Moderator's Introduction

C.		Ferrero
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Before calling on the first speaker – and I apologize for playing the teacher – I suggest putting on the blackboard the main mechanisms regulating blood pressure, and I would ask the speakers to tell us where they place the principal effect of the therapy they are talking about; the clinician will thus be able to learn exactly how to treat his patients; to learn not only which kinds of mechanism are controlled, but also how it is possible to control them.

(1) is a baroreceptor mechanism, of course, about which we have heard a lot, (2) the chemical receptor reactions which act when the blood pressure falls below 80; we have also (3) the central nervous system ischemic reaction, I don't think this is of prime importance in the field of orthostatic hypotension; here (4) the one we heard about yesterday: renin-angiotensin mechanism, which acts as soon as the blood pressure falls below 100 mm Hg; (5) is the stress relaxing mechanism, but it works when the blood pressure is too high. (6) is the capillary fluid shift mechanism which regulates the position when the blood pressure is too high, but I don't know what happens in orthostatic hypotension; and (7) renal body fluid mechanism, just to retain or eliminate water and salt; and of course (8) aldosterone mechanism which gives us the antidiuretic hormone regulation.