# The TANH-equation modified for the hemoglobin, oxygen, and carbon monoxide equilibrium

OLE SIGGAARD-ANDERSEN¹, MADS SIGGAARD-ANDERSEN² & NIELS FOGH-ANDERSEN¹

<sup>1</sup>Department of Clinical Chemistry, Herlev Hospital, DK-2730 Herlev, Denmark, <sup>2</sup>Department of Physiology, Carlsberg Laboratory, Gamle Carlsberg Vej 10, DK-2500 Copenhagen, Denmark.

Siggaard-Andersen O, Siggaard-Andersen M, Fogh-Andersen N. The TANH-equation modified for the hemoglobin, oxygen, and carbon monoxide equilibrium. Scand J Clin Lab Invest 1993; 53, Suppl 214: 113-9.

The model of the hemoglobin-oxygen equilibrium represented by the TANH-equation is incorporated in the Oxygen Status Algorithm, a computer program for calculating and displaying the oxygen status and the acid-base status of the blood. In the presence of carbon monoxide it is necessary to take the Haldane equation into account. We here describe the necessary equations and methods for iterative solutions. The validity of the Haldane equation has previously been demonstrated by Zwart *et al.* (J Appl Physiol 1984; 57: 14-20). We have performed a few experiments to confirm this. Like Zwart *et al.* we find a small deviation from the theory, but in the opposite direction, i.e. the measured *p*50 values are slightly higher than predicted.

We conclude that the Haldane equation adequately accounts for the carbon monoxide effect up to 30 % carboxy-hemoglobin, but further studies are needed to confirm or exclude any minor deviation from the Haldane relationship which may be significant at higher carboxy-hemoglobin fractions.

Key words: algorithms; blood; carboxyhemoglobin; computer program; half saturation tension; oxygen status.

*Reprints:* O. Siggaard-Andersen, Department of Clinical Chemistry, Herlev Hospital, DK-2730 Herlev, Denmark.

#### INTRODUCTION

Several times we have been asked how the Oxygen Status Algorithm computer program [1] implements the Haldane equation (Eqn. 1) to account for the effect of carbon monoxide on the hemoglobin oxygen equilibrium, the

equation formulated 80 years ago by the young J.B.S. Haldane on the basis of experimental work carried out together with his father J.S. Haldane [2].

The fundamental assumption was that oxygen and carbon monoxide bind to hemoglobin in simple competition, although carbon monoxide

binds with a much higher affinity than oxygen. The validity of this assumption has been proven experimentally by several authors most recently in 1984 by Zwart, Kwant, Oeseburg, and Zijlstra, Department of Physiology, University of Groningen, in a very careful study with references to all the previous literature [3]. They found only minor deviations from the Haldane equation at high FCOHb values where the measured  $pO_2$  values were slightly lower than predicted.

Simpler equations have been proposed to account for the effect of carbon monoxide on the p50 value only. Zwart et al. proposed a linear relationship:

$$p50 = p50^{\circ} + \beta \cdot FCOHb$$
, where  $p50^{\circ} = 3.4$  kPa, and  $\beta = -3.6$  kPa.

The same year (1984) Rovida et al. published a logarithmic relationship [4]:

dlgp50/dFCOHb = -0.848, or dlnp50/dFCOHb = -1.95.

Another model of the carbon monoxide hemoglobin interaction is based on the assumption that carbon monoxide binds so strongly to hemoglobin that it occupies the beginning of the oxygen binding curve until the ordinate equals FCOHb [5]. Beginning at this point the remaining part of the oxygen binding curve describes the relationship between  $pQ_2$  and  $sQ_2$  in the presence of CO. Calculations are somewhat easier with this "zero point displacement model" than with the Haldane equation, but as Zwart et al. pointed out, this model is based on a false assumption and gives a very poor fit to the experimental data.

The purpose of this communication is to describe the equations of the Oxygen Status Algorithm including the Haldane equation, to calculate the effect of CO on the p50 value using the Oxygen Status Algorithm, and to provide a few experimental data to test the validity of the Henderson equation.

## EQUATIONS OF THE OXYGEN STATUS ALGORITHM

The Haldane equation relates the  $pO_2$  and pCO to the concentrations of  $O_2Hb$  and COHb, respectively:

$$pO_2/cO_2Hb = M \cdot pCO/cCOHb,$$
 (1)

where the Haldane factor, M, is proportional to the difference in Hb-affinity for CO and  $O_2$ . The value of M ( $\approx$  230) is not important for the following calculations.

The relationship between  $pO_2$  and  $sO_2$ , established when  $O_2$  is the only ligand, should therefore be identical with the relationship between  $M \cdot pCO$  and sCO, when CO is the only ligand. For the case where both  $O_2$  and CO are present we define two new quantities:

$$pO_2CO = pO_2 + M \cdot pCO,$$
 (2)  
 $sO_2CO = (cO_2Hb + cCOHb)/$   
 $(cO_2Hb + cCOHb + cHb).$  (3)

We assume that the concentration of total hemoglobin is represented by

$$ctHb = cHb + cO_2Hb + cCOHb + cMetHb.$$
 (4)

We can then express  $sO_2CO$  in terms of the quantities we usually measure, i.e.  $sO_2$ , FCOHb, and FMetHb, where the latter two are fractions of total hemoglobin:

$$sCO = FCOHb/(1 - FMetHb),$$
 (5)

$$sO_2CO = sO_2 + (1 - sO_2) \cdot sCO.$$
 (6)

The Haldane equation can be expressed in terms of these new quantities:

$$M \cdot pCO = (pO_2CO/sO_2CO) \cdot sCO$$
, or (7)

$$pO_2CO = pO_2 \cdot sO_2CO/(sO_2CO - sCO).$$
 (8)

We now transform  $pO_2CO$  and  $sO_2CO$  into two new quantities, x and y:

$$x = \ln(pO_2CO/p^e)$$
, where  $p^e=7$  kPa, and (9)  
 $y = \ln(sO_2CO/(1 - sO_2CO))$ . (10)

The relationship between x and y is given by the TANH-equation [6], which in the original form related  $pO_2$  and  $sO_2$  rather than  $pO_2$ CO and  $sO_2$ CO:

$$y = y^{\circ} + x - x^{\circ} + h \cdot \tanh(k^{\circ} \cdot (x - x^{\circ})). \tag{11}$$

The parameters of the equation are the following. The point  $(x^{\circ}, y^{\circ})$  represents the point of symmetry of the S-shaped function between x and y.  $y^{\circ}$  is a constant, whereas  $x^{\circ}$  varies with the Hb-O<sub>2</sub>-CO affinity:

$$y^{\circ} = 1.8747,$$
 (12)

$$x^{\circ} = a + b, \tag{13}$$

where a is the chemical allosteric affinity term and b is the thermal affinity term:

(14)  

$$a = a_1 \cdot (pH - pH^e)$$
  $(a_1 = -0.88)$   
 $+ a_2 \cdot \ln(pCO_2/pCO_2^e)$   $(a_2 = 0.048)$   
 $+ a_3 \cdot FMetHb$   $(a_3 = -0.7)$   
 $+ a_4 \cdot FHbF$   $(a_4 = -0.25)$   
 $+ a_5 \cdot (cDPG-cDPG^e)$   $(a_5 = a_{50} + a_{51} \cdot FHbF)$   
 $(a_{50} = 0.06; a_{51} = -0.02)$   
 $pH^e = 7.40, pCO_2^e = 5.33 \text{ kPa},$   
 $cDPG^e = 5 \text{ mmol/L}.$ 

$$b = (db/dT) \cdot (T-T^{\circ})$$
  
where  $db/dT = 0.055$ , and  $T^{\circ} = 37$  °C.

Several of the coefficients  $(a_1, a_2, a_3)$  are based on experimental data from Zijlstra's laboratory in Groningen [7].

The slope factor,  $k^{\theta}$  is a constant, whereas the interaction factor, h, varies with changes in affinity:

$$k^{e} = 0.5343,$$
  
 $h = h^{e} + a,$  where  $h^{e} = 3.5.$  (15)

One additional equation is important, the "total oxygen equation":

$$ctO_2 = \alpha O_2 \cdot pO_2 + sO_2 \cdot ceHb, \qquad (16)$$

where ceHb is the effective hemoglobin concentration:

$$ceHb = ctHb \cdot (1 - FCOHb - FMetHb), (17)$$

and  $\alpha O_2$  is the solubility coefficient for oxygen in blood:

$$\ln(\alpha O_2/\alpha O_2^{\circ})) = -(d\ln\alpha O_2/dT) \cdot (T - T^{\circ}) + 0.5 \cdot (d^2 \ln\alpha O_2/dT^2) \cdot (T - T^{\circ})^2.$$
 (18)

 $\alpha O_2^e = 0.0105 \text{ (mmol/L)/kPa,}$   $d\ln \alpha O_2/dT = -0.0115 \text{ /K,}$  $d^2\ln \alpha O_2/dT^2 = 0.00042 \text{ /K}^2.$ 

#### TYPES OF CALCULATIONS

Equations (1) to (18) relate 12 primary (measurable) variables: T,  $pO_2$ ,  $sO_2$ , ctHb, FCOHb, FMetHb, pH,  $pCO_2$ , FHbF, cDPG, ctHb, and  $ctO_2$ . Several types of calculations are relevant, but none of them can be performed without resorting to iterative methods:

1) Calculating  $sO_2$  from  $pO_2$ In addition to the  $pO_2$  we need to know T, FCOHb, FMetHb, pH,  $pCO_2$ , FHbF, and cDPG.

First calculate the affinity parameters, a and b (Eqn. 14), to find the position of the TANH-function. Then calculate sCO (Eqn. 5) and make a guess of  $M \cdot pCO$ , based on the value for sCO. Then calculate  $pO_2CO$  (Eqn. 2), which leads to  $sO_2CO$  via the TANH-equation (Eqns. 10 and 11). Now calculate a new value for  $M \cdot pCO$  from  $pO_2CO$ ,  $sO_2CO$ , and sCO (Eqn. 7). Continue this iteration until the difference between two successive values of  $M \cdot pCO$  is less than a given limit. Then finally calculate  $sO_2$  from sCO and the last  $sO_2CO$  value (Eqn. 6).

### 2) Calculating pO<sub>2</sub> from sO<sub>2</sub>

In addition to the  $sO_2$  we need to know T, FCOHb, FMetHb, pH,  $pCO_2$ , FHbF, and cDPG.

First calculate the affinity parameters, a and b (Eqn. 14). Calculate the 'measured'  $sO_2CO$  from  $sO_2$ , FCOHb, and FMetHb (Eqns. 5 and 6). Then make a guess of a temporary  $pO_2CO$  (preferably choose the point of symmetry of

the TANH-function) and calculate a temporary sO2CO from the TANH-equation (Eqns. 10 and 11). The difference between the temporary sO2CO and the 'measured' sO2CO allows the calculation of a new temporary pO2CO using a fast Newton-Raphson procedure. The procedure is iterated until the difference between the temporary sO2CO and the 'measured' sO2CO is less than a given limit. Finally  $M \cdot p$ CO is calculated (Eqn. 7) and subtracted from  $pO_2CO$  to give  $pO_2$  (Eqn. 2).

3) Calculating  $pO_2$  from  $ctO_2$ In addition to  $ctO_2$  we need to know T, FCOHb, FMetHb, pH, pCO<sub>2</sub>, FHbF, cDPG, and ctHb.

First calculate a and b (Eqn. 14). Make a guess of a temporary pO2CO (point of symmetry) and use this for calculating a temporary sO<sub>2</sub>CO and a temporary ctO<sub>2</sub> (Eqns. 10,11,17). On the basis of the difference between the temporary and the original ctO<sub>2</sub> calculate a new temporary pO<sub>2</sub>CO. This can be done with a fast Newton-Raphson procedure. Continue until the temporary ctO2 matches the original ctO2 within a given limit. Finally  $M \cdot pCO$  is calculated and subtracted from  $pO_2CO$  to give  $pO_2$ .

4) Calculating cDPG from pO<sub>2</sub> and sO<sub>2</sub> In addition to the  $pO_2$  and  $sO_2$  we need to know T, FCOHb, FMetHb, pH, pCO2, and FHbF.

First calculate the 'measured' pO2CO and sO<sub>2</sub>CO (Eqns. 8, 6). Then guess a temporary value for cDPG (e.g. 5 mmol/L) and calculate a temporary value for parameter a (Eqn. 14). Use this value and the 'measured' pO2CO to calculate a temporary sO<sub>2</sub>CO (Eqns. 10, 11). The difference between the temporary and the 'measured' sO2CO allows the calculation of a new temporary parameter a, using a Newton-Raphson iteration procedure. Iteration continues until the temporary and the 'measured' sO<sub>2</sub>CO matches within a given limit. cDPG is calculated from the final value of parameter a (Eqn. 14).

The last type of calculation is the most interesting from a practical point of view in cases

when both  $pO_2$  and  $sO_2$  are measured (with a blood gas analyzer and a hemoximeter). Once cDPG is calculated it is possible to calculate the p50 as a measure of the hemoglobin oxygen affinity using calculation type 2.

#### EXPERIMENTAL

Heparinized blood was sampled from an arm vein after 3 minutes of stasis and fist clenching to reduce the sO2 to a value somewhat below 50 %. Pure carbon monoxide gas was added in increments with careful mixing in between until FCOHb approached 40 %.

A Radiometer ABL500 was used to measure pH,  $pCO_2$ , and  $pO_2$ , and a Radiometer OSM3 to measure sO<sub>2</sub>, FCOHb, FMetHb, and ctHb. The Oxygen Status Algorithm was used to calculate cDPG. The cDPG values were converted to standard p50 values, i.e. p50 values pH = 7.40,  $pCO_2 = 5.33$  kPa, referred to FMetHb=0, and FCOHb=0:

 $ln(p50std/p50^{\circ}) = 0.06 \cdot (cDPG-cDPG^{\circ}),$ 

where  $p50^{\circ}=3.58$  kPa,  $cDPG^e=5$ and mmol/L.

Since cDPG is presumably constant during the experiment, p50std should be constant, independent of the FCOHb value. Thus any change in p50std would indicate a deviation from the Haldane equation. Two experiments were performed on different days on blood from the same subject (one of the authors).

#### RESULTS

Fig. 1 shows the theoretical effect of increasing FCOHb on the p10, p50, and p90, based on the Haldane equation and the Oxygen Status Algorithm. This is compared with the three other approaches for calculating the CO effect: a linear change in p50, a logarithmic change in p50, and a zero-point displacement.

Fig. 2 shows the experimental data. Both experiments revealed a small rise in p50std with increasing FCOHb. While the pO2 remained almost constant during the experi-

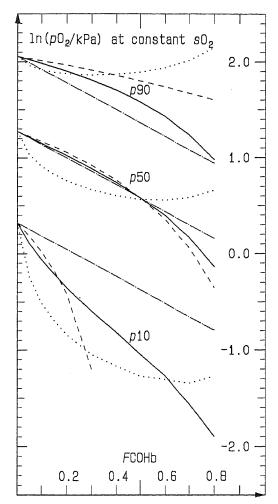


FIG. 1. The effect of carbon monoxide on the  $pO_2$  at  $sO_2$  levels of 10, 50 and 90 %, symbolized by p10, p50, and p90. The heavy lines indicate the theoretical relationship according to the Haldane equation, the dashed straight lines a simple logarithmic relationship:  $d\ln pO_2/dFCOHb = -1.45$ , the dashed curves a simple linear relationship:  $dpO_2/dFCOHb = -3.6$  kPa. The bowl-shaped dotted curves illustrate the "zero point displacement" model. Notice that while a simple logarithmic or linear relationship may give a good approximation to the theoretical change in p50 up to a FCOHb level of about 50 %, none of the "simple" approaches provide a good approximation at all sO2 levels.

ments (2.2 kPa in the first, 3.2 kPa in the second), the sO<sub>2</sub> values increased from 25 to 50 % in the first and from 43 to 63 % in the second experiment.

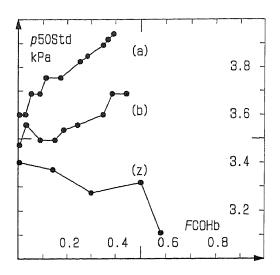


FIG. 2. The effect of carbon monoxide on the "standard p50" value, i.e. p50 referred to FCOHb=0 on the basis of the Haldane equation (and referred to pH=7.4,  $pCO_2=5.33$  kPa, FMetHb=0). Curves (a) and (b) show the results of our own experiments, curve (z) the results of Zwart et al. If the experimental data conformed exactly to the Haldane equation the "standard p50" should be constant independent of the FCOHb level. Notice that our results show a rising tendency opposite to the effect found by Zwart et al. Notice also that for FCOHb values less than 30 % any change in "standard p50" is very small, maximally 0.2 kPa.

#### DISCUSSION

According to the Haldane equation the relationship between p50 and FCOHb is neither linear nor logarithmic (see Fig. 1). Thus, a linear approximation for FCOHb values between 0 and 0.1 would give a slope of  $\beta = -4.2$  kPa, but between 0 and 0.5 the value would be -3.6 kPa, exactly as found by Zwart et al. for this interval. Similar values for a logarithmic relationship (base e) are -1.25 and -1.49, respectively, i.e. much lower (numerically) than the value of -1.95, reported by Rovida et al. who themselves draw attention to the fact that their value is higher than all previous studies, but offer no explanation.

Fig. 1 illustrates that either a linear or a logarithmic relationship may provide a good approximation of the theoretical change in p50 up to FCOHb values of about 50 %, but neither a constant liniear nor a constant logarithmic relationship applies to calculate the change in  $pO_2$  at all  $sO_2$  levels. For this purpose the Haldane equation appears to be indispensable.

It is evident from Fig. 1 that the zero point displacement model is inappropriate at all  $sO_2$  levels as already pointed out by Zwart et al.

The Groningen group in their study concluded that the Haldane equation correctly predicts the change in  $pO_2$  at all  $sO_2$  levels, except for FCOHb values above 50 % where they found lower  $pO_2$  values than predicted (see Fig. 2), indicating that CO at high tensions may increase the hemoglobin affinity for oxygen. They found support for this theory by Roughton who found the Hb-CO binding curve somewhat steeper than the Hb-O<sub>2</sub> binding curve [8].

Our limited data does not confirm this. We find that the measured  $pO_2$  values are slightly higher than predicted and increasingly so with increasing FCOHb. Thus 20 % COHb would give a standard p50 value 0.1 to 0.2 kPa higher than predicted. This corresponds to a positive bias in the calculated cDPG of 0.3 to 0.7 mmol/L.

The cause of this discrepancy between our results and those from Groningen is not clear. First of all analytical errors must be ruled out. A positive bias on the Clark pO, electrode caused by carbon monoxide is unknown to us, and a positive drift of the calibration of the pO<sub>2</sub> electrode during the experiments is not very likely; it would have been detected during the recalibration of the ABL500 after the measurement series. A negative bias on the measured sO<sub>2</sub> values could explain a positive bias in p50. However, to explain the curves of Fig. 2, a FCOHb of 50 % would have to cause negative bias in the sO, measurement of 5 %, i.e. an sO<sub>2</sub> value of 45 % instead of 50 %. An error of this magnitude is not very likely, since COHb has very little influence on the  $sO_2$  measurement when the  $sO_2$  is either zero or 100 %. Furthermore the highest FCOHb levels did not affect the FMetHb values, which remained 0.4 - 0.7 % during the whole experiment. So, at present we have no satisfactory explanation for the discrepancy between our results. Unfortunately we did not increase the FCOHb above the 50 % level, where Zwart and colleagues found a significant deviation from the Haldane theory.

#### CONCLUSION

The Haldane equation adequately describes the effect of carbon monoxide on the hemoglobin oxygen equilibrium as stated by Zwart et al. in 1984. Although the change in p50 with increasing FCOHb can be described approximately by a simple linear or logarithmic relationship, there is no alternative to the Haldane equation when the effect of carbon monoxide on the whole hemoglobin oxygen binding curve is to be calculated. With a computer program it is no problem to perform the slightly complicated iterative calculations. Further experiments are needed to clarify whether a small deviation from the Haldane equation in one or the other direction remains at high FCOHb values.

#### REFERENCES

- Siggaard-Andersen O, Siggaard-Andersen M. The oxygen status algorithm: a computer program for calculating and displaying pH and blood gas data. Scand J Clin Lab Invest 1990; 50, Suppl 203: 29-45
- Haldane JBS. The dissociation of oxyhaemoglobin in human blood during partial CO-poisoning. J Physiol London 1912;45: 22.
- Zwart A, Kwant G, Oeseburg B, Zijlstra WG. Human whole-blood oxygen affinity: effect of carbon monoxide. J Appl Physiol Resp Envir Exerc Physiol 1984; 57: 14-20.
- Rovida E, Niggeler M, Carlone S, Samaja M. Carboxyhemoglobin and oxygen affinity of human blood. Clin Chem 1984; 30: 1250-1.
- Hlastala MP, McKenna HP, Franada RL, Detter JC. Influence of carbon monoxide on hemoglobinoxygen binding. J Appl Physiol 1976; 41: 893-9.
- Siggaard-Andersen O, Wimberley PD, Gøthgen IH, Siggaard-Andersen M. A mathematical model of the hemoglobin-oxygen dissociation curve of human blood and of the oxygen partial pressure as a function of temperature. Clin Chem 1984; 30: 1646-51.

- Zijlstra WG, Kwant G, Oeseburg B, Zwart A.
   The Bohr effect in human blood: terminology and numerical values. pp 29-37. In Moran RF, VanKessel AL (eds). Methodology and clinical applications of blood gases, pH, electrolytes and sensor technology, proceedings of an international symposium, Monterey 1990. Utrecht, MVI Publishing, 1990.
- Roughton FJW. The equilibrium of carbon monoxide with human hemoglobin in whole blood. Ann NY Acad Sci 1970; 174: 177-87.