Article
Author: Dr Melanie Bello

Orthostatic Hypotension in Older Adults: A Health Challenge

Orthostatic hypotension (OH), characterized by a significant decrease in blood pressure upon standing, is a common problem in older adults, with a significant impact on their quality of life and an increased risk of falls and fractures. This article explores OH in this population group, based on the recommendations of the preprint “Orthostatic Hypotension in the Elderly Insights from the Geriatric Unit at Dr. Carlos Fragachan Hospital and San Vicente de Paul Asylum in Bolivar City” (https://preprints.ru/article/1528).

What is Orthostatic Hypotension and why is it relevant in older adults?

OH occurs when the body does not respond appropriately to changing positions from lying down or sitting to standing. This causes a rapid drop in blood pressure, which can result in dizziness, lightheadedness, blurred vision, nausea, and even loss of consciousness.

In older adults, HO is more frequent due to a series of physiological factors that occur with aging:

• Decreased vascular elasticity: The arteries become less flexible, making it difficult to regulate blood flow.

• Reduced blood volume: The heart pumps less blood, and dehydration can make this problem worse.

• Changes in the autonomic nervous system: The system that controls blood pressure becomes less efficient.

• Use of medications: Some drugs, such as diuretics and antihypertensives, can contribute to OH.

• Other medical conditions: Diseases such as diabetes, Parkinson's disease, and heart failure can increase the risk of HO.

Diagnosis and Management of HO in Older Adults:

The diagnosis of OH is based on blood pressure measurement in the supine (lying down) position and then in the standing position, after a period of 3 minutes. A drop in systolic blood pressure of 20 mmHg or more, or a drop in diastolic blood pressure of 10 mmHg or

more, is considered indicative of OH.

Following the recommendations of the preprint, the management of HO in older adults should be comprehensive and consider:

• Lifestyle modification:
* Adequate hydration: Drink enough water throughout the day.
* Gradual increase in physical activity: Perform muscle strengthening and balance exercises, under medical supervision.
* Avoid sudden changes in position: Get up slowly and remain sitting or standing for a few seconds before moving.
* Use of compression stockings: They can help improve venous return.

• Pharmacological adjustments:
* In some cases, your doctor may adjust the dosage of medications that may be contributing to OH.
* Medications such as fludrocortisone or midodrine may be prescribed to increase blood pressure.

• Other measures:
* Evaluation of other medical conditions: It is important to rule out other causes of symptoms such as dizziness and fainting.
* Patient and family education: It is essential that the patient and their family members know the symptoms of HO and the preventive measures.

Conclusion:

OH is a common problem in older adults that can have a significant impact on their health and well-being. Early detection and appropriate management are crucial to prevent complications such as falls and fractures. Following the recommendations of the preprint, a comprehensive approach that includes lifestyle modifications and, in some cases, pharmacological adjustments, can improve the quality of life of older adults with OH. Importantly, further research is needed to better understand the causes and develop more effective prevention and management strategies.

Note: This article is for informational purposes only and is not a substitute for consulting a healthcare professional. If you are experiencing symptoms of HO, please consult with your physician for a diagnosis and appropriate treatment plan.

Bibliographic References:

Toro C. 2024. Orthostatic hypotension in the elderly Perspectives of the Geriatrics Unit of Dr. Carlos Fragachan Hospital and San Vicente de Paul Asylum in Ciudad Bolívar.

PREPRINTS.RU. https://doi.org/10.24108/preprints-3113224