

**South East London Integrated Medicines Optimisation Committee  
Formulary recommendation**

<b>Reference</b>	<b>167</b>
<b>Intervention:</b>	<b>Pyridostigmine 60mg tablets for the treatment of Orthostatic Hypotension (OH) in adults</b> (Pyridostigmine is an anticholinergic that acts by prolonging the action of acetylcholine by inhibiting the action of the enzyme acetylcholinesterase.)
<b>Date of Decision</b>	<b>February 2026</b>
<b>Date of Issue:</b>	<b>March 2026</b>
<b>Recommendation:</b>	<b>Amber 3 – initiation and first 3 months supplied by the initiating specialist team</b>
<b>Further Information:</b>	<ul style="list-style-type: none"> <li>• Orthostatic Hypotension (OH) is defined as a drop in blood pressure of <math>\geq 20</math> mmHg for systolic blood pressure or 10 mmHg for diastolic blood pressure within 3 minutes of standing or during a head-up tilt test to at least 60°, or a decrease in systolic blood pressure to <math>&lt; 90</math> mmHg that reproduces spontaneous symptoms.</li> <li>• Pyridostigmine 60mg tablets are accepted for use in SEL for the treatment of OH in adults and must be initiated by a specialist in one of the following specialties: Parkinson's disease, ortho-geriatrics or elderly care.</li> <li>• Pyridostigmine may be considered in patients with orthostatic hypotension, who have:             <ul style="list-style-type: none"> <li>- Failed treatment with fludrocortisone* (first line treatment) or have a contraindication to fludrocortisone (for example congestive heart failure or fluid overload)</li> <li>- Failed treatment with midodrine (second line treatment) or have a contraindication to midodrine (for example supine hypertension)</li> <li>- In addition to either or both of the above treatments if satisfactory response has not been achieved or dose is limited for example by supine hypertension</li> </ul> </li> <li>• The use of pyridostigmine in this setting is <b>off-label**</b>. The off-label nature should be explained to the patient/carer and informed consent gained.</li> <li>• In line with the <a href="#">transfer of prescribing responsibility guidance</a>, the specialist clinic will supply and titrate treatment over the first 3 months. Specific details on consultant and GP responsibilities can be found in the <a href="#">transfer of prescribing responsibility guidance</a>.</li> <li>• Patients should be followed up by the initiating specialist team or in the falls clinic during the initial 3 month period. Ongoing review and monitoring should be carried out in line with the consultant and GP responsibilities outlined in the <a href="#">transfer of prescribing guidance</a>.</li> <li>• Treatment with pyridostigmine should be stopped if there is no benefit from treatment (for example, the patient remains bedbound or worsening mobility in Parkinson's disease).</li> </ul> <p>* Note: A formulary update is pending for fludrocortisone, although use of fludrocortisone in this setting is recognised as established practice. ** Pyridostigmine is licensed for the treatment of myasthenia gravis, paralytic ileus and post-operative urinary retention.</p>
<b>Shared Care/ Transfer of care required:</b>	Yes, <a href="#">transfer of prescribing</a> process to be followed.
<b>Cost Impact for agreed patient group</b>	<ul style="list-style-type: none"> <li>• It is estimated that approximately 12 patients per annum in SEL may be eligible for treatment with pyridostigmine in this setting across the different specialties. Assuming all 12 patients are titrated up to the maximum dose of 60mg TDS, the estimated cost impact for SEL is negligible.</li> </ul>
<b>Usage Monitoring &amp; Impact Assessment</b>	<b>Acute Trusts:</b> Monitor use and submit usage data and audit/outcome reports upon request to the Committee.

	<p><b>SEL Borough Medicines Teams:</b></p> <ul style="list-style-type: none"> <li>• Monitor ePACT2 data and exception reports from GPs if inappropriate prescribing requests are made to primary care.</li> </ul>
<p><b>Evidence reviewed</b></p>	<p><b>References (from evidence evaluation)</b></p> <ol style="list-style-type: none"> <li>1. Godbole G, Aggarwal B. Review of management strategies for orthostatic hypotension in older people. <i>Journal of Pharmacy Practice &amp; Research</i>, 2018 48, p483–491.</li> <li>2. Clinical Knowledge Summaries, Blackouts and syncope. Available online at: <a href="https://cks.nice.org.uk/topics/blackouts-syncope/">https://cks.nice.org.uk/topics/blackouts-syncope/</a> (accessed 25/06/2024).</li> <li>3. Saedon, N., Pin Tan, M. and Frith, J. (2020) The prevalence of orthostatic hypotension: a systematic review and meta-analysis. <i>Journals of Gerontology</i> 75(1), 117-122</li> <li>4. Brignole M, Moya A, de Lange F et al. 2018 ESC Guidelines for the diagnosis and management of syncope. <i>Eur Heart J</i> 2018; 39: 1883–948.</li> <li>5. Raj S, Levine B. Postural Tachycardia Syndrome (POTS) Diagnosis and Treatment: Basics and New Developments. American College of Cardiology 2013. Available online at: <a href="https://www.acc.org/Latest-in-Cardiology/Articles/2016/01/25/14/01/Postural-TachycardiaSyndrome-POTS-Diagnosis-and-Treatment-Basics-and-New-Developments">https://www.acc.org/Latest-in-Cardiology/Articles/2016/01/25/14/01/Postural-TachycardiaSyndrome-POTS-Diagnosis-and-Treatment-Basics-and-New-Developments</a> (accessed 25/06/2024).</li> <li>6. UptoDate; Postural Orthostatic Tachycardia Syndrome. Available online at: <a href="https://www.uptodate.com/contents/postural-tachycardia-syndrome">https://www.uptodate.com/contents/postural-tachycardia-syndrome</a> (accessed 25/06/2024).</li> <li>7. Sheldon R, Grubb B, Olshansky B, et al. 2015 heart rhythm society expert consensus statement on the diagnosis and treatment of postural tachycardia syndrome, inappropriate sinus tachycardia, and vasovagal syncope. <i>Heart Rhythm</i>. 2015;12:e41–e63.</li> <li>8. Raj S, Guzman J, Harvey P et al. Canadian Cardiovascular Society Position Statement on Postural Orthostatic Tachycardia Syndrome (POTS) and Related Disorders of Chronic Orthostatic Intolerance. <i>Canadian Journal of Cardiology</i> 2020 36 (3) p357-372</li> <li>9. Pyridostigmine, Summary of Product Characteristics. Available online at: <a href="https://www.medicines.org.uk/emc/product/14797/smpc">https://www.medicines.org.uk/emc/product/14797/smpc</a> (accessed 25/06/2024).</li> <li>10. Singer W, Sandroni P, Opfer-Gehrking T et al. Pyridostigmine treatment trial in neurogenic orthostatic hypotension. <i>JAMA Neurology</i> 2006; 63: 513–18</li> <li>11. Schreglmann S, Buchele F, Sommerauer M et al. Pyridostigmine bromide versus fludrocortisone in the treatment of orthostatic hypotension in Parkinson’s disease—a randomized controlled trial. <i>Eur J Neurol</i> 2017; 24: 545–51.</li> <li>12. Byun J, Moon J, Kim D et al. Efficacy of single or combined midodrine and pyridostigmine in orthostatic hypotension. <i>Neurology</i> 2017 89 (10) p1078-1086</li> <li>13. Raj S, Black B, Biaggioni I et al. Acetylcholinesterase inhibition improves tachycardia in postural tachycardia syndrome. <i>Circulation</i>. 2005; 111 p2734–2740</li> <li>14. Kanjwal K, Karabin B, Sheikh M et al. Pyridostigmine in the treatment of postural orthostatic tachycardia: a single-center experience. <i>Pacing Clin Electrophysiol</i>. 2011; 34 p750–755</li> <li>15. Drug Tariff, June 2024.</li> </ol>

**NOTES:**

- a) SEL IMOC recommendations and minutes are available publicly via the [website](#).
- b) This SEL IMOC recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS**