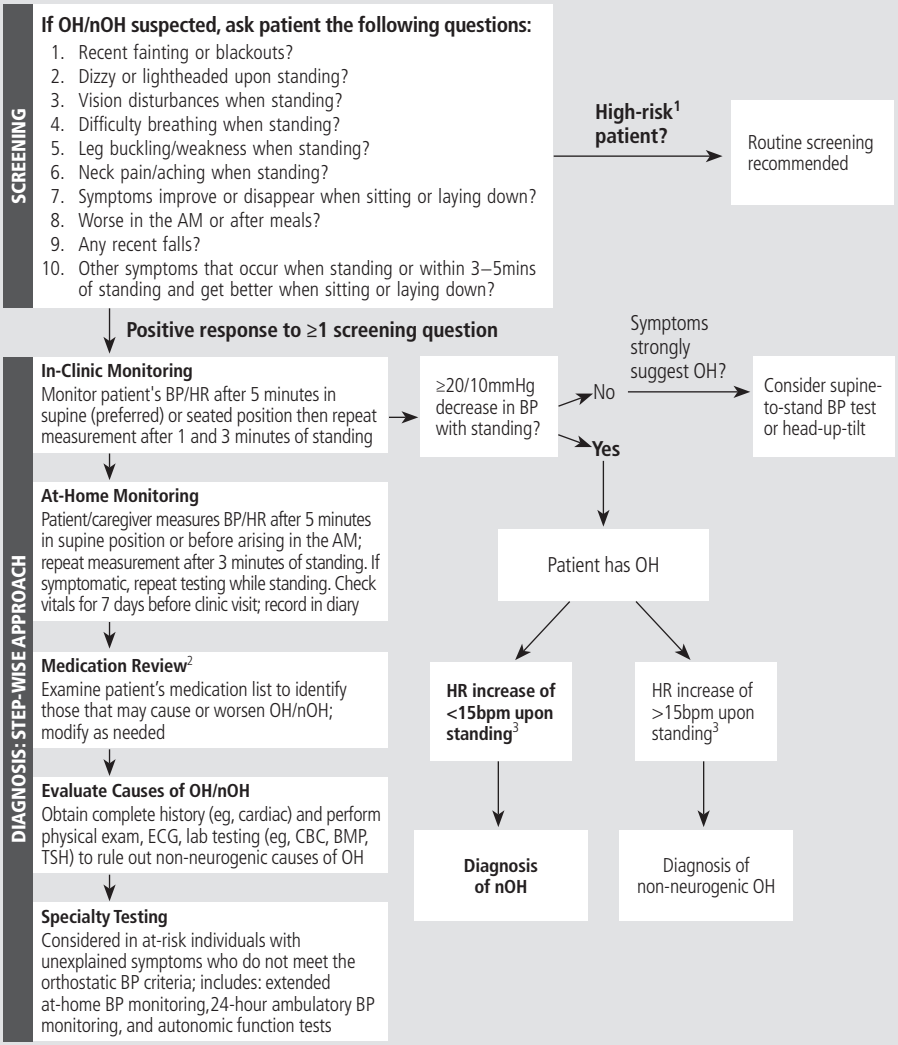
NEUROGENIC ORTHOSTATIC HYPOTENSION: SCREENING & DIAGNOSIS



NOTES

Key: **BMP** = basic metabolic panel; **CBC** = complete blood count; **nOH** = neurogenic orthostatic hypotension; **OH** = orthostatic hypotension

[1] Higher risk for OH/nOH: 1) neurodegenerative disease associated with autonomic dysfunction (eg, Parkinson's Disease, Multiple System Atrophy, Pure Autonomic Failure, Dementia with Lewy Bodies); 2) unexplained fall or episode of syncope; 3) peripheral neuropathies associated with autonomic dysfunction (eg, diabetes, amyloidosis, HIV); 4) age ≥70yrs who are frail or on multiple medications; 5) postural dizziness or non-specific symptoms that occur only when standing.

[2] Common medications that may cause OH or exacerbate nOH: Tricyclic antidepressants, diuretics, nitrates, alpha-1 blockers, dopaminergic agents, anticholinergics, PDE-5 inhibitors, beta-blockers, calcium channel blockers, ACEIs, ARBs, clonidine, hydralazine.

[3] Without confounding medication effect (eg, beta blockers, alpha/beta blockers, diltiazem, verapamil) or intrinsic cardiac rhythm disturbances (eg, sick sinus syndrome, complete heart block, pacemaker).

REFERENCES

Gibbons CH, Schmidt P, Biaggiono I, et al. The recommendations of a consensus panel for the screening, diagnosis, and treatment of neurogenic orthostatic hypotension and associated supine hypertension. *J Neurol.* 2017 Jan 3. doi: 10.1007/s00415-016-8375-x.

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