PBSGL Mini Module

Postural Hypotension in the context of Polypharmacy

Introduction

Postural (or orthostatic) hypotension is increasingly common with advancing age. Prevalence reports vary from 5% to 30% of people over the age of 65. In those with Parkinson's disease the numbers are higher, at 60%. It is perhaps no surprise to primary care practitioners that 70% of people living in nursing homes experience postural hypotension. It is estimated that about 0.2% of people over 75 years are admitted to hospital with problems relating to postural hypotension[1].

Medication is one of the leading causes of postural hypotension, as numerous cardiovascular and psychoactive drugs can interfere with the body's ability to regulate blood pressure in response to standing. For those taking hypotensive medications there is often overlap with other postural hypotension risk factors like advanced age, neurogenic autonomic dysfunction and co-morbidities. This combination of factors increases the risk of symptoms and complications[2].

This mini module focuses on a case of postural hypotension in an older patient on multiple medications. It was highlighted as a learning need by a multi-professional focus group of primary care practitioners discussing the topic of dizziness. It was felt to have sufficient educational value and associated resources to stand alone as a mini module. It will not go into detail about the differential diagnoses in an elderly patient who is dizzy. If you are interested in learning about the assessment and aetiology of dizziness, please consider studying the dizziness module with your group.

Intended Learning Outcomes

After reading and discussing this module, individuals should:

- Understand the main causes of postural hypotension
- Understand the role of polypharmacy as a contributory factor in postural hypotension
- Understand potential treatment and management for postural hypotension

> The cases below are designed to illustrate the problems described in the aims of the module. They are real cases, but are ***not*** meant to be the focus of the group's discussion. Instead, PBSGL groups are encouraged to think of similar cases in their own place of work.
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> Studying all the cases is not compulsory. If the group runs short of time, and completing the group feedback is still to be done, it is better to leave out a case completely. The feedback, where group members say what changes they will make in practice as a result of the meeting, is an essential part of the learning process – more important than "completing the cases".

CPD CONNECT

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