Who receives a diagnosis of orthostatic hypotension and is it underdiagnosed in frailty?

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Background

- Orthostatic hypotension (OH) , a sustained reduction in blood pressure (SBP >= 20mmHg /DBP >= 10mmHg) within three minutes of standing, may be under-diagnosed.

Research Questions

- What is the incidence of OH diagnosis across primary and secondary care and within high risks groups?
- What proportion of patients are diagnosed with OH due to a fall ?

Methods

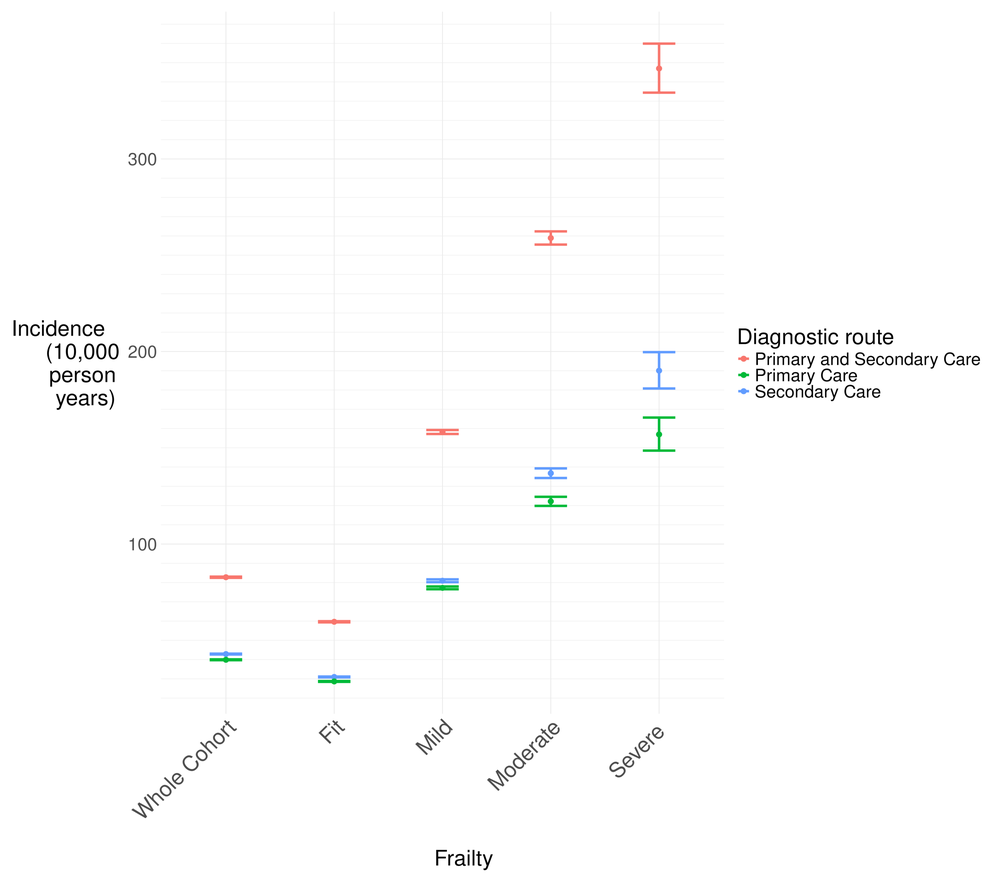
Data: UK primary care data (CPRD) + linked hospital admissions (HES)

Cohort: adults aged > 60 with no prior OH diagnosis
Entry date: 01/01/2013
Exit date: First OH diagnosis/Death /deregistration from CPRD/01/01/2023
N = 4,485,732

OH diagnosis:
HES: ICD9/ICD10 codes, Read codes, Blood pressure measurements (primary care)

Cohort characteristics:
Parkinson's Disease, Dementia, Heart failure, Hypertension, Type 2 Diabetes
Frailty: Electronic Frailty index, requiring care, housebound
Falls : At diagnosis = +/- 1 month from OH diagnosis

Results



OH incidence was 87.24 (86.76- 87.72) in males and 79.09 (78.68-79.50) in females per 10,000 person years.
33% of patients diagnosed with OH in secondary care had a fall at time of diagnosis, 9% of patients diagnosed with OH in primary care had a fall at time of diagnosis.

Key finding:
Patients who are more frail are more likely to be diagnosed with Orthostatic Hypotension in secondary care