Low Blood Pressure in Parkinson's

What Professional Caregivers Should Know

Low blood pressure is common in people living with Parkinson's disease. Parkinson's can affect the **autonomic nervous system**, which helps regulate blood pressure, heart rate, digestion, and other automatic body functions.

When blood pressure drops too low—especially when standing up—it can cause dizziness, lightheadedness, fainting, or falls.

This condition is called **orthostatic hypotension**.

Recognizing symptoms early and responding appropriately can help prevent injuries and improve resident safety.

What Is Orthostatic Hypotension?

Orthostatic hypotension occurs when **blood pressure drops significantly when a person moves from sitting or lying to standing**.

Because Parkinson's affects the body's ability to regulate blood pressure, the body may not adjust quickly enough when a person stands.

As a result, less blood reaches the brain temporarily, which can cause symptoms.

Clinically, orthostatic hypotension is typically defined as:

- A **drop of 20 mmHg or more in systolic blood pressure**, or
- A **drop of 10 mmHg or more in diastolic blood pressure**

within a few minutes of standing.

Common Symptoms Staff May Notice

Residents experiencing low blood pressure may report or demonstrate:

• Dizziness when standing
• Lightheadedness
• Feeling faint
• Blurred vision
• Weakness or fatigue
• Sudden unsteadiness when walking
• Sudden need to sit down
• Fainting or near-fainting episodes

Some residents may simply say they feel **"woozy," "foggy," or "off balance."**

Symptoms often improve after sitting or lying down.

Checking Orthostatic Blood Pressures

When symptoms suggest orthostatic hypotension, nursing staff may check **orthostatic blood pressures** to help evaluate the problem.

Typical Orthostatic Blood Pressure Procedure

1. **Measure blood pressure after the resident has been lying down for at least 5 minutes**
2. **Have the resident sit or stand**
3. **Repeat blood pressure measurement after 1–3 minutes of sitting and standing**
4. Compare the readings to identify any significant drop in blood pressure.

Residents with Parkinson's may experience symptoms even with smaller blood pressure changes, so **clinical symptoms should always be taken seriously**, even if blood pressure changes appear modest.

Monitoring After Medication Adjustments

Orthostatic blood pressure should be **monitored closely after any adjustments to Parkinson's medications**. Changes in medication type, dose, or timing can affect blood pressure regulation and may increase the risk of dizziness or fainting.

If staff notice new symptoms of dizziness, lightheadedness, or instability following a medication change, these observations should be reported promptly so the healthcare provider can evaluate whether further adjustments are needed.

Why Low Blood Pressure Is Common in Parkinson's

Several factors can contribute to low blood pressure in residents with Parkinson's:

- Parkinson's affecting autonomic nervous system function
- Parkinson's medications
- Dehydration
- Prolonged bed rest
- Infection or illness
- Blood pressure medications
- Large meals

Multiple factors may occur at the same time.

Situations That May Trigger Symptoms

Symptoms often occur when residents:

- Stand up quickly from bed or a chair
- Get up during the night to use the bathroom
- Stand after sitting for long periods
- Walk after a large meal
- Are dehydrated or ill

Staff awareness of these situations can help reduce fall risk.

Strategies to Help Prevent Symptoms

Facility staff can support residents by encouraging safe habits.

Encourage slow position changes

Residents should move slowly when changing positions:

- Sit on the edge of the bed before standing
- Pause briefly before walking

Encourage hydration

Dehydration can worsen low blood pressure.

Allow time before walking

After standing, residents should pause for a moment before beginning to walk.

Encourage sitting if symptoms occur

If a resident reports dizziness, encourage them to sit or lie down immediately.

Monitor fall risk

Residents with orthostatic hypotension may require additional fall prevention measures.

Staff Approach Matters

If a resident feels dizzy or unstable, staff should remain calm and reassuring.

Rushing or reacting with urgency may increase anxiety, which can worsen symptoms.

A calm approach helps the resident feel safe and allows symptoms to resolve more quickly.

When to Notify Nursing Staff or a Provider

Staff should report:

- Frequent dizziness when standing
- Near-fainting episodes
- Fainting or falls
- Sudden changes in walking stability
- Repeated abnormal orthostatic blood pressure readings
- New symptoms following Parkinson's medication adjustments

Monitoring these symptoms helps the healthcare team evaluate medication adjustments or other treatments.

Important Safety Reminder

Residents who experience dizziness or lightheadedness should **never be encouraged to "push through it."**

Encourage them to **sit or lie down immediately** to prevent falls or injury.

Wisconsin Parkinson Association

The **Wisconsin Parkinson Association (WPA)** provides education, resources, and training materials for healthcare professionals and care facilities supporting individuals living with Parkinson's.

To learn more about Parkinson's care resources and education, visit:

wiparkinson.org