not using helmets!

Homeostasis is a dynamic balance between the autonomic branches.



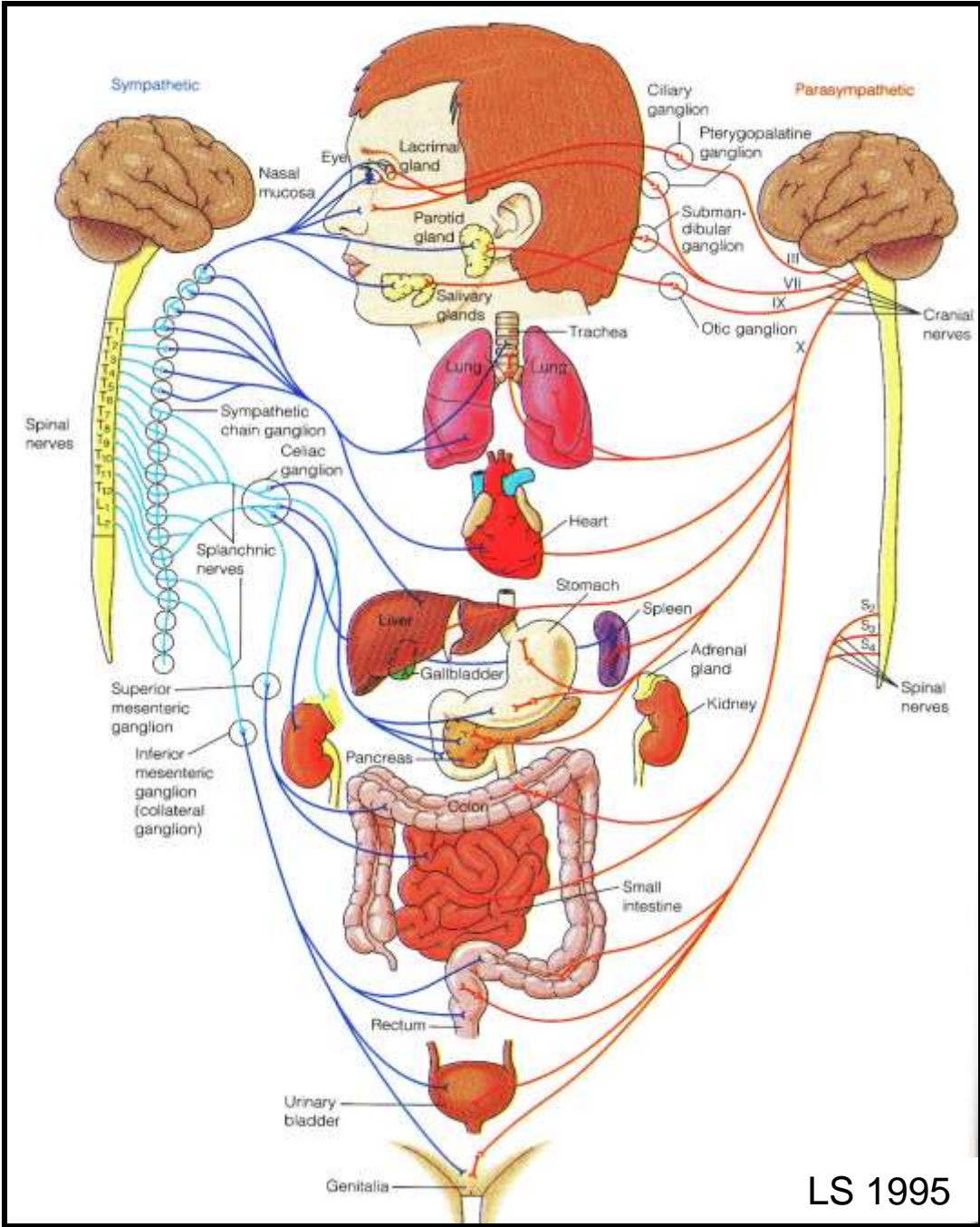
**Rest-and-digest:
Parasympathetic
activity dominates.**

**Fight-or-flight:
Sympathetic activity
dominates.**

Autonomic Nervous System

Why overlap or dual innervation?

Fine-tune control & safety!

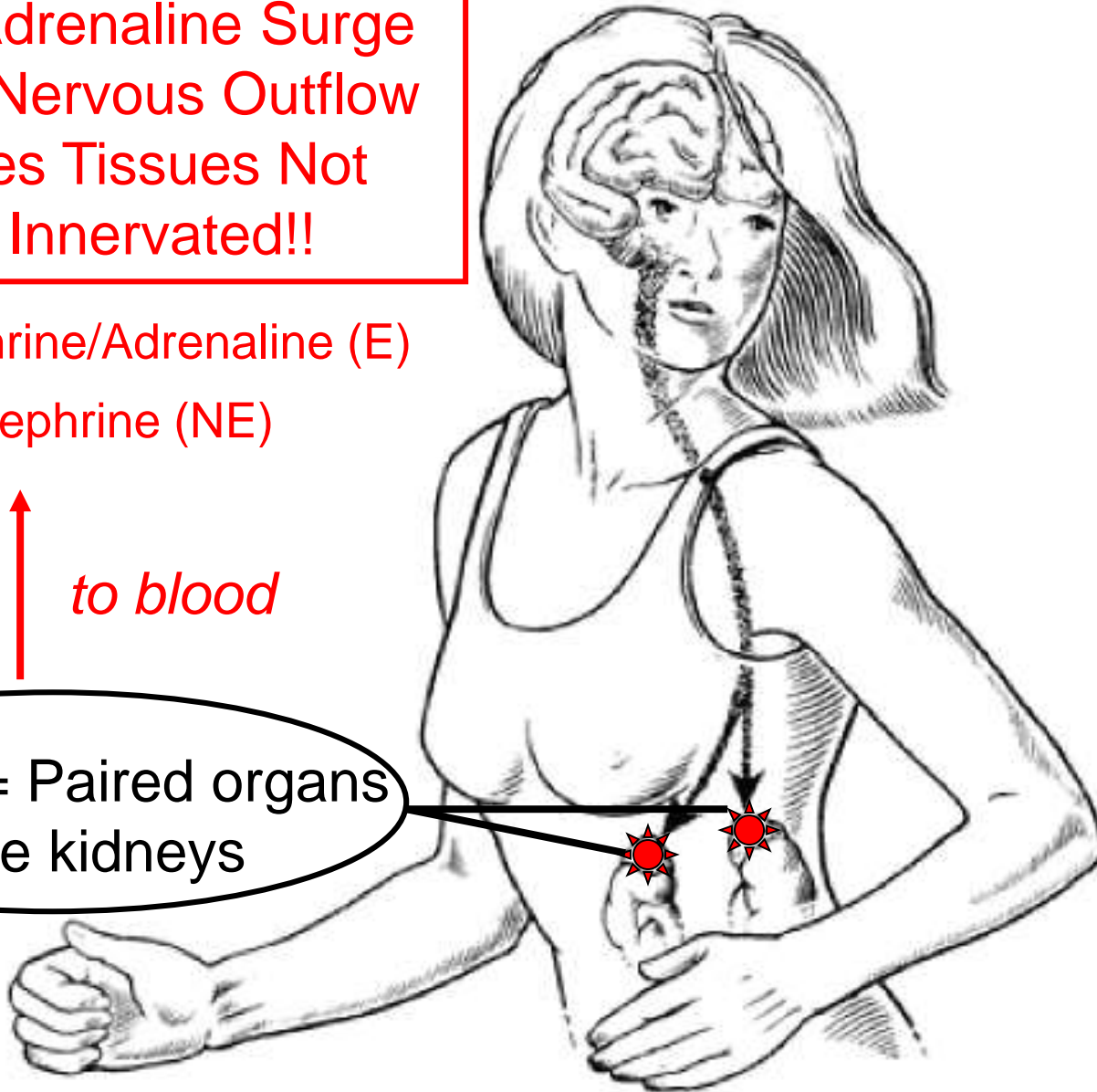


Hormonal Adrenaline Surge
Reinforces Nervous Outflow
& Accesses Tissues Not
Directly Innervated!!

80% Epinephrine/Adrenaline (E)
20% Norepinephrine (NE)

Output ↑ *to blood*

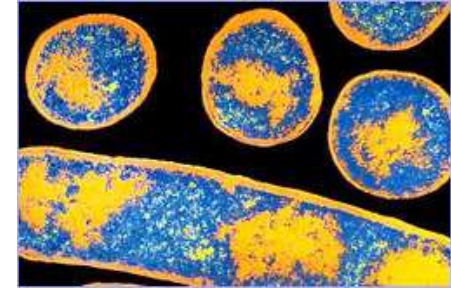
Adrenals = Paired organs
above kidneys



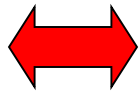
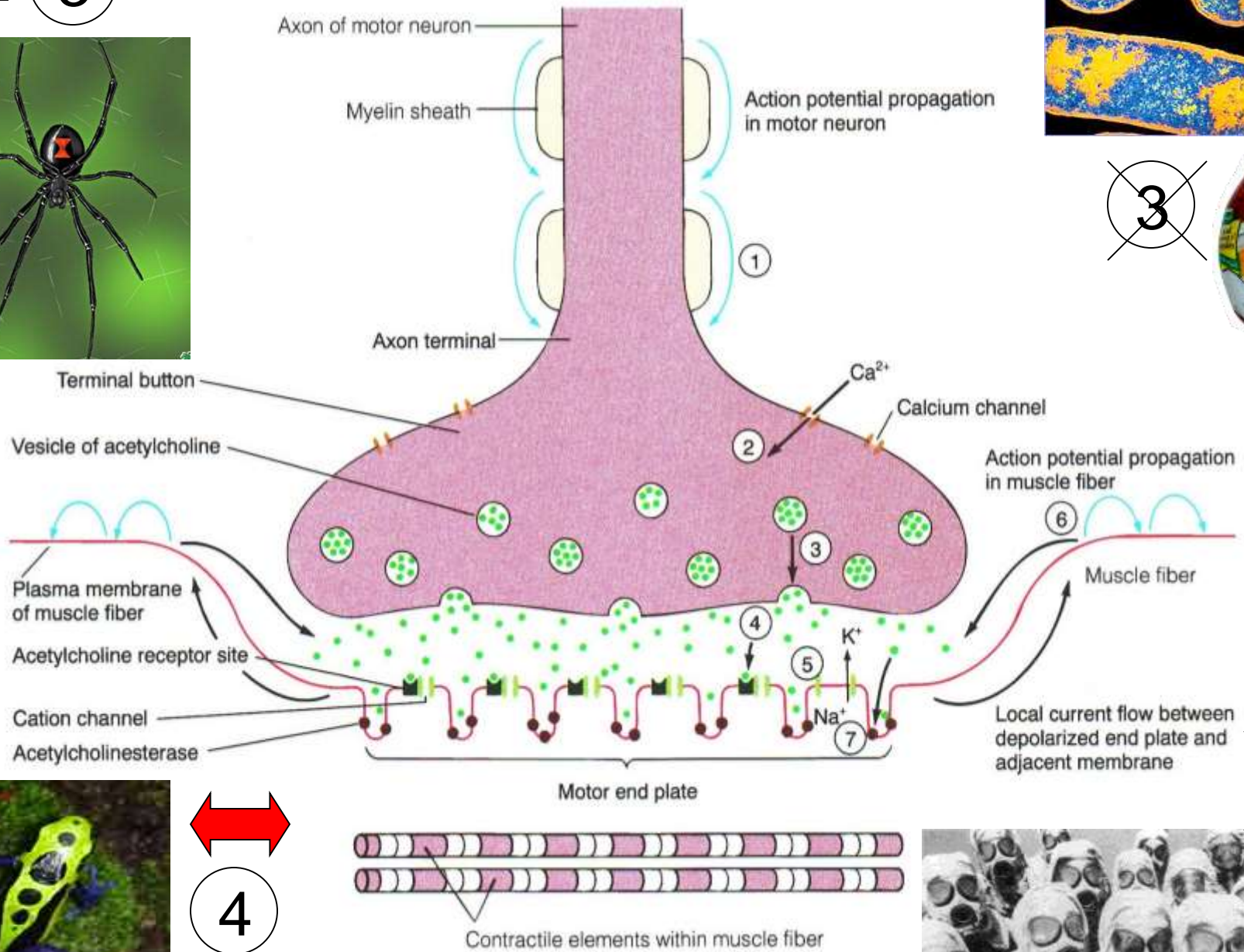
▲ **Table 7-1** Effects of Autonomic Nervous System on Various Organs

Organ	Effect of Sympathetic Stimulation	Effect of Parasympathetic Stimulation
Heart	Increases heart rate and increases force of contraction of the whole heart	Decreases heart rate and decreases force of contraction of the atria only
Blood Vessels	Constricts	Dilates vessels supplying the penis and the clitoris only
Lungs	Dilates the bronchioles (airways)	Constricts the bronchioles
Digestive Tract	Decreases motility (movement) Contracts sphincters (to prevent forward movement of tract contents) Inhibits digestive secretions	Increases motility Relaxes sphincters (to permit forward movement of tract contents) Stimulates digestive secretions
Urinary Bladder	Relaxes	Contracts (emptying)
Eye	Dilates the pupil Adjusts the eye for far vision	Constricts the pupil Adjusts the eye for near vision
Liver (glycogen stores)	Glycogenolysis (glucose is released)	None
Adipose Cells (fat stores)	Lipolysis (fatty acids are released)	None
Exocrine Glands		
<i>Exocrine pancreas</i>	Inhibits pancreatic exocrine secretion	Stimulates pancreatic exocrine secretion (important for digestion)
<i>Sweat glands</i>	Stimulates secretion by sweat glands important in cooling the body	Stimulates secretion by specialized sweat glands in the armpits and genital area
<i>Salivary glands</i>	Stimulates a small volume of thick saliva rich in mucus	Stimulates a large volume of watery saliva rich in enzymes
Endocrine Glands		
<i>Adrenal medulla</i>	Stimulates epinephrine and norepinephrine secretion	None
<i>Endocrine pancreas</i>	Inhibits insulin secretion	Stimulates insulin secretion
Genitals	Controls ejaculation (males) and orgasm contractions (both sexes)	Controls erection (penis in males and clitoris in females)
Brain Activity	Increases alertness	None

↑ 3



~~3~~

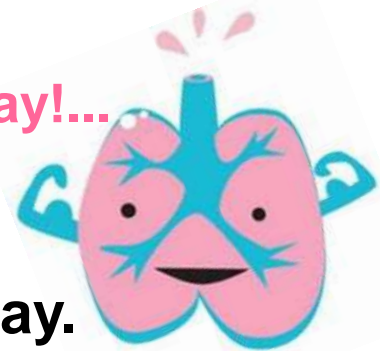


4



~~7~~

Pulmonary Function Testing today! Hooray!...

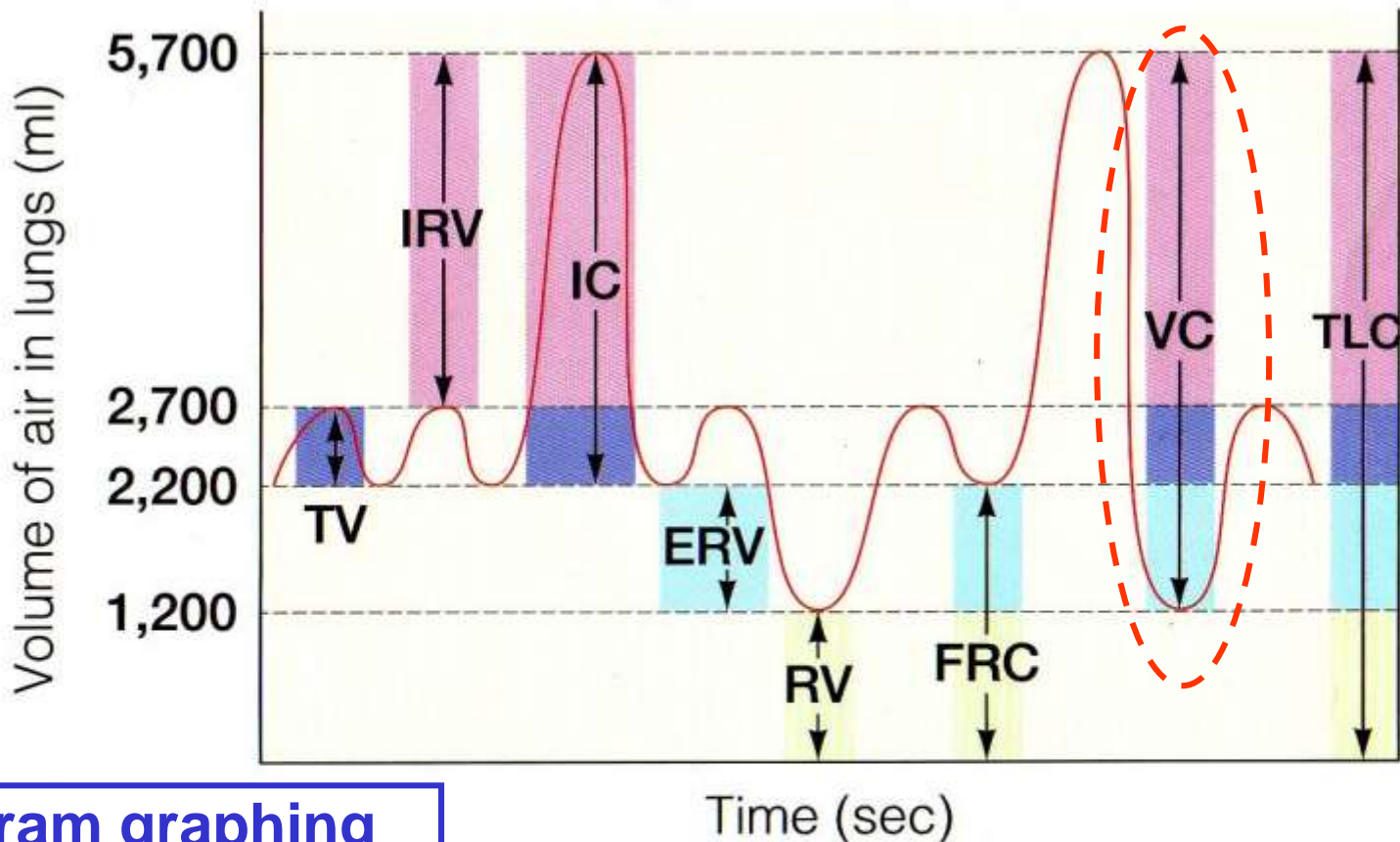


BI 121 Lecture 13

- I. Announcements Optional notebook ✓ + Lab 6 today. Pulmonary Function Testing. Final exam > your Q on Wed. Q?
- II. Pulmonary Function Lab Overview
- III. Neuromuscular Junction Overview LS pp 186-92, DC pp 69-70
- IV. Muscle Structure, Function & Adaptation LS ch 8, DC Module 12
 - A. Muscle types: cardiac, smooth, skeletal LS fig 8-1 p 194-6
 - B. How is skeletal muscle organized? LS fig 8-2, DC fig 12-2
 - C. What do thick filaments look like? LS fig 8-4, DC fig 12-4
 - D. How about thin filaments? LS fig 8-5
 - E. Banding pattern? LS fig 8-3, fig 8-7
 - F. How do muscles contract? LS fig 8-6, 8-10
 - G. What's a cross-bridge cycle? LS fig 8-11 +...
 - H. Summary of skeletal muscle contraction
 - I. Exercise adaptation variables: *mode, intensity, duration, frequency, distribution, individual & environmental char...?*
 - J. Endurance vs. strength training continuum? fiber types...



Normal Spirogram of Healthy Young Adult Male



**Spirogram graphing
complete *PFT* from
computer simulation.**

- TV = Tidal volume (500 ml)
- IRV = Inspiratory reserve volume (3,000 ml)
- IC = Inspiratory capacity (3,500 ml)
- ERV = Expiratory reserve volume (1,000 ml)
- RV = Residual volume (1,200 ml)
- FRC = Functional residual capacity (2,200 ml)
- VC = Vital capacity (4,500 ml)
- TLC = Total lung capacity (5,700 ml)

Links That May Be Helpful!

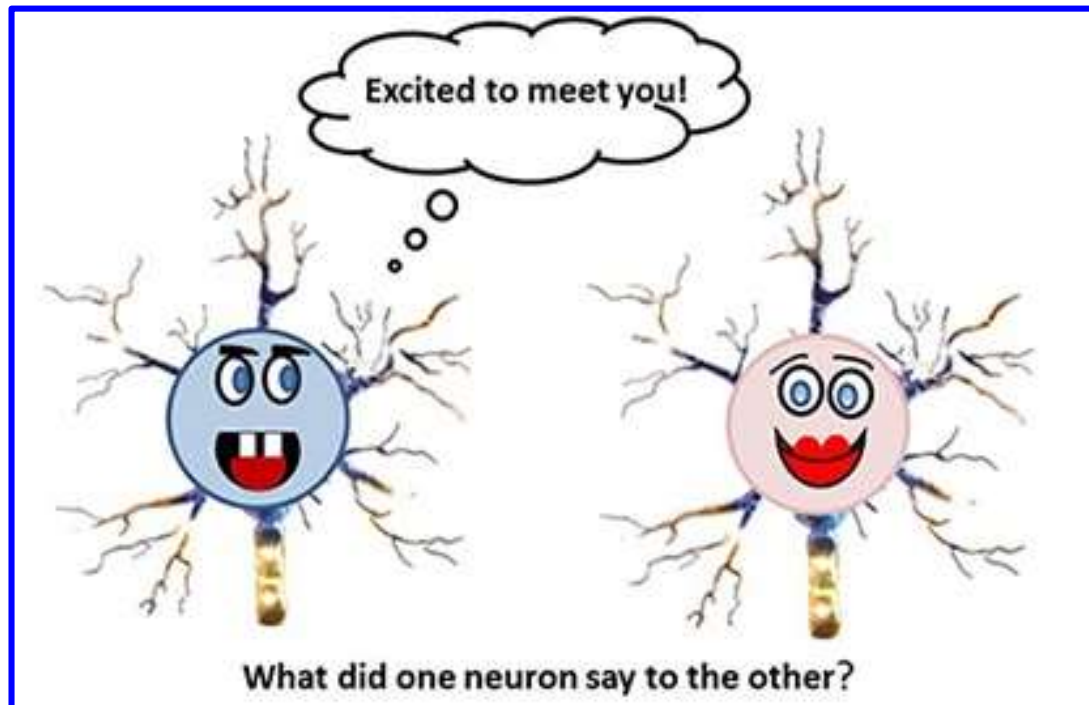
<https://www.youtube.com/watch?v=6RbPIOq0O3w>

<https://www.youtube.com/watch?v=mltV4rC57kM>

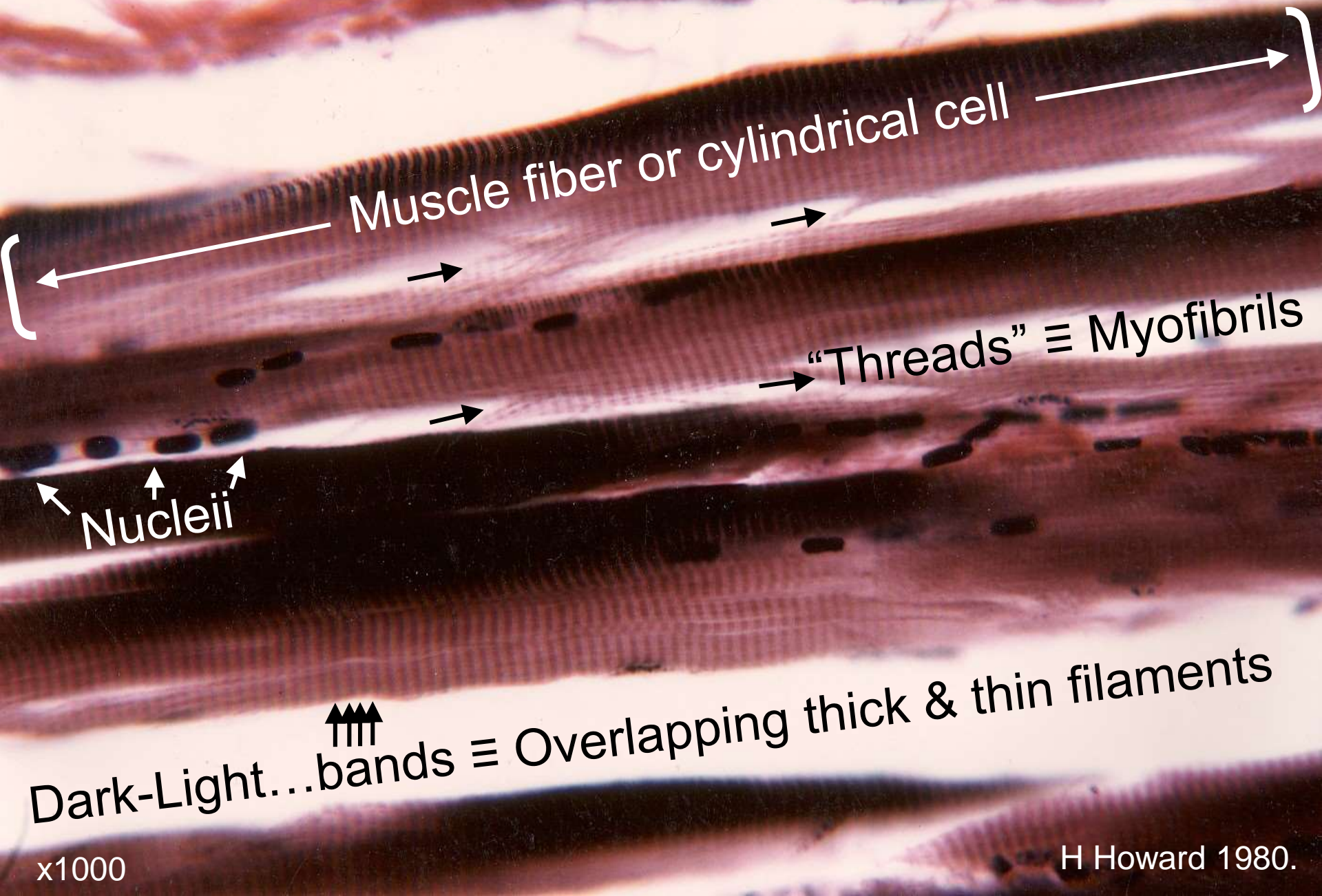
<https://www.youtube.com/watch?v=WhowH0kb7n0>

<http://sites.sinauer.com/psychopharm2e/animation03.01.html>

<https://www.youtube.com/watch?v=VitFvNvRIIY>



Skeletal Muscle Histology: Microscopic Anatomy



Muscle fiber or cylindrical cell

Nucleii

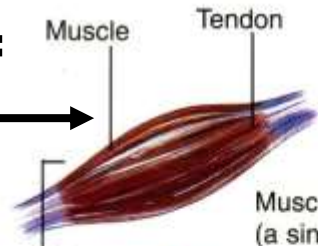
"Threads" ≡ Myofibrils

Dark-Light...bands ≡ Overlapping thick & thin filaments

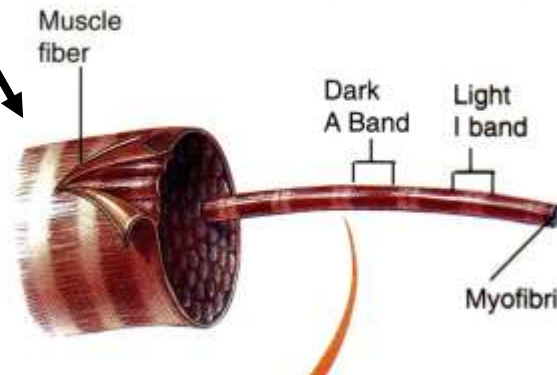
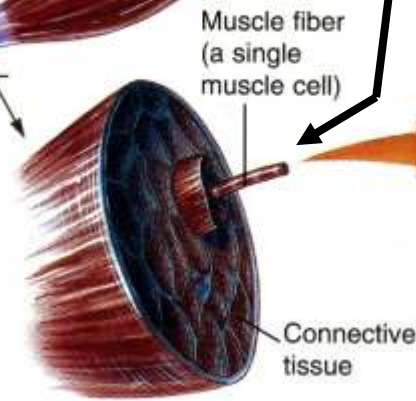
x1000

H Howard 1980.

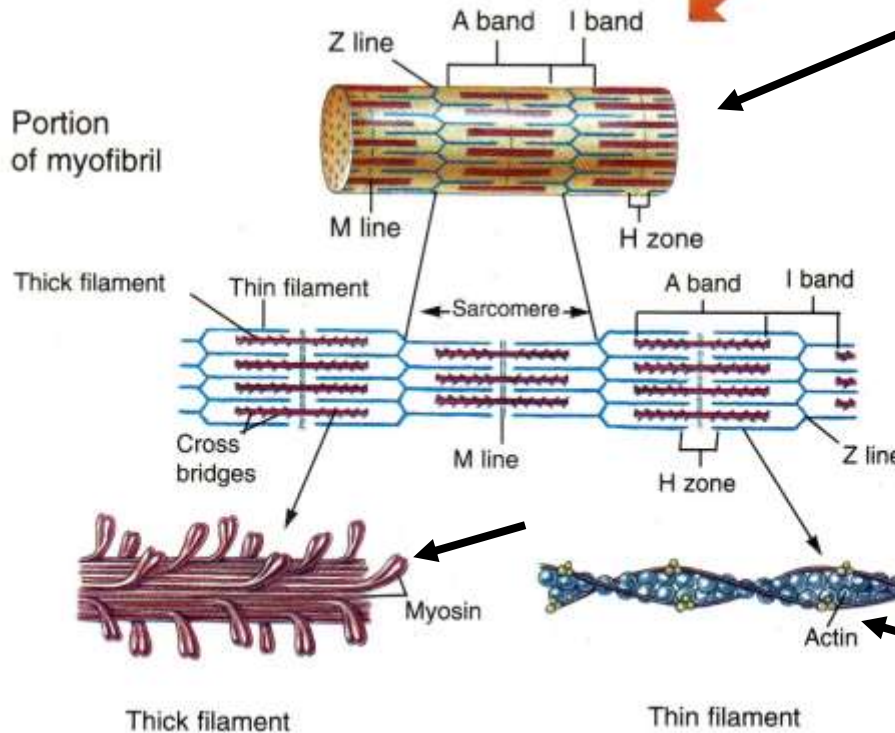
**Organ =
Muscle**



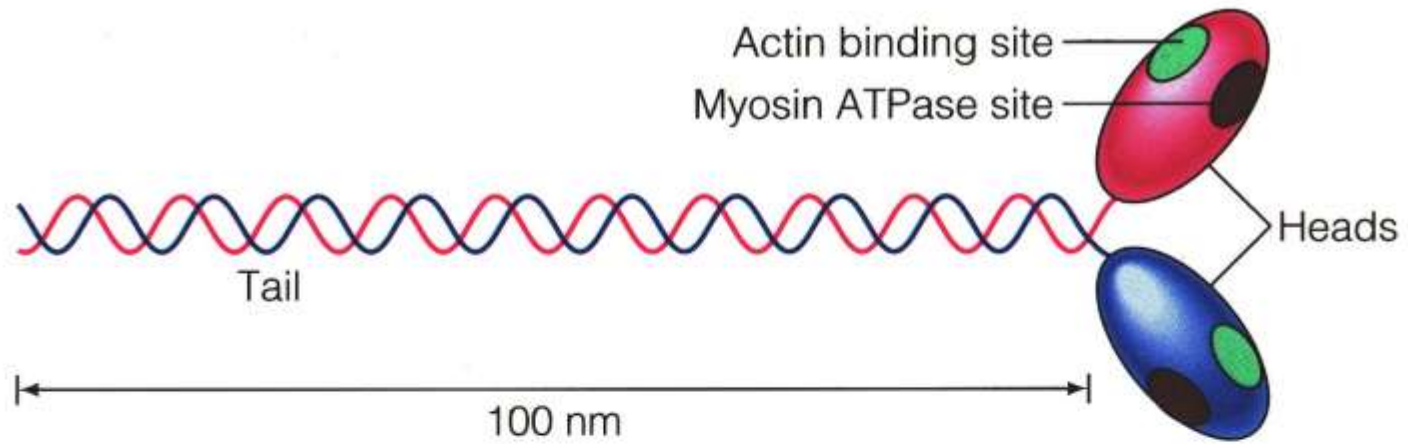
Cell = Myocyte = Fiber



**Subcellular =
Cytoskeleton**

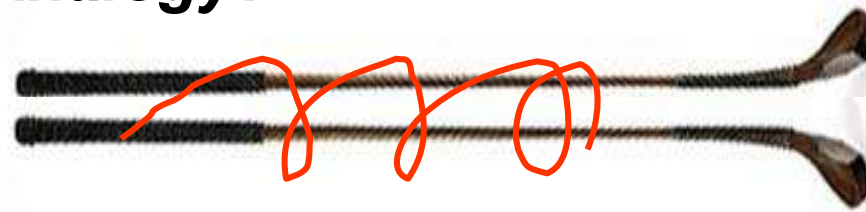


**Molecules =
Actin & Myosin**

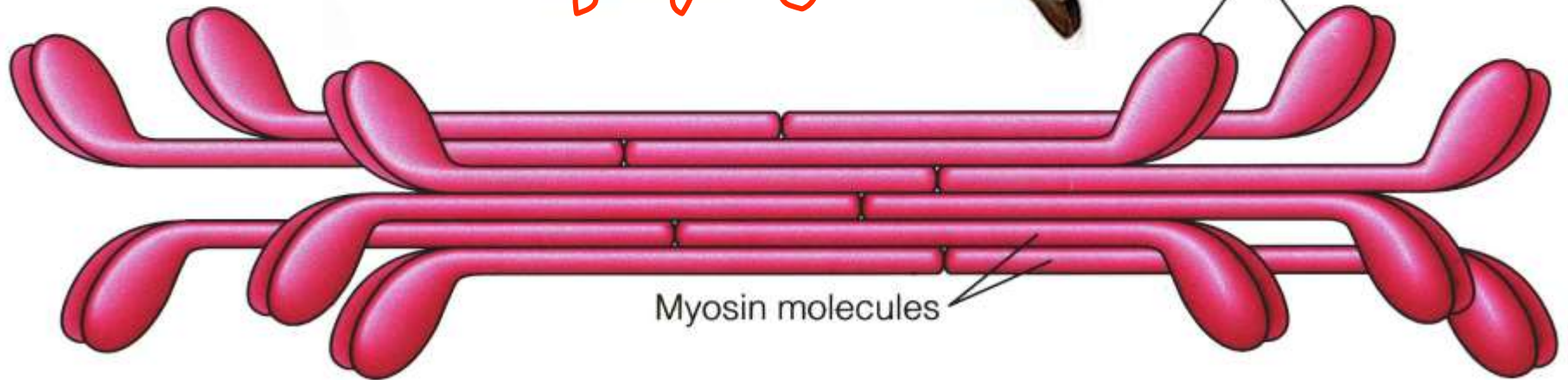


(a)

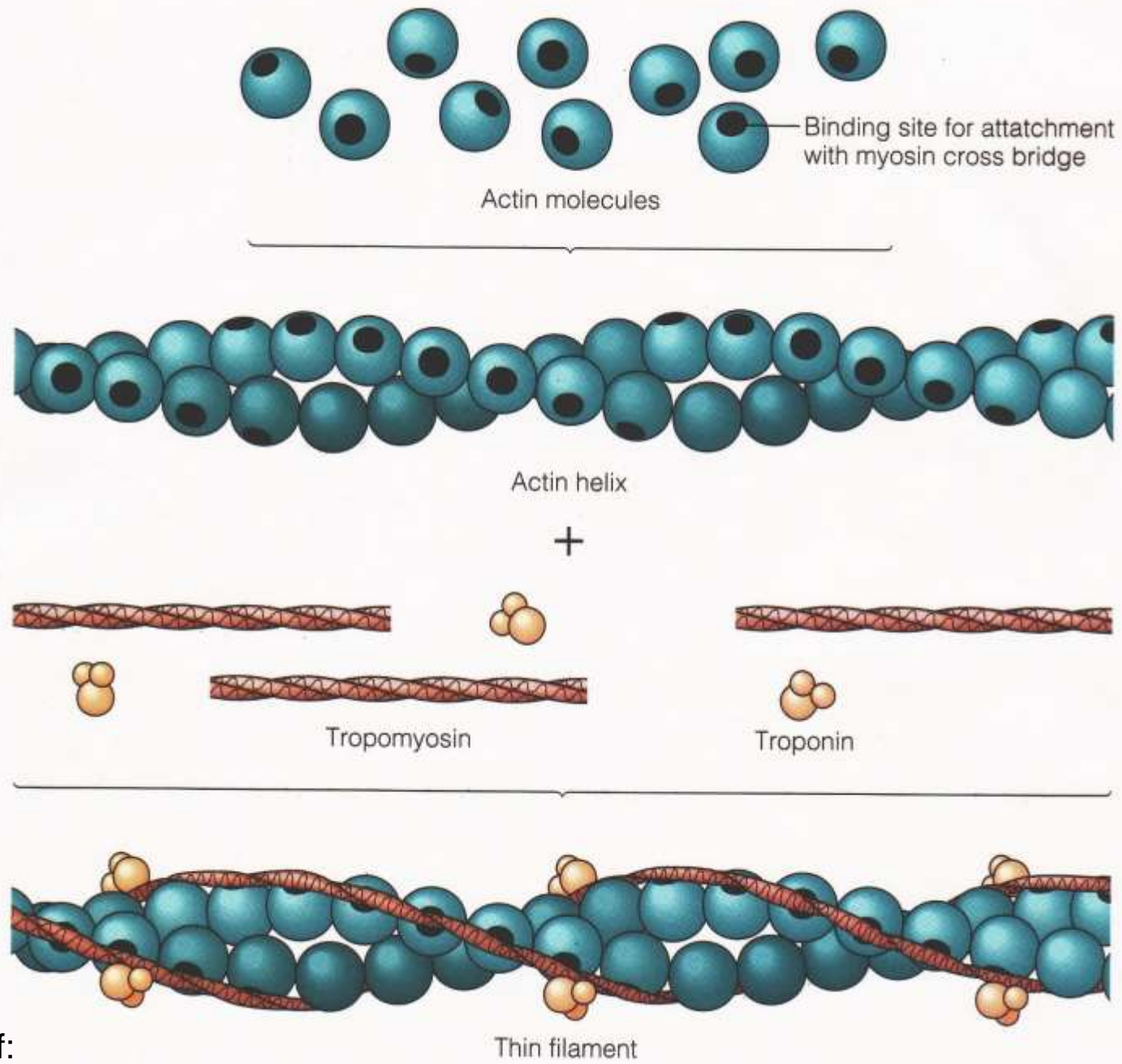
Golf Club Analogy?



Cross bridges



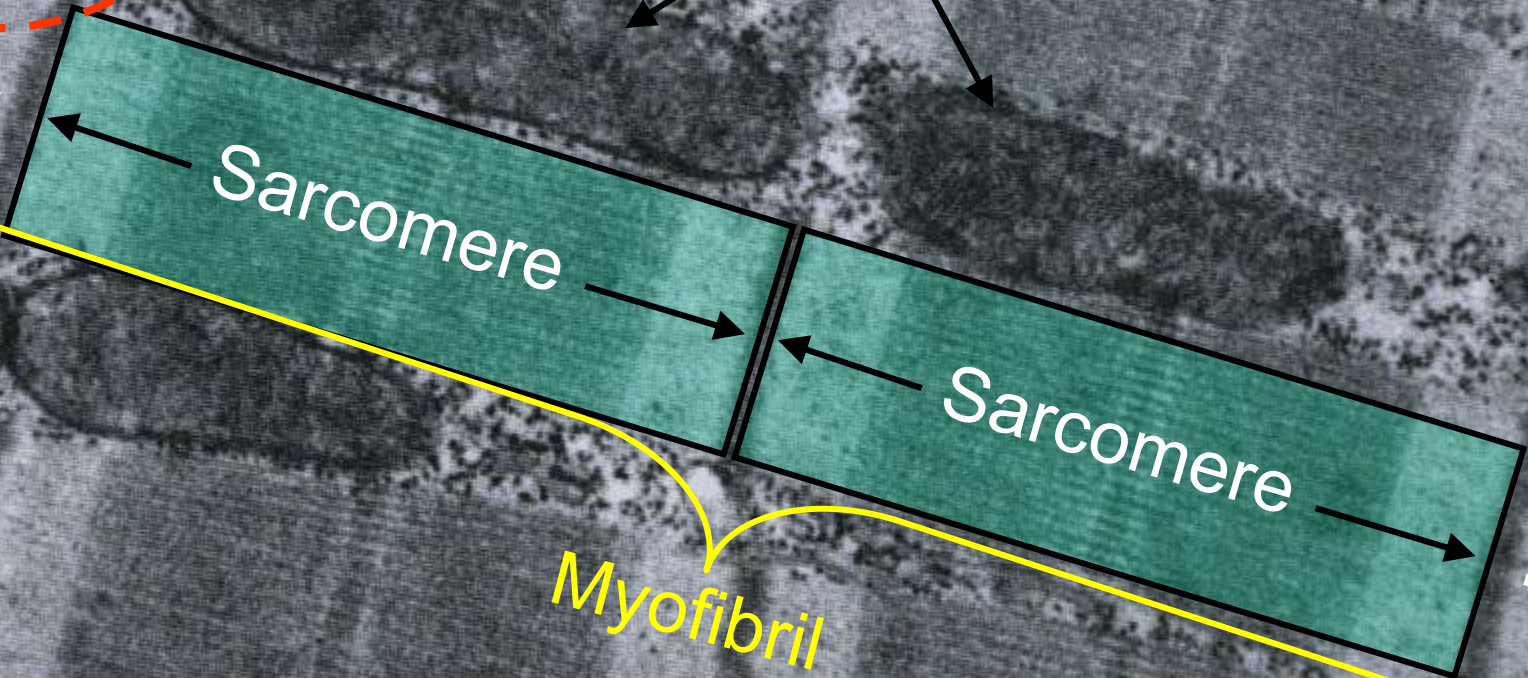
(b)



LS 2006, cf:
 LS 2012 fig 8-5

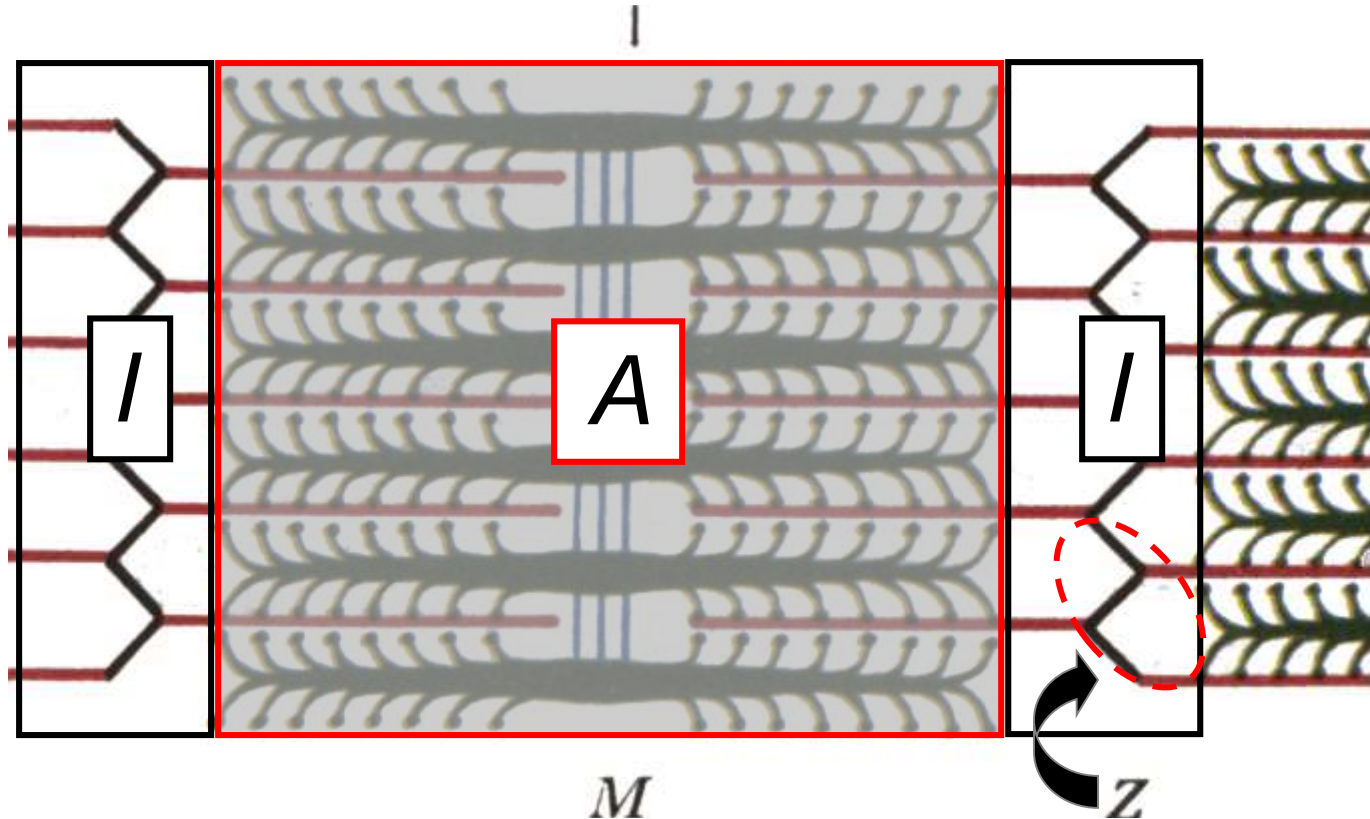
Triad \equiv T tubule abutting cisternae

Mitochondria



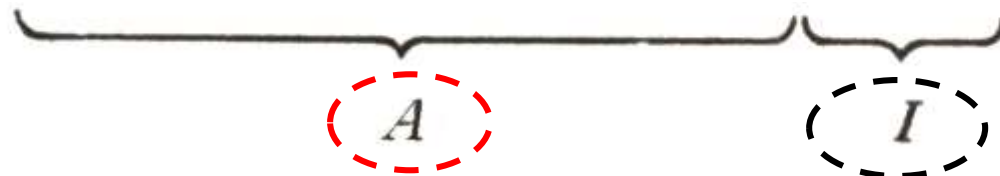
A Band = Dark Band

Anisotropic = Light Can't Shine Through



I Band = Light Band

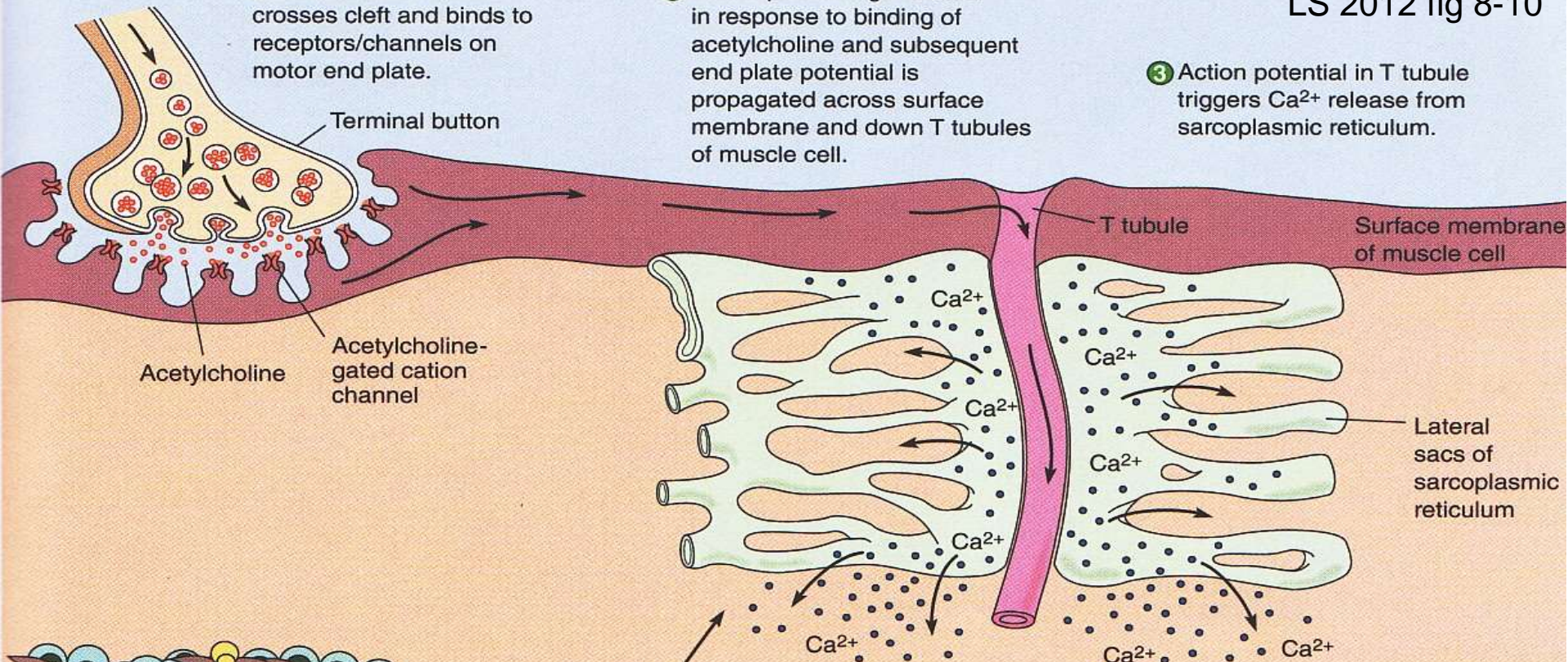
Isootropic = Light Can Shine Through



① Acetylcholine released by axon of motor neuron crosses cleft and binds to receptors/channels on motor end plate.

② Action potential generated in response to binding of acetylcholine and subsequent end plate potential is propagated across surface membrane and down T tubules of muscle cell.

③ Action potential in T tubule triggers Ca^{2+} release from sarcoplasmic reticulum.

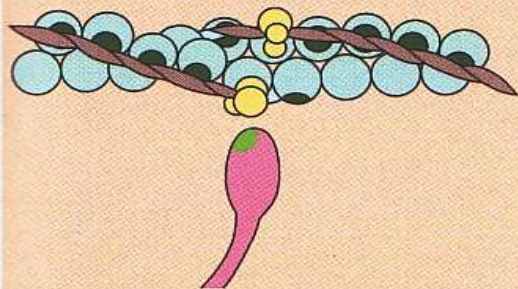


Terminal button
Acetylcholine
Acetylcholine-gated cation channel

T tubule
Surface membrane of muscle cell

Lateral sacs of sarcoplasmic reticulum

Ca^{2+}
 Ca^{2+}
 Ca^{2+}
 Ca^{2+}
 Ca^{2+}
 Ca^{2+}



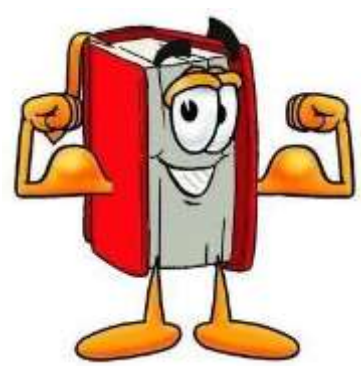
⑦ With Ca^{2+} no longer bound to troponin, tropomyosin slips back to its blocking position over binding sites on actin; contraction ends; actin passively slides back to original resting position.

⑥ Ca^{2+} actively taken up by sarcoplasmic reticulum when there is no longer local action potential.

⑤ Myosin cross bridges attach to actin and bend, pulling actin filaments toward center of sarcomere; powered by energy provided by ATP.

④ Calcium ions released from lateral sacs bind to troponin on actin filaments; leads to tropomyosin being physically moved aside to uncover cross-bridge binding sites on actin.

Tropomyosin
Troponin
 Ca^{2+}
Actin
Cross-bridge binding site
Myosin cross bridge



Muscle Contraction Resources



<https://ed.ted.com/lessons/how-your-muscular-system-works-emma-bryce>

<https://ed.ted.com/on/s3Zzdm8u>

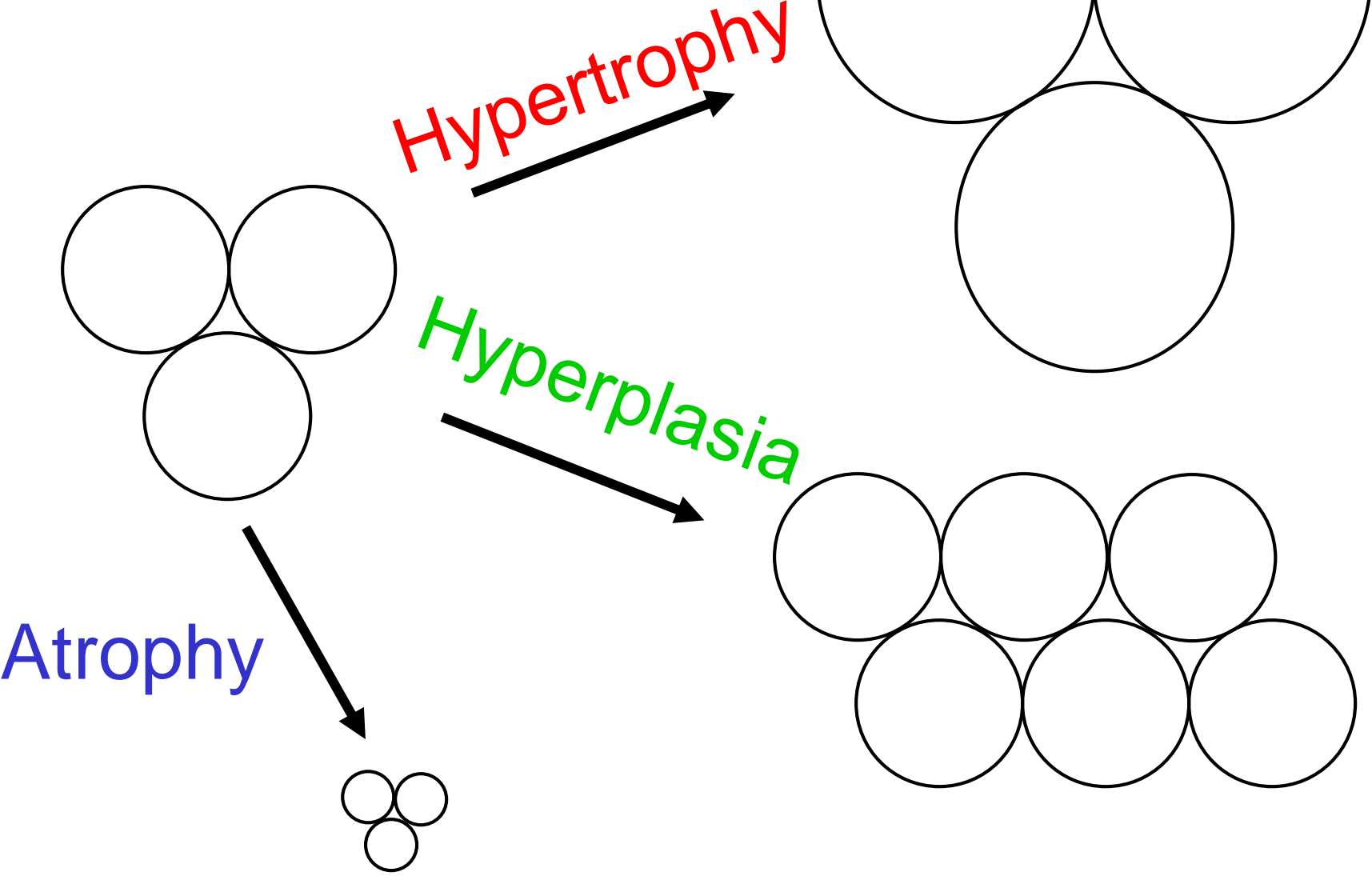
<https://ed.ted.com/lessons/what-makes-muscles-grow-jeffrey-siegel>

<https://www.ncbi.nlm.nih.gov/books/NBK9961/>

***A. Malcolm Campbell
Davidson College, Davidson, NC
www.bio.davidson.edu/courses/movies.html***

***David Bolinsky, XVIVO
Rocky Hill, CT
<http://www.xvivo.net/>***

Skeletal Muscle





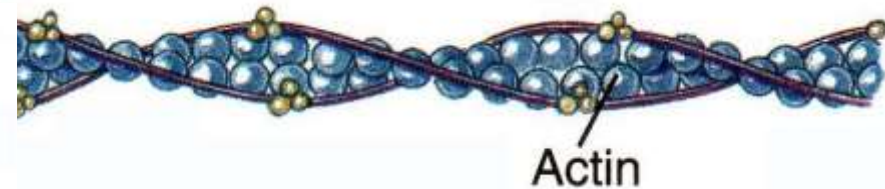
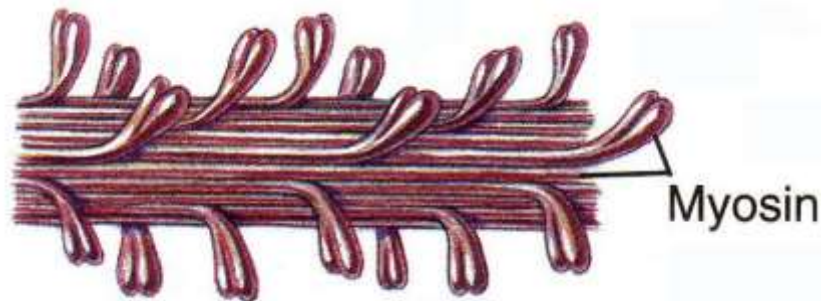
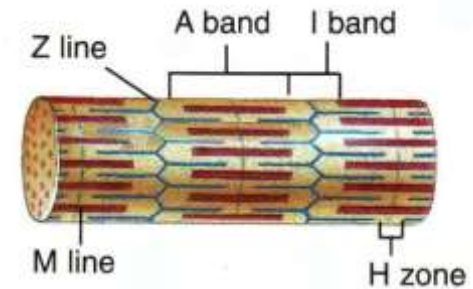
Myofibril

Hypertrophy: *Increased*

Number of Myofibrils

Thick & Thin Filaments

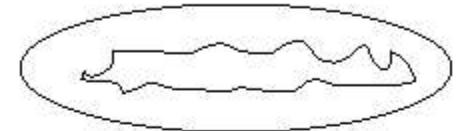
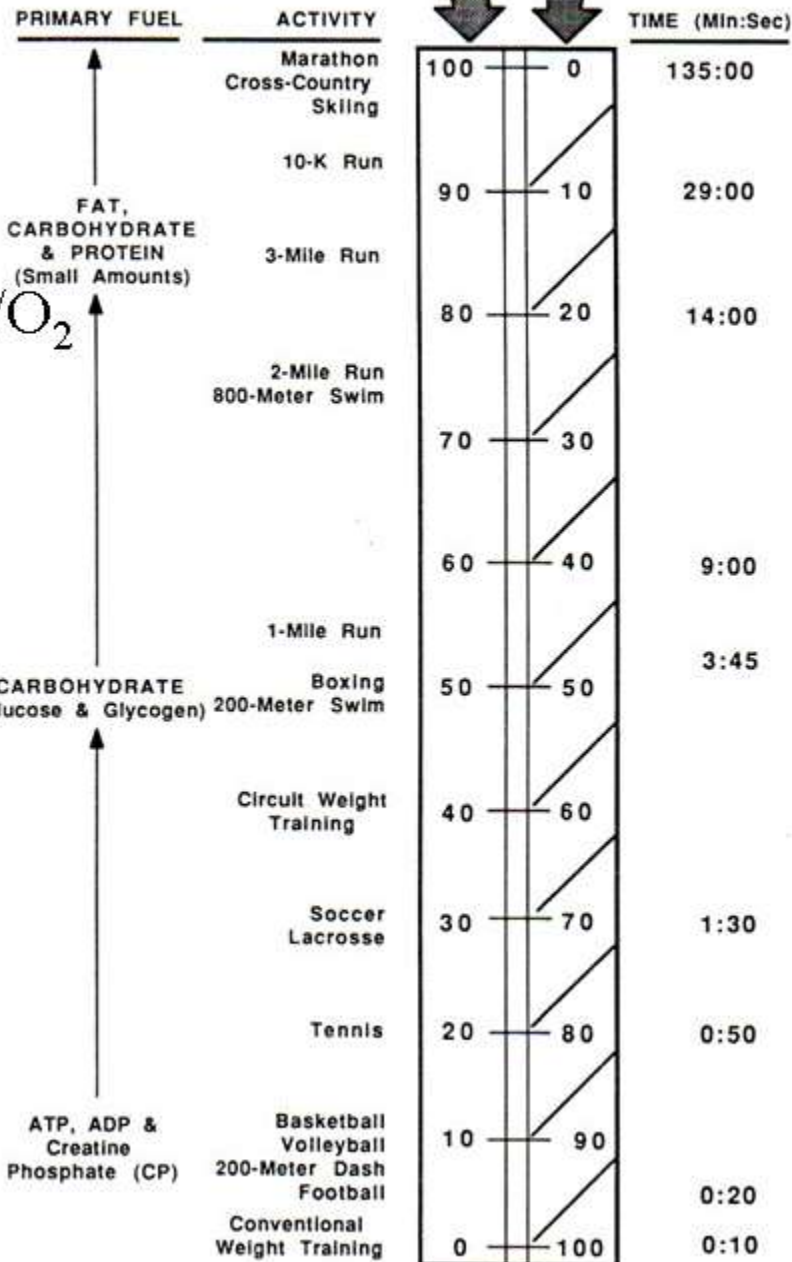
Myosin & Actin Molecules





AEROBIC

w/O₂



MITOCHONDRIA

CYTOSOL

Glycolysis



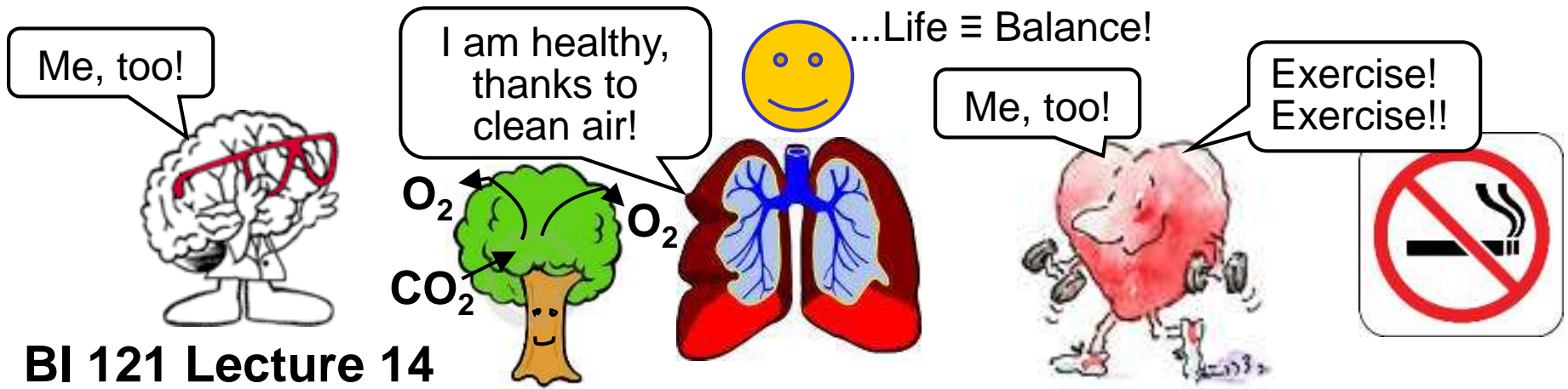
Immediate/ATP-PC



ANAEROBIC

Changes in Muscle Due to Endurance Training

- ↑ Mitochondria, # & size
- ↑ Mitochondrial (aerobic) enzymes including those specific for fat burning
- ↑ Vascularization of muscles (better blood flow)
- ↑ Stores of fat in muscles accompanied by
- ↓ Triglycerides/fats in bloodstream
- ↑ Enzymes: activation, transport, breakdown (β -oxidation) of fatty acids
- ↑ Myoglobin (enhances O₂ transport)
- ↑ Resting energy levels which inhibit sugar breakdown
- ↑ Aerobic capacity of all three fiber types.



BI 121 Lecture 14

I. Announcements Optional notebook check today. Discussion-Review followed by final exam tomorrow. Q?

II. Respiratory System LS ch 12, DC Module 7, SI Fox +...

A. Steps of respiration? External vs. cellular/internal?
LS fig 12-1 pp 345-7

B. Respiratory system anatomy LS fig 12-2 p 347, DC, SI Fox+...

C. Histology LS fig 12-4 pp 347-9, DC fig 7-4 p 54

D. How do we breathe? LS fig 12-12, fig 12-25 pp 349-56, 373-8

E. Gas exchange LS fig 12-19 pp 362-5

F. Gas transport LS tab 12-3 pp 365-70

III. Physiology of Cigarette Smoking

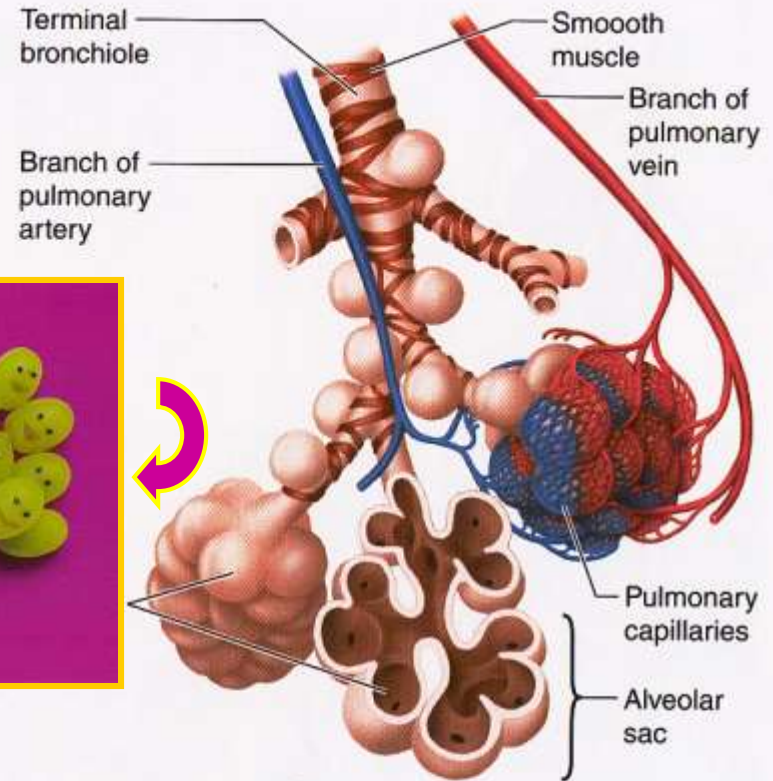
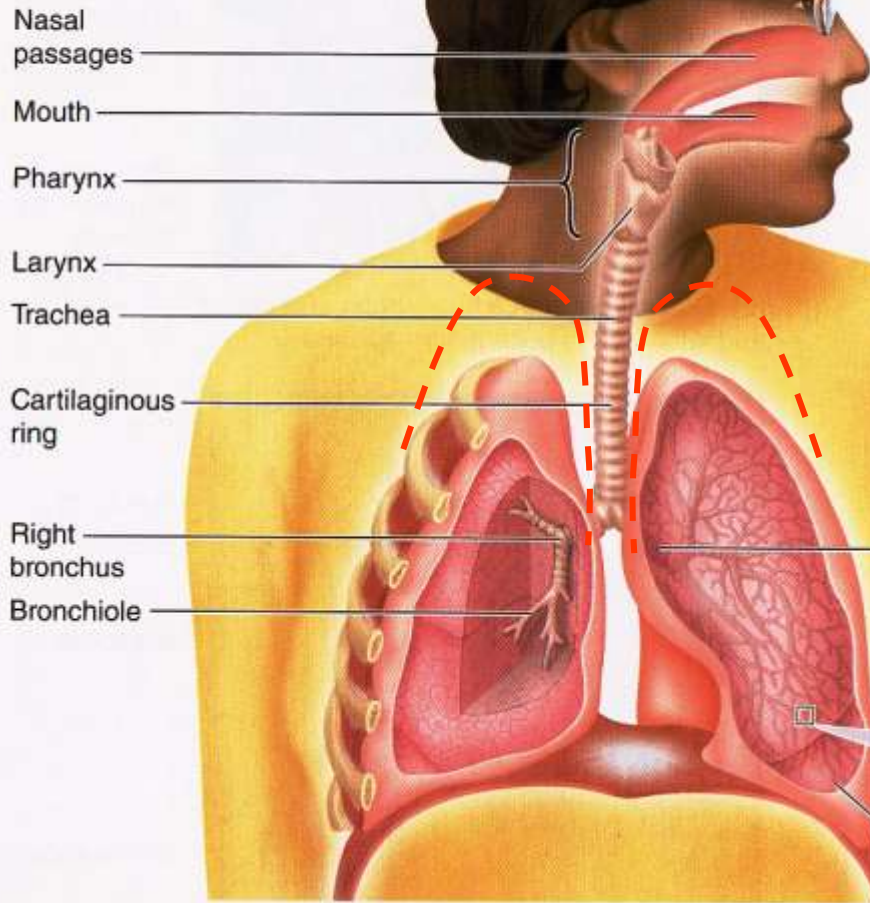
A. ANS, autonomic nerves & nicotine? Route of chemicals,...

B. Emphysema? 2nd-hand smoke?... LS pp 356, 365

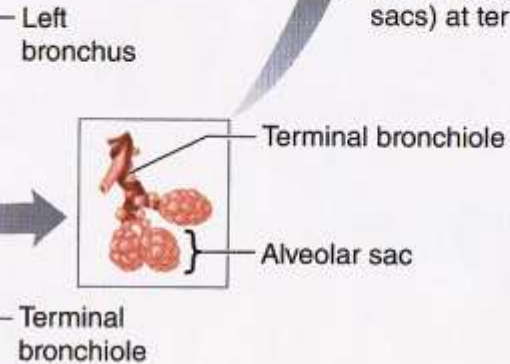
C. UO Smoke-Free since Fall 2012! Help is available!

Respiratory System Anatomy

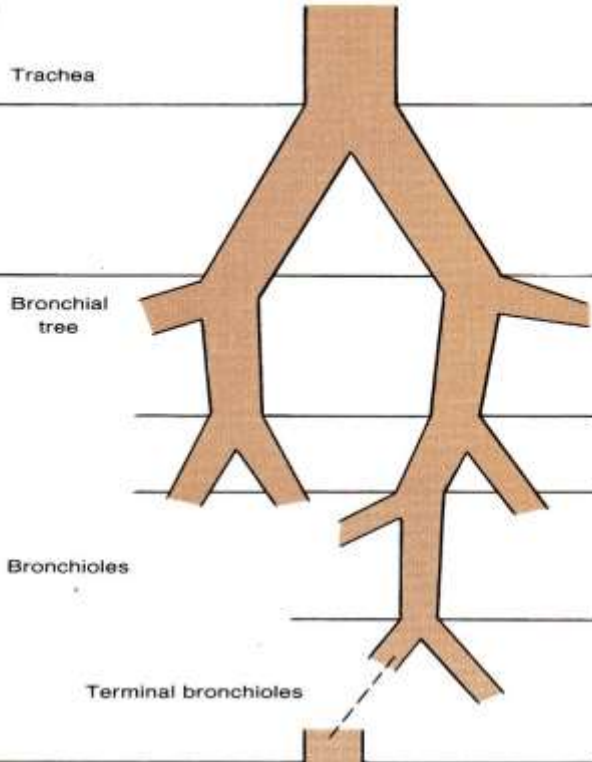
NB: In vivo,
Cupola or peak
of each lung
goes into neck
> clavicle line!



(b) Enlargement of alveoli (air sacs) at terminal ends of airways

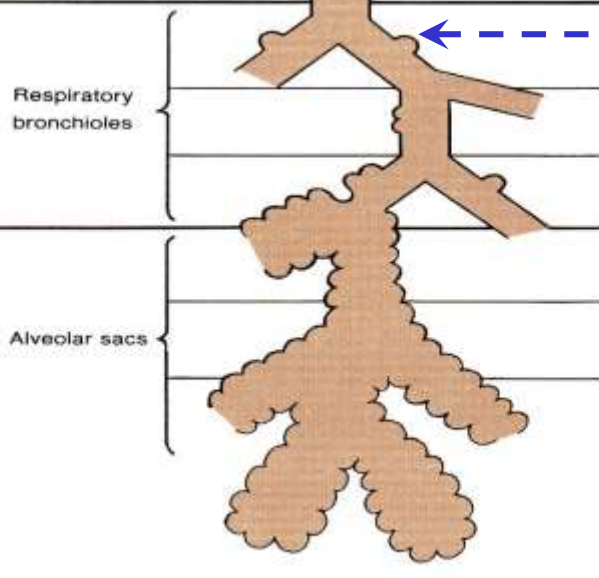


Conductive Zone



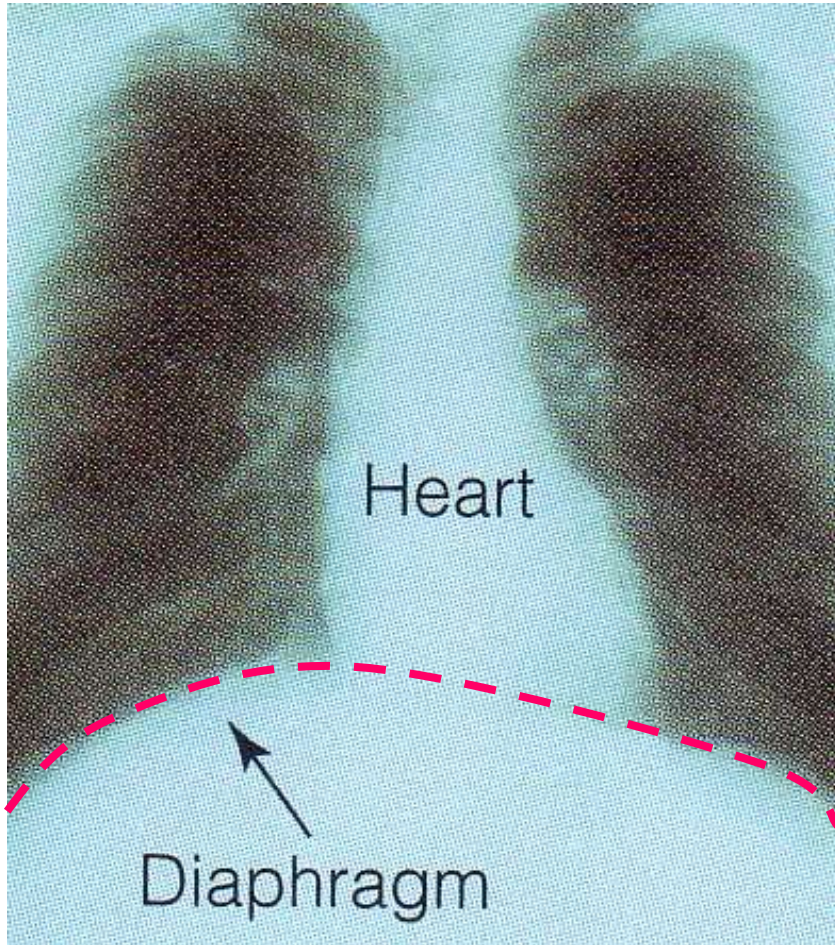
No Gas Exchange

Respiratory Zone



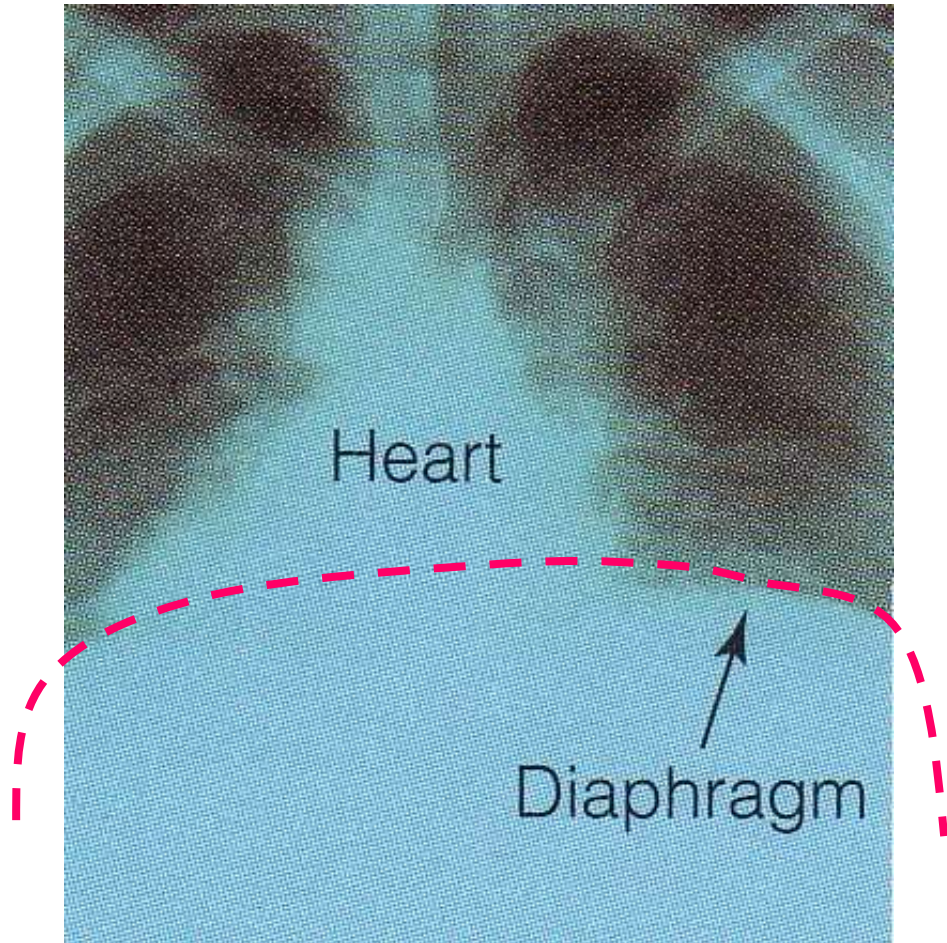
-1st alveolar outpouching!

Gas Exchange



Inhale (active)

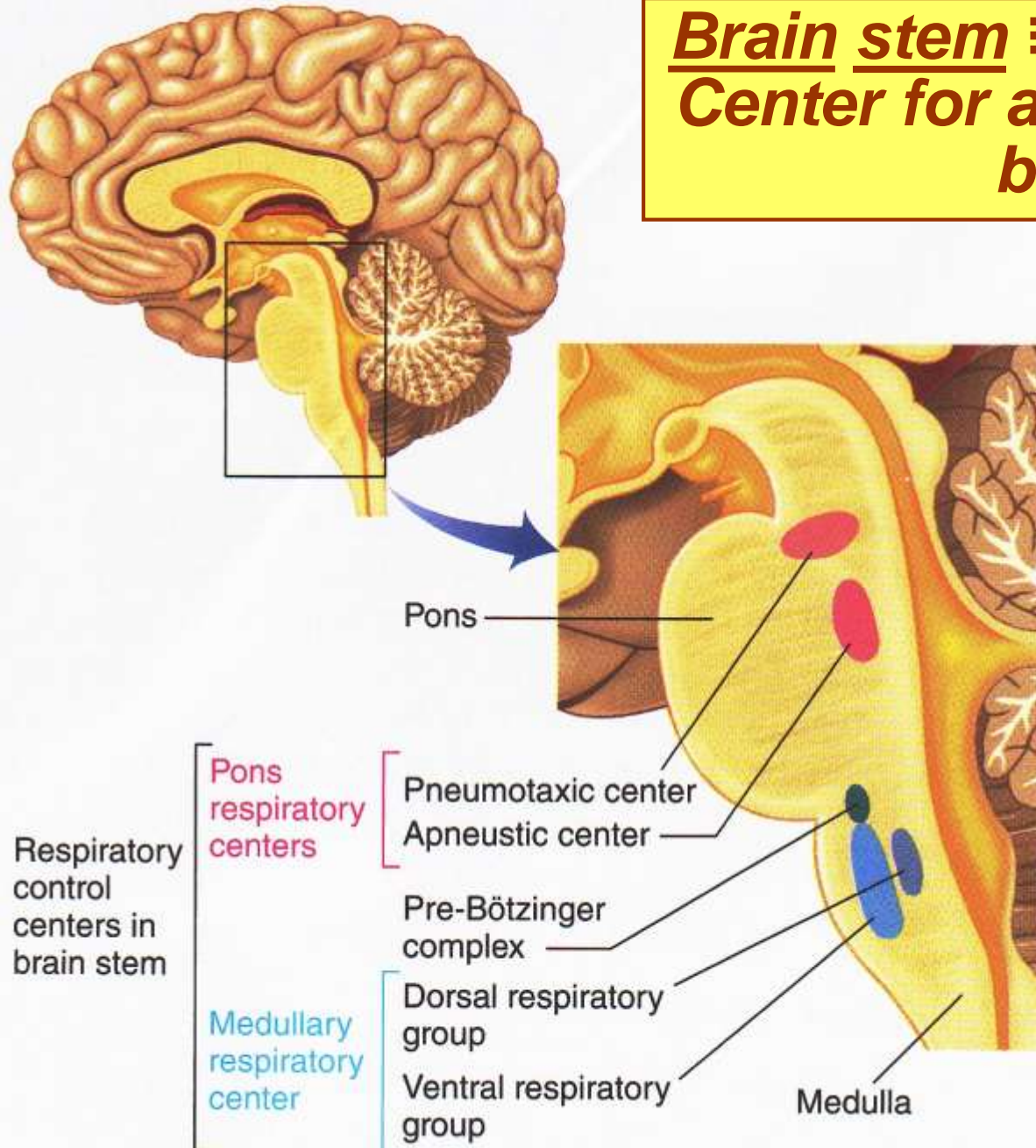
Contract & flatten diaphragm



Exhale (passive @ rest)

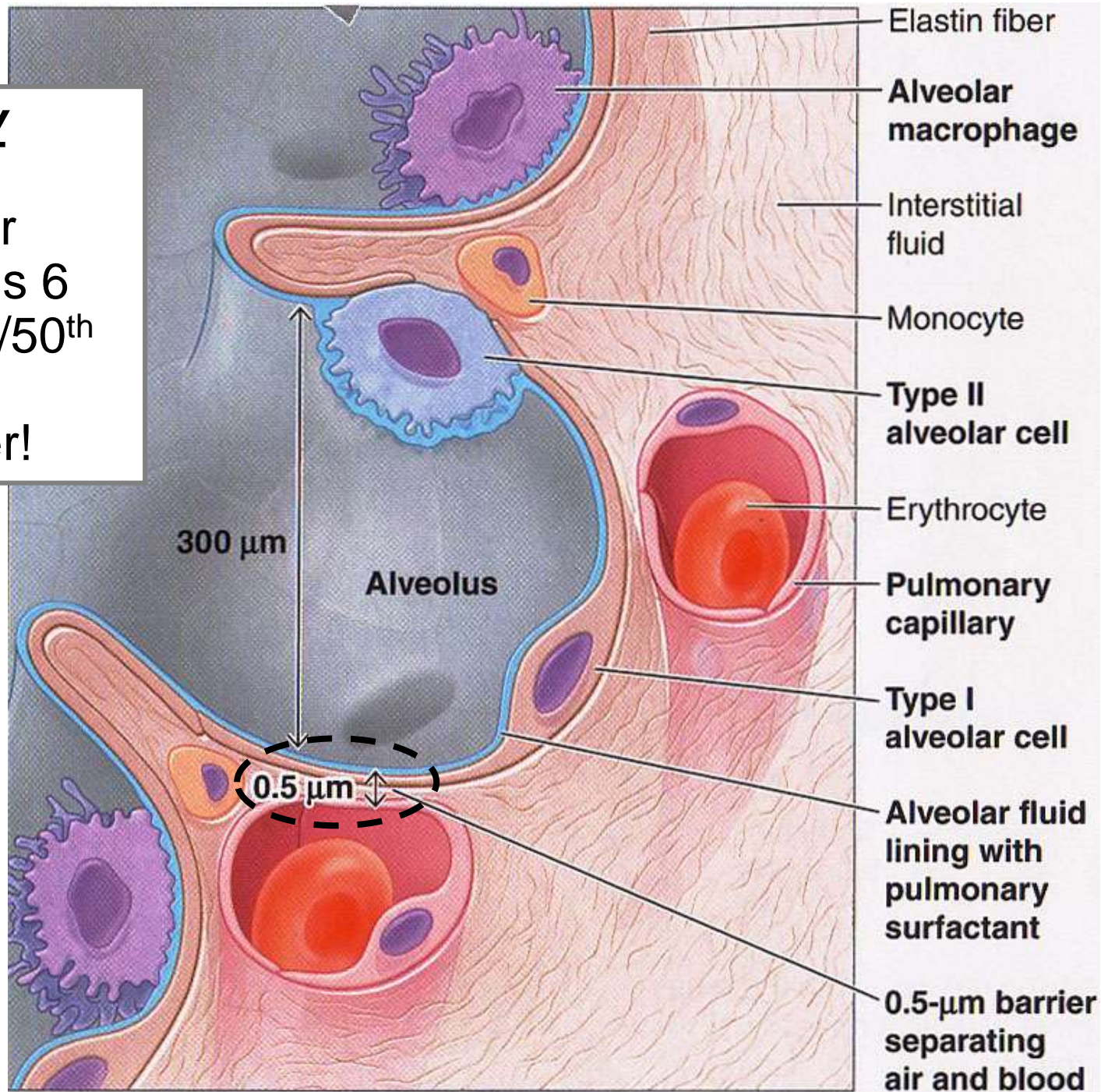
Relax & pouch up diaphragm!

Brain stem ≡ Control Center for automatic breathing!



Respiratory membrane

separates air from blood, is 6 layers, yet 1/50th thickness of tracing paper!



Gas Exchange

CO₂ LOW

O₂ HIGH

Across pulmonary capillaries:

O₂ partial pressure gradient from alveoli to blood = 60 mm Hg (100 → 40)

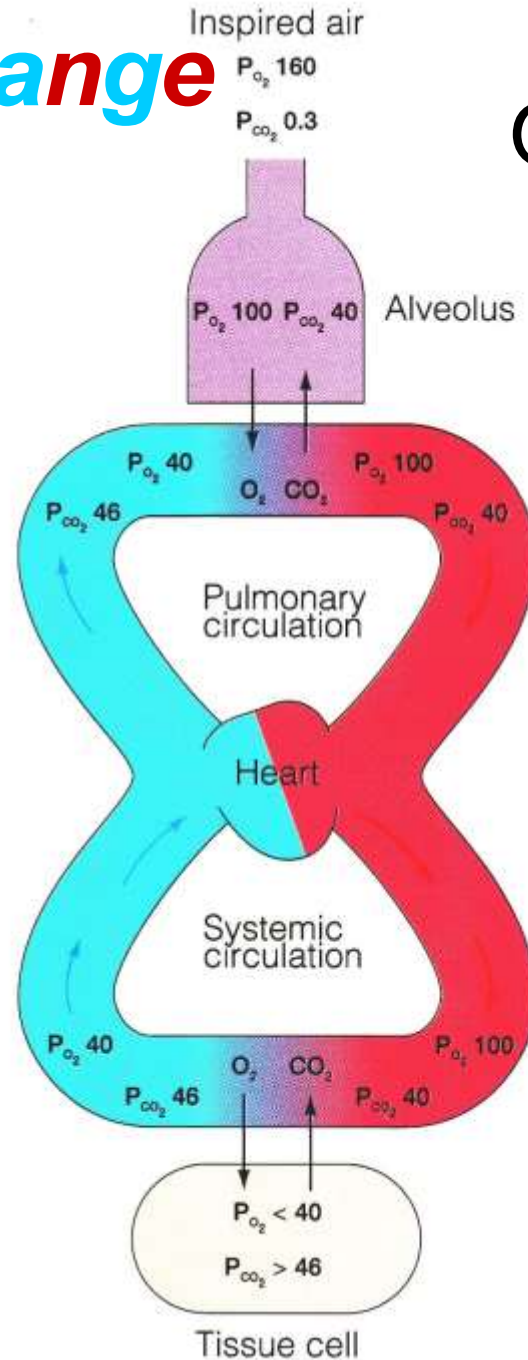
CO₂ partial pressure gradient from blood to alveoli = 6 mm Hg (46 → 40)

Across systemic capillaries:

O₂ partial pressure gradient from blood to tissue cell = 60 mm Hg (100 → 40)

CO₂ partial pressure gradient from tissue cell to blood = 6 mm Hg (46 → 40)

Numbers are mm Hg pressure.



CO₂ HIGH

O₂ LOW

O_2 is carried mainly by red blood cell hemoglobin!

Polypeptide chain

Polypeptide chain

Each hemoglobin molecule carries 4 O_2 on 4 iron-containing disks!

Carbon monoxide, CO, binds $\geq 200x$ more powerfully to these same sites, thus poisoning the hemoglobin!

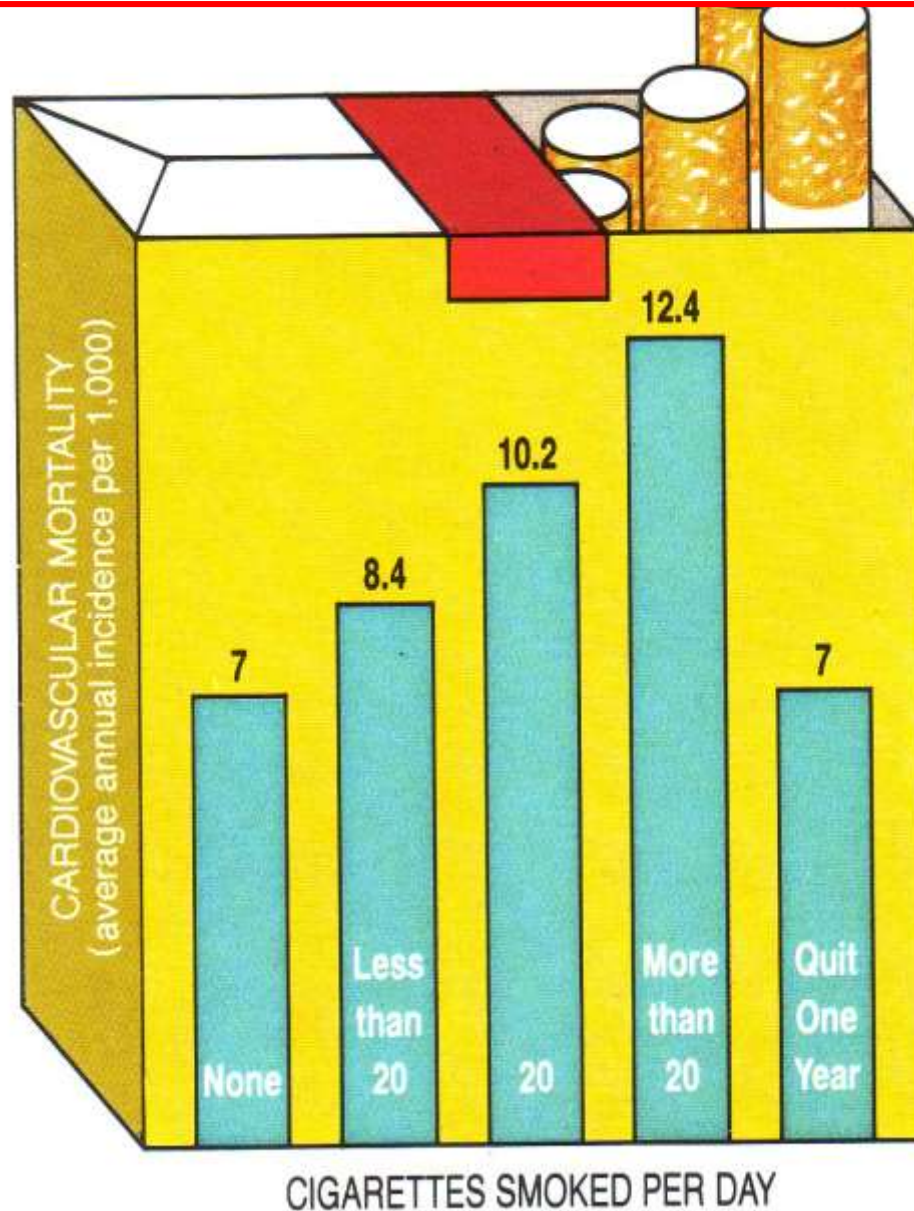


Polypeptide chain

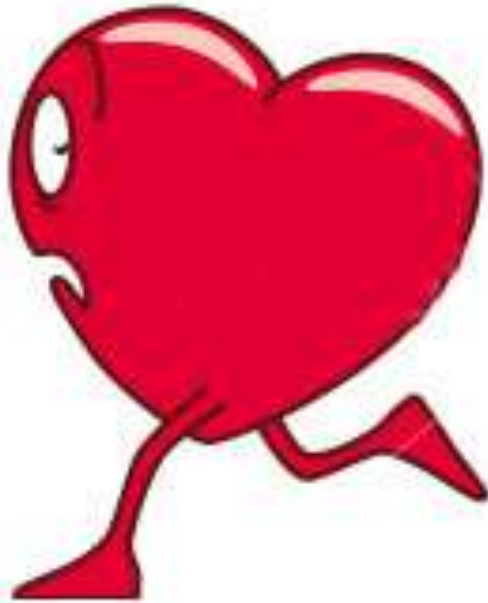
Heme groups

Polypeptide chain

Cigarette Smoking: #1 Preventable Cause of Premature Death in the US



***Not only the Lungs, but the Heart, Brain & 100s
of Other Tissues & Organs Adversely Affected!***



Tobacco smoke = Deadly mix of > 7000 chemicals!

**[http://www.cdc.gov/tobacco/data_statistics/sgr/
50th-anniversary/index.htm#fact-sheets](http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm#fact-sheets)**

**[https://www.cdc.gov/tobacco/data_statistics/sgr/
/2010/consumer_booklet/pdfs/consumer.pdf](https://www.cdc.gov/tobacco/data_statistics/sgr/2010/consumer_booklet/pdfs/consumer.pdf)**

**Cigarette + Smoke: > 7000 Chemicals; ~600 Tobacco Company Additives
Atherogenic, Carcinogenic (C), Tumor Initiating, Tumor Promoting (TP),
Toxic (T), Cornucoppia of Unknowns, Synergistic, Reactive...?**

4-aminobiphenyl	C	140 ng <u>per cigarette</u> ...
benz(a)anthracene	C	40-200 ng
benzene	C	400 µg
benz(o)pyrene	C	40-70 ng
carbon monoxide	T	26.8-61 mg
formaldehyde	C	1500 µg
hydrazine	C	90 ng
hydrogen cyanide	T	14-110 µg
2-naphthylamine	C	70 ng
nitrogen oxides	T	500-2000 µg
N-nitrosodimethylamine	C	200-1040 ng
N-nitrosodiethanolamine	C	43 ng
N-nitrosopyrrolide	C	30-390 ng
phenol	TP	70-250 µg
polonium 210	C	0.5-1.6 pCi
quinoline	C	15-20 µg
O-toluidine	C	3 µg

SOURCES: *US Surgeon General's Office, American Cancer Society, American Heart Association.*



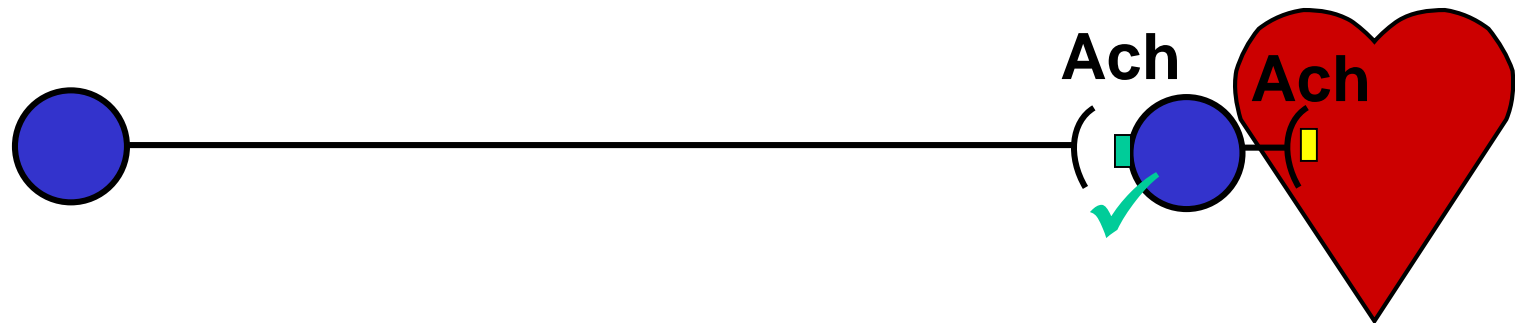
freebase nicotine!!

Ammonia converts nicotine, the additive agent in tobacco, into a more volatile form, Pankow said. “Ammonia is the thing that helps tobacco companies hook the smoker by providing a means of delivering the nicotine.”

Last October, a former tobacco industry employee revealed that secret industry documents indicated that ammonia was added to tobacco to double the impact of nicotine. Research now indicates that ammonia can boost nicotine availability up to 100x! The Oregon Graduate Institute (now a part of [OHSU](http://www.ohsu.edu)) was the 1st to research!

<http://pubs.acs.org/doi/abs/10.1021/es970402f>
<http://www.nasw.org/users/sperkins/nicotine.html>

Parasympathetic

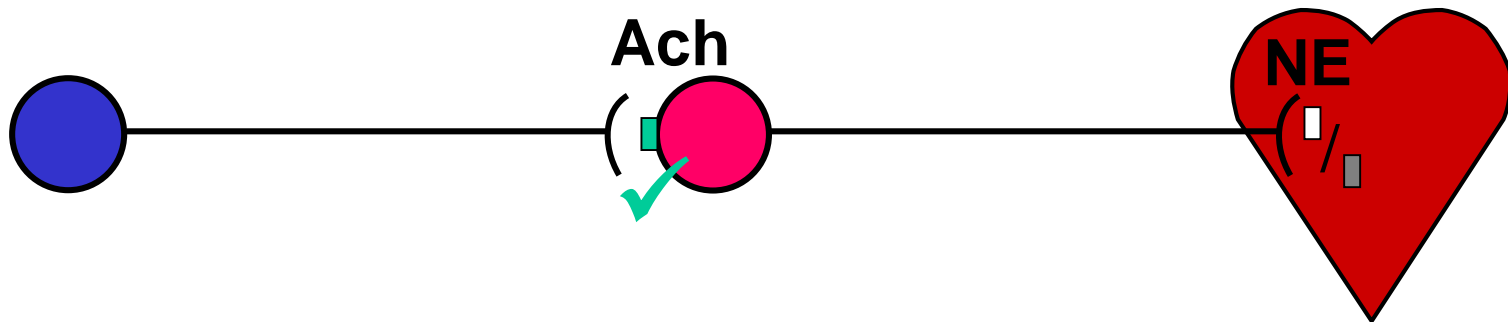


Ach = Acetylcholine

■ = Nicotinic Receptor

■ = Muscarinic Receptor

Sympathetic



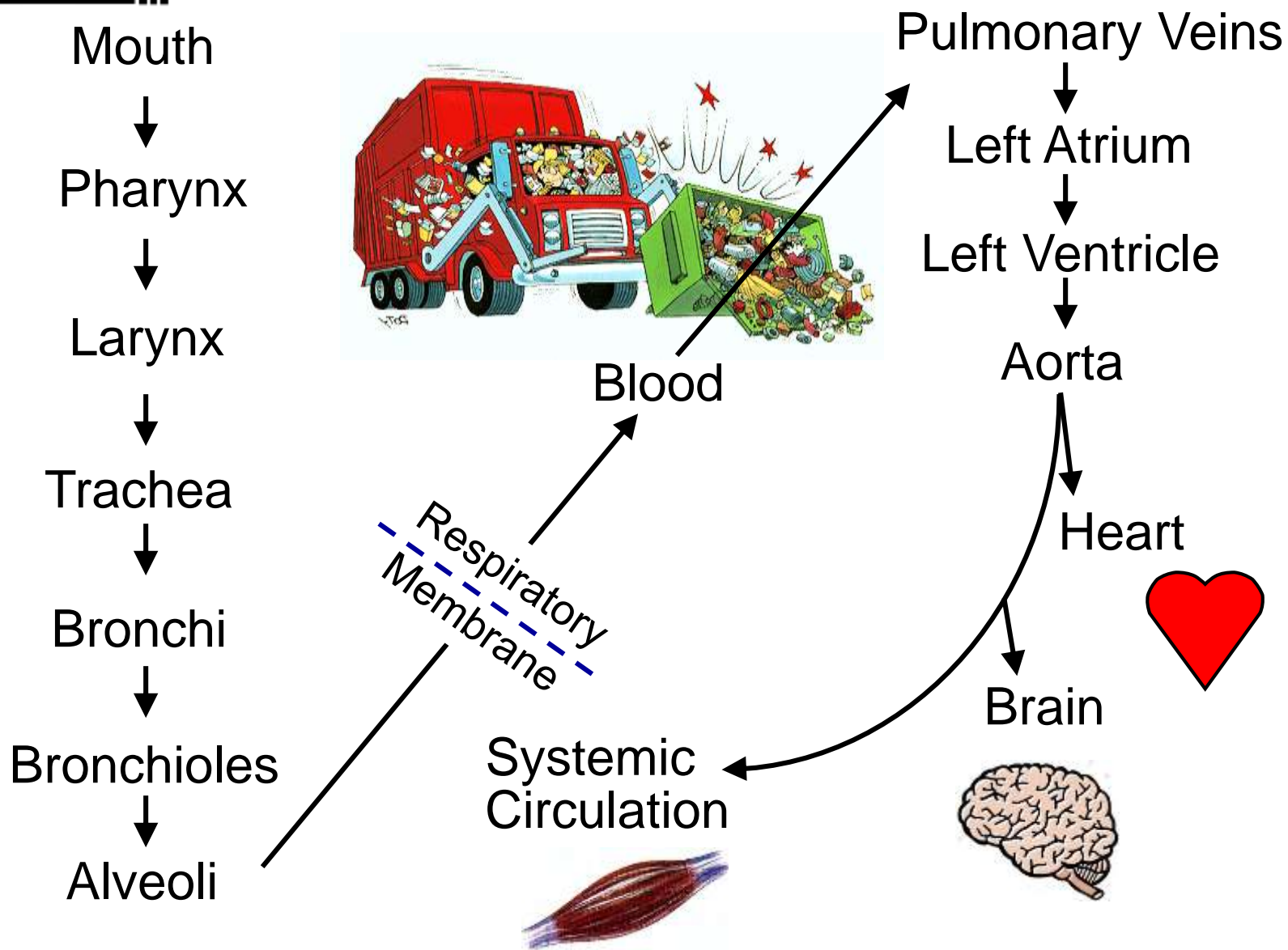
NE = Norepinephrine

□ = α Receptor (α_1 , α_2)

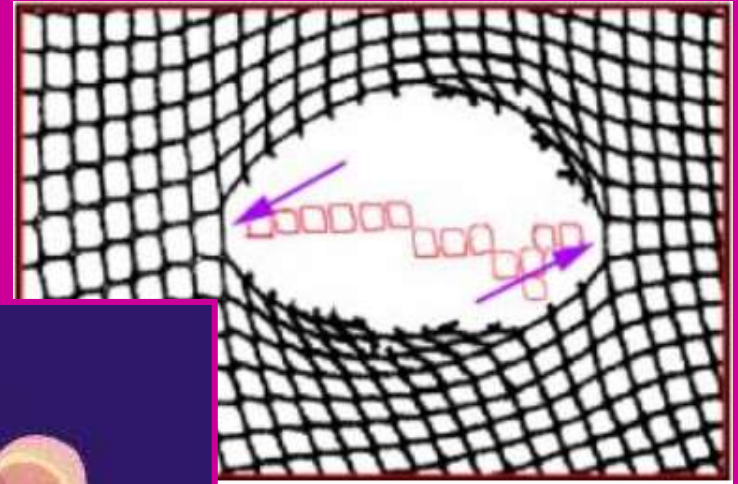
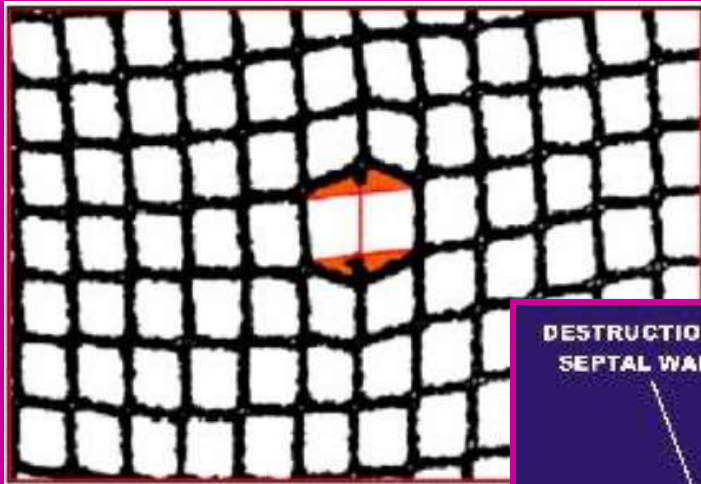
■ = β Receptor (β_1 , β_2)

Tracing the Route of Cigarette Smoke

Puff to Brain Time 5 to 8 seconds!!



Emphysema ≡ Corrosion of Alveolar Walls with ↓ SA & Labored Breathing



*Internet Journal of Pathology
Mayo Clinic Health*

2nd-hand smoke is the 3rd leading preventable cause of death in the US!

A photograph of a man in a tuxedo smoking a cigarette, looking at a woman. The man is on the left, smiling slightly, with a lit cigarette in his mouth. The woman is on the right, looking towards the man. The background is a plain, light color.

"Mind if I smoke?"

"Care if I die?"

Each year ~45,000 Americans die due to 2nd-hand smoke exposure!

News: Health, Toxicology, Pollution

Health risks of e-cigarettes emerge

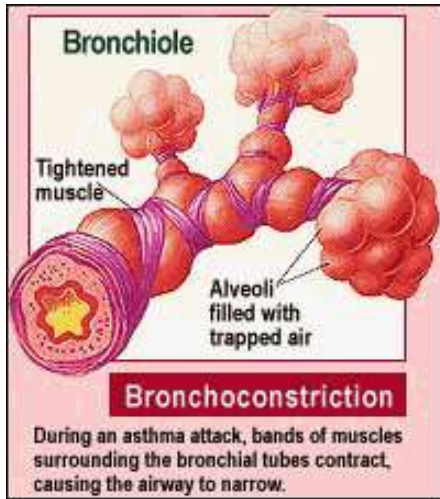
Vaping pollutes lungs with toxic chemicals and may even make antibiotic-resistant bacteria harder to kill

By JANET RALOFF 4:31PM, JUNE 3, 2014

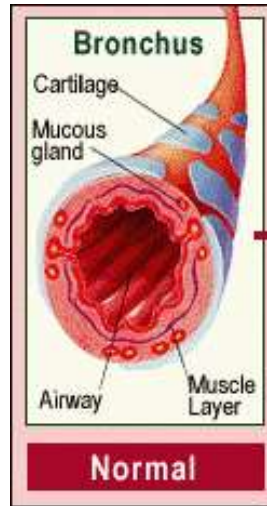


<https://www.sciencenews.org/article/health-risks-e-cigarettes-emerge>

SMOKING ≡ ASTHMA?



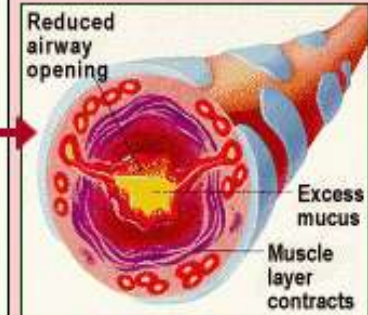
+



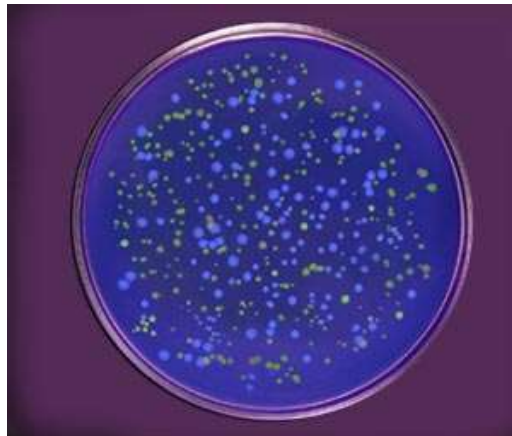
Asthma Triggers

- Allergens
- Drugs
- Exercise
- Occupational stimuli
- Infections
- Environmental changes
- Air pollutants
- Chemical irritants
- Emotions
- Weather/Temp.
- Food additives

Inflammation



=



Petri-dish Effect

Ugh!!
Cough!
Cough!!

