

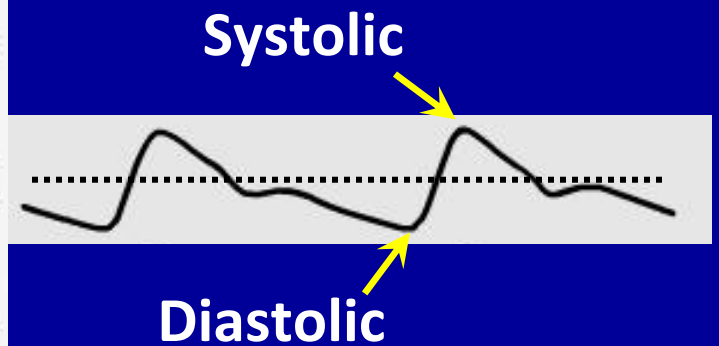
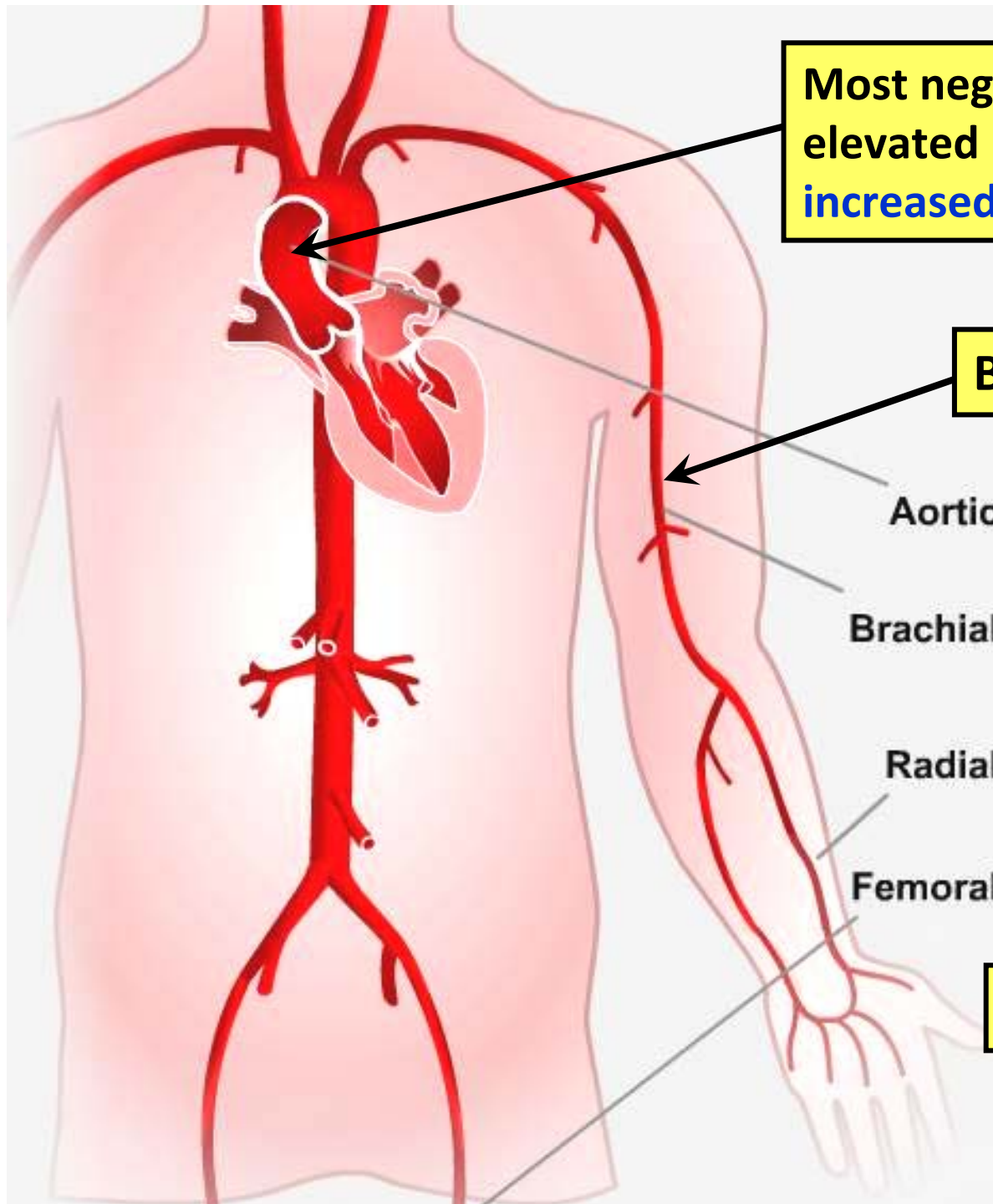
**What is not revealed by a simple
arm blood pressure measurement?**

**Affects of Pressure Pulse Reflections
on Central (Aortic) Pressure**

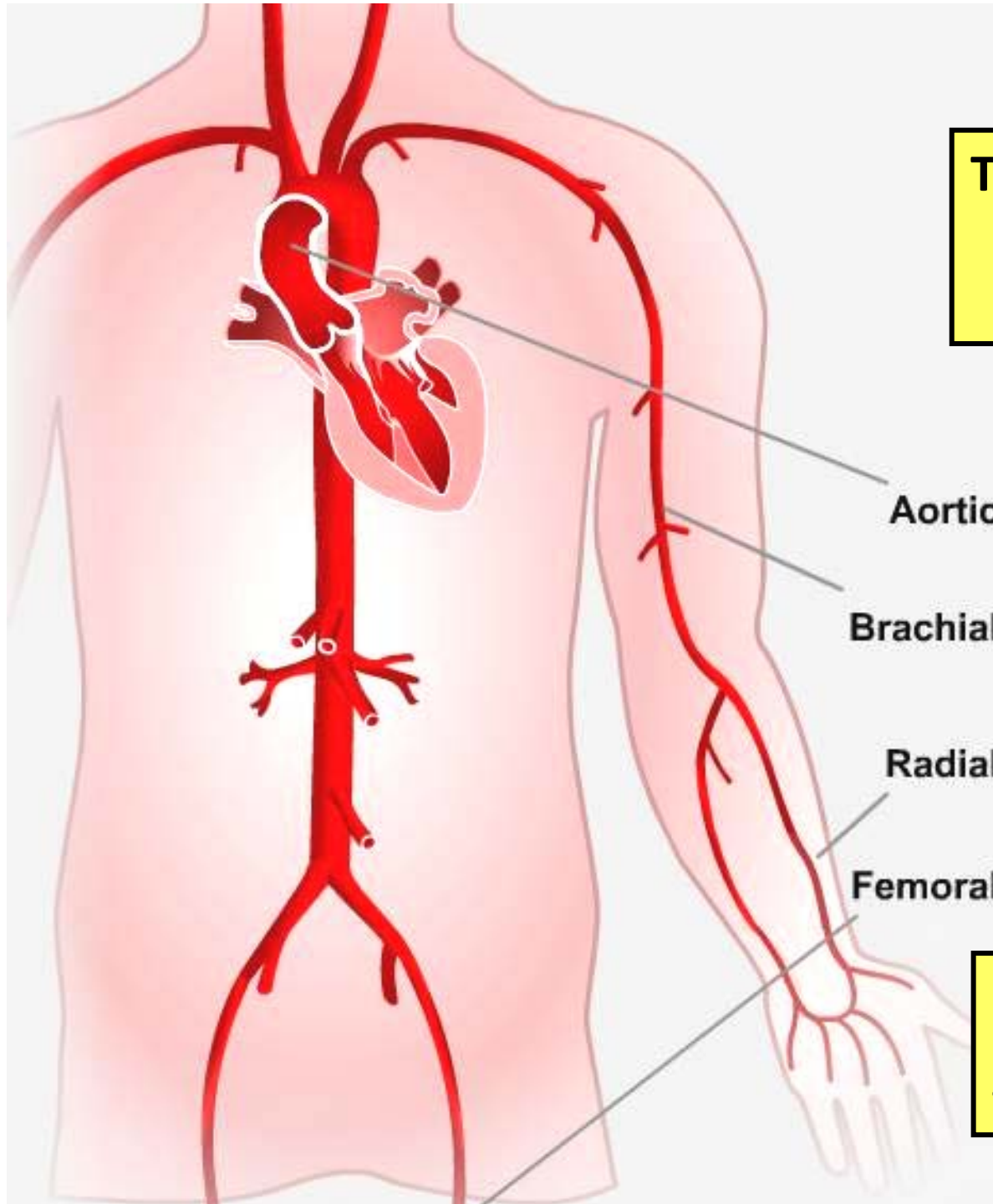
Dr. HN Mayrovitz

Most negative heart-related effects of elevated blood pressure are due to **increased 'central' aortic pressure**

But BP is measured here!



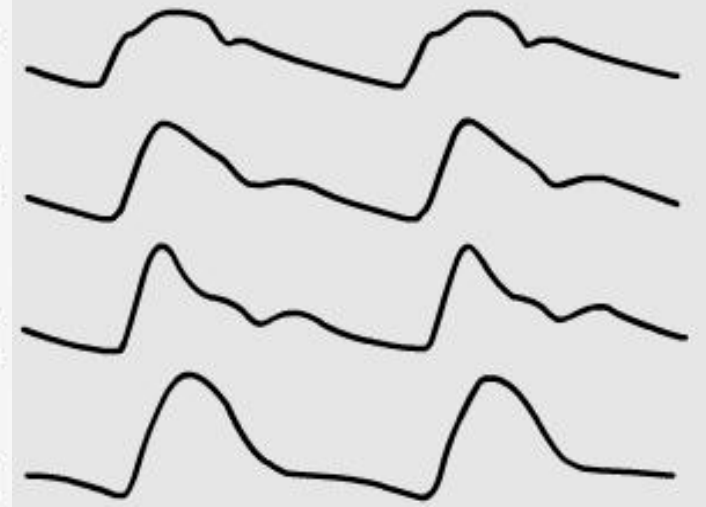
So, what are we missing?



These are the composite Pressures measured at various arterial sites

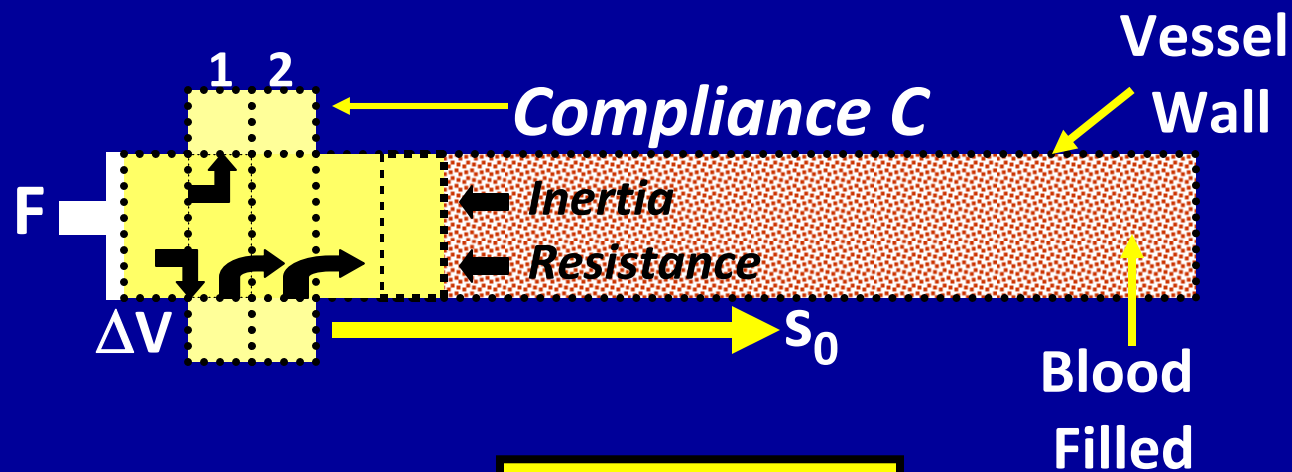


Aortic
Brachial
Radial
Femoral



So why do shapes and values at peripheral sites differ from the central aortic site?

Pulse Wave Generation and Propagation

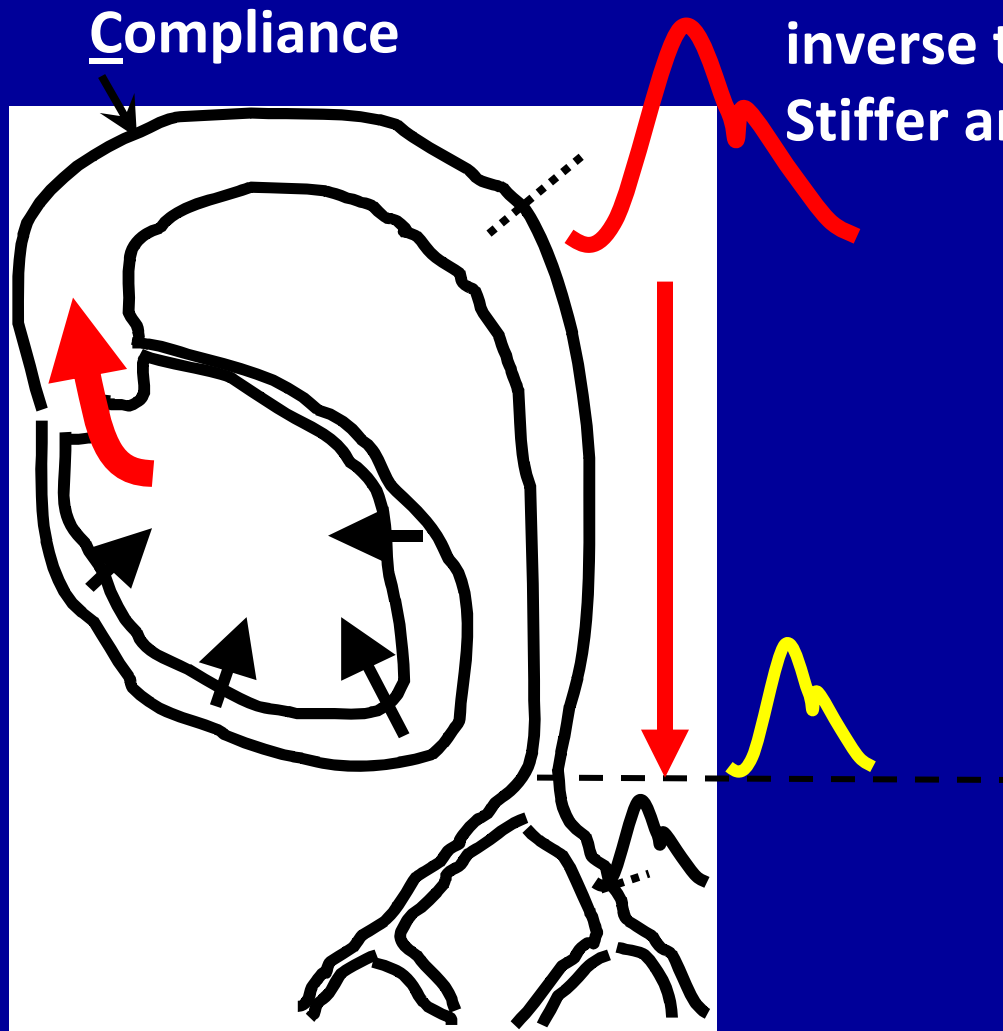


$$s_0^2 \sim \frac{1}{\rho C}$$

Pulse “wave-speed” inverse to Compliance

Stiffer arteries ~ higher speed

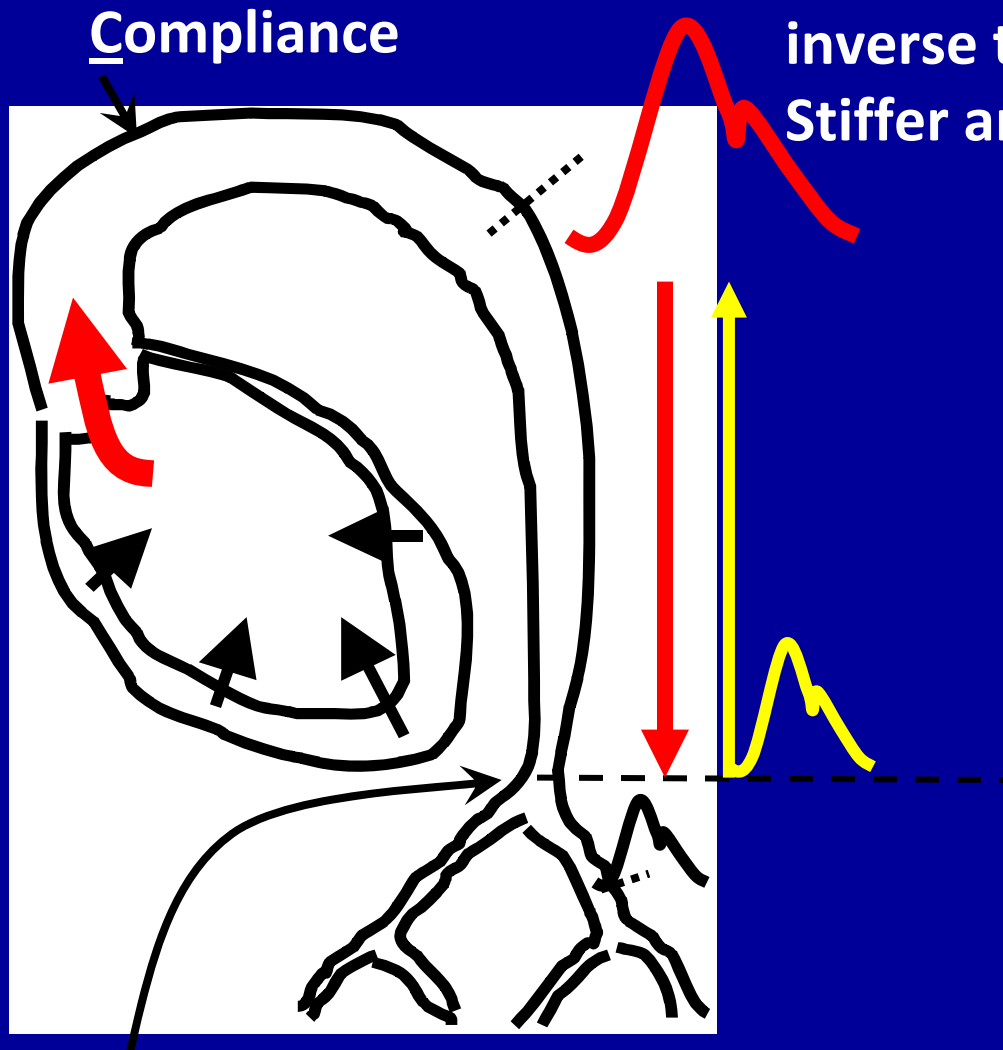
Reflection of Pulses



1. Pulse “wave-speed” (S_0) is inverse to Compliance (C)
Stiffer arteries ~ higher speed

$$S_0^2 \sim \frac{1}{C}$$

Reflection of Pulses

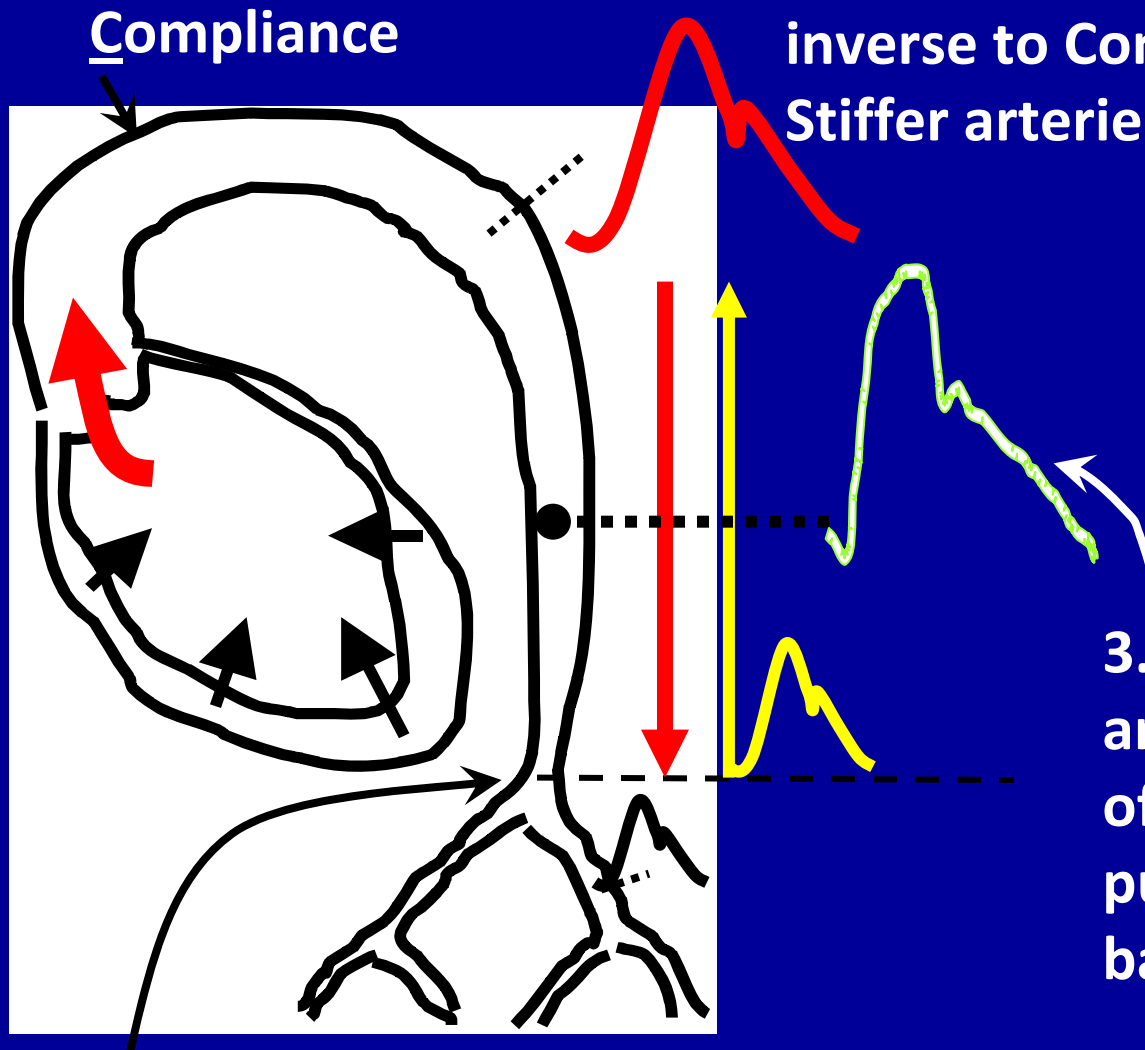


1. Pulse “wave-speed” (S_0) is
inverse to Compliance (C)
Stiffer arteries ~ higher speed

$$S_0^2 \sim \frac{1}{C}$$

2. Reflection sites mainly at arterial branches

Reflection of Pulses



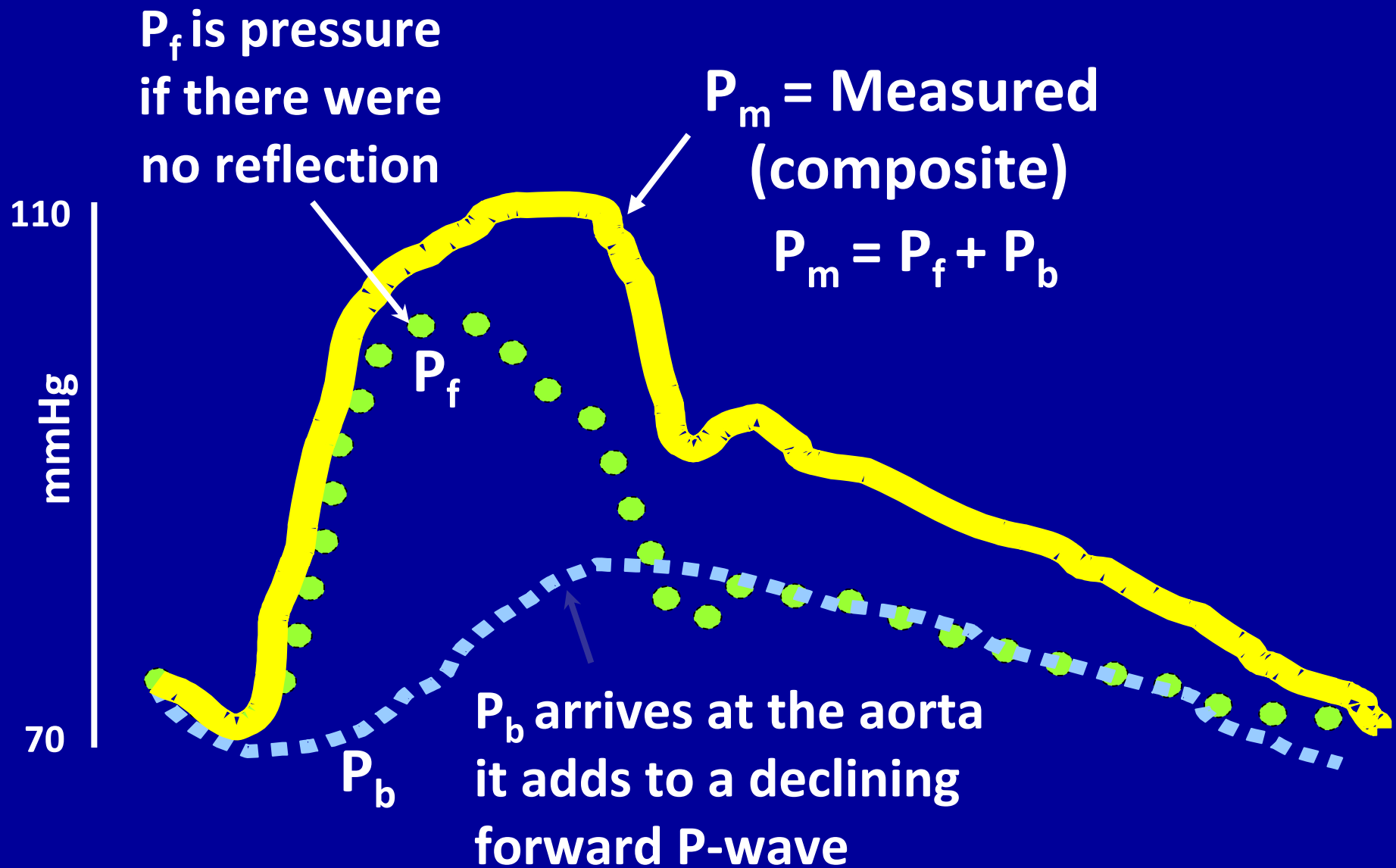
1. Pulse “wave-speed” (S_0) is inverse to Compliance (C)
Stiffer arteries ~ higher speed

$$S_0^2 \sim \frac{1}{C}$$

3. Pulse at any point in artery is algebraic sum of forward transmitted pulses and reflected backward pulses

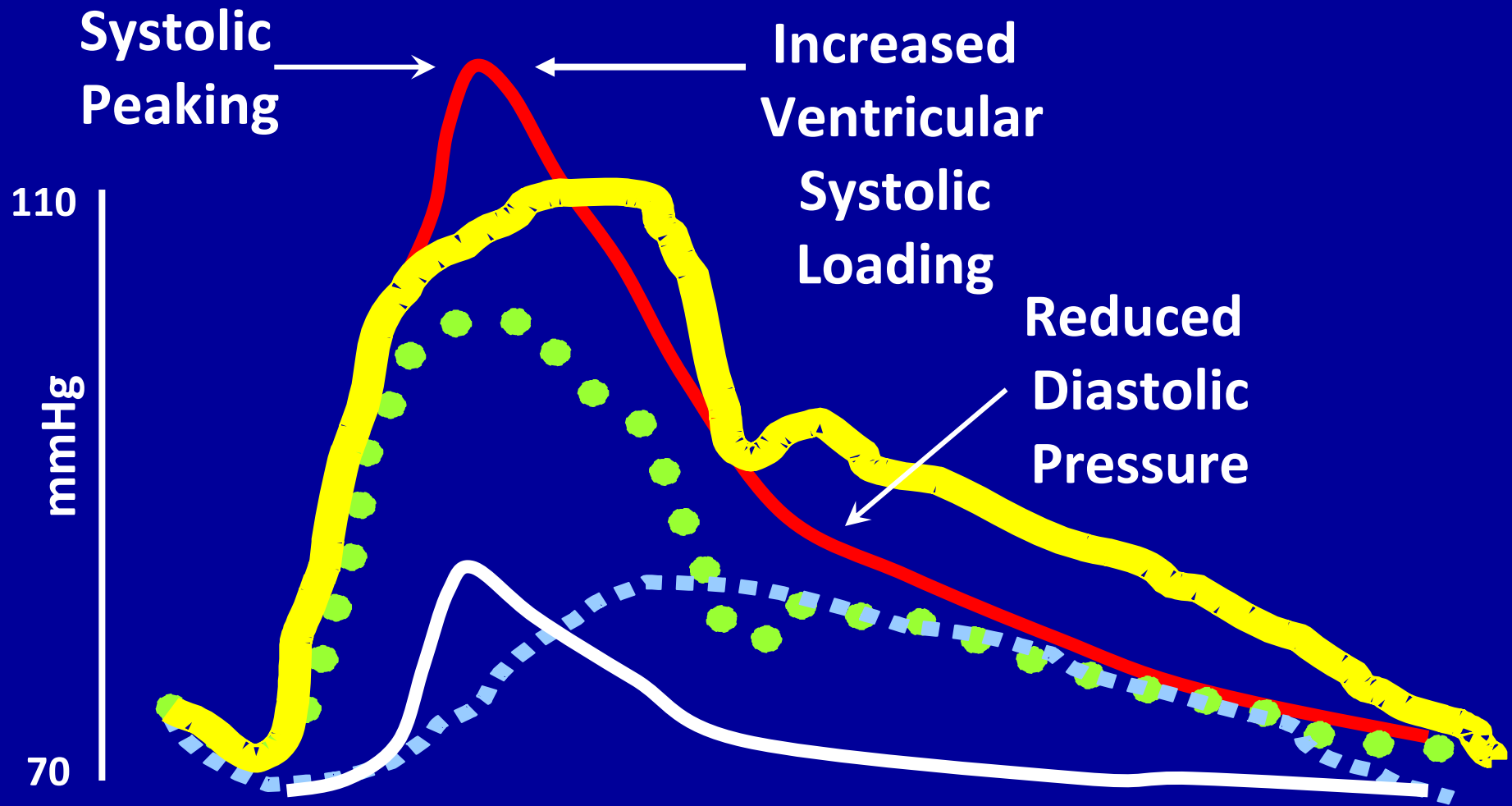
2. Reflection sites mainly at arterial branches

Normal Ascending Aortic Pressure

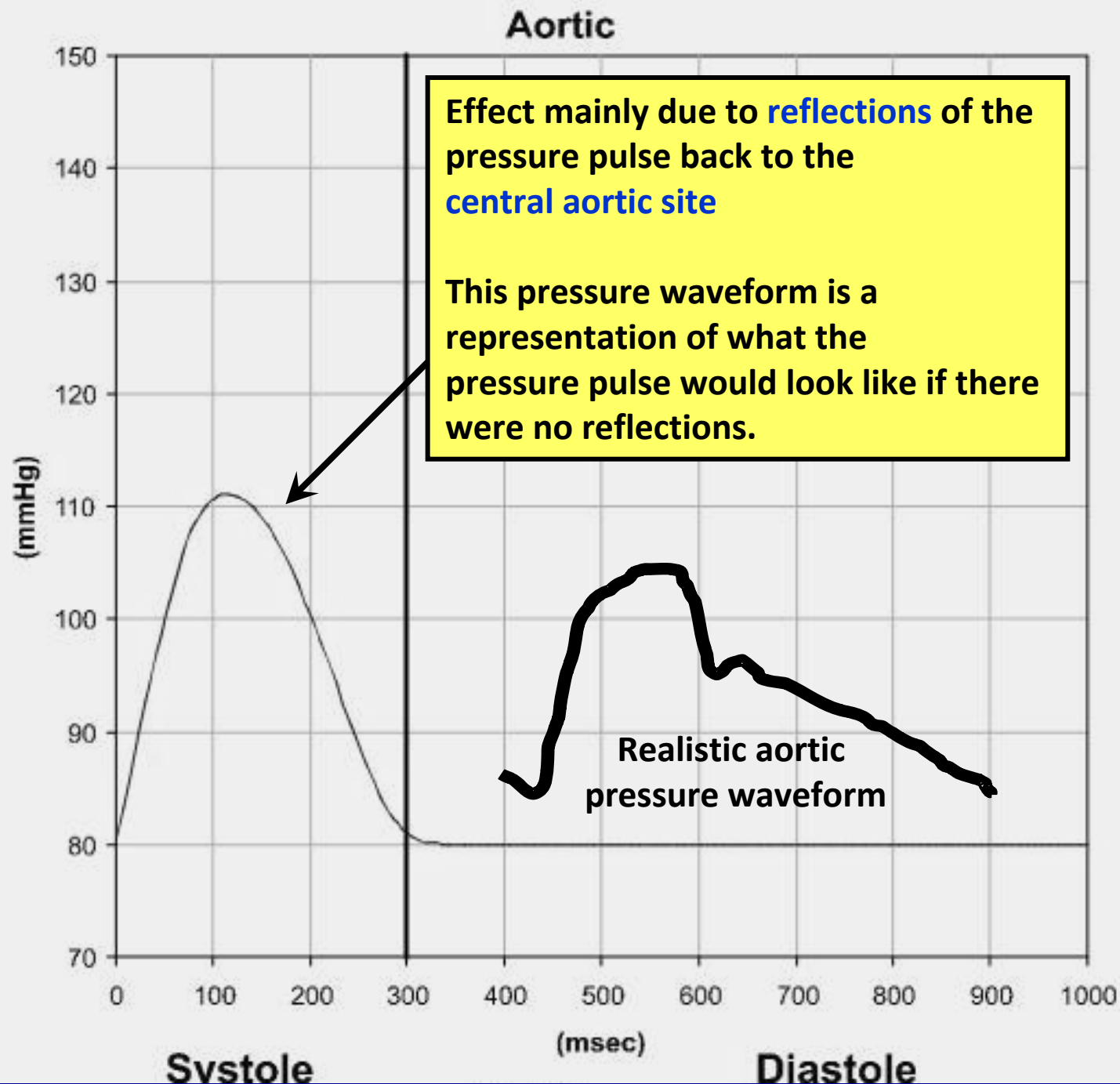


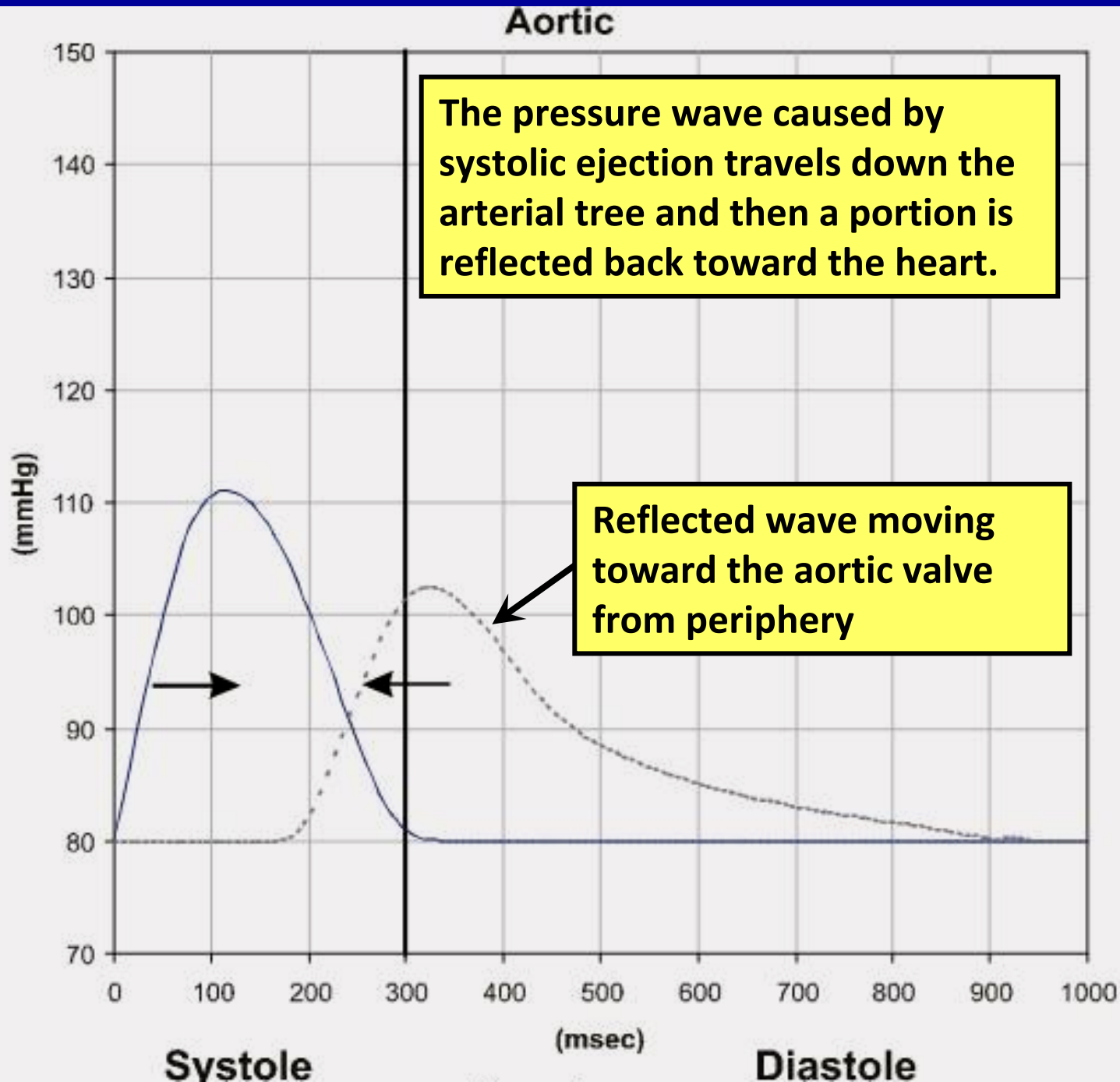
So What?

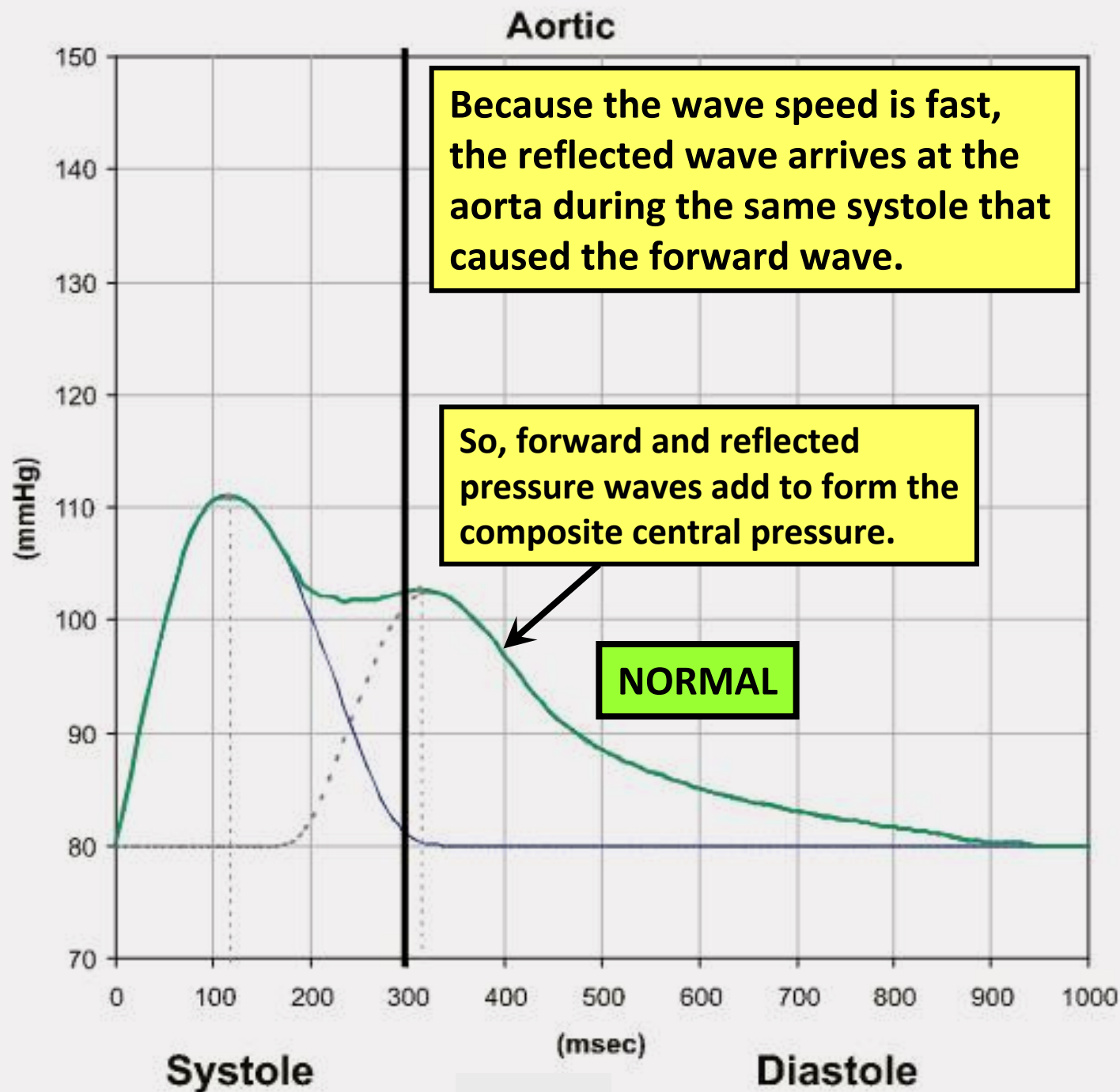
Earlier Reflection Arrival

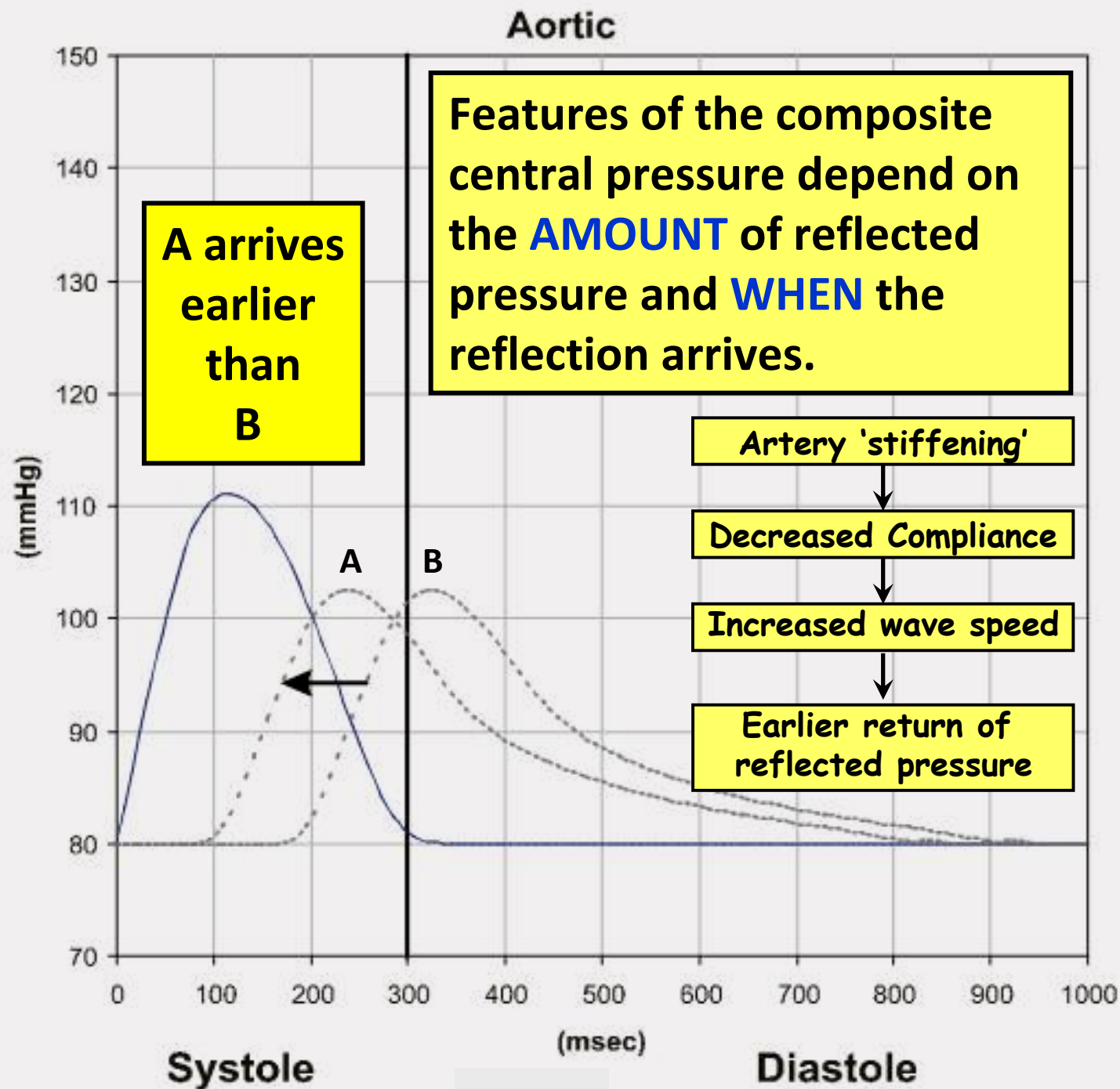


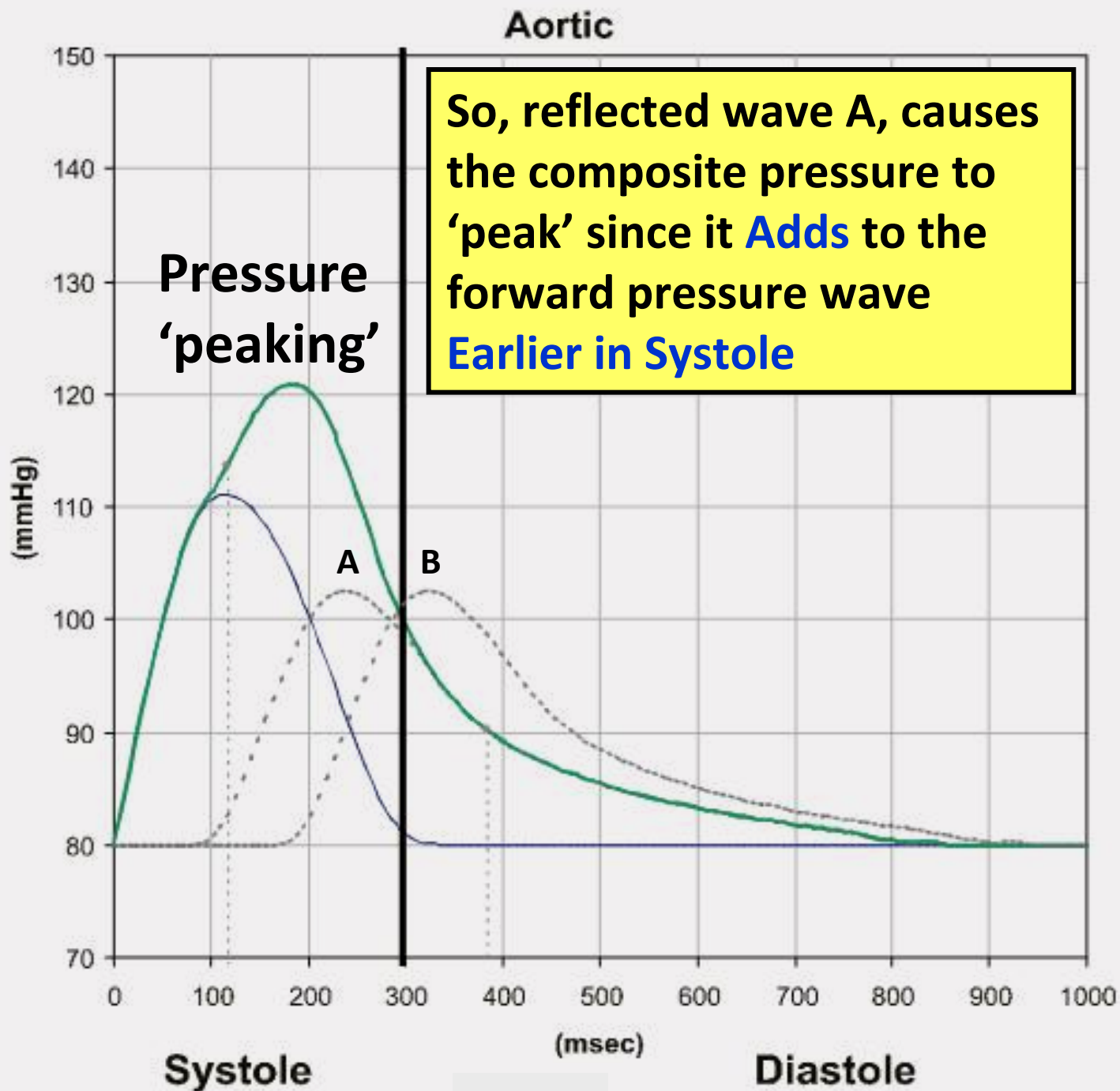
Review Fundamental Process



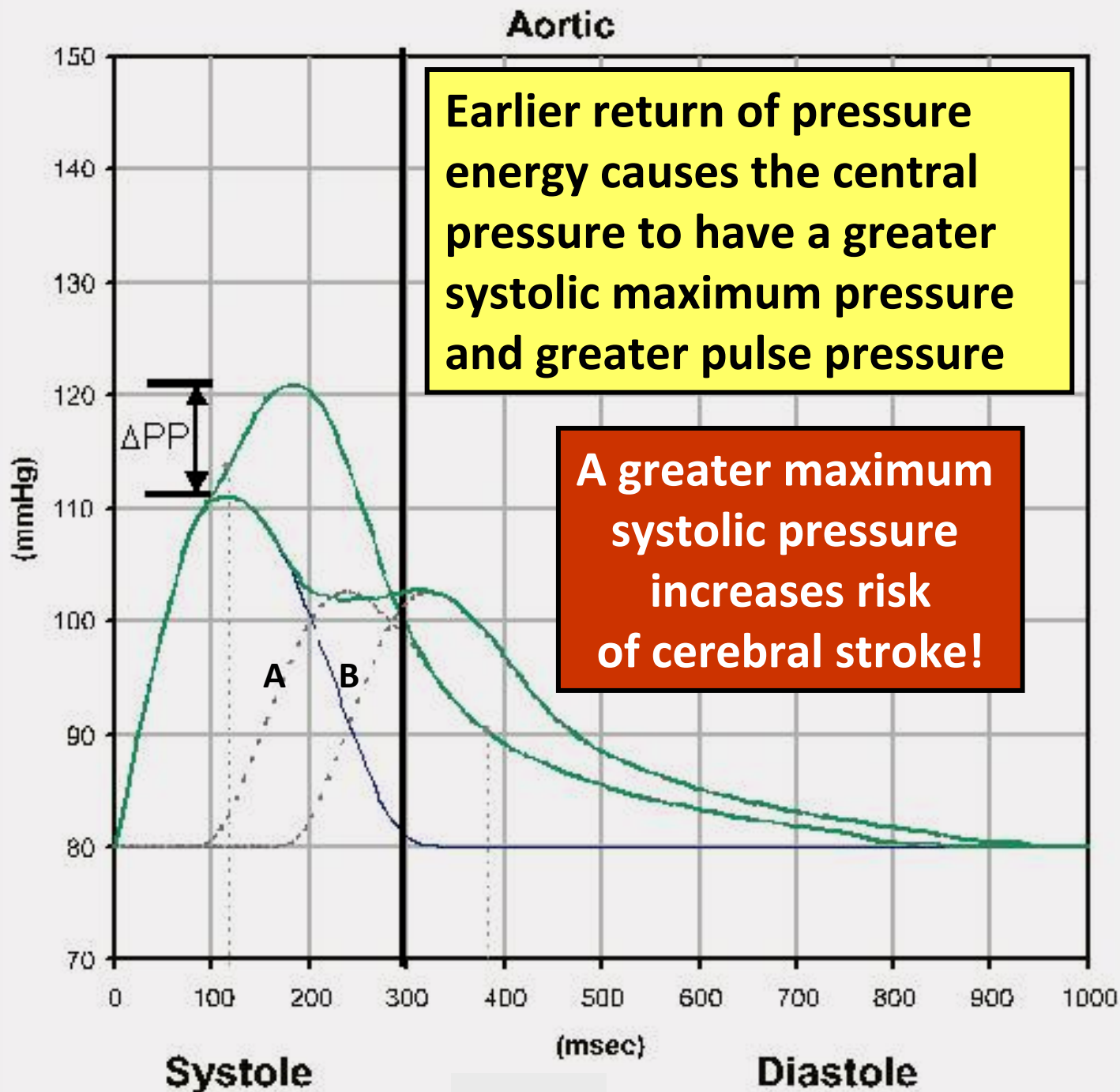






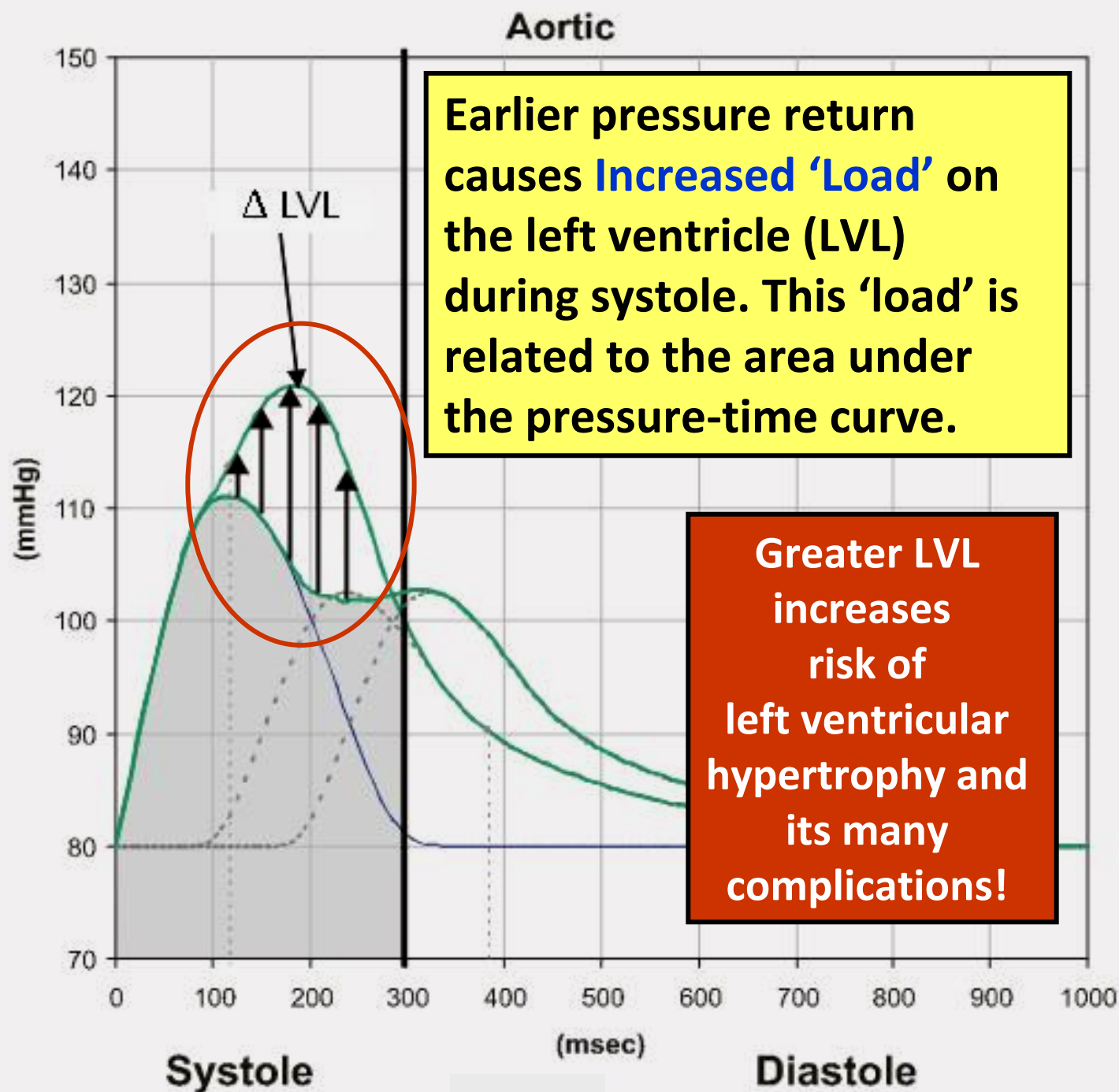


“So What”

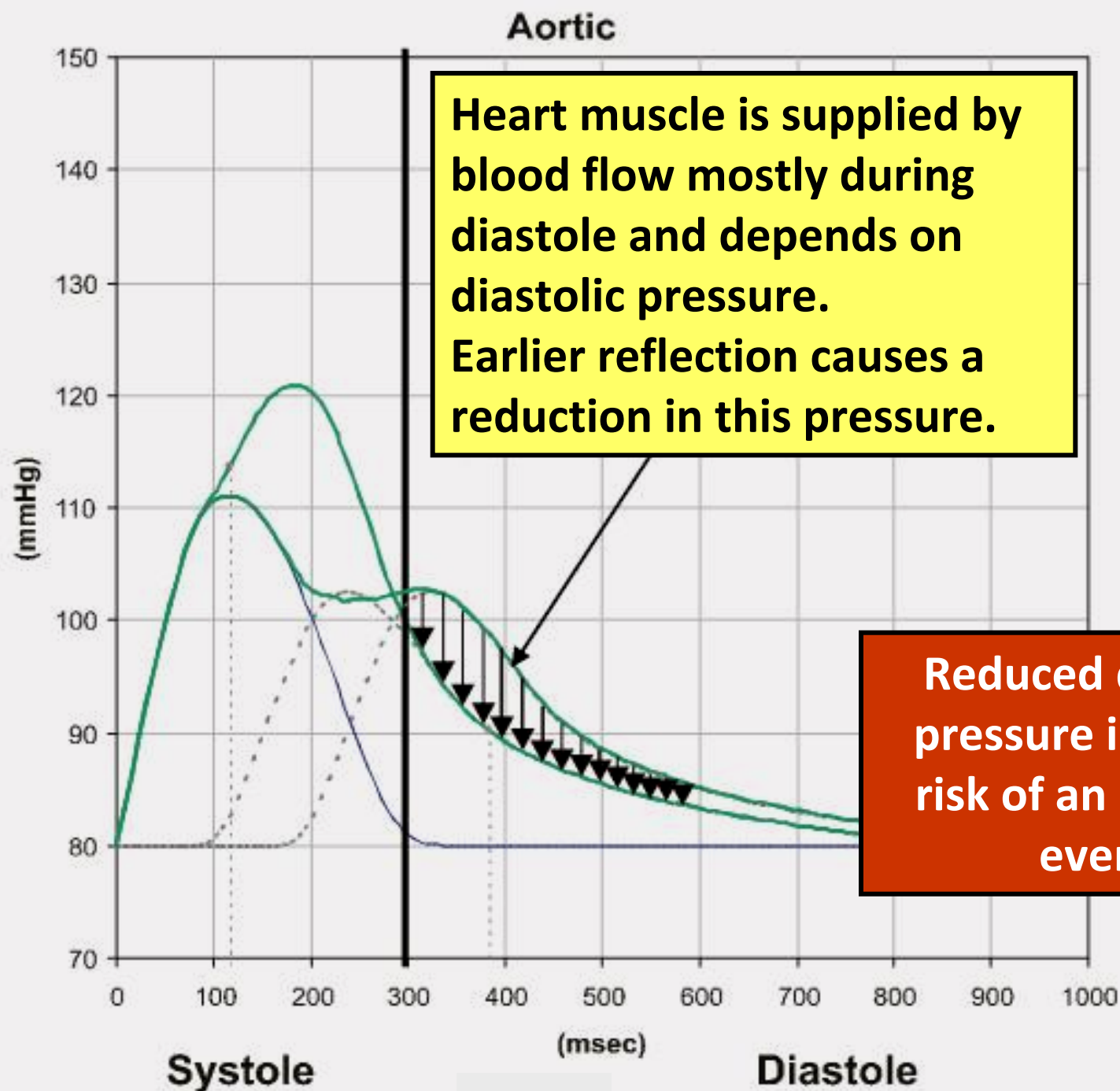


A

**“So What”
Emerges!**



**A 2nd
“So What”
Emerges!**

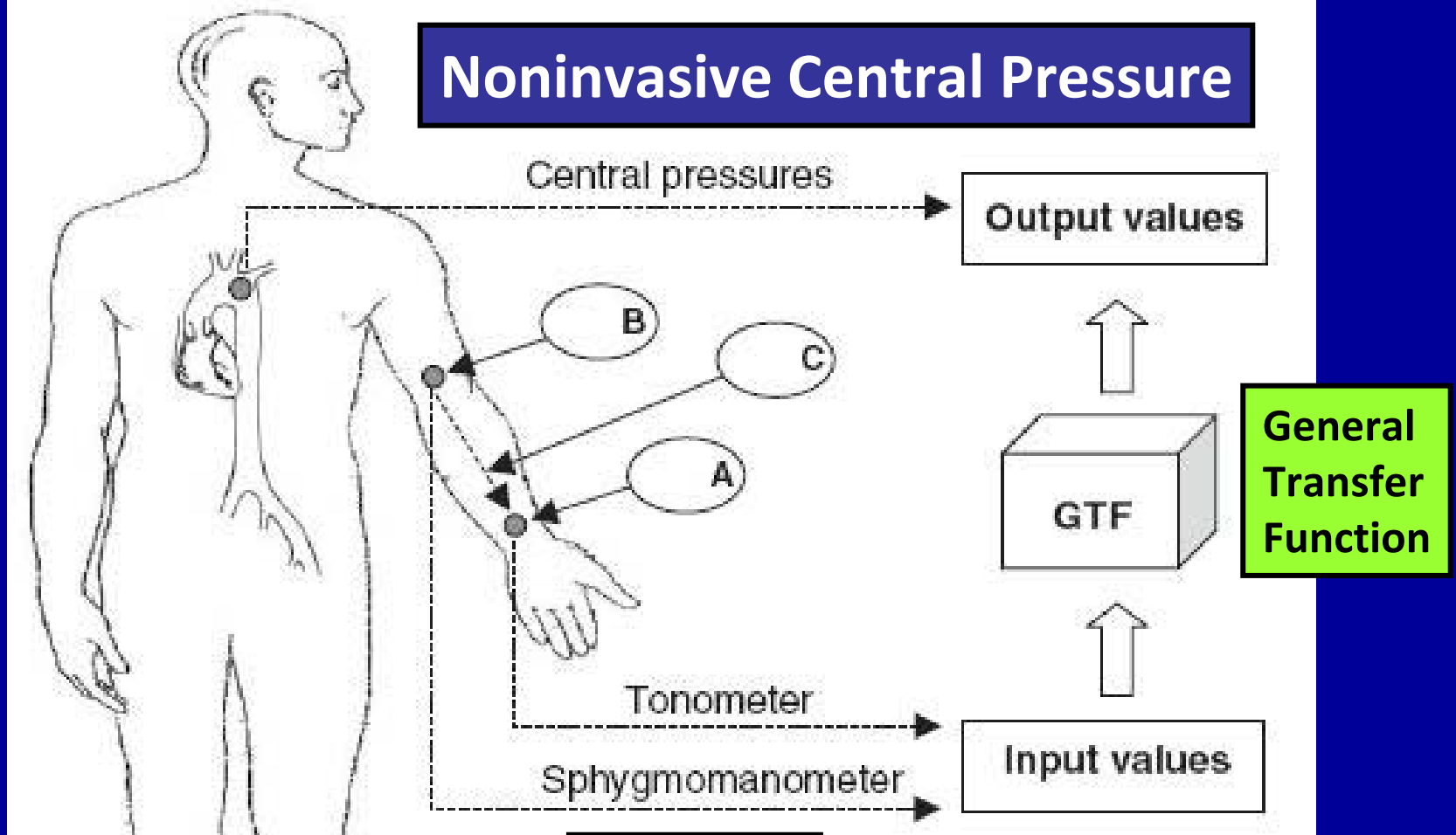


**A 3rd
“So What”
Emerges!**

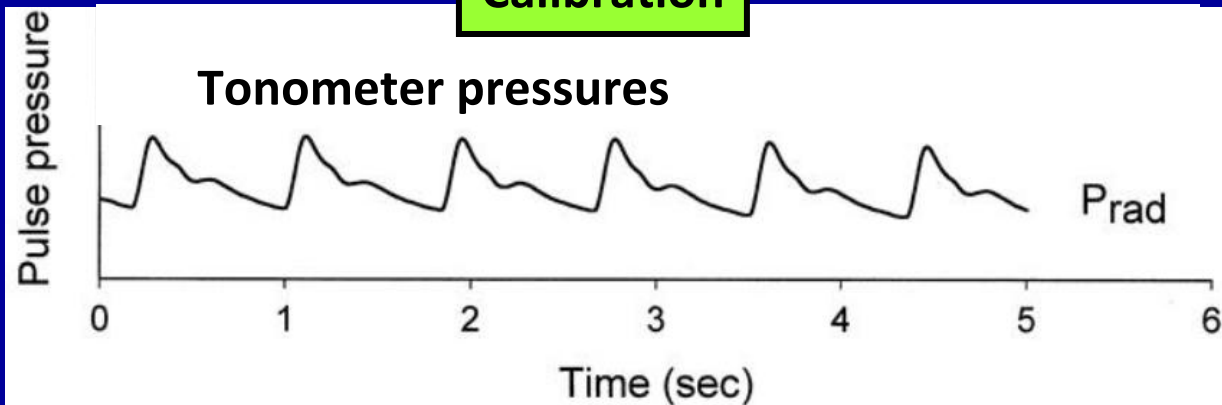
**So – Standard BP by sphygmomanometry,
though important and clinically useful
only tells PART of the story**

- **Stiffening of arteries is a more-or-less general feature of the aging process**
- **There is a major push to be able to reliably and noninvasively assess *Aortic Central Pressure***
- **More accurate risk assessment?**

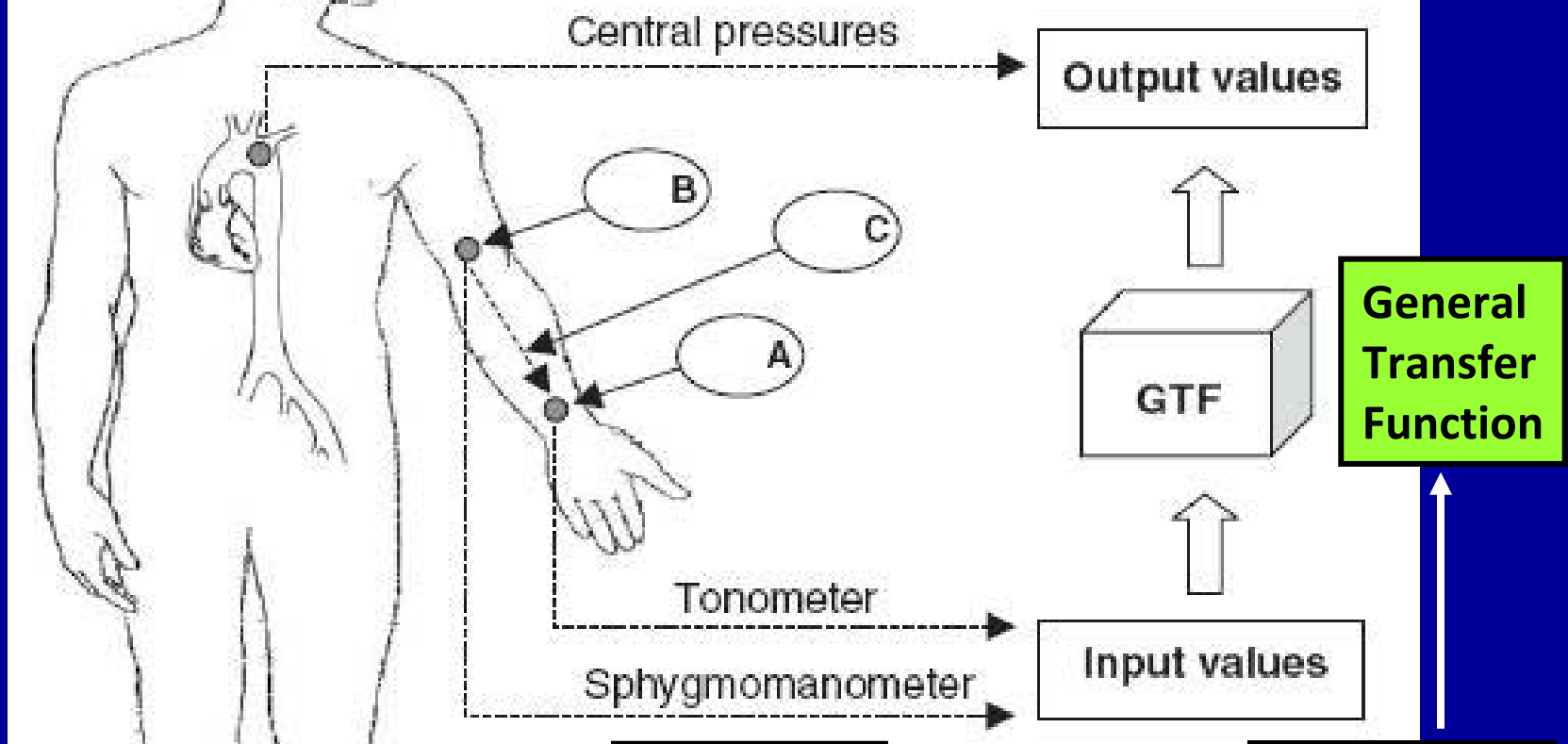
Noninvasive Central Pressure



Calibration

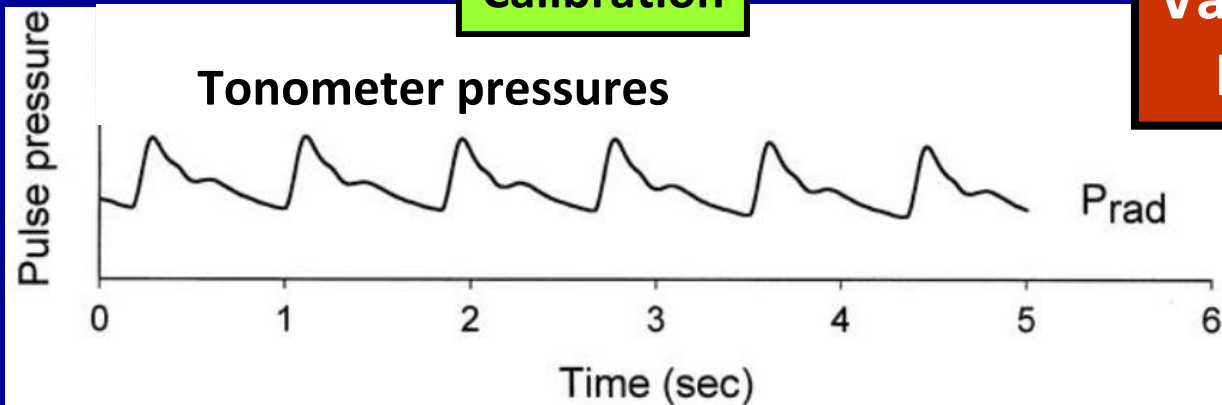


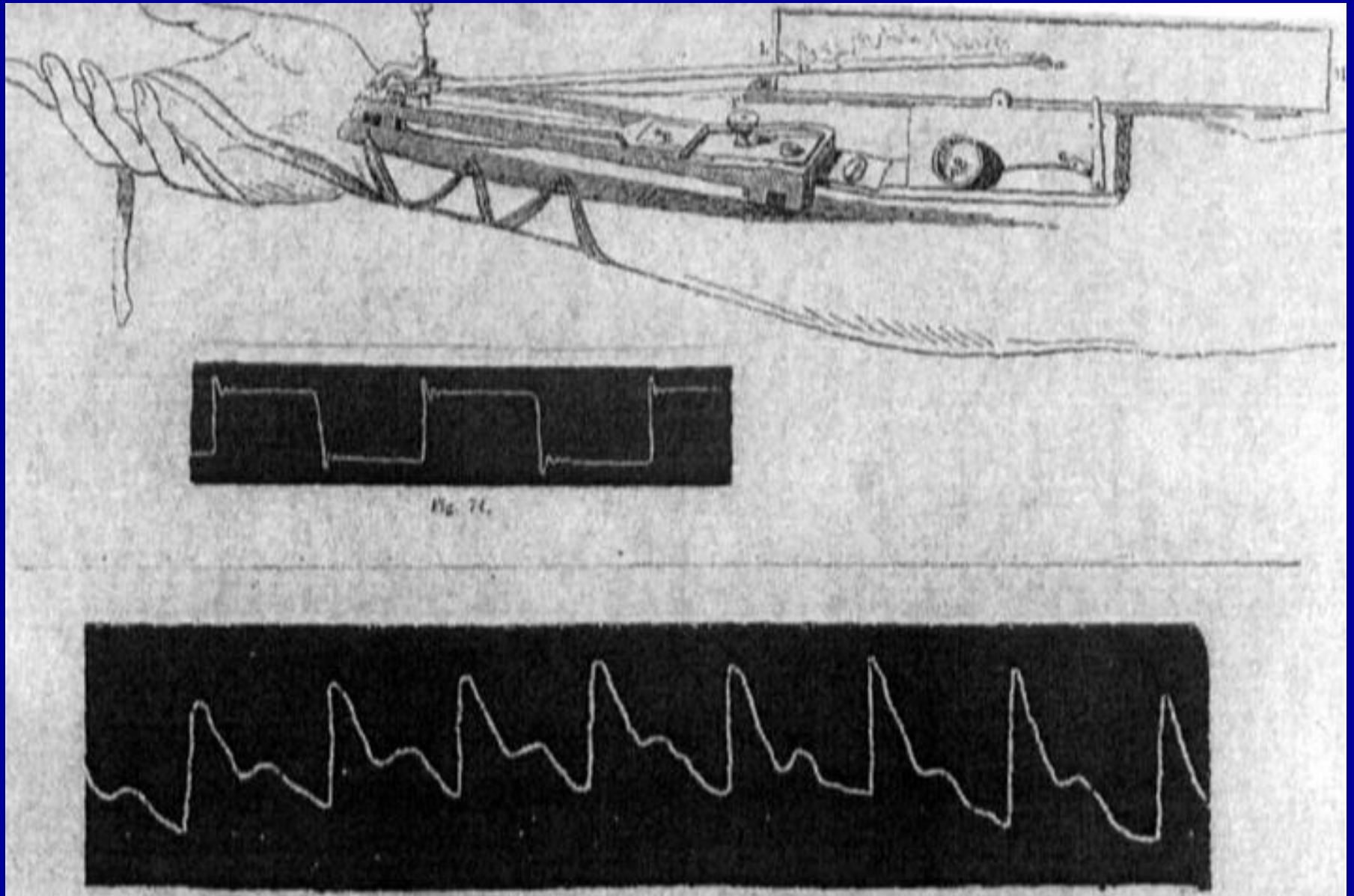
Noninvasive Central Pressure



Calibration

Validation Issues

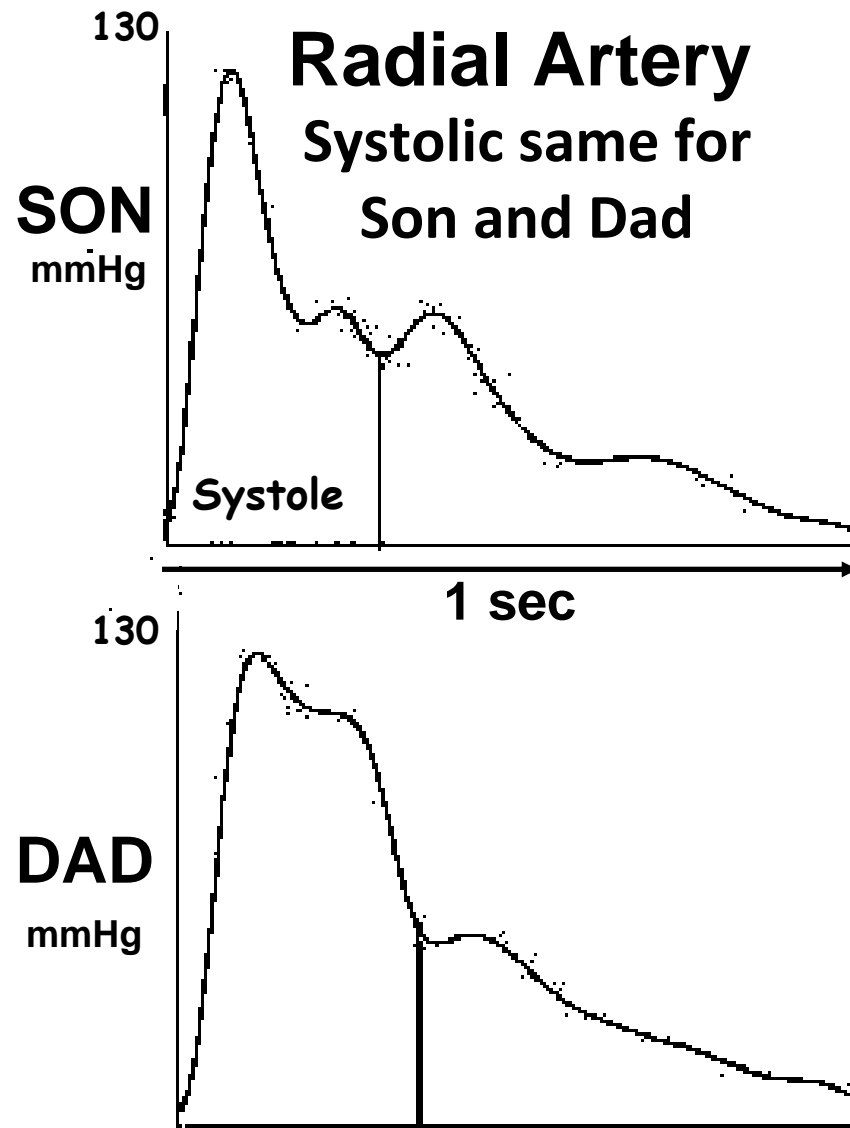




Marey EJ. *Physiologie Medicale de la Circulation du Sang*. Paris, France: Adrien Delahaye; 1863

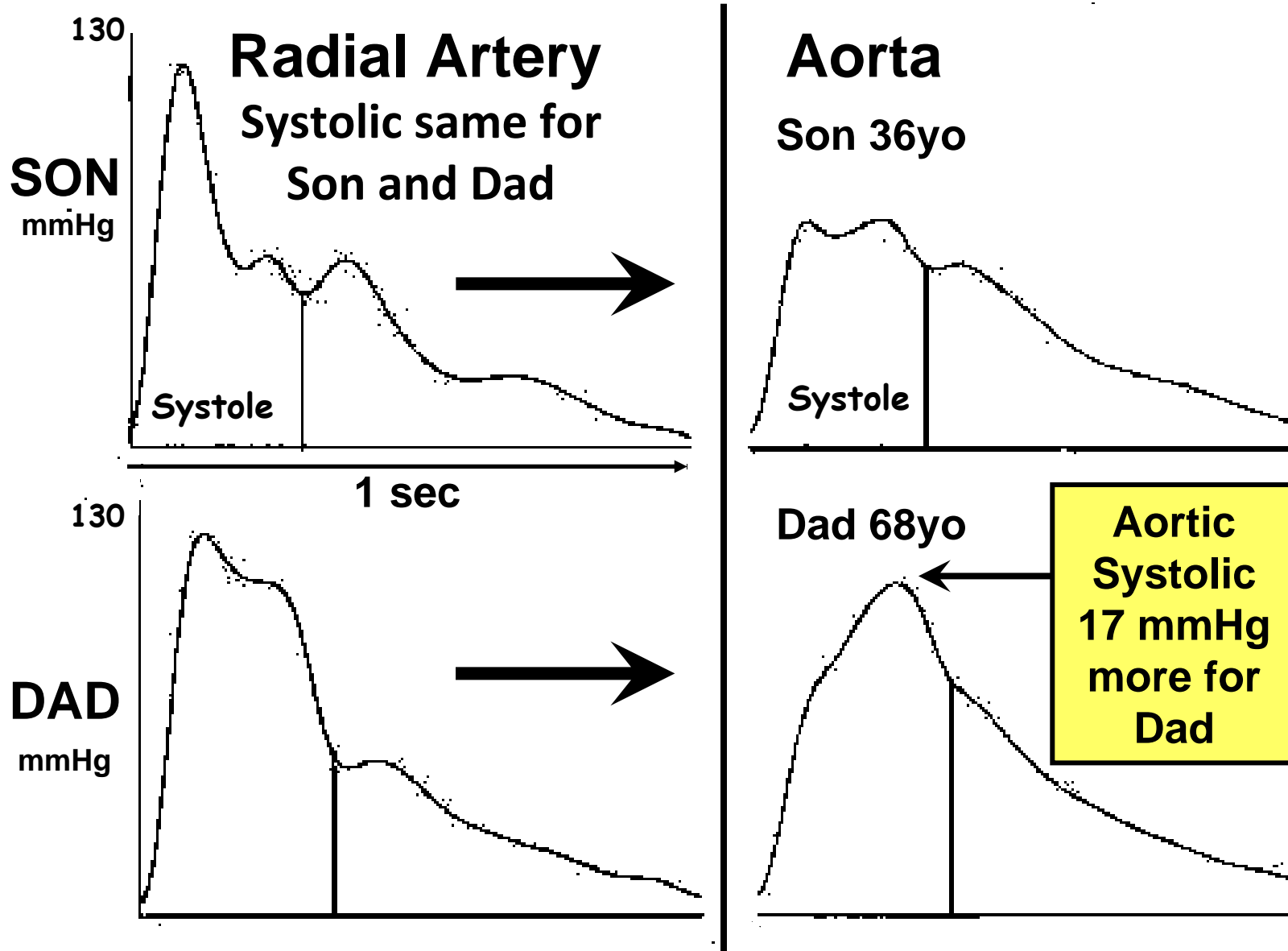
Actual Example of Principle

Son and Dad: Same Brachial Systolic Pressure



Modified from: O'Rourke, M. F. et al. J Am Coll Cardiol 2007;50:1-13

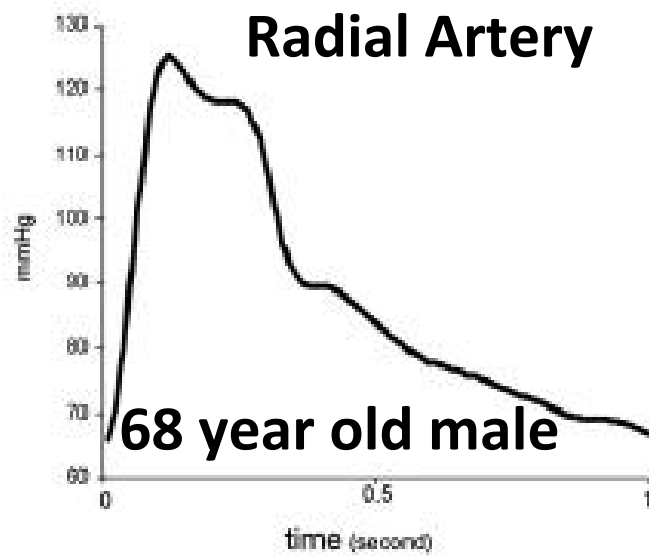
Son and Dad: Same Brachial Systolic Pressure



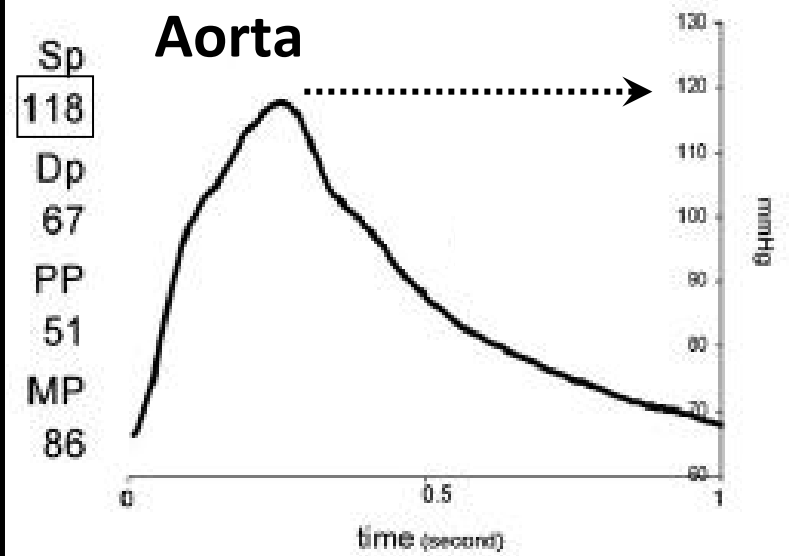
Modified from: O'Rourke, M. F. et al. J Am Coll Cardiol 2007;50:1-13

Actual Example of “Treatment” Effect

Baseline

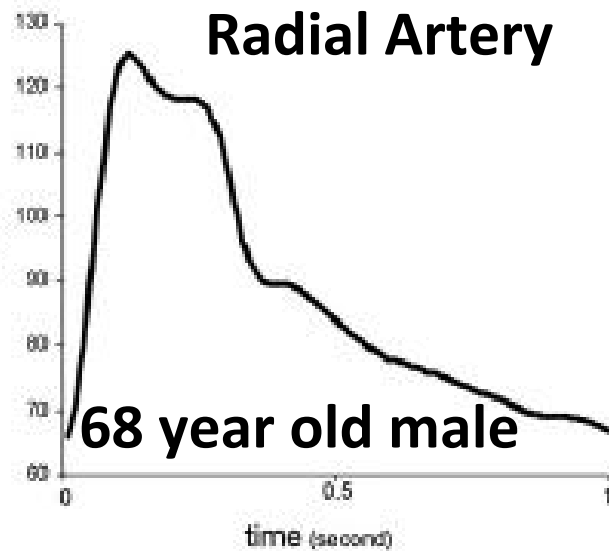


Sp
125
Dp
66
PP
59
MP
86

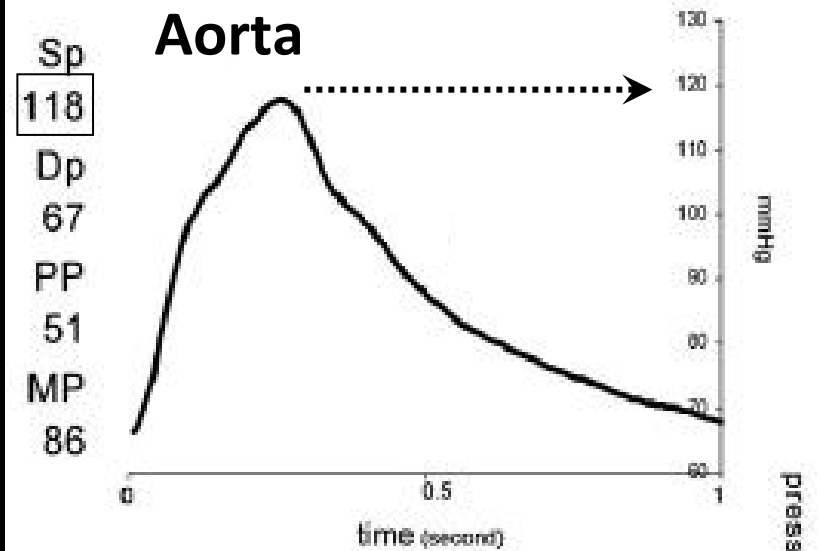


Sp
118
Dp
67
PP
51
MP
86

Baseline

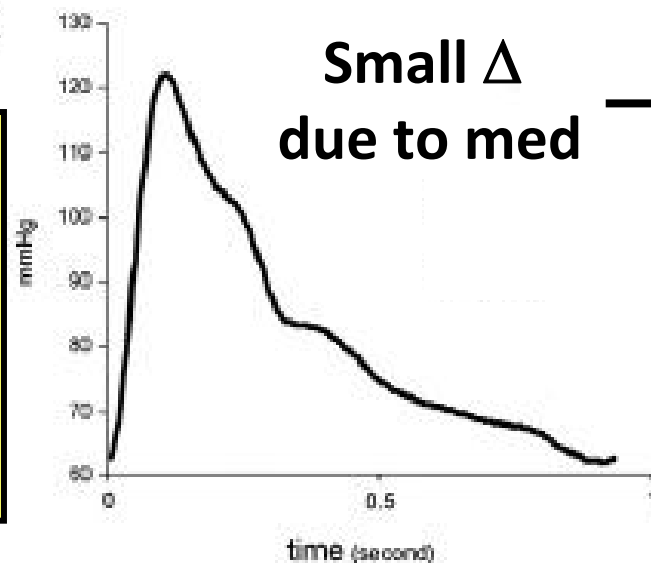


Sp
125
Dp
66
PP
59
MP
86

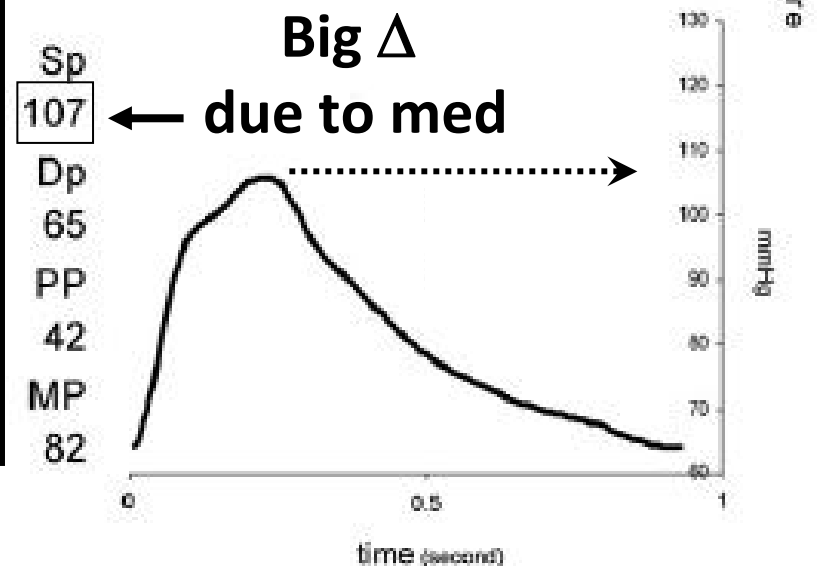


Sp
118
Dp
67
PP
51
MP
86

**2 hrs
after
ACEI
(Ramipril
10 mg)**



Sp
122
Dp
63
PP
59
MP
82



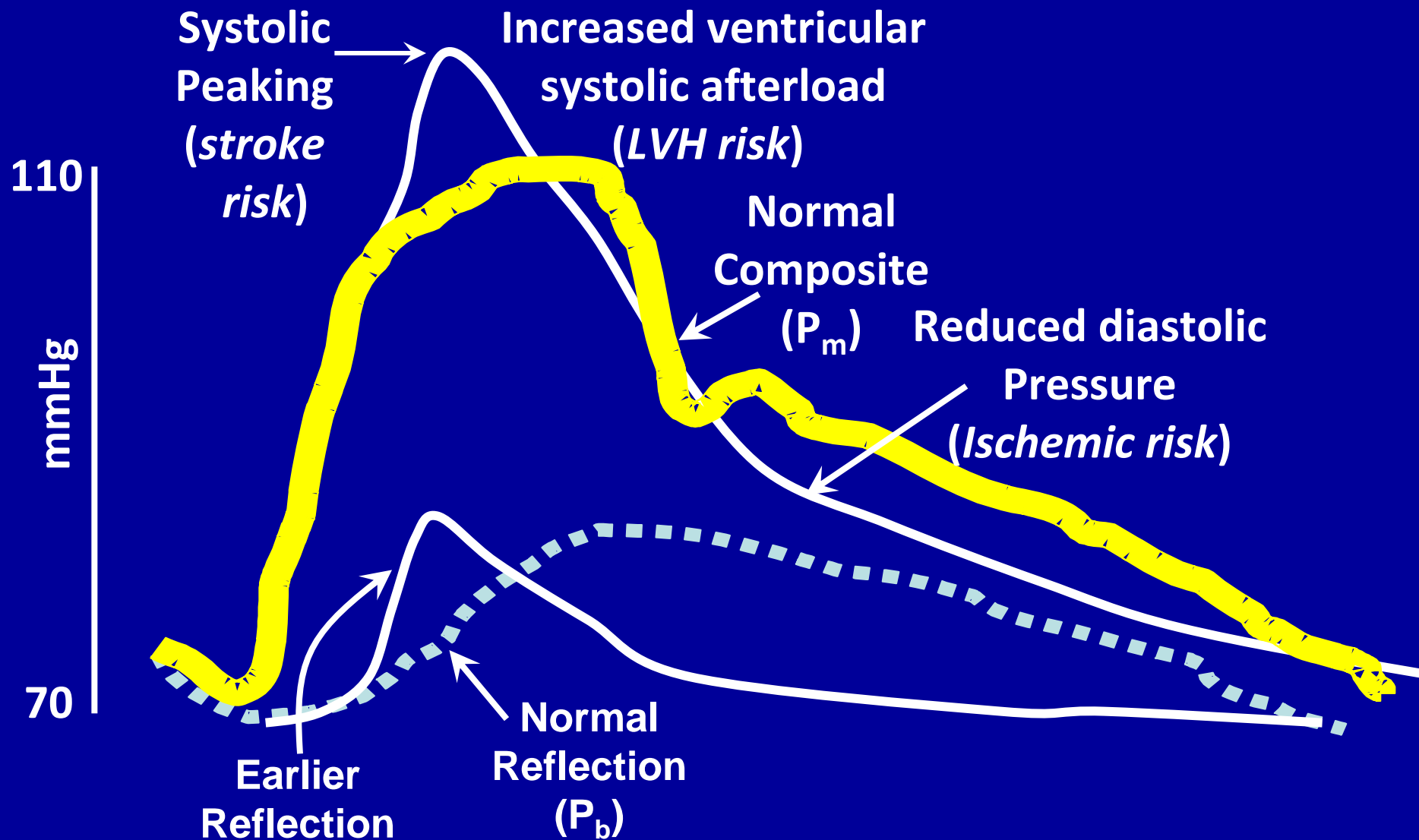
Sp
107
Dp
65
PP
42
MP
82

VSM relaxation – Artery Relaxation and Arteriole Vasodilation

*Increases C
Reduces S_0*

*Reduces
Reflection*

Summary of Major Aspects



Conclusions

- Standard BP good but misses stuff that effects heart
- Reasons have to do with pressure wave interactions that are most directly influenced by:
 - A. Pulse wave speed (Artery compliance)
 - B. Reflection amplitudes (Vasoconstriction state)Both tend to increase with hypertension and aging
- Prediction:
New office BP assessment devices within 4 years??

**"That's
all
folks!"**

