Low Blood Pressure and Parkinson’s

Callers to the Parkinson’s Foundation Helpline frequently ask us for tips about coping with a condition known as neurogenic orthostatic hypotension (nOH), or low blood pressure. If you have experienced it, you may already know that this symptom is common in mid- and late-stage Parkinson’s disease (PD), and it can be quite alarming.

Neurogenic orthostatic hypotension is a sharp drop in blood pressure that happens when a person gets up from bed or from a chair, causing dizziness or even loss of consciousness. Doctors define it as a blood pressure drop of 20 millimeters of mercury (20 mm Hg) in systolic blood pressure (the top number in a blood pressure reading), or a drop of 10 millimeters in diastolic blood pressure (the bottom number), within three minutes after standing up. The condition can put people with Parkinson’s at risk of fainting, losing balance, falling and being injured. What can you do? Learn strategies to predict when blood pressure is most likely to fall and also take steps to avoid feeling dizzy in the first place.

Diagnosis of nOH

Your doctor can test for nOH by measuring your blood pressure. If you feel a little dizzy when you first stand up — but the feeling passes quickly — you probably do not have the condition. If instead your blood pressure continues to drop after a minute or more of standing, this may suggest a problem.

It is important that your physician measure your blood pressure while you are lying down, sitting and standing. Sometimes, nOH is only revealed when the blood pressure is measured in these three positions.

The symptoms of nOH include the following:

- difficulty thinking
- headache
- feeling faint
- fainting
- trembling
- nausea
- cold hands and feet
- chest pain

Causes

Normally, when a person rises from lying down or sitting, the blood vessels constrict and send blood from the legs and trunk up to the head. In addition, the heart beats slightly faster and more forcefully. In people living with PD, the heart rate may not increase upon standing, and the blood pressure may drop as a result.

Both PD itself and the medications that are used to treat it can contribute to nOH. People with PD may be on other medications that affect blood pressure. In addition to some PD medications, drugs for high blood pressure — including calcium channel blockers — certain antidepressants, drugs to treat urinary problems and drugs for erectile dysfunction can cause nOH.

Additional causes include diuretics, cardiac disease, dehydration, fever, and anemia.

How to Avoid Neurogenic Orthostatic Hypotension

If you can recognize your symptoms and are aware of what makes them worse, you can take steps to reduce and avoid them.
Most importantly, avoid being dehydrated, especially during the months of hot weather. Ask your doctor to identify the medications you are taking that may lower your blood pressure and see if a change in dose is indicated. Avoid abrupt changes in position.

**Drug Therapies**

Ask your doctor about medications that can help you manage nOH and its effects. Be aware that medications that raise low blood pressure to normal levels when a person is standing may cause high blood pressure when a person is lying down. Check with your doctor about potential side effects when considering medical treatment for nOH.

For more information, call our Helpline at 1-800-4PD-INFO (473-4636).

**TIPS**

**Avoiding Neurogenic Orthostatic Hypotension**

- Drink lots of water and other fluids, at least one cup (eight ounces) with meals and two more at other times of the day.
- Practice regularly gentle exercise and avoid long periods of inactivity.
- Eat small, frequent meals. Reduce alcohol intake and avoid hot drinks and hot foods.
- After consulting your doctor, increase your salt intake by eating prepared soups or pretzels. Note: for people with heart disease, this should be avoided.
- If you expect to be standing for a long period of time, quickly drinking two eight-ounce glasses of cold water will increase blood volume and causes blood pressure to go up for several hours.
- Try wearing compression garments such as antigravity stockings.
- Do isometric exercises, like marching your legs slowly in place, before getting up.
- Shift slowly from lying to sitting and then standing.

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