

Postural hypotension

This leaflet explains more about postural hypotension, including how it is diagnosed, treatment options and how you can manage the symptoms. If you have any further questions, please speak to a doctor or nurse caring for you.

What is postural hypotension?

Postural hypotension (also known as orthostatic hypotension) is a drop in blood pressure which often occurs when a person changes their body position, typically from lying to standing or sometimes to sitting. This drop in blood pressure causes a temporary reduction in blood flow to the brain. This may cause one or more of the following symptoms, many of which increase the risk of falls.

- Dizziness
- Light-headedness
- Unsteadiness
- Changes in vision such as blurring.
- Weakness
- Nausea
- Blackouts (although this is rare).

When are the symptoms likely to happen?

When there is an increased demand for the blood circulating in the body.

- Symptoms may be worse in the morning as the blood pressure is naturally lower.
- During exercise and activity of any kind as the demand for blood for the muscles is increased (including housework).
- After meals due to an increased demand for the blood in the digestive system.

How is postural hypotension diagnosed?

It can be diagnosed by measuring your blood pressure whilst you are lying down and then again when you are standing. If you are over 65 years old or report any of the above symptoms, you will be assessed during your hospital admission. If you start to develop symptoms when at home, contact your GP for advice.

What causes postural hypotension?

Postural hypotension can occur at any age but is more common in older people. There are several possible causes:

- Dehydration. Not drinking enough fluids (dehydration) reduces the amount (volume) of blood circulating through your blood vessels. This can lower your blood pressure.

- Heart conditions. Some heart conditions lead to low blood pressure and prevent your body from pumping blood quickly when you stand up. They include conditions causing a slow heart rate or heart failure.
- Hormone (endocrine) problems. Some hormone problems, such as low thyroid levels or uncontrolled diabetes, make it harder for your body to control blood pressure.
- Conditions affecting the nervous system. Some conditions that affect the nervous system, such as Parkinson's disease, make it harder for your body to control blood pressure.
- Medications. Some medications may affect your blood pressure and have the potential to cause your blood pressure to drop on occasion.

How can I manage my symptoms?

- Take care when getting up, particularly in the morning – avoid standing up quickly.
- Elevate the head of your bed or raise pillows at night.
- Drink a glass of water before you get up.
- Eat several small meals instead of large meals.
- Avoid becoming dehydrated.
- Avoid sitting or standing for long periods of time.
- Avoid bending at the waist – if you drop something on the floor, bend with your knees and squat down to recover it or use a 'grabber' device.
- Avoid very hot baths and showers.
- Avoid excessive alcohol intake.

If these measures do not help, a doctor may need to review your medications, start you on a medication or consider increasing your salt intake. Do not stop taking any medications or increase your salt intake without first discussing with your doctor.

Suggested exercises to help reduce your symptoms.

Before you stand up, in sitting position

- Start with your feet flat on the floor then lift your toes upwards, keep your heels on the floor then move feet up and down at the ankle 'tapping' the ground.
- March your legs up and down while in sitting position.
- Stretch / extend legs one at a time, straightening at the knee and hold that extended position, then slowly lower back down, repeat with other leg.
- Clench your buttock and abdominal muscles.

What to do if you feel symptoms coming on:

Think of the symptoms as a warning that your blood pressure is too low. The way to improve your symptoms and maintain your safety is to:

- **STOP** what you are doing.
- **SIT DOWN / LIE DOWN**

- **DRINK** a glass of water.

THINK about what could have triggered your symptoms.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

