

***Table 5: Treatment Options for Prevention of Orthostatic Syncope***

- Eliminate offending drugs as much as possible (i.e., diuretics, vasodilators, certain antidepressants) .
- Additional dietary salt (2-4 grams, but not in the form of tablets) and enhanced electrolyte fluid intake of at least 2 to 3 liters per day. The latter may be accomplished with ‘sport’ drinks but care should be taken to minimize caloric intake with the commercially available agents.
- Ingestion of cool water (8-10 oz) first thing in the morning has been shown to be an effective strategy to prevent orthostatic intolerance and post prandial hypotension. This is particularly helpful in patients with Primary Autonomic Failure.
- Gravitational pooling can be countered with abdominal binders, ‘bikers pants’ and support stockings (although the last of these are often difficult for elderly or frail patients)
- Drugs:
  - Fludrocortisone (0.1mg daily) for volume expansion. The risk of hypokalemia is a concern that requires monitoring.
  - Midodrine (5 to 15 mg three times daily) is useful treatment in patients with intractable reflex syncope, an troublesome orthostatic syncope when more conventional treatment is inadequate. Hypertension is a rare but important issue. For the most part, adverse effects are restricted to scalp tingling, and urinary tract issues in men.