Author Year; Country Score Research Design Sample Size	Methods	Outcome
Vaidyanathan et al. 1998; UK Pre-post N=24	Population: 18 adults with tetraplegia (17 male, 1 female), 3 children with ventilator-dependent tetraplegia and 3 adult males with paraplegia. All had AD in the absence of an acute factor. Treatment: Administration of Terazosin with starting dose of 1 mg (adults) or 0.5 mg (children). Step-wise increments of these doses were given at 3-4 day intervals. Outcome Measures: drug-induced hypotension, adverse effects, AD symptoms.	 The AD symptoms subsided completely with the Terazosin therapy in all the patients. Adult patients required a dose between 1-10 mg and children required between 1-2 mg. The side effects of postural hypotension and drowsiness were transient and mild. One tetraplegic patient developed persistent dizziness and therapy was discontinued.
Chancellor et al. 1994; USA Pre-post N=21	Population: 21 subjects with complete SCI; injury level C3-T5. Treatment: Terazosin administration. Outcome Measures: blood pressure and autonomic dysreflexia frequency and severity scores	 Decrease in the AD severity score from baseline at one week, 1 month and 3 months. Degree of muscle spasm and degree of headache did not improve. Decrease in the frequency of AD at 1-week follow-up and was maintained at 1 and 3 months. 4. SBP did not statistically change after 3 months of Terazosin.
Swierzewski et al. 1994; USA Pre-post N=12	Population: 6 subjects with paraplegia, 6 with quadriplegia. Treatment: nightly Terazosin administration for 4 weeks (5 mg starting dose). Outcome Measures: physical examination, cystoscopy, AD symptoms.	 Detrusor compliance improved in all patients during the treatment phase. Change in bladder pressure and safe bladder volume were statistically and clinically significant. Terazosine abolished AD in 3 patients and decreased the incidence and the severity of symptoms in 1 patient.