

# Using Post Exercise Muscle Ischemia to Predict Hypertension

Ryan Diamond, Erica M. Marshall, Ph.D.

Exercise Science Program, Florida Southern College, Lakeland, FL



# Background

- High blood pressure (BP), commonly known as hypertension (HTN), is defined as a systolic blood pressure (SBP) of ≥ 130mmHg and/or a diastolic blood pressure (DBP) of ≥ 80mmHg
  - In America nearly half (45%) of the population has HTN
  - HTN is strongly associated with the development of cardiovascular diseases (CVD)
- The American College of Sports Medicine suggests that HTN may be predictable via an exaggerated BP response
  - This abnormal BP response may be mediated by a heightened metaboreflex
    - Possibly due to abnormalities in autonomic nervous system (ANS) function
- The post exercise muscle ischemia (PEMI) test has been used to determine BP lability when the metaboreflex is invoked
  - A BP lability >22mmHg is used to identify a hyppereactor which may help predict risk of future HTN



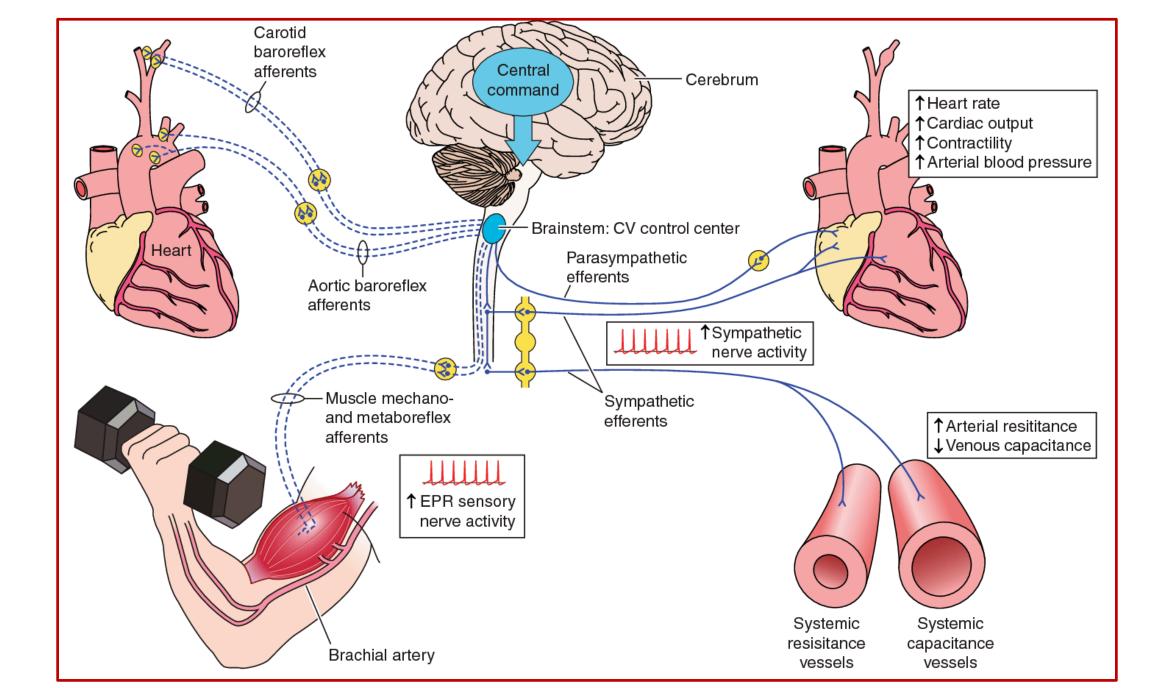
Figure 1. Post exercise muscle ischemia testing

#### Methods

- Prior to the test, the client should avoid caffeine and strenuous exercise for at least 24 hours and food ≥ 3 hours
- The client is seated for measurement of maximal voluntary contraction (MVC) using hand grip dynamometry
- Using the dominant arm the participant performs 3 MVC trials separated by 10 seconds of rest
- 30% MVC is calculated from the mean of the 3 trials calculated in order to determine intensity during isometric hand grip (IHG) exercise
- A BP cuff is wrapped on the upper dominant arm and another on the non-dominant arm to be used for assessment of BP via sphygmomanometry
- The participant is allowed a 10 minute seated, quiet rest to allow for resting levels of BP to be reached
- Following, IHG exercise is performed for 3 minutes at 30% MVC
  - BP is measured at the end of each minute
- In the final 5 seconds of IHG exercise, the upper BP cuff on the dominant arm is elevated to suprastolic (240 mmHg) levels for 2-3 minutes to invoke PEMI
- BP reactivity is calculated by subtracting BP at rest from highest BP during PEMI
  - An exaggerated response is defined as BP lability > 22mmHg

# Mechanisms

Figure 2. The Exercise Pressor Response (EPR)



Adapted from: Spranger, M.D., Krishnan, A.C., Levy, P., O'Leary, D., & Smith, S. (2015). Blood flow restriction training and the exercise pressor reflex: a call for concern. American journal of physiology. Heart and circulatory physiology, 309 9, H1440-52.

### Interventions in the Literature

- Schneider et al. (2018)
  - Nitrate supplement promotes vasodilation by increasing nitric oxide (NO)
  - Authors reported that nitrate supplementation once per day for 4 weeks:
    - Lowered BP responses during IHG and PEMI in older adults
    - Reduced activity of the metaboreflex
- Mulliri et al. (2014)
  - Ischemic preconditioning (IP) refers to periods of brief limb ischemia that are performed prior to exercise
    - It helps to prepare the heart for lack of oxygen and helps prevent its injury
  - In the study, IP was performed by placing a cuff on the upper arm and inflating it to 50mmHg for 5 min; repeated 3 times with 5 min of rest between
  - Authors concluded that when IP proceeded PEMI, the BP response was reduced indicating less activity of the metaboreflex

#### Conclusions

- HTN may be predictable via an exaggerated BP response
- A heightened metaboreflex, a component of the EPR may contribute to this
- PEMI following IHG exercise may be used to assess BP lability and identify hypereactors
- Following a postive test, an intervention can be initiated, such as nitrate supplementation, or IP to improve BP lability and hypertensive risk

# References

1. CDC. (2020, September 8). Facts About Hypertension | cdc.gov. Centers for Disease Control and Prevention.

https://www.cdc.gov/bloodpressure/facts.htm
2. Spranger, M.D., Krishnan, A.C., Levy, P., O'Leary, D., & Smith, S. (2015). Blood flow restriction training and the 2. exercise pressor reflex: a call for concern. American journal of physiology. Heart and circulatory physiology, 309 9, H1440-52

3. Edwards, K. M., Wilson, K. L., Sadja, J., Ziegler, M. G., & Mills, P. J. (2011). Effects on blood pressure and autonomic nervous system function of a 12-week exercise or exercise plus DASH-diet intervention in individuals with elevated blood pressure. Acta Physiologica (Oxford, England), 203(3), 343-350. https://doi.org/10.1111/j.1748-1716.2011.02329.x

4. Pescatello, L. S., Franklin, B. A., Fagard, R., Farquhar, W. B., Kelley, G. A., Ray, C. A., & By, American College of 4. Sports Medicine (2004). Exercise and Hypertension. Medicine & Science in Sports & Exercise, 36(3), 533-

553. https://doi.org/10.1249/01.MSS.0000115224.88514.3A 5. Schneider, A. C., Hughes, W. E., Ueda, K., Bock, J. M., & Casey, D. P. (2018). Reduced blood pressure responsiveness to skeletal muscle metaboreflex activation in older adults following inorganic nitrate supplementation. Nitric oxide: biology and chemistry, 78,

6. Mulliri, G., Sainas, G., Magnani, S., Palazzolo, G., Milia, N., Orrù, A., Roberto, S., Marongiu, E., Milia, R., & Crisafulli, A. (2016). Ischemic preconditioning reduces hemodynamic response during metaboreflex activation. American journal of physiology. Regulatory, integrative and comparative physiology, 310(9), R777–R787. https://doi.org/10.1152/ajpregu.00429.2015

81–88. <a href="https://doi.org/10.1016/j.niox.2018.05.010">https://doi.org/10.1016/j.niox.2018.05.010</a>