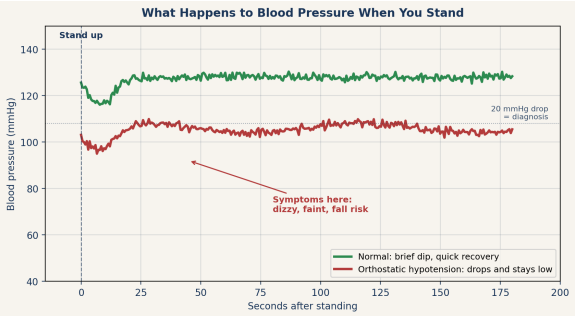
Understanding Orthostatic Hypotension

When your blood pressure drops on standing — causes, risks, and how to manage it

A common, treatable cause of dizziness, falls, and fatigue — especially as we age.



Online: https://go.riasalimd.com/oh-guide

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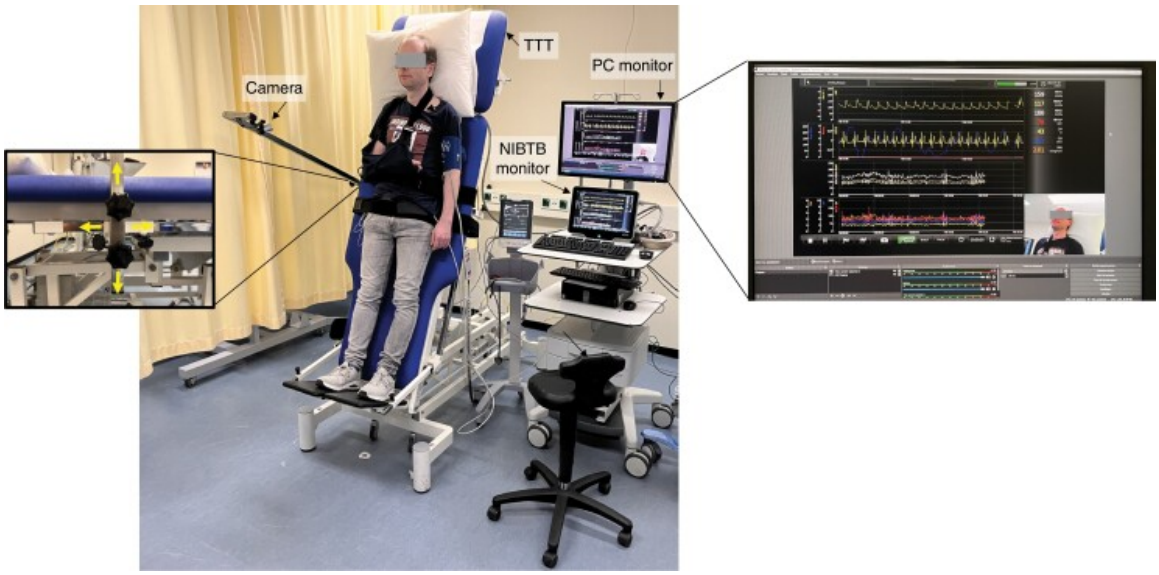
Names & Terms You Will Hear

Term	Meaning
Orthostatic hypotension (OH)	The medical term. 'Orthostatic' means linked to standing up. 'Hypotension' means low blood pressure. It is a drop of 20 points or more in the top number, or 10 points or more in the bottom number, within 3 minutes of standing.
Postural hypotension	An older name for the same thing. It means your blood pressure falls when you change your body position.
Neurogenic orthostatic hypotension (nOH)	A type caused by faulty nerves. It is seen in Parkinson disease and in nerve damage from diabetes. It is often more severe and harder to treat.
Initial orthostatic hypotension	A big drop in the top number in the first 15 seconds of standing, then a quick bounce back. It is common in young, healthy people and rarely needs treatment.
Delayed orthostatic hypotension	Here, blood pressure falls only after you stand for 3 minutes or more. A quick bedside check can miss it. It may need a longer check or a tilt-table test.
Postprandial hypotension	Here, blood pressure drops after meals. It is related but not the same. It is common in older adults and in people with nerve problems.
Tilt-table test	A test for OH or fainting with no clear cause. You are strapped upright on a table. The team watches your blood pressure and heart rate.



A real tilt-table test in progress. The patient is strapped upright on the tilt table (TTT) while a non-invasive beat-to-beat monitor (NIBTB) tracks blood pressure and heart rate in real time on the PC monitor. This is the test used when a bedside standing check does not settle the diagnosis. Image: de Lange et al., Europace 2022 (CC BY 4.0).

What Is Orthostatic Hypotension?

- Orthostatic hypotension means your blood pressure drops too much when you stand up. To meet the medical mark, the top number must fall 20 points or more. Or the bottom number must fall 10 points or more. This must happen within 3 minutes of standing.
- When you stand, gravity pulls about a pint of blood into your legs. Normally your body reacts in seconds. Your heart speeds up and your blood vessels tighten. This keeps blood flowing to your brain. In OH, this response is too slow or too weak.
- OH affects about 5 in 100 adults. In adults over 65, it affects about 20 in 100. The risk goes up with age. It also goes up with blood pressure pills, low fluids, and nerve diseases.
- OH causes dizziness, lightheadedness, blurred vision, and fainting. It is a top cause of falls in older adults. The good news: it can be treated.
- Sometimes OH is harmless. It may just be low fluids or a drug side effect. But it can also point to a deeper problem, such as Parkinson disease or nerve damage from diabetes. Finding the root cause matters.

Why It Matters

- Falls from OH are common and costly. But they can be prevented. A broken hip, a head injury, or the loss of living on your own can start with one faint at home.
- OH doubles the risk of stroke, heart problems, and death. This holds true even apart from other risks. It is a warning sign that your blood vessels are weak.
- Many cases are caused or made worse by medicines. A careful look at your drug list often cuts symptoms a lot. And it does not add new drugs.
- Many older adults have OH and high blood pressure when lying down at the same time. Treating one can make the other worse. That is why your plan must be built for you.
- Left untreated, OH can take a real toll on daily life. Fear of dizziness, doing less, and low mood are common.

Treatment Options

- Step one: review every medicine you take. The most common culprits are blood pressure pills, water pills, mood drugs, alpha-blockers, and Parkinson drugs. A lower dose or a swap often fixes the problem.
- Drink plenty of fluids. Aim for 8 to 10 cups a day. (Drink less only if your heart or kidney doctor told you to.) Drinking 2 cups of water 30 minutes before you get up can raise your standing blood pressure.
- Add salt to your meals, about 2 teaspoons a day, if your doctor agrees. Salt builds up your blood volume. It is one of the best steps you can take without a drug.
- Wear thigh-high or waist-high compression garments during the day. They keep blood from pooling in your legs and belly.
- Raise the head of your bed 4 to 6 inches. This lowers your blood pressure spikes at night. It also helps you stand more easily in the morning.
- Use simple moves to boost your blood pressure fast: cross your legs and squeeze, or tense your fists and arms. Stand up in steps: sit on the edge of the bed, then stand, then pause.
- Medicines like midodrine, droxidopa, and fludrocortisone are added when lifestyle steps are not enough. Each has trade-offs. One is the risk of high blood pressure at night when you lie down.

Risks, Benefits, and Alternatives

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

Option	Risks	Benefits	Alternatives
Medication review and adjustment (always step 1)	Some blood pressure, mood, or bladder drugs may need a lower dose or a swap. Your other health problems could flare if these drugs are stopped.	Often the one step that helps the most. You may feel better in days. It is free, and it adds no new pills.	You could try salt and compression first. This is fine, but it works more slowly. You could start midodrine. But wait on that until the drug review is done.
Lifestyle steps (fluids, salt, compression, slow stands, head-up tilt at night)	Compression garments feel hot in summer. Salt can raise your blood pressure when you lie down. Do not add salt if you have heart failure.	These steps work for 50 to 70 out of 100 people with mild or moderate OH. They do not clash with any drug. All major guidelines list them first.	You could add midodrine. It works faster but is one more pill. Droxidopa is an option for nerve-caused OH. Or you could watch and wait if your OH is mild.
Midodrine (a blo od-pressure-raisi ng pill)	It can raise your blood pressure if you take it too close to bedtime. It can cause goosebumps, scalp tingling, and trouble passing urine. You take it three times a day, with the last dose by 6 PM.	It raises standing blood pressure by 15 to 25 points in studies. It cuts falls. It works for most types of OH.	Droxidopa is favored for nerve-caused OH, such as in Parkinson disease. Fludrocortisone lasts longer but holds more fluid. Pyridostigmine has a mild effect and is used now and then.

Option	Risks	Benefits	Alternatives
Droxidopa (a drug your body turns into a blood-pressure booster)	It can raise your blood pressure when you lie down. It can cause headache and dizziness. It costs a lot, and your insurance often must approve it first. You take it three times a day.	The FDA approved it just for nerve-caused OH. It raises standing blood pressure in Parkinson disease and other nerve diseases.	Midodrine costs less but is less exact. Fludrocortisone works more broadly but has more side effects. The two can also be paired.
Fludrocortisone (a fluid-holding pill)	It can cause swelling, low potassium, and high blood pressure when you lie down. Do not use it if you have heart failure. Your doctor must check your potassium and weight.	It builds up your blood volume. It helps when salt and water alone are not enough. You take one dose each morning.	Midodrine acts faster and holds less fluid. Droxidopa is an option for nerve-caused OH. Or you could just add more salt if your OH is mild.

Common Misconceptions

Myth	Reality
Feeling dizzy when I stand up is just getting older — nothing to worry about.	Age does raise the risk of OH. But OH is not normal. It doubles the risk of falls, broken bones, and heart problems. It is a real condition. It needs a check and treatment.
My blood pressure pills can't be the cause — they're treating high blood pressure.	Blood pressure drugs are one of the top causes of OH. The same pill that guards your heart can drop your standing blood pressure too far. The fix is often a change in dose, not stopping the drug.
Drinking more water doesn't help.	Drinking fluids is one of the steps that helps the most. In some people, 2 cups of cold water 30 minutes before getting up raises the standing top number by 30 points or more.
If my blood pressure is fine sitting at the doctor's office, I don't have OH.	A sitting reading cannot find OH. To find it, your nurse checks your blood pressure lying down, then again 1 minute and 3 minutes after you stand. Even then, delayed OH can be missed. You may need a tilt-table test.
Salt is bad — I should avoid it.	For most people with OH and no heart failure, more salt is a must. The advice to cut salt is for the general public. People with OH usually need more salt, not less.
Compression stockings are uncomfortable and not worth it.	Thigh-high or waist-high garments work well. (Calf-high ones do not.) Newer garments feel better than the old ones. Most people are surprised by how much they help once they try them the right way.
I should never have high blood pressure if I have OH.	About 30 to 50 out of 100 people with nerve-caused OH also have high blood pressure when they lie down. Treating both at once is hard. That is one more reason your plan must be built for you.

Myth	Reality
If midodrine works, I should take it before bed too.	Never. Do not take midodrine within 4 hours of lying down. Your last dose should be by 6 PM. Taking it before bed can spike your blood pressure and raise your stroke risk.

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 fall injuries	This is the most common and most serious risk. A broken hip, a head injury, or the loss of living on your own can start with one faint. OH triples the risk of falls in older adults.
Fainting	Passing out when you stand is common in severe OH. Your doctor should always rule out a heart cause first. Do not blame OH alone.
Trouble thinking	Each time blood flow to the brain drops, your thinking can suffer. You may feel foggy or slow. Over time this may speed up memory loss in some people.
High blood pressure when lying down	Many people with nerve-caused OH have high blood pressure when they lie down. This raises the risk of stroke and organ harm. Your plan must balance daytime symptoms with nighttime control.
Heart and stroke risk	OH on its own raises the risk of stroke, heart attack, and heart death. It is a sign that your blood vessels are weak.
Lower quality of life	Fear of dizziness makes people do less and pull away from others. Low mood is common. Good treatment usually brings back both function and confidence.

Points to Know

If you remember nothing else, remember these key points.

- Stand up in steps. Sit on the edge of the bed for 30 to 60 seconds before you rise.
- Cross your legs and squeeze, or clench your fists and tense your arms. These moves raise your blood pressure within seconds.
- Drink water before you get out of bed. Your blood pressure is at its lowest then.
- Add salt to your meals if you have no heart failure or kidney disease. Aim for about 2 teaspoons a day.
- Wear thigh-high or waist-high compression garments. Calf-only stockings are not enough.
- Raise the head of your bed 4 to 6 inches. This lowers high blood pressure at night and helps you stand in the morning.
- Never take midodrine within 4 hours of lying down.
- Bring a full list of your medicines to every visit. Many drugs can make OH worse.

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.

- Falls, near-falls, or fainting — call us today.
- Dizziness that will not go away even with fluids and slow stands — call us this week.
- Bad morning dizziness that stops you from doing daily tasks — call us today.
- Chest pain, a bad headache, weakness on one side, or a change in your vision — call 911.
- New trouble breathing or swelling in your legs after you start OH medicines — call us today. This may mean too much fluid.
- A pounding headache or blurred vision when you lie down — call us today.
- Symptoms that will not go away even with full treatment — call us. You may need to see a specialist.
- A big weight change, a gain or loss of more than 5 pounds in a week — call us this week.

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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 — Orthostatic Hypotension - Patient-friendly overview of OH symptoms, evaluation, and management.
- Mayo Clinic — Orthostatic Hypotension Diagnosis and Treatment - Detailed patient guide on diagnosis steps, treatment options, and self-care.
- CDC STEADI — Postural Hypotension Patient Brochure - CDC fall-prevention brochure with simple steps to prevent falls from OH at home.
- AAFP — Orthostatic Hypotension: Evaluation and Treatment - Primary-care review with evaluation flow and medication options.

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.

- Cheshire & Goldstein — Autonomic Uprising: 2024 Consensus Statement on Orthostatic Hypotension (Auton Neurosci 2023) *[Guideline]*
  Current consensus on diagnostic criteria (>=20 mmHg systolic or >=10 mmHg diastolic drop within 3 minutes of standing), classification (initial / classical / delayed / neurogenic), and tiered management.
- Kaufmann et al — Droxidopa for Neurogenic Orthostatic Hypotension (Neurology 2014) *[Clinical Trial]*
  Pivotal trial establishing droxidopa efficacy for symptomatic neurogenic OH in Parkinson disease, MSA, and pure autonomic failure. FDA-approval foundation.
- Low et al — Efficacy of Midodrine vs Placebo in Neurogenic OH (JAMA 1997) *[Clinical Trial]*
  Landmark RCT showing midodrine raises standing systolic BP by ~22 mmHg and reduces fall risk in OH. Foundation for the FDA midodrine indication.
- Juraschek et al — ACCORD: Effects of Intensive BP Lowering on Orthostatic Hypotension (Hypertension 2017) *[Clinical Trial]*
  Showed intensive BP control does NOT increase OH; OH was associated with worse outcomes regardless. Informs how aggressive to be with antihypertensives in OH patients.
- Cleveland Clinic — Orthostatic Hypotension *[Clinical]*
  Patient-friendly overview of OH symptoms, evaluation, and management.
- Mayo Clinic — Orthostatic Hypotension *[Clinical]*
  Patient guide on diagnosis, treatment options including medications and lifestyle adjustments.
- AAFP — Orthostatic Hypotension: Evaluation and Treatment (Am Fam Physician 2022) *[Clinical]*
  Primary-care framework: stepwise evaluation, medication review, non-pharmacologic and pharmacologic management.
- CDC STEADI — Postural Hypotension (Fall Prevention Initiative) *[Clinical]*
  CDC fall-prevention brochure specifically targeting older adults. Plain-language steps to prevent falls from OH.

About This Guide

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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, AAFP, and CDC STEADI patient pages. Ours adds: a visual blood pressure trace showing the diagnostic threshold, explicit distinction between neurogenic and non-neurogenic causes, the role of medication review (often the single most actionable step), and concrete bedside maneuvers like leg crossing and isometric tensing.

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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