

Feeling faint or dizzy when you stand up?

Fluid, salt and compression garments for orthostatic hypotension and postural orthostatic tachycardia syndrome (POTS)

Who this leaflet is for

This leaflet is for people whose dizziness, light-headedness, weakness, blurred vision, brain fog, racing heart or faintness comes on when they stand up or stay standing, and eases when they sit or lie down. These are *orthostatic* symptoms (orthostatic means "on standing"). They are common in young, slim, otherwise healthy people, particularly young women. The two conditions most often responsible are **orthostatic hypotension** (a fall in blood pressure on standing) and **POTS** (a large rise in heart rate on standing without a fall in blood pressure). First-line treatment for both is the same and does not involve medication: more fluid, more salt, compression garments and the practical habits below.

Why standing up causes symptoms

On standing, gravity pulls about half to three-quarters of a litre of blood into the veins of the legs and abdomen. Normally the nervous system tightens those veins within seconds and blood flow to the brain barely changes. In orthostatic hypotension this response is too weak and blood pressure drops. In POTS blood pools in the legs and abdomen and the heart compensates by racing; blood pressure holds, at the cost of palpitations, fatigue and light-headedness. Both are made worse by a low circulating blood volume (hence fluid and salt) and by pooling in the legs and abdomen (hence compression).



Light-headedness on standing is the hallmark symptom. Illustration: Australian Balance & Dizziness Clinics.

Typical warning signs

Light-headedness or a "woozy" feeling within seconds to minutes of standing; vision going grey, dim or tunnelled; heart pounding or racing; nausea; neck and shoulder ache ("coat-hanger" pain); shakiness; brain fog; fatigue after standing still, in queues, in the shower or in warm rooms. Usually worse in the morning, after meals, in hot weather, after exercise, during menstruation and when unwell or dehydrated.

Part 1 — Fluid

Aim for **2 to 3 litres of fluid per day** unless told otherwise. Water is best; milk, soup, herbal tea and diluted juice count. Spread it across the day and front-load it: about 500 mL soon after waking counters the morning dip in blood volume. Limit alcohol, which dilates blood vessels and worsens pooling; keep caffeine modest and consistent.

The water bolus. Drinking **500 mL of cool water quickly (within 3 to 5 minutes)** raises blood pressure and reduces the heart-rate rise for one to two hours, starting within about 15 minutes. Use it before getting up in the morning, before long standing, before exercise, or before a hot shower.

Part 2 — Salt

Salt (sodium) makes the body hold on to the fluid you drink, expanding blood volume. Most people with orthostatic hypotension or POTS whose lying blood pressure is normal are advised to take **6 to 10 grams of salt per day in total** (roughly 1 to 2 level teaspoons, including salt already in food). Your clinician will tell you your personal target.

- Salt food generously in cooking and at the table; choose salty snacks such as pretzels, salted nuts, olives, crackers, cheese, pickles, soup and broth.
- Add an electrolyte or oral rehydration drink (for example Hydralyte or a sports electrolyte powder) to one or two drinks a day — salt and fluid together.
- Salt tablets were once routinely recommended, but newer evidence shows they commonly cause nausea and stomach upset, so current advice is to reach your target through food and electrolyte drinks and to avoid tablets where possible.
- Do not increase salt if you have high blood pressure, heart failure, kidney disease or fluid-retention ankle swelling, unless your doctor specifically advises it.

Part 3 — Compression garments

Compression squeezes the veins of the legs and abdomen so that less blood pools on standing. It is one of the most effective non-drug treatments, but only with the right garment: ordinary flight socks and knee-highs do little because most pooling is in the thighs and abdomen. Research shows **abdominal compression** gives the greatest benefit, then full-leg compression; combining both works best.

Garment	Pressure grade	What it does	Comments
Waist-high (pantyhose-style) compression stockings	20–30 mmHg (Class 2); some need 30–40 mmHg (Class 3)	Covers legs and lower abdomen — the most complete option	Best single garment. Fitted at a pharmacy, medical-supply or lymphoedema fitter (Jobst, Sigvaris, Venosan, Medi). See picture below.
Abdominal binder	20–40 mmHg, or firm elastic binder	Compresses the abdominal veins, the largest pool of blood	Very effective, easy to put on, wearable over a top. Combine with thigh-highs if waist-high is not tolerated. See picture below.
Thigh-high stockings	20–30 mmHg	Calves and thighs	Better than knee-high; less effective than waist-high or a binder.
Knee-high / flight socks	15–20 mmHg	Calves only	Least effective. Useful only if nothing else is tolerated.

Garment	Pressure grade	What it does	Comments
Compression sportswear (firm leggings, bike shorts)	Usually below 15 mmHg	Mild support	Not a substitute for graded medical compression, but better than nothing on hot days or for exercise.

How to use them

- Put them on **before getting out of bed**, lying flat, while the veins are empty; putting them on after standing traps blood that has already pooled.
- Wear through the day; remove in the evening or when lying down for long periods. Not needed overnight.
- Be measured properly: firm but not painful, no deep grooves or numbness. Re-measure if your weight changes.
- Rubber gloves, a stocking donner or a silk foot-slip make waist-highs far easier. Wash gently, air-dry (heat kills the elastic) and replace every 3 to 6 months of daily wear.
- In hot weather an abdominal binder alone is often the most tolerable option.
- Do not use compression with severe peripheral arterial disease, an acute deep-vein thrombosis, uncontrolled heart failure, or leg skin infection or ulceration, unless your doctor has cleared it.

Video guides (click or type the link):

- Waist-high stockings — JOBST, "Tips for easy donning of JOBST Opaque Waist High Stockings": [youtube.com/watch?v=uzqYSB0i2Wc](https://www.youtube.com/watch?v=uzqYSB0i2Wc)
- Using a stocking donner — StockingHelp, "How to Put On Compression Stockings with the Jobst Stocking Donner": [youtube.com/watch?v=dQ84J6iSzN8](https://www.youtube.com/watch?v=dQ84J6iSzN8)
- Abdominal binder — Dale Medical, "Dale Abdominal Binders – How to apply": [youtube.com/watch?v=2M03cj9j3xo](https://www.youtube.com/watch?v=2M03cj9j3xo)



Left: waist-high compression stockings, 20–30 mmHg (image: JOBST Opaque Women's Waist High, www.jobstockings.com). Right: abdominal binder worn over the lower abdomen (image: Marena AB4S2 compression binder, www.marena.com).

Part 4 — Everyday habits that make a difference

Habit	Why it helps
Stand up in stages: sit on the edge of the bed for a minute, then stand.	Gives the circulation time to adjust.
Counter-manoevres (pictured right): cross the legs and squeeze thighs, buttocks and abdomen; clench the fists; rise on to tiptoes; squat or put one foot up on a chair.	Muscle contraction pumps pooled blood back to the heart and can abort an episode within seconds.
Raise the head of the bed 10 to 15 cm (blocks under the bed legs, not extra pillows).	Reduces overnight loss of salt and water through the kidneys, so mornings are easier.
Smaller, more frequent meals; limit refined carbohydrate at any one sitting.	Large meals divert blood to the gut and worsen symptoms for one to two hours.
Avoid prolonged still standing, hot showers, saunas, spas and hot crowded rooms; sit to shower if needed.	Heat dilates blood vessels and increases pooling.
Exercise regularly, starting recumbent (rowing, recumbent bike, swimming) plus leg strengthening, progressing to upright activity over 2 to 3 months.	Builds the calf and thigh muscle pump and blood volume; deconditioning worsens both conditions.
Review your medicines with your doctor; sit or lie down at the first warning sign rather than pushing through.	Some blood pressure, fluid, antidepressant and nerve-pain tablets worsen symptoms; sitting early prevents fainting and injury.



Counter-manoevres, clockwise from top left: legs crossed with thighs squeezed; fists clenched; one foot up on a chair; rising on to tiptoes. Illustration: Australian Balance & Dizziness Clinics.

What to expect

These measures take a few weeks to show their full effect and work best together; most people notice steadier mornings and fewer episodes within two to four weeks. If symptoms remain troublesome after six to eight weeks of consistent fluid, salt, compression and exercise, tell your clinician — medication can be added and further testing arranged.

Seek medical attention promptly if you have

Fainting with injury, or fainting during exercise or while lying down; chest pain, breathlessness or a very irregular heartbeat; a new severe headache, weakness, numbness, or speech or vision loss; or a lying blood pressure persistently above 140/90 after increasing salt. Call 000 for any collapse with chest pain or that does not recover quickly.

Sources: 2017 American Heart Association / American College of Cardiology / Heart Rhythm Society syncope guideline; 2018 European Society of Cardiology syncope guideline; 2015 Heart Rhythm Society expert consensus on POTS; 2020 Canadian Cardiovascular Society position statement on POTS; controlled trials of abdominal and lower-limb compression in orthostatic intolerance. Product images are reproduced for patient education from the websites named in the captions (© their owners). Videos are third-party YouTube content. No product or brand is endorsed.