

<b>Author Year; Country Score Research Design Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p><a href="#">Lindan et al.</a> <a href="#">1985</a> USA Pre-post Level 4 N=12</p>	<p><b>Population:</b> 12 participants with tetraplegia <b>Treatment:</b> phenoxybenzamine (10 mg bid) and nifedipine (20 mg bid) for 4 days prior cystometry <b>Outcome Measures:</b> blood pressure during cystometry.</p>	<ol style="list-style-type: none"> <li>1. Neither drug effectively prevented AD secondary to bladder filling and a significant number of patients developed troublesome hypotension.</li> <li>2. Sublingual dose of nifedipine (10 mg) was effective in managing acute attacks of AD.</li> </ol>
<p><a href="#">McGuire et al.</a> <a href="#">1976</a> USA Case series Level 4 N=9</p>	<p><b>Population:</b> 9 individuals with SCI and severe AD. <b>Treatment:</b> 6 patients treated daily with phenoxybenzamine (alpha-sympatholytic agent) in doses ranging from 10 to 20 mg. <b>Outcome Measures:</b> blood, bladder and urethral pressures.</p>	<ol style="list-style-type: none"> <li>1. Hypertension, headache and anxiety of AD could no longer be provoked with bladder filling but sweating continued to occur.</li> <li>2. Mean resting urethral pressure (based on 30 cc bladder volume) decreased after treatment with phenoxybenzamine from 40.6 to 34.0.</li> <li>3. Mean maximum urethral pressure change with filling decreased after the treatment from +20cmH<sub>2</sub>O to -30cmH<sub>2</sub>O.</li> </ol>