Hartlepool and Stockton-on-Tees Clinical Commissioning Group

South Tees Clinical Commissioning Group

South Tees Hospitals NHS NHS Trust

Shared care guidelines

Drug	MIDODRINE
Specialty	NEUROLOGY/CARDIOLOGY
Indication	IDIOPATHIC ORTHOSTATIC HYPOTENSION/NEUROGENIC SYNCOPE/VASODEPRESSOR VASOVAGAL SYNCOPE
Overview	Midodrine is a direct alpha-sympathomimetic used to treat idiopathic orthostatic hypotension (IOH) and vasopressor vasovagal syncope and has shown to be useful in neurogenic syncope (NS) and postural orthostatic tachycardia syndrome (POTS). The main side effect of concern is supine hypertension.

Hospital specialist's responsibilities

Initial regimen:	2.5mg two to three times daily. Dose should be increased at weekly intervals in small increments until an optimal response is obtained or side effects are limiting. Maximum daily dose is 30 mg. The last dose should be taken at least 4 hours before bedtime.
Clinical monitoring: Frequency:	For effectiveness (improvement in ADLs) and adverse effects Variable at onset, every 3 to 12 months when stable, urgent as required
Safety monitoring:	BP (supine and standing); weekly during titration then at clinic visits Baseline renal and liver function
Prescribing details:	Hospital initiated. Transferred to GP once stabilised.
Documentation:	Clinic letters and results to GP. Patient information leaflet.

GP's responsibilities

Maintenance:	Orthostatic hypotension - 2.5mg twice daily to 10mg three times daily. Neurogenic syncope - usually 5mg three times daily.
Clinical monitoring: Frequency:	For adverse effects and routine care As required for routine care and in response to patient symptoms
Safety monitoring:	BP (supine and standing) 3 monthly or with symptoms (chest pain, palpitations, headache, blurred vision)
Treatment duration:	Long-term as recommended by specialist
Documentation:	Practice records. Correspondence with specialist as required.

Adverse events

Adverse Event	Action required
Supine systolic BP > 200 mmHg or standing systolic BP > 160 mmHg	Withhold and discuss with specialist. Dose reduction may be required.
Supine systolic BP between 160 and 200 mmHg	Discuss with specialist.
Urinary retention	Withhold and discuss with specialist

Other information

Midodrine is licensed in the UK (Bramox – Midodrine 5mg tablet; MA holder – Brancaster Pharma)
It is contraindicated in patients with severe organic heart disease, hypertension, urinary retention, phaeochromocytoma, thyrotoxicosis and glaucoma.
The concomitant use of midodrine with vasoconstrictor, sympathomimetic pressor agents e.g. decongestants, some appetite suppressants and other drugs such as reserpine, guanethidine, methyldopa, tricyclic antidepressants, antihistamines, thyroid hormones, MAO-inhibitors including over-the-counter remedies should be avoided.
There is little data regarding the use of midodrine in pregnancy. Women of childbearing age should be advised to use effective methods of contraception. In pregnant women, the benefit of use against the potential risk to the foetus should be taken into account. Breastfeeding should be avoided. Up-to-date advice can be obtained from the UK Teratology information Service (0844 892 0909).

Contact details

Name	Dr M Osei-Bonsu, Consultant Neurologist/ Dr N Linker Consultant Cardiologist
Address	Neurosciences & Cardiothoracics JCUH
Telephone	01642 854164 (Dr Osei-Bonsu) 01642 852412 (Dr Linker)

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