

Autonomic Dysreflexia

Autonomic Dysreflexia: http://en.wikipedia.org/wiki/Autonomic_dysreflexia

Autonomic Dysreflexia (AD) is a potentially life threatening condition which can be considered a [medical emergency](#) requiring immediate attention. AD occurs most often in [spinal cord-injured](#) individuals with spinal lesions above the [T6](#) spinal cord level, although it has been known to occur in patients with a lesion as low as [T10](#).^[1]

This condition is distinct and usually episodic, with the patient experiencing remarkably high blood pressure, slow heart rate, intense headaches, profuse sweating, flushing of the skin, goose-bumps, nasal stuffiness, a "feeling of doom" or apprehension, and blurred vision.

Acute AD is a reaction of the [autonomic](#) (involuntary) nervous system to overstimulation. AD is believed to be triggered by [afferent](#) stimuli (nerve signals that send messages back to the spinal cord and brain) which originate below the level of the spinal cord lesion.

The most common causes of autonomic [dysreflexia](#) seen in patients with spinal cord injury are impaction in the bowels and distention in case of the bladder. These are generally found in patients with a spinal cord injury above the T6 (6th Thoracic Vertebral) level, but can occur in patients with a [transection](#) as low as T10 (10th Thoracic Vertebral) level.

Informational PDF

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