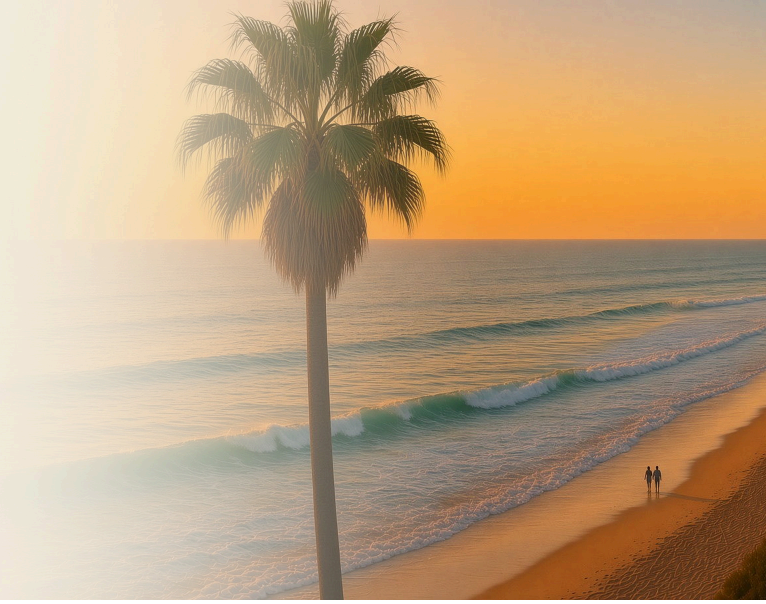
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Droxidopa (Northera)

A pill that holds your blood pressure up when you stand, for dizziness from a nerve condition. How it's dosed and kept safe.

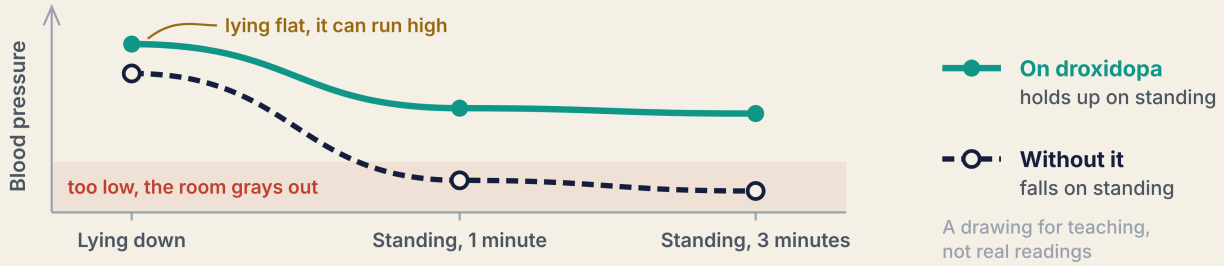
100 mg
three times a day to start, with 600 mg three times a day the maximum

3 hours
or more between the last dose of the day and lying down for the night

2 in 3
is about how many people who try it get a real lift in standing pressure

HOW IT WORKS

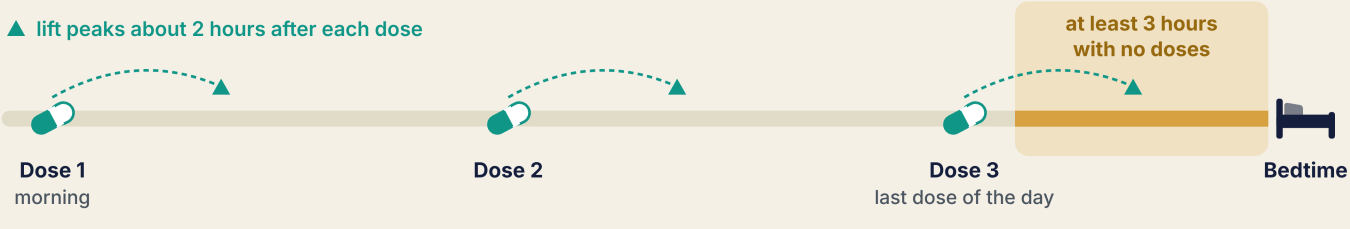
It supplies the signal worn-down nerves can't



In neurogenic orthostatic hypotension, the nerves that tighten blood vessels when you stand are damaged, so blood pools and pressure falls. Your body turns droxidopa into norepinephrine, the chemical those nerves normally release, to firm up arteries and veins with no meaningful effect on heart rate. It's approved when this problem comes from Parkinson's disease, multiple system atrophy, pure autonomic failure, a rare inherited enzyme deficiency or nerve damage that isn't from diabetes.

TIMING YOUR DOSES

Three doses by day, none close to bed



Each dose peaks about two hours after you swallow it, so a last dose at least 3 hours before bed lets that lift settle before you lie down. Take it the same way each time, either always with meals or always without.

A layer on the basics

Droxidopa does its best work on top of more water, more salt if your other conditions allow, compression garments, head-up sleeping and slow position changes. If it isn't your match, midodrine is the other first-line pill.

TAKING IT SAFELY

Your dose, your nights and what to watch for

YOUR DOSE

guided by how you feel

Starting	100 mg three times a day.
Stepping up	Raised by 100 mg every day or two while you're still symptomatic and feeling fine on it. Most people land somewhere in the middle of the range.
Ceiling	600 mg three times a day. There's no advantage to pushing past it.
Missed dose	Take the next one at its normal time. Don't double up, and don't add a late-evening dose to make up for a missed afternoon one.

LYING-DOWN PRESSURE

supine hypertension

Why it happens	The same medicine that holds your pressure up standing can push it up when you lie flat. The label carries a boxed warning for it, and it's a known, routine part of care.
Raise the bed	Raise the head of your whole bed several inches with risers or a wedge. Stacking pillows under your head doesn't do the same thing.
Check at home	Check your pressure lying down and in your head-up sleeping position. Call if readings stay high, or for a pounding headache or blurred vision lying down. The last dose goes at least 3 hours before bed.

GET HELP RIGHT AWAY

Call 911	Fever, muscle stiffness, involuntary movements or confusion. This rare reaction is most likely after a droxidopa dose change, or when levodopa for Parkinson's is cut back abruptly.
Allergic reaction	Swelling, hives or breathing trouble. The pill contains a yellow dye, tartrazine, that can cause an allergic-type reaction, a little more often in people who react to aspirin.

OTHER MEDICINES

review your full list first

Avoid	Non-selective MAO inhibitors (older antidepressants) and the antibiotic linezolid, which can drive pressure up sharply.
Plan ahead	Midodrine, decongestants with ephedrine and migraine triptans all add to the effect, so they need a deliberate plan and some monitoring.
Parkinson's medicines	Rasagiline and selegiline sit fine alongside it. Carbidopa can soften its effect a little, which rarely changes the plan.

COMMON SIDE EFFECTS

Headache, in roughly one in eight people, then some dizziness and nausea. They're usually mild and usually settle with a small change in dose or timing. It can stir up existing heart conditions, so your full cardiac history is part of the decision to start.

READ THE FULL ARTICLE

damianrasch.com/droxidopa-northera-neurogenic-orthostatic-hypotension

For education only, and not a substitute for advice from your own physician. Sources include the Northera prescribing information, Kaufmann et al. (Neurology 2014), Biaggioni et al. (Hypertension 2015), the 2017 ACC/AHA/HRS syncope guideline and Freeman et al. (JACC 2018).

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