

RELIABILITY AND VALIDITY OF NOVEL METHODS IN THE ASSESSMENT OF COLD-INDUCED SHIVERING.

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INTRODUCTION

CONTEXT: Shivering defined as the ‘simultaneous asynchronous contraction of the muscle fibres in both flexor and extensor muscles’ (1).

Both the onset and magnitude of shivering are influenced by corresponding reductions in skin or deep-body temperature, but also a range of non-thermal factors (2-3).

Despite various forms shivering quantification in research and practice, a direct comparison between metrics has yet to be performed, specifically in quantifying shivering onset.

AIM: The purpose of this methodological study was twofold:

- To compare the test-retest reliability of four independent metrics for the assessment of shivering onset; whole-body oxygen uptake ($\dot{V}O_2$), electromyography (EMG), mechanomyography (MMG) and bedside shivering assessment scale (BSAS).
- To compare the validity across metrics as appropriate methodological tools for shivering research.

METHODOLOGY

PARTICIPANTS: Ten healthy volunteers (age, 23 ± 3 yrs; stature, 1.75 ± 0.07 m; mass, 71.1 ± 11.5 kg).

DESIGN: Repeated measures design, visiting the laboratory on three occasions, undertaking identical sessions (Fig 1). Prior to cold exposure, participants remained seated in a thermoneutral environment (21°C) for 20 mins allowing skin temperature to stabilise.

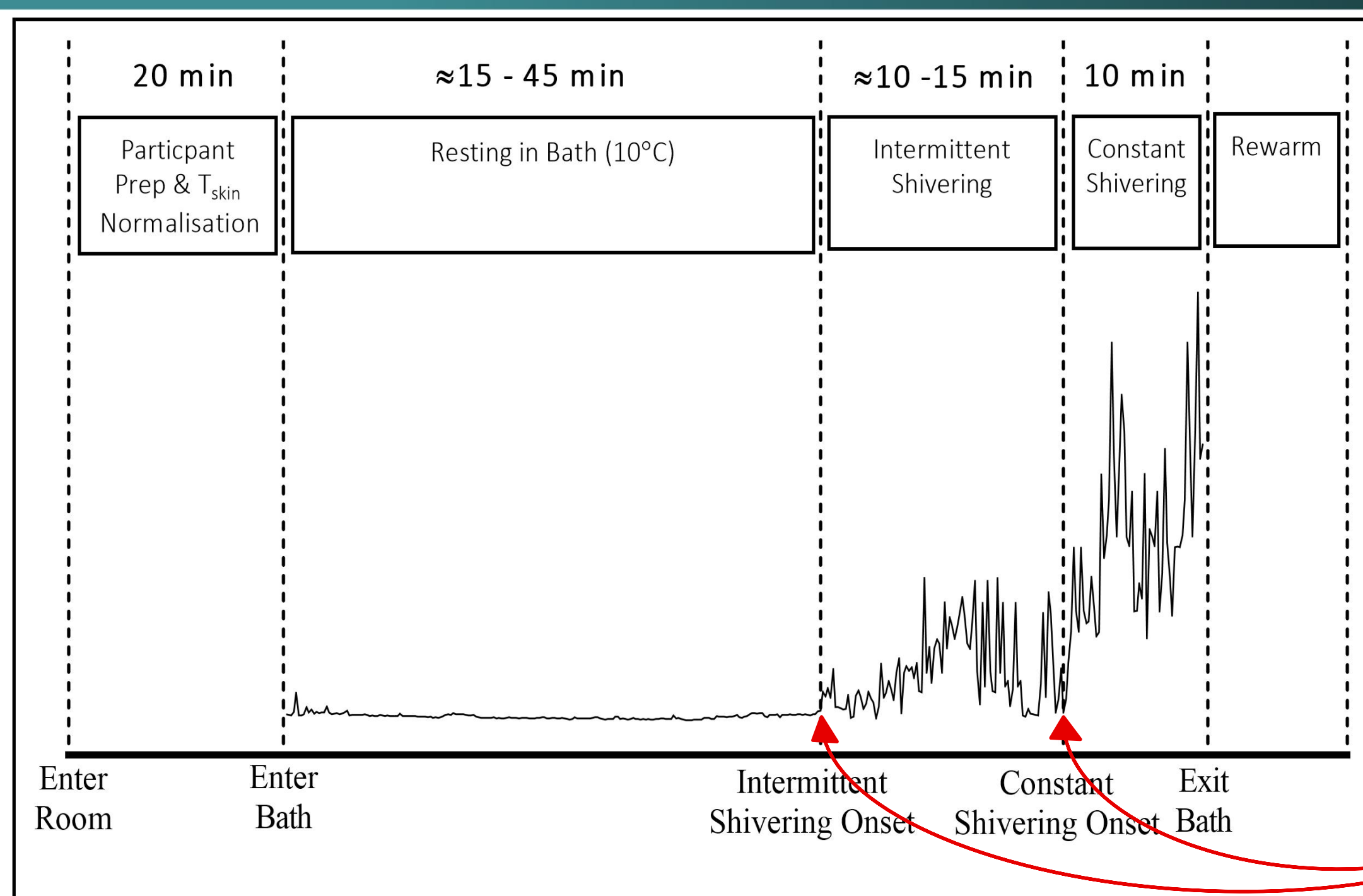


Figure 1: Schematic representation of the methodological procedures with a sample EMG output.

COOLING STIMULUS: Passive cooling via lower body cold-water immersion at $10 \pm 0.4^\circ\text{C}$, with an industrial fan placed 1.5 m away to encourage convective cooling of the upper body (T_a , $21.2 \pm 1.2^\circ\text{C}$; air velocity, 3.5 ± 0.18 m/s)(Fig 2) whilst avoiding immersion of equipment.



Figure 2: Methodological set-up to induce deep-body cooling.

Participants remained in the bath until 10 mins after they were deemed to be maximally whole-body shivering.

ASSESSMENT OF SHIVERING:

$\dot{V}O_2$ – continuous breath-by-breath via metabolic cart.

EMG – wireless surface EMG (right pectoralis major, posterior deltoid, trapezius). Sampled at 1000 Hz and the signal rectified.

MMG – tri-axial accelerometer, $30 \times 20 \times 10$ mm; 13 g (right pectoralis major). Movement axes was sampled at 1000 Hz and collated by square rooting the sum of squares.

BSAS – subjective stages; 1. minor localised shivering-related muscular twitches, 2. noticeable intermittent burst shivering of the extremities, 3. generalised sustained whole-body shivering.

DATA ANALYSIS: All data sub-sampled into 10 s average time blocks and graphed as a function time to synchronise all sampling rates.

Intermittent shivering onset was defined via visual identification of the inflection point, by a secondary inflection point for constant shivering.

Inflection points independently established by three researchers and the median was used. The corresponding time elapsed (relative to entry into the bath), and T_{rec} was noted.

RESULTS

RELIABILITY:

Table 1: Test-retest reliability of four independent metrics for the assessment of shivering onset during lower-body cold water immersion.

	TRIAL 1	TRIAL 2	TRIAL 3	MEAN DIFF	MEAN CV (%)	ICC
ONSET TIME (S)						
$\dot{V}O_2$						
- Intermittent	2210 ± 622	2057 ± 560	2120 ± 741	360 ± 168	13.7 ± 5.5	0.90 [0.70 – 0.98]
- Constant	2500 ± 679	2516 ± 729	2520 ± 756	344 ± 208	10.8 ± 5.5	0.93 [0.80 – 0.98]
EMG						
- Intermittent	2018 ± 700	1957 ± 629	1983 ± 780	378 ± 298	14.4 ± 10.9	0.84 [0.50 – 0.96]
- Constant	2363 ± 688	2296 ± 718	2399 ± 830	426 ± 335	13.8 ± 11.0	0.82 [0.41 – 0.96]
MMG						
- Intermittent	2191 ± 776	1833 ± 649	1959 ± 798	322 ± 175	12.8 ± 7.9	0.94 [0.81 – 0.99]
- Constant	2516 ± 768	2432 ± 856	2363 ± 862	261 ± 232	9.2 ± 8.0	0.96 [0.89 – 0.99]
BSAS						
- Minor	1728 ± 785	1689 ± 749	1555 ± 617	335 ± 244	15.1 ± 7.1	0.85 [0.55 – 0.96]
- Intermittent	2352 ± 840	2421 ± 1054	2209 ± 845	359 ± 241	12.8 ± 8.4	0.95 [0.86 – 0.99]
- Constant	2884 ± 870	2888 ± 1070	2714 ± 948	351 ± 217	10.0 ± 6.7	0.96 [0.89 – 0.99]
ONSET RECTAL TEMPERATURE ($^\circ\text{C}$)						
$\dot{V}O_2$						
- Intermittent	36.94 ± 0.40	36.80 ± 0.51	37.06 ± 0.26	0.31 ± 0.19	0.6 ± 0.4	0.77 [0.27 – 0.95]
- Constant	36.83 ± 0.41	36.74 ± 0.56	36.90 ± 0.26	0.27 ± 0.17	0.6 ± 0.4	0.86 [0.56 – 0.97]
EMG						
- Intermittent	36.99 ± 0.38	36.87 ± 0.58	37.06 ± 0.22	0.28 ± 0.23	0.6 ± 0.4	0.82 [0.42 – 0.96]
- Constant	36.85 ± 0.41	36.74 ± 0.59	36.92 ± 0.22	0.34 ± 0.21	0.7 ± 0.4	0.78 [0.24 – 0.95]
MMG						
- Intermittent	36.96 ± 0.41	36.88 ± 0.57	37.06 ± 0.23	0.28 ± 0.18	0.6 ± 0.3	0.86 [0.53 – 0.97]
- Constant	36.89 ± 0.43	36.65 ± 0.70	37.01 ± 0.22	0.29 ± 0.25	0.6 ± 0.5	0.84 [0.47 – 0.97]
BSAS						
- Minor	37.07 ± 0.38	37.03 ± 0.43	37.15 ± 0.21	0.26 ± 0.12	0.6 ± 0.3	0.83 [0.47 – 0.96]
- Intermittent	36.87 ± 0.41	36.79 ± 0.51	36.97 ± 0.24	0.28 ± 0.12	0.6 ± 0.3	0.86 [0.59 – 0.97]
- Constant	36.64 ± 0.40	36.63 ± 0.56	36.79 ± 0.21	0.27 ± 0.17	0.6 ± 0.4	0.85 [0.53 – 0.96]

NOTE: Intermittent, onset of intermittent shivering. Constant, onset of constant shivering. Trial 1, 2 & 3, data are mean ± SD; n = 10. Mean Diff, mean ± SD of the within subjects difference across trials, with a root sum of squares applied to ensure positive values. Mean CV, mean ± SD of the within subjects co-efficient of variation across trials. ICC, Intra-class correlation co-efficient across trials with 95% confidence intervals, based on a mean-rating (k = 3), absolute-agreement, 2-way mixed-effects model.

VALIDITY:

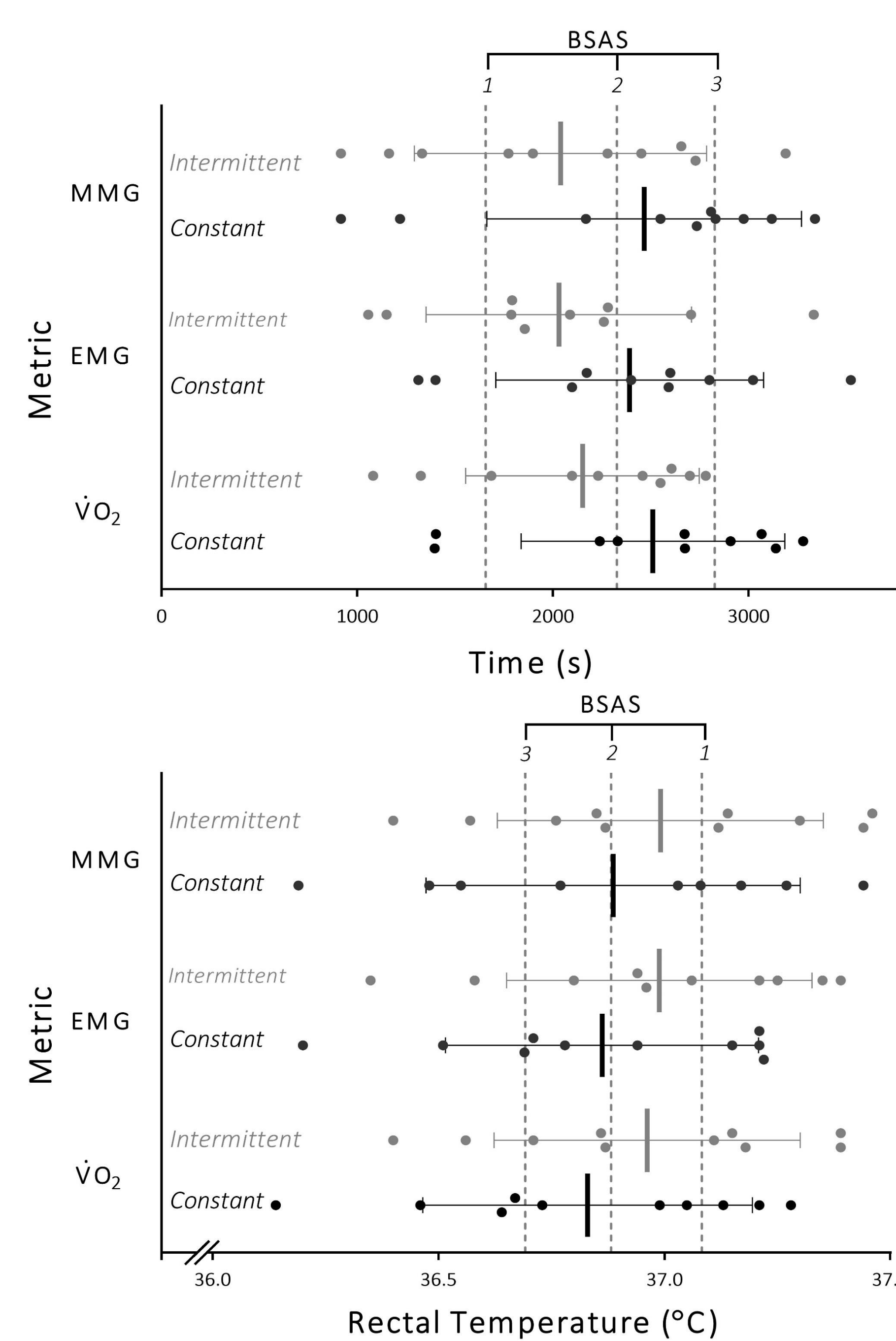


Figure 3: Onset of intermittent and constant shivering assessed via various metrics during lower body cold water immersion. NOTE: Data are mean ± SD with individual data points. Intermittent, onset of intermittent shivering. Constant, onset of constant shivering. n = 10.

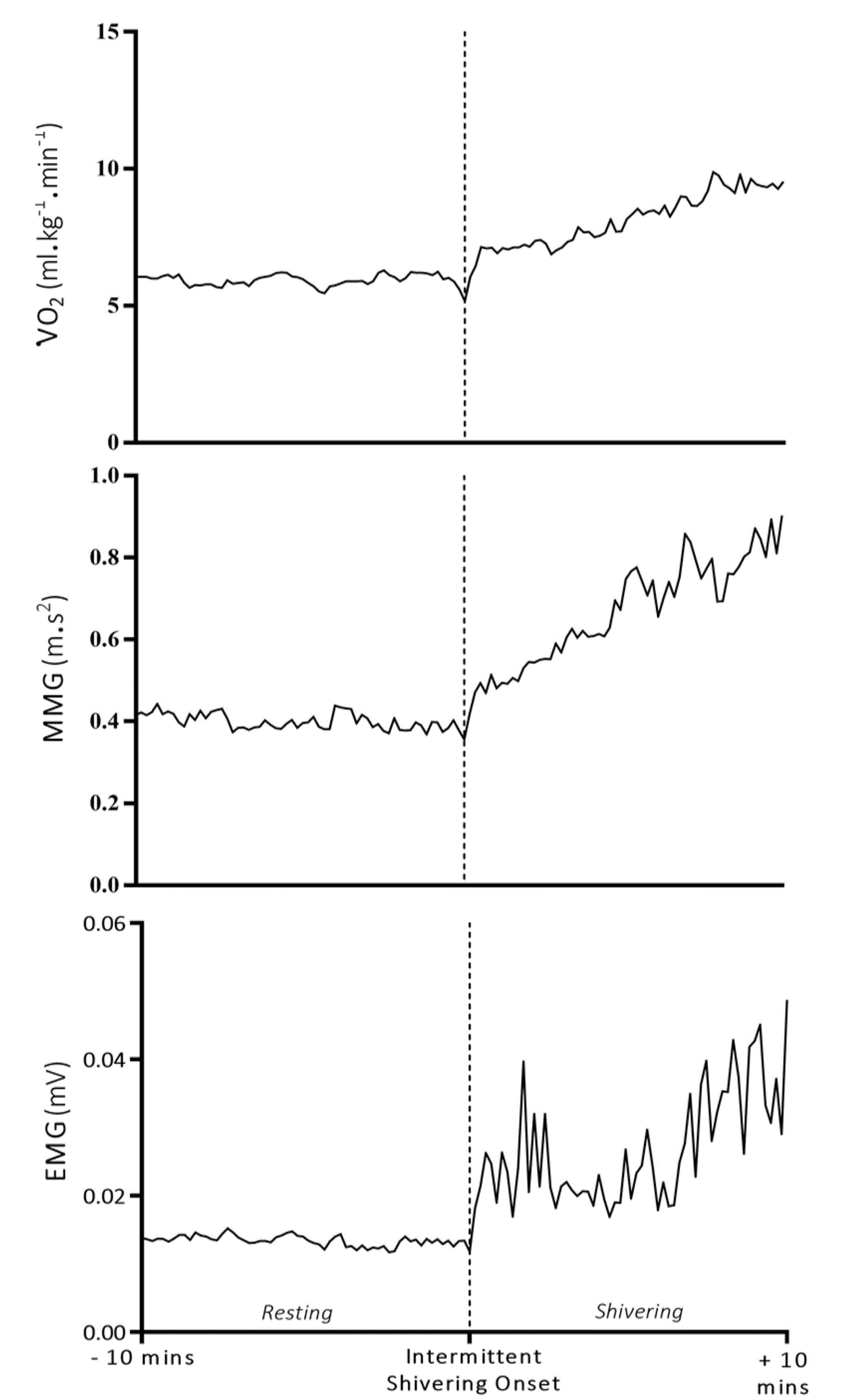


Figure 4: Representation of signal to noise ratio across three independent metrics in the assessment of shivering onset. NOTE: Data are means of three repeated trials across subjects; n = 10. Intermittent shivering onset defined via visual inspection of inflection points.

DISCUSSION

RELIABILITY: In view of the ICC values observed, all metrics provide a good-excellent degree of test-retest reliability in the assessment shivering onset (Table 1). Interestingly, time elapsed relative to cold exposure provided a more consistent predictor of shivering onset than core temperature; thus evidence is presented of a temporal element in the regulation of the thermal homeostasis.

VALIDITY: Chronologically, MMG and EMG were similar in the identification of shivering onset, while a lag was seen in $\dot{V}O_2$ derived identification (Fig 3). As such MMG and EMG present a suitable choice for research requiring real time objective identification of shivering onset. BSAS 1 preceded any activity registered via other metrics, yet comparing objective metrics with BSAS equivalent stages (i.e. BSAS stage 2 vs. objective intermittent shivering, and BSAS 3 vs. objective constant shivering), a lag was seen in identification via BSAS. Note, considerable variability exists in the magnitude of the delay.

Assessment of signal to noise ratio favoured EMG (SNR, 1.43 ± 2.11) as an analytical tool, followed by MMG (SNR, 0.67 ± 0.84) and finally $\dot{V}O_2$ (SNR, 0.37 ± 0.66) (Fig 4).

INTEGRATION OF METRICS: Each metric in isolation presents a series of key limitations, thus development of an integrated measure of shivering onset, based on the current data is proposed:

$$\text{Shivering}^{(\text{GlobalSNR}^{\text{Live}})} = \left(\left(\frac{(\overline{EMG}_{\bar{x}}(t-750)-(t-150)) - \overline{EMG}_{\bar{x}}(t-150)}{2\sigma_{EMG}(t-750)-(t-150)}} \right) + \left(\frac{(\overline{MMG}_{\bar{x}}(t-750)-(t-150)) - \overline{MMG}_{\bar{x}}(t-150)}{2\sigma_{MMG}(t-750)-(t-150)}} \right) \right) + \left(\frac{(\overline{\dot{V}O_2}_{\bar{x}}(t-630)-(t-30)) - \overline{\dot{V}O_2}_{\bar{x}}(t-150)}{2\sigma_{\dot{V}O_2}(t-630)-(t-30)}} \right)$$

Where:

- GlobalSNR^{Live}** is a real time metric based on the mean SNR of $\dot{V}O_2$, EMG and MMG.
- \bar{x} is a rolling average of given time block
- t is current time in seconds
- 2σ is two standard deviations

Intermittent shivering onset: **GSNR^{Live} > 0.51.**

REFERENCES / CONFLICTS OF INTEREST

- Bligh, J. (1985). Regulation of body temperature in man and other mammals. Heat transfer in medicine and biology, 1, 15-5.
- Stocks, J. M., Taylor, N. A., Tipton, M. J., & Greenleaf, J. E. (2004). Human physiological responses to cold exposure. Aviation, space, and environmental medicine, 75(5), 444-457.
- Haman, F., & Blondin, D. P. (2017). Shivering thermogenesis in humans: Origin, contribution and metabolic requirement. Temperature, 4(3), 217-226.

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