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Understanding the Diagnosis, Management, and Treatment Options for Neurogenic Orthostatic Hypotension: A Primer for Managed Care

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Understanding the Diagnosis, Management, and Treatment Options for Neurogenic Orthostatic Hypotension: A Primer for Managed Care

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Type of activity: Knowledge

Medium: Print with Internet-based posttest, evaluation, and request for credit

Fee: Free

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Intended Audience

Managed care pharmacists and pharmacy directors.

Activity Overview

Neurogenic orthostatic hypotension (NOH) is a rare disorder that occurs primarily in patients with autonomic degenerative disorders such as Parkinson's disease or diabetic autonomic neuropathy. Patients can suffer from profound orthostatic intolerance, having dramatic drops in blood pressure that makes it difficult for them to stand or walk. Patients may also suffer from supine hypertension, which can exacerbate orthostatic symptoms, require treatment, and impact the choice of pharmacotherapy for NOH. First-line management includes patient education to recognize and avoid orthostatic stressors that exacerbate the disorder, as well as learning physical countermeasures that minimize orthostatic intolerance. Identifying and minimizing drug-induced orthostatic hypotension is an important component of care. Patients with severe symptoms may benefit from pharmacotherapy. Until recently, the primary options consisted of midodrine and fludrocortisone; an additional option became available when droxidopa received FDA approval in 2014.

Statement of Educational Need

To improve functional ability and quality of life for patients with neurogenic orthostatic hypotension (NOH), a comprehensive management approach that includes patient education, physical countermeasures, and pharmacotherapy is necessary. Because symptoms may be attributed to the patient's underlying autonomic degenerative disorder, awareness of the disorder is crucial. Pharmacotherapy for comorbid conditions can exacerbate orthostatic hypotension (OH).


Vigilance by managed care clinicians, especially pharmacists, is necessary to minimize iatrogenic drug-induced OH. Because there are few pharmacotherapy options for NOH, clinicians must be adept at using them, especially in counseling patients about appropriate use. The presence of supine hypertension complicates management; clinicians need to understand how it impacts pharmacotherapy selection and management. Managed care clinicians should be familiar with assessment tools for NOH, such as the Symptom Grade of Orthostatic Intolerance and the Orthostatic Hypotension Questionnaire. These instruments play a role in diagnosis, assessment of progression, and evaluation of the response to pharmacotherapy. In managed care, these instruments can help identify patients who are candidates for pharmacotherapy.

Educational Objectives

At the completion of this activity, participants will be able to:

- Review the pathology, prevalence, and symptoms of neurogenic orthostatic hypotension (NOH) and delineate the difference between orthostatic hypotension and NOH.
- Recall significant issues with lifestyle and functional mobility that limit work and life.
- Discuss the treatment options, along with adverse effects, to determine best outcomes for the patient.

Accreditation Statement

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Obtaining Credit: Participants must read the article, complete the online posttest and achieve a passing score of 70% or higher, and complete an online evaluation and request for credit. Detailed instructions on obtaining CE credit are included at the end of this activity.

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Understanding the Diagnosis, Management, and Treatment Options for Neurogenic Orthostatic Hypotension: A Primer for Managed Care

This supplement to *The American Journal of Managed Care* will characterize neurogenic orthostatic hypotension, including pathophysiology of the disease, prevalence in autonomic degenerative disorders, prognosis, signs and symptoms, diagnosis, and instruments used to assess disease severity and response to pharmacotherapy. It will discuss the armamentarium of treatment options, including physical countermeasures, avoidance of orthostatic stressors, and pharmacotherapy. A treatment algorithm provides the managed care clinician with an approach to managing the disorder and defines the role of the primary pharmacotherapy options.

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