

Robust Efficiency in Healthy Heart Rate Control and Variability

- Robustness/Efficiency Tradeoffs
- Healthy
 - Heart Rate Control
 - Heart Rate Variability (HRV)
- Universal
 - laws
 - architectures

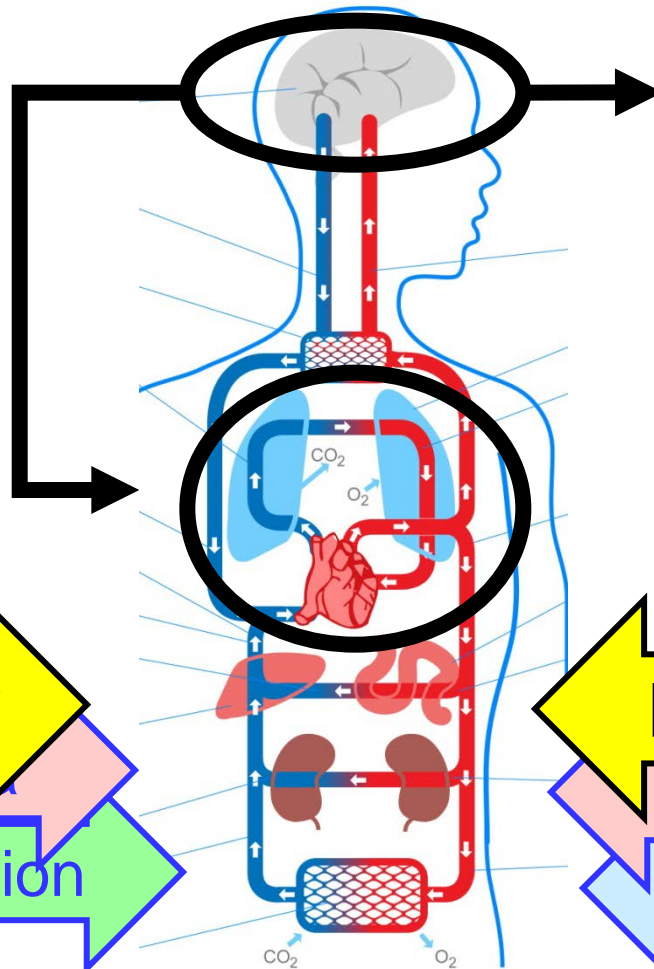
Homeostasis

controls

heart rate
ventilation
vasodilation
coagulation
inflammation
digestion
storage
...

errors

O₂
BP
pH
Glucose
Energy store
Blood volume
...



energy

trauma

infection

breath

heart beat

sensor

external
disturbances

internal noise

fast

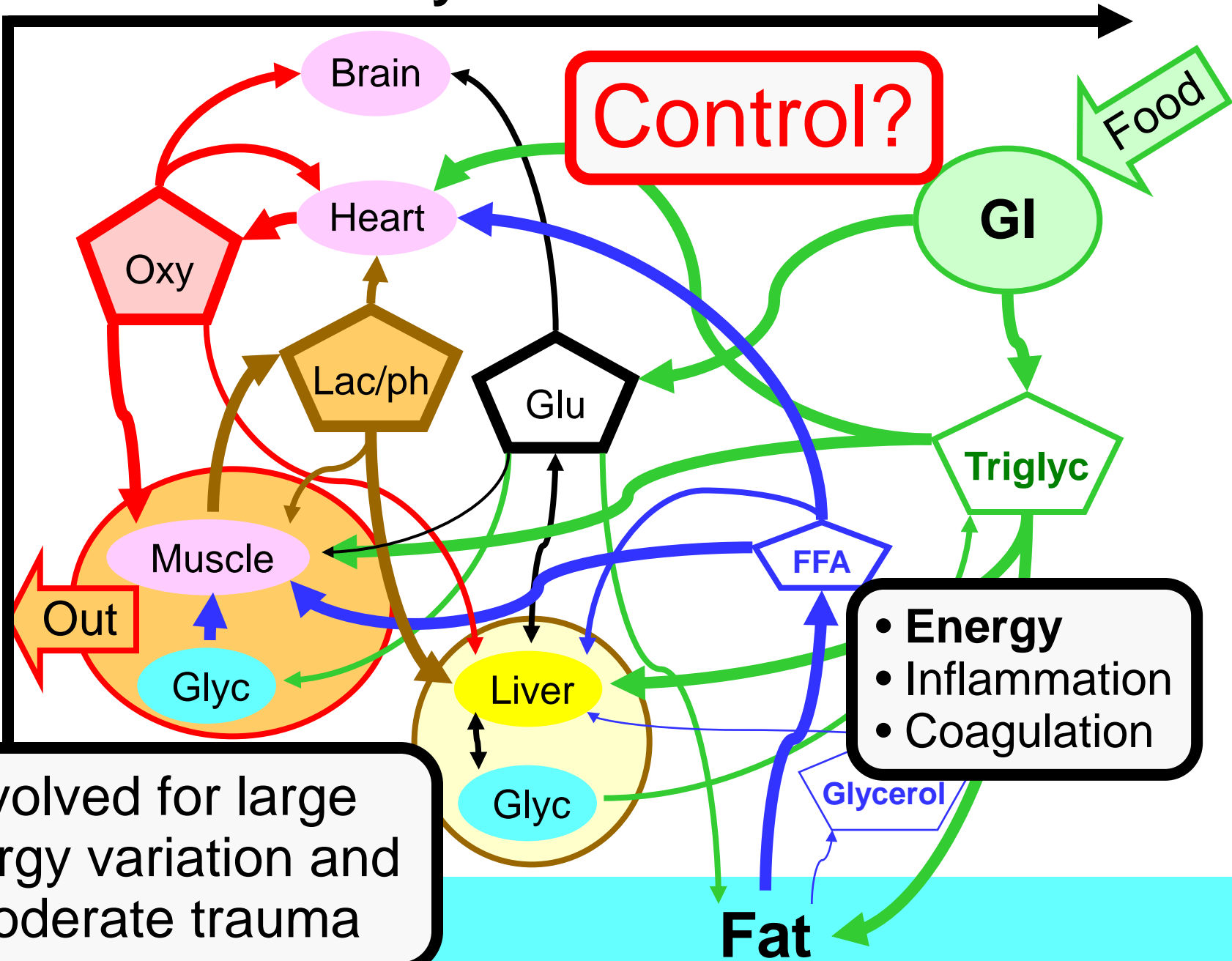
dynamics

slow

high

priority

low



Control?

Food

GI

Oxy

Heart

Lac/ph

Glu

Triglyc

Muscle

Out

Glyc

Liver

FFA

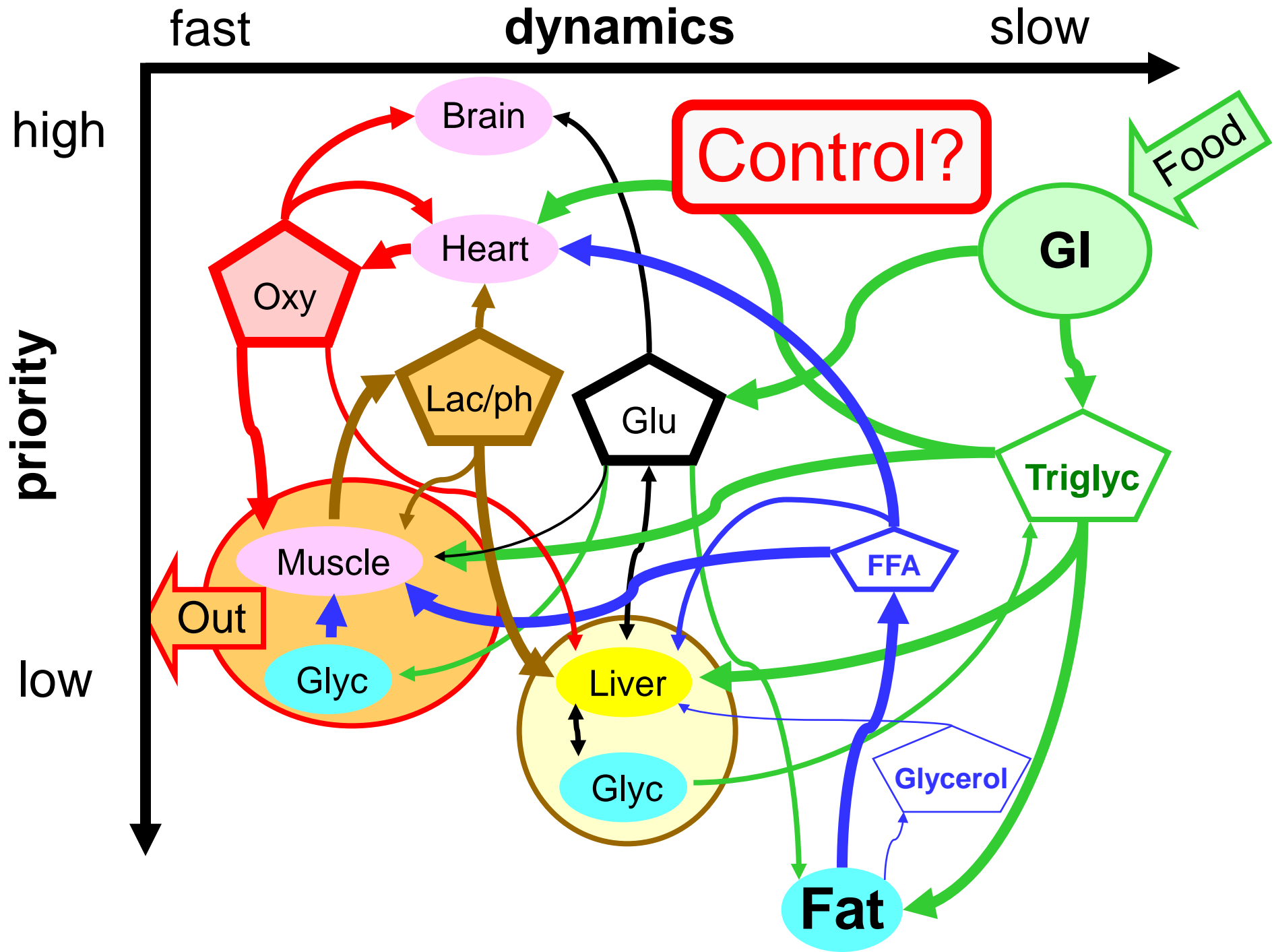
Glyc

Glycerol

Fat

Evolved for large energy variation and moderate trauma

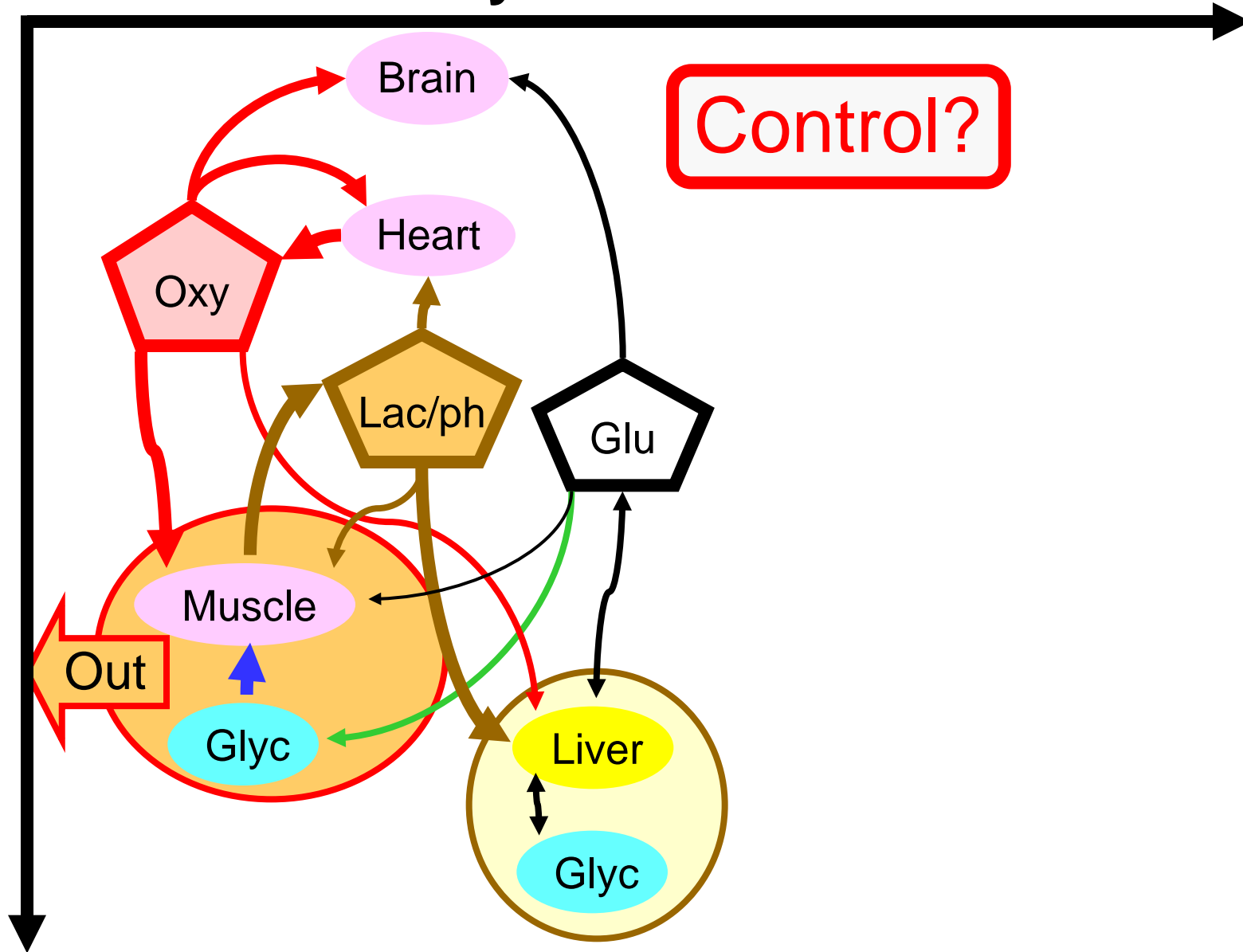
- Energy
- Inflammation
- Coagulation



fast

dynamics

slow



high

priority

low

Control?

Out

Muscle

Glyc

Brain

Heart

Oxy

Lac/ph

Glu

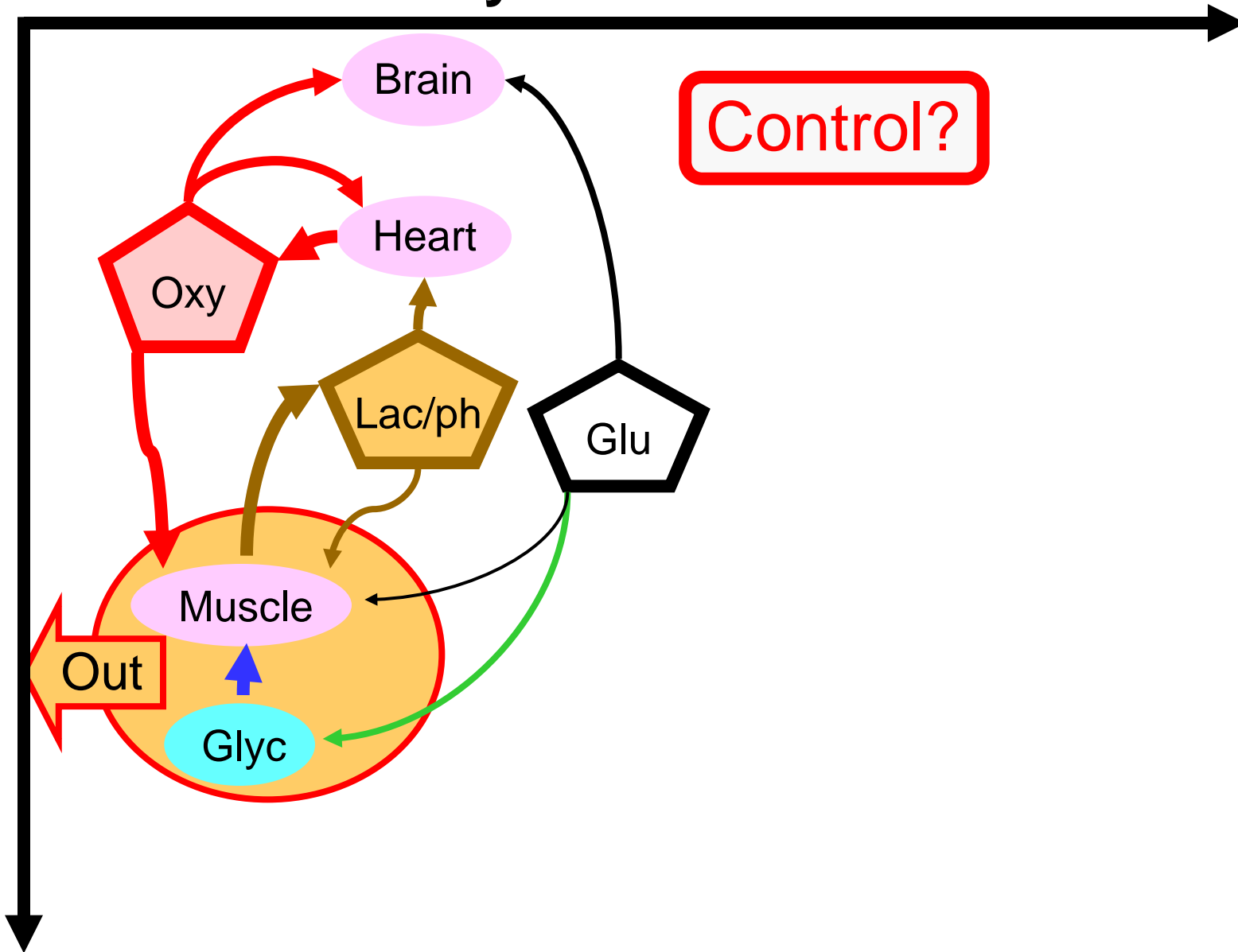
Liver

Glyc

fast

dynamics

slow



high

priority

low

Control?

Out

Muscle

Glyc

Lac/ph

Glu

Brain

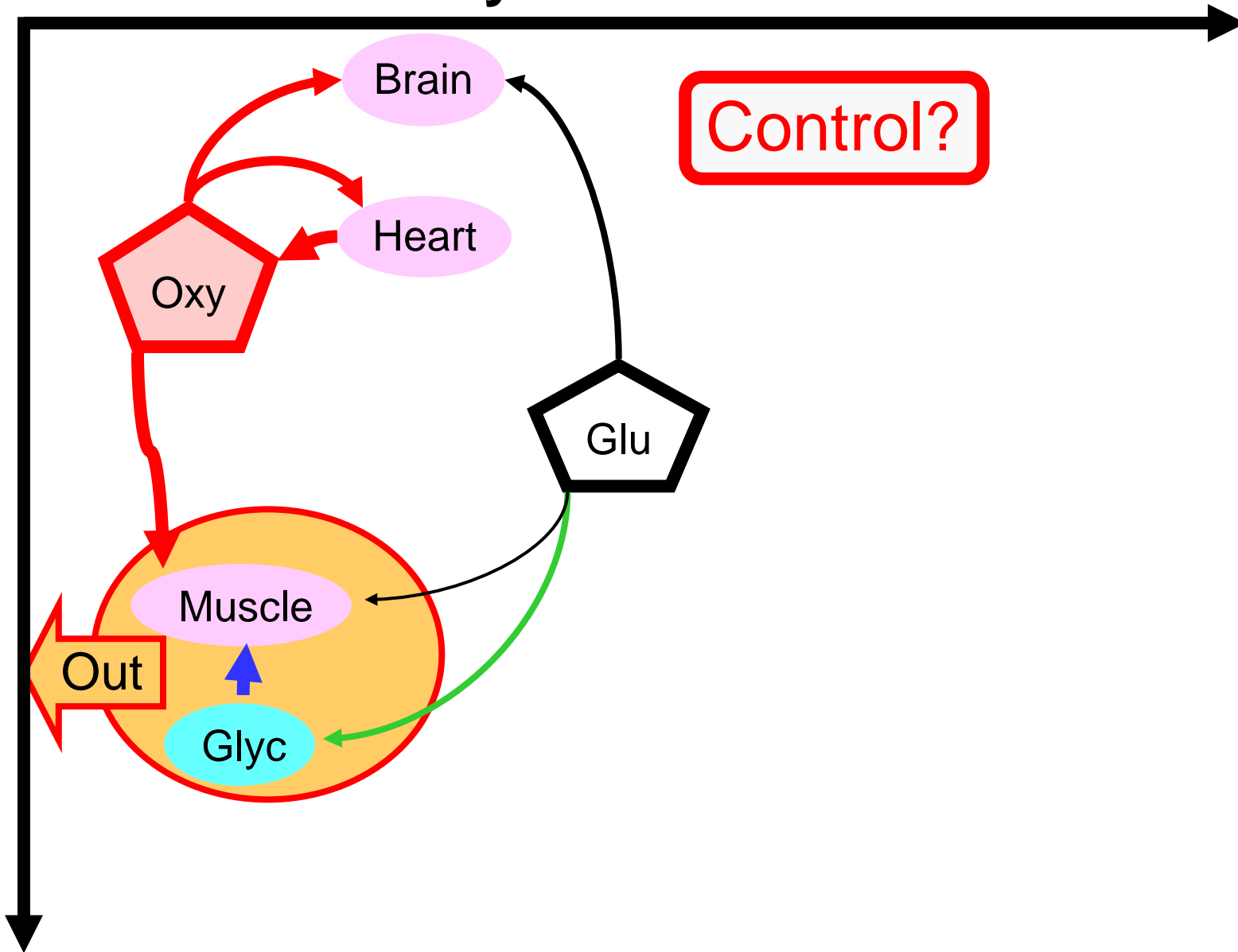
Heart

Oxy

fast

dynamics

slow



high

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Control?

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Oxy

Brain

Heart

Glu

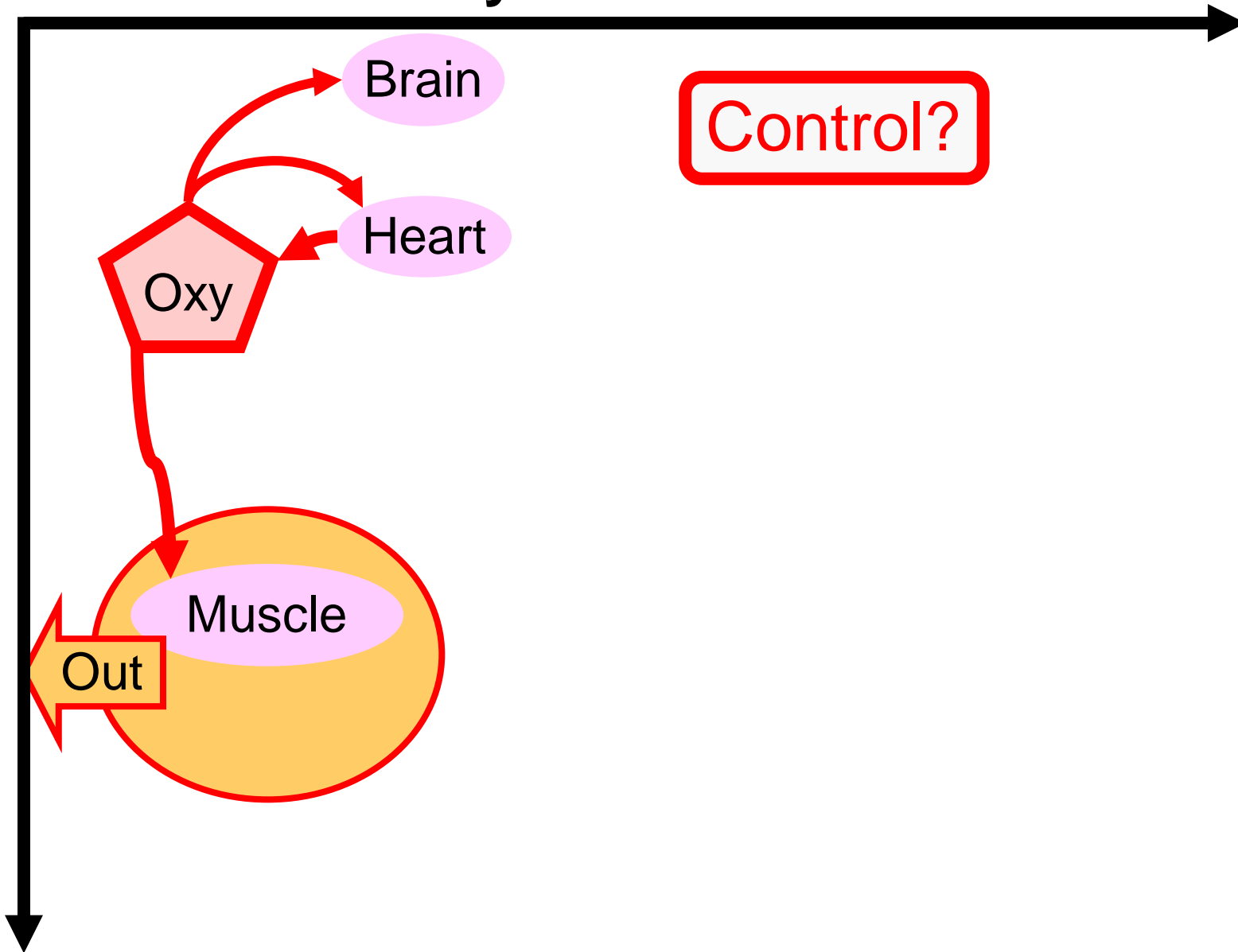
Muscle

Glyc

fast

dynamics

slow



high

priority

low

Control?

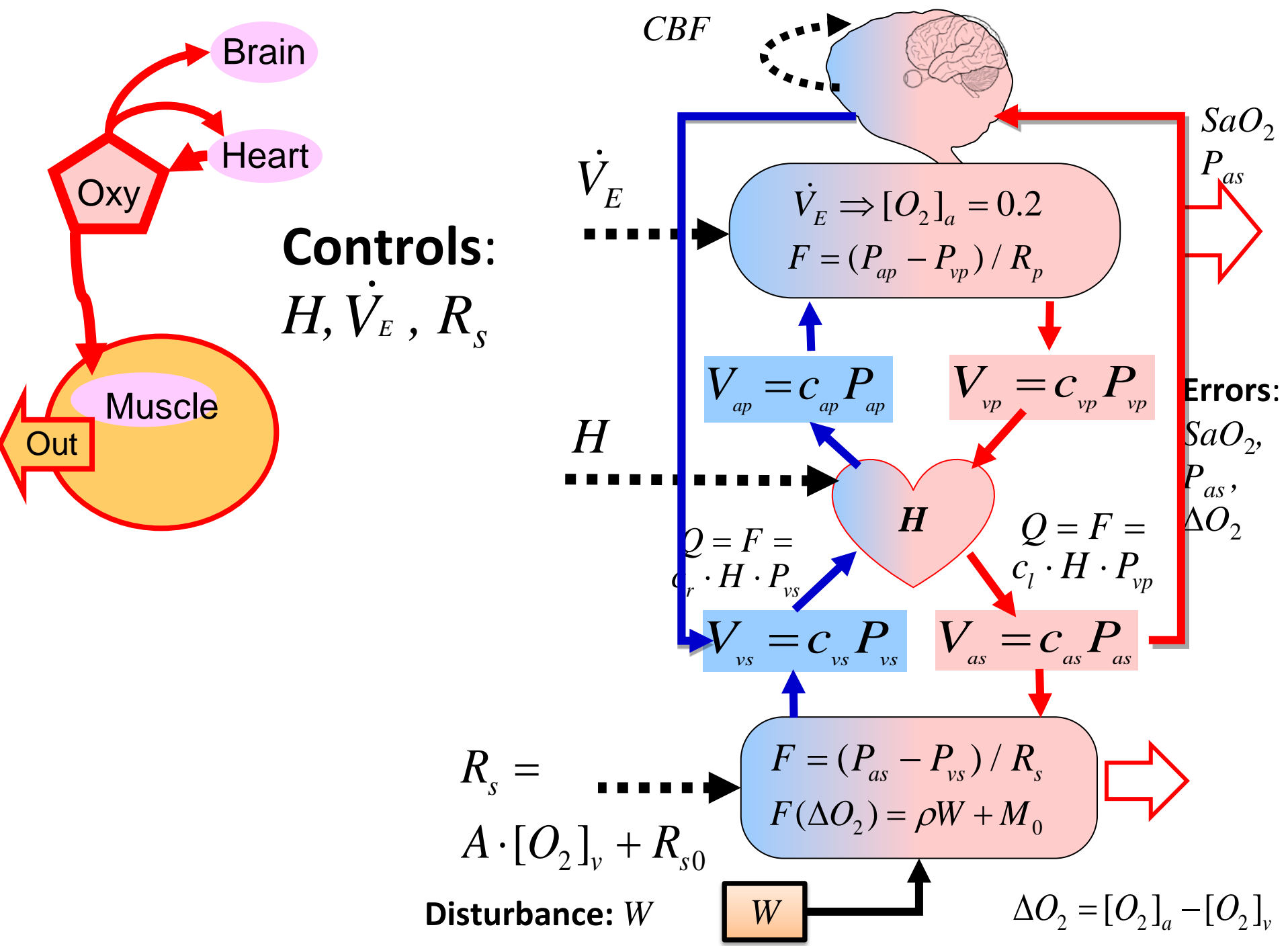
Brain

Heart

Oxy

Muscle

Out



~~Physiology?~~

Robust

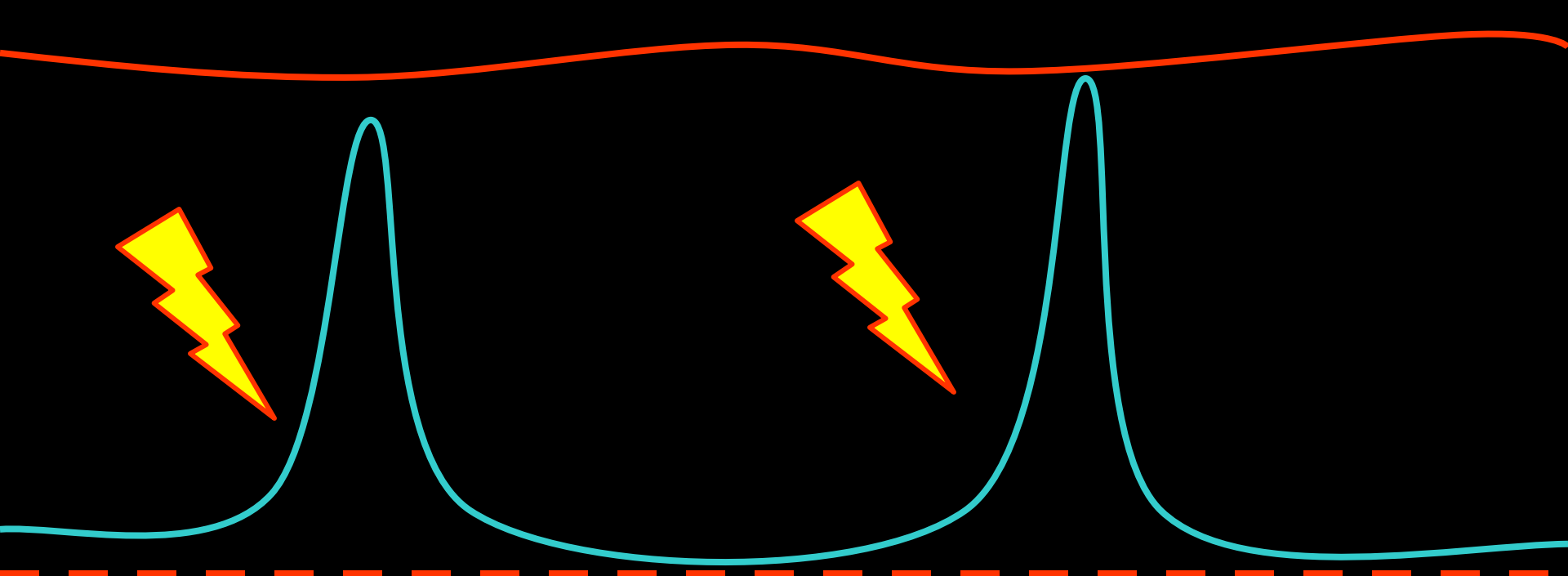
is old fashioned

Fragile

- | | |
|-------------------------|----------------------|
| ☺ Metabolism | ☹ Obesity, diabetes |
| ☺ Regeneration & repair | ☹ Cancer |
| ☺ Healing wound /infect | ☹ AutoImmune/Inflame |

Mainstream “scientific” view

- *no boring* old fashioned physiology, tradeoffs, homeostasis, allostasis, constraints, architecture...
- health = “good” genes
- health = emergent, edge of chaos, order for free...
- change is hopefully coming



Death

- ☹ Fat accumulation
- ☹ Insulin resistance
- ☹ Proliferation
- ☹ Inflammation

**Controlled
Dynamic**

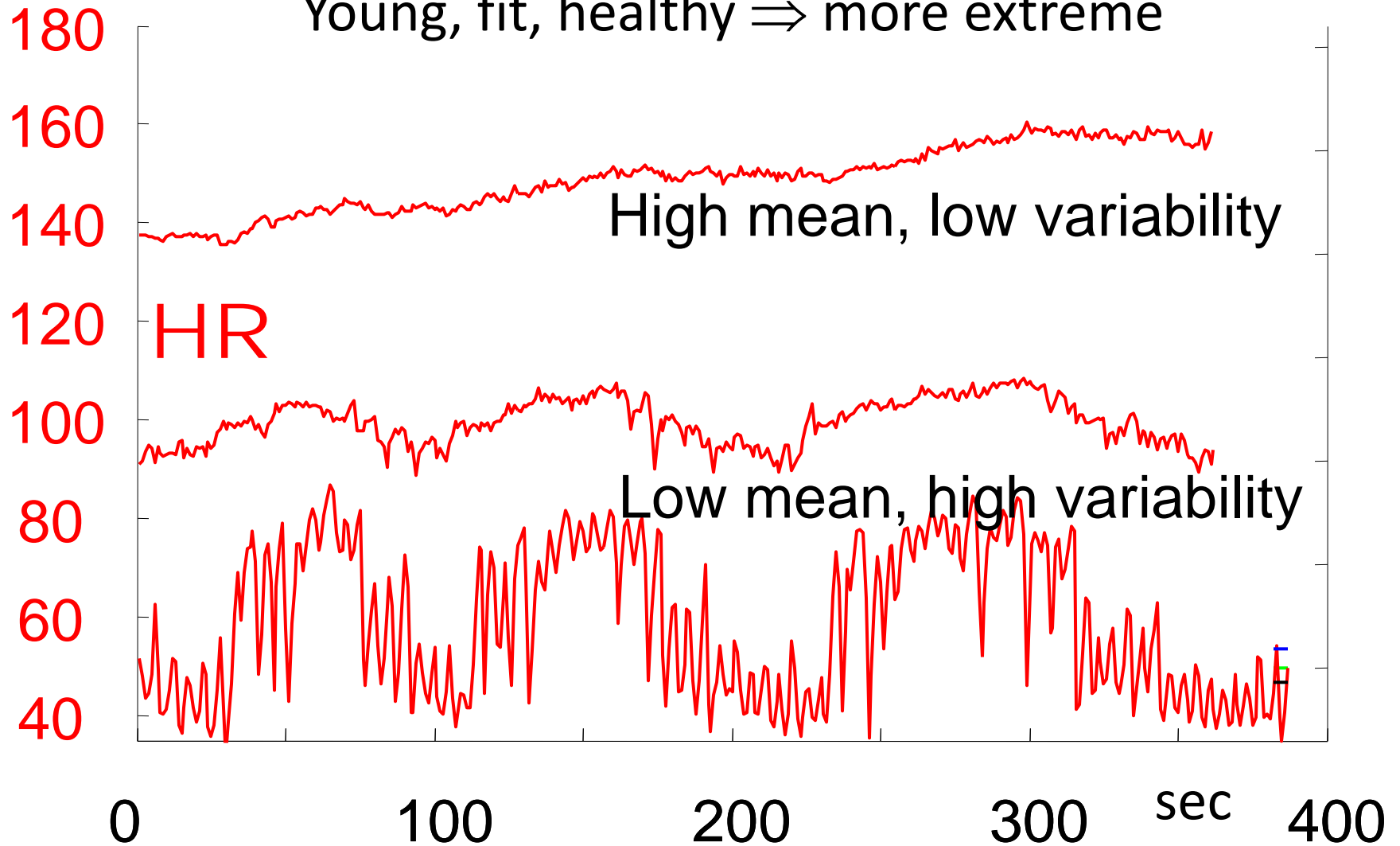
Low mean
High variability

**Uncontrolled
Chronic**

High mean
Low variability

The persistent mystery

Young, fit, healthy \Rightarrow more extreme



Seeking mechanistic explanations

Many diseases associated w/decrease HRV

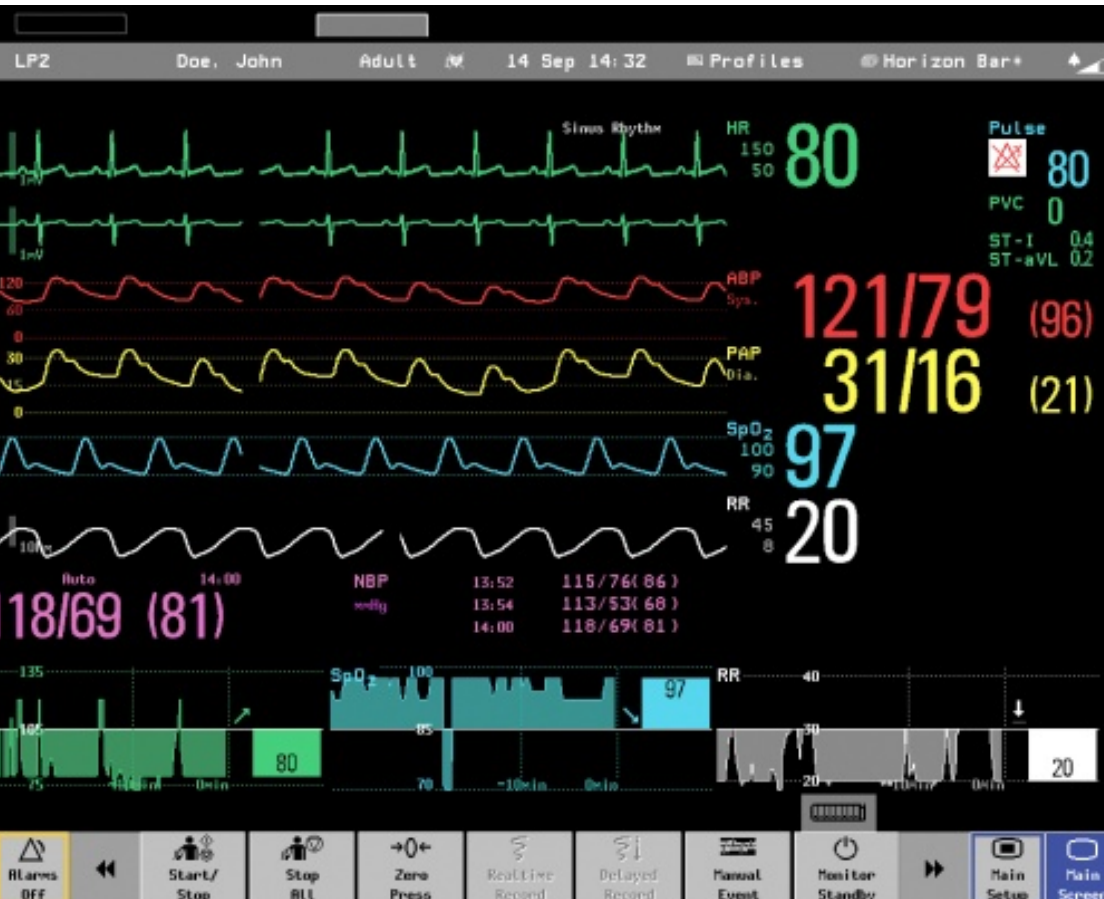
- *Poon et al*, Decrease of cardiac chaos in **congestive heart failure**, Nature, 1997.
- *Carney et al*, **Depression**, heart rate variability, and **acute myocardial infarction**, Circulation, 2001.
- *Malpas et al*, Heart-rate variability and cardiac autonomic function in **diabetes**, Diabetes, 1990.
- *Pontet et al*, Heart rate variability as early marker of **multiple organ dysfunction** syndrome in **septic** patients, Journal of critical care, 2003.
- *Tateishi et al*, Depressed heart rate variability is associated with high IL-6 blood level and decline in the blood pressure in **septic** patients, Shock, 2007.
- *Roche et al*, Depressed heart rate variability is associated with high IL-6 blood level and decline in the blood pressure in **septic** patients, Circulation, 1999.
- Kleiger et al, Decreased heart rate variability and its association with **increased mortality** after acute myocardial infarction, Am Journal of Cardiology, 1987.
- Liao et al, **Age, race, and sex differences** in autonomic cardiac function measured by spectral analysis of heart rate variability, Am Journal of Cardiology, 1995.

Google scholar search

Search *exact* phrase “heart rate variability” for 2011 returns

- 695 papers with phrase in the title,
- 9330 papers appearing anywhere...
- ...of which 891 have at least one of the following words: chaos, chaotic, or fractal

Future patient monitor with HRV alert will be???



Warning: Reduced HRV
Patient is at Risk of

- Autonomic system dysfunction
- Sepsis
- Respiratory Failure
- Kidney Failure
- Multi-organ dysfunction
- Myocardial ischemia
- Coronary artery occlusion
- Heart failure
- Diabetes
- Sleep Apnea
- Getting Old....

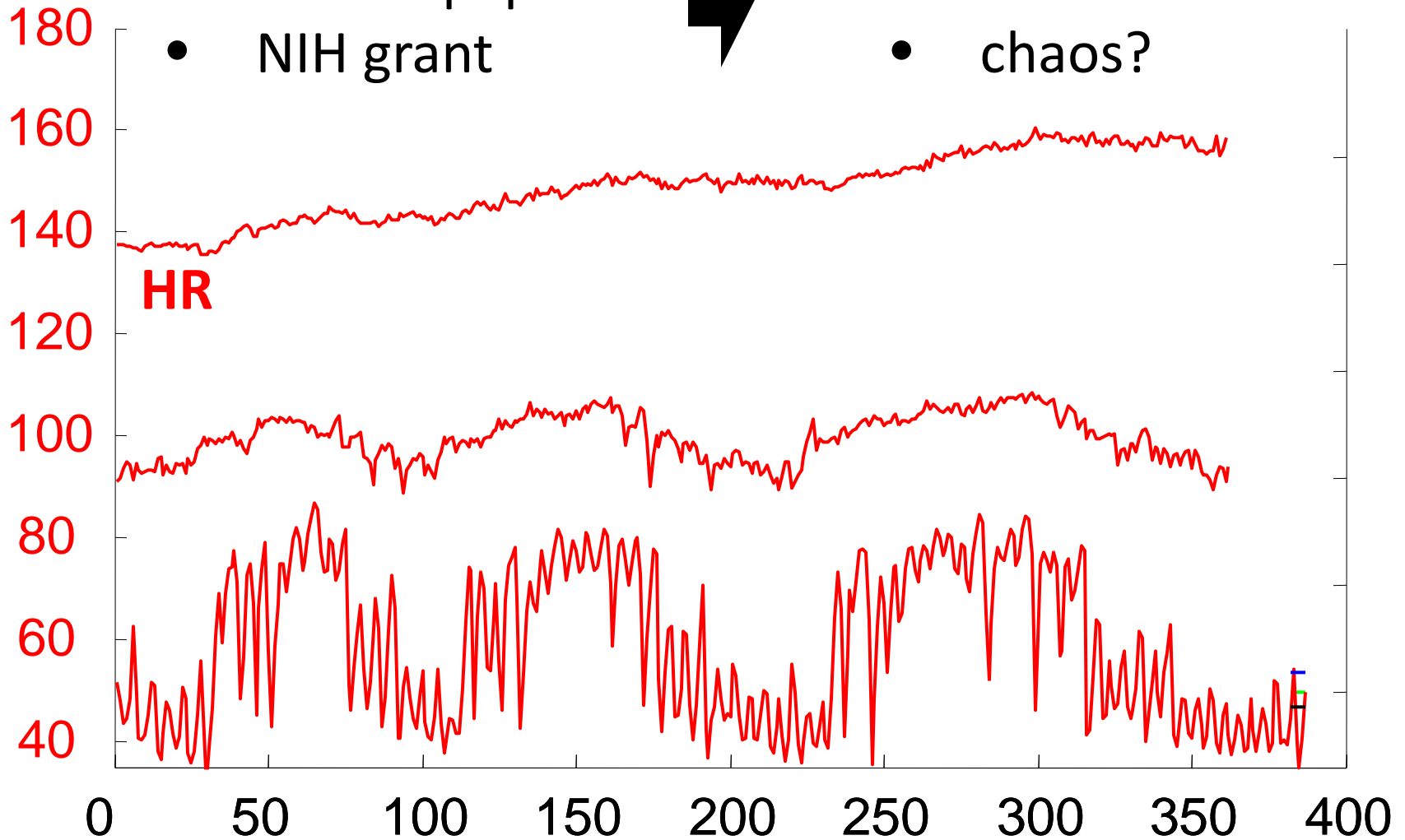
Want a

- Nature paper
- NIH grant



Need

- fractals?
- chaos?



~~Seeking mechanistic explanations~~

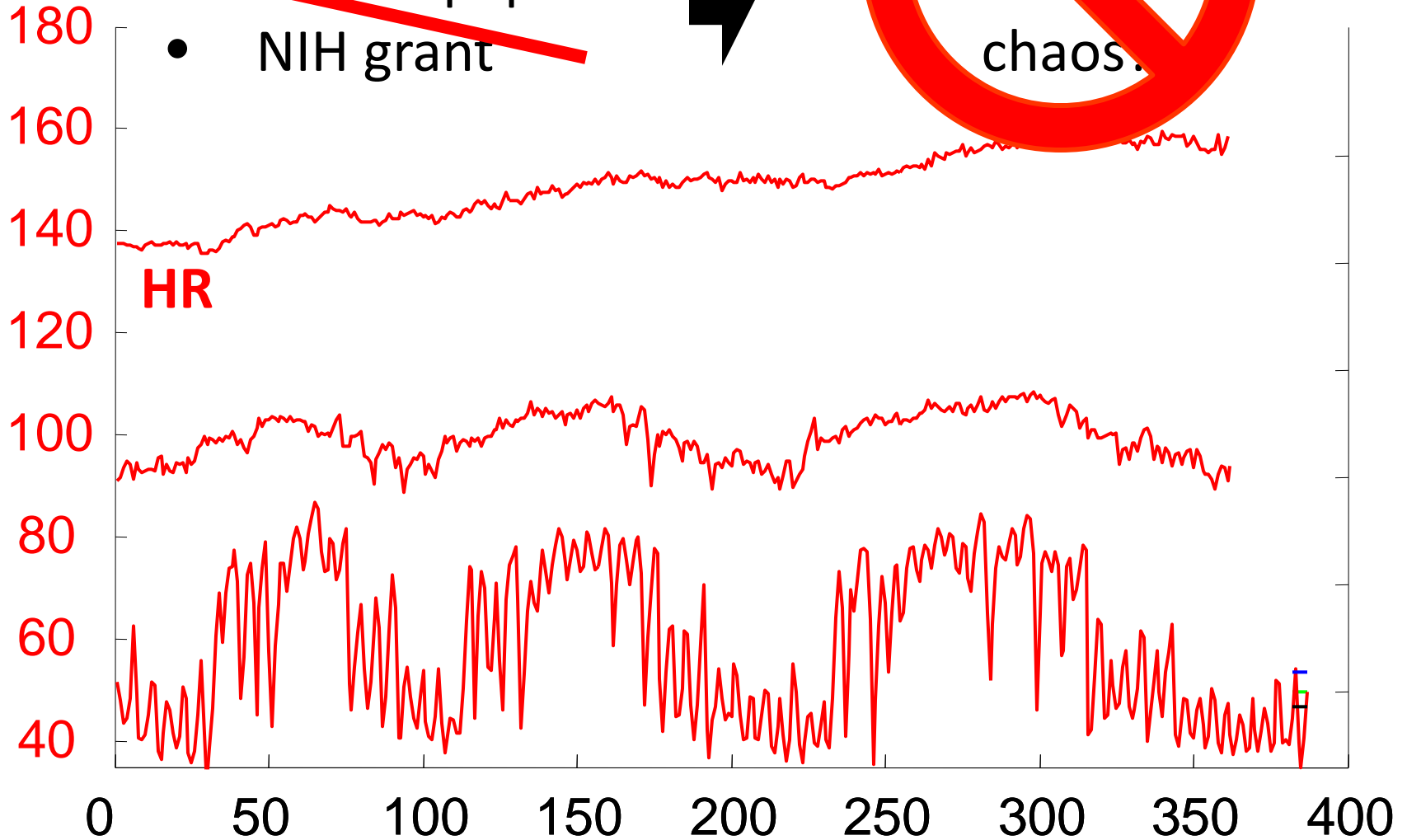
Want a

• Nature paper

• NIH grant

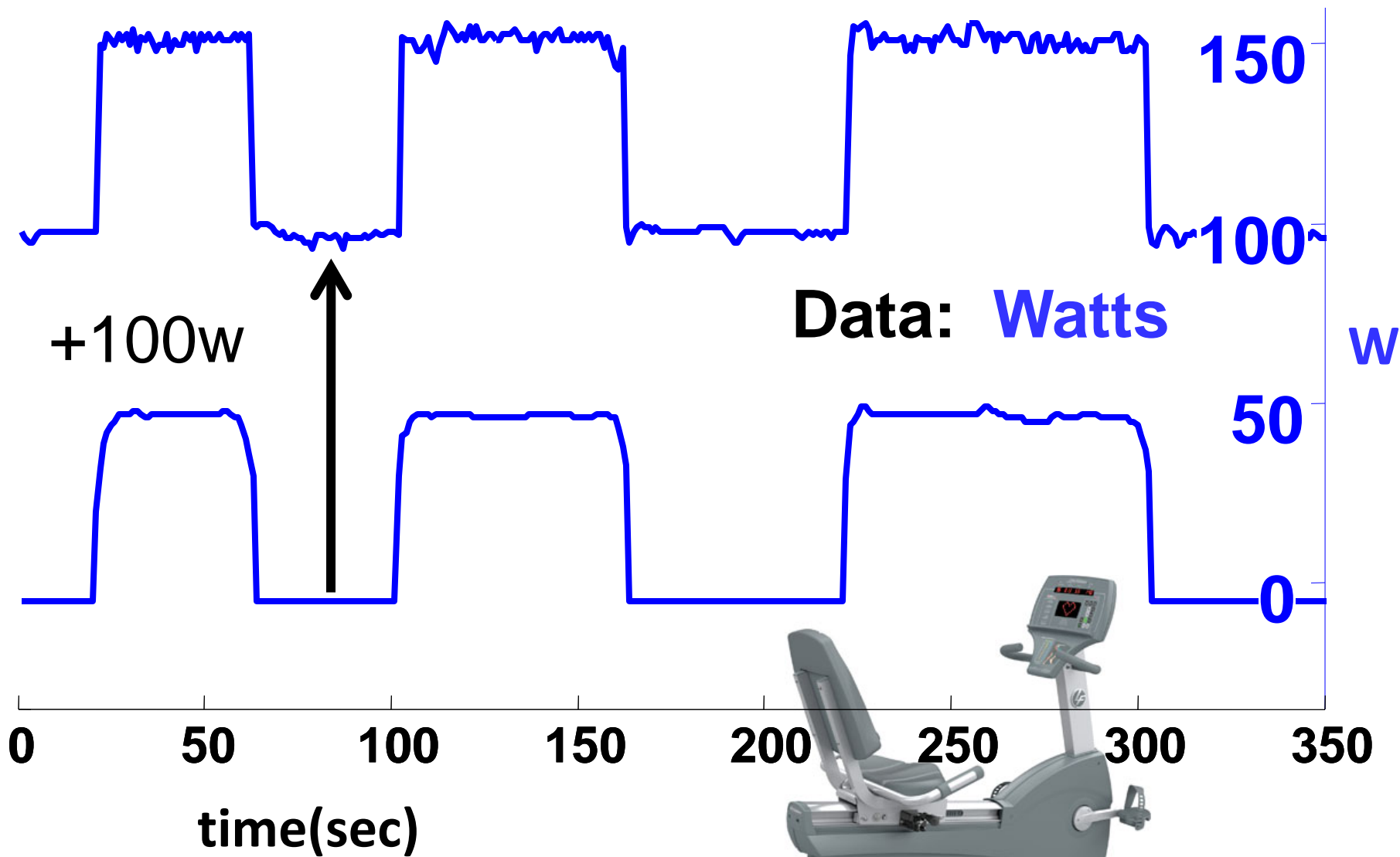


Need
fractals?
chaos.



~~Seeking mechanistic explanations~~

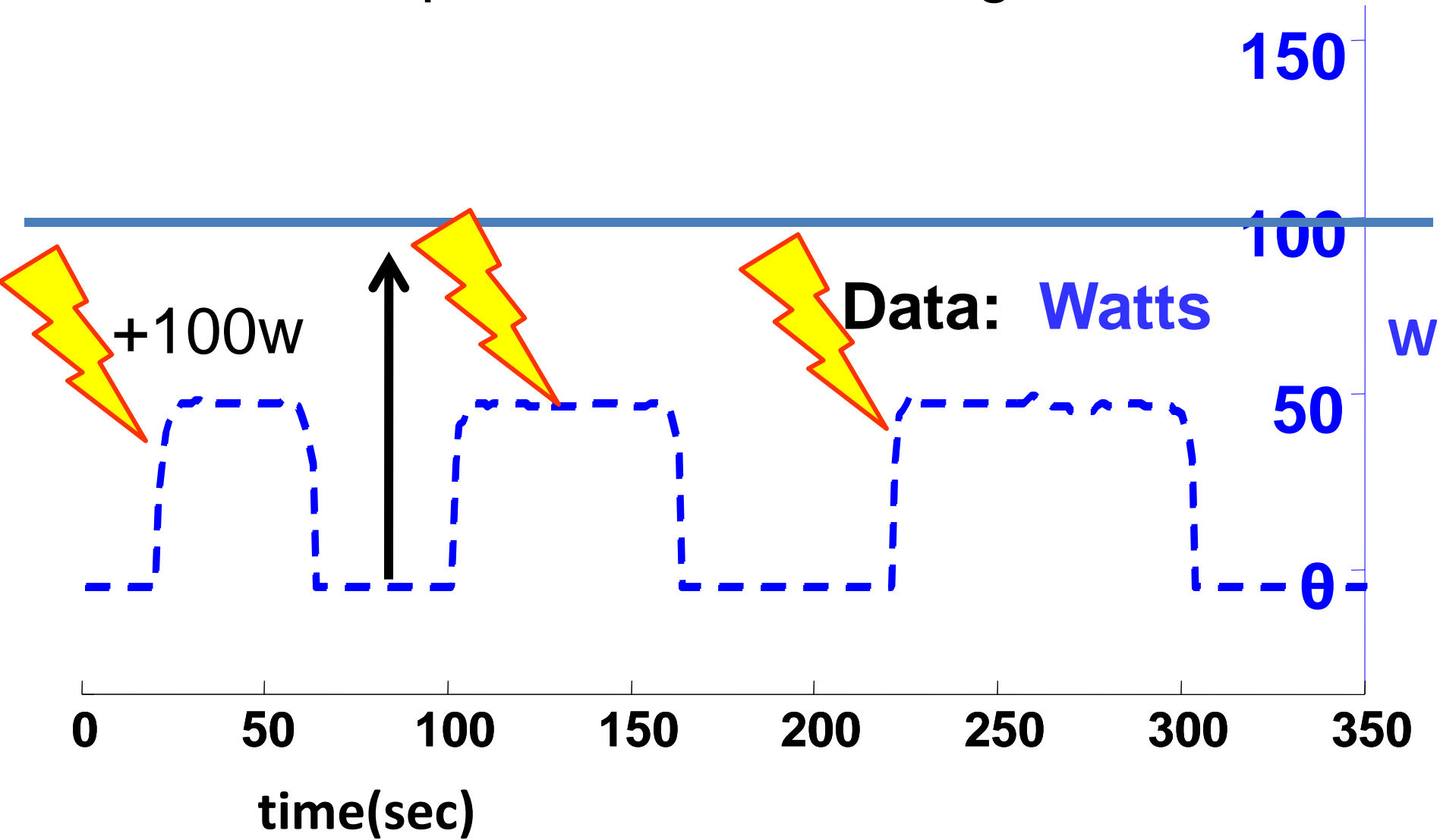
Two experiments



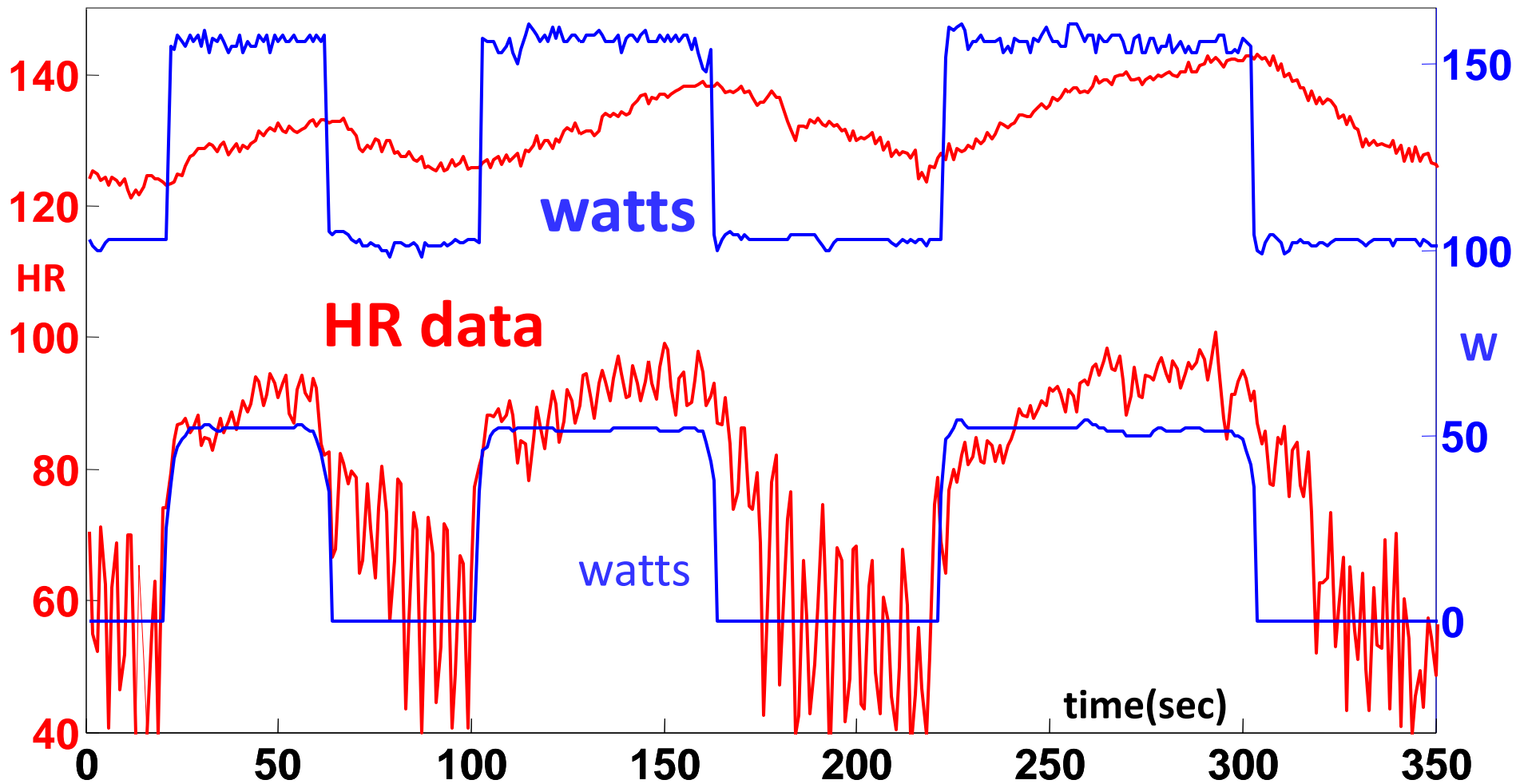
On recumbent Lifecycle



Stress= "perturbation + background"

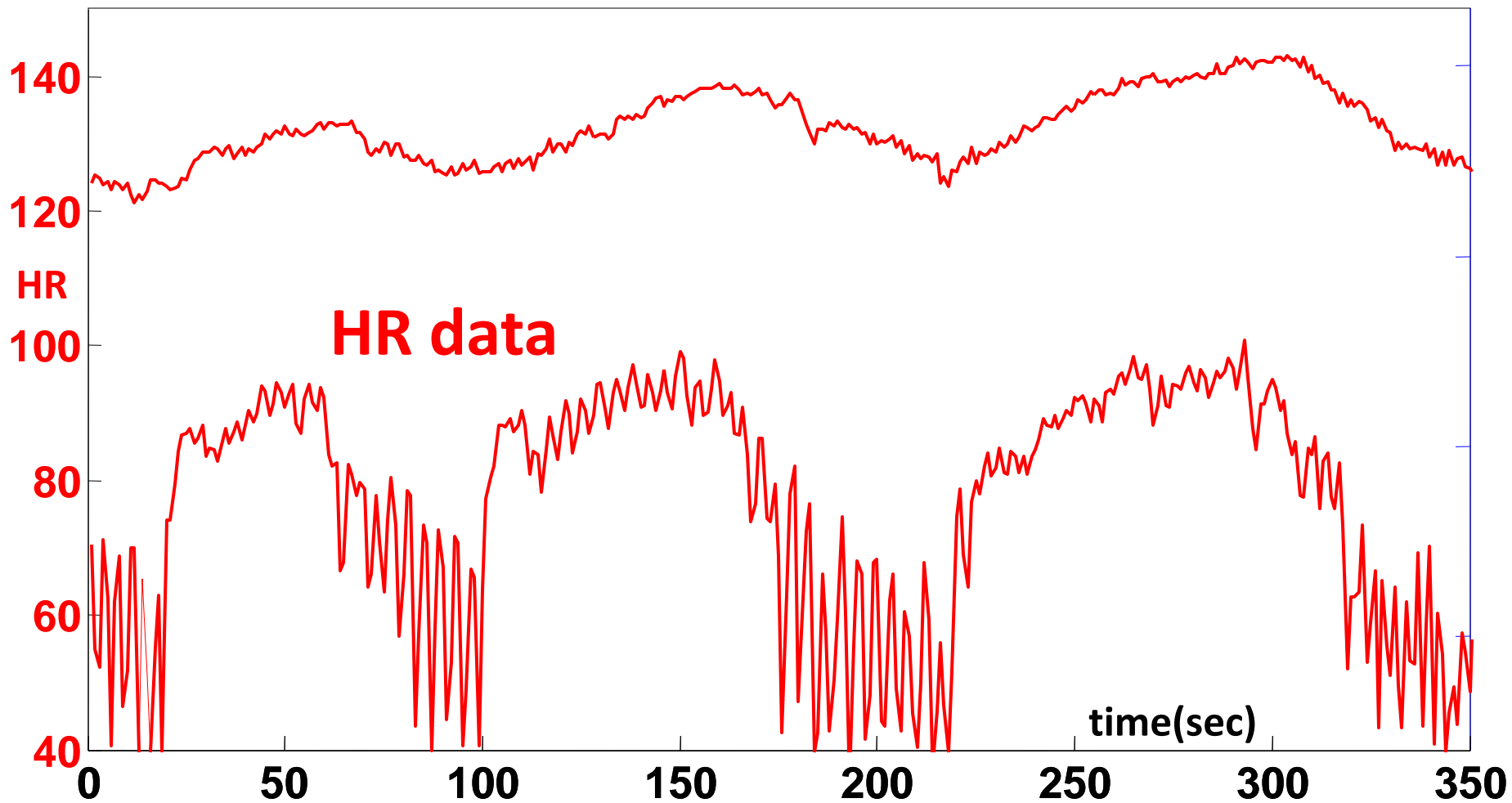


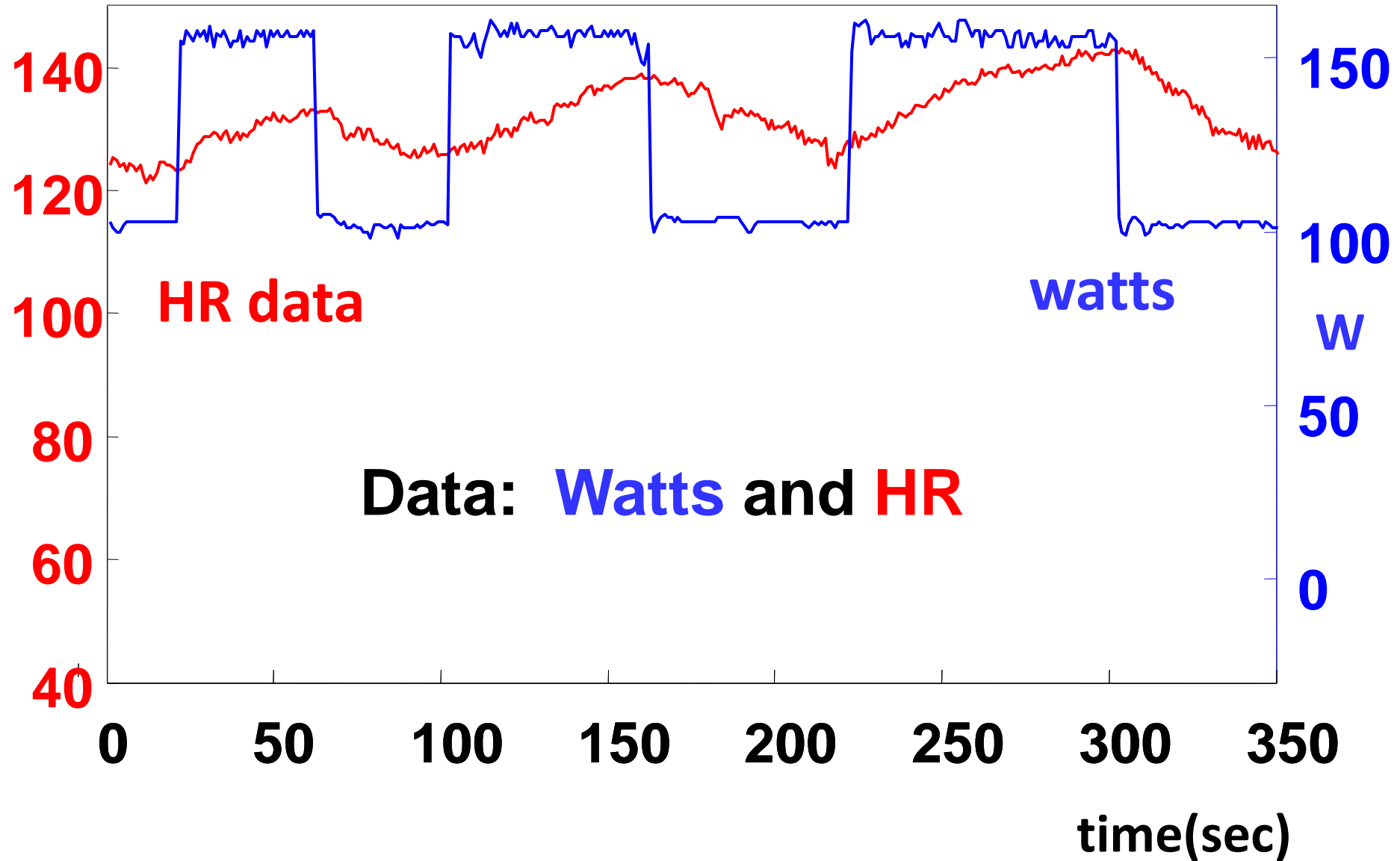
Two experiments with same subject #1

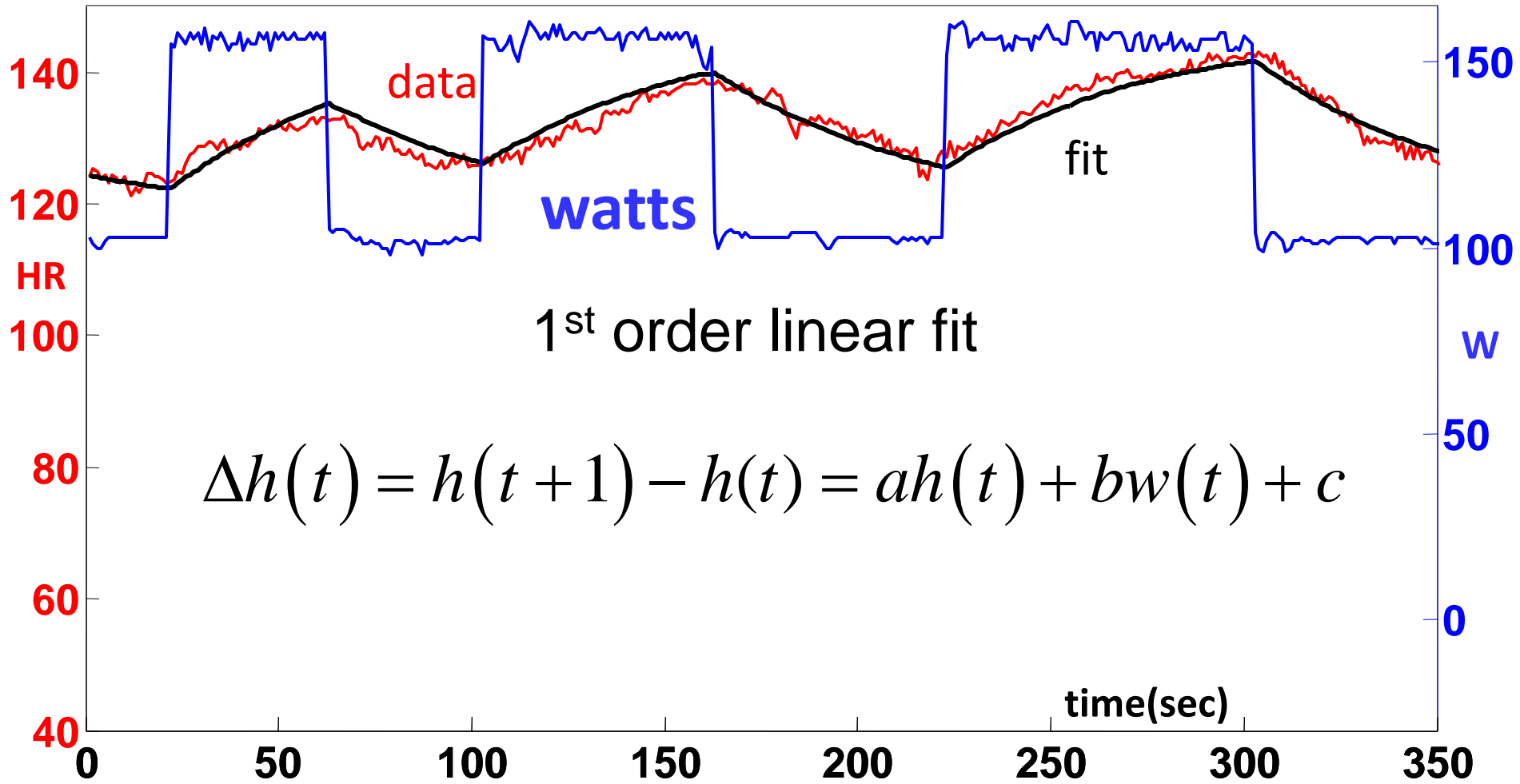


Data: **Watts** and **HR**

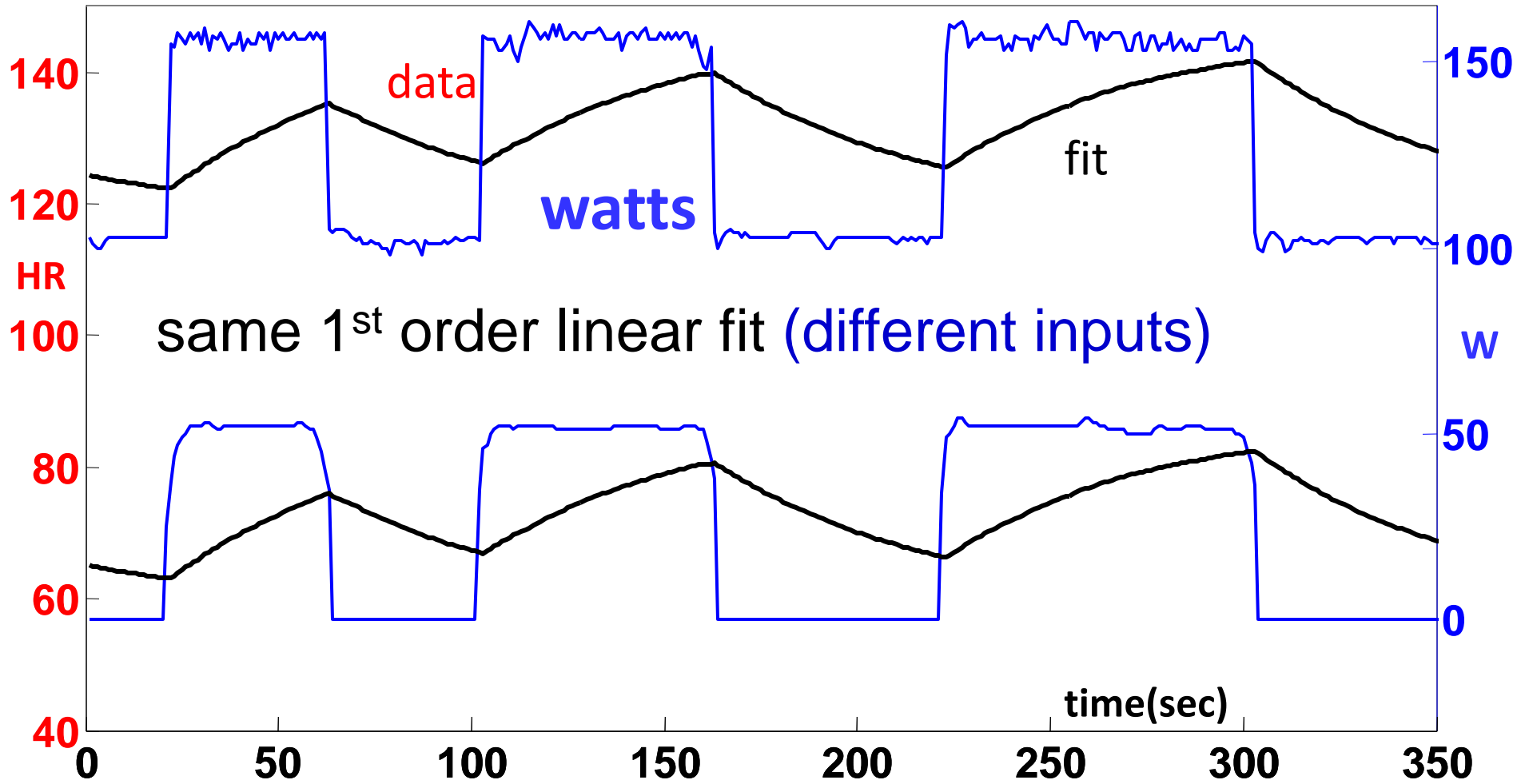
Two experiments with same subject #1



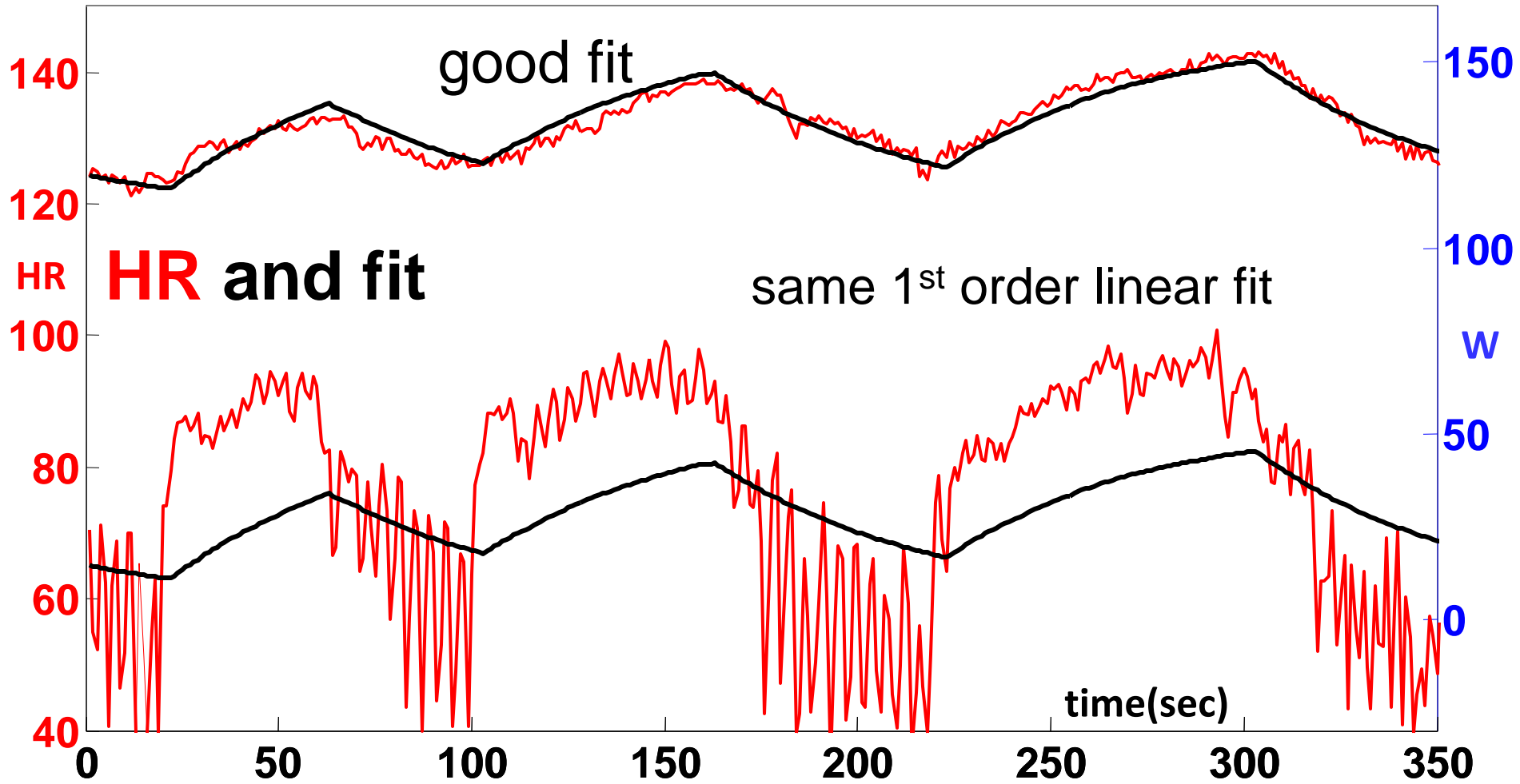




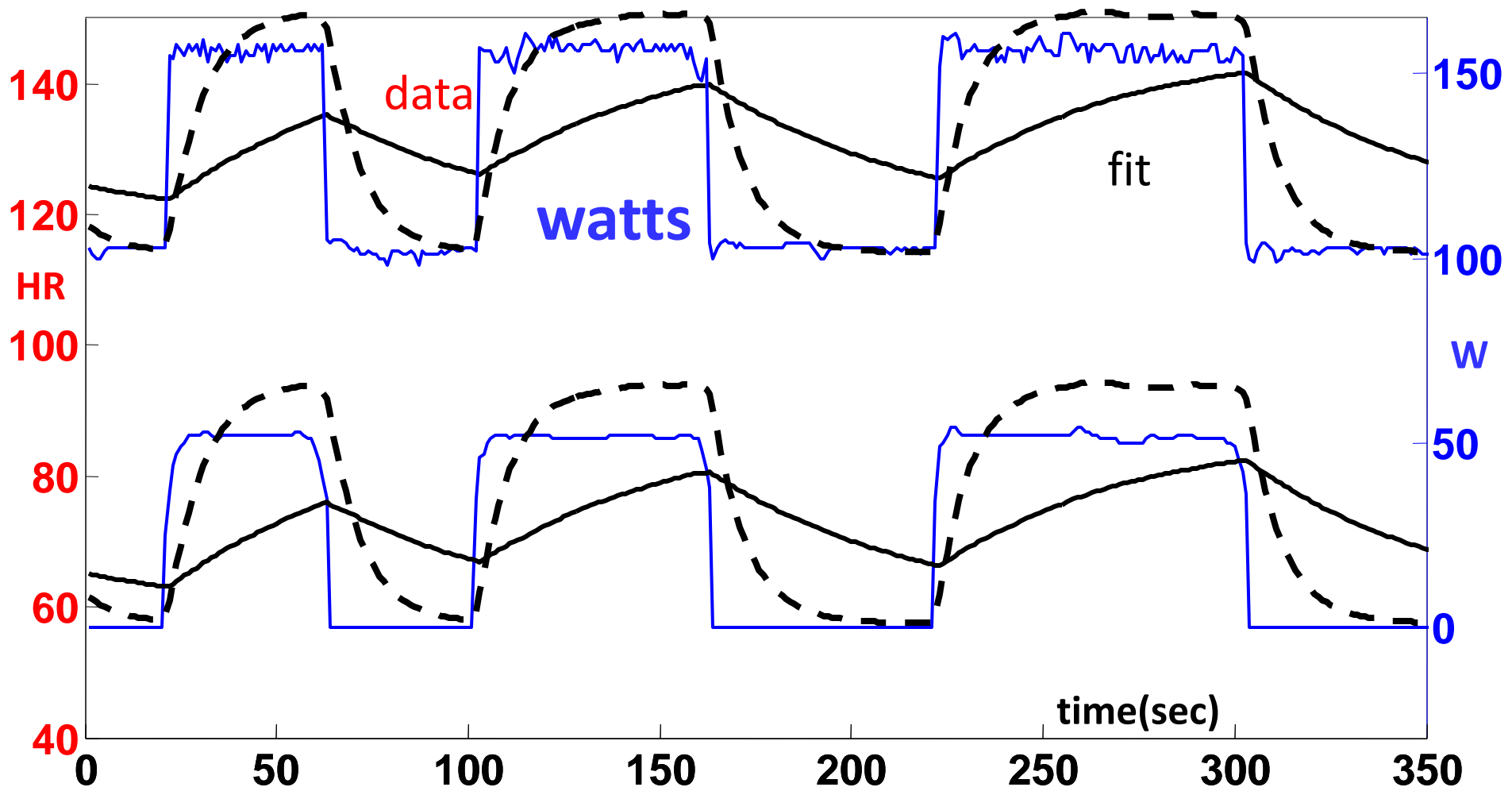
3 parameters $\approx (-0.018, 0.01, 1.1)$
 (a, b, c) @ 100w



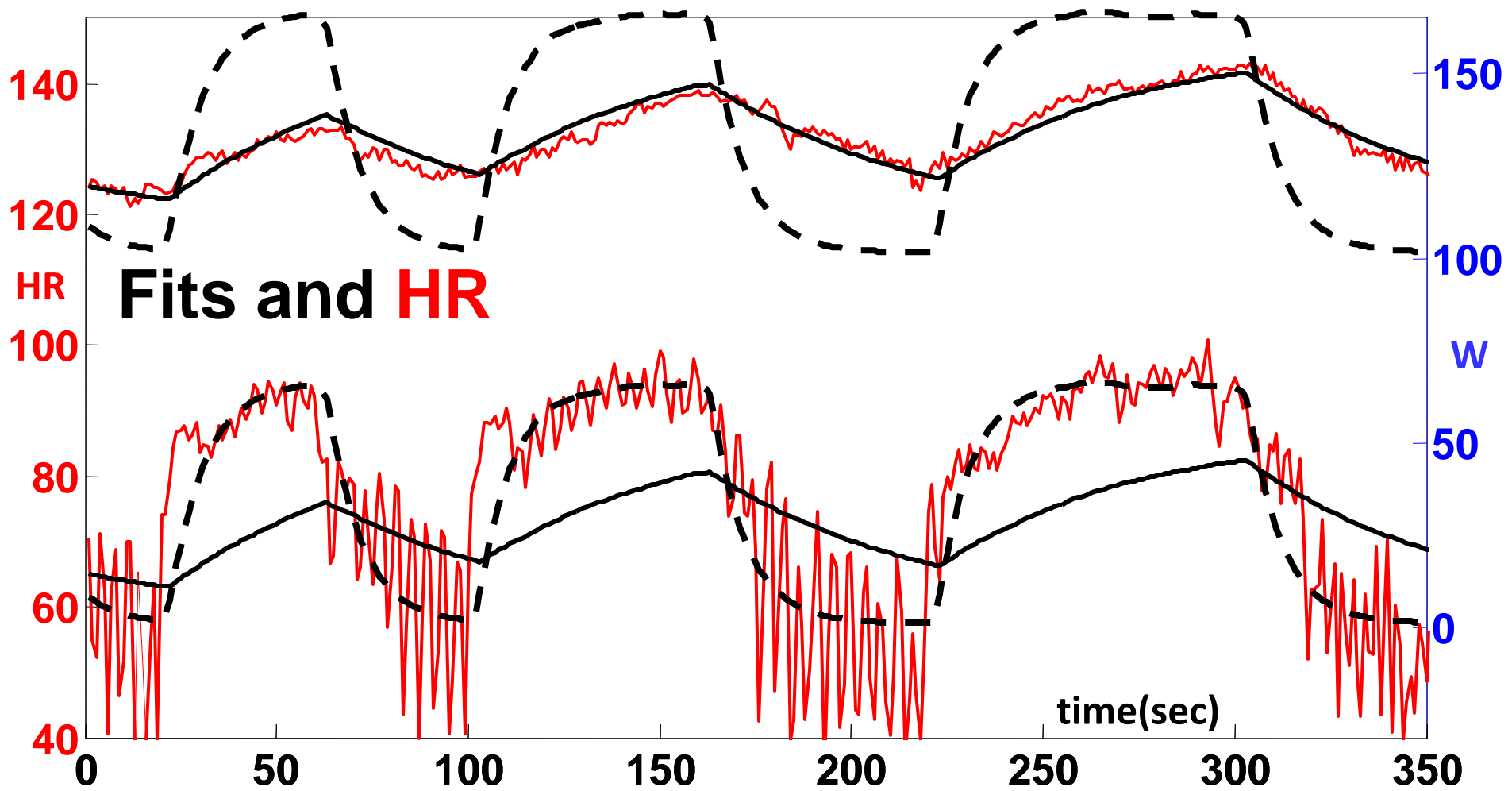
$$\Delta h(t) = h(t+1) - h(t) = ah(t) + bw(t) + c$$



poor fit @ low watts

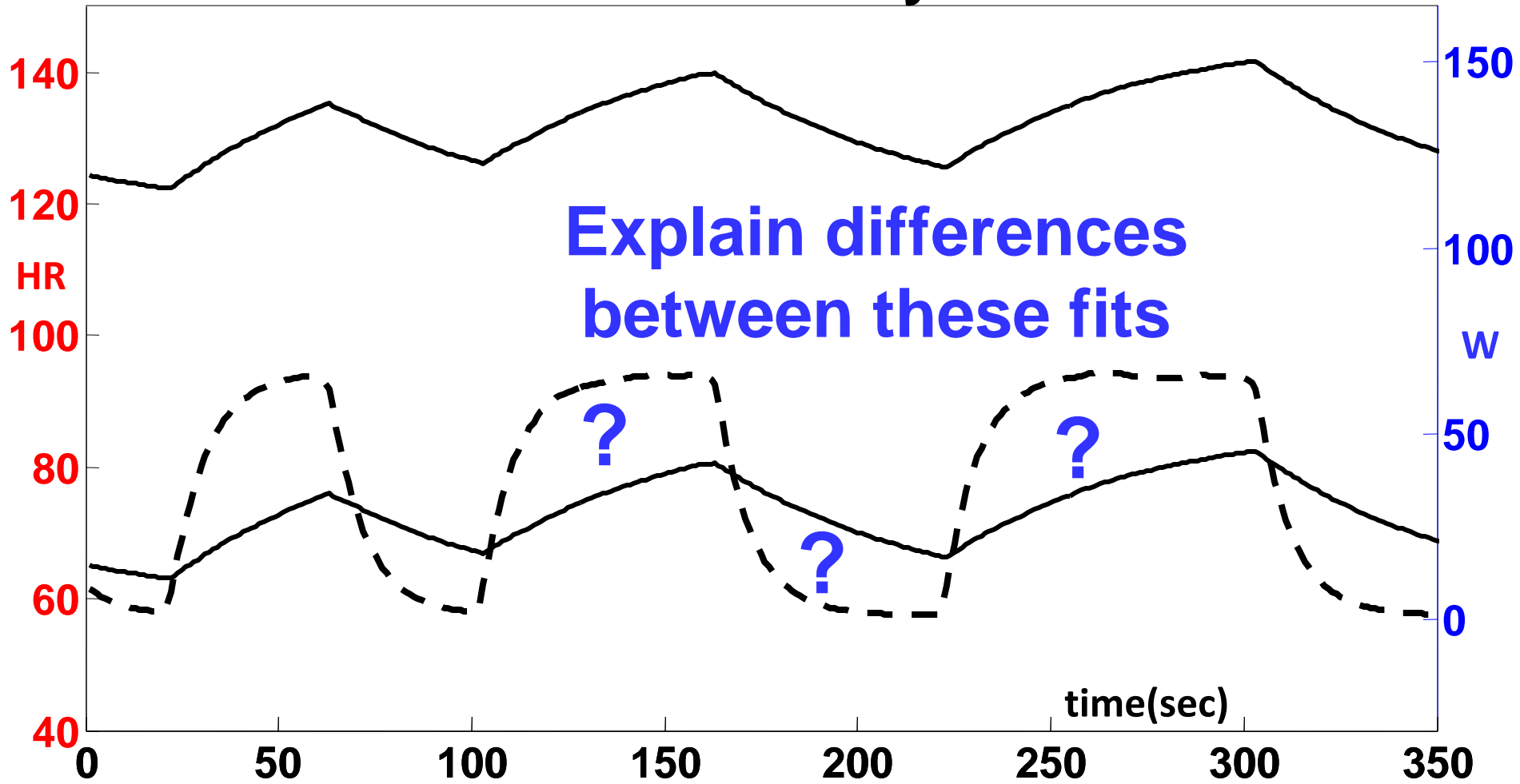


Two different 1st order linear fit(s)



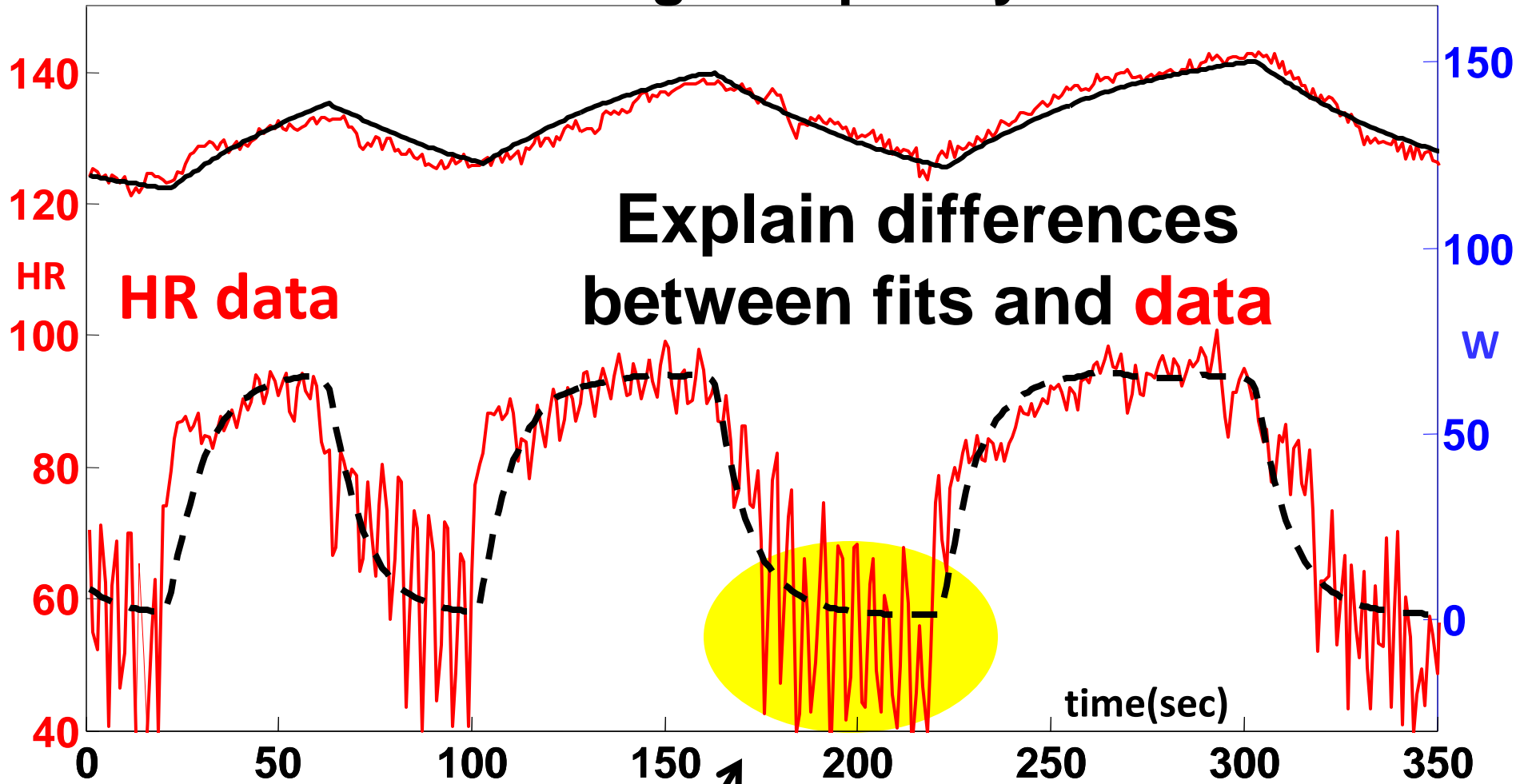
Two different 1st order linear fit(s)

Nonlinearity



Both static (steady state) and dynamic

High frequency



**Explain differences
between fits and data**

HR data

time(sec)

Lower mean, higher variability

Thanks to

Theory/tools

- Na Li (→Harvard)
- Jerry Cruz
- Somayeh Sojoudi
- Simon Chien
- Ben Recht (→UCB)

Equipment

- Philips

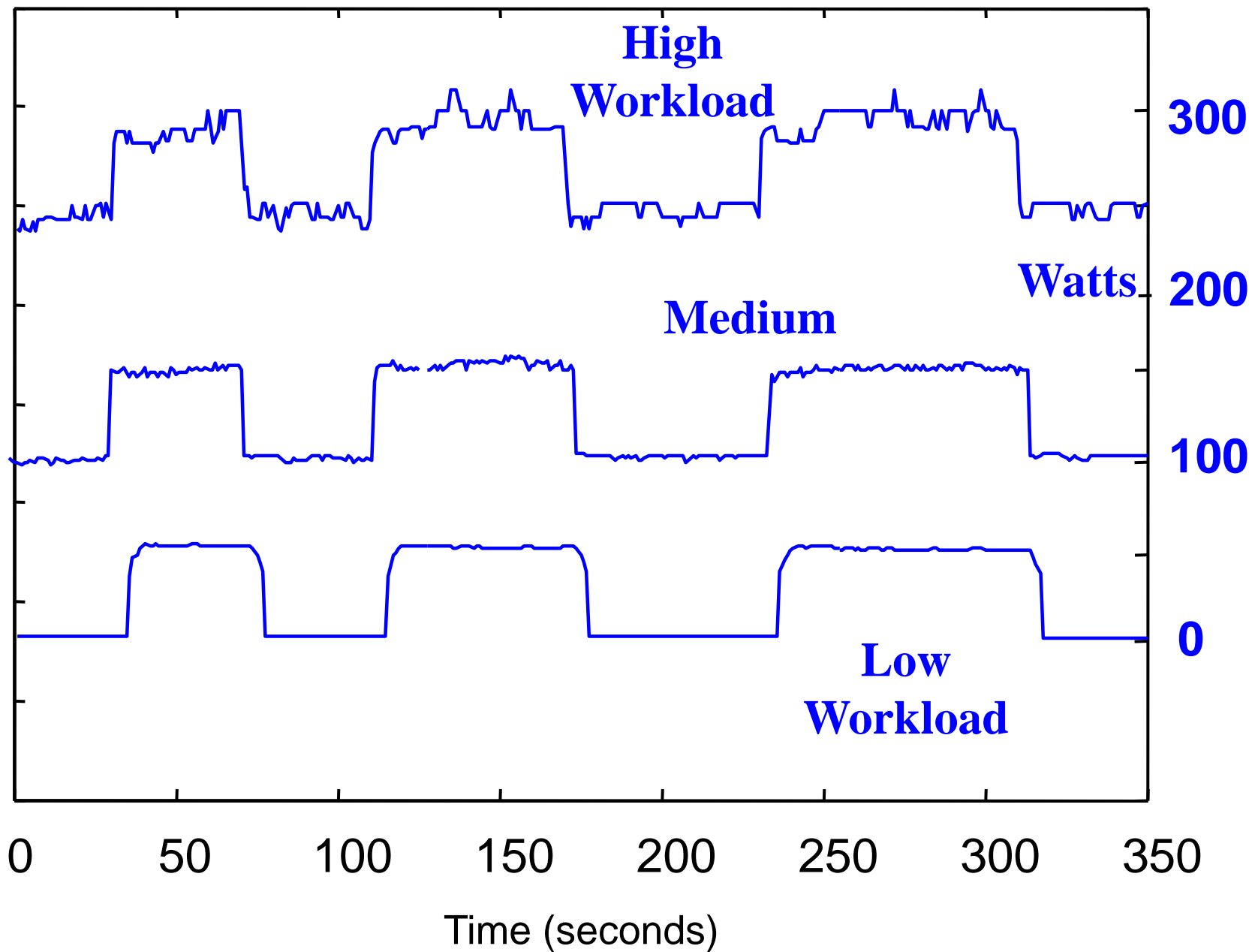
~~Science Trans Med~~ &
Anonymous reviewers

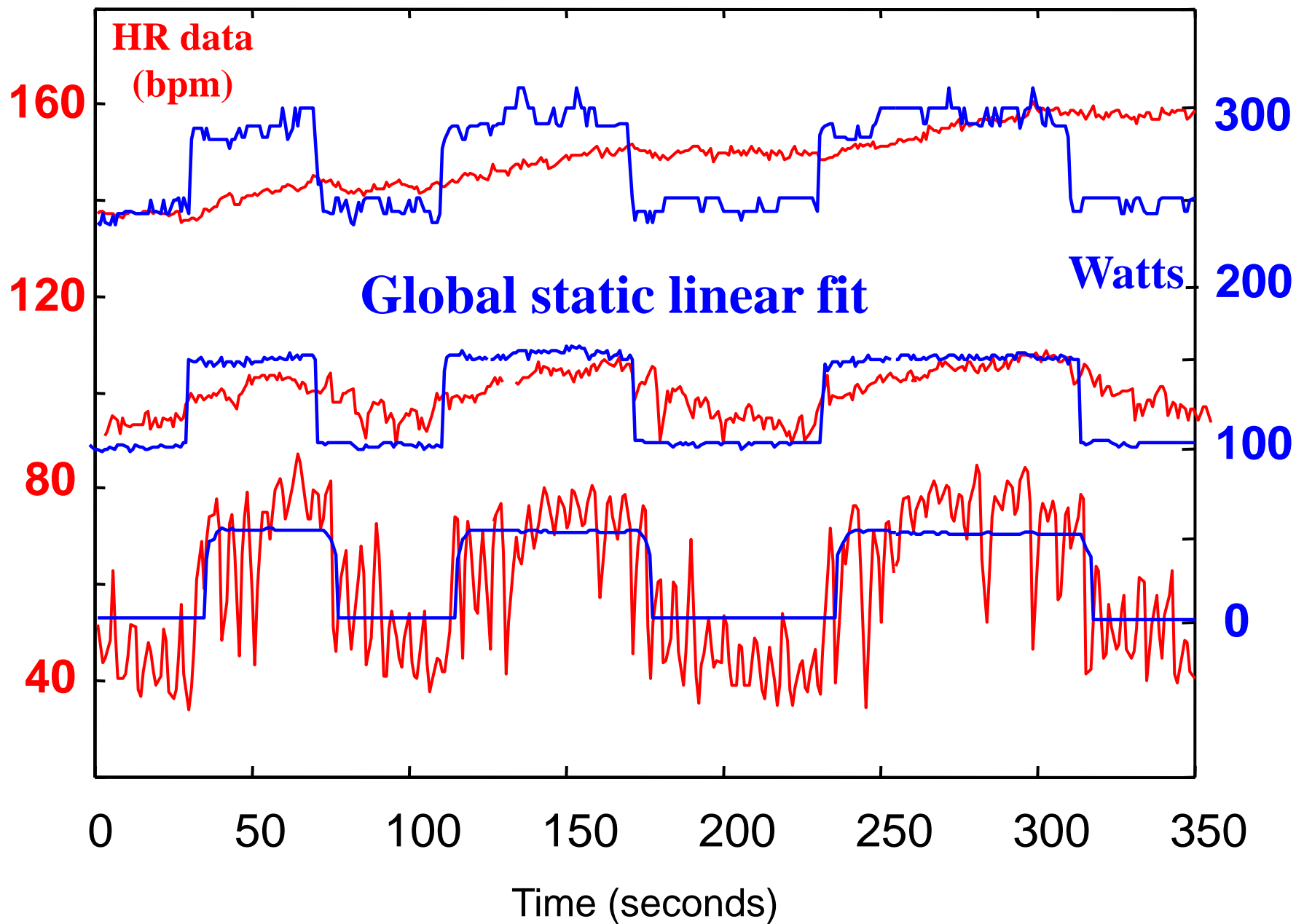
Medical

- Marie Csete MD PhD
- David Stone MD
- Dan Bahmiller MD
- SCAI and ICCAI

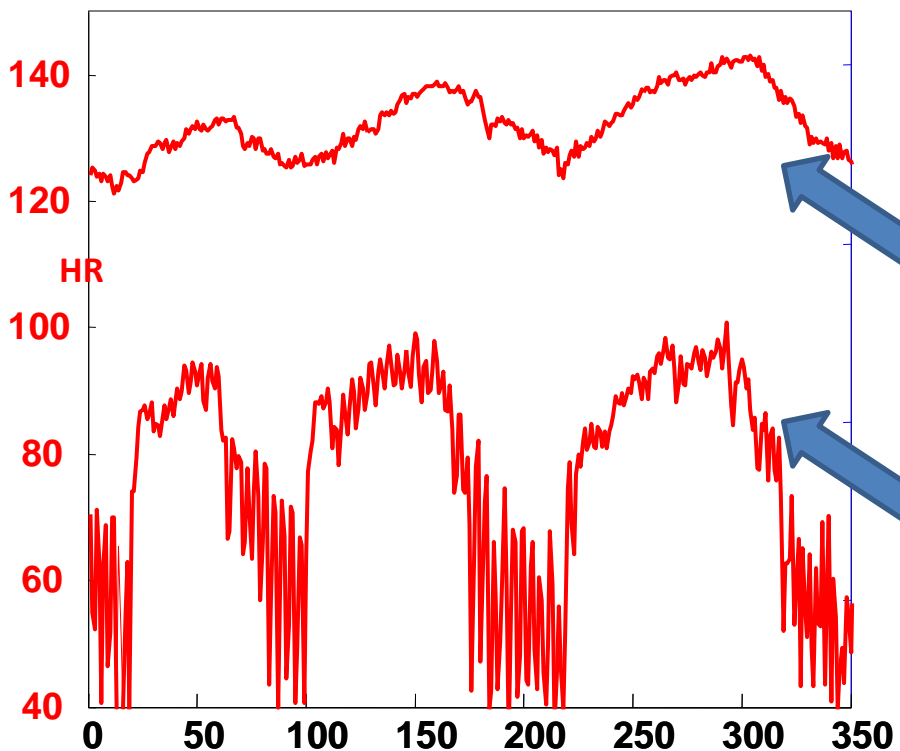
Funding

- ~~NIH~~
- ~~Army~~
- ~~Pfizer~~
- Braun family
- AFOSR/NSF

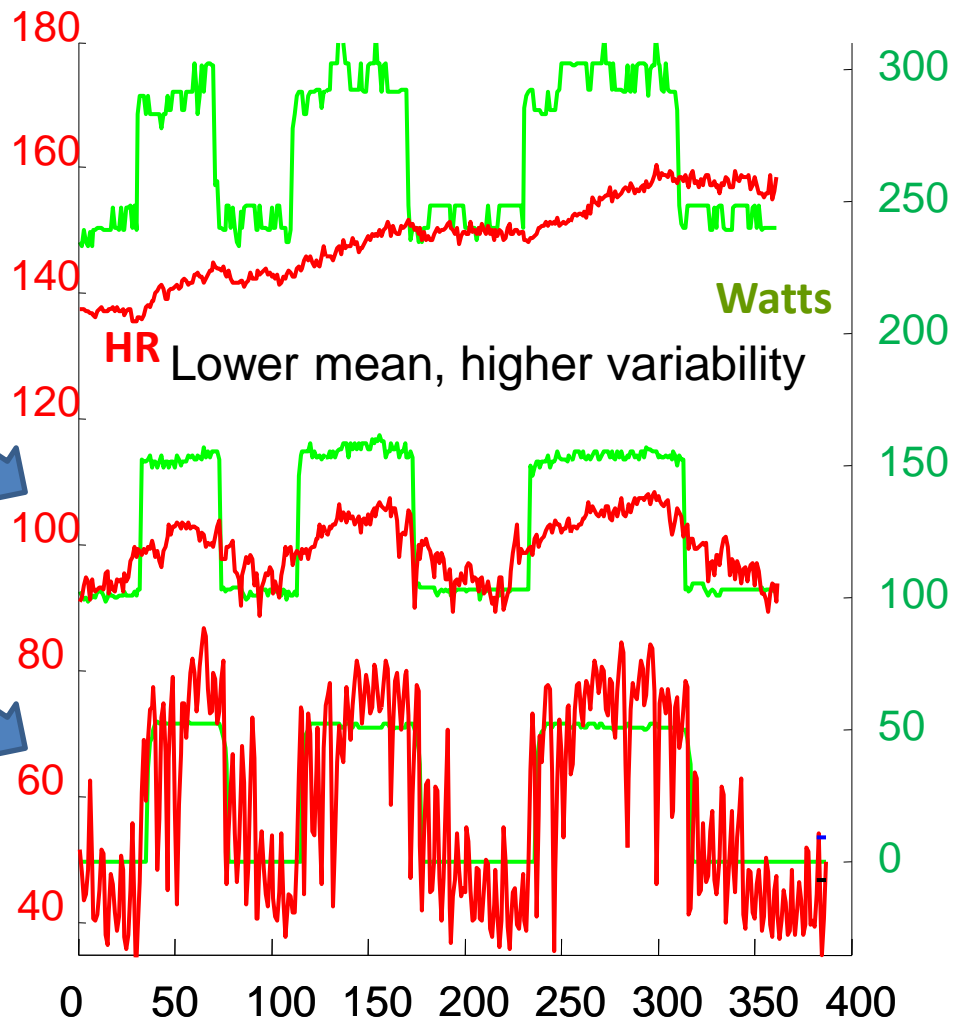




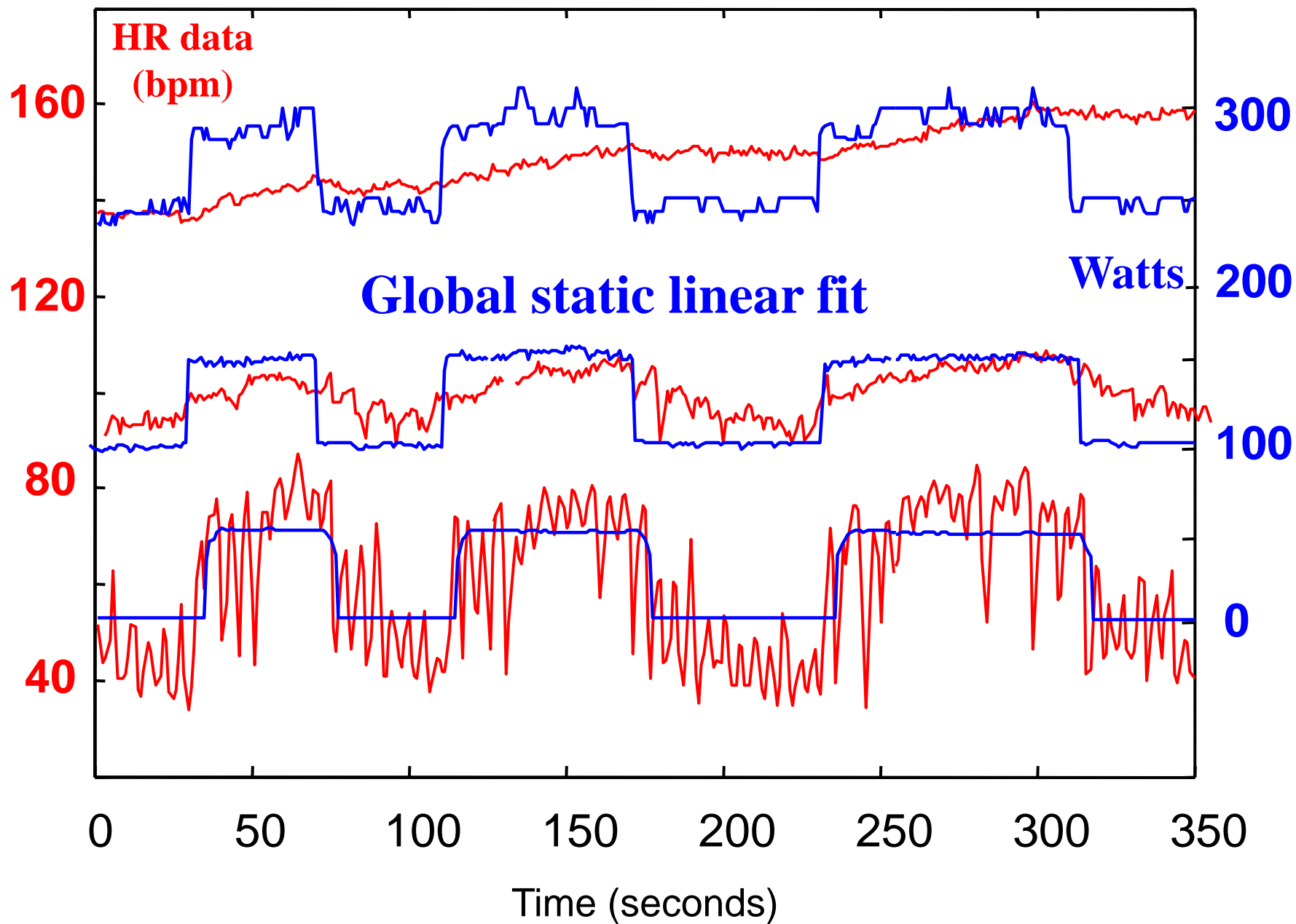
Shift so HR units are same

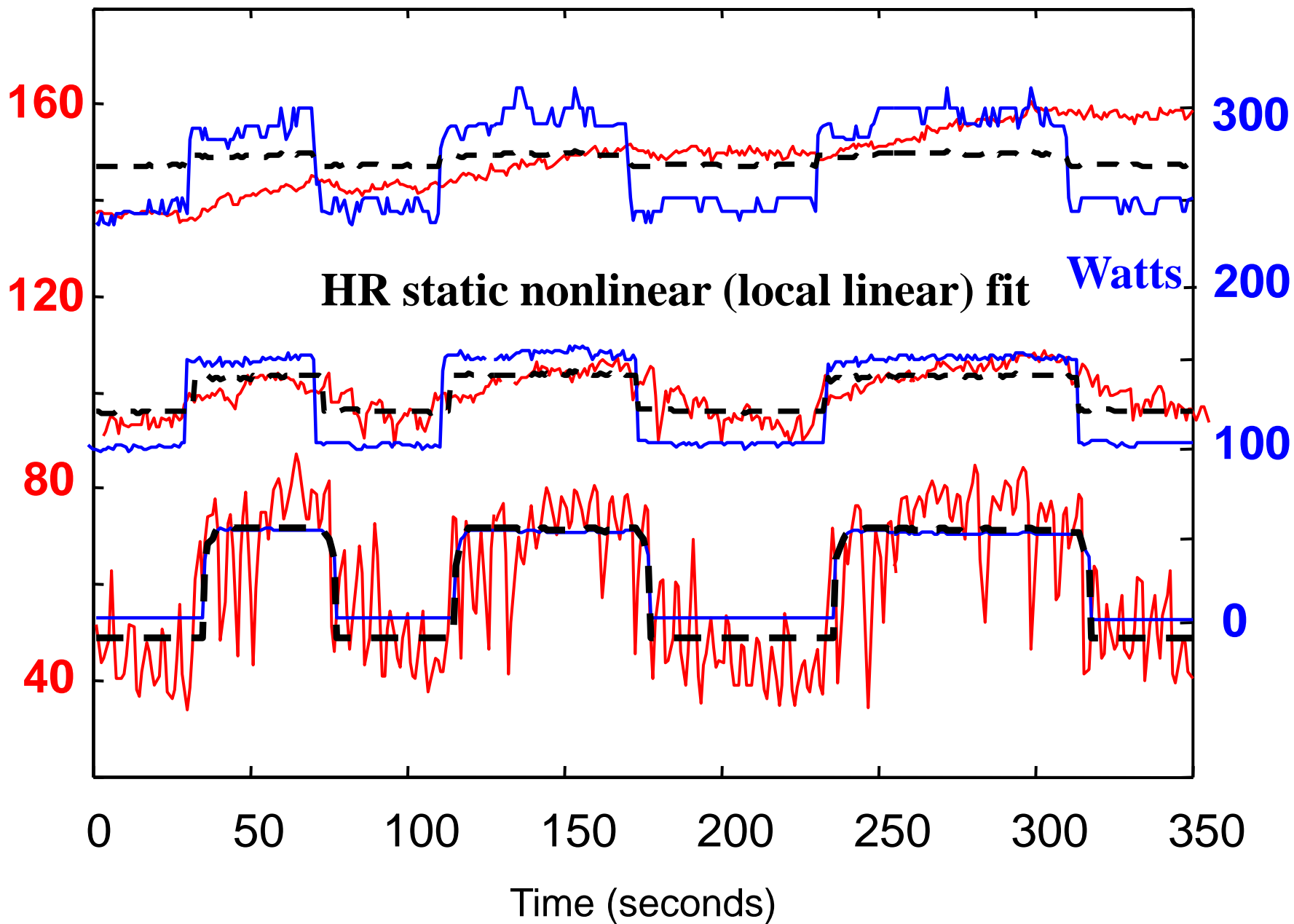


Subject 1

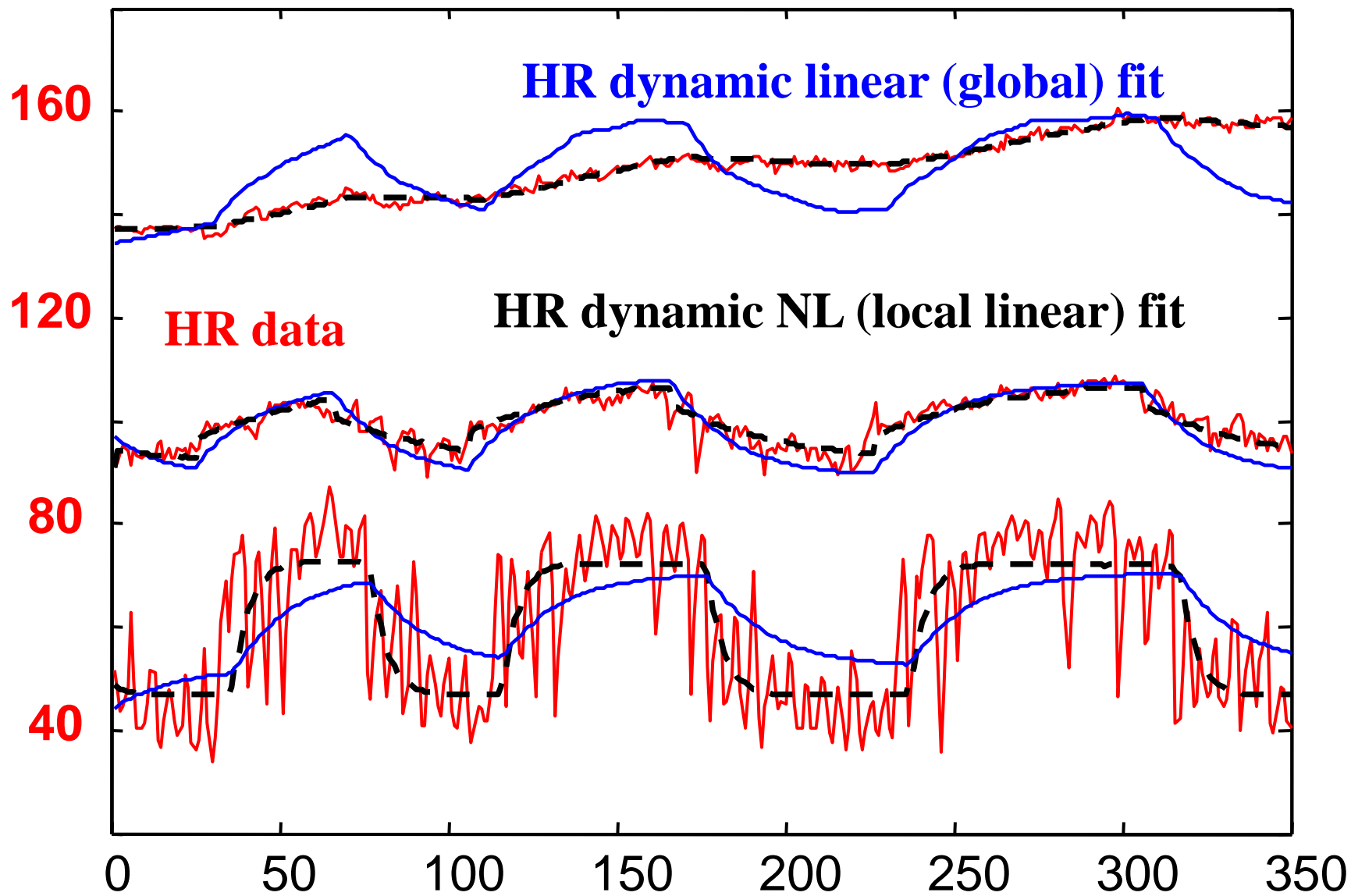


Subject 2



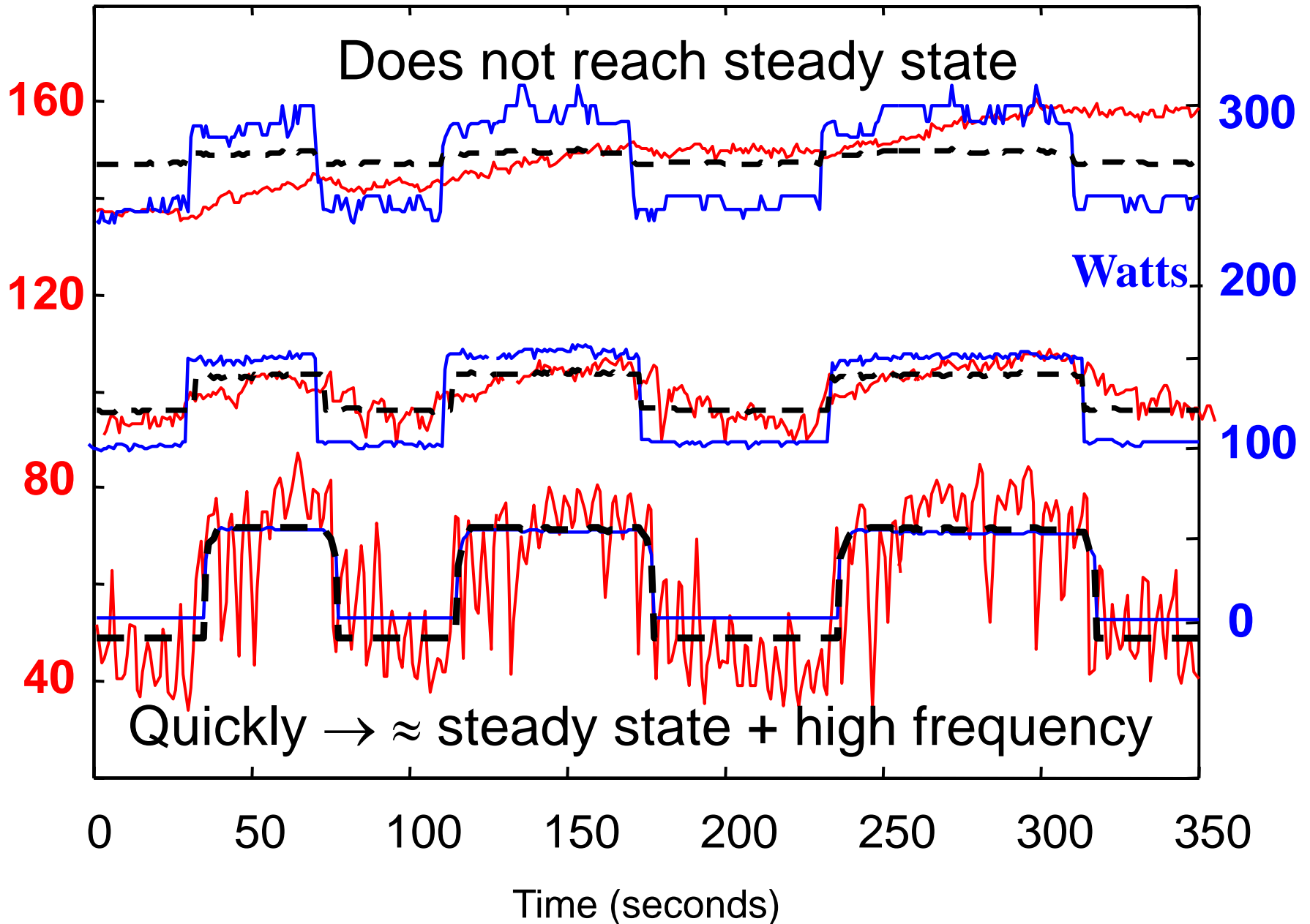


1st order linear model

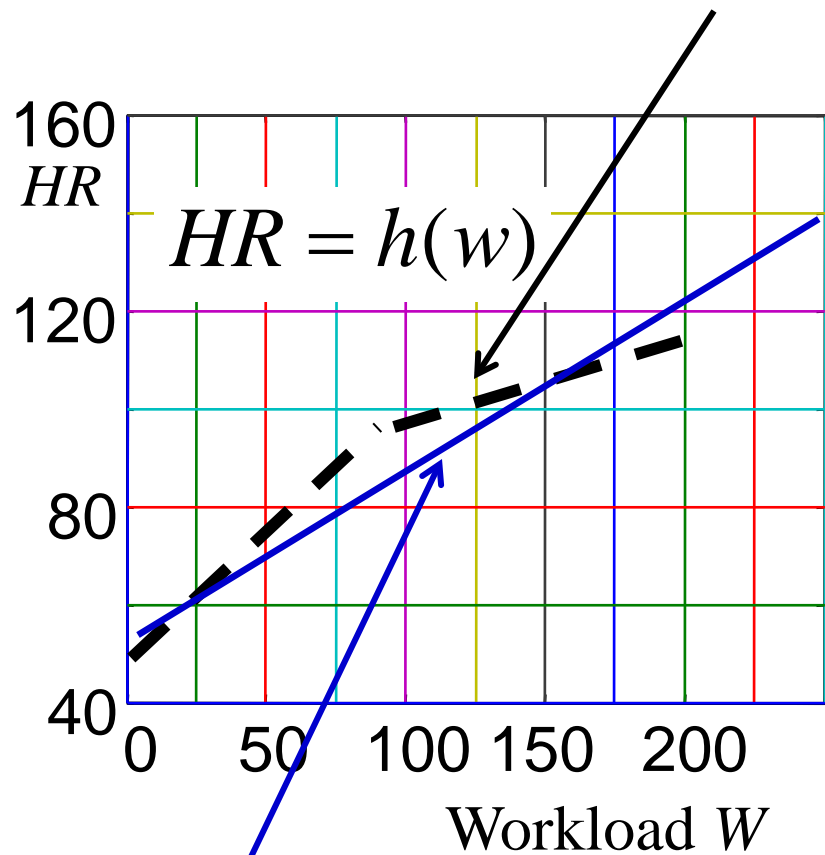


$$\Delta h(t) = h(t+1) - h(t) = ah(t) + bw(t) + c$$

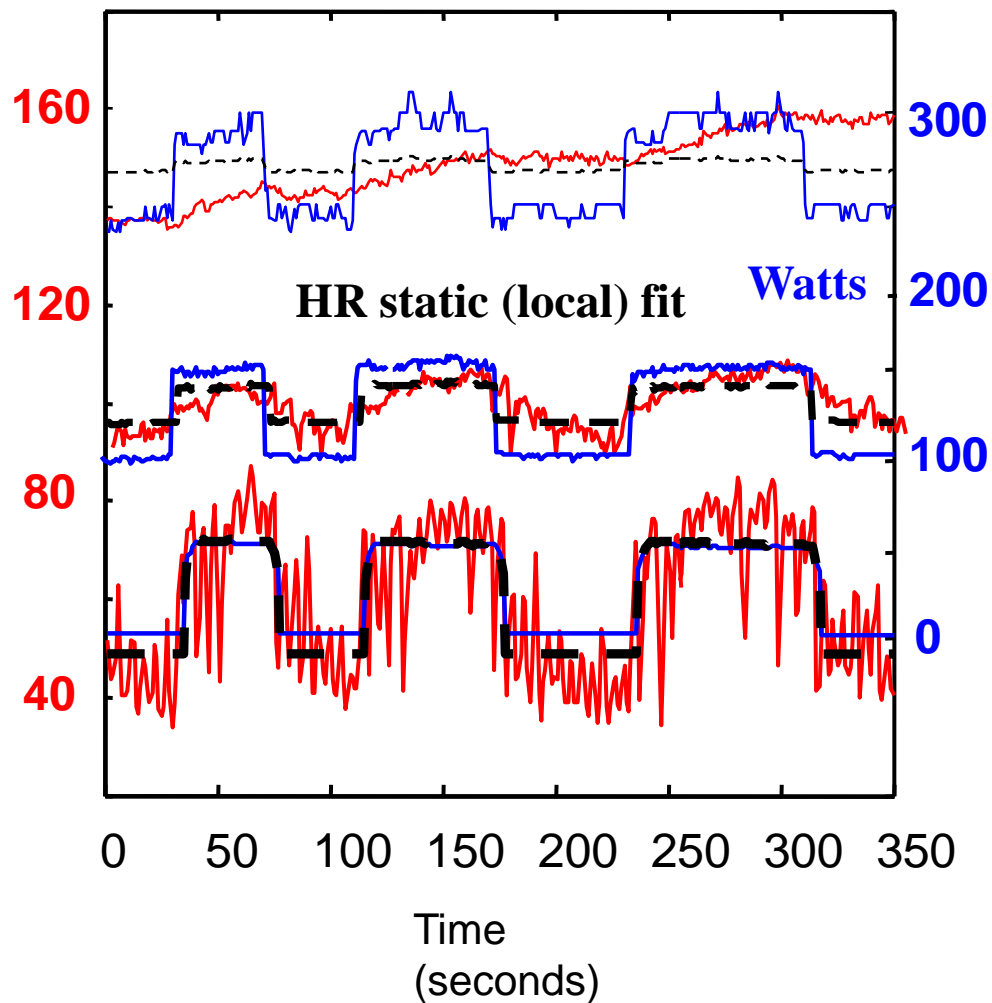
HR static NL (local) fit



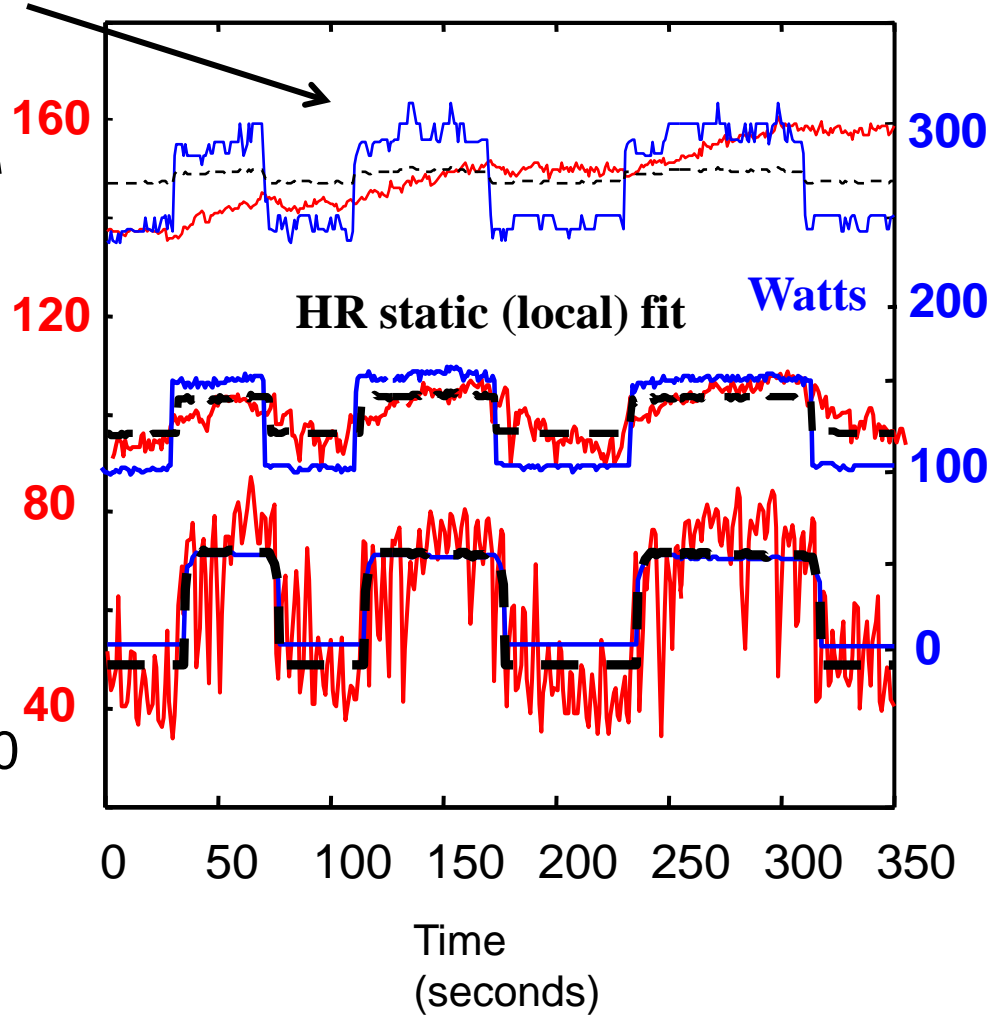
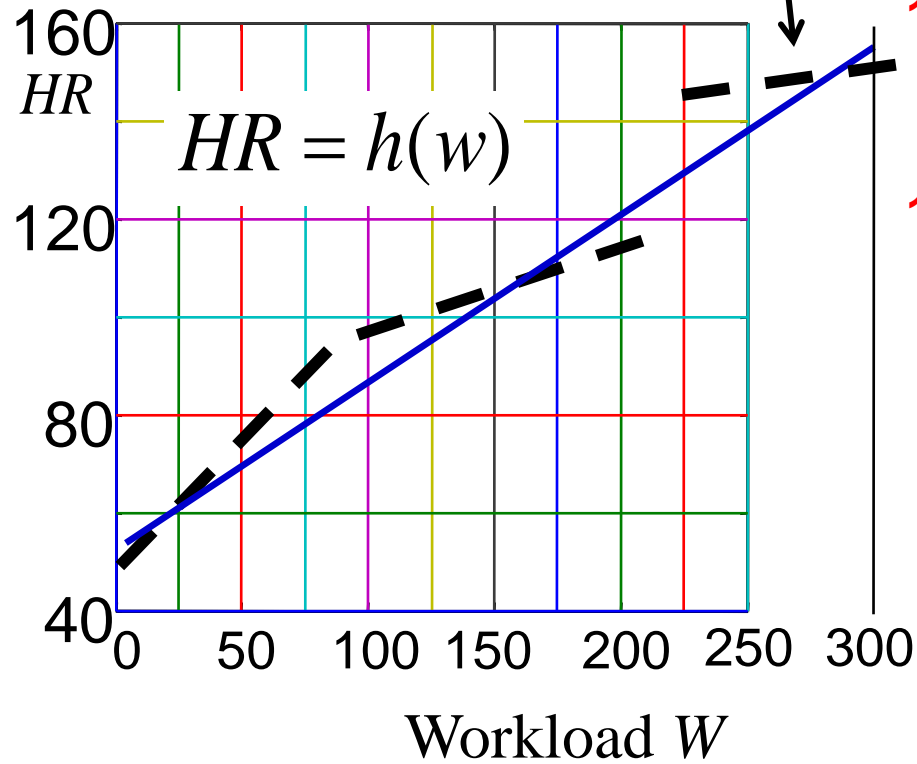
static NL (local) fit

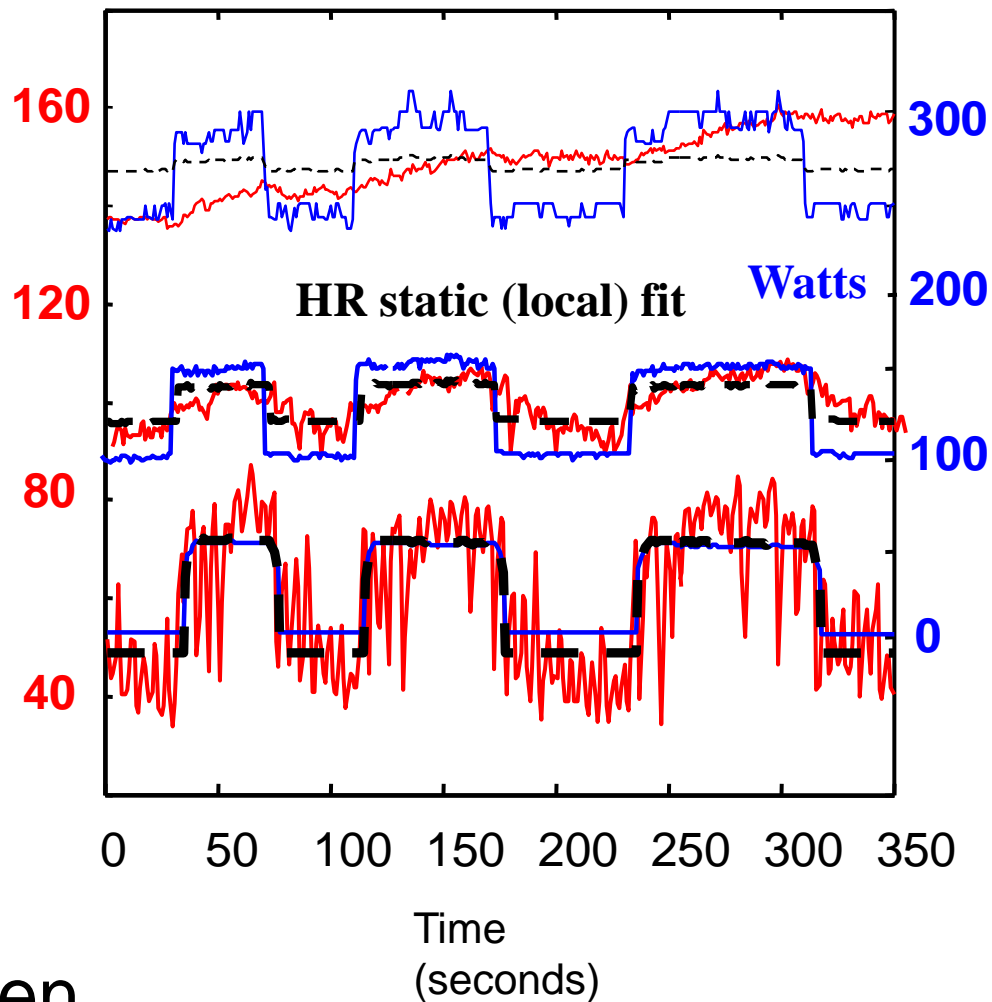
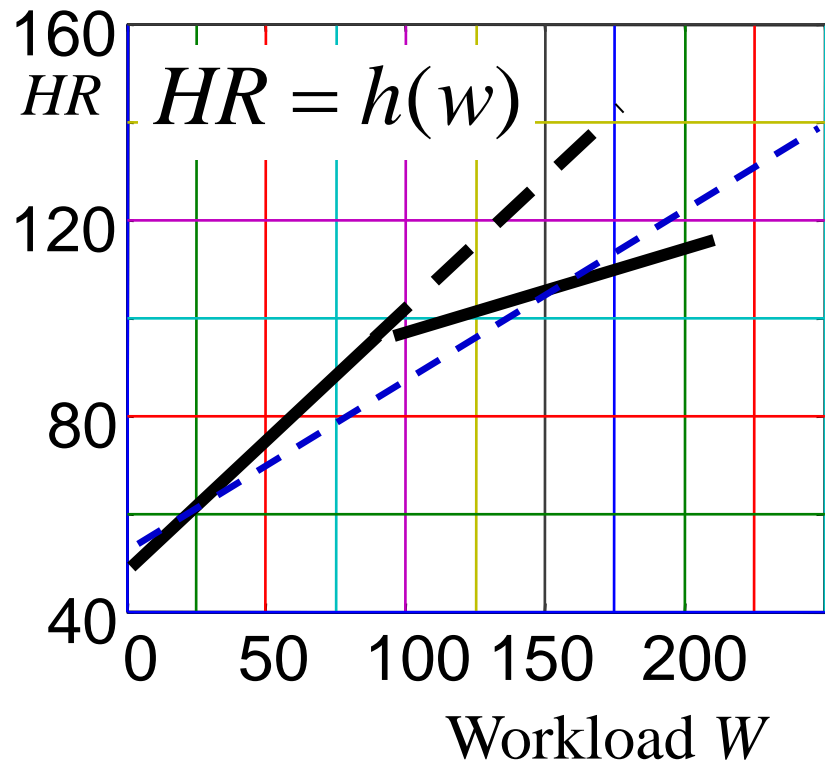


**global
linear fit**

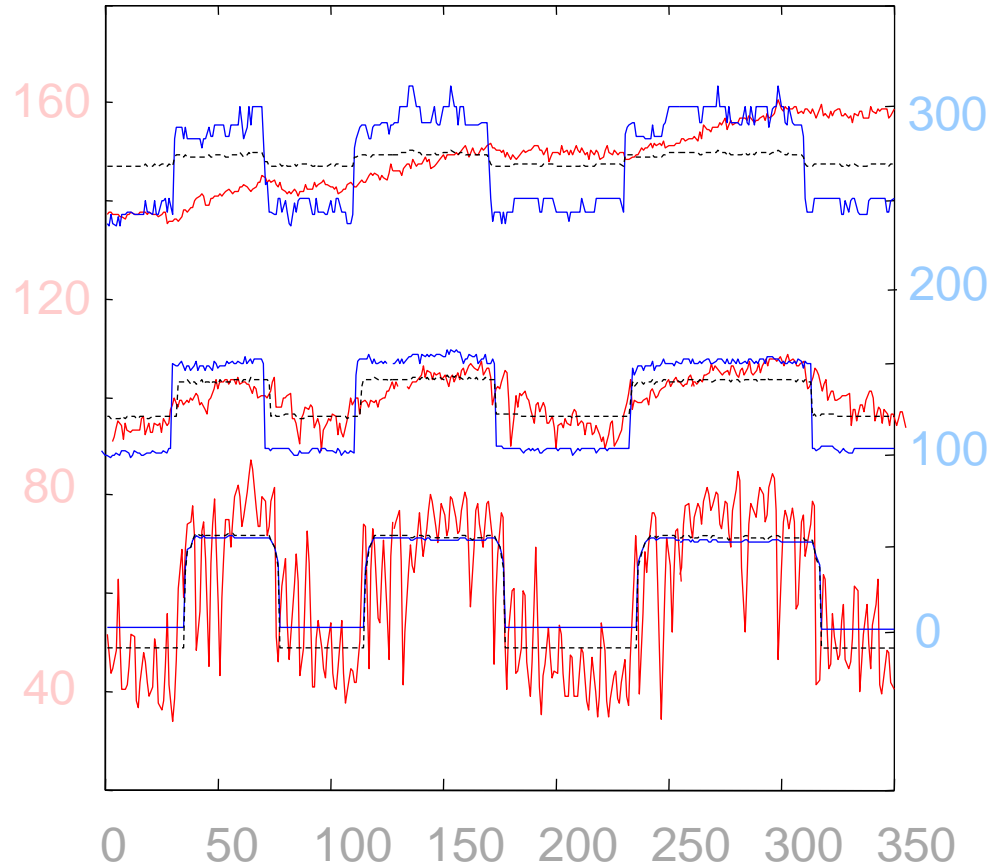
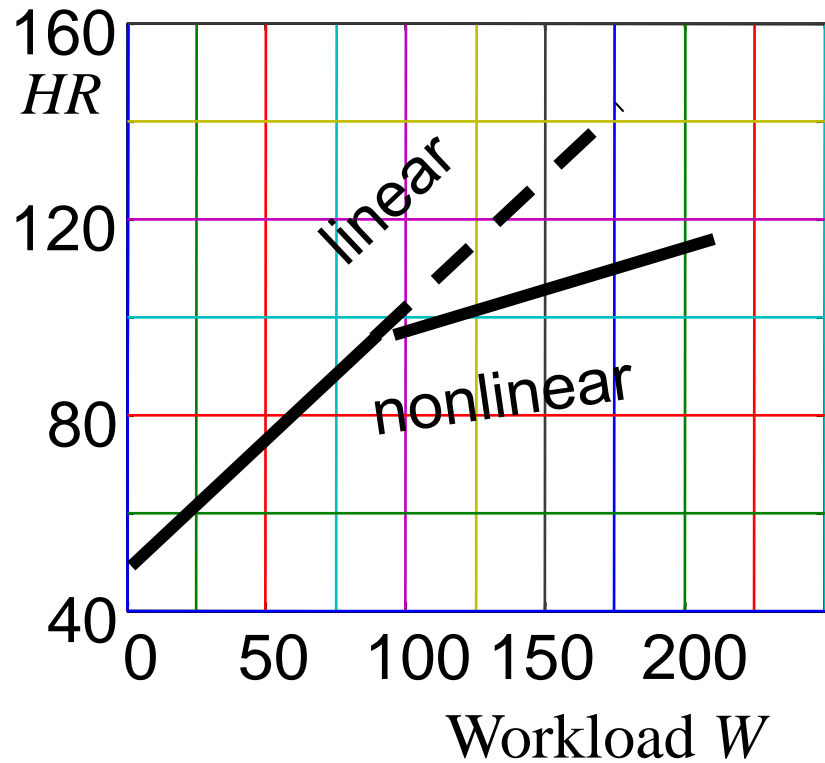


Not steady state, defer for now

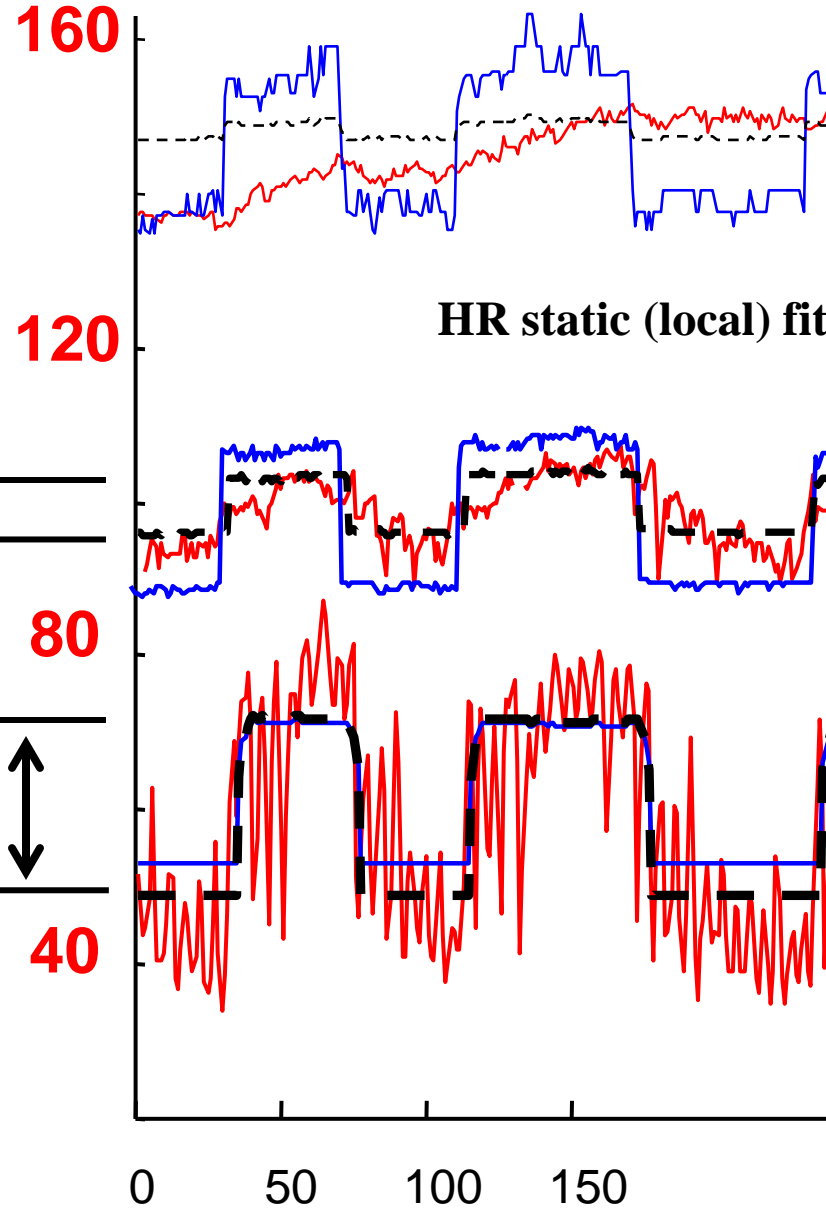
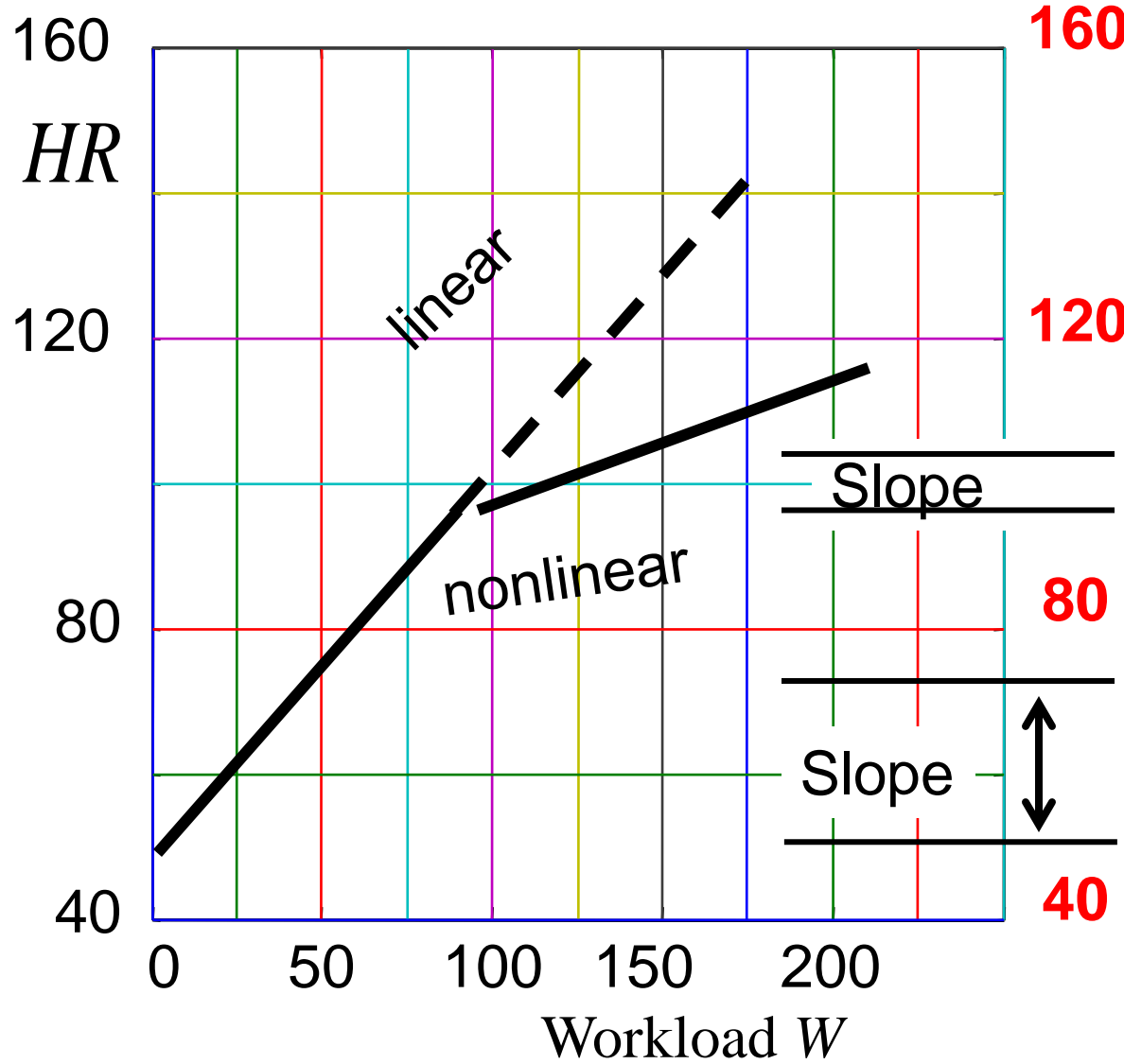




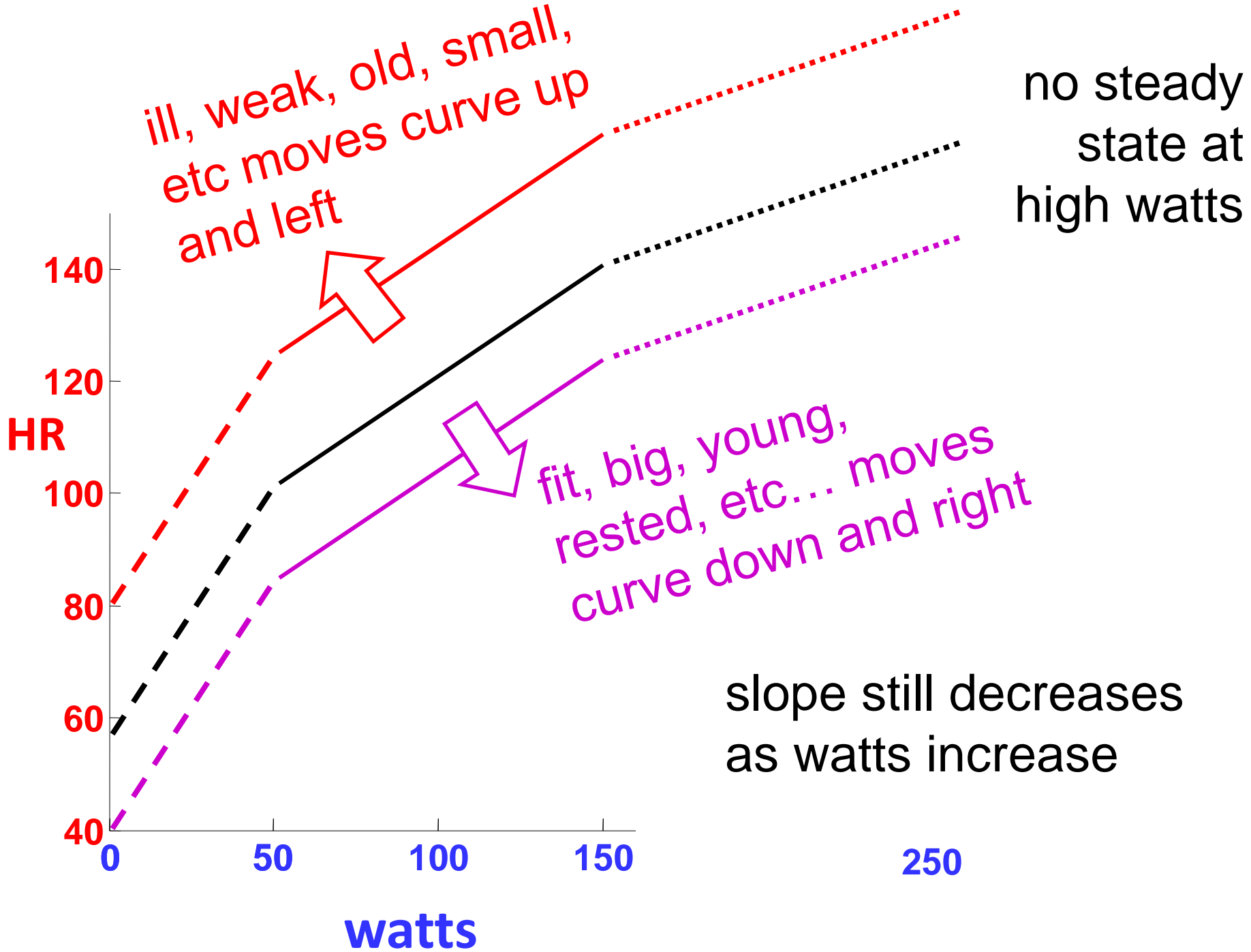
Focus on contrast between **linear** and **nonlinear**



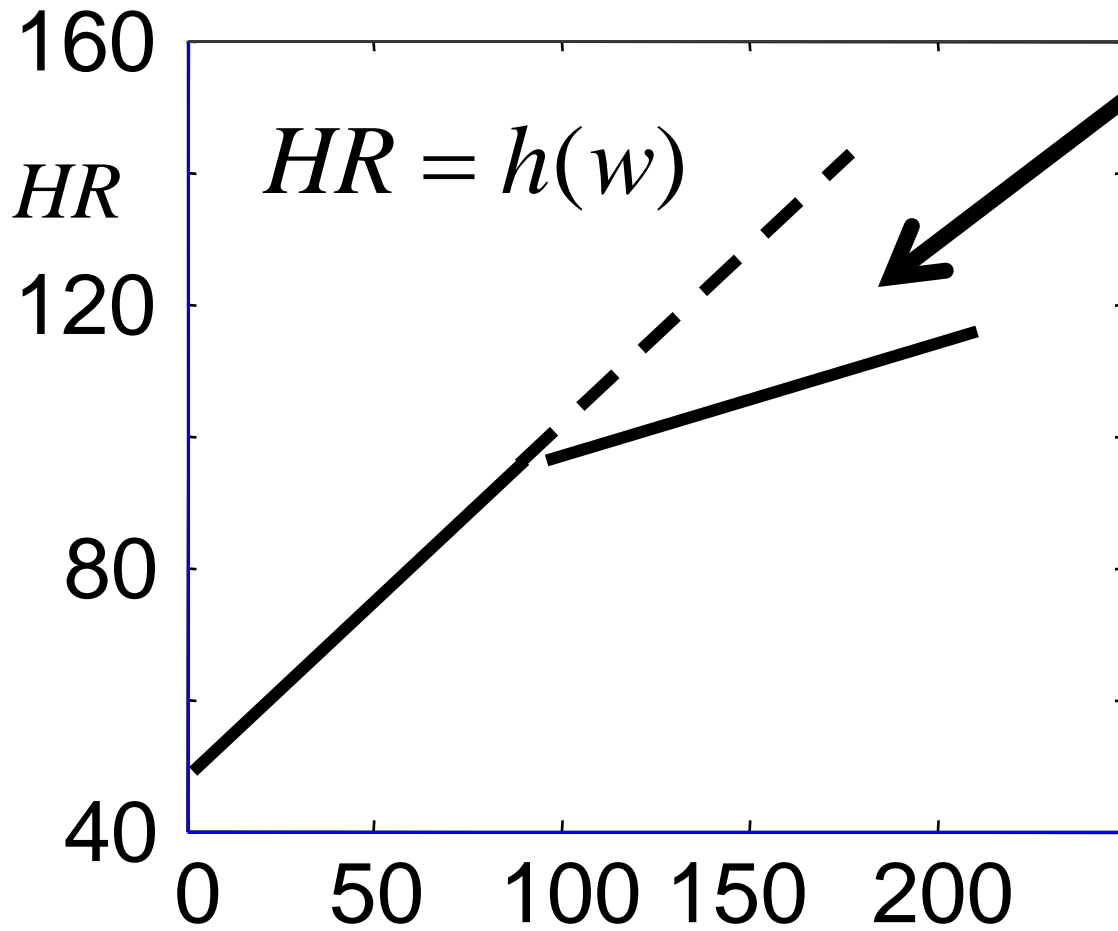
Focus on contrast between linear and nonlinear (which is a better fit to data)



The simplest case of changing HRV, mean \uparrow and variability \downarrow



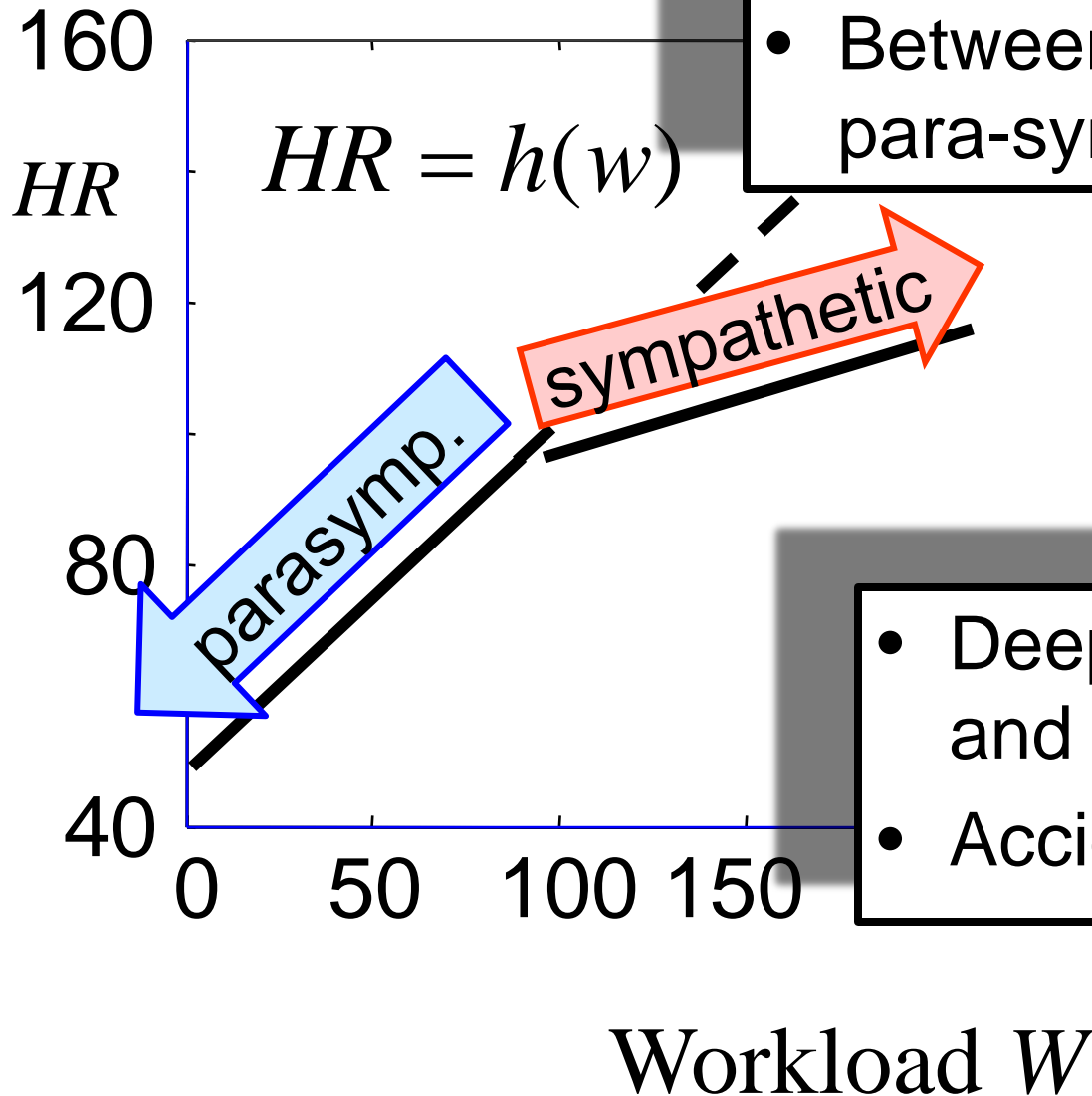
Nonlinearity in the *data*



$$HR = h(w)$$

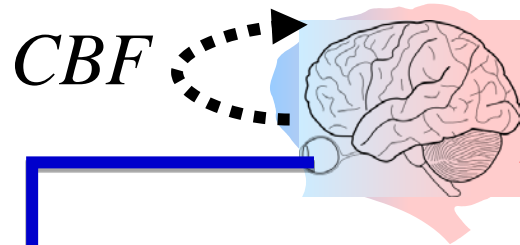
Workload W

Why?



- Proximal cause: Autonomic nervous system balance
- Between sympathetic and para-sympathetic

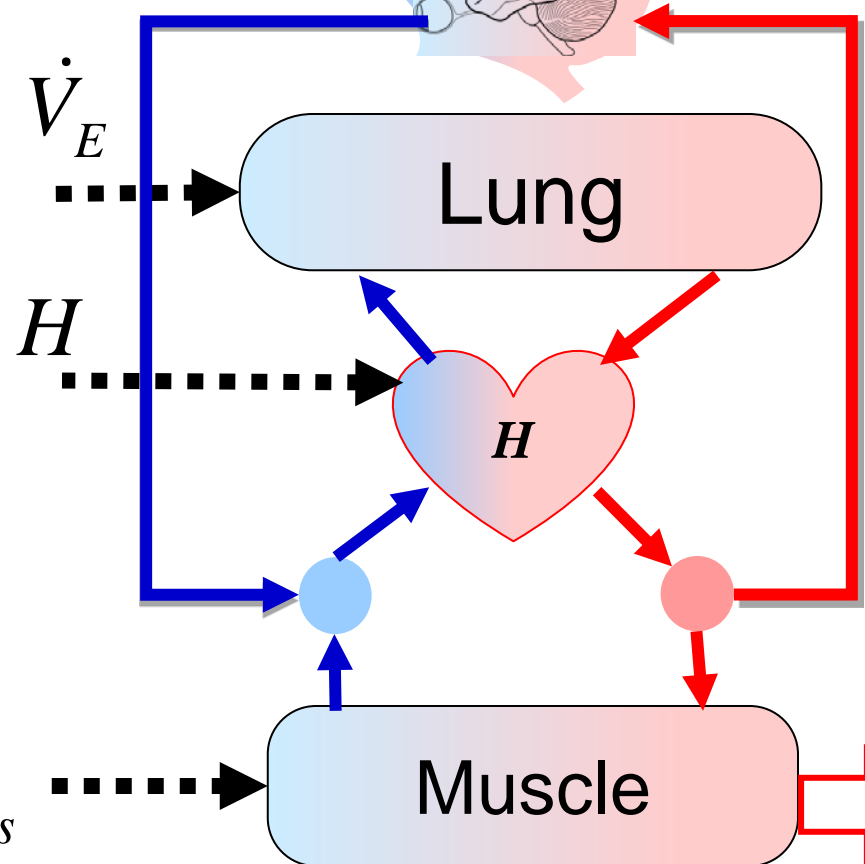
- Deeper why: evolution and physiology
- Accident or necessity?



Tradeoffs

Controls:

- \dot{V}_E low
- H low
- R_s high



- Errors:**
- CBF low
 - SaO_2 high
 - P_{as} low
 - ΔO_2 low

Disturbance:

- W high

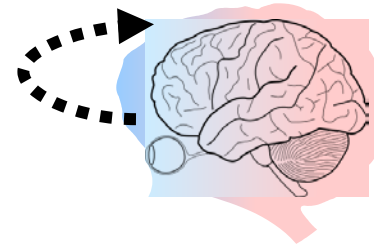
$$\Delta O_2 = [O_2]_a - [O_2]_v$$

Minimal model

Heart as a control actuator (pump)

Controls:

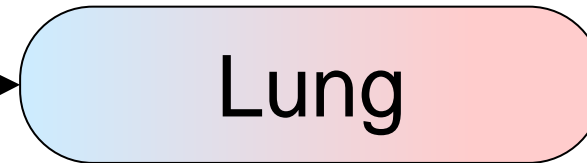
CA cerebral autoregulation



dilate

\dot{V}_E ventilation rate

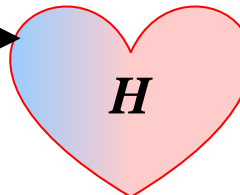
\dot{V}_E



pump

H heart rate

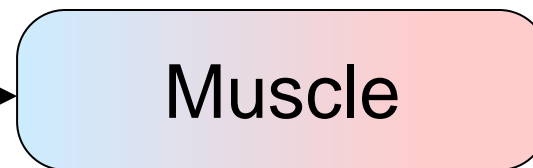
H



pump

R_s peripheral autoregulation

R_s



dilate

Disturbance:

W watt production

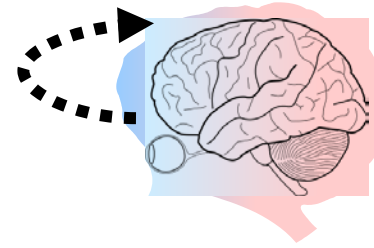


run

Healthy control = highly variable

Why?

dilate



pump

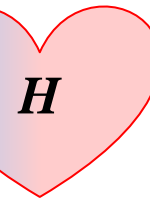
\dot{V}_E



Lung

pump

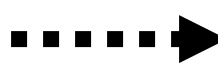
H



H

dilate

R_s



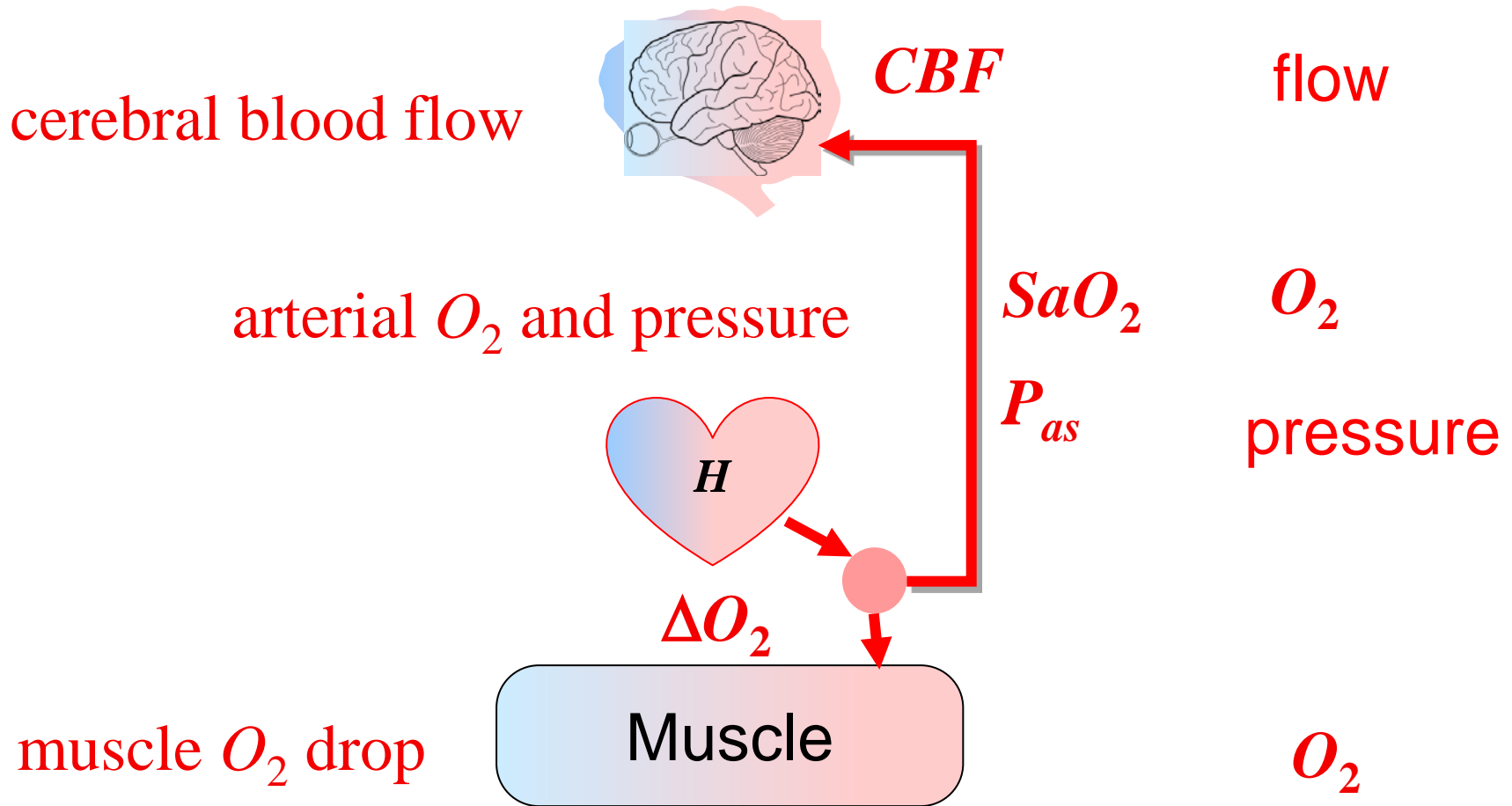
Muscle

run

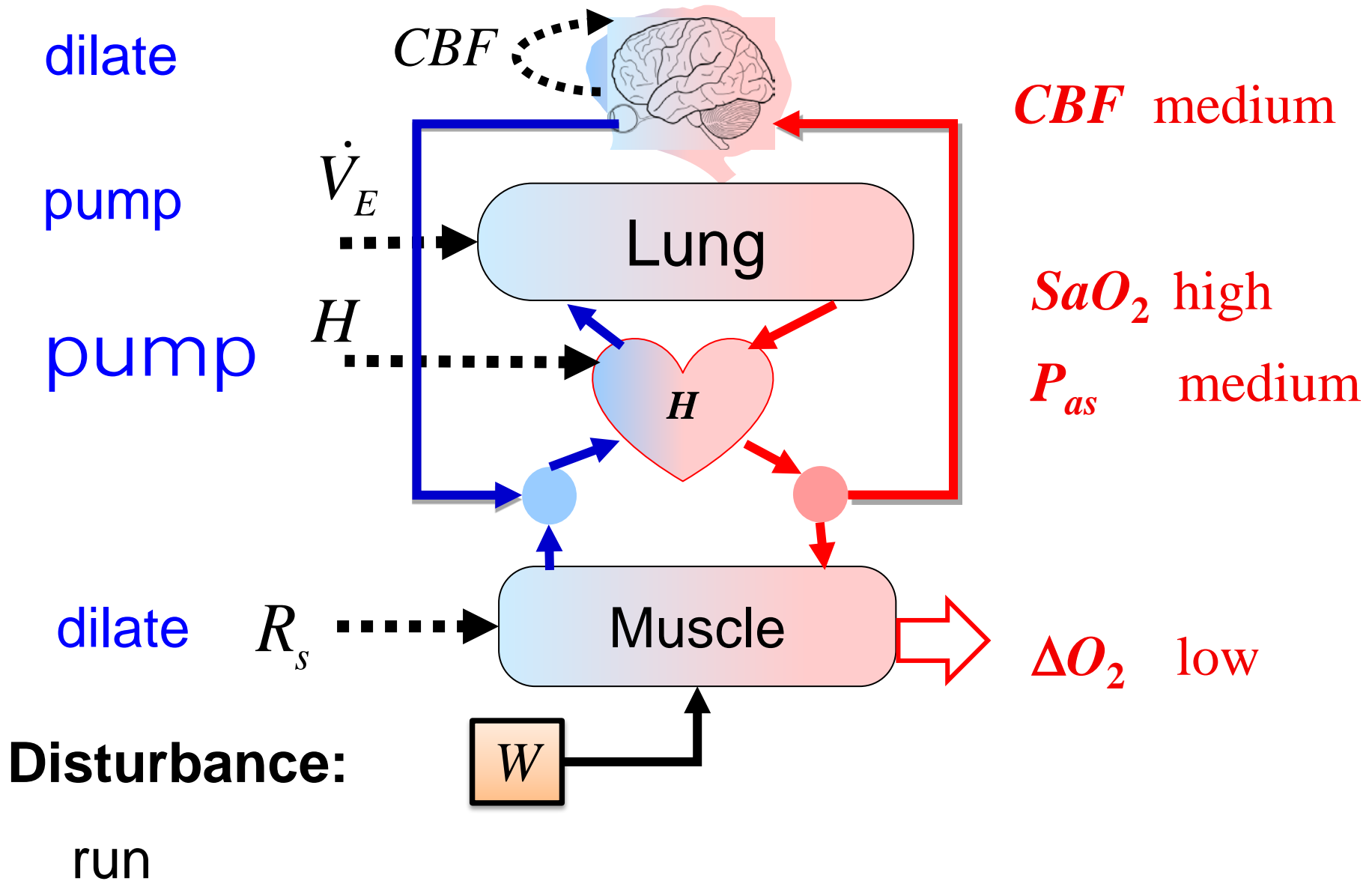


Disturbance

Healthy function = low variability (output)

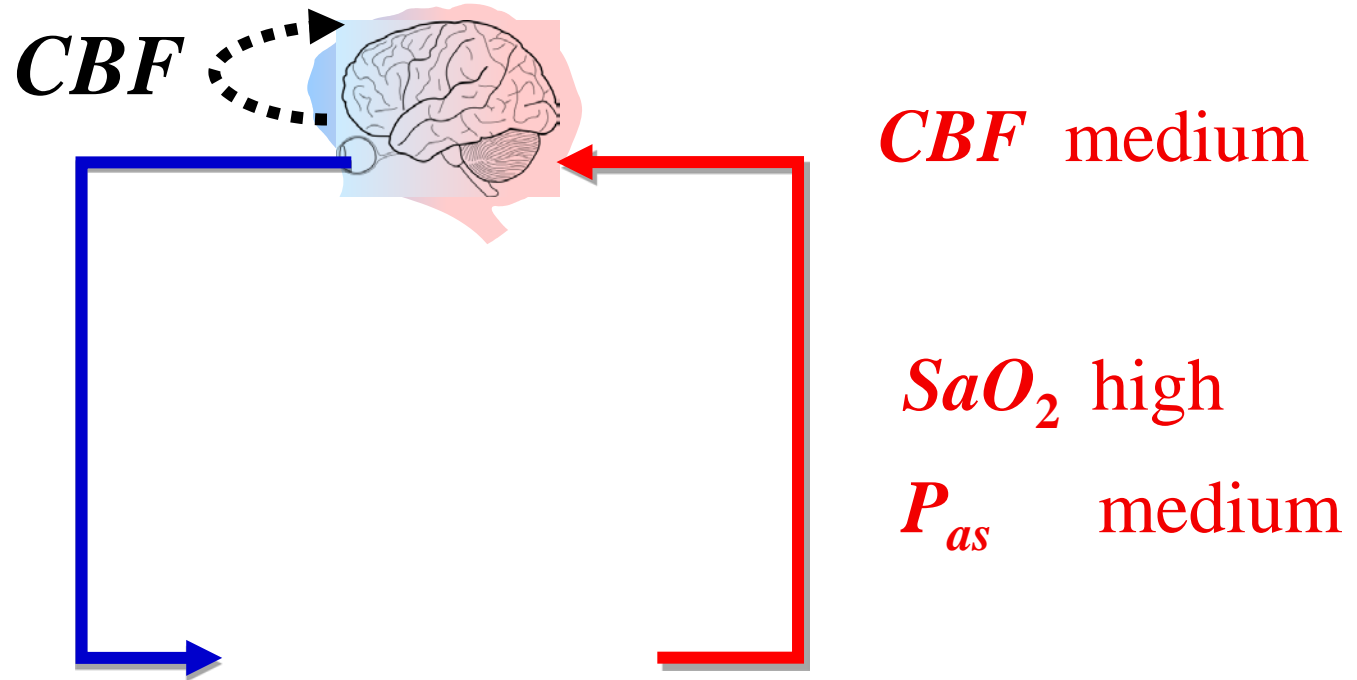


Minimal Physiology



Tradeoffs and saturations

dilate



R_s

Muscle

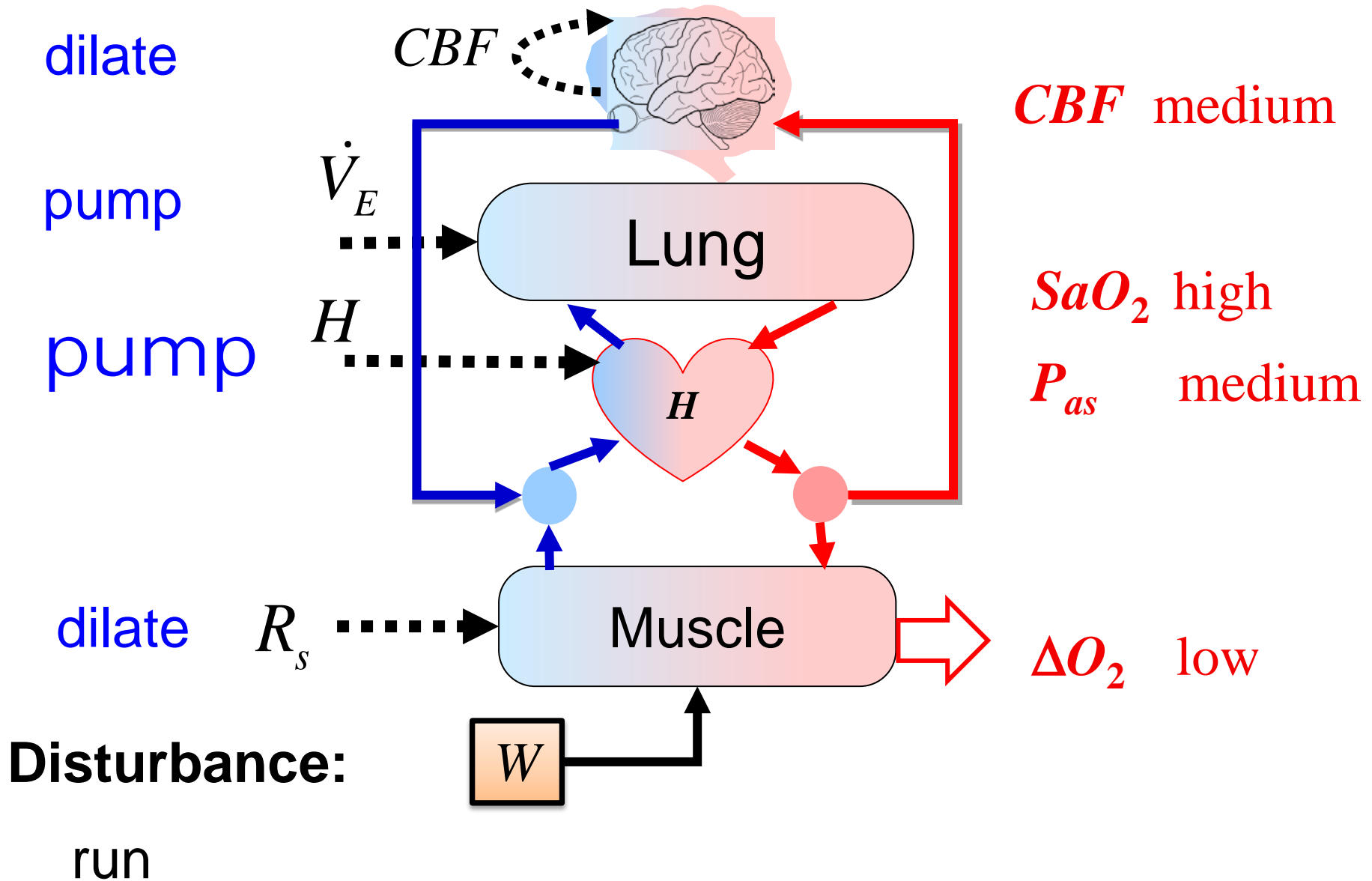
ΔO_2 low

Disturbance:

W

run

Minimal Physiology



Avoiding Physiology and Math

Want a

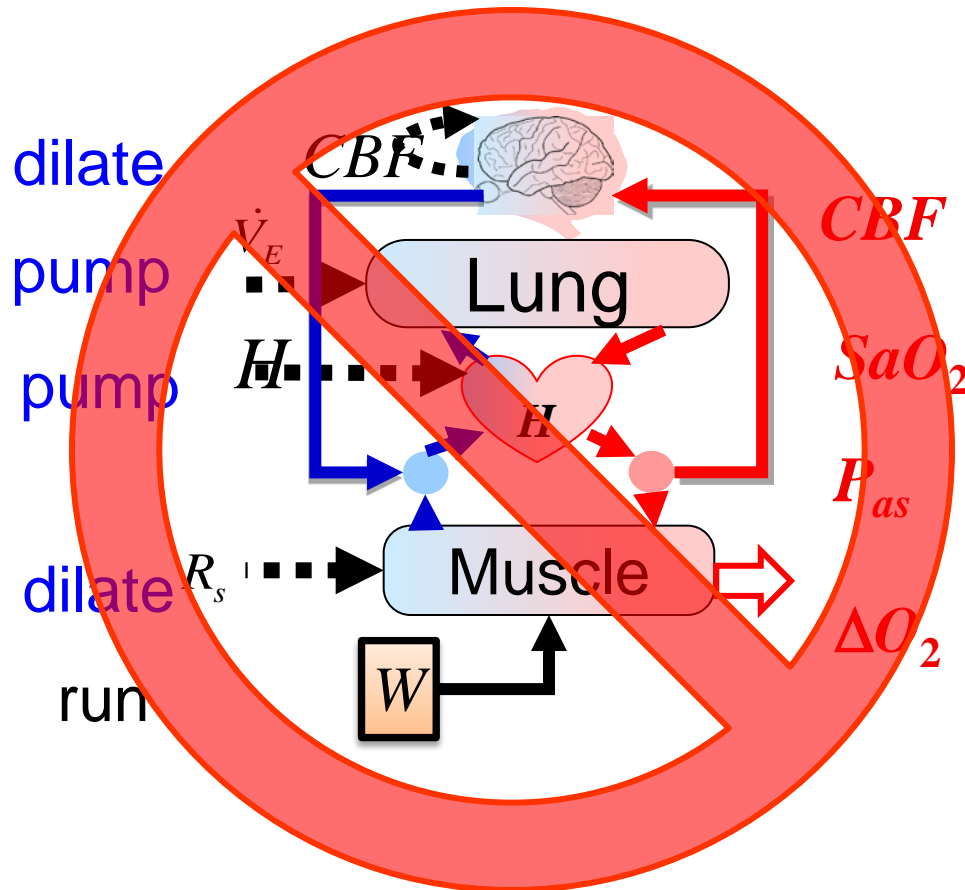
- Nature paper
- NIH grant



Need a

- graph?
- power law?

Avoid physiology
Avoid math



ideal

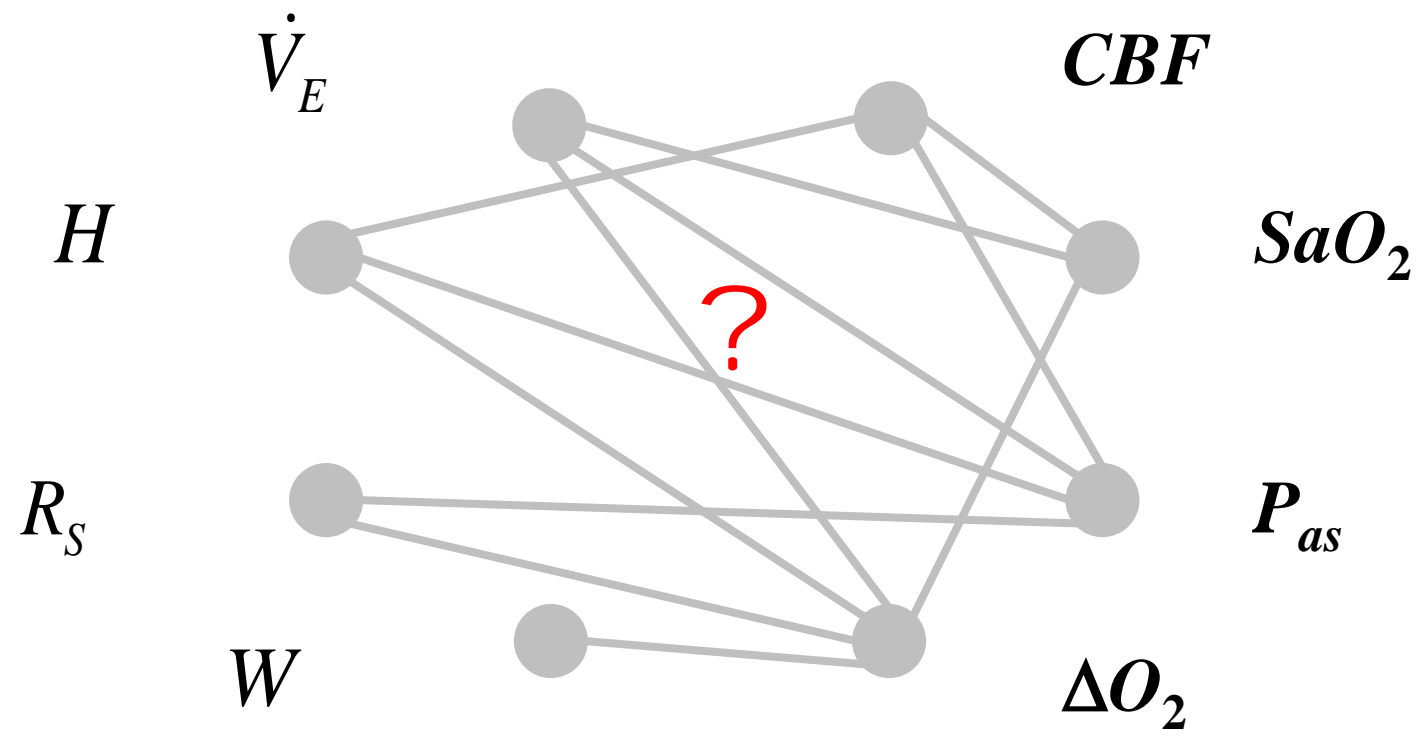
Want a

- Nature paper
- NIH grant

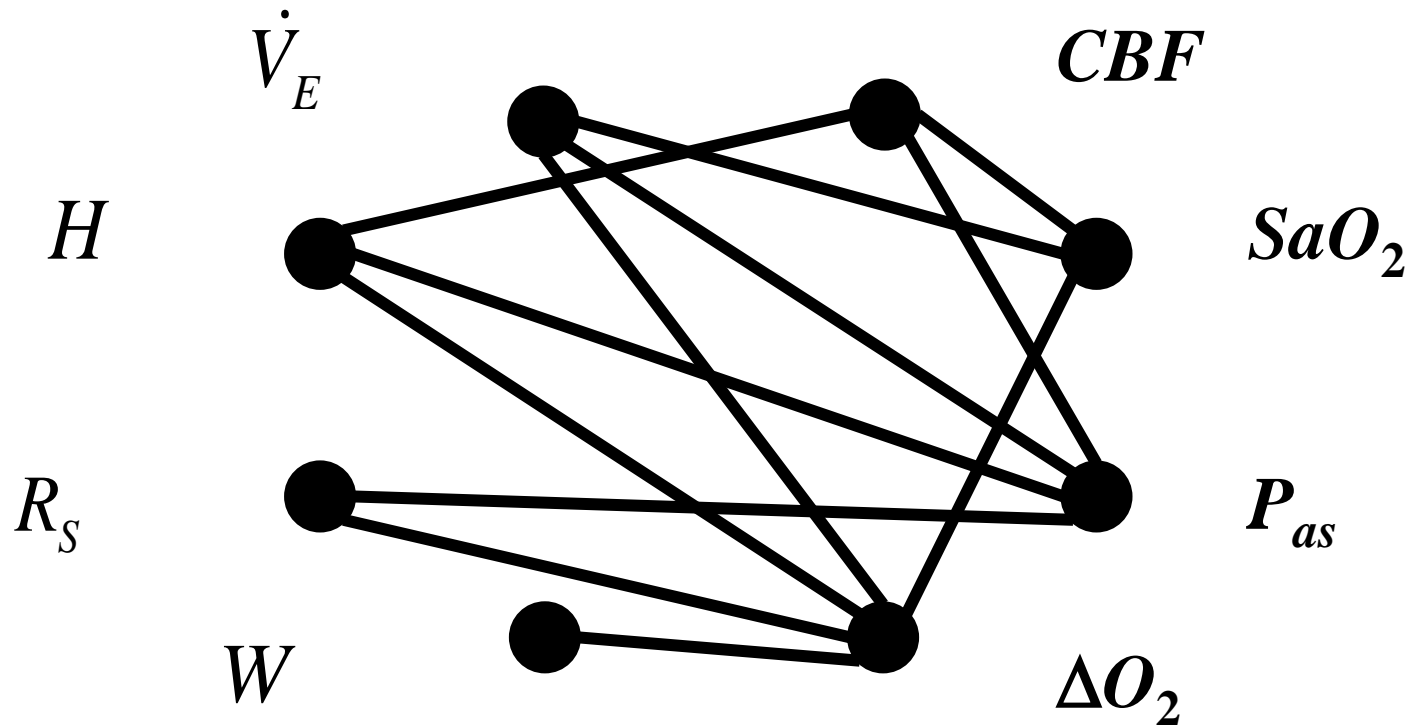


Need a

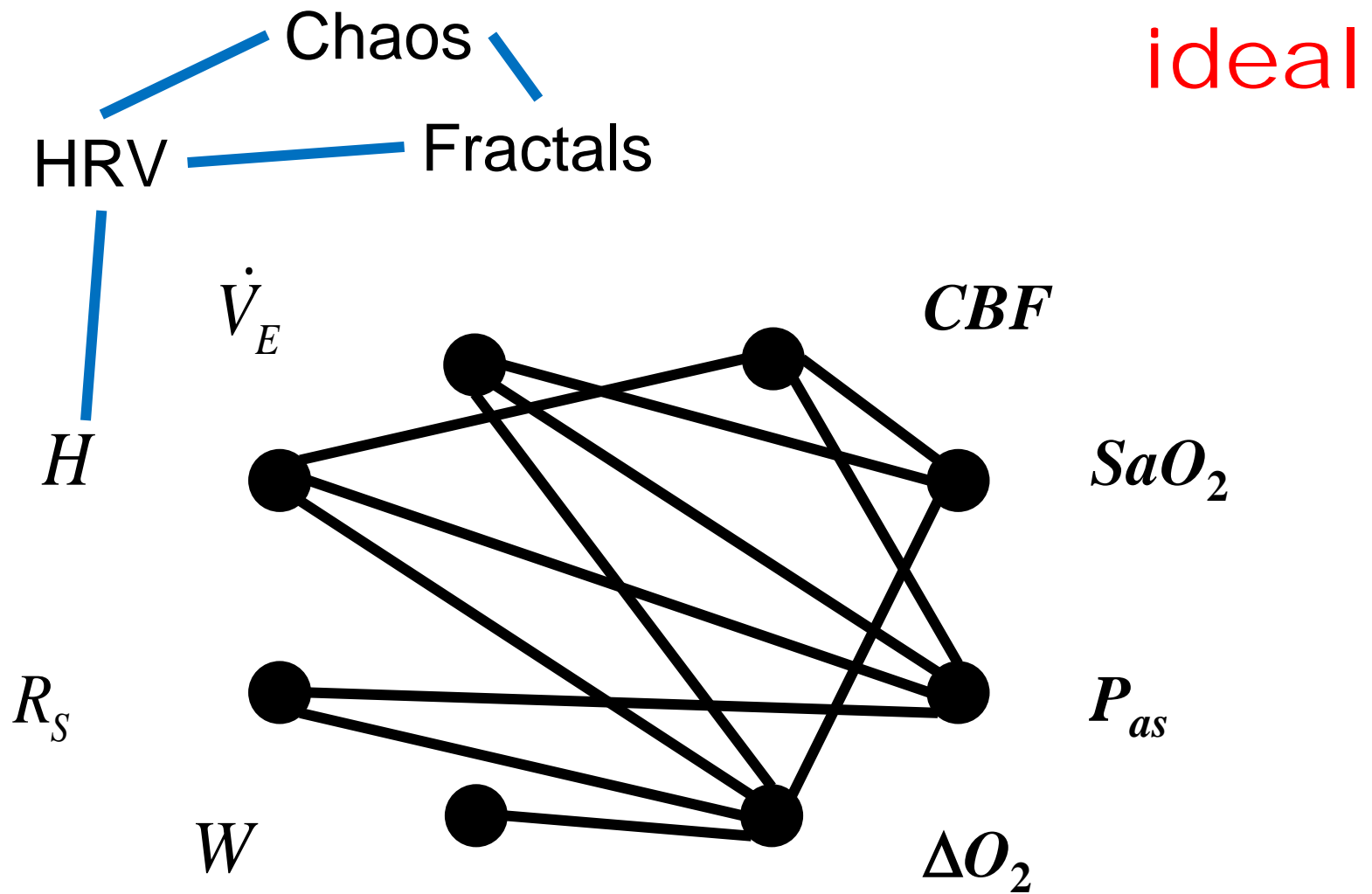
- graph?
- power law?



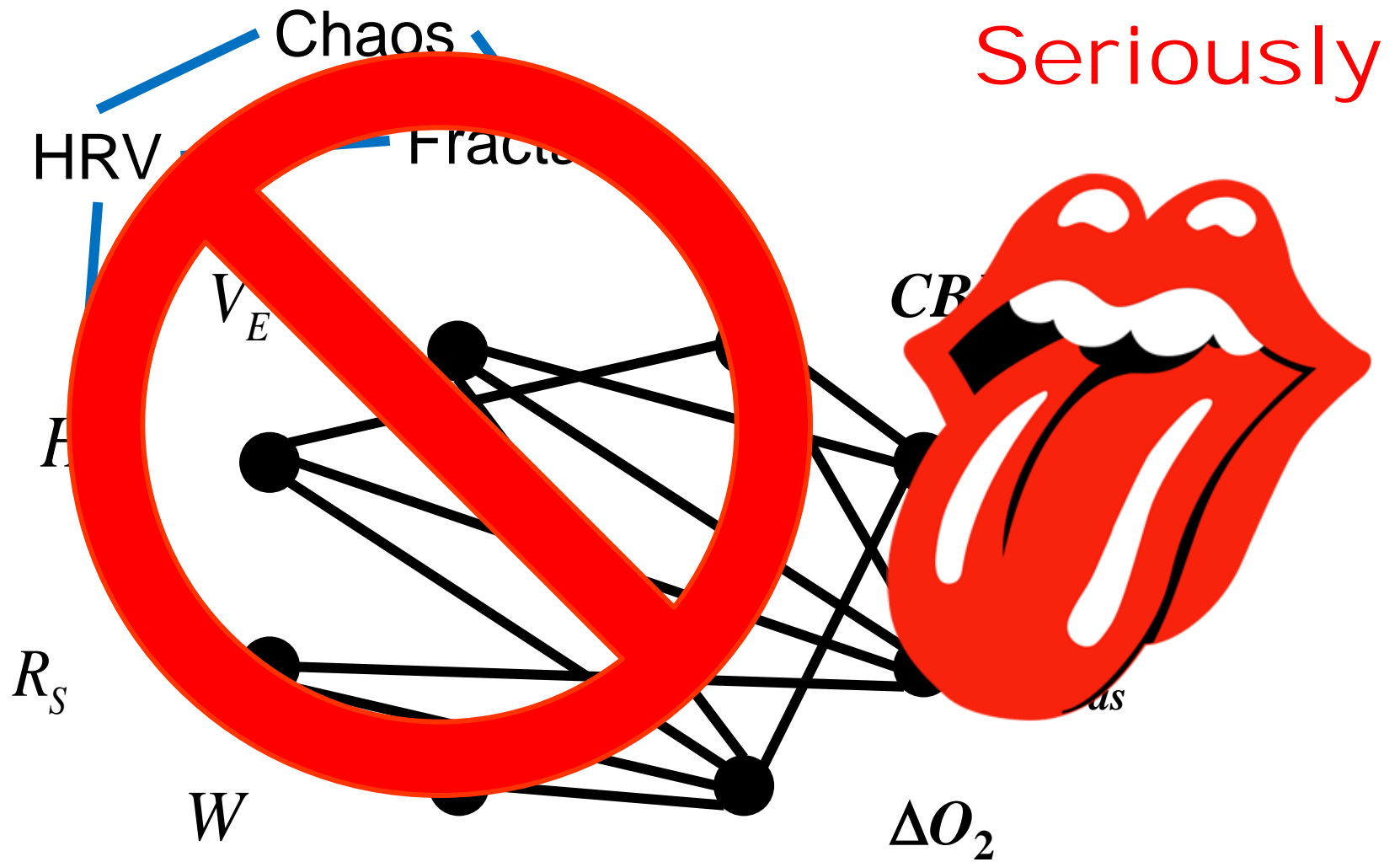
ideal



Analysis of 175,629 papers for word co-occurrence.



Analysis of 175,629 papers for word co-occurrence.

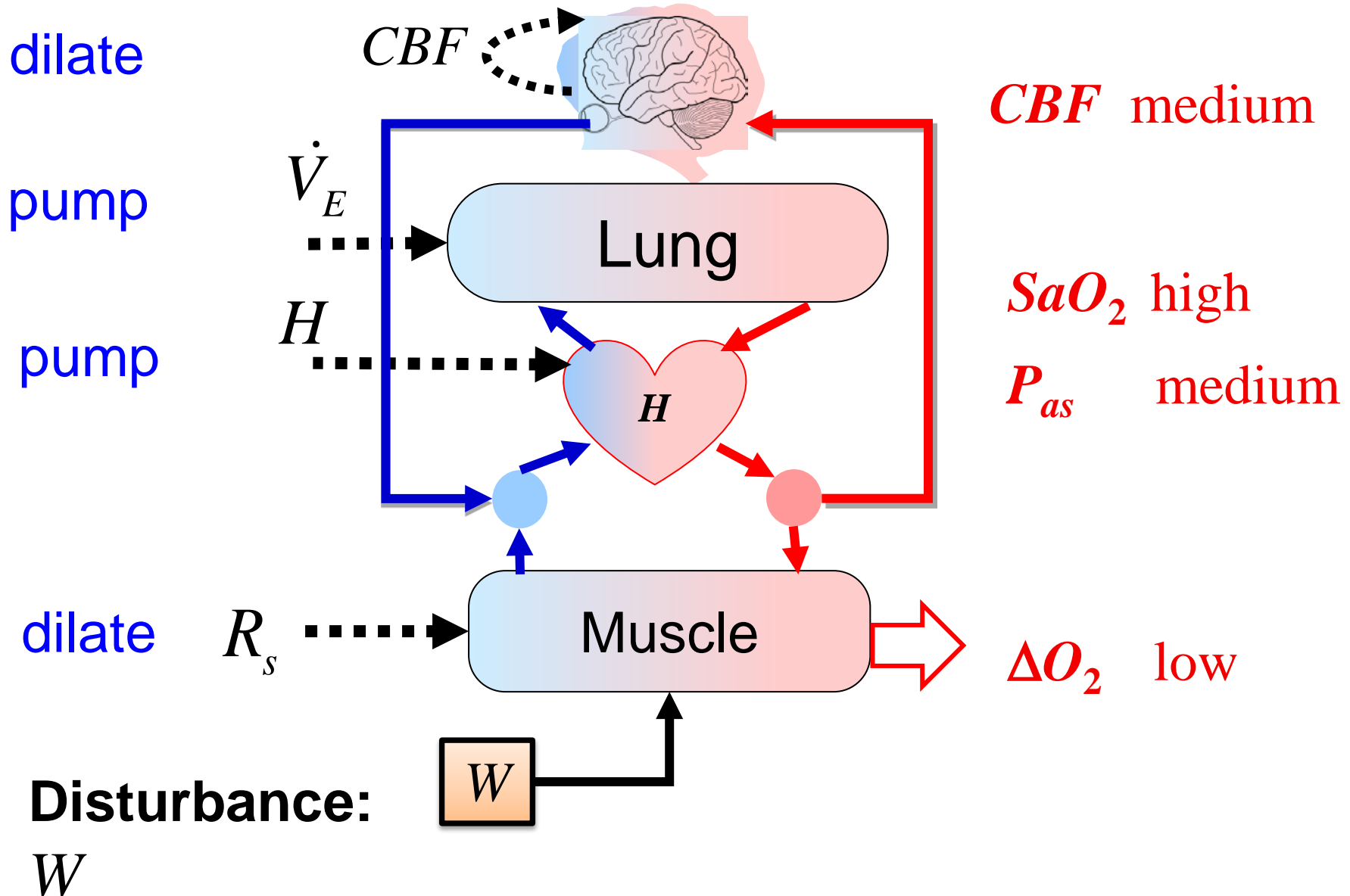


Analysis of 175,629 papers for word co-occurrence.

high variability

Health

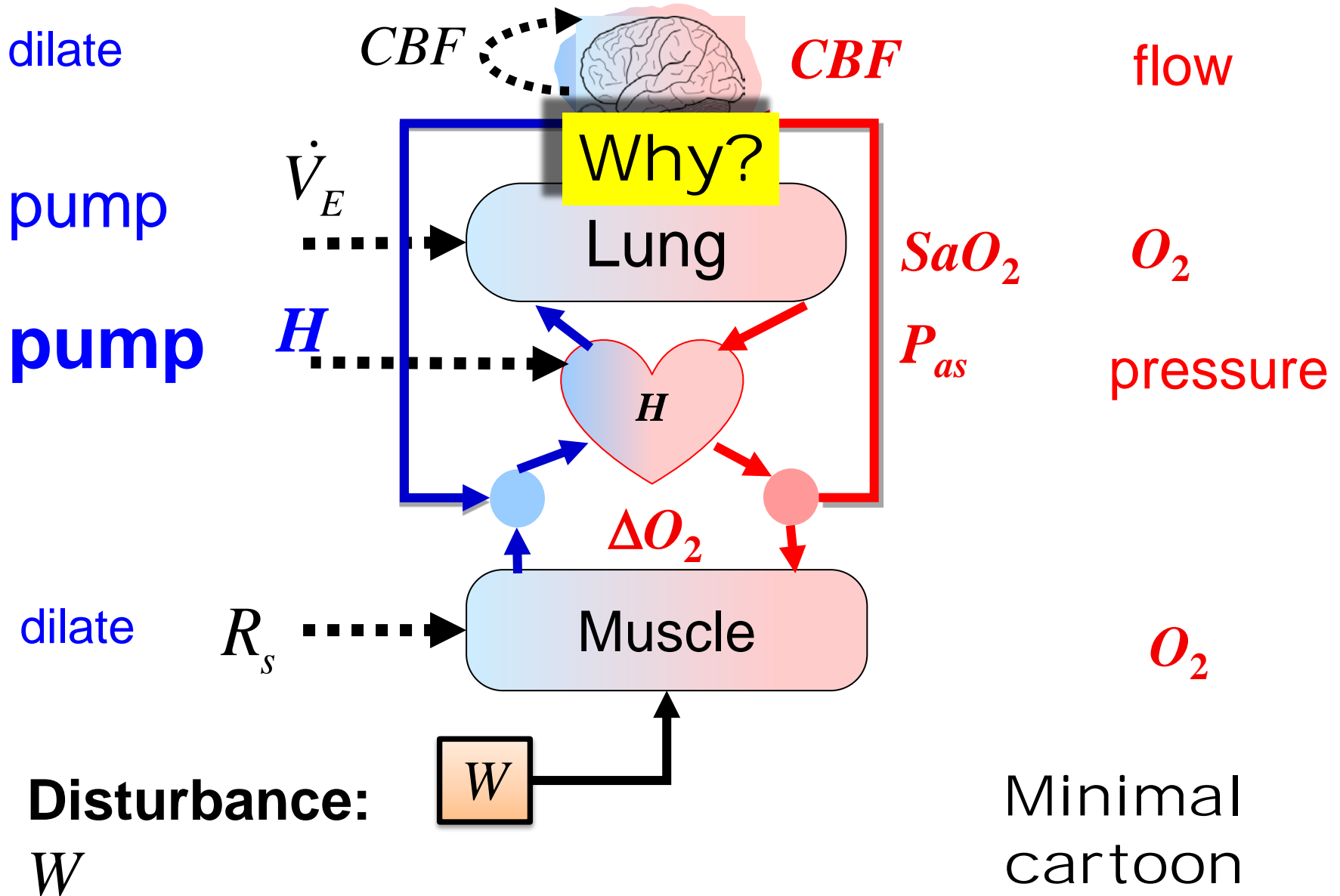
low variability



high variability

Health

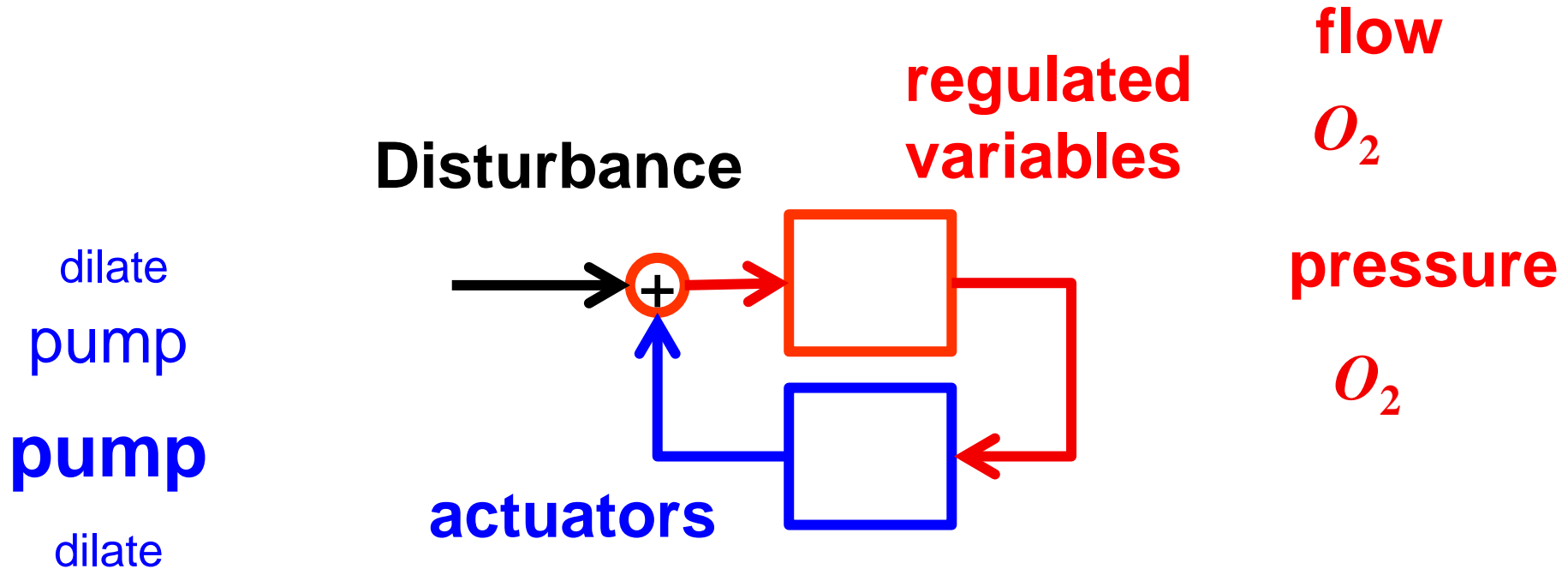
low variability



high variability

Healthy homeostasis

low variability



Disturbance:
run

Minimal
cartoon

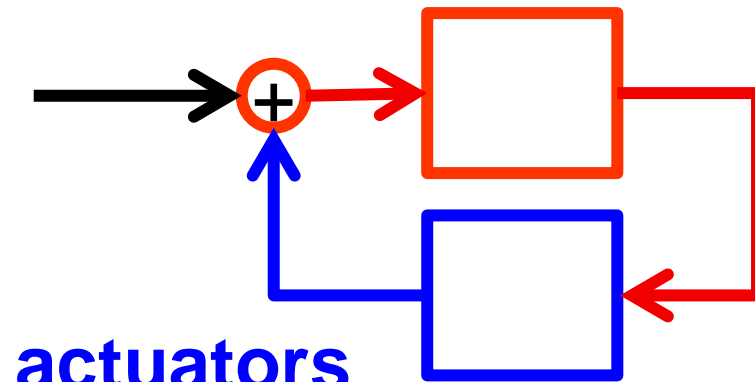
Universals

low variability outputs

+ **large** disturbances

⇒ **high** variability controls

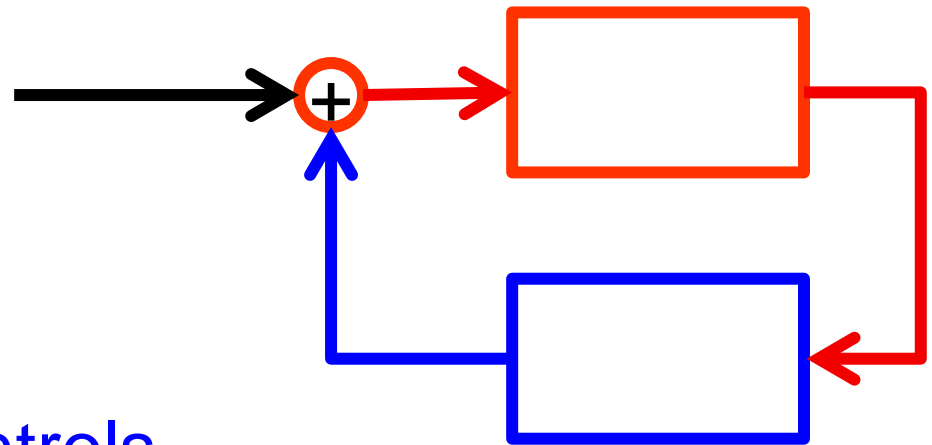
Disturbance



**actuators
(controls)**

**(outputs)
regulated
variables**

Universals

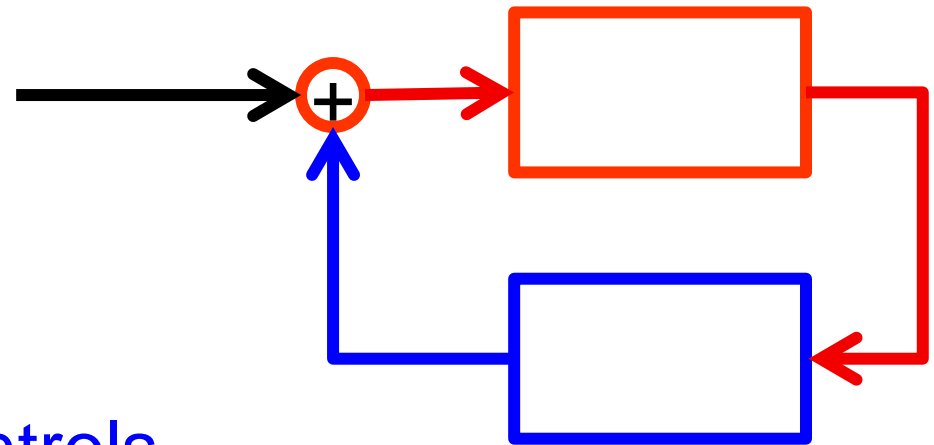


low variability outputs
+ **large** disturbances
⇒ **high** variability controls

- Independent of how variability is measured
- Universal across biology and technology
- Many theorems and case studies
- Arguably most basic idea in control theory
- Most important nonlinearity is actuator saturation

Universals

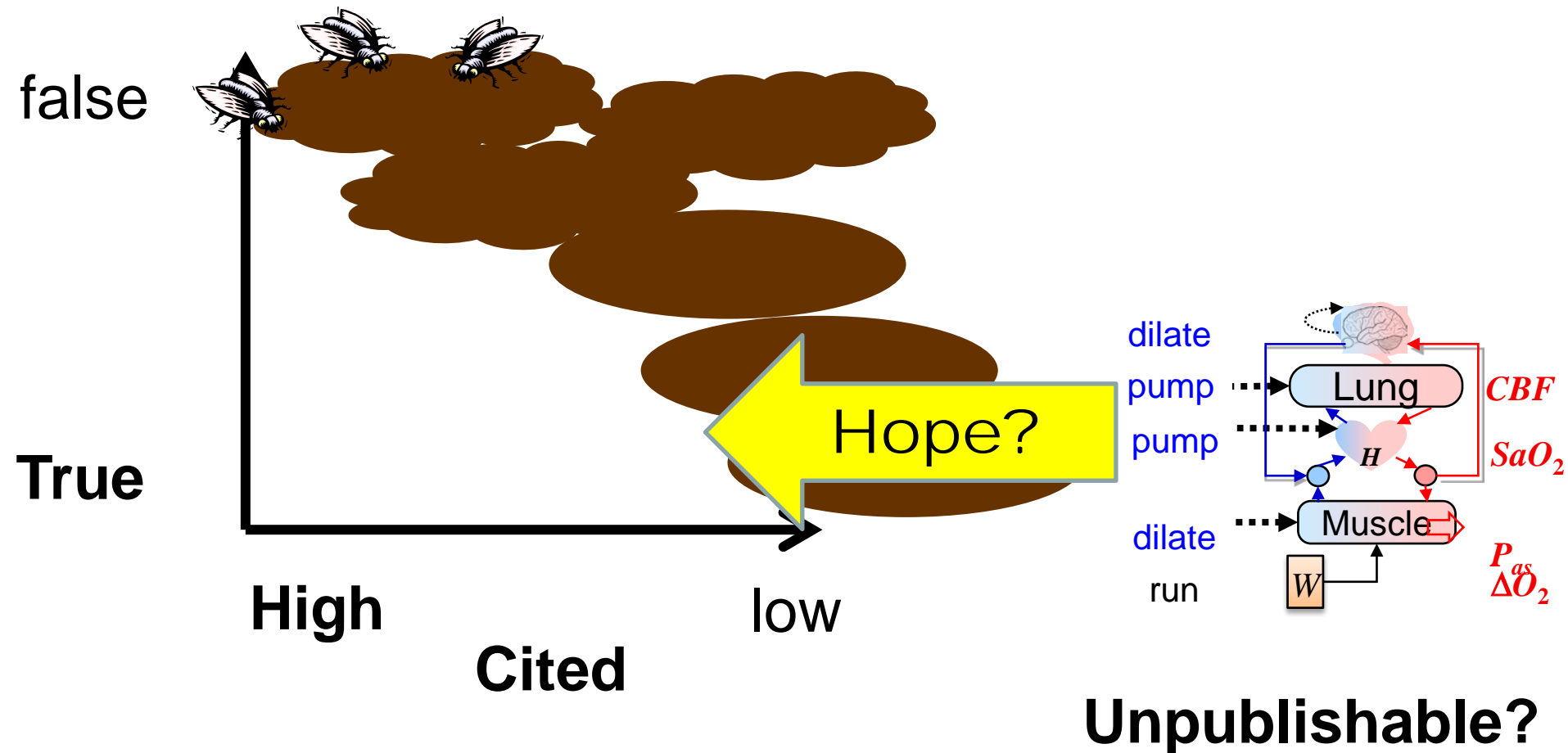
low variability outputs
+ **large** disturbances
⇒ **high** variability controls



- Independent of how variability is measured
- Universal across biology and technology
- Many theorems and case studies
- You bet your life on it every time you fly
- (or walk or run or eat...)
- More precisely: you bet your life that engineers understand this (and doctors should too)

Other Universals

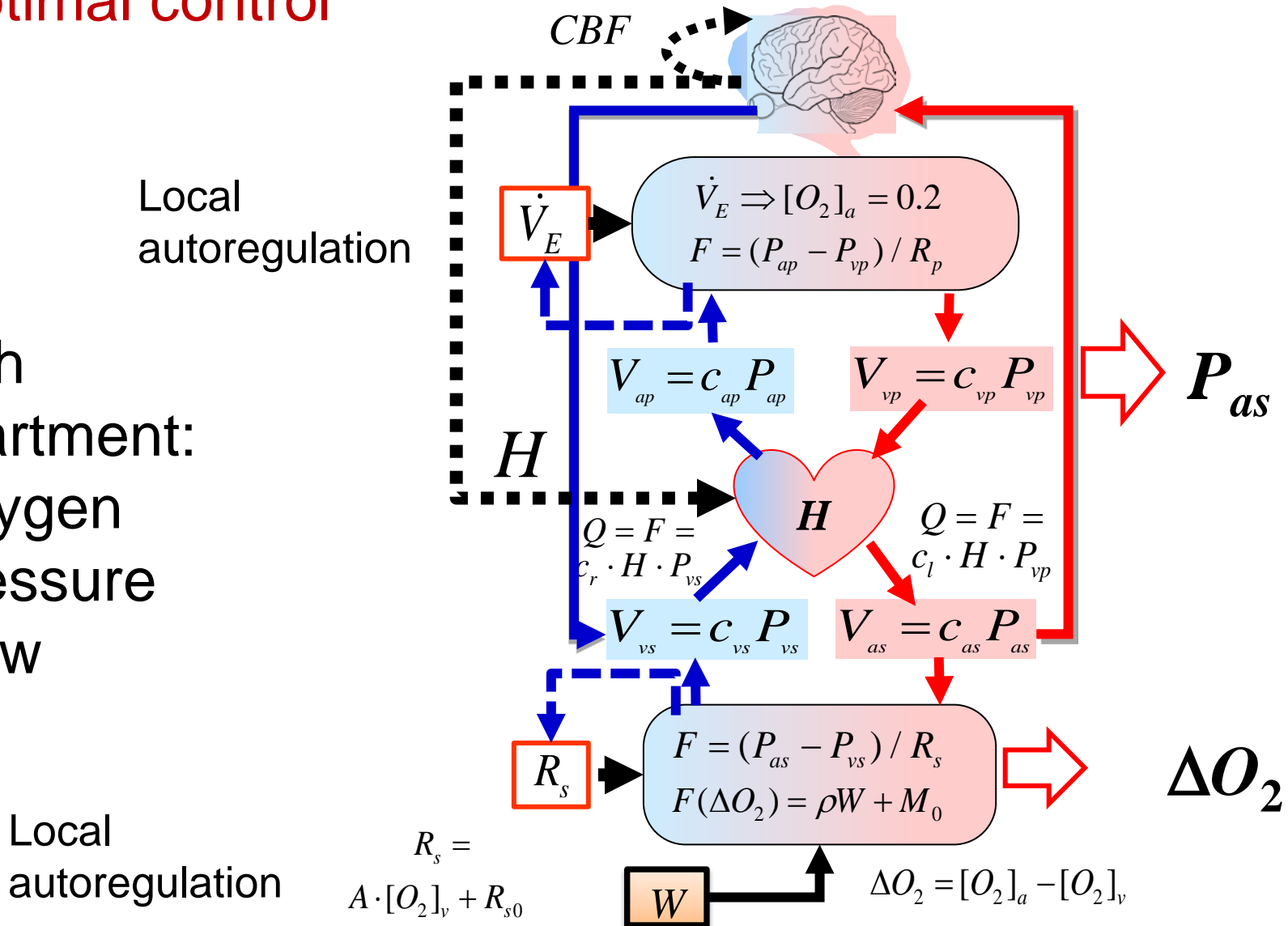
- Journals that love “new sciences”
-hate both math and physiology



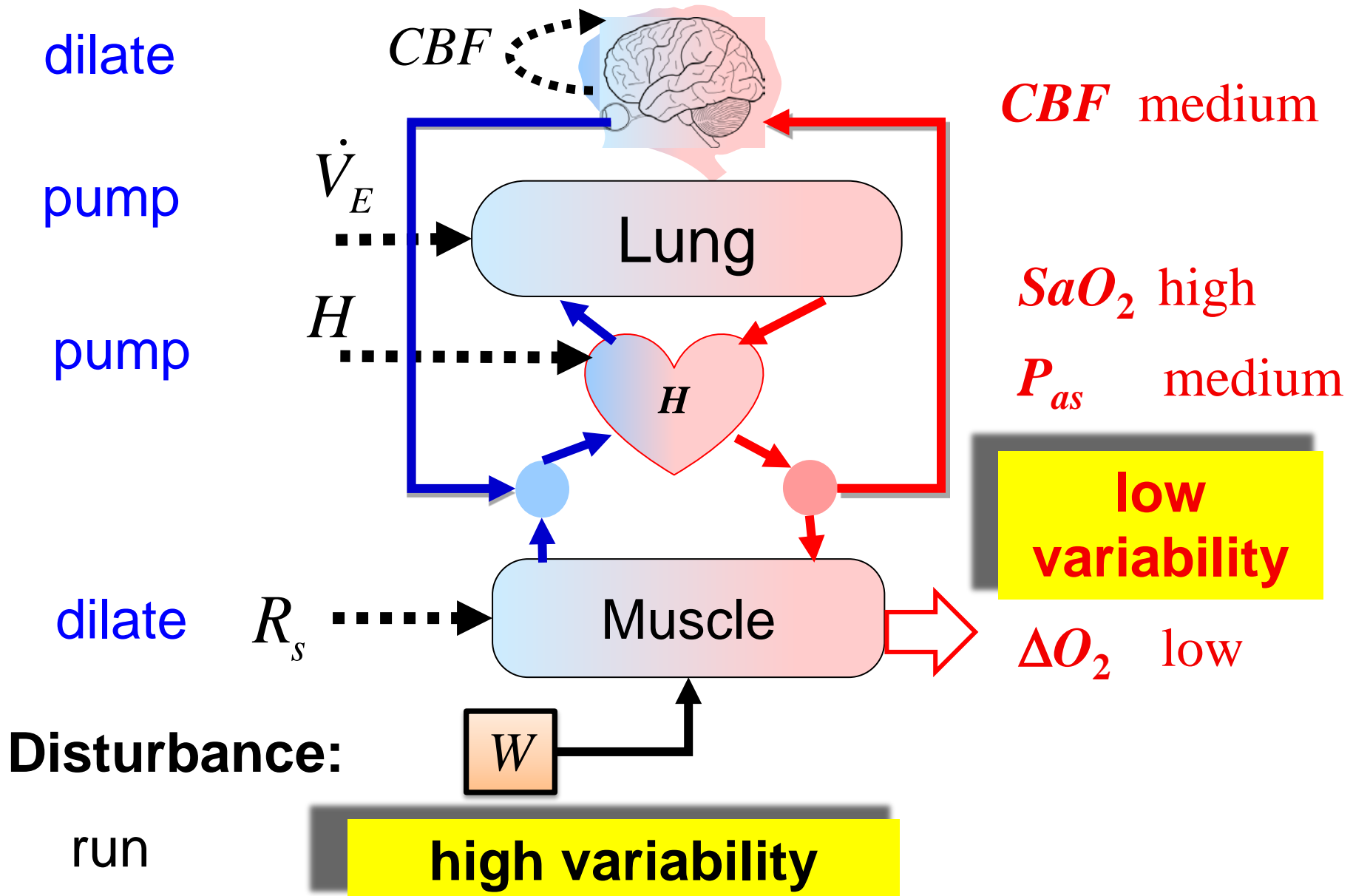
$$\min \int \left(q_P^2 (P_{as} - P_{as}^*)^2 + q_{O_2}^2 (\Delta O_2 - \Delta O_2^*)^2 + q_H^2 (H - H^*)^2 \right) dt$$

Optimal control

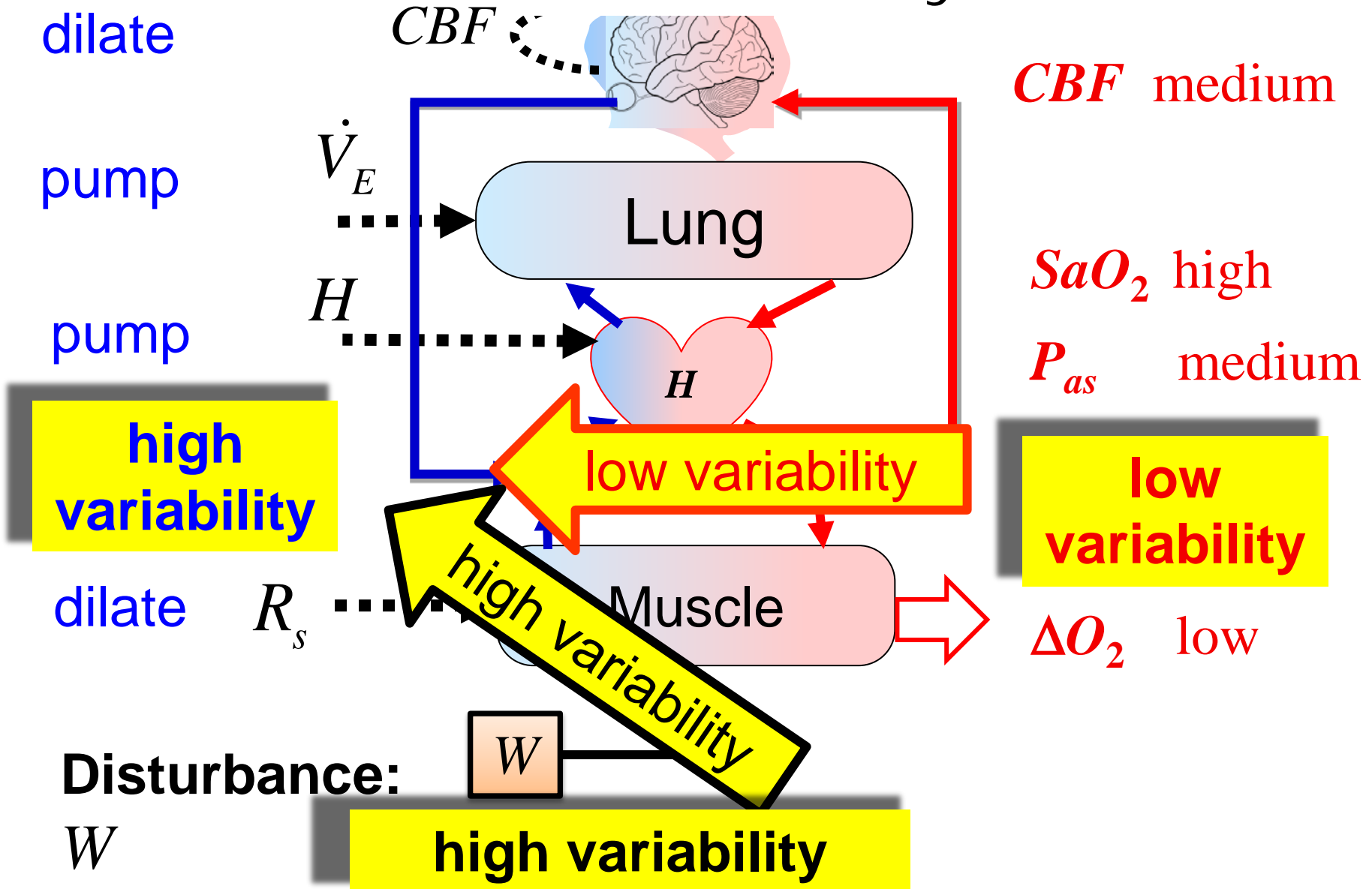
- In each compartment:
- Oxygen
 - Pressure
 - Flow

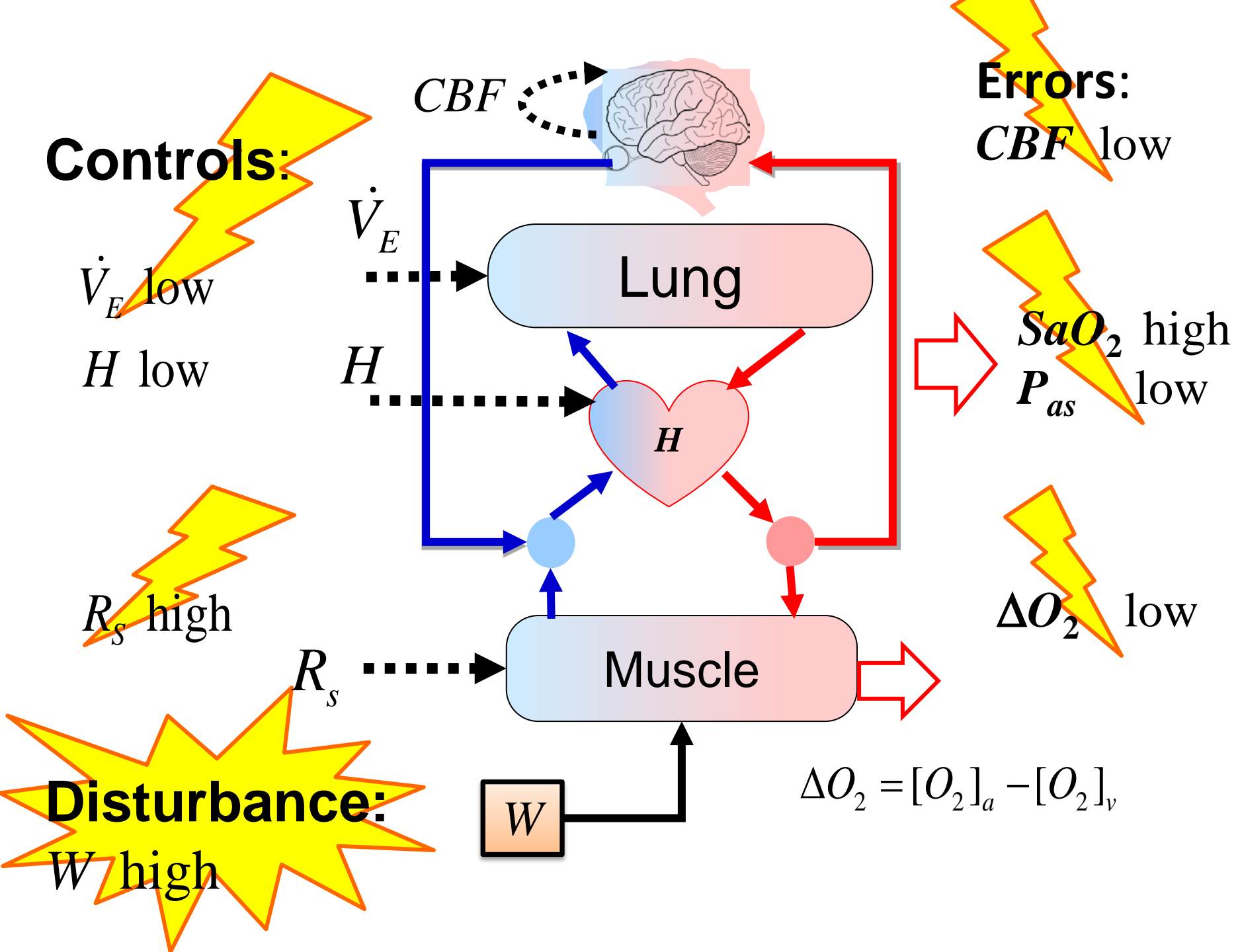


Physiological mechanism (cartoon)



Physiology + basic control theory = necessity





Ideally

Controls:

\dot{V}_E low

H low

R_s high

Controls vary

Because

Disturbances vary

Disturbance:

W high

To keep errors

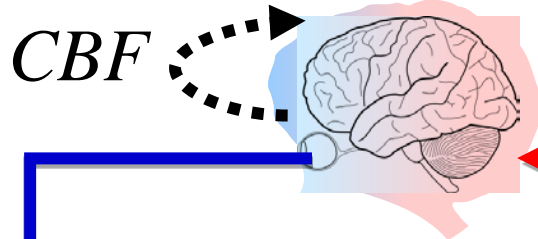
CBF low

SaO_2 high

P_{as} low

ΔO_2 low

small

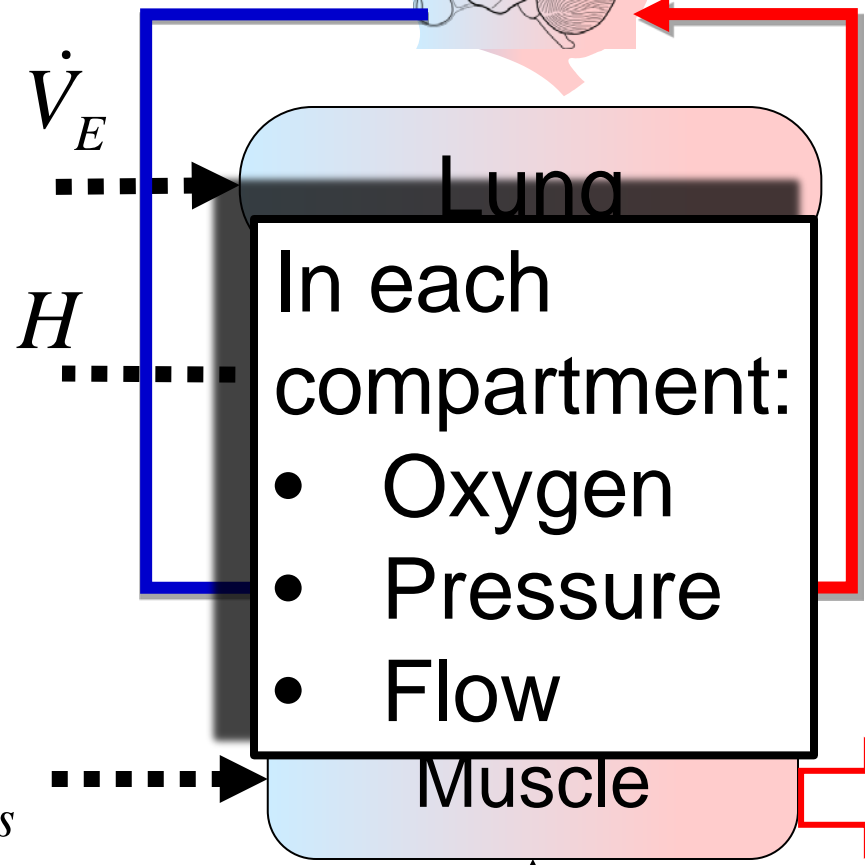


Controls:

\dot{V}_E low

H low

R_s high



Errors:

CBF low

SaO_2 high

P_{as} low

ΔO_2 low

Disturbance:

W high



$$\Delta O_2 = [O_2]_a - [O_2]_v$$

Organized complexity, circa 1972

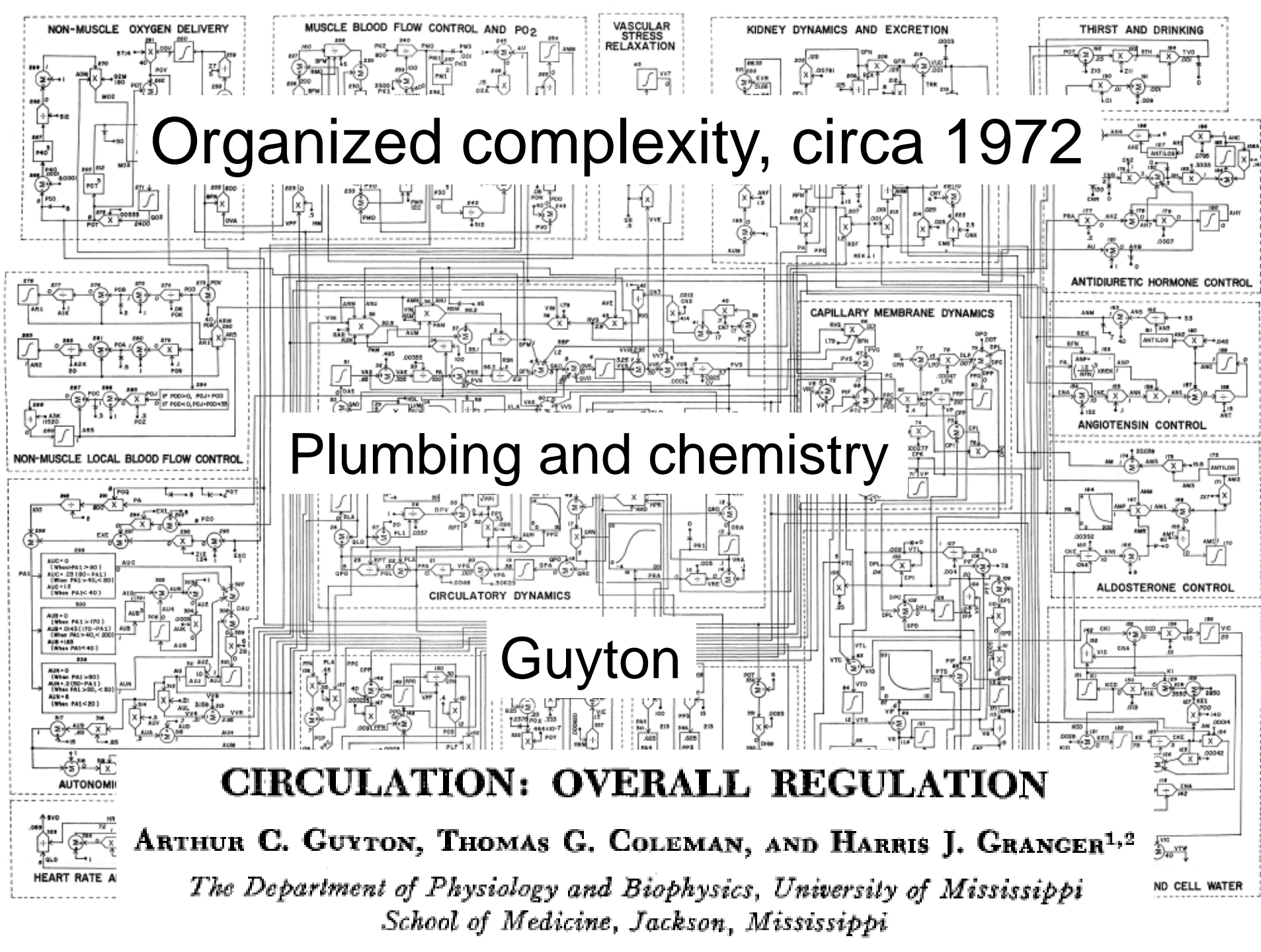
Plumbing and chemistry

Guyton

CIRCULATION: OVERALL REGULATION

ARTHUR C. GUYTON, THOMAS G. COLEMAN, AND HARRIS J. GRANGER^{1,2}

*The Department of Physiology and Biophysics, University of Mississippi
School of Medicine, Jackson, Mississippi*



Controls:

 R_s

Resistance,
systemic

Oxygen drop
across muscle

$$\Delta O_2 = [O_2]_a - [O_2]_v$$

Errors:

CBF low
SaO₂ high

P_{as} low

ΔO_2 low

 R_s 

Muscle



W

Disturbance:

W high

W high \Rightarrow ΔO_2 low

Local vasodilation

Controls:

\dot{V}_E low

H low

R_s high

R_s low $\Leftarrow \Delta O_2$ low

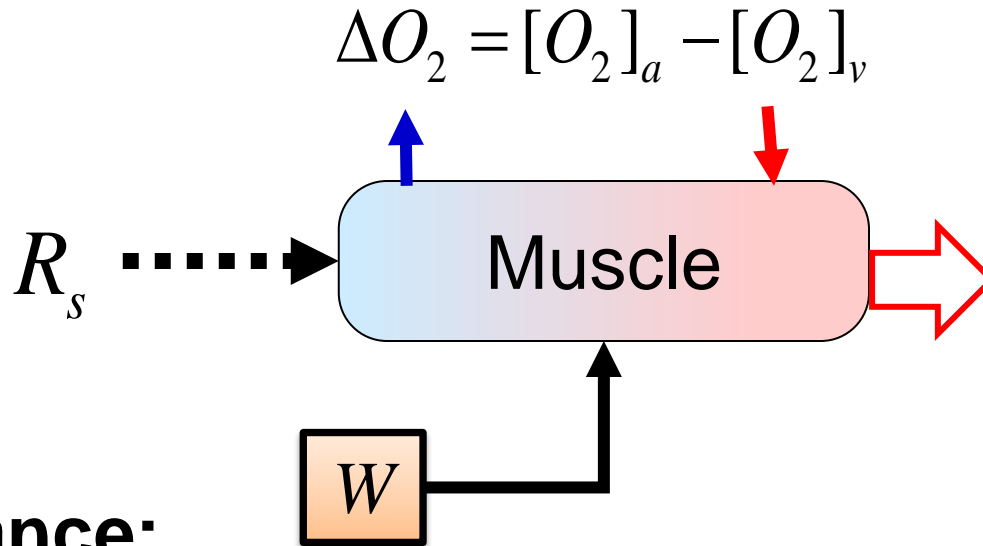
Errors:

CBF low

SaO_2 high

P_{as} low

ΔO_2 low



Disturbance:

W high

W high $\Rightarrow \Delta O_2$ low

Local vasodilation control

Controls:

\dot{V}_E low

H low

R_s high

R_s low $\Leftarrow \Delta O_2$ low

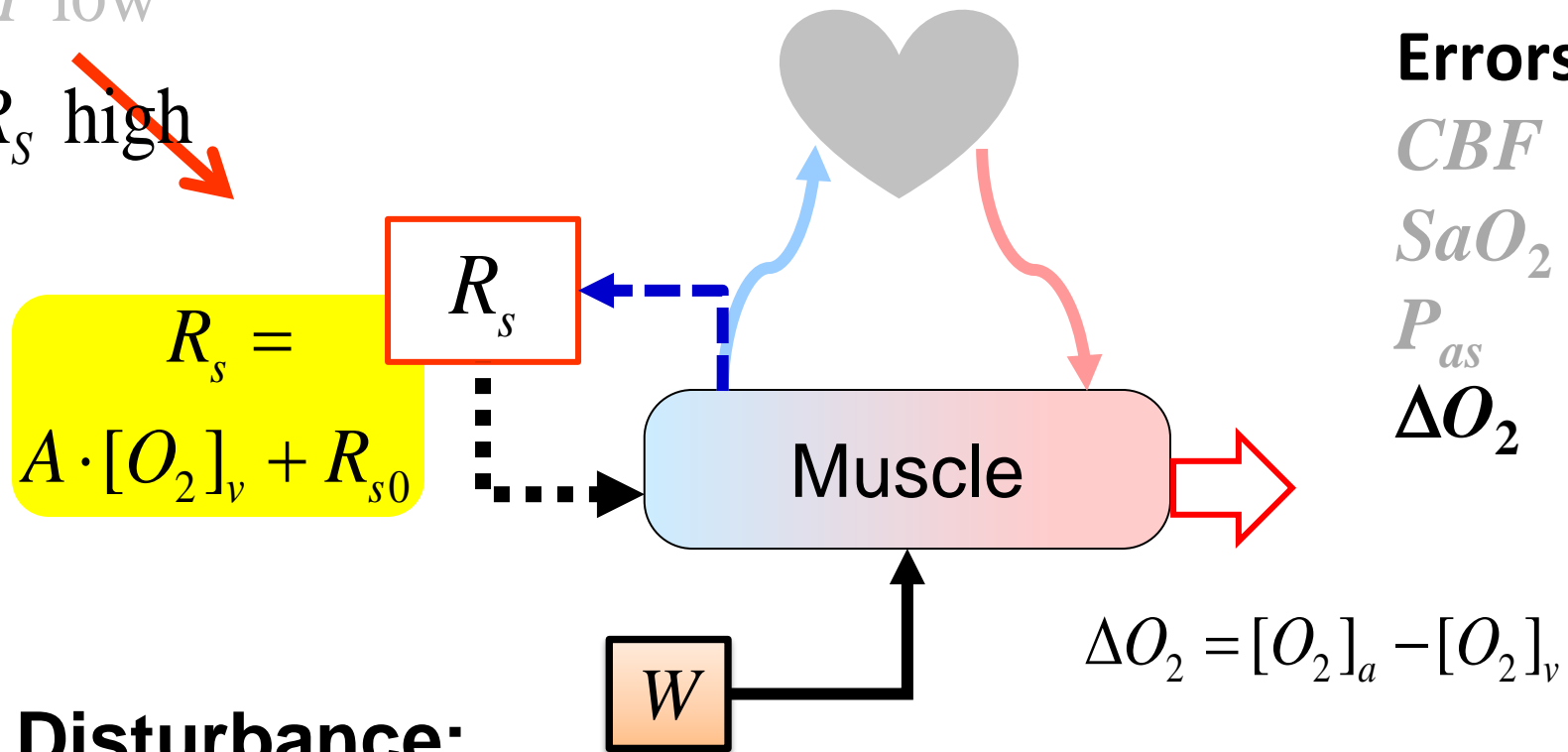
Errors:

CBF low

SaO_2 high

P_{as} low

ΔO_2 low



Disturbance:

W high

Standard model

Local vasodilation control

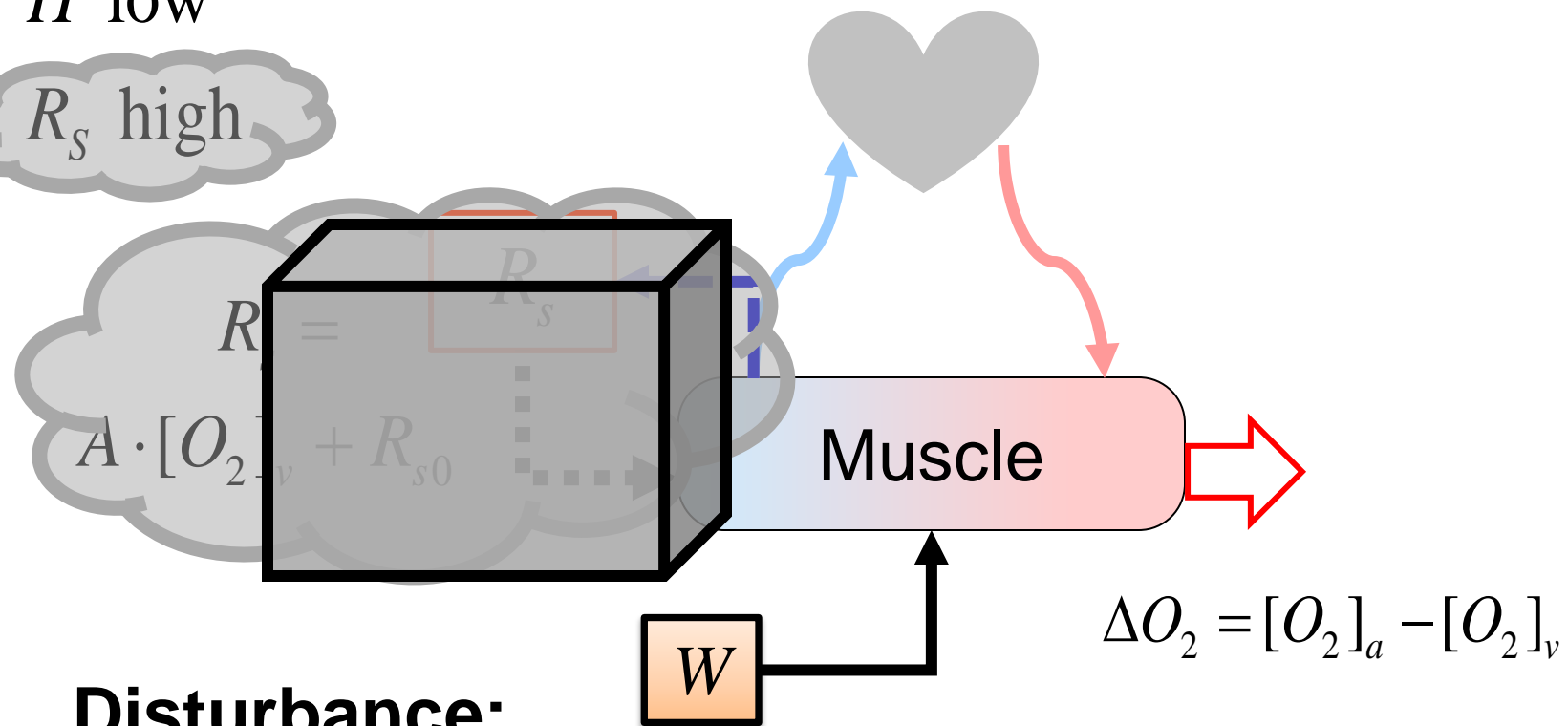
Controls:

\dot{V}_E low

H low

R_s high

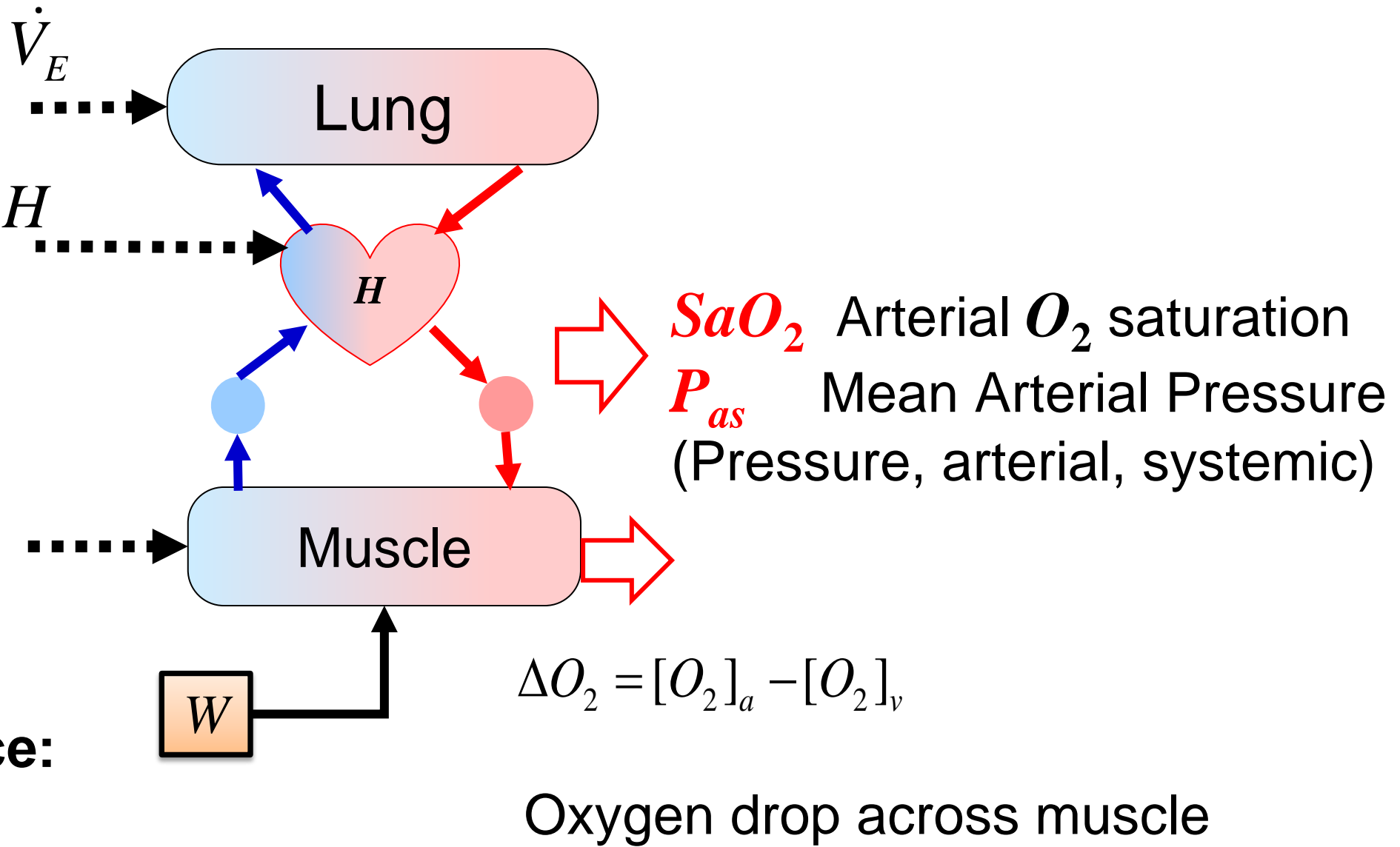
$$R_s = A \cdot [O_2]_v + R_{s0}$$



Disturbance:

W high

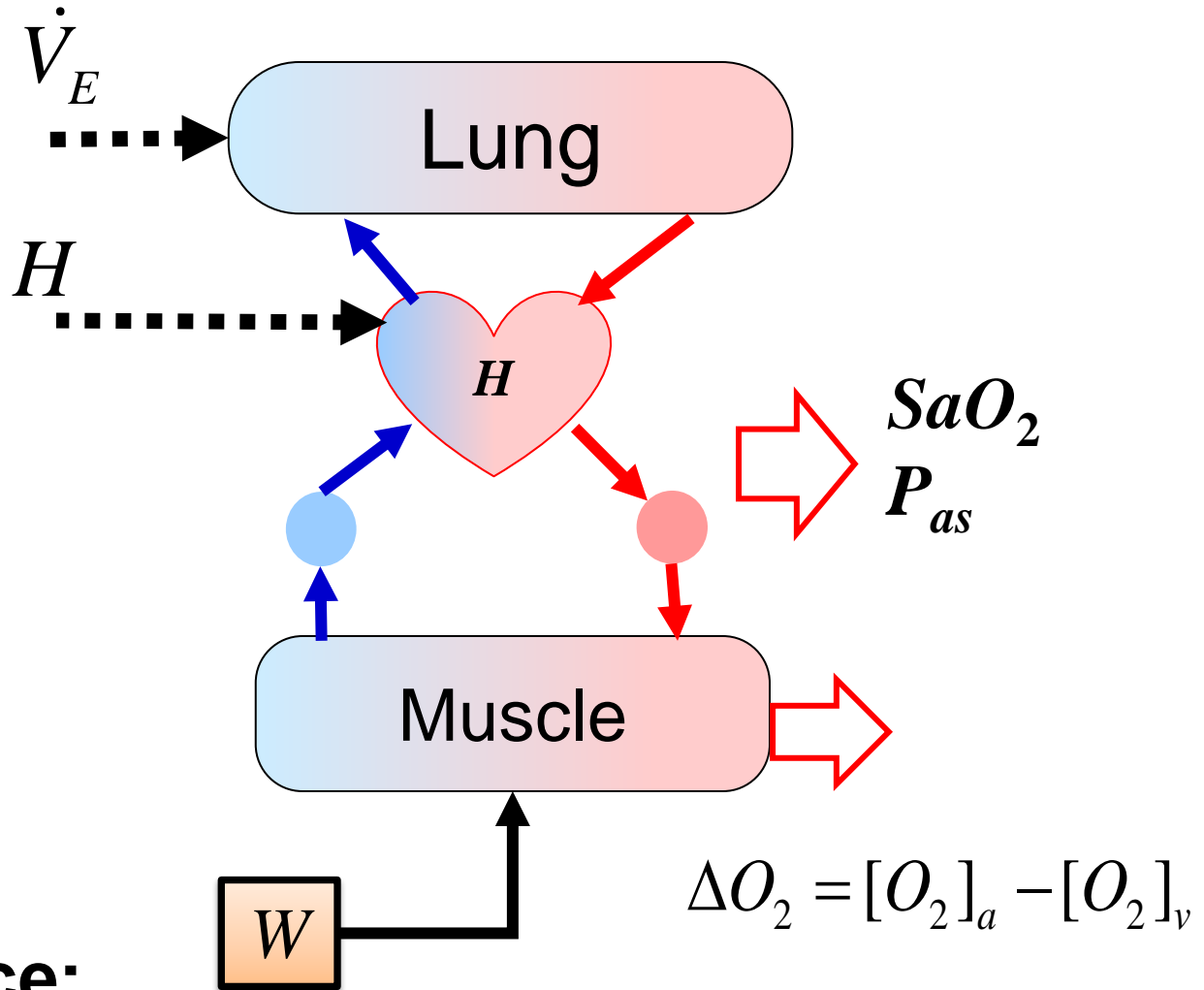
Standard model



Controls:

\dot{V}_E low

H low



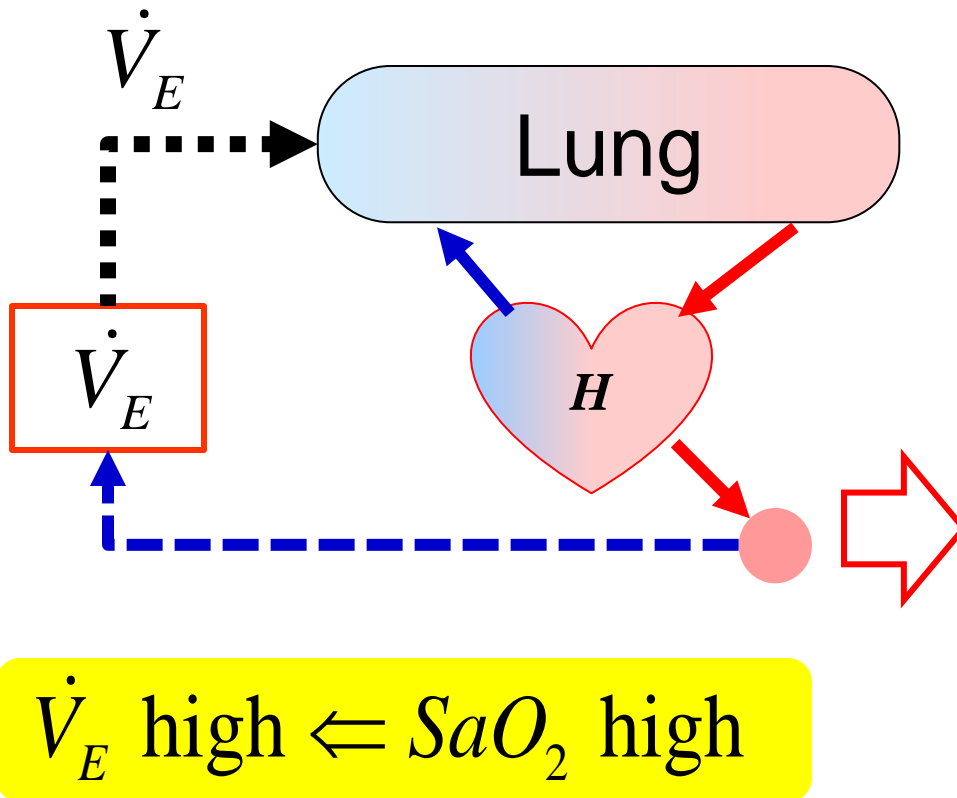
Disturbance:

W high

Controls:

\dot{V}_E low

H low



Errors:

CBF low

SaO_2 high

P_{as} low

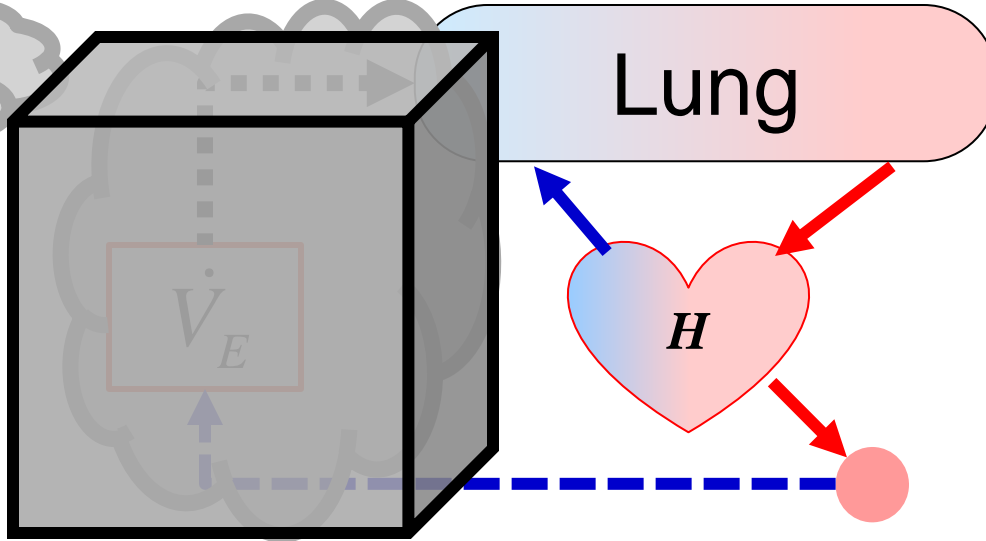
ΔO_2 low

Local ventilation
control

Controls:

\dot{V}_E low

H low



\dot{V}_E high \Leftarrow SaO_2 high

Errors:

CBF low

SaO_2 high

P_{as} low

ΔO_2 low

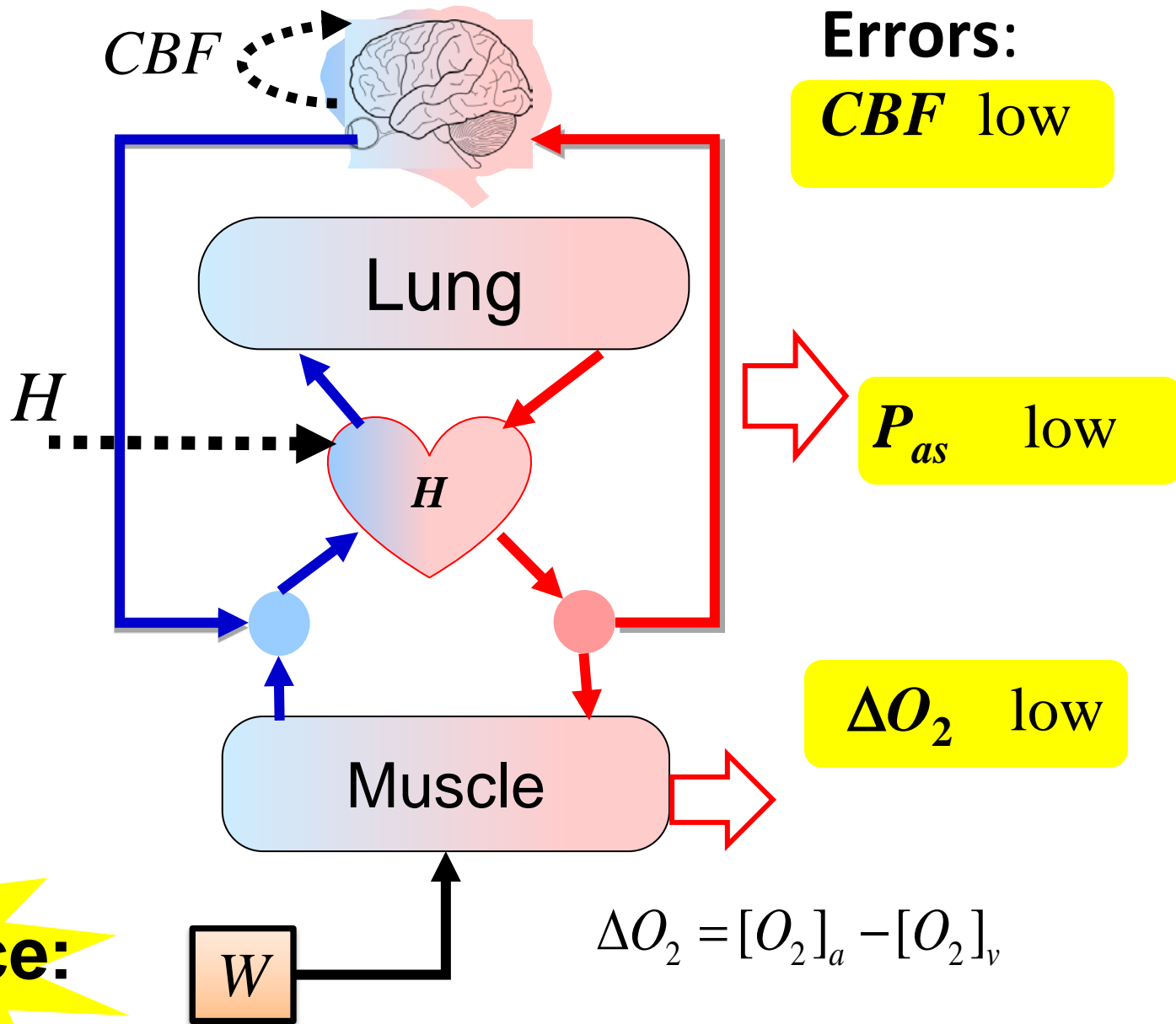
Local ventilation
control

Controls:

H low

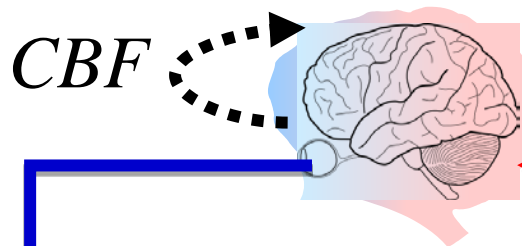
Disturbance:

W high



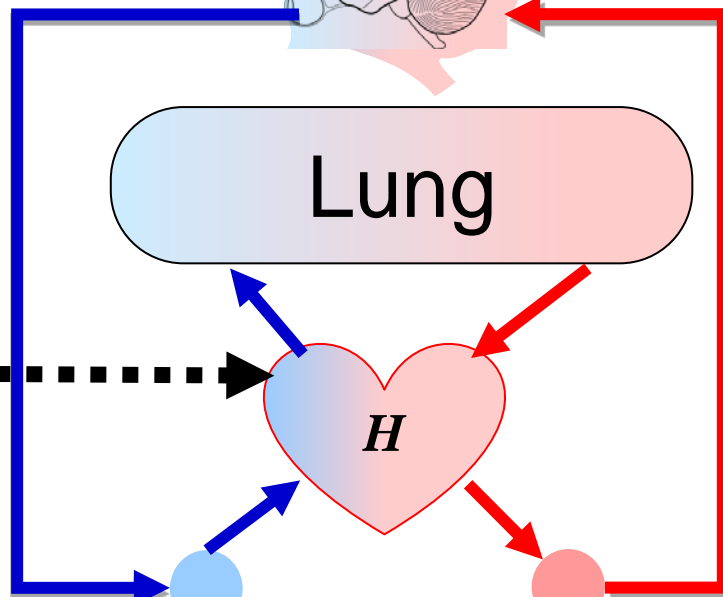
Controls:

H low



Errors:
 CBF low

H



P_{as} low

ΔO_2 low

Disturbance:

W high

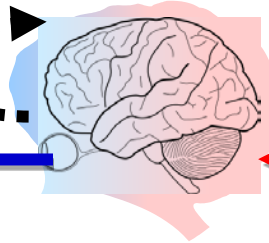


W high $\Rightarrow \Delta O_2$ low

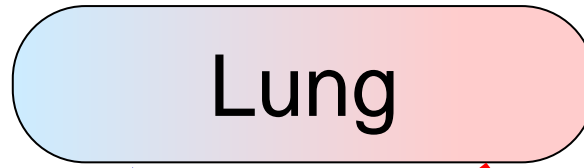
Controls:

H low

CBF



Errors:
 CBF low



Lung

H

H high $\Rightarrow P_{as}$ high

P_{as} low

H high $\Rightarrow \Delta O_2$ low

ΔO_2 low

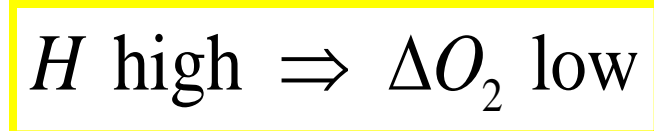
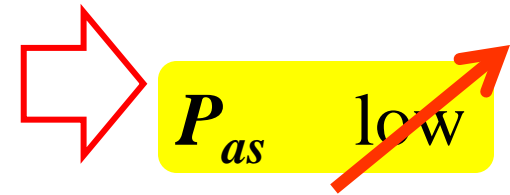
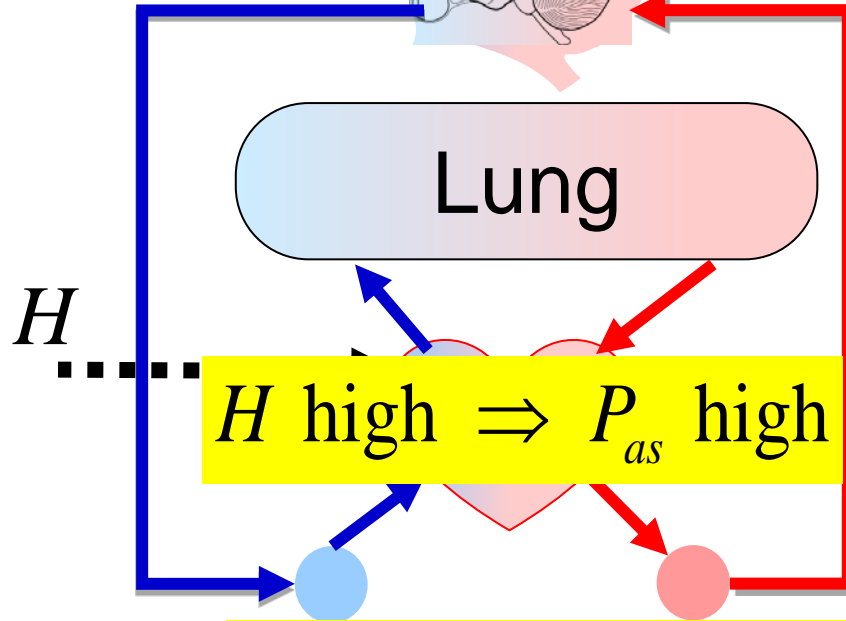
Muscle

Disturbance:

W high

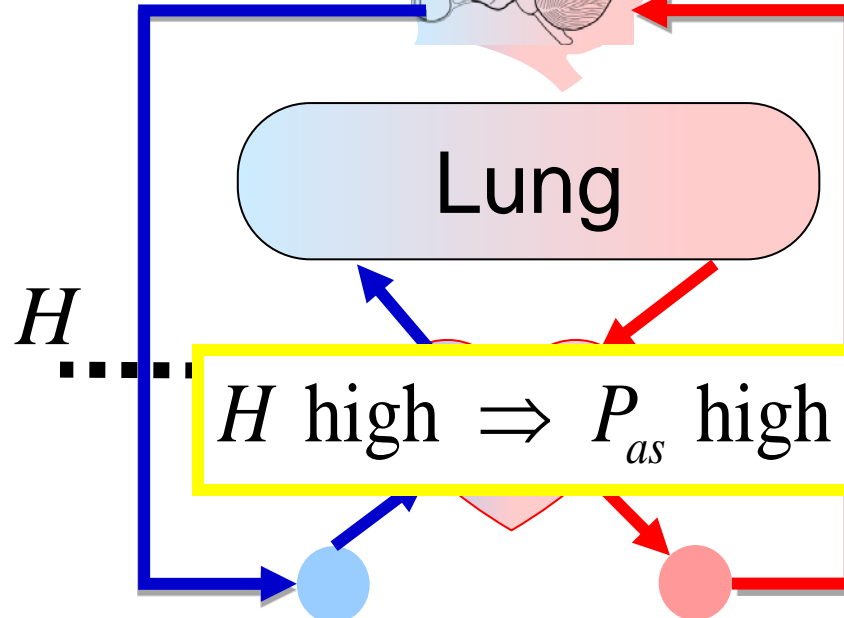
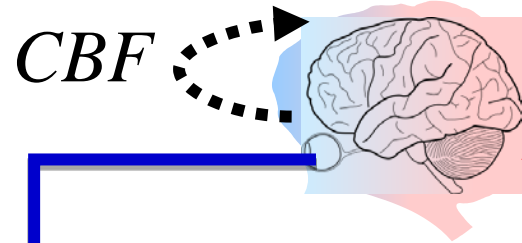


W high $\Rightarrow \Delta O_2$ low



Controls:

H low



H high \Rightarrow P_{as} high

H high \Rightarrow ΔO_2 low

Disturbance:

W high



W high \Rightarrow ΔO_2 low

Errors:

CBF low

P_{as} low

ΔO_2 low

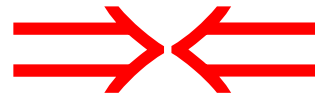
Muscle

Lung

Controls:

Tradeoffs?

Errors:



H low

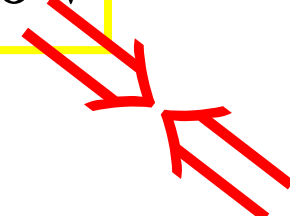
P_{as} low

H high $\Rightarrow P_{as}$ high



H high $\Rightarrow \Delta O_2$ low

ΔO_2 low



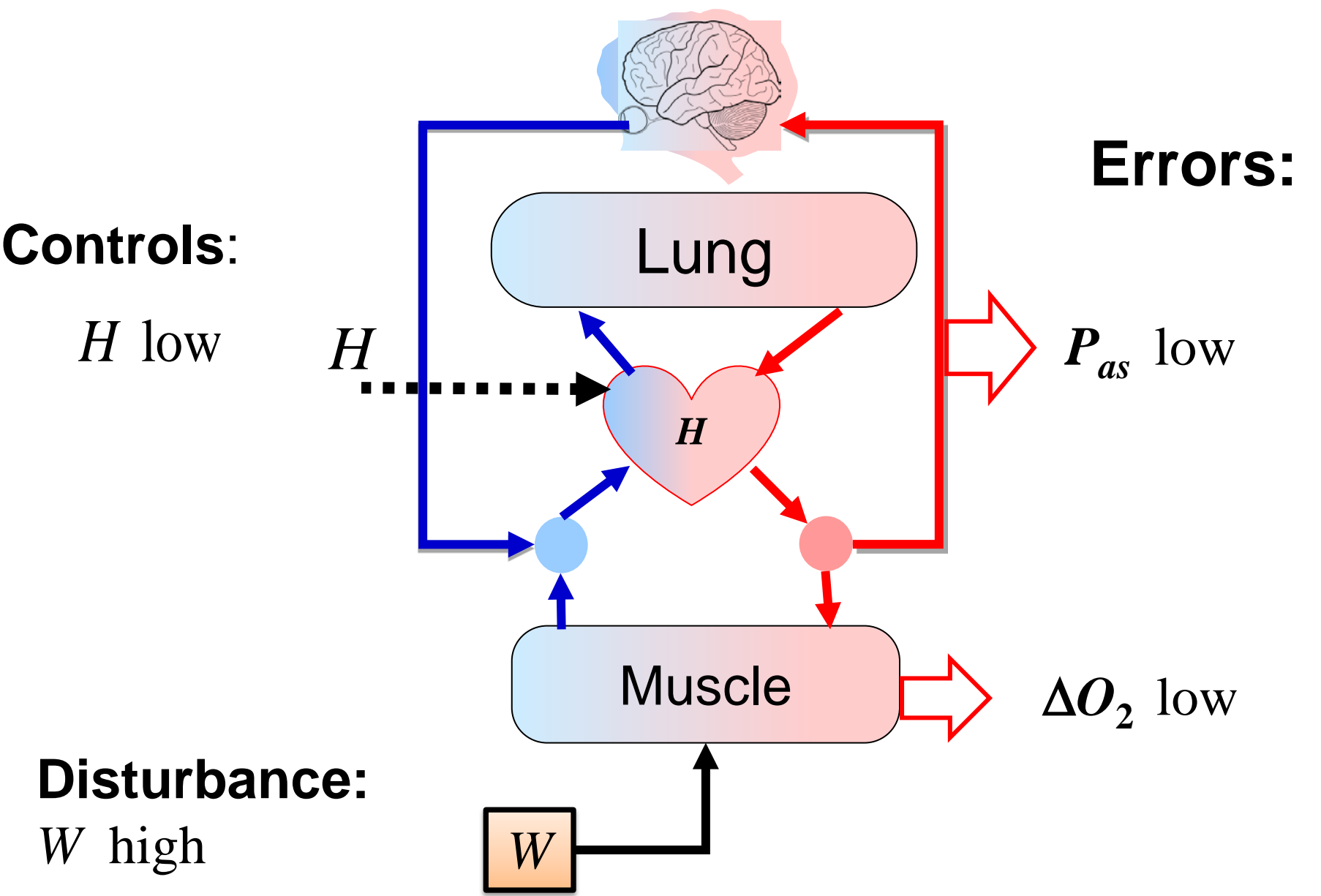
Disturbance:

W high

W high $\Rightarrow \Delta O_2$ low



Tradeoffs?



Tradeoffs?

Controls:

H low

Greatly
simplified

Disturbance:

W high

Errors:

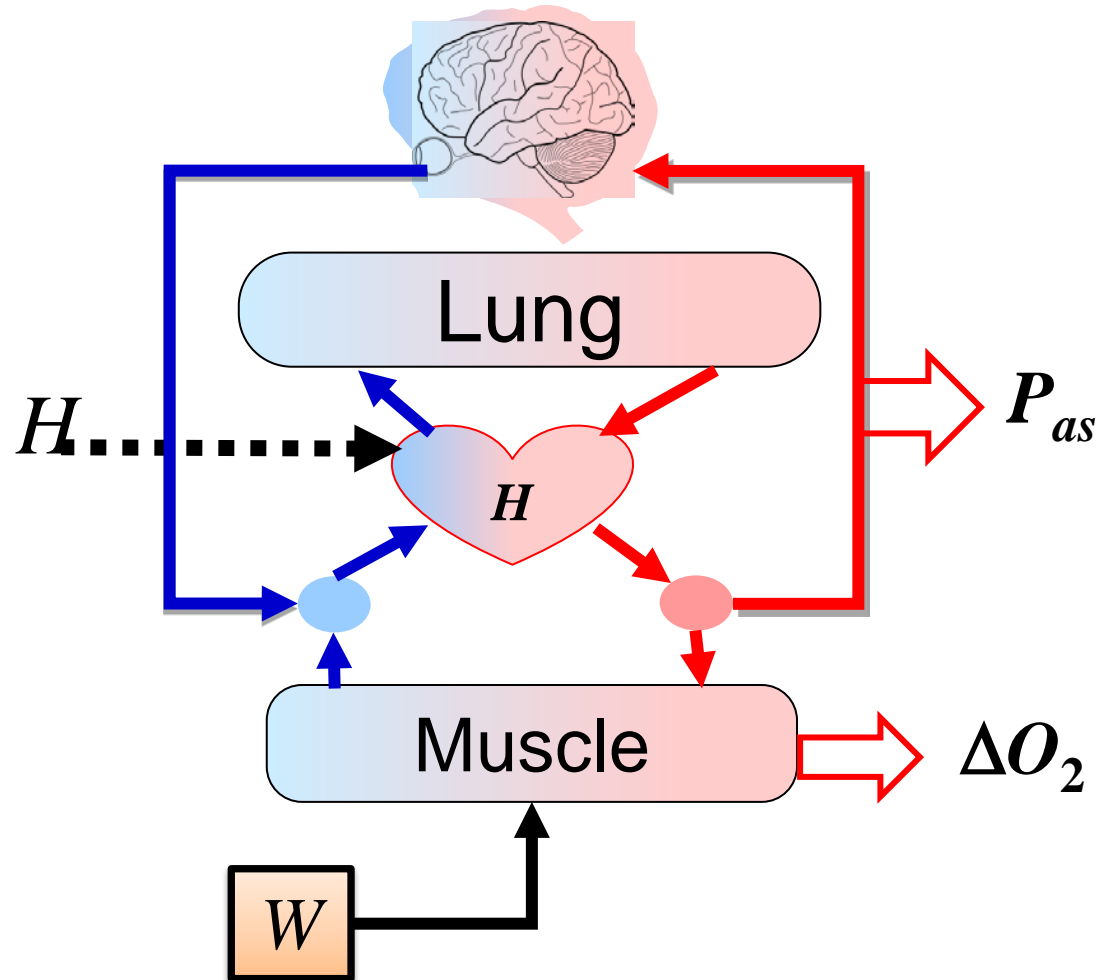
P_{as} low

ΔO_2 low

Math model?

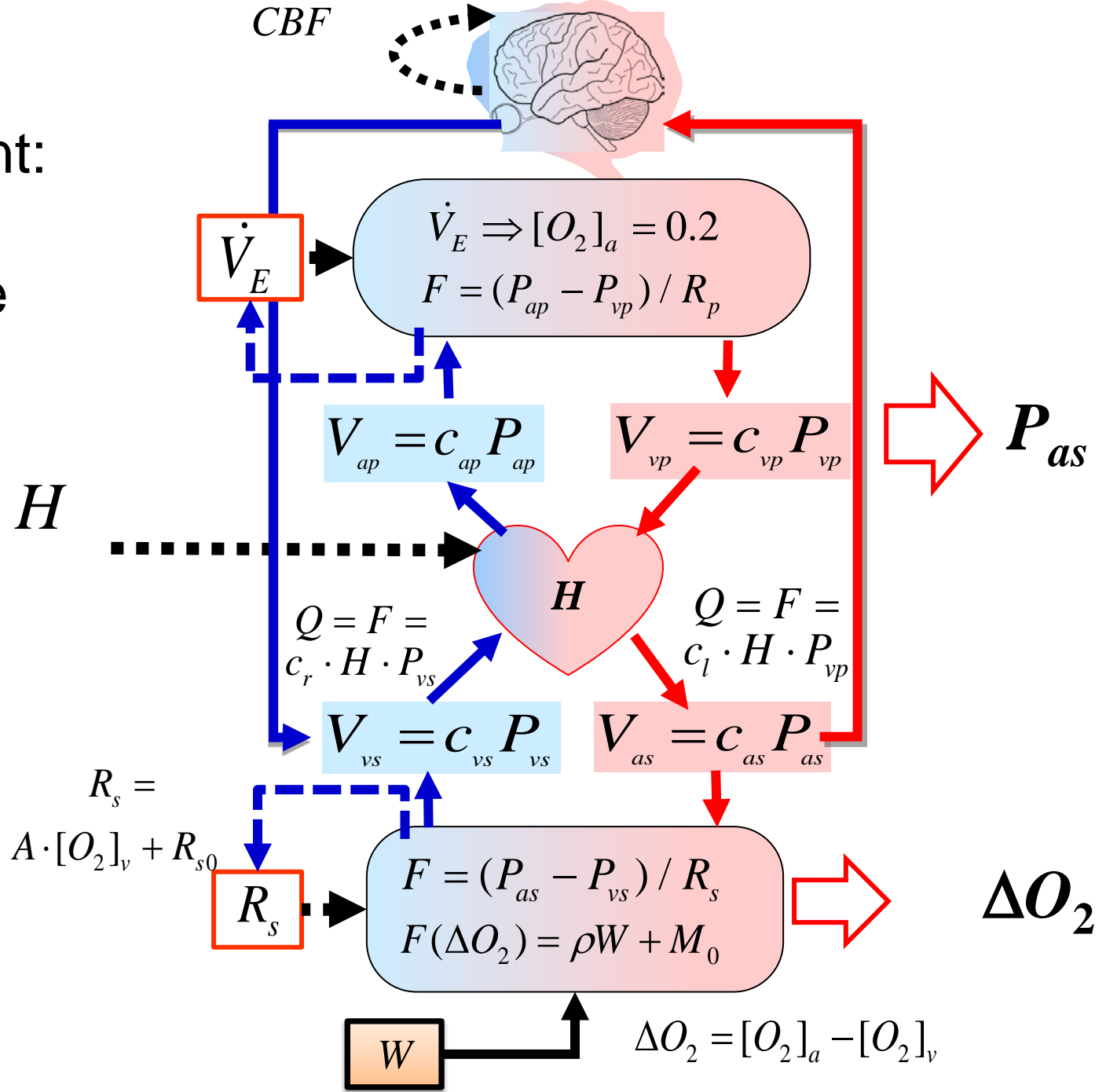
In each compartment:

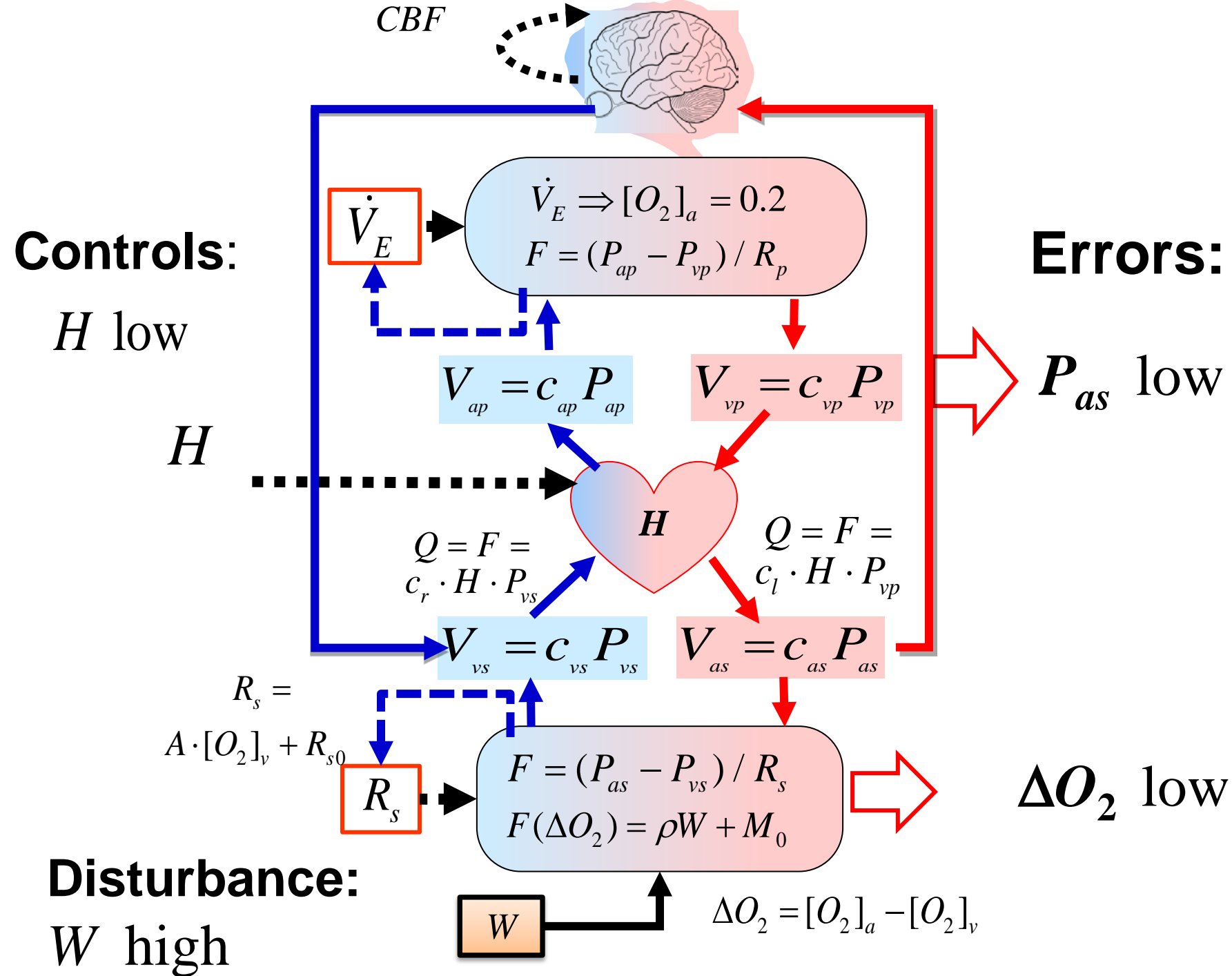
- Oxygen
- Pressure
- Flow



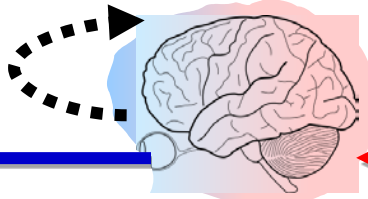
In each compartment:

- Oxygen
- Pressure
- Flow





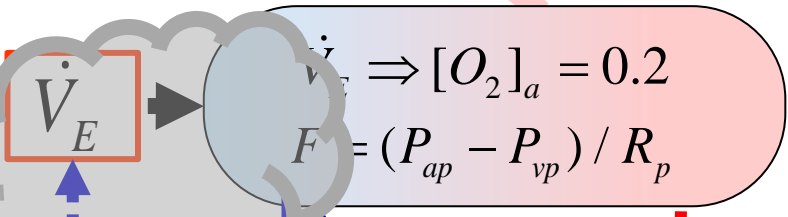
CBF



Controls:

H low

H



$$V_{ap} = c_{ap} P_{ap}$$

$$V_{vp} = c_{vp} P_{vp}$$



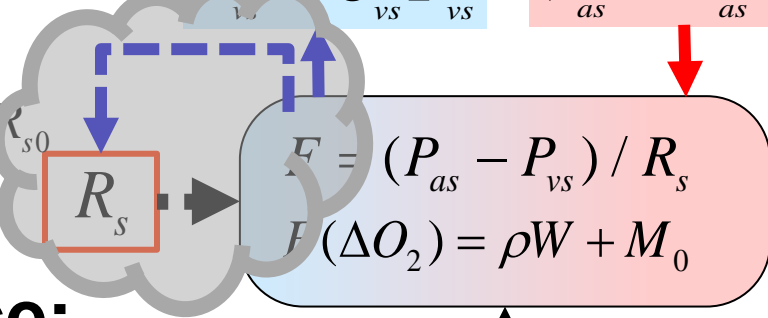
$$Q = F = c_r \cdot H \cdot P_{vs}$$

$$Q = F = c_l \cdot H \cdot P_{vp}$$

$$V_{vs} = c_{vs} P_{vs}$$

$$V_{as} = c_{as} P_{as}$$

$$R_s = A \cdot [O_2]_v + \zeta_{s0}$$



Disturbance:

W high

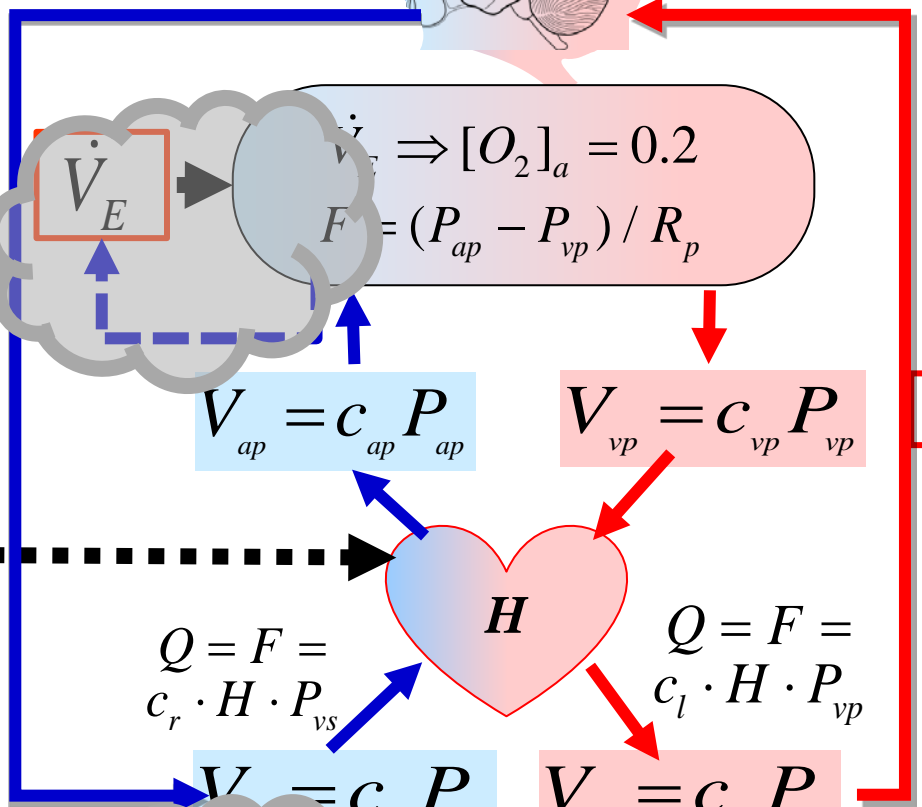
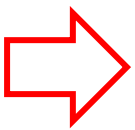
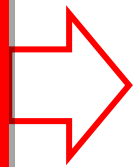


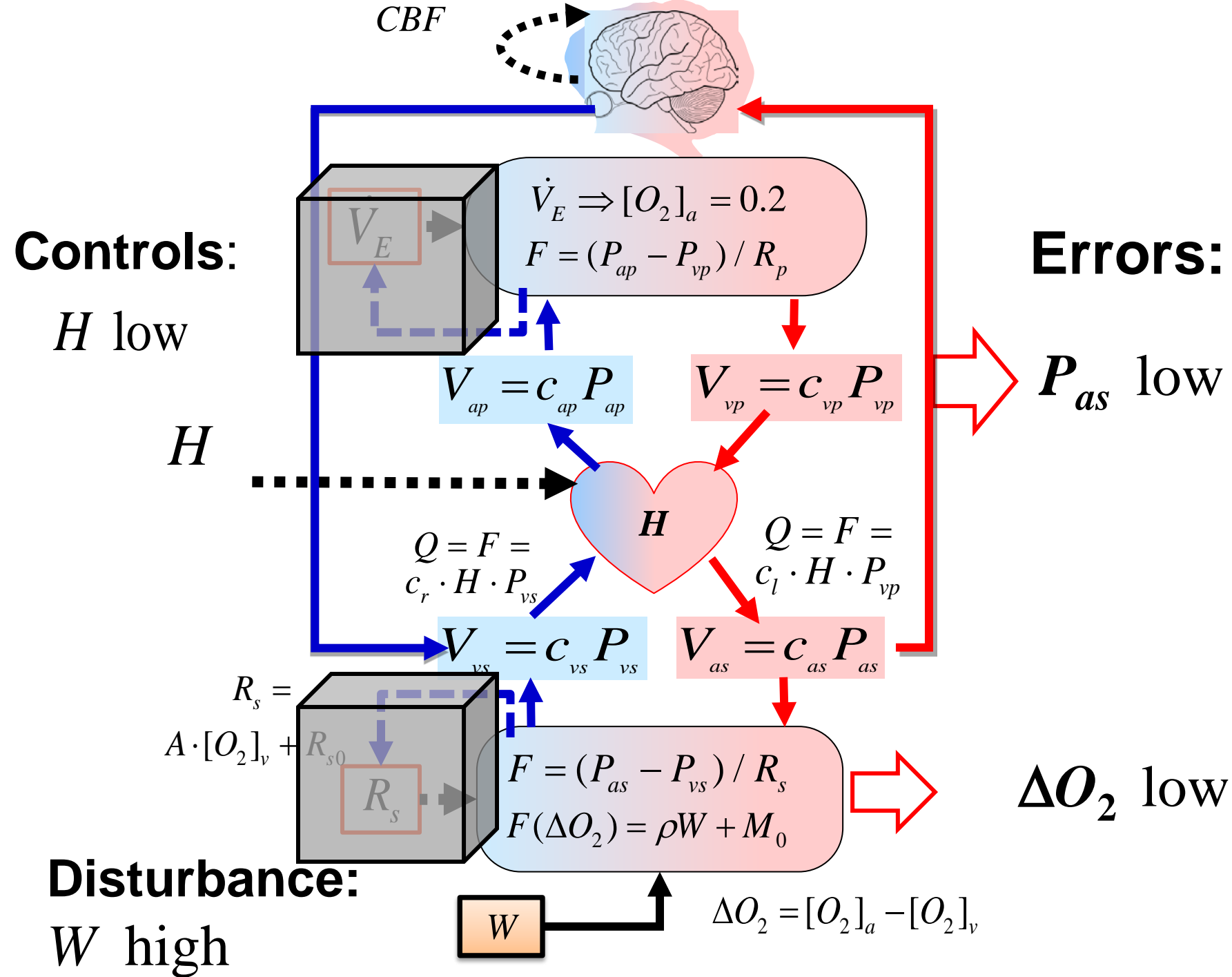
$$\Delta O_2 = [O_2]_a - [O_2]_v$$

Errors:

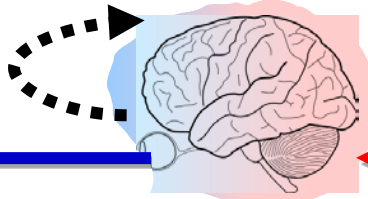
P_{as} low

ΔO_2 low





CBF



Controls:

H low

H

Errors:

P_{as} low

ΔO_2 low

Disturbance:

W high

$$\dot{V}_E \Rightarrow [O_2]_a = 0.2$$

$$F = (P_{ap} - P_{vp}) / R_p$$

$$V_{ap} = c_{ap} P_{ap}$$

$$V_{vp} = c_{vp} P_{vp}$$

$$Q = F = c_r \cdot H \cdot P_{vs}$$

$$Q = F = c_l \cdot H \cdot P_{vp}$$

$$V_{vs} = c_{vs} P_{vs}$$

$$V_{as} = c_{as} P_{as}$$

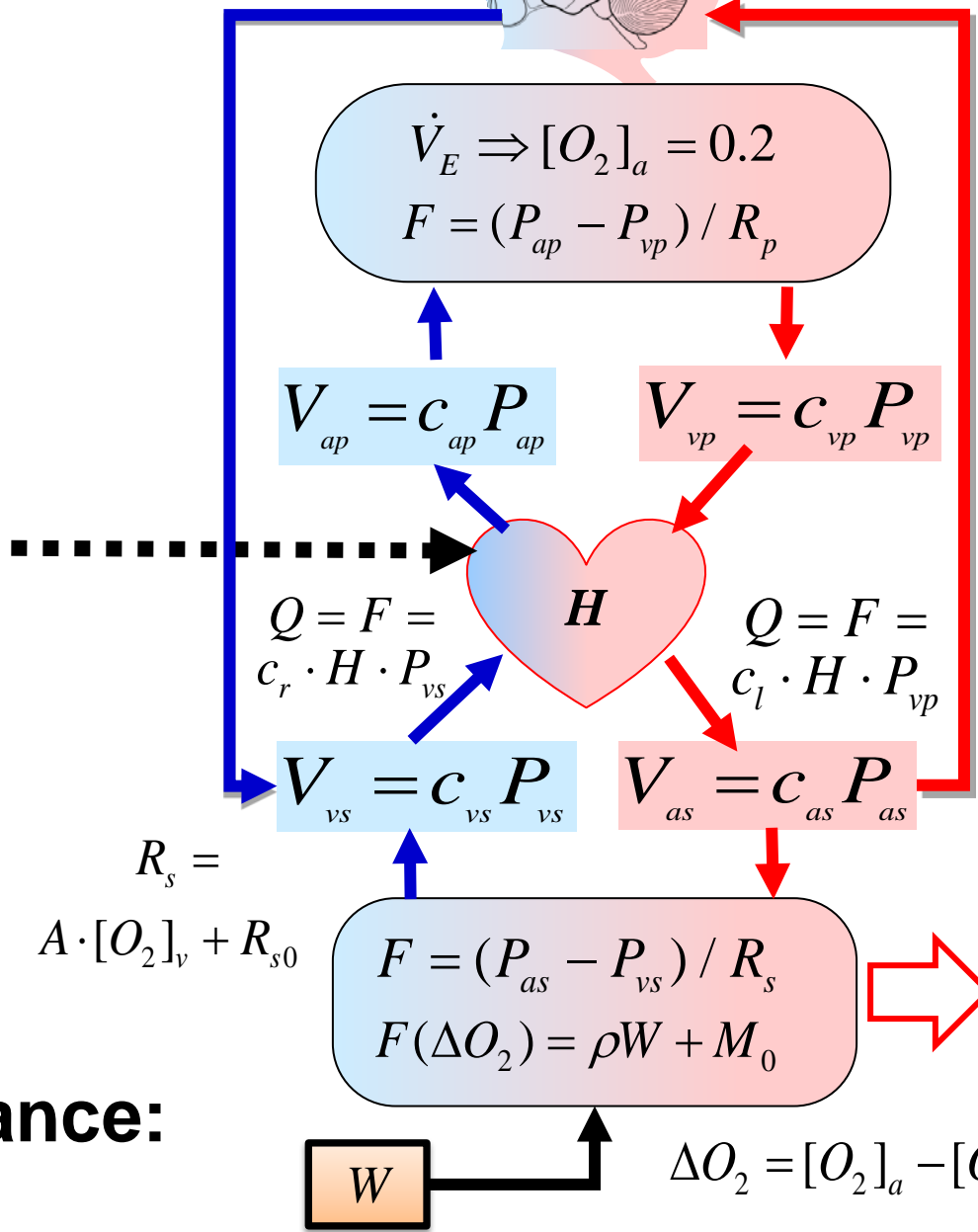
$$R_s = A \cdot [O_2]_v + R_{s0}$$

$$F = (P_{as} - P_{vs}) / R_s$$

$$F(\Delta O_2) = \rho W + M_0$$

W

$$\Delta O_2 = [O_2]_a - [O_2]_v$$



Controls:

H low

H

$$\dot{V}_E \Rightarrow [O_2]_a = 0.2$$

$$F = (P_{ap} - P_{vp}) / R_p$$

Errors:

$$V_{ap} = c_{ap} P_{ap} \quad V_{vp} = c_{vp} P_{vp} \quad \Rightarrow \quad P_{as} \text{ low}$$

$$Q = F = c_r \cdot H \cdot P_{vs} \quad Q = F = c_l \cdot H \cdot P_{vp}$$

$$V_{vs} = c_{vs} P_{vs} \quad V_{as} = c_{as} I$$

$$R_s = A \cdot [O_2]_v + R_{s0}$$

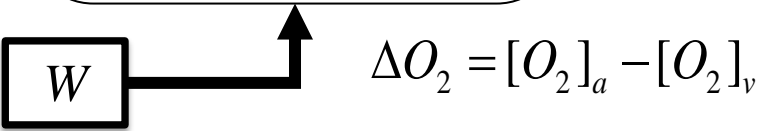
$$F = (P_{as} - P_{vs}) / R_s$$

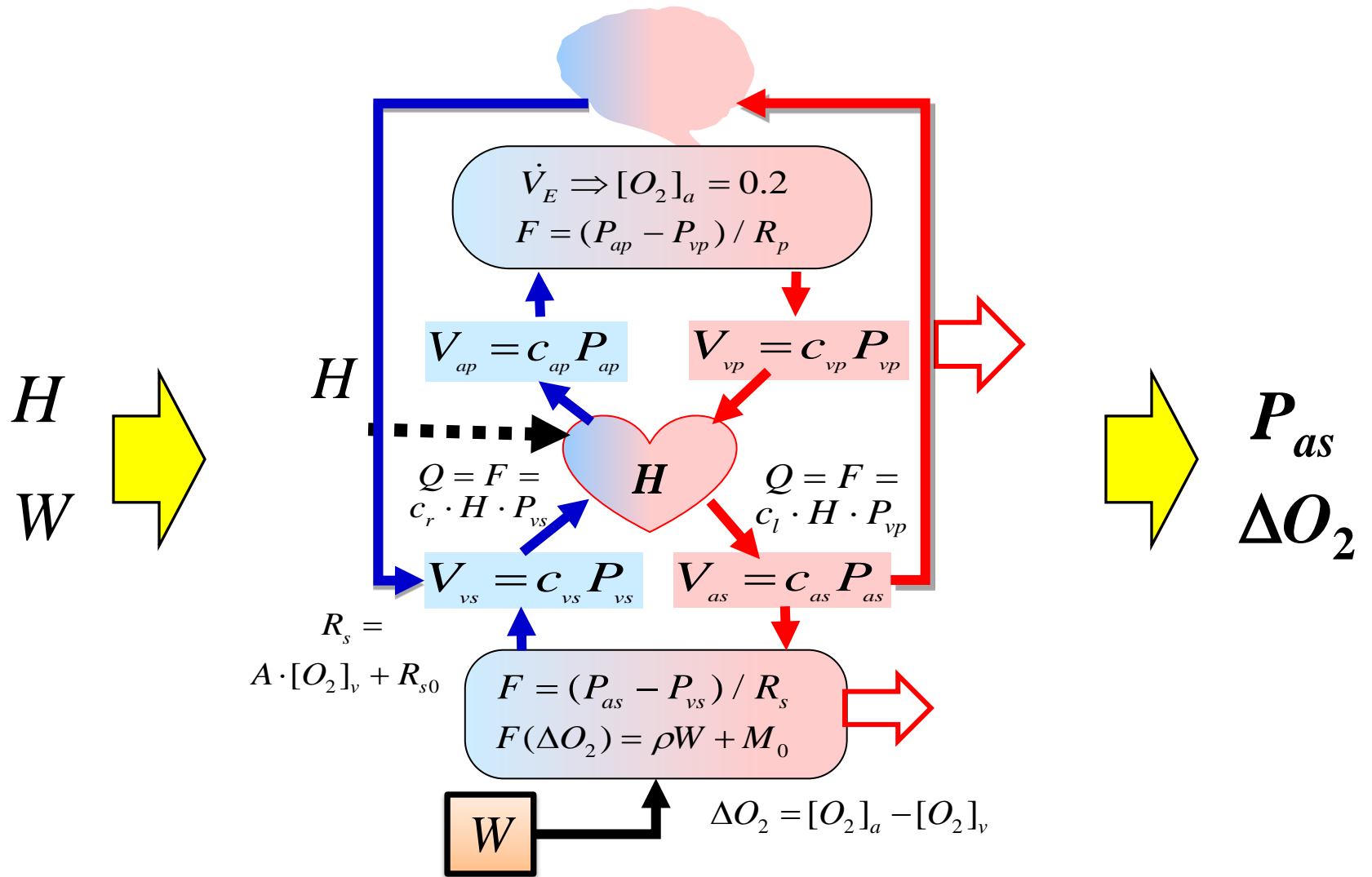
$$F(\Delta O_2) = \rho W + M_0$$

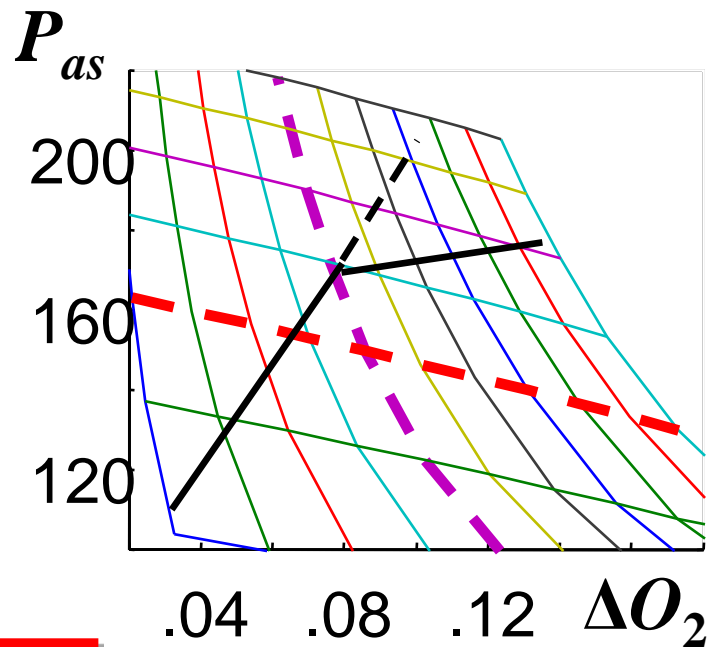
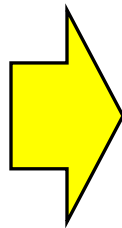
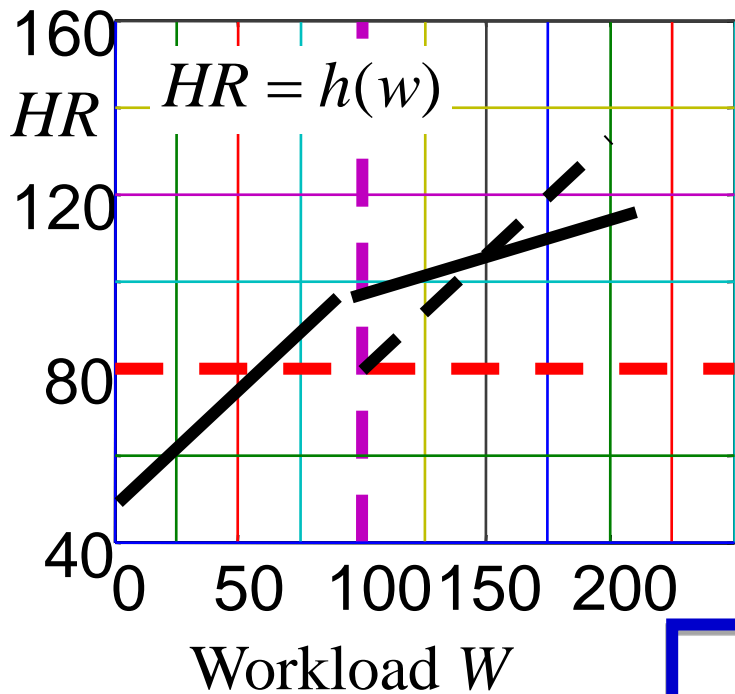
ΔO_2 low

Disturbance:

W high

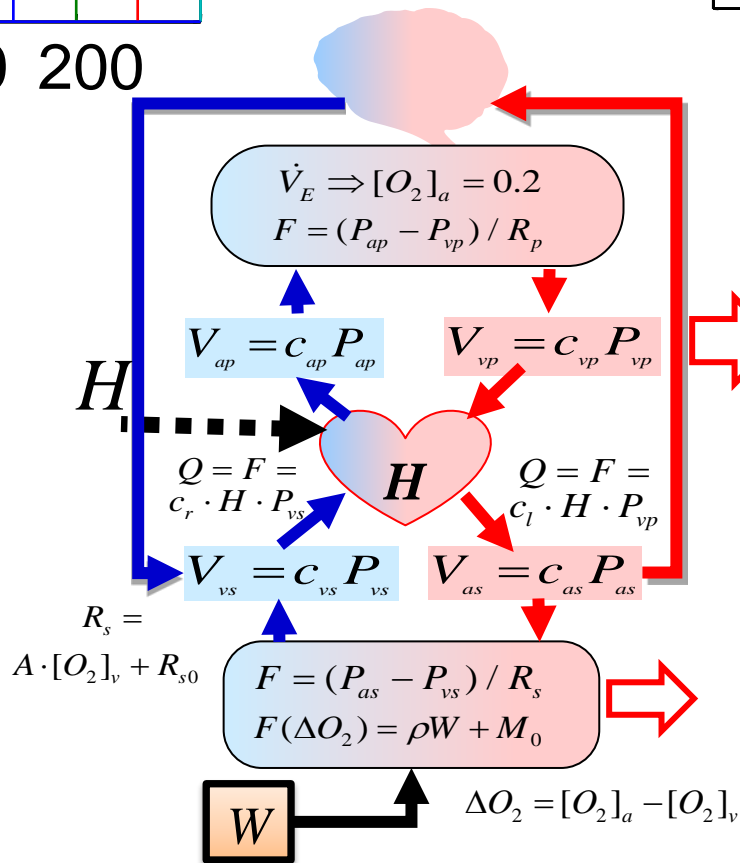






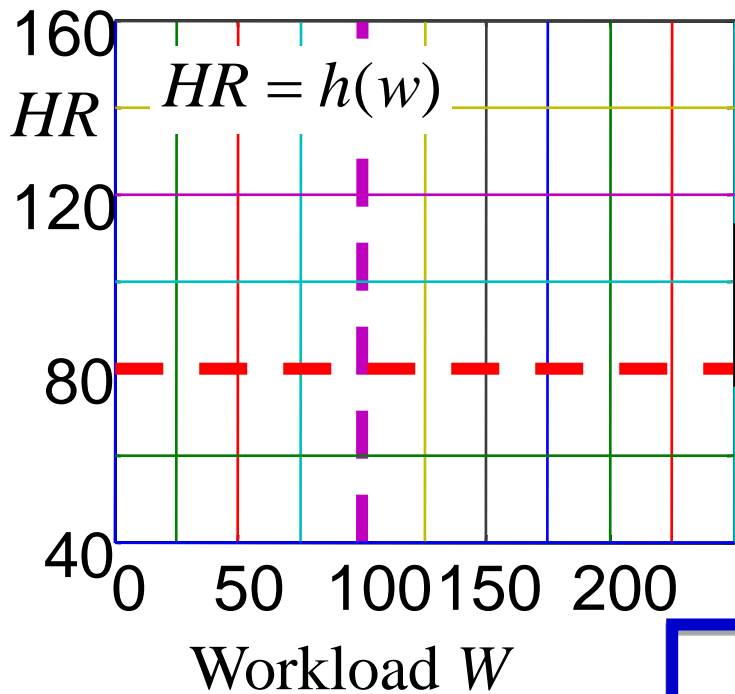
H

W

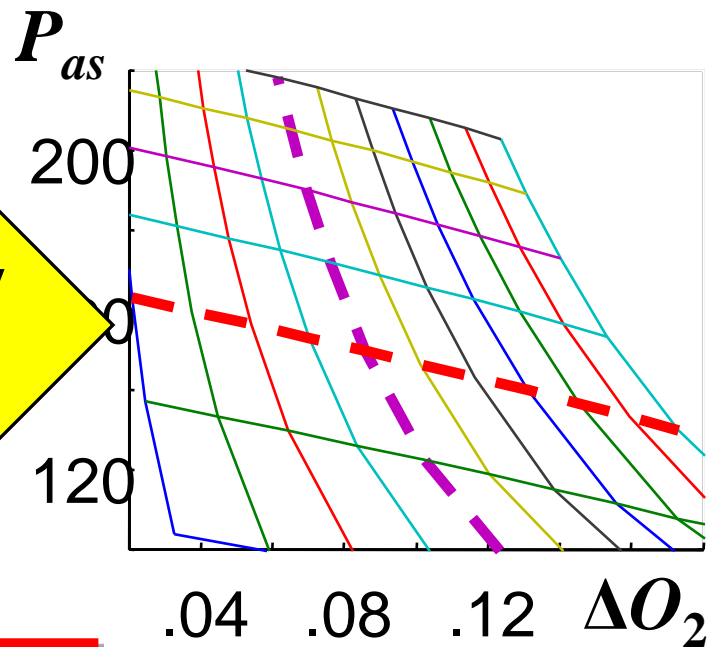


P_{as}

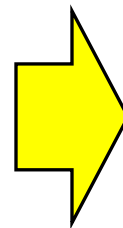
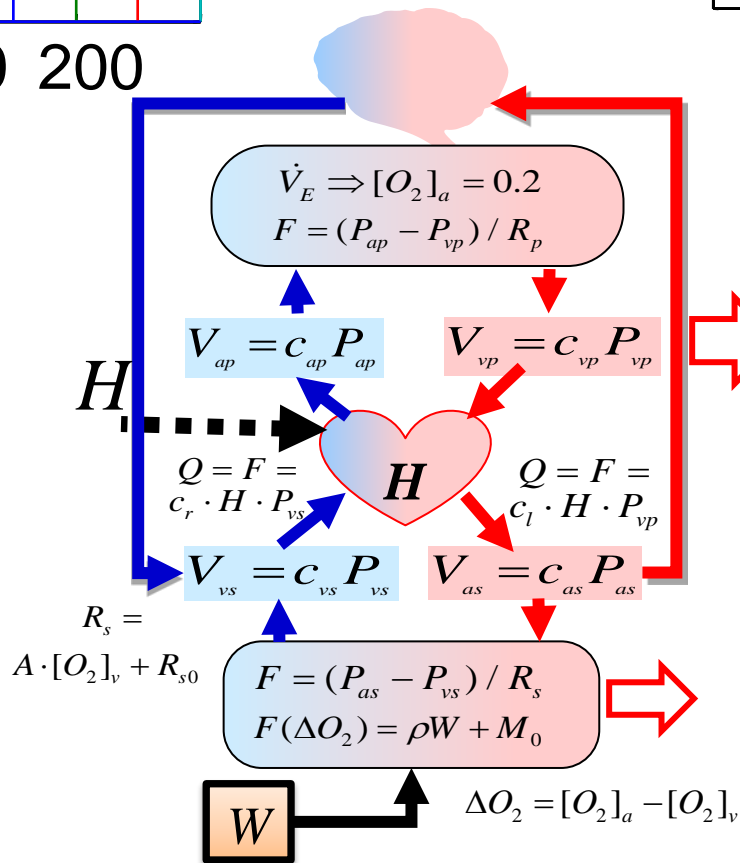
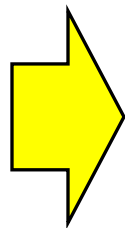
ΔO_2



Physiology
model

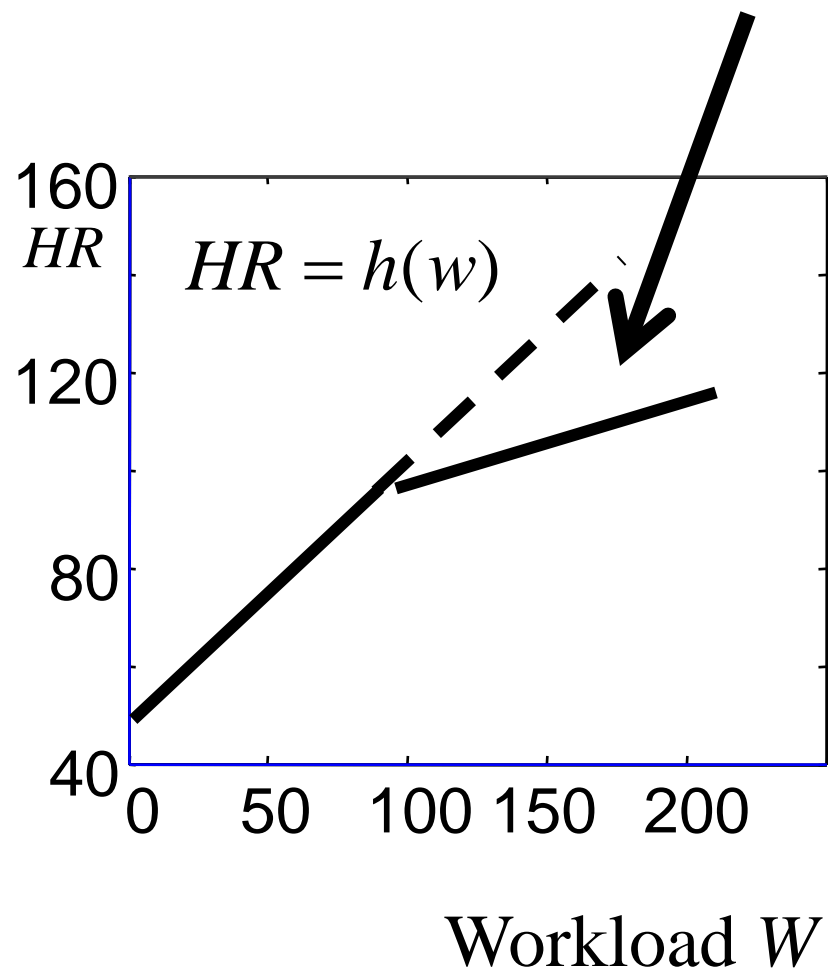


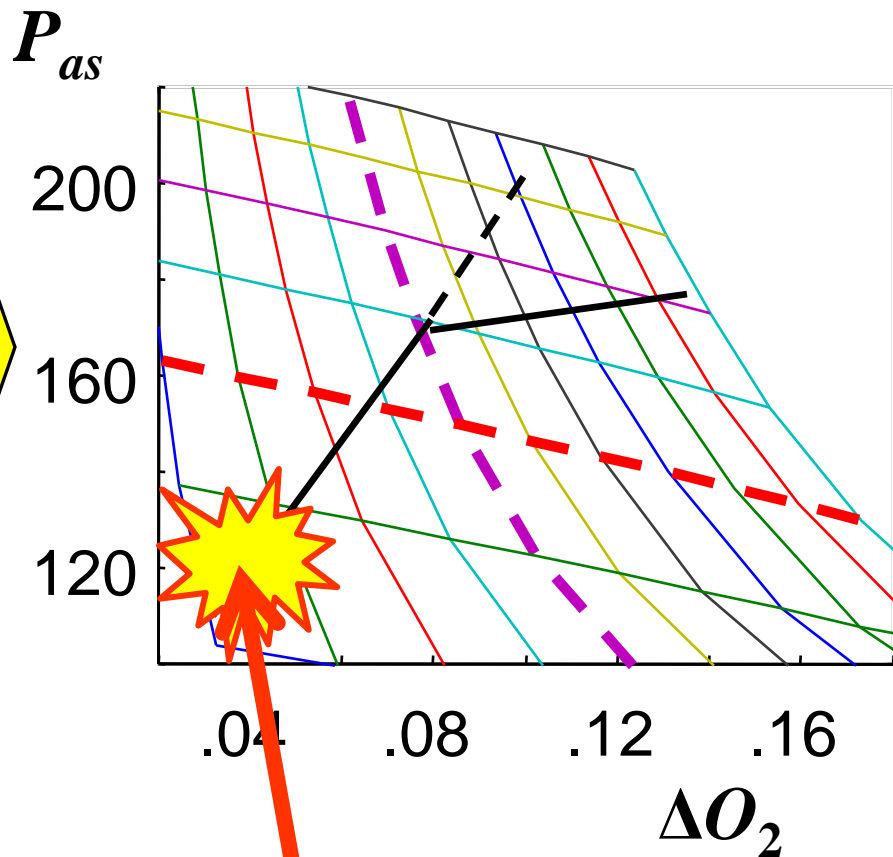
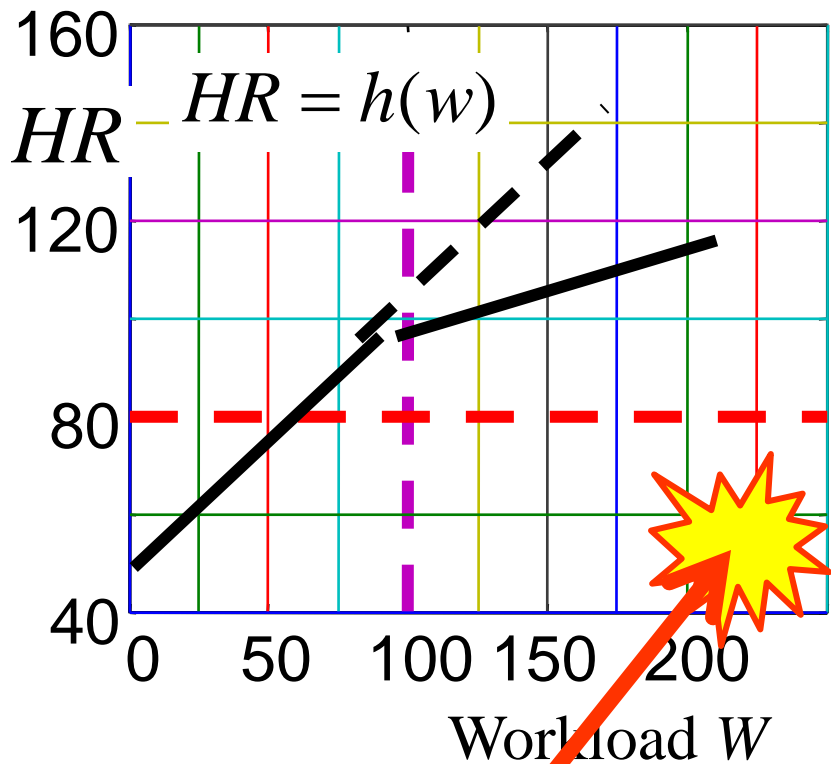
H
 W



P_{as}
 ΔO_2

Nonlinearity in the *data*





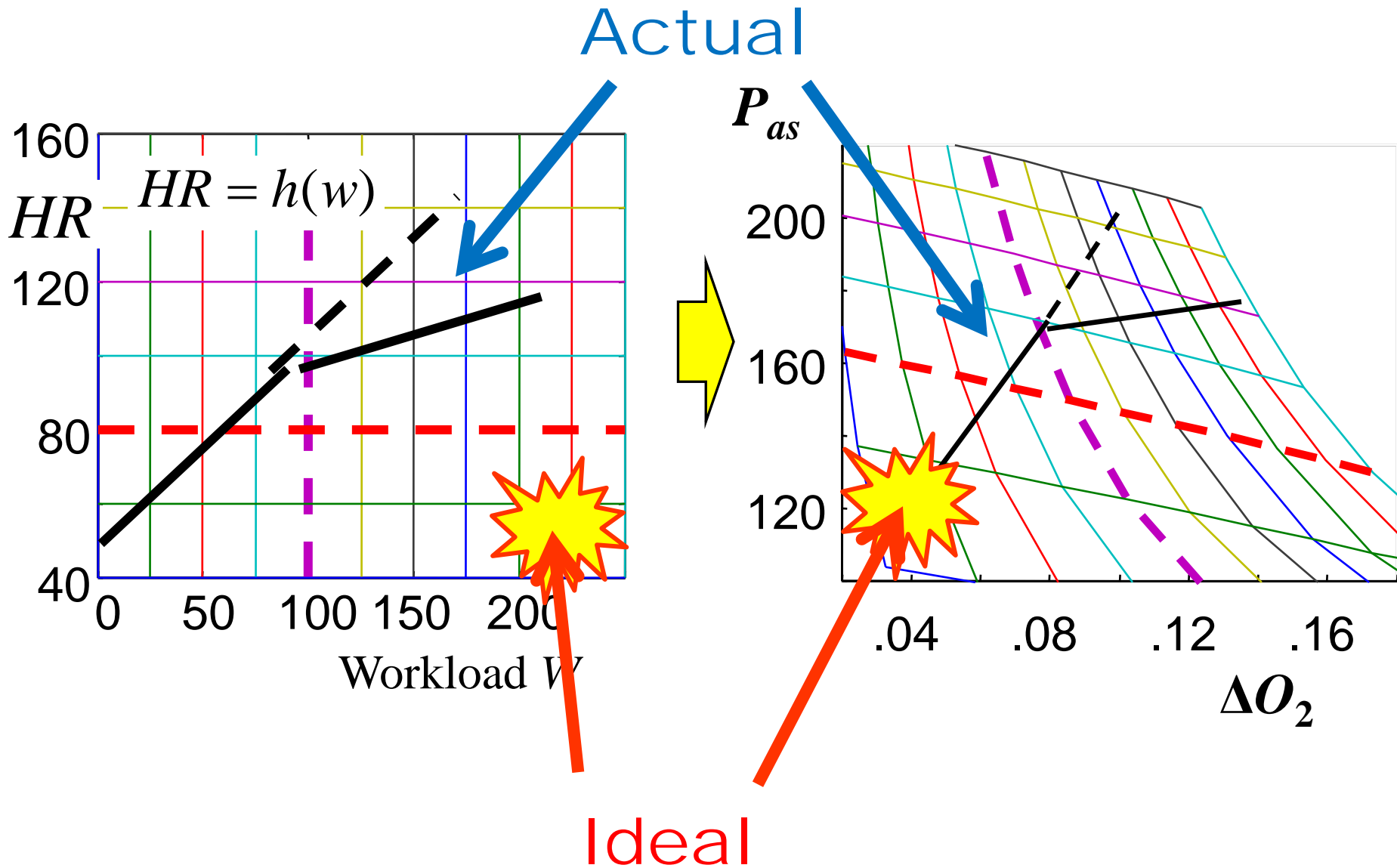
H low
 W high

Ideally

P_{as} low
 ΔO_2 low

Oxygen drop across muscle

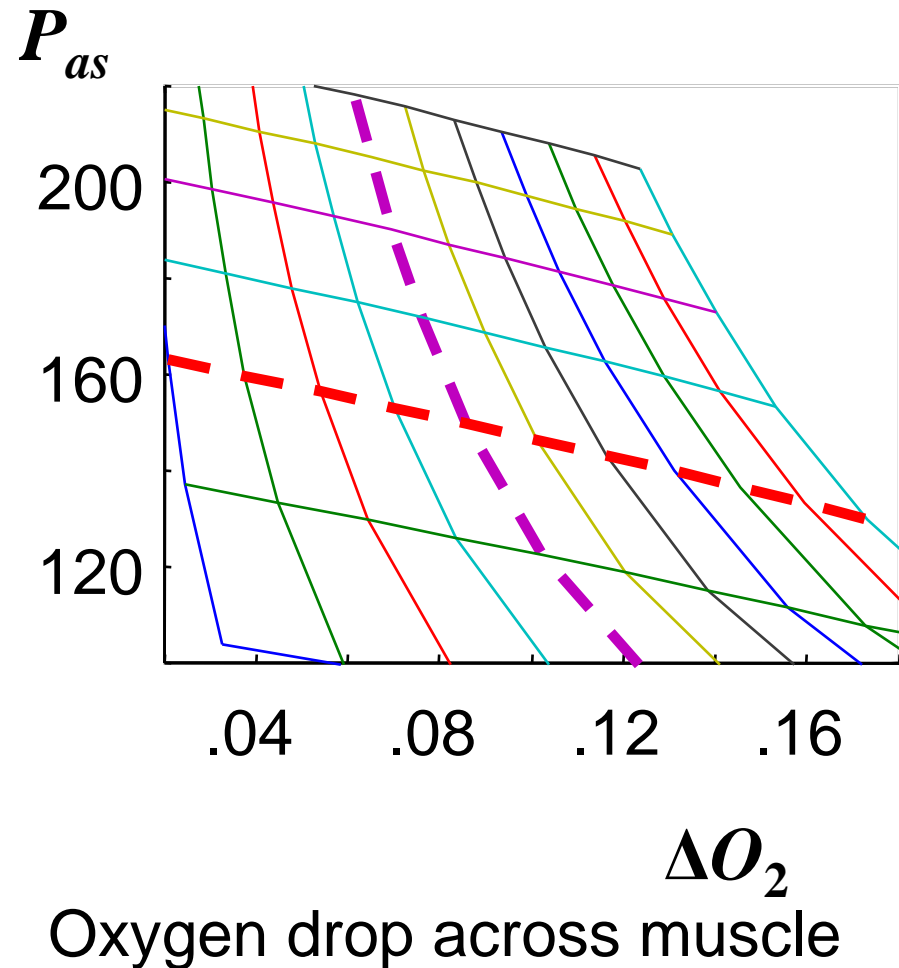
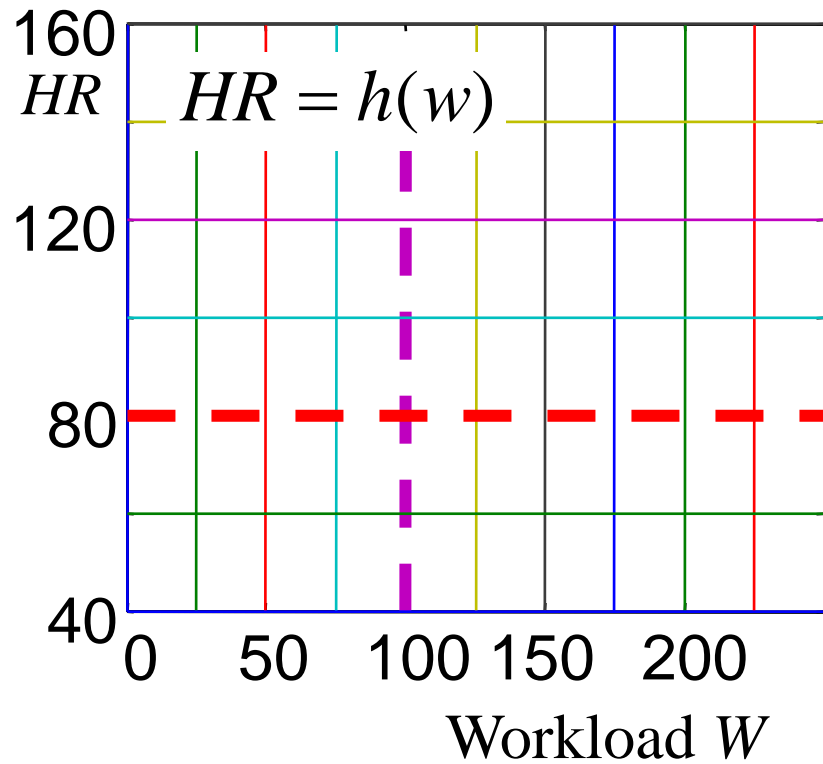
Necessary?



Physiological *model*

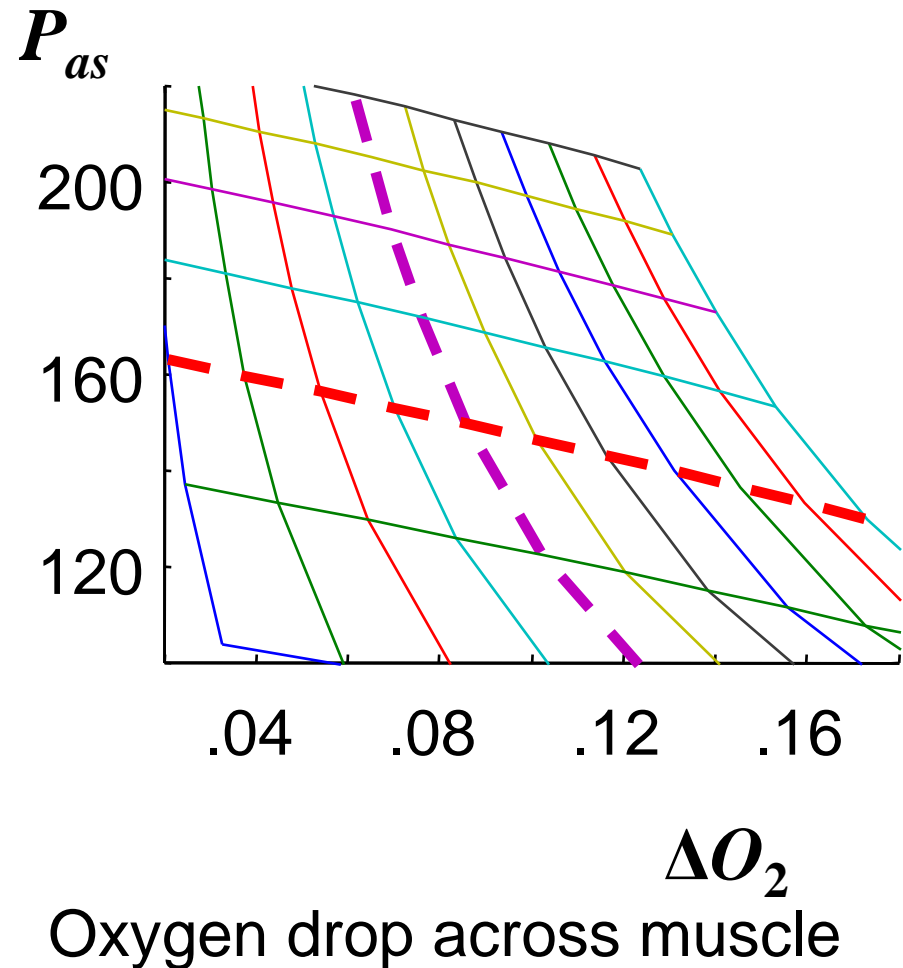
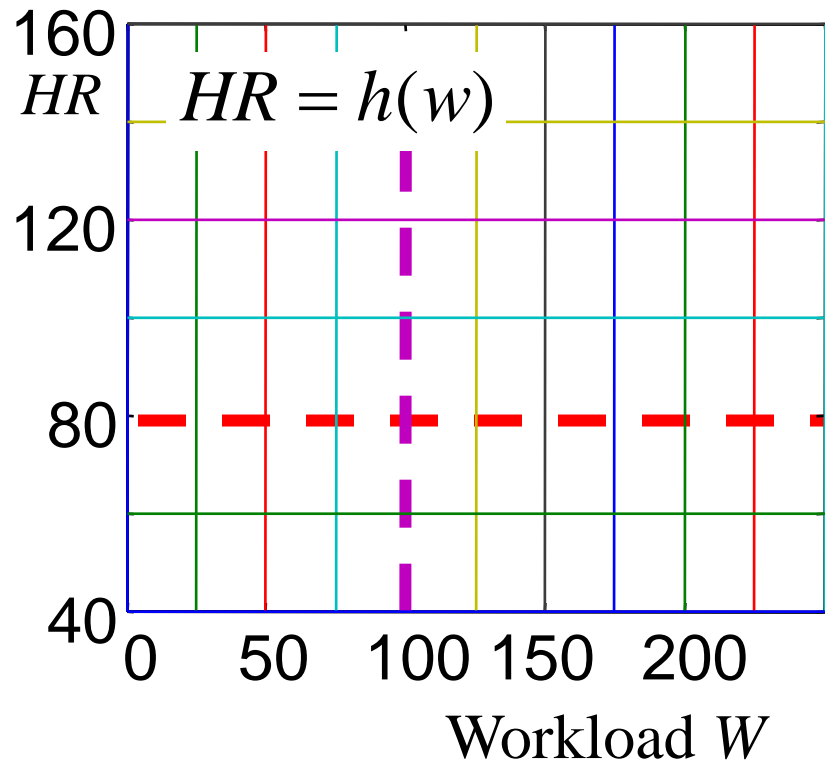
Mean Arterial Blood Pressure (MAP)

= P_{as} Pressure, Arterial, Systemic



Intuition

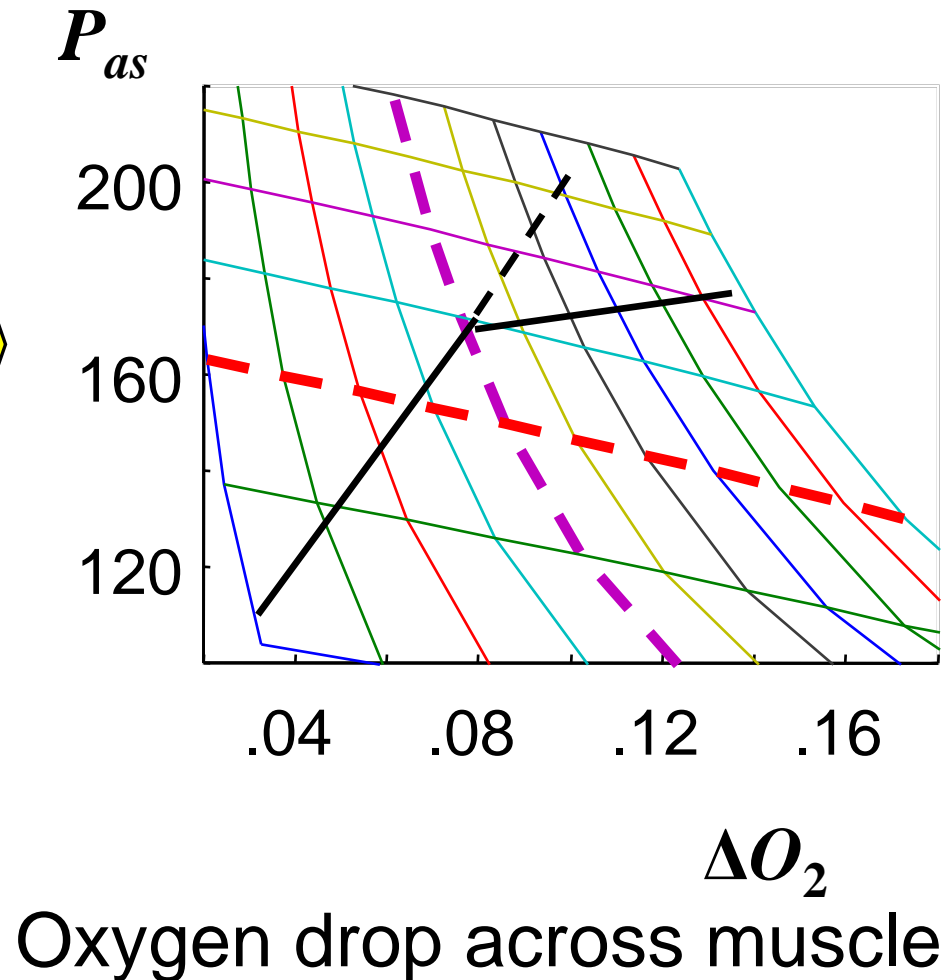
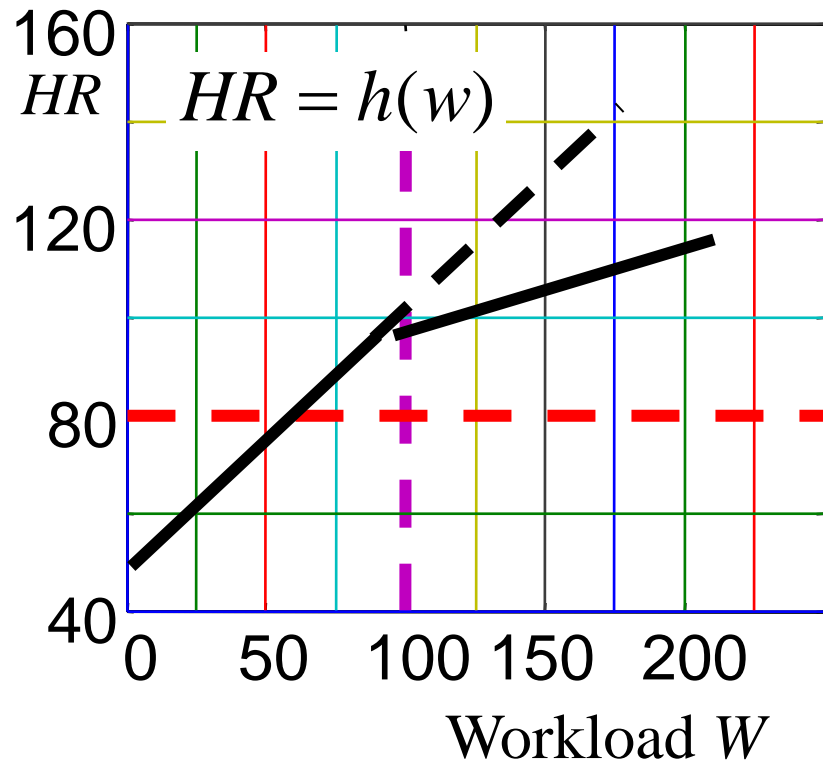
Mean Arterial Blood Pressure (MAP)
= P_{as} Pressure, Arterial, Systemic



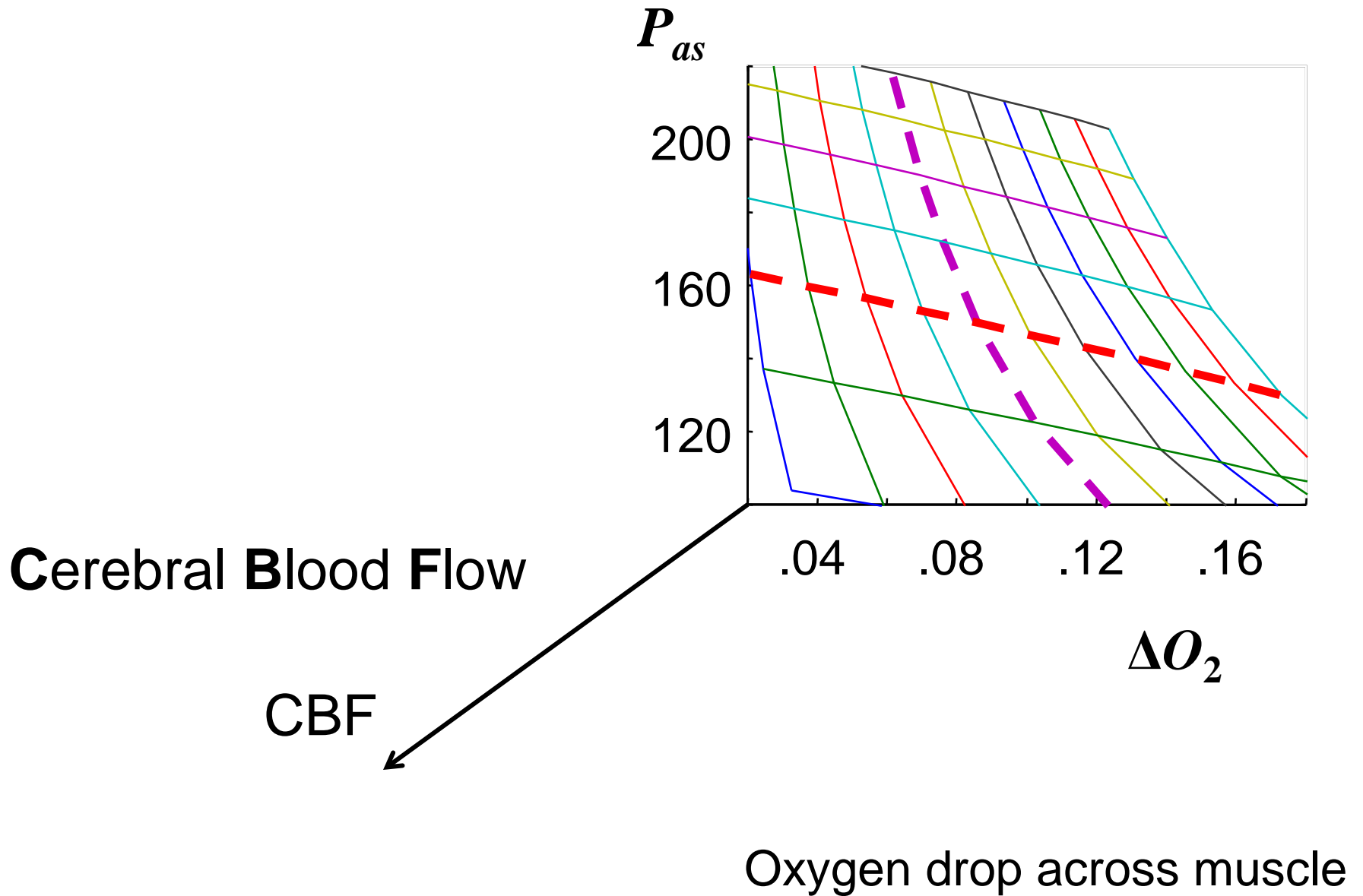
Physiological model + *data*

Mean Arterial Blood Pressure (MAP)

= P_{as} Pressure, Arterial, Systemic



Intuition



Mean Arterial Pressure

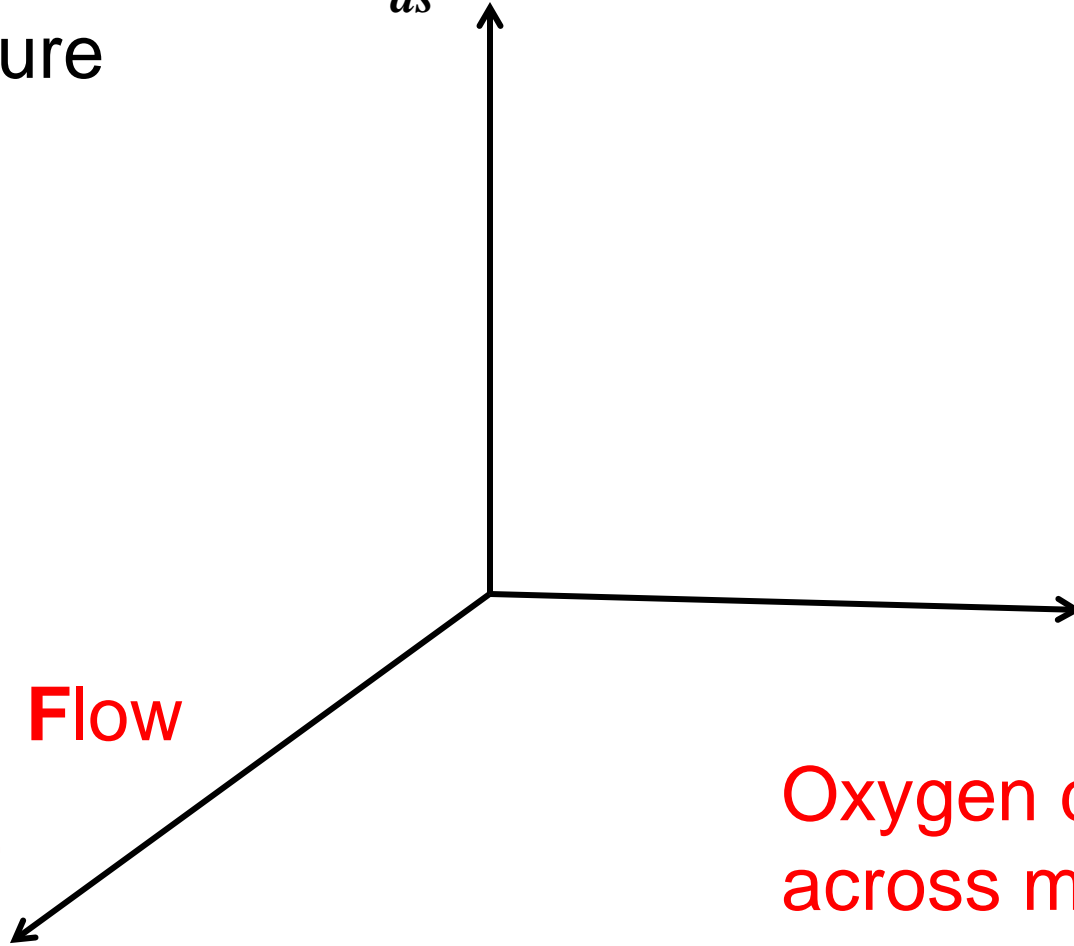
P_{as}

Cerebral Blood Flow

CBF

ΔO_2

Oxygen drop
across muscle

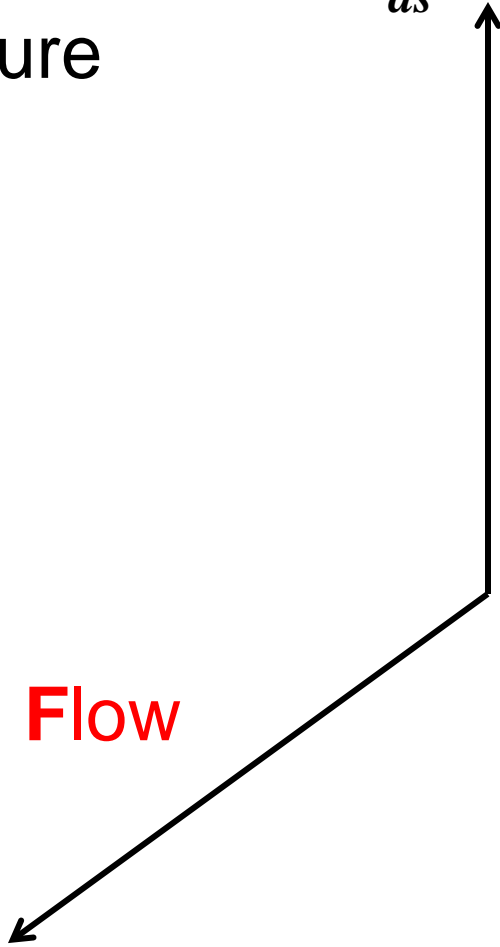


Mean Arterial
Pressure

P_{as}

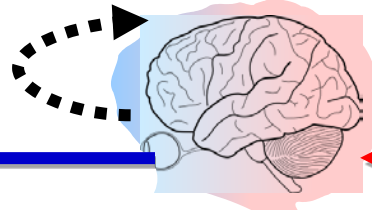
Cerebral Blood Flow

CBF



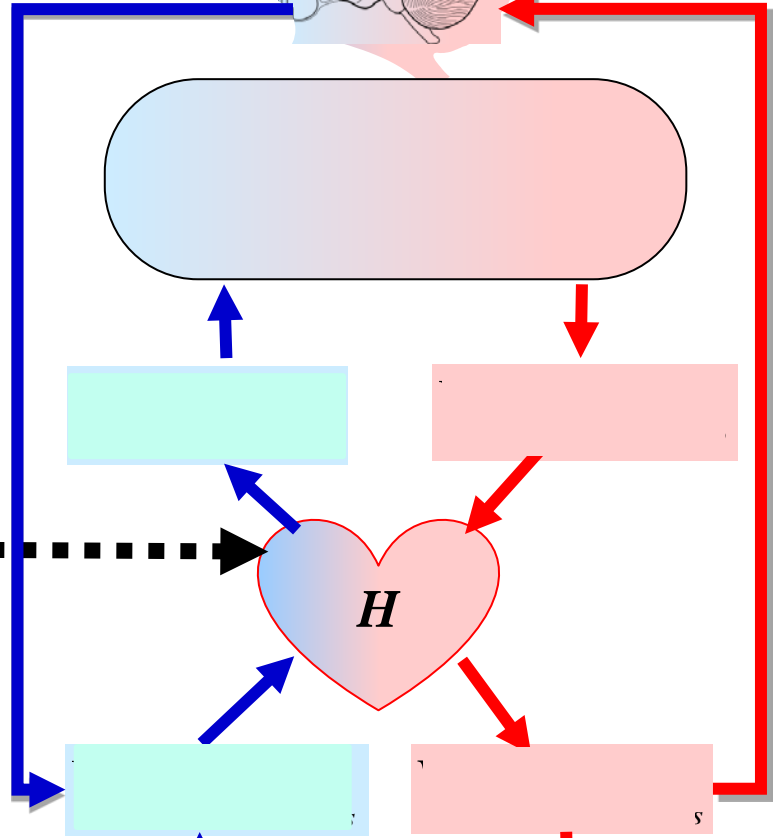
**Cerebral
Blood
Flow**

CBF

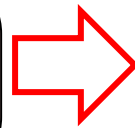


Controls:

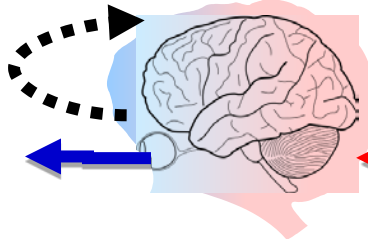
H



P_{as} low



CBF



***P_{as}* low**

200

Cerebral
Perfusion
Pressure

150

$\approx P_{as}$

100

(mm Hg)

50

Ideal

0

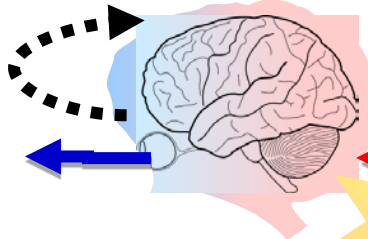
50

100

150

Cerebral Blood Flow (CBF) (ml/100g/min)

CBF



P_{as} low

200

150

100

50

0

50

100

150

Cerebral
Perfusion
Pressure

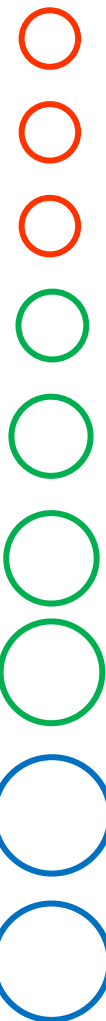
$\approx P_{as}$

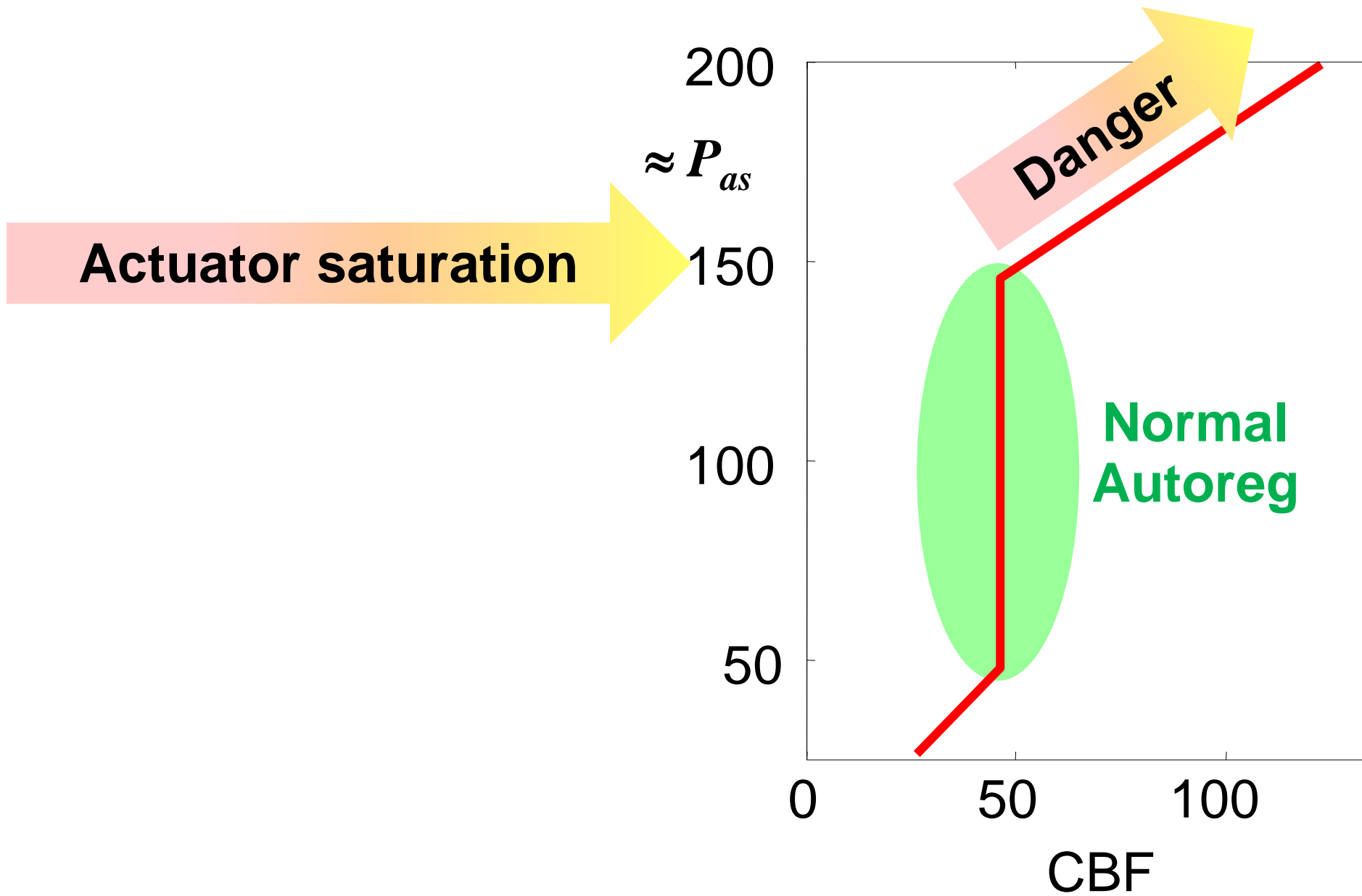
Danger

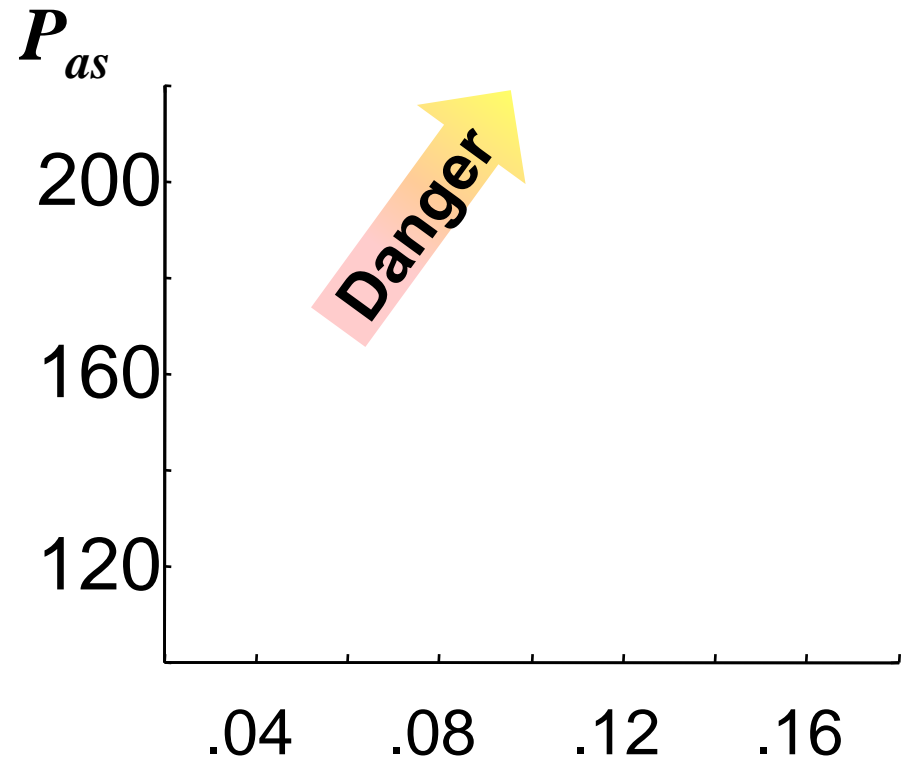
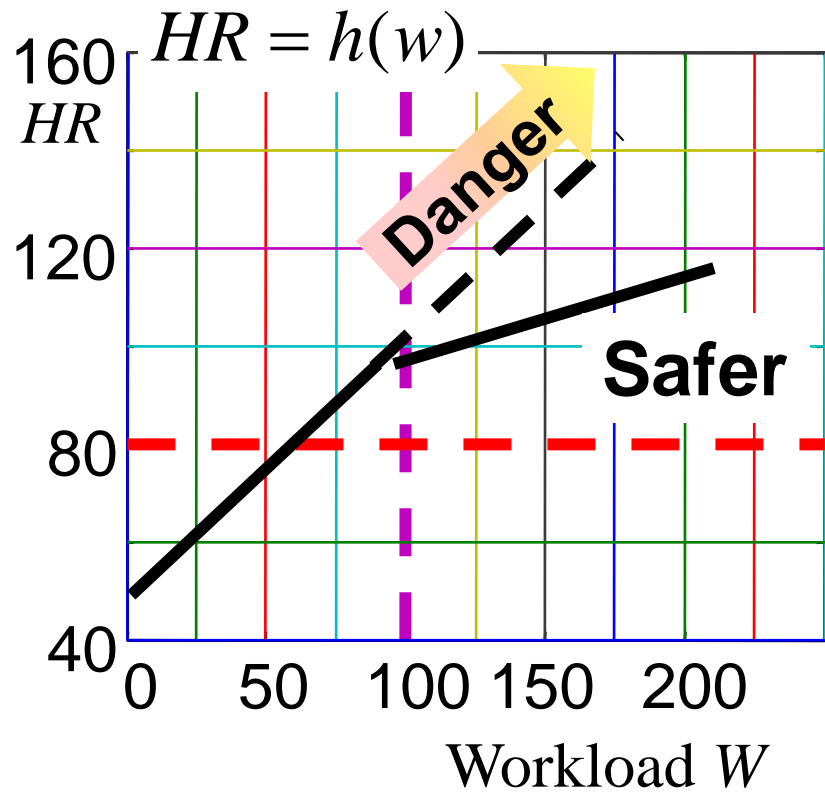
**Max
constriction**

**Normal
Autoregulation**

Max dilation

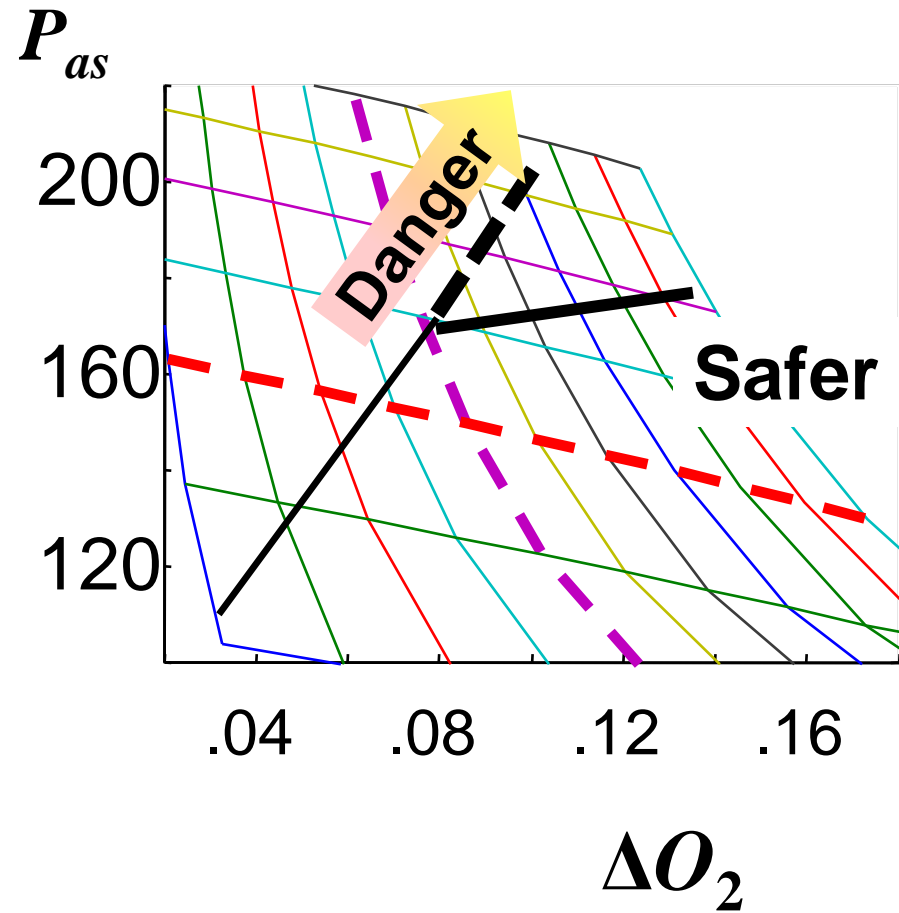
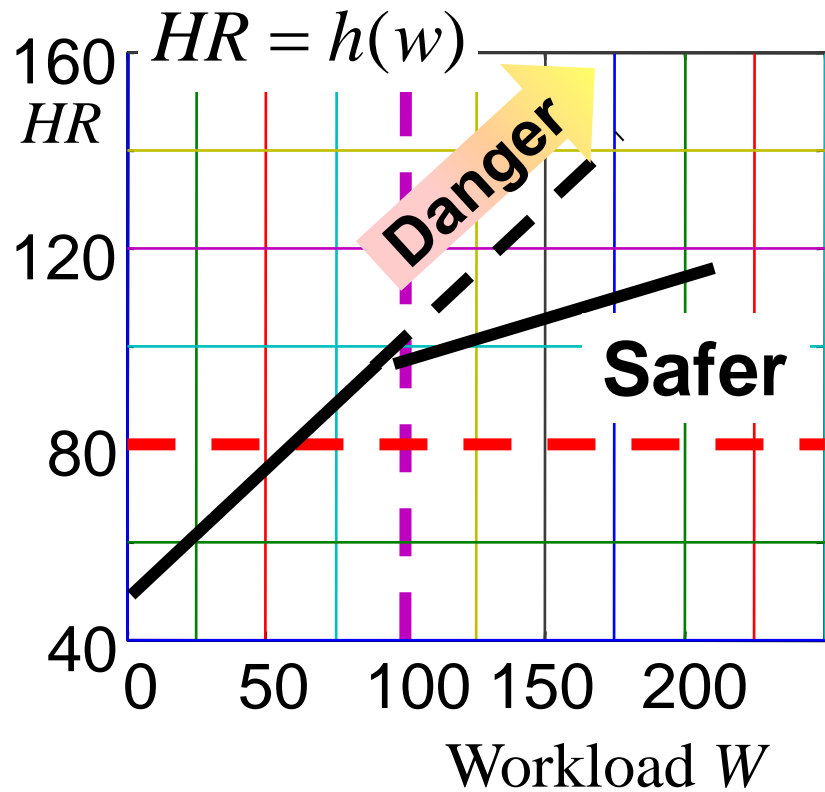






ΔO_2

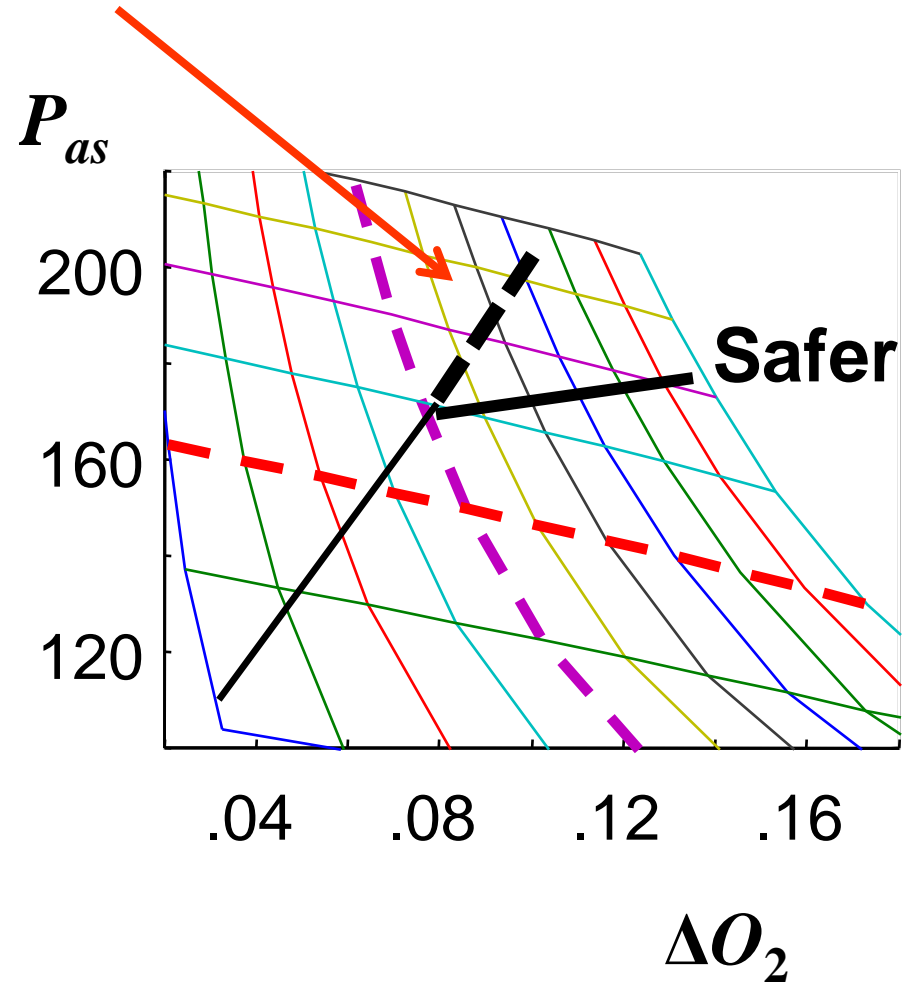
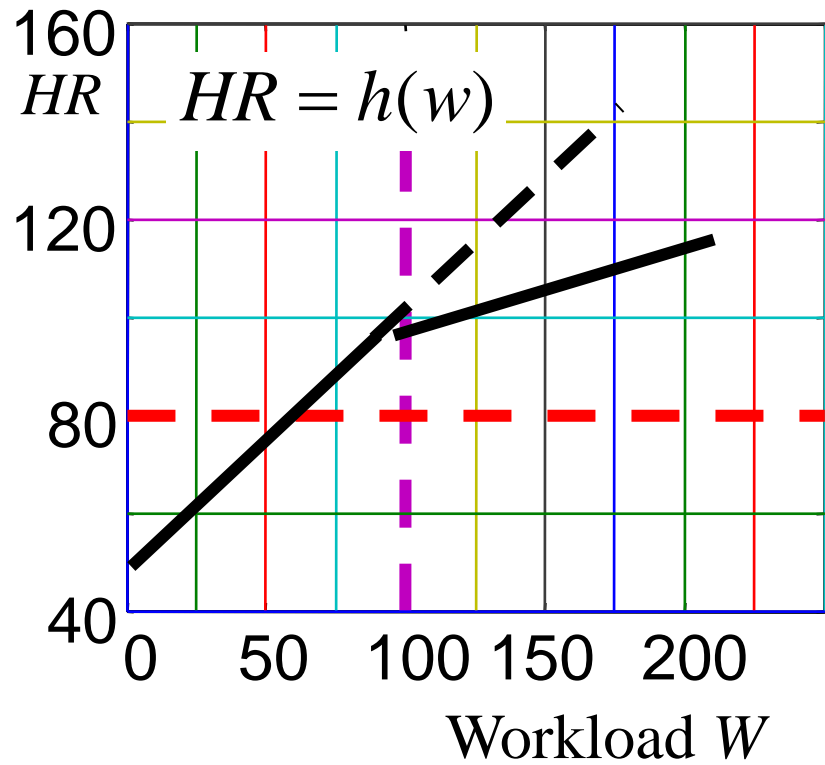
Oxygen drop
across muscle

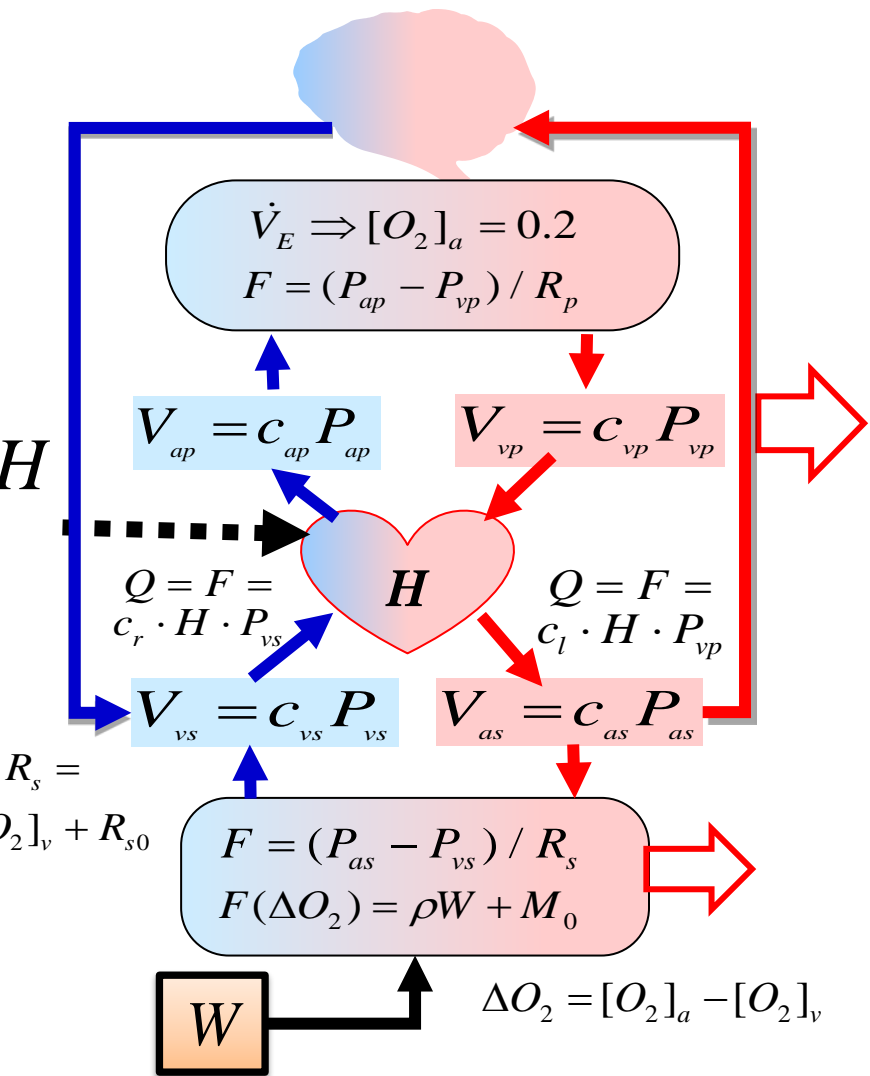


Safer \Rightarrow worse ΔO_2
 \Rightarrow metabolic cost

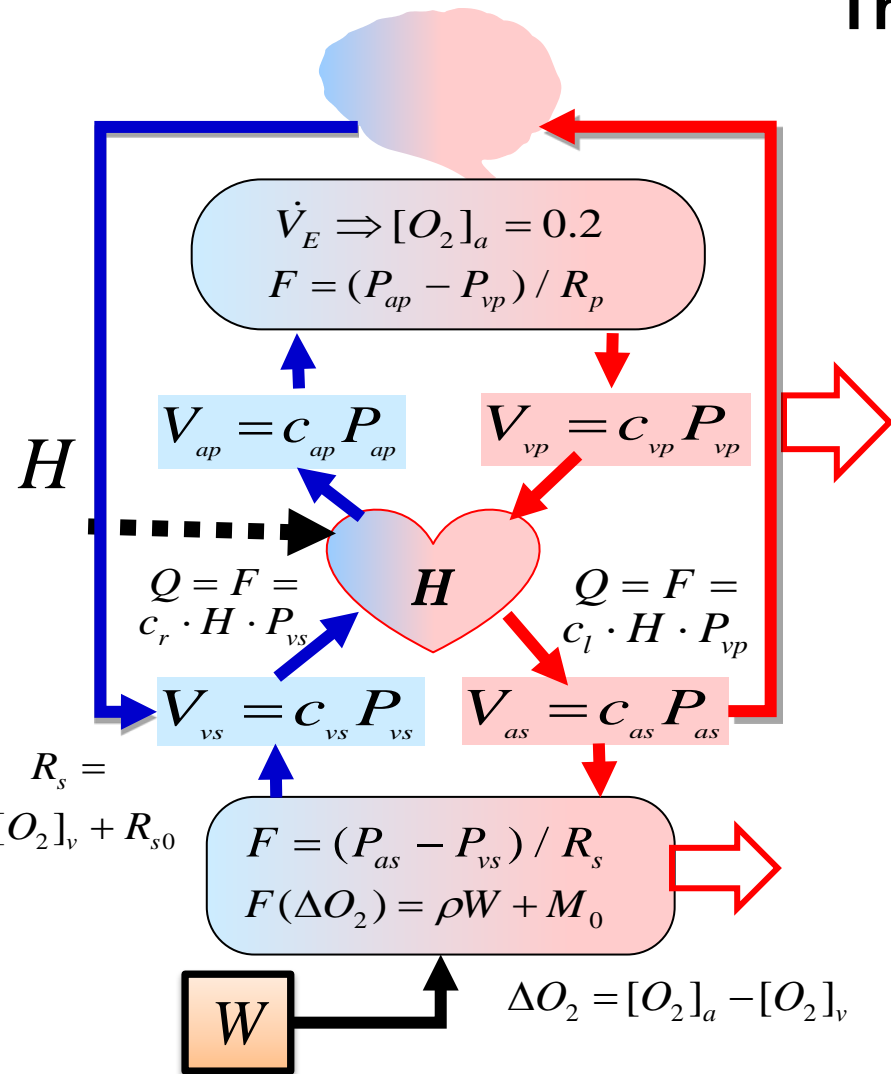
Dangerous

$$\text{MAP} = P_{as}$$





The simplified model:



$$F_p = (P_{ap} - P_{vp}) / R_p$$

$$F_s = (P_{as} - P_{vs}) / R_s$$

$$Q_r = c_r \cdot H \cdot P_{vs}$$

$$Q_l = c_l \cdot H \cdot P_{vp}$$

$$F_p = F_s = Q_r = Q_l$$

$$V_{vs} = c_{vs} P_{vs}$$

$$V_{as} = c_{as} P_{as}$$

$$V_{ap} = c_{ap} P_{ap}$$

$$V_{vp} = c_{vp} P_{vp}$$

$$V_{tot} = V_{as} + V_{vs} + V_{ap} + V_{vp}$$

$$F_s ([O_2]_a - [O_2]_v) = \rho w + M_0$$

$$R_s = A \cdot [O_2]_v + R_{s0}$$

$$[O_2]_a = 0.2$$

$$(BP, \Delta O_2) = F(w, H)$$

$$\Delta O_2 = [O_2]_a - [O_2]_v$$

Flow

Volume

$$F_p = (P_{ap} - P_{vp}) / R_p$$

$$V_{vs} = c_{vs} P_{vs}$$

$$F_s = (P_{as} - P_{vs}) / R_s$$

$$V_{as} = c_{as} P_{as}$$

$$Q_r = c_r \cdot H \cdot P_{vs}$$

HR

$$V_{ap} = c_{ap} P_{ap}$$

Pressure

$$Q_l = c_l \cdot H \cdot P_{vp}$$

$$V_{vp} = c_{vp} P_{vp}$$

$$F_p = F_s = Q_r = Q_l$$



$$V_{tot} = V_{as} + V_{vs} + V_{ap} + V_{vp}$$

$$F_s ([O_2]_a - [O_2]_v) = \rho w + M_0$$

Metabolism

Oxygen

$$R_s = A \cdot [O_2]_v + R_{s0}$$

Vasodilation

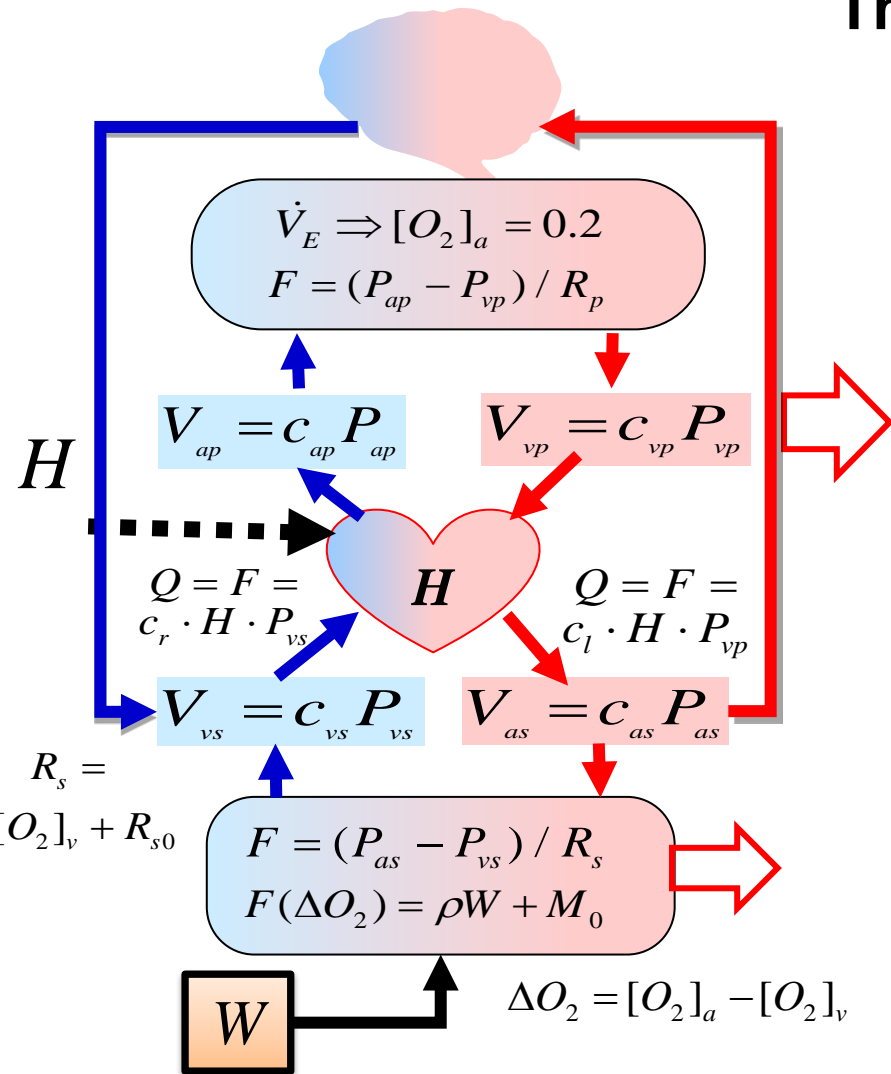
$$[O_2]_a = 0.2$$

Ventilation

$$(BP, \Delta O_2) = F(w, H)$$

$$\Delta O_2 = [O_2]_a - [O_2]_v$$

The simplified model:



$$F_p = (P_{ap} - P_{vp}) / R_p$$

$$F_s = (P_{as} - P_{vs}) / R_s$$

$$Q_r = c_r \cdot H \cdot P_{vs}$$

$$Q_l = c_l \cdot H \cdot P_{vp}$$

$$F_p = F_s = Q_r = Q_l$$

$$V_{vs} = c_{vs} P_{vs}$$

$$V_{as} = c_{as} P_{as}$$

$$V_{ap} = c_{ap} P_{ap}$$

$$V_{vp} = c_{vp} P_{vp}$$

$$V_{tot} = V_{as} + V_{vs} + V_{ap} + V_{vp}$$

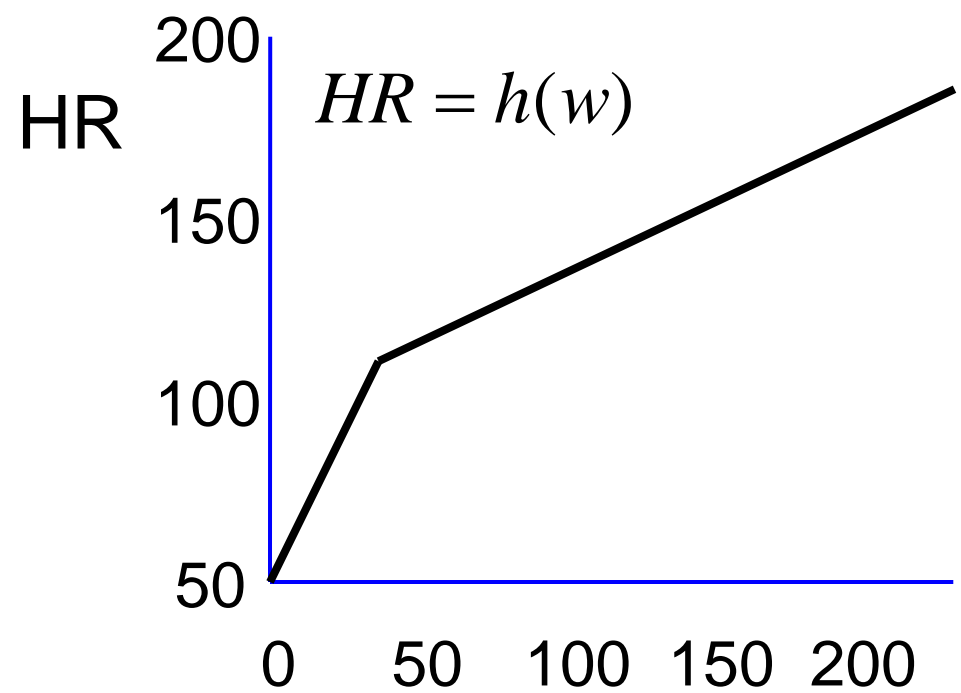
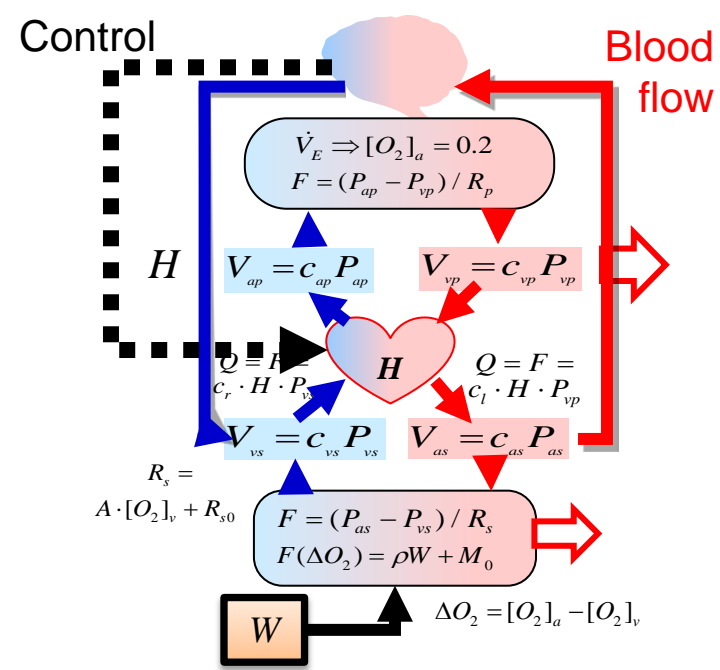
$$F_s ([O_2]_a - [O_2]_v) = \rho w + M_0$$

$$R_s = A \cdot [O_2]_v + R_{s0}$$

$$[O_2]_a = 0.2$$

$$(BP, \Delta O_2) = F(w, H)$$

$$\Delta O_2 = [O_2]_a - [O_2]_v$$



$$(BP, \Delta O_2 t) = F(w, HR)$$

static optimization problem

$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O_2 t)^2 + r(HR)^2 \right) \right.$$

$$\left. \left| HR = h(w) \quad (BP, \Delta O_2 t) = F(w, HR) \right\} \right.$$

static optimization problem

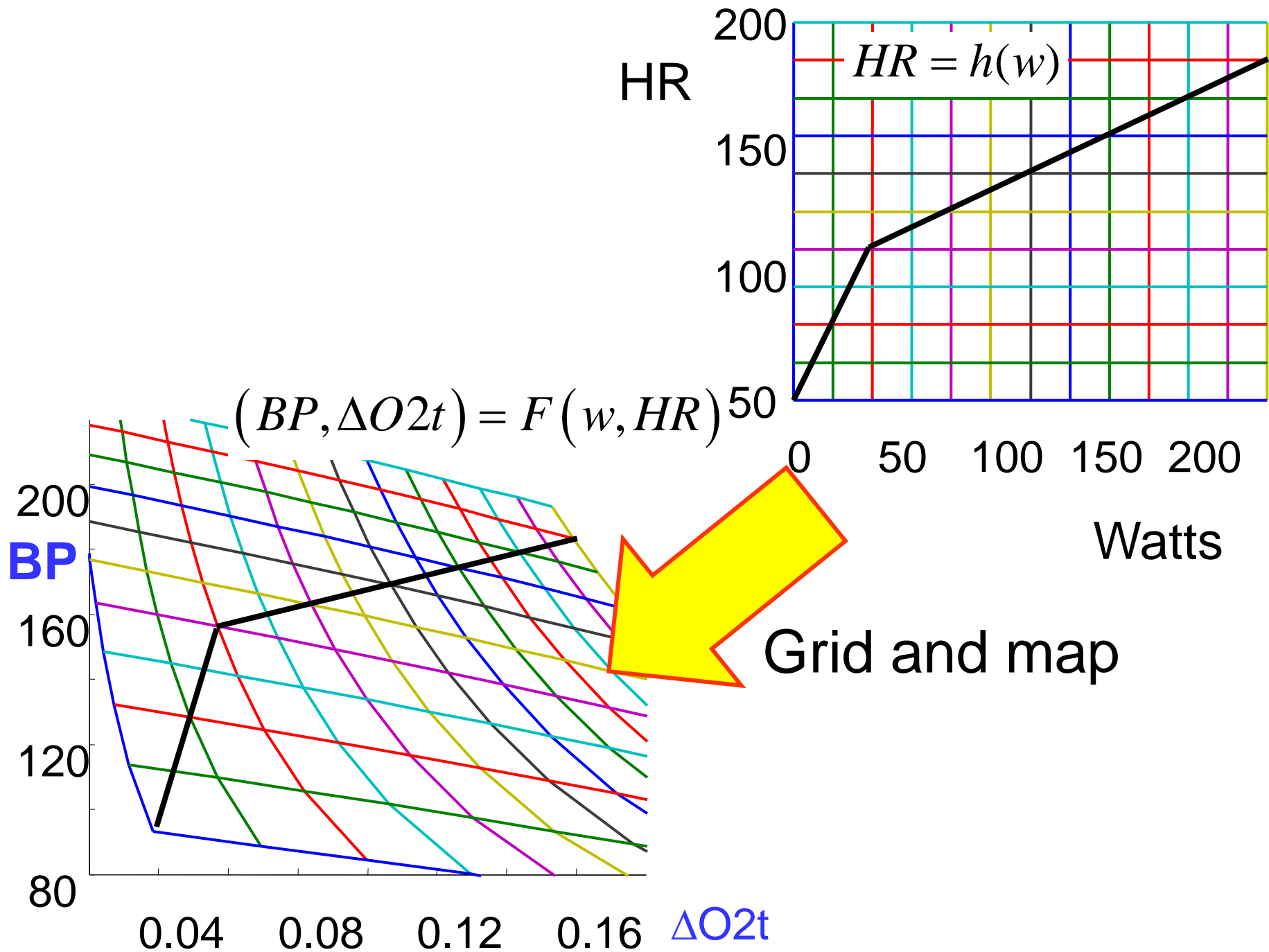
optimization objective

$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O_2t)^2 + r(HR)^2 \right) \right.$$

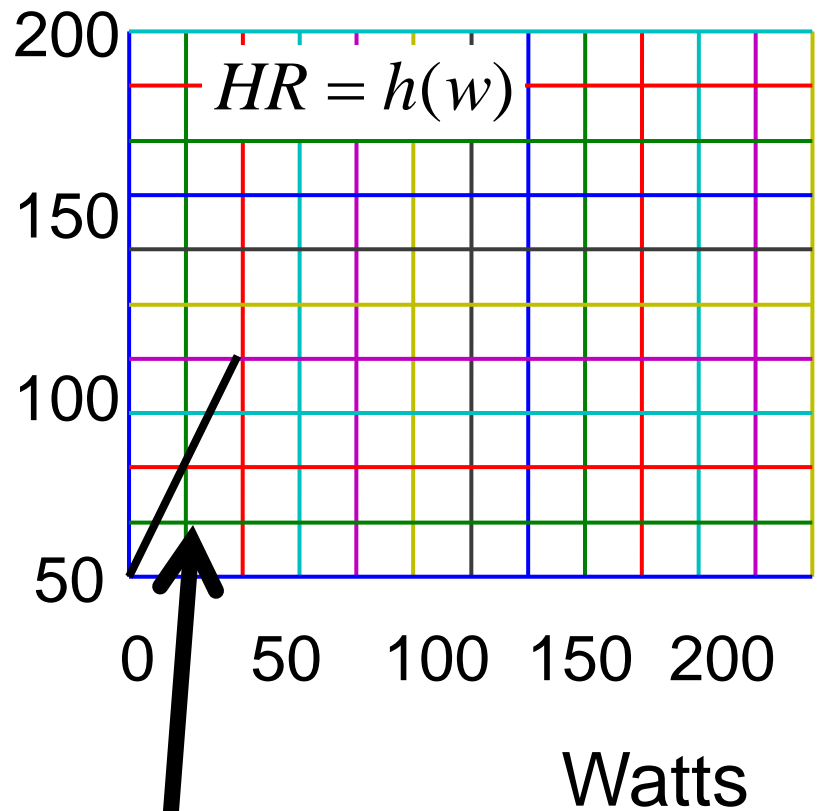
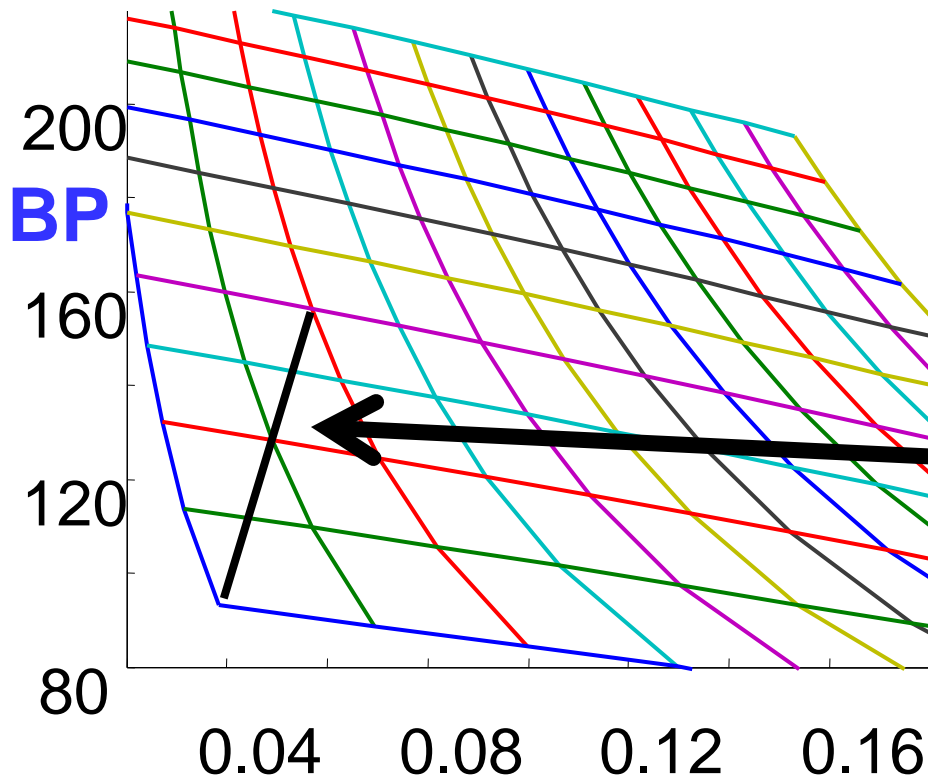
$$\left. \left| HR = h(w) \quad (BP, \Delta O_2t) = F(w, HR) \right\}$$

optimal HR

plumbing and chemistry
constraints gives static model



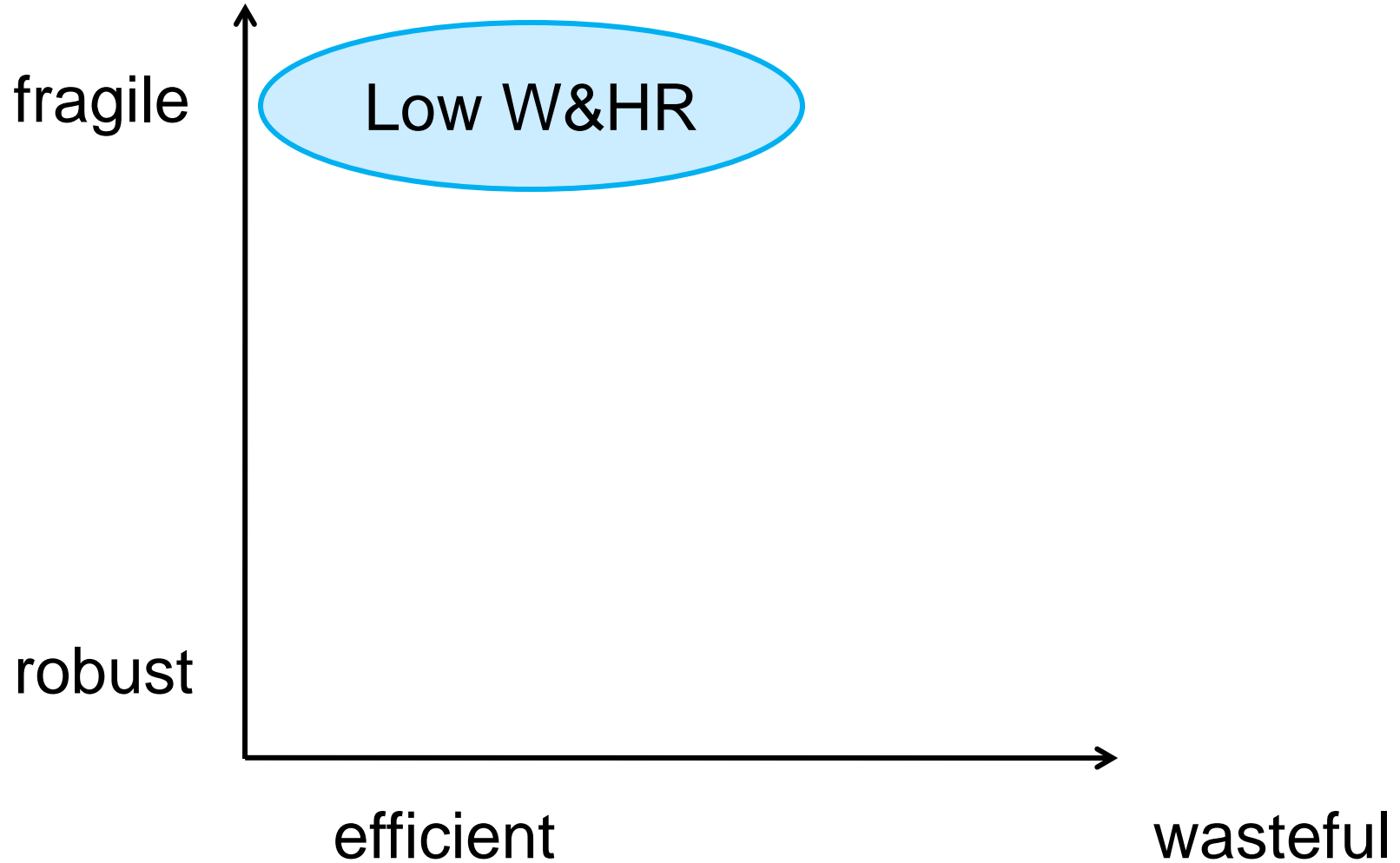
At low watts and HR, high BP is not an issue, so only metabolism matters.



$$\min_{h(w)} \left\{ \left(q(\Delta O_2t)^2 + r(HR)^2 \right) \right\}$$

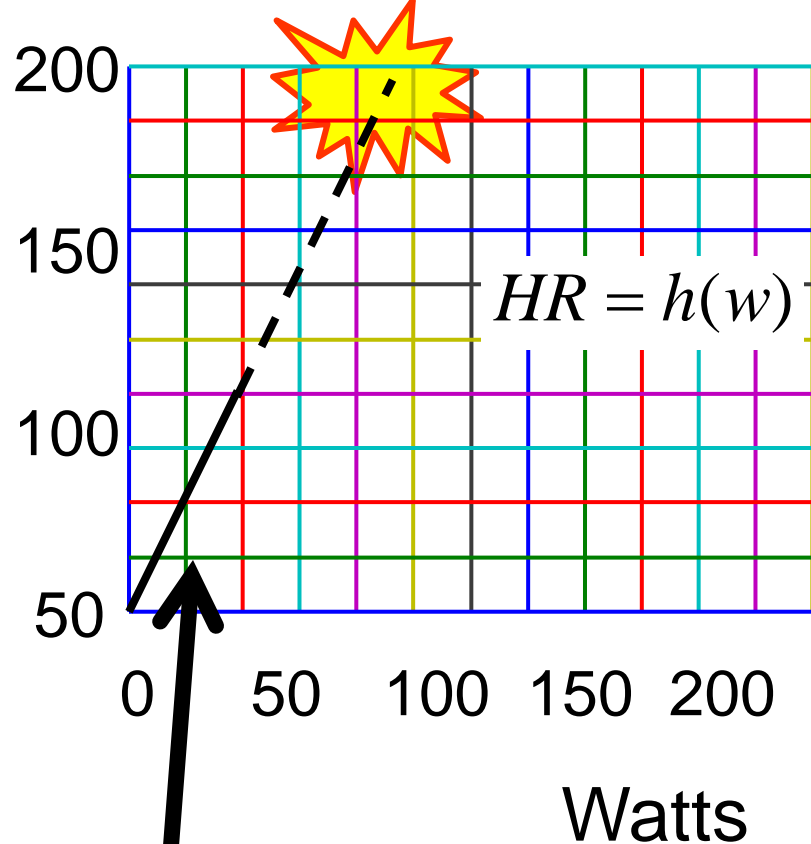
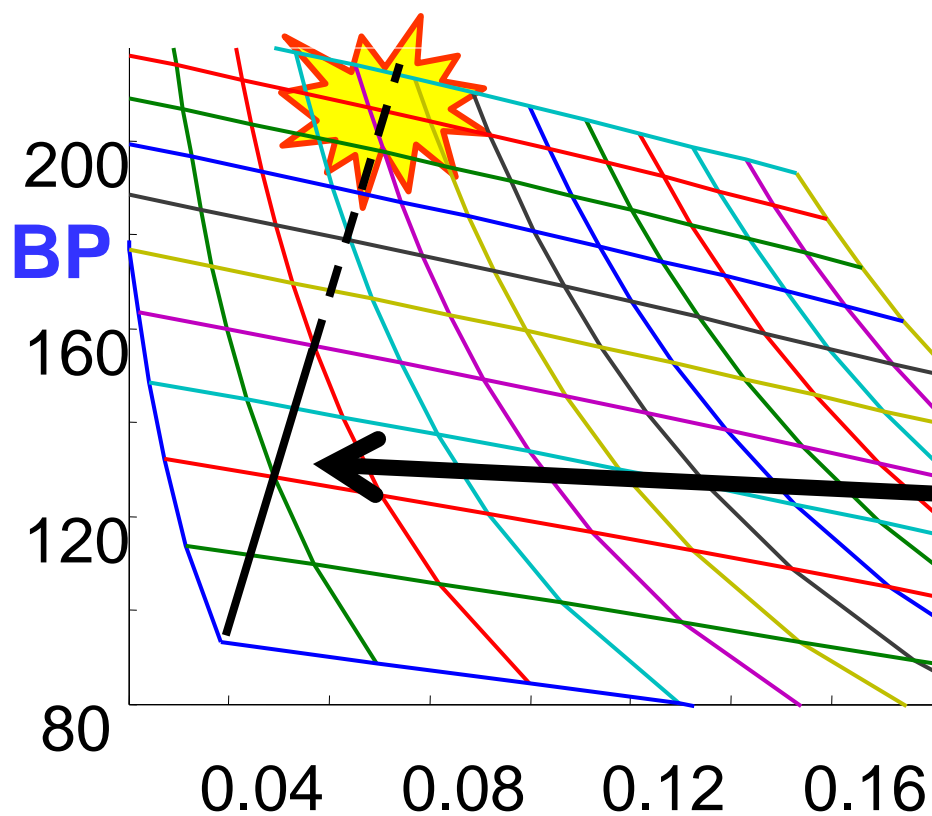
Architecture

Low watts and HR



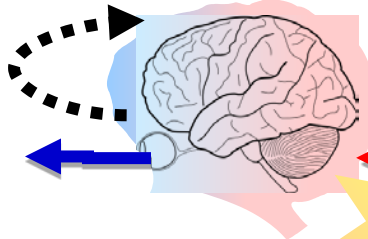
Not sustainable

High BP >160 matters,
as does HR > 100



$$\min_{h(w)} \left\{ \left(q(\Delta O_2t)^2 + r(HR)^2 \right) \right\}$$

CBF



P_{as} low

200

Cerebral
Perfusion
Pressure
 $\approx P_{as}$

150

100

50

0

50

100

150

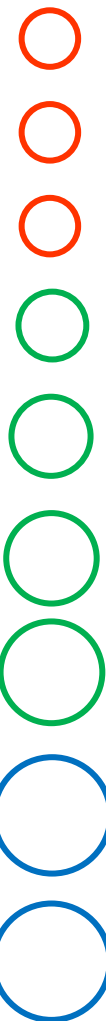
Cerebral Blood Flow (CBF)

Danger

**Max
constriction**

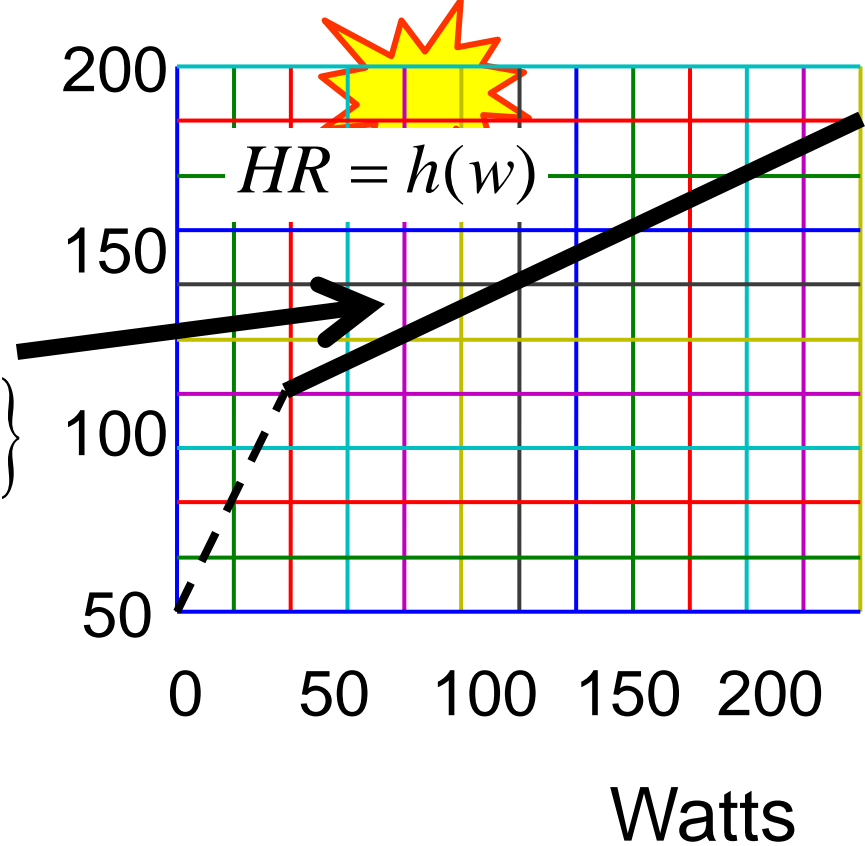
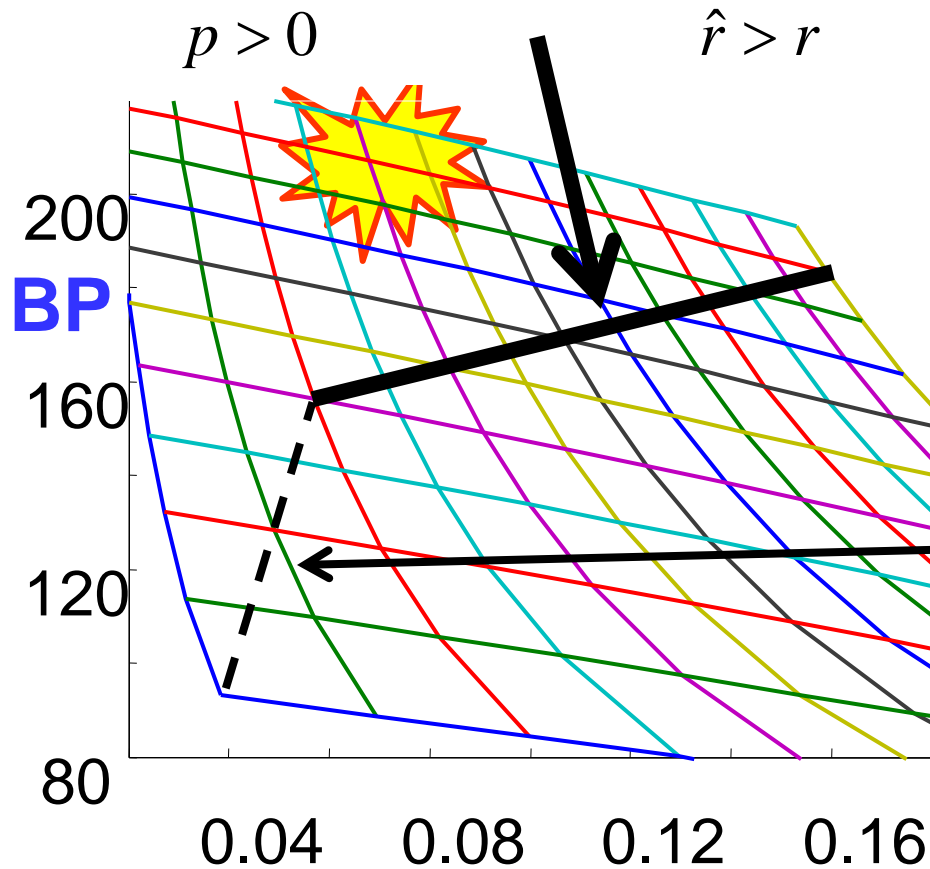
**Normal
Autoregulation**

Max dilation



So penalizing BP and HR more here

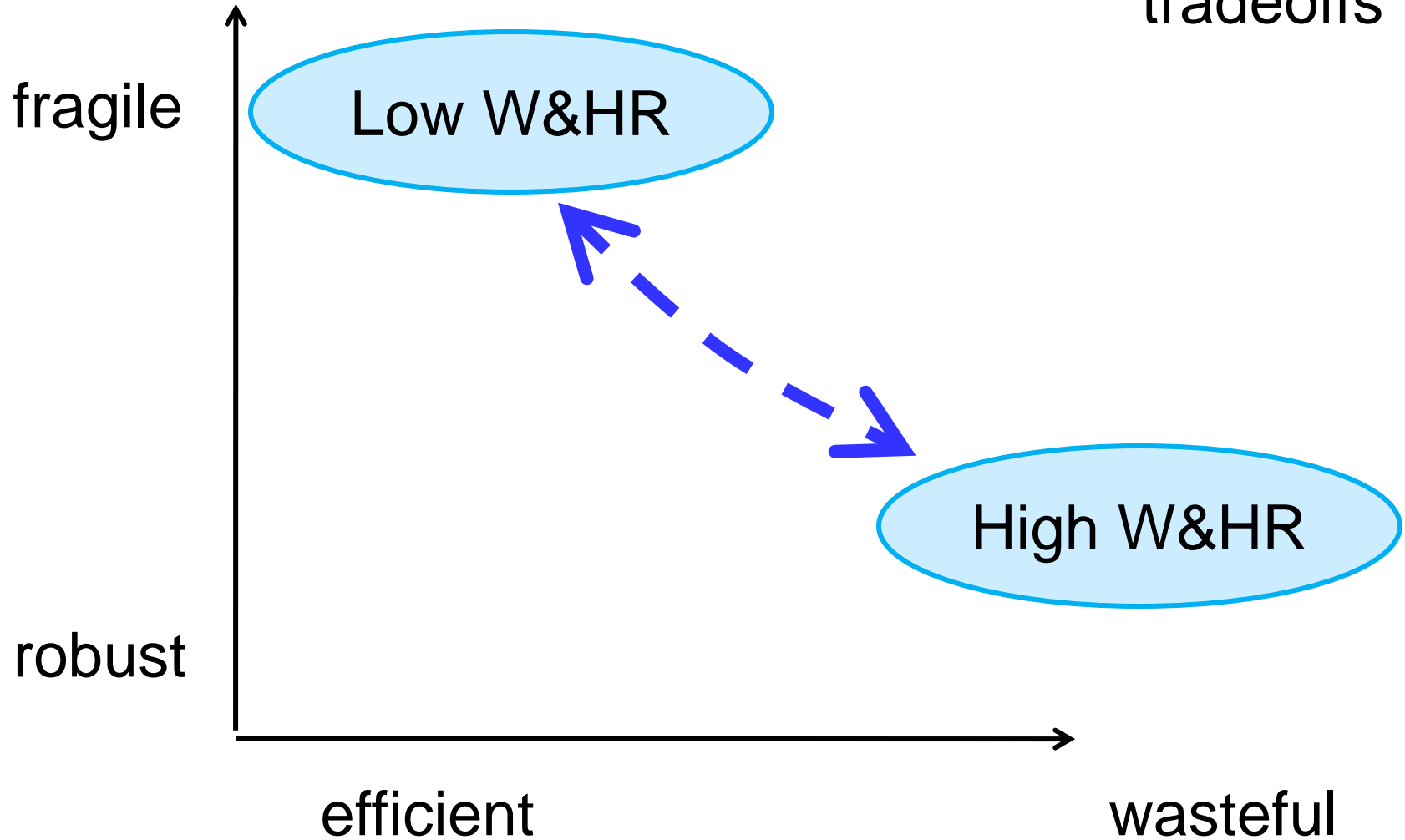
$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O_2 t)^2 + \hat{r}(HR)^2 \right) \right\}$$

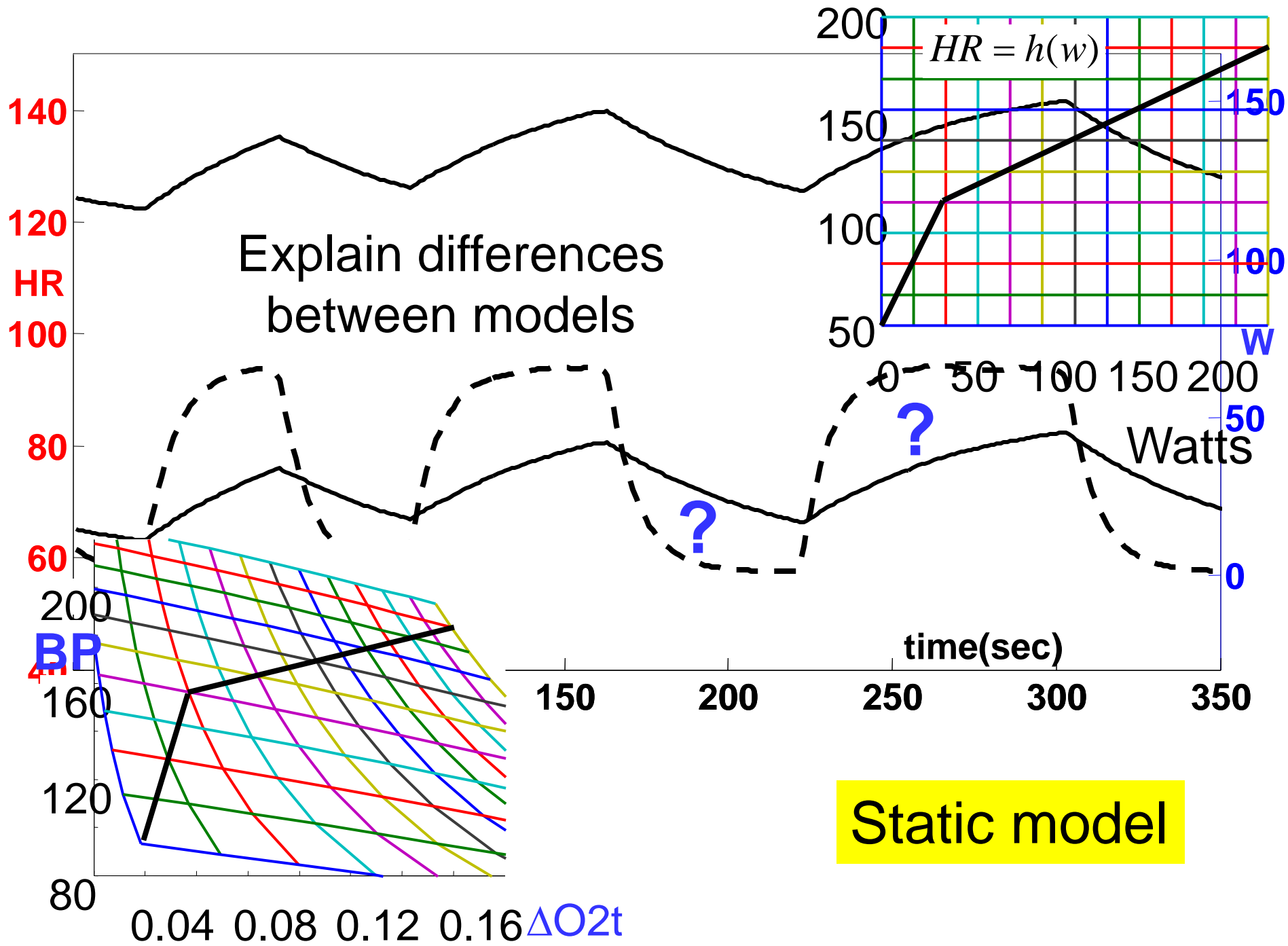


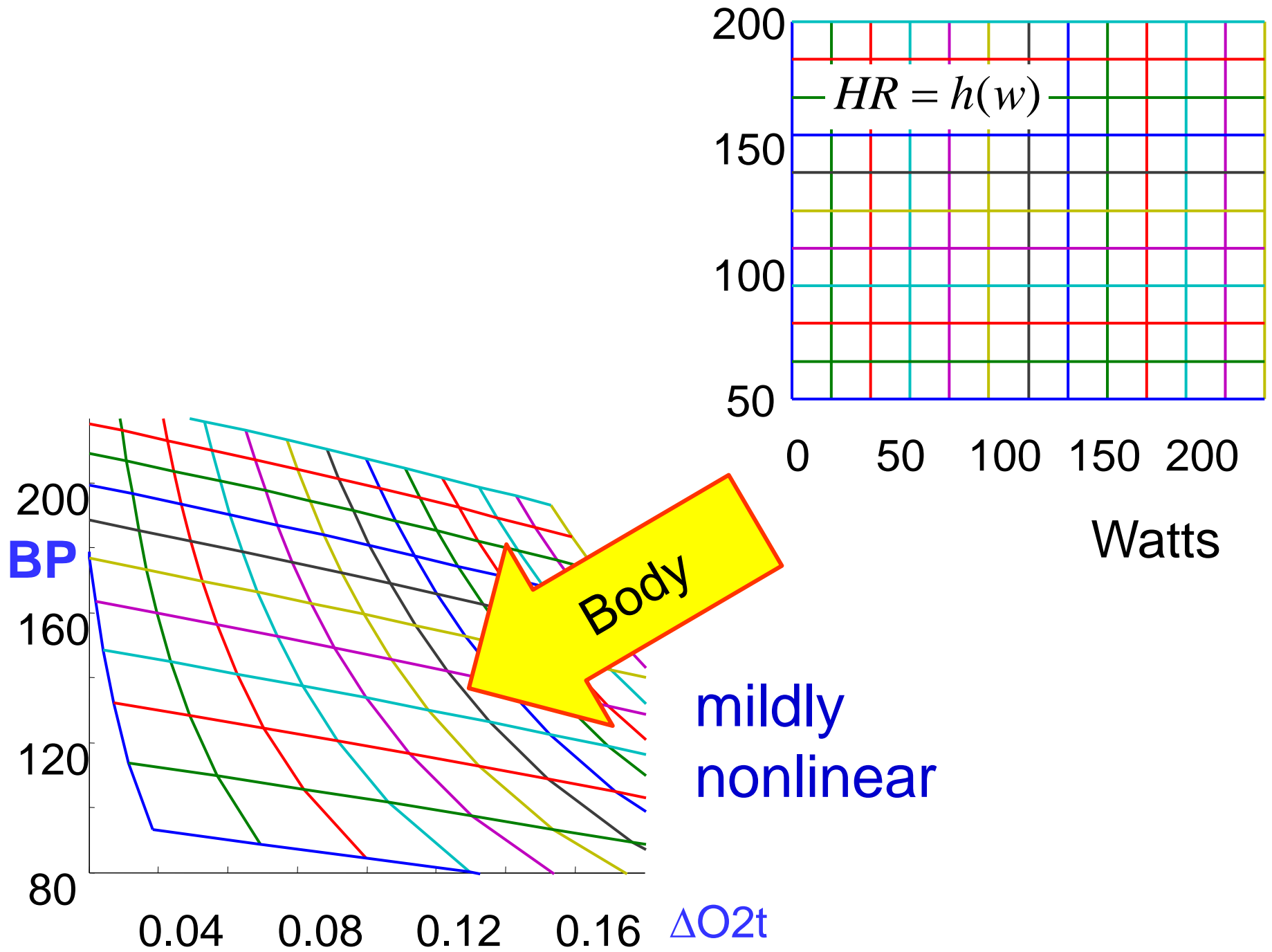
$$\min_{h(w)} \left\{ \left(q(\Delta O_2 t)^2 + r(HR)^2 \right) \right\}$$

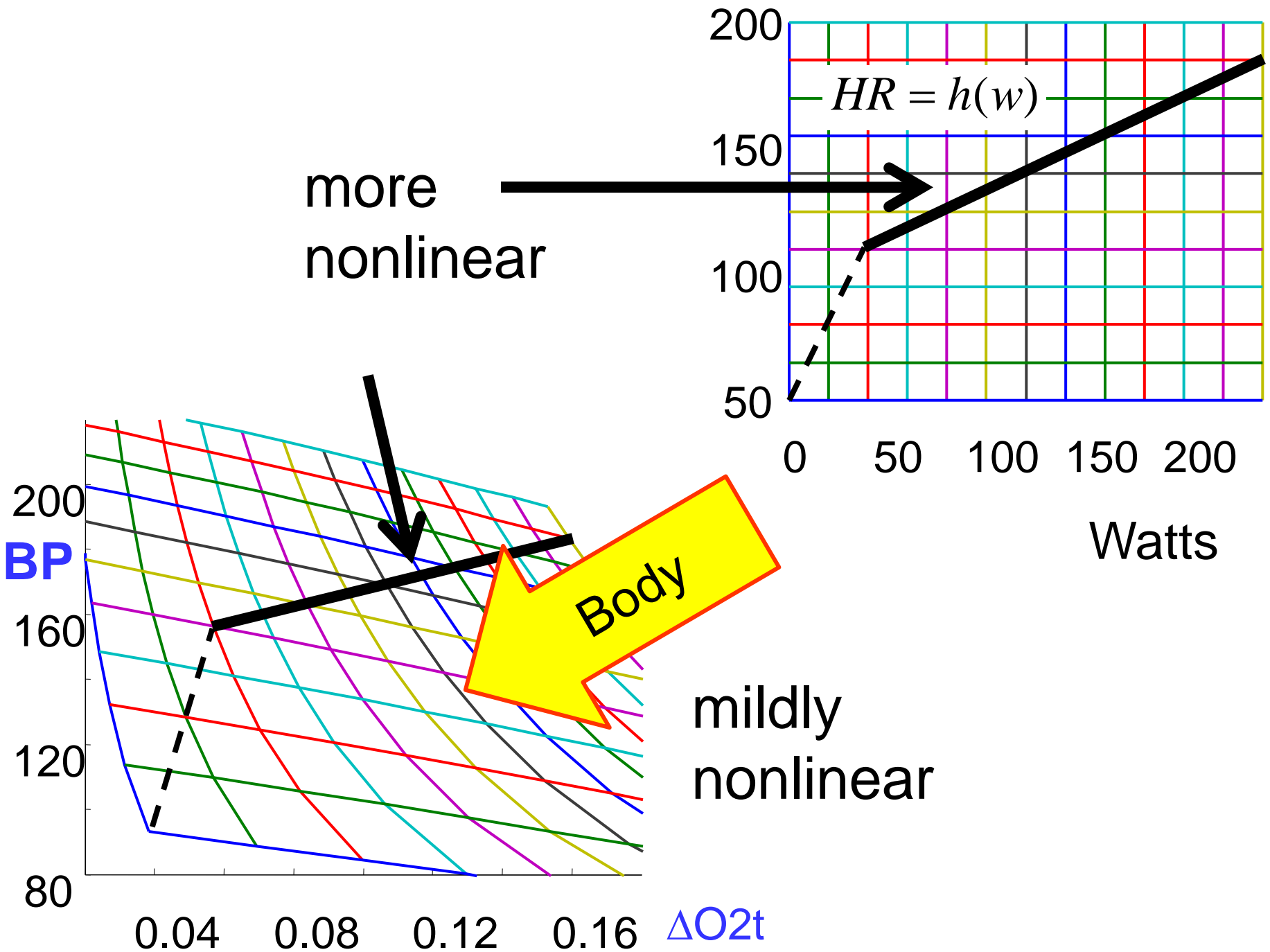
Architecture

Good architectures
allow for effective
tradeoffs





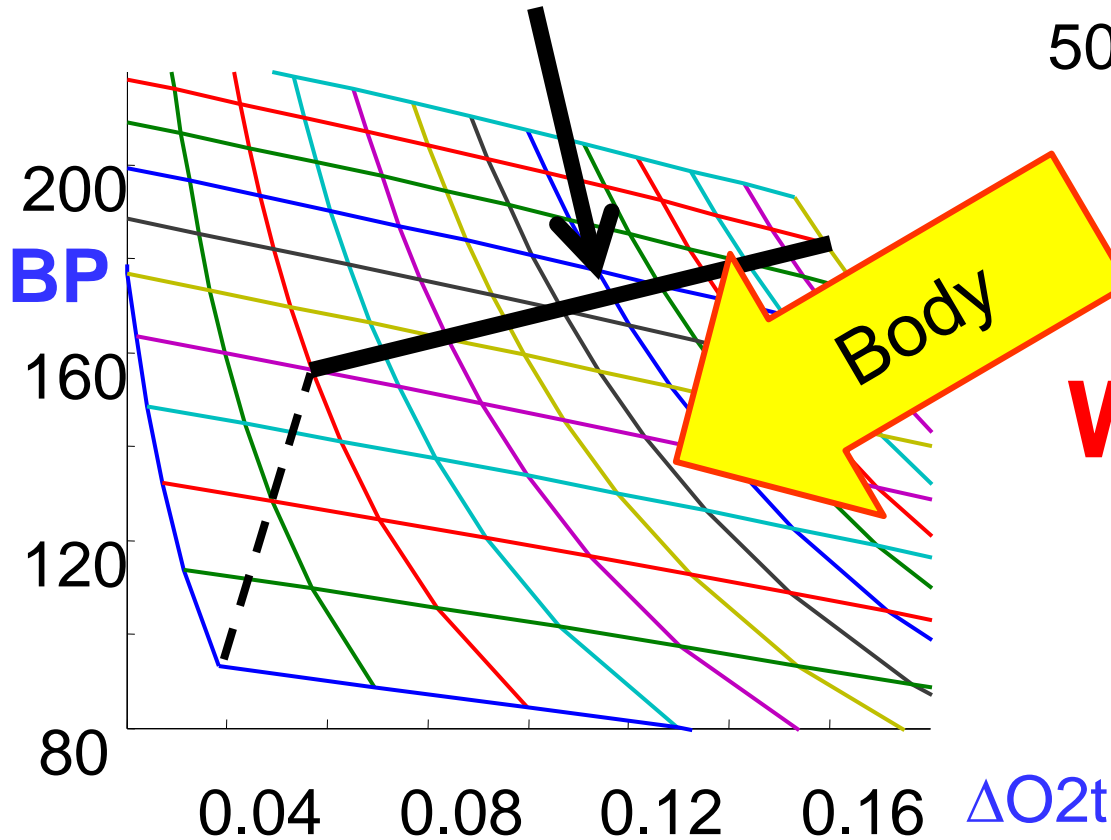
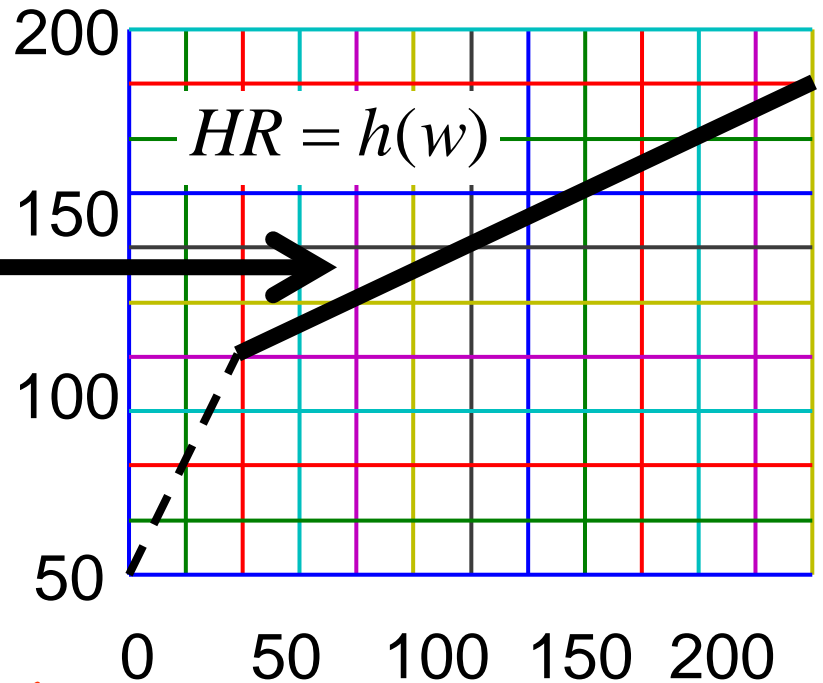




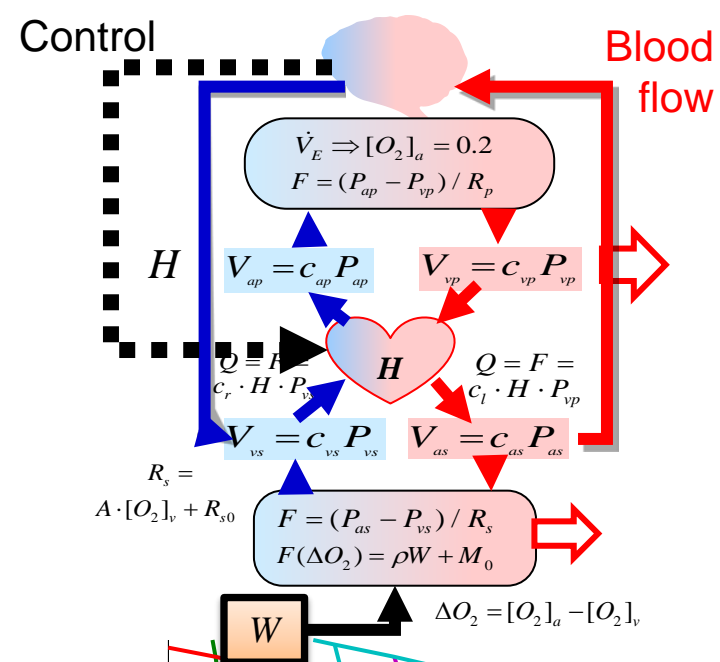
Brain

Where?

more
nonlinear



Why?

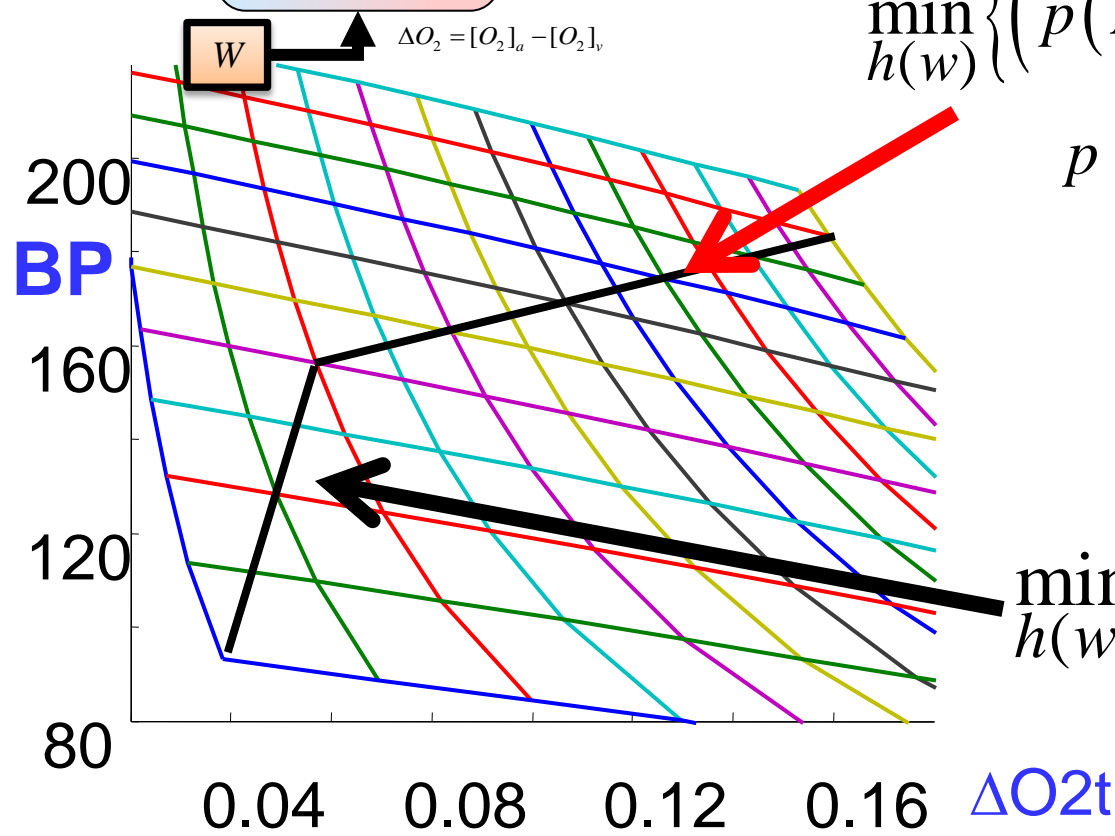


Use same weights but add ***dynamics***

$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O2t)^2 + \hat{r}(HR)^2 \right) \right\}$$

$$p > 0$$

$$\hat{r} > r$$



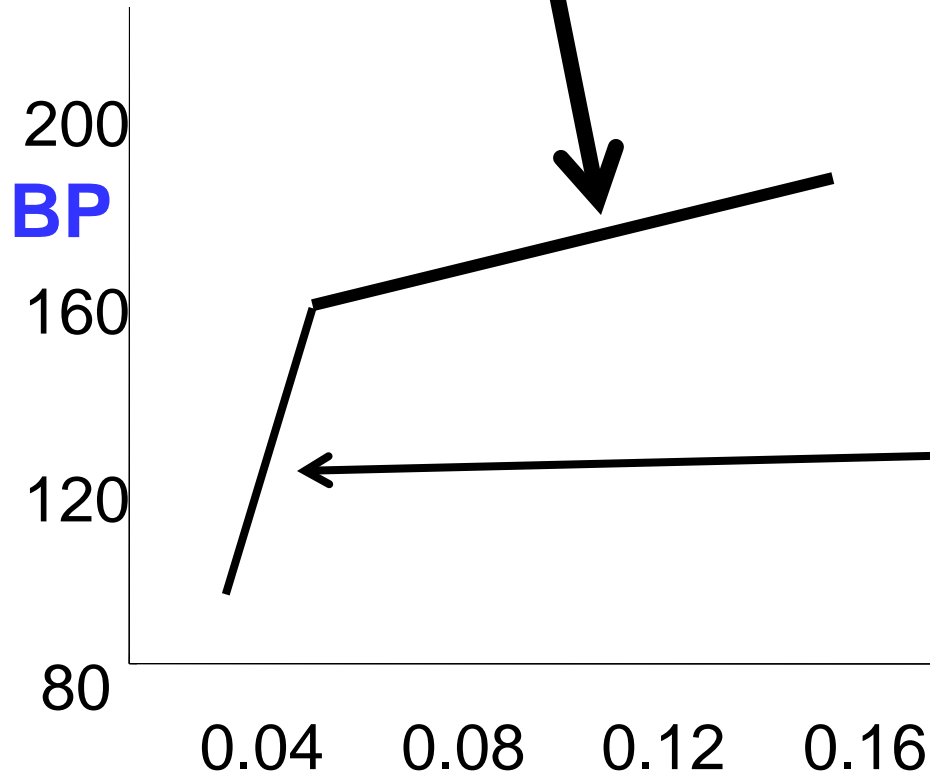
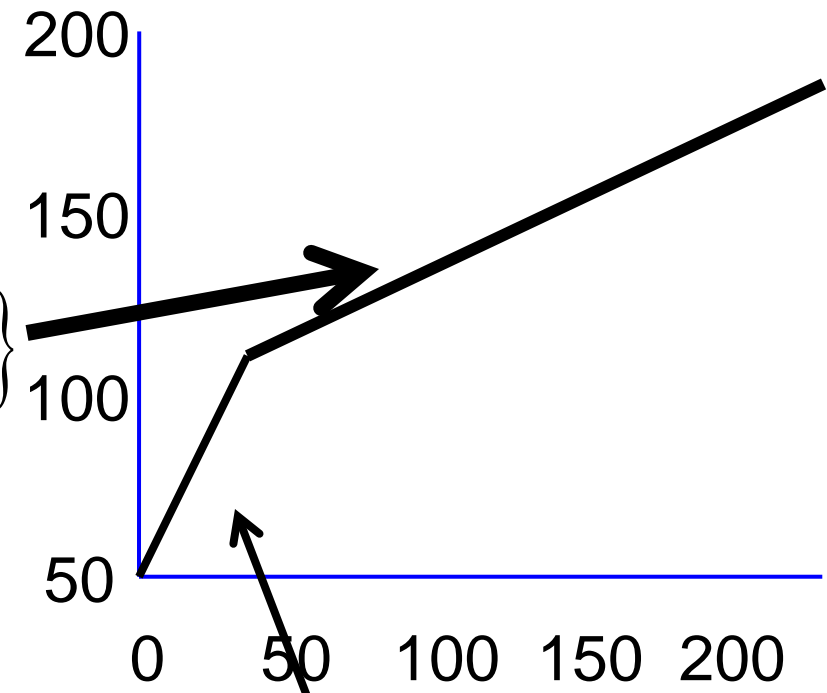
$$\min_{h(w)} \left\{ \left(q(\Delta O2t)^2 + r(HR)^2 \right) \right\}$$

This idea can be used directly
with a dynamic model $HR = h(w)$

$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O_2 t)^2 + \hat{r}(HR)^2 \right) \right\}$$

$p > 0$

$\hat{r} > r$



$$\min_{h(w)} \left\{ \left(q(\Delta O_2 t)^2 + r(HR)^2 \right) \right\}$$

BP

$\Delta O_2 t$

Watts

This idea can be used directly
with a dynamic model

$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O_2 t)^2 + \hat{r}(HR)^2 \right) \right\}$$

$$p > 0 \qquad \hat{r} > r$$

$$\min \int \left(q_P^2 (P_{as} - P_{as}^*)^2 + q_{O_2}^2 (\Delta O_2 - \Delta O_2^*)^2 + q_H^2 (H - H^*)^2 \right) dt \quad \mathbf{S}$$

$$\min_{h(w)} \left\{ \left(q(\Delta O_2 t)^2 + r(HR)^2 \right) \right\}$$

The simplified *static* model:

$$F_p = (P_{ap} - P_{vp}) / R_p$$

$$F_s = (P_{as} - P_{vs}) / R_s$$

$$Q_r = c_r \cdot H \cdot P_{vs}$$

$$Q_l = c_l \cdot H \cdot P_{vp}$$

$$F_p = F_s = Q_r = Q_l$$

$$V_{vs} = c_{vs} P_{vs}$$

$$V_{as} = c_{as} P_{as}$$

$$V_{ap} = c_{ap} P_{ap}$$

$$V_{vp} = c_{vp} P_{vp}$$

$$V_{tot} = V_{as} + V_{vs} + V_{ap} + V_{vp}$$

$$F_s ([O_2]_a - [O_2]_v) = \rho w + M_0$$

$$R_s = A \cdot [O_2]_v + R_{s0}$$

$$[O_2]_a = 0.2$$

$$\Delta O_2 = [O_2]_a - [O_2]_v$$

Recall:

Dynamics:

$$\begin{aligned} c_{as} \dot{P}_{as} &= Q_l - F_s \\ c_{vs} \dot{P}_{vs} &= F_s - Q_r \\ c_{ap} \dot{P}_{ap} &= Q_r - F_p \end{aligned}$$

$$\begin{aligned} c_{vp} P_{vp} &= V_{total} - (c_{as} P_{as} + c_{vs} P_{vs} + c_{ap} P_{ap}) \\ v_{T,O_2} [\dot{O}_2]_v &= -M + F_s \cdot ([O_2]_a - [O_2]_v) \end{aligned}$$

The simplified model:

$$\begin{aligned} F_p &= (P_{ap} - P_{vp}) / R_p \\ F_s &= (P_{as} - P_{vs}) / R_s \\ Q_r &= c_r \cdot H \cdot P_{vs} \\ Q_l &= c_l \cdot H \cdot P_{vp} \\ F_p &= F_s - Q_r - Q_l \end{aligned}$$

$$\begin{aligned} V_{vs} &= c_{vs} P_{vs} \\ V_{as} &= c_{as} P_{as} \\ V_{ap} &= c_{ap} P_{ap} \\ V_{vp} &= c_{vp} P_{vp} \end{aligned}$$

$$V_{tot} = V_{as} + V_{vs} + V_{ap} + V_{vp}$$

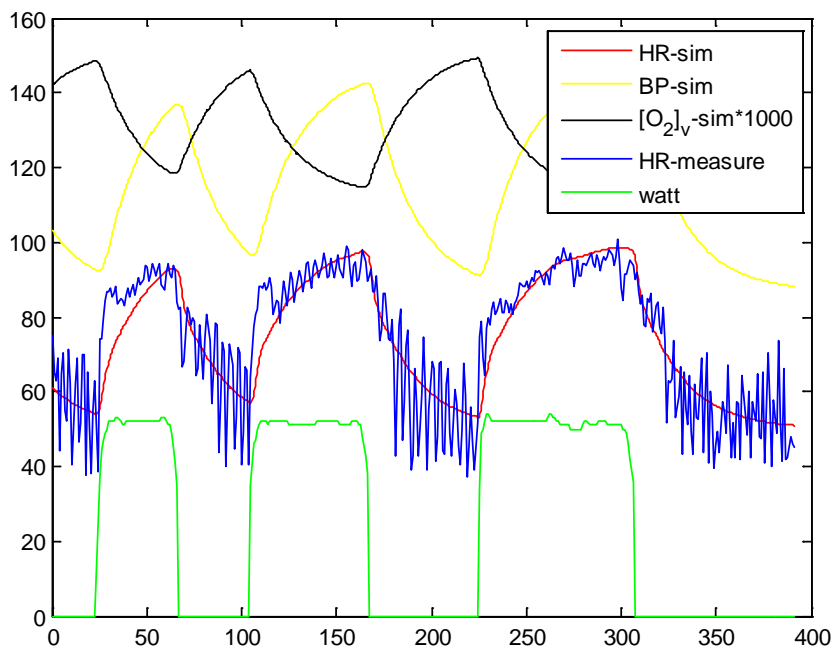
$$F_s ([O_2]_a - [O_2]_v) = \rho w + M_0$$

$$R_s = A \cdot [O_2]_v + R_{s0}$$

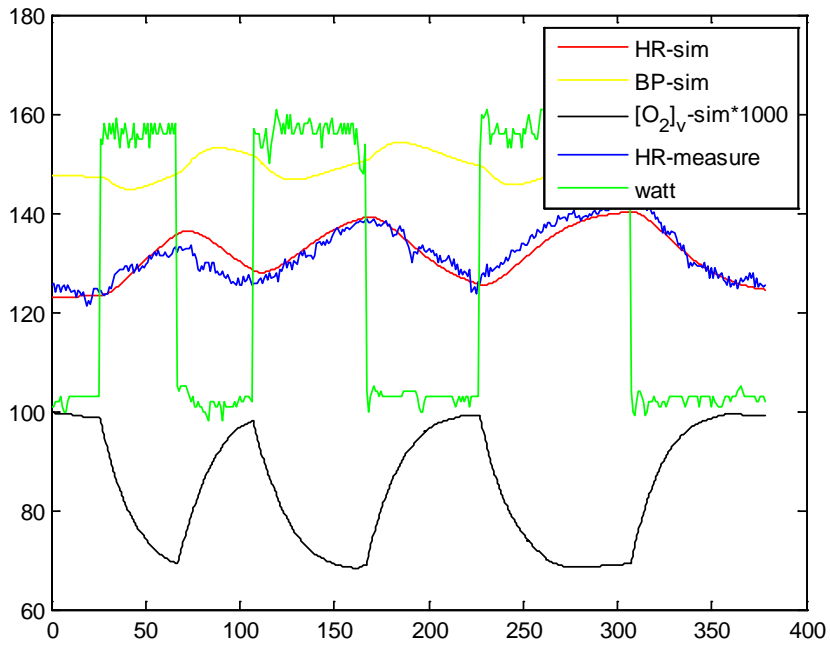
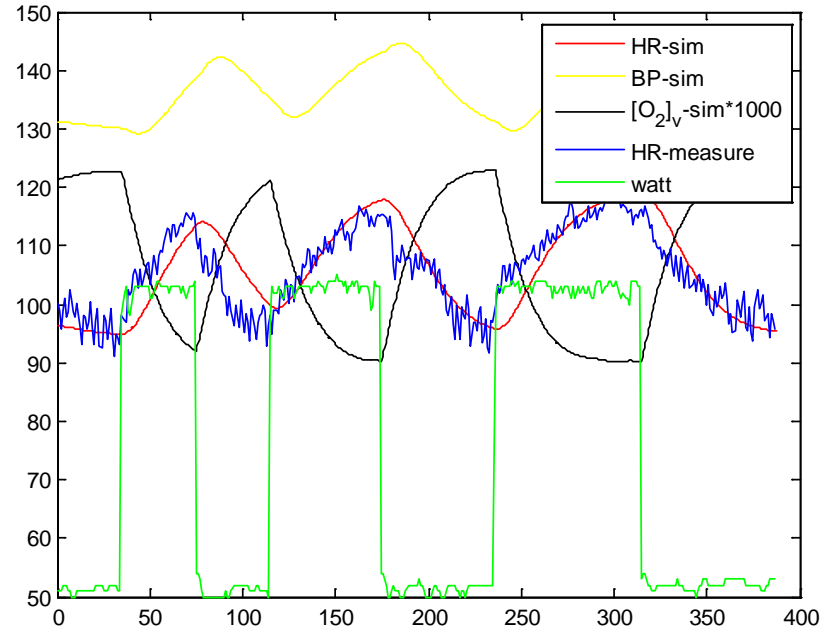
$$[O_2]_a = 0.2$$

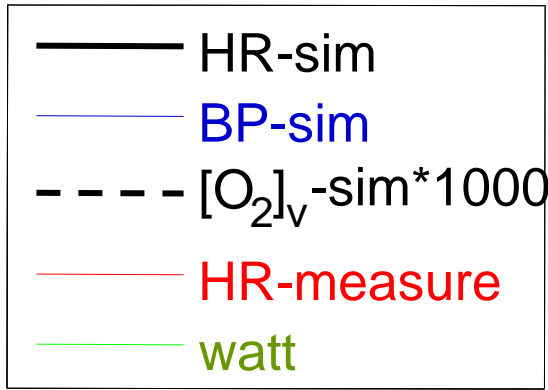
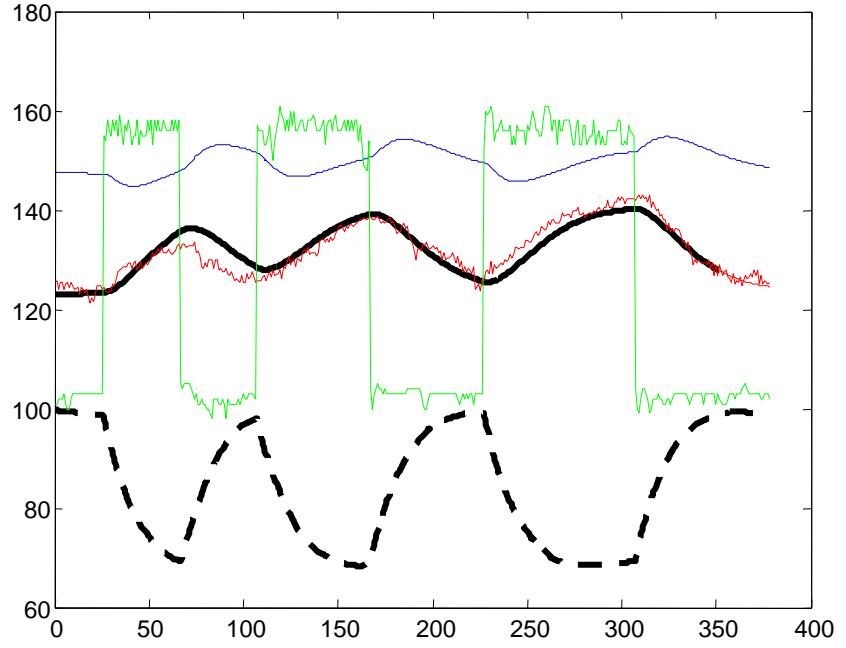
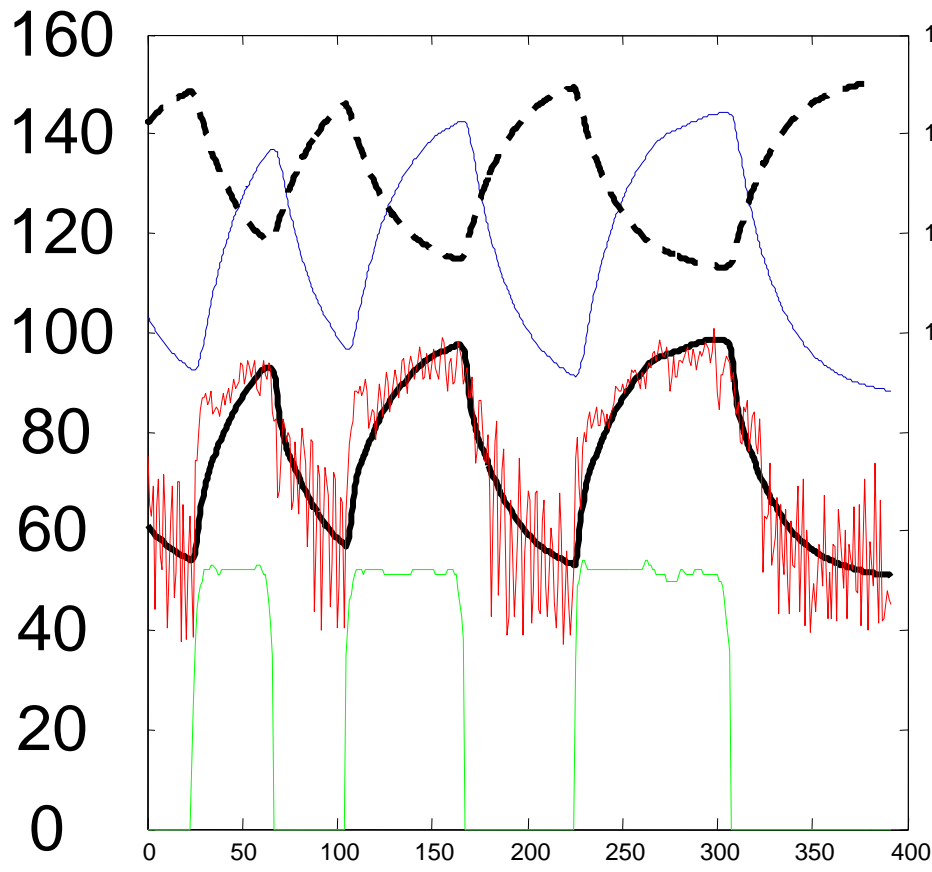
$$\Delta O_2 = [O_2]_a - [O_2]_v$$

$$\min \int \left(q_P^2 (P_{as} - P_{as}^*)^2 + q_{O_2}^2 (\Delta O_2 - \Delta O_2^*)^2 + q_H^2 (H - H^*)^2 \right) dt$$



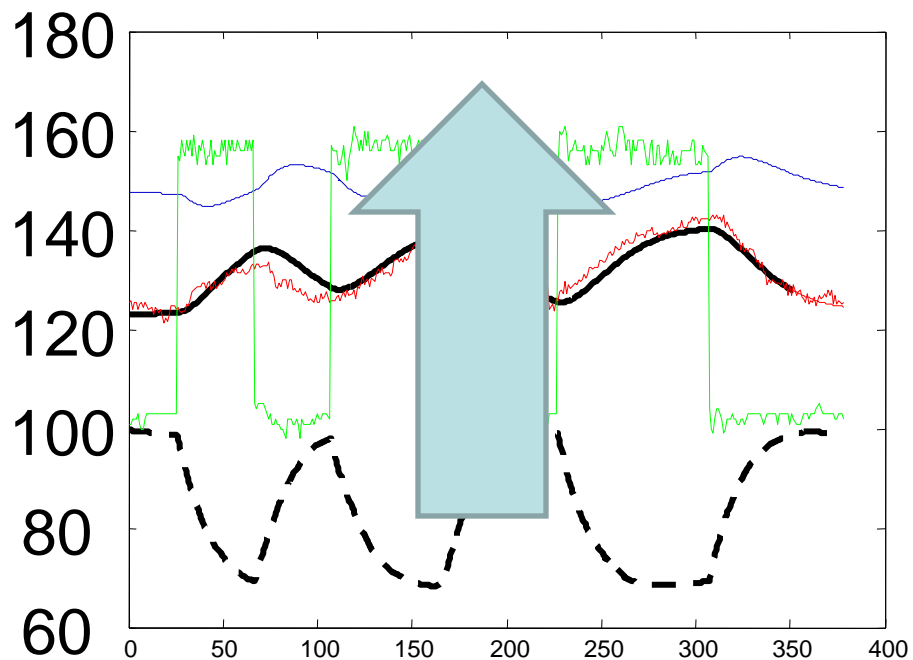
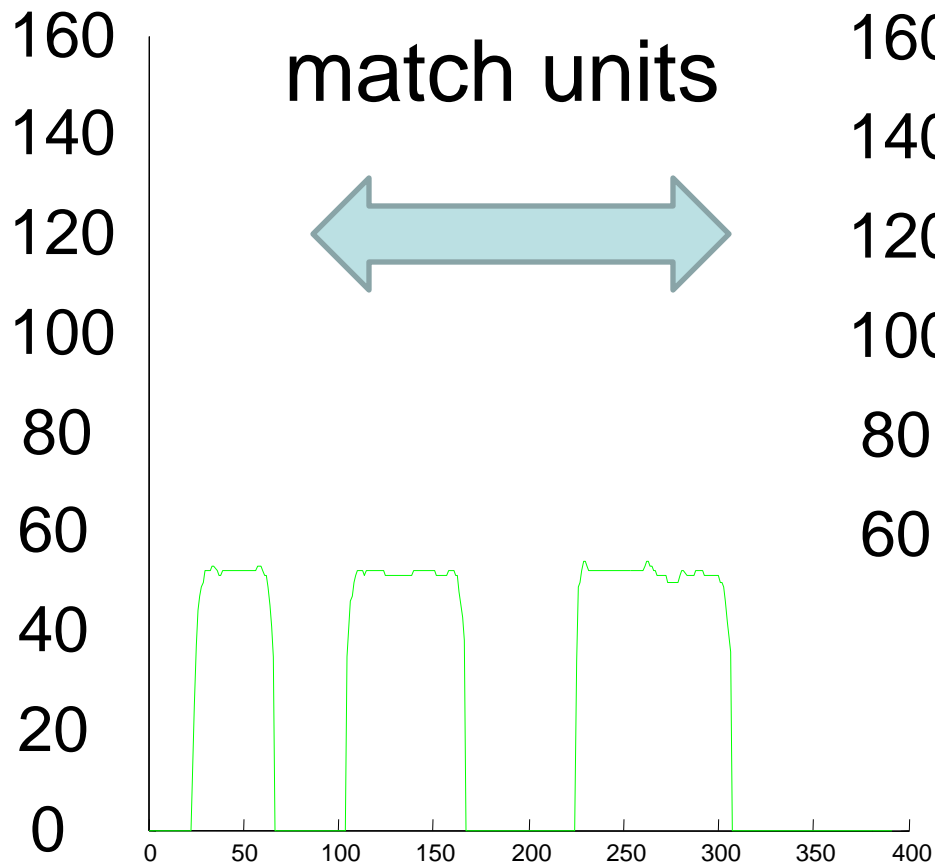
It works!

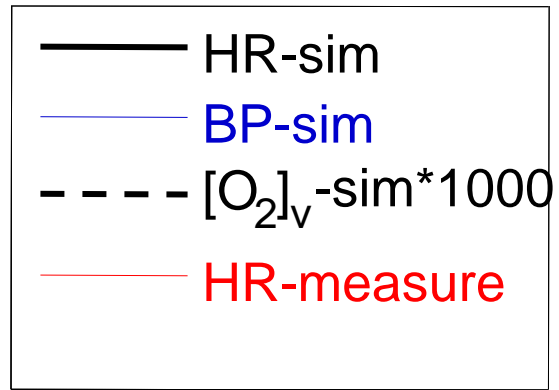
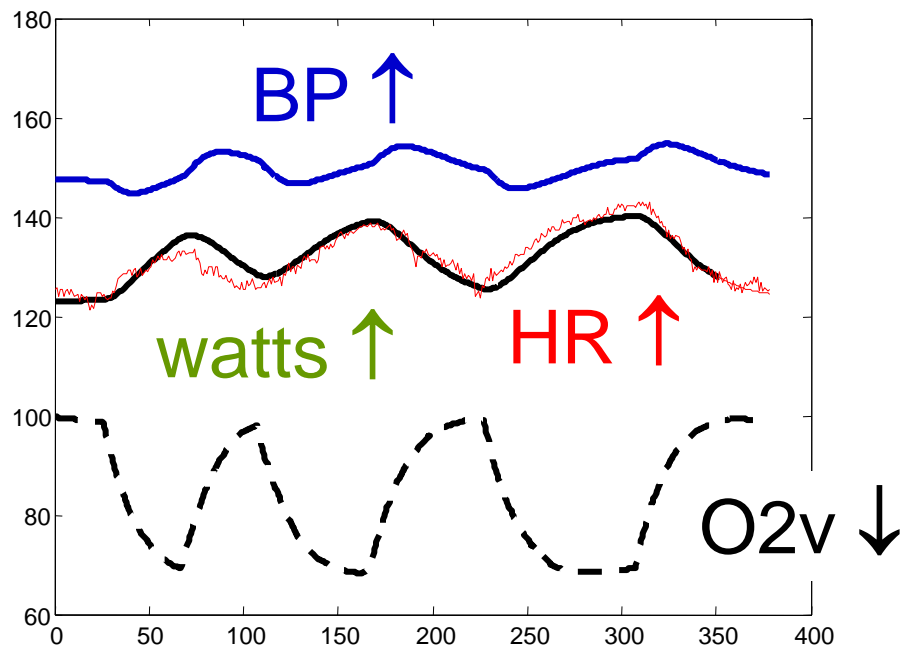
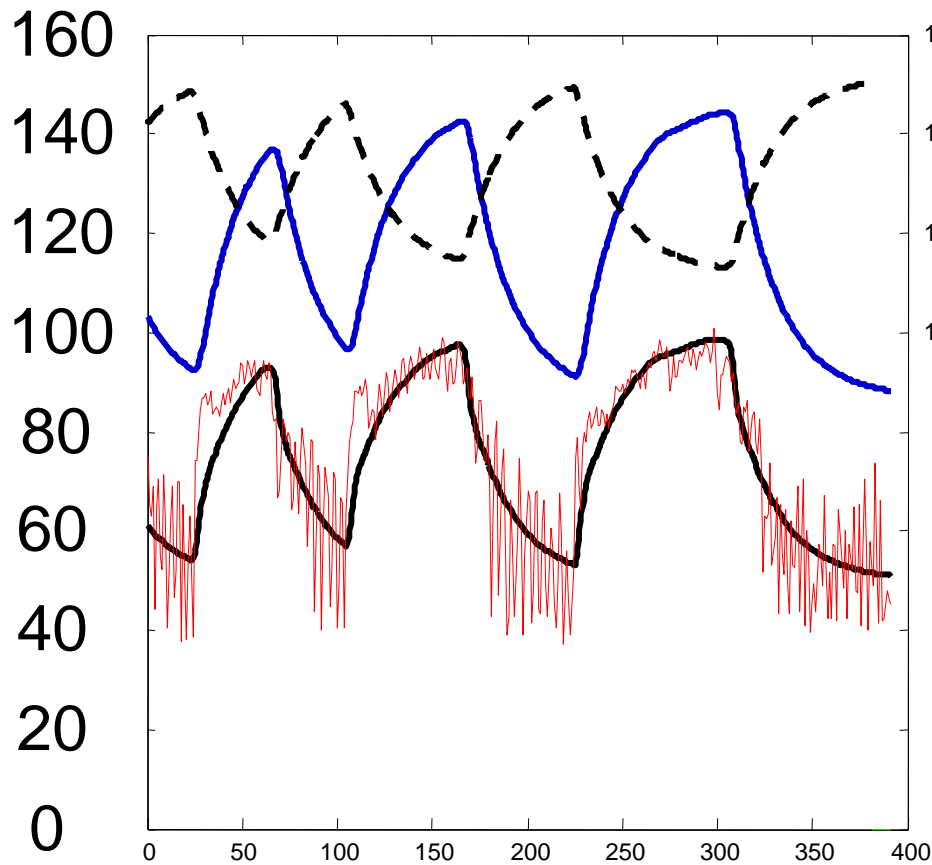




Data and model

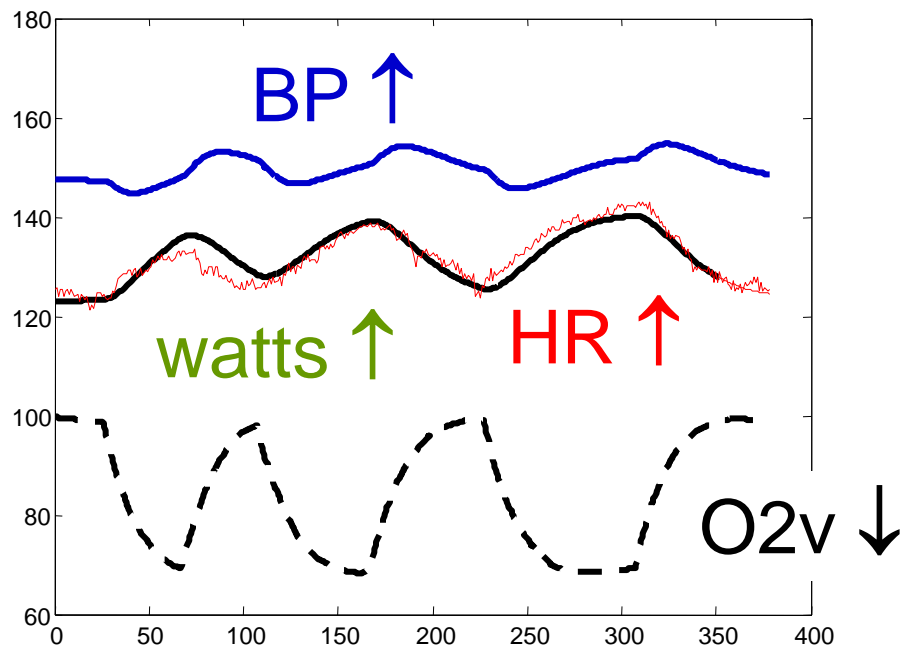
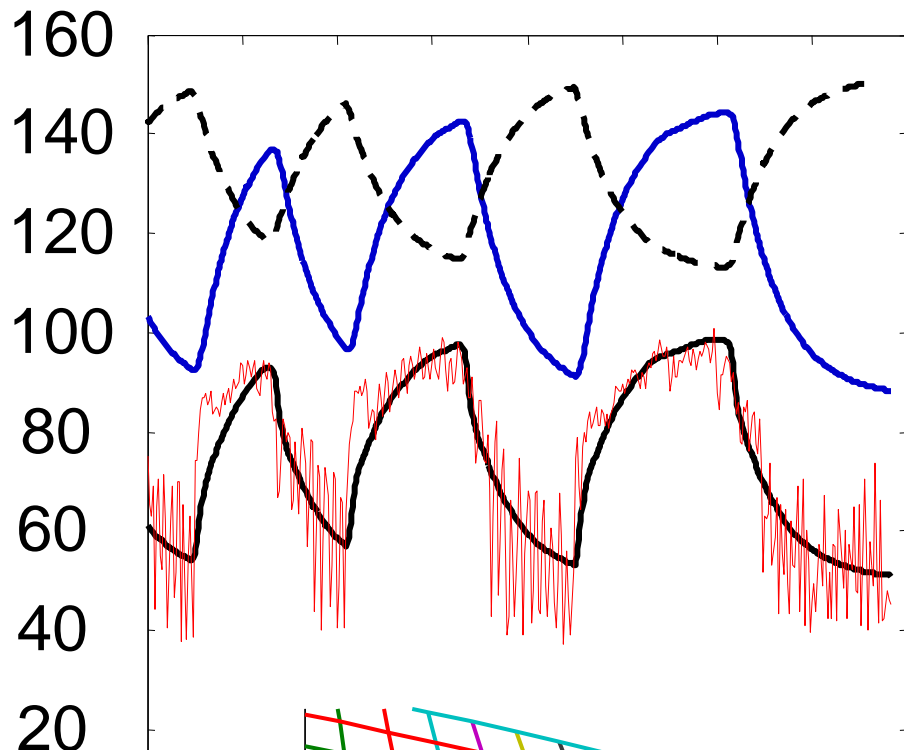
note shift to
match units



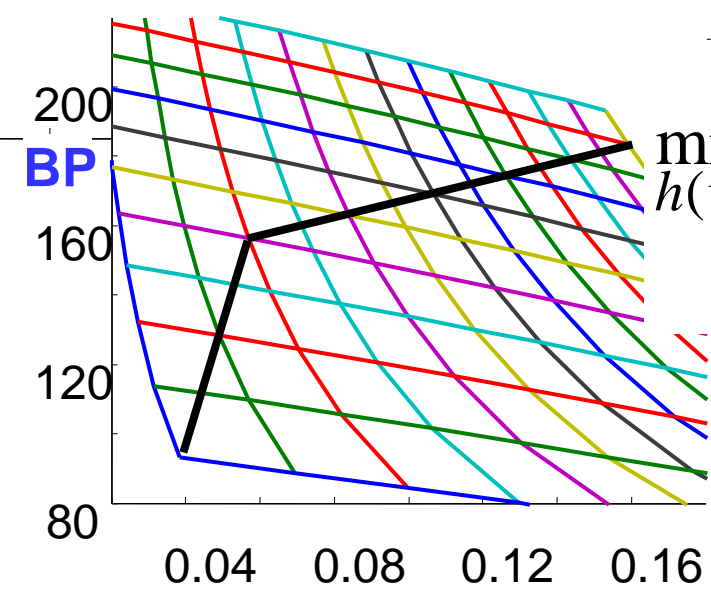


Mechanistic explanation
for differences between
models

$$\Delta O_2 = [O_2]_a - [O_2]_v$$



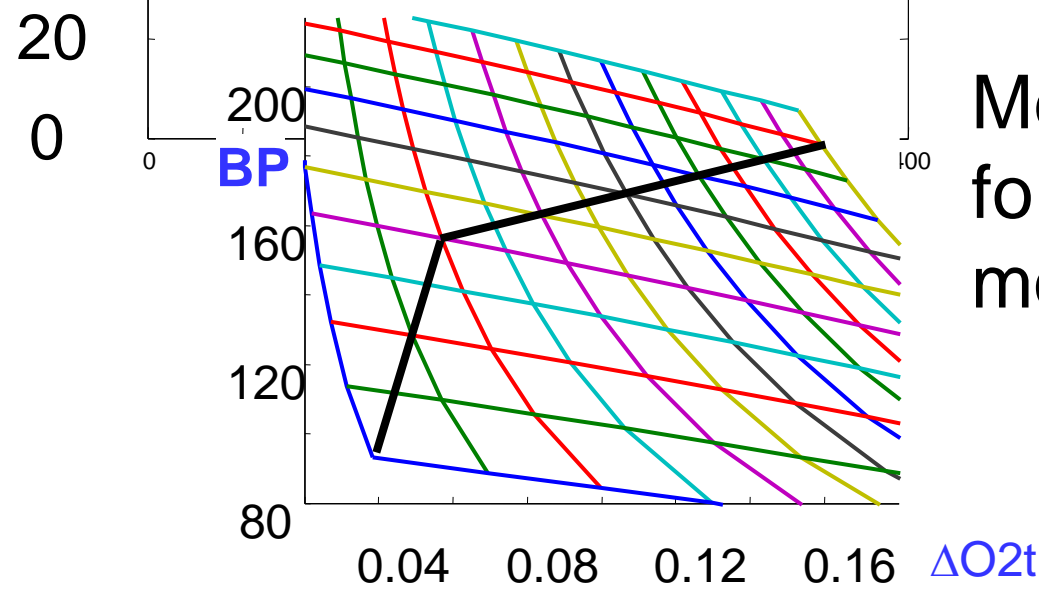
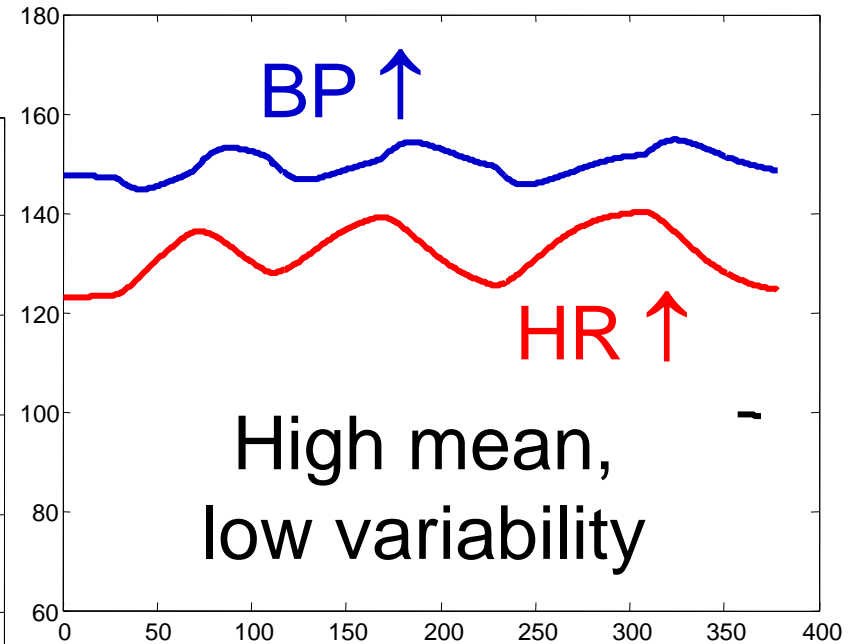
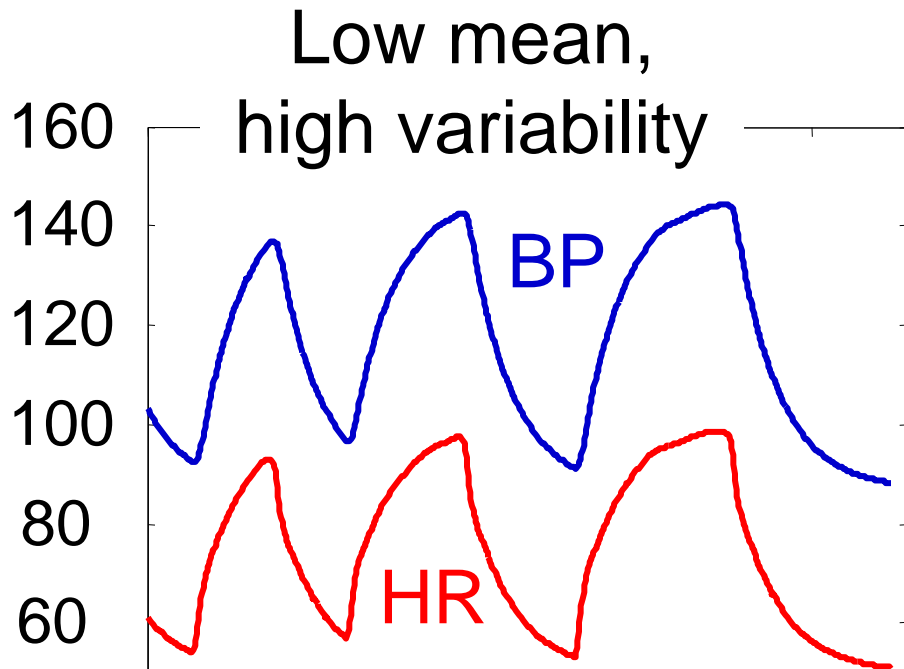
Penalize BP and HR more



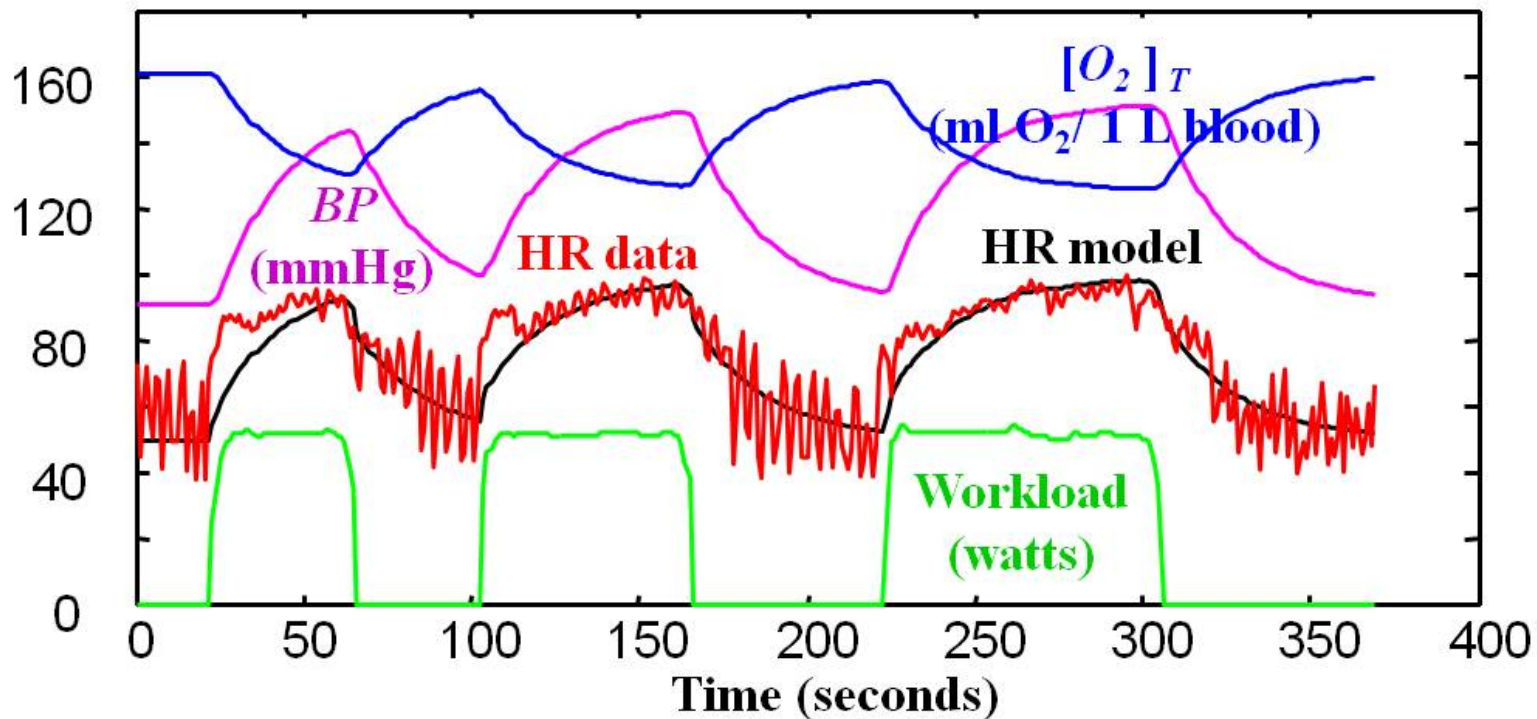
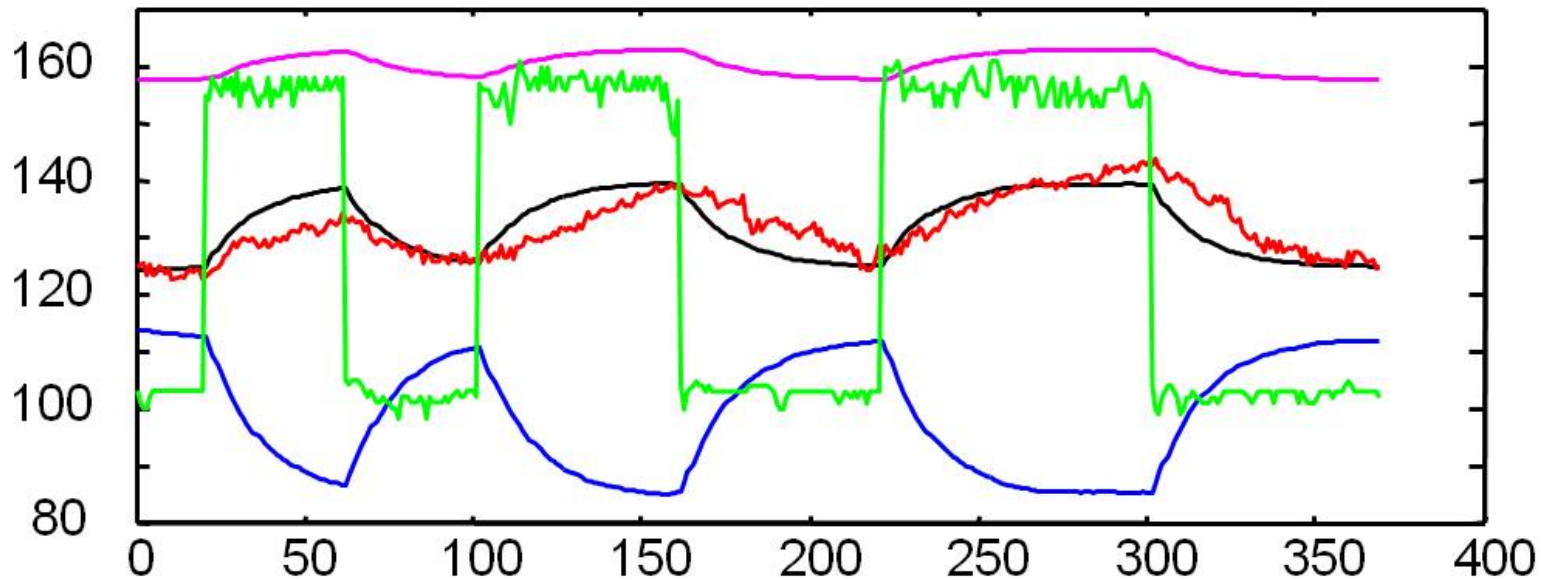
$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O_2t)^2 + \hat{r}(HR)^2 \right) \right\}$$

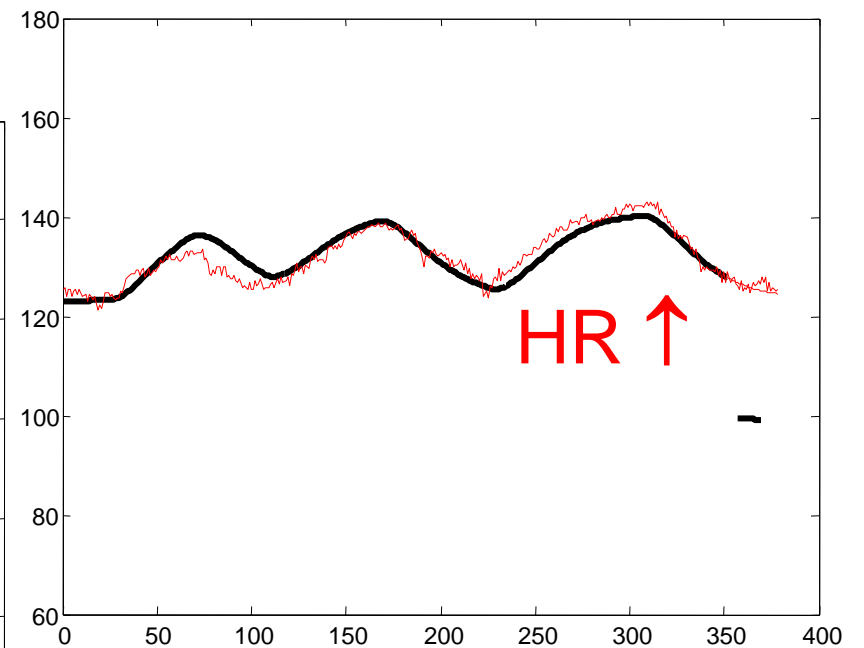
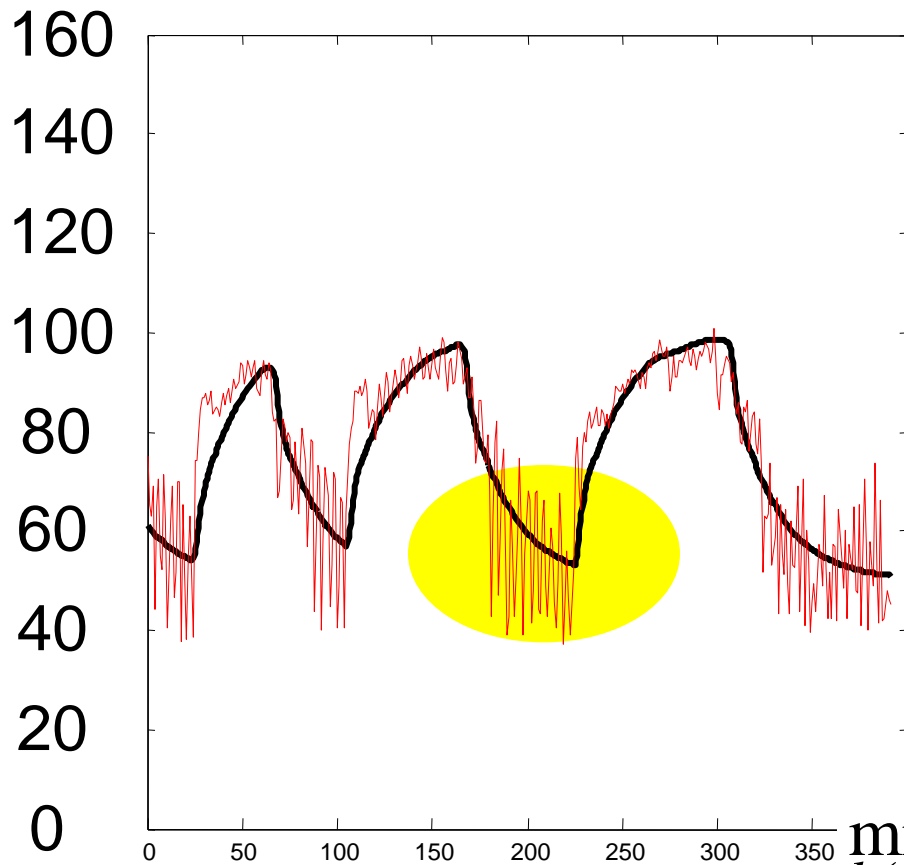
$$p > 0$$

$$\hat{r} > r$$



Mechanistic explanation
for differences between
models





**Penalize BP
and HR more**

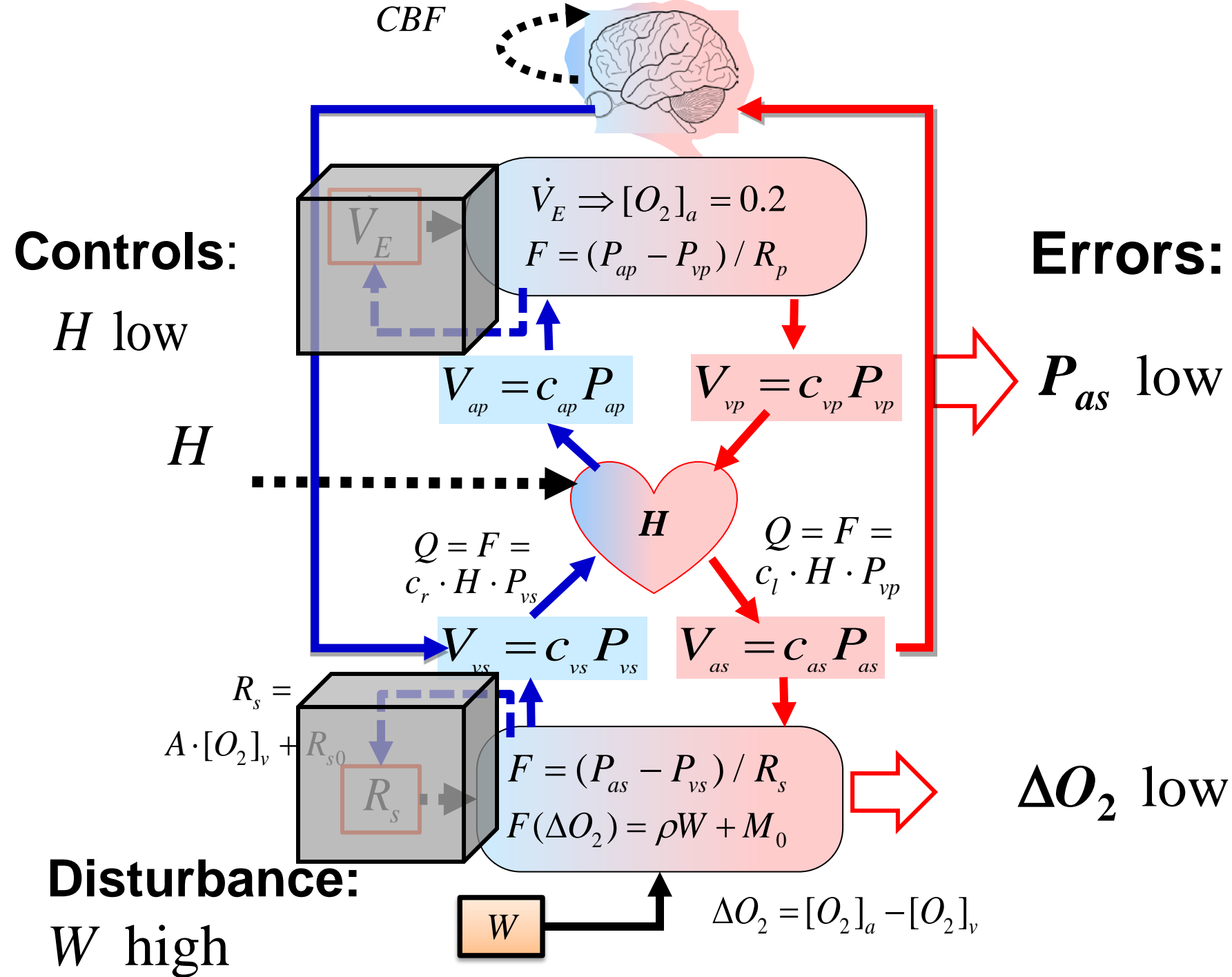


$$\min_{h(w)} \left\{ \left(p(BP)^2 + q(\Delta O_2 t)^2 + \hat{r}(HR)^2 \right) \right\}$$

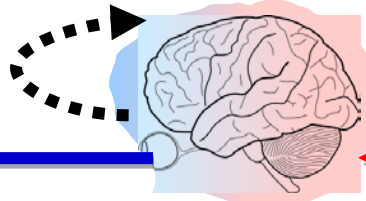
$$p > 0$$

$$\hat{r} > r$$

**Explain differences
between models and data?**



CBF



\dot{V}_E

$\dot{V}_E \Rightarrow [O_2]_a = 0.2$
 $F = (P_{ap} - P_{vp}) / R_p$

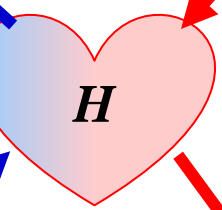
Errors:

P_{as} low?

H

$V_{ap} = c_{ap} P_{ap}$

$V_{vp} = c_{vp} P_{vp}$



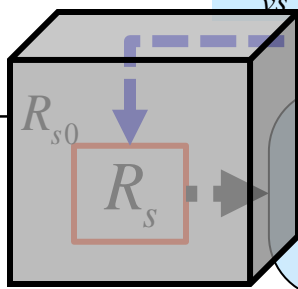
$Q = F = c_r \cdot H \cdot P_{vs}$

$Q = F = c_l \cdot H \cdot P_{vp}$

$V_{vs} = c_{vs} P_{vs}$

$V_{as} = c_{as} P_{as}$

$R_s = A \cdot [O_2]_v + R_{s0}$



$F = (P_{as} - P_{vs}) / R_s$
 $F(\Delta O_2) = \rho W + M_0$

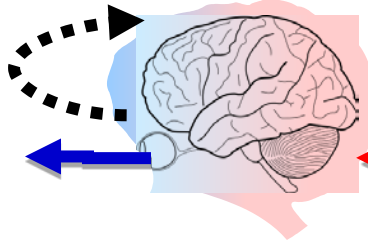
ΔO_2 low

Disturbance:
W high

W

$\Delta O_2 = [O_2]_a - [O_2]_v$

CBF



***P_{as}* ???**

200

Cerebral
Perfusion
Pressure

$\approx P_{as}$

150

100

50

Normal
Autoregulation

Danger

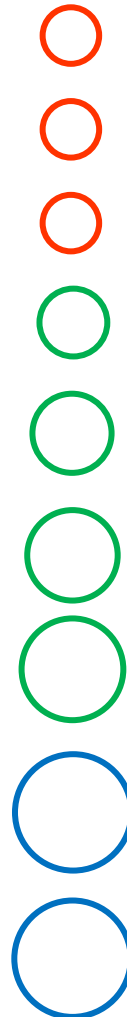
Max dilation

50

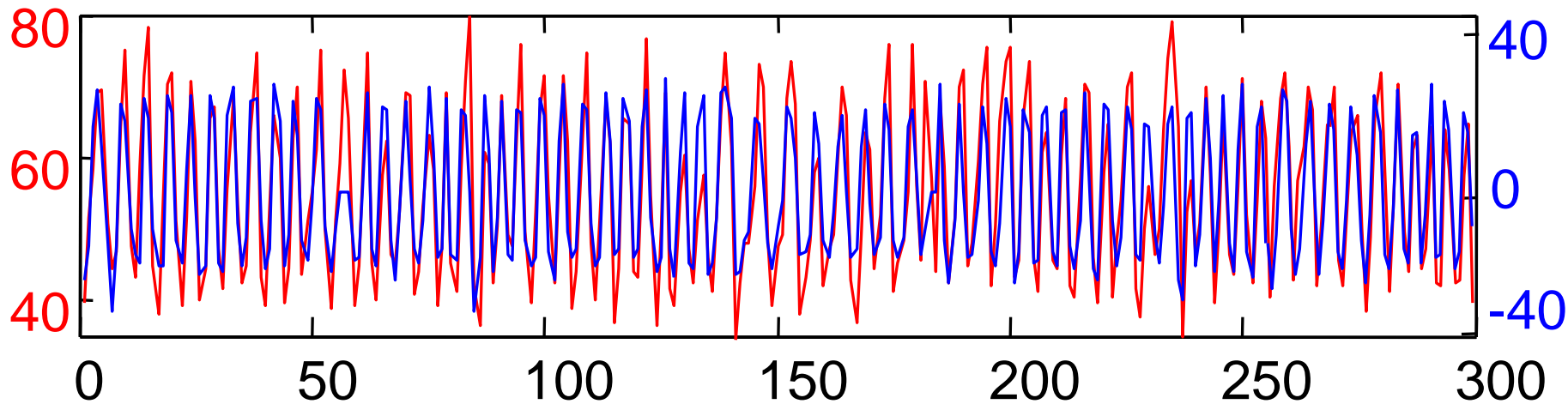
100

150

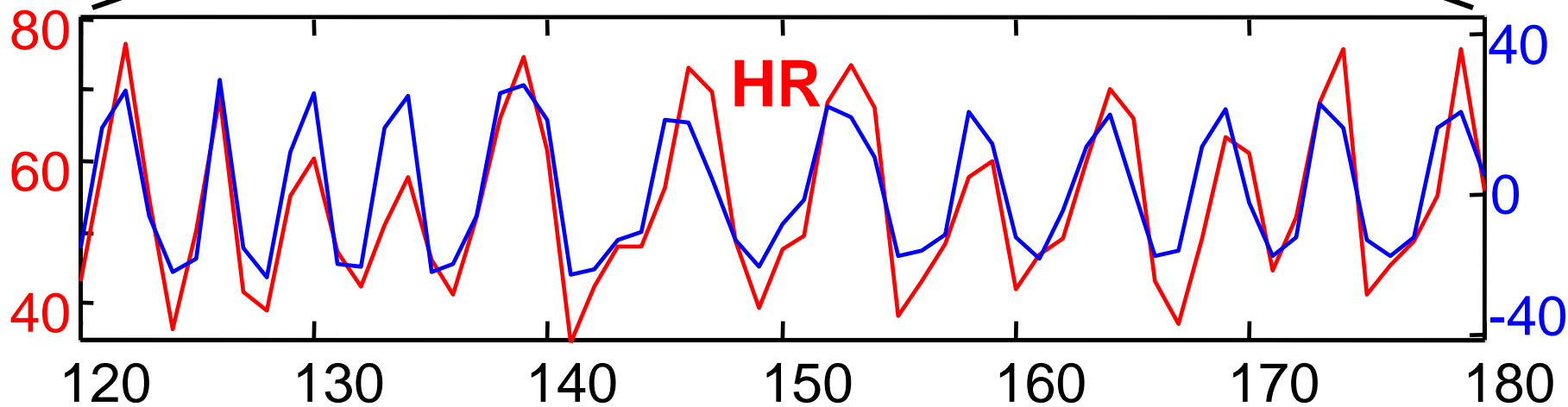
Cerebral Blood Flow (CBF)



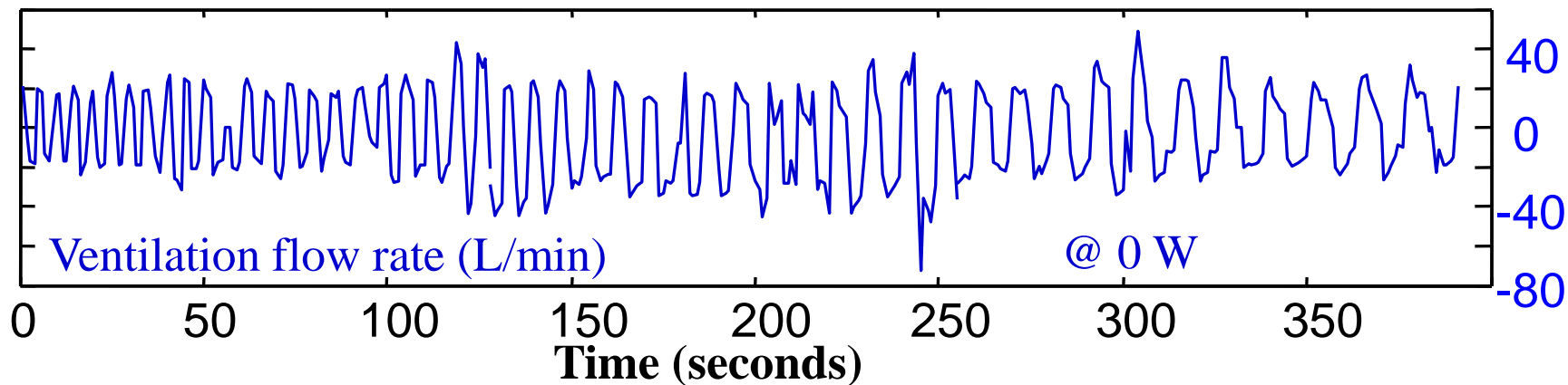
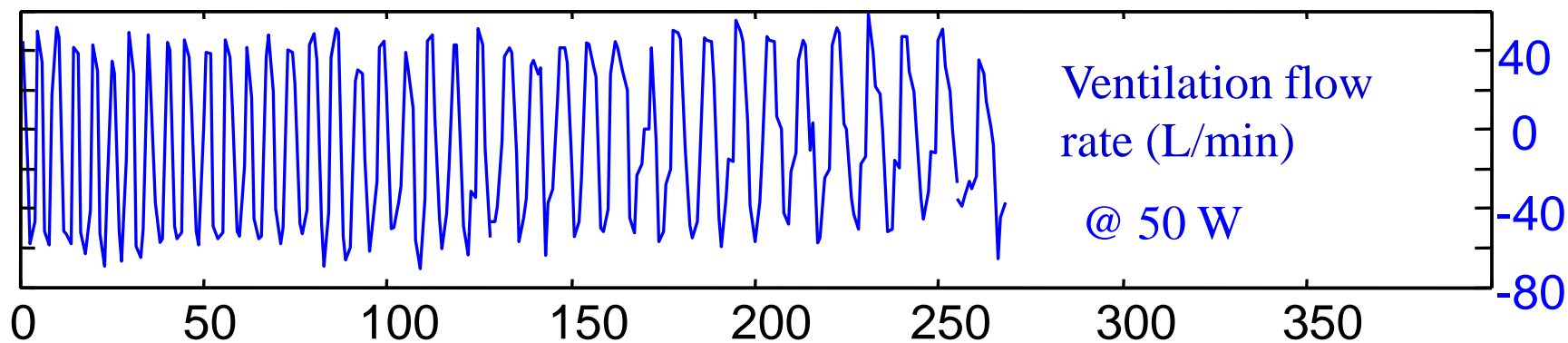
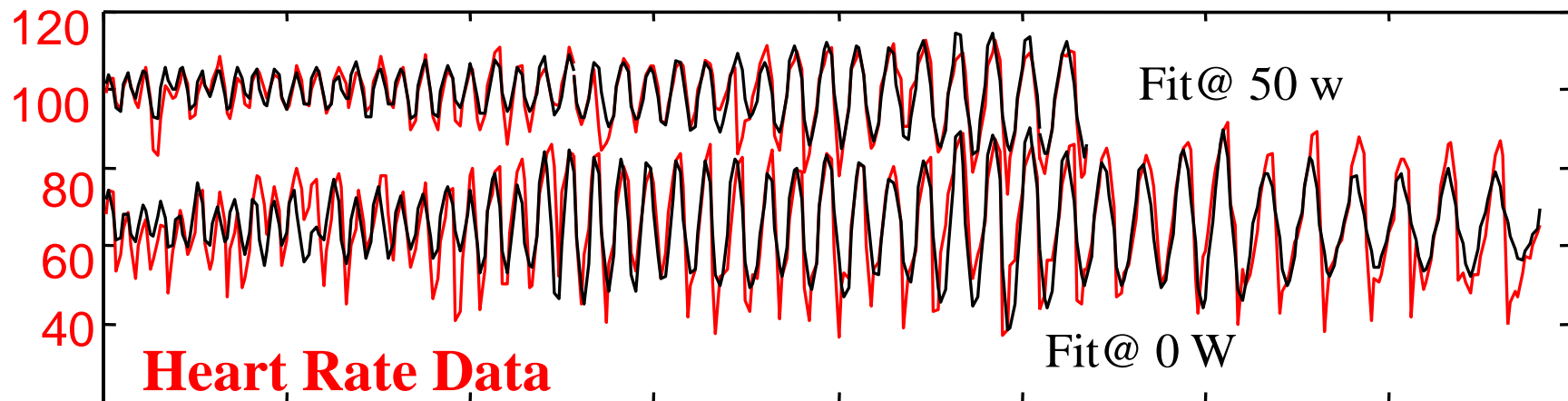
raw data

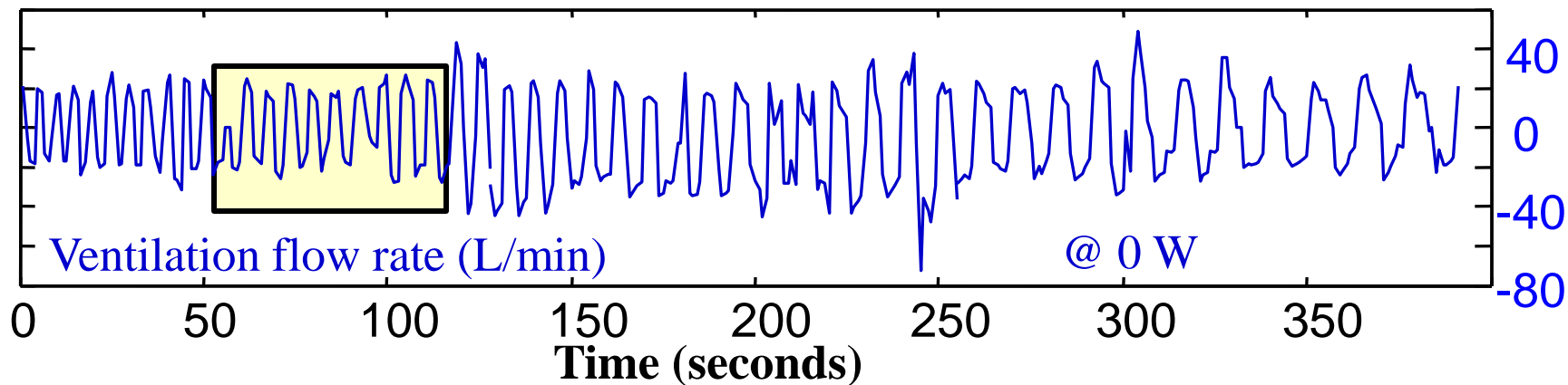
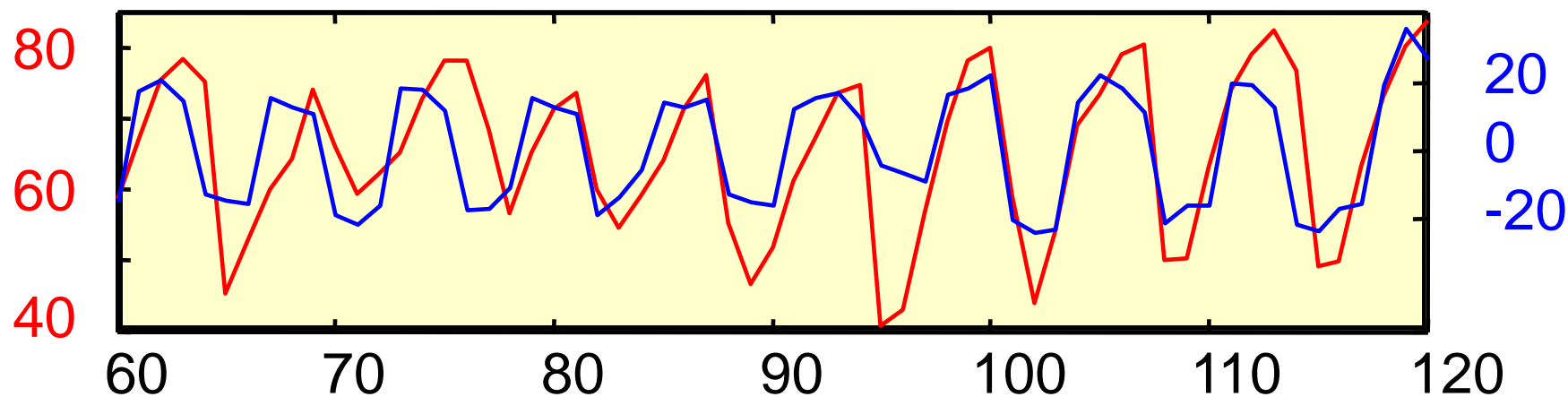
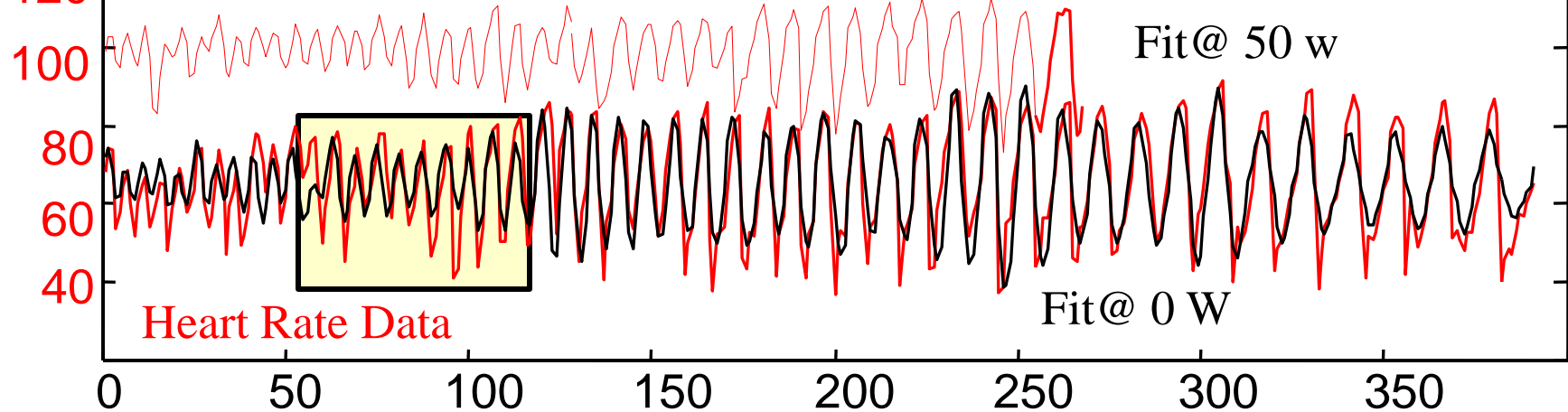


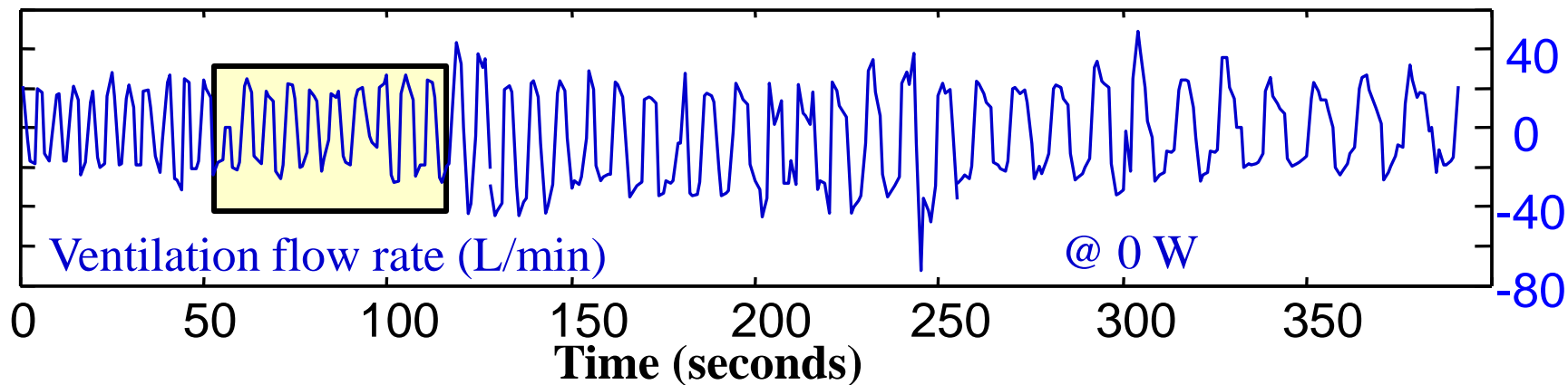
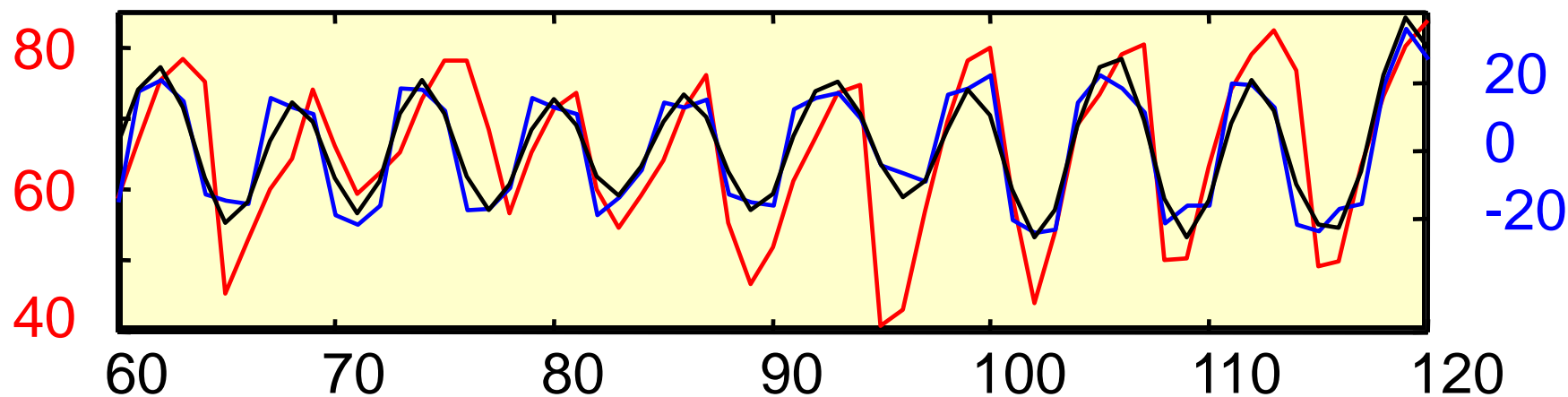
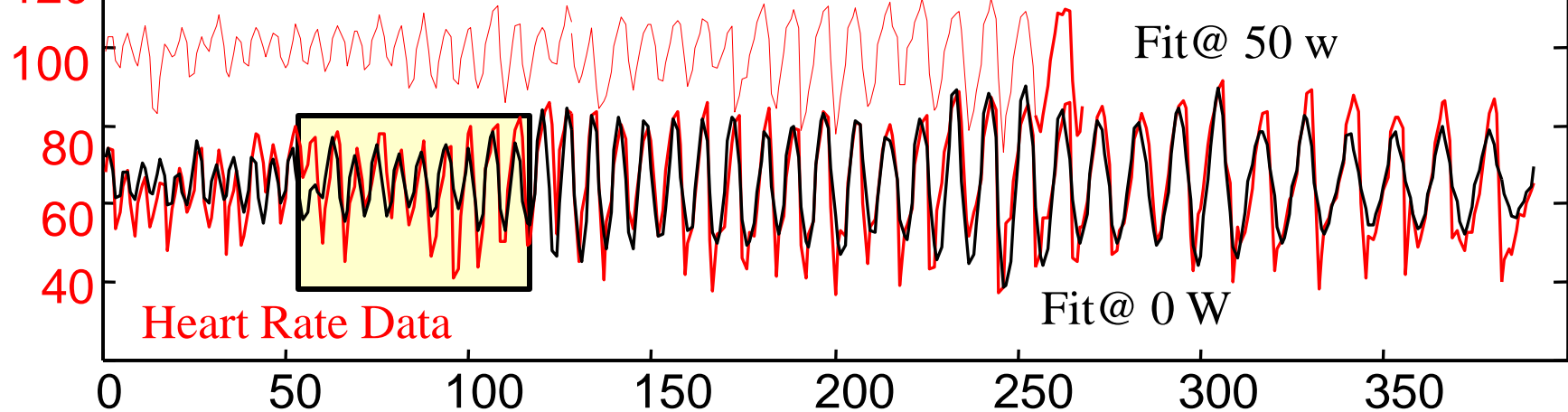
breath velocity at mouth

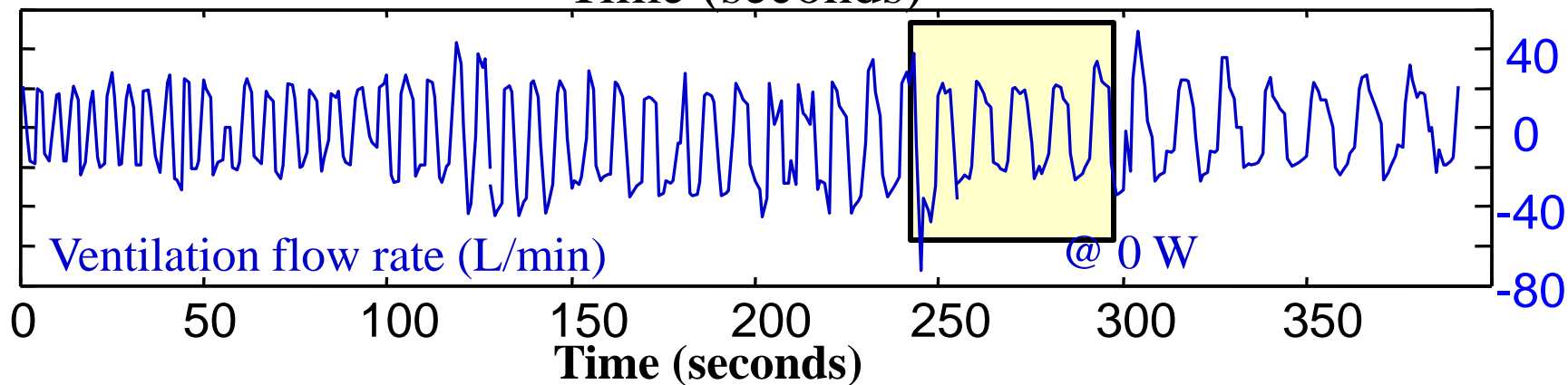
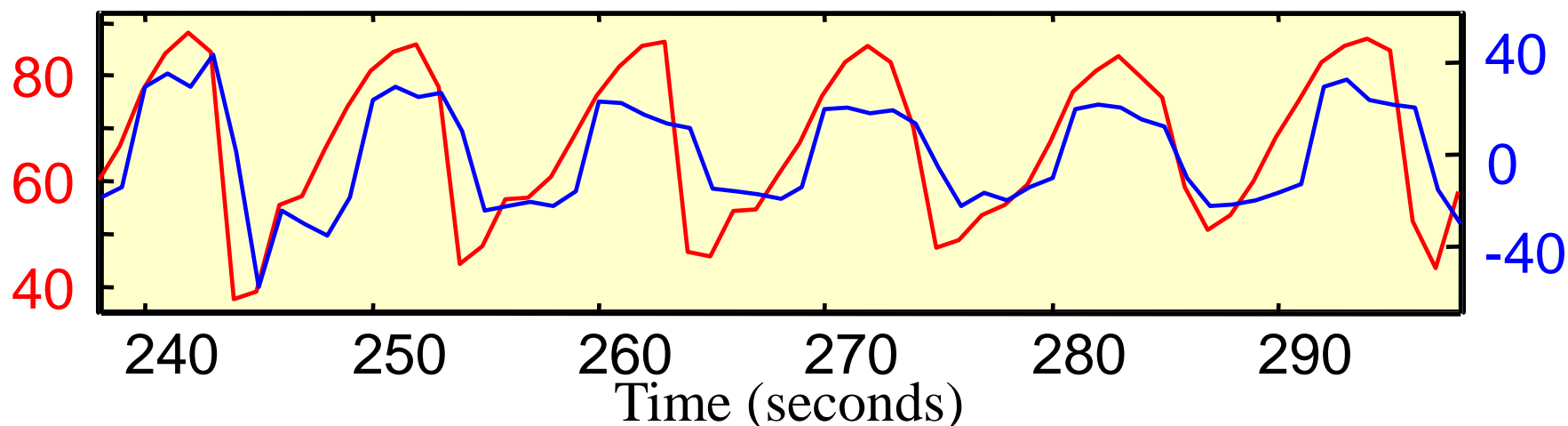
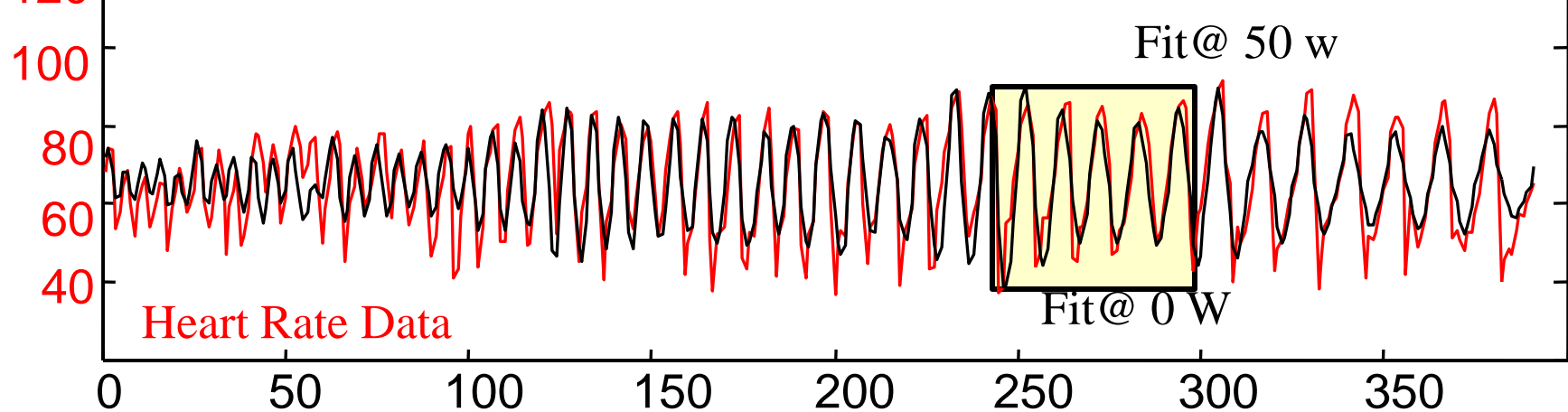


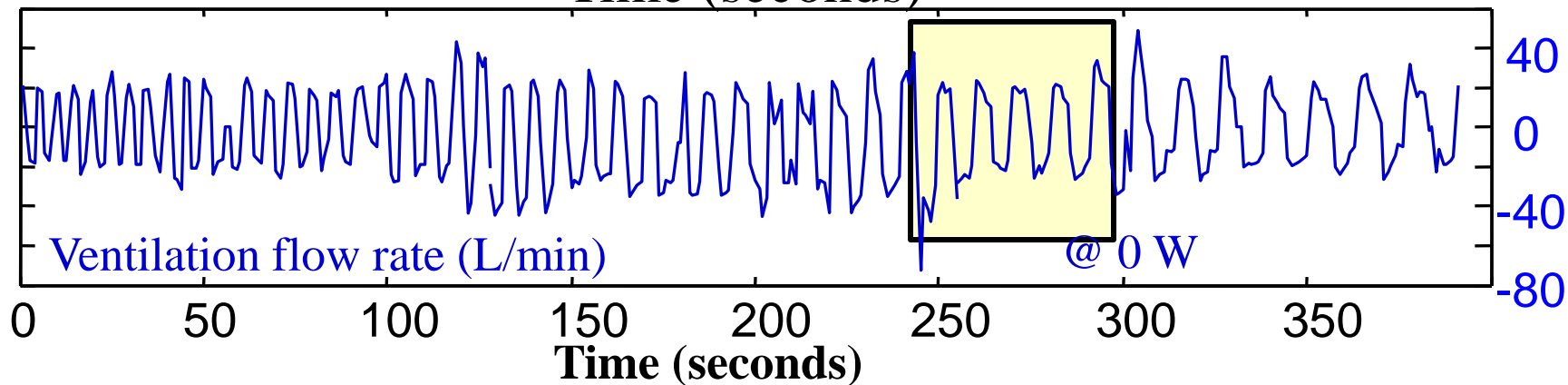
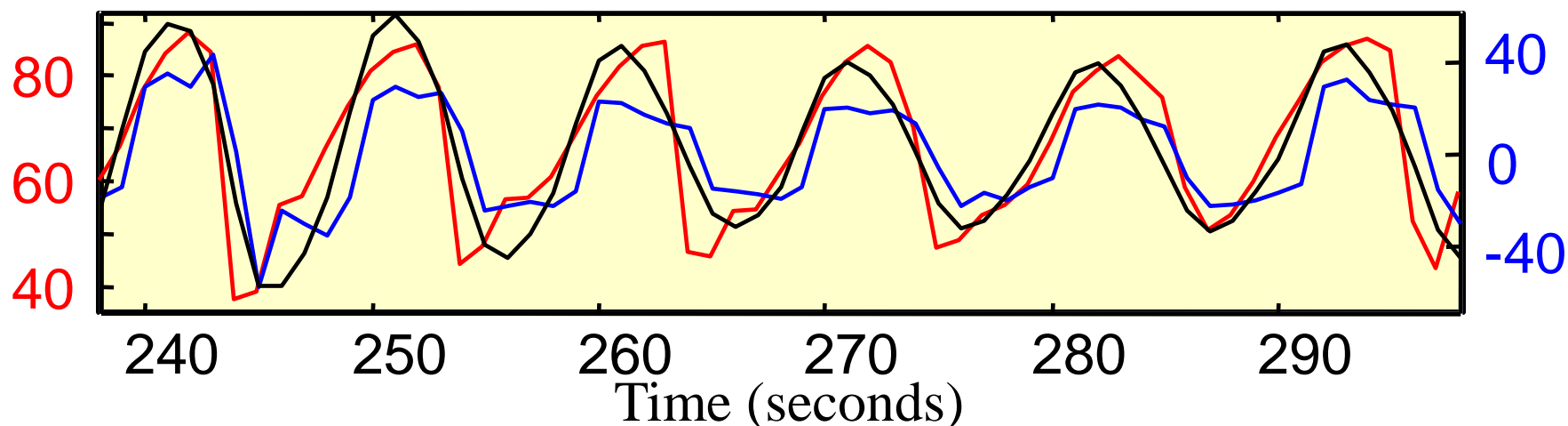
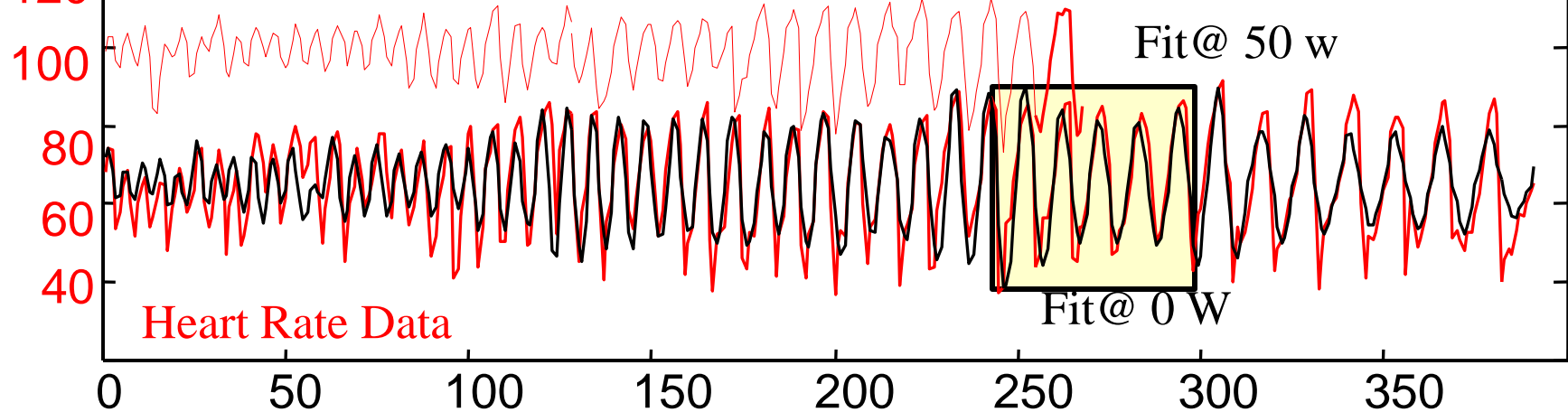
Respiratory Sinus Arrhythmia (RSA)





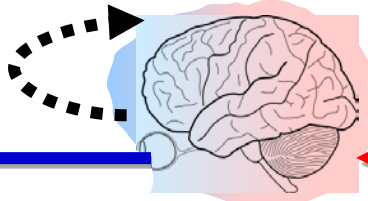






internal
noise

CBF



Need
mechanical
coupling

Errors:

P_{as} low?

ΔO_2 low

$$\dot{V}_E$$

breath

$$\dot{V}_E \Rightarrow [O_2]_a = 0.2$$
$$F = (P_{ap} - P_{vp}) / R_p$$

$$V_{ap} = c_{ap} P_{ap}$$

$$V_{vp} = c_{vp} P_{vp}$$

H

H

$$Q = F = c_r \cdot H \cdot P_{vs}$$

$$Q = F = c_l \cdot H \cdot P_{vp}$$

$$V_{vs} = c_{vs} P_{vs}$$

$$V_{as} = c_{as} P_{as}$$

$$R_s = A \cdot [O_2]_v + R_{s0}$$

$$F = (P_{as} - P_{vs}) / R_s$$
$$F(\Delta O_2) = \rho W + M_0$$

Disturbance:
 W high

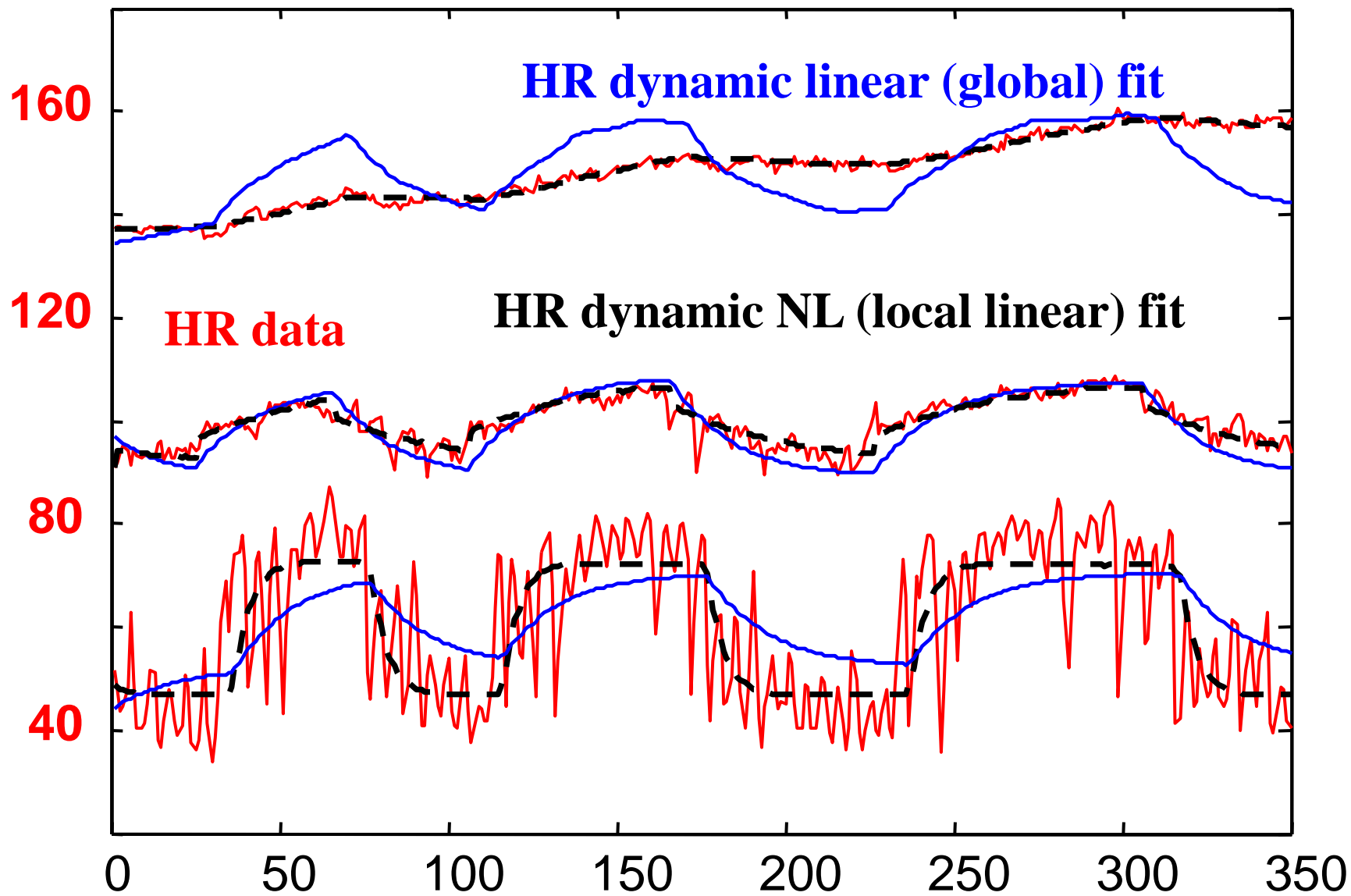
$$W$$

$$\Delta O_2 = [O_2]_a - [O_2]_v$$

Anaerobic and Aside on gas variables

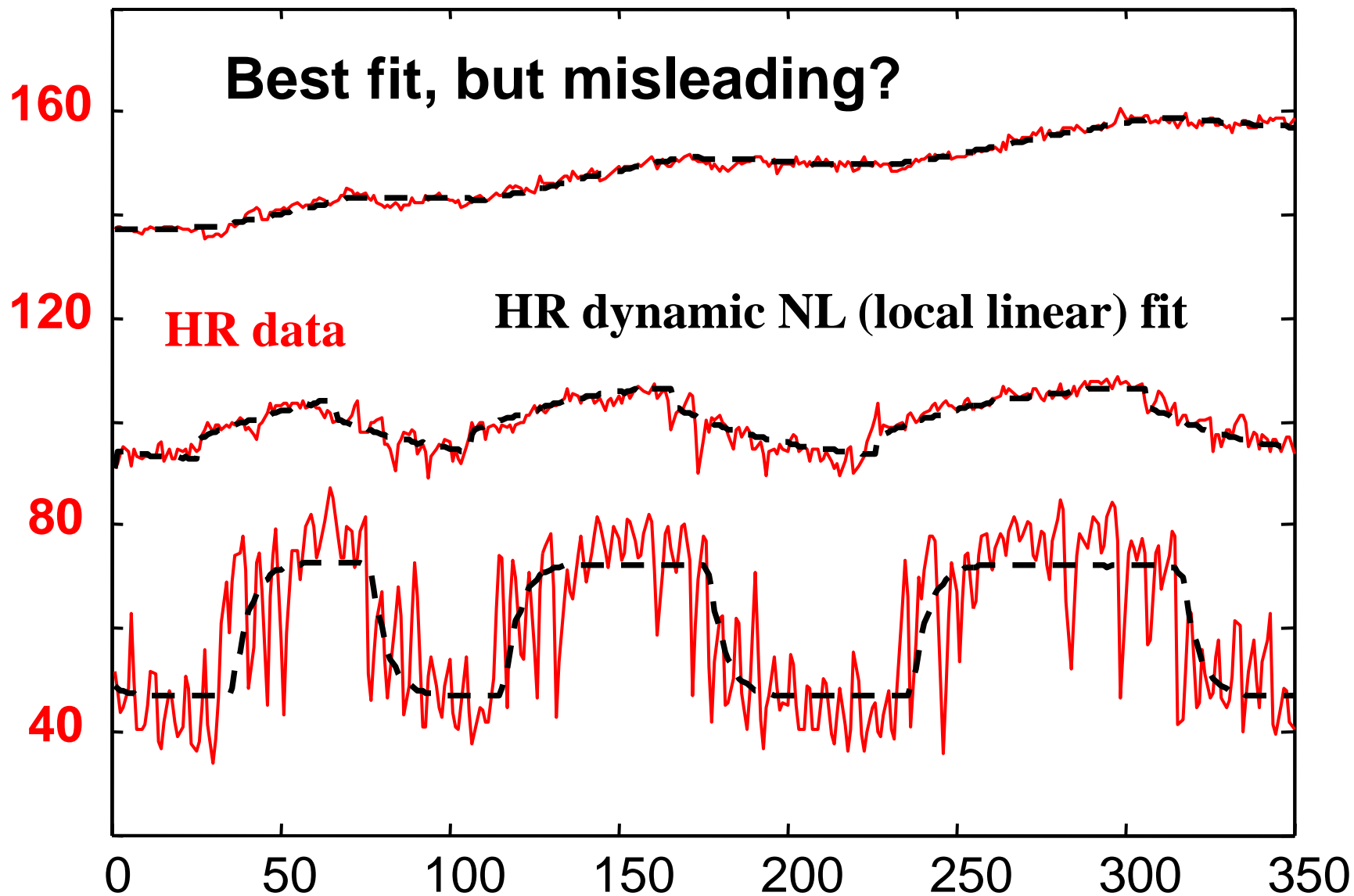
- Gas exchange variables are also predictable with simple models
- $\dot{V}O_2$ is simplest and most predictable
- $\dot{V}CO_2$ - $\dot{V}O_2$ is most complex and we don't have first principles model
- Also HR model is bad at high watt levels

1st order linear model



$$\Delta h(t) = h(t+1) - h(t) = ah(t) + bw(t) + c$$

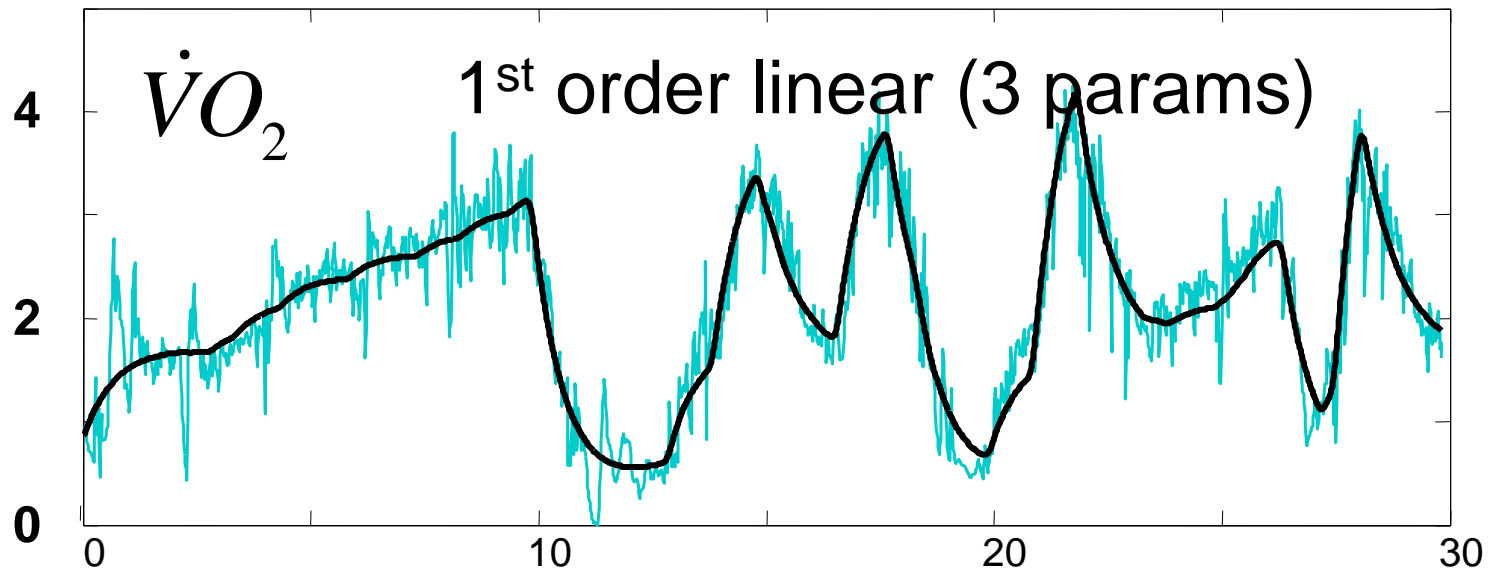
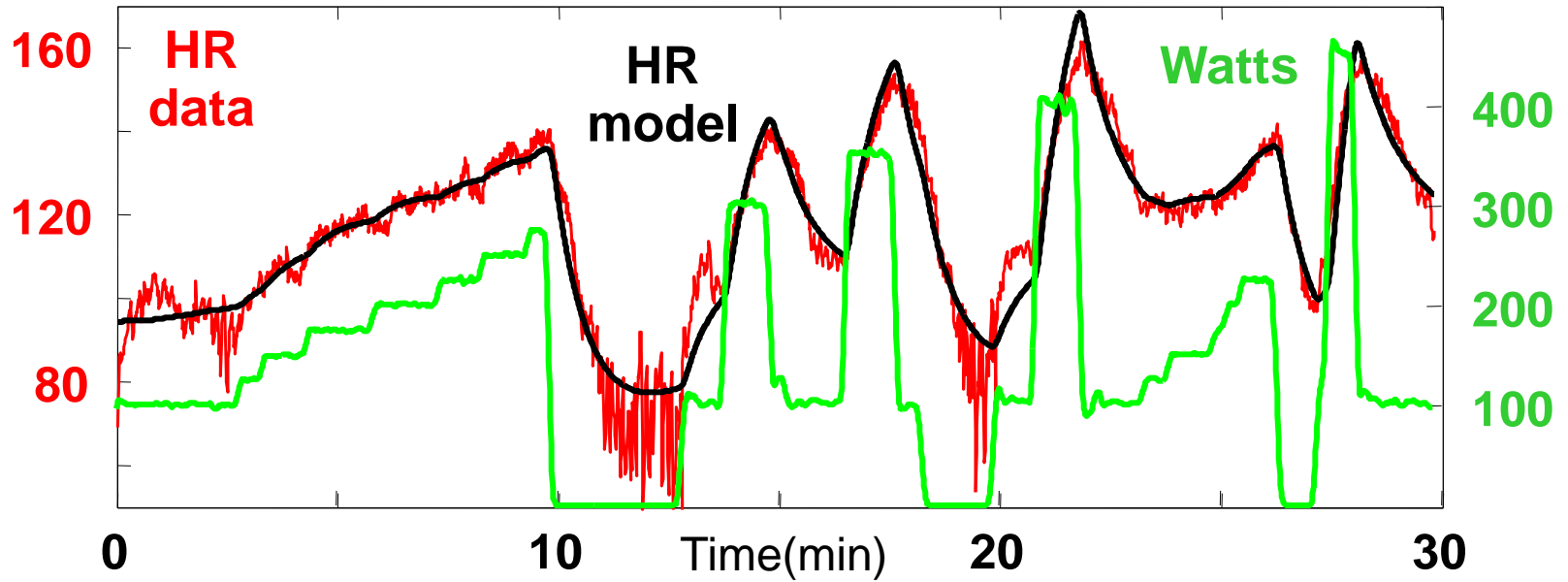
1st order linear model

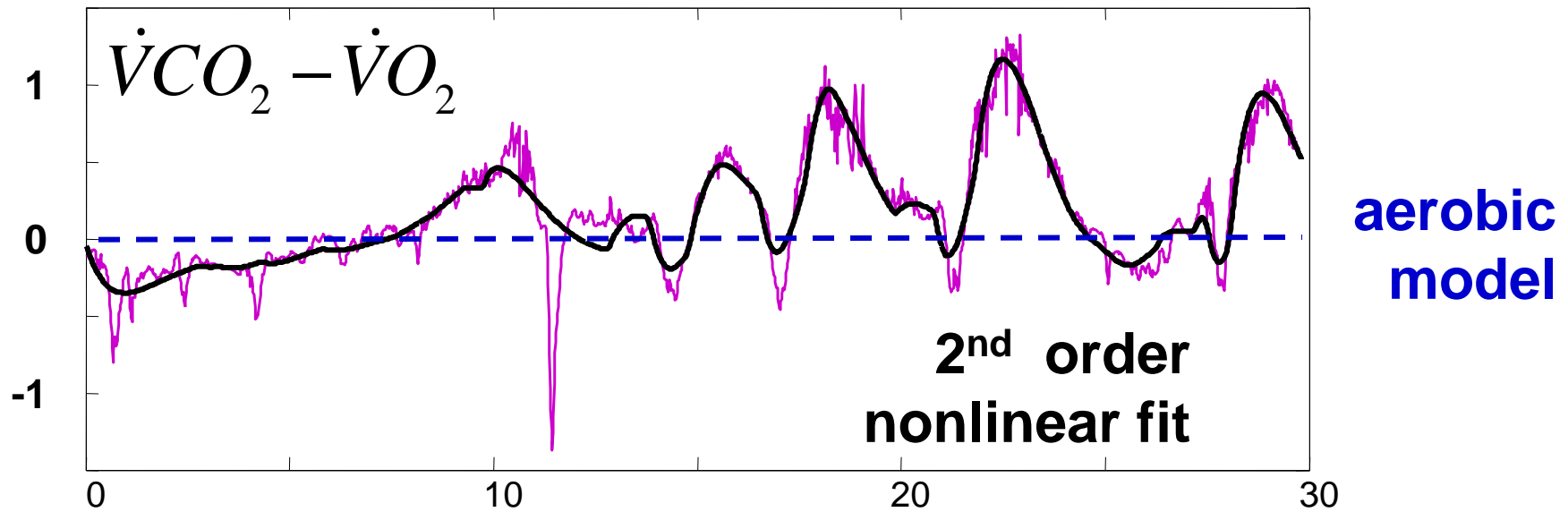


$$\Delta h(t) = h(t+1) - h(t) = ah(t) + bw(t) + c$$

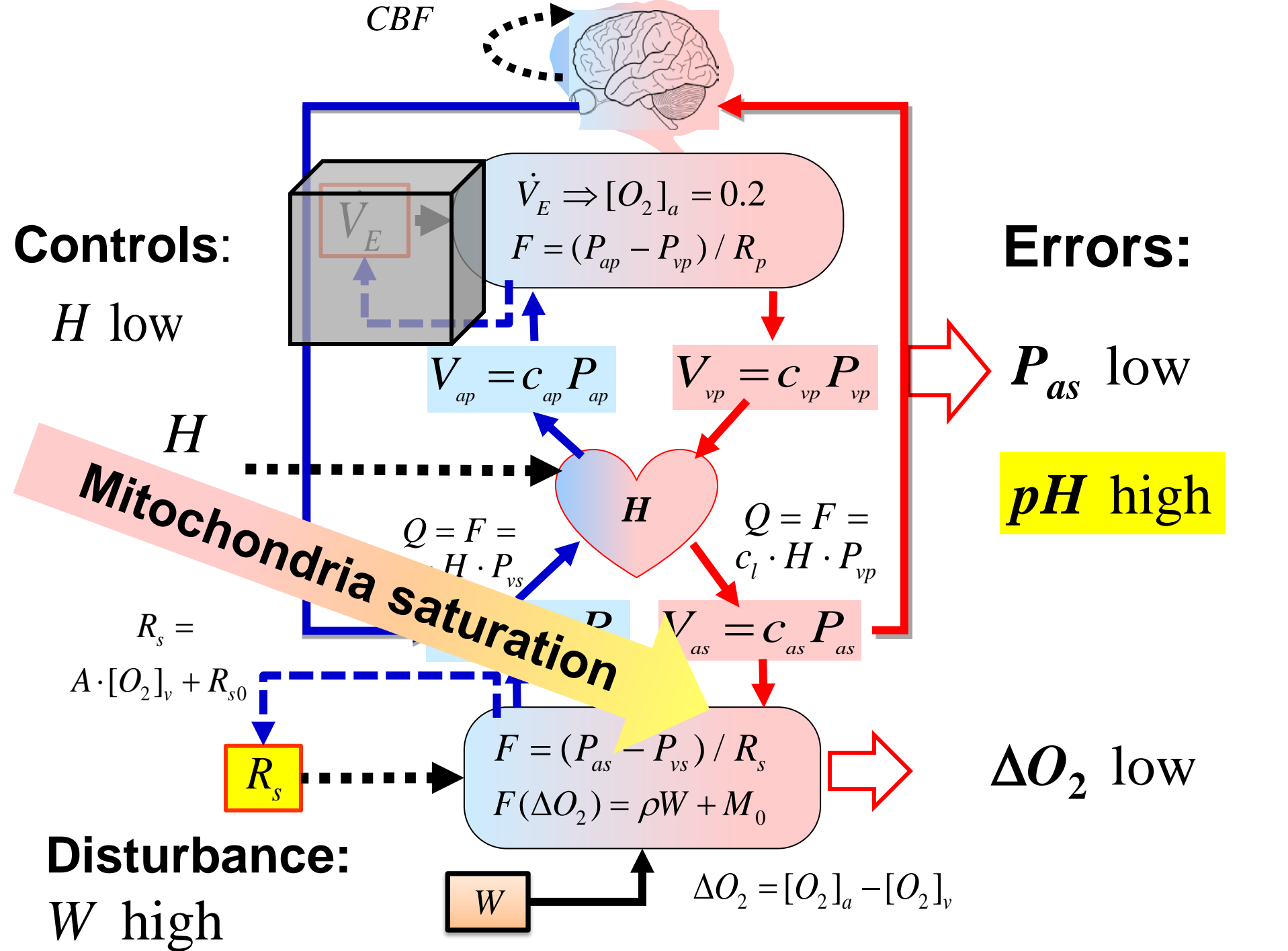
JP data

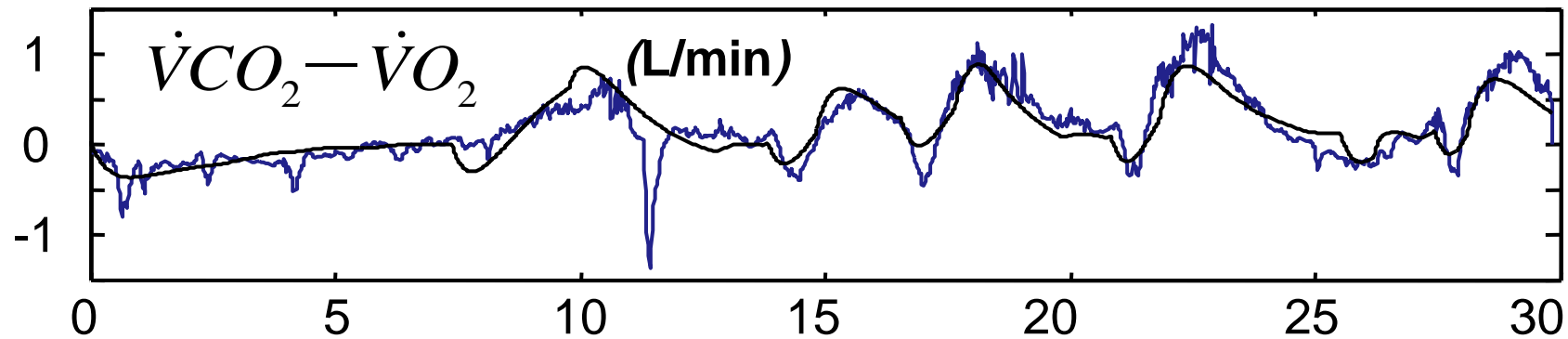
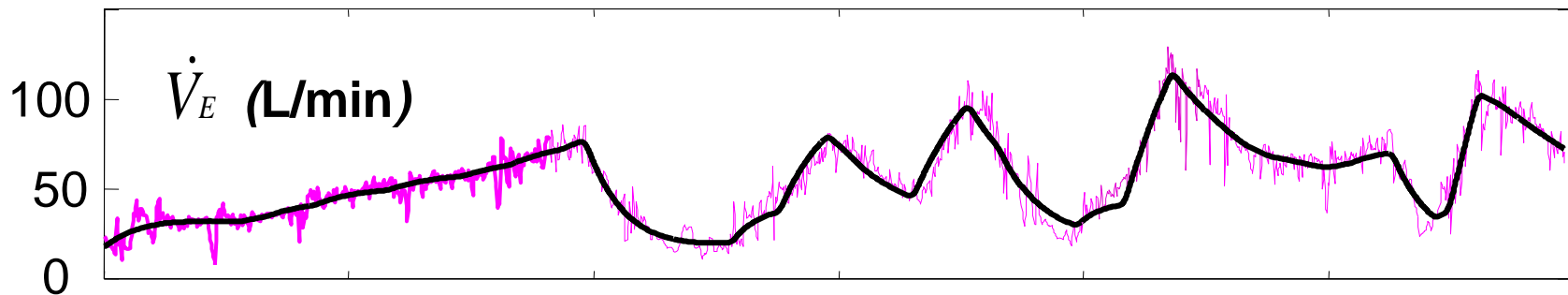
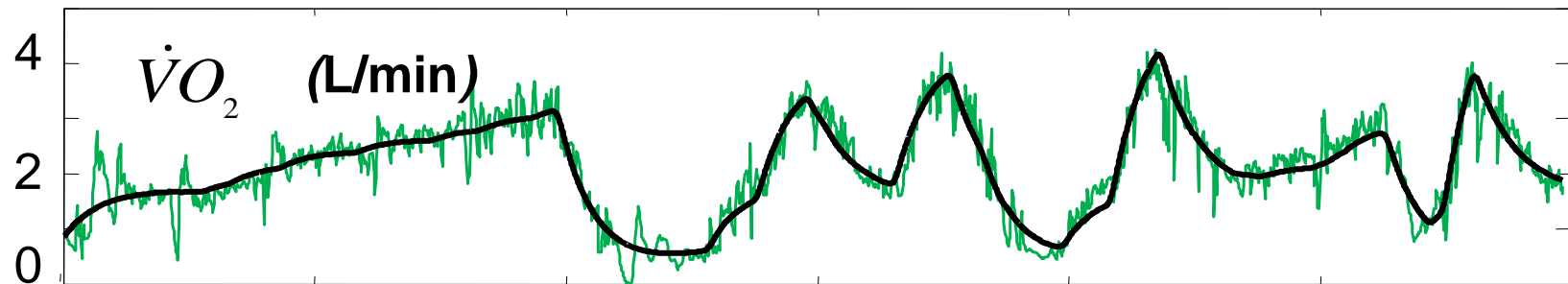
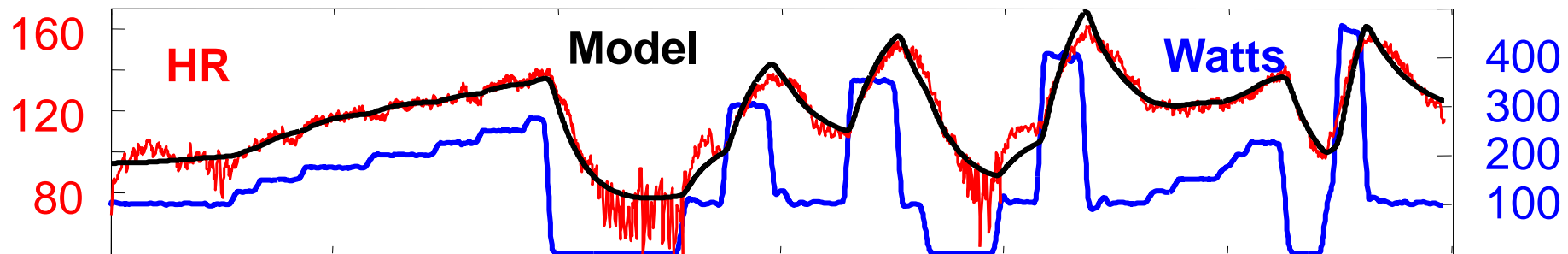
2nd order nonlinear (7 parameters)



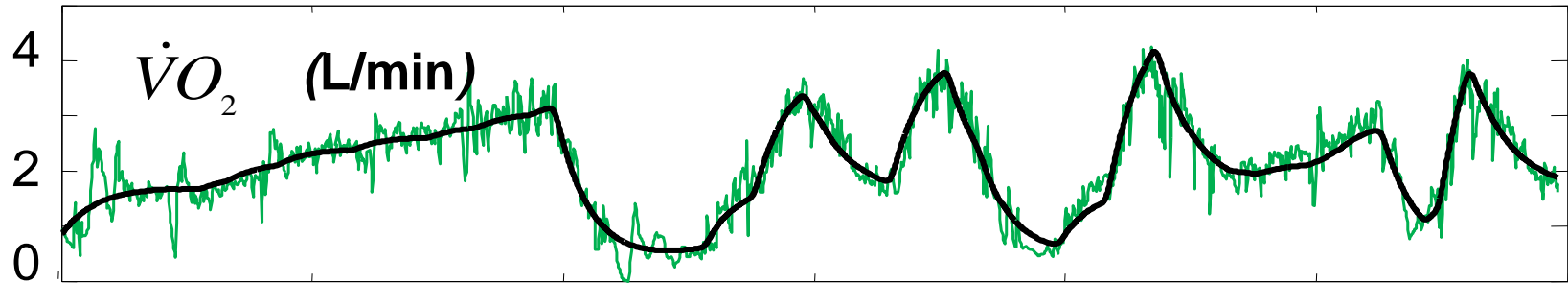
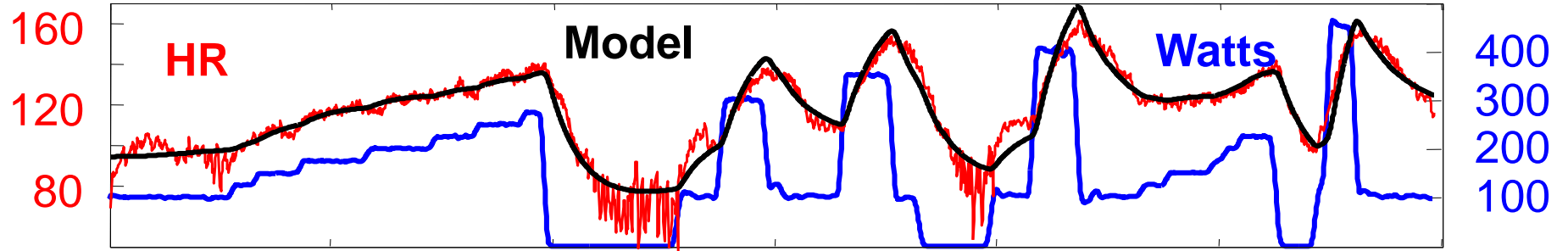


- Aerobic models can be way off at high watts
- (predict this signal should be constant)
- Can still fit with simple “black box” models, but...
- Need nonlinear dynamics
- Mechanistic models? (Redox ☹️💀)
 - Need anaerobic mechanisms
 - Control of arterial pH is critical (and hard to model)

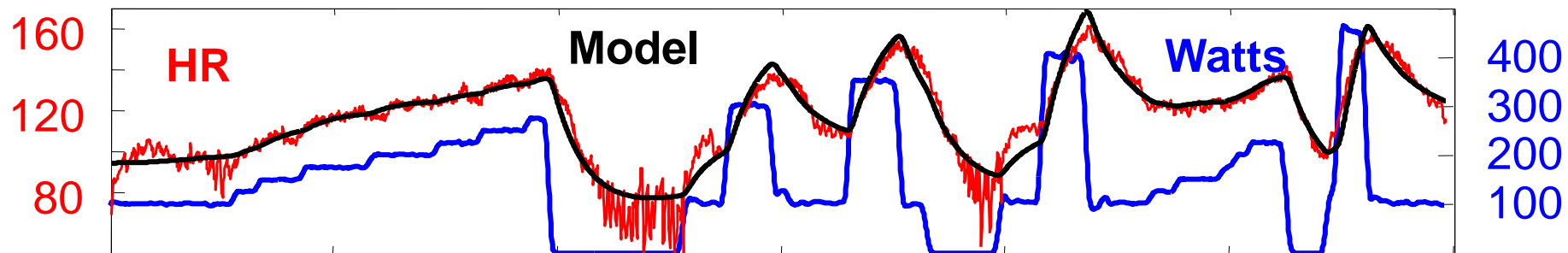




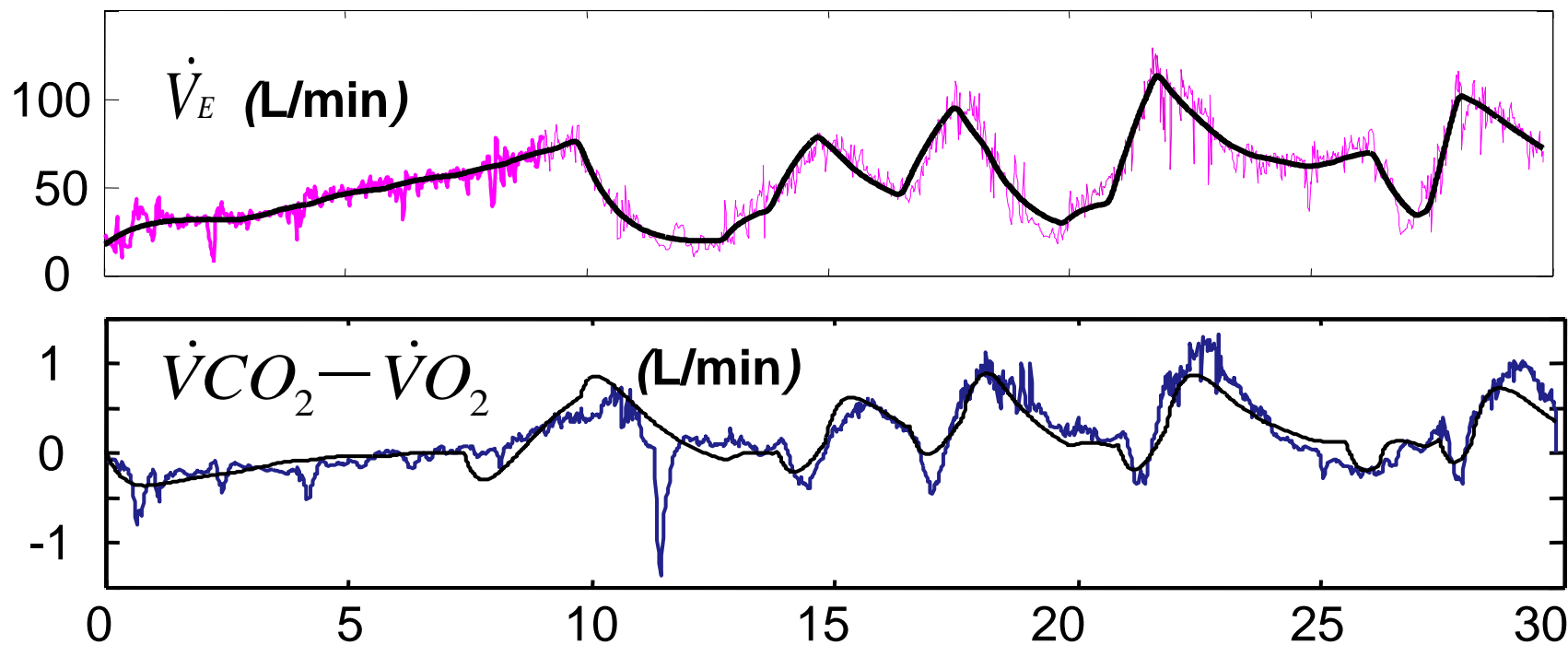
2nd order nonlinear (7 parameters)

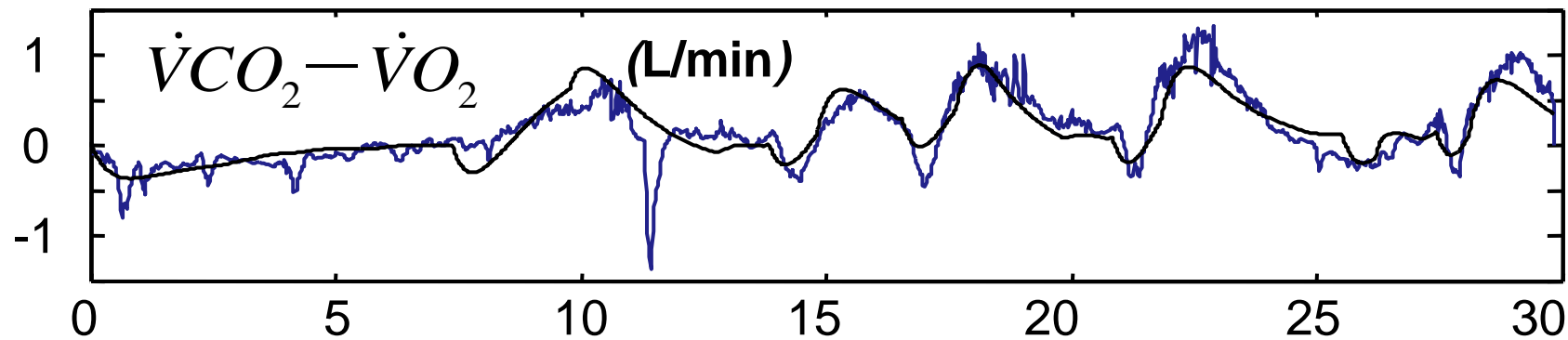
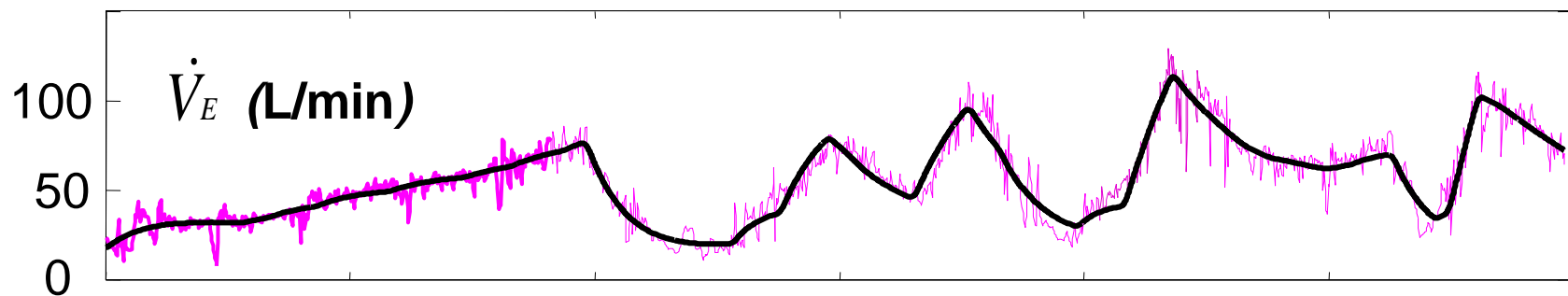
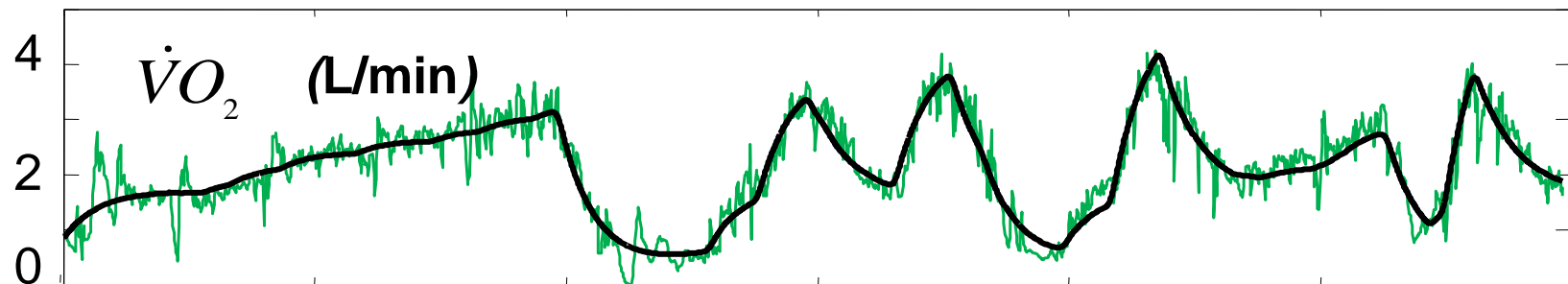
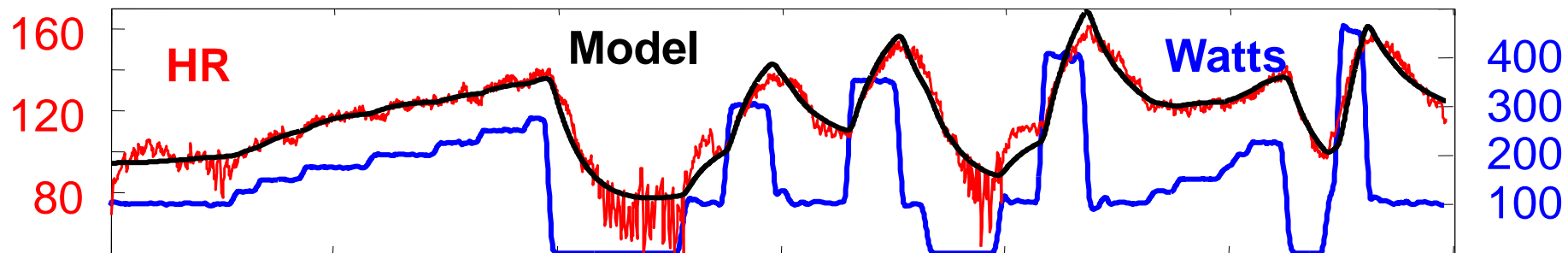


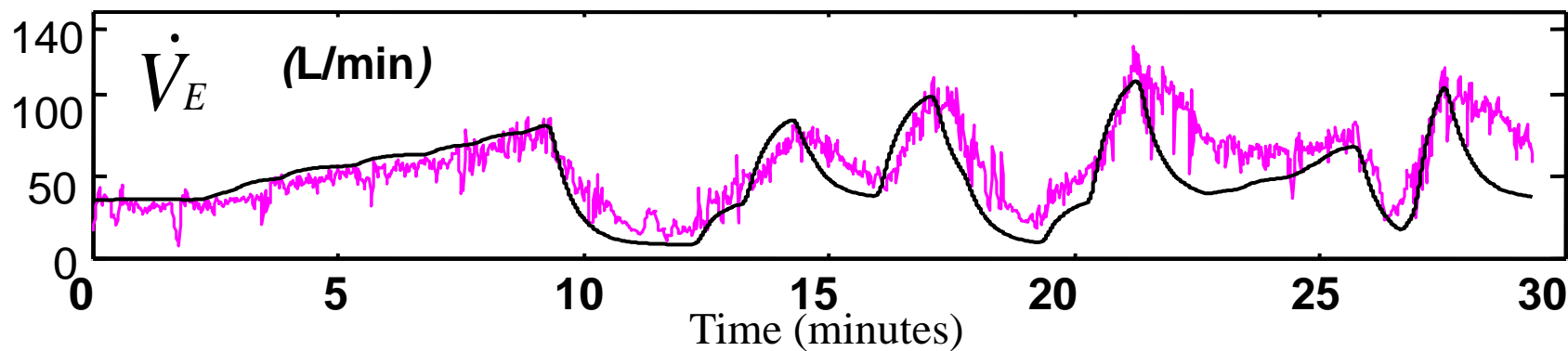
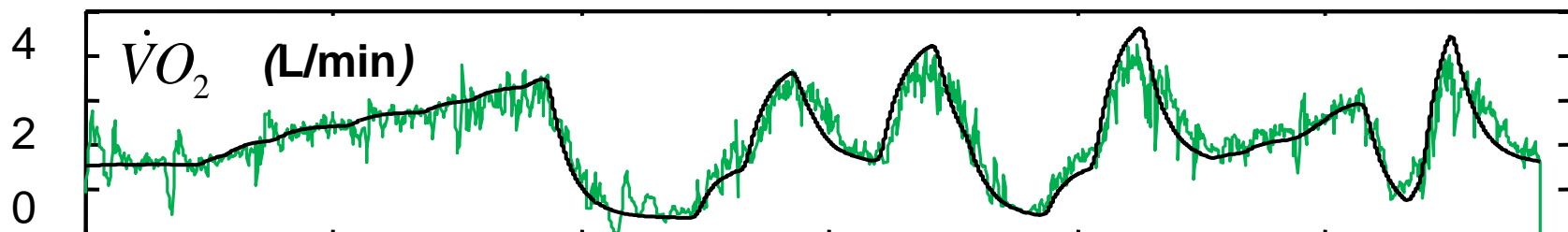
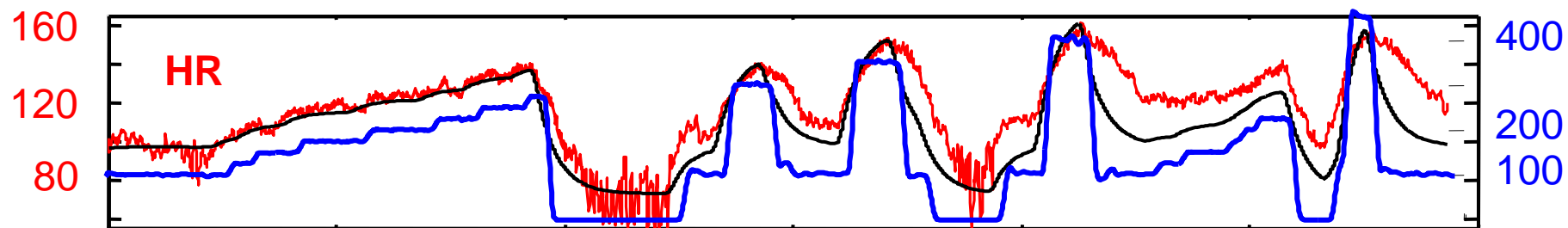
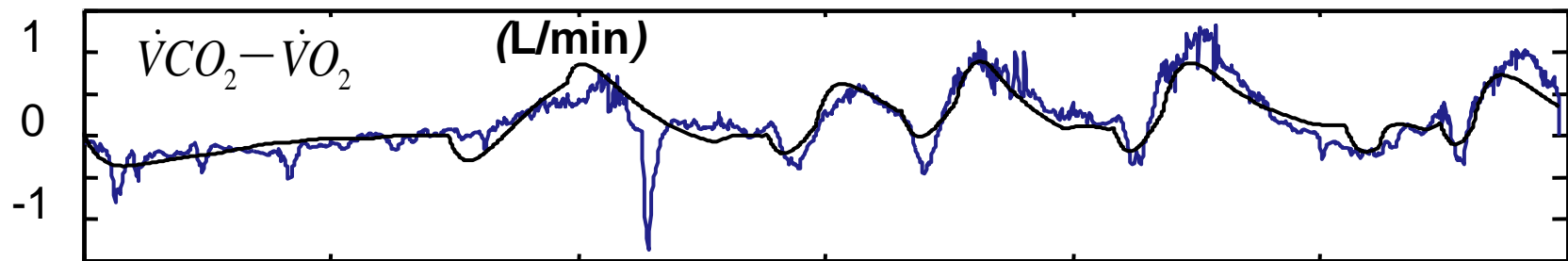
1st order linear (3 params)



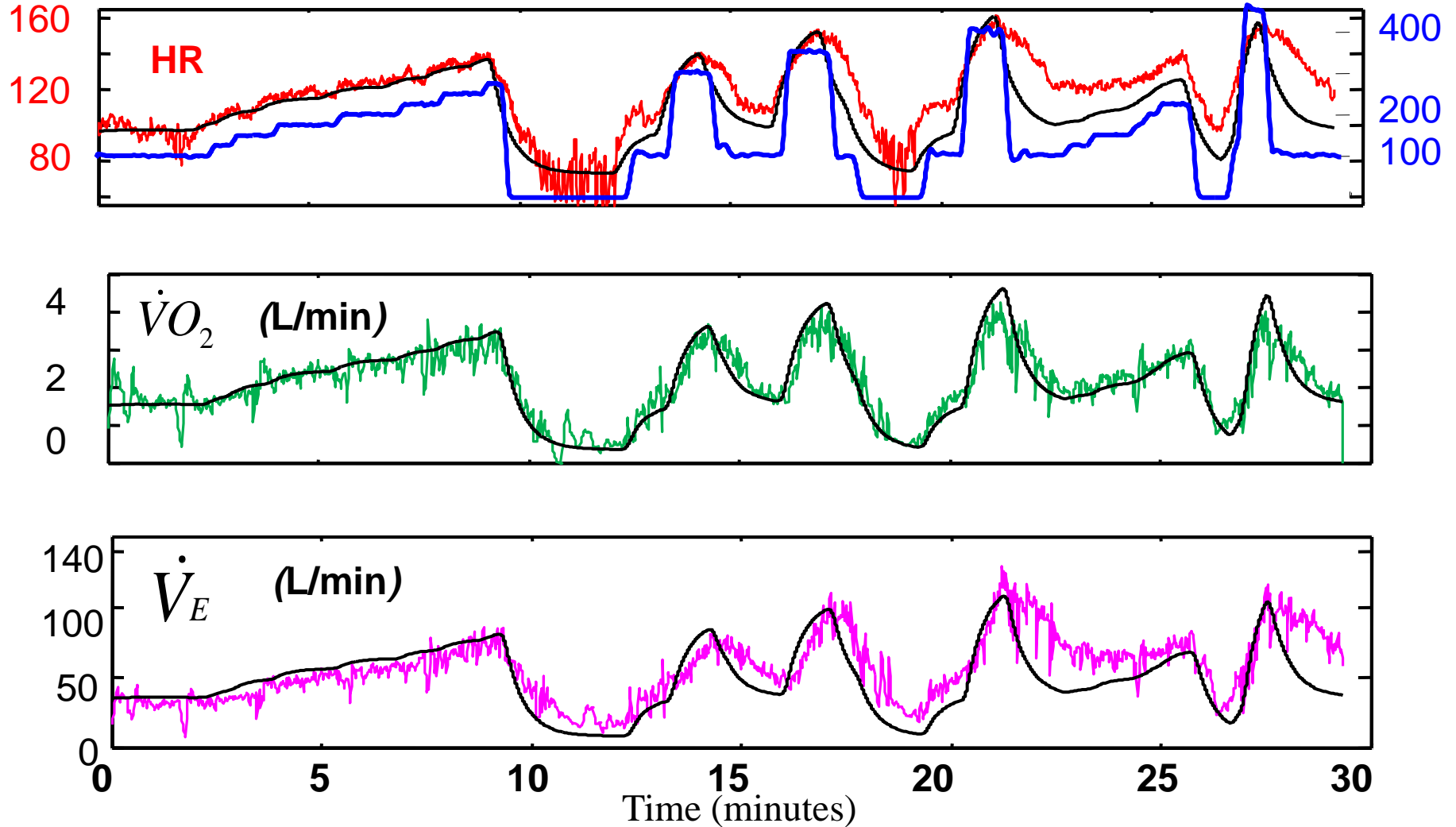
2nd order nonlinear (7 parameters)



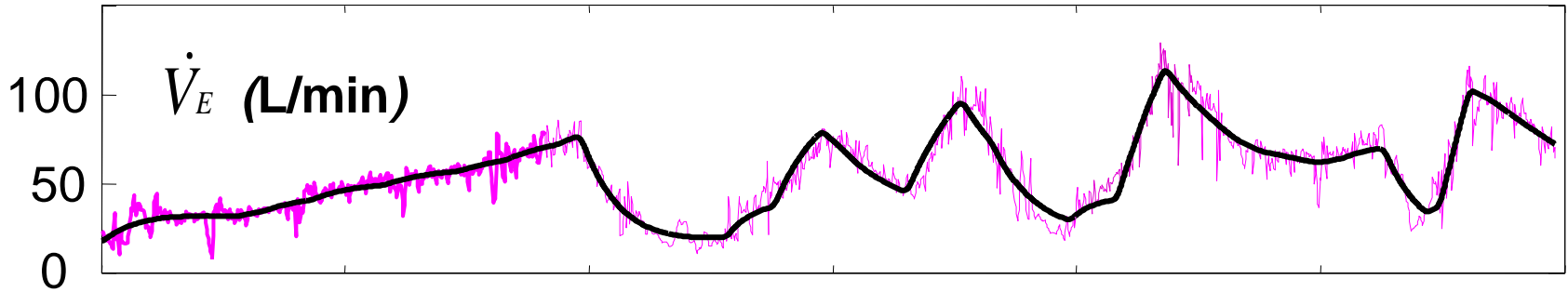
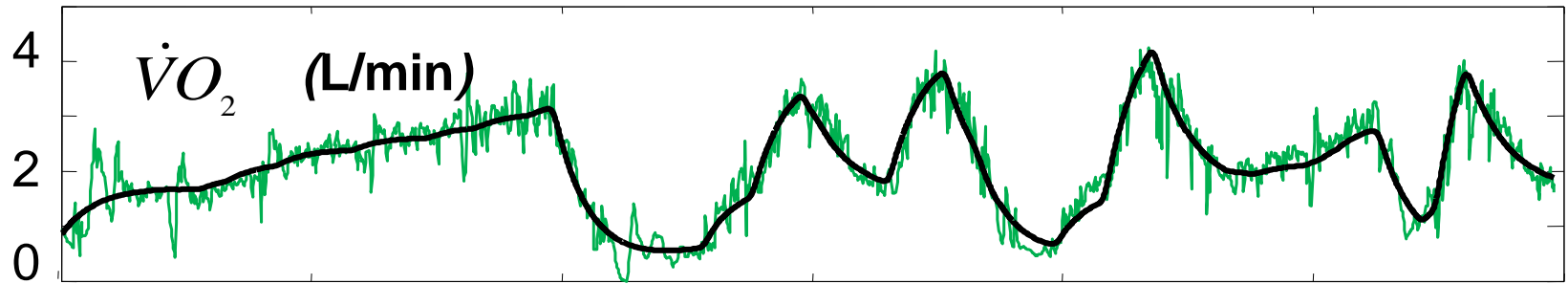
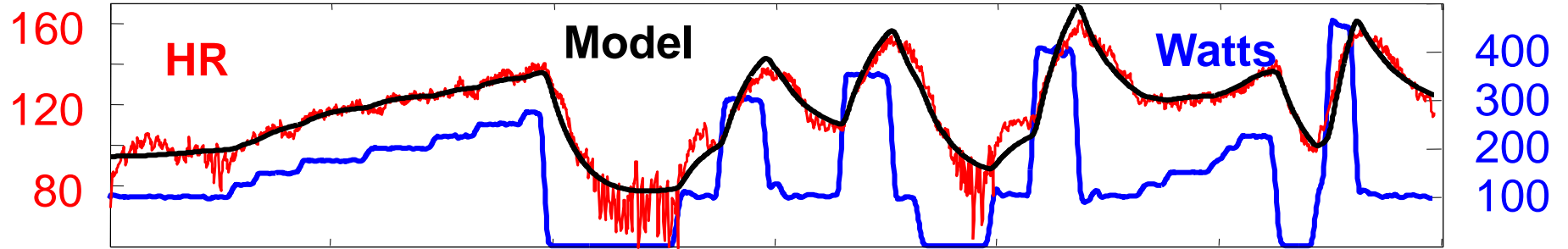




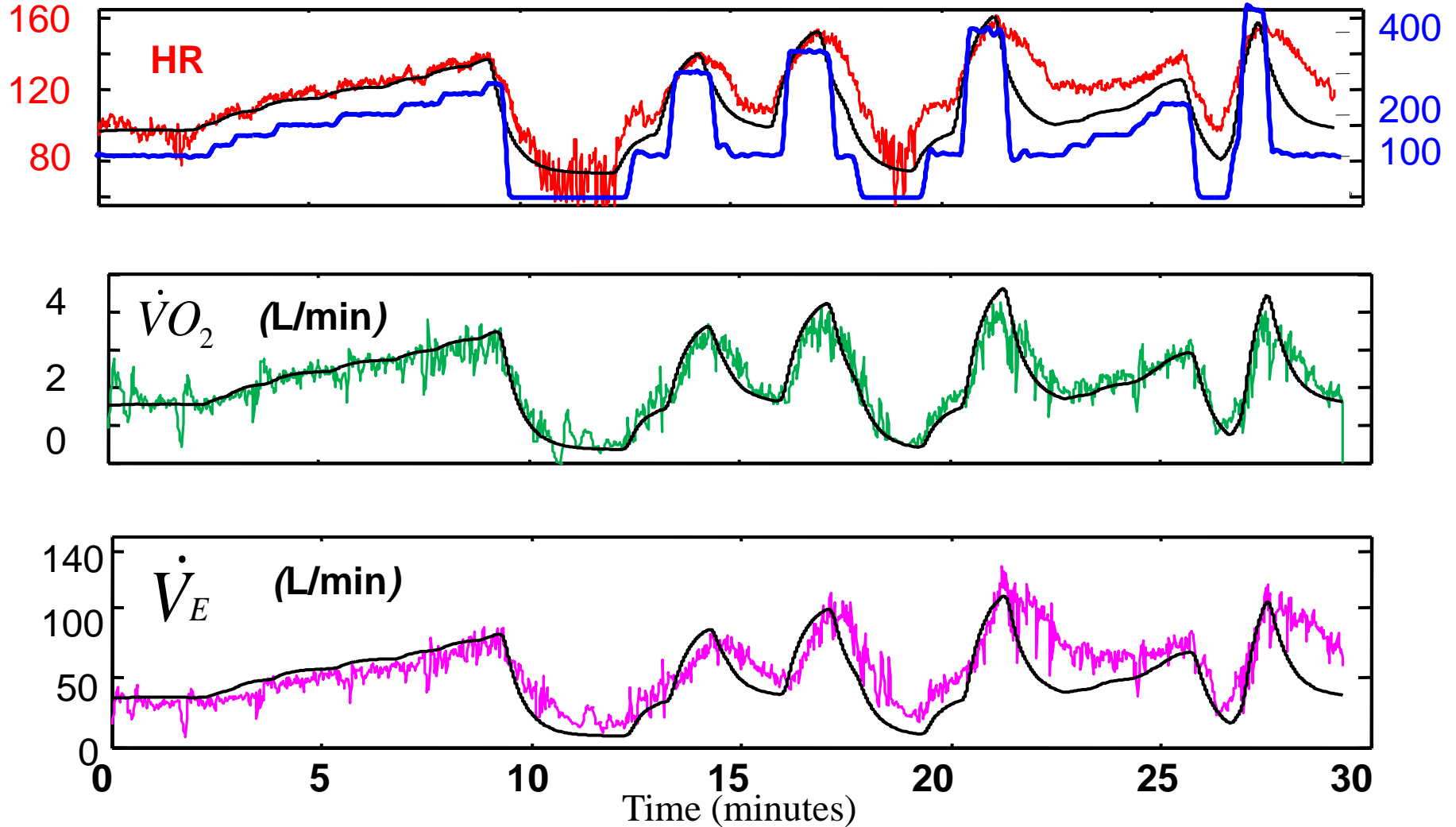
First principles *aerobic* model

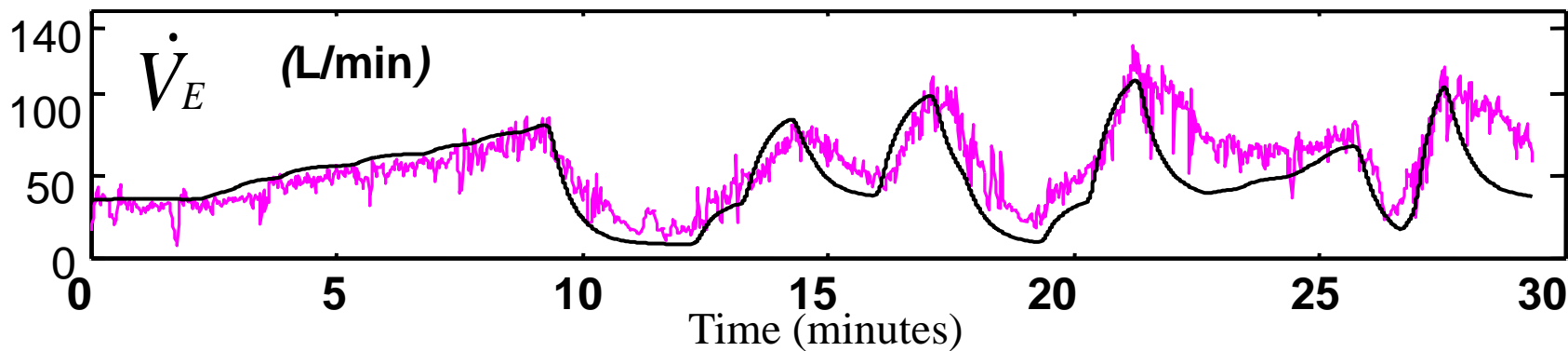
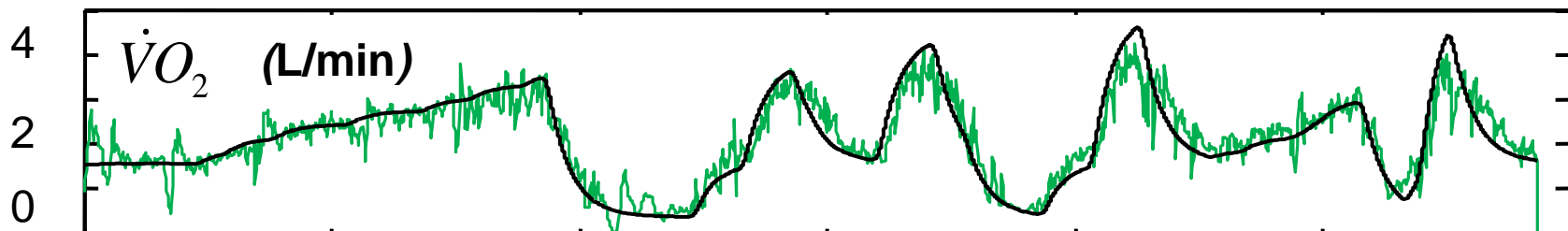
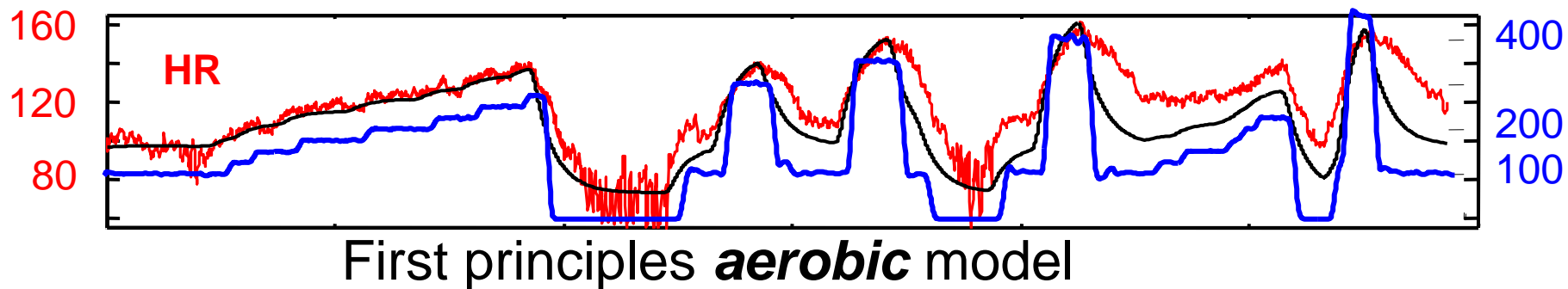
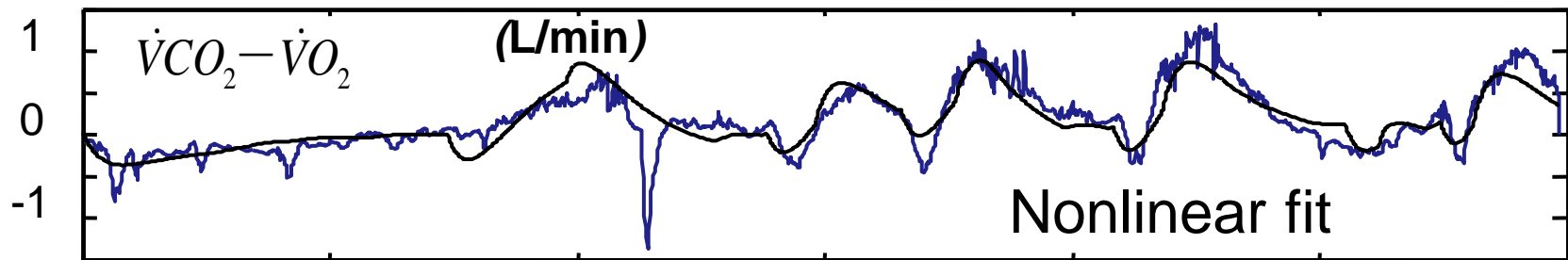


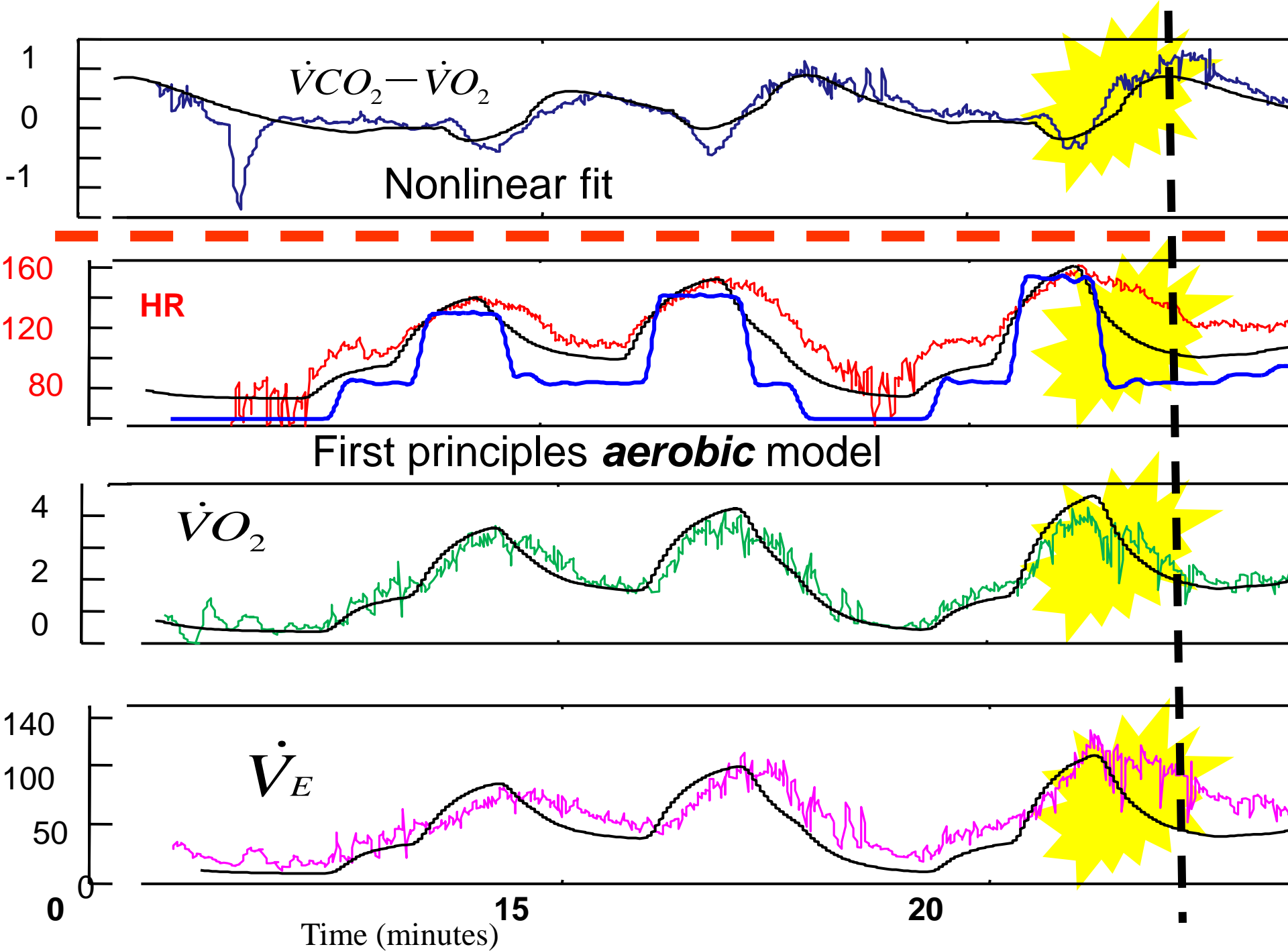
Fits



First principles *aerobic* model







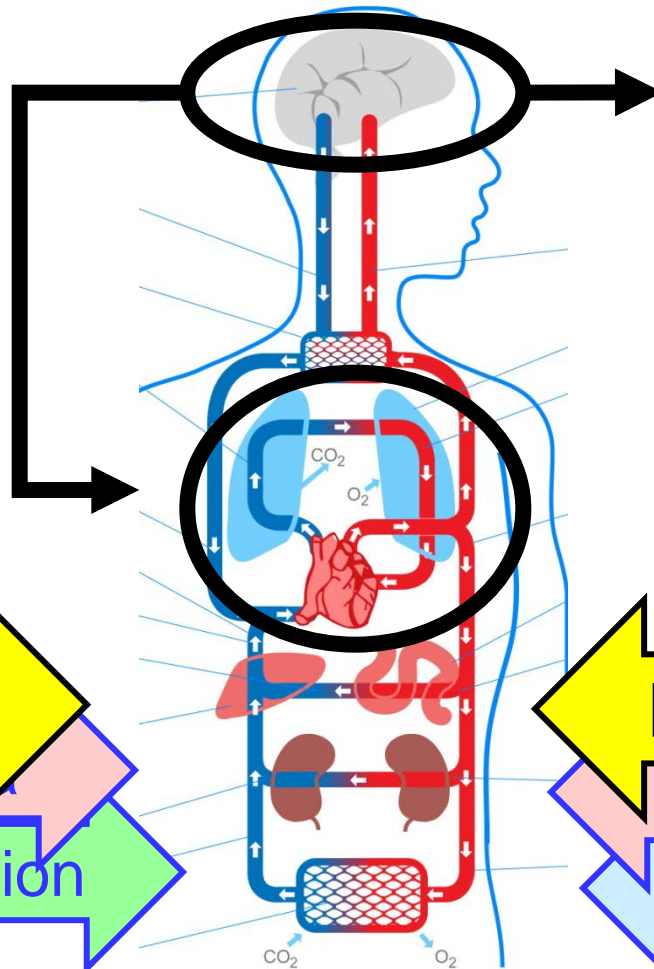
Homeostasis

controls

heart rate
ventilation
vasodilation
coagulation
inflammation
digestion
storage
...

errors

O₂
BP
pH
Glucose
Energy store
Blood volume
...



energy

trauma

infection

**external
disturbances**

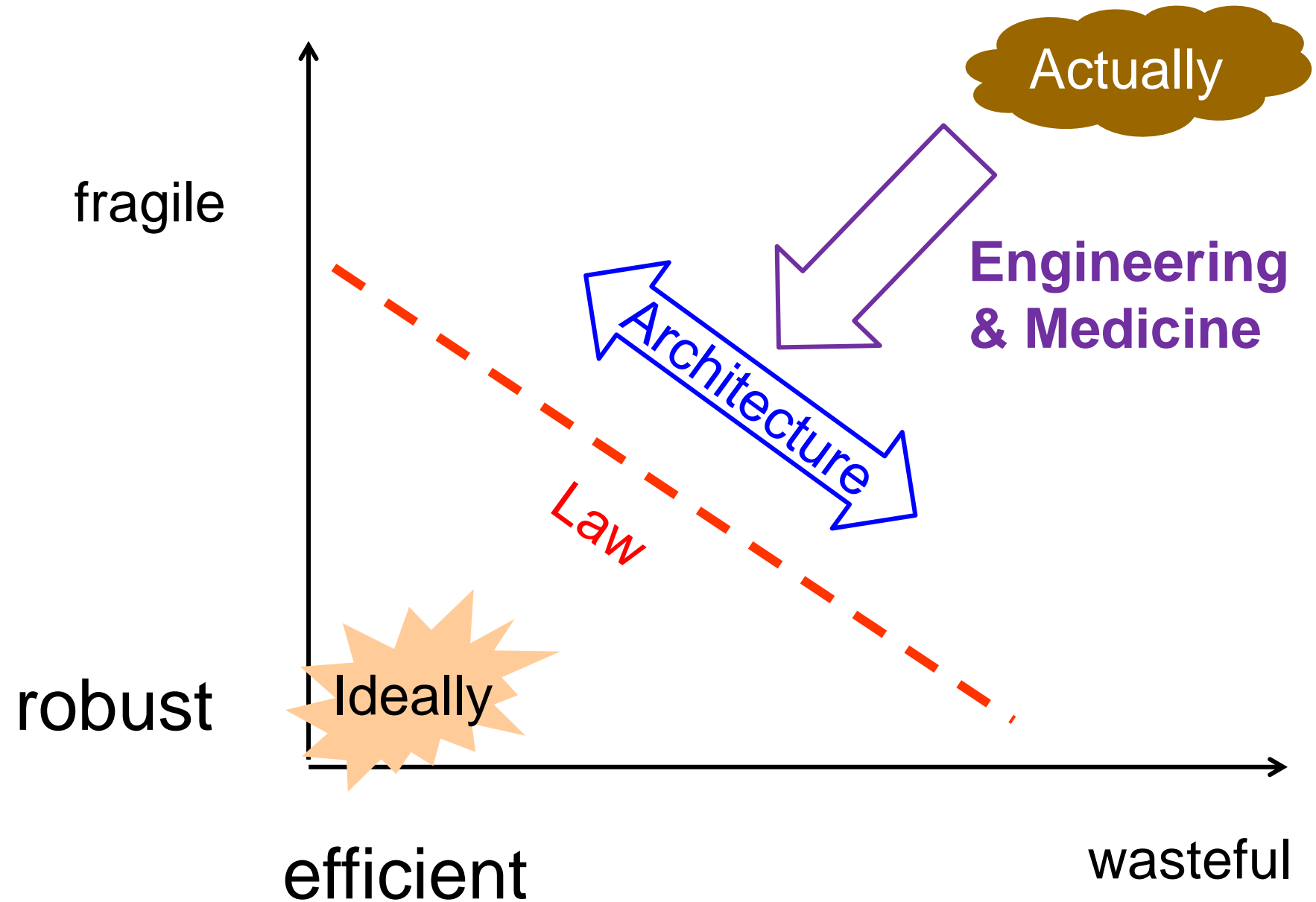
breath

heart beat

sensor

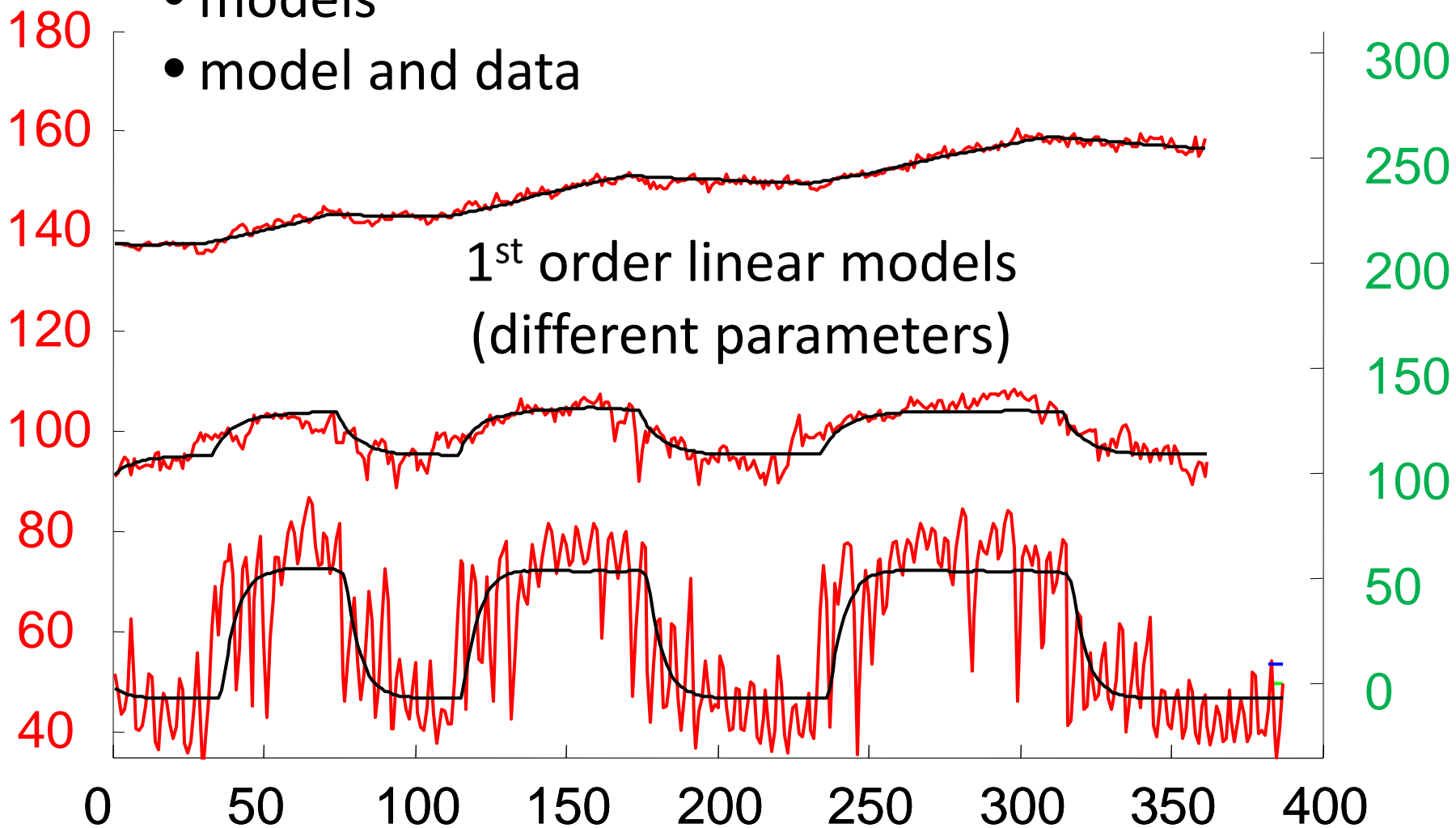
internal noise

Laws and Architecture



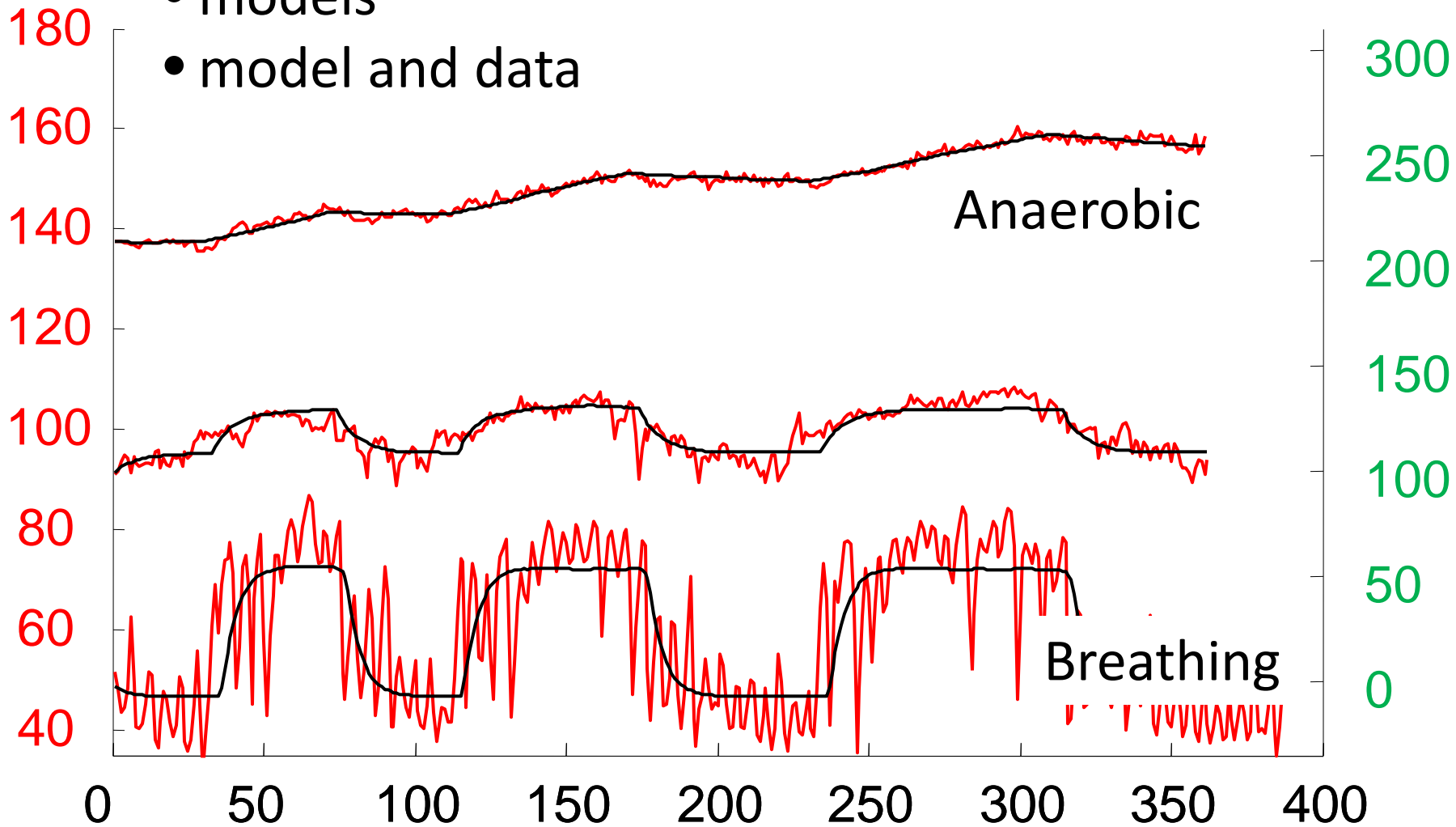
Explain differences between

- models
- model and data



Explain differences between

- models
- model and data



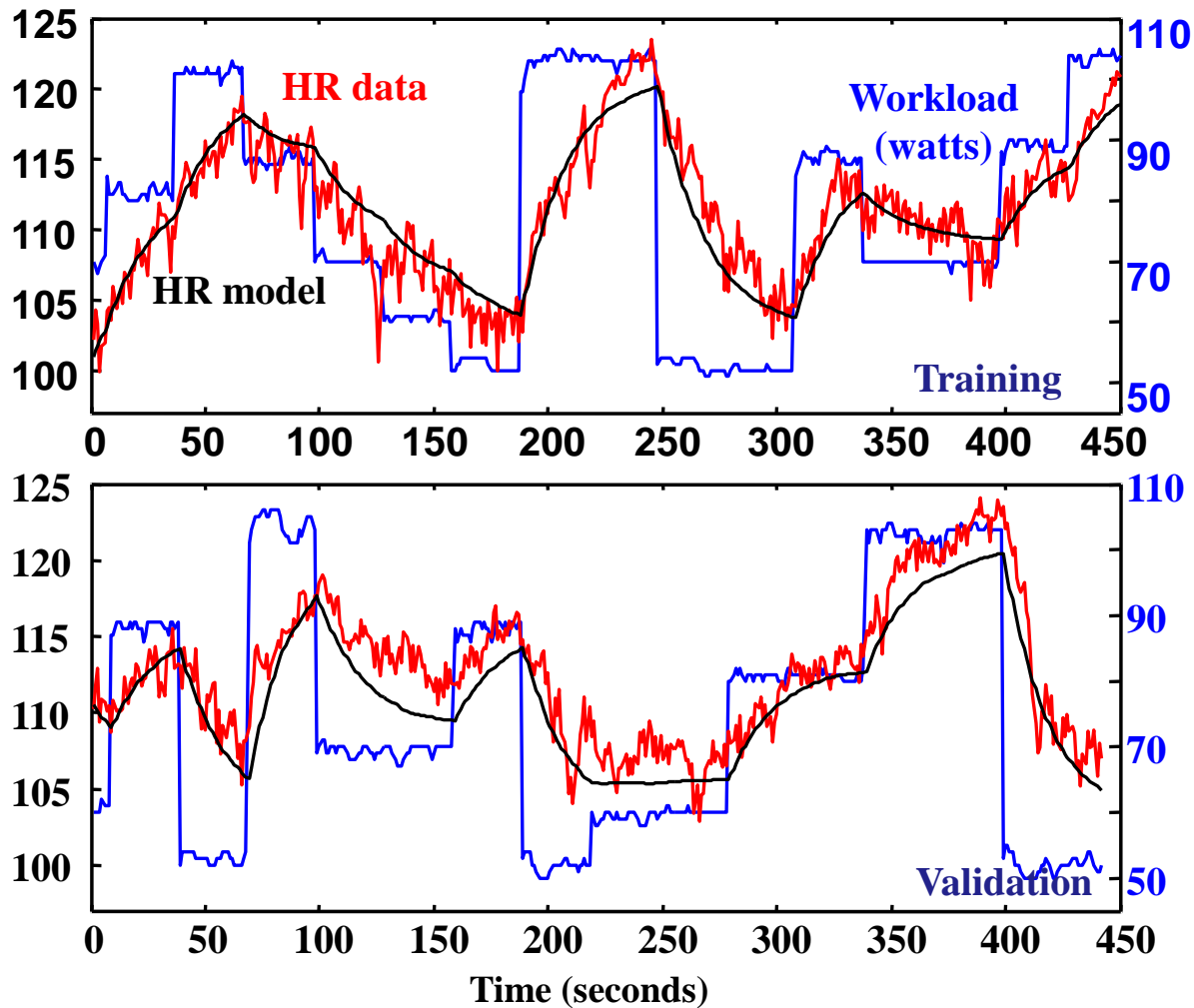
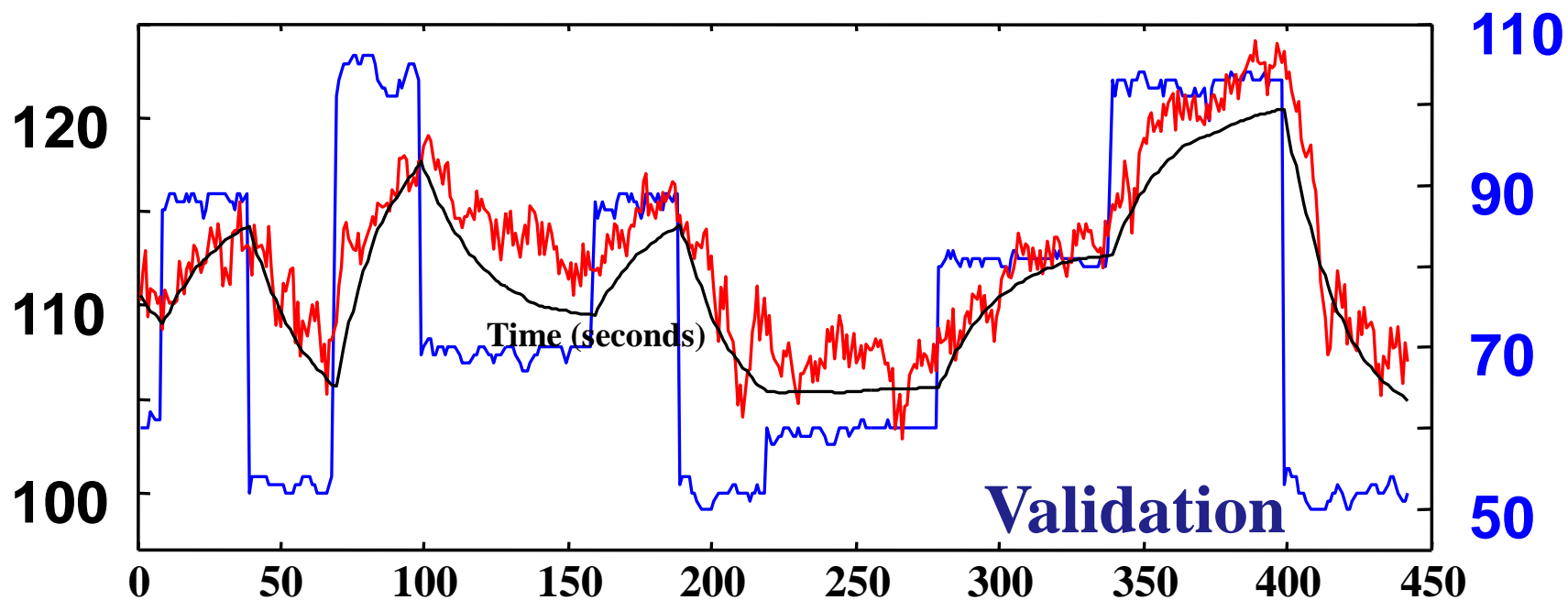
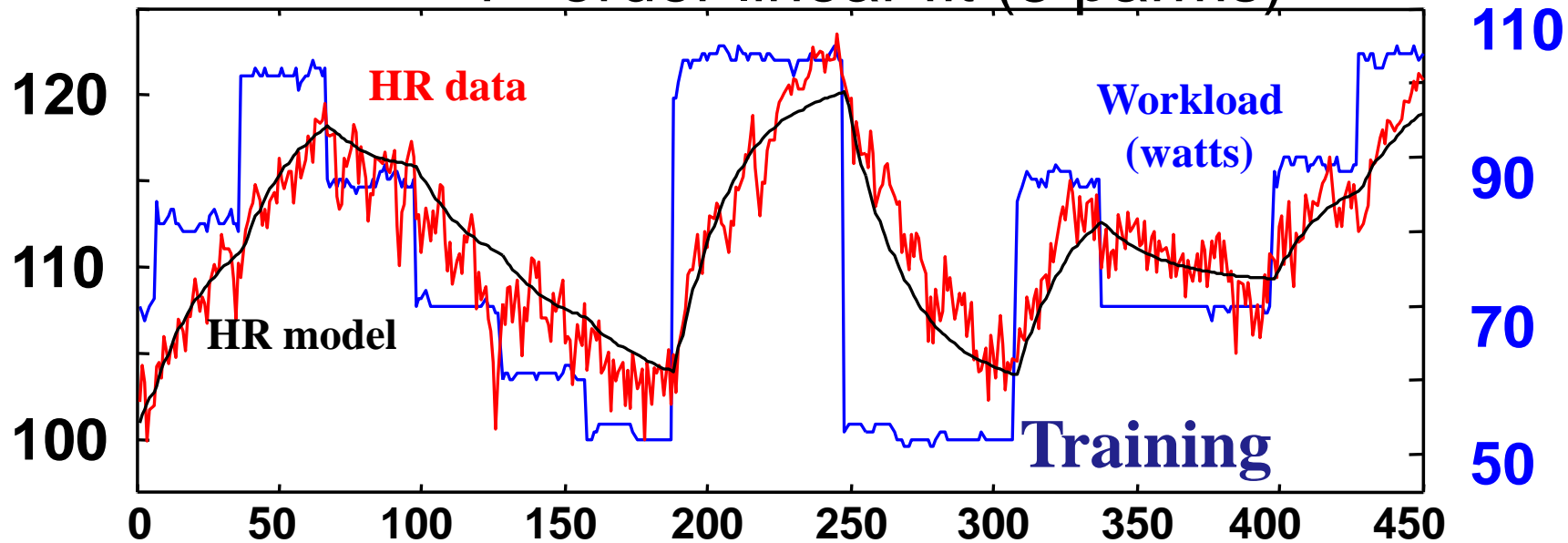
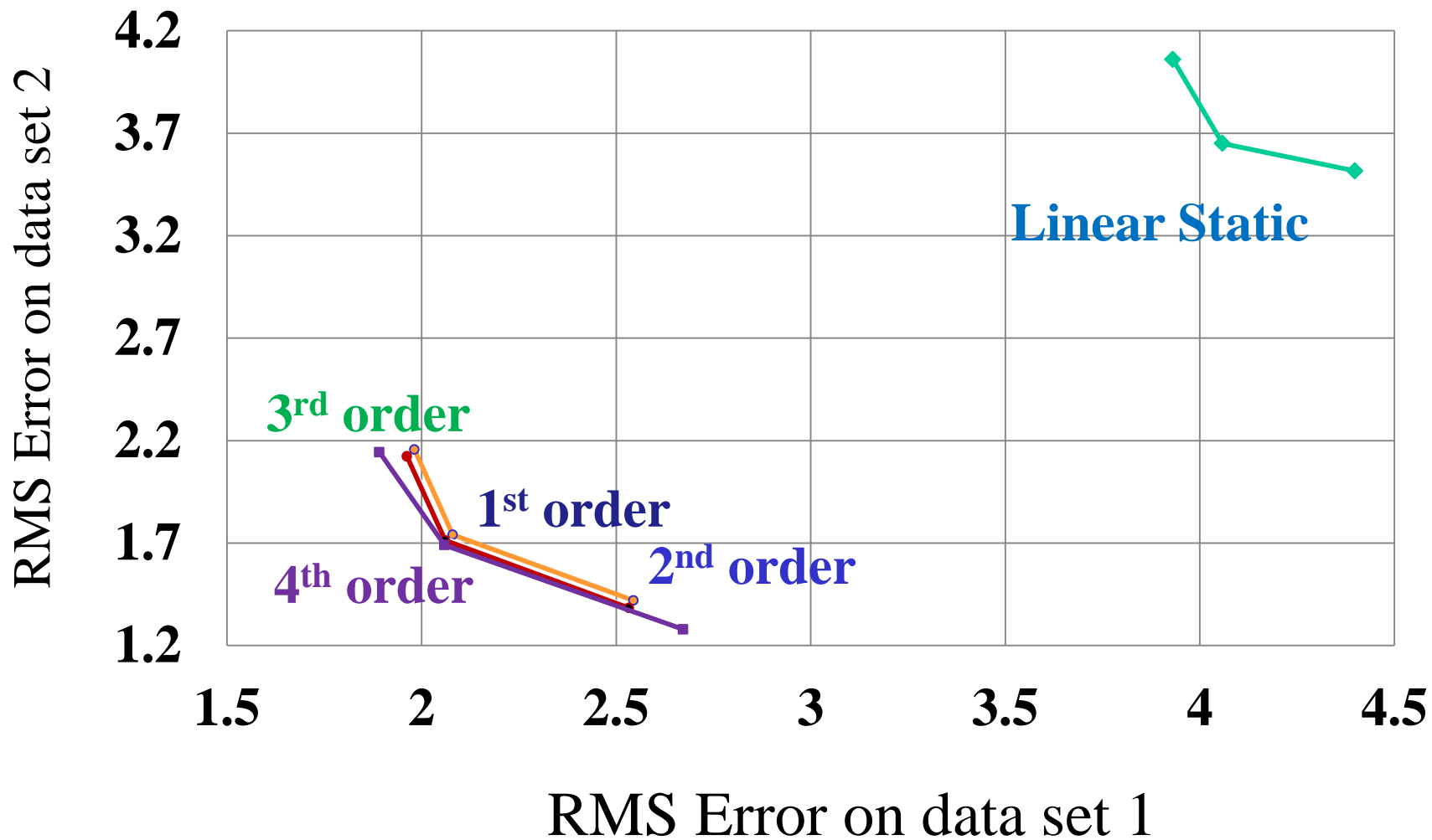


Figure S22: Subject #2 performed two separate experiments of less than 8 minutes each on a cycle ergometer including exercise levels between 50 watts and 100 watts. HR (left axis, red) is plotted for two different workload demands (right axis, blue). A 1st order linear dynamic (“black box”) model (i.e., $\Delta h = ah + bW + c$) with 3 parameters (a, b, c) was fit using the upper exercise data with workload input and HR output. Simulations of this model with the 2 workload inputs are in black.

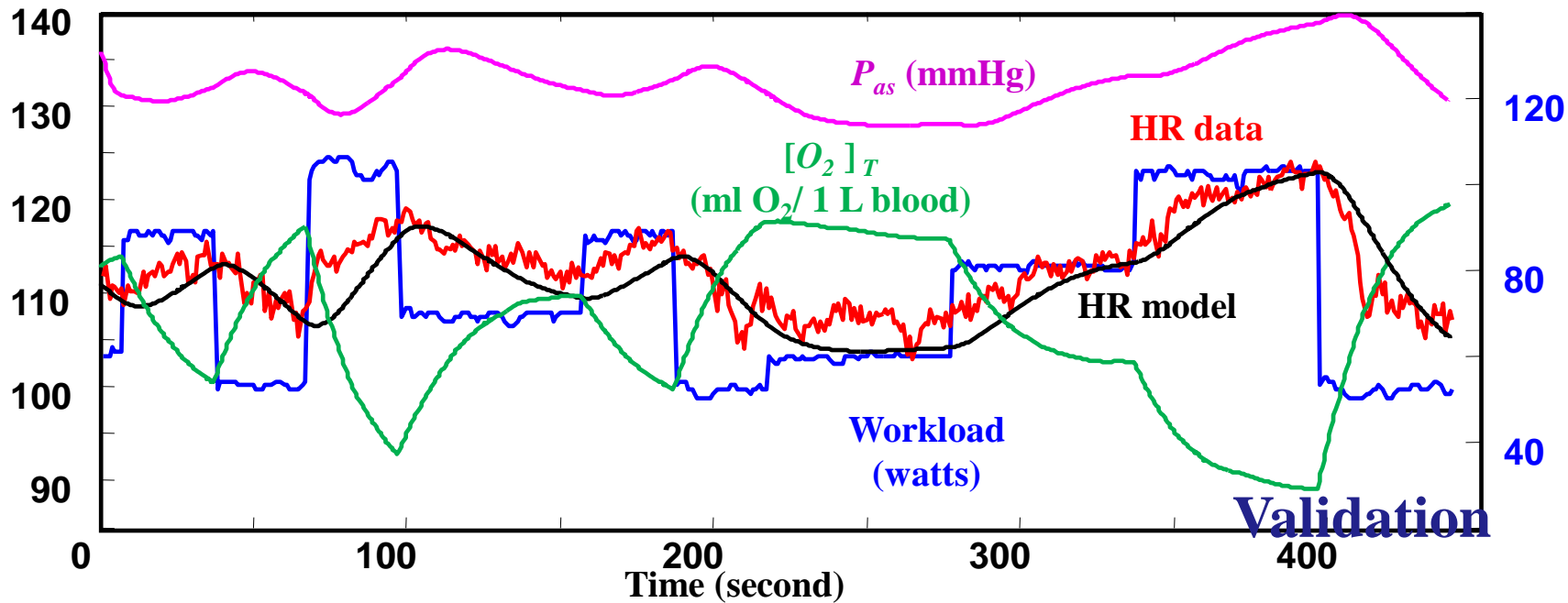
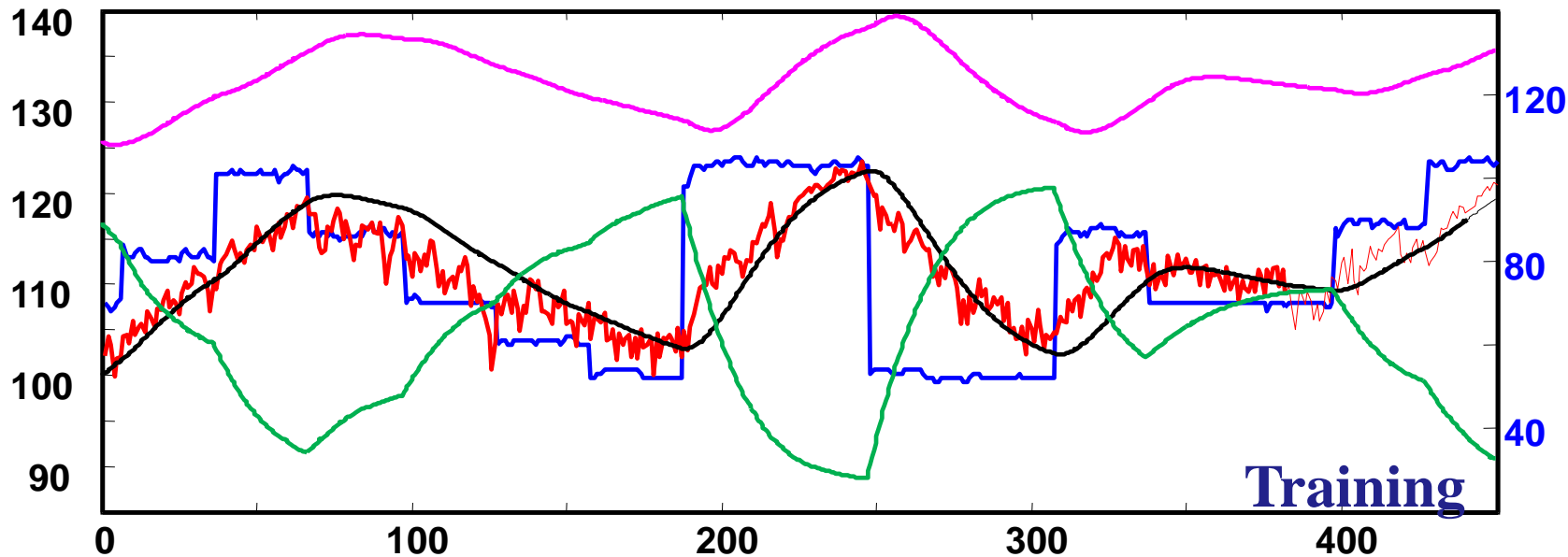
1st order linear fit (3 parms)

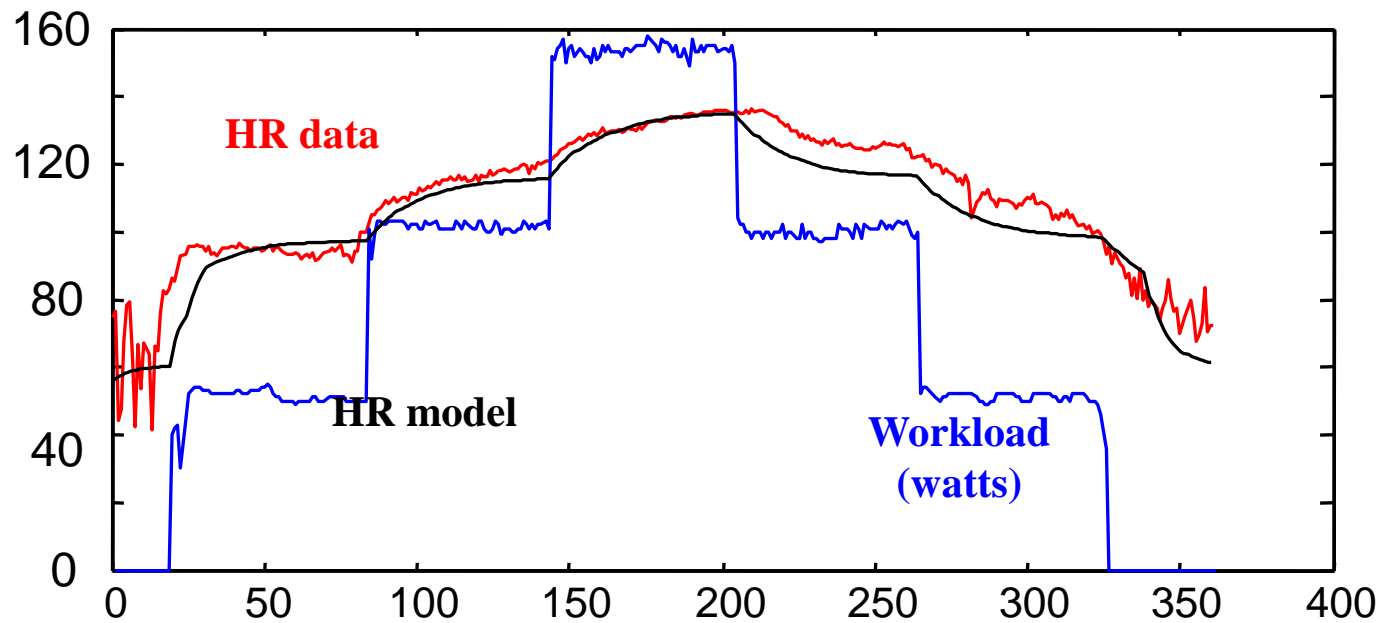
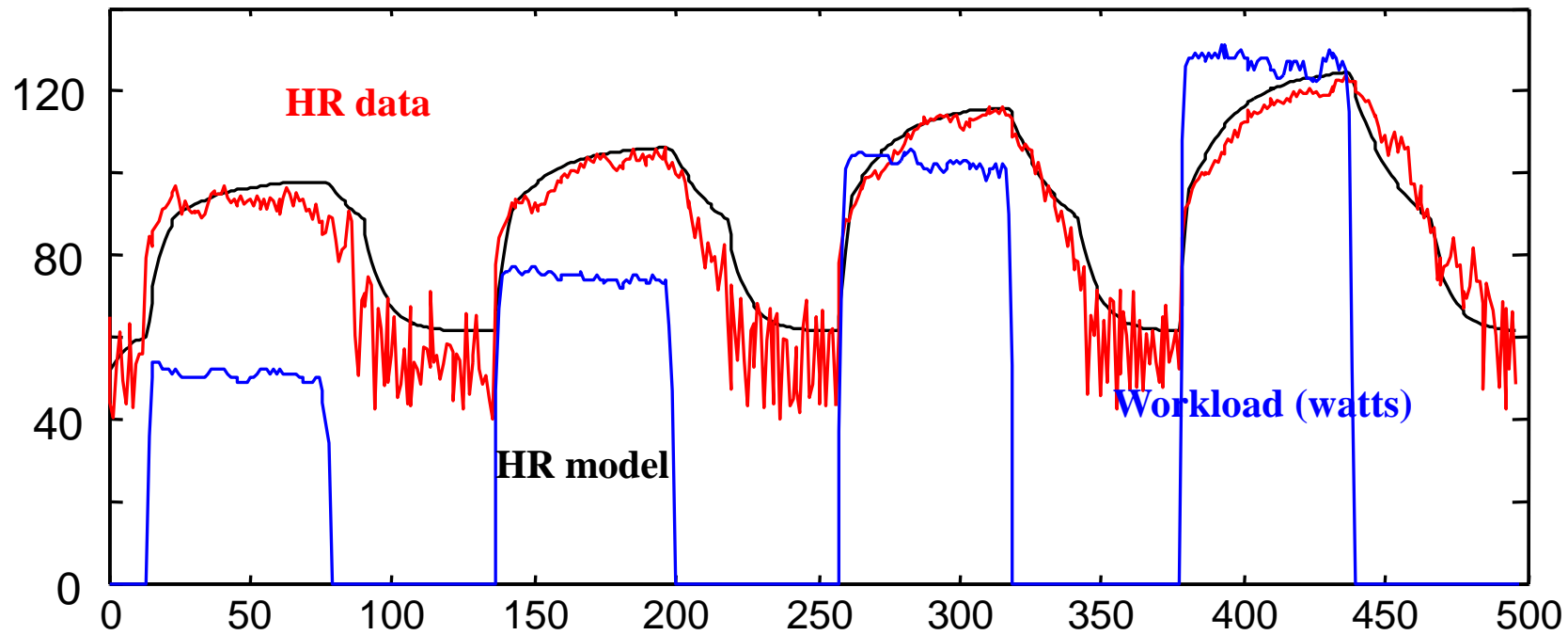




Linear models

First principles model





Nonlinear
fits

