3 Step Process for Postural Drop

Step 1 – Confirm Postural Hypotension

BP drop of >20mmHg on standing and symptomatic

Step 2 – Look for & Manage the 5 D's

Dehydration – encourage intake / IVIs
Deconditioning – esp. elderly & recent admission
Diseases – co-morbidities such as T2DM, HF, CVD, Parkinson's
Drugs – e.g. anti-hypertensives, PD meds
Diet – post-prandial esp. after heavy meals

It is important to manage the above 5 D's and offer lifestyle advice before moving onto…

Step 3 – Still Symptomatic? Part A & Part B:

Part A: exclude uncommon causes – Neurological (e.g. MSA or GBS), Autoimmune / Infective (e.g. amyloidosis, HIV, Lyme) and Endocrine (e.g. Addison's)

Part B: if uncommon causes excluded then consider pharmacological therapy (e.g. fludrocortisone or midodrine) according to Specialist / local guidance.

Most postural hypotension improves by correcting reversible causes rather than prescribing another medication.