

TABLE 110-1 TREATMENT OF ORTHOSTATIC HYPOTENSION

INTERVENTION	RATIONALE	DOSAGE	EVIDENCE LEVEL
CONSERVATIVE			
Avoid prolonged bed rest and increase time spent upright	Reverses physiologic deconditioning		B
Liberalize fluid intake	Expand plasma volume	2-2.5 L/day	B
Increase sodium intake	Expand plasma volume	Salt 10-20 g/day	A
Compressive leg garments and abdominal binder	Reduce venous pooling	15-20 mm Hg	B
Physical counter-maneuvers	Tensing limb muscles augments venous return	Isometric contractions for 30 sec	A
Water bolus treatment	Sympathetic reflex increases blood pressure for 1-2 hr	16 oz. plain water	A
Elevate heads of bed 4 inches	Decrease nocturnal natriuresis and nocturnal hypertension		C
Avoid large meals high in carbohydrate content	If patient is subject to postprandial hypotension		B
PHARMACOLOGIC			
Discontinue or decrease dose of blood pressure-lowering drugs			A
Midodrine	α -Adrenergic agonist, constricts capacitance vessels	5-10 mg tid	A
Fludrocortisone	Retains sodium and sensitizes peripheral vascular α -adrenergic receptors	0.1-0.4 mg/day	B
Pyridostigmine	Stimulates sympathetic ganglionic transmission	30-60 mg bid or tid	B

SUGGESTED READINGS

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