Neurogenic Orthostatic Hypotension (NOH) is a rare autonomic nervous system condition associated with failure to release adequate amounts of norepinephrine upon standing. NOH is caused by an underlying autonomic neurologic condition, which may be present in Parkinson’s disease, multiple system atrophy or pure autonomic failure. Norepinephrine deficiency may result in an inability for a person to maintain adequate blood pressure and blood flow to the brain upon sitting up or standing from a lying position resulting in symptoms including dizziness, lightheadedness, blurred vision, fatigue and fainting.

General Facts
- Neurogenic orthostatic hypotension (NOH) is a rare, chronic condition defined as sustained low blood pressure that occurs upon standing.
- NOH is caused by an underlying autonomic neurologic condition, such as Parkinson’s disease, multiple system atrophy or pure autonomic failure.
- The underlying conditions that cause NOH limit the ability of the autonomic nervous system (ANS) to control involuntary body functions, such as regulating blood pressure.
- Failure by the ANS to adequately release norepinephrine may result in an inability for a person to maintain blood pressure and blood flow to the brain upon standing.

Prevalence and Impact
- The prevalence of NOH increases with age, as many of its underlying conditions affect older adults. For example:
  - The average onset age for Parkinson’s disease is approximately 60 years
  - Multiple system atrophy primarily affects men and women in their 50s
  - Pure autonomic failure most often occurs in men middle-to-late in life
  - People with symptomatic NOH may experience loss of the ability to stand up or walk.
  - NOH can impair cognitive performance.
- OH (of which NOH is a subset) patients often present with orthostatic intolerance and recurrent falls, an important risk factor for hip fracture and head trauma.

Signs and Symptoms
- The symptoms of NOH include: dizziness, lightheadedness, fainting, blurred vision, fatigue, trouble concentrating and pain or discomfort in the head and neck when a person assumes a standing position.
- Some NOH symptoms may be nonspecific, such as general weakness.
- Symptoms may be exacerbated by physical exertion, prolonged standing, increased ambient temperature or eating.

Diagnosis and Management
- NOH is typically diagnosed by a physician after evaluating a patient’s blood pressure when lying down or sitting up, and then again once the patient is standing.
- Medical history, current prescriptions and other physical examinations may be evaluated to confirm the diagnosis.
- Physicians may refer patients to a specialist for additional examinations.
- Quality of life for NOH patients may be improved through nonpharmacologic or pharmacologic interventions.
- Physical activity and exercise may help patients avoid a decline in orthostatic intolerance.
Current non-drug treatments include increasing a patient’s salt and water intake, using compression stockings and sleeping at an incline.\(^2\)

For patients whose symptoms are not controlled with non-drug options, physicians may recommend a prescription medication.\(^2\)

**Sources**