



## Exercise Biochemistry Review

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### Correlation between Muscle oxygen and Cardiopulmonary of young cyclists at Ventilation threshold

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**Objective** To investigate the relationship between Near-infrared spectroscopy (NIRS)-derived muscle oxygen saturation ( $SmO_2$ ) and Cardiopulmonary indexes at the Ventilatory threshold (VT1 and VT2) during Cardiopulmonary exercise test (CPET) of young cyclists.

**Methods** 12 young cyclists performed a maximal incremental exercise test to exhaustion on a friction-braked cycle ergometer (Monark 839E, Sweden). Heart rate (Polar RS400, Finland) and respiratory gas exchange were measured during the Resting and exercise phases using a breath-by-breath system.  $SmO_2$  of active muscles during cycling was measured by NIRS monitors (Fortiori Design LLC, USA), and three of the monitors were placed on both vastus lateralis (VLL & VLR) and left gastrocnemius lateralis (GLL) of left leg. The resting value of the  $SmO_2$  of the GLL ( $SmO_2$ -GLL), the left vastus lateralis ( $SmO_2$ -VLL), and the right vastus lateralis ( $SmO_2$ -VLR) was recorded as a baseline. Then after VT1 and VT2 of each subject were measured by the V-slope method during a CPET, values of muscle oxygen corresponding to the three lower limb sites at two ventilation thresholds was recorded to reflect the muscle oxygenation level at the anaerobic threshold; And the change of muscle oxygen relative to the baseline was calculated to reflect the degree of muscle deoxygenation, which is termed as deoxygenation indexes ( $\Delta SmO_2$ -GLL,  $\Delta SmO_2$ -VLL,  $\Delta SmO_2$ -VLR); As well, Cardiopulmonary indexes including Heart rate (HR), Minute ventilation (VE), Relative oxygen uptake ( $VO_{2R}$ ), Carbon dioxide production ( $VCO_2$ ) and Respiratory exchange rate (RER) at the Ventilatory threshold were measured. All Results were expressed as mean  $\pm$  standard deviation. Finally, Pearson correlation analysis was used to determine the relationship between multi-site muscle oxygen saturation of lower extremities and Cardiopulmonary indexes (HR, VE,  $VO_{2R}$ ,  $VCO_2$ , RER). The significance level was defined as  $p < 0.05$ .

**Results** Each subject performed their best to complete the aerobic capacity test. The average  $VO_{2peak}$  of the 12 subjects was  $42.77 \pm 9.69$  ml/kg/min (Male:  $47.38 \pm 9.41$  ml/kg/min; Female:  $36.31 \pm 3.33$  ml/kg/min). At rest, the calf and thigh  $SmO_2$  were  $67.92\% \pm 6.84\%$  ( $SmO_2$ -GLL),  $61.42\% \pm 13.77\%$  ( $SmO_2$ -VLL),  $64.83\% \pm 10.62\%$  ( $SmO_2$ -VLR) respectively; HR, VE,  $VO_2$ ,  $VO_{2R}$ ,  $VCO_2$  and RER were  $112.08 \pm 14.38$ ,  $25.96 \pm 8.74$  L / min,  $0.94 \pm 0.32$  L/min,  $15.82 \pm 4.30$  ml/kg/min,  $0.81 \pm 0.24$  L/min,  $0.88 \pm 0.12$  L/min, and  $0.38 \pm 0.07$ , respectively. Correlation analysis shows that when adolescent athletes reached the anaerobic threshold level, there was a significant correlation between muscle oxygen and cardiopulmonary: At the time of VT1, for Oxygenation index,  $SmO_2$  of GLL was highly negatively correlated with HR ( $r = -0.69, p < 0.05$ ), VE ( $r = -0.71, p < 0.01$ ),  $VO_{2R}$  ( $r = -0.65, p < 0.05$ ),  $VCO_2$  ( $r = -0.66, p < 0.05$ ) and RER ( $r = -0.58, p < 0.05$ );  $SmO_2$ -VLL was also highly negatively correlated with VE ( $r = -0.70, p < 0.05$ ),  $VO_{2R}$  ( $r = -0.70, p < 0.05$ ),  $VCO_2$  ( $r = -0.66, p < 0.05$ ); Additionally, there is also high inverse correlation between  $SmO_2$ -VLR and HR ( $r = -0.66, p < 0.05$ ), VE ( $r = -0.70, p < 0.05$ ),  $VO_{2R}$  ( $r = -0.66, p < 0.05$ ),  $VCO_2$  ( $r = -0.68, p < 0.05$ ), RER ( $r = -0.60, p < 0.05$ ). In terms of deoxygenation indexes,  $\Delta SmO_2$ -GLL was highly negatively correlated with VE ( $r = -0.61, p < 0.05$ ),  $VO_{2R}$  ( $r = -0.64, p < 0.05$ ) and  $VCO_2$  ( $r = -0.59, p < 0.05$ ); While,  $\Delta SmO_2$ -VLL was highly negatively correlated with HR ( $r = -0.62, p < 0.05$ ), VE ( $r = -0.72, p < 0.01$ ),  $VO_{2R}$  ( $r = -0.80, p < 0.01$ ) and  $VCO_2$  ( $r = -0.84, p < 0.01$ );  $\Delta SmO_2$ -VLR was correlated with HR ( $r = -0.75, p < 0.01$ ), VE ( $r = -0.62, p < 0.05$ ),  $VO_{2R}$  ( $r = -0.58, p < 0.05$ ) and RER ( $r = -0.74, p < 0.01$ ), and it also shows highly negative correlation. When VT2 occurred, only  $SmO_2$  of the GLL in the oxygenation indexes was highly positively correlated with

HR ( $r=0.65$ ,  $p<0.05$ ), there was no correlation between GLL-SmO<sub>2</sub> and any other gas exchange indexes. In terms of muscle deoxygenation indexes, only  $\Delta$ SmO<sub>2</sub> in the thigh VLR was significantly negatively correlated with RER ( $r=-0.75$ ,  $p<0.01$ ).

**Conclusions** Based on these results, there is a high correlation between NIRS-derived regional muscle oxygen saturation (Oxygenation and Deoxygenation indexes) of lower extremities and cardiopulmonary index (HR, VE, VO<sub>2</sub>R, VCO<sub>2</sub>, RER) during CPET of young cyclists at first Ventilatory threshold, however, it is still unclear whether there is a significant correlation between muscle oxygen saturation of lower extremities and other cardiopulmonary indexes when second Ventilatory threshold occurs except Heart rate or Minute ventilation.