

Please log onto Editorial Manager at <http://asem.edmgr.com> to submit your letters to the editor. If you have not already done so, you will need to register with the journal.

$$P_{O_2} = \frac{20.94}{100} \times 760 = 159 \text{ mmHg}$$

At altitude of 25,000 ft:

$$P_{O_2} = \frac{20.94}{100} \times 282 = 59 \text{ mmHg}$$

Accuracy of Physiological Altitude Simulation

Dear Editor:

In response to the commentary by J. Conkin (3), hypoxicators are designed, constructed, and used to provide hypoxia experiences for pilots with maximum fidelity to what occurs in aircraft. That is, hypoxicators supply the same P_{iO_2} and humidity at temperatures found in the cockpit of the airplane during slow cabin depressurisation or oxygen system failure. Manufacturers assume that 20.9% oxygen (by volume) at a barometric pressure of 760 mmHg corresponds to "sea-level." If subjects breathe reduced oxygen air with a balance of nitrogen, this approximates the nominal altitude for the reasons described in Table I.

The device class for normobaric hypoxia training is best defined by the term "hypoxicator" (2,8). Hypoxicators induce hypoxia and limit oxygen supply. "Breathing device" is commonly used for any apparatus that protects against hypoxia, providing oxygen supply in harsh environments or medical emergency situations.

Influence of Alveolar Water Vapor on F_{iO_2} ?

From Ernsting's aviation medicine handbook (4) and Table I, it follows that alveolar air is fully saturated with water vapor and P_{H_2O} in the lungs is constant at 47 mmHg at 37°C, which is unchanged with altitude. This condition is called body temperature and pressure saturated with water vapor (BTPS).

It is important to consider the influence of water vapor for spirometry or when exhaled gases are bag-collected; such conditions are called ambient temperature and pressure saturated with water vapor (ATPS)(4). However, for the purpose of inducing hypoxia, only oxygen partial pressure in inspired air (P_{iO_2}) is important. These measurements are called ambient temperature and pressure (ATP)(4).

In hypobaric chambers, the target simulated altitude is set by using an altimeter without special compensation for P_{H_2O} and, most importantly, for the ambient temperature. In normobaric hypoxia, the same physiological effect is achieved by reducing F_{iO_2} . Dalton's Law states that the pressure exerted by a gas mixture equals the sum of pressures that each would exert if it alone occupied the space filled by the mixture (4).

Thus the partial pressure of oxygen (P_{O_2}) in the dry atmosphere at mean sea-level pressure is:

Therefore P_{O_2} is $159/59 = 2.7$ times lower at 25,000 ft than at sea level, and if we lower the P_{iO_2} in a normobaric gas mix in the same proportion, i.e. $20.95\%/2.7 = 7.76\%$, we produce a normobaric oxygen equivalent. This calculation does not distinguish ambient temperatures at sea level and at real altitude, nor does it examine P_{aO_2} . This water vapor does influence P_{aO_2} in all situations as part of the normal physiology (4). However, these two physical facts are separate: 1) the value of alveolar P_{H_2O} determined by body temperature; and 2) how many oxygen molecules enter a trainee's respiratory system is determined by F_{iO_2} .

Should the alveolar P_{H_2O} and the accuracy of normobaric physiological simulation be linked? The same question should be posed as to the accuracy of hypobaric chamber calibration.

Hypoxicators are intended for physiological demonstration and education and in our experience using GO_2 Altitude's® hypoxicator system (9), the incidence of various symptoms was similar and accuracy comparable to the traditional chamber (10).

Of much higher importance and priority for this relatively new technology is its safety for users (5,6).

Oleg Bassovitch, B.Sc. (Electronics Eng.), M.Sc. (Biomed. Eng.)
 GO_2 Altitude Inc., Valley Cottage, NJ
 Dr. Roderick Westerman, M.D., Ph.D.
 Midwifery & Postgraduate Medicine, Edith Cowan University
 Joondalup, WA, Australia

REFERENCES

1. Artino AR Jr, Folga RV, Swan BD. Mask-on hypoxia training for tactical jet aviators: evaluation of an alternate instructional paradigm. *Aviat Space Environ Med* 2006; 77:857-63.
2. Bassovitch O, Serebrovskaya TV. Equipment and regimes of intermittent hypoxia therapy. *Intermittent hypoxia: health*

Reprint & Copyright © by the Aerospace Medical Association, Alexandria, VA.
 DOI: 10.3357/ASEM.3356.2012

TABLE I. FEATURES OF HYPOXICATORS USED FOR AVIATION HYPOXIA AWARENESS TRAINING.

| Altitude simulation method/ parameter | Traditional hypobaric chamber | ROBD | GO_2 Altitude® | Normobaric hypoxia tent/chamber |
|---|--|--|---|---|
| Technology to induce hypoxic hypoxia | Ambient air pressure reduction by vacuum pumps | Industrial gas mixer of bottled gases: N_2 , O_2 , air (1) | On-site semipermeable air-separation, medical grade hypoxic and hyperoxic gases | Filling tent/chamber with hypoxic air or nitrogen |
| Ambient Temperature (standard atmosphere at 25,000 ft is -34.5°C) | Below room temperature unless controlled (11) | Ambient room temperature | Ambient room temperature | Higher than room temperature unless air-conditioned |
| Alveolar P_{H_2O} at body core temperature | 47 mmHg | 47 mmHg | 47 mmHg | 47 mmHg |
| Relative humidity in inspired air | If uncontrolled (7): 20-50% | 0-10%(*) | 10-20%* | 50-100% (H_2O exhaled by subjects) |
| F_{iCO_2} | >0.0003 | <0.0003 | <0.0003 | 0.0003-0.01 |
| P_{iO_2} during oxygen recovery | 250 mmHg(**) | 760 mmHg(**) | 300 mmHg | 760 mmHg** |

ROBD = reduced oxygen breathing device.
 * Ignoring oxygen mask dead space.
 ** +5 mmHg regulator safety pressure.

- molecular mechanisms to clinical applications. Hauppauge, NY: Nova Science Publishers; 2009.
3. Conkin J. P_{H₂O} and simulated hypobaric hypoxia. *Aviat Space Environ Med* 2011; 82:1157–8.
 4. Rainford DJ, Gradwell DP. *Ernsting's aviation medicine*, 4th ed. London: Hodder Arnold Publishers; 2006.
 5. Moniaga NC, Griswold CA. Loss of consciousness and seizure during normobaric hypoxia training. *Aviat Space Environ Med* 2009; 80:485–8.
 6. Stepanek J. Hypoxia training: where are we going and how do we get there [Abstract]. *Proceedings of the AsMA 2011 meeting*. *Aviat Space Environ Med* 2011; 82:208.
 7. Tamisier R, Gilmartin GS, Launois SH, Pépin JL, Nespoulet H, Thomas R, Lévy P, Weis JW. A new model of chronic intermittent hypoxia in humans: effect on ventilation, sleep, and blood pressure. *J Appl Physiol* 2009; 107:17–24.
 8. Therapeutic Goods Administration (TGA). Consultation paper on the regulation of hypoxic therapy and altitude training devices (hypoxicators) in Australia. Accessed on July 2, 2012, from <http://www.tga.gov.au/pdf/archive/consult-devices-hypoxic-080729.pdf>.
 9. Westerman R, Bassovitch O, Cable G, Smits D. Effectiveness of the GO₂Altitude® Hypoxia Training System. *JASAM* 2010; 5:8–13.
 10. Westerman RA. Hypoxia familiarisation training by the reduced oxygen breathing method. *ADF Health* 2004; 5:11–15.
 11. Wikipedia. Hypobaric chamber. Retrieved from http://en.wikipedia.org/wiki/Hypobaric_chamber.