National Spinal Cord Injury Association

a program of United Spinal Association

- Home
- About »»
- Donate

- Membership
- Chapters »»
- Support Groups
- Resource Center » »
- Publications »»
- News »»
- Grassroots Advocacy
- Research »»
- Events »»
- Online Store

- Resource Center
- Submit a Request
- Check on a Request

- Knowledge Books
  - Introduction To Spinal Cord Injury
  - Accessible Transportation
  - Adjusting To SCI/D
  - Advocacy
  - Assistive Technology
  - Caregivers
  - Education
  - Employment
  - Federal/State Benefits
  - Financial Assistance
  - Health & Wellness after SCI
  - Helpful Groups in the SCI/D World
  - Home Modifications
  - Housing
  - Insurance
  - International Resources
  - Legal Issues & Services
  - New Spinal Cord Injury/Disease Onset
6.1. What is autonomic dysreflexia

Autonomic dysreflexia (AD), also known as hyperreflexia, refers to an over-active Autonomic Nervous System, which causes an abrupt onset of excessively high blood pressure. Persons at risk for this problem generally have injury levels above T-5. AD can develop suddenly and is potentially life threatening and is considered a medical emergency. If not treated promptly and correctly, it may lead to seizures, stroke, and even death.

AD occurs when an irritating stimulus is introduced to the body below the level of spinal cord injury, such as an overfull bladder. The stimulus sends nerve impulses to the spinal cord, where they travel upward until they are blocked by the lesion at the level of injury. Since the impulses cannot reach the brain, a reflex is activated that increases activity of the sympathetic portion of autonomic nervous system. This results in spasms and a narrowing of the blood vessels, which causes a rise in the blood pressure.

**Signs & Symptoms**

- Pounding headache (caused by the elevation in blood pressure)
- Goose Pimples
- Sweating above the level of injury
- Nasal Congestion
- Slow Pulse
- Blotching of the Skin
- Restlessness
- Hypertension (blood pressure greater than 200/100)
- Flushed (reddened) face
• Red blotches on the skin above level of spinal injury
• Sweating above level of spinal injury
• Nausea
• Slow pulse (< 60 beats per minute)
• Cold, clammy skin below level of spinal injury

**Avoiding Autonomic Dysreflexia**

• Apply frequent pressure relief in bed/chair
• Avoid sun burn/scalds
• Maintain a regular bowel program
• Well balanced diet and adequate fluid intake
• Compliance with medications
• If you have an indwelling catheter, keep the tubing free of kinks, keep the drainage bags empty, check daily for grits (deposits) inside of the catheter
• If you are on an intermittent catheterization program, catheterize yourself as often as necessary to prevent overfilling.
• Carry an intermittent catheter kit when you are away from home
• Perform routine skin assessments

This page was: [Helpful](#) | [Not Helpful](#)

← [6. Autonomic Dysreflexia 6.2. Causes of autonomic dysreflexia](#) →

Search this website ... [Search](#)
What is autonomic dysreflexia