

Understanding Orthostatic Hypotension

Dizziness when you stand up — information for patients

Your clinician has told you that you have, or may have, a condition called orthostatic hypotension. This sheet explains in plain English what it is, why standing makes you feel dizzy, what helps, what to do during a dizzy spell, and what to expect over time. There is a clear plan, and most people improve a great deal.

What is orthostatic hypotension?

Orthostatic hypotension — your blood pressure falls when you stand up, so for a few moments less blood reaches your brain. When you stand, gravity pulls blood down into your legs. Normally your body reacts within a second or two — it tightens the blood vessels and gently speeds the heart so blood keeps flowing up to your brain. In orthostatic hypotension that quick adjustment is too slow or too weak, so your blood pressure drops and you feel dizzy or lightheaded. It becomes more common as we get older and is often linked to medicines, dehydration, or other health conditions.

Key idea: Orthostatic hypotension is a timing problem with your blood pressure on standing — it is common, usually not sinister, and very treatable. Around 4 in 5 people improve with simple measures.

What are the symptoms?

- **Feeling dizzy, lightheaded, faint, or 'woozy' within seconds of standing up.**
- **Blurred vision, a feeling of greying-out, or unsteadiness for a few seconds to a few minutes.**
- **Sometimes neck or shoulder ache, tiredness, or feeling worse after meals, in the heat, or first thing in the morning.**

Symptoms ease once you sit or lie down. Between spells most people feel well. The main risk is a fall, which is why it is worth treating.

How is it diagnosed?

There is no single blood test. Your clinician measures your blood pressure and pulse lying down and then standing, usually at several time points over a few minutes — this is called an active stand test. The pattern of the fall, and how your pulse responds, tells your clinician which type you have and guides treatment. Sometimes a longer 'tilt-table' test or a review of your medicines is needed.

How is it treated?

Treatment is built up step by step. Most people only need the first one or two steps.

- **Step 1 — Everyday changes: drink more water through the day; unless told otherwise, add a little more salt to your food; stand up slowly in two stages (sit on the edge of the bed first); raise the head of your bed.**
- **Step 2 — Simple physical tricks: cross your legs and tense them, or squat, when you feel a spell starting; an abdominal support band can help; stay active to keep your circulation strong.**
- **Step 3 — Medicine review: some tablets you already take can cause it, so your clinician may adjust them.**
- **Step 4 — Tablets to help: if simple steps are not enough, medicines such as fludrocortisone or midodrine can raise your standing blood pressure.**

Please seek help if: you faint or fall, your dizzy spells are getting worse, or they come with chest pain, palpitations, slurred speech, or weakness. If you have sudden stroke-like symptoms, call 000.

What to do during a dizzy spell

Sit or lie down straight away somewhere safe so you do not fall. If you can, raise your legs. Wait for the feeling to pass — it usually settles within a minute or two — then get up slowly. Do not drive until you are completely back to normal.

What happens over the long term?

With the right plan, orthostatic hypotension usually improves and becomes much easier to manage. Treating it well lowers your risk of falls. Where it is linked to another condition, your clinician will manage that too, and will review your blood pressure and medicines regularly.

Reducing the impact on your life

- **Drink water regularly through the day and avoid getting dehydrated, especially in hot weather.**
- **Stand up in stages — never leap straight up, particularly after sleeping, sitting a long time, or a meal.**
- **Keep a simple home blood-pressure diary if your clinician asks, noting lying and standing readings.**
- **Tell family and carers what a spell looks like and what helps, so they can support you.**
- **Keep your follow-up appointments so your treatment can be adjusted as needed.**