

Blood pressure is determined by the amount of blood in the arterial system at any time
 Volume entered ($CO = SV \times HR$, SV determined by preload, afterload and contractility)
 Volume removed (Total peripheral resistance)

Regulation of blood pressure

Fast neurally mediated with baroreceptor mechanism controlling CO and TPR
 Slower hormonal regulated RAAS with baroreceptor augmentation controlling total volume

Baroreceptors are stretch receptors (mechanoreceptors) which respond to increases in pressure

High pressure receptors

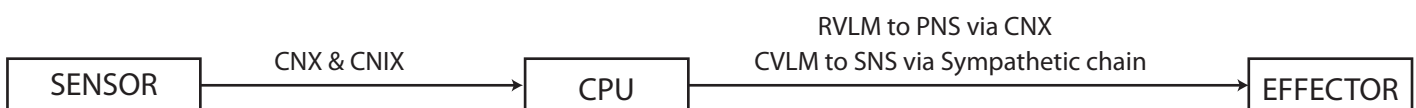
located in the carotid sinus and aortic arch
 increased pressure leads to increased firing
 detect both the average blood pressure and the rate of change
 information sent to vasomotor centre, compared to set point, effector response via SNS and PNS

Low pressure receptors (AKA volume receptors)

located in the large systemic veins, right atria
 usually augments the response of the high pressure receptors
 information sent to vasomotor centre, compared to set point, effector response via SNS and PNS
 controls total volume via hormonal responses of the RAAS and ADH

Osmoreceptors

Main locations are macula densa in kidneys and hypothalamus
 Are sensitive controllers of total fluid volume via RAAS, ADH and thirst
 Are less potent than baroreceptors (low pressure > low osmolarity)



<p>Baroreceptors</p> <p>High pressure</p> <p>Low pressure</p>	<p>Vasomotor Centre</p> <p>Located NTS medulla</p> <p>Set point ~ 100mmHg</p> <p>may reset in chronic HTN</p>	<p>SNS</p> <p>HR, increased contractility</p> <p>vasoconstriction</p> <p>= increased afterload/TPR</p> <p>increased return (preload)</p>
<p>Osmoreceptors</p>		<p>PNS</p> <p>Mainly decreased HR</p> <p>Also vasodilation & decreased contractility</p>
		<p>Hormonal</p> <p>ADH, RAAS, ANP, thirst</p>

Testing of the baroreceptors may be demonstrated by a valsalva manoeuvre which measures the response of the baroreceptors to a transient increase in intrathoracic pressure.