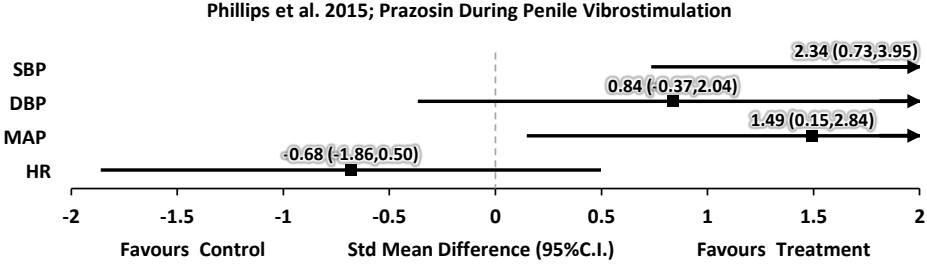


<b>Author Year</b> <b>Country</b> <b>Score</b> <b>Research Design</b> <b>Sample Size</b>	<b>Methods</b>	<b>Outcome</b>															
<p><a href="#">Phillips et al. 2015</a></p> <p>Canada PEDro = 9 RCT Level 1 N= 6</p>	<p><b>Population:</b> N=6 males with complete, chronic SCI above T6 Mean (SD) age: 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</p> <p><b>Treatment:</b> Participants had 2 penile vibrostimulation (PVS) trials; one with prazosin, other with a placebo (sugar capsule)</p> <p><b>Outcome Measures:</b> Cardiovascular parameters (HR and continuous beat-to-beat BP)</p> <p><b>Effect Sizes:</b> Forest plot of standardized mean differences (SMD <math>\pm</math> 95%C.I.) as calculated from pre- and post-intervention data</p> <p>Phillips et al. 2015; Prazosin During Penile Vibrostimulation</p>  <table border="1"> <caption>Forest Plot Data</caption> <thead> <tr> <th>Parameter</th> <th>SMD</th> <th>95% C.I.</th> </tr> </thead> <tbody> <tr> <td>SBP</td> <td>2.34</td> <td>(0.73, 3.95)</td> </tr> <tr> <td>DBP</td> <td>0.84</td> <td>(-0.37, 2.04)</td> </tr> <tr> <td>MAP</td> <td>1.49</td> <td>(0.15, 2.84)</td> </tr> <tr> <td>HR</td> <td>-0.68</td> <td>(-1.86, 0.50)</td> </tr> </tbody> </table>	Parameter	SMD	95% C.I.	SBP	2.34	(0.73, 3.95)	DBP	0.84	(-0.37, 2.04)	MAP	1.49	(0.15, 2.84)	HR	-0.68	(-1.86, 0.50)	<ol style="list-style-type: none"> <li>1. All participants experienced AD during PVS regardless of treatment: BP increased in all patients but HR did not change</li> <li>2. On average, systolic BP was 44 mm Hg lower when prazosin was administered.</li> <li>3. SBP increased an average of 140 +/- 19 mm Hg with placebo, and increased only 96 +/- 14 mm Hg with prazosin</li> <li>4. Of the six participants, five had a mitigation of SBP increases when treated with prazosin compared to placebo (the remaining participant had no change in BP response)</li> <li>5. Prazosin had no effect on resting BP</li> </ol>
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<p><a href="#">Krum et al. 1992</a></p> <p>Australia PEDro=9 RCT</p>	<p><b>Population:</b> Level of injury: T6 or above, at least 2 episodes of AD in last 7 days.</p> <p><b>Treatment:</b> double-blind, randomized to Prazosin 3 mg</p>	<ol style="list-style-type: none"> <li>1. Prazosin was well tolerated and did not significantly lower resting BP. Compared to baseline, the Prazosin group had fewer severe</li> </ol>															

Level 1 N=15	<p>bid. (n=8) or placebo (n=7) for 2 weeks.</p> <p><b>Outcome Measures:</b> frequency and severity of AD, blood pressure.</p>	<p>episodes of AD (reduced rise in BP, shorter symptom duration and less need for acute antihypertensive medication).</p> <p>2. The severity of headache during individual AD episodes was also diminished with Prazosin therapy.</p>
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