STEP 1: Medication review
Modify and/or discontinue drugs that can induce or exacerbate OH:
- Dopaminergic agents
- Antidepressants (esp. TCAs)*
- Anticholinergics
- Antihypertensives: diuretics*, nitrates*, alpha-1 blockers*, calcium channel blockers, hydralazine, minoxidil, beta-blockers, clonidine, alpha-methyldopa, ACEIs, ARBs
- PDE5 inhibitors

STEP 2: Non-pharmacologic measures
Incorporate daily:
- Blood volume repletion
- Salt intake adjustment
- Physical conditioning
- Core body temperature regulation
- Head of bed elevation
- Compression garment use†
- Diet modification
- B₁₂ deficiency/anemia correction

STEP 3: Pharmacologic measures
- Midodrine
- Droxidopa
- Fludrocortisone
- Pyridostigmine

STEP 4: Combination pharmacologic measures
- Initiate a second agent if deemed necessary
- Begin at lowest starting dose and titrate to maximum tolerated dose

**SINGLE-AGENT PHARMACOLOGIC TREATMENTS**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication Status</th>
<th>Usual Dose</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Midodrine    | FDA-approved      | 2.5–15mg once to three times daily while awake; titrate based on response | • Avoid within 5hrs of bedtime due to risk of supine hypertension  
• Caution in CHF, chronic renal failure |
| Droxidopa    | FDA-approved      | 100–600mg three times daily while awake; titrate every 48hrs based on response and/or tolerability | • Avoid within 5hrs of bedtime due to risk of supine hypertension  
• Caution in CHF, chronic renal failure |
| Fludrocortisone | Off-label       | 0.1–0.2mg once daily; max 0.3mg/day            | • Caution in CHF                                                     |
| Pyridostigmine | Off-label        | 30–60mg once to three times daily              | • Beneficial in less severe patients  
• Does not worsen supine hypertension |

**NOTES**

Key: ACEI = angiotensin converting enzyme inhibitor; ARB = angiotensin receptor blocker; CHF = congestive heart failure; nOH = neurogenic orthostatic hypotension; OH = orthostatic hypotension; PDE5 = phosphodiesterase E5; TCA = tricyclic antidepressant

* Causes significant worsening of OH/nOH.
† Waist-high compression garments are the most effective, followed by thigh-high compression stockings. Abdominal binders are effective alternatives, which can be used alone or in combination with leg compression if needed.

**REFERENCE**