HCPD HORIZONS CARDIOPULMONARY DIAGNOSTICS

POTS

Postural Orthostatic Tachycardia Syndrome

POTS — postural orthostatic tachycardia syndrome — is a disorder of the automatic "autopilot" nervous system that controls heart rate and blood pressure. When a person with POTS stands up, the heart rate climbs much more than it should, while the blood pressure stays up. The result is a cluster of symptoms that are worse standing and ease when lying down.

— How it is defined

POTS is diagnosed when standing brings on a sustained heart-rate rise of at least **30 beats per minute** (at least **40 bpm** for those aged 12–19) within ten minutes — **without** a significant drop in blood pressure — along with symptoms lasting several months, once other causes have been ruled out.

— Common symptoms

- Lightheadedness and a racing or pounding heart on standing
- Fatigue and "brain fog" or trouble concentrating
- Shakiness, headache, or blurred vision
- Breathlessness; sometimes fainting or near-fainting
- Often worse with heat, after meals, or in the morning

— Who it affects

- More common in women, often younger adults
- Frequently begins after a viral illness (including COVID-19), pregnancy, surgery, or bed rest
- Can occur alongside joint hypermobility, iron deficiency, or autoimmune conditions

— How it is diagnosed

Diagnosis is based on your history and on measuring heart rate and blood pressure while lying down and after standing (at 2, 5, and 10 minutes) — sometimes called an active stand test, or a tilt-table test. Other tests (thyroid and iron blood work, an ECG, sometimes a Holter monitor or echocardiogram) help rule out other causes.

— Managing POTS — lifestyle comes first

Everyday measures (the foundation of treatment)

- Drink plenty of fluids and increase salt — to the targets your physician sets for you
- Wear waist-high compression garments to reduce blood pooling in the legs
- Follow a gradual, structured exercise plan — starting with recumbent options like a recumbent bike, rowing, or swimming, then building up. This is one of the most effective treatments, even though it feels hard at first
- Rise slowly, raise the head of your bed, and avoid long standing, hot environments, and large high-carb meals

When lifestyle measures aren't enough, your physician may add medication — for example to gently slow the heart rate, tighten the blood vessels, or expand blood volume. Treatment is tailored to you, and **many people improve substantially over time**.

A note on salt and fluids: the increase in salt and fluid recommended for POTS is not right for everyone — for example, people who also have heart failure or high blood pressure. Always follow your own physician's advice.

Questions you might ask your cardiologist

- What fluid and salt targets are right for me?
- How should I start and build up my exercise program?
- Would any medication help my symptoms?

In an emergency — for severe chest pain, severe shortness of breath, fainting, or signs of a stroke (face drooping, arm weakness, slurred speech) — call **911** right away.

This handout gives general information and does **not** replace advice from your own physician. Your care is tailored to you; always follow the specific instructions you are given. General information adapted from public patient-education resources such as Heart & Stroke, the American Heart Association, and Cleveland Clinic.

Horizons Cardiopulmonary Diagnostics · 201 – 1260 Baltzan Blvd, Saskatoon, SK S7W 1E8 · 306-518-9081

Reviewed by: _____ Date: _____