

Feel dizzy as you stand up? Your blood pressure may be dangerously low

By [Angela Epstein](#) Last updated at 9:44 AM on 26th July 2011

Anita Kiernan would love to bathe her two-year-old daughter, Eva. But she hasn't dared to do so since the day her baby was born. It's simply too dangerous.

Anita suffers from postural orthostatic tachycardia syndrome — a condition which causes her to collapse or faint up to 30 times a day.

The 32-year-old can pass out simply through sneezing, coughing or kneeling down. She could faint when she climbs the stairs, or if she stands in a queue for more than a minute or so.



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In a spin: Anita Keirman struggles with dizzy spells, just standing up can cause her to feel faint

Though each spell lasts no more than a few seconds, the impact of the condition has changed her life: she had to give up the nursing career she adored, surrender her driving licence, and only got through her marriage ceremony by leaning on both her husband and his best man.

Dancing at the wedding was impossible.

'It's a condition that controls your life,' Anita says. 'Though what is hardest is not being able to do the things with my daughter that other mothers simply take for granted, such as pushing her on a swing in the park.'

The condition is caused by an abnormal functioning of the body's autonomic nervous system — which is responsible for involuntary actions such as the beating of our hearts — meaning the sufferer is unable to regulate their blood pressure.

Blood pressure drops slightly when we change posture, for example moving from sitting down to standing up.

In normal circumstances, the body simply recalibrates; blood vessels that supply blood to the brain detect the change in blood flow and send signals to make the heart rate momentarily increase, explains Dr Glyn Thomas, consultant cardiologist and electro physiologist at the Bristol Heart Institute.

'But for those with postural orthostatic tachycardia syndrome, a change in posture means blood pressure drops dramatically, and so the heart races to increase blood flow to the organs and brain.

'If this doesn't happen quickly enough, the person faints because of lack of blood supply to the brain. We still don't know what causes it, though in some cases it could be genetic.'

The condition is surprisingly common, and between 75 and 80 per cent of sufferers are women aged 15 and 50, although older people can also be affected. While Anita's case is an extreme example, milder cases can lead to insomnia, light-headedness and palpitations.

The condition also affects five times as many women as men — though it's not known why — and according to expert Professor Christopher Mathias of Imperial College, London, is 'grossly under-diagnosed'.

The symptoms — which include faintness, palpitations and chronic fatigue — are matters often complained about by the 'worried well', encouraging doctors to dismiss them, adds Dr Thomas.

Anita first began experiencing occasional light-headedness at 16 — and over the next few years her episodes became weekly, then daily occurrences.

'I don't usually black out, I just get this incredible feeling of light-headedness, which creeps over me and if I'm fast enough I'll grab something. But sometimes I just collapse.'

She was referred for a raft of tests to Newcastle's Royal Victoria Hospital, where specialists established she had fluctuating blood pressure, but couldn't pinpoint the cause.



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Take heart: Drugs and lifestyle management can help those with low blood pressure

Initially she was given lifestyle advice to prevent drops in blood pressure, such as increasing her fluid intake, avoiding alcohol and increasing salt in her diet. She was later given Fludrocortisone tablets, which increase the amount of salt and therefore water in the blood.

This, in turn, increases blood volume and so raises blood pressure, and reduced the number of attacks. Meanwhile, Anita learned to recognise when she was about to faint.

‘As soon as I felt even slightly light-headed I’d sit down. As a student, when your eyes roll and you collapse in the street, passers-by just think you’re drunk! Fortunately, I also had very supportive friends who were used to me grabbing at them.’

With the condition seemingly stabilised, Anita moved to Liverpool to begin training as a nurse. But, aged 22, the symptoms began getting worse. After more tests, Anita was prescribed beta-blockers, which slow down the heart to prevent it racing in response to lowered blood pressure.

Again, this seemed to stabilise her condition, but slowly the fainting episodes returned. By 2007 they were occurring up to 30 times a day and Anita had to give up her job as a community nurse.

‘What made things worse was that no one seemed to know what was wrong with me,’ she says.

Researching her symptoms on the internet, she came upon the STARS website, which supports people with a variety of conditions causing blackouts, and read about postural orthostatic tachycardia syndrome.

She was referred to Professor Mathias in London, where her condition was confirmed following tests. ‘I was relieved that what I had finally had a name, but it was devastating to realise there was no cure and that it was a disability that I would only ever be able to control.’

Prof Mathias advised her to avoid triggers such as tiredness or not drinking enough, which helped.

Being drug-free, she and her husband Eric, a 32-year-old project manager, decided to start a family. Eva was born by Caesarean section in May 2009.

‘When Eva was a baby, I struggled to soothe her because it was hard to stand and rock her in case it triggered a collapse. Eric had to wind her after I’d breastfed her.’

‘The problem is my condition is unpredictable. I can look and feel fine one minute and then collapse the next.’

Earlier this year Anita was put on a new drug called midodrine, which raises blood pressure. It’s not licensed in the UK but can be prescribed by specialists.

Together, the medication and lifestyle management have stabilised Anita’s condition, reducing collapsing spells to a couple of times a week, which she says is ‘miraculous’, although her movements are still limited.

There is no cure for postural orthostatic tachycardia syndrome, but drugs can help patients manage day-to-day living, says Dr Thomas, as well as avoiding tiredness, dehydration and alcohol.

Gentle exercise such as walking also helps. A new study by the Institute for Exercise and Environmental Medicine in Texas found that exercise worked better than medicine in restoring blood circulation while standing, improving kidney function and quality of life in sufferers.

But with so much scope for misdiagnosis, how can potential sufferers identify the condition?

A simple clue, says Dr Thomas, is to lie down and take your pulse first thing in the morning when you are rested. Then stand up and take your pulse again ten minutes later.

'If the heart rate has increased by 30 beats per minute, it needs investigating,' he says.

Despite her limitations, Anita refuses to be negative.

'I focus on what I have — which is a wonderful husband and baby,' she says. 'I have been reassigned a job in the NHS so I work in an office. I look at what I have, not what I've lost.'

www.stars.org.uk

Read more: <http://www.dailymail.co.uk/health/article-2018674/Low-blood-pressure-Feel-dizzy-stand-up.html#ixzz1TCRcGoBV>