# Reactive Hypoglycemia

## What is Reactive Hypoglycemia?

Reactive hypoglycemia, also called postprandial hypoglycemia, occurs when blood sugar drops too low within a few hours after eating. It is different from fasting hypoglycemia, which happens when blood sugar drops after long periods without food. Reactive hypoglycemia can cause sudden and distressing symptoms that affect daily life and overall well-being.

## Common Symptoms of Reactive Hypoglycemia

Symptoms typically occur 2-4 hours after eating and may include:

- **Neurological:** Brain fog, dizziness, headaches, confusion, irritability, anxiety
- **Autonomic:** Sweating, shakiness, heart palpitations, lightheadedness
- **Gastrointestinal:** Nausea, hunger, bloating
- **Musculoskeletal:** Weakness, fatigue, trembling
- **Severe Cases:** Loss of coordination, blurred vision, fainting

## Potential Triggers for Reactive Hypoglycemia

Certain factors can contribute to blood sugar crashes, including:

- **High-Glycemic Meals:** Consuming refined carbs or sugars without enough protein or fat
- **Skipping Meals or Irregular Eating Patterns:** Going too long without eating
- **Excessive Insulin Response:** Some individuals overproduce insulin after meals, leading to a rapid drop in blood sugar
- **Caffeine & Alcohol:** Can affect blood sugar regulation
- **Strenuous Exercise Without Proper Fueling:** Intense activity without adequate food intake can trigger low blood sugar

## Why is Reactive Hypoglycemia More Common in hEDS, MCAS, POTS, etc.?

Many individuals with hypermobile Ehlers-Danlos Syndrome (hEDS), Mast Cell Activation Syndrome (MCAS), and Postural Orthostatic Tachycardia Syndrome (POTS) experience reactive hypoglycemia. This is due to overlapping dysfunctions in the autonomic nervous system, metabolism, and mast cell activity:

- **Dysautonomia (Common in POTS & hEDS):** Autonomic nervous system dysfunction affects blood sugar regulation, contributing to unstable glucose levels.
- **Mast Cell Activation (Common in MCAS):** Mast cell mediators like histamine can influence insulin and blood sugar levels, increasing the risk of fluctuations.
- **Gastrointestinal Dysmotility (Common in hEDS, MCAS, and POTS):** Delayed gastric emptying or rapid transit times can cause irregular absorption of nutrients, leading to glucose instability.

- **Chronic Fatigue & High Adrenal Demand:** People with these conditions often experience adrenal dysregulation, affecting cortisol and blood sugar balance.

## What Does a Hypoglycemic Episode Feel Like?

A reactive hypoglycemia episode can come on suddenly, causing:

- Rapid onset of weakness, dizziness, or confusion
- Feeling excessively hungry, shaky, or irritable
- Sweating and increased heart rate (often mistaken for anxiety or POTS symptoms)
- Severe cases may lead to fainting or seizures if untreated

## Managing Reactive Hypoglycemia

Proper management can help prevent blood sugar crashes and reduce symptoms.

### Dietary Strategies:

- **Balanced Meals:** Combine protein, healthy fats, and fiber with complex carbs to stabilize blood sugar.
- **Frequent Small Meals:** Eating every 3-4 hours prevents sudden drops.
- **Low-Glycemic Foods:** Prioritize whole grains, lean proteins, nuts, and non-starchy vegetables.
- **Avoid Sugary & Processed Foods:** Rapid sugar absorption can lead to insulin spikes and subsequent crashes.
- **Hydration & Electrolytes:** Support proper blood sugar regulation with adequate fluids and minerals.

### Lifestyle Adjustments:

- **Consistent Eating Schedule:** Prevents prolonged fasting that triggers hypoglycemia.
- **Stress Management:** High cortisol from stress can lead to blood sugar instability.
- **Moderate Exercise:** Helps improve insulin sensitivity without causing crashes.
- **Monitor Symptoms:** Keeping a food and symptom journal can help identify patterns.

## When to Seek Medical Help

Seek medical assistance if experiencing:

- Severe or frequent hypoglycemia episodes
- Loss of consciousness or seizures
- Symptoms that do not improve with food intake