

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
<p>Frisbie & Steele 1997</p> <p>USA</p> <p>Retrospective chart review and survey</p> <p>Level 3/5</p> <p>N=231</p>	<p>Population: SCI; Ephedrine (medically treated for OH) group: mean(SD) age 57(15) years, mean(SD) duration of paralysis 26(15) years; No ephedrine group: mean(SD) age 51(15.2) years, 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 participants), 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.
<p>Frisbie, 2004</p> <p>USA</p> <p>Case series</p> <p>Level 4</p> <p>N=4</p>	<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.