



**Università  
di Brescia**

Dipartimento di Scienze Cliniche e Sperimentali

Dottorato di Ricerca in  
«Intelligenza Artificiale in Medicina e Innovazione  
nella Ricerca clinica e metodologica»

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# Assessment of the effects of moderate acute cerebral hypoxia on cognitive functions and neurophysiological indexes

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# Our atmosphere

*In high altitude environments, barometric pressure is lower and gasses density is more sparse*

High altitude  
 $\text{FiO}_2=21\%$   
 $P=356$  millibar

**HYPOBARIC  
HYPOXIA**

Sea level  
 $\text{FiO}_2=21\%$   
 $P=1013.25$  millibar



# Normobaric hypoxia

*In normobaric hypoxia, barometric pressure is the same as sea level but gasses equilibrium is changed*

High altitude  
 $\text{FiO}_2=21\%$   
 $P=356$  millibar

Sea level  
 $\text{FiO}_2=21\%$   
 $P=1013.25$  millibar

**NORMOBARIC  
HYPOXIA**

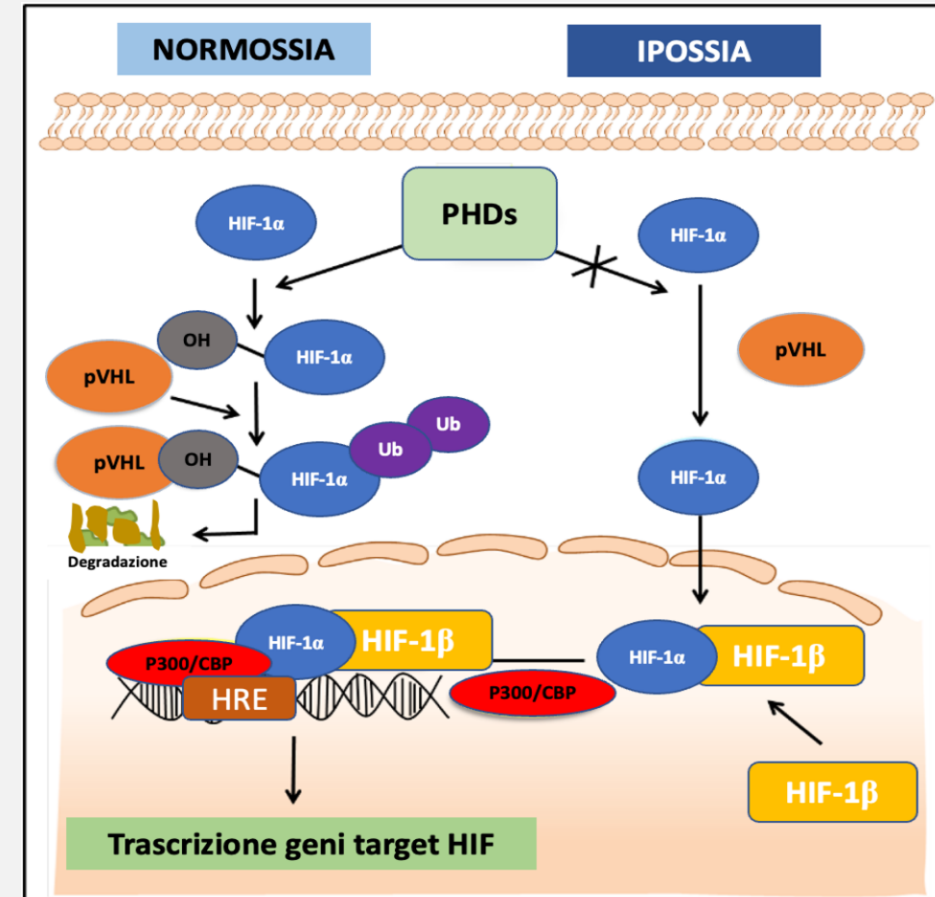
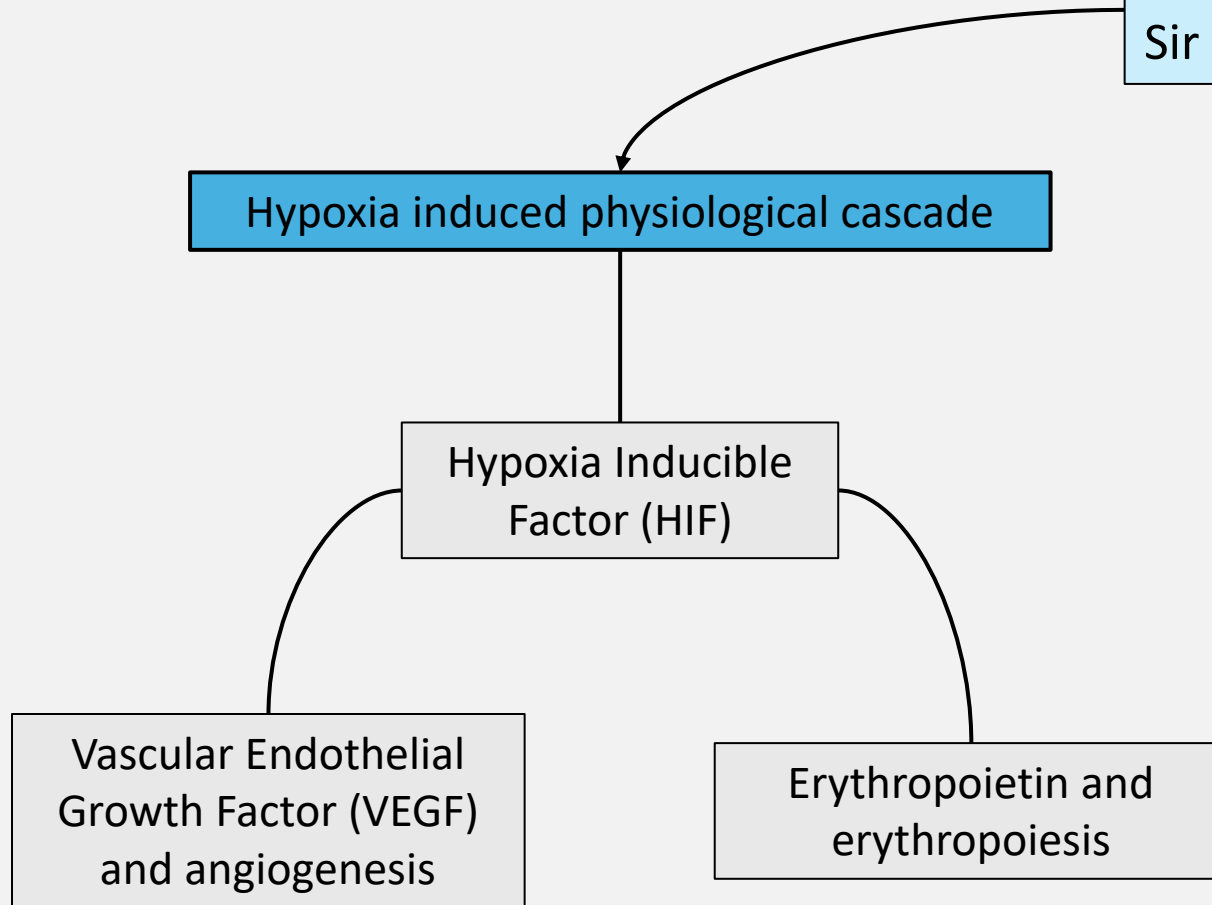
$\text{FiO}_2 < 21\%$   
%Other gasses  $> 79\%$   
 $P=1013.25$  millibar



# Physiological cascade



The 2019 Nobel Prize in Medicine: William G. Kaelin Jr., Sir Peter J. Ratcliffe, and Gregg L. Semenza

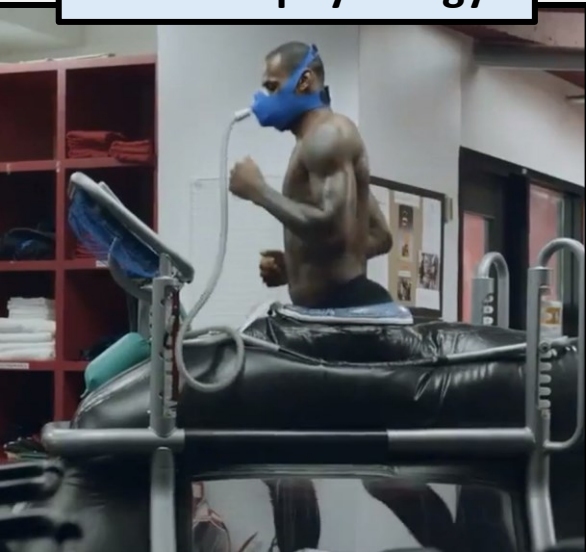


The effects of normobaric hypoxia have been extensively studied in the context of muscle function: resistance training under hypoxic conditions can improve muscle performance.

In contrast, the neurophysiological and cognitive effects associated with exposure to it have been relatively unexplored.

## Fields of interests

Exercise physiology



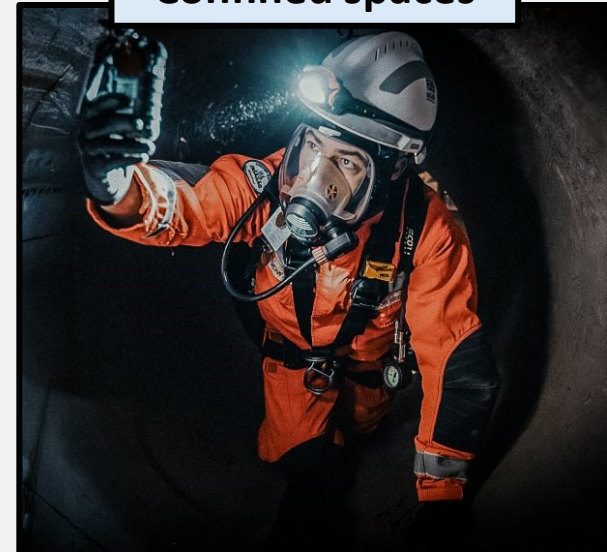
Medicine



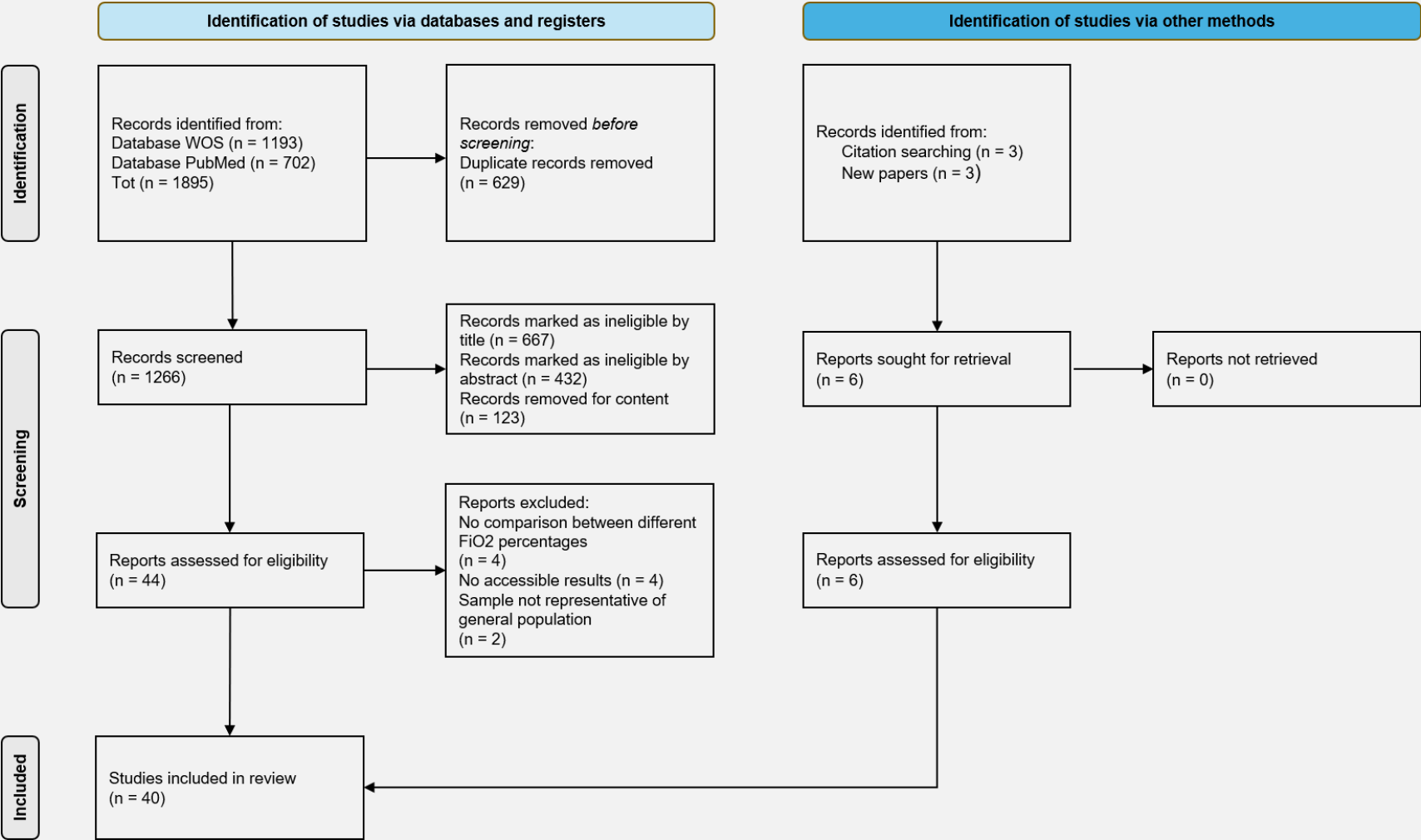
Space research



Confined spaces



# Systematic review



1895 Total papers

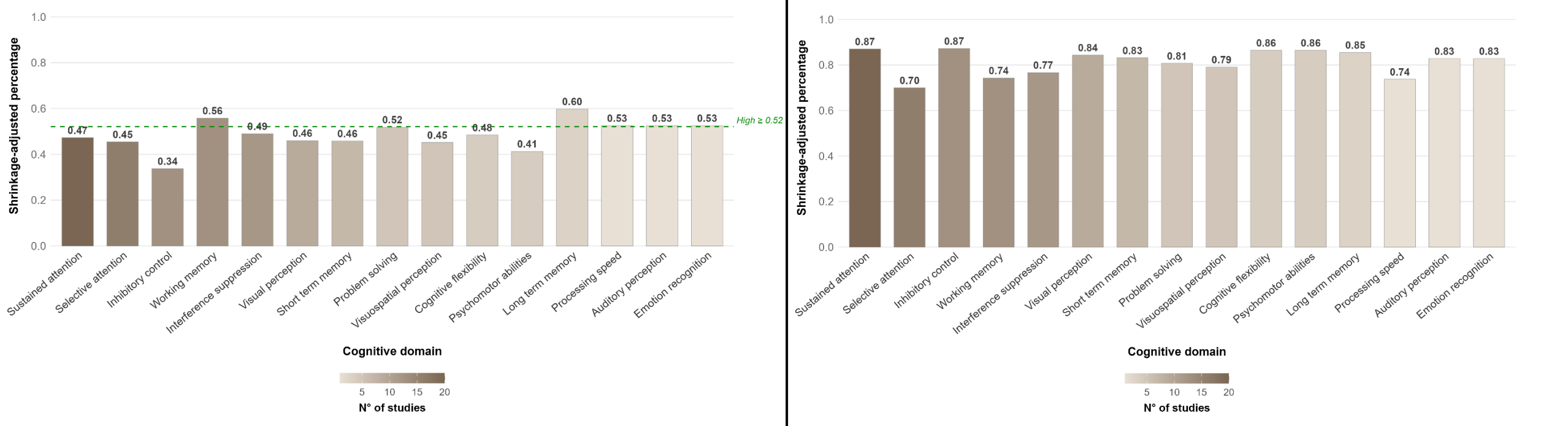
Parallel screening  
of title, abstract  
and full-text

40 included studies

|                                                                                          |                                                                                 |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Most impacted domains appears to be Working Memory, Problem Solving and Long term Memory | In acute normobaric hypoxia, cognitive symptoms are present but only transitory |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

Findings

| COGNITIVE DOMAIN         | N  | COGNITIVE ASSESSMENT             |                               |         | NEUROPHYSIOLOGICAL ASSESSMENT    |                               |
|--------------------------|----|----------------------------------|-------------------------------|---------|----------------------------------|-------------------------------|
|                          |    | % STUDIES REPORTING SIGNIFICANCE | SHRINKAGE-ADJUSTED PERCENTAGE |         | % STUDIES REPORTING SIGNIFICANCE | SHRINKAGE-ADJUSTED PERCENTAGE |
| Sustained attention      | 20 | 0.47                             | 0.4726                        | Average | 0.90                             | 0.8704                        |
| Selective attention      | 16 | 0.44                             | 0.4545†                       | Low     | 0.63                             | 0.6996                        |
| Inhibitory control       | 13 | 0.23                             | 0.3377                        | Low     | 0.92                             | 0.8726                        |
| Working memory           | 13 | 0.62                             | 0.5581                        | High    | 0.69                             | 0.7426                        |
| Interference suppression | 12 | 0.50                             | 0.4899                        | Average | 0.73                             | 0.7668                        |
| Visual perception        | 9  | 0.44                             | 0.4599                        | Average | 0.88                             | 0.8437*                       |
| Short term memory        | 7  | 0.43                             | 0.4581†                       | Low     | 0.86                             | 0.8312                        |
| Problem solving          | 5  | 0.60                             | 0.5185*                       | Average | 0.80                             | 0.8074                        |
| Visuospatial perception  | 5  | 0.40                             | 0.4518†                       | Low     | 0.75                             | 0.7907                        |
| Cognitive flexibility    | 4  | 0.50                             | 0.4841                        | Average | 1.00                             | 0.8650                        |
| Psychomotor abilities    | 4  | 0.25                             | 0.4127                        | Low     | 1.00                             | 0.8650                        |
| Long term memory         | 3  | 1.00                             | 0.5982                        | High    | 1.00                             | 0.8547                        |
| Processing speed         | 1  | 1.00                             | 0.5252                        | High    | 0.00                             | 0.7373                        |
| Auditory perception      | 1  | 1.00                             | 0.5252                        | High    | 1.00                             | 0.8282                        |
| Emotional ability        | 1  | 1.00                             | 0.5252                        | High    | 1.00                             | 0.8833                        |



# Oxygen percentages

| HYPOXIA                  | N  | SIGNIFICANT RESULTS % | AFFECTED COGNITIVE DOMAINS % |
|--------------------------|----|-----------------------|------------------------------|
| MILD<br>21%<FiO2≤16%     | 7  | 14%                   | 13%                          |
| MODERATE<br>16%<FiO2≤12% | 25 | 44%                   | 60%                          |
| SEVERE<br><12%           | 20 | 85%                   | 80%                          |



## Working memory



- **DLPFC:** persistent neural activity, high metabolic demand
- Balance between excitation (**NMDA**) and inhibition (**GABA**)
- $\downarrow O_2 \rightarrow$  E/I imbalance  $\rightarrow$  alteration



## Problem solving



- Strictly related to basic executive functions, directly derive from their integration
- **Executive Control Network** (DLPFC, parietal cortex, caudate nuclei): requires sustained activity and high metabolic activity
- $\downarrow CMRO_2$  shifts resources toward survival-critical circuits



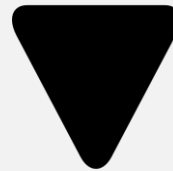
## Long term memory



- **Hippocampus:** low capillary density, sparse network of anastomoses, terminal vessels
- **PFC (DLPFC/VLPFC)** supports memory encoding
- Reduction of **hippocampus–PFC connectivity and DMN** (posterior cingulate cortex /cuneus)

# Objectives

Non-invasively identify neurophysiological and cognitive markers associated with acute exposure to normobaric hypoxia.



Contribute to basic neurophysiological research, exploring the mechanisms of adaptation to hypoxia and analyzing how certain brain networks may be prioritized over others.

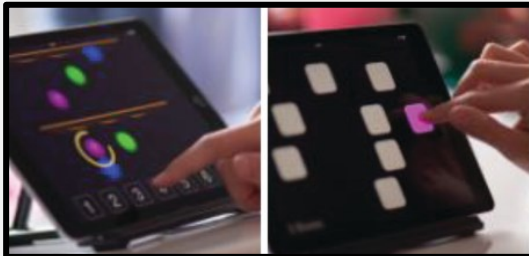
Thanks to the collaboration with Isolcell S.p.A., we can use a normobaric hypoxia tent inside our own lab



Normobaric hypoxia tent

## Methods

EEG



Cognitive tests  
Battery

Cardiac telemetry  
and Pulse oximeter



# Experimental design



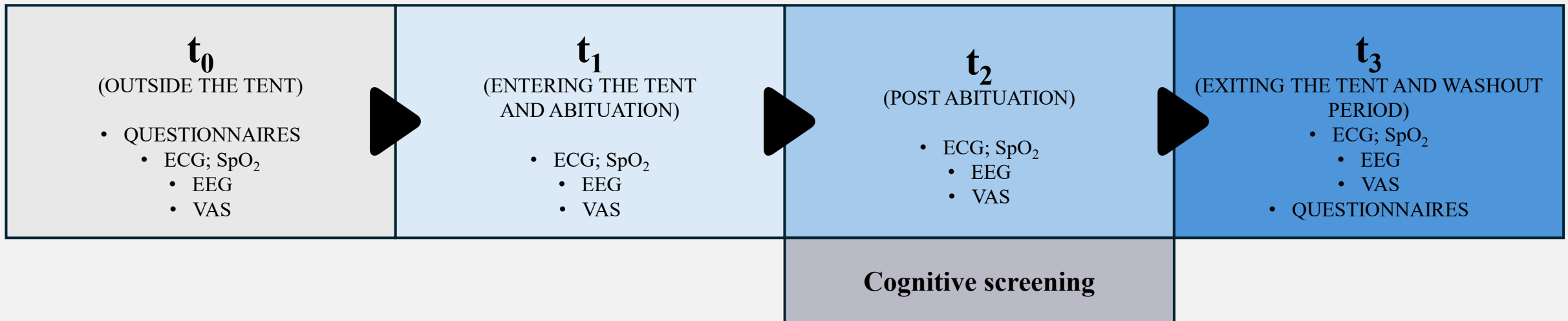
Within subjects design



3 different conditions



Continuous monitoring of vital signs



# Analysis

Each variable will be analysed considering time, condition and the interaction of both

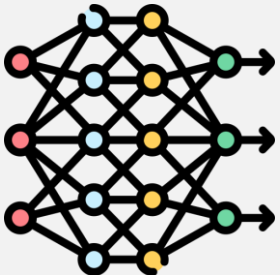


To highlight specific patterns of cognitive alterations in a standardized way



To analyze changes in functional connectivity between different cortical regions

Correlation analyses between cognitive and neural measures searching for a brain signature response to hypoxia



If the characteristics allows it, a machine learning model will be developed integrating neurophysiological measurements at rest and performance on behavioral tasks



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**Thank you for the attention**