Author Year; Country Score Research Design Sample Size	Methods	Outcome
<u>Thyberg et al.</u> <u>1994</u> Sweden Pre-post Level 4 N=10	 Population: 10 individuals with cervical or high thoracic SCI. Treatment: 10 mg nifedipine sublingually during cystometry. Outcome Measures: blood pressure and heart rate. 	 Participants demonstrated decreased maximum SBP and DBP after the administration of nifedipine. Maximum SBP decreased from 147 mmHg to 118 mmHg. The decrease in BP was due to a decrease in baseline pressure and BP response during cystometry.
<u>Kabalin et al.</u> <u>1993</u> USA Case series Level 4 N=20	Population: 10 individuals with tetraplegia, 10 with paraplegia. Treatment: 10-30 mg nifedipine sublingually during Extracorporal shock wave lithotripsy (ESWL) for kidney stone treatment. Outcome Measures: electrocardiogram, blood pressure, pulse rate, peripheral oxygen saturation.	 All but one participant with SCI demonstrated AD during ESWL with maximal increase in systolic BP of 74 mmHg. Nifedipine was administered sublingually and controlled BP elevation. For severe, acute increases in BP, ESWL stimulation was momentarily discontinued until pharmacological control of the BP was achieved, after which treatment was continued.
Steinberger et al. 1990 USA Prospective controlled trial Level 2 N=10	 Population: All participants with injury levels above T5; mean 9 years post-injury (range 3-21 years). Treatment: 10-30 mg nifedipine sublingually 15 min prior to electroejaculation or no nifedipine. Outcome Measures: blood pressure, voltage and current delivered during electroejaculation. 	 In 9/10 participants, blood pressures were markedly lower after nifedipine pretreatment. Compared with no treatment, SBP during electroejaculation was lower with nifedipine pretreatment (168 mmHg vs. 196 mmHg). In 9/10 participants, tolerance to electrical stimulation was ≥ post nifedipine pretreatment.

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Dykstra et al. <u>1987</u> USA Pre-post Level 4 N=7	Population: Individuals with complete, cervical injuries. Treatment: 10 mg nifedipine during cystosopy procedure. Outcome measures: blood pressure, presence of AD.	 Nifedipine alleviated AD when given sublingually during cystoscopy and prevented autonomic hyperreflexia when given orally 30 minutes before cystoscopy. No adverse drug effects were observed.
Lindan et al. <u>1985</u> USA Prospective controlled trial Level 2 N=12	Population: 12 individuals with tetraplegia. Treatment : phenoxybenzamine (10mg bid) versus nifedipine (20mg bid) administration at least 4 days prior cystometry. 11 patients were also tested for the efficacy of 10 mg nifedipine (sublingually or by mouth) for controlling AD symptoms. Outcome Measures: blood pressure.	 Neither drug prevented AD secondary to bladder filling, and a significant number of patients developed hypotension. Sublingual dose of nifedipine (10 mg) was effective in managing acute attacks of AD.