INTRODUCTION:
In medicine we are often faced with clinical conundrums. Medical management of supine hypertension and orthostatic hypotension is an example of such a conundrum, as treatment of one often worsens the other.

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DIFFERENTIAL FOR NEUROGENIC ORTHOSTASIS

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Autonomic Symptoms</th>
<th>Motor Symptoms</th>
<th>Other Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple-System Atrophy</td>
<td>Severe autonomic dysfunction</td>
<td>Parkinsonism features (80%)</td>
<td>Dysarthria</td>
</tr>
<tr>
<td></td>
<td>Develops early (may be the first symptoms)</td>
<td>Cerebellar symptoms (20%) Corticospinal tract dysfunction</td>
<td>Stridor</td>
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<tr>
<td>Parkinson's Disease</td>
<td>Occur late in the disease process</td>
<td>Parkinsonism</td>
<td>REM sleep behavior disorder</td>
</tr>
<tr>
<td></td>
<td>May be worsened by treatment of motor symptoms</td>
<td>Usually mild to moderate</td>
<td>Dementia late in the course</td>
</tr>
<tr>
<td>Lewy-Body Dementia</td>
<td>Autonomic dysfunction occurs early in clinical course</td>
<td>Parkinsonism</td>
<td>REM sleep behavior disorder</td>
</tr>
<tr>
<td></td>
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<td>Dementia</td>
</tr>
</tbody>
</table>

OUTCOME:
Experienced clinical improvement with combination of supportive and short acting strategy
Discharged to Skilled Nursing facility then eventually back home independently

DISCUSSION:

Supportive Therapies
- Ensuring adequate hydration
- Compression Stockings or Abdominal Binders
- Removal of offending agents
- Elevation of head of bed during sleep
- Physical Therapy and Occupational Therapy Meditations
- Use short acting antihypertensives while supine, Captopril and Clonidine
- Use of Blood Pressure Augmentation Agents
- Midodrine, Fludrocortisone, Pyridostigmine

REFERENCES: