

Orthostatic Hypotension

What is orthostatic hypotension?

- Orthostatic hypotension occurs when there is a drop of blood pressure upon standing within 3 mins
- To be diagnosed systolic pressure needs to decrease by 20 mmHg and/or diastolic pressure needs to decrease by 10 mmHg
- Neurogenic orthostatic hypotension (nOH) is a form of OH that is caused by neurological conditions and is associated with dysautonomia. There are also non-neurological causes, which can be acute, chronic, or caused by medications. Post-prandial OH (drop in BP after eating) may also occur with dysautonomia
- nOH is seen in several forms of dysautonomia, including baroreflex failure, multiple system atrophy, pure autonomic failure, and autonomic neuropathy

What are the symptoms?

- Vision changes
- Syncope or pre-syncope
- Light-headedness, dizziness
- Head/neck pain
- Shakiness or tremulousness
- Chest pain/palpitations
- Weakness, fatigue
- Nausea
- Coldness in the extremities
- Brain fog

How is it diagnosed?

- Tilt table test to help determine type, potentially autonomic reflex tests
- Patient history, including current medications
- Tests that rule out other causes of fainting or symptoms (holter monitors, EKGs, heart echo, etc)

How is it treated?

- Increase salt and fluid intake
- Avoiding worsening factors, including some medications, alcohol, extreme or prolonged exposure to heat, and excessive exercise or exercise with weights
- Leg compression usually 30-40 mmHg, abdominal binders
- Elevating the bed at night by 4 inches
- Medications: Florinef, midodrine, Mestinon, desmopressin, droxidopa
- Mild exercise usually done laying down or in a recumbent position (bicycling, rowing, strength exercises).
 Swimming or water aerobics, where gravity decreases chances of blood pooling, can also be a good option
- Physical counter maneuvers



For more information visit

Dysautonomia Support Network:

https://www.dysautonomiasupport.org

Also check out our Patient Handbook for more detailed information:

https://docs.wixstatic.com/ugd/cb5ced_c187b0 13fcec4901aeb15eeffa4a63a9.pdf

Additional sources:

https://www.ncbi.nlm.nih.gov/pmc/articles/PM C2888469/

https://link.springer.com/article/10.1007%2Fs0 0702-017-1791-y

https://www.ncbi.nlm.nih.gov/pmc/articles/PM C5506688/