

Orthostatic or postural hypotension

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What is orthostatic hypotension?

Orthostatic hypotension is also known as postural hypotension.

It usually occurs when a person stands up hence the name postural. On standing blood tends to pool in the legs and normally there are automatic mechanisms which push this blood back up into the rest of the body. These mechanisms involve the autonomic nervous system, the heart and the brain.

In some people this mechanism does not respond quickly or efficiently enough and so the person's blood pressure drops and they can then feel faint or actually blackout.

What causes orthostatic hypotension?

As we get older the mechanisms become less responsive to changes in our blood pressure.

30% of people who are over 70 years old will have orthostatic hypotension although many may not feel unwell with it.

People who have high blood pressure, Parkinson's disease and certain neurological conditions are also at higher risk.

Certain medications for example diuretics (water tablets) and blood pressure tablets may worsen orthostatic hypotension but you must not stop your medication unless advised to by your doctor.

Getting dehydrated will also worsen orthostatic hypotension.

Some people find their symptoms are worsened if they get hot, feel anxious or when they have another illness like an infection.

What are the symptoms?

These can vary from person to person. Some people don't really have any symptoms.

Common symptoms include dizziness, light-headedness, blurred vision, weakness, fatigue, nausea, palpitations (being aware of your heart beat) and headache.

Less common symptoms include fainting/blackouts, feeling breathless, chest pain and neck and shoulder pain.

How is it diagnosed?

Orthostatic hypotension is usually diagnosed if there is a drop in a person's blood pressure within three minutes of standing up. You may have had your blood pressure taken lying down and then been asked to stand up and have it done again.

How is it treated?

If you start to develop symptoms of orthostatic hypotension then you should stop what you are doing and sit down until the symptoms have passed. You may have to sit on the floor.

If you still feel unwell sitting down, then try to lie down instead.

Avoiding episodes

Most people do not require specific treatment. If you understand what makes your symptoms worse, you can often avoid them.

Some common triggers are:

Standing/sitting – avoid sudden movement. Get up slowly and stand before walking off – ideally clench the muscles in the backs of your legs after standing to help the blood return to the centre of your body.

Mornings – blood pressure tends to be lower early in the day so take your time getting up out of bed. Sit on the side before standing up.

Remember this is also important if you get up during the night.

After meals – blood will be diverted to help digest your meal. This can be a problem if you eat a large meal or have alcohol.

Straining on the toilet – avoid getting constipated by eating lots of fruit and vegetables and drinking plenty of water.

Dehydration – avoid becoming dehydrated by drinking plenty of water especially if you have a diarrhea or vomiting.

Other treatments

Exercise – regular simple exercise like walking can help. You can exercise your calf muscles whilst sat in a chair by lifting your toes up to the ceiling and then down to the floor.

Stockings – elastic stocking can help but they should be prescribed by your doctor as not everyone should wear them.

Medication – a few people require medication to improve their blood pressure. Again this would need to be prescribed by your doctor.

Possible effects of treatment

Avoiding triggers can make a big difference.

Some people will need to change their current medication following advice from their doctor.

Talk to your doctor about the best options for you.

What is the prognosis or expected outcome of treatment?

The aims of treatment/management are:

- to avoid the unpleasant feelings that can happen when a person's blood pressure drops.
- to reduce the risk of injury from sudden collapse / falls.

Are there any possible complications?

The concern with postural hypotension is the risk of injury from falls as a consequence of the blood pressure dropping to low and the person "blacking out".

Follow up

It is important to follow up with your GP after an attendance at hospital for orthostatic hypotension. They may wish to change some of your medications.

Remember to take a list of all your current medications with you to every appointment, including any medicines you have purchased yourself.

Sometimes a specialist at the hospital will want to do further tests and follow you up in the outpatient department after you have been discharged.

If you have an injury following a collapse, it is very important that you seek medical advice.

Further information

Contact your GP if you require further information.

<https://www.nhs.uk/conditions/low-blood-pressure-hypotension/symptomsReferences>

<http://patient.info/doctor/hypotension#nav-0>

<https://www.uptodate.com/index.html#!/contents/orthostatic-hypotension-the-basics#H12521499>

<https://www.shropscommunityhealth.nhs.uk/content/doclib/11417.pdf>

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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