# Long COVID Syndrome Presenting as POTS/Dysautonomia

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## POTS is (likely) the most common "diagnosis" of long COVID syndrome

• There is no study that assessed the prevalence of autonomic dysfunction among all long COVID patients do date.

 Many studies and surveys show high prevalence of autonomic dysfunction among long COVID patients.

• POTS is reported in 30-80% of all long COVID patients presenting with autonomic dysfunction.

### POTS is a syndromic diagnosis

• POTS may not be a single disease, but at least a diagnosis

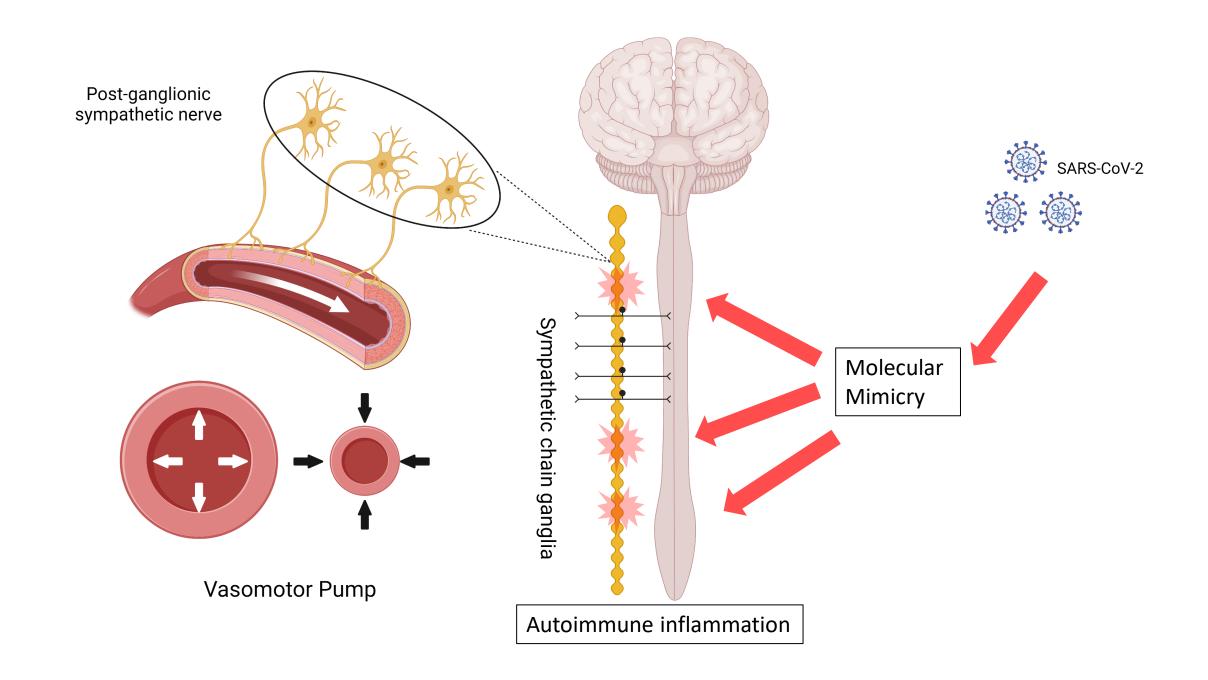
• PEM, orthostatic hypotension (or tachycardia), loss of smells, etc. are all symptoms, NOT a diagnosis.

 POTS is a misleading name – tachycardia or lightheadedness are one of the mildest symptoms

Tilt table test – supporting vs gold standard?

What is POTS?

## "Paradoxical sympathetic vasomotor dysfunction"



## **Vasomotor Symptoms**





Reduced cerebral blood flow

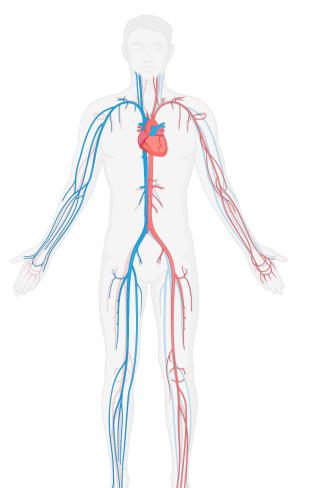
Brain fog
Migraine
Lack of Concentration
Forgetfulness

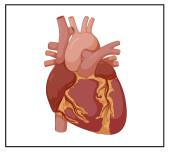




#### **Skeletal Muscles**

Post-exercise
malaise (PEM)
Post-exertional flares
Delayed-onset
muscle soreness
(DOM)
Exercise intolerance

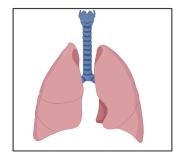






**Reduced preload** 

Fatigue Dizziness Lightheadedness

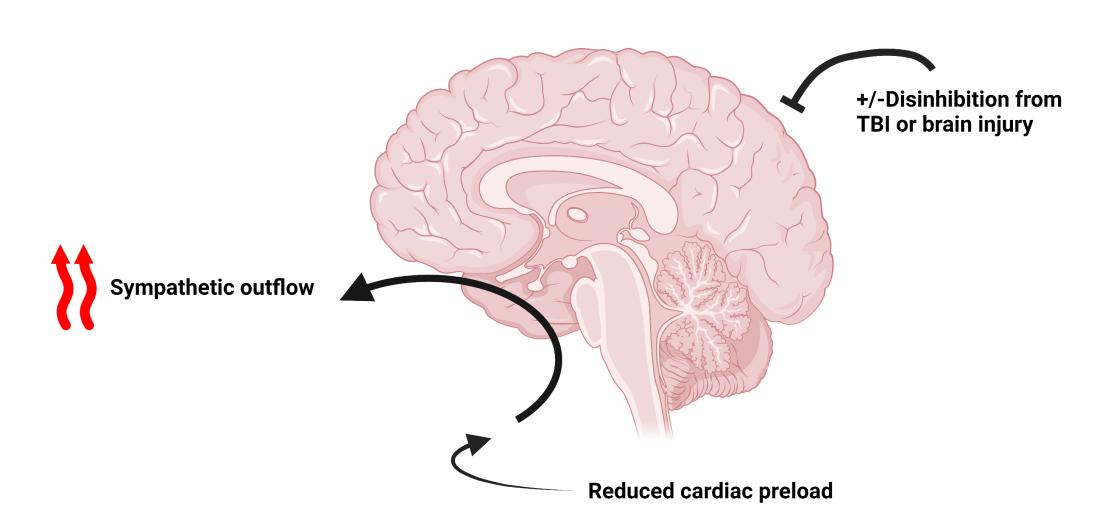




Reduced pulmonary perfusion

Exertional dyspnea Air hunger

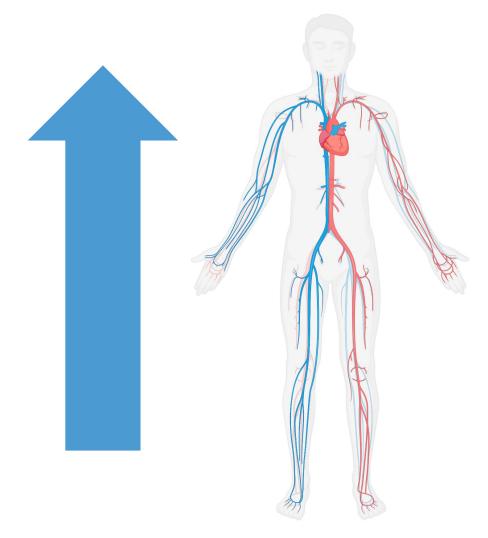
#### **Intact or exaggerated Baroreflex (CNS)**



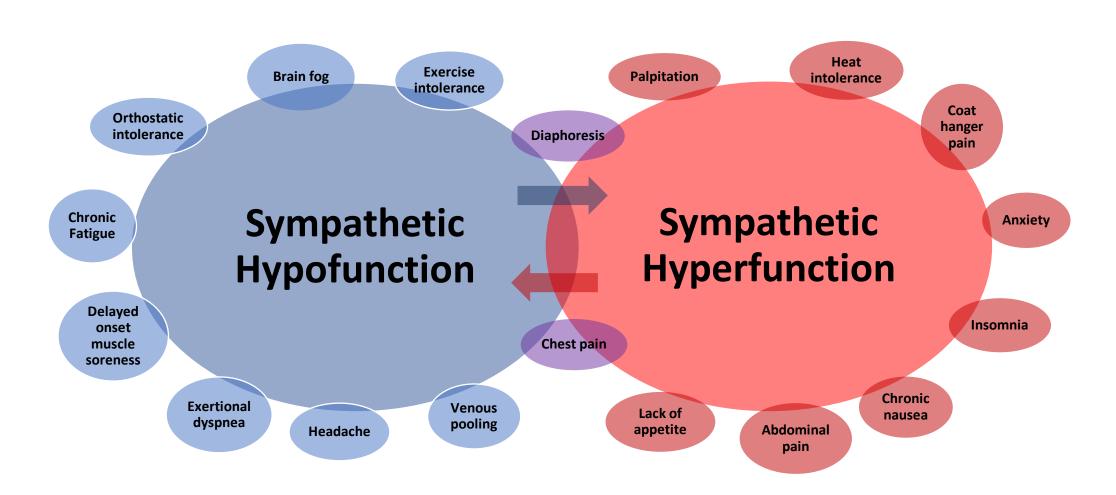
### Sympathetic overcompensation

#### "Fight or Flight" Symptoms

Anxiety
Palpitation
Orthostatic Tachycardia
Orthostatic hypertension
Sleep disturbance
Nausea and vomiting
Constipation
Alternating diarrhea
Hyperhidrosis



#### **POTS Symptom Cluster**



#### Summary

 POTS is probably the most common and debilitating form of long COVID.

POTS is a syndromic diagnosis.

 Diagnostic efforts and therapy should be targeted towards autonomic nervous system in long COVID syndrome.

It is time to take action!