

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Frisbie 2004; USA Observational N=4	<p>Population: Chronic cervical complete tetraplegia; AIS A</p> <p>Treatment: Evaluation of urinary salt and water output in relation to prescribed dosage of ephedrine (doses range from 0 to 100 mg daily)</p> <p>Outcome Measures: Severity of OH, urinary output.</p>	<ol style="list-style-type: none"> 1. With decreasing ephedrine dose (and OH severity), there was a mean increase in daily output of urine sodium (from 50 to 181 mEq), water (from 1.5 to 5.3 L), rate of creatinine secretion sodium concentrations, and rates of water excretion, and a decrease in urine osmolality.
Frisbie & Steele 1997; USA Observational N=231	<p>Population: SCI; Ephedrine (medically treated for OH) group: mean(SD) age 57(15) yrs, mean(SD) duration of paralysis 26(15) yrs; No ephedrine group: mean(SD) age 51(15.2) yrs, mean(SD) YPI 22(13.5).</p> <p>Treatment: Retrospective chart review of use of ephedrine (n=30), sodium/salt supplementation (n=6), fludrocortisone (n=3) or physical therapy.</p> <p>Outcome Measures: OH symptoms, serum sodium and urine osmolality.</p>	<ol style="list-style-type: none"> 1. 3/4 patients on ephedrine who started sodium/salt supplementation with meals became independent of ephedrine use. 2. Symptoms of OH were reduced consciousness (100% of subjects), strength (75%), vision (56%) and breathe (53%). Precipitating factors were hot weather (77%) bowel care (33%) and meals (30%). 3. Low blood sodium found in 54% of the ephedrine (OH) patients and 16% of those without.
Muneta et al. 1992; Japan Case report N=1	<p>Population: 72-year old woman with non-traumatic SCI and paroxysmal hypotension.</p> <p>Treatment: Several weeks of salt/sodium supplement (7 then 15 g/day) was followed by L-threo-3,4-dihydroxyphenylserine (100 mg up to 600 mg/day).</p> <p>Outcome Measures: Blood pressure, catecholamines (epinephrine & non-epinephrine), plasma renin activity.</p>	<ol style="list-style-type: none"> 1. After sodium supplement, a marked increase in BP and norepinephrine were observed in response to sitting, along with a decrease in basal plasma renin activity. 2. Addition of L-threo-3,4-dihydroxyphenylserine for 2 weeks, showed elevation in catecholamines about 5 and 10 times without an apparent increase in resting BP level. 3. Significant improvement in the symptoms of the paroxysmal hypotension and patient able to participate in rehabilitation program.