# **Physiology of the Heart** Conduction System Cardiac Cellular Electrophysiology

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This presentation includes only the most important terms and facts. Its content by itself is not a sufficient source of information required to pass the Physiology exam.



#### **Roles of the Cardiovascular System**

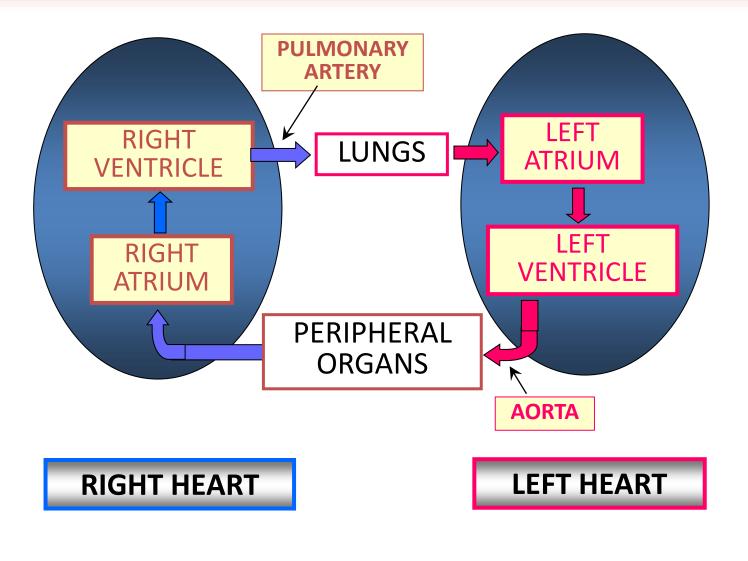
- primary role distribution of dissolved gases and other nutrients
- several secondary roles, for example:
  - fast chemical signalling to the cells (circulating hormones and neurotransmitters)
  - thermoregulation (delivery of heat from the core to the surface of the body)
  - immune reaction

- roles of the heart:
  - primary role pumping of blood
  - endocrinne organ (natriuretic peptides)





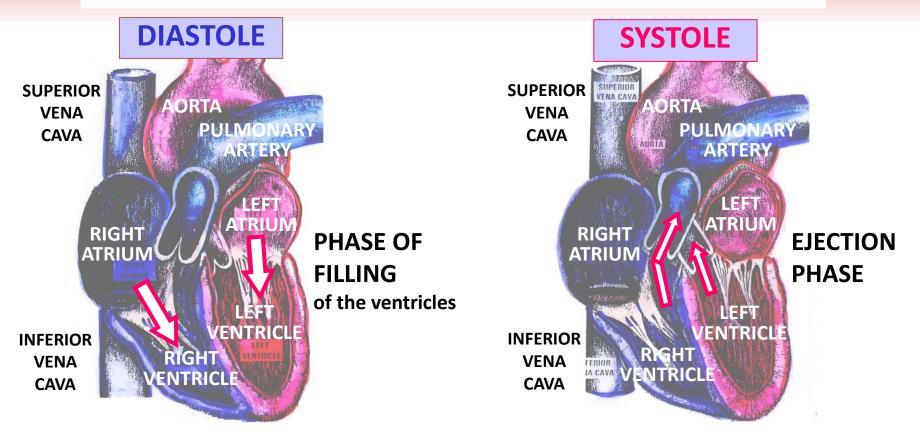
#### **TWO PUMPS INTERCONNECTED IN SERIES**







#### **Two Main Phases of the Cardiac Cycle**



ONE WAY VALVES	DIASTOLE	SYSTOLE
ATRIOVENTRICULAR (mitral and tricuspid)	open	closed
SEMILUNAR (aortal and pulmonary)	closed	open

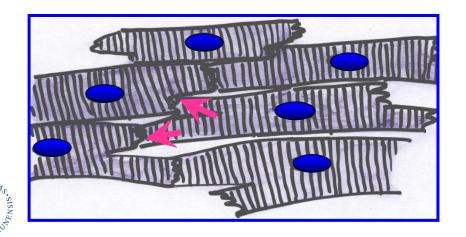
#### **Two Major Types of Cardiac Cells**

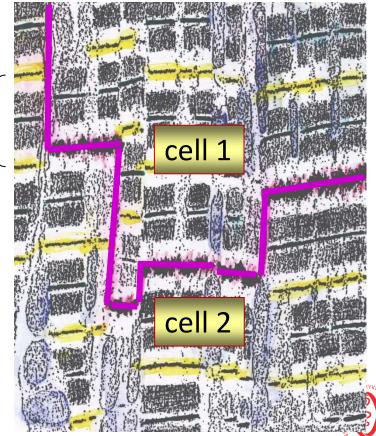
 cardiomyocytes of the working myocardium - specialized for contraction (atrial and ventricular myocytes)

#### FUNCTIONAL SYNCYTIUM

sarcomere

- mechanical connections
- electrical connections gap junctions





#### **Two Major Types of Cardiac Cells**

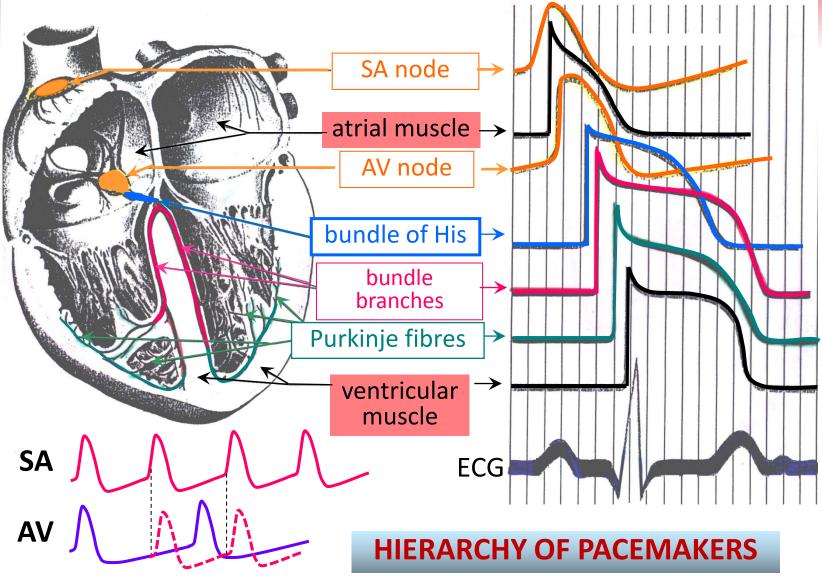
- cardiomyocytes of the working myocardium specialized for contraction (atrial and ventricular myocytes)
- cardiomyocytes of the cardiac conduction system specialized for:
  - automatic excitation (pacemaker activity)
  - conduction of excitation

#### The cardiac conduction system ensures:

- generation of automatic electrical activity of the heart (pacemaker activity) that initiates its mechanical activity
- optimal timing of the mechanical activity of the heart as a pump









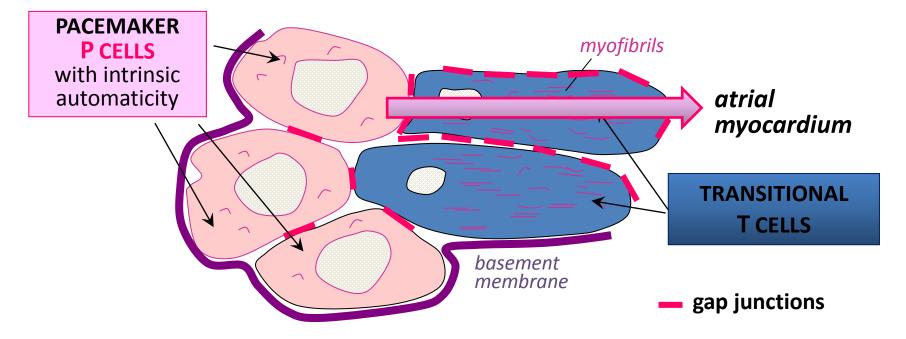
SINOATRIAL (SA) NODE
 PRIMARY pacemaker (60-100 impulses/min)





#### SA node

#### **TWO TYPES of the SA-nodal cells**



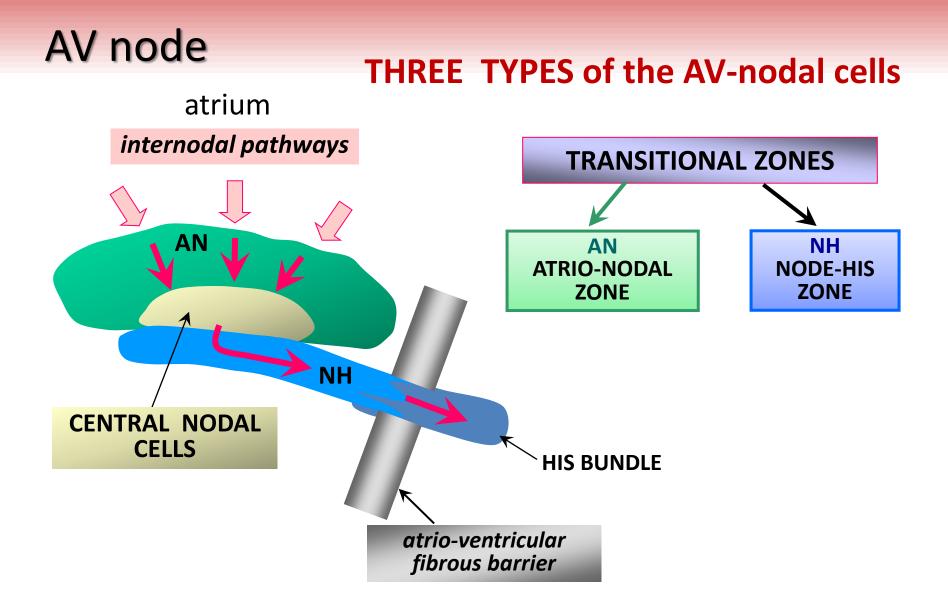
SICK SINUS SYNDROME

- pacemaker P cells are impaired, activity is slowed or stopped
- transmission of excitation from P cells to the atrial cells is reduced or interrupted

- SINOATRIAL (SA) NODE
  PRIMARY pacemaker (60-100 impulses/min)
- INTERNODAL PREFERENTIAL PATHWAYS
- ATRIOVENTRICULAR (AV) NODE
  SECONDARY pacemaker (40-55 impulses/min)







## AV node

- SOLE PATHWAY FOR PROPAGATION OF EXCITATION FROM ATRIA TO VENTRICLES (NH zone merges into the bundle of His)
- DELAY IN PROPAGATION OF EXCITATION, ~100 ms (important for adequate timing of atrial and ventricular contractions)
- SUBSTITUTIVE (SECONDARY) PACEMAKER (40-55 impulses/min; importance in the case of sick sinus syndrome)
- FILTER OF SUPRAVENTRICULAR TACHYARRHYTHMIAS atrial excitations are transmitted to the ventricles only up to the limited frequency 180-200 excitations/min (the heart function as a pump is preserved)

•	SINOATRIAL (SA) NODE PRIMARY pacemaker (60-100 impulses/min)	0.05 m/s
•	INTERNODAL PREFERENTIAL PATHWAYS	<b>1 m/s</b>
•	ATRIOVENTRICULAR (AV) NODE SECONDARY pacemaker (40-55 impulses/min)	0.05 m/s
•	BUNDLE OF HIS BUNDLE BRANCHES (LEFT AND RIGHT)	1 m/s 1 m/s
•	<b>PURKINJE FIBRES</b> <b>TERCIARY pacemaker</b> (25-40 impulses/min)	4 m/s

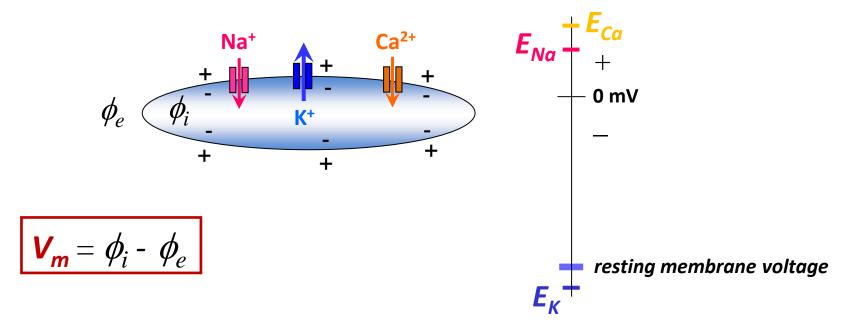
Conduction velocity in atrial and ventricular muscle: 1 m/s





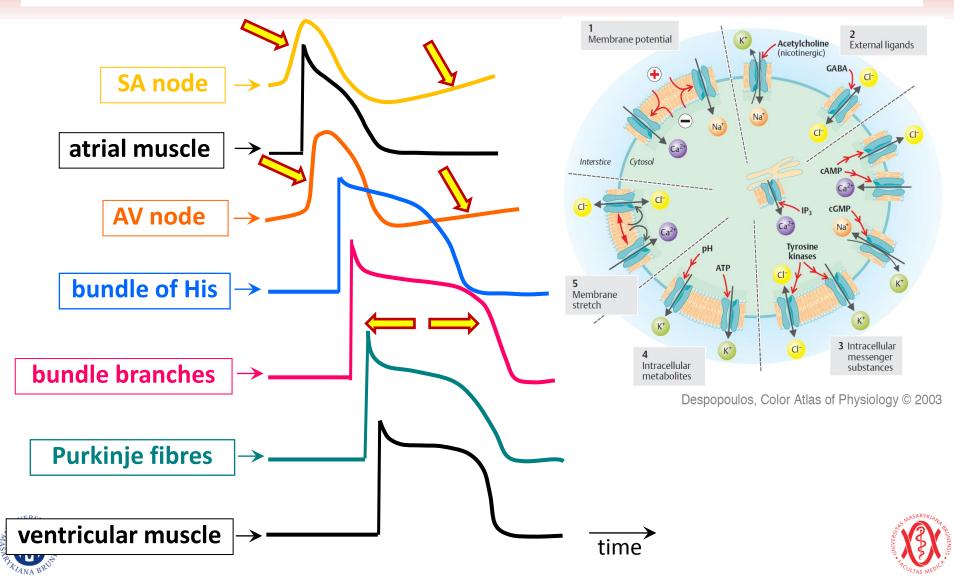
#### **Ionic Channels**

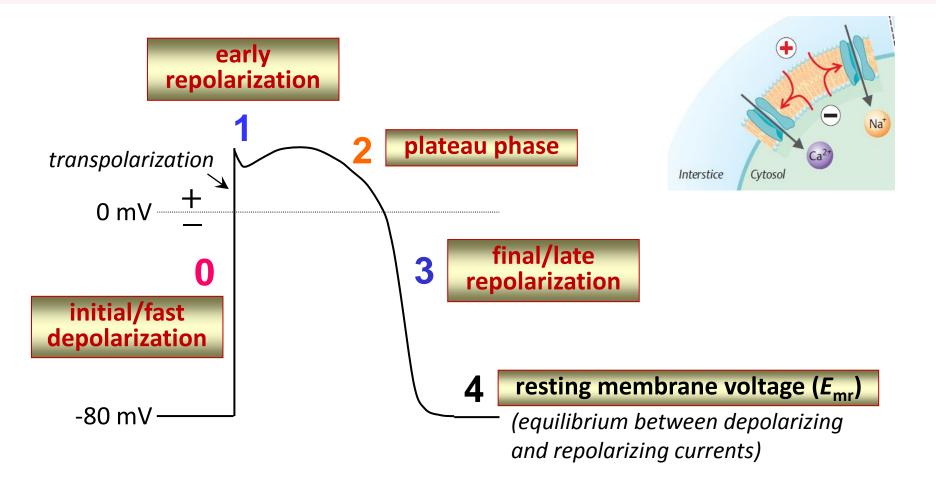
Movement of ions through the open channels down their electrochemical (concentration + electrical) gradients





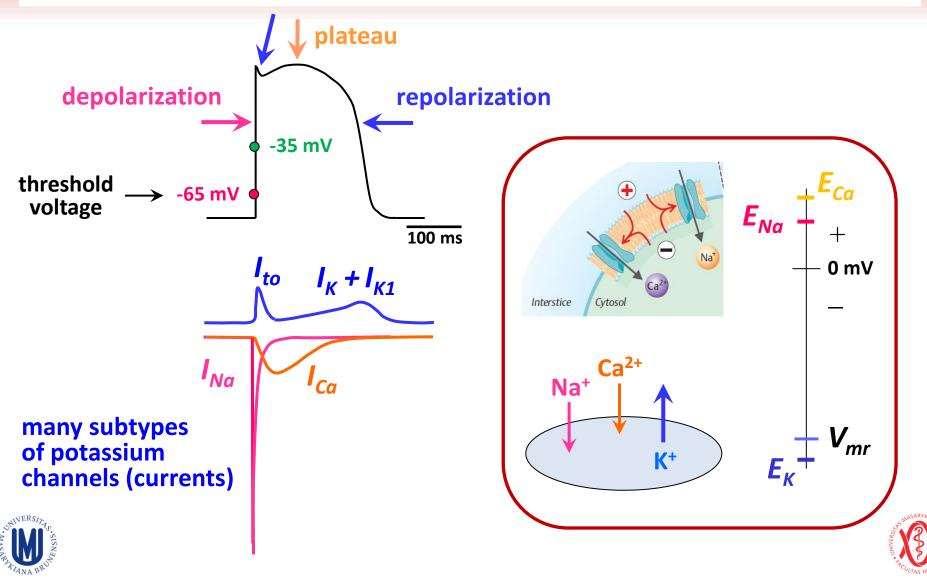


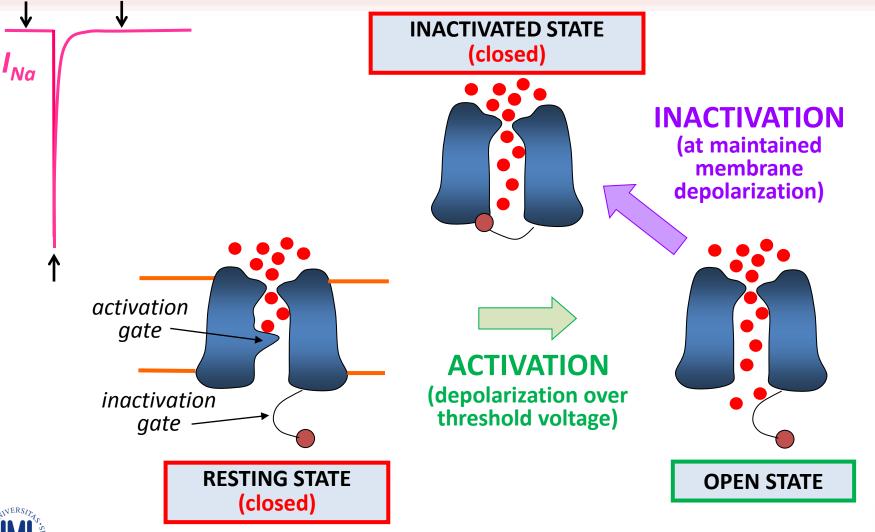






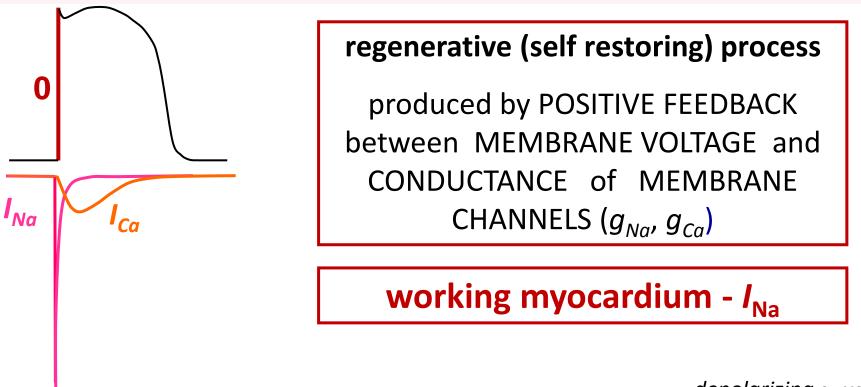








#### **Mechanism of the initial fast depolarization (phase 0)**



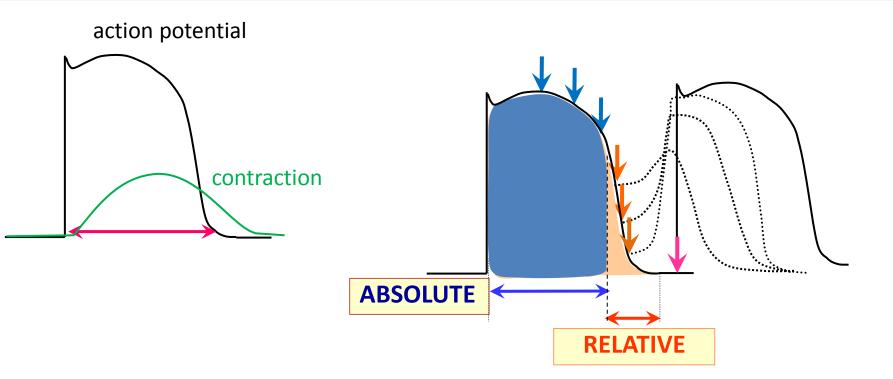
depolarizing currents

 $\uparrow$  depolarization  $\Rightarrow$   $\uparrow$  conductance of Na<sup>+</sup> (Ca<sup>2+</sup>) channels  $\Rightarrow$   $\uparrow$   $I_{Na}$  ( $I_{Ca}$ )

(directly proportionate to the fraction of  $Na^+$  ( $Ca^{2+}$ ) channels in the open state)



#### **Refractory Period – Suppression of Excitability**



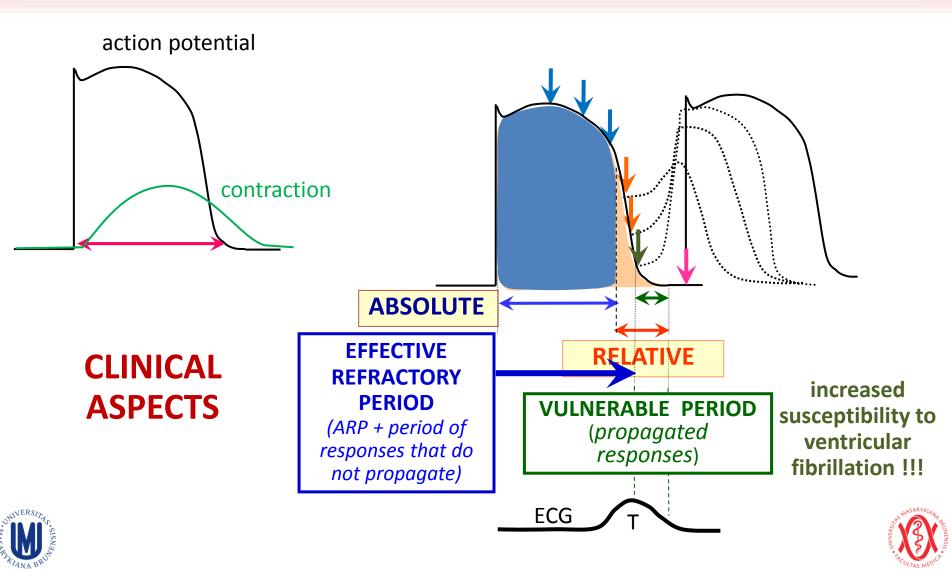
protection of the heart against:

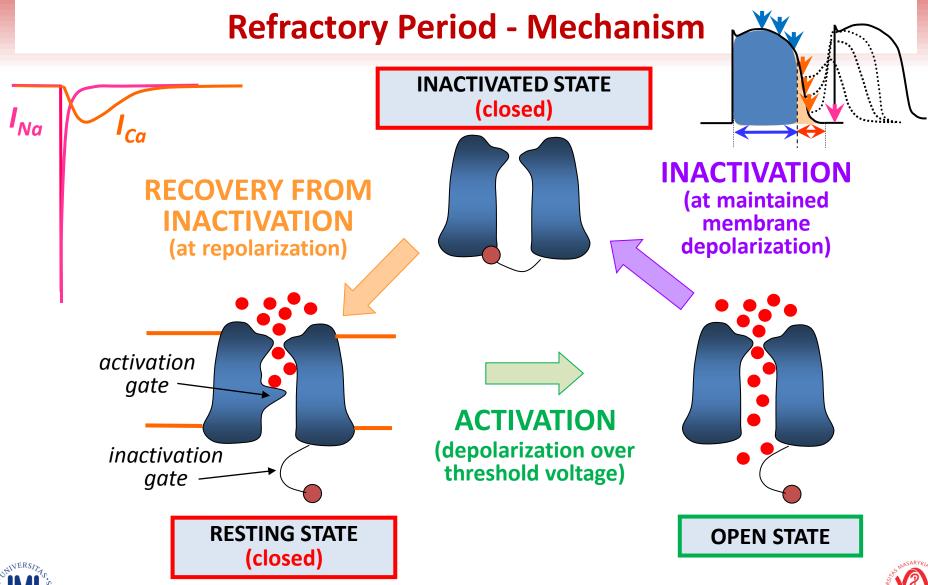
- retrograde propagation of excitation (reentry)
- tetanic contraction at higher heart rate





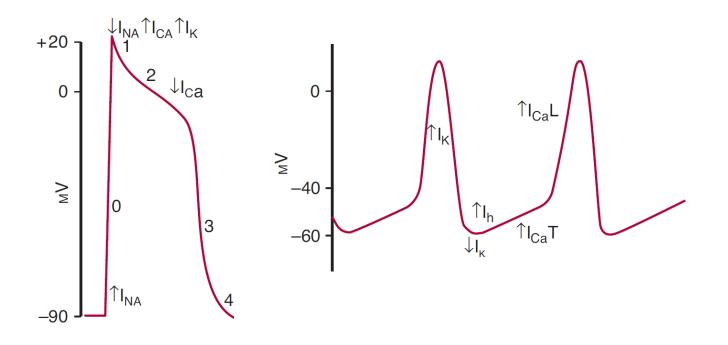
#### **Refractory Period – Suppression of Excitability**







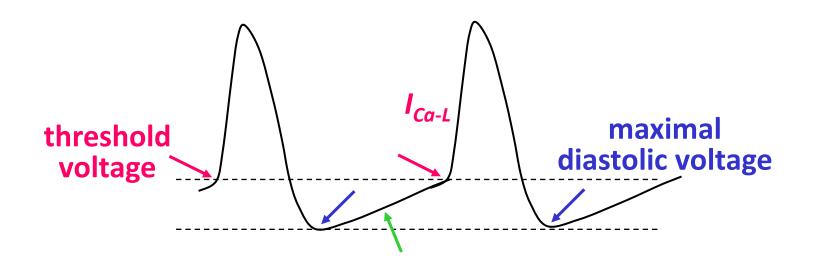
#### **Pacemaker Activity - Mechanism**







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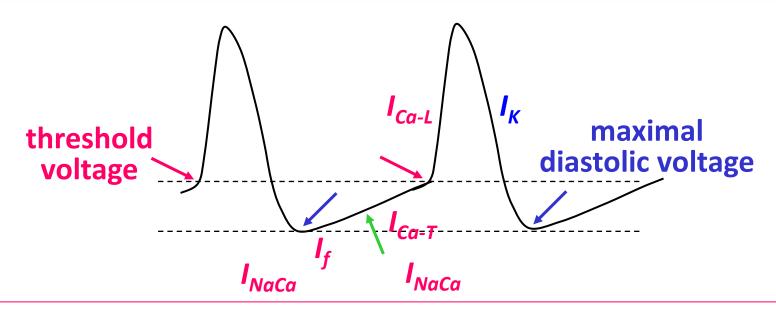
#### FACTORS DETERMINING THE HEART RATE:

- 1) maximal diastolic voltage
- 2) steepness of diastolic depolarization
- 3) threshold voltage for activation of  $I_{Ca-L}$





#### **Pacemaker Activity - Mechanism**



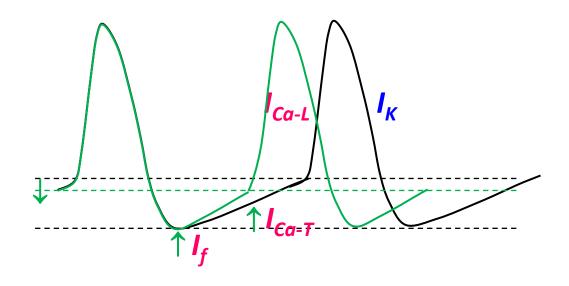
**COMPLEX PROCESS resulting from an INTERPLAY between** 

- REPOLARIZING CURRENTS, namely I<sub>K</sub> (including I<sub>K,Ach</sub>)
- DEPOLARIZING CURRENTS, namely I<sub>f</sub>, I<sub>Ca-T</sub>, and I<sub>NaCa</sub>





#### **Pacemaker Activity - Mechanism**



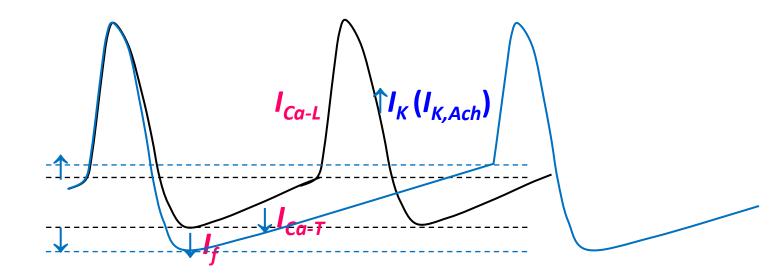
#### SYMPATHETIC STIMULATION

- $\uparrow$  cAMP  $\longrightarrow \uparrow I_{f}$  and  $I_{Ca-T} \longrightarrow \uparrow$  rate of diastolic depolarization
  - → ↓ threshold voltage for activation of I<sub>Ca-L</sub> (↑ excitability)





#### **Pacemaker Activity - Mechanism**



#### **PARASYMPATHETIC STIMULATION**

•  $\downarrow$  cAMP  $\longrightarrow \downarrow I_{f}$  and  $I_{Ca-T} \longrightarrow \downarrow$  rate of diastolic depolarization  $\longrightarrow \uparrow$  threshold voltage for activation of  $I_{Ca-L}$ ( $\downarrow$  excitability)

activation of  $I_{K,Ach} \longrightarrow \downarrow$  maximal diastolic voltage





## SPREADING OF EXCITATION IN THE HEART

