

Low Blood Pressure and Parkinson's (Orthostatic Hypotension)

Some people with Parkinson's may have problems with low blood pressure, also called hypotension. 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 fall in systolic blood pressure of at least 20 mm Hg and/or diastolic blood pressure of at least 10 mm Hg within 3 minutes of standing and may be symptomatic (dizziness, fainting) or asymptomatic.

People with Parkinson's (PD) who have a combination of orthostatic hypotension and impairment of postural reflexes (i.e: loss of balance) are at risk for dizziness, fainting and falls leading to fractures. Fractures have serious consequences for the long-term health of patients with PD. A safety assessment from a rehabilitation specialist is strongly recommended. Lying and standing blood pressure recordings are essential as diagnostic measures.

Orthostatic hypotension can be a symptom of Parkinson's or it can be a side effect of the drugs used to treat Parkinson's. Always review all your medications with your doctor to identify any that may be contributing to low blood pressure.

Triggers for dizziness and fainting include:

1. The addition of antiparkinson drugs if you are already taking tablets to lower your blood pressure, or drugs known to lower blood pressure (e.g. tricyclic antidepressants such as amitriptyline, nortriptyline, doxepine).
2. Increasing the dose of antiparkinson drugs too quickly, particularly dopamine agonists (e.g. bromocriptine, pergolide, ropinerole or pramipexole).
3. Taking antiparkinson drugs on an empty stomach.
4. The hour following taking medications, or a meal.
5. Urinating standing up (men).
6. A bowel movement.
7. Lying flat for too long,
8. Getting up too quickly from a bed, or chair, or after a bowel movement
9. Warm weather, dehydration and hot baths.

Prevention strategies include:

1. Increase intake of fluids and salt.
2. Have a 6 to 8 oz. glass of orange juice before you get out of bed each morning. Sit on the side of the bed for a couple of minutes before you get up.
3. One to 2 cups strong coffee for breakfast and a small cup after meals will help to increase your blood pressure.
4. Increase your clear fluids until about 4 p.m. (To limit trips to the bathroom during the night)
5. Remain seated after a meal for about 20 minutes. Blood is drawn to the gastrointestinal tract to aid digestion, which is why we feel sleepy after a big meal. If you stand up quickly after a meal, there will not be enough blood volume to sufficiently supply the brain.
6. Sit down to towel off after a shower or a bath and then get up.
7. Be careful standing up too quickly after a bowel movement or urinating. Men with low blood pressure should urinate sitting down.
8. Stay out of hot sun; avoid hot tubs, saunas, and steam rooms.
9. Never stand still (particularly after exercise) as blood pools in the legs.
10. Always sit down after any exercise, even walking about the house.

If orthostatic hypotension persists despite these prevention measures, a physician may suggest reducing, stopping or replacing drugs known to be lowering your blood pressure. If this is not possible, the physician may recommend an antihypertensive such as fludrocortisone or midodrine, which will artificially raise your blood pressure.

If you have very low blood pressure you may be at risk for recumbent hypertension. This means that your blood pressure may go up too much when you lie down. We recommend that when you are in bed or lying on a couch, your head should be 30 degrees higher than your feet. This can be done with lots of pillows or by raising the head of the bed by putting the feet of the bed on bricks, blocks or books.

If you have been taking medication to lower your blood pressure, make sure your blood pressure is checked regularly. Medication to lower blood pressure, combined with the drugs used for Parkinson's, may make your blood pressure go low.

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