

Episode 137 – Hypotension in Oral Healthcare July 25, 2025

Introduction

Blood pressure is a measure of the pressure or force of blood against artery walls. Systolic (top number) is the measure of the pressure when the ventricles contract and push blood through the arteries. Diastolic (bottom number) is the measure of the pressure when the heart relaxes between contractions. Blood pressure is measured using millimetres of mercury (mmHg). Blood pressure changes throughout the day based on the person's activities. Blood pressure is usually lowest at night and rises sharply upon waking. [1] [2] [3]

Hypertension occurs when there is too much pressure in blood vessels, which can damage blood vessels and cause serious health problems. The higher the blood pressure and the longer it stays high, the greater the potential damage to the vessels. Even at dangerously high levels, hypertension is often asymptomatic, so most people are unaware they have it. Hypertension becomes more common as people age. However, anyone can develop hypertension, emphasizing the importance of regularly screening clients' blood pressure in oral healthcare and referring as indicated.[1] [2] [4]

Hypotension

Hypotension occurs when the force of the blood against the artery walls is too low. Anyone can have hypotension. Hypotension may be considered normal pressure for some individuals who consistently have low blood pressure and are asymptomatic. Hypotension is a concern if it causes symptoms or is linked to a medical condition, such as heart disease, anemia, blood loss, severe infection, or allergic reactions. [3]

When blood pressure is too low, the first organ to experience problems is usually the brain, as blood flow has to work against gravity to reach it. As a result, many people with hypotension feel dizzy or lightheaded, especially on standing, and some may faint. When someone faints and falls, the brain usually becomes level with the heart, allowing blood to flow to the brain more easily, helping to protect it from injury. However, if blood pressure is too low, brain damage can still occur. Falling can also cause serious injuries to the head or other parts of the body. Hypotension occasionally causes shortness of breath or angina due to inadequate blood supply to the heart muscle. [5]

[1] Refer to Episodes 135 and 136 for additional information on hypertension, its risk factors, treatment, and impact on oral health and oral healthcare.

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Symptoms of hypotension [3] [6] [7]

• Dizziness • Lightheadedness • Fainting • Fatigue • Blurred vision • Trouble concentrating	• Confusion • Nausea • Headache • Heart palpitations • Rapid breathing • Cold, clammy skin

Shock

Extreme hypotension can lead to shock, a life-threatening condition. People go into shock when their blood pressure becomes so low that organs do not receive enough blood and, subsequently, not enough oxygen. As a result, vital organs, including the brain, heart, kidneys, and liver, cease to function normally. Organ failure and death may occur if blood perfusion is not quickly restored. Multiple organ dysfunction syndrome ensues when organ failure occurs in two or more organs.

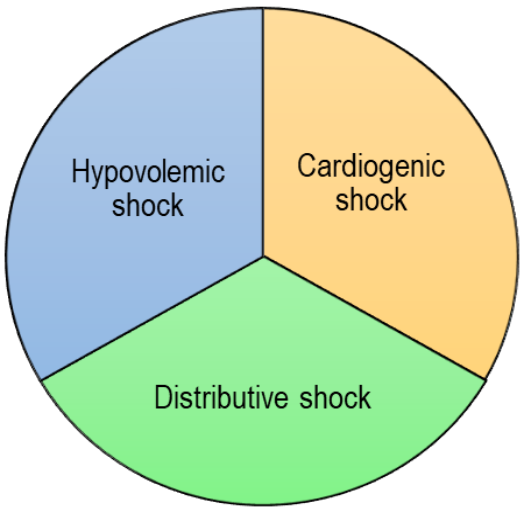
Although hypotension is generally the cause of shock, blood pressure is not always low in the early stages of shock. However, hypotension eventually occurs if shock is not reversed. In some individuals experiencing shock, blood pressure is so low that it cannot be measured with a blood pressure cuff. Individuals in shock require immediate emergency treatment. [3] [8] [9] [10]

Etiology of shock

Shock may be due to:

- Low blood volume (i.e., hypovolemia) causing hypovolemic shock,
- Decrease in cardiac output (i.e., inadequate heart pumping) causing cardiogenic shock,
- Excessive vasodilation causing distributive shock, or
- A combination. [8] [9]

Types of shock



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Hypovolemic shock
In hypovolemic shock, blood volume may be low due to:

- Severe blood loss from external bleeding (e.g., from trauma) or internal bleeding (e.g., from gastrointestinal bleeding from an ulcer, ruptured aortic aneurysm, or ruptured ectopic pregnancy).
- Excessive loss of body fluids (e.g., from severe burns, severe vomiting or diarrhea, sweating due to excessive heat exposure (i.e., heat stroke), excessive use of diuretics, untreated diabetes,[2] etc.).
- Inadequate fluid intake (less common) because water is not available, a neurologic condition impairs the thirst mechanism (e.g., Alzheimer's disease[3]), or a physical disability impairs the ability to drink. [8] [9]

Cardiogenic shock
In cardiogenic shock, inadequate cardiac output can result in less blood being pumped with every heartbeat. Common causes of decreased cardiac output include:

- Complications of myocardial infarction
- Pulmonary embolism
- Prosthetic heart valve malfunction
- Arrhythmia
- Myocarditis or endocarditis
- Cardiac tamponade (i.e., an abnormal amount of fluid in the pericardium, preventing the heart from filling with blood)
- Other disorders affecting the heart structure (e.g., myocardial rupture) [8] [9]

Distributive shock
In distributive shock, excessive vasodilation lowers blood pressure, which can decrease blood flow and oxygen delivery to organs. Excessive vasodilation may be caused by:

- Anaphylaxis (anaphylactic shock)
- Bacterial infection with endotoxin release (septic shock) or exotoxin release (toxic shock)
- Ingestion of certain medications (e.g., nitrates, opioids, adrenergic blockers) or poisons (toxin-induced shock)
- Certain endocrine disorders, such as adrenal insufficiency (i.e., Addison's disease)
- Severe injury to the spinal cord and rarely the brain (neurogenic shock) [8] [9] [11]

Symptoms of shock
Signs and symptoms of shock caused by low blood volume (hypovolemic shock) or inadequate cardiac output (cardiogenic shock) may include:

- Lethargy, sleepiness, and confusion (common signs of shock, especially in older adults).
- Dizziness or fainting.
- Pale or ashen, cold, clammy skin.
- Hands, feet, earlobes, nose, and nail beds are often cyanotic (gray or bluish tinge).

[2] Refer to Episodes 91, 93, and 94 for additional information on diabetes.
[3] Refer to Episode 29 for discussion on dementia and oral health.

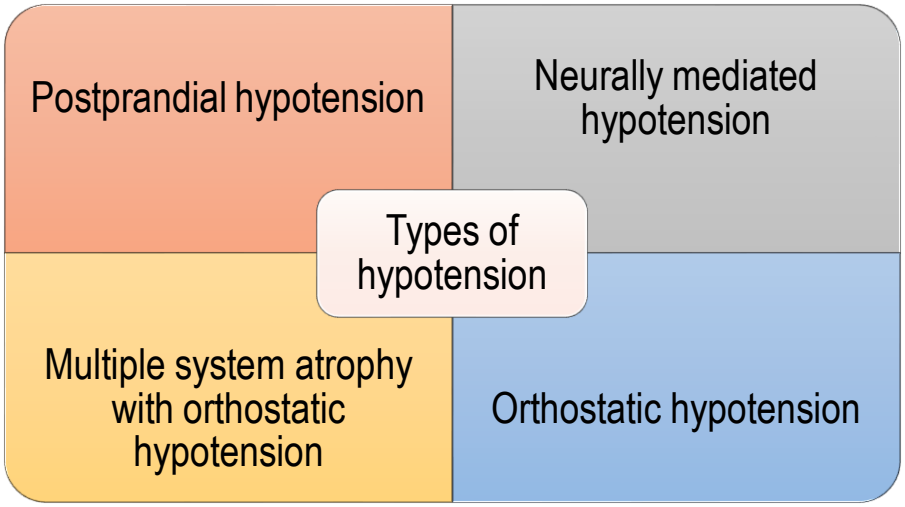
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- Capillary filling time is prolonged (i.e., colour returns more slowly than normal when the skin is pressed).
- Excessive sweating.
- Blood vessels may become more visible as a network of lines under the skin.
- Rapid, shallow breathing.
- Weak and rapid pulse, often only femoral and carotid pulses are palpable.
- Blood pressure is so low that it often cannot be measured with a blood pressure cuff.
- Changes mental status or behaviour (e.g., agitation or anxiousness).
- Urination decreases and eventually stops.
- Other symptoms (e.g., chest pain, dyspnea, abdominal pain) may be due to the underlying disease or secondary organ failure. [3] [8] [9] [10]

Distributive shock causes similar symptoms. However, early symptoms of shock from excessive vasodilation include warm and flushed skin, especially during sepsis, and the pulse may be strong and bounding rather than weak. Later, symptoms include cold, clammy skin and lethargy. In septic shock, fever, possibly preceded by chills, is typically present. Some people with anaphylactic shock have urticaria (hives) or wheezing. [8]

Several case reports have documented the development of septic shock from odontogenic infections, highlighting the importance of preventing and treating oral infections promptly and effectively. [12] [13] [14]

Types of hypotension



Postprandial hypotension

Postprandial hypotension is an excessive decrease in blood pressure that occurs one to two hours after eating and can cause dizziness, lightheadedness, faintness, and falls.

During digestion, the intestine requires a large amount of blood. When blood flows to the intestine after a meal, the heart rate increases, and blood vessels in other parts of the body constrict to help maintain blood pressure. However, in some people, the blood flow to the intestine is normal, but the heart rate does not increase adequately, and the

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blood vessels do not constrict enough to maintain blood pressure, causing postprandial hypotension. If a person experiences postprandial symptoms after eating, medical providers measure blood pressure before and after meals to determine if postprandial hypotension is the cause.

Postprandial hypotension rarely occurs in younger people and is more likely to occur in:
- Older adults[4]
- People with hypertension, and
- Individuals with disorders that affect the autonomic nervous system (e.g., Parkinson's disease, multiple system atrophy, diabetes).

Treatment of postprandial hypotension may include:
- Not taking antihypertensive medications before meals.
- Taking smaller doses of antihypertensive medications.
- Not lying down after meals.
- Eating small, low-carbohydrate meals frequently.
- Drinking more water.
- Avoiding alcohol.[5]
- Walking after meals may help by improving blood flow, but blood pressure may drop when walking is stopped.
- Taking nonsteroidal anti-inflammatory drugs (NSAIDS) before a meal may help, as NSAIDs cause sodium retention, thus increasing blood volume.
- Consuming caffeine causes blood vessels to constrict. Drinking one or two strong cups of caffeinated coffee or tea with breakfast helps avoid affecting sleep and developing a tolerance to its effects. [3] [15] [16]

Neurally mediated hypotension

Neurally mediated hypotension is a blood pressure drop that typically occurs after standing for long amounts of time and mostly affects young adults and children. It may result from communication trouble between the heart and the brain. [3]

Neurally mediated hypotension is the most common cause of syncope. It is also referred to as neurally mediated syncope, vasovagal syncope, vasodepressor syncope, reflex syncope, and neurocardiogenic syncope. Syncope is a sudden, transient loss of consciousness resulting from cerebral hypoperfusion (low blood flow to the brain) followed by spontaneous, full recovery. [4] [17]

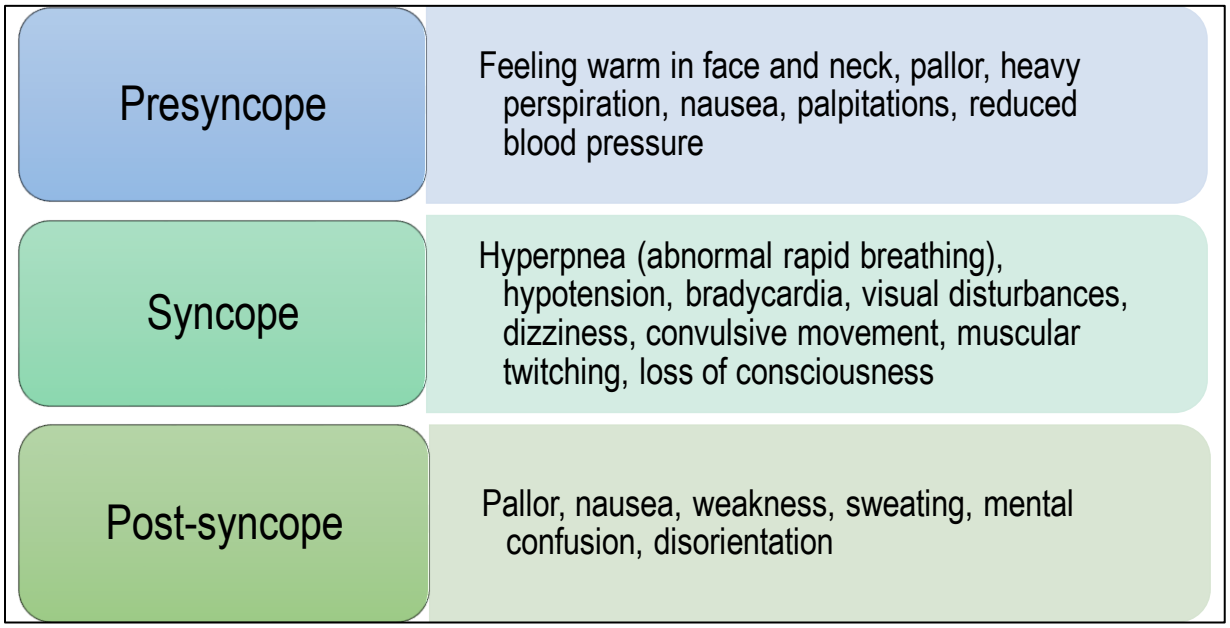
Syncope is usually characterized by a sudden fall in blood pressure and slowing of the heart rate. Non-psychogenic and psychogenic factors can cause vasodepressor syncope:
- Non-psychogenic factors include upright or standing positions, hunger, exhaustion, and a hot, humid environment.
- Psychogenic factors include fright, anxiety, emotional stress, pain, and sight of blood, needles, or surgical instruments. [18]

[4] Refer to Episodes 123 and 124 for additional information on aging and oral health.
[5] Refer to Episodes 104 and 105 for additional information on substance use.

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The most common cause for the loss of consciousness in oral healthcare is simple fainting under stress. Clients who are medically compromised will have a more serious reaction to stress (both psychological and physiological) than a healthy client undergoing the same procedure. The most common occurrence of vasodepressor syncope is during or immediately following dental local anesthetic injection. [18]

Clinical manifestations of syncope [18]



Managing presyncope

Managing presyncope may include:

- Stop the procedure and place the client in supine position with legs slightly elevated as soon as symptoms appear.
- Administer oxygen at any time during the episode.
- Monitor vital signs.
- Have the client loosen binding clothes (e.g., loosen necktie).
- Provide a blanket if the client is shivering.
- Remove instruments or stimulus that precipitated the response.
- Determine the cause and modify further oral care to minimize future risk (e.g., using anxiety-reducing strategies for clients who are extremely anxious, prescribing pretreatment anxiolytic medications as required).[6] [18]

Managing syncope

Managing syncope in oral healthcare includes placing the client in the supine position. Pregnant clients near term should be turned on their right side, with a pillow under the left side of their back to help maintain that position.[7]

[6] Listen to Episode 133 for strategies to manage dental fear and anxiety.
[7] Refer to Episodes 108, 109, and 110 for additional information on pregnancy and oral health.

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Clients who faint typically respond to positional changes within 30 to 60 seconds. If they do not respond in this time frame, they did not simply faint, and differential diagnosis for the loss of consciousness must be considered (e.g., low blood glucose levels, cardiac arrest, stroke). Clients who fall when fainting should be assessed for physical trauma and referred for medical evaluation as required. [18] [19] [20]

Multiple system atrophy with orthostatic hypotension
Multiple system atrophy with orthostatic hypotension, formally called Shy-Drager syndrome, is a rare condition affecting the autonomic nervous system. The autonomic nervous system controls involuntary functions (e.g., blood pressure). When this system does not function properly, it can cause orthostatic hypotension. People with multiple system atrophy with orthostatic hypotension can also develop supine hypertension, which is very high blood pressure while lying down. [3] [21]

Orthostatic hypotension
Upon standing, gravity causes approximately 0.5 to 1 litre of blood to pool in the veins of the legs and trunk, resulting in a temporary reduction in the amount of blood in the upper body for the heart to pump, decreasing blood pressure and blood flow to the brain. Normally, the autonomic nervous system quickly counteracts the force of gravity by increasing the heart rate and constricting blood vessels to rapidly return blood pressure to normal before symptoms can develop. [11] [22]

Orthostatic hypotension, also called postural hypotension, is a sudden drop in blood pressure when standing after sitting or lying down, resulting from abnormal blood pressure regulation. Symptoms, such as faintness, lightheadedness, dizziness, confusion, or blurred vision, occur within seconds to a few minutes of standing and resolve rapidly on lying down. Some people experience syncope and falls. Less frequently, some people experience muscle pain in the neck and shoulders (known as coat hanger pain), lower back pain, weakness, or, rarely, a brief seizure. However, many people with orthostatic hypotension do not experience symptoms, and it may be detected incidentally during routine medical testing. Physical activity, alcohol consumption, warm temperatures, eating large meals, dehydration, or standing for long periods may exacerbate symptoms. [3] [11] [22] [23]

Symptoms of orthostatic hypotension [24]

• Lightheadedness • Vertigo • Confusion • Fatigue • Presyncope • Syncope • Pallor	• Weakness • Blurry vision • Dimmed vision • Nausea • Dyspnea • Neck and shoulder pain (coat hanger pain) • Lower back pain

In people with orthostatic hypotension, hypoperfusion to other organs contributes to an increased risk of life-threatening health problems, including myocardial infarction, heart failure, atrial fibrillation, stroke, or chronic kidney failure. Additionally, falls during fainting

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episodes may cause injury. Older adults are especially at risk of myocardial infarction and recurrent falls. Individuals with diabetes are more likely to develop orthostatic hypotension and have an increased risk of mortality, microvascular and macrovascular complications, and cardiovascular events.[8] [22] [24]

Orthostatic hypotension is a common condition affecting approximately 6% of the population. This condition is particularly common in older adults, affecting at least 10-30%. Orthostatic hypotension is defined as a decrease in blood pressure by at least 20 mmHg in systolic or 10 mmHg in diastolic blood pressure within three minutes of standing from a supine position. [22] [24]

Orthostatic hypotension is classified as neurogenic or nonneurogenic, depending on the etiology and heart rate response. Nonneurogenic orthostatic hypotension is more common than the neurogenic form. However, in approximately 40% of individuals with orthostatic hypotension, the underlying cause is idiopathic. [24]

Neurogenic orthostatic hypotension is caused by problems with the autonomic nervous system. Disorders that affect the autonomic nervous system can impair blood pressure adjustment, leading to orthostatic hypotension. These disorders often have a strong genetic component and may affect multiple members of a family. Neurogenic orthostatic hypotension often occurs with nervous system disorders, such as Parkinson's disease, dementia with Lewy bodies, multiple system atrophy, pure autonomic failure, diabetes, Guillain-Barré syndrome, or Sjögren syndrome.[9] [22] [24]

Orthostatic hypotension is usually not inherited. However, having a close relative with orthostatic hypotension likely increases the risk of developing the condition. When orthostatic hypotension is part of a genetic syndrome, it follows the inheritance pattern of the syndrome. [22]

Nonneurogenic orthostatic hypotension is often caused by environmental or health factors that impair the body's mechanisms to stabilize blood pressure upon standing. These factors include:

- Heart conditions (e.g., bradycardia, myocardial infarction, heart failure),
- Endocrine conditions (e.g., Addison’s disease, hypothyroidism).
- Hypovolemia (e.g., from dehydration due to fever, vomiting, insufficient fluid intake, severe diarrhea, strenuous exercise)
- Alcohol use
- Advanced age
- Blood loss
- Certain medications (e.g., antipsychotics, antidepressants, vasodilators, diuretics).
- Infections [22] [24] [25]

[8] Refer to Episodes 79, 80, and 81 for detailed discussion on cardiovascular disease, including its impact on oral health.
[9] Refer to Episode 107 for additional information on Sjögren syndrome.

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Causes of neurogenic vs. nonneurogenic orthostatic hypotension [24]

Neurogenic	Nonneurogenic	
• Dementia with Lewy bodies • Multiple system atrophy • Parkinson disease • Pure autonomic failure • Spinal cord injury • Traumatic brain injury • Diabetes • Hereditary amyloidosis • Primary amyloidosis • Sjögren's syndrome	• Adrenal insufficiency • Diabetes • Hyperglycemia • Hypokalemia • Hypothyroidism • Addison's disease • Medications • AIDS • Distributive shock	• Substance use (alcohol and drugs) • Vitamin B12 deficiency • Blood loss • Anemia • Congestive heart failure • Dehydration • Myocardial infarction • Pregnancy • Venous insufficiency

Risk factors

Risk factors for orthostatic hypotension include:

- Older age (orthostatic hypotension is common in adults ≥65 years).
- Certain medications that treat:
    - Hypertension and heart disease (e.g., diuretics, alpha blockers, beta blockers, calcium channel blockers, angiotensin-converting enzyme [ACE] inhibitors, nitrates)
    - Parkinson's disease
    - Erectile dysfunction
- Certain antidepressants, antipsychotics, muscle relaxants, and opioids
- Diseases that increase the risk of hypotension (e.g., heart valve problems, heart attack, heart failure, Parkinson's disease, diabetes).
- Heat exposure can cause heavy sweating and dehydration, which can lower blood volume and pressure and trigger orthostatic hypotension.
- Prolonged bed rest from an illness or injury can cause weakness, which can lead to orthostatic hypotension.
- Drinking alcohol. [25]

Diagnosis of orthostatic hypotension

Diagnosis of orthostatic hypotension may include:

- Review of medical history, medications, and symptoms
- Physical exam
- Blood pressure monitoring, involving measuring blood pressure while sitting and standing. A drop of 20 mmHg in systolic blood pressure or a drop of 10 mmHg in diastolic blood pressure within 2 to 5 minutes indicates orthostatic hypotension.
- Blood tests to provide information about overall health, including hypoglycemia, diabetes, anemia, infection, electrolyte disturbances, and thyroid dysfunction.
- Electrocardiogram (ECG) to show changes in the heart rhythm or heart structure and problems with blood and oxygen supply to the heart muscle. An ECG may not detect occasional heart rhythm changes. Thus, wearing a Holter monitor for a day or more may be recommended to detect irregular heart rhythms during daily activities.
- Echocardiogram to help identify structural heart disease.

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- Stress test, which involves walking on a treadmill. Individuals who cannot exercise might be given medication to make the heart work harder. The heart is then monitored with electrocardiography, echocardiography, or other tests.
- Tilt table test to study how the body reacts to changes in position. The test involves lying on a table that is tilted to raise the upper part of the body. The changes in position mimic the movement from lying down to standing up. Straps hold the body in place. Heart rate and blood pressure are monitored during the test.
- Valsalva maneuver, which helps determine how well the autonomic nervous system is working. It requires breathing in deeply and pushing the air out through the lips, as though trying to blow up a stiff balloon. Heart rate and blood pressure are monitored during the test. [24] [26]

Treatment of orthostatic hypotension

Strategies to manage or prevent orthostatic hypotension include:

- Sitting or lying back down immediately after feeling lightheaded after standing, symptoms will often disappear.
- Moving slowly from a lying to a sitting to a standing position (e.g., when getting out of bed, sit on the edge of the bed for a minute before standing).
- Wearing waist-high compression stockings during the day may help improve blood flow and reduce the symptoms of orthostatic hypotension. Stockings are removed for bed and when lying down.
- Staying hydrated by drinking plenty of water, especially before long periods of standing or any activity that tends to trigger symptoms.
- Avoiding alcohol.
- Increasing sodium in the diet. However, this is only done after discussing with a medical provider, as excess sodium can increase blood pressure beyond a healthy level, creating new health risks.
- Regular cardiovascular and strengthening exercises might help reduce symptoms of orthostatic hypotension. Avoid exercising in hot, humid weather.
- Stretching and flexing calf muscles before sitting up to increase blood flow.
- Performing physical counter pressure maneuvers if experiencing symptoms of orthostatic hypotension, which involves contracting large muscles (e.g., quadriceps and gluteal muscles) to increase venous blood return. Examples include crossing the legs and squeezing thighs together and tensing stomach and buttock muscles, while lying down or standing. Lunges, squats, calf raises or marching in place can also reduce symptoms.
- Sleeping with the head of the bed slightly raised can help combat the effects of gravity.
- Medications to increase blood pressure or blood volume (e.g., midodrine, droxidopa, fludrocortisone) may be prescribed. [2] [26] [27]

Managing orthostatic hypotension

Orthostatic hypotension is the second most common cause of loss of consciousness in oral healthcare. Older adults, people taking multiple antihypertensive medications, pregnant individuals, clients reclined for long periods, individuals with Addison's

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disease, and clients medicated with nitrous oxide and oxygen, diazepam, or some drugs used in intravenous sedation are at a greater risk for orthostatic hypotension. [18] [28]

Managing orthostatic hypotension in oral healthcare includes slowly returning the client to sitting posture, allowing the client to sit upright for a few minutes, and providing assistance on standing. [29]

Postural orthostatic tachycardia syndrome
Postural orthostatic tachycardia syndrome (POTS), also known as postural autonomic tachycardia or chronic idiopathic orthostatic intolerance, is a condition characterized by orthostatic intolerance and is a form of autonomic dysfunction. This syndrome most often occurs in those aged 15 to 25 years, with the majority of cases in people under 50. POTS is a distinct condition from orthostatic hypotension.

POTS is defined by a heart rate of ≥120 beats/minute or an increase of ≥30 beats/minute when an individual stands from a supine position. POTS is associated with symptoms of orthostatic intolerance (e.g., lightheadedness, generalized weakness, fatigue, tremors) and tachycardia without hypotension. Symptoms worsen in the morning, and the cause of these symptoms, despite normal blood pressure, remains unclear. The prevalence of POTS is 0.2% to 1% in the general population. The condition is typically chronic (three to six months). POTS significantly affects quality of life, although there is no clear mortality risk. [11] [23] [24]

Although there is no known cure, POTS can often be managed with nonpharmacologic and pharmacologic strategies, such as:
- Aerobic exercise and strength training
- Cognitive behavioural therapy for pain and symptom management
- Avoiding sudden changes in posture, prolonged recumbency, high temperatures, large meals, and vasodilating or sympathomimetic drugs.
- Increasing intake of fluids and sodium to increase blood volume.
- Prescription medications to improve blood volume, retain fluids and sodium, reduce heart rate, and improve vasoconstriction. [30] [31]

Etiology of hypotension
Conditions that can cause hypotension may include:
- Pregnancy. Changes during pregnancy cause blood vessels to rapidly expand, which may cause blood pressure to drop. Hypotension is common in the first 24 weeks of pregnancy. After giving birth, blood pressure usually returns to prepregnancy levels.
- Long-term bed rest
- Prolonged standing
- Heart conditions (e.g., myocardial infarction, heart failure, heart valve disorder, bradycardia, tachycardia, arrhythmia).
- Endocrine conditions (e.g., Addison's disease, hypoglycemia, diabetes, hypothyroidism).
- Kidney disorders

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- Dehydration can decrease blood volume, which can cause blood pressure to drop. Causes of dehydration include fever, vomiting, severe diarrhea, diuretic medication overuse, and strenuous exercise.
- Severe blood loss can reduce blood volume, leading to a severe drop in blood pressure. Causes of serious blood loss include injuries and internal bleeding.
- Septic shock.
- Anaphylaxis (e.g., due to drug or food allergies, bee or wasp stings).
- Nutritional deficiencies (e.g., low levels of vitamin B12, folate, and iron can cause anemia and lead to hypotension).
- Spinal cord injuries, in which the nerves that cause the arterioles to constrict are impaired.
- Autonomic neuropathies
- Certain medications such as all antihypertensive medications (e.g., diuretics, vasodilators, ACE inhibitors, alpha blockers), medications for Parkinson's disease, tricyclic antidepressants, and erectile dysfunction medications, especially in combination with nitroglycerin). [3] [5] [6] [29]

Complications

Complications of hypotension can include:

- Dizziness
- Weakness
- Fainting
- Injury from falls
- Heart and brain damage from severe hypotension [3]

Diagnosis

Diagnosis of hypotension may include the following:

- In office and/or at home blood pressure monitoring.
- Blood tests to determine underlying conditions that can cause hypotension (e.g., hypoglycemia, hyperglycemia, diabetes, anemia).
- Electrocardiogram to determine heart rhythm and detect previous heart attack.
- Tilt table test to study how the body reacts to changes in position. Heart rate and blood pressure are monitored during the test. [16]

Treatment

Hypotension without symptoms or with only mild symptoms rarely requires treatment. If hypotension causes symptoms, the treatment depends on the cause. If the cause of hypotension is not clear or no treatment exists, the goal is to raise blood pressure and relieve symptoms.

Treatment of hypotension may include:

- Lowering the dose of the medication that is causing hypotension, or stopping or changing the medication.
- Surgery to stop bleeding and blood transfusions for severe blood loss.
- Antibiotics to treat an infection
- Intravenous fluids to raise blood pressure

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- Using more sodium in the diet. However, too much sodium can lead to heart failure, especially in older adults, so it is essential to check with a medical provider before consuming more salt or high-sodium foods.
- Drinking more water to increase blood volume and help prevent dehydration.
- Avoiding alcohol, which is dehydrating and can lower blood pressure even in moderation.
- Wearing compression stockings (also called support stockings) improves blood flow from the legs to the heart. Some people find wearing compression belts (i.e., abdominal binders) around the abdomen easier than wearing compression stockings. [16] [32]

Take home messages

- Oral health practitioners should be knowledgeable of the signs and symptoms of syncope and how to manage clients who feel faint effectively.
- Orthostatic hypotension can occur when clients attempt to quickly stand upright after prolonged periods in reclined or supine positions. Sudden positional changes during or at the end of an oral health procedure should be avoided, especially in older adults, to prevent lightheadedness or syncope, resulting in falls and injury.
- Orthostatic hypotension can be managed by allowing the client to sit upright for a few minutes, followed by assistance on standing.
- Oral health practitioners should be aware of conditions, including Addison's disease, pregnancy and medications, such as antihypertensive medications, that may increase the risk of orthostatic hypotension.
- Taking a thorough medical history and monitoring blood pressure will help identify clients at risk of orthostatic hypotension so precautions can be taken.

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