

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

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Sample

Sample of Online Posttest

Choose the best answer for each of the following:

1. Which of the following neurologic diseases is not associated with neurogenic orthostatic hypotension (NOH)?

- A. Parkinson's disease
- B. Multiple system atrophy
- C. Lewy body dementia
- D. Post-herpetic neuralgia
- E. Pure autonomic failure

2. NOH is caused by which of the following?

- A. Impaired release of norepinephrine that leads to reduced systemic vascular resistance
- B. Volume depletion
- C. Cardiac pump failure
- D. Dehydration
- E. Cardiac arrhythmia

3. Orthostatic blood pressure and heart rate measurements indicative of NOH include:

- A. A reduction of systolic blood pressure ≤ 10 mm Hg and increase in heart rate > 20 beats per minute
- B. A reduction of systolic blood pressure ≥ 20 mm Hg and increase in heart rate < 15 beats per minute
- C. An increase in diastolic blood pressure ≥ 10 mm Hg and increase in heart rate > 15 beats per minutes
- D. A reduction in diastolic blood pressure ≤ 10 mm Hg and increase in heart rate > 20 beats per minute
- E. No change in blood pressure or heart rate when standing

4. A questionnaire designed specifically to assess symptoms of NOH is the:

- A. Symptom Grade of Orthostatic Intolerance
- B. Composite Autonomic Severity Score
- C. Head-up Tilt Test
- D. Orthostatic Hypotension Questionnaire
- E. Quantitative Sudomotor Axon Reflex Test

5. Patients with NOH can reduce the risk of orthostatic symptoms by:
- A. Lowering the head of the bed at night
 - B. Avoiding large high-carbohydrate meals
 - C. Drinking alcohol with every meal
 - D. Exercising vigorously in a hot room
 - E. Eating a large meal first thing in the morning
6. Drugs that can exacerbate NOH include:
- A. Midodrine
 - B. Fludrocortisone
 - C. Hydrochlorothiazide
 - D. Pyridostigmine
 - E. Atomoxetine
7. Which of the following options is recommended to control supine hypertension in patients with NOH?
- A. Discontinuing all antihypertensive drugs
 - B. Adding a diuretic
 - C. Raising the head of the bed by 6 to 9 inches
 - D. Adding a long-acting antihypertensive
 - E. Adding a bedtime dose of midodrine or droxidopa
8. Which of the following recommendations is helpful to improve the morning symptoms of NOH?
- A. Start a low-salt diet
 - B. Rapidly drink 300 to 500 mL of water before getting out of bed
 - C. Eat small meals
 - D. Eat large meals
 - E. Lower the head of the bed
9. Which of the following statements is an important consideration when treating NOH with sympathomimetic drugs (droxidopa and midodrine)?
- A. It is not necessary to monitor for supine hypertension during sympathomimetic therapy
 - B. The last dose of the day of a sympathomimetic drug must be taken at least 3 hours before bed
 - C. Sympathomimetic drugs should be taken 3 times per day regardless of whether the patient intends to be supine, sitting, or upright
 - D. The goal of sympathomimetic drug therapy is to restore a normal blood pressure response
 - E. A droxidopa prescription can be filled by any community pharmacy
10. For a patient with heart failure, initial drug therapy for NOH should be:
- A. Atomoxetine
 - B. Furosemide
 - C. Midodrine
 - D. Fludrocortisone
 - E. Pyridostigmine