# Dysautonomia in individuals undergoing Hypertension treatment

It is well known that dysautonomia is associated with low blood pressure; however, many physicians are unaware that it can also occur in individuals who are being treated for hypertension (high blood pressure). Dysautonomia often goes undiagnosed, as cardiologists frequently focus exclusively on high blood pressure. It is crucial to diagnose this condition in young people, to prevent potential brain damage; a lack of oxygen to the brain causes damage that, in adults, is irreversible. This can lead to memory loss—specifically regarding recent events—and difficulty concentrating.

Dysautonomia is characterized by chronic fatigue, which may persist for years. Affected individuals often have cold intolerance, low blood pressure, experience headaches and dizziness, and may occasionally faint. While fainting (syncope) is possible, it is more common for individuals to have experienced it only a few times—or not at all. In some cases, however, fainting may be recurrent. More frequently, patients experience "near-fainting" episodes (presyncope) on a weekly basis. Often, these individuals also exhibit joint hyperlaxity and audible joint cracking—signs suggestive of Ehlers-Danlos syndrome, a disorder of the collagenous tissue. Because collagen provides structural integrity to tissues throughout the body, its dysfunction can manifest in a wide variety of symptoms. Collagen is a component of vein walls; when these walls dilate, because of weak collagen, blood pressure drops, resulting in reduced oxygen delivery to the brain. This gives rise to the hallmark symptoms of dysautonomia: chronic fatigue, headaches, dizziness, and near-fainting episodes. A common indicator is feeling dizzy, upon standing up suddenly—a classic sign of low blood pressure, that should raise suspicion of dysautonomia. While it can affect individuals of any age and either gender, it is more prevalent in women. Taking collagen is ineffective, but Folic acid appears to be helpful. I recommend that both men and women take a folic acid tablet daily, for life. The diagnosis of dysautonomia is clinical. Cardiologists sometimes request a Tilt-Table test to confirm a diagnosis of dysautonomia; however, this test is

dangerous, as it can trigger severe arrhythmias—potentially even cardiac arrest. For this reason, I do not order it, and I believe it is contraindicated. Furthermore, theTilt-Table test can yield false-negative results; therefore, a negative test does not rule out a diagnosis of dysautonomia.

Over time, patients with dysautonomia often develop arterial hypertension. This can lead to a reduction in dysautonomic symptoms, but it also creates a challenging phase for treatment: on some days, the patient may experience high blood pressure, while on others, they may have low blood pressure , accompanied by dysautonomic symptoms. I suggest that patients check their blood pressure every morning. If it is high, they should take their prescribed blood pressure medication. If it is low—below 120/80—they should skip the medication and instead follow general dysautonomia management measures: consuming 6 grams of salt and approximately two liters of fluids throughout the day; drinking an electrolyte-replenishing beverage (such as Gatorade, Powerade, Zuko Go (in powdered form), or a similar product; increasing physical activity; and wearing compression stockings.

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