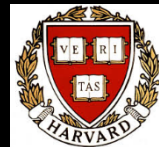


SPACE-COT: Studying the Physiological and Anatomical Cerebral Effects of Carbon Dioxide and Head Down Tilt: An International Collaborative Study

Eric Bershad, MD – Scientific Principal Investigator
Assistant Professor of Neurology and Space Medicine
Associate Director of Biomedical Innovation Lab
Vascular Neurologist and Neurointensivist
Baylor College of Medicine

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SPACE-COT Aims

- Assess the operational capabilities of :envihab to simulate features of the space-flight environment.
- Obtain pilot study data on combined effects of head-down tilt (HDT) and elevated CO₂.
- Evaluate innovative non-invasive technologies to evaluate the effects of the environment on the brain, eye, and systemic body systems

Hypotheses

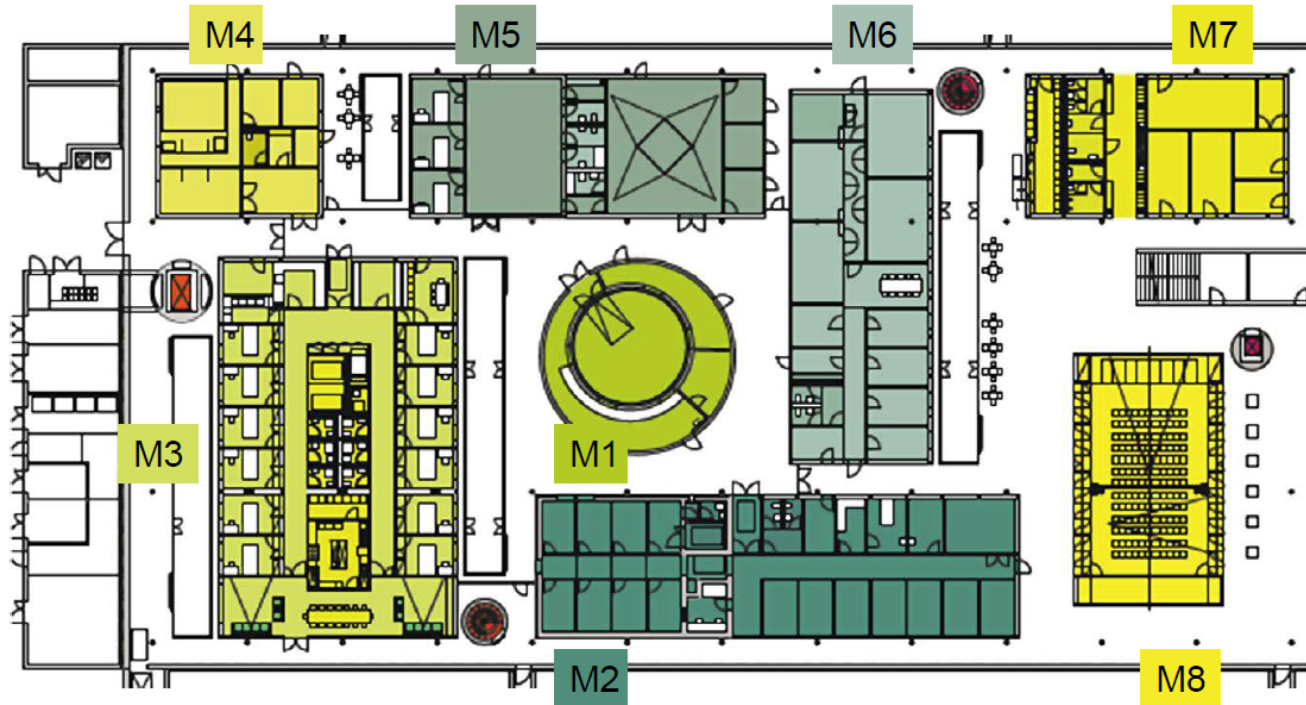
- Elevated CO₂ would increase cerebral blood flow due to vasodilatory effects
- HDT may increase cerebral blood flow due to hydrostatic increases of cerebral perfusion pressure
- Increased ICP (hydrostatic effects)
- Cognition would worsen with elevated CO₂ exposure.

Setting - :Envihab (Environment + Habitat) (German Aerospace Center (DLR) Cologne, Germany)



Study modules:

M3 (living/testing module)



:envihab Module/:envihab moduls

M1 Kurzarmzentrifuge I/Short Arm Centrifuge I

M2 Physiologielabor I/Physiology Lab I | Barolabor I/Baro Lab I

M3 Wohn- und Simulationsbereich I/Living and Simulation Area I

M4 PET-MRT/MRI-PET

M5 Psychologielabor/Psychology Lab

M6 Biologielabor/Biology Lab

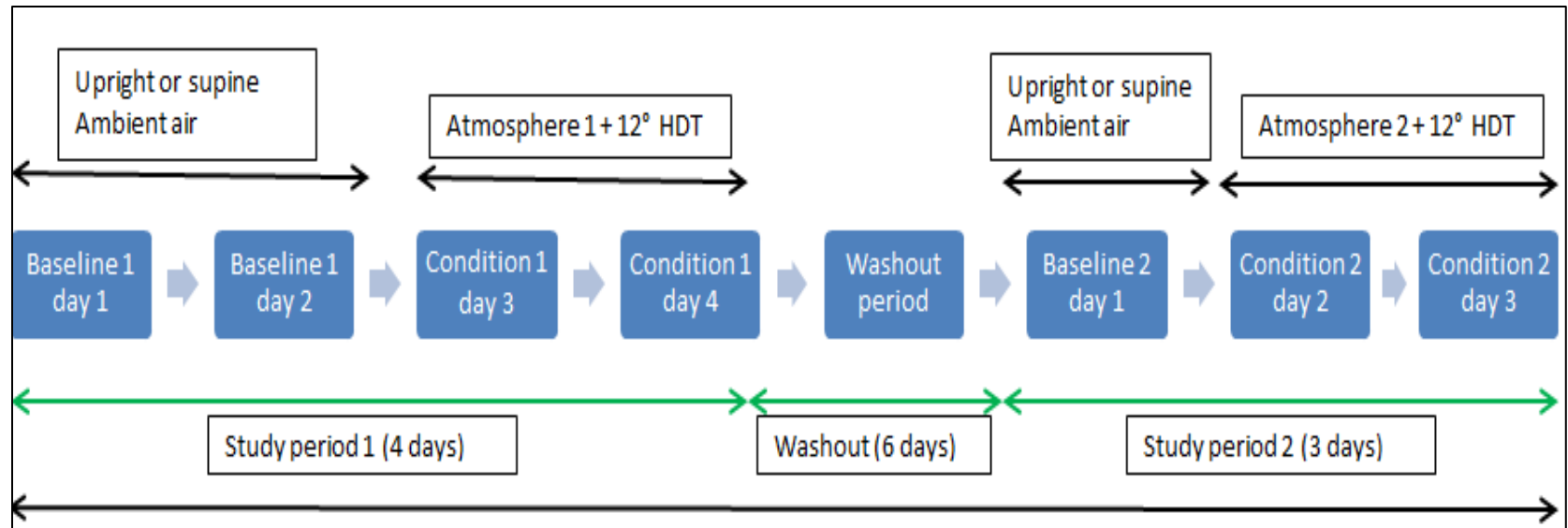
M7 Infrastruktur/Infrastructure

M8 Forum/Forum



Deutsches Zentrum
für Luft- und Raumfahrt
Institut für Luft- und
Raumfahrtmedizin

Study overview: Randomized crossover design



Study schedule: Day 1 and 2

Monday, June 15 2015

study day Condition	BIOC-2 Standard atmosphere	BIOC-2 Standard atmosphere	BIOC-2 Standard atmosphere	study day Condition
wake-up order	NA	NA	NA	wake-up order
subject	A	B	C	subject
6:30	formalities	formalities	formalities	6:30
6:45	Urine 0	Urine 0	Urine 0	6:45
7:00	Base headache quest	Base headache quest	Base headache quest	7:00
7:15	Temp, BP, HR, BW	Temp, BP, HR, BW	Temp, BP, HR, BW	7:15
7:30	Breakfast/Drink	Breakfast/Drink	Breakfast/Drink	7:30
7:45		seated spiro/CO/ET/CO2		7:45
8:00	Anthropometrics	Phono fam	Cognition fam	8:00
8:15		Plasma volume fam	upright	8:15
8:30				8:30
8:45				8:45
9:00			seated spiro/CO/ET/CO2	9:00
9:15	Cognition fam	Anthropometrics	Phono fam	9:15
9:30	upright		Plasma volume fam	9:30
9:45				9:45
10:00				10:00
10:15	seated spiro/CO/ET/CO2			10:15
10:30	Phono fam	Cognition fam	Anthropometrics	10:30
10:45		upright		10:45
11:00	Plasma volume fam			11:00
11:15				11:15
11:30	MRI fam	IOP and OCT fam	FMD fam	11:30
11:45				11:45
12:00	FMD fam	MRI fam	IOP and OCT fam	12:00
12:15				12:15
12:30	IOP and OCT fam	FMD fam	MRI fam	12:30
12:45				12:45
13:00	Lunch/Drink	Lunch/Drink	Lunch/Drink	13:00
13:15				13:15
13:30				13:30
13:45	TCD / Finometer	Vittamed fam	Tilt Table +	13:45
14:00	Cflow / Fino		Echocardiography fam	14:00
14:15	Cerebrotech / Fino	Sniffin' Sticks		14:15
14:30				14:30
14:45	Vittamed fam	Tilt Table +	TCD / Finometer	14:45
15:00		Echocardiography fam	Cflow / Fino	15:00
15:15	Sniffin' Sticks		Cerebrotech / Fino	15:15
15:30				15:30
15:45				15:45
16:00	Tilt Table +	TCD / Finometer	Vittamed fam	16:00
16:15	Echocardiography fam	Cflow / Fino		16:15
16:30		Cerebrotech / Fino	Sniffin' Sticks	16:30
16:45				16:45
17:00	CO2-response curve	Cognition fam		17:00
17:15		upright		17:15
17:30	Cognition fam			17:30
17:45	upright	CO2-response curve		17:45
18:00				18:00
18:15				18:15
18:30				18:30
18:45			CO2-response curve	18:45
19:00				19:00
19:15	Dinner	Dinner		19:15
19:30				19:30
19:45			Dinner	19:45
20:00	Headache questionnaire	Headache questionnaire	Headache questionnaire	20:00
20:15				20:15
20:30				20:30
20:45				20:45
21:00				21:00
21:15				21:15
21:30	Drink	Drink	Drink	21:30
21:45	LOG	LOG	LOG	21:45
22:00				22:00
22:15				22:15
22:30	Bedtime	Bedtime	Bedtime	22:30
22:45				22:45

Tuesday, June 16 2015

study day Condition	BIOC-1 Standard atmosphere	BIOC-1 Standard atmosphere	BIOC-1 Standard atmosphere
wake-up order	A	B	C
subject	A	B	C
6:30	Temp, BP, HR	Temp, BP, HR	Temp, BP, HR
6:45	Urine 1, BW	Urine 1, BW	Urine 1, BW
7:00	BD, CO-Hb	BD, CO-Hb	BD, CO-Hb
7:15			
7:30	Breakfast/Drink	Breakfast/Drink	Breakfast/Drink
7:45			
8:00	Cognition fam		
8:15	supine		
8:30			
8:45	Plasma volume		
9:00	CO2-Hb	Cognition fam	
9:15	Flow-mediated dilation	supine	
9:30		Plasma volume	Cognition fam
9:45	Puffy face		supine
10:00		CO2-Hb	
10:15			
10:30	internal jugular vein + tilt	Flow-mediated dilation	Plasma volume
10:45		Puffy face	CO2-Hb
11:00			
11:15	Cognition / NIRS	internal jugular vein + tilt	Flow-mediated dilation
11:30			
11:45	TCD / Finometer		Puffy face
12:00	Cflow / Fino / BGA	Cognition / NIRS	internal jugular vein + tilt
12:15			
12:30	IOP and OCT	TCD / Finometer	
12:45			
13:00	Lunch/Drink	Cflow / Fino / BGA	Lunch/Drink
13:15			
13:30			
13:45	Vittamed	IOP and OCT	Cognition / NIRS
14:00			
14:15	Sniffin' Sticks	Lunch/Drink	TCD / Finometer
14:30	supine spiro/CO/ET/CO2		Cflow / Fino / BGA
14:45	Phono / BGA	Vittamed	
15:00	Cerebrotech / Fino	Sniffin' Sticks	IOP and OCT
15:15		supine spiro/CO/ET/CO2	
15:30		Phono / BGA	Vittamed
15:45		Cerebrotech / Fino	
16:00			
16:15			
16:30	Tilt Table +	MRI	Sniffin' Sticks
16:45	Echocardiography		supine spiro/CO/ET/CO2
17:00			Phono / BGA
17:15			Cerebrotech / Fino
17:30		Tilt Table +	
17:45		Echocardiography	MRI
18:00			
18:15			
18:30			
18:45			Tilt Table +
19:00			Echocardiography
19:15	Dinner	Dinner	
19:30			
19:45			Dinner
20:00	PANAS + GHQ-28	PANAS + GHQ-28	PANAS + GHQ-28
20:15	Headache questionnaire	Headache questionnaire	Headache questionnaire
20:30			
20:45			
21:00			
21:15			
21:30	Drink	Drink	Drink
21:45	LOG	LOG	LOG
22:00			
22:15			
22:30	Bedtime	Bedtime	Bedtime
22:45			

Study schedule: Days 3 and 4

Wednesday, June 17 2015

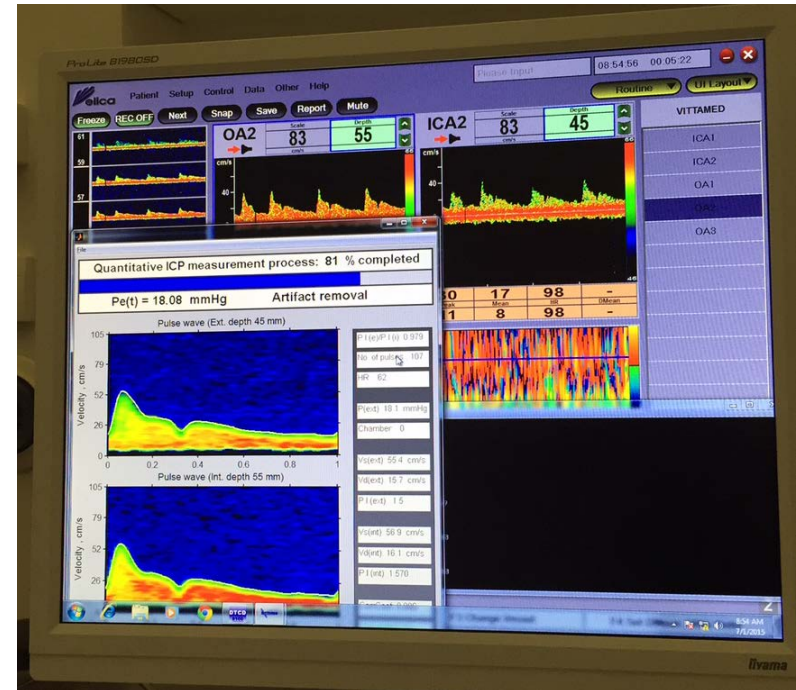
study day Condition	H011 atmosphere #1	H011 atmosphere #1	H011 atmosphere #1
wake-up order	1	2	3
subject	D	E	F
6:30	Temp. BP. HR	Temp. BP. HR	Temp. BP. HR
6:45	Urine 2, BW	Urine 2, BW	Urine 2, BW
7:00	BD	BD	BD
7:15			
7:30	Breakfast/Drink		
7:45			
8:00	seated spirometry/CO ₂ /ETCO ₂	Breakfast/Drink	Breakfast/Drink
8:15	Phono / BGA		
8:30	supine spirometry/CO ₂ /ETCO ₂		
8:45	Phono / BGA		
9:00	Puffy face	seated spirometry/CO ₂ /ETCO ₂	Cognition / NIRS
9:15		Phono / BGA	seated
9:30	Cognition / NIRS	supine spirometry/CO ₂ /ETCO ₂	
9:45	seated	Phono / BGA	
10:00		Puffy face	seated spirometry/CO ₂ /ETCO ₂
10:15	Urine 3	Cognition / NIRS	Phono / BGA
10:30	START Condition #1	seated	supine spirometry/CO ₂ /ETCO ₂
10:45	and -12" HDT		Phono / BGA
11:00			Puffy face
11:15	Cognition / NIRS	Urine 3	
11:30	TCD / Finometer	START Condition #1	
11:45		and -12" HDT	
12:00	Cflow / Fino / BGA	Cognition / NIRS	
12:15	Cerebrotech / Fino / BGA	TCD / Finometer	Urine 3
12:30	IOP and OCT		START Condition #1
12:45			and -12" HDT
13:00		Cflow / Fino / BGA	
13:15	Lunch/Drink	Cerebrotech / Fino / BGA	Cognition / NIRS
13:30		IOP and OCT	TCD / Finometer
13:45	Vittamed		Cflow / Fino / BGA
14:00		Lunch/Drink	Cerebrotech / Fino / BGA
14:15	Sniffin' Sticks		IOP and OCT
14:30	spirometry/CO ₂ /ETCO ₂	Vittamed	
14:45	Phono / BGA		Lunch/Drink
15:00		Sniffin' Sticks	
15:15	URINE 4 + BD	spirometry/CO ₂ /ETCO ₂	Vittamed
15:30	Puffy face	Phono / BGA	
15:45			
16:00	Cognition / NIRS	URINE 4 + BD	Sniffin' Sticks
16:15			spirometry/CO ₂ /ETCO ₂
16:30	TCD / Finometer	URINE 4 + BD	Phono / BGA
16:45	Puffy face		
17:00	Cflow / Fino / BGA	Cognition / NIRS	
17:15	Cerebrotech / Fino / BGA	TCD / Finometer	URINE 4 + BD
17:30	IOP and OCT		Puffy face
17:45		Cflow / Fino / BGA	Cognition / NIRS
18:00	Vittamed	Cerebrotech / Fino / BGA	
18:15		IOP and OCT	TCD / Finometer
18:30			Cflow / Fino / BGA
18:45	Sniffin' Sticks		Cerebrotech / Fino / BGA
19:00		Vittamed	IOP and OCT
19:15	Dinner		
19:30		Sniffin' Sticks	
19:45		Dinner	Vittamed
20:00	spirometry/CO ₂ /ETCO ₂	spirometry/CO ₂ /ETCO ₂	
20:15	Phono / BGA	Phono / BGA	
20:30			Sniffin' Sticks
20:45	Headache questionnaire		Dinner
21:00		Headache questionnaire	
21:15		Drink	
21:30	Drink	LOG	spirometry/CO ₂ /ETCO ₂
21:45			Phono / BGA
22:00			Headache questionnaire
22:15	Bedtime	Bedtime	LOG
22:30			Drink
22:45			Bedtime

Thursday, June 18 2015

study day Condition	R+0 atmosphere #1	R+0 atmosphere #1	R+0 atmosphere #1	study day Condition
wake-up order	1	2	3	wake-up order
subject	A	B	C	subject
6:30	Temp. BP. HR	Temp. BP. HR	Temp. BP. HR	6:30
6:45	Urine 4, BW	Urine 4, BW	Urine 4, BW	6:45
7:00				7:00
7:15	Breakfast/Drink	Breakfast/Drink	Breakfast/Drink	7:15
7:30	spirometry/CO ₂ /ETCO ₂			7:30
7:45	Phono / BGA			7:45
8:00				8:00
8:15	Cognition / NIRS	spirometry/CO ₂ /ETCO ₂		8:15
8:30		Phono / BGA		8:30
8:45	Vittamed			8:45
9:00	Sniffin' Sticks	Cognition / NIRS		9:00
9:15				9:15
9:30	IOP and OCT	Vittamed	spirometry/CO ₂ /ETCO ₂	9:30
9:45			Phono / BGA	9:45
10:00	TCD / Finometer	Sniffin' Sticks	Cognition / NIRS	10:00
10:15				10:15
10:30	Cflow / Fino / BGA	IOP and OCT		10:30
10:45	Cerebrotech / Fino / BGA		Vittamed	10:45
11:00	URINE 4 + BD	TCD / Finometer		11:00
11:15			Sniffin' Sticks	11:15
11:30	MRI	Cflow / Fino / BGA	IOP and OCT	11:30
11:45		Cerebrotech / Fino / BGA		11:45
12:00		URINE 4 + BD	TCD / Finometer	12:00
12:15				12:15
12:30	FMD, puffy face		Cflow / Fino / BGA	12:30
12:45		MRI	Cerebrotech / Fino / BGA	12:45
13:00	Lunch/Drink		URINE 4 + BD	13:00
13:15	Urine 5			13:15
13:30	START of 3% CO ₂	FMD, puffy face		13:30
13:45		Lunch/Drink	MRI	13:45
14:00	TCD / Cflow / Finometer	Urine 5		14:00
14:15	IOP / ETCO ₂ / BGA	START of 3% CO ₂		14:15
14:30			FMD, puffy face	14:30
14:45	Cerebro / Finometer	TCD / Cflow / Finometer	Lunch/Drink	14:45
15:00		IOP / ETCO ₂ / BGA	Urine 5	15:00
15:15	MRI	Cerebro / Finometer	START of 3% CO ₂	15:15
15:30				15:30
15:45	FMD, puffy face		TCD / Cflow / Finometer	15:45
16:00	END of 3% CO ₂	MRI		16:00
16:15			IOP / ETCO ₂ / BGA	16:15
16:30	Tilt Table +	BD	Cerebro / Finometer	16:30
16:45	Echocardiography			16:45
17:00		FMD, puffy face	MRI	17:00
17:15		END of 3% CO ₂		17:15
17:30	Urine 6, BW		BD	17:30
17:45	spirometry/CO ₂ /ETCO ₂	Tilt Table +	FMD, puffy face	17:45
18:00	Phono / BGA	Echocardiography	END of 3% CO ₂	18:00
18:15				18:15
18:30	PANAS/GHQ-28/ Headache	Urine 6, BW		18:30
18:45	SCOT survey	spirometry/CO ₂ /ETCO ₂	Tilt Table +	18:45
19:00		Phono / BGA	Echocardiography	19:00
19:15	Dinner			19:15
19:30		PANAS/GHQ-28/ Headache	Urine 6, BW	19:30
19:45	LOG	SCOT survey	spirometry/CO ₂ /ETCO ₂	19:45
20:00	Departure DLR	Dinner	Phono / BGA	20:00
20:15				20:15
20:30		LOG		20:30
20:45		Departure DLR	PANAS/GHQ-28/ Headache	20:45
21:00			SCOT survey	21:00
21:15			Dinner	21:15
21:30			LOG	21:30
21:45				21:45
22:00			Departure DLR	22:00
22:15				22:15
22:30				22:30
22:45				22:45

Study procedures: Non-Invasive ICP Meter (Vittamed, Lithuania)

Non-invasive measurement of intracranial pressure



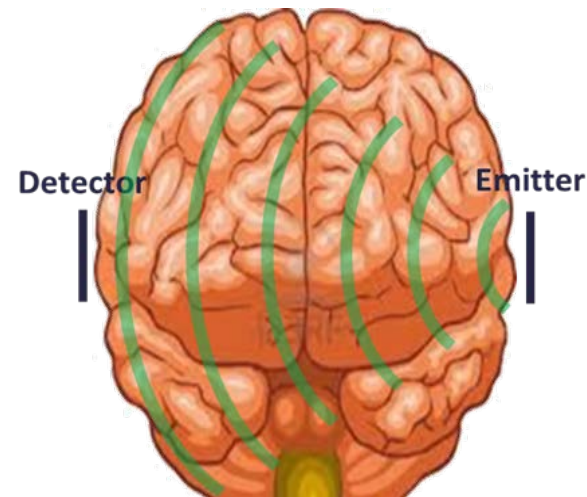
Study procedures: CBF monitor (cFLOW, Ornim, Israel)

Non-invasive continuous measurements of brain blood flow rate



Volume Integral Phase Shift Spectroscopy (Cerebrotech, Pleasanton, CA)

**Non-invasive continuous measurements of
brain fluid volume (blood, CSF)**



Near infrared spectroscopy combined with Cognition

Non-invasive continuous measurements of brain blood oxygenation with concurrent cognitive functional assessment

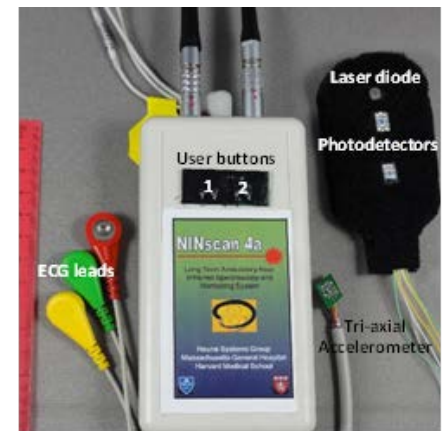
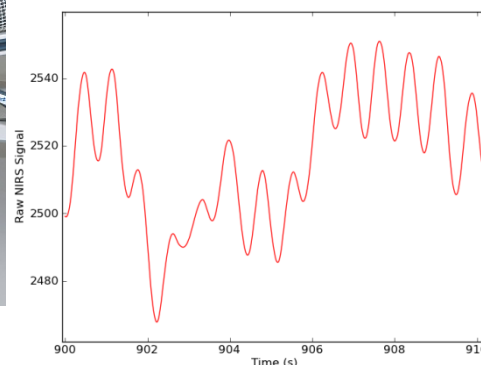
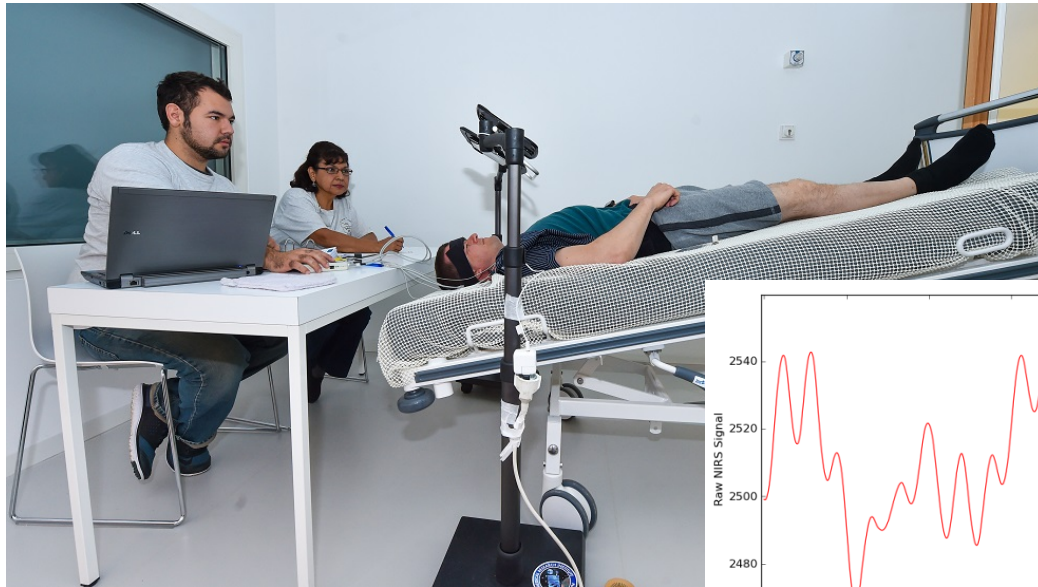
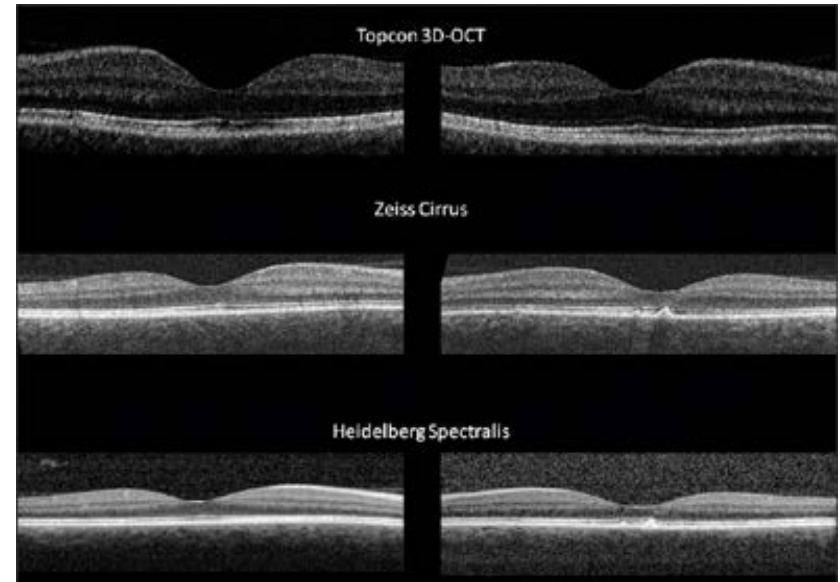


Figure 5. NINscan 4a, with 2 source colors (in a single laserdiode canister), 2 photodetectors, 3 ECG leads, and a 3-axis accelerometer.

Courtesy of Gary Strangman

Optical Coherence Tomography

Non-invasive high resolution measurements of ocular structures



MRI brain (maintained CO₂ and HDT)

Imaging of the brain and ocular structures



Results: Baseline demographics

Subjects simulate astronaut demographics

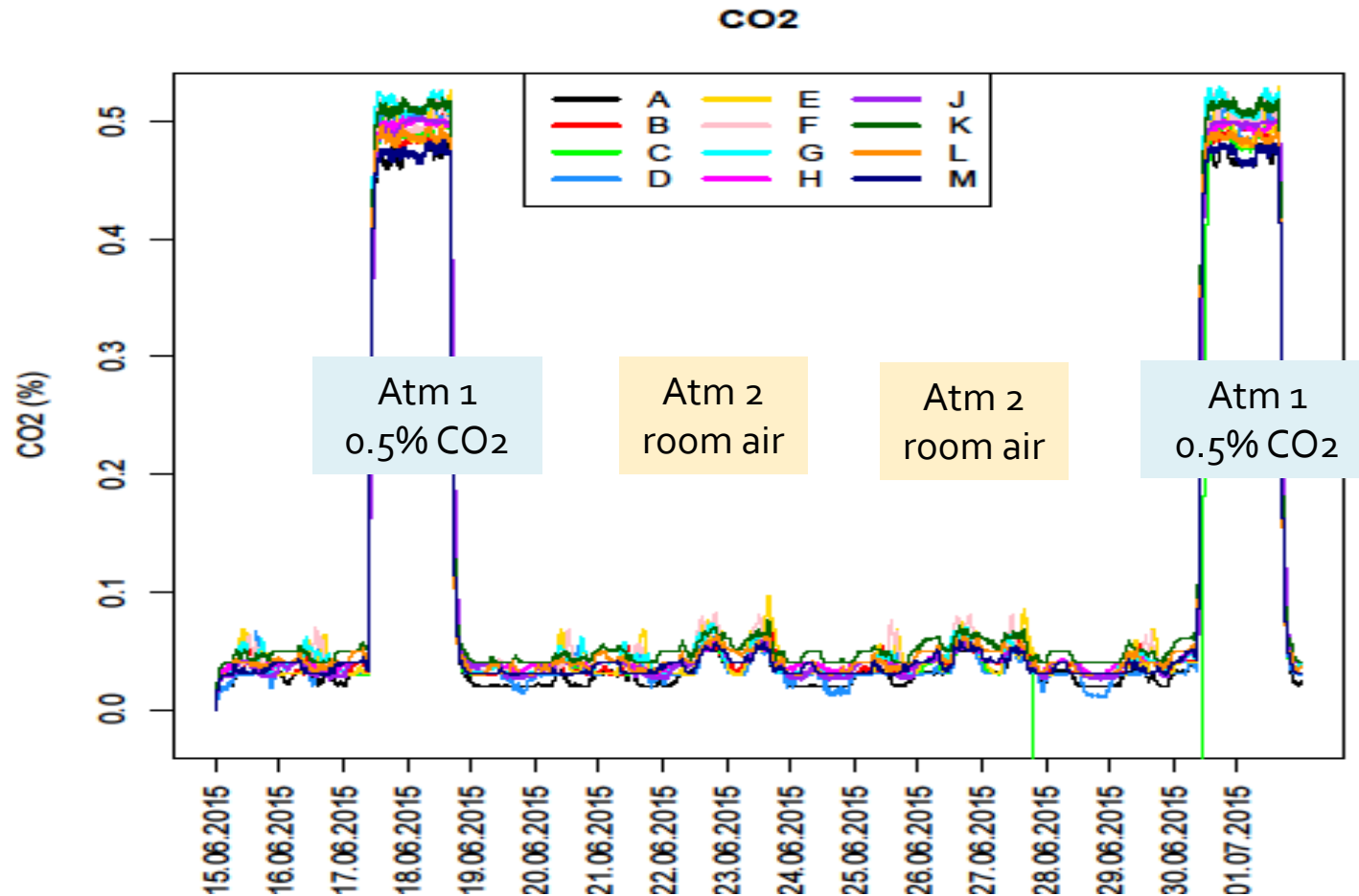
Subject	Age	Sex	Weight (kg)	Weight (lbs)	Height (cm)	Height (inch)	BMI (nl 18.5-24.9)
A	47	M	82.5	181.5	174	68.5	27.2
B	43	M	91.5	201.7	182.5	72	27.4
C	39	M	68.8	151.7	174.5	69	22.6
D	33	M	80.1	176.6	177.5	70	25.4
E	39	M	85.0	187.4	180	71	26.2
F	43	M	84.5	186.3	173	68	28.2

All subjects had back pain related to 12 degree HDT positioning

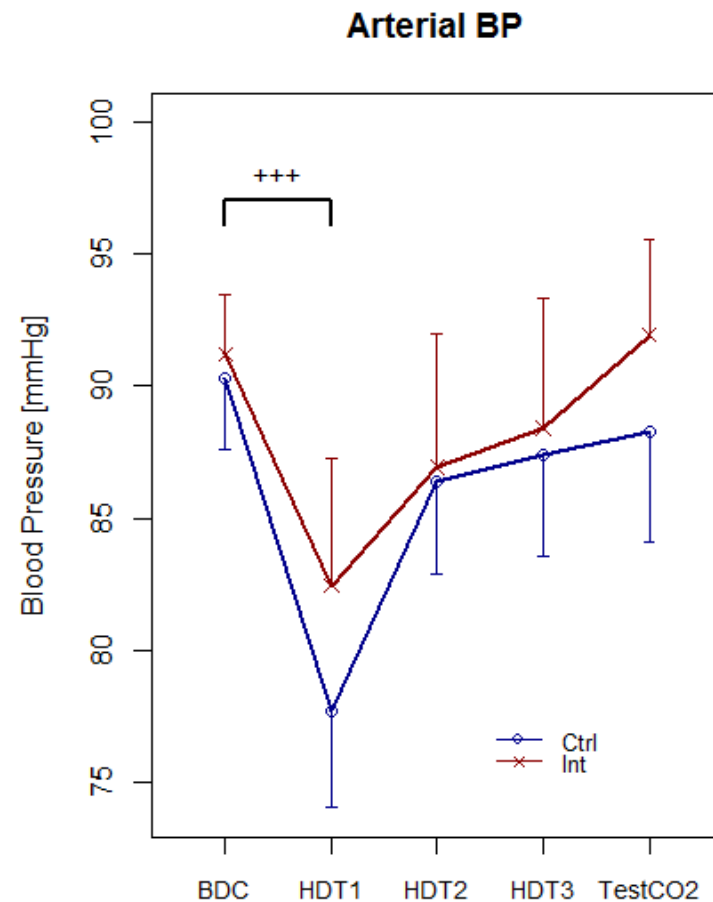
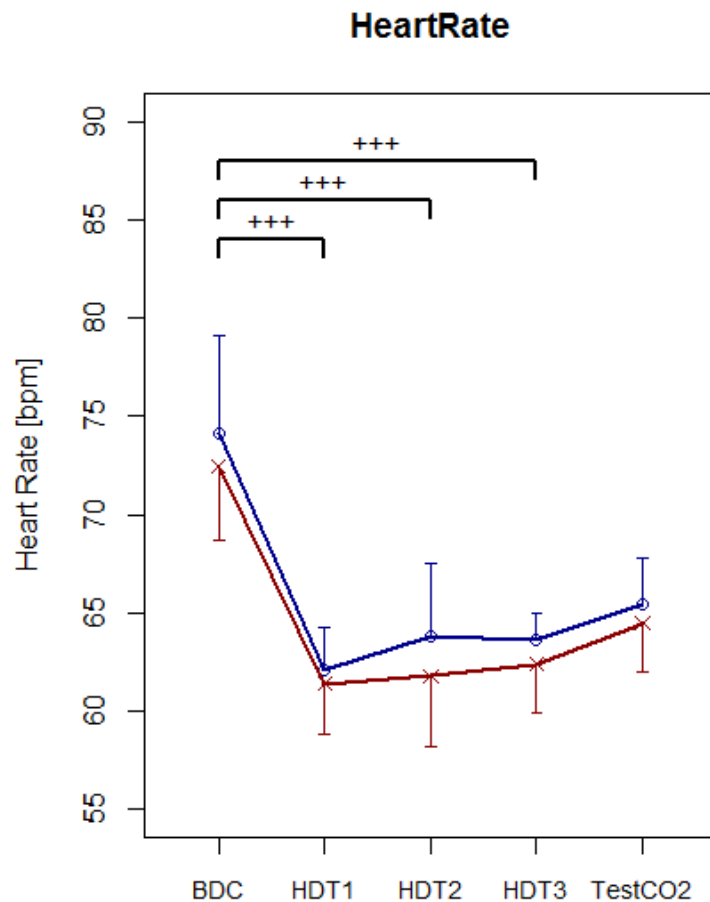
- All subjects had varying degrees of back pain moderate to severe, alleviated with pharmacological or mechanical methods
- One subject with severe urinary retention in first HDT campaign
- Good tolerance with atmospheres
- Good tolerance with study procedures



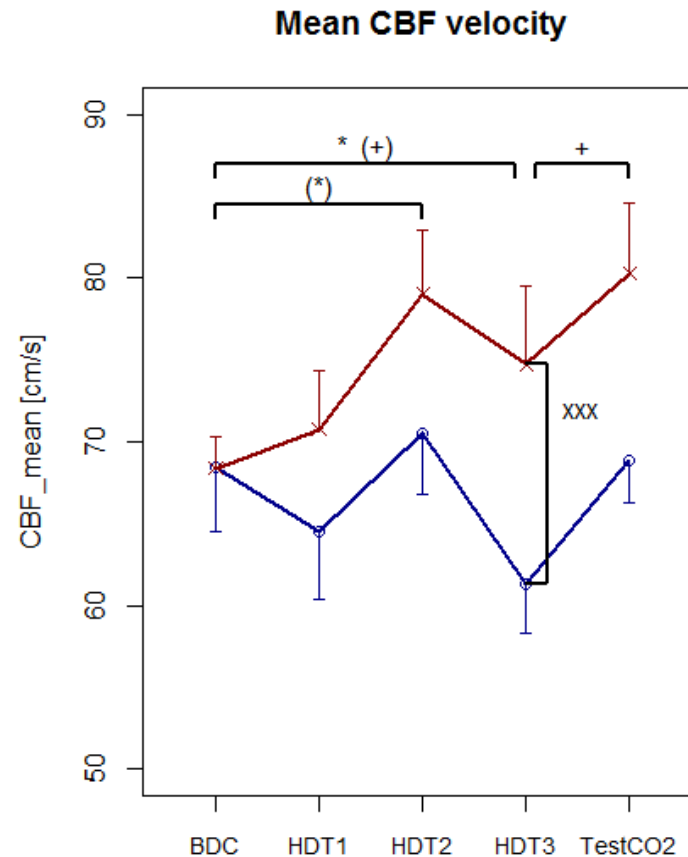
Atmospheric CO₂ levels were well maintained at desired targets



12 degree HDT significantly decreased heart rate and blood pressure



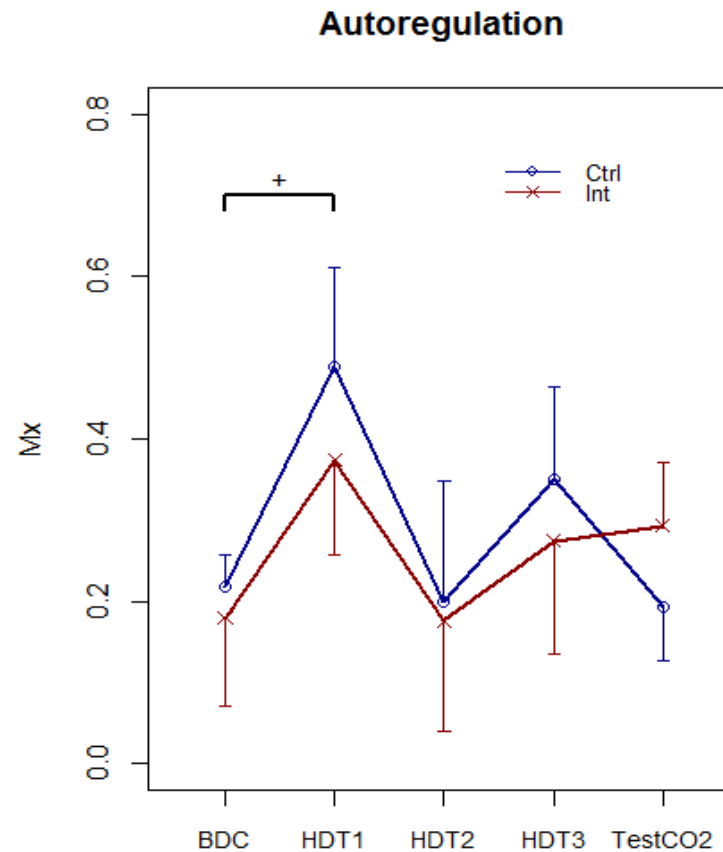
CO₂ increased cerebral blood flow velocities (TCD)



Red = HDT + 0.5% CO₂; blue = HDT + room air, test CO₂ = 3% CO₂

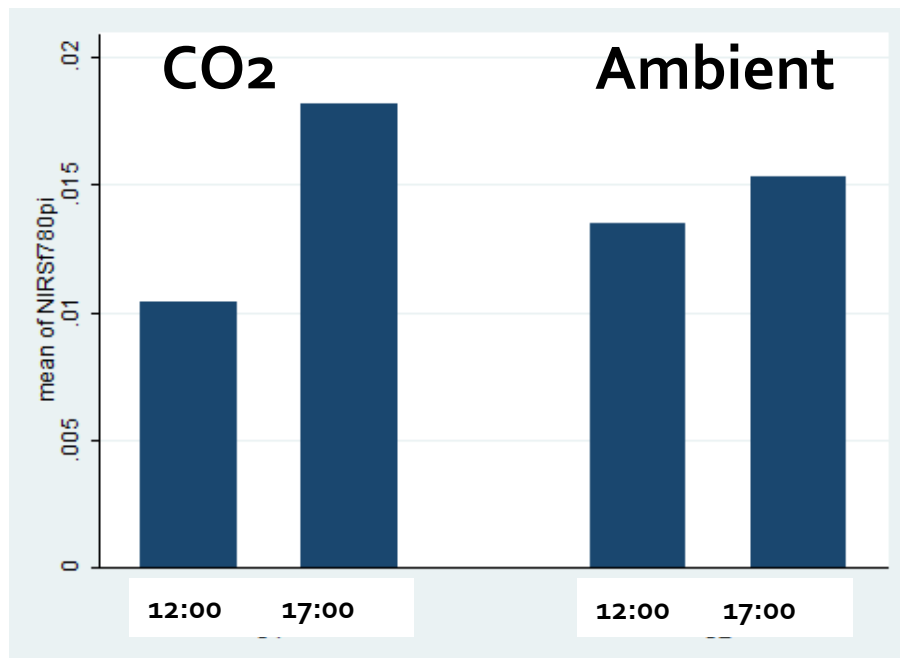
Slide courtesy of: J. Rittweger, H. Stetefeld et al.

12 degree HDT transiently impaired cerebral autoregulation



CO₂ significantly increased cerebral arterial blood pulsatility (near infrared spectroscopy)

- Mixed-effects regression (random=subj)
 - Significant:
 - Pulsatility \approx condition + time + condition*time

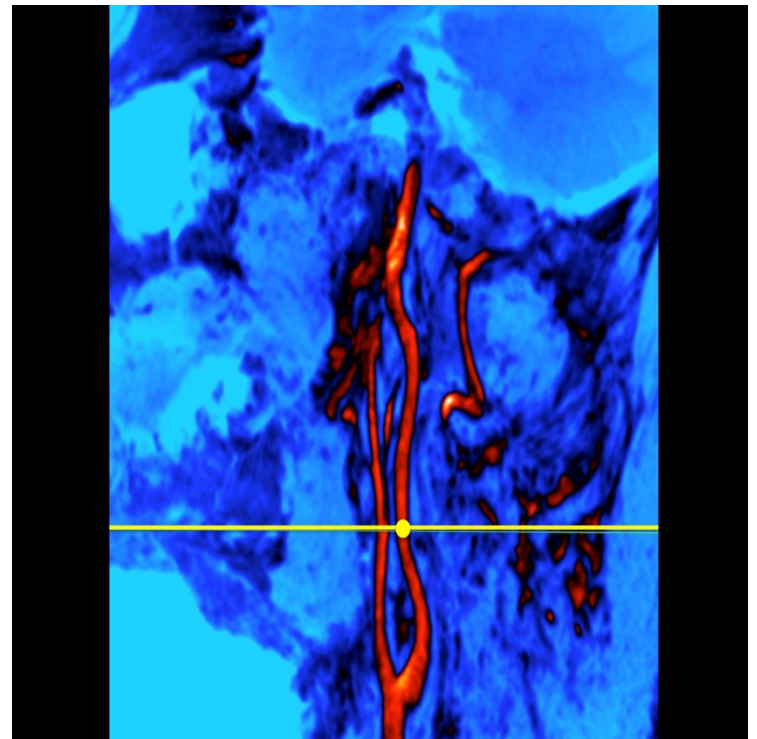
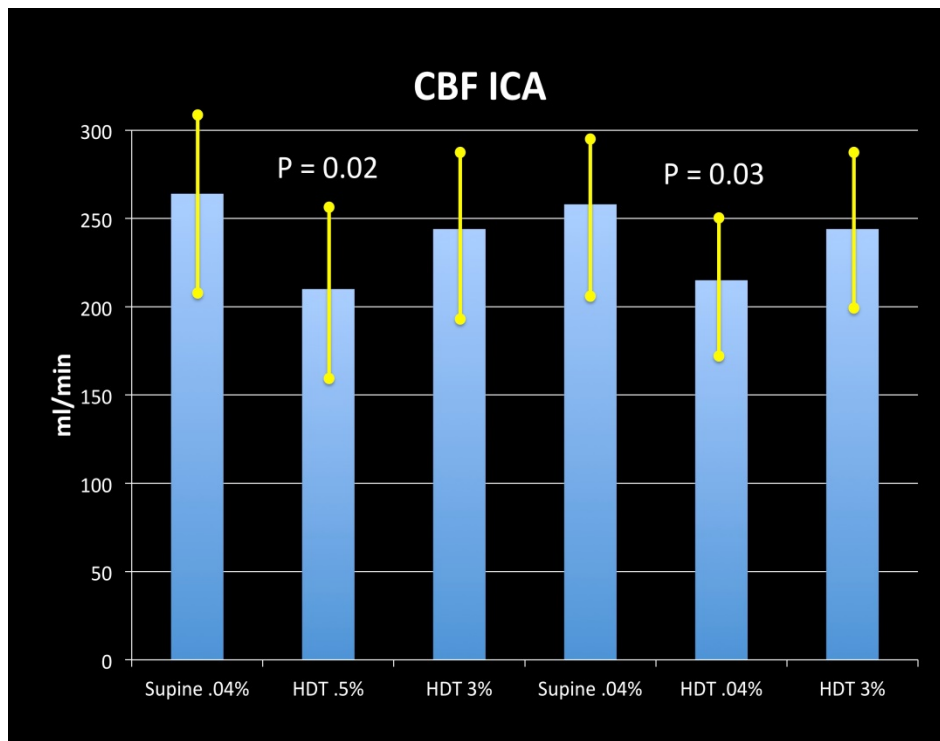


Sig. Interaction ($p=0.002$)


Holds when adjusting for near detector signal.

Courtesy of Gary Strangman

Head down tilt decreased cerebral blood flow compared to supine baseline



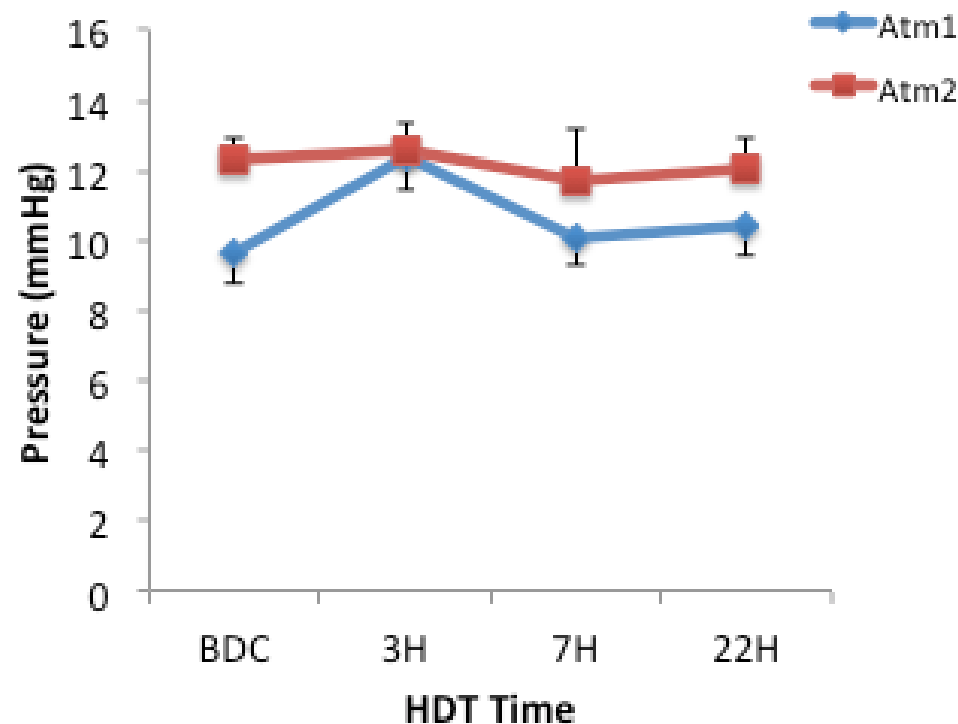
Results Summary I

Task	HDT alone versus HDT+ 0.5% CO ₂	Effect Size
VOLT	HDT faster response, more confident, but <u>significantly</u> less accurate than HDT + 0.5% CO ₂ 	Large
LOT	HDT faster, but less accurate than HDT + 0.5% CO ₂	Medium
PVT	HDT alone slower, more lapses, and more false starts than HDT + 0.5% CO ₂	Medium
2-Back	HDT alone less accurate, no difference in speed	Small
BART	HDT alone slower, no difference in risk taking	Small
ERT	HDT alone, no difference in accuracy	Small

No Difference between A1 and A2 for:

- Motor Praxis
- Abstract Matching
- Digit Symbol Substitution
- Matrix Reasoning

No significant increase in ICP with 12 degree HDT; Lower ICP with 0.5% CO₂



Courtesy of Karina Marshall-Goebel

Preliminary Summary of Findings

- Successfully conducted the first study and longest to date with 0.5% (atmospheric) CO₂ (combined with HDT)
- CBF velocities (TCD) increased with 0.5% CO₂, and further with 3% CO₂; no significant changes in CBF in HDT alone (compared to baseline)
- Decreased CBF on MRI in HDT compared to supine baseline; restored partially with 3% CO₂
- Contrary to expectations, non-invasive ICP lower in CO₂ condition, and no significant increases from upright baseline
- Contrary to expectations, in the HDT position, there was better cognitive function with atmospheric CO₂ present in some subtasks of the Cognition task (Visual object learning and psychomotor vigilance)

SPACE-COT Team

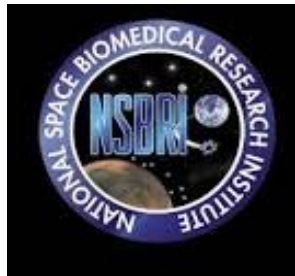


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