Summary for Dysautonomia

- Dysautonomias are common and NCS/POTS symptoms can be confused with other syndromes
  - Lightheadedness, dizziness, CP/SOB, presyncope/syncope
  - Nausea, headache, anxiety, ADHD overlap
- Dysautonomias are treatable
  - Start with fluid/hydration, salt, compression, caffeine/stimulant avoidance, sleep hygiene, etc
  - Midodrine, Fludricortisone, beta blockers, etc
- Dysautonomias can be severe and need expert evaluation
  - Refer to cardiology for tilt table testing and/or treatment

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Questions

- Does a single episode of vasovagal syncope require referral for dysautonomia evaluation and/or tilt table testing?
- How does one get a tilt table test set up? Who should be doing tilt table tests?
- Why has POTS seen an uptick in diagnosis since the onset of COVID?
- What percentage of suspected NCS/POTS patients do you tilt in your practice?

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