

# Respiratory Physiology

# Respiration

- \_\_\_\_\_ – breathing  
– air movement
- \_\_\_\_\_ – gas  
exchange between pulmonary blood and alveoli
- Respiratory \_\_\_\_\_ –  
transport via bloodstream
- \_\_\_\_\_ – gas  
exchange between capillary blood and tissue  
cells

- \_\_\_\_\_ = process by which gases flow between the atmosphere and the pulmonary alveoli (breathing)
  - Consists of inhalation and subsequent exhalation.
- \_\_\_\_\_ **Breathing** = normal, unforced breathing
- **Mechanism of Breathing:**
  - Depends on \_\_\_\_\_ changes in thoracic cavity
  - Volume changes lead to \_\_\_\_\_ changes, which lead to flow of gases to equalize the pressure

# Inspiration

- During quiet breathing, inspiration is driven by:
  - Diaphragm contracts by flattening and moves  

---
  - External intercostals (between the ribs):  

---

 and  
moves sternum forward
- During deep inhalations, the scalene, sternocleidomastoid, and pectoralis minor muscles become involved
  - this gets the rib cage to expand further than normal

- Thoracic cavity \_\_\_\_\_  
in size and since lungs are attached to  
walls it too increases in size
- Intrapulmonary \_\_\_\_\_  
increases as gas within lungs spreads out
- \_\_\_\_\_ in gas pressure in  
lungs (lower than atmosphere pressure)  
causes air to be \_\_\_\_\_  
the lungs to \_\_\_\_\_ the  
pressure

# Expiration

- *Passive process* during quiet breathing: requires

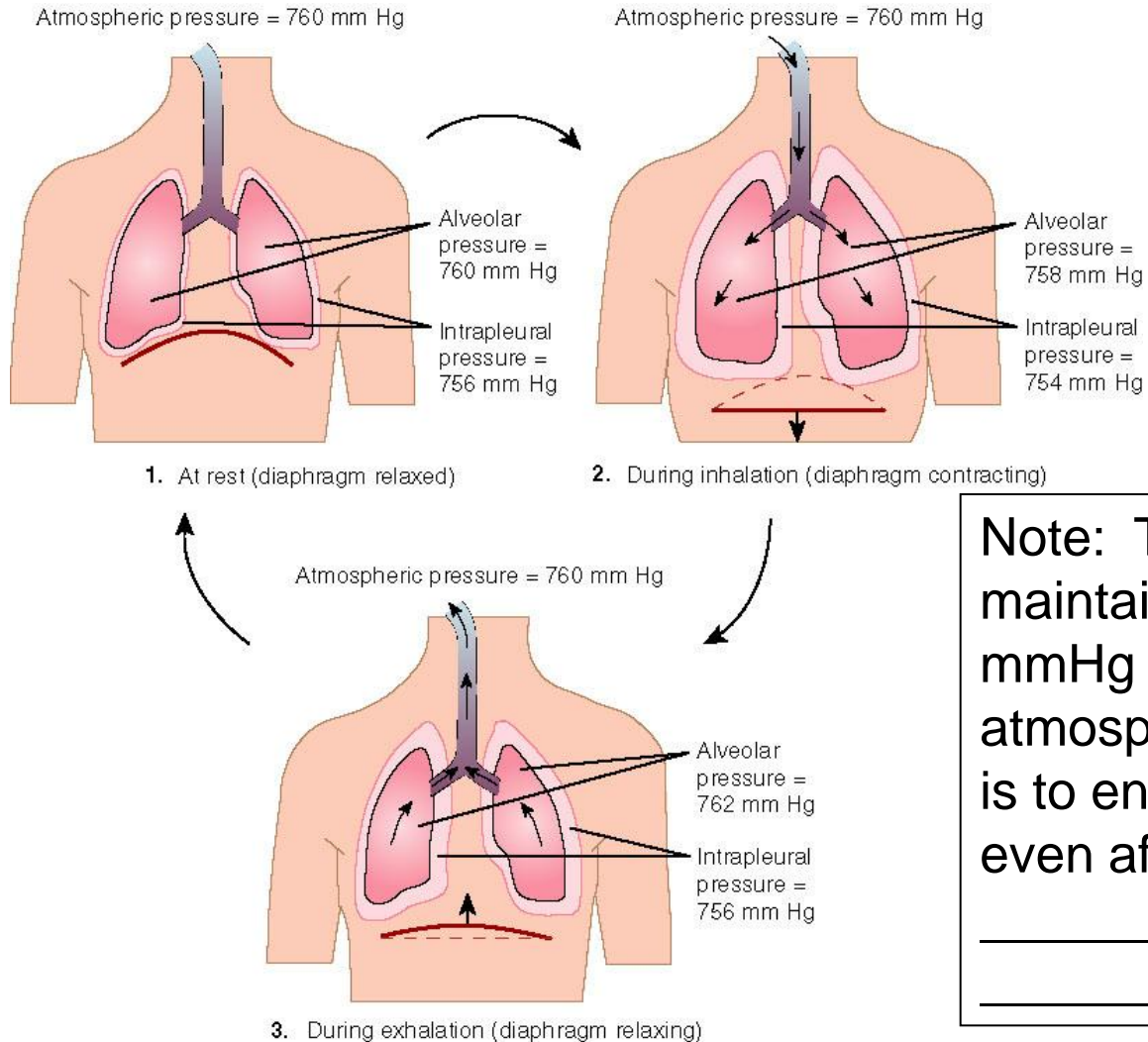
---

  - The elastic recoil of the chest wall and the return of the diaphragm to its resting position are enough to drive it.
- Alveoli also have natural recoil, but the *surfactant* that is lining the inner walls keeps it from collapsing.

- Intrapulmonary \_\_\_\_\_  
\_\_\_\_\_ to higher than atmospheric pressure and gases flow out to equalize the pressure
- If bronchioles become narrowed or clogged (asthma or pneumonia), expiration becomes \_\_\_\_\_
  - During forced exhalation (sneezes, coughs, exercise) the internal intercostals, obliques, and rectus abdominis contract to compress the rib cage and force the diaphragm upwards.

# Pressure Changes During Breathing:

As inhalation and exhalation occur, pressure differences between the body and the atmosphere drive air either \_\_\_\_\_ of the lungs.



**Note:** The pleural cavity maintains pressure about 4 mmHg LOWER than atmospheric pressure. This is to ensure that the alveoli, even after exhalation, are \_\_\_\_\_



# Gas Exchange

- Based on the laws of \_\_\_\_\_  
\_\_\_\_\_ – gases will diffuse according to the pressure that they alone are exerting within a mixture.
- **External respiration:** exchange between the lungs and bloodstream
  - Converts deoxygenated blood arriving through the pulmonary arteries to \_\_\_\_\_ blood
  - Blood dumps off carbon dioxide at the same time.
  - Each of these processes occurs \_\_\_\_\_ – it is not truly an exchange as it is labeled.

- **Internal respiration:** exchange of gases between the \_\_\_\_\_ and the systemic \_\_\_\_\_.
- Both processes are driven by the *partial pressures* of oxygen and carbon dioxide in their respective locations.
  - The diffusion of \_\_\_\_\_ does not influence the diffusion of \_\_\_\_\_, and vice versa.

# Factors that affect external respiration:

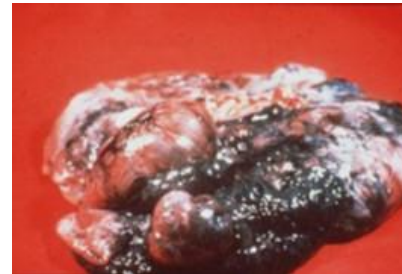
1) ***Partial pressure (concentration) of gases*** – if the partial pressure of the gases on the outside of the body changes, the \_\_\_\_\_ of gas exchange will be affected.

- Ex: *altitude changes* – as altitude increases, the \_\_\_\_\_ decreases, as do the partial pressures.
- The partial pressure of oxygen, though it remains 20.9% of the inhaled air, sinks from 159 mmHG at sea level to 110 mmHg at 10,000 ft. and 73 mmHg at 20,000 ft.

2) **Surface area** – if surface area of alveoli decreases, then \_\_\_\_\_ will take place.

- This is why emphysema, smoking, and respiratory diseases are so dangerous. Emphysema, for example, causes alveolar walls to disintegrate.

normal



emphysema

3) **Diffusion distance** – the \_\_\_\_\_ the gases have to diffuse, the slower they'll go.

- Buildup of the alveolar wall or pulmonary fluid (edema) can significantly increase this distance.



- Binding of oxygen with hemoglobin is dependent on the partial pressure of oxygen
  - The \_\_\_\_\_ the pressure, the more \_\_\_\_\_ oxygen binds.
  - If the oxygen pressure is low, Hb will \_\_\_\_\_ oxygen (happens in the systemic capillaries)

- Other factors also effect the release of oxygen by hemoglobin:
  - **Carbon dioxide levels** – higher CO<sub>2</sub> levels promote the \_\_\_\_\_
    - Tissues outputting a large amount of CO<sub>2</sub> will receive more oxygen from bloodstream
  - **Acidity** – \_\_\_\_\_ causes hemoglobin to release oxygen more readily
    - Active muscles produce lactic acid therefore blood will release more oxygen into the tissue
  - **Temperature** – \_\_\_\_\_ temperature means higher oxygen release
    - Active tissues generate heat → more oxygen to active tissues

- **Carbon Dioxide Transport:** CO<sub>2</sub> makes its way through the bloodstream in three forms:
  - **Dissolved in plasma** - about 9% is directly dissolved into blood plasma. In the alveolar capillaries it passes straight into the alveoli and is exhaled
  - **Bound to hemoglobin** - about 13% binds to the amino groups of proteins in the blood; hemoglobin is the most abundant of these.
  - \_\_\_\_\_ - most CO<sub>2</sub> is transported as bicarbonate (HCO<sub>3</sub><sup>-</sup>), which is a result of carbon dioxide combining with a water molecule in solution



# Respiratory Sounds

- ---

---
- Bronchial sounds – air through large passageways (trachea and bronchi)
- Vesicular sounds – air filling the alveoli (muffled breeze)
- Blocked airways can lead to rasping sounds or wheezing

# Non-respiratory Air Movements

- Cough – taking a deep breath, closing glottis (space between vocal folds), and forcing air superiorly from lungs against glottis. Then, glottis opens suddenly and a blast of air rushes upward. Coughs clear \_\_\_\_\_ respiratory passageways
- Sneeze – similar to cough, except air is directed through nasal cavity. \_\_\_\_\_ closes oral cavity. Sneezes clear \_\_\_\_\_ respiratory passages.
- Crying – inspiration followed by release of air in a number of short breathes. Emotionally induced

- Laughing – same as crying in terms of air movements. Emotionally induced
  - Hiccups – sudden inspirations resulting from  

---

Initiated by irritation of diaphragm or phrenic nerve. Sound occurs when inspired air hits vocal cords of closed glottis.
  - Yawn – very deep inspiration. Formerly believed to be triggered by need for more oxygen, but this theory is now being questioned.
-



- Residual Volume **Volume:** remains in the lungs even after you've breathed "all the way out".
- Expiratory Reserve Volume : the max amount of air that can be exhaled after maximum inhalation
- Total Lung Capacity : total volume lungs can hold. Averages about 6 liters.

# Control of Respiration:

**The Respiratory Center:** consists of groups of neurons in the medulla and the pons (brain stem)

- **Phrenic and intercostal nerves** – transmit impulses from brain to diaphragm and other muscles
- \_\_\_\_\_ – self-exciting inspiratory center sets basic rhythm of breathing
- \_\_\_\_\_ – smoothes out basic rhythm that medulla sets
- At rest, the tissues use about 200 mL of oxygen each minute. During exercise, this consumption rate can increase 20 to 30 fold.

- **Eupnea** – normal respiratory \_\_\_\_\_  
respirations per minute
- Point when inspiration stops and expiration starts in due to stretch receptors in alveoli
  - Respond to \_\_\_\_\_
- During exercise – we breathe faster and deeper because of increase in signals from the brain
  - After strenuous exercise, expiration becomes active

# Regulation of the Respiration:

1. \_\_\_\_\_ **Factors** – talking, coughing, and exercise
2. **Volition** (\_\_\_\_\_ **Control**) – This is the voluntary control which you have over your breathing rate such as singing,
  - This is NOT absolute, you can't hold your breath, or breathe too deeply, forever. Influences of the chemical receptors become too powerful and overtake the voluntary controls.
3. \_\_\_\_\_ **factors** – anticipation or anxiety may stimulate the limbic system, which will cause an increase in rate and depth of ventilation



4. \_\_\_\_\_ – receptors in the body monitor levels of three quantities within the bloodstream: the partial pressures of oxygen and carbon dioxide, and the pH

– A low pH or O<sub>2</sub> level, or a high CO<sub>2</sub> level (*hypercapnia*), will result in **hyperventilation**

- an increase in the breathing rate.

5. \_\_\_\_\_ – higher body temp will increase respiratory rate.

– Also, sudden cold stimulus will temporarily cause breathing to cease (apnea)

6. \_\_\_\_\_ – as soon as vigorous activity starts, breathing rate increases BEFORE levels of O<sub>2</sub>, CO<sub>2</sub>, or pH change.
- This is because proprioceptors notice the activity in joints and muscles, and stimulate the inspiratory area.
7. \_\_\_\_\_ – Sudden, severe pain causes brief apnea
8. \_\_\_\_\_ ***of the airways*** – will, obviously, cause breathing to stop, or significantly decrease.
- Usually triggers coughing/sneezing as well.

# Disorders

- Cleft palate – genetic defect in which bones forming \_\_\_\_\_ fail to fuse and leads to difficulty with breathing and chewing
- \_\_\_\_\_ – inflammation of nasal mucosa due to cold viruses
- \_\_\_\_\_ – inflamed sinuses and can lead to sinus headaches
- Tonsillitis – inflammation of the tonsils
- Tracheostomy – surgical opening of trachea to aid in breathing

- Pleurisy – inflammation of the pleura which causes a decrease in pleura fluid and leads to \_\_\_\_\_ and pain with breathing
- Atelectasis – \_\_\_\_\_
- Pneumothorax – presence of \_\_\_\_\_ in intrapleural space
- \_\_\_\_\_ – cessation of breathing
- \_\_\_\_\_ – difficulty or labored breathing
- Cyanosis – insufficient oxygen in the blood
- Asthma – chronically inflamed, hypersensitive bronchial passageways; responds to irritation

- Chronic obstructive pulmonary disease (COPD)
  - \_\_\_\_\_ – alveoli enlarge and break; lungs become less elastic and airways become blocked; hard to exhale (uses a lot of energy)
  - \_\_\_\_\_ – mucosa in lower respiratory tract becomes inflamed and pooled mucus impairs ventilation
- Lung Cancer – \_\_\_\_\_ of all cancer deaths in US
  - Squamous cell carcinoma – in larger bronchi and form masses that hollow out and bleed
  - Adenocarcinoma – peripheral areas of lungs
  - Small cell carcinoma – starts in primary bronchi and grow into clusters in mediastinum

- Cystic Fibrosis – genetic disorder that over secretes \_\_\_\_\_ that clogs passageways; can lead to death in children (every day 2 children die from CF)
- Sudden Infant Death Syndrome (SIDS) – some cases result from problems with \_\_\_\_\_, but 1/3 is due to heart rhythm abnormality