



Dizziness or Fainting



Orthostatic hypotension (OH) is a drop in blood pressure that happens when you go from a seated position or lying down to standing. Certain medications (including those for high blood pressure), dehydration and conditions such as heart disease increase this risk.

When orthostatic hypotension is related to a neurologic disorder like Parkinson's disease (PD), it's called **neurogenic orthostatic hypotension, or nOH**. Damage caused by nervous system disorders, including Parkinson's, can result in the nervous system not being able to make or release norepinephrine, a chemical that constricts blood vessels and raises blood pressure. This causes dizziness or lightheadedness.

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Neurogenic orthostatic hypotension tends to be underdiagnosed. It is usually identified because people experience **dizziness** or **lightheadedness** when they stand up. Other nOH symptoms include:

- **Weakness**
- **Difficulty thinking**
- **Headache**
- **Blurred or dimmed vision**

In early Parkinson's, you might not notice the dizziness, but you may experience the foggy thinking or memory problems.

Managing nOH

If you become lightheaded upon standing, report it to your doctor. In general, asking your doctor to screen you for nOH once a year is a good idea. This is done by taking your blood pressure while lying down and then standing. A drop of 20 points in the top number (systolic) or 10 points in the bottom number (diastolic) indicates nOH.

If you receive a diagnosis of nOH, talk to your doctor about reducing or eliminating certain medications (such as antihypertensives, medications that bring down blood pressure, and some dopaminergic medications, those that boost parts of the brain influenced by dopamine).

Lifestyle Strategies to Try

- Monitor your [blood pressure](#).
- Drink more fluids (water or electrolyte water) to keep hydrated, at least one cup (8 ounces) with meals and two more at other times of the day. If you expect to be standing for a long period of time, quickly drinking two 8-oz glasses of cold water can help increase blood volume and keep blood pressure higher for several hours.
- Practice regularly gentle exercise and avoid long periods of inactivity.

- Eat small, frequent meals. Avoid hot drinks and hot foods. If your doctor agrees it is safe, increase your salt intake (such as by eating prepared soups or pretzels). Note: people with heart and/or kidney diseases should avoid this strategy unless approved by their physicians.
- Wear thigh-high compression stockings and/or abdominal binders. Compression garments such as antigravity stockings can be effective in preventing OH.
- Sleep with the head of your bed elevated/tilted up between 10 and 30 degrees.
- Do isometric exercises, such as marching your legs slowly in place, before getting up.
- Change positions slowly, especially when rising from a seated to a standing position. Pause for several seconds between each move.

Behaviors and Circumstances to Be Aware Of

- Exposure to heat
- Fever
- Prolonged standing
- Vigorous exercise
- Drinking alcohol
- Straining while going to the bathroom
- Meals high in carbohydrates

If these strategies do not help, there are several medications available to treat nOH. To learn more, call our Helpline at 1-800-4PD-INFO (1-800-473-4636) or read our book [**Medications: A Treatment Guide to Parkinson's Disease**](#). Then talk to your doctor about your options.

Parkinson's Foundation Helpline

Contact our Helpline at 1-800-4PD-INFO (1-800-473-4636) or Helpline@Parkinson.org for answers to your Parkinson's questions. Helpline specialists can assist you in English or Spanish, Monday through Friday, 9 a.m. to 7 p.m. ET.

LEARN MORE

Page reviewed by Dr. Jun Yu, Movement Disorders Fellow at the University of Florida, a Parkinson's Foundation Center of Excellence.

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