The following letter is in response to the Point:Counterpoint series “Cardiovascular variability is/is not an index of autonomic control of circulation” that appeared in the August issue (vol. 101: 676-682, 2006; http://jap.physiol.org/content/vol101/issue2/2006).

To the Editor: The Point:Counterpoint discussion on CVV (4) caught my attention as it raises a number of questions about which I also have philosophized in the past (1–3). However interesting the arguments that are put forward, the only difference between the two P:CP camps seems to be the conclusion: may we or may we not use CVV-derived parameters in daily clinical practice? Strangely enough, no one ever questions the outcome of classical autonomic function tests, like the phenylephrine test (5) to “measure” baroreflex sensitivity. Anyone who ever did the test knows that a difference of a factor of two in outcome between successive runs is not uncommon. Underpinning the fact that autonomic outflow from the CNS may be highly variable from moment to moment. Only in neuropathy or after brain injury do we find stable (mostly low) outflow. Continuous variability in nervous activity is a fact of life, and quantification by direct (MSNA) or indirect measurement (CVV) may give only rough estimates of a patients’ condition. Much less exact than the concentration of ions in the blood, but telltale when longer periods of illness in one and the same patient are to be followed. There lies, in my opinion, the true power of clinical application of CVV, not in the one-point measurement, unless the condition is extremely clear cut.

REFERENCES

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