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Dizzy When You Stand Up

Orthostatic hypotension is a drop in blood pressure when you stand. How it's measured, what causes it and what helps.

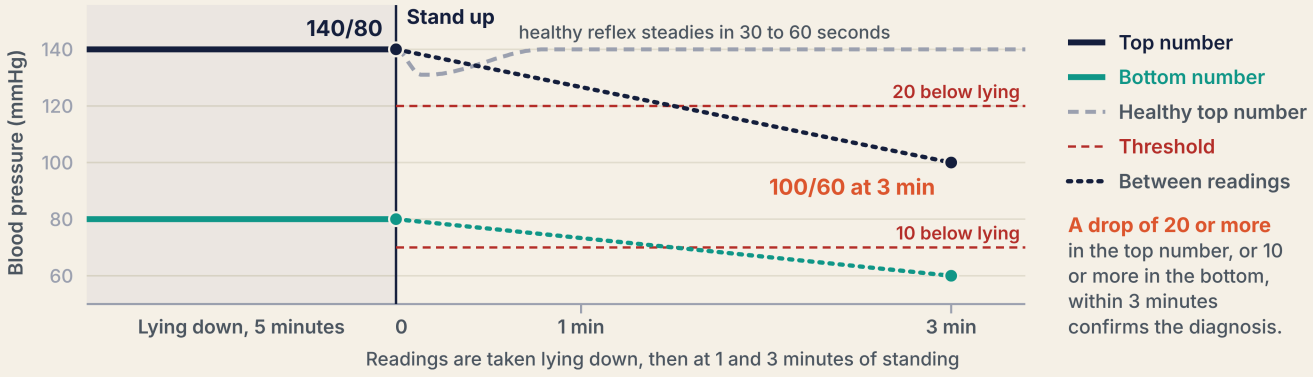
20 / 10
point drop or more, top or bottom number, within 3 minutes of standing

1 in 5
adults over 65 have it, roughly, and closer to 3 in 10 by age 80

2 to 3 L
of water a day, unless heart failure or kidney disease limits your fluids

HOW IT'S MEASURED

Lie down, stand up, read the drop



You lie quietly for at least 5 minutes, then stand, with blood pressure and heart rate checked at 1 and 3 minutes. If this bedside test is normal but your symptoms strongly suggest the condition, a tilt table test is the next step.

WHY STANDING MAKES YOU DIZZY

What breaks the standing reflex

Medications
Blood pressure pills, alpha-blockers for blood pressure or the prostate, water pills and certain antidepressants.

Too little blood volume
Dehydration, blood loss or a long stretch of bed rest.

Damaged nerves
Parkinson's disease, nerve damage from diabetes, multiple system atrophy or pure autonomic failure.

Standing pulls roughly half a liter of blood into your legs and belly. Normally the vessels in your legs tighten and your heart speeds up by 10 to 20 beats a minute. When that reflex fails, less blood reaches your brain and you feel it.

Start with the pill list

Medications are the most common fixable cause. Bring every prescription, over-the-counter drug and supplement, and ask your team which ones can be stopped, reduced or swapped.

WHAT HELPS AND WHEN TO GET CARE ARE ON THE BACK

WHAT HELPS

Daily habits, medications and when to call

EVERYDAY MEASURES

Water	2 to 3 liters a day, spread across the day, unless heart failure or kidney disease limits your fluids. Drink a large glass (about 16 ounces) before you get out of bed.
Salt	About 10 grams of salt (4 grams of sodium) a day with 2 to 3 liters of fluid, unless heart failure, kidney disease or high lying-down pressure makes extra salt unsafe. Your team sets the target.
Compression stockings	Knee-high at 20 to 30 mmHg are often enough, and thigh- or waist-high work better in severe cases. Put them on before you get out of bed.
Rise slowly	Sit on the edge of the bed for a full minute before you stand, and let the lightheadedness settle.
Raise the bed's head	6 to 9 inches, using blocks under the legs at the head end or a wedge, because stacked pillows tend to slide out.
When it hits	Cross your legs and squeeze, clench your hands and pull them apart, rise on your toes, squat, or bend forward at the waist. Practice these at home so they feel natural.

PRESCRIPTION OPTIONS

when lifestyle isn't enough

The medicines	Midodrine, droxidopa, fludrocortisone or pyridostigmine, sometimes combined.
Timing	Daytime only. Several of these can push lying-down pressure too high, so the last midodrine dose comes at least 4 hours before bed and the last droxidopa dose at least 5.

CALL 911

don't drive yourself

Stroke signs	Sudden weakness, numbness, trouble speaking, vision loss, facial droop or a sudden severe headache.

GO TO THE ER

Fainting	With an injury, especially to the head, or with chest pain or breathlessness that won't settle.
A sudden change	Sudden severe symptoms unlike your usual pattern.
Bleeding or fever	Blood in your stool, vomit or urine, or a fever with symptoms.

CALL THE OFFICE WITHIN A DAY

A fall	With or without injury.
Symptoms	New or worse symptoms despite your treatment plan, or new fatigue or all-over weakness.
During an episode	New chest pain, palpitations or shortness of breath.
Medicine changes	Another doctor changes a medication that may interact with your plan.

WHAT MAKES IT WORSE

Hot showers, saunas and hot weather, large meals, alcohol, getting up quickly, dehydration and long bed rest. Symptoms are often worst first thing in the morning, when overnight fluid loss leaves blood volume at its lowest.

READ THE FULL ARTICLE

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orthostatic-hypotension

For education only, and not a substitute for advice from your own physician. Sources include the 2011 consensus definition (Freeman et al.), the 2018 ESC and 2017 ACC/AHA/HRS syncope guidelines, Ricci et al. (JACC 2015) and Wieling et al. (Lancet Neurology 2022).

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