

effective strategies for long-term assessment of athletes who may have a proclivity for delayed development of the hypertrophic cardiomyopathy phenotype or the arrhythmogenic right ventricular cardiomyopathy phenotype. This is an important point that deserves emphasis. For example, conventional echocardiographic imaging may be incapable of reliably confirming the diagnosis of hypertrophic cardiomyopathy in some patients. Indeed, CMR imaging may identify segmental hypertrophy in either the apex or the anterolateral left ventricular free wall⁴ that is undetected by echocardiography. Furthermore, as indicated by Arnold et al., tissue characterization by CMR imaging may also identify fatty infiltration of the right ventricle, allowing for the diagnosis of arrhythmogenic right ventricular cardiomyopathy. Therefore, contemporary follow-up in this selected subgroup of trained athletes with marked repolarization changes on ECG should include both echocardiography and CMR imaging.

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Neurogenic Orthostatic Hypotension

TO THE EDITOR: In his Clinical Practice article on neurogenic orthostatic hypotension, Freeman (Feb. 7 issue)¹ notes that the definition of orthostatic hypotension encompasses a drop in blood pressure during the first 3 minutes of standing. He states that when evaluating a patient, however, the blood pressure should be measured with the patient in the supine position and at least 3 minutes after the patient stands up. These two statements appear to contradict each other.

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1. Freeman R. Neurogenic orthostatic hypotension. *N Engl J Med* 2008;358:615-24.

in systolic blood pressure of at least 20 mm Hg or a reduction in diastolic blood pressure of at least 10 mm Hg within 3 minutes of standing. In clinical practice, to diagnose orthostatic hypotension, it is recommended that blood pressure be measured with the patient in the supine position and at least once when the patient has been standing for 3 minutes. More severe orthostatic hypotension may be diagnosed by measuring blood pressure within 3 minutes after standing. Delayed orthostatic hypotension may be diagnosed by measuring blood pressure after more than 3 minutes of standing.

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THE AUTHOR REPLIES: Orthostatic hypotension is defined by a consensus of experts as a reduction