

inadequate perfusion of ventilated lung apices) or angina (attributed to impaired myocardial perfusion even with normal coronary arteries). Symptoms may be exacerbated by exertion, prolonged standing, increased ambient temperature, or meals. Syncope is usually preceded by warning symptoms, but may occur suddenly, suggesting the possibility of a seizure or cardiac cause. Some patients have profound decreases in blood pressure, sometimes without symptoms but placing them at risk for falls and injuries if the autoregulatory threshold is crossed with ensuing cerebral hypoperfusion.

Supine hypertension is common in patients with orthostatic hypotension due to autonomic failure, affecting >50% of patients in some series. Orthostatic hypotension may present after initiation of therapy for hypertension, and supine hypertension may follow treatment of orthostatic hypotension. However, in other cases, the association of the two conditions is unrelated to therapy; it may in part be explained by baroreflex dysfunction in the presence of residual sympathetic outflow, particularly in patients with central autonomic degeneration.

Causes of Neurogenic Orthostatic Hypotension Causes of neurogenic orthostatic hypotension include central and peripheral autonomic nervous system dysfunction ([Chap. 440](#)). Autonomic dysfunction of other organ systems (including the bladder, bowels, sexual organs, and sudomotor system) of varying severity frequently accompanies orthostatic hypotension in these disorders ([Table 21-2](#)).

The primary autonomic degenerative disorders are multiple system atrophy (Shy-Drager syndrome; [Chap. 440](#)), Parkinson's disease ([Chap. 435](#)), dementia with Lewy bodies ([Chap. 434](#)), and pure autonomic failure ([Chap. 440](#)). These are often grouped together as “synucleinopathies” due to the presence of α -synuclein, a protein that aggregates predominantly in the cytoplasm of neurons in the Lewy body disorders (Parkinson's disease, dementia with Lewy bodies, and pure autonomic failure) and in the glia in multiple system atrophy.

Peripheral autonomic dysfunction may also accompany small-fiber peripheral neuropathies such as those associated with diabetes