FACTORS RELATED TO ORTHOSTATIC HYPOTENSION IN PARKINSON'S DISEASE

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Introduction: Orthostatic hypotension (OH), a frequent feature of Parkinson's Disease (PD), can be related to the disease itself or to drugs.

Objectives: To assess the concordance between a BP fall after orthostatism and the presence of hypotensive symptoms as well as to explore factors related to OH.

Methods: Non-demented, non-operated PD out-patients were recruited at the Toulouse's movement disorders clinic. Subjects were questioned about the presence of any hypotensive symptoms (symptomatic-OH). BP was measured 5 min after lying down and 2 min after standing up. Manometric-OH was defined as systolic and/or diastolic BP fall ≥ 20/10 mmHg after orthostatism. Funding: France Parkinson Association.

Results: 64 patients were included in this study (mean age 67±10 years; 72% were males; mean UPDRS II in ON 12±6). They were on L-Dopa/Agonists (99%), baroreflex-modifying drugs (BR-M) such as alpha-, beta-antagonists, Ca-channel blockers, amiodarone or Cholinesterase-inhibitors (17%) or fludrocortisone/midodrine (3%). Twenty-seven subjects (42%) showed symptomatic-OH and 28 (42%) had manometric-OH, without significant agreement between them (kappa=0.16±0.12, p=0.2). Twenty-four subjects were symptomatic-OH + / manometric-OH +, whereas 14 did not show symptoms nor BP fall. The former group had higher UPDRS II in ON (14±1 vs 10±1, p<0.05), higher tremor score (4±1 vs 2±0.5, p<0.04) and were more frequently on amantadine (36% vs 8%) or BR-M drugs (37 vs 8%). Independent factors related to manometric/symptomatic-OH were amantadine (OR[IC95%]= 8.0[1.2-55.2]) or BR-M drugs (8.2[1.1-55.5], logistic regression).

Conclusion: The presence of manometric/symptomatic-OH was related to amantadine or to drugs able to modify baroreflex.