

# Impact of nasal breathing on somatosensory detection: experimental design and pilot results



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## INTRODUCTION

- Evidence exists that breathing influences rhythmic brain activity and cognitive function. A central role has been attributed to the **nasal pathway**. Here, (rhythmic) sensory input in the nasal cavity (1) modulates neural activity at breathing rate and has been shown to (2) entrain faster oscillations [1, for review].
- In fact, agents adjust their breathing to task demands [2], and perceptual thresholds vary across the respiratory cycle with beneficial effects during late inspiration [3] to early expiration [2]. Similarly, it has been shown that alpha power fluctuates across the cycle [3], a proxy for cortical excitability, that was found to predict perceptual performance prior to stimulus presentation [3,4,5,6].
- Similar to breathing, perceptual sensitivity varies across the cardiac cycle, namely being improved during late cycle, i.e. diastole [2,6].

### Research questions

- Are we more sensitive to weak somatosensory stimuli during nose (compared to mouth) breathing, i.e. better in detecting them?
- Does detection performance vary across the respiratory cycle? If so, differentially by breathing route?
- Is our perceptual sensitivity indeed improved during cardiac diastole? If so, is this effect altered by respiratory fluctuations?

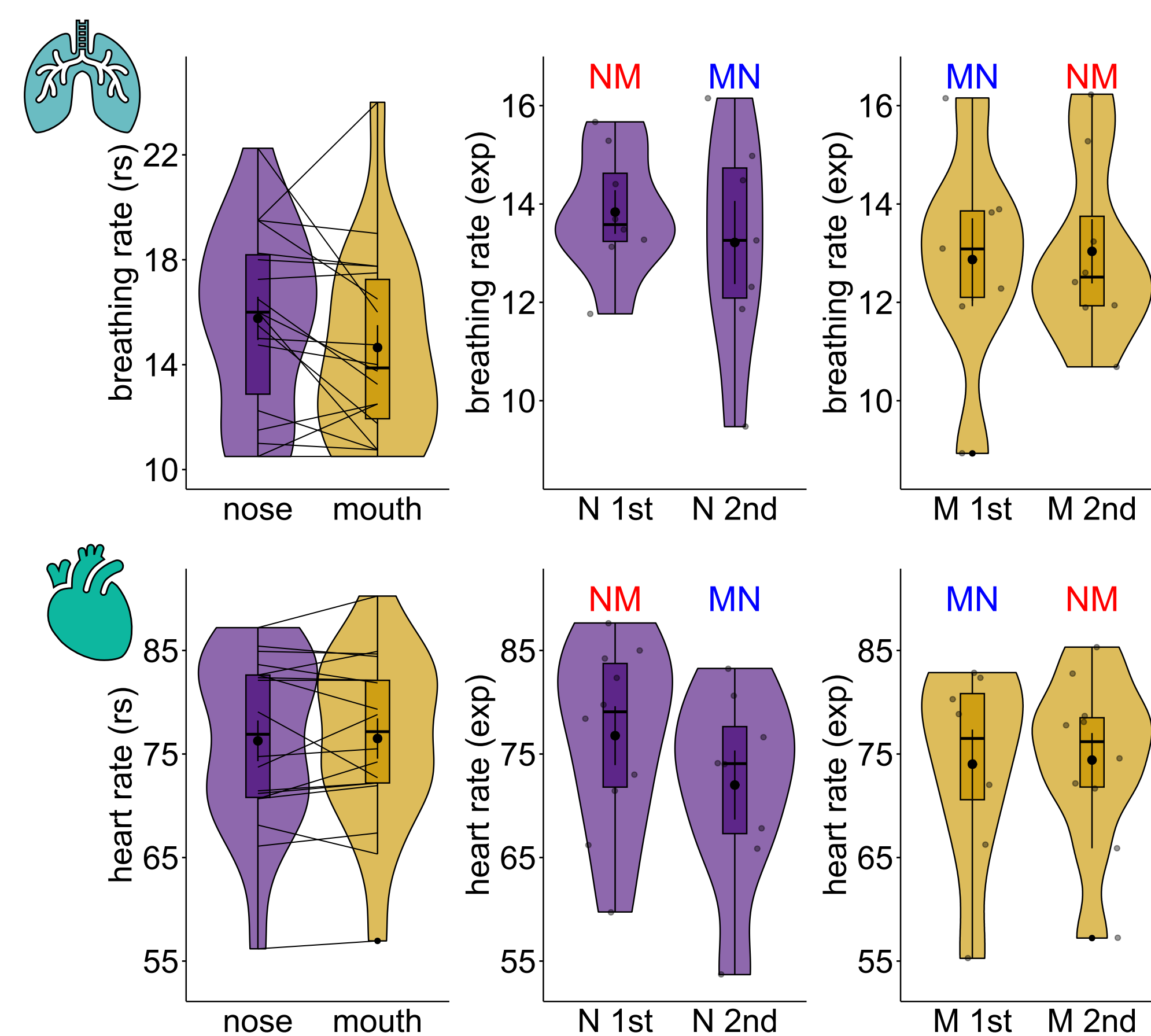
### Hypotheses

- Better performance\* under nose breathing
- Better performance\* during late nasal inspiration/ early expiration
- Better performance\* at stimulation during cardiac diastole
- No change in response criterion

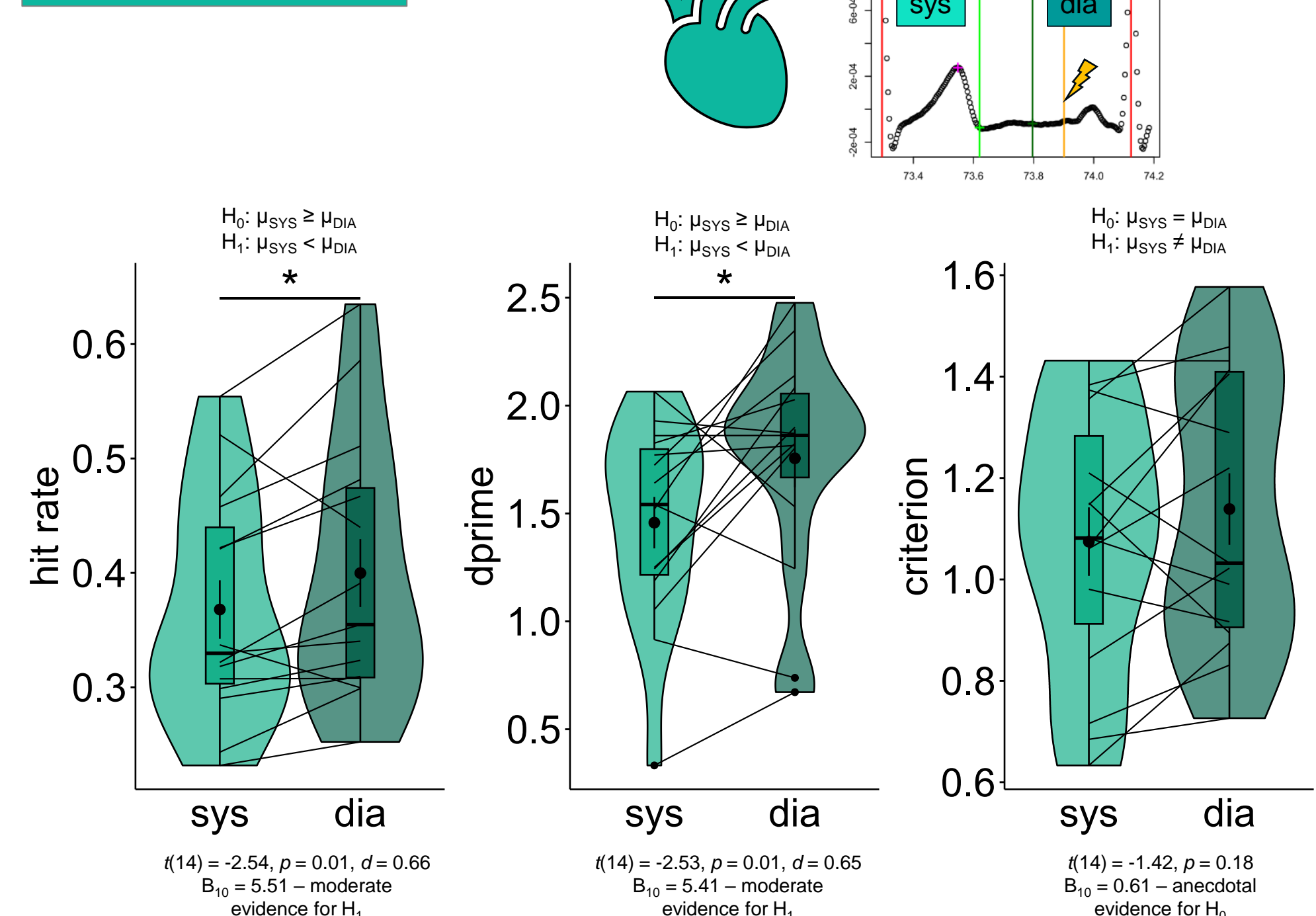
\* Higher hit rate and perceptual sensitivity (dprime)

## RESULTS

### Resting state (4 min) vs. Task



### Cardiac cycle

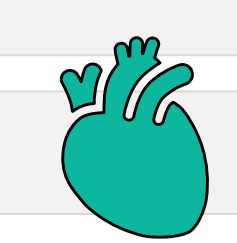
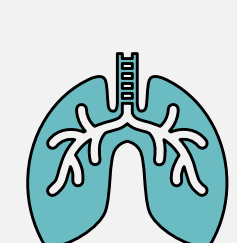


## CONCLUSION

- Perceptual sensitivity improved during nose breathing
- However, hit rates were not higher during late inspiration and early expiration
  - Instead decreased at expiration-to-inspiration transition

- Perceptual sensitivity improved during cardiac diastole

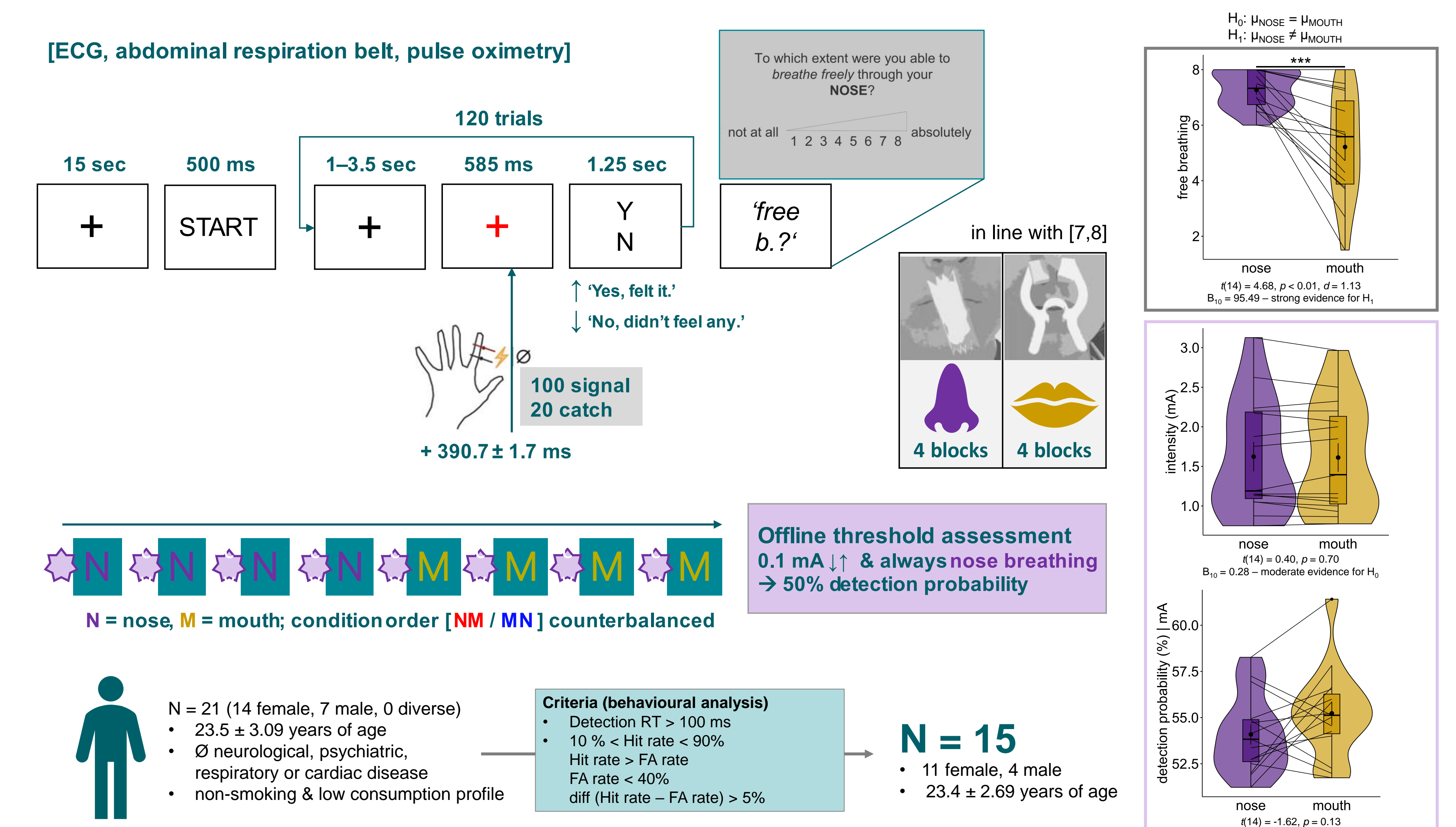
- Subjective reports of **disturbed mouth breathing flow**
- Task allowed **less for breathing alignment to trial sequence**
- Hardware less precise** (0.1 mA)



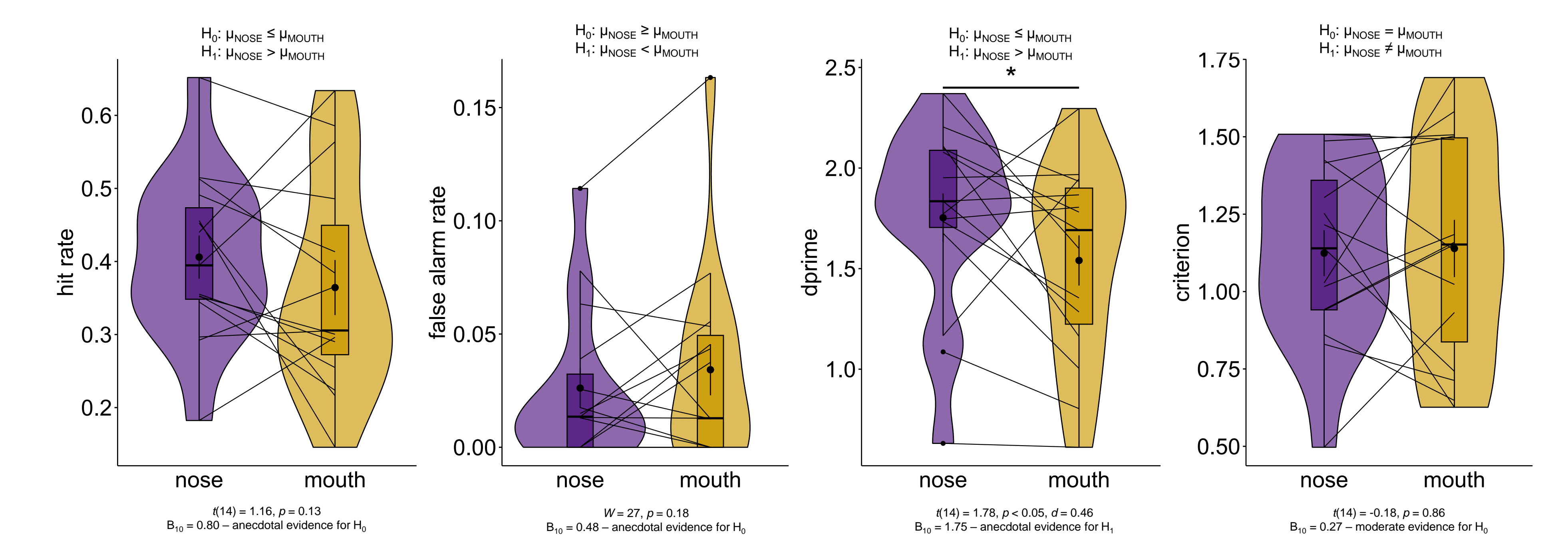
### → Future improvements

- Block order & length: alternating conditions; shorter in length
- Threshold: online staircase, detection probability ↑
- N (catch trials) ↑
- Refinement of breathing control
- Electroencephalography

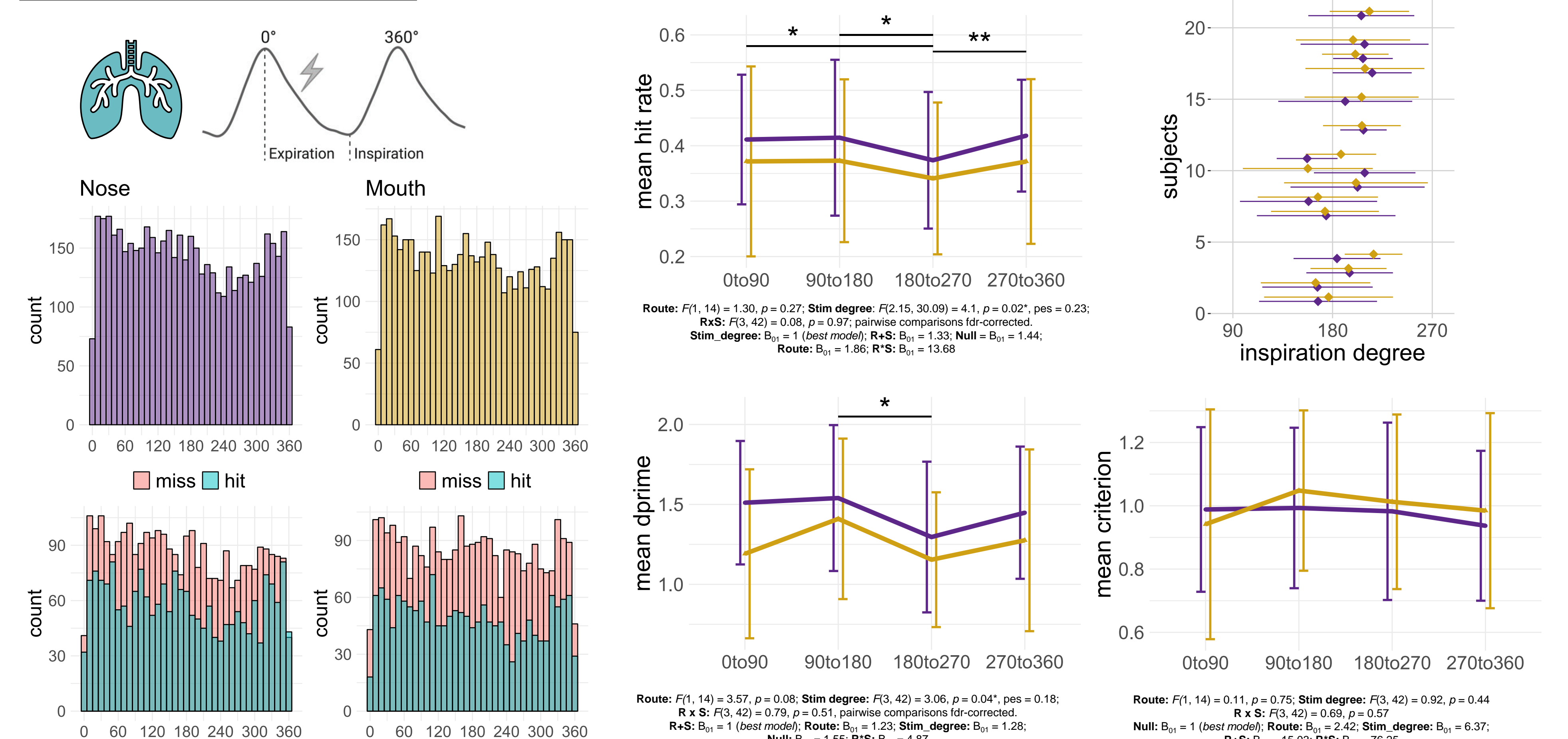
## DESIGN & DEMOGRAPHICS



### Respiratory route



### Respiratory route x cycle



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GEFÖRDERT VOM

