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Management of Orthostatic Hypotension

Eun Hui Bae
Chonnam National University Hospital, Republic of Korea

Orthostatic hypotension (OH), once regarded as a benign finding in elderly or frail individuals, is now recognized as an independent risk factor for cardiovascular morbidity and mortality. Defined as a ≥20 mmHg drop in systolic or ≥10 mmHg drop in diastolic BP within three minutes of standing, OH has been linked to increased risks of myocardial infarction, stroke, and death, as shown in large cohort studies like ARIC and the Rotterdam study. This presentation evaluated whether OH reflects underlying autonomic dysfunction or actively contributes to adverse outcomes, particularly in the context of intensive BP control. While concerns exist that stricter BP targets may provoke OH and thereby elevate clinical risk, evidence from major trials including SPRINT and STEP indicates that although intensive BP control increases the incidence of OH, it does not lead to worse cardiovascular outcomes. Similarly, the AASK trial showed no increased OH-related risk with intensive BP goals in CKD patients, though beta-blockers such as metoprolol were associated with a higher incidence of OH. These findings suggest a distinction between transient, treatment-induced OH—which appears clinically benign—and persistent, pathological OH driven by disease. Therefore, OH should not deter clinicians from pursuing lower BP targets, particularly when managed with careful monitoring, individualized therapy, and patient education. In conclusion, while OH is a meaningful clinical sign, its presence—especially when transient and asymptomatic—should not outweigh the well-established benefits of intensive BP control in reducing long-term cardiovascular risk.

Keywords: orthostatic hypotension, blood pressure, mortality, chronic kidney disease, cardiovascular