

Data Processing Strategies to Determine Maximum Oxygen Uptake: A Systematic Scoping Review and Experimental Comparison

**Bachelor thesis
from**

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Cologne 2022**

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Zusammenfassung (German abstract)

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1 Introduction

1.1 Background

1.1.1 Maximum oxygen uptake: Definition and Relevance

Performance in endurance sports is limited by the human physiology. Athletes need to supply energy to locomotion, a process that happens mainly via the oxidative phosphorylation. A higher maximal activity of the oxidative phosphorylation allows to supply more energy, and thus to move faster. On a whole-body level the highest activity of oxidative phosphorylation can be approximated by measuring the maximum oxygen uptake ($\dot{V}O_{2\max}$).

$\dot{V}O_{2\max}$ is defined as the highest rate a body can consume oxygen. Determined by measuring gas exchange data, it is one of the most common measures investigated in sports science and medicine. $\dot{V}O_{2\max}$ highly corresponds with endurance performance in heterogeneous groups, and thus can be regarded the most relevant physiological parameter for endurance performance prediction. Many training programs aim to target the $\dot{V}O_{2\max}$, and studies evaluate the quality of interventions by measuring changes in $\dot{V}O_{2\max}$.

1.1.2 Measuring the $\dot{V}O_{2\max}$

Researchers measure $\dot{V}O_{2\max}$ during exercise tests to exhaustion. In a laboratory setting such exercise commonly takes place on treadmills or cycling. Prior fatigue results in underestimating the true $\dot{V}O_{2\max}$. Therefore most exercise protocols consist of a continuous or stepwise, fast increase in load. As the oxygen kinetics themselves comprise a time lag, XXX suggested an optimal duration of 8-12 minutes for testing $\dot{V}O_{2\max}$. Despite protocol type and duration, factors such as nutrition, XXX bias the $\dot{V}O_{2\max}$ determination.

Early research in $\dot{V}O_{2\max}$ used bags — the so called Douglas bag method — to collect expired air for later analysis. Today's modern metabolic carts allow for simultaneous collection and analysis of gases, using either mixing chamber (which sample data at fixed time intervals, e.g., 15s) or breath-by-breath methods. While mixing chambers are regarded as more reliable, measuring breath-by-breath generates more data with a higher temporal resolution. The measuring method and the metabolic cart model can influence the measured oxygen uptake — and as such the $\dot{V}O_{2\max}$. Another important, yet often overlooked factor influencing the $\dot{V}O_{2\max}$ is the data processing of the raw data.

1.1.3 $\dot{V}O_{2\max}$ vs $\dot{V}O_{2\text{peak}}$

Whether an observed peak in oxygen uptake corresponds to the true maximum has been extensively discussed in the past decades. To identify a 'true' maximum researchers evaluate a set of parameters measured in a ramp test — the $\dot{V}O_{2\max}$ criteria (Howley et al., 1995). If these criteria are (partly) not fulfilled, researchers should speak of the peak oxygen uptake instead of $\dot{V}O_{2\max}$. In this thesis I will not distinguish between peak and maximum oxygen uptake, as the criteria for $\dot{V}O_{2\max}$ themselves (e.g. the primary criterium of a plateau in oxygen uptake; the secondary criterium of the maximum respiratory quotient) heavily rely on the data processing strategy used (Astorino, 2009a). I thus speak of $\dot{V}O_{2\max}$ as the maximum oxygen uptake measured during an appropriate exercise test regardless of any $\dot{V}O_{2\max}$ criteria.

1.2 Previous Research

Measured breath-by-breath data is noisy (see grey points in Figure 1). Both the biological variability of breathing patterns (as well as irregular breaths such as coughs and swallowing) and the measurement error lead to highly fluctuating raw oxygen uptake data. For interpretation the raw data requires some form of processing.

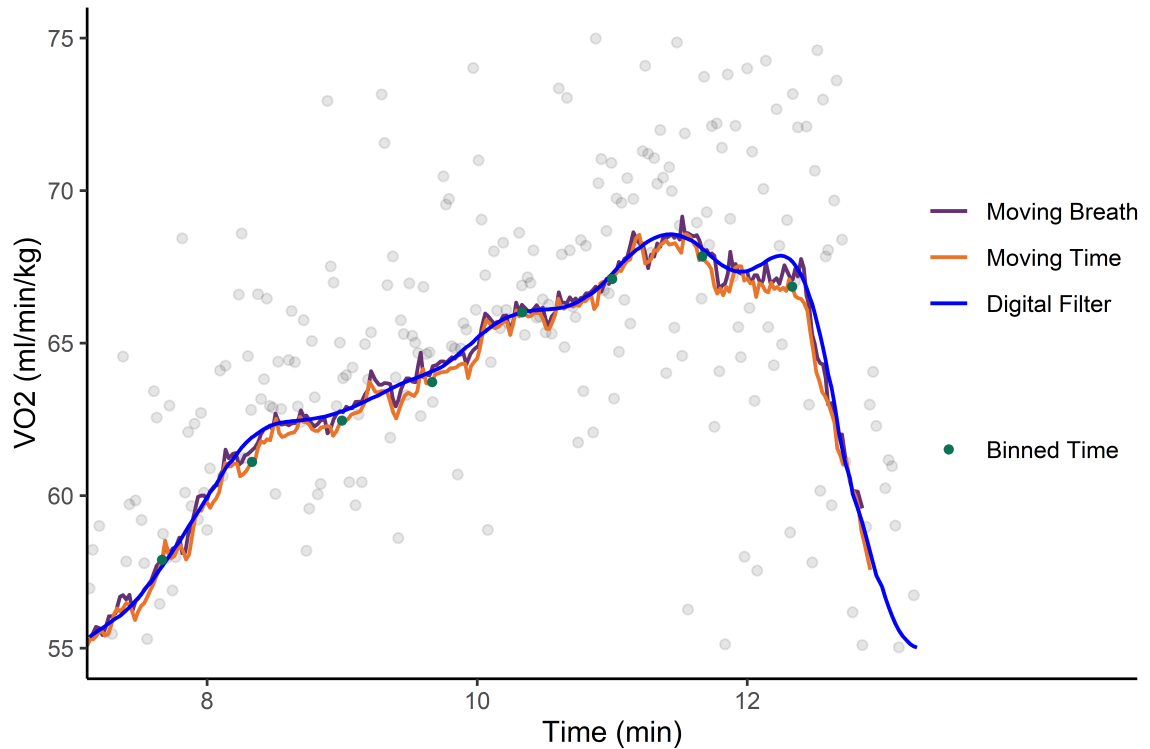


Figure 1: Raw breath by breath data and different processing strategies during the final minutes of a ramp test to exhaustion. Grey points mark single breaths.

Different data processing strategies influence measured parameters of gas exchange. As soon as when the first automated systems for gas exchange measure were available, Matthews et al. (1987) reported that different processing strategies lead to different $\dot{V}O_{2max}$ values. Since then many researchers investigated the influence of different data averaging intervals on $\dot{V}O_{2max}$, unsurprisingly showing that the shorter the calculation interval, the higher the $\dot{V}O_{2max}$ obtained (Astorino, 2009b; Johnson et al., 1998a; Sell et al., 2021). Midgley et al. (2007) found differences between data processing strategies for $\dot{V}O_{2max}$, but no difference in the reliability of these, highlighting that consistency of strategies is key when comparing outcomes. Based on own data in sedentary and moderately trained individuals, Martin-Rincon et al. (2019) provided linear -log equations to compare mean $\dot{V}O_{2max}$ values derived from different processing strategies. There is inconclusive evidence whether the influence of different processing strategies interacts with different exercise protocols (Hill et al., 2003; Scheadler et al., 2017).

Differences in $\dot{V}O_{2max}$ due to data processing can cause serious implications in practice. They hinder the comparability of data from studies within meta-analysis or the assessment of longitudinal data from athletes that used different labs (Martin-Rincon et al., 2019). Data processing strategies directly affect the occurrence of a plateau in oxygen uptake, the primary criterium of $\dot{V}O_{2max}$ (Astorino, 2009a). Crucially, in situation where individuals are classified

by their $\dot{V}O_{2\max}$ — for example when describing the trainings status of a study population (Decroix et al., 2016; Pauw et al., 2013) or evaluating patients for a heart transplantation (Mancini et al., 1991) — differing processing strategies can lead to misclassification (Johnson et al., 1998b).

Calls to standardize data processing strategies of gas exchange data are frequent (XXX; ...). Howley et al. (1995) argued to use longer calculation intervals (60 s), as shorter intervals may introduce bias towards extreme data values and thus could systematically overestimate true $\dot{V}O_{2\max}$. Based on synthetic and experimental data Robergs & Burnett (2003) opposed these conclusion, stating that shorter calculation intervals are less erroneous. They argued to use breath-based moving averages as a strategy, as XXX. In a classic review, Robergs et al. (2010) argued for using digital filtering (i.e. a low-pass Butterworth filter) for processing gas exchange data, a strategy initially introduced for gas exchange measures by Weir et al. (2004). However, Robergs et al. (2010) acknowledge the lack of software implementing such procedures.

In absence of one commonly accepted method, data processing varies among the literature. In light of the influence on outcome variables, Myers et al. (1990) highlighted the need to report processing strategies in research articles. Midgley et al. (2007) were the first to evaluate reported data processing strategies for breath-by-breath data in selected journals. They found that almost all studies reporting their methods choose binned time averaging, with only 1 in 117 using a moving time and a moving breath average, respectively. One third of the studies did not describe their processing method at all. While providing interesting first insights into reporting and processing practices, the search by Midgley et al. (2007) was not systematic and its methods were not described in detail. Robergs et al. (2010) wrote that to investigate the current state of data processing strategies two possible approaches are “(i) a summary of published research, and (ii) a survey circulated via the Internet to as many exercise physiologists as possible”. They provides the latter one with a total of 75 respondents, which reported a great variety in data processing strategies. Most researchers reported the use of binned time averages over 30 or 60 seconds. Astonishingly, about half of the respondents admitted that their data processing strategy was rather chosen due to subjective influences as opposed to objective reasoning. Practices in reporting and processing may have changed more than a decade after publication of such numbers.

Astorini 2008: Processing strategy (bbb, 15/30/60 tb) influences $VO_{2\max}$ and plateau incidence

Johnson 1998: Processing strategy (bbb, 15/30/60 tb, 8bm) influences $VO_{2\max}$ in cardiac patients for heart transplantation evaluation

Midgley 2007:

- processing strategy (tb 10/15/20/30/60) influences $VO_{2\max}$
- processing strategies vary within the literature (binned time far most common, non-systematic review)
- processing strategy does not influence reliability of $VO_{2\max}$ -> but consistency is important

Robergs & Burnett 2003: comparing methods (tb, bb, bm) on synthetic and experimental data: Recommendation to use 8 breath moving average. Potential use of filtering methods. Shorter intervals - less error (opposing Howley!)

Howley 1995: classic for VO₂max criteria; longer intervals preferable (i.e. 60s), shorter introduce systematic bias towards extreme values (sure???)

Hill 2003: Effect of processing (bm) on VO₂max interacts with exercise protocol (= duration)

Schaedler 2017: No interaction between protocol and processing methods (opposing Hill, bit different protocols)

TO READ:

Weir JP, Koerner S, Mack B, Masek J, Vanderhoff J, Heiderscheit BC. VO₂ plateau detection in cycle ergometry. *J Exerc Physiol* (2004); 7: 55–62. -> first with Butterworth (even zero-lag!)

ATS/ACCP Guidelines

Macfarlane DJ. Automated metabolic gas analysis systems: a review. *Sports Med* (2001); 31: 841–861.

Roecker K, Prettin S, Sorichter S. Gas exchange measurements with high temporal resolution: the breath-by-breath approach. *Int J Sports Med* (2005); 26(Suppl. 1): S11–S1

1.3 Aim

Bassett (2000); Tricco et al. (2018)

2 Methods

The work presented in this thesis was preregistered before the start of the project on the [Open Science Framework](#). Any deviations from the preregistration are indicated in the 'Transparent Changes' document (Appendix XXX). Major deviations will also explicitly be stated within the methods section. All data and code of this research project can be found on [GitHub](#).

2.1 Systematic Scoping Review

The aim of the scoping review was to systematically map current practices of data processing for $\dot{V}O_{2\max}$ determination in the scientific literature. Since the $\dot{V}O_{2\max}$ determination is too common to perform an exhaustive search, I randomly sampled 500 articles that referred to $\dot{V}O_{2\max}$ or similar keywords. Data on processing strategies were extracted from all sampled articles that directly measured $\dot{V}O_{2\max}$ using an appropriate testing procedure in humans.

The review was performed in accordance to the PRISMA extension for Scoping reviews (Tricco et al., 2018). Appendix B contains the corresponding reporting checklist.

2.1.1 Search & Screening

The article search was conducted on 16th March 2022 using PubMed and Web of Science. The search included articles published from 2017 to 2022 referring to 'maximum oxygen uptake' or equivalent terms in title, abstract or keyword. Table 1 shows the exact search terms used.

Table 1: Search strings for the systematic scoping review.

Source	Search String
PubMed	(((((("maximum oxygen uptake") OR ("maximal oxygen uptake")) OR ("VO2max")) OR ("maximum oxygen consumption")) OR ("maximal oxygen consumption"))) AND (("2017/01/01"[Date - Publication] : "3000"[Date - Publication])))
Web of Science	(((((ALL=("maximum oxygen uptake")) OR ALL=("maximal oxygen uptake")) OR ALL=("VO2max")) OR ALL=("maximum oxygen consumption")) OR ALL=("maximal oxygen consumption")) AND PY=(2017-2022))

The search results from both data bases were joined and checked for the presence of a Digital Object Identifier (DOI). Entries without DOI were excluded, to allow for automated removal of duplicates by DOI matching in the next step. After the removing the duplicates I conducted an automated title scanning to exclude results that were likely no original research articles. Table 2 displays the exclusion terms during the automated title screening.

Table 2: Exclusion terms during automated title screening after removal of duplicates. If an articles title matched least one of the given terms, it was excluded.

Search terms for exclusion by title
review, correction, meta-analysis, comment, retraction, editorial, erratum, reply

In accordance with the preregistration a random sample was drawn from the search results. The goal of this process was to give an unbiased sample of the current state of scientific $\dot{V}O_{2\max}$ testing. Based on the procedure described in the preregistration, the sample included a total of 500 articles.

The abstracts from the articles included in the random sample were blinded for scanning. This meant the removal of any further information not relevant for the screening—such as authors or journals—leaving only the title, abstract and an ID of the article (see Appendix C for an example). Two researchers independently scanned the abstracts to filter those that matched one of the exclusion criteria shown in Table 3. When the screeners disagreed in their assessments, they resolved conflicts by discussion.

Table 3: Exclusion criteria for the screening process. During the abstract screening only the criteria marked with an asterix were evaluated, during full text screening all were assessed.

Criterium	Details
A* not in English	Full text only available in non-English language
B* no primary research	research was no original investigation or only a reanalysis of data
C* research not in humans	research was conducted in animals
D* $\dot{V}O_{2\max}$ only estimated	$\dot{V}O_{2\max}$ was only approximated by means of a predictive equation
E no appropriate test protocol	Protocol for $\dot{V}O_{2\max}$ testing did either not include exercise to voluntial exhaustion or was to long (>20 min) for a reliable estimate
F no information regarding the exclusion criteria	crucial information on $\dot{V}O_{2\max}$ testing that allowed the evaluation of the other exclusion criteria were missing

After the abstract screening I retrieved the full texts for all articles remaining in the review. The full texts were again independently scanned by two researchers to include only those articles that measured $\dot{V}O_{2\max}$ using an appropriate testing procedure in humans (see Table 3 for the detailed full-text exclusion criteria). Conflicts were resolved by discussion.

All data exclusion steps are documented in an Markdown script on GitHub (LINKXXX).

2.1.2 Data Extraction

I retrieved data from all articles remaining after the abstract and full-text screening. Extraction included the following data:

- metabolic cart used
- type of metabolic cart/data basis (breath-by-breath, mixing chamber, ...)
- type of outcome for $\dot{V}O_{2\max}$ (primary, secondary, other)
- preprocessing algorithm
- data processing software
- interpolation procedure
- data processing/determination of $\dot{V}O_{2\max}$:
 - type (time average, breath average, digital filtering)
 - alignment (rolling, binned, ...)
 - interval (in sec/breath, parameters for filtering)
 - interpolation procedure
- reference for the used data processing strategy

All extracted data is available as a csv file on GitHub (LINKXXX).

2.1.3 Data Synthesis

The extracted data is presented in a purely descriptive way. I calculated relative and absolute proportions of the different extracted variables.

2.2 Experimental Comparison

To determine the influence the most common data processing strategies have on the determination $\dot{V}O_{2\max}$, I compared them on a set of already collected gas exchange data from running.

2.2.1 Data Source

A total of $N = 72$ exercise test were analysed for this study. The data was from previous research on the metabolic profile of endurance runners (Quittmann et al., under review, unpubl.). The tested individuals were experienced distance runners (15 female, 55 male; three of the males participated in both studies). The $\dot{V}O_{2\max}$ tests were conducted in March to September 2019 (Quittmann et al., under review) and March to October 2021 (Quittmann et al., unpubl.) using exactly the same exercise protocol. Participants run on a treadmill (saturn 300/100, h/p/cosmos sports & medical 127 GmbH, Nussdorf-Traunstein, Germany) with 1% inclination for ten minutes at a velocity of 2.8 m/s as a warm-up. After preparing the gas exchange measures, they started a ramp protocol with an initial speed of 2.8 m/s for two minutes and subsequently increased velocity by 0.15 m/s every 30 seconds. The researchers provided verbal encouragement and terminated the exercise when the participants reached subjective exhaustion.

Gas exchange data were recorded using a ZAN 600 device (nSpire Health, Inc., Longmont, CO, United States of America). The device was calibrated with a 3l-syringe pump (nSpire Health, Inc., Longmont, CO, 143 United States of America) and a reference gas (15% O_2 , 6% CO_2) before each measurement. The measured breath-by-breath data is available on GitHub (LINKXXX).

2.2.2 Data Processing

The spiro Package Version XXX for R (Nolte, 2022) processed the raw gas exchange data. It includes various algorithms to calculate $\dot{V}O_{2\max}$ with user-defined parameters on given data. Table 4 displays a brief summary of exemplary functions and parameters used for the analysis. The full analysis script is available at XXXLINK.

proc_type	func	parameter
Moving Time Average	spiro_max()	smooth = 30
Binned Time Average	spiro_summary()	XXX
Multiple Binned Time Average	spiro_summary(); filter()	XXX
Moving Breath Average	spiro_max()	smooth = "10b"
Digital Filtering	spiro_max()	'smooth = "XXX"

2.2.2.1 Time based averaging

2.2.2.2 Breath based averaging

2.2.2.3 Butterworth filtering

2.2.3 Comparison of methods

To compare different processing methods within and between individuals, I choose to express the $\dot{V}O_{2\max}$ normalized to a reference procedure. The reference procedure was chosen as being the most commonly applied in current literature as determined by the systematic review. Individual $\dot{V}O_{2\max}$ values were expressed in reference to this procedure, where a value of 1 means that the processing method yields exactly the same $\dot{V}O_{2\max}$ value as the reference method. I calculated the data for all integer parameter values within the range of the values found in the literature during the review. On a group level I calculated the median and 10%- and 90%-quantiles of each processing strategy.

In an additional exploratory I investigated the respiratory rate (number of breathes per minute) during the ramp tests. This may help to understand how breath-based and time-based data processing methods relate to each other.

3 Results

3.1 Systematic Scoping Review

Initial search yielded 7529 results of which 4364 remained after automated filtering and removal of duplicates (see flow diagram in Figure 1). Out of the random sample ($n = 500$), 244 articles were included in the final analysis.

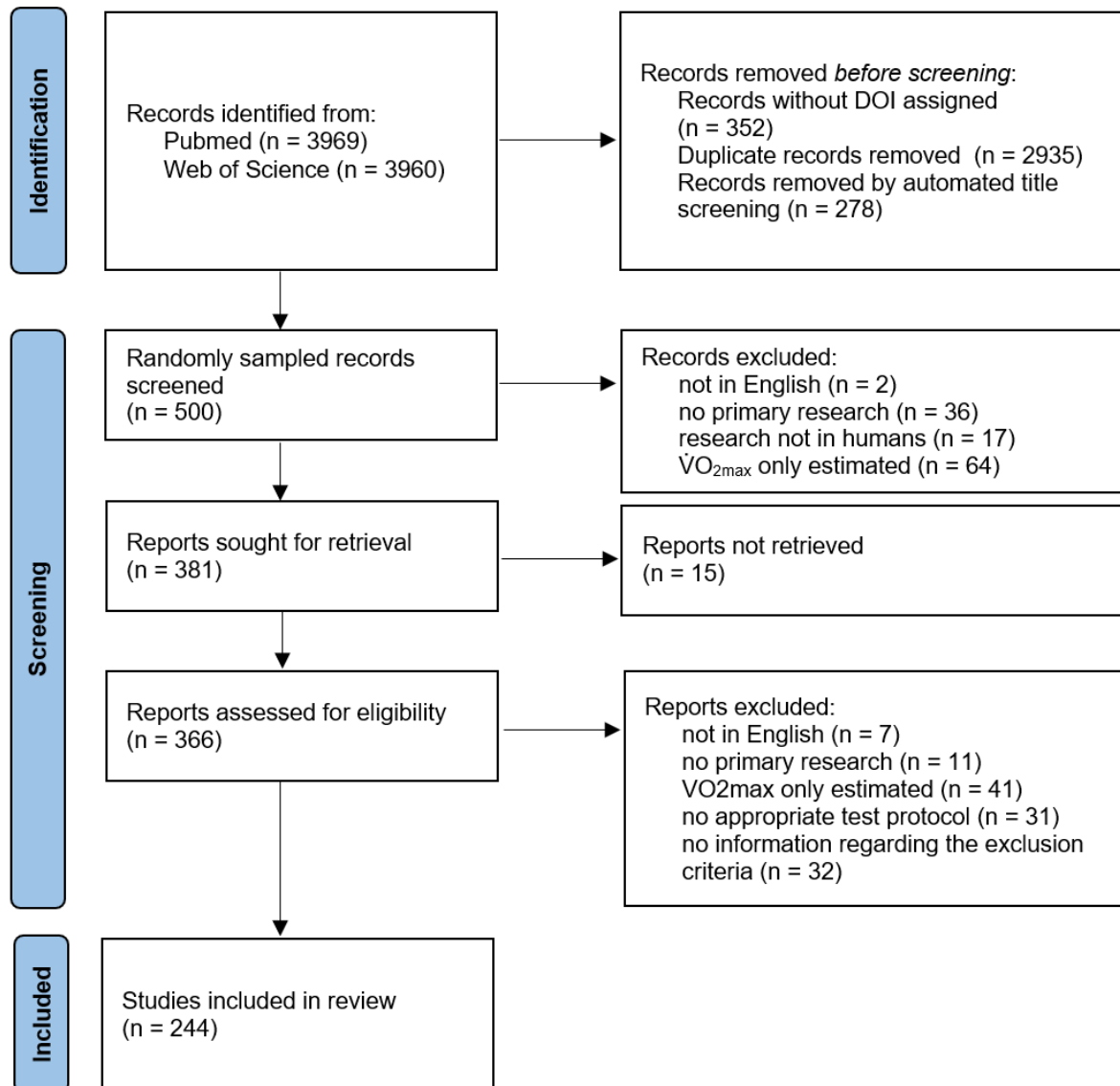


Figure 2: Flow diagram for the systematic scoping review in accordance with the PRISMA 2020 Statement (Page et al., 2021)

Reporting practices of the methodology of gas exchange measures differed widely across the literature (see Table 4). More than half (51.8%) of the articles did not report any information on their data processing strategy. One in twenty articles (5.4%) provided a rationale for their used strategy. Only a single article (Maturana et al., 2021) reported information regarding all the investigated criteria.

Table 5: Percentage of studies that provided details on the different characteristics of oxygen uptake data processing.
*only examined within the subgroup of studies using breath-by-breath measurements

Metabolic cart	Preprocessing	Software	Processing Strategy	Reference
76.9%	5.6%*	14.4%*	49.2%	5.4%

Out of the authors that provided information and collected breath-by-breath measurements most (79.5%) utilized binned averages to determine $\dot{V}O_{2max}$. Moving time averages, or breath-based averages were uncommon (see Figure 2). No study used digital filtering methods to determine $\dot{V}O_{2max}$.

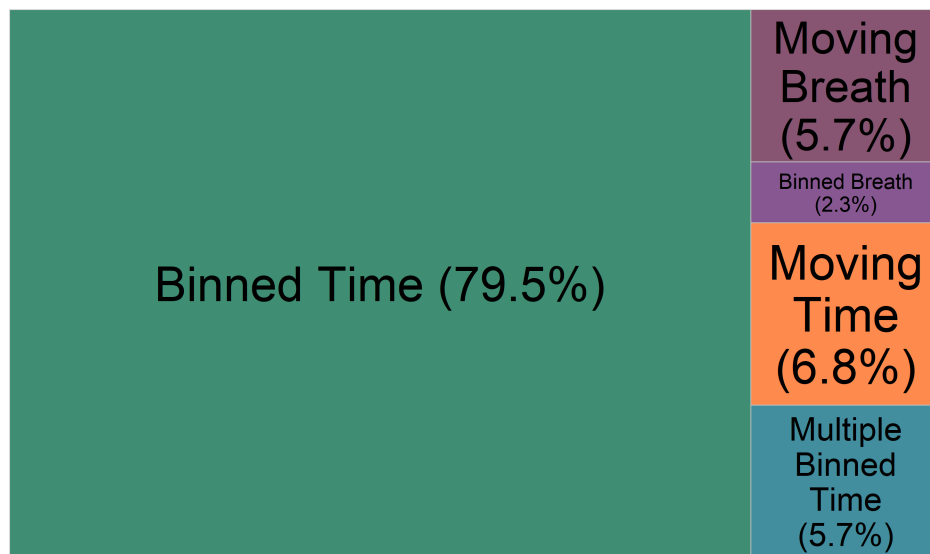


Figure 3: Data strategies for processing breath-by-breath data in the reviewed literature (n = 88).

Data preprocessing

The calculation interval for time-based averages of mixing chamber and breath-by-breath devices ranged from 5 to 60 seconds (see Figure 3). 30 second length intervals were most common to define $\dot{V}O_{2max}$, while authors also often employed shorter (10-20s) and longer (60s) periods.

3.2 Experimental Comparison

The average $\dot{V}O_{2max}$ as determined by a binned 30-second average was 62.2 ± 6.3 (mean \pm standard deviation). Applying different data processing strategies for $\dot{V}O_{2max}$ determination leads to different outcome values (see Figure 4).

Binned time averages systematically lead to lower $\dot{V}O_{2max}$ values compared to moving averages. Decreasing the calculation interval to 5 seconds leads to a 3-4% median increase of $\dot{V}O_{2max}$ -values. Notably on an individual level these increases may be lower ($\approx 2\%$) or much higher ($>10\%$) than the median value.

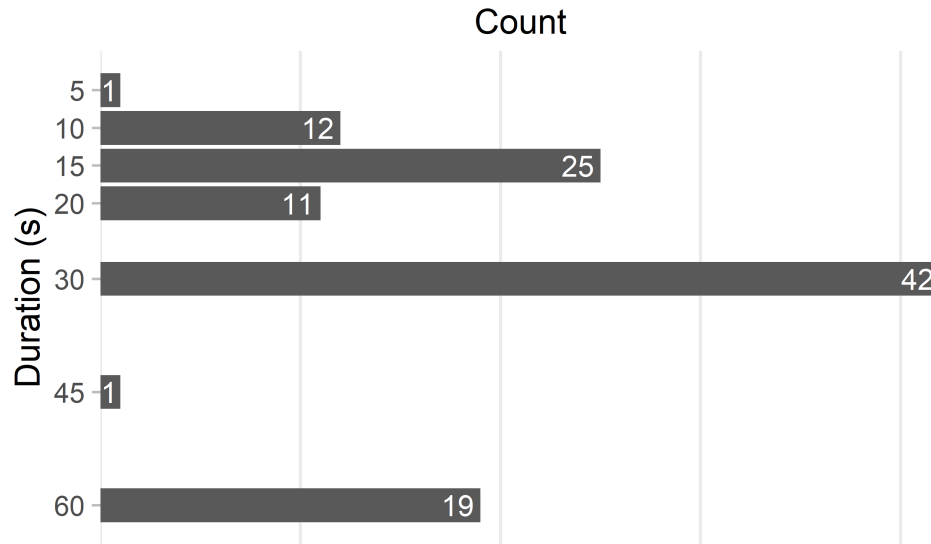


Figure 4: Total durations of the calculation interval of $\dot{V}O_{2\max}$ in the reviewed studies.

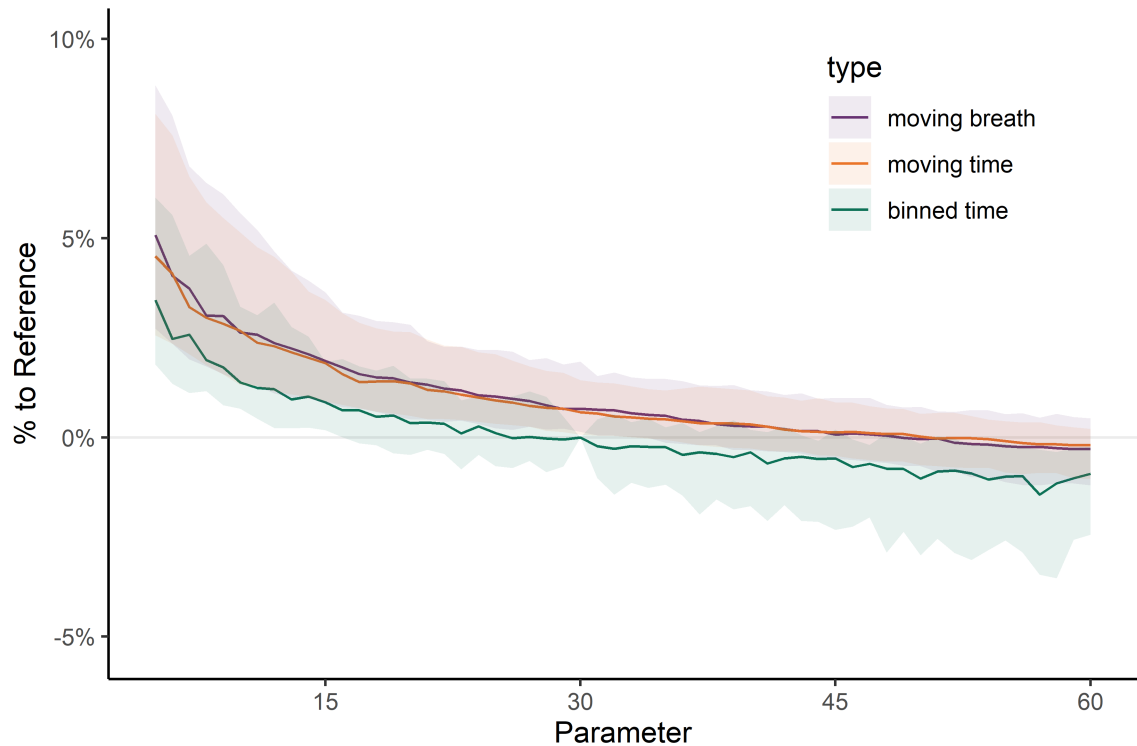


Figure 5: $\dot{V}O_{2\max}$ varies by data processing strategy. Values are expressed relative to the $\dot{V}O_{2\max}$ from a 30-second binned average — the most common strategy as determined by the review. Solid lines display the median, the shaded area marks the interval between 10th and 90th percentile. Using moving average leads to systematically higher $\dot{V}O_{2\max}$ values compared to binned time averages. Changing the averaging interval (in seconds or breaths) can lead to median changes in $\dot{V}O_{2\max}$ as large as 5%,.

Moving time and moving breath averages yielded nearly identical values for $\dot{V}O_{2\max}$ over all calculation intervals. This corresponds to the trained athletes reaching respiratory rates around 60 min^{-1} in the final minute of the exercise test (see Figure 4).

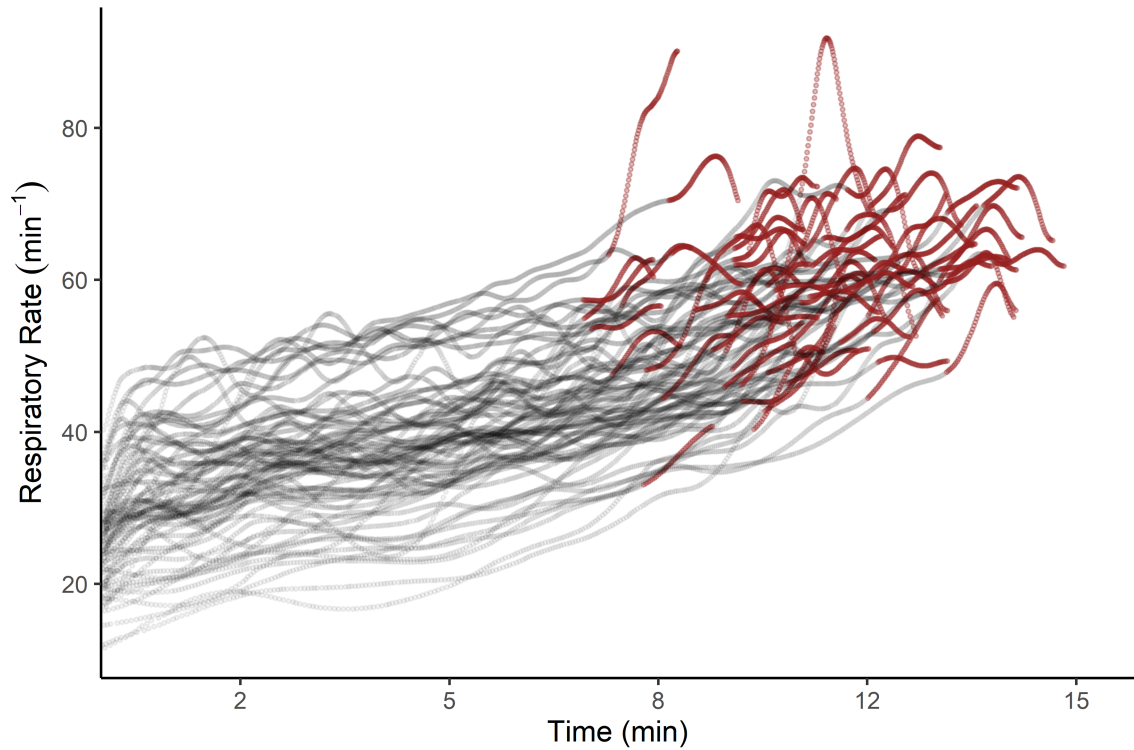


Figure 6: Respiratory Rates peak around 60 min^{-1} in the ramp tests. The red segments correspond to the last minute before exhaustion of each individual ($n = 72$).

4 Discussion

5 Conclusion

6 Bibliography

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7 Appendix