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DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



Racing When You Stand

In POTS, your heart rate jumps when you stand. How it's diagnosed, and the daily measures at the core of treatment.

0.2–1%
of people meet the criteria, which makes POTS far more common than most assume

80–90%
of patients, roughly, are women, most of them between 15 and 45

Roughly half
of patients improve substantially within one to three years

WHAT IT IS

Three things have to be true

1 The heart rate jumps
It rises by at least 30 beats a minute within 10 minutes of standing, and stays up. For ages 12 to 19 the bar is at least 40.

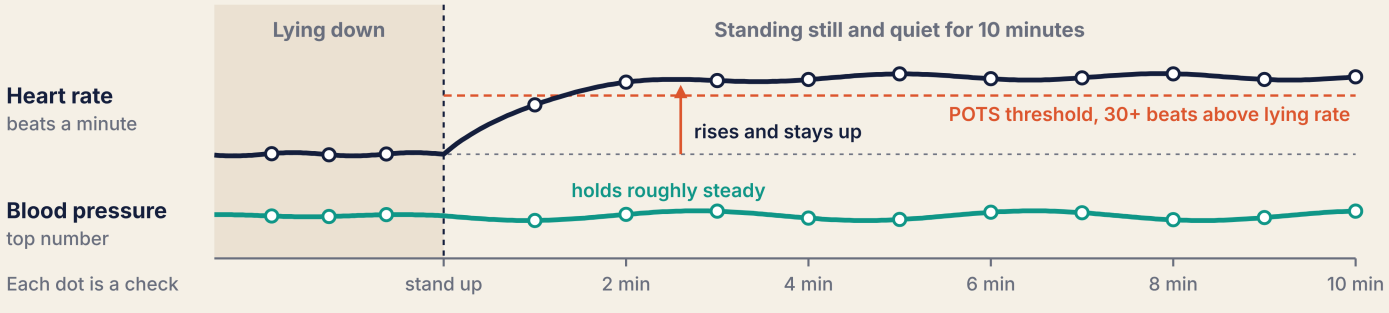
2 Blood pressure holds
It doesn't drop much. A sustained fall of 20 points or more in the top number is a different condition, orthostatic hypotension.

3 Symptoms for months
Lightheadedness, a racing heart, brain fog, fatigue, shakiness or blurred vision on standing, better lying down, for at least three to six months.

When you stand, gravity pulls blood toward the legs and belly. In POTS the reflex that squeezes those blood vessels misfires, blood pools, less returns to the heart, and the heart races to make up for it. POTS often follows a viral illness, surgery, pregnancy or a concussion, and it overlaps with long COVID. POTS is miserable, but it isn't dangerous and doesn't damage the heart muscle.

HOW IT'S DIAGNOSED

The 10-minute standing test



A single reading at one minute misses the sustained pattern. Everyone gets an EKG, bloodwork checks for mimics such as anemia or an overactive thyroid, and a tilt table test helps when the office test is normal or borderline.

A long, steady climb

No medication is FDA-approved for POTS. Fluids, salt, compression and a structured exercise program are the foundation, with medicines added for what remains. Progress is measured in months and in what you can do again.

TREATMENT STARTS WITHOUT A PRESCRIPTION PAD

Volume, compression and retraining the body

THE FOUNDATION

Fluids	Two to three liters a day, spread across the day.
Salt	On the order of 10 to 12 grams of salt a day for most patients, about 3,900 to 4,700 mg of sodium on a food label. Salt tablets help when food alone can't get there. Salt holds water in the bloodstream, so the heart doesn't have to race as hard. If you have high blood pressure, kidney disease or heart failure, the plan is different, so build it with your own physician.
Compression	The blood pools mostly in the belly and pelvis, so an abdominal binder or waist-high compression garments work better than knee-high stockings.
Stay upright	Long stretches of bed rest make POTS worse, sometimes dramatically. Stay as upright and active as symptoms allow, even on bad days.
Review your medicines	Drugs that block norepinephrine reuptake, found among certain antidepressants and ADHD medications, can push the standing heart rate up.

EXERCISE, THE CORNERSTONE

the strongest recommendation of any treatment

Start seated or reclined	A rowing machine, a recumbent bike or a pool, where gravity isn't fighting you. Upright exercise early on is a setup for failure.
Build legs and core	Add resistance work for the muscles that squeeze blood back up toward the heart.
Go slowly	Sessions build over weeks to months, and upright exercise is folded in gradually. The early weeks can feel worse before they feel better, so don't quit inside that window.

MEDICATIONS AND OTHER TREATMENTS

Medicines	All are off-label, with modest effects in studies. Fludrocortisone, midodrine, low-dose propranolol, ivabradine and pyridostigmine are chosen by which mechanism dominates, often as a bridge that makes exercise possible. Midodrine is daytime only. Take the first dose 15 to 30 minutes before getting up and the last by 4 pm, and don't lie flat for several hours after a dose. Higher doses of beta blockers usually make people with POTS feel worse.
IV saline	A liter or two can rescue a bad flare or an illness with poor intake. Regular infusions or an implanted port aren't recommended, because the lines carry real risks of infection and clots.
Procedures	Sinus node ablation has left patients worse off, and society guidance recommends against Chiari surgery and jugular vein stenting for routine POTS. If someone offers a procedure, especially one requiring travel and cash payment, get a second opinion.

CALL 911 OR GO TO THE ER

don't assume these are POTS

Warning signs	Passing out with injury, passing out during exertion, chest pain, new shortness of breath at rest, or a racing heart that is irregular.

ASK FOR THE STANDING TEST

Ask your doctor to record your heart rate lying down and then each minute for ten minutes on your feet. Bring your smartwatch data if you have it. A recorded pattern of heart rate jumps with position shortens the road to diagnosis.

READ THE FULL ARTICLE

damianrasch.com/pots

For education only, and not a substitute for advice from your own physician. Sources include the 2015 Heart Rhythm Society consensus statement, the 2019 JACC Focus Seminar, the 2020 Canadian Cardiovascular Society position statement, the 2019 NIH expert consensus and Taub et al. (JACC 2021).

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

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