

# Low blood pressure — fact or fiction?

By Dr Seymour Dubb

**I**t is fairly common to be told by a new patient that they suffer from low blood pressure. The diagnosis had been made when the patient had consulted a doctor because of lack of energy, fatigue and other such symptoms. The patient is, in my experience, usually a female in her twenties or early thirties.

After taking a history and examining the patient one finds a blood pressure in the neighbourhood of, say 100/60, that is, a low normal level, which doesn't drop when the patient has been standing for a few minutes.

The history will reveal that the patient has psychological problems as the cause of her fatigue.

In T R Harrison's text book "The principles of Internal Medicine," he writes "low blood pressure is not a disease but a manifestation." Frequently it is a manifestation of good health rather than of a pathological process.

In a person without symptoms the discovery of a blood pressure of, say 100/60 calls for no treatment other than congratulations.

When the patient complains of nervousness, fatigueability and systolic blood pressure is about 100, this is no occasion for concern or treatment. Nine out of ten of these patients have some emotional disorder, and this, rather than the

hypotension should be treated."

Of course this doesn't mean that low blood pressure never causes symptoms. It can rarely be a manifestation of disease. To mention a few causes, there is cardiac failure, prolonged recumbancy, Addison's Disease, anti-hypertensive drugs and so on. But there is an obvious cause for the problem.

There is, however a rare and very disabling condition associated with very marked orthostatic hypotension as a result of chronic autonomic failure. When the person stands, blood pools in the extremities, there is a fall in central venous pressure, cardiac output, and arterial pressure.

Normally these changes are counteracted reflexes which will maintain a normal blood pressure. Not so in autonomic failure, where the blood pressure drops precipitously and the patient cannot remain standing.

There have been a variety of treatments recommended but all have many drawbacks and are not very effective, except it seems for a recently described treatment from Holland.

Writing in the British Medical Journal <sup>1</sup> AJ Man in 't Veld and M A D H Schalekamp, professor of medicine at Erasmus University, Rotterdam describe three patients who were bedridden with this condition.

The youngest was a woman of 25 years with acute autonomic neuropathy of unknown cause. The other two patients had amyloidosis, one primary, the other secondary to multiple myelomatosis.

The authors elected to treat these patients with pindolol (Visken) a Beta-blocker with appreciable intrinsic sympathomimetic activity.

The results were dramatic. After one day's treatment with 15mg pindolol a day the patients were able to walk, and symptoms of orthostatic hypotension were absent. The authors state that the beneficial effects of pindolol did not wear off during follow up.

Following on this report a case was recently treated in a local hospital with the same good result.

These cases are, of course, rare and bear no relation to the young lady with a standing blood pressure of 100/60. One must resist the temptation of taking the easy way out by attributing the patients symptoms to "low blood pressure" and prescribing some medication for its treatment.

One must look elsewhere for the patient's illness, which as Harrison says in nine times out of ten will be due to a psychological disturbance. □

## **Bibliography.**

*1 Man in 't Veld, A.J. Schalekamp M A D H : Br. Med. J (1981) : 282, 929.*