**Summary of OH Results for ARIC Participants and their Physicians**

**Participant’s name:** First Last **Birth Date:** MM/DD/YYYY

**Date of visit to the ARIC field center:** MM/DD/YYYY **ID:** XXXXXXX

Thank you for participating in an orthostatic hypotension assessment during your ARIC clinic visit. This was the test where you had your blood pressure measured several times while laying down, then while standing. Orthostatic hypotension is associated with dizziness, falls, dementia, and cardiovascular disease. Your participation will help us understand this condition in older adults.

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| **Your ARIC Results** |  |
| Date | mm/dd/yyyy |
| Average **supine** blood pressure (systolic/diastolic) | SBP/DBP mmHg |
| Average **standing** blood pressure (systolic/diastolic) | SBP/DBP mmHg |
| Change in blood pressure (average standing minus average supine)  Systolic  Diastolic | Diff SBP  Diff DBP |
| Interpretation of changes in blood pressure after standing | If |Diff SBP| >= 20 or |Diff DBP >= 10|, then “These changes in blood pressure are consistent with orthostatic hypotension. Please discuss with your primary care practitioner.”;  Else “These changes in blood pressure are within normal limits.” |

*Definition of Orthostatic Hypotension*

A drop in systolic blood pressure of at least 20 mm Hg or a drop in diastolic blood pressure of at least 10 mm Hg

***THANK YOU FOR YOUR PARTICIPATION IN ARIC.***