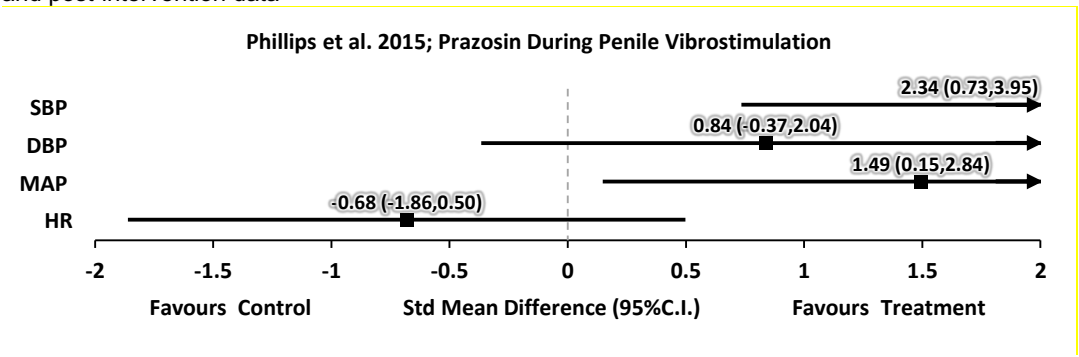
Author Year; Country Score Research Design Sample Size	Methods	Outcome
Phillips et al. 2015 Canada PEDro = 9 RCT N= 6	**Population**: N = 6 males with complete, chronic SCI above T6 Mean (SD) age: 36.7 (4.8) years Mean (SD) time since injury: 139 (47.3) months ASIA A=3; ASIA B=1; ASIA D=2 Cause of SCI: MVA=3; Athletics=2; Fall=1 **Treatment**: Subjects had 2 penile vibrostimulation (PVS) trials; one with prazosin, other with a placebo (sugar capsule) **Outcome Measures:** Cardiovascular parameters (HR and continuous beat-to-beat BP)	1. All patients experienced AD during PVS regardless of treatment: BP increased in all patients but HR did not change 2. On average, systolic BP was 44 mm Hg lower when prazosin was administered. 3. SBP increased an average of 140 +/- 19 mm Hg with placebo, and increased only 96 +/- 14 mm Hg with prazosin 4. Of the six participants, five had a mitigation of SBP increases when treated with prazosin compared to placebo (the remaining subject had no change in BP response) 5. Prazosin had no effect on resting BP
	Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%C.I.) as calculated from pre- and post-intervention data 	
Krum et al. 1992; Australia PEDro=9 RCT N=15	**Population:** Level of injury: T6 or above, at least 2 episodes of AD in last 7 days. **Treatment:** double-blind, randomized to Prazosin 3 mg bid. (n=8) or placebo (n=7) for 2 weeks. **Outcome Measures**: frequency and severity of AD, blood pressure.	1. Prazosin was well tolerated and did not significantly lower resting BP. Compared to baseline, the Prazosin group had fewer severe episodes of AD (reduced rise in BP, shorter symptom duration and less need for acute antihypertensive medication). 2. The severity of headache during individual AD episodes was also diminished with Prazosin therapy.