Acute Effects of Smoking on Autonomic Modulation: Analysis by Poincaré Plot

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Abstract
Background: Smoking affects the autonomic function.

Objective: To investigate the acute effects of smoking on the autonomic modulation and the post-smoking recovery of the heart rate variability (HRV) index through Poincaré plot and linear indices.

Methods: A total of 25 young smokers underwent beat-to-beat analysis of heart rate in the sitting position after 8 hours of tobacco abstinence, for 30 minutes at rest, 20 minutes while smoking and 30 minutes after smoking. The analysis of variance for repeated measures, followed by Tukey’s test or Friedman’s test followed by Dunn’s test, were applied depending on the normality of data, with p < 0.05.

Results: While smoking, there was a decrease in the indices: SD1 (23.4 ± 9.2 vs 13.8 ± 4.8), SD1/SD2 ratio (0.31 ± 0.08 vs 0.2 ± 0.04), RMSDD (32.7 ± 13 vs 19.1 ± 6.8), SDNN (47.6 ± 14.8 vs 35.5 ± 8.4), HFnu (32.5 ± 11.6 vs 19 ± 8.1) and the RR interval (816.8 ± 89 vs 696.5 ± 76.3) in relation to the rest period, whereas increases in the LFnu index (67.5 ± 11.6 vs 81 ± 8.1) and the LF/HF ratio (2.6 ± 1.7 vs 5.4 ± 3.1) were observed. The visual analysis of the plot showed a lower dispersion of RR intervals while smoking. Except for the SD1/SD2 ratio, the other indices presented recovery of values 30 minutes after smoking.

Conclusion: Smoking resulted in acute modifications of the autonomic control, characterized by sympathetic activation and vagal withdrawal, presenting recovery 30 minutes after smoking. (Arq Bras Cardiol 2011; 96(2): 154-160)

Keywords: Smoking; autonomic nervous system/drug effects; heart failure; nonlinear dynamics.
after smoking, using a Poincaré plot, together with the HRV indices at the TD and FD.

Methods

The present study analyzed the data of 25 young volunteers (16 men and 9 women), selected among the participants of the Smoking Cessation Program of Faculdade de Ciências e Tecnologia - FCT/UNESP. The volunteers’ mean age was 22.9 ± 3.2 years, with a mean BMI of 23.7 ± 4.1 kg/m²; they smoked 10 cigarettes/day (median) and had been smoking for 5.7 ± 4 years. Fagerström’s test score showed a predominance (52.0%) of zero to two points, which corresponds to a very low degree of dependence and expired carbon monoxide (CO) levels of 4.9 ± 2.4 ppm. Individuals that presented at least one of the following characteristics were excluded from the study: use of medications that could alter the cardiac autonomic activity, such as propranolol and atropine, alcohol consumers and individuals that presented known infections, metabolic or cardiorespiratory system diseases, which could interfere with the cardiac autonomic control.

The volunteers were adequately informed on the procedures and objectives of the study and signed the Free and Informed Consent Form after agreeing to participate in the study. All procedures used in the study were approved by the Ethics Committee in Research of Faculdade de Ciências e Tecnologia - FCT/UNESP (protocol #258/08) and followed the norms established by Resolution 196/96 of the National Council of Health.

Procedures

The experimental protocol was carried out in a room of which temperature varied from 22° and 24° Celsius, with humidity levels between 40-60.0%, at the same period of the day (between 8AM and 12PM), to attenuate possible influences on the circadian rhythm. Previously, all participants had been advised to abstain from caffeine, physical activity and cigarette smoking for at least 8 hours before the study. Smoking abstinence was confirmed through the measurement of CO concentrations using a Micro CO monoximeter device (Micro Medical Limited, Rochester, England). Individuals presenting values ≤ 10 ppm were accepted as being abstinent.

The collection of anthropometric data (weight and height), history of smoking, health history and medication use, in addition to the degree of dependence and cigarette consumption, through Fagerström questionnaire, also preceded the experimental protocol.

After such procedure, the chest strap with heartbeat sensor was placed on the volunteers’ thorax, on the distal third of the sternum and a Polar S810i (Polar Electro, Finland), heart rate receptor device was placed around the wrist. The equipment had been previously validated for beat-to-beat HR monitoring and the resulting data were used to calculate the HRV indices. The volunteers remained in the sitting position and were advised to rest, without high range-of-motion movements and without talking during the collection of data, which was carried out individually.

The collection of data lasted 80 minutes, continuously and consisted of three moments: 1) Rest - the volunteers remained at rest with spontaneous breathing for 30 minutes; 2) Smoking period - the volunteers were asked to smoke two cigarettes of the brand routinely smoked by them, in approximately 20 minutes; and 3) Post-smoking period - after they had finished smoking, the volunteers once again remained at rest, with spontaneous breathing, for 30 minutes.

For the analysis of the HRV, the pattern of its behavior was recorded beat-to-beat, throughout the protocol, with a sampling rate of 1,000 Hz. The analysis of the data was carried out using the first 1,000 consecutive RR intervals, after digital filtration using the Polar Precision Performance SW software (release 4.01.029) complemented by manual filtration, to eliminate premature ectopic beats and artifacts and only series with more than 95% of sinus beats were included in the study.

The rest period was evaluated using the first 10 minutes to stabilize the hemodynamic parameters and the HR recorded during this period was disregarded for the analysis. The post-smoking period was divided in two periods of 15 minutes each and called Post 1 and Post 2.

Analysis of Poincaré plot

The Poincaré plot, used for the non-linear analysis, is a chart in which each RR interval is recorded as a function of the previous RR interval, that is, the duration of one RR interval (RR) is represented in the “x” axis and the duration of the following interval (RR₊₁) in the “y” axis, so that each point (RR, RR₊₁) in the chart corresponds to two successive beats.

The following indices were calculated for the quantitative analysis of the plot, through the adjustment of the ellipse of the figure formed by the attractor: SD1 (standard deviation of the instantaneous variability of the beat-to-beat heart rate), SD2 (standard deviation of long-term continuous RR interval variability) and the SD1/SD2 ratio.

The qualitative analysis of the plot was carried out through the analysis of the figures formed by its attractor, which were described by Tulppo et al. The following patterns were considered: figures with increased dispersion of RR intervals were considered characteristic of a normal plot and figures with little global dispersion, beat-to-beat and without increased dispersion of RR intervals in the long term.

Linear analysis of HRV

The HRV was also analyzed through linear methods, in the TD and FD. In the TD, the RMSSD index, which corresponds to the root mean square of the difference between successive normal adjacent R-R intervals, expressed in milliseconds (ms) and the SDNN index, which corresponds to the standard deviation of all normal sinus R-R intervals, expressed in ms, were used.

For the analysis of the HRV in the FD, the spectral components of low frequency (LF, 0.04-0.15 Hz) and high frequency (HF, 0.15-0.40 Hz) were used in normalized units and in ms², as well as the ratio between these components (LF/HF), which represents the relative value of each spectral
component in relation to the total potency, minus the components of very-low frequency (VLF). The spectral analysis was calculated using the fast Fourier transform (FFT) algorithm. Data on the duration of the RR intervals were also analyzed and the HRV indices were calculated using the HRV analysis software.

Data analysis

Descriptive statistics was used to characterize the sample profile, with the following data being represented: mean values, standard deviations, medians and 95% confidence intervals. The normality of data was determined using the Shapiro-Wilks test.

The analysis of the rest, smoking and post-smoking periods, when the data presented normal distribution, was carried out through analysis of variance (ANOVA) for repeated measures, followed by Tukey’s test (SDNN variable). For data that did not present a normal distribution, Friedman’s test for repeated measures was used, followed by Dunn’s test (variables: RR interval, RMSSD, LFnu, HFnu, LFms, HFms, SD1, SD2, SD1/SD2). The differences in these tests were considered statistically significant when p value was < 0.05.

The calculation of the study power (GraphPad StatMate Software, release 2.00 for Windows, GraphPad Software, San Diego, California, USA), with the number of volunteers analyzed and a level of significance of 5% (two-tailed test) guaranteed a test power > 80% to detect differences between the variables.

Results

The values of the indices obtained through Poincaré plot for the volunteers before, during and after smoking are shown in Table 1. Significantly lower SD1 values were observed at the Smoking and Post 1 moments, when compared to the Rest and Post 2 moments. The SD2 index showed to be significantly lower at the Smoking and Post 1 moments when compared to the Rest moment. Additionally, the value in the Smoking moment was also significantly lower than in the Rest moment. Figure 1 shows an example of qualitative analysis of the Poincaré plot before, during and in the periods analyzed after smoking.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Rest</th>
<th>Smoking</th>
<th>Post 1</th>
<th>Post 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD2</td>
<td>75.1 ± 22.5 [70]</td>
<td>67.3 ± 14.5 [63.2]</td>
<td>71.6 ± 23.7 [69.6]</td>
<td>82.7 ± 28.2 [79.2]</td>
</tr>
<tr>
<td>SD1/SD2</td>
<td>0.31 ± 0.08 [0.3]</td>
<td>0.2 ± 0.04 [0.2]</td>
<td>0.23 ± 0.06 [0.2]</td>
<td>0.24 ± 0.05 [0.23]</td>
</tr>
</tbody>
</table>

*Mean ± SD (median); [95%CI]; †Significant difference in relation to Rest; ‡Significant difference in relation to Post 2 (Friedman’s Test; p < 0.05); Legends: SD1 - standard deviation of the instantaneous variability of the beat-to-beat heart rate; SD2 - standard deviation of long-term continuous RR interval variability; SD1/SD2 ratio - ratio between the short- and long-term variations of RR intervals.

Discussion

The results obtained through the HRV indices in the present study showed that smoking resulted in acute modifications in the HRV indices, characterized by a decrease in the parasympathetic activity and increase in the sympathetic activity, as well as the recovery of these indices 30 minutes after smoking cessation.

The analyses of the Poincaré plot indices showed that the vagal modulation, represented by the index SD1, and the SD1/SD2 ratio presented a significant decrease during smoking, indicating a decrease in the HRV in these individuals (Table 01). Decreases in the linear indices RMSSD and HF, in normalized units and ms, also occurred during the smoking period, in addition to the increase in the LF/HF ratio, confirming the decrease in the parasympathetic activity demonstrated by the indices extracted from the plot (Table 02).

Decrease in the vagal modulation during smoking was also observed by Karakaya et al, who evaluated the acute effects of smoking in 15 nonsmoker volunteers on HRV indices and observed changes in the TD and FD, particularly in the 5-10 minutes immediately after the act of smoking, characterized by a decrease in the SDNN, RMSSD and HF indices, as well as an increase in the LF index. Nabors-Oberg et al equally verified a decrease in the HF index during smoking. These parasympathetic alterations seem to be related to the effects of smoking on the automaticity of the sinus node.

The RR intervals showed to be decreased during smoking in comparison with the rest period; moreover, there was an increase in the LFnu index and the LF/HF ratio (Table 02), suggesting that during smoking, associated with the decrease in the parasympathetic activity, there was an increase in the sympathetic activity. Kobayashi et al observed an increase in the LF/HF ratio within 5 minutes after smoking. These findings are also in agreement with the studies by Narkiewicz et al and Gerhardt et al, who observed an increase in the sympathetic modulation during smoking.

Table 1: Mean values and respective standard deviations, medians and confidence intervals for the indices extracted from the Poincaré plot of smokers in the rest, smoking and post-smoking periods
Table 2 - Mean values with respective standard-deviations, medians and confidence intervals for heart rate, RR interval, linear indices at DT e DF of smokers in the rest, smoking and post-smoking periods

<table>
<thead>
<tr>
<th>Variables</th>
<th>Rest</th>
<th>Smoking</th>
<th>Post 1</th>
<th>Post 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR (ms)</td>
<td>816.6 ± 89 (851)*</td>
<td>696.5 ± 76.3 (711)† §</td>
<td>723.4 ± 93 (741)† §</td>
<td>766.7 ± 96 (794)† §</td>
</tr>
<tr>
<td></td>
<td>[790.2 – 853.9]</td>
<td>[665 – 726]</td>
<td>[695 – 761.6]</td>
<td>[727 – 809.3]</td>
</tr>
<tr>
<td>SDNN</td>
<td>47.6 ± 14.8 (44)</td>
<td>35.5 ± 6.4 (34)† §</td>
<td>38.6 ± 13 (38)† §</td>
<td>46.6 ± 14.9 (46)† §</td>
</tr>
<tr>
<td></td>
<td>[41.5 – 53.7]</td>
<td>[32 – 39]</td>
<td>[33.2 – 43.7]</td>
<td>[40.4 – 52.7]</td>
</tr>
<tr>
<td>RMSSD</td>
<td>32.7 ± 13 (30)</td>
<td>19.1 ± 6.8 (18.2)† §</td>
<td>22.4 ± 10.2 (20)† §</td>
<td>27.2 ± 11 (28.2)† §</td>
</tr>
<tr>
<td></td>
<td>[27.4 – 36]</td>
<td>[16.3 – 22]</td>
<td>[18.2 – 26.6]</td>
<td>[23.2 – 32.2]</td>
</tr>
<tr>
<td>LF (ms²)</td>
<td>524.8 ± 348.5 (440.0)</td>
<td>307.9 ± 172.0 (258.0)† §</td>
<td>340.7 ± 227.4 (369.0)† §</td>
<td>502.7 ± 280.5 (483.0)† §</td>
</tr>
<tr>
<td></td>
<td>[380.9 – 668.6]</td>
<td>[236.9 – 378.9]</td>
<td>[246.8 – 434.6]</td>
<td>[386.9 – 618.5]</td>
</tr>
<tr>
<td>HF (ms²)</td>
<td>246.8 ± 174.8 (189.0)</td>
<td>81.24 ± 73.78 (65.0)† §</td>
<td>120.96 ± 105.1 (102.0)† §</td>
<td>182.4 ± 130.0 (153.0)† §</td>
</tr>
<tr>
<td></td>
<td>[174.7 – 319.0]</td>
<td>[50.78 – 111.7]</td>
<td>[77.59 – 164.3]</td>
<td>[128.7 – 236.0]</td>
</tr>
<tr>
<td>LFnu</td>
<td>67.5 ± 11.6 (65.6)</td>
<td>81 ± 8.1 (81)† §</td>
<td>74.7 ± 10.3 (76.6)† §</td>
<td>74.5 ± 10 (75)† §</td>
</tr>
<tr>
<td></td>
<td>[62.7 – 72.3]</td>
<td>[77.8 – 84.4]</td>
<td>[70.4 – 79.6]</td>
<td>[70.4 – 78.6]</td>
</tr>
<tr>
<td>HFnu</td>
<td>32.5 ± 11.6 (34.4)</td>
<td>19 ± 8.1 (19)† §</td>
<td>25.3 ± 10.3 (23.4)† §</td>
<td>25.5 ± 10 (25)† §</td>
</tr>
<tr>
<td></td>
<td>[27.7 – 37.3]</td>
<td>[15.5 – 22.2]</td>
<td>[21.9 – 29.5]</td>
<td>[21.4 – 30]</td>
</tr>
<tr>
<td>LF/HF</td>
<td>2.6 ± 1.7 (2)</td>
<td>5.4 ± 3.1 (4.2)† §</td>
<td>3.7 ± 2.1 (3.3)† §</td>
<td>3.5 ± 1.7 (3)† §</td>
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<tr>
<td></td>
<td>[2 – 3.3]</td>
<td>[4.1 – 6.7]</td>
<td>[2.8 – 4.2]</td>
<td>[2.8 – 4.2]</td>
</tr>
</tbody>
</table>

*Mean ± SD (median); [95%CI]; † Significant difference in relation to rest period; § Significant difference in relation to Post 2 period (Friedman’s Test or ANOVA for repeated measures; p < 0.05); HR - heart rate; ms - milliseconds; SDNN - standard deviation of all normal sinus R-R intervals; RMSSD - root mean square of the difference between successive normal adjacent R-R intervals; LF - low frequency; nu - normalized unit; HF - high frequency.

Figure 1 - Visual pattern of Poincaré plot observed in smokers before (1A), during (1B) and after smoking (1C and 1D). 1A shows a good dispersion of points, characteristics of a normal plot, whereas 1B and 1C show a decrease in dispersion, characterizing a reduction in HRV and increase in the sympathetic activity. Figure 1D shows the return to the same pattern observed in Figure 1A, suggesting post-smoking HRV recovery.
The SD2 index, characteristic of global autonomic modulation, presented lower values during smoking when compared to those observed in the rest period (Table 01) and the same occurred with the SDNN and LF indices in ms² (Table 02).

The qualitative analysis (visual) of the plot also demonstrated the acute effect of smoking and showed the decrease in the HRV in smokers. The Poincaré plot chart shows a decrease in the dispersion of points at the Smoking and Post1 moments (Figures 1B and 1C) when compared with the Rest and Post 2 moments (Figures 1A and 1D). This chart pattern, according to the literature, demonstrates an increase in the sympathetic activity and, consequently, a decrease in the HRV²¹,²².

The acute effects of smoking are attributed mainly to the action of nicotine that binds to nicotinic cholinergic receptors present in the autonomic ganglia, neuromuscular junctions and central nervous system, which, when stimulated, increase the release of several neurotransmitters¹⁴,¹⁵. The nicotine and other substances found in cigarettes also stimulate the release of adrenalin into the sympathetic nervous system (SNS). Additionally, the stimulation of the nicotinic receptors in the autonomic nervous system (ANS) has been associated with sympathetic excitatory effects of smoking⁶.

There are three possible mechanisms to explain this sympathetic activation. The first is a direct effect on the central nervous system; and the second is a stimulatory effect on the ganglionic sympathetic transmission that leads to a subsequent increase in the postganglionic efferent sympathetic activity; and the third, is an effect on the sympathetic peripheral nervous terminations²³,²⁴. For Grassi et al.⁴, in addition to the peripheral adrenergic stimulation, there is a partial loss by baroreflex capacity to contain it.

During the recovery period, the analysis of the indices obtained through the Poincaré plot showed an increase in the vagal modulation evaluated through the SD1 index, reaching levels close to those observed in the Rest period at the Post 2 period. The SD2 index returned to basal levels at the end of the studied period, whereas the SD1/SD2 ratio remained decreased throughout the 30-minute period post-smoking (Table 01). The decrease in the SD1/SD2 ratio is due to the marked increase in the SD2 index.

As for the qualitative analysis of the plot, the alterations observed during smoking persisted throughout the period immediately after smoking (Post 1), with recovery and a pattern very similar to that observed in the Rest period in the Post 2 moment (Figure 1D).

This recovery was also observed in all linear indices of HRV throughout the 30-minute period that followed the act of smoking (Table 02), which corroborates the findings by Hayano et al.²⁵, who studied young smokers and observed an increase in HR, a decrease in the HF index three minutes after smoking and an increase in the LF index 10 to 17 minutes after smoking, with values returning to initial levels after 24 minutes.

The recovery of the HRV indices might be related to the fact that, after smoking, there is a peak of circulating nicotine concentration, which rapidly declines during the subsequent 20 minutes due to tissue distribution²⁶, indicating that the nicotine-induced effects on the ANS might be attenuated throughout time.

Other factors can also be mentioned to explain the rapid post-smoking recovery and, in this sense, age and the smoking characteristics of the studied individuals must be taken into account. As the individuals are young and healthy, we suppose that the ANS is intact, which guarantees the sympathetic-vagal balance necessary to maintain the normality of the autonomic cardiac control. Regarding the smoking characteristics, the low consumption of cigarettes and time of smoking might also have influenced these results.

The Poincaré plot is a technique that allows the visualization of all points described in a series of consecutive RR intervals and also facilitates the identification of the abnormal points corresponding to premature beats, compensatory pauses or technical artifacts, which allows the easy correction of the RR series for the analysis of the HRV. This visualization is not possible through the spectral analysis or by the TD, which represents a good advantage of the Poincaré plot in relation to these methods.

The Poincaré plot allows the analysis of series of non-stationary RR intervals²⁷ and provides both summarized and detailed information, beat-to-beat, of the cardiac behavior⁴⁰.

Such aspects represent important advantages of its use in relation to linear analysis methods; however, it is worth mentioning that the direct measurement of the autonomic activity can determine whether the Poincaré plot can be considered a more sensitive method to detect autonomic alterations in comparison to such methods.

In brief, the results of the present study show that smoking resulted in acute modifications in HRV indices, characterized by the decrease in the parasympathetic activity and increase in the sympathetic activity, as well as the recovery of these indices 30 minutes after smoking, which were evaluated quantitatively and qualitatively by Poincaré plot.

Conclusion

The analyses of the indices extracted from the Poincaré plot and the linear indices in the TD and FD showed that smoking resulted in acute modifications in the autonomic cardiac control, characterized by the decrease in the parasympathetic activity and increase in the sympathetic activity, as well as in the recovery of these indices 30 minutes after smoking. Additionally, the Poincaré plot showed to be a sensitive and simple method to detect acute alterations in HRV caused by smoking.

Potential Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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Study Association

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References


