

HYPOSTED

Midodrine Hydrochloride 2.5 mg and 5 mg Tablets

Rise Up to
Normalcy



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Midodrine is safe and effective treatment for dialysis induced Hypotension

A Systematic Review

Total Studies Included: 10

Types of Clinical Studies Included: Prospective and retrospective observational studies, pre- and post-intervention design, and randomized controlled trials including crossover.

Total Patients: 117

Inclusion Criteria: Symptoms of dizziness, blurred vision, nausea, vomiting, fatigue along with a blood pressure <100/60 mmHg; systolic blood pressure <100 mmHg or decreased by 20 mmHg; or a decrease of 25%.

Dose: 2.5 mg to 10 mg of midodrine given 15–30 min before dialysis.

Results:

Outcomes of post-dialysis and nadir blood pressure (comparing midodrine with control)

Outcome	Mean difference (mmHg)	p-value
Post SBP	12.4	<0.0001
Post DBP	7.3	0.0001
Nadir SBP	13.3	<0.0001
Nadir DBP	5.9	0.0004

- Post-dialysis systolic blood pressure was higher by 12.4 mmHg and diastolic blood pressure was higher by 7.3 mmHg during Midodrine Treatment vs Control.
- The nadir systolic blood pressure was higher by 13.3 mmHg with a difference in nadir diastolic pressure of 5.9 mmHg.
- There were no reported serious adverse events ascribed to midodrine.

SBP – Systolic Blood Pressure | DBP – Diastolic Blood Pressure | Nadir – lowest value of blood pressure

Midodrine has a role in the therapy of hemodialysis patients experiencing Intradialytic Hypotension (IDH).



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Midodrine Hydrochloride in Patients on Hemodialysis with Chronic Hypotension

Total Patients: 10 uremic patients on maintenance hemodialysis with SBP less than 100 mmHg predialysis for at least 3 months and further declining blood pressure during hemodialysis.

Duration: 4 weeks

Dose: 2.5 mg twice on the dialytic day, 1.25 mg twice on the nondialytic day.

End Points: Blood Pressure evaluation was performed before and after each hemodialysis session after beginning midodrine administration.

Results:

Blood Pressure Change: Premidodrine and Postmidodrine Treatment:

Parameters	Premidodrine	Postmidodrine	p-value
<i>Pre-hemodialysis Status</i>			
Blood pressure (mmHg)			
Systolic BP (mmHg)	73.0 ± 10.5	90.5 ± 12.3	0.006
Diastolic BP (mmHg)	44.0 ± 8.4	55.4 ± 7.9	0.01
Mean arterial pressure (mmHg)	53.7 ± 8.5	67.1 ± 8.8	0.006
<i>Post-hemodialysis Status</i>			
Blood pressure (mmHg)			
Systolic BP (mmHg)	64.9 ± 9.4	81.5 ± 12.6	0.007
Diastolic BP (mmHg)	32.6 ± 7.0	50.2 ± 11.3	0.001
Mean arterial pressure (mmHg)	45.4 ± 7.5	60.6 ± 11.0	0.004

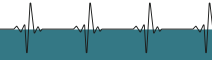
- The average systolic pressure prior to hemodialysis was 73.0 ± 10.5 mmHg before administration of midodrine and increased to 90.5 ± 12.3 mmHg after administration. The average of diastolic pressure increased from 44.0 ± 8.4 mmHg to 55.4 ± 7.9 mmHg before hemodialysis also.
- Orthostasis, dizziness, fatigue, blurred vision, dullness, headache, and depression improved by an average of 62%.

Midodrine hydrochloride is safe, effective and well tolerated treatment for uremic patients on hemodialysis with chronic hypotension.

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Background:

Intradialytic hypotension (IDH) is a frequent and serious complication of chronic hemodialysis, linked to adverse long-term outcomes including increased cardiovascular and all-cause mortality. IDH is the end result of the interaction between ultrafiltration rate (UFR), cardiac output and arteriolar tone.

IDH Definition & Prevalence:

Intradialytic hypotension (IDH) is defined as a decrease in systolic blood pressure by ≥ 20 mm Hg or a decrease in MAP by 10 mm Hg associated with symptoms. It is one of the most frequent complications of hemodialysis with an estimated prevalence of 20–50 %.

Description:

HYPOSTED contains Midodrine Hydrochloride which is an Antihypotensive drug. Midodrine is a prodrug that, following absorption, is metabolized to desglymidodrine, an $\alpha 1$ -adrenoreceptor agonist.

HYPOSTED is Available in 2 Strengths: **HYPOSTED-2.5** (Midodrine 2.5 mg) and **HYPOSTED-5** (Midodrine 5 mg) Tablet.

Indication:

HYPOSTED is indicated for the treatment of symptomatic orthostatic hypotension (OH).

Mechanism of Action:

Midodrine forms an active metabolite, desglymidodrine, that is an alpha 1-agonist and exerts its actions via activation of the alpha-adrenergic receptors of the arteriolar and venous vasculature, producing an increase in vascular tone and elevation of blood pressure.

Dosage:

2.5 mg – 10 mg orally or as prescribed by the doctor.

Benefits:

- Rapid Onset of Action
- 62% Improvement in Symptoms Associated with Hypotension
- Ideal Choice for patients who respond poorly to other conventional management

MAP – Mean Arterial Pressure
HD – Hemodialysis

References:
1.Clinical Kidney Journal, 2020, vol. 13, no. 6, 981–993
2.BMC Nephrology (2016) 17:21



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Information

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