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Understanding Dizziness & Lightheadedness

A practical fall-risk guide for older adults and caregivers

BALANCE & FALL PREVENTION

Dizziness is one of the most common — and most overlooked — contributors to falls in older adults. Not all dizziness is the same, and knowing the pattern can help you describe it accurately to a healthcare provider and reduce your risk in the meantime.

Three Common Patterns

- **Lightheaded on standing:** a brief “gray-out” or unsteady feeling when getting up from sitting or lying down, often easing after a few seconds. This can be related to blood pressure changes (orthostatic hypotension), dehydration, or certain medications.
- **Spinning sensation (vertigo):** a feeling that the room is moving, often triggered by rolling over in bed or tipping the head back — sometimes related to inner-ear (vestibular) causes.
- **General unsteadiness:** a vague “off-balance” feeling while walking, without true spinning or lightheadedness — often multi-factorial (vision, sensation in the feet, muscle strength, or medications combined).

Everyday Strategies to Reduce Risk

- When getting up from lying down, pause seated on the edge of the bed for a slow count of 10 before standing.
- From standing, pause again before walking — this “count to 10, twice” habit gives blood pressure time to adjust.
- Stay hydrated through the day; dehydration makes lightheadedness on standing more likely.
- Keep a hand on furniture or a wall during the first few steps after standing, especially at night.
- Review medications with a pharmacist or prescriber periodically — several common medication classes (blood pressure medications, sedatives, some antidepressants) can contribute to dizziness.

> **Worth noting:** dizziness that only happens with certain head or body positions (like rolling over in bed) is a specific pattern that responds well to targeted vestibular treatment — it's worth describing this detail to your provider.

What to Track Before an Appointment

- What were you doing right before it started (standing up, turning your head, walking)?
- How long did it last — seconds, minutes, or longer?
- Did the room feel like it was spinning, or did you feel faint/lightheaded?
- Any recent changes in medication, illness, or fluid intake?

> **Seek prompt medical attention if:** dizziness occurs with chest pain, slurred speech, sudden weakness on one side, a fall with injury, or fainting (loss of consciousness). These are not typical balance-related dizziness and need urgent evaluation.

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