LIVING WELL

Why You Feel Dizzy When You Stand Up

That head-rush may be brief, but its timing, accompanying signs and your medicines can reveal when it needs more attention.

The room shifts as you rise

You stand up from the sofa and, for a moment, the floor seems unreliable. Perhaps your vision blurs. You feel lightheaded or unsteady, and sitting down again brings relief. It can be over so quickly that you dismiss it-until it happens again.

The timing is a useful clue. A sudden drop in blood pressure, dehydration and getting up too quickly can all cause dizziness on standing. Certain medicines can contribute, too. But "dizzy" covers several different sensations, and that word alone cannot tell you what is happening.

Lightheadedness or wooziness is not the same as vertigo, which feels as though you or the room is spinning when nothing is moving. Both can disturb your balance, and either may worsen when you stand, walk or move your head. Nausea, sweating, trouble walking or ringing in the ears may come with them.

So start with the sensation itself. Did you feel faint, unsteady or spinning? Did it begin as you stood, or when you turned your head? Did sitting help? Those details matter because dizziness is not one condition with one solution. It is a signal that needs context.

Standing changes the pressure

Blood pressure is the force of blood pushing against artery walls as the heart pumps. Many parts of your body-including organs, hormones and nerves-help regulate it. If the pressure drops too far, the brain and other vital organs may not receive enough blood flow.

That can produce dizziness or lightheadedness, blurry vision, weakness, tiredness, nausea, confusion, headache or fainting. Some people notice heart palpitations: a feeling that the heart is fluttering, skipping a beat, or beating too hard or fast. Sitting down may relieve the symptoms.

Low blood pressure is not automatically a problem. Some people have it all the time and feel well. What matters is whether the pressure has dropped suddenly, whether symptoms are present and whether there may be an underlying health problem.

Dehydration, blood loss, diabetes, pregnancy, heart problems such as an irregular heartbeat, and problems affecting the autonomic nervous system can all be involved. Medicines used for high blood pressure, depression or Parkinson's disease may also lower blood pressure. That range is why recurring episodes deserve more than a guess.

A passing head-rush should never be used to explain away these signs.

Your medicines belong in the story

Dizziness becomes more common with age. Older adults tend to have more health conditions and take more medicines, increasing the chance of feeling dizzy. They also have a higher risk of falling, fainting or becoming dizzy on standing or after a meal.

Medicines taken to control high blood pressure are one particular concern for older adults because low blood pressure can be a side effect. But that does not mean you should decide for yourself that a prescription is the culprit, or change it without medical guidance.

If the dizziness keeps happening, a clinician can review your symptoms and medicines, perform a physical examination and measure your blood pressure. Depending on the pattern, further investigation may include blood or urine tests, imaging or a tilt-table test when fainting is frequent.

The assessment may also include checks of hearing, balance and walking. That matters when the sensation is spinning rather than faintness, or when it comes with ear symptoms. Treatment follows the cause: it may involve more fluids when dehydration is responsible, adjusting a medicine that lowers blood pressure, medicine to raise pressure, or changes to how you sit and stand.

Not every spin is a head-rush

If standing is simply when you notice the sensation, rather than what reliably triggers it, an inner-ear problem is another possibility. Benign paroxysmal positional vertigo is a common cause of vertigo, while migraine, motion sickness, head injury and ear surgery can also be associated with dizziness or spinning.

Ménière's disease, an inner-ear disorder, can cause severe dizziness alongside roaring tinnitus, hearing loss that comes and goes, and pressure or pain in one ear. Attacks may begin suddenly or follow a short period of tinnitus or muffled hearing. Some are severe enough to cause a fall.

That pattern is different from a brief lightheaded feeling that arrives when you rise and improves when you sit. The distinction is not something you have to diagnose alone. It is simply

useful information to bring to a clinician, especially if episodes recur, affect your walking or come with hearing changes.

Sudden or severe dizziness crosses into urgent territory when it appears with trouble seeing, slurred or unusual speech, confusion, weakness or numbness-especially on one side-or sudden trouble walking or coordinating movement. These can be signs of a stroke or transient ischemic attack (TIA). Call emergency services rather than driving to hospital.

Cold, sweaty skin, rapid breathing, a blue skin tone, or a weak and rapid pulse can signal shock, in which too little blood flows through the body. That also requires immediate emergency help. A passing head-rush should never be used to explain away these signs.

Give Monday's episode a record

Next time the feeling starts, sit down. Once you are safe, record what "dizzy" meant: faint, woozy, unsteady or spinning. Add what you were doing when it began, whether sitting relieved it, and whether you noticed blurred vision, nausea, weakness, palpitations, ringing in an ear or hearing changes.

This takes a chair and a small notebook with a pen. Keep them near the place where episodes tend to happen. Include the names of medicines you take, because a clinician will want to consider them alongside the pattern of your symptoms. Do not use the record to alter a medicine yourself.

If episodes keep returning, take the notebook to a medical appointment. A clear account can help the conversation move beyond the slippery word "dizziness" toward the sensation, timing and accompanying signs that guide an examination and blood pressure test.

For the coming week, your job is not to solve the mystery each time you stand. It is to sit, notice and write. A chair, a notebook and a pen turn a vanishing moment into information a clinician can actually use.

Where this comes from

- Dizziness and Vertigo

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/dizzinessandvertigo.html
- Meniere's Disease

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/menieresdisease.html
- Low Blood Pressure



National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/low-blood-pressure

- Stroke Symptoms

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/stroke/symptoms