INTRODUCTION

It is well known that airflow across the human body increases convective and evaporative heat loss. For example, previous studies (1,2,3,4) have shown that fan-driven air circulation around the body during stationary cycling in a warm environment significantly enhanced thermoregulation and deterred potential heat illness. Interestingly, the air velocity used in the studies cited above has ranged between 1-18 kilometers per hour (km·h⁻¹). Yet, most competitive and some recreational cyclists can attain speeds of 32 km·h⁻¹ or more. Therefore, the purpose of this study was to examine the whole body sweat rate (WBSR), rectal temperature (Tre), mean skin temperature (Tk), and heart rate (HR) during stationary cycling in a normoconvective (NC) (air velocity < 1 km·h⁻¹) and hyper-convective (HC) (air velocity = 32 km·h⁻¹) environment.

MATERIALS AND METHODS

The subjects for the study were 10 (4 female, 6 male) active, healthy volunteers. The mean (± SD) age, height, weight, percent body fat and maximum oxygen uptake for the group was 26 ± 5 years, 175 ± 9 cm, 70 ± 9 kg, 15 ± 6% and 55 ± 11 ml·kg⁻¹·min⁻¹, respectively.

Each subject participated in 3 separate testing days. On the initial laboratory visit, body composition was measured using a 7-site skinfold method (5). Additionally, each subject performed a graded exercise test on a cycle ergometer to volitional exhaustion. Expired gases were collected during each minute of the test into meteorological balloons to determine VO₂max. Fractional O₂ and CO₂ concentrations were measured on Applied Electrochemistry analyzers. Expired gas volume was measured with a dry gas meter.

The second and third test days, which occurred in random order approximately 1 week apart, involved the NC and HC treatments. Each subject performed 60 min of continuous cycling at 60% of their VO₂max on an electronically braked cycle ergometer. The air temperature and relative humidity on both days was 22°C and 60%, respectively. During the HC trial, airflow was delivered to the subject’s frontal aspect by 2 large industrial fans. Wind speed was measured with a hand-held anemometer. The mean (SD) air velocity for the HC trials was 32 ± 1 km·h⁻¹.

During both exercise bouts Tre, Tk and HR were measured at rest and every 15 min. HR was measured using a 3-lead ECG system. Tre was measured using a YSI (series 400) temperature probe inserted 10 cm beyond the anal sphincter. Tk was determined from 3 skin sites (chest, triceps, calf) according to the equa-
tion developed by Burton (6) using YSI surface temperature probes. In addition, WBSR was determined using the difference in dry body weight taken before and after the exercise bout. Lastly, $V_{O_2}$ was measured at the 20th min of exercise using a meteorological balloon.

Data collected in the NC and HC trials were compared using a paired t-test. Significance was set at the $P < 0.05$ level.

RESULTS

Mean ending (60 min value) $T_{re}$ was significantly decreased in the HC (38.40°C) vs. the NC (38.65°C) trial. Likewise, mean ending HR was also significantly reduced from 160 bpm to 146 bpm.

Mean core temperature and HR data is presented in Fig. 1 and Fig. 2, respectively. Furthermore, mean WBSR was significantly reduced from 1.1 L·h⁻¹ in the NC trial to 0.67 L·h⁻¹ in the HC trial. Lastly, mean ending $T_{sk}$ was significantly decreased from 35.05°C in the NC trial to 31.15°C in the HC condition.

DISCUSSION

The results of this study show that a 32-km·h⁻¹ airflow across the frontal aspect of a stationary cyclist can profoundly affect many thermoregulatory variables. Specifically, HR is dramatically reduced in a HC environment. The 14 bpm reduction seen in the current study is similar in magnitude to the changes reported by Adams et al. (1) and Shaffrath and Adams (4) who reported 18 bpm and 15 bpm differences respectively, between HC and NC. However, it should
be noted that in both (1, 4) of these studies, significant results only occurred at elevated environmental temperatures (> 35°C). HR was not significantly affected by air velocity of <16 km·h⁻¹ in more temperate environments (24°C). Thus, the current study suggests that higher air velocities can also influence HR in temperate conditions. The decreased HR seen in HC trials is probably the result of a decreased skin blood flow, thus reducing "cardiovascular drift."

The 0.25°C reduction in Trₑ in the HC trial is consistent with the findings of Shaffrath and Adams (4). They reported a 0.3°C decrease in Trₑ during 70 min of exercise at 60% \( \dot{V}O_{2\text{max}} \) in a HC environment. Other studies (1, 2) have reported larger decreases in Trₑ in HC environments. It should be noted, however, that these studies had some combination of longer duration, higher intensity or hotter ambient conditions.

The reduced Trₑ can either be the result of reduced heat production or increased heat loss. The 20th min \( \dot{V}O_2 \) values in the current study were identical (2.5 L·min⁻¹) for the HC and NC trials. This finding is in agreement with others (4) and suggests that HC does not alter heat production. Therefore, the reduced Trₑ seen in the HC trial is probably the result of increased sensible (i.e., dry) heat loss.

This is supported by the fact that WBSCR was significantly reduced in the HC trial. Other studies (1, 3) corroborate these findings and support the hypothesis that if convective cooling is increased during an exercise bout, evaporative cooling will decrease, and vice versa.

CONCLUSION

In conclusion, the current study supports the hypothesis that stationary cycling in a NC environment requires more reliance on sweat evaporation resulting in significantly greater HR and Trₑ values compared to similar intensity exercise in a HC environment. Furthermore, the current data suggests that the previously reported changes in HR and Trₑ that occurred in high ambient temperature conditions can also be seen in temperate conditions if the air velocity is increased to match the speeds actually produced during competitive cycling.

REFERENCES

