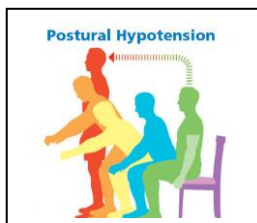


## Postural (Orthostatic) hypotension

### Prescribing Tip For Information

Postural (Orthostatic) hypotension is a sustained reduction of systolic blood pressure of at least 20 mm Hg or diastolic blood pressure of 10 mm Hg within 3 min of standing or head-up tilt to at least 60° on a tilt table. Postural hypotension may be symptomatic or asymptomatic [NICE NG136](#)



#### Postural hypotension:

- Puts people at risk of falls.
- Impairs quality of life.
- Increases risk of coronary heart disease, heart failure, stroke, AF, depression, dementia, and death

Aim of treatment is to reduce symptoms and reduce risk of injury, NOT to reduce the drop in blood pressure. There is a poor correlation between the degree of drop, the symptoms people feel and the chance of complications such as falls. Treat the patient not the blood pressure. Asymptomatic postural hypotension does not usually need treating.

Consider possible reversible causes, such as **drugs**, infection, anaemia and dehydration. Antihypertensives, Nitrates, Diuretics, Alpha-blockers, Beta-blockers, SSRIs, Tricyclics. and Antipsychotics may be linked to postural hypotension. Consider stopping, reducing the dose or swapping to longer-acting versions (if available), of the drug(s) that may be contributing to the postural hypotension.

#### Which lifestyle changes can help?

- Change position slowly and avoid sudden changes in posture (from lying/sitting to standing).
- Avoid things that are likely to make it worse, such as prolonged standing, large meals, alcohol and dehydration and hot environments or hot baths/showers.
- Deconditioning worsens symptoms so physical activity may help.
- If standing, crossing the legs and tensing the muscles in the legs/buttocks may help.
- Sleep with head of bed elevated.
- Lower limb compression and abdominal binders - there is limited evidence for this.

#### Drugs used to treat Postural Hypotension

Suitable for prescribing in primary care following recommendation or initiation by a specialist.

Drug	Dosage	Comments
<a href="#">Fludrocortisone</a> (off label use) Amber drug	Initially 50mcg to 100mcg daily. May be increased to 200mcg. Maximum dose (300mcg)	Can cause adrenal suppression – do not stop suddenly and ensure patient carries a <a href="#">Steroid Emergency Card</a> . Regular monitoring needed
<a href="#">Midodrine</a> Licensed Amber drug	Initially 2.5mg three times daily. May be increased in weekly increments to 10mg three times daily.	Last dose should be taken at least 4h before bedtime to avoid supine hypertension. Regular monitoring needed.

Consider re-referral to specialist care if symptoms of postural hypotension persist.

Postural Tachycardia Syndrome (PoTS) is a useful website for patients.