

Falls and Syncope

A plain-English guide for you and your family

WHAT IS HAPPENING

Your body keeps you upright and walking by weaving together three jobs every second: your heart pumps blood up to your brain, your blood pressure stays steady when you stand, and your legs and balance system hold you steady. When any one of those jobs fails, you can fall or pass out. The heart might beat too slow, too fast, or skip beats (arrhythmia). A valve might be stiff or leaky so blood backs up. Your blood pressure might drop when you stand up because medicines pushed it too low, you are dehydrated, or the automatic nerves that squeeze your blood vessels are worn out. Your brain might misfire in a seizure, lose blood flow in a mini-stroke, or spin (vertigo) because the balance sensors in your inner ear send wrong signals. Your muscles might be weak, your vision blurry, or too many medicines might slow your reflexes and cloud your thinking. Each cause leaves clues: if you faint and wake up fast with no confusion, suspect the heart or blood pressure; if you stay confused, suspect a seizure or stroke; if the room spins, suspect the inner ear. The danger is not just the bruise or scrape—it is the broken hip that ends independence, the head bleed that kills, or the sudden cardiac arrest during the next faint. That is why every fall and every faint deserves a full work-up to find the one broken thing upstream and stop it before it happens again.

What you might feel

- Sudden loss of consciousness (passing out completely)
- Feeling dizzy or lightheaded right before falling
- No memory of the fall itself
- Pale or sweaty skin just before or during the episode
- Quick recovery (back to normal within a minute or two)
- Confusion or slow thinking for several minutes after waking up
- Chest pain or pounding heart before or after the fall
- New trouble speaking, weakness on one side, or vision loss after the fall
- Blood pressure drops more than 20 points (systolic) when standing up
- Abnormal heart rhythm on ECG (electrocardiogram, the heart tracing test)

Call the doctor right away if...

- Chest pain, shortness of breath, or a racing heart before or after the fall
- Confusion, slurred speech, weakness on one side, or vision loss that does not go away quickly
- Fall happened during exercise or while lying down (suggests a heart rhythm problem, not just low blood pressure)
- Family history of sudden death before age 50 (raises concern for inherited heart rhythm disorders)
- Very slow heart rate (under 40 beats per minute) or very fast rate (over 150) on exam or monitor

What the care team will do

- Get orthostatic vital signs by measuring blood pressure and heart rate lying down, then immediately after standing, then again at 3 minutes standing
- Check a 12-lead EKG to look at heart rhythm and measure PR interval, QRS width, and QT interval
- Do a complete fall risk assessment including vision check, footwear safety, gait steadiness, and muscle strength testing
- Review the medication list and hold or reduce doses of antihypertensives, diuretics, benzodiazepines, anticholinergics, and sedating medicines
- Check hemoglobin level, blood glucose, sodium level, and kidney function with basic metabolic panel
- Place the patient on continuous cardiac telemetry monitoring if they had fainting (syncope) without warning or palpitations before the event
- Teach the patient to sit on the bed edge for 1 minute before standing and to do ankle pumps and leg muscle squeezing while sitting
- Make a home safety plan including removing throw rugs, installing grab bars in bathroom, improving lighting, and getting a bedside commode for nighttime

Medicines you may be given — and why

Fludrocortisone

Fludrocortisone tells the kidneys to hold onto more salt and water. When the body keeps more salt, it pulls extra water into the blood vessels. This raises the total volume of blood in the pipes (arteries and veins). More blood in the pipes means higher blood pressure when you stand up, so you are less likely to feel dizzy or faint from blood pressure dropping too low.

Midodrine

Midodrine squeezes the muscle layer in the walls of veins and arteries. When the blood vessels squeeze tighter, the space inside gets smaller. This pushes blood pressure up, especially when you stand. Higher pressure means more blood reaches the brain, so you are less likely to feel dizzy or faint from blood pooling in your legs.

Compression stockings (20-30 mmHg waist-high or thigh-high)

Compression stockings are tight elastic socks that squeeze the legs and lower belly. The squeezing stops blood from pooling in the veins of the legs when you stand. Instead, the blood is pushed back up toward the heart and brain. This keeps blood pressure from dropping and reduces dizziness and fainting when you move from sitting to standing.

Stop or reduce high-risk medicines (anticholinergics, benzodiazepines, opioids, alpha-blockers, vasodilators, multiple blood-pressure pills)

Many common medicines make falls and fainting more likely by clouding thinking, slowing reflexes, dropping blood pressure, or weakening muscles. The doctor reviews every pill and either stops the risky ones, switches to a safer choice, or lowers the dose. Fewer risky medicines means a clearer mind, steadier balance, normal blood pressure when standing, and stronger reflexes to catch yourself.

Vitamin D (cholecalciferol) 800-2000 IU daily and Calcium 1000-1200 mg daily (for osteoporosis prevention and muscle strength)

Vitamin D helps the gut absorb calcium from food, and it keeps muscles strong by helping muscle cells work properly. Calcium hardens bones so they are less likely to break if you fall. Together, vitamin D and calcium reduce both the risk of falling (by keeping muscles strong and steady) and the risk of breaking a bone if a fall does happen.

Physical therapy (balance training, gait training, strength exercises)

A physical therapist teaches you exercises that strengthen your leg and core muscles, improve your balance, and make your walking pattern smoother and safer. Stronger muscles and better balance mean you are less likely to stumble, and if you do start to fall, you have the strength and reflexes to catch yourself. The therapist also spots hazards in how you move and teaches you safer ways to get up, sit down, and turn.

Cardiac pacemaker (for a slow heart rate (bradycardia) or heart block)

A pacemaker is a small battery-powered computer placed under the skin near the collarbone. It watches your heart rhythm. If your heart beats too slowly or skips beats because the heart's natural pacemaker (the SA node) or wiring (the AV node) is broken, the device sends a tiny electrical pulse through a wire into the heart muscle. This pulse makes the heart squeeze. A

steady heart rate means steady blood flow to the brain, so you do not faint from a heart that pauses or beats too slowly.

Tilt training (for vasovagal fainting (syncope))

Tilt training teaches your body to handle sudden blood pressure drops. You stand against a wall or on a tilt table for increasing lengths of time each day. Over weeks, this repeated challenge retrains the autonomic nervous system (the automatic control system for heart rate and blood vessel tone) to react faster and stronger when blood starts to pool in the legs. You also learn physical counter-maneuvers (leg crossing, squatting, tensing muscles) to squeeze blood back up to the heart and brain at the first sign of dizziness.

Where this information comes from

- ACC/AHA/HRS 2017 Syncope Guideline
- American Geriatrics Society 2022 Falls Prevention Guideline
- Cochrane Systematic Reviews (Syncope and Falls)
- NEJM Clinical Practice (Syncope in Adults)

Last reviewed: 2026-07-07