

## What Every Practitioner Should Know about Postural Orthostatic Tachycardia Syndrome (POTS)

POTS, a common form of dysautonomia, is an invisible illness that largely affects women between the ages of 15 and 50 and is estimated to affect 1% of teenagers and a total of 1-3 million people in the United States. POTS can be triggered by pregnancy, major surgery, trauma, or a viral infection like mononucleosis or Lyme disease. Finally, 25% of POTS patients are so debilitated by illness that they cannot work or attend school.

**POTS Symptoms:** Because the autonomic nervous system is disrupted, a wide variety of symptoms may be present that span multiple organ systems.

- Orthostatic intolerance
- Dizziness
- Lightheadedness
- Headaches/Migraines
- Cognitive impairments
- Sleep abnormalities
- Neuropathic pain
- Fatigue
- Blood pooling in the extremities
- Light sensitivity in the eyes
- Abdominal pain
- Gastroparesis
- Rapid gastric emptying
- Hypersensitivity of the skin

**Common Comorbidities:** The most common comorbidities include chronic fatigue syndrome/myalgic encephalomyelitis, Ehlers-Danlos syndrome, and fibromyalgia. Others include:

- Addison's disease
- Cervical stenosis
- Chiari malformation
- Ehlers-Danlos syndrome
- Epstein Barr syndrome
- Lyme disease
- Mast cell activation syndrome
- Median arcuate ligament syndrome
- Myalgic encephalomyelitis
- Norepinephrine transporter deficiencies
- Sjogren's syndrome
- Syringomyelia

**Diagnosing POTS:** When a practitioner has a young patient (ages 15-50) with widespread, non-specific symptoms, POTS should be considered. 80% of POTS patients have been misdiagnosed, are told that their symptoms are "all in their head" before they are correctly diagnosed. As a result, patients may be frustrated by the time they reach your office. Thanks for taking the time to learn about POTS.

<b>Recommendations – Investigation of POTS</b> <i>taken from Sheldon et al. 2015 Heart Rhythm 12(6): e44</i>		
	Class	Level
A complete history and physical exam with orthostatic vital signs and 12-lead EKG should be performed on patients being assessed for POTS	I	E
Complete blood count and thyroid function studies can be useful for selected patients being assessed for POTS	IIa	E
A 24-hour Holter monitor may be considered for selected patients being assessment for POTS, although its clinical efficacy is uncertain	IIb	E
Detailed autonomic testing, transthoracic echocardiogram, tilt-table testing, and exercise stress testing may be considered for selected patients being assessed for POTS	IIb	E