

Syncope and Orthostatic Hypotension

A plain-English guide for you and your family

WHAT IS HAPPENING

Your brain needs a steady stream of oxygen-rich blood to stay awake and working. That stream depends on three things working together: your heart pumping strongly enough, your blood vessels squeezing just right to keep pressure up, and your nervous system adjusting everything second by second when you stand or move. Fainting (Syncope) means fainting — a sudden, brief loss of consciousness because not enough blood reached your brain for a moment. Orthostatic low blood pressure (hypotension) means your blood pressure drops too much when you stand up, so you feel dizzy or lightheaded (and sometimes you faint). Both happen when one part of that delivery system fails: your heart might beat too slowly or too fast in a dangerous pattern, you might be low on blood or fluid from bleeding or not drinking enough, or the nerves that tell your blood vessels to squeeze might stop working (common with diabetes, aging, Parkinson's disease, or certain medicines). Your body tries to fix the drop by speeding up your heart and tightening vessels elsewhere, but if the problem is too big or too sudden, you faint — which is actually your body's emergency fix, because lying flat lets gravity help blood reach your brain again. Most fainting is harmless (like standing too fast on a hot day or seeing something upsetting), but some signals a dangerous heart rhythm, bleeding inside your belly, or a stiff heart valve, so every faint needs a careful check: your doctor will ask exactly what happened, take your blood pressure lying and then standing, listen to your heart, run an ECG (a tracing of your heart's electrical pattern), and sometimes check your blood count.

What you might feel

- Sudden lightheadedness or feeling like you might faint
- Brief loss of consciousness (passing out for less than a minute)
- Pale, cool, clammy skin
- Vision tunneling or going gray or black
- Nausea or feeling sick to your stomach
- Fast or pounding heartbeat (palpitations)
- Weakness or rubbery legs when you stand

- Confusion or trouble thinking clearly right after standing
- Headache or neck pain after fainting

Call the doctor right away if...

- Fainting (Syncope) during exercise or while lying flat (may mean a dangerous heart-rhythm problem or a blocked valve)
- Chest pain, trouble breathing, or a very fast or very slow pulse with the faint (signals a serious heart issue)
- New fainting (syncope) in someone over 60 or anyone with known heart disease (higher chance of a life-threatening cause)
- Repeated fainting spells without a clear trigger, or loss of consciousness that lasts more than one to two minutes (needs urgent work-up for seizure, serious heart block, or a structural heart problem)
- Family history of sudden death before age 50 or known inherited heart conditions like long QT syndrome or hypertrophic cardiomyopathy (fainting may be the first sign of the same deadly rhythm problem)

What the care team will do

- Place patient flat or in Trendelenburg position (head down 20 degrees) immediately if blood pressure is low or patient feels faint
- Obtain full set of orthostatic vital signs: blood pressure and heart rate lying flat, then repeat at 1 minute and 3 minutes after standing
- Place patient on continuous cardiac monitor and obtain 12-lead EKG within 5 minutes
- Start large-bore IV and give 500 mL normal saline bolus rapidly, then reassess blood pressure and symptoms
- Review medication list and hold diuretics, beta-blockers, ACE inhibitors, nitrates, and sedatives until provider evaluates
- Check fingerstick glucose and treat if below 70 mg/dL with 15 grams fast-acting carbohydrate
- Assess for signs of bleeding: inspect skin for bruising, check stool color, ask about vomiting blood, and monitor hemoglobin trend
- Keep bed in lowest position with call light in reach; assist with all position changes and bathroom trips

Medicines you may be given — and why

Midodrine

Midodrine squeezes the small blood vessels in your arms, legs, and belly, making them narrower. This tightening pushes more blood back toward your heart and keeps your blood pressure from dropping when you stand up. It works especially well for people whose blood vessels stay too relaxed when they stand, letting blood pool in their legs instead of climbing back up to feed the brain.

Fludrocortisone

Fludrocortisone tells your kidneys to hold on to sodium (salt) and water instead of letting them leave in your urine. More salt in your blood pulls more water into your vessels, like a sponge soaking up a puddle. This extra fluid volume raises your blood pressure and keeps it from dropping so steeply when you stand. It is especially helpful for people whose blood volume is too low or whose kidneys dump too much salt.

Pyridostigmine

Pyridostigmine blocks the enzyme (a protein scissor) that normally breaks down acetylcholine, a chemical messenger your nerves use to tell blood vessels and organs what to do. By stopping the breakdown, more acetylcholine stays around longer at the nerve endings. This extra messenger gives a gentle nudge to the autonomic nerves that control your blood vessels, helping them squeeze a bit more when you stand. It is usually used as add-on therapy for neurogenic orthostatic low blood pressure (hypotension) (when nerve damage leaves your vessels too floppy).

Droxidopa

Droxidopa is a chemical building block that your body converts into norepinephrine, the main messenger your autonomic nerves use to tighten blood vessels and raise blood pressure. In people with certain nerve diseases (like pure autonomic failure or Parkinson disease with orthostatic low blood pressure (hypotension)), the body does not make enough norepinephrine. Droxidopa gives the body raw material to make more, helping restore the squeeze signal that keeps blood pressure steady when you stand.

Increased salt and fluid intake (non-drug first step)

Drinking more water and eating more salt (sodium) increases the total volume of fluid in your blood vessels. Think of your circulatory system like a garden hose: if there is barely any water inside, the hose sags and pressure drops; fill it up and it firms up, delivering steady flow. More blood volume means less of a pressure drop when you stand, because there is enough liquid to keep your brain fed even when gravity pulls blood downward into your legs. Guideline

consensus (AHA/ACC, AAN) recommends this as the foundational step before adding medications.

Where this information comes from

- American Heart Association / American College of Cardiology 2017 Syncope Guideline
- European Society of Cardiology 2018 Syncope Guidelines
- American College of Emergency Physicians Clinical Policy on Syncope
- UpToDate

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