

Understanding Dizziness and Lightheadedness

Feeling woozy, faint, or about to pass out — when it is the heart or blood pressure

Most dizziness is not dangerous. But the faint, about-to-pass-out kind can be a heart warning. Here is how to tell.

Two Main Kinds of Dizziness

Lightheaded / Faint

(presyncope)

- Woozy, about to pass out
- Often heart or blood pressure
- Worse on standing or effort
- This guide focuses here

Room Spinning

(vertigo)

- World seems to whirl or tilt
- Usually the inner ear
- Worse with head movement
- Different workup



Online: <https://go.riasalimd.com/dizziness-guide>

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Names & Terms You Will Hear

Term	Meaning
Lightheadedness	A woozy, floaty feeling, like you might pass out. The world does not spin. This is the kind that can point to the heart or blood pressure.
Presyncope	The medical word for almost fainting. 'Pre' means before. 'Syncope' means a faint. It means blood flow to the brain dropped for a moment.
Syncope	A full faint. You black out and then come back on your own. Fainting always needs a check to rule out a heart cause.
Vertigo	A spinning feeling, as if the room is turning. This kind usually comes from the inner ear, not the heart.
Orthostatic	Linked to standing up. Your blood pressure can drop when you rise, which makes you feel faint.
Dysequilibrium	A sense of being off balance or unsteady on your feet. It is more about walking than about feeling faint.
Arrhythmia	An off-beat heart rhythm. A heartbeat that is too slow or too fast can cut blood flow to the brain and make you feel faint.

Call 911 now if dizziness comes with any of these: **chest pain or pressure**, a **racing or pounding heartbeat**, **fainting** (especially during exercise), or **slurred speech, a drooping face, or weakness on one side** (signs of a stroke). These can be signs of a serious heart or brain problem.



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What Is Dizziness and Lightheadedness?

- Dizziness is a catch-all word. It helps your doctor a lot to know which kind you feel. The two big kinds are feeling faint (lightheaded) and feeling the room spin (vertigo).
- Feeling faint, or lightheaded, means less blood is reaching your brain for a moment. This guide focuses on this kind. It is the kind most likely to come from the heart or blood pressure.
- Vertigo means the room seems to spin or tilt. It usually comes from the inner ear, not the heart. It often gets worse when you move your head.
- Dizziness is one of the most common reasons adults see a doctor or go to the emergency room. Most causes are not dangerous. But a few are, so it is worth checking.
- The heart and blood-pressure causes are the ones we watch most closely. They include a heartbeat that is too slow or too fast, a blood pressure that drops when you stand, low fluids, some medicines, and a tight heart valve.
- The good news: most of these causes can be found with simple tests and treated well. The key is telling your care team exactly what you feel and when it happens.

Presyncope (faint feeling)	Vertigo (spinning)
What it feels like	
Woozy, about to black out	Room spins or tilts
Usual source	
Brain blood flow drops	Inner ear balance
Common causes	
Slow/fast rhythm, BP drop	Crystals, ear viruses
Makes it worse	
Standing up, exertion	Turning the head

The faint, woozy feeling (presyncope) usually comes from a drop in blood flow to the brain. The room-spinning feeling (vertigo) usually comes from the inner ear. This guide focuses on the faint kind.



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Match the feeling to the likely cause and the first thing that helps.

Type of dizziness	Likely cause	What helps first
Faint on standing up	Blood pressure drop, low fluids, or a medicine	Stand in stages, drink fluids, review medicines
Faint with a slow pulse	Slow heart rhythm or heart block	ECG and a heart monitor; a pacemaker may be needed
Faint with a racing heart	A fast or irregular heart rhythm	Heart monitor; rhythm control by your doctor
Faint during exercise	Tight aortic valve or a dangerous rhythm	Get checked right away; echo and rhythm tests
Room spinning, worse with head turns	Inner-ear problem (vertigo)	Different workup; not usually the heart

The Faint Feeling vs. The Spinning Feeling

- Presyncope is the faint, woozy, about-to-pass-out feeling. The world does not spin. It means blood flow to the brain dropped for a moment. This is the kind most tied to the heart and blood pressure.
- Vertigo is the feeling that the room is spinning or tilting. It usually comes from the inner ear. It often gets worse when you turn your head or roll over in bed.
- Telling them apart matters. The faint kind points to heart and blood-pressure tests. The spinning kind points to the ear and balance.
- When in doubt, describe it in your own words. Say what you were doing and how long it lasted. That helps your team pick the right path.



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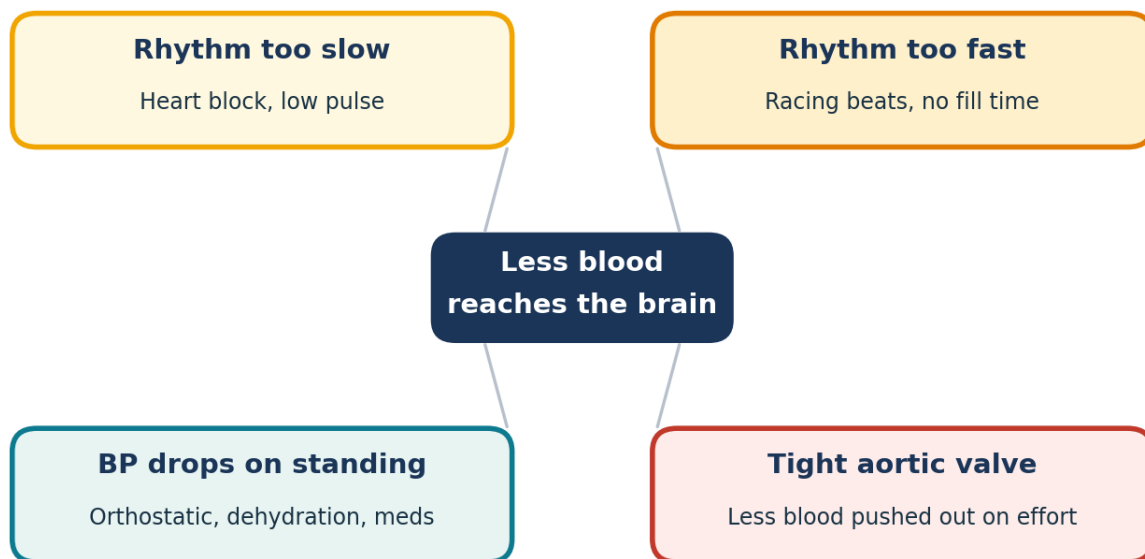


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Why It Matters

- The faint, about-to-pass-out feeling can be the first sign of a heart rhythm problem. A heartbeat that is too slow or too fast may need a monitor, a medicine change, or a pacemaker.
- Dizziness that comes on during exercise or effort is a red flag. It can point to a tight heart valve or a dangerous rhythm. It should always be checked right away.
- Fainting raises the risk of falls and injury. A broken hip or a head injury can start with one faint at home. Older adults are most at risk.
- A blood pressure that drops on standing is very common, and it is treatable. It affects about 1 in 20 adults, and far more adults over 65.
- Many cases are caused by easy-to-fix things: low fluids, the heat, or a medicine. Finding the cause often brings quick relief without a lot of tests.
- Telling the faint kind from the spinning kind points your care team to the right tests. It saves you time, worry, and cost.

Heart and Blood-Pressure Causes of Feeling Faint



Four heart and blood-pressure problems can leave the brain short of blood for a moment: a rhythm too slow, a rhythm too fast, a blood pressure that drops on standing, or a tight aortic valve.



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Heart and Blood-Pressure Causes to Know

- Too slow a rhythm: a resting pulse under 60 can be too slow for some people. Heart block can slow it further. Both can cut blood flow to the brain. See our bradycardia and heart block guide: <https://go.riasalimd.com/bradycardia-guide>
- Too fast a rhythm: a racing or irregular heartbeat leaves the heart too little time to fill. Less blood is pushed out with each beat. See our palpitations workup guide: <https://go.riasalimd.com/palpitations-guide>
- A blood pressure drop on standing: gravity pulls blood into your legs, and your body is slow to react. This is very common and treatable. See our orthostatic hypotension guide: <https://go.riasalimd.com/oh-guide>
- A tight aortic valve: a narrowed valve lets less blood out, so you feel faint, mostly with effort. This needs a prompt valve check.
- When the body's blood-pressure reflexes do not work well, doctors call it dysautonomia. See our dysautonomia guide: <https://go.riasalimd.com/dysautonomia-guide>



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Older age	The body's reflexes that keep blood pressure steady slow down with age. Rhythm and valve problems are also more common later in life.
Blood pressure or heart medicines	Water pills, blood pressure pills, and some heart drugs can lower your pressure too far, especially when you stand.
Dehydration	Too little fluid lowers your blood volume. There is less blood to send to the brain when you stand or exert yourself.
A known heart rhythm problem	A slow rhythm, heart block, or a fast rhythm can cut blood flow to the brain for a few beats.
Heart valve disease	A tight aortic valve lets less blood out to the body, so you can feel faint, mostly with effort.
Diabetes or nerve disease	Nerve damage can blunt the signals that keep your blood pressure steady when you change position.



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Treatment Options

- First, your care team finds the cause. The fix depends on it. A medicine-related drop is handled very differently from a slow heart rhythm.
- If a medicine is the cause, your doctor may lower the dose or switch it. This is often the single most helpful step. Never stop a heart or blood pressure pill on your own.
- If low fluids or salt loss is the cause, you may be told to drink more and, in some cases, add salt. Drink less only if your heart or kidney doctor told you to.
- If your blood pressure drops on standing, simple steps help: stand up in stages, drink water before rising, and wear compression stockings.
- If a slow heart rhythm or heart block is found, you may need a medicine change or a pacemaker. A pacemaker keeps your heart from beating too slowly.
- If a fast rhythm is the cause, your doctor may use medicines or a procedure to control it.
- If a tight aortic valve is the cause, you may be referred to a valve specialist. A worn valve can be fixed or replaced.

What the Workup Looks Like

- Lying and standing blood pressures: a nurse checks your pressure lying down, then 1 and 3 minutes after you stand. A drop of 20 in the top number or 10 in the bottom points to an orthostatic cause.
- An ECG (EKG): a quick, painless tracing of your heartbeat. It can show a slow rhythm, heart block, or other clues in seconds.
- A heart monitor worn at home: a Holter, a patch, or an event monitor records your heartbeat for days to weeks. It links your symptoms to your rhythm.
- An echocardiogram: an ultrasound of your heart. It checks the valves and the pump, and can find a tight aortic valve or a weak heart.
- A full workup for fainting is covered in our syncope workup guide:
<https://go.riasalimd.com/syncope-workup-guide>



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Stand up in stages. Sit on the edge of the bed for 30 to 60 seconds before you rise. Then pause once you are up.
- Drink water through the day. A glass of water before you get out of bed can steady your morning blood pressure.
- If you feel faint, sit or lie down right away. Raise your legs. This sends blood back to your brain and helps you avoid a fall.
- Cross your legs and squeeze, or clench your fists and tense your arms. These quick moves raise your blood pressure within seconds.
- Avoid long, hot showers and standing still for a long time. Heat and stillness let blood pool in your legs.
- Bring a full, up-to-date list of your medicines to every visit. Many drugs can add to dizziness.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Watch and home steps (mild, clear trigger)	A heart cause could be missed if symptoms are brushed off. Keep a simple diary of when it happens.	Avoids extra tests when the cause is plainly heat, low fluids, or a quick stand. Costs nothing.	You could ask for an ECG and a lying/standing blood pressure check for peace of mind.
Office tests (ECG and lying/standing blood pressures)	A short ECG can miss a rhythm problem that comes and goes. A normal test does not always rule out a cause.	Quick, cheap, and done the same day. Often finds the cause, such as a slow rhythm or a blood pressure drop.	If these are normal but symptoms go on, a longer heart monitor or an echo may be the next step.
Heart monitor worn at home (Holter, patch, or event monitor)	You wear it for days to weeks. It can catch a rhythm that office tests miss. It is a small bother to wear.	Best way to link your symptoms to your heartbeat. You press a button or keep a diary when you feel faint.	An echo looks at the valves and pump. A tilt-table test checks fainting with no clear cause.
Echocardiogram (ultrasound of the heart)	It is safe and painless. It does not catch rhythm problems, only structure and pumping.	Shows the heart valves and pump strength. It can find a tight aortic valve or a weak heart.	A heart monitor is better for rhythm. A stress test checks how your heart handles effort.



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Common Misconceptions

Myth	Reality
Dizziness is always just dehydration or low blood sugar.	Those are common, easy-to-fix causes. But the faint, about-to-pass-out kind can also come from the heart. It is worth a check, especially if it keeps happening.
If the room is not spinning, it is nothing serious.	It can be the other way around. The faint, woozy kind, without spinning, is the one more likely to come from the heart or blood pressure.
Fainting once is harmless and I can ignore it.	Any faint deserves a check to rule out a heart cause. This is even more true if it happened during effort, with chest pain, or with a racing heart.
My blood pressure pills cannot cause dizziness because they treat my heart.	Blood pressure and water pills are among the top causes of feeling faint on standing. The fix is often a dose change, not stopping the drug.
Dizziness during exercise just means I am out of shape.	Feeling faint during effort is a red flag. It can point to a tight heart valve or a dangerous rhythm. Tell your doctor right away.
A normal ECG in the office means my heart is fine.	A short ECG only shows that moment. A rhythm problem that comes and goes can be missed. A home heart monitor worn for days catches more.
Adding salt is always bad for me.	For most people, less salt is wise. But if your blood pressure drops on standing and you have no heart failure, your doctor may tell you to add some. Follow your own plan.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Falls and injuries	A faint can lead to a fall. A broken hip, a wrist fracture, or a head injury can follow. Older adults are most at risk.
A missed heart rhythm problem	If a slow or fast rhythm is the cause and it is not found, fainting can return. Some rhythm problems raise the risk of a more serious event.
Car or work accidents	Feeling faint or fainting while driving or using machines is dangerous. Tell your doctor if your work or driving puts you or others at risk.
Loss of confidence and doing less	Fear of the next dizzy spell can make people stay home and move less. This can lead to weakness and low mood. Treatment usually brings back confidence.
A delayed valve diagnosis	If a tight aortic valve is the cause and it is missed, the heart can weaken over time. Found early, the valve can be fixed or replaced.



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Points to Know

If you remember nothing else, remember these key points.

- Tell your care team which kind you feel: the faint, woozy kind or the room-spinning kind. It points to the right tests.
- The faint kind is the one most likely to come from the heart or blood pressure.
- Dizziness during exercise, or with chest pain, a racing heart, or fainting, is a red flag. Get it checked right away.
- If you feel faint, sit or lie down and raise your legs. This helps you avoid a fall.
- Stand up in stages, drink fluids, and review your medicines with your doctor. These simple steps fix many cases.
- A short office ECG can miss a rhythm problem. A home heart monitor worn for days catches more.
- Never stop a heart or blood pressure pill on your own. Ask your doctor about a dose change instead.
- Keep a simple diary of when the dizziness happens and what you were doing. It helps find the cause.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Dizziness with chest pain, pressure, or trouble breathing — call 911.
- Fainting, or nearly fainting, during exercise or effort — call 911 or go to the emergency room.
- Dizziness with a racing, pounding, or very slow heartbeat — call us today, or call 911 if it does not stop.
- Slurred speech, a drooping face, or weakness on one side along with dizziness — call 911. These are stroke signs.
- You fainted and hit your head or got hurt — call 911 or seek care now.
- Dizziness that keeps coming back even after more fluids and slow stands — call us this week.
- New dizziness after starting or changing a heart or blood pressure medicine — call us. Do not stop the pill on your own.
- Dizziness with a fast or irregular heartbeat that you can feel — call us, and ask about a heart monitor.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic — Dizziness](#) - Plain-language overview of the kinds of dizziness and their causes.
- [American Heart Association — Syncope \(Fainting\)](#) - AHA page on fainting and near-fainting, the warning signs, and the heart tests used.
- [Mayo Clinic — Dizziness](#) - Patient guide to the causes of dizziness and when to seek care.
- [MedlinePlus — Dizziness and Vertigo](#) - NIH/NLM hub with trusted links on dizziness, fainting, and balance.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Cleveland Clinic — Dizziness](#) [Patient Education]
Distinguishes presyncope/lightheadedness from vertigo and disequilibrium; maps cardiac (arrhythmia, orthostatic, valvular) vs non-cardiac causes.
- [Cleveland Clinic — Presyncope \(Near Fainting\)](#) [Patient Education]
Defines the about-to-faint feeling as reduced blood flow to the brain and lists the cardiac and blood-pressure causes patients should know.
- [MedlinePlus — Dizziness and Vertigo](#) [Patient Education]
NIH/NLM hub for plain-language definitions and triage of dizziness, including red flags that point to a cardiac source.
- [Mayo Clinic — Dizziness: Symptoms and Causes](#) [Patient Education]
Patient-facing breakdown of lightheadedness vs vertigo and the cardiovascular causes (drop in blood pressure, poor circulation, arrhythmia).
- [2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope](#) [Guideline]
Authoritative framework for presyncope/lightheadedness evaluation, orthostatic vitals, and cardiac risk stratification.
- [American Heart Association — Syncope \(Fainting\)](#) [Patient Education]
AHA patient page on fainting and near-fainting; supports the red-flag list and the standard cardiac workup (ECG, heart monitor, echo, tilt-table).
- [Cleveland Clinic — Low Blood Pressure on Standing \(Orthostatic Hypotension\)](#) [Patient Education]
Defines the 20/10 mmHg drop within 3 minutes of standing and the home steps (fluids, slow stands, medication review) for the most common blood-pressure cause.
- [Cleveland Clinic — Bradycardia \(Slow Heart Rate\)](#) [Patient Education]
Confirms a resting rate under 60 bpm and heart block as causes of dizziness and fainting from too little blood reaching the brain.
- [Cleveland Clinic — Aortic Valve Stenosis](#) [Patient Education]
Supports the tight-valve cause: the classic triad of chest pain, fainting/dizziness, and breathlessness, and why dizziness on exertion is a red flag.
- [Mayo Clinic — Dizziness: Diagnosis and Treatment](#) [Patient Education]
Outlines the evaluation steps a clinician uses and the self-care measures (hydration, slow position changes, medication review) we recommend at home.
- [AAFP — Orthostatic Hypotension: A Practical Approach](#) [Guideline]
Primary-care review of the blood-pressure-drop cause: how it is measured, when it signals a deeper problem, and first-line management.



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About This Guide

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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, and the American Heart Association dizziness and fainting pages. Ours adds: a clear split between the faint feeling (presyncope) and the spinning feeling (vertigo), a heart/blood-pressure cause map, a type-to-cause-to-fix table, and a plain red-flag list for when to call 911.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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