

# ELECTRICAL & MECHANICAL ACTIVITY OF THE MYOCARDIAL CELL

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# Objectives

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By the end of the session the learner should be able to;-

- Define
  - polarization
  - depolarization
  - repolarization
  - action potential
  - refractory periods
- Describe the five (5) phases of the action potential
- Describe regulation of the CVS

# Action Potential (AP)

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- The AP is a **five** phase cycle that reflects the difference in the concentration of ions across the cell membrane at any given time.
- A series of events causes the electrical charge inside the cell to change from its ***resting state*** (negative) to its ***depolarized*** or stimulated state (positive) and back to its resting state (negative).

# Resting Membrane potential

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- In a myocardial cell at rest, the normal resting membrane potential is approximately -80 to -90mV.
- The interior of the cell is relatively negative
- The outside of the cell is relatively positive

# Cont...

<b>IONS</b>	<b>EXTRACELLULAR CONC (meq/l)</b>	<b>INTRACELLULAR CONC (meq/l)</b>
K <sup>+</sup>	4	135
Na <sup>+</sup>	145	10
Ca <sup>++</sup>	2	0.1

# Depolarization

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- When the cardiac muscle cell is stimulated, the cell is said to be depolarized.
- The inside of the cell is said to be more +ve d/t entry of  $\text{Na}^+$  ions into the cell through  $\text{Na}^+$  membrane channels.
- Depolarization occurs from the innermost layer of the heart to the outermost

# Repolarization

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- After the myocardial cell has depolarized, the diffusion of  $\text{Na}^+$  into the cell stops.  $\text{K}^+$  is allowed to diffuse out of the cell.
- Thus repolarization occurs d/t the outward diffusion of the  $\text{K}^+$ .
- The membrane potential of the cell returns to its negative resting level.
- Repolarization proceeds from the outermost layer to the innermost layer.

# Phases of the Cardiac Action Potential

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- There are five (5) phases:

## Phase 0

1. Opening of the fast Na<sup>+</sup> channels
2. Na<sup>+</sup> influx into the cell
3. Corresponds with the **QRS complex** on the ECG.



# Cont...

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## Phase 1

1. Brief period of early repolarization
2. Fast  $\text{Na}^+$  channels partially close,  $\text{K}^+$  moving out as well
3. Get a negative deflection on the graph

# Cont...

## Phase 2

1. Slow inward movement of  $\text{Ca}^{++}$
2. Slow opening of calcium channels
3. Continued outward flow of  $\text{K}^+$
4. The  $\text{Ca}^{++}$  entering the cell at this phase causes cardiac contraction
5. Phase 2 is responsible for **ST segment** on the ECG
6. CC blockers e.g. verapamil and diltiazem inhibit the inward flow of  $\text{Ca}^{++}$

# Cont...

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## Phase 3

1. This is the repolarization phase
2.  $K^+$  moves out of the cell
3.  $Ca^{++}$  and  $Na^+$  channels close
4. It corresponds with ventricular repolarization i.e. **T wave** on the ECG.
5. The intracellular environment hence becomes more negative thereby reestablishing RMP.

# Cont...

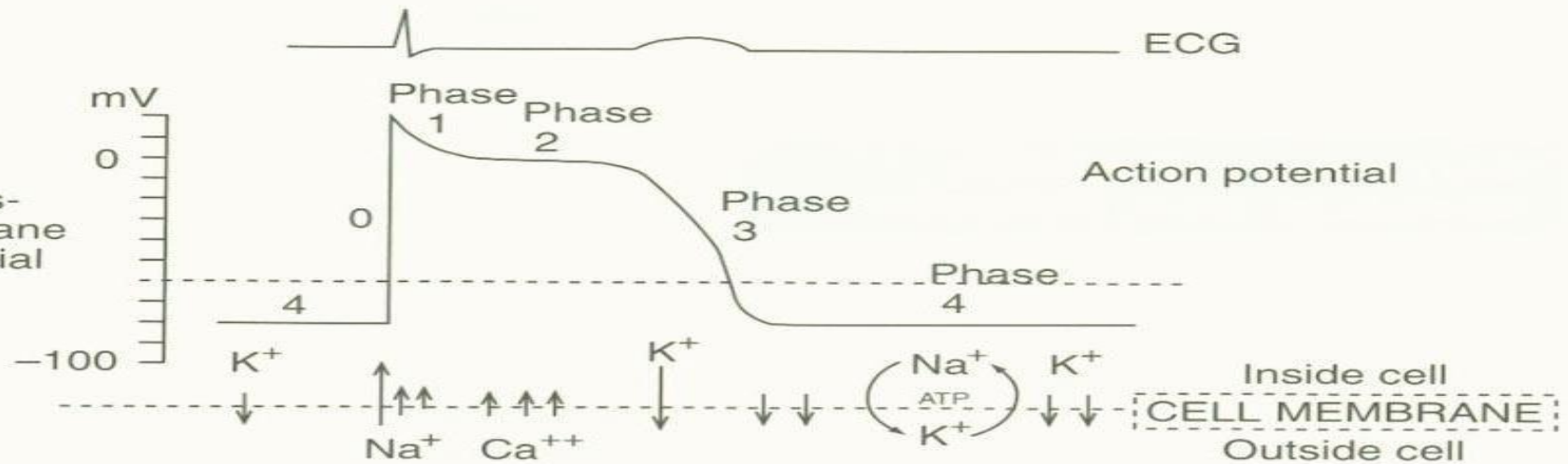
## Phase 4

1. AP returns to RMP of -80 to -90mV.
2. The excess  $\text{Na}^+$  that entered the cell during depolarization is now removed from the cell in exchange for  $\text{K}^+$  by means of  **$\text{Na}^+/\text{K}^+$  pump**.
3. This mechanism returns intracellular concentrations of  $\text{Na}^+$  and  $\text{K}^+$  to levels before depolarization.

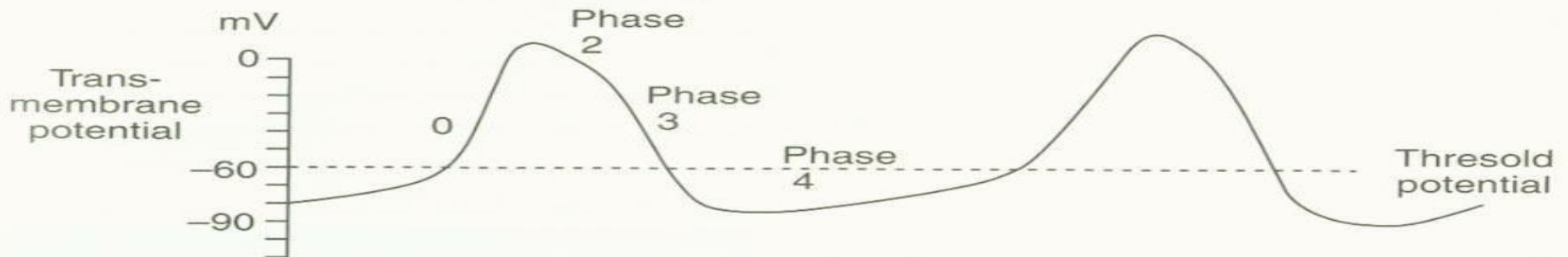
# Myocardial Cell Action Potential

**FIGURE 1.** **A**, Schematic representation of ventricular myocardial working cell action potential. Arrows indicate times of major ionic movement across cell membrane. **B**, Schematic representation of pacemaker cell action potential.

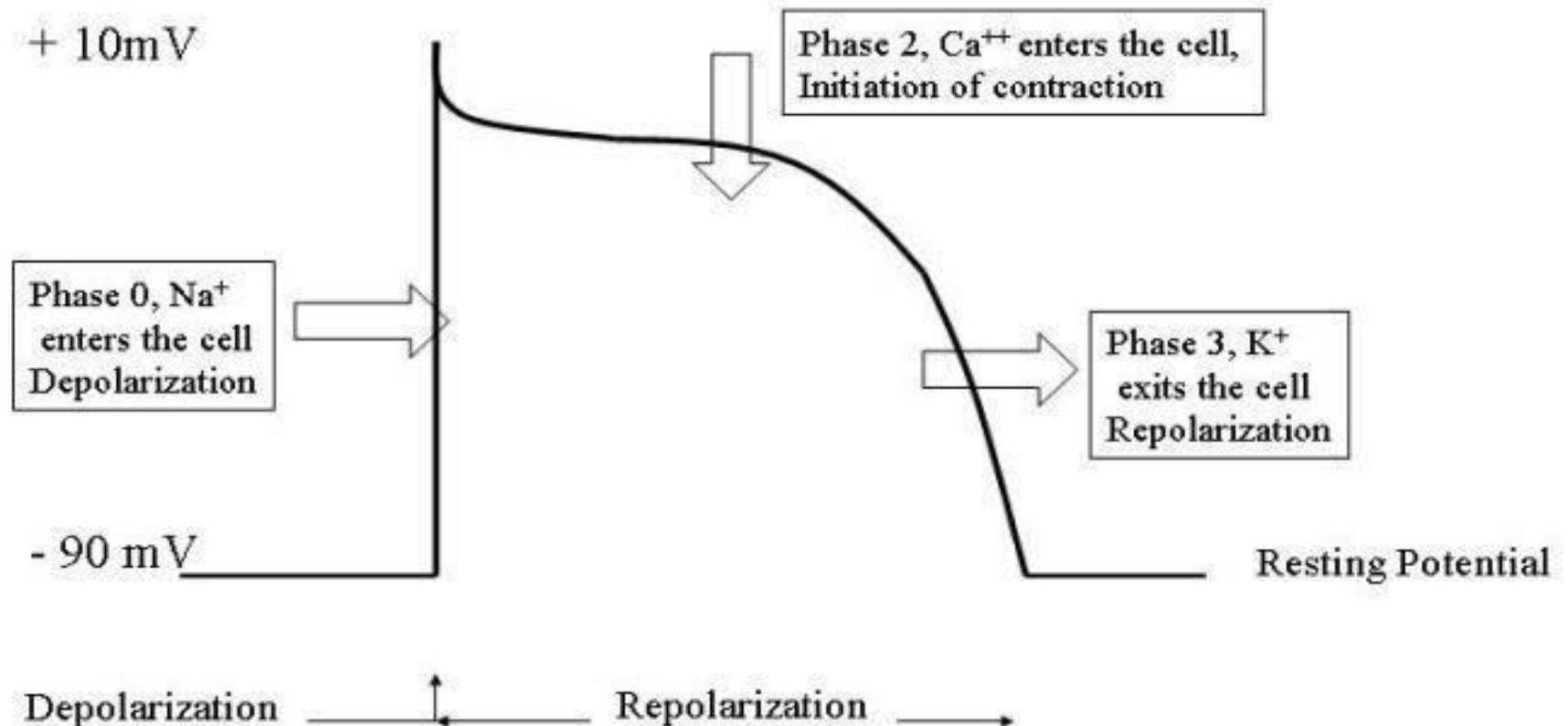
**A**



**B**

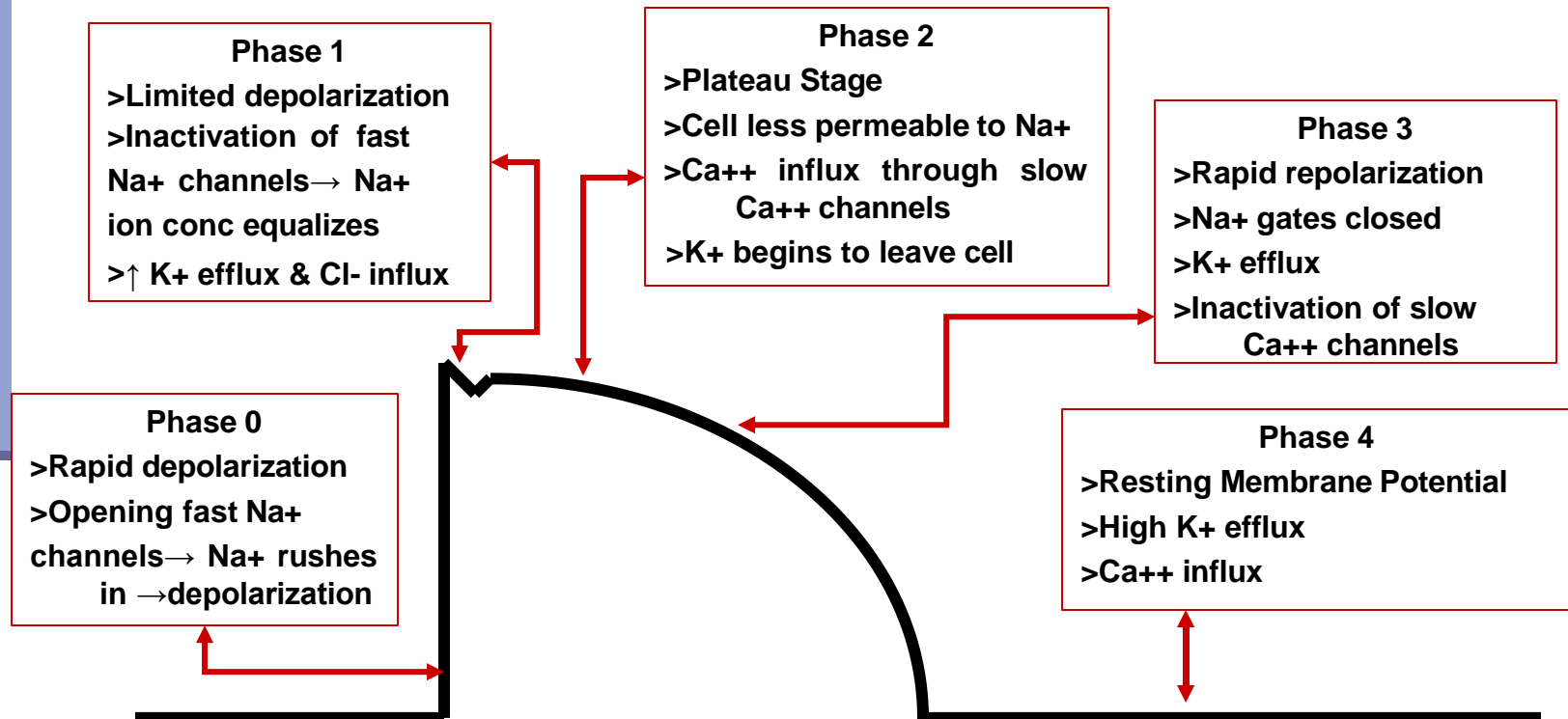


# Monophasic Action Potential (Cardiac Muscle Cell)



# *Phases of Action Potential*

## *PHASES OF ACTION POTENTIAL*



# Excitation – contraction coupling (electromechanical coupling)

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- Mechanical contraction occurs during phase 2 of the AP
- As the myocardial cell is depolarized, some  $\text{Ca}^{++}$  moves from the sarcoplasmic reticulum (SR) to the cytoplasm via  $\text{Ca}^{++}$  channels
- The cytoplasmic  $\text{Ca}^{++}$  then binds with troponin & tropomyosin (molecules in the Actin filaments) resulting in contraction
- After contraction,  $\text{Ca}^{++}$  is taken back into the SR, cytoplasmic  $\text{Ca}^{++}$  drops hence muscular relaxation



# Excitation –contraction coupling...

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- Contraction & relaxation are active processes needing energy from ATP; Ca is removed from cell by the **Na<sup>+</sup>/Ca<sup>++</sup> pump**

# Refractory Periods

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- **Refractoriness** is a term used to describe the extent to which a cell is able to respond to a stimulus.
- **Absolute refractory period**- It is the period during which the myocardium **will not respond** to further stimulation no matter how strong the impulse.

# Cont...

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- **Relative Refractory Period-** it is the period during which some cardiac cells have repolarized to their threshold potential and can be stimulated to respond (depolarize) to a **stronger than normal stimulus**.

# QUESTIONS.....



# Regulation of Heart Function

By  
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# REGULATION OF THE HEART BEAT

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- The heart is innervated by both the sympathetic and parasympathetic divisions of the autonomic nervous system
- **The sympathetic (SNS)** division mobilizes the body, allowing the body to function under stress (“fight” or “flight” response)
- **The parasympathetic (PNS)** division is responsible for the conservation & restoration of body resources (“feed” and “breed” response)

# Cont...

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- The PNS and SNS affect the CV function by slowing the HR during periods of calm and increasing it in response to sympathetic stimulation.
- PNS fibers are concentrated mostly near the SA or AV conduction tissue & in the atria.
- SNS nerve fibers have a greater impact on the ventricles.

# Cont...

## Intrinsic Regulation

- In addition to the nervous control, there are several reflexes that serve as feedback mechanisms to the brain. They work to maintain even blood flow, oxygenation & perfusion.
- 1. **Baroreceptors-** are specialized nerve tissue/ stretch sensors located in the **internal carotid arteries** & **the aortic arch**. These sensory receptors detect changes in BP and cause reflex response in either the sns or pns of the autonomic nervous system.



# Cont...

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- These sensors detect a change in wall conformation, usually as a result of  $\uparrow$ se or  $\downarrow$ se in BP.
- E.g., if the SBP  $\downarrow$ ses, the body's normal compensatory response is;
  - peripheral vasoconstxn,
  - $\uparrow$ sed HR &
  - $\uparrow$ sed myocardial contractility.

# Cont...

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- Increases in volume or pressure cause parasympathetic stimulation to decrease BP.
- Carotid sinus pressure will decrease sympathetic nervous system activity & increase vagal (parasympathetic ) activity to decrease the heart rate & BP.
- This is through the alteration in the baroreceptor input to the **vasomotor centre in the medulla (brain stem)** to cause reflex tachycardia.

# Cont...

**2. Chemoreceptors-** located in the **internal carotid arteries & at the bifurcation of the aortic arch**, detect changes in the conc. of  $H^+$ ,  $O_2$ , and  $CO_2$  in blood (i.e.  $pH < 7.4$ ,  $PO_2 < 80\text{mmHg}$  and  $PCO_2 > 40\text{mmHg}$ ).

- The primary function of the chemoreceptors is to maintain homeostasis during hypoxemia
- Stimulation of the chemoreceptors cause an  $\uparrow$ se in RR and depth.

# Cont...

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- 3. Right Atrial Receptors-** When the pressure in the right atrium rises sufficiently to stimulate these stretch receptors, it causes a reflex tachycardia.
- This reflex protects the right side of the heart from an overload state and to quickly equalize filling pressures of the right and left side of the heart.

# Cont...

**4. Natriuretic peptide-** The heart secretes two major natriuretic peptides. The atrial myocardium secretes **Atrial Natriuretic Peptide (ANP)**, and the ventricular myocardium secretes **Brain Natriuretic Peptide (BNP)**.

- Both are released in atrial and ventricular chamber stretch.
- Both peptides cause vasodilation, natriuresis and inhibit SNS and RAAS.

# Cont...

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## **5. Renin Angiotensin Aldosterone System**

(RAAS) is activated by low BP or intravascular volume depletion.

**6. Respiratory Influences-** The HR usually accelerates on inspiration and decelerates on exhalation

# Other factors influencing heart rate

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## a. **Conc. of potassium in the ECF:**

**Hyperkalemia** slows the HR and can block conduction of an impulse from atria to ventricles

**Hypercalcaemia** causes the heart to go into spastic contractions.

**Hypocalcaemia** causes the heart to become flaccid.

# Cont...

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- b. Hormone levels e.g. thyroxine, epinephrine and norepinephrine
- c. Medications- CC blockers
- d. Stress
- e. Anxiety
- f. Fear
- g. Body temperature- HR ↑ses when body temperature ↑ses and vice versa.



# QUESTIONS.....



# Summary

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- Defined
  - polarization
  - depolarization
  - repolarization
  - action potential
  - refractory periods
- Described the five (5) phases of the action potential
- Described regulation of CVS