

Orthostatic Hypotension in Older Adults in nursing home: prevalence and impact of a routine assessment

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Orthostatic hypotension is a frequent cause of generalized cerebral hypoperfusion leading to dizziness, syncope and falls in older subjects at home and in institution like nursing home. Many recommendations of good practice have included the detection of orthostatic hypotension as a routine procedure. There is a gap between recommendations and routine practice and less data existed to show the prevalence in nursing home. We performed a routine determination of orthostatic in nursing home under the supervision of family physicians. Blood pressure measurements were obtained by nurses with the 76 subjects under supine position and after they had been standing for 3 minutes. The prevalence of asymptomatic orthostatic hypertension defined as 20 mmHg or greater decrease in systolic or 10 mmHg or greater decrease in diastolic blood pressure was 11.8% (9/76). Two patients had both systolic and diastolic BP decrease, 4 had only systolic BP decrease and 3 had only diastolic BP decrease. Five had a treatment by antidepressive drugs, 3 had only antihypertensive drugs and one had both treatments. Multivariate analysis was done to show some interrelation between orthostatic hypotension, decrease of daily activity, comorbidity, age and weight. Our routine assessment of orthostatic hypotension succeeded to raise an awareness on drug use: high dose of antihypertensive drugs, association of antidepressive drugs and overall association with hypnotic drugs in all patients, increasing the risk of falls. Our prevalence is in accordance with others published elsewhere in older populations and in other settings. Figures in nursing homes are lacking. Performing routinely on a basis of a monthly assessment is a best practice in nursing home to detect orthostatic hypotension allowing a re-evaluation of drug prescriptions, a fall prevention follow up and a caregivers continuous training, care follow up awareness procedure and team work.

Keywords: orthostatic hypotension, older persons, blood pressure measurements

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