

Troubleshooting Autonomic Dysreflexia (AD)

What is Autonomic Dysreflexia?

Autonomic dysreflexia (AD), also called autonomic hyperreflexia is a condition that may occur in people with a spinal cord injury. Doctors believe it happens when nerve signals that start below the level of the spinal injury over-stimulate the autonomic (involuntary) nervous system and trigger a dangerous increase in blood pressure. **AD can become life threatening** if the condition is not addressed quickly and properly.



How do I know if I have Autonomic Dysreflexia?

- In adults, systolic blood pressures (upper number) 20mmHg or more (points) above your normal will be considered autonomic dysreflexia.
- If you are age 15 years or younger, a change of just 15mg in your upper number of blood pressure indicates autonomic dysreflexia.

What are the causes of autonomic dysreflexia?

The most common causes of autonomic dysreflexia in patients with spinal cord injury are problems in the bladder and bowel. Listed below are some specific conditions that may cause AD:

Bladder:

- Overfilled bladder (distention)
- Urinary tract infection
- Stones in the bladder or kidney

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- A blocked, clamped or twisted catheter that is not working properly

Bowel:

- Constipation
- Hemorrhoids
- Anal Fissure - a tear in the lining of the lower rectum (anus)
- Fecal impaction, doing manual disimpaction (including digital stimulation)

Skin:

- Wearing tight or restrictive clothes
- Pressure sores
- Blisters
- Skin infections or irritation, cuts, bruises or abrasions
- Burns
- Ingrown toe nails

Other:

- Menstruation (having a period)
- Sexual stimulation
- Scrotal compression (male)
- Childbirth
- New trauma or injury such as fractures, tendinitis etc.

What will I feel if I have autonomic dysreflexia?

- Throbbing headache
- Profuse (excessive) sweating
- Nasal stuffiness, shortness of breath
- Blurred vision
- Slowing heart rate
- Apprehension with or without anxiety
- Flushing (redness) of the skin, above the level of your injury.

What actions should I take to correct autonomic dysreflexia?

1. Sit up and raise your head to 90 degrees, and if you are able to lower your legs do so
2. Loosen or remove anything that is tight
 - Clothes
 - Abdominal binders/compression stockings
 - Shoes
 - Leg straps/leg braces
 - Unclamp or untwist any catheters
 - Scrotal binders support
3. Do pressure relief or change positioning in the wheelchair or the bed
4. If you use a straight catheter so intermittent catheterization. If you use a foley catheter ensure catheter tubing is not twisted and draining well
5. If constipated, do a bowel program
6. Examine extremities for signs of trauma - bruising, redness, warmth
7. If in sexual act, stop
8. **If you are alone, call a friend** to make them aware of the possible emergency situation
9. If you received a prescription for urgent treatment of high-blood-pressure ahead of time, follow the directions on this script.
10. If you are able, recheck blood pressure every 5 minutes until feeling better

When should I seek emergency care?

Go to the nearest emergency if:

- The action steps listed above did help to decrease the blood pressure below 140 mmHg systolic within 30 minutes
- If you have any of the following:
 - a persistent severe headache

- blurring of vision
- confusion
- change in speech
- loss of consciousness

Disclaimer: This document is for informational purposes only and is not intended to take the place of the care and attention of your personal physician or other professional medical services. Talk with your doctor if you have Questions about individual health concerns or specific treatment options.

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