

ABP Regulation

→ Neural reflexes
→ Hormonal

* Remember

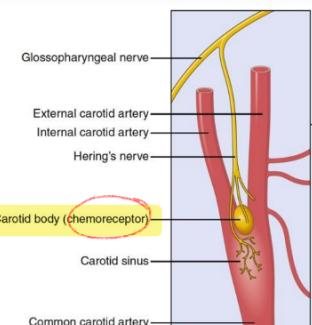
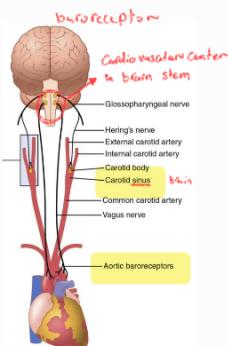
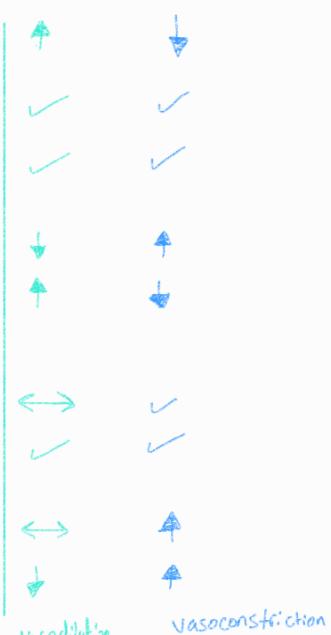
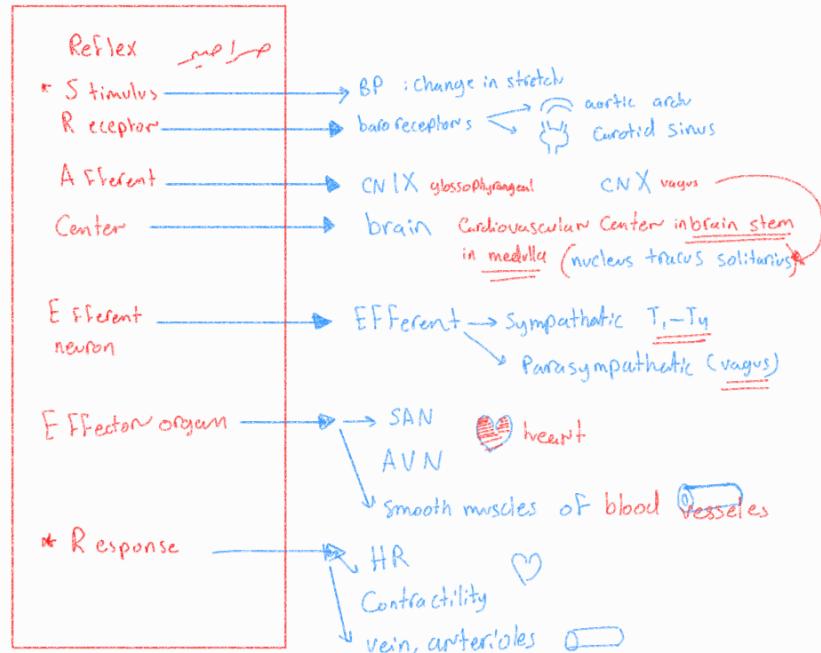
$$\text{MAP} = \text{Co} \times \text{TPR}$$

\downarrow

$\text{SV} \times \text{HR}$

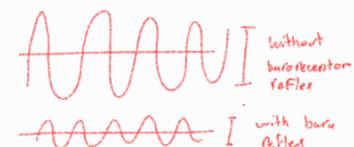
$$F = \frac{\Delta P}{R}$$

$$\text{Co} = \frac{\text{MAP}}{\text{TPR}}$$



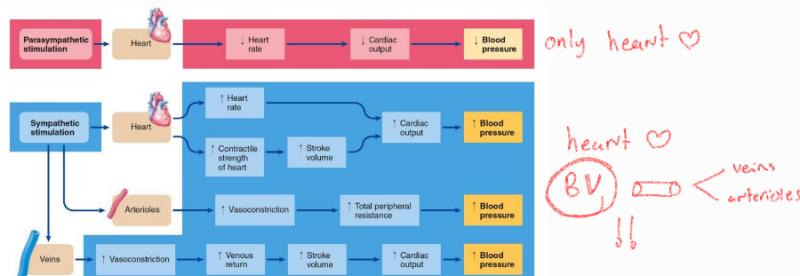
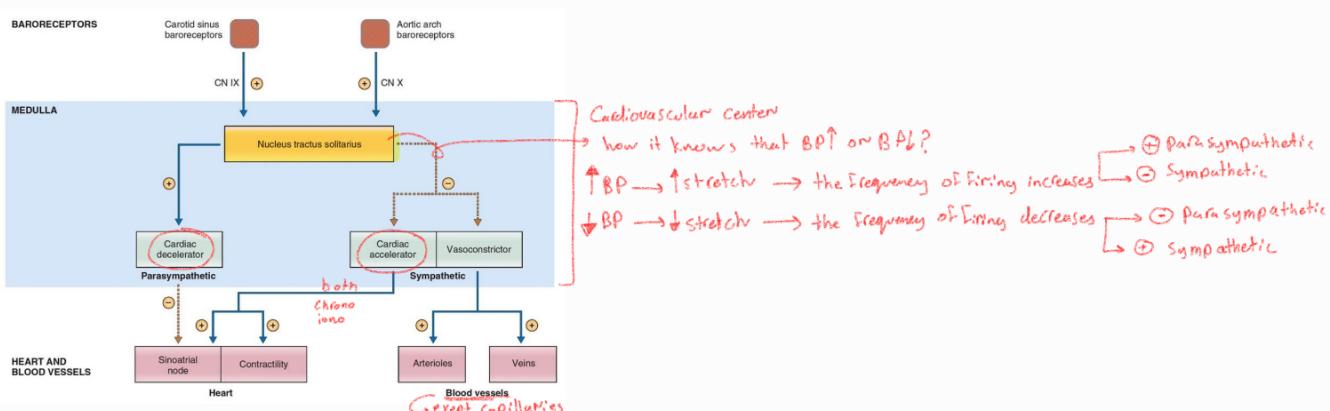
the main purpose of baroreceptor reflex:

- Pressure buffer system; example: orthostatic hypotension
- minute to minute, 2 days → reflex works long duration → adaptation of receptors



the baroreceptor works acutely only

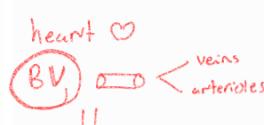
Brain Center

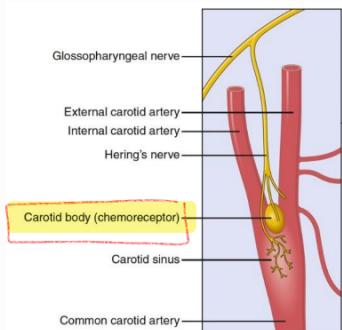


* Sympathetic stimulation constrict all BV in the body however, local stimulation overrides the regulation

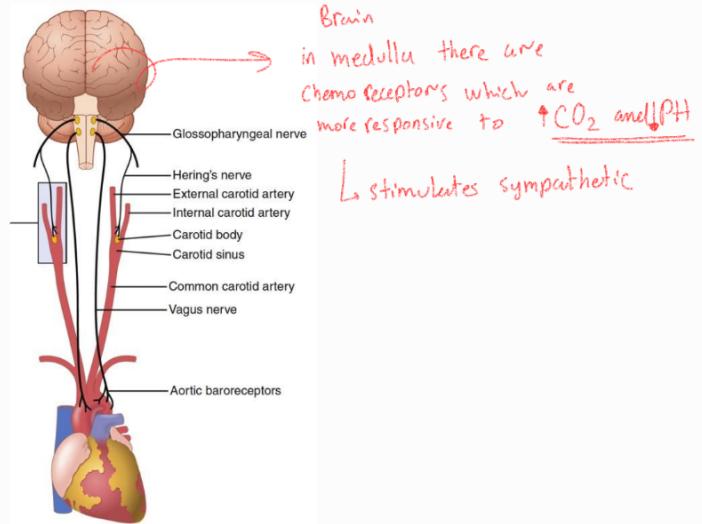
* Brain, heart and cardiac muscles arterioles are less responsive to sympathetic than GI, skin, kidney

Brain has α₁ receptors → vasodilation





Peripheral chemo receptor
more sensitive to $\downarrow O_2$
 \hookrightarrow stimulate sympathetic

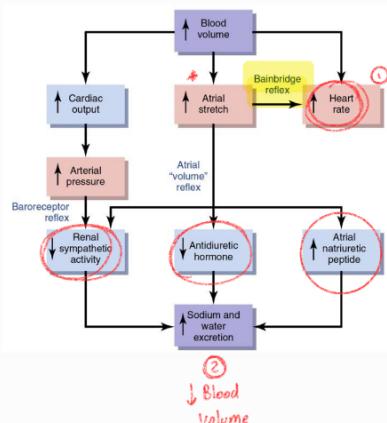


- * Chemo receptors are less powerful than baro receptors in regulating blood pressure
- it works more in low blood pressure

* Artifical and pulmonary artery reflex

- stretch receptors
- low pressure receptors
- response to changes in blood volume
- located in the atrium

\uparrow Blood volume \rightarrow baroreceptors \uparrow HR
 \hookrightarrow Atrial reflex \rightarrow Bainbridge reflex \uparrow HR
the stronger reflex will affect HR (Net effect)

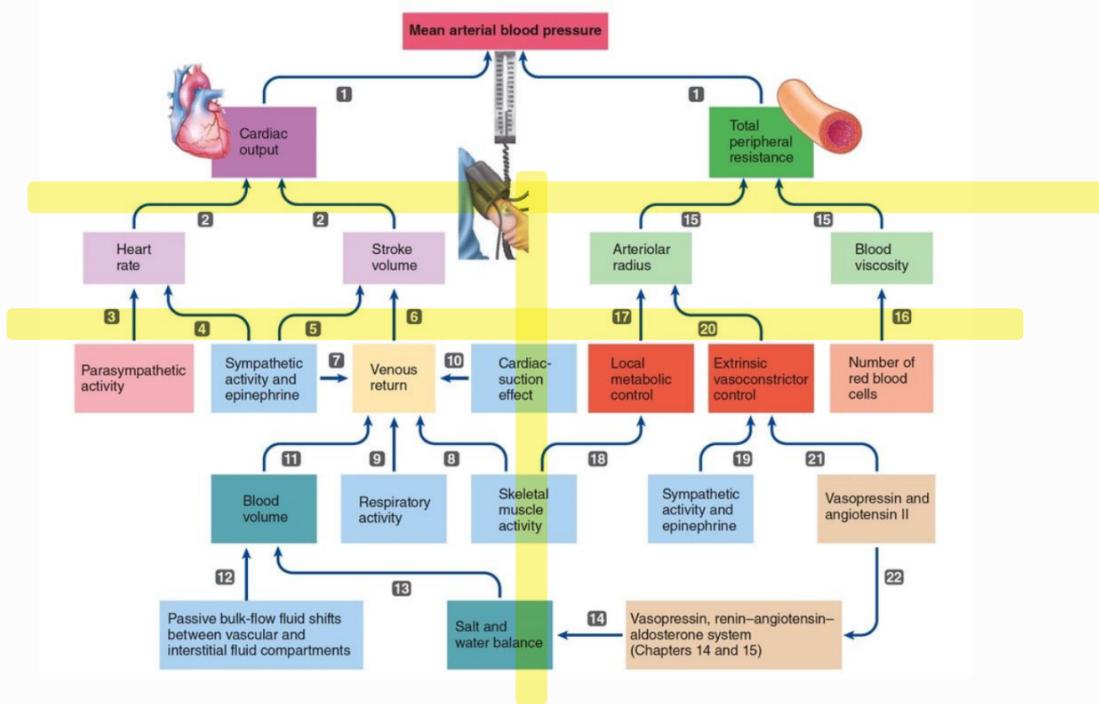


CNS ischemic response

- the strongest stimulator of sympathetic system
- causing total occlusion of peripheral vessels
 \hookrightarrow example kidney \rightarrow Acute renal failure
- not become significant until the arterial pressure falls far below normal.
- it emergency pressure control

Cushing Reaction

- \uparrow intracranial pressure (e.g. tumors, head injury)
- compress on arteries
- ischemic response
- increase in sympathetic



$$\text{Cardiac output} = \text{SV} + \text{HR}$$

↑
 Sympathetic
 ↓
 Parasympathetic
 ↓
 Sympathetic

