
To the Editor:

Orthostatic hypotension is a disorder commonly observed among elderly hypertensive subjects recruited to some trials or assisted in primary care. Although the definition used in the studies was variable in the past, from 1995 the definition proposed by the American Autonomic Society and the American Academy of Neurology Consensus Committee has been accepted. This consensus establishes that a reduction in systemic blood pressure of at least 20 mm Hg or in diastolic blood pressure of at least 10 mm Hg within 3 minutes of standing may be considered as orthostatic hypotension. Some authors prefer to avoid this term, because frequently in spite of that observed drop blood pressure remains high, and propose using the term “exaggerated orthostatic fall in blood pressure.” Detection of orthostatic hypotension is very important because a risk of falls and a higher cardiovascular risk associated to this disorder have been described.

In the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) two different definitions of orthostatic hypotension were included. In the chapter on postural hypotension included in the JNC 7 express edition, authors talk about a decrease in standing systolic blood pressure of more than 10 mm Hg, when associated with dizziness or fainting. However, in the JNC 7 complete version, the criteria used to diagnose the disorder is the detection of a decrease of more than 20 mm Hg in the diastolic blood pressure or more than 10 mm Hg in the diastolic blood pressure after standing. Which version is right? In neither version is there mention of how long after standing blood pressure measurements should be performed. The definition included in the JNC 7 complete version and that from the American Autonomic Society and the American Academy of Neurology Consensus Committee are very alike, but not exactly the same.

These differences in the definition of orthostatic hypotension that authors have used could create some confusion. We think that a document as important as the JNC 7, considered as a clinical practice guideline worldwide, could have contributed to clarify this question in a better way.

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Response

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) express version describes postural hypotension when associated with dizziness and fainting, a not uncommon condition. We see no practical difference in the definitions used in the JNC 7 complete version and the American Autonomic Society and American Academy of Neurology Consensus Committee. The authors wish to acknowledge the important contributions of Dr Myron Weinberger, whose name was inadvertently omitted from the list of contributors.

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Hypertension. 2004;43:e27; originally published online February 23, 2004; doi: 10.1161/01.HYP.0000121365.95185.50

Hypertension is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0194-911X. Online ISSN: 1524-4563

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http://hyper.ahajournals.org/content/43/4/e27

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