GP Resource Sheet

What is POTS?
Postural orthostatic tachycardia syndrome (POTS) is a multisystem autonomic disorder causing orthostatic intolerance and excessive heart rate increase on standing. It affects mostly females (~85%) and often begins in adolescence or early adulthood. Diagnosis is often delayed due to symptom overlap with other conditions, but early recognition can reduce disruption to education, work, and social life.

Common Symptoms
Light-headedness or dizziness on standing; palpitations, pre-syncope (syncope occurs in a small portion of POTS patients); fatigue and exercise intolerance; nausea, bloating, reflux, or constipation; heat or cold intolerance and sweating changes; brain fog, headache, anxiety, and poor concentration; urinary urgency or frequency, or retention; and dependent acrocyanosis (red/purple limbs on standing).

Associated Conditions
Joint hypermobility (including hypermobile Ehlers-Danlos syndrome), migraine, fibromyalgia, endometriosis, menorrhagia, coeliac disease, irritable bowel syndrome, neurodiverse conditions such as ADHD and ASD, ME/CFS, mast cell activation syndrome, anxiety and mood disorders, thyroid disorders and long COVID.

Assessment and Diagnosis
A thorough, well-structured medical history is the most valuable tool for diagnosing POTS. It should capture the onset and sequence of symptoms, factors that trigger or relieve them, current medications, and relevant past history. The Malmo POTS Survey can help identify the most significant autonomic symptoms and includes a validated diagnostic cut-off score for POTS. Please see QR below.

Examination
Begin with a standard physical examination, followed by a 10 Minute Active Stand Test (also known as the NASA Lean Test). Tilt-table testing is generally not required unless the diagnosis remains unclear. Because POTS symptoms can fluctuate, a single negative test does not exclude the diagnosis, and repeating the test is advised if clinical suspicion remains high. For more information on performing and interpreting an Active Stand Test, please see QR below.

Diagnostic Criteria:
- HR ↑ ≥30 bpm within 10 min of standing (≥40 bpm in adolescents or absolute HR >120 bpm in adults)
- No sustained orthostatic hypotension
- ≥3 months of symptoms

Investigations
Investigations should aim to rule out alternative causes of orthostatic intolerance including malnutrition, anaemia, thyroid dysfunction, and acute illness. Initial investigations may include ECG, FBC, U&E, TFTs, and iron studies, with further assessment via Holter monitor,echo, or 24-hr BPM as clinically indicated.

New Patient Brochure

Active Stand Test

Malmo POTS Survey

more overleaf

Management

Education is key to managing POTS. It's important to explain to patients that while there's no cure, symptoms can be well-managed. A supportive therapeutic relationship and access to clear information can prepare patients to engage with lifestyle adjustments that support symptom control.

Lifestyle Measures

- Fluids & Salt: To increase plasma blood volume, aim for 2–3 litres of fluids daily and increase sodium intake to ~4000mg per day if there are no contraindications.
- Compression Garments: To reduce blood pooling in the lower body, use abdomen-to-ankle compression garments; well-fitted shapewear may be sufficient.
- Diet: To minimise post-meal symptom exacerbation, eat small, frequent, lower carbohydrate meals and ensure adequate nutrition to avoid weight loss.
- Trigger Management: To prevent symptom flares patients should avoid hot environments, prolonged standing, environmental allergic triggers, caffeine, alcohol, and stimulants.
- Movement & Pacing: To improve conditioning while avoiding symptom aggravation, refer to a POTS-aware exercise physiologist or physiotherapist for a tailored plan. Ensure plasma volume expansion and orthostatic intolerance are managed first; in cases of severe fatigue, prioritise maintenance of ADL's over formal exercise programs.

Pharmacotherapy

- Lifestyle measures are often insufficient to adequately control symptoms.
- Adjunctive pharmacological therapy should be individualised to the patient's presentation and primary symptoms, starting with treatment to manage orthostatic intolerance.

To Support Blood Pressure

- Midodrine: Vasoconstrictor; monitor for urinary retention or hypertension; not PBS listed, short acting, and requires frequent dosing.
- Fludrocortisone: Expands plasma volume; relatively high side-effect profile including mood changes, acne, and weight gain.

To Control / Reduce Heart Rate

- Ivabradine: Selectively lowers heart rate with minimal impact on blood pressure; not PBS listed.
- Propranolol: Low dose to reduce heart rate; use with caution as it may worsen hypotension.
- Medications are symptom-focused and should be discontinued if ineffective.

Multidisciplinary Support

POTS is multisystemic chronic condition. Consider early initiation of a GP Chronic Condition Management Plan (GPCCMP). Exercise physiologist – tailored movement/pacing plan; dietitian – salt, nutrition, GI symptoms; psychologist – mood and adjustment support; physiotherapist – hypermobility, conditioning management.