

Dizziness and lightheadedness

Section 1 of 6: What is dizziness or lightheadedness?

Understand dizziness, possible causes, warning signs, evaluation, and treatment.

What should I do now?

Call 911

Call 911 for new or unexplained chest pressure that persists or returns, severe trouble breathing, collapse without normal recovery, or sudden face/arm weakness or trouble speaking. Do not drive yourself.

Contact your care team

Contact your care team for new or recurrent dizziness or near-fainting. Seek urgent assessment if symptoms are severe.

Keep your care plan

Sit or lie down safely during symptoms and note timing and medication changes.

SECTION 1

What is dizziness or lightheadedness?

“Dizzy” can describe different feelings. Lightheadedness is feeling faint or as though you may pass out. Vertigo is a sensation that you or your surroundings are spinning. Imbalance means feeling unsteady while standing or walking.

These feelings can have different causes, so describing the sensation is more useful than simply saying “dizzy.” Dizziness does not automatically mean a heart problem, but heart rhythm and blood pressure changes

can cause it.

Notice whether symptoms start with standing, turning your head, exertion, or no obvious trigger. Avoid driving, climbing, or walking without support while you feel unsafe.

Dizziness and lightheadedness

Section 2 of 6: Possible causes

Understand dizziness, possible causes, warning signs, evaluation, and treatment.

SECTION 2

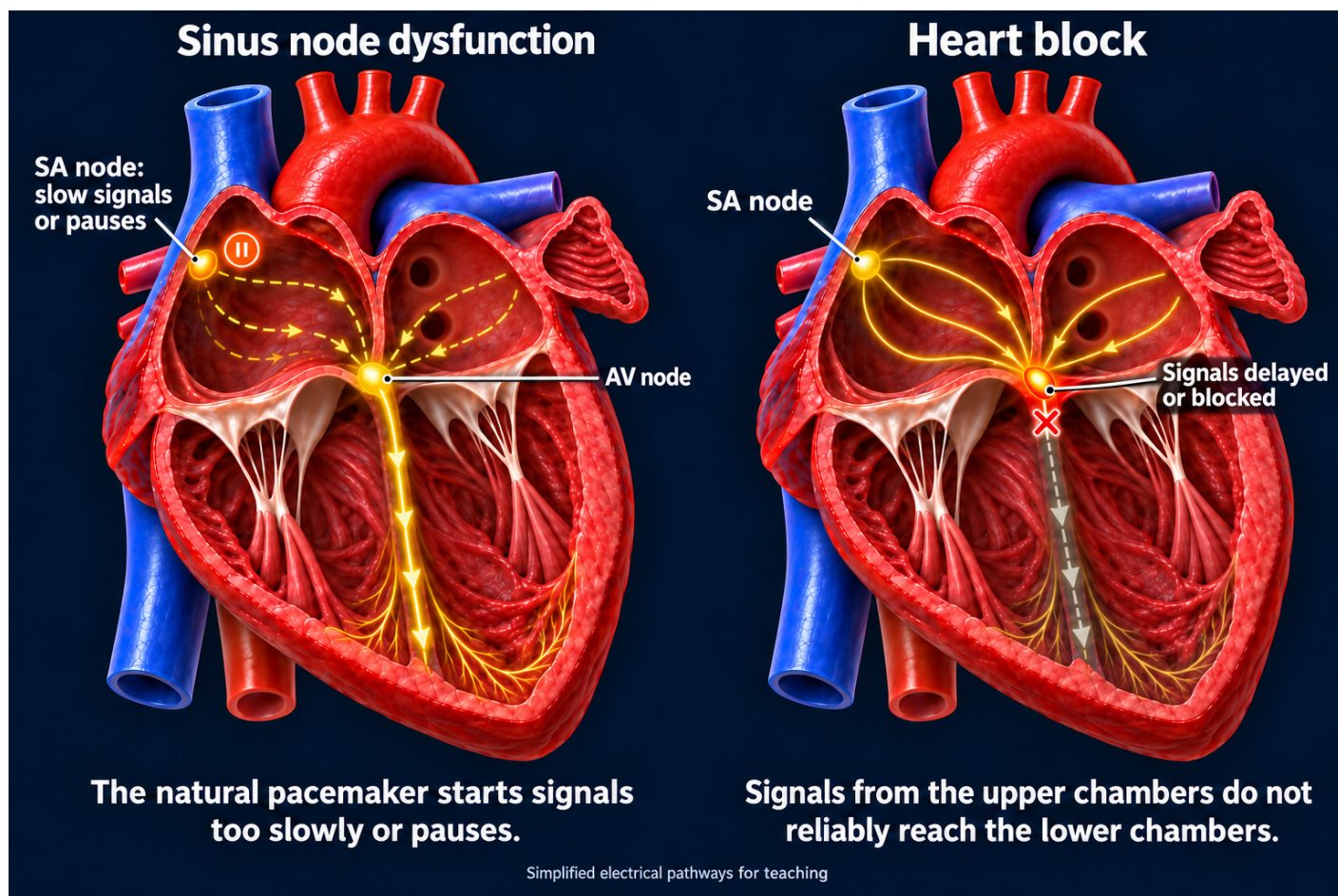
What can cause dizziness?

Blood pressure changes

Standing can sometimes cause blood pressure to fall. This is called orthostatic hypotension. Dehydration and certain medicines can contribute.

Heart rhythm problems

A heartbeat that is too slow, too fast, or irregular can sometimes reduce blood flow to the brain and make you feel faint.



Problems with the heart's electrical system may cause a slow pulse and lightheadedness. This is one possible cause.

Other causes

Inner-ear disorders, migraine, anemia, low blood sugar, medicines, and anxiety may contribute. Spinning with head movement can suggest an inner-ear problem, but the pattern alone does not establish the diagnosis.

Dizziness and lightheadedness

Section 3 of 6: When to seek help

Understand dizziness, possible causes, warning signs, evaluation, and treatment.

SECTION 3

When should I seek help?

Call 911 for new severe dizziness with facial drooping, one-sided weakness, speech difficulty, sudden trouble walking, or a severe new headache.

These may signal a stroke.

Emergency help is also needed for dizziness with chest discomfort, severe breathlessness, or loss of consciousness with concerning symptoms.

Arrange evaluation for repeated episodes

Contact your clinician if dizziness is unexplained, recurring, long-lasting, causing falls, or interfering with daily activities.

If you feel faint, sit or lie down to prevent a fall. Do not keep walking or driving through the symptoms.

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Section 4 of 6: Evaluation

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SECTION 4

How is dizziness evaluated?

Your clinician reviews your symptoms and medicines and checks your heart, balance, and nervous system. Blood pressure and pulse may be measured while lying down and after standing.

Heart rhythm testing

An EKG may identify a rhythm problem. If symptoms come and go, a wearable monitor may be more useful.



A wearable monitor can help determine whether dizziness occurs during an abnormal heart rhythm.

Other selected tests

Blood tests may check for anemia or low blood sugar. An echo may be used if a structural heart problem is suspected. Inner-ear testing or brain imaging is reserved for relevant findings. Not every patient needs every test.



An echocardiogram uses ultrasound to assess the heart's pumping function and valves when a structural heart problem is suspected.

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Section 5 of 6: Treatment

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SECTION 5

How is dizziness treated?

Treatment depends on the cause. Your clinician may adjust a medicine, treat anemia, or manage a heart rhythm problem.

If standing causes a blood pressure drop

Changing positions slowly and sitting down when symptoms begin can help. Fluid, salt, compression garments, or medicines may be recommended for selected patients. Do not increase salt or fluids without guidance if you have heart failure, kidney disease, or a fluid restriction.

If the cause is in the inner ear

Some conditions improve with guided repositioning maneuvers or balance therapy. These treatments address the diagnosed problem, rather than treating all dizziness the same way.

Do not stop prescribed heart or blood pressure medicines on your own. Ask about fall prevention and when driving is safe.

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Section 6 of 6: Your appointment

Understand dizziness, possible causes, warning signs, evaluation, and treatment.

SECTION 6

Preparing for your appointment

- Describe faintness, spinning, or unsteadiness.
- Record the trigger, duration, and frequency of episodes.
- Note whether you have palpitations, hearing changes, headache, or fainting.
- Bring medicines, doses, and recent changes.
- Bring blood pressure or pulse readings you already have; do not risk falling to collect standing readings.

Ask what is causing your symptoms, whether monitoring is needed, and what to do during another episode. A witness can help describe a fall or loss of awareness.

New stroke symptoms or severe associated symptoms require emergency care, not an appointment diary.

Sources & further reading

[Mayo Clinic: Dizziness and warning signs](#)

[Mayo Clinic: Evaluation and treatment](#)

[Mayo Clinic: Blood pressure changes on standing](#)

Updated October 2026. Educational information; your own care plan may differ. Medical illustrations are simplified examples for teaching.