

## What is it?

A **common** condition, especially in older people, where there is an abnormal drop in blood pressure on standing up.

**Postural:** Change in position

**Hypotension:** Low blood pressure

When we stand up, blood pools in the veins of our legs due to gravity.

Usually there is an automatic mechanism causing the veins to constrict and squeeze the blood back up to the heart as you stand. But, if you have postural hypotension, this mechanism does not work as well.

This causes a brief lack of blood supply to the brain, resulting in **light-headedness** (pre-syncope) and sometimes **fainting** (syncope).

Other symptoms include: sweating, tiredness, slow thinking (brain fog), nausea, visual blurring, hearing disturbances, headache, palpitations, neck pain, breathlessness and chest pain.

## Causes

- Dehydration
- Side effect of drugs (**common**)
- Heart conditions (e.g. heart failure, valve disorders)
- Neurological conditions (e.g. Parkinson's disease)
- Endocrine conditions (e.g. Diabetes Mellitus, Adrenal disease)
- Anaemia
- Sometimes your doctor does not find a definite cause, especially in older age. Our bodies simply become less efficient at controlling blood pressure.

# Treatment

## 1. Be mindful of triggers:

- **Hot baths** or **hot weather**
- **Big meals** cause a lot of blood to be diverted away for digestion. Try eating smaller meals, more often
- **Alcohol**
- **Prolonged sitting** or **standing**
- Standing up after lying down (**i.e. first thing in the morning or in the night**)
- Constipation causing straining on the toilet.

## 2. Follow general advice:

- Try to **minimise avoidable triggers**
  - **Stay well hydrated**. Aim for 2 litres of water a day, unless advised otherwise. Your doctor may also suggest adding salt to your food as this can help retain fluid
  - Keep cool – think about the weather and central heating temperature
  - Stay mobile and active throughout the day
  - If sitting or lying for a **prolonged period** is unavoidable, try tapping your toes for a minute or so before standing to help blood flow.
  - Stand up **slowly** or in a **stepwise** manner
  - If symptoms occur, **sit down do not** try to fight the symptoms (**Lying down** with legs elevated can help)
  - High **support stockings** during the day can help. However if you have poor leg circulation these might not be appropriate. Speak to your GP about stockings.
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### **3. If there is a cause - treat it.**

Your doctor will have considered this and the most common intervention is to adjust your medication.

It is sometimes difficult to balance the benefits of a drug with the side effects.

For example, you may have been on a drug for high blood pressure for many years, which is now causing troublesome postural hypotension.

Your doctor may stop or reduce the drug if it is felt that the risks of postural hypotension outweigh the risks of problems relating to high blood pressure.

It may also be important to think about the impact of the symptoms on your quality of life.

### **4. Medication**

Sometimes medication is needed for symptoms of postural hypotension (e.g. midodrine and fludrocortisone).

If your GP feels that these might help they may refer you to a specialist at the hospital.

#### **Key points to remember:**

- **Get to know your symptoms and your triggers**
  - **Have a plan of action for if you feel dizzy**
  - **Develop a routine, get organised and give yourself plenty of time if you have a busy day.**
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### **Patient Advice & Liaison Service (PALS)**

The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

#### **The contact details are:**

**Telephone:** 01302 642764 or 0800 028 8059.

**Email:** [dbth.pals.dbh@nhs.net](mailto:dbth.pals.dbh@nhs.net)

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