

### Transcript Details

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## The Impact of Neurogenic Orthostatic Hypotension on Patients and Caregivers

### Announcer:

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This medical industry feature, titled "The impact of neurogenic orthostatic hypotension on patients and caregivers" is sponsored by Lundbeck.

Presenting is Dr. Daniel Claassen.

### Dr. Claassen:

Hello, my name is Dr. Daniel Claassen, and I am the Chief of the Behavioral and Cognitive Neurology Unit at Vanderbilt University Medical Center in Nashville, Tennessee.

Today, I would like to share with you a few top-line observations from a survey conducted on the impact of symptomatic neurogenic orthostatic hypotension, or nOH, a condition often associated with neurological disorders such as Parkinson's Disease. nOH results from damage to the autonomic nervous system, leading to an inability to maintain adequate blood pressure upon standing. Symptoms almost always include significant dizziness or even syncope.

This online survey conducted by Harris Poll included over 360 patients and 120 caregivers. It was designed to address two main issues. First, to describe the patients' symptom experience and its effect on day-to-day life; and second, to understand the health care journey to a diagnosis.

In regards to symptom impact, almost 60% of patients reported that nOH had an overall negative impact on their life. More specifically, they described severe limitations to their ability to perform activities that are necessary for day-to-day living. Over 40% of patients indicated that they had stopped or reduced exercise, chores around the house, or spending time outside the house because of their nOH symptoms.

The key takeaway from this is that the burden of symptomatic nOH is far from trivial.

Surprisingly, the survey also revealed that despite the negative impact, it's not unusual for a patient to hide this condition from their physician, possibly signifying fear of loss of independence. Concerning the patient journey, it typically takes years and sometimes three or more different physician consults for patients to get an accurate diagnosis.

It was interesting to me that a majority of patients and caregivers were reluctant to mention nOH symptoms to their health care providers. This suggests to me that as clinicians, we may need to be more inquisitive about autonomic symptoms, especially with our patients with neurological disorders such as Parkinson's Disease, Lewy body dementia, or Multiple System Atrophy.

We need to be aware there was a substantial percentage of patients who did not feel they had adequate control of their nOH symptoms and did not receive counseling or medication to manage their symptoms.

The encouraging part of this survey was that patient responses show that they are typically satisfied when their symptoms are managed. About 70% of the patients perceived that their symptoms improved following a formal diagnosis of nOH. I think this is exciting, because as clinicians, we have the potential to intervene and provide nOH patients with an improved quality of life.

In closing, I hope that this brief introduction persuades you to read the full article, which can be found online on the program's webpage.

**Announcer:**

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