mellitus, acquired and hereditary amyloidosis, immune-mediated neuropathies, and hereditary sensory and autonomic neuropathies (HSAN; particularly HSAN type III, familial dysautonomia) **(Chaps. 446 and 447)**. Less frequently, orthostatic hypotension is associated with the peripheral neuropathies that accompany vitamin B_{12} deficiency, neurotoxin exposure, HIV and other infections, and porphyria.

Patients with autonomic failure and the elderly are susceptible to falls in blood pressure associated with meals. The magnitude of the blood pressure fall is exacerbated by large meals, meals high in carbohydrate, and alcohol intake. The mechanism of postprandial syncope is not fully elucidated.

Orthostatic hypotension is often iatrogenic. Drugs from several classes may lower peripheral resistance (e.g., α-adrenoreceptor antagonists used to treat hypertension and prostatic hypertrophy; antihypertensive agents of several classes; nitrates and other vasodilators; tricyclic agents and phenothiazines). Iatrogenic volume depletion due to diuresis and volume depletion due to medical causes (hemorrhage, vomiting, diarrhea, or decreased fluid intake) may also result in decreased effective circulatory volume, orthostatic hypotension, and syncope.

TREATMENT

Orthostatic Hypotension

The first step is to remove reversible causes—usually vasoactive medications **(see Table 440-6)**. Next, nonpharmacologic interventions should be introduced. These include patient education regarding staged moves from supine to upright; warnings about the hypotensive effects of large meals; instructions about the isometric counterpressure maneuvers that increase intravascular pressure (see above); and raising the head of the bed to reduce supine hypertension and nocturnal diuresis. Intravascular volume should be expanded by increasing dietary fluid and salt. If these nonpharmacologic measures fail, pharmacologic intervention with fludrocortisone acetate and vasoconstricting agents such as midodrine and L-dihydroxyphenylserine should be introduced. Some